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Efficacy of targeted supradose cisplatin and concomitant radiation therapy for advanced head and neck cancer: The Memphis experience

K.Thomas Robbins M.D. ... H.Barry Niell M.D.

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Abstract

Purpose/Objective: To evaluate the feasibility, response, and toxicity of a Phase II study using targeted supradose cisplatin and concurrent radiation therapy in unresectable Stage III–IV head and neck squamous cell carcinoma.

Methods and Materials: Sixty patients presenting between 1993–1994 were enrolled, 44 (73%) of whom had T4 and/or N2–N3 nodal disease. All patients were treated with rapid targeted superselective intraarterial infusions of cisplatin (150 mg/m² weekly \times 4) intravenously (9 g/m²) for systemic neutralization

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of cisplatin. Concurrent (day 1) daily radiation therapy was delivered to the primary tumor and overt nodal disease to 66–74 Gy while the uninvolved lower neck received 50 Gy, at 2.0 Gy/fraction.

Results: Fifty-one (85%) patients completed the full RADPLAT protocol as planned. Fifty-seven of 60 patients were evaluable for response. Histological ($n = 50$) or clinical ($n = 7$) assessment of primary site revealed a complete response (CR) in 52 patients, partial response (PR) in 4, and stable disease (SD) in 1. Of the 40 patients presenting with nodal metastases, pathological ($n = 31$) or clinical ($n = 6$) assessment revealed a CR in 25, PR in 11, and SD in 1, while 3 were unevaluable. Overall, for both primary site and nodal disease, CR was attained in 44 (75%), PR in 12 (23%), and SD in 1 (2%) of the 57 evaluable patients. Only 2 (4%) of 57 evaluable patients have recurred above the clavicle, 1 in the primary site and 1 in the regional lymph nodes. Twelve patients (23%) have failed in distant sites. Grade III/IV toxicity has included gastrointestinal in 6, hematologic in 6, mucosal in 12, vascular in 4, and neurological in 4 patients.

Conclusion: Concurrent radiation therapy and targeted supradose cisplatin (i.e., RADPLAT) can be safely delivered with high response rates and excellent loco-regional control in advanced Stage III/IV head and neck squamous cell carcinoma.



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Keywords

Targeted supradose cisplatin; Concomitant radiation therapy; Head and neck cancer

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