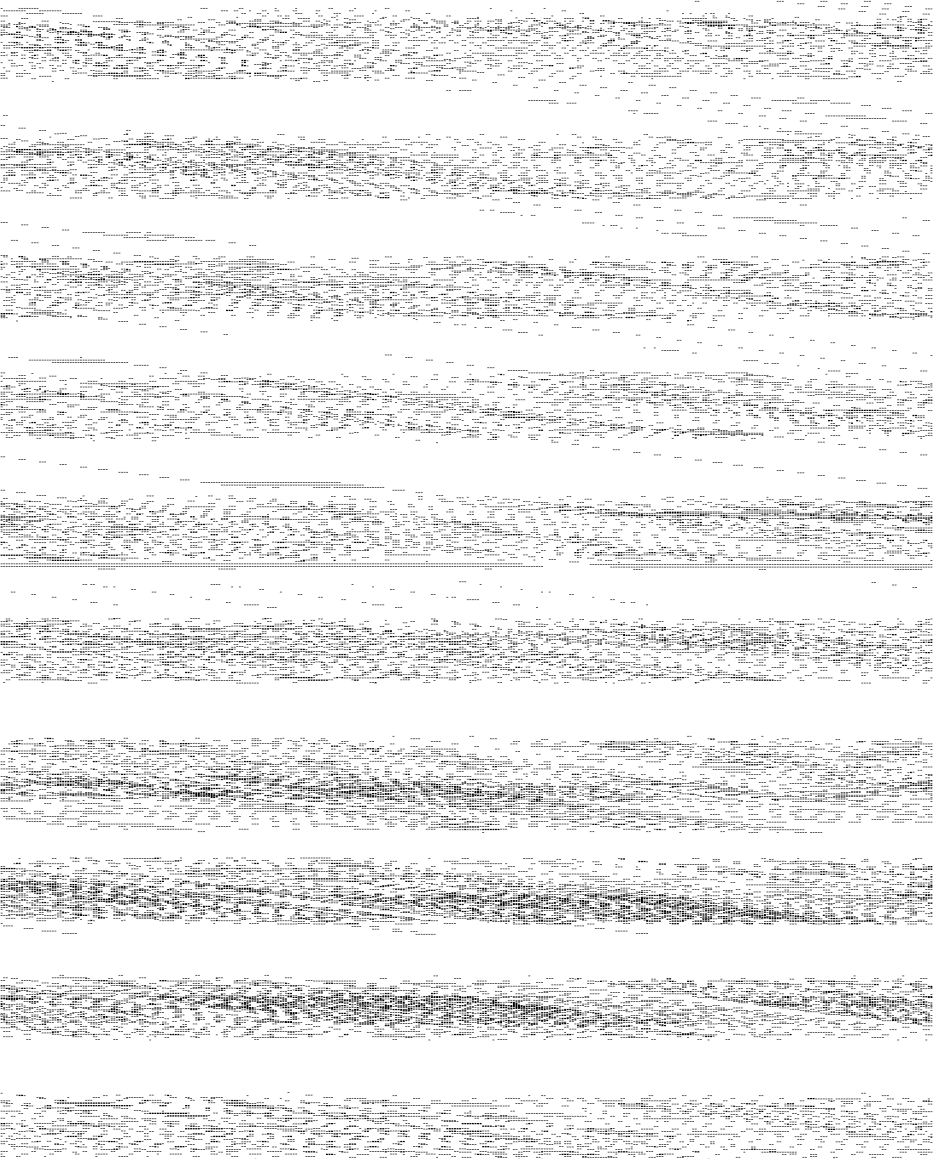
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经上组的50%(6/12)。提示PCNA阳性分级比传统的根据形态学判估骨肉瘤患者的预后较为准确，具有重要的实用价值。

骨肉瘤传统组织学分型[5]是根据细胞组成优势进行分类的，各种类型中PCNA阳性分级无显著。而我们基于骨肉瘤中肿瘤性骨样组织分化程度提出的组织学分型[6]与PCNA表达有着显著的相关性。该结果进一步确立了肿瘤性骨样组织在骨肉瘤中的重要地位：一方面，根据其形态学特点可作为骨肉瘤诊断的指标；另一方面，根据其分化程度与骨肉瘤细胞增殖状态密切相关的特征，为判断骨肉瘤分化程度及预后提供重要的参数

PCNA主要合成于细胞周期的G_1/S期。M期则降至最低水平，不能用免疫组化方法检测。因此，PCNA是反映细胞周期中G_1/S期的一种内在组织学标志物。PCNA免疫组化与经典的^{3}H－TdR和目前的流式细胞仪(FCM)测定结果有很好的一致性，而且简单省时，密切结合肿瘤形态学，不失为一种检测石蜡切片肿瘤细胞增殖活性的理想"探针"

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Correlative study of PCNA expression with clinicopathology and prognosis in osteosarcoma

Wang Dong, Gao Fengxun, Chen Li (Department of Clinical Pathology, Daping Hospital, Third Military Medical University, Chongqing, 630042)

Abstract Expression of proliferating cell nuclear antigen (PNCA/cyclin) in 50 cases of osteosarcoma and its relationship to the prognosis were semiquantita tively analyzed with immunohistochemical assay using PC10 monoclonal antibodies. The prognosis of patients with intensive expression of PNCA was poor. A semiquantitative PNCA grading showed a significant negative correlation with the survival rate of the cases of osteosarcoma ($P<0.01$) and the level of PNCA staining was significantly correlated to the histological grading and the differentiation degree of the osteoid. It was also found that some cases in our series were considered to have a poor prognosis because their osteosarcoma was poorly differentiated with a low expression of PCNA but contrarily they could survive quite long. These findings suggest that in situ determination of PCNA expression is a useful method of cell kinetic analysis of the tumors in paraffin embedded sections and it is more objective and reliable to assess the prognosis of osteosarcoma than the morphological grading.

Key words bone; osteosarcoma; antigen, prognosis

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