Intrapericardial Infusion of Etoposide and Cisplatin in Treating Malignant Pericardial Effusion of Non-small Cell Lung Cancer

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【ABSTRACT】 BACKGROUND & OBJECTIVE: Pericardiocentesis and intrapericardial infusion of chemotherapeutic drugs is the main treatment of malignant pericardial effusion. This study was to observe the efficacy and side effect of intrapericardial infusion of etoposide (VP-16) and cisplatin (DDP) on malignant pericardial effusion of non-small cell lung cancer (NSCLC).

METHODS: Twenty-eight NSCLC patients with malignant pericardial effusion were treated with pericardiocentesis and intrapericardial infusion of VP-16 (200–300 mg) and DDP (80–100 mg). Intravenous chemotherapy were given 2 weeks after the pericardiocentesis. RESULTS: The overall response (OR) rate of the first-time treatment of the 28 patients was 85.7%, with complete response (CR) rate of 71.4%; the OR rate of the second-time treatment was 100%. Only 4 patients needed second-time pericardiocentesis. Sixteen patients developed gastrointestinal tract reaction (mainly grade I–II), 12 developed myelosuppression (mainly grade I), and 1 showed mild abnormal of transaminase. For the 24 naïve patients, the overall survival time was 14 months for stage II B and 10.9 months for stage IV; whereas for the 4 patients with relapsed disease, the overall survival time was 6 months (from the time of relapse). CONCLUSION: Intrapericardial infusion of VP-16 and DDP is an effective treatment for malignant pericardial effusion of NSCLC.

KEYWORDS: Lung neoplasm; Malignant pericardial effusion; Chemotherapy; Etoposide; Cisplatin
1999 6
(1) complete response (CR): [1]
(2) partial response (PR):
(3) no response (NR): [1]
(4) progress disease (PD): [1]

1.4

1.5

2

2.1

2.2

2.3

[1]: (complete response, CR): [1]
(2): (partial response, PR): [1]
(3): (no response, NR): [1]
Table 1  Response of the 28 non-small cell lung cancer (NSCLC) patients to the first intrapericardial chemotherapy

<table>
<thead>
<tr>
<th>Item</th>
<th>Cases</th>
<th>CR</th>
<th>PR</th>
<th>NR</th>
<th>RR(%)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>16</td>
<td>13</td>
<td>1</td>
<td>2</td>
<td>87.5</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>12</td>
<td>7</td>
<td>3</td>
<td>2</td>
<td>83.3</td>
<td></td>
</tr>
<tr>
<td>Histology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adenocarcinoma</td>
<td>18</td>
<td>13</td>
<td>3</td>
<td>2</td>
<td>88.9</td>
<td></td>
</tr>
<tr>
<td>Squamous cell carcinoma</td>
<td>8</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>75.0</td>
<td></td>
</tr>
<tr>
<td>Undifferentiated</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Stage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III B (untreated)</td>
<td>8</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>87.5</td>
<td></td>
</tr>
<tr>
<td>IV (untreated)</td>
<td>16</td>
<td>12</td>
<td>2</td>
<td>1</td>
<td>87.5</td>
<td></td>
</tr>
<tr>
<td>Relapsed</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>75.0</td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>28</td>
<td>20</td>
<td>4</td>
<td>4</td>
<td>85.7</td>
<td></td>
</tr>
</tbody>
</table>

CR, complete response; PR, partial response; NR, no response; RR, response rate.
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和治疗

将不被收录

我们认为对恶性心包积液的非小细胞肺癌患者积

力学优越性

期和改善患者的生活质量

积液的局部治疗

的生存率

者心包积液局部控制后接受全身化疗

可以推荐

现有肾功能损害

胃肠道反应

虽然例数不多

局部浓度高且全身副作用小

血液学毒性轻

因此

由于心包内药物吸收速度慢

从这些患者的治疗中

的联合方案作为恶性心包

腔内化疗有明显的药代动

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