Vaccine immunotherapy for cancer

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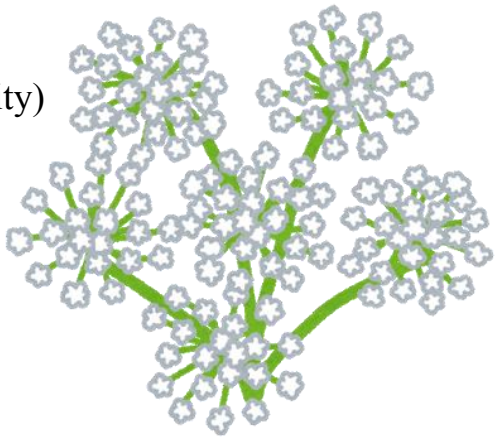

●Date: JUNE 15 (WED) from 5:30 p.m.
平成 28 年 6 月 15 日（水）17:30～

●Place: Lecture room 2, Medical Education & Library Building 3F
医学教育図書棟3階　第2講義室

ABSTRACT

Vaccine therapy of antigen peptide has been posted up to clinical trials since the discovery of cancer-associated antigen (TAA) for 25 years, but is far from a status of success. Prophylactic vaccines have overcome many infectious diseases. Yet, it remains unsettled why cancer vaccine is not effective even though cancer has antigens. The immune system harbors ability to find cancer cells to eliminate as a target. PD-1 antibody relieves immune suppression from T cells, which exerts therapeutic efficacy on some progressive cancers. We could have more success in immunotherapy if immune enhancer was established to potentiate the immune system without side effects. Excessive activation of the immune system as well as PD-1 inhibition is usually accompanied with the risk of cytokine toxicity and autoimmune disorders in patients. Unfortunately, until now anti-tumor immune adjuvant is a general term for inflammation-induced agents, as in approved adjuvants, alum and oils. We need to aim at resolving the problems of the field in cancer immunotherapy by developing a new immune enhancer with minimal inflammation. Generally, TLR3-directed immune enhancing adjuvant contributes to the formation of anti-tumor microenvironment in comparison with other MyD88-activating adjuvants according to our recent evidence. Here we present the concept about how we design vaccine immunotherapy against cancer supporting high QOL in patients.

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