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临床研究与应用

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« 前一篇 | 后一篇 »

CA199 在判断CEA 正常的中晚期结直肠癌患者预后中的价值*

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Prognostic value of preoperative CA199 in advanced colorectal cancer patients with normal carcinoembryonic antigen level

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摘要 图表 参考文献(0) 相关文章 (15)

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摘要

目的: 探讨术前血清中CEA、CA199水平与中晚期结直肠癌患者预后的关系, CA199用于判断CEA正常的中晚期结直肠癌患者预后的可行性。方法: 筛选2004年1月至2006年8月间在北京大学肿瘤医院行结直肠癌手术治疗的中晚期患者314例, 术前均利用化学发光免疫方法检测血清CEA及CA199水平, 分析其表达与结直肠癌患者各临床病理因素以及生存预后的关系。结果: 314例结直肠癌患者中术前CEA正常、CA199升高的患者仅占5.4%, 28.3%的患者二者同时升高, 21.3%的患者仅CEA升高。Kaplan-Meier生存曲线分析表明, 相比CEA正常的患者, 术前CEA升高患者的无病生存期(P < 0.001)和总生存期(P < 0.001)均明显缩短; 与CA199正常的患者相比, 术前CA199升高患者的无病生存期(P < 0.001)和总生存期(P < 0.001)也均明显缩短; 进一步分层分析表明术前CEA正常而CA199升高患者的5年生存期明显低于CEA升高而CA199正常的患者(P = 0.012)。多因素分析显示血清CA199水平升高是提示结直肠癌术后预后不良的独立危险因素(HR= 2.025, 95%CI: 1.331~3.082, P = 0.001)。结论: 血清CEA和CA199联合检测有助于判断中晚期结直肠癌患者的预后。CA199水平可用于辅助判断术前血清CEA未升高患者的预后。术前CA199升高的患者比CEA升高患者的5年生存期更短。

关键词: CEA, CA199, 结直肠癌, 预后, 总生存, 无病生存

Abstract:

Objective: To investigate whether increased levels of preoperative carcinoembryonic antigen (CEA) and CA199 were associated with the mortality of patients with advanced colorectal cancer and to determine whether CA 199 can be used to discriminate patients with normal preoperative CEA level from good to poor prognosis. Methods: A total of 314 patients with advanced colorectal cancer cases who underwent primary tumor resection were collected from 2014 to 2016 at Peking University Cancer Hospital and Institute. Preoperative CEA and CA199 serum levels were examined using electrochemiluminescence immunoassay. The association of CEA and CA199 with clinicopathologic features and their possible prognostic values were analyzed. Results: In the tested patients, 5.4% of whom had increased CA199 level but not up-regulated CEA level, whereas 28.3% only had increased CEA level, and 21.3% had both CEA and CA199 levels increased. Kaplan-Meier survival curves indicated that patients with elevated preoperative CEA level had worse disease-free survival (DFS) and overall survival (OS) than those with normal CEA (P < 0.001 and P < 0.001, respectively). Meanwhile, patients with elevated CA 199 level had worse DFS and OS than those with normal CA 199 (P < 0.001 and P < 0.001, respectively). Preoperative CA 199 level could be used in discriminating patients with normal CEA from good to poor prognosis (P = 0.012). Multivariate analysis revealed that elevated CA 199 level was an independent prognostic factor for OS in patients with advanced colorectal cancer (HR = 2.025, 95%CI = 1.331- 3.082, P = 0.001). Conclusion: Combined detection of preoperative CEA and CA199 can be used in evaluating the prognosis of patients with advanced colorectal cancer. Preoperative serum CA 199 level can be used in evaluating the prognosis of patients with colorectal cancer without an increase in CEA level. Patients with increased CA199 level had worse 5-year survival than those with increased CEA level.

Key words: CEA CA 199 colorectal cancer prognosis overall survival disease-free survival

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