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ORIGINAL ARTICLE

Weekly docetaxel in patients with platinum-refractory metastatic or recurrent squamous cell carcinoma of the head and neck

Byoung Chul Cho · Ki Chang Keum · Sang Joon Shin · Hye Jin Choi · Young Joo Lee · Se Hun Kim · Eun Chang Choi · Joo Hang Kim

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Abstract
Background The objective of the study was to investigate the efficacy and tolerability of weekly docetaxel in patients with platinum-refractory recurrent or metastatic squamous cell carcinoma of the head and neck (SCCHN).
Methods Patients fulfilling the following criteria were enrolled: histologically confirmed SCCHN; documented progressive disease (PD) after platinum-based treatment; Eastern Cooperative Oncology Group (ECOG) 0–2; measurable disease; not candidates for local therapy. Docetaxel (35 mg/m^2) was administered for 3 weeks, every 4 weeks for a maximum of 6 cycles.
Results A total of 23 patients were treated. All patients were assessable for toxicity and response. The overall response rate was 13.0% (3/23) and disease control rate was 34.7% (8/23). Median progression-free and overall survival (OS) was 9 (95% CI, 7.6–10.4 weeks) and 29 weeks (95% CI, 10.8–47.1 weeks), respectively. Most common hematological toxicities were grade 1–2 anemia (6/23, 26.1%) and nonhematological toxicities were mild and manageable. There was no treatment-related death.
Conclusion Weekly docetaxel regimen had good clinical activity with an acceptable toxicity in patients with platinum-refractory SCCHN.

Keywords Docetaxel · Head and neck · Squamous cell carcinoma · Chemotherapy · Platinum-refractory

B. C. Cho · S. J. Shin · H. J. Choi · Y. J. Lee · J. H. Kim (✉)
Yonsei Cancer Center, Division of Medical Oncology,
Yonsei University College of Medicine,
Seodaemun-gu Shinchon-dong 134, Seoul, Korea
e-mail: kjhang@yuhs.ac

K. C. Keum
Department of Radiation Oncology,
Yonsei University College of Medicine, Seoul, Korea

S. H. Kim · E. C. Choi
Department of Otorhinolaryngology,
Yonsei University College of Medicine,
Seoul, South Korea

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Introduction

Squamous cell carcinoma of the head and neck (SCCHN) is the sixth-most common cancer in the world [1]. The majority of patients with SCCHN present with locally advanced disease that requires a combination of chemotherapy, radiotherapy, or surgery [2, 3]. Concurrent administration of cisplatin with radiation is considered as the nonsurgical standard therapeutic modality for such patients [4–6] and is also the standard adjuvant therapy for high-risk postoperative patients [7–9]. Results with this modality, however, generally have been disappointing, with a cure rate of <30%. In addition, approximately 10% of patients have distant metastases at the time of initial presentation and up to 20% as a site of relapse [10].

Recurrent or metastatic SCCHN (R/M-SCCHN) is generally incurable and is associated with poor survival [11, 12]. Platinum-based palliative chemotherapy consisting of either cisplatin or carboplatin is the usual first-line treatment for these patients, resulting in median survival of 6 months and 1-year survival rate of 20%. Unfortunately, however, patients with advanced SCCHN have limited alternative therapeutic options once they progress on platinum-based treatment, and responses are rare (approximately 3%) and usually of brief duration [13]. Thus, there is clearly an unmet therapeutic need of active agents for the treatment of this poor prognosis patient population with no standard treatment approach.