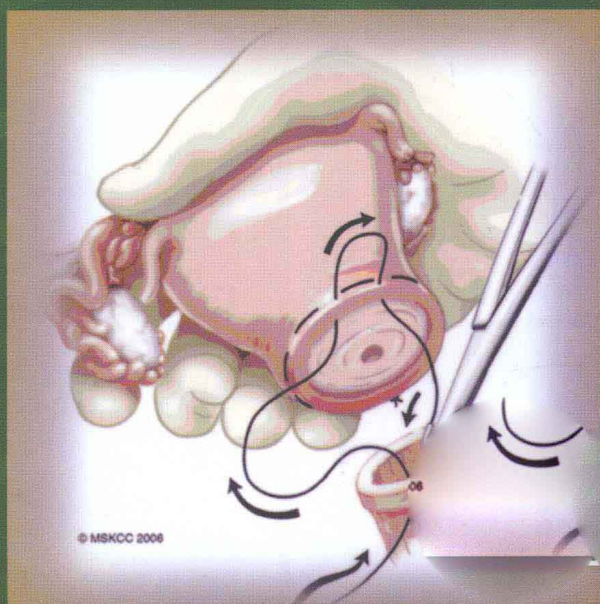


妇科肿瘤学原理与实践

Principles and Practice of Gynecologic Oncology

第 5 版



著 Richard R. Barakat
Maurie Markman
Marcus Randall

主译 林仲秋 李 晶

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Principles and Practice of Gynaecological Oncology

第3版



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从初译、复审到结稿,《妇科肿瘤学原理与实践》(第5版)的翻译工作共耗时1年多。在与各位同事并肩奋战的370多个日子里,感触颇多,但真正到要将自己的“作业”交予读者评审时,却又五味杂陈,不知从何说起……

一年前,得知人民卫生出版社要将它翻译成中文版时,我们无比兴奋。我们制定了一份“宏伟”的翻译计划,决定速战速决,在3个月内完成初译和校订工作。但当我们开始着手翻译时,才发现“罗马不是一天建成的”。放在我们面前的不是一本简单的书。

由于本书属教科书,因此,在翻译中我们始终“以信”为基本目标,而“达”“雅”则属“虽不能至,心向往之”。用战战兢兢、如履薄冰来形容我们在翻译、校对过程中的心情,我想再恰当不过。一方面,我们担心因一时疏漏导致张冠李戴,这样不但有失原著之“信”,还会造成误人子弟的恶果。另一方面,囿于“功力”有限,难免在译文中出现一些“英文式中文”,虽已三易其稿,但总会出现那么一两句译文让大家觉得拗口。“但愧知识短浅,诚恐贻笑大方”,我们真诚地希望各位同道和读者能对译文中的不足进行批评和指正。

至于这本“不简单”的书,我们觉得它在诸多妇科肿瘤专科教材中确实具有独特的价值。《妇科肿瘤学原理与实践》自第1版以来,始终保持着“五性”——综合性、实用性、条理性、严谨性和先进性,这一特点使其自成书伊始便独树一帜。尤为难得的是,虽历经12年,到目前第5版为止,书中每一章仍同时由手术学专家、肿瘤内科学专家、肿瘤放射治疗学专家和病理学专家共同参与完成,而这些专家均是来自Memorial Sloan-Kettering癌症中心、M. D. Anderson癌症中心、哈佛医学院等顶尖级学府和医疗中心的领军人物,他们在回顾经典理论的基础上,对近年来肿瘤学和妇科肿瘤学中的新进展进行了全面而深入的总结,为我们提供了大量高质量证据。通过证据支持“原则”,通过“原则”指导“实践”是《妇科肿瘤学原理与实践》有别于其他著作的一大亮点。我们相信读者在阅读本书后,如果再遇到同一疾病或问题,会明确知道需要做什么、

怎么做、为什么这样做。《妇科肿瘤学原理与实践》还对妇科肿瘤诊疗学中的各种进展进行总结,涉及内容包括机器人手术、海洋生物类药物、手术新器械等。此外,本书也特别关注综合治疗,提出应高度重视肿瘤患者的生活质量,编者甚至不惜笔墨单独用两个章节对生活质量和临终关怀事宜进行了详细讨论,并且在疾病各论、重症监护等章节又反复强调两个问题,提醒妇科肿瘤医生要能够通过多学科综合治疗的手段来减轻肿瘤患者尤其是晚期患者的痛苦。

我还没有倚老卖老的资本,但当妇产科医生也接近30年,从事妇科肿瘤工作20多年,“被专家”10余年。虽则如此,在深入细读本书时,才发现书中有很多自己还不知道而临床上又很有用,特别是作为专家更应该懂得的东西。而许多我们临床感到困惑,不断在各类会议上争论、“PK”的所谓有争议的问题,实际上在本书中可找到明确的答案。因而,翻译本书的另一收获,就是使我更深地体会了“活到老,学到老”的真谛。

翻译是一件苦差事,但回头来看,能有幸在其他读者之前完整拜读这部经典著作,又不禁有一种窃喜和大快朵颐之感。感谢人民卫生出版社,普罗米修斯偷来圣火施于人间,而他们则为我们传递了“圣火”。感谢黄靖然、冯敏清、谢玲玲、吴妙芳、雷普润、陈凯,他们在完成翻译工作外,还出色地完成了文字校订工作。

最后要特别提到的是本书的另一主译李晶医生,他是我的博士研究生,一年来,在完成繁重学习和科研任务的同时,担负了本书翻译的组织工作和大部分校对工作。如果没有他夜以继日的辛劳和认真执著的工作作风,本书难以如期和读者见面。

本书完成之际,正值中国第一所西医医院——中山大学孙逸仙纪念医院175周年华诞,谨以此书表示祝贺,并对所有大力支持妇科肿瘤事业发展的前辈表示敬意!

林仲秋

2011年5月5日

早在 20 世纪 90 年代早期, Lippincott 出版社肿瘤学教材编译部负责人 Stuart Freeman 就曾邀请我、Carlos Perez 和 Robert Young 一起编写一本针对妇科肿瘤学的专科教材。盛情难却, 我们在 1992 年正式启动了编写工作, 2 年后, 第 1 版《妇科肿瘤学原理与实践》呱呱坠地。光阴荏苒, 转眼间 12 年已经过去了, 这个襁褓中的新生儿在众位编者、读者的悉心呵护下已然成长成一名充满朝气的少年。

自编写伊始我们一直遵照 Stuart 的要求, 力求使本书具有“五性”:

1. 综合性。我们希望妇科肿瘤医生重视多学科综合治疗在妇科肿瘤治疗中的重要作用和核心地位。为达到这一目的, 本书所有章节均由手术学专家、肿瘤内科学专家、肿瘤放射治疗学专家和病理学专家共同参与完成。

2. 实用性。所有编者撰稿时均参阅了大量文献, 并对手术学、肿瘤药理学和肿瘤放射治疗学的相关研究进行了总结。我们希望本书可成为妇科肿瘤医生的案头参考书, 能够对妇科肿瘤医生的临床实践进行指导。

3. 条理性。妇科肿瘤学涉及的知识纷繁芜杂, 为方便阅读, 我们将相关知识进行了总结, 并分为三大部分进行论述, 分别是基础医学、妇科肿瘤治疗学总论和妇科肿瘤治疗学分论。

4. 严谨性。严谨是科学的灵魂, 为确保质量并使读者接受到最准确的信息, 本书共进行两次修订, 每次耗时 2 ~ 3 天, 要求所有编者在同一时间、同一地点共同审阅同一章节。

5. 先进性。科学在不断发展, 我们希望能给妇科肿瘤医生提供最新的信息和研究成果, 以帮助他们更好地造福于患者。为达到这一目的, 我们力争每 3 年进行一次修订。

过去 12 年见证了《妇科肿瘤学原理与实践》的不断进步和发展。每当我们打开这本书, 总会想起

前 3 版的编辑 Stuart Freeman, 正是在他的努力下, 这个新生儿才能顺利降生, 而第 4 版的编辑 Jonathan Pine, 则更是兢兢业业, 为提高本书质量而殚精竭虑。此外, 《妇科肿瘤学原理与实践》的成功也得益于 Lippincott Williams & Wilkins 公司的鼎力支持, 我们十分感谢该公司为我们提供的机会, 编纂工作拉近了我们之间的距离, 我们不但分享了知识, 更建立了友谊。最让我们欣慰的是, 《妇科肿瘤学原理与实践》一经出版即得到多数读者的赞赏, 它不但为妇科肿瘤医生提供了大量有价值的研究资料, 还为临床实践提供了明确的指引。

在对第 4 版进行修订时, 三位编辑同意了我们的要求, 不再由我们继续担任第 5 版主编, 我们也答应为第 5 版物色优秀的编者, 最终我们推荐 Richard Barakat MD、Maurie Markman MD 和 Marcus Randall MD 担任新版的主要编者, 而这三位俊彦也共同参与了《妇科肿瘤学原理与实践》第 4 版的修订工作。第 5 版修订伊始, 我们再次受邀, 但是这次只颀颜作序。得知新书出版在即, 我们十分高兴, 也期待它能在保持传统特色的同时能够推陈出新, 使妇科肿瘤医生更好地了解妇科肿瘤诊疗及研究中的新方法和新进展。

过去几年中, 我们目睹了妇科肿瘤学的迅猛发展。人乳头状瘤病毒 (HPV) 疫苗已在全世界得到推广, 我们相信, 在疫苗的帮助下, 宫颈癌的发病率和死亡率将显著下降。妇科肿瘤诊疗中的新方法也层出不穷。在这些方法的帮助下, 肿瘤的外科治疗效果得到了进一步提高。而新型化疗药物、靶向治疗药物、放疗新技术、新设备的不断出现则为进一步改善妇科肿瘤患者的预后带来了希望。令人欣喜的是, 我们已观察到卵巢癌和宫颈癌患者的死亡率出现了显著下降, 而宫体肿瘤患者的生存率也一直保持稳定状态。2007 年, 卵巢癌患者 (不分期别和种族) 的 5 年生存率为 45%、宫颈癌为 72%、宫体癌为 83%。

《妇科肿瘤学原理与实践》将继续致力于为妇科肿瘤医生提供最新最全面的信息。为保持综合性，第5版将更加关注基础生物学、病理学、综合治疗学和肿瘤的个体化治疗。

作为最早参与《妇科肿瘤学原理与实践》编纂工作的编者，我们对这本书怀有真挚的感情。看到它一路走来，不断发展、成熟、完善，不断造福于妇科肿瘤患者，我们无比欣慰，同时，我们也祝贺 Richard Barakat、Maurie Markman 和 Marcus Randall 共同荣任《妇科肿瘤学原理与实践》第5版主编。

这一工作是对他们成就的认可，更是对他们的信任和期待。我们相信，在三位主编的努力下，《妇科肿瘤学原理与实践》将继续发展，并为我们带来更多、更全、更新的知识。

是以为序。

William J Hoskins MD

Carlos A Perez MD

Robert C Young MD

接任《妇科肿瘤学原理与实践》第5版主编，不胜荣幸，而本书的顺利出版也得益于大家的共同努力。作为编者和肿瘤学专科医生，亲身经历《妇科肿瘤学原理与实践》第5版从修订到出版的全部过程，我们倍感骄傲。水滴石穿，非一日之功，在享受《妇科肿瘤学原理与实践》为我们带来的知识盛宴时，我们不应该忘记 William J. Hoskins MD、Carlos A. Perez MD 和 Robert C. Young MD 在过去15年中为本书所做的杰出贡献，正是这三代人的筚路蓝缕，才造就本书为读者所乐道的风格。很难想象，如果没有他们的工作和帮助，我们怎样才能胜任这次编纂工作，我们怎样才能让读者再次感受到《妇科肿瘤学原理与实践》一书的独特风格。毫无疑问，我们的工作是在巨人的肩膀上完成的。我们希望通过总结近年来妇科肿瘤诊疗学中的进展，使第5版《妇科肿瘤学原理与实践》能在原书的基础上达到一个新的高度。

无论是组织框架，还是文风，我们都力保新版《妇科肿瘤学原理与实践》能与过去4版一以贯之、一脉相承。第5版每一章仍由手术学专家、肿瘤内科学专家、肿瘤放射治疗学专家和病理学专家共同完成。过去几年中，妇科肿瘤诊疗学的各个领域都取得了巨大成就、产生了海量信息，为了能够让读者充分了解每一方面的新进展、新成就，多学科专家同时参编极为必要。为保证《妇科肿瘤学原理与

实践》能够始终保持活力，每一版编委中都会出现新面孔，每届新编委都占编委会成员数的30%。此外，书中每一章节也历经修改甚至重编，尤其是宫颈肿瘤、卵巢肿瘤、子宫内膜肿瘤和乳腺肿瘤四章，在此过程中每位编委都倾尽精力和心血，这让我感动至极。正是由于他们的不懈努力和杰出贡献，《妇科肿瘤学原理与实践》才得到了大家的肯定，其内容之新颖、信息之全面，吸引了一大批读者并被奉为经典。《妇科肿瘤学原理与实践》是一部面向妇科肿瘤专科医生的教科书，读者群包括肿瘤外科学医生、肿瘤内科学医生、肿瘤放射治疗学医生以及病理学医生和护士。同时，本书对于妇科肿瘤专科住院医师医生和进修生也有一定价值。

最后，我们代表所有编者向各位读者表示敬意，你们的支持是鞭策我们前进的动力，也衷心希望能够继续得到你们的关注和批评。我们将不断改进，继续提高《妇科肿瘤学原理与实践》一书的品质，力求使之成为一部艺术品。若第5版《妇科肿瘤学原理与实践》能为妇科肿瘤医生的实践提供更多帮助，从而进一步减轻妇科肿瘤患者的痛苦，我们将倍感欣慰，这将是我们的最大福祉。

Richard Barakat MD
Maurie Markman MD
Marcus Randall MD

第一篇 妇科肿瘤流行病学

第1章 妇科肿瘤流行病学·····	3
第2章 妇科肿瘤临床遗传学·····	35
第3章 妇科肿瘤生物学导论·····	41
第4章 肿瘤浸润、血管形成和转移：生物学和临床应用·····	81
第5章 癌基因和抑制癌基因·····	99
第6章 妇科恶性肿瘤的免疫治疗学·····	129
第7章 肿瘤标记物的发展与识别·····	165
第8章 肿瘤的预防策略·····	187
第9章 临床研究方法学和生物医学统计学·····	199
第10章 妇科肿瘤影像诊断学·····	221

第二篇 妇科肿瘤治疗学总论

第11章 围术期评估与重症监护·····	261
第12章 妇科肿瘤手术原则·····	299
第13章 妇科肿瘤腔镜治疗学·····	319
第14章 肿瘤放射生物学和肿瘤放射物理学·····	359
第15章 妇科肿瘤的化疗原则·····	419
第16章 妇科肿瘤药理学·····	451
第17章 激素和人类恶性肿瘤·····	515
第18章 新世纪，新方法·····	539
第19章 下生殖道癌前病变的发病机制和诊断·····	581

第三篇 妇科肿瘤治疗学分论

第20章 外阴肿瘤·····	613
第21章 阴道肿瘤·····	653
第22章 宫颈肿瘤·····	689
第23章 子宫内膜癌·····	761
第24章 子宫体间质肿瘤·····	817
第25章 上皮性卵巢肿瘤·····	849

第 26 章	卵巢生殖细胞肿瘤	933
第 27 章	卵巢性索间质肿瘤	953
第 28 章	葡萄胎和妊娠滋养细胞肿瘤	973
第 29 章	乳腺肿瘤	997

第四篇 妇科肿瘤治疗过程中涉及的特殊问题

第 30 章	妇科恶性肿瘤患者感染的处理	1055
第 31 章	并发症的处理	1073
第 32 章	疼痛的处理	1095
第 33 章	妇科肿瘤患者的营养支持	1119
第 34 章	妇科肿瘤患者的生活质量问题	1135
第 35 章	临终关怀	1145

妇科肿瘤 流行病学

第1章 ■ 妇科肿瘤流行病学

原 著 LOUISE A. BRINTON, MARK SCHIFFMAN

译 者 吴珠娜, 李晶, 林仲秋

医学书籍在对不同疾病进行讨论时,常包含流行病学和病因学的内容。而临床医生在日常工作时极少直接和这些问题打交道,所以他们在阅读相关书籍时常会认为这些章节是多余的。但是,对于妇科肿瘤医生而言,事实并非如此,对疾病的流行情况进行解释、监测某些疾病的重要病因也是医生的职责。此外,根据流行病学调查结果制定的公共卫生政策对妇科疾病的影响可能超过其他任何临床学科,尤其在宫颈癌和子宫内膜癌的防治中,流行病学发挥了极为重要的作用。

150年前有学者发现修女极少发生宫颈癌,目前我们已开始针对特定类型的人乳头瘤病毒感染进行长期随访,并且正在着力确定病毒的致病性、自然史,对宫颈癌的预防已集中在性行为 and 感染因素。我们已按照病毒的自然史制订了宫颈癌的筛查方案,这一措施已从根本上改变了宫颈癌的发病情况,目前,医生已能更为全面地掌握患者的既往感染史,宫颈癌的发病情况和临床处理方法将会发生更大的改变。

早在流行病学调查之前,就有妇科医生提出雌激素可能是导致子宫内膜癌的病因。但是,根据文献记载,这一发现并没有有效降低医源性肿瘤的大规模流行(即雌激素替代疗法引起子宫内膜癌发病率增加)。后来激素替代治疗再次兴起,其中增加了孕激素,在对这种方法的效果和风险效益进行评价时,流行病学专家和妇科医生又走到了一起。在评价使用口服避孕药对子宫内膜癌和卵巢癌进行医源性化学预防的效果时,同样存在相似问题,同样在生物学和风险效益层面上推动着这两个学科的结合。

长期以来,流行病学和妇科肿瘤学两学科间一直进行着很好地互动、互补,这为疾病的预防、筛查及发病机制的研究带来了其他肿瘤学科不可比拟

的优势。本章节主要阐明如何在妇科肿瘤研究中结合流行病学,并将其作为一个发展方向,以减少妇科肿瘤的发病率和死亡率。

子 宫 体 癌

人口统计学

子宫体癌(以下称为子宫癌)是最常见的浸润性妇科肿瘤,在美国妇科肿瘤的发病率中位居第四。美国女性中,每40人中会有1人罹患子宫癌,据统计2008年有近40100例患者确诊患有子宫癌(1)。SEER(surveillance, epidemiology, and end results),是一项约涉及26%美国居民的癌症报告系统,该系统数据显示2002~2004年子宫癌的年平均发病率(按照美国标准进行年龄校正后)为22.7/100000,相应的年死亡率为2/100000,提示该肿瘤预后较好(2)。子宫癌患者5年生存率为84%,据估计,2008年大约有7470例患者死于该病(1)。

子宫癌的发病率在北美、欧洲和南美洲温带最高,在东南亚(包括日本)和非洲大部分地区(除南非外)低(3)。年龄<45岁时,发病率低,但40岁末到60岁人群中子宫癌的发病风险急剧上升。对年龄进行校正,有研究报道子宫癌在白色人种中的发病率约是非白色人种的2倍(图1.1),造成这种差异的原因仍不明确。在过去几十年中子宫癌的发病模式已发生了巨大变化,美国子宫癌的发病率显著增加,至1975年发病率达到高峰(图1.2)(4)。已有大量证据证实20世纪60年代末和70年代初子宫癌发病率的变化与雌激素替代疗法的广泛使用有关。子宫癌的死亡率很低,这也能够反映出发病率的情况。