

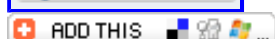
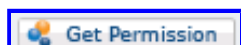
Brain Radiotherapy Combined with Sequential Chemotherapy in Non-Small-Cell Lung Cancer Patients with Brain Metastases

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摘要

Background and objective Brain irradiation is the traditional treatment for NSCLC patients with brain metastases, whereas combined with chemotherapy is the nowadays treatment direction. Since sequential/maintenance chemotherapy has shown promising results in advanced NSCLC, we carried out the study to explore the role of sequential chemotherapy combined with brain radiotherapy in patients with brain metastases. Methods Treatment naïve NSCLC patients with brain metastases sequentially received the 3 chemotherapy regimens TP-NP-GP. The TP regimen consisted of Paclitaxol 175 mg/m² d1, Cisplatin 20 mg/m² d1-5. The NP regimen consisted of Nevalbine 25 mg/m² d1 and 8, Cisplatin 20 mg/m² d1-5. The GP regimen consisted of Gemcitabine 1 g/m² d1 and 8, Cisplatin 20 mg/m² d1-5. All regimens were repeated every 3 weeks. Each regimen was executed for at least 2 cycles and no more than 4 cycles. Results The response rates of TP, NP and GP sequentially used were 41.2%, 35.6% and 27.8% respectively for the out brain lesions and 60.8% for the brain lesions combining with brain irradiation. Median survival time was 14.7 months and the 1, 2 and 3 year overall survivals were 67.8%, 20.6% and 1.3% respectively. Conclusion The 3rd generation regimen-based sequential chemotherapy combined with WBRT was effective for NSCLC patients with brain metastasis with an encouraging survival and acceptable tolerability.



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