

# 乳腺浸润性导管/小叶混合癌的临床病理特征和预后分析

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**Title:** Clinicopathological features and prognosis analysis of mixed invasive ductal-lobular carcinoma

**作者:** 陈舒婕; 籍敏; 何奇

上海交通大学医学院附属国际和平妇幼保健院乳腺科, 上海 200030

**Author(s):** Chen Shujie; Ji Min; He Qi

Department of Breast Surgery, the International Peace Maternity & Child Health Hospital of China Welfare Institute, Shanghai Jiaotong University School of Medicine, Shanghai 200030, China.

**关键词:** 乳腺癌; 乳腺浸润性混合癌; 浸润性小叶癌; 浸润性导管癌; 临床病理; 预后

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**摘要:** 目的: 探讨乳腺浸润性导管/小叶混合癌 (IDC-L) 与浸润性小叶癌 (ILC) 及浸润性导管癌 (IDC) 临床病理特征以及预后的差异。方法: 回顾性分析2009年1月至2015年12月上海交通大学乳腺癌数据库中有完整临床病理资料与随访资料的IDC-L、ILC与IDC患者的临床病理特征以及预后的差异。结果: 共2 957例乳腺癌患者入组, 其中IDC-L、ILC与IDC分别有109、177和2 671例。多因素分析显示, 与IDC-L相比, IDC患者多中心病灶和脉管浸润较少, 而HER2阳性和Ki-67高表达较多 ( $P<0.05$ ); ILC患者发病年龄较大、脉管浸润较少 ( $P<0.05$ )。IDC-L患者的5年无乳腺癌生存率 (BCFI) (82.1% vs 90.7%,  $P=0.040$ ) 和总生存率 (OS) (91.0% vs 94.4%,  $P=0.029$ ) 比IDC患者差; 但与ILC患者 (BCFI: 84.1%,  $P=0.803$ , OS: 92.6%,  $P=0.803$ ) 无明显差异。多因素生存分析显示, 病理类型、肿瘤大小、淋巴结状态以及分子分型是影响患者BCFI和OS的独立因素 ( $P<0.05$ ), IDC-L较IDC患者有较差的BCFI (HR=1.67, 95%CI: 1.02-2.70,  $P=0.042$ ) 及OS (HR=1.89, 95%CI: 1.04-3.45,  $P=0.037$ )。结论: IDC-L临床病理特征与ILC相似, 但与IDC有较多不同; IDC-L预后劣于IDC, 与ILC无明显差异, 有待进一步研究证实。

**Abstract:** Objective: To investigate the differences of clinicopathological features and prognosis in mixed invasive ductal-lobular carcinoma (IDC-L), invasive lobular carcinoma (ILC) and invasive ductal carcinoma (IDC). Methods: We retrospectively analyzed the differences of clinicopathological features and prognosis between IDC-L, ILC and IDC patients which had complete clinicopathological and follow up data from Shanghai Jiaotong University Breast Cancer Database (SJTU-BCDB) between January 2009 and December 2015. Results: A total of 2 957 patients were enrolled, in which 109 were IDC-L, 177 were ILC, and 2 671 were IDC. Multivariate analysis showed that compared to IDC-L, IDC patients were less likely to have multicenter lesion and lymphovascular invasion, and more likely to be HER2 positive and high expression of Ki-67 ( $P<0.05$ ). Compared to IDC-L, ILC had older patients and less lymphovascular invasion ( $P<0.05$ ). IDC-L patients were associated with decreased breast cancer-free interval (BCFI) and overall survival (OS) compared to IDC patients (BCFI: 82.1% vs 90.7%,  $P=0.040$ , OS: 91.0% vs 94.4%,  $P=0.029$ ), while IDC-L patients had similar BCFI (82.1% vs 84.1%,  $P=0.803$ ) and OS (91.0% vs 92.6%,  $P=0.803$ ) with ILC patients. Multivariate analysis revealed that BCFI and OS were significantly associated with pathological type, tumor size, lymph node status and molecular subtype ( $P<0.05$ ). IDC-L patients had worse BCFI (HR=1.67, 95%CI: 1.02-2.70,  $P=0.042$ ) and OS (HR=1.89, 95%CI: 1.04-3.45,  $P=0.037$ ) than IDC patients. Conclusion: The clinicopathological features of IDC-L patients are similar to those of ILC patients, but different from IDC patients. The prognosis of IDC-L is worse than that of IDC, but has no significant difference from ILC, which needs further study.

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备注/Memo: -

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