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Immune Checkpoint Inhibitor Therapy

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Deadline for manuscript
submissions:

closed (31 August 2021)

Message from the Guest Editor

Dear Colleagues,

Immunotherapy has provoked a paradigm shift in the treatment of cancer. Since 2013, we have known that immunotherapy is the cornerstone for the treatment of tumors such as melanoma, non-small cell lung carcinoma, head and neck carcinoma, and bladder carcinoma. Different immune checkpoints such as PD(L)1 or CTLA-4 inhibitors have become the first agents to have FDA and EMA approval for treating different carcinomas. Despite all the efforts, there are still some patients who are primarily resistant or who become resistant after being on treatment. T cell exhaustion, T regs upregulation, or MDSC activity have been proposed as mechanisms of resistance among others to immunotherapy agents. To overcome this lack of response to immunotherapy agents, different approaches such as combinations with chemotherapy, radiotherapy, or targeted therapy are under investigation. At this point, it is not only tumor mutations that are relevant to choose the proper treatment, but a deeper knowledge of the host immune system is also required.



mdpi.com/si/50692

Special Issue



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