

of 5-FU for 4 days from day 2. Patients without progression of disease received radiotherapy concurrent with platinum-based chemotherapy within 4 to 7 weeks after completing chemotherapy. Utilizing 6 MV photons, radiotherapy was performed at an exposure of 1.8–2.0 Gy five times per week to a total dose of 66–70 Gy. The primary end points were toxicity and response.

**Results:** From December 2007 to May 2008, 14 patients with advanced nasopharyngeal cancer were treated with TPF. Forty cycles were administered to 14 patients. One patient lost to follow-up after the first post-treatment blood test. Thirteen patients received concurrent radiochemotherapy after TPF. The median follow-up time was 5.75 months (range: 0.25–12 months). The major acute toxicities to TPF were neutropenia, anemia and mucositis. Grade 3 neutropenia, anemia, and mucositis were 14.3%, 21.4%, and 42.8%, respectively. Grade 4 neutropenia was 28.6%. The overall objective response rate to TPF was 78.6%, with 7.1% CRs and 71.5% PRs. In addition, the definitive radiochemotherapy increased the objective response to 85.7% and increased the CR rate to 42.8%. There were no progression of the disease or treatment-related death in this study.

**Conclusion:** TPF has an acceptable toxicity profile for patients with advanced epithelial carcinoma of the nasopharynx. Definitive radiochemotherapy enhanced the objective response of this cancer after induction TPF chemotherapy. Longer follow-up are needed to confirm the contribution of neoadjuvant chemotherapy to standard chemoradiotherapy for nasopharyngeal cancer.

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POSTER

#### Effect of different chemotherapy methods on immune and oxidative processes in patients with malignant tumours of maxilla

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**Background:** To study features of immune changes and oxidative system in treatment of local spread malignant tumours of maxilla.

**Materials and Methods:** There examined 63 patients with local spread malignant tumours of maxilla, nasal and paranasal sinuses of T<sub>3</sub> and T<sub>4</sub> stages at the department of head and neck tumours of our centre. Patients were divided in 3 groups depending on therapy methods: 1) intraarterial chemotherapy (CT) with local UHF – hyperthermia with the frequency 40 MHz increasing the temperature up to 41–43°C in the tumour and radiotherapy (RT) (22 patients), 2) intraarterial CT and RT (21 patients), 3) systemic CT and RT (20 patients) (scheme: Cisplatin 100 mg; Fluorouracil 3000 mg and Doxorubicin 60 mg). There identified CD markers of T- and B- lymphocytes and their sub-populations phagocyte activity of neutrophils (FAN), content of malondialdehyde (MDA) and activity of antioxidant difference-superoxide dismutase (SOD) and catalase. Numeric material was processed by variation statistics.

**Results:** There established decrease CD3, CD4 against a background CD8+ cells that indicated of T-cellular immunodeficiency development, disturbance of natural factors of antitumor defense. There noted intensification of POL against a background of inhibition of enzymes AAD. Between MDA level and CD3, CD4, FAN rates were noted moderate negative correlation, CD+8 positive connection. Low activity of SOD and catalase correlated positively with CD3, CD4, FAN levels. Polychemotherapy aggravated immunodeficiency, disbalance in the POL-AAD system and their expressivity depended on CT method. CD3, CD4, FAN and IRI rates decreased in a lesser degree in 1 and 2 groups patients in comparison with 3 group ones. In intraarterial polychemotherapy with UHF-thermia and RT the expressivity of their changes manifested in a lesser degree. This associated with their concentration increase in lesion focus and maximal damage of tumour cells in minimal effect of chemicals on different body organs and systems.

**Conclusion:** Neoadjuvant therapy in 2 group patients, particularly in 1 group, allows reducing significantly negative response of polychemotherapy and increase direct results than in 3 group.

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POSTER

#### A phase II study of combination chemotherapy with capecitabine and cisplatin in patients with metastatic or recurrent head and neck cancer

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**Background:** The higher efficacy of capecitabine than 5-fluorouracil (FU) and clinically proven synergistic activity of the cisplatin and 5-FU regimen

support the rationale for a clinical evaluation of the capecitabine and cisplatin (XP) combination. The authors conducted a phase II study in order to assess the efficacy and safety of XP regimen in patients with metastatic or recurrent head and neck cancer.

**Materials and Methods:** The study design was a prospective, open-label, single center phase II study. 45 patients with histologically confirmed metastatic or recurrent nasopharyngeal cancer (NPC) (9 patients) and squamous cell carcinoma of head and neck (SCCHN) (36 patients) were enrolled. One chemotherapy cycle consisted of capecitabine 1,250 mg/m<sup>2</sup> orally twice a day on day 1 to 14 and cisplatin 60 mg/m<sup>2</sup> intravenously on day 1. Each cycle was repeated every 3 weeks. Maximum cycles of treatment were 6 cycles.

**Results:** Of the 45 patients, 42 patients were evaluable for tumor response. 25 patients achieved complete response (CR) or partial response, and 5 patients had stable disease. The overall response rate and CR rate were 55.6% and 2.2%, respectively. The median progression free survival was 3.8 months (95% confidence interval (CI), 2.1–5.5 months), with the median response duration of 7.8 months. The median overall survival (OS) and 1-year OS rate were 12.6 months (95% CI, 4.8–20.4 months) and 40.0%. Additionally, the overall response rates of SCCHN and NPC were 50.0% and 77.8%, respectively. A total of 175 cycles were administered. Common grade 3 or 4 non-hematologic adverse events were anorexia (6.9%), diarrhea (5.1%), stomatitis (4.0%), fatigue (3.4%), hand-foot syndrome (1.7%). The most common grade 3 or 4 hematologic adverse event was neutropenia (15.4%), followed by leucopenia (8.0%) and anemia (1.1%). There was no treatment-related mortality.

**Conclusion:** The results showed that the XP regimen is an effective and well-tolerable treatment option in patients with metastatic or recurrent head and neck cancer.

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POSTER

#### Mini intrusive operations at the lymphadenopathy of the antero-upper mediastinum

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**Objective:** To apply procedure of performance video assisted lymph dissection in the anterior-upper mediastinum at metastases of a cancer of a thyroid gland, as alternative of a sternotomy. To analyze the complications nearest and long-term results.

**Materials and Methods:** With 2002 it is executed 66 video assisted surgical interventions. Operation is carried out at the confirmed cancer of a thyroid gland and metastasises in lymph nodes of the anterior-upper mediastinum, and also at a lymphadenopathy taped at inspection. After a surgical intervention on a thyroid gland – the thyroidectomy, a subtotal resection of a thyroid gland, from the same access, through a bulbar cutting, retrosternal is introduced a telescope, by means of endoscopic instruments block excision and paratracheal fats on a neck from both parties and in the anterior-upper mediastinum under the video control of returnable laryngeal nerves, frames of a mediastinum that reduces to a minimum possible intraoperative complications is effected.

**Results:** At scheduled morphological research at 47 (71.2%) patients are taped metastasises of a cancer of a thyroid gland: the papillary form at 38 patients, the papillary-follicular form at 3 patients, the medullary form in 5 cases, low graded the follicular form at 1 patient. At 19 (28.2%) patients of metastasises of a cancer of a thyroid gland have not been taped. The quantity of the removed lymph nodes on the average 8–9 is maximal 26. Time of operation in comparison with a sternotomy was reduced twice. According to 5 years observations from 66 patients in 4 cases advance of tumoral process is taped, in 1 case there was a relapse of metastasises of a cancer of a thyroid gland, in 42 cases at complex inspection of relapse of metastasises in a mediastinum has not been taped. Complications bound to performance of the given operation it is noted.

**Conclusions:** Application of the video assisted procedure of lymph dissection the anterior-upper mediastinum at metastasises of a cancer of a thyroid gland it is possible to consider application of the video assisted procedure adequate and radical. The given kind of a surgical intervention reduces an operational trauma in comparison with a sternotomy, and possesses the best cosmetic effect.

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POSTER

#### Involvement of pars cartilaginea in the vocal fold affects local control in patients with T1 glottic cancer

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**Background:** To determine the effects of involvement of pars cartilaginea in the vocal fold on local control in patients with T1 glottic cancer.