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The tsunami of immune-oncology in pancreatic adenocarcinoma: Success or failure

Recent FDA approval for immune checkpoint inhibitors has led to the development of cutting-edge technology in an attempt to cure cancer including genetically modified adoptive immune cell therapy such as CART and TIL cell in refractory ALL and metastatic breast cancer, respectively, achieving complete remission. Unfortunately, many other tumors including metastatic pancreatic cancer is an unmet medical need without any improvement with currently available standard chemotherapy. To evaluate therapeutic efficacy and safety of adding immunotherapy to chemotherapy were retrospectively reviewed in 30 patients with metastatic adenocarcinoma of the pancreas were treated with combination systemic therapy and immunotherapy (immune checkpoint inhibitors, antiHER1 antibody, thymosin-alpha, adoptive NK/ DC vaccine, and immunonutrition) concurrently or sequentially, and compared to the control group who received standard chemotherapy regimens. Clinical benefits (RR, PFS, OS) and immunologic response (CDs, NK cell activity, IFN level) were better in the chemo-immunotarget therapy group. Concurrent treatment is better than sequential therapy. Combination treatment did not Predictive factors of tumor response include nutritional status, performance status, visceral versus lymph node metastases, PDL1 expression, TMB, MSI, and normalization of CD profiles during and after treatment. Cord blood NK cell therapy yields more durable NK cell activity and IFN level than autologous or allogeneic NK cell vaccines, whereas allogeneic NK cell therapy is better than autologous NK cell vaccine. Immunoscore, Next generation CAR-NK cell therapy and powering immune cell mitochondria are under active investigation.

Biography

Narin Voravud has completed his MD from Meridol University and clinical residency training from the Department of Medicine, Chulalongkorn University School of Medicine, Thailand, registrar at the University of London, Hammersmith Hospital in London, United Kingdom and hemato-oncology training at the Washington University, St Louis, USA, clinical fellowship in medical oncology, MD Anderson Cancer Center, USA. He has published more than 60 papers in peer-reviewed journals and three textbooks in oncology.

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