

老年食管癌三维适形与调强放射治疗疗效比较

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Comparison of Prognosis on Esophageal Carcinoma Treated with 3D-CRT and IMRT for Elderly Patients

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摘要

目的

比较老年食管癌三维适形放射治疗(3D-CRT)或调强放疗(IMRT)的疗效及其预后相关因素。方法回顾性分析153例65岁以上老年食管癌患者的临床资料,105例行3D-CRT、48例行IMRT,采用SPSS11.5统计软件比较分析生存率及预后影响因素。结果放疗后食管造影评价CR 71例、PR 78例、NR 4例,总有效率(CR+PR)为97.4%;全组1、3年生存率和局部控制率分别为70.6%、34.2%和76.2%、51.1%。3D-CRT与IMRT组资料相比,IMRT组胸中下段及淋巴结转移者较多、CT食管肿瘤最大径较大、放疗剂量更高、联合化疗者更多($P<0.05$);而性别、年龄、T分期、放疗前进食情况及食管造影长度两组间比较差异无统计学意义($P>0.05$)。3D-CRT与IMRT组1、3年生存率和局部控制率比较,差异无统计学意义($P>0.05$),分层分析中两组生存率比较,差异无统计学意义($P>0.05$)。全组单因素分析显示,治疗前进食情况、病变部位、T分期、淋巴结转移与否、食管造影显示病变长度、CT肿瘤最大直径、化疗和近期疗效与预后生存有关($P<0.05$);Cox多因素分析仅化疗和CT肿瘤最大直径为独立预后因素($P<0.05$)。结论老年食管癌IMRT与3D-CRT比较无明显生存优势,联合化疗及肿瘤最大直径小者放疗疗效较好,但需进一步前瞻性研究。

关键词: 食管肿瘤/老年 三维适形放射疗法/调强适形放射疗法 生存分析 预后

Abstract:

Objective

To compare the prognosis of esophageal carcinoma treated with 3-dimensional conformal radiotherapy (3D-CRT) and intensity modulated radiation therapy (IMRT) for patients older than 65 years; and to analysis the related factors affected the prognosis. Methods From January 2001 to December 2008, 105 cases of elderly patients with esophageal carcinoma were treated with 3D-CRT and 48 cases with IMRT. Local control rates, survival rates and its related prognostic factors were evaluated retrospectively with SSPS11.5 software. Results After the treatment with 3D-CRT or IMRT, there was 71 cases in CR, 78 in PR, and 4 in NR. The total efficiency (CR+PR) was 97.4%. The 1 and 3-year over-all survival rate was 70.6% and 34.2%, respectively; and the 1- and 3-year local control rate was 76.2% and 51.1%, respectively. Compared with the clinical data between 3D-CRT and IMRT, there were more patients with metastasis of lymph node, located in middle and lower-thoracic carcinoma, larger diameter of tumor in CT, higher dose of radiotherapy agents, and more patients was combination of chemotherapy in IMRT group ($P<0.05$). There were no significant differences in the effects of gender, age, T stage and diet before radiotherapy and lesion length bariesophagogram between the two groups ($P>0.05$). There were no significant differences in the 1- and 3-year survival rate and free-recurrence rate between 3D-CRT and IMRT groups ($P>0.05$). For all patients, analyzed by univariate analysis, the related factors affected on the prognosis were the different diet, site of lesion, T stage, metastasis of lymph node, lesion length in barium esophagogram and CT image, chemotherapy and the immediate response ($P<0.05$). By Cox multivariate analysis, the independent factors affected on the prognosis were chemotherapy and the largest diameter of lesion in CT

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scanning image ($P < 0.05$). Conclusions 3D-CRT and IMRT can be considered as effective and feasible approaches for elderly patients with esophageal cancer. Chemotherapy and the largest diameter of lesion in CT scanning image were independent prognostic factors for those patients.

Key words: Esophageal neoplasms/Elder patients 3D-CRT / IMRT Survival Prognosis

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