**Proteins** 

**Product** Data Sheet



## **Enoblituzumab**

Cat. No.: HY-P9966 CAS No.: 1353485-38-7

Target: Others Pathway: Others

Storage: Please store the product under the recommended conditions in the Certificate of Analysis.

## **BIOLOGICAL ACTIVITY**

Description	Enoblituzumab (MGA271) is a humanized $IgG1\kappa$ monoclonal antibody recognizing human B7-H3 protein, a member of the B7 family of immune regulators <sup>[1]</sup> .	
In Vitro	Enoblituzumab interacts with B7-H3 and causes strong antibody-dependent cellular cytotoxicity (ADCC) against a wide spectrum of cancer cells <sup>[2]</sup> .  Enoblituzumab (0.01 ng/mL-10 mg/mL) mediates antibody-dependent cellular cytotoxicity (ADCC) against A498 cells with cynomolgus monkey peripheral blood mononuclear cells (PBMCs) <sup>[3]</sup> .  MCE has not independently confirmed the accuracy of these methods. They are for reference only.	
In Vivo	Enoblituzumab (5 mg/kg; i.v.; single dose) exhibits estimated half-life of 249 hours with a C <sub>max</sub> of 43 mg/mL in mice (mCD16 <sup>-</sup> / hCD16A <sup>+</sup> ) that murine CD16 gene knocked out and are transgenic for human CD16A-158F <sup>[3]</sup> .  Enoblituzumab (0.1-10 mg/kg; i.v.; once weekly; 5 weeks) exhibits potent antitumor activity in B7-H3-expressing xenograft mice models of renal cell and bladder carcinoma <sup>[3]</sup> .  MCE has not independently confirmed the accuracy of these methods. They are for reference only.	
	Animal Model:	mCD16 <sup>-</sup> /-hCD16A <sup>+</sup> mice implanted with A498 renal cell carcinoma, 786-0 renal cell carcinoma, or HT-1197 bladder carcinoma cells (s.c.) <sup>[3]</sup>
	Dosage:	1 mg/kg, 5 mg/kg, 10 mg/kg
	Administration:	Intravenous injection; once weekly; 5 weeks
	Result:	Significantly inhibited tumor growth at doses of 1 mg/kg or greater with once weekly treatment.  Achieved a cytostatic response at 5 or 10 mg/kg until day 52, after which the average tumor volume of the 5 mg/kg treatment group remained near predose administration levels, whereas a nonsignificant trend toward relapse exhibited in the 10 mg/kg group.

## **REFERENCES**

[1]. Hińcza-Nowak K, et al. Immune Profiling of Medullary Thyroid Cancer-An Opportunity for Immunotherapy. Genes (Basel). 2021 Sep 28;12(10):1534.



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