

follow-up was 35 months (range 7–71). Two-year and five-year overall survival (OS) and cause-specific survival (CSS) were 55% and 20%, 66% and 33% respectively.

**Conclusions.** In our series conservative treatment with radiochemotherapy in locally advanced oral cavity cancer offers a good toxicity profile and results comparable to those published in the literature.

<http://dx.doi.org/10.1016/j.rpor.2013.03.258>

### Conservative treatment in locally advanced oropharynx cancer

A. Abondano<sup>1</sup>, M. Salgueiro<sup>2</sup>, A. Hervás<sup>2</sup>, D. Ordoñez<sup>2</sup>, J. Domínguez<sup>2</sup>, S. Marcos<sup>2</sup>, M. Vallejo<sup>2</sup>, J. Martínez<sup>2</sup>, A. Royuela<sup>3</sup>, A. Ramos<sup>2</sup>

<sup>1</sup>Hospital Ramón y Cajal

<sup>2</sup>Hospital Ramón y Cajal, Oncología Radioterápica

<sup>3</sup>Hospital Ramón y Cajal, Unidad de Bioestadística Clínica, IRYCIS



**Purpose.** The aim of this study is to describe compliance, acute toxicity and radiochemotherapy treatment outcomes in patients diagnosed with locally advanced squamous cell carcinoma of oropharynx.

**Patients and methods.** From March 2002 to January 2012, 44 patients diagnosed with locally advanced oropharynx cancer were treated in our department with chemoradiation therapy with radical intention. The radiotherapy schedule used was 50 Gy to clinical target volume (CTV) and 70 Gy to the gross target volume (GTV). The concomitant chemotherapy (QT) regimens were adapted to each clinical case.

**Results.** The median age was 57 years (range 39–84), 84% male and 16% female. 20% of all patients were stage III and 80% stage IV. 75% of all patients received concomitant QT according to the following schemes: 51% received weekly CDDP, 17% CDDP every 21 days, 12% carboplatin, cetuximab 10% and the remaining patients received others regimens. G3 toxicity was seen in 49% of patients and mucositis and epitelitis were the most frequent. Median follow-up was 24 months (range 4–63). Two-year and five-year overall survival (OS), cause-specific survival (CSS) and disease-free survival (DFS) were 50% and 28%, 56% and 51%, 49% and 37%, respectively. There was not significant difference in survival with the following analyzed variables: sex, age and QT scheme.

**Conclusions.** In our series conservative treatment with radiochemotherapy in locally advanced oropharynx cancer offers a good toxicity profile and results comparable to those published in the literature.

<http://dx.doi.org/10.1016/j.rpor.2013.03.259>

### Cranial hemangiopericytoma (HPC): A report of two cases

Y. Ruiz Ruiz, I. Rincon Pérez, E. Montero Perea, J. Peinado Serrano, M. Ortiz Gordillo  
University Hospital Virgen del Rocío, Department of Radiation Oncology, Seville, Spain



**Summary.** Hemangiopericytoma is an uncommon mesenchymal neoplasm arising from Zimmerman's pericytes, which usually locates in soft tissues. Meningeal hemangiopericytoma accounts for less than 1% of all intracranial tumours. Typically, it behaves aggressively, showing distinct tendency to recur locally or distantly along the neural axis and to present extraneural metastases.

**Objective.** Review treatment of cranial hemangiopericytoma (HPC), conducting a literature review of the literature in Medline, concerning two cases.

**Method and results.** A revision is made in Medline, introducing like key words "hemangiopericytoma" and "cranial fossa", analyzing the types of treatments published. It is decided to treat according to the published protocols. Oncology story 1: male 22 years, who presents with nausea, epigastric discomfort accompanied by disconnection of the medium, stare, loss of consciousness and generalized clonic movements with post-critical stupor. In MRI: glioneuronal lesion of slow growth. It operates through right temporal craniotomy with surgical excision of the dural implantation site serving the greater wing of the sphenoid and temporal muscle affected. AP: solitary fibrous tumor with hemangiopericytoma-like pattern of WHO Grade II Receiving radiation therapy (RT) adjuvant VMAT technique, 50 Gy dose-based on the surgical fusion of images taken from brain MRI. Oncology story 2: male 38 years, debuting visual acuity of 2 months' duration and temporal hemianopsia. CT and MRI IN: LOE anterior fossa suggestive of olfactory groove meningioma. It operates through bifrontal craniotomy and tumor excision. AP: Solitary fibrous tumor with hemangiopericytoma-like pattern of WHO Grade II Adjuvant RT was administered (VMAT technique) 45 Gy to the tumor bed level with margin, reaching 50 Gy to the tumor bed level.

**Conclusion.** In current clinical decision making regarding treatment of hemangiopericytoma is mainly based on retrospective data. In literature, the practical approach is to give adjuvant RT dose of 50–60 Gy. More research is clearly needed to determine the optimal therapeutic strategy.

<http://dx.doi.org/10.1016/j.rpor.2013.03.260>