

**A PHASE II STUDY OF ACTIVE IMMUNOTHERAPY WITH PANVAC™ OR  
AUTOLOGOUS, CULTURED DENDRITIC CELLS INFECTED WITH  
PANVAC™ AFTER COMPLETE RESECTION OF HEPATIC METASTASES  
OF COLORECTAL CARCINOMA**

**NON-TECHNICAL ABSTRACT**

Cancer is the second leading cause of death in the United States. The highest cancer mortality occurs in both men and women who have lung cancer, gastrointestinal cancers, and breast cancer. Overall standard options such as chemotherapy, radiation, and surgery have modestly improved the survival rate, however, due to relapse of the cancer or progression of the cancer remain as a major problem. Surgery is an option for treating colon cancer, however; 25-40% of patients will have the cancer spread to the liver. Many of these individuals will not be able to have the cancer in the liver surgically removed. However, for those patients who have disease located only in the liver, surgery can be offered with an attempt to cure the disease with a 5 year survival of 16-28%. Chemotherapy has been successful in treating individuals with liver metastases, however; recurrences of the cancer remain common. Because of the poor prognosis for individuals with hepatic metastatic disease, there is the need to develop additional methods in an effort to reduce the rate of relapse and to improve the survival rate for individuals.

Numerous approaches to inducing immune responses against colon cancer have been attempted including immunization with autologous tumor, viral vectors encoding tumor antigens such as CEA, peptides, and dendritic cell based vaccines.

The goal of this study is to determine if dendritic cells added to the prime boost regimen of PANVAC-V followed by PANVAC-F injections will reduce the rate of relapse and improve the survival rate for patients with resected hepatic metastases of colon cancer.

Each patient will be allocated to one of two immunization strategies. One strategy will consist of dendritic cells infected with PANVAC-V followed by dendritic cells infected with PANVACF. The second strategy consist of PANVAC-V followed by PANVAC-F, in an effort to determine which strategy is associated with a better rate of disease-free survival at 2 years following hepatic metastasis resection and adjuvant chemotherapy.