1. Record Nr. UNINA9910458644103321

Titolo	Cancer immunotherapy : immune suppression and tumor growth / / [edited by] George Prendergast, Elizabeth M. Jaffee
Pubbl/distr/stampa	Amsterdam ; ; Boston, : Academic Press, c2007
ISBN	1281020451 9786611020453 0080521851
Descrizione fisica	1 online resource (429 p.)
Altri autori (Persone)	PrendergastGeorge C JaffeeElizabeth M
Disciplina	616.99/4061
Soggetti	Cancer - Immunotherapy Antineoplastic agents - Therapeutic use Tumors - Immunological aspects Electronic books.
Lingua di pubblicazione	Inglese
Formato	Materiale a stampa
Livello bibliografico	Monografia
Note generali	Description based upon print version of record.
Nota di bibliografia	Includes bibliographical references and index.
Nota di contenuto	Front cover; Cancer Immunotherapy: Immune Suppression and Tumor Growth; Copyright page; Table of contents; Contributors; PART I: PRINCIPLES OF CANCER IMMUNOBIOLOGY; CHAPTER 1: Introduction; I. OVERVIEW; II. HISTORICAL BACKGROUND; III. LOOKING AHEAD: MARRYING CHEMOTHERAPY AND IMMUNOTHERAPY; IV. PARTS OF THE BOOK; References; Further Reading; CHAPTER 2: Cancer Immunoediting: From Immune Surveillance to Immune Escape; I. INTRODUCTION; II. CANCER IMMUNE SURVEILLANCE; III. CANCER IMMUNOEDITING; IV. CONCLUDING REMARKS; References CHAPTER 3: Immunosurveillance: Innate and Adaptive Antitumor ImmunityI. INTRODUCTION; II. INNATE ANTITUMOR RESPONSES; III. INNATE IMMUNE CELLS; IV. ADAPTIVE ANTITUMOR RESPONSES; V. THE INTERPLAY OF INNATE AND ADAPTIVE ANTITUMOR IMMUNITY; VI. CONCLUSION; References; CHAPTER 4: Cytokine Regulation of Immune Tolerance to Tumors; I. INTRODUCTION; II. CYTOKINE REGULATION OF IMMUNE TOLERANCE TO TUMORS; III. SUMMARY AND FUTURE PERSPECTIVES; References; CHAPTER 5: Immunological Sculpting:

Natural Killer Cell Receptorsand Ligands; I. INTRODUCTION; II. ACTIVATING HUMAN NK RECEPTORS
III. INHIBITORY NK RECEPTORSIV. THE LY49 RECEPTOR FAMILY; V. IMMUNOTHERAPY APPROACHES; VI. CONCLUSION; References; Further Reading; CHAPTER 6: Immune Escape:Immunosuppressive Networks; I. INTRODUCTION; II. IMBALANCE BETWEEN MATURE DCs AND IMMATURE DCs; III. IMBALANCE BETWEEN STIMULATORY AND INHIBITORY B7 FAMILY MOLECULES; IV. IMBALANCE BETWEEN REGULATORY T CELLS AND CONVENTIONAL T CELLS; V. CONCLUDING REMARKS; References; PART II: CANCER THERAPEUTICS; CHAPTER 7: Cytotoxic Chemotherapy inClinical Treatment of Cancer; I. INTRODUCTION; II. DNA-DAMAGING AGENTS; III. ANTIMETABOLITES
IV. ANTIMITOTICS V. CHEMOTHERAPY REGIMENS; References; Useful Web Sites; CHAPTER 8: Targeted Therapeutics in Cancer Treatment; I. INTRODUCTION; II. CELL CYCLE; III. THE MAPK FAMILY; IV. CHALLENGES IN THE CLINICAL DEVELOPMENT OF SIGNAL TRANSDUCTION INHIBITORS; References; CHAPTER 9: Concepts in Pharmacology and Toxicology; I. INTRODUCTION; II. CONCEPTS IN PHARMACOKINETICS; III. CONCEPTS IN TOXICOLOGY; IV. CLINICAL CONCERNS FOR PHARMACOLOGY AND SAFETY; V. CONCLUSION; References; Further Reading; CHAPTER 10: Cancer Immunotherapy:Challenges and Opportunities; I. INTRODUCTION
II. PREREQUISITES FOR EFFECTIVE CANCER IMMUNOTHERAPY: IDENTIFYING TUMOR ANTIGENS III. ADOPTIVE ("PASSIVE") IMMUNOTHERAPY; IV. ACTIVE-SPECIFIC IMMUNOTHERAPY: VACCINES; V. CANCER-INDUCED IMMUNOSUPPRESSION IMPINGES ON IMMUNOTHERAPY; VI. CANCER IMMUNOTHERAPY IN MICE VERSUS HUMANS; VII. IMMUNOTHERAPY AND CANCER STEM CELLS; VIII. AUTOIMMUNITY RESULTING FROM CANCER IMMUNOTHERAPY; IX. CONCLUSION AND FUTURE CONSIDERATIONS; References; CHAPTER 11: Cancer Vaccines; I. INTRODUCTION; II. TUMOR ANTIGENS; III. SPONTANEOUS IMMUNITY TO CANCER; IV. TOLERAGENIC PRESSURE ON IMMUNITY TO CANCER
V. IMMUNE RESPONSES TO CONVENTIONAL VACCINES

Sommario/riassunto

There has been major growth in understanding immune suppression mechanisms and its relationship to cancer progression and therapy. This book highlights emerging new principles of immune suppression that drive cancer and it offers radically new ideas about how therapy can be improved by attacking these principles. Following work that firmly establishes immune escape as an essential trait of cancer, recent studies have now defined specific mechanisms of tumoral immune suppression. It also demonstrates how attacking tumors with molecular targeted therapeutics or traditional chemotherapeutic drug