沙利度胺对晚期肺腺癌并恶液质综合征的疗效研究

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Title: The study of thalidomide in the treatment of advanced lung adenocarcinoma with CACS

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关键词: 晚期肺腺癌; 恶液质; 沙利度胺; 安全性; 疗效

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摘要: 目的：评价沙利度胺对晚期肺腺癌并CACS治疗的有效性和安全性。方法：选取210例体重减轻10%以上的,确诊晚期肺腺癌并发恶液质的患者，随机分为实验组和对照组。治疗组每晚服用沙利度胺100 mg，维持治疗8周，同时两组均给予营养支持，主要评价标准是体重和营养状况的变化。结果：用药8周后，204例（对照组104例，实验组100例）用于评估，治疗组在治疗前后平均体重、食欲、ECOGPS评分、乏力的改善均具有统计学意义。便秘、过度镇静在两组间有统计学差异（P=0.002 和P=0.004），其他症状均无统计学差异。结论：沙利度胺对缓解晚期肺腺癌并发恶液质患者治疗有效，且耐受良好。

Abstract: Objective:To evaluate the efficacy and safety of thalidomide in treatment of CACS of advanced lung adenocarcinoma.Methods:210 patients whose weight loss over 10%,with advanced lung adenocarcinoma and CACS,were randomly divided into trail group and control group.The trail group was given a daily dose of thalidomide 100 mg for 8 weeks, while patients of two groups were given nutritional support.The main criteria were changes in weight and nutritional status.Results:204 cases (control group 104 cases,the trail group 100 cases) used to evaluate after 8 weeks.The average body weight,appetite,ECOGPS score and the improvement of fatigue had statistical significance in the trail group after treatment.Constipation and somnolence had difference statistically between the two groups (P=0.002 and P=0.004 respectively),and other symptoms had no statistical difference.Conclusion:Thalidomide is effective and well tolerated in the treatment of patients with advanced lung adenocarcinoma complicated with CACS.

参考文献/REFERENCES

[1] Koichi Takayama,Shinji Atagi,Fumio Imamura,et al.Quality of life and survival survey of cancer cachexia in advanced non-small cell lung cancer patients-Japan nutrition and QOL survey in patients with advanced non-small cell lung cancer study [J] .Support Care Cancer,2016 (24) :3473-3480.
[2] Damrauer JS,Stadler ME,Acharyya S,et al.Chemotherapy-induced muscle wasting:Association with NF-κB and cancer cachexia [J] .European Journal of Translational Myology,2018,28(2):7590.
[3] Mattox,Todd W.Cancer cachexia.Cause,diagnosis,and treatment [J] .Nutrition in Clinical Practice,2017,32(5):599-606.
[4] Miyamoto Y,Hanna DL,Zhang W,et al.Molecular pathways:Cachexia signaling-A targeted approach to cancer treatment [J] .Clin Cancer Res,2016 (22) :3999-4004.
[5] Chukwuemeka Charles Ezeoke,John E Morley.Pathophysiology of anorexia in the cancer cachexia syndrome [J] .J Cachexia,Sarcopenia Muscle,2015,6(4):287-302.

[6] Fukawa T,Yanjiang BC,Minwen JC,et al.Excessive fatty acid oxidation induces muscle atrophy in cancer cachexia [J] .Nature Medicine,2016,22(6):666.
[7] Sundaresan S,Puthanveetil P.Is FoxO1 the culprit,partner in crime,or a protector in systemic inflammation [J] ?American Journal of Physiology-Cell Physiology,2017:ajpcell.00194.2016.
[8] Bye A,Wesseltoft-Rao N,Iversen PO,et al.Alterations in inflammatory biomarkers and energy intake in cancer cachexia:A prospective study in patients with inoperable pancreatic cancer [J] .Med Oncol,2016 (33) :54.
[9] Sulaieva O,Chereshneva Y,Kartashkina N,et al.Secretory function od white adipose tissue and adipokines:Biological effects and clinical significance [J] .Georgian Medical News,2018(274):116.
[10] Tara C Mueller,Jeannine Bachmann,Olga Prokopchuk,et al.Molecular pathways leading to loss of skeletal muscle mass in cancer cachexia can findings from animal models be translated to humans [J] ?BMC Cancer,2016 (16) :75.
[11] Dong M,Lin J,Lim W,et al.Role of brown adipose tissue in metabolic syndrome,aging,and cancer cachexia [J] .Frontiers of Medicine,2017.
[12] GoKcen D,Serkan D,Erhan U,et al.Effects of serum leptin and resistin levels on cancer cachexia in patients with advanced-stage non-small cell lung cancer [J] .Clinical Medicine Insights:Oncology,2017(11):117955491769014.
[13] Fangyuan Z,Aomei S,Yinghui J,et al.The management strategies of cancer-associated anorexia:A critical appraisal of systematic reviews [J] .BMC Complementary and Alternative Medicine,2018,18(1):236.
[14] Chen JF,Xiao LF,Zhang R,et al.Bortezomib,thalidomide,and dexamethasone (VTD) induction results in better overall survival than adriamycin,thalidomide,and dexamethasone (ATD) induction in previously untreated myeloma patients eligible for transplants [J] .Acta Haematologica,2017,137(4):207.
[15] Han J,Meng Q,Lei S,et al.Interleukin-6 induces fat loss in cancer cachexia by promoting white adipose tissue lipolysis and browning [J] .Lipids in Health & Disease,2018,17(1):14.
[16] Alejandro Schcolnik-Cabrera,Alma Chávez-Blanco,Guadalupe Domínguez-Gómez,et al.Understanding tumor anabolism and patient catabolism in cancer-associated cachexia [J] .Am J Cancer Res,2017,7(5):1107-1135.
[17] Sadeghi M,Keshavarz-Fathi M,Baracos V,et al.Cancer cachexia:Diagnosis,assessment,and treatment [J] .Critical Reviews in Oncology/hematology,2018,127(8):91-104.
[18] □brigo J,Elorza AA,Riedel CA,et al.Role of oxidative stress as key regulator of muscle wasting during cachexia [J] .Oxidative Medicine and Cellular Longevity,2018,2018(8):2063179.
[19] Ou YC,Li JR,Wang JD,et al.Aspirin restores ABT-737-mediated apoptosis in human renal carcinoma cells [J] .Science of the Total Environment,2018,502(2):187-193.

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