

吡柔比星和地塞米松联合硼替佐米方案与联合长春新碱方案治疗多发性骨髓瘤的疗效比较

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Title: Comparison of the efficacy of tepirubicin+dexamethasone+bortezomib and tepirubicin+dexamethasone+vincristine in the treatment of multiple myeloma

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摘要: 目的: 比较BTD化疗方案(吡柔比星+地塞米松+硼替佐米)和传统VTD化疗方案(吡柔比星+地塞米松+长春新碱)治疗多发性骨髓瘤的近期疗效、临床受益反应以及不良反应。方法: 回顾性收集2011年6月至2017年12月, 在我院住院治疗的183例多发性骨髓瘤患者。VTD组106例: 长春新碱0.4 mg/d, d1-4+盐酸吡柔比星10 mg/d, d1-4+地塞米松40 mg/d, d1-4。BTD组77例: 硼替佐米1.3 mg/(m²·d), d1, 4, 8, 11+盐酸吡柔比星10 mg/d, d1-3+地塞米松40 mg/d, d1-4, 8-11。两组均21天为一个疗程, 连续使用4-6个疗程后评估。结果: BTD组总有效率为58.44%, VTD组为33.96%, 两组比较差异有统计学意义(P<0.05)。BTD组有84.42%患者能从临床治疗中获益, VTD化疗组有69.81%患者从治疗中获益, BTD化疗组患者获益明显优于VTD化疗组, 差异具有统计学意义(P<0.05)。两组的主要不良反应均为周围神经病变和白细胞下降, 两组比较无统计学差异(P>0.05)。在腹泻和乏力方面BTD组患者发生的几率明显高于VTD组患者, 而在脱发方面BTD组发生率明显低于VTD组, 两组比较差异有统计学意义(P<0.05)。结论: 与传统的VTD化疗方案相比, BTD化疗方案治疗多发性骨髓瘤, 具有更好的总有效率和更优的临床受益反应, 而不良反应两组接近, 值得临床推广应用。

Abstract: Objective: To compare the short-term efficacy, clinical benefits, and adverse reactions of the BTD chemotherapy (tepirubicin+dexamethasone+bortezomib) and traditional VTD chemotherapy (tepirubicin+dexamethasone+vincristine). Methods: A retrospective study was conducted on 183 patients with multiple myeloma admitted to our hospital from June 2011 to December 2017. Group VTD (106 cases): Vincristine 0.4 mg/d, D1-4+pirarubicin hydrochloride 10 mg/d, D1-4+dexamethasone 40 mg/d, D1-4. Group BTD (77 cases): Bortezomib 1.3 mg/(m²·d), D1, 4, 8, 11+pirarubicin hydrochloride, 10 mg/d D1-3+dexamethasone 40 mg/d, d1-4, 8-11. The two groups were treated for 21 days, and evaluated after 4-6 courses of treatment. Results: The total effective rate in group BTD was 58.44%, and that in group VTD was 33.96%. The difference between the two groups was statistically significant (P<0.05). In group BTD, 84.42% patients benefited from the clinical treatment, and 69.81% patients in the VTD chemotherapy group benefited from the treatment. The clinical benefit response of the BTD chemotherapy group was significantly better than the VTD chemotherapy group. The difference was statistically significant (P<0.05). The main adverse reactions of the two groups were peripheral neuropathy and leukocyte decline. There was no significant difference between the two groups (P>0.05). The incidence of diarrhea and fatigue in the BTD group was significantly higher than that in the VTD group, while the BTD group in the hair loss rate was significantly lower than the group VTD, and the two groups were statistically significant (P<0.05). Conclusion: Compared with the traditional VTD chemotherapy regimen, the BTD chemotherapy group has better overall efficiency and better clinical benefit response in the treatment of multiple myeloma, and two groups of side effects are close. It is worthy of clinical application.

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备注/Memo: -

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