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## Immunocyto/Histochemistry in the Era of Immunotherapy

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### Message from the Guest Editors

Immunotherapy in oncology is a breakthrough in the treatment of cancer. Treatment of cancer with immune checkpoint inhibitors (ICI) capable of unleashing T cells to exponentially expand and kill transformed cells, is the most recent and appealing treatment strategy being developed in the last decade. ICIs have been improving the survival of cancer patients. Nevertheless, not all patients respond and some of them show severe autoimmune toxicities and only 20–30% of treated patients present long term benefits. It is compelling to validate predictive and prognostic biomarkers to identify patients who are most likely to benefit from immunotherapy upfront and those who need to integrate/combine the immune-treatment with other strategies that can synergize the otherwise useless immunotherapy treatment. While some predictive factors of response to ICIs have been proposed, including PD-L1 expression, high tumor mutational burden, and mismatch repair gene defects, reliable biomarkers for the resistance to treatment are still lacking. This is in part due to the complexity of the tumor immune microenvironment and its impact on the immune drug efficacy.



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