

283 位未分化鼻咽癌細胞型態 (UCN) 病患放射治療後之 臨床探討

Clinical Studies of 283 Patients With Undifferentiated Carcinoma of The Nasopharynx(UCN) Treated

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摘要

目的：本研究之目標，是對於未分化鼻咽癌細胞型態(UCN)之病患們在經過放射治療的結果做一探討，其目的是在藉由局部控制及存活率方面，對於不同之病人相關因子和治療相關參數、來評估其預後因子。材料與方法：自 1984 年到 1997 年間，有 283 位在彰化基督教醫院放射腫瘤科，接受過治療之 UCN 病患的追蹤。所有鼻咽癌之病例均依照 WHO 之標準來分類，同時依照第四版 AJCC (the 4th American Joint Committee on Cancer, 1992)分期系統，重新分期。對於原發腫瘤給予 7020 cGy 的放射治療，並依腫瘤反應而定，給予額外之追加劑量。局部淋巴腺接受 5040 cGy 到 7020 cGy 之放射線劑量，依其淋巴結大小而定。放射治療主要是使用鈷六十治療機或 6 MV x-ray 西門子加速器，所有病患均接受定期追蹤，直至死亡為止。使用 Kaplan-Meier 之方法來決定其生存期，與使用 Logrank test 及 Cox 回歸值之方法來比較和決定其預後因子。結果：本研究中共有五十位病患由於未完成治療，因此由 283 的病患中移除。這些病患所接受之均值劑量為 2709 cGy (範圍： 300 cGy - 4750 cGY)，超過五年存活期僅有 16.1%，其生存中值為十四個月。其死亡率為 74% (37/50)，病患主要都死於遠端轉移。在我們所分析的 233 病患當中，其男女比為 2.4：1；有 28 例病患產生局部復發，其局部控制率為 87.9%，Cox 回歸值分析得出淋巴分期為有意義的局部控制預後因子。有六十位 (26%) 病患產生遠端骨頭、肝臟及肺臟轉移，此三處為最易轉移部位。本研究分析得出淋巴分期，WHO 分類以及臨床分期為有意義的遠端轉移預後因子。五年存活期對於第一及二、三、四期病患，分別為 80%，65.7% and 49.7%。本研究分析顯示淋巴分期，轉移分期以及 WHO 分類期為有意義的病患存活預後因子。結論：放射治療對於未分化鼻咽癌細胞型態(UCN)之病患，仍是最終的選擇。雖然如此，由於有很高的遠端轉移機率，因此除了放射治療外仍須藉助化學藥物治療，應是日後臨床試驗的研究方向。

Abstract

Purpose: Our objective in this study is to review the results of radiotherapy for patients of

undifferentiated carcinoma of nasopharynx (UCN), in terms of local control and overall survival. We also evaluated different prognostic factors for patient survival.

Materials and Methods: A retrospective review was done on 283 patients with UNC patients treated at the department of radiation oncology, Changhua Christian Hospital from 1984 to 1997. All cases were classified histologically according to the WHO criteria for nasopharyngeal tumor, and were then re-staged according to the 4th American joint Committee on Cancer (AJCC, 1992) staging system. Radiotherapy (RT) consisted of 70.2 Gy to the primary tumor with optional boost dose depending on tumor response. Regional lymphatics were irradiated with a dose ranging from 50.4Gy to 70.2 Gy, based on the size of the involved lymph nodes. A cobalt-60 or 6 MV X-ray linear accelerator (Seimens Mevatron) was used for radiotherapy. All patients were then followed-up regularly until death. The Kaplan-Meier method was used to determine actuarial survival. Logrank test and Cox regression analysis were used for comparison and determination of prognostic factors.

Results: Among the 283 patients, a total of 50 patients were excluded from our study due to incomplete treatment. The mean dose received by these patients were 27.09 Gy (range: 3 Gy - 47.5 Gy). Their overall 5-year actuarial survival was only 16.1 %, with a median survival of 14 months. Thirty-seven of 50 patients died. The mortality rate was 74% (37/50), with most of them dying from systemic disease. The remaining 233 patients were analyzed. The male to female ratio was 2.4:1. Three were 28 patients with local recurrence, reflecting a local control rate of 87.9%. Cox regression analysis revealed that N stage was the only significant factor for local control. Sixty (26%) patients developed distant metastasis, mainly to the bone, the lung, and the liver. Analysis revealed that N stage, WHO type and stage were significant factors affecting distant metastasis. The 5-year survival for stage I / II , III, and IV patients were 80% , 65.7% and 49.7%, respectively .Our analysis revealed that N stage were significant prognostic factors for overall survival.

Conclusion: Radiotherapy remains the treatment of choice for undifferentiated carcinoma of the nasopharyns (UCN). However, due to a high rate of distant metastasis, chemotherapy in addition to radiotherapy should be the direction for future clinical trial