# Expanding the frontiers of immunotherapy: Advances in adoptive cell therapy.

#### Jonathan Nair\*

School of Medicine, Johns Hopkins University School of Medicine, USA

# Introduction

Immunotherapy has revolutionized the treatment of cancer and other diseases by harnessing the body's immune system to target and eliminate malignancies. Among the various immunotherapeutic approaches, adoptive cell therapy (ACT) has emerged as a promising strategy, demonstrating significant clinical success. ACT involves the isolation, genetic modification, and expansion of immune cells before reinfusing them into patients to enhance anti-tumor responses. This article explores recent advancements in ACT, including chimeric antigen receptor (CAR) T-cell therapy, T-cell receptor (TCR) therapy, tumor-infiltrating lymphocytes (TILs), and natural killer (NK) cell therapy, and discusses challenges and future directions in this rapidly evolving field [1].

CAR T-cell therapy has been at the forefront of ACT advancements. It involves genetically engineering T-cells to express synthetic receptors (CARs) that recognize specific tumor antigens. CAR T-cells have shown remarkable efficacy in hematological malignancies, leading to FDA approval of therapies such as axicabtagene ciloleucel and tisagenlecleucel for B-cell lymphomas and leukemias. Recent developments aim to improve CAR T-cell therapy by reducing toxicities such as cytokine release syndrome (CRS) and neurotoxicity, enhancing persistence, and expanding applicability to solid tumors [2].

Unlike CAR T-cells, TCR therapy relies on the natural T-cell receptor to recognize tumor antigens presented by major histocompatibility complex (MHC) molecules. TCR-engineered T-cells can target intracellular proteins, broadening their application beyond surface antigens. TCR therapies are being developed for multiple cancers, including melanoma, sarcoma, and lung cancer. The challenge remains in improving antigen specificity and reducing off-target effects [3].

TIL therapy utilizes naturally occurring lymphocytes isolated from a patient's tumor, expanded ex vivo, and reinfused to enhance immune response. Clinical trials have demonstrated durable responses in melanoma patients, leading to FDA breakthroughs. Advances in TIL therapy include combination approaches with checkpoint inhibitors and cytokine-based enhancements to improve efficacy [4].

NK cells provide an alternative ACT approach due to their innate ability to recognize and eliminate tumor cells without

prior sensitization. Advances in genetic modification, such as CAR-NK cells, and the use of induced pluripotent stem cell (iPSC)-derived NK cells, have increased their therapeutic potential. Early-phase clinical trials have shown promising results, especially in hematologic cancers [5].

Despite significant progress, several challenges hinder the widespread application of ACT. These include: While CAR T-cells have been highly effective in blood cancers, their efficacy in solid tumors remains limited due to the immunosuppressive tumor microenvironment and poor tumor infiltration [6].

The complexity and high cost of manufacturing patientspecific ACT products pose barriers to accessibility. Efforts are underway to develop off-the-shelf allogeneic cell therapies [7].

To overcome these challenges, research is focusing on several key areas: Genetic modifications, CRISPR-based gene editing, and metabolic reprogramming are being investigated to improve the longevity and efficacy of ACT products [8].

ACT is being combined with immune checkpoint inhibitors, cytokine therapy, and oncolytic viruses to enhance anti-tumor responses. Allogeneic T and NK cell therapies derived from healthy donors or iPSCs are being developed to provide cost-effective and readily available treatments [9].

CRS and neurotoxicity are major side effects of CAR T-cell therapy. Strategies such as IL-6 inhibitors and suicide gene constructs are being explored to mitigate these effects [10].

## Conclusion

Adoptive cell therapy represents a groundbreaking advancement in immunotherapy, with the potential to transform cancer treatment and beyond. Continuous innovations in cell engineering, combination strategies, and manufacturing scalability will be critical in expanding its reach to a broader patient population. As research progresses, ACT is poised to become a cornerstone of precision medicine in oncology and other diseases.

## References

1. Danishefsky SJ, Shue YK, Chang MN, et al., Development of Globo-H cancer vaccine. Acc Chem Res. 2015;48(3):643-52.

Citation: Nair J. Expanding the frontiers of immunotherapy: Advances in adoptive cell therapy. J Cancer Immunol Ther. 2025;8(1):254

<sup>\*</sup>Correspondence to: Jonathan Nair, School of Medicine, Johns Hopkins University School of Medicine, USA. E-mail: jnair@jhmi.edu

**Received:** 03-Feb-2025, Manuscript No. AAJCIT-25-161380; **Editor assigned:** 04-Feb-2025, Pre QC No. AAJCIT-25-161380(PQ); **Reviewed:** 17-Feb-2025, QC No AAJCIT-25-161380; **Revised:** 21-Feb-2025, Manuscript No. AAJCIT-25-161380(R); **Published:** 28-Feb-2025, DOI:10.35841/aajcit-8.1.254

- Bowen WS, Svrivastava AK, Batra L, et al., Current challenges for cancer vaccine adjuvant development. Expert Rev Vaccines. 2018;17(3):207-15.
- 3. Bowen WS, Svrivastava AK, Batra L, et al., Current challenges for cancer vaccine adjuvant development. Expert Rev Vaccines. 2018;17(3):207-15.
- 4. Wang RF, Rosenberg SA. Human tumor antigens for cancer vaccine development. Immunol Rev. 1999;170(1):85-100.
- 5. Saxena M, van der Burg SH, Melief CJ, et al., Therapeutic cancer vaccines. Nat Rev Cancer. 2021;21(6):360-78.

- 6. Goldman B, DeFrancesco L. The cancer vaccine roller coaster. Nat Biotechnol. 2009;27(2):129-39.
- 7. Buonaguro L, Tagliamonte M. Selecting target antigens for cancer vaccine development. Vaccines. 2020;8(4):615.
- 8. Jäger E, Jäger D, Knuth A. Clinical cancer vaccine trials. Curr Opin Immunol. 2002;14(2):178-82.
- 9. Gilboa E. DC-based cancer vaccines. J Clin Invest. 2007;117(5):1195-203.
- 10. Finn OJ. Cancer vaccines: between the idea and the reality. Nat Rev Immunol. 2003;3(8):630-41.

Citation: Nair J. Expanding the frontiers of immunotherapy: Advances in adoptive cell therapy. J Cancer Immunol Ther. 2025;8(1):254