

基础研究

肝癌组织c-met表达与肝癌术后预后的关系

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摘要:

目的: 探讨肝癌组织c-met表达水平与肝癌患者术后复发、生存时间的关系。方法: 用Western blot法分别检测64例肝癌半肝切除患者(手术组)术前肝穿刺标本与术后切取标本, 以及30例行经肝动脉栓塞化疗(TAE)肝癌患者(TAE组)肝穿刺标本c-met蛋白水平。比较手术组中1年以内复发患者与1年以上复发患者c-met水平; 根据所有患者肝穿刺标本获得的c-met平均值, 将手术组与TAE组患者分别分为c-met低值( $\leq$ 均值)与高值( $>$ 均值)亚组, 比较手术组中2个亚组1年复发率、复发时间和病理癌栓发生率; 比较手术组与TAE组中4个亚组间术后生存情况。结果: 手术组中, 术前肝穿刺标本与术后切取标本的c-met检测值一致; 1年以内复发患者c-met表达值高于1年以上复发患者; 高值亚组比低值亚组1年复发率高、复发时间短、癌栓发生率高, 差异均有统计学意义(均 $P<0.05$ )。手术组中c-met低值亚组术后生存优于其c-met高值亚组、TAE组中c-met高值与低值亚组(均 $P<0.05$ ), 而后3者间差异无统计学意义(均 $P>0.05$ )。结论: c-met表达水平与肿瘤的术后复发、生存时间关系密切, 表达水平低的可获得良好的手术效果, 提示c-met检测可作为肝癌术后预后指标, 术前肝穿刺是可行的取样手段。

关键词: 肝肿瘤; 肝切除术; 原癌基因蛋白质c-met; 预后

Relationship between c-met expression level and postoperative prognosis of hepatocellular carcinoma

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Abstract:

Objective: To investigate the relations of the c-met expression level in hepatocellular carcinoma (HCC) tissue with the postoperative recurrence and survival of HCC patients. Methods: The expression levels of c-met protein in the tissue samples from preoperative liver needle biopsy and surgical excision specimens of 64 HCC patients undergoing hemihepatectomy (surgical treatment group), as well as in the samples from preoperative liver needle biopsy of 30 HCC patients who received transcatheter arterial chemoembolization (TAE) (TAE group) were detected by Western blot analysis. The c-met expressions between the patients relapsing within and beyond one year in surgical treatment group were compared. Based on the mean c-met expression value obtained from the results in preoperative liver needle biopsy of all patients, the patients in both surgical treatment group and TAE group were stratified into low c-met ( $\leq$  mean value) and high c-met ( $>$  mean value) subgroups, and then, the one-year recurrence rate, time to recurrence and incidence of cancer embolus between the subgroups of surgical treatment group were compared, and the post-treatment survival among the 4 subgroups in surgical treatment group and TAE group were also compared. Results: In surgical treatment group, the measured values of c-met expression between the specimens obtained by preoperative needle biopsy and surgical resections were consistent, and the c-met expression level in patients who relapsed within one year was higher than those who relapsed beyond one year, and further, the recurrence rate and incidence of cancer embolus was higher, and time to recurrence was shorter in high c-met subgroup than those in low c-met subgroup, and all differences had statistical significance (all  $P<0.05$ ). The postoperative survival in low c-met subgroup of surgical treatment group was better than that in its higher c-met subgroup and low or high c-met subgroup in TAE group (all  $P<0.05$ ), but no statistical difference was seen among the latter three subgroups (all  $P>0.05$ ). Conclusion: The c-met expression level is closely related to postoperative recurrence and survival of HCC patients, and those with low c-met expression may have a better outcome. Thus, it suggests that c-met detection can be used as postoperative prognostic indicator for HCC, and preoperative needle biopsy is a feasible approach for obtaining the specimen.

Keywords: Liver Neoplasms Hepatectomy Proto-Oncogene Proteins c-met Prognosis

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