

CD22: a suitable antigen for targeted payload delivery by immunotherapeutics

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Abstracts

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This report describes and evaluates the competitive landscape of CD22-targeted immunotherapeutics based on different treatment modalities. In B-cell non-Hodkgina lymphoma (NHL), CD22 expression ranges from 91% to 99% in the aggressive and indolent populations, respectively. CD22 expression occurs in more than 90% of patients with B-lineage acute lymphoblastic leukemia (ALL). CD22 is not expressed on non-B lineage cells or hematopoietic stem cells. In addition, CD22 is rapidly internalized after binding of the anti-CD22 antibody and is not shed in the extracellular environment, features that make it an attractive antigen for targeted delivery of payloads by immunotherapeutics such as antibodies or engineered T-cells.

Monotherapy of NHL and ALL with naked anti-CD22 antibodies only achieved modest efficacy results indicating the need for more effective payloads, but at the same time also providing development opportunities for new treatment modalities such as

Combination therapies;

Radioimmunotherapy (RIT);

Immunotoxins (IT);

Antibody-Dug Conjugates (ADC); and

Chimeric Antigen Receptor (CAR) T-Cells.



This report describes the profiles of 16 different specific and bispecifi anti-CD22 immunotherapeutics based on different treatment modalities. The most advanced molecules has been submitted for regulatory approval. Furthermore, the profiles of nine companies active in the development of anti-CD22 immunotherapeutics are presented. This report describes and analyzes the

Target Background & Scientific Rationale

Clinical Proof-of-Concept of CD22-Targeted Immunotherapeutics

Competitive Landscape

Profiles of Anti-CD22 Immunotherapeutics

Profiles of Companies with CD22-Targeted Immunotherapeutics.



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