

# The Bethesda Handbook of Clinical Oncology

中文翻译版

## 贝塞斯达 临床肿瘤学手册

原书第4版

主编

Jame Abraham  
James L. Gulley  
Carmen J. Allegra

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北京

图字：01-2015-4013号

## 内 容 简 介

本书由美国国家癌症研究所及其他权威机构的医生编著而成，内容几乎涵盖了所有恶性肿瘤。本书第4版侧重于介绍临床实践内容，重点为读者介绍每种肿瘤的诊断和治疗方案，以及最新临床试验结果，并在前三版的基础上增加了临床遗传学及诊断驱动的癌症个性化治疗等内容，在大部分章节末增加了选择题。

本书内容以表格、流程图等多种简明、直观的形式呈现，便于查阅，可作为临床肿瘤科医师、研究生及其他相关人员的参考书。

### 图书在版编目(CIP)数据

贝塞斯达临床肿瘤学手册：原书第4版/(美) 詹姆·亚伯拉罕(Jame Abraham)等主编；束永前等译. —北京：科学出版社，2016.9

书名原文：The Bethesda Handbook of Clinical Oncology (Fourth Edition)

ISBN 978-7-03-049517-4

I. 贝… II. ①詹… ②束… III. ①肿瘤学—手册 IV. R73-62

中国版本图书馆CIP数据核字(2016)第182111号

责任编辑：沈红芬 马晓伟 / 责任校对：张怡君 赵桂芬

责任印制：肖 兴 / 封面设计：陈 敬

Jame Abraham, etc; The Bethesda Handbook of Clinical Oncology, 4th ed

ISBN: 978-1-4511-8758-8

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本书封面贴有Wolters Kluwer Health激光防伪标签，无标签者不得销售。

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科学出版社出版

北京东黄城根北街16号

邮政编码：100717

<http://www.sciencep.com>

中国科学院印刷厂 印刷

科学出版社发行 各地新华书店经销

\*

2016年9月第一版 开本：890×1240 A5

2016年9月第一次印刷 印张：30 5/8

字数：1 000 000

定价：148.00元

(如有印装质量问题，我社负责调换)

《贝塞斯达临床肿瘤学手册》  
(原书第4版)  
翻译人员

主译 束永前 刘连科

译者 (按姓氏汉语拼音排序)

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## 前　　言

《贝塞斯达临床肿瘤学手册》是一部简洁、精练的综合性参考书，适合于日常工作中繁忙的临床医师使用。本书由在美国国家癌症研究所和美国国立卫生研究院、霍普金斯、梅奥诊所和克利夫兰诊所工作的医生，以及其他学术机构的学者共同编写。由于篇幅限制，本书涉及病因学、病理生理学和流行病学的相关内容较少，而着重于实际临床信息的介绍。为了使内容更为切题，本书避免了长篇累牍式的叙述，取而代之的是更多的表格、图片、流程图和缩略语。

《贝塞斯达临床肿瘤学手册》并不是一本内容极为详尽、包含病理生理和复杂肿瘤患者诊治方案解析的肿瘤学理论专著，而是为读者提供每种疾病治疗方法的精练介绍，包括诊断、用药剂量、疗程等，是一本适合肿瘤科医生、肿瘤科研究生、住院医生、学生、肿瘤科护士和健康管理参考的独特的、有价值的、便于阅读的手册。

自从13年前本书第1版出版以来，肿瘤学领域发生了巨大变化。在第4版中，我们对所有章节做了更新，并增加了两个新的章节：“临床遗传学”和“诊断驱动的癌症个性化治疗”。此外，我们在大多数章节编写了多选题，以增强学习体验，帮助临床医生准备资格考试。

我们一如既往地努力获取这一领域的最新进展，并虚心接受读者的反馈意见来完善本书。我们希望每个需要了解肿瘤概况的读者都能将《贝塞斯达临床肿瘤学手册》视为一种必不可少的资源。

Jame Abraham

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# 第一部分

# 头 颈 部

## 第1章 头颈部癌

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### 一、流行病学

全世界头颈部鳞状细胞癌每年发病超过 500 000 例，美国为每年 40 000 ~ 60 000 例，头颈部鳞状细胞癌占所有新发癌症的 3% ~ 5%，约占所有癌症死亡者的 2%。大多数患者在 50 岁以上，且发病率随着年龄的增大而增加；男女发病率之比为 2 : 1 ~ 5 : 1。年龄调整发病率在黑种人男性中最高，而且，各分期中非裔美国人存活期总体上低于白种人。自 1975 年以后，头颈部肿瘤死亡率已经呈下降趋势，尤其在过去的十年中死亡率更加迅速地下降。90% 的头颈部癌为鳞状细胞癌。在美国，头颈部癌最常见的发生部位为口腔、咽、喉和下咽。鼻腔、鼻窦、鼻旁窦癌，唾液腺恶性肿瘤，以及各种肉瘤、淋巴瘤和黑色素瘤较为少见。

### 二、危险因素

过量饮酒可使患头颈部鳞癌的风险增加 2 ~ 6 倍，吸烟使风险增加 5 ~ 25 倍，根据性别、种族和吸烟量的不同而不同。两种因素共同作用可使患病风险增加 15 ~ 40 倍。无烟烟草和鼻烟均与口腔癌相关。使用无烟烟草、咀嚼槟榔伴或不伴有烟草和熟石灰（常见于亚洲许多地区和非洲的一些地区），与癌前病变及口腔鳞癌有关。

已在头颈部癌患者中描述了多灶性黏膜异常（区域性癌变）。在该区域有癌症病史的患者中，继发性头颈部癌、肺癌、食管癌的每年风险为 2% ~ 6%。那些持续性吸烟者的发病风险最高。在初发头颈部鳞癌的幸存者中，第二原发肿瘤是其主要的死亡危险因素。

在几乎所有的非角化和未分化的鼻咽癌中已检测到 EB 病毒 (EBV)，但在鼻咽鳞癌上不太一致。人乳头瘤病毒 (HPV) 感染与高达 70% 的口咽部和扁桃体癌，以及一些喉和鼻咽鳞癌相关。HPV 阳性癌的发生率在一些国家似乎在增加，而且 HPV 阳性在不吸烟患者中更常见。DNA 修复紊乱（如范科尼贫血、先天性角化不良）及器官移植使用免疫抑制剂者也与头颈部鳞癌的风险增加有关。

### 三、筛查

由于发病率低及缺乏敏感性研究，美国预防工作组 (U. S. Preventive Task Force) 没有推荐在一般人群中常规筛查口腔癌。但他们推荐戒烟咨询和限制饮酒。美国癌症学会推荐在内科或口腔科预约中进行口腔检查。口腔检查包括所有黏膜区的检查、评估舌活动范围、双手触诊口底、舌触诊，评估牙齿健康。对于存在危险因素 [如吸烟和 (或) 饮酒]，以及有可疑症状的个体，必须进行仔细的头颈部检查。任何局部/区域性的不适主诉都需要评估，尤其对那些症状持续超过 4 周或对疑似感染治疗后症状持续存在的患者。

### 四、预防和化学预防

预防头颈部肿瘤的最重要措施是戒烟和限制乙醇摄入。由于 HPV 相关的头颈部癌症的风险与有多个性伴侣相关，安全性行为的教育也是有帮助的。对于青少年应考虑预防性地给予 HPV 疫苗，该治疗目前已被美国食品和药品管理局 (FDA) 批准用于预防女性宫颈癌 (二价或四价疫苗) 和男性生殖器疣 (四价疫苗)，以及预防肛门癌前病变 (四价疫苗)。目前正在收集疫苗接种对于 HPV 相关性头颈部癌发生率影响的资料。

口腔、咽、喉等部位发生癌前病变可表现为白斑 (不易刮去的、而且没有其他明显原因的白色斑片) 或红斑 (质脆红色或斑点状病变)。这些病变需要活检，以及潜在的切除。不伴异型增生的白斑进展到癌症的风险大约为 4%。然而，重度异型增生或黏膜红斑进展为癌症的风险可达 40%。

目前，对于有头颈部鳞癌风险的患者尚无有效的化学预防方法。最近的一项 PPAR 激动剂——吡格列酮试验显示，在约 80% 的受试者中出此为试读，需要完整PDF请访问：[www.ertongbook.com](http://www.ertongbook.com)