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替吉奥治疗结肠癌的研究

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摘要 目的:探讨替吉奥治疗结肠癌的疗效。**方法:**75例经病理组织学确诊的结肠癌患者,分为A、B、C组。A组:替吉奥联合奥沙利铂(艾恒)25例。B组:5-Fu/LV联合奥沙利铂(艾恒)25例。C组:替吉奥单药治疗25例。观察疗效、疾病控制率及不良反应。**结果:**A组、C组与B组对比,不良反应发生率明显降低。A组有效率48%,疾病控制率88%。B组有效率28%,疾病控制率84%。C组有效率32%,疾病控制率80%。**结论:**替吉奥是结肠癌辅助化疗联合用药及单药治疗老年结直肠癌较好的治疗药物。

关键词:替吉奥;奥沙利铂;5-氟尿嘧啶;结肠癌

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Tegafur Capsules for Colon Cancer Research Progress

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ABSTRACT Objective: To investigate the efficacy of tegafur capsules for colon cancer. **Methods:** Seventy-five cases of colon cancer confirmed by pathology were included. The patients in group A (n = 25) received tegafur capsules plus oxaliplatin, while those in group B (n = 25) were treated with 5-Fu /LV plus oxaliplatin. The patients in group C (n = 25) received tegafur capsules monotherapy for colon cancer. **Results:** The side effects decreased significantly in group A and C than that in B. The effective rates was 48%, 28% and 32% in group A, B and C. And the disease control rate was 88%, 84% and 80% in group A, B and C. **Conclusion:** Tegafur capsules is better for colon cancer in new adjuvant chemotherapy or Adjuvant Chemotherapy after Radical Surgery. Tegafur capsules monotherapy treatment older colon cancer curative effect is accurate.

Key words: Tegafur capsules; Oxaliplatin; 5-fluorouracil; Colon cancer

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前言

结肠癌是发生于结肠部位的常见的消化道恶性肿瘤,占胃肠道肿瘤的第3位^[1]。据世界流行病学调查随着人民生活水平的不断提高,饮食结构的改变,其发病率呈逐年上升趋势。结肠癌的治疗首先强调手术切除,并注重联合术前化疗、放疗等综合治疗以提高手术切除率,降低手术后复发率,提高生存率^[2,3]。因此化疗在结肠癌综合治疗中是除外科治疗以外另一重要治疗措施。在国内,替吉奥临床应用日益广泛,有研究表明替吉奥对结肠癌有临床应用价值,但在生存期、无进展生存期等指标仍在进一步观察和统计中。本研究选择2007年9月至2010年9月应用替吉奥方案治疗结肠癌75例,对其疗效、不良反应进行评价,结果报道如下。

1 材料与方法

1.1 临床资料

75例结肠癌,年龄55~85岁,平均70岁。血象、肝肾功

能、血生化及心电图等基本正常,无未控制的严重内科疾病或急性感染者,分为3组。A组:替吉奥联合奥沙利铂(艾恒)。男15例,女10例。B组:5-Fu/LV联合奥沙利铂(艾恒),男13例,女12例。C组:替吉奥单药治疗,男15例,女10例。

1.2 治疗方法

A组(25例):替吉奥50 mg/m²,分2次早晚饭后半小时口服,连续2周停1周,3周重复。奥沙利铂(艾恒)130 mg/m²,静滴,第1天。3周重复^[4]。B组(25例):LV 200 mg/m²,静滴,第1~5天;5-Fu 375 mg/m²,静滴,第1~5天;奥沙利铂(艾恒)130 mg/m²,静滴,第1天。3周重复^[5-7]。C组(25例):替吉奥50 mg/m²,分2次早晚饭后半小时口服,连续2周停1周,3周重复^[8,9]。每疗程开始前必须进行血常规、尿常规、肝肾功能、电解质和心电图等检查,结束后查血常规肝肾功。至少化疗3疗程以上,化疗同时联合支持治疗。每例化疗3疗程后复查CEA、胸、腹部CT及结肠镜。

1.3 疗效评价标准

疗效评价按照实体瘤的疗效评价标准分为完全缓解(CR)、部分缓解(PR)、稳定(SD)和进展(PD)。有效率 = CR + PR(例) / 总例数 × 100%。疾病控制率 = CR + PR + SD(例) / 总例数 × 100%。

2 结果

2.1 不良反应

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A、B、C 组主要不良反应有食欲不振、呕吐、腹泻、中性粒细胞减少、血小板减少、转氨酶异常、色素沉着等。A 组、C 组与 B 组对比,不良反应发生率明显降低。详见表 1。

表 1 不良反应的发生率

Table 1 The incidence of adverse reactions

Factor	Group A	Group B	Group C
White blood cell $\leq$ 2000/mm ³	20%	40%	16%
Platelet $\leq$ 5 $\times$ 10/mm ³	16%	28%	12%
AST(GOT)Increase	32%	48%	28%
Loss of appetite	48%	60%	40%
Nausea(Level 3 or above)	16%	32%	8%
Vomit(Level 3 or above)	8%	16%	8%
Pigmentation	32%	12%	28%

2.2 疗效评价

A 组 25 例患者 CR 1 例 (4%),PR 11 例 (44%),SD 10 例 (40%),PD 3 例 (12%),有效率 48%,疾病控制率 88%。B 组 25 例患者 CR 0 例,PR 7 例 (28%),SD 14 例 (56%),PD 4 例 (16%),有效率 28%,疾病控制率 84%。C 组 25 例患者 CR 0 例,PR 8 例 (32%),SD 12 例 (48%),PD 5 例 (20%),有效率 32%,疾病控制率 80%。

3 讨论

替吉奥是一种氟尿嘧啶衍生物口服抗癌剂,它包括替加氟(FT)和以下两类调节剂:吉美嘧啶(CDHP)及奥替拉西(Oxo)^[9]。有关研究表明替吉奥与 5-Fu 相比具有以下优势:①能维持较高的血药浓度并提高抗癌活性;②明显减少药毒性;③给药方便。多年的临床应用证明,替吉奥是有效安全的抗癌药物^[11]。在日本已将替吉奥胶囊作为一线药物,用于治疗胃癌、头颈部癌和多种晚期转移癌等^[12,13]。据统计,日本目前晚期胃肠道恶性肿瘤的化疗,有 80%以上的病例使用替吉奥胶囊,治疗有效率可达 44.6%^[14]。本研究中 A 组有效率为 48%,明显高于 B 组的 28%,与既往报道结果相符。对两组间疾病控制率进行比较,A 组总体疾病控制率高于 B 组,提示替吉奥联合奥沙利铂(艾恒)较传统的 5-Fu/LV 联合奥沙利铂(艾恒)方案能使患者获益更多。

结肠癌是最常见的消化系统恶性肿瘤之一,可行根治术的患者,平均 5 年生存率 50%左右,术后两年内 50%-60%亦可出现局部复发或腹腔内播散及远处转移。大多数患者就诊时已属晚期,失去根治性手术的机会。化疗就成为其延长生存期、缓解并发症最有效的手段。同时对于肝肾功能稍差,免疫功能较弱的老年人而言,大多不能耐受联合化疗的毒性^[15-17]。口服替吉奥化疗在临床应用中疗效高、不良反应少,给药方便,可门诊治疗,宜于老年肿瘤患者化疗,成为结肠癌辅助治疗的一个新趋势^[18,19]。国外临床研究表明,替吉奥单药治疗结肠癌的总有效率达 35.5%^[20],目前替吉奥在消化道肿瘤治疗中的疗效和安全性已在国际得到证实。本文结果显示,25 例患者治疗无一例达 CR,8 例达 PR,有效率达 32%。不良反应轻,主要为中性粒细胞减少,胃肠道反应轻,肝、肾功能损害轻,口服用药安全,患者易

接受。综上所述,替吉奥是结肠癌辅助化疗联合用药及单药治疗结肠癌较好的治疗药物。

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综上所述,并结合本文试验结果,得出以下结论:光声耦合具有激发蝗虫趋光活性和提高蝗虫趋光响应的双重叠加效应,能够有效增强蝗虫对刺激模态和外界环境探测感应的敏锐性,削弱蝗虫趋光惰性,且声光耦合激发蝗虫种群趋光响应峰值下蝗虫对不同声刺激的敏感参数(蝗虫求偶声声强:35dB;蝗虫报警声:声强--45dB,频率--15KHz;鞭炮声:声强--40dB,频率--15KHz;频振声:频振持续时间—500ms,频率--50Hz)及声刺激蝗虫种群的作用不同,其中,光谱光照在蝗虫诱导响应行为中起主导作用,而声刺激则起驱动激发蝗虫种群趋光响应的增益增效效应,从而,依据音频刺激增强蝗虫趋光性生理效应,光声耦合对蝗虫趋光诱集的推拉性激发效应,进行光谱光照和声刺激的合理组合,以及在蝗虫敏感光谱光照环境中声刺激源的合理布置,可有效提高蝗虫的趋光诱集行为。

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