

This week in therapeutics

Indication	Target/marker/pathway	Summary	Licensing status	Publication and contact information
Hematology				
Myeloproliferative disorder	<i>Calreticulin (CALR)</i>	<p>Genetic studies suggest neutralizing <i>CALR</i> mutations associated with myeloproliferative neoplasms could help treat the disease. Mutations in <i>Janus kinase-2 (JAK-2)</i> and other genes cause the majority of myeloproliferative neoplasms, but genetic causes for about 30%–45% of cases are unknown. In the first study, exome sequencing identified frameshift mutations in <i>CALR</i> that altered the C-terminal peptide in all six patients lacking known mutations. The <i>CALR</i> mutations were confirmed in 67% of patients with thrombocythemia and 88% of patients with myelofibrosis in a validation cohort. In the second study, exome sequencing identified <i>CALR</i> mutations in 70%–84% of samples from 151 patients with myeloproliferative neoplasms that lacked <i>JAK-2</i> mutations but not in patients with other cancers. In mouse B cells, expression of the most common Calr mutant increased cell proliferation compared with wild-type Calr expression. Next steps include designing mAbs targeting the new C-terminal peptide sequence of mutant <i>CALR</i>. Authors from the first study plan to start a company to develop anti-<i>CALR</i> antibodies.</p> <p><i>SciBX</i> 7(3); doi:10.1038/scibx.2014.89 Published online Jan. 23, 2014</p>	<p>For findings in first study, patent application filed for diagnostic applications and for mutant <i>CALR</i> as a therapeutic target; diagnostic applications available for licensing</p> <p>Patent and licensing status unavailable for findings in second study</p>	<p>Klampfl, T. <i>et al. N. Eng. J. Med.</i>; published online Dec. 10, 2013; doi:10.1056/NEJMoa1311347 Contact: Robert Kralovics, Research Center for Molecular Medicine of the Austrian Academy of Sciences, Vienna, Austria e-mail: robert.kralovics@cemm.oeaw.ac.at</p> <p>Nangalia, J. <i>et al. N. Eng. J. Med.</i>; published online Dec. 10, 2013; doi:10.1056/NEJMoa1312542 Contact: Anthony R. Green, Cambridge Institute for Medical Research, Cambridge, U.K. e-mail: arg1000@cam.ac.uk</p>