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(54) Titre : ASSOCIATION D'ANTICORPS ANTI-FCγRIIB ET D'ANTICORPS ANTI-CD20, ET METHODES
D'UTILISATION

(54) Title: COMBINATION OF FCγRIIB ANTIBODIES AND CD20-SPECIFIC ANTIBODIES AND METHODS OF USE
THEREOF

(57) **Abrégé/Abstract:**

The present invention relates to methods of treatment, prevention, management or amelioration of one or more symptoms of diseases or disorders associated with CD20 expression that encompass administration of a combination of (a) one or more antibodies that specifically bind FcγRIIB, particularly human FcγRIIB, with greater affinity than said antibodies bind FcγRIIA, and (b) one or more antibodies that specifically bind to CD20. Such methods include methods of treating, preventing, managing or ameliorating one or more symptoms of a B cell related disease or disorder or an inflammatory disorder. The invention also provides pharmaceutical compositions comprising an anti-FcγRIIB antibody and an anti-CD20 antibody.



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(54) Title: COMBINATION OF FCGAMMARIIB ANTIBODIES AND CD20-SPECIFIC ANTIBODIES AND METHODS OF USE THEREOF

(57) Abstract: The present invention relates to methods of treatment, prevention, management or amelioration of one or more symptoms of diseases or disorders associated with CD20 expression that encompass administration of a combination of (a) one or more antibodies that specifically bind FcγRIIB, particularly human FcγRIIB, with greater affinity than said antibodies bind FcγRIIA, and (b) one or more antibodies that specifically bind to CD20. Such methods include methods of treating, preventing, managing or ameliorating one or more symptoms of a B cell related disease or disorder or an inflammatory disorder. The invention also provides pharmaceutical compositions comprising an anti-FcγRIIB antibody and an anti-CD20 antibody.



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**COMBINATION OF Fc γ RIIB-SPECIFIC ANTIBODIES AND CD20-SPECIFIC
ANTIBODIES AND METHODS OF USE THEREOF**

1. FIELD OF THE INVENTION

[0002] The present invention relates to methods of treatment, prevention, management or amelioration of one or more symptoms of diseases or disorders associated with CD20 expression that encompass administration of a combination of (a) one or more antibodies that specifically bind Fc γ RIIB, particularly human Fc γ RIIB, with greater affinity than said antibodies bind Fc γ RIIA, and (b) one or more antibodies that specifically bind to CD20. Such methods include methods of treating, preventing, managing or ameliorating one or more symptoms of a B cell related disease or disorder or an inflammatory disorder. The invention also provides pharmaceutical compositions comprising an anti-Fc γ RIIB antibody and an anti-CD20 antibody.

2. BACKGROUND OF THE INVENTION

2.1 Fc RECEPTORS AND THEIR ROLES IN THE IMMUNE SYSTEM

[0003] The interaction of antibody-antigen complexes with cells of the immune system results in a wide array of responses, ranging from effector functions such as antibody-dependent cytotoxicity, mast cell degranulation, and phagocytosis to immunomodulatory signals such as regulating lymphocyte proliferation and antibody secretion. All these interactions are initiated through the binding of the Fc domain of antibodies or immune complexes to specialized cell surface receptors on hematopoietic cells. The diversity of cellular responses triggered by antibodies and immune complexes results from the structural heterogeneity of Fc receptors. Fc receptors share structurally related ligand binding domains which presumably mediate intracellular signaling.

[0004] The Fc receptors, members of the immunoglobulin gene superfamily of proteins, are surface glycoproteins that can bind the Fc portion of immunoglobulin molecules. Each member of the family recognizes immunoglobulins of one or more isotypes through a recognition domain on the α chain of the Fc receptor. Fc receptors are defined by their specificity for immunoglobulin subtypes. Fc receptors for IgG are referred to as Fc γ R, for IgE as Fc ϵ R, and for

IgA as FcαR. Different accessory cells bear Fc receptors for antibodies of different isotype, and the isotype of the antibody determines which accessory cells will be engaged in a given response (reviewed by Ravetch J.V. *et al.* 1991, *Annu. Rev. Immunol.* 9: 457-92; Gerber J.S. *et al.* 2001 *Microbes and Infection*, 3: 131-139; Billadeau D.D. *et al.* 2002, *The Journal of Clinical Investigation*, 2(109): 161-168; Ravetch J.V. *et al.* 2000, *Science*, 290: 84-89; Ravetch J.V. *et al.*, 2001 *Annu. Rev. Immunol.* 19:275-90; Ravetch J.V. 1994, *Cell*, 78(4): 553-60). The different Fc receptors, the cells that express them, and their isotype specificity is summarized in Table 1 (adapted from *Immunobiology: The Immune System in Health and Disease*, 4th ed. 1999, Elsevier Science Ltd/Garland Publishing, New York).

Fcγ Receptors

[0005] Each member of this family is an integral membrane glycoprotein, possessing extracellular domains related to a C2-set of immunoglobulin-related domains, a single membrane spanning domain and an intracytoplasmic domain of variable length. There are three known FcγRs, designated FcγRI(CD64), FcγRII(CD32), and FcγRIII(CD16). The three receptors are encoded by distinct genes; however, the extensive homology between the three family members suggest they arose from a common progenitor perhaps by gene duplication. This invention specifically focuses on FcγRII(CD32).

FcγRII (CD32)

[0006] FcγRII proteins are 40KDa integral membrane glycoproteins which bind only the complexed IgG due to a low affinity for monomeric Ig (10^6 M^{-1}). This receptor is the most widely expressed FcγR, present on all hematopoietic cells, including monocytes, macrophages, B cells, NK cells, neutrophils, mast cells, and platelets. FcγRII has only two immunoglobulin-like regions in its immunoglobulin binding chain and hence a much lower affinity for IgG than FcγRI. There are three human FcγRII genes (FcγRII-A, FcγRII-B, FcγRII-C), all of which bind IgG in aggregates or immune complexes.

[0007] Distinct differences within the cytoplasmic domains of FcγRIIA (CD32A) and FcγRIIB (CD32B) create two functionally heterogenous responses to receptor ligation. The fundamental difference is that the A isoform initiates intracellular signaling leading to cell activation such as phagocytosis and respiratory burst, whereas the B isoform initiates inhibitory signals, *e.g.*, inhibiting B cell activation.

Signaling through FcγRs

[0008] Both activating and inhibitory signals are transduced through the FcγRs following ligation. These diametrically opposing functions result from structural differences among the different receptor isoforms. Two distinct domains within the cytoplasmic signaling domains of

the receptor called immunoreceptor tyrosine based activation motifs (ITAMs) or immunoreceptor tyrosine based inhibitory motifs (ITIMS) account for the different responses. The recruitment of different cytoplasmic enzymes to these structures dictates the outcome of the FcγR-mediated cellular responses. ITAM-containing FcγR complexes include FcγRI, FcγRIIA, FcγRIIIA, whereas ITIM-containing complexes only include FcγRIIB.

[0009] Human neutrophils express the FcγRIIA gene. FcγRIIA clustering via immune complexes or specific antibody cross-linking serves to aggregate ITAMs along with receptor-associated kinases which facilitate ITAM phosphorylation. ITAM phosphorylation serves as a docking site for Syk kinase, activation of which results in activation of downstream substrates (*e.g.*, PI₃K). Cellular activation leads to release of proinflammatory mediators.

TABLE 1. Receptors for the Fc Regions of Immunoglobulin Isotypes

Receptor	FcγRI (CD64)	FcγRII-A (CD32)	FcγRII-B2 (CD32)	FcγRII-B1 (CD32)	FcγRIII (CD16)	FcεRI	FcαRI (CD89)
Binding	IgG1 10 ⁸ M ⁻¹	IgG1 2 x 10 ⁶ M ⁻¹	IgG1 2 x 10 ⁶ M ⁻¹	IgG1 2 x 10 ⁶ M ⁻¹	IgG1 5 x 10 ⁵ M ⁻¹	IgG1 10 ¹⁰ M ⁻¹	IgG1, IgA2 10 ⁷ M ⁻¹
Cell Type	Macrophages Neutrophils Eosinophils Dendritic cells	Macrophages Neutrophils Eosinophils Dendritic cells Platelets Langerhan cells	Macrophages Neutrophils Eosinophils	B cells Mast cells	NK cells Eosinophil macrophages Neutrophils Mast Cells	Mast cells Eosinophil Basophils	Macrophages Neutrophils Eosinophils
Effect of Ligation	Uptake Stimulation Activation of respiratory burst Induction of killing	Uptake Granule release	Uptake Inhibition of Stimulation	No uptake Inhibition of Stimulation	Induction of Killing	Secretion of granules	Uptake Induction of killing

2.2 THERAPEUTIC USE OF ANTI-CD20 ANTIBODIES

[0010] The interaction of antibody-antigen complexes with cells of the immune system results in a wide array of responses, ranging from effector functions such as antibody-dependent cytotoxicity, mast cell degranulation, and phagocytosis to immunomodulatory signals such as regulating lymphocyte proliferation. The FcγRIIB gene is expressed on B lymphocytes; its extracellular domain is 96% identical to FcγRIIA and binds IgG complexes in an indistinguishable manner. The presence of an ITIM in the cytoplasmic domain of FcγRIIB defines this inhibitory subclass of FcγR. Recently the molecular basis of this inhibition was established. When colligated along with an activating FcγR, the ITIM in FcγRIIB becomes phosphorylated and attracts the SH2 domain of the inositol polyphosphate 5'-phosphatase (SHIP), which hydrolyzes phosphoinositol messengers released as a consequence of ITAM-containing FcγR-mediated tyrosine kinase activation, consequently preventing the influx of intracellular Ca⁺⁺. Thus, crosslinking of FcγRIIB dampens the activating response to FcγR ligation and inhibits cellular responsiveness. B cell activation, B cell proliferation and antibody secretion is thus aborted.

[0011] T cells and B cells both comprise cell surface proteins which can be utilized as "markers" for differentiation and identification. One such human B cell marker is the human B lymphocyte-restricted differentiation antigen Bp35, referred to as "CD20." CD20 is expressed during early pre-B cell development and remains until plasma cell differentiation. The CD20 molecule is a hydrophobic transmembrane protein with a molecular weight of approximately 35 kD located on pre-B and mature B lymphocytes (Valentine *et al.*, 1989, J. Biol. Chem. 264:11282-11287; and Einfield *et al.*, 1988, EMBO J. 7:711-717). CD20 is found on the surface of greater than 90% of B cells from peripheral blood or lymphoid organs and is expressed during early pre-B cell development and remains until plasma cell differentiation. CD20 is present on both normal B cells as well as malignant B cells. In particular, CD20 is expressed on greater than 90% of B cell non-Hodgkin's lymphomas (NHL) (Anderson *et al.*, 1984, Blood 63:1424-1433), but is not found on hematopoietic stem cells, pro-B cells, normal plasma cells, or other normal tissues (Tedder *et al.*, 1985, J. Immunol. 135:973-979). Specifically, the CD20 molecule may regulate a step in the activation process which is required for cell cycle initiation and differentiation and is usually expressed at very high levels on neoplastic ("tumor") B cells. CD20, by definition, is present on both "normal" B cells as well as "malignant" B cells, *i.e.*, those B cells whose unabated proliferation can lead to B cell lymphoma. Thus, the CD20 surface antigen has the potential of serving as a candidate for "targeting" of B cell lymphomas.

[0012] The use of antibodies to the CD20 antigen as diagnostic and/or therapeutic agents for B cell lymphoma has previously been reported. CD20 is a useful marker or target for B cell lymphomas as this antigen is expressed at very high densities on the surface of malignant B cells, *i.e.*, B cells wherein unabated proliferation can lead to B cell lymphomas. The CD20 antigen is appealing for targeted therapy, because it does not shed, modulate, or internalize.

[0013] The United States Food and Drug Administration (FDA) has approved a chimeric CD20-specific monoclonal antibody (rituximab) for lymphoma therapy. Initial clinical experience with CD20-targeted immunotherapy suggests that malignant B cells may have a limited capacity to down regulate CD20 expression. These attributes make CD20 an attractive target for genetically engineered, redirected T cells.

2.3 DISEASES

2.3.1 CANCER

[0014] A neoplasm, or tumor, is a neoplastic mass resulting from abnormal uncontrolled cell growth which can be benign or malignant. Benign tumors generally remain localized. Malignant tumors are collectively termed cancers. The term “malignant” generally means that the tumor can invade and destroy neighboring body structures and spread to distant sites to cause death (for review, see Robbins and Angell, 1976, Basic Pathology, 2d Ed., W.B. Saunders Co., Philadelphia, pp. 68-122). Cancer can arise in many sites of the body and behave differently depending upon its origin. Cancerous cells destroy the part of the body in which they originate and then spread to other part(s) of the body where they start new growth and cause more destruction.

[0015] More than 1.2 million Americans develop cancer each year. Cancer is the second leading cause of death in the United States and if current trends continue, cancer is expected to be the leading cause of the death by the year 2010. Lung and prostate cancer are the top cancer killers for men in the United States. Lung and breast cancer are the top cancer killers for women in the United States. One in two men in the United States will be diagnosed with cancer at some time during his lifetime. One in three women in the United States will be diagnosed with cancer at some time during her lifetime. A cure for cancer has yet to be found. Current treatment options, such as surgery, chemotherapy and radiation treatment, are often times either ineffective or present serious side effects.

2.3.1.1 B CELL MALIGNANCIES

[0016] B cell malignancies, including, but not limited to, B cell lymphomas and leukemias, are neoplastic diseases with significant incidence in the United States. There are approximately 55,000 new lymphoma cases of per year in the U.S. (1998 data), with an estimated

25,000 deaths per year. This represents 4% of cancer incidence and 4% of all cancer-related deaths in the U.S. population. The revised European-American classification of lymphoid neoplasms (1994 REAL classification, modified 1999) grouped lymphomas based on their origin as either B cell lineage lymphoma, T cell lineage lymphoma, or Hodgkin's lymphoma.

Lymphoma of the B cell lineage is the most common type of non-Hodgkin's lymphoma (NHL) diagnosed in the U.S. (Williams, Hematology 6th ed. (Beutler *et al.* Ed.), McGraw Hill 2001).

Chronic lymphocytic leukemia (CLL) is a neoplastic disease characterized by the accumulation of small, mature-appearing lymphocytes in the blood, marrow, and lymphoid tissues. CLL has an incidence of 2.7 cases per 100,000 in the U.S. The risk increases progressively with age, particularly in men. It accounts for 0.8% of all cancers and is the most common adult leukemia, responsible for 30% of all leukemias. In nearly all cases (>98%) the diseased cells belong to the B lymphocyte lineage. A non-leukemic variant, small lymphocytic lymphoma, constitutes 5-10% of all lymphomas, has histological, morphological and immunological features indistinguishable from that of involved lymph nodes in patients with B-CLL (Williams, 2001).

[0017] The natural history of chronic lymphocytic leukemia falls into several phases. In the early phase, chronic lymphocytic leukemia is an indolent disease, characterized by the accumulation of small, mature, functionally-incompetent malignant B cells having a lengthened life span. Eventually, the doubling time of the malignant B cells decreases and patients become increasingly symptomatic. While treatment with chemotherapeutic agents can provide symptomatic relief, the overall survival of the patients is only minimally extended. The late stages of chronic lymphocytic leukemia are characterized by significant anemia and/or thrombocytopenia. At this point, the median survival is less than two years (Foon *et al.*, 1990, Annals Int. Medicine 113:525). Due to the very low rate of cellular proliferation, chronic lymphocytic leukemia is resistant to treatment with chemotherapeutic agents.

2.3.1.2 Cancer Therapy

[0018] Currently, cancer therapy may involve surgery, chemotherapy, hormonal therapy and/or radiation treatment to eradicate neoplastic cells in a patient (See, for example, Stockdale, 1998, "Principles of Cancer Patient Management", in Scientific American: Medicine, vol. 3, Rubenstein and Federman, eds., Chapter 12, Section IV). Recently, cancer therapy could also involve biological therapy or immunotherapy. All of these approaches pose significant drawbacks for the patient. Surgery, for example, may be contraindicated due to the health of the patient or may be unacceptable to the patient. Additionally, surgery may not completely remove the neoplastic tissue. Radiation therapy is only effective when the neoplastic tissue exhibits a higher sensitivity to radiation than normal tissue, and radiation therapy can also often elicit

serious side effects. Hormonal therapy is rarely given as a single agent and although can be effective, is often used to prevent or delay recurrence of cancer after other treatments have removed the majority of the cancer cells. Biological therapies/immunotherapies are limited in number and may produce side effects such as rashes or swellings, flu-like symptoms, including fever, chills and fatigue, digestive tract problems or allergic reactions.

[0019] With respect to chemotherapy, there are a variety of chemotherapeutic agents available for treatment of cancer. A significant majority of cancer chemotherapeutics act by inhibiting DNA synthesis, either directly, or indirectly by inhibiting the biosynthesis of the deoxyribonucleotide triphosphate precursors, to prevent DNA replication and concomitant cell division (See, for example, Gilman *et al.*, Goodman and Gilman's: The Pharmacological Basis of Therapeutics, Eighth Ed. (Pergamom Press, New York, 1990)). These agents, which include alkylating agents, such as nitrosourea, anti-metabolites, such as methotrexate and hydroxyurea, and other agents, such as etoposides, camptothecins, bleomycin, doxorubicin, daunorubicin, *etc.*, although not necessarily cell cycle specific, kill cells during S phase because of their effect on DNA replication. Other agents, specifically colchicine and the vinca alkaloids, such as vinblastine and vincristine, interfere with microtubule assembly resulting in mitotic arrest. Chemotherapy protocols generally involve administration of a combination of chemotherapeutic agents to increase the efficacy of treatment.

[0020] Despite the availability of a variety of chemotherapeutic agents, chemotherapy has many drawbacks (See, for example, Stockdale, 1998, "Principles Of Cancer Patient Management" in Scientific American Medicine, vol. 3, Rubenstein and Federman, eds., ch. 12, sect. 10). Almost all chemotherapeutic agents are toxic, and chemotherapy causes significant, and often dangerous, side effects, including severe nausea, bone marrow depression, immunosuppression, *etc.* Additionally, even with administration of combinations of chemotherapeutic agents, many tumor cells are resistant or develop resistance to the chemotherapeutic agents. In fact, those cells resistant to the particular chemotherapeutic agents used in the treatment protocol often prove to be resistant to other drugs, even those agents that act by mechanisms different from the mechanisms of action of the drugs used in the specific treatment; this phenomenon is termed pleiotropic drug or multidrug resistance. Thus, because of drug resistance, many cancers prove refractory to standard chemotherapeutic treatment protocols.

[0021] B cell malignancy is generally treated with single agent chemotherapy, combination chemotherapy and/or radiation therapy. These treatments can reduce morbidity and/or improve survival, albeit they carry significant side effects. The response of B cell malignancies to various forms of treatment is mixed. For example, in cases in which adequate

clinical staging of non-Hodgkin's lymphoma is possible, field radiation therapy can provide satisfactory treatment. Certain patients, however, fail to respond and disease recurrence with resistance to treatment ensues with time, particularly with the most aggressive variants of the disease. About one-half of the patients die from the disease (Devesa *et al.*, 1987, J. Nat'l Cancer Inst. 79:701).

[0022] Though B cell lymphoma is generally responsive to chemotherapy or radiation therapy, these treatments carry significant side effects and do not work all the time. Moreover, a large percentage of patients remain at significant risk for disease relapse (Glass *et al.*, 1997, Cancer 80:2311). Investigational therapies for the treatment of refractory B cell neoplasia include autologous and allogeneic bone marrow or stem cell transplantation and gene therapies.

[0023] There is a significant need for alternative cancer treatments, particularly for treatment of cancer that has proved refractory to standard cancer treatments, such as surgery, radiation therapy, chemotherapy, and hormonal therapy. A promising alternative is immunotherapy, in which cancer cells are specifically targeted by cancer antigen-specific antibodies. Recently, immunotherapy using monoclonal antibodies to target B cell specific antigens has been introduced in the treatment of B cell neoplasia. The use of monoclonal antibodies to direct radionuclides, toxins, or other therapeutic agents offers the possibility that such agents can be delivered selectively to tumor sites, thus limiting toxicity to normal tissues.

[0024] Major efforts have been directed at harnessing the specificity of the immune response, for example, hybridoma technology has enabled the development of tumor selective monoclonal antibodies (See Green M.C. *et al.*, 2000 Cancer Treat Rev., 26: 269-286; Weiner LM, 1999 Semin Oncol. 26(suppl. 14):43-51), and in the past few years, the Food and Drug Administration has approved the first MABs for cancer therapy: RITUXAN[®] (rituximab, anti-CD20) for non-Hodgkin's Lymphoma (NHL), CamPath[®] (alemtuzumab, anti-CD52) for B cell chronic lymphocytic leukemia (B-CLL) and Herceptin[®] [Trastuzumab, anti-(c-erb-2/HER-2)] for metastatic breast cancer (Suzanne A. Eccles, 2001, Breast Cancer Res., 3: 86-90). NHL and B-CLL are two of the most common forms of B cell neoplasia.

[0025] One of the most successful examples of immunotherapy using monoclonal antibodies to target B cell specific antigens is the use of a chimerized anti-CD20 monoclonal antibody, rituximab, in treating follicular lymphoma.

[0026] The chimeric anti-CD20 mAb, rituximab, is an effective treatment for low-grade or follicular B cell NHLs. However, not all NHL patients are amenable to treatment with currently available anti-CD20 antibodies, and rituximab has a response rate of about 50%. In phase I studies, rituximab induced a rapid depletion of CD20⁺ normal and lymphoma cells.

Phase II trials with low-grade or follicular lymphoma showed a 50% response rate, whereas intermediate- to high-grade lymphomas showed a lower response rate. The reason for the heterogeneity of the response of different histologies and different patients is not clear. In addition to its anti-tumor effect, rituximab also induces rapid and profound depletion of CD20⁺ normal B cells in the peripheral blood and bone marrow. The depletion of normal B cells persisted long after the rituximab treatment, which can last for 6 months, followed by a slow recovery.

[0027] Use of these antibodies has some clinical efficacy, but not without side effects. The mechanism of how, *e.g.*, rituximab kills the tumor cells in patients is not fully understood. Recent studies have suggested an important role for Antibody-Dependent Cellular Cytotoxicity (ADCC). The potency of antibody effector function, *e.g.*, ADCC, is an obstacle to such treatment. Furthermore, with RITUXAN[®] and CamPath[®], at least half the patients fail to respond and a fraction of responders may be refractory to subsequent treatments.

[0028] Thus, there is a need for alternative therapies with improved clinical efficacy for cancer, particularly, B cell malignancies, especially for patients that are refractory for standard cancer treatments and new immunotherapies such as RITUXAN[®].

2.3.2 INFLAMMATORY DISEASES AND AUTOIMMUNE DISEASES

[0029] Inflammation is a process by which the body's white blood cells and chemicals protect our bodies from infection by foreign substances, such as bacteria and viruses. It is usually characterized by pain, swelling, warmth and redness of the affected area. Chemicals known as cytokines and prostaglandins control this process, and are released in an ordered and self-limiting cascade into the blood or affected tissues. This release of chemicals increases the blood flow to the area of injury or infection, and may result in the redness and warmth. Some of the chemicals cause a leak of fluid into the tissues, resulting in swelling. This protective process may stimulate nerves and cause pain. These changes, when occurring for a limited period in the relevant area, work to the benefit of the body.

[0030] In autoimmune and/or inflammatory disorders, the immune system triggers an inflammatory response when there are no foreign substances to fight and the body's normally protective immune system causes damage to its own tissues by mistakenly attacking self. There are many different autoimmune disorders which affect the body in different ways. For example, the brain is affected in individuals with multiple sclerosis, the gut is affected in individuals with Crohn's disease, and the synovium, bone and cartilage of various joints are affected in individuals with rheumatoid arthritis. As autoimmune disorders progress destruction of one or

more types of body tissues, abnormal growth of an organ, or changes in organ function may result. The autoimmune disorder may affect only one organ or tissue type or may affect multiple organs and tissues. Organs and tissues commonly affected by autoimmune disorders include red blood cells, blood vessels, connective tissues, endocrine glands (*e.g.*, the thyroid or pancreas), muscles, joints, and skin. Examples of autoimmune disorders include, but are not limited to, Hashimoto's thyroiditis, pernicious anemia, Addison's disease, type 1 diabetes, rheumatoid arthritis, systemic lupus erythematosus, dermatomyositis, Sjogren's syndrome, dermatomyositis, lupus erythematosus, multiple sclerosis, autoimmune inner ear disease myasthenia gravis, Reiter's syndrome, Graves disease, autoimmune hepatitis, familial adenomatous polyposis and ulcerative colitis.

[0031] Rheumatoid arthritis (RA) and juvenile rheumatoid arthritis are types of inflammatory arthritis. Arthritis is a general term that describes inflammation in joints. Some, but not all, types of arthritis are the result of misdirected inflammation. Besides rheumatoid arthritis, other types of arthritis associated with inflammation include the following: psoriatic arthritis, Reiter's syndrome, ankylosing spondylitis arthritis, and gouty arthritis. Rheumatoid arthritis is a type of chronic arthritis that occurs in joints on both sides of the body (such as both hands, wrists or knees). This symmetry helps distinguish rheumatoid arthritis from other types of arthritis. In addition to affecting the joints, rheumatoid arthritis may occasionally affect the skin, eyes, lungs, heart, blood or nerves.

[0032] Rheumatoid arthritis affects about 1% of the world's population and is potentially disabling. There are approximately 2.9 million incidences of rheumatoid arthritis in the United States. Two to three times more women are affected than men. The typical age that rheumatoid arthritis occurs is between 25 and 50. Juvenile rheumatoid arthritis affects 71,000 young Americans (aged eighteen and under), affecting six times as many girls as boys.

[0033] Rheumatoid arthritis is an autoimmune disorder where the body's immune system improperly identifies the synovial membranes that secrete the lubricating fluid in the joints as foreign. Inflammation results, and the cartilage and tissues in and around the joints are damaged or destroyed. In severe cases, this inflammation extends to other joint tissues and surrounding cartilage, where it may erode or destroy bone and cartilage and lead to joint deformities. The body replaces damaged tissue with scar tissue, causing the normal spaces within the joints to become narrow and the bones to fuse together. Rheumatoid arthritis creates stiffness, swelling, fatigue, anemia, weight loss, fever, and often, crippling pain. Some common symptoms of rheumatoid arthritis include joint stiffness upon awakening that lasts an hour or longer; swelling in a specific finger or wrist joints; swelling in the soft tissue around the joints; and swelling on

both sides of the joint. Swelling can occur with or without pain, and can worsen progressively or remain the same for years before progressing.

[0034] The diagnosis of rheumatoid arthritis is based on a combination of factors, including: the specific location and symmetry of painful joints, the presence of joint stiffness in the morning, the presence of bumps and nodules under the skin (rheumatoid nodules), results of X-ray tests that suggest rheumatoid arthritis, and/or positive results of a blood test called the rheumatoid factor. Many, but not all, people with rheumatoid arthritis have the rheumatoid-factor antibody in their blood. The rheumatoid factor may be present in people who do not have rheumatoid arthritis. Other diseases can also cause the rheumatoid factor to be produced in the blood. That is why the diagnosis of rheumatoid arthritis is based on a combination of several factors and not just the presence of the rheumatoid factor in the blood.

[0035] The typical course of the disease is one of persistent but fluctuating joint symptoms, and after about 10 years, 90% of sufferers will show structural damage to bone and cartilage. A small percentage will have a short illness that clears up completely, and another small percentage will have very severe disease with many joint deformities, and occasionally other manifestations of the disease. The inflammatory process causes erosion or destruction of bone and cartilage in the joints. In rheumatoid arthritis, there is an autoimmune cycle of persistent antigen presentation, T cell stimulation, cytokine secretion, synovial cell activation, and joint destruction. The disease has a major impact on both the individual and society, causing significant pain, impaired function and disability, as well as costing millions of dollars in healthcare expenses and lost wages. (See, for example, the NIH website and the NIAID website).

[0036] Currently available therapy for arthritis focuses on reducing inflammation of the joints with anti-inflammatory or immunosuppressive medications. The first line of treatment of any arthritis is usually anti-inflammatories, such as aspirin, ibuprofen and Cox-2 inhibitors such as celecoxib and rofecoxib. "Second line drugs" include gold, methotrexate and steroids. Although these are well-established treatments for arthritis, very few patients remit on these lines of treatment alone. Recent advances in the understanding of the pathogenesis of rheumatoid arthritis have led to the use of methotrexate in combination with antibodies to cytokines or recombinant soluble receptors. For example, recombinant soluble receptors for tumor necrosis factor (TNF)- α have been used in combination with methotrexate in the treatment of arthritis. However, only about 50% of the patients treated with a combination of methotrexate and anti-TNF- α agents such as recombinant soluble receptors for TNF- α show clinically significant improvement. Many patients remain refractory despite treatment. Difficult treatment issues still

remain for patients with rheumatoid arthritis. Many current treatments have a high incidence of side effects or cannot completely prevent disease progression. So far, no treatment is ideal, and there is no cure. Novel therapeutics are needed that more effectively treat rheumatoid arthritis and other autoimmune disorders.

3. SUMMARY OF THE INVENTION

[0037] The present invention relates to methods of treatment, prevention, management or amelioration of one or more symptoms of diseases or disorders associated with CD20 expression that encompass administration of a combination of (a) one or more antibodies that specifically bind FcγRIIB, particularly human FcγRIIB, with greater affinity than said antibodies bind FcγRIIA, and (b) one or more antibodies that specifically bind to CD20. Such methods include methods of treating, preventing, managing or ameliorating one or more symptoms of a B cell related disease or disorder or an inflammatory and/or autoimmune disorder. The invention also provides pharmaceutical compositions comprising an anti-FcγRIIB antibody and an anti-CD20 antibody. The invention is based on the inventors' surprising finding that the combination of an anti-FcγRIIB antibody and an anti-CD20 antibody has an additive and/or synergistic effect.

[0038] In one aspect, the invention provides compositions comprising a combination of (a) a FcγRIIB-specific antibody, an analog, derivative or an antigen-binding fragment thereof (*e.g.*, one or more complementarity determining regions ("CDRs") of a FcγRIIB-specific antibody), and (b) a CD20-specific antibody, an analog, derivative or an antigen-binding fragment thereof (*e.g.*, one or more CDRs of a CD20-specific antibody). In certain embodiments, the composition is a pharmaceutical compositions comprising a combination of (a) a FcγRIIB-specific antibody, an analog, derivative or an antigen-binding fragment thereof (*e.g.*, one or more CDRs of a FcγRIIB-specific antibody) and (b) a CD20-specific antibody, an analog, derivative or an antigen-binding fragment thereof (*e.g.*, one or more CDRs of a CD20-specific antibody), and (c) a pharmaceutically acceptable carrier.

[0039] In a second aspect, the invention encompasses the use or administration of a combination of (a) a FcγRIIB-specific antibody, an analog, derivative or an antigen-binding fragment thereof (*e.g.*, one or more CDRs of a FcγRIIB-specific antibody), and (b) a CD20-specific antibody, an analog, derivative or an antigen-binding fragment thereof (*e.g.*, one or more CDRs of a CD20-specific antibody) in the prevention, treatment, management or amelioration of a disease, such as cancer, in particular, a B cell malignancy, or one or more symptoms thereof. In certain embodiments, a method of preventing, managing, treating or ameliorating a B cell malignancy is provided, wherein the method comprises administering to a subject a composition comprising a combination of (a) a FcγRIIB-specific antibody, an analog, derivative or an

antigen-binding fragment thereof (*e.g.*, one or more CDRs of a FcγRIIB-specific antibody) and (b) a CD20-specific antibody, an analog, derivative or an antigen-binding fragment thereof (*e.g.*, one or more CDRs of a CD20-specific antibody), wherein the composition optionally further comprises a pharmaceutically acceptable carrier. In certain embodiments, the B cell malignancy is a tumor of B cell origin. In some embodiments, the B cell malignancy, or symptom thereof, is prevented, treated, managed or ameliorated and is selected from lymphomas, chronic lymphocytic leukemias, acute lymphoblastic leukemias, multiple myeloma, Hodgkin's and non-Hodgkin's disease, diffuse large B cell lymphoma, follicular lymphoma with areas of diffuse large B cell lymphoma, small lymphocytic lymphoma, mantle cell lymphoma, and diffuse small cleaved cell lymphoma or combinations thereof. In certain embodiments, the B cell malignancy is a lymphoma, such as non-Hodgkin's Lymphoma (NHL) or B cell chronic lymphocytic leukemia (B-CLL).

[0040] In a third aspect, the invention encompasses the use or administration of a combination of (a) a FcγRIIB-specific antibody, an analog, derivative or an antigen-binding fragment thereof (*e.g.*, one or more CDRs of a FcγRIIB-specific antibody), and (b) a CD20-specific antibody, an analog, derivative or an antigen-binding fragment thereof (*e.g.*, one or more CDRs of a CD20-specific antibody) in the prevention, treatment, management or amelioration of a disease, such as an inflammatory disease, in particular, an autoimmune disease, or one or more symptoms thereof. In one embodiment, the invention provides a method of treating an inflammatory disorder in a patient in need thereof, said method comprising administering to said patient a therapeutically effective amount of one or more FcγRIIB-specific antibodies, or an antigen-binding fragment thereof, in combination with one or more CD20-specific antibodies, or an antigen-binding fragment thereof, of the invention. The invention also provides a method of treating an inflammatory disorder in a patient in need thereof, said method further comprising administering to said patient a therapeutically effective amount of one or more anti-inflammatory agents, and/or one or more immunomodulatory agents. In certain embodiments, a method of preventing, managing, treating or ameliorating a inflammatory disease is provided, wherein the method comprises administering to a subject a composition comprising a combination of (a) a FcγRIIB-specific antibody, an analog, derivative or an antigen-binding fragment thereof (*e.g.*, one or more CDRs of a FcγRIIB-specific antibody) and (b) a CD20-specific antibody, an analog, derivative or an antigen-binding fragment thereof (*e.g.*, one or more CDRs of a CD20-specific antibody), wherein the composition optionally further comprises a pharmaceutically acceptable carrier. In certain embodiments, the inflammatory disease is an autoimmune disease, such as Hashimoto's thyroiditis, pernicious anemia, Addison's disease, type 1 diabetes, rheumatoid

arthritis, systemic lupus erythematosus, dermatomyositis, Sjogren's syndrome, dermatomyositis, lupus erythematosus, multiple sclerosis, autoimmune inner ear disease myasthenia gravis, Reiter's syndrome, Graves disease, autoimmune hepatitis, familial adenomatous polyposis and ulcerative colitis or combinations thereof. In specific embodiments, the autoimmune disease is rheumatoid arthritis.

[0041] Virtually any FcγRIIB-specific antibody, analog, derivative or antigen-binding fragment thereof (*e.g.*, one or more CDRs of a FcγRIIB-specific antibody) can be used in the compositions and methods of the invention in combination with virtually any CD20-specific antibody, analog, derivative or antigen-binding fragment thereof (*e.g.*, one or more CDRs of a FcγRIIB-specific antibody).

[0042] In certain embodiments, the compositions and methods of the invention comprise an isolated antibody (such as a monoclonal antibody) or a fragment thereof that specifically binds FcγRIIB, particularly human FcγRIIB, more particularly native human FcγRIIB, with a greater affinity than said antibody or a fragment thereof binds FcγRIIA, particularly human FcγRIIA, more particularly native human FcγRIIA. Representative antibodies are disclosed in U.S. Patent Application Nos. 2004-0185045; 2005-0260213; and 2006-0013810.

[0043] Preferably certain FcγRIIB antibodies used in combination with CD20 antibodies in the compositions and methods of the invention bind the extracellular domain of native human FcγRIIB. In some embodiments, the antibody or a fragment thereof binds FcγRIIB with at least 2 times greater affinity than said antibody or a fragment thereof binds FcγRIIA. In other embodiments, the antibody or a fragment thereof binds FcγRIIB with at least 4 times, at least 6 times, at least 8 times, at least 10 times, at least 100 times, at least 1000 times, at least 10^4 , at least 10^5 , at least 10^6 , at least 10^7 , or at least 10^8 times greater affinity than said antibody or a fragment thereof binds FcγRIIA. In a preferred embodiment, said antibody or a fragment thereof binds FcγRIIB with 100 times, 1000 times, 10^4 times, 10^5 times, 10^6 times, 10^7 times, or 10^8 times greater affinity than said antibody or a fragment thereof binds FcγRIIA. Preferably, these binding affinities are determined with the monomeric IgG, and not the aggregated IgG, and binding is via the variable domain (*e.g.*, Fab fragments of the antibodies have binding characteristic similar to the full immunoglobulin molecule). The invention relates to compositions and methods comprising an isolated antibody or a fragment thereof that specifically binds FcγRIIB with a greater affinity than said antibody or a fragment thereof binds FcγRIIA, as determined by any standard method known in the art for assessing specificities, in combination with an anti-CD20 antibody.

[0044] In certain embodiments of the invention, the anti-FcγRIIB and/or anti-CD20 antibodies are monoclonal antibodies, synthetic antibodies, recombinantly produced antibodies, multispecific antibodies, human antibodies, chimeric antibodies, camelized antibodies, single-chain Fvs (scFv), single chain antibodies, Fab fragments, F(ab') fragments, disulfide-linked Fvs (sdFv), intrabodies, or epitope-binding fragments of any of the above. Preferably, the antibodies of the invention are monoclonal antibodies, and more preferably, humanized or human antibodies.

[0045] In one specific preferred embodiment, antibodies used in the combination therapies of the invention bind to the extracellular domain of human FcγRIIB, particularly native human FcγRIIB. In another specific embodiment, the antibodies specifically or selectively recognize one or more epitopes of FcγRIIB, particularly native human FcγRIIB. Another embodiment of the invention encompasses the use of phage display technology to increase the affinity of the antibodies for FcγRIIB. Any screening method known in the art can be used to identify mutant antibodies with increased avidity for FcγRIIB (*e.g.*, ELISA). In another specific embodiment, antibodies are screened using antibody screening assays well known in the art (*e.g.*, BIACORE assays) to identify antibodies with K_{off} rate less than $3 \times 10^{-3} \text{ s}^{-1}$.

[0046] Hybridomas producing antibodies 2B6, 3H7, and 8B5.3.4 have been deposited with the American Type Culture Collection (10801 University Blvd., Manassas, VA. 20110-2209) on August 13, 2002 (2B6 and 3H7) and May 23, 2006 (8B5.3.4) under the provisions of the Budapest Treaty on the International Recognition of the Deposit of Microorganisms for the Purposes of Patent Procedures, and assigned accession numbers PTA-4591 (for hybridoma producing 2B6), PTA-4592 (for hybridoma producing 3H7), and PTA-7610 (for hybridoma producing 8B5.3.4) respectively, and are incorporated herein by reference.

[0047] In a preferred embodiment, the invention provides antibody combinations comprising a monoclonal antibody produced by clone 2B6, 3H7, or 8B5.3.4 having ATCC accession numbers PTA-4591, PTA-4592 and PTA-7610, respectively, or chimeric, humanized or other engineered versions thereof. In another preferred embodiment, the invention provides a monoclonal antibody produced by clone 1D5, 2E1, 2H9, 2D11, and 1F2 having ATCC accession numbers, PTA-5958, PTA-5961, PTA-5962, PTA-5960, and PTA-5959, respectively, or chimeric, humanized or other engineered versions thereof. In another embodiment, the invention provides an isolated antibody or a fragment thereof that competes for binding with the monoclonal antibody produced by clone 2B6, 3H7, or 8B5.3.4 and binds FcγRIIB, preferably native human FcγRIIB with a greater affinity than said antibody or a fragment thereof binds FcγRIIA, preferably native human FcγRIIA and/or binds to the same epitope of FcγRIIB as the

monoclonal antibody produced from clone 2B6, 3H7, or 8B5.3.4 and binds FcγRIIB with a greater affinity than said antibody or a fragment thereof binds FcγRIIA. Furthermore, the invention provides hybridoma cell line 2B6, 3H7, 8B5.3.4, 1D5, 2E1, 2H9, 2D11, or 1F2 having ATCC accession numbers PTA-4591, PTA-4592, PTA-7610, PTA-5958, PTA-5961, PTA-5962, PTA-5960, and PTA-5959, respectively.

[0048] In one particular embodiment, an engineered version of the FcγRIIB-specific antibody and/or the anti-CD20 antibody comprises one or more mutations in the Fc region. The one or more mutations in the Fc region may result in an antibody with an altered antibody-mediated effector function, an altered binding to other Fc receptors (*e.g.*, Fc activation receptors), an altered ADCC activity, or an altered C1q binding activity, or an altered complement dependent cytotoxicity activity, or any combination thereof. Examples of FcγRIIB-specific antibodies, including FcγRIIB-specific antibodies comprising Fc region mutations, that can be used in the compositions and methods of the invention can be found in U.S. Application Publication No. 2005-0260213. Examples of CD20-specific antibodies, including FcγRIIB-specific antibodies comprising Fc region mutations, that can be used in the compositions and methods of the invention can be found in U.S. Patent Application Serial No. 11/271,140 by Stavenhagen. Preferably, an antibody comprises an Fc region having a leucine at position 243, a proline at position 292, a leucine at position 300, an isoleucine at position 305, and a leucine at position 396.

[0049] In a preferred embodiment, a humanized 2B6 comprises a heavy chain variable domain having the amino acid sequence of SEQ ID NO: 24, SEQ ID NO: 37, SEQ ID NO: 60, or SEQ ID NO: 68 and a light chain variable domain having the amino acid sequence of SEQ ID NO: 18, SEQ ID NO: 20, SEQ ID NO: 22; SEQ ID NO: 46 or SEQ ID NO: 62. In another preferred embodiment, the Fc domain of the heavy chain of the humanized 2B6, humanized 3H7 or humanized 8B5.3.4 antibody is engineered to comprise at least one amino acid substitution at position 240, 243, 247, 255, 270, 292, 300, 316, 370, 392, 396, 416, 419, or 421 with another amino acid at that position. In a more preferred embodiment, the Fc domain of the heavy chain of the humanized 2B6 has a leucine at position 247, a lysine at position 421 and a glutamic acid at position 270; a threonine at position 392, a leucine at position 396, and a glutamic acid at position 270; or a glutamic acid at position 270, an aspartic acid at position 316, and a glycine at position 416. In certain embodiments of the invention, the antibody is not a monoclonal antibody produced by clone 2B6, 3H7, or 8B5.3.4, or chimeric, humanized or other engineered versions thereof.

[0050] In certain embodiments of the invention, humanized 2B6 antibodies are provided, said humanized 2B6 antibodies comprising a heavy chain variable domain having the amino acid sequence of SEQ ID NOS: 24-36 or 60 and a light chain variable domain having the amino acid sequence of SEQ ID NOS: 18, 20, 22, 46 or 62, wherein the Fc domain of the heavy chain of the humanized 2B6 has a leucine at position 247, a lysine at position 421 and a glutamic acid at position 270; or a glutamic acid at position 270, an aspartic acid at position 316, and a glycine at position 416. In certain embodiments, the a Fc γ RIIB-specific antibody, analog, derivative or antigen-binding fragment thereof (*e.g.*, one or more CDRs of a Fc γ RIIB -specific antibody) has a modified Fc domain with a leucine at position 243, a proline at position 292, a leucine at position 300, an isoleucine position 305 and a leucine at position 396.

[0051] In one specific embodiment, (a) a Fc γ RIIB antibody, such as a 2B6 (see, *e.g.*, U.S. Serial No. 60/816,126, filed June 23, 2006 to Johnson and Huang), 3H7, 8B5.3.4 (see, *e.g.*, U.S. Serial No. 60/816,688, filed June 26, 2006 to Johnson, Huang & Gerena), 1D5, 2E1, 2H9, 2D11, or 1F2 antibody, or analogs, derivatives, variants or antigen-binding fragments thereof of any of the above-referenced antibodies (*e.g.*, one or more CDRs of a CD20-specific antibody), including chimeric, humanized or other engineered versions thereof, fully human versions thereof, and/or Fc variants thereof, is used in combination with (b) a CD20-specific antibody, such as 2B8 (rituximab, commercial name RITUXAN[®]; IDEC/Genentech; Roche/Zettyaku; Xoma) (U.S. Patent No. 5,736,137; U.S. Application Publication No. 2003-0219433), 2H7 (see Liu *et al.*, *J. Immunol.* 139: 3521-3526, 1987; Clark *et al.* (1985) *Proc. Natl. Acad. Sci. USA* 82:1766; U.S. Patent No. 5,500,400; U.S. Application Publication Nos. 2006-0024300 and 2006-0034835), 1F5 (Clark *et al.* (1985) *Proc. Natl. Acad. Sci. USA* 82:1766; Press *et al.* (1987) *Blood* 69:584), B1 (Nadler *et al.* (1981) *J. Clin. Invest.* 67:134), ibritumomab (commercial name ZEVALIN[™] (IDEC/Schering AG)), or tositumomab (commercial name BEXXAR[®], Glaxo-SmithKline; Corixa); a CD20 antibody as described in U.S. Application Publication Nos. 2005-0025764, WO 05/000901, WO 04/035607, or WO 05/103081), or any analogs, derivatives, variants or antigen-binding fragments thereof of the above-referenced antibodies (*e.g.*, one or more CDRs of a CD20-specific antibody), including chimeric, humanized or other engineered versions thereof, fully human versions thereof, and/or

Fc variants thereof, to prevent, treat, manage or ameliorate a CD20-associated disease or disorder, or one or more symptoms thereof.

[0052] In certain embodiments, (a) a FcγRIIB antibody, such as a 2B6 (see, *e.g.*, U.S. Serial No. 60/816,126, filed June 23, 2006 to Johnson and Huang), 3H7, 8B5.3.4 (see, *e.g.*, U.S. Serial No. 60/816,688, filed June 26, 2006 to Johnson, Huang & Gerena), 1D5, 2E1, 2H9, 2D11, or 1F2 antibody, or analogs, derivatives, variants or antigen-binding fragments thereof of any of the above-referenced antibodies (*e.g.*, one or more CDRs of a CD20-specific antibody), including chimeric, humanized or other engineered versions thereof, fully human versions thereof, and/or Fc variants thereof, is used in combination with (b) a CD20-specific antibody, such as 2B8 (rituximab, commercial name RITUXAN®; IDEC/Genentech; Roche/Zettyaku; Xoma) (U.S. Patent No. 5,736,137; U.S. Application Publication No. 2003-0219433), 2H7 (see Liu *et al.*, *J. Immunol.* 139: 3521-3526, 1987; Clark *et al.* (1985) *Proc. Natl. Acad. Sci. USA* 82:1766; U.S. Patent No. 5,500,400; U.S. Application Publication Nos. 2006-0024300 and 2006-0034835), 1F5 (Clark *et al.* (1985) *Proc. Natl. Acad. Sci. USA* 82:1766; Press *et al.* (1987) *Blood* 69:584), B1 (Nadler *et al.* (1981) *J. Clin. Invest.* 67:134), ibritumomab (commercial name ZEVALIN™ (IDEC/Schering AG)), or tositumomab (commercial name BEXXAR®, Glaxo-SmithKline; Corixa); a CD20 antibody as described in U.S. Application Publication Nos. 2005-0025764, WO 05/000901, WO 04/035607, or WO 05/103081), or any analogs, derivatives, variants or antigen-binding fragments thereof of the above-referenced antibodies (*e.g.*, one or more CDRs of a CD20-specific antibody), including chimeric, humanized or other engineered versions thereof, fully human versions thereof, and/or Fc variants thereof, to prevent, treat, manage or ameliorate a B cell malignancy, or one or more symptoms thereof. In certain embodiments, the B cell malignancy is a lymphoma, such as NHL or B-CLL.

[0053] In some embodiments, (a) a FcγRIIB antibody, such as a 2B6 (see, *e.g.*, U.S. Serial No. 60/816,126, filed June 23, 2006 to Johnson and Huang), 3H7, 8B5.3.4 (see, *e.g.*, U.S. Serial No. 60/816,688, filed June 26, 2006 to Johnson, Huang & Gerena), 1D5, 2E1, 2H9, 2D11, or 1F2 antibody, or analogs, derivatives, variants or antigen-binding fragments thereof of any of

the above-referenced antibodies (*e.g.*, one or more CDRs of a CD20-specific antibody), including chimeric, humanized or other engineered versions thereof, fully human versions thereof, and/or Fc variants thereof, is used in combination with (b) a CD20-specific antibody, such as 2B8 (rituximab, commercial name RITUXAN[®]; IDEC/Genentech; Roche/Zettyaku; Xoma) (U.S. Patent No. 5,736,137; U.S. Application Publication No. 2003-0219433), 2H7 (see Liu *et al.*, *J. Immunol.* 139: 3521-3526, 1987; Clark *et al.* (1985) *Proc. Natl. Acad. Sci. USA* 82:1766; U.S. Patent No. 5,500,400; U.S. Application Publication Nos. 2006-0024300 and 2006-0034835), 1F5 (Clark *et al.* (1985) *Proc. Natl. Acad. Sci. USA* 82:1766; Press *et al.* (1987) *Blood* 69:584), B1 (Nadler *et al.* (1981) *J. Clin. Invest.* 67:134), ibritumomab (commercial name ZEVALIN[™] (IDEC/Schering AG)), or tositumomab (commercial name BEXXAR[®], Glaxo-SmithKline; Corixa); a CD20 antibody as described in U.S. Application Publication Nos. 2005-0025764, WO 05/000901, WO 04/035607, or WO 05/103081), or any analogs, derivatives, variants or antigen-binding fragments thereof of the above-referenced antibodies (*e.g.*, one or more CDRs of a CD20-specific antibody), including chimeric, humanized or other engineered versions thereof, fully human versions thereof, and/or Fc variants thereof, to prevent, treat, manage or ameliorate an inflammatory disorder (such as an autoimmune disease), or one or more symptoms thereof. In certain embodiments, the inflammatory disorder is Hashimoto's thyroiditis, pernicious anemia, Addison's disease, type 1 diabetes, rheumatoid arthritis, systemic lupus erythematosus, dermatomyositis, Sjogren's syndrome, dermatomyositis, lupus erythematosus, multiple sclerosis, autoimmune inner ear disease myasthenia gravis, Reiter's syndrome, Graves disease, autoimmune hepatitis, familial adenomatous polyposis and ulcerative colitis.

[0054] The invention also encompasses FcγRIIB-specific antibodies and/or CD20-specific antibodies of the invention (such as those FcγRIIB and CD20 antibodies referenced above), polynucleotides that encode the FcγRIIB-specific antibodies and/or CD20-specific antibodies of the invention, as well as compositions, vectors, host cells comprising the polynucleotides thereof, and combinations thereof to expressible levels of the FcγRIIB-specific antibodies and/or CD20 antibodies in the combinations and methods of the invention.

[0055] In one embodiment, the invention provides an isolated nucleic acid sequence encoding a heavy chain or a light chain of an antibody or a fragment thereof that specifically binds FcγRIIB with greater affinity than said antibody or a fragment thereof binds FcγRIIA. The invention also relates to a vector comprising said nucleic acid. The invention further provides a

vector comprising a first nucleic acid molecule encoding a heavy chain and a second nucleic acid molecule encoding a light chain, said heavy chain and light chain being of an antibody or a fragment thereof that specifically binds Fc γ RIIB with greater affinity than said antibody or a fragment thereof binds Fc γ RIIA. In one specific embodiment, said vector is an expression vector. The invention further provides host cells containing the vectors of or polynucleotides encoding the antibodies of the invention. Preferably, the invention encompasses polynucleotides encoding heavy and light chains of the antibodies produced by the deposited hybridoma clones, 2B6, 3H7, 8B5.3.4, 1D5, 2E1, 2H9, 2D11, or 1F2 having ATCC accession numbers PTA-4591, PTA-4592, PTA-7610, PTA-5958, PTA-5961, PTA-5962, PTA-5960, and PTA-5959, respectively, or portions thereof, *e.g.*, CDRs, variable domains, *etc.*, and humanized versions thereof.

[0056] The invention also provides a method of treating cancer in a patient having a cancer characterized by CD20, said method comprising administering to said patient a therapeutically effective amount of (a) an antibody or a fragment thereof that specifically binds Fc γ RIIB with greater affinity than said antibody or a fragment thereof binds Fc γ RIIA, and (b) an antibody or a fragment thereof that specifically binds CD20. The invention also provides a method of treating cancer in a patient having a cancer characterized by CD20, said method comprising administering to said patient a therapeutically effective amount of (a) an antibody or a fragment thereof that specifically binds Fc γ RIIB, particularly native human Fc γ RIIB with greater affinity than said antibody or a fragment thereof binds Fc γ RIIA, preferably native human Fc γ RIIA, and the constant domain of which further has an increased affinity for one or more Fc activation receptors, when the antibody is monomeric, such as Fc γ RIIA, and (b) a CD20-specific antibody, an analog, derivative or an antigen-binding fragment thereof (*e.g.*, one or more CDRs of a CD20-specific antibody). In one particular embodiment, said Fc activation receptor is Fc γ RIIA. In particular embodiments, the Fc γ RIIB antibody or fragment thereof is administered at a dose such that the antibody does not detectably bind to neutrophils.

[0057] In another preferred embodiment of the invention, the antibodies of the invention are useful for prevention or treatment of B cell malignancies, particularly non-Hodgkin's lymphoma or chronic lymphocytic leukemia. Accordingly, the present invention provides methods of treating, managing, preventing, or ameliorating a B cell malignancy by administering, either alone or in combination with one or more other therapeutics, (a) antibodies that specifically bind Fc γ RIIB, and, preferably, do not specifically bind Fc γ RIIA, as well as derivatives, analogs and antigen binding fragments of such antibodies, either alone or in combination with (b) a CD20-specific antibody, an analog, derivative or an antigen-binding

fragment thereof (*e.g.*, one or more CDRs of a CD20-specific antibody). In particular embodiments, the cancer of the subject is refractory to one or more standard or experimental therapies, particularly, to RITUXAN[®] treatment alone. The methods of the invention may be used for the treatment, management, prevention, or amelioration of B cell diseases, such as, B cell chronic lymphocytic leukemia (B-CLL), non-Hodgkin's lymphoma, diffuse large B cell lymphoma, follicular lymphoma with areas of diffuse large B cell lymphoma, small lymphocytic lymphoma, mantle cell lymphoma, and diffuse small cleaved cell lymphoma.

[0058] In another preferred embodiment of the invention, the anti-FcγRIIB and anti-CD20 antibodies are useful for prevention or treatment of inflammatory disorders, particularly rheumatoid arthritis. Accordingly, the present invention provides methods of treating, managing, preventing, or ameliorating an inflammatory disorder, such as an autoimmune disorder, or a symptom thereof by administering, either alone or in combination with one or more other therapeutics, (a) antibodies that specifically bind FcγRIIB, and, preferably, do not specifically bind FcγRIIA, as well as derivatives, analogs and antigen binding fragments of such antibodies, either alone or in combination with (b) a CD20-specific antibody, an analog, derivative or an antigen-binding fragment thereof (*e.g.*, one or more CDRs of a CD20-specific antibody). In certain embodiments, the methods of the invention can be used for the treatment, management, prevention, or amelioration of an autoimmune disease, or a symptom thereof, wherein the autoimmune disease is Hashimoto's thyroiditis, pernicious anemia, Addison's disease, type 1 diabetes, rheumatoid arthritis, systemic lupus erythematosus, dermatomyositis, Sjogren's syndrome, dermatomyositis, lupus erythematosus, multiple sclerosis, autoimmune inner ear disease myasthenia gravis, Reiter's syndrome, Graves disease, autoimmune hepatitis, familial adenomatous polyposis or ulcerative colitis.

[0059] In another embodiment, the invention provides for the use of a FcγRIIB-specific antibody conjugated to a therapeutic agent or drug, in combination with a CD20-specific antibody that may or may not be conjugated to a same or different therapeutic agent or drug. Examples of therapeutic agents which may be conjugated to an anti-FcγRIIB and/or anti-CD20 antibody or an antigen-binding fragment thereof include, but are not limited to, cytokines, toxins, radioactive elements, and antimetabolites.

[0060] In one embodiment, the invention provides for the administration of an FcγRIIB-specific antibody and an anti-CD20 antibody in combination with a standard or experimental treatment regimen for B cell malignancies (*e.g.*, chemotherapy, radioimmunotherapy, or radiotherapy). Such combination therapy may enhance the efficacy of standard or experimental treatment. Examples of therapeutic agents that are particularly useful in combination with a

FcγRIIB-specific antibody or an antigen-binding fragment thereof, and a CD20 specific antibody or an antigen binding fragment thereof, for the prevention, treatment, management, or amelioration of B cell malignancies, include, but are not limited to interferon-alpha and anti-cancer agents. Chemotherapeutic agents that can be used in combination with a FcγRIIB-specific antibody or an antigen-binding fragment thereof, and a CD20 specific antibody or an antigen binding fragment thereof, include, but are not limited to alkylating agents, antimetabolites, natural products, and hormones. The combination therapies of the invention enable lower dosages of combinations of an anti-FcγRIIB antibody or an antigen-binding fragment thereof, and a CD20 specific antibody or an antigen binding fragment thereof, and/or less frequent administration of anti-FcγRIIB antibody or an antigen-binding fragment thereof, and a CD20 specific antibody or an antigen binding fragment thereof, to a subject with a B cell malignancy, to achieve a therapeutic or prophylactic effect. Such doses and frequency of administration of the combinations of FcγRIIB and CD20 antibodies are decreased as compared to the doses and frequency of administration of either single antibody alone.

[0061] In another embodiment, the use of a combined therapy of an anti-FcγRIIB and an anti-CD20 antibody, or antigen-binding fragments thereof, prolongs the survival of a subject diagnosed with a B cell malignancy.

[0062] The invention further provides a pharmaceutical composition comprising (a) a therapeutically effective amount of the antibody or a fragment thereof that specifically binds FcγRIIB with greater affinity than said antibody or a fragment thereof binds FcγRIIA; (b) a CD20-specific antibody, or an antigen-binding fragment thereof; and (c) a pharmaceutically acceptable carrier.

[0063] In certain embodiments of the invention, pharmaceutical compositions are provided for use in accordance with the methods of the invention, said pharmaceutical compositions comprising (a) an anti-FcγRIIB antibody or an antigen-binding fragment thereof, (b) a CD20-specific antibody, an analog, derivative or an antigen-binding fragment thereof (*e.g.*, one or more CDRs of a CD20-specific antibody), and (c) a pharmaceutically acceptable carrier, said antibodies provided in an amount effective to prevent, treat, manage, or ameliorate a B cell malignancy, an inflammatory disease, or one or more symptoms thereof. The invention also provides pharmaceutical compositions for use in accordance with the methods of the invention, said pharmaceutical compositions comprising an anti-FcγRIIB antibody or an antigen-binding fragment thereof, an anti-CD20 antibody, or antigen-binding fragment thereof, and a prophylactic or therapeutic agent, and a pharmaceutically acceptable carrier.

[0063a] In another embodiment of the present invention there is provided a pharmaceutical composition comprising: (A) an effective amount of a first isolated antibody or a fragment thereof having a variable domain that specifically binds the extracellular domain of native human FcγRIIB with greater affinity than said variable domain binds native human FcγRIIA, wherein said first antibody or fragment thereof comprises: (1) a heavy chain variable domain having the amino acid sequence of SEQ ID NO:68; and (2) a light chain variable domain having the amino acid sequence of SEQ ID NO:62; (B) an effective amount of a second isolated antibody or fragment thereof that specifically binds human CD20; and (C) a pharmaceutically acceptable carrier, wherein said effective amounts of said first antibody or fragment thereof and said second antibody or fragment thereof cause said pharmaceutical composition to mediate a synergistically increased tumor volume reduction relative to the tumor volume reductions mediated by: (1) a pharmaceutical composition comprising said effective amount of said first antibody or fragment thereof but lacking said effective amount of said second antibody or fragment thereof; and (2) a pharmaceutical composition comprising said effective amount of said second antibody or fragment thereof but lacking said effective amount of said first antibody or fragment thereof.

3.1 DEFINITIONS

[0064] As used herein, the term "specifically binds to FcγRIIB" and analogous terms refer to antibodies or fragments thereof (or any other FcγRIIB binding molecules) that specifically bind to FcγRIIB or a fragment thereof and do not specifically bind to other Fc receptors, in particular to FcγRIIA. Further it is understood to one skilled in the art, that an antibody that specifically binds to FcγRIIB, may bind through the variable domain or the constant domain of the antibody but that the anti-FcγRIIB antibodies of the invention benefit FcγRIIB through the variable domain. If the antibody that specifically binds to FcγRIIB binds through its variable domain, it is understood to one skilled in the art that it is not aggregated, *i.e.*, is monomeric. An antibody that specifically binds to FcγRIIB may bind to other peptides or polypeptides with lower affinity as determined by, *e.g.*, immunoassays, BIAcore, or other assays known in the art. Preferably, antibodies or fragments that specifically bind to FcγRIIB or a fragment thereof do not cross-react with other antigens. Antibodies or fragments that specifically bind to FcγRIIB can be identified, for example, by immunoassays, BIAcore, or other techniques known to those of skill in the art. An antibody or a fragment thereof binds specifically to a FcγRIIB when it binds to FcγRIIB with higher affinity than to any cross-reactive antigen as determined using experimental techniques, such as western blots, radioimmunoassays (RIA) and

enzyme-linked immunosorbent assays (ELISAs). See, *e.g.*, Paul, ed., 1989, Fundamental Immunology Second Edition, Raven Press, New York at pages 332-336 for a discussion regarding antibody specificity.

[0065] As used herein, the term "native FcγRIIB" refers to FcγRIIB which is endogenously expressed and present on the surface of a cell. In some embodiments, "native FcγRIIB" encompasses a protein that is recombinantly expressed in a mammalian cell. Preferably, the native FcγRIIB is not expressed in a bacterial cell, *i.e.*, *E. coli*. Most preferably the native FcγRIIB is not denatured as would be the case in Western blot analysis, *i.e.*, it is in its biologically active conformation.

[0066] As used herein, the term "native FcγRIIA" refers to FcγRIIA which is endogenously expressed and present on the surface of a cell. In some embodiments, "native FcγRIIA" encompasses a protein that is recombinantly expressed in a mammalian cell. Preferably, the native FcγRIIA is not expressed in a bacterial cell, *i.e.*, *E. coli*. Most preferably the native FcγRIIA is not denatured as would be the case in Western blot analysis, *i.e.*, it is in its biologically active conformation.

[0067] As used herein, "administer" or "administration" refers to the act of injecting or otherwise physically delivering a substance as it exists outside the body (*e.g.*, an antibody of the

invention) into a patient, such as by, but not limited to, pulmonary (*e.g.*, inhalation), mucosal (*e.g.*, intranasal), intradermal, intravenous, intramuscular delivery and/or any other method of physical delivery described herein or known in the art. When a disease, or symptoms thereof, are being treated, administration of the substance typically occurs after the onset of the disease or symptoms thereof. When a disease, or symptoms thereof, are being prevented, administration of the substance typically occurs before the onset of the disease or symptoms thereof.

[0068] As used herein, the term “analog” in the context of proteinaceous agents (*e.g.*, proteins, polypeptides, and antibodies) refers to a proteinaceous agent that possesses a similar or identical function as a second proteinaceous agent but does not necessarily comprise a similar or identical amino acid sequence of the second proteinaceous agent, or possess a similar or identical structure of the second proteinaceous agent. A proteinaceous agent that has a similar amino acid sequence refers to a second proteinaceous agent that satisfies at least one of the following: (a) a proteinaceous agent having an amino acid sequence that is at least 30%, at least 35%, at least 40%, at least 45%, at least 50%, at least 55%, at least 60%, at least 65%, at least 70%, at least 75%, at least 80%, at least 85%, at least 90%, at least 95% or at least 99% identical to the amino acid sequence of a second proteinaceous agent; (b) a proteinaceous agent encoded by a nucleotide sequence that hybridizes under stringent conditions to a nucleotide sequence encoding a second proteinaceous agent of at least 5 contiguous amino acid residues, at least 10 contiguous amino acid residues, at least 15 contiguous amino acid residues, at least 20 contiguous amino acid residues, at least 25 contiguous amino acid residues, at least 40 contiguous amino acid residues, at least 50 contiguous amino acid residues, at least 60 contiguous amino residues, at least 70 contiguous amino acid residues, at least 80 contiguous amino acid residues, at least 90 contiguous amino acid residues, at least 100 contiguous amino acid residues, at least 125 contiguous amino acid residues, or at least 150 contiguous amino acid residues; and (c) a proteinaceous agent encoded by a nucleotide sequence that is at least 30%, at least 35%, at least 40%, at least 45%, at least 50%, at least 55%, at least 60%, at least 65%, at least 70%, at least 75%, at least 80%, at least 85%, at least 90%, at least 95% or at least 99% identical to the nucleotide sequence encoding a second proteinaceous agent. A proteinaceous agent with similar structure to a second proteinaceous agent refers to a proteinaceous agent that has a similar secondary, tertiary or quaternary structure to the second proteinaceous agent. The structure of a polypeptide can be determined by methods known to those skilled in the art, including but not limited to, peptide sequencing, X-ray crystallography, nuclear magnetic resonance, circular dichroism, and crystallographic electron microscopy.

[0069] To determine the percent identity of two amino acid sequences or of two nucleic acid sequences, the sequences are aligned for optimal comparison purposes (*e.g.*, gaps can be introduced in the sequence of a first amino acid or nucleic acid sequence for optimal alignment with a second amino acid or nucleic acid sequence). The amino acid residues or nucleotides at corresponding amino acid positions or nucleotide positions are then compared. When a position in the first sequence is occupied by the same amino acid residue or nucleotide as the corresponding position in the second sequence, then the molecules are identical at that position. The percent identity between the two sequences is a function of the number of identical positions shared by the sequences (*i.e.*, % identity = number of identical overlapping positions/total number of positions x 100%). In one embodiment, the two sequences are the same length.

[0070] The determination of percent identity between two sequences can also be accomplished using a mathematical algorithm. A preferred, non-limiting example of a mathematical algorithm utilized for the comparison of two sequences is the algorithm of Karlin and Altschul, 1990, Proc. Natl. Acad. Sci. U.S.A. 87:2264-2268, modified as in Karlin and Altschul, 1993, Proc. Natl. Acad. Sci. U.S.A. 90:5873-5877. Such an algorithm is incorporated into the NBLAST and XBLAST programs of Altschul *et al.*, 1990, J. Mol. Biol. 215:403. BLAST nucleotide searches can be performed with the NBLAST nucleotide program parameters set, *e.g.*, for score=100, wordlength=12 to obtain nucleotide sequences homologous to a nucleic acid molecules of the present invention. BLAST protein searches can be performed with the XBLAST program parameters set, *e.g.*, to score=50, wordlength=3 to obtain amino acid sequences homologous to a protein molecule of the present invention. To obtain gapped alignments for comparison purposes, Gapped BLAST can be utilized as described in Altschul *et al.*, 1997, Nucleic Acids Res. 25:3389-3402. Alternatively, PSI-BLAST can be used to perform an iterated search which detects distant relationships between molecules (*Id.*). When utilizing BLAST, Gapped BLAST, and PSI-Blast programs, the default parameters of the respective programs (*e.g.*, of XBLAST and NBLAST) can be used (see, *e.g.*, the NCBI website). Another preferred, non-limiting example of a mathematical algorithm utilized for the comparison of sequences is the algorithm of Myers and Miller, 1988, CABIOS 4:11-17. Such an algorithm is incorporated in the ALIGN program (version 2.0) which is part of the GCG sequence alignment software package. When utilizing the ALIGN program for comparing amino acid sequences, a PAM120 weight residue table, a gap length penalty of 12, and a gap penalty of 4 can be used.

[0071] The percent identity between two sequences can be determined using techniques similar to those described above, with or without allowing gaps. In calculating percent identity, typically only exact matches are counted.

[0072] As used herein, the term “analog” in the context of a non-proteinaceous agent refers to a second organic or inorganic molecule which possess a similar or identical function as a first organic or inorganic molecule and is structurally similar to the first organic or inorganic molecule.

[0073] As used herein, the terms “antagonist” and “antagonists” refer to any protein, polypeptide, peptide, antibody, antibody fragment, large molecule, or small molecule (less than 10 kD) that blocks, inhibits, reduces or neutralizes a function, activity and/or expression of another molecule, such as that of FcγRIIB. In various embodiments, an antagonist reduces a function, activity and/or expression of another molecule by at least 10%, at least 15%, at least 20%, at least 25%, at least 30%, at least 35%, at least 40%, at least 45%, at least 50%, at least 55%, at least 60%, at least 65%, at least 70%, at least 75%, at least 80%, at least 85%, at least 90%, at least 95% or at least 99% relative to a control such as phosphate buffered saline (PBS).

[0074] As used herein, the terms “antibody” and “antibodies” refer to monoclonal antibodies, multispecific antibodies, human antibodies, humanized antibodies, synthetic antibodies, chimeric antibodies, camelized antibodies, single-chain Fvs (scFv), single chain antibodies, Fab fragments, F(ab') fragments, disulfide-linked Fvs (sdFv), intrabodies, and anti-idiotypic (anti-Id) antibodies (including, *e.g.*, anti-Id and anti-anti-Id antibodies to antibodies of the invention), and epitope-binding fragments of any of the above. In particular, antibodies include immunoglobulin molecules and immunologically active fragments of immunoglobulin molecules, *i.e.*, molecules that contain an antigen binding site. Immunoglobulin molecules can be of any type (*e.g.*, IgG, IgE, IgM, IgD, IgA and IgY), class (*e.g.*, IgG₁, IgG₂, IgG₃, IgG₄, IgA₁ and IgA₂) or subclass.

[0075] Throughout the numbering of residues in an IgG heavy chain is that of the EU index as in Kabat *et al.*, Sequences of Proteins of Immunological Interest, 5th Ed. Public Health Service NIH, MD (1991). The “EU index as in Kabat” refers to the numbering of the human IgG1 EU antibody.

[0076] As used herein, the terms “B cell malignancies” and “B cell malignancy” refer to any B cell lymphoproliferative disorder. B cell malignancies include tumors of B cell origin. B cell malignancies include, but are not limited to, lymphomas, chronic lymphocytic leukemias, acute lymphoblastic leukemias, multiple myeloma, Hodgkin's and non-Hodgkin's disease, diffuse large B cell lymphoma, follicular lymphoma with areas of diffuse large B cell lymphoma, small lymphocytic lymphoma, mantle cell lymphoma, and diffuse small cleaved cell lymphoma.

[0077] As used herein, the term “cancer” refers to a neoplasm or tumor resulting from abnormal uncontrolled growth of cells. As used herein, cancer explicitly includes, leukemias and

lymphomas. The term “cancer” refers to a disease involving cells that have the potential to metastasize to distal sites and exhibit phenotypic traits that differ from those of non-cancer cells, for example, formation of colonies in a three-dimensional substrate such as soft agar or the formation of tubular networks or weblike matrices in a three-dimensional basement membrane or extracellular matrix preparation. Non-cancer cells do not form colonies in soft agar and form distinct sphere-like structures in three-dimensional basement membrane or extracellular matrix preparations. Cancer cells acquire a characteristic set of functional capabilities during their development, albeit through various mechanisms. Such capabilities include evading apoptosis, self-sufficiency in growth signals, insensitivity to anti-growth signals, tissue invasion/metastasis, limitless expansive potential, and sustained angiogenesis. The term “cancer cell” is meant to encompass both pre-malignant and malignant cancer cells. In some embodiments, cancer refers to a benign tumor, which has remained localized. In other embodiments, cancer refers to a malignant tumor, which has invaded and destroyed neighboring body structures and spread to distant sites. In yet other embodiments, the cancer is associated with a specific cancer antigen.

[0078] As used herein, the term “combination” or “combination of the invention” refer to compositions and/or other therapies comprising (a) an antibody, or antigen binding fragment thereof that immunospecifically binds to a CD20 polypeptide, and (b) an antibody, or antigen binding fragment thereof that immunospecifically binds to a FcγRIIB polypeptide. Any CD20 antibody or fragment thereof and/or FcγRIIB antibody, or fragment thereof described herein may be used in the combinations of the invention. In certain embodiments, the CD20 antibody and FcγRIIB antibody are administered simultaneously. In other embodiments the CD20 antibody and FcγRIIB antibody are administered less than 1 hour apart, at about 1 hour apart, at about 1 hour to about 2 hours apart, at about 2 hours to about 3 hours apart, at about 3 hours to about 4 hours apart, at about 4 hours to about 5 hours apart, at about 5 hours to about 6 hours apart, at about 6 hours to about 7 hours apart, at about 7 hours to about 8 hours apart, at about 8 hours to about 9 hours apart, at about 9 hours to about 10 hours apart, at about 10 hours to about 11 hours apart, at about 11 hours to about 12 hours apart, no more than 24 hours apart or no more than 48 hours apart. In preferred embodiments, two or more components are administered within the same patient visit.

[0079] As used herein, the term “derivative” in the context of polypeptides or proteins, including antibodies, refers to a polypeptide or protein that comprises an amino acid sequence which has been altered by the introduction of amino acid residue substitutions, deletions or additions. The term “derivative” as used herein also refers to a polypeptide or protein which has been modified, *i.e.*, by the covalent attachment of any type of molecule to the polypeptide or

protein. For example, but not by way of limitation, an antibody may be modified, *e.g.*, by glycosylation, acetylation, pegylation, phosphorylation, amidation, derivatization by known protecting/blocking groups, proteolytic cleavage, linkage to a cellular ligand or other protein, *etc.* A derivative polypeptide or protein may be produced by chemical modifications using techniques known to those of skill in the art, including, but not limited to specific chemical cleavage, acetylation, formylation, metabolic synthesis of tunicamycin, *etc.* Further, a derivative polypeptide or protein derivative possesses a similar or identical function as the polypeptide or protein from which it was derived.

[0080] The term “derivative” as used herein in conjunction with Fc γ RIIB refers to a polypeptide that comprises an amino acid sequence of a Fc γ RIIB polypeptide, a fragment of a Fc γ RIIB polypeptide, an antibody that immunospecifically binds to a Fc γ RIIB polypeptide, or an antibody fragment that immunospecifically binds to a Fc γ RIIB polypeptide, that has been altered by the introduction of amino acid residue substitutions, deletions or additions (*i.e.*, mutations). In some embodiments, an antibody derivative or fragment thereof comprises amino acid residue substitutions, deletions or additions in one or more CDRs. The antibody derivative may have substantially the same binding, better binding, or worse binding when compared to a non-derivative antibody. In specific embodiments, one, two, three, four, or five amino acid residues of the CDR have been substituted, deleted or added (*i.e.*, mutated). The term “derivative” as used herein in conjunction with Fc γ RIIB also refers to a Fc γ RIIB polypeptide, a fragment of a Fc γ RIIB polypeptide, an antibody that immunospecifically binds to a Fc γ RIIB polypeptide, or an antibody fragment that immunospecifically binds to a Fc γ RIIB polypeptide which has been modified, *i.e.*, by the covalent attachment of any type of molecule to the polypeptide. For example, but not by way of limitation, a Fc γ RIIB polypeptide, a fragment of a Fc γ RIIB polypeptide, an antibody, or antibody fragment may be modified, *e.g.*, by glycosylation, acetylation, pegylation, phosphorylation, amidation, derivatization by known protecting/blocking groups, proteolytic cleavage, linkage to a cellular ligand or other protein, *etc.* A derivative of a Fc γ RIIB polypeptide, a fragment of a Fc γ RIIB polypeptide, an antibody, or antibody fragment may be modified by chemical modifications using techniques known to those of skill in the art, including, but not limited to, specific chemical cleavage, acetylation, formulation, metabolic synthesis of tunicamycin, *etc.* Further, a derivative of a Fc γ RIIB polypeptide, a fragment of a Fc γ RIIB polypeptide, an antibody, or antibody fragment may contain one or more non-classical amino acids. In one embodiment, an antibody derivative possesses a similar or identical function as the parent antibody. In another embodiment, a derivative of an antibody, or antibody fragment has an altered activity when compared to an unaltered antibody. For example, a derivative

antibody or fragment thereof can bind to its epitope more tightly or be more resistant to proteolysis.

[0081] As used herein, the terms “disorder” and “disease” are used interchangeably to refer to a condition in a subject. In particular, the term “autoimmune disease” is used interchangeably with the term “autoimmune disorder” to refer to a condition in a subject characterized by cellular, tissue and/or organ injury caused by an immunologic reaction of the subject to its own cells, tissues and/or organs. The term “inflammatory disease” is used interchangeably with the term “inflammatory disorder” to refer to a condition in a subject characterized by inflammation, preferably chronic inflammation. Autoimmune disorders may or may not be associated with inflammation. Moreover, inflammation may or may not be caused by an autoimmune disorder. Thus, certain disorders may be characterized as both autoimmune and inflammatory disorders.

[0082] As used herein, the term “endogenous” in the context of a cellular protein refers to protein naturally occurring and/or expressed by the cell in the absence of recombinant manipulation; accordingly, the terms “endogenously expressed protein” or “endogenous protein” excludes cellular proteins expressed by means of recombinant technology.

[0083] As used herein, the term “epitope” refers to a region on an antigen molecule to which an antibody specifically binds.

[0084] As used herein, the term “fragment” refers to a peptide or polypeptide comprising an amino acid sequence of at least 5 contiguous amino acid residues, at least 10 contiguous amino acid residues, at least 15 contiguous amino acid residues, at least 20 contiguous amino acid residues, at least 25 contiguous amino acid residues, at least 40 contiguous amino acid residues, at least 50 contiguous amino acid residues, at least 60 contiguous amino residues, at least 70 contiguous amino acid residues, at least contiguous 80 amino acid residues, at least contiguous 90 amino acid residues, at least contiguous 100 amino acid residues, at least contiguous 125 amino acid residues, at least 150 contiguous amino acid residues, at least contiguous 175 amino acid residues, at least contiguous 200 amino acid residues, or at least contiguous 250 amino acid residues of the amino acid sequence of another polypeptide. In a specific embodiment, a fragment of a polypeptide retains at least one function of the polypeptide. Preferably, antibody fragments are epitope binding fragments.

[0085] As used herein, the term “humanized antibody” refers to an immunoglobulin comprising a human framework region and one or more CDR's from a non-human (usually a mouse or rat) immunoglobulin. The non-human immunoglobulin providing the CDR's is called the “donor” and the human immunoglobulin providing the framework is called the “acceptor”.

Constant regions need not be present, but if they are, they must be substantially identical to human immunoglobulin constant regions, *i.e.*, at least about 85-90%, preferably about 95% or more identical. Hence, all parts of a humanized immunoglobulin, except possibly the CDR's, are substantially identical to corresponding parts of natural human immunoglobulin sequences. A "humanized antibody" is an antibody comprising a humanized light chain and a humanized heavy chain immunoglobulin. For example, a humanized antibody would not encompass a typical chimeric antibody, because, *e.g.*, the entire variable region of a chimeric antibody is non-human. One says that the donor antibody has been "humanized", by the process of "humanization", because the resultant humanized antibody is expected to bind to the same antigen as the donor antibody that provides the CDR's. For the most part, humanized antibodies are human immunoglobulins (recipient antibody) in which hypervariable region residues of the recipient are replaced by hypervariable region residues from a non-human species (donor antibody) such as mouse, rat, rabbit or non-human primate having the desired specificity, affinity, and capacity. In some instances, Framework Region (FR) residues of the human immunoglobulin are replaced by corresponding non-human residues. Furthermore, humanized antibodies may comprise residues which are not found in the recipient antibody or in the donor antibody. These modifications are made to further refine antibody performance. In general, the humanized antibody will comprise substantially all of at least one, and typically two, variable domains, in which all or substantially all of the hypervariable regions correspond to those of a non-human immunoglobulin and all or substantially all of the FRs are those of a human immunoglobulin sequence. The humanized antibody optionally also will comprise at least a portion of an immunoglobulin constant region (Fc), typically that of a human immunoglobulin that may be altered by the introduction of amino acid residue substitutions, deletions or additions (*i.e.*, mutations). In some embodiments, a humanized antibody is a derivative. Such a humanized antibody comprises amino acid residue substitutions, deletions or additions in one or more non-human CDRs. The humanized antibody derivative may have substantially the same binding, better binding, or worse binding when compared to a non-derivative humanized antibody. In specific embodiments, one, two, three, four, or five amino acid residues of the CDR have been substituted, deleted or added (*i.e.*, mutated). For further details in humanizing antibodies, see European Patent Nos. EP 239,400, EP 592,106, and EP 519,596; International Publication Nos. WO 91/09967 and WO 93/17105; U.S. Patent Nos. 5,225,539, 5,530,101, 5,565,332, 5,585,089, 5,766,886, and 6,407,213; and Padlan, 1991, Molecular Immunology 28(4/5):489-498; Studnicka *et al.*, 1994, Protein Engineering 7(6):805-814; Roguska *et al.*, 1994, Proc Natl Acad Sci USA 91:969-973; Tan *et al.*, 2002, J. Immunol. 169:1119-25; Caldas *et al.*,

2000, Protein Eng. 13:353-60; Morea *et al.*, 2000, Methods 20:267-79; Baca *et al.*, 1997, J. Biol. Chem. 272:10678-84; Roguska *et al.*, 1996, Protein Eng. 9:895-904; Couto *et al.*, 1995, Cancer Res. 55 (23 Supp):5973s-5977s; Couto *et al.*, 1995, Cancer Res. 55:1717-22; Sandhu, 1994, Gene 150:409-10; Pedersen *et al.*, 1994, J. Mol. Biol. 235:959-73; Jones *et al.*, 1986, Nature 321:522-525; Reichmann *et al.*, 1988, Nature 332:323-329; and Presta, 1992, Curr. Op. Struct. Biol. 2:593-596.

[0086] As used herein, the term “hypervariable region” refers to the amino acid residues of an antibody which are responsible for antigen binding. The hypervariable region comprises amino acid residues from a “Complementarity Determining Region” or “CDR” (*i.e.*, residues 24-34 (L1), 50-56 (L2) and 89-97 (L3) in the light chain variable domain and 31-35 (H1), 50-65 (H2) and 95-102 (H3) in the heavy chain variable domain; Kabat *et al.*, Sequences of Proteins of Immunological Interest, 5th Ed. Public Health Service, National Institutes of Health, Bethesda, MD. (1991)) and/or those residues from a “hypervariable loop” (*i.e.*, residues 26-32 (L1), 50-52 (L2) and 91-96 (L3) in the light chain variable domain and 26-32 (H1), 53-55 (H2) and 96-101 (H3) in the heavy chain variable domain; Chothia and Lesk, 1987, J. Mol. Biol. 196:901-917). “Framework Region” or “FR” residues are those variable domain residues other than the hypervariable region residues as herein defined.

[0087] As used herein, the term “immunomodulatory agent” and variations thereof including, but not limited to, immunomodulatory agents, refer to an agent that modulates a host’s immune system. In certain embodiments, an immunomodulatory agent is an immunosuppressant agent. In certain other embodiments, an immunomodulatory agent is an immunostimulatory agent. Immunomodulatory agents include, but are not limited to, small molecules, peptides, polypeptides, fusion proteins, antibodies, inorganic molecules, mimetic agents, and organic molecules.

[0088] As used herein, the terms “manage,” “managing” and “management” refer to the beneficial effects that a subject derives from administration of a prophylactic or therapeutic agent, which does not result in a cure of the disease. In certain embodiments, a subject is administered one or more prophylactic or therapeutic agents to “manage” a disease so as to prevent the progression or worsening of the disease.

[0089] As used herein, the term “native FcγRIIB” refers to FcγRIIB which is endogenously expressed and present on the surface of a cell. In some embodiments, “native FcγRIIB” encompasses a protein that is recombinantly expressed in a mammalian cell. Preferably, the native FcγRIIB is not expressed in a bacterial cell, *i.e.*, *E. coli*. Most preferably the native FcγRIIB is not denatured, *i.e.*, it is in its biologically active conformation.

[0090] As used herein, the terms “nucleic acids” and “nucleotide sequences” include DNA molecules (*e.g.*, cDNA or genomic DNA), RNA molecules (*e.g.*, mRNA), combinations of DNA and RNA molecules or hybrid DNA/RNA molecules, and analogs of DNA or RNA molecules. Such analogs can be generated using, for example, nucleotide analogs, which include, but are not limited to, inosine or tritylated bases. Such analogs can also comprise DNA or RNA molecules comprising modified backbones that lend beneficial attributes to the molecules such as, for example, nuclease resistance or an increased ability to cross cellular membranes. The nucleic acids or nucleotide sequences can be single-stranded, double-stranded, may contain both single-stranded and double-stranded portions, and may contain triple-stranded portions, but preferably is double-stranded DNA.

[0091] As used herein, the terms “prevent”, “preventing” and “prevention” refer to the prevention of the occurrence and/or recurrence or onset of one or more symptoms of a disorder in a subject resulting from the administration of a prophylactic or therapeutic agent.

[0092] As used herein, the terms “prophylactic agent” and “prophylactic agents” refer to any agent(s) which can be used in the prevention of a disorder, or prevention of recurrence or spread of a disorder. A prophylactically effective amount may refer to the amount of prophylactic agent sufficient to prevent the recurrence or spread of a B cell related disease or disorder, or the occurrence of such in a patient, including but not limited to those predisposed to such a B cell related disease or disorder.

[0093] As used herein, the phrase “side effects” encompasses unwanted and adverse effects of a prophylactic or therapeutic agent. Adverse effects are always unwanted, but unwanted effects are not necessarily adverse. An adverse effect from a prophylactic or therapeutic agent might be harmful or uncomfortable or risky. Side effects from chemotherapy include, but are not limited to, gastrointestinal toxicity such as, but not limited to, early and late-forming diarrhea and flatulence, nausea, vomiting, anorexia, leukopenia, anemia, neutropenia, asthenia, abdominal cramping, fever, pain, loss of body weight, dehydration, alopecia, dyspnea, insomnia, dizziness, mucositis, xerostomia, and kidney failure, as well as constipation, nerve and muscle effects, temporary or permanent damage to kidneys and bladder, flu-like symptoms, fluid retention, and temporary or permanent infertility. Side effects from radiation therapy include but are not limited to fatigue, dry mouth, and loss of appetite. Side effects from biological therapies/immunotherapies include but are not limited to rashes or swellings at the site of administration, flu-like symptoms such as fever, chills and fatigue, digestive tract problems and allergic reactions. Side effects from hormonal therapies include but are not limited to nausea, fertility problems, depression, loss of appetite, eye problems, headache,

and weight fluctuation. Additional undesired effects typically experienced by patients are numerous and known in the art, see, *e.g.*, the Physicians' Desk Reference (56th ed., 2002).

[0094] As used herein, the terms "single-chain Fv" or "scFv" refer to antibody fragments comprise the VH and VL domains of antibody, wherein these domains are present in a single polypeptide chain. Generally, the Fv polypeptide further comprises a polypeptide linker between the VH and VL domains which enables the scFv to form the desired structure for antigen binding. For a review of sFv see Pluckthun in *The Pharmacology of Monoclonal Antibodies*, vol. 113, Rosenberg and Moore eds. Springer-Verlag, New York, pp. 269-315 (1994). In specific embodiments, scFvs include bi-specific scFvs and humanized scFvs.

[0095] As used herein, the terms "subject" and "patient" are used interchangeably. As used herein, a subject is preferably a mammal such as a non-primate (*e.g.*, cows, pigs, horses, cats, dogs, rats *etc.*) and a primate (*e.g.*, monkey and human), most preferably a human.

[0096] As used herein, a "therapeutically effective amount" refers to that amount of the therapeutic agent sufficient to treat or manage a disease or disorder such as a B cell associated disease or disorder. A therapeutically effective amount may refer to the amount of therapeutic agent sufficient to delay or minimize the onset of disease. A therapeutically effective amount may also refer to the amount of the therapeutic agent that provides a therapeutic benefit in the treatment or management of a disease.

[0097] The term "synergistic" as used herein refers to a combination of therapies (*e.g.*, use of an FcγRIIB antibody and an anti-CD20 antibody) which is more effective than the additive effects of any two or more single therapies. For example, a synergistic effect of a combination of antibodies permits the use of lower dosages of one or more of the antibodies and/or less frequent administration of said antibodies to a subject. The ability to utilize lower dosages of antibodies and/or to administer said antibodies less frequently reduces the toxicity associated with the administration of said therapies to a subject without reducing the efficacy of said therapies in the prevention, management, treatment or amelioration of a given disease, such as a B cell malignancy. In addition, a synergistic effect can result in improved efficacy of therapies in the prevention, management, treatment or amelioration of a given disease, such as a B cell malignancy. Finally, synergistic effects of a combination of therapies may avoid or reduce adverse or unwanted side effects associated with the use of any single therapy.

[0098] As used herein, the terms "treat," "treating" and "treatment" refer to the eradication, reduction or amelioration of symptoms of a disease or disorder such as a B cell associated disease or disorder. In certain embodiments, such terms refer to the minimizing or

delaying the spread of or worsening of disease by administering one or more therapeutic agents to a subject with such a disease. In other embodiments, such terms refer to elimination of disease causing cells.

[0099] As used herein, the term "in combination" refers to the use of more than one prophylactic and/or therapeutic agents, such as anti FcγRIIB antibodies and anti CD20 antibodies. The use of the term "in combination" does not restrict the order in which prophylactic and/or therapeutic agents are administered to a subject with a disorder, *e.g.*, a B cell disorder. A first prophylactic or therapeutic agent can be administered prior to (*e.g.*, 1 minute, 5 minutes, 15 minutes, 30 minutes, 45 minutes, 1 hour, 2 hours, 4 hours, 6 hours, 12 hours, 24 hours, 48 hours, 72 hours, 96 hours, 1 week, 2 weeks, 3 weeks, 4 weeks, 5 weeks, 6 weeks, 8 weeks, or 12 weeks before), concomitantly with, or subsequent to (*e.g.*, 1 minute, 5 minutes, 15 minutes, 30 minutes, 45 minutes, 1 hour, 2 hours, 4 hours, 6 hours, 12 hours, 24 hours, 48 hours, 72 hours, 96 hours, 1 week, 2 weeks, 3 weeks, 4 weeks, 5 weeks, 6 weeks, 8 weeks, or 12 weeks after) the administration of a second prophylactic or therapeutic agent to a subject which had, has, or is susceptible to a disorder. The prophylactic or therapeutic agents are administered to a subject in a sequence and within a time interval such that the agent of the invention can act together with the other agent to provide an increased benefit than if they were administered otherwise. Any additional prophylactic or therapeutic agent can be administered in any order with the other additional prophylactic or therapeutic agents.

4. BRIEF DESCRIPTION OF THE DRAWINGS

[00100] The patent or application file contains at least one drawing executed in color. Copies of this patent or patent application publication with color drawing(s) will be provided by the Office upon request and payment of the necessary fee.

[00101] **FIGS. 1A-1C:** Monoclonal anti FcγRIIB antibodies and CD20 co-stain of human B lymphocytes. Cells from human blood ("buffy coat") were stained with anti-CD20-FITC conjugated antibody, to select the B lymphocytes population, as well as 3H7 and 2B6. The bound anti-FcγRIIB antibodies were detected with a goat anti-mouse-PE conjugated antibody. A. Cells were co-stained with anti-CD20-FITC antibody and mouse IgG1 isotype control. B. Cells were co-stained with anti-CD20-FITC antibody and 3H7 antibody. C. Cells were co-stained with anti-CD20-FITC antibody and 2B6 antibody.

[00102] **FIG. 2:** Depicts cytotoxicity of therapeutic antibodies in the presence of 2B6 antibodies of the present application (percent specific lysis relative to antibody concentration in ng/ml).

[00103] **FIGS. 3A-3G:** Effect of RITUXAN[®] and 2B6 variants on tumor growth in mice. A: Rituximab. B: ch2B6, ch2B6 N297Q, h2B6, and h2B6 YA. C: h2B6YA. D: h2B6YA 31/60. E: h2B6YA 38/60. F: h2B6YA 55/60. G: h2B6YA 71.

[00104] **FIGS. 4A-4I:** Ex vivo staining of Daudi for CD20 and CD32B. Daudi tumors were collected from mice treated with h2B6 (B, E, H) or h2B6YA (C, F, I). CD20 (G, H, I) and CD32B (D, E, F) expression was compared with those of Daudi cells expanded *in vitro* (A, D, G).

[00105] **FIG. 5:** Expression of surface membrane markers on B-CLL cells from five different patients. PBMCs from patients diagnosed with B-CLL were isolated by using Ficoll-Paque[™] density gradient centrifugation and analyzed for expression of CD32B together with CD3, CD19, CD20 or CD5 (last three patients). Cells were stained using 2B6 antibody to detect CD32B followed by F(ab)'2 fragments of Cy5-labeled goat anti mouse IgG, and CD3, and counter-stained with directly FITC or PE-labeled mouse antibodies against CD19, CD20, or CD5. Stained cells were analyzed by FACSCalibur[™] (Becton Dickinson).

[00106] **FIGS. 6A-6B:** Immunohistochemical staining of Daudi B Cells. A: Anti-CD32B antibody; 40x magnification. B: Anti-CD20 antibody; 40x magnification.

[00107] **FIGS. 7A-7C:** Immunohistochemical staining of normal tonsil tissue. A: H-E staining; 10x magnification. A portion of a crypt (small arrow) and lymphatic nodules with germinal centers (long arrow) was seen. B: Anti-CD32B; 40x magnification. Positive cells in the follicles surrounding germinal centers. C: Anti-CD20; 40x magnification. Lymphatic follicles showed germinal center cells reacting with anti-CD20.

[00108] **FIGS. 8A-8C:** Immunohistochemical staining of normal lymph nodes. A: H-E staining; 4x magnification. Some lymphatic follicles with germinal centers were seen. B: Anti-CD32B; 4x magnification. Germinal centers were circumscribed by a ring of positive cells for CD32B. C: Anti-CD20; 4x magnification. Cells in the germinal centers reacted with anti-CD20.

[00109] **FIGS. 9A-9B:** Effect of a higher dose combined therapy comprising an anti-FcγRIIB antibody and anti-CD20 antibody on tumor growth in mice. A: Tumor volume in a xenograft B-lymphoma model after treatment with 30 μg/g body weight of FcγRIIB Ab alone, CD20 Ab alone, or a combination of FcγRIIB Ab + CD20 Ab. The FcγRIIB Ab + CD20 Ab combination was synergistic and reduced the tumor volume more dramatically than either antibody alone. B: The % of responders (complete responders (CR) + partial responders (PR)) over the course of the study. A synergistic combination of FcγRIIB Ab + CD20 Ab resulted in 100% (complete (CR) + partial (PR)) responders by day 21.

[00110] **FIGS. 10A – 10B:** Effect of a lower dose combined therapy comprising an anti-FCγRIIB antibody and anti-CD20 antibody on tumor growth in mice. A: Tumor volume in a xenograft B-lymphoma model after treatment with 1 μg/g body weight of CD20 Ab alone, FcγRIIB Ab alone, or a combination of FcγRIIB Ab + CD20 Ab. The FcγRIIB Ab + CD20 Ab combination was synergistic and reduced the tumor volume more dramatically than either antibody alone. B: The % of responders over the course of the study. A synergistic combination of FcγRIIB Ab + CD20 Ab resulted in 100% (complete (CR) + partial (PR)) responders by day 49.

[00111] **FIG. 11:** Depiction of the 8B5.3.4 VL nucleotide and amino acid sequence (SEQ ID NOS: 74 and 72, respectively).

[00112] **FIG. 12:** Depiction of the of the 8B5.3.4 VH nucleotide and amino acid sequence (SEQ ID NOS: 73 and 71, respectively).

5. DESCRIPTION OF THE PREFERRED EMBODIMENTS

5.1 FcγRIIB-SPECIFIC AND CD-20 SPECIFIC ANTIBODIES

[00113] The present invention encompasses methods and compositions comprising combinations of antibodies, wherein a first antibody in the combination is an anti-CD20 antibody (preferably a monoclonal antibody) or an antigen binding fragment thereof, and wherein a second antibody in the combination is an antibody (preferably a monoclonal antibody) or fragment thereof that specifically binds FcγRIIB, preferably human FcγRIIB, more preferably native human FcγRIIB with a greater affinity than said second antibody or fragment thereof binds FcγRIIA, preferably human FcγRIIA, more preferably native human FcγRIIA. Representative FcγRIIB antibodies are disclosed in U.S. Patent Application Nos. 2004-0185045; 2005-0260213; and 2006-0013810.

[00114] The present invention encompasses the administration of (a) a FcγRIIB-specific antibody, an analog, derivative or an antigen-binding fragment thereof (*e.g.*, one or more CDRs of a FcγRIIB-specific antibody) and (b) a CD20 antibody, an analog derivative or an antigen binding fragment thereof (*e.g.*, one or more CDRs of a CD20 antibody) in the prevention, treatment, management or amelioration of a diseases, such as cancer, in particular, a B cell malignancy, or one or more symptoms thereof. Preferably, the FcγRIIB antibodies of the combination bind the extracellular domain of native human FcγRIIB. In certain embodiments, the FcγRIIB antibodies or fragments thereof in the combination bind to FcγRIIB with an affinity greater than two-fold, four fold, 6 fold, 10 fold, 20 fold, 50 fold, 100 fold, 1000 fold, 10⁴ fold, 10⁵ fold, 10⁶ fold, 10⁷ fold, or 10⁸ fold than said antibodies or fragments thereof bind FcγRIIA. In yet other embodiments, the invention encompasses the use of combinations of CD20

antibodies and FcγRIIB antibodies, wherein the FcγRIIB antibodies bind exclusively to FcγRIIB and have no affinity for FcγRIIA using standard methods known in the art and disclosed herein. In a preferred embodiment, the CD20 and/or FcγRIIB antibodies are human or humanized.

[00115] In certain embodiments, the invention relates to a combination of a CD20 antibody and an isolated FcγRIIB antibody or a fragment thereof that specifically binds FcγRIIB with a greater affinity than said FcγRIIB antibody or fragment thereof binds FcγRIIA, wherein the constant domain of said FcγRIIB antibody further has an enhanced affinity for at least one or more Fc activation receptors. In yet another specific embodiment, said Fc activation receptor is FcγRIII.

[00116] In some embodiments, the FcγRIIB antibodies in the combination derivative or an antigen binding fragment thereof (*e.g.*, one or more CDRs of a CD20 antibody) do not bind Fc activation receptors, *e.g.*, FcγIIIA, FcγIIIB, *etc.* In one embodiment, the FcγRIIB-specific antibody in the combination is not the monoclonal antibody designated KB61, as disclosed in Pulford *et al.*, 1986 (Immunology, 57: 71-76) or the monoclonal antibody designated MAbII8D2 as disclosed in Weinrich *et al.*, 1996, (Hybridoma, 15(2):109-6). In a specific embodiment, a FcγRIIB-specific antibody in the combination does not bind to the same epitope and/or does not compete with binding with the monoclonal antibody KB61 or II8D2. In one embodiment, the FcγRIIB-specific antibody of the combination does not bind the amino acid sequence SDPNFSI corresponding to positions 135-141 of FcγRIIb2 isoform.

[00117] In one embodiment, the FcγRIIB antibody or a fragment thereof of the combinations of the invention blocks the IgG binding site of FcγRIIB and blocks the binding of aggregated labeled IgGs to FcγRIIB in, for example, a blocking ELISA assay. In one particular embodiment, said FcγRIIB antibody or a fragment thereof blocks the binding of aggregated labeled IgGs in an ELISA blocking assay by at least 50%, 60%, 70%, 80%, 90%, 95%, 99%, or 99.9%. In yet another particular embodiment, the FcγRIIB antibody or a fragment thereof of a combination of the invention completely blocks the binding of said aggregated labeled IgG in said ELISA assay.

[00118] In some embodiments, an FcγRIIB antibody or a fragment thereof of the combination of the invention blocks the IgG binding site of FcγRIIB and blocks the binding of aggregated labeled IgG to FcγRIIB, as determined by a double-staining FACS assay.

[00119] In one embodiment, the FcγRIIB antibodies in the combination modulate (*i.e.*, agonize or antagonize) the activity of FcγRIIB. In some embodiments, the FcγRIIB antibodies of the combinations of the invention agonize at least one activity of FcγRIIB, *i.e.*, elicit signaling. Although not intending to be bound by any mechanism of action, agonistic FcγRIIB antibodies of

the combinations of the invention may mimic clustering of FcγRIIB leading to dampening of the activating response to FcγR ligation and inhibition of cellular responsiveness.

[00120] In a particular embodiment, the FcγRIIB antibodies of the combination with a CD20 antibody, or fragments thereof agonize at least one activity of FcγRIIB. In one embodiment of the invention, said activity is inhibition of B cell receptor-mediated signaling. In another embodiment, the agonistic FcγRIIB antibodies of the combination inhibit activation of B cells, B cell proliferation, antibody production, intracellular calcium influx of B cells, cell cycle progression, or activity of one or more downstream signaling molecules in the FcγRIIB signal transduction pathway. In yet another embodiment, the agonistic FcγRIIB antibodies of the combination enhance phosphorylation of FcγRIIB or SHIP recruitment. In a further embodiment of the invention, the FcγRIIB agonistic antibodies of the combination inhibit MAP kinase activity or Akt recruitment in the B cell receptor-mediated signaling pathway. In another embodiment, the FcγRIIB agonistic antibodies of the combination agonize FcγRIIB-mediated inhibition of FcεRI signaling.

[00121] In some embodiment, antibodies of the combinations of the invention inhibit FcεRI-induced mast cell activation. In one embodiment, the anti-FcγRIIB antibodies of the combinations of the invention inhibit FcγRIIA-mediated macrophage activation in monocytic cells. In other embodiments, the anti-FcγRIIB antibodies of the combinations of the invention inhibit B cell receptor mediated signaling.

[00122] In a particular embodiment, the FcγRIIB antibodies of the combinations of the invention inhibit FcεRI-induced mast cell activation, calcium mobilization, degranulation, cytokine production, or serotonin release. In another embodiment, the FcγRIIB agonistic antibodies of the combinations stimulate phosphorylation of FcγRIIB, stimulate recruitment of SHIP, stimulate SHIP phosphorylation and its association with Shc, or inhibit activation of MAP kinase family members (*e.g.*, Erk1, Erk2, JNK, p38, *etc.*). In yet another embodiment, the FcγRIIB agonistic antibodies of the combination enhance tyrosine phosphorylation of p62dok and its association with SHIP and rasGAP. In another embodiment, the agonistic antibodies of the invention inhibit FcγR-mediated phagocytosis in monocytes or macrophages.

[00123] In another embodiment, the FcγRIIB antibodies of the combinations of the invention antagonize at least one activity of FcγRIIB, *i.e.*, block signaling. For example, the FcγRIIB antibodies of the combinations of the invention block the binding of aggregated IgGs to FcγRIIB.

[00124] In some embodiments, the FcγRIIB antibodies of the combination with a CD20 antibody, or fragments thereof antagonize at least one activity of FcγRIIB. In one embodiment,

said activity is activation of B cell receptor-mediated signaling. In a particular embodiment, the FcγRIIB antagonistic antibodies of the combination enhance B cell activity, B cell proliferation, antibody production, intracellular calcium influx, or activity of one or more downstream signaling molecules in the FcγRIIB signal transduction pathway. In yet another particular embodiment, the FcγRIIB antagonistic antibodies of the combination decrease phosphorylation of FcγRIIB or SHIP recruitment. In a further embodiment, the FcγRIIB antagonistic antibodies of the combination enhance MAP kinase activity or Akt recruitment in the B cell receptor mediated signaling pathway. In another embodiment, the antagonistic FcγRIIB antibodies of the combination antagonize FcγRIIB-mediated inhibition of FcεRI signaling. In a particular embodiment, the FcγRIIB antagonistic antibodies of the combination enhance FcεRI-induced mast cell activation, calcium mobilization, degranulation, cytokine production, or serotonin release. In another embodiment, the FcγRIIB antagonistic antibodies of the combination inhibit phosphorylation of FcγRIIB, inhibit recruitment of SHIP, inhibit SHIP phosphorylation and its association with Shc, enhance activation of MAP kinase family members (*e.g.*, Erk1, Erk2, JNK, p38, *etc.*). In yet another embodiment, the FcγRIIB antagonistic antibodies of the combination inhibit tyrosine phosphorylation of p62dok and its association with SHIP and rasGAP. In another embodiment, the FcγRIIB antagonistic antibodies of the combination enhance FcγR-mediated phagocytosis in monocytes or macrophages. In another embodiment, the FcγRIIB antagonistic antibodies of the combination prevent phagocytosis, clearance of opsonized particles by splenic macrophages.

[00125] FcγRIIB and/or CD20 antibodies used in the combinations of the invention include, but are not limited to, monoclonal antibodies, synthetic antibodies, recombinantly produced antibodies, multispecific antibodies, human antibodies, humanized antibodies, chimeric antibodies, camelized antibodies, single-chain Fvs (scFv), single chain antibodies, Fab fragments, F(ab') fragments, disulfide-linked Fvs (sdFv), intrabodies, and epitope-binding fragments of any of the above, and each FcγRIIB or CD20 antibody may be independently selected as such. In particular, antibodies used in the combination compositions and methods of the present invention include immunoglobulin molecules and immunologically active portions of immunoglobulin molecules. For example, in some embodiments, the FcγRIIB antibody contains an antigen binding site that immunospecifically binds to FcγRIIB with greater affinity than said immunoglobulin molecule binds FcγRIIA. Antibody analogs may also include FcγRIIB-specific T cell receptors, for example, chimeric T cell receptors (see, *e.g.*, U.S. Patent Application Publication No. 2004-0043401), a single-chain T cell receptor linked to a single-chain antibody

(see, *e.g.*, U.S. Patent No. 6,534,633), and protein scaffolds (see, *e.g.*, U.S. Patent No. 6,818,418).

[00126] The FcγRIIB and/or CD20 antibodies used in the compositions and methods of the invention can be from any animal origin including birds and mammals (*e.g.*, human, non-human primate, murine, donkey, sheep, rabbit, goat, guinea pig, camel, horse, or chicken). Preferably, the antibodies are human or humanized monoclonal antibodies. As used herein, "human" antibodies include antibodies having the amino acid sequence of a human immunoglobulin and include antibodies isolated from human immunoglobulin libraries or libraries of synthetic human immunoglobulin coding sequences or from mice that express antibodies from human genes.

[00127] The FcγRIIB and/or CD20 antibodies used in the compositions and methods of the present invention can be monospecific, bispecific, trispecific or of greater multispecificity. For example, FcγRIIB multispecific antibodies may immunospecifically bind to different epitopes of FcγRIIB or immunospecifically bind to both an epitope of FcγRIIB as well a heterologous epitope, such as a heterologous polypeptide or solid support material. See, *e.g.*, International Publication Nos. WO 93/17715, WO 92/08802, WO 91/00360, and WO 92/05793; Tutt, *et al.*, 1991, *J. Immunol.* 147:60-69; U.S. Patent Nos. 4,474,893, 4,714,681, 4,925,648, 5,573,920, and 5,601,819; and Kostelny *et al.*, 1992, *J. Immunol.* 148:1547-1553; Todorovska *et al.*, 2001 *Journal of Immunological Methods*, 248:47-66.

[00128] In particular embodiments, the antibodies of the invention are multi-specific with specificities for FcγRIIB and for CD20.

[00129] In one particular embodiment, an FcγRIIB antibody used in combination with a CD20 antibody is derived from a mouse monoclonal antibody produced by clone 2B6, 3H7, or 8B5.3.4, having ATCC accession numbers PTA-4591, PTA-4592, and PTA-7610, respectively. Hybridomas producing antibodies 2B6, 3H7, and 8B5.3.4 have been deposited with the American Type Culture Collection (10801 University Blvd., Manassas, VA. 20110-2209) on August 13, 2002 (2B6 and 3H7) and May 23, 2006 (8B5.3.4) under the provisions of the Budapest Treaty on the International Recognition of the Deposit of Microorganisms for the Purposes of Patent Procedures, and assigned accession numbers PTA-4591 (for hybridoma producing 2B6), PTA-4592 (for hybridoma producing 3H7), and PTA-7610 (for hybridoma producing 8B5.3.4) respectively. In a specific embodiment, the combinations comprise a CD20 antibody and an FcγRIIB antibody with the heavy chain having the amino acid sequence of SEQ ID NO: 28 or SEQ ID NO: 70 and the light chain having the amino acid sequence of SEQ ID NO: 26 or SEQ ID NO: 66. In a specific embodiment, the combinations comprise a CD20 antibody and an FcγRIIB antibody with the

heavy chain having the amino acid sequence of SEQ ID NO: 68 and the light chain having the amino acid sequence of SEQ ID NO: 62. In one embodiment, the combinations comprise a CD20 antibody and an FcγRIIB antibody with the heavy chain having the amino acid sequence of SEQ ID NO: 71 and the light chain having the amino acid sequence of SEQ ID NO: 72. In a preferred embodiment, the FcγRIIB antibodies of the combination are human or have been humanized, preferably a humanized version of the antibody produced by clone 3H7, 2B6, or 8B5.3.4.

[00130] The invention also encompasses the use of other FcγRIIB antibodies in combination with a CD20 antibody, preferably monoclonal antibodies or fragments thereof that specifically bind FcγRIIB, preferably human FcγRIIB, more preferably native human FcγRIIB, that are derived from clones including but not limited to 1D5, 2E1, 2H9, 2D11, and 1F2 having ATCC Accession numbers, PTA-5958, PTA-5961, PTA-5962, PTA-5960, and PTA-5959, respectively. Hybridomas producing the above-identified clones were deposited under the provisions of the Budapest Treaty with the American Type Culture Collection (10801 University Blvd., Manassas, VA. 20110-2209) on May 7, 2004. In preferred embodiments, the antibodies described above are chimerized or humanized.

[00131] In a specific embodiment, an FcγRIIB antibody used in combination with a CD20 antibody in the compositions and methods of the present invention is an antibody or an antigen-binding fragment thereof (*e.g.*, comprising one or more complementarily determining regions (CDRs), preferably all 6 CDRs) of the antibody produced by clone 2B6, 3H7, or 8B5.3.4 with ATCC accession numbers PTA-4591, PTA-4592, and PTA-7610, respectively (*e.g.*, the heavy chain CDR3). In a specific embodiment, an FcγRIIB antibody used in combination with a CD20 antibody in the compositions and methods of the present invention is an antibody or an antigen-binding fragment thereof (*e.g.*, comprising one or more complementarily determining regions (CDRs), preferably all 6 CDRs) of the antibody produced by clone 1D5, 2E1, 2H9, 2D11, and 1F2 having ATCC Accession numbers, PTA-5958, PTA-5961, PTA-5962, PTA-5960, and PTA-5959, respectively (*e.g.*, the heavy chain CDR3). In another embodiment, an FcγRIIB antibody used in combination with a CD20 antibody in the compositions and methods of the present invention binds to the same epitope as the mouse monoclonal antibody produced from clone 2B6, 3H7, or 8B5.3.4 with ATCC accession numbers PTA-4591, PTA-4592, and PTA-7610, respectively and/or competes with the mouse monoclonal antibody produced from clone 2B6, 3H7, or 8B5.3.4 with ATCC accession numbers PTA-4591, PTA-4592, and PTA-7610, respectively as determined, *e.g.*, in an ELISA assay or other appropriate competitive immunoassay, and also binds FcγRIIB with a greater affinity than said antibody or a fragment

thereof binds FcγRIIA. In another embodiment, an FcγRIIB antibody used in combination with a CD20 antibody in the compositions and methods of the present invention binds to the same epitope as the mouse monoclonal antibody produced from clone 1D5, 2E1, 2H9, 2D11, and 1F2 having ATCC Accession numbers, PTA-5958, PTA-5961, PTA-5962, PTA-5960, and PTA-5959, respectively, and/or competes with the mouse monoclonal antibody produced from clone 1D5, 2E1, 2H9, 2D11, and 1F2 having ATCC Accession numbers, PTA-5958, PTA-5961, PTA-5962, PTA-5960, and PTA-5959, respectively, as determined, *e.g.*, in an ELISA assay or other appropriate competitive immunoassay, and also binds FcγRIIB with a greater affinity than said antibody or a fragment thereof binds FcγRIIA.

[00132] The present invention also encompasses combinations of a CD20 antibody and one or more FcγRIIB antibodies or fragments thereof comprising an amino acid sequence of a variable heavy chain and/or variable light chain that is at least 45%, at least 50%, at least 55%, at least 60%, at least 65%, at least 70%, at least 75%, at least 80%, at least 85%, at least 90%, at least 95%, or at least 99% identical to the amino acid sequence of the variable heavy chain and/or light chain of the mouse monoclonal antibody produced by clone 2B6, 3H7, 8B5.3.4, 1D5, 2E1, 2H9, 2D11, or 1F2 having ATCC accession numbers PTA-4591, PTA-4592, PTA-7610, PTA-5958, PTA-5961, PTA-5962, PTA-5960, and PTA-5959, respectively. The present invention further encompasses combinations of a CD20 antibody and one or more FcγRIIB antibodies or fragments thereof that specifically bind FcγRIIB with greater affinity than said antibody or fragment thereof binds FcγRIIA, said FcγRIIB antibodies or antibody fragments comprising an amino acid sequence of one or more CDRs that is at least 45%, at least 50%, at least 55%, at least 60%, at least 65%, at least 70%, at least 75%, at least 80%, at least 85%, at least 90%, at least 95%, or at least 99% identical to the amino acid sequence of one or more CDRs of the mouse monoclonal antibody produced by clone 2B6, 3H7, 8B5.3.4, 1D5, 2E1, 2H9, 2D11, or 1F2 having ATCC accession numbers PTA-4591, PTA-4592, PTA-7610, PTA-5958, PTA-5961, PTA-5962, PTA-5960, and PTA-5959, respectively. The determination of percent identity of two amino acid sequences can be determined by any method known to one skilled in the art, including BLAST protein searches.

[00133] The present invention also encompasses the use of combinations of a CD20 antibody and/or one or more FcγRIIB antibodies or antibody fragments that specifically bind FcγRIIB with greater affinity than said antibodies or fragments thereof binds FcγRIIA, wherein said FcγRIIB antibodies or antibody fragments are encoded by a nucleotide sequence that hybridizes to the nucleotide sequence of the mouse monoclonal antibody produced by clone 2B6, 3H7, 8B5.3.4, 1D5, 2E1, 2H9, 2D11, or 1F2 having ATCC accession numbers PTA-4591, PTA-

4592, PTA-7610, PTA-5958, PTA-5961, PTA-5962, PTA-5960, and PTA-5959, respectively, under stringent conditions. In a preferred embodiment, the invention provides combinations of a CD20 antibody and/or one or more FcγRIIB antibodies or fragments thereof that specifically bind FcγRIIB with greater affinity than said antibodies or fragments thereof bind FcγRIIA, said FcγRIIB antibodies or antibody fragments comprising a variable light chain and/or variable heavy chain encoded by a nucleotide sequence that hybridizes under stringent conditions to the nucleotide sequence of the variable light chain and/or variable heavy chain of the mouse monoclonal antibody produced by clone 2B6, 3H7, 8B5.3.4, 1D5, 2E1, 2H9, 2D11, or 1F2 having ATCC accession numbers PTA-4591, PTA-4592, PTA-7610, PTA-5958, PTA-5961, PTA-5962, PTA-5960, and PTA-5959, respectively, under stringent conditions. In another preferred embodiment, the invention provides combinations of a CD antibody and/or one or more FcγRIIB antibodies or fragments thereof that specifically bind FcγRIIB with greater affinity than said antibodies or fragments thereof bind FcγRIIA, said FcγRIIB antibodies or antibody fragments comprising one or more CDRs encoded by a nucleotide sequence that hybridizes under stringent conditions to the nucleotide sequence of one or more CDRs of the mouse monoclonal antibody produced by clone 2B6, 3H7, 8B5.3.4, 1D5, 2E1, 2H9, 2D11, or 1F2 having ATCC accession numbers PTA-4591, PTA-4592, PTA-7610, PTA-5958, PTA-5961, PTA-5962, PTA-5960, and PTA-5959, respectively. Stringent hybridization conditions include, but are not limited to, hybridization to filter-bound DNA in 6X sodium chloride/sodium citrate (SSC) at about 45°C followed by one or more washes in 0.2X SSC/0.1% SDS at about 50-65°C, highly stringent conditions such as hybridization to filter-bound DNA in 6X SSC at about 45°C followed by one or more washes in 0.1X SSC/0.2% SDS at about 60°C, or any other stringent hybridization conditions known to those skilled in the art (see, for example, Ausubel, F.M. *et al.*, eds. 1989 Current Protocols in Molecular Biology, vol. 1, Green Publishing Associates, Inc. and John Wiley and Sons, Inc., NY at pages 6.3.1 to 6.3.6 and 2.10.3).

[00134] The methods and compositions of the invention also include combinations of one or more FcγRIIB antibodies or fragments thereof and one or more antibodies that specifically bind CD20. For example, the anti-CD20 antibody may be rituximab (2B8, commercial name RITUXAN® (IDEC/Genentech; Roche/Zetkyaku; Xoma) (see International Patent Application Publication No. WO 02/096948 (heavy chain being SEQ ID NO:4 and light chain SEQ ID NO: 6 of that publication and NCBI accession Nos. AX556949 and AX709550, which are deposits of plasmids encoding the heavy and light chains, respectively; U.S. Patent No. 5,736,137; U.S. Application Publication No. 2003-0219433),

or any analogs, derivatives, variants or antigen-binding fragments thereof of the above-referenced antibodies (*e.g.*, one or more CDRs of a CD20-specific antibody), including chimeric, humanized or other engineered versions thereof, fully human versions thereof, and/or Fc variants thereof. The anti-CD20 antibody may also be derived from the mouse-human chimeric anti-CD20 monoclonal antibody 2H7 (see Liu *et al.*, J. Immunol. 139: 3521-3526, 1987; Clark *et al.* (1985) *Proc. Natl. Acad. Sci. USA* 82:1766; U.S. Patent No. 5,500,400; U.S. Application Publication Nos. 2006-0024300 and 2006-0034835), 1F5 (Clark *et al.* (1985) *Proc. Natl. Acad. Sci. USA* 82:1766; Press *et al.* (1987) *Blood* 69:584), or any analogs, derivatives, variants or antigen-binding fragments thereof of the above-referenced antibodies (*e.g.*, one or more CDRs of a CD20-specific antibody), including chimeric, humanized or other engineered versions thereof, fully human versions thereof, and/or Fc variants thereof. Other exemplary anti-CD20 antibodies that may be used in the combination therapies of the invention include, 1F5 (Clark *et al.* (1985) *Proc. Natl. Acad. Sci. USA* 82:1766; Press *et al.* (1987) *Blood* 69:584), B1 (Nadler *et al.* (1981) *J. Clin. Invest.* 67:134), ibritumomab (commercial name ZEVALINTM (IDEC/Schering AG)), or tositumomab (commercial name BEXXAR[®], Glaxo-SmithKline; Corixa); a CD20 antibody as described in U.S. Application Publication Nos. 2005-0025764, WO 05/000901, WO 04/035607, or WO 05/103081), or any analogs, derivatives, variants or antigen-binding fragments thereof of the above-referenced antibodies (*e.g.*, one or more CDRs of a CD20-specific antibody), including chimeric, humanized or other engineered versions thereof, fully human versions thereof, and/or Fc variants thereof.

[00135] As those skilled in the art will appreciate, any one or more FcγRIIB antibodies disclosed herein may be used in combination with any one or more CD20 antibodies disclosed herein for the compositions and methods of the invention.

[00136] The constant domains of the FcγRIIB and/or CD20 antibodies may be selected with respect to the proposed function of the antibody, in particular with regard to the effector function which may be required. In some embodiments, the constant domains of the antibodies are human IgA, IgE, IgG or IgM domains.

[00137] The FcγRIIB and/or CD20 antibodies used in the compositions and methods of the invention include derivatives that are modified, *i.e.*, by the covalent attachment of any type of molecule to the antibody such that covalent attachment. For example, but not by way of limitation, the antibody derivatives include antibodies that have been modified, *e.g.*, by

glycosylation, acetylation, pegylation, phosphorylation, amidation, derivatization by known protecting/blocking groups, proteolytic cleavage, linkage to a cellular ligand or other protein, *etc.* Any of numerous chemical modifications may be carried out by known techniques, including, but not limited to, specific chemical cleavage, acetylation, formylation, metabolic synthesis of tunicamycin, *etc.* Additionally, the derivative may contain one or more non-classical amino acids.

[00138] Further, the FcγRIIB and/or CD20 antibodies of the invention can, in turn, be utilized to generate anti-idiotypic antibodies using techniques well known to those skilled in the art. (See, *e.g.*, Greenspan & Bona, 1989, FASEB J. 7:437-444; and Nissinoff, 1991, J. Immunol. 147:2429-2438). The invention provides methods employing the use of polynucleotides comprising a nucleotide sequence encoding an antibody of the invention or a fragment thereof.

[00139] The present invention encompasses FcγRIIB and/or CD20 single domain antibodies, including camelized single domain antibodies (See *e.g.*, Muyldermans *et al.*, 2001, Trends Biochem. Sci. 26:230; Nuttall *et al.*, 2000, Cur. Pharm. Biotech. 1:253; Reichmann and Muyldermans, 1999, J. Immunol. Meth. 231:25; International Publication Nos. WO 94/04678 and WO 94/25591; U.S. Patent No. 6,005,079). In one embodiment, the present invention provides FcγRIIB and/or CD20 single domain antibodies comprising two VH domains with modifications such that single domain antibodies are formed.

[00140] The compositions and methods of the present invention also encompass the use of FcγRIIB and/or CD20 antibodies or fragments thereof in combination, wherein the FcγRIIB antibody and/or CD20 antibody have half-lives (*e.g.*, serum half-lives) in a mammal, preferably a human, of greater than 15 days, preferably greater than 20 days, greater than 25 days, greater than 30 days, greater than 35 days, greater than 40 days, greater than 45 days, greater than 2 months, greater than 3 months, greater than 4 months, or greater than 5 months. The increased half-lives of the FcγRIIB and/or CD20 antibodies in the combinations of the invention, or fragments thereof, in a mammal, preferably a human, results in a higher serum titer of said antibodies or antibody fragments in the mammal, and thus, reduces the frequency of the administration of said antibodies or antibody fragments and/or reduces the concentration of said antibodies or antibody fragments to be administered. FcγRIIB and/or CD20 antibodies or fragments thereof having increased *in vivo* half-lives can be generated by techniques known to those of skill in the art. For example, antibodies or fragments thereof with increased *in vivo* half-lives can be generated by modifying (*e.g.*, substituting, deleting or adding) amino acid residues identified as involved in the interaction between the Fc domain and the FcRn receptor. The

FcγRIIB and/or CD20 antibodies in the combinations of the invention may be engineered by methods described in Ward *et al.* to increase biological half-lives (See U.S. Patent No. 6,277,375 B1). For example, FcγRIIB and/or CD20 antibodies in the combinations of the invention may be engineered in the Fc-hinge domain to have increased *in vivo* or serum half-lives.

[00141] FcγRIIB and/or CD20 antibodies or fragments thereof with increased *in vivo* half-lives can be generated by attaching to said antibodies or antibody fragments polymer molecules such as high molecular weight polyethyleneglycol (PEG). PEG can be attached to said antibodies or antibody fragments with or without a multifunctional linker either through site-specific conjugation of the PEG to the N- or C- terminus of said antibodies or antibody fragments or via epsilon-amino groups present on lysine residues. Linear or branched polymer derivatization that results in minimal loss of biological activity will be used. The degree of conjugation will be closely monitored by SDS-PAGE and mass spectrometry to ensure proper conjugation of PEG molecules to the antibodies. Unreacted PEG can be separated from antibody-PEG conjugates by, *e.g.*, size exclusion or ion-exchange chromatography.

[00142] The FcγRIIB and/or CD20 antibodies in the combinations of the invention can also be modified by the methods and coupling agents described by Davis *et al.* (See U.S. Patent No. 4,179,337) in order to provide compositions that can be injected or otherwise administered into the mammalian circulatory system with substantially no immunogenic response.

[00143] The present invention also encompasses the use of FcγRIIB and/or CD20 antibodies or antibody fragments comprising the amino acid sequence of any of the FcγRIIB and/or CD20 antibodies, respectively, with mutations (*e.g.*, one or more amino acid substitutions) in the framework or CDR regions. Preferably, mutations in these antibodies maintain or enhance the avidity and/or affinity of the antibodies for FcγRIIB or CD20 to which they immunospecifically bind. Standard techniques known to those skilled in the art (*e.g.*, immunoassays) can be used to assay the affinity of an antibody for a particular antigen.

[00144] The invention further encompasses methods of modifying an effector function of an FcγRIIB or CD20 antibody of the combination, wherein the method comprises modifying the carbohydrate content of the antibody using the methods disclosed herein or known in the art.

[00145] Standard techniques known to those skilled in the art can be used to introduce mutations in the nucleotide sequence encoding an antibody, or fragment thereof, including, *e.g.*, site-directed mutagenesis and PCR-mediated mutagenesis, which results in amino acid substitutions. Preferably, the derivatives include less than 15 amino acid substitutions, less than 10 amino acid substitutions, less than 5 amino acid substitutions, less than 4 amino acid substitutions, less than 3 amino acid substitutions, or less than 2 amino acid substitutions relative

to the original antibody or fragment thereof. In a preferred embodiment, the derivatives have conservative amino acid substitutions made at one or more predicted non-essential amino acid residues.

[00146] For some uses, including *in vivo* use of FcγRIIB and/or CD20 antibodies in humans and *in vitro* detection assays, it may be preferable to use human, chimeric or humanized antibodies. Completely human antibodies are particularly desirable for therapeutic treatment of human subjects. Human antibodies can be made by a variety of methods known in the art including phage display methods described above using antibody libraries derived from human immunoglobulin sequences. See also U.S. Patent Nos. 4,444,887 and 4,716,111; and International Publication Nos. WO 98/46645, WO 98/50433, WO 98/24893, WO 98/16654, WO 96/34096, WO 96/33735, and WO 91/10741.

5.1.1 Humanized antibodies

[00147] In preferred embodiments, the FcγRIIB antibody is a humanized antibody, the CD20 antibody is a humanized antibody, or both the FcγRIIB antibody and CD20 antibody are humanized antibodies. A humanized antibody is an antibody, a variant or a fragment thereof which is capable of binding to a predetermined antigen and which comprises a framework region having substantially the amino acid sequence of a human immunoglobulin and a CDR having substantially the amino acid sequence of a non-human immunoglobulin. A humanized FcγRIIB specific antibody or humanized CD20-specific antibody may comprise substantially all of at least one, and typically two, variable domains in which all or substantially all of the CDR regions correspond to those of a non-human immunoglobulin (*i.e.*, donor antibody) and all or substantially all of the framework regions are those of a human immunoglobulin consensus sequence. Preferably, a humanized FcγRIIB and/or CD20 antibody also comprises at least a portion of an immunoglobulin constant region (Fc), typically that of a human immunoglobulin. The constant domains of the humanized antibodies may be selected with respect to the proposed function of the antibody, in particular the effector function which may be required. In some embodiments, the constant domains of the humanized antibodies are human IgA, IgE, IgG or IgM domains. In a specific embodiment, human IgG constant domains, especially of the IgG1 and IgG3 isotypes are used, when the humanized antibodies are intended for therapeutic uses and antibody effector functions are needed. In alternative embodiments, IgG2 and IgG4 isotypes are used when the humanized antibody is intended for therapeutic purposes and antibody effector function is not required. Humanized FcγRIIB specific antibodies that can be used in the combinations of the invention with an anti-CD20 antibody are disclosed in U.S. Application

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[00148] In some embodiments, the antibody contains both the light chain as well as at least the variable domain of a heavy chain. In other embodiments, the antibody may further comprise one or more of the CH1, hinge, CH2, CH3, and CH4 regions of the heavy chain. The humanized antibody can be selected from any class of immunoglobulins, including IgM, IgG, IgD, IgA and IgE, and any isotype, including IgG₁, IgG₂, IgG₃ and IgG₄. In some embodiments, the constant domain is a complement fixing constant domain where it is desired that the humanized antibody exhibit cytotoxic activity, and the class is typically IgG₁. In other embodiments, where such cytotoxic activity is not desirable, the constant domain may be of the IgG₂ class. The humanized antibody may comprise sequences from more than one class or isotype, and selecting particular constant domains to optimize desired effector functions is within the ordinary skill in the art.

[00149] The framework and CDR regions of a humanized antibody need not correspond precisely to the parental sequences, *e.g.*, the donor CDR or the consensus framework may be mutagenized by substitution, insertion or deletion of at least one residue so that the CDR or framework residue at that site does not correspond to either the consensus or the donor antibody. Such mutations, however, are preferably not extensive. Usually, at least 75% of the humanized antibody residues will correspond to those of the parental framework region (FR) and CDR sequences, more often 90%, and most preferably greater than 95%. Humanized antibodies can be produced using variety of techniques known in the art, including but not limited to, CDR-grafting (European Patent No. EP 239,400; International Publication No. WO 91/09967; and U.S. Patent Nos. 5,225,539, 5,530,101, and 5,585,089), veneering or resurfacing (European Patent Nos. EP 592,106 and EP 519,596; Padlan, 1991, *Molecular Immunology* 28(4/5):489-498; Studnicka *et al.*, 1994, *Protein Engineering* 7(6):805-814; and Roguska *et al.*, 1994, *Proc Natl Acad Sci USA* 91:969-973), chain shuffling (U.S. Patent No. 5,565,332), and techniques disclosed in, *e.g.*, U.S. Patent Nos. 6,407,213, 5,766,886, 5,585,089, International Publication No. WO 9317105, Tan *et al.*, 2002, *J. Immunol.* 169:1119-25, Caldas *et al.*, 2000, *Protein Eng.* 13:353-60, Morea *et al.*, 2000, *Methods* 20:267-79, Baca *et al.*, 1997, *J. Biol. Chem.* 272:10678-84, Roguska *et al.*, 1996, *Protein Eng.* 9:895-904, Couto *et al.*, 1995, *Cancer Res.* 55 (23 Supp):5973s-5977s, Couto *et al.*, 1995, *Cancer Res.* 55:1717-22, Sandhu, 1994, *Gene* 150:409-10, Pedersen *et al.*, 1994, *J. Mol. Biol.* 235:959-73, Jones *et al.*, 1986, *Nature* 321:522-525, Riechmann *et al.*, 1988, *Nature* 332:323, and Presta, 1992, *Curr. Op. Struct. Biol.* 2:593-596. Often, framework residues in the framework regions will be substituted with the corresponding residue from the CDR donor antibody to alter, preferably improve, antigen

binding. These framework substitutions are identified by methods well known in the art, *e.g.*, by modeling of the interactions of the CDR and framework residues to identify framework residues important for antigen binding and sequence comparison to identify unusual framework residues at particular positions. (See, *e.g.*, Queen *et al.*, U.S. Patent No. 5,585,089; U.S. Publication Nos. 2004-0049014 and 2003-0229208; U.S. Patent Nos. 6,350,861; 6,180,370; 5,693,762; 5,693,761; 5,585,089; and 5,530,101 and Riechmann *et al.*, 1988, Nature 332:323.)

[00150] The present invention provides for the compositions and methods thereof, comprising a combination of a CD20 antibody and a FcγRIIB antibody. In certain embodiments, the FcγRIIB antibody is a humanized antibody molecule specific for FcγRIIB in which one or more regions of one or more CDRs of the heavy and/or light chain variable regions of a human antibody (the recipient antibody) have been substituted by analogous parts of one or more CDRs of a donor monoclonal antibody which specifically binds FcγRIIB, with a greater affinity than FcγRIIA, *e.g.*, a monoclonal antibody produced by clone 2B6, 3H7, 8B5.3.4, 1D5, 2E1, 2H9, 2D11, or 1F2 having ATCC accession numbers PTA-4591, PTA-4592, PTA-7610, PTA-5958, PTA-5961, PTA-5962, PTA-5960, and PTA-5959, respectively. In some embodiments, the CD20 antibody is a humanized antibody specific for CD20 in which one or more regions of one or more CDRs of the heavy and/or light chain of a human antibody (the recipient antibody) have been substituted by analogous pairs of one or more CDRs of a donor monoclonal antibody that specifically binds CD20, *e.g.*, a monoclonal antibody such as rituximab or 2H7. In other embodiments, the humanized FcγRIIB antibodies bind to the same epitope as 2B6, 3H7, 8B5.3.4, 1D5, 2E1, 2H9, 2D11, or 1F2 having ATCC accession numbers PTA-4591, PTA-4592, PTA-7610, PTA-5958, PTA-5961, PTA-5962, PTA-5960, and PTA-5959, respectively, and the humanized CD20 antibodies bind to the same epitope as rituximab or 2H7. In a most preferred embodiment, the humanized antibody specifically binds to the same epitope as the donor murine antibody. It will be appreciated by one skilled in the art that the invention encompasses CDR grafting of antibodies in general. Thus, the donor and acceptor antibodies may be derived from animals of the same species and even same antibody class or sub-class. More usually, however, the donor and acceptor antibodies are derived from animals of different species. Typically the donor antibody is a non-human antibody, such as a rodent MAb, and the acceptor antibody is a human antibody.

[00151] In some embodiments, at least one CDR from the donor antibody is grafted onto the human antibody. In other embodiments, at least two and preferably all three CDRs of each of the heavy and/or light chain variable regions are grafted onto the human antibody. The CDRs

may comprise the Kabat CDRs, the structural loop CDRs or a combination thereof. In some embodiments, the invention encompasses combinations comprising a humanized Fc γ RIIB antibody comprising at least one CDR grafted heavy chain and at least one CDR-grafted light chain and/or a humanized CD20 antibody.

[00152] In a preferred embodiment, the CDR regions of the humanized Fc γ RIIB specific antibody or humanized CD20 specific antibody are derived from a murine antibody specific for Fc γ RIIB or CD20, respectively. In some embodiments, the humanized antibodies described herein comprise alterations, including but not limited to amino acid deletions, insertions, modifications, of the acceptor antibody, *i.e.*, human, heavy and/or light chain variable domain framework regions that are necessary for retaining binding specificity of the donor monoclonal antibody. In some embodiments, the framework regions of the humanized antibodies described herein does not necessarily consist of the precise amino acid sequence of the framework region of a natural occurring human antibody variable region, but contains various alterations, including but not limited to amino acid deletions, insertions, modifications that alter the property of the humanized antibody, for example, improve the binding properties of a humanized antibody region that is specific for the same target as the murine Fc γ RIIB or CD20 specific antibody. In most preferred embodiments, a minimal number of alterations are made to the framework region in order to avoid large-scale introductions of non-human framework residues and to ensure minimal immunogenicity of the humanized antibody in humans. The donor monoclonal antibody is preferably a monoclonal antibody produced by clones 2B6, 3H7, 8B5.3.4, 1D5, 2E1, 2H9, 2D11, or 1F2 (having ATCC accession numbers PTA-4591, PTA-4592, PTA-7610, PTA-5958, PTA-5961, PTA-5962, PTA-5960, and PTA-5959, respectively) which bind Fc γ RIIB, or the monoclonal antibody is a CD20 antibody, such as rituximab or 2H7.

[00153] In a specific embodiment, the invention encompasses the use of combinations of a CD20 antibody and a CDR-grafted antibody which specifically binds Fc γ RIIB with a greater affinity than said antibody binds Fc γ RIIA, wherein the CDR-grafted antibody comprises a heavy chain variable region domain comprising framework residues of the recipient antibody and residues from the donor monoclonal antibody, which specifically binds Fc γ RIIB with a greater affinity than said antibody binds Fc γ RIIA, *e.g.*, monoclonal antibody produced from clones 2B6, 3H7, 8B5.3.4, 1D5, 2E1, 2H9, 2D11, or 1F2 having ATCC accession numbers PTA-4591, PTA-4592, PTA-7610, PTA-5958, PTA-5961, PTA-5962, PTA-5960, and PTA-5959, respectively. In another specific embodiment, the invention encompasses the use of combinations of a CD20 antibody and a CDR-grafted antibody which specifically binds Fc γ RIIB with a greater affinity than said antibody binds Fc γ RIIA, wherein the CDR-grafted antibody comprises a light chain

variable region domain comprising framework residues of the recipient antibody and residues from the donor monoclonal antibody, which specifically binds FcγRIIB with a greater affinity than said antibody binds FcγRIIA, *e.g.*, monoclonal antibody produced from clones 2B6, 3H7, 8B5.3.4, 1D5, 2E1, 2H9, 2D11, or 1F2.

[00154] Preferably the FcγRIIB humanized antibodies bind the extracellular domain of native human FcγRIIB. The humanized anti- FcγRIIB antibodies of the combinations can have a heavy chain variable region comprising the amino acid sequence of CDR1 (SEQ ID NO: 1 or SEQ ID NO: 29) and/or CDR2 (SEQ ID NO: 2 or SEQ ID NO:30) and/or CDR3 (SEQ ID NO: 3 or SEQ ID NO: 31) and/or a light chain variable region comprising the amino acid sequence of CDR1 (SEQ ID NO: 8 or SEQ ID NO: 38) and/or a CDR2 (SEQ ID NO: 9, SEQ ID NO: 10, SEQ ID NO: 11, or SEQ ID NO: 39) and/or CDR3 (SEQ ID NO: 12 or SEQ ID NO: 40).

[00155] In a specific embodiment, the invention encompasses the use of combinations of a CD20 antibody and a humanized antibody with the heavy chain variable domain having the amino acid sequence of SEQ ID NO: 24, SEQ ID NO: 37, SEQ ID NO: 60, or SEQ ID NO: 68 and a light chain variable domain having the amino acid sequence of SEQ ID NO: 18, SEQ ID NO: 20, SEQ ID NO: 22; SEQ ID NO: 46 or SEQ ID NO: 62. In a specific embodiment, the combinations comprise a humanized antibody with the heavy chain variable domain having the amino acid sequence of SEQ ID NO: 37 and the light chain variable domain having the amino acid sequence of SEQ ID NO: 46. In yet another preferred embodiment, the humanized FcγRIIB antibodies further do not bind Fc activation receptors, *e.g.*, FcγRIIA, FcγRIIB, *etc.*

[00156] In one specific embodiment, combinations comprising a CD20 antibody and a humanized 2B6 antibody are provided, wherein the VH region of the FcγRIIB antibody consists of the FR segments from the human germline VH segment VH1-18 (Matsuda *et al.*, 1998, J. Exp. Med. 188:2151062) and JH6 (Ravetch *et al.*, 1981, Cell 27(3 Pt. 2): 583-91), and one or more CDR regions of the 2B6 VH, having the amino acid sequence of SEQ ID NO: 1, SEQ ID NO: 2, or SEQ ID NO: 3. In one embodiment, the 2B6 VH has the amino acid sequence of SEQ ID NO: 24, SEQ ID NO: 68, or SEQ ID NO:70. In another specific embodiment, the humanized 2B6 antibody further comprises a VL region, which consists of the FR segments of the human germline VL segment VK-A26 (Lautner-Rieske *et al.*, 1992, Eur. J. Immunol. 22:1023-1029) and JK4 (Hieter *et al.*, 1982, J. Biol. Chem. 257:1516-22), and one or more CDR regions of 2B6VL, having the amino acid sequence of SEQ ID NO: 8, SEQ ID NO: 9, SEQ ID NO: 10, SEQ ID NO: 11, and SEQ ID NO: 12. In one embodiment, the 2B6 VL has the amino acid sequence of SEQ ID NO: 18, SEQ ID NO: 20, SEQ ID NO: 22; SEQ ID NO: 46, SEQ ID NO: 62, or SEQ ID NO:66, and optionally in combination with one of the above-referenced 2B6 VH.

[00157] In some embodiments, the FcγRIIB antibody of the combination has a VH chain and/or VH domain comprising the amino acid sequence (H2B6VH-3a):

QVQLVQSGAEVKKPGASVKVSCKASGYTFTNYWIHWVRQAPGQGLEWIGVIDPSDTYPNYNKKFK
GRVTMTVDTSTSTAYMELRSLRSDDTAVYYCARNGDSDYSGMDYWGQGTTVTVSS (SEQ ID
NO: 68).

In some embodiments, the FcγRIIB antibody of the combination has a VL chain and/or VL domain comprising the amino acid sequence (H2B6VL-5):

EIVLTQSPDFQSVTPKEKVTFTCRTSQSIGTNIHWYQQKPDQSPKLLIKEVSEISGVPSRFGSGS
GSGTDFTLTINSLEAEDAATYYCQQSNTWPFTFGGGTKVEIK (SEQ ID NO: 62).

[00158] In some embodiments, the FcγRIIB antibody of the combination has a VH chain and/or VH domain comprising the amino acid sequence (H2B6VH-3a):

QVQLVQSGAEVKKPGASVKVSCKASGYTFTNYWIHWVRQAPGQGLEWIGVIDPSDTYPNYNKKFK
GRVTMTVDTSTSTAYMELRSLRSDDTAVYYCARNGDSDYSGMDYWGQGTTVTVSS (SEQ ID
NO: 68), and a VL chain and/or VL domain comprising the amino acid sequence (H2B6VL-5):

EIVLTQSPDFQSVTPKEKVTFTCRTSQSIGTNIHWYQQKPDQSPKLLIKEVSEISGVPSRFGSGS
GSGTDFTLTINSLEAEDAATYYCQQSNTWPFTFGGGTKVEIK (SEQ ID NO: 62). The FcγRIIB
antibody can optionally further comprise a modified Fc domain having leucine at position 243,
proline at position 292, leucine at position 300, isoleucine at position 305 and leucine at position
396.

[00159] In certain embodiments, the FcγRIIB antibody of the combination has a VH chain comprising the amino acid sequence (H2B6Hc-3):

QVQLVQSGAEVKKPGASVKVSCKASGYTFTNYWIHWVRQAPGQGLEWIGVIDPSDTYPNYNKKFK
GRVTMTVDTSTSTAYMELRSLRSDDTAVYYCARNGDSDYSGMDYWGQGTTVTVSSASTKGPSVF
PLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAVLQSSGLYSLSSVTVTPSS
SLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPCPAPELLGGPSVFLLPKPKDTLMISRT
PEVTCVVVDVSHEDPEVKFNWYVDGVEVHNAKTKPPEEQYNSTLRVVSILTTLHQLDNLNGKEYKC
KVSNAKALPAPIEKTISKAKGQPREPQVYTLPPSRDELTKNQVSLTCLVKGFYPSDIAVEWESNGQ
PENNYKTTPLVLDSGSEFLYSLKLTVDKSRWQQGNVFSQSVSMHEALHNHYTQKSLSLSPGK
(SEQ ID NO: 70).

In some embodiments, the FcγRIIB antibody of the combination has a VL chain comprising the amino acid sequence (H2B6 Lc-5):

EIVLTQSPDFQSVTPKEKVTFTCRTSQSIGTNIHWYQQKPDQSPKLLIKEVSEISGVPSRFGSGS
GSGTDFTLTINSLEAEDAATYYCQQSNTWPFTFGGGTKVEIKRTVAAPSVFIFPPSDEQLKSGTA

SVVCLLNNFYPREAKVQWKVDNALQSGNSQESVTEQDSKDYSLSTLTLSKADYEKHKVYACE
VTHQGLSSPVTKSFNRGEC (SEQ ID NO: 66).

[00160] In certain embodiments, the FcγRIIB antibody of the combination has a VH chain comprising the amino acid sequence (H2B6Hc-3):

QVQLVQSGAEVKKPGASVKVSCASGYTFTNYWIHWVRQAPGQGLEWIGVIDPSDTYPNKNKKFK
GRVTMTVDTSTSTAYMELRSLRSDDTAVYYCARNGDSDYSGMDYWGQGTTVTVSSASTKGPSVF
PLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAVLQSSGLYSLSSVTVTPSS
SLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPCPAPELLGGPSVFLLPKPKDTLMISRT
PEVTCVVVDVSHEDPEVKFNWYVDGVEVHNAKTKPREEQYNSTLRVVSILTVLHQDWLNGKEYKC
KVSNAKALPAPIEKTISKAKGQPREPQVYTLPPSRDELTKNQVSLTCLVKGFYPSDIAVEWESNGQ
PENNYKTTPLVLDSDGSFFLYSKLTVDKSRWQQGNVFCFSVMHEALHNHYTQKSLSLSPGK

(SEQ ID NO: 70), and a VL chain comprising the amino acid sequence (H2B6 Lc-5):

EIVLTQSPDFQSVTPKEKVTFTCRTSQSIGTNIHWYQQKPDQSPKLLIKEVSEISGVPSRFSGS
GSGTDFTLTINSLEAEDAATYYCQQSNTWPFTFGGGTKVEIKRTVAAPSVFIFPPSDEQLKSGTA
SVVCLLNNFYPREAKVQWKVDNALQSGNSQESVTEQDSKDYSLSTLTLSKADYEKHKVYACE
VTHQGLSSPVTKSFNRGEC (SEQ ID NO: 66). The FcγRIIB antibody can optionally further
comprise a modified Fc domain having leucine at position 243, proline at position 292, leucine at
position 300, isoleucine at position 305 and leucine at position 396.

[00161] In some embodiments, the FcγRIIB antibody of the combination has a VH domain and/or VH chain comprising the amino acid sequence (8B5.3.4 VH):

EVKLEESGGGLVQPGGSMKLSCEASGFTFSDAWMDWVRQSPEKGLEWVAEIRNKAKNHATYYAES
VIGRFTISRDDSKSSVYLQMNSLRADDTGIYYCGALGLDYWGQGTTTLTVSS (SEQ ID NO: 71;
see also FIG. 12).

In some embodiments, the FcγRIIB antibody of the combination has a VL domain and/or VL chain comprising the amino acid sequence (8B5.3.4 VL):

DIQMTQSPSSLLAALGERVSLTCRASQEISGYLSWLQQKPDGTIKRLIYAASLTDSGVPKRFSGS
ESGSDYSLTISSELESEDFADYYCLQYFSYPLTFGAGTKLELK (SEQ ID NO: 72; see also FIG.
11).

[00162] In some embodiments, the FcγRIIB antibody of the combination has a VH domain and/or VH chain comprising the amino acid sequence (8B5.3.4 VH):

EVKLEESGGGLVQPGGSMKLSCEASGFTFSDAWMDWVRQSPEKGLEWVAEIRNKAKNHATYYAES
VIGRFTISRDDSKSSVYLQMNSLRADDTGIYYCGALGLDYWGQGTTTLTVSS (SEQ ID NO: 71),
and a VL domain and/or VL chain comprising the amino acid sequence (8B5.3.4 VL):

DIQMTQSPSSLLAALGERVSLTCRASQEISGYLSWLQQKPDGTIKRLIYAASTLD SGV PKRFSGS
ESGSDYSLTISSELESEDFADYYCLQYFSYPLTFGAGTKLELK (SEQ ID NO:72).

[00163] In another specific embodiment, combinations of a CD20 antibody and a humanized 3H7 antibody are provided, wherein the FcγRIIB VH region consists of the FR segments from a human germline VH segment and the CDR regions of the 3H7 VH, having the amino acid sequence of SEQ ID NO: 37. In another specific embodiment, the humanized 3H7 antibody further comprises a VL regions, which consists of the FR segments of a human germline VL segment and the CDR regions of 3H7VL, having the amino acid sequence of SEQ ID NO: 46.

[00164] In particular, combinations of a CD20 antibody and a humanized antibody are provided wherein the FcγRIIB antibody immunospecifically binds to an extracellular domain of native human FcγRIIB, said FcγRIIB antibody comprising (or alternatively, consisting of) CDR sequences of 2B6, 3H7, or 8B5.3.4 in any of the following combinations: a VH CDR1 and a VL CDR1; a VH CDR1 and a VL CDR2; a VH CDR1 and a VL CDR3; a VH CDR2 and a VL CDR1; VH CDR2 and VL CDR2; a VH CDR2 and a VL CDR3; a VH CDR3 and a VH CDR1; a VH CDR3 and a VL CDR2; a VH CDR3 and a VL CDR3; a VH1 CDR1, a VH CDR2 and a VL CDR1; a VH CDR1, a VH CDR2 and a VL CDR2; a VH CDR1, a VH CDR2 and a VL CDR3; a VH CDR2, a VH CDR3 and a VL CDR1, a VH CDR2, a VH CDR3 and a VL CDR2; a VH CDR2, a VH CDR2 and a VL CDR3; a VH CDR1, a VL CDR1 and a VL CDR2; a VH CDR1, a VL CDR1 and a VL CDR3; a VH CDR2, a VL CDR1 and a VL CDR2; a VH CDR2, a VL CDR1 and a VL CDR3; a VH CDR3, a VL CDR1 and a VL CDR2; a VH CDR3, a VL CDR1 and a VL CDR3; a VH CDR1, a VH CDR2, a VH CDR3 and a VL CDR1; a VH CDR1, a VH CDR2, a VH CDR3 and a VL CDR2; a VH CDR1, a VH CDR2, a VH CDR3 and a VL CDR3; a VH CDR1, a VH CDR2, a VL CDR1 and a VL CDR2; a VH CDR1, a VH CDR2, a VL CDR1 and a VL CDR3; a VH CDR1, a VH CDR3, a VL CDR1 and a VL CDR2; a VH CDR1, a VH CDR3, a VL CDR1 and a VL CDR3; a VH CDR2, a VH CDR3, a VL CDR1 and a VL CDR2; a VH CDR2, a VH CDR3, a VL CDR1 and a VL CDR3; a VH CDR2, a VH CDR3, a VL CDR2 and a VL CDR3; a VH CDR1, a VH CDR2, a VH CDR3, a VL CDR1 and a VL CDR2; a VH CDR1, a VH CDR2, a VH CDR3, a VL CDR1 and a VL CDR3; a VH CDR1, a VH CDR2, a VL CDR1, a VL CDR2, and a VL CDR3; a VH CDR2, a VH CDR3, a VL CDR1, a VL CDR2, and a VL CDR3; or any combination thereof of the VH CDRs and VL CDRs disclosed herein.

5.1.2 Human antibodies

[00165] Human CD20 and/or FcγRIIB antibodies to be used in the combinations of the invention can also be produced using transgenic mice which are incapable of expressing functional endogenous immunoglobulins, but which can express human immunoglobulin genes. For example, the human heavy and light chain immunoglobulin gene complexes may be introduced randomly or by homologous recombination into mouse embryonic stem cells. Alternatively, the human variable region, constant region, and diversity region may be introduced into mouse embryonic stem cells in addition to the human heavy and light chain genes. The mouse heavy and light chain immunoglobulin genes may be rendered non-functional separately or simultaneously with the introduction of human immunoglobulin loci by homologous recombination. In particular, homozygous deletion of the J_H region prevents endogenous antibody production. The modified embryonic stem cells are expanded and microinjected into blastocysts to produce chimeric mice. The chimeric mice are then bred to produce homozygous offspring which express human antibodies. The transgenic mice are immunized using conventional methodologies with a selected antigen, *e.g.*, all or a portion of a polypeptide of the invention. Monoclonal antibodies directed against the antigen can be obtained from the immunized, transgenic mice using conventional hybridoma technology. The human immunoglobulin transgenes harbored by the transgenic mice rearrange during B cell differentiation, and subsequently undergo class switching and somatic mutation. Thus, using such a technique, it is possible to produce therapeutically useful IgG, IgA, IgM and IgE antibodies. For an overview of this technology for producing human antibodies, see Lonberg and Huszar (1995, *Int. Rev. Immunol.* 13:65-93). For a detailed discussion of this technology for producing human antibodies and human monoclonal antibodies and protocols for producing such antibodies, see, *e.g.*, International Publication Nos. WO 98/24893, WO 96/34096, and WO 96/33735; and U.S. Patent Nos. 5,413,923, 5,625,126, 5,633,425, 5,569,825, 5,661,016, 5,545,806, 5,814,318, and 5,939,598. In addition, companies such as Abgenix, Inc. (Freemont, CA) and Medarex (Princeton, NJ) can be engaged to provide human antibodies directed against a selected antigen using technology similar to that described above.

5.1.3 Chimeric antibodies

[00166] A chimeric antibody is a molecule in which different portions of the antibody are derived from different immunoglobulin molecules such as antibodies having a variable region derived from a non-human antibody and a human immunoglobulin constant region. In one

embodiment, a combination of the invention comprises a chimeric FcγRIIB antibody and a CD20 antibody that is not a chimeric antibody. In other embodiments, a combination of the invention comprises a chimeric CD20 antibody and a FcγRIIB antibody that is not a chimeric antibody. In yet other embodiments, a combination of the invention comprises a chimeric FcγRIIB antibody and a chimeric CD20 antibody. In certain embodiments, neither the FcγRIIB antibody nor the CD20 antibody of the combination is a chimeric antibody.

[00167] The present invention provides the use of combinations of CD20 antibodies (chimeric or not chimeric) and chimeric antibodies of 2B6, 3H7, 8B5.3.4, 1D5, 2E1, 2H9, 2D11, or 1F2 having ATCC accession numbers PTA-4591, PTA-4592, PTA-7610, PTA-5958, PTA-5961, PTA-5962, PTA-5960, and PTA-5959, respectively. Methods for producing chimeric antibodies are known in the art. See *e.g.*, Morrison, 1985, *Science* 229:1202; Oi *et al.*, 1986, *BioTechniques* 4:214; Gillies *et al.*, 1989, *J. Immunol. Methods* 125:191-202; and U.S. Patent Nos. 6,311,415, 5,807,715, 4,816,567, and 4,816,397. Chimeric CD20 antibodies or chimeric FcγRIIB antibodies comprising one or more CDRs from a non-human species and framework regions from a human immunoglobulin molecule can be produced using a variety of techniques known in the art including, for example, CDR-grafting (EP 239,400; International Publication No. WO 91/09967; and U.S. Patent Nos. 5,225,539, 5,530,101, and 5,585,089), veneering or resurfacing (EP 592,106; EP 519,596; Padlan, 1991, *Molecular Immunology* 28(4/5):489-498; Studnicka *et al.*, 1994, *Protein Engineering* 7:805; and Roguska *et al.*, 1994, *PNAS* 91:969), and chain shuffling (U.S. Patent No. 5,565,332).

[00168] Often, framework residues in the framework regions will be substituted with the corresponding residue from the CDR donor antibody to alter, preferably improve, antigen binding. These framework substitutions are identified by methods well known in the art, *e.g.*, by modeling of the interactions of the CDR and framework residues to identify framework residues important for antigen binding and sequence comparison to identify unusual framework residues at particular positions. (See, *e.g.*, U.S. Patent No. 5,585,089; and Riechmann *et al.*, 1988, *Nature* 332:323.)

5.1.4 Fc Region Modifications

[00169] The invention encompasses compositions, and methods thereof, comprising an antibody with a modified Fc region. In one embodiment, a combination of the invention comprises a FcγRIIB antibody that comprises a modified Fc region and a CD20 antibody that does not comprise a modified Fc region. In other embodiments, a combination of the invention

comprises a CD20 antibody with a modified Fc region and a FcγRIIB antibody that does not comprise a modified Fc region. In yet other embodiments, a combination of the invention comprises a FcγRIIB antibody comprising a modified Fc region and a CD20 antibody comprising a modified Fc region. In certain embodiments, neither the FcγRIIB antibody nor the CD20 antibody of the combination comprises a modified Fc region.

[00170] The invention encompasses compositions (and methods thereof) comprising anti-FcγRIIB and anti-CD20 antibodies, wherein the FcγRIIB antibody, the CD20 antibody, or both the FcγRIIB and CD20 antibody have Fc constant domains comprising one or more amino acid modifications which alter antibody effector functions such as those disclosed in U.S. Patent Application Publication Nos. U.S. 2005-0037000 and U.S. 2005-0064514; U.S. Patent Nos. 5,624,821 and 5,648,260, European Patent No. EP 0 307 434. These antibodies may exhibit improved ADCC activity (*i.e.*, 2-fold, 10-fold, 100-fold, 500-fold, *etc.*) compared to comparable antibodies without amino acid modification. In certain embodiments, the Fc modifications of an antibody of the combination of the invention increases effector function, such as those Fc modifications described in U.S. Patent Application Serial No. 11/271,140 by Stavenhagen (filed November 10, 2005).

[00171] The present invention encompasses combinations of a CD20 antibody and a FcγRIIB antibody, wherein the CD20 antibody, the FcγRIIB antibody, or both the CD20 antibody and the FcγRIIB antibody comprises modifications, preferably in the Fc region, that modify the binding affinity of the Fc region of the antibody to one or more FcγR. Methods for modifying antibodies for modified binding to one or more FcγR are known in the art, see, *e.g.*, PCT Publication Nos. WO 04/029207, WO 04/029092, WO 04/028564, WO 99/58572, WO 99/51642, WO 98/23289, WO 89/07142, WO 88/07089, and U.S. Patent Nos. 5,843,597 and 5,642,821. In some embodiments, the invention encompasses combinations of a CD20 antibody and a FcγRIIB antibody, wherein the CD20 antibody, the FcγRIIB antibody, or both the CD20 antibody and the FcγRIIB antibody have altered affinity for an activating FcγR, *e.g.*, FcγRIIA. Preferably such modifications also have an altered Fc-mediated effector function. Modifications that affect Fc-mediated effector function are known in the art (See U.S. Patent No. 6,194,551). In other embodiments, the CD20 antibody of the combination with an FcγRIIB antibody (either with or without a modification in the Fc region)

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comprises modifications, preferably in the Fc region, that modify the binding affinity of the Fc region of the antibody to CD20.

[00172] In one particular embodiment, a combination of the invention comprises a CD20 antibody, a Fc γ RIIB antibody, or both a CD20 antibody and the Fc γ RIIB antibody that comprises a modified Fc region comprising one or more mutations in the Fc region. The one or more mutations in the Fc region may result in an antibody with an altered antibody-mediated effector function, an altered binding to other Fc receptors (*e.g.*, Fc activation receptors), an altered ADCC activity, or an altered C1q binding activity, or an altered complement dependent cytotoxicity activity, or any combination thereof.

[00173] In some embodiments, the invention encompasses combinations of molecules wherein one or more of the Fc γ RIIB and/or CD20 antibodies in the combination comprises a variant Fc region having an amino acid modification at one or more of the following positions: 119, 125, 132, 133, 141, 142, 147, 149, 162, 166, 185, 192, 202, 205, 210, 214, 215, 216, 217, 218, 219, 221, 222, 223, 224, 225, 227, 229, 231, 232, 233, 235, 240, 241, 242, 243, 244, 246, 247, 248, 250, 251, 252, 253, 254, 255, 256, 258, 261, 262, 263, 268, 269, 270, 272, 274, 275, 276, 279, 280, 281, 282, 284, 287, 288, 289, 290, 291, 292, 293, 295, 298, 301, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 315, 316, 317, 318, 319, 320, 323, 326, 327, 328, 330, 333, 334, 335, 337, 339, 340, 343, 344, 345, 347, 348, 352, 353, 354, 355, 358, 359, 360, 361, 362, 365, 366, 367, 369, 370, 371, 372, 375, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 404, 406, 407, 408, 409, 410, 411, 412, 414, 415, 416, 417, 419, 420, 421, 422, 423, 424, 427, 428, 431, 433, 435, 436, 438, 440, 441, 442, 443, 446, or 447. Preferably, engineering of the Fc portion results in increased cell-mediated killing and/or complement mediated killing of the tumor cells.

[00174] For the antibodies in the combination that are specific for Fc γ RIIB, Fc modifications may be made to reduce or abolish binding in the Fc domain to one or all Fc γ Rs, particularly, to activating Fc γ Rs such as Fc γ RIIA and Fc γ RIIA.

[00175] The invention encompasses combinations of a CD20 antibody and a Fc γ RIIB antibody, wherein the CD20 antibody, the Fc γ RIIB antibody, or both the CD20 antibody and the Fc γ RIIB antibody comprises a variant Fc region consisting of or comprising any of the mutations listed in Table 2 below.

TABLE 2. EXEMPLARY MUTATIONS

SINGLE SITE MUTANTS	DOUBLE SITE MUTANTS
K392R	Q347H, A339V
N315I	S415I, L251F
S132I	K290E, L142P

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P396L	G285E, P247H
P396H	K409R, S166N
A162V	E334A, K334A
R292L	R292L, K334E
T359N	K288N, A330S
T366S	R255L, E318K
V379L	F243L, E318K
K288N	V279L, P395S
A330S	K246T, Y319F
F243L	F243L, V379L
E318K	K288M, K334E
V379M	K334E, E308D
S219Y	E233D, K334E
V282M	K246T, P396H
D401V	H268D, E318D
K222N	K246L, K334N
K334I	K320E, K326E
K334E	S375C, P396L
I377F	K288N, K326N
P247L	P247L, N421K
F372Y	S298N, W381R
K326E	R255Q, K326E
H224L	V284A, F372L
F275Y	T394M, V397M
L398V	P247L, E389G
K334N	K290T, G371D
S400P	P247L, L398Q
S407I	P247L, I377F
F372Y	K326E, G385E
T366N	S298N, S407R
K414N	E258D, N384K
M352L	F241L, E258G
T225S	K370N, S440N
I377N	K317N, F423-DELETED
K248M	P227S, K290E
R292G	K334E, E380D
S298N	P291S, P353Q
D270E	V240L, V281M
E233G	P232S, S304G
	P247L, L406F
	D399E, M428L
	L251F, F372L
	D399E, G402D
	D399E, M428L
	K392I, P396L
	H268N, P396L
	K326I, P396L
	H268D, P396L
	K210M, P396L
	L358P, P396L

K334N, P396L
V379M, P396L
P227S, P396L
P217S, P396L
Q419H, P396L
K370E, P396L
L242F, P396L
R255L, P396L
V240A, P396L
T250A, P396L
P247S, P396L
L410H, P396L
Q419L, P396L
V427A, P396L
E258D, P396L
N384K, P396L
V323I, P396L
P244H, P396L
V305I, P396L
S400F, P396L
V303I, P396L
A330V, Q419H
V263Q, E272D
K326E, A330T

[00176] In yet other embodiments, the invention encompasses combinations of a CD20 antibody and a FcγRIIB antibody, wherein the CD20 antibody, the FcγRIIB antibody, or both the CD20 antibody and the FcγRIIB antibody comprises a variant Fc region having more than two amino acid modifications. A non-limiting example of such variants is listed in Table 3 below. The invention encompasses mutations listed in Table 3 which further comprise one or more amino acid modifications such as those disclosed herein.

TABLE 3. EXEMPLARY COMBINATION VARIANTS

D399E, R292L, V185M
R301C, M252L, S192T
P291S, K288E, H268L, A141V
S383N, N384K, T256N, V262L, K218E, R214I, K205E, F149Y, K133M
S408I, V215I, V125L
G385E, P247H
V348M, K334N, F275I, Y202M, K147T
H310Y, T289A, Y407V, E258D
R292L, P396L, T359N
F275I, K334N, V348M
F243L, R255L, E318K
K334E, T359N, T366S
T256S, V305I, K334E, N390S
T335N, K370E, A378V, T394M, S424L
K334E, T359N, T366S, Q386R

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K288N, A330S, P396L
P244H, L358M, V379M, N384K, V397M
P217S, A378V, S408R
P247L, I253N, K334N
D312E, K327N, I378S
D280E, S354F, A431D, L441I
K218R, G281D, G385R
P247L, A330T, S440G
T355N, P387S, H435Q
P247L, A431V, S442F
P343S, P353L, S375I, S383N
E216D, E345K, S375I
K288N, A330S, P396L
K222N, T335N, K370E, A378V, T394M
G316D, A378V, D399E
N315I, V379M, T394M
K326Q, K334E, T359N, T366S
A378V, N390I, V422I
V282E, V369I, L406F
V397M, T411A, S415N
T223I, T256S, L406F
L235P, V382M, S304G, V305I, V323I
P247L, W313R, E388G
D221Y, M252I, A330G, A339T, T359N, V422I, H433L
F243I, V379L, G420V
A231V, Q386H, V412M
T215P, K274N, A287G, K334N, L365V, P396L
P244A, K326I, C367R, S375I, K447T
R301H, K340E, D399E
C229Y, A287T, V379M, P396L, L443V
E269K, K290N, Q311R, H433Y
E216D, K334R, S375I
T335N, P387S, H435Q
K246I, Q362H, K370E
K334E, E380D, G446V
V303I, V369F, M428L
K246E, V284M, V308A
E293V, Q295E, A327T
Y319F, P352L, P396L
D221E, D270E, V308A, Q311H, P396L, G402D
K290T, N390I, P396L
K288R, T307A, K344E, P396L
V273I, K326E, L328I, P396L
K326I, S408N, P396L
K261N, K210M, P396L
F243L, V305I, A378D, F404S, P396L
K290E, V369A, T393A, P396L
K210N, K222I, K320M, P396L
P217S, V305I, I309L, N390H, P396L
K246N, Q419R, P396L

P217A, T359A, P396L
V215I, K290V, P396L
F275L, Q362H, N384K, P396L
A330V, H433Q, V427M
V263Q, E272D, Q419H
N276Y, T393N, W417R
V282L, A330V, H433Y, T436R
V284M, S298N, K334E, R355W
A330V, G427M, K438R
S219T, T225K, D270E, K360R
K222E, V263Q, S298N
E233G, P247S, L306P
S219T, T225K, D270E
S254T, A330V, N361D, P243L
V284M, S298N, K334E, R355W, R416T
D270E, G316D, R416G
K392T, P396L, D270E
R255L, P396L, D270E
V240A, P396L, D270E
Q419H, P396L, D270E
K370E, P396L, D270E
P247L, N421K, D270E
R292P, V305I
R292P, V305I, F243L
V284M, R292L, K370N
F243L, R292P, Y300L, V305I, P396L
F243L, R292P, Y300L, P396L
F243L, R292P, and Y300L

[00177] In most preferred embodiments, wherein the CD20 antibody, the Fc γ RIIB antibody, or both the CD20 antibody and the Fc γ RIIB antibody of the combination (e.g., the 2B6, 3H7, or 8B5.3.4 antibody, or any other CD20 antibody or Fc γ RIIB antibody described herein) has a modified Fc region with altered affinity for activating and/or inhibitory receptors, wherein the Fc domain has one or more amino acid modifications, wherein said one or more amino acid modifications is a substitution at position 288 with asparagine, at position 330 with serine and at position 396 with leucine (MgFc10); or a substitution at position 334 with glutamic acid, at position 359 with asparagine, and at position 366 with serine (MgFc13); or a substitution at position 316 with aspartic acid, at position 378 with valine, and at position 399 with glutamic acid (MgFc27); or a substitution at position 392 with threonine, and at position 396 with leucine (MgFc38); or a substitution at position 221 with glutamic acid, at position 270 with glutamic acid, at position 308 with alanine, at position 311 with histidine, at position 396 with leucine, and at position 402 with aspartic acid (MgFc42); or a substitution at position 240 with alanine, and at position 396 with leucine (MgFc52); or a substitution at position 410 with histidine, and at

position 396 with leucine (MgFc53); or a substitution at position 243 with leucine, at position 305 with isoleucine, at position 378 with aspartic acid, at position 404 with serine, and at position 396 with leucine (MgFc54); or a substitution at position 255 with leucine, and at position 396 with leucine (MgFc55); or a substitution at position 370 with glutamic acid and at position 396 with leucine (MgFc59); or a substitution at position 243 with leucine, at position 292 with proline, at position 300 with leucine, at position 305 with isoleucine, and at position 396 with leucine (MgFc88); or a substitution at position 243 with leucine, at position 292 with proline, at position 300 with leucine, and at position 396 with leucine (MgFc88A); or a substitution at position 243 with leucine, at position 292 with proline, and at position 300 with leucine (MgFc155) (See, also, Tables 5 & 6 of U.S. Application Publication No. 2005-0037000).

[00178] In a preferred embodiment, the CD20 antibody, the FcγRIIB antibody, or both the CD20 antibody and the FcγRIIB antibody of the combination (*e.g.*, the 2B6, 3H7, or 8B5.3.4 antibody, or any other CD20 antibody or FcγRIIB antibody described herein) has a modified Fc region with a leucine at position 243, a proline at position 292, a leucine at position 300, an isoleucine at position 305 and a leucine at position 396.

[00179] In specific embodiments, the variant Fc region of the CD20 antibody, the FcγRIIB antibody, or both the CD20 antibody and the FcγRIIB antibody of the combination (*e.g.*, the 2B6, 3H7, or 8B5.3.4 antibody, or any other CD20 antibody or FcγRIIB antibody described herein) has a leucine at position 247, a lysine at position 421 and a glutamic acid at position 270 (MgFc31/60); a threonine at position 392, a leucine at position 396, and a glutamic acid at position 270 (MgFc38/60); a threonine at position 392, a leucine at position 396, a glutamic acid at position 270, and a leucine at position 243 (MgFc38/60/F243L); a histidine at position 419, a leucine at position 396, and a glutamic acid at position 270 (MGFc51/60); a histidine at position 419, a leucine at position 396, a glutamic acid at position 270, and a leucine at position 243 (MGFc51/60/F243L); a lysine at position 255 and a leucine at position 396 (MgFc55); a lysine at position 255, a leucine at position 396, and a glutamic acid at position 270 (MGFc55/60); a lysine at position 255, a leucine at position 396, a glutamic acid at position 270, and a lysine at position 300 (MGFc55/60/Y300L); a lysine at position 255, a leucine at position 396, a glutamic acid at position 270, and a leucine at position 243 (MgFc55/60/F243L); a glutamic acid at position 370, a leucine at position 396, and a glutamic acid at position 270 (MGFc59/60); a glutamic acid at position 270, an aspartic acid at position 316, and a glycine at position 416 (MgFc71); a leucine at position 243, a proline at position 292, an isoleucine at position 305, and

a leucine at position 396 (MGFc74/P396L); a glutamine at position 297, or any combination of the individual substitutions.

5.1.5 Carbohydrate Modifications

[00180] The invention also provides methods and compositions using or having CD20 and/or FcγRIIB antibodies with altered oligosaccharide content. Oligosaccharides as used herein refer to carbohydrates containing two or more simple sugars and the two terms may be used interchangeably herein. Carbohydrate moieties of the antibody combinations of the instant invention will be described with reference to commonly used nomenclature in the art. For a review of carbohydrate chemistry, see, *e.g.*, Hubbard *et al.*, 1981 Ann. Rev. Biochem., 50: 555-583. This nomenclature includes for example, Man which represents mannose; GlcNAc which represents 2-N-acetylglucosamine; Gal which represents galactose; Fuc for fucose and Glc for glucose. Sialic acids are described by the shorthand notation NeuNAc for 5-N-acetylneuraminic acid, and NeuNGc for 5-glycolneuraminic.

[00181] In general, antibodies contain carbohydrate moieties at conserved positions in the constant region of the heavy chain, and up to 30% of human IgGs have a glycosylated Fab region. IgG has a single N-linked biantennary carbohydrate structure at Asn 297 which resides in the CH2 domain (Jefferis *et al.*, 1998, Immunol. Rev. 163: 59-76; Wright *et al.*, 1997, Trends Biotech 15: 26-32). Human IgG typically has a carbohydrate of the following structure; GlcNAc(Fucose)-GlcNAc-Man-(ManGlcNAc)₂. However variations among IgGs in carbohydrate content does occur which leads to altered function, see, *e.g.*, Jassal *et al.*, 2001 Biochem. Biophys. Res. Commun. 288: 243-9; Groenink *et al.*, 1996 J. Immunol. 26: 1404-7; Boyd *et al.*, 1995 Mol. Immunol. 32: 1311-8; Kumpel *et al.*, 1994, Human Antibody Hybridomas, 5: 143-51. The invention encompasses combinations of a CD20 antibody and a FcγRIIB antibody, wherein the FcγRIIB antibody comprises a variation in the carbohydrate moiety that is attached to Asn 297. In one embodiment, the carbohydrate moiety has a galactose and/or galactose-sialic acid at one or both of the terminal GlcNAc and/or a third GlcNAc arm (bisecting GlcNAc).

[00182] In some embodiments, the CD20 antibodies and/or the FcγRIIB antibodies of the combinations are substantially free of one or more selected sugar groups, *e.g.*, one or more sialic acid residues, one or more galactose residues, one or more fucose residues. An antibody that is substantially free of one or more selected sugar groups may be prepared using common methods known to one skilled in the art, including for example recombinantly producing an antibody of the invention in a host cell that is defective in the addition of the selected sugar groups(s) to the

carbohydrate moiety of the antibody, such that about 90-100% of the antibody in the composition lacks the selected sugar group(s) attached to the carbohydrate moiety. Alternative methods for preparing such antibodies include for example, culturing cells under conditions which prevent or reduce the addition of one or more selected sugar groups, or post-translational removal of one or more selected sugar groups.

[00183] In some embodiments, the FcγRIIB antibodies of the combinations of the invention lack a fructose on its carbohydrate moiety, *e.g.*, the carbohydrate attachment on Asn 297. The antibody may be prepared for example by (a) use of an engineered host cell that is deficient in fucose metabolism such that it has a reduced ability to fucosylate proteins expressed therein; (b) culturing cells under conditions which prevent or reduce fucosylation; (c) post-translational removal of fucose, *e.g.*, with a fucosidase enzyme; or (d) purification of the antibody so as to select for the product which is not fucosylated. Most preferably, nucleic acid encoding the desired antibody is expressed in a host cell that has a reduced ability to fucosylate the antibody expressed therein. Preferably the host cell is a dihydrofolate reductase deficient chinese hamster ovary cell (CHO), *e.g.*, a Lec 13 CHO cell (lectin resistant CHO mutant cell line; Ribka & Stanley, 1986, Somatic Cell & Molec. Gen. 12(1): 51-62; Ripka *et al.*, 1986 Arch. Biochem. Biophys. 249(2): 533-45), CHO-K1, DUX-B11, CHO-DP12 or CHO-DG44, which has been modified so that the antibody is not substantially fucosylated. Thus, the cell may display altered expression and/or activity for the fucosyltransferase enzyme, or another enzyme or substrate involved in adding fucose to the N-linked oligosaccharide so that the enzyme has a diminished activity and/or reduced expression level in the cell. For methods to produce antibodies with altered fucose content, see, *e.g.*, WO 03/035835 and Shields *et al.*, 2002, J. Biol. Chem. 277(30): 26733-40.

[00184] In some embodiments, the altered carbohydrate modifications of the CD20 antibody or FcγRIIB antibody modulate one or more of the following: solubilization of the antibody, facilitation of subcellular transport and secretion of the antibody, promotion of antibody assembly, conformational integrity, and antibody-mediated effector function. In a specific embodiment the altered carbohydrate modifications enhance antibody mediated effector function relative to the antibody lacking the carbohydrate modification. Carbohydrate modifications that lead to altered antibody mediated effector function are well known in the art (for *e.g.*, see Shields R.L. *et al.*, 2001, J. Biol. Chem. 277(30): 26733-40; Davies J. *et al.*, 2001, Biotechnology & Bioengineering, 74(4): 288-294). In another specific embodiment, the altered carbohydrate modifications enhance the binding of FcγRIIB antibodies of the combinations of the invention to FcγRIIB receptor. Altering carbohydrate modifications in accordance with the

methods of the invention includes, for example, increasing the carbohydrate content of the antibody or decreasing the carbohydrate content of the antibody. Methods of altering carbohydrate contents are known to those skilled in the art, see, *e.g.*, Wallick *et al.*, 1988, Journal of Exp. Med. 168(3): 1099-1109; Tao *et al.*, 1989 Journal of Immunology, 143(8): 2595-2601; Routledge *et al.*, 1995 Transplantation, 60(8): 847-53; Elliott *et al.* 2003; Nature Biotechnology, 21: 414-21; Shields *et al.* 2002 Journal of Biological Chemistry, 277(30): 26733-40.

[00185] In some embodiments, the combinations of the invention encompass CD20 and/or FcγRIIB antibodies comprising one or more glycosylation sites, so that one or more carbohydrate moieties are covalently attached to the antibody. In other embodiments, the invention encompasses combinations of CD20 and FcγRIIB antibodies, wherein either or both comprise one or more glycosylation sites and one or more modifications in the Fc region, such as those disclosed *supra* and those known to one skilled in the art. In preferred embodiments, the one or more modifications in the Fc region of the FcγRIIB antibody of the combination enhance the affinity of the antibody for an activating FcγR, *e.g.*, FcγRIIA, relative to the antibody comprising the wild type Fc regions. Antibodies of the combinations of the invention with one or more glycosylation sites and/or one or more modifications in the Fc region have an enhanced antibody mediated effector function, *e.g.*, enhanced ADCC activity. In some embodiments, the combinations comprise antibodies comprising one or more modifications of amino acids that are directly or indirectly known to interact with a carbohydrate moiety of the antibody, including but not limited to amino acids at positions 241, 243, 244, 245, 249, 256, 258, 260, 262, 264, 265, 296, 299, and 301. Amino acids that directly or indirectly interact with a carbohydrate moiety of an antibody are known in the art, see, *e.g.*, Jefferis *et al.*, 1995 Immunology Letters, 44: 111-7.

[00186] The invention encompasses combinations of CD20 and/or FcγRIIB antibodies that have been modified by introducing one or more glycosylation sites into one or more sites of the antibodies, preferably without altering the functionality of the antibody, *e.g.*, binding activity to CD20 or FcγRIIB, respectively. Glycosylation sites may be introduced into the variable and/or constant region of the antibodies of the invention. As used herein, "glycosylation sites" include any specific amino acid sequence in an antibody to which an oligosaccharide (*i.e.*, carbohydrates containing two or more simple sugars linked together) will specifically and covalently attach. Oligosaccharide side chains are typically linked to the backbone of an antibody via either N-or O-linkages. N-linked glycosylation refers to the attachment of an oligosaccharide moiety to the side chain of an asparagine residue. O-linked glycosylation refers to the attachment of an

oligosaccharide moiety to a hydroxyamino acid, *e.g.*, serine, threonine. The antibodies of the combinations of the invention may comprise one or more glycosylation sites, including N-linked and O-linked glycosylation sites. Any glycosylation site for N-linked or O-linked glycosylation known in the art may be used in accordance with the instant invention. An exemplary N-linked glycosylation site that is useful in accordance with the methods of the present invention, is the amino acid sequence: Asn-X-Thr/Ser, wherein X may be any amino acid and Thr/Ser indicates a threonine or a serine. Such a site or sites may be introduced into an antibody using methods well known in the art to which this invention pertains. See, for example, "*In vitro* Mutagenesis," Recombinant DNA: A Short Course, J. D. Watson, *et al.* W.H. Freeman and Company, New York, 1983, chapter 8, pp. 106-116. An exemplary method for introducing a glycosylation site into an antibody of the invention may comprise: modifying or mutating an amino acid sequence of the antibody so that the desired Asn- X-Thr/Ser sequence is obtained.

[00187] In some embodiments, modification of the carbohydrate content of an antibody of the invention can be accomplished, *e.g.*, by adding or deleting a glycosylation site. Methods for modifying the carbohydrate content of antibodies are well known in the art, see, *e.g.*, U.S. Patent No. 6,218,149; EP 0 359 096 B1; U.S. Publication No. US 2002-0028486; WO 03/035835; U.S. Publication No. 2003-0115614; U.S. Patent No. 6,218,149; U.S. Patent No. 6,472,511. In other embodiments, modification of the carbohydrate content of an antibody can be accomplished by deleting one or more endogenous carbohydrate moieties of the antibody.

[00188] In some specific embodiments, the invention encompasses the use of combinations of a CD20 antibody and a modified FcγRIIB antibody, wherein the N-glycosylation consensus site Asn₅₀-Val-Ser of the CDR2 region has been modified, so that the glycosylation site at position 50 is eliminated. Although not intending to be bound by a particular mechanism of action, removal of the glycosylation site may limit potential variation in production of the antibody as well as potential immunogenicity in a pharmaceutical application. In a specific embodiment, the combinations of the invention comprise a humanized FcγRIIB antibody wherein the amino acid at position 50 has been modified, *e.g.*, deleted or substituted. In another specific embodiment, an FcγRIIB antibody in the combination comprises an amino acid modification, *e.g.*, deletion or substitution, at position 51. In one specific embodiment, the antibody combination of the invention comprises a humanized FcγRIIB antibody, wherein the amino acid at position 50 has been replaced with tyrosine. In another more specific embodiment, the combinations of the invention comprise a FcγRIIB antibody, wherein the amino acid at position

50 has been replaced with tyrosine and the amino acid at position 51 has been replaced with alanine.

5.1.6 FcγRIIB AGONISTS AND ANTAGONISTS

[00189] In addition to the combined use of a CD20 antibody and a FcγRIIB-specific antibody, an analog, derivative, or an antigen-binding fragment thereof, other FcγRIIB agonist and antagonists may be used in accordance with the compositions and methods of the invention. FcγRIIB agonists and antagonists include, but are not limited to, proteinaceous molecules (*e.g.*, proteins, polypeptides (*e.g.*, soluble FcγRIIB polypeptides), peptides, fusion proteins (*e.g.*, soluble FcγRIIB polypeptides conjugated to a therapeutic moiety), nucleic acid molecules (*e.g.*, FcγRIIB antisense nucleic acid molecules, triple helices, dsRNA that mediates RNAi, or nucleic acid molecules encoding proteinaceous molecules), organic molecules, inorganic molecules, small organic molecules, drugs, and small inorganic molecules that block, inhibit, reduce or neutralize a function, an activity and/or the expression of a FcγRIIB polypeptide, expressed by an immune cell, preferably a B cell. In some embodiments, a FcγRIIB agonist or antagonist used in accordance with the combination compositions and methods of the invention is not a small organic molecule, a drug or an antisense molecule. FcγRIIB agonists and antagonists can be identified using techniques well-known in the art or described herein.

[00190] Prophylactic and therapeutic compounds that can be used in the combinations of the invention include, but are not limited to, proteinaceous molecules, including, but not limited to, peptides, polypeptides, proteins, including post-translationally modified proteins, antibodies, *etc.*; small molecules (less than 1000 daltons), inorganic or organic compounds; nucleic acid molecules including, but not limited to, double-stranded or single-stranded DNA, double-stranded or single-stranded RNA, as well as triple helix nucleic acid molecules. Prophylactic and therapeutic compounds can be derived from any known organism (including, but not limited to, animals, plants, bacteria, fungi, and protista, or viruses) or from a library of synthetic molecules.

[00191] In a preferred embodiment, proteins, polypeptides or peptides (including antibodies and fusion proteins) that are utilized as FcγRIIB antagonists are derived from the same species as the recipient of the proteins, polypeptides or peptides so as to reduce the likelihood of an immune response to those proteins, polypeptides or peptides. In another preferred embodiment, when the subject is a human, the proteins, polypeptides, or peptides that are utilized as FcγRIIB antagonists are human or humanized.

5.2 ANTIBODY CONJUGATES

[00192] The present invention encompasses combinations of a CD20 antibody and a FcγRIIB antibody, wherein either or both antibodies are recombinantly fused or chemically

conjugated (including both covalently and non-covalently conjugations) to heterologous polypeptides (*i.e.*, an unrelated polypeptide; or portion thereof, preferably at least 10, at least 20, at least 30, at least 40, at least 50, at least 60, at least 70, at least 80, at least 90 or at least 100 amino acids of the polypeptide) to generate fusion proteins. The fusion does not necessarily need to be direct, but may occur through linker sequences. Antibodies may be used for example to target heterologous polypeptides to particular cell types, either *in vitro* or *in vivo*, by fusing or conjugating the antibodies to antibodies specific for particular cell surface receptors. Antibodies fused or conjugated to heterologous polypeptides may also be used in *in vitro* immunoassays and purification methods using methods known in the art. See *e.g.*, PCT Publication No. WO 93/21232; EP 439,095; Naramura *et al.*, 1994, Immunol. Lett., 39:91-99; U.S. Patent No. 5,474,981; Gillies *et al.*, 1992, Proc Natl Acad Sci, 89:1428-1432; and Fell *et al.*, 1991, J. Immunol., 146:2446-2452.

[00193] Further, the CD20 antibody, the FcγRIIB antibody or both the CD20 and FcγRIIB can be conjugated to a therapeutic agent or drug moiety that modifies a given biological response. The therapeutic agent or drug moiety conjugated to a CD20 antibody and a FcγRIIB antibody in a combination of the invention may or may not be the same. Therapeutic agents or drug moieties are not to be construed as limited to classical chemical therapeutic agents. For example, the drug moiety may be a protein or polypeptide possessing a desired biological activity. Such proteins may include, for example, a toxin such as abrin, ricin A, pseudomonas exotoxin (*i.e.*, PE-40), or diphtheria toxin, ricin, gelonin, and pokeweed antiviral protein, a protein such as tumor necrosis factor, interferons including, but not limited to, α-interferon (IFN-α), β-interferon (IFN-β), nerve growth factor (NGF), platelet derived growth factor (PDGF), tissue plasminogen activator (TPA), an apoptotic agent (*e.g.*, TNF-α, TNF-β, AIM I as disclosed in PCT Publication No. WO 97/33899), AIM II (see, *e.g.*, PCT Publication No. WO 97/34911), Fas Ligand (Takahashi *et al.*, 1994 J. Immunol., 6:1567-1574), and VEGI (PCT Publication No. WO 99/23105), a thrombotic agent or an anti-angiogenic agent (*e.g.*, angiostatin or endostatin), or a biological response modifier such as, for example, a lymphokine (*e.g.*, interleukin-1 ("IL-1"), interleukin-2 ("IL-2"), interleukin-6 ("IL-6"), granulocyte macrophage colony stimulating factor ("GM-CSF"), and granulocyte colony stimulating factor ("G-CSF")), macrophage colony stimulating factor, ("M-CSF"), or a growth factor (*e.g.*, growth hormone ("GH"); a protease, or a ribonuclease.

[00194] The CD20 antibody, the FcγRIIB antibody or both the CD20 and FcγRIIB antibodies can be fused to marker sequences, such as a peptide, to facilitate purification. In preferred embodiments, the marker amino acid sequence is a hexa-histidine peptide, such as the

tag provided in a pQE vector (QIAGEN, Inc., 9259 Eton Avenue, Chatsworth, CA, 91311), among others, many of which are commercially available. As described in Gentz *et al.*, 1989 Proc. Natl. Acad. Sci. USA, 86:821-824, for instance, hexa-histidine provides for convenient purification of the fusion protein. Other peptide tags useful for purification include, but are not limited to, the hemagglutinin "HA" tag, which corresponds to an epitope derived from the influenza hemagglutinin protein (Wilson *et al.*, 1984 Cell, 37:767) and the "flag" tag (Knappik *et al.*, 1994 Biotechniques, 17(4):754-761).

[00195] The present invention further includes the use of compositions comprising heterologous polypeptides fused or conjugated to a CD20 or FcγRIIB antibody fragment. For example, the heterologous polypeptides may be fused or conjugated to a Fab fragment, Fd fragment, Fv fragment, F(ab)₂ fragment, or portion thereof. Methods for fusing or conjugating polypeptides to antibody portions are known in the art. See, *e.g.*, U.S. Patent Nos. 5,336,603, 5,622,929, 5,359,046, 5,349,053, 5,447,851, and 5,112,946; EP 307,434; EP 367,166; International Publication Nos. WO 96/04388 and WO 91/06570; Ashkenazi *et al.*, 1991, Proc. Natl. Acad. Sci. USA 88: 10535-10539; Zheng *et al.*, 1995, J. Immunol. 154:5590-5600; and Vil *et al.*, 1992, Proc. Natl. Acad. Sci. USA 89:11337- 11341.

[00196] Additional CD20 antibody or FcγRIIB antibody fusion proteins may be generated through the techniques of gene-shuffling, motif-shuffling, exon-shuffling, and/or codon-shuffling (collectively referred to as "DNA shuffling"). DNA shuffling may be employed to alter the activities of antibodies of the invention or fragments thereof (*e.g.*, antibodies or fragments thereof with higher affinities and lower dissociation rates). See, generally, U.S. Patent Nos. 5,605,793; 5,811,238; 5,830,721; 5,834,252; and 5,837,458, and Patten *et al.*, 1997, Curr. Opinion Biotechnol. 8:724-33; Harayama, 1998, Trends Biotechnol. 16:76; Hansson, *et al.*, 1999, J. Mol. Biol. 287:265; and Lorenzo and Blasco, 1998, BioTechniques 24:308. Antibodies or fragments thereof, or the encoded antibodies or fragments thereof, may be altered by being subjected to random mutagenesis by error-prone PCR, random nucleotide insertion or other methods prior to recombination. One or more portions of a polynucleotide encoding an antibody or antibody fragment, which portions specifically bind to FcγRIIB or CD20 may be recombined with one or more components, motifs, sections, parts, domains, fragments, *etc.*, of one or more heterologous molecules.

[00197] The present invention also encompasses combinations, wherein a CD20 antibody, a FcγRIIB antibody, or both a CD20 and a FcγRIIB antibody is conjugated to a diagnostic or

therapeutic agent or any other molecule for which serum half-life is desired to be increased. The antibodies can be used diagnostically to, for example, monitor the development or progression of a disease, disorder or infection as part of a clinical testing procedure to, *e.g.*, determine the efficacy of a given treatment regimen. Detection can be facilitated by coupling the antibody to a detectable substance. Examples of detectable substances include various enzymes, prosthetic groups, fluorescent materials, luminescent materials, bioluminescent materials, radioactive materials, positron emitting metals, and nonradioactive paramagnetic metal ions. The detectable substance may be coupled or conjugated either directly to the antibody or indirectly, through an intermediate (such as, for example, a linker known in the art) using techniques known in the art. See, for example, U.S. Patent No. 4,741,900 for metal ions which can be conjugated to antibodies for use as diagnostics according to the present invention. Such diagnosis and detection can be accomplished by coupling the antibody to detectable substances including, but not limited to, various enzymes, enzymes including, but not limited to, horseradish peroxidase, alkaline phosphatase, beta-galactosidase, or acetylcholinesterase; prosthetic group complexes such as, but not limited to, streptavidin/biotin and avidin/biotin; fluorescent materials such as, but not limited to, umbelliferone, fluorescein, fluorescein isothiocyanate, rhodamine, dichlorotriazinylamine fluorescein, dansyl chloride or phycoerythrin; luminescent material such as, but not limited to, luminol; bioluminescent materials such as, but not limited to, luciferase, luciferin, and aequorin; radioactive material such as, but not limited to, bismuth (^{213}Bi), carbon (^{14}C), chromium (^{51}Cr), cobalt (^{57}Co), fluorine (^{18}F), gadolinium (^{153}Gd , ^{159}Gd), gallium (^{68}Ga , ^{67}Ga), germanium (^{68}Ge), holmium (^{166}Ho), indium (^{115}In , ^{113}In , ^{112}In , ^{111}In), iodine (^{131}I , ^{125}I , ^{123}I , ^{121}I), lanthanum (^{140}La), lutetium (^{177}Lu), manganese (^{54}Mn), molybdenum (^{99}Mo), palladium (^{103}Pd), phosphorous (^{32}P), praseodymium (^{142}Pr), promethium (^{149}Pm), rhenium (^{186}Re , ^{188}Re), rhodium (^{105}Rh), ruthenium (^{97}Ru), samarium (^{153}Sm), scandium (^{47}Sc), selenium (^{75}Se), strontium (^{85}Sr), sulfur (^{35}S), technetium (^{99}Tc), thallium (^{201}Tl), tin (^{113}Sn , ^{117}Sn), tritium (^3H), xenon (^{133}Xe), ytterbium (^{169}Yb , ^{175}Yb), yttrium (^{90}Y), zinc (^{65}Zn); positron emitting metals using various positron emission tomographies, and nonradioactive paramagnetic metal ions.

[00198] An antibody of the combinations of the invention can be conjugated to a therapeutic moiety such as a cytotoxin (*e.g.*, a cytostatic or cytotoxic agent), a therapeutic agent or a radioactive element (*e.g.*, alpha-emitters, gamma-emitters, *etc.*). Cytotoxins or cytotoxic agents include any agent that is detrimental to cells. Examples include paclitaxol, cytochalasin B, gramicidin D, ethidium bromide, emetine, mitomycin, etoposide, teniposide, vincristine, vinblastine, colchicin, doxorubicin, daunorubicin, dihydroxy anthracin dione, mitoxantrone, mithramycin, actinomycin D, 1-dehydrotestosterone, glucocorticoids, procaine, tetracaine,

lidocaine, propranolol, and puromycin and analogs or homologs thereof. Therapeutic agents include, but are not limited to, antimetabolites (*e.g.*, methotrexate, 6-mercaptopurine, 6-thioguanine, cytarabine, 5-fluorouracil decarbazine), alkylating agents (*e.g.*, mechlorethamine, thioepa chlorambucil, melphalan, carmustine (BSNU) and lomustine (CCNU), cyclophosphamide, busulfan, dibromomannitol, streptozotocin, mitomycin C, and cisdichlorodiamine platinum (II) (DDP) cisplatin), anthracyclines (*e.g.*, daunorubicin (formerly daunomycin) and doxorubicin), antibiotics (*e.g.*, dactinomycin (formerly actinomycin), bleomycin, mithramycin, and anthramycin (AMC)), and anti-mitotic agents (*e.g.*, vincristine and vinblastine).

[00199] Moreover, an antibody of the combinations of the invention can be conjugated to therapeutic moieties such as a radioactive materials or macrocyclic chelators useful for conjugating radiometal ions (see above for examples of radioactive materials). In certain embodiments, the macrocyclic chelator is 1,4,7,10-tetraazacyclododecane-N,N',N'',N'''-tetraacetic acid (DOTA) which can be attached to the antibody via a linker molecule. Such linker molecules are commonly known in the art and described in Denardo *et al.*, 1998, Clin Cancer Res. 4:2483-90; Peterson *et al.*, 1999, Bioconjug. Chem. 10:553; and Zimmerman *et al.*, 1999, Nucl. Med. Biol. 26:943-50.

[00200] Techniques for conjugating such therapeutic moieties to antibodies are well known; see, *e.g.*, Arnon *et al.*, "Monoclonal Antibodies For Immunotargeting Of Drugs In Cancer Therapy", in Monoclonal Antibodies And Cancer Therapy, Reisfeld *et al.* (eds.), 1985, pp. 243-56, Alan R. Liss, Inc.); Hellstrom *et al.*, "Antibodies For Drug Delivery", in Controlled Drug Delivery (2nd Ed.), Robinson *et al.* (eds.), 1987, pp. 623-53, Marcel Dekker, Inc.); Thorpe, "Antibody Carriers Of Cytotoxic Agents In Cancer Therapy: A Review", in Monoclonal Antibodies '84: Biological And Clinical Applications, Pinchera *et al.* (eds.), 1985, pp. 475-506); "Analysis, Results, And Future Prospective Of The Therapeutic Use Of Radiolabeled Antibody In Cancer Therapy", in Monoclonal Antibodies For Cancer Detection And Therapy, Baldwin *et al.* (eds.), 1985, pp. 303-16, Academic Press; and Thorpe *et al.*, Immunol. Rev., 62:119-58, 1982.

[00201] CD20 antibody and FcγRIIB antibody combinations of the invention that comprise an antibody or fragment thereof, with or without a therapeutic moiety conjugated to it, administered alone or in further combination with cytotoxic factor(s) and/or cytokine(s) can be used as a therapeutic.

[00202] Alternatively, an antibody of the combination can be conjugated to a second antibody to form an antibody heteroconjugate as described by Segal in U.S. Patent No. 4,676,980.

[00203] Antibodies of the combinations may also be attached to solid supports, which are particularly useful for immunoassays or purification of the target antigen. Such solid supports include, but are not limited to, glass, cellulose, polyacrylamide, nylon, polystyrene, polyvinyl chloride or polypropylene.

5.3 **PREPARATION AND CHARACTERIZATION OF MONOCLONAL ANTIBODIES OF THE INVENTION**

[00204] Monoclonal antibodies can be prepared using a wide variety of techniques known in the art including the use of hybridoma, recombinant, and phage display technologies, or a combination thereof. For example, monoclonal antibodies can be produced using hybridoma techniques including those known in the art and taught, for example, in Harlow *et al.*, *Antibodies: A Laboratory Manual*, (Cold Spring Harbor Laboratory Press, 2nd ed. 1988); Hammerling, *et al.*, in: *Monoclonal Antibodies and T cell Hybridomas*, pp. 563-681 (Elsevier, N.Y., 1981). The term “monoclonal antibody” as used herein is not limited to antibodies produced through hybridoma technology. The term “monoclonal antibody” refers to an antibody that is derived from a single clone, including any eukaryotic, prokaryotic, or phage clone, and not the method by which it is produced.

[00205] Methods for producing and screening for specific antibodies using hybridoma technology are routine and well known in the art. In a non-limiting example, mice can be immunized with an antigen of interest such as CD20 or FcγRIIB or a cell expressing such an antigen. Once an immune response is detected, *e.g.*, antibodies specific for the antigen are detected in the mouse serum, the mouse spleen is harvested and splenocytes isolated. The splenocytes are then fused by well known techniques to any suitable myeloma cells. Hybridomas are selected and cloned by limiting dilution. The hybridoma clones are then assayed by methods known in the art for cells that secrete antibodies capable of binding the antigen. Ascites fluid, which generally contains high levels of antibodies, can be generated by inoculating mice intraperitoneally with positive hybridoma clones.

[00206] Monoclonal antibodies that specifically bind FcγRIIB with greater affinity than said monoclonal antibodies bind FcγRIIA can be produced by a method comprising: immunizing one or more FcγRIIA transgenic mice (see U.S. 5,877,396 and U.S. 5,824,487) with the purified extracellular domain of human FcγRIIB, amino acids 1-180; producing hybridoma cell lines from spleen cells of said mice, screening said hybridoma cells lines for one or more hybridoma cell lines that produce antibodies that specifically bind FcγRIIB with greater affinity than said antibodies bind FcγRIIA. FcγRIIB monoclonal antibodies that specifically bind FcγRIIB,

particularly human FcγRIIB, with a greater affinity than said monoclonal antibodies bind FcγRIIA, can be produced by a method further comprising: immunizing one or more FcγRIIA transgenic mice with purified FcγRIIB or an immunogenic fragment thereof, booster immunizing said mice sufficient number of times to elicit an immune response, producing hybridoma cell lines from spleen cells of said one or more mice, screening said hybridoma cell lines for one or more hybridoma cell lines that produce antibodies that specifically bind FcγRIIB with a greater affinity than said antibodies bind FcγRIIA. In some methods, the mice are immunized with purified FcγRIIB which has been mixed with any adjuvant known in the art to enhance immune response. Adjuvants that can be used for producing monoclonal antibodies include, but are not limited to, protein adjuvants; bacterial adjuvants, *e.g.*, whole bacteria (BCG, *Corynebacterium parvum*, *Salmonella minnesota*) and bacterial components including cell wall skeleton, trehalose dimycolate, monophosphoryl lipid A, methanol extractable residue (MER) of tubercle bacillus, complete or incomplete Freund's adjuvant; viral adjuvants; chemical adjuvants, *e.g.*, aluminum hydroxide, iodoacetate and cholesteryl hemisuccinate; naked DNA adjuvants. Other adjuvants that can be used for producing monoclonal antibodies include, Cholera toxin, paropox proteins, MPL[®] (Corixa Corporation; See also Lodmell D.I. *et al.*, 2000 Vaccine, 18: 1059-1066; Ulrich *et al.*, 2000, Methods in Molecular Medicine, 273-282; Johnson *et al.*, 1999, Journal of Medicinal Chemistry, 42: 4640-4649; Baldrige *et al.*, 1999 Methods, 19: 103-107), RC-529 adjuvant (Corixa Corporation; the lead compound from Corixa's aminoalkyl glucosaminide 4-phosphate (AGP) chemical library), and DETOX[™] adjuvant (Corixa Corporation; DETOX[™] adjuvant includes MPL[®] adjuvant (monophosphoryl lipid A) and mycobacterial cell wall skeleton; See also Eton *et al.*, 1998, Clin. Cancer Res, 4(3):619-27; and Gubta R. *et al.*, 1995, Vaccine, 13(14):1263-76 .

[00207] Antibody fragments which recognize specific epitopes can be generated by known techniques. For example, Fab and F(ab')₂ fragments may be produced by proteolytic cleavage of immunoglobulin molecules, using enzymes such as papain (to produce Fab fragments) or pepsin (to produce F(ab')₂ fragments). F(ab')₂ fragments contain the complete light chain, and the variable region, the CH1 region and at least a portion of the hinge region of the heavy chain.

[00208] For example, antibodies can be generated using various phage display methods known in the art. In phage display methods, functional antibody domains are displayed on the surface of phage particles which carry the polynucleotide sequences encoding them. In a particular embodiment, such phage can be utilized to display antigen binding domains, such as Fab and Fv or disulfide-bond stabilized Fv, expressed from a repertoire or combinatorial

antibody library (*e.g.*, human or murine). Phage expressing an antigen binding domain that binds the antigen of interest can be selected or identified with antigen, *e.g.*, using labeled antigen or antigen bound or captured to a solid surface or bead. Phage used in these methods are typically filamentous phage, including fd and M13. The antigen binding domains are expressed as a recombinantly fused protein to either the phage gene III or gene VIII protein. Examples of phage display methods that can be used to make the immunoglobulins, or fragments thereof, of the present invention include those disclosed in Brinkman *et al.*, J. Immunol. Methods, 182:41-50, 1995; Ames *et al.*, J. Immunol. Methods, 184:177-186, 1995; Kettleborough *et al.*, Eur. J. Immunol., 24:952-958, 1994; Persic *et al.*, Gene, 187:9-18, 1997; Burton *et al.*, Advances in Immunology, 57:191-280, 1994; PCT Application No. PCT/GB91/01134; PCT Publications WO 90/02809; WO 91/10737; WO 92/01047; WO 92/18619; WO 93/11236; WO 95/15982; WO 95/20401; and U.S. Patent Nos. 5,698,426; 5,223,409; 5,403,484; 5,580,717; 5,427,908; 5,750,753; 5,821,047; 5,571,698; 5,427,908; 5,516,637; 5,780,225; 5,658,727; 5,733,743 and 5,969,108.

[00209] As described in the above references, after phage selection, the antibody coding regions from the phage can be isolated and used to generate whole antibodies, including human antibodies, or any other desired fragments, and expressed in any desired host, including mammalian cells, insect cells, plant cells, yeast, and bacteria, *e.g.*, as described in detail below. For example, techniques to recombinantly produce Fab, Fab' and F(ab')₂ fragments can also be employed using methods known in the art such as those disclosed in PCT Publication WO 92/22324; Mullinax *et al.*, BioTechniques, 12(6):864-869, 1992; and Sawai *et al.*, AJRI, 34:26-34, 1995; and Better *et al.*, Science, 240:1041-1043, 1988. Examples of techniques which can be used to produce single-chain Fvs and antibodies include those described in U.S. Patent Nos. 4,946,778 and 5,258,498; Huston *et al.*, Methods in Enzymology, 203:46-88, 1991; Shu *et al.*, Proc Natl Acad Sci USA, 90:7995-7999, 1993; and Skerra *et al.*, Science, 240:1038-1040, 1988.

[00210] Phage display technology can be used to increase the affinity of an antibody used in a combination of the invention for FcγRIIB or CD20. This technique would be useful in obtaining high affinity antibodies that could be used in the combinatorial methods of the invention. The technology, referred to as affinity maturation, employs mutagenesis or CDR walking and re-selection using FcγRIIB or CD20 or an antigenic fragment thereof to identify antibodies that bind with higher affinity to the antigen when compared with the initial or parental antibody (See, *e.g.*, Glaser *et al.*, 1992, J. Immunology 149:3903). Mutagenizing entire codons rather than single nucleotides results in a semi-randomized repertoire of amino acid mutations.

Libraries can be constructed consisting of a pool of variant clones each of which differs by a single amino acid alteration in a single CDR and which contain variants representing each possible amino acid substitution for each CDR residue. Mutants with increased binding affinity for the antigen can be screened by contacting the immobilized mutants with labeled antigen. Any screening method known in the art can be used to identify mutant antibodies with increased avidity to the antigen (*e.g.*, ELISA) (See Wu *et al.*, 1998, Proc Natl. Acad Sci. USA 95:6037; Yelton *et al.*, 1995, J. Immunology 155:1994). CDR walking which randomizes the light chain is also possible (See Schier *et al.*, 1996, J. Mol. Bio. 263:551).

[00211] The antibodies used in the combinations of the invention may be characterized for specific binding to FcγRIIB or CD20 using any immunological or biochemical based method known in the art for characterizing, including quantitating, the interaction of the antibody to FcγRIIB or CD20. Specific binding of an antibody of a combination of the invention to FcγRIIB or CD20 may be determined for example using immunological or biochemical based methods including, but not limited to, an ELISA assay, surface plasmon resonance assays, immunoprecipitation assay, affinity chromatography, and equilibrium dialysis. Immunoassays which can be used to analyze immunospecific binding and cross-reactivity of the antibodies of the invention include, but are not limited to, competitive and non-competitive assay systems using techniques such as western blots, radioimmunoassays, ELISA (enzyme linked immunosorbent assay), "sandwich" immunoassays, immunoprecipitation assays, precipitin reactions, gel diffusion precipitin reactions, immunodiffusion assays, agglutination assays, complement-fixation assays, immunoradiometric assays, fluorescent immunoassays, protein A immunoassays, to name but a few. Such assays are routine and well known in the art (see, *e.g.*, Ausubel *et al.*, eds, 1994, Current Protocols in Molecular Biology, Vol. 1, John Wiley & Sons, Inc., New York).

[00212] Antibodies of the combinations of the invention can be assayed using any surface plasmon resonance based assays known in the art for characterizing the kinetic parameters of the interaction of the antibody with FcγRIIB or CD20. Any SPR instrument commercially available including, but not limited to, BIAcore Instruments, available from Biacore AB (Uppsala, Sweden); IAsys instruments available from Affinity Sensors (Franklin, MA.); IBIS system available from Windsor Scientific Limited (Berks, UK), SPR-CELLIA systems available from Nippon Laser and Electronics Lab (Hokkaido, Japan), and SPR Detector Spreeta available from Texas Instruments (Dallas, TX) can be used in the instant invention. For a review of SPR-based technology see Mullet *et al.*, 2000, Methods 22: 77-91; Dong *et al.*, 2002, Review in Mol. Biotech., 82: 303-23; Fivash *et al.*, 1998, Current Opinion in Biotechnology 9: 97-101; Rich *et*

al., 2000, Current Opinion in Biotechnology 11: 54-61. Additionally, any of the SPR instruments and SPR based methods for measuring protein-protein interactions described in U.S. Patent Nos. 6,373,577; 6,289,286; 5,322,798; 5,341,215; 6,268,125 are contemplated in the methods of the invention.

[00213] Briefly, SPR based assays involve immobilizing a member of a binding pair on a surface, and monitoring its interaction with the other member of the binding pair in solution in real time. SPR is based on measuring the change in refractive index of the solvent near the surface that occurs upon complex formation or dissociation. The surface onto which the immobilization occur is the sensor chip, which is at the heart of the SPR technology; it consists of a glass surface coated with a thin layer of gold and forms the basis for a range of specialized surfaces designed to optimize the binding of a molecule to the surface. A variety of sensor chips are commercially available especially from the companies listed *supra*, all of which may be used in the methods of the invention. Examples of sensor chips include those available from BIAcore AB, Inc., *e.g.*, Sensor Chip CM5, SA, NTA, and HPA. A molecule of the invention may be immobilized onto the surface of a sensor chip using any of the immobilization methods and chemistries known in the art, including but not limited to, direct covalent coupling via amine groups, direct covalent coupling via sulfhydryl groups, biotin attachment to avidin coated surface, aldehyde coupling to carbohydrate groups, and attachment through the histidine tag with NTA chips.

[00214] The invention encompasses characterization of the antibodies using certain characterization assays for identifying the function of the antibodies of the invention, such as the activity to modulate FcγRIIB signaling. For example, characterization assays can measure phosphorylation of tyrosine residues in the ITIM motif of FcγRIIB, or measure the inhibition of B cell receptor-generated calcium mobilization. The characterization assays can be cell-based or cell-free assays.

[00215] It has been well established in the art that, in mast cells, coaggregation of FcγRIIB with the high affinity IgE receptor, FcεRI, leads to inhibition of antigen-induced degranulation, calcium mobilization, and cytokine production (Metcalf D.D. *et al.* 1997, Physiol. Rev. 77:1033; Long E.O. 1999 Annu Rev. Immunol 17: 875). The molecular details of this signaling pathway have been recently elucidated (Ott V. L., 2002, J. Immunol. 162(9):4430-9). Once coaggregated with FcεRI, FcγRIIB is rapidly phosphorylated on tyrosine in its ITIM motif, and then recruits Src Homology-2 containing inositol-5-phosphatase (SHIP), an SH2 domain-containing inositol polyphosphate 5-phosphatase, which is in turn phosphorylated and associates

with Shc and p62^{dok} (p62^{dok} is the prototype of a family of adaptor molecules, which includes signaling domains such as an aminoterminal pleckstrin homology domain (PH domain), a PTB domain, and a carboxy terminal region containing PXXP motifs and numerous phosphorylation sites (Carpino *et al.*, 1997 Cell, 88: 197; Yamanshi *et al.*, 1997, Cell, 88:205).

[00216] Anti-FcγRIIB antibodies of the combinations of the invention can be characterized for the ability to modulate one or more IgE mediated responses. Cells lines co-expressing the high affinity receptor for IgE and the low affinity receptor for FcγRIIB can be used in characterizing the anti-FcγRIIB antibodies of the combinations of the invention in modulating IgE mediated responses. In a specific embodiment, cells from a rat basophilic leukemia cell line (RBL-H23; Barsumian E.L. *et al.* 1981 Eur. J. Immunol.11:317) transfected with full length human FcγRIIB can be used in the methods of the invention. RBL-2H3 is a well characterized rat cell line that has been used extensively to study the signaling mechanisms following IgE-mediated cell activation. When expressed in RBL-2H3 cells and coaggregated with FcεRI, FcγRIIB inhibits FcεRI-induced calcium mobilization, degranulation, and cytokine production (Malbec *et al.*, 1998, J. Immunol. 160:1647; Daeron *et al.*, 1995 J. Clin. Invest. 95:577; Ott *et al.*, 2002 J. of Immunol. 168:4430- 4439).

[00217] In some embodiments, the anti-FcγRIIB antibodies of the combinations of the invention can be characterized for inhibition of FcεRI induced mast cell activation. For example, cells from a rat basophilic leukemia cell line (RBL-H23; Barsumian E.L. *et al.* 1981 Eur. J. Immunol.11:317) that have been transfected with FcγRIIB can be sensitized with IgE and stimulated either with F(ab')₂ fragments of rabbit anti-mouse IgG, to aggregate FcεRI alone, or with whole rabbit anti-mouse IgG to coaggregate FcγRIIB and FcεRI. In this system, indirect modulation of downstream signaling molecules can be assayed upon addition of an FcγRIIB antibody of the invention to the sensitized and stimulated cells. For example, tyrosine phosphorylation of FcγRIIB and recruitment and phosphorylation of SHIP, activation of MAP kinase family members, including but not limited to Erk1, Erk2, JNK, or p38; and tyrosine phosphorylation of p62^{dok} and its association with SHIP and RasGAP can be assayed.

[00218] One exemplary assay for determining the inhibition of FcεRI induced mast cell activation by the FcγRIIB antibodies of the combinations of the invention can comprise of the following: transfecting RBL-H23 cells with human FcγRIIB; sensitizing the RBL-H23 cells with IgE; stimulating RBL-H23 cells with either F(ab')₂ of rabbit anti-mouse IgG (to aggregate FcεRI alone and elicit FcεRI-mediated signaling, as a control), or stimulating RBL-H23 cells with whole rabbit anti-mouse IgG to (to coaggregate FcγRIIB and FcεRI, resulting in inhibition of

FcεRI-mediated signaling). Cells that have been stimulated with whole rabbit anti-mouse IgG antibodies can be further pre-incubated with the antibodies of the invention. Measuring FcεRI-dependent activity of cells that have been pre-incubated with the antibodies of the invention and cells that have not been pre-incubated with the antibodies of the invention, and comparing levels of FcεRI-dependent activity in these cells, would indicate a modulation of FcεRI-dependent activity by the antibodies of the invention.

[00219] The exemplary assay described above can be for example, used to identify antibodies that block ligand (IgG) binding to FcγRIIB receptor and antagonize FcγRIIB-mediated inhibition of FcεRI signaling by preventing coaggregating of FcγRIIB and FcεRI. This assay likewise identifies antibodies that enhance coaggregation of FcγRIIB and FcεRI and agonize FcγRIIB-mediated inhibition of FcεRI signaling by promoting coaggregating of FcγRIIB and FcεRI.

[00220] In a preferred embodiment, FcεRI-dependent activity is at least one or more of the following: modulation of downstream signaling molecules (*e.g.*, modulation of phosphorylation state of FcγRIIB, modulation of SHIP recruitment, modulation of MAP Kinase activity, modulation of phosphorylation state of SHIP, modulation of SHIP and Shc association SHIP and Shc, modulation of the phosphorylation state of p62^{dok}, modulation of p62^{dok} and SHIP association, modulation of p62^{dok} and RasGAP association, modulation of calcium mobilization, modulation of degranulation, and modulation of cytokine production. In yet another preferred embodiment, FcεRI-dependent activity is serotonin release and/or extracellular Ca⁺⁺ influx and/or IgE dependent mast cell activation. It is known to one skilled in the art that coaggregation of FcγRIIB and FcεRI stimulates FcγRIIB tyrosine phosphorylation, stimulates recruitment of SHIP, stimulates SHIP tyrosine phosphorylation and association with Shc, and inhibits activation of MAP kinase family members including, but not limited to, Erk1, Erk2, JNK, p38. It is also known to those skilled in the art that coaggregation of FcγRIIB and FcεRI stimulates enhanced tyrosine phosphorylation of p62^{dok} and its association with SHIP and RasGAP.

[00221] The anti-FcγRIIB antibodies of the combinations of the invention can be characterized for their ability to modulate an IgE mediated response by monitoring and/or measuring degranulation of mast cells or basophils, preferably in a cell-based assay. Preferably, mast cells or basophils for use in such assays have been engineered to contain human FcγRIIB using standard recombinant methods known to one skilled in the art. In a specific embodiment the anti-FcγRIIB antibodies of the combinations of the invention are characterized for their ability to modulate an IgE mediated response in a cell-based β-hexosaminidase (enzyme contained in the granules) release assay. β-hexosaminidase release from mast cells and basophils

is a primary event in acute allergic and inflammatory condition (Aketani *et al.*, 2001 Immunol. Lett. 75: 185-9; Aketani *et al.*, 2000 Anal. Chem. 72: 2653-8). Release of other inflammatory mediators including but not limited to serotonin and histamine may be assayed to measure an IgE mediated response in accordance with the methods of the invention. Although not intending to be bound by a particular mechanism of action, release of granules such as those containing β -hexosaminidase from mast cells and basophils is an intracellular calcium concentration dependent process that is initiated by the cross-linking of Fc γ RI with multivalent antigen.

[00222] One exemplary assay for characterizing the anti-Fc γ RIIB antibodies of the combinations of the invention in mediating an IgE mediated response is a β -hexosaminidase release assay comprising the following: transfecting RBL-H23 cells with human Fc γ RIIB; sensitizing the cells with mouse IgE alone or with mouse IgE and an anti-Fc γ RIIB antibody of the invention; stimulating the cells with various concentrations of goat anti-mouse F(ab)₂, preferably in a range from 0.03 μ g/mL to 30 μ g/mL for about 1 hour; collecting the supernatant; lysing the cells; and measuring the β -hexosaminidase activity released in the supernatant by a colorimetric assay, *e.g.*, using p-nitrophenyl N-acetyl- β -D-glucosaminide. The released β -hexosaminidase activity is expressed as a percentage of the released activity to the total activity. The released β -hexosaminidase activity will be measured and compared in cells treated with antigen alone; IgE alone; IgE and an anti-Fc γ RIIB antibody of the invention. Although not intending to be bound by a particular mechanism of action, once cells are sensitized with mouse IgE alone and challenged with F(ab)₂ fragments of a polyclonal goat anti-mouse IgG, aggregation and cross linking of Fc γ RI occurs since the polyclonal antibody recognizes the light chain of the murine IgE bound to the Fc γ RI; which in turn leads to mast cell activation and degranulation. On the other hand, when cells are sensitized with mouse IgE and an anti-Fc γ RIIB antibody of the combinations of the invention and challenged with F(ab)₂ fragments of a polyclonal goat anti-mouse IgG; cross linking of Fc γ RI and Fc γ RIIB occurs, resulting in inhibition of Fc γ RI induced degranulation. In either case, goat anti mouse F(ab)₂ induces a dose-dependent β -hexoaminidase release. In some embodiments, the anti-Fc γ RIIB antibodies bound to the Fc γ RIIB receptor and cross linked to Fc γ RI do not affect the activation of the inhibitory pathway, *i.e.*, there is no alteration in the level of degranulation in the presence of an anti-Fc γ RIIB antibody. In other embodiments, the anti-Fc γ RIIB antibodies mediate a stronger activation of the inhibitory receptor, Fc γ RIIB, when bound by the anti-Fc γ RIIB antibody, allowing effective cross linking to Fc γ RI and activation of the inhibitory pathway of homo-aggregated Fc γ RIIB.

[00223] The effect of the anti-FcγRIIB antibodies of the combinations of the invention on IgE mediated cell response can be characterized using calcium mobilization assays using methodologies known to one skilled in the art. An exemplary calcium mobilization assay may comprise the following: priming basophils or mast cells with IgE; incubating the cells with a calcium indicator, *e.g.*, Fura 2; stimulating cells as described *supra*; and monitoring and/or quantitating intracellular calcium concentration for example by using flow cytometry. The invention encompasses monitoring and/or quantitating intracellular calcium concentration by any method known to one skilled in the art see, *e.g.*, Immunology Letters, 2001, 75:185-9; British J. of Pharm, 2002, 136:837-45; J. of Immunology, 168:4430-9 and J. of Cell Biol., 153(2):339-49.

[00224] In preferred embodiments, anti-FcγRIIB antibodies of the combinations of the invention inhibit IgE mediated cell activation. In other embodiments, the anti-FcγRIIB antibodies of the combinations of the invention block the inhibitory pathways regulated by FcγRIIB or block the ligand binding site on FcγRIIB and thus enhance immune response.

[00225] In one particular embodiment, the anti-FcγRIIB antibodies of the combinations block the ligand binding site of FcγRIIB. In a further specific embodiment, the blocking activity can block the negative regulation of immune-complex-triggered activation and consequently enhance the immune response. In a further specific embodiment, the enhanced immune response is an increase in antibody-dependent cellular response. In another specific embodiment, the anti-FcγRIIB antibodies of the combinations of the invention block crosslinking of FcγRIIB receptors to B cell and/or Fc receptors, leading to B cell, mast cell, dendritic cell, or macrophage activation.

[00226] The ability to study human mast cells has been limited by the absence of suitable long term human mast cell cultures. Recently two novel stem cell factor dependent human mast cell lines, designated LAD 1 and LAD2, were established from bone marrow aspirates from a patient with mast cell sarcoma/leukemia (Kirshenbaum *et al.*, 2003, Leukemia research, 27:677-82). Both cell lines have been described to express FcεRI and several human mast cell markers. The invention encompasses using LAD 1 and 2 cells in the methods of the invention for assessing the effect of the antibodies of the invention on IgE mediated responses. In a specific embodiment, cell-based β-hexosaminidase release assays such as those described *supra* may be used in LAD cells to determine any modulation of the IgE-mediated response by the anti-FcγRIIB antibodies of the combinations of the invention. In an exemplary assay, human mast cells, *e.g.*, LAD 1, are primed with chimaeric human IgE anti-nitrophenol (NP) and challenged with BSA-NP, the

polyvalent antigen, and cell degranulation is monitored by measuring the β -hexosaminidase released in the supernatant (Kirshenbaum *et al.*, 2003, *Leukemia research*, 27:677-682).

[00227] In some embodiments, if human mast cells have a low expression of endogenous Fc γ RIIB, as determined using standard methods known in the art, *e.g.*, FACS staining, it may be difficult to monitor and/or detect differences in the activation of the inhibitory pathway mediated by the anti-Fc γ RIIB antibodies of the combinations of the invention. The invention thus encompasses alternative methods, whereby the Fc γ RIIB expression may be upregulated using cytokines and particular growth conditions. Fc γ RIIB has been described to be highly up-regulated in human monocyte cell lines, *e.g.*, THP1 and U937, (Tridandapani *et al.*, 2002, *J. Biol. Chem.*, 277(7): 5082-5089) and in primary human monocytes (Pricop *et al.*, 2001, *J. of Immunol.*, 166: 531-537) by IL-4. Differentiation of U937 cells with dibutyryl cyclic AMP has been described to increase expression of Fc γ RII (Cameron *et al.*, 2002 *Immunology Letters* 83, 171-179). Thus the endogenous Fc γ RIIB expression in human mast cells for use in the methods of the invention may be up-regulated using cytokines, *e.g.*, IL-4, IL-13, in order to enhance sensitivity of detection.

[00228] The anti-Fc γ RIIB antibodies of the combinations of the invention can be characterized for inhibition of B cell receptor (BCR)-mediated signaling. BCR-mediated signaling can include at least one or more down stream biological responses, such as activation and proliferation of B cells, antibody production, *etc.* Coaggregation of Fc γ RIIB and BCR leads to inhibition of cell cycle progression and cellular survival. Further, coaggregation of Fc γ RIIB and BCR leads to inhibition of BCR-mediated signaling.

[00229] Specifically, BCR-mediated signaling comprises at least one or more of the following: modulation of down stream signaling molecules (*e.g.*, phosphorylation state of Fc γ RIIB, SHIP recruitment, localization of Btk and/or PLC γ , MAP kinase activity, recruitment of Akt (anti-apoptotic signal), calcium mobilization, cell cycle progression, and cell proliferation.

[00230] Although numerous effector functions of Fc γ RIIB-mediated inhibition of BCR signaling are mediated through SHIP, recently it has been demonstrated that lipopolysaccharide (LPS)-activated B cells from SHIP deficient mice exhibit significant Fc γ RIIB-mediated inhibition of calcium mobilization, Ins(1,4,5)P₃ production, and Erk and Akt phosphorylation (Brauweiler A. *et al.*, 2001, *Journal of Immunology*, 167(1): 204-211). Accordingly, *ex vivo* B cells from SHIP deficient mice can be used to characterize the antibodies of the invention. One exemplary assay for determining Fc γ RIIB-mediated inhibition of BCR signaling by the antibodies of the combinations of the invention can comprise the following: isolating splenic B

cells from SHIP deficient mice, activating said cells with lipopolysachharide, and stimulating said cells with either F(ab')₂ anti-IgM to aggregate BCR or with anti-IgM to coaggregate BCR with FcγRIIB. Cells that have been stimulated with intact anti-IgM to coaggregate BCR with FcγRIIB can be further pre-incubated with the FcγRIIB antibodies of the combinations of the invention. FcγRIIB-dependent activity of cells can be measured by standard techniques known in the art. Comparing the level of FcγRIIB-dependent activity in cells that have been pre-incubated with the FcγRIIB antibodies of the combinations of the invention and cells that have not been pre-incubated, and comparing the levels would indicate a modulation of FcγRIIB-dependent activity by the antibodies of the invention.

[00231] Measuring FcγRIIB-dependent activity can include, for example, measuring intracellular calcium mobilization by flow cytometry, measuring phosphorylation of Akt and/or Erk, measuring BCR-mediated accumulation of PI(3,4,5)P₃, or measuring FcγRIIB-mediated proliferation B cells.

[00232] The assays can be used, for example, to identify antibodies that modulate FcγRIIB-mediated inhibition of BCR signaling by blocking the ligand (IgG) binding site to FcγRIIB receptor and antagonizing FcγRIIB-mediated inhibition of BCR signaling by preventing coaggregation of FcγRIIB and BCR. The assays can also be used to identify antibodies that enhance coaggregation of FcγRIIB and BCR and agonize FcγRIIB-mediated inhibition of BCR signaling.

[00233] The anti-FcγRIIB antibodies of the combinations of the invention can be characterized for FcγRII-mediated signaling in human monocytes/macrophages. Coaggregation of FcγRIIB with a receptor bearing the immunoreceptor tyrosine-based activation motif (ITAM) acts to down-regulate FcγR-mediated phagocytosis using SHIP as its effector (Tridandapani *et al.* 2002, J. Biol. Chem. 277(7):5082-9). Coaggregation of FcγRIIA with FcγRIIB results in rapid phosphorylation of the tyrosine residue on FcγRIIB's ITIM motif, leading to an enhancement in phosphorylation of SHIP, association of SHIP with Shc, and phosphorylation of proteins having the molecular weight of 120 and 60-65 kDa. In addition, coaggregation of FcγRIIA with FcγRIIB results in down-regulation of phosphorylation of Akt, which is a serine-threonine kinase that is involved in cellular regulation and serves to suppress apoptosis.

[00234] The anti-FcγRIIB antibodies of the combinations of the invention can be further characterized for their inhibition of FcγR-mediated phagocytosis in human monocytes/macrophages. For example, cells from a human monocytic cell line, THP-1 can be stimulated either with Fab fragments of mouse monoclonal antibody IV.3 against FcγRII and goat anti-mouse antibody (to aggregate FcγRIIA alone), or with whole IV.3 mouse monoclonal

antibody and goat anti-mouse antibody (to coaggregate FcγRIIA and FcγRIIB). In this system, modulation of down stream signaling molecules, such as tyrosine phosphorylation of FcγRIIB, phosphorylation of SHIP, association of SHIP with Shc, phosphorylation of Akt, and phosphorylation of proteins having the molecular weight of 120 and 60-65 kDa can be assayed upon addition of antibodies of the invention to the stimulated cells. In addition, FcγRIIB-dependent phagocytic efficiency of the monocyte cell line can be directly measured in the presence and absence of the antibodies of the invention.

[00235] Another exemplary assay for determining inhibition of FcγR-mediated phagocytosis in human monocytes/macrophages by the FcγRIIB antibodies of the combinations of the invention can comprise the following: stimulating THP-1 cells with either Fab of IV.3 mouse anti-FcγRII antibody and goat anti-mouse antibody (to aggregate FcγRIIA alone and elicit FcγRIIA-mediated signaling); or with mouse anti-FcγRII antibody and goat anti-mouse antibody (to coaggregate FcγRIIA and FcγRIIB and inhibiting FcγRIIA-mediated signaling. Cells that have been stimulated with mouse anti-FcγRII antibody and goat anti-mouse antibody can be further pre-incubated with the antibodies of the invention. Measuring FcγRIIA-dependent activity of stimulated cells that have been pre-incubated with antibodies of the invention and cells that have not been pre-incubated with the antibodies of the invention and comparing levels of FcγRIIA-dependent activity in these cells would indicate a modulation of FcγRIIA-dependent activity by the antibodies of the invention.

[00236] The exemplary assay described can be used for example, to identify antibodies that block ligand binding of FcγRIIB receptor and antagonize FcγRIIB-mediated inhibition of FcγRIIA signaling by preventing coaggregation of FcγRIIB and FcγRIIA. This assay likewise identifies antibodies that enhance coaggregation of FcγRIIB and FcγRIIA and agonize FcγRIIB-mediated inhibition of FcγRIIA signaling.

[00237] The function of the antibodies of the combinations of the invention can be characterized by measuring the ability of THP-1 cells to phagocytose fluoresceinated IgG-opsonized sheep red blood cells (SRBC) by methods previously described (Tridandapani *et al.*, 2000, J. Biol. Chem. 275: 20480-7). For example, an exemplary assay for measuring phagocytosis comprises of: treating THP-1 cells with the antibodies of the invention or with a control antibody that does not bind to FcγRII, comparing the activity levels of said cells, wherein a difference in the activities of the cells (*e.g.*, rosetting activity (the number of THP-1 cells binding IgG-coated SRBC), adherence activity (the total number of SRBC bound to THP-1 cells), and phagocytic rate) would indicate a modulation of FcγRIIA-dependent activity by the antibodies of the invention. This assay can be used to identify, for example, antibodies that block

ligand binding of FcγRIIB receptor and antagonize FcγRIIB-mediated inhibition of phagocytosis. This assay can also identify antibodies that enhance FcγRIIB-mediated inhibition of FcγRIIA signaling.

[00238] In a preferred embodiment, the FcγRIIB antibodies of the combinations of the invention modulate FcγRIIB-dependent activity in human monocytes/macrophages in at least one or more of the following ways: modulation of downstream signaling molecules (*e.g.*, modulation of phosphorylation state of FcγRIIB, modulation of SHIP phosphorylation, modulation of SHIP and Shc association, modulation of phosphorylation of Akt, modulation of phosphorylation of additional proteins around 120 and 60-65 kDa) and modulation of phagocytosis.

[00239] The FcγRIIB antibodies of the combinations of the invention can be characterized using assays known to those skilled in the art for identifying the effect of the antibodies on effector cell function of therapeutic antibodies, such as anti-CD20 antibodies of the combinations of the invention, *e.g.*, their ability to enhance tumor-specific ADCC activity of therapeutic antibodies. Examples of effector cell functions that can be assayed in accordance with the invention, include but are not limited to, antibody-dependent cell mediated cytotoxicity, phagocytosis, opsonization, opsonophagocytosis, C1q binding, and complement dependent cell mediated cytotoxicity. Any cell-based or cell free assay known to those skilled in the art for determining effector cell function activity can be used (For effector cell assays, see Perussia *et al.*, 2000, *Methods Mol. Biol.* 121: 179-92; Baggiolini *et al.*, 1998 *Experientia*, 44(10): 841-8; Lehmann *et al.*, 2000 *J. Immunol. Methods*, 243(1-2): 229-42; Brown EJ. 1994, *Methods Cell Biol.*, 45: 147-64; Munn *et al.*, 1990 *J. Exp. Med.*, 172: 231-237, Abdul-Majid *et al.*, 2002 *Scand. J. Immunol.* 55: 70-81; Ding *et al.*, 1998, *Immunity* 8:403-411).

[00240] Antibodies of the combinations of the invention can be assayed for their effect on FcγR-mediated ADCC activity of therapeutic antibodies in effector cells, *e.g.*, natural killer cells, using any of the standard methods known to those skilled in the art (See *e.g.*, Perussia *et al.*, 2000, *Methods Mol. Biol.* 121: 179-92). “Antibody-dependent cell-mediated cytotoxicity” and “ADCC” as used herein carry their ordinary and customary meaning in the art and refer to an *in vitro* cell-mediated reaction in which nonspecific cytotoxic cells that express FcγRs (*e.g.*, monocytic cells such as Natural Killer (NK) cells and macrophages) recognize bound antibody on a target cell and subsequently cause lysis of the target cell. In principle, any effector cell with an activating FcγR can be triggered to mediate ADCC. The primary cells for mediating ADCC are NK cells which express only FcγRIII, whereas monocytes, depending on their state of activation, localization, or differentiation, can express FcγRI, FcγRII, and FcγRIII. For a review

of FcγR expression on hematopoietic cells see, *e.g.*, Ravetch *et al.*, 1991, *Annu. Rev. Immunol.*, 9:457-92.

[00241] Effector cells are leukocytes which express one or more FcγRs and perform effector functions. Preferably, the cells express at least FcγRIII and perform ADCC effector function. Effector cells that may be used in the methods of the invention include but are not limited to peripheral blood mononuclear cells (PBMC), natural killer (NK) cells, monocytes, and neutrophils; with PBMCs and NK cells being preferred. The effector cells may be isolated from a native source thereof, *e.g.*, from blood or PBMCs as described herein. Preferably, the effector cells used in the ADCC assays of the invention are peripheral blood mononuclear cells (PBMC) that are preferably purified from normal human blood, using standard methods known to one skilled in the art, *e.g.*, using Ficoll-Paque density gradient centrifugation. For example, PBMCs may be isolated by layering whole blood onto Ficoll-Hypaque and spinning the cells at 500g, at room temperature for 30 minutes. The leukocyte layer can be harvested as effector cells. Other effector cells that may be used in the ADCC assays of the invention include but are not limited to monocyte-derived macrophages (MDMs). MDMs that are used as effector cells in the methods of the invention, are preferably obtained as frozen stocks or used fresh, (*e.g.*, from Advanced Biotechnologies, MD). In most preferred embodiments, elutriated human monocytes are used as effector cells in the methods of the invention. Elutriated human monocytes express activating receptors, FcγRIIIA and FcγRIIA and the inhibitory receptor, FcγRIIB. Human monocytes are commercially available and may be obtained as frozen stocks, thawed in basal medium containing 10% human AB serum or in basal medium with human serum containing cytokines. Levels of expression of FcγRs in the cells may be directly determined; *e.g.*, using FACS analysis. Alternatively, cells may also be allowed to mature to macrophages in culture. The level of FcγRIIB expression may be increased in macrophages. Antibodies that may be used in determining the expression level of FcγRs include but are not limited to anti-human FcγRIIA antibodies, *e.g.*, IV.3-FITC; anti- FcγRI antibodies, *e.g.*, 32.2 FITC; and anti- FcγRIIIA antibodies, *e.g.*, 3G8-PE.

[00242] Target cells used in the ADCC assays of the invention include, but are not limited to, B-lymphocytes; cells derived from Burkitts lymphoma, *e.g.*, Raji cells with ATCC accession number CCL-86 (see, *e.g.*, Epstein *et al.*, 1965, *J. Natl. Cancer Inst.* 34: 231-240), Daudi cells with ATCC accession number CCL-213 (see, *e.g.*, Klein *et al.*, 1968, *Cancer Res.* 28: 1300-10). The target cells must be recognized by the antigen binding site of the antibody to be assayed. The target cells for use in the methods of the invention may have low, medium, or high

expression level of a cancer antigen. The expression levels of the cancer antigen may be determined using common methods known to one skilled in the art, *e.g.*, FACS analysis.

[00243] An exemplary assay for determining the effect of the antibodies of the invention on the ADCC activity of therapeutic antibodies is based on a ^{51}Cr release assay comprising of: labeling target cells with $^{51}\text{Cr}[\text{Na}_2\text{CrO}_4]$ (this cell-membrane permeable molecule is commonly used for labeling since it binds cytoplasmic proteins and although spontaneously released from the cells with slow kinetics, it is released massively following target cell lysis); preferably, the target cells express one or more tumor antigens, opsonizing the target cells with one or more antibodies that immunospecifically bind the tumor antigens expressed on the cell surface of the target cells, in the presence and absence of an antibody of the invention, *e.g.*, 2B6, 3H7, 8B5.3.4, combining the opsonized radiolabeled target cells with effector cells in a microtitre plate at an appropriate ratio of target cells to effector cells; incubating the mixture of cells preferably for 16-18 hours, preferably at 37°C; collecting supernatants; and analyzing the radioactivity in the supernatant samples. The cytotoxicity of the therapeutic antibodies in the presence and absence of the antibodies of the invention can then be determined, for example using the following formula: Percent specific lysis = (Experimental lysis - antibody-independent lysis / maximal lysis - antibody independent lysis) x 100%. A graph can be generated by varying either the target: effector cell ratio or antibody concentration.

[00244] The antibodies of the combinations of the invention can also be characterized for antibody dependent cellular cytotoxicity (ADCC) in accordance with the method described earlier, see, *e.g.*, Ding *et al.*, Immunity, 1998, 8:403-11.

[00245] In some embodiments, the invention encompasses characterizing the function of the antibodies of the combinations of the invention in enhancing ADCC activity of therapeutic antibodies in an *in vitro* based assay and/or in an animal model.

[00246] Preferably, the ADCC assays are done using more than one cancer cell line, characterized by the expression of at least one cancer antigen, wherein the expression level of the cancer antigen is varied among the cancer cell lines used. Although not intending to be bound by a particular mechanism of action, performing ADCC assays in more than one cell line wherein the expression level of the cancer antigen is varied, will allow determination of stringency of tumor clearance of the antibodies of the invention. In one embodiment, the ADCC assays are done using cancer cell lines with different levels of expression of a cancer antigen.

[00247] An exemplary assay for determining the ADCC activity of the tumor specific antibodies in the presence and absence of the antibodies of the combinations of the invention is a

non-radioactive europium based fluorescent assay (BATDA, Perkin Elmer) and may comprise the following: labeling the targets cells with an acteoxylmethyl ester of fluorescence-enhancing ester that forms a hydrophilic ligand (TDA) with the membrane of cells by hydrolysis of the esters; this complex is unable to leave the cell and is released only upon lysis of the cell by the effectors; adding the labeled targets to the effector cells in presence of anti-tumor antibodies and an antibody of the invention; incubating the mixture of the target and effector cells a for 6 to 16 hours, preferably at 37 °C. The extent of ADCC activity can be assayed by measuring the amount of ligand that is released and interacts with europium (DELFLIA reagent; PerkinElmer). The ligand and the europium form a very stable and highly fluorescent chelate (EuTDA) and the measured fluorescence is directly proportional to the number of cells lysed. Percent specific lysis can be calculated using the formula: $(\text{Experimental lysis} - \text{antibody-independent lysis} / \text{maximal lysis} - \text{antibody-independent lysis}) \times 100\%$.

[00248] In some embodiments, if the sensitivity of the fluorescence-based ADCC assay is too low to detect ADCC activity of the therapeutic antibodies, the invention encompasses radioactive-based ADCC assays, such as ^{51}Cr release assay. Radioactive-based assays may be done instead of or in combination with fluorescent-based ADCC assays.

[00249] An exemplary ^{51}Cr release assay for characterizing the antibodies of the combinations of the invention can comprise the following: labeling $1-2 \times 10^6$ target cells such as OVCAR-3 cells with ^{51}Cr ; opsonizing the target cells with antibodies 4D5 and CC49 in the presence and absence of an antibody of the invention and adding 5×10^3 cells to 96 well plate. Preferably 4D5 and CC49 are at a concentration varying from 1-15 $\mu\text{g/mL}$; adding the opsonized target cells to monocyte-derived macrophages (MDM) (effector cells); preferably at a ratio varying from 10:1 to 100:1; incubating the mixture of cells for 16-18 hours at 37°C; collecting supernatants; and analyzing the radioactivity in the supernatant. The cytotoxicity of 4D5 and CC49 in the presence and absence of an antibody of the invention can then be determined, for example using the following formula $\text{percent specific lysis} = (\text{experimental lysis} - \text{antibody independent lysis} / \text{maximal lysis} - \text{antibody independent lysis}) \times 100\%$.

[00250] In some embodiments, the *in vivo* activity of the antibodies of the combinations of the invention is determined in xenograft human tumor models particularly B cell tumors. Tumors may be established using any of the cancer cell lines described *supra*. In some embodiments, the tumors will be established with two cancer cell lines, wherein the first cancer cell line is characterized by a low expression of a cancer antigen and a second cancer cell line, wherein the second cancer cell line is characterized by a high expression of the same cancer antigen. Tumor clearance may then be determined using methods known to one skilled in the art,

using an anti-tumor antibody which immunospecifically binds the cancer antigen on the first and second cancer cell line, and an appropriate mouse model, *e.g.*, a Balb/c nude mouse model (*e.g.*, Jackson Laboratories, Taconic), with adoptively transferred human monocytes and MDMs as effector cells. Any of the antibodies of the combinations described *supra* such as the FcγRIIB antibodies, may then be tested in this animal model to evaluate the role of anti-FcγRIIB antibody of the invention in tumor clearance. Mice that may be used in the invention include for example FcγRIII -/- (where FcγRIIIA is knocked out); Fcγ-/- nude mice (where FcγRI and FcγRIIIA are knocked out); or human FcγRIIB knock in mice or a transgenic knock-in mice, where mouse *fcgr2* and *fcgr3* loci on chromosome 1 are inactivated and the mice express human FcγRIIA, human FcγRIIA human FcγRIIB, human FcγRIIC, human FcγRIIIA, and human FcγRIIB.

[00251] An exemplary method for testing the *in vivo* activity of an antibody of the combinations of the invention may comprise the following: establishing a xenograft murine model using a cancer cell line characterized by the expression of a cancer antigen and determining the effect of an antibody of the combinations of the invention on an antibody specific for the cancer antigen expressed in the cancer cell line in mediating tumor clearance.

[00252] In alternative embodiments, human FcγRIIB “knock in” mice expressing human FcγRIIB on murine effector cells may be used in establishing the *in vivo* activity of the antibodies of the combinations of the invention, rather than adoptively transferring effector cells. Founder mice expressing the human FcγRIIB may be generated by “knocking in” the human FcγRIIB onto the mouse FcγRIIB locus. The founders can then be back-crossed onto the nude background and will express the human FcγRIIB receptor. The resulting murine effector cells will express endogenous activating FcγRI and FcγRIIIA and inhibitory human FcγRIIB receptors.

[00253] Preferably, immunohistochemistry and histochemistry is performed on ascites and pleural effusion of patients to analyze structural characteristics of the neoplasia. Such methods are known to one skilled in the art and encompassed within the invention. The markers that may be monitored include for example cytokeratin (to identify ovarian neoplastic and mesothelial cells from inflammatory and mesenchymal cells); calretinin (to separate mesothelial from Her2neu positive neoplastic cells); and CD45 (to separate inflammatory cells from the rest of the cell population in the samples). Additional markers that may be followed include CD3 (T cells), CD20 (B cells), CD56 (NK cells), and CD14 (monocytes). It will be appreciated by one skilled in the art that the immunohistochemistry and histochemistry methods described *supra*, are analogously applied to any tumor cell for use in the methods of the invention. After s.c.

inoculation of tumor cells, mice are followed for clinical and anatomical changes. As needed, mice may be necropsied to correlate total tumor burden with specific organ localization.

[00254] Preferably, the antibodies of the invention have an enhanced efficacy in decreasing tumor relative to FcγRIIB or CD20 antibodies alone when administered at the same dose, *e.g.*, 10 μg /g, over a time period of at least 14 days, at least 21 days, at least 28 days, or at least 35 days. In most preferred embodiments, the combinations of FcγRIIB antibodies and CD20 antibodies reduce tumor size by at least 10 fold, at least 100 fold, at least 1000 fold relative to administration of the FcγRIIB antibody, CD20 antibody or other cancer therapeutic antibody at the same dose. In yet another preferred embodiment, the antibodies of the combinations of the invention completely abolish the tumor.

5.3.1 POLYNUCLEOTIDES ENCODING AN ANTIBODY

[00255] The present invention also includes polynucleotides that encode the antibodies of the invention (*e.g.*, FcγRIIB mouse monoclonal antibody produced from clone 2B6, 3H7, 8B5.3.4, 1D5, 2E1, 2H9, 2D11, or 1F2 having ATCC accession numbers PTA-4591, PTA-4592, PTA-7610, PTA-5958, PTA-5961, PTA-5962, PTA-5960, and PTA-5959, respectively), or other monoclonal antibodies produced by immunization methods of the invention, and humanized versions thereof, and methods for producing same. In some embodiments, the FcγRIIB antibody is a monoclonal antibody produced by MGX D675 (ATCC accession number PTA-7609; deposited May 23, 2006, which is incorporated herein by reference).

[00256] In certain embodiments, a nucleic acid sequence of the invention encodes a H2B6VH-3a amino acid sequence comprising:

QVQLVQSGAEVKKPGASVKVSCKASGYTFTNYWIHWVRQAPGQGLEWIGVIDPSDTYPNKNKKFK
GRVTMTVDTSTSTAYMELRSLRSDDTAVYYCARNGDSDYSGMDYWGQGTTVTVSS (SEQ ID
NO: 68).

In specific embodiments, the nucleotide sequence comprises a H2B6VH-3a nucleotide sequence comprising:

CAGGTTTCAGCTGGTGCAGTCTGGAGCTGAGGTGAAGAAGCCTGGGGCCTCAGTGAAGGTCTCCTG
CAAGGCTTCTGGTTACACCTTTACCAACTACTGGATACACTGGGTGCGACAGGCCCTGGACAAG
GGCTTGAGTGGATTGGAGTGATTGATCCTTCTGATACTTATCCAAATTACAATAAAAAGTTCAAG
GGCAGAGTCACCATGACCGTAGACACATCCACGAGCACAGCCTACATGGAGCTGAGGAGCCTGAG
ATCTGACGACACGGCCGTGTATTACTGTGCGAGAAACGGTGATTCCGATTATTACTCTGGTATGG
ACTACTGGGGGCAAGGGACCACGGTCACCGTCTCCTCA (SEQ ID NO: 67).

[00257] In other embodiments, a nucleic acid sequence of the invention encodes a H2B6VL-5 amino acid sequence comprising:

EIVLTQSPDFQSVTPKEKVTFTCRTSQSIGTNIHWYQQKPDQSPKLLIKEVSEISGVPSRFSGS
GSGTDFTLTINSLEAEDAATYYCQQSNTWPFTFGGGTKVEIK (SEQ ID NO: 62).

In specific embodiments, a nucleotide sequence of the invention comprises a Hu2B6VL-5 nucleotide sequence comprising:

GAAATTGTGCTGACTCAGTCTCCAGACTTTCAGTCTGTGACTCCAAAGGAGAAAGTCACCTTCAC
CTGCAGGACCAGTCAGAGCATTGGCACAAACATACTGGTACCAGCAGAAACCAGATCAGTCTC
CAAAGCTCCTCATCAAGGAGGTTTCTGAGTCTATCTCTGGAGTCCCATCGAGGTTTCAAGTGGCAGT
GGATCTGGGACAGATTTTACCCTCACCATCAATAGCCTGGAAGCTGAAGATGCTGCAACGTATTA
CTGTCAACAAAGTAATACCTGGCCGTTTACGTTTCGGCGGAGGGACCAAGGTGGAGATCAAA
(SEQ ID NO: 63).

[00258] In certain embodiments, a nucleic acid sequence of the invention encodes a H2B6HC-3 amino acid sequence comprising:

QVQLVQSGAEVKKPGASVKVSCKASGYTFTNYWIHWVRQAPGQGLEWIGVIDPSDTYPNKNKKFK
GRVTMTVDTSTSTAYMELRSLRSDDTAVYYCARNGDSYSGMDYWGQGTTVTVSSASTKGPSVF
PLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAVLQSSGLYSLSSVTVTPSS
SLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPCPAPELLGGPSVFLLPKPKDTLMISRT
PEVTCVVVDVSHEDPEVKFNWYVDGVEVHNAKTKPPEEQYNSTLRVVSILTVLHQDWLNGKEYKC
KVSNAKALPAPIEKTISKAKGQPREPQVYTLPPSRDELTKNQVSLTCLVKGFYPSDIAVEWESNGQ
PENNYKTTPLVLDSDGSFFLYSKLTVDKSRWQQGNVFCFSVMHEALHNHYTQKSLSLSPGK
(SEQ ID NO: 70).

In specific embodiments, the nucleotide sequence encodes a H2B6HC-3 nucleotide sequence comprising:

CAGGTTTCAGCTGGTGCAGTCTGGAGCTGAGGTGAAGAAGCCTGGGGCCTCAGTGAAGGTCTCCTG
CAAGGCTTCTGGTTACACCTTTACCAACTACTGGATACACTGGGTGCGACAGGCCCTGGACAAG
GGCTTGAGTGGATTGGAGTGATTGATCCTTCTGATACTTATCCAAATTACAATAAAAAGTTCAAG
GGCAGAGTCACCATGACCGTAGACACATCCACGAGCACAGCCTACATGGAGCTGAGGAGCCTGAG
ATCTGACGACACGGCCGTGTATTACTGTGCGAGAAACGGTGATTCCGATTATTACTCTGGTATGG
ACTACTGGGGGCAAGGGACCACGGTCACCGTCTCCTCAGCCTCCACCAAGGGCCCATCGGTCTTC
CCCCTGGCACCCCTCCTCCAAGAGCACCTCTGGGGGCACAGCGGCCCTGGGCTGCCTGGTCAAGGA
CTACTTCCCCGAACCGGTGACGGTGTCTGTGGAACCTCAGGCGCCCTGACCAGCGGCGTGACACCT
TCCCGGCTGTCTTACAGTCTCAGGACTCTACTCCCTCAGCAGCGTGGTGACCGTGCCCTCCAGC
AGCTTGGGCACCCAGACCTACATCTGCAACGTGAATCACAAGCCCAGCAACACCAAGGTGGACAA
GAGAGTTGAGCCCAAATCTTGTGACAAAACCTCACACATGCCACCGTGCCAGCACCTGAACTCC
TGGGGGGACCGTCAGTCTTCCTCTTACCCCCAAAACCCAAGGACACCCTCATGATCTCCCGGACC
CCTGAGGTCACATGCGTGGTGGTGGACGTGAGCCACGAAGACCCTGAGGTCAAGTTCAACTGGTA

CGTGGACGGCGTGGAGGTGCATAATGCCAAGACAAAGCCGCGGAGGAGCAGTACAACAGCACGC
 TCCGTGTGGTCAGCATCCTCACCGTCCTGCACCAGGACTGGCTGAATGGCAAGGAGTACAAGTGC
 AAGGTCTCCAACAAAGCCCTCCCAGCCCCCATCGAGAAAACCATCTCCAAAGCCAAAGGGCAGCC
 CCGAGAACCACAGGTGTACACCCTGCCCCCATCCCGGGATGAGCTGACCAAGAACCAGGTCAGCC
 TGACCTGCCTGGTCAAAGGCTTCTATCCCAGCGACATCGCCGTGGAGTGGGAGAGCAATGGGCAG
 CCGGAGAACAACACTACAAGACCACGCCTCTCGTGCTGGACTCCGACGGCTCCTTCTTCCTCTACAG
 CAAGCTCACCGTGGACAAGAGCAGGTGGCAGCAGGGGAACGTCTTCTCATGCTCCGTGATGCATG
 AGGCTCTGCACAACCACTACACGCAGAAGAGCCTCTCCCTGTCTCCGGGTAAATGA (SEQ ID
 NO: 69).

[00259] In other embodiments, a nucleic acid sequence of the invention encodes a H2B6
 LC-5 amino acid sequence comprising:

EIVLTQSPDFQSVTPKEKVTFTCRTSQSIGTNIHWYQQKPDQSPKLLIKEVSEISGVPSRFSGS
 GSGTDFTLTINSLEAEDAATYYCQQSNTWPFTFGGGKVEIKRTVAAPSVFIFPPSDEQLKSGTA
 SVVCLLNNFYPREAKVQWKVDNALQSGNSQESVTEQDSKDYSLSTLTLSKADYEEKHKVYACE
 VTHQGLSSPVTKSFNRGEC

(SEQ ID NO: 66).

In specific embodiments, the nucleotide sequence encodes a H2B6LC-5 nucleotide sequence
 comprising:

GAAATTGTGCTGACTCAGTCTCCAGACTTTCAGTCTGTGACTCCAAAGGAGAAAGTCACCTTCAC
 CTGCAGGACCAGTCAGAGCATTGGCACAAACATACACTGGTACCAGCAGAAACCAGATCAGTCTC
 CAAAGCTCCTCATCAAGGAGGTTTCTGAGTCTATCTCTGGAGTCCCATCGAGGTTTCAAGTGGCAGT
 GGATCTGGGACAGATTTTACCCTCACCATCAATAGCCTGGAAGCTGAAGATGCTGCAACGTATTA
 CTGTCAACAAAGTAATACCTGGCCGTTTACGTTTCGGCGGAGGGACCAAGGTGGAGATCAAACGAA
 CTGTGGCTGCACCATCTGTCTTCATCTTCCCGCCATCTGATGAGCAGTTGAAATCTGGAAGTGGC
 TCTGTTGTGTGCCTGCTGAATAACTTCTATCCCAGAGAGGCCAAAGTACAGTGGAAAGGTGGATAA
 CGCCCTCCAATCGGGTAACTCCCAGGAGAGTGTACAGAGCAGGACAGCAAGGACAGCACCTACA
 GCCTCAGCAGCACCTGACGCTGAGCAAAGCAGACTACGAGAAACACAAAGTCTACGCCTGCGAA
 GTCACCCATCAGGGCCTGAGCTCGCCCGTCAACAAAGAGCTTCAACAGGGGAGAGTGTTAG

(SEQ ID NO: 65).

[00260] In certain embodiments, a nucleic acid sequence of the invention encodes a
 8B5.3.4 VH amino acid sequence comprising:

EVKLEESGGGLVQPGGSMKLSCEASGFTFSDAWMDWVRQSPEKGLEWVAEIRNKAKNHATYYAES
 VIGRFTISRDDSKSSVYLQMNSLRAEDTGIYYCGALGLDYWGQGTTTLTVSS (SEQ ID NO: 71;

see also FIG 12).

In specific embodiments, the nucleotide sequence comprises a 8B5.3.4 VH nucleotide sequence comprising:

GAAGTGAAGCTTGAGGAGTCTGGAGGAGGCTTGGTGCAACCTGGAGGATCCATGAAACTCTCTTG
TGAAGCCTCTGGATTCACTTTTAGTGACGCCTGGATGGACTGGGTCCGTCACTCTCCAGAGAAGG
GGCTTGAGTGGGTTGCTGAAATTAGAAACAAAGCTAAAAATCATGCAACATACTATGCTGAGTCT
GTGATAGGGAGGTTCAACATCTCAAGAGATGATTCCAAAAGTAGTGTCTACCTGCAAATGAACAG
CTTAAGAGCTGAAGACACTGGCATTATTACTGTGGGGCTCTGGGCCTTGACTACTGGGGCCAAG
GCACCACTCTCACAGTCTCCTCG (SEQ ID NO: 73; see also FIG. 12).

[00261] In other embodiments, a nucleic acid sequence of the invention encodes a 8B5.3.4 VL amino acid sequence comprising:

DIQMTQSPSSLLAALGERVSLTCRASQEISGYLSWLQQKPDGTIKRLIYAASTLDSGVPKRFSGS
ESGSDYSLTISSLESEDFADYYCLQYFSYPLTFGAGTKLELK (SEQ ID NO: 72; see also FIG. 11).

In specific embodiments, a nucleotide sequence of the invention comprises a 8B5.3.4 VL nucleotide sequence comprising:

GACATTCAGATGACACAGTCTCCATCCTCCCTACTTGCGGC₉CTGGGAGAAAGAGTCAGTCTCAC
TTGTCGGGCAAGTCAGGAAATTAGTGGTTACTTAAGCTGGCTTCAGCAGAAACCAGATGGAAC
TTAAACGCCTGATCTACGCCGCATCCACTTTAGATTCTGGTGTCCCAAAAAGGTTTCAGTGGCAGT
GAGTCTGGGTCAGATTATTCTCTCACCATCAGCAGTCTTGAGTCTGAAGATTTTGCAGACTATTA
CTGTCTACAATATTTTAGTTATCCGCTCACGTTTCGGTGCTGGGACCAAGCTGGAGCTGAAA
(SEQ ID NO: 74; see also FIG. 11).

[00262] The invention also provides combinations of CD20 and FcγRIIB antibodies comprising the above-referenced amino acid sequences.

[00263] The present invention encompasses the polynucleotide encoding the heavy chain of the 2B6 antibody, with ATCC accession number PTA-4591, as disclosed in SEQ ID NO. 27. The present invention also encompasses the polynucleotide encoding the light chain of the 2B6 antibody with ATCC accession number PTA-4591, as disclosed in SEQ ID NO: 25.

[00264] The methods of the invention also encompass polynucleotides that hybridize under various stringency, *e.g.*, high stringency, intermediate or lower stringency conditions, to polynucleotides that encode a FcγRIIB or CD20 antibody of the combination of the invention. The hybridization can be performed under various conditions of stringency. By way of example and not limitation, procedures using conditions of low stringency are as follows (see also Shilo and Weinberg, 1981, Proc. Natl. Acad. Sci. U.S.A. 78, 6789-6792). Filters containing DNA are pretreated for 6 h at 40°C in a solution containing 35% formamide, 5X SSC, 50 mM Tris-HCl

(pH 7.5), 5 mM EDTA, 0.1% PVP, 0.1% Ficoll, 1% BSA, and 500 µg/ml denatured salmon sperm DNA. Hybridizations are carried out in the same solution with the following modifications: 0.02% PVP, 0.02% Ficoll, 0.2% BSA, 100 µg/ml salmon sperm DNA, 10% (wt/vol) dextran sulfate, and 5-20 X 10⁶ cpm ³²P-labeled probe is used. Filters are incubated in hybridization mixture for 18-20 h at 40°C, and then washed for 1.5 h at 55°C in a solution containing 2X SSC, 25 mM Tris-HCl (pH 7.4), 5 mM EDTA, and 0.1% SDS. The wash solution is replaced with fresh solution and incubated an additional 1.5 h at 60°C. Filters are blotted dry and exposed for autoradiography. If necessary, filters are washed for a third time at 65-68°C and re-exposed to film. Other conditions of low stringency which may be used are well known in the art (*e.g.*, as employed for cross-species hybridizations). By way of example and not limitation, procedures using conditions of high stringency are as follows. Prehybridization of filters containing DNA is carried out for 8 h to overnight at 65°C in buffer composed of 6X SSC, 50 mM Tris-HCl (pH 7.5), 1 mM EDTA, 0.02% PVP, 0.02% Ficoll, 0.02% BSA, and 500 µg/ml denatured salmon sperm DNA. Filters are hybridized for 48 h at 65°C in prehybridization mixture containing 100 µg/ml denatured salmon sperm DNA and 5-20 X 10⁶ cpm of ³²P-labeled probe. Washing of filters is done at 37°C for 1 h in a solution containing 2X SSC, 0.01% PVP, 0.01% Ficoll, and 0.01% BSA. This is followed by a wash in 0.1X SSC at 50°C for 45 min before autoradiography. Other conditions of high stringency which may be used are well known in the art. Selection of appropriate conditions for such stringencies is well known in the art (see *e.g.*, Sambrook *et al.*, 1989, Molecular Cloning, A Laboratory Manual, 2d Ed., Cold Spring Harbor Laboratory Press, Cold Spring Harbor, New York; see also, Ausubel *et al.*, eds., in the Current Protocols in Molecular Biology series of laboratory technique manuals, © 1987-1997, Current Protocols, © 1994-1997 John Wiley and Sons, Inc.; see especially, Dyson, 1991, "Immobilization of nucleic acids and hybridization analysis," In: Essential Molecular Biology: A Practical Approach, Vol. 2, T.A. Brown, ed., pp. 111-156, IRL Press at Oxford University Press, Oxford, UK).

[00265] The polynucleotides may be obtained, and the nucleotide sequence of the polynucleotides determined, by any method known in the art.

[00266] A polynucleotide encoding an antibody may be generated from nucleic acid from a suitable source (*e.g.*, a cDNA library generated from, or nucleic acid, preferably poly A+ RNA, isolated from, any tissue or cells expressing the antibody, such as hybridoma cells selected to express an antibody of the invention, *e.g.*, 2B6, 3H7 or 8B5.3.4) by hybridization with Ig specific probes and/or PCR amplification using synthetic primers hybridizable to the 3' and 5' ends of the sequence or by cloning using an oligonucleotide probe specific for the particular gene sequence

to identify, *e.g.*, a cDNA clone from a cDNA library that encodes the antibody. Amplified nucleic acids generated by PCR may then be cloned into replicable cloning vectors using any method well known in the art.

[00267] Once the nucleotide sequence of the antibody is determined, the nucleotide sequence of the antibody may be manipulated using methods well known in the art for the manipulation of nucleotide sequences, *e.g.*, recombinant DNA techniques, site directed mutagenesis, PCR, *etc.* (see, for example, the techniques described in Sambrook *et al.*, 1990, Molecular Cloning, A Laboratory Manual, 2d Ed., Cold Spring Harbor Laboratory, Cold Spring Harbor, NY and Ausubel *et al.*, eds., 1998, Current Protocols in Molecular Biology, John Wiley & Sons, NY), to generate antibodies having a different amino acid sequence, for example to create amino acid substitutions, deletions, and/or insertions.

[00268] In a specific embodiment, one or more of the CDRs are inserted within framework regions using routine recombinant DNA techniques. The framework regions may be naturally occurring or consensus framework regions, and preferably human framework regions (see, *e.g.*, Chothia *et al.*, 1998, J. Mol. Biol. 278: 457-479 for a listing of human framework regions). Preferably, the polynucleotide generated by the combination of the framework regions and CDRs encodes an antibody that specifically binds to FcγRIIB with greater affinity than said antibody binds FcγRIIA. Preferably, as discussed *supra*, one or more amino acid substitutions may be made within the framework regions, and, preferably, the amino acid substitutions improve binding of the antibodies of the invention to FcγRIIB or CD20. Representative plasmids, pMGx608 (pCI-neo (Invitrogen, Inc.) containing a humanized 2B6 heavy chain with human VH1-18 and JH6 germline sequences as frameworks, 2B6 mouse CDRs and human IgG₁ Fc constant region) and pMGx611 (pCI-neo containing a humanized 2B6 light chain with human VK-A26 and JK4 as frameworks, human kappa as constant region, and mouse 2B6 light chain CDRs with N₅₀ → Y and V₅₁ → A in CDR2), having ATCC Accession numbers PTA-5963 and PTA-5964, respectively, were deposited under the provisions of the Budapest Treaty with the American Type Culture Collection (10801 University Blvd., Manassas, VA. 20110-2209) on May 7, 2004, respectively. The antibody formed by these heavy and light chains is designated h2B6YA.

[00269] In another embodiment, human libraries or any other libraries available in the art, can be screened by standard techniques known in the art, to clone the nucleic acids encoding the antibodies of the invention.

5.3.2 RECOMBINANT EXPRESSION OF ANTIBODIES

[00270] Once a nucleic acid sequence encoding an antibody of the combinations of the invention has been obtained, the vector for the production of the antibody may be produced by recombinant DNA technology using techniques well known in the art. Methods which are well known to those skilled in the art can be used to construct expression vectors containing the antibody coding sequences and appropriate transcriptional and translational control signals. These methods include, for example, *in vitro* recombinant DNA techniques, synthetic techniques, and *in vivo* genetic recombination. (See, for example, the techniques described in Sambrook *et al.*, 1990, Molecular Cloning, A Laboratory Manual, 2d Ed., Cold Spring Harbor Laboratory, Cold Spring Harbor, NY and Ausubel *et al.* eds., 1998, Current Protocols in Molecular Biology, John Wiley & Sons, NY).

[00271] An expression vector comprising the nucleotide sequence of an antibody can be transferred to a host cell by conventional techniques (*e.g.*, electroporation, liposomal transfection, and calcium phosphate precipitation) and the transfected cells are then cultured by conventional techniques to produce the antibody of the invention. In specific embodiments, the expression of the antibody is regulated by a constitutive, an inducible or a tissue, specific promoter.

[00272] The host cells used to express the recombinant antibodies of the combinations of the invention may be either bacterial cells such as *Escherichia coli*, or, preferably, eukaryotic cells, especially for the expression of whole recombinant immunoglobulin molecule. In particular, mammalian cells such as Chinese hamster ovary cells (CHO), in conjunction with a vector such as the major intermediate early gene promoter element from human cytomegalovirus is an effective expression system for immunoglobulins (Foecking *et al.*, 1998, Gene 45:101; Cockett *et al.*, 1990, Bio/Technology 8:2).

[00273] A variety of host-expression vector systems may be utilized to express the antibodies of the invention. Such host-expression systems represent vehicles by which the coding sequences of the antibodies may be produced and subsequently purified, but also represent cells which may, when transformed or transfected with the appropriate nucleotide coding sequences, express the antibodies of the invention *in situ*. These include, but are not limited to, microorganisms such as bacteria (*e.g.*, *E. coli* and *B. subtilis*) transformed with recombinant bacteriophage DNA, plasmid DNA or cosmid DNA expression vectors containing immunoglobulin coding sequences; yeast (*e.g.*, *Saccharomyces Pichia*) transformed with recombinant yeast expression vectors containing immunoglobulin coding sequences; insect cell systems infected with recombinant virus expression vectors (*e.g.*, baculovirus) containing the immunoglobulin coding sequences; plant cell systems infected with recombinant virus expression

vectors (*e.g.*, cauliflower mosaic virus (CaMV) and tobacco mosaic virus (TMV)) or transformed with recombinant plasmid expression vectors (*e.g.*, Ti plasmid) containing immunoglobulin coding sequences; or mammalian cell systems (*e.g.*, COS, CHO, BHK, 293, 293T, 3T3 cells, lymphotic cells (see U.S. 5,807,715), Per C.6 cells (rat retinal cells developed by Crucell)) harboring recombinant expression constructs containing promoters derived from the genome of mammalian cells (*e.g.*, metallothionein promoter) or from mammalian viruses (*e.g.*, the adenovirus late promoter; the vaccinia virus 7.5K promoter).

[00274] In bacterial systems, a number of expression vectors may be advantageously selected depending upon the use intended for the antibody being expressed. For example, when a large quantity of such a protein is to be produced, for the generation of pharmaceutical compositions of an antibody, vectors which direct the expression of high levels of fusion protein products that are readily purified may be desirable. Such vectors include, but are not limited, to the *E. coli* expression vector pUR278 (Ruther *et al.*, 1983, EMBO J. 2:1791), in which the antibody coding sequence may be ligated individually into the vector in frame with the lac Z coding region so that a fusion protein is produced; pIN vectors (Inouye & Inouye, 1985, Nucleic Acids Res. 13:3101-3109; Van Heeke & Schuster, 1989, J. Biol. Chem. 24:5503-5509); and the like. pGEX vectors may also be used to express foreign polypeptides as fusion proteins with glutathione S-transferase (GST). In general, such fusion proteins are soluble and can easily be purified from lysed cells by adsorption and binding to a matrix glutathione-agarose beads followed by elution in the presence of free glutathione. The pGEX vectors are designed to include thrombin or factor Xa protease cleavage sites so that the cloned target gene product can be released from the GST moiety.

[00275] In an insect system, *Autographa californica* nuclear polyhedrosis virus (AcNPV) is used as a vector to express foreign genes. The virus grows in *Spodoptera frugiperda* cells. The antibody coding sequence may be cloned individually into non-essential regions (*e.g.*, the polyhedrin gene) of the virus and placed under control of an AcNPV promoter (*e.g.*, the polyhedrin promoter).

[00276] In mammalian host cells, a number of viral-based expression systems may be utilized. In cases where an adenovirus is used as an expression vector, the antibody coding sequence of interest may be ligated to an adenovirus transcription/translation control complex, *e.g.*, the late promoter and tripartite leader sequence. This chimeric gene may then be inserted in the adenovirus genome by *in vitro* or *in vivo* recombination. Insertion in a non-essential region of the viral genome (*e.g.*, region E1 or E3) will result in a recombinant virus that is viable and capable of expressing the immunoglobulin molecule in infected hosts (*e.g.*, see Logan & Shenk,

1984, Proc. Natl. Acad. Sci. USA 81:355-359). Specific initiation signals may also be required for efficient translation of inserted antibody coding sequences. These signals include the ATG initiation codon and adjacent sequences. Furthermore, the initiation codon must be in phase with the reading frame of the desired coding sequence to ensure translation of the entire insert. These exogenous translational control signals and initiation codons can be of a variety of origins, both natural and synthetic. The efficiency of expression may be enhanced by the inclusion of appropriate transcription enhancer elements, transcription terminators, *etc.* (see Bittner *et al.*, 1987, Methods in Enzymol. 153:51-544).

[00277] In addition, a host cell strain may be chosen which modulates the expression of the inserted sequences, or modifies and processes the gene product in the specific fashion desired. Such modifications (*e.g.*, glycosylation) and processing (*e.g.*, cleavage) of protein products may be important for the function of the protein. Different host cells have characteristic and specific mechanisms for the post-translational processing and modification of proteins and gene products. Appropriate cell lines or host systems can be chosen to ensure the correct modification and processing of the foreign protein expressed. To this end, eukaryotic host cells which possess the cellular machinery for proper processing of the primary transcript, glycosylation, and phosphorylation of the gene product may be used. Such mammalian host cells include but are not limited to CHO, VERY, BHK, Hela, COS, MDCK, 293, 293T, 3T3, WI38, BT483, Hs578T, HTB2, BT20 and T47D, CRL7030 and Hs578Bst.

[00278] For long-term, high-yield production of recombinant proteins, stable expression is preferred. For example, cell lines which stably express an antibody of the invention may be engineered. Rather than using expression vectors which contain viral origins of replication, host cells can be transformed with DNA controlled by appropriate expression control elements (*e.g.*, promoter, enhancer, sequences, transcription terminators, polyadenylation sites, *etc.*), and a selectable marker. Following the introduction of the foreign DNA, engineered cells may be allowed to grow for 1-2 days in an enriched media, and then are switched to a selective media. The selectable marker in the recombinant plasmid confers resistance to the selection and allows cells to stably integrate the plasmid into their chromosomes and grow to form foci which in turn can be cloned and expanded into cell lines. This method may advantageously be used to engineer cell lines which express the antibodies of the invention. Such engineered cell lines may be particularly useful in screening and evaluation of compounds that interact directly or indirectly with the antibodies of the invention.

[00279] A number of selection systems may be used, including but not limited to the herpes simplex virus thymidine kinase (Wigler *et al.*, 1977, Cell 11:223), hypoxanthine-guanine

phosphoribosyltransferase (Szybalska & Szybalski, 1992, Proc. Natl. Acad. Sci. USA 48:202), and adenine phosphoribosyltransferase (Lowy *et al.*, 1980, Cell 22:817) genes can be employed in tk-, hgp^rt- or ap^rt- cells, respectively. Also, antimetabolite resistance can be used as the basis of selection for the following genes: dhfr, which confers resistance to methotrexate (Wigler *et al.*, 1980, Proc. Natl. Acad. Sci. USA 77:357; O'Hare *et al.*, 1981, Proc. Natl. Acad. Sci. USA 78:1527); gpt, which confers resistance to mycophenolic acid (Mulligan & Berg, 1981, Proc. Natl. Acad. Sci. USA 78:2072); neo, which confers resistance to the aminoglycoside G-418 (Clinical Pharmacy 12:488-505; Wu and Wu, 1991, 3:87-95; Tolstoshev, 1993, Ann. Rev. Pharmacol. Toxicol. 32:573-596; Mulligan, 1993, Science 260:926-932; and Morgan and Anderson, 1993, Ann. Rev. Biochem. 62:191-217; May, 1993, TIB TECH 11(5):155-215). Methods commonly known in the art of recombinant DNA technology which can be used are described in Ausubel *et al.* (eds.), 1993, Current Protocols in Molecular Biology, John Wiley & Sons, NY; Kriegler, 1990, Gene Transfer and Expression, A Laboratory Manual, Stockton Press, NY; and in Chapters 12 and 13, Dracopoli *et al.* (eds), 1994, Current Protocols in Human Genetics, John Wiley & Sons, NY.; Colberre-Garapin *et al.*, 1981, J. Mol. Biol. 150:1; and hyg^r, which confers resistance to hygromycin (Santerre *et al.*, 1984, Gene 30:147).

[00280] The expression levels of an antibody of the invention can be increased by vector amplification (for a review, see Bebbington and Hentschel, The use of vectors based on gene amplification for the expression of cloned genes in mammalian cells in DNA cloning, Vol.3. (Academic Press, New York, 1987)). When a marker in the vector system expressing an antibody is amplifiable, increase in the level of inhibitor present in culture of host cell will increase the number of copies of the marker gene. Since the amplified region is associated with the nucleotide sequence of the antibody, production of the antibody will also increase (Crouse *et al.*, 1983, Mol. Cell. Biol. 3:257).

[00281] The host cell may be co-transfected with two expression vectors of the invention, the first vector encoding a heavy chain derived polypeptide and the second vector encoding a light chain derived polypeptide. The two vectors may contain identical selectable markers which enable equal expression of heavy and light chain polypeptides. Alternatively, a single vector may be used which encodes both heavy and light chain polypeptides. In such situations, the light chain should be placed before the heavy chain to avoid an excess of toxic free heavy chain (Proudfoot, 1986, Nature 322:52; Kohler, 1980, Proc. Natl. Acad. Sci. USA 77:2197). The coding sequences for the heavy and light chains may comprise cDNA or genomic DNA.

[00282] Once the antibody of the invention has been recombinantly expressed, it may be purified by any method known in the art for purification of an antibody, for example, by

chromatography (*e.g.*, ion exchange, affinity, particularly by affinity for the specific antigen after Protein A, and sizing column chromatography), centrifugation, differential solubility, or by any other standard technique for the purification of proteins.

5.4 PROPHYLACTIC AND THERAPEUTIC METHODS

5.4.1 CANCERS

[00283] The combinations of antibodies of the invention can be used to prevent, inhibit or reduce the growth of primary tumors or metastasis of cancerous cells that express or are related to the expression or over-expression of CD20. In a specific embodiment, the combination of an antibody of the invention inhibits or reduces the growth of primary tumor or metastasis of cancerous cells by at least 99%, at least 95%, at least 90%, at least 85%, at least 80%, at least 75%, at least 70%, at least 60%, at least 50%, at least 45%, at least 40%, at least 35%, at least 30%, at least 25%, at least 20%, or at least 10% relative to the growth of primary tumor or metastasis in absence of said antibody of the invention. In a preferred embodiment, the combination of antibodies of the invention inhibit or reduce the growth of primary tumor or metastasis of cancer by at least 99%, at least 95%, at least 90%, at least 85%, at least 80%, at least 75%, at least 70%, at least 60%, at least 50%, at least 45%, at least 40%, at least 35%, at least 30%, at least 25%, at least 20%, or at least 10% relative to the growth or metastasis in absence of said antibodies.

[00284] The transition from a normal to a malignant state is a multistep process involving genetic and epigenetic changes. In fact, numerous alterations occur in the cellular regulatory circuits that facilitate this progression which enables tumor cells to evade the commitment to terminal differentiation and quiescence that normally regulate tissue homeostasis. Certain genes have been implicated in invasiveness and metastatic potential of cancer cells such as CSF-1 (colony stimulating factor 1 or macrophage colony stimulating factor). Although not intending to be bound by a particular mechanism of action, CSF-1 may mediate tumor progression and metastasis by recruiting macrophages to the tumor site where they promote progression of tumor. It is believed that macrophages have a trophic role in mediating tumor progression and metastasis perhaps by the secretion of angiogenic factors, *e.g.*, thymidine phosphorylase, vascular endothelial-derived growth factor; secretion of growth factors such as epidermal growth factor that could act as a paracrine factor on tumor cells, and thus promoting tumor cell migration and invasion into blood vessels. (See, *e.g.*, Lin *et al.*, 2001, J. Exp. Med. 193(6): 727-739; Lin *et al.*, 2002, Journal of Mammary Gland Biology and Neoplasia 7(2): 147-162; Scholl *et al.*, 1993, Molecular Carcinogenesis, 7: 207-11; Clynes *et al.*, 2000, Nature Medicine, 6(4): 443-446; Fidler *et al.*, 1985, Cancer Research, 45: 4714-26).

[00285] The present invention encompasses therapies which involve administering (a) an anti-FcγRIIB antibody or fragment thereof, and (b) an anti-CD20 antibody or a fragment thereof to an animal, preferably a mammal, and most preferably a human, to prevent, treat, manage or ameliorate CD20-associated cancers or tumors, such as a B cell malignancy, or one or more symptoms thereof. This combination therapy has a synergistic effect over either single antibody (*e.g.*, FcγRIIB antibody or CD20 antibody) therapy alone and are an enhancement over other current therapies. In certain cases, patients who are refractory to current therapies can be treated with the combinations of the invention. In some embodiments, therapy by administration of a combination of the invention is further combined with administration of one or more other therapies such as, but not limited to, chemotherapies, radiation therapies, hormonal therapies, and/or biological therapies/immunotherapies.

[00286] The present invention encompasses treatment protocols that provide better prophylactic and therapeutic profiles than current single agent therapies or current combination therapies for a B cell malignancy, or one or more symptoms thereof. The invention provides FcγRIIB- and CD20 antibody-based therapies for the prevention, treatment, management, or amelioration of a CD20-associated cancer or tumor, such as a B cell malignancy, or one or more symptoms thereof. In particular, the invention provides prophylactic and therapeutic protocols for the prevention, treatment, management, or amelioration of a CD20-associated cancer or tumor, such as a B cell malignancy, or one or more symptoms thereof, comprising the administration of a FcγRIIB-specific antibody and an anti-CD20 antibody, or an analog, derivative or an antigen-fragment thereof, to a subject in need thereof.

[00287] The combinations of the invention are useful for treating or preventing any CD20-associated cancer or tumor, such as any B cell malignancies, particularly non-Hodgkin's lymphoma and chronic lymphocytic leukemia. Other B cell malignancies include small lymphocytic lymphoma, Burkitt's lymphoma, mantle cell lymphomas diffuse small cleaved cell lymphomas, most follicular lymphomas and some diffuse large B cell lymphomas (DLBCL). FcγRIIB, is a target for deregulation by chromosomal translocation in malignant lymphoma, particularly in B cell non-Hodgkin's lymphoma (See Callanan M.B. *et al.*, 2000 Proc. Natl. Acad. Sci. U.S.A., 97(1):309-314). Thus, the combinations of antibodies of the invention are useful for treating or preventing any chronic lymphocytic leukemia of the B cell lineage. Chronic lymphocytic leukemia of the B cell lineage are reviewed by Freedman (See review by Freedman, 1990, Hemtaol. Oncol. Clin. North Am. 4:405). Although not intending to be bound by any mechanism of action, the agonistic antibodies of the invention inhibit or prevent CD20-associated cancers or tumors, such as B cell malignancies, by inhibiting B cell proliferation

and/or activation. The invention also encompasses the use of the combinations of the invention in combination with other therapies known (*e.g.*, chemotherapy and radiotherapy) in the art for the prevention and/or treatment of CD20-associated cancers or tumors, such as B cell malignancies. The invention also encompasses the use of the combinations of the invention in combination with other antibodies known in the art for the treatment and or prevention of CD20-associated cancers or tumors, such as B cell malignancies.

5.4.2 AUTOIMMUNE DISEASE AND INFLAMMATORY DISEASES

[00288] The combinations of a CD20 antibody and a FcγRIIB antibody of the invention may be used to treat or prevent autoimmune diseases or inflammatory diseases. The present invention provides methods of preventing, treating, or managing one or more symptoms associated with an autoimmune or inflammatory disorder in a subject, comprising administering to said subject a therapeutically effective amount of a combination of the invention comprising a CD20 antibody or fragment thereof and a FcγRIIB antibody or fragment thereof. The invention also provides methods for preventing, treating, or managing one or more symptoms associated with an inflammatory disorder in a subject, further comprising administering to said subject a therapeutically effective amount of one or more anti-inflammatory agents. The invention also provides methods for preventing, treating, or managing one or more symptoms associated with an autoimmune disease, further comprising administering to said subject a therapeutically effective amount of one or more immunomodulatory agents. Non-limiting examples of anti-inflammatory agents and immunomodulatory agents that can be administered simultaneously or sequentially with the combinations of the invention are provided elsewhere herein.

[00289] The anti-FcγRIIB and anti-CD20 antibodies of the invention can also be used in combination with any of the antibodies known in the art for the treatment and/or prevention of autoimmune disease or inflammatory disease. A non-limiting example of the antibodies or Fc fusion proteins that can be used for the treatment or prevention of inflammatory disorders and autoimmune disorders is presented in Tables 6A and 6B, respectively, of U.S. Application Publication No. 2005-0037000. The antibodies of the invention can for example, enhance the efficacy of treatment of the therapeutic antibodies or Fc fusion proteins presented in the above-referenced Tables 6A and 6B. For example, but not by way of limitation, the antibodies of the invention can enhance the immune response in the subject being treated with any of the antibodies or Fc fusion proteins in the above-referenced Tables 6A or 6B.

[00290] The combinations of the invention can also be used in conjunction with cytosine-guanine dinucleotides ("CpG")-based products that have been developed (Coley

Pharmaceuticals) or are currently being developed as activators of innate and acquired immune responses. For example, the invention encompasses the use of CpG 7909, CpG 8916, CpG 8954 (Coley Pharmaceuticals) in the methods and compositions of the invention for the treatment and/or prevention of autoimmune or inflammatory disorders (Weeratna *et al.*, 2001, FEMS Immunol Med Microbiol., 32(1):65-71).

[00291] Examples of autoimmune disorders that may be treated by administering the FcγRIIB antibody and CD20 antibody combinations of the present invention include, but are not limited to, alopecia areata, ankylosing spondylitis, antiphospholipid syndrome, autoimmune Addison's disease, autoimmune diseases of the adrenal gland, autoimmune hemolytic anemia, autoimmune hepatitis, autoimmune oophoritis and orchitis, autoimmune thrombocytopenia, Behcet's disease, bullous pemphigoid, cardiomyopathy, celiac sprue-dermatitis, chronic fatigue immune dysfunction syndrome (CFIDS), chronic inflammatory demyelinating polyneuropathy, Churg-Strauss syndrome, cicatricial pemphigoid, CREST syndrome, cold agglutinin disease, Crohn's disease, discoid lupus, essential mixed cryoglobulinemia, fibromyalgia-fibromyositis, glomerulonephritis, Graves' disease, Guillain-Barre, Hashimoto's thyroiditis, idiopathic pulmonary fibrosis, idiopathic thrombocytopenia purpura (ITP), IgA neuropathy, juvenile arthritis, lichen planus, lupus erthematosus, Ménière's disease, mixed connective tissue disease, multiple sclerosis, type 1 or immune-mediated diabetes mellitus, myasthenia gravis, pemphigus vulgaris, pernicious anemia, polyarteritis nodosa, polychondritis, polyglandular syndromes, polymyalgia rheumatica, polymyositis and dermatomyositis, primary agammaglobulinemia, primary biliary cirrhosis, psoriasis, psoriatic arthritis, Raynauld's phenomenon, Reiter's syndrome, Rheumatoid arthritis, sarcoidosis, scleroderma, Sjögren's syndrome, stiff-man syndrome, systemic lupus erythematosus, lupus erythematosus, takayasu arteritis, temporal arteritis/ giant cell arteritis, ulcerative colitis, uveitis, vasculitides such as dermatitis herpetiformis vasculitis, vitiligo, and Wegener's granulomatosis. Examples of inflammatory disorders include, but are not limited to, asthma, encephilitis, inflammatory bowel disease, chronic obstructive pulmonary disease (COPD), allergic disorders, septic shock, pulmonary fibrosis, undifferentiated spondyloarthropathy, undifferentiated arthropathy, arthritis, inflammatory osteolysis, and chronic inflammation resulting from chronic viral or bacteria infections. As described elsewhere herein, some autoimmune disorders are associated with an inflammatory condition. Thus, there is overlap between what is considered an autoimmune disorder and an inflammatory disorder. Therefore, some autoimmune disorders may also be characterized as inflammatory disorders. Examples of inflammatory disorders which can be prevented, treated or managed in accordance with the methods of the invention include, but are

not limited to, asthma, encephalitis, inflammatory bowel disease, chronic obstructive pulmonary disease (COPD), allergic disorders, septic shock, pulmonary fibrosis, undifferentiated spondyloarthropathy, undifferentiated arthropathy, arthritis, inflammatory osteolysis, and chronic inflammation resulting from chronic viral or bacteria infections.

[00292] In certain embodiments of the invention, the FcγRIIB antibody and CD20 antibody combinations of the invention may be used to treat an autoimmune disease that is more prevalent in one sex. For example, the prevalence of Graves' disease in women has been associated with expression of FcγRIIB2 (see Estienne *et al.*, 2002, FASEB J. 16:1087-1092).

[00293] FcγRIIB antibody and CD20 antibody combinations of the invention of the invention can also be used to reduce the inflammation experienced by animals, particularly mammals, preferably humans with inflammatory disorders. In a specific embodiment, an antibody reduces the inflammation in an animal by at least 99%, at least 95%, at least 90%, at least 85%, at least 80%, at least 75%, at least 70%, at least 60%, at least 50%, at least 45%, at least 40%, at least 35%, at least 30%, at least 25%, at least 20%, or at least 10% relative to the inflammation in an animal in the not administered said antibody. In another embodiment, a combination of antibodies reduce the inflammation in an animal by at least 99%, at least 95%, at least 90%, at least 85%, at least 80%, at least 75%, at least 70%, at least 60%, at least 50%, at least 45%, at least 40%, at least 35%, at least 30%, at least 25%, at least 20%, or at least 10% relative to the inflammation in an animal in not administered said antibodies.

5.4.3 IMMUNOMODULATORY AGENTS AND ANTI-INFLAMMATORY AGENTS

[00294] The method of the present invention provides methods of treatment for autoimmune diseases and inflammatory diseases comprising administration of a combination of an FcγRIIB antibody and a CD20 antibody in conjunction with other treatment agents. Examples of immunomodulatory agents include, but are not limited to, methothrexate, ENBREL[®], REMICADE[™], leflunomide, cyclophosphamide, cyclosporine A, and macrolide antibiotics (*e.g.*, FK506 (tacrolimus)), methylprednisolone (MP), corticosteroids, steroids, mycophenolate mofetil, rapamycin (sirolimus), mizoribine, deoxyspergualin, brequinar, malononitriloamindes (*e.g.*, leflunamide), T cell receptor modulators, and cytokine receptor modulators.

[00295] Anti-inflammatory agents have exhibited success in treatment of inflammatory and autoimmune disorders and are now a common and a standard treatment for such disorders. Any anti-inflammatory agent well-known to one of skill in the art can be used in the methods of the invention. Non-limiting examples of anti-inflammatory agents include non-steroidal anti-

inflammatory drugs (NSAIDs), steroidal anti-inflammatory drugs, beta-agonists, anticholinergic agents, and methyl xanthines. Examples of NSAIDs include, but are not limited to, aspirinTM, ibuprofen, celecoxib (CELEBREXTM), diclofenac (VOLTARENTM), etodolac (LODINETM), fenoprofen (NALFONTM), indomethacin (INDOCINTM), ketoralac (TORADOLTM), oxaprozin (DAYPROTM), nabumentone (RELAFENTM), sulindac (CLINORILTM), tolmentin (TOLECTINTM), rofecoxib (VIOXXTM), naproxen (ALEVETM, NAPROSYNTM), ketoprofen (ACTRONTM) and nabumetone (RELAFENTM). Such NSAIDs function by inhibiting a cyclooxygenase enzyme (*e.g.*, COX-1 and/or COX-2). Examples of steroidal anti-inflammatory drugs include, but are not limited to, glucocorticoids, dexamethasone (DECADRONTM), cortisone, hydrocortisone, prednisone (DELTASONETM), prednisolone, triamcinolone, azulfidine, and eicosanoids such as prostaglandins, thromboxanes, and leukotrienes. The combinations of the invention may be administered to a subject simultaneously or sequentially with any of the above-referenced immunomodulatory agents.

5.4.4 ANTI-CANCER AGENTS AND THERAPEUTIC ANTIBODIES

[00296] In a specific embodiment, the methods of the invention encompass the administration of one or more angiogenesis inhibitors in conjunction with the combinations of the invention, such as but not limited to: Angiostatin (plasminogen fragment); antiangiogenic antithrombin III; Angiozyme; ABT-627; Bay 12-9566; Benefin; Bevacizumab; BMS-275291; cartilage-derived inhibitor (CDI); CAI; CD59 complement fragment; CEP-7055; Col 3; Combretastatin A-4; Endostatin (collagen XVIII fragment); EGFr blockers/inhibitors (IRESSA[®], TARCEVA[®], ERBITUX[®], and ABX-EGF); Fibronectin fragment; Gro-beta; Halofuginone; Heparinases; Heparin hexasaccharide fragment; HMV833; Human chorionic gonadotropin (hCG); IM-862; Interferon alpha/beta/gamma; Interferon inducible protein (IP-10); Interleukin-12; Kringle 5 (plasminogen fragment); Marimastat; Metalloproteinase inhibitors (TIMPs); 2-Methoxyestradiol; MMI 270 (CGS 27023A); MoAb IMC-1C11; Neovastat; NM-3; Panzem; PI-88; Placental ribonuclease inhibitor; Plasminogen activator inhibitor; Platelet factor-4 (PF4); Prinomastat; Prolactin 16kD fragment; Proliferin-related protein (PRP); PTK 787/ZK 222594; Retinoids; Solimastat; Squalamine; SS 3304; SU 5416; SU6668; SU11248; Tetrahydrocortisol-S; tetrathiomolybdate; thalidomide; Thrombospondin-1 (TSP-1); TNP-470; Transforming growth factor-beta (TGF- β); Vascuostatin; Vasostatin (calreticulin fragment); ZD6126; ZD 6474; farnesyl transferase inhibitors (FTI); and bisphosphonates. The combinations of the invention may be administered to a subject simultaneously or sequentially with any of the above-referenced angiogenesis inhibitors.

[00297] Anti-cancer agents that can be used in conjunction with the combinations of the invention in the various embodiments of the invention, including pharmaceutical compositions and dosage forms and kits of the invention, include, but are not limited to: acivicin; aclarubicin; acodazole hydrochloride; acronine; adozelesin; aldesleukin; altretamine; ambomycin; ametantrone acetate; aminoglutethimide; amsacrine; anastrozole; anthramycin; asparaginase; asperlin; azacitidine; azetepa; azotomycin; batimastat; benzodepa; bicalutamide; bisantrene hydrochloride; bisnafide dimesylate; bizelesin; bleomycin sulfate; brequinar sodium; bropirimine; busulfan; cactinomycin; calusterone; caracemide; carbetimer; carboplatin; carmustine; carubicin hydrochloride; carzelesin; cedefingol; chlorambucil; cirolemycin; cisplatin; cladribine; crisnatol mesylate; cyclophosphamide; cytarabine; dacarbazine; dactinomycin; daunorubicin hydrochloride; decitabine; dexormaplatin; dezaguanine; dezaguanine mesylate; diaziquone; docetaxel; doxorubicin; doxorubicin hydrochloride; droloxifene; droloxifene citrate; dromostanolone propionate; duazomycin; edatrexate; eflornithine hydrochloride; elsamitrucin; enloplatin; enpromate; epipropidine; epirubicin hydrochloride; erbulozole; esorubicin hydrochloride; estramustine; estramustine phosphate sodium; etanidazole; etoposide; etoposide phosphate; etoprine; fadrozole hydrochloride; fazarabine; fenretinide; floxuridine; fludarabine phosphate; fluorouracil; flurocitabine; fosquidone; fostriecin sodium; gemcitabine; gemcitabine hydrochloride; hydroxyurea; idarubicin hydrochloride; ifosfamide; ilmofosine; interleukin II (including recombinant interleukin II, or rIL2), interferon alfa-2a; interferon alfa-2b; interferon alfa-n1 ; interferon alfa-n3; interferon beta-I a; interferon gamma-I b; iproplatin; irinotecan hydrochloride; lanreotide acetate; letrozole; leuprolide acetate; liarozole hydrochloride; lometrexol sodium; lomustine; losoxantrone hydrochloride; masoprocol; maytansine; mechlorethamine hydrochloride; megestrol acetate; melengestrol acetate; melphalan; menogaril; mercaptopurine; methotrexate; methotrexate sodium; metoprine; meturedopa; mitindomide; mitocarcin; mitocromin; mitogillin; mitomalcin; mitomycin; mitosper; mitotane; mitoxantrone hydrochloride; mycophenolic acid; nocodazole; nogalamycin; ormaplatin; oxisuran; paclitaxel; pegaspargase; peliomycin; pentamustine; peplomycin sulfate; perfosfamide; pipobroman; piposulfan; piroxantrone hydrochloride; plicamycin; plomestane; porfimer sodium; porfiromycin; prednimustine; procarbazine hydrochloride; puromycin; puromycin hydrochloride; pyrazofurin; riboprine; rogletimide; safingol; safingol hydrochloride; semustine; simtrazene; sparfosate sodium; sparsomycin; spirogermanium hydrochloride; spiromustine; spiroplatin; streptonigrin; streptozocin; sulofenur; talisomycin; tecogalan sodium; tegafur; teloxantrone hydrochloride; temoporfin; teniposide; teroxirone; testolactone; thiamiprine; thioguanine; thiotepa; tiazofurin; tirapazamine; toremifene citrate; trestolone acetate; tricyriline phosphate; trimetrexate;

trimetrexate glucuronate; triptorelin; tubulozole hydrochloride; uracil mustard; uredepa; vapreotide; verteporfin; vinblastine sulfate; vincristine sulfate; vindesine; vindesine sulfate; vinepidine sulfate; vinglycinat sulfate; vinleurosine sulfate; vinorelbine tartrate; vinrosidine sulfate; vinzolidine sulfate; vorozole; zeniplatin; zinostatin; zorubicin hydrochloride. Other anti-cancer drugs include, but are not limited to: 20-epi-1,25 dihydroxyvitamin D3; 5-ethynyluracil; abiraterone; aclarubicin; acylfulvene; adecypenol; adozelesin; aldesleukin; ALL-TK antagonists; altretamine; ambamustine; amidox; amifostine; aminolevulinic acid; amrubicin; amsacrine; anagrelide; anastrozole; andrographolide; angiogenesis inhibitors; antagonist D; antagonist G; antarelix; anti-dorsalizing morphogenetic protein-1; antiandrogen, prostatic carcinoma; antiestrogen; antineoplaston; antisense oligonucleotides; aphidicolin glycinate; apoptosis gene modulators; apoptosis regulators; apurinic acid; ara-CDP-DL-PTBA; arginine deaminase; asulacrine; atamestane; atrimustine; axinastatin 1; axinastatin 2; axinastatin 3; azasetron; azatoxin; azatyrosine; baccatin III derivatives; balanol; batimastat; BCR/ABL antagonists; benzochlorins; benzoylstauroporine; beta lactam derivatives; beta-alethine; betaclamycin B; betulinic acid; bFGF inhibitor; bicalutamide; bisantrene; bisaziridinylspermine; bisnafide; bistratene A; bizelesin; breflate; bropirimine; budotitane; buthionine sulfoximine; calcipotriol; calphostin C; camptothecin derivatives; canarypox IL-2; capecitabine; carboxamide-amino-triazole; carboxyamidotriazole; CaRest M3; CARN 700; cartilage derived inhibitor; carzelesin; casein kinase inhibitors (ICOS); castanospermine; cecropin B; cetorelix; chlorlins; chloroquinoxaline sulfonamide; cicaprost; cis-porphyrin; cladribine; clomifene analogues; clotrimazole; collismycin A; collismycin B; combretastatin A4; combretastatin analogue; conagenin; crambescidin 816; crisnatol; cryptophycin 8; cryptophycin A derivatives; curacin A; cyclopentantraquinones; cycloplatam; cypemycin; cytarabine ocfosfate; cytolytic factor; cytostatin; dacliximab; decitabine; dehydrodidemnin B; deslorelin; dexamethasone; dexifosfamide; dexrazoxane; dexverapamil; diaziquone; didemnin B; didox; diethylnorspermine; dihydro-5-azacytidine; dihydrotaxol, 9-; dioxamycin; diphenyl spiromustine; docetaxel; docosanol; dolasetron; doxifluridine; droloxifene; dronabinol; duocarmycin SA; ebselen; ecomustine; edelfosine; edrecolomab; eflornithine; elemene; emitefur; epirubicin; epristeride; estramustine analogue; estrogen agonists; estrogen antagonists; etanidazole; etoposide phosphate; exemestane; fadrozole; fazarabine; fenretinide; filgrastim; finasteride; flavopiridol; flezelastine; fluasterone; fludarabine; fluorodaunorubicin hydrochloride; forfenimex; formestane; fostriecin; fotemustine; gadolinium texaphyrin; gallium nitrate; galocitabine; ganirelix; gelatinase inhibitors; gemcitabine; glutathione inhibitors; hepsulfam; heregulin; hexamethylene bisacetamide; hypericin; ibandronic acid; idarubicin; idoxifene; idramantone; ilmofosine; ilomastat;

imidazoacridones; imiquimod; immunostimulant peptides; insulin-like growth factor-1 receptor inhibitor; interferon agonists; interferons; interleukins; iobenguane; iododoxorubicin; ipomeanol, 4-; iroplact; irsogladine; isobengazole; isohomohalicondrin B; itasetron; jasplakinolide; kahalalide F; lamellarin-N triacetate; lanreotide; leinamycin; lenograstim; lentinan sulfate; leptolstatin; letrozole; leukemia inhibiting factor; leukocyte alpha interferon; leuprolide+estrogen+progesterone; leuprorelin; levamisole; liarozole; linear polyamine analogue; lipophilic disaccharide peptide; lipophilic platinum compounds; lissoclinamide 7; lobaplatin; lombricine; lometrexol; lonidamine; losoxantrone; lovastatin; loxoribine; lurtotecan; lutetium texaphyrin; lysofylline; lytic peptides; maitansine; mannostatin A; marimastat; masoprocot; maspin; matrilysin inhibitors; matrix metalloproteinase inhibitors; menogaril; merbarone; meterelin; methioninase; metoclopramide; MIF inhibitor; mifepristone; miltefosine; mirimostim; mismatched double stranded RNA; mitoguazone; mitolactol; mitomycin analogues; mitonafide; mitotoxin fibroblast growth factor-saporin; mitoxantrone; mofarotene; molgramostim; monoclonal antibody, human chorionic gonadotrophin; monophosphoryl lipid A+myobacterium cell wall sk; mopidamol; multiple drug resistance gene inhibitor; multiple tumor suppressor 1-based therapy; mustard anticancer agent; mycaperoxide B; mycobacterial cell wall extract; myriaporone; N-acetyldinaline; N-substituted benzamides; nafarelin; nagrestip; naloxone+pentazocine; napavin; naphterpin; nartograstim; nedaplatin; nemorubicin; neridronic acid; neutral endopeptidase; nilutamide; nisamycin; nitric oxide modulators; nitroxide antioxidant; nitrullyn; O6-benzylguanine; octreotide; okicenone; oligonucleotides; onapristone; ondansetron; ondansetron; oracin; oral cytokine inducer; ormaplatin; osaterone; oxaliplatin; oxaunomycin; paclitaxel; paclitaxel analogues; paclitaxel derivatives; palauamine; palmitoylrhizoxin; pamidronic acid; panaxytriol; panomifene; parabactin; pazelliptine; pegaspargase; peldesine; pentosan polysulfate sodium; pentostatin; pentrozole; perflubron; perfosfamide; perillyl alcohol; phenazinomycin; phenylacetate; phosphatase inhibitors; picibanil; pilocarpine hydrochloride; pirarubicin; piritrexim; placetin A; placetin B; plasminogen activator inhibitor; platinum complex; platinum compounds; platinum-triamine complex; porfimer sodium; porfiromycin; prednisone; propyl bis-acridone; prostaglandin J2; proteasome inhibitors; protein A-based immune modulator; protein kinase C inhibitor; protein kinase C inhibitors, microalgal; protein tyrosine phosphatase inhibitors; purine nucleoside phosphorylase inhibitors; purpurins; pyrazoloacridine; pyridoxylated hemoglobin polyoxyethylene conjugate; raf antagonists; raltitrexed; ramosetron; ras farnesyl protein transferase inhibitors; ras inhibitors; ras-GAP inhibitor; retelliptine demethylated; rhenium Re 186 etidronate; rhizoxin; ribozymes; RII retinamide; rogletimide; rohitukine; romurtide; roquinimex; rubiginone B1; ruboxyl; safingol;

saintopin; SarCNU; sarcophytol A; sargramostim; Sdi 1 mimetics; semustine; senescence derived inhibitor 1; sense oligonucleotides; signal transduction inhibitors; signal transduction modulators; single chain antigen binding protein; sizofiran; sobuzoxane; sodium borocaptate; sodium phenylacetate; solverol; somatomedin binding protein; sonermin; sparfosic acid; spicamycin D; spiromustine; splenopentin; spongistatin 1; squalamine; stem cell inhibitor; stem-cell division inhibitors; stipiamide; stromelysin inhibitors; sulfinosine; superactive vasoactive intestinal peptide antagonist; suradista; suramin; swainsonine; synthetic glycosaminoglycans; tallimustine; tamoxifen methiodide; tauromustine; tazarotene; tecogalan sodium; tegafur; tellurapyrylium; telomerase inhibitors; temoporfin; temozolomide; teniposide; tetrachlorodecaoxide; tetrazomine; thaliblastine; thiocoraline; thrombopoietin; thrombopoietin mimetic; thymalfasin; thymopoietin receptor agonist; thymotrigan; thyroid stimulating hormone; tin ethyl etiopurpurin; tirapazamine; titanocene bichloride; topsentin; toremifene; totipotent stem cell factor; translation inhibitors; tretinoin; triacetyluridine; tricyriline; trimetrexate; triptorelin; tropisetron; turosteride; tyrosine kinase inhibitors; tyrphostins; UBC inhibitors; ubenimex; urogenital sinus-derived growth inhibitory factor; urokinase receptor antagonists; vapreotide; variolin B; vector system, erythrocyte gene therapy; velaresol; veramine; verdins; verteporfin; vinorelbine; vinxaltine; vitaxin; vorozole; zanoterone; zeniplatin; zilascorb; and zinostatin stimalamer. Preferred additional anti-cancer drugs are 5-fluorouracil and leucovorin. The combinations of the invention may be administered to a subject simultaneously or sequentially with any of the above-referenced anti-cancer agents.

5.5 COMPOSITIONS AND METHODS OF ADMINISTERING

[00298] The invention provides methods and pharmaceutical compositions comprising anti-FcγRIIB and anti-CD20 antibody combinations of the invention. The invention also provides methods of treatment, prophylaxis, and amelioration of one or more symptoms associated with a disease, disorder or infection by administering to a subject an effective amount of a combination of the invention, or a pharmaceutical composition comprising a combination of the invention. In a preferred aspect, one or more of the antibodies in the combination is substantially purified (*i.e.*, substantially free from substances that limit its effect or produce undesired side-effects), and preferably all of the antibodies in the combination are substantially purified. In a specific embodiment, the subject is an animal, preferably a mammal such as non-primate (*e.g.*, cows, pigs, horses, cats, dogs, rats *etc.*) and a primate (*e.g.*, monkey such as, a cynomolgous monkey and a human). In a preferred embodiment, the subject is a human.

[00299] Various delivery systems are known and can be used to administer a composition comprising the combination of antibodies of the invention, *e.g.*, encapsulation in liposomes,

microparticles, microcapsules, recombinant cells capable of expressing the antibody or fusion protein, receptor-mediated endocytosis (See, *e.g.*, Wu and Wu, 1987, J. Biol. Chem. 262:4429-4432), construction of a nucleic acid as part of a retroviral or other vector, *etc.*

[00300] In some embodiments, the antibodies of the combination of the invention are formulated in liposomes for targeted delivery of the antibodies of the invention. Liposomes are vesicles comprised of concentrically ordered phospholipid bilayers which encapsulate an aqueous phase. Liposomes typically comprise various types of lipids, phospholipids, and/or surfactants. The components of liposomes are arranged in a bilayer configuration, similar to the lipid arrangement of biological membranes. Liposomes are particularly preferred delivery vehicles due, in part, to their biocompatibility, low immunogenicity, and low toxicity. Methods for preparation of liposomes are known in the art and are encompassed within the invention, see, *e.g.*, Epstein *et al.*, 1985, Proc. Natl. Acad. Sci. USA, 82: 3688; Hwang *et al.*, 1980 Proc. Natl. Acad. Sci. USA, 77: 4030-4; U.S. Patent Nos. 4,485,045 and 4,544,545.

[00301] The invention also encompasses methods of preparing liposomes with a prolonged serum half-life, *i.e.*, enhanced circulation time, such as those disclosed in U.S. Patent No. 5,013,556. Preferred liposomes used in the methods of the invention are not rapidly cleared from circulation, *i.e.*, are not taken up into the mononuclear phagocyte system (MPS). The invention encompasses sterically stabilized liposomes which are prepared using common methods known to one skilled in the art. Although not intending to be bound by a particular mechanism of action, sterically stabilized liposomes contain lipid components with bulky and highly flexible hydrophilic moieties, which reduces the unwanted reaction of liposomes with serum proteins, reduces opsonization with serum components and reduces recognition by MPS. Sterically stabilized liposomes are preferably prepared using polyethylene glycol. For preparation of liposomes and sterically stabilized liposome see, *e.g.*, Bendas *et al.*, 2001 BioDrugs, 15(4): 215-224; Allen *et al.*, 1987 FEBS Lett. 223: 42-6; Klivanov *et al.*, 1990 FEBS Lett., 268: 235-7; Blum *et al.*, 1990, Biochim. Biophys. Acta., 1029: 91-7; Torchilin *et al.*, 1996, J. Liposome Res. 6: 99-116; Litzinger *et al.*, 1994, Biochim. Biophys. Acta, 1190: 99-107; Maruyama *et al.*, 1991, Chem. Pharm. Bull., 39: 1620-2; Klivanov *et al.*, 1991, Biochim Biophys Acta, 1062: 142-8; Allen *et al.*, 1994, Adv. Drug Deliv. Rev, 13: 285-309. The invention also encompasses liposomes that are adapted for specific organ targeting, see, *e.g.*, U.S. Patent No. 4,544,545, or specific cell targeting, see, *e.g.*, U.S. Patent Application Publication No. 2005-0074403. Particularly useful liposomes for use in the compositions and methods of the invention can be generated by reverse phase evaporation

method with a lipid composition comprising phosphatidylcholine, cholesterol, and PEG derivatized phosphatidylethanolamine (PEG-PE). Liposomes are extruded through filters of defined pore size to yield liposomes with the desired diameter. In some embodiments, a fragment of an antibody of the invention, *e.g.*, F(ab'), may be conjugated to the liposomes using previously described methods, see, *e.g.*, Martin *et al.*, 1982, J. Biol. Chem. 257: 286-288.

[00302] The combinations of antibodies of the invention can also be formulated as immunoliposomes. Immunoliposomes refer to a liposomal composition, wherein an antibody of the invention or a fragment thereof is linked, covalently or non-covalently to the liposomal surface. The chemistry of linking an antibody to the liposomal surface is known in the art and encompassed within the invention, see, *e.g.*, U.S. Patent No. 6,787,153; Allen *et al.*, 1995, Stealth Liposomes, Boca Roton: CRC Press, 233-44; Hansen *et al.*, 1995, Biochim. Biophys. Acta, 1239: 133-44. In most preferred embodiments, immunoliposomes for use in the methods and compositions of the invention are further sterically stabilized. Preferably, the combinations of antibodies of the invention are linked covalently or non-covalently to a hydrophobic anchor, which is stably rooted in the lipid bilayer of the liposome. Examples of hydrophobic anchors include but are not limited to phospholipids, *e.g.*, phosphatidylethanolamine (PE), phosphatidylinositol (PI). To achieve a covalent linkage between an antibody and a hydrophobic anchor, any of the known biochemical strategies in the art may be used, see, *e.g.*, J. Thomas August, ed., 1997, Gene Therapy: Advances in Pharmacology, Volume 40, Academic Press, San Diego, CA., p. 399-435. For example, a functional group on an antibody molecule may react with an active group on a liposome associated hydrophobic anchor, *e.g.*, an amino group of a lysine side chain on an antibody may be coupled to liposome associated N-glutaryl-phosphatidylethanolamine activated with water-soluble carbodiimide; or a thiol group of a reduced antibody can be coupled to liposomes via thiol reactive anchors such as pyridylthiopropionyl-phosphatidylethanolamine. See, *e.g.*, Dietrich *et al.*, 1996, Biochemistry, 35: 1100-1105; Loughrey *et al.*, 1987, Biochim. Biophys. Acta, 901: 157-160; Martin *et al.*, 1982, J. Biol. Chem. 257: 286-288; Martin *et al.*, 1981, Biochemistry, 20: 4429-38. Although not intending to be bound by a particular mechanism of action, immunoliposomal formulations comprising an antibody or antibodies of the combination of the invention are particularly effective as therapeutic agents, since they deliver the antibody to the cytoplasm of the target cell, *i.e.*, the cell comprising the FcγRIIB receptor and/or CD20 to which the antibody binds. The immunoliposomes preferably

have an increased half-life in blood, specifically target cells, and can be internalized into the cytoplasm of the target cells thereby avoiding loss of the therapeutic agent or degradation by the endolysosomal pathway.

[00303] The invention encompasses immunoliposomes comprising antibodies of the combination of the invention or a fragment thereof. In some embodiments, the immunoliposomes further comprise one or more additional therapeutic agents, such as those disclosed herein.

[00304] The immunoliposomal compositions of the invention comprise one or more vesicle forming lipids, an antibody of the invention or a fragment or derivative thereof, and optionally a hydrophilic polymer. A vesicle forming lipid is preferably a lipid with two hydrocarbon chains, such as acyl chains and a polar head group. Examples of vesicle forming lipids include phospholipids, *e.g.*, phosphatidylcholine, phosphatidylethanolamine, phosphatidic acid, phosphatidylinositol, sphingomyelin, and glycolipids, *e.g.*, cerebrosides, gangliosides. Additional lipids useful in the formulations of the invention are known to one skilled in the art and encompassed within the invention. In some embodiments, the immunoliposomal compositions further comprise a hydrophilic polymer, *e.g.*, polyethylene glycol, and ganglioside GM1, which increases the serum half life of the liposome. Methods of conjugating hydrophilic polymers to liposomes are well known in the art and encompassed within the invention. For a review of immunoliposomes and methods of preparing them, see, *e.g.*, U.S. Patent Application Publication No. 2003-0044407; PCT International Publication No. WO 97/38731, Vingerhoads *et al.*, 1994, Immunomethods, 4: 259-72; Maruyama, 2000, Biol. Pharm. Bull. 23(7): 791-799; Abra *et al.*, 2002, Journal of Liposome Research, 12(1&2): 1-3; Park, 2002, Bioscience Reports, 22(2): 267-281; Bendas *et al.*, 2001 BioDrugs, 14(4): 215-224, J. Thomas August, ed., 1997, Gene Therapy: Advances in Pharmacology, Volume 40, Academic Press, San Diego, CA., p. 399-435.

[00305] Methods of administering the combinations of antibodies of the invention include, but are not limited to, parenteral administration (*e.g.*, intradermal, intramuscular, intraperitoneal, intravenous and subcutaneous), epidural, and mucosal (*e.g.*, intranasal and oral routes). In a specific embodiment, the combinations of antibodies of the invention are administered intramuscularly, intravenously, or subcutaneously. The compositions may be administered by any convenient route, for example, by infusion or bolus injection, by absorption through epithelial or mucocutaneous linings (*e.g.*, oral mucosa, rectal and intestinal mucosa, *etc.*) and may be administered together with other biologically active agents. Administration can be systemic or local. In addition, pulmonary administration can also be employed, *e.g.*, by use of an

inhaler or nebulizer, and formulation with an aerosolizing agent. See, *e.g.*, U.S. Patent Nos. 6,019,968; 5,985, 20; 5,985,309; 5,934,272; 5,874,064; 5,855,913; 5,290,540; and 4,880,078; and PCT Publication Nos. WO 92/19244; WO 97/32572; WO 97/44013; WO 98/31346; and WO 99/66903.

[00306] The invention also provides that the antibodies of the combinations of the invention are packaged in a hermetically sealed container, such as an ampoule or sachette indicating the quantity of antibody. In some embodiments, the FcγRIIB antibody of the combination is packaged in the same sealed container as the CD20 antibody. In other embodiments, the FcγRIIB antibody and CD20 antibody are packaged in different or separate sealed containers. In one embodiment, the antibodies of the invention are supplied as a dry sterilized lyophilized powder or water-free concentrate in a hermetically sealed container and can be reconstituted, *e.g.*, with water or saline to the appropriate concentration for administration to a subject. Preferably, the antibodies of the invention are supplied as a dry sterile lyophilized powder in a hermetically sealed container at a unit dosage of at least 5 mg, more preferably at least 10 mg, at least 15 mg, at least 25 mg, at least 35 mg, at least 45 mg, at least 50 mg, or at least 75 mg. In one embodiment, a FcγRIIB antibody is supplied as a sterile lyophilized powder at a unit dosage of at least 5 mg, more preferably at least 10 mg, at least 15 mg, at least 25 mg, at least 35 mg, at least 45 mg, at least 50 mg, or at least 75 mg in the *same* hermetically sealed container as a CD20 antibody supplied as a sterile lyophilized powder at a unit dosage of at least 5 mg, more preferably at least 10 mg, at least 15 mg, at least 25 mg, at least 35 mg, at least 45 mg, at least 50 mg, or at least 75 mg. In another embodiment, a FcγRIIB antibody is supplied as a sterile lyophilized powder at a unit dosage of at least 5 mg, more preferably at least 10 mg, at least 15 mg, at least 25 mg, at least 35 mg, at least 45 mg, at least 50 mg, or at least 75 mg in a *different* hermetically sealed container as a CD20 antibody supplied as a sterile lyophilized powder at a unit dosage of at least 5 mg, more preferably at least 10 mg, at least 15 mg, at least 25 mg, at least 35 mg, at least 45 mg, at least 50 mg, or at least 75 mg. The lyophilized antibodies of the invention should be stored at between 2°C and 8°C in their original container and the antibodies should be administered within 12 hours, preferably within 6 hours, within 5 hours, within 3 hours, or within 1 hour after being reconstituted.

[00307] In an alternative embodiment, antibodies of the invention are supplied in liquid form in a hermetically sealed container indicating the quantity and concentration of the antibody, fusion protein, or conjugated molecule. Preferably, the liquid form of the antibodies are supplied in a hermetically sealed container at least 1 mg/ml, more preferably at least 2.5 mg/ml, at least 5 mg/ml, at least 8 mg/ml, at least 10 mg/ml, at least 15 mg/ml, at least 25 mg/ml, at least 50

mg/ml, at least 100 mg/ml, at least 150 mg/ml, at least 200 mg/ml of the antibodies. In one embodiment, a FcγRIIB antibody is supplied as a liquid form at least 5 mg, more preferably at least 10 mg, at least 15 mg, at least 25 mg, at least 35 mg, at least 45 mg, at least 50 mg, or at least 75 mg in the *same* hermetically sealed container as a CD20 antibody supplied as a sterile lyophilized powder at a unit dosage of at least 5 mg, more preferably at least 10 mg, at least 15 mg, at least 25 mg, at least 35 mg, at least 45 mg, at least 50 mg, or at least 75 mg. In another embodiment, a FcγRIIB antibody is supplied as a liquid form at least 5 mg, more preferably at least 10 mg, at least 15 mg, at least 25 mg, at least 35 mg, at least 45 mg, at least 50 mg, or at least 75 mg in a *different* hermetically sealed container as a CD20 antibody supplied as a sterile lyophilized powder at a unit dosage of at least 5 mg, more preferably at least 10 mg, at least 15 mg, at least 25 mg, at least 35 mg, at least 45 mg, at least 50 mg, or at least 75 mg.

[00308] The amount of the composition of the invention which will be effective in the treatment, prevention or amelioration of one or more symptoms associated with a disorder can be determined by standard clinical techniques. The precise dose to be employed in the formulation will also depend on the route of administration, and the seriousness of the condition, and should be decided according to the judgment of the practitioner and each patient's circumstances. Effective doses may be extrapolated from dose-response curves derived from *in vitro* or animal model test systems.

[00309] For antibodies encompassed by the invention, the dosage administered to a patient is typically 0.0001 mg/kg to 100 mg/kg of the patient's body weight independently for each antibody in the combination. Preferably, the dosage of each antibody administered to a patient is between 0.0001 mg/kg and 20 mg/kg, 0.0001 mg/kg and 10 mg/kg, 0.0001 mg/kg and 5 mg/kg, 0.0001 and 2 mg/kg, 0.0001 and 1 mg/kg, 0.0001 mg/kg and 0.75 mg/kg, 0.0001 mg/kg and 0.5 mg/kg, 0.0001 mg/kg to 0.25 mg/kg, 0.0001 to 0.15 mg/kg, 0.0001 to 0.10 mg/kg, 0.001 to 0.5 mg/kg, 0.01 to 0.25 mg/kg or 0.01 to 0.10 mg/kg of the patient's body weight. Generally, human antibodies have a longer half-life within the human body than antibodies from other species due to the immune response to the foreign polypeptides. Thus, lower dosages of human antibodies and less frequent administration is often possible. Further, the dosage and frequency of administration of antibodies of the invention or fragments thereof may be reduced by enhancing uptake and tissue penetration of the antibodies by modifications such as, for example, lipidation.

[00310] In one embodiment, the dosage of each of the antibodies of the combinations of the invention administered to a patient are 0.01 mg to 1000 mg/day. In another embodiment the antibodies of the invention are used in combination with other therapeutic compositions and the

dosage administered to a patient are lower than when said combination of antibodies are used alone.

[00311] In a specific embodiment, it may be desirable to administer the pharmaceutical compositions of the invention locally to the area in need of treatment; this may be achieved by, for example, and not by way of limitation, local infusion, by injection, or by means of an implant, said implant being of a porous, non-porous, or gelatinous material, including membranes, such as sialastic membranes, or fibers. Preferably, when administering an antibody of the combination of the invention, care must be taken to use materials to which the antibody does not absorb.

[00312] In another embodiment, the compositions can be delivered in a vesicle, in particular a liposome (See Langer, *Science* 249:1527-1533 (1990); Treat *et al.*, in *Liposomes in the Therapy of Infectious Disease and Cancer*, Lopez-Berestein and Fidler (eds.), Liss, New York, pp. 353- 365 (1989); Lopez-Berestein, *ibid.*, pp. 317-327; see generally *ibid.*).

[00313] In yet another embodiment, the compositions can be delivered in a controlled release or sustained release system. Any technique known to one of skill in the art can be used to produce sustained release formulations comprising one or more antibodies of the invention. See, *e.g.*, U.S. Patent No. 4,526,938; PCT publication WO 91/05548; PCT publication WO 96/20698; Ning *et al.*, 1996, "Intratumoral Radioimmunotherapy of a Human Colon Cancer Xenograft Using a Sustained-Release Gel," *Radiotherapy & Oncology* 39:179-189, Song *et al.*, 1995, "Antibody Mediated Lung Targeting of Long-Circulating Emulsions," *PDA Journal of Pharmaceutical Science & Technology* 50:372-397; Cleek *et al.*, 1997, "Biodegradable Polymeric Carriers for a bFGF Antibody for Cardiovascular Application," *Proc. Int'l. Symp. Control. Rel. Bioact. Mater.* 24:853-854; and Lam *et al.*, 1997, "Microencapsulation of Recombinant Humanized Monoclonal Antibody for Local Delivery," *Proc. Int'l. Symp. Control Rel. Bioact. Mater.* 24:759-760. In one embodiment, a pump may be used in a controlled release system (See Langer, *supra*; Sefton, 1987, *CRC Crit. Ref. Biomed. Eng.* 14:20; Buchwald *et al.*, 1980, *Surgery* 88:507; and Saudek *et al.*, 1989, *N. Engl. J. Med.* 321:574). In another embodiment, polymeric materials can be used to achieve controlled release of antibodies (see *e.g.*, *Medical Applications of Controlled Release*, Langer and Wise (eds.), CRC Pres., Boca Raton, Florida (1974); *Controlled Drug Bioavailability, Drug Product Design and Performance*, Smolen and Ball (eds.), Wiley, New York (1984); Ranger and Peppas, 1983, *J. Macromol. Sci. Rev. Macromol. Chem.* 23:61; See also Levy *et al.*, 1985, *Science* 228:190; During *et al.*, 1989, *Ann. Neurol.* 25:351; Howard *et al.*, 1989, *J. Neurosurg.* 71:105); U.S. Patent No. 5,679,377; U.S. Patent No. 5,916,597; U.S. Patent No. 5,912,015; U.S. Patent No. 5,989,463; U.S. Patent No. 5,128,326; PCT Publication No.

WO 99/15154; and PCT Publication No. WO 99/20253). Examples of polymers used in sustained release formulations include, but are not limited to, poly(2-hydroxy ethyl methacrylate), poly(methyl methacrylate), poly(acrylic acid), poly(ethylene-co-vinyl acetate), poly(methacrylic acid), polyglycolides (PLG), polyanhydrides, poly(N-vinyl pyrrolidone), poly(vinyl alcohol), polyacrylamide, poly(ethylene glycol), polylactides (PLA), poly(lactide-co-glycolides) (PLGA), and polyorthoesters. In yet another embodiment, a controlled release system can be placed in proximity of the therapeutic target (*e.g.*, the lungs), thus requiring only a fraction of the systemic dose (see, *e.g.*, Goodson, in *Medical Applications of Controlled Release*, *supra*, vol. 2, pp. 115-138 (1984)). In another embodiment, polymeric compositions useful as controlled release implants are used according to Dunn *et al.* (See U.S. 5,945,155). This particular method is based upon the therapeutic effect of the *in situ* controlled release of the bioactive material from the polymer system. The implantation can generally occur anywhere within the body of the patient in need of therapeutic treatment. In another embodiment, a non-polymeric sustained delivery system is used, whereby a non-polymeric implant in the body of the subject is used as a drug delivery system. Upon implantation in the body, the organic solvent of the implant will dissipate, disperse, or leach from the composition into surrounding tissue fluid, and the non-polymeric material will gradually coagulate or precipitate to form a solid, microporous matrix (See U.S. 5,888,533).

[00314] Controlled release systems are discussed in the review by Langer (1990, *Science* 249:1527-1533). Any technique known to one of skill in the art can be used to produce sustained release formulations comprising one or more therapeutic agents of the invention. See, *e.g.*, U.S. Patent No. 4,526,938; International Publication Nos. WO 91/05548 and WO 96/20698; Ning *et al.*, 1996, *Radiotherapy & Oncology* 39:179-189; Song *et al.*, 1995, *PDA Journal of Pharmaceutical Science & Technology* 50:372-397; Cleek *et al.*, 1997, *Pro. Int'l. Symp. Control. Rel. Bioact. Mater.* 24:853-854; and Lam *et al.*, 1997, *Proc. Int'l. Symp. Control Rel. Bioact. Mater.* 24:759-760.

[00315] In a specific embodiment where the composition of the invention comprises one or more nucleic acids encoding an antibody, the nucleic acid can be administered *in vivo* to promote expression of its encoded antibody, by constructing it as part of an appropriate nucleic acid expression vector and administering it so that it becomes intracellular, *e.g.*, by use of a retroviral vector (See U.S. Patent No. 4,980,286), or by direct injection, or by use of microparticle bombardment (*e.g.*, a gene gun; Biolistic, Dupont), or coating with lipids or cell-surface receptors or transfecting agents, or by administering it in linkage to a homeobox-like peptide which is known to enter the nucleus (See *e.g.*, Joliot *et al.*, 1991, *Proc. Natl. Acad. Sci.*

USA 88:1864-1868), *etc.* Alternatively, a nucleic acid can be introduced intracellularly and incorporated within host cell DNA for expression by homologous recombination.

[00316] For antibodies, the therapeutically or prophylactically effective dosage administered to a subject is typically 0.1 mg/kg to 200 mg/kg of the subject's body weight for each antibody in the combination. Preferably, the dosage of each antibody of the combination administered to a subject is between 0.1 mg/kg and 20 mg/kg of the subject's body weight and more preferably the dosage of each antibody of the combination administered to a subject is between 1 mg/kg to 10 mg/kg of the subject's body weight. The dosage and frequency of administration of the combination antibodies of the invention may be reduced also by enhancing uptake and tissue penetration (*e.g.*, into the lung) of the antibodies or fusion proteins by modifications such as, for example, lipidation.

[00317] Treatment of a subject with a therapeutically or prophylactically effective amount of the combination antibodies of the invention can include a single treatment or, preferably, can include a series of treatments. In a preferred example, a subject is treated with combinations of antibodies of the invention in the range of between about 0.1 to 30 mg/kg body weight of each antibody of the combination, one time per week for between about 1 to 10 weeks, preferably between 2 to 8 weeks, more preferably between about 3 to 7 weeks, and even more preferably for about 4, 5, or 6 weeks. In other embodiments, the pharmaceutical compositions of the invention are administered once a day, twice a day, or three times a day. In other embodiments, the pharmaceutical compositions are administered once a week, twice a week, once every two weeks, once a month, once every six weeks, once every two months, twice a year or once per year. It will also be appreciated that the effective dosage of the antibodies used for treatment may increase or decrease over the course of a particular treatment.

5.5.1 PHARMACEUTICAL COMPOSITIONS

[00318] The compositions of the invention include bulk drug compositions useful in the manufacture of pharmaceutical compositions (*e.g.*, impure or non-sterile compositions) and pharmaceutical compositions (*i.e.*, compositions that are suitable for administration to a subject or patient) which can be used in the preparation of unit dosage forms. Such compositions comprise a prophylactically or therapeutically effective amount of a prophylactic and/or therapeutic agent disclosed herein or a combination of those agents and a pharmaceutically acceptable carrier. Preferably, compositions of the invention comprise a prophylactically or therapeutically effective amount of antibodies of the invention and a pharmaceutically acceptable carrier.

[00319] In one particular embodiment, the pharmaceutical composition comprises of a therapeutically effective amount of (a) an antibody or a fragment thereof that binds FcγRIIB with a greater affinity than said antibody or a fragment thereof binds FcγRIIA, (b) an anti-CD20 antibody, and (c) a pharmaceutically acceptable carrier.

[00320] In a specific embodiment, the term “pharmaceutically acceptable” means approved by a regulatory agency of the Federal or a state government or listed in the U.S. Pharmacopeia or other generally recognized pharmacopeia for use in animals, and more particularly in humans. The term “carrier” refers to a diluent, adjuvant (*e.g.*, Freund’s adjuvant (complete and incomplete), excipient, or vehicle with which the therapeutic is administered. Such pharmaceutical carriers can be sterile liquids, such as water and oils, including those of petroleum, animal, vegetable or synthetic origin, such as peanut oil, soybean oil, mineral oil, sesame oil and the like. Water is a preferred carrier when the pharmaceutical composition is administered intravenously. Saline solutions and aqueous dextrose and glycerol solutions can also be employed as liquid carriers, particularly for injectable solutions. Suitable pharmaceutical excipients include starch, glucose, lactose, sucrose, gelatin, malt, rice, flour, chalk, silica gel, sodium stearate, glycerol monostearate, talc, sodium chloride, dried skim milk, glycerol, propylene, glycol, water, ethanol and the like. The composition, if desired, can also contain minor amounts of wetting or emulsifying agents, or pH buffering agents. These compositions can take the form of solutions, suspensions, emulsion, tablets, pills, capsules, powders, sustained-release formulations and the like.

[00321] Generally, the ingredients of compositions of the invention are supplied either separately or mixed together in unit dosage form, for example, as a dry lyophilized powder or water free concentrate in a hermetically sealed container such as an ampoule or sachette indicating the quantity of active agent. Where the composition is to be administered by infusion, it can be dispensed with an infusion bottle containing sterile pharmaceutical grade water or saline. Where the composition is administered by injection, an ampoule of sterile water for injection or saline can be provided so that the ingredients may be mixed prior to administration.

[00322] The compositions of the invention can be formulated as neutral or salt forms. Pharmaceutically acceptable salts include, but are not limited to those formed with anions such as those derived from hydrochloric, phosphoric, acetic, oxalic, tartaric acids, *etc.*, and those formed with cations such as those derived from sodium, potassium, ammonium, calcium, ferric hydroxides, isopropylamine, triethylamine, 2-ethylamino ethanol, histidine, procaine, *etc.*

[00323] The present invention also provides pharmaceutical compositions and kits comprising a FcγRIIB antagonist and anti-CD20 agent for use in the prevention, treatment,

management, or amelioration of a B cell malignancy, or one or more symptoms thereof. In particular, the present invention provides pharmaceutical compositions and kits comprising a FcγRIIB antagonist, an analog, derivative or an anti-FcγRIIB antibody or an antigen-binding fragment thereof and a CD20 antibody or fragment thereof.

[00324] In various embodiments, a CD20 antibody or fragment thereof and a FcγRIIB antibody or fragment thereof of the combination of the invention, and optionally in further combination with other prophylactic or therapeutic agents, can be administered simultaneously or less than 1 hour apart, at about 1 hour apart, at about 1 hour to about 2 hours apart, at about 2 hours to about 3 hours apart, at about 3 hours to about 4 hours apart, at about 4 hours to about 5 hours apart, at about 5 hours to about 6 hours apart, at about 6 hours to about 7 hours apart, at about 7 hours to about 8 hours apart, at about 8 hours to about 9 hours apart, at about 9 hours to about 10 hours apart, at about 10 hours to about 11 hours apart, at about 11 hours to about 12 hours apart, no more than 24 hours apart or no more than 48 hours apart. In preferred embodiments, two or more components are administered within the same patient visit.

[00325] The dosage amounts and frequencies of administration provided herein are encompassed by the terms therapeutically effective and prophylactically effective. The dosage and frequency further will typically vary according to factors specific for each patient depending on the specific therapeutic or prophylactic agents administered, the severity and type of disease, the route of administration, as well as age, body weight, response, and the past medical history of the patient. Suitable regimens can be selected by one skilled in the art by considering such factors and by following, for example, dosages reported in the literature and recommended in the Physician's Desk Reference (56th ed., 2002).

[00326] The combinations of antibodies of this invention may also be advantageously utilized in combination with other monoclonal or chimeric antibodies, Fc fusion proteins, or with lymphokines, cytokines or hematopoietic growth factors (such as, *e.g.*, IL-2, IL-3, IL-4, IL-7, IL-10 and TGF-β), which enhance FcγRIIB and/or CD20, for example, serve to increase the number or activity of effector cells which interact with the antibodies and, increase immune response. In certain embodiments, a cytokine is conjugated to an anti-FcγRIIB antibody and/or CD20 antibody of the combinations.

[00327] The antibodies of the combinations of this invention may also be advantageously utilized in combination with one or more drugs used to treat a disease, disorder, or infection such as, for example anti-cancer agents or anti-inflammatory agents, *e.g.*, as detailed elsewhere herein.

5.5.2 KITS

[00328] The invention provides a pharmaceutical pack or kit comprising one or more containers filled with FcγRIIB-specific antibodies and CD20-specific antibodies. The FcγRIIB antibodies and CD20 antibodies can be in the same or different containers in the pharmaceutical pack or kit. Additionally, one or more other prophylactic or therapeutic agents useful for the treatment of a disease can also be included in the pharmaceutical pack or kit. The invention also provides a pharmaceutical pack or kit comprising one or more containers filled with one or more of the ingredients of the pharmaceutical compositions of the invention. Optionally associated with such container(s) can be a notice in the form prescribed by a governmental agency regulating the manufacture, use or sale of pharmaceuticals or biological products, which notice reflects approval by the agency of manufacture, use or sale for human administration.

[00329] The present invention provides kits that can be used in the above methods. In one embodiment, a kit comprises one or more FcγRIIB-specific antibodies and a CD20 antibody or fragment thereof. In another embodiment, a kit further comprises one or more other prophylactic or therapeutic agents useful for the treatment of CD20-associated disease in one or more containers.

5.6 CHARACTERIZATION AND DEMONSTRATION OF THERAPEUTIC UTILITY

[00330] Several aspects of the pharmaceutical compositions or prophylactic or therapeutic agents of the invention are preferably tested *in vitro*, *e.g.*, in a cell culture system, and then *in vivo*, *e.g.*, in an animal model organism, such as a rodent animal model system, for the desired therapeutic activity prior to use in humans. For example, assays which can be used to determine whether administration of a specific pharmaceutical composition is indicated, include cell culture assays in which a patient tissue sample is grown in culture, and exposed to or otherwise contacted with a pharmaceutical composition, and the effect of such composition upon the tissue sample is observed, *e.g.*, inhibition of or decrease in growth and/or colony formation in soft agar or tubular network formation in three-dimensional basement membrane or extracellular matrix preparation. The tissue sample can be obtained by biopsy from the patient. This test allows the identification of the therapeutically most effective prophylactic or therapeutic molecule(s) for each individual patient. Alternatively, instead of culturing cells from a patient, therapeutic agents and methods may be screened using cells of a tumor or malignant cell line. In various specific embodiments, *in vitro* assays can be carried out with representative cells of cell types involved in an autoimmune or inflammatory disorder (*e.g.*, T cells), to determine if a pharmaceutical composition of the invention has a desired effect upon such cell types. Many assays standard in

the art can be used to assess such survival and/or growth; for example, cell proliferation can be assayed by measuring ^3H -thymidine incorporation, by direct cell count, by detecting changes in transcriptional activity of known genes such as proto-oncogenes (*e.g.*, *fos*, *myc*) or cell cycle markers; cell viability can be assessed by trypan blue staining, differentiation can be assessed visually based on changes in morphology, decreased growth and/or colony formation in soft agar or tubular network formation in three-dimensional basement membrane or extracellular matrix preparation, *etc.* Additional assays include raft association, CDC, ADCC and apoptosis assays as known in the art and described in the Examples.

[00331] Combinations of prophylactic and/or therapeutic agents can be tested in suitable animal model systems prior to use in humans. Such animal model systems include, but are not limited to, rats, mice, chicken, cows, monkeys, pigs, dogs, rabbits, *etc.* Any animal system well-known in the art may be used. In a specific embodiment of the invention, combinations of prophylactic and/or therapeutic agents are tested in a mouse model system. Such model systems are widely used and well-known to the skilled artisan. Prophylactic and/or therapeutic agents can be administered repeatedly. Several aspects of the procedure may vary such as the temporal regime of administering the prophylactic and/or therapeutic agents, and whether such agents are administered separately or as an admixture.

[00332] Preferred animal models for use in the methods of the invention are for example, transgenic mice expressing Fc γ R on mouse effector cells, *e.g.*, any mouse model described in U.S. Patent No. 5,877,396. Transgenic mice for use in the methods of the invention include but are not limited to mice carrying human Fc γ RIIA, mice carrying human Fc γ RIIA, mice carrying human Fc γ RIIB and human Fc γ RIIA, mice carrying human Fc γ RIIB and human Fc γ RIIA.

[00333] Once the prophylactic and/or therapeutic agents of the invention have been tested in an animal model they can be tested in clinical trials to establish their efficacy. Establishing clinical trials will be done in accordance with common methodologies known to one skilled in the art, and the optimal dosages and routes of administration as well as toxicity profiles of the compositions of the invention can be established using routine experimentation.

[00334] The anti-inflammatory activity of the combination therapies of invention can be determined by using various experimental animal models of inflammatory arthritis known in the art and described in Crofford L.J. and Wilder R.L., "Arthritis and Autoimmunity in Animals", in *Arthritis and Allied Conditions: A Textbook of Rheumatology*, McCarty *et al.* (eds.), Chapter 30 (Lee and Febiger, 1993). Experimental and spontaneous animal models of inflammatory arthritis and autoimmune rheumatic diseases can also be used to assess the anti-inflammatory activity of

the combination therapies of invention. The following are some assays provided as examples, and not by limitation.

[00335] The principal animal models for arthritis or inflammatory disease known in the art and widely used include: adjuvant-induced arthritis rat models, collagen-induced arthritis rat and mouse models and antigen-induced arthritis rat, rabbit and hamster models, all described in Crofford L.J. and Wilder R.L., "Arthritis and Autoimmunity in Animals", in *Arthritis and Allied Conditions: A Textbook of Rheumatology*, McCarty *et al.* (eds.), Chapter 30 (Lee and Febiger, 1993).

[00336] The anti-inflammatory activity of the combination therapies of invention can be assessed using a carrageenan-induced arthritis rat model. Carrageenan-induced arthritis has also been used in rabbit, dog and pig in studies of chronic arthritis or inflammation. Quantitative histomorphometric assessment is used to determine therapeutic efficacy. The methods for using such a carrageenan-induced arthritis model is described in Hansra P. *et al.*, "Carrageenan-Induced Arthritis in the Rat," *Inflammation*, 24(2): 141-155, (2000). Also commonly used are zymosan-induced inflammation animal models as known and described in the art.

[00337] The anti-inflammatory activity of the combination therapies of invention can also be assessed by measuring the inhibition of carrageenan-induced paw edema in the rat, using a modification of the method described in Winter C. A. *et al.*, "Carrageenan-Induced Edema in Hind Paw of the Rat as an Assay for Anti-inflammatory Drugs" *Proc. Soc. Exp. Biol Med.* 111, 544-547, (1962). This assay has been used as a primary *in vivo* screen for the anti-inflammatory activity of most NSAIDs, and is considered predictive of human efficacy. The anti-inflammatory activity of the test prophylactic or therapeutic agents is expressed as the percent inhibition of the increase in hind paw weight of the test group relative to the vehicle dosed control group.

[00338] Additionally, animal models for inflammatory bowel disease can also be used to assess the efficacy of the combination therapies of invention (Kim *et al.*, 1992, *Scand. J. Gastroenterol.* 27:529-537; Strober, 1985, *Dig. Dis. Sci.* 30(12 Suppl):3S-10S). Ulcerative colitis and Crohn's disease are human inflammatory bowel diseases that can be induced in animals. Sulfated polysaccharides including, but not limited to amylopectin, carrageen, amylopectin sulfate, and dextran sulfate or chemical irritants including but not limited to trinitrobenzenesulphonic acid (TNBS) and acetic acid can be administered to animals orally to induce inflammatory bowel diseases.

[00339] Animal models for asthma can also be used to assess the efficacy of the combination therapies of invention. An example of one such model is the murine adoptive transfer model in which aeroallergen provocation of TH1 or TH2 recipient mice results in TH

effector cell migration to the airways and is associated with an intense neutrophilic (TH1) and eosinophilic (TH2) lung mucosal inflammatory response (Cohn *et al.*, 1997, J. Exp. Med. 186:1737-1747).

[00340] Animal models for autoimmune disorders can also be used to assess the efficacy of the combination therapies of invention. Animal models for autoimmune disorders such as type 1 diabetes, thyroid autoimmunity, systemic lupus erythematosus, and glomerulonephritis have been developed (Flanders *et al.*, 1999, Autoimmunity 29:235-246; Krogh *et al.*, 1999, Biochimie 81:511-515; Foster, 1999, Semin. Nephrol. 19:12-24).

[00341] Further, any assays known to those skilled in the art can be used to evaluate the prophylactic and/or therapeutic utility of the combinatorial therapies disclosed herein for autoimmune and/or inflammatory diseases.

[00342] Toxicity and efficacy of the prophylactic and/or therapeutic protocols of the instant invention can be determined by standard pharmaceutical procedures in cell cultures or experimental animals, *e.g.*, for determining the LD₅₀ (the dose lethal to 50% of the population) and the ED₅₀ (the dose therapeutically effective in 50% of the population). The dose ratio between toxic and therapeutic effects is the therapeutic index and it can be expressed as the ratio LD₅₀/ED₅₀. Prophylactic and/or therapeutic agents that exhibit large therapeutic indices are preferred. While prophylactic and/or therapeutic agents that exhibit toxic side effects may be used, care should be taken to design a delivery system that targets such agents to the site of affected tissue in order to minimize potential damage to uninfected cells and, thereby, reduce side effects.

[00343] The data obtained from the cell culture assays and animal studies can be used in formulating a range of dosage of the combination therapies and optional prophylactic and/or therapeutic agents for use in humans. The dosage lies preferably within a range of circulating concentrations that include the ED₅₀ with little or no toxicity. The dosage may vary within this range depending upon the dosage form employed and the route of administration utilized. For any agent used in the method of the invention, the therapeutically effective dose can be estimated initially from cell culture assays. A dose may be formulated in animal models to achieve a circulating plasma concentration range that includes the IC₅₀ (*i.e.*, the concentration of the test compound that achieves a half-maximal inhibition of symptoms) as determined in cell culture. Such information can be used to more accurately determine useful doses in humans. Levels in plasma may be measured, for example, by high performance liquid chromatography.

[00344] The anti-cancer activity of the combination therapies used in accordance with the present invention also can be determined by using various experimental animal models for the

study of cancer such as the SCID mouse model or transgenic mice or nude mice with human xenografts, animal models, such as hamsters, rabbits, *etc.*, known in the art and described in Relevance of Tumor Models for Anticancer Drug Development (1999, eds. Fiebig and Burger); Contributions to Oncology (1999, Karger); The Nude Mouse in Oncology Research (1991, eds. Boven and Winograd); and Anticancer Drug Development Guide (1997 ed. Teicher).

[00345] The protocols and compositions of the invention are preferably tested *in vitro*, and then *in vivo*, for the desired therapeutic or prophylactic activity, prior to use in humans.

Therapeutic agents and methods may be screened using cells of a tumor or malignant cell line. Many assays standard in the art can be used to assess such survival and/or growth; for example, cell proliferation can be assayed by measuring ³H-thymidine incorporation, by direct cell count, by detecting changes in transcriptional activity of known genes such as proto-oncogenes (*e.g.*, fos, myc) or cell cycle markers; cell viability can be assessed by trypan blue staining, differentiation can be assessed visually based on changes in morphology, decreased growth and/or colony formation in soft agar or tubular network formation in three-dimensional basement membrane or extracellular matrix preparation, *etc.*

[00346] Compounds for use in therapy can be tested in suitable animal model systems prior to testing in humans, including but not limited to in rats, mice, chicken, cows, monkeys, rabbits, hamsters, *etc.*, for example, the animal models described above. The compounds can then be used in the appropriate clinical trials.

[00347] Further, any assays known to those skilled in the art can be used to evaluate the prophylactic and/or therapeutic utility of the combinatorial therapies disclosed herein for treatment or prevention of cancer, inflammatory disorder, or autoimmune disease.

6. EXAMPLES

6.1.1 FACS ANALYSIS

[00348] ***Monoclonal anti-FcγRIIB antibodies and CD20 co-stain Human B***

Lymphocytes. A double staining FACS assay was used to characterize the antibody produced from clones 2B6 and 3H7 in human B lymphocytes. Cells were stained with anti-CD20 antibody which was FITC conjugated, to select the B-lymphocyte population, as well as the antibodies produced from clone 3H7 and 2B6, labeled with goat anti-mouse peroxidase. The horizontal axis represents the intensity of the anti-CD20 antibody fluorescence and the vertical axis represents the intensity of the monoclonal antibody fluorescence. As shown in FIGS. 1B and 1C, cells are double stained with the anti-CD20 antibody as well as the antibodies produced from clones 2B6

and 3H7, however, the antibody produced from clone 2B6 shows more intense staining than that produced from clone 3H7. FIG. 1A shows the staining of the isotype control, mouse IgG1.

6.1.2 EFFECT OF CH2B6 ANTIBODIES ON TUMOR GROWTH

[00349] **Experimental design:** Balb/c Nude female mice (Taconic, MD) were injected at day 0 with 5×10^6 Daudi cells subcutaneously. Mice (5 mice per group) also received i.p. injection of PBS (negative control), 10 $\mu\text{g/g}$ ch4.4.20 (anti-FITC antibody, negative control), 10 $\mu\text{g/g}$ RITUXAN[®] (positive control) or 10 $\mu\text{g/g}$ ch2B6 once a week starting at day 0. Mice were observed twice a week following injection and tumor size (length and width) was determined using a caliper. Tumor size in mg was estimated using the formula: $(\text{length} \times \text{width}^2)/2$.

[00350] **RESULTS:** As shown in FIG. 2, Daudi cells form subcutaneous tumors in Balb/c nude females starting around day 21 post tumor cell injection. At day 35, subcutaneous tumors were detected in mice receiving PBS (5 mice out of 5) or 10 $\mu\text{g/g}$ ch4.4.20 (5 mice out of 5). Tumors were rarely detected in mice receiving 10 $\mu\text{g/g}$ RITUXAN[®] (1 mouse out of 5) and were not detected in mice receiving 10 $\mu\text{g/g}$ ch2B6 (0 mice out of 5).

6.1.3 EFFECT OF 2B6 VARIANTS ON TUMOR GROWTH IN A MURINE XENOGRAFT MODEL

[00351] **Experimental design:** Eight week old Balb/c FoxN1 female mice (Taconic, Germantown, NY) were injected subcutaneously at day 0 with 5×10^6 Daudi cells as well as intra-peritoneally with 2B6 antibody variants (ch2B6, chN297Q, h2B6, h2B6YA, h2B6YA 31/60, h2B6YA 38/60, h2B6YA 55/60, or h2B6 YA 71 at 2.5 μg , 7.5 μg , or 25 μg), Rituximab (positive control at 2.5 μg , 7.5 μg , 25 μg , or 250 μg) or PBS (negative control). Mice were then treated with antibodies or PBS once a week until day 42 (total of 7 injections) and tumor size was measured twice a week using a caliper. Tumor weight was estimated using the formula: $(\text{width}^2 \times \text{length})/2$.

[00352] **RESULTS:** To evaluate the efficacy of anti-CD32B mAb variants in the prevention of tumor cell growth *in vivo*, Balb/c FoxN1 mice were simultaneously injected with Daudi cells and anti-CD32B mAb variants (FIGS. 3A-G). Treatment with the positive control, Rituximab, significantly reduced tumor cell growth in a dose dependent fashion (FIG. 3A). Three different variants of anti-CD32B mAb 2B6 (chimeric 2B6 (ch2B6), humanized 2B6 (h2B6), and a variant in the Fv region (h2B6YA)) were all effective at slowing tumor growth (FIG. 3B). The h2B6YA variant showed a remarkable reduction in tumor growth at a dose of 2.5 μg (0.1 $\mu\text{g/gm}$). The same dose of Rituximab was not as effective at preventing tumor growth. Four different h2B6YA mAb variants with Fc mutations (h2B6YA 31/60, h2B6YA 38/60, h2B6YA 55/60, and h2B6YA 71) were analyzed to determine if anti-tumor activity *in vivo* could

be improved. Mutants h2B6YA 31/60, h2B6YA 38/60, and h2B6YA 55/60 functioned as well or better than h2B6YA, which contained a wild type Fc (FIGS. 3C, 3D, 3E, and 3F). Mutant h2B6YA 71 showed dose independent activity (FIG. 3G). Tumor cell growth was slowed at doses of 2.5 μ g and 25 μ g; however, little or no effect on tumor growth was noted at the 7.5 μ g dose (FIG. 3G).

[00353] These results demonstrate that h2B6YA 31/60 and h2B6YA 55/60 have improved *in vivo* anti-tumor activity compared to ch2B6 or h2B6YA.

6.1.4 EX VIVO STAINING OF DAUDI FOR CD20 AND CD32B

[00354] **Experimental design:** Daudi tumors were collected from mice treated with h2B6 or h2B6YA at 25 μ g. CD20 and CD32B expression was compared with those of Daudi cell expanded *in vitro*. FACS analysis was performed as described in Section 6.2.1.

[00355] **RESULTS:** As shown in FIGS. 4A-4I, cells expanded *in vivo* maintain CD20 and CD32B expression even after anti-CD32B treatment.

6.2 EXPRESSION OF CD32B ON B-CLL CELLS

[00356] The ability of CD32B-specific antibodies to react with CD32B on cells isolated from patients with B-CLL was tested by staining isolated cells in FACS analysis.

[00357] **Protocol for isolating B cells from patients.** Mononuclear leukocytes from peripheral blood leukocytes from normal donors and B cell neoplasia patients were isolated by using Ficoll-Paque PLUS (Amesham Pharmacia Biotech) gradient centrifugation and cryopreserved in aliquots in liquid nitrogen. An aliquot of freshly isolated PBMCs from each patient was washed in PBS containing 10% human serum and analyzed immediately for CD32B expression by standard FACS analysis. Single-cell suspension from lymph node biopsy specimens will be prepared in similar manner, will be immediately analyzed, and will be cryopreserved in liquid nitrogen.

[00358] Two cytospinTM slides were obtained from each samples and one stained immediately with May-Grunwald Giemsa (MGG) for morphological evaluation. Prior to analysis, an aliquot of patient's cells was thawed, the viability evaluated upon thawing and, if necessary (viability upon recovery <80%), subjected to Ficoll-Paque PLUS centrifugation. The amount of tumor cells was estimated by clonality by using anti-kappa or lambda chain antibodies in FACS analysis. Leukocyte phenotyping was performed by using directed conjugated anti-CD3, CD20, CD56, CD14, and CD16 antibodies and proper FSC and SCC gating. B-CLL B cells were further analyzed for CD5, CD23, CD25, CD27, CD38, CD69, and CD71 (Damle *et al.*, 2002, Blood 99:4087-4093; Chiorazzi & Ferrarini, 2003, Ann Rev Immunol 21:841-894).

Computerized logs were maintained recording the number of vials, number of cells per vial, and cell viability before and after cryopreservation, number of tumor cells or leukocyte phenotype.

[00359] **Protocol for FACS analysis.** Cells were incubated with the anti-CD32B monoclonal antibody, 2B6, followed by a secondary (Cy5 conjugated) goat-anti mouse (Fab)₂ fragment antibody. After washes, FITC or PE-conjugated lineage-specific antibodies (anti-CD3, CD19, CD 20 and CD5) were added and the samples were analyzed by using FACSCalibur in a two-color format. CD3-positive cells (T cells) are used as an internal control as they do not express CD32B and do not react with 2B6 antibody. CD20, CD19 and CD5 antibodies identify B cell lineage sub-populations. Preliminary studies were conducted in >10 healthy human subjects to calibrate the amount of individual anti-CD32B antibodies based on the reactivity with the donor's B cells identified by CD20-positivity. For each antibody, the smallest amount of antibody that gave 100% reactivity and the highest MCF value in titration experiments was selected for subsequent use.

[00360] **Results:** As shown in Fig. 5, B cells isolated from B-CLL patients stained intensely with anti-CD32B antibodies. Cells from all five patients are consistently CD32B-positive being reactive with 2B6 antibody, but express B cell-lineage markers only to various degrees. The results indicate that CD32B is expressed on B cells isolated from patients with B-CLL.

6.3 **EXPRESSION OF CD32B IN LYMPH NODES FROM PATIENTS WITH NON-HODGKIN'S LYMPHOMA**

[00361] To investigate expression of CD32B in lymph nodes from patients with non-Hodgkin's lymphomas, histological analysis and immunohistochemistry was performed on a series of lymphatic tissues from patients with a confirmed diagnosis of B cell neoplasia based on histological and FACS analysis criteria.

[00362] **Tissue specimens.** Frozen lymph nodes were obtained from the Cooperative Human Tissue Network (CHTN), Mid-Atlantic Division (Charlottesville, Virginia). The tissue was received in dry ice, and upon arrival sectioned in two portions, one for histopathological analysis of the tumor and the other portion for Immunohistochemistry analysis.

[00363] **Histopathological analysis and Immunohistochemistry.**

[00364] All eleven cases were fixed in 10% Neutral Buffered Formalin (NBF) and paraffinized in a tissue processor (Miles Scientific). After paraffinization, tissue blocks were sectioned with a Leica Microtome (Leica Microsystems, Bannockburn, Illinois) at 5 microns. The sections were placed in slides, deparaffinized with xylene and proceeded with an Hematoxylin and Eosin (H-E) tissue staining protocol (Luna, Histopathologic methods and Color

Atlas Of Special Stains and Tissue Artifacts 1992 American Histolabs, Inc., Publications Division, Kolb Center, 7605-F Airpark Road, Gaithersburg, MD 2087. Daudi B cells, a malignant cell line involved in B cell lymphomas, were used as positive controls. Normal tonsil and lymph nodes were used as additional controls to understand the distribution of the cells expressing CD20 and CD32B in normal tissues.

[00365] The remaining portions of these samples were placed in cryomolds and embedded in OCT cryocompound (Tissue-Tek). Once the blocks were ready, each was sectioned under a Cryostat (Leica Microsystems) at 6 microns. The slides were placed in 4 °C acetone and fixed for 10 minutes. Hours after fixation the slides were air dried and washed with phosphate buffer saline (PBS). Then endogenous peroxide activity was blocked by a 30 minute incubation in a 0.3% hydrogen peroxide solution. The slides were washed in PBS and incubated for 30 minutes with 10% normal goat serum in 2% normal human serum. After this step, the slides were divided in two groups. Two monoclonal antibodies were utilized and incubated on the same tissue in parallel, an anti-CD20 (1F5 - a hybridoma, ATCC No. HB-9645, purified at MacroGenics) and the murine monoclonal anti-CD32B antibody, 2B6. Each group was incubated with one monoclonal antibody and their respective Isotype control, IgG1 (BD Biosciences, San Jose, California) for the 2B6/anti-CD32B group and IgG2a (BD Biosciences) for the 1F5/anti-CD20 group. Mouse IgG1 and murine IgG2a were used as Isotype controls for anti-CD32B and anti-CD20, respectively. After one hour of incubation at room temperature, the slides were washed in PBS and incubated with a secondary antibody Goat anti Mouse labeled peroxidase (Jackson ImmunoResearch Laboratories, West Grove, Pennsylvania). After washing with PBS, the sections were incubated in amino-9-ethylcarbazol (AEC) and hydrogen peroxide (Koretz *et al.*, 1987, Histochemistry 86:471-478). Hematoxylin was used as a counterstain.

[00366] The expression of anti CD20 and CD32B was scored under a light microscope at low power magnification based on the following criteria: a score of zero (-) meant no detectable reactivity; a score of plus/minus (+/-) meant detectable reaction in 1-10% of the cells; one plus (+) was equivalent to 10-30% positive cells; two pluses (++) for tissue with positive cells ranging from 30-70%; and three pluses (+++) for those tissues where 70% to 100% were positive.

[00367] **Results.** Both positive controls, *i.e.*, a malignant cell line involved in B cell lymphomas (Daudi cells; FIGS. 6A-6B) and normal tissues known to contain lymphatic tissue (tonsil: FIGS. 7A-7C; lymph nodes: FIGS. 8A-8C), responded positively to anti-CD32B and anti-CD20 antibodies by immunohistochemistry. Normal tonsil tissues and lymph nodes stain differently with anti-CD32B antibodies and anti-CD20 antibodies. Lymphatic follicles showing germinal centers react with anti-CD20, while the cells in the follicles surrounding germinal

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centers react with anti-CD32B. Thus, morphological differences can be detected by immunohistochemistry with these two antibodies.

[00368] A total of ten lymph nodes and one spleen (11 cases) obtained from CHTN were analyzed. The results are summarized in Table 4.

TABLE 4: Summary of Immunohistochemistry Results

Patient Code	Final Pathologic Diagnosis	Tissue	2B6	IF5
MG04-CHTN-19	Diffuse Large B Cell Lymphoma	Lymph Node	++	++
MG04-CHTN-22	Diffuse Large B Cell Lymphoma	Lymph Node	++	+/
MG04-CHTN-26	Follicular Lymphoma With areas of Diffuse Large B cell Lymphoma	Lymph Node	+	++
MG04-CHTN-27	Diffuse Large B cell Lymphoma	Lymph Node	+++	+
MG05-CHTN-03	Diffuse Small Lymphocytic Lymphoma with Plasmacytoid features	Lymph Node	+++	+/
MG05-CHTN-05	Diffuse Large B Cell Lymphoma	Lymph Node	+	++
MG04-CHTN-30	Small Lymphocytic Lymphoma	Lymph Node	-	-
MG04-CHTN-31	Diffuse Large B Cell Lymphoma	Lymph Node	++	+
MG04-CHTN-36	Diffuse Large B Cell Lymphoma	Spleen	+++	++
MG04-CHTN-41	Mantle Cell Lymphoma/Diffuse Small Cleaved Cell Lymphoma	Lymph Node	++	+/
MG04-CHTN-05	Diffuse Large B Cell Lymphoma	Lymph Node	-	-

[00369] Eight cases were Diffuse Large B Cell Lymphomas, two were Small Lymphocytic Lymphomas, and one was Mantle Cell Lymphoma/Diffuse Small Cleaved Cell Lymphoma. In the small lymphocytic lymphoma category, one had plasmacytoid features. All hematoxylin and eosin (H&E)-stained slides were reviewed for confirmation of the diagnosis.

[00370] The expression of CD20 was negative in 18% of the cases and weakly positive in ~30%, and intermediate/strongly positive in the remaining 50% of the cases. CD32B was detected in 80% of the cases and was found to be negative in only two cases.

[00371] **Conclusion.** CD32B expression was detected on 80% of NHL test cases. Expression of CD32B was often detected in more cells than CD20 was detected. CD32B may be a useful target of treatment of NHL.

6.4 IN VIVO TUMOR CLEARANCE STUDIES IN MURINE TUMOR XENOGRAFT MODELS OF LYMPHOMAS

[00372] The ability to prevent tumors in a mouse model of lymphoma is an important criterion to determine the potential for an antibody to proceed into clinical studies.

[00373] A number of well characterized Burkitt's lymphoma cell lines are available for use as models of NHL (Epstein *et al.*, 1966, J Natl Cancer Inst 37:547-559; Klein *et al.*, 1968, Cancer Res 28:1300-1310; Klein *et al.*, 1975, Intervirology 5:319-334; Nilsson *et al.*, 1977, Intl J

Cancer 19:337-344; Ohsugi *et al.*, 1980, J Natl Cancer Inst 65:715-718). A xenograft model of lymphoma formation has been established in nude mice similar to previously reported models (Vallera *et al.*, 2003, Cancer Biother Radiopharm 18:133-145; Vuist *et al.*, 1989, Cancer Res 49:3783-3788).

[00374] In brief, the Burkitt's lymphoma cell line, Daudi ($5-10 \times 10^6$ cells), was transplanted subcutaneously into an immunodeficient nu/nu mouse strain. The BALB/c nu/nu mouse strain was used together with adoptively transferred human PBMC purified from a healthy donor as effector cells. A prevailing effector cell population in human PBMC is represented by NK cells, which exert ADCC via their CD16A (FcγRIIIa). A nu/nu mouse strain in which the murine CD16A gene has been knocked out and which has been genetically engineered to express human CD16A was also be used. This CD16A^{-/-} huCD16A^{tg}, nu/nu mouse allowed for the examination of anti-tumor activity in the context of a human Fc receptor without the need for the adoptive transfer of human cells. Synergism of combination therapy with a CD20 antibody and a FcγRIIB antibody were studied.

[00375] Mice were treated with a CD20 antibody (rituximab; hereafter in this Example and FIGS. 9-10, "CD20 Ab"), an FcγRIIB antibody comprising a VH chain as depicted in SEQ ID NO:70 and a VL chain as depicted in SEQ ID NO: 66 (hereafter in this Example and FIGS. 9-10, "FcγRIIB Ab"), or a combination of CD20 Ab and FcγRIIB Ab injected i.p. on days 1, 4, 7, and 15 at a dose of 30 μg/g of body weight or 1 μg/g of body weight. Palivizumab (SYNAGIS®, MedImmune) an irrelevant anti-RSV antibody, as well as PBS alone were used as a negative control.

[00376] In these studies, tumor growth and morbidity were monitored to compare antibody treated and control groups. Mice were sacrificed immediately if moribund or at the completion of the studies. The tumors was then be excised and gross and microscopic necropsy performed. Cytopathology on paraffin-embedded sections and immunohistochemistry on frozen sections was also performed for a morphological and immunological evaluation of the tumor and cellular infiltrates.

[00377] As can be seen in FIG 9A, the PBS and palivizumab negative controls resulted in a continuous increase in tumor volume over the course of the study, as did treatment with the 30μg/g body weight of the CD20 Ab antibody alone. The FcγRIIB Ab at a 30μg/g body weight dose resulted in a decrease of tumor volume as compared to the negative controls. However, it was surprisingly discovered that a combination of a 30 μg/g body weight dose of FcγRIIB Ab + CD20 Ab resulted in a significant drop in tumor weight over the course of the study. The FcγRIIB Ab + CD20 Ab combination was synergistic and reduced the tumor volume more

dramatically than either antibody alone. Similarly, FIG. 9B shows that the synergistic combination of FcγRIIB Ab + CD20 Ab resulted in 100% (complete (CR) + partial (PR)) responders by day 21. In contrast, FcγRIIB Ab or CD20 Ab alone resulted in percentage of (complete + partial) responders that was nearly the same as the negative control groups (25%-50%).

[00378] While the synergistic decrease observed in the FcγRIIB Ab + CD20 Ab group took a longer time to achieve, the same trends were seen in the animals that received a 30-fold decrease in dose (1 μg/g body weight) (FIG. 10A). FIG. 10B shows that the FcγRIIB Ab + CD20 Ab combination therapy resulted in 100% (complete + partial) responders was achieved by day 49 and was maintained throughout the course of the study. In contrast, the maximum (complete + partial) responders percentage was between 25% and 50% in each of the other groups, except the combination therapy group, which took several days longer to achieve.

[00379] Thus, the results of this study shows that a combination of anti-FcγRIIB antibody and a anti-CD20 antibody work synergistically to reduce tumor size, and the response is long-lasting.

[00380] The scope of the claims should not be limited by the preferred embodiments set forth in the examples, but should be given the broadest interpretation consistent with the description as a whole.

The embodiments of the present invention for which an exclusive property or privilege is claimed are defined as follows:

1. A pharmaceutical composition comprising:
 - (A) an effective amount of a first isolated antibody or a fragment thereof having a variable domain that specifically binds the extracellular domain of native human FcγRIIB with greater affinity than said variable domain binds native human FcγRIIA, wherein said first antibody or fragment thereof comprises:
 - (1) a heavy chain variable domain having the amino acid sequence of SEQ ID NO:68; and
 - (2) a light chain variable domain having the amino acid sequence of SEQ ID NO:62;
 - (B) an effective amount of a second isolated antibody or fragment thereof that specifically binds human CD20; and
 - (C) a pharmaceutically acceptable carrier,

wherein said effective amounts of said first antibody or fragment thereof and said second antibody or fragment thereof cause said pharmaceutical composition to mediate a synergistically increased tumor volume reduction relative to the tumor volume reductions mediated by:

- (1) a pharmaceutical composition comprising said effective amount of said first antibody or fragment thereof but lacking said effective amount of said second antibody or fragment thereof; and
- (2) a pharmaceutical composition comprising said effective amount of said second antibody or fragment thereof but lacking said effective amount of said first antibody or fragment thereof.

2. The pharmaceutical composition of claim 1, wherein the first antibody and/or the second antibody is a monoclonal antibody, a human antibody, a humanized antibody, a single chain antibody or a chimeric antibody.

3. The pharmaceutical composition of claim 1, wherein said first antibody is a humanized version of the antibody produced by hybridoma clone 2B6 having ATCC Accession No. PTA-4591.

4. The pharmaceutical composition of any one of claims 1 to 3, wherein the first antibody and/or the second antibody further comprises at least one modification in the Fc domain of the heavy chain.

5. The pharmaceutical composition of claim 4, wherein said modification comprises at least one amino acid substitution at position 240, 243, 247, 255, 270, 292, 300, 305, 316, 370, 392, 396, 416, 419, or 421.

6. The pharmaceutical composition of claim 5, wherein said substitutions comprise:

- (1) a leucine at position 247, a lysine at position 421 and a glutamic acid at position 270;
- (2) a threonine at position 392, a leucine at position 396, and a glutamic acid at position 270; or
- (3) a lysine at position 255, a leucine at position 396, and a glutamic acid at position 270.

7. The pharmaceutical composition of claim 6, wherein said substitutions further comprise an isoleucine at position 305.

8. The pharmaceutical composition of claim 5, wherein said substitutions comprise:

- (1) a leucine at position 243, a proline at position 292, a leucine at position 300, an isoleucine at position 305, and a leucine at position 396;
- (2) a leucine at position 243, a proline at position 292, a leucine at position 300, and a leucine at position 396; or
- (3) a leucine at position 243, a proline at position 292, and a leucine at position 300.

9. The pharmaceutical composition of claim 1, wherein the first antibody fragment and/or the second antibody fragment is a F(ab')₂ fragment or a F(ab) fragment.

10. The pharmaceutical composition of claim 1, wherein the first antibody or fragment thereof and/or the second antibody or fragment thereof is operably linked to a heterologous polypeptide or is conjugated to a therapeutic agent.

11. The pharmaceutical composition of claim 10, wherein the first antibody or fragment thereof and/or the second antibody or fragment thereof is conjugated to:

- (A) an antibody that immunospecifically binds to a cell surface receptor other than FcγRIIB or CD20; or
- (B) an antibody that immunospecifically binds to a tumor-associated antigen.

12. The pharmaceutical composition of claim 1, wherein the first antibody or fragment thereof reduces binding of an Ig-Fc to FcγRIIB.

13. The pharmaceutical composition of claim 1, wherein the first antibody comprises a heavy chain having the amino acid sequence of SEQ ID NO: 70 and a light chain having the amino acid sequence of SEQ ID NO: 66.

14. The pharmaceutical composition of any one of claims 1-13, wherein the second antibody is 2B8 antibody (rituximab), 2H7 antibody, 1F5 antibody, B1 antibody, ibritumomab, or tositumomab.

15. The pharmaceutical composition of any one of claims 1-14, wherein the first antibody is a bispecific antibody comprising a first heavy chain-light chain pair that specifically binds FcγRIIB with greater affinity than said heavy chain-light chain pair binds FcγRIIA, and a second heavy chain-light chain pair that specifically binds a tumor antigen.

16. The pharmaceutical composition of any one of claims 1-15 for use in the preparation of a medicament for treating a B cell malignancy in a subject in need of such treatment.

17. The pharmaceutical composition of claim 16, wherein said B cell malignancy is a B cell lymphocytic leukemia or non-Hodgkin's lymphoma.

18. The pharmaceutical composition of claim 16, further comprising one or more additional anti-cancer agents.

19. The pharmaceutical composition of claim 18, wherein said anti-cancer agent is a chemotherapeutic agent, a radiation therapeutic agent, a hormonal therapeutic agent, or an immunotherapeutic agent.

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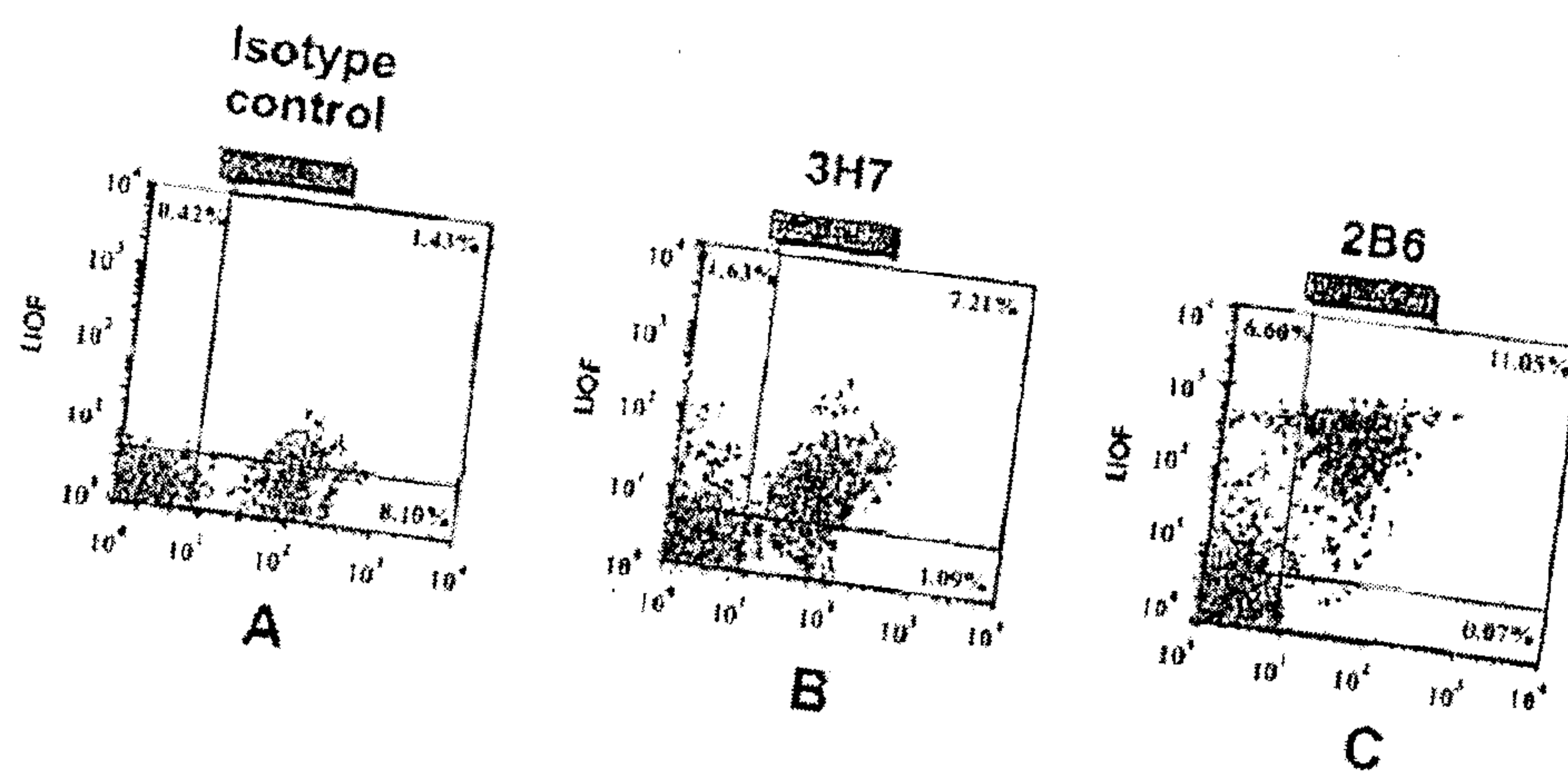


FIG. 1A-C

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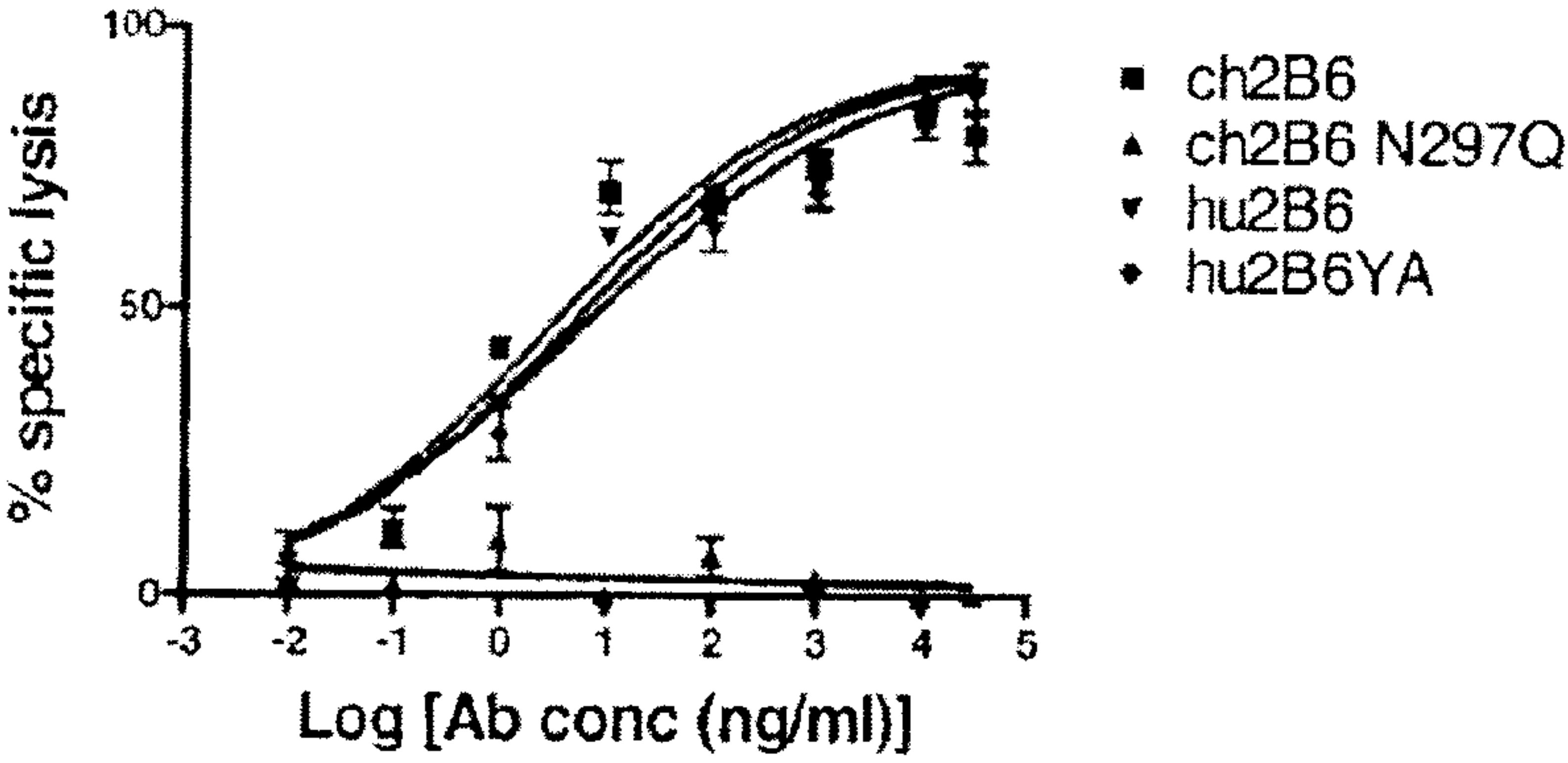
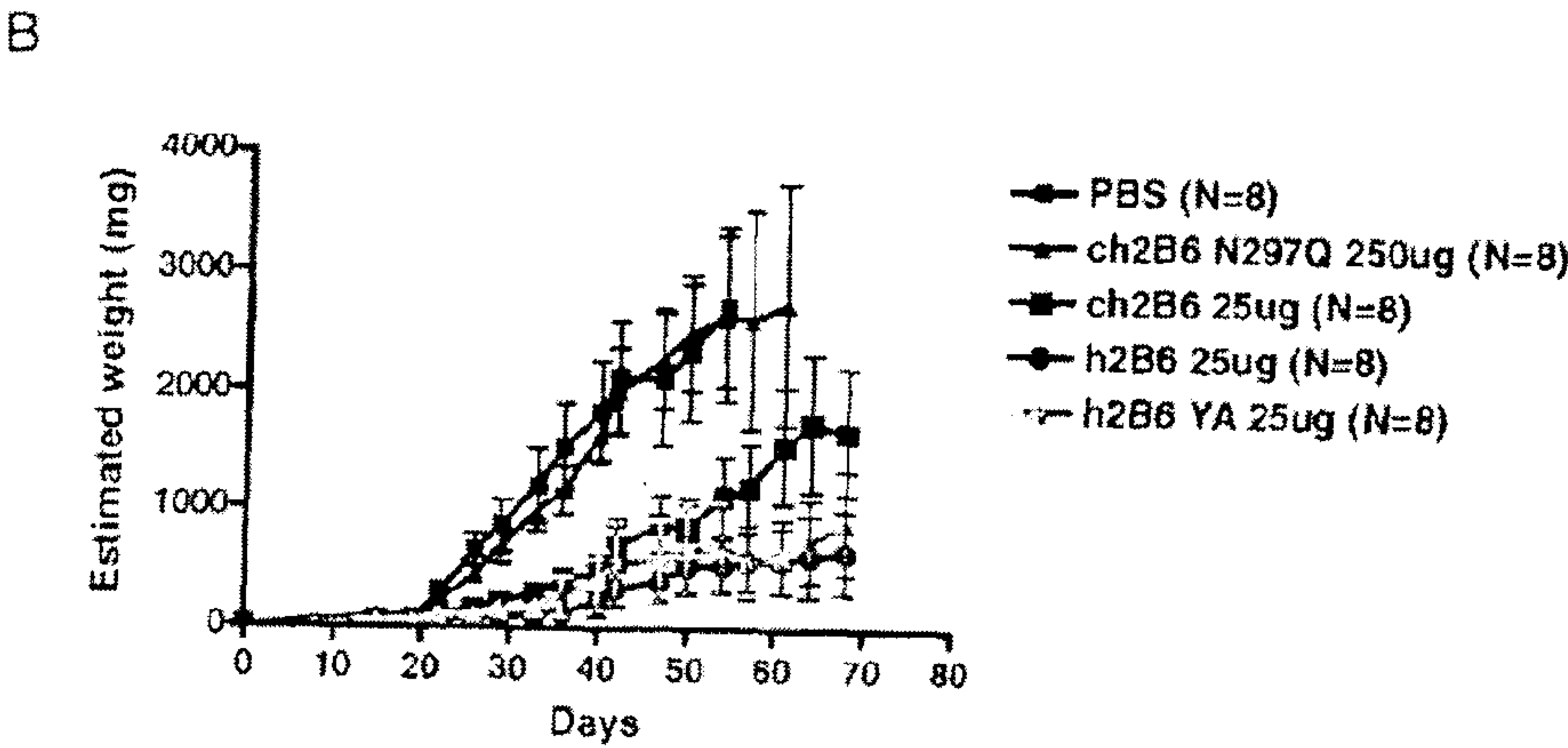
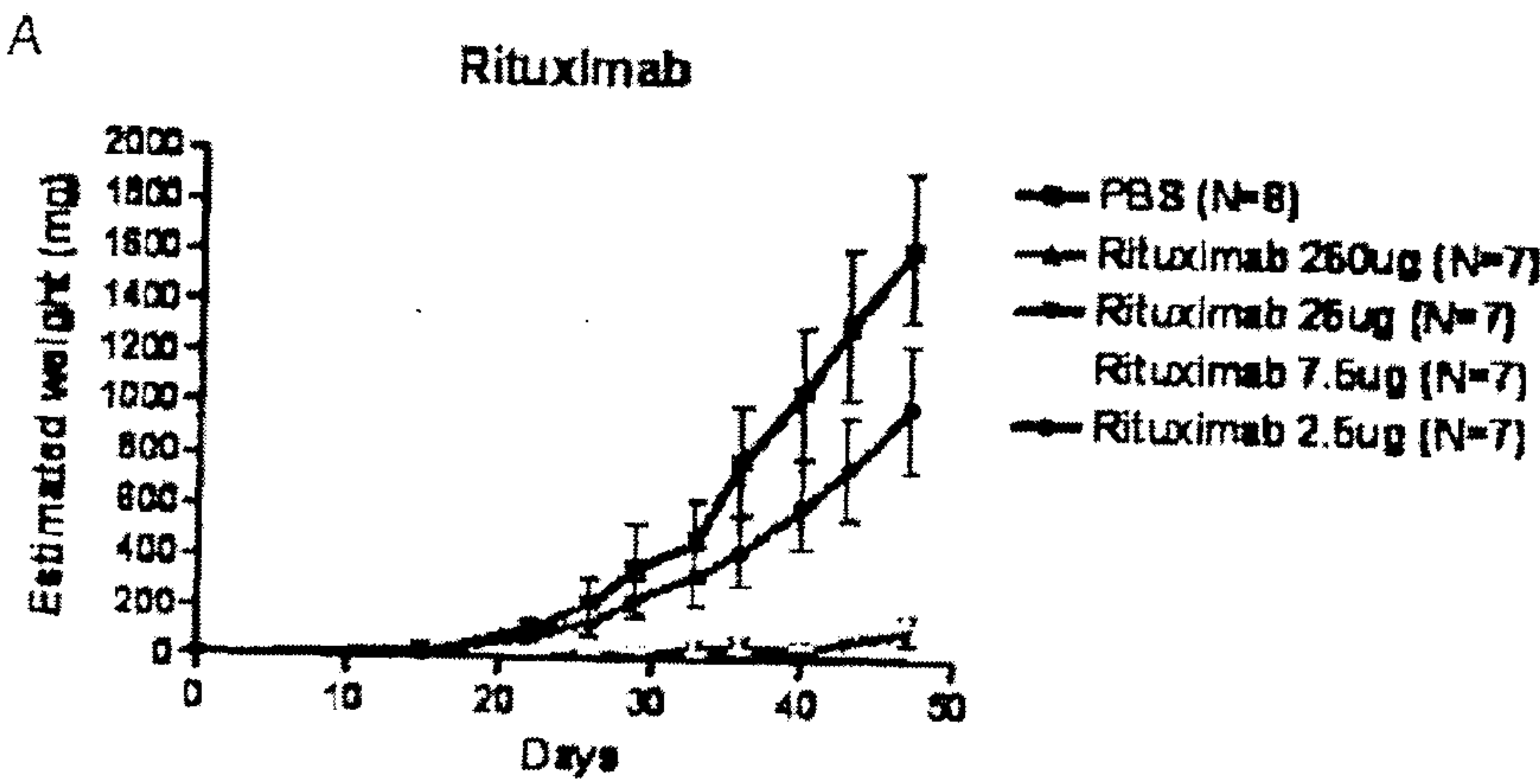


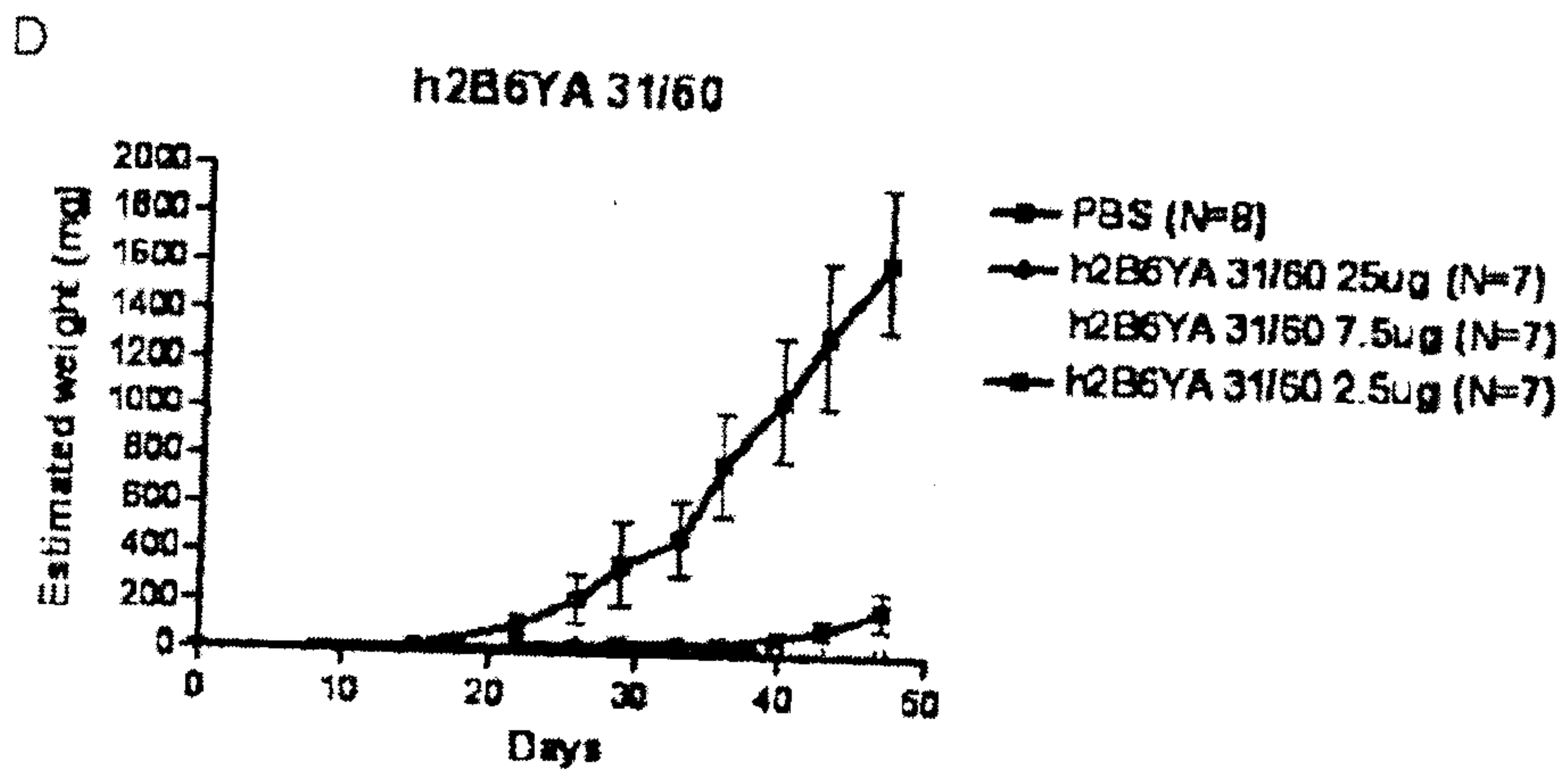
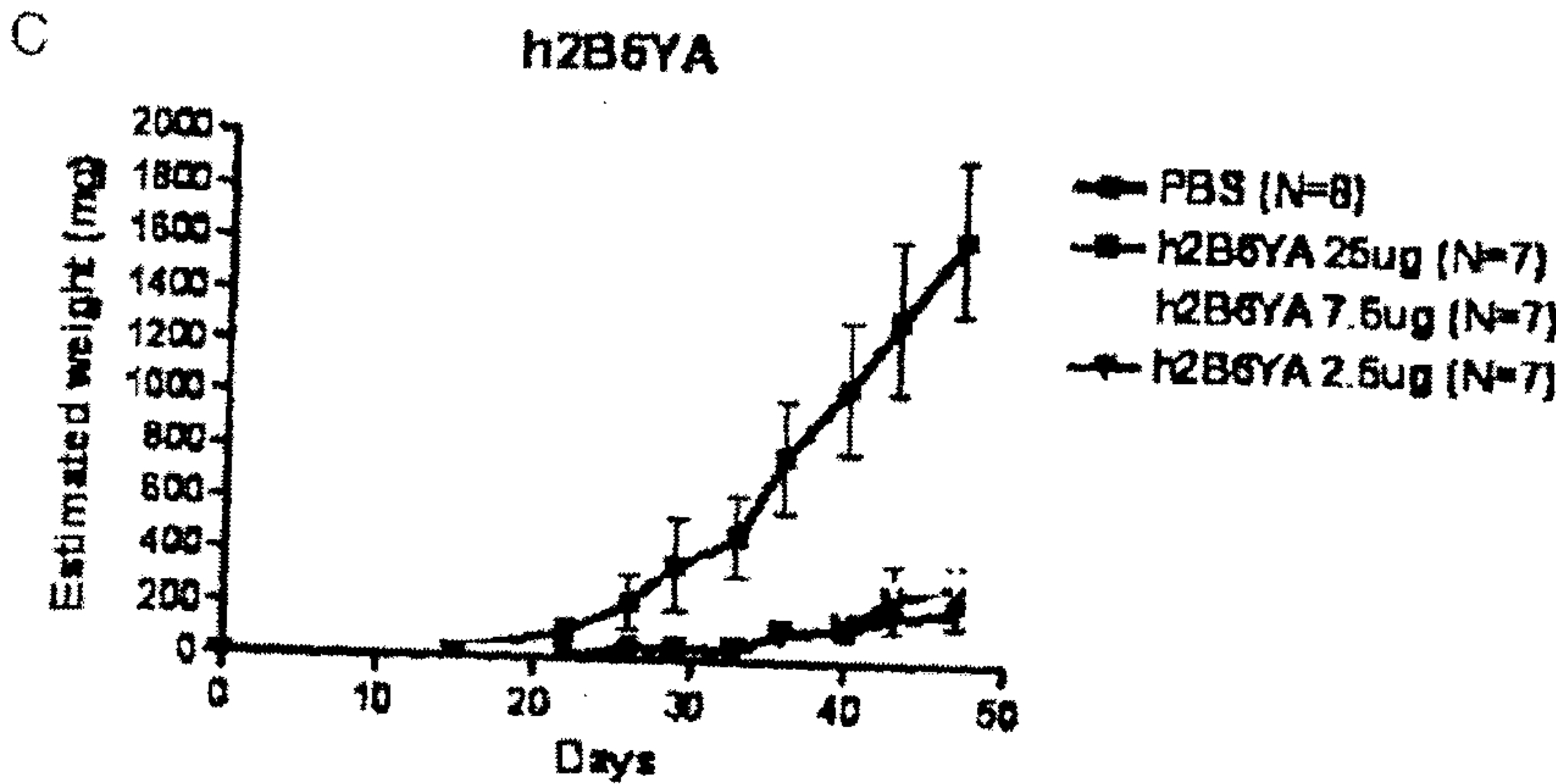
FIG. 2

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FIGS. 3A-B

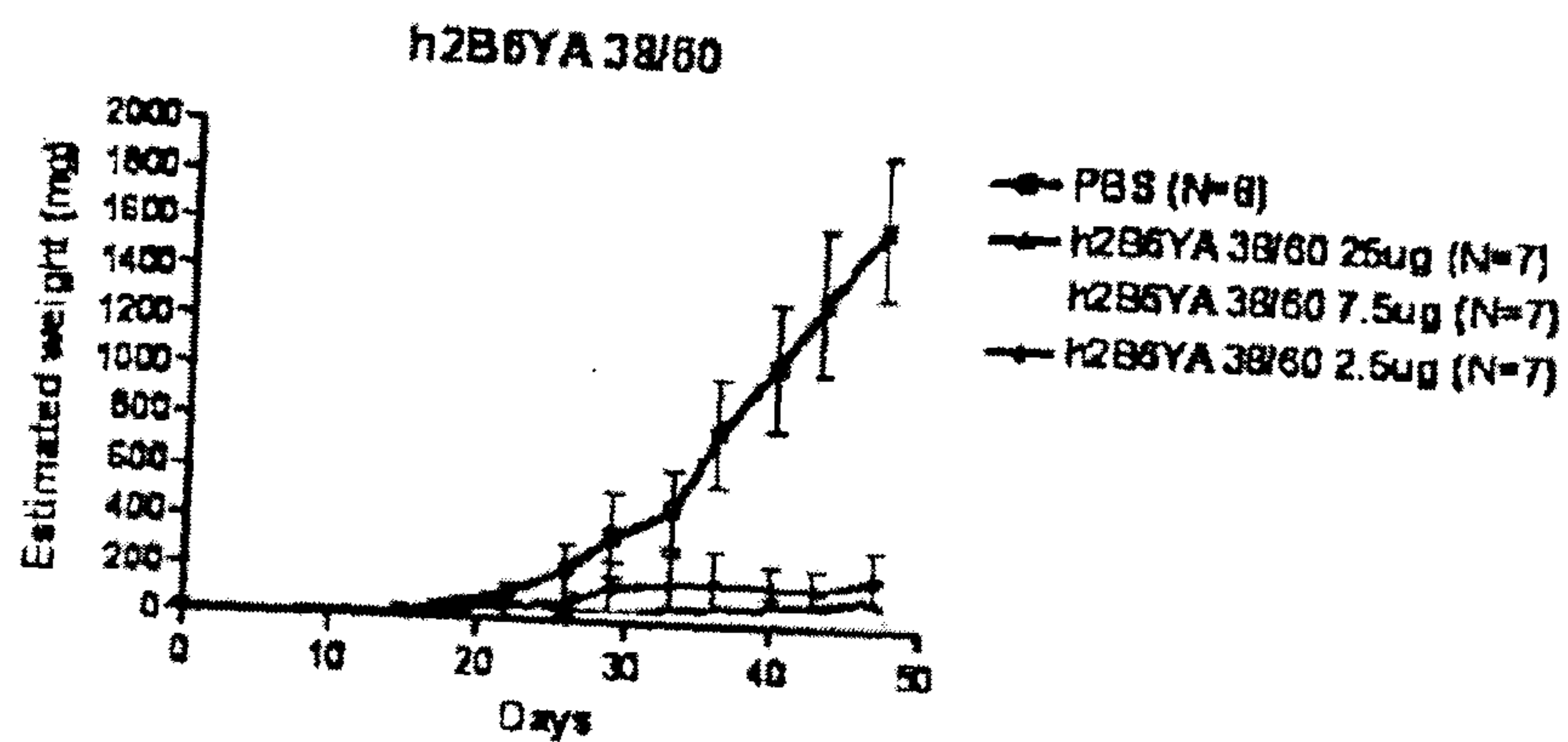
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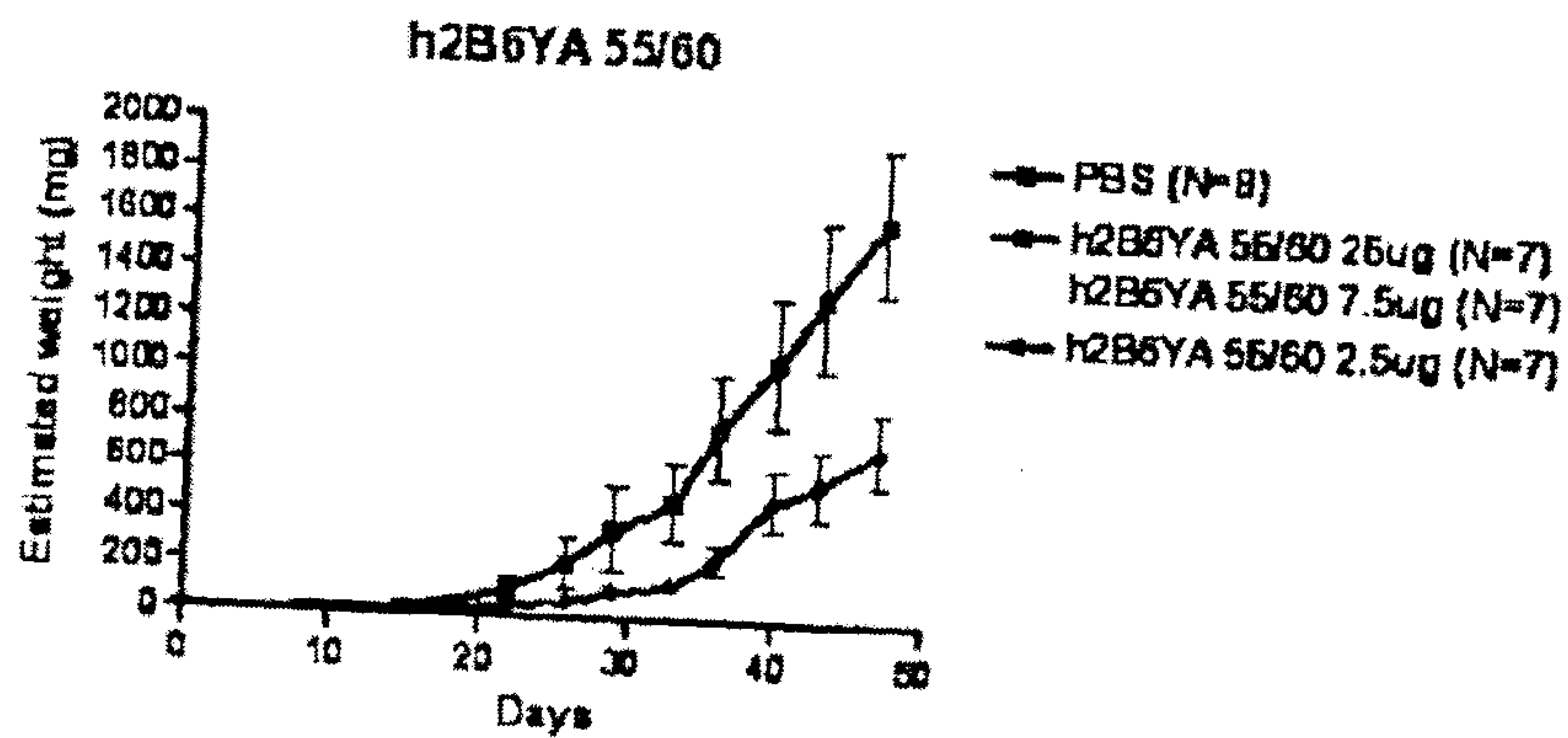
FIGS. 3C-D

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E



F



FIGS. 3E-F

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G

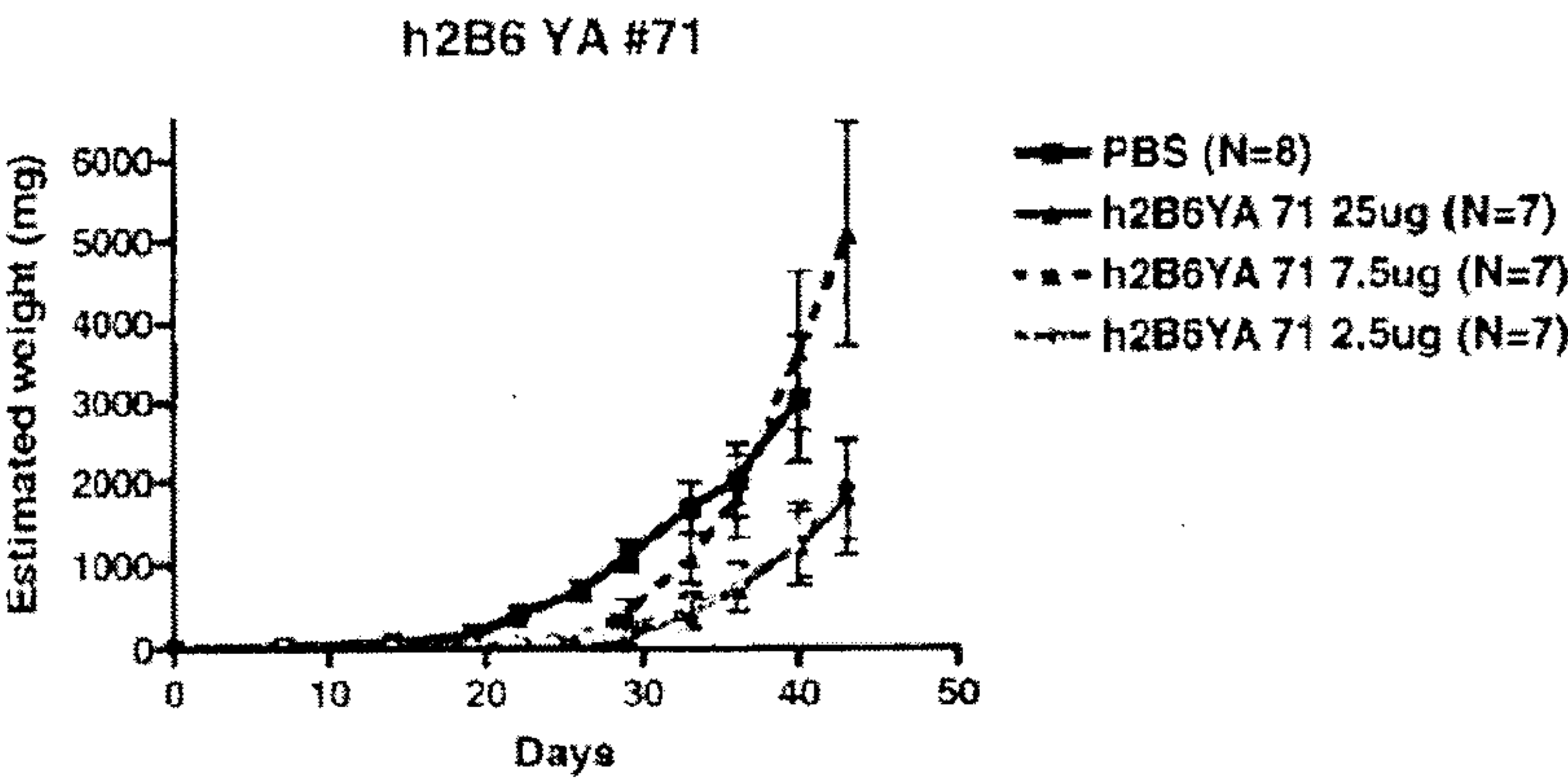
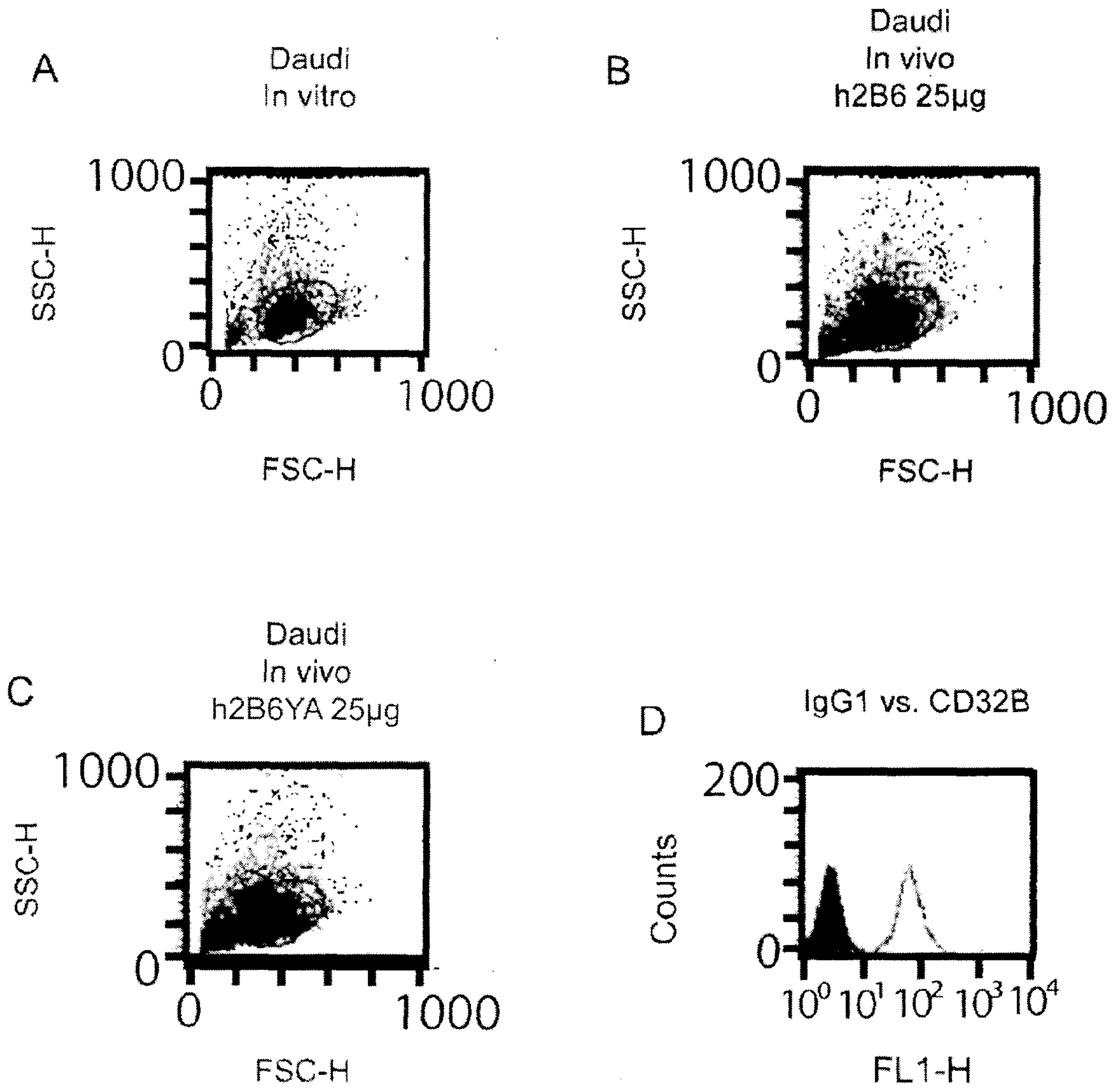


FIG. 3G

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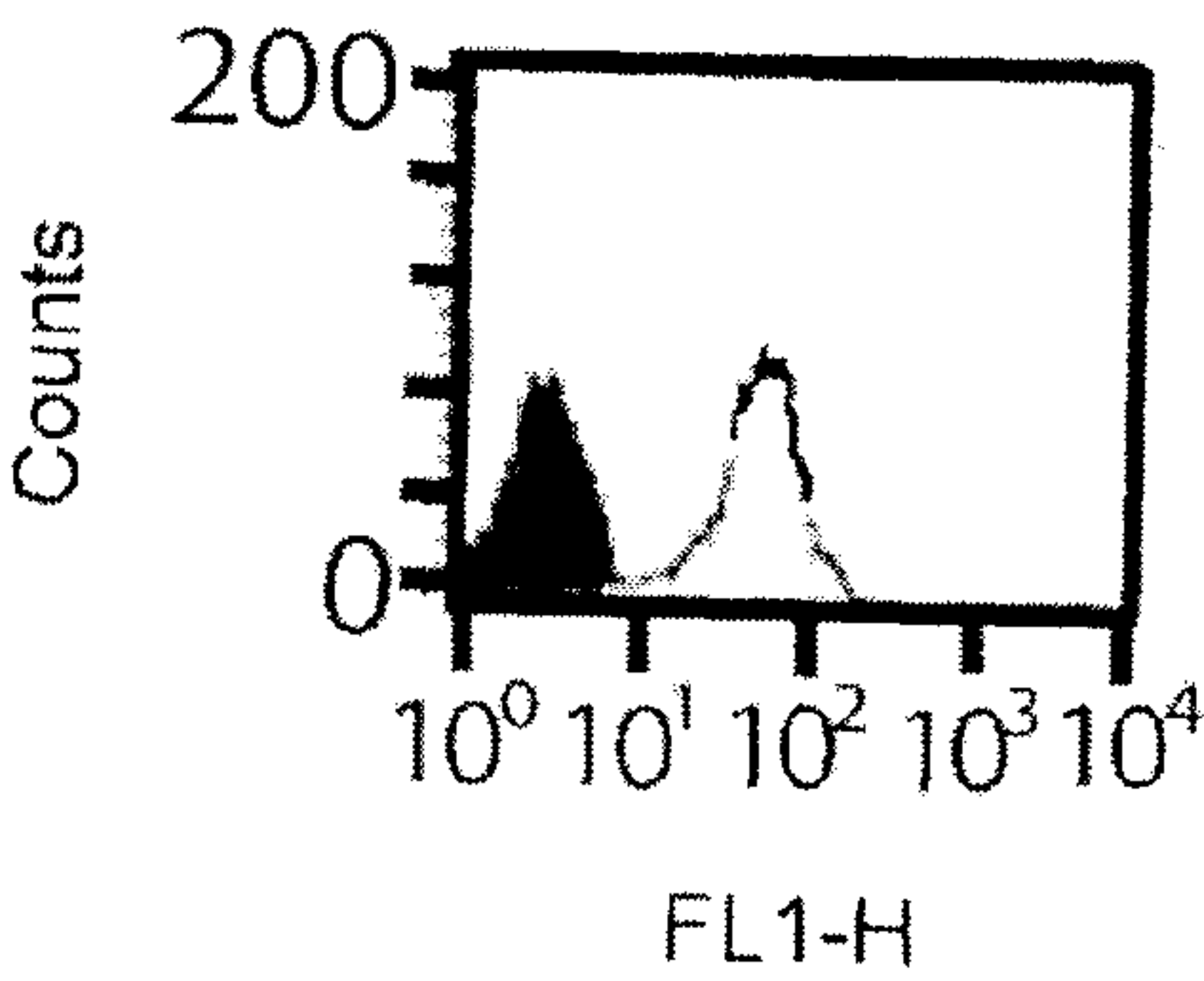


FIGS 4A-4D

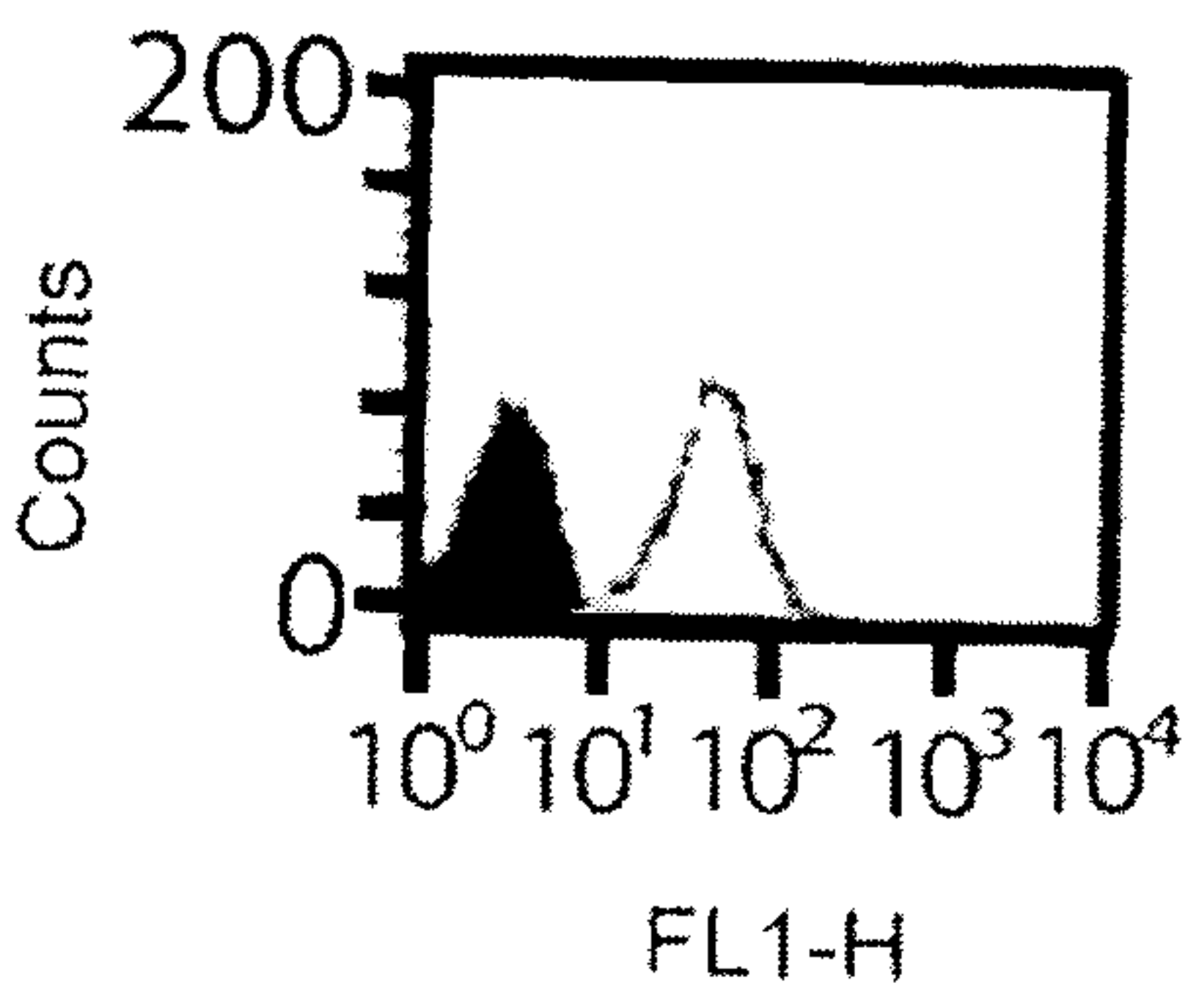
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IgG1 vs. CD32B

E

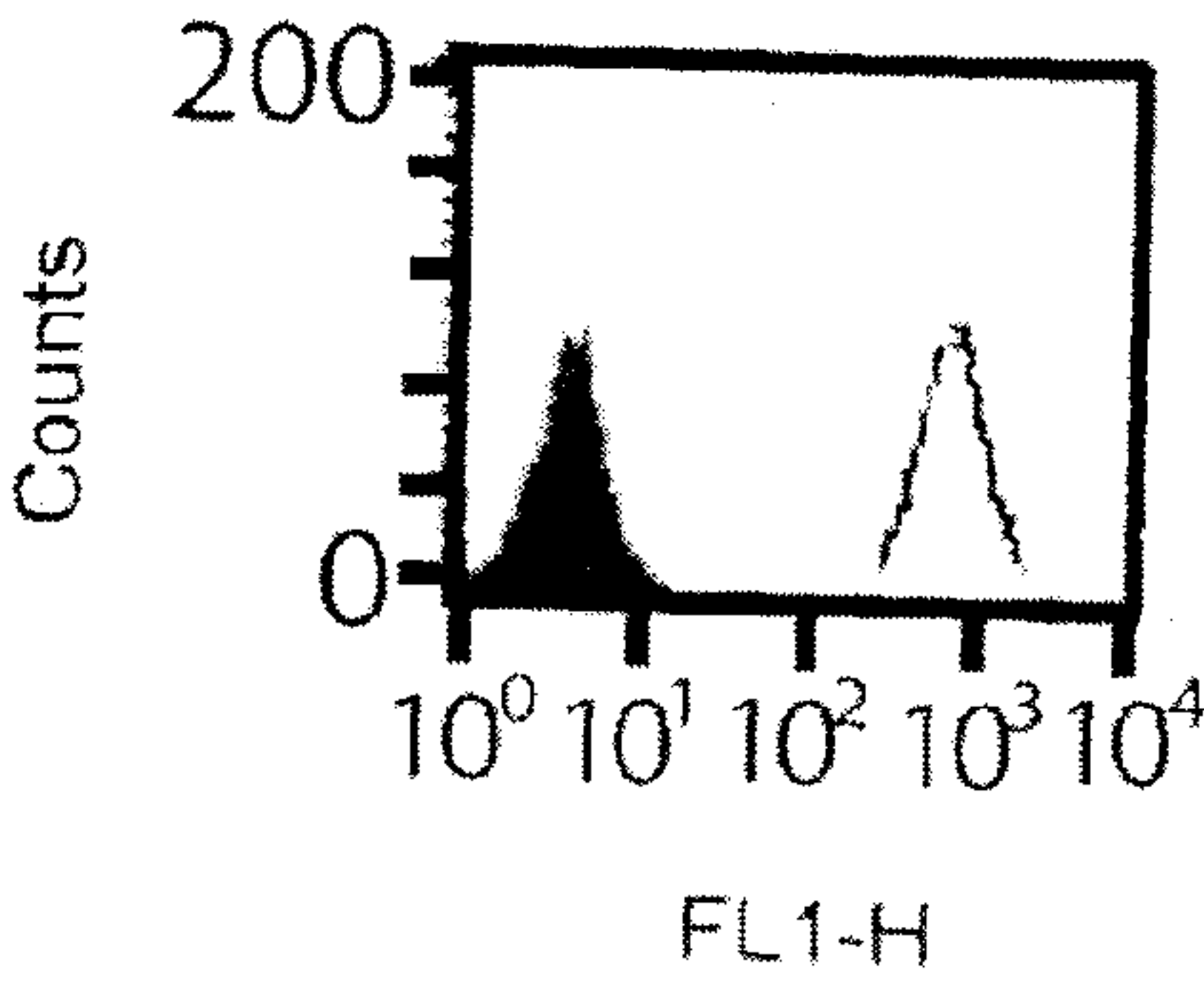


F

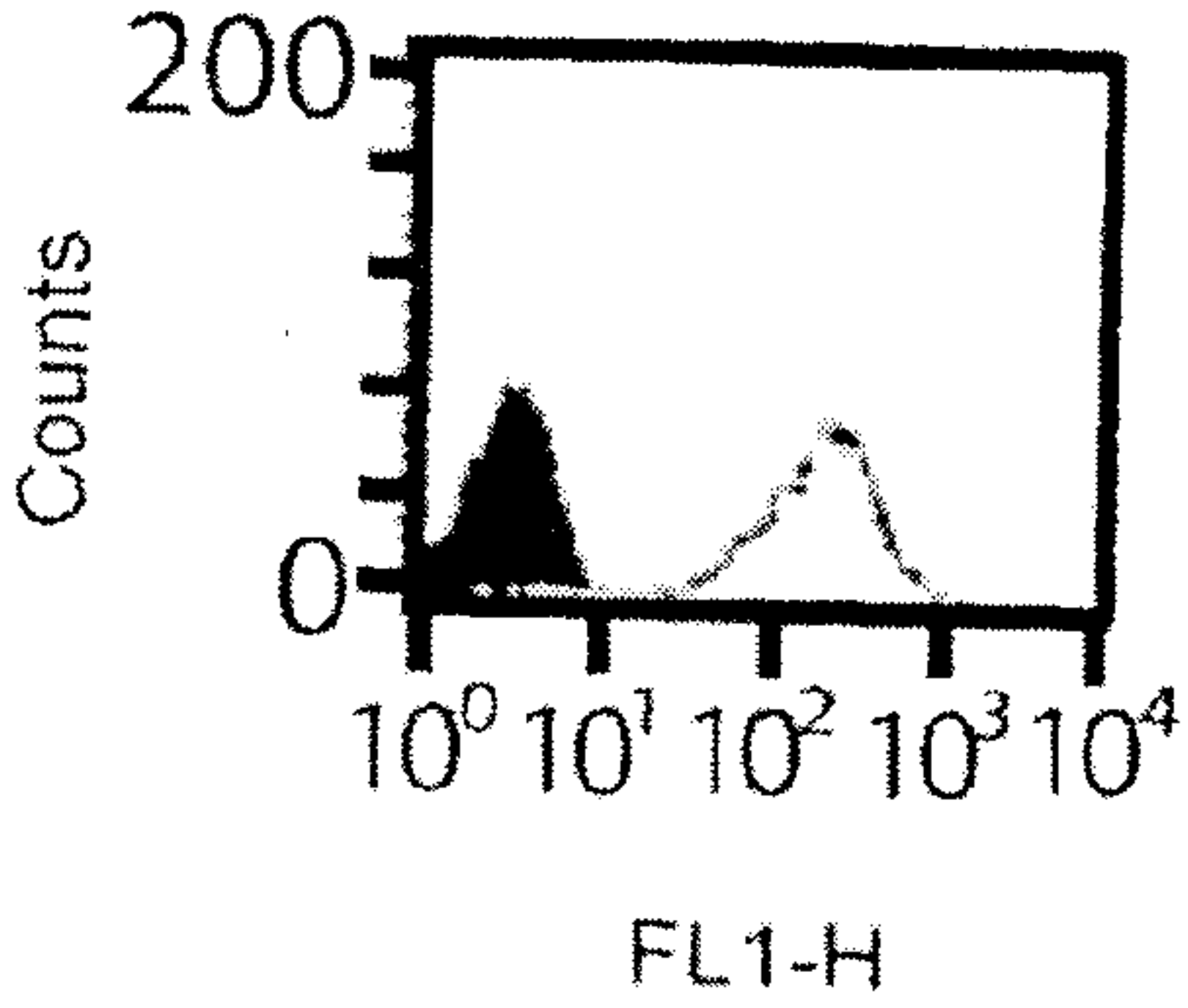


IgG2b vs. CD20

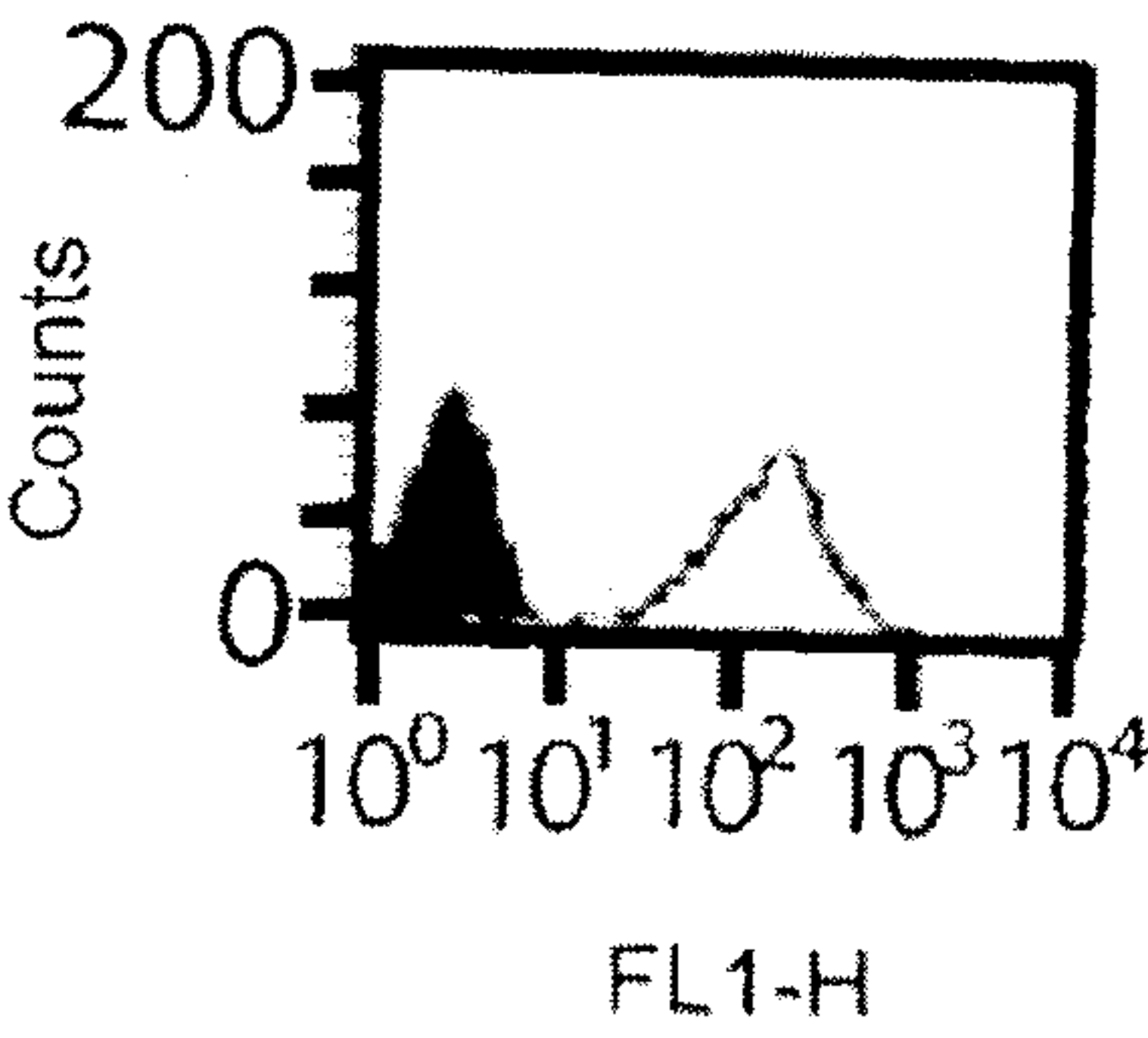
G



H



I



FIGS 4E-4I

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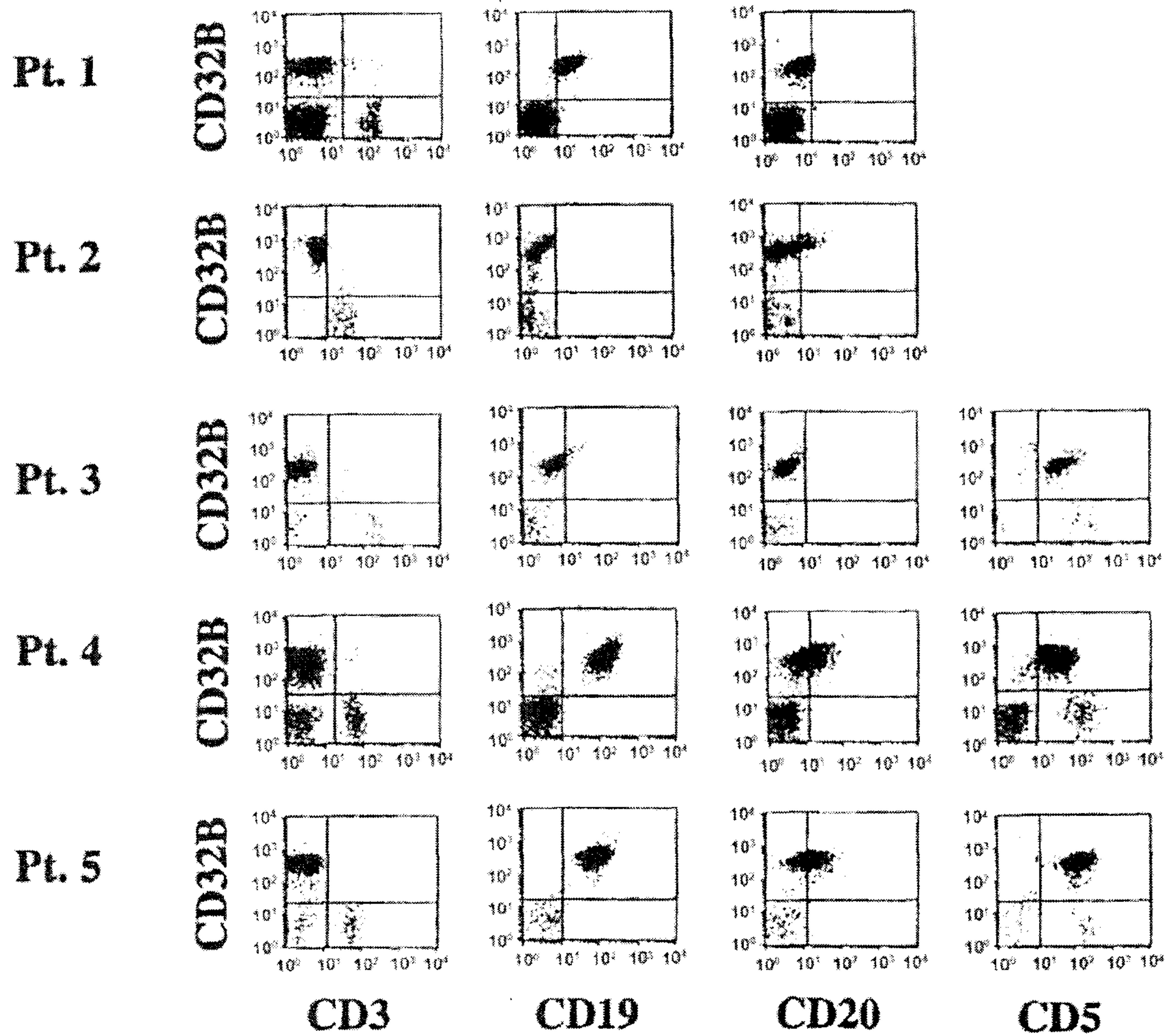


FIGURE 5

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Daudi B Cells

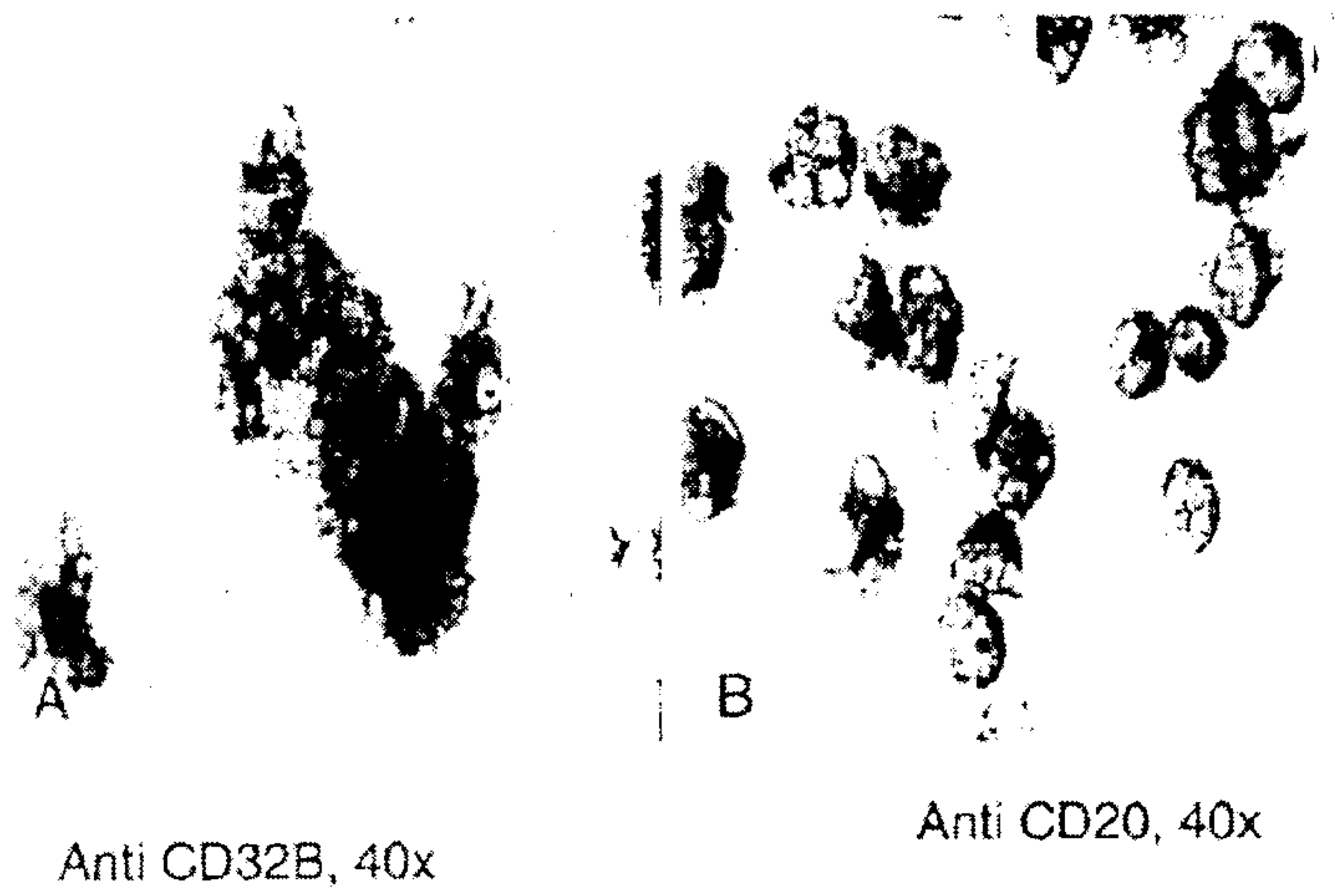
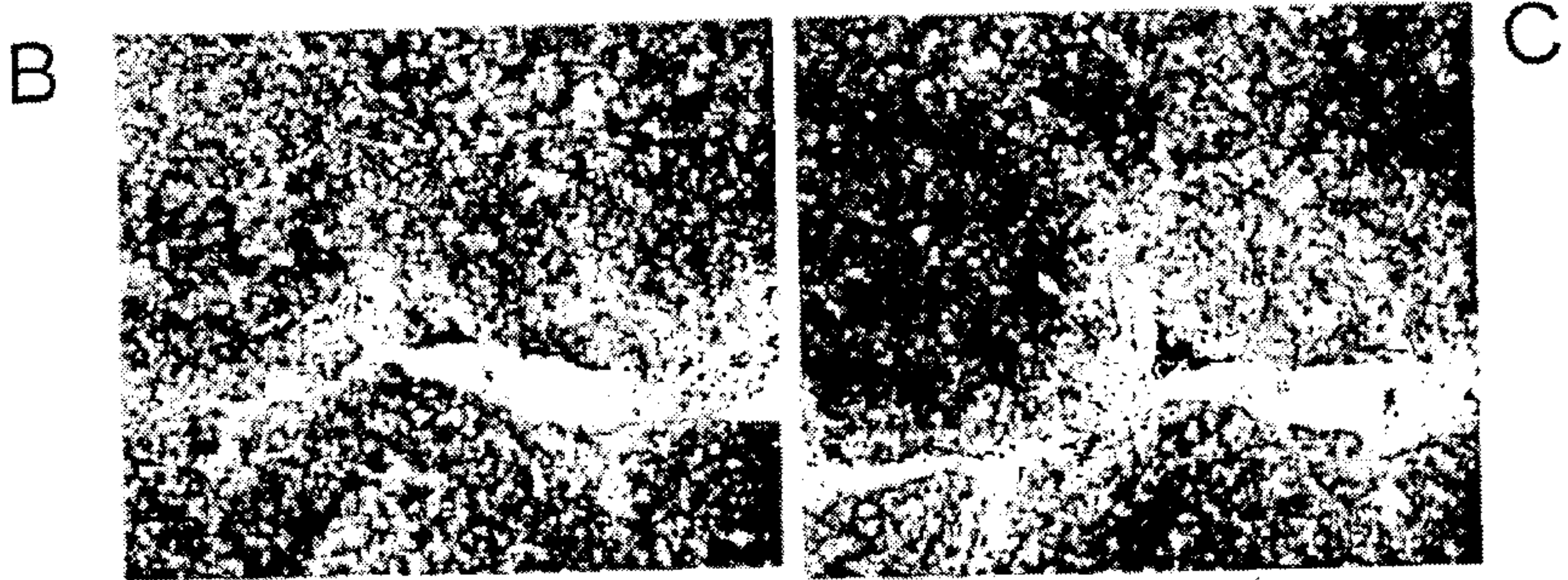
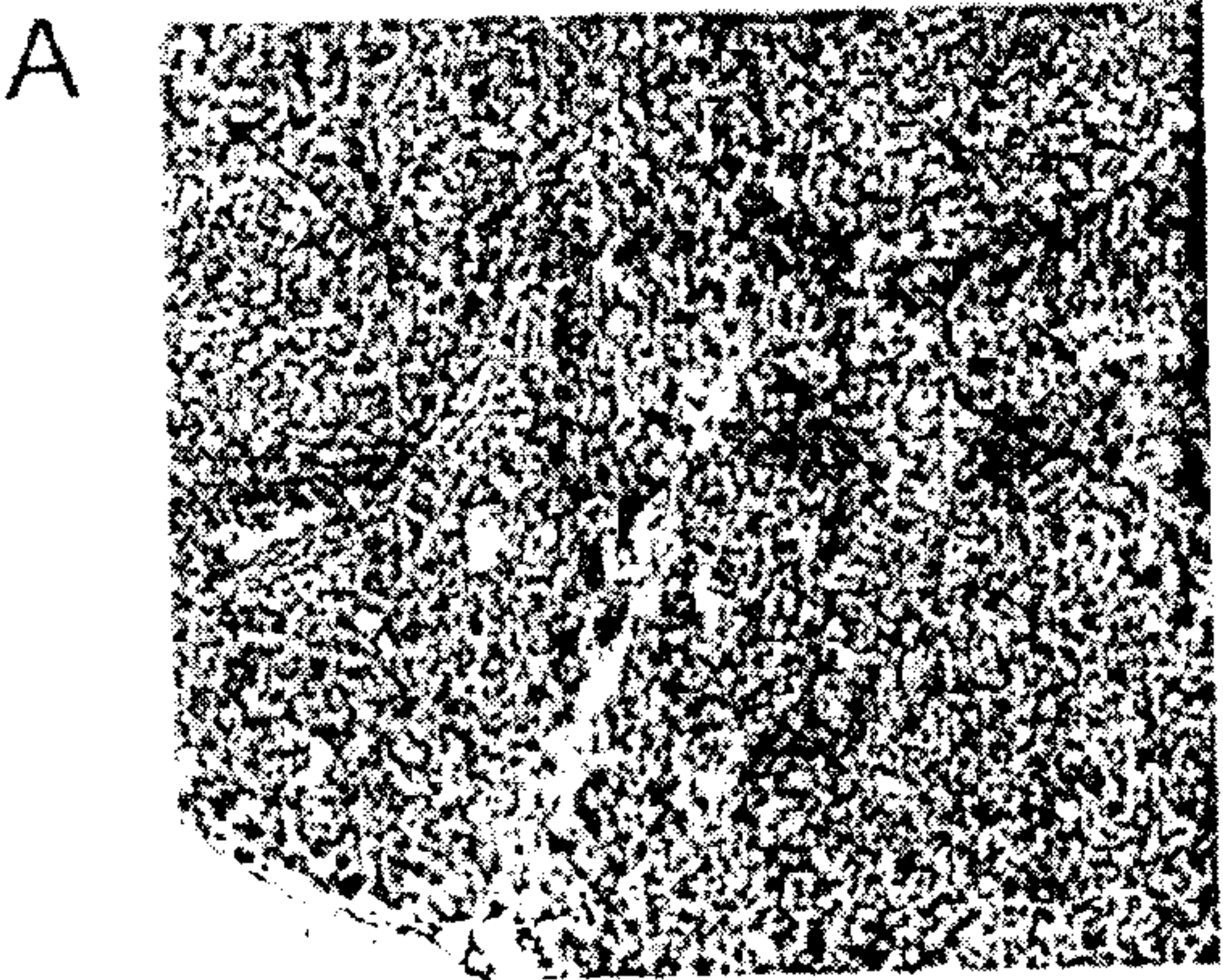


FIG. 6

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Tonsils

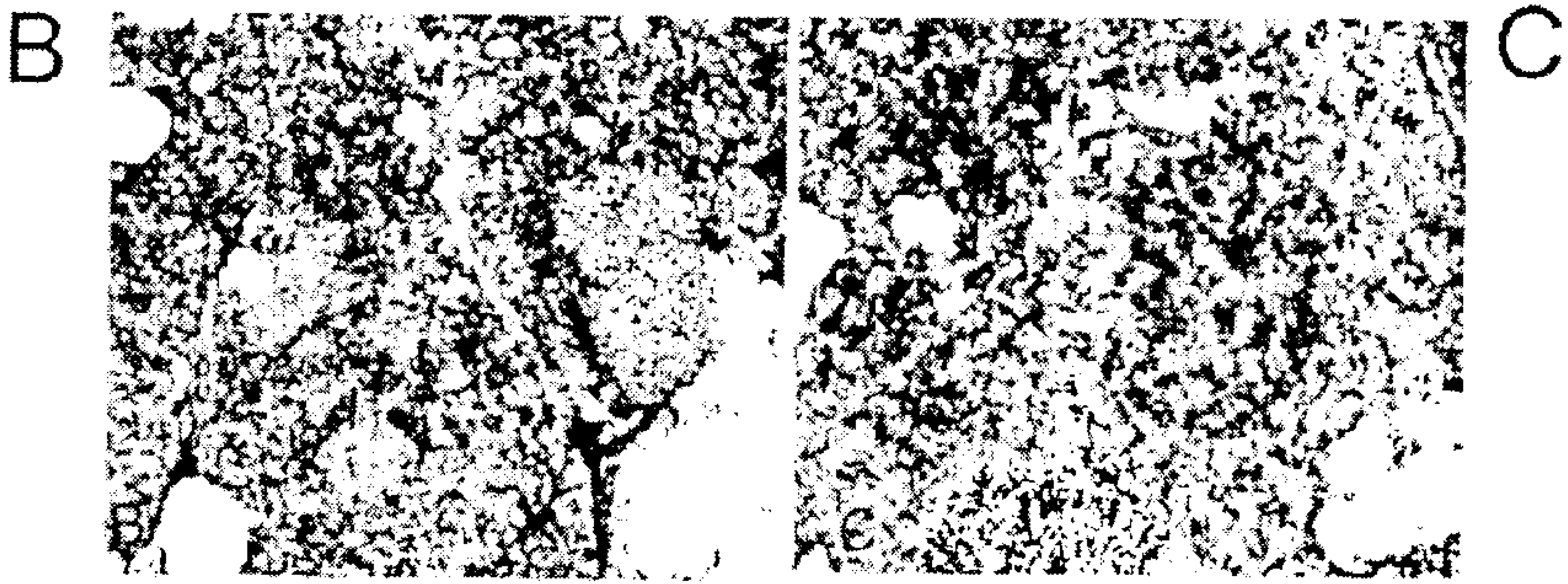


Anti CD32B, 40X Anti CD20, 40X

FIGS. 7A-7C

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Normal Lymph Node

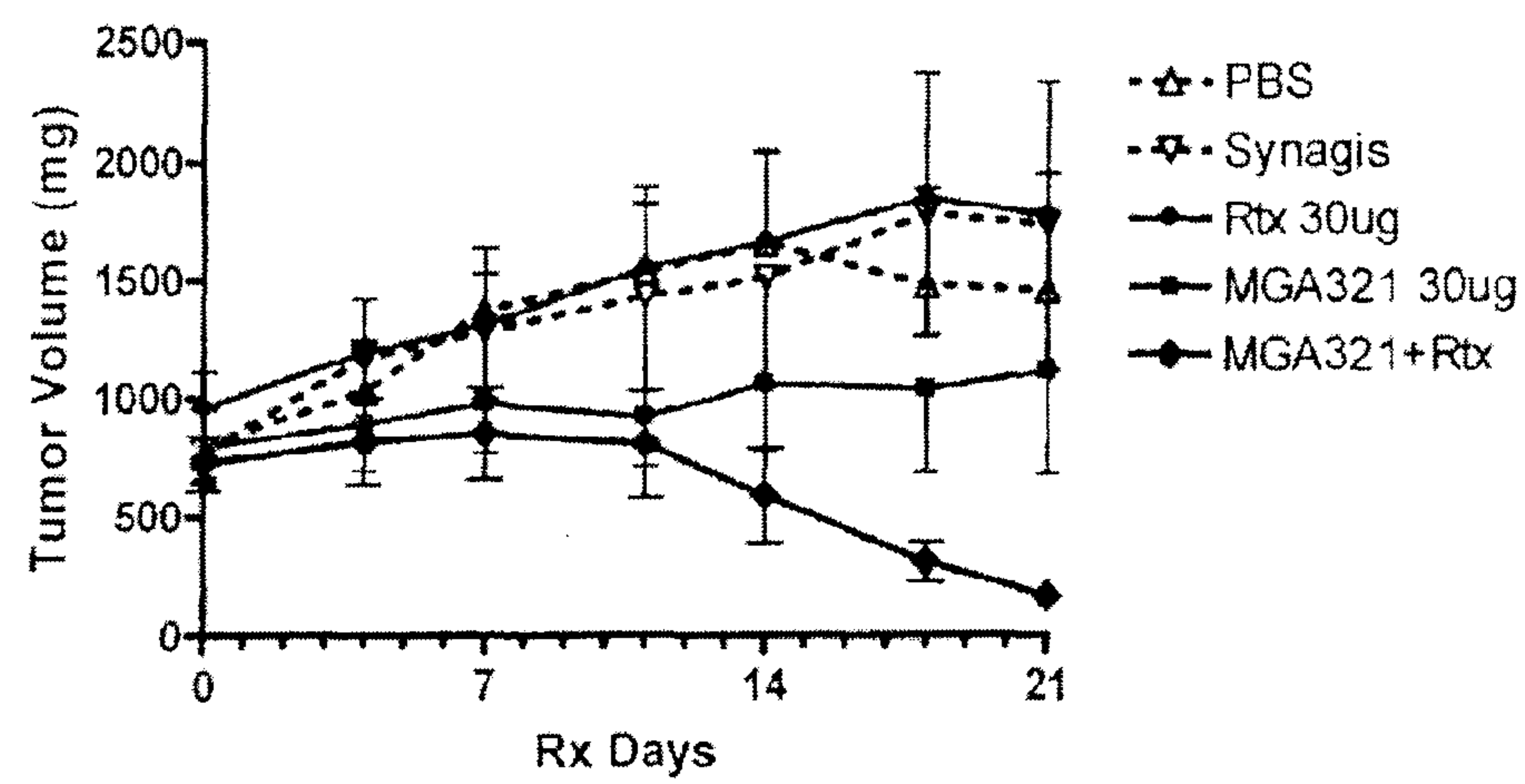


Anti-CD32B, 4X Anti-CD20, 4X

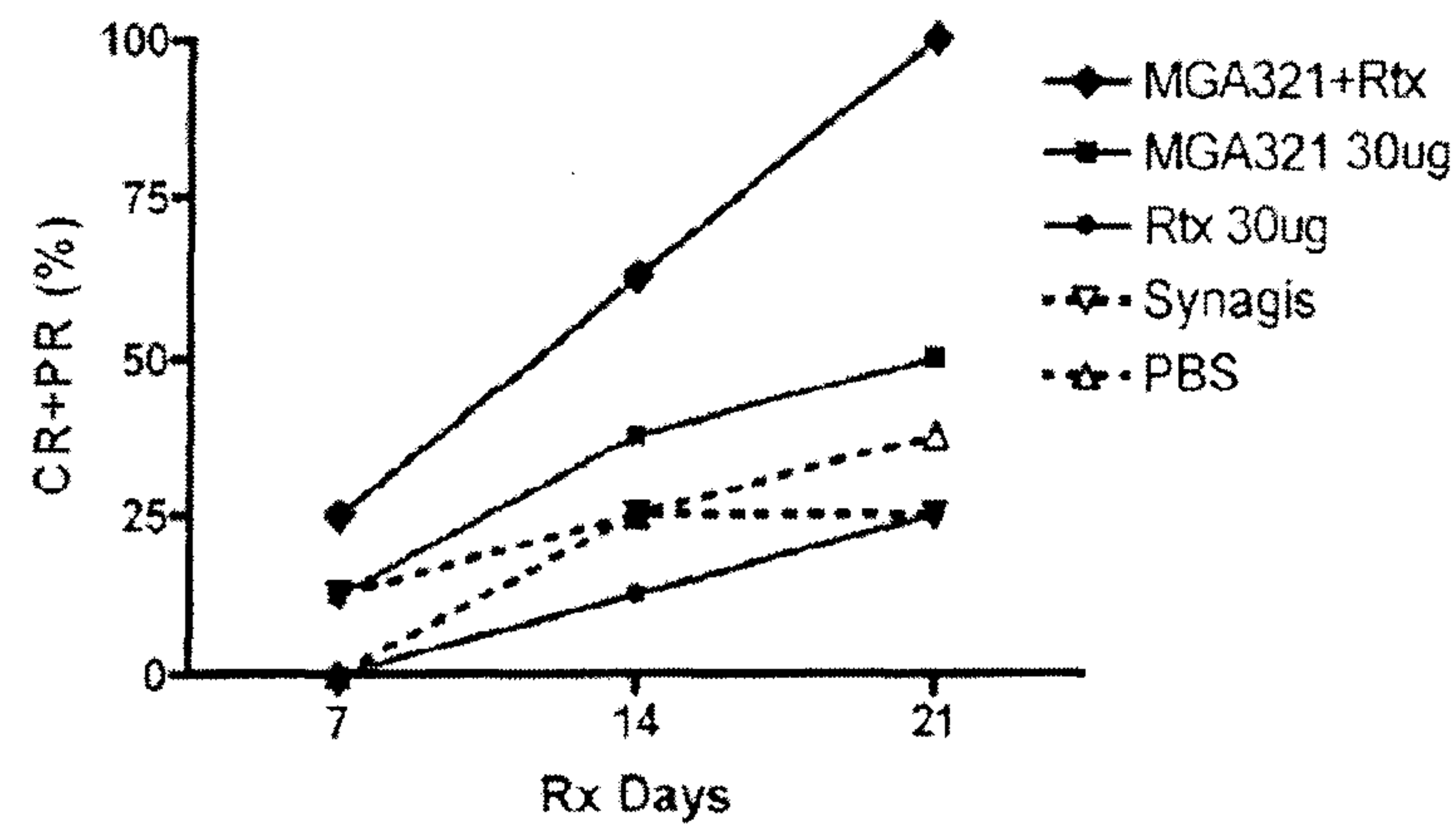
FIGS. 8A-8C

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A

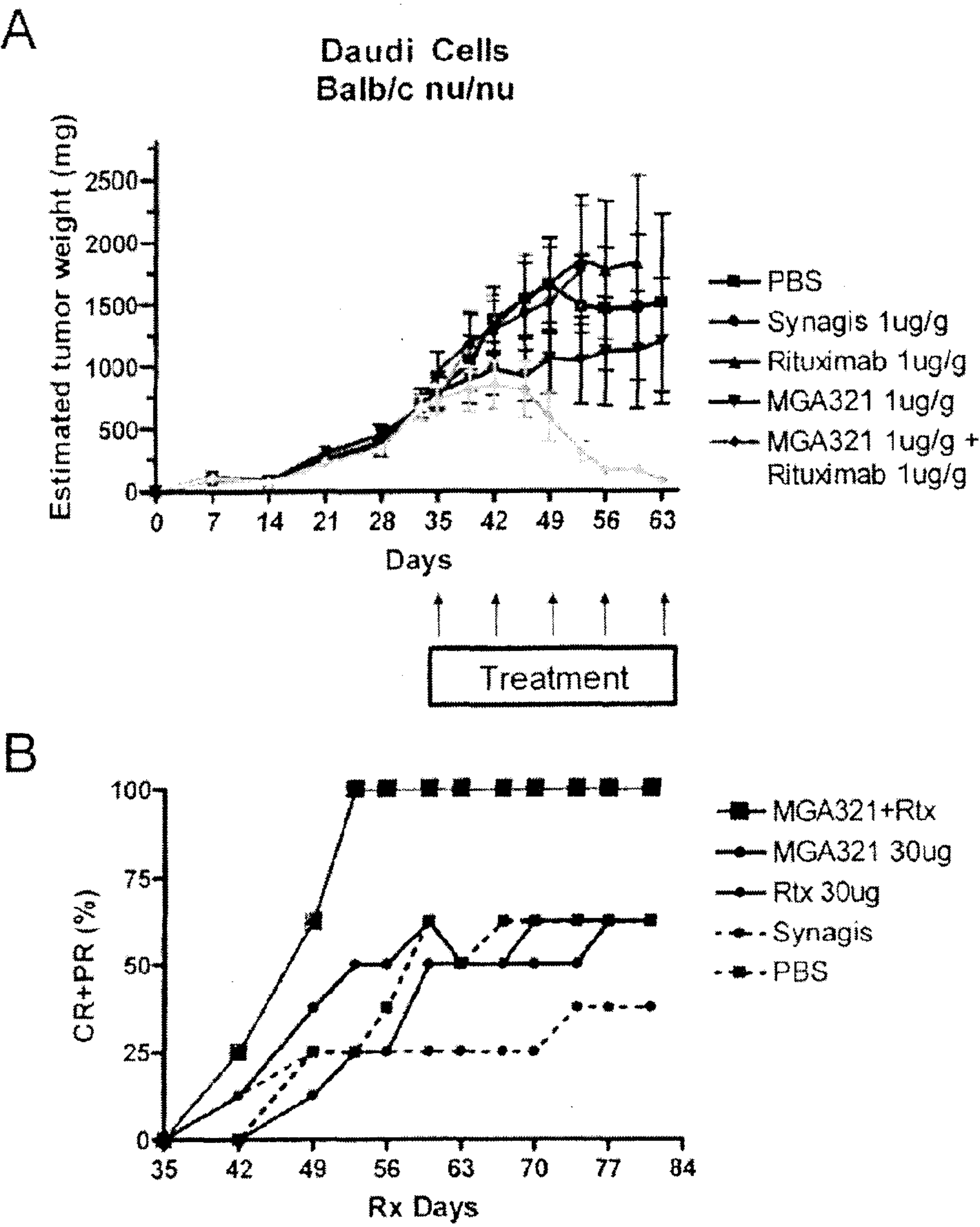


B



FIGS. 9A-B

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8B5.3.4 VL nucleotide/amino acid sequence

```

gac att cag atg acc cag tct cca tcc tcc cta att gcc gcc ctg gga 40
Asp Ile Gln Met Thr Gln Ser Pro Ser Ser Leu Leu Ala Ala Leu Gly
1      5      10      15

gaa aga gtc agt ctc act tgt cgg gca agt cag gaa att agt ggt tac 96
Glu Arg Val Ser Leu Thr Cys Arg Ala Ser Gln Glu Ile Ser Gly Tyr
20      25      30

tta agc tgg ctt cag cag aaa cca gat gca act att aaa cgc ctg atc 144
Leu Ser Trp Leu Gln Gln Lys Pro Asp Gly Thr Ile Lys Arg Leu Ile
35      40      45

tac gcc gca tcc act tta gat tct ggt gtc cca aaa agg ttc agt gcc 192
Tyr Ala Ala Ser Thr Leu Asp Ser Gly Val Pro Lys Arg Phe Ser Gly
50      55      60

agc gag tct ggg tca gat tat tct ttc acc atc agc agt ctt gag tct 240
Ser Glu Ser Gly Ser Asp Tyr Ser Leu Thr Ile Ser Ser Leu Glu Ser
65      70      75      80

gac gat ttt gca gac tat tac tgt cta caa tct tta agt tat ccg ctc 288
Glu Asp Phe Ala Asp Tyr Tyr Cys Leu Gln Tyr Phe Ser Tyr Pro Leu
85      90      95

acg ttc ggt act ggg acc aag ctg gag ctg aaa 321
Thr Phe Gly Ala Gly Thr Lys Leu Glu Leu Lys
100      105

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CDR1

CDR2

CDR3

FIG. 11

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8B5.3.4 VH nucleotide/amino acid sequence

gaa gtg aag ctc gag gag tct gga gga ggc ttg ctg caa cct gga gga	48
Glu Val Lys Leu Glu Glu Ser Gly Gly Gly Leu Val Gln Pro Gly Gly	
1 5 10 15	
tcc atg asa ctc tct tgt gaa gcc tct gga ttc act ttt agt gac gcc	96
Ser Met Lys Leu Ser Cys Glu Ala Ser Gly Phe Thr Phe Ser Asp Ala	
20 25 30	
CDR1	
tgg atg gac tgg gtc cgt cag tct cca gag aag ggg ctt gag tgg gtt	144
Trp Met Asp Trp Val Arg Gln Ser Pro Glu Lys Gly Leu Glu Trp Val	
35 40 45	
CDR2	
gct gaa att aga asc aas gct aaa aat cat gca aca tac tat gct gag	192
Ala Glu Ile Arg Asn Lys Ala Lys Asn His Ala Thr Tyr Tyr Ala Glu	
50 55 60	
tct gtg ata ggg agg ttc acc gtc tca aga gat gat tcc aaa agt agt	240
Ser Val Ile Gly Arg Phe Thr Ile Ser Arg Asp Asp Ser Lys Ser Ser	
65 70 75 80	
gtc tac ctg caa atg aac agc tta aga gct gaa car act gcc att tat	288
Val Tyr Leu Gln Met Asn Ser Leu Arg Ala Glu Asp Thr Gly Ile Tyr	
85 90 95	
CDR3	
tac tgt ggg gct ctg ggc ctt gac tac tgg ggc caa ggc aca act ctc	336
Tyr Cys Gly Ala Leu Gly Leu Asp Tyr Trp Gly Gln Gly Thr Thr Leu	
100 105 110	
acc gtc tcc tcc	348
Thr Val Ser Ser	
115	

FIG. 12