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化疗联合孕激素治疗子宫内膜癌分期手术后患者的临床疗效观察 *

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摘要 目的:探讨化疗联合孕激素治疗子宫内膜癌分期手术后患者的近远期疗效。**方法:**收集我院 2010 年 1 月至 2015 年 12 月收治的 102 例子宫内膜癌患者,根据治疗方法分为对照组(52 例,给予分期手术 + 化疗治疗)与研究组(50 例,给予分期手术 + 化疗 + 孕激素治疗),两组均连续治疗 12 周,比较两组患者临床治疗总有效率、局部复发率、远处转移率、3 年生存率、生活质量评分及并发症的发生情况。**结果:**治疗后,研究组和对照组治疗总有效率分别为 82.00%、63.46%,研究组显著高于对照组(*P<0.05*);研究组的局部复发率为 4.00%,远处转移率为 2.00%,3 年生存率为 90.00%,均明显低于对照组(15.38%、11.54%、73.08%,*P<0.05*);研究组的心理功能、躯体功能、社会功能、物质生活评分均高于对照组(*P<0.05*);髓抑制、胃肠道反应、白细胞下降、肾损伤、血小板减少发生率明显低于对照组(*P<0.05*)。**结论:**分期手术联合化疗、孕激素治疗子宫内膜癌患者有较好的近远期疗效,可有效改善患者预后,提高其生活质量。

关键词:子宫内膜癌;分期手术;孕激素;化疗;临床疗效

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Observation of the Clinical efficacy of Chemotherapy combined with Progesterone in the Treatment of Endometrial Carcinoma after Staging Operation*

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ABSTRACT Objective: To investigate the short-term and long-term efficacy of chemotherapy combined with progesterone in patients with endometrial cancer. **Methods:** 102 patients with endometrial cancer admitted to our hospital from January 2010 to December 2015 were enrolled. According to the treatment method, they were divided into control group (52 cases, staged surgery + chemotherapy) and study group (50 cases, given Staged surgery + chemotherapy + progesterone treatment). Both groups were treated continuously for 12 weeks, comparing the total effective rate, local recurrence rate, distant metastasis rate, 3-year survival rate, quality of life score and complications of the two groups. **Results:** After treatment, the total effective rate of the study group and the control group were 82.00% and 63.46%, respectively, which was significantly higher in the study group than in the control group (*P<0.05*). The local recurrence rate in the study group was 4.00%, and the distant metastasis rate was 2.00%. The 3-year survival rate was 90.00%, which was significantly lower than that of the control group (15.38%, 11.54%, 73.08%, *P<0.05*). The psychological function, physical function, social function and material life score of the study group were higher than those of the control group (*P<0.05*). The incidence of myeloid inhibition, gastrointestinal reactions, leukopenia, renal injury, and thrombocytopenia was significantly lower than that of the control group (*P<0.05*). **Conclusion:** Patients with endometrial cancer treated with chemotherapy and progesterone have better short-term and long-term effects, which can effectively improve the prognosis of patients and improve their quality of life.

Key words: Endometrial cancer; staging surgery; Progesterone; Chemotherapy; Clinical efficacy

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前言

子宫内膜癌(endometrial cancer)是妇科常见恶性肿瘤之一,多发生 50-60 岁绝经女性,约占所有女性生殖器官恶性肿瘤的 25%[1]。子宫内膜癌每年的新发病例约为 20 万例,且死亡率较高,致死率位居常见妇科恶性肿瘤的第三位,仅次于宫颈癌和卵巢癌[2]。该病的发病原因较为复杂,与患者的生活方式密切相关,且存在地区差异,在北美和欧洲居女性生殖系统癌症的首位[3]。在我国,子宫内膜癌的发病率仅次于宫颈癌,且呈逐年上升的趋势[4]。子宫内膜癌的临床治疗以手术为主,根据手术 - 病

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理分期，辅以放化疗及药物治疗[5]。腹腔镜分期手术联合放化疗、药物可有效切除淋巴结，降低局部复发率，提高患者的生存质量[6]。本研究选取我院收治的 102 例子宫内膜癌患者为研究对象，探讨了手术及孕激素与化疗治疗子宫内膜癌的近远期疗效，结果报道如下。

1 临床资料

1.1 一般资料

选择我院 2010 年 -1 月至 2015 年 12 月收治的 102 例子宫内膜癌患者为研究对象，纳入标准：经组织细胞学证实为子宫内膜癌；签署知情同意书，自愿参与此次研究，经医学理论会同意。排除标准：严重心肝肾功能障碍；血液疾病；免疫系统疾病；精神病。将所有患者随机分为对照组及研究组。对照组：52 例，年龄 23-66 岁，平均年龄(52.78± 5.34)岁；组织学类型：40 例内膜样腺癌，7 例粘液性腺癌，5 例浆液性腺癌。研究组：50 例，年龄 22-61 岁，平均年龄(48.27± 5.45)岁；组织学类型：38 例内膜样腺癌，6 例粘液性腺癌，6 例浆液性腺癌。两组一般资料比较差异均无统计学意义($P>0.05$)，具有可比性。

1.2 治疗方法

对照组：给予分期手术 + 化疗治疗，根据患者临床分期实行腹腔镜手术，全身麻醉后，于脐上 2 cm 处置入 1 cm 丘卡，建立 CO_2 气腹并置入腹腔镜。于左侧腹直肌外侧缘 2 cm 平脐部置入 1 cm 丘卡，右下腹麦氏点及左侧相应位置分别置入 0.5 cm 丘卡，探查腹腔、盆腔，取腹水或者盆腔冲洗液送细胞学检查。临床Ⅰ期实行筋膜外子宫及双侧附件切除术，临床Ⅲ期治疗为了缩瘤，为化疗创造条件。化疗方案：使用紫杉醇联合卡铂治疗，静脉滴注 75 mg/m^2 多西紫杉醇，每日注射 3 h，静脉滴注 300 mg/m^2 卡铂，连续治疗 3 个疗程(1 个疗程 21 日)。

研究组：给予分期手术 + 化疗 + 激素治疗，分期手术、化疗方法与对照组相同，对于晚期不能手术切除或者早期保留生育功能、术后免疫组化 ER、PR 阳性患者，行激素治疗。每次 200-400 mg 甲羟孕酮，每周 2 次，连续治疗 12 周。

1.3 观察指标

两组患者局部复发率、远处转移率、3 年生存率、生活质量及并发症(骨髓抑制、胃肠道反应、白细胞下降、肾损伤、血小板减少)。生活质量采用 GQOL-74 评分测定[7,8]，得分越高则生活质量越好。

1.4 疗效标准

将临床疗效分为完全缓解、部分缓解、疾病稳定、疾病进展，完全缓解：临床各项指标均恢复正常，且临床症状完全消失；部分缓解：患者各项指标基本正常，其临床症状基本消失；疾病稳定：患者病情基本得到控制，未出现复发；疾病进展：患者病情未得到控制，甚至加重[9,10]。

1.5 统计学方法

研究数据采用 SPSS13.0 进行统计学分析，计量资料以($\bar{x}\pm s$)表示，组间比较行 t 检验；计数资料用%表示，组间比较行 x^2 检验，以 $P<0.05$ 为差异具有统计学意义。

2 结果

2.1 两组临床疗效的比较

研究组总有效率为 82.00%；对照组总有效率为 63.46%，研究组总有效率显著高于对照组($P<0.05$)，见表 1。

表 1 两组临床疗效比较[例(%)]

Table 1 Comparison of the clinical effect between two groups [n(%)]

Groups	n	CR	PR	SD	PD	Total effective rate
Control group	52	20(38.46)	13(25.00)	12(23.08)	7(13.46)	33(63.46)
Research group	50	32(64.00)	9(18.00)	5(10.00)	4(8.00)	41(82.00)
x^2	-	-	-	-	-	4.399
P	-	-	-	-	-	0.036

2.2 两组局部复发率、远处转移率、3 年生存率的比较

研究组患者的局部复发率为 4.00%、远处转移率为 2.00%，明显低于对照组(15.38%、11.54%)，且研究组患者的 3 年生存率为 90.00%，显著高于对照组(73.08%，$P<0.05$)，见表 2。

表 2 两组患者局部复发率、远处转移率、3 年生存率的比较[例 (%)]

Table 2 Comparison of the local recurrence rate, distant metastasis rate and 3-year survival rate between two groups [n(%)]

Groups	n	Local recurrence rate	Distant metastasis rate	3-year survival rate
Control group	52	8(15.38)	6(11.54)	38(73.08)
Research group	50	2(4.00)	1(2.00)	45(90.00)
x^2	-	5.335	4.901	4.816
P	-	0.039	0.044	0.028

2.3 两组治疗后生活质量评分的比较

治疗后，研究组患者的心理功能、躯体功能、社会功能、物质生活评分均高于对照组($P<0.05$)，见表 3。

2.4 两组患者不良反应发生情况的比较

研究组骨髓抑制、胃肠道反应、白细胞下降、肾损伤、血小板减少发生率均显著低于对照组($P<0.05$)，见表 4。

表 3 两组患者治疗后生活质量评分的比较($\bar{x}\pm s$,分)

Table 3 Comparison of thescore of living quality between two groups ($\bar{x}\pm s$, score)

Groups	n	Mental function	Body function	Social function	Material life
Control group	52	75.34± 3.24	72.12± 2.14	73.23± 3.16	72.23± 4.29
Research group	50	80.34± 2.14	82.23± 3.45	85.23± 2.12	82.23± 5.14
t	-	-9.158	-17.860	-22.431	-10.684
P	-	＜0.001	＜0.001	＜0.001	＜0.001

表 4 两组患者不良反应发生情况的比较[例(%)]

Table 4 Comparison of the incidence of adverse reaction between two groups[n(%)]

Groups	n	Myelosuppression	Gastrointestinal reaction	Leukopenia	Renal injury	Thrombocytopenia
Control group	52	17(32.69)	21(40.38)	22(42.31)	24(46.15)	23(44.23)
Research group	50	7(14.00)	10(20.00)	9(18.00)	11(22.00)	10(20.00)
x^2	-	4.950	5.007	7.119	8.598	6.838
P	-	0.026	0.025	0.008	0.010	0.009

3 讨论

子宫内膜癌多发于绝经期或绝经后,是发生于子宫内膜的上皮性恶性肿瘤[11]。长期以来,临床采用开腹手术治疗,但该手术有着较大创伤性及较高并发症发生率[12,13]。腹腔镜下手术可充分暴露手术视野,发现微小病灶,彻底清除淋巴结[14,15];通过建立 CO_2 气腹增大脏器间距离,减轻手术过程中对其他器官的干扰和损伤,从而减少并发症;利于肠道功能恢复,缩短住院时间[16,17];不易损伤周围脏器,可留取患者腹水或者盆腔冲洗液进行病理检测[18]。临床上采取何种手术方式应根据患者的具体情况进行合理选择[19,20]。本次研究中,Ⅰ期实行筋膜外子宫及双侧附件切除术,临床Ⅲ期治疗为了缩瘤,为化疗创造条件,术后给予化疗及药物治疗。

对于子宫内膜癌早期患者,手术目的为切除病变部位和转移病灶,并决定术后辅助治疗方案[21-23]。术后根据复发因素选择放化疗,III 期或 IV 期亦应尽量缩瘤,为术后放化疗创造条件。既往临床研究表明术后化疗可有效改善子宫内膜癌预后,本次化疗使用的紫杉醇是一种二萜生物碱类化合物,广泛应用于抗癌治疗中[24-26]。卡铂属于细胞周期的非特异性药物,在多种癌症疾病中得到应用,具有抗癌谱广、作用强,与多种抗肿瘤药物有协同作用,可抑制癌细胞的 DNA 复制过程,损伤其细胞结构[27]。但化疗后由于胃肠道粘膜对化疗药物较敏感,由药物刺激引起胃肠道反应、骨髓抑制等不良反应较多,通常患者在停药后不良反应均消失[28,29]。同时,研究组患者加入激素治疗,甲羟孕酮通过负反馈作用抑制垂体前叶,促肾上腺皮质激素及其他生长因子产生受到抑制, 并通过增强 E2- 脱氧酶的活性,降低细胞内雌激素水平,用于手术及化疗后患者,可有效改善临床症状。在本次研究中,研究组患者的临床疗效、生存质量、3 年生存率高于对照组,且局部复发率、远处转移率、不良反应发生率均低于对照组,与相关报道相一致[30]。

综上所述,分期手术 + 孕激素 + 化疗治疗子宫内膜癌患者有较好的近远期疗效,可有效改善患者预后,提高其生活质量。

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