中国肿瘤临床 » 2015, Vol. 42 » Issue (1): 19-23 DOI: doi:10.3969/j.issn. 1000-8179.20142173

新药诱导后自体干细胞移植巩固治疗对不同危险度骨髓瘤患者的作用探讨*

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Benefit of autologous stem cell transplantation in multiple myeloma patients at different risks after bortezomib- and/or thalidomide-based induction therapies

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全文: PDF (1318 KB) HTML (1 KB)

输出: BibTeX | EndNote (RIS)

摘要

目的：探讨自体造血干细胞移植（autologous hematopoietic stem cell transplantation ，ASCT）作为新药诱导后的巩固治疗对不同危险分层骨髓瘤患者的无进展生存时间（progression-freesurvival ，PFS）及总生存时间（over all survival，OS）的影响。方法：回顾性分析2006年8 月至2011年7 月在本科行自体干细胞移植巩固治疗的67例多发性骨髓瘤患者，根据ISS 分期及FISH检测结果为基础的最新IMWG 预后标准分为高危组17例，中危组24例，低危组26例。另选取同时期67例接受化疗作为巩固治疗的骨髓瘤患者进行年龄、危险分层配对，比较移植组与化疗组的PFS 和OS差异。所有患者前期均接受硼替佐米和/或沙利度胺为主的诱导治疗。结果：所有患者诱导治疗后均达到部分缓解（partial remissive disease ，PR）以上疗效，移植组与化疗组vs．接近完全缓解率（nCR/CR）差异无统计学意义（44.8% vs. 37.3% ，P=0.380）。 巩固治疗后，高、中、低危移植组患者中位nCR/CR率分别由47.1% ，37.5% ，50.0% 增加为62.9% ，62.5% ，61.5% 。高危患者移植巩固后中位PFS（30.5 个月vs. 11.2 月，P<0.001）和OS（85.5 vs. 34个月，P=0.015）均明显延长；中危移植组和化疗组中位PFS 和OS无统计学差异（P>0.05）；低危移植组患者与化疗组相比，中位PFS 延长（34.8 vs. 17.6 个月，P=0.012），OS差异无统计学意义（P>0.05）。 结论：在硼替佐米和/或沙利度胺为基础的新药诱导治疗后，高危骨髓瘤患者更能从自体造血干细胞移植巩固治疗中获益，进而延长生存。

关键词 ： 多发性骨髓瘤，自体造血干细胞移植，细胞遗传学

Abstract :

Objective: To evaluate the benefit of autologous stem cell transplantation (ASCT) as a consolidation therapy in the survival of multiple myeloma (MM) patients at different risks. Methods:A total of 67MM patients who received ASCT as consolida -tion therapy between August 2006and July 2011 were enrolled in the retrospective study. The cases were divided into three risk groups on the basis of the International Staging System and fluorescence in situ hybridization. Another 67patients who accepted consolidation chemotherapy at the same period were selected as case-paired controls matched in terms of age, sex, optimal response after induction, and risk stratifications. All the patients received bortezomib- and/or thalidomide-based induction therapies. Results:No statistical differ-ences in non complete remission (nCR)/complete remission (CR) rate were observed between the ASCT and chemotherapy groups (44.8% vs . 37.3%,P=0.380) after the induction therapy. The progression-free survival (PFS) was longer in the ASCT group than in the chemotherapy group (32.4 months vs . 15.1 months,P<0.001). The overall survival (OS) was longer in the ASCT group than in the che-motherapy group (58.8 months vs . 42.1 months,P=0.009). both the PFS (median: 30.5 months vs . 11 .2 months,P<0.001) and the OS (median: 85.5 months vs . 34months,P=0.015) rates were significantly prolonged in the high-risk subgroup after ASCT. In the interme -diate-risk subgroup, neither PFS nor OS showed any significance after ASCT (P>0.05). In the low-risk subgroup, only PFS was extend -ed (median: 34.8 months vs . 17.6 months,P=0.012) after ASCT, without significant improvements in the OS (P>0.05). Conclusion: The MM patients obtained cytogenetic high-risk benefits mostly from ASCT consolidation after inductions based on novel agents.

Key words : multiple myeloma autologous hematopoietic stem cell transplantation cytogenetics

收稿日期: 2014-10-30 **出版日期:** 2015-01-15

基金资助:

本文课题受国家自然科学基金（编号：81172248 &. 81001050）和上海市科委长三角科技攻关课题（编号：12495810500）资助

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引用本文:

周莉莉，曾添美，奚 昊，傅卫军，杜 鹃，张春阳，姜 华，侯 健. 新药诱导后自体干细胞移植巩固治疗对不同危险度骨髓瘤患者的作用探讨*[J]. 中国肿瘤临床, 2015, 42(1): 19-23.
Lili ZHOU, Tianmei ZENG, Hao XI, Weijun FU, Juan DU, Chunyang ZHANG, Hua JIANG, Jian HOU. Benefit of autologous stem cell transplantation in multiple myeloma

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patients at different risks after bortezomib- and/or thalidomide-based induction therapies. Chinese Journal of Clinical Oncology, 2015, 42(1): 19-23.

链接本文:

http://www.cjco.cn/CN/doi:10.3969/j.issn. 1000-8179.20142173 **或** http://www.cjco.cn/CN/Y2015/V42/I1/19

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