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摘要:

晚期局部不可切除非小细胞肺癌的标准治疗是联合放化疗。然而部分患者难以耐受,且联合放化疗的疗效似乎已达“平台期”。表皮生长因子(epidermal growth factor receptor, EGFR)抑制剂可通过降低S期和提高G<sub>2</sub>/M期肿瘤细胞的比例、抑制EGFR转导通路中的多级磷酸化和抑制肿瘤细胞的增殖等途径,发挥对放疗的增敏作用。EGFR酪氨酸激酶抑制剂(如吉非替尼、厄洛替尼等)联合化放疗的初步临床研究显示出一一定的疗效优势,但是在维持治疗中的作用尚不明确。西妥昔单抗与放化疗联合的临床研究提示患者中位生存期和2年生存率高于单纯放化疗,有必要进一步开展临床III期随机试验。总之,EGFR抑制剂与放疗或放化疗的联合治疗晚期局部不可切除非小细胞肺癌具有一定的潜力,值得进一步深入研究。

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Radiotherapy combined with EGFR-targeted inhibitors in treatment of patients with locally advanced non-small cell lung cancer: an advance [Download Fulltext](#)

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Abstract:

Radiotherapy combined with chemotherapy is the standard therapy strategy for locally advanced unresectable non-small cell lung cancer (NSCLC); however, this treatment is intolerable for some NSCLC patients and its therapy outcome seems to have reached a “platform”. Epidermal growth factor receptor (EGFR) inhibitors may enhance radiosensitivity of NSCLC cells by increasing the cells in G<sub>2</sub>/M phase, reducing the cells in S phase, inhibiting phosphorylation of multi proteins in EGFR signal transduction pathway, and inhibiting the proliferation of NSCLC cells. The initial clinical results of radiotherapy or chemoradiotherapy in combination with EGFR-TKI show certain efficacy, but the long-term outcome is uncertain. Gefitinib combined with chemoradiotherapy resulted in a longer median survival and higher 2-year survival rate than the single therapy group; further randomized phase III trials are needed to validate the efficacy of the combination treatment. Above all, radiotherapy or chemoradiotherapy combined with EGFR inhibitors has great potential for patients with locally advanced unresectable non-small cell lung cancer and is worthy of further study.

Keywords: [radiotherapy](#) [epidermal growth factor receptor](#) [non-small cell lung cancer](#)

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