	Hepatoma ranks the first on the cancer mortality list in Taiwan, and there are currently no other effective treatment options for advanced HCC. Therefore, alternative medical intervention is needed to improve the survival and quality of life of these patients. Dendritic cells are the most potent type of antigen presenting cells in the human body, and are involved in the regulation of both innate and adoptive immune responses. If we use matured antigen presenting cells pulsed in vitro with appropriate tumor associated antigens under optimal activation conditions. It is anticipated that such treatment might generate or reactivate a cytotoxic T lymphocyte response against tumor cells and thereby inhibit tumor growth. Although there are excited results of tumor vaccine in animal models but successful clinical tries are rare. There are still some problems needed to be resolved such as immune deficiency of the cancer patients or the defect of T cell receptors or the problems of tumor escape. There are complex compositions in tumor cells to be a tumor antigen that will influence the efficacy of tumor vaccine, so we are going to use tumor lysate to be a tumor antigen. In this study, the generation of dendritic cells from the patient's peripheral blood will use rhGM-CSF and rhIL-4 as stimulating factors, and matured dendritic cells will pulse with tumor lysate, the ex vivo T cell cytotoxicity for the primary tumor cell will be test. We hope to cooperate with basic study group in our hospital to do more ex vivo tests and clinical trials in the future.	
Active, not recruiting	Vaccine Therapy Compared With Interferon Alfa in Treating Patients With Stage III Melanoma Condition: Melanoma (Skin) Interventions: Biological: BCG vaccine; Biological: autologous tumor cell vaccine; Biological: recombinant interferon alfa; Drug: chemotherapy; Drug: cyclophosphamide 1999	BCG vaccine/autologous tumor cell vaccine/rIFN alfa: DNP-Modified Autologous Tumor Vaccine or IFN-Alpha-2b.
	OBJECTIVES: I. Compare the relapse-free and overall survival rates in patients with stage III melanoma treated with autologous tumor vaccine versus interferon alfa-2b as postsurgical adjuvant therapy. II. Compare the safety and tolerability of these regimens in this patient population. **OUTLINE**: This is a randomized, open-label, multicenter study. Patients are stratified according to number of metastatic lymph node sites (1 vs more than 1), number of positive lymph nodes in a single site (none vs 1 or more), presence of intransit metastases (yes vs no), and evidence of extranodal extension (yes vs no). Patients are randomized to one of two treatment arms. Arm I: Patients receive autologous tumor cell vaccine intradermally once a week for 7 weeks followed by a booster injection at 6 months. BCG is given concurrently with vaccine as an immune-stimulator for doses 2-8. Patients also receive cyclophosphamide 6 days after the first vaccine injection. Arm II: Patients receive interferon alfa-2b IV for 5 consecutive days a week for 4 weeks followed by maintenance doses given subcutaneously 3 times a week for 48 weeks. Patients are followed monthly for 1 year, every 2 months for 1 year, every 3 months for 1 year, and then every 6 months for 2 years. **PROJECTED ACCRUAL**: A total of 386-425 patients will be accrued for this study.	
Recruiting	Vaccine Therapy in Treating Patients With Stage III, Stage IV, or Relapsed Non-Small Cell Lung Cancer Treated With First-Line Chemotherapy Condition: Lung Cancer Intervention: Biological: Ad100-gp96Ig-HLA A1 2007	Ad100-gp96Ig-HLA A1: Novel Tumor Vaccine gp96-Ig Fusion Protein. gp96-vaccineと比較gp96-Ig and HLA A1 transfected Non-Small Cell Lung Cancer cell
	Immunoresponse: CD8, CD4 and NK response. **Overall Goals**:- to evaluate the safety and induction of anti-tumor immunity by administration of an immunogenic human tumor cell vaccine, and assess immune response in relation to clinical outcome. **Primary**:- to evaluate the safety of administering a heat shock protein gp96-Ig-secreting allogeneic tumor cell-vaccine (gp96-Ig vaccine) in patients with advanced NSCLC. **Secondary** Aims:to study the immune response to vaccination, to monitor clinical responses and to recommend a dose-schedule combination for further testing in an initial Phase II trial of vaccine efficacy	
Active, not recruiting	Vaccine and Chemotherapy for Previously Untreated Metastatic Breast Cancer Conditions: Breast Neoplasms; Metastases, Neoplasm	recombinant fowlpox-CEA(6D)/TRICOM vaccineと recombinant vaccinia-

	Interventions:	Biological: recombinant fowlpox-CEA(6D)/TRICOM vaccine; Biological: recombinant vaccinia-CEA(6D)/TRICOM vaccine; Biological: filgrastim; Biological: sargramostim; Drug: cyclophosphamide; Drug: doxorubicin hydrochloride; Drug: fludarabine phosphate; Drug: paclitaxel 2002	CEA(6D)/TRICOM vaccine.G-CSF, GM-CSF Clinical evaluation and tumor measurements by imaging +OS
	This study will evaluate the effectiveness of chemotherapy and a combination of vaccines to treat metastatic breast cancer (breast cancer that has spread beyond the breast) in patients whose cancer cells have a protein called CEA on their surface. Patients who require surgery or radiation therapy, or both, will receive these treatments as well. Patients 18 years of age and older with previously untreated metastatic breast cancer may be eligible for this study. Newly diagnosed patients may not have received prior chemotherapy. Patients previously diagnosed with local disease may have received chemotherapy or radiation therapy at least 18 months before entering the current study. Patients may have received hormonal therapy for stage IV disease. Candidates are screened with a medical history and physical examination, blood and urine tests, x-rays, heart and lung tests, and a test to determine the presence of CEA on their tumor cells. Participants undergo the following procedures: Central venous line: Under local or general anesthesia, an intravenous catheter (plastic tube) is inserted into a major vein in the chest. It is used to give chemotherapy and other medications and to withdraw blood samples. Apheresis: Before beginning treatment and at various times before and after chemotherapy, patients undergo apheresis to collect white blood cells for later re-infusion at the time of immunizations and to evaluate the body's response to the vaccines. For this procedure, blood is collected through the central venous catheter and circulated through a machine that separates the white cells from the rest of the blood. The white cells are removed and frozen for later use. The rest of the blood is returned to the patient through the catheter. **First vaccine:** Before starting chemotherapy, patients receive one subcutaneous (under the skin) injection of a vaccine called rV-CEA-Tricom, along with subcutaneous injections of GM-CSF (Sargramostim), a drug that stimulates the bone marrow to release white blood cells and white cell precursors into the bloodstream. **Chemotherapy:** Taxol (paclitaxel)/Cytoxan (cyclophosphamide): Patients receive three to five cycles of Taxol and Cytoxan. Taxol is given as a continuous 72-hour intravenous (IV, through a vein) infusion and Cytoxan is given daily for 3 days, intravenously, over 1 hour. Cycles are 21 to 42 (usually 28) days. After each cycle, patients also receive G-CSF (a drug that helps boost white cell		
Active, not recruiting	Phase II Study of CDX-110 in Patients With Glioblastoma Multiforme		CDX-110 (tumor specific molecule called EGFRvIII,) with GM-CSF:
	Condition:	Malignant Glioma	
	Interventions:	Drug: CDX-110 with GM-CSF; Drug: temozolomide 2007	
	PFS, Immune response; antibody response to vaccine. Immune response; HLA typing. OS. This study is designed to evaluate the clinical activity of CDX-110 vaccination when given with standard of care treatment (maintenance temozolomide therapy). Study treatment will be given until disease progression and patients will be followed for long-term survival information. Efficacy will be measured by the progression-free survival status at 5.5 months from the date of first dose.		
Active, not recruiting	Monoclonal Antibody Therapy in Treating Patients With Ovarian Epithelial Cancer, Melanoma, Acute Myeloid Leukemia, Myelodysplastic Syndrome, or Non-Small Cell Lung Cancer		ipilimumab: Anti-Cytotoxic T-Lymphocyte-Associated Antigen-4 (Anti-CTLA-4) Humanized Monoclonal Antibody. Biologic activity by radiology and pathology every 2 months
	Conditions:	Leukemia; Lung Cancer; Melanoma (Skin); Myelodysplastic Syndromes; Myelodysplastic/Myeloproliferative Neoplasms; Ovarian Cancer	
	Intervention:	Biological: ipilimumab 2002	

	OBJECTIVES:Determine the safety of anti-cytotoxic T-lymphocyte-associated antigen-4 monoclonal antibody in patients with ovarian epithelial cancer, melanoma, acute myeloid leukemia, myelodysplastic syndromes, or non-small cell lung cancer not previously treated with sargramostim (GM-CSF)-based autologous tumor vaccines. Determine, preliminarily, the biologic activity and efficacy of this drug in these patients. **OUTLINE**: Patients receive anti-cytotoxic T-lymphocyte-associated antigen-4 monoclonal antibody IV over 90 minutes on day 1. Courses repeat every 2 months in the absence of disease progression or unacceptable toxicity. Patients are followed monthly until disease progression.	
Completed	Safety and Immunological Response Rate Study of THERATOPE® Vaccine in Metastatic Breast Cancer Patients Condition: Breast Neoplasms Intervention: Drug: THERATOPE® vaccine 2002	THERATOPE® vaccine: consists of a synthetic version of the tumor-associated antigen Sialyl Tn (STn) linked to the protein carrier, keyhole limpet hemocyanin (KLH),
	The purpose of this study is to examine the immunological response rate to administration of the THERATOPE® vaccine in women with stable metastatic breast cancer who are being treated with aromatase inhibitors or Faslodex® and who do not require chemotherapy. Post-menopausal women on aromatase inhibitors or Faslodex® alone and pre-menopausal women on aromatase inhibitors plus luteinising hormone-releasing hormone (LH/RH)-agonist may be eligible to be enrolled. Patients must not have had radiotherapy or major surgery within four (4) weeks prior to entering the study. Information about the safety and tolerability of administration of the THERATOPE® vaccine will also be gathered during the course of the study.	
Recruiting	Novel Adjuvants for Peptide-Based Melanoma Vaccines Condition: Melanoma Intervention: Biological: MDX-CTLA4 Antibody; Tyrosinase/gp100/MART-1 Peptides Melanoma Vaccine 2002	MDX-CTLA4 Antibody; Tyrosinase/ gp100/MART-1 Peptides Melanoma Vaccine. The peptides are tyrosinase 368-376 (370D); gp100 209-217 (210M); and MART-1 26-35 (27L)
	In the Phase I/II trial, patients with resected stages III and IV melanoma who have been rendered free of disease, but are at high risk of relapse, are treated with peptides/IFA at a dose of 0.5 mg each peptide plus CTLA-4 antibody given intravenously, 3 mg/kg, after each vaccination. In the Phase II randomized study, patients are treated with the melanoma peptide vaccine alone, with CTLA-4 antibody, or with CTLA-4 antibody combined with IL-12 at 30 ng/kg with alum. The peptides are tyrosinase 368-376 (370D); gp100 209-217 (210M); and MART-1 26-35 (27L) which are emulsified with IFA. The dosing schedule for both trials are at 1, 2, 3, 4, 5, and 6 months; then at 9 and 12 for a total of 8 vaccinations.	
Recruiting	Lentivirus Transduced Acute Myeloid Leukaemia Blasts Expressing B7.1 (CD80) and IL-2 Condition: Leukemia, Myeloid, Acute Interventions: Biological: RFUSIN2-AML1; Biological: Donor leukocyte infusion (DLI); Biological: RFUSIN2-AML1 and donor leukocyte infusion 2008	RFUSIN2-AML1 vs. Donor leukocyte infusion (DLI), vs. RFUSIN2-AML1 and donor leukocyte infusion. Lentivirus Transduced Acute Myeloid Leukaemic Cells (AML) Expressing B7.1 (CD80) and IL-2 for the Potential Enhancement of Graft Versus
Completed	An Open Label Study of a Peptide Vaccine in Patients With Stage III Colon Cancer Conditions: Colonic Neoplasms; Colorectal Neoplasms Intervention: Biological: EP2101 2007	EP2101: Safety and Tolerance Study of EP2101 Peptide Vaccine
	EP2101 is a new cancer vaccine containing 10 different peptide antigens. The vaccine is designed to activate the immune system to develop a response against tumor cells in order to delay or prevent the recurrence of cancer. This study will test the safety and measure the level of immune stimulating capability of EP2101 in patients with Colon Cancer.	

Completed	An Open Label Study of a Peptide Vaccine in Patients With Stage IIb or IIIa Non-Small Cell Lung Cancer	EP2101: Safety and Tolerance Study of EP2101 Peptide Vaccine
	Conditions: Carcinoma, Non-Small-Cell Lung; Lung Neoplasm	
	Intervention: Biological: EP2101	
	EP2101 is a new cancer vaccine containing 10 different peptide antigens. The vaccine is designed to activate the immune system to develop a response against tumor cells in order to delay or prevent the recurrence of cancer. This study will test the safety and measure the level of immune stimulating capability of EP2101 in patients with Non-Small Cell Lung Cancer.	
Recruiting	TroVax® In Subjects With Hormone Refractory Prostate Cancer (HRPC)	Docetaxel vs.TroVax + Docetaxel: EGF receptorであるvariant III(EGFRvIII)ワクシニアウィルスベクターMVAに組み込み. PFS, both RECIST and PCWG2 criteria
	Condition: Hormone Refractory Prostate Cancer	
	Interventions: Drug: Docetaxel; Drug: TroVax + Docetaxel 2010	
	Based on both pre-clinical and clinical data, it may be advantageous to administer a cancer vaccine before chemotherapy to enhance immune responses, thus leading to a more effective therapeutic approach for subjects with metastatic HRPC. This clinical study will evaluate the role of combination therapy of TroVax® plus Docetaxel vs. Docetaxel alone on the progression free survival (PFS) of subjects with HRPC. **Primary**: Progression-free survival [Time Frame: Week 37]. /To establish whether the incidence of progression-free survival (as defined by the absence of progression assessed by both RECIST and PCWG2 criteria) at week 37 in the TroVax® plus Docetaxel treatment arm is higher than the incidence in the Docetaxel alone treatment arm. **Secondary**: Clinical progression-free survival [Time Frame: 37 weeks]. /To establish whether the incidence of clinical progression-free survival (defined by the absence of progression assessed by RECIST criteria alone) at week 37 in the TroVax® plus Docetaxel treatment arm is higher than the incidence in the Docetaxel alone treatment arm	
Completed	IMA901 in Advanced Renal Cell Carcinoma Patients With Measurable Disease	Endoxana, Leukine, IMA910 Endoxana, Leukine, IMA910, Aldara. single agent with GM-CSF in combination with imiquimod following pre-treatment with low-dose
	Condition: Renal Cell Carcinoma	
	Interventions: Drug: Endoxana, IMA901, Leukine; Drug: IMA901 and Leukine 2007	
	This is a multicenter, open label, randomized phase 2 study which investigated the effect of a second-line systemic treatment with IMA901 plus GM-CSF in RCC patients. Randomization was done according to a pre-treatment with low-dose cyclophosphamide (CY). Secondary endpoints comprised tumor response parameters. The study population consisted of HLA-A*02-positive men or women with advanced RCC of the clear-cell type classified as having a favorable or intermediate risk after first-line systemic therapy for. Patients had to be aged 18 years or older, had at least have one measurable tumor lesion and had have received first-line tyrosine kinase inhibitor or cytokine systemic therapy for advanced disease, during or after which the patient had experienced disease progression. Patients in both arms received a total of 17 vaccinations with GM-CSF followed by IMA901 during the 9 month treatment period. At screening baseline tumor status was assessed by CT or MRI. During the study tumor assessments were performed every 6 weeks. Immunomonitoring (T-cell responses to peptides contained in IMA901 and analysis of other immune cell populations that may influence T-cell responses), serum levels of antibodies and molecules with suspected influence on immune response were assessed on several occasions during the study. Safety assessment comprised continuous adverse event reporting, regular physical examinations and regular assessments of vital signs, hematology, blood chemistry and urine. A 12-lead ECG was performed at screening and at the end of the study. Pregnancy testing was performed according to applicable legislation in the country where the trial was performed. At the very least, women of childbearing potential had have to undergo a pregnancy test during screening for the study, before the first dose was applied and at the end of the study.	

Recruiting	Dendritic Cell Vaccine for Head and Neck Cancer	dendritic cell vaccine: Dendritic Cells for the Recurrent or Metastatic Squamous Cell Carcinoma.
	Condition: Squamous Cell Carcinoma of Head and Neck	
	Intervention: Biological: dendritic cell vaccine 2007	
	Efficacy as measured by RECIST criteria [Time Frame: 5 years] immune response to the vaccine.White blood cells are part of the body's defense system. Sometimes when you have cancer, your body does not know that the cancer cells are making you sick. We hope to teach your white blood cells to find and destroy your cancer cells with a vaccine. The vaccine will be made from a special kind of blood cell called a dendritic cell. This is the cell that will carry the information about your cancer to your white blood cells in your body.	
Recruiting	Collection and Banking of Leukemia Cells for Vaccine Generation in Patients With Advanced Myelodysplastic Syndrome (MDS) or Acute Myeloid Leukemia (AML)	Collection of Leukemia Cells: Collection and Banking of Leukemia Cells for Vaccine Generation for Advanced MDS or AML. feasibility of banking leukemic blood
	Conditions: Myelodysplastic Syndrome; Acute Myeloid Leukemia	
	Intervention: Other: Collection of Leukemia Cells 2008	
	Leukemia cells will be collected by one or more of the following methods: 1)Routine blood draw 2)Bone marrow aspirate 3) Leukapheresis. The physician and study staff will determine which of the methods above is best suited for each participant. After collection, the leukemia cells will be transported to the Cell Manipulation Core Facility (CMCF) at the Dana-Farber Cancer Institute, where they will be frozen until the time of vaccine administration.	
Recruiting	A Study, Combination, Immunologic Study of LTX-315 as Adjunct to GV1001 in Patients Following Curative Surgery for Carcinoma	LTX-315: Immunologic Study of LTX-315 as Adjunct to GV1001. Outcome: T-cell function in peripheral blood
	Condition: Carcinoma	
	Intervention: Drug: LTX-315	
	This clinical study has two main aims which are: To measure the immunological effects of LTX-315 in combination with GV1001 Find out about the side effects of the combination of the two drugs This is an open label, single centre study assessing immunological effects and safety of LTX-315 given as an adjunct to GV1001. The LTX-315 dose will escalate while the GV1001 dose will be fixed. LTX-315 and GV1001 will be given as intradermal injections on days 1, 8, 15, 22 and 36. Investigational treatment: LTX-315 (0.10 mL) with escalating concentrations will be injected intradermally, followed, 1-2 hours later, by intradermal injection of 0.56 mg GV1001 (0.20 mL, 2.8 mg/mL) in the same site, in one arm. DTH-test control: 0.10 mg GV1001 (0.10 mL) will be injected intradermally in the contralateral arm without LTX-315, as a DTH skin reactivity test control.	
Active, not recruiting	PROSTVAC®-VF/TRICOM™ Vaccine for the Treatment of Metastatic Prostate Cancer After Failing Hormone Therapy	PROSTVAC®-VF/TRICOM™: consists of a pair of pox virus vectors specifically engineered to target PSA.
	Condition: Prostate Cancer	
	Intervention: Biological: PROSTVAC®-VF/TRICOM™: The trial had a sample of 122 men and its results showed a median overall survival of 25.1 months for men receiving, compared with 16.6 months for those receiving placebo (hazard ratio, 0.56; P = .006). 2004	

	PROSTVAC-VF is an investigational cancer vaccine. The vaccine is based on the theory that the immune system can be taught to fight cancer by directing the immune system to attack specific targets found on cancer cells. These targets are called Tumor Associated Antigens, or TAA's. This trial will help determine if this vaccine can help fight cancer. This multi-center, double-blind, randomized, empty vector-controlled trial is designed to evaluate the safety and efficacy of PROSTVAC-VF/TRICOM co-administered with GM-CSF versus the empty viral vector co-administered with placebo in the treatment of patients with androgen-independent prostate cancer (AIPC). All patients will be required to sign an informed consent prior to the performance of any on-study procedures. Patients will be screened for eligibility within 14 days prior to vaccine administration. Patients who meet all inclusion and exclusion criteria will be centrally randomized into the study and will receive a unique patient identification number and a blinded treatment assignment. The ratio of active treatment to empty vector control (placebo) is 2:1.	
Completed	NY-ESO-1 Protein Vaccine With Imiquimod in Melanoma (Adjuvant Setting) Condition: Malignant Melanoma Interventions: Biological: NY-ESO-1 protein; Drug: Imiquimod 2005	NY-ESO-1 protein / Imiquimod as Adjuvant: safety and Immunogenicity
	This study evaluates a cancer vaccine in melanoma patients who have resected melanoma but are at high risk for recurrence (stages IIB-III). This is a single arm, open label, pilot/phase I study evaluating safety and immunogenicity of NY-ESO-1 protein vaccination with Imiquimod as an adjuvant. Imiquimod is a FDA approved immune response modifier for the treatment of HPV associated genital warts (but used for a different indication here) and has been shown to attract and mature dendritic cells in areas of topical application. This will be utilized in this application to inject a protein vaccine into this site, to prime and boost anti-NY-ESO-1 immune responses. 9 patients will be treated to receive 4 vaccination cycles, 21 days apart. Each vaccination cycle consists of topical application of Imiquimod 250mg to healthy skin of extremities for the first five days of each cycle and intradermal injection of NY-ESO-1 protein 100mcg to the pretreated area on day 3. Immunization will be assessed by T-cell assays, NY-ESO-1 specific antibody titers, and evaluation of 3 small skin biopsies.	
Recruiting	Vaccine Therapy With PROSTVAC/TRICOM and Flutamide Versus Flutamide Alone to Treat Prostate Cancer Condition: Prostate Cancer Interventions: Drug: Flutamide; Biological: Sargramostim; Biological: recombinant fowlpox-prostate apecific antigen vaccine; Biological: recombinant vaccinia prostate specific antigen vaccine	PROSTVAC-V/TRICOM + Flutamide + GM-CSF. Time to development of metastatic disease
Recruiting	Immunotherapy of Recurrent Cervical Cancers Using Dendritic Cells (DCs) Condition: Cervical Cancer Intervention: Biological: HPV16 E7 peptide-pulsed autologous DCs	HPV16 E7 peptide-pulsed autologous DCs: Dendritic Cells (DCs) Pulsed With Human Papillomavirus Type 16 E7 Antigen. Immunologic responses to HPV16 E7 peptide
Active, not recruiting	Chemotherapy Plus Vaccination to Treat Mantle Cell Lymphoma Condition: Mantle Cell Lymphoma Interventions: Drug: Rituximab; Drug: autologous tumor cell vaccine; Drug: doxorubicin; Drug: cyclophosphamide; Drug: etoposide; Drug: filgrastim; Drug: keyhole limpet hemocyanin; Drug: prednisone; Drug: sargramostim; Drug: vincristine	Autologous tumor cell vaccine Rituximab + G-CSF + GM-CSF:Pilot Study of Idiotype Vaccine and EPOCH-Rituximab Chemotherapy in Untreated Mantle Cell Lymphoma.
Active, not	A Pilot Study of Tumor Cell Vaccine for High-risk Solid Tumor Patients Following Stem Cell Transplantation	tumor lysate-pulsed dendritic cell vaccine +

recruiting	Conditions: Sarcoma; Neuroblastoma; Wilm's Tumor Interventions: Biological: tumor lysate-pulsed dendritic cell vaccine; Other: hematopoietic stem cell transplantation (HSCT) 2006	tumor lysate-pulsed dendritic cell vaccine hematopoietic stem cell transplantation (HSCT):
	immune response of this immunotherapy treatment [70 days]+ Immune response to the clinical response. [three years] Localized solid tumors such as, sarcoma, neuroblastoma, and Wilms' tumor, can generally be effectively treated with a combination of surgery, radiation and chemotherapy. However, patients with metastatic or relapsed disease have a very poor prognosis. New approaches to the management of these difficult groups of patients are needed. There is evidence to suggest that solid tumors may be good candidates for immunotherapy approaches. In fact, recent experimental evidence indicates that the period of lymphopenia that occurs after stem cell transplant may be an opportune time to use an immunotherapy treatment approach. In light of the very poor prognosis of young patients with advanced solid tumors, this treatment approach warrants further investigation	
Completed	A Pilot Study of Autologous T-Cell Transplantation With Vaccine Driven Expansion of Anti-Tumor Effectors After Cytoreductive Therapy in Metastatic Pediatric Sarcomas Conditions: Ewing's Sarcoma; Rhabdomyosarcoma Biological: therapeutic autologous dendritic cells; Drug: indinavir sulfate; Procedure: peripheral blood stem cell transplantation	therapeutic autologous dendritic cells (Procedure: peripheral blood stem cell transplantation]:
	This is a single arm study. The tumor specimen is analyzed for the presence of a fusion protein which corresponds to available peptides. Patients undergo T cell harvest 10 days after an initial priming peptide-pulsed antigen presenting cell (APC) vaccine is performed. Fresh APCs are utilized for initial priming vaccination. All subsequent vaccinations will use cryopreserved APCs. Minimum number of APCs administered per vaccination is 100,000/kg and maximum is 100,000,000/kg. Patients undergo cytoreductive therapy for the treatment of their particular malignancy. This therapy usually consists of multiagent chemotherapy in the context of a separate protocol. Following chemotherapy, infusion of harvested T cells followed by infusion of peptide-pulsed APC vaccinations occurs every 6 weeks for a total of 3 post-priming vaccinations. Influenza vaccine is administered by intramuscular injection concurrent to peptide-pulsed APC vaccines. IL-2 is administered as a continuous IV infusion for 4 days/week for 3 successive weeks starting on the same day as T cell /peptide-pulsed infusions.	
Recruiting	Dendritic Cells in Lung Cancer Condition: Non Small Cell Lung Cancer Intervention: Biological: Allogeneic Tumour Lysate (MelCancerVac) 2007	Allogeneic Tumour Lysate (MelCancerVac): Dendritic Cells Pulsed With Allogeneic Tumour Lysate (MelCancerVac) .
	Specific immunological reaction between vaccine antigens and the patients' immune system in vivo and in vitro. OS RECIST criteria. Vaccination with autologous dendritic cells pulsed with allogeneic melanoma cell lysate (MelCancerVac) in combination with the Cox-2 inhibitor of celecoxib for the treatment of patients with advanced or metastatic non-small cell lung cancer (NSCLC). Adjuvant Aldara cream will be used as adjuvant for induction of inflammation at the injection site, and the lymphocyte growth factor of interleukin-2 (IL-2) will be given as s.c. injection. The treatment aims at boosting the patient's specific immune system against the cancer cells. Patients with disseminated, inoperable NSCLC after chemotherapy and patients not wanting chemotherapy for which no other systemic treatments can be offered. Primary objective: to measure the antigen specific immunological reaction between vaccine antigens and the patients' immune system in vivo and in vitro. Secondary objectives: to estimate the patients' survival time, to estimate response according to RECIST criteria, and to estimate the patients' quality of life during the study period. The study is designed as an open, phase II, clinical study and will be carried out in accordance with the present protocol, ICH/GCP Guidelines and national	
Completed	A Pilot Study of Tumor-Specific Peptide Vaccination and IL-2 With or Without Autologous T Cell Transplantation in Recurrent Pediatric Sarcomas	EF-1 Peptide, EF-2 Peptide, PXFK Peptide

	Conditions:	Ewing's Sarcoma; Rhabdomyosarcoma	EF-1 Peptide, EF-2 Peptide, PXFK Peptide, E7 Peptide + GM-CSF, IL-2/IL4
	Interventions:	Drug: EF-1 Peptide; Drug: EF-2 Peptide; Drug: PXFK Peptide; Drug: E7 Peptide; Drug: IL-2; Drug: IL-4; Drug: GM-CSF; Drug: CD40 Ligand 1999	
Recruiting	Administration of Autologous Dendritic Cells (DCs) Infected With an Adenovirus Expressing Her-2		CD34+ derived DCs: Autologous CD34+ Derived Dendritic Cells Transduced With an Adenovirus Vector Expressing Inactivated HER-2/Neu
	Condition:	Breast Neoplasms	
	Intervention:	Biological: CD34+ derived DCs 2005	
	clinical efficacy as measured by objective tumor reduction. Following written, informed consent, consecutive cohorts of 3-6 patients, up to a maximum of 18 patients, will be treated at increasing dose levels based on a modified Fibonacci scheme. Peripheral blood progenitor cells will be obtained from each patient following cytokine mobilization (with GM-CSF and G-CSF). Selected CD34+ cells are then cultured with human GM-CSF, human TNFα, Flt-3 ligand and human interleukin-4. The CD34+ derived dendritic cells are then transduced with an adenovirus expressing rat HER2/neu. These transduced DCs are then injected intradermally into the patient. Patients will be injected with the AdHER2/neu transduced DCs every 21 days for a total of three treatment cycles. The starting dose of dendritic cells will be 10 X 10^6 DCs. If none of the initial three patients treated at this dose experiences dose limiting toxicity (DLT) then a new cohort of three patients will be treated at a second dose level of 50 X 10^6 DCs. If any patient experiences DLT then up to six patients will be treated at the current dose level; if 2/6 or fewer patients experience DLT, we will escalate to the to the second dose level. If 3 or more patients experience DLT, the maximum tolerated dose will be deemed as exceeded and a second cohort of 3 patients will be treated at a 10 fold dose reduction of the initial dose level. The third dose level will consist of 100 x 10^6 DCs. All treatments will occur in the out-patient setting and patients will be seen prior to each injection and then monthly for at least three months following the last injection of AdHER2/neu DCs.		
Completed	Sequential Vaccinations in Prostate Cancer Patients		priming with rVaccinia-PSA(L155)-TRICOM (rV-PSA-(L155)-TRICOM) with subsequent monthly boosts using rFowlpox-PSA(L155)-TRICOM (rF-PSA(L155)-TRICOM) + GM-CSF.
	Condition:	Prostatic Neoplasms	
	Interventions:	Drug: Recombinant Vaccinia-PSA(L155)-TRICOM (PROSTVAC-V/TRICOM); Drug: Recombinant Fowlpox-PSA(L155)-TRICOM (PRSTVAC-F/TRICOM); Drug: Recombinant Fowlpox-GM-CSF 2003	
	PD: T cell precursor frequency as measured by Enzyme-linked ImmunoSpot Assay (ELISPOT) assay. " Adenocarcinoma of the prostate is the most common cancer diagnosis in American males and follows lung cancer as the leading cause of cancer death. " Vaccine strategies represent a novel therapeutic approach in the treatment for prostate cancer. One potential target for a prostate cancer vaccine is PSA, due to its restricted expression on prostate cancer and normal prostatic epithelial cells. Objectives:" The primary objective in Stage 1 is to evaluate the clinical safety and toxicity of a prime/boost vaccine strategy: priming with rVaccinia-PSA(L155)-TRICOM (rV-PSA-(L155)-TRICOM) with subsequent monthly boosts using rFowlpox-PSA(L155)-TRICOM (rF-PSA(L155)-TRICOM). " The primary objective in Stage 2 is to determine the impact of granulocyte-macrophage colony stimulating factor (GM-CSF) and rF-GM-CSF on the immunologic response in patients treated with these vaccines. " Secondary (both Stage 1 and Stage 2)-to determine the change in PSA-specific T cells in patients treated with these vaccines using ELISPOT assay analysis. " To document any objective anti-tumor responses that may occur		
Recruiting	AdV-tk Therapy With Surgery and Chemoradiation for Pancreas Cancer (PaTK01)		AdV-tk with Valacyclovir: OS [Time Frame: 2 years] PFS CA 19-9 response [Time Frame: 2 years]
	Conditions:	Pancreatic Adenocarcinoma; Pancreatic Cancer	
	Interventions:	Biological: AdV-tk; Drug: Valacyclovir 2008	

	The AdV-tk vector is injected into the tumor or tumor bed at the time of biopsy or standard tumor surgery after which valacyclovir pills are taken for 14 days. Two courses of AdV-tk, each followed by valacyclovir, are given as adjuvant to standard of care therapies (surgery and/or chemoradiation) which have been shown to work cooperatively with AdV-tk to kill tumor cells. Arm A is for resectable tumors in which the first course is given prior to surgery and the second is at the time of surgery. Arm B is for locally advanced disease in which both AdV-tk injections are administered by needle injection into the tumor before and during chemoradiation. The hypothesis is that this combination therapy can be safely delivered and will lead to improvement in the clinical outcome for patients with pancreatic cancer.	
Active, not recruiting	Phase 2a Study of AdV-tk With Standard Radiation Therapy for Malignant Glioma (BrTK02) Conditions: Malignant Glioma; Glioblastoma Multiforme; Anaplastic Astrocytoma Interventions: Biological: AdV-tk; Drug: Valacyclovir 2007	AdV-tk with Valacyclovir: OS [Time Frame: 2 years] PFS QOL
	Purpose The purpose of this study is to evaluate the safety and potential efficacy of Gene Mediated Cytotoxic Immunotherapy for malignant gliomas. The approach uses an adenoviral vector (disabled virus) engineered to express the Herpes thymidine kinase gene (AdV-tk), followed by an antiherpetic prodrug, valacyclovir. The AdV-tk vector is injected into the tumor bed after standard tumor surgery and valacyclovir pills are taken for 14 days. Standard radiation and chemotherapy are administered which have been shown to work cooperatively with AdV-tk + prodrug to kill tumor cells. The hypothesis is that this combination therapy can be safely delivered and will lead to improvement in the clinical outcome for patients with newly diagnosed malignant gliomas, including glioblastoma multiforme (WHO grade IV) and anaplastic astrocytomas (WHO grade III). In addition, re-treatment at recurrence is being evaluated in patients who previously received AdV-tk + prodrug on this study. Accrual of new patients has been completed. The study remains open for evaluation and re-treatment at recurrence.	
Active, not recruiting	Phase 1b Study of AdV-tk + Valacyclovir Combined With Radiation Therapy for Malignant Gliomas Conditions: Malignant Glioma; Glioblastoma Multiforme; Anaplastic Astrocytoma Interventions: Biological: AdV-tk; Drug: Valacyclovir	AdV-tk with Valacyclovir: OS [Time Frame: 2 years] PFS QOL
	Purpose This phase I study evaluated a Gene Mediated Cytotoxic Immunotherapy approach for malignant gliomas, including glioblastoma multiforme and anaplastic astrocytoma. The purpose of this study was to assess the safety and feasibility of delivering an experimental approach called GliAtak which uses AdV-tk, an adenoviral vector containing the Herpes Simplex thymidine kinase gene, plus an oral anti-herpetic prodrug, valacyclovir, in combination with standard of care	
	This study was designed to include patients with newly diagnosed unresectable (Arm A) and resectable (Arm B) malignant glioma. Three dose levels of AdV-tk were evaluated with a fixed dose level of valacyclovir prodrug. AdV-tk was delivered to tumor cells by stereotactic injection into the tumor at the time of biopsy (Arm A) or injection into the tumor bed following resection (Arm B). Oral valacyclovir began 1-3 days after the AdV-tk injection and continued for 14 days. Standard radiation therapy began 3-7 days following the AdV-tk injection to maximize synergy with radiation. Standard temozolomide could be administered after completion of valacyclovir	
Recruiting	Procurement of Follicular B Cell Lymphoma Cells for the Purpose of Possible Use in Future Clinical Trials Condition: Non-Hodgkin's Lymphoma Intervention: Procedure: Procurement of Follicular B Cell Lymphoma Cells 2007	Procurement of Follicular B Cell Lymphoma Cells From Blood, Tissue or Malignant Effusion for the Purpose of Possible Use in Future Clinical Trials:
	The following tests and procedures will be performed: Approximately 50 B600cc of peripheral blood will be drawn and stored in the tissue bank; patients who have follicular lymphoma cells circulating in the blood will have about 40cc's of blood drawn and stored for processing; patients undergoing a lymph node biopsy will have samples of the biopsy stored; patients having fluid drained from the abdomen or from around the lung will have some of their fluid saved to cell collection and processing; patients undergoing a bone marrow biopsy will have some of the sample stored for cell collection B599 and processing.A 600.	
Recruiting	A Trial of Boost Vaccinations of Pancreatic Tumor Cell Vaccine Condition: Pancreatic Cancer	PANC 10.05 pcDNA-1/GM-Neo and PANC 6.03 pcDNA-1 neo vaccine: Disease free

	Intervention:	Biological: PANC 10.05 pcDNA-1/GM-Neo and PANC 6.03 pcDNA-1 neo vaccine. 2010	overall survival. [Time Frame: total of 13 years with 6 months
	[Primary]: 1. To evaluate the safety and feasibility of long term boost vaccinations of a lethally irradiated, allogeneic pancreatic tumor cell vaccine transfected with the GM-CSF gene given alone or in combination with either a single intravenous dose or daily metronomic oral doses of cyclophosphamide for the treatment of patients with surgically resected adenocarcinoma of the head, neck, or uncinate process of the pancreas. **[Secondary]**: To assess the effect of boost vaccinations and long-term treatment of immune modulating doses of cyclophosphamide on the number, repertoire and avidity of peripheral mesothelin-specific CD8+ T cells. /To estimate disease-free and overall survival of surgically resected pancreatic adenocarcinoma patients treated with vaccine boosts with or without low dose cyclophosphamide. Eligible subjects will receive by intradermal administration the pancreatic tumor vaccine consisting of two irradiated, allogeneic pancreatic tumor cell lines transfected with the granulocyte macrophage-colony stimulating factor (GM-CSF) gene with or without low dose cyclophosphamide. Study participants will be recruited from our prior three arm neoadjuvant vaccination with or without low dose cyclophosphamide trial and vaccine naive patients. The vaccination boosts will be offered as a continuation of care. Patients from the J0810 study will remain on the same arm as the J0810 study where they have received the parental vaccine. The first vaccine boost will be given no sooner than six months (+/- 1 month) after the last prime vaccination. The vaccine will be administered for all arms once every six months (+/- 1 month) after the previous vaccine until ten years have passed, the subject no longer meets the eligibility criteria, no longer wishes to participate in the study, or the vaccine supply is exhausted. Arm A participants will receive the pancreatic cancer vaccine alone. Arm B participants will be vaccinated and receive a single low-dose of cyclophosphamide (200 mg/m2) intravenously one day prior to vaccination. Participants in Arm C will receive cyclophosphamide 50 mg once a day starting from 28 days prior to day 1 of vaccination till 28 days post vaccination. Vaccine naive patients will first receive three prime vaccines each one month apart and each in combination with a single low-dose of cyclophosphamide (200 mg/m2)intravenously one day prior to vaccination. Then they will receive the boost vaccines as the participant in Arm B from the J0810 study.		
Active, not recruiting	Immune Response in Patients Who Have Undergone Vaccine Therapy for Stage III or Stage IV Breast Cancer That Overexpresses HER2		HER-2/neu intracellular domain protein: Vaccination With a Plasmid Encoding HER2 ICD. Immunologic memory response to HER-2/neu (HER2) intracellular domain protein. memory T-cell population by intracellular cytokine staining. intracellular cytokine staining
	Condition:	Breast Cancer	
	Interventions:	Biological: HER-2/neu intracellular domain protein; Other: flow cytometry; Other: immunohistochemistry staining method; Procedure: biopsy; Other: Sterile water placement 2006	
Completed	Safety and Immunogenicity of CHP-HER2 and CHP-NY-ESO-1 Protein With OK-432 in Antigen-Expressing Cancers		CHP-HER2, CHP-NY-ESO-1: Cholesterol-Bearing Hydrophobized Pullulan HER2 Protein 146 (CHP-HER2) and NY-ESO-1 Protein (CHP-NY-ESO-1) in Combination With OK-432. Immune responses including HER2 and NY-ESO-1 specific IgG and T cells
	Conditions:	Esophageal Cancer; Lung Cancer; Stomach Cancer; Breast Cancer; Ovarian Cancer	
	Intervention:	Drug: CHP-HER2, CHP-NY-ESO-1 2006	
Active, not recruiting	Autologous PBHCT Followed by Dendritic Cell p53 Vaccination & Adoptive T Cell Transfer		PBHCT followed by Dendritic Vaccination and T Cell transfer: Autologous Peripheral
	Condition:	Small Cell Lung Cancer	