

中文題目：鐘擺式給予 Tegafur-uracil 做為口腔癌維持治療的療效評估

英文題目：The efficiency of metronomic tegafur-uracil as maintenance therapy in oral cavity squamous cell carcinoma

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Background: Oral cavity squamous cell carcinoma (OCSCC) is the largest subgroup of head and neck squamous cell carcinoma (HNSCC), the sixth most common cancer globally and the fourth in Taiwan. Up to 50% of high-risk OCSCC patients who underwent curative surgical resection followed by adjuvant chemoradiotherapy (CRT) would progress to locoregional recurrence or distant metastasis, but rare evidences showed how to prolonged survival for these patients, such as maintenance therapy. In this study, we retrospectively evaluated the efficiency of tegafur-uracil (UFUR, TTY Biopharm, Taipei, Taiwan) as maintenance therapy.

Methods: A total of 193 high-risk OCSCC patients diagnosed at Chung Shan Medical University Hospital were enrolled from May 2010 to Jan. 2019. All of them received curative surgical resection followed by adjuvant CRT. The patients were divided into the groups with or without metronomic tegafur-uracil as maintenance therapy. The clinical–pathological variables were compared using the χ test. Univariate and multivariate Cox regression were analyzed for overall survival (OS). Locoregional free survival (LRFS) and OS were estimated using the Kaplan–Meier method and log-rank test.

Results: Forty (41.5%, 80/193) of high-risk OCSCC patients received metronomic tegafur-uracil as maintenance therapy. There were no differences in basic characteristics between these two groups, except smoking (patients with tegafur-uracil vs. patients without tegafur-uracil, 84.8% vs. 67.3%, $P = 0.04$). Pathologic N staging ($P = 0.008$), primary tumor site (gum, $P = 0.044$), and pathologic factors (extracapsular spread, $P < 0.001$; depth of invasion, $P = 0.004$; lympho-vascular invasion, $P = 0.005$, and perineural invasion, $P = 0.038$) were significant in univariate for OS. Only pathologic N staging and primary tumor site were the independent factors for OS ($P=0.029$ and 0.034 respectively). Although the using of metronomic tegafur-uracil was not independent in OS (univariate Cox regression, $P = 0.072$), the trend showed that OCSCC patients with metronomic tegafur-uracil as maintenance therapy were better in PFS and OS than those without (2-year LRFS, 76.7% and 61.0%, $P = 0.300$; 5-year OS, 59.5% and 50.3%, $P = 0.070$).

Conclusions: Metronomic tegafur-uracil as maintenance therapy might improve LRFS and OS for high-risk OCSCC patients. Advanced studies were warranted in the future.