Table 1. Vaccination	strategies -	Advantages	vs disadvantages
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Vaccination strategy	Advantages	Disadvantages
Whole tumor cells	 Complete Ag pool of an individual tumor (including Ags that have not been identified yet) Activation of a polyclonal and more effective immune response The immune system rather than the vaccinologist selects the most immunogenic tumor-specific Ags 	 Must be made individually for each patient Lack of co-stimulatory molecules on solid tumor cells Immune response difficult to monitor Induction of auto-immunity in presence of adjuvant
Dendritic cells (DCs)	 Presentation of the vaccine Ags to other cell types of the immune system Expression of high levels of HLA complexes and co-stimulatory molecules Stimulation of both naive and memory T cells 	 Must be made individually for each patient Generation of DCs technically challenging Money- and time-consuming treatment
DNA	 Easy and cheap to produce and purify Require no special handling or storage conditions Elicitation of both CD8+ and CD4+ immune responses as well as humoral responses 	 DNA integration into the cell genome potentially promoting malignancy Less effective than peptide vaccines at inducing the CD8+ T cell response
Peptides	 Easy to manufacture Strong CD8+ T cell response Known sequence and biochemistry Allow specific monitoring of the patient's immune response 	 Immune response limited to one or few epitopes HLA-restriction Degradation in absence of adjuvant
Anti-idiotypic antibodies	 Unrestricted HLA population Allow effective vaccination against non-protein Ags and poorly immunogenic Ags Elicit both humoral and cellular immune response 	- Human anti-mouse antibody response