

同时接受术前和术后放疗的胃癌患者预后分析

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Title: Prognostic analysis of gastric cancer patients receiving preoperative and postoperative radiotherapy

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摘要: 目的: 探讨在接受了术前放疗的胃癌患者中术后继续应用放疗对患者生存的影响。方法: 从美国国立癌症研究所“监测、流行病学和结果数据库(Surveillance, Epidemiology and End Results, SEER)”中获得1 131例接受过术前放疗胃癌患者, 观察组(49例)接受术后放疗, 对照组(1 082例)未接受术后放疗。分类变量分析采用卡方检验, 绘制观察组与对照组生存曲线, 用Log-rank法比较组间差异。将临床病理因素纳入单因素预后分析, 单因素分析中 $P<0.05$ 的变量纳入Cox比例风险模型进行多因素预后分析。结果: 在观察组和对照组的比较中发现, 种族和肿瘤部位在两组之间的分布有统计学差异($P<0.05$); 对两组绘制生存曲线以及Log-rank检验分析发现, 两者之间并没有显示出统计学差异($P>0.05$); 多因素分析中发现肿瘤位置, T和N分期为肿瘤的独立预后因子($P<0.05$)。结论: 胃癌在接受了术前放疗后, 术后再继续接受放疗与没有进行放疗的患者相比, 并未提高其5年的生存率($P>0.05$)。所以对于这类胃癌患者不倾向选择继续放疗。

Abstract: Objective: To investigate the effect of postoperative radiotherapy on the survival of patients with gastric cancer who received preoperative radiotherapy. Methods: 1 131 cases of gastric cancer patients received preoperative radiotherapy were obtained from Surveillance, Epidemiology and End Results (SEER) database. The observation group (49 cases) received postoperative radiotherapy, and the control group (1 082 cases) did not receive postoperative radiotherapy. The survival curves of the observation group and the control group were drawn by chi-square test, and the differences between the groups were compared by Log-rank. The clinicopathological factors were included in the univariate prognostic analysis. The variables in univariate analysis with $P<0.05$ were included in the Cox proportional hazards model for multivariate prognostic analysis. Results: Through comparison between the observation group and the control group in race and primary site, there was a statistical difference between the two groups ($P<0.05$), and the two groups of plotted survival curves and Log-rank test showed that there was no statistical difference between the two groups ($P>0.05$). The tumor location, T and N staging were found as independent prognostic factors ($P<0.05$). Conclusion: Patients with gastric cancer did not increase the 5-years survival rate ($P>0.05$) applying preoperative radiotherapy and postoperative radiotherapy compared to whom without postoperative radiotherapy. Therefore, gastric cancer patients do not tend to choose to continue radiotherapy.

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