

## Cancer Vaccines

Dito Anurogo\*<sup>1,2</sup>

<sup>1</sup>Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Makassar, Indonesia

<sup>2</sup>International PhD Program in Cell Therapy and Regenerative Medicine, College of Medicine, Taipei Medical University, Taiwan

### EDITORIAL

#### ARTICLE INFO

\*Corresponding author:

d151109004@tmu.edu.tw

DOI: 10.20885/JKKI.Vol15.Iss1.art1

Copyright ©2024 Authors.

The history of cancer vaccines is a story of relentless scientific pursuit, unfolding over the years to where we are today, with advanced medical tools at our disposal. This journey began with the rudimentary passive immunotherapy, exemplified by Coley's Toxins, which was developed in the late 19<sup>th</sup> century after an observation of tumor regression linked to infections.<sup>1</sup> Since then, a systematic refinement has occurred, leading to the development of therapeutic vaccines that stimulate the patient's immune system to identify and destroy cancerous cells.<sup>2</sup>

However, the effectiveness of these vaccines has often been undermined by the immune evasion mechanisms adopted by cancers.<sup>3</sup> The emergence of prophylactic vaccines, like the Hepatitis B and HPV vaccines, marked a significant milestone, reducing the incidence of liver and cervical cancers.<sup>4</sup> In today's world, the urgency for more effective cancer vaccines is accentuated by the global cancer burden, with millions of new cases and deaths occurring annually.<sup>5</sup>

Recognizing cancers as diseases of the immune system has positioned immunotherapy, including cancer vaccines, at the epicenter of cancer research.<sup>6</sup> These vaccines offer hope due to their specificity and minimal collateral damage to healthy tissues compared to treatments like chemotherapy.<sup>7</sup> They potentially foster memory T cell populations, enabling long-term immune vigilance against tumors.<sup>8</sup> The advent of personalized immunotherapies, like neoantigen-based vaccines, underscores the adaptability and promise of these vaccines.<sup>9</sup> However, challenges exist. The immune system's complexity, coupled with its compromised nature in advanced cancer cases, poses obstacles.<sup>10</sup> Cancers' adeptness at evading immune surveillance and the intricate process of antigen selection are significant challenges.<sup>11</sup> Personalized vaccines, though promising, are accompanied by logistical and financial challenges.<sup>12</sup> The vista of possibilities is widening, with potential applications including combination therapy and ongoing research aimed at optimizing immunotherapy.<sup>13</sup>

Moreover, the role of artificial intelligence (AI), deep learning (DL), and machine learning (ML) is emerging as transformative.<sup>14</sup> This convergence promises a paradigm shift in identifying and targeting individual-specific neoantigens, potentially enhancing vaccine efficacy.<sup>15</sup> The ML's capability to decode the complex tumor antigenic landscape and DL's ability to unravel patterns within vast datasets are instrumental.<sup>16</sup> Studies have highlighted the effectiveness of DL in enhancing the precision of neoantigen identification, marking a significant step towards personalized cancer immunotherapy.<sup>17</sup>

The integration of AI in vaccine design has streamlined the antigen selection process, marking a pivotal moment in oncological research.<sup>18</sup> This convergence promises not only to disrupt the current cancer therapeutic landscape but also to shape a new paradigm in the fight against cancer.<sup>19</sup> However, the realization of this promise is contingent on continuous exploration and rigorous validation through preclinical and clinical studies.

#### REFERENCES

1. Tay BQ, Wright Q, Ladwa R, Perry C, Leggatt G, Simpson F, et al. Evolution of cancer vaccines—Challenges, achievements, and future directions. *Vaccines*. 2021;9(5):535. DOI: 10.3390/vac-

- cines9050535.
2. Kaczmarek M, Poznańska J, Fechner F, Michalska N, Paszkowska S, Napierała A, et al. Cancer vaccine therapeutics: Limitations and effectiveness-A literature review. *Cells*. 2023;12(17):2159. DOI: 10.3390/cells12172159.
  3. Jhunjhunwala S, Hammer C, Delamarre L. Antigen presentation in cancer: Insights into tumour immunogenicity and immune evasion. *Nat Rev Cancer*. 2021;21(5):298–312. DOI: 10.1038/s41568-021-00339-z.
  4. Saleh A, Qamar S, Tekin A, Singh R, Kashyap R. Vaccine development throughout history. *Cureus*. 2021;13(7):e16635. DOI: 10.7759/cureus.16635.
  5. Chhikara BS, Parang K. Global cancer statistics 2022: The trends projection analysis. *Chem Biol Lett*. 2023;10(1):451–451. <https://pubs.thesciencein.org/journal/index.php/cbl/article/view/451>.
  6. Desai R, Coxon AT, Dunn GP. Therapeutic applications of the cancer immunoediting hypothesis. *Semin Cancer Biol*. 2022;78:63–77. DOI: 10.1016/j.semcancer.2021.03.002.
  7. Martinis E, Ricci C, Trevisan C, Tomadini G, Tonon S. Cancer vaccines: From the state of the art to the most promising frontiers in the treatment of colorectal cancer. *Pharmaceutics*. 2023;15(7):1969. <https://doi.org/10.3390/pharmaceutics15071969>.
  8. Okła K, Farber DL, Zou W. Tissue-resident memory T cells in tumor immunity and immunotherapy. *J Exp Med*. 2021;218(4):e20201605. DOI: 10.1084/jem.20201605.
  9. Huff AL, Jaffee EM, Zaidi N. Messenger RNA vaccines for cancer immunotherapy: Progress promotes promise. *J Clin Invest*. 2022;132(6):e156211. DOI: 10.1172/JCI156211.
  10. Martin JD, Cabral H, Stylianopoulos T, Jain RK. Improving cancer immunotherapy using nanomedicines: Progress, opportunities and challenges. *Nat Rev Clin Oncol*. 2020;17(4):251–66. DOI: 10.1038/s41571-019-0308-z.
  11. Marine JC, Dawson SJ, Dawson MA. Non-genetic mechanisms of therapeutic resistance in cancer. *Nat Rev Cancer*. 2020;20(12):743–56. DOI: 10.1038/s41568-020-00302-4.
  12. Perrinjaquet M, Richard Schlegel C. Personalized neoantigen cancer vaccines: An analysis of the clinical and commercial potential of ongoing development programs. *Drug Discov Today*. 2023;28(11):103773. DOI: 10.1038/s41568-020-00302-4.
  13. Geurts V, Kok M. Immunotherapy for metastatic triple negative breast cancer: Current paradigm and future approaches. *Curr Treat Options Oncol*. 2023;24(6):628–43. DOI: 10.1016/j.drudis.2023.103773.
  14. Soori M, Arezoo B, Dastres R. Artificial intelligence, machine learning and deep learning in advanced robotics, a review. *Cogn Robot*. 2023;3:54–70. <https://doi.org/10.1016/j.cogr.2023.04.001>.
  15. Rähni A, Jaago M, Sadam H, Pupina N, Pihlak A, Tuvikene J, et al. Melanoma-specific antigen-associated antitumor antibody reactivity as an immune-related biomarker for targeted immunotherapies. *Commun Med*. 2022;2:48. DOI: 10.1038/s43856-022-00114-7.
  16. Dlamini Z, Francies FZ, Hull R, Marima R. Artificial intelligence (AI) and big data in cancer and precision oncology. *Comput Struct Biotechnol J*. 2020;18:2300–11. DOI: 10.1016/j.csbj.2020.08.019.
  17. Cai Y, Chen R, Gao S, Li W, Liu Y, Su G, et al. Artificial intelligence applied in neoantigen identification facilitates personalized cancer immunotherapy. *Front Oncol*. 2022;12:1054231. <https://DOI.org/10.3389/fonc.2022.1054231>.
  18. Sharma A, Virmani T, Pathak V, Sharma A, Pathak K, Kumar G, et al. Artificial intelligence-based data-driven strategy to accelerate research, development, and clinical trials of COVID vaccine. *BioMed Res Int*. 2022;7205241. DOI: 10.1155/2022/7205241.
  19. Xie N, Shen G, Gao W, Huang Z, Huang C, Fu L. Neoantigens: Promising targets for cancer therapy. *Signal Transduct Target Ther*. 2023;8(1):9. DOI: 10.1038/s41392-022-01270-x.