ACTIVATED LYMPHOCYTIC CELLS AND METHODS OF USING THE SAME TO TREAT CANCER AND INFECTIOUS CONDITIONS

CROSS REFERENCE TO RELATED APPLICATIONS

[0001] This application claims priority to U.S. Provisional Application No. 62/861,487, filed June 14, 2019, which is hereby incorporated by reference in its entirety.

FIELD

[0002] Provided herein are methods for treating a patient with human immunodeficiency virus (HIV), cancer, a viral infection, or a bacterial infection, comprising administering cellular compositions comprising activated lymphocytic cells, such as natural kill (NK) cells. Related compositions, kits, and methods for modulating the immune system using such activated cells are also provided.

BACKGROUND

[0003] Natural killer (NK) cells are innate lymphocytes important for mediating anti-viral and anti-cancer immunity through cytokine and chemokine secretion, and through the release of cytotoxic granules (Vivier *et al*. Science 331(6013):44-49 (2011); Caligiuri, Blood 112(3):461-469 (2008); Roda *et al*., Cancer Res. 66(1):517-526 (2006)). Thus, NK cells are part of the body's defense system and act as an army to protect from invaders like viruses and infections. Similarly, NK cells are important immune effector cells for fighting cancer.

[0004] Early clinical trials using autologous NK cells failed to demonstrate significant clinical benefit. Since NK cells in cancer patients are highly dysfunctional and reduced in number, methods and compositions for restoring or increasing cytolytic NK cell numbers and increasing their anti-tumor, anti-viral, and/or anti-bacterial activity are greatly needed.

SUMMARY

[0005] In one aspect, the present disclosure provides a use of a lymphocytic cellular composition comprising activated natural killer (NK) cells in the manufacture of a medicament for treating a patient with HIV, cancer, a viral infection, or a bacterial infection.

[0005a] In another aspect, the present disclosure provides a use of a lymphocytic cellular composition comprising activated NK cells in the manufacture of a medicament for increasing an immune response in a patient in need thereof.

[0005b] In another aspect, the present disclosure provides a use of a lymphocytic cellular composition comprising activated natural killer (NK) cells in the manufacture of a medicament for inhibiting HIV replication in a patient.

[0005c] In another aspect, the present disclosure provides a use of a lymphocytic cellular composition comprising activated natural killer (NK) cells in the manufacture of a medicament for inhibiting tumor growth in a patient.

[0005d] In another aspect, the present disclosure provides a use of a lymphocytic cellular composition comprising activated natural killer (NK) cells in the manufacture of a medicament for inhibiting a viral or bacterial replication or reproduction in a subject having a viral or bacterial infection.

[0005e] In some examples, methods of treating a patient with HIV, cancer, a viral infection, or a bacterial infection, the method comprising administering an effective amount of a lymphocytic cellular composition comprising activated NK cells to the patient are provided.

[0006] In some examples, methods for increasing immune response in a patient in need thereof, comprising administering an effective amount of a lymphocytic cellular composition comprising activated NK cells to the patient are provided.

[0007] In some examples, methods of inhibiting HIV replication in a patient, the method comprising administering to the subject with HIV an effective amount of a lymphocytic cellular composition comprising activated natural killer (NK) cells to the patient are provided.

[0008] In some examples, methods of inhibiting tumor growth in a patient, the method comprising administering to the patient with the tumor an effective amount of a lymphocytic cellular composition comprising activated natural killer (NK) cells to the patient are provided.

[0009] In some examples, methods of inhibiting a viral or bacterial replication or reproduction in a subject having a viral or bacterial infection, the method comprising administering to the subject with the viral or bacterial infection an effective amount of a lymphocytic cellular composition comprising activated natural killer (NK) cells to the patient are provided.

[0010] In some aspects, methods of activating NK cells, the method comprising contacting a cellular composition comprising the NK cells *in vitro* with at least one cytokine and optionally soluble fibroblast growth factor receptor 1(sFGFR1) are provided.

[0011] In some aspects, a cytokine and optionally soluble fibroblast growth factor receptor 1(sFGFR1) activated lymphocytic cellular composition comprising activated natural killer (NK) cells is provided. In some examples, the composition is a pharmaceutical composition.

[0012] In a further aspect, the present disclosure provides a cytokine and optionally soluble fibroblast growth factor receptor 1(sFGFR1) activated lymphocytic cellular composition comprising activated natural killer (NK) cells for use in treating a patient with HIV, cancer, a viral infection, or a bacterial infection. In some examples, a cytokine and optionally soluble fibroblast growth factor receptor 1(sFGFR1) activated lymphocytic cellular composition comprising activated natural killer (NK) cells for treating a patient with HIV, cancer, a viral infection, or a bacterial infection is provided. In some examples, the composition is a pharmaceutical composition.

[0013] In a further aspect, the present disclosure provides a use of a cytokine and optionally soluble fibroblast growth factor receptor 1(sFGFR1) activated lymphocytic cellular composition comprising activated natural killer (NK) cells in the preparation of a medicament for treating a patient with HIV, cancer, a viral infection, or a bacterial infection. In some examples, a cytokine and optionally soluble fibroblast growth factor receptor 1(sFGFR1) activated lymphocytic cellular composition comprising activated natural killer (NK) cells for the preparation of a medicament for treating a patient with HIV, cancer, a viral infection, or a bacterial infection are provided. In some examples, the composition is a pharmaceutical composition.

[0014] In certain examples, the cellular compositions further comprise activated Gamma delta T cells (GDT cells). In some examples, the cellular compositions further comprise invariant natural killer T cells (iNKT cells). In some examples, the cellular compositions further comprise CD3 T cells.

[0015] In some examples, prior to administration to the patient, the lymphocytic cellular composition is activated by mixing/incubating/contacting the cells with at least one cytokine and optionally soluble fibroblast growth factor receptor 1(sFGFR1).

[0016] In some examples, the cytokine is selected from the group consisting of IL-2, IL-15, IL-21, Flt3-L, stem cell factor (SCF), IL-7, IL-12, and IL18, and any combination thereof.

[0017] In some examples, the cytokine is incubated/mixed/contacted with the cellular composition for between about 6-24 hours.

[0018] In some examples, the amount of cytokine incubated with the cellular composition is between about 100-1000IU/ml.

[0019] In some examples, the method further comprises pre-conditioning the patient prior to administering the activated NK cells by administering at least one lympho-suppressive agent, chemotherapeutic agent, or immunosuppressive agent for between 3-5 days prior to administering the lymphocytic cellular composition.

[0020] In yet additional examples, the lympho-suppressive or chemotherapeutic agent comprises any one or combination of agents including 6TG, 6-MMP, and one or more purine analogues selected from the group consisting of clofarabine, fludarabine, and cytarabine.

[0021] In some examples, the dose of the lympho-suppressive or chemotherapeutic agent ranges from about 5mg/m^2 to about 50mg/m^2.

[0022] In some examples, the chemotherapeutic or immunosuppressive agent comprises any one or a combination of cyclophosphamide, rituximab, and optionally a steroid.

[0023] In some examples, the steroid is a glucocorticoid steroid.

[0024] In some examples, the steroid is prednisone.

[0025] In some examples, the dose of the chemotherapeutic agent or immunosuppressive agent ranges from about 20mg/m^2 to about 1000mg/m^2 (confirm lowest and highest possible dosages).

[0026] In some examples, the method further comprises administering to the patient interferon-alpha (IFN-α), or a biological equivalent thereof, at a dosage of between about 1 X 10^6IU/m^2/d to about 10 x 10^6IU/m^2/d, two days and 1 day prior to administering the lymphocytic cellular composition comprising activated NK cells.

[0027] In some examples, the method further comprises administering to the patient one or two antihistamine drugs, on the same day, but at least about 2-6 hours prior to administration of the lymphocytic cellular composition comprising activated NK cells to the patient.

[0028] In some examples, the method further comprises administering to the patient IL-2 on the day of administration and on the first day following administration of the lymphocytic cellular composition comprising activated NK cells, and continuing for between 3-14 additional days following administration of the activated NK cells, in a dosage of about 3-6 X 10^6 IU per dose.

[0029] In some examples, the method further comprises administering to the patient a COX-2 inhibitor or a nonsteroidal anti-inflammatory drug (NSAID), or a combination thereof, on the day

of administration of the activated NK cells, and continuing for between at least 14 and 60 days following administration of the activated NK cells.

[0030] In some examples, the COX-2 inhibitor is celecoxib or rofecoxib, and the nonsteroidal anti-inflammatory drug is selected from the group consisting of aspirin, indomethacin (Indocin), ibuprofen (Advil, Motrin), naproxen (Naprosyn), piroxicam (Feldene), and nabumetone (Relafen).

[0031] In some examples, the NK cells are allogeneic to the patient.

[0032] In some examples, the NK cells are not HLA-matched with the patient. In some examples, the NK cells are intentionally HLA-mismatched, or KIR-inhibitory ligand/HLA mismatched.

[0033] In some examples, the dosage of activated cells ranges from about 3-50 x 10^6.

[0034] In some examples, the viral infection is selected from the group consisting of viral infections caused by retroviruses (*e.g.*, human T-cell lymphotrophic virus (HTLV) types I and II and human immunodeficiency virus (HIV)), herpes viruses (*e.g.*, herpes simplex virus (HSV) types I and II, Epstein-Ban virus and cytomegalovirus), arenaviruses (*e.g.*, lassa fever virus), paramyxoviruses (*e.g.*, morbillivirus virus, human respiratory syncytial virus, and pneumovirus), adenoviruses, bunyaviruses (*e.g.*, hantavirus), coronaviruses, filoviruses (*e.g.*, Ebola virus), flaviviruses (*e.g.*, hepatitis C virus (HCV), yellow fever virus, and Japanese encephalitis virus), hepadnaviruses (*e.g.*, hepatitis B viruses (HBV)), orthomyoviruses (*e.g.*, Sendai virus and influenza viruses A, B and C), papovaviruses (*e.g.*, papillomaviruses), picornaviruses (*e.g.*, rhinoviruses, enteroviruses and hepatitis A viruses), poxviruses, reoviruses (*e.g.*, rotaviruses), togaviruses (*e.g.*, rubella virus), and rhabdoviruses (*e.g.*, rabies virus), and any combination thereof. In some examples, the viral infection is HIV. In some examples, the viral infection is HCV. In some examples, the viral infection is HBV. In some examples, the viral infection is a coronavirus. In some examples, the viral infection is COVID-19.

[0035] In some examples, the cancer is a hematological or hematogenous cancer selected from the group consisting of acute leukemia, acute myelocytic leukemia, acute myelogenous leukemia, myeloblastic leukemia, promyelocytic leukemia, myelomonocytic leukemia, monocytic leukemia, erythro leukemia, chronic leukemia, chronic myelocytic (or granulocytic) leukemia, chronic myelogenous leukemia, chronic lymphocytic leukemia, polycythemia vera, lymphoma, Hodgkin's disease, non-Hodgkin's lymphoma (indolent and high grade forms), multiple myeloma,

Waldenstrom's macroglobulinemia, heavy chain disease, myelodysplastic syndrome, hairy cell leukemia and myelodysplasia, and any combination thereof.

[0036] In some examples, the cancer is a solid tumor selected from the group consisting of fibrosarcoma, myxosarcoma, liposarcoma, chondrosarcoma, osteosarcoma, and other sarcomas, synovioma, mesothelioma, Ewing's tumor, leiomyosarcoma, rhabdomyosarcoma, colon carcinoma, lymphoid malignancy, pancreatic cancer, breast cancer, lung cancers, ovarian cancer, prostate cancer, hepatocellular carcinoma, squamous cell carcinoma, basal cell carcinoma, adenocarcinoma, sweat gland carcinoma, medullary thyroid carcinoma, papillary thyroid carcinoma, pheochromocytomas sebaceous gland carcinoma, papillary carcinoma, papillary adenocarcinomas, medullary carcinoma, bronchogenic carcinoma, renal cell carcinoma, hepatoma, bile duct carcinoma, choriocarcinoma, Wilms' tumor, cervical cancer, testicular tumor, seminoma, bladder carcinoma, melanoma, and CNS tumors (such as a glioma (such as brainstem glioma and mixed gliomas), glioblastoma (also known as glioblastoma multiforme) astrocytoma, CNS lymphoma, germinoma, medulloblastoma, Schwannoma craniopharyogioma, ependymoma, pinealoma, hemangioblastoma, acoustic neuroma, oligodendroglioma, menangioma, neuroblastoma, retinoblastoma and brain metastases.

[0037] In some examples, the bacterial infection is caused by one of the pathogenic bacterial species Bacteroides, Clostridium, Streptococcus, Staphylococcus, Pseudomonas, Haemophilus, Legionella, Mycobacterium, Escherichia, Salmonella, Shigella, or Listeria.

[0038] In some examples, graft versus host disease (GVHD) is decreased or eliminated, while graft versus tumor (GVT) or graft versus virus (GVV) is increased in the patient.

[0039] In some examples, administration of IL-2 is counter-indicated and not administered following administration of the lymphocytic cellular composition comprising activated NK cells, when the patient has lymphocytic or lymphoblastic leukemia or lymphoma.

[0040] In some examples, the method further comprises at a time-frame of from 4-14 days following administration of the lymphocytic cellular composition comprising activated NK cells, administering the patient an immune check-point inhibitor, including any one or combination of two check point inhibitors, including an inhibitor of PD-1 or PD-L1 (B7-H1), such as an anti-PD-1 antibody, including nivolumab (Nivolumab from Bristol-Myers Squibb), pembrolizumab/lambrolizumab, also known as MK-3475 (Keytruda from Merck), pidilizumab (Curetech), AMP-224 (Amplimmune), or an anti-PD-L1 antibody, including MPDL3280A

(Roche), MDX-1105 (Bristol Myer Squibb), MEDI-4736 (AstraZeneca) and MSB-0010718 C (Merck), an antagonist of CTLA-4, such as an anti-CTLA-4 antibody including anti-CTLA4 antibody Yervoy^{TM}(ipilimumab, Bristol-Myers Squibb), tremelimumab (Pfizer), Ticilimumab (AstraZeneca) or AMGP-224 (Glaxo Smith Kline), or a tumor specific antibody trastuzumab (Herceptin) for breast cancer, rituximab (Rituxan) for lymphoma, or cetuximab (Erbitux).

[0041] In some examples, the treatment or increasing the immune response is repeated periodically for time frames of from once every month, to once every two months, to once every 3 months, to once every 4 months, to once every 5 months, to once every 6 months, or once every 7 months, or once every 8 months, or once every 9 months, or once every 10 months, or once every 11 months, or once annually as a maintenance treatment, for as long as the patient exhibits improvement or stable/non-progressing disease.

BRIEF DESCRIPTION OF THE DRAWINGS

[0042] Figure 1 is a table showing exemplary treatment regimens including pre-treatment conditioning, cell infusion treatments, and post-cell infusion treatment options ("post-conditioning") for the various patient populations.

[0043] Figure 2A illustrates a non-limiting treatment regimen and HIV viral load counts from an HIV patient treated according to the methods described herein.

[0044] Figure 2B illustrates a non-limiting treatment regimen and HIV viral load counts from an HIV patient treated according to the methods described herein.

[0045] Figure 3A, Figure 3B, Figure 3C, Figure 3D, and Figure 3E illustrate tables and schematics summarizing patient numbers and tumor types (**Figure 3A**), treatment

WHAT IS CLAIMED IS:

1. Use of a lymphocytic cellular composition comprising activated natural killer (NK) cells in the manufacture of a medicament for treating a patient with HIV, cancer, a viral infection, or a bacterial infection.

2. Use of a lymphocytic cellular composition comprising activated NK cells in the manufacture of a medicament for increasing an immune response in a patient in need thereof.

3. Use of a lymphocytic cellular composition comprising activated natural killer (NK) cells in the manufacture of a medicament for inhibiting HIV replication in a patient.

4. Use of a lymphocytic cellular composition comprising activated natural killer (NK) cells in the manufacture of a medicament for inhibiting tumor growth in a patient.

5. Use of a lymphocytic cellular composition comprising activated natural killer (NK) cells in the manufacture of a medicament for inhibiting a viral or bacterial replication or reproduction in a subject having a viral or bacterial infection.

6. The use of any one of claims 1-5, wherein the cellular composition further comprises activated gamma delta T cells (GDT cells).

7. The use of any one of claims 1-5, wherein the cellular composition further comprises invariant natural killer T cells (iNKT cells).

8. The use of any one of claims 1-5, wherein the cellular composition further comprises $CD3^+$ T cells.

9. The use of any of claims 1-8, wherein prior to administration to the patient, the lymphocytic cellular composition is activated by mixing/incubating/contacting the cells with at least one cytokine and optionally soluble fibroblast growth factor receptor 1(sFGFR1).

10. The use of claim 9, wherein the cytokine is selected from the group consisting of IL-2, IL-15, IL-21, Flt3-L, stem cell factor (SCF), IL-7, IL-12, and IL18, and any combination thereof.

11. The use of claim 10, wherein the cytokine is incubated/mixed/contacted with the cellular composition for between about 6-24 hours.

12. The use of claim 10, wherein the amount of cytokine incubated with the cellular composition is between about 100-1000IU/ml.

13. The use of any of claims 1-12, further comprising that the patient is to be pre-conditioned prior to administration of the lymphocytic cellular composition by administration of at least one lympho-suppressive agent, chemotherapeutic agent, or immunosuppressive agent for between 3-5 days prior to administration of the lymphocytic cellular composition.

14. The use of claim 13, wherein the lympho-suppressive or chemotherapeutic agent comprises any one of 6TG, 6-MMP, one or more purine analogues selected from the group consisting of clofarabine, fludarabine, and cytarabine, or any combination thereof.

15. The use of claim 14, wherein the dose of the lympho-suppressive or chemotherapeutic agent ranges from about 5mg/m^2 to about 50mg/m^2.

16. The use of claim 13, wherein the chemotherapeutic or immunosuppressive agent comprises any cyclophosphamide, rituximab, a steroid, or any combination thereof.

17. The use of claim 16, wherein the steroid is a glucocorticoid steroid.

18. The use of claim 17, wherein the steroid is prednisone.

19. The use of claim 16, wherein the dose of the chemotherapeutic agent or immunosuppressive agent ranges from about 20 mg/m2 to about 1000 mg/m2.

20. The use of claim 13, further comprising that the patient is to be administered interferon-alpha (IFN-α), or a biological equivalent thereof, at a dosage of from about 1 x 10^6 IU/m^2/d to about 10 x 10^6 IU/m^2/d, two days and/or 1 day prior to administration of the lymphocytic cellular composition.

21. The use of any of claims 1-20, further comprising that the patient is to be administered IL-2 on the day of administration of the lymphocytic cellular composition and on the first day following administration of the lymphocytic cellular composition, and optionally continuing for between 3-14 additional days following administration of the lymphocytic cellular composition, in a dosage of about 3-6 x 10^6 IU/m^2 per dose.

22. The use of any of claims 1-21, further comprising that the patient is to be administered a COX-2 inhibitor or a nonsteroidal anti-inflammatory drug (NSAID), or a combination thereof, on the day of administration of the lymphocytic cellular composition, and continuing for between at least 14 and 60 days following administration of the lymphocytic cellular composition.

23. The use of claim 22, wherein the COX-2 inhibitor is celecoxib or Rofecoxib, and the nonsteroidal anti-inflammatory drug is selected from the group consisting of aspirin, indomethacin, ibuprofen, naproxen, piroxicam, and nabumetone.

24. The use of any of claims 1-23, wherein the activated NK cells are allogeneic to the patient.

25. The use of any of claims 1-24, wherein the NK cells are not HLA-matched with the patient.

26. The use of any of claims 1-25, wherein the dosage of activated cells ranges from about 3-50 x 10^6.

27. The use of any of claims 1-26, wherein the viral infection is selected from the group consisting of viral infections caused by retroviruses (*e.g.*, human T-cell lymphotrophic virus

(HTLV) types I and II and human immunodeficiency virus (HIV)), herpes viruses (*e.g.*, herpes simplex virus (HSV) types I and II, Epstein-Ban virus and cytomegalovirus), arenaviruses (*e.g.*, lassa fever virus), paramyxoviruses (*e.g.*, morbillivirus virus, human respiratory syncytial virus, and pneumovirus), adenoviruses, bunyaviruses (*e.g.*, hantavirus), coronaviruses, filoviruses (*e.g.*, Ebola virus), flaviviruses (*e.g.*, hepatitis C virus (HCV), yellow fever virus, and Japanese encephalitis virus), hepadnaviruses (*e.g.*, hepatitis B viruses (HBV)), orthomyoviruses (*e.g.*, Sendai virus and influenza viruses A, B and C), papovaviruses (*e.g.*, papillomaviruses), picornaviruses (*e.g.*, rhinoviruses, enteroviruses and hepatitis A viruses), poxviruses, reoviruses (*e.g.*, rotaviruses), togaviruses (*e.g.*, rubella virus), and rhabdoviruses (*e.g.*, rabies virus), and any combination thereof.

28. The use of any of claims 1-26, wherein the cancer is a hematological or hematogenous cancer selected from the group consisting of acute leukemia, acute myelocytic leukemia, acute myelogenous leukemia, myeloblastic leukemia, promyelocytic leukemia, myelomonocytic leukemia, monocytic leukemia, erythro leukemia, chronic leukemia, chronic myelocytic (or granulocytic) leukemia, chronic myelogenous leukemia, chronic lymphocytic leukemia, polycythemia vera, lymphoma, Hodgkin's disease, non-Hodgkin's lymphoma (indolent and high grade forms), multiple myeloma, Waldenstrom's macroglobulinemia, heavy chain disease, myelodysplastic syndrome, hairy cell leukemia and myelodysplasia, and any combination thereof.

29. The use of any of claims 1-26, wherein the cancer is a solid tumor selected from the group consisting of fibrosarcoma, myxosarcoma, liposarcoma, chondrosarcoma, osteosarcoma, and other sarcomas, synovioma, mesothelioma, Ewing's tumor, leiomyosarcoma, rhabdomyosarcoma, colon carcinoma, lymphoid malignancy, pancreatic cancer, breast cancer, lung cancers, ovarian cancer, prostate cancer, hepatocellular carcinoma, squamous cell carcinoma, basal cell carcinoma, adenocarcinoma, sweat gland carcinoma, medullary thyroid carcinoma, papillary thyroid carcinoma, pheochromocytomas sebaceous gland carcinoma, papillary carcinoma, papillary adenocarcinomas, medullary carcinoma, bronchogenic carcinoma, renal cell carcinoma, hepatoma, bile duct carcinoma, choriocarcinoma, Wilms' tumor, cervical cancer, testicular tumor, seminoma, bladder carcinoma, melanoma, and CNS tumors (such as a glioma (such as brainstem glioma and mixed gliomas), glioblastoma (also known as glioblastoma multiforme) astrocytoma,

CNS lymphoma, germinoma, medulloblastoma, Schwannoma craniopharyogioma, ependymoma, pinealoma, hemangioblastoma, acoustic neuroma, oligodendroglioma, menangioma, neuroblastoma, retinoblastoma and brain metastases.

30. The use of any of claims 1-26, wherein the bacterial infection is caused by one of the pathogenic bacterial species Bacteroides, Clostridium, Streptococcus, Staphylococcus, Pseudomonas, Haemophilus, Legionella, Mycobacterium, Escherichia, Salmonella, Shigella, or Listeria.

31. The use of any of claims 1-26, wherein graft versus host disease (GVHD) is decreased or eliminated, while graft versus tumor (GVT) or graft versus virus (GVV) is increased in the patient.

32. The use of claims 1-20, wherein administration of IL-2 is counter-indicated and not to be administered following administration of the lymphocytic cellular composition comprising activated NK cells, when the patient has lymphocytic or lymphoblastic leukemia or lymphoma.

33. The use of any of claims 1-26, wherein at a time-frame of from 4-14 days following administration of the lymphocytic cellular composition comprising activated NK cells, the patient is to be further administered an immune check-point inhibitor, including any one or combination of two check point inhibitors, including an inhibitor of PD-1 or PD-L1 (B7-H1), such as an anti-PD-1 antibody, including nivolumab (Nivolumab from Bristol-Myers Squibb), pembrolizumab/lambrolizumab, also known as MK-3475 (Keytruda from Merck), pidilizumab (Curetech), AMP-224 (Amplimmune), or an anti-PD-L1 antibody, including MPDL3280A (Roche), MDX-1105 (Bristol Myer Squibb), MEDI-4736 (AstraZeneca) and MSB-0010718 C (Merck), an antagonist of CTLA-4, such as an anti-CTLA-4 antibody including anti-CTLA4 antibody Yervoy^{TM}(ipilimumab, Bristol-Myers Squibb), tremelimumab (Pfizer), Ticilimumab (AstraZeneca) or AMGP-224 (Glaxo Smith Kline), or a tumor specific antibody trastuzumab (Herceptin) for breast cancer, rituximab (Rituxan) for lymphoma, or cetuximab (Erbitux).

34. The use of any of claims 1-22, wherein the treatment or increasing the immune response is repeated periodically for time frames of from once every month, to once every two months, to

once every 3 months, to once every 4 months, to once every 5 months, to once every 6 months, or once every 7 months, or once every 8 months, or once every 9 months, or once every 10 months, or once every 11 months, or once annually as a maintenance treatment for as long as the patient exhibits improvement, or stable/non-progressing disease.

35. The use of any of claims 1-26, further comprising that the patient is to be administered one or two antihistamine drugs, on the same day, but at least about 2-6 hours prior to administration of the lymphocytic cellular composition comprising activated NK cells to the patient.

36. A method of activating NK cells, the method comprising contacting a cellular composition comprising the NK cells *in vitro* with at least one cytokine and optionally soluble fibroblast growth factor receptor 1(sFGFR1).

37. The method of claim 36, wherein the cytokine is selected from the group consisting of IL-2, IL-15, IL-21, Flt3-L, stem cell factor (SCF), IL-7, IL-12, and IL18, and any combination thereof.

38. The method of claim 36, wherein the cytokine is contacted with the cellular composition for from about 6 to about 24 hours.

39. The method of claim 36, wherein the amount of cytokine contacted with the cellular composition is from about 100 IU/ml to about 1000 IU/ml.

40. The method of any one of claims 36-39, wherein the composition further comprises gamma delta T cells (GDT cells).

41. The method of any one of claims 36-40, wherein the cellular composition further comprises invariant natural killer T cells (iNKT cells).

42. The method of any one of claims 36-41, wherein the cellular composition further comprises $CD3^+$ T cells.

43. The method of any one of claims 36-42, wherein the NK cells, gamma delta T cells (GDT cells), invariant natural killer T cells (iNKT cells), and/or $CD3^+$ T cells are isolated from peripheral blood.

44. A cytokine and optionally soluble fibroblast growth factor receptor 1(sFGFR1) activated lymphocytic cellular composition comprising activated natural killer (NK) cells.

45. The composition of claim 44, wherein the cytokine activated composition a IL-2, IL-15, IL-21, Flt3-L, stem cell factor (SCF), IL-7, IL-12, and IL18, and any combination thereof, activated composition.

46. The composition of claims 44 and 45, wherein the composition further comprises gamma delta T cells (GDT cells), invariant natural killer T cells (iNKT cells), and/or $CD3^+$ T cells.

47. The composition of any one of claims 44-46, wherein the NK cells are peripheral blood NK cells.

48. The composition of any one of claims 44-47, wherein the gamma delta T cells (GDT cells), invariant natural killer T cells (iNKT cells), $CD3^+$ T cells are peripheral blood gamma delta T cells (GDT cells), invariant natural killer T cells (iNKT cells), and $CD3^+$ T cells.

49. A cytokine and optionally soluble fibroblast growth factor receptor 1(sFGFR1) activated lymphocytic cellular composition comprising activated natural killer (NK) cells for use in treating a patient with HIV, cancer, a viral infection, or a bacterial infection.

50. Use of a cytokine and optionally soluble fibroblast growth factor receptor 1(sFGFR1) activated lymphocytic cellular composition comprising activated natural killer (NK) cells in the preparation of a medicament for treating a patient with HIV, cancer, a viral infection, or a bacterial infection.