Cancer Immunotherapy: A new type of treatment

Most of us have heard of surgery, chemotherapy and radiation as standard options for treatment. But we now have a new type of treatment for many types of cancer called immunotherapy. Immunotherapy is one of the most exciting cancer treatments to emerge over the past decade.

How does immunotherapy work?

Immunotherapy uses a person’s immune system to help fight cancer. Your body’s immune system is made up of organs, cells and substances that protect you from infections and diseases. When a foreign body, such as a bacteria or virus, enters your body, the immune system recognizes these as “foreign” and attacks them.

One reason that cancer cells thrive in our bodies is because the cancer cells can effectively hide from the immune system. This allows cancer to grow and spread in our bodies.

Cancer immunotherapy consists of a variety of treatments that boost or restore the ability of the body’s immune system to recognize and fight cancer. Some immunotherapy treatments can work in a general way to boost the overall immune system while others can work in a very targeted way. For example, immunotherapy can mark cancer cells so it is easier for the immune system to find and destroy them.

Who gets immunotherapy?

The most common treatments for cancer still include surgery, chemotherapy and radiation therapy. However, immunotherapy is approved for certain types of cancer and is being studied in clinical trials for many other types of cancers. For some cancers, immunotherapy is used by itself. For
other cancers, it works best when used with other types of treatment.

**Immunotherapy for cervical cancer**

In the last 30 years, only one new drug has been approved to treat cervical cancer. And only a few therapies are currently under development. However, the standard of care using chemotherapy and radiation is not enough for patients with later stage cervical cancer. Even patients with early stage cervical cancer who have involvement of lymph nodes are at a high risk of recurrence. And when cervical cancer recurs, it is usually no longer curable. For women with recurrent metastatic cervical cancer, there is no approved therapy if their first course of treatment fails. The average survival for these women is only 4 to 7 months.

**Clinical Trials**

We need to find new treatments to prevent a recurrence in the 4,900 women with high-risk locally advanced cancers and the 5,000 women with recurrent metastatic cancers. Currently, there are a few cervical cancer clinical trials that are studying new treatments. A few of these trials are listed below.

**Current Studies**

**AIM2CERV**

The goal of the AIM2CERV study (global phase 3 study) is to develop a treatment to prevent or reduce the risk of cervical cancer recurrence after chemotherapy and radiation therapy in women who are at high risk of recurrence.

This trial is currently recruiting patients and for more information please visit:

https://clinicaltrials.gov/ct2/show/NCT02853604

**ADVANCE**

The ADVANCE study is being done to develop a second line treatment for recurrent or metastatic cervical cancer in patients who failed first line treatment.

This trial is currently in development and will be available in first half of 2018.

**MEDI-Combo Clinical Study**

MEDI-Combo study is open to patients who have recurrent/persistent or metastatic cancer of the cervix or metastatic HPV+ cancer of the head and neck.

This trial is currently recruiting patients and for more information please visit:

https://clinicaltrials.gov/ct2/show/NCT02291055

For more information about these and other cervical cancer clinical trials, visit Advaxis.com or www.clinicaltrials.gov .