Neoantigen Discovery and Dendritic Cell-based Vaccines in Lung Cancer Immunotherapy

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Introduction

Lung cancer remains one of the leading causes of cancer-related deaths worldwide, with its aggressive nature, late-stage diagnosis, and limited treatment options making it a significant challenge for medical research. Over the past few decades, immunotherapy has emerged as a promising approach to cancer treatment, offering the potential to harness the body's immune system to recognize and target tumor cells. Among the various forms of immunotherapy, dendritic cell-based vaccines targeting neoantigens have garnered significant attention due to their ability to stimulate the immune system to recognize and attack cancer cells more effectively. Neoantigens, which are novel tumor-specific antigens arising from mutations in cancer cells, offer a promising target for immune-based therapies. This article explores the discovery of neoantigens and the role of dendritic cell-based vaccines in lung cancer immunotherapy, highlighting the potential of these therapies to revolutionize the treatment landscape for this deadly disease. Immunotherapy leverages the body's immune system to fight cancer, either by stimulating the immune system to attack cancer cells or by providing synthetic molecules like monoclonal antibodies that target specific molecules on the surface of tumor cells. A key element in the success of immunotherapy lies in the ability of the immune system to differentiate between normal and abnormal cells. In cancer, tumor cells often express abnormal proteins that arise due to genetic mutations. These mutant proteins, or neoantigens, are foreign to the immune system and can trigger an immune response if properly identified and presented. The uniqueness of neoantigens makes them an ideal target for personalized cancer therapies, as they are not present in normal, healthy cells and are therefore less likely to cause off-target effects.

Description

The discovery and identification of neoantigens are critical steps in developing effective cancer immunotherapies. Tumor cells harbor a wide range of mutations that give rise to neoantigens. However, not all mutations generate neoantigens that are immunogenic, meaning capable of provoking a meaningful immune response. Neoantigens must be processed and presented by specialized cells, known as antigen-presenting cells (APCs), in a way that stimulates T-cells, the immune cells responsible for destroying tumor cells. The challenge in identifying neoantigens lies in the complexity of the human genome and the tumor genome, as well as the intricate processes involved in antigen processing and presentation. To identify potential neoantigens, researchers rely on a combination of bioinformatics tools, sequencing technologies, and laboratory assays. Whole-exome sequencing of tumor and matched normal tissue samples allows researchers to identify mutations specific to cancer cells, and subsequent computational algorithms predict which mutations are likely to produce neoantigens that can be presented on the surface of tumor cells. Once these neoantigens are identified, they must be validated in the laboratory through techniques such as peptide-MHC

*Address for Correspondence: John Cote, Department of Cardiovascular Medicine, Naval Medical University, Shanghai, China, E-mail: cotejohn@gmail.com Copyright: © 2024 Cote J. 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: 02 November, 2024, Manuscript No. Jgdr-24-155620; Editor Assigned: 04 November, 2024, PreQC No. P-155620; Reviewed: 16 November, 2024, QC No. Q-155620; Revised: 22 November, 2024, Manuscript No. R-155620; Published: 29 November, 2024, DOI: 10.37421/2684-6039.2024.08.235 binding assays, where the binding affinity of predicted neoantigens to major histocompatibility complex (MHC) molecules is assessed. The ability of neoantigens to bind to MHC molecules is essential for their presentation to T-cells, as this is the primary method by which the immune system identifies and targets foreign antigens [1].

Dendritic cells, a type of APC, play a crucial role in the initiation of immune responses. They are responsible for capturing, processing, and presenting antigens to T-cells. Dendritic cell-based vaccines take advantage of this natural ability by loading dendritic cells with tumor-specific antigens, including neoantigens, and then reintroducing these activated dendritic cells into the patient's body. Once administered, the dendritic cells migrate to lymph nodes, where they present the loaded antigens to naïve T-cells, initiating an immune response against the tumor. The goal is to stimulate a robust and specific T-cell-mediated immune response that can selectively target and eliminate tumor cells expressing the identified neoantigens. One of the advantages of dendritic cell-based vaccines is their ability to generate a personalized immune response. Since neoantigens are unique to each patient's tumor, dendritic cell-based vaccines can be tailored to each individual's specific cancer. This approach contrasts with traditional vaccines, which typically use a one-size-fits-all approach. Personalized vaccines hold great promise for cancers like lung cancer, where genetic heterogeneity among patients is significant. By identifying and targeting the specific neoantigens present in a patient's tumor, dendritic cell-based vaccines can potentially enhance the specificity and efficacy of the immune response, leading to better outcomes [2].

The development of dendritic cell-based vaccines for lung cancer immunotherapy is an area of active research. Lung cancer, particularly nonsmall cell lung cancer (NSCLC), is notoriously difficult to treat, especially in its advanced stages. Traditional therapies such as chemotherapy and radiation often come with significant side effects and limited effectiveness, particularly in patients with metastatic disease. Immunotherapies like checkpoint inhibitors, which block immune checkpoints to unleash the immune system against tumors, have shown promise in treating lung cancer. However, these therapies are not universally effective, and researchers are exploring new ways to improve outcomes, particularly for patients who do not respond to checkpoint inhibitors. Dendritic cell-based vaccines have the potential to complement existing immunotherapies by targeting neoantigens specifically and boosting the body's immune response against lung cancer. Recent clinical trials have explored the feasibility and safety of dendritic cell vaccines in patients with lung cancer, and early results are promising. For instance, several studies have demonstrated that dendritic cell-based vaccines can elicit specific immune responses against neoantigens derived from lung cancer cells, leading to tumor shrinkage in some patients. However, challenges remain, including the need for efficient methods to isolate and expand dendritic cells, as well as the difficulty of identifying and validating neoantigens in individual patients [3].

One of the hurdles in dendritic cell-based vaccine development is the variability in the quality of the immune response across patients. Factors such as tumor burden, the immunosuppressive tumor microenvironment, and genetic variability can all influence how well a patient's immune system responds to the vaccine. Moreover, some tumors may not produce sufficient amounts of neoantigens or may express neoantigens that are poorly recognized by the immune system. These challenges underscore the need for further research to refine the identification of neoantigens and to develop strategies to enhance the effectiveness of dendritic cell-based vaccines. Several strategies are being explored to overcome these obstacles and improve the efficacy of dendritic

cell-based vaccines in lung cancer. One approach involves combining dendritic cell-based vaccines with other immunotherapies, such as immune checkpoint inhibitors or cytokine therapies, to enhance the activation of T-cells and overcome the immunosuppressive effects of the tumor microenvironment. Combining these therapies could potentially lead to synergistic effects, amplifying the anti-tumor immune response. Another strategy is to use advanced genetic engineering techniques to modify dendritic cells to make them more effective at processing and presenting neoantigens, or to enhance their ability to migrate to lymph nodes and stimulate T-cell responses [4,5].

Conclusion

In addition to their use in monotherapy, dendritic cell-based vaccines have the potential to be integrated into combination treatment regimens that involve chemotherapy or radiation therapy. These traditional therapies, while not without their limitations, can have a positive effect on the immune system by inducing tumor cell death and releasing tumor-associated antigens that can be captured by dendritic cells. By combining dendritic cell-based vaccines with these therapies, researchers aim to create a more comprehensive approach to cancer treatment that harnesses the power of both the immune system and conventional therapies. The future of neoantigen discovery and dendritic cellbased vaccines in lung cancer immunotherapy is exciting but still requires substantial progress. Although the identification of neoantigens has advanced significantly with the advent of next-generation sequencing technologies, the complexity of the tumor immune landscape remains a major challenge. Ongoing studies will need to address key issues such as the optimal methods for neoantigen identification, the development of more efficient dendritic cell vaccination strategies, and the integration of these vaccines with other forms of immunotherapy. If these challenges can be overcome, dendritic cellbased vaccines targeting neoantigens may play a transformative role in the treatment of lung cancer, offering a highly personalized and effective approach to combating this deadly disease.

Acknowledgement

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Conflict of Interest

None.

References

- Sung, Hyuna, Jacques Ferlay, Rebecca L. Siegel and Mathieu Laversanne, et al. "Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries." CA Cancer J Clin 71 (2021): 209-249.
- Rudin, Charles M., Elisabeth Brambilla, Corinne Faivre-Finn and Julien Sage. "Small-cell lung cancer." Nat Rev Dis Primers 7 (2021): 3.
- Kaumaya, Pravin TP. "B-cell epitope peptide cancer vaccines: A new paradigm for combination immunotherapies with novel checkpoint peptide vaccine." *Future Oncol* 16 (2020): 1767-1791.
- Antonarelli, G., C. Corti, P. Tarantino and L. Ascione, et al. "Therapeutic cancer vaccines revamping: technology advancements and pitfalls." *Ann Oncol* 32 (2021): 1537-1551.
- Zhang, Yuanyuan and Zemin Zhang. "The history and advances in cancer immunotherapy: Understanding the characteristics of tumor-infiltrating immune cells and their therapeutic implications." *Cell Mol Immunol* 17 (2020): 807-821.

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