

恩度联合多西他赛序贯腹腔灌注治疗胃癌伴恶性腹水的临床观察

《现代肿瘤医学》[ISSN:1672-4992/CN:61-1415/R] 期数: 2020年01期 页码: 98-101 栏目: 论著 (消化·泌尿系肿瘤) 出版日期: 2019-11-30

Title: Clinical observation of endostar combined with docetaxel sequential intraperitoneal perfusion in the treatment of gastric carcinoma with malignant ascites

作者: 李承慧; 龙婷婷; 汪超; 储庆云; 段爱雄
安徽医科大学附属安庆医院肿瘤内科, 安徽 安庆 246000

Author(s): Li Chenghui; Long Tingting; Wang Chao; Chu Qinyun; Duan Aixiong
Department of Oncology, Affiliated Anqing Hospital of Anhui Medical University, Anhui Anqing 246000, China.

关键词: 重组人血管内皮抑制素/恩度; 多西他赛; 恶性腹水; 胃癌

Keywords: recombinant human endostatin/endostar; docetaxel; malignant ascites; gastric carcinoma

分类号: R735.2

DOI: 10.3969/j.issn.1672-4992.2020.01.025

文献标识码: A

摘要: 目的: 回顾性分析恩度联合多西他赛序贯腹腔灌注治疗胃癌伴恶性腹水的疗效及不良反应。方法: 收集72例胃癌伴腹水患者, 曾接受过二线及以上方案化疗, 观察组35例, 采用恩度45 mg联合多西他赛35 mg/m² d1, d5序贯腹腔灌注1周期; 对照组37例, 采用多西他赛35 mg/m² d1, d5腹腔灌注1周期, 统计患者腹水控制有效率、KPS改善率、腹水控制时间及不良反应。结果: 治疗组中腹水控制有效率71.43%; 对照组中腹水控制有效率48.65%, P=0.049, 两组具有统计学差异; 治疗组中KPS改善率77.14%, 对照组中KPS改善率54.05%, P=0.04, 两组具有统计学差异; 观察组中腹水控制时间8-90天, 中位控制时间44天, 对照组中腹水控制时间5-66天, 中位控制时间28天, 两组控制时间比较, P=0.048, 具有统计学差异; III级以上不良反应发生率低, 无治疗相关性死亡, 两组不良反应比较, P>0.05, 无统计学差异。结论: 恩度联合多西他赛序贯腹腔灌注治疗体力状况 (performance status, PS) 评分较差的胃癌伴恶性腹水患者, 腹水控制较好, 能明显提高患者生活质量, 未见明显不良反应。

Abstract: Objective: To retrospectively analyse the efficacy and adverse effects of endostar combined with docetaxel sequential intraperitoneal perfusion in the treatment of gastric carcinoma with malignant ascites. Methods: 72 cases of gastric cancer patients with ascites had received second-line chemotherapy and above. The observation group (35 cases) was treated with 45 mg of endostar combined with docetaxel (Calculated according to 35 mg/m² d1, d5) sequential intraperitoneal perfusion after 1 cycles. The control group (37 cases) was treated with docetaxel (Calculated according to 35 mg/m² d1, d5) intraperitoneal perfusion for 1 cycle. The effective probability of control of ascites, the probability of improvement in quality of life, the control time of ascites and the adverse reactions were recorded. Results: The effective rate of ascites control was 71.43% in the observation group and 48.65% in the control group. There was a statistical difference between the two groups (P=0.049). The improvement rate of KPS was 77.14% in the observation group and 54.05% in the control group. There was a statistical difference between the two groups (P=0.04). The control time of ascites in the observation group was 8-90 days, and the median control time was 44 days. In the control group, the control time of ascites was 5-66 days and the median control time was 28 days. The control time of the two groups was significantly different (P=0.048). The incidence of adverse reactions above III was low, no treatment-related deaths, and there was no statistical difference between the two groups of adverse reactions, P>0.05. Conclusion: For the poor PS score of gastric cancer patients with malignant ascites, endostar combined with docetaxel sequential intraperitoneal therapy is a good treatment. It can control ascites well and obviously improve the quality of life with no obvious adverse reactions. This scheme is safe and effective and is worthy of further promotion in clinical practice.

参考文献/REFERENCES

- [1] Aslam N, Marino CR. Malignant ascites: New concepts in pathophysiology, diagnosis, and management [J]. *Arch Intern Med*, 2001, 10-24(22): 2733-2737.
- [2] Okines A, Verheij M, Allum W, et al. Gastric cancer: ESMO clinical practice guidelines for diagnosis, treatment and follow-up [J]. *Ann Oncol*, 2010, 21(Suppl 5): v50-54.
- [3] Fang FQ, Song XX, Guo HS, et al. Clinical observation of recombinant human vascular endotheliosatin combined with 5-FU/DDP sequential intraperitoneal injection in the treatment of malignant ascites of gastric cancer [J]. *Chinese Journal of Modern Medicine*, 2014, 24(33): 23-26.
- [4] Wu Y, Pan M, Cui S, et al. Efficacy and safety of ultrasound-guided continuous hyperthermic intraperitoneal perfusion chemotherapy for the treatment of malignant ascites: A midterm study of 36 patients [J]. *Onco Targets Ther*, 2016, 20(9): 403-407.
- [5] Ni X, Wu P, Wu J, et al. Hyperthermic intraperitoneal perfusion chemotherapy and response evaluation in patients with gastric cancer and malignant ascites [J]. *Oncol Lett*, 2017, 14(2): 1691-1696.
- [6] Roviello F, Caruso S, Marrelli D, et al. Treatment of peritoneal carcinomatosis with cytoreductive surgery and hyperthermic intraperitoneal chemotherapy: State of the art and future developments [J]. *Surg Oncol*, 2011, 20(1): e38-54.
- [7] Liang R, Lin Y, Li Y, et al. Seven-day capecitabine plus docetaxel and oxaliplatin regimen for the treatment of advanced gastric cancer: A phase-I clinical trial [J]. *Mol Clin Oncol*, 2017, 6(4): 622-626.
- [8] Marchettini P, Stuart OA, Mohamed F, et al. Docetaxel: Pharmacokinetics and tissue levels after intraperitoneal and intravenous administration in a rat model [J]. *Cancer Chemother Pharmacol*, 2002, 49(6): 499-503.
- [9] Wu HT, Peng KW, Ji ZH, et al. Cytoreductive surgery plus hyperthermic intraperitoneal chemotherapy with lobaplatin and docetaxel to treat synchronous peritoneal carcinomatosis from gastric cancer: Results from a Chinese center [J]. *Eur J Surg Oncol*, 2016, 42(7): 1024-1034.
- [10] Bing YH, Zheng HP, Lan D, et al. Comparative study of SOX combined with docetaxel intraperitoneal perfusion and DOS regimen in the first-line treatment of advanced gastric cancer with cancerous ascites [J]. *Chinese Journal of Cancer Prevention and Treatment*, 2016, 23(16): 1085-1089.
- [11] Do JY, Kim YL, Park JW, et al. The association between the vascular endothelial growth factor-to-cancer antigen 125 ratio in peritoneal dialysis effluent and the epithelial-to-mesenchymal transition in continuous ambulatory peritoneal dialysis [J]. *Perit Dial Int*, 2008, 28(Suppl 3): S101-106.
- [12] Gamblin V, Da Silva A, Villet S, et al. Supportive care for malignant ascites in palliative phase: Place of paracentesis and diuretics [J]. *Bulletin du Cancer*, 2015, 102(11): 940-945.
- [13] Zhan N, Dong WG, Wang J. The clinical significance of vascular endothelial growth factor in malignant ascites [J]. *Tumour Biol*, 2016, 37(3): 3719-3725.
- [14] Wei H, Qin S, Yin X, et al. Endostar inhibits ascites formation and prolongs survival in mouse models of malignant ascites [J]. *Oncol Lett*, 2015, 9(6): 2694-2700.
- [15] Gremonprez F, Descamps B, Izmer A, et al. Pretreatment with VEGF(R)-inhibitors reduces interstitial fluid pressure, increases intraperitoneal chemotherapy drug penetration, and impedes tumor growth in a mouse colorectal carcinomatosis model [J]. *Oncotarget*, 2015, 6(30): 29889-29900.
- [16] Zhao WY, Chen DY, Chen JH, et al. Effects of intracavitary administration of Endostar combined with cisplatin in malignant pleural effusion and ascites [J]. *Cell Biochem Biophys*, 2014, 70(1): 623-628.

备注/Memo: -

更新日期/Last Update: 1900-01-01