Concomitant whole brain radiotherapy and FUDR+VM-26+DDP chemotherapy in brain metastasis of non-small cell lung cancer; a report of short term efficacy  

LIU Junling, LIU Guozhen, XU Guangchuan, CHEN Likun, LIANG Ying. Department of Medical Oncology, Tumor Hospital of Sun Yat-sen University, Guangzhou, Guangdong 510060, P. R. China

【Abstract】 Objective To evaluate the efficacy and toxicity of concomitant chemoradiotherapy in patients with brain metastases from non-small cell lung cancer (NSCLC). Methods Thirty patients suffering from NSCLC with brain metastases were prospectively included in this study. Twenty-four patients had neurological symptoms and an ECOG performance index between 0 and 3. Treatment consisted of concomitant whole brain radiotherapy (WBRT) with a dose of 30 Gy in 15 fractions, followed by a local boosted dose of 20 Gy in 10 fractions for those that the number of the remained lesions were less than 3, or by WBRT with a total dose of 50 Gy for those that the number of the remained lesions were more than 3. Concomitant chemotherapy of FVP regimen with fluorouracil 600 mg/(m² · d), teniposide 60 mg/(m² · d), cisplatin 20 mg/(m² · d) on d1 to d5, repeating every 3 or 4 weeks. The response was evaluated by brain CT or MRI after WBRT and 2 cycles of chemotherapy being completed. Results All the patients completed WBRT and concomitant chemotherapy including 68 cycles (2 to 4 cycles for each patient). The follow-up rate was 93.3% with a median survival duration of 11.3 months. Total response rate was 46.7%, with CR for 2 and PR for 12. Specific evaluation of brain response demonstrated CR for 8 patients, and PR for 10 patients (the objective brain response rate, 60.0%). The objective primary disease response rate was 18% for 22 cases of previously untreated primary NSCLC. Other specific evaluation of metastases included 1 PR patient in 6 patients with lung metastases, 3 CR patients and 4 PR patients in 17 patients with lymph node metastases, 1 PR patient with liver metastases, and 1 PR patient with eye metastasis. Twenty-four patients with neurological symptoms benefited improvements to different extent. The main adverse effects were myelotoxicity, hair loss, constipation and alopecia.
Grade III and IV toxicities were observed as follows: leucopenia (19.1%), anemia (10.3%), thrombocytopenia (7.4%), nausea/vomiting (4.4%), diarrhea (2.9%), alopecia (5.9%), glutamio oxaloacetic transaminase (GOT) and glutamio pyruvic transaminase (GPT) elevation (1.5%). Dehydration therapy was needed at 2 weeks after WBRT in all patients. Conclusion Concomitant WBRT plus FUDR+VM-26+DDP chemotherapy is tolerable in NSCLC patients with brain metastases and the short-term response is comparable to the results of others.

【Key words】 NSCLC  Brain Metastasis  Whole brain radiotherapy  Chemotherapy

20%～40%...
缓解了，剂量未控者，细胞下降，条件难以评价。

例如，治疗总缓解率为 31.5例(16.7%)，CR 2例(26.7%)，PR 12例(9.1%)，SD 7例(6.7%)，PD 8例。

体内治疗副作用可耐受，毒性反应和体征的改变。

近年来国内外报道的脑转移癌化疗方案，部分通过全脑照射的同时联合全脑照射，起到同时杀灭脑内和全身其它部位存在的病灶。

目前全组肺转移的脑转移癌化疗疗效的客观有效率为 58.8%(40/68)，CR 18例(26.7%)，PR 4例(6%), MR 6例(9.1%)，SD 8例(13.6%)，PD 2例(3.0%)。

全组肺转移的脑转移癌化疗疗效的客观有效率为 1.5%(1/68)。

全组肺转移的脑转移癌化疗疗效的客观有效率为 5.9%(4/68)。

例治疗前即存在明显颅高压症状的患者，发病时有神经系统症状，其中 3例治疗前无症状。

共 14例 FUDR、VM-26+DDP、NSCLC、NSCLC、NSCLC、NSCLC、NSCLC、NSCLC。

1995 Pronzano 20 NSCLC、NSCLC、NSCLC、NSCLC、NSCLC、NSCLC、NSCLC、NSCLC。

1997 Furuse 33 NSCLC、NSCLC、NSCLC、NSCLC、NSCLC、NSCLC、NSCLC、NSCLC。
“重组改构人肿瘤坏死因子（rmhTNF）”


(374)