中国肿瘤临床 2012, **Vol. 39** Issue (11): 785-787 DOI: doi:10.3969/j.issn.1000-8179.2012.11.008

甲状腺乳头状癌BRAFV600E突变分析

夏婷婷，胡传祥，赵 静，于 洋，郑向前，魏松锋，高 明

天津医科大学附属肿瘤医院头颈二科，天津市肿瘤防治重点实验室 （天津市300060）

BRAFV600E Mutation in Papillary Thyroid Carcinoma

Tingting XIA, Chuanxiang HU, Jing ZHAO, Yang YU, Xiangqian ZHENG, Songfeng WEI, Ming GAO

Department of Thyroid and Neck Tumor, Tianjin Medical University Cancer Institute and Hospital, Key Laboratory of Cancer Prevention and Treatment of Tianjin City, Tianjin 300060, China

摘要

参考文献

相关文章

全文: PDF (500 KB) HTML (1 KB) 输出: BibTeX | EndNote (RIS) 背景资料

摘要 检测BRAFV600E突变在甲状腺乳头状癌（PTC）中的发生情况，分析BRAFV600E突变与临床各病理参数以及与合并桥本氏甲状腺炎（HT）和结节性甲状腺肿的关系。方法：天津医科大学附属肿瘤医院2011年3月至2011年8月所收治的临床考虑甲状腺癌患者112例，术中取部分新鲜肿瘤组织，送基因诊断室检测BRAFV600E突变情况，其中30例患者同时取部分正常甲状腺组织进行检测对照。结果：112例患者病理结果显示110例为PTC，2例为结节性甲状腺肿。其中BRAFV600E突变在110例PTC的突变率为62.7%，不存在于结节性甲状腺肿及正常甲状腺组织。年龄≤30岁PTC患者8例，突变率为25.0%；30～60岁患者86例，突变率为62.8%；≥60岁患者16例，突变率为81.2%，差异有统计学意义（P=0.027）。BRAFV600E突变与其他临床病理参数间的差异无统计学意义。合并HT的PTC患者40例，突变率42.5%；未合并HT的PTC患者70例，突变率74.3%，差异有统计学意义（P=0.001）。合并结节性甲状腺肿的PTC患者61例，突变率72.1%；未合并结节性甲状腺肿的PTC患者49例，突变率51.0%，差异有统计学意义（P=0.023）。结论：PTC的BRAFV600E突变率可能与种族差异有关。BRAFV600E突变率可能与患者年龄构成比有一定的相关性。合并HT的PTC BRAFV600E突变率低，而合并结节性甲状腺肿的PTC BRAFV600E突变率高。

关键词： 甲状腺乳头状癌 突变 BRAF 结节性甲状腺肿 桥本氏甲状腺炎

Abstract: To detect BRAFV600E mutation in papillary thyroid carcinoma (PTC); to analyze the relationship between BRAFV600E mutation and clinicopathologic parameters in PTC; and to investigate BRAFV600E mutation in PTC coexisting with Hashimoto's thyroiditis or nodular goiter. Methods: DNA was extracted from the fresh thyroid tumor tissues of 112 patients and from normal tissues of 30 patients who were treated in our institution from March 2011 to August 2011 and diagnosed with thyroid carcinoma before surgery. BRAFV600E mutation was detected via polymerase chain reaction and DNA sequencing assays. Clinical data were reviewed and evaluated using the SPSS17.0 statistical software package. Results: The pathology showed that the 112 Chinese patients consisted of 110 cases of PTC and 2 cases of nodular goiter. The presence of BRAFV600E mutation was found in 69 patients with PTC (62.7%); the mutation was detected only in PTC and not in the 2 patients with nodular goiter as well as in the 30 normal tissues near the tumor. A significant difference in the BRAFV600E mutation rates in the ≤ 30, 30-60, and ≥ 60 age groups (25.0%, 62.8%, and 81.2%, respectively) was found. However, statistical data did not show any correlation between BRAFV600E mutation and other clinicopathologic parameters in PTC. The BRAFV600E mutation rate in PTC coexisting with Hashimoto's thyroiditis was 42.5%, whereas that in PTC coexisting with nodular goiter was 72.1%. These results both showed a significant difference with PTC not coexisting with benign thyroid lesion. Conclusion: Differences in genetic backgrounds might explain the differences in the BRAFV600E mutation rates. The rate obtained in the study is higher than the results in western countries but lower than that in Korea. The BRAFV600E mutation rates are different in different age groups. The rate obtained in PTC coexisting with Hashimoto's thyroiditis is low, whereas a high rate was obtained in PTC coexisting with nodular goiter.

Key words: Papillary thyroid carcinoma Mutation BRAF Nodular goiter Hashimoto's thyroiditis

服务

把本文推荐给朋友

加入我的书架

加入引用管理器

E-mail Alert

RSS

作者相关文章

收稿日期: 2011-11-03; 出版日期: 2012-06-15

通讯作者: 高明　**E-mail:** gming68@yahoo.com.cn

引用本文:

. 甲状腺乳头状癌BRAFV600E突变分析[J]. 中国肿瘤临床, 2012, 39(11): 785-787.

. BRAFV600E Mutation in Papillary Thyroid Carcinoma[J]. Chinese Journal of Clinical Oncology, 2012, 39(11): 785-787.

链接本文:

http://118.145.16.228:8081/Jweb_zgzllc/CN/doi:10.3969/j.issn.1000-8179.2012.11.008　或　http://118.145.16.228:8081/Jweb_zgzllc/CN/Y2012/V39/I11/785

没有本文参考文献

[1] 奉水东，谭红专，凌宏艳. **PCR-SSCP**检测非小细胞肺癌**EGFR**基因突变的筛检试验评价[J]. 中国肿瘤临床, 2012, 39(5): 259-.

[2] 陈林莺,任彩虹,陈祥,娜张声. 直径小于**2 cm** 的胃肠道间质瘤是肿瘤还是瘤样病变*****[J]. 中国肿瘤临床, 2012, 39(18): 1349-1353.

[3] 徐庆福①，李立超②，姚雪①，吕胜青①. **IDH1**基因突变在脑胶质瘤中的研究进展*****[J]. 中国肿瘤临床, 2012, 39(18): 1386-1389.

[4] 孙蕾娜,张　强,栾焕玲,战忠利,孙保存. 非小细胞肺癌原发灶与淋巴结转移灶中**KRAS**和**EGFR**基因状态的比较及其临床意义[J]. 中国肿瘤临床, 2012, 39(14): 970-973.

[5] 苏　健，安社娟，黄　迎，郭伟浜，陈世良，严红虹，陈志红，唐红艳，张绪超，吴一龙. 非小细胞肺癌**PTEN**基因突变的临床特征[J]. 中国肿瘤临床, 2012, 39(13): 895-898.

[6] 张秀敏，林　慧，叶　菁，郭　凤，袁　媛，隋延仿，李增山. 胃肠道间质瘤**KIT**及**PDGFRA**基因突变的检测及分析[J]. 中国肿瘤临床, 2012, 39(10): 660-665.

[7] 夏婷婷,赵　静,于　洋,郑向前,魏松锋,刘友忠,高　明. 甲状腺乳头状微小癌侧颈淋巴结转移分析[J]. 中国肿瘤临床, 2011, 38(24): 1588-1590.

[8] 吴延升，董俊峰，岳恺，曹晓莉，王旭东. **CXCL12-CXCR4**生物学轴与甲状腺乳头状癌淋巴结转移的相关性研究[J]. 中国肿瘤临床, 2011, 38(23): 1439-1443.

[9] 郑向前,夏婷婷,林　琳,张　艳,魏松锋,李亦工,于　洋,高　明. 多灶性甲状腺乳头状癌**BRAFv600E**基因突变及临床生物学特性分析[J]. 中国肿瘤临床, 2011, 38(21): 1326-1329.

[10] 倪虹|杨茂|综述|郭志|审校. 吉非替尼原发耐药与**K-Ras**突变及策略[J]. 中国肿瘤临床, 2011, 38(13): 804-807.

[11] 倪虹，杨茂，邹朝辉，郭志. 新型小分子药物特异性抑制吉非替尼原发耐药肺癌的体内实验研究[J]. 中国肿瘤临床, 2011, 38(10): 553-555 .

地址：天津市河西区体院北环湖西路肿瘤医院内 300060

电话/传真：(022)23527053　E-mail: cjco@cjco.cn　cjcotj@sina.com　津ICP备1200315号