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Comparison between weekly cisplatin-enhanced radiotherapy and cetuximab-enhanced radiotherapy in locally advanced head and neck cancer: first retrospective study in Asian population.

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Abstract

AIM: To present a direct comparison between chemotherapy-enhanced radiotherapy (CERT) and biotherapy-enhanced radiotherapy (BERT) in locally advanced head and neck cancer.

METHODS: It is a retrospective analysis of 53 patients with locally advanced head and neck cancer treated from August 2006 to December 2008. For CERT, patients received weekly cisplatin (40 mg/m²) and for BERT, a loading dose of 400 mg/m² of cetuximab given one week prior to radiotherapy followed by 250 mg/m² given weekly along with radiotherapy. Disease-free survival (DFS) and overall survival (OS) were computed with Kaplan-Meier curve with log-rank test for comparison between the two groups. Multivariate Cox proportional hazards regression analysis was performed to estimate the impact of known relevant prognostic factors on DFS and OS.

RESULTS: The median DFS was significantly better with CERT than BERT group (50.82 vs 11.66 months; P = 0.031). The 3 years DFS was significantly higher in CERT group than in BERT group (60.0% vs 14.3%; P = 0.022). The median OS was significantly better with CERT than BERT group (53.61 vs 32.55 months; P = 0.044). The 3 years OS was also significantly higher in CERT group than in BERT group (74.0% vs 42.1%; P = 0.032). There were no significant differences in acute toxicities of all grade and grade ≥3 between the two groups. The compliance to treatment and assisted feeding dependency for more than 6 months duration were also not significantly different.

CONCLUSION: CERT is associated with better outcome with no significantly increased acute toxicities compared to BERT.

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KEYWORDS: cetuximab; cisplatin; head and neck cancer

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