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Immunome Research

Commentary

Colon Cancer

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Commentary

High risk stage II colon cancer (CC) patients who will benefit from adjuvant treatment remains a clinical concern; however, no ideal model has been applied to clearly identify which suitable stage II CC patients should receive adjuvant chemotherapy. A previous study has provided an ideal and quantifiable model to identify suitable high risk stage II CC patients who should receive adjuvant chemotherapy after undergoing non-emergent surgery. This study is of importance; however, more factors should be taken into considerations to modify the prognostic model, which still requires further validation.

To investigate whether cytokine-induced killer cells (CIK)/ dendritic cell (DC)-CIK therapy is able to improve the therapeutic efficacy of chemotherapy in gastric cancer. We conducted a systematic review in latest published papers from the sources of several databases. The effects (95% CIs) of chemotherapy were compared with those of chemotherapy in combination with CIK/DC-CIK immunotherapy. The pooled analysis was performed using the data from random or fixed-effect models. Twenty-five trials (2608 patients) matched our inclusion criteria. The overall analysis showed significant survival benefit in favor of CIK/DC-CIK immunotherapy combined with chemotherapy (P<0.00001). Disease-free survival rate was improved after the combination of immunotherapy and chemotherapy (P<0.00001). An improved overall objective response rate (ORR, P=0.0002) and disease control rate (DCR, P<0.00001) was also observed in patients who received the combined therapy. Second, the analysis of T-lymphocyte subsets in peripheral blood indicated that the number of CD3+ (P<0.00001), CD4+ (P=0.01), CD3-CD56+ (P <0.0001) and CD3+CD56+ (P=0.0004) subsets of T cell significantly increased in the CIK/DC-CIK plus chemotherapy group. Furthermore, adverse effect analysis showed that CIK/DC-CIK immunotherapy partly alleviated the adverse events caused by chemotherapy. The combination of CIK/DC-CIK immunotherapy and chemotherapy was superior in increasing the survival rate, enhancing immunological responses for patients with gastric cancer and alleviating the adverse events.

The interaction between infectious pathogens and the immune system has been a focus of research for many years. However, the failure of re-recognition or immune memory of infectious pathogen remains a clear mystery A memory B- cell defect coupled with low levels of C1-INH and/or C1-INH function-failure of both the innate and adaptive immune components-may lead to persistent unresolved infection. Here we present 3 case studies that explore the abnormal immune response that may lead to persistent infection. These cases offer possible clarification of a longstanding clinical observation that some patients may develop a postinfectious syndrome that includes various neurological symptoms and unusual fatigue. These patients may have positive serology seen only during acute infectious phase and have a documented positive PCR, suggesting active presence of the pathogen. The unusual presentation is prolonged and irreversible. We use the term "Alzheimer's disease of the immune system" to identify this subtype due to the memory defect of the immune system. As we identified 3 common immune defects in all cases, we suggest a new immune deficiency leading to the postinfectious syndrome and suggest their potential mechanism.

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