	Primary Outcome Measures: Safety and tolerability of MVA-BN®-HER2 [Time Frame: as assessed by the incidence of AEs, changes in ECOG performance status, ECGs, LVEF measurements (ECHO or MUGA scans), and lab tests.] comparing the ability of MVA-BN-HER2 to generate humoral and cellular immune responses to Her-2	
Recruiting	Impaired Immunity in Patients With Cancer: Influence of Cancer Stage, Chemotherapy, and Cytomegalovirus Infection	Optimal Immune System by Using Cytokine Cocktails Before Applying DC Vaccine
	Condition: Neoplasms	
	Intervention: Other: Immune profiling and DC vaccine 2007	
	The strategy of enhance T cell is using well-known cytokines, such as IL2, and IL7 to expand the tumor-specific CD4 and CD8 T cells before DC-vaccine treatment. In the past, scientists utilized polyethyleneglycol to fuse cancer cells and dendritic cells. However, the results were devastating. Two new approaches of the DC vaccine will be applied to this study: DC-tumor fusion and DC phagocytosed apoptosed tumor cells. Whole tumor cells will be fused with DCs by combining hypotonic buffer and electrical-based fusion protocols. Primary Outcome Measures: Immune status [: 5 years] Secondary Outcome Measures: Tumor response [6 months]	
Completed	Stem Cell Transplant, Chemotherapy, and Biological Therapy in Treating Patients With High-Risk or Refractory Multiple	Combination Immunotherapy After ASCT for Advanced Myeloma to Study HTERT Vaccination Followed by Adoptive Transfer of Vaccine-Primed Autologous T Cells
	Condition: Multiple Myeloma and Plasma Cell Neoplasm	
	Interventions: Biological: CMV pp65 peptide; Biological: hTERT I540/R572Y/D988Y multipeptide vaccine; Biological: pneumococcal polyvalent vaccine; Biological: survivin Sur1M2 peptide vaccine 2007	
	Primary Outcome Measures: Toxicity at 21 and 28 days post-transplant / T-cell responses against the hTERT vaccine as measured by tetramer assays at 100 days post-transplant. /Paraprotein levels in the blood or urine and serum free light chain analyses at 60 days and at 6 months post-transplant Secondary Outcome Measures: Cytotoxic T-cell responses against autologous myeloma cell at day 100 post-transplant via chromium-51 release or flow-based assays. /Maximum clinical response. 1 and 2-year event-free survival. /Overall survival rates /CD4 and CD8 T-cell responses against cytomegalovirus (CMV) at days 60 and 100 post-transplantation by CFSE dye dilution assays /Composite binding antibody responses at days 60 and day 100 post-transplant by ELISA	
Recruiting	Neoadjuvant Intravesical Vaccine Therapy in Treating Patients With Bladder Carcinoma Who Are Undergoing Cystectomy	Intravesical Recombinant Fowlpox - GM-CSF (rF-GM-CSF) and/or Recombinant Fowlpox-Tricom (rF-TRICOM)
	Condition: Bladder Cancer	
	Interventions: Biological: recombinant fowlpox GM-CSF vaccine adjuvant; Biological: recombinant fowlpox-TRICOM vaccine; Procedure: conventional surgery; Procedure: neoadjuvant therapy 2004	
	Primary: Determine the maximum tolerated dose of neoadjuvant intravesical recombinant fowlpox-TRICOM vaccine and/or recombinant fowlpox-sargramostim vaccine in patients with bladder carcinoma who are scheduled for cystectomy./Determine the dose-limiting toxic effects of these regimens in these patients. Secondary: Determine the local and systemic immunologic response in patients treated with these regimens. Patients are followed every 6 months for 2 years and then annually for 3 years.	
Active, not recruiting	Study of the BiovaxId Tumor Derived Idiotype Vaccine in Patients With Follicular Lymphoma	
	Condition: Non-Hodgkins Lymphoma	
	Interventions: Biological: tumor specific immune response; Biological: control vaccine	
Recruiting	CpG 7909/Montanide ISA 720 With or Without Cyclophosphamide in Combination Either With NY-ESO-1-derived Peptides or	Patient-Specific Vaccination With Conjugated Follicular Lymphoma-Derived Idiotype (FNHLId1
	Condition: NY-ESO-1-expressing Tumors	
	Interventions: Biological: Vaccine only; Biological: Vaccine + cyclophosphamide 2004	

	Primary Outcome Measures: To demonstrate prolongation of the period of Disease Free Survival (significant prolongation of the period of complete remission) in idiotype vaccine treated patients. Secondary Outcome Measures: To determine the ability of the idiotype vaccine to produce a molecular complete remission /To determine the impact of molecular disease free survival [Time Frame: until relapse] /To assess the ability of the idiotype vaccine to generate an immunologic response against the NHL tumor [Time Frame: varies] /To compare the overall survival of subjects randomized to receive either treatment [Time Frame: minimum 5 years from last subject randomized] / To confirm the safety of 5 monthly injections of the vaccine with GM-CSF [Time Frame: 4 days] Patients with Stage III-IV follicular lymphoma and tumor > 2cm (Stage II allowed if tumor > 5cm), previously untreated by other than local radiation, provide tumor material by tissue biopsy for production of a patient-specific Ig idiotype vaccine conjugated to the immunogenic protein KLH. After completing PACE or CHOP-R chemotherapy and achieving a complete remission, followed by a waiting period to reconstitute the immune system, patients who remain in remission randomized to the active treatment arm receive a series of 5 idiotype vaccinations accompanied by the immune stimulant GM-CSF. Patients randomized to the control arm receive a time-matched series of KLH injections also accompanied by GM-CSF. Patients are subsequently studied to observe their immune responses both to the non-specific immune stimulating agents and for the specific immune response to the vaccine. Patients are followed for a minimum of 4 years post-randomization or until relapse.	
Recruiting	Vaccine Therapy and GM-CSF in Treating Patients With CNS Lymphoma		Efficacy and Safety of Patient-Specific Immunotherapy, Recombinant Idiotype Conjugated to KLH (Id-KLH) and Administered With GM-CSF
	Conditions:	Brain and Central Nervous System Tumors; Lymphoma; Lymphoproliferative Disorder; Small Intestine Cancer	
	Interventions:	Biological: autologous immunoglobulin idiotype-KLH conjugate vaccine; Biological: sargramostim; Drug: methotrexate; Drug: thiotepa; Radiation: radiation therapy 2008	
	Primary Outcome Measures: Anti-idiotype (Id) and anti-keyhole limpet hemocyanin (KLH) immune response rate in the CSF. Safety and tolerability Secondary Outcome Measures: Progression-free survival (PFS). /Time to receipt of first subsequent anti-lymphoma therapy after initiating immunization with the Id-KLH conjugate vaccine. /Correlation of anti-Id immune response in the CSF and/or serum with PFS and overall survival /Kinetics of humoral immune response development . Primary: To determine the proportion of patients with CNS lymphoma who develop anti-idiotype (Id) and anti-keyhole limpet hemocyanin (KLH) humoral immune responses in the serum and/or CSF following patient-specific immunotherapy comprising recombinant tumor-derived immunoglobulin Id-KLH conjugate vaccine and sargramostim (GM-CSF). / To assess the safety and tolerability of this regimen in these patients. Secondary: To evaluate the progression-free survival (PFS) of patients treated with this regimen. /To determine the time to receipt of first subsequent anti-lymphoma therapy after initiating immunization with the Id-KLH conjugate vaccine. /To assess the correlation of anti-Id immune response in the CSF and/or serum with PFS and overall survival. patients are followed periodically for up to 2 years		
Recruiting	NY-ESO Phase I Study for Prostate Cancer		Immunotherapy for Androgen-Independent Prostate Carcinoma Using NY-ESO-1/LAGE1 Peptide Vaccine (SPORE #: 11-01-30-14)
	Condition:	Prostatic Neoplasms	
	Interventions:	Biological: NY-ESO-1 class I and class II peptide vaccine; Biological: LAGE-1 class I and class II peptide vaccine 2008	

	Primary Outcome Measures:: Progressive disease is a new bone lesion on bone scan, progression of nodal or soft tissue, or a 50% increase in prostate specific antigen (PSA) level from the nadir PSA level confirm twice and measured at least two weeks apart. [1 (week 1) and every 12 weeks.] 目的」There is a great need for new treatment options for prostate cancer that can be given safely. One alternative to widely used conventional cancer treatments is to utilize the ability of the patient's immune system to target and kill tumor cells. A vaccine is a compound designed to strengthen the immune system (the cells and substances that protect the body from infection and foreign matter) to fight an illness such as infections or cancer. This vaccine is called NY-ESO-1 protein. NY-ESO protein (an antigen, which is a compound that is recognized by the immune system) is found in many cancers. Proteins such as NY-ESO-1 and LAGE-1 and their fragments are the targets the immune system needs to recognize cancer cells. If the immune system can recognize these antigens (foreign substances) it may be able to kill the cells that carry them. NY-ESO-1 can be found at different stages of cancers, and is likely to be expressed (shown) at some point in the lifecycle of these types of cancer (that are eligible for this study). Therefore this study tries to boost (strengthen) the immune system toward NY-ESO-1 protein regardless of whether it is found in the tumor or not.	
Recruiting	Vaccine Therapy, GM-CSF, and Interferon Alfa-2b in Treating Patients With Locally Advanced or Metastatic Cancer That Condition: Unspecified Adult Solid Tumor, Protocol Specific Interventions: Biological: recombinant fowlpox-CEA(6D)/TRICOM vaccine; Biological: recombinant interferon alfa-2b; Biological: recombinant vaccinia-CEA(6D)-TRICOM vaccine; Biological: sargramostim 2006	Sequential Vaccinations With Fowlpox-CEA(6D)-Tricom (B7.1/ICAM/LFA3) and Vaccinia-CEA (6D)-Tricom, in Combination With GM-CSF and Interferon-Alfa-2B in Patients With CEA-Expressing Carcinomas
	Primary: Determine the maximum tolerated dose and recommended phase II dose of interferon alfa-2b (IFN-α-2b) when administered with recombinant vaccinia-CEA(6D)-TRICOM vaccine, recombinant fowlpox-CEA(6D)-TRICOM vaccine, and sargramostim (GM-CSF) in patients with locally advanced or metastatic carcinoembryonic antigen (CEA)-expressing carcinoma. Secondary: Determine the effect of IFN-α-2b on tumor cell expression of CEA and MHC class I antigens in patients treated with this regimen. Determine the immunologic effects of this regimen in these patients. /Determine any objective anti-tumor responses that may occur in response to this regimen in these patients. /Determine the time to tumor progression in patients treated with this regimen. After completion of study treatment, patients are followed monthly for 4 months and then every 6-12 months for up to 15 years	
Active, not recruiting	Vaccine Therapy in Treating Patients With Stage IV or Recurrent Melanoma Condition: Melanoma (Skin) Interventions: Biological: autologous tumor cell vaccine; Biological: therapeutic autologous dendritic cells 2001	Vaccine Biotherapy of Cancer: Tumor Cells and Dendritic Cells as Active Specific Immunotherapy
	OBJECTIVES: Determine the safety of immunization with autologous in vitro-treated tumor cells and dendritic cells in combination with sargramostim (GM-CSF) in patients with stage IV or recurrent melanoma. /Determine the frequency of conversion of delayed tumor hypersensitivity tests in patients treated with this regimen. Determine the progression-free and overall survival in patients treated with this regimen. /Determine the objective tumor response rate in patients with measurable melanoma treated with this regimen. Patients are followed every 2 months for 1 year and then every 3 months for 4 years.	
Recruiting	Protecting Young Special Risk Females From Cervical Cancer Through Human Papilloma Virus (HPV) Vaccination Condition: Cervical Cancer Intervention: Drug: Licensed quadrivalent HPV vaccine, Gardasil 2009	Prospective Non Controlled Study of Immunogenicity of Human Papilloma Virus (HPV) Vaccine in Groups at Special Risk of Poor Vaccine Result
Recruiting	Vaccine Therapy and GM-CSF in Treating Patients With Recurrent or Metastatic Melanoma Condition: Melanoma (Skin)	Autologous Vaccines Consisting of Adjuvant GM-CSF Plus Proliferating Tumor Cells

	Interventions:	Biological: autologous tumor cell vaccine; Biological: sargramostim; Biological: therapeutic autologous dendritic cells 2007	Versus GM-CSF Plus Dendritic Cells Loaded With Proliferating Tumor Cells in Patients
	Primary Outcome Measures: Overall survival, progression-free survival, event-free survival, and failure-free survival /Frequency of immune response as measured by delayed-type hypersensitivity and serologic and cellular assays at baseline and during and after completion of study treatment /Safety Compare overall survival, progression-free survival, event-free survival, and failure-free survival of patients with metastatic melanoma treated with vaccine therapy comprising irradiated autologous tumor cells vs autologous dendritic cells loaded with irradiated autologous tumor cells in combination with sargramostim (GM-CSF). Compare the frequency of immune response based on delayed-type hypersensitivity to irradiated autologous tumor cells and serologic and cellular assays at baseline and during and after completion of autologous tumor cell-based vaccine therapy in these patients.		
Terminated	GVAX® Vaccine for Prostate Cancer vs Docetaxel & Prednisone in Patients With Metastatic Hormone-Refractory Prostate		CG1940 and CG8711 Versus Docetaxel and Prednisone (Immunotherapy with allogeneic prostate vaccine)
	Condition:	Prostate Cancer	
	Interventions:	Biological: Immunotherapy with allogeneic prostate vaccine; Drug: Chemotherapy (Taxotere and prednisone)	
	Primary Outcome Measures: Survival [Time Frame: 0] Secondary Outcome Measures: Bone pain and bone related events [Time Frame: 0]		
Recruiting	Therapeutic Vaccination for Patients With HPV16+ Cervical Intraepithelial Neoplasia (CIN2/3)		Pilot Study of pnGVL4a-CRT/E7 (Detox) for HPV16+ Cervical Intraepithelial Neoplasia 2/3 (CIN2/3) Intra-lesional DNA vaccination
	Conditions:	HPV16+; Cervical Intraepithelial Neoplasia (CIN 2/3)	
	Interventions:	Biological: DNA vaccination; Device: Gene gun vaccine; Biological: intramuscular vaccination; Biological: intra-lesional vaccine administration; Procedure: therapeutic resection of the lesion 2009	
	Primary Outcome Measures: To evaluate feasibility and toxicity in women with CIN2/3 caused by HPV16 [Time Frame: 2 years] Secondary Outcome Measures: To compare immunogenicity of three different routes of administration: intradermal , intramuscular, and intralesional[2 years]		
Completed	Vaccine Therapy With or Without Sargramostim in Treating Patients With Cancer		Sequential Vaccinations With Fowlpox-CEA(6D)-Tricom(B7.1/ICAM/LFA3)Alone, And In Combination With Vaccinia-CEA(6D)-Tricom, And The Role Of GM-CSF
	Condition:	Unspecified Adult Solid Tumor, Protocol Specific	
	Interventions:	Biological: recombinant fowlpox-CEA(6D)/TRICOM vaccine; Biological: recombinant vaccinia-CEA(6D)-TRICOM vaccine; Biological: sargramostim	

	Determine the impact of vaccine therapy on the quantity of circulating CEA-positive cells in patients treated with these regimens. V. Determine objective anti-tumor responses in patients treated with these regimens. OUTLINE: This is a dose-escalation study of fowlpox-CEA-TRICOM (fCEA-TRI) vaccine and vaccinia-CEA-TRICOM (vCEA-TRI) vaccine. Stage I: Patients receive fCEA-TRI vaccine subcutaneously (SC) once daily on days 1, 29, 57, and 85. Cohorts of 3-10 patients receive escalating doses of the fCEA-TRI vaccine until the maximum tolerated dose (MTD) is determined. The MTD is defined as the dose preceding that at which 2 of 6 patients experience dose-limiting toxicity (DLT). Stage II: Patients receive vCEA-TRI vaccine intradermally once on day 1 and fCEA-TRI vaccine SC at the MTD determined in stage I once daily on days 29, 57, and 85. Cohorts of 3-10 patients receive escalating doses of the vCEA-TRI vaccine until the MTD is determined. The MTD is defined as the dose preceding that at which 2 of 6 patients experience DLT. Stage III: A single cohort of 6-10 patients receive both vaccines as in stage II, at the MTDs determined in stages I and II, and sargramostim (GM-CSF) SC once daily on days 1-4, 29-32, 57-60, and 85-88. Patients in any stage of the study with responding disease may receive additional doses of the fCEA-TRI vaccine monthly for 2 months and then every 3 months thereafter. Patients who have objective evidence of response (including mixed response) and/or a fall in an elevated serum CEA level after the sixth vaccine and who subsequently develop disease progression while on the extended every 3-month treatment schedule and have no other potentially better treatment alternatives available may continue treatment as per the monthly vaccination schedule for 2 additional months. Patients with stable or responding disease after those two monthly vaccines may continue monthly vaccines at the discretion of the principal investigator. Patients are followed at 4 weeks and then monthly for 3 months. PROJECTED ACCRUAL: Approximately 12-42 patients will be accrued for this study within 4-14 months.	
Active, not recruiting	Partially Blind Study to Evaluate Immunogenicity & Safety of GSK Bio's HPV Vaccine 580299 in Healthy Women Aged 9-25 Yrs Conditions: Papillomavirus Infection; Cervical Cancer Intervention: Biological: GSK Bio's HPV vaccine 580299 (Cervarix TM) 2007	Immunogenicity of GSK Bio's HPV Vaccine 580299 When Administered in Healthy Females Aged 9 - 25 Years
Recruiting	Efficacy of Recombinant Epstein-Barr Virus (EBV) Vaccine in Patients With Nasopharyngeal Cancer Who Had Residual EBV Conditions: Nasopharyngeal Cancer; Epstein-Barr Virus Infections Intervention: Biological: MVA-EBNA1/LMP2 Inj. vaccine	Recombinant Epstein-Barr Virus (EBV) Vaccine in Patients With Nasopharyngeal Cancer Who Had Residual EBV DNA
	Primary Outcome Measures: Clinical Benefit Rate [Time Frame: 2 Years] /Clinical benefit rate (CBR, percent of patients experiencing complete response [CR], partial response [PR] or stable disease [SD] for at least 12 weeks from post cycle 2 to cycle 6 measurements) determined according to the Response Evaluation Criteria in Solid Tumours (RECIST), or on EBV genome levels in the absence of measurable disease. Secondary Outcome Measures: Objective Response Rate (ORR) [2 Years] /ORR is defined as the proportion of patients with confirmed complete response (CR) or confirmed partial response (PR) from post cycle 2 to cycle 6 measurements according to the Response Evaluation Criteria in Solid Tumours (RECIST), relative to the total evaluable patient population. /Duration of Response (DR) [2 Years] /DR is defined as the time from the first documentation of objective tumour response to the first documentation of objective tumour progression or to death due to any cause. /Progression-free survival (PFS) [3 Years] PFS is defined as the time from post cycle 2 measurement to first documentation of objective tumour progression, or to death due to any cause. Overall survival (OS) [3 Years] /Overall survival (OS) is defined as the time from start of study treatment to date of death due to any cause.	
Completed	Cyclophosphamide and Rituximab Followed By Vaccine Therapy in Treating Patients With Chronic Lymphocytic Leukemia Condition: Leukemia Interventions: Biological: autologous tumor cell vaccine; Biological: rituximab; Drug: cyclophosphamide 2006	Randomized Trial of Early Versus Late Vaccination in Patients With High Risk CLL
	Primary Outcome Measures: Efficacy and toxicity. /T-cell response to early versus late vaccine therapy comprising KGEL and autologous tumor cells. Compare the magnitude of the T-cell response to early vs delayed administration of this vaccine after rituximab and cyclophosphamide and correlate these responses with the extent of immune reconstruction.	
Active, not	A Phase I Study of Ovarian Cancer Peptides Plus GM-CSF and Adjuvant (Montanide ISA-51) as Consolidation Following	Ovarian Cancer Peptides Plus GM-CSF and

recruiting	Condition:	Epithelial Ovarian, Tubal or Peritoneal Cancer	Adjuvant (Montanide ISA-51) as Consolidation Following Optimal Debulking and Systemic Chemotherapy
	Intervention:	Biological: OCPM Immunotherapeutic Vaccine 2007	
	Primary Outcome Measures: Date of first objective finding will be used to define the date of relapse [From date of enrollment to date of confirmed relaspe] The primary endpoint will be to determine the safety and feasibility of administering ovarian cancer peptides to women who have undergone debulking surgery and systemic chemotherapy, with the secondary objectives of evaluating immune response as measured by ELISPOT to the immunizations, to compare the immune response as measured by ELISPOT achieved by the two different dosing strategies and to assess disease relapse survival. Two cohorts of 9 patients each will be treated with different doses of the OCPM vaccine. They will receive the peptide vaccine subcutaneously on weeks 0,1,2,3,5 and6 and then receive the immunizations every 1 month for 6 months or disease recurrence. The first 9 patients will be entered into the first cohort; if 1 or fewer patients experience Dose-limiting toxicity (DLT) then the next 9 will be enrolled into the second cohort. DLT is defined as any Grade 3 or greater hematologic or non-hematologic toxicity or autoimmune disease (except for fever, skin reaction, or alopecia which would be grade 4) occurring at any time from the first immunization until 30 days after the last immunization. Toxicity will be assessed at each dose level using CTC toxicity criteria. Ovarian cancer peptide-specific immune response will be measured by ELISpot. Time to disease relapse will be based on composite assessment of clinical signs, objective exam findings, radiologic imaging, and CA125 results. A dosing scheme will be considered safe if <1 of the first 9 subjects treated at a dose level experience DLT (as described above). A subject will be considered evaluable for safety if treated with at least one immunization. A T cell response will be considered positive by ELISpot if: the mean number of spots in six wells with antigen exceeds the number of spots in six control wells by 10 and the difference between single values of the six wells containing antigen and the six control wells is statistically significant at a level of $p \leq 0.05$ using Student's t test.		
Recruiting	Vaccine Therapy in Treating Patients With Recurrent Stage III or Stage IV Melanoma That Cannot Be Removed by Surgery		Immunogenicity of Vaccination With Multi-Epitope Peptide Vaccine Containing MART-1, gp100, and Tyrosinase Peptides Given With the Combination of GMCSF and CpG Oligonucleotide (CpG 7909) in ISA-Oil Adjuvant
	Conditions:	Intraocular Melanoma; Malignant Conjunctival Neoplasm; Melanoma (Skin)	
	Interventions:	Biological: MART-1:27-35 peptide vaccine; Biological: gp100:209-217(210M) peptide vaccine; Biological: incomplete Freund's adjuvant; Biological: sargramostim; Biological: tyrosinase peptide; Drug: agatolimod sodium; Other: flow cytometry; Other: immunologic technique; Other: laboratory biomarker analysis	
	Secondary Outcome Measures: Immunologic response as measured by ELISPOT assays. /Breadth of the immune response as measured by the number of peptides to which the response is observed. /Depth of the immune response. /Objective tumor response (complete response and partial response) by RECIST criteria. /Anti-pigmentary response. / Time to disease progression. /Overall survival Determine the safety of a peptide vaccine comprising MART-1:27-35 peptide, gp100:209-217 (210M) peptide, and tyrosinase peptide with sargramostim (GM-CSF) and CpG 7909 emulsified in incomplete Freund's adjuvant in patients with unresectable recurrent stage III or IV melanoma. Determine the efficacy of immunoadjuvants CpG 7909 and GM-CSF, in terms of a strong antigen-specific CD8+ T-cell response, in these patients. Determine the anti-pigmentary response to this regimen in these patients. Determine the anti-tumor response, in terms of objective tumor regression, progression-free survival, and overall survival, in patients treated with this regimen.		
Recruiting	Vaccine Therapy With or Without Cryosurgery in Treating Patients With Residual, Relapsed, or Refractory B-Cell Non-Hodgkin		"A Pilot Study of Dendritic Cell Therapy Delivered Intratumorally After Cryoablation or Intradermally
	Conditions:	Cutaneous B-cell Non-Hodgkin Lymphoma; Extranodal Marginal Zone B-cell Lymphoma of Mucosa-associated Lymphoid Tissue; Intraocular Lymphoma; Nodal Marginal Zone B-cell Lymphoma; Recurrent	
	Interventions:	Biological: dendritic cell vaccine therapy; Procedure: cryotherapy; Biological: pneumococcal polyvalent vaccine; Other: laboratory biomarker analysis; Other: immunoenzyme technique; Other: immunohistochemistry staining method; Biological: autologous dendritic cell-tumor fusion vaccine	

	Primary Outcome Measures: Incidence of significant toxicity as assessed by the CTEP Active Version CTCAE [in week 2, every 3 months for 1 year,] Secondary Outcome Measures: Overall response rate [At week 4 (arm A) or 2 (arm B) and then every 3 months for 1 year starting at week 10] Feasibility as estimated by the number of patients receiving at least one dose of tumor antigen loading and vaccine delivery divided by the number receiving leukapheresis [Up to 2.5 years]. / Clinical benefit rate as estimated by the number of patients with an objective status of stable disease (SD) or an objective status of CR or PR [For at least 12 months] /Time to response [Time Frame: From the date of initiation of vaccination treatment to the date at which the patient's objective status is first noted to be either a CR or PR] / Duration of response [Time Frame: From the date at which the patient's objective status is first noted to be either a CR or PR to the earliest date progression is documented] /Percent change from baseline in index lesion measurements as a marker of distant immune and treatment response [Time Frame: At day 1 of courses 1-4 (arm A) and 1-6 (arm B)] /Change in immunologic correlates before and after vaccination treatment [Time Frame: At day 1 of each course beginning in week 2, every 3 months for 1 year, and during documented progressive disease]/Correlation of immunologic markers with cancer and treatment-related outcomes (e.g., response, toxicities) [Time Frame: Up to 2.5 years]		
Active, not recruiting	Vaccine Therapy With or Without Fludarabine in Treating Patients With Stage IV Kidney Cancer		Pilot Study of Tumor-Loaded Dendritic Cells Alone or Following a Non-Myeloablative Conditioning Regimen
	Condition:	Kidney Cancer	
	Interventions:	Biological: autologous tumor cell vaccine; Biological: keyhole limpet hemocyanin; Biological: therapeutic autologous dendritic cells; Drug: fludarabine phosphate; Procedure: conventional surgery 2004	
	Primary Outcome Measures: Safety as measured by NCI common toxicity table at completion of study. /Response as measured by RECIST guidelines and the Kaplan-Meier method at 5 years. /Survival as measured by the Kaplan-Meier method at 5 years **Primary Compare the safety of vaccination comprising autologous dendritic cells loaded with autologous tumor lysate and keyhole limpet hemocyanin with vs without non-myeloablative fludarabine in patients with stage IV renal cell carcinoma. /Compare, preliminarily, the efficacy of these regimens in these patients. /Compare the overall survival of patients treated with these regimens.** **Secondary: Determine whether this vaccine induces tumor-reactive peripheral T-cell responses or delayed-type hypersensitivity in these patients.**		
Recruiting	Vaccination of Patients With Renal Cell Cancer With Dendritic Cell Tumor Fusions and GM-CSF		Renal Cell Cancer With Dendritic Cell Tumor Fusions and GM-CSF
	Condition:	Renal Cancer	
	Interventions:	Biological: Dendritic Cell Tumor Fusion Vaccine; Drug: Granulocyte Macrophage Colony Stimulating Factor (GM-CSF) 2007	

	Primary Outcome Measures: To assess the toxicity associated with and to investigate the clinical impact of vaccination with mature DC/Tumor fusion and GM-CSF of this patient population. [Time Frame: 5 years] / Secondary Outcome Measures: To determine if cellular and humoral immunity is induced by serial vaccination with DC/tumor fusion cells and GM-CSF [5 years] /to correlate immunologic response following vaccination. [Time Frame: 5 years] Tumor cells will be collected to make the study vaccine. Based on the location of the cancer, a decision will be made as to the best approach to obtain these cells. Participants will undergo a procedure known as leukapheresis in order to obtain their dendritic cells. Prior to this procedure they will receive 1 to 2 injection of GM-CSF to help increase their white blood cell count. If sufficient numbers of cells are obtained, tumor cells and dendritic cells will be fused (mixed) together in the laboratory and divided into the appropriate doses for administration. The treatment will consist of 3 vaccinations of fused cells given by an injection under your skin at 3-week intervals. The first six participants will receive only the study vaccine. The remaining participants will receive the study vaccine combined with GM-CSF. If enough vaccine cannot be made for the participant to receive 3 doses, the participant may receive only 2 doses of the study vaccine. Approximately 3 to 4 tablespoons of blood will be collected at certain times for testing the immune system and to determine if the study vaccine has increased the immune response against the tumor cells. Weekly visits for physical exam, assessment of adverse events and safety labs will be conducted. Regular blood draws will be done for at least 6 months following the completion of the study to follow safety labs and to monitor the immune response. Monthly physical exams will be performed following the last injection of the study vaccine. At one month, three months, and six months following the date the participant received the last study vaccine, they will have a CT scan to see if the study vaccine has affected their disease.	
Completed	Immunogenicity and Safety of GSK Biologicals' HPV Vaccine 580299 in Healthy Japanese Females 10–15 Years of Age		HPV Vaccine 580299 When Administered as a 3–dose Schedule in Healthy Japanese Pre–adolescent and Adolescent Female Subjects.
Has Results	Conditions:	Papillomavirus Infection; Cervical Cancer	
	Intervention:	Biological: Cervarix TM (HPV–16/18 L1 VLP AS04) 2007	
Active, not recruiting	Vaccine Therapy and QS21 in Treating Patients With Metastatic Breast Cancer		Immunization of High Risk Breast Cancer Patients With a Sialyl Lewis^a –Keyhole Limpet Hemocyanin Conjugate Plus the Immunological Adjuvant QS–21
	Condition:	Breast Cancer	
	Interventions:	Biological: QS21; Biological: sialyl Lewis^a–keyhole limpet hemocyanin conjugate vaccine; Other: immunoenzyme technique; Other: immunologic technique; Other: laboratory biomarker analysis 2007	
	Primary Outcome Measures: Safety + Immune response Secondary Outcome Measures: Presence of circulating tumor cells Primary : Determine the safety of sialyl Lewis^a -keyhole limpet hemocyanin conjugate vaccine and QS21 immunoadjuvant in patients with metastatic breast cancer. *Determine the IgG and IgM antibody response in these patients. /Determine the proportion of breast cancer cells expressing this antigen in these patients.* Secondary: Monitor the presence of circulating tumor cells prior to, during, and after this regimen in these patients. Blood samples are collected periodically and evaluated for circulating tumor cells and reactivity against sialyl Lewis^a antigen in ELISA and/or immunoprecipitation-western blot assays. After completion of study treatment, patients are followed every 3 months		
Recruiting	Dendritic Cell Vaccine in Treating Patients With Indolent B–Cell Lymphoma or Multiple Myeloma		Lymphoma Patients With Dendritic Cell–Lymphoma Cell Hybrids and Dendritic Cells Pulsed With Tumor Lysates
	Conditions:	Leukemia; Lymphoma; Multiple Myeloma and Plasma Cell Neoplasm	
	Interventions:	Biological: autologous lymphoma cell lysate–pulsed autologous dendritic cell vaccine; Biological: autologous lymphoma cell/allogeneic dendritic cell electrofusion hybrid vaccine; Biological: autologous lymphoma cell/autologous dendritic cell electrofusion hybrid vaccine 2009	

	Primary Outcome Measures: Immune response /Progression-free survival /Adverse events OBJECTIVES: Evaluation of feasibility of dendritic cell (DC)-based vaccination program using autologous tumor cells and/or lysates in patients with indolent B cell lymphomas or multiple myeloma as an adjuvant therapy to induce immune response in remission after cytoreductive treatment. /Evaluation of the immune response of patients /Evaluation the progression-free survival of patients treated this regimen. /Evaluate the adverse events of this regimen in these patients	
Active, not recruiting	Vaccine Plus Montanide ISA-51 and Sargramostim in Treating Patients With Stage IV Breast Cancer Condition: Breast Cancer Interventions: Biological: incomplete Freund's adjuvant; Biological: sargramostim; Biological: telomerase: 540-548 peptide	Telomerase Peptide Vaccination For Patients With Advanced Breast Cancer
	Primary: Determine the safety of telomerase: 540-548 peptide vaccine emulsified in Montanide ISA-51 and sargramostim (GM-CSF) in patients with HLA-A2-expressing stage IV breast cancer. Secondary: Compare the generation of human telomerase reverse transcriptase (hTERT) peptide-specific vs cytomegalovirus peptide-specific cytotoxic T-lymphocyte (CTL) immunity in patients treated with this regimen. /Correlate the dose level of this regimen with the generation of hTERT-specific CTL immunity and the development of hTERT-specific autoimmunity in these patients. /Determine the tumor response in patients treated with this regimen. OUTLINE: This is a dose-escalation study of the telomerase: 540-548 peptide and CMV 495 peptide portions of the vaccine	
Active, not recruiting	Vaccine Therapy in Preventing Cervical Cancer in Patients With Cervical Intraepithelial Neoplasia Conditions: Cervical Cancer; Precancerous Condition Intervention: Biological: pNGVL4a-Sig/E7(detox)/HSP70 DNA vaccine 2005	pNGVL4a-Sig/E7 (Detox)/HSP70 for the Treatment of Patients With HPV 16+ Cervical Intraepithelial Neoplasia 2/3
	Secondary Outcome Measures: Changes in lesion size and human papillomavirus viral load/ Cellular, humoral, and local tissue immune responses. /Correlate measures of immune response with clinical response. /Correlate measures of immune response with the preclinical model Determine changes in lesion size and HPV viral load in patients treated with this vaccine. / Determine the cellular, humoral, and local tissue immune responses in patients treated with this vaccine. /Correlate measures of immune response with clinical response in patients treated with this vaccine. /Correlate measures of immune response in patients treated with this vaccine with those observed in the preclinical model.	
Completed	Vaccine Therapy and Sargramostim in Treating Patients With Sarcoma or Brain Tumor Conditions: Brain and Central Nervous System Tumors; Gastrointestinal Stromal Tumor; Sarcoma Interventions: Biological: sargramostim; Biological: telomerase: 540-548 peptide vaccine	Vaccination With Telomerase Peptide Plus GM-CSF
	Determine the feasibility of treatment with telomerase: 540-548 peptide vaccine and sargramostim (GM-CSF) in patients with sarcoma or brain tumor./ Determine the safety and tolerability of this regimen in these patients./Determine the frequency of T-cell specific vaccine antigens during and after administration of this regimen in these patients. /Determine, preliminarily, the clinical response, if any, of patients treated with this regimen. /OUTLINE: Patients receive telomerase: 540-548 peptide vaccine subcutaneously (SC) on day 3 and sargramostim (GM-CSF) SC on days 1-4 of weeks 1, 3, 5, 7, 9, 11, 15, 19, and 23 PROJECTED ACCRUAL: A total of 35 patients (20 adult and 15 pediatric) will be accrued for this study.	
Completed	Study to Test the Efficacy of the Vaccine GSK 249553 in Treating Non-small-cell Lung Cancer After Tumour Removal by Condition: Non-Small-Cell Lung Cancer Interventions: Biological: GSK 249553 vaccine; Biological: Placebo 2006	Assess the Efficacy of GSK 249553 as Adjuvant Therapy Given to MAGE-3-Positive Patients With Non-Small-Cell Lung Cancer in Stage IB (T2/N0) or II (T1/N1 or T2/N1 or T3/N0),

	Primary Outcome Measures: Number of days from surgical resection to the recurrence of NSCLC (all types of recurrence will be included). Secondary Outcome Measures: All serious adverse events. /Haematological, biochemical and urinalysis parameters. /Unsolicited non-serious adverse events. /Recurrence. /Disease-free survival /Time to death. /Time to lung cancer death. /Lung-cancer-related death. [30 months after enrolment] /Antibodies to MAGE-3 and protein D [Time Frame: At all points during treatment as specified in the study schedule] / In vitro cellular immune response. / Serum level of Cyfra21.1 and CEA [Time Frame: At all points during treatment as specified in the study schedule] /Level of plasma DNA and molecular characterisation by loss of heterozygosity and microsatellite instability /Number of circulating tumour cells in the blood. /MAGE-3 expression in circulating tumour cells in the blood. /Gene expression profiles of primary and relapsed tumour samples . /Proteomes of the patients' plasma. /Solicited local and general signs and symptoms recorded by the patients on diary cards	
Recruiting	Health SMART (Stress Management and Relaxation Training) Condition: Breast Cancer Intervention: Behavioral: Cognitive Behavioral Stress Management (CBSM) 2009	Study of Stress Management and Vaccine Response
	Primary Outcome Measures: Linear mixed models regression with an exchangeable covariance structure will be used to determine the average change in IgM, IgG and proliferative response to HA vaccine antibody response to HA vaccine following the intervention, as a function of time. [Time Frame: From post-intervention to 1-month post-intervention (primary antibody response) and from 6-months post-intervention to 7-months post-intervention (secondary antibody response)] Secondary Outcome Measures: Linear mixed model regression with an exchangeable covariance structure will be used to investigate the effects of change in distress on immune response as a function of time. We will include time as a random effect. [Time Frame: Length of the protocol (Basline to 7 months post-intervention)]	
Completed	Vaccine Therapy Plus QS21 in Treating Patients With Prostate Cancer Condition: Prostate Cancer Intervention: Biological: MUC1-KLH vaccine/QS21 2000	Vaccination of Prostate Cancer Patients With MUC-1-KLH Conjugate Plus the Immunological Adjuvant QS21: A Trial Examining the Immunogenicity of MUC-1
	OBJECTIVES: I. Determine if immunization with glycosylated MUC-1 antigen containing MUC-1 (106) with keyhole limpet hemocyanin conjugate plus immunological adjuvant QS21 induces an antibody, helper T cell and/or cytotoxic T cell response against MUC-1 in patients with prostate cancer expressing MUC-1. II. Determine post-immunization changes in PSA levels and other objective parameters or disease (radionuclide bone scan and/or measurable disease if present) in these patients after receiving this therapy. OUTLINE: Patients receive glycosylated MUC-1 antigen containing MUC-1 (106) with keyhole limpet hemocyanin conjugate subcutaneously (SQ) plus immunological adjuvant QS21 SQ on weeks 1-3, 7, 15, and 27 for a total of 6 vaccinations. Patients are followed every 3 months for 1 year or until documented disease progression. PROJECTED ACCRUAL: A total of 25 patients will be accrued for this study within 1 year.	
Active, not recruiting	Vaccine Therapy in Treating Patients With Newly Diagnosed Glioblastoma Multiforme Condition: Brain and Central Nervous System Tumors Interventions: Biological: PEP-3-KLH conjugate vaccine; Biological: sargramostim; Other: placebo 2008	