

Tumour infiltrating lymphocytes and tumour associated macrophages in chronic obstructive pulmonary disease (COPD) patients with non-small cell lung cancer (NSCLC) and in patients with NSCLC

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Abstract

Tobacco smoke is a risk factor for COPD and lung cancer. Lymphocytes and macrophages play an important role in the pathogenesis of both diseases. We investigated whether CD8⁺, CD4⁺ and CD68⁺ cells are present in cancer epithelium and stroma, and whether the inflammatory process is different in COPD patients with lung cancer (LC/COPD) and in patients with lung cancer (LC). By immunohistochemistry we examined surgical specimens from two groups of patients undergoing

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lung resection for NSCLC: LC/COPD (20), LC (20). The number of CD8, CD4 and CD68 in cancer epithelium and stroma was not different between LC/COPD and LC patients. In LC/COPD the number of CD68 in cancer stroma was lower than in cancer epithelium ($p < 0.05$). In cancer stroma of these patients, the number of CD8 was significantly correlated with cancer stage ($p < 0.05$, $\rho = 0.5$), the number of CD4 with cancer grading ($p < 0.05$, $\rho = 0.5$), and the number of CD68 with T-stage (Tumour-Nodes-Metastases system) ($p < 0.05$, $\rho = 0.5$). These results show a similar inflammatory process in LC/COPD and LC patients. The correlation between lymphocytes and macrophages with clinical and pathological parameters of cancer suggest that they are involved in the differentiation and progression of cancer in COPD patients. Supported by MURST, ASTMP and CFR

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