

treated from January 1980 to December 1989 at Ankara Oncology Hospital. Locoregional recurrence occurred in 187 (18%) of these patients within a mean disease-free period of 15 months. Age, sex, anatomical location, size of lesion, lymph node status at diagnosis, stage according to TNM classification, histopathologic differentiation, prior therapy, treatment modality, lesions arising from scar tissue (scar carcinoma), concomitant premalignant tumor of the skin, development of secondary non-melanotic skin carcinoma and second malignancy were used as variables which could be correlated with locoregional recurrent disease. No correlation was found between development of recurrence and prior treatment, second non melanoma skin cancer, second malignancy, premalignant skin tumor, sex or regional lymph node dissection. Although univariate analysis demonstrated that location, size, lymph node status, stage, histologic differentiation, scar carcinoma and treatment modality were associated with an increased risk of locoregional recurrence, it was found out that stage of the disease ($P < 0.001$), treatment modality ($P < 0.01$), tumor arising from scar tissue ($P < 0.01$) and histologic differentiation ($P < 0.05$) were statistically significant as risk factors of recurrence when a multivariate analysis was applied.

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POSTER

CHEMOTHERAPY (CT) WITH RADIOTHERAPY (RT): LARYNX PRESERVATION STRATEGY IN CERVICAL SQUAMOUS CELL CARCINOMA OF THE ESOPHAGUS (CSCCE)

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In order to evaluate a new strategy to increase long term survival avoiding laryngoesophagectomy (LE), from 5/1985 to 12/1993, 37 pts with CSCCE were treated with combined CT (CDDP 100 mg/sqm, day 1, FU 1000 mg/m²q, day 1-4 in 96 h infusion) every 4 week for 4-5 courses and RT (split course in 27 pts: 30 Gy days 1-19, 20 Gy days 67-78; continuous in 10 pts: 60 Gy). LE was limited to pts with resectable residual disease at the end of the treatment program or local relapse after initial CR. Characteristics of pts were: median age 62 yrs, range 46-78, stage I: 4 pts, stage II: 13 pts, stage III: 20 pts (resectable 9/20). Response was documented in 33 of 34 evaluable pts (97%) with CR in 24 pts (71%). Three cases were not evaluable: fistula, toxic death and severe myelosuppression. As of January 1995, 13 pts are alive with a total 5 yrs survival of 32%. Relapses were observed in 21/34 responsive pts (local 14, distant 7). Salvage LE was performed in 6/14 local relapsed pts; 2 pts are alive at 41 and 15 mos.; two others progressed after 24 mos from LE; while the remaining pts deceased within 3 mos. All pts with stage I disease are alive and disease-free at 5 yrs, while no difference was detected between stage II (24%) and III (18%). Mortality due to toxicity of CT plus RT was 3% (1/37). In conclusion, combined CT plus RT provides at least the same expected long-term results as primary surgery but preserves the larynx in nearly one third of cases. Surgery could be advocated only in event of local relapse after failure of combined CT plus RT.

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POSTER

P53 SERUM ANTIBODIES IN HEAD AND NECK SCC

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Purpose: To determine whether a correlation existed between the presence of serum antibodies against p53 protein (SAAp53) and clinical and pathological features in a series of 80 consecutive patients with HNSCC. **Methods:** The presence of SAAp53 was studied by ELISA, and p53 gene expression in tumor samples by immunohistochemistry. **Results:** At diagnosis, 18.7% of the patients had SAAp53. Over-expression of the p53 protein was found in 54% of the tumor samples. All the patients with SAAp53 also exhibited overexpression of the p53 gene on the corresponding tumor sample ($P < 0.001$). In a univariate analysis, T stage ($P < 0.001$), nodal involvement ($P = 0.03$), the performance status (WHO ≥ 2) ($P = 0.06$), and the presence of SAAp53 ($P < 0.0001$) were significantly associated with a decrease in disease-free and overall survival, when stratified on the type of treatment. In a multivariate analysis, only T stage ($P < 0.05$) and SAAp53 ($P < 0.001$) remained significantly associated with a decrease in disease-free and overall survival. The DFS rate at 2 years was 62% when no SAAp53 were detectable, compared to 12% when SAAp53 were detectable. **Conclusion:** SAAp53 was strongly associated with clinical outcome.

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POSTER

RADIOTHERAPY FOR PRIMARY CARCINOMA OF THE CERVICAL TRACHEA: A REPORT OF 30 CASES

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Primary carcinoma of the cervical trachea is a rare malignancy whose treatment is not clearly defined. This work describes the experience of three radiation oncology centers over 30 years.

Thirty patients (pts): 27 male, 3 female, median age 61 years, presenting with carcinoma of the cervical trachea (squamous cell in 27) have been treated by irradiation, as a definitive treatment in 26 pts, median dose 60 Gy (35-70 Gy), and postoperatively in 4 pts, median dose 58 Gy. The radiation response was assessable in 19 pts: 9 complete responses (2 for a dose lower than 60 Gy vs 7 for a dose of 60 Gy or more). The 5-year overall survival rate is 29% after definitive irradiation for a dose of 60 Gy or more compared to 0% for a lower dose, and 25% after post-operative irradiation. These results raise the question of further dose escalation, using endotracheal brachytherapy and/or conformal therapy, within prospective collaborative studies.

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POSTER

5 FLUOROURACIL (FU) BLEOMYCIN (B), EPIRUBICIN (E), CISPLATIN (P) IN LOCALLY ADVANCED (LA), RECURRENT AND/OR METASTATIC (REC/MTS) UNDIFFERENTIATED CARCINOMA NASOPHARYNGEAL TYPE (UCNT) PRELIMINARY ACTIVITY/TOXICITY REPORT

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Based on accumulated efficacy and tolerance experiences (JCO 91, ASCO 91-92), in 01/92 we started a new Ph I-II study in LA and REC/MTS UCNT, combining four known active agents in UCNT. **Protocol:** FU 700 mg/m²/d CIV d1-4, B 10 mg IV d1 + 12 mg/m²/d CIV d1-4, E 70 mg/m²/d d1, P 100 mg/m²/d d5 (d1 = d21). As 3/95, 33 patients (pts) were enrolled, 23 M/10 F, mean age 50 years (15-71). **PS (WHO):** 0-1: 31, 2-3: 2, 16 pts with LA disease (T3-T4: 56%, N2-N3: 100%) (UICC-AJCC87), 8 with isolated locoregional REC, 5 MTS alone and 4 bath. **Tumor sites:** 12 nasopharynx (NP), 6 bone, 3 liver, 2 extraregional nodes (ERN), 3 lung. All REC/MTS pts were pretreated, 6 RT alone, 11 pts CT + RT, 10 of them Platinum based. **Toxicity (WHO):** 111 cycles (c) and 33 pts evaluable, Gr3-4: mucositis 20c, in 7/8 pts preirradiated locoregionally, PNN 45c (22 pts), mean duration of neutropenia brief 3 days (1-7), Hemoglobin 9c (7 pts), platelets 15c (8 pts), febrile neutropenia 10c (7 pts), Gr3 nausea-vom: 5c (3 pts), Gr2 skin 4 pts, lung 3 pts, oto 2 pts, 1 death pulmonary fibrosis, 5-FU reversible cardiomyopathy 1 pt. **Response (Res) (WHO) in LA disease (Group 1: G1) 16 pts evaluable after CT (1 CR, 14 PR, 1 NC) (ORR 94%) and 14 pts after RT (13 CR, 1 PD) (2 pts too early). In REC/MTS disease (G2) 16 evaluable (1 refusal), 4 CR and 8 PR, 35 D, 1 PD (ORR 75%). Res by site: CR liver 2/3, bone 1/6, ERN 2/2, lung 2/3, NP 4/12. In G2 median Res duration 10 m (CR = 6 + - 26+, PR = 5 + - 19). With median followup (FUP) of 16 m (4-39): G1: 11 NED (7 + - 25+), 2 AWD (13+, 22+), 1 DOD at 5 m and 2 still on treatment. G2: 4 still responding free of progression (12 + - 34+), 4 AWD (20 + - 34+). This regimen shows high CR in visceral sites, with good Res duration in the palliative setting and good activity as induction chemotherapy. A larger accrual is needed with increased FUP before comparing it with our current standard of B, E, P. (E. Cvitkovic et al., ASCO 94.)**

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POSTER

"GLUTATHIONE SYSTEM" AND CHEMORESPONSE TO 5-FLUOROURACIL AND CISPLATINE IN HEAD AND NECK SQUAMOUS CELL CARCINOMA: A PILOT STUDY

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The relationship between the glutathione system and the chemoresponse to neo-adjuvant chemotherapy (CT) commonly used (cisplatin/5-fluorouracil: CDDP/5-FU) in head and neck squamous carcinoma (HNSCC). We assayed in the total blood of 38 patients (pt) the glutathione