

181~186.乙型肝炎相关性肝癌根治术后IFN- $\alpha$ 治疗对于肿瘤复发和生存率的影响[J].陆洋,瞿利帅,钱海鑫.中国肿瘤生物治疗杂志,20

乙型肝炎相关性肝癌根治术后IFN- $\alpha$ 治疗对于肿瘤复发和生存率的影响 [点此下载全文](#)

[陆洋](#) [瞿利帅](#) [钱海鑫](#)

苏州大学附属第一医院 普外科, 江苏 苏州215006; 南通大学附属医院 重症医学科, 江苏 南通226001; 南通大学附属医院 消化内科 附属第一医院 普外科, 江苏 苏州215006

基金项目: 国家自然科学基金资助项目 (No. 81302056), 国家卫生部科研基金资助项目 (No. W201202), 江苏省自然科学基金BK2012225)

DOI: 10.3872/j.issn.1007-385X.2014.02.012

摘要:

目的: 研究乙型肝炎相关性肝癌根治性切除术后接受IFN- $\alpha$ 治疗对于患者总体生存率和肿瘤复发率的影响。方法: 选取南通大学年至2012年收治的149例已行肝癌根治性切除术的乙型肝炎相关性肝癌患者, 按患者意愿分组: 治疗组37例, 术后接受IFN- $\alpha$ 治疗(月); 对照组112例, 术后未接受IFN- $\alpha$ 治疗。比较两组患者总体生存率和复发率, 分析IFN- $\alpha$ 治疗与两者的相关性。结果: 两组患者生存率无显著差异, 平均随访时间为53.3 (3.5~74.2) 个月。治疗组总体生存率显著高于对照组[(63.4 $\pm$ 3.1) vs (52.12 $\pm$ 2.2) 个月,  $P=0.023$ ], 而复发率无显著差异[(56.4 $\pm$ 3.0) vs (49.6 $\pm$ 3.0) 个月;  $\chi^2=2.236$ ,  $P=0.260$ ]。多因素分析提示术后接受IFN- $\alpha$ 治疗是提高总体生存率的独立影响因素 (HR: 0.446, 95% CI: 0.220~0.907,  $P=0.026$ ), 但术后接受IFN- $\alpha$ 治疗与复发率无相关性。结论: 乙型肝炎相关性肝癌根治性切除术后接受IFN- $\alpha$ 治疗未见明显降低复发率。

关键词: [肝癌](#) [乙型肝炎](#) [IFN- \$\alpha\$](#)  [总体生存率](#) [复发率](#)

[Download Fulltext](#)

[Lu Yang](#) [Qu Lishuai](#) [Qian Haixin](#)

Department of General Surgery, First Affiliated Hospital of Soochow University, Suzhou 215006, Jiangsu, China; Department of Gastroenterology, Affiliated Hospital of Nantong University, Nantong 226001, Jiangsu, China; Department of Gastroenterology, Nantong University, Nantong 226001, Jiangsu, China; Department of General Surgery, First Affiliated Hospital of Soochow University, Suzhou 215006, Jiangsu, China

Fund Project: Project supported by the National Natural Science Foundation of China (No. 81302056), the Science and Technology Project from Ministry of Health of China (No. W201202), and the Natural Science Foundation of Jiangsu Province (No. BK2012225)

Abstract:

Objective: To investigate the effect of interferon  $\alpha$  (IFN- $\alpha$ ) therapy after curative resection on overall survival and recurrence rate in patients with hepatitis B virus (HBV)-related hepatocellular carcinoma (HCC). Methods: A total of 149 HBV-related patients who underwent curative resection in the Department of General Surgery and Gastroenterology of the Affiliated Hospital of Soochow University between 2006 and 2012 were enrolled in this study. Of these patients, 37 expressed wishes to receive postoperative IFN- $\alpha$  therapy (3 times a week for 18 months) and the remaining 112 wished not to receive postoperative therapy. The overall survival rate and recurrence rate were compared between the two groups and the correlations of both survival and recurrence with IFN- $\alpha$  treatment were analyzed. Results: There was no significant difference in general clinical and pathological characteristics between the two groups ( $P>0.05$ ). The average follow-up time was 53.3 months (range from 3.5 to 74.2 months). The overall survival rate in the treatment group was significantly higher than that in the control group (63.4 $\pm$ 3.1% vs 52.12 $\pm$ 2.2%,  $P=0.023$ ), while no significant difference in the cumulative recurrence rate was detected between the treatment group and the control group (56.4 $\pm$ 3.0% vs 49.6 $\pm$ 3.0%,  $\chi^2=2.236$ ,  $P=0.260$ ). Multivariate analysis revealed that postoperative IFN- $\alpha$  therapy was an independent factor for the overall survival rate (HR: 0.446, 95% CI: 0.220-0.907,  $P=0.026$ ), but not for the recurrence rate. Conclusion: Postoperative IFN- $\alpha$  therapy improved the overall survival rate in but failed to reduce the recurrence rate in patients with HCC.

Keywords: [hepatocellular carcinoma](#) [hepatitis B](#) [interferon- \$\alpha\$](#)  [overall survival rate](#) [recurrence rate](#)

[查看全文](#) [查看/发表评论](#) [下载PDF阅读器](#)