Abstract

Clinical Outcome Of Stage II-IVB Nasopharyngeal Carcinoma Patients Treated With Concurrent Chemoradiation At Seriraj Hospital

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Background: Nasopharyngeal carcinoma is a rather common cancer in Southeast Asia. Most patients diagnosed were found to have locoregional diseases for which standard treatment is combined chemotherapy and radiation. There were only a few reports of treatment outcome with small numbers of patients in Thai. Therefore, we conducted a retrospective study of clinical outcome of patients treated with combined chemoradiation at Siriraj Hospital.

Method: Medical records of stage II-IVB nasopharyngeal carcinoma patients treated with concurrent chemoradiation and chemotherapy at Siriraj Hospital between January 2005 and December 2009 were reviewed. Clinical characteristics, TMN stage and actual treatment received were described. Clinical outcome including survival, disease recurrence and acute toxicity from treatment were analyzed.

Results: Two hundred forty-three patients with newly diagnosed stage II-IVB nasopharyngeal carcinoma receiving concurrent chemoradiation and chemotherapy were analyzed. The ratio of male and female was 3.2:1. The median age was 48.5 years. The incidence of stage II, III and IVA/B was 10%, 44% and 46%, respectively. Seventy-nine percent were found to have WHO type 3 histology. Only 51 out of 209 patients (24%) were able to complete 3 cycles of cisplatin concurrent with radiation therapy. The most common grade 3-4 toxicity during concurrent chemoradiation were pharyngitis (24%), stomatitis (15%) and nausea (15%), while grade 3-4 neutropenia (14%) is the most common toxicity during chemotherapy. 5-year disease free survival and 5-year overall survival were 56% and 66%, respectively.

Conclusion: Concurrent chemoradiation in stage II-IVB NPC patients at Siriraj Hospital resulted in similar survival as in Western countries and other Asian population with high incidence of NPC. However, treatment related toxicity was a major concern and affected treatment compliance. Common toxicities were mucositis and weight loss during concurrent chemoradiation period. Further study to determine the benefit of prophylactic strategy such as tube feeding intervention may improve the compliance to treatment and clinical outcome.