ABSTRACT SECTION

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Is High Dose Therapy Superior to Conventional Dose Therapy as Initial Treatment for Relapsed Germ Cell Tumors? The TIGER Trial

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Abstract

Metastatic germ cell tumours (GCTs) are usually cured with cisplatin based chemotherapy and standard treatment algorithms are established. However when this treatment fails and the disease relapses, standard treatment is much more uncertain. Both conventional dose therapy (CDT) and high dose therapy (HDT) are widely used, due to the lack of conclusive data supporting one specific approach. A recent retrospective analysis focusing on this population suggested a significant benefit for HDT. Retrospective analyses are prone to bias, and therefore while this data is provocative it is by no mean conclusive. For this reason the international community is supporting a prospective randomised trial in this area comparing CDT(TIP) with sequential HDT (TICE). The planned open labelled randomised phase III study (TIGER) is due to open in 2011 and will recruit 390 patients to detect a 13% difference in 2 year progression free survival (primary endpoint). It is hoped that this large study will conclusively resolve the uncertainty which currently exists.

Keywords: Metastatic germ cell tumours, dose therapy, relapses

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Allogeneic Stem Cell Transplantation for Metastatic Renal Cell Cancer (RCC)

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Abstract

A variety of therapeutic options are now available for advanced renal cell cancer, including antiangiogenic and anti-mTOR agents. Allogeneic hematopoietic stem cell transplantation, through its graft-versus-tumor effect, can induce clinical responses and prolonged survival in selected cytokine-refractory patients. However, the still relevant transplant-related mortality due to toxicity and graft-versus-host disease is an obstacle to its widespread use.

Keywords: Allogeneic hematopoietic stem cell transplantation, advanced renal cell cancer, graft-versus-tumor.

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Targeting EGFR in Triple Negative Breast Cancer

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Abstract

Our preliminary data show that erlotinib inhibits Triple-negative breast cancer (TNBC) in a xenograft model. However, inhibition of metastasis by erlotinib is accompanied by nonspecific effects because erlotinib can inhibit other kinases; thus, more direct targets that regulate TNBC metastasis need to be identified to improve its therapeutic efficacy.

Keywords: triple negative breast cancer, tyrosine kinase inhibitor, EGFR, erlotinib, metastasis

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T Cell Therapy for Nasopharyngeal Carcinoma

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Abstract

Among the novel biologic therapeutics that will increase our ability to cure human cancer in the years to come, T cell therapy is one of the most promising approaches. However, with the possible exception of tumor-infiltrating lymphocytes therapy for melanoma, clinical trials of adoptive T-cell therapy for solid tumors have so far provided only clear proofs-of-principle to build on with further development. Epstein-Barr virus (EBV)-associated malignancies offer a unique model to develop T cell-based immune therapies, targeting viral antigens expressed on tumor cells. In the last two decades, EBV-specific cytotoxic T-lymphocytes (CTL) have been successfully employed for the prophylaxis and treatment of EBV-related lymphoproliferative disorders in immunocompromised hosts. More recently, this therapeutic approach has been applied to the setting of EBV-related solid tumors, such as nasopharyngeal carcinoma. The results are encouraging, although further improvements to the clinical protocols are clearly necessary to increase anti-tumor activity. Promising implementations are underway, including harnessing the therapeutic potential of CTLs specific for subdominant EBV latent cycle epitopes, and delineating strategies aimed at targeting immune evasion mechanisms exerted by tumor cells.

Keywords: nasopharyngeal carcinoma, T-cell therapy, cytotoxic T lymphocytes, Epstein-Barr virus.