

Conclusions: Radical reirradiation in head and neck cancer may be a good treatment option for patients with non-operable recurrent or second primary tumors. However, quality-of-life decreased because of long-term side effects such as xerostomy or dysphagia.

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POSTER

Role of external radiotherapy in locally advanced carcinoma thyroid

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Aim: The aim is to study the incidence of distant metastasis in locally advanced carcinoma thyroid and to see the effectiveness of iodine ablation in residual disease.

Materials and Methods: Retrospective analysis of 1558 patients with carcinoma thyroid from 1965 to 2005 were included. Total number of patients were 124 [8%], males with >40 were 27 (21%). Female >45 were 46 (37%). 60% of the patients were fallen in T2 stage (i.e. <5 cm). Papillary 88 [71%], follicular 26 (21%), medullary 7 (17%), lymph node metastasis and total thyroidectomy in 105 [84%], tracheotomy 4 [3%].

Results: Lung metastases 9 [7%] majority of them were papillary, bone in 7 [5.6%] majority were follicular. All the patients received external radiation to the neck as most of the tumor were adherent to the esophagus and carotid sheath, with an average dose of 50 Gy, ranging from 30–60 Gy. Radiotherapy was given to 6 with spine and one each with pelvis and rib to alleviate pain. All the patients received iodine ablation except three iodine ablation was initiated after a gap of three weeks after the radiotherapy. All the patients except 2 had received 90 µIU which was the dose required to make the subsequent scan negative which was even in early thyroid cancers.

There was no significant association between the survival and the size of the tumor. The average follow up was 3.6 years. Among both the sexes there was no association between the size of the tumor and nodal or distant metastasis to bones or lungs. Average follow up period in follicular and papillary carcinomas with distant metastasis were 3.1 years. Mortality was 7% at an average of 3 year follow up period.

Conclusions: External RT has definite role in locally advanced carcinoma thyroid. The nodal metastasis incidence is more, and the incidence of distant metastasis is not significantly increased than the early carcinoma thyroid group except the bone metastasis. The mortality rate at three year period is more

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POSTER

Retrospective study of 468 patients in Morocco with nasopharyngeal carcinoma

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Background: Nasopharyngeal carcinoma (NPC) is a distinct form of cancer of the upper respiratory or digestive tract in which the epidemiologic features, origin, histopathologic types, treatment, and prognosis are different from those associated with other malignant neoplasms of this anatomical area.

Materials and Methods: Between January 1, 1999, and December 31, 2001, 468 patients with newly diagnosed NPC were treated at National Institute of Oncology. Clinical records and radiographic studies of the patients were retrospectively reviewed. Documented data of the initial presenting symptoms, head and neck examination, radiotherapy protocols, chemotherapy regimens were analyzed.

Results: 468 pts with histologically confirmed NPC were enrolled: 337 males, 131 females; median age was 42 years (range 10 to 83); delay of consultation was 8 months (range 1 to 60), histology subtype UCNT in 405 pts (86, 5%); 380 (81%) were stage T3 T4; 319 (68%) N2N3 and 42 pts (9%) M1. The therapeutic modalities were: neoadjuvant chemotherapy (CT) + radiotherapy (RT) (76%), RT alone (14%), CT alone (9%), concurrent chemoradiotherapy (1%). CT consisted in cisplatin (P)-based schedules: P-Epirubicin (41%), P-Doxorubicin (26%), P-5-FU (8%), and BEC (3%). With a median follow-up of 26 months (3–74) 128 pts (27, 4%) are alive and free of disease. The 5-year survival rate was 26, 6% (95% confidence interval [CI], 22, 1%-29, 9%).

Conclusion: Major challenges in the treatment of NPC, particularly in its advanced stages, are how to improve locoregional control and prevent the development of distant metastases. Recent publications have demonstrated the advantage of concurrent chemoradiotherapy over radiotherapy alone in the treatment of NPC.

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POSTER

Prognostic factors in advanced laryngeal cancer

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Background: Laryngeal Cancer is the sixth leading cancer in Indian males, while its optimal treatment is still evolving. To clarify the factors affecting the outcome of laryngeal cancers, we retrospectively analysed the cases of advanced laryngeal cancers treated at the regional cancer center at Chennai between 1980 and 2000.

Materials and Methods: Between 1980 and 2000, 998 cases of carcinoma larynx were taken up for treatment. Out of which 520 were locally advanced disease. Up to 1996, Radiation was the primary mode of treatment and surgery was reserved for salvage. From 1997, surgery was the primary mode of treatment, with radiation used as adjuvant. Follow up period ranged from 4 to 20 years. The factors which were analyzed included age, sex, tobacco & alcohol habit, grade of the lesion, Tumor status, nodal status, tumor subsite, treatment modality, resection margin, soft tissue invasion, cartilage destruction. Survival analysis was computed with Kaplan-Meier method, while Cox proportional hazard model used for multivariate analysis of prognostic factors, SPS system used for data analysis.

Results: 416 patients had primary radiation therapy, in which 133 (31.9%) had durable complete remission, while 35% (60/168) of the residues were salvaged and 26.9% (31/115) of late recurrences could be salvaged. Of the 104 patients who had primary surgery, 79 had post operative radiation. 25 cases had locoregional recurrences. 5 year survival for patients with primary radiation group was 33.3%, while that for primary surgery was 63.3%. By univariate analysis, (1) age >65 years, (2) treatment modality-primary surgery group, (3) nodal status >3 cm, (4) soft tissue invasion proved to be significant, while by multivariate analysis (1) treatment modality – primary surgery with adjuvant radiation, (2) tumor status, (3) nodal status (size >3 cm) significantly influenced the survival.

Conclusion: In this analysis, attempt made to look into the factors influencing the survival in laryngeal cancers showed that tumor status, nodal status, primary treatment modality were found to be independent factors influencing the survival, with treatment modality with surgery & adjuvant radiation proved to be the most influencing factor.

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POSTER

Organ preservation in patients with laryngeal and hypopharyngeal cancer treated with definitive radiotherapy over the last 10 years in Gliwice experience

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Background: To review the experience in the definitive radiotherapy (RT) of laryngeal and hypopharyngeal cancer and to evaluate its efficacy in the relation to larynx preservation.

Materials and Methods: Records of 330 patients with laryngeal and hypopharyngeal cancer treated with definitive radiotherapy between years 1994 and 2003 were reviewed. There were 279 men and 51 women with a median age of 59 years (range, 35–84 years). The primary site was glottic in 115, supraglottic in 188, and hypopharynx in 27 patients. Fifty eight patients had I clinical stage of disease, 95, 111 and 66 patients had respectively II, III and IV clinical stage of disease. All patients had been treated with definitive radiotherapy alone. Locoregional control (LRC), organ preserved LRC and ultimate LRC was estimated using the Kaplan-Meier method. The ratio of surgical salvage was estimated.

Results: Five-year LRC was 90%, 78%, 59%, 48% respectively for disease stages I, II, III and IV. Five-year larynx preservation LRC was 93%, 73%, 55%, and 42% respectively for disease stages I, II, III and IV. Five-year ultimate LRC was 97%, 83%, 65% and 50% respectively for disease stages I, II, III and IV. In 42 (12.7%) cases surgical intervention (tracheostomy or laryngectomy) was carried out. In 15 cases (4.5%) due to mucosal oedema and dyspnoe after RT and in 27 (8%) cases salvage surgery for locoregional failure were performed. Salvage surgery was efficient in 12 patients (46%).

Conclusions: Definitive RT is a good treatment option for early laryngeal and hypopharyngeal cancer and could be also considered in advanced cases. In that group RT allows to spare larynx in nearly half of the patients.