ABSTRACT

Neuromolecular Med. 2021 Oct 19. doi: 10.1007/s12017-021-08689-5. Online ahead of print.

Chimeric Antigen Receptor (CAR) T Cell Therapy for Glioblastoma.

Feldman L(1)(2), Brown C(3), Badie B(4).

Author information:

(1)Division of Neurosurgery, City of Hope National Medical Center, Duarte, CA, 91010, USA. Ifeldman@coh.org.

(2)Division of Neurosurgery, City of Hope National Medical Center, MOB 2001, 1500 East Duarte Road, Duarte, CA, 91010, USA. Ifeldman@coh.org. (3)Departments of Cancer Immunotherapy & Tumor Immunology and Hematology & Hematopoietic Call Transplantation, City of Hope National Medical Center, Duarte, CA, 91010, USA.

(4)Division of Neurosurgery, City of Hope National Medical Center, Duarte, CA, 91010, USA.

Glioblastoma (GBM) are the most common and aggressive primary brain tumors in adults. Current mainstay treatments include surgery, chemotherapy, and radiation; however, these are ineffective. As a result, immunotherapy treatment strategies are being developed to harness the body's natural defense mechanisms against gliomas. Adoptive cell therapy with chimeric antigen receptor (CAR) T cells uses patients' own T cells that are genetically modified to target tumor-associated antigens. These cells are harvested from patients, engineered to target specific proteins expressed by the tumor and re-injected into the patient with the goal of destroying tumor cells. In this mini review, we outline the history of CAR T cell therapy, describe current antigen targets, and review challenges this treatment faces specifically in targeting GBM.

© 2021. The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.

DOI: 10.1007/s12017-021-08689-5

PMID: 34665390