A RETROSPECTIVE ANALYSIS OF PACLITAXEL (ALBUMIN BINDING TYPE) COMBINED WITH S-1 COMPARED WITH SOX REGIMEN AS FIRST-LINE TREATMENT FOR LAUREN DIFFUSE TYPE ADVANCED GASTRIC CANCER

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Background To investigate the efficacy and safety of Paclitaxel (albumin binding type) combined with S-1 compared with SOX regimen in the treatment of Lauren diffuse-type advanced gastric cancer.

Methods The clinical data of 50 patients with advanced Lauren type diffuse gastric cancer in our hospital from August 2018 to June 2020 were retrospectively analyzed. According to the first-line treatment plan, they were divided into treatment group (n=25) and control group (n=25). The treatment group was treated with Paclitaxel (albumin binding type) combined with S-1 compared chemotherapy. The control group was treated with Oxaliplatin combined with S-1 chemotherapy. Then the adverse reaction and clinical efficacy were recorded.

Results Total 50 patients were evaluated for efficacy. The disease control rate of the treatment group was 68.0% (17/25), and the control group was 48.0% (12/25). The disease control rate of the treatment group was higher than the control group, and the difference was statistically significant (P < 0.05). The main side effects of the two groups were myelosuppression and gastrointestinal reactions, mostly grade I-II. The incidence of leucopenia, hemoglobin reduction and thrombocytopenia in the treatment group was significantly lower than that in the control group (P < 0.05). Other toxicities were similar.

Conclusions Paclitaxel (albumin binding type) combined with S-1 compared with SOX regimen has a significant effect in the first-line treatment of advanced Lauren type diffuse gastric cancer, with no increase in the incidence of adverse reactions, has good safety. It is worthy of clinical promotion. Although the efficacy was better, it should be confirmed by well-controlled randomized clinical trials with more patients.

ENDOSCOPIC FOREIGN BODY REMOVAL – AN INDIAN EXPERIENCE OVER THREE YEARS


Background Endoscopic foreign body (FB) removal forms an important aspect of emergency & routine endoscopic procedures. This is an analysis of the types of FB encountered & the experience with their removal over a period of three years.

Methods This is a retrospective analysis of endoscopies performed for FB removal. The data recorded was the age, sex, symptoms, nature of the FB, bowel injury & endoscopic success/failure.

Results A total of 225 FBs in 225 patients, 65.77% within the reach of the endoscope were removed from 2017 to 2020, >95% being accidental ingestions. Male to Female ratio was 1.25:1. The median age was 6 years (the oldest: 67 years & the youngest: 4 months old), 24.00% of the total FBs were sharps (Group S), 67.11% non-sharps (Group NS) & 8.88% corrosives (Group C). Almost two thirds (62.66%) of FBs had a diameter > 2cm & 12% had a length >5 cm. Bowel injury was present in 20.37% of Group S (p=0.030), 4.63% of Group NS (p<0.05) and 45% of Group C FB (p<0.05). The total no of patients with symptoms were 8.88% with 75% having dysphagia. 44% of patients with bowel injury had symptoms and 3.5% without injury had symptoms (p<0.05). Off the 78 FBs that weren’t within the reach of the endoscope, 65.38% had diameter > 2 cm (p=0.53), 8.97% had length >5 cm (p=0.30), with 19.23% (p=0.22), 71.79% (p=0.27) & 8.97% (p=0.97) being from Groups S, NS & C respectively. We failed in the removal of only 2/147 FBs