
Product Data Sheet

Product Name: Enoblituzumab

Cat. No.: GC68334

Chemical Properties

Cas. No. 1353485-38-7

Formula M.Wt

Solubility Storage Store at -20°C

General tips For obtaining a higher solubility , please warm the tube at 37 °C and shake it in the ultrasonic bath for a while. Stock solution can be stored below -20°C for several months.

Shipping Condition Evaluation sample solution : ship with blue ice All other available size: ship with RT , or blue ice upon request.

Structure

Background

Enoblituzumab (MGA271) is a humanized **IgG1κ** monoclonal antibody recognizing human **B7-H3** protein, a member of the B7 family of immune regulators^[1].

Enoblituzumab interacts with B7-H3 and causes strong antibody-dependent cellular cytotoxicity (ADCC) against a wide spectrum of cancer cells^[2].

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)^[3].

Enoblituzumab (5 mg/kg; i.v.; single dose) exhibits estimated half-life of 249 hours with a C_{max} of 43 mg/mL in mice (mCD16⁻/hCD16A⁺) that murine CD16 gene knocked out and are transgenic for human CD16A-158F^[3].

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^[3].

Caution: Product has not been fully validated for medical applications. For research use only.

Tel: (909) 407-4943 Fax: (626) 353-8530 E-mail: tech@glpbio.com

Address: 10292 Central Ave. #205, Montclair, CA, USA

Product Data Sheet

Animal Model: mCD16⁻/hCD16A⁺ mice implanted with A498 renal cell carcinoma, 786-0 renal cell carcinoma, or HT-1197 bladder carcinoma cells (s.c.)^[3]

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.

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

[2]. Chapoval, et al. Immune Checkpoints of the B7 Family. Part 2. Representatives of the B7 Family B7-H3, B7-H4, B7-H5, B7-H6, B7-H7, and ILDR2 and Their Receptors. *Russ J Bioorg Chem* 45, 321-334 (2019).

[3]. Loo D, et al. Development of an Fc-enhanced anti-B7-H3 monoclonal antibody with potent antitumor activity. *Clin Cancer Res*. 2012 Jul 15;18(14):3834-45.

Caution: Product has not been fully validated for medical applications. For research use only.

Tel: (909) 407-4943 Fax: (626) 353-8530 E-mail: tech@glpbio.com

Address: 10292 Central Ave. #205, Montclair, CA, USA