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EGFR、MVD和LRP在上皮性卵巢癌中的表达及其临床意义 [点此下载全文](#)

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摘要:

目的: 探讨表皮生长因子受体(epidermal growth factor receptor, EGFR)、微血管密度(microvessel density, MVD)和肺耐药蛋白(lung resistance protein, LRP)在上皮性卵巢癌中的异常表达及其临床意义。方法: 采用免疫组化法检测76例上皮性卵巢癌、9例交界性卵巢肿瘤、17例良性卵巢肿瘤和15例正常卵巢组织中EGFR、LRP的表达和MVD计数, 并对患者进行随访, 评价化疗效果及预后。结果: (1) 卵巢癌组织中EGFR、LRP阳性表达率分别为73.68%和71.79%, MVD计数为 21.77 ± 9.85 , 均显著高于正常卵巢组织和良性肿瘤($P < 0.01$)。 (2) EGFR与FIGO分期、细胞学分级及腹水产生有关($P < 0.05$), 与年龄、组织学类型、残留灶大小及有无淋巴结转移无相关性($P > 0.05$); 低分化、有腹水及残留灶 ≥ 2 cm的癌组织中MVD计数较高($P < 0.05$); LRP与肿瘤临床病理参数无相关性($P > 0.05$)。 (3) 在卵巢癌组织中, EGFR表达与MVD计数和LRP表达均呈正相关($P < 0.05$)。 (4) 对患者术后化疗的随访资料分析发现, EGFR和LRP表达阴性者化疗有效率分别高于表达阳性者($P < 0.05$)。 (5) Kaplan Meier法比较生存曲线表明, EGFR和LRP阳性表达、低分化、有腹水和化疗耐药者术后生存时间短($P < 0.01$), 多因素分析表明LRP蛋白表达和化疗疗效与患者术后生存时间独立相关($P < 0.05$)。结论: EGFR和LRP与上皮性卵巢癌的血管生成及产生化疗耐药有关, 两者阳性表达预示患者化疗敏感性低、术后生存时间短; 该两指标有助于预测化疗耐药和判断患者预后。

关键词: [上皮性卵巢肿瘤](#) [表皮生长因子受体](#) [微血管密度](#) [肺耐药蛋白](#) [化疗敏感](#) [预后](#)

Microvessel density and expression of epidermal growth factor receptor and lung resistance protein in epithelial ovarian cancer and their clinical relevance [Download Fulltext](#)

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Abstract:

Abstract Objective: To investigate the microvessel density (MVD) and expression of epidermal growth factor receptor (EGFR) and lung resistance protein (LRP) in epithelial ovarian cancer and their clinical relevance. Methods: Expression of EGFR, LRP protein were evaluated by immunostaining in primary ovarian epithelial tumors, including 76 malignant ones, 9 borderline ones, 17 benign adenomas, and 15 normal tissues; and the MVDs were also calculated in the above tissues. The patients were followed up and the outcome of chemotherapy and the prognosis of the patients were evaluated. Results: (1) EGFR, LRP positive rates and MVD in the malignant ovarian specimens were 73.68%, 71.79% and 21.77 ± 9.85 , respectively, which were significantly higher than those in the normal and benign ones ($P < 0.01$). (2) Expression of EGFR was associated with FIGO stage, grades of cytology differentiation and presence of hydroperitoneum ($P < 0.05$), but not with ages, histological types, sizes of residual tumors, and presence of lymph node metastasis ($P > 0.05$). Low differentiation, hydroperitoneum and residual tumor ≥ 2 cm were associated with higher MVDs ($P < 0.05$). LRP expression was not associated with the clinicopathologic parameters ($P > 0.05$). (3) Expression of EGFR was positively correlated with the MVD and LRP expression in ovarian cancer tissues ($P < 0.05$). (4) We also found that ovarian cancer tissues negative of EGFR and LRP had higher effective rate for chemotherapy than those positive of them ($P < 0.05$). (5) Kaplan Meier method showed that patients survived shorter when ovarian cancer tissues were positive of EGFR and LRP and when the cancer tissues were poorly differentiated and chemotherapeutic resistant ($P < 0.01$); Cox proportional risk model analysis indicated that LRP positive expression and chemotherapeutic effect were independently related to survival time ($P < 0.05$). Conclusion: The expression of EGFR and LRP are related to angiogenesis and chemotherapy resistance in epithelial ovarian cancer. EGFR and LRP expression indicates low sensitivity to chemotherapy and shorter survival time of the patients, which will be helpful in distinguishing chemotherapy resistance and predicting prognosis.

Keywords: [epithelial ovarian neoplasms](#) [epidermal growth factor receptor](#) [microvessel density](#) [lung resistance protein](#) [chemotherapy sensitivity](#) [prognosis](#)

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