

## Topo II $\alpha$ 、GST- $\pi$ 、P-gp对卵巢癌患者化疗反应及预后预测的体内外实验

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### Value of Topo II $\alpha$ , GST- $\pi$ and P-gp in Predicting Chemotherapeutic Response and Prognosis of Ovarian Cancer in vivo and in vitro

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#### 摘要

#### 目的

研究Topo II  $\alpha$ 、GST- $\pi$ 、P-gp在卵巢癌耐药中的作用及其对化疗反应及预后的预测价值。方法免疫组织化学SP法检测Topo II  $\alpha$ 、GST- $\pi$ 、MDR-1/P-gp在80例上皮性卵巢癌组织中的表达,分析它们与化疗反应及预后的关系;RNA干扰封闭GST- $\pi$ 、MDR-1/P-gp在人卵巢癌耐药细胞中的表达,检测其逆转细胞耐药的可能性。结果Topo II  $\alpha$ 阴性和阳性患者的化疗反应无差异。

GST- $\pi$ 阴性患者的化疗疗效显著优于阳性者( $P=0.009$ );P-gp阴性患者也较阳性者疗效好,但差异无统计学意义( $P=0.059$ )。尽管Log-rank test显示 GST- $\pi$  或P-gp阴性患者的生存时间显著长于相应指标阳性患者,但Cox分析并未指示两者为独立预后因素 ( $P=0.682$ ;  $P=0.101$ )。根据GST- $\pi$ 、P-gp的共同表达情况进一步分组分析显示,两者共同阴性的患者化疗有效率100%、85.7%生存至末次随访,GST- $\pi$ 、P-gp共同阴性预示较好的化疗反应及预后( $P=0.012$ ;  $P=0.000$ )。体外实验显示,卵巢癌耐药细胞对多种化疗药物敏感度降低,同时GST- $\pi$ 、MDR-1/P-gp mRNA表达增高。结论GST- $\pi$ 及MDR-1/P-gp在卵巢癌耐药中具有重要作用,GST- $\pi$  或P-gp单独预测化疗反应及预后的效用有限,联合检测可提供较高临床价值,封闭两者表达可一定程度逆转卵巢癌细胞的耐药性。

关键词: 多药耐药 卵巢癌 谷胱甘肽-S-转移酶- $\pi$  P-糖蛋白 拓扑异构酶II &  $\alpha$

#### Abstract:

#### Objective

To assess the role of Topo II  $\alpha$ ,GST- $\pi$  and P-gp in drug-resistance of ovarian cancer and their value as predictors of chemotherapeutic response and prognosis.MethodsThe expression of GST- $\pi$ ,P-gp and Topo II  $\alpha$  in the surgical specimens were detected by immunohistochemistry and their relationship with the chemotherapeutic response and prognosis of the patients were analyzed.The expression of GST- $\pi$  and MDR-1/P-gp in human ovarian cancer cells was silenced by RNA:to evaluate the feasibility of reversal MDR phenotype in the cells.

ResultsChemotherapeutic response was no difference with negative Topo II  $\alpha$  and positive.Chemotherapeutic response was more favorable in patients with negative GST- $\pi$  than in those with positive expression ( $P=0.009$ ).Similar trend occurred with P-gp,though the difference was not significant ( $P=0.059$ ).Although log-rank test showed a longer survival in patients with negative GST- $\pi$  or P-gp ( $P=0.012$ ;  $P=0.000$ ),Cox hazard analysis did not indicate they could be regarded as prognostic predictors ( $P=0.682$ ;  $P=0.101$ ).However,when their co-expression status was taken into account,it was found that 100.0% patients with co-negative GST- $\pi$ /P-gp responded well to chemotherapy and 85.7% patients were still alive until the evaluation.Co-negative GST- $\pi$  /P-gp presented better

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chemotherapeutic response and prognosis ( $P=0.001$ ;  $P=0.000$ ). Furthermore, decreased drug sensitivity accompanied with overexpressed GST- $\pi$  and P-gp level was found in MDR ovarian cancer cell lines. Conclusion GST- $\pi$  and P-gp are involved in the forming of MDR in ovarian cancer. The reliability of MDR-1 and GST- $\pi$  alone as indicators of chemotherapeutic response and prognosis is limited, and co-detection of their expression may provide a higher predictive value.

After silencing the expression of GST- $\pi$  and P-gp by RNAi, the drug sensitivity of the MDR cells were increased.

**Key words:** Multidrug resistance Ovarian cancer Glutathione S-transferase- $\pi$  P-glycoprotein Topoisomerase II  $\alpha$

收稿日期: 2011-09-16;

基金资助:

湖北省科技厅自然科学基金一般项目(2010CDB10902);湖北省妇幼保健院院课题基金资助项目(20922004)

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引用本文:

蔡鸿宁, 陈慧君, 吴绪峰等. Topo II  $\alpha$ 、GST- $\pi$ 、P-gp 对卵巢癌患者化疗反应及预后预测的体内外实验[J]. 肿瘤防治研究, 2012, 39(8): 985-991.

Cai Hongning, Chen Huijun, Wu Xufeng et al. Value of Topo II  $\alpha$ , GST- $\pi$  and P-gp in Predicting Chemotherapeutic Response and Prognosis of Ovarian Cancer in vivo and in vitro[J]. Cancer Research on Prevention and Treatment, 2012, 39(8): 985-991.

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