

GP 方案与NP 方案治疗晚期非小细胞 肺癌的疗效比较

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Comparison of GP and NP Regimen in Treatment of Advanced Non2small Cell Lung Cancer

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- 摘要
- 参考文献
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摘要 目的 观察吉西他滨联合顺铂(GP 方案)与长春瑞滨联合顺铂(NP 方案)治疗晚期非小细胞肺癌(NSCLC)的疗效、生存率及毒副反应。方法 对80例经病理或细胞学证实的晚期非小细胞肺癌患者给予联合化疗,GP 方案41例,NP 方案39例,两组病例具有可比性。吉西他滨1 000 mg/ m²,静脉滴注第1、8天,顺铂30 mg/ m²,静脉滴注第1~3天,长春瑞滨25 mg/ m²,静脉滴注第1、8天,21天为一个周期,每例患者治疗2周期以上。结果 GP 组总有效率41.5%,1年生存率36.6%,中位生存期9.4月;NP 组总有效率38.5%,1年生存率35.9%,中位生存期8.9月。两组间有效率、1年生存率比较差异无统计学意义(P > 0.05)。最常见的毒副反应为骨髓抑制,GP 组III~IV度血小板减少发生率显著高于NP 组(P < 0.05),而NP 组III~IV度白细胞减少发生率显著高于GP 组(P < 0.05)。结论 GP 方案与NP 方案治疗晚期非小细胞肺癌(NSCLC),疗效肯定,毒性均可耐受。两方案疗效无显著差异。

关键词: 吉西他滨 长春瑞滨 顺铂 非小细胞肺癌 化疗

Abstract: Objective To evaluate and compare the efficacy and toxicity between combination of gemcitabine and cisplatin (GP) and combination of navelbine and cisplatin (NP) in the treatment of patients with advanced non-small cell lung cancer (NSCLC). Methods Eighty patients with locally advanced or metastatic NSCLC were enrolled into the study, with 41 patients in GP group and 39 in NP group. Patients' characteristics were similar between the two groups. They were given gemcitabine 1 000 mg/ m², or navelbine 25 mg/ m² on days 1 and 8, and cisplatin 30 mg/ m² on days 1~3. The chemotherapy was repeated every 3 weeks as a cycle. Results An objective response rate of 41.5% was observed in GP arm versus 38.5% in NP arm (P > 0.05). The 12-year survival rate was 36.6% in GP compared to 35.9% in NP (P > 0.05). The median survival duration was 9.4 months for GP arm and 8.9 months for NP arm. Myelosuppression was the major dose-limiting toxicity. The incidence of grade III/IV leukopenia was significantly higher in the NP group than that in GP group (P < 0.05), while grade III/IV thrombocytopenia occurred more frequently in the GP group than that in NP group (P < 0.05). Conclusion The GP combination is as equally active and well tolerated as the NP combination in the treatment of patients with advanced NSCLC.

Key words: Gemcitabine Navelbine Cisplatin Non2small cell lung cancer Chemotherapy

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