

SELECTION OF RADIOCURABLE HEAD AND NECK CANCERS ACCORDING TO THE DEGREE OF RESPONSE TO NEOADJUVANT CHEMOTHERAPY.

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Chemotherapy has been administered before exclusive irradiation to 181 untreated patients (7 % stage I, 14 % stage II, 24 % stage III and 55 % stage IV). A combination of bleomycin (10 mg), cis-platinum (15 mg), etoposide (100 mg), fluorouracile (250 mg) and ifosfamide (500 mg) was given on days 1,3,5; 15,17,19 and 29,31,33 with minimal toxicity. A 63 Grays irradiation was delivered within a 2 weeks delay with unchanged tolerance and maximum compliance. Logistic discrimination analysis shows that the prominent parameter ($p < 0.00001$) of tumour control after radiotherapy is the magnitude of response to chemotherapy according to 3 degrees: I = 100 % to 75 %, II = 75 % to 50 %, III = 50 % to 0 %.

control after radiotherapy (%)

	<u>I</u>	<u>II</u>	<u>III</u>
patients	94	69	38
primary tumours	100	91	52
T1	100	100	83
T2	100	96	63
T3	100	93	20
T4	100	83	43
nodes	84	53	33
N1	100	77	67
N2	71	44	11
N3	75	33	10

A mathematical model gives the probability of achieving a complete clearance of disease by radiation alone.

Neoadjuvant chemotherapy therefore helps to select cases curable without undergoing mutilating surgery.