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*abstract*

# Concomitant Chemoradiation in the Management of Nasopharyngeal Carcinoma: Results of a Single Institution

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# Concomitant Chemoradiation in the Management of Nasopharyngeal Carcinoma: Results of a Single Institution

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**Introduction:** Undifferentiated Nasopharyngeal carcinomas (UCNT) are common tumors in Morocco, accounting for approximately 10% of the activity of the radiotherapy department at the Tangier Regional Oncology Center. The aim of our study is to highlight the results of concomitant chemoradiotherapy in the treatment of nasopharyngeal carcinomas (RCC) in our department.

**Methodology:** This is a retrospective study of patients treated at the radiotherapy department of the regional Cancer center for undifferentiated nasopharyngeal carcinomas who underwent concomitent chemoradiation between January 2019 and December 2020. Statistical analysis of the data was realized using Statistical Package for the Social Sciences (SPSS) software version 25.

**Results:** A total of 172 patients with naso-pharyngeal carcinoma underwent CRT. The median age of our patients was 44 years. Men accounted for 66.7% of patients, while women accounted for 66.7% of patients, while women accounted for 33.3%. The most common clinical signs were rhinological (66.2%) and otological (59%). 60.4% of patients presented palpable cervical lymphadenopathy at diagnosis. The anatomopathological study focused on biopsies of the nasopharynx in 82% of cases and of lymph nodes in 18% of cases. 77.7% of patients were N+. 83% of patients had an advanced stage of NPC (II, III, and VI), including 5.4% of metastatic cases (IVc), and 3.6% had only bone metastases. Induction chemotherapy was indicated in 64.5% of patients. 92.1% of all patients received concomitant chemoRT, and 7.8% received radiotherapy alone. The radiotherapy dose was 70 Gy with conventional fractionation of 2 Gy per fraction. The average interval was 54.7 days (± 6.9). 62.4% of patients experienced grade 2 and grade 3 radiomucitis during treatment, and 23.3% experienced grade 2 and 3 radiodermatitis. The treatment disco-ntinuation rate was 7.04%. With a mean follow-up period of 38.3 months (±12.8), we observed 17 locoregional relapses and 21 distant metastases.The

five-year overall survival rate was 78% for all patients. The principal prognostic factors for recurrence are lymph node status and T4 stage.

**Conclusion:** Nasopharyngeal carcinomas are radiosensitive tumours. CRT is the standard treatment and achieves good oncological results, despite significant toxicity. New radiotherapy techniques minimise late side effects by reducing the dose to organs at risk.

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