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(57) Abstract:

SERPINF2-BINDING MOLECULES AND METHODS OF USE**CROSS REFERENCES TO RELATED APPLICATIONS**

[0001] This application claims priority to U.S. Provisional Application No. 61/531,278, filed September 6, 2011, the entire contents of which are incorporated by
5 reference herewith.

ACKNOWLEDGEMENT OF FEDERAL RESEARCH SUPPORT

[0002] This invention was made, in part, with Government support under National Institute of Health Grant Nos. HL092750 & NS073147. Accordingly, the United States Government has certain rights in this invention.

10 FIELD OF THE INVENTION

[0003] This invention relates generally to compositions and methods for preventing or reducing morbidity, disability and death from cellular damage, hemorrhage and organ swelling after tissue injury, due to the activity of SerpinF2 in conditions typically associated with increased levels of plasminogen activators.

15 BACKGROUND

[0004] Tissue injury to the heart, brain, kidney and lungs may trigger the death of cells from toxicity, necrosis, apoptosis and other mechanisms. This triggers structural degradation of organ components, breakdown of vascular barriers and cellular swelling. The result may be organ edema, hemorrhage and loss of function. For example, brain
20 edema or swelling is a feared complication of trauma, injury or stroke that can cause death or disability.¹ Brain swelling may also follow hemorrhage.² In the eye, macular edema may occur following central retinal vein occlusion.³ Myocardial edema is an early marker of myocardial ischemia.^{4,5} Ischemia-reperfusion increases lung permeability and induces lung edema as well.⁶ Ischemia and reperfusion in one organ may cause edema in that
25 organ and, in addition cause swelling and dysfunction in others. For example, ischemia-reperfusion of the bowel may result in edema of the bowel as well as the kidney and lung.⁷ Similarly, ischemia in the liver may result in liver and kidney injury and edema.⁸ Ischemia and reperfusion lead to breakdown of the vascular barrier and edema of the

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pancreas.⁹ Ischemia and reperfusion leads to death and apoptosis of endothelial cells.¹⁰ Microvascular injury occurs after ischemia and reperfusion.¹¹

[0005] Stroke is a worldwide public health issue that kills more than 5.7 million people per year and is a leading cause of disability.¹² Stroke increases the expression of matrix metalloproteinases, to promote the breakdown of the blood brain barrier, to increase brain swelling or edema and to enhance the risk of hemorrhage. In patients with stroke, 90% of the deaths within the first week are due to neurological causes such as brain swelling and hemorrhage.¹⁵⁻¹⁷ Strokes with large amounts of cerebral edema are considered malignant or massive because they can cause increased intracranial pressure and loss of consciousness. Increased intracranial pressure resulting from edema and/or bleeding is associated with a high mortality and may lead to herniation.^{18,19} The finding of significant brain swelling signifies a bad prognosis for patients, while measurements of infarct size have not been considered to be significant clinical predictors of disability.^{20,21}

[0006] Tissue plasminogen activator (TPA) catalyzes the production of the blood clot-dissolving enzyme plasmin and is the only FDA-approved treatment for stroke. Unfortunately, the therapeutic benefit of TPA appears to be limited by its harmful or neurotoxic effects. TPA reduces disability in only 11-13% of treated patients.²²⁻²⁴ TPA also significantly increases the risk of breakdown of the blood brain barrier resulting in brain hemorrhage which occurs in a dose-related fashion.²⁵ Administration of TPA to patients after prolonged ischemia may increase mortality.²⁶

[0007] TPA is expressed by endothelial cells and by neurons and, thus is present both in the vascular space and the brain parenchyma.²⁷ Levels of endogenous TPA rise in the brain in response to injury.²⁸⁻³⁰ In models of mechanical (non-thrombotic) occlusion of the middle cerebral artery (MCA), endogenous TPA increases neuronal cell death and pharmacologic administration of TPA further enhances brain injury.³¹⁻³³ Neuronal damage after a cerebral infarct is thought to be mediated in part by excitotoxins.²⁷ It has been shown that TPA enhances excitotoxic brain injury³⁴ through a plasminogen-dependent mechanism and that SerpinF2 (also known as α 2-antiplasmin), the serine protease inhibitor (serpin) of plasmin is protective.³⁵⁻³⁷ Taken together, these data in mechanical occlusion models indicate that TPA exerts neurotoxic effects on the brain through its production of plasmin and, inhibition of plasmin activity by SerpinF2 reduces neurotoxicity. Yet paradoxically, for human ischemic stroke, which is typically caused by thrombotic (non-

mechanical) occlusion, SerpinF2 is a risk factor which suggests that it may exerts negative effects.^{38,39}

[0008] In addition to the brain, endogenous or administered TPA has harmful effects after ischemia in other tissues throughout the body. After ischemia in the kidneys, TPA increases tissue damage.⁴⁰ In a similar manner, after ischemia in the lungs, TPA enhances lung injury and diminishes lung function.⁴¹ TPA has also been shown to increase myocyte tissue damage after cardiac ischemia.⁴² Similar to its harmful effects on neurons, TPA also enhances retinal cell damage induced by excitotoxins in the eye.⁴³

[0009] U.S. Patent No. 6,946,438 to Nagai et al. provides the use of compounds, such as plasmin, mini-plasmin and micro-plasmin, that reduce α 2-antiplasmin (SerpinF2) concentration or activity *in vivo*, for the treatment of focal cerebral ischemia infarction induced in animals by mechanical occlusion. However, mechanical occlusion does not simulate human ischemic stroke, which is predominantly caused by thrombosis or embolism of a clot (thromboembolism). The presence of a thrombus is associated with fibrin products and activation of platelets and the coagulation system, which may affect the ischemic microvasculature, trigger downstream thrombosis and have neurotoxic effects on neurons and other cells.⁴⁴ It has been found that mechanical occlusion induces a different pattern of cellular injury associated with TPA than that caused by thrombotic occlusion.^{30,44-46} For example, Nagai et al. found contradictory results for PAI-1 transgenic mice in a mechanical occlusion and in a thrombotic stroke occlusion model.³⁰ Since studies by these same authors suggest that compounds that reduce focal ischemia infarction induced by mechanical occlusion can have opposite effects on ischemic stroke induced by thrombosis, it is not predictable whether compounds described by Nagai et al. in U.S. Patent No. 6,946,438 will reduce neuronal cell death triggered by thrombotic occlusion. In addition in U.S. Patent No. 6,946,438, Nagai et al. do not teach whether such compounds may prevent disability, brain swelling, hemorrhage or death after ischemic stroke. Since mechanical occlusion does not simulate thrombotic stroke and does not adequately predict the value of potential therapies, there is a need to develop a composition and method of preventing or reducing cellular damage, swelling, edema and hemorrhage in ischemic conditions caused by thrombosis, such as thromboembolic stroke.

SUMMARY OF THE INVENTION

[0010] The present invention provides methods and compositions for inhibiting hemorrhage, organ edema, prolonged ischemia, breakdown of the microvascular barrier, apoptosis or TPA toxicity in a patient, comprising administering to the patient an effective amount of a SerpinF2-binding molecule that reduces SerpinF2 activity or concentration. The present methods of inhibition include methods for the prevention and treatment of the conditions described herein.

[0011] The invention also provides methods for the manufacture of a medicament for the treatment of all of the conditions described herein. The present invention provides that in various embodiments the SerpinF2-binding molecule is a SerpinF2 inhibitor selected from an antibody, a peptide, a DNA aptamer or a small molecule. In certain embodiments, the SerpinF2 inhibitor is an antibody. In certain embodiments, the SerpinF2 inhibitor is administered in a dose range from 28-91 nanomoles/kg.

[0012] In particular, the present invention provides a method of inhibiting functional disability or death from hemorrhage or edema in a patient in need thereof comprising administering to the patient an effective amount of a SerpinF2-binding molecule that reduces SerpinF2 activity or concentration, thereby inhibiting disability or death from hemorrhage or edema in the patient. In certain embodiments, the hemorrhage or edema is neurologic, cardiac, hepatic, pancreatic, respiratory or renal.

[0013] The present invention provides a method of inhibiting disability or death from tissue plasminogen activator (TPA) toxicity in a patient in need thereof comprising administering to said patient an effective amount of a SerpinF2-binding molecule that reduces SerpinF2 activity or concentration, thereby inhibiting disability or death from TPA toxicity. In certain embodiments, the TPA toxicity causes hemorrhage, organ edema, or apoptosis. In certain embodiments, the invention comprises the earlier step of determining that the patient is at risk for TPA induced damage. In certain embodiments, the TPA toxicity is due to ischemia or trauma. The invention provides that the TPA toxicity can cause neurologic, cardiac, hepatic, pancreatic, respiratory or renal damage. In certain embodiments, TPA toxicity is assessed by determining that TPA has been previously administered to the patient within 48 hours. In certain embodiments, a

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plasminogen activator or serine protease enzyme has been previously administered to the patient within 48 hours.

[0014] The invention provides a method of preventing apoptosis in a patient in need thereof comprising, administering to the patient an effective amount of a SerpinF2-binding molecule that diminishes SerpinF2 activity or concentration, thereby preventing apoptosis in the patient. In certain embodiments, the apoptosis occurs in neurologic, cardiac, hepatic, pancreatic, lung or renal cells.

[0015] The invention provides a method of inhibiting prolonged ischemia in a patient in need thereof comprising administering to said patient an effective amount of a SerpinF2-binding molecule that reduces SerpinF2 concentration or activity in said patient so as to inhibit the prolonged ischemia. In certain embodiments, the prolonged ischemia has been present for at least forty (40) minutes. In certain embodiments, the prolonged ischemia occurs in neurologic, cardiac, hepatic, pancreatic, lung or renal tissues. In certain embodiments, the method comprises the earlier step of determining that the patient has neurologic symptoms indicative of neuronal damage. In certain embodiments, the neurologic symptoms are classified as greater than or equal to Rankin 1 or NIH Stroke Scale 4.

BRIEF DESCRIPTION OF THE DRAWINGS

[0016] Middle cerebral artery (MCA) thromboembolism reduces hemispheric blood flow and causes neuronal cell death. (FIG. 1A) Hemispheric blood flow after MCA thromboembolism (arrow) as measured by laser Doppler. Thromboembolus (arrow) in the MCA as viewed from the base of the brain (FIG. 1B).

[0017] SerpinF2 causes neuronal cell death and brain swelling. Mice treated with SerpinF2 (SF2) or nothing (control) experienced ischemia induced by thromboembolism (FIG. 2A). Neuronal cell death as assessed by TTC staining in controls and SF2-treated mice. Neuronal cell death measured as percent of hemispheric brain volume. (* $p < 0.01$ vs. control, FIG. 2B). Brain swelling as percent of the brain hemisphere. (* $p < 0.05$ vs. control, FIG. 2C).

[0018] Agents that inhibit or inactivate SerpinF2 (SF2-I) reduce mortality, neuronal injury, edema, hemorrhage and disability. FIG. 3A) SF2-I in the form of whole

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antibody (Ab) or Fab fragments prevent death by comparison to control or TPA-treated mice. (**p<0.0005 vs TPA; p<0.005 vs. control). FIG. 3B) SF2-I reduce neuronal cell death (measured as percent of hemispheric volume; **p<0.001 vs control or TPA). FIG. 3C) SF2-I prevent hemorrhage. (**p<0.01 vs control; p<0.05 vs. TPA). FIG. 3D) SF2-I prevent brain swelling or edema. (**p<0.001 vs control; p<0.05 vs. TPA). FIG. 3E) SF2-I prevent behavioral disability by comparison to sham mice without strokes. Disability was measured by performance on a Rotarod.

[0019] Agents that inhibit or inactivate SF2 (SF2-I) prevent breakdown of the blood brain barrier (BBB) (FIG 4A), MMP-9 expression (FIG. 4B) and apoptosis as measured by TUNEL-staining (FIG. 4C) or caspase 3 cleavage (FIG. 4D). (**p<0.01, ***p<0.001 SF2-I vs. controls).

[0020] Neurotoxic effects of TPA on ischemic brains despite successful lysis. Mice were treated with standard dose TPA (10 mgs) or low dose TPA (2 mgs) after 2.5 hrs. of ischemia induced by thromboembolism. FIG. 5A) Neuronal cell death measured as percent of hemispheric brain volume. FIG. 5B) Percent lysis or dissolution of the thromboembolus. FIG. 5C) Brain hemorrhage assessed as the percent of hemispheric brain volume (** p<0.01 vs. control).

[0021] Agents that inhibit or inactivate SF2 (SF2-I) abrogate the neurotoxic effects of TPA to reduce neuronal cell death and hemorrhage. After 2.5 hours of ischemia induced by thromboembolism, mice were treated with standard (10 mg/kg) or low dose (2 mg/kg) TPA with or without a SerpinF2-inhibitor (SF2-I). FIG. 6A) Neuronal cell death measured as percent of hemispheric brain volume. FIG. 6B) Brain hemorrhage assessed as the percent of hemispheric brain volume (** p<0.01 TPA alone vs. TPA + SF2-I).

[0022] Agents that inhibit or inactivate SF2 (SF2-I) abrogate the neurotoxic effects of TPA to reduce neuronal cell death, hemorrhage and brain swelling in stroke survivors. After thromboembolic stroke, mice were treated with TPA alone (10 mg/kg) or TPA (2 mg/kg) with an SF2-inhibitor. FIG. 7A) Neuronal cell death measured as percent of hemispheric brain volume. FIG. 7B) Brain hemorrhage assessed as the percent of hemispheric brain volume. FIG. 7C) Brain swelling as a percent of hemispheric volume. (*p<0.05, ** p<0.01 or ***p<0.001 TPA alone vs. TPA + SF2-I).

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[0023] Agents that inhibit or inactivate SF2 (SF2-I) abrogate the neurotoxic effects of TPA to prevent breakdown of the blood brain barrier (BBB) (FIG 8A), MMP-9 expression (FIG. 8B) and apoptosis measured by TUNEL-staining (FIG. 8C). (* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$ TPA vs. TPA + SF2-I).

5 DETAILED DESCRIPTION OF THE INVENTION

[0024] The present invention may be understood more readily by reference to the following detailed description of the preferred embodiments of the invention and the Examples included herein. However, before the present compounds, compositions, and methods are disclosed and described, it is to be understood that this invention is not
10 limited to specific polypeptides, specific nucleic acids, specific cell types, specific host cells, specific conditions, or specific methods, etc., as such may, of course, vary, and the numerous modifications and variations therein will be apparent to those skilled in the art. It is also to be understood that the terminology used herein is for the purpose of describing specific embodiments only and is not intended to be limiting.

15 [0025] It must be noted that as used herein and in the appended claims, the singular forms “a,” “an,” and “the,” include plural forms unless the context clearly indicates otherwise. Thus, for example, reference to “an agent” includes one or more of such different agents, and reference to “the method” includes reference to equivalent steps and methods known to those of ordinary skill in the art that could be modified or
20 substituted for the methods described herein.

[0026] Unless otherwise defined, all technical and scientific terms used herein have the meaning as commonly understood by one of ordinary skill in the art to which this invention belongs. The practice of the present invention employs, unless otherwise indicated, conventional techniques of cell biology, molecular biology, genetics, chemistry,
25 microbiology, recombinant DNA, and immunology. See, for example, Maniatis *et al.* (1982) *Molecular Cloning, A Laboratory Manual*, latest edition, Cold Spring Harbor Laboratory, Cold Spring Harbor, N.Y.; Sambrook *et al.* (1989) *Molecular Cloning: A Laboratory Manual*, latest edition (Cold Spring Harbor, N.Y.: Cold Spring Harbor Laboratory Press); Ausubel *et al.* (1992) *Current Protocols in Molecular Biology*, latest
30 edition (New York: John Wiley & Sons); Guthrie & Fink (1991) *Methods Enzymol.*

194:1-863; Cell Biology, A Laboratory Manual, ed. Celis, J. E., Academic Press, NY; Histochemistry, Pearse, A. G. E., Vol. 1 (1980), Vol. 2 (1985), and Vol. 3 (1990).

[0027] The present invention provides methods for inhibiting hemorrhage, organ edema, prolonged ischemia, breakdown of the microvascular barrier, apoptosis or TPA toxicity in a patient, comprising administering to the patient an effective amount of a SerpinF2-binding molecule that reduces SerpinF2 activity or concentration. The present methods of inhibition include methods for the prevention and treatment of the conditions described herein.

[0028] The invention also provides methods for the manufacture of a medicament for the treatment of the conditions described herein. The present invention provides that in various embodiments the SerpinF2-binding molecule is a SerpinF2 inhibitor selected from an antibody, a peptide, a DNA aptamer or a small molecule. In certain embodiments, the SerpinF2 inhibitor is an antibody. SerpinF2 inhibitors by directly binding to active sites on SerpinF2, or indirectly by binding other regions of SerpinF2 to sequester or otherwise reduce or diminish SerpinF2 activity, and thereby reduce the cellular damage associated with TPA toxicity. In certain embodiments, the SerpinF2 inhibitor is administered in a dose range from 28-91 nanomoles/kg.

[0029] In particular, the present invention provides a method of inhibiting functional disability or death from hemorrhage or edema in a patient in need thereof comprising administering to the patient an effective amount of a SerpinF2-binding molecule that reduces SerpinF2 activity or concentration, thereby inhibiting disability or death from hemorrhage or edema in the patient. In certain embodiments, the hemorrhage or edema is specific to any one or more of neurologic, cardiac, hepatic, pancreatic, respiratory or renal tissue.

[0030] The invention provides a method of preventing apoptosis in a patient in need thereof comprising, administering to the patient an effective amount of a SerpinF2-binding molecule that diminishes SerpinF2 activity or concentration, thereby preventing apoptosis in the patient. In certain embodiments, the apoptosis occurs in any one or more of neurologic, cardiac, hepatic, pancreatic, lung or renal cells.

[0031] The present invention provides a method of inhibiting disability or death from tissue plasminogen activator (TPA) toxicity in a patient in need thereof comprising

administering to said patient an effective amount of a SerpinF2-binding molecule that reduces SerpinF2 activity or concentration, thereby inhibiting disability or death from TPA toxicity. In certain embodiments, the TPA toxicity causes hemorrhage, organ edema, or apoptosis. In certain embodiments, the invention comprises the earlier step of
5 determining that the patient is at risk for TPA induced damage. In various embodiments, the TPA toxicity is, or is not, related to ischemia or trauma. The invention provides that the TPA toxicity can cause neurologic, cardiac, hepatic, pancreatic, respiratory or renal damage. In certain embodiments, TPA toxicity is assessed by determining that TPA has been previously administered to the patient within 48 hours. In certain embodiments, a
10 plasminogen activator or serine protease enzyme has been previously administered to the patient within 48 hours.

[0032] The invention provides a method of inhibiting prolonged ischemia in a patient in need thereof comprising administering to said patient an effective amount of a SerpinF2-binding molecule that reduces SerpinF2 concentration or activity in said patient
15 so as to inhibit the prolonged ischemia. In certain embodiments, the prolonged ischemia has been present for at least forty (40) minutes. In certain embodiments, the ischemia has been prolonged for at least fifty (50) minutes, one (1) hour, two (2) hours, three (3) hours, four (4) hours, five (5) hours, and longer. In certain embodiments, the prolonged ischemia occurs in any of neurologic, cardiac, hepatic, pancreatic, lung or renal tissues. In certain
20 embodiments, the method comprises the earlier step of determining that the patient has neurologic symptoms indicative of neuronal damage. In certain embodiments, the neurologic symptoms are classified as greater than or equal to Rankin 1 or NIH Stroke Scale 4. Therefore, in certain embodiments, the invention also prolongs the time window for effective treatment in a patient with ischemia.

[0033] In certain embodiments, the hemorrhage, organ edema, prolonged ischemia, breakdown of the microvascular barrier, apoptosis or TPA toxicity results from ischemia. In certain embodiments, the invention comprises the earlier step of determining that the ischemia is due to a thrombotic ischemic stroke. In certain embodiments, the invention further comprises the earlier step of determining that the ischemia is not due to a
25 mechanical occlusion. In certain embodiments, the hemorrhage, organ edema, prolonged ischemia, breakdown of the microvascular barrier, apoptosis or TPA toxicity are not in
30 brain tissues and result from a condition other than stroke.

[0034] The present invention also provides compositions and methods of use thereof, of decreasing neuronal damage, functional disability or mortality in a patient associated with a prolonged ischemia at risk for the neurotoxicity induced by either an endogenous or externally administered plasminogen activator such as tissue plasminogen
5 activator (TPA). The present disclosure describes for the first time that SerpinF2-binding agents and/or molecules, *e.g.*, SerpinF2 inhibitors, can be used for reducing the cellular toxicity of tissue plasminogen activator (TPA) in thromboembolic stroke or ischemic damage caused by blood clots in brain as well as in other organs.

[0035] Reducing cellular damage in ischemia can be performed on any tissues in
10 need, including without limitation tissues of the central or peripheral nervous system, hepatic/splenic/reticuloendothelial system, kidney and genitourinary system, cardiovascular system, respiratory system, endocrine system, skin, gastrointestinal system, neurosensory system musculoskeletal system, and hematopoietic-lymphatic system.

[0036] As used herein, a SerpinF2-binding agent or molecule can include, among
15 other molecules, antibodies (polyclonal or monoclonal). The term “antibody” (Ab) or “monoclonal antibody” (MAb) is meant to include intact molecules as well as antibody fragments (such as, for example, F_v, F_{ab} and F_{(ab)₂} fragments), single chain antigen-binding proteins, “humanized” antibodies, and chimeric antibodies which are capable of specifically binding to SerpinF2. F_{ab} and F_{(ab)₂} fragments lack the F_c fragment of intact
20 antibody, clear more rapidly from the circulation, and may have less non-specific tissue binding of an intact antibody.

[0037] U.S. Patent No. 6,114,506 and pending U.S. Publication No. 20100086536 to Reed et al. disclose certain other uses for SerpinF2 (aka, α 2-antiplasmin) binding
25 molecules, including but not limited to MAb 49C9, 70B11, 77A3, and RWR, all of which molecules are herein incorporated by reference. Further exemplary SerpinF2-binding molecules include the following commercially available antibodies: monoclonal antibodies to MAP4H9 (Molecular Innovations), 27C9 (Molecular Innovations), 14AP (Fitzgerald Industries), MPW14AP (antibodies-online GmbH), 3617 (American Diagnostics), goat polyclonal antibody to SerpinF2 (Biopool), and other anti-human
30 polyclonal and monoclonal antibodies to SerpinF2 available from Genetex, Thermo Scientific Pierce Protein Research Products. The invention also contemplates the use of humanized and human antibodies constructed through molecular biology techniques.

[0038] The phrases “SerpineF2-binding” and “specifically binding” refer to a binding reaction that is determinative of the presence of the polypeptide in a heterogeneous population of polypeptides and other biologics. Thus, under designated immunoassay conditions, the specified antibodies (or other binding agent) bound to a particular polypeptide do not bind in a significant amount to other polypeptides present in the sample. Selective binding of an antibody under such conditions may require an antibody that is selected for its specificity for a particular polypeptide. A variety of immunoassay formats may be used to select antibodies that selectively bind with a particular polypeptide. For example, solid-phase ELISA immunoassays are routinely used to select antibodies selectively immunoreactive with a polypeptide. See Harlow and Lane, “Antibodies, A Laboratory Manual,” latest edition, Cold Spring Harbor Publications, New York, (1988), for a description of immunoassay formats and conditions that could be used to determine selective binding.

[0039] The antibodies of the present invention may be prepared by any of a variety of methods. For example, cells expressing SerpineF2 (or fractions, lysates, etc. thereof) can be administered to an animal in order to induce the production of sera containing polyclonal antibodies that are capable of binding SerpineF2. In a preferred method, a preparation of SerpineF2 antibody of the present invention is prepared and purified to render it substantially free of natural contaminants. Such a preparation is then introduced into an animal in order to produce polyclonal antisera of greater specific activity.

[0040] The antibodies of the present invention may also be prepared using phage display technology. Methods of preparing antibodies using phage display are known in the art. See, for example, U.S. Patent No. 5,565,332; Clarkson et al., 1991, *Nature* 352:624-628; Huse, 1989, *Science* 246:1275-1281; Kang, 1993, *Proc. Natl. Acad. Sci. USA* 88:11120-11123; Marks, 1991, *J. Mol. Biol.* 222:581-597; and McCafferty et al., 1990, *Nature* 348:552-554.

[0041] In some instances, it is desirable to prepare monoclonal antibodies (SerpineF2-binding molecules) from various hosts. A description of techniques for preparing such monoclonal antibodies may be found in Stites et al., eds., “Basic and Clinical Immunology,” (Lange Medical Publications, Los Altos, Calif., Fourth Edition) and references cited therein, and in Harlow and Lane “Antibodies, A Laboratory Manual” Cold Spring Harbor Publications, New York, 1988. For example, monoclonal antibodies

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can be prepared using hybridoma technology. In general, such procedures involve immunizing an animal (preferably a mouse) with the antigen or with a cell which expresses the antigen. A preferred antigen is purified SerpinF2 or a fragment thereof. Suitable cells can be recognized by their capacity to secrete anti-SerpinF2 antibody. Such
5 cells may be cultured in any suitable tissue culture medium; however, it is preferable to culture cells in Earle's modified Eagle's medium supplemented with 10% fetal bovine serum (inactivated at about 56°C), and supplemented with about 10 ug/l of nonessential amino acids, about 1,000 U/ml of penicillin, and about 100 ug/ml of streptomycin. The splenocytes of such mice are extracted and fused with a suitable myeloma cell line. The
10 method of somatic cell fusion is described in Galfre, G. and Milstein, C., Meth. Enzymol. 73:3-46 (1981). After fusion, the resulting hybridoma cells are selectively maintained in HAT medium, and then cloned by limiting dilution as described by Wands et al., 1981, Gastroenterology 80:225-232. The hybridoma cells obtained through such a selection are then assayed to identify clones which secrete antibodies capable of binding SerpinF2.

15 **[0042]** Alternatively, additional antibodies capable of binding to the SerpinF2 antigen may be produced in a two-step procedure through the use of anti-idiotypic antibodies. Such a method makes use of the fact that antibodies are themselves antigens, and that, therefore, it is possible to obtain an antibody which binds to a second antibody. In accordance with this method, SerpinF2-specific antibodies are used to immunize an
20 animal, preferably a mouse. The splenocytes of such an animal are then used to produce hybridoma cells, and the hybridoma cells are screened to identify clones which produce an antibody whose ability to bind to the SerpinF2-specific antibody can be blocked by the SerpinF2 antigen. Such antibodies comprise anti-idiotypic antibodies to the SerpinF2-specific antibody and can be used to immunize an animal to induce formation of further
25 SerpinF2-specific antibodies.

[0043] It will be appreciated that Fab and $F_{(ab)_2}$ and other fragments of the antibodies of the present invention may be used according to the methods disclosed herein. Such fragments are typically produced by proteolytic cleavage, using enzymes such as papain (to produce F_{ab} fragments) or pepsin (to produce $F_{(ab)_2}$ fragments). Alternatively,
30 SerpinF2-binding fragments can be produced through the application of recombinant DNA technology, through synthetic chemistry, or biotinylation.

[0044] Also intended within the scope of the present invention are humanized or chimeric antibodies, produced using genetic constructs derived from hybridoma cells producing the MAbs described above. Humanized antibodies are antibodies in which the framework or other regions of the murine Ab is replaced with the homologous regions of a nonmurine antibody. Chimeric antibodies are antibodies in which the murine constant region has been replaced with a non-murine constant region. Methods for production of chimeric antibodies are known in the art. See, for review: Morrison, *Science*, 229:1202-1207 (1985); Oi et al., *BioTechniques* 4:214 (1986); see also, Cabilly et al., U.S. Pat. No. 4,816,567 (Mar. 28, 1989); Taniguchi et al., EP171496 (Feb. 19, 1986); Morrison et al., EP173494 (Mar. 5, 1986); Neuberger et al., WO8601533 (Mar. 13, 1986); Robinson et al., WO 8702671 (May 7, 1987); Boulianne et al., *Nature* 312:643-646 (1984); and Neuberger et al., *Nature* 314:268-270 (1985). Methods for production of humanized antibodies are known in the art. See, for example, U.S. Pat. No. 5,585,089; Jones et al., *Nature* 321:522-525 (1986); and Kettleborough et al., *Protein Engineering* 4:773-783 (1991).

[0045] Also provided in the present invention are antibodies capable of binding to both (1) human and nonhuman circulating SerpinF2 and (2) human and nonhuman fibrin crosslinked SerpinF2. Such antibodies are well known in the art. See, for example, U.S. Pat. No. 4,946,778; U.S. Pat. No. 5,260,203; U.S. Pat. No. 5,091,513; and U.S. Pat. No. 5,455,030, all of which are herein incorporated by reference. Also intended within the scope of the present invention are variants of the antibodies described above.

[0046] Also provided in the present invention are SerpinF2-binding agents or molecules which are specifically not antibodies or fragments thereof. Screening for such SerpinF2-binding agents or molecules is routine in the art. Particular known compounds of interest or libraries of compounds generated through combinatorial chemistry techniques, for example, can be screened for the desired binding and conversion activity. Furthermore, phage display technology can be used to identify peptides, for example, for the desired binding and conversion activity. In general, phage display describes a selection technique in which a library of variants of a peptide or protein is expressed on the outside of a phage virion, while the genetic material encoding each variant resides on the inside (Sidhu et al., 2003, *Chembiochem.* 4:14; Ferrer et al., 1999, *J. Pept. Res.*: 54, 32; BouHamdan et al., 1998, *J. Biol. Chem.* 273: 8009). This creates a physical linkage between each variant protein sequence and the DNA encoding it, which allows

rapid partitioning based on binding affinity to a given target molecule by an *in vitro* selection process called panning (Whaley et al., 2000, Nature, 405, 665). In its simplest form, panning is carried out by incubating a library of phage-displayed peptides with a plate (or bead) coated with the target, washing away the unbound phage, and eluting the specifically bound phage. The eluted phage is then amplified and taken through additional binding/amplification cycles to enrich the pool in favor of binding sequences. After 3-4 rounds, individual clones are characterized by DNA sequencing and ELISA. Many variations of the phage display technology are known to those of skill in the art which can be adapted for purposes of the present invention.

10 [0047] In one embodiment, a phage display peptide library is used such as provided by New England Biolabs (Mass, MA). The pre-made random peptide libraries, Ph.D. libraries, have been used for myriad similar applications, including epitope mapping, identification of protein-protein contacts (Rozinov and Nolan, 1998, Chem. Biol. 5:713-28) and enzyme inhibitors (Rodi et al., 1999, J. Mol. Biol. 285:197-203).

15 [0048] As used herein, the term "patient" is intended to be human or nonhuman. Preferably, the patient is human. As used herein the term "administering" refers to various means of introducing a composition into a cell or into a patient. These means are well known in the art and may include, for example, injection or infusion for parenteral delivery; tablets, pills, capsules, or other solids for oral administration; nasal solutions or
20 sprays; aerosols; inhalants; topical formulations; liposomal forms; and the like. As used herein, the terms "effective amount" and "therapeutic amount" refer to an amount that will result in the desired result and may readily be determined by one of ordinary skill in the art depending upon the specific activity of the chosen SerpinF2 inhibitor and the condition of the patient. In certain embodiments, an effective or therapeutic amount of a SerpinF2
25 inhibitor is in a dose range of 28-91 nanomole/kg, 4.2-13.65 mg/kg, or 0.5-1.0 moles inhibitor to mole of SerpinF2.

[0049] The compositions of the present invention may be formulated for various means of administration. As used herein, the term "route" of administration is intended to include, but is not limited to subcutaneous injection, intravenous injection, intraocular
30 injection, intradermal injection, intramuscular injection, intraperitoneal injection, intratracheal administration, epidural administration, inhalation, intranasal administration, oral administration, sublingual administration, buccal administration, rectal administration,

vaginal administration, and topical administration. The preparation of an aqueous composition that contains a peptide, antibody or antibody fragment, antisense nucleic acid, receptor decoy, ribozyme, sense polynucleotide, double stranded RNA, RNAi, aptamer, or small molecule agonist, as an active ingredient will be known to those of skill in the art in
5 light of the present disclosure. Typically, such compositions can be prepared as injectables, either as liquid solutions or suspensions; solid forms suitable for using to prepare solutions or suspensions upon the addition of a liquid prior to injection can also be prepared; and the preparations can also be emulsified.

[0050] The pharmaceutical forms suitable for injectable use include sterile aqueous
10 solutions or dispersions; formulations including sesame oil, peanut oil or aqueous propylene glycol; and sterile powders for the extemporaneous preparation of sterile injectable solutions or dispersions. In all cases, the form should be sterile and fluid to the extent that syringability exists. It should be stable under the conditions of manufacture and storage and should be preserved against the contaminating action of microorganisms, such
15 as bacteria and fungi.

[0051] The compositions of the present invention can be formulated into a sterile aqueous composition in a neutral or salt form. Solutions as free base or pharmacologically acceptable salts can be prepared in water suitably mixed with a surfactant, such as hydroxypropylcellulose. Pharmaceutically acceptable salts, include the acid addition salts
20 (formed with the free amino groups of the protein), and those that are formed with inorganic acids such as, for example, hydrochloric or phosphoric acids, or such organic acids as acetic, trifluoroacetic, oxalic, tartaric, mandelic, and the like. Salts formed with the free carboxyl groups can also be derived from inorganic bases such as, for example, sodium, potassium, ammonium, calcium, or ferric hydroxides, and such organic bases as
25 isopropylamine, trimethylamine, histidine, procaine, and the like.

[0052] Suitable carriers include solvents and dispersion media containing, for example, water, ethanol, polyol (for example, glycerol, propylene glycol, and liquid polyethylene glycol, and the like), suitable mixtures thereof, and vegetable oils. In many cases, it will be preferable to include isotonic agents, for example, sugars, or sodium
30 chloride. The proper fluidity can be maintained, for example, by the use of a coating, such as lecithin, by the maintenance of the required particle size in the case of dispersion and/or by the use of surfactants.

[0053] Under ordinary conditions of storage and use, all such preparations should contain a preservative to prevent the growth of microorganisms. The prevention of the action of microorganisms can be brought about by various antibacterial and antifungal agents, for example, parabens, chlorobutanol, phenol, sorbic acid, thimerosal, and the like.

5 Prolonged absorption of the injectable compositions can be brought about by the use in the compositions of agents delaying absorption, for example, aluminum monostearate, and gelatin.

[0054] Prior to or upon formulation, the compositions of the present invention should be extensively dialyzed to remove undesired small molecular weight molecules, and/or lyophilized for more ready formulation into a desired vehicle, where appropriate.

10 Sterile injectable solutions are prepared by incorporating the active agents in the required amount in the appropriate solvent with various of the other ingredients enumerated above, as desired, followed by filter sterilization. Generally, dispersions are prepared by incorporating the various sterilized active ingredients into a sterile vehicle that contains

15 the basic dispersion medium and the required other ingredients from those enumerated above.

[0055] In the case of sterile powders for the preparation of sterile injectable solutions, the preferred methods of preparation are vacuum-drying and freeze-drying techniques that yield a powder of the active ingredient, plus any additional desired

20 ingredient from a previously sterile-filtered solution thereof.

[0056] Suitable pharmaceutical compositions in accordance with the invention will generally include an amount of the active ingredient admixed with an acceptable pharmaceutical diluent or excipient, such as a sterile aqueous solution, to give a range of final concentrations, depending on the intended use. The techniques of preparation are

25 generally well known in the art as exemplified by Remington's Pharmaceutical Sciences, 16th Ed. Mack Publishing Company, 1980, incorporated herein by reference. It should be appreciated that for human administration, preparations should meet sterility, pyrogenicity, and general safety and purity standards as required by FDA Office of Biological Standards.

30 [0057] Pharmaceutical compositions are provided that comprise an effective amount of a compound or molecule used in the disclosed methods for preventing and/or

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reducing cellular injury, neuronal damage, swelling, functional disability, mortality, and cerebral hemorrhage in a patient at risk for the neurotoxicity induced by either an endogenous or externally administered tissue plasminogen activator (TPA) associated with a prolonged ischemia, and/or associated with an activity of SerpinF2. Pharmaceutical compositions are also provided that comprise an effective amount of a compound or molecule used in the disclosed methods for decreasing neuronal damage, functional disability, mortality or hemorrhage by prolonging the time window for effective treatment in a patient with ischemia.

[0058] Prolonged ischemia, trauma or cause of brain injury is first manifested by neurologic symptoms which may include muscle weakness, altered speech, altered consciousness, seizure or other impairment of normal neurologic function. A physician or other suitably trained healthcare professional makes the determination of prolonged ischemic condition, trauma or a diagnosis of developing stroke, after interviewing and examining the patient. The diagnosis can be confirmed or refuted by arteriography, or CT, MRI or PET scanning or other imaging tests of the brain which may disclose evidence of arterial obstruction, brain hypoperfusion, infarction, neuronal cell damage, edema, etc. Additionally, diagnostic tests (e.g., imaging, EEGs, blood tests, etc.) can be used to identify conditions in which SerpinF2 inhibitors would be inappropriate, such as in cases of significant intracranial hemorrhage, non-ischemic seizures, etc. The invention provides for the administration of SerpinF2-binding agents after determination or diagnosis of prolonged ischemia, trauma or other injury to the brain which has resulted in neurologic symptoms and disability. Such disability can be assessed with clinical scales such as the Rankin scale, NIH Stroke Scale, Glasgow scale, etc.

[0059] The invention also provides for methods of administration of SerpinF2-binding agents prior to expected ischemia, trauma or injury, provided that the patient has been excluded from unacceptable bleeding risk. In such instances ischemia may be induced by occlusion of the cerebral vessels such as during carotid endarterectomy, following cerebral embolism complicating procedures on the heart or major arteries, or post heart valve surgeries, etc. It is understood that such determinations of the patients' ischemic condition involve physical transformations of matter and/or the use of medical equipment through the manipulation of the patient under examination and the performance of diagnostic tests.

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[0060] It should also be understood that the foregoing relates to preferred embodiments of the present invention and that numerous changes may be made therein without departing from the scope of the invention. The invention is further illustrated by the following examples, which are not to be construed in any way as imposing limitations upon the scope thereof. On the contrary, it is to be clearly understood that resort may be had to various other embodiments, modifications, and equivalents thereof, which, after reading the description herein, may suggest themselves to those skilled in the art without departing from the spirit of the present invention and/or the scope of the appended claims.

EXAMPLES

10 Methods

[0061] MCA thromboembolism model.^{47,48} Normal C57BL/6J adult mice (29 -35 g) were obtained from The Jackson Laboratory (Bar Harbor, ME). Mice were housed in micro-isolation cages on a constant 12-hour light/dark cycle with controlled temperature and humidity, and given access to food and water *ad libitum*. Experiments adhered to the guidelines set forth in the *Guide for the Care and Use of Laboratory Animals* (DHHS Publication No. (NIH) 85-23 Revised 1985) and were performed under protocols approved by the Medical College of Georgia's and the University of Tennessee's Institutional Animal Care and Use Committee. Mice were mechanically ventilated using 1.5 to 2% isoflurane and O₂ during surgery as described using a TOPO Dual Mode Ventilator (Kent Scientific, Torrington, CT).⁴⁹ Body temperature was maintained at 37°C with a warming pad. Cerebral blood flow was monitored by a laser Doppler monitor with a fiber optic probe (ADInstruments PowerLab 2/26, blood flow meter ML191, OxyFlo Probe MSF100XP). The left common carotid artery was isolated after a neck incision, and the external carotid, thyroid, and occipital arteries were ligated. Microvascular clips were temporarily placed on the common carotid and internal carotid arteries. A small arteriotomy was made on the external carotid artery for retrograde insertion of the PE8 catheter containing the clot. Clots were made with pooled fresh frozen from normal mice mixed with¹²⁵ I-fibrinogen (~100,000 cpm/ 20 ul, PerkinElmer NEX430110UC) and stained with Evans blue dye. The PE8 tube containing the clots was counted in a gamma-scintillation counter, inserted into the left external carotid artery, threaded into the ICA up towards the origin of the MCA and the thrombus was embolized at a speed of

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0.45 mL/min in a volume of 100 ul saline. A Geiger-Muller counter was used to confirm appropriate embolization.

[0062] At the appropriate time post-embolism, TPA (Genentech, South San Francisco) was given by bolus (20% of dose) followed by infusion (80% of dose) over 30 min in saline in 300 ul via the contralateral jugular vein. In other experiments TPA and/or a SerpinF2 inhibitor (4H9, Molecular Innovations, Novi, MI), or SerpinF2 or saline (control) were administered via the contralateral jugular vein. After 4 hrs. of ischemia the animal was euthanized, citrated blood was isolated by cardiac puncture and tissues were perfused as we have described.⁴⁹ The brain was sectioned coronally into 2 mm sections and photographed to digitally image gross hemorrhage. The slices were incubated in TTC to identify viable tissue. In experiments investigating survival and disability after stroke, animals were administered the indicated agents at 30 min. or more after thromboembolism.

[0063] The hemispheric size, area of gross hemorrhage and area of neuronal injury were digitally analyzed by a blinded observer using Image Pro Plus 6.2 software and multiplied by the slice thickness to determine volume (mm)³ using Swanson's method.⁵⁰ The mean volume was determined from at least 8 different measurements per brain. The means of the average values for each group were compared by a one way ANOVA with a Neuman Keuls correction. The amount of lysis was determined by comparison of the residual thrombus radioactivity in the brain to that of the initial clot as we have described.⁵¹

[0064] Plasminogen and fibrinogen levels were measured in plasma in duplicate after stroke as we have described.⁵² The means of the average values for each group compared by a one way ANOVA with a Neuman Keuls correction.

25

Data Analysis

[0065] Statistical analyses were performed as described above and differences between groups were considered to be significant if $P < 0.05$. Data are reported as mean \pm SEM.

30

Results

[0066] Thromboembolism typically reduced hemispheric blood flow by ~80% (Fig 1A). Thromboemboli were readily detected in the proximal MCA (Fig. 1B) and there was blanching of the affected cortex (not shown). There were large areas of neuronal cell death in the thromboembolic group mice treated with placebo (controls) but no neuronal cell death in the sham group of mice that received no thromboemboli. There was significant fibrinolysis of the thromboembolus in the controls ($20.6 \pm 2.5\%$) consistent with previous reports of enhanced endogenous TPA activity following stroke.^{53,54}

[0067] In contrast to previous studies,³⁶ administration of SerpinF2 unexpectedly increased, rather than decreased, neuronal cell damage by comparison to controls. ($p < 0.01$; Figs. 3A, B). Administration of SerpinF2 significantly decreased lysis of the thromboembolus when compared to control mice or mice receiving the SerpinF2 inhibitor ($p < 0.01$). Administration of SerpinF2 also markedly increased swelling or edema in the ischemic hemisphere, another unexpected finding (Fig. 3C, $p < 0.05$). There was no cerebral hemorrhage detected in any of the control or SerpinF2-treated mice.

[0068] Treatment of mice with a SerpinF2 inhibitor markedly reduced mortality rates by comparison to TPA-treated mice ($p < 0.0005$, Fig. 2a) or control mice ($p < 0.005$, Fig. 3A). This effect was independent of the molecular form of the SerpinF2 inhibitor as both whole monoclonal antibody and Fab fragments saved lives by comparison to TPA ($p < 0.001$, Fig. 3A) and to controls ($p < 0.01$, Fig. 3A). The survival effect was also dose-dependent: lower doses of the SerpinF2 inhibitor were less effective than higher doses ($p = 0.05$, not shown) but still reduced mortality by comparison to control and TPA ($p = 0.01$). Microscopic examination of the brains of mice surviving the initial stroke period (≥ 12 hrs.) showed that SerpinF2 inactivation, whether in the form of a whole antibody or Fab, reduced neuronal cell death by comparison to control or TPA-treated mice (Fig. 3B, $p < 0.001$). Inactivation of SF2 prevented brain hemorrhage when compared to control mice (Fig. 3C, $p < 0.01$) or those receiving TPA (Fig. 3C, $p < 0.05$). Inactivation of SerpinF2 by whole antibody or Fab prevented brain swelling by comparison to controls (Fig. 3D, $p < 0.001$) and TPA-treated mice (Fig. 3D, $p < 0.05$). To determine functional limitation after stroke, behavioral tests were performed after a week of recovery. Survival was markedly limited in control or TPA-treated mice, therefore sham mice that underwent the surgical procedure, but had no stroke, were used for comparison. By comparison to sham

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mice without stroke, treatment with an SF2-I prevented mice from disability as judged by their ability to maintain balance on a rotating cylinder (Rotarod), a standard behavioral test for mice after stroke (Fig. 3E).⁵⁵

[0069] Normally, occlusion of the middle cerebral artery is associated with poor
5 neurologic recovery, higher mortality and brain edema or swelling.⁵⁶ Brain swelling is
attributed to breakdown of the blood brain barrier which permits movement of fluids from
the blood into the brain tissue. Opening of the blood brain barrier is due in part to
increases in endogenous TPA activity in the perivascular tissue after stroke.⁵⁷
Microscopic analyses of control brains showed that levels of albumin, a blood protein,
10 were increased several fold on the side of the brain affected by stroke by comparison to
the side of the brain without stroke ($p<0.005$) or by comparison to shams ($p<0.001$, not
shown). Albumin staining was most intense in the perivascular area. By comparison to
controls, inhibition of SF2 significantly reduced albumin staining consistent with
decreased blood brain barrier breakdown (Fig. 4A; $p<0.01$). MMP-9 contributes to
15 breakdown of the blood brain barrier.⁵⁸ Levels of MMP-9 rise after stroke⁵⁸ and are
associated with increased risk of hemorrhage in humans.⁵⁹ MMP-9 expression was often
found in the area of astrocytes foot processes typically associated with the blood brain
barrier. By comparison to control mice, inhibition of SF2 significantly reduced MMP-9
expression (Fig. 4B; $p<0.001$). Since inhibition of SF2 reduced neuronal cell death, MMP-
20 9 expression and breakdown of the blood brain barrier, it may also decrease brain cell
death associated with apoptosis. Consistent with this notion, the percent of TUNEL-
stained cells was significantly decreased in mice treated with the SF2-inactivator by
comparison to controls (Fig. 4C, $p<0.01$). In addition, staining for cleaved caspase 3, a
more specific indicator of apoptosis, was also reduced in the mice treated with an SF2-
25 inactivator (Fig. 4D; $p<0.001$).

[0070] TPA is currently the only FDA-approved treatment for ischemic stroke.
Administration of a standard dose of TPA for mice (10 mg/kg) after 2.5 hrs. of ischemia,
which simulates the typical treatment time of human stroke, significantly increased
neuronal cell death by comparison to control ($p<0.01$, Fig. 5A), indicating that TPA
30 enhanced neuronal injury. The standard dose of TPA also significantly increased
dissolution of the thromboembolus ($p<0.01$, Fig. 5B) and caused a marked increase in
brain hemorrhage ($p<0.05$, Fig. 5C). Administration of a lower dose of TPA (2 mg/kg)

after 2.5 hrs. of ischemia enhanced neuronal cell death when compared to control mice ($p < 0.01$, Fig. 5A). The lower dose of TPA did not significantly increase the dissolution of the thrombus or increase hemorrhage (Figs. 5B & C).

[0071] Previous studies had suggested that administration of SerpinF2 may reduce TPA-induced neurotoxicity.³⁵ Surprisingly, however, administration of standard dose TPA (10mg/kg) with a SerpinF2 inhibitor markedly reduced neuronal damage by comparison to TPA alone (Fig. 6A, $p < 0.01$). In a similar fashion, administration of low dose TPA with a SerpinF2 inhibitor significantly reduced neuronal damage when compared to low dose TPA alone ($p < 0.01$). Finally, administration of standard dose TPA with a SerpinF2 inhibitor markedly reduced the hemorrhage caused by standard dose TPA alone (Fig. 6B, $p < 0.01$).

[0072] Given that SerpinF2 appeared to enhance TPA's effect on neuronal cell death, it was examined whether an SF2-I could reduce TPA associated mortality after thromboembolic stroke. Mortality was 78% after TPA treatment but 0% when mice were treated with TPA and a SerpinF2 inhibitor ($p = 0.005$). Treatment with TPA and a SerpinF2 inhibitor reduced neuronal cell death by comparison to TPA alone (Fig. 7A, $p < 0.01$). Treatment with TPA and a SerpinF2 inhibitor also prevented hemorrhage by comparison to TPA alone (Fig. 7B, $p < 0.001$). Finally, the combination of TPA and a SerpinF2 inhibitor significantly reduced hemispheric swelling by comparison to TPA alone (Fig. 7C, $p < 0.05$). Taken together, these studies show that SerpinF2 inhibition reverses the effects of endogenous and exogenous TPA and significantly increases survival after ischemic stroke. This appears to be related to the fact that Serpin F inhibition prevents hemorrhage and brain swelling which are major causes of mortality and disability after stroke.

[0073] Since inhibition of SF2 reduces TPA-induced hemorrhage it may also preserve the integrity of the blood brain barrier in TPA-treated mice. In mice treated with TPA alone, there was leakage of albumin outside vascular spaces identified by collagen IV immunostaining (Fig. 8A). In contrast, albumin leakage was markedly reduced in mice treated with TPA and the SF2-I (Fig. 8A, $p < 0.05$), consistent with reduced breakdown of the blood brain barrier. Matrix metalloproteinase-9 has been identified as a key mediator in breakdown of the blood brain barrier, hemorrhage and brain edema after TPA

therapy.^{60,61} TPA-treated mice showed significantly greater expression of MMP-9 in the brain than control, untreated mice ($p < 0.01$). Combination treatment with TPA and the SF2-I markedly reduced MMP-9 levels (Fig. 8B, $p < 0.01$). TPA treatment also significantly enhanced TUNEL staining, consistent with enhanced apoptosis in the stroke region (Fig. 8C). By comparison, the combination of TPA and the SF2-I markedly reduced TUNEL staining (Figs. 8C, $p < 0.001$), consistent with protection against apoptosis.

[0074] In mechanical occlusion and brain injury models TPA expression is enhanced after brain injury.²⁸⁻³⁰ In these models, both endogenous and pharmacologic TPA are neurotoxic and SerpinF2 inhibitor reduces neurotoxicity.³¹⁻³³ Many different mechanisms have been proposed to explain TPA's neurotoxicity.^{27,61} However, since the vast majority of human strokes are due to thrombotic or thromboembolic arterial occlusion, it has been argued that the neurotoxicity of TPA observed with non-thrombotic methods may have limited translational relevance to human ischemic stroke⁶² where the actions of TPA in dissolving thrombi may be neuroprotective. To examine the overall neuroprotective and neurotoxic effects of TPA in a manner that has translational relevance to human stroke, the thromboembolic stroke model described by Zhang et al.⁴⁷ was modified. The result was a reproducible model of large vessel (MCA) thromboembolism that permits the simultaneous examination of neuronal cell death, hemorrhage, fibrinolysis and swelling after different periods of ischemia.

[0075] Most humans present with stroke after 2 or more hours of ischemia. When TPA treatment was given 2.5 hrs. after thromboembolism, i.e., at times that more closely simulate the timing of human therapy, it had neurotoxic effects. Despite successfully increasing the dissolution of the thromboemboli, TPA also significantly increased neuronal cell death and cerebral hemorrhage. Treatment with TPA also affected survival after thromboembolic stroke. Mice treated with TPA had significant mortality 24 hours after treatment (78%). These lethal, neurotoxic effects occurred despite clear evidence that TPA was inducing systemic plasminogen activation as indicated by plasminogen ($p < 0.01$) and fibrinogen consumption ($p < 0.001$).

[0076] Previous studies with mechanical occlusion indicate that SerpinF2 protects against the neurotoxicity of TPA.³⁶ Previous studies with SerpinF2 inhibitors show that they directly enhance TPA activity (U.S. Patent No. 6,114,506). Increased TPA activity is

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associated with increased neuronal cell death, hemorrhage (Fig. 5), death (Fig. 3), breakdown of the blood brain barrier, increased MMP-9 expression and apoptosis (Fig. 6) after prolonged ischemia. Therefore, it is not expected that SerpinF2 inhibitors would markedly reduce these neurotoxic effects of TPA.

- 5 [0077] In summary, in a thromboembolic model of ischemic stroke, standard and low dose TPA caused neuronal cell death, with or without successful fibrinolysis, after prolonged ischemia. In contrast to previous predictions, treatment with an inhibitor of SerpinF2 markedly reduced the neurotoxicity of pharmacologic and endogenous TPA and enhanced survival after thromboembolic stroke.

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CLAIMS

1. A method of inhibiting disability or death from pharmacologic tissue plasminogen activator mediated hemorrhage or edema in a patient arising from ischemic conditions caused by thrombosis comprising administering to the patient an effective amount of a SerpinF2-binding molecule that reduces SerpinF2 activity or concentration, thereby inhibiting disability or death from hemorrhage or edema in the patient.
2. The method of claim 1, wherein the hemorrhage or edema is neurologic, cardiac, hepatic, pancreatic, respiratory or renal.
3. The method of claim 1, wherein the binding molecule is a SerpinF2 inhibitor selected from an antibody, a peptide, a DNA aptamer or a small molecule.
4. The method of claim 3, wherein the SerpinF2 inhibitor is an antibody.
5. The method of claim 4, wherein the SerpinF2 inhibitor is administered in a dose range from 28-91 nanomoles/kg.
6. A method of inhibiting disability or death from pharmacologic tissue plasminogen activator (TPA) toxicity arising from ischemic conditions caused by thrombosis in a patient comprising administering to said patient an effective amount of a SerpinF2-binding molecule that reduces SerpinF2 activity or concentration, thereby inhibiting disability or death from TPA toxicity.
7. The method of claim 6, wherein the TPA toxicity causes hemorrhage, organ edema, or apoptosis.
8. The method of claim 6, further comprising the earlier step of determining that the patient is at risk for TPA induced damage.
9. The method of claim 6, wherein the TPA toxicity is due to ischemia or trauma.
10. The method of claim 6, wherein the TPA toxicity causes neurologic, cardiac, hepatic, pancreatic, respiratory or renal damage.

11. The method of claim 6, wherein TPA has been previously administered to the patient within 48 hours.
12. The method of claim 6, wherein a plasminogen activator or serine protease enzyme has been previously administered to the patient within 48 hours.
13. The method of claim 6, wherein the binding molecule is a SerpinF2 inhibitor selected from an antibody, a peptide, a DNA aptamer or a small molecule.
14. The method of claim 13, wherein the SerpinF2 inhibitor is an antibody.
15. The method of claim 14, wherein the SerpinF2 inhibitor is administered in a dose range from 28-91 nanomoles/kg.
16. A method of preventing pharmacologic tissue plasminogen activator mediated apoptosis in a patient arising from ischemic conditions caused by thrombosis comprising, administering to the patient an effective amount of a SerpinF2-binding molecule that diminishes SerpinF2 activity or concentration, thereby preventing apoptosis in the patient.
17. The method of claim 16, wherein the apoptosis occurs in neurologic, cardiac, hepatic, pancreatic, lung or renal cells.
18. The method of claim 16, wherein the binding molecule is a SerpinF2 inhibitor selected from an antibody, a peptide, a DNA aptamer or a small molecule.
19. The method of claim 18, wherein the SerpinF2 inhibitor is an antibody.
20. The method of claim 19, wherein the SerpinF2 inhibitor is administered in a dose range from 28-91 nanomoles/kg.
21. A method of inhibiting pharmacologic tissue plasminogen activator mediated prolonged ischemia arising from thrombosis in a patient comprising administering to said patient an effective amount of a SerpinF2-binding molecule that reduces SerpinF2 concentration or activity in said patient so as to inhibit the prolonged ischemia.

22. The method of claim 21, wherein the prolonged ischemia has been present for at least forty (40) minutes.
23. The method of claim 21, wherein the prolonged ischemia occurs in neurologic, cardiac, hepatic, pancreatic, lung or renal tissues.
24. The method of claim 21, further comprising the earlier step of determining that the patient has neurologic symptoms indicative of neuronal damage.
25. The method of claim 24, wherein the neurologic symptoms would be classified as greater than or equal to Rankin 1 or NIH Stroke Scale 4.
26. The method of claim 21, wherein the binding molecule is a SerpinF2 inhibitor selected from an antibody, a peptide, a DNA aptamer or a small molecule.
27. The method of claim 26, wherein the SerpinF2 inhibitor is an antibody.
28. The method of claim 27, wherein the SerpinF2 inhibitor is administered in a dose range from 28-91 nanomoles/kg.

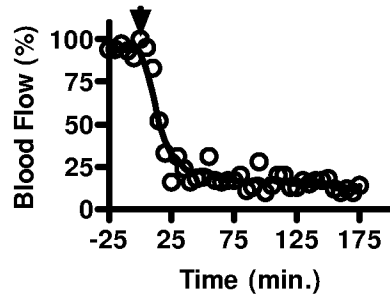


FIGURE 1A

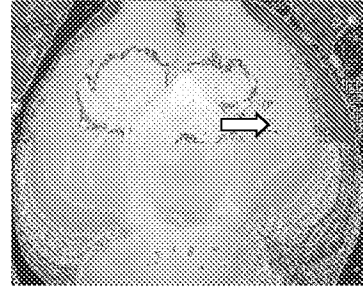


FIGURE 1B

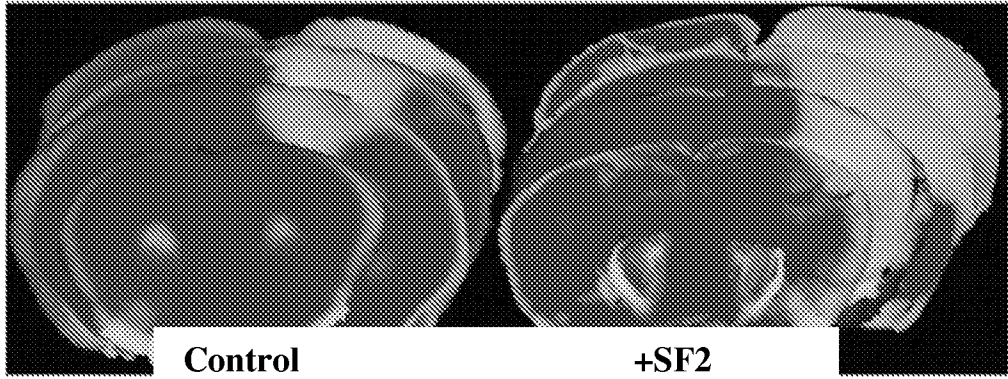


FIGURE 2A

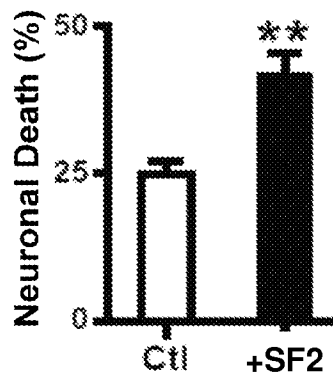


FIGURE 2B

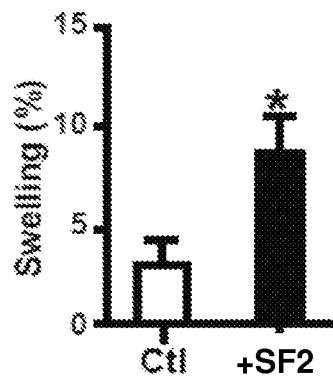


FIGURE 2C

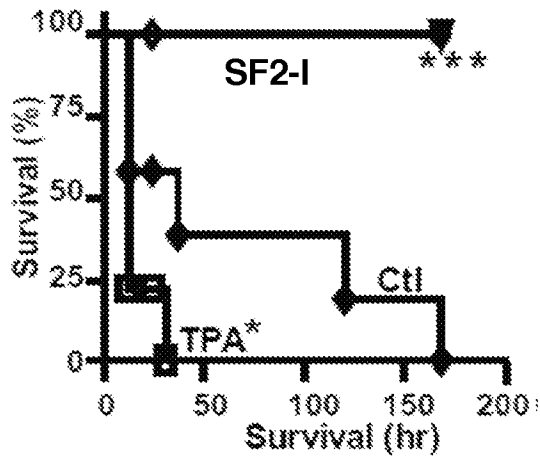


FIGURE 3A

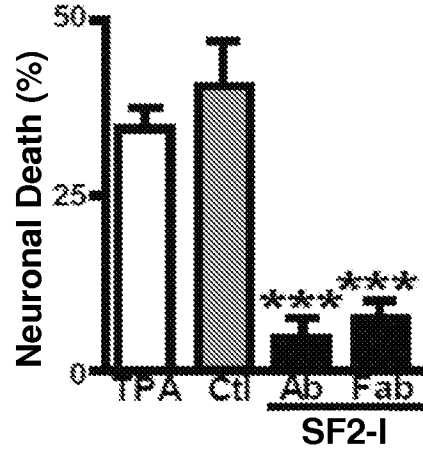


FIGURE 3B

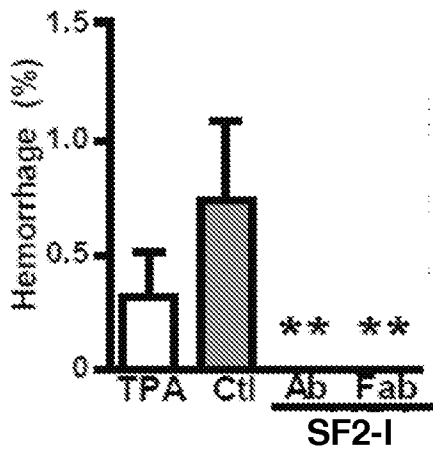


FIGURE 3C

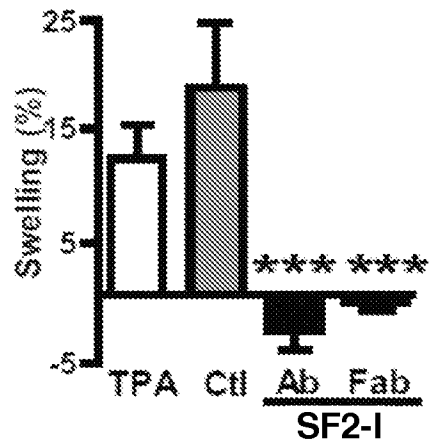


FIGURE 3D

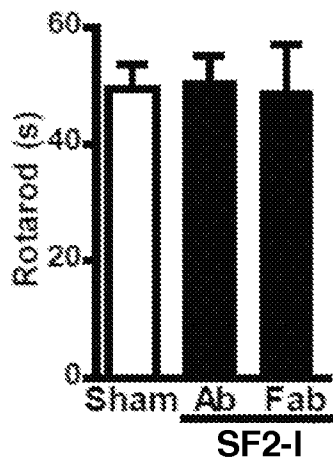


FIGURE 3E

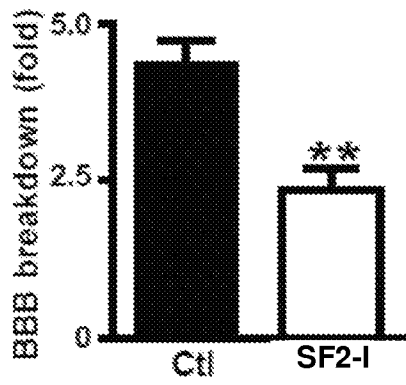


FIGURE 4A

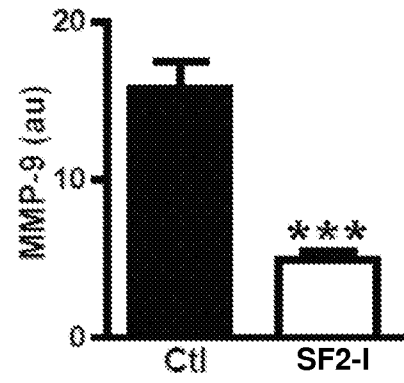


FIGURE 4B

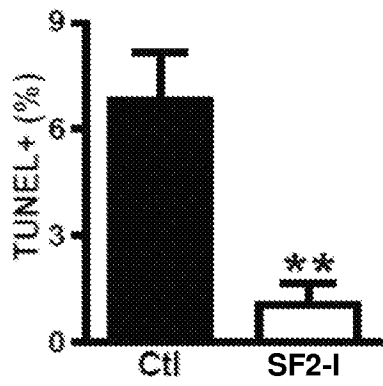


FIGURE 4C

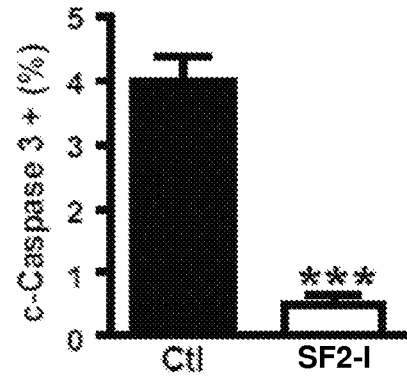


FIGURE 4D

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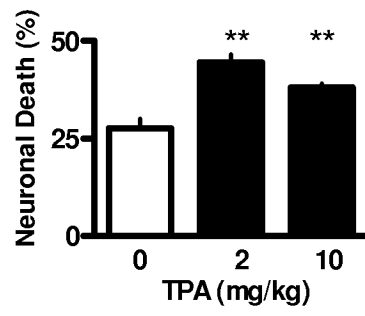


FIGURE 5A

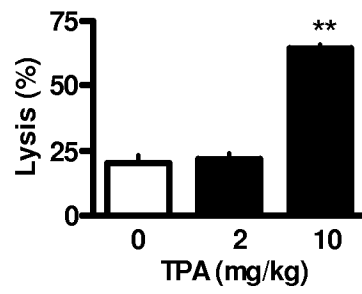


FIGURE 5B

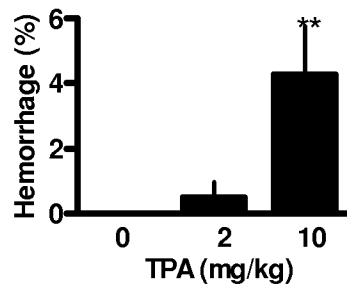


FIGURE 5C

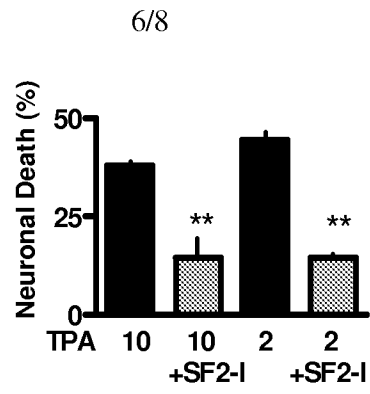


FIGURE 6A

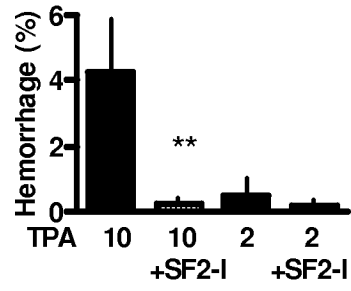


FIGURE 6B

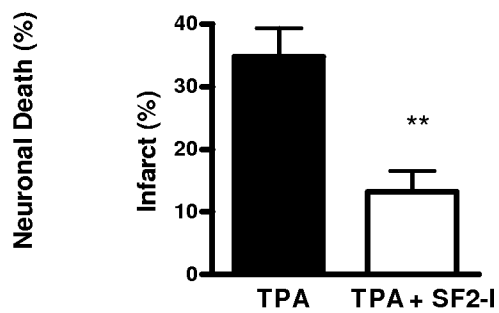


FIGURE 7A

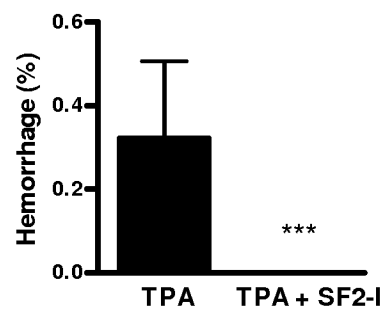


FIGURE 7B

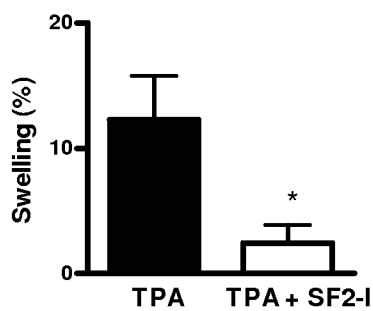


FIGURE 7C

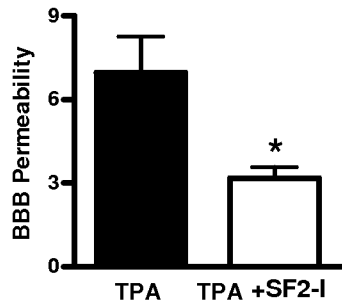


FIGURE 8A

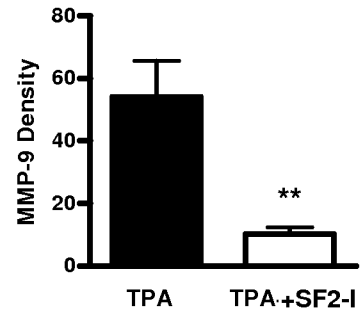


FIGURE 8B

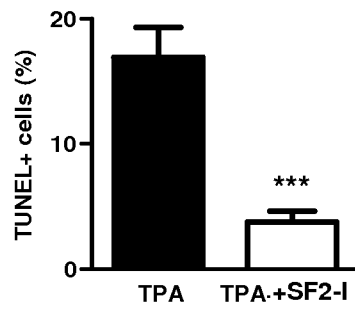


FIGURE 8C