Review Article

Allergy and Clinical Immunology (ISSN 2995-8296)

Advances In Immunotherapy: A Comprehensive Review Of Current Practices And Future Directions.

Furqan Farooq[1*], Usman Tahir[2], Sohaib Ahmad[3], Ayesha Rauf[4].

Institute of Microbiology, UVAS, Lahore.

Corresponding author
Furqan Farooq ,
Institute of Microbiology, UVAS, Lahore.
Email : furqanbilla78@gmail.com

Running Title: Advances in Immunotherapy

Received Date : December 06, 2024
Accepted Date : December 07, 2024
Published Date : February 05, 2025

Copyright *© 2024 Furqan Farooq. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.*

ABSTRACT

Immunotherapy represents a groundbreaking advancement in oncology, leveraging the immune system to combat malignancies through highly innovative approaches. Over the past decade, treatments such as immune checkpoint inhibitors (ICIs), chimeric antigen receptor (CAR) T-cell therapy, cancer vaccines, and CAR-natural killer (CAR-NK) cells have revolutionized cancer care. Immune checkpoint inhibitors like pembrolizumab have achieved durable responses in cancers such as melanoma and non-small-cell lung cancer (NSCLC), while CAR-T therapies, such as tisagenlecleucel, have demonstrated remarkable efficacy in treating hematologic malignancies like acute lymphoblastic leukemia. These therapies exploit the immune system's ability to recognize and attack tumors, offering hope for long-term remission in patients who previously had limited treatment options.

Despite their promise, these therapies face significant challenges that impede their widespread success. Tumor resistance mechanisms, including immune escape through the tumor microenvironment (TME) and antigen loss, remain major barriers. Immune-related adverse events (irAEs), such as severe inflammation or autoimmunity, pose risks that require careful management. Additionally, the high cost of manufacturing personalized treatments like CAR-T cells limits accessibility, particularly in resource-constrained settings, highlighting the urgent need for scalable solutions.

Emerging research is dedicated to addressing these challenges through combination strategies, biomarker-driven approaches, and advanced technological integrations such as artificial intelligence (AI). For example, pairing ICIs with radiotherapy or oncolytic viruses has shown promise in modulating the TME and enhancing immune response. Simultaneously, the development of off-the-shelf CAR-NK cells offers a cost-effective alternative with reduced toxicities and broader applicability.

This review delves deeply into the mechanisms, clinical applications, and future directions of these immunotherapeutic modalities. Notable case studies, such as the use of nivolumab in NSCLC and personalized neoantigen vaccines in melanoma, exemplify their transformative potential. With a focus on personalized medicine and equitable access, this review emphasizes the integration of cutting-edge technologies like AI to refine therapeutic efficacy. By addressing current limitations, the next generation of immunotherapy is poised to provide transformative, life-saving care to patients worldwide, bridging the gap between innovation and accessibility.

Keywords: Immunotherapy; Cancer Vaccines; CAR-T Cell Therapy; Immune Checkpoint Inhibitors; Tumor Microenvironment.

INTRODUCTION

Cancer is a leading cause of death globally, with traditional treatments like chemotherapy and radiation often causing toxicity and drug resistance. Immunotherapy, which leverages the body's immune system to combat cancer, offers a more targeted approach. It includes immune checkpoint inhibitors (ICIs), chimeric antigen receptor (CAR) T-cell therapy, cancer vaccines, and CAR-natural killer (CAR-NK) cells. These therapies have shown great promise in treating malignancies such as melanoma, non-small cell lung cancer (NSCLC), and hematologic cancers.

Immunotherapy aims to overcome tumor resistance mechanisms that help cancer cells evade immune detection. These include the downregulation of major histocompatibility complex (MHC) molecules and recruitment of immune-suppressive cells like regulatory T-cells (Tregs). ICIs work by blocking inhibitory signals such as PD-1/PD-L1 and CTLA-4, which suppress T-cell activation. CAR-T therapy involves

Allergy and Clinical Immunology (ISSN 2995-8296)

genetically modifying T-cells to target specific tumor antigens, while cancer vaccines and NK cells aim to stimulate or directly kill tumor cells.

The clinical success of ICIs has been groundbreaking. Pembrolizumab and nivolumab, PD-1 inhibitors, have provided durable responses in cancers like melanoma and NSCLC. However, up to 60% of patients do not respond to ICIs, and many develop resistance. Combining ICIs with other therapies, such as radiotherapy or oncolytic viruses, is being explored to overcome these challenges. While CAR-T therapies have shown success in hematologic malignancies, their application in solid tumors is limited by factors such as cytokine release syndrome (CRS) and high costs. Off-the-shelf CAR-NK cells, sourced from healthy donors, offer a potential solution for solid tumors, with promising preclinical results.

Cancer vaccines, including personalized neoantigen-based vaccines and mRNA vaccines, are being explored as complementary therapies. The flexibility of mRNA technology has made it an attractive platform, allowing for rapid development and scalability.

Despite advances, immunotherapy faces several challenges, including tumor resistance, immune-related adverse events, and high treatment costs. Ongoing research into combination therapies, biomarker-driven approaches, and technological innovations like artificial intelligence aims to improve treatment efficacy and broaden accessibility. By refining existing therapies and developing off-the-shelf treatments, immunotherapy is poised to expand its impact, providing long-term, durable responses and improving survival rates for cancer patients worldwide. Continued research and collaboration will help ensure that immunotherapy becomes a mainstay in cancer care, offering transformative and life-saving potential for millions globally.

DISCUSSION

Immune Checkpoint Inhibitors (ICIs)

Immune checkpoint inhibitors (ICIs) are therapies that enhance the immune system's ability to detect and eliminate cancer cells by blocking regulatory molecules that tumors exploit to avoid immune surveillance.

Mechanisms of Action

ICIs work by blocking key immune checkpoints, which prevent the immune system from attacking cancer cells. PD-1 on T-cells and PD-L1 on tumor cells interact to suppress immune activity. PD-1 inhibitors like pembrolizumab prevent this interaction, boosting immune response (Chan et al., 2023). Plimumab blocks CTLA-4, which normally inhibits T-cell activation, promoting a stronger immune attack on tumors (Sharma & Allison, 2020). Atezolizumab and durvalumab target PD-L1, preventing its immune-suppressive effects, particularly in cancers like triple-negative breast cancer.

Clinical Applications

ICIs have transformed treatment in several cancers, providing substantial survival benefits.

Pembrolizumab significantly improves survival in advanced melanoma, as shown in the KEYNOTE-006 trial (Robert et al., 2015). ICIs like nivolumab and pembrolizumab are effective in PD-L1-positive non-small-cell lung cancer (NSCLC), improving survival compared to chemotherapy (Herbst et al., 2016). In metastatic RCC, combinations of nivolumab and ipilimumab have shown enhanced survival compared to traditional therapies (Sharma & Allison, 2020).

Challenges and Resistance

Resistance to ICIs can be either primary (lack of initial response) or acquired (initial response followed by relapse). Prolonged exposure to tumor antigens can impair T-cell function (DePeaux et al., 2023). Factors like immunosuppressive cytokines and hypoxia limit the effectiveness of ICIs by creating a hostile environment for immune cells (DePeaux et al., 2023). Tumor mutations can prevent immune recognition or impair T-cell function, contributing to resistance.

Emerging Strategies

Combining ICIs with agents like bevacizumab, which normalizes tumor vasculature, enhances immune cell infiltration and improves treatment outcomes (Conway et al., 2017). Viruses like talimogene laherparepvec (T-VEC) selectively target tumors and can improve antigen presentation when combined with ICIs (Msaouel et al., 2020). Personalized treatment based on biomarkers like PD-L1 expression or tumor mutational burden can predict which patients are most likely to benefit from ICIs (DePeaux et al., 2023). ICIs are a major advancement in cancer therapy, offering durable responses. However, challenges like resistance mechanisms and the tumor microenvironment remain. Ongoing research is focused on combination therapies and personalized medicine to unlock their full potential.

Chimeric Antigen Receptor (CAR) T and NK Cells

CAR-T and CAR-NK cell therapies represent significant advancements in immunotherapy, offering promising outcomes in both hematologic and, increasingly, solid tumors. These therapies leverage genetic engineering to enhance the immune system's ability to target cancer cells.

CAR-T therapy modifies a patient's T-cells to express a chimeric antigen receptor (CAR) targeting specific tumor antigens. It has demonstrated remarkable success in treating hematologic malignancies like B-cell lymphoma and acute

Allergy and Clinical Immunology (ISSN 2995-8296)

lymphoblastic leukemia (ALL).

CARs consist of antigen-binding domains (e.g., CD19 for B-cell cancers), costimulatory domains (e.g., CD28, 4-1BB) for T-cell activation and survival, and signaling domains (e.g., CD3ζ) to initiate the immune response.

Therapies like axicabtagene ciloleucel (Yescarta) and tisagenlecleucel (Kymriah) have achieved remission rates of 40-50% in relapsed/refractory large B-cell lymphoma (June et al., 2023).

CAR-NK cells, an emerging alternative, combine CAR technology with the innate tumor-targeting properties of natural killer (NK) cells.

CAR-NK cells exhibit lower toxicity (reduced cytokine release syndrome and neurotoxicity), decreased risk of graft-versus-host disease (GVHD), and inherent tumor-killing capabilities. Preclinical studies show promise in targeting solid tumors. For example, CAR-NK cells targeting MUC16 reduced ovarian tumor burden in mouse models (Rosenberg et al., 2023). Limitations include solid tumor resistance due to a hostile microenvironment, toxicities like cytokine release syndrome, and antigen escape, where tumors lose the targeted antigen. While safer, CAR-NK cells face scalability challenges and lower persistence in vivo compared to CAR-T cells. Dual-Targeting CARs - Designed to target multiple antigens, reducing the risk of antigen escape.

Next-Generation

Incorporate cytokine-secreting or chemokine receptor domains to improve efficacy and overcome the tumor microenvironment.Lymphodepletion and immune adjuvants enhance therapy effectiveness by creating a more favorable immune environment.CAR-T and CAR-NK therapies have revolutionized cancer treatment, particularly for hematologic malignancies. While challenges like solid tumor resistance and toxicity remain, innovative strategies continue to expand their potential. With ongoing research, these therapies are poised to become integral to modern cancer immunotherapy, improving outcomes across diverse malignancies.

Cancer Vaccines

Cancer vaccines have emerged as a promising immunotherapeutic approach, designed to activate the immune system to specifically target and destroy tumor cells. Unlike traditional vaccines aimed at preventing infections, cancer vaccines focus on stimulating an immune response against established tumors. Recent advancements in genomic and immunological research have paved the way for more effective and personalized cancer vaccines. This section explores the various types of cancer vaccines, their mechanisms, and clinical applications.

Types of Cancer Vaccines

Cancer vaccines can be broadly classified into three categories: neoantigen-based vaccines, viral vector-based vaccines, and mRNA vaccines. Each type has unique features and applications in oncology.

Neoantigen-based Vaccines

Neoantigens are tumor-specific antigens arising from somatic mutations that are absent in normal tissues. These mutations create unique epitopes recognized as “non-self” by the immune system. Neoantigen-based vaccines are personalized therapies tailored to the genetic profile of an individual’s tumor.

Mechanism of Action

Neoantigen-based vaccines are developed through next-generation sequencing (NGS) of tumor samples to identify specific mutations. Synthetic peptides or RNA corresponding to these neoantigens are then formulated into vaccines to elicit a T-cell-mediated immune response.

Clinical Examples

Neoantigen vaccines have shown success in melanoma and glioblastoma. For instance, in a study involving patients with advanced melanoma, personalized neoantigen vaccines elicited robust CD8+ and CD4+ T-cell responses, leading to improved progression-free survival (Rosenberg et al., 2023).

Viral Vector-based Vaccines

Viral vector-based vaccines use genetically modified viruses to deliver tumor antigens into host cells. These viruses can either infect tumor cells directly or present antigens to dendritic cells, thereby activating T cells.

Mechanism of Action

Oncolytic viruses, such as talimogene laherparepvec (T-VEC), infect tumor cells selectively and stimulate an immune response. T-VEC also acts as a vaccine by expressing granulocyte-macrophage colony-stimulating factor (GM-CSF), enhancing antigen presentation.

Clinical Applications

T-VEC has been approved for advanced melanoma, where it promotes both local tumor destruction and systemic immune activation. Clinical trials are underway to explore its efficacy in combination with immune checkpoint inhibitors (DePeaux et al., 2023).

mRNA Vaccines

The advent of mRNA technology has revolutionized cancer vaccine development, providing a scalable and flexible

Allergy and Clinical Immunology (ISSN 2995-8296)

platform for personalized immunotherapy.

Mechanism of Action

mRNA vaccines encode tumor-specific antigens and are delivered into host cells using lipid nanoparticles. The translated antigens are processed and presented by antigen-presenting cells (APCs), activating cytotoxic T lymphocytes (CTLs).

Advantages

mRNA vaccines are advantageous due to their rapid production timelines, ability to incorporate multiple antigens, and absence of integration into the host genome.

Clinical Applications

Cancer vaccines have demonstrated efficacy across a range of malignancies, with promising results in both monotherapy and combination therapy settings. Below are notable examples and case studies showcasing their clinical utility.

Melanoma has been a key focus of cancer vaccine research due to its high mutational burden and immunogenicity.

Case Study: Neoantigen Vaccines in Melanoma

A clinical trial involving personalized neoantigen vaccines in patients with advanced melanoma demonstrated significant therapeutic benefits. Robust immune responses were observed, characterized by the activation of neoantigen-specific T cells. Importantly, patients receiving these vaccines experienced prolonged progression-free survival compared to those receiving standard care (Rosenberg et al., 2023).

Prostate Cancer

Prostate cancer has been targeted using dendritic cell-based vaccines such as sipuleucel-T, the first FDA-approved therapeutic cancer vaccine.

Mechanism and Outcomes

Sipuleucel-T involves ex vivo activation of patient-derived dendritic cells with prostatic acid phosphatase (PAP), a prostate-specific antigen. Clinical trials have shown that sipuleucel-T extends median overall survival by approximately four months in metastatic castration-resistant prostate cancer (mCRPC) patients.

Glioblastoma, a highly aggressive brain tumor, poses unique challenges for immunotherapy due to its immunosuppressive microenvironment.

Personalized neoantigen vaccines have demonstrated the ability to generate durable immune responses in glioblastoma patients. In a pilot study, vaccine-induced T cells infiltrated the tumor microenvironment, correlating with prolonged survival in select patients (Frontiers in Immunology, 2023).

Challenges and Future Directions

While cancer vaccines hold significant promise, several challenges must be addressed to optimize their efficacy and applicability.

Tumor Heterogeneity

Tumor heterogeneity can limit the efficacy of vaccines by allowing immune evasion through antigen loss. Strategies such as targeting multiple neoantigens or combining vaccines with immune checkpoint inhibitors are being explored to address this issue.

Immunosuppressive Microenvironment

The immunosuppressive tumor microenvironment (TME) can hinder vaccine efficacy by promoting regulatory T cells (Tregs) and myeloid-derived suppressor cells (MDSCs). Adjuvants such as TLR agonists are being developed to counteract these effects.

Accessibility and Cost

The high cost and technical complexity of developing personalized vaccines remain barriers to widespread adoption. Advances in mRNA technology and "off-the-shelf" vaccine platforms are expected to mitigate these challenges.

Cancer vaccines represent a transformative approach to oncology, offering the potential for highly specific and durable immune responses. Advances in neoantigen discovery, viral vector engineering, and mRNA technology have expanded the landscape of therapeutic options. Clinical successes, such as the use of neoantigen vaccines in melanoma and sipuleucel-T in prostate cancer, underscore their potential. Addressing challenges related to tumor heterogeneity, the immunosuppressive microenvironment, and accessibility will be critical to unlocking the full potential of cancer vaccines in the fight against malignancies.

Challenges and Future Directions

Despite the transformative success of cancer immunotherapy, it faces significant challenges, including tumor resistance, high costs, and accessibility barriers. Addressing these issues requires innovative strategies and collaborative efforts across research, clinical, and regulatory fields.

Tumor Resistance

Mechanisms of Tumor Resistance

Tumor resistance to immunotherapy remains one of the primary barriers to achieving durable responses. Tumor cells evade immune surveillance through various mechanisms:

Tumors downregulate major histocompatibility complex (MHC) molecules, reducing antigen presentation and T-cell recognition (Ribas & Wolchok, 2018).

Allergy and Clinical Immunology (ISSN 2995-8296)

Persistent expression of checkpoint molecules like PD-L1 or CTLA-4 creates an immunosuppressive environment.

The tumor microenvironment (TME) fosters resistance through hypoxia, the recruitment of immunosuppressive cells (e.g., Tregs, MDSCs), and the secretion of inhibitory cytokines like TGF-β and IL-10 (Joyce & Fearon, 2015).

Overcoming Tumor Resistance

Pairing ICIs with radiotherapy enhances immunogenic cell death, exposing tumor antigens to the immune system. For example, a combination of nivolumab and stereotactic radiotherapy has shown promise in refractory NSCLC (Sharabi et al., 2015).

Combining ICIs with VEGF inhibitors like bevacizumab normalizes tumor vasculature and improves immune cell infiltration.

IL-2 variants, engineered to selectively activate effector T cells while minimizing systemic toxicity, are being explored. For instance, Bempegaldesleukin, an IL-2 prodrug, is in advanced trials for melanoma and renal cancer (Moya-Horno et al., 2022).

Oncolytic viruses such as talimogene laherparepvec (T-VEC) are being used to disrupt the immunosuppressive TME and increase immune cell infiltration (Andtbacka et al., 2015).

Case Study: Resistance in NSCLC

The CheckMate-227 trial demonstrated that combining nivolumab (anti-PD-1) with ipilimumab (anti-CTLA-4) overcame resistance mechanisms in NSCLC patients with high tumor mutational burden (Hellmann et al., 2018).

Cost and Accessibility

Economic Challenges

The cost of immunotherapy is prohibitive for many patients, with treatments like CAR-T therapies (e.g., tisagenlecleucel) priced at over $373,000 per dose. The high cost stems from the personalized nature of therapies, complex manufacturing processes, and regulatory requirements (Lin et al., 2021).

Strategies to Improve Accessibility

CAR-NK cells derived from universal donors can be mass-produced, reducing costs and enabling broader use. Preclinical studies have shown CAR-NK cells targeting CD19 to be effective in B-cell lymphomas (Liu et al., 2020).

Bi-specific T-cell engagers (BiTEs), which redirect T cells to tumor cells without the need for genetic modification, offer another scalable alternative.

Advances in mRNA technology, pioneered during the COVID-19 pandemic, demonstrate the potential for scalable cancer vaccine production at lower costs (Sahin et al., 2021).

Automating CAR-T cell manufacturing using closed-system bioreactors can also reduce labor and overhead costs.

Partnerships between pharmaceutical companies and public health organizations can subsidize costs for low- and middle-income countries (LMICs). The Global Fund model, successful in providing HIV therapies, could serve as a blueprint for cancer immunotherapy.

Case Study: Sipuleucel-T in Prostate Cancer

The prostate cancer vaccine sipuleucel-T, priced at approximately $93,000, highlights the challenge of affordability. Efforts to standardize production and adopt universal antigenic targets are ongoing to lower costs (Kantoff et al., 2010).

Personalization and AI

The Need for Personalization

Immunotherapy outcomes vary widely among patients due to tumor heterogeneity and individual immune profiles. Personalized approaches based on biomarkers such as PD-L1 expression and tumor mutational burden (TMB) can significantly improve response rates (Chan et al., 2023).

PD-L1 testing is now routine for selecting NSCLC patients for pembrolizumab therapy, with higher expression correlating with improved efficacy (Garon et al., 2015).

Role of AI in Advancing Personalization

Artificial intelligence (AI) is transforming cancer immunotherapy by enabling the rapid analysis of vast datasets to predict patient responses, optimize treatment regimens, and identify new therapeutic target.

AI tools analyze genomic and proteomic data to identify patients likely to benefit from specific therapies. For instance, machine learning models can integrate TMB, PD-L1, and neoantigen profiles to guide ICI use in NSCLC (Abdullah et al., 2022).

Immune-related adverse events are a significant concern in immunotherapy. AI-driven models can predict the likelihood of irAEs based on patient history and genetic predispositions, enabling preemptive interventions.

AI accelerates the identification of novel immune targets and the design of biologics, such as bispecific antibodies and neoantigen vaccines, enhancing therapeutic innovation.

Case Study: AI in Biomarker Discovery

A study published in Nature Medicine used AI algorithms to analyze clinical data from melanoma patients, identifying novel markers that improved the predictive accuracy for pembrolizumab response by 20% (Hugo et al., 2022).

Innovations on the Horizon

Dual-Targeting Strategies

CAR-T and CAR-NK cells targeting multiple antigens

simultaneously (e.g., CD19 and CD22) are being developed to improve specificity and reduce escape mechanisms in hematologic cancers.

Next-Generation Cytokines

Engineered cytokines like IL-7 and IL-15 are being explored to sustain T-cell activity and overcome exhaustion within the TME.

Focus on Solid Tumors

Solid tumors present unique challenges, including dense stroma and immunosuppressive TMEs. Strategies like armed CAR-T cells, which secrete immune-stimulating cytokines, and oncolytic viruses are being tested to enhance efficacy in these settings.

Integration of Digital Health Tools

Wearable devices and digital biomarkers are being developed to monitor patient responses in real-time, enabling dynamic treatment adjustments to maximize efficacy and minimize toxicity.

By addressing challenges such as tumor resistance, high costs, and the need for personalization, the next generation of immunotherapy has the potential to deliver transformative outcomes. Innovations in AI, combination therapies, and scalable manufacturing hold the promise of broadening access to these life-saving treatments, ensuring equitable benefits for patients.

CONCLUSION

Immunotherapy has transformed cancer treatment, offering innovative solutions to previously incurable malignancies. Breakthroughs such as immune checkpoint inhibitors, CAR-T and CAR-NK cell therapies, and cancer vaccines have revolutionized oncology, delivering durable responses and improved survival rates. However, challenges like tumor resistance, treatment toxicity, and accessibility remain critical barriers to universal adoption.

Future advancements in combination therapies, personalized approaches, and biomarker-driven strategies hold the potential to overcome these limitations. Integration of artificial intelligence and machine learning can further refine patient selection and treatment efficacy, ensuring a more tailored approach to care. Addressing global disparities in access, particularly through the development of cost-effective, off-the-shelf solutions, is vital to the equitable distribution of these life-saving therapies.

As the field evolves, continued innovation and collaboration across scientific, medical, and policy domains will be essential to unlock immunotherapy's full potential and expand its transformative impact worldwide.

Acknowledgments

The authors would like to thank their colleagues and mentors for their valuable insights and support during the preparation of this manuscript. We also extend our appreciation to the editorial team of OncoImmunology for their guidance throughout the review process.

Declaration of Interest Statement

The authors declare no conflicts of interest related to the content of this review article. The manuscript was prepared independently and has not received any specific funding or sponsorship. All authors affirm that there are no financial, commercial, or personal relationships that could influence or bias the work presented in this article.

Conflict of Interest Statement

The authors declare no conflicts of interest.

Funding Statement

No specific funding was received for this study.

Ethical Compliance Statement

This is a review article that synthesizes existing literature; no new research involving human or animal subjects was conducted, and thus no ethical approval was required.

REFERENCES

1. World Health Organization (WHO), 2023 Global Cancer Statistics: Current cancer trends and mortality data. World Health Organization, 2023.

2. Sharma, P., & Allison, J. P. (2020). The future of immune checkpoint therapy. Science, 348(6230), 56-61.

3. Chan, T. A., et al. (2023). Dissecting signaling effects of PD-1-mediated inhibition. Journal of Experimental Medicine, 220(2), e20231222.

4. Topalian, S. L., Taube, J. M., & Pardoll, D. M. (2020). Mechanism-driven biomarkers to guide immune checkpoint blockade in cancer therapy. Nature Reviews Cancer, 20(5), 275–285.

5. Robert, C., et al. (2015). Nivolumab in previously untreated melanoma without BRAF mutation. The New England Journal of Medicine, 372(4), 320–330.

6. Larkin, J., et al. (2015). Combined nivolumab and ipilimumab or monotherapy in untreated melanoma. The New England Journal of Medicine, 373(1), 23–34.

7. Sharma, P., et al. (2021). Overcoming resistance to

checkpoint blockade therapies. Immunity, 54(2), 239–257.

8. June, C. H., et al. (2018). CAR T-cell immunotherapy for human cancer. Science, 359(6382), 1361–1365.

9. Kochenderfer, J. N., & Rosenberg, S. A. (2013). Treating B-cell cancer with T cells expressing anti-CD19 chimeric antigen receptors. Nature Reviews Clinical Oncology, 10(5), 267–276.

10. Liu, E., Marin, D., & Carter, C. (2022). Off-the-shelf CAR-NK cells for cancer immunotherapy. Nature Biotechnology, 40(1), 34–40.

11. Rosenberg, S. A., & Restifo, N. P. (2015). Adoptive cell transfer as personalized immunotherapy for human cancer. Science, 348(6230), 62–68.

12. Ott, P. A., et al. (2017). An immunogenic personal neoantigen vaccine for patients with melanoma. Nature, 547(7662), 217–221.

13. Sahin, U., et al. (2017). Personalized RNA mutanome vaccines mobilize poly-specific therapeutic immunity against cancer. Nature, 547(7662), 222–226.

14. Marabelle, A., et al. (2017). T-VEC: A first-in-class oncolytic virus for the treatment of advanced melanoma. Journal for Immunotherapy of Cancer, 5(1), 36.

15. DePeaux, K., & Delgoffe, G. M. (2023). Metabolic barriers to cancer immunotherapy. Nature Reviews Immunology, 23(5), 310–325.

16. Blank, C. U., et al. (2020). Defining 'T cell exhaustion'. Nature Reviews Immunology, 20(4), 209–216.

17. Finn, R. S., et al. (2020). Emerging biomarkers and combinations for immune checkpoint blockade therapy. Nature Reviews Drug Discovery, 19(7), 485–503.

18. Weng, J., et al. (2022). Challenges and opportunities in CAR T-cell therapy. Journal of Hematology & Oncology, 15(1), 91.

19. Rosenberg, S. A., & Restifo, N. P. (2023). The next frontier in cancer immunotherapy: Overcoming resistance and toxicity. Cancer Research, 83(1), 13–21.

20. Ledford, H. (2023). Immunotherapy's long road to clinical success. Nature, 622(7961), 20–25.