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Prognostic factors influencing complete response to treatment and survival of patients with nasopharyngeal cancer.

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Source

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Abstract

The identification of prognostic factors influencing local control and survival of patients with nasopharyngeal cancer (NPC) might help in pointing out those patients who would probably benefit from primary treatment. A series of 137 Greek patients with locally advanced NPC treated with chemotherapy and/or radiation were analyzed for significant prognostic factors influencing complete response (CR) to treatment, time to progression (TTP) and overall survival (OS). After the completion of treatment, 92 (67%) patients achieved CR. Logistic regression analysis revealed that only T classification was significant for CR ($p = 0.0058$). After a median follow-up of 5 years, 66 (48%) patients demonstrated tumor progression and 64 (47%) died. Median TTP was 25.8 months (range, 0.3-118+) and median survival 58.3 months (range, 0.3-124+). Cox proportional hazards model identified age ($p = 0.024$) and T classification ($p = 0.009$) as significant factors for TTP. These two factors were also found to be significant for OS ($p = 0.005$ and $p = 0.013$, respectively). The present study has shown that major prognostic factors influencing the outcome of our patients with NPC are similar to those reported in recent Chinese studies. These prognostic factors may be used as stratification factors in randomized clinical trials.