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论文

重组人血管内皮抑素联合化疗治疗晚期非小细胞肺癌临床疗效

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摘要：

目的 观察重组人血管内皮抑素(恩度)联合化疗治疗晚期非小细胞肺癌(NSCLC)的临床疗效。方法 96例经病理学或细胞学确诊的符合入组标准的晚期NSCLC患者，接受恩度联合化疗(NP、TP、GP方案)治疗，观察近期疗效、疾病进展时间、生存时间及不良反应，评价各因素对预后的影响。结果 96例患者共完成恩度治疗244个周期，平均2.5个周期。有效率为36.8%(28/76)，临床受益率为89.5%(68/76)。中位疾病进展时间为7.8个月，中位总生存时间为12.0个月。恩度周期数及2周期后疗效是疾病进展时间的独立预后因素，恩度周期数与卡氏评分是总生存时间的独立预后因素。心血管系统不良反应发生率为6.3%，Ⅲ级以上不良反应发生率为2.0%。结论 恩度联合化疗能够延长晚期NSCLC患者的疾病进展时间以及总生存时间，不良反应可耐受。恩度治疗超过2个周期以及生活质量评分≥80分的患者从恩度治疗中获益更多。

关键词： 重组人血管内皮抑素；癌，非小细胞肺；疗效

Clinical observation of recombinant human endostatin combined with chemotherapy for advanced non-small cell lung cancer

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Abstract:

Objective To observe the clinical efficacy of recombinant human endostatin (endostar) combined with chemotherapy for advanced non-small lung cancer. Methods 96 eligible cases pathologically and cytologically confirmed of advanced non-small cell lung cancer accepted the therapy of endostar and chemotherapy (NP,TP and GP regimen). The efficacy, time to progression, survival time and adverse effect were analyzed. Results 96 patients treated with endostar and chemotherapy were administrated for 244 cycles, 2.5 cycles on average. The overall response rate was 36.8% (28/76) and the clinical benefit rate was 89.5% (68/76). The median TTP was 7.8 months and the median OS was 12.0 months. The administrated cycles of endostar and the efficacy after 2 cycles were independent prognostic factors of TTP. The administrated cycles of endostar and the Karnofsky score were independent prognostic factors of OS. Cardiovascular toxicity was found in 6.3% of the patients, and the toxicity rate of grade Ⅲ was 2.0%. Conclusion The addition of endostar to a chemotherapy regimen results in improvement of TTP and OS, and it is safe and tolerable. Patients who accepted endostar for more than 2 cycles and have a Karnofsky score over 80 could obtain more benefit from it.

Keywords: Recombinant human endostatin; Carcinoma, non-small-cell lung; Treatment efficacy

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