肿瘤免疫治疗护理的研究现状

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2019年10月26日

主要内容

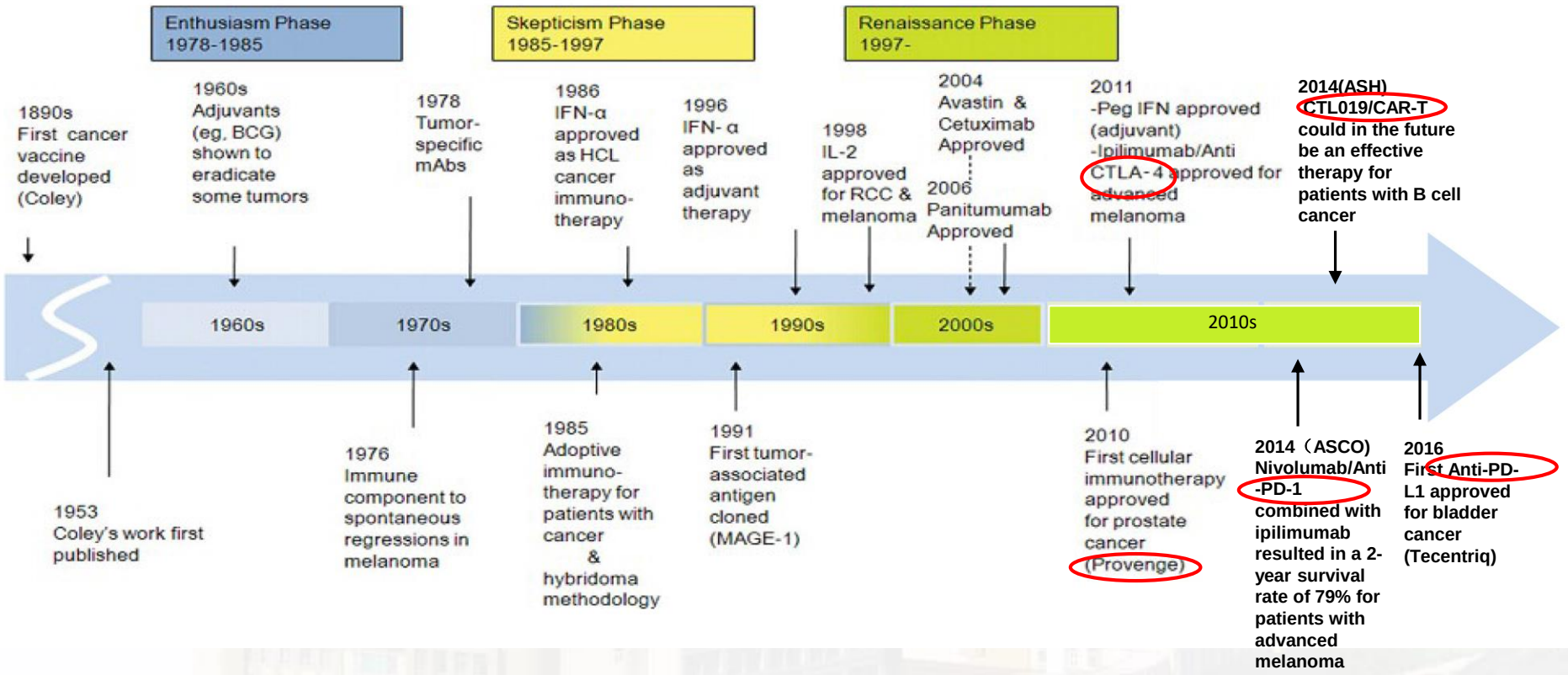
- 肿瘤治疗范式的变化
- 肿瘤免疫治疗相关护理研究现状
- 对今后护理研究方向的思考

肿瘤治疗范式转变

同病同治 → 同病异治

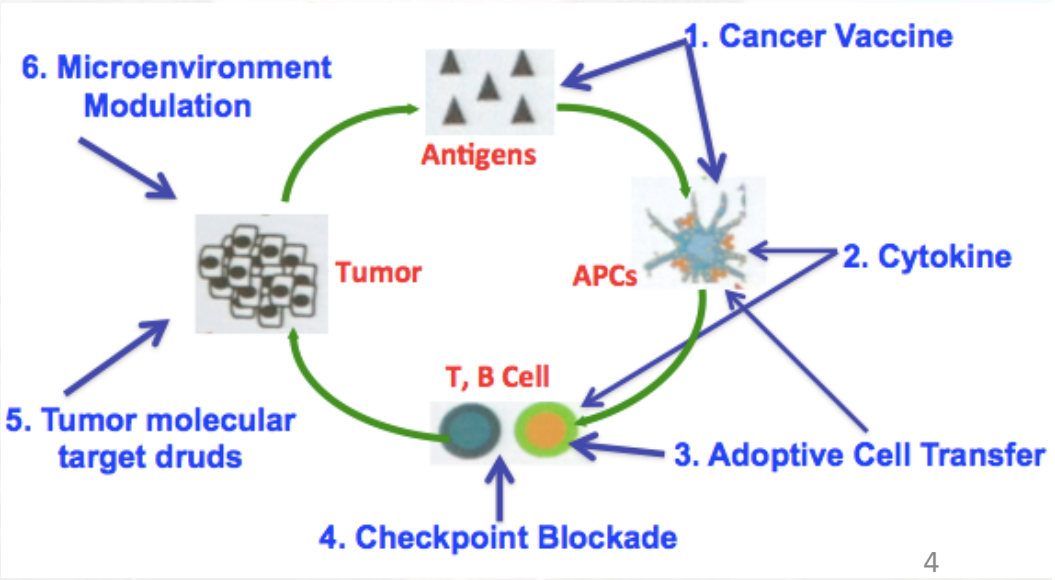
“个体化、多学科联合、多手段综合”

肿瘤免疫治疗

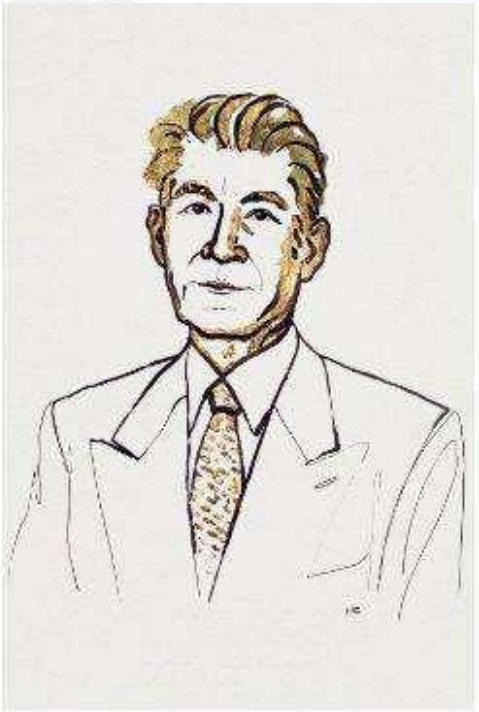

Enthusiasm Phase
1978-1985
Skepticism Phase
1985-1997
Renaissance Phase
1997-
1890s
First cancer vaccine developed (Coley)
1960s
Adjuvants (eg, BCG) shown to eradicate some tumors
1978
Tumor-specific mAbs
1986
IFN-α approved as HCL cancer immuno-therapy
1996
IFN-α approved as adjuvant therapy
1998
IL-2 approved for RCC & melanoma
2004
Avastin & Cetuximab Approved
2006
Panitumumab Approved
2011
-Peg IFN approved (adjuvant)
-Ipilimumab/Anti CTLA-4 approved for advanced melanoma
2014(ASH)
CTL019/CAR-T could in the future be an effective therapy for patients with B cell cancer
1960s
1970s
1980s
1990s
2000s
2010s
1953
Coley's work first published
1976
Immune component to spontaneous regressions in melanoma
1985
Adoptive immuno-therapy for patients with cancer & hybridoma methodology
1991
First tumor-associated antigen cloned (MAGE-1)
2010
First cellular immunotherapy approved for prostate cancer (Provenge)
2014（ASCO)
Nivolumab/Anti-PD-1 combined with ipilimumab resulted in a 2-year survival rate of 79% for patients with advanced melanoma
2016
First Anti-PD-L1 approved for bladder cancer (Tecentriq)

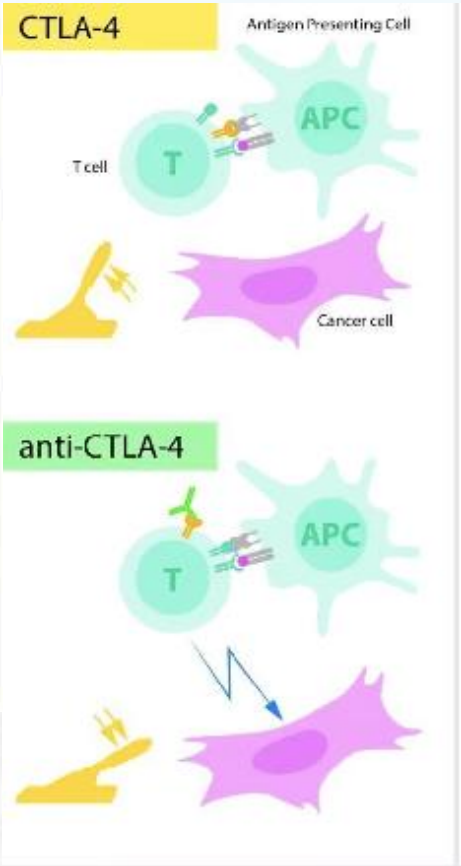
肿瘤免疫治疗

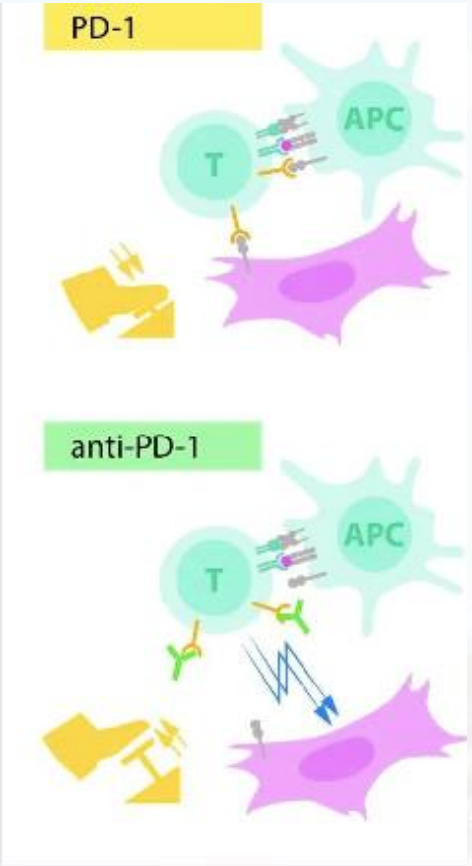
- **Cancer Vaccine**
  a. Tumor Antigen + Adjuvant
  b. DC Vaccine， HPV Vaccine
- **Cytokine**
  a. IFN-a, IFN-y, IL-2, IL-7, IL-15, IL-21,IL-12
- **Adoptive Cell Transfer (ACT)**
  a. Cytokine induce killed cell (CIK)
  b. .Nature killed cell (NK)
  c. Tumor Infiltrating T cells (TIL)
  d. Genetically Engineered TCR-T
  e. Chimeric Antigen Receptor (CAR-T)
- **Checkpoint Blockade**
  a. Target inhibitory receptors



NEJM 2010; 363:411-422 NEJM 2010; 363:711-723
NEJM 2012; 366:2443-2454 NEJM 2013; 369:122-133

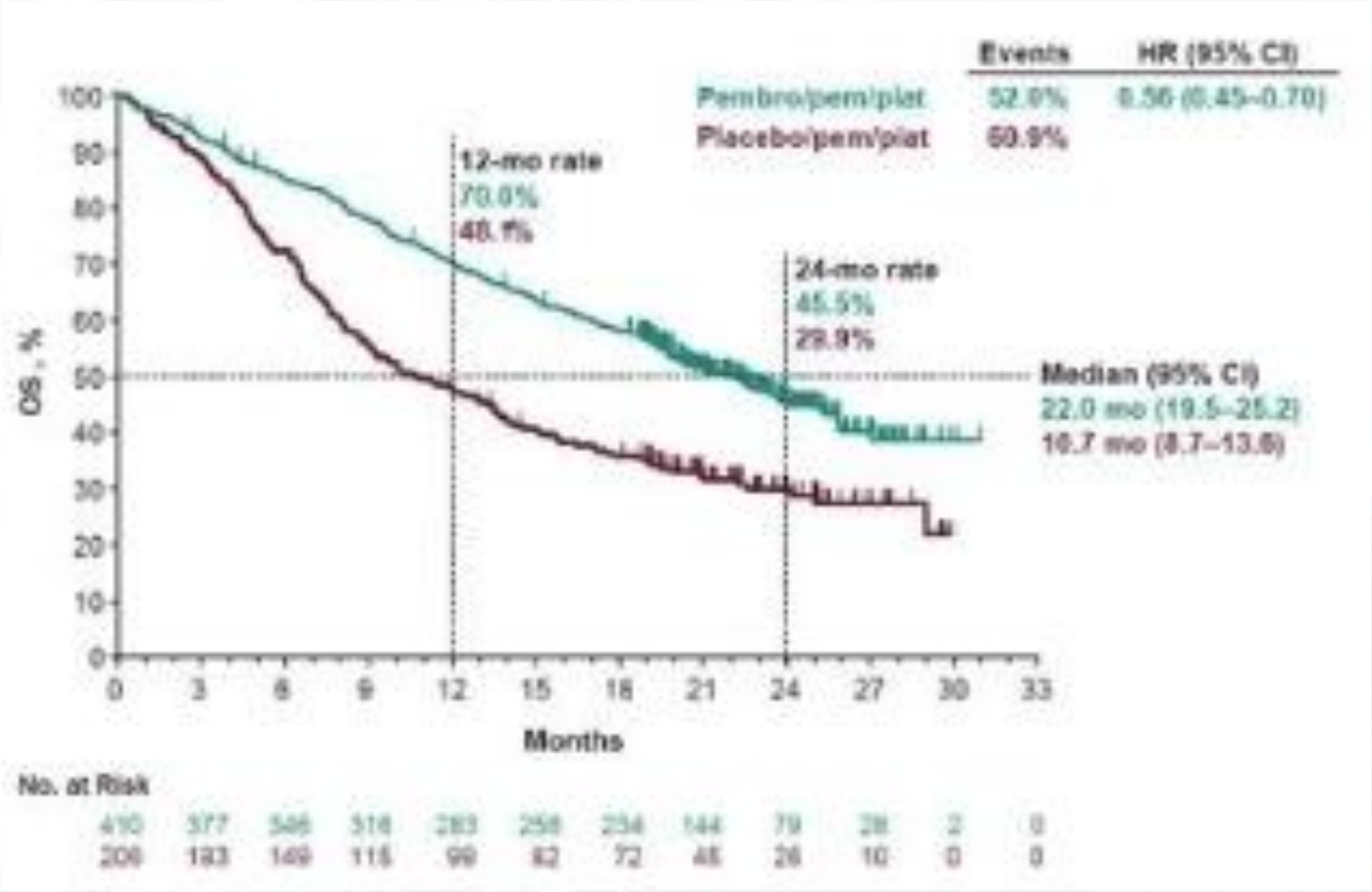






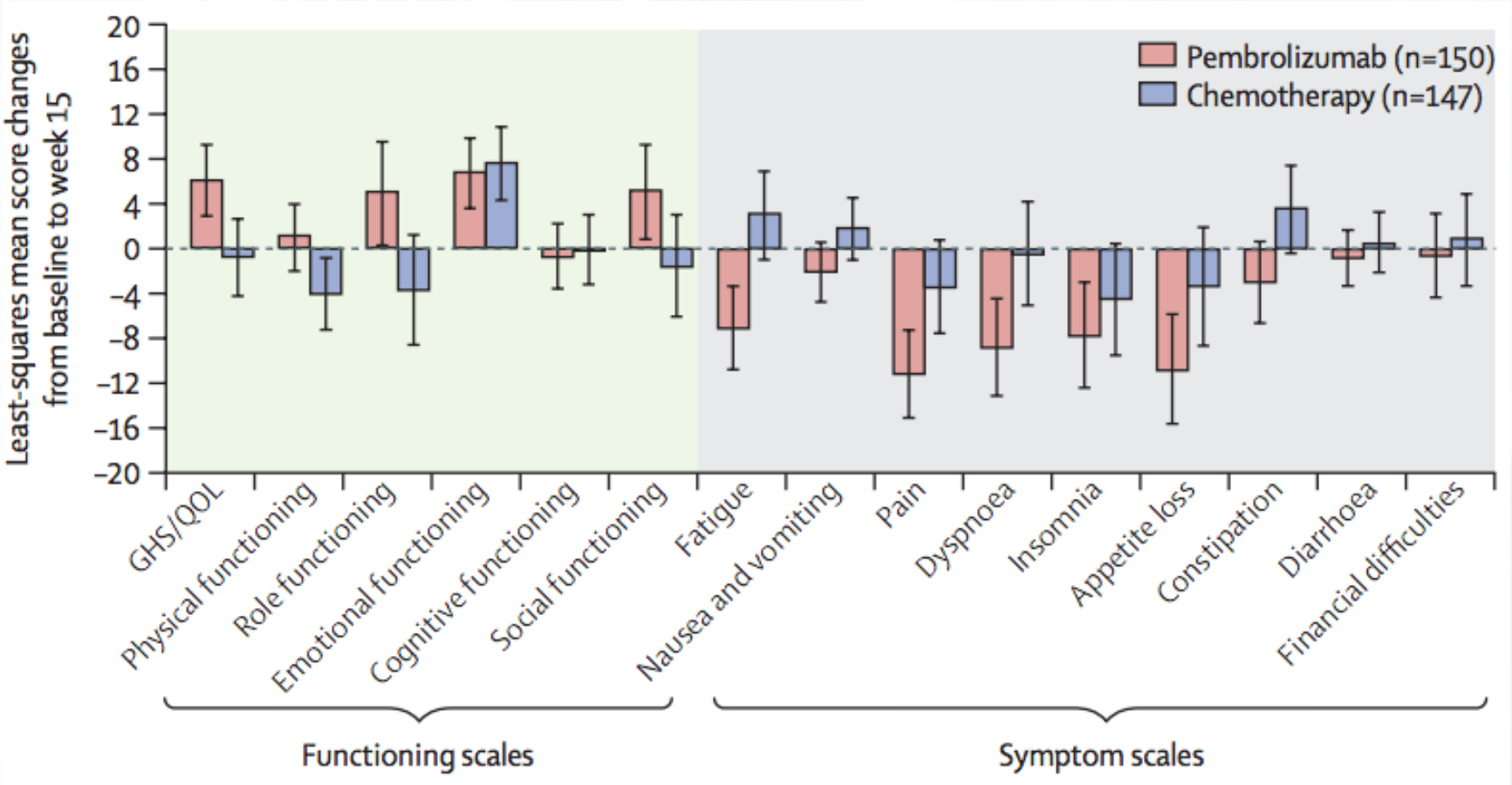
免疫检查点抑制剂在肿瘤治疗中取得重要进展

Keynote-189



KEYNOTE-189: Updated OS and progression after the next line of therapy (PFS2) with pembrolizumab (pembro) plus chemo with pemetrexed and platinum vs placebo plus chemo for metastatic nonsquamous NSCLC.

Keynote-024


Least-squares mean score changes from baseline to week 15
20
16
12
8
4
0
−4
−8
−12
−16
−20
Pembrolizumab (n=150)
Chemotherapy (n=147)
GHS/QOL
Physical functioning
Role functioning
Emotional functioning
Cognitive functioning
Social functioning
Fatigue
Nausea and vomiting
Pain
Dyspnoea
Insomnia
Appetite loss
Constipation
Diarrhoea
Financial difficulties
Functioning scales
Symptom scales

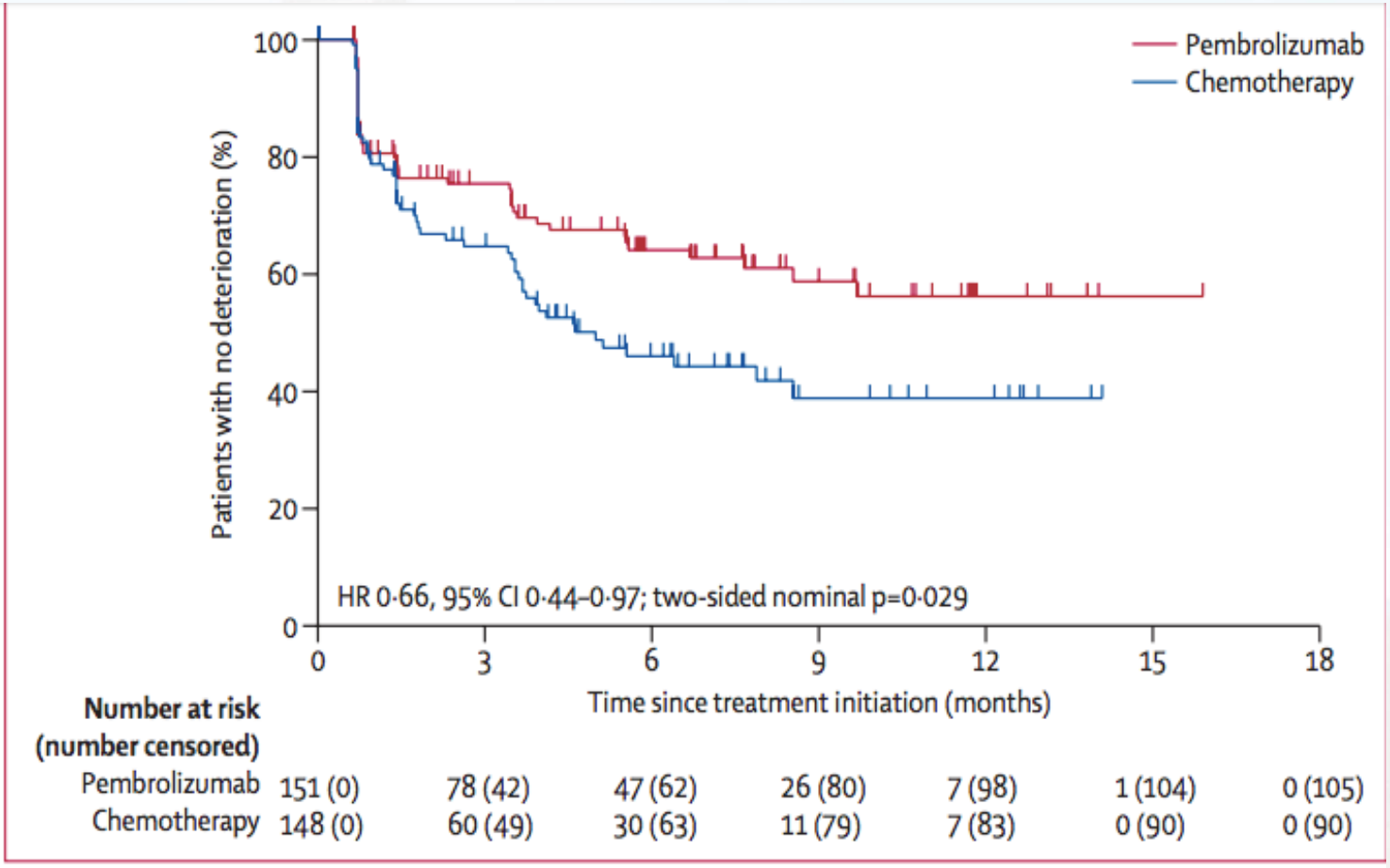


Figure 3: **Time to deterioration of the composite of cough, chest pain, and dyspnoea in the QLQ-LC13**
Deterioration defined as time to the first onset of a 10-point or greater decrease from baseline in cough, chest pain or dyspnoea, confirmed by a second adjacent 10-point or greater decrease from baseline in any of these three symptoms. QLQ-LC13=Quality of Life Questionnaire Lung Cancer 13 items. PRO=patient-reported outcome. HR=hazard ratio.

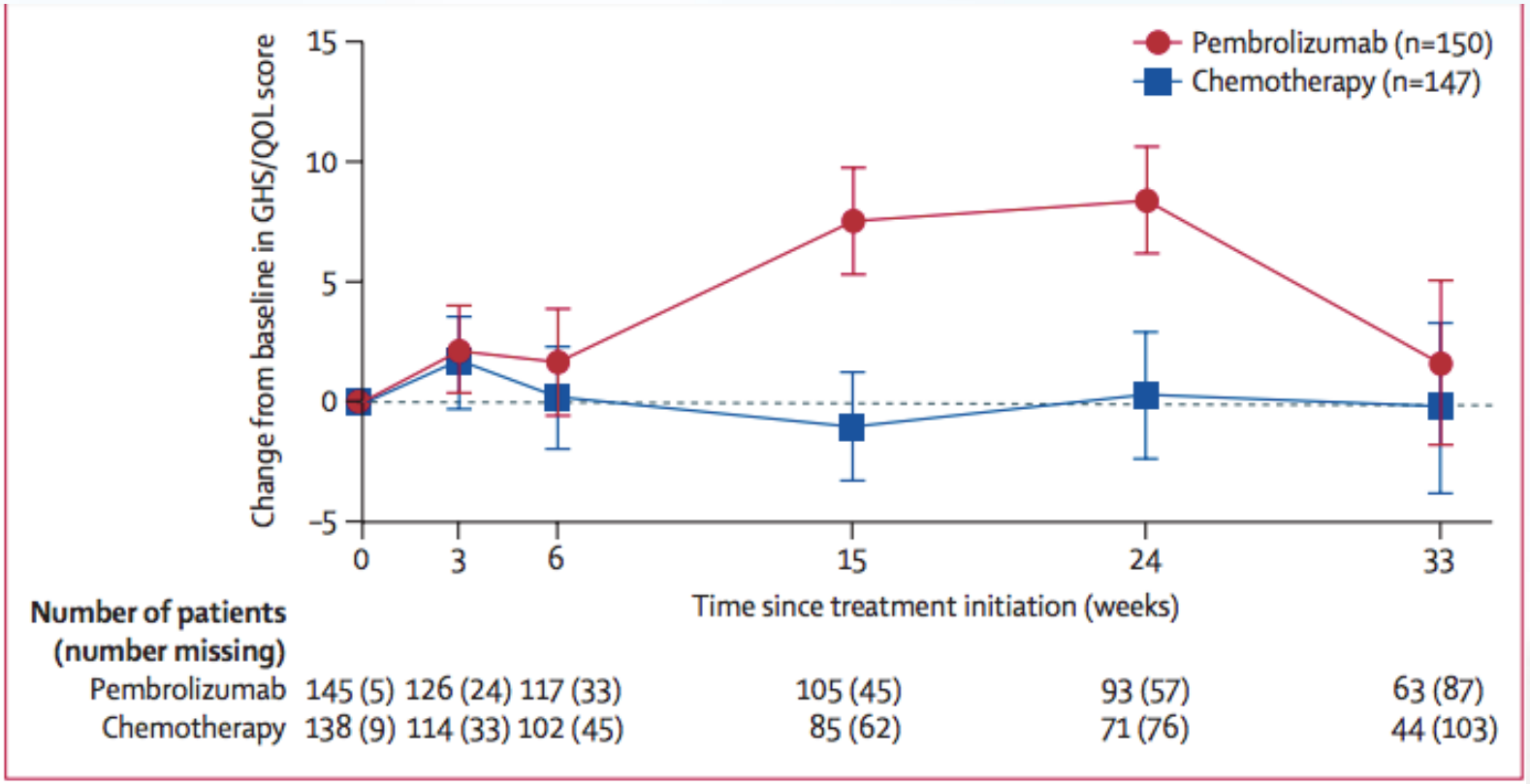


***Figure 4*: Change from baseline in GHS/QOL score at each study timepoint, without imputation for missing data**

Datapoints represent means and error bars denote SEs. For GHS, positive change from baseline denotes improved functioning. GHS=global health status. QOL=quality-of-life.

肿瘤患者生活质量明显改善

Health-related quality-of-life results for pembrolizumab versus chemotherapy in advanced, PD-L1-positive NSCLC (KEYNOTE-024): a multicentre, international, randomised, open-label phase 3 trial

针对治疗范式、治疗疗效的变化，护理研究做出了哪些更新？

肿瘤免疫治疗护理研究（英文）

1. Immunotherapy in Pediatric Oncology: An Overview of Therapy Types and Nursing Implications
2. Overview Of Bladder Cancer and Immunotherapy: An Education For The Oncology Nurse on Management of Iraes
3. Hypophysitis Nursing Management of Immune-related Adverse Events
4. A Novel Approach To Immunotherapy In The Management of Recurrent Ovarian Cancer: What Oncology Nurses Need To Know
5. What Nurses and Patients Need to Know About Sipulecucel-T Immunotherapy for Prostate Cancer.
6. Management of Hypersensitivity Reactions: A Nursing Perspective.
7. Managing Immune-related Adverse events to Ipilimumab: A nurse's guide.
8. Nursing for Malignant Tumor Patients Undergoing DC-CIK Cell

9. Minimizing Hazards Associated With Live-Virus Immunotherapeutic Cancer Vaccine

10. Programmed Death-1 Inhibition in Cancer With a Focus on Non-Small Cell Lung Cancer Rationale, Nursing Implications, and Patient Management Strategies

11. Enhancing a Specialized Nursing Care Guidelines Improves Acute Lymphoblastic Leukemia Patients' Outcome during Induction Phase; A Developing Country Experience

12. Ipilimumab-Based Therapy Consensus Statement From the Faculty of the Melanoma Nursing Initiative on Managing Adverse Events With Ipilimumab Monotherapy and Combination Therapy With Nivolumab

13. PD-1 Inhibitor Therapy Consensus statement from the faculty of the Melanoma Nursing Initiative on managing adverse events

在新的治疗范式下，护士需要掌握哪些知识？

1. The Changing Role of the Cancer Nurse Enabling Patients to Self-Manage Their Immunotherapy Treatments

2. The Role of Nursing Professionals in the Management of Patients With High-Risk Neuroblastoma Receiving Dinutuximab Therapy

3. What Is The Current Status With The Immunotherapy Agents Playing A Role In The Treatment of Small Cell Lung Cancer (SCLC) And How Do Oncology Nurses Educate And Prepare The Patients?

4. Advanced Care Provider and Nursing Approach to Assessment and Management of Immunotherapy-Related Dermatologic Adverse Events

5. Management of Metastatic Melanoma: Nursing Challenges Today And Tomorrow

6. Interprofessional Collaboration With Immune Checkpoint Inhibitor Therapy： the Roles of Gastroenterology, Endocrinology And Neurology

在新的治疗范式下，护士的角色如何定位？

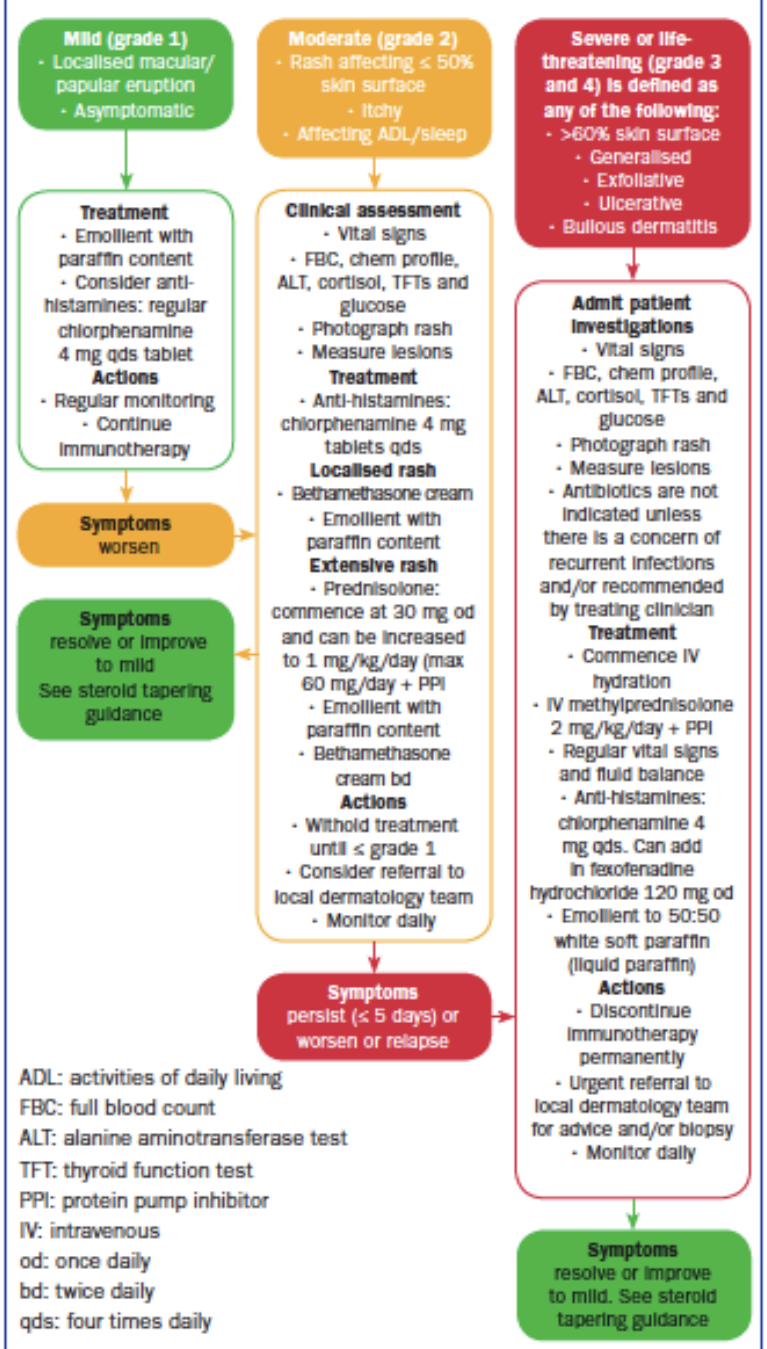


Figure 1. Extract from immune-related adverse event: skin toxicities guidance

Using QR codes to enable quick access to information in acute cancer care

Joanne Upton, Anna Olsson-Brown, Ernie Marshall and Joseph Sacco

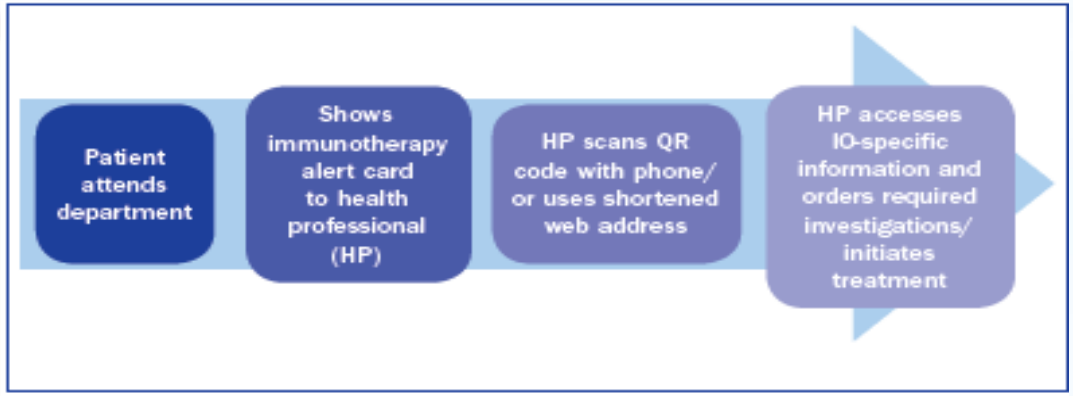


Figure 2. Process on attendance of patient experiencing immunotherapy-related adverse events

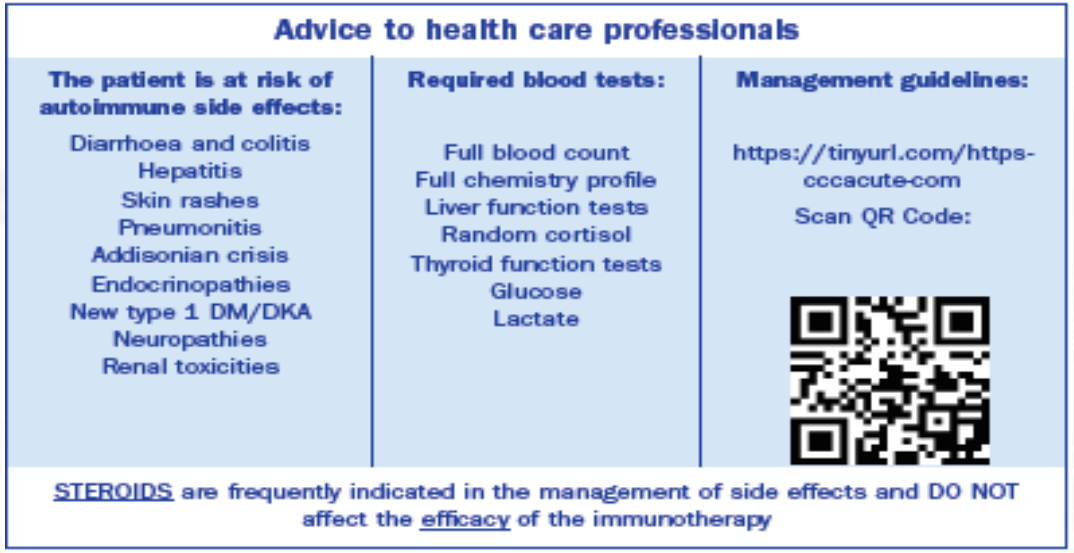


Figure 3. Reverse side of the immuno-oncology patient-held alert card, showing the QR code

肿瘤免疫治疗护理研究(中文)

年份	文献量	百分比
2019	23	3.64%
2018	32	5.06%
2017	37	5.85%
2016	41	6.49%
2015	46	7.28%
2014	40	6.33%
2013	67	10.60%
2012	50	7.91%
2011	57	9.02%
2010	45	7.12%

共检索到633篇文献（示例如下）

1. 1例肿瘤免疫治疗致剥脱性皮炎患者的疼痛护理
2. 免疫治疗相关皮肤毒性的护理研究进展
3. Keytruda免疫治疗晚期恶性肿瘤的护理
4. 癌症患者DC-CIK 细胞共培养免疫治疗的护理干预
5. 心理护理在妇科癌症患者生物免疫治疗中的效果观察
6. 恶性肿瘤患者DC-CIK治疗整体护理干预
7. 自体DC-CIK细胞过继免疫治疗老年癌症患者的护理体会
8. 肿瘤的免疫细胞治疗不良反应研究进展
9. DC-CIK细胞过继免疫治疗病人的护理
10. 晚期癌症患者应用白细胞介素-2的护理


DC-CIK细胞
细胞因子诱导的杀伤细胞
DC-CIK
临床护理
免疫治疗
树突状细胞
免疫疗法
CIK
围手术期
顺铂
乳腺癌
恶性肿瘤
护理
肺癌
护理干预
心理护理
食管癌
肿瘤
原发性肝癌
化疗
CIK细胞
生活质量
癌症
不良反应
肝癌
肾癌
宫颈癌
细胞免疫治疗
手术治疗
非小细胞肺癌

恶性肿瘤患者DC-CIK治疗整体护理干预

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摘要： 目的 探究DC-CIK治疗晚期恶性肿瘤患者的治疗方案.方法 选择2014年5月-2015年5月来我院就诊的106例行DC-CIK免疫细胞治疗的癌症患者为研究对象,采血后分离机分离,实验室培养回输给病患,同时为患者做好相关护理工作,这个工作依照无菌原则进行,对其在治疗期间内出现的不良反应进行观察,同时使用有效护理治疗措施.结果 患者经治疗后,临床症状有所好转,并发症发生率为10.38%,经相关处理后,患者并发症消失.结论 在对恶性肿瘤患者进行DC-CIK治疗之前,做好相关护理工作,可以帮助患者顺利完成治疗过程,值得进一步推广使用.

癌症患者DC-CIK 细胞共培养免疫治疗的护理干预

Nursing intervention of cancer patients undergoing DC-CIK cells co-culture immunotherapy

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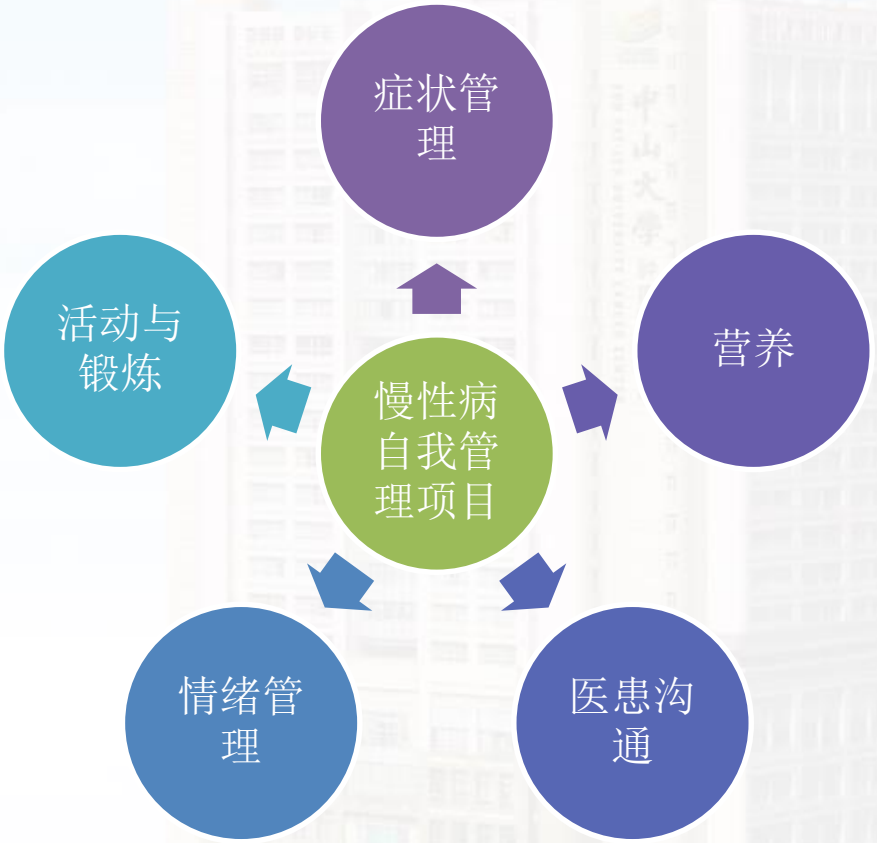
摘要： 目的：探讨癌症患者接受DC - CIK细胞共培养免疫治疗的护理干预效果。方法对15例癌症患者在接受DC - CIK细胞共培养免疫治疗中做好心理护理，严格无菌操作，静脉滴注DC - CIK细胞前后用生理盐水冲管，预防不良反应发生。结果本组7例患者生活质量明显提高，4例患者临床症状未见明显改善，4例患者出现低热。结论做好心理护理、严格无菌操作及静脉滴注DC - CIK细胞前后用生理盐水冲管是保证CIK细胞数量和质量的关键，也是治疗成功的保证。

慢性病自我管理项目在胃癌生物免疫治疗患者中的应用



同伴授课

小组讨论

自我管理

- 症状认知
- 运动与锻炼
- 医患沟通
- 治疗依从度

自评健康

- 整体健康
- 精力
- 健康担忧
- 疲乏感

小结

- 现有研究
  - 介绍肿瘤免疫治疗相关医学知识
  - 探讨肿瘤免疫治疗模式下护士的角色
  - 介绍肿瘤免疫治疗患者的护理经验
  - 探讨肿瘤免疫治疗相关不良反应的管理
  - 对实验性研究开始了初步的尝试

- 局限性：大部分研究停留在专家意见层面，实证研究证据较为缺乏

对今后护理研究方向的思考

- 医护人员是否具备提供优质照护所需的知识、能力？尤其是基层卫生人员。
  - 免疫治疗药物的作用机制？
  - 常见不良反应的预防、识别、处理和持续观察？
  - 接受免疫治疗的癌症患者有哪些照护需求？如何快速、准确地识别患者需求？

The Need for Identification Cards in Immuno-Oncology. CJON 2017, 21(3), 279 DOI: 10.1188/17.CJON.279

- **患者/家属准备**
  - 患者/家属是否明确免疫治疗所带来的风险和益处？
  - 患者是否了解接受免疫治疗过程中如何管理自身健康问题？
  - 以往用于化疗/手术/放疗等治疗模式下的健康管理模式在免疫治疗模式中是否具有借鉴价值？

- **社会支持保障体系**
  - 正确认识免疫治疗的成本-效用/效益
  - 将免疫治疗费用考虑进医疗保障体系建设中
  - 为免疫治疗患者提供政策、经济、文化、就业等多方面社会支持

Palliative care meets immunotherapy: what happens as cancer paradigms change?

Christine R Sanderson,[1,2,3] David C Currow[3]

- 免疫治疗下，肿瘤/癌症是如何发展的？
- 如何界定“生命有限”的患者？
- 早期整合式安宁疗护是否能有效改善患者预后？
- 为适应新的诊疗范式，安宁疗护是否需要更新其目的、内涵和服务模式？

描述护理问题（现象学研究、观察性研究）

探寻护理问题的成因（理论分析、扎根理论研究、横断面/前瞻性/回顾性/实验性研究构建统计模型验证理论）

解决护理问题（基于知识转化模式的循证证据应用）

谢谢大家！