# A brief note on immunotherapy in pediatric cancers.

## Chang Leone\*

Department of Pathology, American University of the Caribbean School of Medicine, Cupecoy, St. Maarten, Netherlands Antilles

# Introduction

Immunotherapy has emerged as a revolutionary treatment modality in cancer therapy, offering new hope for pediatric patients with cancer. This article provides a brief overview of immunotherapy in pediatric cancers, focusing on the various approaches, challenges, and promising outcomes. Immunotherapy harnesses the body's immune system to selectively target and eliminate cancer cells, minimizing longterm side effects associated with conventional treatments. Key immunotherapeutic approaches in pediatric oncology include immune checkpoint inhibitors, CAR T-cell therapy, and monoclonal antibodies. Early clinical trials and case studies have shown encouraging responses in pediatric patients with certain types of cancers, particularly leukemia and lymphoma. However, challenges such as limited accessibility to clinical trials and potential immune-related toxicities need to be addressed. Collaborative efforts among researchers, clinicians, and regulatory bodies are underway to expand the accessibility and safety of immunotherapy for pediatric cancers. Continued advancements in immunotherapy hold great promise for improving treatment outcomes and enhancing the quality of life for children fighting cancer. Cancer is a devastating disease that affects individuals of all ages, including children. Traditional treatment approaches for pediatric cancers, such as chemotherapy and radiation therapy, have improved survival rates but often come with long-term side effects [1].

In recent years, there has been a paradigm shift in cancer treatment with the emergence of immunotherapy. This groundbreaking approach harnesses the power of the immune system to specifically target and eliminate cancer cells. While immunotherapy has shown remarkable success in adult cancers, its application in pediatric cancers is a rapidly evolving field. Immunotherapy in pediatric cancers offers a promising alternative that not only enhances treatment outcomes but also minimizes the potential long-term complications associated with conventional therapies. This article provides a brief overview of immunotherapy in pediatric cancers, exploring the various immunotherapeutic approaches, their benefits, challenges, and promising outcomes in treating young patients. Cancer is a significant health challenge for children worldwide, and conventional treatment approaches such as chemotherapy, radiation therapy, and surgery can have longterm side effects. In recent years, immunotherapy has emerged as a groundbreaking treatment modality that harnesses the

body's immune system to fight cancer. While immunotherapy has shown remarkable success in adult cancers, its application and effectiveness in pediatric cancers have garnered increasing attention. This article provides a brief overview of immunotherapy in pediatric cancers, exploring the various immunotherapeutic approaches, their benefits, challenges, and promising outcomes in treating young patients [2].

#### *Immunotherapy*

In pediatric cancers utilizes the principles of stimulating or enhancing the body's immune system to recognize and target cancer cells. The main types of immunotherapy used in pediatric oncology include immune checkpoint inhibitors, chimeric antigen receptor (CAR) T-cell therapy, and monoclonal antibodies. These approaches aim to enhance the immune response, selectively target cancer cells, and reduce potential long-term side effects associated with traditional treatments.

#### Immune checkpoint inhibitors

It shows the significant success in adult cancers, and their potential in pediatric cancers is being actively explored. These inhibitors, such as anti-PD-1 and anti-CTLA-4 antibodies, unleash the immune system by blocking inhibitory signals that cancer cells exploit to evade immune detection. Early clinical trials and case studies have demonstrated encouraging responses in pediatric patients with certain types of cancers, including melanoma and Hodgkin lymphoma [3].

CAR T-cell therapy has revolutionized cancer treatment in children and adults alike. This approach involves genetically modifying a patient's T cells to express a chimeric antigen receptor that specifically recognizes cancer cells. CAR T-cell therapy has shown remarkable success in pediatric leukemia, with high response rates and potential for long-term remission. Ongoing research focuses on expanding CAR T-cell therapy to other pediatric solid tumors, such as neuroblastoma and osteosarcoma.

### Monoclonal Antibodies

Monoclonal antibodies are laboratory-produced molecules designed to target specific proteins on cancer cells. They can be used alone or in combination with other treatments. In pediatric oncology, monoclonal antibodies have been employed in the treatment of neuroblastoma, Wilms tumor, and osteosarcoma. These antibodies can directly target cancer

Citation: Leone C. A brief note on immunotherapy in pediatric cancers. J Cancer Immunol Ther. 2023;6(3):154

<sup>\*</sup>Correspondence to: Chang Leone, Department of Pathology, American University of the Caribbean School of Medicine, Cupecoy, St. Maarten, Netherlands Antilles, E-mail: leone\_ch564@hotmail.com

Received: 29-May-2023, Manuscript No. AAJCIT-23-102160; Editor assigned: 01-Jun-2023, Pre QC No. AAJCIT-23-102160(PQ); Reviewed: 15-Jun-2023, QC No. AAJCIT-23-102160; Revised: 19-Jun-2023, Manuscript No. AAJCIT-23-102160(R); Published: 26-Jun-2023, DOI: 10.35841/aajcit-6.3.154

cells, block specific signaling pathways, or deliver toxic substances to the tumor site. Continued research aims to identify new targets and optimize the efficacy of monoclonal antibodies in pediatric cancers [4].

#### **Immunotherapy**

Immunotherapy holds great promise in pediatric cancers, several challenges need to be addressed. Limited availability of clinical trials specifically for pediatric patients, the potential for immune-related toxicities, and the heterogeneity of pediatric cancers pose challenges for implementing immunotherapy in this population. However, collaborative efforts among researchers, clinicians, and regulatory bodies are actively working towards expanding the accessibility and safety of immunotherapeutic approaches for children with cancer. Future directions include exploring combination therapies, developing novel immunotherapies, and implementing precision medicine approaches tailored to individual patients [5].

#### Conclusion

Immunotherapy has revolutionized cancer treatment and has the potential to transform pediatric oncology. Early successes in immune checkpoint inhibitors and CAR T-cell therapy have shown remarkable outcomes in pediatric patients, particularly in certain types of leukemia and lymphoma. However, more research and clinical trials are needed to expand the range of pediatric cancers that can benefit from immunotherapy. Overcoming challenges, such as limited accessibility and potential toxicities, will require ongoing collaborative efforts. By harnessing the power of the immune system, immunotherapy offers new hope for children battling cancer, minimizing long-term side effects, and improving the overall prognosis. Continued advancements in immunotherapy hold the key to unlocking the full potential of treating pediatric cancers and improving the quality of life for young patients.

#### References

- Herrera L, Bostrom B, Gore L, et al. A phase 1 study of Combotox in pediatric patients with refractory B-lineage acute lymphoblastic leukemia. J Pediatr Hematol Oncol. 2009;31(12):936-41.
- Kramer K, Humm JL, Souweidane MM, et al. Phase I study of targeted radioimmunotherapy for leptomeningeal cancers using intra-Ommaya 131-I-3F8. J Clin Oncol. 2007;25(34):5465-70.
- 3. Yu AL, Gilman AL, Ozkaynak MF, et al. Anti-GD2 antibody with GM-CSF, interleukin-2, and isotretinoin for neuroblastoma. N Engl J Med. 2010;363(14):1324-34.
- Robert C, Thomas L, Bondarenko I, et al. Ipilimumab plus dacarbazine for previously untreated metastatic melanoma. N Eng J Med. 2011;364(26):2517-26.
- d'Amore F, Radford J, Relander T, et al. Phase II trial of zanolimumab (HuMax-CD4) in relapsed or refractory noncutaneous peripheral T cell lymphoma. Br J Haematol. 2010;150(5):565-73.