

CK10和CK17在早期宫颈癌组织中的表达及其预测预后的价值

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Title: The expression and prognostic value of CK10 and CK17 in early cervical cancer tissue

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摘要: 目的: CK10和CK17在早期宫颈癌组织中的表达及其预测预后价值的意义。方法: 采用标准免疫组化SP法检测CK10和CK17在60例正常宫颈组织、60例宫颈上皮内瘤变和120例宫颈癌组织中的表达情况。结果: CK10的阳性表达定位于细胞质, 在正常宫颈组织、CIN、宫颈癌患者中阳性表达率分别为80.00%、50.00%和21.67%, 三组相比差异有显著统计学意义 ($P<0.001$)。CK17的阳性表达定位于细胞质, 三组阳性表达率分别为0%、46.67%和80.00%, 三组相比差异显著 ($P<0.001$)。x²检验分析宫颈癌组织中CK17的表达与患者FIGO分期、是否有淋巴结转移、病理分型、组织分化无关 ($P>0.05$); CK10的表达与患者FIGO分期、是否有淋巴结转移、病理分型无关, 与组织分化程度有关 ($P=0.021$)。Kaplan-Meier生存分析显示: 早期宫颈癌手术治疗患者的1年、3年、5年生存率分别为: 100%、96.7%、93.3%; CK10 阴性组和阳性组5年生存率分别为91.5%和100%; CK17阴性组和阳性组5年生存率分别为100%和91.7%, 差异均无统计学意义 ($P>0.05$)。单因素分析显示CK10及CK17的表达和预后无关 ($P>0.05$), 年龄、是否淋巴结转移、FIGO分期、组织分化、病理分型均与预后相关 ($P<0.05$)。根据CK17和CK10的表达情况将患者分为四组, CK17阳性CK10阴性组患者1年、3年、5年生存率分别为: 100%、94.9%、89.7%, 余CK17阳性CK10阳性组、CK17阴性CK10阳性组、CK17阴性CK10阴性组5年生存率分别为: 100%、100%、100%, 差异无统计学意义 ($P=0.211$)。结论: CK10的表达水平与宫颈病变严重程度呈负相关, CK17的表达水平与宫颈病变严重程度呈正相关, 两者可能参与了宫颈癌的发生发展, 但CK17和CK10在预测宫颈癌患者预后方面的价值不大, 而年龄、是否淋巴结转移、FIGO分期、组织分化、病理分型是影响患者预后的重要因素。

Abstract: Objective: To study the expression and prognostic value of CK10 and CK17 in patients undergoing early cervical cancer surgery. Methods: Standard immunohistochemical SP method was used to detect the expression of CK10 and CK17 in 60 normal cervical tissues, 60 cervical intraepithelial neoplasia and 120 cervical cancer tissues. Results: The positive expression of CK10 was located in cytoplasm, and the positive expression rates were 80.00%, 50.00%, and 21.67% in normal cervical tissues, CIN, and cervical cancer patients, respectively, showing a significant difference among the three groups ($P<0.001$). The positive expression of CK17 was located in cytoplasm. The positive expression rates of the three groups were 0%, 46.67% and 80.00%, respectively, with significant differences ($P<0.001$). The x² test analyzed that the expression of CK17 in cervical cancer tissues was independent of FIGO stage, lymph node metastasis, pathological classification and tissue differentiation ($P>0.05$). The expression of CK10 was independent of the patient's FIGO stage, lymph node metastasis or pathological typing, and was related to the degree of tissue differentiation ($P=0.021$). Kaplan-Meier survival analysis showed that the 1-year, 3-year and 5-year survival rates of patients with early cervical cancer treated by surgery were 100%, 96.7% and 93.3%, respectively. The 5-year survival rates in the CK10 negative group and the positive group were 91.5% and 100%, respectively ($P>0.05$). The 5-year survival rate of

the CK17 negative group and the positive group was 100% and 91.7%, respectively ($P>0.05$). Univariate analysis showed that the expression of CK10 and CK17 was not correlated with prognosis ($P>0.05$), and age, lymph node metastasis, FIGO stage, tissue differentiation, and pathological classification were significantly correlated with prognosis ($P<0.05$). According to the expression of CK17 and CK10, we divided the patients into four groups. The 1-year, 3-year and 5-year survival rate of CK17 positive CK10 negative group was: 100%, 94.9%, 89.7%. The 5-year survival rate of CK17 positive CK10 positive, CK17 negative CK10 positive group, CK17 negative CK10 negative was 100%, 100%, 100% ($P=0.211$), and there was no statistically significant difference. Conclusion: The expression level of CK10 and negatively correlated with cervical lesion severity. CK17 expression level was positively correlated with cervical lesion severity. Both may participate in the development of cervical cancer, but CK17 and CK10 have little value in predicting the prognosis of patients with cervical cancer, but age, whether lymph node metastasis, FIGO staging, tissue differentiation, pathologic classification are the important factors influencing the prognosis of patients.

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