also more frequent in the C alone arm: 5/21 versus 1/18. Other differences observed in favour of the C + AMI arm are: hypomagnesaemia > CTC-grade 1 in 2/18 versus 8/21. Side effects of AMI were short lasting hypotension in 7 pts and occasional sneezing. Other toxicities are until now not different between both treatment arms. A CR was observed in 2 and a PR in 21 pts (RR%: 60%). The study will continue to 60 evaluable pts. In case of significant reduction of toxicity by the addition of AMI further dose escalation of C is planned.

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INDUCTION CHEMOTHERAPY BEFORE RADIOTHERAPY IN OROPHARYNGEAL CARCINOMA. A RANDOMIZED TRIAL

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From 2/86 till 3/91 at Institut Gustave-Roussy in Villejuif and at Oscar Lambret Cancer Center in Lille 166 patients with squamous cell carcinoma of oropharynx were enrolled in a randomized trial of two arms. Arm A (A): radiotherapy (RT) alone; arm B (B): chemotherapy (CT) followed by radiotherapy. *Inclusion criteria:* oropharyngeal tumor exclusively (posterior wall, glosso-tonsilar sulcus excluded), T2, T3, T4; N0, N1, N2a, N2b; M0. *Exclusion criteria:* palliation treatment, age >70, pretreated patients, second cancer. *Treatment plan* Arm (A): radiotherapy 70 grays in 7 weeks, 5 fractions a week on the tumor site and in both sides of the neck. Arm (B) 3 CT cycles d1–d21, with CDDP 100 mg/m^2 IVP d1, 5 FU 1000 mg/m^2 d1 to d5 in 24 h continuous infusion, followed 15 to 21 days later by the same radiotherapy protocol. *Results:* all the patients enrolled in the study were included in the analysis even 10 pts classified N2c, 1 posterior wall, 1 70 older, 2 pts with general contraindication to CT and 1 with two primaries. Out of 83 pts in (B) 79 received CT; 5 had a grade III leukopenia and 6 a grade II, 4 had a grade IV mucositis. CT was stopped before the 3th cycle in 12 pts for toxicity (5), progressive disease (3), refusal (4). Regression was evaluated by CT scan and clinical examination on primary and nodes; we observed 57% objective responses (RC 19%, PR 38%). The 2 groups of 83 pts were well balanced in age, T, N and histology. With a median follow up of 36 months, the results at 72 months show that 37 patients died in (B) versus (46) in (A) without statistical difference (P = 0.12). Causes of death were: recurrences 28 VS 26, toxicity 2 VS 2, intercurrence 7 VS 1, second primary 8 VS 4, unknown 1 VS 4. Disease free analysis shows no difference and the 2 curves are similar, loco regional recurrence (LCR) 30 VS 21, LCR + MTS 0 VS 2, MTS 6 VS 6, second primary 6 VS 13.

In conclusion: chemotherapy with CDDP—5 FU does not improve the benefit of oropharyngeal carcinoma treatment comparatively to radiotherapy alone.

394 POSTER

CYCLIN D1 GENE AMPLIFICATION IN HUMAN LARYNGEAL SQUAMOUS CELL CARCINOMAS: AN INDEPENDENT PROGNOSTIC FACTOR

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The gene dosage of cyclin D1 gene (CCND1) was examined in 51 primary laryngeal squamous cell carcinomas and amplification of the gene was found in 9 cases (17.6%). CCND1 amplification did not correlate with the clinico-pathological parameters. In a median follow-up period of 29 months the overall survival rate was 71.4% for patients affected with tumors displaying normal CCND1 dosage, and only 25% for patients with tumors carrying amplified CCND1. In multivariate analysis, only CCND1 and tumor size retained a statistically significant prognostic value (P = 0.037, P = 0.041). This is the first report in which CCND1 amplification is identified as a significant independent prognostic factor in laryngeal squamous cell carcinoma.

395 POSTER

SURGICAL TREATMENT & FOLLOW-UP OF DIFFERENTIATED THYROID CANCERS: RESULTS FOR 290 PATIENTS

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Aim of the study: 1) Evaluation of the validity of the initial surgery with regard to the prognostic index (as defined by the E.O.R.T.C.)—2) Evaluation of the occurrence: of local recurrences (central compartment), of regional recurrences (lateral compartment) and of distant metastases—3) Impact of the former events on survival.

Material and method: 290 Patients (PTS) (110 M; 180 F) consecutively operated on from 1955 to 1994 in our Institution for differentiated thyroid cancer, placed on suppressive hormonal treatment with or without adjuvant I_{131} treatment (mean follow-up 9.7 yrs; 0.5 to 38 yrs). Histology: 212 papillary CA., 31 well differentiated & 47 moderately differentiated follicular cancer respectively. 26 PTS had various surgeries before referral, definitive surgery assured = 119 total thyroidectomies (TT), 36 bilateral subtotal lobectomies, 39 total unilateral and subtotal contralateral lobectomies and 93 unilateral lobectomies. 3 PTS: isthmusectomy or tumorectomy. 7 PTS: tracheotomy was mandatory. Recurrent nerve chain node dissection: 77 PTS, lateral neck dissection: 75 PTS. I_{131} was given to 140 PTS (10 for initial distant metastases, 32 for central node compartment invasion, 9 for locoregional subsequent recurrence, the remaining PTS for ablation of thyroid remnant). 34 PTS had additional external radiation.

Results: 235 PTS are alive, 55 PTS are dead (33 with recurrence). Among 208 PTS without either initial metastases or central compartment residual tumor after surgery, the Prognostic Index (PI) inferior to 50 (n = 94) predicts a 10 yrs Survival (S 10 yrs) of 99% versus 74% for 114 PTS with PI superior to 50 (p inf. to 0.0001). Among 6 deceased PTS in the PI inf. to 50 group, none died from CA (but one died with a recurrence). S 10 yrs of PTS with PI inf. to 50 with surgery less than TT (n = 62) is not different from S 10 yrs of same PI. PTS with TT (with or without I_{131}) (n = 21). Additional I_{131} for PI sup. to 50 PTS (n = 54) ensure a S 10 yrs of 84% versus 67% for PTS (n = 60) who did not receive I_{131} (P = 0.14 Logrank).

396 POSTER

REFLEX-OTALGIA: PROGNOSTIC RELEVANCE FOR RADICAL RADIOTHERAPY OF OROPHARYNX CARCINOMA

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In advanced diseases patients often claim reflex-otalgia (ReOt). Sometimes ReOt is the leading symptom, especially in the recurrence situation. Does this parameter have an impact on the probability of clinical CR under radical radiotherapy (RRT)? From Jan. 1991–Dec. 1994 36/76 pat (47%) treated with RRT for oropharynxca suffered from ReOt. 7/40 pat without and 8/36 with ReOt got simultan CDDP-therapy. The mean T-category for non-ReOt pat was 3.2, for ReOt pat 3.3. Also equal was the rate of N+ (72%). The mean age was 58 and 59 yr. 12.5% (non-ReOt) and 28 (ReOt) were female pat. The mean TD (Gy) was 72.1 (ICRU) for non-ReOt and 72.3 for ReOt pat. RRT was interrupted in 27% of non-ReOt (mean 11 d) and 31% of ReOt (mean 7.8 d) and stopped in 3 pat in either group. 75% (30/40) of the non-ReOt pat and 55.6% (20/36) of the ReOt pat (P = 0.01) have reached a clinical CR. CT- and/or MR-imaging strengthened the clinical findings. Our results proof ReOt as a significant clinical parameter for radioresponsiveness and tumour control.

397 POSTER

RISK FACTORS RELATED TO LOCOREGIONAL RECURRENCE IN SQUAMOUS CELL CARCINOMA OF THE SKIN

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A retrospective analysis was performed in order to identify the risk factors associated with development of locoregional recurrent disease in patients with primary squamous cell carcinoma of the skin. Step-wise logistic regression analysis was used which consisted of 1039 patients