

## Improving and addressing host immune defenses in ovarian cancer.

Nicola G. Carretti\*

Department of Gynecology, University of Siena, Siena, Italy

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### Description

Ovarian cancer immunotherapy began in the 1970s with the finding that women with advanced ovarian cancer have low tuberculin reactivity. It was therefore first tried to increase this reactivity with the use of Bacillus Calmette-Guerin (BCG) by scarification or intradermally repeated administration (2-3 times), depending on the reaction obtained. It was subsequently tested whether the increased nonspecific reaction was effective against homogenates of tumor antigens obtained from the same patients. Finally, BCG was injected directly in the context of very advanced ovarian tumors, intraperitoneally or in subcutaneous metastases. Complete improvements or healings have been observed. The use of intratumoral BCG was extended years later mainly in papillary carcinoma of the bladder where it still represents the golden standard therapy and in cutaneous metastases of melanoma. This presentation discusses the two main mechanisms through which BCG immunotherapy might work (change in Tumor Antigen (TA) presentation and / or change in T1 lymphocyte response through a change in "native trained immunity." The use of BCG could accompany that of checkpoint inhibitors in the immunotherapy of human solid carcinomas.

Nicola Carretti born in 1939 Professor at the Universities of Padua, Ancona and Siena. Privileged fields of research Fetal suffering. He was the first to create with a personal method. Direct electrocardiography of the fetus in the maternal uterus describing various pathological pictures of fetal suffering first. Direct fetal electroencephalography using a suction cup electrode of his own design and thus describing the first aspects of EEGF.

The first to describe the transplacental passage of various classes of antibodies in the mouse. The first to initiate immunotherapy in human solid tumors with the direct injection of BCG in the context of the tumor, obtaining therapeutic healings This method was then used for other forms of cancer (approx. of the bladder, melanoma).

Neuroendocrinology is the first to describe that the changes in free and total tryptophan during the menstrual cycle (mirror of the consumption of cerebral serotonin) are inversely correlated

with the release of gonadotropins) and that this is correlated in the fertile woman to cyclical variations of some parameters of mood (anxiety, depression, anger).

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From this he hypothesized the existence of an estrogen-dependent serotonin brain center that regulates the release of pituitary hormones and emotional variations during the cycle and in menopause. Author of 200 scientific publications on National and International Journals (English and French).

Hysterosalpingography can solve a minor problem, such as minimal adhesions, achieving therapeutic benefit at the same time as a diagnostic test. Today, ultrasound-assisted contrast methods allow good visualization of the contrast passage in the uterine tubes, such as 2d-HyCoSy.

The multidisciplinary approach to tubal patency makes it possible to evaluate diagnostic alternatives and apply novel techniques, supported by existing traditional techniques in a reasonable manner. It is necessary to consider more investigations that contribute information to the joint study between the interactions of the transport factor, and to be able to demonstrate the ascent of the spermatozoa in the genital tract.

### \*Correspondence to

Dr. Nicola G. Carretti

Department of Gynecology

University of Siena

Siena

Italy

E-mail: nicolacarretti@gmail.com

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