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Site attachment inhibition therapeutics: Dealing with association and causation issues

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This talk highlights that site attachment inhibition (therapeutics involving the negation of cellular attachment, or entry/transfer, by the pathogen) is intended to consist of both: treatment of established infections; and new generation immunization programs (preventative treatment). New generation immunization programs, based on prenatal stem cell therapy in the prenatal period and earlier spanning back to spermatogenesis and oogenesis (stc based immunization), is intended to involve gene mutagenesis, and knockout. Validation for likely success includes inherited mutations mentioned in the references noted that provide resultant resistance (immunity) to the stated infections including HIV and Malaria. Association and causation issues need to be dealt with given that even the known CCR5 mutation has not been completely confirmed as direct/causative of the resultant resistance/immunity. In brief, using technologies including those above would allow comparison between cells in which entry of the pathogen is occurring to those in which entry of the pathogen is not occurring (or, not able to) and through analysis of the genetics of the human cellular biology used by the pathogen to gain cellular attachment (or, transfer and entry), the genes to be targeted in mutagenesis and knockout can be analysed. NB: The pathogen machinery also is to be analysed. The medical profession may need to head toward the future and consider stc based immunization programs for inclusion as routine procedures the same way procedures such as amniocentesis have become part of practice in the profession. In summary, this presentation presents new content with regards to site attachment inhibition therapeutics. Site attachment inhibition therapeutics is intended to be applicable to all infections broadly. The next conference presentations will cover issues surrounding antimicrobial resistance.

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