Results: From September 2011 to December 2013, 80 patients were enrolled and two patients withdrew consent, finally 78 patients included for analysis. There were 73 male and 5 female. There were 96.2% of them had 0-1 WHO ECOG. For the primary site, 23(29.5%) patients were oral cavity, 26 (33.3%) patients were oropharynx, 24(30.8%) patients were hypopharynx, and 5 (6.4%) patients were larynx. Treatment compliance was well. There were 92.3% patients completed planned schedule. After the induction chemotherapy, the overall response rate were 92.3%, which included 37.2% complete response and 55.1% partial response, respectively. Only 2(2.6%) patients had stable disease and 1(1.3%) patient had progression disease. The response rate of oral cavity, oropharynx, hypopharynx, and larynx were 82.6%, 93.3%, 100%, 100% respectively. There were 47.4% grade 3 or 4 neutropenia and 20.5% grade 3 anemia. Only 6 severe adverse event were report, including 4 febrile neutropenia with sepsis, one osteomyelitis, and one massive bleeding.

Conclusion: This outpatient docetaxel-based neoadjuvant chemotherapy regimen is a effective regimen in locally advanced squamous cell carcinoma of head and neck.

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Impact of waiting time for treatment initiation on gliotic T1N0M0 squamous cell carcinoma RT results
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Purpose or Objective: The goal of this study is to evaluate the results of treatment of T1N0M0 gliotic cancer with irradiation, with emphasis on the influence of time from diagnosis to the beginning of radiation therapy.

Material and Methods: We performed the retrospective analysis of the group of 539 patients with T1N0M0 gliotic cancer, treated with radiation therapy in the Center of Oncology in Cracow between years 1977 and 2004. In 481 cases (89%) the tumor was limited to single vocal cord and in the remaining 58 involved both of them. Anterior commissure involvement was observed in 173 (32%) of the patients. According to the radiotherapy technique and fractionation schedule, we have divided patients into three separate groups: I - two oblique fields, TD 60 Gy/24 - 277 patients (51%); II - two opposite fields, TD 60 Gy/30 - 160 (31%); III - one lateral photon-electron beam, TD 60 Gy/30 - 102 (19%). The average time from laryngeal biopsy to the beginning of radiotherapy was 56 days (range: 3 - 145 days). The overall survival (OS) and disease-free survival (DFS) were calculated using the Kaplan - Meier method. Log - rank test was used to calculate differences between each groups, and the independent prognostic factors were selected by the Cox multivariate analysis.

Results: The 5-year OS and 10-year OS were 84% and 69%, 5- and 10-year DFS were 90% and 88%, and the 5- and 10-year LC rates were 89% and 87%, respectively. One- dimensional analysis revealed following prognostic factors for LC and DFS: tobacco smoking, radiotherapy technique, and the anterior commissure involvement. The 5- and 10-year LC rates were observed in the group treated with oblique beams (80% and 78%, respectively), and the highest when the oblique fields were used - 91% and 88%, respectively (p=0.002). The tumor involvement of the anterior commissure decreased 5-year LC by 15% (92 to 77%), and 10-year LC rate by 19% (89 to 70%, respectively, p=0.000). The waiting time for the beginning of RT longer than 30 days from the biopsy was statistically significant poor prognostic factor for DFS and LC. 5- and 10- year LC rates in the group of patients who started RT during the period of 30 days from the biopsy were 92% and 90%, respectively, and in the group which started treatment after that time, these LC rates were 84% and 82%, respectively (p=0.01). Tumor interior commissure involvement was proven to be an independent prognostic factor affecting DFS and LC.

Conclusion: 1. Radiation therapy is efficient method of treatment the T1N0M0 gliotic cancer
2. Prolonged time of waiting for the beginning of RT decreases the LC and DFS rates
3. The tumor involvement of anterior laryngeal commissure proved to be an independent adverse prognostic factor for LC and DFS