

INFLUENCE OF EARLY RESULT OF RADIOTHERAPY ON LOCOREGIONAL CONTROL AND SURVIVAL.

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The prognostic significance of early tumour regression for ultimate radiotherapy result is still controversial. Correlations were searched in a population of 142 advanced head and neck cancers.

After a neoadjuvant chemotherapy combining bleomycin, etoposide, cis-platinum, fluorouracile and ifosfamide, irradiation was delivered at full dose to all patients (63 Grays equivalent). Complete regression rate evaluated 1 month after treatment amounted to 61% (75% for stages III and 55% for stages IV).

Multivariate analysis (Cox model) pointed out early regression after radiotherapy and Karnofsky index as the only 2 significant parameters of long term survival (p less than 0.001). 71% of complete regressors are still living at 2 years as opposed to 26% of partial responders; at 3 years, 55% survive as opposed to 19%. The median survival time varies from 42 to 12 months depending on early result of treatment (p less than 0.001).

Recurrence occurred in 12% of completely regressed tumours against 44% in case of partial regression at the end of irradiation (p less than 0.001). Similarly, failure was observed in 27% of completely regressed lymph nodes and in 53% of nodes persisting 1 month after treatment (p less than 0.01).

Immediate response of advanced head and neck cancers to a sequential association of chemotherapy and radiotherapy could give early prognostic information and allow to select optimal subsequent treatment.