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... highlights the groundbreaking work of James Allison, Chair of the Sloan Kettering Institute's Immunology Program, and medical oncologist and immunologist Jedd Wolchok.

In an [article describing the history and promise of immunotherapy for cancer treatment](#), the April 23 edition of *The New Yorker* highlights the groundbreaking work of James Allison, Chair of the [Sloan Kettering Institute's Immunology Program](#), and medical oncologist and immunologist [Jedd Wolchok](#).



Medical oncologist and immunologist Jedd Wolchok (left) and Immunology Program Chair James Allison

Research in Dr. Allison's laboratory has resulted in the development of ipilimumab (Yervoy TM), an innovative cancer therapy that works by manipulating a patient's immune system. Dr. Wolchok led the clinical research that brought patients this drug, which was [approved by the FDA for the treatment of advanced melanoma in March 2011](#). Ipilimumab is the first drug shown to help patients with this aggressive form of [skin cancer](#) live longer.

In the article, titled "The T-Cell Army," Dr. Allison says, "This is a drug unlike any other drug you know. You are not treating the

cancer — you are treating the immune system.”

The Path from the Laboratory to the Clinic

In the 1990s, Dr. Allison discovered a molecule called CTLA-4, which plays a role in preventing the immune system from attacking the body’s own tissues. Together with his colleagues and a biotechnology company, Dr. Allison produced an antibody-based drug that can temporarily block the function of CTLA-4, allowing the immune system to attack cancer cells.

Early on, some scientists and pharmaceutical companies expressed skepticism about the feasibility of Dr. Allison’s endeavor. But as he told *The New Yorker*, he “wanted to be the advocate who is keeping it in everybody’s face,” while continuing his research.

Over the years, Drs. Allison and Wolchok and other Memorial Sloan Kettering investigators kept their focus on the promise they saw in the therapy, pursuing preclinical and clinical studies of ipilimumab. In some patients for whom there were no other treatment options, they saw remarkable responses.

One particularly dramatic story of an early clinical trial participant, shared with *The New Yorker*, involves a young woman with advanced [melanoma](#) who had exhausted all available treatments. Today, eight years after receiving ipilimumab, she continues to be cancer-free.

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The Future of Immune Therapy for Treating Cancer

The investigators are now exploring ways to extend the usefulness of ipilimumab — for example, by giving it in combination with other drugs. “The future,” Dr. Wolchok said to *The New Yorker*, “is about thoughtful combinations, different antibodies, perhaps with targeted therapies.” The drug is also showing promise for the treatment of a number of cancers in addition to melanoma — including tumors of the lung and prostate.

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