

Preface

I introduced superselective intra-arterial infusion of cisplatin and concomitant radiotherapy (RADPLAT) at Hokkaido University Hospital in 1999, and more than 20 years have passed since then. At the time of RADPLAT introduction, I was focused on improving my surgical skills and eager to cure all patients through surgery. However, I felt powerless because I couldn't offer a treatment that could provide hope for a cure to patients with very advanced head and neck cancer who didn't want to undergo surgery or those with unresectable diseases. Additionally, I encountered patients who became depressed due to changes in their appearance or the loss of their voice after surgery. As a result of such experiences, I came to strongly feel the need for effective treatments other than surgery.

At that time, my mentor, the former Professor Yukio Inuyama, casually mentioned during a chat before the morning conference started, 'There seems to be an interesting treatment called superselective intra-arterial infusion of cisplatin.' Curious, I looked into it and discovered an unconventional treatment involving weekly high-dose cisplatin infusion. The complete response rate exceeded 90%, an astonishing result at the time. Later, I learned that he had heard about this treatment from Professor Robbins, who developed it, during a small conference on intra-arterial chemotherapy in Germany.

With the understanding and support of Dr. Kazuo Miyasaka, a professor in the Department of Radiology at Hokkaido University at that time, we were able to start the RADPLAT in 1999. The success of this treatment would not have been possible without the collaboration of Interventional Radiology radiologists (IVRists). Dr. Satoshi Ushikoshi (currently at Kashiwaba Neurosurgical Hospital) graciously provided support initially, followed by collaboration from Dr. Tsuyoshi Asano (currently at Chiba Medical Center) and Dr. Daisuke Yoshida. In particular, Dr. Yoshida has been conducting this treatment for over 10 years and contributed significantly to writing a substantial portion of this book.

In the early stages of introducing RADPLAT, we conducted the procedure not only on new cases but also on recurrent cases, covering various sites. As we identified favorable and unfavorable indications, we gradually refined the criteria. Maxillary sinus cancer was recognized as a suitable target. Over time, the procedure became primarily focused on maxillary sinus cancer. Special thanks to Dr. Masato Fujii at Tokyo Medical Center, who provided us with the opportunity to undertake a multi-institutional prospective trial; we conducted the JCOG1212 trial.

This treatment needs special skills, so careful preparation is crucial to achieve favorable outcomes.

But it is not a therapy limited to specialized facilities; with the help of IVRists, it can be done anywhere. We want to share the 20 years of experience from Hokkaido University with institutions interested in trying this treatment, even if they don't have so many patients with maxillary sinus cancer. And we hope that patients with maxillary sinus cancer worldwide can be saved by RADPLAT. We'd appreciate it if you find this book helpful.

A handwritten signature in black ink that reads "Akihiro Homma". The script is cursive and fluid.

Akihiro Homma, MD, PhD

Chair

Head and Neck Cancer Study Group of the Japan Clinical Oncology Group (JCOG-HNCSG)

Professor and Chair

Department of Otolaryngology – Head & Neck Surgery,

Faculty of Medicine and Graduate School of Medicine, Hokkaido University