

45 years). Thirteen had WHO tape 1.4 had type 2 and 36 had tape 3 carcinomas. Radiographic approach consisted of x-ray views of the skull in 14 and CT and/or MRI in 39. Thirty-six had cranial nerve involvement. 39 base of skull erosion and 12 intracranial extension. Four had N1, 10 had N2 and 18 had N3 nodal involvement. External beam radiation therapy consisted of 50 to 70 Gy (median 70 Gy) to primary tumor and 50 to 74 Gy (median 70 Gy) to involved nodes, delivered in 2 Gy daily fractions. Sixteen patients received 1 to 3 (median, 2) fractions, each of 5 Gy, of HDR intracavitary brachytherapy boost. Ten received neoadjuvant and 21 concurrent chemotherapy. Ultrasound hyperthermia was applied to 8 patients with N2-3 involved nodes.

Results: Follow-up ranged from 0.2 to 9.6 years (median, 1.8 years). Complete primary tumoral response was achieved in 39 out of 50 and complete nodal tumoral response in 28 out of 33 evaluable patients. Overall survival (OS) and disease-free survival (DFS) were 42.4% and 39.8%, respectively, at 2 years and 28.9% and 29.0% at 5 years. There were 9 primary and 1 primary and nodal tumoral failures among patients exhibiting complete response. There were 13 systemic failures among all patients. In univariate analysis, cranial nerve involvement and addition of chemotherapy were significant prognostic factors for OS and there was not any significant prognostic factor for DFS. In multivariate analysis cranial nerve involvement was the only significant prognostic factor for OS and there was not any significant prognostic factor for DFS.

Conclusion: In patients with T4 nasopharyngeal carcinomas, cranial nerve involvement appears to be the only clinically significant prognostic factor.

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POSTER

Long-term results of chemotherapy in advanced thyroid carcinoma

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The prognosis of most patients (pts) with differentiated thyroid carcinoma (CA) treated with surgery plus ^{131}I is excellent. However, pts with advanced differentiated CA (T3-4 or N1) and those with medullary and undifferentiated CA face a poor prognosis. From 1984 to 1996, 87 cases of thyroid CA have been treated in our institution, including 11 with advanced differentiated CA (papillary 8, follicular 2, Hürthle cell 1), 3 with medullary CA and 3 with undifferentiated CA. Median age: 51 years (26-77). Sex (male/female): 7/11. **Advanced differentiated CAs:** All pts had thyroidectomy (total in 3, partial in 8) upfront. Postoperative therapy included none in 1 pt (NED at 112 mo), chemotherapy (CHT) in 2 (bulky disease devoid of ^{131}I) in 8 pts (2 in CR at 43 and 100 mo and 6 relapses after CR at 4 to 43 mo, 2 treated with repeated ^{131}I (in pr at 29 and 76 mo), 1 with no therapy (died at 14 mo) and 2 with CHT). Overall, 4 pts, all with measurable disease, were treated with CHT (adriamycin, vincristine, bleomycin) (ABV). All responded (2 CRs and 2 PRs, lasting 12, 59, 88+, 115+ mo). Two of these pts received external radiotherapy after response and 1 received ^{131}I . Two pts are alive at 122 and 156 mo and 2 died at 68 and 104 mo. **Medullary CA:** 2 pts presented with distant metastases and 1 developed them 57 mo after total thyroidectomy. Therapy: none, 1 pt (died at 4 mo); CHT (Ad/platin) (2 pts, both with PR) (1 alive at 3 mo, 1 died at 101 mo after PR to 3 lines of CHT). **Undifferentiated CA:** All 3 pts were treated with CHT (ABV in 1 with no response and death at 6 mo and Ad/platin in 2 with 1 death at 1 mo and 1 PR lasting 5+mo). Adriamycin-based CHT is active in differentiated thyroid CA after relapse to surgery plus ^{131}I . Integration of CHT in the upfront management of selected pts with advanced differentiated thyroid CA is a reasonable approach.

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PUBLICATION

Dose escalation in accelerated hyperfractionation for advanced head and neck cancer

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Purpose: Accelerated tumor repopulation during radiotherapy of head and neck cancer may worsen the possibilities of local tumor control. This can be compensated by dose escalation in accelerated hyperfractionation.

Methods: 50 untreated patients with locally advanced head and neck SQ.CA received (1.2 GY BID 2 weeks- 1.4 GY BID 2 weeks 1.6 GY BID 1.5 weeks) Total 74.4 GY immediate loco-regional response was assessed 6 weeks from the end of therapy.

Results: C.R. was achieved in 62%, P.R. was achieved in 38%. The 2 year overall survival was 67.1% and the 2 year disease-free 57.8% survival was immediate loco-regional response and survival were affected by the primary tumor site tumor size and continuity of treatment the treatment was well tolerated by the majority of patients, mucositis led to interruption of treatment in 22% cases.

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PUBLICATION

Primary reconstruction after ablation of oral cancer – Effects on soft tissue function and life quality

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Purpose: The aim of the present prospective study was to evaluate the functional sequelae of intraoral tumor surgery and their impact on postoperative development of quality of life.

Methods: 40 consecutive patients had received ablation of squamous cell carcinoma of the floor of the mouth with immediate reconstruction of intraoral soft tissues after tumor resection by local (n = 27) and revascularized flaps (n = 13). Mobility of oral soft tissues was determined by ultrasound. Quality of speech was analyzed using the Freiburg Speech intelligibility test. Life quality of cancer patients was assessed by the functional living index/cancer (FLIC). All patients were evaluated preoperatively and 6 months after intraoral tumor surgery.

Results: A significant decrease in both the mobility of the tongue and the quality of speech was registered postoperatively. The most substantial effect on quality of speech resulted from decreased movement of the radix and the dorsum of the tongue. A significant postoperative increase in life quality occurred only in the group of patients without substantial reduction of intelligibility of speech, while no significant improvement of postoperative life quality of patients with more severe deterioration of speech quality was found.

Conclusion: Postoperative quality of speech has a significant effect on life quality after resection of oral cancer.

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PUBLICATION

The arteriography technique of the thyroid cancer complex diagnosis

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Purpose: The diagnosis of the thyroid cancer is difficult especially when the dimensions of tumor are very small or the primary manifestation of malady only from regional or distant metastasis. For solution of this problems had been used the diagnostic arteriography of the thyroid.

Methods: There were 41 thyroid arteriography: 20 – the selective aneurysm, 21 – the brachiocephalic general trunk. The diagnostic criterion of tumor malignant was been definition of the thin network of vessels lesion in arterial phase (TNVL APH) or homogeneous contrast of tumor in capillary phase of study.

Results: All patients were divided in 2 groups: I Gr. – 25 patients with diffusive increase of thyroid lobe (conform clinical, ultrasonography and scanning). By arteriography was detected TNVL APH Ø 1.0–3.0 cm in 12 patients; II Gr. – 16 patients with lesion of lymphatic nodes – occult thyroid carcinoma. Confirm arteriography was detected primary tumor Ø 0.4–1.5 cm.

Conclusion: The arteriography is a very sensitive technique in the detection of small dimensions and occult thyroid cancer.

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PUBLICATION

Successful treatment with paclitaxel/5-FU and simultaneous radiation in advanced H&N carcinoma

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Introduction: Paclitaxel (P) a new plant product has demonstrated significant antineoplastic activity in H&N tumors (ECOG study: 40%). Therefore we performed a trial with P/5-FU and simultaneous radiation in an neoad-