ONLINE DISCUSSIONS LEADING TO FINAL RANKINGS

Dr. Cheever reminded the participants of the main objective of this workshop: to develop a global priority list to present to the RAID SEP and the NCI advisory board. However, the entire investigator community is interested in its outcome. Not only is it important to recommend agents that RAID should consider acquiring for distribution and/or manufacture, but also those that could be made available through other mechanisms such as cooperative research and development agreements (CRADAs) with pharmaceutical firms.

He recommended that as a starting point, the workshop participants establish priorities within the agent groupings as reviewed to ensure consensus on their categorization. From there, the agents could be ranked across groupings to arrive at a list of the top 10. Dr. Cheever recommended that participants arrive at a "preliminary ranking" by consensus and acclimation but that priorities be reviewed and revised later by e-mail after everyone has had time to think about the rankings. Some participants suggested listing the top 10 agents in alphabetical order to recommend them as a group rather than assigning priorities to the individual agents. Others disagreed.

By voice acclamation, the group assigned the preliminary priority rankings shown in Table 3, with the understanding that they were subject to change. The final priority rankings were established via subsequent e-mail communications and balloting.

Drs. Creekmore and Cheever thanked the participants and adjourned the meeting.[3]

Table 2: Criteria for Ranking

- Potential for use in cancer therapy.
- Perceived need by multiple independent clinical investigators.
- Potential use in more than one clinical setting, e.g., against different tumor types or as part of multiple therapy regimens.
- Not broadly available for testing in patients.
- Not commercially available or likely to be approved for commercial use in the near future.

[3] Although the workshop was originally scheduled to last 2 full days, business was concluded on the first day.

Table 3. NCI Immunotherapy Workshop: Preliminary Rankings. The agents appear in rank order within the groupings indicated by the column headings. The overall preliminary ranking of each agent, across all four categories, is indicated by the number appearing before its name.

Adjuvants	T cell Growth Factors	Anti-Checkpoint and Varied Agents	Co-Stimulatory and Varied Agents
3. IL-12 **6.** CpG **11.** Flt3L **14.** Poly I:C and/or poly ICLC **16.** MPL **18.** Resiquimod and/or 852A **Low Priority**. IL-4	**1.** IL-15 **5.** IL-7 **21.** IL-21	**2.** Anti–PD-1 and/or anti–B7-H1 **9.** Anti–4-1BB **12.** Anti–GITR **15.** Anti-OX40 **17.** Anti–B7-H4 **Anti–CTLA-4***	**4.** Anti-CD40 and/or CD40L **7.** Anti–TGF-beta **8.** 1-methyl tryptophan **10.** Anti–IL-10 or anti–11-10R **13.** CCL21 Adv **19.** LIGHT and/or LIGHT vector **20.** Anti–LAG-3 sLAG-3 **Low Priority**. TGF-beta receptor

* Unique category because registration/approval is likely to occur in the near term.