



(86) Date de dépôt PCT/PCT Filing Date: 2007/02/06
(87) Date publication PCT/PCT Publication Date: 2007/08/16
(45) Date de délivrance/Issue Date: 2017/01/03
(85) Entrée phase nationale/National Entry: 2008/07/31
(86) N° demande PCT/PCT Application No.: IL 2007/000152
(87) N° publication PCT/PCT Publication No.: 2007/091250
(30) Priorité/Priority: 2006/02/06 (US60/765,167)

(51) Cl.Int./Int.Cl. *C07K 19/00* (2006.01),
A61K 38/16 (2006.01), *A61K 47/48* (2006.01),
A61P 3/00 (2006.01), *C07K 14/535* (2006.01),
C07K 14/575 (2006.01), *C12N 15/62* (2006.01),
C12N 9/00 (2006.01), *C12N 9/24* (2006.01)

(72) Inventeurs/Inventors:
STERN, NAFTALI, IL;
NAVON, RUTH, IL;
...

(73) Propriétaires/Owners:
THE MEDICAL RESEARCH AND INFRASTRUCTURE
FUND OF THE TEL-AVIV SOURASKY MEDICAL
CENTER, IL;

(54) Titre : ENZYMOTHERAPIE DE REMPLACEMENT POUR LE TRAITEMENT DES MALADIES LYSOSOMIALES
(54) Title: ENZYME REPLACEMENT THERAPY FOR TREATING LYSOSOMAL STORAGE DISEASES

(57) **Abrégé/Abstract:**

The present invention relates in general to the field of enzyme replacement therapy, and specifically to chimeric proteins including protein hormone-therapeutic protein conjugates and fusion proteins, wherein the protein hormone is selected from a protein hormone which is able to cross the blood brain barrier, for the treatment of lysosomal storage diseases, compositions comprising same and to methods of use thereof.



(72) **Inventeurs(suite)/Inventors(continued):** FUTERMAN, ANTHONY, IL; OSHER, ETTY, IL; ZIMRAN, ARI, IL

(73) **Propriétaires(suite)/Owners(continued):** RAMOT AT TEL-AVIV UNIVERSITY LTD., IL;
YEDA RESEARCH AND DEVELOPMENT CO. LTD. AT THE WEIZMANN INSTITUTE OF SCIENCE, IL; ZIMRAN, ARI, IL

(74) **Agent:** RIDOUT & MAYBEE LLP

(12) INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

(19) World Intellectual Property Organization
International Bureau



(43) International Publication Date
16 August 2007 (16.08.2007)

PCT

(10) International Publication Number
WO 2007/091250 A3

(51) International Patent Classification:
A61K 47/48 (2006.01) *A61P 25/00* (2006.01)

(74) Agent: WEBB, Cynthia; Webb & Associates, P.O. Box 2189, 76121 Rehovot (IL).

(21) International Application Number:
PCT/IL2007/000152

(81) Designated States (*unless otherwise indicated, for every kind of national protection available*): AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LV, LY, MA, MD, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RS, RU, SC, SD, SE, SG, SK, SL, SM, SV, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW.

(22) International Filing Date: 6 February 2007 (06.02.2007)

(25) Filing Language: English

(26) Publication Language: English

(30) Priority Data:
60/765,167 6 February 2006 (06.02.2006) US

(84) Designated States (*unless otherwise indicated, for every kind of regional protection available*): ARIPO (BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW), Eurasian (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM), European (AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR), OAPI (BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG).

(71) Applicants (*for all designated States except US*): THE MEDICAL RESEARCH AND INFRASTRUCTURE FUND OF THE TEL-AVIV SOURASKY MEDICAL CENTER [IL/IL]; 6 Weizmann Street, Tel-Aviv 64239 (IL). RAMOT AT TEL-AVIV UNIVERSITY LTD. [IL/IL]; 32 Haim Levanon Street, 69975 Tel-Aviv (IL). YEDA RESEARCH AND DEVELOPMENT CO. LTD. AT THE WEIZMANN INSTITUTE OF SCIENCE [IL/IL]; P.O. Box 95, 76100 Rehovot (IL).

Published:

- with international search report
- before the expiration of the time limit for amending the claims and to be republished in the event of receipt of amendments

(72) Inventors; and

(75) Inventors/Applicants (*for US only*): STERN, Naftali [IL/IL]; 17 Harimon Street, Nir Zvi 72905 (IL). NAVON, Ruth [IL/IL]; 24 Hameiri Street, Ramat Gan 52651 (IL). FUTERMAN, Anthony [IL/IL]; 12 Neve Metz, The Weizmann Institute of Science, 76100 Rehovot (IL). ZIM-RAN, Ari [IL/IL]; 14 Hadishon Street, 96956 Jerusalem (IL). OSHER, Ety [IL/IL]; 3 Beit Ha'arava Street, Rishon le Zion 75286 (IL).

(88) Date of publication of the international search report:
14 August 2008

(15) Information about Correction:
Previous Correction:
see Notice of 25 October 2007

(54) Title: ENZYME REPLACEMENT THERAPY FOR TREATING LYSOSOMAL STORAGE DISEASES

(57) Abstract: The present invention relates in general to the field of enzyme replacement therapy, and specifically to chimeric proteins including protein hormone-therapeutic protein conjugates and fusion proteins, wherein the protein hormone is selected from a protein hormone which is able to cross the blood brain barrier, for the treatment of lysosomal storage diseases, compositions comprising same and to methods of use thereof.



WO 2007/091250 A3

ENZYME REPLACEMENT THERAPY FOR TREATING LYSOSOMAL STORAGE DISEASES

FIELD OF THE INVENTION

5 The present invention relates in general to the field of enzyme replacement therapy, and specifically to conjugates and fusion proteins of enzymes with polypeptide hormones. In particular, the polypeptide hormone is selected from leptin and granulocyte colony stimulating factor (G-CSF), which are able to cross the blood brain barrier, thereby transporting the required enzyme for the treatment of lysosomal storage diseases
10 to the target tissue.

BACKGROUND OF THE INVENTION

Lysosomal Storage Diseases

15 Lysosomal Storage diseases (LSD) are inherited genetic defects, resulting in an enzyme deficiency. This deficiency prevents the lysosome from metabolizing cellular waste, and results in their accumulation in the cell. Excessive storage of proteins, saccharides and/or fats can cause permanent cellular and tissue damage, particularly in the brain, peripheral nervous system, liver, spleen, and bone marrow.

20 In some of the diseases the enzyme may be present but there are defects in its transport into the lysosome. There are currently more than 45 known conditions, which fall within the LSD category.

25 The diseases produce a variety of symptoms leading to progressive physical and/or mental deterioration over time. Some of the diseases may be present in a "mild" form, and others have a more severe impact on the patient. A number of patients survive into adulthood, but others with more severe symptoms may die in their teens or earlier.

30 Late-Onset Tay-Sachs Disease (LOTS), a LSD variant of Tay-Sachs, is much less common than the infantile form of the disease. As the name suggests, LOTS affects adults rather than infants, and manifests itself as a progressive loss of function of the nervous system. The enzyme defect, a deficiency or malfunction of the alpha subunit of β -hexosaminidase A (HEXA) resides in the same peptide as that of classical Tay-Sachs,

but people with the late-onset condition have some minor residual β -hexosaminidase A activity rather than a complete absence of the active enzyme.

The onset of symptoms in LOTS patients is usually between adolescence and the mid-30's, with much variation among individuals. Neurological manifestations of the disease include muscle weakness, cramping, wasting, and twitching; lack of coordination; slurred speech; and dystonia. Some LOTS patients have reduced intellectual functions, which may involve memory impairment, difficulty with comprehension and deterioration in school performance. Behavioral alterations can include short attention span and changes in personality. About 40% of LOTS patients exhibit psychiatric symptoms such as psychotic episodes or depression.

For an effective treatment of LSDs, a therapeutic agent, such as the deficient enzyme, must be taken up by the affected cells and routed to the lysosome where it is able to act upon the harmful material residing therein.

Blood-Brain Barrier

The blood-brain barrier (BBB) tightly regulates the transport of molecules into the brain, such that hydrophilic molecules whose size exceeds a molecular weight of 300-500 are usually prevented from access to the central nervous system. The BBB is formed by the microvasculature of the brain and permeability is regulated by the capillary endothelial cell. Overall, there are three types of recognized BBB transport systems:

Carrier-mediated transport (CMT); Active efflux transport (AET); and Receptor-mediated transport (RMT).

RMT systems have been used to bypass the BBB, in what has been termed the "Trojan horse" approach: one compound, which is recognized by the BBB as "friendly" and permitted to pass into the brain or actively transported into the brain (the "Trojan horse") is conjugated or fused to a therapeutic molecule. This technique is useful for delivery of therapeutic proteins into the brain for the treatment of, for example, lysosomal storage disorders (LSD) and neurodegenerative diseases.

Certain therapeutic protein conjugates and/or fusion proteins are known in the art. US Patent Application Publication No. US 2005/0142141 relates to conjugates or fusion proteins composed of a therapeutic enzyme and a BBB targeting agent. The BBB

targeting agent is referred to therein as a “molecular Trojan horse”. According to that patent application, the BBB targeting agent is selected from transferrin, insulin, leptin, insulin-like growth factors, cationic peptides, lectins, or peptidomimetic monoclonal antibodies directed to the transferrin, insulin or leptin receptors. The invention is exemplified by a recombinant fusion protein comprising humanized murine monoclonal antibody to the insulin receptor fused to α -L-iduronidase and a conjugate of the rat anti-mouse transferrin receptor monoclonal antibody to the β -galactosidase.

PCT Publication No. WO 2003/057179 teaches conjugates composed of p97 (melanotransferrin) covalently linked to an enzyme associated with LSD.

Pan et al (2004) report that the 39 kDa receptor-associated protein (RAP) may provide a novel means of protein-based drug delivery to the brain.

PCT Publication No. WO 89/10134 relates to chimeric peptides for neuropeptide delivery through the blood-brain barrier. The chimeric peptides comprise a neuropeptide and a peptide exemplified by histone, capable of crossing the blood-brain barrier via receptor-mediated transcytosis. The neuropeptides act on extracellular receptors to exert their therapeutic effects and do not enter the neural cells.

US Patent No. 6,027,720 teaches a modified polypeptide having human G-CSF activity. The novel polypeptides differ from native G-CSF as a result of a substitution or deletion in the N-terminus domain of the protein.

US Patent Nos. 6,555,660 and 6,831,158 relate to a modified G-CSF polypeptide and to conjugates thereof with a non-polypeptide moiety. The novel polypeptides differ from native G-CSF in at least one amino acid residue, which is replaced by an amino acid having an attachment group for a polymer.

US Patent No. 6,518,235 relates to a method of improving memory in a patient comprising the administration of leptin.

There remains an unmet need for therapeutic agents, which are able to cross the blood brain barrier, for the treatment of lysosomal storage diseases and neurodegenerative disorders.

SUMMARY OF THE INVENTION

The present invention provides chimeric proteins comprising a polypeptide hormone covalently linked to a therapeutic enzyme for the treatment of a lysosome storage disease (LSD). The invention relates to the unexpected discovery that conjugates
5 and fusion proteins comprising G-CSF or leptin are able to cross the blood brain barrier and are transported into their target cell, and in particular into the lysosome.

In one aspect the present invention provides a chimeric protein for the delivery of a therapeutic enzyme across the blood brain barrier, the chimeric protein comprising a protein hormone covalently linked to a therapeutic enzyme or active fragment thereof,
10 wherein the peptide hormone is selected from a peptide hormone which is able to cross the blood brain barrier; and the therapeutic enzyme is an enzyme whose deficiency is linked to a lysosomal storage disease.

In one embodiment the present invention provides a chimeric protein for the delivery of a therapeutic enzyme across the blood brain barrier, the chimeric protein
15 comprising a protein hormone covalently linked to a therapeutic enzyme or active fragment thereof, wherein the hormone is selected from the group consisting of G-CSF, leptin, variants thereof and fragments thereof; and the therapeutic enzyme is an enzyme whose deficiency is linked to a lysosomal storage disease. In some embodiment a therapeutic protein other than an enzyme associated with LSD is provided. In some
20 embodiments the protein hormone is selected from the group consisting of leptin and a fragment thereof. The polypeptide sequences of human leptin precursor protein and human mature leptin are set forth in SEQ ID NO:1 and SEQ ID NO:2, respectively.

In other embodiments the protein hormone is selected from the group consisting of G-CSF and a fragment thereof. The polypeptide sequences of two human G-CSF
25 precursor proteins having 207 amino acids and 204 amino acids are set forth in SEQ ID NO:5 and SEQ ID NO:9, respectively. The mature polypeptide sequences are set forth in SEQ ID NO:6 and SEQ ID NO:10, respectively.

In one embodiment the chimeric protein is capable of passing through the blood-brain barrier and entering a lysosome of a cell within the central nervous system.

30 In one embodiment the lysosomal storage disease is late onset Tay Sachs disease.

In one embodiment the enzyme is associated with a lysosomal storage disease. In another embodiment the enzyme is associated with late on-set Tay Sachs disease. In certain embodiments the enzyme is β -hexosaminidase A or a fragment thereof. In one embodiment the enzyme fragment is the β -hexosaminidase A α subunit (HEXA) or a
5 fragment thereof. The polypeptide sequence of HEXA is set forth in SEQ ID NO:13. In specific embodiments an enzyme or enzyme fragment comprises amino acids 109-529 (SEQ ID NO:14); 1-191 (SEQ ID NO:15), and/or 403-529 (SEQ ID NO:16) of HEXA.

In one embodiment the chimeric protein is selected from the group consisting of a conjugate and a fusion protein.

10 In some embodiments the chimeric protein comprises a polypeptide having amino acid sequence set forth in any one of SEQ ID NO:1-2, 5-6 and 9-10; and a polypeptide sequence of a therapeutic enzyme whose deficiency is linked to a lysosomal storage disease. In certain preferred embodiments the therapeutic enzyme is HEXA or a fragment thereof, having amino acid sequence set forth in any one of SEQ ID NOS:13-
15 16.

In various embodiments the chimeric protein is a protein conjugate or a fusion protein comprising a polypeptide having an amino acid sequence set forth in any one of SEQ ID NO:1-2, 5-6 and 9-10, and a polypeptide sequence of HEXA or a fragment thereof, having amino acid sequence set forth in any one of SEQ ID NOS:13-16.

20 In some embodiments the chimeric protein comprises an amino acid sequence set forth in any one of SEQ ID NOS:23-26.

In another embodiment the polypeptide hormone and the enzyme are linked by a linking group. In some embodiments the linking group comprises a disulfide bond. In other embodiments the linking group comprises one or more amino acids.

25 In a second aspect the present invention provides a polynucleotide sequence encoding the fusion protein according to the invention. Polynucleotide sequences of leptin precursor and mature leptin are set forth in SEQ ID NO:3 and SEQ ID NO:4, respectively. Polynucleotide sequences encoding the G-CSF 207 amino acid precursor and the G-CSF mature protein are set forth in SEQ ID NO:7 and SEQ ID NO:8,
30 respectively. Polynucleotide sequences encoding the G-CSF 204 amino acid precursor and the G-CSF mature protein are set forth in SEQ ID NO:11 and SEQ ID NO:12, respectively.

Polynucleotide sequences encoding the HEXA precursor protein and fragments thereof are set forth in SEQ ID NO:17-20.

In another aspect the present invention provides a recombinant expression vector comprising a polynucleotide sequence encoding a fusion protein comprising a protein hormone and a therapeutic enzyme or active fragment thereof, wherein the protein hormone is wherein the protein hormone is able to cross the blood brain barrier; and the therapeutic protein is a protein whose deficiency is linked to a lysosomal storage disease. In some embodiments the protein hormone is selected from the group consisting of G-CSF, leptin, variants thereof and fragments thereof. The invention further provides a host cell comprising the recombinant expression vector.

In yet another aspect the present invention provides a pharmaceutical composition comprising as an active agent a) a chimeric protein comprising a protein hormone covalently linked to a therapeutic protein or fragment thereof, or b) a polypeptide encoding a chimeric protein comprising a protein hormone covalently linked to a therapeutic protein or fragment thereof; wherein the protein hormone is able to cross the blood brain barrier; and the therapeutic protein is a protein whose deficiency is linked to a lysosomal storage disease; and a pharmaceutically acceptable carrier or excipient. In some embodiments the protein hormone is selected from the group consisting of G-CSF, leptin, variants thereof and fragments thereof; and a pharmaceutically acceptable carrier or excipient.

In some embodiments the present invention provides a pharmaceutical composition comprising a recombinant expression vector of the present invention; and a pharmaceutically acceptable carrier or excipient.

Accordingly, the present invention provides a method of treating a lysosomal storage disease in a subject in need thereof comprising administering to the subject a pharmaceutical composition comprising a chimeric protein, wherein the chimeric protein comprises a protein hormone covalently linked to a therapeutic enzyme or fragment thereof, wherein the protein hormone is able to cross the blood brain barrier of the subject; and the therapeutic protein is a protein whose deficiency is linked to a lysosomal storage disease. In some embodiments the protein hormone is selected from the group consisting of G-CSF, leptin, variants thereof and fragments thereof.

In another aspect the present invention a method of treating a lysosomal storage disease in a subject in need thereof comprising administering to the subject a pharmaceutical composition comprising a recombinant expression vector comprising a polynucleotide encoding a protein hormone and a therapeutic enzyme or fragment thereof, wherein the protein hormone is able to cross the blood brain barrier of the subject; and the therapeutic enzyme is a protein whose deficiency is linked to a lysosomal storage disease. In some embodiments the protein hormone is selected from the group consisting of G-CSF, leptin, variants thereof and fragments thereof.

In one embodiment the subject is a mammal, preferably a human.

The present invention further provides the use of a chimeric protein comprising a protein hormone covalently linked to a therapeutic protein or fragment thereof, wherein the wherein the protein hormone is able to cross the blood brain barrier of the subject; and the therapeutic enzyme is a protein whose deficiency is linked to a lysosomal storage disease for the preparation of a medicament for the treatment of a lysosomal storage disease. In some embodiments the protein hormone is selected from the group consisting of G-CSF, leptin, variants thereof and fragments thereof.

The present invention further provides the use of a polynucleotide encoding a fusion protein wherein the fusion protein comprises a protein hormone and a therapeutic enzyme or fragment thereof, wherein the protein hormone is selected from the group consisting of G-CSF, leptin, variants thereof and fragments thereof; and the therapeutic enzyme is a protein whose deficiency is linked to a lysosomal storage disease, for the preparation of a medicament for the treatment of a lysosomal storage disease.

The present invention explicitly excludes known conjugates.

These and other aspects of the present invention will be apparent from the description, figures and claims that follow.

BRIEF DESCRIPTION OF THE FIGURES

Fig. 1 depicts RT-PCR products using primers specific for the mouse G-CSF Receptor (G-CSFR). G-CSFR mRNA was detected in aortic homogenates, peritoneal macrophages and brain tissue.

Fig. 2 depicts G-CSFR mRNA expression as measured by optic densitometry (OD) and corrected relative to a control gene.

Fig. 3 shows Chloramphenicol (CAT, C¹⁴) activity in human cell homogenates containing various concentrations of expressed CAT or no active enzyme.

5 Fig. 4 presents Western analysis of expressed HEXA protein, using an anti-poly-HIS antibody. Note the 64 kD bands corresponding to the expected HEXA.

Fig. 5A-5B illustrate detection of CAT in mouse brain homogenates from G-CSF/CAT injected mice using western blotting with anti-CAT antibody. The conjugate was injected intravenously.

10 Fig. 6A-6C depict immunofluorescence detection of CAT in the mouse brain, following peripheral injection of a G-CSF/CAT conjugate, using anti-CAT antibodies as the primary antibody and FITC-goat anti-rabbit IgG (H+L) conjugate as the secondary antibody. Brain slices from control (6A) and G-CSF/CAT conjugate-treated mice (6B and 6C) are shown, and staining represents CAT within the brain.

15 Fig. 7A-7C depicts immunofluorescence detection of CAT in the mouse brain, following peripheral injection of a G-CSF/CAT conjugate. Figures 7A-7B demonstrate positive staining to anti-CAT following peripheral G-CSF-CAT injection; Figure 7C shows the same region from a control mouse.

20 Fig. 8A-8B illustrates β -galactosidase (β -gal) activity in the cerebral cortex (8A) and cerebellum (8B) of mice injected intravenously with vehicle (control-triangles), β -gal alone (squares) and G-CSF/ β -gal conjugate (diamonds). Method of injection was performed as described in the Examples section for the G-CSF/ CAT conjugate.

DETAILED DESCRIPTION OF THE INVENTION

25 The present invention relates to chimeric proteins, pharmaceutical compositions comprising chimeric proteins, methods of producing a chimeric protein and methods of using the protein. Specifically, the present invention generally provides compositions and methods for enhanced delivery of lysosomal storage disease related agents to the lysosomes of cells affected by a lysosomal storage disease. The invention relates to the
30 unexpected discovery that G-CSF and leptin and variants thereof not only cross the blood brain barrier (BBB) but also are transported into lysosomes.

Without wishing to be bound to theory, crossing the BBB depends on the binding of the G-CSF or leptin conjugated molecules to the ligand-binding domain of the respective receptor for each of these molecules, followed by selective entry through unique biological transport routes allowing the access of the native molecule to the brain.

5 In this invention, the therapeutic chimeric protein is carried through the BBB by G-CSF or leptin to which they are attached. The entire conjugate will be transported through the BBB using the routes allowing G-CSF or leptin entry.

Definitions

10 For convenience and clarity certain terms employed in the specification, examples and claims are described herein.

“G-CSF” refers to granulocyte colony stimulating factor and to analogs, which are functional equivalents thereof, i.e. a polypeptide having greater than about 75%, 80%, 90% or 95% homology of their corresponding amino acid sequences which is able to bind to the G-CSF receptor and undergo internalization.

15 “Leptin” includes analogs of leptin, which are functional equivalents, i.e. a polypeptide having greater than about 75%, 80%, 90% or 95% homology of their corresponding amino acid sequences which is able to bind to the OB receptor and undergo internalization into a cell.

20 Fragments of leptin and G-CSF, which are able to bind their respective receptors and undergo internalization, are encompassed in the present invention.

25 Functional equivalents include allelic variants of leptin and G-CSF, and human, and non-human i.e. ovine, murine, chicken, rat and/or rabbit leptin or G-CSF, and derivatives thereof. Leptin or G-CSF can be in the form of acidic or basic salts, or in its neutral form. In addition, individual amino acid residues can be modified, such as by oxidation or reduction. Moreover, various substitutions, deletions, or additions can be made to the amino acid or nucleic acid sequences, the net effect of which is to retain or improve upon the desired biological activity of leptin or G-CSF. Due to code degeneracy, for example, there may be considerable variation in nucleotide sequences encoding the same amino acid sequence.

As used herein the terms covalently “linked” or “bound” or “attached” refer to molecules that are in contact with one another via a covalent bond. A peptide bond is a covalent bond.

5 A “chimeric protein” as used herein refers to a modified protein, particularly a protein comprising a hormone selected from G-CSF and leptin and at least one therapeutic enzyme or other therapeutic protein introduced therein. The chimeric protein comprises a hormone fused or covalently linked to at least one therapeutic protein moiety.

10 As used herein, a “conjugate” refers to the product of conjugation between one or more of (a) a hormone selected from leptin and G-CSF and (b) a therapeutic enzyme. Conjugation as used herein involves covalent interactions. Accordingly, where reference is made to “comprising,” “conjugation,” “coupling,” etc, these references should be taken to include a covalent interaction between the therapeutic protein to be delivered and the leptin or G-CSF carrier molecule, in such a manner as to allow delivery of the
15 therapeutic protein to the brain. The conjugate may be prepared by, *inter alia*, chemical conjugation and may involve direct or indirect (i.e. via a linker) conjugation.

As used herein, the term “fusion protein” refers to the combination of heterologous amino acid sequences in one polypeptide chain by in-frame combination of their coding nucleotide sequences. The amino acid sequences of the hormone and
20 enzyme may be directly combined or may have a peptide linker or spacer between them. Without wishing to be bound to theory a linker or spacer may make it more likely that the proteins fold independently. A fusion protein is generally prepared using recombinant DNA technique, known to those with skill in the art.

The term “heterologous sequences” refers to amino acid sequences that are not
25 identical sequences. Heterologous sequences can originate from the same organism, i.e. human leptin and human HEXA or human G-CSF and human HEXA.

The alpha subunit of β -hexosaminidase A or “HEXA” refers to the enzyme that which, when deficient, causes Tay-Sachs disease, a progressive fatal neurological disorder concentrated in people of European Jewish (Ashkenazi) descent.

30 As used herein “treatment” in a subject is intended to include prophylaxis and treating, alleviating or palliating a disorder, and thus providing relief from the symptoms associated with those disorders.

The terms "Lysosomal Storage Disease" or "LSD" as used herein refer to a family of inherited diseases related to an enzyme deficiency. The deficiency results in detrimental accumulation of metabolic products in the lysosome. Representative LSDs include aspartylglucosaminuria, cholesteryl ester storage disease; cystinosis; Danon disease; Fabry disease; Farber's disease; fucosidosis; galactosialidosis types I/II; Gaucher disease types 1, 2, 3; globoid cell leucodystrophy/Krabbe disease; glycogen storage disease II/Pompe disease; GM1-gangliosidosis types I/III; GM2-gangliosidosis type I/Tay-Sachs disease; GM2-gangliosidosis type II/Sandhoff disease; α -mannosidosis types I/II; β -mannosidosis; metachromatic leukodystrophy (MLD); mucopolidosis type I/sialidosis types I/II; mucopolidosis types II/III; mucopolidosis type IIIC pseudo-Hurler polydystrophy; mucopolysaccharidosis (e.g. types I, II, IIIA, IIIB, IIIC, IIID, IVA, IVB, VI, VII, IX); multiple sulphatase deficiency; neuronal ceroid lipofuscinosis (e.g. Batten, infantile, late infantile and adult); Niemann-Pick disease (e.g. types A, B, C1, C2); Schindler disease types I/II; sialic acid storage disease; Wolman's disease (acid lipase deficiency).

Accordingly the therapeutic protein is selected from the group consisting of aspartylglucosaminidase, acid lipase, cysteine transporter, Lamp-2, α -galactosidase A, ceramidase, α -L-fucosidase, β -hexosaminidase A, GM2 ganglioside activator protein, α -D-mannosidase, β -D-mannosidase, arylsulphatase A, saposin B, neuraminidase, α -N-acetylglucosaminidase phosphotransferase, phosphotransferase γ -subunit, L-iduronidase, iduronate-2-sulphatase, heparan-N-sulphatase, α -N-acetylglucosaminidase, acetylCoA:N-acetyltransferase, N-acetylglucosamine 6-sulphatase, galactose 6-sulphatase, β -galactosidase, N-acetylgalactosamine 4-sulphatase, hyaluronoglucosaminidase, multiple sulphatases, palmitoyl protein thioesterase, tripeptidyl peptidase I, acid sphingomyelinase, α -galactosidase B, sialic acid transporter and fragments thereof. A fragment thereof includes an active fragment that is able to degrade or assist in the degradation of GM2 ganglioside. The enzyme can further be a chimeric enzyme; for example, the beta subunit of β -hexosaminidase A wherein certain active sequences from the alpha subunit are substituted. The polypeptide and polynucleotide sequences of the beta subunit of human β -hexosaminidase A are set forth in SEQ ID NO:21 and SEQ ID NO:22, respectively.

In some embodiments the protein is an enzyme. In certain embodiments the enzyme is β -hexosaminidase A or a fragment thereof.

Lysosomal deficiency diseases and the associated protein deficiencies include the following:

Glycogen storage disease type II: alpha-glucosidase deficiency;

Mucopolysaccharidoses (MPS)

5 MPS type IH, Hurler syndrome: alpha-L-iduronidase deficiency;

MPS type I H/S, Hurler-Scheie syndrome: alpha-L-iduronidase deficiency;

MPS type I S, Scheie syndrome: alpha-L-iduronidase deficiency;

MPS type II A and B, Hunter syndrome: iduronate sulfatase deficiency;

MPS type III A-D, Sanfilippo syndrome: heparan N-sulfatase deficiency;

10 MPS type IV A, Morquio syndrome: galactose 6-sulfatase deficiency;

MPS type VI, Maroteaux-Lamy syndrome: arylsulfatase B deficiency;

MPS type VII, Sly syndrome: beta-glucuronidase deficiency;

Mucopolipidosis II (I-cell disease) and mucopolipidosis III: phosphotransferase deficiency;

15 Schindler disease/Kanzaki disease: alpha-N-acetylgalactosaminidase deficiency;

Danon Disease: LAMP-2 deficiency;

Glycoprotein Degradation Disorders including Alpha-mannosidosis and beta-mannosidosis; Fucosidosis; Sialidosis: alpha-N-acetyl neuraminidase deficiency (sialidase); and Aspartylglucosaminuria (AGU): aspartylglucosaminidase (AGA)
20 deficiency;

Carbohydrate-deficient glycoprotein syndrome: N-acetylaspartate deficiency;

Wolman and cholesterol ester storage disease: acid lipase deficiency;

Farber disease, disseminated lipogranulomatosis: acid ceramidase deficiency;

Niemann-Pick disease type A and B: sphingomyelinase deficiency;

25 Niemann-Pick disease C1: NPC1 deficiency; Niemann-Pick disease C2;

Gaucher disease types I, II, and III: beta-glucosidase deficiency;

Krabbe disease, infantile globoid-cell leukodystrophy: galactosylceramidase deficiency; Fabry disease: alpha-galactosidase A deficiency; Multiple sulfatase deficiency: sulfatases deficiency; GM1 gangliosidosis and Morquio B disease: beta-galactosidase deficiency;

5 GM2 gangliosidosis, Tay-Sachs, late onset Tay Sachs and Sandhoff diseases: β -hexosaminidase deficiency; Cystinosis: cysteine transporter deficiency;

Sialic acid storage disease: sialic acid transporter deficiency;

Metachromatic leukodystrophy: galactose-3-sulfatase deficiency;

10 Galactosialidosis (neuraminidase, beta-galactosidase or protective protein/cathepsin A (PPCA) deficiency;

Neuronal ceroid lipofuscinosis, infantile: palmityl protein thioesterase deficiency;

Neuronal ceroid lipofuscinosis, late infantile: carboxypeptidase deficiency.

Physiological transport of hormones to the brain: Granulocyte-colony stimulating factor (G-CSF) and leptin

15 Overall, there are three types of recognized BBB transport systems:

a) Carrier-mediated transporters (CMT) such as the Glut1 glucose transporter, the LAT1 large neutral amino acid transporter, the CNT2 adenosine transporter, adenine or nucleobase transporter, the choline transporter and the BBB thyroid hormone transporter;

20 b) Active efflux transporters (AET) include p-glycoprotein, organic anion transporting polypeptide type 2 (oatp2) and BBB-specific anion transporter type 1 (BSAT1); and c) Receptor-mediated transporters (RMT), such as the transferrin receptor.

Leptin

25 The discovery of leptin and the understanding of its action within specific brain centers provide evidence for a BBB-dependent hormonal link between the adipocyte and the brain. Leptin is a 16-kDa protein mainly secreted by the adipocyte, which circulates, in part, while linked to binding proteins and crosses the blood-brain barrier (BBB) to interact with its receptors at the arcuate nucleus, where it curbs appetite and modulates energy balance. The brain targets for leptin action are within the areas presumably protected by the BBB.

Leptin is recognized by the leptin receptor (OB-R), which is a product of the *db* gene. Different OB-R isoforms have been found which are generated by differential splicing and are widely distributed in many organs. The short form (OB-Ra) of the leptin receptor, which has truncated intracellular amino acid sequences and thus, little intracellular signaling capacity, is the characteristic isoform present in the choroid plexus and serves as a transporter. In contrast, in the hypothalamus, where specific receptor-activated, leptin dependent function must take place for normal feeding behavior, the OB-R appears to have a long intracellular domain (long form or OB-Rb) that contains putative motifs for janus protein-tyrosine kinase (JAK) and signal transducers and activators of transcription (STATs).

The delivery of leptin into the central nervous system (CNS) seems to represent a crucial step toward the regulation of food intake and energy balance. Different studies have shown the presence of specific OB-Ra in the brain capillaries as well as binding of ¹²⁵I-leptin to human and mouse brain capillaries, which constitute the blood-brain barrier. The presence of the OB-Ra and, to a lesser extent, OB-Rb in the endothelium of the human brain has been recently confirmed (Burguera et al., 2000). The presence of a specific OB-Ra in the endothelial cells would allow leptin to gain access through the capillary wall to the brain.

Human leptin is expressed as precursor polypeptide consisting of 167 amino acid residues. A signal peptide consisting of 21 amino acid residues at the amino terminus is cleaved, and 146 amino acid mature protein is secreted. Human precursor polypeptide (NCBI accession number BAA09787) has an amino acid sequence set forth in SEQ ID NO:1. The polypeptide sequence of mature leptin is set forth in SEQ ID NO:2. The corresponding polynucleotide sequence of the leptin precursor is set forth in SEQ ID NO:3. The polynucleotide sequence of mature leptin is set forth in SEQ ID NO:4.

Granulocyte colony stimulating factor

G-CSF is a 19.6-kDa glycoprotein commonly used to treat neutropenia. Known sources of G-CSF in the body include monocytes, mesothelial cells, fibroblasts, and endothelial cells. G-CSF stimulates the growth of neutrophil granulocyte precursors and regulates survival of mature neutrophils by inhibition of apoptosis.

It was recently shown that G-CSF passes the intact blood-brain barrier and reduces infarct volume in two different rat models of acute stroke. G-CSF is also known

to display strong antiapoptotic activity in mature neurons and activate multiple cell survival pathways. G-CSF has not been shown to be useful as a carrier molecule to the transport of therapeutic agents into the brain.

Receptors for G-CSF are present on precursors and mature neutrophilic granulocytes, monocytes, platelets, and endothelial cells. Recently it was found that G-CSF and its receptor are not only widely expressed by neurons in the CNS, but their expression is induced by ischemia. Surprisingly, the G-CSF receptor was also expressed by adult neural stem cells, and G-CSF induced neuronal differentiation in vitro (Schabitz, et al., 2003).

The G-CSF receptor (G-CSFR) is a type I membrane protein that belongs to the hemopoietic growth factor receptor super family. The membrane-proximal half of the G-CSFR cytoplasmic region is sufficient for transducing the proliferation signal, whereas its membrane-distal half of the cytoplasmic region is essential for the differentiation signal. G-CSFR activates Janus family kinases (JAKs), specifically JAK1 and JAK2, and STAT protein, which translocates to the nucleus and subsequently regulates gene expression. STAT3 is the principal STAT protein activated by G-CSFR.

In hematopoietic and neuronal cells, G-CSF activates intracellular signaling pathways via the STAT3 and the PI3K/Akt and ERK5 pathways, which are linked to suppression of apoptosis and proliferation.

Human G-CSF is expressed as precursor polypeptide consisting of 207 amino acid residues (SEQ ID NO:5) or 204 amino acid residues (SEQ ID NO:9). A signal peptide consisting of 30 amino acid residues at the amino terminus is cleaved, and 177 or 174 amino acid mature protein is secreted (SEQ ID NO:6; SEQ ID NO:10, respectively).

Table 1 provides a list of the polypeptide and polynucleotide sequences disclosed herein.

Table 1.

SEQ ID NO:	Sequence name:	Accession number
1	Human leptin precursor protein	BAA09787
2	Human mature leptin	BAA09787
3	Human leptin precursor polynucleotide	D63519
4	Human mature leptin polynucleotide	D63519

SEQ ID NO:	Sequence name:	Accession number
5	Human G-CSF precursor protein (1-207)	CAA27291
6	Human G-CSF protein (31-207)	CAA27291
7	Human G-CSF precursor polynucleotide	XO3656
8	Human G-CSF protein polynucleotide (31-207)	XO3656
9	Human G-CSF precursor protein	CAA27290
10	Human G-CSF protein (31-204)	CAA27290
11	Human G-CSF polynucleotide	XO3655
12	Human G-CSF (31-204) polynucleotide	XO3655
13	Human HEXA (β -hexosaminidase A α subunit) precursor protein (1-529)	NP_000511
14	Human HEXA protein (109-529)	NP_000511
15	Human HEXA protein fragment (1-191)	NP_000511
16	Human HEXA protein fragment (403-529)	NP_000511
17	Human HEXA precursor protein (1-529) polynucleotide	NM_000520
18	Human HEXA fragment (109-529) polynucleotide	NM_000520
19	Human HEXA fragment (1-191) polynucleotide	NM_000520
20	Human HEXA fragment (403-529) polynucleotide	NM_000520
21	Human β -hexosaminidase A β subunit precursor protein (1-529)	NP_000512
22	Human β -hexosaminidase A β subunit precursor (1-529) polynucleotide	NM_000521
23	Conjugate GCSF-HEXA (1-529)	
24	Conjugate GCSF-HEXA fragment (109-529)	
25	Conjugate GCSF-HEXA fragment (1-191)	
26	Conjugate Leptin-HEXA (1-529)	
27	CAT protein	M55620
28	CAT polynucleotide	
29	β -gal protein	BAB05741
30	β -gal polynucleotide	BA000004
31	pcDNA3 polynucleotide	

Chimeric Proteins

The chimeric proteins of the present invention may be produced by chemical synthetic methods, by chemical linkage between the two moieties, or by fusion of a

coding sequence of a targeting moiety and a coding sequence of a therapeutic protein under the control of a regulatory sequence, which directs the expression of the fusion polynucleotide in an appropriate host cell

Conjugation of Hormone to Enzyme

5 The protein hormone, including G-CSF or leptin, and the enzyme are conjugated directly or indirectly to each other (i.e., through an extended linker). Linker compounds can also be used to effect the coupling; both homobifunctional and heterobifunctional linkers are available from Pierce Chemical Company, Rockford, Illinois, USA. In general, G-CSF or leptin conjugates may be prepared using techniques well known in the art. There are numerous approaches for the conjugation or chemical crosslinking of agents to a polypeptide such as leptin or G-CSF, and one skilled in the art can determine which method is most appropriate for conjugating a particular enzyme. The method employed must be capable of joining the enzyme and the leptin or G-CSF without interfering with the ability of leptin or G-CSF to bind to its respective receptor, preferably without significantly altering the desired activity of the enzyme or peptide once delivered. Preferred methods of conjugating leptin or G-CSF to various enzymes are described in the examples section, *supra*. Such attachment can be any suitable chemical linkage, direct or indirect, as by means of a peptide bond or via covalent bonding to an intervening linker element, such as a linker peptide or other chemical moiety, such as an organic polymer. Such chimeric peptides may be linked via bonding at the carboxy (C) or amino (N) termini of the peptides, or via bonding to internal chemical groups such as straight, branched, or cyclic side chains, internal carbon or nitrogen atoms, and the like.

25 Methods of crosslinking proteins and peptides are well known to those of skill in the art. A plurality of crosslinkers is commercially available for conjugating a two or more peptide or polypeptide sequences. The crosslinker is generally chosen based on the reactive functional groups available or inserted on the therapeutic agent, in this case an enzyme. In addition, a photoreactive crosslinker can be used.

30 In other instances, it may be desirable to include a spacer between the protein hormone and the enzyme, enzyme subunit or peptide. When a linker is used, the linker is preferably an organic moiety constructed to contain an alkyl, aryl and/or amino acid backbone, and containing an amide, ether, ester, hydrazone, disulphide linkage or any

combination thereof. Preferred linkers are those containing esters or hydrazones that are stable at physiological pH, but hydrolyze to release the enzyme when exposed to lysosomal pH. Disulphide linkages are preferred because they are sensitive to reductive cleavage. In addition, amino acid linkers may be designed to be sensitive to cleavage by
5 specific enzymes in the desired target organ or more preferably, the lysosome itself.

In some embodiments the linker comprises a disulfide bond. For conjugation purposes, cross-linkers various will be used, based on S-S (disulfide) groups, such that once the conjugates enter the brain, the S-S bond will be reduced to an SH group thus releasing the enzyme intracellularly at the target cell within the brain territory.

10 Enzymes, hormones and fragments thereof may be produced by recombinant methods, as detailed below, or by direct peptide synthesis using solid-phase techniques. (See, e.g., Creighton, 1984). Protein synthesis may be performed by manual techniques or by automation. Automated synthesis may be achieved, for example, using the Applied Biosystems 431A peptide synthesizer (Perkin Elmer).

15 Fusion Proteins

In some embodiments of the present invention, the leptin-enzyme or leptin-enzyme subunit or G-CSF-enzyme or G-CSF-enzyme subunit conjugate is a leptin-enzyme (or enzyme subunit) or G-CSF-enzyme (or enzyme subunit) fusion protein. Fusion proteins may be prepared using standard techniques known in the art. Typically, a
20 DNA molecule encoding leptin or G-CSF or an equivalent thereof is linked to a DNA molecule encoding the enzyme or an enzyme subunit. The chimeric DNA construct, along with suitable regulatory elements can be cloned into an expression vector and expressed in a suitable host. The resultant fusion proteins contain leptin or G-CSF fused to the selected enzyme.

25 Accordingly, the present invention further encompasses the recombinant DNA, a recombinant expression vector comprising the recombinant DNA and a host cell comprising the recombinant expression vector.

Recombinant methods for designing, expressing and purifying fusion proteins are known in the art (see, e.g. Sambrook et al., 1992). Nucleic acid molecules according to
30 the invention may include DNA, RNA, or derivatives of either DNA or RNA. An isolated nucleic acid sequence encoding an enzyme, an enzyme subunit or hormone can be obtained from its natural source, either as an entire (i.e., complete) gene or a portion

thereof. A nucleic acid molecule can also be produced using recombinant DNA technology (e.g., polymerase chain reaction (PCR) amplification, cloning) or chemical synthesis. Nucleic acid sequences include natural nucleic acid sequences and homologs thereof, including, but not limited to, natural allelic variants and modified nucleic acid sequences in which nucleotides have been inserted, deleted, substituted, and/or inverted in such a manner that such modifications do not substantially interfere with the nucleic acid molecule's ability to encode a functional peptide of the present invention.

A polynucleotide or oligonucleotide sequence can be deduced from the genetic code of a protein, however, the degeneracy of the code must be taken into account, as well as the allowance of exceptions to classical base pairing in the third position of the codon, as given by the so-called "Wobble rules". Moreover, polynucleotides that include more or less nucleotides can result in the same or equivalent proteins.

The present invention includes a nucleic acid sequence of the present invention operably linked to one or more transcription control sequences to form a recombinant construct. The phrase "operably linked" refers to linking a nucleic acid sequence to a transcription control sequence in a manner such that the molecule is able to be expressed when transfected (i.e., transformed, transduced or transfected) into a host cell. Transcription control sequences are sequences which control the initiation, elongation, and termination of transcription. Particularly important transcription control sequences are those which control transcription initiation, such as promoter, enhancer, operator and repressor sequences. Suitable transcription control sequences include any transcription control sequence that can function in at least one of the recombinant cells of the present invention. A variety of such transcription control sequences are known to those skilled in the art. Preferred transcription control sequences include those which function in animal, bacteria, helminth, insect cells, and animal cells.

In order to express a biologically active fusion protein of the invention, the nucleotide sequences encoding said fusion proteins according to the present invention may be inserted into appropriate expression vector, i.e., a vector which contains the necessary elements for the transcription and translation of the inserted coding sequence. Thus, for example, a polynucleotide encoding the fusion peptide may be included in any one of a variety of expression vectors for expressing a polypeptide. Such vectors include chromosomal, nonchromosomal and synthetic DNA sequences, e.g., derivatives of SV40; bacterial plasmids; phage DNA; baculovirus; yeast plasmids; vectors derived

from combinations of plasmids and phage DNA, viral DNA such as vaccinia, adenovirus, fowl pox virus, and pseudorabies. However, any other vector may be used as long as it is replicable and viable in the host.

5 Vectors can be introduced into cells or tissues by any one of a variety of known methods within the art, including in vitro recombinant DNA techniques, synthetic techniques, and in vivo genetic recombination. Such methods are generally described in Sambrook et al., 1992, and include, for example, stable or transient transfection, lipofection, electroporation and infection with recombinant viral vectors.

10 A variety of expression vector/host systems may be utilized to contain and express sequences encoding the fusion proteins of the invention. These include, but are not limited to, microorganisms such as bacteria transformed with recombinant bacteriophage, plasmid, or cosmid DNA expression vectors; yeast transformed with yeast expression vectors; insect cell systems infected with virus expression vectors (e.g., baculovirus); plant cell systems transformed with virus expression vectors (e.g.,
15 cauliflower mosaic virus, CaMV; tobacco mosaic virus, TMV) or with bacterial expression vectors (e.g., Ti or pBR322 plasmids); or animal cell systems. The invention is not limited by the host cell employed. The expression of the construct according to the present invention within the host cell may be transient or it may be stably integrated in the genome thereof.

20 Depending on the vector system and host utilized, any number of suitable transcription and translation elements, including constitutive and inducible promoters, may be used. For example, when cloning in bacterial systems, inducible promoters such as the hybrid lacZ promoter of the Bluescript® phagemid (Stratagene, LaJolla, Calif.) or pSport1™ plasmid (Gibco BRL) and the like may be used. The baculovirus polyhedrin
25 promoter may be used in insect cells. Promoters or enhancers derived from the genomes of plant cells (e.g., heat shock, RUBISCO; and storage protein genes) or from plant viruses (e.g., viral promoters or leader sequences) may be cloned into the vector. In mammalian cell systems, promoters from mammalian genes or from mammalian viruses are preferable.

30 Late Onset Tay-Sachs Disease

Tay-Sachs disease is one of the entities comprising a subgroup of the lysosomal storage diseases, the G_{M2}-gangliosidoses, which all result from a failure in lysosomal

degradation of a molecule known as “G_{M2}-ganglioside” (Mahuran, 1991). In Tay Sachs disease, the enzyme responsible for the breakdown of G_{M2}-ganglioside, β -hexosaminidase, is defective due to a mutation in one of the subunits making up the enzyme molecule, the α chain (HEXA) (Mahuran, 1999). This genetically transmitted structural defect leads to functional decline in β -hexosaminidase A enzyme activity. Since the highest concentration of gangliosides is found in the central nervous system, the absence of normal β -hexosaminidase, the enzyme responsible for G_{M2}-ganglioside degradation, is particularly detrimental to the brain and spinal cord. The classic infantile form of Tay Sachs disease, which results from very severe β -hexosaminidase A deficiency, usually leads to death between 3 and 5 years of life. Patients with LOTS, on the other hand, in whom there is some residual activity of β -hexosaminidase A (2-3% of the normal range), manifest in late childhood, in their teens or, occasionally, much later, with signs of cerebellar damage such as impaired speech (dysarthria), abnormal gait (ataxia) and anterior horn cell malfunction, leading to proximal limb weakness and muscle atrophy. In some patients, clinical presentation and disease course may be dominated by neuropsychiatric problems such as psychotic episodes, bipolar disorder or depression (Navon, 2001; Neudorfer, et al., 2005).

LOTS is a rare disorder encountered mainly, but not exclusively, in Jews of Eastern-European extraction. Several dozens of patients have been thus far reported in the literature. Left untreated, individuals with LOTS experience a relentless downhill course characterized by gradual loss of motor and cognitive function often aggravated by psychiatric crises: they deteriorate from an apparently normal young person to a severely crippled individual who is difficult to communicate with and unable to move around or perform simple daily routine tasks without the help of others.

The lysosomal enzyme β -hexosaminidase A (together with the cofactor GM2 activator protein), catalyzes the degradation of the ganglioside GM2, and other molecules containing terminal N-acetyl hexosamines. β -hexosaminidase A is composed of two subunits, alpha and beta, which are encoded by separate genes. Hexosaminidase A (HEXA) is the alpha subunit of β -hexosaminidase A. Both β -hexosaminidase A alpha and beta subunits are members of family 20 of glycosyl hydrolases. Mutations in the alpha or beta subunit genes lead to an accumulation of GM2 ganglioside in neurons and the resulting neurodegenerative disorders termed the GM2 gangliosidoses. Alpha subunit gene mutations lead to Tay-Sachs disease (GM2-gangliosidosis type I).

The HEXA gene (alpha-chain gene; Gene map locus 15q23-q24) is about 35 kb long and contains 14 exons. Myerovitz et al (1985) cloned the alpha chain from an adult human liver library and found an open reading frame corresponding to 529 amino acids, with a molecular weight of approximately 60 kD. The first 17 to 22 amino acids appear to represent a signal sequence.

One key feature of the function alpha and beta subunits, is their distinct substrate specificity. Indeed, well-defined domains in human hexosaminidase confer distinctive substrate specificity to Hex-A (alpha-beta), Hex-B (beta-beta), and Hex-S (alpha-alpha) isozymes. The active site on the beta subunit primarily degrades neutral substrates, whereas the alpha-subunit site confers activity against sulfated substrates. Only Hex-A, together with the GM2 activator protein, can degrade GM2 ganglioside. Through the generation of chimeric hexosaminidase subunits, which included interchanging analogous regions of the alpha and beta subunits, Pennybacker et al (1996) identified the amino acid sequences required for each enzymatic activity profile. Of critical importance for the present proposal, these experiments were based on chimeric constructs produced in the baculovirus expression system expressed in HeLa cells. To degrade GM2 ganglioside in the presence of GM2 activator protein, two noncontiguous sequences in the alpha subunit (amino acids 1-191 and 403-529) were found to be critical. When these sequences were substituted into analogous positions in the beta subunit, they conferred activity against the sulfated substrate, just as would be expected by native alpha subunit *per se*. Amino acids 225-556 in the beta subunit are required for activator-dependent GM2 ganglioside degradation by HexA. One study showed that alpha-chain alone secreted to culture medium could be taken up by HexA-(HEXA) deficient cells, which was followed by restoration of intracellular HexA activity (Guidotti, et al., 1998).

On way to overcome the progressively detrimental sequence of cellular events induced by lysosomal enzyme deficiency, is to administer a synthetic, fully functioning enzyme to replace the defective enzyme. There is some crucial observation in this respect. Even a very small increase in intracellular enzyme activity (1–5%) achieved correction of the excessive storage. Only a low level of HexA activity is needed to ameliorate the clinical phenotype in Tay Sachs disease and asymptomatic individuals have been identified with residual activities of $\geq 10\%$ of normal. There is also evidence that 5–10% of normal HexA levels represents a "critical threshold" for disease (Conzelmann, et al., 1983).

Under experimental conditions, utilization of molecular biology-based strategies appears to offer much better opportunity for enzyme replacement therapy in Tay Sachs disease. There is evidence for successful induction of β -hexosaminidase A synthesis in human fibroblasts obtained from patients suffering from Tay Sachs disease. In one study,
5 a human β -hexosaminidase A cDNA was first subcloned into the adenoviral plasmid pAdRSV. Hex α replication-deficient adenovirus was generated by homologous recombination in 293 cells. Tay Sachs fibroblasts were then infected with the adenoviral plasmid containing the human β -hexosaminidase A cDNA. This resulted in a 25-fold rise in secreted β -hexosaminidase A. Indeed, the Tay Sachs fibroblasts expressing the
10 recombinant normal α -chain of β -hexosaminidase A had an enzyme activity ranging from 40 to 84% of the level seen in normal cells. Further, the enzyme encoded by the adenovirus was shown to be correctly transported into the lysosomes and to normalize the impaired degradation of GM2 ganglioside in the formerly β -hexosaminidase A deficient cells (Akli, et al., 1996).

15 Another study not only demonstrated that progenitor neural cell lines transfected with ectopic retroviruses encoding the human β -hexosaminidase A α -subunit cDNA could stably express and secrete high levels of biologically active β -hexosaminidase A, but that these genetically engineered cells, once transplanted into the brains of fetal and newborn mice, produced substantial amounts of enzymatically active human β -
20 hexosaminidase A (Lacorazza et al., 1996). Hence, the production of human β -hexosaminidase A can be induced by transfecting human cells with the human β -hexosaminidase A alpha gene. This information comprises reasonable "proof of concept" for two critical aspects of any potential future enzyme replacement therapy for Tay Sachs disease: first, enzymatically active β -hexosaminidase A alpha subunit can be generated
25 using well-established molecular biology techniques; second, human HEXA deficient Tay Sachs cells are capable of proper utilization of HEXA, at least when generated within the cell itself.

Enzyme replacement therapy has been successfully implemented in several lysosomal storage diseases, each characterized by a deficiency in the structure and
30 activity of a specific lysosomal enzyme: Gaucher's (type 1) disease, Fabry's disease, Pompe's disease, Hurler's disease and Maroteaux-Lamy syndrome (Brady, et al., 2004). The feasibility of the enzyme replacement approach in the treatment of such disorders is best exemplified in type 1 Gaucher's disease, where cumulative widespread experience

with replacement therapy with mannose-terminated glucocerebrosidase clearly indicates that many of the clinical manifestations of Gaucher's disease can be either reversed or at least ameliorated. Indeed, experience with enzyme replacement therapy in that disease has been so extensive that specific recommendations for both initial treatment and subsequent dose adjustments now exist, based on a schedule of regular assessment and monitoring, and achievement and maintenance of defined therapeutic goals.

In the examples discussed above, enzyme delivery to patients can be relatively easily accomplished through direct injection of the enzyme. Once the enzyme circulates in the blood, various cell types in all organs receiving normal blood supply take it up. The situation is far more complex when cells in the greatest need of normal enzyme activity reside within the brain, since the brain is tightly protected from entry of "foreign" or large molecules" by the BBB. Therefore, neurological involvement in any lysosomal storage disease constitutes the greatest challenge to simple enzyme replacement therapy.

Technology to bypass the BBB appears to be presently emerging. This can be best described as a "Trojan horse approach": one compound, which is recognized by the blood brain barrier (BBB) as "friendly", and is, therefore, allowed to pass through the BBB into the brain (the "Trojan horse") is conjugated or "fused" with the molecule targeted to enter the brain for a therapeutic purpose (Dietz et al, 2004).

The "Trojan horse", then, carries the drug on "its back" into the brain, through the BBB. Large molecules, such as enzymes, which are normally unable to penetrate to the brain, can thus be mounted on ("conjugated to" or "fused with") a molecule, which is BBB-friendly, and deceptively move across the BBB. Hence, fusion proteins comprising BBB targeting antibodies or receptor ligands and recombinant enzymes or other proteins could be potentially utilized to treat neurological disorders of the central nervous system. Ailments such as Alzheimer's disease and stroke comprise natural targets for the utilization of this strategy.

One model vector used to transport desirable drugs and particularly proteins across the BBB is the murine monoclonal antibody (mAb) against rat transferrin receptor designated as OX26. This approach utilizes the high expression level of transferrin receptors on the brain capillary endothelial cells, which make up of the BBB *in vivo*. Once the OX26-drug conjugate binds to an epitope on the transferrin receptor, it

undergoes receptor-dependent physiologic internalization and transport through the BBB.

There are several examples of successful conjugation of neuroactive or neuroprotective agents to OX26 mAb, allowing access of the desirable molecules into the brain. Perhaps the best example of successful delivery of an enzyme across the blood-brain barrier (BBB) in an experimental setting has been very recently reported. Zhang and Pardridge (2005) conjugated bacterial β -galactosidase to a rat antibody directed towards the transferrin receptor via a streptavidin-biotin linkage, and detected a 10 fold increase in brain uptake of the enzyme following intravenous injection of the enzyme-antibody conjugate, but not of the unconjugated enzyme. Of particular importance was the finding that more than 90% of the enzyme conjugate that entered into the endothelial compartment of the brain passed through the BBB to enter brain parenchyma.

A potential improvement in this approach which utilized mouse monoclonal antibody against rat transferrin receptor, has been recently suggested based on the use of mouse anti-human insulin receptor, which allows a several fold greater BBB permeability in primates, as compared with the brain uptake of the OX26 mAb in rats (Wu, et al., 1997).

Human β -hexosaminidase A α chain is expressed as precursor polypeptide consisting of 529 amino acid residues, set forth in SEQ ID NO:13. A signal peptide consisting of 22 amino acid residues at the amino terminus is cleaved, leaving a 507 amino acid proprotein. The mature peptide consists of amino acids 109-529, set forth in SEQ ID NO:14. A polypeptide comprising amino acids 1-191 of the alpha subunit is set forth in SEQ ID NO:15, A polypeptide comprising amino acids 403-529 of the alpha subunit is set forth in SEQ ID NO:16,

The polynucleotide sequence of human β -hexosaminidase A alpha chain (accession number NM_000520) corresponding to SEQ ID NO:13, is set forth in SEQ ID NO:17:

The polynucleotide sequences corresponding to polypeptide sequences set forth in SEQ ID NO:14, SEQ ID NO:15 and SEQ ID NO:16 are set forth in SEQ ID NO:18, SEQ ID NO:19 and SEQ ID NO:20, respectively.

The amino acid sequence of human β -hexosaminidase A beta subunit preproprotein (accession number NP_000512) is set forth in SEQ ID NO:21. The corresponding polynucleotide sequence (accession number NM_000521) is set forth in SEQ ID NO:22

5 Delivery of large proteins to the brain

Impressive as the results of the leading receptor antibody-based chimeric peptide approach for the introduction of BBB-impermeable agents to the brain may be, there are concerns with regard to the potential immunogenicity of the anti-transferrin or anti-insulin receptor antibody, as well as with their effects on systemic iron or carbohydrate metabolism, respectively. Additionally, the extent of penetration attained by these methods into the brain beyond the immediate post capillary or periventricular zones is an area of uncertainty (Moos and Morgan, 2001).

Hence, an alternative approach proposed in the present project is to utilize native molecules that cross the BBB, such as G-CSF and the hormone leptin as peptide drug delivery vector. Apparently, despite their distinct and dissimilar biological roles, both peptides are capable of crossing the blood brain barrier and bind to receptors which are not only presumed to be expressed on the BBB, but also share common structural motifs. The primary structure of the leptin receptor belongs to the cytokine-class1 family, the single membrane-spanning receptor, and is highly related to the gp130 signal-transducing component of the G-CSF receptor (G-CSFR).

The leptin transport system is a candidate for transporting molecules conjugated to leptin into the brain, a scenario in which leptin may serve as a passive "Trojan horse". In contrast, if a molecule of interest is conjugated to G-CSF, utilizing its ability to cross the BBB, the delivery of G-CSF *per se* to the brain may exert independent beneficial neuroprotective, antiapoptotic and perhaps neuroregenerative effects. G-CSF was shown to induce neuronal differentiation *in vitro* and ameliorate long-term cerebral damage after cortical ischemia, to enhance angiogenesis and improve neurological recovery and long-term functional recovery after focal cerebral ischemia, reduce infarct size and inflammatory response following permanent experimentally induced ischemia and induce long-term sensorimotor recovery after intracerebral hemorrhage.

Without wishing to be bound to theory, the G-CSF-HEXA or leptin-HEXA conjugate may serve a dual purpose: breakdown of stored GM2 ganglioside on one hand,

thus correcting the major metabolic impairment characteristic of Tay-Sachs disease through the supply of normal HEXA. Additionally, G-CSF-HEXA, can induce nerve cell regeneration and arrest brain cell apoptosis (secondary to GM2-accumulation) through the anti-apoptotic effect of G-CSF *per se*.

5 While mature human β -hexosaminidase A is a phosphorylated and glycosylated heterodimer made of alpha and beta chain subunits, each of which is the product of a different gene, either the complete molecule or the alpha chain alone may require transporting through the BBB. The latter appears technically easier, and may indeed be sufficient: one study showed that alpha-chain was taken up by HexA (HEXA)-deficient
10 cells in the culture medium, which was followed by restoration of intracellular HexA activity (Guidotti, *ibid*)

Pharmacology

 The term "pharmaceutical composition" refers to a composition suitable for pharmaceutical use in a subject, including an animal or human. Preferably the subject is
15 a human. A pharmaceutical composition comprises a therapeutically effective amount of the G-CSF chimeric protein or leptin chimeric protein and a pharmaceutically acceptable carrier. In some embodiments a pharmaceutical composition comprises a therapeutically effective amount of a recombinant expression vector encoding a G-CSF fusion protein or leptin fusion protein and a pharmaceutically acceptable carrier.

20 Accordingly the present invention provides a pharmaceutical composition comprising as an active agent a molecule selected from the group consisting of a) a chimeric protein for the delivery of a therapeutic enzyme across the blood brain barrier, and b) a polynucleotide encoding a chimeric protein for the delivery of a therapeutic enzyme across the blood brain barrier;

25 wherein the chimeric protein comprises a protein hormone covalently linked to a therapeutic enzyme or active fragment thereof, wherein the protein hormone is able to cross the blood brain barrier; and the therapeutic enzyme is an enzyme whose deficiency is linked to a lysosomal storage disease;

 and a pharmaceutically acceptable excipient or carrier.

30

Herein the term "excipient" or "carrier" refers to an inert substance added to a pharmaceutical composition to further facilitate administration of a compound. Examples, without limitation, of excipients include saline, calcium carbonate, calcium phosphate, various sugars and types of starch, cellulose derivatives, gelatin, vegetable
5 oils and polyethylene glycols. Pharmaceutical compositions may also include one or more additional active ingredients.

Apart from other considerations, the fact that the novel active ingredients of the invention are polypeptides dictates that the formulation be suitable for delivery of these types of compounds. The pharmaceutical composition of this invention may be
10 administered by any suitable means, such as topically, intranasally, subcutaneously, intramuscularly, intravenously, intra-arterially, intraarticularly, intralesionally or parenterally. Ordinarily, intravenous administration is preferred. Continuous intravenous delivery may be preferred via an osmotic pump.

In general, polypeptides are less suitable for oral administration due to
15 susceptibility to digestion by gastric acids or intestinal enzymes, but it is now disclosed that the compositions according to the present invention may be administered orally.

The chimeric proteins of the present invention as active ingredients are dissolved, dispersed or admixed in a diluent or excipient that is pharmaceutically acceptable and compatible with the active ingredient as is well known. Suitable excipients are, for
20 example, water, saline, phosphate buffered saline (PBS), dextrose, glycerol, ethanol, or the like and combinations thereof. Other suitable carriers are well known to those in the art. (See, for example, Ansel et al., 1990 and Gennaro, 1990). In addition, if desired, the composition can contain minor amounts of auxiliary substances such as wetting or emulsifying agents, pH buffering agents.

25 Pharmaceutical compositions of the present invention may be manufactured by processes well known in the art, e.g., by means of conventional mixing, dissolving, granulating, grinding, pulverizing, dragee-making, levigating, emulsifying, encapsulating, entrapping or lyophilizing processes.

Pharmaceutical compositions for use in accordance with the present invention
30 thus may be formulated in conventional manner using one or more physiologically acceptable carriers comprising excipients and auxiliaries, which facilitate processing of

the active compounds into preparations which, can be used pharmaceutically. Proper formulation is dependent upon the route of administration chosen.

For injection, the compounds of the invention may be formulated in aqueous solutions, preferably in physiologically compatible buffers such as Hank's solution,
5 Ringer's solution, or physiological saline buffer. For transmucosal administration, penetrants appropriate to the barrier to be permeated are used in the formulation. Such penetrants for example, polyethylene glycol, are generally known in the art.

Dragee cores are provided with suitable coatings. For this purpose, concentrated sugar solutions may be used which may optionally contain gum arabic, talc, polyvinyl
10 pyrrolidone, carbopol gel, polyethylene glycol, titanium dioxide, lacquer solutions and suitable organic solvents or solvent mixtures. Dyestuffs or pigments may be added to the tablets or dragee coatings for identification or to characterize different combinations of active compound doses.

Pharmaceutical compositions, which can be used orally, include push-fit capsules
15 made of gelatin as well as soft, sealed capsules made of gelatin and a plasticizer, such as glycerol or sorbitol. The push-fit capsules may contain the active ingredients in admixture with filler such as lactose, binders such as starches, lubricants such as talc or magnesium stearate and, optionally, stabilizers. In soft capsules, the active compounds may be dissolved or suspended in suitable liquids, such as fatty oils, liquid paraffin, or
20 liquid polyethylene glycols. In addition, stabilizers may be added. All formulations for oral administration should be in dosages suitable for the chosen route of administration. For buccal administration, the compositions may take the form of tablets or lozenges formulated in conventional manner.

Pharmaceutical compositions for parenteral administration include aqueous
25 solutions of the active ingredients in water-soluble form. Additionally, suspensions of the active compounds may be prepared as appropriate oily injection suspensions. Suitable natural or synthetic carriers are well known in the art (Pillai et al., 2001). Optionally, the suspension may also contain suitable stabilizers or agents, which increase the solubility of the compounds, to allow for the preparation of highly concentrated
30 solutions. Alternatively, the active ingredient may be in powder form for reconstitution with a suitable vehicle, e.g., sterile, pyrogen-free water, before use.

For administration by inhalation, the variants for use according to the present invention are conveniently delivered in the form of an aerosol spray presentation from a pressurized pack or a nebulizer with the use of a suitable propellant, e.g., dichlorodifluoromethane, trichlorofluoromethane, dichloro-tetrafluoroethane or carbon
5 dioxide. In the case of a pressurized aerosol, the dosage unit may be determined by providing a valve to deliver a metered amount. Capsules and cartridges of, e.g., gelatin for use in an inhaler or insufflator may be formulated containing a powder mix of the peptide and a suitable powder base such as lactose or starch.

The compounds of the present invention may also be formulated in rectal
10 compositions such as suppositories or retention enemas, using, e.g., conventional suppository bases such as cocoa butter or other glycerides.

Pharmaceutical compositions suitable for use in context of the present invention include compositions wherein the active ingredients are contained in an amount effective to achieve the intended purpose. More specifically, a "therapeutically effective amount"
15 means an amount of a compound effective to prevent, delay, alleviate or ameliorate symptoms of a disease of the subject being treated. Determination of a therapeutically effective amount is well within the capability of those skilled in the art.

Toxicity and therapeutic efficacy of the conjugates described herein can be determined by standard pharmaceutical procedures in cell cultures or experimental
20 animals, e.g., by determining the IC_{50} (the concentration which provides 50% inhibition) and the LD_{50} (lethal dose causing death in 50% of the tested animals) for a subject compound. The data obtained from these cell culture assays and animal studies can be used in formulating a range of dosage for use in human. The dosage may vary depending upon the dosage form employed and the route of administration utilized. The
25 exact formulation, route of administration and dosage can be chosen by the individual physician in view of the patient's condition (e.g. Fingl, et al., 1975, in "The Pharmacological Basis of Therapeutics", Ch. 1 p.1).

Depending on the severity and responsiveness of the condition to be treated, dosing can also be a single administration of a slow release composition, with course of
30 treatment lasting from several days to several weeks or until cure is effected or diminution of the disease state is achieved. The amount of a composition to be administered will, of course, be dependent on the subject being treated, the severity of

the affliction, the manner of administration, the judgment of the prescribing physician, and all other relevant factors.

The foregoing formulations and administration methods are intended to be illustrative and not limiting. It will be appreciated that, using the teaching provided
5 herein, other suitable formulations and modes of administration can be readily devised.

A tablet may be made by compression or molding, optionally with one or more accessory ingredients. Compressed tablets may be prepared by compressing in a suitable machine the active peptide(s) in a free-flowing form such as a powder or granules, optionally mixed with a binder, (e.g. povidone, gelatin, hydroxypropylmethyl cellulose),
10 lubricant, inert diluent, preservative, disintegrant (e.g. sodium starch glycollate, cross-linked povidone, cross-linked sodium carboxymethyl cellulose), surface active or dispersing agent. Molded tablets may be made by molding in a suitable machine a mixture of the powdered conjugate moistened with an inert liquid diluent. The tablets may optionally be coated or scored and may be formulated so as to provide slow or
15 controlled release of the active ingredient therein using, for example, hydroxypropylmethyl cellulose in varying proportions to provide the desired release profile.

Syrup may be made by adding the conjugate(s) to a concentrated, aqueous solution of a sugar, for example, sucrose, to which may also be added any necessary
20 ingredients. Such accessory ingredients may include flavorings, an agent to retard crystallization of the sugar or an agent to increase the solubility of any other ingredients, such as a polyhydric alcohol, for example, glycerol or sorbitol.

In addition to the aforementioned ingredients, the formulations of this invention may further include one or more accessory ingredient(s) selected from diluents, buffers,
25 flavoring agents, binders, surface active agents, thickeners, lubricants, preservatives, (including antioxidants) and the like.

The following examples are intended to be merely illustrative in nature and to be construed in a non-limitative fashion.

EXAMPLES

30 The following abbreviations are used in the examples, description and claims.

G-CSF: Granulocyte colony stimulating factor

HEXA: alpha subunit of β -hexosaminidase A

CAT: chloramphenicol–acetyl-transferase

SPDP: cross-linking reagent succinimidyl 3-(-2-pyridyldithio)-propionate

LSD: lysosome storage disease

LOTS: Late Onset Tay Sachs

5 Example 1: Outline of experimental system

Objective: To test the delivery of enzymes into the brain by the use of hormone-enzyme conjugates. G-CSF-HEXA conjugates for the treatment of LOTS serves as a test case.

Specific aims: Define an efficient system for the production of a structurally
10 normal human recombinant alpha subunit of β -hexosaminidase A which allows normal β -hexosaminidase A activity or, the for the production of the entire β -hexosaminidase A molecule.

Generation of conjugates of G-CSF-CAT or leptin-CAT (chloramphenicol–acetyl-transferase). Examination of the brain activity of CAT following peripheral
15 injection of G-CSF-CAT or leptin-CAT complex in normal mice

Generation of a G-CSF - HEXA (or β -hexosaminidase A) conjugate or leptin - HEXA (or β -hexosaminidase A) complex.

Examination of the uptake and effect of added synthetic alpha subunit alone and G-CSF - HEXA (and other) conjugates on β -hexosaminidase activity in white blood cells
20 obtained from LOTS patients.

Delivery of the radio-labeled G-CSF- or leptin- based conjugates carrying HEXA or β -hexosaminidase A to normal mice via peripheral injection, followed by examination of the mouse brain for the presence of the injected β -hexosaminidase A / human alpha chain / human alpha + mouse beta heterodimer.

25 Delivery of the G-CSF- or leptin-based conjugates carrying HEXA or β -hexosaminidase A to the Tay Sachs mouse via peripheral injection, followed by examination of the mouse brain for the presence of the injected β -hexosaminidase A / human alpha chain / human alpha - mouse beta heterodimer and for β -hexosaminidase A activity.

30 Assessment of the effect of long term G-CSF/HEXA conjugates on brain GM2 content in Tay Sachs mice.

Example 2: Expression of G-CSF in mouse tissue

Fig. 1 depicts RT-PCR products using primers specific for the mouse G-CSFR. G-CSFR mRNA was detected in aortic homogenates, peritoneal macrophages and brain tissue, with the expected size of 567 basepairs (bp). The lanes of the gel are as follows:

5 Lane 1: Marker; Lanes 2 and 3: aortic homogenates; Lanes 4 and 5: peritoneal macrophages; Lanes 6 and 7: brain; Lane 8 negative control.

Fig. 2 depicts G-CSFR mRNA expression as measured by optic densitometry (OD) and corrected relative to the house keeping gene beta actin. As shown, the expression of G-CSFR mRNA relative to beta actin mRNA is as high in brain extracts as
10 in peritoneal macrophages.

Example 3: Biosynthesis of the α subunit of β -hexosaminidase (HEXA)

Active HEXA is produced by cloning the HEXA cDNA polynucleotide into an expression vector and expressing the protein in an expression system, e.g. baculoviral vectors in insect cells.

15 Example 4: Conjugation of HEXA and Chloramphenicol Acetyl Transferase to hormone

a) G-CSF / CAT conjugates: Before testing HEXA, G-CSF and leptin are conjugated to chloramphenicol-acetyl transferase (CAT). The G-CSF-CAT conjugate serves as a means to show that G-CSF-based conjugates are able to cross the BBB, enter
20 the brain tissue and retain activity of the conjugated enzyme.

b) HEXA is conjugated to G-CSF or leptin using different chemical approaches. In order for HEXA to be released from the carrier protein after it enters to the brain (cells) reversible cross-linkers will be used for conjugation. Some of the cross-linkers are based on S-S (disulfide) groups that can be reduced to reduced to an SH group thus
25 releasing the HEXA in the brain.

Another conjugate using the avidin-biotin system as cross-linker, similar to the ones described by (Zhang and Pardridge, 2005) are prepared. Preliminary results have shown that the avidin-biotin complex can dissociate *in vivo*, thus releasing the HEXA from the other proteins in the target tissue.

Example 5: *in vitro* testing of conjugates

A clinical testing system in which β -hexosaminidase A activity is examined in peripheral white blood cells to diagnose Tay Sachs disease is utilized. The clinical assay involves obtaining peripheral white blood cells from LOTS patients, culturing the cells and exposing the cells to vehicle or HEXA or G-CSF-HEXA and or leptin-HEXA conjugates.

Example 6: *in vivo* injection G-CSF-CAT and or Leptin-CAT conjugates in mice.

CAT alone or G-CSF-CAT or Leptin-CAT conjugates are injected to anaesthetized mice intravenously, via the jugular vein. To detect CAT retained in the brain vascular compartment, plasma volume is replaced by slow intra-aortic injection of ice-cold PBS, followed by injection of fixative solution. The brain is removed and prepared for immunohistochemistry using an anti-CAT antibody.

In additional experiments, brain CAT activity is assayed, using tissue homogenates from various parts of the brain, including cortex and cerebellum, comparing mice receiving free CAT or G-CSF-CAT. To remove vascular or capillary components from the assayed homogenates such that only truly neural “parenchymatous” tissue will be assayed, the capillary deletion technique described by Triguero et al., (1999), which essentially precipitates out the capillary components before the performance of the CAT assay, is performed.

Fig.3 shows CAT activity detection in human cell homogenates (umbilical cord cells) containing either various concentrations of expressed CAT (shown in the form of monoacetylated Chloramphenicol C¹⁴, large arrow; deacetylated Chloramphenicol C¹⁴ small arrow) or no active enzyme.

Example 7: *in vivo* injection of labeled G-CSF-HEXA and Leptin-HEXA conjugates

The ability of the HEXA conjugates to cross the BBB is examined in normal mice receiving peripheral injection of the radiolabeled conjugates. Because β -hexosaminidase A is abundantly present in the normal brain, radiolabeled HEXA is followed.

Experimental plan:

a) ¹²⁵I radiolabeling of HEXA prior to conjugation.

b) Conjugation of G-CSF or leptin to radiolabeled HEXA.

c) Injection of labeled and unlabeled free HEXA and G-CSF-HEXA leptin-HEXA conjugates to mice intravenously using the same technique described above.

5 d) Preparation of the brain slices for autoradiography to detect the presence and localization of labeled enzyme in the brain.

Example 8: *in vivo* injection of G-CSF-HEXA or Leptin-HEXA conjugates in a Tay Sachs mouse model

While original reports of the generation of a β -hexosaminidase A alpha subunit (HEXA) knockout mouse ("Tay Sachs mouse") suggested that this mutation resulted in
10 a neurologically normal phenotype expressing only some minor and inconsequential changes in the brain, more recent observations over the entire life span of the mouse indicated that it comprises an informative model for human late onset Tay Sachs disease (Yamanaka, et al., 1994). As in the human disease, the knock-out mice are HEXA deficient, but appear entirely normal until their adulthood (age of 12 months), at which
15 time they gradually develop signs reminiscent of the late onset, chronic form of human disease: limb spasticity, weight loss, tremors, abnormal posture with lordosis, possible visual impairment, and, late in the disease, muscle weakness, claspings of the limbs, and myoclonic twitches of the head (Miklyaeva, et al., 2004). Of note is the finding that progression of the neurological deficit is slow and parallels the increasing storage of
20 GM2 ganglioside.

Experimental plan:

1) Genotyping is performed by PCR using genomic DNA extracted from tails and specific primers.

2) Protocols for injection of G-CSF-HEXA and unconjugated HEXA and
25 preparation of brain tissue for the measurement of enzyme activity are as described infra.

3) β -hexosaminidase activity is assessed separately for HEXA and HEXB, using substrates recognized by the alpha (HEXA) or beta (HEXB) subunit of the enzyme. Dosing is determined empirically.

Example 9: Long term delivery of G-CSF-HEXA

G-CSF-HEXA is shown to increase brain HEXA activity in Tay Sachs mice, therefore chronic treatment should result in reduced accumulation of GM2 in the brain.

Experimental Plan:

- 5 G-CSF-HEXA conjugate is delivered through osmotic mini-pumps (Alzet[®]) implanted under the skin or repeated daily to weekly intraperitoneal injections. Calculated initial dose is double of that found effective in intravenous acute delivery experiments. Blood HEXA is determined to see that proper increase in circulating HEXA has been achieved through the infusion pump system or the intraperitoneal injections.
- 10 Comparisons between brain histology, immunohistochemistry for HEXA and GM2, HEXA/ beta hexosaminidase activities between and GM2 content in HEXA-/- mice receiving G-CSF/HEXA conjugate, HEXA alone or placebo are made.

Example 10: Preparatory steps towards the biosynthesis of HEXA and initial biosynthesis of HEXA species

- 15 HEXA cDNA was first sub-cloned and re-sequenced to exclude potential deleterious mutations prior to the production of the HEXA polypeptide. A HIS-fusion construct (cleavable HIS tag) of the alpha subunit was then generated and the gene was cloned into a baculovirus expression vector; followed by screening (through restriction digest analysis) of the new constructs; sequence analysis of the selected clone and
- 20 finally, expression of the vector in insect cells. The resultant soluble (SOL) and insoluble (INSOL) protein expression was estimated using SDS PAGE (Coomassie stained) and Western Blot analysis for protein expression, with antibodies directed against the HIS-tag (Fig. 4). Table 2 provides a brief description of the samples loaded in the wells.

Table 2.

Lane	Sample description
1	MARKER
2	0 Hr SOL 0.3%
3	24 Hr SOL 0.3%
4	48 Hr SOL 0.3 %
5	0 Hr SOL 3.0%
6	24 Hr SOL 3.0%

7	48 Hr SOL3.0%
8	SPACE
9	MARKER
10	0 Hr INSOL 0.3%
11	24 Hr INSOL 0.3%
12	48 Hr INSOL 0.3 %
13	0 Hr INSOL 3.0%
14	24 Hr INSOL 3.0%
15	48 Hr INSOL3.0%

The expected 64 kD bands corresponding to the HIS-tagged HEXA can be seen. To explore the best purification method for this protein, two separate expression experiments were used, one of which was treated with urea and the other with NP40 detergent at time of lysis. Each was then run on a Ni-NTA column. Half of each pooled sample was dialyzed to remove the imidazole. The results of urea-treated samples are not shown. Total protein yield following this initial purification was 2.2-2.57 mg/ ml.

Example 11: Preparation of "model" G-CSF-based conjugates: G-CSF/ Chloramphenicol Acetyl Transferase conjugate and G-CSF/ beta galactosidase conjugate

To test the feasibility of G-CSF-based conjugation strategy, a G-CSF conjugate with Chloramphenicol Acetyl Transferase (CAT) was generated. This "model conjugate" was a means to assess the possibility that G-CSF-based conjugates can cross the BBB, such that CAT, a 25kD protein (which usually functions only as a 75kD trimer) can be subsequently detected in the target tissue, specifically brain tissue.

For the conjugation procedure, the SPDP reagent having two reactive groups: NHS ester, which is reactive towards amino residues, and pyridyldithiol, which reacts with sulfhydryl groups, was used. Protein modification was done by adding SPDP in excess (5 fold) to G-CSF or to CAT. Excess SPDP was removed by gel filtration (SephadexTM G-25 equilibrated with buffer phosphate PH 7.2 0.008% TweenTM 80) for G-CSF and by dialysis with buffer phosphate (PH 7.2) for CAT. At the second step, the SPDP-G-CSF mixture was reduced with DTT and excess DTT was removed by gel filtration. The G-CSF-containing SH group was then combined with CAT-SPDP at a molar ratio of 1:1. The conjugation mixture was incubated for 1h at room temperature, and stored at -20°C.

The presence of both G-GSF and CAT in the conjugate was confirmed by immunoprecipitation with a G-CSF antibody followed by western blotting of the immunopurified product with an anti-CAT antibody.

Example 12: Detection of CAT within the mouse brain following peripheral
5 (intravenous) injection of G-CSF/ CAT conjugate

Evidence that G-CSF can transport the bacterial CAT enzyme into the mouse brain is shown in Figs. 6-7. Mice were anaesthetized and the jugular vein was cannulated. The G-CSF/ CAT conjugate, (60µg of G-CSF at the pre-conjugation phase/100gr BW) was injected via the jugular vein as a bolus of 100µL. Two hours later,
10 a needle was inserted into the left ventricle and a catheter was placed to drain the right atrium. To remove the entire blood volume containing the injected conjugate, PBS solution was infused into the left ventricle (total of ~15-20ml) and blood was drained through the right atrial catheter until the effluent was entirely clear of blood. Brain tissue was collected from various areas.

15 Tissue was homogenized and extracted for Western blotting using a monoclonal anti-CAT antibody (ab5410, Abcam). Western blots from the cerebellum (left panel) and olfactory bulb (right panel) from a control (Con) mouse receiving vehicle only and from two mice receiving G-CSF/ CAT conjugate (R1, R2) are shown in Fig. 5. The CAT bands found in brain homogenates are marked by arrows. The difference between control
20 and treated mice as quantified by optical densitometry is indicated "Optical lvl" in arbitrary relative units.

Figs. 6 and 7 depict detection of CAT in the mouse brain following peripheral intravenous injection of the G-CSF/CAT conjugate by an immunofluorescence study using anti-CAT antibodies. Fig. 6A-6C depict immunofluorescence detection of CAT in
25 the mouse brain, following peripheral injection of a G-CSF/CAT conjugate, using anti-CAT antibodies (Sigma 1:2000 dilution) as the primary antibody and FITC-goat anti-rabbit IgG (H+L) conjugate as the secondary antibody at a dilution of 1:100. Brain slices (15µM; cryosection) from control (6A) and G-CSF/CAT conjugate-treated mice (6B and 6C)) are shown, and staining represents CAT within the brain.

30 Figure 7A, represents untreated mouse brain, figure 7B the represents mouse brain following IV injection of a CAT-GCSF conjugate (x10 magnification) and figure

7C represents an enlarged segment of the sample presented in the 7B (x40 magnification).

Example 13: Preparation of G-CSF/ β -galactosidase conjugate (G-CSF/ β -gal) and detection of increased brain β galactosidase activity in the mice injected with the G-CSF/ β -gal conjugate

A G-CSF/ β -gal conjugate was prepared based on the same principles described for the G-CSF/CAT conjugate. Fig. 8A and 8B show β -gal activity in the brain following peripheral injection of conjugated and unconjugated enzyme. The brain tissue was extracted with Promega lysis buffer, followed by homogenization. The homogenate was centrifuged for 10 min at 12,000g, and the supernatant was used to measure β -galactosidase activity with the Promega Beta-Glo® assay kit a method used to quantitate β -galactosidase activity by addition of reagent consisting of the enzyme substrate and providing a bright luminescent signal light units that can be measured with a luminometer. Relative light emitted measured was normalized to the protein content in the organ extract measured by the BCA. The results provide further evidence for the ability of G-CSF to serve as a transport for large proteins, in this case β -gal (MW~116kD). The dotted lines represent the activity of the G-CSF- β -gal conjugate; the dashed line represents β -gal; the solid lines represent the negative control levels.

While certain embodiments of the invention have been illustrated and described, it will be clear that the invention is not limited to the embodiments described herein.

REFERENCES

- 25 Akli, S., Guidotti, J.E., Vigne, E., Perricaudet, M., Sandhoff, K., Kahn, A., Poenaru, L. Restoration of hexosaminidase A activity in human Tay-Sachs fibroblasts via adenoviral vector-mediated gene transfer. Gene Ther. 1996 ;3:769-774.

Brady, R.O., Schiffmann, R., Enzyme-replacement therapy for metabolic storage disorders. Lancet Neurol. 2004 ;3:752-756.

Burguera, B., Couce, M.E., Long, J., Lamsam, J., Jensen, M.D., Parisi, J.E., Lloyd, R.V. The long form of the leptin receptor (OB-Rb) is widely expressed in the human brain. *Neuroendocrinology*, 2000; 61:187-195.

Conzelmann, E., Sandhoff, K. Partial enzyme deficiencies: residual activities and the development of neurological disorders. *Dev Neurosci*. 1983;84;6:58-71.

Creighton, T. E. (1984) *Protein: Structures and Molecular Properties*, pp. 55-60, W. H. Freeman and Co. New York, N.Y.

Dietz, G.P., Bahr, M. Delivery of bioactive molecules into the cell: the Trojan horse approach. *Mol Cell Neurosci*. 2004 ;27:85-131

Guidotti, J., Akli, S., Castelnau-Ptakhine, L., Kahn, A., Poenaru, L. "Retrovirus-mediated enzymatic correction of Tay-Sachs defect in transduced and non-transduced cells." *Hum Mol Genet*. 1998 ;7:831-838.

Lacorazza, H.D., Flax, J.D., Snyder E.Y., Jendoubi, M. Expression of human beta-hexosaminidase alpha-subunit gene (the gene defect of Tay-Sachs disease) in mouse brains upon engraftment of transduced progenitor cells. *Nat Med*. 1996 ;2:424-429.

Mahuran, D.J. The biochemistry of HEXA and HEXB gene mutations causing GM2 gangliosidosis. *Biochim Biophys Acta*. 1991; 22;1096:87-94.

Mahuran, D.J. Biochemical consequences of mutations causing the GM2 gangliosidoses. *Biochim Biophys Acta*. 1999 ;1455:105-138.

Miklyaeva, E.I., Dong, W., Bureau, A., Fattahie, R., Xu, Y., Su, M., Fick, G.H., Huang, J.Q., Igdoura, S., Hanai, N., Gravel, R.A. Late onset Tay-Sachs disease in mice with targeted disruption of the Hexa gene: behavioral changes and pathology of the central nervous system. *Brain Res*. 2004; 19;1001:37-50.

Moos, T., Morgan, E.H.: Restricted transport of anti-transferrin receptor antibody (OX26) through the blood-brain barrier in the rat. *J Neurochem*. 2001; 79:119-129.

Myerowitz, R., Piekarz, R., Neufeld, E.F., Shows, T.B., Suzuki, K. Human beta-hexosaminidase alpha chain: coding sequence and homology with the beta chain. *PNAS U S A*. 1985; 82:7830-7834.

Navon, R. Late-onset GM2 gangliosidosis and other hexosaminidase mutations among Jews. *Adv Genet*. 2001; 44:185-197.

Neudorfer, O., Pastores, G.M., Zeng, B.J., Gianutsos, J., Zaroff, C.M., Kolodny, E.H. Late-onset Tay-Sachs disease: phenotypic characterization and genotypic correlations in 21 affected patients. *Genet Med.* 2005; 7:119-123.

5 Pan et al "Efficient transfer of receptor-associated protein (RAP) across the blood-brain barrier", *J Cell Sci.* 117(Pt 21):5071-8, 2004)

Paulson, O. B. and Newman, E. A. Does the release of potassium from astrocyte endfeet regulate cerebral blood flow? *Science* .1987 ;237: 896–898.

Pardridge, W.M. Molecular biology of the blood-brain barrier. *Mol Biotechnol* . 2005;30(1):57-70.

10 Pennybacker. M., Liessem, B., Moczall, H., Tifft C.J., Sandhoff, K., Proia, R.L. Identification of domains in human beta-hexosaminidase that determine substrate specificity. *J Biol Chem.* 1996 ;271:17377-17382.

Pillai et al., Polymers in drug delivery. *Curr. Opin. Chem. Biol.* 2001; 5:447.

15 Sambrook et al., *Molecular Cloning: A Laboratory Manual*, Cold Springs Harbor Laboratory, New York, 1992.

Schabitz, W.R. et al.. Neuroprotective effect of granulocyte colony-stimulating factor after focal cerebral ischemia. *Stroke.*2003; 34:745-751.

20 Wu, D., Yang, J., Pardridge, W.M. Drug targeting of a peptide radiopharmaceutical through the primary blood-brain barrier in vivo with a monoclonal antibody to the human insulin receptor. *J Clin Invest.*1997 100: 1804–1812.

Yamanaka,. S, Johnson, M.D., Grinberg, A., Westphal, H., Crawley, J.N., Taniike, M., Suzuki, K., Proia, R.L. Targeted disruption of the Hexa gene results in mice with biochemical and pathologic features of Tay-Sachs disease. *PNAS USA* 1994; 91, 9975-9979.

25 Zhang, Y., Pardridge, W.M. Delivery of beta-galactosidase to mouse brain via the blood-brain barrier transferrin receptor. *J Pharmacol Exp Ther.* 2005; 313:1075-81.

WE CLAIM:

1. A chimeric protein for the delivery of a therapeutic enzyme across the blood brain barrier, the chimeric protein comprising a protein hormone covalently linked to a therapeutic enzyme, wherein the protein hormone is able to cross the blood brain barrier and is granulocyte colony stimulating factor (G-CSF) or a fragment thereof having the amino acid sequence as set forth in any one of SEQ ID NOS:5-6 and 9-10; and the therapeutic enzyme is an enzyme whose deficiency is linked to a lysosomal storage disease, said therapeutic enzyme is selected from the group consisting of β -hexosaminidase A or a fragment thereof having the amino acid sequence as set forth in any one of SEQ ID NO:13 to SEQ ID NO:16 and SEQ ID NO:21, and β -galactosidase having the amino acid sequence as set forth in SEQ ID NO:29.
2. The chimeric protein according to claim 1, wherein the chimeric protein is capable of passing through the blood-brain barrier and entering a lysosome of a cell within the central nervous system.
3. The chimeric protein according to claim 1, wherein the protein hormone is G-CSF having the amino acid sequence as set forth in SEQ ID NO:5 or SEQ ID NO:9.
4. The chimeric protein according to claim 1, wherein the lysosomal storage disease is selected from the group consisting of GM1-gangliosidosis types I/III; GM2-gangliosidosis type I/Tay-Sachs disease; and GM2-gangliosidosis type II/Sandhoff disease.
5. The chimeric protein according to claim 4, wherein the Tay Sachs disease is late onset Tay Sachs disease (LOTS).
6. The chimeric protein according to claim 1, wherein the therapeutic enzyme is the alpha subunit of β -hexosaminidase A (HEXA) or a fragment thereof having the amino acid sequence as set forth in any one of SEQ ID NOS:13-16.
7. The chimeric protein according to claim 1, wherein said chimeric protein is selected from the group consisting of a protein conjugate and a fusion protein.

8. The chimeric protein according to claim 7 wherein the protein conjugate comprises G-CSF or a fragment thereof having the amino acid sequence as set forth in any one of SEQ ID NOS: 5-6 and 9-10, and HEXA or a fragment thereof having the amino acid sequence as set forth in any one of SEQ ID NOS:13-16.
9. The chimeric protein according to claim 8 wherein the chimeric protein comprises an amino acid sequence as set forth in any one of SEQ ID NOS:23-25.
10. The chimeric protein according to claim 1, wherein said protein hormone or fragment thereof and said therapeutic enzyme or fragment thereof are covalently linked by a linking molecule.
11. The chimeric protein according to claim 10, wherein said linking molecule comprises a disulfide bond.
12. The chimeric protein according to claim 7, wherein the fusion protein comprises G-CSF or a fragment thereof having the amino acid sequence as set forth in any one of SEQ ID NOS: 5-6 and 9-10 and the alpha subunit of β -hexosaminidase A or a fragment thereof having the amino acid sequence as set forth in any one of SEQ ID NOS:13-16.
13. A polynucleotide encoding the chimeric protein according to claim 1.
14. A recombinant construct comprising the polynucleotide according to claim 13.
15. A host cell comprising the recombinant construct according to claim 14.
16. A pharmaceutical composition comprising a molecule selected from the group consisting of a) the chimeric protein according to any one of claims 1-12, and b) the polynucleotide encoding the chimeric protein according to claim 13; and a pharmaceutically acceptable excipient or carrier.
17. The pharmaceutical composition according to claim 16 wherein the composition is formulated for administration in a form selected from the group consisting of topical, intranasal, subcutaneous, intramuscular, intravenous, intra-arterial, intraarticular, intralesional and parenteral.

18. The pharmaceutical composition according to claim 17 formulated for intravenous delivery.
19. The pharmaceutical composition according to claim 17 formulated for continuous delivery via an osmotic pump.
20. Use of the chimeric protein according to any one of claims 1-12 for the preparation of a medicament for the treatment of a lysosomal storage disease.
21. Use of the polynucleotide according to claim 13 for the preparation of a medicament for the treatment of a lysosomal storage disease.

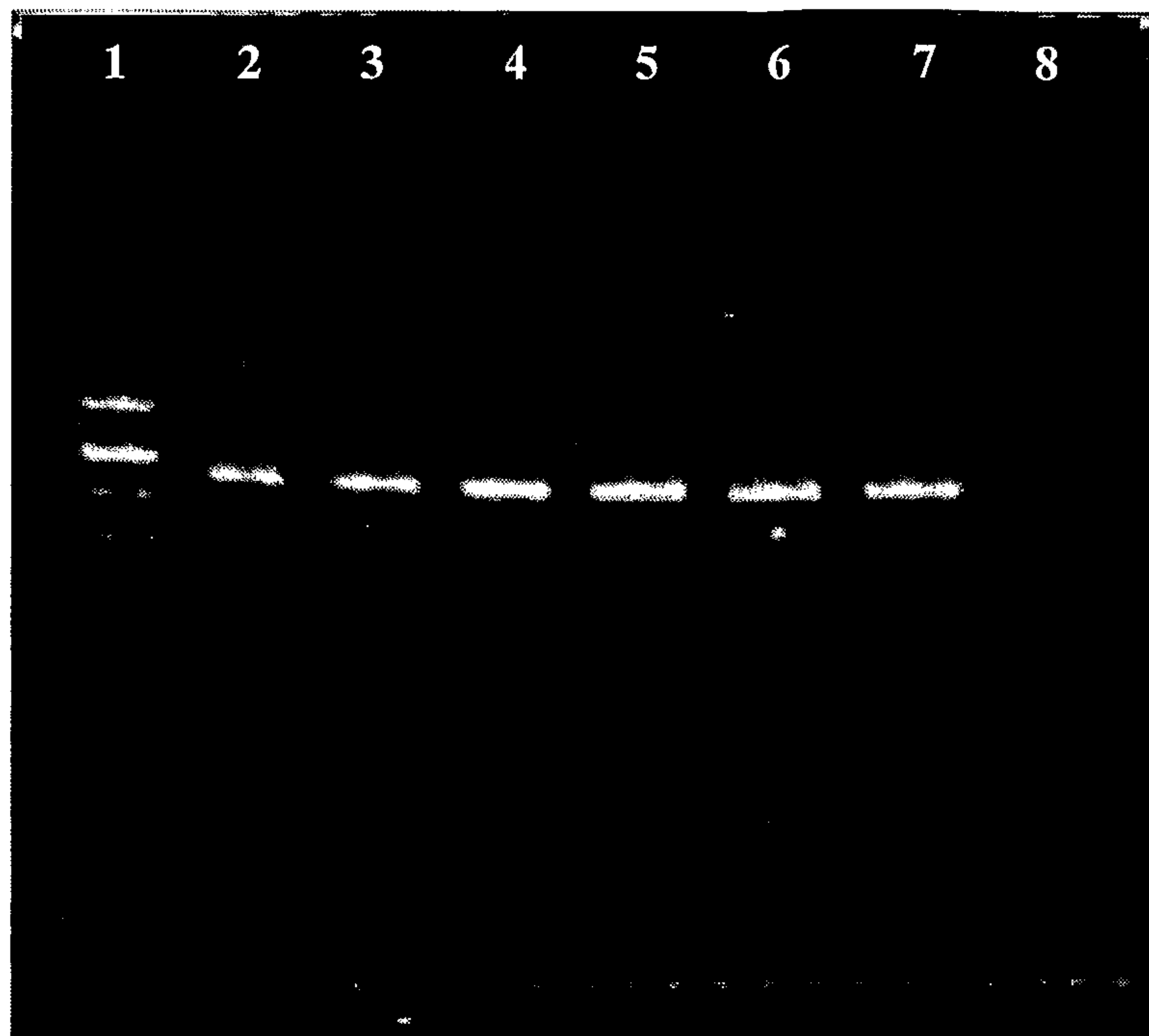
1/5

Figure 1

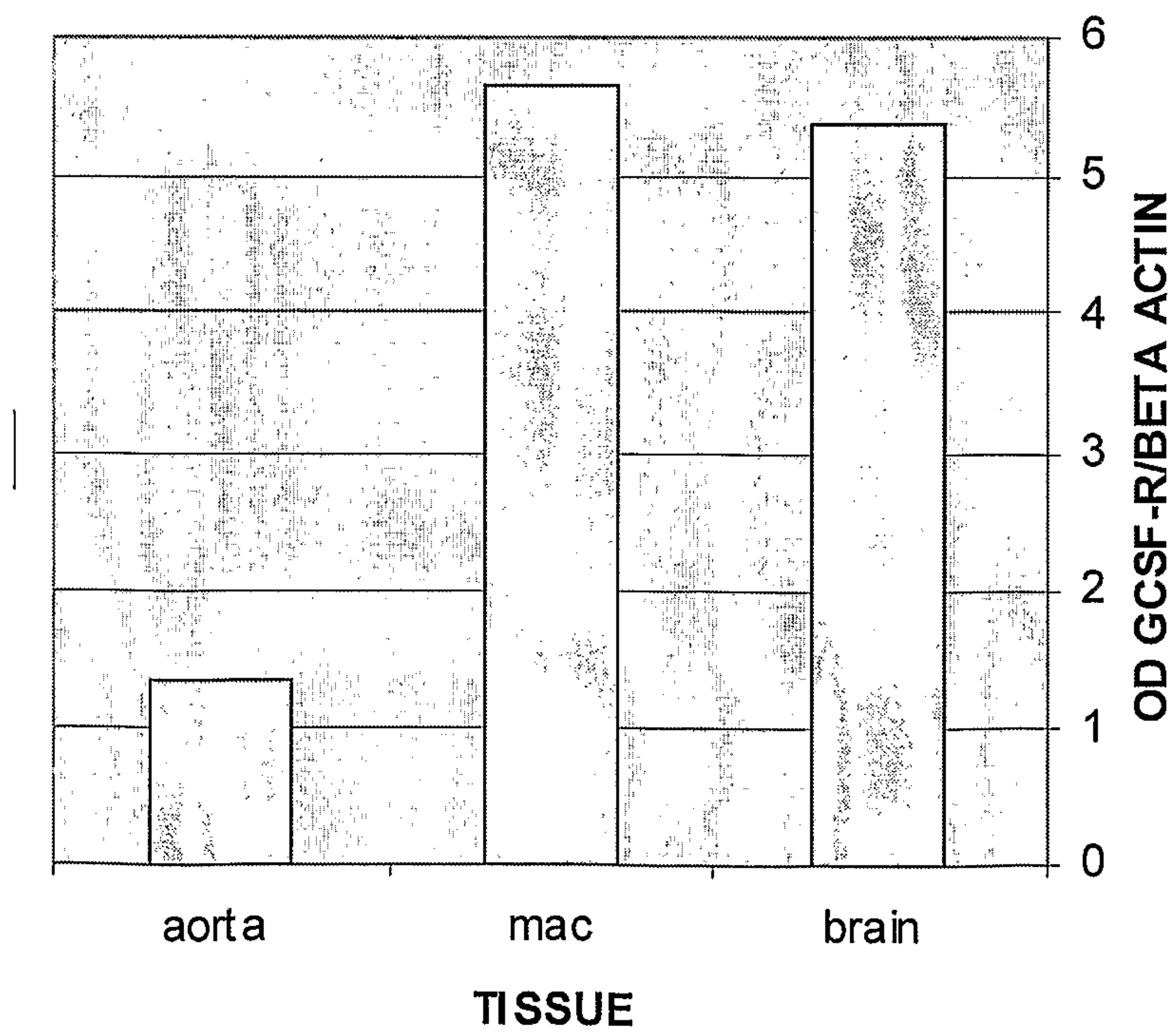


Figure 2

2/5

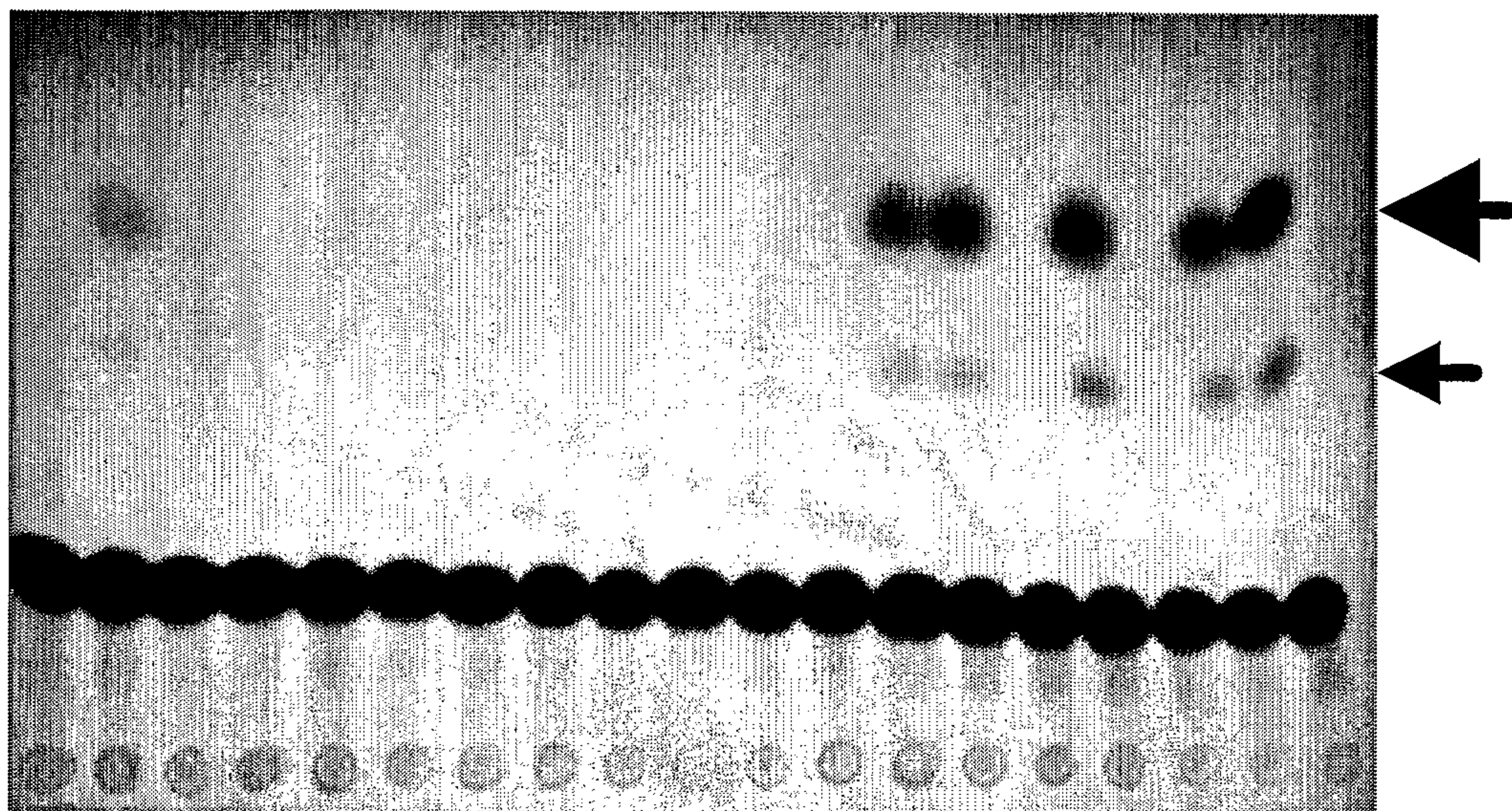


Figure 3

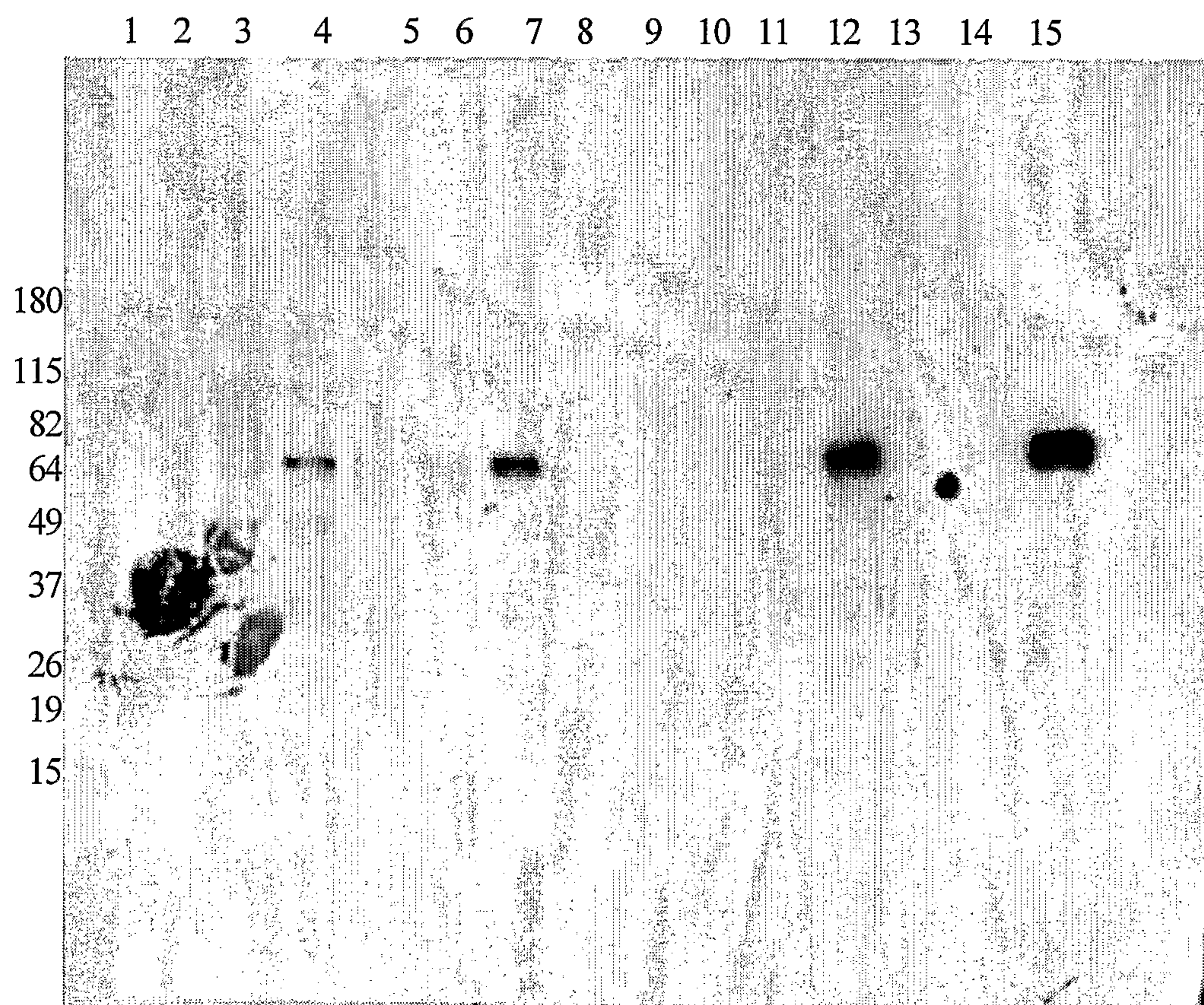
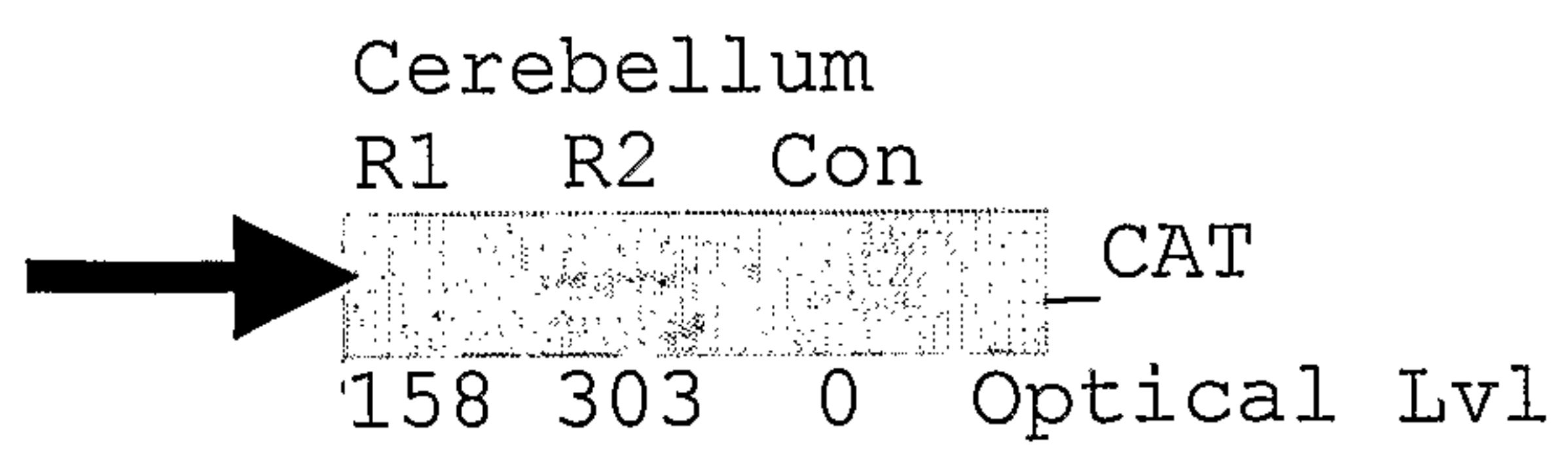
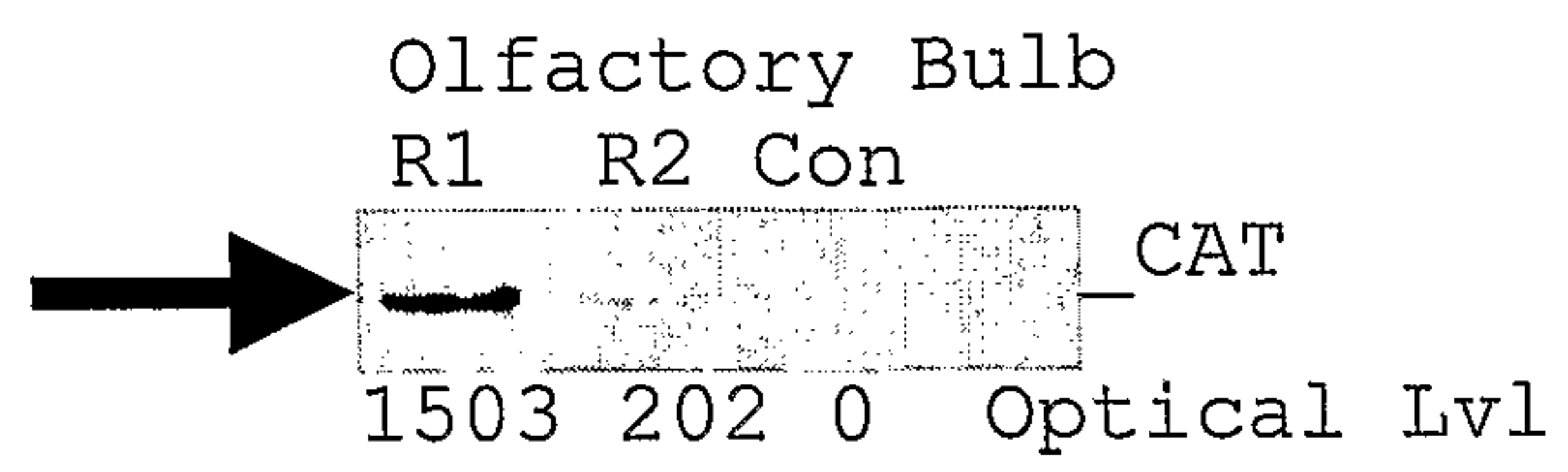
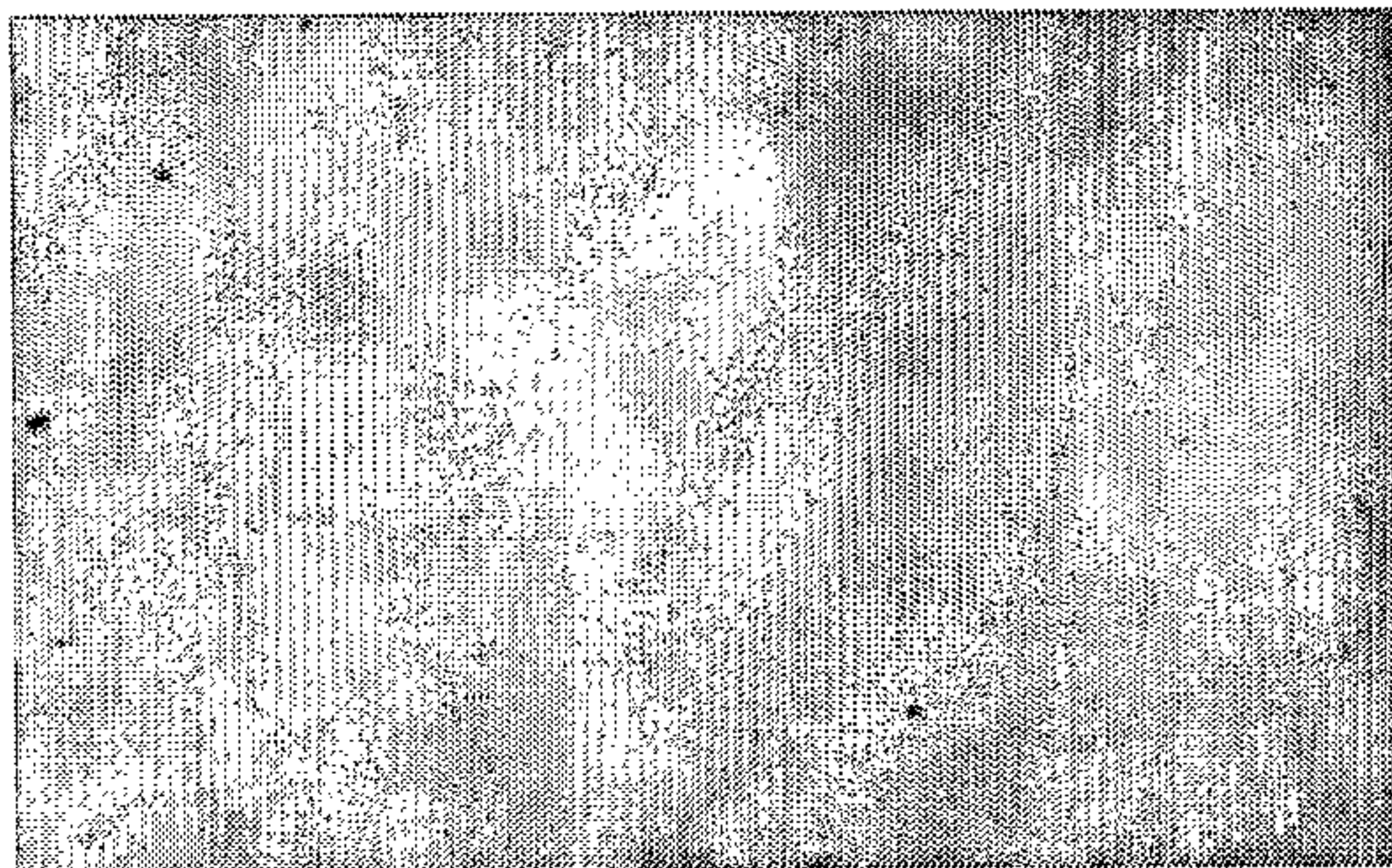
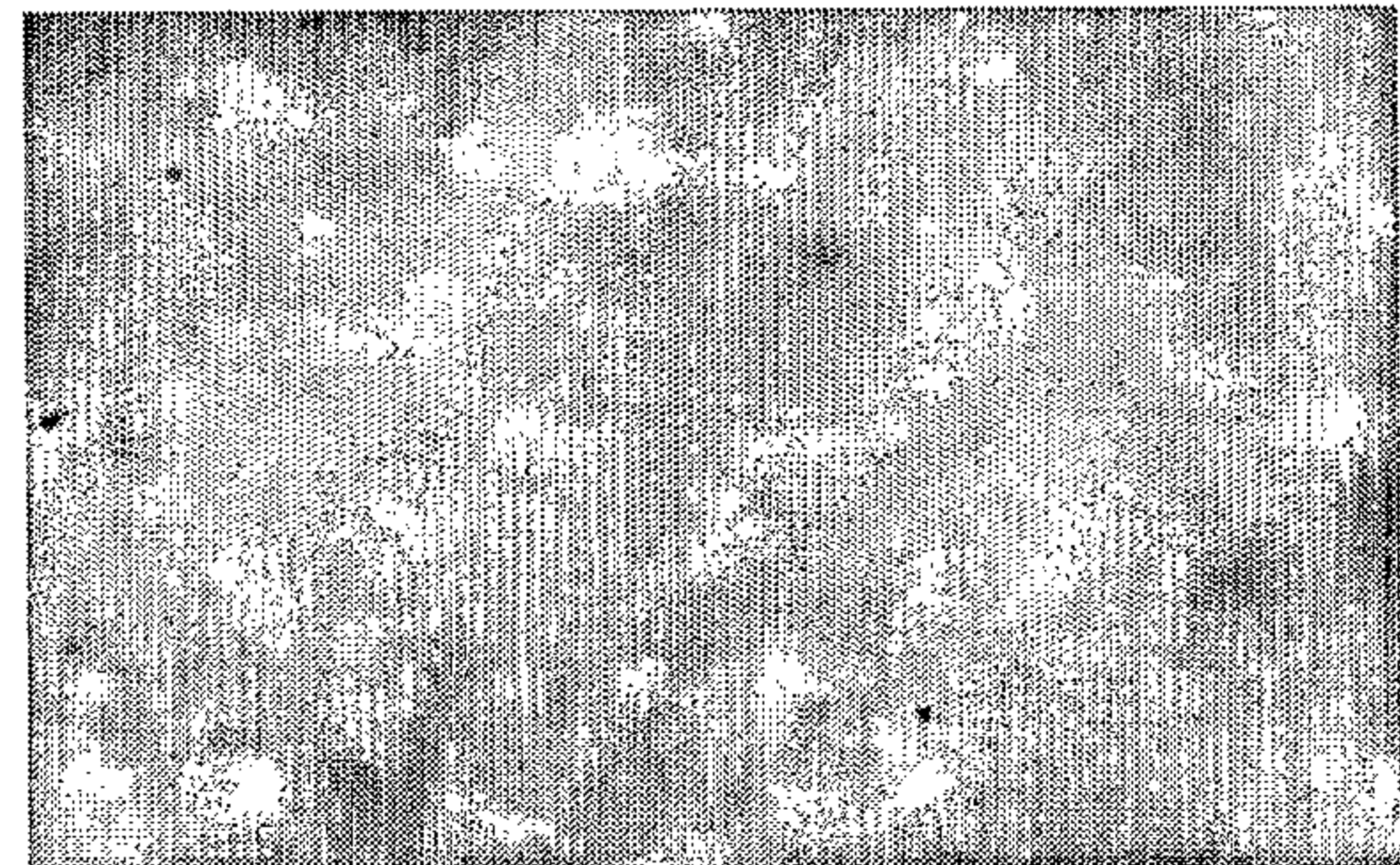
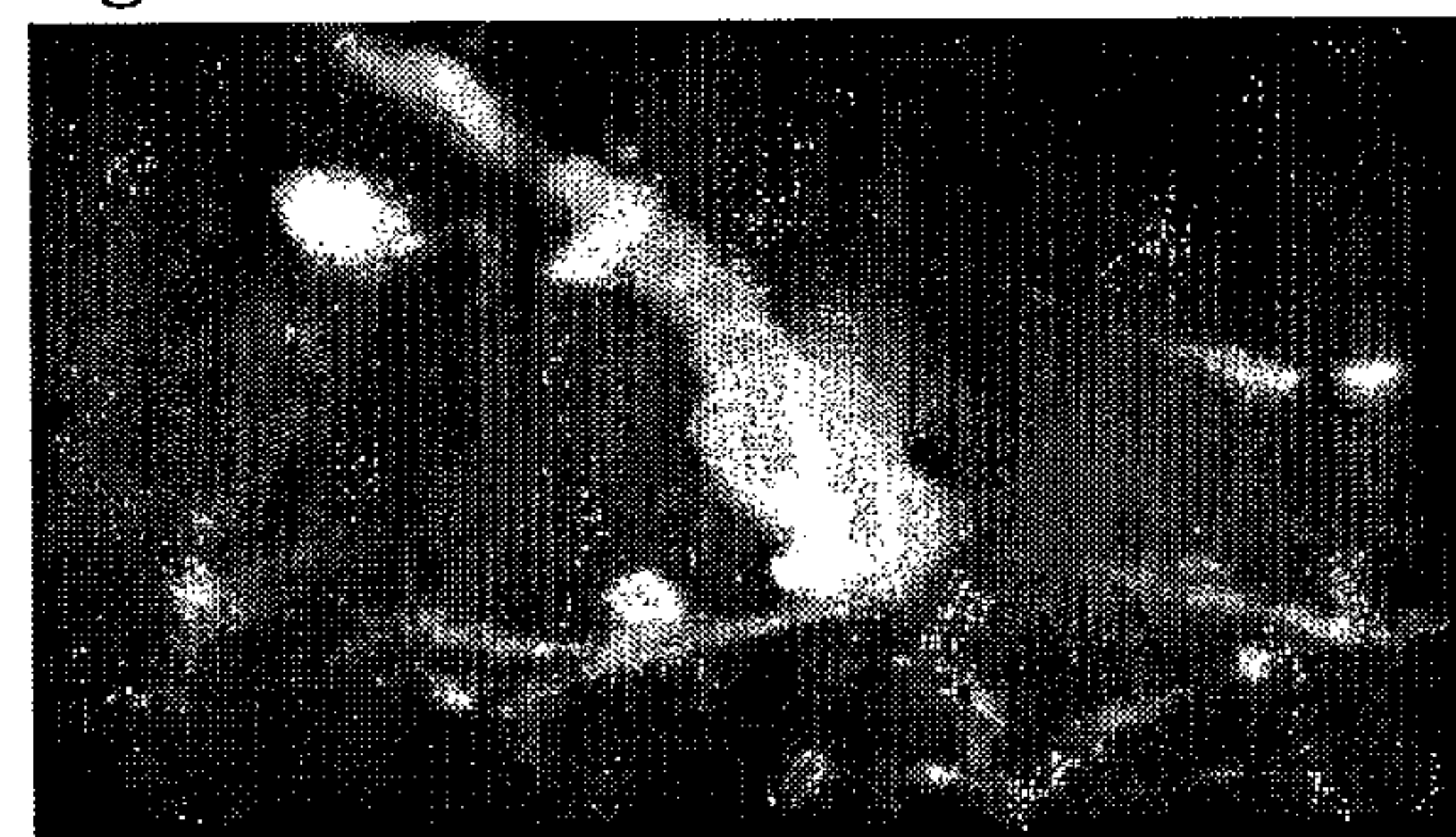


Figure 4

3/5

**Figure 5A****Figure 5B****Figure 6A****Figure 6B****Figure 6C**

4/5

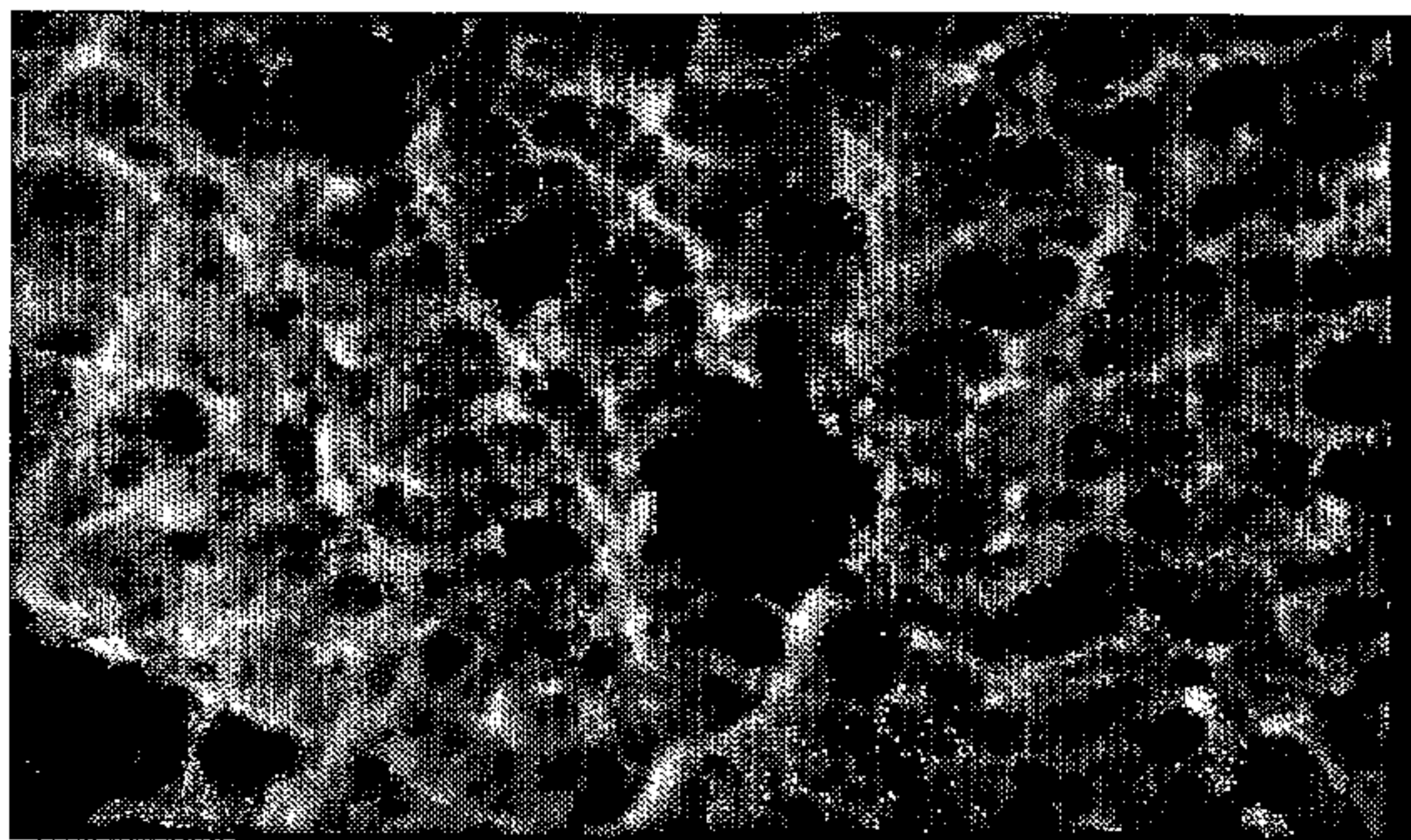


Figure 7A

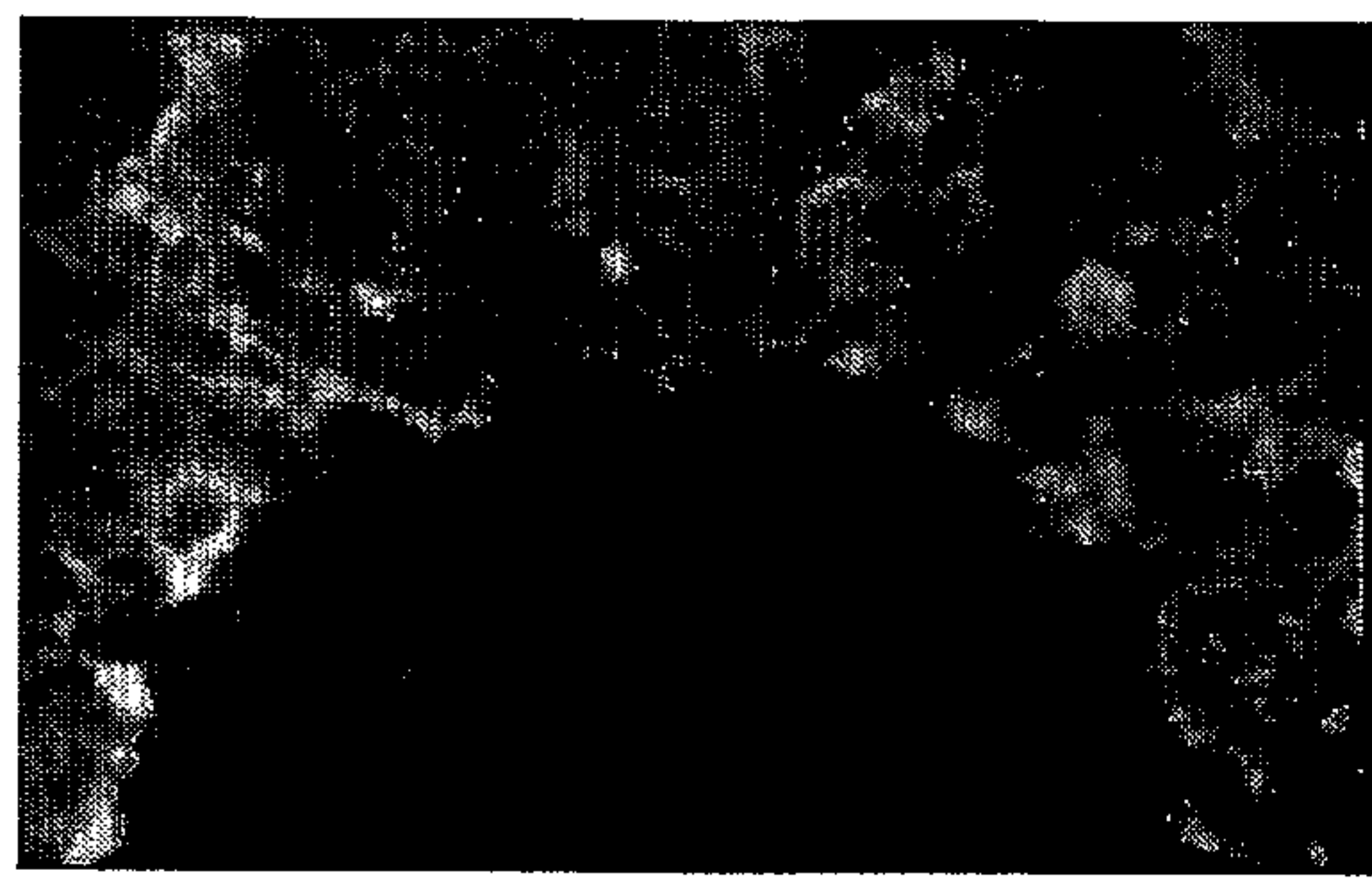


Figure 7B

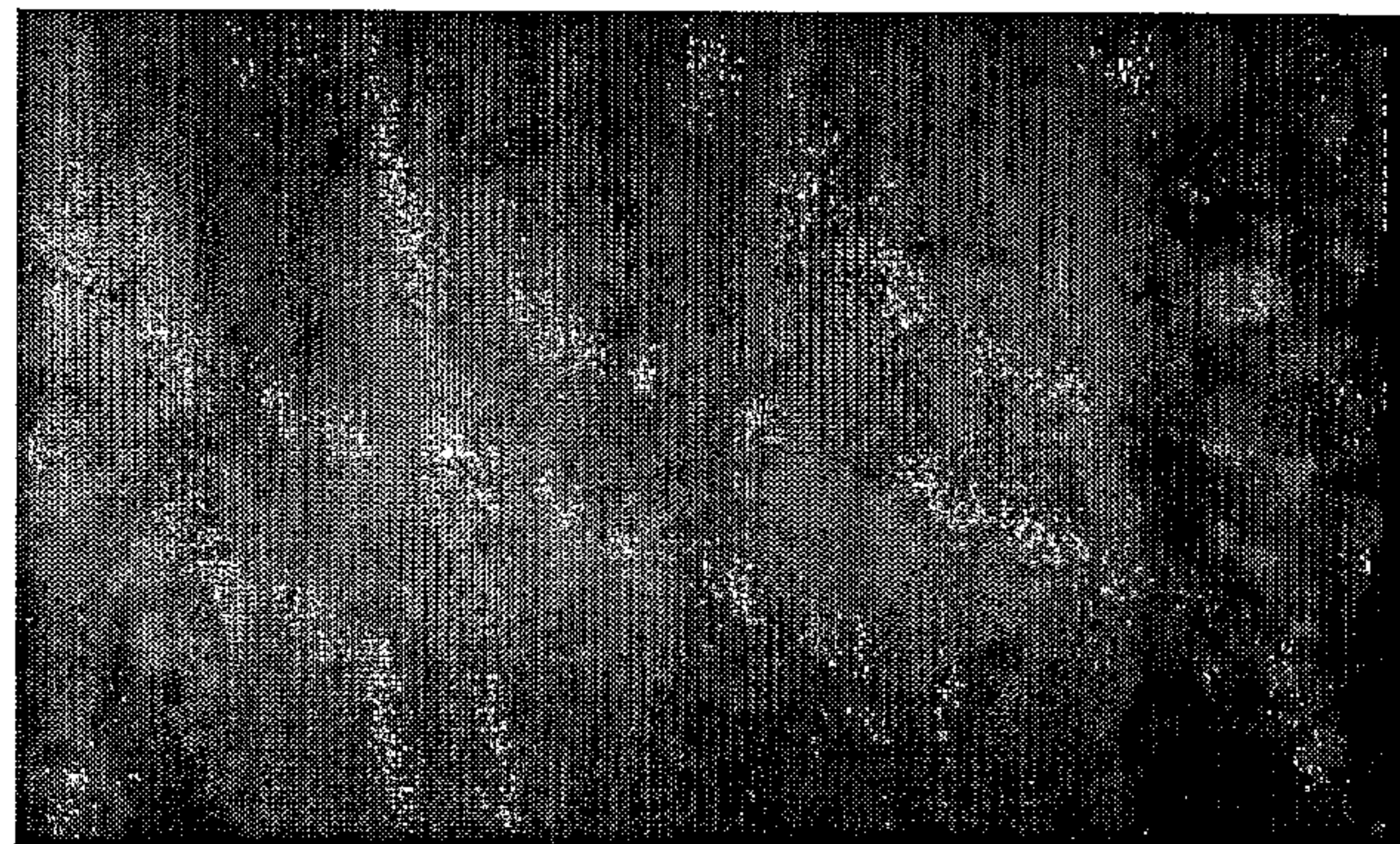


Figure 7C

5/5

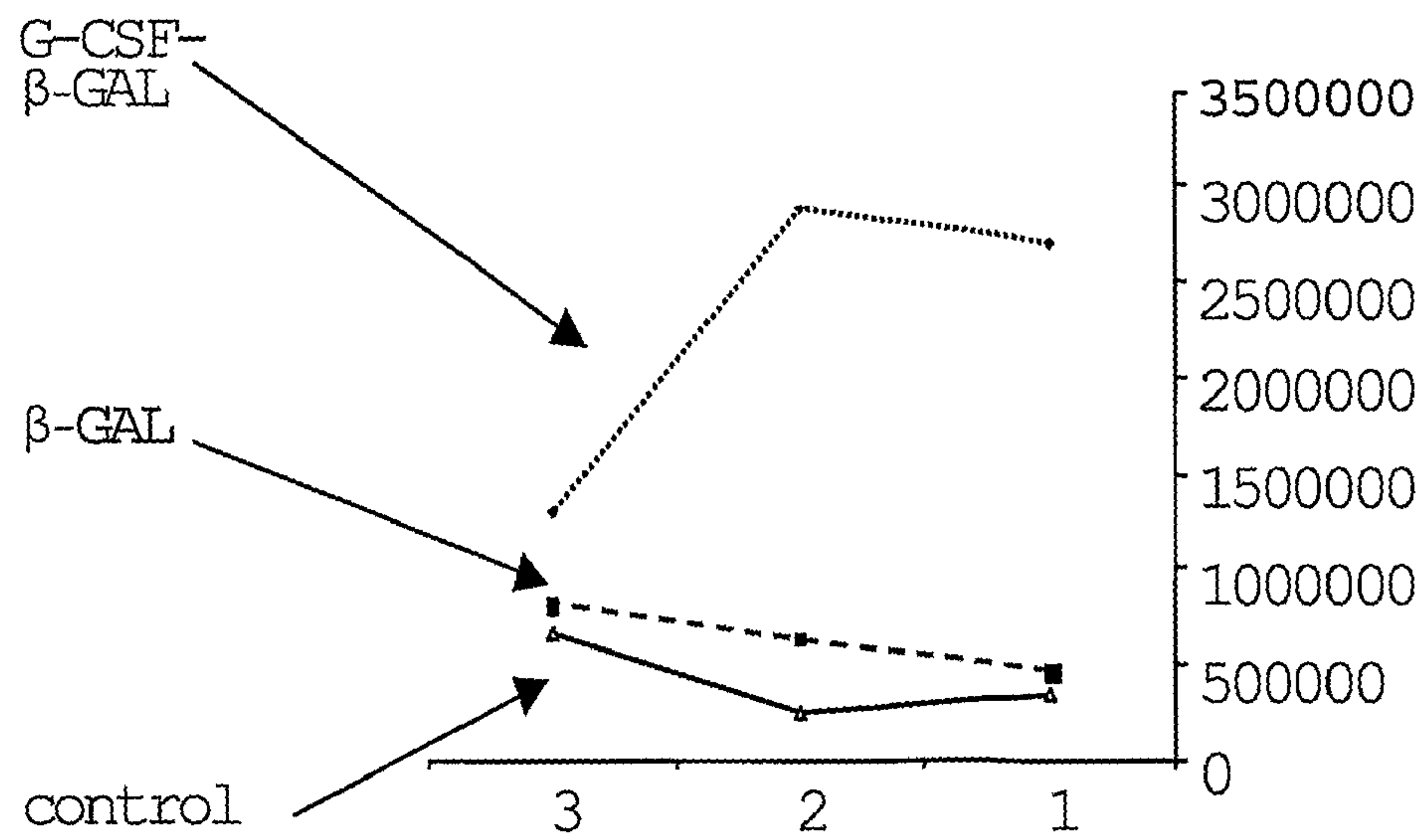


Figure 8A

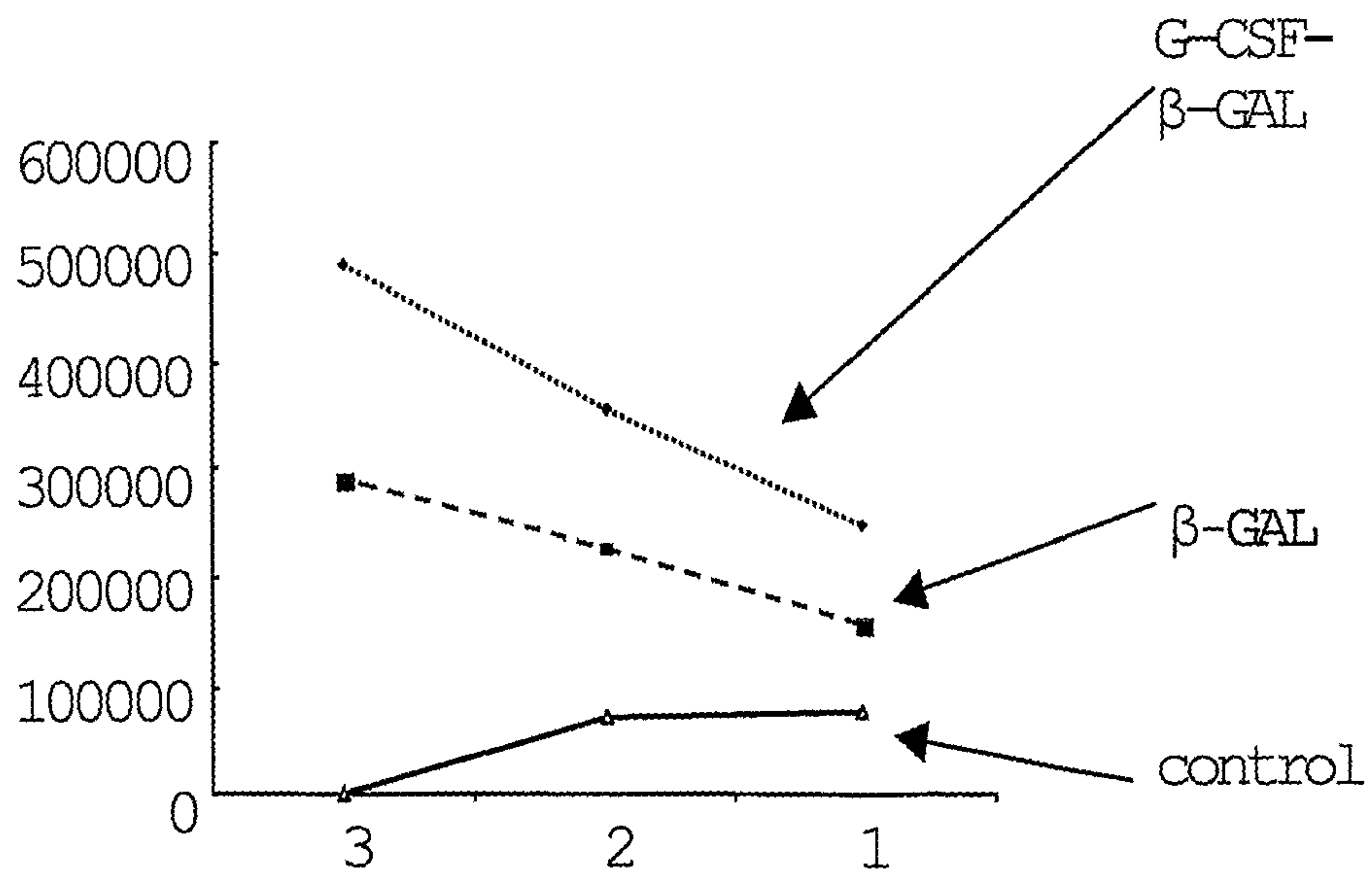


Figure 8B