局限期小细胞肺癌化疗及联合放化疗的远期疗效观察

胡玉林 崔亚利 王明智 崔守仁 王瑞芝 高永君 杨雁飞

【摘要】目的 观察单纯化疗及放射治疗联合化疗对局限期小细胞肺癌的疗效以及不同放射治疗剂量对疗效的影响。方法 回顾性分析黑龙江省肿瘤医院1998年2月至2000年3月收治的经病理证实的局限期小细胞肺癌128例, 单纯化疗51例, 同步放化疗42例, 交替放化疗45例。放疗总剂量≤45 Gy 20例, ≥60 Gy 23例, >45 Gy < 60 Gy 43例。结果 同步治疗组、交替治疗组和单纯化疗组的3年生存率分别为69.6%、62.6%和50.6%。结论 化疗联合放射治疗能提高局限期小细胞肺癌患者的生存期。局部复发率与胸部照射剂量有密切关系。【关键词】局限期小细胞肺癌 1放射疗法 同步放化疗 交替放化疗【中图分类号】R734.2

Long-term results of chemotherapy alone or combined with radiation therapy for limited-stage small cell lung cancer

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Abstract Objective To evaluate therapeutic outcome of limited-stage small cell lung cancer treated with chemotherapy alone or combined with radiation therapy with different doses. Methods A retrospective analysis was performed in 128 limited-stage small cell lung cancer patients who were treated with three different ways of treatment from February 1988 to March 1998 in Heilongjiang Cancer Hospital. All patients were pathologically proved. Forty-two patients received chemotherapy alone. Forty-eight patients were treated by interdigitating chemoradiotherapy (IDG) and other 38 patients received concurrent chemoradiotherapy (CON). For thoracic radiation, 20 patients received a dose of ≤45 Gy, 23 ≥60 Gy and 43 >45 Gy but < 60 Gy. Results The 3-year survival rates were 23.7% 20.8% and 4.8% in the CON group, the IDG and the C groups respectively. There was a significant difference between the CON and the C group, P < 0.05 as well as between the IDG and the C group, P < 0.05. There were no remarkable difference between the CON and the IDG group, P < 0.05. Loco-regional recurrence rate was significantly higher in ≤45 Gy group, 55.0% than that in ≥60 Gy group, 8.7% P < 0.01. Conclusion The chemotherapy combined radiotherapy may improve the survival of patients with limited-stage small cell lung cancer. Dose of thoracic radiation might be related to the loco-regional recurrence.

Key words Limited-stage small cell lung cancer/Radiotherapy Concurrent chemoradiotherapy Interdigitating chemoradiotherapy

SCLC 20% 48% 128 1988 2 1998 3
SCLC 3 128 42 2474 108 82
SCLC 8 20
国退伍军人医院制定的标准，从治疗开始时的方案，先化疗。

放射治疗结束后，用下缩野改为两后斜野，避开脊髓照射，总剂量为60Gy。

局限期初诊为局限于一侧胸腔，转移仅限于肺。全组胸部放射治疗剂量为60Gy。

单纯化疗和免疫治疗。顺铂静脉注射，急性毒性反应为三组患者的血液学毒副反应。

化疗后，晚期和放射性肺炎发生，经激素加抗生素支持治疗后均恢复。死亡病例，在放、化疗后并发肺部并发症。

疗效随访率为95%。

2.1

Tab 1. Comparison of survival rates in the three groups

<table>
<thead>
<tr>
<th>Group</th>
<th>2-year Survival Rate %</th>
<th>3-year Survival Rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>4/12 33.3%</td>
<td>2/4 50.0%</td>
</tr>
<tr>
<td>IDG</td>
<td>15/48 31.2%</td>
<td>10/48 20.8%</td>
</tr>
<tr>
<td>CON</td>
<td>13/39 34.3%</td>
<td>9/36 25.0%</td>
</tr>
</tbody>
</table>

* CON vs C $\chi^2 = 6.02, P < 0.05$; CON vs IDG $P > 0.05$

* CON vs C $\chi^2 = 5.07, P < 0.05$

2.2

Tab 2. Hematologic toxicities of the three groups

<table>
<thead>
<tr>
<th>Hematologic Toxicity</th>
<th>C Group (%)</th>
<th>IDG Group (%)</th>
<th>CON Group (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leukopenia</td>
<td>I -- II</td>
<td>III -- IV</td>
<td>I -- II</td>
</tr>
<tr>
<td></td>
<td>19.0%</td>
<td>23.8%</td>
<td>20.8%</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>7.1%</td>
<td>4.8%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Anemia</td>
<td>26.2%</td>
<td>35%</td>
<td>20.8%</td>
</tr>
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<td></td>
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</tbody>
</table>

2.2.1

SCLC


