이어서, local control rate 54% 였다.

전체 100명의 overall 5 year actuarial survival은 38.4%이고 이를 예상되는 몇가지 예후인자에 따라 분석해보면 Ann-Arbor stage IE/IIE에서 64.4%/25.5%로 유의한 차이를 보였고 solitary/multiple −47.5%/24.2%, 각각 유의한 차이를 보였다. 치료방법에 따라서는 chemotherapy+RT(n-18)은 41.9%, RT alone군(n=23)은 38.3%로 두 군간에 의미있는 차이는 없었다($p>0.05$). 방사선치료후 response에 따라서는 CR을 보인 65명의 5YSR 57.5%이고, 나머지 PR인 21명은 5.5%로 두 group간에 유의한 생존율의 차이를 보였다($P<0.01$).

방사선 치료후 추적관찰 중 fibrosis외에 특별한 방사선 후유증은 관찰되지 않았다.

이상의 후향적 분석으로 polymorphic reticulosis에서 생존율에 영향을 미치는 중요한 예후인자들은 Ann-Arbor stage, number of involved site, RT response이고 chemotherapy에 관해서는 더 많은 연구가 진행되어야 할 것으로 생각된다.

29

Induction Chemotherapy plus Radiation Compared with Surgery plus Radiation in Patients with Advanced Laryngeal and Hypopharyngeal Cancer

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Background : We performed a retrospective study in patients with previously untreated advanced(Stage III or IV) laryngeal and hypopharyngeal cancer to compare the results of induction chemotherapy followed by definitive radiation therapy with those of conventional laryngectomy and postoperative radiation therapy

Method : Between 1985 and 1990, twenty-four patients were received one to three cycles of chemotherapy and radiation therapy(6400-7620cGy). Twenty-five patients were received laryngectomy and radical neck dissection(except three patients) and postoperative radiation therapy(4400-7400cGy).

Result : After a median follow-up of 21 months, the actuarial 3-year overall survival rate was 45.1% (CT+RT group) and 54.6%(OP+RT group). The complete response rate was 79%(19/24) and 84% (21/25). The local control rate was 65%(13/20) and 64%(14/22).

Conclusion : These results suggest a role for chemotherapy in patients with advanced laryngeal and hypopharyngeal cancer and indicate that a treatment involving induction chemotherapy and definitive radiation therapy can be effective in preserving the larynx in a high percentage of patients. We also think that for improvement of overall cure rates in advanced laryngeal and hypopharyngeal cancer, it will be required of developing regimen and high level of skill and cooperation among multi-modality therapy

30

Stage I, II Non-Hodgkin's Lymphoma Localized to the Head and Neck : Treatment Results of YUMC

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