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## 动态增强MRI定量参数与乳腺癌分子亚型的关系

## Correlation of quantitative parameters of dynamic contrast-enhanced MRI with subtypes of breast carcinoma

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中文摘要:

目的 探讨不同分子亚型乳腺癌动态对比增强MRI(DCE-MRI)定量参数及其与预后因子的关系。 方法 回顾性分析78例乳腺浸润性癌患者治疗前的MRI,测量定量参数K<sup>trans</sup>、K<sub>ep</sub>和V<sub>e</sub>。测定免疫组化指标ER、PR和HER-2,并对分子亚型进行归类。比较不同分子亚型间及雌激素受体(ER)、孕激素受体(PR)、人类表皮生长因子受体(HER-2)不同表达状态时的DCE-MRI定量参数。 结果 最终68例入组,其中Luminal A型24例,Luminal B型19例,HER-2+型10例,三阴性乳腺癌(TNBC)15例。K<sub>ep</sub>值在不同分子亚型间差异有统计学意义(*P*<0.01)。Luminal A型和TNBC的K<sup>trans</sup>、K<sub>ep</sub>和V<sub>e</sub>值的差异均有统计学意义(*P*均<0.05)。4个亚型中,TNBC的K<sup>trans</sup>和K<sub>ep</sub>值最大,V<sub>e</sub>值最小。ER-者K<sub>ep</sub>值高于ER+者;PR-者K<sub>ep</sub>值亦高于PR+者,PR-者与PR+者K<sup>trans</sup>差异有统计学意义。 结论 通过K<sup>trans</sup>、K<sub>ep</sub>和V<sub>e</sub>值可鉴别Luminal A型乳腺癌和TNBC;不同分子亚型及不同ER、PR表达状态的乳腺癌的K<sub>ep</sub>值不同。

## 英文摘要:

**Objective** To explore the quantitative parameters on dynamic contrast-enhanced MRI (DCE-MRI) in patients with different subtypes of breast carcinoma, and to observe the correlation between the parameters and prognostic factors of breast cancers. **Methods** Totally 78 patients with pathologically proved infiltrating breast carcinoma who underwent DCE-MRI before treatment and quantitative parameters (K<sup>trans</sup>, K<sub>ep</sub> and V<sub>e</sub>) were measured. Estrogen recepter (ER), progesterone receptor (PR) and human epidermalgrowth factor receptor-2 (HER-2) were obtained by immunohistochemistry, and then the subtype of every case was decided. The association between parameters and subtypes, as well as prognostic factors were analyzed. **Results** Among 68 available cases, 24 were Luminal A,19 were Luminal B,10 were HER-2+ and 15 were triple-negative breast cancer (TNBC). K<sub>ep</sub> was significantly different among the four subtypes (*P*<0.01). K<sup>trans</sup>, K<sub>ep</sub> and V<sub>e</sub> were significantly different between Luminal A and TNBC (all *P*<0.05). Among the four subtypes, TNBC had higher K<sup>trans</sup> and K<sub>ep</sub> and lower V<sub>e</sub>. K<sub>ep</sub> was higher in tumors with ER- than ER+, and K<sub>ep</sub> was also higher in tumors with PR-than PR+. K<sup>trans</sup> was significantly different between PR- and PR+. **Conclusion** The differentiation of Luminal A and TNBC by K<sup>trans</sup>, K<sub>ep</sub> and V<sub>e</sub> is applicable. K<sub>ep</sub> is associated with subtypes of breast cancers and prognostic factors, including ER and PR.

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