

局部晚期宫颈癌基于MRI图像的三维近距离治疗的临床疗效分析

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Title: Clinical efficacy of MRI image-based three-dimensional brachytherapy in locally advanced cervical cancer

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关键词: 宫颈癌; 调强放疗; 磁共振成像; 三维近距离治疗

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摘要: 目的: 分析局部晚期宫颈癌调强放疗 (intensity modulated radiation therapy, IMRT) 同步化疗及基于MRI图像的三维近距离治疗的临床疗效及毒副反应。方法: 选取四川省肿瘤医院及成都市第五人民医院2014年1月至2017年2月初治的宫颈癌患者 (FIGO分期: IIb-IVa期) 126例, 所有患者接受IMRT盆腔外照射及MRI图像为基础的高剂量率三维近距离治疗, 每次近距离治疗前需完善CT和/或MRI图像扫描, 至少完成2次MRI图像扫描, 高危临床靶区 (HR-CTV) 及危及器官 (OARs) 按照GEC-ESTRO标准定义, HR-CTV处方剂量达到80-85 Gy (EQD2), 并同步顺铂为基础的化疗, 使用CTCAE及RTOG标准评估毒副反应, Kaplan-Meier法计算局部控制率、总生存率、无病生存率。结果: 靶区GTV、HR-CTV、IR-CTV D90平均EQD2分别为91.7(81.8-107.8) Gy、81.7(77.8-89.9) Gy、72.0(70.8-75.1) Gy ($\alpha/\beta=10$)。100%处方剂量对应HR-CTV、IR-CTV的V100分别为92.6%(89.9%-97.4%)和92.8%(88.5%-96.8%)。3年局部控制率、无病生存率、总生存率分别为89.5%、78.2%和80.9%。III级慢性消化道和泌尿生殖道毒副反应发生率分别为2.5%和5.8%, 无IV级毒副反应。结论: 调强放疗同步化疗及基于MRI图像的三维近距离治疗局部晚期宫颈癌显示了较好的临床疗效及可耐受的毒副反应。

Abstract: Objective: To analyze the clinical efficacy and adverse reactions of IMRT combined with chemotherapy and MRI image-based intracavitary brachytherapy in locally advanced cervical cancer. Methods: 126 cervical cancer patients (FIGO staging: IIb-IVa) were prospectively analyzed in Sichuan Cancer Hospital and Chengdu Fifth People's Hospital from January, 2014 to February, 2017. All patients received IMRT external beam radiotherapy and MRI image based high dose rate of three-dimensional brachytherapy. Each brachytherapy required perfect CT and (or) MRI image scanning, and at least 2 MRI scans were performed. The high-risk clinical target volume (HR-CTV) and organs at risks (OARs) were defined according to the GEC-ESTRO standards. HR-CTV prescription dose reached 80-85 Gy (EQD2), with concomitant chemoradiotherapy of cisplatin. CTCAE and RTOG criteria were used to evaluate the adverse reactions. The Kaplan-Meier method was used for survival analyses. Results: The average EQD2 of the target region GTV, HR-CTV, and IR-CTV D90 were 91.7 (81.8-107.8) Gy, 81.7 (77.8-89.9) Gy, 72.0 (70.8-75.1) Gy ($\alpha/\beta=10$) respectively. The V100 of 100% prescription dose corresponding to HR-CTV and IR-CTV was 92.6% (89.9%-97.4%) and 92.8% (88.5%-96.8%) respectively. Three-year follow-up data showed that the local control rate (LC), disease-free survival rate (DFS), overall survival rate (OS) were 89.5%, 78.2% and 80.9% respectively. The toxicity incidences of chronic gastrointestinal tract (GI) and genitourinary system (GU) in grade III were 2.5% and 5.8% respectively, and there was no grade IV toxicity. Conclusion: IMRT combined with chemotherapy and MRI image-based intracavitary brachytherapy in locally advanced cervical cancer showed a better outcome and tolerable side effects.

参考文献/REFERENCES

- [1] Gill BS, Kim H, Houser CJ, et al. MRI-guided high-dose-rate intracavitary brachytherapy for treatment of cervical cancer: The University of Pittsburgh experience [J]. *Int J Radiat Oncol Biol Phys*, 2015, 91(3): 540-547.
- [2] Qin XL, Jia YL, Bao YN. Curative effects of pure radiotherapy and concurrent chemotherapy and radiotherapy for patients with cervical cancer [J]. *Journal of International Oncology*, 2016, 43(6): 428-432. [秦晓玲, 贾玉玲, 宝莹娜. 单纯放疗与同步放化疗治疗宫颈癌患者的临床疗效 [J]. *国际肿瘤学杂志*, 2016, 43(6): 428-432.]
- [3] Harkenrider MM, Alite F, Silva SR, et al. Image-based brachytherapy for the treatment of cervical cancer [J]. *Int J Radiat Oncol Biol Phys*, 2015, 92(4): 921-934.
- [4] Dimopoulos JC, Petrow P, Tanderup K, et al. Recommendations from gynaecological (GYN)GEC-ESTRO working group (IV): Basic principles and parameters for MR imaging within the frame of image based adaptive cervix cancer brachytherapy [J]. *Radiother Oncol*, 2012, 103(1): 113-122.
- [5] Tanderup K, Fokdal LU, Sturdza A, et al. Effect of tumor dose, volume and overall treatment time on local control after radiochemotherapy including MRI guided brachytherapy of locally advanced cervical cancer [J]. *Radiother Oncol*, 2016, 120(3): 441-446.
- [6] Goodman KA, Regine WF, Dawson LA, et al. Radiation therapy oncology group consensus panel guidelines for the delineation of the clinical target volume in the postoperative treatment of pancreatic head cancer [J]. *Int J Radiat Oncol Biol Phys*, 2012, 83(3): 901-908.
- [7] Potter R, Haie-Meder C, Van Limbergen E, et al. Recommendations from gynaecological (GYN)GEC ESTRO working group (II): Concepts and terms in 3D image-based treatment planning in cervix cancer brachytherapy-3D dose volume parameters and aspects of 3D image-based anatomy, radiation physics, radiobiology [J]. *Radiother Oncol*, 2006, 78(1): 67-77.
- [8] Watanabe H, Okada M, Kaji Y, et al. New response evaluation criteria in solid tumours-revised RECIST guideline (version 1.1) [J]. *Gan To Kagaku Ryoho*, 2009, 36(13): 2495-2501.
- [9] Cox JD, Stetz J, Pajak TF. Toxicity criteria of the radiation therapy oncology group (RTOG) and the European organization for research and treatment of cancer (EORTC) [J]. *Int J Radiat Oncol Biol Phys*, 1995, 31(5): 1341-1346.
- [10] Nesvacil N, Potter R, Sturdza A, et al. Adaptive image guided brachytherapy for cervical cancer: A combined MRI-/CT-planning technique with MRI only at first fraction [J]. *Radiother Oncol*, 2013, 107(1): 75-81.
- [11] Zhu YG, Zhao HF, Chen GH, et al. A comparative study of CT- and MRI-based three-dimensional conformal brachytherapy for local advanced cervical cancer [J]. *Chinese Journal of Radiation Oncology*, 2015, 24(4): 408-413. [朱永刚, 赵红福, 程光惠, 等. 局部晚期宫颈癌三维适形近距离放疗 CT 与 MRI 定位的对比研究 [J]. *中华放射肿瘤学杂志*, 2015, 24(4): 408-413.]
- [12] Koh V, Choo BA, Lee KM, et al. Feasibility study of toxicity outcomes using GEC-ESTRO contouring guidelines on CT based instead of MRI-based planning in locally advanced cervical cancer patients [J]. *Brachytherapy*, 2017, 16(1): 126-132.
- [13] Lim K, Small WJ, Portelance L, et al. Consensus guidelines for delineation of clinical target volume for intensity-modulated pelvic radiotherapy for the definitive treatment of cervix cancer [J]. *Int J Radiat Oncol Biol Phys*, 2011, 79(2): 348-355.
- [14] Georg P, Potter R, Georg D, et al. Dose effect relationship for late side effects of the rectum and urinary bladder in magnetic resonance image-guided adaptive cervix cancer brachytherapy [J]. *Int J Radiat Oncol Biol Phys*, 2012, 82(2): 653-657.
- [15] Tanderup K, Nielsen SK, Nyvang GB, et al. From point A to the sculpted pear: MR image guidance significantly improves tumour dose and sparing of organs at risk in brachytherapy of cervical cancer [J]. *Radiother Oncol*, 2010, 94(2): 173-180.
- [16] Pinn-Bingham M, Puthawala AA, Syed AM, et al. Outcomes of high-dose-rate interstitial brachytherapy in the treatment of locally advanced cervical cancer: Long-term results [J]. *Int J Radiat Oncol Biol Phys*, 2013, 85(3): 714-720.
- [17] Hasselle MD, Rose BS, Kochanski JD, et al. Clinical outcomes of intensity-modulated pelvic radiation therapy for carcinoma of the cervix [J]. *Int J Radiat Oncol Biol Phys*, 2011, 80(5): 1436-1445.
- [18] Lei X, Qian CY, Qing Y, et al. Californium-252 brachytherapy combined with external-beam radiotherapy for cervical cancer: Long-term treatment results [J]. *Int J Radiat Oncol Biol Phys*, 2011, 81(5): 1264-1270.

备注/Memo: -

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