



16_ A 7-year overview on advanced nasopharynx's cancer: features influencing survival outcomes

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Background: Nasopharynx's cancer is a rare entity in Europe, accounting for 4760 new cases per year. Survival rates for these patients are 76% at 1 year and 50% at 5 years. Prognostic factors are still under investigation.

Methods: Retrospectively, we analyzed patients treated for advanced nasopharynx's cancer (stage III, IVA and IVB) from January 2009 to December 2015, in one institute. Clinical files enquiry were revised and SPSS analysis (Kaplan Meier's method) used for survival analysis.

Objectives: Our aim was to assess population characteristics, treatment safety and efficacy, PFS, OS and prognostic value of population and treatment's features.

Results: All 33 patients, 33.3% females and 66.7% males, had a median diagnosis age of 47 years (15-74 years) and a good performance status (ECOG 0 or 1). History of tobacco and alcohol use was present in 51.5% and 36.4%, respectively, and 39.4% had history of occupational exposure. Epstein Barr DNA test was positive in 21% of them. Histological study revealed undifferentiated carcinoma in 81.8% of cases. Tumors were classified as stage III (45.4%), IVA (27.3%) and IVB (27.3%). In this population, 84.8% underwent concomitant chemoradiotherapy with cisplatin 100 mg/m² 3/3 weeks. Of those, 32.1% received the 3 planned cycles. Radiotherapy dose was 70.2 Gy/33Fractions/6.5 weeks.

69.7% of patients underwent adjuvant chemotherapy with 5-FU and cisplatin with a median of 2 cycles, mostly with dose reduction. Major acute toxicities were grade 3/4 neutropenia (26%), grade 3 mucositis (13%), nausea and vomiting (8.7% and 4.3%, respectively) and anemia (8.7%). There were major infectious complications in 33.3%.

We observed a complete response in 48.3% of patients, partial response in 44.8%, stable diseases in 3.4% and progression in 3.4%.

1 year and 5 year PFS was 72.2% and 46.4% respectively. Infectious complications had a negative correlation with PFS ($p < 0.0001$) and adjuvant chemotherapy had a positive correlation ($p = 0.019$). 1 year and 5 year OS was 84.3% and 42.6% respectively. Infectious complications and weight loss had a negative correlation with OS ($p < 0.0001$ and $p = 0.004$, respectively) and the use of gastrostomy and adjuvant chemotherapy had a positive correlation ($p = 0.045$ and $p = 0.047$, respectively).



Conclusions: Both OS and PFS in our population were similar to current literature. We found a significant correlation between treatment features (use of gastrostomy, adjuvant chemotherapy, infectious complications) and patients features (weight loss) with survival outcomes.

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