

Table 1. ACT clinical trial tumor responses and toxicities. ^a				
Target antigen	Cancer(s)	Receptor type	Tumor responses (patients responding/patients treated)	Immune-mediated toxicities (patients experiencing toxicity/patients treated)
gp100	Melanoma	TCR	3/16 ¹	Skin rash (15/16) Uveitis (4/16) Hearing impairment (5/16)
MART1	Melanoma	TCR	6/20 ¹	Skin rash (14/20) Uveitis (11/20) Hearing impairment (10/20)
CEA	Colon cancer	TCR	1/3 ²	Colitis (3/3)
CAIX	Renal cell carcinoma	CAR	0/8 ^{3,4}	Hepatotoxicity (4/8) ^b
HER2/Neu	Colon cancer	CAR	0/1 ⁵	Cytokine release syndrome (1/1)
MAGE-A3/A9/A12 ^c	Melanoma, synovial cell sarcoma, esophageal cancer	TCR	5/9 ⁶	Central nervous system toxicities (4/9)
MAGE-A3/titin ^d	Multiple myeloma, melanoma	TCR	0/2 ⁷	Cardiac toxicity (2/2)
CD19	B-cell malignancies	CAR	6/8 ⁸	Prolonged B cell deficiency (4/8) Cytokine release syndrome (4/8)
			3/3 ^{9,10}	Prolonged B cell deficiency (3/3)
			2/2 ¹¹	Prolonged B cell deficiency (2/2) Cytokine release syndrome (2/2)
			2/2 ¹²	Cytokine release syndrome (2/2)
GD2	Neuroblastoma	CAR	1/7 ¹³	None
NY-ESO-1	Synovial cell sarcoma, melanoma	TCR	9/17 ¹⁴	None

^a Antigen receptor gene therapy trials in which regression of bulky tumors or autoimmune toxicities occurred.

^b All patients had at least grade 1 and four patients had grade 3 or 4 liver enzyme elevations.

^c The MAGE-A3-specific TCR targeted an epitope shared by MAGE-A3 and MAGE-A9 and had cross-reactivity against an epitope of MAGE-A12.

^d The MAGE-A3-specific TCR was cross-reactive against an epitope of titin.

Table 2. Rationally selected candidate target antigens for ACT.					
Antigen	Tumor type	Expression frequency (%)	Healthy tissue expression	Advantages	Disadvantages
Cancer testis antigens (testis-restricted or tissue-restricted) ^a					
CTAG1B	Myeloma	7-36	Germ cells ¹⁵	Multiple tumor types, many potential epitopes	MHC restricted, tissue restriction uncertain, frequency and intensity of positive cells varies
	Adult T-cell leukemia	61			
	Transitional cell	35-45			
	Medulloblastoma	20			
	Esophageal squamous cell	41			
	Oral squamous cell	28			
	Hepatocellular	1-44			
	Non-small cell lung	2-33			
	Melanoma	0-71			
	Ovarian	10-30			
MAGEA1	Myeloma	20-52			
	Transitional cell	57			
	Glioblastoma	0-40			
	Head and neck	10-30			
	Hepatocellular	46-80			
	Non-small cell lung	10-70			
	Melanoma	16-90			
	Neuroblastoma	36			
Serous ovarian	42				
MAGE-C1	Myeloma	30-77			
	Medulloblastoma	28			
	Hepatocellular	48			
	Non-small cell lung	16-37			
	Melanoma	52			
SSX2	Myeloma	12-23			
	Glioblastoma	29			
	Hepatocellular	9-47			
	Non-small cell lung	12-17			
	Melanoma	0-35			
	Sarcoma	50			
MAGE-A2B	Ependymoma	57			
	Medulloblastoma	18-60			
	Hepatocellular	35			
	Non-small cell lung	0-33			
	Melanoma	41-70			
	Serous ovarian	21			
Osteosarcoma	82				
Brachyury	Lung	41 ¹⁶	Thyroid, B-cells, testis ^{16,17}	Functionally important, many potential epitopes	MHC restricted, tissue restriction uncertain, frequency and intensity of positive cells varies
NY-BR-1	Breast	84 ¹⁸	Breast, testis ¹⁸	Many potential epitopes, cell surface	Tissue restriction uncertain

				expression	
Other tissue restricted antigens					
CD19	B-cell malignancies	100	B cells	No MHC restriction	Normal tissue targeted, escape variants ¹¹
BCMA	Multiple myeloma	100	B cells, plasma cells ¹⁹	No MHC restriction	Normal tissue targeted
Mutated proteins^b					
KRAS G13D	Colon	5	None	Functionally important	MHC restricted, few epitopes, generally low frequency of mutation
KRAS G12V	Colon	7			
	Pancreas	18			
KRAS G12R	Pancreas	7			
KRAS G12D	Colon	11			
	Pancreas	29			
KRAS G12C	Lung	7			
EGFRviii	Glioblastoma	24-67 ^{20,21}	None	No MHC restriction, functionally important	Frequency and intensity of positive cells varies
	Head and neck	42 ²²			
Viral antigens					
HPV 16 E6 HPV 16 E7	Oropharynx	61 ²³	None	Functionally important, constitutively expressed, many potential epitopes	MHC restricted
	Cervix	53 ²⁴			
	Vagina	50 ²⁵			
	Vulva	30 ²⁵			
	Anus	70 ²⁵			
	Penis	28 ²⁶			
HPV18 E6 HPV18 E7	Cervix	13 ²⁴			
^a Expression frequencies were extracted from the CTpedia database ²⁷ . All studies had ≥ 10 specimens tested. Tissues with ≥ 20% positive samples in at least one study are included.					
^b Mutation frequencies are as reported by Warren and Holt ²⁸ .					

1. Johnson, L. A. *et al.* Gene therapy with human and mouse T-cell receptors mediates cancer regression and targets normal tissues expressing cognate antigen. *Blood* **114**, 535–546 (2009).
2. Parkhurst, M. R. *et al.* T cells targeting carcinoembryonic antigen can mediate regression of metastatic colorectal cancer but induce severe transient colitis. *Mol. Ther.* **19**, 620–626 (2010).
3. Lamers, C. H. J. *et al.* Treatment of metastatic renal cell carcinoma with autologous T-lymphocytes genetically retargeted against carbonic anhydrase IX: first clinical experience. *J. Clin. Oncol.* **24**, e20–e22 (2006).
4. Lamers, C. H. *et al.* Treatment of metastatic renal cell carcinoma with CAIX CAR-engineered T cells: clinical evaluation and management of on-target toxicity. *Mol. Ther.* **21**, 904–912 (2013).
5. Morgan, R. A. *et al.* Case report of a serious adverse event following the administration of T cells transduced with a chimeric antigen receptor recognizing ERBB2. *Mol. Ther.* **18**, 843–851 (2010).
6. Morgan, R. A. *et al.* Cancer regression and neurological toxicity following anti-MAGE-A3 TCR gene therapy. *J. Immunother.* **36**, 133–151 (2013).
7. Linette, G. P. *et al.* Cardiovascular toxicity and titin cross-reactivity of affinity enhanced T cells in myeloma and melanoma. *Blood* (2013). doi:10.1182/blood-2013-03-490565
8. Kochenderfer, J. N. *et al.* B-cell depletion and remissions of malignancy along with cytokine-associated toxicity in a clinical trial of anti-CD19 chimeric-antigen-receptor-transduced T cells. *Blood* **119**, 2709–2720 (2012).
9. Porter, D. L., Levine, B. L., Kalos, M., Bagg, A. & June, C. H. Chimeric antigen receptor-modified T cells in chronic lymphoid leukemia. *N. Engl. J. Med.* **365**, 725–733 (2011).
10. Kalos, M. *et al.* T cells with chimeric antigen receptors have potent antitumor effects and can establish memory in patients with advanced leukemia. *Sci. Transl. Med.* **3**, 95ra73 (2011).
11. Grupp, S. A. *et al.* Chimeric antigen receptor-modified T cells for acute lymphoid leukemia. *N. Engl. J. Med.* **368**, 1509–1518 (2013).
12. Brentjens, R. J. *et al.* CD19-targeted T cells rapidly induce molecular remissions in adults with chemotherapy-refractory acute lymphoblastic leukemia. *Sci. Transl. Med.* **5**, 177ra38 (2013).
13. Pule, M. A. *et al.* Virus-specific T cells engineered to coexpress tumor-specific receptors: persistence and antitumor activity in individuals with neuroblastoma. *Nat. Med.* **14**, 1264–1270 (2008).
14. Robbins, P. F. *et al.* Tumor regression in patients with metastatic synovial cell sarcoma and melanoma using genetically engineered lymphocytes reactive with NY-ESO-1. *J. Clin. Oncol.* **29**, 917–924 (2011).
15. Hofmann, O. *et al.* Genome-wide analysis of cancer/testis gene expression. *Proc. Natl. Acad. Sci.* **105**, 20422–20427 (2008).
16. Roselli, M. *et al.* Brachyury, a driver of the epithelial-mesenchymal transition, is overexpressed in human lung tumors: an opportunity for novel interventions against lung cancer. *Clin. Cancer Res.* **18**, 3868–3879 (2012).
17. Palena, C. *et al.* The human T-box mesodermal transcription factor Brachyury is a candidate target for T-cell-mediated cancer immunotherapy. *Clin. Cancer Res.* **13**, 2471–2478 (2007).
18. Jäger, D. *et al.* Identification of a Tissue-specific Putative Transcription Factor in Breast Tissue by Serological Screening of a Breast Cancer Library. *Cancer Res.* **61**, 2055–2061 (2001).
19. Carpenter, R. O. *et al.* B-cell maturation antigen is a promising target for adoptive T-cell therapy of multiple myeloma. *Clin. Cancer Res.* (2013). doi:10.1158/1078-0432.CCR-12-2422

20. Humphrey, P. A. *et al.* Anti-synthetic peptide antibody reacting at the fusion junction of deletion-mutant epidermal growth factor receptors in human glioblastoma. *Proc. Natl. Acad. Sci.* **87**, 4207–4211 (1990).
21. Wong, A. J. *et al.* Structural alterations of the epidermal growth factor receptor gene in human gliomas. *Proc. Natl. Acad. Sci.* **89**, 2965–2969 (1992).
22. Sok, J. C. *et al.* Mutant Epidermal Growth Factor Receptor (EGFRvIII) Contributes to Head and Neck Cancer Growth and Resistance to EGFR Targeting. *Clin. Cancer Res.* **12**, 5064–5073 (2006).
23. Ang, K. K. *et al.* Human Papillomavirus and Survival of Patients with Oropharyngeal Cancer. *N. Engl. J. Med.* **363**, 24–35 (2010).
24. Wheeler, C. M. *et al.* Human papillomavirus genotype distributions: implications for vaccination and cancer screening in the United States. *J. Natl. Cancer Inst.* **101**, 475–487 (2009).
25. De Vuyst, H., Clifford, G. M., Nascimento, M. C., Madeleine, M. M. & Franceschi, S. Prevalence and type distribution of human papillomavirus in carcinoma and intraepithelial neoplasia of the vulva, vagina and anus: a meta-analysis. *Int. J. Cancer* **124**, 1626–1636 (2009).
26. Heideman, D. A. M. *et al.* Human papillomavirus-16 is the predominant type etiologically involved in penile squamous cell carcinoma. *J. Clin. Oncol.* **25**, 4550–4556 (2007).
27. CTpedia. at <<http://www.cta.lncc.br/index.php>>
28. Warren, R. L. & Holt, R. A. A census of predicted mutational epitopes suitable for immunologic cancer control. *Hum. Immunol.* **71**, 245–254 (2010).