

根治性胰腺癌术后辅助性化疗：网状Meta分析

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Title: Adjuvant chemotherapy for radical pancreatic adenocarcinoma: A systematic review and network Meta-analysis

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关键词: 胰腺癌; 根治性手术; 辅助性化疗; 网状Meta分析

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摘要: 目的: 辅助性化疗已被证实可提高胰腺癌术后总体生存时间, 但目前最佳化疗方案存在争议。我们通过网状Meta分析比较所有报道的化疗方案的临床治疗效果及不良反应, 探索最佳化疗方案。方法: 电子检索PubMed、Web of Science和Clinical Trials.gov三大数据库中辅助性化疗的随机对照试验, 检索时间至2017年10月。运用综合数据药物信息系统软件 (ADDIS) 计算生存时间风险比 (HR) 和并发症比值比 (OR)。结果: 共11篇文章纳入本研究, 仅有S-1较空白对照组可延长术后1、3、5年生存时间 [HR(95%CI): 3.79(1.12, 23.39)、3.96(1.34, 8.84)和4.83(1.33, 19.37)]。虽未达到统计学差异, 但吉西他滨联合尿嘧啶/喃氟啶较空白对照组具有更差术后1、3年生存率 [HR(95%CI): 0.82(0.15, 3.72)和0.85(0.23, 3.24)]。结论: S-1、吉西他滨联合卡培他滨、吉西他滨联合埃罗替尼是当前临床疗效排列前三位的化疗方案。但S-1的临床疗效只在亚洲人群中证实, 吉西他滨联合卡培他滨具有较高的不良反应。

Abstract: Objective: Adjuvant chemotherapy improves survival in patients with radical pancreatic cancer but the optimal regimen remains unclear. We aim to compare all published adjuvant chemotherapy in terms of overall survival and toxic effects. Methods: PubMed, Web of Science and Clinical Trials.gov for randomized controlled trials were searched until October 2017. The hazard ratio (HR) for survival and odds ratio (OR) for toxic effects were assessed via Aggregate Data Drug Information System software. Results: Eleven trials were included for network analysis. Only S-1 chemotherapy improved 1-year, 3-year and 5-year survival compared with observation [HR (95%CI): 3.79(1.12, 23.39), 3.96(1.34, 8.84) and 4.83 (1.33, 19.37)]. Although not significant, gemcitabine plus uracil/tegafur was associated with poorer 1-year and 3-year survival compared with observation [HR (95%CI): 0.82(0.15, 3.72) and 0.85(0.23, 3.24)]. Conclusion: S-1, gemcitabine plus capecitabine and gemcitabine plus erlotinib are currently the most effective adjuvant therapies for pancreatic cancer. While S-1 has only been validated in Asian people. Higher toxicity is an issue for gemcitabine plus capecitabine.

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