Triple negative breast cancer (TNBC) is the most difficult to treat subtype of breast cancer with limited therapeutic options. At least 50% of TNBC patients have low human epidermal growth factor receptor 2 (HER2; ERBB2) expression with the majority harboring HER2 cell lines. Antibody did not influence tolerability study in cynomolgus monkeys. The ATAC was applied of 3.0mg/kg to the same animals. Biochemical and hematological (selected parameters: Figure 5). The Non-targeting T (repeated dosing of 3mg/kg dose levels: - Transient and mild increase in liver-relevant biochemical doses 0.3 and 1mg/kg and was slightly lowered at dose 3mg/kg Figure 3: HIOMAB RNA polymerase II and thereby efficiently inhibits the cellular dependent tumor remission after single dose application of 2.0mg/kg in heterogeneous Kadcyla-resistant HER2low PDX models, which were classified as TNBC (Figure 4). The efficacy of HIOMAB patient-derived xenograft (PDX) models with POLR2A copy number rence). Kadcyla showed only a cytotoxic effect on cell lines with moderate and high HER2 expression, the ATAC showed high cytotoxic activity in a picomolar range on all 2mg/kg anti-HER2-T-ATAC. Shown is mean tumor volume ± SEM.


**CONCLUSION**

Breast cancer is the most commonly occurring cancer in women worldwide. It is classified into several subtypes. HER2 is a specific marker of breast cancer patients and other breast cancer subtypes (e.g. TNBC) express low levels of HER2.

In the current study, the mode of action of the payloads of amanitin and amatoxin was investigated in various breast cancer cell lines. The payloads showed high selectivity in the mode of action and the molecular characteristics of the target. Amanitin is active in drug resistant cell lines, independent of the expression of multidrug resistance transporters. This is a potential advantage of amanitin payloads in drug resistant and dormant cancer cells. With POLR2A being a specific biomarker for HER2 therapies, which might be used to stratify patients.