Chemioterapia di induzione seguita da radiochemioterapia vs radiochemioterapia esclusiva nei tumori del rinofaringe

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- **Concomitant RTCT**: 20% increase in OS
- **Adj Chemotherapy** has no benefit for OS or EFS
- **Induction chemotherapy** though achieved high RR failed to show improvement in OS

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Review

The battle against nasopharyngeal cancer

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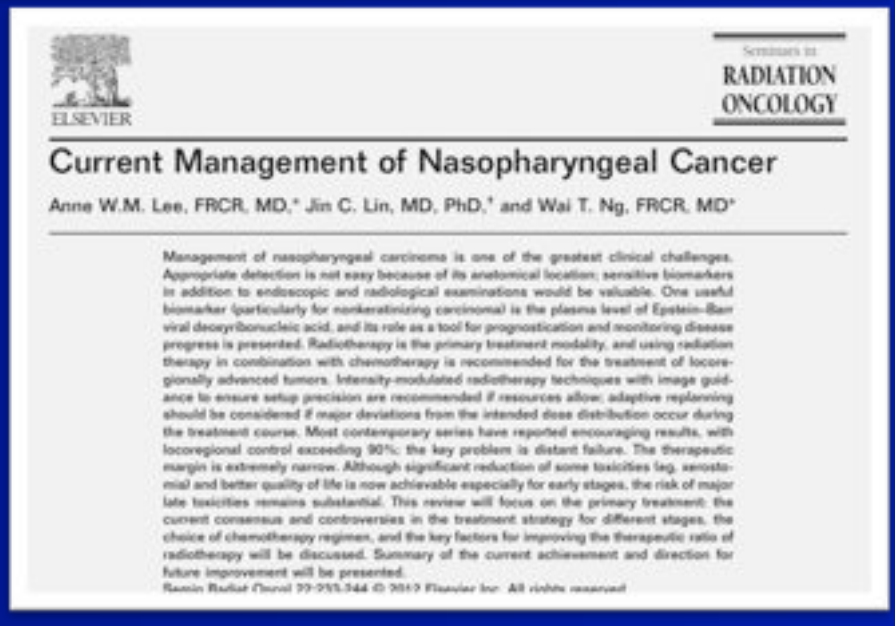


ELSEVIER

Seminars in RADIATION ONCOLOGY

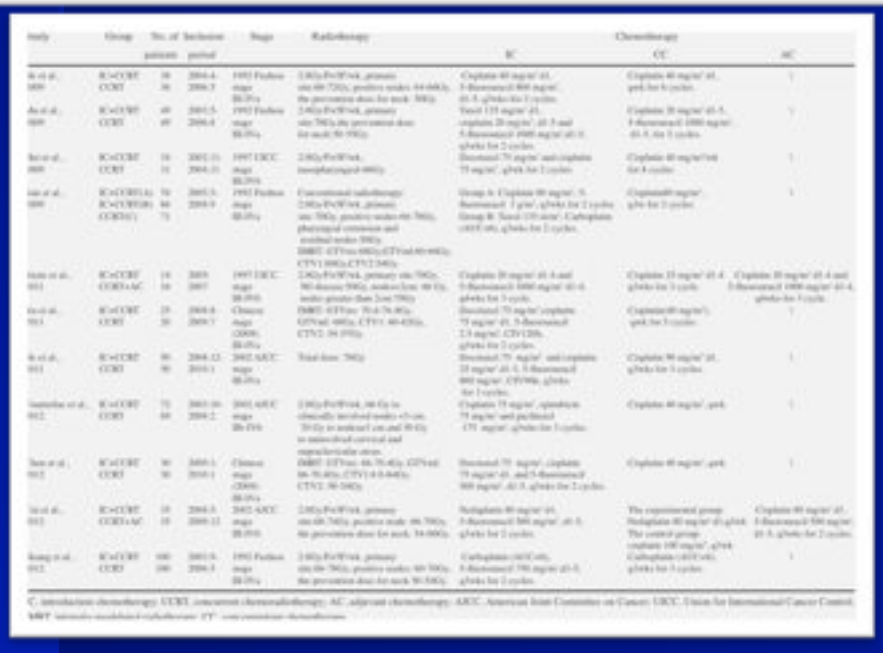
Current Management of Nasopharyngeal Cancer

Anne W.M. Lee, FRCR, MD,* Jin C. Lin, MD, PhD,† and Wai T. Ng, FRCR, MD*

Management of nasopharyngeal carcinoma is one of the greatest clinical challenges. Appropriate detection is not easy because of its anatomical location; sensitive biomarkers in addition to endoscopic and radiological examinations would be valuable. One useful biomarker (particularly for nonkeratinizing carcinoma) is the plasma level of Epstein-Barr viral deoxyribonucleic acid, and its role as a tool for prognostication and monitoring disease progress is presented. Radiotherapy is the primary treatment modality, and using radiation therapy in combination with chemotherapy is recommended for the treatment of locoregionally advanced tumors. Intensity-modulated radiotherapy techniques with image guidance to ensure setup precision are recommended if resources allow; adaptive replanning should be considered if major deviations from the intended dose distribution occur during the treatment course. Most contemporary series have reported encouraging results, with locoregional control exceeding 90%; the key problem is distant failure. The therapeutic margin is extremely narrow. Although significant reduction of some toxicities (eg, xerostomia) and better quality of life is now achievable especially for early stages, the risk of major late toxicities remains substantial. This review will focus on the primary treatment: the current consensus and controversies in the treatment strategy for different stages, the choice of chemotherapy regimen, and the key factors for improving the therapeutic ratio of radiotherapy will be discussed. Summary of the current achievement and direction for future improvement will be presented.

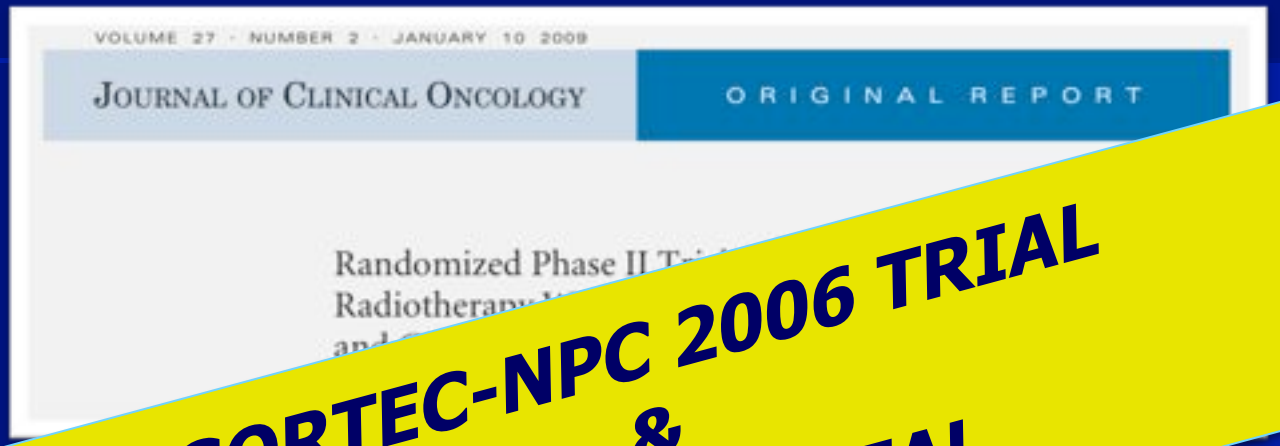
Induction Chemotherapy Followed by Concurrent Chemoradiotherapy Versus Concurrent Chemoradiotherapy with or without Adjuvant Chemotherapy for Locoregionally Advanced Nasopharyngeal Carcinoma: Meta-analysis of 1,096 Patients from 11 Randomized Controlled Trials

Zhong-Guo Liang, Xiao-Dong Zhu*, Ai-Hua Tan, Yan-Ming Jiang, Song Qu, Fang Su, Guo-Zeng Xu



Conclusion:

….induction chemotherapy followed by concurrent chemoradiotherapy was well tolerated but could not significantly improve prognosis in terms of OS, LC, MFS.


VOLUME 27 · NUMBER 2 · JANUARY 10 2009

JOURNAL OF CLINICAL ONCOLOGY | ORIGINAL REPORT

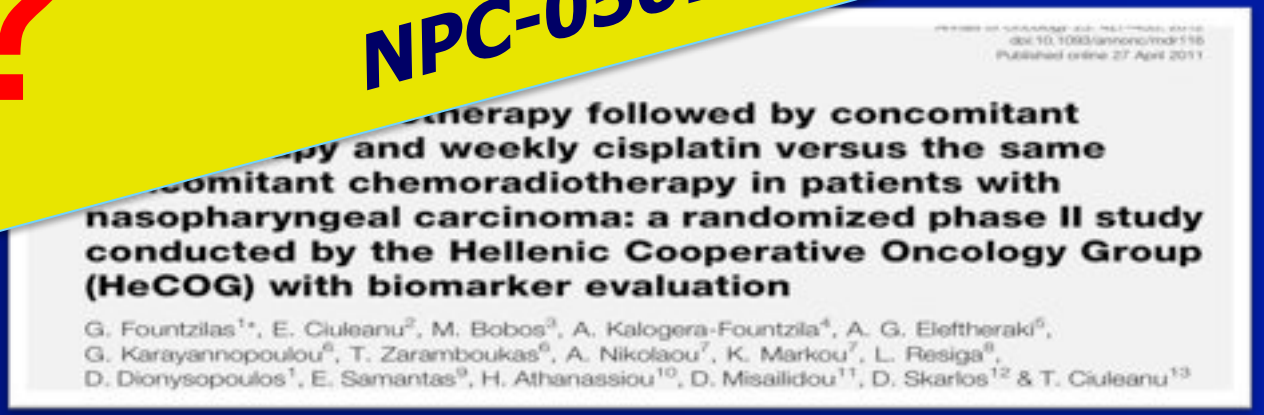
Randomized Phase II T…

Radiotherapy…

…and …

? GORTEC-NPC 2006 TRIAL & NPC-0501 TRIAL

…97.7% (p= 0.01)


…therapy followed by concomitant …py and weekly cisplatin versus the same …comitant chemoradiotherapy in patients with nasopharyngeal carcinoma: a randomized phase II study conducted by the Hellenic Cooperative Oncology Group (HeCOG) with biomarker evaluation

G. Fountzilas[1*], E. Ciuleanu[2], M. Bobos[3], A. Kalogera-Fountzila[4], A. G. Eleftheraki[5], G. Karayannopoulou[6], T. Zaramboukas[6], A. Nikolaou[7], K. Markou[7], L. Resiga[8], D. Dionysopoulos[1], E. Samantas[9], H. Athanassiou[10], D. Misailidou[11], D. Skarlos[12] & T. Ciuleanu[13]

CT NAD-> RTCT vs RTCT: 3ys OS 66.6% vs 71.8% (p= 0.65)

3ys PFS 64.5% vs 63.5% (p= 0.70)

Valutare gli outcomes di pazienti affetti da tumore del Rinofaringe trattati con chemioterapia neoadiuvante (CT NAD) seguita da radio chemioterapia concomitante o sola radio chemioterapia esclusiva (RTCT)

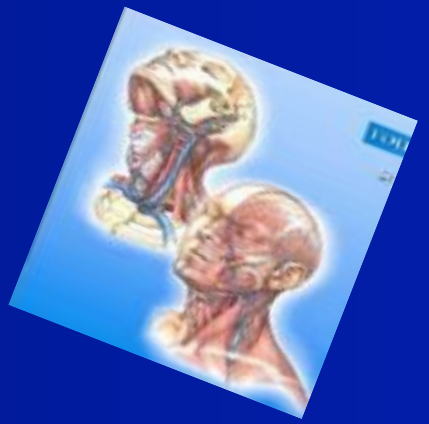
Criteri di selezione:

- *Pz con biopsia positiva per Ca del Rinofaringe Stadio II-IV ECOG 0*
- *No precedente trattamenti per HNC*
- *No secondi tumori primitivi*

STUDIO RETROSPETTIVO

2007-2013

45 PZ



23 PZ

CT NAD→RTCT

22 PZ

RTCT escl

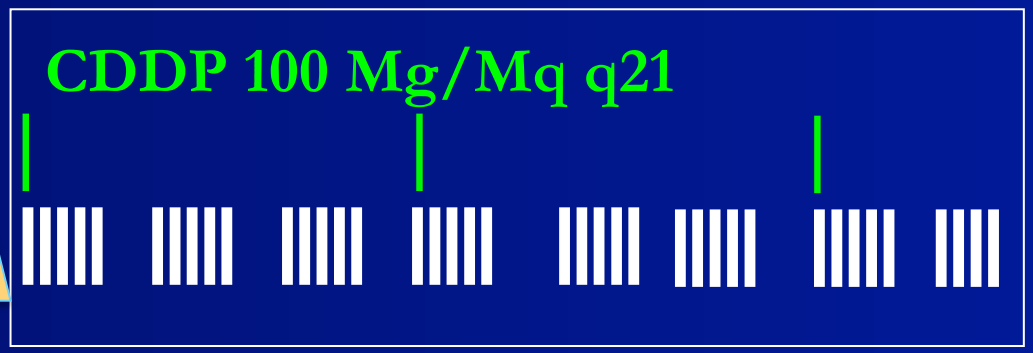
Background | Obiettivo | **Materiali e Metodi** | Risultati | Conclusioni

CT NAD

3 CICLI

- **Docetaxel 75 mg/mq**
- **Cisplatin 75 mg/mq**
- **5-FU 750 mg/mq ic 96 h**

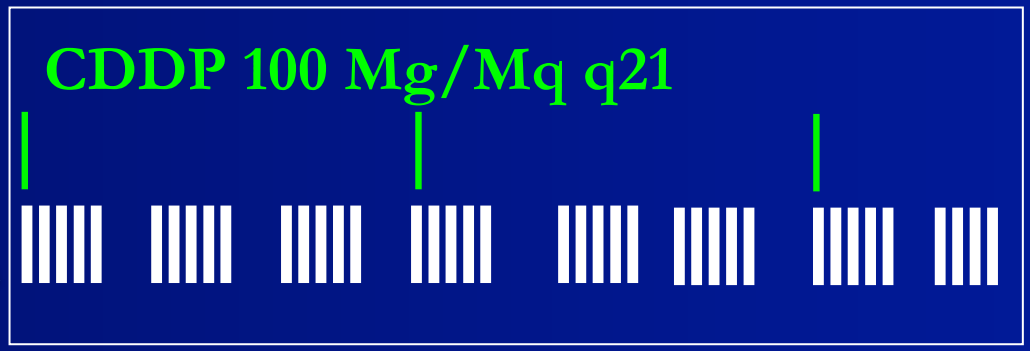
RTCT



IMRT: 70.2 Gy (180 cGy)

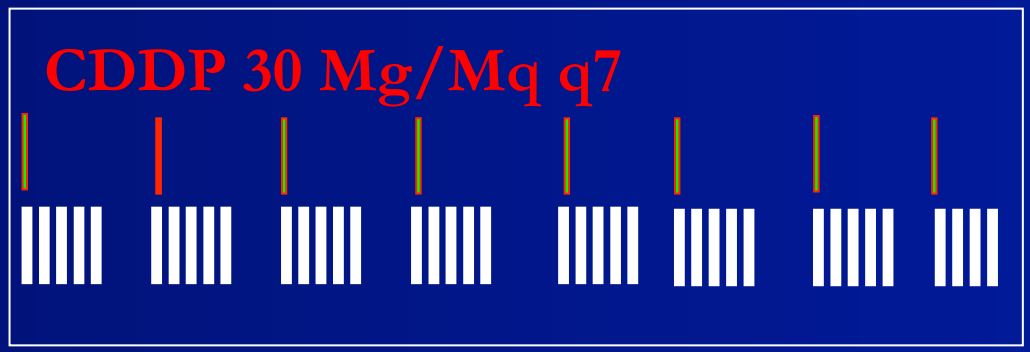
Chemioterapia: CDDP 100 mg/mq q21

RTCT



IMRT: 70.2 Gy (180 cGy)

Chemioterapia: CDDP 100 mg/mq q21



IMRT: 70.2 Gy (180 cGy)

Chemioterapia: CDDP 30 mg/mq q7

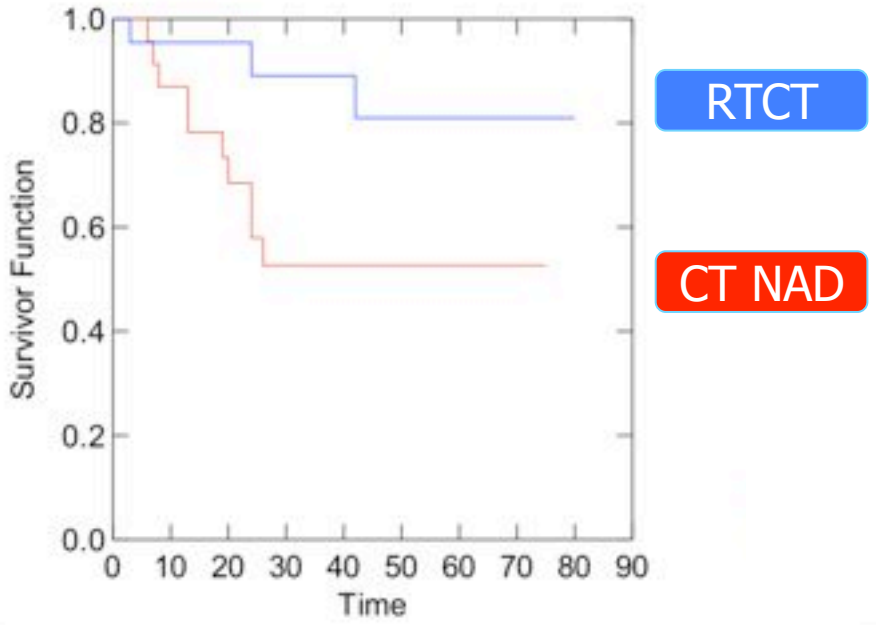
CARATTERISTICHE	CT NAD (n=23)	RTCT (n=22)
Età **Mediana**	55 aa (30-68)	55 aa (22-77)
Sesso **M** **F**	 18 5	 16 6
ECOG	0-2	0-2
AJCC **II** **III** **IV**	 2 4 17	 9 6 7
cT **1** **2** **3** **4**	 4 3 4 12	 9 6 1 6
cN **0** **1** **2** **3**	 3 4 7 9	 5 7 9 1

TOSSICITA' ACUTA				
	G1-2		G3-4	
CT NAD				
Ematologica	21		2	
Non Ematologica ◆ **Nausea/Vomito** ◆ **Diarrea**	22 1		1 0	
RTCT	CT NAD	RTCT	CT NAD	RTCT
Ematologica	17	18	6	4
Non Ematologica ◆ **Mucosite**	21	19	2	3

RISPOSTA DOPO CT NAD:
CR=1
PR=21
SD=1
PD=0

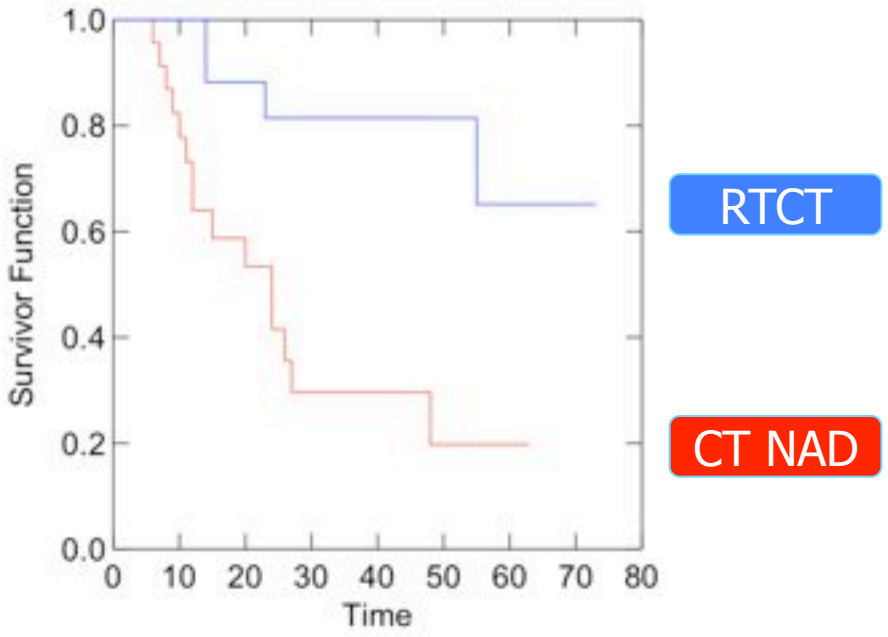
FUP Mediano: 63 mesi (3-146)

Overall Survival



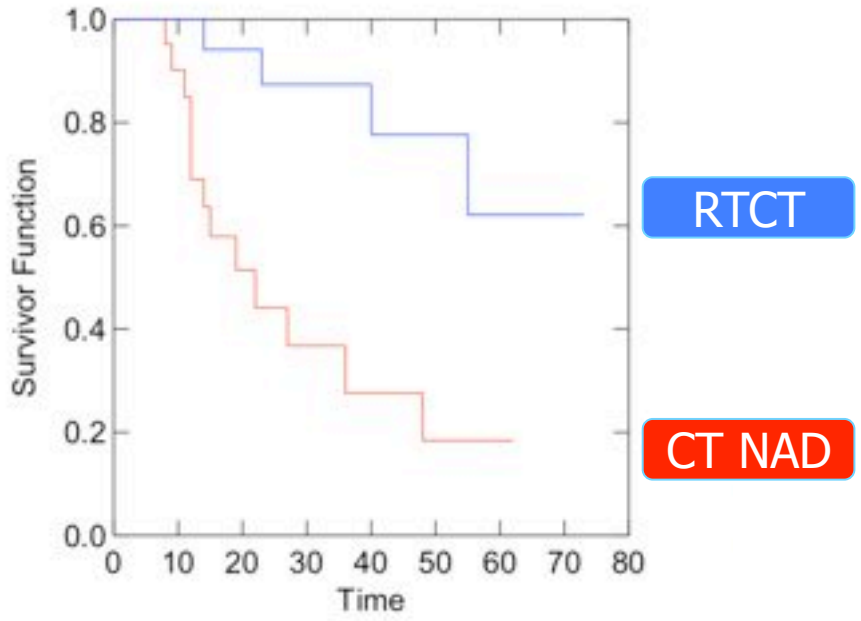
	CT NAD	RTCT	P value
OS 1 ys	79%	95%	0.04
OS 3 ys	58%	89%	
OS 5 ys	52%	81%	

Disease Free Survival



	CT NAD	RTCT	P value
DFS 1 ys	64%	88%	0.002
DFS 3 ys	41%	81%	
DFS 5 ys	19%	65%	

Local Control



	CT NAD	RTCT	P value
LC 1 ys	69%	94%	0.001
LC 3 ys	40%	87%	
LC 5 ys	18%	62%	

<u>Analisi multivariata:</u> lo stadio impatta sulla sopravvivenza globale (p=0.03), sulla sopravvivenza libera da malattia (p=0.0021) e sul controllo locale (p=0.0086).

Conclusioni

La radiochemioterapia concomitante sembrerebbe dare risultati migliori in termini di controllo locale e sopravvivenza rispetto alla chemioterapia neoadiuvante