

# 胰腺癌 p57<sup>kip2</sup> 和 p27<sup>kip1</sup> 蛋白的表达及与临床病理关系研究

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## Expression of p57<sup>kip2</sup> and p27<sup>kip1</sup> proteins and its relationship with clinicopathology in human pancreatic cancer

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### Abstract

AIM: To investigate the effects of p57<sup>kip2</sup> and p27<sup>kip1</sup> proteins on the development and progression of pancreatic cancer.

METHODS: Expression of p57<sup>kip2</sup> and p27<sup>kip1</sup> proteins in tumor and adjacent tissues of 32 patients with pancreatic cancer were detected by SP immunohistochemical technique.

RESULTS: p57<sup>kip2</sup> protein positive rate in tumor tissues of pancreatic cancer was 46.9%, which was lower than that in adjacent pancreatic tissues (75.0%) ( $\chi^2=5.317, P<0.05$ ), p57<sup>kip2</sup> protein expression correlated remarkably with tumor cell differentiation ( $\chi^2=4.979, P<0.05$ ), but did not correlate with lymph node metastasis ( $\chi^2=3.698, P>0.05$ ); p27<sup>kip1</sup> protein positive rate in the tumor tissues was 56.3%, which was lower than that in adjacent pancreatic tissues (84.4%) ( $\chi^2=6.063, P<0.05$ ). p27<sup>kip1</sup> expression was correlated remarkably with tumor cell differentiation and lymph node metastasis ( $\chi^2=5.776; \chi^2=4.097, P<0.05$ ). p57<sup>kip2</sup> protein positive rate (50.0%) in p27<sup>kip1</sup> protein positive group was higher than that (42.9%) in p27<sup>kip1</sup> protein negative group, and there was no significant correlation between the two groups ( $r=0.19657, P>0.05$ ).

CONCLUSION: p57<sup>kip2</sup> and p27<sup>kip1</sup> proteins may play an important role in carcinogenesis and progression of human pancreatic cancer. Decreased expression of p57<sup>kip2</sup> and p27<sup>kip1</sup> proteins is subject to the development of pancreatic cancer

and determination of cell differentiation degree, and helpful to evaluate prognosis of the diseases.

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### 摘要

目的:探讨p57<sup>kip2</sup>和p27<sup>kip1</sup>蛋白在胰腺癌发生发展中的作用及与临床病理特征的关系。

方法:采用免疫组化技术SP法,检测p57<sup>kip2</sup>和p27<sup>kip1</sup>蛋白在32例胰腺癌组织和癌旁胰腺组织中的表达情况。

结果:p57<sup>kip2</sup>蛋白阳性表达率在胰腺癌组织中为46.9%,显著低于癌旁胰腺组织(75.0%) ( $\chi^2=5.317, P<0.05$ ),并与胰腺癌组织分化程度有关 ( $\chi^2=4.979, P<0.05$ ),而与淋巴结转移无关 ( $\chi^2=3.698, P>0.05$ )。p27<sup>kip1</sup>蛋白阳性表达率在胰腺癌组织中为56.3%,显著低于癌旁胰腺组织(84.4%) ( $\chi^2=6.063, P<0.05$ ),并与胰腺癌组织分化程度和淋巴结转移均有关 ( $\chi^2=5.776; \chi^2=4.097, P<0.05$ )。p27<sup>kip1</sup>阳性胰腺癌组p57<sup>kip2</sup>蛋白表达阳性率50.0%高于p27<sup>kip1</sup>阴性胰腺癌组p57<sup>kip2</sup>蛋白表达阳性率42.9%,但二者无显著相关( $r=0.19657, P>0.05$ )。

结论:p57<sup>kip2</sup>和p27<sup>kip1</sup>蛋白的低表达可能与胰腺癌发生发展密切相关;p57<sup>kip2</sup>和p27<sup>kip1</sup>蛋白表达均降低有助于胰腺癌的发生及细胞分化程度及预后的判定。

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### 0 引言

胰腺癌的发病率在世界范围内均有增加,而且预后差<sup>[1-3]</sup>。p57<sup>kip2</sup>和p27<sup>kip1</sup>蛋白是细胞周期抑制蛋白,他们抑制细胞周期G<sub>1</sub>期向S期的转换,从而抑制细胞增生。但细胞周期G<sub>1</sub>/S期负向调控因子p57<sup>kip2</sup>和p27<sup>kip1</sup>蛋白表达与胰腺癌关系的研究很少,我们采用免疫组化技术SP法检测胰腺癌组织和癌旁组织p57<sup>kip2</sup>和p27<sup>kip1</sup>蛋白的表达,旨在探讨二者在胰腺癌的发生发展中的作用及与临床病理特征的关系。

### 1 材料和方法

1.1 材料 沈阳军区总医院和中国医科大学第一临床学院手术切除胰腺癌标本32例,男20例,女12例;年龄

26-72岁(平均59.9岁). 所有术前均未经放、化疗. 其中高分化胰腺癌19例, 中低度分化胰腺癌13例, 12例有淋巴结转移. 抗 p57<sup>kip2</sup> 鼠抗人单克隆抗体(57P06)、抗 p27<sup>kip1</sup> 鼠抗人单克隆抗体(DCS-72.F6)和 SP 试剂盒(UltraSensitive™)及 3, 3'-二氨基联苯胺(DAB)显色试剂均购自福州迈新生物技术公司, 即用型.

1.2 方法 所有标本分别在癌灶中央、癌旁组织常规取材, 甲醛固定, 石蜡包埋, 制备成 4 μm 厚连续切片. 采用免疫组化技术为链霉亲和素-生物素过氧化物酶复合物(S-P)法, 以高温高压行抗原修复, 以 PBS 代替一抗作为空白对照, 以已知 p57<sup>kip2</sup>、p27<sup>kip1</sup> 阳性切片作为阳性对照. p57<sup>kip2</sup> 和 p27<sup>kip1</sup> 蛋白以胞核或胞质染色为棕黄色颗粒者为阳性反应细胞, 400倍显微镜下每张载玻片计数5个视野, 每个视野100个细胞, 依据染色阳性细胞所占细胞的百分比, 将结果分为阴性(-): 标本中无阳性反应细胞或<10%; 阳性(+): 按标本中阳性细胞所占细胞的百分比分为: +10-25%, ++ 25-50%, +++>50%.

统计学处理 SAS System (Release6.12)统计软件包,  $\chi^2$  检验和确切概率法, 显著性水准为  $P < 0.05$ .

## 2 结果

2.1 p57<sup>kip2</sup>蛋白的表达 p57<sup>kip2</sup>蛋白定位于正常胰腺细胞和阳性病例的胰腺癌细胞核或胞质中, 呈较细的棕黄色颗粒, 但以细胞核染色为主, 见图1. 胰腺癌组织中 p57<sup>kip2</sup> 蛋白阳性表达率为 46.9% 显著低于癌旁胰腺组织(75.0%) ( $\chi^2=5.317$ ,  $P < 0.05$ ). 中低分化胰腺癌组织 p57<sup>kip2</sup> 蛋白阳性表达率为 23.1% 显著低于高分化者(63.2%) ( $\chi^2=4.979$ ,  $P < 0.05$ ). 有淋巴结转移组 p57<sup>kip2</sup> 蛋白阳性表达率为 25.0% 低于无淋巴结转移组(60.0%), 但二组无显著差异( $\chi^2=3.698$ ,  $P > 0.05$ ).

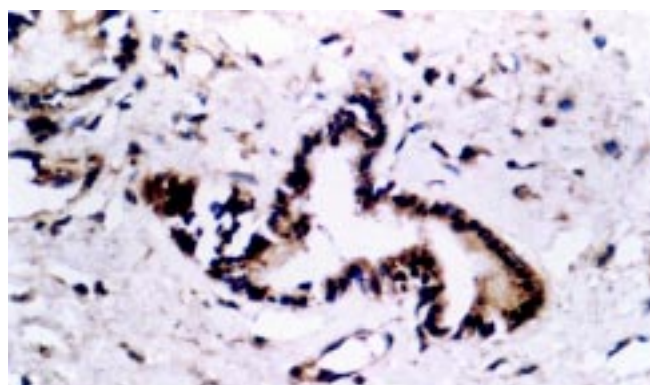


图1 p57<sup>kip2</sup> 蛋白在胰腺癌组织中的表达 SP × 400.

2.2 p27<sup>kip1</sup> 蛋白的表达 p27<sup>kip1</sup> 蛋白定位于正常胰腺细胞和阳性病例的胰腺癌细胞核或胞质中, 呈较细的棕黄色颗粒, 但以细胞核染色为主, 见图2. 胰腺癌组织中 p27<sup>kip1</sup> 蛋白阳性表达率为 56.3% 显著低于癌旁胰腺组织(84.4%) ( $\chi^2=6.063$ ,  $P < 0.05$ ). 中低分化胰腺癌组织 p27<sup>kip1</sup> 蛋白阳性表达率为 30.8% 显著低于高分化者(73.7%)

( $\chi^2=5.776$ ,  $P < 0.05$ ). 有淋巴结转移组 p27<sup>kip1</sup> 蛋白阳性表达率为 33.3% 显著低于无淋巴结转移组(70.0%) ( $\chi^2=4.097$ ,  $P < 0.05$ ).

2.3 胰腺癌组织 p27<sup>kip1</sup> 与 p57<sup>kip2</sup> 蛋白表达的关系 p27<sup>kip1</sup> 阳性胰腺癌组 p57<sup>kip2</sup> 蛋白表达阳性率(50.0%) 高于 p27<sup>kip1</sup> 阴性胰腺癌组 p57<sup>kip2</sup> 蛋白表达阳性率(42.9%), 但二者无相关( $r = 0.19657$ ,  $P > 0.05$ ). 见表1.

表1 胰腺癌组织 p27<sup>kip1</sup> 和 p57<sup>kip2</sup> 表达的关系

p27 <sup>kip1</sup>	n	p57 <sup>kip2</sup>				阳性表达率(%)
		-	+	++	+++	
	32	17	11	3	1	
-	14	8	4	2	0	42.9
+	8	6	2	0	0	50.0
++	8	3	3	1	1	
+++	2	0	2	0	0	

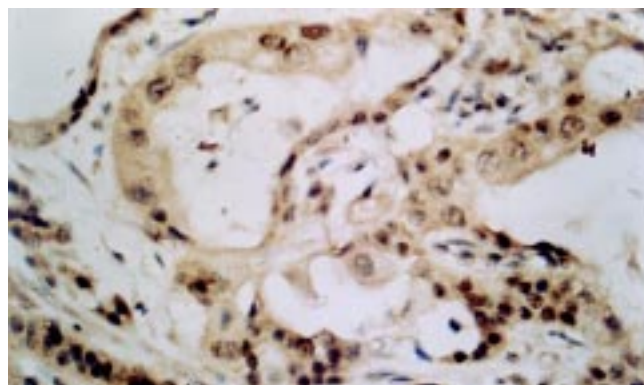


图2 p27<sup>kip1</sup> 蛋白在胰腺癌组织中的表达 SP × 400.

## 3 讨论

近年的细胞周期调控研究证实细胞周期 G<sub>1</sub> 期的调控是由多种细胞周期调控因子参与的复杂过程, 而且细胞周期 G<sub>1</sub> 期调控异常与肿瘤的发生发展密切相关<sup>[4-10]</sup>. p57<sup>kip2</sup> 蛋白是细胞周期负性调控因子, 其基因定位于 11p15.5 染色体, 为 p57<sup>kip2</sup> 基因的表达产物, 属 CIP/KIP 家族, 与 p21, p57 功能相似<sup>[11,12]</sup>. Lee et al<sup>[13]</sup> 认为 p57<sup>kip2</sup> 基因在肿瘤的发生发展中起着重要作用, 而且其抑癌作用可能是其产物 p57<sup>kip2</sup> 蛋白与 Cyclin-CDK 复合物结合, 阻止细胞增生, 从而使细胞周期停滞在 G<sub>1</sub> 期. Kondon et al<sup>[14]</sup> 认为在正常情况下, p57<sup>kip2</sup> 基因因为父源等位基因被印记, 母源基因表达, 在一些肿瘤中存在 p57<sup>kip2</sup> 基因印记缺失(loss of imprinting, LOI)或印记错误, 导致基因表达下降. Matsumoto et al<sup>[15]</sup> 采用免疫组化技术研究 92 例食管鳞状细胞癌 p57<sup>kip2</sup> 蛋白阳性表达率为 43.3 ± 3.2%, 其后关于 p57<sup>kip2</sup> 蛋白在大肠癌、上皮性卵巢肿瘤、肝癌、甲状腺癌、肝外胆管癌及肝内胆管癌表达研究相继被报道<sup>[16-24]</sup>, 但 p57<sup>kip2</sup> 蛋白表达与胰腺癌的关系很少被报道<sup>[25]</sup>. 本结果显示胰腺癌组织中 p57<sup>kip2</sup> 蛋白表达阳性率显著低于癌旁胰腺组织, 胰

腺癌组织中 p57<sup>kip2</sup> 蛋白表达强度随着恶性程度的增高而降低, 但 p57<sup>kip2</sup> 蛋白的低表达或缺失与淋巴结转移无显著相关, 提示 p57<sup>kip2</sup> 蛋白的表达降低与胰腺癌的发生、恶性程度的判定有关, 而与淋巴结转移无关。p27<sup>kip1</sup> 蛋白是 Polyak et al [26]于 1994 年用转化生长因子-β (TGF-β) 处理生长抑制细胞及接触生长抑制的细胞株中发现的一种相对分子量为 27kd 的耐热细胞周期抑制蛋白, 是 p27<sup>kip1</sup> 基因的表达产物, 亦属 CIP/KIP 家族; 国外学者认为 p27<sup>kip1</sup> 基因在肿瘤的发生发展中起着重要作用, 但很少发现有 p27<sup>kip1</sup> 基因的缺失和突变, 认为其抑癌作用可能是其产物 p27<sup>kip1</sup> 蛋白在转录后水平以化学剂量方式与 Cyclin-CDK 复合物结合, 阻止细胞增生, 从而使细胞周期停滞在 G<sub>1</sub> 期 [27]。在多种肿瘤中, 已有 p27<sup>kip1</sup> 蛋白表达水平低下或缺失的报道 [28-30], 但 p27<sup>kip1</sup> 蛋白在胰腺癌组织中的表达仅见国外一篇报道 [31]。本研究结果显示胰腺癌组织中 p27<sup>kip1</sup> 蛋白表达阳性率显著低于癌旁胰腺组织, 胰腺癌组织中 p27<sup>kip1</sup> 蛋白表达强度随着恶性程度的增高而降低, p27<sup>kip1</sup> 蛋白的低表达或缺失与淋巴结转移有关, 提示 p27<sup>kip1</sup> 蛋白的表达降低与胰腺癌的发生、恶性程度的判定及淋巴结转移有密切的关系。这与 Thomas et al [32] 研究 p27<sup>kip1</sup> 蛋白的表达与大肠癌转移的关系所得到的结论一致。p27<sup>kip1</sup> 蛋白表达阳性组 p57<sup>kip2</sup> 蛋白阳性表达率高于 p27<sup>kip1</sup> 蛋白表达阴性组 p57<sup>kip2</sup> 蛋白阳性表达率, 但两组无显著相关, 提示 p57<sup>kip2</sup> 和 p27<sup>kip1</sup> 蛋白可能在不同的细胞周期途径上发挥其抑癌作用。

总之, p57<sup>kip2</sup> 和 p27<sup>kip1</sup> 可能与胰腺癌发生发展密切相关; p57<sup>kip2</sup> 和 p27<sup>kip1</sup> 蛋白表达均降低有助于胰腺癌的发生和恶性程度及预后的判定, 但 p57<sup>kip2</sup> 蛋白低表达与胰腺癌淋巴结转移无关。

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