

Induction chemotherapy with docetaxel and cisplatin followed by concomitant chemoradiotherapy in patients with inoperable non-nasopharyngeal carcinoma of the head and neck.

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Source

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Abstract

BACKGROUND:

Induction chemotherapy (IC) followed by concomitant chemoradiotherapy (CCRT) has the potential of being an ideal multi-modality approach for improving the prognosis of patients with squamous cell carcinoma of the head and neck (SCCHN).

PATIENTS AND METHODS:

Thirty-four patients with locally advanced SCCHN were treated with 3 cycles of IC, consisting of docetaxel 75 mg/m² and cisplatin 75 mg/m² every 3 weeks, followed 3-4 weeks later by definitive radiotherapy (70 Gy) and concomitant weekly cisplatin 40 mg/m².

RESULTS:

After a median follow-up of 27.7 months, 6-month progression-free survival (PFS), the primary study end-point, was 84%. The median PFS was 16.4 months and median overall survival 24.4 months. The majority of the patients completed 3 cycles to moderate toxicity. Anemia, nausea/vomiting and mucositis were the prominent toxicities during CCRT. Retrospective analysis of a panel of biomarkers suggested that excision repair cross-complementation group 1 (ERCC1) protein expression was associated with shorter PFS.

CONCLUSION:

IC followed by CCRT, as administered in the present study, is a feasible and well-tolerated therapeutic approach. However, its real impact on the prognosis of SCCHN patients has to be demonstrated in a randomized study comparing this treatment to CCRT alone.