Clinical analysis of Kanglaite Injection in the treatment of advanced lung cancer

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[Abstract]  Objective  Clinical evaluation of Kanglaite Injection (KLT) in the treatment of 31 cases with advanced lung cancer  Method  KLT 200ml/d, iv drip, for a consecutive 21 days as one treatment cycle with a break for 3-5 days before next cycle. A minimum of 2 cycles were required.  Results  CR: 1 case, PR: 9 cases, NC: 15 cases and PD: 6 cases. Most patients got their energy, appetite and sleep improved significantly and pain relieved without gastrointestinal reaction or bone marrow suppression as normally caused by chemotherapy. There was only slight adverse reactions.  Conclusion  KLT had therapeutic effects on advanced lung cancer and could improve patient life quality.

[Key words]  Kanglaite Injection (KLT); Advanced lung cancer; Therapeutic effect

[Current Onco-Medicine, 2003, 11(3): 237]

Kanglaite Injection (KLT) was applied to 31 cases with advanced lung cancer in our hospital during 1998-2001 with satisfactory therapeutic effects as summarized below.

1. Clinical data
31 cases of inoperable advanced lung cancer patients were enrolled in the trial. Age ranged from 54 to 84 with average as 74. All of them were confirmed by X-ray, chest film, CT and fibro-bronchoscopy or exfoliative cytologic examination. All were advanced cases not suitable for operation or radiotherapy or not acceptable to radiotherapy or chemotherapy. Pathologic histology classification: squamous carcinoma 16 cases, adenocarcinoma 10 cases and small cell lung cancer 5 cases. Clinical staging: IIIB 25 cases, IV 6 cases. KPS scoring: 45-75 with median as 58.

Method: KLT 200ml/d, iv drip, for a successive 21 days as 1 treatment cycle with a minimum of 2 cycles. Comparing chest or CT film results of patients before and after treatment. Therapeutic criteria: Complete Response (CR), Partial Response (PR), NO Change (NC) and Progressive Dieses (PD).

Results: CR 1 case, PR 9 cases, NC 15 cases and PD 6 cases. Most patients got their energy, appetite and sleep significantly improved, pain relieved without gastrointestinal reaction or bone marrow suppression and adverse reaction was slight. KPS score was increased to 74. Symptoms like cough, empytysis, chest pain, short breath, fever and poor appetite were improved as 40.5%, 55.4%, 65.6%, 28.8%, 95% and 25% respectively.

2. Discussion
Kanglaite Injection (KLT) is an anticancer drug extracted from coix seed to enhance body immunity and boast anticancer function\(^1\). Both clinical trials and preclinical studies have verified its function of inhibiting and killing cancer cells. Meanwhile it could remarkably enhance body immunity, relieve toxic & side effects caused by radiotherapy and chemotherapy, provide high-energy nutrition to treat cachexia\(^2\) and improve patient life quality. In recent years medical scientists have been seeking medicines to resist cancer and treat cachexia at the same time. Although some medicines have effects on stimulating appetite and alleviating cachexia state, they were unable to improve symptoms and physical signs or extend survival time. KLT is prepared from traditional Chinese medicine by high technology to strengthen positive vital function and immunity. It is the novel injection that can effectively promote cancer resistance and resort normal function of the body both at home and abroad. In addition it can also facilitate the activity of NK and IL-2 cells with little impact on neither leukocyte and hemoglobin, nor liver, renal or cardio functions with slight adverse reactions. In our observation adverse reactions were mainly phlebitis in 2 cases, fever in 3 cases and nausea and vomiting in 4 cases that were relieved after symptomatic treatment without withdrawal of KLT. Lung cancer patients have lost their opportunity for operation at the time of confirmed diagnosis while radio- and chemotherapy are less effective, intolerable and bring adverse reactions, especially to those aged, week or with complication syndromes. Statistical data demonstrated that there was no significant change in survival time to advanced lung cancer patients when applied with radio- and chemotherapy. Clinical practice also indicated that adverse reactions like bone marrow suppression, fever, poor appetite, alopecia, dysfunction of liver, renal and heart after radio- and chemotherapy could accelerate the progress of disease. Therefore systemic treatment should, first of all, be conducted to patients with metastasis and local treatment shall then be taken into consideration after control of metastasis. We emphasize curative rate to patients with cancer in early stage while how to prolong survival time and improve life quality become more important to advanced patients. The treatment regimen we adopted in this group was still palliative type that cannot elevate response rate in the long term. However we hold that TCM medicine plays an important role in the treatment of lung cancer\(^3, 4\).

References