

# Clinical trials of Induction chemotherapy for Head and neck cancer in article

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## 1 docetaxel based induction CT

Trial	Treatments	Patients	Trials design and methods
<b>TP vs PF</b>			
<b>Fonseca , 2005</b> n=42/41 follow-up: NA	induction CT with cisplatin/docetaxel versus induction CT with cisplatin and 5-fluorouracil (PF)	patients chemotherapy-naive with locally advanced resectable and non-resectable SCCHN	Parallel groups Open Spain
<b>TPF vs PF</b>			
<b>Posner (TAX324) , 2007</b> [NCT00273546] n=255/246 follow-up: >24 months	induction chemotherapy consisting of docetaxel added to cisplatin/5-FU (TPF) followed by chemoradiotherapy versus standard cisplatin/5-FU (PF) induction chemotherapy followed by chemoradiotherapy	locally advanced (stage III/IV) squamous cell carcinoma of head and neck with unresectable tumor or candidates for organ preservation	Parallel groups open US, Canada, Argentina, Europe
<b>EORTC 24971 (TAX 323) , 2006 unpublished</b> [NCT00003888] n=177/181 follow-up: 1.75 y	induction chemotherapy with docetaxel + cisplatin + 5 FU followed by radiotherapy +/- surgery (before or after radiotherapy) versus induction chemotherapy with cisplatin + 5 FU followed by radiotherapy +/- surgery (before or after radiotherapy)	patients with stage III or IV unresectable locally advanced SCCHN	Parallel groups Open Europe
<b>GORTEC 2000-01</b> [NCT00169182] n=112/108 follow-up: NA	induction chemotherapy with docetaxel + cisplatin + 5-FU versus induction chemotherapy with cisplatin + fluorouracil	patients with locally advanced larynx and hypopharynx tumors requiring initially total laryngectomy	Parallel groups open France

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### Posner (TAX324), 2007:

Posner MR, Herchock D, Le Lann L, Devlin PM, and Haddad RI. TAX 324: A phase III trial of TPF vs PF induction chemotherapy followed by chemoradiotherapy in locally advanced SCCHN. 42nd Annual Meeting of the American Society of Clinical Oncology; June 2-6, 2006; Atlanta

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Remenar E, Van Herpen C, Lluch JG, et al A randomized phase III multicenter trial of neoadjuvant docetaxel plus cisplatin and 5-fluorouracil (TPF) versus neoadjuvant PF in patients with locally advanced unresectable squamous cell carcinoma of the head and neck (SCCHN). Final analysis of EORTC 24971[Abstract] J Clin Oncol 24 (Suppl 18): A-5516, 2006

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Calais G, Pointreau Y, Alfonsi M, et al. Randomized phase III trial comparing induction chemotherapy using cisplatin (P) fluorouracil (F) with or without docetaxel (T) for organ preservation in hypopharynx and larynx cancer: preliminary results of GORTEC 2000-1. 42nd Annual Meeting of the American Society of Clinical Oncology; June 2-6, 2006; Atlanta, Georgia. Abstract 5506. [0]

## **2 PF induction CT**

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>PF vs no induction chemotherapy</b>			
<b>Dalley (AHNTG) , 1995</b> n=140/140 follow-up: 4.8y	induction chemotherapy with cisplatin, fluorouracil followed by definitive local therapy versus definitive local therapy alone	locally advanced untreated squamous cell carcinoma of head and neck	Parallel groups open Australia
<b>Licitra , 2003</b> [NCT00002747] n=98/97 follow-up: 6.3 y median	induction chemotherapy with cisplatin and fluorouracil followed by surgery +/- radiotherapy versus surgery alone +/- radiotherapy	resectable untreated oral cavity squamous cell carcinoma	Parallel groups Open Italy
<b>RTOG 91-11 (I+RT vs RT alone) , 2003</b> n=173/173 follow-up: 6.9y (median)	induction cisplatin plus fluorouracil followed by radiotherapy, versus radiotherapy alone	locally advanced cancer of the larynx requiring total laryngectomy	Parallel groups Open USA
<b>Hareyama , 2002</b> n=40/40 follow-up: 4.08 y (median) (range 0.3-9.2)	two courses of chemotherapy, consisting of cisplatin and 5-fluorouracil (CDDP-5FU), that were administered before radiation therapy versus radiotherapy alone	locoregional carcinoma of the nasopharynx	Parallel groups Open Japan
<b>Domenge (GETTEC) , 2000</b> n=157/161 follow-up: 5y median	induction chemotherapy with cisplatin plus fluorouracil followed by loco-regional treatment consisted either of surgery plus radiotherapy or of radiotherapy alone versus locoregional treatment consisted either of surgery plus radiotherapy or of radiotherapy alone	Patients with a squamous cell carcinoma of the oropharynx for whom curative radiotherapy or surgery was considered feasible	Parallel groups Open France

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>Lewin (SHNG-85) , 1997</b> n=215/208 follow-up: 4.5y mean, 1.5-8y	induction chemotherapy (Cisplatin, 5 FU) followed by radiotherapy +/- surgery versus radiotherapy alone +/- surgery	Patients with non resectable squamous cell carcinoma of the oropharynx, hypopharynx and larynx, stage III to IV, or with resectable and non resectable tumor of the oral cavity stage II to IV	Parallel groups open Denmark, Norway, Sweden
<b>Gedouin (Rennes-87) , 1996</b> n=57/64 follow-up: 5y median	induction chemotherapy (cisplatin + 5FU) before regional treatment versus regional treatment alone	patients with squamous cell carcinoma of hypopharynx and base of tongue	Parallel groups open France
<b>Hasegawa (HNAP-02) , 1996</b> n=25/25 follow-up: 3.7y	2 cycles of neoadjuvant CT: CDDP (70mg/m2, day 1) and 5FU (660mg/m2, day 2-6) followed by surgery versus surgery (without preoperative treatment)	patients with resectable previously untreated advanced head and neck squamous cell carcinoma (stage III/IV M0)	
<b>Domenge (GETTEC neo1) , 1995</b> n=83/83 follow-up: median 3y	induction chemotherapy with cisplatin plus fluorouracil followed by radiotherapy versus radiotherapy	oropharyngeal tumor	Parallel groups open France
<b>Di Blasio (Parma) , 1994</b> n=35/31 follow-up: median 4y (1.9-6.25)	induction chemotherapy with cisplatin, fluorouracil followed by locoregional treatment versus locoregional treatment alone	stage II-IV resectable head and neck cancer	Parallel groups open Italy
<b>Volling (Cologne) , 1994</b> n=48/47 follow-up: 1.75y (range 1-2y)	Induction chemotherapy (carboplatin, 5-FU) + surgery + postoperative radiotherapy versus surgery + postoperative radiotherapy	resectable stage T2-T3, N0-N2 carcinomas of oral cavity, oro- and hypopharynx and a performance status of at least 2	Parallel groups Open Deutschland
<b>Paccagnella (GSTTC-86) , 1994</b> n=118/119 follow-up: median 12.5 y range 10.7-14,6	four cycles of cisplatin and 5-fluorouracil followed by locoregional treatment versus locoregional treatment alone	histologically proven squamous cell carcinoma of the hypopharynx, oropharynx, oral cavity, or paranasal sinus; stage III or IV disease without distant metastases	Parallel groups open Italy
<b>Depondt (CFHNS) , 1993</b> n=NA follow-up: 2.1y	carboplatin 400mg/m2 x3, fluorouracil 5000mg/m2 x3 versus RT or S+RT	patients with head and neck cancer	Parallel groups France
<b>Tejedor (Las Palmas) , 1992</b> n=19/17 follow-up: 1y minimum	three courses of induction chemotherapy followed by radiotherapy versus radiotherapy alone	Patients with locally advanced squamous cell carcinoma of the head and neck, stages III-IV, M0	Parallel groups Open Spain
<b>Toohill (MCW-2) , 1987</b> n=27/33 follow-up: 24-44 months	induction chemotherapy (cisplatin, fluorouracil) + radiotherapy (50 Gy) + surgery versus radiotherapy (50 Gy) + surgery	advanced squamous cell carcinoma of the upper aerodigestive tract	Parallel groups Open US

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Trial	Treatments	Patients	Trials design and methods
<b>BNH 003</b> <i>unpublished</i> n=NA follow-up: NA	cisplatin 100mg/m <sup>2</sup> x2-3, 5 fluorouracil 4000 mg/m <sup>2</sup> x2-3 versus surgery + radiotherapy	-	
<b>EORTC 24844</b> <i>unpublished</i> [EORTC-24844] n=74/65 follow-up: NA	Induction Chemotherapy with Cisplatin and fluorouracil followed by Surgery followed by Radiotherapy versus Surgery followed by Radiotherapy	Advanced Squamous Cell Carcinoma of the Lateral Oropharynx and Lateral Posterior Oral Cavity	Parallel groups Open

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### 3 About TrialResults-center.org

TrialResults-center is an innovative knowledge database that collects the results of RCTs and provides dynamic interactive systematic reviews and meta-analysis in the field of all major heart and vessels diseases.

The TrialResults-center database provides a unique view of the treatment efficacy based on all data provided directly from clinical trial results, offering a valuable alternative to personal bibliographic search, published meta-analysis, etc. Furthermore, it would allow comparing easily the various concurrent therapeutic for the same clinical condition.

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