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Summary

CAR-T therapy and cancer vaccines: Towards the next generation of treatment

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Mechanisms & Personalised Medicine | Digestive Oncology

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The speaker presented CAR-T cell therapies and cancer vaccines as emerging precision approaches in oncology, highlighting early successes in hematologic malignancies and pancreatic cancer while acknowledging major challenges in solid tumors including toxicity, manufacturing timelines, and the need for curative rather than incremental benefit.

KEY POINTS

- CAR-T cells are engineered T cells containing both epitope-recognition and co-stimulatory sequences, with pediatric leukemia patients treated ten years ago remaining alive, demonstrating curative potential in blood cancers.
- The speaker reported the first CAR-T approval (Chinese, not global) for gastric and gastroesophageal junction tumors showed a 63% reduction in risk of death or progression in a phase 2 randomized trial, though adverse events including cytokine release storm require careful supervision.
- No CAR-T cells are currently in use for GI malignancies, and treating solid tumors is more complex than blood cancers due to the hostile tumor microenvironment with low oxygen, low pH, and multiple immune-suppressive factors.
- mRNA-based cancer vaccines can encode 30 to 40 different epitopes in a single construct and showed that pancreatic cancer patients mounting a detectable vaccine response had improved recurrence-free survival.
- Personalized vaccine development requires 12 to 16 weeks with approximately 20% sample failure rates, leading the speaker to suggest early-stage malignancies rather than metastatic disease as the appropriate setting.
- The speaker stated that CAR-T cells should be held to a curative standard rather than accepted for 1 to 2 months progression-free survival benefit, given the cost and toxicity burden.

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