cell lung cancer. Assessed was the impact of either treatment on the degree and duration of relief of tumor-related symptoms and on patient's performance status. Secondary endpoints included treatment side-effects, objective response and overall survival. One hundred patients were randomly assigned to the dose of 20 Gy/5x/5 days (Arm A) or 16 Gy/2x/8 days (Arm B). There were 90 men and 10 women aged between 47 and 79 (mean 66). Eighty four patients had locally advanced tumor and 16 patients had metastatic disease. Squamous cell carcinoma was diagnosed in 65 patients, adenocarcinoma – in 9 patients, large cell carcinoma – in 1 patient and unspecified non-small cell carcinoma – in 25 patients. Fifty five patients were assigned to Arm A and 45 – to Arm B. Ninety eight patients received assigned treatment whereas two patients died before the end of treatment. The final results of the study will be presented at the conference.

37.
MULTICENTER, RANDOMIZED STUDY ASSESSING THE IMPACT OF AMIFOSTINE ON NORMAL TISSUE RADIATION TOLERANCE DURING HEAD AND NECK CANCER RADIOTHERAPY

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A prospective, randomized multicenter study was conducted to assess the value of amifostine (Ethyol®) as a radioprotectant in head and neck cancer radiotherapy. The aim of the study was to evaluate the impact of the addition of daily amifostine (150 mg/m2) on the degree of early (mucositis, dysphagia, xerostomia) and late (mucosal, cutaneous, salivary gland, mandible and spinal cord) radiation reactions. Assessed were also patients' quality of life, local control and overall survival. Sixty two patients from five Polish institutions were randomly assigned to radiotherapy alone (Arm A - 28 patients) or radiotherapy + amifostine (Arm B – 34 patients). There were 43 men and 19 women. Primary tumor was located in the oral cavity (27 patients), oropharynx (25 patients), nasopharynx (2 patients) and larynx/hypopharynx (8 patients). In 43 patients radiotherapy was used as the sole modality of treatment and 19 patients were irradiated postoperatively. The side effects of amifostine were manageable. In 6 patients amifostine infusion had to be temporarily stopped due to hypotension and in 5 patients its administration was permanently terminated due to hypotension, nausea and vomiting, septicemia or fever and visual disturbances. The early results of the study, focusing on early radiation reactions, will be presented at the conference.

38.
THE OWN EXPERIENCE IN MONITORING THE LATE RADIATION REACTION OF CRITICUAL TISSUES IN HEAD AND NECK REGION

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Purpose: The estimation of scoring system SOMA-LENT in classification the late radiation toxicity in patients with squamous cell cancer irradiated in H&N region.

Material and methods: The material includes 97 patients with oral cavity, pharyngeal and supraglottic cancer $T_{2-4}N_{0-1}$ irradited by conventional method (18 patients), continous accelerated irradiation CAIR (42 patients) and concomitant boost CB (37 patients). Total dose was in range 66-74 Gy. The late radiation toxicity was evaluated by SOMA-LENT system for pharyngeal and oral cavity mucosal membrane, skin, larynx, salivary glands, spinal cord. The estimation was done every 6 months after completing of radiotherapy. In statistical analysis the values were normalisated to maximal intensity of all symptoms in the scale.

Results: The intensity of late radiation toxicity for mucosal membrane was increasing between 12^{th}-18^{th} month after radiotherapy and next decreased from 24 after irradiation. For skin the intensity of late radiation reaction increased to 24 months after treatment. For larynx we noticed two peaks of late radiation toxicity: between 18^{th}-24^{th} month and about 54 month after irradiation. The intensity of late radiation effect