

Cisplatin and 5-FU infusions in therapy of advanced squamous cell carcinoma of head and neck in 50 Indian patients

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ABSTRACT Fifty patients of advanced squamous cell carcinoma of head and neck received infusions of cisplatin 50 mg and 5-FU 500 mg weekly for 4 wk. At the end of chemotherapy, complete remission was seen in 14, partial remission in 25, minor remission in 5, and no response in 6 patients.

KEY WORDS head and neck neoplasms; squamous cell carcinoma; cisplatin; fluorouracil; intravenous infusions

Squamous cell carcinoma of head and neck represents more than 6% of the malignancies in the body. High response rates were obtained with cisplatin and 5-fluorouracil (5-FU) as initial treatment.^(1,2) This study attempted to verify their effectiveness in India.

PATIENTS AND MEDICATIONS

Fifty patients (41 M, 9 F, aged 36-73 yr, median 56 yr) of advanced squamous cell carcinoma of head and neck in the ENT ward were treated in 1986. The tumor was located in larynx in 21, hypopharynx in 8, sinuses in 7, oropharynx in 6, oral cavity in 5, and nasopharynx in 3 patients. According to the American Joint Committee for Cancer Staging (1978), 28 patients were of stage III and 22 of Stage IV. Histological examination revealed well differentiated in 8, moderately differentiated in 21, poorly differentiated in 14, and undifferentiated in 7 patients.

No evidence of distant metastasis was detected. Patients underwent detailed laboratory investigations such as hemogram, platelet counts, blood urea, serum creatinine, and serum bilirubin.

Diuresis was initiated by intravenous infusion of 2 L of 5% dextrose over 10-12 h before medication. Cisplatin 50 mg in 2 L of saline containing 50 ml of mannitol were infused in the next 6-8 h, followed by 5-FU 500 mg in 20 ml of water. Antiemetics were injected intramuscularly in case of vomiting. The infusion was repeated weekly for 4 wk. After completion of the chemotherapy the tumor sizes were evaluated.

RESULTS

Complete remission (complete disappearance of tumor) was seen in 14, partial remission (> 50% reduction of tumor) in 25, minor remission (< 50% reduction) in 5, and no response in 6 patients. The majority of complete remissions were those with clinically movable nodes. Out of the 25 patients with partial remission, 4 had a complete disappearance at the primary site but had persistent regional nodes. There seemed to have no relation between the cell differentiation and the response. The tumors of oropharynx showed the best result.

The number of patients who developed adverse reactions: vomiting 33, leukopenia 17, stomatitis 10, diarrhea 8, thrombocytopenia 3, hearing loss 2, and alopecia 1.

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