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TAM 与VEGF在外周T 细胞淋巴瘤非特指型中表达及临床意义

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Expression and Clinical Significance of Tumor-associated Macrophages and VEGF in Peripher-al T-cell Lymphoma Not Otherwise Specified

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摘要

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摘要 目的：探讨肿瘤相关巨噬细胞（TAM）及血管内皮生长因子（VEGF）在外周 T 细胞淋巴瘤非特指型（PTCL-NOS）中的表达及临床意义。方法：采用免疫组织化学方法对60例PTCL-NOS 患者肿瘤组织中的CD68和VEGF进行检测，15例正常人淋巴结组织为对照。结果：肿瘤组织中 CD68阳性细胞平均含量为（56.5 ± 18.6）个/高倍镜视野，而对照组为（12.4 ± 6.2）个/高倍镜视野（P<0.01），肿瘤组织与对照组VEGF阳性表达率分别为78.3% 和26.7%（P<0.05）。 TAM与骨髓侵犯、IPI 评分及疗效相关（P<0.05）。 TAM高表达组和低表达组的2 年总生存率（overall survival，OS）分别为23.6 % 和55.3%（P<0.05）。 VEGF的表达与肿瘤分期、骨髓侵犯和IPI评分相关（P<0.05），VEGF表达阳性组和阴性组的2 年OS分别为 22.9%和83.3%（P<0.01）。单变量生存分析显示VEGF表达、TAM
计数、肿瘤分期、IPI 评分和疗效是独立的预后影响因素（P<0.05）。多变量分析显示 VEGF和疗效是独立的预后影响因素（P<0.05）。结论：TAM和VEGF 在PTCL-NOS 中表达明显升高，单因素分析显示二者是PTCL-NOS 的不良预后因素。多因素分析显示仅VEGF是独立的预后影响因素。

关键词： 外周T 细胞淋巴瘤 肿瘤相关巨噬细胞 血管内皮生长因子 临床意义

Abstract: Objective:This work aims to detect the expression and to identify the clinical significance of tumor-associated macro -phages (TAMs) and vascular endothelial growth factor (VEGF) in peripheral T-cell lymphoma not otherwise specified (PTCL-NOS). Methods:Immunohistochemistry was used to detect CD 68and VEGF expressions in the tumor specimens of 60cases with PT -CL-NOS. A normal lymph node biopsy was used as the control sample. Results: The average content of the CD 68-positive cells was 56.5 ± 18.6 per high-power field (HPF) in the PTCL-NOS tissues and12.4 ± 6.2 per HPF in the control sample (P<0.01). The VEGF-posi-tive rates for the PTCL-NOS tissues and the control sample were78.3% and26.7% (P<0.05), respectively. TAMs were significantly cor -related to bone marrow invasion, IPI score, and treatment response (P<0.05). The two-year overall survival (OS) was 23.6% and55.3% in the groups with high-TAM- and low-TAM-expression, respectively (P<0.05). VEGF expression was closely correlated to tumor stag -ing, bone marrow invasion, and IPI score (P<0.05). The two-year OS was 22.9% and 83.3% in the VEGF-positive and VEGF-negative groups, respectively (P<0.01). A univariate survival analysis revealed that the VEGF expression, TAMs content, tumor staging, IPI score, and treatment response were the prognostic factors of patients with PTCL-NOS (P<0.05). A multivariate Cox regression model showed that VEGF and treatment response were both independent OS predictors (P<0.05). Conclusion:TAMs and VEGF are overex -pressed in PTCL-NOS. A univariate survival analysis reveals that TAMs and VEGF are both predictive factors for PTCL-NOS progno-sis, and the multivariate survival analysis using Cox regression model data show that only VEGF is an independent predictive factor for OS.

Key words: Peripheral T-cell lymphoma Tumor-associated macrophage Vascular endothelial growth factor Clinical significance

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