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Radiochemotherapy with cisplatin and oral tegafur in advanced head and neck cancer: long-term results of a phase II study

Alejandro de la Torre*, Jesus Romero*, Angel Montero*, M Isabel Garcia-Berrocal, Francisco J Valcarcel, Sofia Cordoba, and Rosa Magallon

Department of Radiation Oncology, University Hospital "Clínica Puerta de Hierro", Madrid, Spain

ABSTRACT

Aims and background. To evaluate the tolerance and efficacy of an original concurrent radiochemotherapy regimen in locally advanced head and neck cancer.

Methods. Sixty-four patients with stage III or IV squamous cell carcinoma arising from a head and neck mucosal site were eligible. Simultaneous radiochemotherapy consisted of two courses of continuous infusional cisplatin (20 mg/m^2/d, days 1-4 and 29-32) and oral tegafur (1200 mg/d, days 1-14 and 29-43), together with conventional radiation therapy up to a total dose of 70-75 Gy over nine weeks.

Results. All the patients were evaluated for toxicity and response. Acute mucositis was the most prevalent complication. Grade 3 toxicities were mucositis (44%), skin toxicity (10%), leukopenia (8%), and thrombocytopenia (1%). No toxic death was observed. Complete response to treatment was observed in 72% of patients. With a median follow-up of 48.5 months (range, 27-84), 5-year actuarial rate of local-regional control, disease-free survival, overall survival and disease-specific survival were 60% (95% confidence interval [CI], 40-70%), 55% (95% CI, 45-65%), 51% (95% CI, 43-59%) and 61% (95% CI, 53-69%), respectively.

Conclusions. Response, local-regional control and survival rates are equivalent to those reported from other concomitant radiochemotherapy combinations. However, the regimen offers the advantage of its tolerance and toxicity profile.

Key words: *head and neck, radiochemotherapy, radiosensitizing, toxicity.*

*These authors contributed equally to this work.

Correspondence to: Alejandro de la Torre, University Hospital "Clinica Puerta de Hierro", San Martín de Porres 4, 28035 Madrid, Spain.
Tel +349-13166448;
fax +349-13730535;
e-mail atorre.hpth@salud.madrid.org

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