

LOW DOSE NEOADJUVANT CHEMOTHERAPY IN HEAD AND NECK
 CANCERS : ANTI-TUMOUR ACTIVITY, PREDICTION OF RADIO-
 THERAPY RESPONSE AND INFLUENCE ON SURVIVAL.

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184 consecutive patients, all recently diagnosed and
 previously untreated, received a chemotherapy consist-
 ing of bleomycin (10 mg), etoposide (100 mg) and cis-
 platinum (15 mg) given as a single course on days 1, 3,
 5, 15, 17 and 19. There were 147 males and 37 females,
 aged 21-91 (mean 58). Oropharynx (68), oral cavity (37),
 larynx (35) and hypopharynx (25) were the predominant sites.
 Most tumours were locally advanced (27 T1, 55 T2, 51 T3, 51
 T4) with frequent lymph nodes involvement (95 N0, 25 N1,
 4 N2, 63 N3). Squamous cell carcinoma was present in 175
 cases. A significant anti-tumour activity was obtained :

<u>CHEMOTHERAPY</u>	Patients	Tumour	Nodes
CR	11%	14%	6%
PR	59%	72%	52%
CR + PR	70%	86%	58%

Side-effects were minimal; no hyperhydration programm nor
 mannitol diuresis was used; chemotherapy was given on an
 ambulatory mode. Exclusive irradiation was delivered to full
 dose (TDF 103) in 148 cases with good tolerance of normal
 tissues. Chemotherapy responses (C+) or non-response (C-)
 influences tumour control after radiotherapy.

<u>RADIOTHERAPY</u>	Patients		Tumour		Nodes	
	C+	C-	C+	C-	C+	C-
Complete control	82%	39%	95%	67%	60%	33%

Short term effects on survival seem encouraging :

<u>Survival</u>	55 stage III	79 stage IV
2 years rate	60%	50%
3 years rate	50%	30%

Trends exist for a 10-15% benefit as compared to our own
 historical controls.