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· 肿瘤快讯 ·

## 卡罗妥昔单抗联合帕唑帕尼治疗 晚期血管肉瘤的疗效和安全性

该研究招募了年满 18 岁的晚期血管肉瘤患者,随机 1:1 分成两组,接受帕唑帕尼单药治疗或卡罗妥昔单抗联合帕唑帕尼治疗。主要终点是无进展生存期(PFS),次要终点包括客观缓解率和总生存率。共招募了 123 例患者,其中 114 例被纳入本次分析(帕唑帕尼单药组 53 例,联合组 61 例),包括 69 例(61%)女性,中位年龄是 68 岁;57 例(50%)是皮肤病变,32 例(28%)既往未进行过治疗。

主要终点(PFS)无统计学差异( $HR = 0.98, P = 0.95$ ),帕唑帕尼单药组和联合组的中位 PFS 分别是 4.3 个月(95% CI:2.9 个月-不可估计)和 4.2 个月(95% CI:2.8~8.3 个月)。最常见的全级不良反应(单药组 vs. 联合组)有疲劳(55% vs. 61%)、头痛(23% vs. 64%)、腹泻(51% vs. 57%)、恶心(49% vs. 48%)、呕吐(23% vs. 38%)、贫血(9% vs. 44%)、鼻出血(4% vs. 56%)和高血压(55% vs. 36%)。

综上所述,该研究表明,与帕唑帕尼单药治疗相比,卡罗妥昔单抗联合帕唑帕尼并不能改善晚期血管肉瘤患者的无进展生存预后。(摘自:JAMA Oncol)