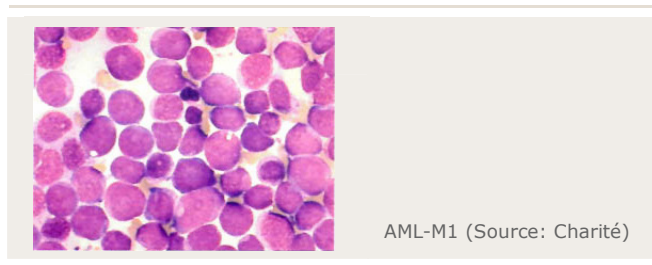


ATRA-Treatment of Specific non-M3 AML Patient Subgroups

Reference Number TO 15-00005

The Challenge

Presently, acute myeloid leukemia (AML) patients being diagnosed with the M3 subtype are treated with all-trans retinoic acid (ATRA) with a good success rate. However, in a significant fraction of non-M3 patients, administration of ATRA only leads to the severe side effects of this treatment, without significantly improving the health status of the patients. To-date, no predictive marker is known that can be correlated with a therapeutic effect of ATRA in the treatment of AML not being classified as M3 subtype. As a consequence, identification of the small fraction of non-M3 patients that would benefit of ATRA remains unattainable, and admittance to this powerful treatment mostly is denied.



The Technology

A newly developed assay allows for the selection of non-M3 AML patients suitable for an all-trans retinoic acid therapy. The determination of the relevant group is facilitated by a fast and easy diagnostic test for a certain level of MN1 as a specific marker. A transcription level assay has been successfully evaluated in a group of patients diagnosed with non-M3 AML. Significantly higher event-free survival rate of selected patients after ATRA treatment proves the correlation of marker level and therapeutic effect.

Commercial Opportunity

In-licensing opportunity for the application and distribution of a diagnostic test based on patient blood samples.

Patent Situation

An US patent application has been filed in 2007.

Further reading

Heuser et al. (2006). High meningioma 1 (MN1) expression as a predictor for poor outcome in acute myeloid leukemia with normal cytogenetics. *Blood*. Dec 1 108(12):3898-905.

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