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DC-CIK过继性免疫疗法联合化疗治疗转移性结直肠癌患者的疗效

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摘要：

目的： 研究DC-CIK（dendritic cell-cytokine induced killer cell）过继性免疫治疗联合化疗对转移性结直肠癌（metastatic colorectal cancer，mCRC）的疗效及安全性。 方法： 选取2010年11月至2011年11月在大连市中心医院治疗的80例mCRC患者，40例行DC-CIK治疗联合化疗（联合组），40例行单纯化疗（化疗组），评价两组患者治疗后免疫功能、疗效、毒副反应和生活质量（quality of life，QOL）。 结果： 共完成了160周期DC-CIK治疗，联合组治疗前后外周血T细胞亚群无显著变化（P>0.05），化疗组治疗后外周血中CD3+、CD3+CD4+、CD3+CD8+、CD3-CD56+细胞比例较治疗前显著下降，且明显低于联合组（P<0.05）；联合组3周期治疗后CD4+ T细胞中IFN-γ水平较治疗前显著升高（P<0.05），化疗组治疗后IFN-γ、IL-2、TNF-α水平著下降，且明显低于联合组（P<0.05）。联合组和化疗组总有效率（response rate, RR）未见明显差异（37.5% vs 22.5%，P>0.05）；联合组疾病控制率（disease control rate，DCR）明显高于化疗组（77.5% vs 50.0%，P<0.05）。联合组Ⅲ～Ⅳ度白细胞减少及Ⅲ～Ⅳ度迟发性腹泻的发生率明显低于化疗组（17.5% vs 42.5%，5.0% vs 25.0；均P<0.05），其他相关不良反应无显著性差异，而且对症治疗后均可缓解。联合组患者的中位无进展生存（progression-free survival，PFS）较化疗组患者长（6.5个月 vs 4.5个月，P<0.05），联合组和化疗组患者的总生存（overall survival，OS）比较差异无统计学意义（P>0.05）。联合组在躯体功能、情绪方面较治疗前明显改善，而且明显好于化疗组（P<0.05）。 结论： DC-CIK过继性免疫治疗联合化疗可以明显改善mCRC患者的免疫功能，提高总体疗效，减轻化疗不良反应，延长无进展生存，改善mCRC患者生活质量。

关键词：DC-CIK 过继性免疫治疗 转移性结直肠癌 化疗

Efficacy of dendritic cells/cytokine induced killer cells adoptive immunotherapy combined with chemotherapy in treatment of metastatic colorectal cancer

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Abstract:

Objective:To evaluate the therapeutic effect and safety of dendritic cells-cytokine induced killer cells (DC-CIK) combined with chemotherapy in the treatment of metastatic colorectal cancer (mCRC). Methods: 80 mCRC patients were selected from Dalian Centre Hospital during November 2010 to November 2011. 40 patients were treated by DC-CIK combined with chemotherapy (combined group), and another 40 patients were treated by chemotherapy alone (chemotherapy group). The immune function, therapeutic effect, toxicity and quality of life (QOL) were compared between the two groups after the treatment. Results: 160 cycles of DC-CIK were successfully treated. There were no obvious changes of T cell subsets in the peripheral blood in the combined group (P>0.05), while the ratios of CD3+, CD3+CD4+, CD3+ CD8+ and CD3-CD56+ cells were significantly decreased after the treatment in the chemotherapy group, and obviously lower than that in the combined group (P<0.05). After treatment for 3 cycles, the IFN-γ level of CD4+ T cells in the combined group was significantly increased (P<0.05), while the levels of IFN-γ, IL-2 and TNF-α in the chemotherapy group were significantly decreased after the treatment and were obviously lower than that in the combined group (P<0 05). No significant differences were found in the overall response rate (RR) between the combined group and the chemotherapy group (37.5% vs 22.5%,P>0.05). The disease control rate (DCR) of the combined group was significantly higher than that of the chemotherapy group (77.5% vs 50.0%, P<0.05). Ⅲ-Ⅳ grade leucopenia and tardily diarrhea in the combined group were obviously lower than those of the chemotherapy group (17.5% vs 42.5%, 5 0% vs 25.0%, P<0.05). Other side effects showed no significant differences between the two groups, which can be alleviated after symptomatic treatment (P>0.05). The median progression-free survival (PFS) of the combined group was longer than that of the chemotherapy group (6.5 months vs 4.5 months, P<0.05), while the median overall survival (OS) of the two groups had no significant difference (P>0.05). The physical and emotional functions of the combined group were better than those of the chemotherapy group (P<0.05). Conclusion: Treatment with DC-CIK adoptive immunotherapy combined with chemotherapy can effectively improve the immune function, improve the efficacy, reduce the side effects of chemotherapy, prolong the PFS, and improve QOL of mCRC patients.

Keywords:DC-CIK adoptive immunotherapy metastatic colorectal cancer (mCRC) chemotherapy

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