

BVP CHEMOTHERAPY (BLEOMYCIN, VEPESID, PLATINOL) BEFORE RADICAL TREATMENT IN HEAD AND NECK CANCERS.

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A pilot study is going on to assess the efficacy of chemotherapy given before irradiation or surgery in head and neck cancers with bad prognosis. Reducing tumour volume ensures complete resection and increases radiosensitivity. An effect on microscopic metastases is also anticipated. 55 patients (35 males and 20 females) have been treated, aged 27-91 years. They were all recently diagnosed and previously untreated. Site subdivision was : 21 oropharynx, 15 oral cavity, 6 hypopharynx, 10 larynx, 3 salivary glands. Most tumours were locally advanced (7 T1, 12 T2, 25 T3, 8 T4) with frequent node involvement (23 N0, 11 N1, 1 N2, 20 N3). Squamous cell carcinoma was present in 51/55. Bleomycin (10 mg/d) etoposide (100 mg/d) and Cis-platinum (15 mg/d) were given on days 1,3,5 and 15,17,19. An overall response rate of 75% was obtained (CR + PR). Primary tumours regressed in 90% (17% CR + 73% PR) and nodes in 52% (13% CR + 39% PR). Response rate was independant of site and histology. Side-effects remained acceptable. Nausea and vomiting were frequent, mild hematologic depression occurred but no renal nor pulmonary toxicity. Ancillary treatment consisted of antiemetics, without hydratation programm nor mannitol diuresis. BVP chemotherapy proved suitable for outpatient treatment. The planned radical treatment was always initiated in due time and tolerance remained unchanged. High rates of immediate tumour control were achieved after chemotherapy and irradiation : complete regression of 34/36 primary tumours and 18/25 lymph nodes. After a mean follow-up period of 8 months 27 patients are disease-free, 3 have evolutive tumour and 4 are dead from cancer. However, more cases and time are needed to ascertain the long term benefit.
CR = complete regression; PR = regression > 50% in size.