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CANCER OF OROPHARYNX AND NASOPHARYNX – CLINICAL PROGNOESTIC FACTORS ANALYSIS

M. Syguła, B. Pilecki, W. Sasiadek, M. Goleń, W. Przeorek, A. Wygoda, K. Składowski

Clinic of Radiotherapy, Cancer Centre MSC Institute, Gliwice, Poland

Analysis contains 110 cases of oropharyngeal and 112 cases of nasopharyngeal cancers who were treated between 1990-1998 in MSC Centre of Oncology-Institute, branch Gliwice.

Main part of histopathological findings in oropharyngeal area were squamous cancers, but undifferentiated type was slightly dominated than squamous in nasopharyngeal region.

More than half of cases in both localisations were locally advanced [T3,T4] and similar, nearly 1/3 cases were without nodal metastases.

Comparisons between mean tumor volumes indicate on bigger cancer volume, when primary tumor was located in oropharyngeal area, but mean nodal volume was much higher in nasopharyngeal cancer.

Kinetics of distant metastases were much higher in nasopharyngeal location of primary tumor especially in undifferentiated cases.

Radiotherapy was the main type of treatment which was realised in palliative and radical schedule with conventional and unconventional fractionation scheme.

Following clinical factors were underdone evaluation: T-stage and primary tumor volume, N-stage with amount and volume of nodes, conglomerates of nodes presence, M-stage, type of histological structure and treatment factors: tumor and nodal total doses and kind of fractionation.

Statistical methods which were used contained: single- and multivariate analysis and logistic regression model.

Conclusion: „Hierarchy of importance” of the factors which were analysed and their influences on treatment results are different in both localisations.

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CONCURRENT WEEKLY CISPLATIN AND RADIOTHERAPY IN CERVICAL CANCER PATIENTS. A REPORT ON ACUTE TOXICITY

K. Serkies, L. Krasinska, T. Sawicki, J. Jassem

Medical University of Gdansk

Material and method: Between May 1999 and January 2001, 41 consecutive cervical cancer patients (pts), median age 46 yrs (range 29-68), were treated with concurrent cisplatin and pelvic irradiation with curative intent (29 pts FIGO stage IB "bulky", IIB-IVA) or postoperatively (11 pts who had positive pelvic lymph nodes and/or involvement of the surgical margin and/or large and deeply invasive lesion). Adequate bone marrow function and normal serum creatinine were required. Cisplatin given as a 60-minute infusion, was administered weekly at the dose of 40 mg/sqm (max. 70 mg) for six cycles. Antiemetic therapy was routinely given. Three patients received irradiation on out-patient basis.

Results: A total of 145 cycles were administered. The median number of cisplatin cycles was 4 (range: 1-6). Overall, 65% of pts received at least four cycles of cisplatin. The reasons for chemotherapy discontinuation included low level of creatinine clearance (2 pts), worsening of performance status (3 pts), and myoclonia after cisplatin injection (1 pt). Moderate emesis occurred in one patient, grade 2 leukopenia in two other cases. There were no severe acute effects precluding the delivery of planned radiotherapy. At present six patients are still on therapy.

Conclusion: Pelvic radiotherapy combined with weekly cisplatin is feasible in a routine practice. This modality is also suitable for patients treated on out-patient basis.

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THE RATIONAL FOR OPTIMAL COMBINATION OF RADIATION THERAPY AND TAXANES IN ORGAN PRESERVATION TREATMENT OF HEAD AND NECK CANCER – PROJECT OF CLINICAL STUDY

T. Rutkowski, W. Sasiadek, A. Mucha, K. Składowski

Clinic of Radiotherapy, Cancer Centre MSC Institute, Gliwice, Poland