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PHA-CD3AK细胞的制备及其对恶性肿瘤的疗效 [点此下载全文](#)

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摘要:

目的: 探讨植物血凝素 (PHA)、抗CD3单克隆抗体 (anti-CD3McAb) 和rhIL-2共同诱导的PHA-CD3AK (PHA-CD3McAb actinated killer cell) 细胞的临床应用质量控制, 及其对恶性肿瘤的疗效。方法: 选取陕西省友谊医院肿瘤生物诊疗科 53例中晚期肿瘤患者(宫颈癌9例, 肺癌6例, 肾癌6例, 非霍奇金淋巴瘤5例, 肝癌5例, 胃癌7例, 食道癌5例, 恶性黑色素瘤5例, 直肠癌5例), 分离患者外周血单个核细胞, 加入PHA、anti-CD3McAb、rhIL-2体外诱导制备自体 PHA-CD3AK 细胞。质量控制检测细胞数量和活细胞比例、细胞毒活性、内毒素和感染源, 流式细胞术检测免疫表型。将检测合格的自体PHA-CD3AK细胞静脉回输至患者体内, 每 2 d 回输 1 次, 每疗程6次, 共2个疗程, 观察治疗效果和不良反应。结果: 制备的 PHA-CD3AK细胞符合预期免疫活性细胞质控的各项要求。治疗后患者外周血CD3⁺、CD4⁺、CD8⁺T细胞和 CD16⁺CD56⁺细胞 (NK 细胞) 比例分别为 (49.36 ± 9.21)%、(34.85 ± 4.35)%、(29.20 ± 5.12)%和 (21.15 ± 6.50)%, 较治疗前均显著升高 (均 P < 0.05)。大部分患者治疗后全身症状明显改善 (43/53), 其中完全缓解 6 例、部分缓解14 例、微效10 例、稳定14 例、进展9例, 总有效率达56.6%, 临床受益率达83.0%。所有患者治疗后相关化验指标均未出现异常变化, 也未出现明显的全身毒性反应。结论: PHA-CD3AK 细胞制剂质量控制指标切实可行, 其对恶性肿瘤的疗效确切, 并能有效提高患者的免疫功能。

关键词: [PHA-CD3AK细胞](#) [恶性肿瘤](#) [过继免疫治疗](#) [质量控制](#)

Preparation of PHA-CD3AK cells and their therapeutic effect against malignant tumor [Download Fulltext](#)

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Abstract:

Objective: To investigate the clinical quality control of PHA-CD3AK cells induced by PHA, anti-CD3 monoclonal antibody and rhIL-2, and their therapeutic effects against malignant tumors. Methods: Fifty-three patients with advanced malignant tumor were from Friendship Hospital of Shaanxi Province. Peripheral blood mononuclear cells (PBMC) were obtained and induced to differentiate into autologous PHA-CD3AK cells by PHA, anti-CD3mAb and rhIL-2. Quality control indices including quantity, viability, cytotoxicity, endotoxin contaminant and infection source of PHA-CD3AK cells were examined, and the immunophenotypes were studied by flow cytometry. The qualified autologous PHA-CD3AK cells were gathered and infused back to the tumor patients intravenously, once every 2 days; each episode included 6 times, with a total of 2 courses. Therapeutic effects and adverse reactions were observed, and the effective and clinical beneficial rates were calculated. Results: The prepared PHA-CD3AK cells met the quality standard of the expected immune activated cells. The ratios of CD3⁺T, CD4⁺T, CD8⁺T and CD16⁺CD56⁺ cells in the peripheral blood were (49.36±9.21)%, (34.85±4.35)%, (29.20±5.12)% and (21.15±6.50)% respectively after treatment with autologous PHA-CD3AK cells, which were significantly higher than those before treatment (all P < 0.05). The general symptoms of most patients were obviously improved (43/53), with 6 cases reaching CR, 14 cases reaching PR, 10 cases reaching MR, 14 cases reaching SD, 9 cases reaching progression; the total effective rate was 56.6%, and the clinical beneficial rate was 83.0%. There were no abnormal changes of the related chemical indices or toxicity reaction. Conclusion: Our quality control method for prepared PHA-CD3AK cells is feasible, and they have definite therapeutic effects against malignant tumor and can efficiently improve the immune function of tumor patients.

Keywords: [PHA-CD3McAb activated killer cell \(PHA-CD3AK\)](#) [malignant tumor](#) [adoptive immunotherapy](#) [quality control](#)

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