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INTERSTITIAL HIGH DOSE RATE (HDR) BRACHYTHERAPY (BT) IN PATIENTS WITH CANCER (CA) OF THE HEAD & NECK (H&N)

Yu L, Chadha M, Alfieri A, & Vikram B. Beth Israel Med Center, NY, USA

Introduction: HDRBT has an established therapeutic role in a variety of malignancies and offers potential advantages in radiation safety, patient comfort and dosimetry. However, there are few data available on its effectiveness and safety in treatment of Ca of the H&N.

Methods: From 11/88 through 7/92 , we retrospectively analyzed 27 patients with Ca of the H&N treated with interstital HDRBT usually in conjunction with external radiotherapy (ERT). Median age was 60 yr (range 21 - 94 yr). Twelve previously untreated patients (GrpI) received a median HDR dose of 16 Gy in 3 Gy fractions (fxns) and all received ERT to a median dose of 50.4 Gy. Fifteen previously treated patients (GrpII) received a median HDR dose of 28 Gy in 4 Gy fxns and 7/15 also received ERT to a median dose of 40 Gy.

Results: Follow up ranged 4 - 48 months. Overall actuarial local control (LC) at 2 years was 61%. Two yr actuarial LC for GrpI was 79% vs 47% in GrpII ($p = 0.06$). One and two yr Kaplan Meier survival for GrpI were 68% and 45% vs 39% and 29% for GrpII, respectively. No GrpI patients suffered severe early or late toxicities; 4/15 GrpII patients suffered late toxicities including soft tissue/bone necrosis and facial edema.

Conclusion: Interstitial HDRBT boost appears to be effective in locally controlling primary tumors of the H&N. HDR fxn sizes less than or equal to 3 Gy seemed to be safe in the dose range used. Optimal time-dose-fractionation schedules still need to be defined in future studies.

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INTERFERON α INCREASES TOXICITY OF CISPLATIN + 5-FLUOROURACIL IN PATIENTS WITH RELAPSED SQUAMOUS CELL CARCINOMA OF THE HEAD AND NECK.

Nicolson MC, Lorentzos A, A'Hern RP, Atkinson HA, Gore ME. Royal Marsden Hospital, London

Chemotherapy for relapsed squamous cell carcinoma (SCC) of the head and neck (H&N) is palliative, therefore assessment of treatment toxicity is essential. We have randomised 22 patients (pts) with relapsed H&N SCC to treatment with Cisplatin (C) 100mg/m^2 on day 1 plus continuous infusion 5-Fluouracil (F) 1g/m^2 days 1-4 alone (12 pts) or with Interferon α (IFNα; Schering-Plough) 5x10^6 IU by subcutaneous injection three times weekly (10 pts) on a 21 day cycle. The median age was 61 years (range 31-76) with the male to female ratio 18:4. The total number of courses delivered was 20 in the IFNα group (median 1;range 1-6) and 27 in the no IFNα group (median 1.5;range 1-5). 19 patients were evaluable for response with 4/8 objective responses (50%; 95% CI 16-84) in the pts receiving IFNα and 3/11 (27%; 95% CI 6-61) in the pts without IFNα.

Toxicity was assessed in all pts. Ratios of WHO Grade 3/4 toxicity in pts +IFNα/-IFNα were neutropaenia 4:1, thrombocytopaenia 1:0, nausea and vomiting 8:4, alopecia 1:0, sepsis 1:2, mucositis 3:2, anorexia/weight loss 1:1 and diarrhoea 0:1. No neuropathy was seen and anaemia was <Grade 3 in all cases. Dose reduction of C was necessary in 3 pts in the IFNα group and in 1 pt in the no IFNα group with reduction of F necessary in 3 and 2 pts respectively. In conclusion, the patient population treated with these doses of C+F+IFNα have an increase in grade 3 or 4 toxicity (90% IFNα vs 60% no IFNα {NS}). Further studies involving larger numbers of pts are required but a smaller dose of IFNα should be used.

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PRIMARY SQUAMOUS CELL CARCINOMA OF THE THYROID AS A RADIORESPONSIVE DISEASE

Marshak G., Kleinbaum Z., Segal K.,* & Sulkes A
Institute of Oncology and Dept of*Otorhinolaryngology Beilinson Medical Center, Petah Tiqva, Israel

Between 1977 and 1988, 8 patients (pts) were diagnosed as having primary squamous cell carcinoma (SCC) of the thyroid at Beilinson Medical Center. Four pts had pure SCC and four pts had mixed type SCC (adenosquamous ca). All pts underwent surgery but were left with residual disease. A median radiation dose of 59.8 Gy (40-63 Gy) was delivered postop to the tumor bed. Median survival of all pts was 25.5 months.Median survival was 37 months for pts with pure SCC (5, 27, 48+, 120+ mo) versus 4 months for pts with mixed type SCC (1, 4, 4, 22 mo). Two pts with pure SCC are alive and disease-free more than 4 years after diagnosis;both received 60 Gy radiation. One of these pts with gross macroscopic residual disease received radiation concomitantly with cisplatin (20 mg/m2/dx5, days 1 and 21). We conclude that a dose of at least 60 Gy to the tumor bed is required in pts with primary SCC of the thyroid. We suggest concomitant radiation and cisplatin as a treatment option which should be further investigated.

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CISPLATIN-BLEOMYCIN (C-B) AS NEOADJUVANT THERAPY OF SQUAMOUS-CELL CARCINOMA OF ORAL CAVITY AND LIP (SCOL).

Grau JJ, Mellado B, Mañé JM, Daniels M, Estapé J. Oncology Department. Hospital Clinic. Villarroel 170. 08036 Barcelona (Spain).

Induction chemotherapy with 2 courses of C: 120 mg/m^2 x 1 plus B: 20 mg/m^2 7 days 1 to 5 was given to 75 locally advanced (Pts) with SCOL (stage III or IV). In 37, radiation therapy was added. In 48, radical surgery was performed. In 18 Pts, adjuvant postsurgical carboplatin, 400 mg/m^2 x 1 plus Ftorafur, 500 mg/m^2/days 1 to 30 was added.

Complete response (CR) was observed in 10 out 75 Pts (13%). Partial response (PR) in 50 more Pts (67%). CR+PR, 80%. Median disease free survival was 27.6 month. Overall median of survival was 19.1 months and a 30% were alive and disease free after 31 months follow-up. An improved survival was observed in resected Pts when adjuvant postoperative chemotherapy was added ($p<0.005$).

Vomiting was the main toxic effect. We observed a low rate of stomatitis (4%) and a 12 % of hearing loss.

Neoadjuvant C and B induce high response rate with low toxicity and should increase survival in SCOL. Adjuvant postoperative chemotherapy after radical surgery should also increase survival.

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HEAD AND NECK CANCER:NEOADJUVANT THERAPY WITH IFOSFAMIDE AND CARBOPLATIN

M. Bruno,H. Morón. Servicio de Oncología de Gas, Pichincha 517,CP 1219,Buenos Aires,Argentina

Thirty two patiens(pts),with squamous cell carcinoma at stages I-III,were treated as neoadjuvant therapy with 3 cycles of Ifosfamide 2500 mg/m^2 iv on days 1-3,mesna 20% on hours 0,4 and 8,days 1-3;and Carboplatin 300 mg/m^2 on day 1. After 3 cycles repeated every 3 weeks,we used surgery in 14 pts,and radiotherapy in 18 with local unresecable disease.The age range was 40-69 years;ECOG perfomance status was 1-3.Primary tumor sites were:oral cavity 16,oropharynx 8 and larynx 6.Twenty eight pts are evaluable for response thirty one for toxicity.Overall response was 67,85 %:complete response(CR) 2(7,14%),and partial response 17(60,71%).After surgery 10/13 pts achieved CR and 3/15 did it after radiotherapy.The toxicity range was mild to moderate.Final median follow up is about 15 months.According to our results,Ifosfamide plus Carboplatin represent a reasonable alternative as neoadjuvant chemotherapy for patiens with stage I-III head and neck cancer,with tolerable toxicity.

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REOPERATIVE THYROID SURGERY

Farfarelos C., Giokas G., Grigoropoulos P., Michalatos S., Christoulakis M., Lecca J., Lisseos B.

First department of surgical oncology
METAXA CANCER HOSPITAL OF PIRAEUS -GREECE

Patients who have undergone thyroid operations for benign or malignant thyroid tumors sometimes have recurrent nodules in the remaining thyroid gland, adjacent cervical lymph nodes or distant sites. We reviewed our experience in 67 patients with benign or malignant thyroid tumors who undergone 70 thyroid reoperations. The initial histologic diagnosis was thyroid carcinoma in 45 patients, (papillary in 31, follicular in 9, medullary in 3, and Hurtle cell carcinoma in 2 patients). Benign disease was present in 22 patients. In 36 patients with cancer, reoperations were performed because of suspected persistent or recurrent disease. Two of these underwent two reoperations by us. Among the 70 reoperations 66 were completion total thyroidectomy, 3 were near total or subtotal thyroidectomy and 1 was completion lobectomy. Histologic examination at reoperation revealed thyroid carcinoma in 32 cases (66%) among the 45 patients who had undergone 48 operations for previous thyroid cancer. Recurrent or persistent cancer was present in 28 of 39 (72%) reoperations for patients with papillary, medullary and Hurtle cell cancer but in only 1 of 9 (11%) patients with follicular cancer. Cancer also occurred in 5 cases (23%) of the 22 reoperations in patients who initially had benign lesions. Complications included two permanent and three transient palsy of the recurrent laryngeal nerve. Other complications included temporary hypoparathyroidism in 6 patients, seromas in 5. This study documents that reoperations can be performed with minimal morbidity.