中文題目：微衛星不穩定之大腸直腸癌的臨床預後因子分析
英文題目：Prognostic factors for progression-free survival and overall survival in patients with microsatellite instability-high colorectal cancer
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Background: Prognostic factors for tumor recurrence and patients' survival in microsatellite instability-high (MSI-H) colorectal cancer remained unclear. We aimed to retrospectively investigate the prognostic factors for progression-free survival (PFS) and overall survival (OS) in these patients.

Method: We retrospectively screened 154 patients with MSI-H colorectal cancer treated in Taipei Veterans General Hospital. All clinical, pathological, and molecular data were collected. Patients with incomplete data were excluded for analysis. Kaplan-Meier method was used for analysis of PFS and OS. Univariate analysis and multivariate analysis were analyzed by Cox regression analysis. All relative significant risk factors in univariate analysis ($P < 0.1$) were applied to multivariate analysis.

Results: In general population, age > 70 years old was a poor prognostic factor (HR: 3.998, 95% CI: 1.100-14.531, P =0.035) and lymphocytic response (HR: 0.193, 95% CI: 0.038-0.988, P =0.048) was a better prognostic factor for OS on multivariate analysis. In stage I to III disease, 135 patients were enrolled and 11 patients (8.14%) had disease progression. Pathological T4 stage was significant for PFS (HR: 4.683, 95% CI: 1.189-18.445, P =0.027) after controlling by confounding factors on multivariate analysis.

Conclusion: In this study, pathological T4 stage was an independent risk factor for disease progression in stage I to stage III patients. More aggressive therapy for stage II diseases with pathological T4 stage should be considered.

Keywords: Microsatellite instability-high; colorectal cancer; progression-free survival; overall survival