



Review on: Biological Therapies of Cancer

Swanand R. Bhale¹; Dipmala Ghorpade², Dr. Gajanan Sanap³

^{1,2,3}LBYP College of Pharmacy, Chh.Sambhajinagar-431001, Maharashtra, India

1. Introduction :-

There are about 200 different types of cancer. It can start in any type of body tissue. What affects one tissue may not affect another for e.g. Tobacco smokes that you breathe in may help to cause lung cancer. Over exposure of your skin to the sun could cause a melanoma on your legs. But sun won't give you lung cancer and smoking won't give you melanoma.

Cancer is a term used to describe a large group of diseases that are characterized by cellular malfunction. Healthy cells are programmed to know what to do and when to do it. Cancerous cells do not have this programming and therefore grow and replicate out of control. They also serve no physiological functions. These cells are now termed as neoplastic cells. Biological therapy is the main component of clinical cancer research effort. In 1962 and 1963 Dr. Freireich was visionary in hypothesizing on the role of tumor host interaction in the natural history of cancer and the response to the treatment.

Types of Cancer:-

1. Benign (Non cancerous) tumor
2. Malignant (cancerous) Tumor

Types of therapies :- Surgery, Radiation therapy, Chemotherapy, Immunotherapy, Targeted therapy, stem cell transplant, Nano particle drug delivery system, Biological therapies.

This review material is based on the study of biological treatment as well as immune therapy used for the treatment of the cancer. (8)

2. Methodology

Biological therapies for cancer

2.1 Definition of biological therapies

The therapies that involve use of living organism or the substance which are derived from living organism by their processing in the laboratories and their use in treatment of cancer is known as Biological therapies for cancer. It is also defined as modification and exploitation of cellular and molecular mechanism host defence and regulation of tissue proliferation, tissue differentiation and tissue survival for treatment of cancer.

Biological therapies which stimulate the immune cells also act against cancer. This type of biological therapy is known as "immunotherapy". They do not target cancer cells directly but act indirectly. Biological therapies that interface with specific molecules which is involved in tumor growth and progression are also known as targeted therapies cancer cells.

For the patients suffering from cancer Biological therapy can be used to treat the cancer itself and or also the side effects caused by other cancer treatments. Although biological therapy have been approved by the U.S Food and Drug Administration (FDA). Other therapies are still under experimental works and these are available to cancer patients by participating in clinical trials i.e. research studies/programs carried out using human being directly. (4), (8)

2.2 Immune System

The immune system can be defined as a complex network of cells, tissues, organs, and the substances they make. This system helps the body fight against the infections and other diseases.

Working of Immune System

- White blood cells play an important role in immune responses towards a specific type of infection. These cells carry out the many tasks which are required to protect the body against disease and the causing microbes and abnormal cells.

- Some type of leukocytes look after the circulatory system, seeking foreign invaders such as microbes and pathogens, and diseased, damaged, or dead cells. These WBC's provide a general or non-specific type of immune protection.
- Other types of leukocytes called as lymphocytes provide targeted protection against specific threats, that may be from a specific microbe or a diseased or abnormal cell. The most important groups of leukocytes responsible for these immune responses are β cells and T cells. (10)
- β Cells make antibodies, which are large in size, secreted proteins that bind to the foreign invader cell and help to destroy foreign cells or abnormal cells.
- Killer T cells which are Cytotoxic T Cells kill the infected or abnormal cells by releasing toxic chemicals or by prompting the cells to self-destroy and such process is known as apoptosis.
- Other types of lymphocytes and leukocytes play supporting role to ensure that β Cells and killer T Cells do their job efficiently or not. These supporting cells include helper T cells and dendritic cells which help activate both β cells and Killer T cells and enable them to respond to specific threats like microbes or a diseased/abnormal cell. (1)(10)

2.3 Role of Immune System on cancer :-

The natural ability of the immune system is to detect and destroy abnormal cells which are likely to prevent or suppress the development of many cancer cells. Immune cells are sometimes found in or around tumor cells. These cells are known as tumor-infiltrating lymphocytes or TILs are an indication that the immune system is responding to the tumor. (11)

The presence of TILs in a patient's tumor is often associated with a better outcome in the patient.

However, cancer cells have various ways to evade detection and destruction by the immune system. For example, cancer cells can

- Undergo genetic change that may cause the reduction of the expression of tumor antigens on their surface, making them less visible to the immune system
- They have proteins on their surface that inactivate immune cells.

Immunotherapy uses various approaches for strengthening the immune system and help it overcome the cancer defense against the immune system. The goal is to improve the ability of the immune system to detect and destroy cancer. (12)(13)

Types of biological therapies used to treat cancer

There are several types of biological therapies especially immunotherapies are being used or developed for cancer treatment. These therapies fight against cancer in different ways.

1 Immune Check point Inhibitors:-

Working of Immune Check point Inhibitors :-

These types of immunotherapy release a brake on the immune system that normally prevents an overly strong immune response that might damage normal cells as well as abnormal cells. This brake involves proteins on the surface of T cells called Immune Check point Proteins. When Immune Check point proteins recognize partner proteins on other cells an off signal is sent that tells the T cell not to mount an immune response against those cells.

Two widely studied immune checkpoint proteins are 1) PD-1 and 2) CTLA-4. Some tumor cells express high levels of PD-1 partner proteins PD-L1 which cause T cells to shut down and help cancer cells to evade immune destruction. Interaction between B7 proteins on antigen-presenting cells and CTLA-4 that is expressed on T cells prevent T cells from killing other cells including cancer cells. Drug called immune checkpoint inhibitor prevent interaction between immune checkpoint proteins and their partner proteins, enabling a strong immune response. The target of current checkpoint inhibitors include PD-1, PD-L1, and CTLA-4. (6)(14)(15)

Use of immune checkpoint Inhibitors

Immune checkpoint inhibitors are approved to treat a variety of cancer types include skin cancer, non-small cell lung cancer, bladder cancer, head and neck cancer, liver cancer. One immune checkpoint inhibitor, pembrolizumab (Keytruda) is used to treat a solid tumor that has microsatellite instability high or mismatch repair deficient and has spread or cannot be removed by surgery. Another immune checkpoint inhibitor nivolumab (Opdiva) is used to treat mismatch repair deficient and microsatellite instability high metastatic colorectal cancer that has progressed following treatment with a fluoropyrimidine, oxaliplatin, and irinotecan hydrochloride. (18) (16)(17)

2 Immune cell therapy

It is also known as "adaptive cell therapy" or adoptive immunotherapy

Working of immune cell therapy

This approach make patient own immune cell have better able to attack tumors.there are generally two approaches to adaptive cellular therapy for cancer treatment.both involve collecting patients own immune cells growing large number of these cells ,growing large number of these cells in the laboratory and then infusing the cell back into patient.(22)(23)

.1 Tumor Infiltrating Lymphocytes(TIL's)

This approach use T cells which is naturally found in patient tumor known as **Tumor Infiltrating Lymphocytes**.the TIL'S that are used to recognize the patient tumor cells in laboratory test are selected.and these cells are grown to large number in laboratory.the cells are activated by treatment with immune system signaling proteins called **cytokines** and infused into patient blood stream.The idea behind this approach is that the **TILs** have already show the ability to target tumor cells but there may not be enough of them in the tumor micro environment to kill the tumor or to overcome the immune suppressive signal that the tumor is releasing introducing massive amount of activated TILs can help to overcome these barriers.(21)(19)(20)

.2 CAR T-cell Therapy

This approach is similar to the TILs but the patients T-Cell are genetically modified in the laboratory to express a protein known as chimeric antigen receptor or a **CAR** before they are grown and infused into the patient CARs are modified forms of protein known as T-cell receptor,which is expressed on the surface of T-cell.The CARs are designed to allow the T-cell to attach to specific protein on the surface of the patient's cancer cells improving their ability to attack the cancer cell.

Before receiving the expanded T-cells.Patients also undergo a procedure called Lymphodepletion which consist of round of chemotherapy and in some case whole body radiation Lymphodepletion get rid of other immune cell that can impede the effectiveness of incoming T-cell.(9)(24)(26)(25)

Uses of Immune Cell Therapy :-

Adaptive T-cell Transfer was first studied for the treatment of metastatic melanoma because it causes a substantial immune response with many TILs.This TILs has been effective for some patients with melanoma and has produce encouraging positive finding in other cancer e.g.cervical squamous cell carcinoma and cholangiocarcinoma.Two CAR T-cell therapies have been approved.Tisagenlecleucel is approved for treatment of some adults and children with acute lymphoblastic leukemia that is not responding to other treatments and for treatment of adults with certain types of β -cell non-Hodgkin lymphoma.In clinical trials,many patients cancers have disappeared entirely.and several of this patient have remained cancer free for extend period.Axicabtageneiceloleucel(yescarta)is approved for patient with certain type of beta cell non-hodgkin lymphoma who have not respond to or who have relapsed after at least two other kind of treatment .both therapies involve modification of patient own immune cell (27)(28)

3 Therapeutic Antibodies :-

Working of Therapeutic Antibodies :-

Antibodies can provide therapeutics to target the disease-related molecules that have been discovered in genomic research because 1) the high level of specificity and affinity to the target molecule or antigen achieves a high level of efficacy and fewer adverse events, 2) their ability to target diverse molecules and the modes of action of the antibodies allow them to be applied to a wide range of therapeutic targets, and 3) modification and refinement by genetic engineering technology and the establishment of recombinant manufacturing technology has made industrial manufacturing possible.Cancer treatment vaccine may be made from a patients own tumor cell (i.e.they are customized so that they mount a immune response against features that are unique to specific patients tumor)or they may be made from substance(antigen)that are produced by certain types of tumors e.g.they mount on immune response in any patients whose tumor produce the antigen.

The first FDA approved cancer treatment vaccine Sipuleucel-T(provenge)is customized to each patient .it designed to simulate immune response to prostatic acid phosphatic(PAP).A antigen that found on most prostate cancer cell.the vaccine is created by isolating immune system cell called Dendritic cell,which are a type of antigen presenting cell (APC)from patients blood.These cells are sent to vaccine manufacturer where they are cultured in the laboratory together with protein called PAP-GM-CSF this protein consist of PAP link to protein called granulocyte macrophage colony stimulating factor which stimulate immune system and enhance antigen presentation Antigen-Presenting cell culture with PAP-GM-CSF are the active components of Sipuleucel-T these cell are infused into the patients although the precise mechanism of action of PAP-GM-CSF stimulate in T-cell of the immune system to kill the tumor cells express PAP.the first FDA approval oncolytic virus therapy .

Talimogeneherparepvec T-VEC, or Lmlytic,is also considered a type of vaccine it based on herpes simplex virus types I and includes a genes that codes for GM-CSF, Although this oncolytic virus infect both cancer and normal cell,normal cells have mechanism to kill the virus where as cancer cell do not .T-VEC injected directly into the tumor as the virus replicate it cause cancer cell to burst and destroy the destroyed cell release new viruses GM-CSF .and a variety of tumor specific antigen that can stimulate immune response against cancer cell throughout the body.

Drugs Used :- Rituximab ,Cetuximab, Trastuzumab.

Uses of Therapeutic antibodies:-

Many Therapeutic antibodies have been approved to treat wide variety of cancer like chronic lymphocytic lymphoma (CLL),Hodgkin lymphoma. Advance bowel cancer ,head and neck cancer,breast cancer and stomach cancer.(29)(31)(30)

4 Therapeutic Vaccines:-

Working of Therapeutic Vaccines:-

Cancer treatment vaccines are designed to treat cancers that have already developed by strengthening the body's natural defences against the cancer. They are intended to delay or stop cancer cell growth; to cause tumor shrinkage; to prevent cancer from coming back; or to eliminate cancer cells that have not been killed by other forms of treatment.

Cancer treatment vaccines may be made from a patient's own tumor cells (i.e. they are customized so that they mount an immune response against features that are unique to a specific patient's tumor), or they may be made from substances that are produced by certain types of tumor.

The first FDA-approved Cancer treatment vaccine, sipuleucel-T, is customized to each patient. It was designed to stimulate an immune response to prostatic acid phosphatase, an antigen that is found on most prostate cancer cells. The vaccine is created by isolating immune system cells called dendritic cells, which are a type of antigen presenting cell, from patient's blood. These cells are sent to the vaccine manufacturer, where they are cultured in the laboratory together with a protein called PAP-GM-CSF. This protein consists of PAP linked to protein called granulocyte-macrophage colony-stimulating factor, which stimulates the immune system and enhances antigen presentation.

Antigen presenting cell culture PAP-GM-CSF are the active components of sipuleucel-T. These cells are infused into the patients. Although the precise mechanism of action of sipuleucel-T is not known, it appears that Antigen presenting cells that have taken up PAP-GM-CSF stimulate T-cells of the immune system to kill tumor cells that express PAP. The first FDA approved oncolytic virus therapy talimogene laherparepvec (T-VEC or Imlygic) is also considered as a type of vaccine. It is based on herpes simplex virus type 1 and includes a gene that codes for GM-CSF. Although the oncolytic virus can infect both cancer and normal cells, normal cells have a mechanism to kill the virus where cancer cells do not. T-VEC is injected directly into the tumor. As the virus replicates, it causes cancer cells to burst and die. The dying cells release new viruses, e.g. GM-CSF and a variety of tumor specific antigens that can stimulate an immune response against cancer cells throughout the body. (32)(33)(34)

Uses of Therapeutic Vaccines:-

Sipuleucel-T is used to treat prostate cancer that has metastasized in men who have few or no symptoms and whose cancer is hormone refractory (does not respond to hormone treatment). T-VEC is used to treat some patients with metastatic melanoma that can not be removed by surgery. (35)

5 Immunomodulatory drugs (also called biological response modifier):-

This drug strongly modulates the body's immune system. They include Thalidomide (Thalomid), Lenalidomide (Revlimid) and Pomalidomide (Pomalyst), derivatives of Thalidomide that have a similar structure and function and Imiquimod (Aldara, Zyclara).

It is not totally clear that how thalidomide and its two derivatives stimulate the immune system, but they promote the IL-2 secretion from cells and inhibit the ability of tumors to form new blood vessels to support their growth. Imiquimod is a cream that is applied to the skin. It causes cells to release cytokines, mainly INF-alpha, IL-6, and TNF-alpha (a molecule involved in inflammation).

Uses of Immune modulating agents:-

Most immune modulating agents are used for treatment of advanced cancer. Some are used as part of a supportive care regimen. E.g. recombinant and biosimilar forms of GM-CSF and G-CSF are used in combination with other immunotherapies to strengthen anticancer immune response by stimulating the growth of WBC. (36)(37)

Side effects of biological therapies for cancer :-

The side effects of biological therapies mainly reflect the stimulation of the immune system and can differ by the type of therapy and by how individual patients react to the therapy. Pain, Swelling, Soreness, Redness, Itchiness and rash at the site of injection are fairly common side effects with these treatments. They can also cause a variety of flu-like symptoms including fever, chills, weakness, dizziness, nausea or vomiting, muscle or joint pain, fatigue, headache, occasional breathing difficulties and lower or higher blood pressure. Some immune therapies that provoke an immune system response also pose a risk of severe or even fatal hypersensitivity (allergic) reaction. Long term side effects of immunotherapies which occur particularly in immune checkpoint inhibitors include autoimmune syndromes and acute-onset diabetes. (38)(39)

Serious side effects of specific agent used for cancer therapy :-

.1 Immune Checkpoint Inhibitors :-

Side effects :- Organ-damaging immune-mediated reaction involving the digestive system, liver, skin, nervous system and heart and in the hormone-producing gland. These reactions can cause immune-mediated Pneumonitis, colitis, hepatitis, nephritis and renal dysfunction. Myocarditis (inflammation of heart muscle) and hypothyroidism and hyperthyroidism. (40)

.2 Immune cell therapy:-

Side effects:-

.1 CAR T-Cell Therapy:- Causes Cytokine release syndrome. (41)

.2 TIL Therapy:- Causes Capillary Leak syndrome.

.3 Therapeutic Antibodies or other immune cell molecules:-

Side effects:-

.1 Cytokine release syndrome-Infusion reaction, capillary leak syndrome and loss of visual acuity.(42)

.2 Therapeutic Vaccines:-

Side effects:-

Flu-like Symptoms, Severe allergic reaction, Stroke (Specially by Sipuleucel-T), Tumor lysis syndrome, herpes virus infection (T-VEC) (43)

Clinical trial of immune therapies:- FDA approved and experimental immune therapies for specific type of cancer clinical trials are being studied. Descriptions of ongoing clinical trials that are testing types of immune therapies in patients suffering from cancer can be accessed by the NCI's which consists of the list of cancer clinical trials

Drugs, Their actions and uses:-

Sr.no	Mechanism of action	Drugs	Uses	Side effect
1	Immune checkpoint inhibitors	1. Ipilimumab 2. nivolumab 3. Atezolizumab 4. Avelumab 5. Durvalumab 6. Cemiplimab	CTAL4-Melanoma Lung cancer Pancreatic cancer. PD1 Melanoma Lung cancer, Kidney cancer, Bladder cancer	Adverse effect on the immunology. Diverse effect on most of the organ system
2	Immune cell therapy	Drugs used are similar to immune checkpoint inhibitor	Acute lymphoblastic leukemia, bile duct cancer, cervical cancer	Fatigue, fever, chills, nausea, flu like symptoms, pain at the injection site
3	Therapeutic Antibodies	Trastuzumab, Cetuximab, Panitumumab	can repress or alter the endogenous responses to specific cell or molecule Cancer treatment, inflammatory and auto immune disease	Allergic reactions, chills, weakness, diarrhea, nausea, vomiting, rash, itching
4	Therapeutic vaccine	Hepatitis B vaccine HPV vaccine	Cervical cancer and liver Cancer . Breast, Lungs, colon, skin, kidney, Prostate	HIV and Influenza Skin rashes, flu like symptoms, muscle ache, headache, weight gain.

3. Conclusion

The new and advanced treatment for cancer have created a totally different design and way that how to treat cancer. This advanced study has created a deeper understanding of the molecular basis of cancer. The earlier treatments are still valuable and a great use but they were found to be having lots of drawbacks. e.g. surgery and radiation are effective but they treat only the local area of cancer. Chemotherapy can treat the cancer cells that spread all over the body but this was found to be toxic and had very long term side effects. All the old therapies are still in use today they are not outdated but this will be probably they will not be only use for treatment of cancer. The new molecular based therapies are in near stage of discovery. Use of vaccine and immunological are the first advancement toward cancer. How so ever this is great deal toward the research that will be necessary in order to improve these treatments to their full potential.

4. Reference

1. Satlu T, Alici E. Natural killer cells based immunotherapy in c
2. Joshi S, Kaur S, Redig AJ. Type 1 intergeron dependent activation of mNKL and its role in generation of inhibitory growth response, national academy of science USA. 2009, 10.
3. Nagaya T, Nakamura Y, Soto T. Near infrared photoimmunotherapy, with anti-HER2 antibody, on cotarget 2016, 7.
4. Railcar R, Karne LS. Epidermal growth factor receptor targeted immunotherapy. molecular cancer therapeutics, 2017
5. Gros A, Parkhurst MR, Tran E. Prospective identification of neoantigen specific lymphocytes in peripheral blood of melanoma patients, nature medicines, 2016, 22
6. Pardoll DM, the blockade of immune checkpoint in cancer immunotherapy, Nature review, 12

7. Abstract of cancer review, Nature, 152
8. Evan M. Hersh and Alison T. Stoppeck vol. 3 2623-2629
9. Warren, Richard B., Christofare E.M. March 10 vol. 29
10. Keith I Block, D- Dairy Boyd, Nicholas Gonzalez, Aristo Vojdani- integrative cancer therapies 1(3) 294-316
11. High F Pross, Elotzovz, Natural immunity 12 279- 292
12. Maartje CA wouters, Brad H Nelson -clinical cancer research 24, 6125-6135
13. Niki Karachaliou, Maria Gonzalez Cao, Cristina TeixidoSantiaqoViteri- Cancer biology and medicine 12(2) 79 2015
14. Micheal R Freeman, Francis X Schneck, Micheal L Gagnon- Cancer leoeaich 55(18) 4140-4145 1995
15. Julie S Nielsen, Rob A Jahota, Katy Milne -Clinical cancer research 18 (12) 3281-3292
16. Romaldo Barroso -sousa, William T Barry Ana C Garrida - Castro- JAMA oncology 4 (2)
17. Janathan J Havel, Diego Chowell, Timothy A Chan -Nature review cancer 19(3) 133-150 2019
18. Geoges E Tanios, Peter B Doley, Reinhold Munker -European journal of haematology 102(2) ,157-162, 2019
19. Phillip P Santoemma, Danial J Pawell- Cancer biology and therapy 16(6), 807-820, 2015
20. SA Rosenberg -The cancer journal from Scientific American 1(2), 90-100
21. Patrick Hwa, Steven A Rosenberg -Cancer detection and prevention 18(1) 43-50 1994
22. L-zhao YJ Cao -Frontiers of immunology 10, 2250, 2019
23. James C Yong, Steven A Rosenberg -advance in immunology 130, 279-294, 2015
24. Nicholalas G Minutalo, Erin E Hallander, Daniel Powel jr -Frontiers in oncology 176, 2019
25. Tanja A Arvak -Journal of immunology research 2016
26. Alexandra V Hirayana Jordan Gauthier, Kevin A Hav -The Journal of American society of haematology 133, 1870-1887, 2019
27. The journal of Clinical investigation 117(6), 1466-1476, 2007
28. Rishu Takimoto, Sachiko Okada- Anti-cancer research 37(7), 3947-3954, 2017
29. Juaavn C Almgro, Tracy R Daniels -well -Frontiers of immunology 8, 1751, 2018
30. Seveaneioisel, Marco Hresser, Marc Pallardy, David Davade- Critical review in oncology & haematology 62(1) 34-42 2007
31. Martin Gasser, Anawaga-Gasser- protein targeting compound, 95-120, 2016
32. Robert E Hollingsworth, Kathrin Jansen -Vaccine 4(1), 1-10, 2019
33. Leisha A Emens, Elizabeth M Jaffee- Oncology (Williston Park NY) 17 1200-11 discussion 1214, 1217, 2003
34. Daniel R Clocca, Patrick Frayssinet, F Dario Cullo -Carrion -Cell stress & chaperones 12(1), 33, 2007
35. James L Gulley, Ravi A Madan, Kwong Y Tsana -Cancer immunology research 2(2), 133-141, 2014
36. Shalini Gupta, Avinash K Kanodia -The National Medical journal of india 15(4), 202-207, 2002
37. Robert K Oldham -Cancer Treatment report 68(1-6), 221, 1984
38. Volker Schirmacher- International Journal of oncology 54(2), 407-419, 2019
39. Victoria Vishnevskiadai, Lihi Rozner, Raanan Berger Gal Markel -Scientific Report 11(1), 1-7, 2021
40. Francesco Torino, Salvatore M Corsello, Roberto Salvatori-Current opinion in oncology 28(4), 278-287, 2018
41. Micheal Bachmann -immunology Letter 211, 13-22, 2019
42. Trevor T Hansel, Harald Kropshofer, Thomas Singer Jane A Mitchell-nature review Drug discovery 9(4) 325-338, 2010
43. Volker Schirmacher -Biomedicine 8 (3), 61, 2020
44. Virginia Bayer, Beau Amaya, Diane Baniewicz, Colleen Callahan, Lisa Marsh- Clinical research of oncology Nursing 21(2), 2017
45. Hisataka Kobayashi, Peter L Choyke- Account of Chemical Research 52(8), 2332-2339, 2019