

Abstract

Nasopharyngeal carcinoma: result of treatment with cis-diamminedichloroplatinum II, 5 fluorouracil, and radiation therapy

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Combined CT (CDDP + 5FU) and RT were given to 28 patients with NPC during July 1982-May 1985. Two, 1, 4, and 21 were in Stages I-IV (AJC), respectively. None had distant metastasis. Four did not complete the planned treatment, and one each had more or fewer CT courses than planned. The median duration of follow-up of surviving patients was 29 months (19-52, x 31.1). Objective response (CR + PR) at the primary lesion was 27/28 (96.4%), whereas CR was 23/28 (82%). CR + PR and CR of the regional nodes were 21/22 (95.5%) and 18/22 (82%) respectively. Remaining node in the 2 patients, who did not prematurely die were pathologically negative. Response at N site should therefore be 100% CR. Only patients with T3 (1/5) and T4 (3/13) lesions had residual disease at the T site after initial treatment. Salvage therapy was able to induce CR in all asymptomatic PR patients. There were 4 relapses, 2 at T, and 1 each at T + N and T + M sites. All M disease occurred in patients with huge and/or low cervical lymphadenopathy. Five patients died, one of an unrelated disease, and one each of T, M, T + N, and T + M diseases. The remaining 23 patients were still alive, and all except 3 were free of disease. Side effects, mainly from RT, were clinically acceptable. One had transient cervical myelitis. Myelosuppression was mild and of short duration. Activity of CT was seen at both T, and N sites after the upfront CT. Compared to our previous experience using RT alone, the result of this study suggested a positive role of CT in this disease. However, future prospective randomized trials are required to better define its role.