NatiMab Therapeutics Srl

Early Diagnosis of PDAC

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A multi-years research developed by associate scientists, now board members of NatiMab, are opening a potential breakthrough in the **Pancreatic Ductal adenocarcinoma (PDAC)**.
PDAC is the fourth leading cause of cancer-related deaths in western countries with an overall 5-year survival rate of less than 5% [Hidalgo M, N Engl J Med 2010, 362:1605; Jemal A, CA Cancer J Clin 2010, 60:277].
This very low rate of survival is mainly attributed to the fact that most patients are not diagnosed until the disease has already metastasized and therapeutic resection is not possible.
The development of new tools for **early diagnosis of PDAC** is a clear unmet medical need.
At present, PDAC diagnosis is performed on individuals presenting with symptoms that are associated with advanced forms of the disease. CA19.9 is a blood marker currently used for the diagnosis and prognosis of PDAC. It is not specific for PDAC and is only elevated in the blood when tumors are greater than 1 cm. In addition, the marker can only be measured if the tumor is secreting the CA19.9 antigen and many patients do not even express the CA19.9 antigen. Thus other more specific and sensitive biomarkers that could be used alone or in combination with CA19.9 are urgently required for early diagnosis of PDAC.
Additional studies are creating the basis for therapeutic vaccines.
NatiMab Therapeutics has used Serological Proteome Analysis (SERPA) to identify two tumor-associated antigens (TAAs) that are recognized by specific autoantibodies (Abs) present in the serum of patients with PDAC. Patent applications were filed by NatiMab, claiming the detection of Abs to two of these TAAs [Ezrin (EZR) and a phosphorylated isoform of α-Enolase [ENOA)] for use in the diagnosis of PDAC.

Literature and scientific papers

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