

## Analysis of the relationship between the response after the First-line chemotherapy and the survival in the advanced non-small cell lung cancer

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### 摘要

**Background and objective** Most patients with advanced non-small cell lung cancer (NSCLC) treated with first-line chemotherapy consisted of the third generation new drug got the disease in control (CR+PR+SD). In this study, we retrospectively reviewed our data to investigate the difference of survival between patients of disease control and progression (PD), and disease response (CR+PR) and stable (SD), to identify the prognosis factor correlated with survival. **Methods** In our retrospective study, 118 patients with stage IIIB (with malignancy pleural fluid) and IV NSCLC were identified who received the third generation new drug-based platinum or non-platinum regimens, the response of first-line chemotherapy were complete response (CR), partial response (PR), stable disease (SD) and progression disease (PD) according to RECIST criteria based on the records on the imaging reports papers. **Results** After first-line chemotherapy, 86 (72.9%) patients [CR2 (1.7%), PR47 (39.8%), SD37 (31.4%)] had disease control and 33 (27.1%) patients had progression disease. The median survival time of CR+PR+SD arm was significantly longer than PD arm (17.8 months vs 8.4 months,  $P=0.001$ ), but there was no significant difference between CR+PR arm and SD arm (18.1 months vs 15.5 months,  $P=0.917$ ), the PFS between two arms were no significantly different too (7.1 months vs 6.9 months,  $P=0.622$ ). The Cox regression analysis shows that stage (IIIB or IV), chemotherapy lines (less than three lines or more than four lines) and disease control or not after first-line chemotherapy were independently prognosis factor of overall survival. **Conclusion** Our data shows that the survival of response and stable disease patients are better than that of patient with progression disease, the survival benefit of patients with stable disease and responses are no significantly difference.

### 关键词

Lung neoplasms; Outcome; Chemotherapy; Prognosis factor

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