



Cytokines in Clinical Cancer Immunotherapy

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Message from the Guest Editors

The application of immunotherapy in clinical practice has significantly benefited cancer patients, particularly those with advanced disease. However, not all patients respond to immunotherapy. In combination with other regimens (e.g., chemotherapy, targeted therapy, and radiotherapy), improvement in patient survival suggests that interactions among immune cells, cancer cells, and microenvironments exist. Obtaining a better understanding of the potential mechanisms underlying these interactions, identifying the factors that affect these interactions and the efficacy of immunotherapy, evaluating the efficacy of combinations of different regimens, and identifying predictive and prognostic markers may help us to design better strategies for use in treatment and clinical practice. Current cancer immunotherapies include immune checkpoint inhibitors (ICIs), adoptive cell therapies (tumor-infiltrating lymphocytes (TILs), engineered T cell receptor therapy (TCR-T), CAR T cell therapy, and Natural Killer cell therapy), monoclonal antibodies, oncolytic virus therapy, cancer vaccines, and immune system modulators such as interleukins (IL) and interferons (IFN).





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Message from the Editor-in-Chief

Cancers (ISSN 2072-6694) is an international, online journal addressing both clinical and basic science issues related to cancer research. The journal will continue its open access format, which will certainly evolve to ensure that the journal takes full advantage of the rapidly changing world of information and knowledge dissemination. It publishes high-quality clinical, translational, and basic science research on cancer prevention, initiation, progression, and treatment, as well as other related topics, particularly to capture the most seminal studies in the rapidly growing area of immunology, immunotherapy, and tumor microenvironment.

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