complete response (CR) in 66.0% and partial response (PR) in 30.0% of patients with overall response rate (ORR) 96.0%. Cancer of larynx T1N0M0 and cancer of low lip T1–3N0M0 were more sensitive to the PDT-CR 90% and 76.5% accordingly. 2 months after PDT with RC there was ORR – 100% with CR in patients with BCC T1–2NOMO – 92.9%, in patients with recurrrencies of cancer CR – 60.6%, PR – 39.4%. The efficacy of PDT with PS was higher (CR – 86.7%, PR – 13.3%) and the recurrence rate in 6 months is significantly lower in patients with T3–4 stage BCC.
Conclusion: Our experience show pronounced efficacy of PDT for head and neck tumors of different localization and histology. Response to PDT depended upon several factors including photosensitizer, tumor size, localization and previous treatment. FD is providing diagnostically significant information about disease advance, allowed identification of subclinical lesions, demonstrated high sensitivity and specificity.

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Weekly paclitaxel in patients with recurrent or metastatic head and neck cancer

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Introduction: Patients who failed to the standard first line chemotherapy 5FU–cisplatin have poor prognosis and survival. Paclitaxel is an emergent drug in Head & Neck cancer and it has showed moderate activity in these cancers. Weekly paclitaxel seems less toxic and probably more efficient that monthly paclitaxel possible because of the proapoptotic and antiangiogenic activity, the dose intensity is quiet higher and the toxicities are mild. The aim of this study was to assess the efficacity and toxicity of weekly paclitaxel in patients with recurrent or metastatic sq.c.c. of H & N.
Patients and methods: Twenty patients with recurrent or metastatic sq.c.c. of H & N during the period April 2001 to August 2003 were enrolled. Patients characteristics: median age 50 y, M/F 15/5, PS < 2, adequate renal, liver and bone marrow functions, main location of disease were local in 9 pts, local and nodes in 6 pts and nodes in 5 pts.
All patients (previously pretreated with the standard 5 FU–cisplatin regimen, and radiotherapy or surgery) were assigned to receive paclitaxel 80 mg/m^2 D1, 8, 15 and paraplatin 400 mg/m^2 D1 every 4 weeks for 8 courses.
Results: All patients were evaluable for response and toxicity, median age 50 years (range 42–60 y), PS < 2. A total of 153 cycles has been delivered with a median of 7 cycles/patient (4–8), with no dose reduction. The overall response rate was 55% (CR 10%, PR 45%), 7 patients had stable disease (35%) and 2 pts had progressed disease (10%). Haematological toxicity was one pt (5%) with G2 neutropenia, 2 pts (10%) with G2 anemia, no G3/G4 toxicity. Other toxicity was G2 mucositis in 2 pts (10%), G2 peripheral neuropathy in one pt (5%). Median time to progression was 10 months (4–24 months) and median overall survival was 14.2 months (9–30 months).
Conclusion: The results confirm that the combination of weekly paclitaxel & paraplatin is an effective, active, safe and well tolerated regimen for treatment of advanced or metastatic Head & Neck carcinoma.

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The "quad shot" – palliative radiotherapy in locally advanced head and neck squamous cell carcinoma

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Background and Purpose: Few prospective studies of palliative radiotherapy in locally advanced head and neck squamous cell carcinoma (LAHNSCC) have been reported. The primary objective of this study was to estimate the rate of tumour response to a cyclical hypofractionated palliative radiotherapy regimen (QUAD SHOT) in patients with LAHNSCC. Secondary objectives were to prospectively evaluate toxicity, quality of life (QoL) and survival in these patients.
Materials and Methods: This was a single arm prospective study. The QUAD SHOT consisted of 14 Gy in 4 fractions, given twice a day and at least 6 hours apart, for 2 consecutive days. This regimen was repeated at 4 weekly intervals for a further 2 courses if there was no tumour progression and the side effects were tolerable.
Results: Thirty eligible patients had at least one treatment and 16 patients completed all three cycles. The median age was 73 years (52–88 years). The oral cavity was the predominant primary site of disease (13 patients). Twenty-nine patients (97%) had Stage IV disease, of which 5 were Stage IVC. Sixteen patients (53%) had an objective response (2CR, 14PR) and a further 7 had stable disease. Median overall survival was 5.7 months (range 0.6–26.7 months) and median progression free survival was 3.1 months (range 0.6–11.4 months). The majority of evaluable patients had improvement or stabilisation of their symptoms. There was minimal treatment toxicity – grade 0 or 1 mucositis only in 24/27 patients (89%). Overall QoL compared to pre-treatment levels was improved in 11 of 25 evaluable patients (44%).
Conclusion: The QUAD SHOT regimen is an effective palliative treatment with minimal toxicity and a good response rate which impacts positively on patients' QoL.

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Interleukin-6 levels in thyroid cancer and nodular goitre

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Interleukin-6 (IL-6) appears to play multiple functions in thyroid physiology and disease. Cultured normal human thyroid follicular cells constitutively release IL-6, and IL-6 levels have been shown to correlate with serum T3 and free T4. Furthermore, IL-6 expression has been related with aggressiveness in papillary thyroid cancer. IL-6 is thought to act over the extrinsic pathway of coagulation through tissue factor expression. Haemostatic abnormalities have been reported in patients with thyroid diseases, depending on its severity. Thus, the present study was aimed at analyzing the possible association between IL-6, hormone profile and coagulation parameters in patients with thyroid cancer or benign diseases, to better characterize their possible link. To this purpose, 28 patients with early stages papillary thyroid cancer (n = 14) or benign nodular goitre (n = 14), and 14 healthy euthyroid subjects, all matched for age and sex, were evaluated. Eight patients were under replacement therapy at entry time. In each subject, plasma IL-6 levels (R&D Systems), prothrombin time (PT), activated thromboplastin time (PTT), fibrinogen and D-dimer, free T3, free T4 and TSH concentration were determined. The results obtained are expressed as mean±SD or median (interquartile range) and summarized as follows.

	Age	IL-6 (pg/ml)	Fibrinogen (mg/dl)	D-dimer (g/ml)
Euthyroid controls	56±13	0.7 (0.4–1.3)	259±58	147 (122–202)
Nodular goitre	50±16	1.4 (0.7–2.0)	307±60	161 (89–269)
Papillary cancer	56±13	2.1 (1.2–3.3)	313±48	207 (139–371)
P value	=0.388	=0.019	=0.041	=0.769

No significant differences were observed for TSH, free T3 or T4 after adjustment for replacement therapy. IL-6 significantly correlated with fibrinogen (Rho = 0.31, p = 0.04) and TSH (Rho = −0.55, p < 0.001) levels in the overall population. The correlation between IL-6 and TSH was maintained in benign or cancer patients without replacement therapy (Rho = −0.54, p < 0.01). Multivariate analysis including age, sex, hormonal therapy, PT, PTT, d-dimer, fibrinogen, free T3, free T4 and TSH showed that both TSH (β = −0.44, p = 0.03) and free T4 (β = 0.41, p = 0.04) were predictive of IL-6 levels in thyroid diseases, independently of replacement therapy. No association was found between IL-6 and coagulative parameters. We conclude that the increased IL-6 levels observed in patients with thyroid diseases are related to the hormone profile, probably reflecting the functional status of follicular cells.

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Accelerated hyperfractionated intensity modulated radiotherapy (AHI) for T2–3 oropharyngeal carcinoma: preliminary results from a phase I-II study

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Purpose: We designed a novel schedule combining IMRT and accelerated hyperfractionation for oropharyngeal carcinoma in order to exploit both the clinically proven benefit of altered fractionation and the dosimetric advantage of a more conformal dose distribution with a simultaneous integrated boost technique. Here we report early outcome data.
Methods: Between November 2002 and January 2005, 23 patients with T2 (12 pts) or T3 (11 pts) squamous cell carcinoma of the oropharynx