EGFR-TKI治疗后缓慢进展的晚期NSCLC患者原药维持联合阿帕替尼的疗效及安全性

《现代肿瘤医学》[ISSN:1672-4992/CN:61-1415/R] 期数: 2019年22期 页码: 4001-4005 栏目: 论著（胸部肿瘤） 出版日期: 2019-10-08

Title: **Efficacy and safety of the original drug combined with apatinib in patients with advanced NSCLC who progress slowly after EGFR-TKI treatment**

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关键词: 非小细胞肺癌; 缓慢进展; EGFR-TKI; 阿帕替尼; 疗效

Keywords: NSCLC; slow progression; EGFR-TKI; apatinib; efficacy

分类号: R734.2

DOI: 10.3969/j.issn.1672-4992.2019.22.015

文献标识码: A

摘要: 目的：观察一代EGFR-TKI治疗后缓慢进展的晚期NSCLC患者继续原药联合阿帕替尼的疗效及安全性。方法：收集2016年9月至2018年7月于大连医科大学附属第二医院肿瘤内科就诊的29例经一代EGFR-TKI单药治疗后缓慢进展（疾病控制≥6个月，与以往评估相比，肿瘤负荷较前轻度增加 2分，症状评分 1分），继续原药维持联合阿帕替尼(250 mg / 日1次)的晚期NSCLC患者的病例资料，观察客观缓解率（ORR）、疾病控制率（DCR）、中位无进展生存期（mPFS）及不良反应情况。结果：29例患者中，ORR为13.8%，DCR为86.2%，mPFS为5.470个月（95%CI 4.367~6.573个月）；常见的药物相关毒性反应是高血压、乏力和蛋白尿，经治疗后症状改善；其中4例经联合治疗一段时间后，临床症状稳定，出现病灶增大，但未达到疾病进展的患者，未换其他治疗方案，而是将阿帕替尼的用量加至500 mg / 日1次，病灶再次稳定或缩小；L858R突变患者的mPFS比19号外显子缺失者显著延长，差异有统计学意义（P=0.011）。结论：一代EGFR-TKI治疗后缓慢进展的晚期NSCLC患者原药维持联合阿帕替尼治疗有效，且具有可接受可控的毒副作用。

Abstract: Objective：To observe the efficacy and safety of the original drug combined with apatinib in patients with advanced NSCLC who have progressed slowly after EGFR-TKI treatment.Methods：29 patients with advanced NSCLC in our hospital from September 2016 to July 2018 were collected，who have progressed slowly after the first generation EGFR-TKI treatment(disease control ≥6 months，compared with the previous assessment,the tumor load was slightly increased by ≤2 points，symptom score ≤1 point).And continuing the original drug combined with apatinib to observe the objective response rate(ORR)，disease control rate(DCR)，and median progression-free survival(PFS)，and adverse events.Results：The ORR was 13.8%，DCR was 86.2%，and mPFS was 5.470 months(95%CI 4.367~6.573 months).Common drug-related toxicities were hypertension，fatigue，and urinary proteint.The symptoms were improved after treatment.4 patients who clinical symptoms were stable and increased lesions after a combination of treatment for a period of time，but did not reach the progress of the disease，did not change other treatment options，the dose of apatinib was added to 500 mg/d，the lesions stabilized or reduced again.Among the EGFR-sensitive mutations，the median PFS of the L858R point mutation patients was significantly longer than that of the 19th exon non-frameshift patients，and the difference was statistically significant(P=0.011).Conclusion：Patients with advanced NSCLC who progress slowly after EGFR-TKI treatment are effective in combination with apatinib and have acceptable and toxic side effects.

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备注/Memo: 吴阶平医学基金会临床科研专项资助基金（编号：320.6750.18103）

更新日期/Last Update: 1900-01-01