

# 晚期胰腺癌患者应用GS方案一线化疗引起的中性粒细胞减少与预后后的相关性

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**Title:** The prognostic value of chemotherapy-induced neutropenia in metastatic pancreatic cancer patients undergoing first-line chemotherapy with GS

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**关键词:** 化疗诱导的中性粒细胞减少(CIN); 晚期胰腺癌; 预后; 替吉奥; 吉西他滨

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**摘要:** 目的:探讨晚期胰腺癌患者应用吉西他滨联合替吉奥方案一线化疗引起的中性粒细胞减少(chemotherapy induced neutropenia, CIN)与预后后的相关性。方法:回顾性分析2012年7月至2016年6月,接受吉西他滨联合替吉奥方案一线化疗的37例晚期胰腺癌患者,根据CTCAE(common terminology criteria for adverse events) 4.0的标准,将中性粒细胞减少分级为G0级, G1级, G2级, G3级, G4级。观察患者化疗2周期内出现的中性粒细胞减少程度,利用Kaplan-Meier曲线和COX风险模型分析CIN与总生存时间(OS)的相关性。结果:晚期胰腺癌患者接受吉西他滨联合替吉奥方案一线化疗后,未发生CIN(0级)的患者中位总生存期为158天(95%CI: 128~187天),发生CIN(1-4级)患者中位总生存期294天(95%CI, 211~368天)。多因素分析显示,发生CIN(HR:0.379, 95%CI: 0.177~0.811, P=0.012)和接受二线化疗(HR:0.426, 95%CI: 0.186~0.976, P=0.044)是晚期胰腺癌患者接受吉西他滨联合替吉奥方案一线化疗的独立预后因素。结论: CIN是晚期胰腺癌一线GS方案化疗判断预后的独立影响因素,监测CIN将有助于早期判断预后并及时调整化疗药物剂量。

**Abstract:** Objective:To evaluate the prognostic value of chemotherapy induced neutropenia(CIN) in metastatic pancreatic cancer patients who treated with gemcitabine plus S-1.Methods: Between July 2012 and June 2016,Thirty-seven metastatic pancreatic cancer patients who treated with gemcitabine plus S-1 as first-line chemotherapy were eligible.According to the CTCAE 4,CIN was divided into:G0,G1,G2,G3,G4 group.The association between CIN and overall survival (OS) was assessed by the Kaplan-Meier curve and Cox hazards model.Results:The median OS was 158 days (95%CI,128~187 days) in patients without CIN (grade 0),and 294 days (95%CI,211~368 days) in patients with CIN (grade 1-4).With CIN (HR:0.379,95%CI:0.177~0.811,P=0.012) and accepted second-line chemotherapy (HR:0.426,95%CI:0.186~0.976,P=0.044) were independent favorable prognostic factors by the multivariate analysis.Conclusion:For metastatic pancreatic cancer patients who treated with gemcitabine plus S-1 as first-line chemotherapy,CIN was an extremely good prognostic predictor.and monitoring of CIN is conducive to the early evaluation of prognosis,and it is helpful in adjusting the dosage of chemotherapy drugs.

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