

2차 복합 항암 화학 요법제 선택에서 ATP-CRA(chemotherapy response assay)결과를 치료에 이용한 위암환자 1예

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항암제 감수성 검사는 암 환자에서 각 개인에게 알맞은 치료 약제를 선택하는데 도움을 줄 수 있다. 최근에는 일부 연구자들에 의해 기존에 사용하던 방법보다 간편한 ATP-CRA가 치료약제 선택에 사용되고 있다. 저자들은 위암에서 ATP-CRA를 이용하여 2차 약제 선택에 도움을 받았던 위암환자에 대하여 보고하고자 한다.

52세 남자가 수술 불능의 분화가 나쁜 위생암으로 진단받고 docetaxel, cisplatin과 5-FU의 복합항암화학요법을 3차례 받았으나 병의 진행이 관찰되어 ATP-CRA 검사를 시행하였다. 검사결과 각 약제의 증식억제 비율은 다음과 같다. docetaxel(49.1%), paclitaxel(83%), cisplatin(23.6%), 5-FU(52.1%), oxaliplatin(21.4%), irinotecan(0%), doxorubicin(31.1%) 환자는 paclitaxel, capecitabine과 doxorubicin의 복합항암화학요법을 3차례 받은 후 부분관해 이상의 소견이 확인되었고 추가 3차례 치료 후 근치적 위절제술이 가능하였다.

ATP-CRA는 일상적으로 이용되고 있지 않으나 암 환자의 치료약제 선택에 도움을 줄 수 있을 가능성도 있다. 이를 위해서 보다 과학적인 연구가 필요할 것으로 사료된다.

Methylenetetrahydrofolate reductase, thymidilate synthase and dihydropyrimidine dehydrogenase gene polymorphisms in Korean gastric cancer patients: Genomic predictor of clinical response to capecitabine-based chemotherapy

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Fluorouracil(5-FU) is widely used in the treatment of advanced gastric cancer and capecitabine is replacing iv 5-FU based on its high single-agent activity. The enzymes which are relate with folate pool in gastric cancer tissue is essential for the effect of 5-FU-based chemotherapy. We assessed whether polymorphisms in TS, DPD and MTHFR predicted clinical response to capecitabine-based chemotherapy in advanced gastric cancer patients.

Fifty-two patients with advanced gastric adenocarcinoma were analyzed. Tirty-five out of 52 patients were treated with capecitabine, cisplatin and docetaxel in combination. Another 17 patients were treated with capecitabine and docetaxel. Genomic DNA was extracted from blood or paraffin-fixed tumor tissue. Genotypes of MTHFR, TS and DPD were determined. Overall response rate was 53.8%. Response rate was 66.6% for 8 patients with MTHFR VV genotype, 52.0% for 13 patients with AV, and 46.6% for 7 patients with AA($p=0.56$). Response rate was 50.0% for 2 patients with TS 2/2 genotype, 46.7% for 7 patients with 2/3, and 54.5% for 18 patients with 3/3. Any kinds of known DPD polymorphysm did not noted in our study. Our results show a statistically nonsignificant association between MTHFR and TS polymorphism.