SEQUENTIAL THERAPY WITH INDUCTION CHEMOTHERAPY FOLLOWED BY CONCURRENT CHEMORADIATION IN LOCALLY ADVANCED SQUAMOUS CELL CARCINOMAS OF THE HEAD AND NECK

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AIMS & OBJECTIVES:

To assess the immediate loco regional response rates and to assess the toxicity profile of sequential therapy with three cycles of induction PFT followed by Concurrent Chemo Radiation with weekly Cisplatin in Locally Advanced Head and Neck Cancers.

MATERIALS AND METHODOLOGY:

30 consecutive patients with locally advanced head and neck cancers attending the OPD at our institute were included in the study. All patients were treated with 3 cycles of Induction chemotherapy with PFT regimen (Paclitaxel 175mg/m^2 Day1, Cisplatin 100 mg/m^2 split to (Day 1-3), 5-FU 750 mg/m^2 Day 1 to 3) every 21 days. The patients were then taken up for concurrent chemo radiation (66 Gy RT along with weekly Cisplatin 40mg/sq.m.). The immediate loco regional response rates were assessed by clinical and radiological imaging. The toxicity profile of the treatment was assessed with RTOG acute morbidity scoring criteria and CTCAE Version 4.

RESULTS:

30 patients (3 female) were recruited for the study. Among them 3 were laryngeal cancer patients and the hypo pharyngeal, oropharyngeal and the oral cavity cancers were 9 each. 63% of them had complete response and 30% had partial response. The sub-sites of hypopharynx and the oropharynx had the best outcomes from this treatment protocol. 2 patients did not complete the planned treatment.11 patients had grade 3 leukopenia and 2 patients had grade 4/febrile neutropenia. There were no grade 3 thrombocytopenia in the study group.

CONCLUSIONS:

Sequential therapy with three cycles of induction PFT followed by concurrent chemo radiation is a feasible alternative for moderately advanced and very advanced head and neck cancer. Patient selection and supportive care during treatment are very important for successful outcome.