



Title	Effects of herbal preparation, corioulus versicolor Yun-zhi, on non-small cell lung cancer (NSCLC)
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Effects of Herbal Preparation, *Coriolus Versicolor* Yun-Zhi, on Non-Small Cell Lung Cancer (NSCLC)

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NSCLC is commonly treated with alternative or herbal therapy in Hong Kong although there has never been properly controlled clinical trials evaluating the efficacy of such mode of treatment. We have performed a 4-week double-blind placebo-controlled study to evaluate the efficacy of a highly acclaimed preparation Yun-zhi (YZ), a polysaccharide peptide derived from the Chinese fungus *Coriolus versicolor* cov-1, on NSCLC patients who have completed palliative radiotherapy or chemotherapy. At interim analysis, 39(21 on YZ, age 39 - 82 yrs, 15 males, stages IIIa=3, IIIb=7, IV=11; 18 on placebo age 34 - 75 yrs, 12 males, IIIa=1, IIIb=8, IV=9) have completed the study. Compared with baseline, there was a significant increase in serum IgG levels (mean increase with YZ=105.81, mean decrease with placebo=15.44mg/dl, $p=0.01$), but not IgA (YZ:138 & Placebo: 137mg/dl, $p>0.2$) or IgM(YZ:3.67 and Placebo: -7mg/dl, $p>0.2$). There was no significant difference in the blood levels of total leukocyte counts, ESR, C-reactive protein, liver and renal function tests between the two study groups before and after treatment ($p>0.05$). Altogether 6 patients (YZ=1, Placebo=5) patients were withdrawn from the study due to clinical deterioration. YZ appears to be a well tolerated preparation, which has some immunomodulating actions in patients with NSCLC. Ongoing studies are being performed to evaluate its efficacy on patients morbidity and mortality.

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HRCT Quantification of Bronchiectasis: a Functional-Morphologic Study

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This study was performed to evaluate the utility of high resolution computed tomography (HRCT) in bronchiectasis quantification and its correlation with lung function indices. The severity of bronchiectasis (SB) was graded according to severity of lobar involvement (0-3) in fifty-three (19 men, 59 ± 13 years (mean age \pm SD)) patients in steady state bronchiectasis. Presence of small airway disease increased grade weighting. Bronchial wall thickening was also graded (0-2) in each lobe. Laboratory measurements included 24-hour sputum volume (SV) and weight (SW), and standard lung function tests (% predicted values were used for statistical analysis). There were 43 non-smokers, 10 ex-smokers, and 3 patients with hemoptysis. Mean 24-hour SV and SW were 13.4 ± 10.6 ml and 9.5 ± 8.6 mg respectively. Bronchiectasis was bilateral in 44 patients with 119 involved lobes, of which the right middle (22.1%) and left lower (20.6%) lobes were most commonly involved. SB was correlated (using Spearman's rank correlation) with FVC ($p=0.000$, $r = -0.50$), FEV_1 ($p=0.000$, $r=-0.61$), TLC ($p=0.000$, $r=-0.52$) and DLCO ($p=0.002$, $r=-0.42$), with a weaker correlation obtained with SV ($p=0.03$, $r=0.31$) and SW ($p=0.02$, $r=0.34$). Bronchial thickening had no correlation with either SV or SW although a strong relationship with FVC ($p=0.000$, $r=-0.53$), FEV_1 ($p = 0.000$, $r=-0.66$), TLC ($p=0.000$, $r=-0.55$) and DLCO ($p=0.007$, $r=-0.38$) was shown. These consistent and significant correlations between HRCT quantification and physiological indices validate HRCT as a useful modality in the quantitative assessment and treatment monitoring of bronchiectasis.

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