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细胞因子诱导的杀伤细胞治疗恶性黑素瘤临床疗效的初步分析

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摘要：

目的：初步评价细胞因子诱导的杀伤细胞（cytokine-induced killer cell，CIK）在恶性黑素瘤治疗中的效果。方法：收集天津医科大学附属肿瘤医院2005年1月至2010年12月术后接受CIK治疗的38例恶性黑素瘤患者作为CIK治疗组，按1∶3比例选取同期术后未接受CIK治疗的114例恶性黑素瘤患者作为对照组，两组配对因素包括临床分期、性别、年龄、有无溃疡、乳酸脱氢酶（lactate dehyolrogenase， LDH）活性、病理类型、KPS评分（Karnofsky performance status scale）等均衡一致。随访时间为2005年3月至2012年3月，临床疗效的观察终点为总生存（overall survival，OS）期。结果：CIK治疗组与对照组1年OS率分别为86.8%、74.6%（P=0 097），3年OS率分别为76.3%、46.5%（P=0.001），5年OS率分别为71.1%、43.9%（P=0.004）；CIK治疗组中位生存期明显长于对照组（CIK治疗组中位生存期未达到观察终点，对照组中位生存期为20.1个月， P= 0.004）。单因素和多因素分析显示,病理类型、LDH水平是影响CIK治疗恶性黑素瘤患者疗效的独立影响因素；CIK免疫治疗的疗程数可能与黑素瘤患者OS相关，CIK疗程>8次具有延长黑素瘤患者OS期的趋势。结论：CIK免疫治疗能改善恶性黑素瘤患者的OS期，增加CIK疗程数可能提高其疗效。

关键词：细胞因子诱导的杀伤细胞（CIK） 黑素瘤 过继性细胞免疫治疗（ACI） 临床疗效 配对研究

Preliminary analysis of clinical efficacy of cytokine-induced killer cells in treatment of patients with melanoma

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Abstract:

Objective:To evaluate the efficacy of cytokine-induced killer cells (CIKs) in the treatment of melanoma. Methods: Thirty-eight post-operated melanoma patients in Tumor Hospital Affiliated to Tianjin Medical University from January 2005 to December 2010 receiving CIK treatment were obtained (CIK group) as a treatment group, and 114 melanoma patients without treatment were obtained as a control group. Pairing considerations included clinical stage, gender, age, ulceration, lactate dehydrogenase （LDH） activity, pathological type, and the Karnofsky performance status scale (KPS). The follow-up period was from March 2005 to March 2012. The endpoint of clinical efficacy was overall survival (OS). Results: The 1-, 3-, 5-year OS rates in the CIK and control groups were 86.8% vs 74.6% (P=0.097), 76.3% vs 46.5% (P=0.001) and 71.1% vs 43.9% (P=0.004), respectively. The median OS in the CIK group was significantly longer than that in the control group (the OS in CIK group did not reach median OS, and was 20.1 months in the control group, P=0.004). The frequency of CIK immunotherapy may be related to the OS of melanoma patients (P=0 051). It seemed a trend to prolong the OS of patients with melanoma when CIK treatment >8 times. Univariate and multivariate analysis showed that the pathological type and LDH activity were independent factors for the clinical efficacy of CIK in treatment of patients with melanoma. Conclusion: CIK immunotherapy can prolong OS in melanoma patients, and increasing CIK frequency may enhance the clinical efficacy.

Keywords:cytokine-induced killer cell (CIK) melanoma adoptive cellular immunotherapy (ACI) clinical efficacy paired study

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