

Because Docetaxel has both radiosensitizing properties as well as good anticancer activity by itself in squamous cell carcinomas we are going to attempt concurrent use of Docetaxel and radiochemotherapy in patients with advanced head and neck cancers (HNC).

Aim: The objective of this study is to evaluate the response rate, loco-regional control, disease – free survival and overall survival in previously untreated inoperable HNC patients.

Methods: This is a project of an open non-randomized, one centre, phase II, one arm study. Total planned dose of RT for GTV is 68 Gy given in 40 fractions, once daily, 7 times per week concomitantly with Cis-Platin, Navelbine and Docetaxel. Eligibility criteria include: proven HNC not treated before, good performance status, normal bone marrow, liver and renal function, age below 60. The regimen is proposed as follows: Cis-Platin i.v. 70mg/m² on day 1, 22, 43, 64, Navelbine 20mg/m² i.v. on day 1, 8, 22, 29, 43, 50, 64 and Docetaxel 30 mg/m²/week or as 1-h infusion of 60 mg/m² in each 7 days of RT, Ethiol 1000 mg i.v. on day 1, 22, 43 and 250 mg on day 23 – 42. Radiotherapy 1,7 Gy per fraction continuously on day 23 – 42 and 44 – 63. Different treatment schedules of Docetaxel could be used on the basis of cellular activity for a given tumour. So, biopsy should be obtained for analysis of pre-treatment levels of apoptosis and oncogenes such as p53, Bax, Bcl-2.

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VALIDITY OF ACCELERATED HYPERFRACTIONATED CONFORMAL RADIATION THERAPY AND MONITORING OF TREATMENT RESULTS IN PATIENTS WITH ADVANCED NSCLC. ASSESSMENT OF TOLERANCE AND EARLY FAILURE

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Aim: The assessment of the early failure and toxicity of treatment for the advanced NSCLC using the accelerated hyperfractional conformal irradiation

Material: 13 patients (12 men, 1 woman, aged 50 - 74), in good performance status/70-90 points of Karnofsky scale / were treated.

Patients have been irradiated with 15 MV or 6 MV photon two times a day with 6 hours break using 1.25 Gy fraction to total dose 50 Gy. PTV ranged from 599 to 1104 cm³ (mean 858cm³).

Methods: The mean tumor dimension before and 6 weeks after finishing treatment with the use of CT have been assessed.

Results: 3 early failure have been observed, all outside of PTV. The 2/3 of that recurrence have been recognized by CT. These patients have been ordered to chemotherapy. The mean tumor dimension was equal to 2,38 cm 6 weeks after finishing of treatment. This means 44% regression of the mean tumor dimension. No side effects and deteriorations of performance status have been observed.

All patients have finished the treatment, all are in follow up, alive.

Conclusions: The accelerated hyperfractionated regimen can be carried out in outpatients service if PTV is smaller than 1000cm³.

Observed early recurrence two months of follow up are connected with a progression of a tumor outside of irradiated volume.

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RETROSPEKTYWNA OCENA WCZESNYCH I PÓŹNYCH ODCZYŃÓW POPROMIENNYCH W ŚLŹÓWKACH JAMY USTNEJ PO POOPERACYJNYM NAPROMIENIANIU Z POWODU RAKA PRZYUSZNICY

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Cel pracy: ocena częstości rejestrowanych odczynów i ich wpływu na jakość życia pacjenta.

Materiał i metoda: W II Zakł. Teleterapii w latach 1984-1997 leczono 86 chorych z rakiem przyusznicy. Zebrano retrospektywne dane z zapisu w historiach chorób, dotyczące pojawienia się, trwania i nasilenia wczesnych późnych odczynów popromiennych w śluzówkach. Oceniono też przeżycia chorych (60% przeżyć 5-cioletnich) i porównano je z danymi z literatury dotyczącymi przeżyć u pacjentów leczonych samodzielnie chirurgią (20-30% przeżyć 5-cioletnich).

Wyniki: Odczyn wczesny w śluzówkach opisano u 50 chorych (58%), odczyn późny u 17 chorych (19,8%). Wyraźną kserostomię (przejaw odczynu późnego II stopnia) klinicznie stwierdzono u 2 chorych, w tym po 2 latach od rozpoczęcia leczenia - u 1 chorego. Częstość