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Altri autori (Persone)	PrendergastGeorge C JaffeeElizabeth M
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III. INHIBITORY NK RECEPTORS IV. 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 in Clinical 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