

结直肠肿瘤专题研究

术前Glasgow预后分数对判断直肠癌预后的价值

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摘要:

目的: 探讨术前格拉斯哥预后分数(GPS)对直肠癌手术预后的判断价值。方法: 回顾6年半内经手术治疗的219例直肠癌患者的临床资料, 分析影响直肠癌患者预后的相关因素, 并以术前GPS分值将患者分为GPS 2分组, GPS 1分组和GPS 0分组, 分析术前GPS与患者临床病理特征的关系, 以及比较3组患者的生存情况。结果: 单因素分析显示术前癌胚抗原(CEA), C反应蛋白(CRP), 清蛋白水平, TNM分期, GPS与患者总生存时间有关(均 $P<0.05$); GPS与术前CEA, CA19-9, CA724, CRP, 清蛋白水平, Dukes, TNM分期有关(均 $P<0.05$)。单因素Logistic回归分析发现, 术前CEA, CA19-9, CA724, CRP, 清蛋白水平, 肿瘤分化程度, Dukes及TNM分期和GPS与术后死亡有关(均 $P<0.05$), 进一步多因素Logistic回归分析提示, 术前清蛋白浓度, 分化程度, TNM分期和GPS是术后死亡的独立危险因素(均 $P<0.05$)。GPS 2分组, GPS 1分组与GPS 0分组术后5年生存率分别为13.8%, 59.9%, 88.4%, 3组间差异有统计学意义($P<0.001$)。结论: 术前GPS可作为评估直肠癌术后预后的有效指标。

关键词: 直肠肿瘤; 格拉斯哥预后评分; C反应蛋白质; 低白蛋白血症

Prognostic value of preoperative Glasgow prognostic score for rectal cancer

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Abstract:

Objective: To determine the prognostic predictive value of preoperative Glasgow prognostic score (GPS) in rectal cancer patients after surgery. Methods: The clinical data of 219 patients with rectal cancer undergoing surgical treatment over the past six and a half years were reviewed. The related factors that affect prognosis were analyzed, and the patients were divided into score-2 group, score-1 group and score-0 group according to their preoperative GPS, to analyze the relations of GPS with the clinical features of the patients, and to compare the postoperative survivals among the 3 groups. Results: Univariate analysis showed that the preoperative levels of carcinoembryonic antigen (CEA), C reactive protein (CRP), and albumin, TNM classification and GPS were associated with the overall survival of the patients (all $P<0.05$); GPS of the patients was relevant to their preoperative levels of CEA, CA19-9, CA724, CRP, and albumin, Dukes' stage and TNM classification (all $P<0.05$). Univariate Logistic regression analysis suggested that the preoperative levels of CEA, CA19-9, CA724, CRP, and albumin, differentiation degree of the tumor, Dukes' stage and TNM classification and GPS were associated with the increased risk of postoperative death (all $P<0.05$), and further multivariate Logistic regression analysis identified that preoperative albumin level, differentiation degree, TNM classification and GPS were independent risk factors for postoperative death (all $P<0.05$). The 5-year survival rate of score-2, score-1 and score-0 group was 13.8%, 59.9% and 88.4% respectively, and the difference among them had statistical significance ($P<0.001$). Conclusion: Preoperative GPS can be used as a prognostic predictor for postoperative survival of rectal cancer patients.

Keywords: Rectal Neoplasms Glasgow Prognostic Score C-Reactive Protein

扩展功能

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