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Effect of MUC16 Blockade using the Humanized AR9.6 Antibody in Patient Derived Organoid Models of PDAC

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Effect of MUC16 Blockade Using the Humanized AR9.6 Antibody in Patient-**Derived Organoid Models of PDAC**

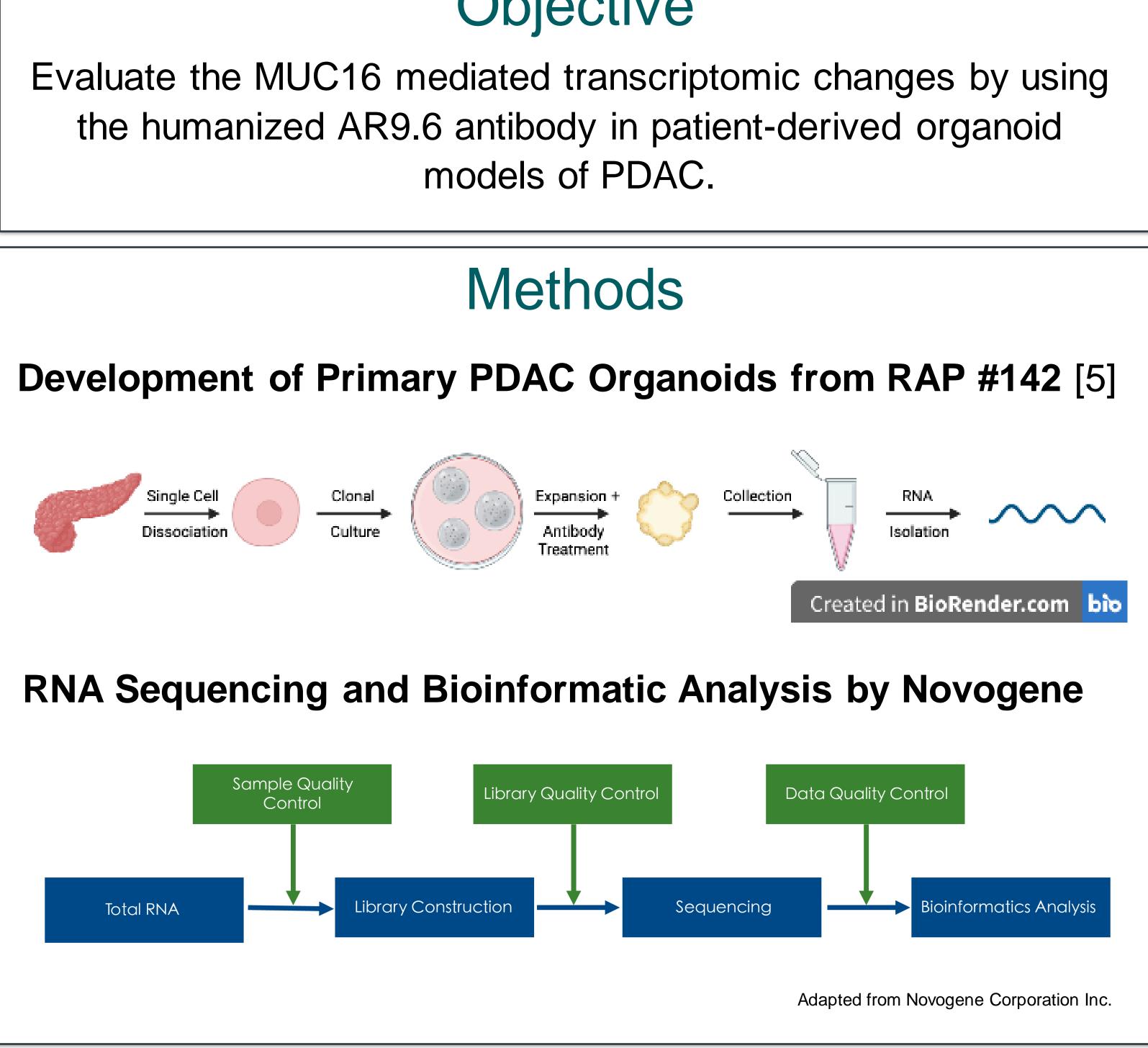
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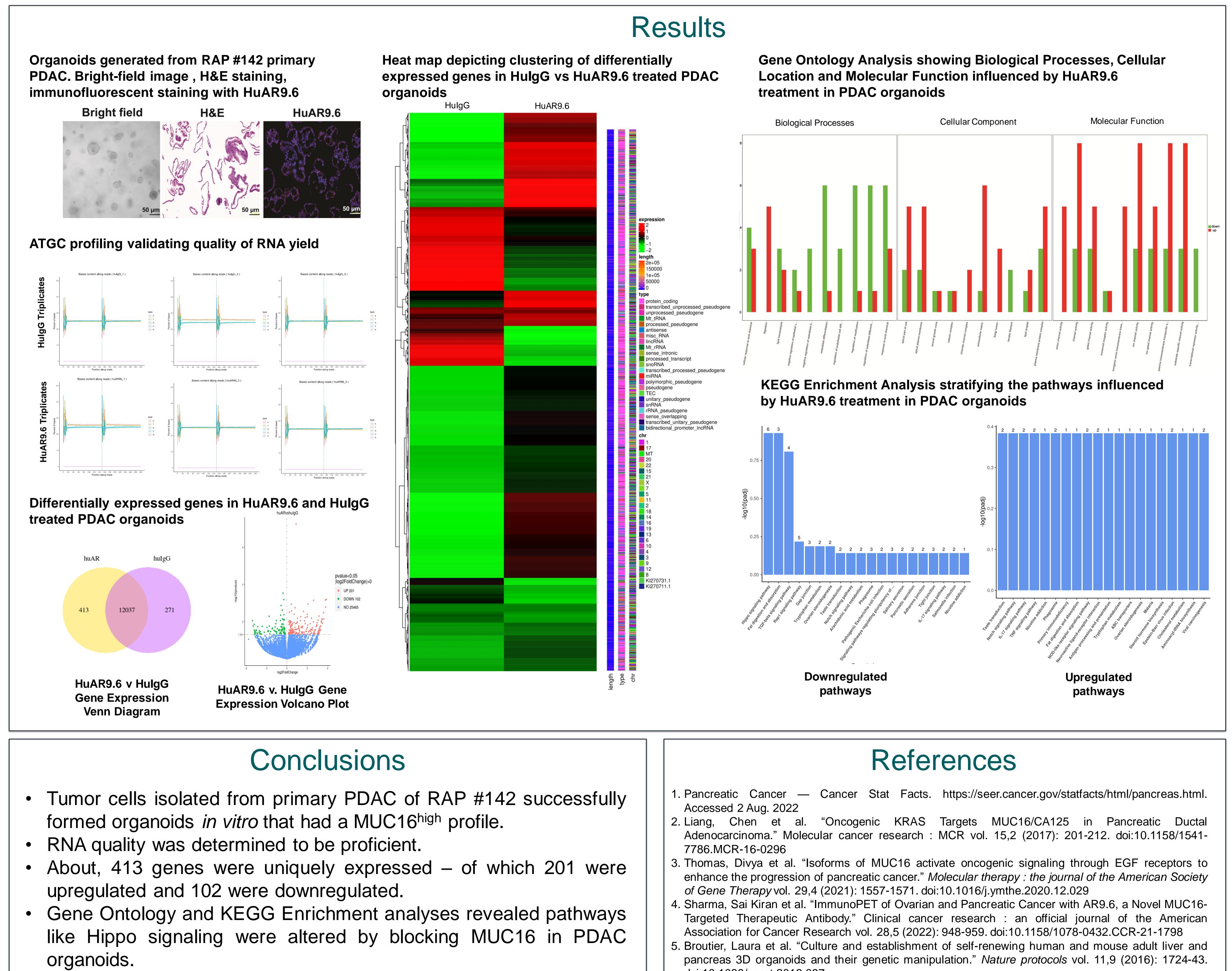
Background

Pancreatic cancer is an aggressive malignancy, 90% of which is accounted for by Pancreatic ductal adenocarcinoma (PDAC). As of 2022, PDAC accounts for 3.2% of new cancer cases and 8.2% of all cancer related deaths, owing to its poor overall survival of a mere 11.5% [1]. Patients with PDAC often present at a late-stage of disease progression, thereby increasing the need for effective standard of care, which is met with issues of therapeutic resistance. Mutations in the KRAS oncogene is a salient feature of PDAC that acts partly by increasing the expression of pro-tumoral proteins such as Mucin-16 (MUC-16) [2]. MUC16, a heavily glycosylated transmembrane protein is overexpressed in more than 65% of PDAC cases and is absent in the normal pancreas, making it a suitable biomarker for PDAC [3]. Our research focusses on the development of the humanized, monoclonal antibody AR9.6 (HuAR9.6) [4] that targets MUC16 and its application in clinically relevant patient-derived PDAC organoids.

Objective

models of PDAC.





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