Cancer immunotherapy has not only come of age, but has more ongoing clinical trials than any other area of cancer research. Already nine antibody products are approved as cancer therapeutics in the United States, six as naked monoclonal antibodies (mAb), one as a drug immunoconjugate, and two as radioimmunotherapy agents (1), and most have expanded their allowed indications since approval. These are truly examples of a "targeted therapy" of cancer. In this regard, mAbs are excellent examples of the paradigm of "stratified medicine," which uses a clinical biomarker assessment to select patients for a specific therapy (2). However, the development of antibody-based biologics has been a long and difficult road to travel, as evidenced in the proceedings of this conference over the past 27 years (3–12). Although emphasizing radiolabeled antibodies, I believe this work served as an impetus for the identification and development of various forms and uses of mAbs targeted against cancer antigens and receptors. Indeed, we progressed from polyclonal antibodies, murine mAbs, to chimeric, humanized, and now fully human mAbs. In the future, we will be presented with bifunctional and even multifunctional mAbs targeting different antigens and different epitopes of the same antigen. As is now practiced for naked mAb therapy, combination modalities involving antibodies increasingly will become adopted in the practice of cancer management, including new forms of antibody-based imaging agents.

This 11th conference, which included over 40 presentations, is represented here by 22 articles that span the use of antibodies, drug immunoconjugates, and radioimmunoconjugates of various types for a number of different cancers, both hematologic and solid tumors. I am especially pleased that five articles involving pretargeting approaches are included. Pretargeting is a new method of radioimmunotherapy whereby the tumor-targeting naked mAb is separated from the subsequent delivery of a radioactive effector molecule, and which seems to improve tumor-to-background ratios and the radiation doses delivered to the tumor, as reviewed elsewhere (13–16). Indeed, already the first clinical evidence of a survival benefit in a solid tumor has been reported for pretargeted radioimmunotherapy (17) and this is now the basis of a second generation of an improved radioimmunotherapy strategy using a new platform technology, called the dock-and-lock method (18, 19). However, pretargeted radioimmunotherapy may be a prototype for delivering other molecules for imaging or therapy of diseases having target antigens against which antibodies can be developed for targeting.

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