This week in therapeutics

Indication	Target/marker/ pathway	Summary	Licensing status	Publication and contact information
Cancer				
Cancer	Epidermal growth factor receptor (EGFR); tumor necrosis factor receptor superfamily member 9 (TNFRSF9; 4-1BB; CD137)	<p>Studies in mice and human samples suggest sequential treatment with anti-EGFR and anti-CD137 antibodies could help treat EGFR⁺ tumors. In EGFR⁺ mouse xenograft and syngeneic tumor models, the anti-EGFR mAb Erbitux cetuximab increased the number of CD137⁺ NK cells in blood, spleen and tumors, and subsequent treatment with BMS-663513, an anti-CD137 antibody, increased tumor regression and prolonged survival compared with either antibody alone. In samples from patients with head and neck cancer, Erbitux increased the number of CD137⁺ NK cells by 4%–15% compared with pretreatment numbers. Next steps include designing a clinical trial of anti-EGFR plus anti-CD137 antibodies.</p> <p>Eli Lilly and Co., Bristol-Myers Squibb Co. and Merck KGaA market Erbitux to treat colorectal and head and neck cancer.</p> <p>Amgen Inc. markets the anti-EGFR mAb Vectibix panitumumab to treat colorectal and other types of cancer.</p> <p>BMS-663513 is in Phase I trials to treat solid tumors.</p> <p>Pfizer Inc.'s anti-CD137 antibody, PF-05082566, is in Phase I trials to treat cancers including non-Hodgkin's lymphoma (NHL).</p> <p>SciBX 7(25); doi:10.1038/scibx.2014.732 Published online June 26, 2014</p>	Patent and licensing status undisclosed	<p>Kohrt, H.E. <i>et al. J. Clin. Invest.</i>; published online May 16, 2014; doi:10.1172/JCI73014</p> <p>Contact: Holbrook E. Kohrt, Stanford University Medical Center, Stanford, Calif. e-mail: kohrt@stanford.edu</p>