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256 例局部晚期口腔癌的生存分析*

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Survival analysis of 256 patients with oral cancer

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摘要

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摘要

目的: 根据前瞻性临床试验随访数据, 探讨晚期口腔鳞癌患者生存率提高的原因。方法: 将2008年3月至2010年12月上海交通大学医学院附属第九人民医院256例晚期口腔鳞癌临床III、IVA期患者分为试验组和对照组, 即术前诱导化疗和非化疗联合根治性手术及同期修复重建术后接受放射治疗, 再定期随访; 生存分析采用Kaplan-Meier方法和Log-rank检验。结果: 256例患者中, 术前诱导化疗组和手术组各128例, 中位随访时间为60个月, 5年总体生存率为61.7%, 5年无病生存率为53.9%, 术前诱导化疗组与手术组之间的总体生存率和无病生存率差异无统计学意义($P>0.05$)。结论: 根治性手术切除肿瘤为主的综合序列治疗对提高患者生存率意义重大, 功能性修复重建可以显著提高生存质量; 诱导化疗不能整体提高局部晚期口腔鳞癌患者的生存率, 但疗效好的患者可以显著生存获益。

关键词: 口腔癌, 生存率, 手术, 功能性修复重建, 诱导化疗, 放疗

Abstract:

Objective: To analyze survival in patients with advanced oral cancer from prospective clinical trials. Methods: From 2008 to 2010, 256 patients with oral cancer at clinical stage III/IVA were randomly categorized into two groups. Patients in the experimental group received neo-adjuvant chemotherapy, surgery, and post-operative radiation, and patients in the control group underwent surgery and post-operative radiation. All patients were routinely followed-up after treatments. Survival was analyzed using Kaplan-Meier method and log-rank test, and differences were considered statistically significant at P value lower than 0.05. Results: Each group was composed of 128 patients. With the median follow-up period of 60 months, the 5-year overall survival rate was 61.7% and the disease-free survival rate was 53.9%. The overall survival rate ($P=0.350$) and the disease-free survival rate ($P=0.160$) were not significantly different between the experimental and control groups. Patients with positive pathological response to neo-adjuvant chemotherapy exhibited significantly improved overall survival ($P<0.05$). Conclusion: Radical surgery should be emphasized to improve the prognosis of oral cancer. Functional reconstruction could also improve the quality of life and survival of patients. Despite that neo-adjuvant chemotherapy could not improve the survival of patients with advanced oral cancer in entirety, it could benefit patients exhibiting positive treatment responses.

Key words: oral cancer overall survival surgery functional reconstruction neo-adjuvant chemotherapy radiation

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