

调强放射治疗在不可切除老年胃癌患者姑息治疗中的临床价值

《现代肿瘤医学》[ISSN:1672-4992/CN:61-1415/R] 期数: 2019年05期 页码: 813-816 栏目: 论著(消化·泌尿系肿瘤) 出版日期: 2019-02-01

Title: Clinical value of intensity-modulated radiotherapy for unresectable gastric cancer in elder patients who received palliative care

作者: 田小东; 邵颖; 唐小英; 王磊; 张朗; 李刚; 蔡凯
邳州市东大医院肿瘤中心放疗科, 江苏 邳州 221300

Author(s): Tian Xiaodong; Shao Ying; Tang Xiaoying; Wang Lei; Zhang Lang; Li Gang; Cai Kai
Department of Radiotherapy, Cancer Center of Pizhou Dongda Hospital, Jiangsu Pizhou 221300, China.

关键词: 胃肿瘤; 老年人; 放射治疗; 姑息性治疗; 调强适形

Keywords: stomach neoplasms; aged; radiotherapy; palliative care; intensity-modulated

分类号: R735.2

DOI: 10.3969/j.issn.1672-4992.2019.05.024

文献标识码: A

摘要: 目的: 探讨调强放射治疗(intensity-modulated radiotherapy, IMRT)在老年不可切除胃癌患者中姑息减症治疗的临床价值。方法: 回顾性分析23例老年病理确诊胃癌患者, 手术无法切除, 伴有出血(78.3%)、梗阻(52.2%)及疼痛(69.6%)症状; 采用调强放射治疗为主的姑息治疗。观察治疗后症状缓解率、症状缓解时间以及中位生存时间(median overall survival, mOS)。结果: 全组患者男性16例, 女性7例, 年龄60-89岁(平均74岁); III期9例, IV期14例。全部采用6MV X线IMRT, 常规分割, 1.8-2.2 Gy/次, 5次/周, 总剂量35-50 Gy; 同步放化5例, 序贯化疗9例。出血、梗阻及疼痛症状缓解率分别为77.8%(14例)、58.3%(7例)和56.2%(9例); 中位症状缓解时间分别为101天、87天和99天。全组中位生存时间114天, 症状缓解者中位生存时间较症状未缓解者明显延长(129天 vs 73天, P=0.01)。治疗期间出现Ⅲ级毒副反应者2例。结论: IMRT是一个有效的、可耐受的并能够缓解老年不可切除胃癌患者临床症状的治疗手段, 可以改善患者生活质量, 延长生存期。

Abstract: Objective: To study the clinical value of intensity-modulated radiotherapy(IMRT) for unresectable gastric cancer in elder patients who received palliative care. Methods: We retrospectively reviewed 23 elder unresectable gastric cancer by pathological diagnosis who received palliative care for key index symptoms of bleeding (78.3%), obstruction(52.2%), and pain(69.6%). Study endpoints included symptom reponse, duration of response, and median overall survival (mOS). Results: The study group included 16 males, 7 female, average 74 years old(60-89). Nine cases were stage III and 14 cases were stage IV. All patients were treated by IMRT using 6 MV X-rays conventional fractionation, 1.8-2.2 Gy/fraction, 5 fractions/week, total doses(biologically effective dose) 35-50 Gy. Five cases received concurrent chemotherapy and 9 cases received subsequent chemotherapy. Symptom reponse rates for bleeding, obstruction, and pain were 77.8%(14/18), 58.3%(7/12), and 56.2%(9/16), respectively, and median duration of response was 101 days, 87 days, and 99 days, respectively. Median survival was 114 days. Median survival was significantly longer in patients who responded to radiotherapy compared with patients who did not (129 vs 73 days, P=0.01). Two patients had grade III toxicity. Conclusion: IMRT is an effective and well tolerated modality relieving the clinical symptoms for unresectable gastric cancer in elder patients who received palliative care, with improving patient quality of life and prolonging survival.

参考文献/REFERENCES

- [1] Torre LA, Bray F, Siegel RL, et al. Global cancer statistics, 2012 [J]. CA Cancer J Clin, 2015, 65(2): 87-108.
- [2] Chen W, Zheng R, Baade PD, et al. Cancer statistics in China, 2015 [J]. CA Cancer J Clin, 2016, 66(2): 115-132.
- [3] Tey J, Back MF, Shakespeare TP, et al. The role of palliative radiation therapy in symptomatic locally advanced gastric cancer [J]. Int J Radiat Oncol Biol Phys, 2007, 67(2): 385-388.

- [4] Kim MM, Rana V, Janjan NA, et al. Clinical benefit of palliative radiation therapy in advanced gastric cancer [J]. *Acta Oncol*, 2008, 47(3): 421-427.
- [5] Tey J, Choo BA, Leong CN, et al. Clinical outcome of palliative radiotherapy for locally advanced symptomatic gastric cancer in the modern era [J]. *Medicine(Baltimore)*, 2014, 93(22): e118.
- [6] Ferlay J, Soerjomataram I, Dikshit R, et al. Cancer incidence and mortality worldwide: Sources, methods and major patterns in GLOBOCAN 2012 [J]. *Int J Cancer*, 2015, 136(5): E359-386.
- [7] Hayes T, Smyth E, Riddell A, et al. Staging in esophageal and gastric cancers [J]. *Hematol Oncol Clin North Am*, 2017, 31(3): 427-440.
- [8] Mantell BS. Radiotherapy for dysphagia due to gastric carcinoma [J]. *Br J Surg*, 1982, 69(2): 69-70.
- [9] Salazar OM, Rubin P, Hendrickson FR, et al. Single-dose half-body irradiation for palliation of multiple bone metastases from solid tumors. Final radiation therapy oncology group report [J]. *Cancer*, 1986, 58(1): 29-36.
- [10] Tsukiyama I, Akine Y, Kajiura Y, et al. Radiation therapy for advanced gastric cancer [J]. *Int J Radiat Oncol Biol Phys*, 1988, 15(1): 123-127.
- [11] Tey J, Soon YY, Koh WY, et al. Palliative radiotherapy for gastric cancer: A systematic review and Meta-analysis [J]. *Oncotarget*, 2017, 8(15): 25797-25805.
- [12] Samuel R, Bilal M, Tayyem O, et al. Evaluation and management of non-variceal upper gastrointestinal bleeding [J]. *Dis Mon*, 2018, 64(7): 333-343.
- [13] Farrar FC. Management of acute gastrointestinal bleed [J]. *Crit Care Nurs Clin North Am*, 2018, 30(1): 55-66.
- [14] Lee YH, Lee JW, Jang HS. Palliative external beam radiotherapy for the treatment of tumor bleeding in inoperable advanced gastric cancer [J]. *BMC Cancer*, 2017, 17(1): 541.
- [15] Kondoh C, Shitara K, Nomura M, et al. Efficacy of palliative radiotherapy for gastric bleeding in patients with unresectable advanced gastric cancer: A retrospective cohort study [J]. *BMC Palliat Care*, 2015, 14: 37.

备注/Memo: -

更新日期/Last Update: 2019-02-01