#### Immune Lure Therapy

#### An Open-Source Framework for Universal Cancer Targeting

#### By Mr Unpatentable

#### Abstract

Cancer remains one of humanity's most persistent and complex adversaries, defying decades of research with its ability to mutate, evade, and resist treatment. Immune Lure Therapy proposes a radical new approach: a modular system that uses synthetic decoy molecules to attract and activate immune cells directly at tumour sites. By mimicking cancer-specific markers and triggering targeted immune responses, this therapy bypasses the limitations of chemotherapy, radiation, and even current immunotherapies. It is designed to be universal—adaptable to all known cancer types—and upgradeable through Al-driven prediction tools that model tumour evolution and immune dynamics. Released as an open-source framework, Immune Lure Therapy invites global collaboration, unrestricted innovation, and ethical deployment. This is not a product—it is a blueprint for a cure. Lives saved are the only metric that matters.

#### S1. Introduction

Cancer is not a single disease—it is a shapeshifter. It mutates, adapts, and evolves within the body, often faster than medicine can respond. Traditional treatments like chemotherapy and radiation attack broadly, damaging healthy cells alongside malignant ones. Even modern immunotherapies, while promising, are often limited by specificity, cost, and the complexity of individual immune systems.

What's needed is a universal, modular, and adaptive approach—one that doesn't rely on brute force or narrow targeting but instead turns the immune system into a guided weapon. Immune Lure Therapy is that approach.

This framework proposes a new class of synthetic molecules designed to mimic cancer-specific markers and lure immune cells directly to tumour sites. These "lures" act as bait, triggering localized immune activation and destruction of cancer cells. The system is modular, allowing rapid adaptation to different cancer types and mutations. It is also upgradeable, with AI tools that predict tumour evolution and optimize immune engagement.

Most importantly, this therapy is open source. No patents. No proprietary restrictions. It is released freely to the world, with the belief that collaboration—not competition—is the key to curing cancer.

#### S2. Mechanism of Action

Immune Lure Therapy operates on a simple but powerful principle: attract, activate, annihilate.

#### 1. Attraction

Synthetic molecules are engineered to mimic surface markers found on cancer cells. These molecules are introduced into the body and bind preferentially to tumour sites. Their structure is designed to be highly visible to immune cells—especially macrophages, dendritic cells, and cytotoxic T cells.

#### 2. Activation

Once bound, the lure molecules emit localized signals—chemical or structural—that trigger immune activation. This may include:

- Presentation of neoantigens
- Release of cytokines
- Engagement of toll-like receptors

These signals recruit and activate immune cells in the immediate vicinity of the tumor.

#### 3. Annihilation

Activated immune cells begin targeted destruction of cancer cells. The process is amplified by the presence of multiple lures, creating a feedback loop of immune engagement. Unlike systemic therapies, this approach minimizes collateral damage to healthy tissue.

#### 4. Modularity

Each lure molecule can be customized to match specific cancer types. A library of cancer markers allows rapid design and deployment of new lures as needed.

Next section: Universal Targeting Library and Al Integration.

## S3. Universal Targeting Library

Cancer is not static—it mutates, diversifies, and hides. To counter this, Immune Lure Therapy is built on a **modular targeting system** that can adapt to any known cancer type and evolve alongside it.

## **Marker-Based Modularity**

Each cancer type expresses unique surface markers—proteins, glycoproteins, or mutated antigens. These markers are catalogued into a **Targeting Library**, which serves as the blueprint for designing lure molecules.

Examples include:

- HER2 (breast cancer)
- EGFR (lung cancer)
- PSA (prostate cancer)
- CA-125 (ovarian cancer)
- CD20 (lymphomas)
- KRAS mutations (pancreatic, colorectal)

Each marker is matched with a synthetic lure that mimics its structure and binds preferentially to tumour cells.

#### **Rapid Adaptation**

New markers can be added to the library as they're discovered. The modular design allows researchers to swap in new lures without redesigning the entire system.

#### **AI-Enhanced Matching**

Al tools analyse patient data, tumour genomics, and immune profiles to recommend optimal lure combinations. This enables personalized therapy with minimal trial-and-error.

#### S4. Al Integration

Artificial Intelligence is the engine that powers the adaptability of Immune Lure Therapy. It transforms a static treatment into a dynamic, evolving system.

#### **Predictive Modelling**

Al algorithms simulate:

- Immune cell behaviour in response to lure molecules
- Tumour growth and mutation patterns
- Potential immune evasion strategies

This allows researchers to anticipate how a tumour might evolve and pre-emptively adjust the therapy.

#### Personalized Therapy

By analysing patient-specific data—genetics, immune markers, tumour biopsies—AI can tailor lure combinations to maximize effectiveness and minimize side effects.

# **Optimization Engine**

Machine learning models continuously refine:

- Lure molecule design
- Dosage and delivery timing
- Immune activation thresholds

This creates a feedback loop where the therapy improves with each application.

## S5. Deployment Strategy

Immune Lure Therapy is designed to be deployable across a wide range of research environments—from advanced biotech labs to grassroots medical initiatives. Its modularity and open-source nature make it uniquely suited for rapid testing and iteration.

#### **Laboratory Testing**

- In vitro: Lure molecules can be tested on cultured cancer cells to observe immune activation.
- In vivo: Animal models can validate targeting accuracy and immune response dynamics.

# **Clinical Pathways**

- Phase I Trials: Safety and dosage calibration using generalized lure sets.
- Phase II Trials: Efficacy testing with personalized lure combinations.
- Compassionate Use: In regions with limited access to advanced therapies, Immune Lure Therapy offers a low-cost, adaptable
  alternative.

# **Delivery Systems**

- Injectable formulations
- Nanoparticle carriers
- Localized implants for solid tumours

The therapy is designed to be compatible with existing medical infrastructure, minimizing barriers to adoption.

# S6. Tables (\*\*Markers can be added / removed to table. This allows a (directory to be built up) thus keeping the process the same but just amending the markers for procedure\*\*).

# 1. Cancer Marker Targeting Table

Cancer Type	Common Marker(s)	Lure Molecule Target	<u>Notes</u>
Breast Cancer	HER2	HER2 mimic peptide	Overexpressed in ~20% cases
Lung Cancer	EGFR	EGFR decoy ligand	Target for NSCLC
Prostate Cancer	PSA	PSA-binding aptamer	Highly specific
Ovarian Cancer	CA-125	CA-125 mimic protein	Used in early detection
Lymphoma	CD20	CD20-targeting lure	Common in B-cell lymphomas
Pancreatic Cancer	KRAS mutation	KRAS mimic peptide	Often drug-resistant

# 2. Al Tool Functions Table

Al Tool Name	<u>Function</u>	Input Data Required	<u>Output</u>
Immune Response Sim	Simulates immune cell behaviour	Lure design, immune profile	Activation map
Cancer Evolution Predictor	Forecasts tumour mutation pathways	Tumour genomics, treatment history	Mutation risk profile
Target Match Engine	Matches cancer markers to lure designs	Marker database, patient data	Optimal lure combinations
Personalization Module	Tailors therapy to individual patients	Genetic profile, immune markers	Custom treatment protocol

# **S7 Visual Diagram: Mechanism Overview**

# Immune Lure Therapy – Core Mechanism

This diagram illustrates the flow from lure deployment to immune engagement and tumour elimination. Each step is modular and customizable based on cancer type.

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[ Tumour Surface Marker Mimic]

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[ Immune Cell Attraction]

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[ Localized Activation]

# **S8. Mock Simulation Output**

# AI-Predicted Immune Response (HER2+ Breast Cancer)

 Variable
 Value

 Lure Binding Affinity
 92%

 T Cell Recruitment
 High

 Cytokine Release (IL-2, IFN-γ)
 Elevated

 Off-Target Activation
 Minimal

Predicted Tumour Regression 65% over 14 days

# S9. Expanded Marker Library

<u>Marker</u>	<u>Cancer Type</u>	<u>Lure Type</u>	<u>Notes</u>
HER2	Breast	Peptide mimic	Overexpressed in ~20% cases
EGFR	Lung	Decoy ligand	Target for NSCLC
PSA	Prostate	Aptamer	Highly specific
CA-125	Ovarian	Protein mimic	Used in early detection
CD20	Lymphoma	Antibody fragment	Common in B-cell lymphomas
KRAS	Pancreatic/Colorectal	Peptide mimic	Often drug-resistant
BRAF V600E	Melanoma	Peptide mimic	Mutation-specific targeting
MUC1	Multiple	Glycoprotein mimic	Broad-spectrum potential
NY-ESO-1	Sarcoma	Cancer-testis antigen	Immunogenic target

# S10. Prototype Lab Protocol

**Objective**: Validate lure binding and immune activation in vitro.

## Materials:

- HER2+ breast cancer cells
- HER2-mimic lure molecule (fluorescently tagged)
- Human PBMCs
- ELISA kit (IL-2, IFN-γ)
- Flow cytometry reagents

# Steps:

- 1. Incubate cancer cells with lure molecule
- 2. Wash and image for binding

<sup>\*</sup>Note: Data simulated using basic immune modelling tools. For illustrative purposes only.

- 3. Add immune cells and incubate 24–48 hrs
- 4. Measure cytokine release and activation markers

**Expected Outcome**: Specific binding, elevated cytokines, immune cell activation.

# S11. Contributor Guide

# How to Build on Immune Lure Therapy:

- Add new markers and lure designs to the library
- Run lab tests and share protocols
- Develop AI modules for personalization
- Translate into clinical trial pathways
- Fork the project on GitHub and submit pull requests

## S12. Glossary

Term	Definition
Lure Molecule	Synthetic compound mimicking cancer markers
Surface Marker	Protein or antigen expressed on tumour cells
Cytokine	Immune signalling molecule
PBMC	Peripheral blood mononuclear cell
Aptamer	Short DNA/RNA molecule that binds targets
Al Module	Software that predicts or optimizes therapy

# What Makes It Different

Feature	Traditional Therapies	Immune Lure Therapy
Targeting	Broad or highly specific	Modular, universal
Immune Activation	Systemic or engineered	Localized, lure-triggered
Adaptability	Static	Al-driven, evolving
Accessibility	Proprietary, costly	Open-source, global
Infrastructure	Specialized	Compatible with existing systems

# Pressure-Tested Weak Points & Fixes

Domain	Challenge	Mitigation	Next Step
Scientific Validity	Off-target immune activation	Negative selection protocols	Safety filter in AI
AI Accuracy	Real-world immune complexity	Federated learning, uncertainty scores	Confidence scoring

	Regulation	Trial approval barriers	Academic & grassroots pathways	Regulatory roadmap
Tumour Evolution Immune escape		Immune escape	Mutation tracking	Surveillance module
	Accessibility	Low-resource deployment	Offline protocols	Field-ready kits
	IP Protection	Commercial exploitation	CC BY-NC license, prior art	Copyleft clause
	Translation	Human immune system variability	Humanized models	Fidelity checklist

## S13. Open-Source Declaration

This therapy framework is released freely and without restriction. Anyone may use, adapt, test, or build upon it. The goal is to accelerate global collaboration toward a universal cancer cure. Attribution to Mr Unpatentable is appreciated. Lives saved are the only metric that matters.

No patents. No proprietary control. This is science for humanity.

## S14. Call to Action

To researchers, clinicians, biohackers, and institutions:

You are invited to join a movement—not a company, not a brand, but a global collaboration. Print this paper. Share it. Test it. Improve it. Build your own version. Publish your results. Save lives.

Immune Lure Therapy is not the final answer—it is the beginning of a new way to fight cancer. One that belongs to everyone.

"Let the cure belong to the world."

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