進行・再発大腸癌に対する高用量レボホリナート／フルオロウラシル（LV/5-FU）併用療法の検討

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2000年8月から2002年8月までに再発・進行大腸癌14例に対して，高用量レボホリナート／フルオロウラシル（LV/5-FU）併用療法を行った．投与方法はレボホリナート（LV）（200-250 mg/m^2：2hr）＋フルオロウラシル（5-FU）（500-600 mg/m^2：bolus）週1回を6週間施行し2週間の休薬にて1サイクルとし，2サイクル以上を施行した．評価判定は腫瘍マーカー（carcinoembryonic antigen：CEA）値を用いた．また，奏効期間（time to progression：TTP）も同時に評価判定方法に加えた．14例中10例は外来投与が可能であった．有害事象は消化器症状8例，色素沈着4例，白血球減少3例であった．治療前には全例にCEA値の上昇を認めた．評価可能な14例のうち有効（Partial Response：PR）4例，不変（No Change：NC）6例，進行（Progressive Disease：PD）4例であった．TTPは全例で平均6.2ヵ月，中央値は6ヵ月であった．PR，NC，PD症例の平均はそれぞれ7.25，8.83，1.25ヵ月であった．高用量LV/5-FU併用療法は有害事象が少なく，安全に外来投与が可能であると考えられた．

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Treatment for Advanced Colorectal Cancer with High-dose Levofolinate and 5-fluorouracil

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From August 2000 to August 2002, 14 patients with non-curative postoperative or recurrent colorectal carcinomas were treated with high-dose levofolinate (LV) plus 5-fluorouracil (5-FU). Treatment consisted of a course of intravenous injection of LV (200-250 mg/m^2) for two hours and rapid intravenous injection of 5-FU (500-600 mg/m^2). Treatment was given every week for six weeks (one cycle) followed by a two-week rest period. All patients underwent more than two courses. We assessed the response by measurement of a tumor marker (carcinoembryonic antigen：CEA). We also assessed time to progression (TTP). The most frequent adverse events were nausea/vomiting and diarrhea (50%) delayed pigmentation (25%), and neutropenia (19%). Fourteen patients showed responses (four partial response (PR), six were stable (NC) and four progressed (PD)). The mean TTP was 6.2 months and the median time was six months. High-dose LV/5-FU therapy has few adverse events. Therefore, it is considered safe for outpatients.

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Journal of Clinical Oncology 11：909－913, 1993

14) Cunningham D, Pyrhonen S, James RD, Punt CJ, Hickish TF, Heikkila R, Johannesen TB, Starkhammar H, Topham CA, Awad L, Jacques C, Herait P：Randomised trial of irinotecan plus supportive care versus supportive care alone after fluorouracil failure for patients with metastatic colorectal cancer. Lancet 352：1413－1418, 1998

15) Rougier P, Van Cutsem E, Bajetta E, Niederle N, Possinger K, Labianca R, Navarro M, Morant R, Bleiberg H, Wils J, Awad L, Herait P, Jacques C：Randomised trial of irinotecan versus fluorouracil by continuous infusion after fluorouracil failure in patients with metastatic colorectal cancer. Lancet 352：1407－1412, 1998

16) Rougier P, Bugat R, Douillard JY, Culine S, Suc E, Brunet P, Becouarn Y, Ychou M, Marty M, Extra JM, Bonneterre J, Adenis A, Seitz JF, Ganem G, Namer M, Conroy T, Negrier S, Merrouche Y, Burki F, Mousseau M, Herait P, Mahjoubi M：Phase II study of irinotecan in the treatment of advanced colorectal cancer in chemotherapy-naive patients and patients pretreated with fluorouracil-based chemotherapy. Journal of Clinical Oncology 15：251－260, 1997

17) Douillard JY, Cunningham D, Roth AD, Navarro M, James RD, Karasek P, Jandik P, Iveson T, Carmichael J, Alakl M, Gruia G, Awad L, Rougier P：Irinotecan combined with fluorouracil compared with fluorouracil alone as first-line treatment for metastatic colorectal cancer：a multicentre randomized trial. Lancet 355：1041－1047, 2000