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中国肿瘤临床 2012, Vol. 39 Issue (9): 578-582 DOI: doi:10.3969/j.issn.1000-8179.2012.09.023

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## 三阴性对小肿块乳腺癌患者预后的影响

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### Clinicopathologic Features and Prognosis of T1a and T1b Triple-Negative Breast Cancer

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**摘要** 分析小肿块 (直径 $\leq 1$  cm) 乳腺癌患者的临床及病理学特征, 了解其生存状态, 探讨三阴性对其预后的影响。方法: 收集本院收治的312例直径 $\leq 1$  cm乳腺癌患者的临床病理学资料, 比较三阴性乳腺癌及非三阴性乳腺癌的临床病理学特征、复发转移及生存情况。结果: 312例直径 $\leq 1$  cm乳腺癌患者纳入研究, 三阴组及非三阴组5年DFS分别为81.4%及90.5% ( $P=0.038$ ), 5年BCSS分别为84.7%及93.7% ( $P=0.047$ )。以淋巴结状态分组比较, 淋巴结阴性患者中, 三阴组及非三阴组5年DFS分别为82.8%及94.1% ( $P=0.033$ ), 5年BCSS分别为85.0%及96.1% ( $P=0.019$ )。Cox比例风险模型多因素分析显示, 淋巴结阳性患者复发转移风险增高 ( $HR=3.721$ , 95%CI: 1.743~7.941,  $P=0.001$ ), 死亡风险亦增高 ( $HR=3.560$ , 95%CI: 1.521~8.330,  $P=0.003$ ), 三阴性患者复发转移风险增高 ( $HR=2.208$ , 95%CI: 1.028~4.742,  $P=0.042$ )。结论: 淋巴结阳性及三阴性是影响直径 $\leq 1$  cm乳腺癌患者DFS的独立危险因素, 淋巴结阳性是影响BCSS的唯一独立危险因素。淋巴结阴性三阴性乳腺癌组较非三阴组预后差。

**关键词:** 三阴性乳腺癌 肿瘤大小 预后

**Abstract:** The aim of this study is to analyze the clinicopathological features and survival for patients with a tumor size  $\leq 1$  cm, and to clarify the prognostic significance of triple-negative breast cancer (TNBC). Methods: Data from 312 patients with operable primary breast cancer with tumor size  $\leq 1$  cm, who were admitted to the Tianjin Medical University Cancer Institute and Hospital from January 2002 to June 2005, were gathered and analyzed, and the clinicopathological features, recurrence, metastasis, and survival status between TNBC and non-TNBC patients were compared. SPSS17.0 software was used for statistical analysis, with statistical significance considered at  $P < 0.05$ . Results: The rates of 5-year disease-free survival (DFS) and breast cancer-specific survival (BCSS) of the TNBC patients were 81.4% and 84.7%, respectively, lower than those of the non-TNBC patients ( $P = 0.038$ ;  $P = 0.047$ ). In the lymph node-negative patients, the rates of 5-year DFS and BCSS of the TNBC patients were 82.8% and 85.0%, respectively, lower than those of the non-TNBC patients ( $P = 0.033$ ;  $P = 0.019$ ). In the multivariate Cox regression hazard analysis, lymph node infiltration was associated with a higher hazard ratio (HR) for disease recurrence ( $HR: 3.721$ , 95% CI: 1.743-7.941,  $P = 0.001$ ), and BCSS ( $HR: 3.560$ , 95% CI: 1.521-8.330,  $P = 0.003$ ). The TNBC group was associated with a higher HR for tumor recurrence ( $HR: 2.208$ , 95% CI: 1.028-4.742,  $P = 0.042$ ) compared with the non-TNBC group. Conclusion: Lymph node status and TNBC are independent prognostic factors for the recurrence and metastasis of tumor, while lymph node infiltration is the single independent prognostic factor for BCSS. TNBC can be an independent risk factor for T1a and T1b node-negative invasive breast cancer.

**Key words:** Triple-negative breast cancer Tumor size Prognosis

收稿日期: 2011-10-06; 出版日期: 2012-05-15

基金资助:

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三阴性对小肿块乳腺癌患者预后的影响[J]. 中国肿瘤临床, 2012, 39(9): 578-582.

. Clinicopathologic Features and Prognosis of T1a and T1b Triple-Negative Breast Cancer[J]. Chinese Journal of Clinical Oncology, 2012, 39(9): 578-582.

链接本文:

[http://118.145.16.228:8081/Jweb\\_zgzllc/CN/doi:10.3969/j.issn.1000-8179.2012.09.023](http://118.145.16.228:8081/Jweb_zgzllc/CN/doi:10.3969/j.issn.1000-8179.2012.09.023) 或 [http://118.145.16.228:8081/Jweb\\_zgzllc/CN/Y2012/39/9/578](http://118.145.16.228:8081/Jweb_zgzllc/CN/Y2012/39/9/578)

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