

三维腔内后装与常规腔内后装放疗治疗Ⅱb-Ⅲb期宫颈癌近期疗效比较

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Title: Comparison between the short-term curative effect of three-dimensional intracavity posterior mounting and conventional intracavity posterior mounting in the radiotherapy of cervical cancer Ⅱb-Ⅲb

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摘要: 目的: 研究三维腔内后装与常规腔内后装放疗治疗Ⅱb-Ⅲb期宫颈癌近期疗效的比较。方法: 本研究观察对象为2014年1月至2015年1月于我院治疗的82例Ⅱb-Ⅲb期宫颈癌患者, 现进行病历资料回顾性分析, 根据不同腔内后装放疗治疗进行分组。将采用常规腔内后装放疗治疗的40例患者设为对照组, 采用三维腔内后装放疗治疗的42例患者设为观察组。放疗治疗6-8次后进行客观疗效评价, 并比较两组患者骨髓抑制、放射性膀胱炎以及急性放射性肠炎发生情况, 随访2年, 记录2年生存率、无瘤生存率、局部复发率以及远处转移率。结果: 观察组客观疗效总缓解率为95.24%, 显著高于对照组(85.00%), 差异具有统计学意义($P < 0.05$); 两组骨髓抑制以及急性放射性肠炎不良反应分级差异无统计学意义($P > 0.05$); 观察组2年总生存率为85.71%, 与对照组(72.50%)差异具有统计学意义($P < 0.05$); 观察组无瘤生存率显著高于对照组, 局部复发率以及远处转移率显著低于对照组, 差异具有统计学意义($P < 0.05$)。结论: 三维腔内后装较常规腔内后装放疗治疗Ⅱb-Ⅲb期宫颈癌能取得更好的客观疗效, 降低肿瘤复发及转移, 同时不增加患者不良反应, 治疗中晚期宫颈癌安全有效。

Abstract: Objective: To study the short-term efficacy comparison of three-dimensional intracavity posterior mounting and conventional intracavity posterior mounting in the radiotherapy of cervical cancer Ⅱb-Ⅲb. Methods: Eighty-two patients with stage Ⅱb-Ⅲb cervical cancer treated in our hospital from January 2014 to January 2015 were selected as our objects in this study. A retrospective analysis was performed on the medical records and patients were grouped according to different intracavity posterior mounting. 40 patients treated with conventional intracavity posterior mounting were set as a control group, and 42 patients treated with three-dimensional intracavity posterior mounting were set as an observation group. 6-8 times radiotherapy were performed to evaluate the objective effect, and the incidence of myelosuppression, radiation cystitis and acute radiation enteritis were compared between the two groups. Follow-up was performed for two years. The survival rate, disease-free survival rate, local recurrence rate and distant metastasis rate were recorded. Results: The total remission rate of objective group in the observation group was 95.24%, which was significantly higher than that in the control group (85.00%). The difference was statistically significant ($P < 0.05$). There were no significant differences in the grades of bone marrow suppression, radiation cystitis and acute radiation enteritis between the two groups ($P > 0.05$). The two-year overall survival rate in the observation group was 85.71%, which was significantly higher than that in the control group (72.50%), and the difference was statistically significant ($P < 0.05$). The disease-free survival rate in the observation group was significantly higher than that in the control group, and the local recurrence rate and the distant metastasis rate in the observation group were significantly lower than those in the control group, and the difference was

statistically significant ($P < 0.05$). Conclusion: Compared to conventional intracavity posterior mounting, three-dimensional intracavity posterior mounting can achieve a better objective efficacy in the radiotherapy of IIb-IIIb cervical cancer, reduce tumor recurrence and metastasis and cannot increase the toxicity of patients at the same time. This treatment is safe and effective in the treatment of advanced cervical cancer.

参考文献/REFERENCES

- [1] Jie Weixia, Xue Wujin, Shi Zhihua, et al. Clinical analysis of human papillomavirus infection in cervical intraepithelial neoplasia and cervical cancer patients [J]. *Chin J Nosocomiol*, 2016, 26(6): 1380-1381.
- [2] Shang Jing, Huang Xiumin. Clinical analysis of 75 cases of cervical intraepithelial neoplasia [J]. *Chin J Gerontol*, 2016, 36(5): 1167-1168. [商晶, 黄秀敏. 75例宫颈上皮内瘤变Ⅲ级的临床分析 [J]. *中国老年学杂志*, 2016, 36(5): 1167-1168.]
- [3] Fortin I, Tanderup K, Haie-Meder C, et al. Image guided brachytherapy in cervical cancer: A comparison between intracavitary and combined intracavitary/interstitial brachytherapy in regard to doses to HR CTV, OARs and late morbidity-early results from the embrace study in 999 patients [J]. *Brachytherapy*, 2016, 15(1): S21.
- [4] Zoberi JE, Garcia-Ramirez J, Hu Y, et al. Clinical implementation of multisequence MRI-based adaptive intracavitary brachytherapy for cervix cancer [J]. *Journal of Applied Clinical Medical Physics*, 2016, 17(1): 121-131.
- [5] Chen Chunlin. Investigation and thinking on the surgical status of cervical cancer in China for 10 years [J]. *Chinese Journal of Practical Gynecology and Obstetrics*, 2017, 33(1): 25-30. [陈春林. 中国宫颈癌10年手术状况的调查和思考 [J]. *中国实用妇科与产科杂志*, 2017, 33(1): 25-30.]
- [6] Yang Wenyan, Ma Tongsheng, Zhi Nan. The efficacy of in vitro three-dimensional conformal intensity-modulated radiotherapy combined with brachytherapy for stage IIb-IIIb cervical stump cancer [J]. *International Journal of Medical Radiology*, 2016, 39(1): 6-9.
- [7] Kong I, Vorunganti S, Patel M, et al. Prospective comparison of rectal dose reduction during intracavitary brachytherapy for cervical cancer using three rectal retraction techniques [J]. *Brachytherapy*, 2016, 15(4): 450-455.
- [8] Zhou Yong, Yang Yong, Yan Ping, et al. Comparison of therapeutic effects and side effects of two-dimensional and three-dimensional intraluminal post-loading radiotherapy for advanced cervical cancer [J]. *Zhongnan Journal of Medical Sciences*, 2017, 45(4): 394-396. [周勇, 杨勇, 燕平, 等. 局部晚期宫颈癌在CT引导下二维以及三维腔内后装放疗的治疗效果及副作用比较 [J]. *中南医学科学杂志*, 2017, 45(4): 394-396.]
- [9] Fields EC, Melvani R, Hajdok G, et al. A multi-institution, retrospective analysis of cervix intracavitary brachytherapy treatments. part 1: Is EQD2 good enough for reporting radiobiological effects [J]? *Brachytherapy*, 2016, 15(1): S123-S124.
- [10] Tang Chengqiong, Zuohelaguli Mutalifu, Gulina Kuerban. The clinical application of hyperfractionation three dimensional brachytherapy in advanced cervical cancer [J]. *Journal of Xinjiang Medical University*, 2017, 40(5): 679-683.
- [11] Xu Yang, Liu Dongli, Zhang Peijuan, et al. Discussion on the dose of main organs in pelvic cavity after brachytherapy in cervical cancer [J]. *Journal of Clinical and Experimental Medicine*, 2016, 15(17): 1720-1722.
- [12] Yu Jinjin, Shang Wenjing, Dong Chunli. Efficacy of combined use of pelvic intensity-modulate radiation and lumen loading therapy in patients with locally advanced cervical cancer [J]. *Jiangsu Medical Journal*, 2016, 42(16): 1814-1816.
- [13] Li Wei, Wang Dezheng, Shen Chengfeng, et al. Trends and epidemiological characteristics of cervical cancer in Tianjin from 2007 to 2013 [J]. *Chin J Epidemiol*, 2016, 37(5): 699-701.
- [14] Ashenafi M, McDonald D, Peng J, et al. SU-F-T-36: Dosimetric comparison of point based vs target based prescription for intracavitary brachytherapy in cancer of the cervix [J]. *Medical Physics*, 2016, 43(6Part13): 3469.
- [15] Fredman ET, Traughber B, Podder T, et al. A dosimetric analysis of mri-guided combined intracavitary and interstitial dynamic adaptive brachytherapy for cervical cancer with a novel split ring applicator [J]. *Brachytherapy*, 2016, 15(1): S130.
- [16] Mahantshetty U, Shetty S, Majumder D, et al. Optimal bladder filling during high-dose-rate intracavitary brachytherapy for cervical cancer: A dosimetric study [J]. *Journal of Contemporary Brachytherapy*, 2017, 9(2): 112-117.
- [17] Basu S, Manir KS, Basu A, et al. Rectal separation using hydroxypropyl methylcellulose in intracavitary brachytherapy of cervical cancer: An innovative approach [J]. *Journal of Contemporary Brachytherapy*, 2016, 8(5): 399-403.
- [18] Lu JJ, Bains YS, Abdelwahab M, et al. High-dose-rate remote afterloading intracavitary brachytherapy for the treatment of extrahepatic biliary duct carcinoma [J]. *Cancer Journal*, 2016, 8(1): 74-78.

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