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造血干细胞移植后淋巴细胞增殖症患者单个核细胞来源DC负载EBV抗原肽制备DC-CIK [点此下载全文](#)

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摘要:

目的: 以造血干细胞移植后并发淋巴细胞增殖症 (post transplant lymphoproliferative disorder, PTLD)患者外周血单核细胞培养诱导DC, 负载抗原肽后制备DC-CIK (cytokine induced killer cell), 为探索新的PTLD治疗方法奠定基础。方法: 分离造血干细胞移植后EBV (Epstein Barr virus)感染致PTLD患者外周血单个核细胞, 贴壁细胞培养诱导DC, 悬浮细胞诱导CIK; 负载EBV抗原肽LMP2后建立DC-CIK共培养体系。流式细胞仪分析共培养前后细胞的免疫表型, ELISA检测共培养前后细胞上清IFN- γ 的分泌水平, 基因扫描仪分析T细胞受体(T cell receptor, TCR) β 家族基因谱。结果: 成功制备负载EBV抗原肽的DC-CIK, HLA-DR+CD86+DC细胞从诱导前的12.5%增加到91.17%; DC-CIK共培养14 d后, 两例患者的CIK数量分别增加了5.3和6.8倍; CD3+、CD8+、CD3+CD8+以及CD3+CD56+细胞比例在DC-CIK共培养后均明显升高(均 $P < 0.05$)。抗原肽负载的DC-CIK共培养体系中IFN- γ 的分泌水平明显高于未经抗原肽负载的DC组[$(1\ 332.6 \pm 92.38)$ pg/ml vs (693.42 ± 62.41) pg/ml, $P < 0.01$]。DC-CIK培养后细胞的TCR β 家族基因在5.2家族出现单克隆表达峰。结论: EBV抗原肽负载后DC可诱导DC-CIK共培养体系中CD3+CD8+以及CD3+CD56+细胞扩增, 并分泌高水平IFN- γ , 为临床应用DC-CIK对移植后EBV感染致PTLD患者进行过继性细胞免疫治疗提供实验基础。

关键词: [树突状细胞](#) [CIK细胞](#) [EB病毒](#) [移植后淋巴细胞增殖症](#) [过继性细胞免疫治疗](#)

Preparation of DC-CIK using EBV peptide-pulsed DC from peripheral blood mononuclear cells of post-transplant lymphoproliferative disorder patients after hematopoietic stem cell transplantation [Download Fulltext](#)

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Abstract:

Objective: To construct a DC-CIK (cytokine induced killer cell) co-culture system using peripheral blood mononuclear cells (PBMCs) derived DC from hematopoietic stem cell transplantation (HSCT) patients with post-transplant lymphoproliferative disorder (PTLD) after pulsed with EBV special peptides, so as to lay a foundation for new adoptive immunotherapy of patients with PTLD after HSCT. Methods: PBMCs were obtained from patients with PTLD after HSCT; DC was induced from adherent cells; and CIK was induced from suspension cells. DC was further pulsed with EBV special peptides and co-cultured with CIK to establish the DC-CIK co-culture system; the immunophenotype of cells in DC-CIK system before and after co-culture were determined by FACS, IFN- γ secretion was assayed by ELISA, and TCR β genealogy was examined by genetic analyzer. Results: The ratio of HLA-DR+CD86+DC increased from 12.5% to 91.17% after cytokine stimulation. After co-culture with DC for 14 d, the numbers of CIK in two patients with PTLD increased to 5.3 and 6.8 times, respectively. The ratios of CD3+, CD8+, CD3+CD8+, and CD3+CD56+ cells were significantly increased after DC-CIK co-culture. IFN- γ level in peptide-pulsed DC-CIK group was significantly higher than that in peptide-unpulsed DC-CIK group [$(1\ 332.6 \pm 92.38)$ pg/ml vs (693.42 ± 62.41) pg/ml, $P < 0.05$]; TCR β genealogy assay found the clone expansion peak of 5.2 TCR β subfamily in DC-CIK co-culture system. Conclusion: EBV peptide-pulsed DC can induce CD3+CD8+ and CD3+CD56+ cell expansion in DC-CIK co-culture system with high level of IFN- γ . DC-CIK can be used as a new adoptive immunotherapy to HSCT patients with EBV infection and PTLD.

Keywords: [dendritic cell \(DC\)](#) [cytokine induced killer cell \(CIK\)](#) [Epstein Barr virus \(EBV\)](#) [post-transplant lymphoproliferative disorder \(PTLD\)](#) [adoptive immunotherapy](#)

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