

卡培他滨辅助放疗对Ⅱ～Ⅲ期直肠癌老年患者术后生存和复发情况的影响

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摘要 目的:观察卡培他滨辅助放疗对Ⅱ～Ⅲ期直肠癌老年患者术后生存率、复发率、生存质量的影响及安全性。方法:选取Ⅱ～Ⅲ期直肠癌老年患者共110例,按随机数字表法分为对照组和观察组,各55例。两组患者均行直肠癌根治术。对照组患者术后给予三维适形放疗;观察组患者在对照组基础上加用卡培他滨 $d1\sim14, 1\ 500\text{ mg/m}^2, qd$ 。21 d为1个周期,两组患者均治疗2个周期,随访3年。比较两组患者随访生存率、转移复发率及治疗前后卡氏(KPS)评分,并观察两组患者毒副反应。结果:观察组患者随访3年总生存率和无病生存率分别为89.09%和76.36%,显著高于对照组的74.55%和54.55%,远处转移率和局部复发率分别为12.73%和5.45%,显著低于对照组的30.91%和21.82%,差异均有统计学意义($P<0.05$)。两组患者治疗后KPS评分显著升高,治疗前后比较,差异有统计学意义($P<0.05$);组间比较,差异无统计学意义($P>0.05$)。对照组患者恶心呕吐、腹泻及泌尿生殖系统毒副反应发生率比较,差异无统计学意义($P>0.05$);但观察组患者骨髓抑制发生率显著高于对照组($P<0.05$)。结论:卡培他滨辅助三维适形放疗能有效提高Ⅱ～Ⅲ期老年直肠癌患者术后生存率,降低转移复发风险,且未导致生存质量下降及严重毒副反应发生。
关键词 卡培他滨;三维适形放疗;直肠癌

Influence of Capecitabine Combined with Radiotherapy on Postoperative Survival and Relapse of Elderly Patients with Rectal Cancer

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ABSTRACT **OBJECTIVE:** To observe the influence of capecitabine combined with radiotherapy on postoperative survival rate, relapse rate and survival quality of elderly patients with rectal cancer at II-III stage. **METHODS:** 110 patients with rectal cancer at II-III stage were selected and randomly divided into control group and observation group with 55 cases in each group. Both group received radical resection of rectal carcinoma. Control group was given three dimensional conformal radiation therapy (3DCRT) after operation; observation group was additionally given capecitabine $1\ 500\text{ mg/m}^2, d1-14, qd$, on the basis of control group. A treatment course lasted for 21 d, and both groups received 2 courses of treatment and followed up for 3 years. The survival rate and metastasis and recurrence rate of 2 groups were compared as well as KPS score before and after treatment. Toxic reaction of 2 groups was also observed. **RESULTS:** The follow-up total survival rate and disease-free survival rate of observation group were 89.09% and 76.36%, which were significantly higher than 74.55% and 54.55% of control group; the distant metastasis rate and local recurrence rate were 12.73% and 5.45%, which were significantly lower than 30.91% and 21.82%, with statistical significance ($P<0.05$). KPS score of 2 groups were increased significantly, between 2 groups before and after treatment, with statistical significance ($P<0.05$); Comparison between groups ($P>0.05$). There was no statistical significance in the incidence of nausea and vomiting, diarrhea and urinary tract reaction between 2 groups ($P>0.05$); but the incidence of bone marrow arrest in observation group was significantly higher than control group ($P<0.05$). **CONCLUSIONS:** Capecitabine combined with 3DCRT can effectively improve postoperative distant survival rate of patients with rectal cancer at II-III stage, and reduce the metastasis and recurrence risk; do not lower life quality and induce serious adverse reactions.

KEYWORDS Capecitabine; Three dimensional conformal radiation therapy; Rectal cancer

直肠癌是临床常见消化系统恶性肿瘤之一,目前全球范围内发病率及死亡率已居于第二位,仅次于肺癌^[1]。我国直肠癌发病率呈逐年升高趋势,严重威胁人们的生命安全。因直肠解剖结构的特殊性,Ⅱ～Ⅲ期直肠癌患者行根治术后远期复发转移风险可达35%～50%^[2]。以往对于Ⅱ～Ⅲ期行直肠癌患者术后多采用单纯放疗方案,然而有研究显示,术后同步放化疗方案在降低远期复发转移率和延长生存时间方面作用确切^[3],但对于老年患者是否具有相似效果尚缺乏相关报道。为此,本研究观察了卡培他滨辅助放疗对Ⅱ～Ⅲ期直肠

癌老年患者术后生存率、复发率、生存质量的影响及安全性。

1 资料与方法

1.1 纳入与排除标准

纳入标准:(1)经根治术后病理活检确诊为直肠癌;(2)符合肿瘤分期(TNM)Ⅱ～Ⅲ期^[4];(3)卡氏(KPS)评分 >60 分;(4)术前均行常规三维调强适形放疗,且在放疗结束后4～6周行全直肠系膜切除术者。排除标准:(1)远处转移者;(2)放化疗禁忌者;(3)合并其他系统恶性肿瘤者;(4)严重脏器功能障碍者;(5)凝血功能障碍者。

1.2 研究对象

选取2008年9月—2012年9月我院收治的根治术后Ⅱ～Ⅲ期直肠癌患者110例,按随机数字表法分为对照组和观察组,各55例。其中,对照组患者男性31例,女性24例;年龄

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61~77岁,平均年龄为(66.34±5.62)岁;高分化型17例,中分化型28例,低分化型10例;合并脉管癌栓10例。观察组患者男性34例,女性21例;年龄62~76岁,平均年龄为(66.19±5.58)岁;高分化型15例,中分化型29例,低分化型11例;合并脉管癌栓12例。两组患者一般资料比较,差异无统计学意义($P>0.05$),具有可比性。本研究方案经医院医学伦理委员会批准,患者知情同意并签署知情同意书。

1.3 治疗方法

对照组患者术后采用单纯三维适形放疗,照射临床靶区包括肿瘤、吻合口、会阴手术瘢痕、直肠周围淋巴结、髂内血管淋巴结及骶前,照射计划靶区为临床靶区外扩1cm;观察组患者术后在对照组基础上加用卡培他滨片(上海罗氏制药有限公司,批准文号:国药准字H20073024,规格:0.5g/片)1500mg/m²,qd,d1~14,21d为1周期,共化疗2个周期。两组患者均术后随访3年。

1.4 观察指标

(1)观察两组患者总生存率及无病生存率。(2)观察两组患者局部复发率及远处转移率。(3)采用KPS评分评价两组患者治疗前后生存质量^[4],总分100分,其中0分代表死亡,100分代表体力正常及无症状体征;(4)药物毒副作用参照世界卫生组织(WHO)抗癌药物不良反应评估标准(CTCAE)^[4]评价。

1.5 统计学方法

采用SPSS 14.0软件对数据进行统计学分析。计量资料以 $\bar{x}\pm s$ 表示,采用 t 检验;计数资料以率表示,采用 χ^2 检验。 $P<0.05$ 为差异有统计学意义。

2 结果

2.1 两组患者随访3年生存率比较

观察组患者总生存率及无病生存率显著高于对照组,差异均有统计学意义($P<0.05$)。两组患者随访3年生存率比较见表1。

表1 两组患者随访3年生存率比较[例(%)]

Tab 1 Comparison of follow-up 3-year survival rate between 2 groups[case(%)]

组别	n	总生存	无病生存
对照组	55	41(74.55)	30(54.55)
观察组	55	49(89.09)*	42(76.36)*

注:与对照组比较,* $P<0.05$

Note: vs. control group, * $P<0.05$

2.2 两组患者随访转移复发率比较

观察组患者远处转移率及局部复发率显著低于对照组,差异均有统计学意义($P<0.05$)。两组患者随访转移复发率比较见表2。

表2 两组患者随访转移复发率比较[例(%)]

Tab 2 Comparison of follow-up metastasis and recurrence rate between 2 groups[case(%)]

组别	n	远处转移	局部复发
对照组	55	17(30.91)	12(21.82)
观察组	55	7(12.73)*	3(5.45)*

注:与对照组比较,* $P<0.05$

Note: vs. control group, * $P<0.05$

2.3 两组患者治疗前后KPS评分比较

两组患者治疗后KPS评分显著升高,差异有统计学意义($P<0.05$),但组间比较,差异无统计学意义($P>0.05$)。两组患者治疗前后KPS评分比较见表3。

2.4 毒副作用

两组患者恶心呕吐、腹泻及泌尿生殖系统反应等毒副作用发生率比较,差异无统计学意义($P>0.05$);观察组患者骨髓

抑制发生率显著高于对照组,差异有统计学意义($P<0.05$)。两组患者药物毒副作用发生率比较见表4。

表3 两组患者治疗前后KPS评分比较($\bar{x}\pm s$,分)

Tab 3 Comparison of KPS score between 2 group before and after treatment($\bar{x}\pm s$,score)

组别	n	治疗前	治疗后
对照组	55	62.92±7.26	76.07±11.61*
观察组	55	62.45±7.19	74.82±11.28*

注:与治疗前比较,* $P<0.05$

Note: vs. before treatment, * $P<0.05$

表4 两组患者药物毒副作用发生率比较[例(%)]

Tab 4 Comparison of the incidence of toxic reaction between 2 groups[case(%)]

组别	n	恶心呕吐	腹泻	骨髓抑制	泌尿生殖系统反应
对照组	55	4(7.27)	23(41.82)	16(29.09)	7(12.73)
观察组	55	6(10.91)	27(49.09)	27(49.09)*	10(18.18)

注:与对照组比较,* $P<0.05$

Note: vs. control group, * $P<0.05$

3 讨论

我国直肠癌患者人数约占恶性肿瘤总数的7%~8%,已成为主要致死性消化道恶性肿瘤^[5]。目前,II~III期直肠癌临床治疗首选手术根治切除,但直肠与周围脏器结构存在一定生理间隙,且部分肠管无浆膜包裹,极易导致患者术后局部复发,尤以合并淋巴结转移者风险最高^[6]。直肠癌患者术后行单纯放疗干预可降低远期复发转移率约10%~15%^[7]。三维适形放疗技术是近年来被应用于临床的一种新型放疗技术,相较于传统放疗技术可有效提高临床靶区放射剂量和照射均匀性,在避免正常组织和重要脏器照射方面效果明显。但单纯术后辅助放疗并无法有效延长直肠癌患者生存时间^[8],这可能与直肠癌术后周围血管损伤导致亚临床病灶缺血缺氧,从而引起放疗敏感性降低密切相关。

同步放化疗方案具有直肠癌协同增敏作用已被广泛认可,能够缩短治疗总时间,并能达到预防肿瘤细胞再增殖的目的。有研究显示,中晚期直肠癌患者根治术后接受同步放化疗干预能降低转移复发风险和延长生存时间的双重作用^[9]。卡培他滨是一种抗代谢氟嘧啶脱氧核苷氨基甲酸酯类药物,其原型成分无细胞毒性,口服进入肿瘤细胞后,可被胸腺嘧啶磷酸化酶代谢形成活性成分5-氟尿嘧啶(5-Fu)进入肿瘤细胞DNA内,进而干扰其增殖复制进程,从而达到抗肿瘤作用。

本研究结果显示,观察组患者随访生存率和转移复发率均显著高于对照组,差异有统计学意义($P<0.05$),提示卡培他滨辅助三维适形放疗用于II~III期老年直肠癌患者在控制复发转移、延缓病情进展及延长生存时间方面效果明显。张峰等研究显示,加用卡培他滨用于II~III期直肠癌患者随访生存率与单纯放疗差别不明显^[10],这可能与该研究样本量不足及手术切除效果差异有关。两组患者治疗前后组间KPS评分,恶心呕吐、腹泻及泌尿生殖道反应发生率比较,差异均无统计学意义($P>0.05$),提示卡培他滨辅助放疗并未引起II~III期直肠癌老年患者术后生存质量明显下降及严重毒副作用。观察组患者骨髓抑制发生率显著高于对照组($P<0.05$),与既往研究相一致^[11],说明同步放化疗可能导致骨髓抑制发生几率增加,但本研究中患者骨髓抑制反应较轻,临床耐受性较好。

综上所述,卡培他滨辅助三维适形放疗能有效提高II~III期老年直肠癌患者术后生存率,降低转移复发风险,且未导致生存质量下降及严重毒副作用发生。但本研究未对患者做更长时间随访,有待进一步完善长期生存情况的比较研究。

参考文献

奥氮平与喹硫平治疗老年期精神病的临床观察

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摘要 目的:比较奥氮平与喹硫平治疗老年期精神病的临床疗效及安全性。方法:将120例老年期精神病患者按随机数字表法分为奥氮平组和喹硫平组,各60例。奥氮平组患者口服奥氮平片,初始剂量2.5 mg, qd,根据病情可增至最大剂量15 mg, qd;喹硫平组患者口服喹硫平片,初始剂量50 mg, qd,根据病情可增至最大剂量400 mg, qd。两组患者均治疗6周。比较两组患者治疗前后阳性和阴性症状量表(PANSS)评分、生活质量评分及临床疗效,并观察不良反应发生情况。结果:两组患者治疗后PANSS评分、生活质量评分均显著改善,差异均有统计学意义($P > 0.05$),但组间比较差异无统计学意义($P > 0.05$)。两组患者临床疗效比较,差异无统计学意义($P > 0.05$)。喹硫平组患者嗜睡、低血压、心动过缓发生率显著低于奥氮平组,心动过速发生率显著高于奥氮平组,差异有统计学意义($P < 0.05$)。结论:奥氮平与喹硫平治疗老年期精神病疗效相当,均可显著改善患者生活质量,但喹硫平不良反应较奥氮平轻。

关键词 奥氮平;喹硫平;老年;精神病

Clinical Observation of Olanzapine and Quetiapine in the Treatment of Elderly Mental Disorders

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ABSTRACT OBJECTIVE: To compare clinical efficacy and safety of olanzapine and quetiapine for mental disorders elderly patients. METHODS: 120 elderly patients with mental disorders were randomly divided into olanzapine group and quetiapine group, with 60 cases in each group. Olanzapine group was given Olanzapine tablet orally with initial dose of 2.5 mg, qd, and then increasing to maximal dose 15 mg according to disease condition, qd; quetiapine group was given Quetiapine tablet orally with initial dose of 50 mg, qd, increasing to maximal dose 400 mg according to disease condition, qd. Both groups received 6 weeks of treatment. Clinical efficacy of 2 groups were compared as well as PANSS and the quality score of life before and after treatment, and the occurrence of ADR. RESULTS: PANSS and the quality score of life were improved significantly in both groups, with statistical significance ($P > 0.05$); but there was no statistical significance between 2 groups ($P > 0.05$). There was no statistical significance in clinical efficacy between 2 groups ($P > 0.05$). The incidence of lethargy, hypotension and bradycardia in quetiapine group were significantly lower than in olanzapine group, while the incidence of tachycardia was significantly higher than olanzapine group, with statistical significance ($P < 0.05$). CONCLUSIONS: Olanzapine and quetiapine are similar to each other in the treatment of mental disorders elderly patients; both of them can effectively improve the quality of life, and ADR induced by quetiapine is slighter than that induced by olanzapine.

KEYWORDS Olanzapine; Quetiapine; Elderly; Mental disorders

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