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Immunotherapy and the concept of a clinical cure

Alexander M.M. Eggermont, Guido Kroemer, Laurence Zitvogel

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Abstract

Immunotherapy has entered a new phase in its history, i.e. the phase of being broadly accepted as a key component of therapeutic strategies to control and cure cancer. Immune-modulation by checkpoint inhibitors have demonstrated to be capable of inducing long lasting tumour responses. Breaking tolerance by ipilimumab has been a crucial event in the past recent years, but PD-1/PD-L1 antibodies have forever changed the landscape in oncology in 2013. The most mature results have been obtained in advanced melanoma patients. High response rates of high quality with prolonged duration have been demonstrated in melanoma, renal cancer and in lung cancer. The broad potential is now being explored across a wide range of tumours. Importantly, synergy with ipilimumab has been demonstrated in melanoma, indicating a bright further future. Long term tumour control now seems achievable and thus the concept of a "clinical cure" is emerging. These antibodies bring immunotherapy to the forefront and indicate that immune-modulation will be a key component of therapeutic strategies from now on. All these observations indicate that "clinical cures" can only be achieved when the immune system is involved, and so the true renaissance of immunotherapy has arrived.

Keywords: Immunotherapy, Anti-PD-1, Ipilimumab, Immunogenic cell death, Clinical cure

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