671 PUBLICATION

Effet of a pediatric form of granulocyte-colony stimulating factor (G-CSF) in radiotherapy-induced oral mucositis. A pilot study from the groupement de radiotherapie et d'oncologie de pyrenees (GROP)

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This pilot study investigates the role of G-CSF as reducing radiotherapy (RT) ± chemotherapy (CT) mucosal toxicity (mucositis) for patients (pts) treated for head and neck cancer. Sixteen consecutive pts (14 males), a median age of 57 years (36–74), tumors sites; nasopharyngeal (n = 1), tongue (n = 2), hypopharynx (n = 7), buccal (n = 4), tonsilar (n = 1), and non Hodgkin's lymphoma (n = 1), were enrolled in this study. Treatment was a daily fractionated RT (1.7–2.0 Gy) for 64 Gy as a median total dose (range 42–81 Gy). Six pts received concomitant platinum-based CT. G-CSF (13.4 × 10^6 UI, Granocyte 13, LRPR) was administered in S.C. from day 10 to day 20 of the RT. Mucositis at 4 weeks and at the end of RT was:

Grade (WHO)	0	1	2	3	4
At 4 weeks	4	2	8	2	0
At the end of the treatment	5	8	2	1	0

Main pts (14/16) were treated in outpatient department. There was only one case of parenteral nutrition. RT was delayed in 10 cases for 7 days as a median duration (2–10) but never stopped. Two pts presented more than 10% weight loss. Pediatric form of G-CSF (Granocyte 13) may decrease the severity of radiotherapy-induced oral mucositis in head and neck cancer pts.

672 PUBLICATION

Alternating radio-chemotherapy with docetaxel/CDDP and involved field radiotherapy for recurrent, inoperable, and previously irradiated head & neck cancer

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Purpose: Prognosis of pat. with local-regional recurrence of head&neck cancer after operation and adjuvant irradiation or primary radio-(chemo-) therapy is poor. Median survival with symptomatic therapy is 4 months. Most pat. die of uncontrolled local tumor. High dose irradiation of recurrence cannot be delivered in pre-irradiated pat. due to insufficient normal tissue tolerance. Combined simultaneous radio-chemotherapy in phase I/II trials showed higher remission rates, but also higher toxicity compared to chemotherapy alone.

Methods: Twelve pat. with inoperable, and previously irradiated head & neck cancer, SCC, GII–III, median tumor diameter 3 cm (2–12 cm), underwent alternating radio-chemotherapy with docetaxel 60 mg/m^2 d1 + CDDP 15 mg/m^2 d2–5 in 1^{st}, 4^{th}, and 7^{th} week and involved field irradiation with 5 × 2 Gy in 2^{nd}–3^{rd} and 5^{th}–6^{th} week to 40 Gy total dose (ICRU50). Pat. characteristics: KI ≥ 70%, 8× nutritional deficiency, pretreatment: 4× primary radio-(chemo-) therapy 70.6 Gy, 8× adjuvant irradiation 60 Gy.

Results: All pat. received irradiation as intended. Planed docetaxel/CDDP chemotherapy was given in 22 of 36 courses, reduced chemotherapy in 7 courses, treatment was aborted twice due to WHO°II renal toxicity, and one docetaxel/Polysorbat80® hypersensitivity. Grade III–IV toxicity occurred in 9/12 pat.: 3/11 mucositis, 6/11 leukopenia (2/6 neutropenic fever), 1/12 hypersensitivity, 1/12 large bowel perforation (died at home 2 months later for unknown reason). Anemia WHO°II in 4/11 pat. required blood transfusion. Ten pat. were eligible for response: 5× CR, 4× PR, and 1× SD. Median time to local progression was 7 months, and median disease specific survival was 9 months. Three pat. died of progressive local tumor, 1 pat. due to cerebral filiae, 1 pat. lost of follow up 7 months after therapy with NED.

Conclusion: The presented schedule of alternating radio-chemotherapy in inoperable, recurrent, and previously irradiated head&neck cancer resulted in a 90% overall response rate. However substantial systemic toxicity has been observed, requiring a dose reduction of chemotherapy.

673 PUBLICATION

Paranasal sinus cancer; role of the external beam radiotherapy

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Purpose: the aim of this study is to estimate results of radiotherapy in patients with paranasal sinus cancer treated in Cancer Center in Warsaw.

Material and Method: between 1987 and 1993 fourty six pts have received radical radiotherapy mainly after surgery. The majority of these pts had primary T3–4 stages. Technique of treatment was modified in respect to tumor localization. Conventional fractionation (l.8–2.0 Gy per fraction) was used in all cases. Total doses ranged from 60 to 72 Gy.

Results: actuarial 5-years disease free survival is 43%. The main causes of failures were local reccurences. Treatment tolerance was acceptable. Serious late complications were not observed.

Conclusions: even in advanced T3–4 stages of paranasal sinus cancer combined treatment (surgery followed by radiotherapy) can produce long term disease free survival.

674 PUBLICATION

p53, gp170 and K 19 as clinical prognostic factors for response in head and neck squamous cell carcinoma

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Purpose: There are several but poorly understood factors that influence chemo- and radio-resistance in head-neck squamous cell carcinoma (HNSCC). The aim of our investigation was to evaluate how p53, gp170 and the expression of K 19 could act to better predict the clinical response to chemoradiotherapy in locally advanced HNSCC.

Methods: Between October through September 1998, 29 (25 evaluable) previously untreated patients (18 male, 7 female), with biopsy proven Locally Advanced HNSCC, stage III (6/25) and IV (19/25) were immunohistochemistry evaluated on biopsies for p53 and gp170, and by serum RT-PCR essay for K 19, before starting combined neoadjuvant treatment with platinum-based chemotherapy and radiotherapy. Expression of each marker was correlated with response to chemoradiotherapy.

Results: 8/25 patients (32%) were positive and 17/25 (68%) negative for p53. 8/25 (32%) and 17/25 (68%) patients were positive and negative for gp170-expression respectively. 10/25 patients (40%) were K 19-positive and 15/25 (60%) negative. Both p53-mutation (6/7 = 86% of no-responders) and gp170-expression (5/7 = 72% of non-responders) were correlated with poor response to chemoradiotherapy. We also checked the non-association with K 19 (4/7 = 57% of non-responders). We didn't find correlation between biological markers and stage of disease. There was codependence between grade (G3) and p53 wild-type and gp170-negative.

Conclusion: The assessment of response to chemoradiotherapy by biological factors in HNSCC is today uncertain. Although we need further analysis, we propose the nuclear accumulation of both mutant p53 and gp170 expression as a possible marker of drugs- and radio-resistance. We didn't find clear correlation between cellular expression of K 19 and response.

675 PUBLICATION

Quality of life (QoL) and patient's perspective for induction chemotherapy (CT) in advanced Head and Neck cancer (HNC)

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Aims: QoL could be an important criteria in the decision making process concerning treatment (T) of HNC patients (p). To investigate QoL at the beginning and at the end of CT and to compare clinical response with QoL and psychological changes.

Methods: P with HNC submitted for induction CT. CT: 3 cycles of CDDP (100 mg/m^2 d1) and 5FU (1000 mg/m^2/24 h c.i. d1–5) every 21d. Antiemetics: anti-HT3 and steroids. Portable pumps. P have been interviewed twice by a psychologist: before 1st and after 3rd cycles. Measures and variables: