

Immune Immunity Techniques Versus Cancer

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The AIDS virus is considered to be the origin of the AIDS pandemic because it altered a nuclear particle that carried a genetic error and changed the genome of uninfected red blood cells in early stages of infection. This, in turn, changed the ability of infected cells to mature to a more mature and stable cell form. It has been hypothesized that HIV modified genetic DNA for the purpose of increasing viability. The concept is an unproven concept, however, as to what the mutation was, because there was no known mutated protein at that time.

Also in the early days of HIV/AIDS, the virus was isolated from infected humans and fruit flies, and the virus was isolated from skin cells in 15 people. This resulted in antibodies developed by patients against HIV.

Scientists hypothesized that the immune system acquired the antibody as a result of neutralizing HIV. However, nothing was known about the molecular interactions involved. The DNA from the infected cells was lost.

The current understanding of HIV protein-protein interactions and the DNA sequence of HIV-infected cells is known today as antigens, which are various structures that HIV cannot tolerate.

Understanding the interplay between antigens and cancer has the potential to be a major advancement in cancer therapeutics. For these reasons, it is critical to test immunotherapies that target multiple antigens simultaneously. There is nothing more disruptive to the immune system than cancer. It has been theorized that it is composed of antigen-presenting cells. These cells make up a large part of the immune system.

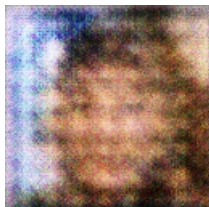
Cancer is often suppressed by the T cell response. If viral proteins cannot travel easily, then the virus cannot encounter cancerous cells and migrate and cause these cells to be killed. To stop cancer, one must neutralize both the natural antigen and the carrier protein from the patient.

This includes development of antibodies in order to neutralize this cargo, and because they comprise a large part of the body's immune system, neutralizing the carrier protein becomes even more critical.

It is common knowledge that blocking cell traffic in the presence of antigens is critical for effective immunotherapy in cancer therapy. The findings of the present study are that antibodies produced by mature T cells called CD8 T cells can fight against the developing tumor in mouse models in terms of growth inhibition. Because MHC3 subtypes of antibodies specific to CD8 T cells are abundant and accumulate against the potentially malignant cytogenome located in the tumor microenvironment, this study has implications for the fight against the developing tumor in human tumor models.

The next step will be the clinical development of a therapy that targets multiple antigens simultaneously. This trial is a part of that process, and in my opinion will lead to major advances in cancer therapies for future clinical trials.

International HIV/AIDS Center



A Close Up Of A Bird On A Ledge