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(54) Title: METHODS OF USING IL-1 ANTAGONISTS TO TREAT NEOINTIMAL HYPERPLASIA

(57) Abstract: Methods of using interleukin-1 (IL-1) antagonists to prevent or treat restenosis and other neointimal hyperplasia conditions, including atherosclerosis, vascular access dysfunction, hypertension and related vascular diseases are provided.

METHODS OF USING IL-1 ANTAGONISTS TO TREAT NEOINTIMAL HYPERPLASIA**BACKGROUND****Field of the Invention**

[0001] The invention relates to methods of using interleukin-1 (IL-1) antagonists to treat neointimal hyperplasia. In particular, the field of the invention is methods of treating restenosis and other neointimal hyperplasia conditions, including atherosclerosis, venous grafts of fistulae for hemodialysis, also known as vascular access dysfunction, bypass vein grafts, balloon angioplasty, hypertension, and related vascular diseases, using antagonists of IL-1-mediated biological activity.

Description of Related Art

[0002] Neointimal hyperplasia is the major complication associated with the progression of atherosclerotic plaques, chronic hypertension, and the injury response caused by surgical procedures treating vascular diseases, such as angioplasty and stenting. The activation of smooth muscle cells residing in the vessel wall stimulates their proliferation and migration into the intima area where they narrow the blood vessel and limit blood supply to the affected region. Surgical procedures to remove the neointima (endarterectomy) or to insert a solid support (stenting) have been the most effective treatments to correct the deficiency. Nonetheless, physical injury during these surgical procedures tends to accelerate neointima formation and cause the re-narrowing of the vessel, a process termed restenosis.

[0003] Tumor necrosis factor- α (TNF α) and interleukin-1 (IL-1) are inflammatory cytokines that stimulate expression of adhesion molecules and induce the synthesis of other pro-inflammatory cytokines. TNF α and IL-1 are also known to influence vascular smooth muscle cell migration and proliferation *in vitro*. Rectenwald et al. (2000) *Circulation* 102:1697-1702, have shown that TNF α and IL-1 modulate low shear stress-induced neointimal hyperplasia (NIH).

BRIEF SUMMARY OF THE INVENTION

[0004] In a first aspect, the invention features a method of treating, inhibiting, or ameliorating restenosis and other neointimal hyperplasia conditions, including atherosclerosis, vascular access dysfunction, hypertension and related vascular diseases, comprising administering to a subject in need an interleukin 1 (IL-1) antagonist. An IL-1 antagonist is a compound capable of blocking or inhibiting the biological action of IL-1, including fusion proteins capable of trapping IL-1, such as an IL-1 trap, interleukin-1 antagonist (IL-1ra), an anti-IL-1 antibody or fragment thereof, an anti-IL-1 receptor antibody or fragment thereof, a small molecule, or a nucleic acid capable of interfering with the expression of IL-1.

[0005] In a preferred embodiment, the IL-1 antagonist is an IL-1-specific fusion protein comprising two IL-1 receptor components and a multimerizing component, for example, an IL-1 trap described in U.S. patent publication No. 2003/0143697, published 31 July 2003, herein specifically incorporated by reference in its entirety. In a specific embodiment, the IL-1 trap is the fusion protein shown in SEQ ID NO:2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26. A preferred IL-1 trap is shown in SEQ ID NO:10. In another embodiment, the IL-1 antagonist is an antibody or antibody fragment capable of binding IL-1 α and/or IL-1 β . In another embodiment, the IL-1 antagonist is an anti-IL-1 receptor (IL-1R1 or IL-1RAcp), or a fragment thereof. In specific embodiments, the IL-1 antagonist is a modified IL-1 trap comprising one or more receptor components and one or more immunoglobulin-derived components specific for IL-1 and/or an IL-1 receptor. In another embodiment, the IL-1 antagonist is a modified IL-1 trap comprising one or more immunoglobulin-derived components specific for IL-1 and/or an IL-1 receptor. In another embodiment, the IL-1 antagonist is IL-1ra (SEQ ID NO:27 (full-length molecule); SEQ ID NO:28 (mature protein)). In yet another embodiment, the IL-1 antagonist is a nucleic acid capable of interfering with the expression of IL-1. Examples of IL-1 antagonist nucleic acids include, for example, antisense molecules, inhibitory ribozymes designed to catalytically cleave gene mRNA transcripts encoding IL-1 α , IL-1 β , IL-1R1, IL-1RAcp, or short interfering RNA (siRNA) molecules.

[0006] The subject being treated is most preferably a human suffering from or at risk for the development of restenosis and other neointimal hyperplasia conditions, including atherosclerosis, vascular access dysfunction, hypertension and related vascular diseases.

[0007] The method of the invention includes administration of the IL-1 antagonist by any means

known to the art, for example, subcutaneous, intramuscular, intranasal, intraarterial, intravenous, topical, transvaginal, transdermal, transanal administration or oral routes of administration.

[0008] In a second aspect, the invention features a method of preventing or inhibiting the development of restenosis in a subject in need thereof, comprising administering an IL-1 antagonist to a subject at risk for or suffering from restenosis, such that development of restenosis or the progression of the disease is inhibited.

[0009] In a third aspect, the invention features a method of preventing or inhibiting the development of atherosclerosis in a subject in need thereof, comprising administering an IL-1 antagonist to a subject at risk for or suffering from atherosclerosis, such that development of atherosclerosis or the progression of the disease is inhibited.

[0010] In a fourth aspect, the invention features a method of preventing or inhibiting the development of vascular access dysfunction in a subject in need thereof, comprising administering an IL-1 antagonist to a subject at risk for or suffering from vascular access dysfunction, such that development of vascular access dysfunction or the progression of the disease is inhibited.

[0011] In a fifth aspect, the invention features a method of inhibiting or ameliorating neointimal hyperplasia caused by hypertension and related vascular diseases, in a subject in need thereof, comprising administering an IL-1 antagonist to a subject at risk for or suffering from neointimal hyperplasia, such that development of neointimal hyperplasia or the progression of the disease is inhibited.

[0012] Accordingly, in a sixth aspect, the invention features pharmaceutical compositions comprising IL-1 antagonists with a pharmaceutically acceptable carrier. Such pharmaceutical compositions may comprise IL-1 traps or anti-IL-1 antibodies, antisense molecules, or siRNAs. The therapeutic methods of the invention may be treated with a combination of one or more IL-1 antagonists and a second therapeutic agent.

[0013] Other objects and advantages will become apparent from a review of the ensuing detailed description.

Brief Description of the Figures

[0014] Fig. 1 shows the inhibitory effect of the IL-1 trap IL-1RAcp-IL-R1-Fc on neointima proliferation. IEL= internal elastic lamina; EEL= external elastic lamina.

[0015] Fig.2 compares wildtype and IL-1R knockout (KO) animals on neointima proliferation.

[0016] Figs. 3-4 shows the effect of APOE KO mice transfected with IL-1 trap (Fig. 3) or an Fc control and IL-1R2 trap (Fig. 4).

DETAILED DESCRIPTION

[0017] Before the present methods are described, it is to be understood that this invention is not limited to particular methods, and experimental conditions described, as such methods and conditions may vary. It is also to be understood that the terminology used herein is for the purpose of describing particular embodiments only, and is not intended to be limiting, since the scope of the present invention will be limited only the appended claims.

[0018] As used in this specification and the appended claims, the singular forms "a", "an", and "the" include plural references unless the context clearly dictates otherwise. Thus for example, a reference to "a method" includes one or more methods, and/or steps of the type described herein and/or which will become apparent to those persons skilled in the art upon reading this disclosure and so forth.

[0019] Unless defined otherwise, all technical and scientific terms used herein have the same meaning as commonly understood by one of ordinary skill in the art to which this invention belongs. Although any methods and materials similar or equivalent to those described herein can be used in the practice or testing of the present invention, the preferred methods and materials are now described. All publications mentioned herein are incorporated herein by reference in their entirety.

General Description

[0020] The invention is based in part on the finding that administration of an agent capable of blocking or inhibiting IL-1-mediated biological activity is capable of decreasing, treating or preventing restenosis and other neointimal hyperplasia conditions, including atherosclerosis, vascular access dysfunction, hypertension and related vascular diseases. Thus, the invention provides for methods of decreasing, treating or preventing restenosis and other neointimal hyperplasia conditions in a mammal by administering an IL-1 antagonist, in particular, an IL-1 trap, IL-1ra or anti-IL-1 antibodies.

Definitions

[0021] By the term “blocker”, “inhibitor”, or “antagonist” is meant a substance that retards or prevents a chemical or physiological reaction or response. Common blockers or inhibitors include but are not limited to antisense molecules, antibodies, antagonists and their derivatives. More specifically, an example of an IL-1 blocker or inhibitor is an IL-1 antagonist including, but not limited to, IL-1 trap.

[0022] By the term “therapeutically effective dose” is meant a dose that produces the desired effect for which it is administered. The exact dose will depend on the purpose of the treatment, and will be ascertainable by one skilled in the art using known techniques (see, for example, Lloyd (1999) *The Art, Science and Technology of Pharmaceutical Compounding*).

IL-1 Trap Antagonists

[0023] Interleukin-1 (IL-1) traps are multimers of fusion proteins containing IL-1 receptor components and a multimerizing component capable of interacting with the multimerizing component present in another fusion protein to form a higher order structure, such as a dimer. Cytokine traps are a novel extension of the receptor-Fc fusion concept in that they include two distinct receptor components that bind a single cytokine, resulting in the generation of antagonists with dramatically increased affinity over that offered by single component reagents. In fact, the cytokine traps that are described herein are among the most potent cytokine blockers ever described. Briefly, the cytokine traps called IL-1 traps are comprised of the extracellular domain of human IL-1R Type I (IL-1RI) or Type II (IL-1RII) followed by the extracellular domain of human IL-1 Accessory protein (IL-1AcP), followed by a multimerizing component. In a preferred embodiment, the multimerizing component is an immunoglobulin-derived domain, such as, for example, the Fc region of human IgG, including part of the hinge region, the CH2 and CH3 domains. Alternatively, the IL-1 traps are comprised of the extracellular domain of human IL-1AcP, followed by the extracellular domain of human IL-1RI or IL-1RII, followed by a multimerizing component. For a more detailed description of the IL-1 traps, see WO 00/18932, which publication is herein specifically incorporated by reference in its entirety. Preferred IL-1 traps have the amino acid sequence shown in SEQ ID NOs: 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, and 26.

[0024] In specific embodiments, the IL-1 antagonist comprises an antibody fragment capable of

binding IL-1 α , IL-1 β , IL-1R1 and/or IL-1RAcp, or a fragment thereof. One embodiment of an IL-1 antagonist comprising one or more antibody fragments, for example, single chain Fv (scFv), is described in U.S. 6,472,179, which publication is herein specifically incorporated by reference in its entirety. In all of the IL-1 antagonist embodiments comprising one or more antibody-derived components specific for IL-1 or an IL-1 receptor, the components may be arranged in a variety of configurations, e.g., a IL-1 receptor component(s)-scFv(s)-multimerizing component; IL-1 receptor component(s)-multimerizing component-scFv(s); scFv(s)-IL-1 receptor component(s)-multimerizing component, etc., so long as the molecule or multimer is capable of inhibiting the biological activity of IL-1. In another embodiment, the IL-1 antagonist is IL-1ra, including the full length protein of SEQ ID NO:27 or the mature protein of SEQ ID NO:28.

Anti-IL-1 Human Antibodies and Antibody Fragments

[0025] In another embodiment of the IL-1 antagonist useful in the method of the invention, examples of anti-IL-1 antibodies are disclosed in US 4,935,343; US 5,681,933; WO 95/01997; EP 0267611, US 6,419,944; WO 02/16436 and WO 01/53353. The IL-1 antagonist of the invention may include an antibody or antibody fragment specific for an IL-1 ligand (e.g., IL-1 α or IL-1 β) and/or an IL-1 receptor (e.g., IL-1R1 and/or IL-1RAcp). Antibody fragments include any fragment having the required target specificity, e.g. antibody fragments either produced by the modification of whole antibodies (e.g. enzymatic digestion), or those synthesized *de novo* using recombinant DNA methodologies (scFv, single domain antibodies or dAbs, single variable domain antibodies) or those identified using human phase display libraries (see, for example, McCafferty et al. (1990) Nature 348:552-554). Alternatively, antibodies can be isolated from mice producing human or human-mouse chimeric antibodies using standard immunization and antibody isolation methods, including but not limited to making hybridomas, or using B cell screening technologies, such as SLAM. Immunoglobulin binding domains also include, but are not limited to, the variable regions of the heavy (V_H) or the light (V_L) chains of immunoglobulins.

[0026] The term "antibody" as used herein refers to a polypeptide comprising a framework region from an immunoglobulin gene or fragments thereof that specifically binds and recognizes an antigen. The recognized immunoglobulin genes include the kappa, lambda, alpha, gamma, delta, epsilon, and mu constant regions, as well as the myriad immunoglobulin variable region genes. Light chains are classified as either kappa or lambda. Heavy chains are classified as gamma, mu,

alpha, delta, or epsilon, which in turn define the immunoglobulin classes, IgG, IgM, IgA, IgD, and IgE, respectively. Within each IgG class, there are different isotypes (eg. IgG₁, IgG₂, IgG₃, IgG₄). Typically, the antigen-binding region of an antibody will be the most critical in determining specificity and affinity of binding.

[0027] An exemplary immunoglobulin (antibody) structural unit comprises a tetramer. Each tetramer is composed of two identical pairs of polypeptide chains, each pair having one light chain (about 25 kD) and one heavy chain (about 50-70 kD). The N-terminus of each chain defines a variable region of about 100-110 or more amino acids primarily responsible for antigen recognition. The terms "variable light chain" (V_L) and variable heavy chain (V_H) refer to these light and heavy chains respectively.

[0028] Antibodies exist as intact immunoglobulins, or as a number of well-characterized fragments produced by digestion with various peptidases. For example, pepsin digests an antibody below the disulfide linkages in the hinge region to produce F(ab)₂, a dimer of Fab which itself is a light chain joined to V_H-C_H1 by a disulfide bond. The F(ab)₂ may be reduced under mild conditions to break the disulfide linkage in the hinge region, thereby converting the F(ab)₂ dimer into an Fab' monomer. The Fab' monomer is essentially Fab with part of the hinge region. While various antibody fragments are defined in terms of the digestion of an intact antibody, one of skill will appreciate that such fragments may be synthesized *de novo* either chemically or by using recombinant DNA methodology.

[0029] Methods for preparing antibodies are known to the art. See, for example, Kohler & Milstein (1975) *Nature* 256:495-497; Harlow & Lane (1988) Antibodies: a Laboratory Manual, Cold Spring Harbor Lab., Cold Spring Harbor, NY). The genes encoding the heavy and light chains of an antibody of interest can be cloned from a cell, e.g., the genes encoding a monoclonal antibody can be cloned from a hybridoma and used to produce a recombinant monoclonal antibody. Monoclonal antibodies can be humanized using standard cloning of the CDR regions into a human scaffold. Gene libraries encoding human heavy and light chains of monoclonal antibodies can also be made from hybridoma or plasma cells. Random combinations of the heavy and light chain gene products generate a large pool of antibodies with different antigenic specificity. Techniques for the production of single chain antibodies or recombinant antibodies (US 4,946,778; US 4,816,567) can be adapted to produce antibodies used in the fusion proteins and methods of the instant invention. Also, transgenic mice, or other organisms such as other

mammals, may be used to express human, human-mouse chimeric, or humanized antibodies. Alternatively, phage display technology can be used to identify human antibodies and heteromeric Fab fragments that specifically bind to selected antigens.

Antibody Screening and Selection

[0030] Screening and selection of preferred antibodies can be conducted by a variety of methods known to the art. Initial screening for the presence of monoclonal antibodies specific to a target antigen may be conducted through the use of ELISA-based methods, for example. A secondary screen is preferably conducted to identify and select a desired monoclonal antibody for use in construction of the multi-specific fusion proteins of the invention. Secondary screening may be conducted with any suitable method known to the art. One preferred method, termed "Biosensor Modification-Assisted Profiling" ("BiaMAP") is described in co-pending USSN 60/423,017 filed 01 Nov 2002, herein specifically incorporated by reference in its entirety. BiaMAP allows rapid identification of hybridoma clones producing monoclonal antibodies with desired characteristics. More specifically, monoclonal antibodies are sorted into distinct epitope-related groups based on evaluation of antibody:antigen interactions. Antibodies capable of blocking either a ligand or a receptor may be identified by a cell based assay, such as a luciferase assay utilizing a luciferase gene under the control of an NF κ B driven promoter. Stimulation of the IL-1 receptors by IL-1 ligands leads to a signal through NF κ B thus increasing luciferase levels in the cell. Blocking antibodies are identified as those antibodies that blocked IL-1 induction of luciferase activity.

Antisense Nucleic Acids

[0031] In a further embodiment, IL-1-mediated biological activity is blocked or inhibited by the use of IL-1 antisense nucleic acids. The present invention provides the therapeutic or prophylactic use of nucleic acids comprising at least six nucleotides that are antisense to the gene or cDNA encoding IL-1 α , IL-1 β , IL-1R1, or IL-1RAcp or portions thereof. As used herein, IL-1 "antisense" nucleic acids refers to nucleic acids capable of hybridizing by virtue of some sequence complementarity to a portion of an RNA (preferably mRNA) encoding IL-1 α , IL-1 β , IL-1R1, or IL-1RAcp. The antisense nucleic acids may be complementary to a coding and/or noncoding region of an mRNA encoding IL-1 α , IL-1 β , IL-1R1, or IL-1RAcp. Such antisense nucleic acids have utility as compounds that prevent IL-1 α , IL-1 β , IL-1R1, or IL-1RAcp expression, and can

be used in the prevention or treatment of restenosis and other neointimal hyperplasia conditions, including atherosclerosis, vascular access dysfunction, hypertension and related vascular diseases. The antisense nucleic acids of the invention are double-stranded or single-stranded oligonucleotides, RNA or DNA or a modification or derivative thereof, and can be directly administered to a cell or produced intracellularly by transcription of exogenous, introduced sequences.

[0032] The invention further provides pharmaceutical compositions comprising a therapeutically effective amount of IL-1 α , IL-1 β , IL-1R1, or IL-1RAcp antisense nucleic acids, and a pharmaceutically acceptable carrier, vehicle or diluent.

[0033] The IL-1 α , IL-1 β , IL-1R1, or IL-1RAcp antisense nucleic acids are of at least six nucleotides and are preferably oligonucleotides ranging from 6 to about 50 oligonucleotides. In specific aspects, the oligonucleotide is at least 10 nucleotides, at least 15 nucleotides, at least 100 nucleotides, or at least 200 nucleotides. The oligonucleotides can be DNA or RNA or chimeric mixtures or derivatives or modified versions thereof and can be single-stranded or double-stranded.

Short interfering RNAs

[0034] In another embodiment, IL-1 α , IL-1 β , IL-1R1, or IL-1RAcp expression is inhibited by a short interfering RNA (siRNA) through RNA interference (RNAi) or post-transcriptional gene silencing (PTGS) (see, for example, Ketting et al. (2001) *Genes Develop.* 15:2654-2659). siRNA molecules can target homologous mRNA molecules for destruction by cleaving the mRNA molecule within the region spanned by the siRNA molecule. Accordingly, siRNAs capable of targeting and cleaving homologous IL-1 α , IL-1 β , IL-1R1, or IL-1RAcp mRNA are useful for preventing or treating restenosis and other neointimal hyperplasia conditions, including atherosclerosis, vascular access dysfunction, hypertension and related vascular diseases.

Inhibitory Ribozymes

[0035] In another embodiment, restenosis and other neointimal hyperplasia conditions, including atherosclerosis, vascular access dysfunction, hypertension and related vascular diseases may be treated in a subject suffering from such diseases or disorders by decreasing the level of IL-1-mediated biological activity by using ribozyme molecules designed to catalytically cleave gene

mRNA transcripts encoding IL-1 α , IL-1 β , IL-1R1, or IL-1RAcp, preventing translation of target gene mRNA and, therefore, expression of the gene product.

[0036] Ribozymes are enzymatic RNA molecules capable of catalyzing the specific cleavage of RNA. The mechanism of ribozyme action involves sequence-specific hybridization of the ribozyme molecule to complementary target RNA, followed by an endonucleolytic cleavage event. The composition of ribozyme molecules must include one or more sequences complementary to the target gene mRNA, and must include the well known catalytic sequence responsible for mRNA cleavage. For this sequence, see, *e.g.*, U.S. Patent No. 5,093,246. While ribozymes that cleave mRNA at site-specific recognition sequences can be used to destroy mRNAs encoding IL-1 α , IL-1 β , IL-1R1, or IL-1RAcp, the use of hammerhead ribozymes is preferred. Hammerhead ribozymes cleave mRNAs at locations dictated by flanking regions that form complementary base pairs with the target mRNA. The sole requirement is that the target mRNA has the following sequence of two bases: 5'-UG-3'. The construction and production of hammerhead ribozymes is well known in the art. The ribozymes of the present invention also include RNA endoribonucleases (hereinafter "Cech-type ribozymes") such as the one that occurs naturally in *Tetrahymena thermophila* (known as the IVS, or L-19 IVS RNA). The Cech-type ribozymes have an eight base pair active site that hybridizes to a target RNA sequence where after cleavage of the target RNA takes place. The invention encompasses those Cech-type ribozymes that target eight base-pair active site sequences that are present in the genes encoding IL-1 α , IL-1 β , IL-1R1, or IL-1RAcp.

[0037] Standard methods for assessing cardiovascular health can be used to determine whether a subject is positively responding to treatment with the IL-1 antagonists. For example, after treatment with a IL-1 cytokine antagonist of the invention, a physician may choose to administer a stress test to determine that the subject is benefiting from administration of the cytokine antagonist. Generally the physician will monitor the patients activity level and general health to assess whether the subject is benefiting from administration of the cytokine antagonist. Thus, these as well as other methods known to the art, may be used to determine the extent to which the methods of the present invention are effective at treating neointimal hyperplasia including restenosis.

Treatment Population

[0038] Treatment population would include those people with vascular diseases being treated with coronary bypass surgery, angioplasty treatment, treatment with stents or drug coated stents; hemodialysis patients requiring grafts or fistulae; patients with elevated CRP levels with a history of vascular disease or atherosclerosis; patients diagnosed with peripheral vascular disease or hypertension; patients diagnosed with Buerger's disease, critical limb ischemia or thromboangiitis obliterans; patients undergoing vascular surgery for example, varicose veins, aneurysms, or aortic dissection.

Methods of Administration

[0039] The invention provides methods of treatment comprising administering to a subject an effective amount of an agent of the invention. In a preferred aspect, the agent is substantially purified (*e.g.*, substantially free from substances that limit its effect or produce undesired side-effects). The subject is preferably an animal, *e.g.*, such as cows, pigs, horses, chickens, cats, dogs, etc., and is preferably a mammal, and most preferably human.

[0040] Various delivery systems are known and can be used to administer an agent of the invention, *e.g.*, encapsulation in liposomes, microparticles, microcapsules, recombinant cells capable of expressing the compound, receptor-mediated endocytosis (see, *e.g.*, Wu and Wu, 1987, *J. Biol. Chem.* 262:4429-4432), construction of a nucleic acid as part of a retroviral or other vector, etc. Methods of introduction can be enteral or parenteral and include but are not limited to intradermal, intramuscular, intraperitoneal, intravenous, subcutaneous, intranasal, epidural, and oral routes. The compounds may be administered by any convenient route, for example by infusion or bolus injection, by absorption through epithelial or mucocutaneous linings (*e.g.*, oral mucosa, rectal and intestinal mucosa, etc.) and may be administered together with other biologically active agents. Administration can be systemic or local. In addition, it may be desirable to introduce the pharmaceutical compositions of the invention into the central nervous system by any suitable route, including intraventricular and intrathecal injection; intraventricular injection may be facilitated by an intraventricular catheter, for example, attached to a reservoir, such as an Ommaya reservoir. Pulmonary administration can also be employed, *e.g.*, by use of an inhaler or nebulizer, and formulation with an aerosolizing agent.

[0041] In a specific embodiment, it may be desirable to administer the pharmaceutical

compositions of the invention locally to the area in need of treatment; this may be achieved, for example, and not by way of limitation, by local infusion during surgery, topical application, *e.g.*, by injection, by means of a catheter, or by means of an implant, said implant being of a porous, non-porous, or gelatinous material, including membranes, such as sialastic membranes, fibers, commercial skin substitutes or angioplasty balloons or stents.

[0042] In another embodiment, the active agent can be delivered in a vesicle, in particular a liposome (see Langer (1990) *Science* 249:1527-1533). In yet another embodiment, the active agent can be delivered in a controlled release system. In one embodiment, a pump may be used (see Langer (1990) *supra*). In another embodiment, polymeric materials can be used (see Howard et al. (1989) *J. Neurosurg.* 71:105). In another embodiment where the active agent of the invention is a nucleic acid encoding a protein, the nucleic acid can be administered *in vivo* to promote expression of its encoded protein, by constructing it as part of an appropriate nucleic acid expression vector and administering it so that it becomes intracellular, *e.g.*, by use of a retroviral vector (see, for example, U.S. Patent No. 4,980,286), or by direct injection, or by use of microparticle bombardment (*e.g.*, a gene gun; Biolistic, Dupont), or coating with lipids or cell-surface receptors or transfecting agents, or by administering it in linkage to a homeobox-like peptide which is known to enter the nucleus (see *e.g.*, Joliot et al., 1991, *Proc. Natl. Acad. Sci. USA* 88:1864-1868), etc. Alternatively, a nucleic acid can be introduced intracellularly and incorporated within host cell DNA for expression, by homologous recombination.

Cellular Transfection and Gene Therapy

[0043] The present invention encompasses the use of nucleic acids encoding the IL-1-specific fusion proteins of the invention for transfection of cells *in vitro* and *in vivo*. These nucleic acids can be inserted into any of a number of well-known vectors for transfection of target cells and organisms. The nucleic acids are transfected into cells *ex vivo* and *in vivo*, through the interaction of the vector and the target cell. Reintroduction of transfected cells may be accomplished by any method known to the art, including re-implantation of encapsulated cells. The compositions are administered (*e.g.*, by injection into a muscle) to a subject in an amount sufficient to elicit a therapeutic response. An amount adequate to accomplish this is defined as “a therapeutically effective dose or amount.”

[0044] In another aspect, the invention provides a method of treating or preventing neointimal

hyperplasia in a human comprising transfecting a cell with a nucleic acid encoding an IL-1-specific fusion protein of the invention, antibody or IL-1ra, wherein the nucleic acid comprises an inducible promoter operably linked to the nucleic acid encoding the IL-1-specific fusion protein antibody or IL-1ra. For gene therapy procedures in the treatment or prevention of human disease, see for example, Van Brunt (1998) *Biotechnology* 6:1149-1154.

Combination Therapies

[0045] In numerous embodiments, the IL-1 antagonists of the present invention may be administered in combination with one or more additional compounds or therapies or surgical procedures. For example, a suitable therapeutic agent for use in combination, either alternating or simultaneously, with the IL-1 antagonists may include anti-platelet therapy such as aspirin, Reopro™ (Lilly), anti-p-selectin antibodies; antithrombotic and blood thinning agents, such as Retavase™ (Centocor); Streptase™ (AstraZeneca), TNKase™ (Genentech), Ticlid™ (Roche) and Plavix™ (Bristol-Myers Squibb) and heparin; HMG-CoA reductase inhibitors, such as Baycol™ (Bayer), Lescol™ (Novartis), Lipitor™ (Pfizer), Mevacor™ (Merck), Pravachol™ (Bristol Myers Squibb, Zocor™ (Merck) or antilipidemic agents such as, Colestid™ (Pfizer), WelChol™ (Sankyo), Atromid-S™ (Wyeth), Lopid™ (Pfizer), Tricor™ (Abbott); agents effective to treat or prevent restenosis such as Sirolimus™ (Wyeth, Johnson & Johnson), dexamethasone (Merck), Predisolone™ (Muro, Mylan, Watson, We), Tacrolimus™ (Fujisawa), Pimecrolimus™ (Novartis) Taxol/Paclitaxel (Bristol-Myers Squibb), or Methotrexate (Baxter, Mylan, Roxane) ; anti-fibrotic agents such as antibodies against TGFβ PDGF, or CTGF; PDGF inhibitors such as Gleevec™ (Novartis); anti-inflammatory agents such as antibodies, peptides and other inhibitors of CD11a/CD18 (Mac1) [Raptiva™ (Genentech)], ICAM, C5a and TNFα [Humira™ (Abbott), Enbrel™ (Amgen), Remicade™ (Centocor)], Thalidomide™ (Celltech); hypertension drugs, such as ACE inhibitors [Accupril™ (Parke-Davis); Altace™ (Monarch); Captopril™ (Mylan); Enalaprilate™ (Baxter); Lotensin™ (Novartis); Mavik™ (Bristol-Myers Squibb); Prinivil™ (Merck); Univas™ (Schwarz), Vasotec™ (Merck)]. In addition the IL-1 antagonists may be used in combination, either alternating or simultaneously, with surgical procedures including but not limited to surgical stenting and balloon angioplasty.

Pharmaceutical Compositions

[0046] The present invention also provides pharmaceutical compositions. Such compositions comprise a therapeutically effective amount of an active agent, and a pharmaceutically acceptable carrier. The term "pharmaceutically acceptable" means approved by a regulatory agency of the Federal or a state government or listed in the U.S. Pharmacopeia or other generally recognized pharmacopeia for use in animals, and more particularly, in humans. The term "carrier" refers to a diluent, adjuvant, excipient, or vehicle with which the therapeutic is administered. Such pharmaceutical carriers can be sterile liquids, such as water and oils, including those of petroleum, animal, vegetable or synthetic origin, such as peanut oil, soybean oil, mineral oil, sesame oil and the like. Suitable pharmaceutical excipients include starch, glucose, lactose, sucrose, gelatin, malt, rice, flour, chalk, silica gel, sodium stearate, glycerol monostearate, talc, sodium chloride, dried skim milk, glycerol, propylene, glycol, water, ethanol and the like. The composition, if desired, can also contain minor amounts of wetting or emulsifying agents, or pH buffering agents. These compositions can take the form of solutions, suspensions, emulsion, tablets, pills, capsules, powders, sustained-release formulations and the like. The composition can be formulated as a suppository, with traditional binders and carriers such as triglycerides. Oral formulation can include standard carriers such as pharmaceutical grades of mannitol, lactose, starch, magnesium stearate, sodium saccharine, cellulose, magnesium carbonate, etc. Examples of suitable pharmaceutical carriers are described in "Remington's Pharmaceutical Sciences" by E.W. Martin.

[0047] In a preferred embodiment, the composition is formulated in accordance with routine procedures as a pharmaceutical composition adapted for intravenous administration to human beings. Where necessary, the composition may also include a solubilizing agent and a local anesthetic such as lidocaine to ease pain at the site of the injection. Where the composition is to be administered by infusion, it can be dispensed with an infusion bottle containing sterile pharmaceutical grade water or saline. Where the composition is administered by injection, an ampoule of sterile water for injection or saline can be provided so that the ingredients may be mixed prior to administration.

[0048] The active agents of the invention can be formulated as neutral or salt forms. Pharmaceutically acceptable salts include those formed with free amino groups such as those derived from hydrochloric, phosphoric, acetic, oxalic, tartaric acids, etc., and those formed with

free carboxyl groups such as those derived from sodium, potassium, ammonium, calcium, ferric hydroxides, isopropylamine, triethylamine, 2-ethylamino ethanol, histidine, procaine, etc.

[0049] The amount of the active agent of the invention which will be effective in the treatment of delayed-type hypersensitivity can be determined by standard clinical techniques based on the present description. In addition, *in vitro* assays may optionally be employed to help identify optimal dosage ranges. The precise dose to be employed in the formulation will also depend on the route of administration, and the seriousness of the condition, and should be decided according to the judgment of the practitioner and each subject's circumstances. However, suitable dosage ranges for intravenous administration are generally about 20 micrograms to 2 grams of active compound per kilogram body weight. Suitable dosage ranges for intra-nasal administration are generally about 0.01 pg/kg body weight to 1 mg/kg body weight. Effective doses may be extrapolated from dose-response curves derived from *in vitro* or animal model test systems.

[0050] For systemic administration, a therapeutically effective dose can be estimated initially from *in vitro* assays. For example, a dose can be formulated in animal models to achieve a circulating concentration range that includes the IC_{50} as determined in cell culture. Such information can be used to more accurately determine useful doses in humans. Initial dosages can also be estimated from *in vivo* data, e.g., animal models, using techniques that are well known in the art. One having ordinary skill in the art could readily optimize administration to humans based on animal data.

[0051] Dosage amount and interval may be adjusted individually to provide plasma levels of the compounds that are sufficient to maintain therapeutic effect. In cases of local administration or selective uptake, the effective local concentration of the compounds may not be related to plasma concentration. One having skill in the art will be able to optimize therapeutically effective local dosages without undue experimentation.

[0052] The amount of compound administered will, of course, be dependent on the subject being treated, on the subject's weight, the severity of the affliction, the manner of administration, and the judgment of the prescribing physician. The therapy may be repeated intermittently while symptoms are detectable or even when they are not detectable. The therapy may be provided alone or in combination with other drugs.

Kits

[0053] The invention also provides an article of manufacturing comprising packaging material and a pharmaceutical agent contained within the packaging material, wherein the pharmaceutical agent comprises at least one IL-1-specific fusion protein of the invention and wherein the packaging material comprises a label or package insert which indicates that the IL-1-specific fusion protein can be used for treating neointimal hyperplasia.

[0054] Other features of the invention will become apparent in the course of the following descriptions of exemplary embodiments which are given for illustration of the invention and are not intended to be limiting thereof.

EXAMPLES

[0055] The following example is put forth so as to provide those of ordinary skill in the art with a complete disclosure and description of how to make and use the methods and compositions of the invention, and are not intended to limit the scope of what the inventors regard as their invention. Efforts have been made to ensure accuracy with respect to numbers used (e.g., amounts, temperature, etc.) but some experimental errors and deviations should be accounted for. Unless indicated otherwise, parts are parts by weight, molecular weight is average molecular weight, temperature is in degrees Centigrade, and pressure is at or near atmospheric.

Example 1. Experimental protocol and surgical procedures

[0056] Animals: C57Bl6 mice, interleukin-1 receptor type I deficient (IL-1RI $-/-$) mice and apolipoprotein E deficient (APOE $-/-$) mice at the age of 8 to 12 weeks were used in this study to assess vascular response to injury. Both of the genetically modified mice are congenic to the C57Bl6 background. All animals were purchased from Jackson Laboratories (Bar Harbor, ME). Mice were housed in individual cages after surgery and were allowed *ad libitum* access to regular chow and water.

[0057] Vascular injury model: Vascular injury was induced by surgical ligation of the left common carotid artery before bifurcation. Mice were anesthetized by intraperitoneal injection of a Ketamine/xylazine solution. After anesthesia was attained, a midline incision was made at the tracheal area from the caudal end of the larynx to the suprasternal notch. After separating the

sternothyroideus muscle on the left side, the pulsating carotid artery was identified and ligated with sterile 6-0 silk sutures. The skin was closed with sterile sutures.

[0058] Delivery of murine IL-1 trap: Expression of murine IL-1 trap was introduced using a hydrodynamics-based administration of plasmid DNA via tail vein injection. Four days prior to surgery, animals were divided equally into two groups. One group of mice received 50-100 µg/animal plasmid DNA carrying the murine IL-1 trap expression vector. The other group of mice received an equal amount of empty control vector DNA. Mice were anesthetized using Isoflurane™. Plasmid DNA diluted in sterile saline in an amount equivalent to 10% (V/W) of the mouse body weight was injected promptly into tail vein.

[0059] Tissue harvesting and preparation: Twenty-eight days after carotid artery ligation, the mice were anesthetized and whole blood was collected from each mouse through cardiac puncture. Subsequently, mice were perfused with saline followed by 10% neutral buffered formalin through the left cardiac ventricle. The entire neck section was collected from each mouse and post-fixed in 10% formalin for an additional 48 hours. Fixed neck tissue was decalcified in 10% EDTA solution for 8 days with frequent changes of fresh solution. Decalcified neck tissue were embedded in gelatin by sequential incubation in 5%, 10% and 25% gelatin solution and prepared for cryosection. Ligation sites were identified by suture position. Seven successive 10 mm sections at 500 µm intervals proximal to the ligation site were used for morphometric analysis per mouse.

[0060] Morphometry: Cryosections were stained with standard hematoxylin and eosin methodology. The images of injured arteries and contra-lateral uninjured arteries were captured using a Nikon Microphot microscope and SPOT software and a SPOT RT COLOR camera. The length encircling the lumen, the internal elastic lamina (IEL) and the external elastic lamina (EEL) was determined by digitally tracing the perimeter of each layer using Bersoft Image Measurement 2.01 software. The length was then converted to circumference assuming the native artery formed a circular structure to calculate the area. The neointima area was defined as the difference between the areas of lumen and IEL. The thickness of media was calculated as the difference of radius between IEL and EEL.

[0061] Results. A mouse vascular injury model was used to investigate factors mediating the formation of neointima. The left common carotid artery of C57Bl/6 mouse was surgically ligated at the position before the bifurcation. The occlusion of the common carotid artery stimulates

significant neointima formation proximal to the ligation site over a four week period. Interleukin-1b appears to play an important role in this response because (1) the expression of interleukin-1b is substantially increased under the injury condition and (2) the neointima formation is suppressed in a genetically engineered mouse lacking the signal transducing receptor of interleukin-1 (IL-1RI knockout mouse) (Rectenwald (2000) *Circulation* 102:1967-1702). However, IL-1 α may also play a role, thus the IL-1 traps are a superior method of blocking the response over those that block only a single IL-1 ligand.

[0062] To examine if the interleukin-1 antagonist IL-1 trap can inhibit neointima formation, IL-1 trap IL-1RAcp-IL-1R1-Fc trap expressed *in vivo* using a hydrodynamic-based transfection method with plasmid DNA vector four days prior to the surgery. Half of C57Bl/6 mice (N=10) received plasmid DNA carrying an IL-1 trap expression vectors. Others were injected with empty control vector DNA. Four weeks after surgical injury, mice were sacrificed for subsequent analyses. Histological examination of the injured vessels revealed that the neointima formation was completely blocked in IL-1 trap-expressing animals, whereas the arteries from the vector control group revealed a significant accumulation of cells under the endothelial cell layer. Morphometric quantitation of the common carotid arteries over a 3.5 mm length demonstrated the inhibitory effect of the IL-1Racp-IL-1R1-Fc trap in neointima proliferation (Fig. 1). The neointimal growth is determined as the area between the IEL, and the lumen and thus is the difference between the IEL and Lumen radii. The effect of the lack of IL-1R1 in knockout mice is shown in Fig. 2. Similar reductions on neointimal growth were seen in the trap-treated mice as were seen in the IL-1R1 knockout indicating the IL-1 trap has an effect similar to a complete blockade of IL-1 signaling.

[0063] APOE is a surface protein of serum lipoprotein particles whose deficiency results in hypercholesterolemia and spontaneous atherosclerotic plaque formation in APOE knockout mice. APOE deficiency also exacerbates arterial injury causing increased neointima formation with necrotic cores similar to advanced fibroatheroma. To test if the IL-1 trap could prevent the neointima formation under APOE-deficient conditions, APOE knockout mice were transfected with either an IL-1RAcp-IL-1R1-Fc or IL-1Acp-IL-1R2-Fc trap expression vector or an Fc control vector before surgical injury. At 28 days after surgical injury, IL-1 trap treatments caused a 85% reduction of neointima area including the fibrous cap (Figs. 3 and 4). This confirms that the IL-1 Traps are potent blockers of neointima formation under hypercholesterolemia condition.

CLAIMS

We claim,

1. Use of an interleukin-1 (IL-1) antagonist in the preparation of a medicament for the treatment of neointimal hyperplasia in a mammal.
2. The use of claim 1, wherein the neointimal hyperplasia is restenosis.
3. The use of claim 1, wherein the neointimal hyperplasia is atherosclerosis.
4. The use of claim 1, wherein the neointimal hyperplasia is vascular access dysfunction.
5. The use of claim 1, wherein the neointimal hyperplasia is caused by surgical stenting, angioplasty, or vascular grafting.
6. The use of any of claims 1 to 5, wherein the IL-1 antagonist blocks IL-1 activity or expression.
7. The use of claim 6, wherein the IL-1 antagonist is selected from the group consisting of an anti-IL-1 antibody or antibody fragment, an anti-IL-1R1 antibody or antibody fragment, an antiIL-1RAcp antibody or antibody fragment, an IL-1 trap, IL-1Ra, an antisense molecule, an inhibitory ribozyme designed to catalytically cleave gene mRNA transcripts encoding IL-1 α , IL-1 β , IL-1R1, IL-1RAcp, and a short interfering RNA (siRNA) molecule.
8. The use of claim 7, wherein the IL-1 trap comprises (i) one or more IL-1 receptor components or fragments thereof, (ii) one or more antibody or antibody fragments specific to an IL-1 ligand or an IL-1 receptor, or fragments thereof, or a combination of receptor components and antibody fragments, and (iii) a multimerizing component.

9. The use of claim 8, wherein the multimerizing component is an immunoglobulin-derived domain.
10. The use of claim 1, wherein the subject is a human.
11. The use of claim 1, wherein the administration is subcutaneous, intramuscular, intranasal, intraarterial, intravenous, topical, transvaginal, transdermal, transanal administration or oral routes of administration.
12. A pharmaceutical composition comprising an IL-1 antagonist and a pharmaceutically acceptable carrier.
13. The pharmaceutical composition of claim 12, wherein the IL-1 antagonist blocks IL-1 activity or expression.
14. The pharmaceutical composition of claim 13, wherein the IL-1 antagonist is selected from the group consisting of an anti-IL-1 antibody or antibody fragment, an anti-IL-1R1 antibody or antibody fragment, an antiIL-1RAcp antibody or antibody fragment, an IL-1 trap, IL-1Ra, an antisense molecule, an inhibitory ribozyme designed to catalytically cleave gene mRNA transcripts encoding IL-1 α , IL-1 β , IL-1R1, IL-1RAcp, and a short interfering RNA (siRNA) molecule.
15. The pharmaceutical composition of claim 14, wherein the IL-1 trap comprises (i) one or more IL-1 receptor components or fragments thereof, (ii) one or more antibody or antibody fragments specific to an IL-1 ligand or an IL-1 receptor, or fragments thereof, or a combination of receptor components and antibody fragments, and (iii) a multimerizing component.
16. The pharmaceutical composition of claim 15, wherein the multimerizing component is an immunoglobulin-derived domain.

17. Use of a cytokine antagonist in the preparation of a medicament for the treatment or prevention of neointimal hyperplasia in a mammal.

18. The use of claim 17, wherein the neointimal hyperplasia is restenosis, atherosclerosis, or vascular access dysfunction.

19. The use of claim 18, wherein the neointimal hyperplasia is caused by surgical stenting, angioplasty, or vascular grafting.

20. An article of manufacturing, comprising:

(a) packaging material; and

(b) a pharmaceutical agent contained within the packaging material;

wherein the pharmaceutical agent comprises at least one interleukin-1 (IL-1) trap of the invention and wherein the packaging material comprises a label or package insert which indicates the IL-1 trap can be used for the treatment of neointimal hyperplasia.

Figure 1

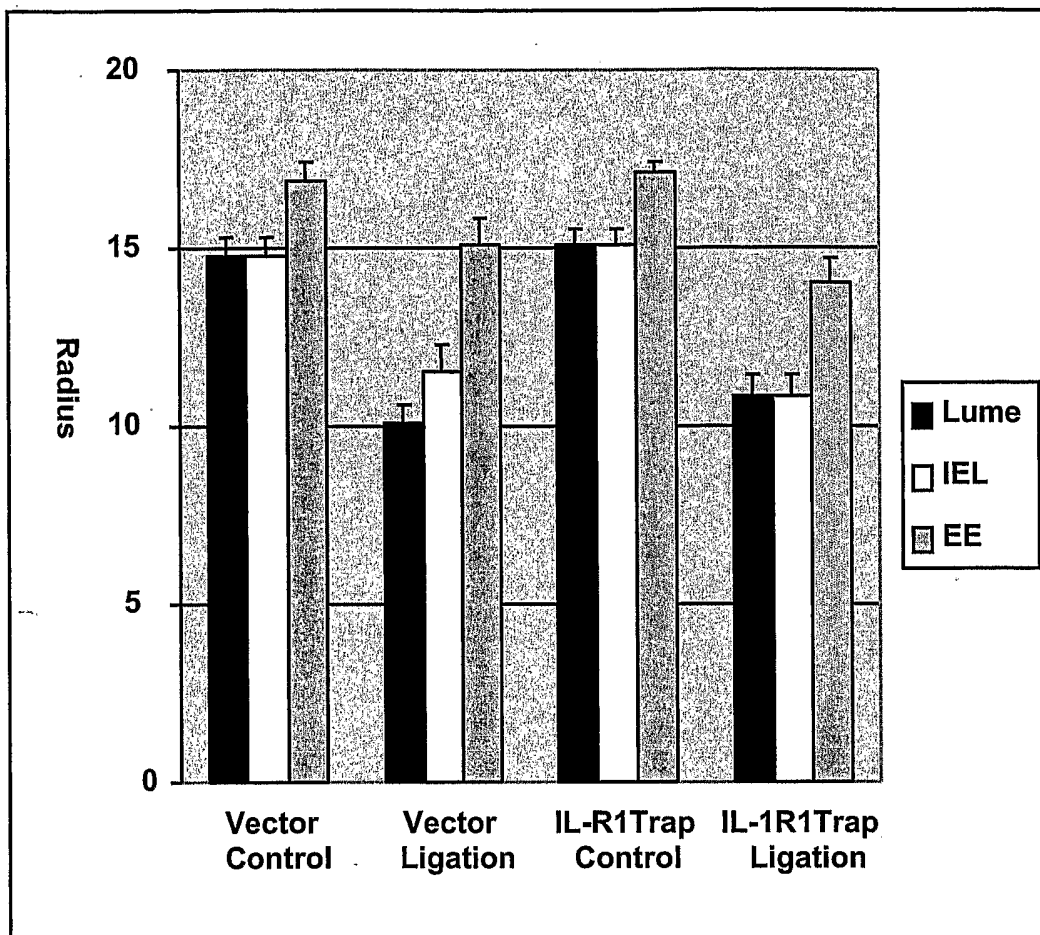


Figure 2

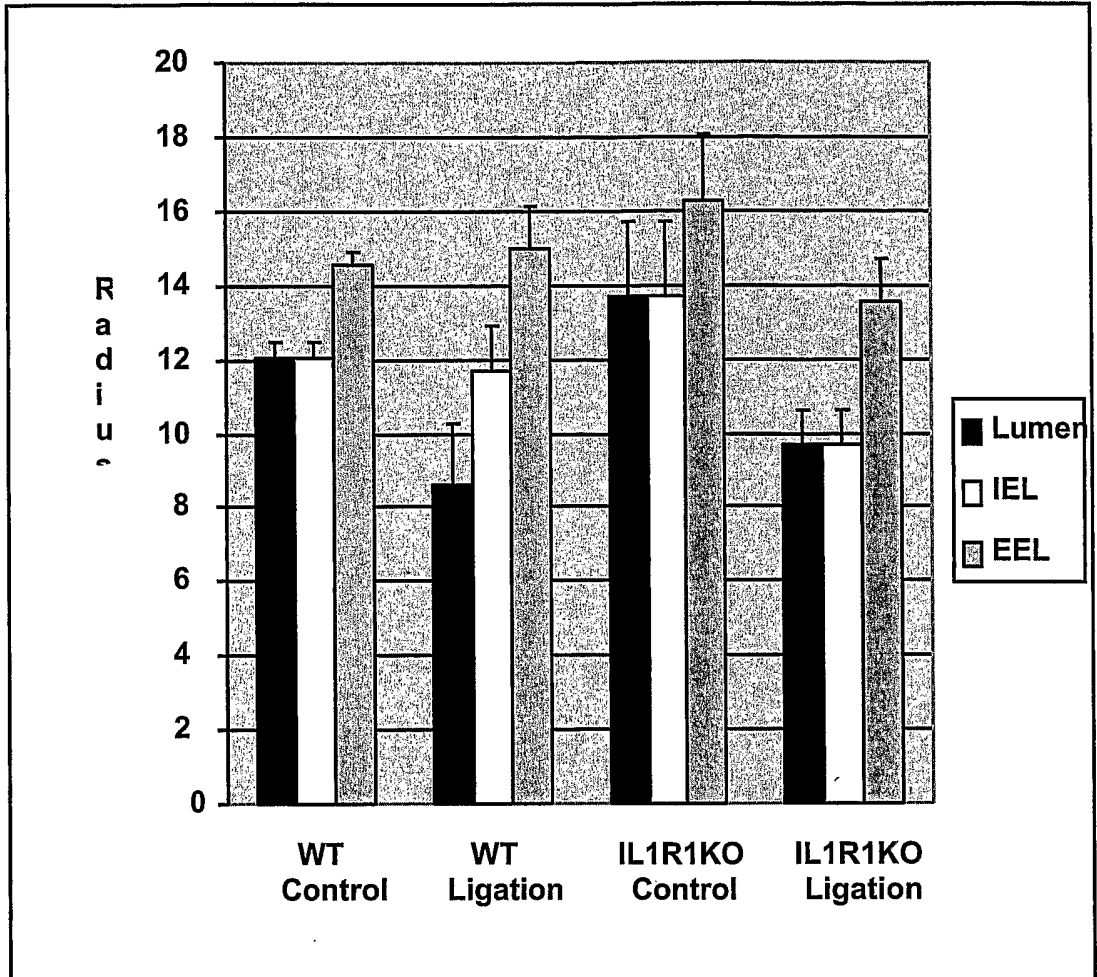


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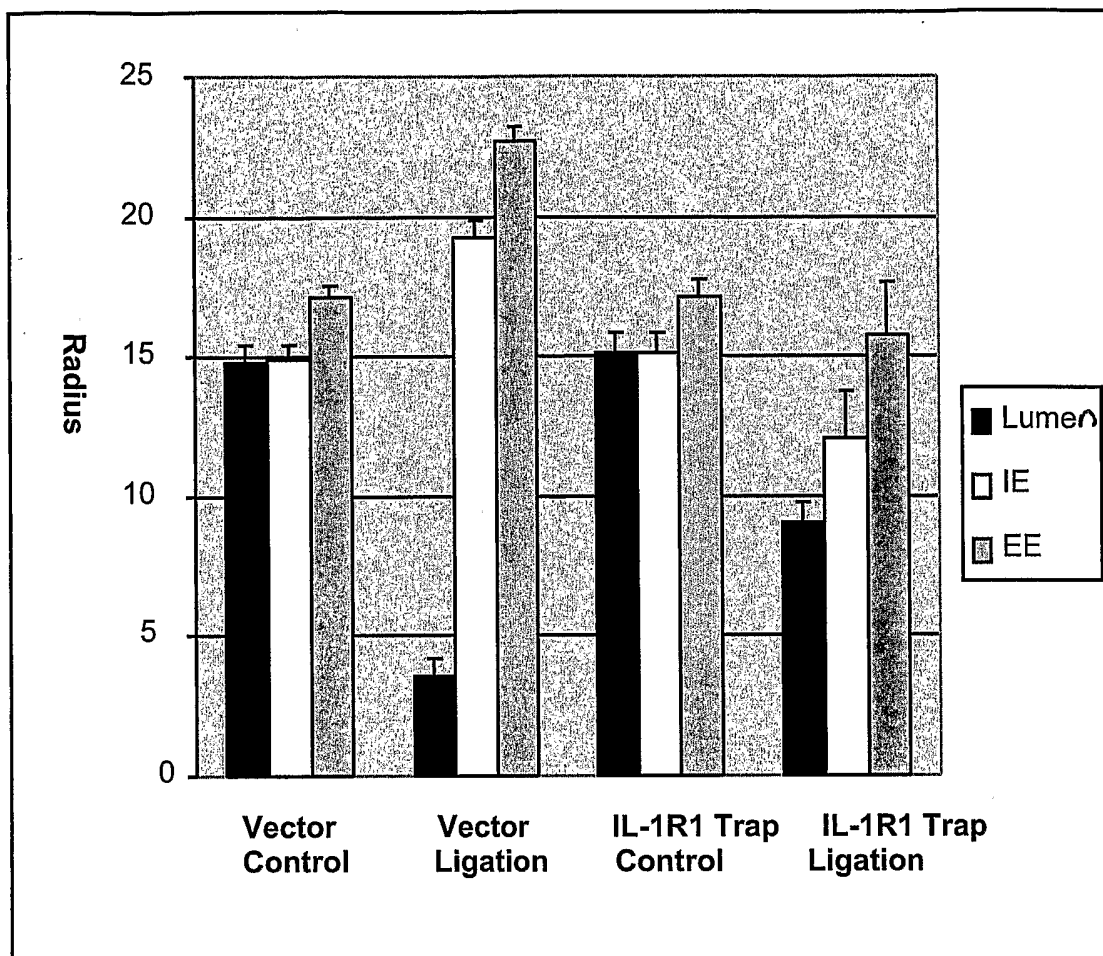
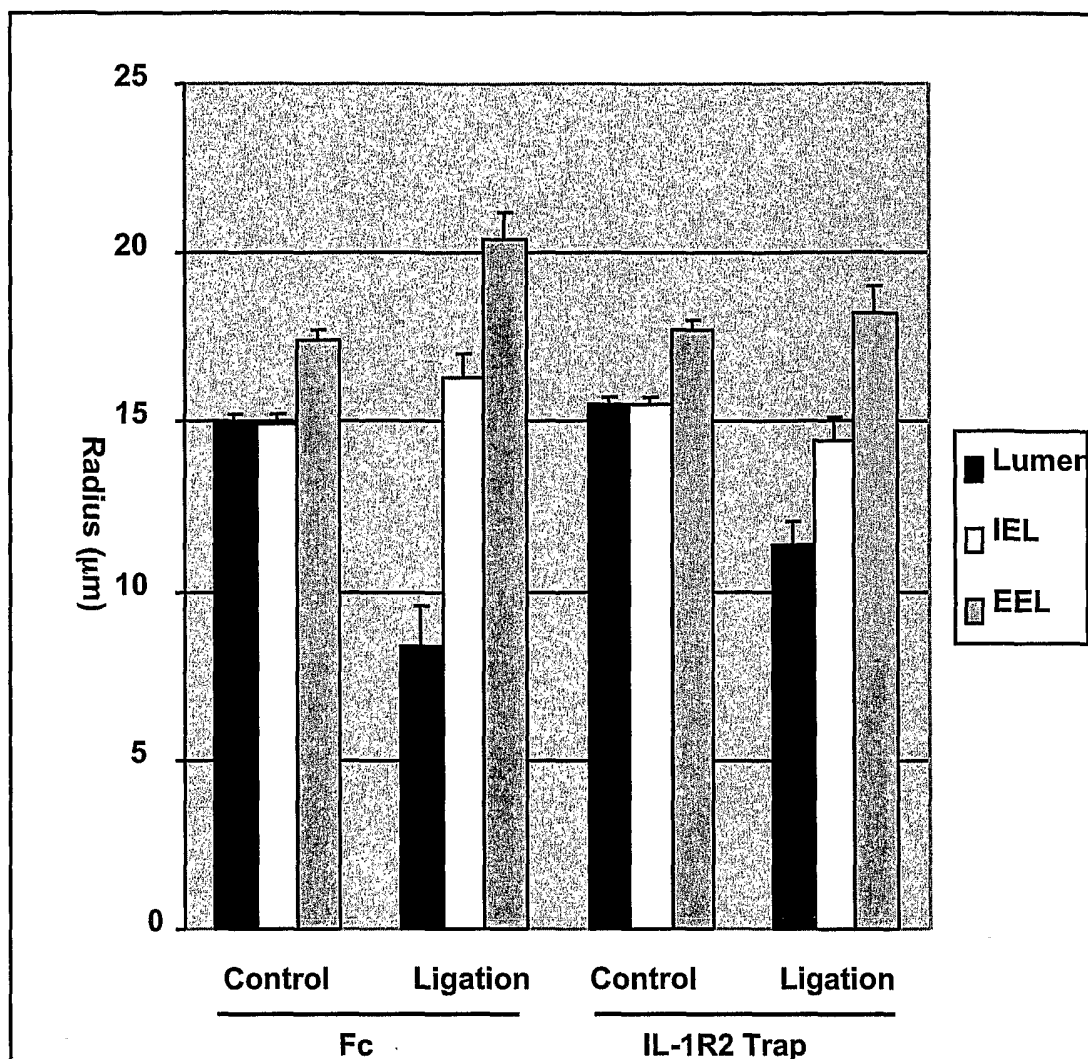


Figure 4



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35 40 45
Glu His Lys Gly Thr Ile Thr Trp Tyr Lys Asp Asp Ser Lys Thr Pro
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Val Ser Thr Glu Gln Ala Ser Arg Ile His Gln His Lys Glu Lys Leu
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Trp Phe Val Pro Ala Lys Val Glu Asp Ser Gly His Tyr Tyr Cys Val
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Val Glu Asn Glu Pro Asn Leu Cys Tyr Asn Ala Gln Ala Ile Phe Lys
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130 135 140
Glu Phe Phe Lys Asn Glu Asn Asn Glu Leu Pro Lys Leu Gln Trp Tyr
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 Thr Arg Val Ile Glu Phe Ile Thr Leu Glu Glu Asn Lys Pro Thr Arg
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 Pro Val Ile Val Ser Pro Ala Asn Glu Thr Met Glu Val Asp Leu Gly
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 Val Glu Asn Glu Pro Asn Leu Cys Tyr Asn Ala Gln Ala Ile Phe Lys
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 Ser Ser Ala Asn Glu Ile Asp Val Arg Pro Cys Pro Leu Asn Pro Asn
 35 40 45
 Glu His Lys Gly Thr Ile Thr Trp Tyr Lys Asp Asp Ser Lys Thr Pro
 50 55 60
 Val Ser Thr Glu Gln Ala Ser Arg Ile His Gln His Lys Glu Lys Leu
 65 70 75 80
 Trp Phe Val Pro Ala Lys Val Glu Asp Ser Ser Gly His Tyr Tyr Cys Val
 85 90 95
 Val Arg Asn Ser Ser Tyr Cys Leu Arg Ile Lys Ile Ser Ala Lys Phe
 100 105 110
 Val Glu Asn Glu Pro Asn Leu Cys Tyr Asn Ala Gln Ala Ile Phe Lys
 115 120 125

Gln Lys Leu Pro Val Ala Gly Asp Gly Gly Leu Val Cys Pro Tyr Met
 130 135 140
 Glu Phe Phe Lys Asn Glu Asn Asn Glu Leu Pro Lys Leu Gln Trp Tyr
 145 150 155 160
 Lys Asp Cys Lys Pro Leu Leu Leu Asp Asn Ile His Phe Ser Gly Val
 165 170 175
 Lys Asp Arg Leu Ile Val Met Asn Val Ala Glu Lys His Arg Gly Asn
 180 185 190
 Tyr Thr Cys His Ala Ser Tyr Thr Tyr Leu Gly Lys Gln Tyr Pro Ile
 195 200 205
 Thr Arg Val Ile Glu Phe Ile Thr Leu Glu Glu Asn Lys Pro Thr Arg
 210 215 220
 Pro Val Ile Val Ser Pro Ala Asn Glu Thr Met Glu Val Asp Leu Gly
 225 230 235 240
 Ser Gln Ile Gln Leu Ile Cys Asn Val Thr Gly Gln Leu Ser Asp Ile
 245 250 255
 Ala Tyr Trp Lys Trp Asn Gly Ser Val Ile Asp Glu Asp Asp Pro Val
 260 265 270
 Leu Gly Glu Asp Tyr Tyr Ser Val Glu Asn Pro Ala Asn Lys Arg Arg
 275 280 285
 Ser Thr Leu Ile Thr Val Leu Asn Ile Ser Glu Ile Glu Ser Arg Phe
 290 295 300
 Tyr Lys His Pro Phe Thr Cys Phe Ala Lys Asn Thr His Gly Ile Asp
 305 310 315 320
 Ala Ala Tyr Ile Gln Leu Ile Tyr Pro Val Thr Asn Ser Glu Arg Cys
 325 330 335
 Asp Asp Trp Gly Leu Asp Thr Met Arg Gln Ile Gln Val Phe Glu Asp
 340 345 350
 Glu Pro Ala Arg Ile Lys Cys Pro Leu Phe Glu His Phe Leu Lys Phe
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 Asn Tyr Ser Thr Ala His Ser Ala Gly Leu Thr Leu Ile Trp Tyr Trp
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 Thr Arg Gln Asp Arg Asp Leu Glu Glu Pro Ile Asn Phe Arg Leu Pro
 385 390 395 400
 Glu Asn Arg Ile Ser Lys Glu Lys Asp Val Leu Trp Phe Arg Pro Thr
 405 410 415
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 420 425 430
 Tyr Cys Ser Lys Val Ala Phe Pro Leu Glu Val Val Gln Lys Asp Ser
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 Cys Phe Asn Ser Pro Met Lys Leu Pro Val His Lys Leu Tyr Ile Glu
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 Tyr Gly Ile Gln Arg Ile Thr Cys Pro Asn Val Asp Gly Tyr Phe Pro
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 Ser Ser Val Lys Pro Thr Ile Thr Trp Tyr Met Gly Cys Tyr Lys Ile
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 Val Val Gly Ser Pro Lys Asn Ala Val Pro Pro Val Ile His Ser Pro
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Thr	Gln	Ile	Leu	Ser	Ile	Lys	Lys	Val	Thr	Ser	Glu	Asp	Leu	Lys	Arg
625					630					635					640
Ser	Tyr	Val	Cys	His	Ala	Arg	Ser	Ala	Lys	Gly	Glu	Val	Ala	Lys	Ala
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Ala	Lys	Val	Lys	Gln	Lys	Val	Pro	Ala	Pro	Arg	Tyr	Thr	Val	Glu	Ser
				660				665						670	
Gly	Glu	Ser	Lys	Tyr	Gly	Pro	Pro	Cys	Pro	Pro	Cys	Pro	Ala	Pro	Glu
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Phe	Leu	Gly	Gly	Pro	Ser	Val	Phe	Leu	Phe	Pro	Pro	Lys	Pro	Lys	Asp
690						695					700				
Thr	Leu	Met	Ile	Ser	Arg	Thr	Pro	Glu	Val	Thr	Cys	Val	Val	Val	Asp
705					710						715				720
Val	Ser	Gln	Glu	Asp	Pro	Glu	Val	Gln	Phe	Asn	Trp	Tyr	Val	Asp	Gly
				725					730					735	
Val	Glu	Val	His	Asn	Ala	Lys	Thr	Lys	Pro	Arg	Glu	Glu	Gln	Phe	Asn
				740				745						750	
Ser	Thr	Tyr	Arg	Val	Val	Ser	Val	Leu	Thr	Val	Leu	His	Gln	Asp	Trp
				755			760						765		
Leu	Asn	Gly	Lys	Glu	Tyr	Lys	Cys	Lys	Val	Ser	Asn	Lys	Gly	Leu	Pro
				770		775					780				
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785					790					795					800
Pro	Gln	Val	Tyr	Thr	Leu	Pro	Pro	Ser	Gln	Glu	Glu	Met	Thr	Lys	Asn
				805					810					815	
Gln	Val	Ser	Leu	Thr	Cys	Leu	Val	Lys	Gly	Phe	Tyr	Pro	Ser	Asp	Ile
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Ala	Val	Glu	Trp	Glu	Ser	Asn	Gly	Gln	Pro	Glu	Asn	Asn	Tyr	Lys	Thr
				835			840						845		
Thr	Pro	Pro	Val	Leu	Asp	Ser	Asp	Gly	Ser	Phe	Phe	Leu	Tyr	Ser	Arg
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Leu	Thr	Val	Asp	Lys	Ser	Arg	Trp	Gln	Glu	Gly	Asn	Val	Phe	Ser	Cys
865					870					875					880
Ser	Val	Met	His	Glu	Ala	Leu	His	Asn	His	Tyr	Thr	Gln	Lys	Ser	Leu
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 35 40 45
 Leu Phe Glu His Phe Leu Lys Phe Asn Tyr Ser Thr Ala His Ser Ala
 50 55 60
 Gly Leu Thr Leu Ile Trp Tyr Trp Thr Arg Gln Asp Arg Asp Leu Glu
 65 70 75 80
 Glu Pro Ile Asn Phe Arg Leu Pro Glu Asn Arg Ile Ser Lys Glu Lys
 85 90 95
 Asp Val Leu Trp Phe Arg Pro Thr Leu Leu Asn Asp Thr Gly Asn Tyr

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Thr	Cys	Met	Leu	Arg	Asn	Thr	Thr	Tyr	Cys	Ser	Lys	Val	Ala	Phe	Pro
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Leu	Glu	Val	Val	Gln	Lys	Asp	Ser	Cys	Phe	Asn	Ser	Pro	Met	Lys	Leu
			130					135				140			
Pro	Val	His	Lys	Leu	Tyr	Ile	Glu	Tyr	Gly	Ile	Gln	Arg	Ile	Thr	Cys
145					150						155				160
Pro	Asn	Val	Asp	Gly	Tyr	Phe	Pro	Ser	Ser	Val	Lys	Pro	Thr	Ile	Thr
				165					170					175	
Trp	Tyr	Met	Gly	Cys	Tyr	Lys	Ile	Gln	Asn	Phe	Asn	Asn	Val	Ile	Pro
			180					185					190		
Glu	Gly	Met	Asn	Leu	Ser	Phe	Leu	Ile	Ala	Leu	Ile	Ser	Asn	Asn	Gly
			195					200				205			
Asn	Tyr	Thr	Cys	Val	Val	Thr	Tyr	Pro	Glu	Asn	Gly	Arg	Thr	Phe	His
			210				215					220			
Leu	Thr	Arg	Thr	Leu	Thr	Val	Lys	Val	Val	Gly	Ser	Pro	Lys	Asn	Ala
225						230					235				240
Val	Pro	Pro	Val	Ile	His	Ser	Pro	Asn	Asp	His	Val	Val	Tyr	Glu	Lys
				245					250					255	
Glu	Pro	Gly	Glu	Glu	Leu	Leu	Ile	Pro	Cys	Thr	Val	Tyr	Phe	Ser	Phe
			260					265					270		
Leu	Met	Asp	Ser	Arg	Asn	Glu	Val	Trp	Trp	Thr	Ile	Asp	Gly	Lys	Lys
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Pro	Asp	Asp	Ile	Thr	Ile	Asp	Val	Thr	Ile	Asn	Glu	Ser	Ile	Ser	His
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Ser	Arg	Thr	Glu	Asp	Glu	Thr	Arg	Thr	Gln	Ile	Leu	Ser	Ile	Lys	Lys
305					310					315					320
Val	Thr	Ser	Glu	Asp	Leu	Lys	Arg	Ser	Tyr	Val	Cys	His	Ala	Arg	Ser
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Ala	Lys	Gly	Glu	Val	Ala	Lys	Ala	Ala	Lys	Val	Lys	Gln	Lys	Val	Pro
			340					345					350		
Ala	Pro	Arg	Tyr	Thr	Val	Glu	Lys	Cys	Lys	Glu	Arg	Glu	Glu	Lys	Ile
			355				360					365			
Ile	Leu	Val	Ser	Ser	Ala	Asn	Glu	Ile	Asp	Val	Arg	Pro	Cys	Pro	Leu
			370			375					380				
Asn	Pro	Asn	Glu	His	Lys	Gly	Thr	Ile	Thr	Trp	Tyr	Lys	Asp	Asp	Ser
385					390						395				400
Lys	Thr	Pro	Val	Ser	Thr	Glu	Gln	Ala	Ser	Arg	Ile	His	Gln	His	Lys
				405					410					415	
Glu	Lys	Leu	Trp	Phe	Val	Pro	Ala	Lys	Val	Glu	Asp	Ser	Gly	His	Tyr
			420					425					430		
Tyr	Cys	Val	Val	Arg	Asn	Ser	Ser	Tyr	Cys	Leu	Arg	Ile	Lys	Ile	Ser
			435				440					445			
Ala	Lys	Phe	Val	Glu	Asn	Glu	Pro	Asn	Leu	Cys	Tyr	Asn	Ala	Gln	Ala
			450			455					460				
Ile	Phe	Lys	Gln	Lys	Leu	Pro	Val	Ala	Gly	Asp	Gly	Gly	Leu	Val	Cys
465					470					475					480
Pro	Tyr	Met	Glu	Phe	Phe	Lys	Asn	Glu	Asn	Asn	Glu	Leu	Pro	Lys	Leu
				485				490						495	
Gln	Trp	Tyr	Lys	Asp	Cys	Lys	Pro	Leu	Leu	Leu	Asp	Asn	Ile	His	Phe
			500					505					510		
Ser	Gly	Val	Lys	Asp	Arg	Leu	Ile	Val	Met	Asn	Val	Ala	Glu	Lys	His
			515				520					525			
Arg	Gly	Asn	Tyr	Thr	Cys	His	Ala	Ser	Tyr	Thr	Tyr	Leu	Gly	Lys	Gln
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Tyr	Pro	Ile	Thr	Arg	Val	Ile	Glu	Phe	Ile	Thr	Leu	Glu	Glu	Asn	Lys
545					550					555					560

Pro Thr Arg Pro Val Ile Val Ser Pro Ala Asn Glu Thr Met Glu Val
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 Asp Leu Gly Ser Gln Ile Gln Leu Ile Cys Asn Val Thr Gly Gln Leu
 580 585 590
 Ser Asp Ile Ala Tyr Trp Lys Trp Asn Gly Ser Val Ile Asp Glu Asp
 595 600 605
 Asp Pro Val Leu Gly Glu Asp Tyr Tyr Ser Val Glu Asn Pro Ala Asn
 610 615 620
 Lys Arg Arg Ser Thr Leu Ile Thr Val Leu Asn Ile Ser Glu Ile Glu
 625 630 635 640
 Ser Arg Phe Tyr Lys His Pro Phe Thr Cys Phe Ala Lys Asn Thr His
 645 650 655
 Gly Ile Asp Ala Ala Tyr Ile Gln Leu Ile Tyr Pro Val Thr Asn Ser
 660 665 670
 Gly Asp Lys Thr His Thr Cys Pro Pro Cys Pro Ala Pro Glu Leu Leu
 675 680 685
 Gly Gly Pro Ser Val Phe Leu Phe Pro Pro Lys Pro Lys Asp Thr Leu
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 Met Ile Ser Arg Thr Pro Glu Val Thr Cys Val Val Val Asp Val Ser
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 His Glu Asp Pro Glu Val Lys Phe Asn Trp Tyr Val Asp Gly Val Glu
 725 730 735
 Val His Asn Ala Lys Thr Lys Pro Arg Glu Glu Gln Tyr Asn Ser Thr
 740 745 750
 Tyr Arg Val Val Ser Val Leu Thr Val Leu His Gln Asp Trp Leu Asn
 755 760 765
 Gly Lys Glu Tyr Lys Cys Lys Val Ser Asn Lys Ala Leu Pro Ala Pro
 770 775 780
 Ile Glu Lys Thr Ile Ser Lys Ala Lys Gly Gln Pro Arg Glu Pro Gln
 785 790 795 800
 Val Tyr Thr Leu Pro Pro Ser Arg Asp Glu Leu Thr Lys Asn Gln Val
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 Ser Leu Thr Cys Leu Val Lys Gly Phe Tyr Pro Ser Asp Ile Ala Val
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 Glu Trp Glu Ser Asn Gly Gln Pro Glu Asn Asn Tyr Lys Thr Thr Pro
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 Val Asp Lys Ser Arg Trp Gln Gln Gly Asn Val Phe Ser Cys Ser Val
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 35 40 45
 Leu Phe Glu His Phe Leu Lys Phe Asn Tyr Ser Thr Ala His Ser Ala
 50 55 60
 Gly Leu Thr Leu Ile Trp Tyr Trp Thr Arg Gln Asp Arg Asp Leu Glu
 65 70 75 80

Glu Pro Ile Asn Phe Arg Leu Pro Glu Asn Arg Ile Ser Lys Glu Lys
 85 90 95
 Asp Val Leu Trp Phe Arg Pro Thr Leu Leu Asn Asp Thr Gly Asn Tyr
 100 105 110
 Thr Cys Met Leu Arg Asn Thr Thr Tyr Cys Ser Lys Val Ala Phe Pro
 115 120 125
 Leu Glu Val Val Gln Lys Asp Ser Cys Phe Asn Ser Pro Met Lys Leu
 130 135 140
 Pro Val His Lys Leu Tyr Ile Glu Tyr Gly Ile Gln Arg Ile Thr Cys
 145 150 155 160
 Pro Asn Val Asp Gly Tyr Phe Pro Ser Ser Val Lys Pro Thr Ile Thr
 165 170 175
 Trp Tyr Met Gly Cys Tyr Lys Ile Gln Asn Phe Asn Asn Val Ile Pro
 180 185 190
 Glu Gly Met Asn Leu Ser Phe Leu Ile Ala Leu Ile Ser Asn Asn Gly
 195 200 205
 Asn Tyr Thr Cys Val Val Thr Tyr Pro Glu Asn Gly Arg Thr Phe His
 210 215 220
 Leu Thr Arg Thr Leu Thr Val Lys Val Val Gly Ser Pro Lys Asn Ala
 225 230 235 240
 Val Pro Pro Val Ile His Ser Pro Asn Asp His Val Val Tyr Glu Lys
 245 250 255
 Glu Pro Gly Glu Glu Leu Leu Ile Pro Cys Thr Val Tyr Phe Ser Phe
 260 265 270
 Leu Met Asp Ser Arg Asn Glu Val Trp Trp Thr Ile Asp Gly Lys Lys
 275 280 285
 Pro Asp Asp Ile Thr Ile Asp Val Thr Ile Asn Glu Ser Ile Ser His
 290 295 300
 Ser Arg Thr Glu Asp Glu Thr Arg Thr Gln Ile Leu Ser Ile Lys Lys
 305 310 315 320
 Val Thr Ser Glu Asp Leu Lys Arg Ser Tyr Val Cys His Ala Arg Ser
 325 330 335
 Ala Lys Gly Glu Val Ala Lys Ala Ala Lys Val Lys Gln Lys Val Pro
 340 345 350
 Ala Pro Arg Tyr Thr Val Glu Lys Cys Lys Glu Arg Glu Glu Lys Ile
 355 360 365
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 370 375 380
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 385 390 395 400
 Lys Thr Pro Val Ser Thr Glu Gln Ala Ser Arg Ile His Gln His Lys
 405 410 415
 Glu Lys Leu Trp Phe Val Pro Ala Lys Val Glu Asp Ser Gly His Tyr
 420 425 430
 Tyr Cys Val Val Arg Asn Ser Ser Tyr Cys Leu Arg Ile Lys Ile Ser
 435 440 445
 Ala Lys Phe Val Glu Asn Glu Pro Asn Leu Cys Tyr Asn Ala Gln Ala
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 Ile Phe Lys Gln Lys Leu Pro Val Ala Gly Asp Gly Gly Leu Val Cys
 465 470 475 480
 Pro Tyr Met Glu Phe Phe Lys Asn Glu Asn Asn Glu Leu Pro Lys Leu
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 Gln Trp Tyr Lys Asp Cys Lys Pro Leu Leu Leu Asp Asn Ile His Phe
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 Ser Gly Val Lys Asp Arg Leu Ile Val Met Asn Val Ala Glu Lys His
 515 520 525
 Arg Gly Asn Tyr Thr Cys His Ala Ser Tyr Thr Tyr Leu Gly Lys Gln

530 535 540
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Pro Thr Arg Pro Val Ile Val Ser Pro Ala Asn Glu Thr Met Glu Val
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Asp Leu Gly Ser Gln Ile Gln Leu Ile Cys Asn Val Thr Gly Gln Leu
580 585 590
Ser Asp Ile Ala Tyr Trp Lys Trp Asn Gly Ser Val Ile Asp Glu Asp
595 600 605
Asp Pro Val Leu Gly Glu Asp Tyr Tyr Ser Val Glu Asn Pro Ala Asn
610 615 620
Lys Arg Arg Ser Thr Leu Ile Thr Val Leu Asn Ile Ser Glu Ile Glu
625 630 635
Ser Arg Phe Tyr Lys His Pro Phe Thr Cys Phe Ala Lys Asn Thr His
645 650 655
Gly Ile Asp Ala Ala Tyr Ile Gln Leu Ile Tyr Pro Val Thr Asn Ser
660 665 670
Gly Glu Ser Lys Tyr Gly Pro Pro Cys Pro Ser Cys Pro Ala Pro Glu
675 680 685
Phe Leu Gly Gly Pro Ser Val Phe Leu Phe Pro Pro Lys Pro Lys Asp
690 695 700
Thr Leu Met Ile Ser Arg Thr Pro Glu Val Thr Cys Val Val Val Asp
705 710 715
Val Ser Gln Glu Asp Pro Glu Val Gln Phe Asn Trp Tyr Val Asp Gly
725 730 735
Val Glu Val His Asn Ala Lys Thr Lys Pro Arg Glu Glu Gln Phe Asn
740 745 750
Ser Thr Tyr Arg Val Val Ser Val Leu Thr Val Leu His Gln Asp Trp
755 760 765
Leu Asn Gly Lys Glu Tyr Lys Cys Lys Val Ser Asn Lys Gly Leu Pro
770 775 780
Ser Ser Ile Glu Lys Thr Ile Ser Lys Ala Lys Gly Gln Pro Arg Glu
785 790 795 800
Pro Gln Val Tyr Thr Leu Pro Pro Ser Gln Glu Glu Met Thr Lys Asn
805 810 815
Gln Val Ser Leu Thr Cys Leu Val Lys Gly Phe Tyr Pro Ser Asp Ile
820 825 830
Ala Val Glu Trp Glu Ser Asn Gly Gln Pro Glu Asn Asn Tyr Lys Thr
835 840 845
Thr Pro Pro Val Leu Asp Ser Asp Gly Ser Phe Phe Leu Tyr Ser Arg
850 855 860
Leu Thr Val Asp Lys Ser Arg Trp Gln Glu Gly Asn Val Phe Ser Cys
865 870 875 880
Ser Val Met His Glu Ala Leu His Asn His Tyr Thr Gln Lys Ser Leu
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Ser Leu Ser Leu Gly Lys
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<213> Homo sapiens

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gagccagctc gcatcaagtg cccactcttt gaacacttct tgaaattcaa ctacagcaca 180

gcccattcag ctggccttac tctgatctgg tattggacta ggcaggaccg ggaccttgag 240
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ccaaatgtag atggatattt tccttccagt gtcaaaccga ctatcacttg gtatatgggc 540
tgttataaaa tacagaattt taataatgta ataccgaag gtatgaactt gagtttcttc 600
attgccttaa tttcaaataa tggaaattac acatgtgttg ttacatatcc agaaaatgga 660
cgtacgtttc atctcaccag gactctgact gtaaaggtag taggctctcc aaaaaatgca 720
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<212> PRT
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Arg Gln Ile Gln Val Phe Glu Asp Glu Pro Ala Arg Ile Lys Cys Pro
35 40 45
Leu Phe Glu His Phe Leu Lys Phe Asn Tyr Ser Thr Ala His Ser Ala

<p>50 Gly 65 Glu Asp Thr Leu 100 Thr 115 Leu 130 Pro 145 Pro Trp Glu 225 Val Glu 305 Val Ala 355 Ile 370 Asn 385 Lys Glu Tyr 435 Ala 450 Ile 465 Pro Gln</p>	<p>55 Trp 70 Arg 85 Trp 100 Arg 115 Val 130 Tyr 145 Asn Trp 180 Met 195 Thr 210 Arg 225 Pro 245 Glu 260 Met 275 Asp 290 Arg 305 Thr 325 Lys 340 Pro 355 Leu 370 Pro 385 Thr 405 Lys 420 Cys 435 Phe 450 Lys 465 Tyr 485 Asp 500</p>	<p>55 Tyr 70 Arg 85 Pro 100 Thr 115 Lys 130 Ile 145 Phe 165 Lys 180 Phe 200 Val 215 Lys 225 Ser 245 Leu 260 Glu 280 Val 295 Arg 310 Lys 325 Ala 340 Lys 355 Glu 370 Gly 385 Thr 405 Ala 420 Ser 435 Pro 450 Val 465 Asn 475 Lys 485 Lys 500</p>	<p>60 Arg 75 Arg 90 Leu 105 Cys 120 Phe 140 Ile 155 Val 170 Asn 185 Phe 205 Glu 220 Val 235 His 250 Thr 265 Trp 280 Ile 300 Gln 315 Tyr 330 Lys 345 Glu 360 Val 375 Thr 395 Arg 410 Val 425 Leu 440 Cys 460 Asp 475 Asn 490 Leu 505</p>	<p>60 Asp 75 Arg 90 Asn 110 Lys 125 Ser 140 Pro 155 Thr 170 Asn 190 Ile 205 Arg 220 Pro 235 Val 250 Tyr 270 Asp 285 Glu 300 Ser 315 His 335 Gln 350 Arg 365 Pro 380 Lys 395 His 415 Ser 430 Ile 445 Asn 460 Gly 475 Glu 490 Asn 510</p>	<p>Leu Ile Phe Arg Phe Arg Asn Thr Thr Tyr Cys Phe Asn Ser Val Lys Pro Thr Ile Thr Cys Gly Arg Thr Phe His Val Val Tyr Glu Lys Phe Ser Phe Lys Lys Ile Ser His Lys Lys Lys Lys Ser His Ala Arg Ser Val Pro Ile Leu Pro Ser Leu Pro Lys Lys Tyr Ile Ser Glu Ala Gln Lys Val Pro Ile Cys Pro Leu Ser Asp Asp Ser Lys His Tyr Ser Ile Ser His Lys Leu Val Cys Leu Pro Lys Leu Phe His Phe</p>
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Ser Gly Val Lys Asp Arg Leu Ile Val Met Asn Val Ala Glu Lys His
 515 520 525
 Arg Gly Asn Tyr Thr Cys His Ala Ser Tyr Thr Tyr Leu Gly Lys Gln
 530 535 540
 Tyr Pro Ile Thr Arg Val Ile Glu Phe Ile Thr Leu Glu Glu Asn Lys
 545 550 555 560
 Pro Thr Arg Pro Val Ile Val Ser Pro Ala Asn Glu Thr Met Glu Val
 565 570 575
 Asp Leu Gly Ser Gln Ile Gln Leu Ile Cys Asn Val Thr Gly Gln Leu
 580 585 590
 Ser Asp Ile Ala Tyr Trp Lys Trp Asn Gly Ser Val Ile Asp Glu Asp
 595 600 605
 Asp Pro Val Leu Gly Glu Asp Tyr Tyr Ser Val Glu Asn Pro Ala Asn
 610 615 620
 Lys Arg Arg Ser Thr Leu Ile Thr Val Leu Asn Ile Ser Glu Ile Glu
 625 630 635 640
 Ser Arg Phe Tyr Lys His Pro Phe Thr Cys Phe Ala Lys Asn Thr His
 645 650 655
 Gly Ile Asp Ala Ala Tyr Ile Gln Leu Ile Tyr Pro Val Thr Asn Ser
 660 665 670
 Gly Glu Ser Lys Tyr Gly Pro Pro Cys Pro Pro Cys Pro Ala Pro Glu
 675 680 685
 Phe Leu Gly Gly Pro Ser Val Phe Leu Phe Pro Pro Lys Pro Lys Asp
 690 695 700
 Thr Leu Met Ile Ser Arg Thr Pro Glu Val Thr Cys Val Val Val Asp
 705 710 715 720
 Val Ser Gln Glu Asp Pro Glu Val Gln Phe Asn Trp Tyr Val Asp Gly
 725 730 735
 Val Glu Val His Asn Ala Lys Thr Lys Pro Arg Glu Glu Gln Phe Asn
 740 745 750
 Ser Thr Tyr Arg Val Val Ser Val Leu Thr Val Leu His Gln Asp Trp
 755 760 765
 Leu Asn Gly Lys Glu Tyr Lys Cys Lys Val Ser Asn Lys Gly Leu Pro
 770 775 780
 Ser Ser Ile Glu Lys Thr Ile Ser Lys Ala Lys Gly Gln Pro Arg Glu
 785 790 795 800
 Pro Gln Val Tyr Thr Leu Pro Pro Ser Gln Glu Glu Met Thr Lys Asn
 805 810 815
 Gln Val Ser Leu Thr Cys Leu Val Lys Gly Phe Tyr Pro Ser Asp Ile
 820 825 830
 Ala Val Glu Trp Glu Ser Asn Gly Gln Pro Glu Asn Asn Tyr Lys Thr
 835 840 845
 Thr Pro Pro Val Leu Asp Ser Asp Gly Ser Phe Phe Leu Tyr Ser Arg
 850 855 860
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<211> 2748

<212> DNA

<213> Homo sapiens

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Arg His Tyr Lys Arg Glu Phe Arg Leu Glu Gly Glu Pro Val Ala Leu
 35 40 45
 Arg Cys Pro Gln Val Pro Tyr Trp Leu Trp Ala Ser Val Ser Pro Arg
 50 55 60
 Ile Asn Leu Thr Trp His Lys Asn Asp Ser Ala Arg Thr Val Pro Gly
 65 70 75 80
 Glu Glu Glu Thr Arg Met Trp Ala Gln Asp Gly Ala Leu Trp Leu Leu
 85 90 95
 Pro Ala Leu Gln Glu Asp Ser Gly Thr Tyr Val Cys Thr Thr Arg Asn
 100 105 110
 Ala Ser Tyr Cys Asp Lys Met Ser Ile Glu Leu Arg Val Phe Glu Asn
 115 120 125
 Thr Asp Ala Phe Leu Pro Phe Ile Ser Tyr Pro Gln Ile Leu Thr Leu
 130 135 140
 Ser Thr Ser Gly Val Leu Val Cys Pro Asp Leu Ser Glu Phe Thr Arg
 145 150 155 160
 Asp Lys Thr Asp Val Lys Ile Gln Trp Tyr Lys Asp Ser Leu Leu Leu
 165 170 175
 Asp Lys Asp Asn Glu Lys Phe Leu Ser Val Arg Gly Thr Thr His Leu
 180 185 190
 Leu Val His Asp Val Ala Leu Glu Asp Ala Gly Tyr Tyr Arg Cys Val
 195 200 205
 Leu Thr Phe Ala His Glu Gly Gln Gln Tyr Asn Ile Thr Arg Ser Ile
 210 215 220
 Glu Leu Arg Ile Lys Lys Lys Lys Glu Glu Thr Ile Pro Val Ile Ile
 225 230 235 240
 Ser Pro Leu Lys Thr Ile Ser Ala Ser Leu Gly Ser Arg Leu Thr Ile
 245 250 255
 Pro Cys Lys Val Phe Leu Gly Thr Gly Thr Pro Leu Thr Thr Met Leu
 260 265 270
 Trp Trp Thr Ala Asn Asp Thr His Ile Glu Ser Ala Tyr Pro Gly Gly
 275 280 285
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 290 295 300
 Tyr Ile Glu Val Pro Leu Ile Phe Asp Pro Val Thr Arg Glu Asp Leu
 305 310 315 320
 His Met Asp Phe Lys Cys Val Val His Asn Thr Leu Ser Phe Gln Thr
 325 330 335
 Leu Arg Thr Thr Val Lys Glu Ala Ser Ser Thr Phe Ser Glu Arg Cys
 340 345 350
 Asp Asp Trp Gly Leu Asp Thr Met Arg Gln Ile Gln Val Phe Glu Asp
 355 360 365
 Glu Pro Ala Arg Ile Lys Cys Pro Leu Phe Glu His Phe Leu Lys Phe
 370 375 380
 Asn Tyr Ser Thr Ala His Ser Ala Gly Leu Thr Leu Ile Trp Tyr Trp
 385 390 395 400
 Thr Arg Gln Asp Arg Asp Leu Glu Glu Pro Ile Asn Phe Arg Leu Pro
 405 410 415
 Glu Asn Arg Ile Ser Lys Glu Lys Asp Val Leu Trp Phe Arg Pro Thr
 420 425 430
 Leu Leu Asn Asp Thr Gly Asn Tyr Thr Cys Met Leu Arg Asn Thr Thr
 435 440 445
 Tyr Cys Ser Lys Val Ala Phe Pro Leu Glu Val Val Gln Lys Asp Ser
 450 455 460
 Cys Phe Asn Ser Pro Met Lys Leu Pro Val His Lys Leu Tyr Ile Glu
 465 470 475 480
 Tyr Gly Ile Gln Arg Ile Thr Cys Pro Asn Val Asp Gly Tyr Phe Pro

485 490 495
 Ser Ser Val Lys Pro Thr Ile Thr Trp Tyr Met Gly Cys Tyr Lys Ile
 500 505 510
 Gln Asn Phe Asn Asn Val Ile Pro Glu Gly Met Asn Leu Ser Phe Leu
 515 520 525
 Ile Ala Leu Ile Ser Asn Asn Gly Asn Tyr Thr Cys Val Val Thr Tyr
 530 535 540
 Pro Glu Asn Gly Arg Thr Phe His Leu Thr Arg Thr Leu Thr Val Lys
 545 550 555 560
 Val Val Gly Ser Pro Lys Asn Ala Val Pro Pro Val Ile His Ser Pro
 565 570 575
 Asn Asp His Val Tyr Glu Lys Glu Pro Gly Glu Glu Leu Leu Ile
 580 585 590
 Pro Cys Thr Val Tyr Phe Ser Phe Leu Met Asp Ser Arg Asn Glu Val
 595 600 605
 Trp Trp Thr Ile Asp Gly Lys Lys Pro Asp Asp Ile Thr Ile Asp Val
 610 615 620
 Thr Ile Asn Glu Ser Ile Ser His Ser Arg Thr Glu Asp Glu Thr Arg
 625 630 635 640
 Thr Gln Ile Leu Ser Ile Lys Lys Val Thr Ser Glu Asp Leu Lys Arg
 645 650 655
 Ser Tyr Val Cys His Ala Arg Ser Ala Lys Gly Glu Val Ala Lys Ala
 660 665 670
 Ala Lys Val Lys Gln Lys Val Pro Ala Pro Arg Tyr Thr Val Ser Gly
 675 680 685
 Asp Lys Thr His Thr Cys Pro Pro Cys Pro Ala Pro Glu Leu Leu Gly
 690 695 700
 Gly Pro Ser Val Phe Leu Phe Pro Pro Lys Pro Lys Asp Thr Leu Met
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 Ile Ser Arg Thr Pro Glu Val Thr Cys Val Val Val Asp Val Ser His
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905

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Leu Arg Thr Thr Val Lys Glu Ala Ser Ser Thr Phe Ser Glu Arg Cys
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 Thr Val Asp Lys Ser Arg Trp Gln Glu Gly Asn Val Phe Ser Cys Ser
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 Thr Cys Met Leu Arg Asn Thr Thr Tyr Cys Ser Lys Val Ala Phe Pro
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 Pro Asn Val Asp Gly Tyr Phe Pro Ser Ser Val Lys Pro Thr Ile Thr
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 Glu Gly Met Asn Leu Ser Phe Leu Ile Ala Leu Ile Ser Asn Asn Gly
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Gly Leu Thr Leu Ile Trp Tyr Trp Thr Arg Gln Asp Arg Asp Leu Glu
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Pro Asn Val Asp Gly Tyr Phe Pro Ser Ser Val Lys Pro Thr Ile Thr
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Trp Tyr Met Gly Cys Tyr Lys Ile Gln Asn Phe Asn Asn Val Ile Pro
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Glu Pro Gly Glu Glu Leu Leu Ile Pro Cys Thr Val Tyr Phe Ser Phe
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Arg	Gly	Arg	His	Tyr	Lys	Arg	Glu	Phe	Arg	Leu	Glu	Gly	Glu	Pro	Val
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 Leu Phe Glu His Phe Leu Lys Phe Asn Tyr Ser Thr Ala His Ser Ala
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 Gly Leu Thr Leu Ile Trp Tyr Trp Thr Arg Gln Asp Arg Asp Leu Glu
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 Glu Pro Ile Asn Phe Arg Leu Pro Glu Asn Arg Ile Ser Lys Glu Lys
 85 90 95
 Asp Val Leu Trp Phe Arg Pro Thr Leu Leu Asn Asp Thr Gly Asn Tyr
 100 105 110
 Thr Cys Met Leu Arg Asn Thr Thr Tyr Cys Ser Lys Val Ala Phe Pro
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 Leu Glu Val Val Gln Lys Asp Ser Cys Phe Asn Ser Pro Met Lys Leu
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 Pro Val His Lys Leu Tyr Ile Glu Tyr Gly Ile Gln Arg Ile Thr Cys
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 Pro Asn Val Asp Gly Tyr Phe Pro Ser Ser Val Lys Pro Thr Ile Thr
 165 170 175
 Trp Tyr Met Gly Cys Tyr Lys Ile Gln Asn Phe Asn Asn Val Ile Pro
 180 185 190
 Glu Gly Met Asn Leu Ser Phe Leu Ile Ala Leu Ile Ser Asn Asn Gly
 195 200 205
 Asn Tyr Thr Cys Val Val Thr Tyr Pro Glu Asn Gly Arg Thr Phe His
 210 215 220
 Leu Thr Arg Thr Leu Thr Val Lys Val Val Gly Ser Pro Lys Asn Ala
 225 230 235 240
 Val Pro Pro Val Ile His Ser Pro Asn Asp His Val Val Tyr Glu Lys
 245 250 255
 Glu Pro Gly Glu Glu Leu Leu Ile Pro Cys Thr Val Tyr Phe Ser Phe
 260 265 270
 Leu Met Asp Ser Arg Asn Glu Val Trp Trp Thr Ile Asp Gly Lys Lys
 275 280 285

Pro Asp Asp Ile Thr Ile Asp Val Thr Ile Asn Glu Ser Ile Ser His
 290 295 300
 Ser Arg Thr Glu Asp Glu Thr Arg Thr Gln Ile Leu Ser Ile Lys Lys
 305 310 315 320
 Val Thr Ser Glu Asp Leu Lys Arg Ser Tyr Val Cys His Ala Arg Ser
 325 330 335
 Ala Lys Gly Glu Val Ala Lys Ala Ala Lys Val Lys Gln Lys Val Pro
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 Ala Pro Arg Tyr Thr Val His Thr Gly Ala Ala Arg Ser Cys Arg Phe
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 Arg Gly Arg His Tyr Lys Arg Glu Phe Arg Leu Glu Gly Glu Pro Val
 370 375 380
 Ala Leu Arg Cys Pro Gln Val Pro Tyr Trp Leu Trp Ala Ser Val Ser
 385 390 395 400
 Pro Arg Ile Asn Leu Thr Trp His Lys Asn Asp Ser Ala Arg Thr Val
 405 410 415
 Pro Gly Glu Glu Glu Thr Arg Met Trp Ala Gln Asp Gly Ala Leu Trp
 420 425 430
 Leu Leu Pro Ala Leu Gln Glu Asp Ser Gly Thr Tyr Val Cys Thr Thr
 435 440 445
 Arg Asn Ala Ser Tyr Cys Asp Lys Met Ser Ile Glu Leu Arg Val Phe
 450 455 460
 Glu Asn Thr Asp Ala Phe Leu Pro Phe Ile Ser Tyr Pro Gln Ile Leu
 465 470 475 480
 Thr Leu Ser Thr Ser Gly Val Leu Val Cys Pro Asp Leu Ser Glu Phe
 485 490 495
 Thr Arg Asp Lys Thr Asp Val Lys Ile Gln Trp Tyr Lys Asp Ser Leu
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 Leu Leu Asp Lys Asp Asn Glu Lys Phe Leu Ser Val Arg Gly Thr Thr
 515 520 525
 His Leu Leu Val His Asp Val Ala Leu Glu Asp Ala Gly Tyr Tyr Arg
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 Cys Val Leu Thr Phe Ala His Glu Gly Gln Gln Tyr Asn Ile Thr Arg
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 Ser Ile Glu Leu Arg Ile Lys Lys Lys Lys Glu Glu Thr Ile Pro Val
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 Ile Ile Ser Pro Leu Lys Thr Ile Ser Ala Ser Leu Gly Ser Arg Leu
 580 585 590
 Thr Ile Pro Cys Lys Val Phe Leu Gly Thr Gly Thr Pro Leu Thr Thr
 595 600 605
 Met Leu Trp Trp Thr Ala Asn Asp Thr His Ile Glu Ser Ala Tyr Pro
 610 615 620
 Gly Gly Arg Val Thr Glu Gly Pro Arg Gln Glu Tyr Ser Glu Asn Asn
 625 630 635 640
 Glu Asn Tyr Ile Glu Val Pro Leu Ile Phe Asp Pro Val Thr Arg Glu
 645 650 655
 Asp Leu His Met Asp Phe Lys Cys Val Val His Asn Thr Leu Ser Phe
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 Gln Thr Leu Arg Thr Thr Val Lys Glu Ala Ser Ser Thr Phe Ser Gly
 675 680 685
 Glu Ser Lys Tyr Gly Pro Pro Cys Pro Pro Cys Pro Ala Pro Glu Phe
 690 695 700
 Leu Gly Gly Pro Ser Val Phe Leu Phe Pro Pro Lys Pro Lys Asp Thr
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<213> Homo sapiens

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Gly Tyr Leu Gln Gly Pro Asn Val Asn Leu Glu Glu Lys Ile Asp Val
 35          40          45
Val Pro Ile Glu Pro His Ala Leu Phe Leu Gly Ile His Gly Gly Lys
 50          55          60
Met Cys Leu Ser Cys Val Lys Ser Gly Asp Glu Thr Arg Leu Gln Leu
 65          70          75          80
Glu Ala Val Asn Ile Thr Asp Leu Ser Glu Asn Arg Lys Gln Asp Lys
 85          90          95
Arg Phe Ala Phe Ile Arg Ser Asp Ser Gly Pro Thr Thr Ser Phe Glu
 100         105         110
Ser Ala Ala Cys Pro Gly Trp Phe Leu Cys Thr Ala Met Glu Ala Asp
 115         120         125
Gln Pro Val Ser Leu Thr Asn Met Pro Asp Glu Gly Val Met Val Thr
 130         135         140
Lys Phe Tyr Phe Gln Glu Asp Glu
145          150

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41