Clinical observation on Kanglaite Injection in combination with MVP regimen to treat 40 advanced NSCLC patients

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Kanglaite Injection in combination with MVP regimen was applied in our hospital between August 1998 and October 2000 for the treatment of 40 advanced NSCLC patients with satisfactory result. Following is the report.

Materials and methods
1. Clinical data
40 cases with advanced NSCLC were pathologically or cytologically confirmed and hospitalized patients for first treatment. 24 cases had adenocarcinoma and 16 squamous carcinoma with metastasis at hilus of lung and mediastinal lymph nodes of whom 18 had metastasis in suprACLavicular lymph nodes, 6 bone metastasis, 2 liver metastasis, 8 complicated pleural effusion and 2 intrapulmonary metastasis. 29 cases were male and 11 female with age between 48-72. Based on Classification of TNM in 1986, 32 cases were IIIa + IIIb and 8 IV with average KPS score >60.

2. Treatment method
Kanglaite Injection 200ml, iv, was administered 2 days before chemotherapy for 14 days. MVP regimen: MMC 6mg/m², iv, d1; VDS 3mg/m², iv, d1, d8 and DDP 30mg/m², iv, d1-d3. Puncture tube was reserved for patient with pleural effusion and DDP 30mg/m² was injected into thoracic cavity after tapping, d1, 3, and 5. The above therapy lasted 21 days as a cycle and 3 cycles as a treatment course. All cases had such regular examination as blood routine, liver and renal function, chest X-ray or chest CT and ECT and abdominal B supersonic to monitor change of patient condition and observe therapeutic effect.

3. Evaluation criteria for therapeutic effect and toxic and adverse reaction
Therapeutic effect criteria for solid tumor by WHO as CR, PR, SD and PD and 0-IV degree criteria for acute and sub-acute toxicity of anticancer medicine by WHO were followed.

Results
1. Therapeutic effect
40 cases received 102 treatment cycles with average 2.6 cycles for each case (longest 4 cycles and shortest 2 cycles). In the whole group 3 cases had CR, 20 cases PR with a total effective rate as 57.5% of which 62.5% were for adenocarcinoma (15/24) and 50% for squamous carcinoma (8/16). In the group the effective rate for stage III was 56.2% (18/32) and 25.0% (2/8) for stage IV.

2. Toxic and adverse reactions
All cases had loss of appetite, nausea, vomit at different degrees of whom 23 cases had grade II and 2 cases had grade III. And this may be related with Kanglaite Injection in combination and administration of granisetron 3mg i.v. to prevent digestive tract reaction 30 minutes before chemotherapy. Patients in this group had bone marrow inhibition with different extent after applying Kanglaite Injection and chemotherapy of whom 20 cases (50%) had grade I WBC
descent, 15 cases (37.5%) grade II descent and 5 cases (12.5%) grade III descent while impact on hemoglobin and platelet was not apparent. None of the cases terminated chemotherapy due to bone marrow inhibition except 3 cases of grade III to be treated with Gm-CSF (all receiving 4 cycles of chemotherapy) while 20 cases had grade I hair loss and 6 cases had grade II without liver and renal function impaired.

Discussion

NSCLC (non-small cell lung cancer) is a neoplasm not sensitive to many anticancer medicines. Combined chemotherapy without cisplatin has poor treatment effect with response rate of 16% and additional 15% could be increased if cisplatin is included. [1] Domestic literature reported that the response rate of MVP regimen (MMC+VDS+DDP) was 30-45% [2, 3] in the treatment of advanced NSCLC with undesirable therapeutic effect. The author combined Kanglaite Injection with MVP regimen to raise the response rate to 57.5% with relieving rate for symptom improvement reaching 87.5%. In the group therapeutic effect for pulmonary adenocarcinoma was a bit higher than that for squamous carcinoma. The combination of Chinese and Western medicine in treatment can strengthen the body resistance to eliminate pathogenic factors, increase therapeutic effect and minimize toxicity, stabilize focal symptom, elevate patient immune function, delay development of metastatic focus, improve patient life quality, prolong survival period and raise therapeutic response rate. The cases receiving mono-MVP regimen to treat advanced NSCLC could not compete with those combined with Kanglaite Injection in short term tumor-size shrinkage or improvement of clinical symptom and physical sign and in bone marrow inhibition and gastrointestinal toxic reactions. This showed that the combined chemotherapy with Kanglaite Injection to treat advanced NSCLC had synergistic or additive effect, slighter toxic and adverse reactions and more desirable therapeutic result with certain value of clinical application.

(No references in original article)