

行政院國家科學委員會專題研究計畫 成果報告

腹膜剝離術在胃癌併腹膜轉移治療上所扮演的角色

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## 一、中文摘要

我們餘研究計畫通過後便積極進行各項籌備工作，於人員訓練結束前，便已設置各項手術必須之用品及設備，未料遭逢成人呼吸道窘迫症候群之侵襲全台，因此醫院暫停各項常規手術之進行，導致胃癌病患無法進行手術。同時日本方面雖然已經進行三例胃癌病患之手術，但其後也壟罩成人呼吸道窘迫症候群之危機而暫停。我們至日本舉行之聽證會也被迫取消，並把旅費及相關費用退還。

## 二、英文摘要

We proceed with the whole study aggressively, including the research nurse training, and set up the associated equipment for peritonectomy and intra-operative intra-peritoneal hyperthermo-chemotherapy. However, we suffered from SARS that prevent all regular surgical operations in the hospital and the gastric cancer operations were all suspended. Although there were three patients enrolled into this study from Shizuoka Cancer Center, Japan, their operations were suspended too due to the fear of SARS. The audit for this study was cancelled too.

## 三、緣由

胃癌合併有腹腔內腹膜轉移，一般視為末期狀況而不給予積極治療，其五年存活率極低 (<5%)。輔

助性切除的結果較不切除的結果為佳。一般對於此類病患皆給予全身性的化學療法，但效果不佳。腹腔內化學治療的結果是一個可行的途徑，但受限於各種因素，因此只能施行於手術中的腹腔內化學治療。若於手術中施行腹腔內的溫熱化學治療，前瞻性的研究顯示結果亦較好。但是對於較大的轉移病灶，若不以手術方式切除，則腹腔內的溫熱化學治療結果亦不好。腹膜剝離術便是針對此種狀況而發展出來的，其在大腸癌的治療結果雖然令人振奮，然而卻未有胃癌病患的前瞻性的研究。

## 四、材料及方法

對於胃癌並有腹腔內轉移的病患接受 D2 胃切除術後，隨機分配為兩組，一組接受腹膜剝離術及手術中施行腹腔內的溫熱化學治療 (42-43°C, 90 分鐘，腹腔內加入 MMC 30 mg, cisplatin 150 mg, etoposide 100 mg, 分三次給予)，併術後早期腹腔內化學治療 (Taxotere 20 mg/body/day, 共三天)，隨後每四週給予一次輔助性化學治療 (腹腔內 5-FU 650 mg/m<sup>2</sup>/day, 共五天； MMC 10 mg/m<sup>2</sup> - D1, etoposide 60 mg -- D3-5) 共四個療程。另一組不施行腹膜切除，但仍接受腹腔內的溫熱化學治療、術後早期腹腔內化學治療，及隨後每四週給予一次輔助性化學治療共四個療程。

## 五、結果

此為三年性之研究計畫,目的在觀察病患的存活期。預計三年內收及至預定的病患數目,並於短期內可以觀察出其結果。預估三年內可以完成此項研究,於五年追蹤期滿後便有完整的結果。

## 六、討論

因為受到SARS之影響,我們未能如期進行手術治療,但目前SARS情況已趨穩定,我們仍樂觀的期待未來兩年之內會有足夠的病患數目以供作為研究結果的分析。

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