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早期AFP应答预测原发性肝癌伴门脉癌栓TACE术后疗效与生存

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Clinical Value of Early Alpha-Fetoprotein Response in Predicting Radiologic Outcomes and Survivals for Hepatocellular Carcinoma Patients with Portal Vein Tumor Thrombosis Undergoing Transarterial Chemoembolization

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摘要 探讨早期甲胎蛋白(AFP)应答在肝动脉化疗栓塞(TACE)治疗原发性肝癌伴门脉癌栓中的临床价值。方法:收集中山大学肿瘤防治中心2007年6月至2008年12月行TACE术且AFP \geq 200 ng/mL原发性肝癌伴门脉癌栓患者110例。选取TACE术后4~6w AFP及相对应的影像学结果进行评估。AFP值较术前基线值下降 \geq 20%定义为AFP应答(AFP-R),而下降 $<$ 20%则定义为AFP非应答(AFP-NR)。疗效评价采用mRECIST评价标准。结果:110例患者中位年龄为44岁,105例(95.5%)患者乙肝表面抗原(HBsAg)阳性,基线AFP的平均值为21 700 ng/mL,57例(51.8%)呈结节型肝癌(F-HCC),53例(48.2%)呈弥漫型肝癌(D-HCC),48例(43.6%)侵犯门静脉主干,37例(33.6%)评价为AFP-R,73例(66.4%)评价为AFP-NR。根据mRECIST评价标准:33例(89.2%)AFP-R患者和16例(21.9%)AFP-NR患者临床获益(CB),AFP-R与影像学评价结果呈正相关。(r=0.677, P<0.001)。AFP-R和AFP-NR患者的6、12、24、36个月的累计生存率分别为76%、35%、11%、5%和21%、8%、4%、2%,中位生存时间分别为7.9个月和4.1个月,差异有统计学意义(P<0.001)。多因素分析结果显示F-HCC(P=0.041)和AFP-R(P=0.004)均为独立预后因子。结论:早期AFP应答可用于预测原发性肝癌伴门脉癌栓患者TACE术后的疗效与生存。

关键词: 肝癌 门静脉癌栓 甲胎蛋白应答 mRECIST 预后

Abstract: To evaluate the clinical value of alpha-fetoprotein (AFP) response in patients with advanced hepatocellular carcinoma with portal vein tumor thrombosis receiving transarterial chemoembolization (TACE) treatment. Methods: A total of 110 advanced hepatocellular carcinoma patients with portal vein tumor thrombosis, with baseline AFP levels above 200 \geq ng/mL and undergoing TACE therapy at the Sun Yat-Sen University Cancer Center between June 2007 and December 2008, were included in this study. AFP was collected in conjunction with radiologic outcomes after four to six weeks of treatment for transarterial chemoembolization. AFP response (AFP-R) was defined as more than 20% decrease from baseline after four weeks to six weeks of TACE treatment. Any case which did not qualify for AFP-R was defined as AFP non-response (AFP-NR). Radiographic response was assessed by modified Response Evaluation Criteria in Solid Tumors (mRECIST). Results: The characteristics of the 110 patients were as follows: the median age of the patients was 44 years old; hepatitis B surface antigen (HBsAg) was positive in 105 of the patients (95.5%); and the median base level of AFP was 21 700 ng/mL. A total of 57 cases (51.8%) were focal hepatocellular carcinoma (F-HCC), whereas the other 53 cases (48.2%) were diffused hepatocellular carcinoma (D-HCC). A total of 48 cases (43.6%) were infringed upon the portal vein. AFP-R was found in 37 of the patients (33.6%) and AFP-NR was found in 73 patients (66.4%). According to the mRECIST criterion, clinical benefit (CB) was seen in 33 cases (89.2%) with AFP-R and 16 (21.9%) with AFP-NR, respectively. AFP-R had a positive correlation with radiologic response (P < 0.001, r = 0.677). The 6-, 12-, 24-, and 36-month overall survival rates were 76%, 35%, 11%, and 5%, respectively, for the AFP responders and 21%, 8%, 4%, and 2%, respectively, for the AFP non-responders. Median overall survival time (7.9 months vs. 4.1 months; P < 0.001) was longer in the AFP-R patients than in the AFP-NR patients. Multivariate analysis suggested that F-HCC (P = 0.041) and AFP

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response ($P = 0.004$) were significantly associated with survival. Conclusion: Early AFP-R may be useful in predicting radiologic response and clinically beneficial for the survival rate of hepatocellular carcinoma patients with portal vein tumor thrombosis undergoing transarterial chemoembolization.

Key words: Hepatocellular carcinoma Portal vein tumor thrombosis Alpha-Fetoprotein Response mRECIST Prognosis

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