Tossicità acuta e tardiva osservata in pazienti affetti da neoplasia localmente avanzata del rinofaringe sottoposti a trattamento radioterapico ad intensità modulata con chemioterapia concomitante, associata o meno a chemioterapia neoadiuvante

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giugno 2009 → dicembre 2013

34 pazienti → 20 Pisa

14 Ferrara

9  25

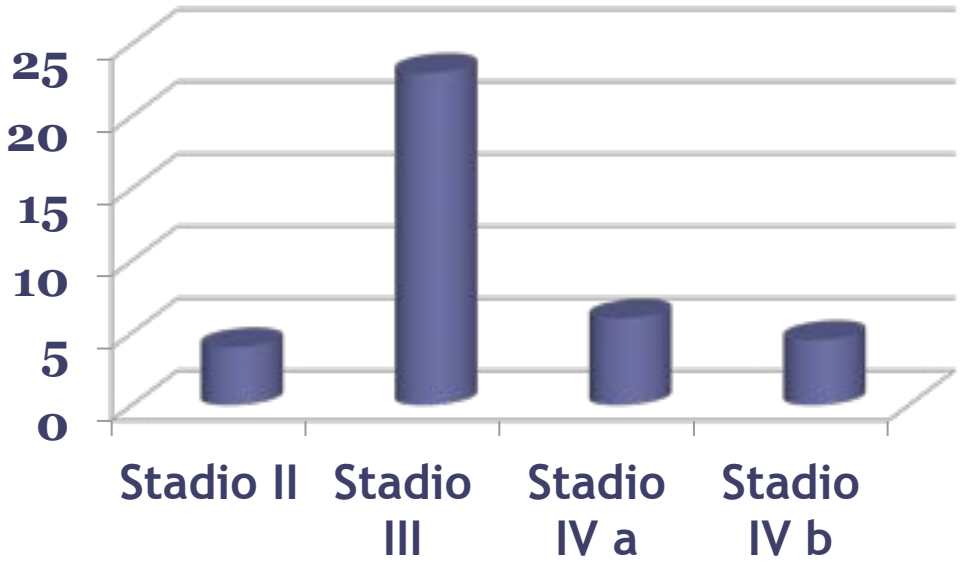
26-72 anni

età media 45.9 anni

Istologia

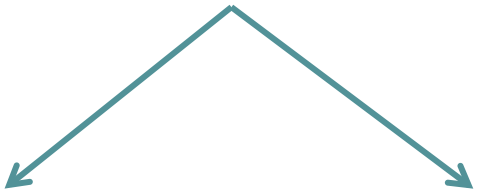
- ✓25 carcinoma squamoso
- ✓ 9 carcinoma indifferenziato

Stadio



Chemioterapia neoadiuvante

14 pazienti sottoposti a CT neoadiuvante



13 pz 2-3 cicli di TPF

1 pz 2 cicli TP

Tossicità registrata 2 casi di neutropenia G3

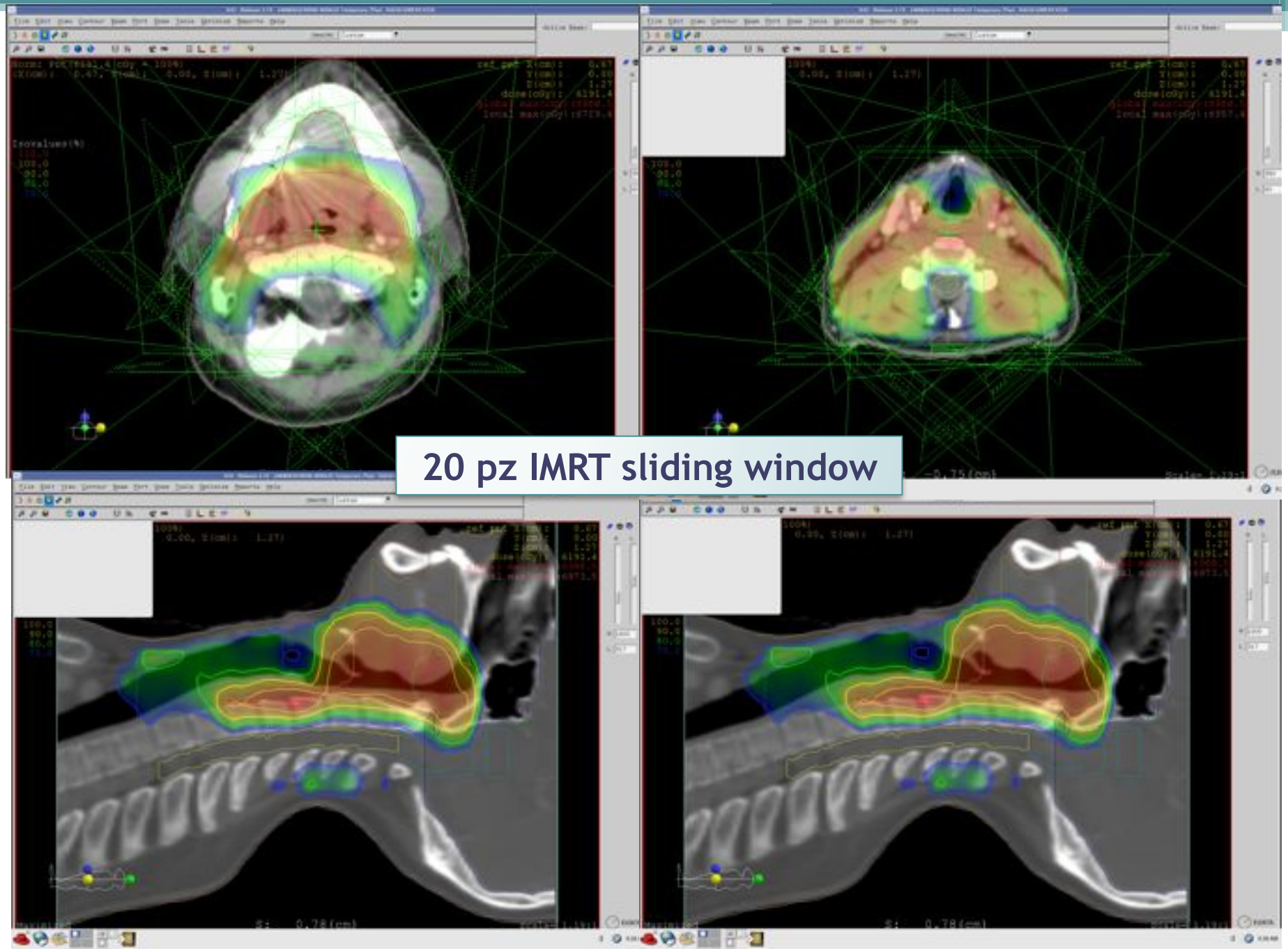
Trattamento Radioterapico

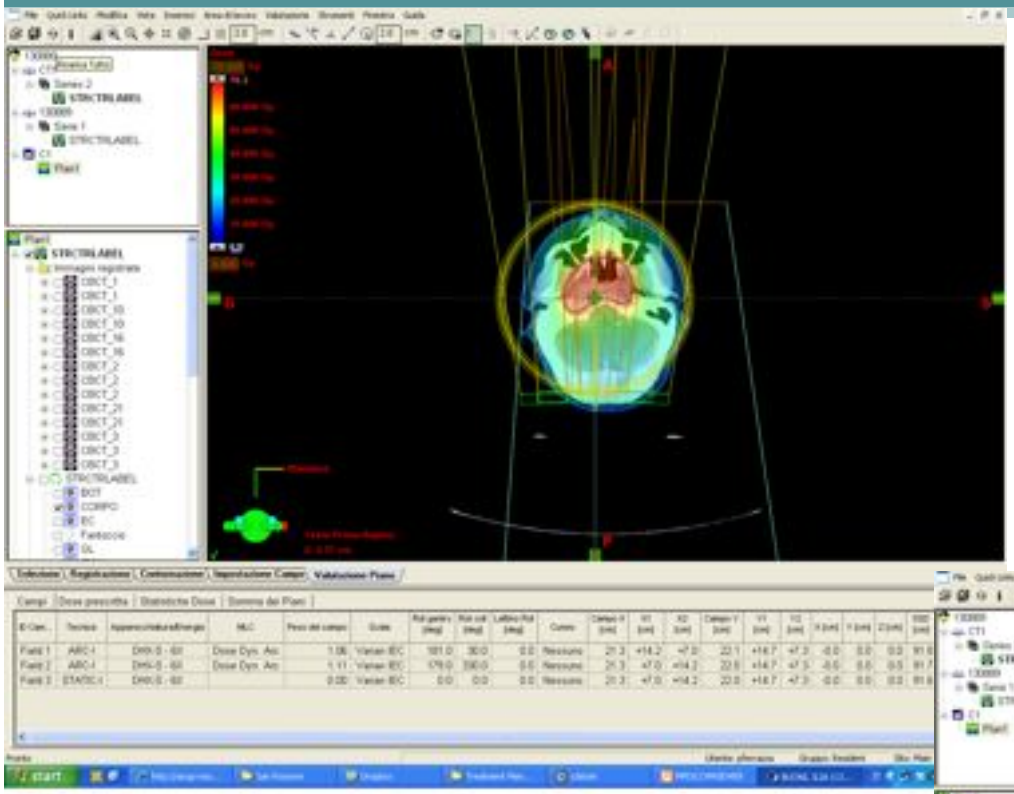
IMRT

→ SIB 27 pazienti

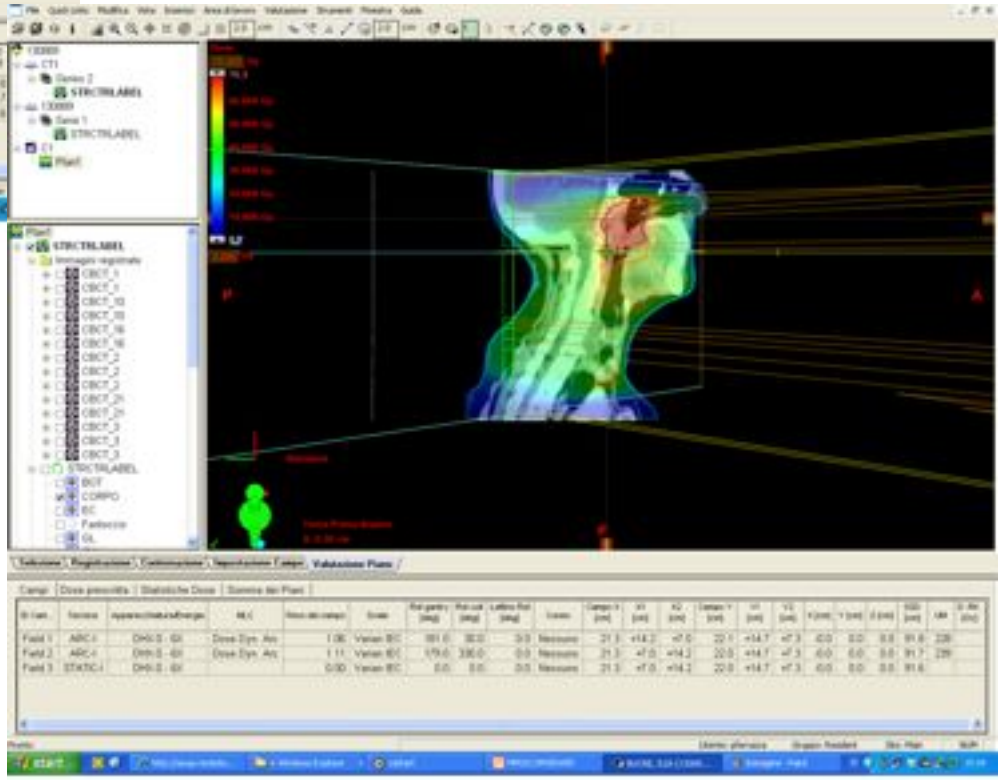
→ Boost sequenziale 7 pazienti

PTV 66 (GTV)	**2,2 Gy**	**x 30 frazioni**
PTV 60 (high risk)	**2,0 Gy**	**x 30 frazioni**
PTV 54 (low risk)	**1,8 Gy**	**x 30 frazioni**


20 pz IMRT sliding window



14 pz VMAT



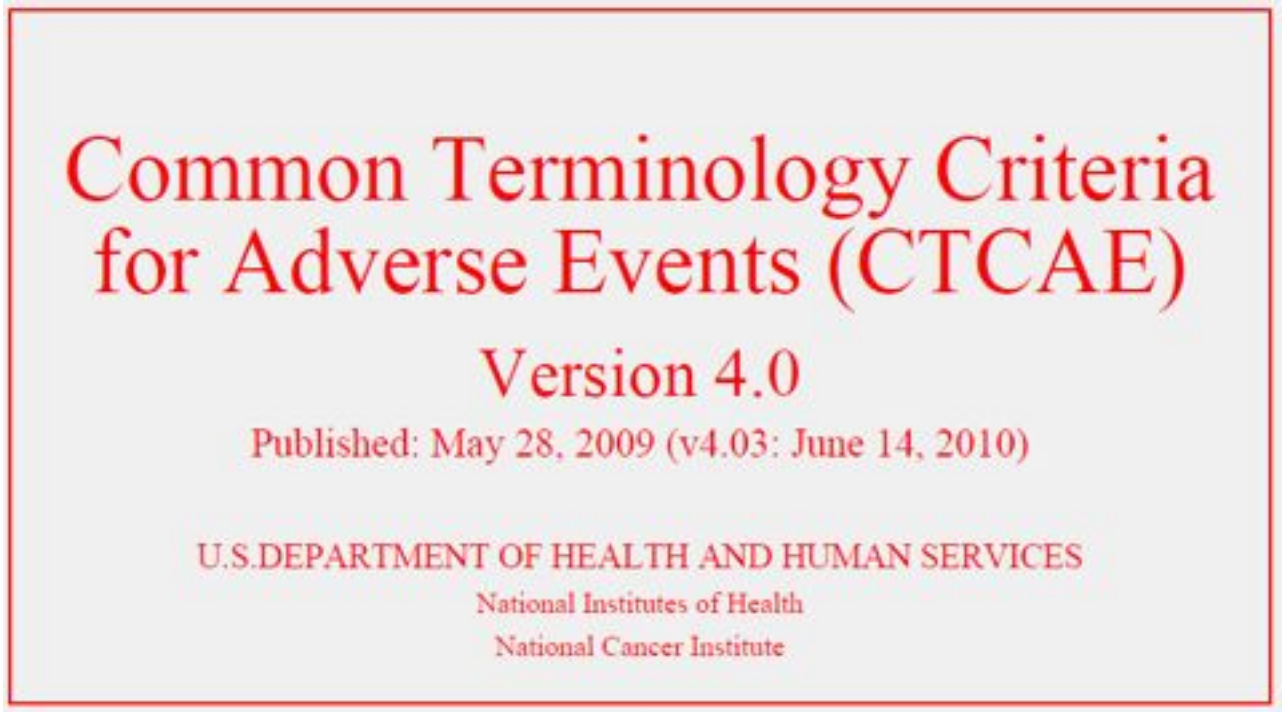
Chemioterapia Concomitante

Cisplatino

- 7 pazienti CDDP 100 mg/mq q21
- 27 pazienti CDDP 40 mg/mq q7

Cicli CT concomitante	N° pazienti
1	2
4	1
5	11
6	6

Valutazione tossicità



Tossicità acuta

mucosite ⟶ 32 pazienti

- G1 7 asintomatica o sintomi lievi
- G2 17 dolore moderato; non interferisce con l'assunzione orale, indicato cambiamento di dieta
- G3 8 dolore grave, interferisce con l'assunzione orale

Tossicità acuta

disfagia ⟶ 8 pazienti

- G1 sintomatica, in grado di assumere una dieta regolare
- G2 sinton
nell'assunzione
deglutizione

Nessun posizionamento di PEG

1

Tossicità acuta

Calo ponderale

- 23 pazienti hanno riportato calo ponderale
- Significativo solo in 2 casi G2 (tra il 10-20% del peso corporeo)

Tossicità acuta

Tossicità ematologica

Tossicità ematologica	G1	G2	G3	G4
Leucopenia	1	2	2	0
Anemia	2	1	0	0
Piastrinopenia	6	0	0	0

Tossicità acuta

TPF e RT-CT concomitante

- Mucosite
  - 8 casi G3 tutti sottoposti a TPF
- Leucopenia
  - 2 casi G3 tutti sottoposti a TPF

Tossicità acuta

TPF e RT-CT concomitante

Cicli CT concomitante	N° pazienti
1	2
4	1
5	11
6	6

Table 4 Neoadjuvant chemotherapy trials

Trial	Phase	Pts	Study design	Main end-point	Results
Al-Amro A *et al*[29]	II	110	Neo cDDP-Epi and followed by cDDP + RT	ORR	100%
Astoldi M *et al*[30]	II	30	Neo cbdca-Pac followed by RT + cbdca-Pac	ORR	87%
Ferrari D *et al*[31]	II	34	Neo cDDP-5FU followed by RT + cDDP	ORR	85.3%
Lu X *et al*[32]	II	58	Neo cbdca-Tax followed by cbdca + RT (arm A) *vs* neo cbdca-5FU followed by cbdca + RT (armB)	1-year DFS	no difference between arms A and B
Mosatafa E *et al*[33]	II	36	Neo cDDP-Pac followed by cDDP-RT	ORR	89%
Hui EP *et al*[34]	II	65	Neo cDDP-Tax followed by cDDP + RT (arm A) *vs* cDDP + RT (arm B)	3-year OS	Arm A better than arm B ($P < 0.012$)
Bossi P *et al*[35]	II	45	Neo cDDP-Tax-5FU followed by cDDP + RT	ORR	98%
Cho S *et al*[36]	II	49	Neo cDDP-Tax-5FU followed by cDDP + RT	ORR	93%
Bae WK *et al*[37]	II	33	Neo cDDP-Tax-5FU followed by cDDP + RT	ORR	99%
Kong L *et al*[38]	II	52	Neo cDDP-Tax-5FU followed by cDDP + RT	ORR	90.2%
Ekenel M *et al*[39]	II	59	Neo cDDP-Tax followed by cDDP + RT	ORR	95%
Lin S *et al*[40]	II	370	Neo cDDP based CT followed by IMRT	3-year OS	90%

RT: Radiotherapy; IMRT: Intensity modulated RT; CT: Comptued tomography; ORR: Overall response rate; DPS: Disease-free survival.

Cancer Chemother Pharmacol (2010) 65:589–595
DOI 10.1007/s00280-009-1152-0

ORIGINAL ARTICLE

Phase II study of docetaxel, cisplatin, and 5-FU induction chemotherapy followed by chemoradiotherapy in locoregionally advanced nasopharyngeal cancer

Woo Kyun Bae · Jun Eul Hwang · Hyun Jeong Shim · Sang Hee Cho · Joon Kyoo Lee · Sang-Chul Lim · Woong-Ki Chung · Ik-Joo Chung

and resulted in an ORR of 96% and a complete response rate of 48%[31]. In a phase II clinical study, Bae *et al*[32] treated thirty-three patients with induction cisplatin (70 mg/m^2), 5-fluorouracil (1000 mg/m^2 in i.c of 4 d) and docetaxel (75 mg/m^2) followed by cisplatin (100 mg/m^2) and RT. Twenty-seven patients achieved a partial response and five patients a complete response. An excellent ORR of 98% was achieved and the three-year overall survival rate was 86.1%. Nevertheless, a 72.7% rate of grade 2/3 neutropenia and a 9.1% rate of febrile neutropenia were reported. Xie *et al*[33] administered induction cisplatin (80

IMRT WITH SIMULTANEOUS INTEGRATED BOOST AND CONCURRENT CHEMOTHERAPY FOR LOCOREGIONALLY ADVANCED SQUAMOUS CELL CARCINOMA OF THE HEAD AND NECK

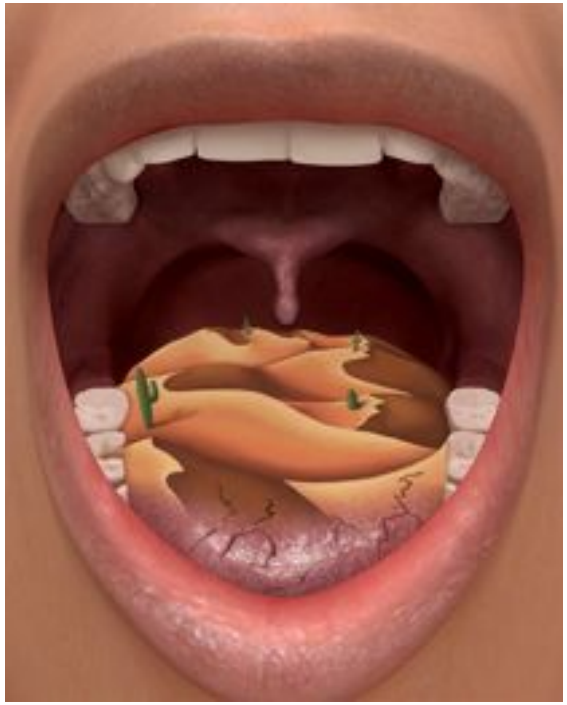
MICHAEL E. MONTEJO, M.D.,* DENNIS C. SHRIEVE, M.D., PH.D.,* BRANDON G. BENTZ, M.D.,† JASON P. HUNT, M.D.,† LUKE O. BUCHMAN, M.D.,† NEERAJ AGARWAL, M.D.,‡ AND YING J. HITCHCOCK, M.D.*

Table 3. Acute toxicity

Toxicity	*n*	%
Mucositis		
Grade 2	22	51.1
Grade 3	13	30.2
Grade 4	0	0
Dermatitis		
Grade 2	14	32.5
Grade 3	3	6.9
Grade 4	0	0
Weight loss 10–20%*	16	37.2
Weight loss >20%*	1	2.3

* Percent of pretreatment weight lost during radiotherapy.

Tossicità cronica



- Xerostomia G1 15

- No trisma
- No radionecrosi
- No stenosi

Follow-up mediano 16 mesi

Conclusioni

- L'IMRT è una tecnica ben tollerata dai pazienti affetti da tumore localmente avanzato del rinofaringe

- La CT neoadiuvante può comportare una riduzione della compliance al trattamento RT-CT concomitante
  (↓ n°cicli di CT concomitante)

- La CT neoadiuvante, nella nostra esperienza, non determina maggior incidenza di sospensioni durante il trattamento RT-CT