Staphylococcal protein A (SpA) is a bacterial virulence factor which structurally consists of five binding domains. Each SpA domain is capable of bonding with highly to the Fc region of human IgG and also binds to the Fc regions of IgM in this multivalent manner. Each domain in SpA binds to the human IgG FcyRIIa (CD32) receptor in a monovalent manner. SpA binds only to activated cells (5).

Methods*

* Patients with 4 swollen and/or tender joints on a scale of 10. ESR and CRP were evaluated as CRP (10 mg/L) and ESR (28 mg/L) as cutoff levels. All patients were allowed at least 3 visits to complete the treatment prior to visit to assess other treatments. Safety: Patients were randomized to one of 3 groups: 1) 1.5 µg/kg; 2) 3.0 µg/kg; or 3) Placebo. Two patients in each group were treated and 2 of 10 placebo treated patients. RA Disease Activity Responses: SpA-treated patients had a higher RA response rate (80% of 10 patients with RA flare vs 34% of all SpA treated patients). RA Disease Activity: Most patients had baseline high RA response rate (80% of 10 patients with RA response vs 26% of all SpA treated patients).

References

1. Manolios A, Rabinovitch M, et al. 1996. Staphylococcal Protein A (SpA) is a bacterial virulence factor which structurally consists of five binding domains. Each SpA domain is capable of bonding with highly to the Fc region of human IgG, and also binds to the Fc regions of IgM in this multivalent manner. Each domain in SpA binds to the human IgG Fc receptor in a monovalent manner. SpA binds only to activated cells. Staphylococcal protein A (SpA) dose of 1.5 µg/kg significantly increased RA response rate (80% of 10 patients with RA flare vs 34% of all SpA treated patients). RA Disease Activity: Most patients had baseline high RA response rate (80% of 10 patients with RA response vs 26% of all SpA treated patients).

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