

Curative Radiotherapy of Supraglottic Cancer

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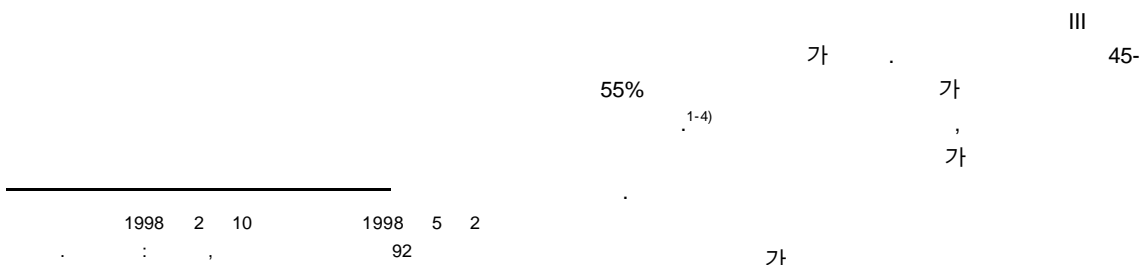
Purpose : The purpose of this study was to evaluate the efficacy of curative radiotherapy in the management of supraglottic cancer.

Materials and Methods : Twenty-one patients with squamous cell carcinoma of the supraglottis were treated with radiotherapy at Gyeongsang National University Hospital between 1990 and 1994. Median follow-up period was 36 months and 95% were observed for at least 2 years.

Results : Actuarial survival rate at 5 years was 39.3% for 21 patients. The 5-year actuarial survival rate was 75.0% in Stage I, 42.9% in Stage II, 33.3% in Stage III, and 28.6% in Stage IV($p=0.54$). The 5-year local control rate was 52.0% for 21 patients. The 5-year local control rate was 75.0% in Stage I, 57.1% in Stage II, 66.7% in Stage III, and 28.6% in Stage IV($p=0.33$). Double primary cancer was developed in 3 patients and those were all esophageal cancers.

Conclusion : In early stage(Stage I and II) supraglottic cancer, curative radiotherapy would be a treatment of choice and surgery would be better to be reserved for salvage of radiotherapy failure. In advanced stage(Stage III and IV), radiotherapy alone is inadequate for curative therapy and combination with surgery should be done in operable patients. This report emphasizes the importance of esophagoscopy and esophagogram at the follow-up of patients with supraglottic cancer.

Key Words : Supraglottic cancer, Radiotherapy



5-7) Gy 가 20-25 Gy 가
 5-FU 800mg/m² 24
 Cisplatin 80mg/m² 20 (cycle) , 3 (concurrent)
 8-11) 1 1 , 2 2 , 3 3 3 36 95%가 Kaplan-Meier , log-rank test
 1994 12 1990 3 가 13)
 21 52 75 62 가 19 1.
 2 . AJCC TNM 12) 1.
 I 4 , II가 7 , III 3 , 21 5 39.3%
 IV가 7 , I, II 11 , III 3 .(Fig.
 , IV 7 3 , 4
 6 MV 가 45

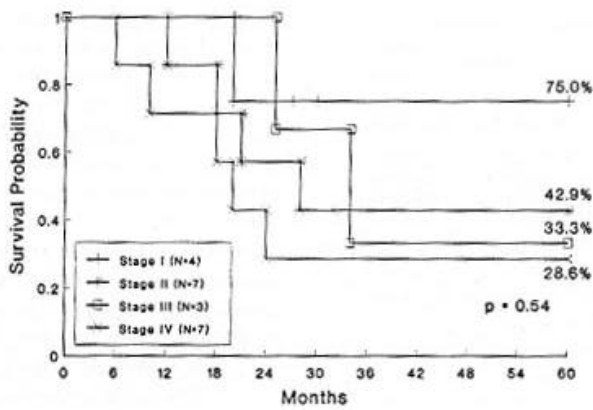


Fig. 1. Overall survival.

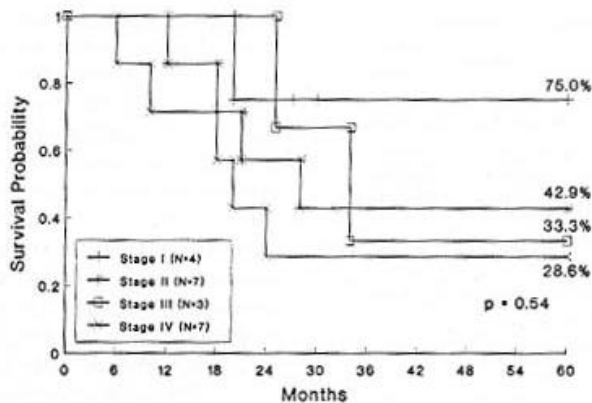


Fig. 2. Survival by stage.

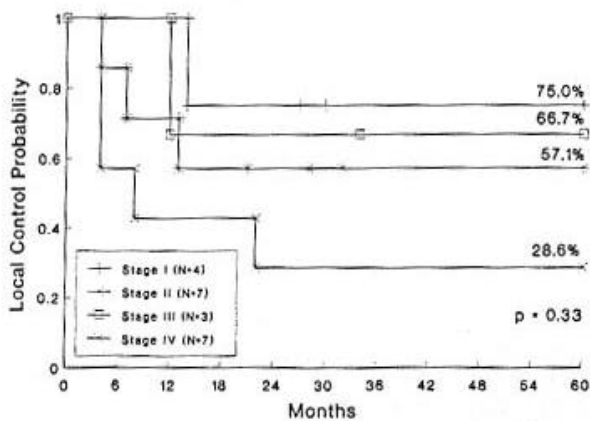


Fig. 3. Local control by stage.

1) 5 I 75.0%, (p=0.33)(Fig. 3) IV 5
 II가 42.9%, III 33.3%, IV가 28.6% 50.0% ,
 .(p=0.54)(Fig. 2) IV 가
 5 (4)
 50.0% , (3 3.
) 가 .
 18 (85.7%)
 , 3 ,
 IV ,
 2 .
 5 52.0% , I 1 14 ,
 II 3 6 , 7 , 41
 III 66.7%, IV가 28.6% , III 1 12

Table 1. Failure Pattern

No. pts.	Failure site		
	Local	Locoregional	Local + Distant
	No. pts.(%)	No. pts.(%)	No. pts.(%)
Stage I	4 1(25.0)	0(0.0)	0(0.0)
II	7 2(28.6)	1(14.3)	0(0.0)
III	3 0(0.0)	1(33.3)	0(0.0)
IV	7 2(28.6)	2(28.6)	1(14.3)
Total	21 5(23.8)	4(19.1)	1(4.8)

*Distant; lung metastasis

IV 4 2
8, 22
5, 21
4, 1
9
5, 가
가
1
42
4.

52.4% , T
T1 75.0%(1/4), T2가 62.5%(5/8), T3
40.0%(2/5), T4가 25.0%(1/4)

5.
10-14
, 9
, 7
grade 2
2 -6 , 3)
6. (Second primary cancer)

3
, 20 , 26
14

5 , 6 , 6

T- T1 T2

가

가

가

Weems

5

100 % , I, II
가 88.8% ,¹⁴⁾ T
T1 100%, T2가 89%
T1 100%, T2가 84%
I, II 75.0%,
51.7% Weems
가

III, IV
66.7%, 28.6%
Mendenhall

III, IV
59%, 48.7%
82%, 61%¹⁵⁾
III 5
32-47%, IV 14-29%¹⁶⁻¹⁸⁾ III, IV

가

가

가

가

III

Shirinian
Cisplatin

71% 2

44%
⁹⁾ Keane

52.4%
 가 grade 2 21
 3
 가
 19) Stell
 (meta-analysis)
 2.8%
 5%
 20)
 가
 가
 10-40%
 21-23)
 1 4% 가
 23, 24)
 21, 25)
 가
 22) Choy 63%가
 25)
 3
 21
 5 39.3% 5
 I, II 75.0%, 51.7% III
 IV 가 가
 66.7%,
 28.6% 21
 5 , 4 ,
 1 .

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1990 3 1994 12
 21
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 . 가
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