



(12) **DEMANDE DE BREVET CANADIEN**
CANADIAN PATENT APPLICATION

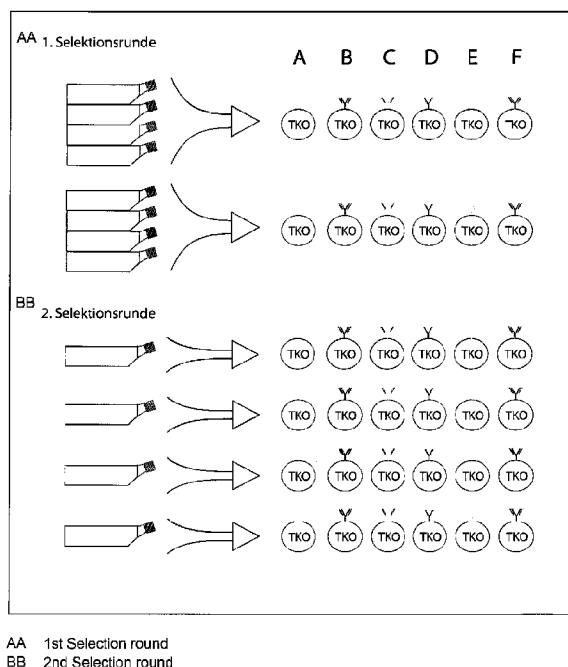
(13) **A1**

(86) Date de dépôt PCT/PCT Filing Date: 2018/07/05
(87) Date publication PCT/PCT Publication Date: 2019/01/10
(85) Entrée phase nationale/National Entry: 2020/02/04
(86) N° demande PCT/PCT Application No.: EP 2018/068317
(87) N° publication PCT/PCT Publication No.: 2019/008129
(30) Priorités/Priorities: 2017/07/07 (EP17001167.0);
2017/07/07 (EP17001166.2); 2018/03/19 (EP18162672.2)

(51) Cl.Int./Int.Cl. *A61K 39/395* (2006.01),
A61P 35/02 (2006.01)
(71) Demandeur/Applicant:
AVA LIFESCIENCE GMBH, DE
(72) Inventeurs/Inventors:
BIRSNER, ULRICH, DE;
JUMAA, HASSAN, DE;
KLAPPROTH, HOLGER, DE;
KESSEMEIER, MARC A., DE
(74) Agent: EDWARD, VALERIE G.

(54) Titre : MOLECULES DE LIAISON BIOLOGIQUES
(54) Title: BIOLOGICAL BINDING MOLECULES

Figur 1



(57) **Abrégé/Abstract:**

The present invention relates to the field of the preparation, identification and selection of biological binding molecules such as antibodies or fragments thereof, and also the use thereof in the context of therapy and prophylaxis of cancers, such as malignant B-cell neoplasia in particular. The binding molecules are able to selectively bind to autonomously active or autonomously activated B-cell receptors, wherein the autonomously active or autonomously activated B-cell receptors are characterized by the presence of structural domains to which the binding molecule selectively binds and which cause the autonomously active or autonomously activated state of the B-cell receptors.

Abstract

The present invention relates to the field of the production, identification and selection of biological binding molecules such as antibodies or fragments thereof, as well as to their use in the therapy and prophylaxis of cancer diseases, such as, in particular, malignant B-cell neoplasia. The binding molecules are able to selectively bind to autonomously active or autonomously activated B-cell receptors, the autonomously active or autonomously activated B-cell receptors being characterized by the presence of structural domains to which the binding molecule selectively binds and which are responsible for the autonomously active or autonomously activated state of the B-cell receptors.

Biological binding molecules

The present invention relates to the field of the production, identification and selection of antibodies or fragments thereof, as well as to their use in the prophylaxis and therapy
5 of cancers, such as, in particular, malignant B-cell neoplasia.

Malignant B-cell neoplasias are generally meant to denote malignant diseases of the hematopoietic or lymphatic system. They include clinical pictures such as e.g. leukaemia and in a broader sense belong to cancer diseases. Leukaemias are
10 characterized by a greatly increased formation of dysfunctional white blood cell precursors, also known as leukaemia cells. These cells spread in the bone marrow, displace the usual blood formation there and usually accumulate strongly in the peripheral blood. They can infiltrate the liver, spleen, lymph
15 nodes and other organs and thereby impair their function. The disturbance in blood formation leads to a reduction in normal blood components, which can lead to anemia due to a lack of oxygen-transporting red blood cells, a lack of hemostatic platelets, and a lack of mature functional white blood cells.

20 Depending on the course of the disease, a distinction is made between acute and chronic leukaemia. Acute leukaemias are life-threatening diseases which, if left untreated, lead to death within a few weeks or months. Chronic leukaemias, on the other hand, usually run for several years and are often low in
25 symptoms in their early stages.

The most important forms of leukaemia are:

- acute myeloid leukemia (AML)
- chronic myeloid leukemia (CML)
- acute lymphatic leukemia (ALL)
- 30 • chronic lymphatic leukemia (CLL).

Leukaemias are usually treated with chemotherapy. More recent therapies are increasingly using monoclonal antibodies such as e.g. GA101 (Obinutuzumab), which acts as a CD20 antibody similar to Rituximab and Ofatumumab and is used to treat
5 chronic lymphatic leukemia (CLL). By using these antibodies, the remission-free time can be extended by approx. 10 months.

Other malignant diseases of the hematopoietic or lymphatic system (malignant B-cell neoplasia) affect lymphomas, such as e.g. Hodgkin lymphoma and the B-cell variants of non-Hodgkin
10 lymphomas.

If antibodies against receptors are generated, animals are usually immunized with the receptor (purified, cloned, or as peptide fragments) and hybridoma cells are generated. These hybridoma cells produce antibodies which are then tested in cell
15 systems using ELISA or expressed receptors. Conventionally established cell lines are used for this because only these can be cultivated easily. Antibodies can be generated which bind relatively specifically to a certain receptor type (e.g. Anti-IgG1, Anti-IgE). However, this often leads to cross-reactions
20 with other receptors or other epitopes.

For a therapeutic application of BCR antibodies, it is usually not sufficient to use only one antibody against BCR in general, as such a broad-spectrum application can trigger considerable side effects. Rather, it would be desirable to provide an
25 antibody that selectively binds to a receptor that exhibits (pathophysiological) activation, in particular autonomic activation. Such an antibody is not known in the state of the art and a process for its production or extraction by selection does not exist.

30 State-of-the-art therapies for the treatment of leukaemias are therefore usually very stressful for the patient. In general it

can be summarized that the undesired side effects of the therapy and the often insufficient effect of the drugs lead to a high death rate of this disease, because not only tumor cells, but also healthy cells of the immune system are damaged.

5 In addition, there is often no cure, but only the creation of a certain period of time in which the disease is demission-free.

The task of the present invention therefore lies in the provision of alternative concepts and active substances, such as, in particular, alternative antibodies for prophylactic
10 and/or therapeutic use, with which the existing problems of the state of the art can be overcome.

Before the individual aspects of the present invention are discussed in detail, relevant terms used in the present description are clarified.

15 The term "neoplasia" used herein generally refers to the formation of new body tissue. If this is a pathological or malignant manifestation, one speaks of a malignant neoplasia. Malignant B-cell neoplasia is therefore a malignant and uncontrolled formation of new tissue by B-cells, whereby this
20 term applies equally to all B-cell associated cancers such as leukaemias and B-cell lymphomas.

An "area for killing neoplasia" can kill neoplasia either as a result of a direct or indirect effect. In the case of therapeutic use of specific antibodies, a molecule is bound to
25 the antibody or to a functional fragment of that antibody or to another biological binding molecule comprising that antibody or its fragment, so as to exert an effect which goes beyond the effect of binding the antibody or its fragment. For example, such a molecule may be selected from the group consisting of an
30 immunotoxin, a cytokine, a chelator, a radioisotope, and combinations thereof.

The term "biological binding molecules" is used herein to refer, for example, but not exclusively, to antibodies including fusion proteins. Advantageously, and therefore preferably, such an antibody is selected from the group
5 consisting of an IgG antibody, an IgM antibody, a humanized IgG antibody, and a human antibody into which the recognition sequence of the epitope is inserted. Such a binding molecule may also be provided in the form of a functional fragment of the entire antibody, e.g. as a Fab fragment. A binding molecule
10 may also include other areas that lead to the killing or dying of neoplasia and therefore have the functionality of an immunotoxin and/or immunocytokine. In particular, such a binding molecule can also be membrane-bound or cellular. One such membrane-bound form of a binding molecule is e.g. the
15 chimeric antigen receptor (CAR) on CAR-T cells.

The function of the B-cell receptor or B-cell receptor complex (BCR) on the surface of a B-cell is to recognize and bind to pathogens, which is why it can be regarded as a membrane-bound antibody. This binding leads to a conformational change in the
20 BCR, triggering a signaling cascade that ultimately leads to activation of the B cell. The BCR is formed in great diversity in maturing B cells.

The development of B-cells takes place in humans and also in some other mammals in the bone marrow or in the fetal liver. The
25 signals necessary for the development programme are received by the developing lymphocytes from so-called stromal cells. In B-cell development, the formation of a functioning B-cell receptor (the membrane-bound form of the 'antibody') is of crucial importance. Only with this antigen receptor are mature B cells
30 later able to recognize foreign antigens and bind them to hostile structures by forming corresponding antibodies. The antigen specificity of the receptor is determined by linking certain gene

segments. The segments are called V, D and J segments, which is why the process is called V(D)J recombination. These segments, which form the antigen-binding part of the B-cell receptor, are rearranged. The entire receptor consists of two identical light
5 protein chains and two identical heavy protein chains, the heavy and light chains respectively being linked by disulphide bridges. In VDJ recombination, the V, D and J segments of the heavy chain of the B-cell receptor are linked first, followed by the V and J segments of the light chain. Only if the genes are successfully
10 rearranged, which is referred to as productive gene rearrangement, can the cell move on to the next developmental step.

B cells, which react to the body's own antigens during their maturation in the bone marrow, die in the vast majority of cases
15 by apoptosis. In the blood of healthy people small amounts of autoreactive cells can be detected, among others against thyroglobulin or collagen (Abul K. Abbas: *Diseases of Immunity* in Vinay Kumar, Abul K. Abbas, Nelson Fausto : *Robbins and Cotran - Pathologic Basis of Disease*; 7th edition; Philadelphia 2005, p.
20 224f).

Since the process of generating such a BCR is based on a random aggregation of gene segments, it can happen that the newly formed BCR undesirably recognizes endogenous structures and is thus "permanently activated". In order to prevent the formation
25 of such a "permanently active or activated" BCR, various protective mechanisms exist in the body. However, if these are overcome due to a pathological change in the developing B cell, a malignant or autoimmune disease can develop.

In contrast, an "autonomously active" or "autonomously
30 activated" BCR is a special type of a permanently active BCR. While the conventional activation is based on an external

antigen (see above), the autonomously active BCR results from its interaction with membrane structures on the surface of the same cell. For the clinical picture of CLL, an autonomic activation-triggering interaction between BCRs adjacent to each other on the surface of the same cell could be shown (M. Dühren-von Minden et. al; Nature 2012). Another example of an autonomously active BCR is the pre-BCR, which is expressed as a development check during the development of a B cell. In addition to the interaction of neighboring receptors (BCR:BCR), an interaction between receptor and a membrane protein (BCR:membrane protein) can also lead to an autonomously active or activated BCR.

The solution to these problems according to the invention is based on the surprising realization that tumor cells of patients with CLL display B-cell receptors which are autonomously active or autonomously activated, and that these autonomously active or activated receptors are characterized by the presence of common epitopes that cannot be detected in corresponding receptors of healthy cells of the same patient. These cells can thus be specifically recognized and treated by an antibody due to the presence of autonomously active B-cell receptors, which are characterized by the presence of the above epitopes, so that healthy B-cells without this characteristic are not affected, which makes the treatment much more specific and with fewer undesired side effects.

In the course of the numerous experiments carried out for this invention, however, it turned out surprisingly that antibodies with special specificity for these modified receptor regions (epitopes) cannot be produced and selected using conventional standard methods. Only after the experimental conditions had been adapted in such a way that genetically modified cells whose modified B-cell receptors were in a native and activated

state could suitable antibodies with the desired and required specificity be obtained within the framework of binding studies. In other words, it is essential for the solutions proposed according to the invention that the cells used in
5 binding studies for the selection of suitable prophylactic or therapeutic antibodies present their modified regions (epitopes) in a largely native and activated form. This showed that so-called pro-/pre-B cells are particularly suitable due to their physiological constitution. The provision of such
10 specific antibodies and functional fragments of the same, which also possess this specific binding behavior, thus enables a tumor-specific treatment, which is characterized by a significantly improved treatment success and, thanks to the reduction of undesired systemic effects, a significantly
15 increased therapy success.

As already mentioned, the present invention provides biological binding molecules in the form of antibodies or functional fragments thereof and a process for the production (identification and selection) of such binding molecules which
20 selectively bind to the modified epitopes of autonomously active membrane-bound immunoglobulins of B-cell neoplasia. According to a preferred embodiment of the invention, the biological binding proteins selectively bind to those autonomously active B-cell receptors on B-cells that occur in
25 immunological (e.g. autoimmune) diseases and are causally related to these (e.g. allergies, ulcerative colitis, diabetes mellitus type 1, multiple sclerosis, psoriasis, rheumatic fever, rheumatoid arthritis, celiac disease). In addition, both prophylactic and therapeutic methods using such binding
30 molecules are proposed, the therapeutic application referring to the inhibition of growth or the killing of cells expressing such membrane-bound immunoglobulins of the modified type.

In general, leukemias and lymphomas are attractive targets for the treatment with immunotoxins and/or immunocytokines. The response of patients with B cell malignancies has been extensively investigated in Phase I/II clinical trials of immunotoxin activity (Amlot et al., (1993), Blood 82, 2624-2633; Sausville et al., (1995), Blood 85, 3457-3465; Grossbard et al., (1993), Blood 81, 2263-2271; Grossbard et al., (1993) Clin. Oncol. 11, 726-737). So far, some antitumor reactions have been observed, but immunotoxin-mediated toxicity to normal tissue has often prevented dose escalations to therapeutic levels. Several B cell-specific antigens, such as CD19, CD22 and CD40, were selected as targets for immunotoxins produced by plant toxins, such as the ricin A chain, and bacterial toxins, such as Pseudomonas exotoxin A (PE) (Uckun et al., (1992), Blood 79, 2201-2214; Ghetie et al., (1991), Cancer Res. 51, 5876-5880; Francisco et al., (1995), Cancer Res. 55, 3099-3104).

Membrane-bound immunoglobulins are well-suited targets for a targeted, i.e. specific immunotherapy. During B-cell development in the bone marrow, each individual B-cell precursor generates its own and almost unique B-cell receptor (BCR) by rearranging individual gene segments.

Two variants (Subset 2; Subset 4) of the autonomously active BCR are known, which differ from each other with regard to their respective characterizing molecular motif (epitopes) (Minici, C. et al., Distinct homotypic B-cell receptor interactions shape the outcome of chronic lymphocytic leukaemia, Nature Comm. (2017)). Both variants have different short amino acid sequences that are specific for these variants. The expert knows that other CLL-B cell receptors are autonomously active in addition to the subsets listed. The region of subset 2 relevant for the autonomously active

functionality of the receptor is characterized by the amino acid sequences KLTVLRQPKA (SEQ ID NO. 1) and VAPGKTAR (SEQ ID NO. 2) of the light chain, while the region of subset 4 relevant for the autonomously active functionality of the receptor is defined by the amino acid sequences PTIRYYYYG (SEQ ID NO. 3) and NHKPSNTKV (SEQ ID NO. 4) of the variable part of the heavy chain. The sequences for subsets 2 and 4 used to generate murine antibodies during immunization are listed in SEQ ID NOS. 5 and 6 (vHC; LC) and 7 and 8 (vHC; LC), respectively. For the sake of completeness, SEQ ID NO. 17 (VSSASTKG) provides a further target sequence or epitope with specificity for the variable part of the heavy chain of a BCR of subset 4. In addition to the target sequences (epitopes) responsible for the formation of the autonomously active state of the BCR (subset 4) according to SEQ ID NOS. 3 and 4, the sequence according to SEQ ID NO. 17 thus represents a further property characteristic property of this subset.

It should be noted that the finding and characterization of subsets 2 and 4 as two variants of the B cell receptor in patients with critical disease progression is based on the study of numerous individual case studies and therefore does not mean that in a possible large number of other subtypes of the BCR the same target sequences (epitopes) are not present for the two known subtypes and correlate with a severe disease progression.

Although antibodies against both of these subsets should in principle be generated by standard methods, e.g. in mice, it was surprisingly observed that immunization using peptides does not lead to the formation of the desired specific antibodies. Immunization using individual chains of the receptor, such as the use of the light chain of the BCR comprising the modified sequence regions, did not bring the desired success either,

which is why mice were finally immunized with the recombinantly produced soluble form of the BCR (cf. SEQ ID NOS. 5 and 6). Immune cells with the desired specificity could then be obtained from these mice and transformed into hybridoma cells
5 by cell fusion. Surprisingly, the active antibodies could not be identified by ELISA or other standard methods. However, the clones identified as potential binding partners in a first step by ELISA proved to be either non-specifically binding or not binding to the autonomously active receptor (including SEQ ID
10 NOS. 1 and 2) after selection and therefore had to be discarded.

The methods used up to this point not only included standard methods such as ELISA and SPR, but also intracellular expression in fibroblasts with intracellular FACS staining as
15 binding control.

After elaborate further test series it could be shown that a successful selection of suitable binding molecules according to the invention cannot be carried out with free receptors or their fragments nor with membrane-bound or intracellular
20 receptor fragments. Instead, it was observed that selection was only possible using a cell system in which the complete and functional B-cell receptor was presented membrane-bound. It is of great importance that the BCR with its modified regions (epitopes) is autonomously active in or presented on these
25 cells. Only with this approach, whose conditions reflect a largely physiological-native *in situ* scenario, was it possible to identify an antibody that binds highly specifically and selectively only to the tumor cells, i.e. to B cells that express a BCR with an epitope on their cell membrane that is
30 characteristic for the subset-2 or subset-4 of this cell type, but not to other B cells or their receptors (BCRs), which by definition do not represent B cells of subset 2 or 4. In other

words, the binding molecule according to the invention selectively binds to autonomously active or autonomously activated B-cell receptors, which are characterized by the presence of structural domains or epitopes (target sequences) and are responsible for the autonomously active or activated state of the B-cell receptors. The selective binding behavior of the binding molecule according to the invention means that it does not bind to receptors or other membrane structures of B cells that do not have a structural domain or epitope that is responsible for the autonomously active or activated state of the B cells. Thus, the binding molecule according to the invention does not selectively bind to target sequences of the B cell receptor which are not characteristic for subset 2 or subset 4, and in particular does not bind to a B cell receptor which does not contain any of the sequences SEQ ID NOS. 1, 2, 3 and/or 4.

It has also been shown that the use of arrested pro-/pre-B cells obtained from Triple Knockout (TKO) mice, despite their difficult handling and elaborate extraction, is particularly well suited to express these receptors and be used in a test system to identify these receptors. The stage of pro-/pre-B cells is naturally designed to carry out the maturation and selection of BCRs, and the cells of this stage are particularly suitable for correctly folding even "difficult" BCR components due to their enzymatic properties (chaperones, etc.) and presenting them on their surface in a sufficiently physiologically native form. The deletions (knockouts) described below prevent the desired BCR from being altered by recombination or the use of the surrogate light chains. By using these cells or this cell type of arrested pro-/pre-B cells for the expression and presentation of BCRs in the context of a selection of antibodies with selective-specific binding behavior towards autonomously active or activated B cell

receptors, a selection platform is provided which, in comparison with the systems conventionally used for selection in the state of the art, is characterized by a much higher quality which justifies the high expenditure of the use of primary TKO cells
5 and their cultivation over a few passages, respectively.

After the selection of suitable hybridoma cells described above, the antibodies suitable for prophylactic and/or therapeutic purposes could be obtained in large quantities in the form of monoclonal antibodies. The binding site of the
10 antibody could be determined by sequencing the DNA of these cells (cf. SEQ ID NOS. 9 and 10). Such procedures are known to the expert and are also commercially available. It is advantageous to obtain a larger number of hybridoma cells and select those with the best binding activity (specificity and
15 binding strength/affinity).

The resulting genetic information about the binding site was used to insert the coding sequence into an expression plasmid containing the DNA of a human antibody sequence in order to generate a humanized monoclonal antibody with the desired
20 specificity by recombination. Due to their unique specificity, these humanized antibodies showed a better prophylactic and therapeutic efficacy compared to conventional drugs with comparatively very low side effects. The expert is aware that these humanized antibodies can be produced in large quantities
25 using biotechnological methods. For the purification of the synthesized antibodies standardized methods can be applied, e.g. combinations of precipitation, filtration and chromatography, which are sufficiently well known to the expert. It should be noted that the antibodies should not be
30 denatured and possible foreign substances such as proteins, pyrogens and toxins should be removed quantitatively.

The desired antibodies are preferably expressed in systems in which the antibody undergoes glycosylation, in particular human glycosylation. Such systems are well known to experts and include the use of insect cells (S2 cells), mammalian cells
5 (CHO cells) and, in particularly preferred, human cells such as HEK293T cells.

The sufficiently purified antibody can in itself be therapeutically effective if it has an isotype that evokes a specific immune response, such as an IgG subtype that leads to
10 an immune response against the tumor via Fc receptors.

The antibody may also be present as a fragment. It is important that the antigen binding site is present in the fragment, i.e. that it is a functional fragment. Such fragments can be produced e.g. by protease treatment as F(ab) fragments. Since
15 these fragments are truncated in the constant part of the antibody, it is advantageous and therefore preferred to insert an effector molecule to kill neoplasia.

According to an alternatively preferred embodiment, the antibody is provided with a conjugate in order to increase its
20 effect. This conjugate is an area for killing neoplasia and can kill such neoplasia either directly or indirectly. An example of such a conjugate is the binding of ricin to the antibody, whereby its preferred covalent binding is carried out e.g. by using chemical crosslinkers. Such molecules and methods are
25 extensively described in the book Bioconjugate Techniques by Greg T. Hermanson in Chapter 11 Immunotoxin Conjugation Techniques.

According to a further preferred embodiment, the antibody can also be present in modified form, e.g. as a biological binding
30 molecule in the form of a fusion protein with T cell specific activation domains. To generate this so-called chimeric antigen

receptor (CAR), T cells are first obtained from the peripheral blood of the patient and genetically modified *in vitro* so that they express the CAR on their cell surface. These modified T cells are then reintroduced into the patient, making CAR-T cell immunotherapy feasible (see e.g. N Engl J Med. 2014 Oct 16; 371(16):1507-17. doi:10.1056/NEJMoal407222).

For therapeutic use by infusion, the antibody is preferably employed in a composition comprising a pharmaceutically acceptable carrier.

10 A pharmaceutically acceptable carrier is a carrier which is physiologically acceptable for a treated patient and preserves the therapeutic properties of the compound with which it is administered. An exemplary pharmaceutically acceptable carrier is physiological saline solution. Other suitable
15 physiologically compatible carriers and their formulations are known to experts and are described, for example, in Remington's Pharmaceutical Sciences (18th edition), ed. A. Gennaro, 1990, Mack Publishing Company, Easton, PA).

For stable storage, it may be advantageous to provide the
20 antibody or its fragments in a stabilized form, which is accordingly preferred. This can be done, for example, by drying with a stabilizing salt buffer. Such a buffer can be, for example, a phosphate-buffered saline solution (PBS), as the expert knows. A suitable form of drying is e.g. freeze drying
25 or lyophilization.

A further therapeutic application of the binding molecules according to the invention is the known aphaeresis process, in which the blood or a blood sample of a patient is treated outside his body in the sense of "blood washing".

For example, the antibody according to the invention with specificity for autonomously activated BCR (subset-2) can be used in an aphaeresis system to separate leukemia cells from a patient's blood sample. As the expert knows, there are
5 basically different methods suitable for this.

According to a first exemplary embodiment, the antibodies can be bound to magnetizable particles (beads) (e.g. dynabeads). The blood is provided with an anticoagulant and brought into contact with the particles outside the patient's body. Ideally,
10 at least one particle, preferably 10 to 100 particles, should be used per tumor cell. A particle with a size smaller than e.g. 20 μm typically contains several antibodies of the same specificity (number of particles larger than 5000/ μl blood). With the help of magnets, these particles can then be bound
15 before the cleaned, remaining blood is returned to the patient. This therapeutic measure significantly reduces the number of tumor cells in the patient's blood. According to another embodiment, the particles have sizes of more than 20 μm and also have a large number of antibodies per particle (> 100 , $>$
20 1000). Thus many lymphocytes (tumor cells) can be bound and removed with one particle. These particle/cell conjugates are removed by classical centrifugation as commonly used in aphaeresis. The time required for this depends on the type of particles and the apparatus and must be determined
25 experimentally.

In a further embodiment, both the particle/cell conjugates (especially when using large particles larger than 20 μm in diameter) and free particles without cell binding can be separated from blood by means of a fine network. Such networks
30 are commercially available e.g. as so-called 'cell strainers'. Methods for conjugating the antibodies to the particles are

sufficiently well known to the expert. Procedural instructions are made available to customers by Dynal, for example.

Individual aspects of the present invention are explained in more detail below using examples.

5 Before detailed explanations of the experimental procedure are given, please refer to the following explanations.

The production and identification of antibodies that selectively bind to the modified B-cell receptors was characterized by major and unforeseen problems. The hybridomas
10 were generated using standard methods. The supernatant from the hybridoma groups was pooled and examined for positive binding events by ELISA (soluble B-cell receptors on the ELISA plate). Positive pools were isolated and the individual clones were tested. Surprisingly, no more positive clones were identified
15 in the ELISA. The positive ELISA signals of the pools subsequently turned out to be unspecific bonds.

In order to create better epitopes for the recognition of the antibodies, the light chain of the BCR was now expressed in fibroblasts. This should ensure the correct folding of the
20 protein carrying the motif responsible for the autonomous signal (epitope). Intracellular FACS analyses were performed with these cells. No positive clone (antibody) could be identified.

For this reason, RAMOS cells (human Burkitt lymphoma cell line)
25 were modified in another experiment so that they exhibited functional modified BCRs. This should ensure completely correct biosynthesis, folding and modification of the BCR. The cell's own BCR was deleted using CRISPR and then the "CLL receptor" was molecularly reconstituted (electroporation of CMV vectors).

These cells were used to test positive binding events. Here, too, no positive clone was detectable with FACS.

Surprisingly, however, the use of murine TKO ('Triple Knock-out') cells (arrested pro-/pre-B cells), into which the CLL
5 receptor was introduced by means of a gene shuttle, produced a positive clone. And this despite the fact that the human cell system could not guarantee this. These cells have the following three knockouts in their genome as a special feature:

- 10 - the knockout of RAG2 prevents the somatic recombination of own heavy and light immunoglobulin chains, which is why the endogenous formation of a BCR is excluded. This leads to arrest, blocking or 'freezing' of correspondingly treated B cells at this stage of development. It is known that RAG1 and RAG2 form a complex which makes the usual VDJ
15 rearrangement possible in the first place, which is why a knockout of RAG1 is a means with the same effect and thus an alternative to the knockout of RAG2 and is covered by the teaching according to the invention.
- 20 - the deletion of Lambda5, a part of the surrogate Light Chain, prevents the formation of a pre-BCR. Since the pre-BCR is autonomously active, this would interfere with the detection of an autonomously active receptor. Since a new BCR is cloned into the cell, a pre-BCR is undesirable because it would appear on the surface with the desired
25 heavy chain (HC) in combination with the undesired surrogate light chain and would disturb the selection.
- the knockout of SLP65, an adapter protein of central importance in the BCR signaling pathway, prevents the activation of the TKO cell by a possibly reconstructed BCR.

The combination of the knockouts of RAG2 or RAG1 and Lambda5 leads to a blockade in the transition from the pro-B cell stage to the pre-B cell stage, which is classically characterized by the beginning rearrangement of the VDJ segments of the heavy chain (HC). Therefore they are pro-/pre-B cells.

Knockout of RAG2 or RAG1 and Lambda5 is sufficient for expression of the BCR and selection of the appropriate antibody. The activity of the BCR can be measured by reconstitution with the inducible SLP65.

10 The method of choice here is the measurement of Ca-flux after induction of SLP65 using FACS analysis and the use of a Ca^{2+} dependent dye such as Indo-1. These methods are known to the expert (see M. Dühren-von Minden et. al; Nature 2012).

15 The first two knockouts ensured that only the "BCR of Interest" was expressed on the surface. By using an inducible SLP65 to reconstitute the cells, the function of the expressed BCRs can be characterized and the autonomously active state of the BCRs on the surface can thus be verified before selection.

20 The expression of the BCR was determined using anti-IgM and anti-LC antibodies at the FACS. Some cells were removed and stained with 5µl antibodies each in a total volume of 100µl in PBS.

25 With these cells as "targets", FACS has now been used to identify an antibody that specifically binds to the modified region that induces and characterizes the autonomous activation of BCR. And this, although a binding to the same receptor type in RAMOS cells was not successful!

The cells carrying the "BCR of Interest" on the surface were first incubated with the pooled supernatants, and after a few

washing steps the bound antibodies were detected using secondary antibodies. For a specific selection TKO cells (TKOs) were used, which expressed different versions of the "BCR of Interest". The selection matrix shown in Figure 1 is exemplary for the selection of a CLL subset 2 BCR and was used for the identification and selection of positive clones. For easier identification, the supernatants of the hybridomas were pooled and measured. The groups that showed a binding were isolated and the supernatants of the respective hybridomas were tested for binding.

Confirmation that the selected antibody binds specifically to the modified BCR and not to other BCR variants was obtained using two blank samples, i.e. cells without BCR (see Figure 1 A) and cells with non-CLL-BCR (see Figure 1 E). Primary B-cells from the blood of leukemia patients were tested for binding using FACS. The selected antibody was able to specifically identify those BCRs that exhibited the target structure. This was confirmed at genomic level. Samples without this target structure showed no binding.

The invention is explained in more detail below using examples, taking Figure 1 into account.

Example 1

The starting point for the production of triple knockout cells (TKO) is formed by transgenic mice which have a respective knockout for the genes Lambda5, RAG2 and SLP65 (Dühren von Minden et al., 2012, Nature 489, p. 309-313). The production of such mice is known to the expert and belongs to the state of the art. To obtain the cells, the bone marrow of the femur was extracted from the mice after they had been sacrificed. The cells obtained in this way were then cultured under conditions

that promote the survival of pro-/pre-B cells (37°C, 7.5% CO₂, Iscoves medium, 10% FCS, P/S, murine IL7). After several passages, FACS sorting was carried out for control purposes, the pro-/pre-B cells were sorted and then returned to culture.

5 The markers used for this purpose are known to the specialist.

For reconstitution with a 'BCR of interest', the corresponding sequences coding for the heavy (HC) and light (LC) chains were synthesized and then cloned into respective expression vectors each having a CMV promoter. These were introduced into the
10 packaging cell line (Phoenix cell line) by lipofection. After 36 hours of incubation, the virus supernatant was removed and used for Spinfektion of the TKO cells. Both the work to extract the supernatants and the Spinfektion of the TKO are widely known procedures and known to experts.

15 The structural characteristics of subset-2 B-cell receptors were taken from the corresponding literature (see above). Exemplary CLL subset 2 VH and complete LC DNA segments were synthesized by a contract manufacturer using a standard procedure. These were then fused with a murine IgG1 constant
20 segment by PCR and cloned into a CMV vector. The sequence of the finished vector was confirmed by Sanger sequencing.

CLL subset 2 VH (SEQ ID NO. 5):

EVQLVESGGGGGLGLVKPGGSLRLSCAASGFTFRSYSMNWVRQAPGKGLEWVSSIISSSSIY
ADSVKGRFTISRDNAKNSLYLQMNSLRAEDTALYYCARDQNAMDVWGGTTVTVTVSS

25 CLL subset 2 LC (SEQ ID NO. 6):

SYELTQPPSVSVSVSVAPGKTARITCAGNNIGSKSVHWYQQQAPVLVIYYDSDRPSGIPERF
SGSNSGNTATLTISRVEAGDEADYYCQVWDSGSDHPWWVFGGGTKLTVLRQPKAAPSVTLFPP
SSEELQANKATLVCLISDFYPGAVTVAWKADSSPVKAGVETTTPSKQSNNKYAASSYLSLTPE
QWKSHRSYSCQVTHEGSTVEKTVAPTECS

A human cellular expression system based on HEK293T cells was used for the expression of the CLL subset 2 IgG1. A polyethyleneimine (PEI) based protocol was used for transfection. After several passages, the supernatant was
5 pooled and the medium contained in the combined cell supernatant was purified using Protein G columns. The purity and quality of the soluble subset-2 IgG1 was determined by Western blotting.

Monoclonal antibodies were produced using the standard
10 procedure in mice and the subsequent generation of hybridoma cells. The screening for positive clones was not performed by ELISA as usual. Since the target structure is a membrane-bound receptor, it is of central importance to validate the binding of the potential antibodies in a cellular system, i.e. while
15 largely preserving the cell physiological states native to this cell type. First, groups of pooled supernatants were examined for binding events using FACS analysis. For this purpose different CLL-Subset 2 BCR variants were expressed on the surface of a cell line (TKO), which cannot express BCR itself.
20 The first step was to identify the supernatants whose antibodies showed a binding. Subsequently, the supernatants of the individual hybridoma clones were examined in more detail with regard to their binding in order to identify highly specific clones with a high affinity.

25 For the screening procedure, different vectors were used in the previous transformation for the following heavy chain (HC) and light chain (LC) combinations of the corresponding CLL-BCRs, these combinations being used on the surface of the BCR reconstitution system:

- 30 • Control (transformation vector without BCR) (see Fig.1 A)

- Vector with HC / LC typical for the CLL subset 2 (see Fig. 1 B)
- Vector with a non-CLL subset 2 HC / a LC typical for the CLL subset 2 (without target motif; epitope) (see Fig. 1 C)
- 5 • Vector with HC typical for the CLL subset 2 / a non-CLL subset 2 LC (see Fig. 1 D)
- Vector with one non-CLL subset 2 HC / one non-CLL subset 2 LC (see Fig. 1 E)
- 10 • Vector with HC / LC typical for the CLL subset 2 (including mutation R110G (target motif)) (see Fig. 1 F).

This selection procedure is illustrated schematically in Figure 1 using the example of the CLL subset 2 BCRs, where the term 'TKO' refers to TKO cells (see above).

In the 1st selection round, supernatants of several clones were
15 combined and examined with regard to their binding profile to the selection matrix. A positive binding profile is given if a specific binding to the "BCR-of-Interest" is shown. Groups showing such a profile were isolated, and the binding profile of the individual clones was characterized again on the
20 selection matrix during a second selection round. The binding of the monoclonal antibodies was verified using a FACS binding assay using a fluorescence-labeled Anti-Mouse-IgG antibody. Call it: A) no BCR (control); B) a CLL-Subset2 typical BCR; C) a BCR with random heavy chain and a CLL-Subset2 typical light
25 chain; D) a BCR with a CLL-Subset2 typical heavy chain and a random light chain; E) a BCR with arbitrary heavy and light chain (control; not CLL-Subset2 typical BCR); F) a CLL-Subset2 typical BCR with a mutation in the target motive (R110G) (control).

Based on the finding that the antibody only binds to the cells with the target structures (CLL-Subset2 BCR; Fig. 1B), it can be concluded that an antibody is present that specifically binds to cells with autonomously active receptors.

5 It was shown that the use of cells in the pro-/pre-stage of B cell development is necessary for the exact expression of the BCR required for detection. These cells are genetically capable of representing new BCR by exact folding and expression on their surface. The inactivation (knockout) of RAG2 and Lambda5 prevents
10 the expression of an endogenous BCR or pre-BCR. The deletion of SLP65 and the subsequent reconstruction of an inducible SLP65 makes it possible to characterize the activity level of the "BCR of interest".

To determine the amino acid sequence of the monoclonal
15 antibodies selected by selection, mRNA was isolated from the individual hybridoma clones, cDNA was generated from them and amplified by Anchor PCR (Rapid expression cloning of human immunoglobulin Fab fragments for the analysis of antigen specificity of B cell lymphomas and anti-idiotypic lymphoma
20 vaccination; Osterroth F, Alkan O, Mackensen A, Lindemann A, Fisch P, Skerra A, Veelken H. J Immunol Methods 1999 Oct 29; 229(1-2):141-53).

After identification and sequence determination of the areas important for binding (CDRs), these were transferred to the
25 human antibody scaffold by PCR. The VH sequence was generated from the human FR regions and the murine CDR regions *in silico* and subsequently synthesized as DNA fragments. These were then fused with a human IgG1 by PCR and cloned into a vector suitable for expression.

30 For the generation of the monoclonal antibodies, synthetic peptides which represented the regions for the ability of an

autonomous signal were used in addition to the complete immunoglobulins.

The specific monoclonal antibody against Subset-2 was sequenced. The following amino acid sequences were determined:

5 SEQ ID NO. 9 for the variable part of the heavy chain (HC), SEQ ID NO. 10 for the variable part of the light chain (LC), and CDR 1, 2 and 3 (marked in bold) in the order given.

SEQ ID NO. 9 (AVA-mAb01 HC)

QVQLQQQQSGPGLGLVQPSQSL SITCTVS **GFSLTSYG** IHW RQSPGKGLEWLGVI **IWRGGGT** DSN
10 AAFMSRLSITKDNSKSQVFFKMNSLQADDTAIYYC **ARSRYDEEESMNY** WGQGT SVTVSS

SEQ ID NO. 10 (AVA-mAb01 LC)

QIVLTQSPASLSASVGETVTITCRAS **GNIHSY** LAWYQQKQKSPQLLVY **NAK** TLADGVPSRFS
GSGSGTQYSLKINSLQPEDFGSYYC **QHFWNTPT** PTFGAGTKLELK

The partial sequences of the heavy chain corresponding to CDR1,
15 CDR2 and CDR3 according to SEQ ID NO. 9 are included in SEQ ID NOS. 11 to 13, while the partial sequences of the light chain corresponding to CDR1, CDR2 and CDR3 according to SEQ ID NO. 10 in SEQ ID NOS. 14 to 16 are shown.

SEQ ID NO. 11 (AVA-mAB01 CDR1 HC)

20 GFSLTSYG

SEQ ID NO. 12 (AVA mAB01 CDR2 HC)

IWRGGGT

SEQ ID NO. 13 (AVA mAB01 CDR3 HC)

ARSRYDEEESMNY

25 SEQ ID NO. 14 (AVA mAB01 CDR1 LC)

GNIHSY

SEQ ID NO. 15 (AVA mAB01 CDR2 LC)

NAKT

SEQ ID NO. 16 (AVA mAB01 CDR3 LC)

QHFWNTPPT

- 5 The procedure described above is exemplary for the generation of antibodies specific to CLL-Subset 2. The same process was also performed using specific sequences and isotypes for subset 4.

10 Exemplary CLL subset 4 VH and complete LC DNA segments were synthesized by a contract manufacturer using a standard procedure. These were then fused with a murine IgG1 constant segment by PCR and cloned into a CMV vector. The sequence of the finished vector was confirmed by Sanger sequencing.

CLL subset 4 HC (SEQ ID NO. 7):

15 QVQLQQWGAGLLKPSETLSLTCAVYGGSFSGYYWTWIRQSPGKGLEWIGEINHSGSTTYNPSL
KSRVTISVDTSKNQFSLKLNSVTAADTAVYYCARGYGDT**PTIRRYYYG**MDVWGQGTTVTVSS
ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAQLQSSGLY
SLSSVTVFPSSSLGTQTYICNV**NHKPSNTKV**DKKC

20 The bold regions indicate the target sequences (epitopes) of the variable part of the heavy chain of the BCR of subset 4 responsible for its autonomously active state (see SEQ ID NOS. 3 and 4).

CLL subset 4 LC (SEQ ID NO. 8):

25 DIVMTQSPLSLPVTLGQPASISCRSSQSLVHSDGNTYLNWFQQRPGQSPRRLIYKVS DRDSGV
PDRFSGSGSGTDFTLKISRVEAEDVGLYYCMQGTHTWPPYTFGQGTKVEIKRTVAAPS VFIFPP
SDEQLKSGTASVVCLLNNFYPREAKVQWKVDNALQSGNSQESVTEQDSKDSTYLSSTLTLSK
ADYEKHKVYACEVTHQGLSSPVTKSFNRGEC.

Example 2

The antibody according to the invention with specificity for the autonomously activated BCR (Subset-2) was used in an aphaeresis system to separate leukemia cells from a blood sample of a patient.

Peripheral blood was taken from a patient (EDTA blood from blood collection tubes). The lymphocyte count was determined with a cell counter and resulted in 80,000 lymphocytes/ μ l. In order to determine the "tumor load", i.e. the load of the sample with tumor cell material, immunophenotyping by FACS was performed (using the CLL standard panel WHO tumor load). Secondly, those cells carrying the CLL epitope were stained with the antibody according to the invention to demonstrate that the cells are positive for this epitope. 500 μ l of this blood was then mixed with 5×10^8 MACS MicroBeads (Miltenyi Biotech) conjugated to the specific antibody. The mixture was shaken at room temperature for 5 minutes before the blood was processed via Miltenyi LS columns. The lymphocytes conjugated with the particles (beads) remained on the column, so that blood largely freed of lymphocytes was obtained from the column as a flow-through. After double purification via the columns (according to the manufacturer's instructions), a lymphocyte count of less than 5000 lymphocytes/ μ l could be determined in a FACS measurement. In a control experiment using blood from a CLL patient without the presence of the autonomously active variant of BCR, this purification, as expected, did not result in a significant reduction of B cells in the blood.

Claims

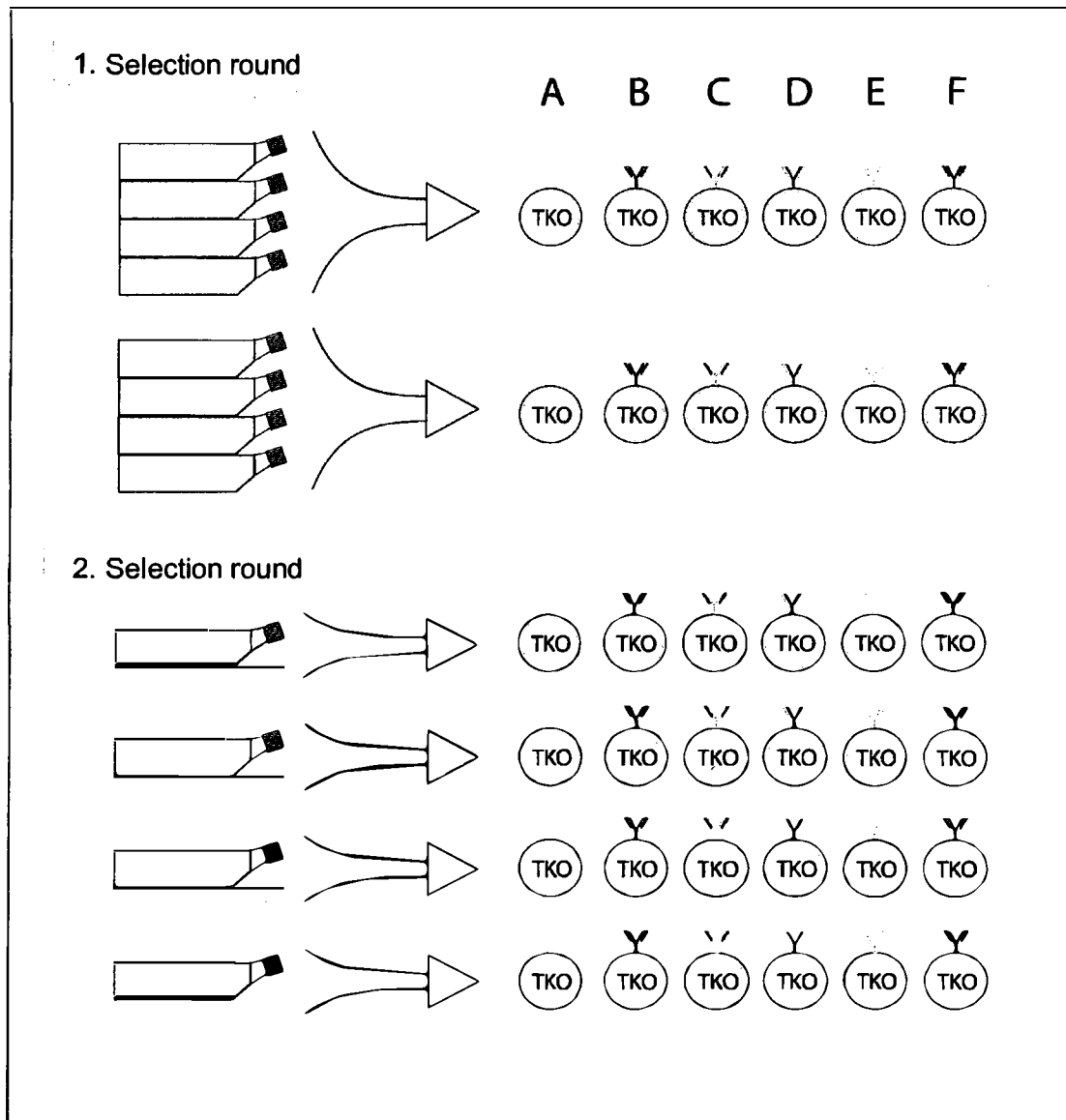
1. A biological binding molecule which selectively binds to autonomously active or autonomously activated B-cell receptors, wherein the autonomously active or activated B-cell receptors are characterized by the presence of structural domains or epitopes to which the binding molecule selectively binds and which are causative for the autonomously active or autonomously activated state of the B-cell receptors.
2. A biological binding molecule according to claim 1, characterized in that it selectively binds to target sequences of the B cell receptor which are characteristic for subset 2 or subset 4.
3. A biological binding molecule according to claim 2, characterized in that it binds to a region of the B cell receptor characterized by the presence of an amino acid sequence selected from the group consisting of
 - (i) KLTVLRQPKA (SEQ ID NO. 1),
 - (ii) VAPGKTAR (SEQ ID NO. 2),
 - (iii) PTIRRYYYG (SEQ ID NO. 3), and
 - (iv) NHKPSNTKV (SEQ ID NO. 4).
4. A biological binding molecule according to any of the preceding claims, characterized in that it is an antibody or a functional fragment thereof.
5. Biological binding molecule according to one of the preceding claims, characterized in that it is in the form of a fusion protein with T-cell specific activation domains.

6. Biological binding molecule according to one of the preceding claims, characterized in that it comprises at least one additional region for isolating or killing B-cell neoplasias.
- 5 7. A biological binding molecule according to any of the preceding claims, characterized in that it does not bind to receptors or other membrane structures of B cells which do not have a structural domain or epitope which are causative for the autonomously active or autonomously activated state
10 of the B cell receptors.
8. A biological binding molecule according to claim 7, characterized in that it does not bind to target sequences of the B cell receptor which are not characteristic for subset 2 or subset 4.
- 15 9. A biological binding molecule according to claim 8, characterized in that it does not bind to a B cell receptor which does not have any of the sequences set forth in claim 3.
10. A composition of matter comprising a biological binding
20 molecule as defined in any one of claims 1 to 9 for prophylactic and/or therapeutic purposes.
11. A composition of matter according to claim 10, characterized in that it additionally comprises an antibody or a functional fragment thereof against the light and/or
25 heavy chain of the B cell receptor.
12. A method for producing a biological binding molecule as defined in any of claims 1 to 9 in a conventional manner, characterized in that the binding molecule is obtained by immunizing with an IgG molecule having the amino acid

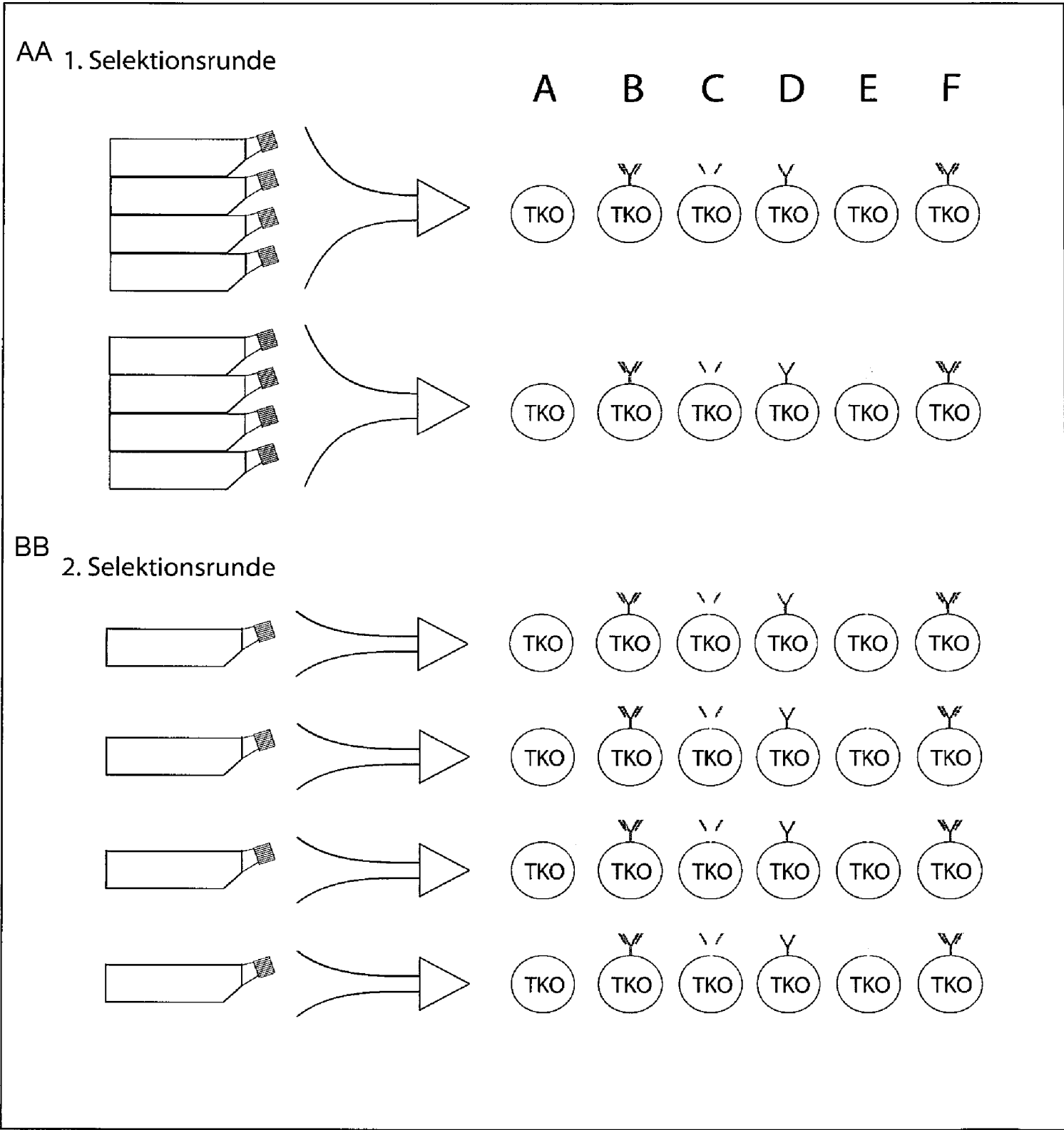
sequences of the variable part of the heavy chain of subset 2 (SEQ ID NO. 5) and the light chain of subset 2 (SEQ ID NO. 6) and subsequently producing hybridoma cells.

13. A method for producing a biological binding molecule as
5 defined in any of claims 1 to 9 in a conventional manner,
characterized in that the binding molecule is obtained by
immunizing with an IgG molecule having the amino acid
sequences of the variable part of the heavy chain of subset
4 (SEQ ID NO. 7) and the light chain of subset 4 (SEQ ID
10 NO. 8) and subsequently producing hybridoma cells.
14. A method according to claim 12 or 13, characterized in that
the binding molecule is an antibody or a functional
fragment thereof.
15. Use of the biological binding molecule as defined in any of
15 claims 1 to 9, or the composition of matter as defined in
claims 10 or 11, for prophylactic and/or therapeutic
purposes.
16. Use according to claim 15 for the prophylaxis and/or
therapy of malignant B-cell neoplasia.
- 20 17. Use according to claim 16 in the context of an aphaeresis
or CAR-T cell immunotherapy.

Figure 1



Figur 1



AA 1st Selection round
BB 2nd Selection round