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EGFR-TKIs 联合化疗在晚期非小细胞肺癌中的应用

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[摘要](#)[图/表](#)[参考文献\(0\)](#)[相关文章 \(15\)](#)全文: [PDF \(1003 KB\)](#) [HTML \(1 KB\)](#)输出: [BibTeX](#) | [EndNote \(RIS\)](#)**摘要**

晚期非小细胞肺癌 (NSCLC) 的治疗需首先明确其组织学类型与分子学特征。若存在表皮生长因子受体 (EGFR) 基因突变或渐变性淋巴瘤激酶 (ALK) 基因融合, 应首选分子靶向药物治疗。但分子靶向治疗药物并未改善晚期患者的总生存, 如何提高晚期 NSCLC 患者的总生存是目前临床医生关注的热点。表皮生长因子受体酪氨酸激酶抑制剂 (EGFR-TKIs) 与含铂双药交替使用模式作为晚期 NSCLC 的一线治疗方案, 可能将明显延长 EGFR 阳性突变患者总生存时间。本文就小分子酪氨酸激酶抑制剂联合化疗治疗 NSCLC 患者、方式及其疗效的研究进展进行综述。

关键词 : 非小细胞肺癌, 表皮生长因子, 分子靶向治疗, 化疗**Abstract** :

Currently, histological and molecular methods are considered for the treatment of advanced non-small cell lung cancer (NSCLC). Single-agent epidermal growth factor receptor tyrosine-kinase inhibitors (EGFR-TKIs) and anaplastic lymphoma kinase inhibitors (ALK-TKIs) have been used as standard first-line therapies for patients with active EGFR mutation and ALK rearrangement, respectively. However, to date, the single-agent EGFR-TKIs as the first-line therapy for patients with known EGFR mutations has been demonstrated to provide a prolonged progression-free survival but does not affect overall survival (OS). Physicians these days focus on improving the OS of patients with advanced NSCLC. To patients with EGFR mutation, combining and maintaining EGFR-TKIs with chemotherapy could be a promising approach. In this article, various ways of combining EGFR-TKIs with chemotherapy were explored.

Key words : non-small cell lung cancer epidermal growth factor molecular targeted therapy chemotherapy

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