Hawaii ALS and Neuromuscular Center & Neuromuscular Research Unit 1 of 30 sites in US selected to Investigate DNTH103 – Monoclonal Antibody for Multifocal Motor Neuropathy in MoMeNtum Trial.

According to NIH, Multifocal motor neuropathy (MMN), also called multifocal motor neuropathy with conduction block (MMNCB), is a rare, acquired, motor neuropathy characterized by progressive asymmetric weakness without sensory problems. It typically involves upper limbs more than the lower limbs. Electrodiagnostic studies often reveal an asymmetric motor neuropathy with characteristic conduction block. Serum IgM anti-ganglioside antibodies (anti-GM1) are present in the majority of the patients. (Picture: ALS & Neuromuscular Ctr Investigators)

According to Dianthus, DNTH103 is an investigational, clinical-stage, potent monoclonal antibody engineered to selectively target the classical pathway by inhibiting only the active form of the C1s protein, a clinically validated complement target. DNTH103 is enhanced with YTE half-life extension technology designed to enable a more convenient subcutaneous, self-administered injection dosed as infrequently as once every two weeks. Additionally, selective inhibition of the classical complement pathway may lower patient risk of infection from encapsulated bacteria by preserving immune activity of the lectin and alternative pathways. As the classical pathway plays a significant role in disease pathology, DNTH103 has the potential to be a best-in-class pipeline-in-a-product across a range of autoimmune disorders with high unmet need.

The **MoMeNtum** trial is a global, randomized, double-blind, placebo-controlled Phase 2 study designed to evaluate the safety, tolerability, and efficacy of DNTH103 in 36 patients with MMN. Following determination of Ig dependency and responsiveness, patients will be randomized to receive placebo or DNTH103 administered subcutaneously (S.C.) every two weeks (Q2W). The initial S.C. treatment duration is expected to be 17 weeks followed by a 52-week open label extension. The primary endpoint of this study is safety and tolerability. Secondary endpoints include time to IVIg retreatment, time to relapse, and assessments of muscle and grip strength.
For more information, call (808) 564-6141 or Trial Info.

"There is a significant unmet medical need for a targeted biologic to treat patients living with MMN, current treatments for MMN are limited to intravenous or subcutaneous infusions of Ig, which can be both inconvenient for patients and difficult to tolerate. Treating MMN with an active C1s inhibitor, like DNTH103, has the potential to transform the lives of these patients." Said, ***Natalia Gonzalez, MD****, Director of Hawaii ALS and Neuromuscular Center and Sub investigator Neuromuscular Research Unit, who is dual fellowship trained in Neuromuscular and Neuroimmunology, Clinical Assistant Professor of Medicine (Neurology), Graduate Faculty, Clinical & Translational Research, University of Hawai`i John Burns School of Medicine.* ***Dedicated Neuromuscular Research Hotline (808) 564-6141***

CLINICAL TRIALS