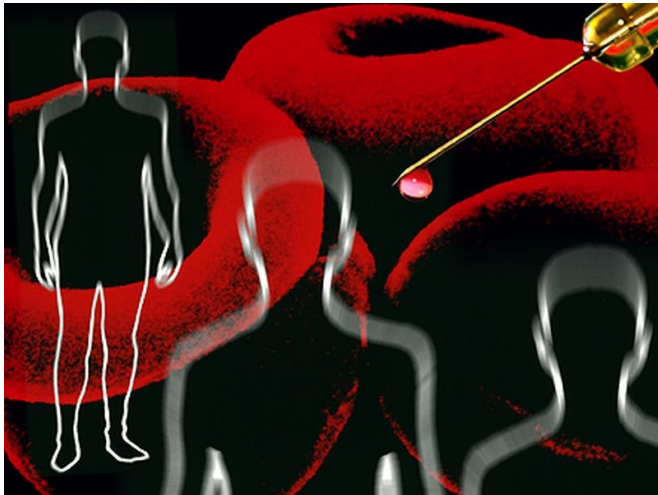


# Mogamulizumab cuts infected cells in HTLV-1 myelopathy

8 February 2018



effects did not limit administration up to a maximum dose of 0.3 mg/kg. Grade 1 or 2 rash (48 percent of patients) and lymphopenia and leukopenia (each 33 percent) were the most frequent side effects. Throughout the phase 2 study, the dose-dependent reduction in the Provera load in peripheral-blood mononuclear cells and inflammatory markers in cerebrospinal fluid was maintained with additional infusions. In 79 percent of patients there was a reduction in spasticity, and a decrease in motor disability was noted in 32 percent.

"Mogamulizumab decreased the number of HTLV-1-infected [cells](#) and the levels of [inflammatory markers](#)," the authors write. "Rash was the chief side effect."

**More information:** [Abstract/Full Text \(subscription or payment may be required\)](#)

(HealthDay)—For patients with human T-lymphotropic virus type 1 (HTLV-1)-associated myelopathy-tropical spastic paraparesis (HAM-TSP), treatment with the humanized anti-CCR4 monoclonal antibody that targets infected cells, mogamulizumab, decreases the number of HTLV-1-infected cells, according to a study published in the Feb. 8 issue of the *New England Journal of Medicine*.

Tomoo Sato, M.D., Ph.D., from St. Marianna University School of Medicine in Kawasaki, Japan, and colleagues conducted an uncontrolled phase 1-2a study to examine the safety, pharmacokinetics, and efficacy of mogamulizumab in [patients](#) with glucocorticoid-refractory HAM-TSP. Twenty-one patients received a single infusion of mogamulizumab in the phase 1 dose-escalation study and were observed for 85 days. Nineteen of these patients continued to the phase 2a study and received infusions over 24 weeks.

The researchers found that mogamulizumab side

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APA citation: Mogamulizumab cuts infected cells in HTLV-1 myelopathy (2018, February 8) retrieved 26 September 2021 from <https://medicalxpress.com/news/2018-02-mogamulizumab-infected-cells-htlv-myelopathy.html>

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