



Critical Hurdles in Immunotherapy Paper Published

Since 2008 SITC has hosted a Collaborations Summit in conjunction with its Annual Meetings. These summits were organized by SITC in an effort to facilitate effective collaboration to accelerate delivery of new immunotherapies to patients with cancer regardless of where they live, and is comprised of domestic and international organizations that are similarly interested in promoting research and translation of cancer immunotherapy. In an effort led by SITC Immediate Past President, Bernard Fox, PhD, the organizations prepared a joint publication that defines critical hurdles in cancer immunotherapy. This manuscript was recently published in preliminary form in the *Journal of Translational Medicine*. SITC would like to congratulate the authors and the participating organizations for their efforts in defining these hurdles and advancing clinical immunotherapy strategies to improve cancer outcomes. The abstract is below. To access the full manuscript, [click here](#).

Defining the Critical Hurdles in Cancer Immunotherapy

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Abstract (provisional)

Scientific discoveries that provide strong evidence of antitumor effects in preclinical models often encounter significant delays before being tested in patients with cancer. While some of these delays have a scientific basis, others do not. We need to do better. Innovative strategies need to move into early stage clinical trials as quickly as it is safe, and if successful, these therapies should efficiently obtain regulatory approval and widespread clinical application. In late 2009 and 2010 the Society for Immunotherapy of Cancer (SITC), convened an "Immunotherapy Summit" with representatives from immunotherapy organizations representing Europe, Japan, China and North America to discuss collaborations to improve development and delivery of cancer immunotherapy. One of the concepts raised by SITC and defined as critical by all parties was the need to identify hurdles that impede effective translation of cancer immunotherapy. With consensus on these hurdles, international working groups could be developed to make recommendations vetted by the participating organizations. These recommendations could then be considered by regulatory bodies, governmental and private funding agencies, pharmaceutical companies and academic institutions to facilitate changes necessary to accelerate clinical translation of novel immune-based cancer therapies. The critical hurdles identified by representatives of the collaborating organizations, now organized as the World Immunotherapy Council, are presented and discussed in this report. Some of the identified hurdles impede all investigators, others hinder investigators only in certain regions or institutions or are more relevant to specific types of immunotherapy or first-in-humans studies. Each of these hurdles can significantly delay clinical translation of promising advances in immunotherapy yet be overcome to improve outcomes of patients with cancer.