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Table 1

	N	%
Age (years)		
Median	59	
Range	40–75	
Tumor site		
Oral cavity	7	31.8
Oropharynx	12	54.5
Neck	2	9.2
Sinus	1	4.5
Stage		
I	0	0
II	3	13.6
III	0	0
IV	19	86.4

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Anti-Cancer Drugs. 21(9):861-867, October 2010.
DOI: 10.1097/CAD.0b013e32833d1a11

Table 1 Patient characteristics

Table 2

Patient ID	TNM classification	Stage	ATP level (% of control)	*P*
1	T4N2c	IV	40	<0.001*
2	T3N2b	IV	47	0.002*
3	TxN2c	IV	48	<0.001*
4	TxN3	IV	33	<0.001*
5	T4N2b	IV	78	0.31
6	T4N2c	IV	27	<0.001*
7	T4N2c	IV	44	0.004*
8	T4N0	IV	68	0.09
9	T2N2b	IV	60	0.15
10	T4N2b	IV	75	0.42
11	T2N0	II	58	0.12
12	T4N2b	IV	42	0.01*
13	T4N0	IV	63	0.04*
14	T4N0	IV	68	0.26
15	T4N0	IV	32	0.02*
16	T4N2c	IV	90	0.79
17	T2N2c	IV	65	0.21
18	T4N2b	IV	90	0.11
19	T2N0	II	70	0.37

TNM, tumor node metastasis.
*P value <0.05, statistically significant.

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Table 2 Head and neck cancer patient ATP levels after treatment with CNTO3899 (100 [mu]g/ml)TNM, tumor node metastasis.*P value <0.05, statistically significant.

Fig. 1

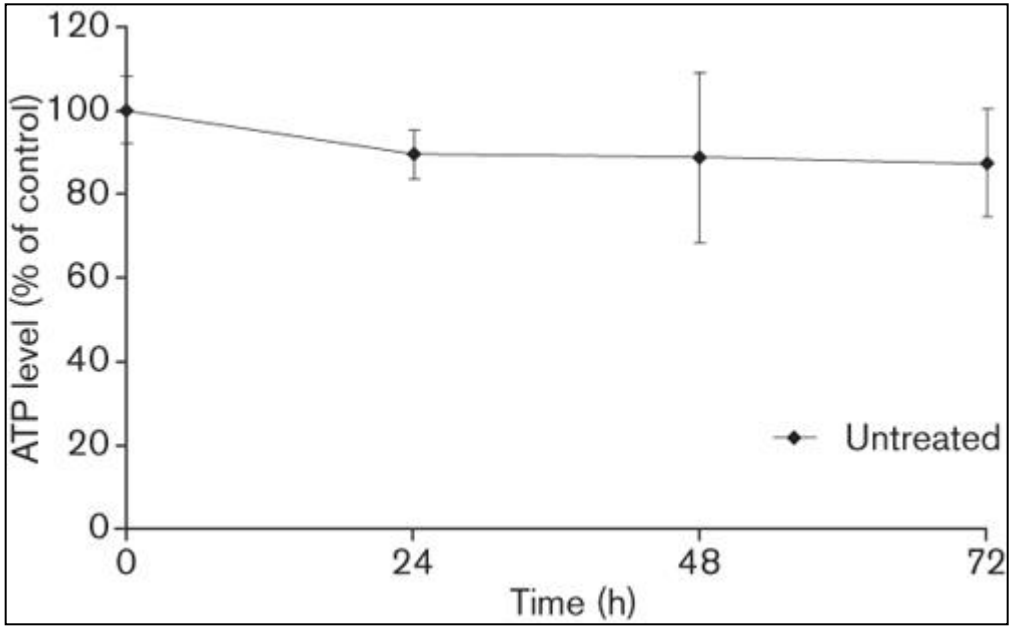

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Fig. 1 Viability of ex-vivo control tissue slices (n=6) at 24, 48, and 72 h compared to mean ATP level at time zero.

Fig. 2

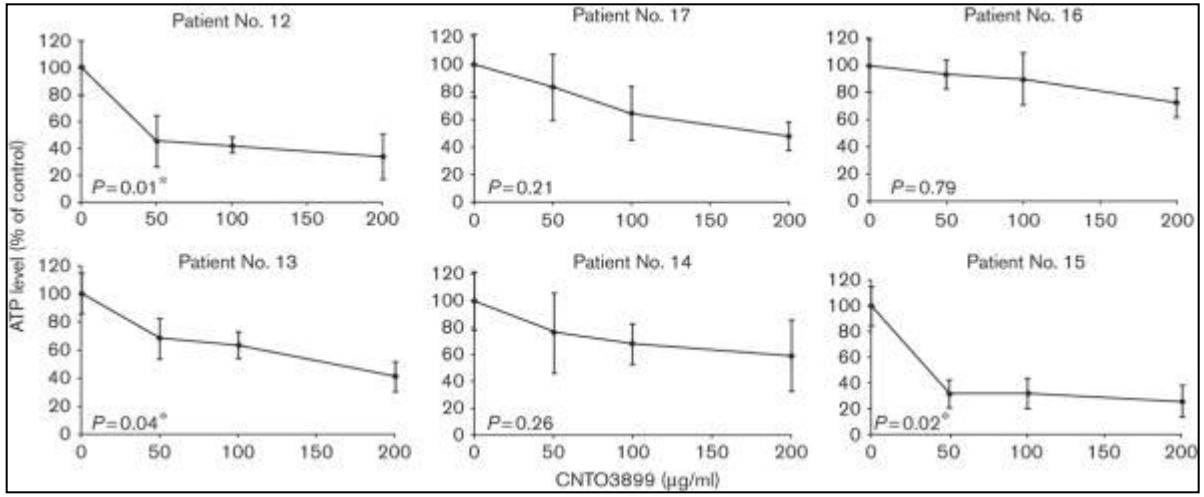

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Fig. 2 Tissue slice cytotoxicity assays in head and neck squamous cell carcinoma patient specimens cultured with varying concentrations of CNTO3899 (0, 50, 100, and 200 [mu]g/ml). Six replicate slices were prepared per treatment group. A significant reduction in ATP levels was obtained with the treatment of 100 [mu]g/ml anti-extracellular matrix metalloproteinase inducer monoclonal antibody in patients 12,13, and 15.

Fig. 3

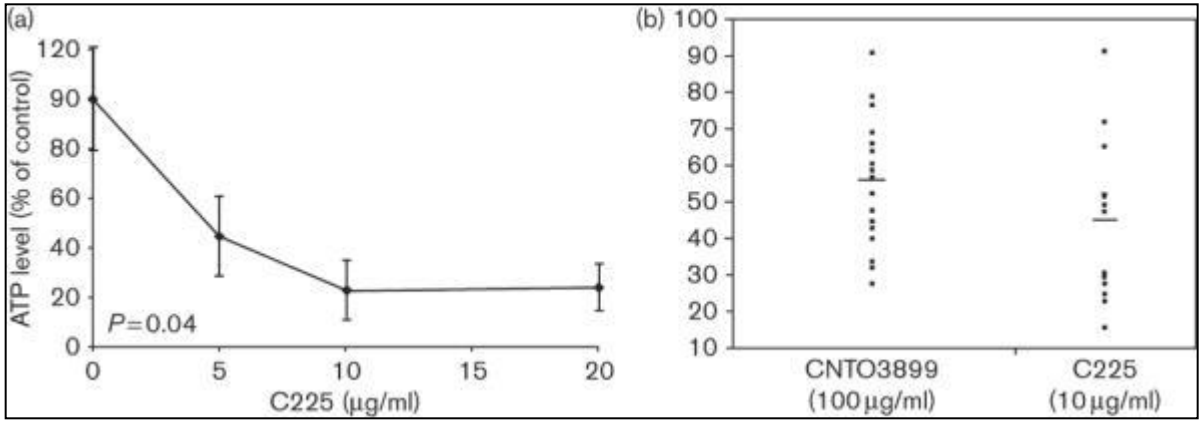

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Fig. 3 Comparison of anti-extracellular matrix metalloproteinase inducer antibody and cetuximab-induced cytotoxicity in head and neck squamous cell carcinoma patient specimens. (a) Cytotoxicity curve for head and neck cancer tissue slices (n=6 per treatment group) treated with varying concentrations of cetuximab (C225) (0, 5, 10, and 20 [mu]g/ml). A significant reduction in ATP levels was obtained with 10 [mu]g/ml. (b) Side-by-side comparison of CNTO3899 (100 [mu]g/ml) and C225 (10 [mu]g/ml)-treated tissue specimens for all patients as a percentage of control. No significant difference was observed between mean ATP levels for anti-extracellular matrix metalloproteinase inducer (57%) and cetuximab (45%)-treated tumor specimens (P=0.13).

Fig. 4

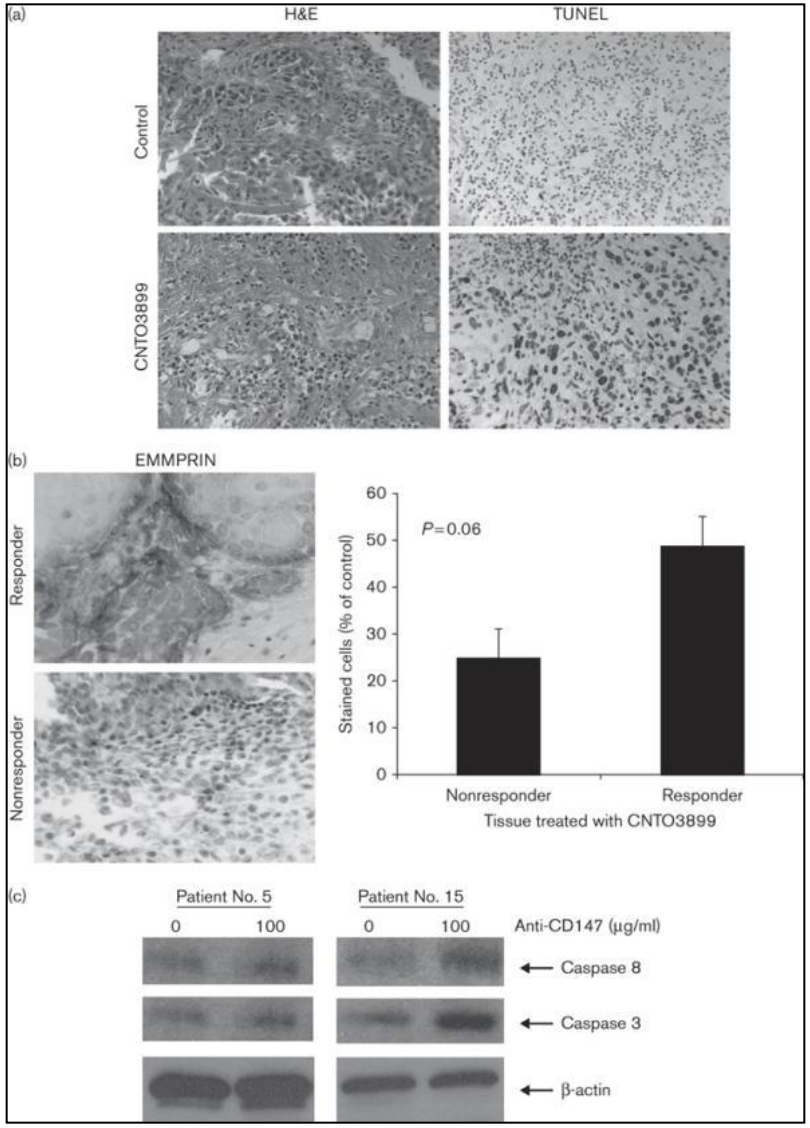

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Fig. 4 Anti-extracellular matrix metalloproteinase inducer (EMMPRIN) monoclonal antibody induces caspase-mediated apoptosis; treatment response correlates with EMMPRIN expression. (a) Tissue specimens maintain intact tumor cells with surrounding vasculature and stroma on hematoxylin and eosin (H&E) staining. An increase in apoptosis in treated (100 [mu]g/ml CNTO3899) (77%) versus untreated slices (30%, PP=0.06) following treatment with anti-EMMPRIN monoclonal antibody. (c) CNTO3899 stimulates caspase-mediated apoptosis. Control and CNTO3899 treated tissue specimens were analyzed for caspase-3 and caspase-8 expression. An increase in caspase-3 expression was observed in both patients following treatment (PP<0.001).