

37 patients (26 males, 11 females) were treated (26 before irradiation, 9 preoperatively), aged 27-91 years (mean 57). They were all recently diagnosed and previously untreated. Sites were 14 oropharynx, 9 oral cavity, 8 larynx, 4 hypopharynx and 2 other. Most tumours were locally advanced (5 T1, 8 T2, 17 T3, 6 T4) with frequent node involvement (14 N0, 10 N1, 1 N2, 11 N3). Squamous cell carcinoma was present in 35/37. Bleomycin (10mg/d), VP16 (100mg/d) and cis-platinum (15mg/d) were given on days 1, 3, 5. Two BVP courses were administered one week apart. An overall response rate of 73% was obtained. Primary tumours regressed in 85% (18% CR + 67% PR) and nodes in 56% (8% CR + 48% PR). Moderate to severe nausea and vomiting were nearly universal. Mild hematologic depression occurred but no renal nor pulmonary toxicity. Ancillary treatment consisted of antiemetics without hydration programme nor mannitol diuresis. Planned radiotherapy was initiated without any delay and always given to full dosage. Immediate tolerance was comparable to controls. 18 patients evaluable after irradiation are all clinically disease-free. BVP chemotherapy shows very significant anti-tumour activity with minimal toxicity and proves suitable for outpatient treatment. Association with subsequent radiotherapy confers high rates of immediate tumour control. Time will show if this modality will be valuable as regard to long term prognosis.

CR=complete tumour regression; PR=regression > 50% in size