

CONCURRENT WEEKLY CISPLATIN AND RADIOTHERAPY PLUS ADJUVANT CHEMOTHERAPY FOR NASOPHARYNGEAL CANCER – A PRELIMINARY STUDY

Chien-An Chen¹, Kou-Hwa Chang^{1,4}, Yi-Shing Leu², Jehn-Chuan Lee²,
Yuen-Liang Lai^{1,5,6}, Eu-Jun Chen², Chang-Hung Chung¹, Yu-Jen Chen^{1,3}

¹ Department of Radiation Oncology, Mackay Memorial Hospital, Taipei, Taiwan

² Department of otorhinolaryngology, Mackay Memorial Hospital, Taipei, Taiwan

³ Department of Martial Arts, Chinese Culture University, Taipei, Taiwan

⁴ Mackay Junior College of Nursing

⁵ Center for General Education, National Yang-Ming University, Taipei, Taiwan

⁶ School of Medicine, Taipei Medical University, Taipei, Taiwan

Purpose : It has been shown that concurrent chemoradiotherapy (CCRT) confers significantly better survival in locally advanced nasopharyngeal carcinoma (NPC) compared with radiotherapy. We conducted a prospective pilot study to evaluate the efficacy and toxicity of a CCRT regimen using low-dose cisplatin (CDDP) for treatment of NPC to see if it enhanced radiation response and reduced chemotherapy-induced toxicity.

Materials and Methods : A total of 14 patients were enrolled. The CCRT regimen consisted of radiotherapy (RT), 70–72 Gy to the primary tumor with concurrent CDDP 30 mg/m² administered once a week for 7 to 8 weekly doses. After CCRT, 4 cycles of adjuvant CDDP, 20 mg/m²/day, and 5-FU, 1000 mg/m² infused over 24 hours for 5 consecutive days were given monthly. Tumor response and toxicity were analyzed.

Results : Eleven patients completed CCRT in 8 to 10 weeks, 3 patients delayed up to eleven weeks, and half (50%) received 4 complete courses of adjuvant chemotherapy. Ten (71.4%) patients had a complete response (CR) after CCRT, with an additional 3 achieving a CR after adjuvant chemotherapy, for a total of 13 (92.9%) out of 14. Adverse effects of CCRT included grade 3 or 4 oropharyngeal mucositis in 3 (21.4%) and grade 3 or 4 radiation dermatitis in 8 (57.1%). There was no severe renal or fatal toxicity from the treatment. At a median follow-up of 19.5 months, 1 patient still had residual tumor, 1 had recurrence and 2 had systemic metastases.

Conclusion : CCRT followed by adjuvant chemotherapy was effective in a small series of NPC patients, with acceptable and reversible acute toxicity. This protocol deserves further investigation in randomized prospective trials.

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Key words: Nasopharyngeal carcinoma, Concurrent chemoradiotherapy, Adjuvant chemotherapy.