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140 例乳腺大汗腺癌的临床病理特征及预后分析

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Clinicopathologic Features and Prognostic Significance of Breast Apocrine Carcinoma

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摘要 目的: 分析乳腺大汗腺癌的临床病理特征及预后影响因素。方法: 收集1984年5月至2008年12月天津医科大学附属肿瘤医院乳腺科收治的140例乳腺大汗腺癌患者的临床资料, 对其临床特征及影响预后的因素进行分析。结果: 140例乳腺大汗腺癌患者5年、10年总生存率分别为84.0%、63.0%; 5年、10年无瘤生存率分别为73.0%、61.0%。术后腋窝淋巴结阳性率达67.9%, 肿瘤大小和肿瘤位置与AC腋窝淋巴结转移有关。肿瘤直径>2 cm组淋巴结转移率明显高于≤2 cm组(80.9%vs.49.0%, P=0.000 2); 肿瘤位于中央区的患者淋巴结转移率明显高于位于外侧区和内测区的患者(87.5%、70.5%、48.7%, P=0.002)。ER、PR、HER-2的阳性表达率分别为36.5%、37.5%、32.9%。经单因素生存分析, 肿瘤大小、病理分期、腋淋巴结转移数、淋巴结外软组织转移(ETE)是影响预后的因素(P=0.005, 0.024, <0.001, 0.009)。经Cox多因素分析, 肿瘤大小是影响预后的独立因素(P=0.007)。结论: 乳腺大汗腺癌的ER、PR表达率低, 腋淋巴结转移率较高, 但其生存率较高, 所以对于乳腺大汗腺癌患者, 行积极全面的综合治疗可提高患者生存率。

关键词: 乳腺大汗腺癌 临床病理特征 生存率 预后

Abstract: Objective: This study aims to investigate the clinicopathologic features of the apocrine carcinoma of the breast (ACB) and analyze the corresponding factors in its prognosis. Methods: Data from 140 patients with ACB undergoing surgery in the Tianjin Medical University Cancer Institute and Hospital from May 1984 to December 2008 were retrospectively analyzed. Results: The overall 5- and 10-year survival and disease-free survival rates were 84.0% and 63.0% and 73.0% and 61.0%, respectively. The postoperative positive axillary lymph nodes (ALN) accounted for 67.9%. Axillary node metastasis was correlated with the tumor size and location. The proportion of the ALN-positive cases was significantly higher in the group with a tumor diameter of >2 cm than those with a tumor diameter of ≤2 cm (80.9% versus 49.0%, P=0.0002). The percentages of ACB patients who were positive for estrogen receptor (ER), progesterone receptor (PR), and human epidermal growth factor receptor-2 were 36.5%, 37.5%, and 32.9%, respectively. The factors affecting the prognosis were tumor size, WHO tumor classification, node and metastasis classification, number of ALN-positive tumors, and extra-nodal soft tissue extension. These factors were assessed by univariate analysis (P=0.005, 0.024, <0.001, and 0.009). The multivariate analysis indicated that tumor size was the only independent factor that significantly affected the prognosis, (P=0.007). Conclusion: All patients have a lower frequency of ER and PR positivity and a higher frequency of axillary nodal metastasis. However, a favorable prognosis was achieved for the 5- and 10-year survival rates in most patients with ACB.

Key words: Apocrine carcinoma of breast Clinicopathologic feature Survival rate Prognosis

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