



## TACE治疗中晚期原发性肝癌108例生存分析

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### Survival Analysis of 108 Cases with Advanced Primary Liver Cancer Treated by Transcatheter Arterial Chemoembolization

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全文: PDF (596 KB) HTML (0 KB) 输出: BibTeX | EndNote (RIS) 背景资料

**摘要** 目的探讨经导管肝动脉化疗栓塞术(TACE)治疗中晚期原发性肝癌(primary liver cancer,PLC)的生存率及其影响因素。方法 回顾性分析108例接受TACE治疗的中晚期PLC患者临床资料;寿命表法计算生存率,Log-rank法单因素分析预后因素,Cox比例风险模型确定独立危险因素。结果TACE治疗后6、12、24、36、48月生存率分别为59.26%、34.41%、14.03%、10.23%、5.12%;单因素分析显示,肿瘤最大直径、门静脉癌栓及远处转移是影响生存率的重要因素,Cox比例风险回归模型分析显示肿瘤最大直径>10 cm、存在门静脉癌栓是影响生存率的独立危险因素。结论TACE是治疗中晚期PLC的有效方法;肿瘤大小和门静脉癌栓是影响患者预后的重要因素。

**关键词:** 原发性肝癌 经导管肝动脉化疗栓塞术 生存分析 Cox比例风险回归模型

**Abstract:** Objective To evaluate the survival rate and prognostic factors of transcatheter arterial chemoembolization(TACE) for advanced primary liver cancer (PLC). Methods Clinical and follow-up data of 108 patients with advanced PLC treated by TACE were retrospectively analyzed. Survival rate was calculated by life table method. Log-rank univariable analysis and Cox regression analysis were performed to determine the predictors of survival. Results The cumulative survival rate at 6, 12, 24, 36 and 48 months were 59.26%, 34.41%, 14.03%, 10.23% and 5.12%, respectively. Univariate analysis revealed that the maximum diameter of tumor, metastasis and portal vein tumor thrombus were major factors affecting the survival. Cox's proportional hazard regression model demonstrated that the maximum diameter of tumor  $\geq 10$  cm and existence of portal vein tumor thrombus were the independent risk factors affecting the survival. Conclusion TACE is an effective treatment for advanced PLC. Tumor size and portal vein tumor thrombus significantly affect the survival of advanced PLC patients.

**Key words:** Primary liver cancer (PLC) Transcatheter arterial chemoembolization (TACE) Survival analysis

Cox's proportional hazard regression model

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