Editorial

Clinical Cancer Research

Introducing a New Series: Immunotherapy Facts and Hopes

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Introduction

The field of cancer immunotherapy is no longer in its infancy. Two lines of progress in clinical research are achieving true clinical success: (i) checkpoint blockade for solid tumors and (ii) chimeric antigen receptor (CAR) T-cell therapy for lymphoid malignancies (1). *Clinical Cancer Research* (*CCR*) remains highly committed to publishing the best quality original translational research in the field of cancer immunotherapy. In addition, as the team of *CCR* editors dedicated to immunotherapy has recently expanded, we feel a profound obligation to provide the best reviews of the literature for the ongoing education of our readership, which is composed of clinicians and translational scientists in academia and industry.

Rapid innovation and progress certainly generate excitement, but they also require that advances in immunotherapy be promptly and efficiently incorporated into clinical practice. This integration requires the rapid transfer of newly gained knowledge to practicing physicians and translational researchers and an obligation to provide ongoing updates. To address these educational needs in the field of cancer immunotherapy, *CCR* has organized the publication of several review articles, including our new "Facts and Hopes" series. Written by colleagues with expertise in immunotherapy, these reviews represent authoritative, up-to-date, comprehensive presentations designed to explain the benefits of immune-based therapies. We have made a special effort to present the material in a didactic, informative, and accessible style.

Why the Facts and Hopes Review Series?

One of the most challenging aspects of immunotherapy is the perception that it should make a difference in the treatment and management of many different histologic types of cancer. This is best perceived when considering the long list of regulatory approvals for PD-1/PD-L1 agents across various disease indications (2). The classical practice in oncology tends to be organized by pathology. Immunotherapy, along with the mechanism-based "basket trials" it has favored, is seen by many as a broadly applicable modality that will equally benefit all cancers. Precisely because of this optimistic, but probably incorrect, expectation, we have decided that a state-of-the-art series of informative reviews on immunotherapy in cancer should be focused on each pathology or group of pathologies and should not be a generalized compendium.

To commission and guide this series of reviews, we followed two rules: (i) identify authors who would authoritatively cover the field from a translational perspective, (ii) invite each review focused around areas of major progress in a particular disease. The collection commenced publication in 2017 and will be ongoing as new developments are established (3–8).

The designation of the series "Facts and Hopes" represents its intention to cover and critically discuss both the published human evidence and the ongoing research in the form of clinical trials as well as relevant preclinical experimentation. Indeed, the reviews are intentionally written in both past and future tenses, while carefully differentiating realities from aspirations. As a result, this series provides an advanced and accurate disease-by-disease textbook of immunotherapy.

Where Will the Next Breakthrough in Immunotherapy Come From?

We are continually witnessing incremental advances aimed to be translated to clinical reality in immunotherapy across multiple malignant diseases. In this climate of rapid progress, many areas of investigation are being pursued in the quest for immunotherapies that have fewer side effects, are more efficacious, less complicated, and more economical. This is somewhat dangerous territory because previous experience has taught us that therapeutic efficacy of immune therapies cannot be readily predicted and requires considerable preclinical and clinical developments. We already know many cancer patients do not benefit from checkpoint inhibitory therapies. There is considerable effort currently being expended on the search for even better strategies that currently remain unpredictable. Explorations of cancer neoantigens, use of antitumor $CD4^+$ T cells, reprogramming myeloid cells, defining the bona fide nature of regulatory T cells, therapies deleting or deactivating selected subsets of suppressor cells, use of virotherapies, *in situ* delivered immunotherapies, better armed and targeted CAR T cells, immune metabolism, cancer antigen cross-priming, microbiome manipulation, creative multifunctional biotechnology, and T-cell trafficking are among the long list of immunotherapeutic strategies in which decisive progress is expected in the near future.

CCR is deeply committed to providing clinicians and researchers with a fair and dynamic forum, cognizant of the time-sensitive nature of the current trends, for cancer immunology and immunotherapy. With an established group of *CCR* editors responsible for immunotherapy manuscripts, we have embarked on a team effort to select the best submissions and guide the review process in a rapid and reasonable fashion.

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What Type of Immunotherapy Articles Are We Seeking?

We are facing an avalanche of high-quality immunotherapy submissions at *CCR*, and our job is to select those that are best suited to the translational and clinically oriented interests of our readers. We especially appreciate early clinical trial reporting, provided it includes correlative and mechanistic science. Predictive biomarker articles are also in our fine focus, as we are committed to fostering a precision medicine approach in the immunotherapy field. *CCR* also considers translational science in cellular biology and animal tumor models that are perceived to be translational and clinically applicable. The results reported by these articles must be novel and of the highest scientific quality. Additionally, we encourage submissions reporting on exciting new clinical/translational research introduced at national and international immunotherapy meetings. We also want the authors to be aware that, even when a study is scientifically sound and interesting, some manuscripts may be a better fit for the scope of one of our sister journals, for instance, *Cancer Immunology Research* or *Cancer Research*. In those instances, after confidential consultation with authors and editors, we have a dynamic system in place for authors to effortlessly transfer manuscripts within the AACR journal family and, when applicable, authors can choose to share reviewer comments to help expedite decisions.

We look forward to receiving manuscripts conveying your exciting clinical science. We recognize our significant niche among biomedical publications, and we are aware of the growing prestige of our journal. In immunotherapy, the *CCR* editorial team is well balanced with editorial expertise covering most aspects of cancer immunotherapy. Our vocation is to offer fair, rapid and thorough evaluations leading to timely decisions and external promotion of *CCR* publications.

As an addendum to the "Facts and Hopes" series being published in *CCR*, we are providing the readership with these comments to convey the journal's and our commitment to featuring progressive advances in cancer immunotherapy. We hope to become a forum for a comprehensive, informative, and cutting-edge discussion on clinical progress in this bourgeoning field.

In conclusion, we will keep providing structured information in the form of timely and comprehensive reviews that are up-to-date, balanced, and instructive. In that sense, we hope that you will find our "Facts and Hopes" series useful.

Disclosure of Potential Conflicts of Interest

I. Melero reports receiving commercial research grants from Alligator, BMS, and Roche and is a consultant/advisory board member for Bayer, Bioncotech, BMS, Medimmune, Roche Genentech, and Tusk. M. Sznol is a consultant/advisory board member for Adaptimmune, Adaptive Biotechnologies, Agonox, Alexion, Amphivena, Arbutus, AstraZeneca/Medimmune, Baxalta-Shire, Biodesix, Bristol-Myers, Celldex, Genentech-Roche, Gritstone, Ignyta, Immune Design, Incyte, Inovio, Intensity, Janssen/Johnson and Johnson, Kyowa-Kirin, Lilly, Lion Biotechnologies, Lycera, Merck, Modulate Therapeutics, Molecular Partners, Nektar, Newlink Genetics, Novartis, Omniox, Pfizer, Pieris, Pierre-Fabre, SalvaRx, Seattle Genetics, Symphogen, Theravance, and Vaccinex. No potential conflicts of interest were disclosed by the other authors.

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