



Interferon- α -2b as an adjuvant therapy prolongs survival of patients with previously resected oral mucosal melanoma

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ABSTRACT. Two major subtypes of melanoma include cutaneous melanoma and mucosal melanoma. The latter type is rare and usually occurs in the head and neck region. High-dose interferon- α -2b (IFN- α -2b) has proven effective in the treatment of cutaneous melanoma. Recently, a regimen of temozolomide plus cisplatin was reported more likely to improve relapse-free survival and overall survival than high-dose IFN- α -2b for mucosal melanoma. We conducted this study to analyze the therapeutic effect of high-dose IFN- α -2b for patients with oral mucosal melanoma who had received prior chemotherapy. One hundred and seventeen patients with stage III-IVa oral mucosal melanoma who had received chemotherapy were analyzed. The overall survival and relapse-free survival were compared between the patients with/without high-dose IFN- α -2b. The results indicate that the IFN- α -

2b treatment group had a longer relapse-free survival rate ($P = 0.0169$) as compared to the control group. However, the overall survival was not significant between the two groups ($P = 0.096$), except in patients in stage IVa, whose overall survival increased by 20 months ($P = 0.0146$). The adverse reactions included a drug-induced influenza-like syndrome, gastrointestinal responses, myelosuppression, and hepatotoxicity, which were predominantly of grade 1-2 and reversible. Thus, patients with resected oral mucosal melanoma, even those who have received chemotherapy, could benefit from the treatment of high-dose IFN- α -2b.

Key words: Oral mucosal melanoma; Survival; Interferon- α -2b; Adjuvant treatment; Chemotherapy