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Optimized Antibody Therapy for Acute Blood Diseases

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Message from the Guest Editors

The diseases and indications for antibody therapy are growing rapidly, and have extended from leukemias and lymphomas to antibody-mediated autoimmune diseases, non-malignant hematology and hemostaseology.

Indispensable for the effect of a therapeutic antibody is not only a wise choice of antigen or target, but also the nature of the Fc fragment—whether it is humanized and which IgG subclass it consists of. The antibodies display their activity by antibody-dependent cytotoxicity or complement activation. Some antibodies have been coupled to a drugs to induce direct cytotoxicity. Bi- or trispecific antibodies have been introduced, simultaneously engaging tumor cells and autologous immune cells or binding more than one antigen on a target cell. Recently, checkpoint inhibitors have been used against a variety of tumors, inducing a non-specific immune stimulation. Current clinical trials are investigating the combination of such checkpoint inhibitors with tumor-specific monoclonal antibodies.

Many questions remain unanswered, such as the optimal time point to introduce antibody therapy or mechanisms to enhance their activity or obtain synergistic effects.

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