

[首页](#)[期刊概况](#)[编委会](#)[专家学者](#)[网上投稿](#)[过刊浏览](#)[期刊订阅](#)[广告合作](#)

中国肿瘤临床 2012, Vol. 39 Issue (23): 1949-1951 DOI: doi:10.3969/j.issn.1000-8179.2012.23.020

[临床应用](#)[最新目录](#) | [下期目录](#) | [过刊浏览](#) | [高级检索](#)

[an error occurred while processing this directive] | [an error occurred while processing this directive]

## 奈达铂顺铂联合依托泊苷治疗小细胞肺癌的临床研究

柯红, 聂成刚, 王小松

三峡大学第三临床医学院葛洲坝中心医院肿瘤科 (湖北省宜昌市443002)

### Nadaplatin Cisplatin with Nucleoside Treatment of Small-Cell Lung Cancer: A Clinical Research

Hong KE, Chenggang NI E, Xiaosong WANG

Department of Oncology, The Third School of Clinical Medicine and Gezhouba Central Hospital, Three Gorges University, Yichang 443002, China

[摘要](#)[参考文献](#)[相关文章](#)全文: [PDF \(1088 KB\)](#) [HTML \(1 KB\)](#) 输出: [BibTeX](#) | [EndNote \(RIS\)](#) [背景资料](#)

**摘要** 目的: 评价奈达铂联合依托泊苷治疗初治小细胞肺癌的疗效和毒副反应, 并与同期应用的顺铂联合依托泊苷治疗初治小细胞肺癌的方案相比较。方法: 收集 2009年5月至 2011年11月间三峡大学第三临床医学院葛洲坝中心医院住院治疗的42例初治小细胞肺癌患者, 采用单双数随机分组, 治疗组21例: 奈达铂80mg/m<sup>2</sup> iv d 1, 依托泊苷100 mg/m<sup>2</sup> d1~3; 对照组21例: 顺铂80mg/m<sup>2</sup> 计算总量后平均分配为连续3天静滴, 联合水化利尿, 依托泊苷100 mg/m<sup>2</sup> ivd 1~3。并对两组患者的近期疗效、无进展生存期、1年生存率及毒副反应进行比较。结果: 治疗组与对照组总有效率 (ORR) 分别为 73.7%vs.72.2%, 差异无统计学意义 (P>0.05); 中位无进展生存期分别为7.6个月和9.3个月, 1年生存率分别为64.5%和61.7%, 差异均无统计学意义 (P>0.05)。两组的主要毒副反应为骨髓抑制和胃肠道反应, 白细胞下降的发生率分别为66.7%和61.9%, 无显著性差异 (P>0.05); 血小板减少治疗组较对照组发生率高, 有显著性差异 (42.9%vs.23.8%, P<0.05); 恶心、呕吐的发生率治疗组明显低于对照组 (P<0.05)。结论: 奈达铂联合依托泊苷治疗初治SCLC近期疗效确切, 毒副反应可耐受, 取得顺铂联合依托泊苷方案类似的效果, 在某些毒副反应方面有一定的优势。

**关键词:** 奈达铂 顺铂 依托泊苷 小细胞肺癌

**Abstract:** Objective: To compare the therapeutic efficacy and the adverse effects of a regimen with etoposide and cisplatin and a therapy of etoposide and nadaplatin in treating small-cell lung cancer (SCLC). Methods: Data from May 2009 to November 2011 of 42 SCLC patients receiving initial treatment were collected. All participants in this study were admitted in The Third School of Clinical Medicine and Gezhouba Central Hospital, Three Gorges University, Yichang. The cases were randomly grouped based on odd and even numbers. The doses administered to 21 cases (G1) for the treatment group were as follows: 80mg/m<sup>2</sup> nadaplatin, iv d1 and 100 mg/m<sup>2</sup> etoposide, d 1. In the control group composed of another 21 cases (G2), after calculating the volume dose of 80 mg/m<sup>2</sup> cisplatin, an average distribution of the intravenous drip was given for three consecutive days, with hydration diuresis and 100 mg/m<sup>2</sup> etoposide iv gtt d 1 - d3. Among the patients in the two groups, a comparison was conducted on the short-term curative effect, progression-free survival, one-year survival rate, and untoward effects. Results: The overall response rate was 74.2% and 72.2% in G 1 and G 2, respectively. No statistical significance was observed between the two groups (P>0.05). The median of the progression-free survival rate was 7.6 and 9.3 months, whereas the one-year survival rate was 64.5% and 61.7% in G1 and G2, respectively. No significant differences were observed between the two groups (P>0.05). The main toxic effects observed among the groups were bone marrow inhibition and gastrointestinal reaction, where the incidence rate for the decrease of white blood cells was 66.7% and 61.1%, respectively, without significant difference (P>0.05). The incidence rate of thrombocytopenia was higher in G 1 than in G 2, with significant differences (42.9% vs. 23.8%, P<0.05). In addition, the incidence rate of nausea and vomiting was significantly lower in G 1 than in G 2 (P<0.05). Conclusion: The regimen of Nadaplatin joint with etoposid in initially treating SCLC patients has a definite short-term effect. The adverse reaction is tolerable during the treatment, whereas the therapeutic efficacy is similar to the scheme of cisplatin combined with etoposide with predominance in restraining adverse reactions to some

服务

[把本文推荐给朋友](#)[加入我的书架](#)[加入引用管理器](#)[E-mail Alert](#)[RSS](#)[作者相关文章](#)

## 引用本文:

· 奈达铂顺铂联合依托泊苷治疗小细胞肺癌的临床研究[J]. 中国肿瘤临床, 2012, 39(23): 1949-1951.

· Nadaplatinum Cisplatin with Nucleoside Treatment of Small-Cell Lung Cancer: A Clinical Research[J]. Chinese Journal of Clinical Oncology, 2012, 39(23): 1949-1951.

## 链接本文:

[http://118.145.16.228:8081/Jweb\\_zgzllc/CN/doi:10.3969/j.issn.1000-8179.2012.23.020](http://118.145.16.228:8081/Jweb_zgzllc/CN/doi:10.3969/j.issn.1000-8179.2012.23.020) 或 [http://118.145.16.228:8081/Jweb\\_zgzllc/CN/Y2012/V39/I23/1949](http://118.145.16.228:8081/Jweb_zgzllc/CN/Y2012/V39/I23/1949)

## 没有本文参考文献

- [1] 杜春娟,刘亮,曹水,熊艳娟,杜伟娇,齐静,张澎,安阳,任秀宝. 细胞因子诱导的杀伤细胞治疗87例非小细胞肺癌临床疗效评价[J]. 中国肿瘤临床, 2012, 39(9): 519-523.
- [2] 田文鑫,综述,佟宏峰,审校. 胸腔镜与开胸肺叶切除治疗非小细胞肺癌对机体免疫功能影响的研究进展[J]. 中国肿瘤临床, 2012, 39(9): 615-619.
- [3] 张寰,周晓颖,张丽娜,钱碧云. 碱基切除修复通路基因XRCC1、hOGG1多态性与吸烟对肺癌患者生存的影响[J]. 中国肿瘤临床, 2012, 39(8): 447-451.
- [4] 佟海侠,郑旭,王弘,陆春伟,王秋实,马良艳. IFN- $\gamma$ 联合阿霉素或依托泊苷增强TRAIL对神经母细胞瘤细胞的诱导凋亡作用[J]. 中国肿瘤临床, 2012, 39(7): 365-368.
- [5] 奉水东,谭红专,凌宏艳. PCR-SSCP检测非小细胞肺癌EGFR基因突变的筛检试验评价[J]. 中国肿瘤临床, 2012, 39(5): 259-.
- [6] 沈文斌,祝淑钗,高红梅,李幼梅,刘志坤,李娟,苏景伟. 肿瘤体积和放疗剂量对局部晚期非小细胞肺癌预后的影响[J]. 中国肿瘤临床, 2012, 39(5): 278-282.
- [7] 时圣彬,李春华,唐晓勇,马廷行. 厄洛替尼联合DC/CIK在晚期非小细胞肺癌维持治疗中的作用[J]. 中国肿瘤临床, 2012, 39(3): 160-162.
- [8] 戴璐,赵健,张绪超,薛兴阳,傅文凡,莫益俊,潘有光,黄豪达. 非小细胞肺癌吉非替尼耐药相关miRNAs的筛选鉴定[J]. 中国肿瘤临床, 2012, 39(3): 126-130.
- [9] 陆颖,黄海欣,李桂生. 血管内皮抑素联合GP方案治疗转移性三阴性乳腺癌的临床研究[J]. 中国肿瘤临床, 2012, 39(23): 1946-1948.
- [10] 李新,韩峰,张小涛,张真,韩淑红. NP方案联合同步调强放疗治疗局部晚期非小细胞肺癌的临床观察[J]. 中国肿瘤临床, 2012, 39(23): 1964-1967.
- [11] 李维,王华庆,赵阔,钱正子,周世勇,张会来. 奈达铂腹腔热灌注化疗治疗癌性腹腔积液的疗效观察及分析[J]. 中国肿瘤临床, 2012, 39(22): 1741-1744.
- [12] 曾小莉<sup>①</sup>,张韶岩<sup>②</sup>,郑君芳<sup>③</sup>,王燕<sup>①</sup>. 微小RNA-150在非小细胞肺癌外周血中的表达及其临床意义\*[J]. 中国肿瘤临床, 2012, 39(22): 1783-1786.
- [13] 李杰,韩毅,刘志东,张海青,张宗德,岳文涛,贾红彦,许绍发,李宝兰. VEGF-D及其受体VEGFR-3在非小细胞肺癌中的表达与淋巴结转移的关系[J]. 中国肿瘤临床, 2012, 39(22): 1796-1799.
- [14] 曹宝山<sup>①</sup>,姬利延<sup>①②</sup>,王荟霞<sup>①②</sup>,陈森<sup>①</sup>,张煜<sup>①</sup>,梁莉<sup>①</sup>,马力文<sup>①</sup>. CD13抑制剂乌苯美司对A549细胞顺铂敏感性的影响及其机制[J]. 中国肿瘤临床, 2012, 39(22): 1778-1782.
- [15] 陈邓林<sup>①</sup>,谢贤和<sup>①</sup>,高允锁<sup>②</sup>. 沙利度胺联合化疗治疗中国晚期非小细胞肺癌患者的随机对照试验Meta分析[J]. 中国肿瘤临床, 2012, 39(22): 1818-1823.

## 友情链接



版权所有 ©2013 《中国肿瘤临床》编辑部

地址: 天津市河西区体院北环湖西路肿瘤医院内 300060

电话/传真: (022)23527053 E-mail: cjco@cjco.cn cjcotj@sina.com 津ICP备1200315号