

Protocol Title	<b>Hyperfractionated concurrent chemoradiation against conventional concurrent chemoradiation in locally advanced head and neck carcinoma: a prospective randomised trial</b>
Research Center Number	1
Research Center	Department of Radiotherapy, JN Medical College, Aligarh Muslim University, Aligarh, Uttar Pradesh, India
Indications	Patients with Locally Advanced Unresectable Head & Neck Squamous Cell Carcinoma
Research Purpose	<p>This study aims to find out the efficacy and adverse reactions of conventional concurrent chemo-radiotherapy and hyperfractionated CRT in patients of advanced stages of carcinoma of head and neck in terms of. . .</p> <ol style="list-style-type: none"> <li>1.Acute toxicities</li> <li>2.Late toxicities</li> <li>3.Response to therapy</li> </ol> <p>.</p>
Research Design	Prospective, randomized, controlled, open, phase II/III trial.
Case Grouping	<ul style="list-style-type: none"> <li>• Study group: HF-CRT</li> <li>• Control group:CF-CRT</li> </ul>

Inclusion Criteria	<ul style="list-style-type: none"><li>• Histologically confirmed squamous cell carcinoma of the head and neck.</li><li>• Unresectable, non-metastatic disease.</li><li>• Age &gt;18 years</li><li>• Karnofsky performance status (KPS) of &gt; 60</li><li>• Adequate hematologic (Hb &gt;10 gm/dl , WBC &gt;4000/l and platelets &gt;100,000/microlitre), renal (serum creatinine &lt;1.4 mg/dl) and hepatic (serum bilirubin &lt;1 mg/dl) functions.</li><li>• No previous radiotherapy or chemotherapy</li><li>• Measurable tumor mass.</li></ul>
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<p>Exclusion Criteria</p>	<ul style="list-style-type: none"><li>• Patients who refuse to give a consent.</li><li>• Serious concomitant diseases.</li><li>• History of any prior or concurrent cancer in last 5 years.</li><li>• Patients with tumors of nasal cavity, paranasal sinuses, salivary gland and nasopharynx.</li><li>• Pregnancy or breast-feeding.</li><li>• Prior chemotherapy or radiotherapy</li></ul>
<p>Pre-treatment Evaluation</p>	<ul style="list-style-type: none"><li>• History and Physical examination</li><li>• Measurement of detectable mass by physical examination including complete ENT examination with Indirect and Direct Laryngoscopy.</li><li>• Chest X-Ray</li><li>• CT scan face and neck (contrast enhanced). Blood cell count with differential counts, liver function studies, blood urea nitrogen and serum creatinine</li><li>• Dental examination</li><li>• Orthopantogram (OPG) ,in clinical suspicion of mandibular involvement.</li></ul>

<p>Randomization</p>	<p>Patients satisfying inclusion criteria are randomized into two treatment arms-</p> <p>A. Arm 1</p> <p>B. Arm 2</p> <p>(by computer generated random table number)</p>
<p>Intervention</p>	<ul style="list-style-type: none"> <li>• Study Group : Hyperfractionated RT (81.6Gy/68 fractions /10 fractions per week, 1.2Gy/ fraction, twice daily at 6 hours interval) with concurrent chemotherapy cisplatin 40mg/m<sup>2</sup></li> <li>• Control Group: Conventional RT (70Gy/35 fractions /5 fractions per week, 2Gy/ fraction /day) with concurrent chemotherapy cisplatin 40mg/m<sup>2</sup></li> </ul>
<p>Endpoints</p>	<p>Primary Endpoint:</p> <p>The primary endpoint of the study was response to therapy.</p> <p>Secondary Endpoint:</p> <p>The secondary endpoints were acute and late treatment-induced toxicities.</p>

Statistical considerations	<ul style="list-style-type: none"><li>• The treatment-induced response was analyzed and compared in both the radiation groups. The frequency of acute and late toxicities was also compared.</li><li>• Data was analyzed using Pearson's chi square test and Fisher's exact test.</li><li>• All the tests were performed using computer program SPSS, version 16.0.</li><li>• A p-value of <math>&lt;0.05</math> was considered as statistically significant.</li></ul>
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Article information: <https://dx.doi.org/10.21037/jxym-21-34>