

Next-gen Cancer Immunotherapy: CRISPR-driven Enhancements in Immune Checkpoint Modulation

McAllister Ramírez*

Department of Immunotherapy, Jagiellonian University Medical College, 9 Medyczna Street, 30-688 Krakow, Poland

Introduction

Cancer remains one of the most formidable challenges in the field of modern medicine. Despite significant advancements in treatment, it continues to claim millions of lives every year worldwide. Traditional therapies like surgery, radiation and chemotherapy have long been the standard, but they often come with significant side effects and limitations. The past two decades, however, have seen the emergence of a groundbreaking class of drugs known as immune checkpoint inhibitors. These therapies have shown promise in treating a variety of cancers by enhancing the body's immune system to target and eliminate cancerous cells. Despite their success, the response rates are not universal and many patients do not achieve lasting remission [1].

One of the most exciting frontiers in cancer immunotherapy today lies in the combination of CRISPR gene-editing technology with immune checkpoint inhibitors. CRISPR, a revolutionary gene-editing tool, has already transformed our approach to genetic research and therapy. Now, researchers are investigating how CRISPR can be used to enhance the effectiveness of immune checkpoint inhibitors, making these treatments more effective, more personalized and potentially more accessible to a broader population of cancer patients. In this, we will explore the mechanisms behind immune checkpoint inhibitors, how CRISPR technology works and the emerging research on using CRISPR to optimize cancer immunotherapy. Finally, we will discuss the potential future of this cutting-edge combination in revolutionizing cancer treatment [2].

Description

The human immune system is a complex network of cells and proteins that protect the body from harmful invaders, such as bacteria, viruses and cancer cells. Immune cells, particularly T-cells, play a crucial role in identifying and destroying cancerous cells. However, tumors have evolved various mechanisms to evade immune detection, allowing them to grow uncontrollably. One of the most significant ways in which tumors escape immune surveillance is through the expression of immune checkpoint proteins. These proteins serve as "brakes" on the immune system, preventing over-activation and autoimmunity. While this regulatory system is essential for maintaining balance in the immune response, tumors exploit these pathways to evade destruction. Key immune checkpoint proteins include Programmed Cell Death Protein 1 (PD-1) and Cytotoxic T-Lymphocyte-Associated Protein 4 (CTLA-4), which, when activated, suppress the activity of immune cells, particularly T-cells. By blocking the interaction between these checkpoint proteins and their ligands (PD-L1 and B7-1/B7-2, respectively), Immune Checkpoint Inhibitors (ICIs) can restore the immune system's ability to recognize and destroy cancer cells. Drugs like nivolumab (Opdivo), pembrolizumab (Keytruda) and ipilimumab

(Yervoy) have revolutionized the treatment of cancers such as melanoma, Non-Small Cell Lung Cancer (NSCLC) and renal cell carcinoma. While ICIs have demonstrated remarkable efficacy in some patients, they are not universally effective [3].

CRISPR-Cas9 is a gene-editing tool that was first discovered in bacteria as a defense mechanism against viruses. Since its discovery, CRISPR has transformed molecular biology and genetic engineering, enabling researchers to edit genes with unprecedented precision. CRISPR uses a specialized enzyme (Cas9) that can be programmed to target specific stretches of genetic code. Once the target DNA sequence is identified, Cas9 cuts the DNA at that location, allowing researchers to insert, delete, or modify genes. The implications of CRISPR in medicine are vast, with potential applications in treating genetic disorders, HIV and various types of cancer. In the context of cancer immunotherapy, CRISPR offers a unique opportunity to enhance the immune system's ability to target cancer cells by editing the genes of immune cells themselves. By using CRISPR to modify T-cells or other immune cells, researchers can potentially overcome the limitations of current immunotherapies, such as the resistance to checkpoint inhibitors [4].

One promising application of CRISPR in cancer immunotherapy is the genetic modification of T-cells to enhance their ability to recognize and attack cancer cells. While immune checkpoint inhibitors work by blocking inhibitory signals between cancer cells and immune cells, genetically modified T-cells can be programmed to recognize specific tumor antigens more effectively. By using CRISPR to edit T-Cell Receptors (TCRs), researchers can engineer chimeric antigen receptor T-cells (CAR-T cells) with heightened specificity and affinity for tumor-associated antigens. CAR-T cell therapy has already shown remarkable success in hematologic cancers such as leukemia and lymphoma and the addition of CRISPR technology could expand its applicability to solid tumors, which have proven more challenging.

Moreover, CRISPR can be used to enhance the persistence and functionality of T-cells in the tumor microenvironment. T-cells are often exhausted or suppressed by the tumor microenvironment and by editing certain genes in these cells, it may be possible to improve their survival and activity against tumors. One of the reasons cancer patients fail to respond to immune checkpoint inhibitors is the immunosuppressive tumor microenvironment. Tumors can secrete a variety of cytokines and factors that inhibit immune cell function, including TGF- β (Transforming Growth Factor-beta), which is a potent immunosuppressive molecule. CRISPR can be used to knock out genes responsible for immune suppression, such as TGF- β or other inhibitory cytokines, enhancing the anti-tumor response [5].

Conclusion

The combination of CRISPR technology and immune checkpoint inhibitors represents a promising new frontier in cancer immunotherapy. By using CRISPR to enhance the activity and specificity of immune cells, overcome tumor immunosuppression and personalize treatments, researchers have the potential to improve the efficacy and accessibility of these life-saving therapies. However, challenges such as off-target effects, tumor heterogeneity and ethical considerations remain significant hurdles that must be carefully addressed. As the science continues to evolve, the next generation of cancer treatments may very well involve the fusion of cutting-edge gene-editing technologies with powerful immune-modulating therapies. This convergence promises to not only revolutionize cancer treatment but to provide new hope for patients who have previously had limited options. With continued research, clinical trials and

*Address for Correspondence: McAllister Ramírez, Department of Immunotherapy, Jagiellonian University Medical College, 9 Medyczna Street, 30-688 Krakow, Poland, E-mail: ramirezallister@icjz.pl

Copyright: © 2025 Ramírez M. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received: 03 February, 2025, Manuscript No. icoa-25-164016; Editor assigned: 05 February, 2025, PreQC No. P-164016; Reviewed: 17 February, 2025, QC No. Q-164016; Revised: 22 February, 2025, Manuscript No. R-164016; Published: 28 February, 2025, DOI: 10.37421/2469-9756.2025.11.285

regulatory oversight, CRISPR-enhanced immune checkpoint inhibitors could represent the future of cancer therapy, offering new avenues for more effective, personalized and durable treatments for cancer patients worldwide.

Acknowledgement

None.

Conflict of Interest

None.

References

1. Beatty, Gregory L. and Whitney L. Gladney. "Immune escape mechanisms as a guide for cancer immunotherapy." *Clin Cancer Res* 21 (2015): 687-692.
2. Schreiber, Robert D., Lloyd J. Old and Mark J. Smyth. "Cancer immunoediting: Integrating immunity's roles in cancer suppression and promotion." *Sci* 331 (2011): 1565-1570.
3. Francisco, Loise M., Victor H. Salinas, Keturah E. Brown and Vijay K. Vanguri, et al. "PD-L1 regulates the development, maintenance and function of induced regulatory T cells." *J Exp Med* 206 (2009): 3015-3029.
4. Dong, Haidong, Scott E. Strome, Diva R. Salomao and Hideto Tamura, et al. "Tumor-associated B7-H1 promotes T-cell apoptosis: A potential mechanism of immune evasion." *Nat Med* 8 (2002): 793-800.
5. Ramsay, Alan G. "Immune checkpoint blockade immunotherapy to activate anti-tumour T-cell immunity." *Br J Haematol* 162 (2013): 313-325.

How to cite this article: Ramírez, McAllister. "Next-gen Cancer Immunotherapy: CRISPR-driven Enhancements in Immune Checkpoint Modulation." *Immunochem Immunopathol* 11 (2025): 285.