This highlights an important aspect of antibody therapeutics. Although higher doses of a blocking antibody may yield improved efficacy, low doses of agonistic antibodies may provide a better risk benefit profile compared with higher doses. Other pathways of interest for agonistic antibodies include those of CD40, for which favourable preclinical and clinical results have been noted, particularly in pancreatic cancer46, and the glucocorticoid-induced TNF receptor. Antibody therapeutics might also have a role in the generation of de novo immune responses to the antigen targeted by the antibody through promoting anti-gen presentation to Fc receptor-bearing cells. Such responses may allow for the effects of therapeutic antibodies to persist after the dosing is completed. There are multiple mechanisms by which antibody treatment of patients with malignant tumours may not achieve a therapeutic effect [5]. These include the heterogeneity of target antigen expression in the tumour, ph[(a)4(n)-6(d)205( )-149(tu)-8(m)18(o)-6(u)-6(r,)-3( )-136(0078 521 0 0 144 19r2i Tm6(r,)-3( )-13)4(x)7Tm[(f)1 Tm[(p)--6(a