ABSTRACT

Curr Opin Neurol. 2021 Oct 4. doi: 10.1097/WCO.000000000000992. Online ahead of print.

Is there a role for neoadjuvant anti-PD-1 therapies in glioma?

Sun L(1), Lai T, Prins RM.

Author information:

(1)Departments of Neurosurgery and Molecular & Medical Pharmacology, David Geffen School of Medicine at UCLA, Los Angeles, CA and Parker Institute for Cancer Immunotherapy, San Francisco, CA, USA.

PURPOSE OF REVIEW: In this review, we summarized recent findings that highlight the progress for checkpoint blockade immunotherapy in glioblastoma (GBM) patients.

RECENT FINDINGS: We reviewed new data from our group and others that suggest that the timing of when immunotherapy is applied can impact the antitumor immune response and, potentially, the ultimate clinical benefit of patients.

SUMMARY: The neoadjuvant priming and expansion of exhausted T cells within the GBM microenvironment, followed by the removal of an immune suppressive tumor microenvironment through surgical resection, may lead to enhanced antitumor immune responses that beneficial clinically. As such, neoadjuvant immunotherapeutic approaches and rational combinations may be helpful scientifically to understand how immunotherapeutic interventions influence the tumor microenvironment, as well benefit the patients.

Copyright © 2021 Wolters Kluwer Health, Inc. All rights reserved.

DOI: 10.1097/WCO.0000000000000992

PMID: 34608074