



## 原发性肝癌切除术后预后因素的Cox模型分析

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## Cox Model Analysis of Prognostic Factors after Radical Hepatectomy for Primary Hepatocellular Carcinoma

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- 摘要
- 参考文献
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全文: PDF (380 KB) HTML (0 KB) 输出: BibTeX | EndNote (RIS) 背景资料

### 摘要

目的 探讨影响原发性肝癌切除术后预后因素, 为其临床综合治疗及判断预后提供依据。

方法 回顾性分析广西医科大学第一附属医院经根治性手术切除的145例原发性肝癌的临床病理资料, 对可能影响预后的各种因素进行单因素分析, 将单因素分析中可能影响预后的指标依次引入Cox比例风险模型进行多因素分析。

结果 全组1、3、5年复发率分别为39.3%、68.3%和82.8%, 总生存率分别为76.6%、39.3%和24.1%。单因素分析显示, 年龄、肿瘤包膜形成、肿瘤包膜浸润、门脉癌栓、微血管浸润、肿瘤直径和肿瘤早期复发对预后有影响( $P < 0.05$ )。多因素分析表明肿瘤早期复发、门脉癌栓、微血管浸润为影响肝癌预后的独立因素。

结论 原发性肝细胞癌的预后是由多种因素决定的, 肿瘤早期复发、门脉癌栓、微血管浸润是影响其预后的最主要因素。及早发现、早期规范的治疗是提高肝癌患者预后的关键。

关键词: 肝细胞癌 肝切除术 Cox比例风险模型 预后

### Abstract:

Objective To evaluate the prognostic factors in hepatocellular carcinoma patients after radical heptoeotomy and provide guidance for clinical comprehensive therapy.

Methods The clinical data of 145 patients with hepatocellular carcinoma treated with radical hepatectomy in the first affiliated hospital of Guangxi meical university from June 2000 to December 2002 were retrospectively analyzed. The univariate analysis were used to determine the possible prognostic factors. Selected key factors were introduced into the Cox proportional hazard model, then multivariate analysis were carried out.

Results The 1-, 3- and 5-year recurrence rates were 39.3%, 68.3% and 82.8% and their overall survival rates were 76.6%, 39.3% and 24.1%, respectively. The univariate analysis showed that age, tumor capsule formation, tumor capsule invasion, portal vein cancer thrombus, microvessel invasion, tumor diameter and tumor early recurrence were significant prognostic factors. The statistic data in multivariate analysis indicated that tumor early recurrence, portal vein cancer thrombus and micro vessel invasion were independent factors influencing prognosis.

Conclusion The prognosis of primary hepatocellular carcinoma is determined by major factors including tumor

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early detection and early standard treatment of HCC are important to improve cancer prognosis.

Key words: Hepatocellular carcinoma Hepatectomy Cox proportional hazard model Prognosis

收稿日期: 2008-02-19;

通讯作者: 彭民浩

引用本文:

黄金球,彭民浩,邹全庆等. 原发性肝癌切除术后预后因素的Cox模型分析 [J]. 肿瘤防治研究, 2009, 36(2): 137-139.

HUANG Jin-qiu,PENG Min-hao,ZOU Quan-qing et al. Cox Model Analysis of Prognostic Factors after Radical Hepatectomy for Primary Hepatocellular Carcinoma[J]. CHINA RESEARCH ON PREVENTION AND TREATMENT, 2009, 36(2): 137-139.

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