with this multipeptide immune response. The role of Treg suppress T-cell–mediated immunotherapy, were correlated of cyclophosphamide, which inhibits Treg cells. As in the phase I trial, there was a high immune response rate, and the response to multiple TUMAPs extended patient survival time. Moreover, treatment with cyclophosphamide was associated with a prolonged median overall survival, particularly among immune responders, in which cyclophosphamide treatment led to a reduction in proliferating Treg cells, suggesting that cyclophosphamide enhances the antitumor benefit of vaccine-induced immune responses. In addition, pretreatment analysis of cellular and serum biomarkers identified 2 subgroups of myeloid-derived suppressor cells and the proteins APOA1 and CCL17 as predictors of immune responses and increased overall survival in RCC. These results suggest that rational antigen discovery and validation, combined with monitoring of T-cell responses and biomarkers, may enable the development of effective cancer vaccines.

Proapoptotic Death Receptor Agonists Act as Vascular Disrupting Agents


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