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Editorial Note on Ovarian Cancer

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Editorial

One of medicine's great therapeutic accomplishments has been the creation of prophylactic vaccinations for a variety of infectious diseases. Using the premise of targeting human papillomavirus infections, which are definitely involved in the aetiology of cervical, anal, and some head and neck cancers, the promise of preventative vaccination for cancer has begun. Therapeutic vaccination for advanced cancers, on the other hand, is significantly more difficult, especially for virulent cancers like lung cancer. Despite the enormous hurdles, there is a long history of tenacious research in the creation of lung cancer vaccines. This supplement to Clinical Lung Cancer is dedicated to keeping readers up to date on recent discoveries in the area. Ruckdeschel published an intriguing report in the New England Journal of Medicine in 1972, claiming that immunological activation caused by the postoperative complication of empyema was linked to a lower risk of recurrence in resected non–small-cell lung cancer (NSCLC). Animal studies back up the idea that non-specific immune activation could be used to cure cancers.

Four years later, McKneally and colleagues from Albany, New York reported on the results of a randomized phase II study of 60 patients with resected NSCLC evaluating the efficacy of an iatrogenic pleural infection with bacillus Calmette-Guérin (BCG). In a subset analysis of patients with stage I disease, the intrapleural BCG had a provocative effect on decreasing recurrences. Patients with stage II/III disease with presumed higher disease burden showed no benefit. The McKneally paper has far-reaching repercussions. Not only did it lead to the creation of multiple phase III trials, but it also resulted in the formation of an entire oncology study group to further investigate this potential breakthrough. Thoracic surgeons, radiation oncologists, medical oncologists, pathologists, and statisticians were part of the Lung Cancer Study Organization (LCSG), a multidisciplinary collaborative group. The goal of the group was to seek cures for lung cancer, and the first study (LCSG 771) was a definitive phase III investigation of intrapleural BCG for resected stage I NSCLC.

This was my first clinical trial, and the twice-yearly chance to rub elbows with the "great names" in lung cancer at group meetings was motivating to a young thoracic surgeon. In comparison to studies of typical medications, lung cancer research is very new. Clinical trials for cancer vaccines are fraught with difficulties. Many molecularly targeted chemotherapeutic drugs, as well as traditional chemotherapeutic agents In general, targeted medicines have maximum tolerated dosages that can be determined in phase I research; lung cancer vaccinations do not. Furthermore, the immunogenicity of a substance has a dose-response effect. It's difficult to keep track of vaccines. Furthermore, clinical activity signals are uncommon in phase I investigations. Tumor regression is rarely seen in phase II investigations. Vaccine efficacy biomarkers are unreliable. Patients are often seen to be the best candidates. In many vaccine studies, there is just a little amount of illness left over. Additional issues arise as a result of this population, such as difficulty in calculating. Time to progression, fewer recurrence occurrences, and a longer follow-up period are all factors that must be considered before events occur [1-5].

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