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DC调节的细胞因子诱导杀伤细胞联合化疗治疗晚期肺癌的疗效 [点此下载全文](#)

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摘要:

目的: 评价DC调节的细胞因子诱导的杀伤细胞 (DC activated and cytokine induced killer cell, DCIK) 联合化疗治疗晚期肺癌的疗效。方法: 武警总医院 2005年9月至2007年10月DCIK联合化疗的21例晚期肺癌患者作为联合治疗组, 单纯化疗的20例晚期肺癌患者作为对照组。联合治疗组患者化疗前采集外周血单个核细胞 (peripheral blood mononuclear cell, PBMC), 将PBMC体外培养制备DCIK。联合治疗组患者2周期全身化疗结束后回输DCIK, 单纯化疗组仅进行2周期全身化疗, 观察两组患者近期疗效、生活质量、免疫指标及生存率。结果: 两组患者近期疗效相似, 治疗有效率为42.9%和40.0%, 疾病控制率为66.7%和60.0%。联合治疗组KPS评分较治疗前升高 ($P<0.05$), 单纯化疗组KPS评分较治疗前无改善 ($P>0.05$)。联合治疗组患者外周血CD3⁺CD18⁺、CD3⁺CD56⁺细胞的比例大幅升高 ($P<0.01$); 而单纯化疗组无明显变化 ($P>0.05$)。联合治疗组1年和2年生存率均高于单纯化疗组 (57.1% vs 50.0%, $P<0.05$; 28.6% vs 15.0%, $P<0.01$)。结论: DCIK联合化疗治疗晚期肺癌具有更好的疗效, 其生活质量、免疫功能和生存率有一定的提高。

关键词: [DC调节的细胞因子诱导的杀伤细胞](#) [肺癌](#) [过继性细胞免疫治疗](#) [化疗](#)

Clinical efficacy of DC-activated and cytokine-induced killer cells combined with chemotherapy in treatment of advanced lung cancer [Download Fulltext](#)

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Abstract:

Objective: To evaluate the clinical efficacy of DC-activated and cytokine-induced killer cells (DCIK) combined with chemotherapy in the treatment of advanced lung cancer patients. Methods: Twenty-one patients, who were diagnosed as having advanced lung cancer in General Hospital of Chinese Armed Police Forces from Sept. 2005 to Oct. 2007, were treated by DCIK combined with systemic chemotherapy (combination therapy group); 20 advanced lung cancer patients treated with chemotherapy alone served as controls. Peripheral blood mononuclear cells (PBMC) were isolated from patients of combination therapy group before chemotherapy, and PBMC were induced to DCIK in vitro. DCIK were administered to patients in the combination group after 2 periods of systemic chemotherapy. The patients in chemotherapy group were treated with 2 periods of systemic chemotherapy alone. Short-term effect, quality of life, immunological indices and survival rates were observed. Results: The short-term effects were not significantly different between the 2 groups, with the clinical efficacy being 42.9% and 40.0%, disease control rates being 66.7% and 60.0% ($P>0.05$). KPS score was increased in the combination therapy group ($P<0.05$) after treatment and showed no improvement in the chemotherapy group ($P>0.05$). The numbers of CD3⁺CD18⁺, CD3⁺CD56⁺ cells in the peripheral blood of combination therapy group were significantly increased ($P<0.01$) after treatment, while those in the chemotherapy group had no significant change ($P>0.05$). The 1-year, and 2-year survival rates of the combined therapy group were higher than those of the chemotherapy group (57.1% vs 50.0%, $P<0.05$; 28.6% vs 15.0%, $P<0.01$). Conclusion: DCIK combined with chemotherapy shows a better clinical efficacy in treatment of advanced lung cancer, with improved quality of life, immune function and survival rate.

Keywords: [DC activated and cytokine induced killer cell](#) [lung cancer](#) [adoptive cellular immunotherapy](#) [chemotherapy](#)

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