ABSTRACT

 PURPOSE: To evaluate the efficacy and toxicity of concurrent chemoradiotherapy (CCRT) with cisplatin/5FU or Docetaxel in the treatment of stage II-IV squamous cell carcinoma of the pharynx and larynx.

 METHODS AND MATERIALS: The medical records of 93 consecutive patients (stage II: 18%, stage III: 6%, stage IV: 75%) treated with CCRT for squamous cell carcinoma of the pharynx and larynx (hypopharynx: 49, oropharynx: 28, larynx: 16) from 2003 through 2007 were reviewed (Table 1, 2).

 RESULTS: Seventy-six patients were treated with 2 cycles of CDDP (60mg/m2), 5-FU (600mg/m2 X 4 days), and RT (2.0 Gy daily; total dose, 66-70Gy). Thirty-five patients were treated with 6 cycles of weekly Docetaxel (10mg/m2) and RT. Salvage surgery was performed in the patients who demonstrated resectable locoregional persistence or recurrence.

 CONCLUSION: Median follow-up of patients was 21 months. There was 90% complete response rate and 27% partial response to chemoradiotherapy. The frequency of significant acute toxicities is as follows: neutropenia 11%, hyponatremia 12%, nausea 15%, mucositis 22%, dysphagia 24%. The hematologic toxicities were minimal and there were no treatment-related deaths. The 3-year Kaplan-Meier overall survival rates were 71.8% (oropharynx: 88.8%, hypopharynx: 59.9%, larynx: 83.6%).

RESULTS

- Median follow-up of patients was 21 months.
- There was 90% complete response rate and 27% partial response to chemoradiotherapy (Table 2).
- CR rates of T1, T2, T3 and T4 were 100%, 92%, 75% and 75% respectively (Table 3).
- CR rates of N1, N2a, b, c and N3 were 80%, 75%, 77% and 43% respectively (Table 3).
- The 3-year Kaplan-Meier overall survival rates were 71.8% (oropharynx: 88.8%, hypopharynx: 59.9%, larynx: 83.6%).
- Treatment failure of primary and/or neck region was occurred in 19 cases (Hypopharynx: 13 cases, Oropharynx: 6 cases). In addition, distant metastasis and double cancer were observed in 9 and 6 cases respectively.
- The frequency of significant acute toxicities is as follows: neutropenia 11%, hyponatremia 12%, nausea 15%, mucositis 22%, dysphagia 24%. The hematologic toxicities were minimal and there were no treatment-related deaths.

CONCLUSIONS

Concurrent chemoradiotherapy with Cisplatin/5FU or Docetaxel is tolerable and achieves overall survival rates comparable to other chemoradiotherapy schedules. Further investigation of this approach is indicated.