Review on Immune Agents in Treatment of Cancer

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Abstract

In this article we have to study the oncologic agents which are used in cancer therapy. The immuno oncology is the study of the treatment of human body's immune system against the cancer .Surgery, Targeted therapy, chemotherapy, and radiotherapy this are the treatments against cancer. In this article review we briefly discussed about cancer, it's symptoms, risk factors, when we see a doctor, sign and symptoms, and main content is oncologic agents which are treats or used against cancer therapy. Cancer immuno therapy has significantly improved method for cancer patients than the radiotherapy and surgery. Cancer immune therapy gives significant improvement in patients about more survival and good life's quality as compared to radio therapy. In this article highlights the immune therapy which is briefly earlier the immune oncology is saturate as a important perspective to treatment of a cancer through the inducement of immunity to kill cancer.

Keywords: Immuno oncological agents, Cancer, Immune therapy

Introduction

Cancer is the group of disease in which unusual growth of cell which potentially spread other parts of body. The cancer is the fatal disease. Cancer can obtain any part of body which is made up of billions of cells. There are mainly 120 types of cancers.

Normally cell division takes place in human body and it is mandatory to form cells. Normal cell grow then old or damage and then died and the new cells take position of these cells but sometime the damaged cells grow and cell division takes place of damaged cells and these damaged cells becomes multipy themselves so this cells may form tumour. There are mainly two typers of tumors First one is cancerous which is spreads neighbour tissuesand can move to distinct regions in the human bodyto form new one it means new tumors. This process is known as metastasis. When the removal of cancerous tumor there are chances of grows back. It is also called as malignant tumor.

And other one Benign tumors also called as non cancerous tumor which is not spreading or invades in near tissues in human body. When the removal of Benign tumor then it cants grow back. Non cancerous tumor are mainly shows fatal symptoms and it is life threatened like brain tumor. Many cancer forms tumors but blood cancer means leukemia not forms tumors. There are mainly 32 percent of deaths are caused by cancer globally in that 20 percent of cancer deaths are caused due to cheaving of Tobacco. and remaining 12 percent due to obesity and no physical movement of body and alcohol consumption. Stomach cancer are most common cancer in mens. Then Prostate cancer and lung cancer follows. In women's the colorectal cancer and breast cancer are common. From avoiding of smoking, of alcohol eating of plenty fruit and vegetables can be eliminate the chance of cancer. In the year of 2015 there are mainly 9 crore 5 lacks people were affected from cancer in the world and there were increasing 2 crore 36 lack peoples yearly and 1 crore death can be caused by cancer.

There are most common cancers are as per report of 2020:

Due to lung cancer there are 1 crore and 8 lack peoples were died. Due to colon cancer there are 9 lack 16 thausand deaths were cause. Due to Liver cancer there were 8 lacks and 30 thausands deaths were caused. From breast cancer there were 7 lack and 85 thausand deaths were caused. Tje most common cancer is Cervical cancer which is caused in 23 countries.

Signs and Symptoms

The signs and symptoms are mainly following:

Tiredness

Lipomas

Weight changes

HusHuskiness

Discomfort after eating

Persistent

Persistent, unexplained fevers or night sweats

Unexplained bleeding

When to see a doctor

Firstly to make an appointment with a medical practitioner if persistent sings and symptoms bothered .If the cancers sign and symptoms don't have concern but you are upset about chances of cancer so emidiate talk to your family physician and ask him for which cancer screening test is appropriate for patient and what procedure about screening test for particular cancer.

Causes

Cancer can be caused by mutations means changes to the DNA within the cells. Within the cell, DNA is present and these DNA has packed multiples individual genes which contains instructions performing function for the cell. And provide instructions for cell how to grow and devide themselves. But sometimes errors cause in the provided instructions cause cell to stop it's function and cell becomes cancerous.

Treatment of Cancer Therapy

Immunotherapy is used for treatment of cancer as a tharapy in which the substances are made up of immue system. In the cancer the rapy immuno oncology agents are used for finding and inhibits cancer cells.

Immunotherapy is a type of cancer treatment. It uses substances made by the body or in a laboratory to boost the immune system and help the body find and destroy cancer cells. There are mainly certain therapies are present such as

1.General immunotherapy

I is the therapy in which immunity system increase in disease resist capacity. In this therapy there are not target specific cancer cells. Use of immuno therapy which treats lots of lots of types of cancers.

The main oncologic in immune therapy are following types

- 1. Interleukins
- 2. Interferon
- 3. Colony stimulating factor

In the Interleukins protiens are present which helps maintain interactions of cells with each other and maintain growth of cell. This are subtype of cytokines and stimulate the immune system and increase response of treatment.

Interferon also a subtype of cytokines and which provides help to better functioning of cell. Interferons are used for immune therapy for better response of treatment in cancer. Interferons plays an important role in cell division and stops growth of cancer causing cells.

Colony stimulating factor is a type of substances in which stimulation of blood cells. It gives to the cancer patients when the cancer and neutropenia caused by the adverse reactions of chemotherapy.

2. Cancer targeting immunotherapy

It is the type of cancer therapy in which the protiens are targeted and inhibits growth of damaged cells which causing cancers.it modifies immune system and inhibits spreading of damaged cells in the body.

Cancer targeting immunotherapies are:

1.PD-1 inhibitor

2.PDL-1 inhibitor

4.LAG-3 inhibitor

5. Monoclonal antibodies

PD1 inhibitor is a protein which protects immune system of body which protects immune system of the body Nivolumab ,Pembrolizumab,imjinzi and avelumab are the drugs which are in PD 1 types of agents.

PDL-drug is a type of anti-cancer drug in which having the power of blocking the activity of PDL-1 immune proteins. The examples of PDL-1 Inhibitors are Durvalumab ,Pembrolizumab,Atezolizumab and Avelumab

CTLA-inhibitor is the drug which is used along with the PD1 and PDL-1 Inhibitor drugs.CTLA-4 is a protein which is found on T-cells and it binds to a B-7 protein and helps to kill cancer cells.

Monoclonal antibodies are made up of protein which are prepared in labs monoclonal antibody acts on tumor antigen and build immune system for kill the specific tumor antigens. Monoclonal antibodies provides toxic substances to the cancer causing cells and blocks cancer causing cells in the body Monoclinal antibodies are approved by FDAfor treatment of Cancers like lung cancer, bladder cancer, head and neck cancer, stomach cancer, prostate cancer and malenoma cancer.

3.Oncolytic Virus Therapy

Oncolytic virus therapy is the therapy in which cancer cells can be inhibits without the causing harm to other healthy cells. Oncolytic viruses like talimogene, emlyguc and t-vec are approved by FDA for treatment of metastatic melanoma. These Oncolytic viruses can kills breakdown of cancer cells or burst the cancer cells.

With the use of these Oncolytic viruses can kill the cancer cells with release of antigen which is cancer mediated. These cancer antigen regulate the immuty of the body that can be eliminate the cancerous cells.

4. Cancer Vaccines

Cancer vaccines are the vaccines which gives the patients for prevention from cancer causing viruses. The cancer vaccines specially work on the person who vaccinated before when the infection caused.cancer vaccines are prepared from immortal cancer cells.

There are mainly 4 types of Vaccines approved by FDA:

1. Sipuleucel-T vaccine:

It is also called as Provenge. which is used in treatment of Prostate cancer.

2. Talimogene laherparepvec vaccine:

It is also called as T-VEC which is used in treatment of malenoma skin cancer.

3.Bacillus Calmette-Guerin:

It is nothing but BCG vaccine which is used in early stages of unitary bladder cancer.

4.HPV vaccine:

This is a type of vaccine which is used to prevent from the human papillomavirus or HPV. HPV viruses can remaining in body for a long time period it can cause cervical cancer, Genital cancer, and Anal cancer. This vaccine gives people for prevention from cancer causing viruses.

5.Hepatitis B vaccine:

This vaccine gives people for the prevention from hepatitis B virus (HBV). Hepatitis B virus can be causes liver cancer.

References

- 1. https://en.m.wikipedia.org/wiki/Cancer
- 2. Macmillan. BCG treatment for non-invasive bladder cancer. 2016. Available at: https://www.macmillan.org.uk/information-and-support/bladder-cancer/ non-invasive-bladder-cancer/treating/bcg-treatment-noninvasive-bladder.html#3977 (accessed May 2020) National Institute for Health and Care Excellence. Managing non-muscleinvasive bladder cancer. 2019. Available at: https://pathways.nice.org.uk/ pathways/bladder-cancer/managing-non-muscle-invasive-bladder-cancer (accessed May 2020).
- 3. Cancer Research Institute. Immunotherapy treatment types. 2019. Available at: https://www.cancerresearch.org/immunotherapy/treatment-types (accessed May 2020)
- 4. .Geynisman DM Chien CR, Smieliauskas F et al. Economic evaluation of therapeutic cancer vaccines and immunotherapy: a systematic review. Hum Vaccin Immunother 2014;10(11):3415–3424. Doi:.4161/hv.29407
- 5. US National Library of Medicine. Study of BMS-936558 (nivolumab) compared to docetaxel in previously treated advanced or metastatic squamous cell non-small cell lung cancer (NSCLC; CheckMate 017). 2012. Available at: https://clinicaltrials.gov/ct2/show/NCT01642004 (accessed May 2020)
- 6. US National Library of Medicine. Study of nivolumab (BMS-936558) vs. everolimus in pre-treated advanced or metastatic clear-cell renal cell carcinoma (CheckMate 025). 2012. Available at: https://clinicaltrials.gov/ct2/show/results/NCT01668784 (accessed May 2020)
- 7. US National Library of Medicine. A study of atezolizumab compared with docetaxel in participants with locally advanced or metastatic non-small cell lung cancer who have failed platinum-containing therapy (OAK). 2013. Available at: https://clinicaltrials.gov/ct2/show/NCT02008227 (accessed May 2020)
- 8. Dempke WCM, Fenchel K, and Dale SP. Programmed cell death ligand-1 (PD-L1) as a biomarker for non- small cell lung cancer (NSCLC) treatment are we barking up the wrong tree? Transl Lung Cancer Res 2018;7(Suppl 3):S275—S279. Doi: 10.21037/tlcr.2018.04.18
- 9. Fridman WH, Zitvogel L, Sautès-Fridman C, Kroemer G. The immune contexture in cancer prognosis and treatment. Nat Rev Clin Oncol. 2017;14:717–34. doi: 10.1038/nrclinonc.2017.101. [PubMed] [CrossRef] [Google Scholar]
- 10. Hegde PS, Karanikas V, Evers S. The where, the when, and the how of immune monitoring for cancer immunotherapies in the era of checkpoint inhibition. Clin Cancer Res. 2016;22:1865–74. doi: 10.1158/1078-0432.CCR-15-1507. [PubMed] [CrossRef] [Google Scholar]
- 11. Golden EB, Apetoh L. Radiotherapy and immunogenic cell death. Semin Radiat Oncol. 2015;25:11–17. doi: 10.1016/j.semradonc.2014.07.005. [PubMed] [CrossRef] [Google Scholar]

- 12. Liu Y, Dong Y, Kong L, Shi F, Zhu H, Yu J. Abscopal effect of radiotherapy combined with immune checkpoint inhibitors. J Hematol Oncol. 2018;11:104. doi: 10.1186/s13045-018-0647-8. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- 13. https://www.cancer.gov/about-cancer/understanding/what-is-cancer
- 14. Spranger S, Bao R, Gajewski TF. Melanoma-intrinsic beta-catenin signalling prevents anti-tumour immunity. Nature. 2015;523:231–5. doi: 10.1038/nature14404. [PubMed] [CrossRef] [Google Scholar]
- 15. Ros XR, Vermeulen L. Turning cold tumors hot by blocking tgf-β Trends Cancer. 2018;4:335–7. doi: 10.1016/j.trecan.2018.03.005. [PubMed] [CrossRef] [Google Scholar]
- 16. Ganesh K, Massague J. tgf-β inhibition and immunotherapy: checkmate. Immunity. 2018;48:626–8. doi: 10.1016/j.immuni.2018.03.037. [Comment on: Mariathasan S, Turley SJ, Nickles D, et al. tgfβ attenuates tumour response to PD-L1 blockade by contributing to exclusion of T cells. Nature 2018;554:544–8] [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- 17. Guo Q, Huang F, Goncalves C, Del Rincón SV, Miller WH., Jr Translation of cancer immunotherapy from the bench to the bedside. Adv Cancer Res. 2019;143:1–62. doi: 10.1016/bs.acr.2019.03.001. [PubMed] [CrossRef] [Google Scholar]
- 18. Guo Q, Li VZ, Nichol JN, et al. Mnk1/Nodal signaling promotes invasive progression of breast ductal carcinoma in situ. Cancer Res. 2019;79:1646–57. doi: 10.1158/0008-5472.CAN-18-1602. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- 19. Yang W, Khoury E, Guo Q, et al. Mnk1 signaling induces an Angptl4-mediated gene signature to drive melanoma progression. Oncogene. 2020 doi: 10.1038/s41388-020-1240-5. [Epub ahead of print] [PubMed] [CrossRef] [Google Scholar]
- 20. Robichaud N, Hsu BE, Istomine R, et al. Translational control in the tumor microenvironment promotes lung metastasis: phosphorylation of eIF4E in neutrophils. Proc Natl Acad Sci U S A. 2018;115:E2202–9. Doi: 10.1073/pnas.1717439115. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- 21. Xu Y, Poggio M, Jin HY, et al. Translation control of the immune checkpoint in cancer and its therapeutic targeting.

 Nat Med. 2019;25:301–11. Doi: 10.1038/s41591-018-0321-2. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- 22. Martinez-Outschoorn UE, Peiris-Pagés M, Pestell RG, Sotgia F, Lisanti MP. Cancer metabolism: a therapeutic perspective. Nat Rev Clin Oncol. 2017;14:11–31. Doi: 10.1038/nrclinonc.2016.60. [Erratum in: Martinez-Outschoorn UE, Peiris-Pagés M, Pestell RG, Sotgia F, Lisanti MP. Cancer metabolism: a therapeutic perspective. Nat Rev Clin Oncol 2017;14:113] [PubMed] [CrossRef] [Google Scholar]
- 23. Kouidhi S, Elgaaied AB, Chouaib S. Impact of metabolism on T-cell differentiation and function and cross talk with tumor microenvironment. Front Immunol. 2017;8:270. Doi: 10.3389/fimmu.2017.00270. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- 24. Scharping NE, Delgoffe GM. Tumor microenvironment metabolism: a new checkpoint for anti-tumor immunity. Vaccines (Basel) 2016;4 pii:E46. [PMC free article] [PubMed] [Google Scholar]
- 25. Kareva I, Hahnfeldt P. The emerging "hallmarks" of metabolic reprogramming and immune evasion: distinct or linked? Cancer Res. 2013;73:2737–42. Doi: 10.1158/0008-5472.CAN-12-3696. [PubMed] [CrossRef] [Google Scholar]

- 26. Qorraj M, Böttcher M, Mougiakakos D. PD-L1/PD-1: new kid on the "immune metabolic" block [editorial] Oncotarget. 2017;8:73364–5. Doi: 10.18632/oncotarget.20639.
- 27. https://www.cancer.net/navigating-cancer-care/how-cancer-treated/immunotherapy-and-vaccines/what-are-cancer-vaccines
- 28. https://pharmaceutical-journal.com/article/research/immuno-oncology-agents-for-cancer-therapy
- 29. https://jitc.bmj.com/content/10/1/e003231
- 30. https://en.m.wikipedia.org/wiki/Cancer
- 31. World Cancer Report 2014. World Health Organization. 2014. Pp. Chapter 4.7. ISBN 978-92-832-0429-9. Archived from the original on 12 July 2017.

