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NEOADJUVANT CHEMOTHERAPY IN HEAD AND NECK CANCERS : PREDICTION OF RADIATION RESPONSE AND BASIS FOR TREATMENT CHOICE

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261 untreated patients received a low dose chemotherapy (bleomycin 10 mg, cis-platinum 15 mg and etoposide 100 mg) on days 1,3,5,15,17,19. 23 % had stage III and 53 % stage IV disease, mainly 92 oropharynx, 59 larynx, 54 buccal cavity, 39 hypopharynx. Males/females ratio was 4.44; mean age 61 (26-91 with 20 % > 70); Karnofsky ≤ 70 in 33 %. A significant anti-tumour activity was obtained with minimal side-effects : 9 % CR; 20 % CR+PR > 90 %; 70 % CR+PR > 50 %. Exclusive irradiation has then been delivered to full dose with normal tolerance. A clear-cut correlation exists between tumour control after radiotherapy (CRR) and chemotherapy response (C+) or failure (C-). For all patients : CRR = 68 % (C+ 81 % and C- 37 %); for stages III+IV : CRR = 61 % (C+ 76 % and C- 31 %); for larynx stage IV : CRR = 84 % (C+ 94 % and C- 58 %). Similar predictive indications are observed in primary tumours and nodes. Actuarial survival rates at 1, 2 and 3 years are respectively 80 % - 65 % - 59 % for 35 stages III and 68 % - 48 % - 30 % for 104 stages IV. Patients achieving CRR with a previous major chemotherapy response have a far better prognosis at 3 years : 80 % for all III + IV stages and 70 % for stage IV larynx. Low dose, effective but non toxic neoadjuvant chemotherapy might be useful to select cases curable by exclusive radiotherapy without undergoing mutilating surgery.