



## 血清CA19-9、CEA、CA125动态变化在判断胰腺癌同期放化疗患者疗效及预后中的应用

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### CA19-9, CEA and CA125 as A Predictor for Response and Survival in Unresectable Pancreatic Cancer Patients Treated with Chemoradiotherapy

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全文: PDF (446 KB) HTML (0 KB) 输出: BibTeX | EndNote (RIS) 背景资料

**摘要** 目的明确血清CA19-9、CEA及CA125动态变化在胰腺癌同期放化疗患者疗效、预后及随诊中的临床意义。方法采用回顾性分析的方法,通过对本院24例胰腺癌同步放化疗患者血清CA19-9、CEA及CA125治疗前后及治疗期间的动态观察,探讨其变化对临床疗效及预后的关系。结果全组患者中位生存期8.4月;CR 4例、PR 2例,有效率为25%;治疗前CA19-9 $\geq$ 200 ku/L、CEA $\geq$ 10  $\mu$ g/L、CA125 $\geq$ 50 ku/L者中位生存期明显短于CA19-9 $<$ 200 ku/L、CEA $<$ 10  $\mu$ g/L、CA125 $<$ 50 ku/L者,分别为(8.0 $\pm$ 1.4)月vs.(15.0 $\pm$ 3.7)月,(6.0 $\pm$ 1.8)月vs.(12.0 $\pm$ 1.7)月,(6.0 $\pm$ 1.6)月vs.(12.0 $\pm$ 5.6)月(P $<$ 0.05或 $<$ 0.01);在治疗过程中,标志物呈“下降趋势”的患者有12例,中位生存期可达(15.0 $\pm$ 3.5)月,有效率为50%;而呈“上升趋势”的12名患者中位生存期仅(6.0 $\pm$ 0.6)月,有效率为0,P $<$ 0.001;治疗前后若异常血清标志物下降50%可能预测患者预后,中位生存期为(12.0 $\pm$ 3.24)月,P $<$ 0.05。结论在胰腺癌同期放化疗患者中,血清CA19-9、CA125及CEA联合动态检测,可有效评价治疗效果及预后判断。

**关键词:** 胰腺癌 同期放化疗 CEA CA19-9 CA125

**Abstract:** Objective To investigate the significance of carbohydrate antigen 19-9 (CA 19-9), carcinoembryonic antigen (CEA) and cancer antigen 125 (CA125) levels for predicting response and survival in unresectable pancreatic cancer (UPC) treated with concurrent chemoradiotherapy. Methods We retrospectively reviewed data from 24 patients with UPC between 2004 and 2009. CA 19-9, CA125 and CEA levels (pre-, post-treatment and intra-treatment every week) and their decline were analyzed for radiologic response and overall survival. Results Of all patients, response rate was 25%, the median survival time (MST) was 8.4 months. Pretreatment CA 19-9  $\geq$  1 000 u/ml (MST, 12 vs. 6 months; P=0.039), CA125 $\geq$ 50 u/ml (MST, 12 vs. 6 months; P=0.04), were unfavorable prognostic factors. Post-treatment tumor marker (CA19-9 or CA125 or CEA) decline  $\geq$ 50% (MST, 12 vs. 6.0 months; P=0.005) was prognostic factors. Intra-treatment all patients were divided into “up-tendency” and “down-tendency” according to tumor marker (CA19-9 or CA125 or CEA) levels every week. MST was 6 months and 15 months and response rate was 0 and 50% in “up-tendency” and “down-tendency” group. Conclusion CA19-9, CEA and CA125 may possibly serve as a predictor for response and survival in unresectable pancreatic cancer patients treated with chemoradiotherapy.

**Key words:** Pancreatic cancer Concurrent chemoradiotherapy CEA CA19-9 CA125

收稿日期: 2010-09-19;

引用本文:

穆晓峰,王迎选,俞立权等. 血清CA19-9、CEA、CA125动态变化在判断胰腺癌同期放化疗患者疗效及预后中的应用[J]. 肿瘤防治研究, 2011, 38(9): 1038-1041.

MU Xiao-feng, WANG Ying-xuan, YU Li-quan et al. CA19-9, CEA and CA125 as A Predictor for Response and Survival in Unresectable Pancreatic Cancer Patients Treated with Chemoradiotherapy[J]. CHINA RESEARCH ON PREVENTION AND TREATMENT, 2011, 38(9): 1038-1041.

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