



## This week in therapeutics

| Indication       | Target/marker/<br>pathway  | Summary  | Licensing status                        | Publication and contact information  |
|------------------|--|--|---|--|
| Transplantation  |  |  |   |  |
| Renal transplant | High mobility<br>group box-1<br>(HMGB-1); toll-<br>like receptor 4<br>(TLR4) | Studies in humans and in cell culture suggest that inhibiting TLR4 may be useful for improving outcomes in kidney transplant patients. In patients receiving donor kidneys with mutated loss-of-function TLR4, the rate of immediate graft function was significantly higher than that for kidneys expressing wild-type TLR4 (p=0.007). In human renal epithelial cells, the TLR4 ligand HMGB-1 increased the expression of inflammatory cytokines compared with that seen in untreated controls. Next steps include evaluating TLR4 inhibitors for their ability to prevent ischemia and reperfusion injury following transplantation.  Eritoran, a TLR4 antagonist from Eisai Co. Ltd., is in Phase III testing to treat sepsis.  TAK-242, a TLR4 signal transduction inhibitor from Takeda Pharmaceutical Co. Ltd., is in Phase III for sepsis.  ART-123, a soluble form of recombinant human thrombomodulin from Asahi Kasei Pharma Corp. and Artisan Pharma Inc., inhibits HMGB-1 and thrombin and is approved to treat disseminated intravascular coagulation.  At least four other companies have compounds targeting TLR4 or HMGB-1 in Phase I testing for inflammation. | Patent and licensing status unavailable | Krüger, B. et al. Proc. Natl. Acad. Sci. USA; published online Feb. 9, 2009; doi:10.1073/pnas.0810169106 Contact: Bernd Schröppel, Mount Sinai School of Medicine, New York, N.Y. e-mail: bernd.schroppel@mssm.edu |
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