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(71) Demandeur/Applicant:
GENENTECH, INC., US

(72) Inventeurs/Inventors:
POLSON, ANDREW, US;
YU, SHANG-FAN, US;
CHU, YU-WAYE, US;
WENGER, MICHAEL, US

(74) Agent: GOWLING WLG (CANADA) LLP

(54) Titre : METHODES D'UTILISATION D'IMMUNOCONJUGUES ANTI-CD79B

(54) Title: METHODS OF USING ANTI-CD79B IMMUNOCONJUGATES

(57) **Abrégé/Abstract:**

Provided herein are methods of treating B-cell proliferative disorders in particular Follicular Lymphoma and/or Diffuse Large B-Cell Lymphoma using immunoconjugates comprising anti- CD79b antibodies in combination with additional therapeutic agents.

Abstract

Provided herein are methods of treating B-cell proliferative disorders in particular Follicular Lymphoma and/or Diffuse Large B-Cell Lymphoma using immunoconjugates comprising anti-CD79b antibodies in combination with additional therapeutic agents.

METHODS OF USING ANTI-CD79b IMMUNOCONJUGATES

CROSS REFERENCE TO RELATED APPLICATIONS

[0001] This patent application claims priority to U.S. Provisional Application Serial No. 62/054257, filed on September 23, 2014, and U.S. Provisional Application Serial No. 62/076823, filed on November 7, 2014, and U.S. Provisional Application Serial No. 62/136324, filed on March 20, 2015.

FIELD OF THE INVENTION

[0002] Provided herein are methods of treating B-cell proliferative disorders in particular Follicular Lymphoma and/or Diffuse Large B-Cell Lymphoma using immunoconjugates comprising anti-CD79b antibodies in combination with additional therapeutic agents.

BACKGROUND OF THE INVENTION

[0003] CD79b is the signaling component of the B-cell receptor which acts as a covalent heterodimer containing CD79a (*i.e.*, Ig α or mb-1) and CD79b (*i.e.*, Ig β or B29). CD79b contains an extracellular immunoglobulin (Ig) domain, a transmembrane domain, and an intracellular signaling domain, an immunoreceptor tyrosine-based activation motif (ITAM) domain. CD79 is expressed on B-cells and, for example, in Non-Hodgkin's Lymphoma cells (NHLs) (Cabezudo et al., *Haematologica* 84:413-418 (1999); D'Arena et al., *Am. J. Hematol.* 64: 275-281 (2000); Olejniczak et al., *Immunol. Invest.* 35: 93-114 (2006)). CD79a and CD79b and slg are all required for surface expression of the CD79 (Matsuuchi et al., *Curr. Opin. Immunol.* 13(3): 270-7)).

[0004] B-cell proliferative disorders are generally treated with some combination of surgery, radiation therapy and/or drug treatment. Accumulated empirical clinical experience, supported by animal models, supports the hypothesis that cytotoxic drugs may be more effective when given in combination to achieve additive or synergistic effects. However, a caveat to the hypothesis is that success requires the ability to combine drugs at their respective effective doses without unacceptable side-effects and avoiding possible pharmacokinetic interactions. Further, although it may seem reasonable to combine a targeted agent with the standard of care, clinical experience indicates that differences in administration regimens and the dosages of each agents has an effect on efficacy of the treatment. These factors have led to the clinical failure of many combinations. *See, e.g.*, Al-Lazikani et al., *Nature Biotechnology* 30:679-692 (2012). There is a need in the art for new treatment regimens for treating B-cell proliferative disorders including treatments comprising agents that target CD79b (*e.g.*, anti-CD79b immunoconjugates).

[0005]

SUMMARY

[0006] Provided herein are methods of treating a B-cell proliferative disorder in an individual comprising (a) an immunoconjugate comprising an antibody which binds CD79b linked to a cytotoxic agent and (b) an additional therapeutic agent.

[0007] In particular, provided herein are methods for treating a B-cell proliferative disorder in an individual comprising administering to the individual an effective amount of (a) an immunoconjugate comprising an anti-CD79b antibody linked to a cytotoxic agent and (b) an alkylating agent. In some embodiments, provided herein are methods for treating a B-cell proliferative disorder in an individual comprising administering to the individual an effective amount of (a) an immunoconjugate comprising an anti-CD79b antibody linked to a cytotoxic agent, (b) an anti-CD20 antibody, and (c) an alkylating agent.

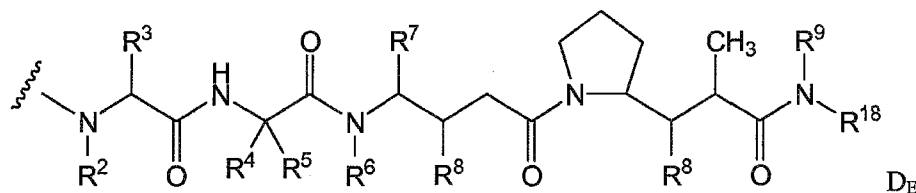
[0008] In some embodiments of any of the methods, the anti-CD20 antibody is rituximab. In some embodiments, rituximab is administered at about 375 mg/m². In some embodiments of any of the methods, the anti-CD20 antibody is a humanized B-Ly1 antibody. In some embodiments, the humanized B-Ly1 antibody is obinituzumab. In some embodiments, obinituzumab is administered at about 1000 mg/m². In some embodiments of any of the methods, the anti-CD20 antibody is ofatumumab, ublituximab, and/or ibritumomab tiuxetan.

[0009] In some embodiments of any of the methods, the alkylating agent is 4-[5-[Bis(2-chloroethyl)amino]-1-methylbenzimidazol-2-yl]butanoic acid and salts thereof. In some embodiments of any of the methods, the alkylating agent is bendamustine. In some embodiments, bendamustine is administered at about 25-120 mg/m². In some embodiments, bendamustine is administered at about 90 mg/m².

[0010] In some embodiments of any of the methods, the cytotoxic agent is an antimetabolic agent. In some embodiments, the antimetabolic agent is an inhibitor of the polymerization of tubulin.

[0011] In some embodiments of any of the methods, the immunoconjugate has the formula Ab-(L-D)_p, wherein: (a) Ab is the antibody which binds CD79b; (b) L is a linker; (c) D is the cytotoxic agent and the cytotoxic agent is selected from a maytansinoid or an auristatin; and (d) p ranges from 1-8.

[0012] In some embodiments of any of the methods, D is an auristatin. In some embodiments of any of the methods, D has formula D_E



and wherein R² and R⁶ are each methyl, R³ and R⁴ are each isopropyl, R⁵ is H, R⁷ is sec-butyl, each

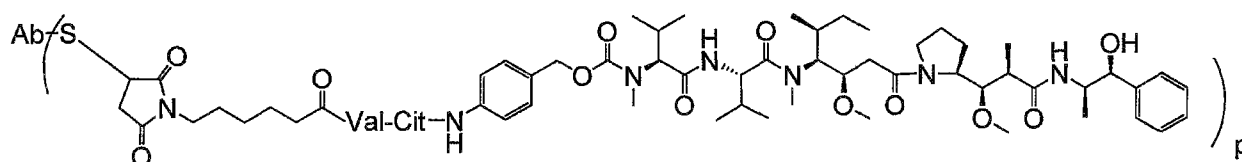
R^8 is independently selected from CH_3 , $O-CH_3$, OH , and H ; R^9 is H ; and R^{18} is $-C(R^8)_2-C(R^8)_2-aryl$.

In some embodiments of any of the methods, D is MMAE.

[0013] In some embodiments of any of the methods, the linker is cleavable by a protease. In some embodiments, the linker comprises a val-cit dipeptide or a Phe-homoLys dipeptide.

[0014] In some embodiments of any of the methods, the linker is acid-labile. In some embodiments, the linker comprises hydrazone.

[0015] In some embodiments of any of the methods, the formula is:



wherein S is a sulfur atom.

[0016] In some embodiments of any of the methods, p ranges from 2-5.

[0017] In some embodiments of any of the methods, the antibody is a monoclonal antibody. In some embodiments, the antibody is a human, humanized, or chimeric antibody.

[0018] In some embodiments of any of the methods, the antibody comprises (a) HVR-H1 comprising the amino acid sequence of SEQ ID NO:21; (b) HVR-H2 comprising the amino acid sequence of SEQ ID NO:22; (c) HVR-H3 comprising the amino acid sequence of SEQ ID NO:23; (d) HVR-L1 comprising the amino acid sequence of SEQ ID NO:24; (e) HVR-L2 comprising the amino acid sequence of SEQ ID NO:25; and (f) HVR-L3 comprising the amino acid sequence of SEQ ID NO:26.

[0019] In some embodiments of any of the methods, the antibody comprises (a) a VH comprising the amino acid sequence of SEQ ID NO:19 and (b) a VL sequence comprising the amino acid sequence of SEQ ID NO:20. In some embodiments of any of the methods, the antibody comprises (a) a heavy chain comprising the amino acid sequence of SEQ ID NO:36 and (b) a light chain comprising the amino acid sequence of SEQ ID NO:35.

[0020] In some embodiments of any of the methods, the antibody is a cysteine engineered antibody. In some embodiments, the antibody comprises an engineered cysteine at position 118 according to EU numbering convention of the heavy chain (A118C). In some embodiments, the antibody comprises an engineered cysteine at position 205 according to Kabat numbering convention of the light chain (V205C). In some embodiments of any of the methods, the cytotoxic agent is linked to the anti-CD79b antibody through the engineered cysteine (*e.g.*, at position 118 according to EU numbering convention of the heavy chain and/or at position 205 according to Kabat numbering convention of the light chain). In some embodiments of any of the methods, the antibody comprises (a) a heavy chain comprising the amino acid sequence of SEQ ID NO:37 and (b) a light chain comprising the amino acid sequence of SEQ ID NO:35. In some embodiments of any of the

methods, the antibody comprises (a) a heavy chain comprising the amino acid sequence of SEQ ID NO:36 and (b) a light chain comprising the amino acid sequence of SEQ ID NO:38.

[0021] In some embodiments of any of the methods, the B-cell proliferative disorder is cancer. In some embodiments, the B-cell proliferative disorder is lymphoma, non-Hodgkins lymphoma (NHL), aggressive NHL, relapsed aggressive NHL, relapsed indolent NHL, refractory NHL, refractory indolent NHL, chronic lymphocytic leukemia (CLL), small lymphocytic lymphoma, leukemia, hairy cell leukemia (HCL), acute lymphocytic leukemia (ALL), or mantle cell lymphoma. In some embodiments, the B-cell proliferative disorder is NHL, such as indolent NHL and/or aggressive NHL. In some embodiments, the B-cell proliferative disorder is indolent follicular lymphoma or diffuse large B-cell lymphoma.

BRIEF DESCRIPTION OF THE DRAWINGS

[0022] Figure 1 shows change in tumor volume (mm^3) upon treatment of WSU-CLCL2 (Diffuse Large B-cell Lymphoma) with (a) huMA79bv28-MC-vc-PAB-MMAE, (b) rituximab + bendamustine, and (c) huMA79bv28-MC-vc-PAB-MMAE + rituximab + bendamustine. huMA79bv28-MC-vc-PAB-MMAE: 2 mg/kg, iv, once on day 0; anti-CD20 (rituximab): 30 mg/kg, ip, once on day 0, and bendamustine: 30 mg/kg, iv, once on day 0.

[0023] Figure 2 shows change in tumor volume (mm^3) upon treatment of tumor xenografts model of Granta-519 human mantle-cell lymphoma with (a) vehicle, (b) huMA79bv28-MC-vc-PAB-MMAE (DCDS4501A), (c) ABT-199, and (d) huMA79bv28-MC-vc-PAB-MMAE (DCDS4501A) + ABT-199. huMA79bv28-MC-vc-PAB-MMAE (DCDS4501A): 1 mg/kg, iv, once on day 0 and ABT-199: 100 mg/kg, po, qd21.

[0024] Figure 3A-B shows change in tumor volume (mm^3) upon treatment of tumor xenografts model of WSU-DLCL2 (DLBCL) and TMD8 (ABC-DLBCL) with various combination therapy regimens including huMA79bv28-MC-vc-PAB-MMAE.

[0025] Figure 4 shows change in tumor volume (mm^3) upon treatment of tumor xenografts model of WSU-DLCL2 (DLBCL) with various combination therapy regimens huMA79bv28-MC-vc-PAB-MMAE.

DETAILED DESCRIPTION

[0026] Provided herein are methods of treating B-cell proliferative disorders such as indolent and aggressive NHL using combinations of immunoconjugates comprising an antibody which binds CD79b linked to a cytotoxic agent (*i.e.*, anti-CD79b immunoconjugate) and additional therapeutic agents, in particular, in some embodiments, the immunoconjugates comprise an antimitotic agent such as an inhibitor of the polymerization of tubulin.

I. General Techniques

[0027] The practice of the present invention will employ, unless otherwise indicated, conventional techniques of molecular biology (including recombinant techniques), microbiology, cell biology, biochemistry, and immunology, which are within the skill of the art. Such techniques are explained

fully in the literature, such as, “Molecular Cloning: A Laboratory Manual”, second edition (Sambrook et al., 1989); “Oligonucleotide Synthesis” (M. J. Gait, ed., 1984); “Animal Cell Culture” (R. I. Freshney, ed., 1987); “Methods in Enzymology” (Academic Press, Inc.); “Current Protocols in Molecular Biology” (F. M. Ausubel et al., eds., 1987, and periodic updates); “PCR: The Polymerase Chain Reaction”, (Mullis et al., ed., 1994); “A Practical Guide to Molecular Cloning” (Perbal Bernard V., 1988); “Phage Display: A Laboratory Manual” (Barbas et al., 2001).

II. Definitions

[0028] The term “CD79b”, as used herein, refers to any native CD79b from any vertebrate source, including mammals such as primates (*e.g.*, humans, cynomolgus monkey (*cyno*)) and rodents (*e.g.*, mice and rats), unless otherwise indicated. Human CD79b is also referred herein to as “Igβ,” “B29,” “DNA225786” or “PRO36249.” An exemplary CD79b sequence including the signal sequence is shown in SEQ ID NO:1. An exemplary CD79b sequence without the signal sequence is shown in SEQ ID NO:2. The term “CD79b” encompasses “full-length,” unprocessed CD79b as well as any form of CD79b that results from processing in the cell. The term also encompasses naturally occurring variants of CD79b, *e.g.*, splice variants, allelic variants and isoforms. The CD79b polypeptides described herein may be isolated from a variety of sources, such as from human tissue types or from another source, or prepared by recombinant or synthetic methods. A “native sequence CD79b polypeptide” comprises a polypeptide having the same amino acid sequence as the corresponding CD79b polypeptide derived from nature. Such native sequence CD79b polypeptides can be isolated from nature or can be produced by recombinant or synthetic means. The term “native sequence CD79b polypeptide” specifically encompasses naturally-occurring truncated or secreted forms of the specific CD79b polypeptide (*e.g.*, an extracellular domain sequence), naturally-occurring variant forms (*e.g.*, alternatively spliced forms) and naturally-occurring allelic variants of the polypeptide.

[0029] “CD20” as used herein refers to the human B-lymphocyte antigen CD20 (also known as CD20, B-lymphocyte surface antigen B1, Leu-16, Bp35, BM5, and LF5; the sequence is characterized by the SwissProt database entry P11836) is a hydrophobic transmembrane protein with a molecular weight of approximately 35 kD located on pre-B and mature B lymphocytes. (Valentine, M.A., et al., *J. Biol. Chem.* 264(19) (1989) 11282-11287; Tedder, T.F., et al, *Proc. Natl. Acad. Sci. U.S.A.* 85 (1988) 208-12; Stamenkovic, I., et al., *J. Exp. Med.* 167 (1988) 1975-80; Einfeld, D.A. et al., *EMBO J.* 7 (1988) 711-7; Tedder, T.F., et al., *J. Immunol.* 142 (1989) 2560-8). The corresponding human gene is Membrane-spanning 4-domains, subfamily A, member 1, also known as MS4A1. This gene encodes a member of the membrane-spanning 4A gene family. Members of this nascent protein family are characterized by common structural features and similar intron/exon splice boundaries and display unique expression patterns among hematopoietic cells and nonlymphoid tissues. This gene encodes the B-lymphocyte surface molecule which plays a role in the development and differentiation of B-cells into plasma cells. This family member is localized to

11q12, among a cluster of family members. Alternative splicing of this gene results in two transcript variants which encode the same protein.

[0030] The terms "CD20" and "CD20 antigen" are used interchangeably herein, and include any variants, isoforms and species homologs of human CD20 which are naturally expressed by cells or are expressed on cells transfected with the CD20 gene. Binding of an antibody of the invention to the CD20 antigen mediate the killing of cells expressing CD20 (*e.g.*, a tumor cell) by inactivating CD20. The killing of the cells expressing CD20 may occur by one or more of the following mechanisms: Cell death/apoptosis induction, ADCC and CDC. Synonyms of CD20, as recognized in the art, include B-lymphocyte antigen CD20, B-lymphocyte surface antigen B1, Leu-16, Bp35, BM5, and LF5.

[0031] The term "expression of the CD20" antigen is intended to indicate a significant level of expression of the CD20 antigen in a cell, *e.g.*, a T- or B- Cell. In one embodiment, patients to be treated according to the methods of this invention express significant levels of CD20 on a B-cell tumor or cancer. Patients having a "CD20 expressing cancer" can be determined by standard assays known in the art. *e.g.*, CD20 antigen expression is measured using immunohistochemical (IHC) detection, FACS or via PCR-based detection of the corresponding mRNA.

[0032] "Affinity" refers to the strength of the sum total of noncovalent interactions between a single binding site of a molecule (*e.g.*, an antibody) and its binding partner (*e.g.*, an antigen). Unless indicated otherwise, as used herein, "binding affinity" refers to intrinsic binding affinity which reflects a 1:1 interaction between members of a binding pair (*e.g.*, antibody and antigen). The affinity of a molecule X for its partner Y can generally be represented by the dissociation constant (K_d). Affinity can be measured by common methods known in the art, including those described herein. Specific illustrative and exemplary embodiments for measuring binding affinity are described in the following.

[0033] An "affinity matured" antibody refers to an antibody with one or more alterations in one or more hypervariable regions (HVRs), compared to a parent antibody which does not possess such alterations, such alterations resulting in an improvement in the affinity of the antibody for antigen.

[0034] The term "antibody" herein is used in the broadest sense and encompasses various antibody structures, including but not limited to monoclonal antibodies, polyclonal antibodies, multispecific antibodies (*e.g.*, bispecific antibodies), and antibody fragments so long as they exhibit the desired antigen-binding activity.

[0035] An "antibody fragment" refers to a molecule other than an intact antibody that comprises a portion of an intact antibody that binds the antigen to which the intact antibody binds. Examples of antibody fragments include but are not limited to Fv, Fab, Fab', Fab'-SH, F(ab')₂; diabodies; linear antibodies; single-chain antibody molecules (*e.g.*, scFv); and multispecific antibodies formed from antibody fragments.

[0036] An “antibody that binds to the same epitope” as a reference antibody refers to an antibody that blocks binding of the reference antibody to its antigen in a competition assay by 50% or more, and conversely, the reference antibody blocks binding of the antibody to its antigen in a competition assay by 50% or more. An exemplary competition assay is provided herein.

[0037] The term “epitope” refers to the particular site on an antigen molecule to which an antibody binds.

[0038] The term “chimeric” antibody refers to an antibody in which a portion of the heavy and/or light chain is derived from a particular source or species, while the remainder of the heavy and/or light chain is derived from a different source or species.

[0039] The “class” of an antibody refers to the type of constant domain or constant region possessed by its heavy chain. There are five major classes of antibodies: IgA, IgD, IgE, IgG, and IgM, and several of these may be further divided into subclasses (isotypes), *e.g.*, IgG₁, IgG₂, IgG₃, IgG₄, IgA₁, and IgA₂. The heavy chain constant domains that correspond to the different classes of immunoglobulins are called α , δ , ϵ , γ , and μ , respectively.

[0040] The term “anti-CD79b antibody” or “an antibody that binds to CD79b” refers to an antibody that is capable of binding CD79b with sufficient affinity such that the antibody is useful as a diagnostic and/or therapeutic agent in targeting CD79b. Preferably, the extent of binding of an anti-CD79b antibody to an unrelated, non-CD79b protein is less than about 10% of the binding of the antibody to CD79b as measured, *e.g.*, by a radioimmunoassay (RIA). In certain embodiments, an antibody that binds to CD79b has a dissociation constant (K_d) of $\leq 1 \mu\text{M}$, $\leq 100 \text{ nM}$, $\leq 10 \text{ nM}$, $\leq 1 \text{ nM}$, or $\leq 0.1 \text{ nM}$. In certain embodiments, anti-CD79b antibody binds to an epitope of CD79b that is conserved among CD79b from different species.

[0041] The term “anti-CD20 antibody” according to the invention refers to an antibody that is capable of binding CD20 with sufficient affinity such that the antibody is useful as a diagnostic and/or therapeutic agent in targeting CD20. Preferably, the extent of binding of an anti-CD20 antibody to an unrelated, non-CD20 protein is less than about 10% of the binding of the antibody to CD20 as measured, *e.g.*, by a radioimmunoassay (RIA). In certain embodiments, an antibody that binds to CD20 has a dissociation constant (K_d) of $\leq 1 \mu\text{M}$, $\leq 100 \text{ nM}$, $\leq 10 \text{ nM}$, $\leq 1 \text{ nM}$, or $\leq 0.1 \text{ nM}$. In certain embodiments, anti-CD20 antibody binds to an epitope of CD20 that is conserved among CD20 from different species.

[0042] The term “PD-1 axis binding antagonist” refers to a molecule that inhibits the interaction of a PD-1 axis binding partner with either one or more of its binding partner, so as to remove T-cell dysfunction resulting from signaling on the PD-1 signaling axis – with a result being to restore or enhance T-cell function (*e.g.*, proliferation, cytokine production, target cell killing). As used herein, a PD-1 axis binding antagonist includes a PD-1 binding antagonist, a PD-L1 binding antagonist and a PD-L2 binding antagonist.

[0043] The term “PD-1 binding antagonist” refers to a molecule that decreases, blocks, inhibits, abrogates or interferes with signal transduction resulting from the interaction of PD-1 with one or more of its binding partners, such as PD-L1, PD-L2. In some embodiments, the PD-1 binding antagonist is a molecule that inhibits the binding of PD-1 to one or more of its binding partners. In a specific aspect, the PD-1 binding antagonist inhibits the binding of PD-1 to PD-L1 and/or PD-L2. For example, PD-1 binding antagonists include anti-PD-1 antibodies, antigen binding fragments thereof, immunoadhesins, fusion proteins, oligopeptides and other molecules that decrease, block, inhibit, abrogate or interfere with signal transduction resulting from the interaction of PD-1 with PD-L1 and/or PD-L2. In one embodiment, a PD-1 binding antagonist reduces the negative co-stimulatory signal mediated by or through cell surface proteins expressed on T lymphocytes mediated signaling through PD-1 so as to render a dysfunctional T-cell less dysfunctional (*e.g.*, enhancing effector responses to antigen recognition). In some embodiments, the PD-1 binding antagonist is an anti-PD-1 antibody. In a specific aspect, a PD-1 binding antagonist is MDX-1106 (nivolumab) described herein. In another specific aspect, a PD-1 binding antagonist is MK-3475 (lambrolizumab) described herein. In another specific aspect, a PD-1 binding antagonist is CT-011 (pidilizumab) described herein. In another specific aspect, a PD-1 binding antagonist is AMP-224 described herein.

[0044] The term “PD-L1 binding antagonist” refers to a molecule that decreases, blocks, inhibits, abrogates or interferes with signal transduction resulting from the interaction of PD-L1 with either one or more of its binding partners, such as PD-1, B7-1. In some embodiments, a PD-L1 binding antagonist is a molecule that inhibits the binding of PD-L1 to its binding partners. In a specific aspect, the PD-L1 binding antagonist inhibits binding of PD-L1 to PD-1 and/or B7-1. In some embodiments, the PD-L1 binding antagonists include anti-PD-L1 antibodies, antigen binding fragments thereof, immunoadhesins, fusion proteins, oligopeptides and other molecules that decrease, block, inhibit, abrogate or interfere with signal transduction resulting from the interaction of PD-L1 with one or more of its binding partners, such as PD-1, B7-1. In one embodiment, a PD-L1 binding antagonist reduces the negative co-stimulatory signal mediated by or through cell surface proteins expressed on T lymphocytes mediated signaling through PD-L1 so as to render a dysfunctional T-cell less dysfunctional (*e.g.*, enhancing effector responses to antigen recognition). In some embodiments, a PD-L1 binding antagonist is an anti-PD-L1 antibody. In a specific aspect, an anti-PD-L1 antibody is YW243.55.S70 described herein. In another specific aspect, an anti-PD-L1 antibody is MDX-1105 described herein. In still another specific aspect, an anti-PD-L1 antibody is MPDL3280A described herein. In still another specific aspect, an anti-PD-L1 antibody is MEDI4736 described herein.

[0045] The term “PD-L2 binding antagonist” refers to a molecule that decreases, blocks, inhibits, abrogates or interferes with signal transduction resulting from the interaction of PD-L2 with either one or more of its binding partners, such as PD-1. In some embodiments, a PD-L2 binding

antagonist is a molecule that inhibits the binding of PD-L2 to one or more of its binding partners. In a specific aspect, the PD-L2 binding antagonist inhibits binding of PD-L2 to PD-1. In some embodiments, the PD-L2 antagonists include anti-PD-L2 antibodies, antigen binding fragments thereof, immunoadhesins, fusion proteins, oligopeptides and other molecules that decrease, block, inhibit, abrogate or interfere with signal transduction resulting from the interaction of PD-L2 with either one or more of its binding partners, such as PD-1. In one embodiment, a PD-L2 binding antagonist reduces the negative co-stimulatory signal mediated by or through cell surface proteins expressed on T lymphocytes mediated signaling through PD-L2 so as render a dysfunctional T-cell less dysfunctional (*e.g.*, enhancing effector responses to antigen recognition). In some embodiments, a PD-L2 binding antagonist is an immunoadhesin.

[0046] The term “dysfunction” in the context of immune dysfunction, refers to a state of reduced immune responsiveness to antigenic stimulation. The term includes the common elements of both exhaustion and/or anergy in which antigen recognition may occur, but the ensuing immune response is ineffective to control infection or tumor growth.

[0047] The term “dysfunctional”, as used herein, also includes refractory or unresponsive to antigen recognition, specifically, impaired capacity to translate antigen recognition into down-stream T-cell effector functions, such as proliferation, cytokine production (*e.g.*, IL-2) and/or target cell killing.

[0048] The term “anergy” refers to the state of unresponsiveness to antigen stimulation resulting from incomplete or insufficient signals delivered through the T-cell receptor (*e.g.*, increase in intracellular Ca^{+2} in the absence of ras-activation). T cell anergy can also result upon stimulation with antigen in the absence of co-stimulation, resulting in the cell becoming refractory to subsequent activation by the antigen even in the context of costimulation. The unresponsive state can often be overridden by the presence of Interleukin-2. Anergic T-cells do not undergo clonal expansion and/or acquire effector functions.

[0049] The term “exhaustion” refers to T cell exhaustion as a state of T cell dysfunction that arises from sustained TCR signaling that occurs during many chronic infections and cancer. It is distinguished from anergy in that it arises not through incomplete or deficient signaling, but from sustained signaling. It is defined by poor effector function, sustained expression of inhibitory receptors and a transcriptional state distinct from that of functional effector or memory T cells. Exhaustion prevents optimal control of infection and tumors. Exhaustion can result from both extrinsic negative regulatory pathways (*e.g.*, immunoregulatory cytokines) as well as cell intrinsic negative regulatory (costimulatory) pathways (PD-1, B7-H3, B7-H4, etc.).

[0050] “Enhancing T-cell function” means to induce, cause or stimulate a T-cell to have a sustained or amplified biological function, or renew or reactivate exhausted or inactive T-cells. Examples of enhancing T-cell function include: increased secretion of γ -interferon from CD8^{+} T-cells, increased proliferation, increased antigen responsiveness (*e.g.*, viral, pathogen, or tumor clearance) relative to such levels before the intervention. In one embodiment, the level of enhancement is at least 50%,

alternatively 60%, 70%, 80%, 90%, 100%, 120%, 150%, and/or 200%. The manner of measuring this enhancement is known to one of ordinary skill in the art.

[0051] A “T cell dysfunctional disorder” is a disorder or condition of T-cells characterized by decreased responsiveness to antigenic stimulation. In a particular embodiment, a T-cell dysfunctional disorder is a disorder that is specifically associated with inappropriate increased signaling through PD-1. In another embodiment, a T-cell dysfunctional disorder is one in which T-cells are anergic or have decreased ability to secrete cytokines, proliferate, or execute cytolytic activity. In a specific aspect, the decreased responsiveness results in ineffective control of a pathogen or tumor expressing an immunogen. Examples of T cell dysfunctional disorders characterized by T-cell dysfunction include unresolved acute infection, chronic infection and tumor immunity.

[0052] “Tumor immunity” refers to the process in which tumors evade immune recognition and clearance. Thus, as a therapeutic concept, tumor immunity is “treated” when such evasion is attenuated, and the tumors are recognized and attacked by the immune system. Examples of tumor recognition include tumor binding, tumor shrinkage and tumor clearance.

[0053] “Immunogenicity” refers to the ability of a particular substance to provoke an immune response. Tumors are immunogenic and enhancing tumor immunogenicity aids in the clearance of the tumor cells by the immune response. Examples of enhancing tumor immunogenicity include treatment with a PD-1 axis binding antagonist and an anti-CD79b immunoconjugate (e.g., anti-CD79b-MC-vc-PAB-MMAE).

[0054] An “isolated” nucleic acid refers to a nucleic acid molecule that has been separated from a component of its natural environment. An isolated nucleic acid includes a nucleic acid molecule contained in cells that ordinarily contain the nucleic acid molecule, but the nucleic acid molecule is present extrachromosomally or at a chromosomal location that is different from its natural chromosomal location.

[0055] An “isolated” antibody is one which has been separated from a component of its natural environment. In some embodiments, an antibody is purified to greater than 95% or 99% purity as determined by, for example, electrophoretic (e.g., SDS-PAGE, isoelectric focusing (IEF), capillary electrophoresis) or chromatographic (e.g., ion exchange or reverse phase HPLC). For review of methods for assessment of antibody purity, see, e.g., Flatman et al., *J. Chromatogr. B* 848:79-87 (2007). The “variable region” or “variable domain” of an antibody refers to the amino-terminal domains of the heavy or light chain of the antibody. The variable domain of the heavy chain may be referred to as “VH.” The variable domain of the light chain may be referred to as “VL.” These domains are generally the most variable parts of an antibody and contain the antigen-binding sites.

[0056] “Isolated nucleic acid encoding an anti-CD79b antibody” refers to one or more nucleic acid molecules encoding antibody heavy and light chains (or fragments thereof), including such nucleic

acid molecule(s) in a single vector or separate vectors, and such nucleic acid molecule(s) present at one or more locations in a host cell.

[0057] The term "monoclonal antibody" as used herein refers to an antibody obtained from a population of substantially homogeneous antibodies, *i.e.*, the individual antibodies comprising the population are identical and/or bind the same epitope, except for possible variant antibodies, *e.g.*, containing naturally occurring mutations or arising during production of a monoclonal antibody preparation, such variants generally being present in minor amounts. In contrast to polyclonal antibody preparations, which typically include different antibodies directed against different determinants (epitopes), each monoclonal antibody of a monoclonal antibody preparation is directed against a single determinant on an antigen. Thus, the modifier "monoclonal" indicates the character of the antibody as being obtained from a substantially homogeneous population of antibodies, and is not to be construed as requiring production of the antibody by any particular method. For example, the monoclonal antibodies to be used in accordance with the present invention may be made by a variety of techniques, including but not limited to the hybridoma method, recombinant DNA methods, phage-display methods, and methods utilizing transgenic animals containing all or part of the human immunoglobulin loci, such methods and other exemplary methods for making monoclonal antibodies being described herein.

[0058] A "naked antibody" refers to an antibody that is not conjugated to a heterologous moiety (*e.g.*, a cytotoxic moiety) or radiolabel. The naked antibody may be present in a pharmaceutical formulation.

[0059] "Native antibodies" refer to naturally occurring immunoglobulin molecules with varying structures. For example, native IgG antibodies are heterotetrameric glycoproteins of about 150,000 daltons, composed of two identical light chains and two identical heavy chains that are disulfide-bonded. From N- to C-terminus, each heavy chain has a variable region (VH), also called a variable heavy domain or a heavy chain variable domain, followed by three constant domains (CH1, CH2, and CH3). Similarly, from N- to C-terminus, each light chain has a variable region (VL), also called a variable light domain or a light chain variable domain, followed by a constant light (CL) domain. The light chain of an antibody may be assigned to one of two types, called kappa (κ) and lambda (λ), based on the amino acid sequence of its constant domain.

[0060] The term "Fc region" herein is used to define a C-terminal region of an immunoglobulin heavy chain that contains at least a portion of the constant region. The term includes native sequence Fc regions and variant Fc regions. In one embodiment, a human IgG heavy chain Fc region extends from Cys226, or from Pro230, to the carboxyl-terminus of the heavy chain. However, the C-terminal lysine (Lys447) of the Fc region may or may not be present. Unless otherwise specified herein, numbering of amino acid residues in the Fc region or constant region is according to the EU numbering system, also called the EU index, as described in Kabat et al., *Sequences of Proteins of*

Immunological Interest, 5th Ed. Public Health Service, National Institutes of Health, Bethesda, MD, 1991.

[0061] "Framework" or "FR" refers to variable domain residues other than hypervariable region (HVR) residues. The FR of a variable domain generally consists of four FR domains: FR1, FR2, FR3, and FR4. Accordingly, the HVR and FR sequences generally appear in the following sequence in VH (or VL): FR1-H1(L1)-FR2-H2(L2)-FR3-H3(L3)-FR4.

[0062] An "acceptor human framework" for the purposes herein is a framework comprising the amino acid sequence of a light chain variable domain (VL) framework or a heavy chain variable domain (VH) framework derived from a human immunoglobulin framework or a human consensus framework, as defined below. An acceptor human framework "derived from" a human immunoglobulin framework or a human consensus framework may comprise the same amino acid sequence thereof, or it may contain amino acid sequence changes. In some embodiments, the number of amino acid changes are 10 or less, 9 or less, 8 or less, 7 or less, 6 or less, 5 or less, 4 or less, 3 or less, or 2 or less. In some embodiments, the VL acceptor human framework is identical in sequence to the VL human immunoglobulin framework sequence or human consensus framework sequence.

[0063] The terms "full length antibody," "intact antibody," and "whole antibody" are used herein interchangeably to refer to an antibody having a structure substantially similar to a native antibody structure or having heavy chains that contain an Fc region as defined herein.

[0064] The terms "host cell," "host cell line," and "host cell culture" are used interchangeably and refer to cells into which exogenous nucleic acid has been introduced, including the progeny of such cells. Host cells include "transformants" and "transformed cells," which include the primary transformed cell and progeny derived therefrom without regard to the number of passages. Progeny may not be completely identical in nucleic acid content to a parent cell, but may contain mutations. Mutant progeny that have the same function or biological activity as screened or selected for in the originally transformed cell are included herein.

[0065] A "human antibody" is one which possesses an amino acid sequence which corresponds to that of an antibody produced by a human or a human cell or derived from a non-human source that utilizes human antibody repertoires or other human antibody-encoding sequences. This definition of a human antibody specifically excludes a humanized antibody comprising non-human antigen-binding residues.

[0066] A "human consensus framework" is a framework which represents the most commonly occurring amino acid residues in a selection of human immunoglobulin VL or VH framework sequences. Generally, the selection of human immunoglobulin VL or VH sequences is from a subgroup of variable domain sequences. Generally, the subgroup of sequences is a subgroup as in Kabat et al., *Sequences of Proteins of Immunological Interest*, Fifth Edition, NIH Publication 91-3242, Bethesda MD (1991), vols. 1-3. In one embodiment, for the VL, the subgroup is subgroup

kappa I as in Kabat et al., *supra*. In one embodiment, for the VH, the subgroup is subgroup III as in Kabat et al., *supra*.

[0067] A “humanized” antibody refers to a chimeric antibody comprising amino acid residues from non-human HVRs and amino acid residues from human FRs. In certain embodiments, a humanized antibody will comprise substantially all of at least one, and typically two, variable domains, in which all or substantially all of the HVRs (*e.g.*, CDRs) correspond to those of a non-human antibody, and all or substantially all of the FRs correspond to those of a human antibody. A humanized antibody optionally may comprise at least a portion of an antibody constant region derived from a human antibody. A “humanized form” of an antibody, *e.g.*, a non-human antibody, refers to an antibody that has undergone humanization.

[0068] The term “hypervariable region” or “HVR,” as used herein, refers to each of the regions of an antibody variable domain which are hypervariable in sequence and/or form structurally defined loops (“hypervariable loops”). Generally, native four-chain antibodies comprise six HVRs; three in the VH (H1, H2, H3), and three in the VL (L1, L2, L3). HVRs generally comprise amino acid residues from the hypervariable loops and/or from the “complementarity determining regions” (CDRs), the latter being of highest sequence variability and/or involved in antigen recognition. Exemplary hypervariable loops occur at amino acid residues 26-32 (L1), 50-52 (L2), 91-96 (L3), 26-32 (H1), 53-55 (H2), and 96-101 (H3). (Chothia and Lesk, *J. Mol. Biol.* 196:901-917 (1987).) Exemplary CDRs (CDR-L1, CDR-L2, CDR-L3, CDR-H1, CDR-H2, and CDR-H3) occur at amino acid residues 24-34 of L1, 50-56 of L2, 89-97 of L3, 31-35B of H1, 50-65 of H2, and 95-102 of H3. (Kabat et al., *Sequences of Proteins of Immunological Interest*, 5th Ed. Public Health Service, National Institutes of Health, Bethesda, MD (1991).) With the exception of CDR1 in VH, CDRs generally comprise the amino acid residues that form the hypervariable loops. CDRs also comprise “specificity determining residues,” or “SDRs,” which are residues that contact antigen. SDRs are contained within regions of the CDRs called abbreviated-CDRs, or a-CDRs. Exemplary a-CDRs (a-CDR-L1, a-CDR-L2, a-CDR-L3, a-CDR-H1, a-CDR-H2, and a-CDR-H3) occur at amino acid residues 31-34 of L1, 50-55 of L2, 89-96 of L3, 31-35B of H1, 50-58 of H2, and 95-102 of H3. (*See* Almagro and Fransson, *Front. Biosci.* 13:1619-1633 (2008).) Unless otherwise indicated, HVR residues and other residues in the variable domain (*e.g.*, FR residues) are numbered herein according to Kabat et al., *supra*.

[0069] The term “variable region” or “variable domain” refers to the domain of an antibody heavy or light chain that is involved in binding the antibody to antigen. The variable domains of the heavy chain and light chain (VH and VL, respectively) of a native antibody generally have similar structures, with each domain comprising four conserved framework regions (FRs) and three hypervariable regions (HVRs). (*See, e.g.*, Kindt et al. *Kuby Immunology*, 6th ed., W.H. Freeman and Co., page 91 (2007).) A single VH or VL domain may be sufficient to confer antigen-binding specificity. Furthermore, antibodies that bind a particular antigen may be isolated using a VH or VL

domain from an antibody that binds the antigen to screen a library of complementary VL or VH domains, respectively. *See, e.g.,* Portolano et al., *J. Immunol.* 150:880-887 (1993); Clarkson et al., *Nature* 352:624-628 (1991).

[0070] "Effector functions" refer to those biological activities attributable to the Fc region of an antibody, which vary with the antibody isotype. Examples of antibody effector functions include: C1q binding and complement dependent cytotoxicity (CDC); Fc receptor binding; antibody-dependent cell-mediated cytotoxicity (ADCC); phagocytosis; down regulation of cell surface receptors (*e.g.,* B-cell receptor); and B-cell activation.

[0071] "CD79b polypeptide variant" means a CD79b polypeptide, preferably an active CD79b polypeptide, as defined herein having at least about 80% amino acid sequence identity with a full-length native sequence CD79b polypeptide sequence as disclosed herein, a CD79b polypeptide sequence lacking the signal peptide as disclosed herein, an extracellular domain of a CD79b polypeptide, with or without the signal peptide, as disclosed herein or any other fragment of a full-length CD79b polypeptide sequence as disclosed herein (such as those encoded by a nucleic acid that represents only a portion of the complete coding sequence for a full-length CD79b polypeptide). Such CD79b polypeptide variants include, for instance, CD79b polypeptides wherein one or more amino acid residues are added, or deleted, at the N- or C-terminus of the full-length native amino acid sequence. Ordinarily, a CD79b polypeptide variant will have at least about 80% amino acid sequence identity, alternatively at least about 81%, 82%, 83%, 84%, 85%, 86%, 87%, 88%, 89%, 90%, 91%, 92%, 93%, 94%, 95%, 96%, 97%, 98%, or 99% amino acid sequence identity, to a full-length native sequence CD79b polypeptide sequence as disclosed herein, a CD79b polypeptide sequence lacking the signal peptide as disclosed herein, an extracellular domain of a CD79b polypeptide, with or without the signal peptide, as disclosed herein or any other specifically defined fragment of a full-length CD79b polypeptide sequence as disclosed herein. Ordinarily, CD79b variant polypeptides are at least about 10 amino acids in length, alternatively at least about 20, 30, 40, 50, 60, 70, 80, 90, 100, 110, 120, 130, 140, 150, 160, 170, 180, 190, 200, 210, 220, 230, 240, 250, 260, 270, 280, 290, 300, 310, 320, 330, 340, 350, 360, 370, 380, 390, 400, 410, 420, 430, 440, 450, 460, 470, 480, 490, 500, 510, 520, 530, 540, 550, 560, 570, 580, 590, 600 amino acids in length, or more. Optionally, CD79b variant polypeptides will have no more than one conservative amino acid substitution as compared to the native CD79b polypeptide sequence, alternatively no more than 2, 3, 4, 5, 6, 7, 8, 9, or 10 conservative amino acid substitution as compared to the native CD79b polypeptide sequence.

[0072] "Percent (%) amino acid sequence identity" with respect to a reference polypeptide sequence is defined as the percentage of amino acid residues in a candidate sequence that are identical with the amino acid residues in the reference polypeptide sequence, after aligning the sequences and introducing gaps, if necessary, to achieve the maximum percent sequence identity, and not considering any conservative substitutions as part of the sequence identity. Alignment for purposes

of determining percent amino acid sequence identity can be achieved in various ways that are within the skill in the art, for instance, using publicly available computer software such as BLAST, BLAST-2, ALIGN or Megalign (DNASTAR) software. Those skilled in the art can determine appropriate parameters for aligning sequences, including any algorithms needed to achieve maximal alignment over the full length of the sequences being compared. For purposes herein, however, % amino acid sequence identity values are generated using the sequence comparison computer program ALIGN-2. The ALIGN-2 sequence comparison computer program was authored by Genentech, Inc., and the source code has been filed with user documentation in the U.S. Copyright Office, Washington D.C., 20559, where it is registered under U.S. Copyright Registration No. TXU510087. The ALIGN-2 program is publicly available from Genentech, Inc., South San Francisco, California, or may be compiled from the source code. The ALIGN-2 program should be compiled for use on a UNIX operating system, including digital UNIX V4.0D. All sequence comparison parameters are set by the ALIGN-2 program and do not vary.

[0073] In situations where ALIGN-2 is employed for amino acid sequence comparisons, the % amino acid sequence identity of a given amino acid sequence A to, with, or against a given amino acid sequence B (which can alternatively be phrased as a given amino acid sequence A that has or comprises a certain % amino acid sequence identity to, with, or against a given amino acid sequence B) is calculated as follows:

$$100 \text{ times the fraction } X/Y$$

where X is the number of amino acid residues scored as identical matches by the sequence alignment program ALIGN-2 in that program's alignment of A and B, and where Y is the total number of amino acid residues in B. It will be appreciated that where the length of amino acid sequence A is not equal to the length of amino acid sequence B, the % amino acid sequence identity of A to B will not equal the % amino acid sequence identity of B to A. Unless specifically stated otherwise, all % amino acid sequence identity values used herein are obtained as described in the immediately preceding paragraph using the ALIGN-2 computer program.

[0074] The term "vector," as used herein, refers to a nucleic acid molecule capable of propagating another nucleic acid to which it is linked. The term includes the vector as a self-replicating nucleic acid structure as well as the vector incorporated into the genome of a host cell into which it has been introduced. Certain vectors are capable of directing the expression of nucleic acids to which they are operatively linked. Such vectors are referred to herein as "expression vectors."

[0075] An "immunoconjugate" is an antibody conjugated to one or more heterologous molecule(s), including but not limited to a cytotoxic agent.

[0076] The term "cytotoxic agent" as used herein refers to a substance that inhibits or prevents a cellular function and/or causes cell death or destruction. Cytotoxic agents include, but are not limited to, radioactive isotopes (*e.g.*, At²¹¹, I¹³¹, I¹²⁵, Y⁹⁰, Re¹⁸⁶, Re¹⁸⁸, Sm¹⁵³, Bi²¹², P³², Pb²¹² and radioactive isotopes of Lu); chemotherapeutic agents or drugs (*e.g.*, methotrexate, adriamycin, vinca alkaloids

(vincristine, vinblastine, etoposide), doxorubicin, melphalan, mitomycin C, chlorambucil, daunorubicin or other intercalating agents); growth inhibitory agents; enzymes and fragments thereof such as nucleolytic enzymes; antibiotics; toxins such as small molecule toxins or enzymatically active toxins of bacterial, fungal, plant or animal origin, including fragments and/or variants thereof; and the various antitumor or anticancer agents disclosed below.

[0077] The terms “cancer” and “cancerous” refer to or describe the physiological condition in mammals that is typically characterized by unregulated cell growth. Examples of cancer include but are not limited to, as well as B-cell lymphoma (including low grade/follicular non-Hodgkin's lymphoma (NHL); small lymphocytic (SL) NHL; intermediate grade/follicular NHL; intermediate grade diffuse NHL; high grade immunoblastic NHL; high grade lymphoblastic NHL; high grade small non-cleaved cell NHL; bulky disease NHL; mantle cell lymphoma; AIDS-related lymphoma; and Waldenstrom's Macroglobulinemia); chronic lymphocytic leukemia (CLL); acute lymphoblastic leukemia (ALL); Hairy cell leukemia; chronic myeloblastic leukemia; and post-transplant lymphoproliferative disorder (PTLD), as well as abnormal vascular proliferation associated with phakomatoses, edema (such as that associated with brain tumors), and Meigs' syndrome. More specific examples include, but are not limited to, relapsed or refractory NHL, front line low grade NHL, Stage III/IV NHL, chemotherapy resistant NHL, precursor B lymphoblastic leukemia and/or lymphoma, small lymphocytic lymphoma, B-cell chronic lymphocytic leukemia and/or prolymphocytic leukemia and/or small lymphocytic lymphoma, B-cell prolymphocytic lymphoma, immunocytoma and/or lymphoplasmacytic lymphoma, lymphoplasmacytic lymphoma, marginal zone B-cell lymphoma, splenic marginal zone lymphoma, extranodal marginal zone—MALT lymphoma, nodal marginal zone lymphoma, hairy cell leukemia, plasmacytoma and/or plasma cell myeloma, low grade/follicular lymphoma, intermediate grade/follicular NHL, mantle cell lymphoma, follicle center lymphoma (follicular), intermediate grade diffuse NHL, diffuse large B-cell lymphoma, aggressive NHL (including aggressive front-line NHL and aggressive relapsed NHL), NHL relapsing after or refractory to autologous stem cell transplantation, primary mediastinal large B-cell lymphoma, primary effusion lymphoma, high grade immunoblastic NHL, high grade lymphoblastic NHL, high grade small non-cleaved cell NHL, bulky disease NHL, Burkitt's lymphoma, precursor (peripheral) large granular lymphocytic leukemia, mycosis fungoides and/or Sezary syndrome, skin (cutaneous) lymphomas, anaplastic large cell lymphoma, angiocentric lymphoma.

[0078] An “individual” or “subject” is a mammal. Mammals include, but are not limited to, domesticated animals (*e.g.*, cows, sheep, cats, dogs, and horses), primates (*e.g.*, humans and non-human primates such as monkeys), rabbits, and rodents (*e.g.*, mice and rats). In certain embodiments, the individual or subject is a human.

[0079] An “effective amount” of an agent, *e.g.*, a pharmaceutical formulation, refers to an amount effective, at dosages and for periods of time necessary, to achieve the desired therapeutic or prophylactic result.

[0080] The term “pharmaceutical formulation” refers to a preparation which is in such form as to permit the biological activity of an active ingredient contained therein to be effective, and which contains no additional components which are unacceptably toxic to a subject to which the formulation would be administered.

[0081] A “pharmaceutically acceptable carrier” refers to an ingredient in a pharmaceutical formulation, other than an active ingredient, which is nontoxic to a subject. A pharmaceutically acceptable carrier includes, but is not limited to, a buffer, excipient, stabilizer, or preservative.

[0082] As used herein, “treatment” (and grammatical variations thereof such as “treat” or “treating”) refers to clinical intervention in an attempt to alter the natural course of the individual being treated, and can be performed either for prophylaxis or during the course of clinical pathology. Desirable effects of treatment include, but are not limited to, reduction of free light chain, preventing occurrence or recurrence of disease, alleviation of symptoms, diminishment of any direct or indirect pathological consequences of the disease, decreasing the rate of disease progression, amelioration or palliation of the disease state, and remission or improved prognosis. In some embodiments, the antibodies described herein are used to delay development of a disease or to slow the progression of a disease.

[0083] The term “CD79b-positive cancer” refers to a cancer comprising cells that express CD79b on their surface. In some embodiments, expression of CD79b on the cell surface is determined, for example, using antibodies to CD79b in a method such as immunohistochemistry, FACS, etc. Alternatively, CD79b mRNA expression is considered to correlate to CD79b expression on the cell surface and can be determined by a method selected from *in situ* hybridization and RT-PCR (including quantitative RT-PCR).

[0084] As used herein, “in conjunction with” refers to administration of one treatment modality in addition to another treatment modality. As such, “in conjunction with” refers to administration of one treatment modality before, during, or after administration of the other treatment modality to the individual.

[0085] A “chemotherapeutic agent” is a chemical compound useful in the treatment of cancer. Examples of chemotherapeutic agents include erlotinib (TARCEVA[®], Genentech/OSI Pharm.), bortezomib (VELCADE[®], Millennium Pharm.), disulfiram, epigallocatechin gallate, salinosporamide A, carfilzomib, 17-AAG (geldanamycin), radicicol, lactate dehydrogenase A (LDH-A), fulvestrant (FASLODEX[®], AstraZeneca), sunitib (SUTENT[®], Pfizer/Sugen), letrozole (FEMARA[®], Novartis), imatinib mesylate (GLEEVEC[®], Novartis), finasunate (VATALANIB[®], Novartis), oxaliplatin (ELOXATIN[®], Sanofi), 5-FU (5-fluorouracil), leucovorin, Rapamycin (Sirolimus, RAPAMUNE[®], Wyeth), Lapatinib (TYKERB[®], GSK572016, Glaxo Smith Kline),

Lonafamib (SCH 66336), sorafenib (NEXAVAR[®], Bayer Labs), gefitinib (IRESSA[®], AstraZeneca), AG1478, alkylating agents such as thiotepea and CYTOXAN[®] cyclophosphamide; alkyl sulfonates such as busulfan, improsulfan and piposulfan; aziridines such as benzodopa, carboquone, meturedopa, and uredopa; ethylenimines and methylamelamines including altretamine, triethylenemelamine, triethylenephosphoramidate, triethylenethiophosphoramidate and trimethylomelamine; acetogenins (especially bullatacin and bullatacinone); a camptothecin (including topotecan and irinotecan); bryostatin; callystatin; CC-1065 (including its adozelesin, carzelesin and bizelesin synthetic analogs); cryptophycins (particularly cryptophycin 1 and cryptophycin 8); adrenocorticosteroids (including prednisone and prednisolone); cyproterone acetate; 5 α -reductases including finasteride and dutasteride); vorinostat, romidepsin, panobinostat, valproic acid, mocetinostat dolastatin; aldesleukin, talc duocarmycin (including the synthetic analogs, KW-2189 and CB1-TM1); eleutherobin; pancratistatin; a sarcodictyin; spongistatin; nitrogen mustards such as chlorambucil, chlornaphazine, chlorophosphamide, estramustine, ifosfamide, mechlorethamine, mechlorethamine oxide hydrochloride, melphalan, novembichin, phenesterine, prednimustine, trofosfamide, uracil mustard; nitrosoureas such as carmustine, chlorozotocin, fotemustine, lomustine, nimustine, and ranimustine; antibiotics such as the enediyne antibiotics (*e.g.*, calicheamicin, especially calicheamicin γ II and calicheamicin ω II (*Angew Chem. Intl. Ed. Engl.* **1994** 33:183-186); dynemicin, including dynemicin A; bisphosphonates, such as clodronate; an esperamicin; as well as neocarzinostatin chromophore and related chromoprotein enediyne antibiotic chromophores), aclacinomysins, actinomycin, anthramycin, azaserine, bleomycins, cactinomycin, carabycin, caminomycin, carzinophilin, chromomycinis, dactinomycin, daunorubicin, detorubicin, 6-diazo-5-oxo-L-norleucine, ADRIAMYCIN[®] (doxorubicin), morpholino-doxorubicin, cyanomorpholino-doxorubicin, 2-pyrrolino-doxorubicin and deoxydoxorubicin), epirubicin, esorubicin, everolimus, sotrataurin, idarubicin, marcellomycin, mitomycins such as mitomycin C, mycophenolic acid, nogalamycin, olivomycins, peplomycin, porfiromycin, puromycin, quelamycin, rodorubicin, streptonigrin, streptozocin, tubercidin, ubenimex, zinostatin, zorubicin; anti-metabolites such as methotrexate and 5-fluorouracil (5-FU); folic acid analogs such as denopterin, methotrexate, pteropterin, trimetrexate; purine analogs such as fludarabine, 6-mercaptopurine, thiamiprine, thioguanine; pyrimidine analogs such as ancitabine, azacitidine, 6-azauridine, carmofur, cytarabine, dideoxyuridine, doxifluridine, enocitabine, floxuridine; androgens such as calusterone, dromostanolone propionate, epitiolestanol, mepitiolestanol, testolactone; anti-adrenals such as aminoglutethimide, mitotane, trilostane; folic acid replenisher such as frolinic acid; aceglatone; aldophosphamide glycoside; aminolevulinic acid; eniluracil; amsacrine; bestabucil; bisantrene; edatraxate; defofamine; demecolcine; diaziquone; elfomithine; elliptinium acetate; an epothilone; etoglucid; gallium nitrate; hydroxyurea; lentinan; lonidainine; maytansinoids such as maytansine and ansamitocins; mitoguazone; mitoxantrone; mopidammon; nitracrine; pentostatin; phenamet;

pirarubicin; losoxantrone; podophyllinic acid; 2-ethylhydrazide; procarbazine; PSK[®] polysaccharide complex (JHS Natural Products, Eugene, Oreg.); razoxane; rhizoxin; sizofuran; spirogermanium; tenuazonic acid; triaziquone; 2,2',2''-trichlorotriethylamine; trichothecenes (especially T-2 toxin, verracurin A, roridin A and anguidine); urethan; vindesine; dacarbazine; mannomustine; mitobronitol; mitolactol; pipobroman; gacytosine; arabinoside ("Ara-C"); cyclophosphamide; thiotepa; taxoids, *e.g.*, TAXOL (paclitaxel; Bristol-Myers Squibb Oncology, Princeton, N.J.), ABRAXANE[®] (Cremophor-free), albumin-engineered nanoparticle formulations of paclitaxel (American Pharmaceutical Partners, Schaumburg, Ill.), and TAXOTERE[®] (docetaxel, doxetaxel; Sanofi-Aventis); chloranmbucil; GEMZAR[®] (gemcitabine); 6-thioguanine; mercaptopurine; methotrexate; platinum analogs such as cisplatin and carboplatin; vinblastine; etoposide (VP-16); ifosfamide; mitoxantrone; vincristine; NAVELBINE[®] (vinorelbine); novantrone; teniposide; edatrexate; daunomycin; aminopterin; capecitabine (XELODA[®]); ibandronate; CPT-11; topoisomerase inhibitor RFS 2000; difluoromethylornithine (DMFO); retinoids such as retinoic acid; and pharmaceutically acceptable salts, acids and derivatives of any of the above; as well as combinations of two or more of the above such as CHOP, an abbreviation for a combined therapy of cyclophosphamide, doxorubicin, vincristine, and prednisolone, and FOLFOX, an abbreviation for a treatment regimen with oxaliplatin (ELOXATIN[™]) combined with 5-FU and leucovorin. Additional examples include of chemotherapeutic agents include bendamustine (TREANDA[®]), ibrutinib, lenalidomide, and/or idelalisib (GS-1101).

[0086] Additional examples of chemotherapeutic agents include anti-hormonal agents that act to regulate, reduce, block, or inhibit the effects of hormones that can promote the growth of cancer, and are often in the form of systemic, or whole-body treatment. They may be hormones themselves. Examples include anti-estrogens and selective estrogen receptor modulators (SERMs), including, for example, tamoxifen (including NOLVADEX[®] tamoxifen), raloxifene (EVISTA[®]), droloxifene, 4-hydroxytamoxifen, trioxifene, keoxifene, LY117018, onapristone, and toremifene (FARESTON[®]); anti-progesterones; estrogen receptor down-regulators (ERDs); estrogen receptor antagonists such as fulvestrant (FASLODEX[®]); agents that function to suppress or shut down the ovaries, for example, leutinizing hormone-releasing hormone (LHRH) agonists such as leuprolide acetate (LUPRON[®] and ELIGARD[®]), goserelin acetate, buserelin acetate and triptorelin; anti-androgens such as flutamide, nilutamide and bicalutamide; and aromatase inhibitors that inhibit the enzyme aromatase, which regulates estrogen production in the adrenal glands, such as, for example, 4(5)-imidazoles, aminoglutethimide, megestrol acetate (MEGASE[®]), exemestane (AROMASIN[®]), formestane, fadrozole, vorozole (RIVISOR[®]), letrozole (FEMARA[®]), and anastrozole (ARIMIDEX[®]). In addition, such definition of chemotherapeutic agents includes bisphosphonates such as clodronate (for example, BONEFOS[®] or OSTAC[®]), etidronate (DIDROCAL[®]), NE-58095, zoledronic acid/zoledronate (ZOMETA[®]), alendronate (FOSAMAX[®]), pamidronate (AREDIA[®]), tiludronate (SKELID[®]), or risedronate (ACTONEL[®]); as well as troxacitabine (a 1,3-dioxolane nucleoside

cytosine analog); anti-sense oligonucleotides, particularly those that inhibit expression of genes in signaling pathways implicated in aberrant cell proliferation, such as, for example, PKC- α , Raf, H-Ras, and epidermal growth factor receptor (EGF-R); vaccines such as THERATOPE® vaccine and gene therapy vaccines, for example, ALLOVECTIN® vaccine, LEUVECTIN® vaccine, and VAXID® vaccine;

[0087] In some embodiments, the chemotherapeutic agent includes topoisomerase 1 inhibitor (*e.g.*, LURTOTECAN®); an anti-estrogen such as fulvestrant; a Kit inhibitor such as imatinib or EXEL-0862 (a tyrosine kinase inhibitor); EGFR inhibitor such as erlotinib or cetuximab; an anti-VEGF inhibitor such as bevacizumab; arinotecan; rmRH (*e.g.*, ABARELIX®); lapatinib and lapatinib ditosylate (an ErbB-2 and EGFR dual tyrosine kinase small-molecule inhibitor also known as GW572016); 17AAG (geldanamycin derivative that is a heat shock protein (Hsp) 90 poison), and pharmaceutically acceptable salts, acids or derivatives of any of the above.

[0088] Chemotherapeutic agent also includes antibodies such as alemtuzumab (Campath), bevacizumab (AVASTIN®, Genentech); cetuximab (ERBITUX®, Imclone); panitumumab (VECTIBIX®, Amgen), rituximab (RITUXAN®, Genentech/Biogen Idec), ublituximab, ofatumumab, ibritumomab tiuxetan, pertuzumab (OMNITARG®, 2C4, Genentech), trastuzumab (HERCEPTIN®, Genentech), tositumomab (Bexxar, Corixa), and the antibody drug conjugate, gemtuzumab ozogamicin (MYLOTARG®, Wyeth). Additional humanized monoclonal antibodies with therapeutic potential as agents in combination with the compounds include: apolizumab, aselizumab, atlizumab, bapineuzumab, bivatumab mertansine, cantuzumab mertansine, cedelizumab, certolizumab pegol, cidfusituzumab, cidtuzumab, daclizumab, eculizumab, efalizumab, epratuzumab, erlizumab, felvizumab, fontolizumab, gemtuzumab ozogamicin, inotuzumab ozogamicin, ipilimumab, labetuzumab, lintuzumab, matuzumab, mepolizumab, motavizumab, motovizumab, natalizumab, nimotuzumab, nolovizumab, numavizumab, ocrelizumab, omalizumab, palivizumab, pascolizumab, pecfusituzumab, pectuzumab, pexelizumab, ralivizumab, ranibizumab, reslivizumab, reslizumab, resyvizumab, rovelizumab, ruplizumab, sibrotuzumab, siplizumab, sontuzumab, tacatuzumab tetraxetan, tadocizumab, talizumab, tefibazumab, tocilizumab, toralizumab, tucotuzumab celmoleukin, tucusituzumab, umavizumab, urtoxazumab, ustekinumab, visilizumab, and the anti-interleukin-12 (ABT-874/J695, Wyeth Research and Abbott Laboratories) which is a recombinant exclusively human-sequence, full-length IgG1 λ antibody genetically modified to recognize interleukin-12 p40 protein.

[0089] As used herein, the term “cytokine” refers generically to proteins released by one cell population that act on another cell as intercellular mediators or have an autocrine effect on the cells producing the proteins. Examples of such cytokines include lymphokines, monokines; interleukins (“ILs”) such as IL-1, IL-1 α , IL-2, IL-3, IL-4, IL-5, IL-6, IL-7, IL-8, IL-9, IL-10, IL-11, IL-12, IL-13, IL-15, IL-17A-F, IL-18 to IL-29 (such as IL-23), IL-31, including PROLEUKIN® rIL-2; a tumor-necrosis factor such as TNF- α or TNF- β , TGF- β 1-3; and other polypeptide factors including

leukemia inhibitory factor ("LIF"), ciliary neurotrophic factor ("CNTF"), CNTF-like cytokine ("CLC"), cardiotrophin ("CT"), and kit ligand ("KL").

[0090] As used herein, the term "chemokine" refers to soluble factors (e.g., cytokines) that have the ability to selectively induce chemotaxis and activation of leukocytes. They also trigger processes of angiogenesis, inflammation, wound healing, and tumorigenesis. Example chemokines include IL-8, a human homolog of murine keratinocyte chemoattractant (KC).

[0091] The term "package insert" is used to refer to instructions customarily included in commercial packages of therapeutic products, that contain information about the indications, usage, dosage, administration, combination therapy, contraindications and/or warnings concerning the use of such therapeutic products.

[0092] "Alkyl" is C₁-C₁₈ hydrocarbon containing normal, secondary, tertiary or cyclic carbon atoms. Examples are methyl (Me, -CH₃), ethyl (Et, -CH₂CH₃), 1-propyl (n-Pr, n-propyl, -CH₂CH₂CH₃), 2-propyl (i-Pr, i-propyl, -CH(CH₃)₂), 1-butyl (n-Bu, n-butyl, -CH₂CH₂CH₂CH₃), 2-methyl-1-propyl (i-Bu, i-butyl, -CH₂CH(CH₃)₂), 2-butyl (s-Bu, s-butyl, -CH(CH₃)CH₂CH₃), 2-methyl-2-propyl (t-Bu, t-butyl, -C(CH₃)₃), 1-pentyl (n-pentyl, -CH₂CH₂CH₂CH₂CH₃), 2-pentyl (-CH(CH₃)CH₂CH₂CH₃), 3-pentyl (-CH(CH₂CH₃)₂), 2-methyl-2-butyl (-C(CH₃)₂CH₂CH₃), 3-methyl-2-butyl (-CH(CH₃)CH(CH₃)₂), 3-methyl-1-butyl (-CH₂CH₂CH(CH₃)₂), 2-methyl-1-butyl (-CH₂CH(CH₃)CH₂CH₃), 1-hexyl (-CH₂CH₂CH₂CH₂CH₂CH₃), 2-hexyl (-CH(CH₃)CH₂CH₂CH₂CH₃), 3-hexyl (-CH(CH₂CH₃)(CH₂CH₂CH₃)), 2-methyl-2-pentyl (-C(CH₃)₂CH₂CH₂CH₃), 3-methyl-2-pentyl (-CH(CH₃)CH(CH₃)CH₂CH₃), 4-methyl-2-pentyl (-CH(CH₃)CH₂CH(CH₃)₂), 3-methyl-3-pentyl (-C(CH₃)(CH₂CH₃)₂), 2-methyl-3-pentyl (-CH(CH₂CH₃)CH(CH₃)₂), 2,3-dimethyl-2-butyl (-C(CH₃)₂CH(CH₃)₂), 3,3-dimethyl-2-butyl (-CH(CH₃)C(CH₃)₃).

[0093] The term "C₁-C₈ alkyl," as used herein refers to a straight chain or branched, saturated or unsaturated hydrocarbon having from 1 to 8 carbon atoms. Representative "C₁-C₈ alkyl" groups include, but are not limited to, -methyl, -ethyl, -n-propyl, -n-butyl, -n-pentyl, -n-hexyl, -n-heptyl, -n-octyl, -n-nonyl and -n-decyl; while branched C₁-C₈ alkyls include, but are not limited to, -isopropyl, -sec-butyl, -isobutyl, -tert-butyl, -isopentyl, 2-methylbutyl, unsaturated C₁-C₈ alkyls include, but are not limited to, -vinyl, -allyl, -1-butenyl, -2-butenyl, -isobutylenyl, -1-pentenyl, -2-pentenyl, -3-methyl-1-butenyl, -2-methyl-2-butenyl, -2,3-dimethyl-2-butenyl, 1-hexyl, 2-hexyl, 3-hexyl, -acetylenyl, -propynyl, -1-butyne, -2-butyne, -1-pentyne, -2-pentyne, -3-methyl-1 butyne. A C₁-C₈ alkyl group can be unsubstituted or substituted with one or more groups including, but not limited to, -C₁-C₈ alkyl, -O-(C₁-C₈ alkyl), -aryl, -C(O)R', -OC(O)R', -C(O)OR', -C(O)NH₂, -C(O)NHR', -C(O)N(R')₂, -NHC(O)R', -SO₃R', -S(O)₂R', -S(O)R', -OH, -halogen, -N₃, -NH₂, -NH(R'), -N(R')₂ and -CN; where each R' is independently selected from H, -C₁-C₈ alkyl and aryl.

[0094] The term “C₁-C₁₂ alkyl,” as used herein refers to a straight chain or branched, saturated or unsaturated hydrocarbon having from 1 to 12 carbon atoms. A C₁-C₁₂ alkyl group can be unsubstituted or substituted with one or more groups including, but not limited to, -C₁-C₈ alkyl, -O-(C₁-C₈ alkyl), -aryl, -C(O)R', -OC(O)R', -C(O)OR', -C(O)NH₂, -C(O)NHR', -C(O)N(R')₂, -NHC(O)R', -SO₃R', -S(O)₂R', -S(O)R', -OH, -halogen, -N₃, -NH₂, -NH(R'), -N(R')₂ and -CN; where each R' is independently selected from H, -C₁-C₈ alkyl and aryl.

[0095] The term “C₁-C₆ alkyl,” as used herein refers to a straight chain or branched, saturated or unsaturated hydrocarbon having from 1 to 6 carbon atoms. Representative “C₁-C₆ alkyl” groups include, but are not limited to, -methyl, -ethyl, -n-propyl, -n-butyl, -n-pentyl, -and n-hexyl; while branched C₁-C₆ alkyls include, but are not limited to, -isopropyl, -*sec*-butyl, -isobutyl, -*tert*-butyl, -isopentyl, and 2-methylbutyl; unsaturated C₁-C₆ alkyls include, but are not limited to, -vinyl, -allyl, -1-butenyl, -2-butenyl, and -isobutylene, -1-pentenyl, -2-pentenyl, -3-methyl-1-butenyl, -2-methyl-2-butenyl, -2,3-dimethyl-2-butenyl, 1-hexyl, 2-hexyl, and 3-hexyl. A C₁-C₆ alkyl group can be unsubstituted or substituted with one or more groups, as described above for C₁-C₈ alkyl group.

[0096] The term “C₁-C₄ alkyl,” as used herein refers to a straight chain or branched, saturated or unsaturated hydrocarbon having from 1 to 4 carbon atoms. Representative “C₁-C₄ alkyl” groups include, but are not limited to, -methyl, -ethyl, -n-propyl, -n-butyl; while branched C₁-C₄ alkyls include, but are not limited to, -isopropyl, -*sec*-butyl, -isobutyl, -*tert*-butyl; unsaturated C₁-C₄ alkyls include, but are not limited to, -vinyl, -allyl, -1-butenyl, -2-butenyl, and -isobutylene. A C₁-C₄ alkyl group can be unsubstituted or substituted with one or more groups, as described above for C₁-C₈ alkyl group.

[0097] “Alkoxy” is an alkyl group singly bonded to an oxygen. Exemplary alkoxy groups include, but are not limited to, methoxy (-OCH₃) and ethoxy (-OCH₂CH₃). A “C₁-C₅ alkoxy” is an alkoxy group with 1 to 5 carbon atoms. Alkoxy groups may can be unsubstituted or substituted with one or more groups, as described above for alkyl groups.

[0098] “Alkenyl” is C₂-C₁₈ hydrocarbon containing normal, secondary, tertiary or cyclic carbon atoms with at least one site of unsaturation, *i.e.* a carbon-carbon, *sp*² double bond. Examples include, but are not limited to: ethylene or vinyl (-CH=CH₂), allyl (-CH₂CH=CH₂), cyclopentenyl (-C₅H₇), and 5-hexenyl (-CH₂CH₂CH₂CH₂CH=CH₂). A “C₂-C₈ alkenyl” is a hydrocarbon containing 2 to 8 normal, secondary, tertiary or cyclic carbon atoms with at least one site of unsaturation, *i.e.* a carbon-carbon, *sp*² double bond.

[0099] “Alkynyl” is C₂-C₁₈ hydrocarbon containing normal, secondary, tertiary or cyclic carbon atoms with at least one site of unsaturation, *i.e.* a carbon-carbon, *sp* triple bond. Examples include, but are not limited to: acetylenic (-C≡CH) and propargyl (-CH₂C≡CH). A “C₂-C₈ alkynyl” is a hydrocarbon containing 2 to 8 normal, secondary, tertiary or cyclic carbon atoms with at least one site of unsaturation, *i.e.* a carbon-carbon, *sp* triple bond.

[0100] “Alkylene” refers to a saturated, branched or straight chain or cyclic hydrocarbon radical of 1-18 carbon atoms, and having two monovalent radical centers derived by the removal of two hydrogen atoms from the same or two different carbon atoms of a parent alkane. Typical alkylene radicals include, but are not limited to: methylene ($-\text{CH}_2-$), 1,2-ethyl ($-\text{CH}_2\text{CH}_2-$), 1,3-propyl ($-\text{CH}_2\text{CH}_2\text{CH}_2-$), 1,4-butyl ($-\text{CH}_2\text{CH}_2\text{CH}_2\text{CH}_2-$), and the like.

[0101] A “ $\text{C}_1\text{-C}_{10}$ alkylene” is a straight chain, saturated hydrocarbon group of the formula $-(\text{CH}_2)_{1-10}-$. Examples of a $\text{C}_1\text{-C}_{10}$ alkylene include methylene, ethylene, propylene, butylene, pentylene, hexylene, heptylene, octylene, nonylene and decalene.

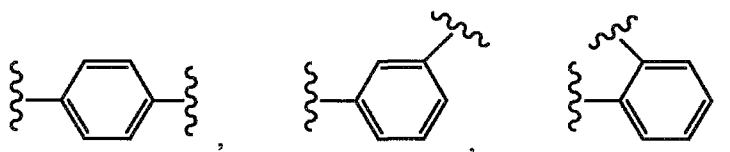
[0102] “Alkenylene” refers to an unsaturated, branched or straight chain or cyclic hydrocarbon radical of 2-18 carbon atoms, and having two monovalent radical centers derived by the removal of two hydrogen atoms from the same or two different carbon atoms of a parent alkene. Typical alkenylene radicals include, but are not limited to: 1,2-ethylene ($-\text{CH}=\text{CH}-$).

[0103] “Alkynylene” refers to an unsaturated, branched or straight chain or cyclic hydrocarbon radical of 2-18 carbon atoms, and having two monovalent radical centers derived by the removal of two hydrogen atoms from the same or two different carbon atoms of a parent alkyne. Typical alkynylene radicals include, but are not limited to: acetylene ($-\text{C}\equiv\text{C}-$), propargyl ($-\text{CH}_2\text{C}\equiv\text{C}-$), and 4-pentynyl ($-\text{CH}_2\text{CH}_2\text{CH}_2\text{C}\equiv\text{C}-$).

[0104] “Aryl” refers to a carbocyclic aromatic group. Examples of aryl groups include, but are not limited to, phenyl, naphthyl and anthracenyl. A carbocyclic aromatic group or a heterocyclic aromatic group can be unsubstituted or substituted with one or more groups including, but not limited to, $-\text{C}_1\text{-C}_8$ alkyl, $-\text{O}(\text{C}_1\text{-C}_8 \text{ alkyl})$, -aryl, $-\text{C}(\text{O})\text{R}'$, $-\text{OC}(\text{O})\text{R}'$, $-\text{C}(\text{O})\text{OR}'$, $-\text{C}(\text{O})\text{NH}_2$, $-\text{C}(\text{O})\text{NHR}'$, $-\text{C}(\text{O})\text{N}(\text{R}')_2$, $-\text{NHC}(\text{O})\text{R}'$, $-\text{S}(\text{O})_2\text{R}'$, $-\text{S}(\text{O})\text{R}'$, $-\text{OH}$, -halogen, $-\text{N}_3$, $-\text{NH}_2$, $-\text{NH}(\text{R}')$, $-\text{N}(\text{R}')_2$ and $-\text{CN}$; wherein each R' is independently selected from H, $-\text{C}_1\text{-C}_8$ alkyl and aryl.

[0105] A “ $\text{C}_5\text{-C}_{20}$ aryl” is an aryl group with 5 to 20 carbon atoms in the carbocyclic aromatic rings. Examples of $\text{C}_5\text{-C}_{20}$ aryl groups include, but are not limited to, phenyl, naphthyl and anthracenyl. A $\text{C}_5\text{-C}_{20}$ aryl group can be substituted or unsubstituted as described above for aryl groups. A “ $\text{C}_5\text{-C}_{14}$ aryl” is an aryl group with 5 to 14 carbon atoms in the carbocyclic aromatic rings. Examples of $\text{C}_5\text{-C}_{14}$ aryl groups include, but are not limited to, phenyl, naphthyl and anthracenyl. A $\text{C}_5\text{-C}_{14}$ aryl group can be substituted or unsubstituted as described above for aryl groups.

[0106] An “arylene” is an aryl group which has two covalent bonds and can be in the ortho, meta, or para configurations as shown in the following structures:



in which the phenyl group can be unsubstituted or substituted with up to four groups including, but not limited to, $-\text{C}_1\text{-C}_8$ alkyl, $-\text{O}(\text{C}_1\text{-C}_8 \text{ alkyl})$, -aryl, $-\text{C}(\text{O})\text{R}'$, $-\text{OC}(\text{O})\text{R}'$, $-\text{C}(\text{O})\text{OR}'$, $-\text{C}(\text{O})\text{NH}_2$, -

C(O)NHR', -C(O)N(R')₂ -NHC(O)R', -S(O)₂R', -S(O)R', -OH, -halogen, -N₃, -NH₂, -NH(R'), -N(R')₂ and -CN; wherein each R' is independently selected from H, -C₁-C₈ alkyl and aryl.

[0107] "Arylalkyl" refers to an acyclic alkyl radical in which one of the hydrogen atoms bonded to a carbon atom, typically a terminal or sp³ carbon atom, is replaced with an aryl radical. Typical arylalkyl groups include, but are not limited to, benzyl, 2-phenylethan-1-yl, 2-phenylethen-1-yl, naphthylmethyl, 2-naphthylethan-1-yl, 2-naphthylethen-1-yl, naphthobenzyl, 2-naphthophenylethan-1-yl and the like. The arylalkyl group comprises 6 to 20 carbon atoms, *e.g.*, the alkyl moiety, including alkanyl, alkenyl or alkynyl groups, of the arylalkyl group is 1 to 6 carbon atoms and the aryl moiety is 5 to 14 carbon atoms.

[0108] "Heteroarylalkyl" refers to an acyclic alkyl radical in which one of the hydrogen atoms bonded to a carbon atom, typically a terminal or sp³ carbon atom, is replaced with a heteroaryl radical. Typical heteroarylalkyl groups include, but are not limited to, 2-benzimidazolylmethyl, 2-furylethyl, and the like. The heteroarylalkyl group comprises 6 to 20 carbon atoms, *e.g.*, the alkyl moiety, including alkanyl, alkenyl or alkynyl groups, of the heteroarylalkyl group is 1 to 6 carbon atoms and the heteroaryl moiety is 5 to 14 carbon atoms and 1 to 3 heteroatoms selected from N, O, P, and S. The heteroaryl moiety of the heteroarylalkyl group may be a monocycle having 3 to 7 ring members (2 to 6 carbon atoms or a bicycle having 7 to 10 ring members (4 to 9 carbon atoms and 1 to 3 heteroatoms selected from N, O, P, and S), for example: a bicyclo [4,5], [5,5], [5,6], or [6,6] system.

[0109] "Substituted alkyl," "substituted aryl," and "substituted arylalkyl" mean alkyl, aryl, and arylalkyl respectively, in which one or more hydrogen atoms are each independently replaced with a substituent. Typical substituents include, but are not limited to, -X, -R, -O⁻, -OR, -SR, -S⁻, -NR₂, -NR₃, =NR, -CX₃, -CN, -OCN, -SCN, -N=C=O, -NCS, -NO, -NO₂, =N₂, -N₃, NC(=O)R, -C(=O)R, -C(=O)NR₂, -SO₃⁻, -SO₃H, -S(=O)₂R, -OS(=O)₂OR, -S(=O)₂NR, -S(=O)R, -OP(=O)(OR)₂, -P(=O)(OR)₂, -PO₃⁻, -PO₃H₂, -C(=O)R, -C(=O)X, -C(=S)R, -CO₂R, -CO₂⁻, -C(=S)OR, -C(=O)SR, -C(=S)SR, -C(=O)NR₂, -C(=S)NR₂, -C(=NR)NR₂, where each X is independently a halogen: F, Cl, Br, or I; and each R is independently -H, C₂-C₁₈ alkyl, C₆-C₂₀ aryl, C₃-C₁₄ heterocycle, protecting group or prodrug moiety. Alkylene, alkenylene, and alkynylene groups as described above may also be similarly substituted.

[0110] "Heteroaryl" and "heterocycle" refer to a ring system in which one or more ring atoms is a heteroatom, *e.g.*, nitrogen, oxygen, and sulfur. The heterocycle radical comprises 3 to 20 carbon atoms and 1 to 3 heteroatoms selected from N, O, P, and S. A heterocycle may be a monocycle having 3 to 7 ring members (2 to 6 carbon atoms and 1 to 3 heteroatoms selected from N, O, P, and S) or a bicycle having 7 to 10 ring members (4 to 9 carbon atoms and 1 to 3 heteroatoms selected from N, O, P, and S), for example: a bicyclo [4,5], [5,5], [5,6], or [6,6] system.

[0111] Exemplary heterocycles are described, *e.g.*, in Paquette, Leo A., "Principles of Modern Heterocyclic Chemistry" (W.A. Benjamin, New York, 1968), particularly Chapters 1, 3, 4, 6, 7, and

9; "The Chemistry of Heterocyclic Compounds, A series of Monographs" (John Wiley & Sons, New York, 1950 to present), in particular Volumes 13, 14, 16, 19, and 28; and *J. Am. Chem. Soc.* (1960) 82:5566.

[0112] Examples of heterocycles include by way of example and not limitation pyridyl, dihydropyridyl, tetrahydropyridyl (piperidyl), thiazolyl, tetrahydrothiophenyl, sulfur oxidized tetrahydrothiophenyl, pyrimidinyl, furanyl, thienyl, pyrrolyl, pyrazolyl, imidazolyl, tetrazolyl, benzofuranyl, thianaphthalenyl, indolyl, indolenyl, quinoliny, isoquinoliny, benzimidazolyl, piperidinyl, 4-piperidonyl, pyrrolidinyl, 2-pyrrolidonyl, pyrrolinyl, tetrahydrofuranyl, bis-tetrahydrofuranyl, tetrahydropyranyl, bis-tetrahydropyranyl, tetrahydroquinoliny, tetrahydroisoquinoliny, decahydroquinoliny, octahydroisoquinoliny, azocinyl, triazinyl, 6H-1,2,5-thiadiazinyl, 2H,6H-1,5,2-dithiazinyl, thienyl, thianthrenyl, pyranyl, isobenzofuranyl, chromenyl, xanthenyl, phenoxathinyl, 2H-pyrrolyl, isothiazolyl, isoxazolyl, pyrazinyl, pyridazinyl, indoliziny, isoindolyl, 3H-indolyl, 1H-indazolyl, purinyl, 4H-quinoliziny, phthalazinyl, naphthyridinyl, quinoxaliny, quinazoliny, cinnoliny, pteridinyl, 4aH-carbazolyl, carbazolyl, β -carboliny, phenanthridinyl, acridinyl, pyrimidinyl, phenanthroliny, phenazinyl, phenothiazinyl, furazanyl, phenoxazinyl, isochromanyl, chromanyl, imidazolidinyl, imidazoliny, pyrazolidinyl, pyrazoliny, piperazinyl, indoliny, isoindoliny, quinuclidiny, morpholiny, oxazolidinyl, benzotriazolyl, benzisoxazolyl, oxindolyl, benzoxazoliny, and isatinoyl.

[0113] By way of example and not limitation, carbon bonded heterocycles are bonded at position 2, 3, 4, 5, or 6 of a pyridine, position 3, 4, 5, or 6 of a pyridazine, position 2, 4, 5, or 6 of a pyrimidine, position 2, 3, 5, or 6 of a pyrazine, position 2, 3, 4, or 5 of a furan, tetrahydrofuran, thiofuran, thiophene, pyrrole or tetrahydropyrrole, position 2, 4, or 5 of an oxazole, imidazole or thiazole, position 3, 4, or 5 of an isoxazole, pyrazole, or isothiazole, position 2 or 3 of an aziridine, position 2, 3, or 4 of an azetidine, position 2, 3, 4, 5, 6, 7, or 8 of a quinoline or position 1, 3, 4, 5, 6, 7, or 8 of an isoquinoline. Still more typically, carbon bonded heterocycles include 2-pyridyl, 3-pyridyl, 4-pyridyl, 5-pyridyl, 6-pyridyl, 3-pyridazinyl, 4-pyridazinyl, 5-pyridazinyl, 6-pyridazinyl, 2-pyrimidinyl, 4-pyrimidinyl, 5-pyrimidinyl, 6-pyrimidinyl, 2-pyrazinyl, 3-pyrazinyl, 5-pyrazinyl, 6-pyrazinyl, 2-thiazolyl, 4-thiazolyl, or 5-thiazolyl.

[0114] By way of example and not limitation, nitrogen bonded heterocycles are bonded at position 1 of an aziridine, azetidine, pyrrole, pyrrolidine, 2-pyrroline, 3-pyrroline, imidazole, imidazolidine, 2-imidazoline, 3-imidazoline, pyrazole, pyrazoline, 2-pyrazoline, 3-pyrazoline, piperidine, piperazine, indole, indoline, 1H-indazole, position 2 of a isoindole, or isoindoline, position 4 of a morpholine, and position 9 of a carbazole, or β -carboline. Still more typically, nitrogen bonded heterocycles include 1-aziridyl, 1-azetetyl, 1-pyrrolyl, 1-imidazolyl, 1-pyrazolyl, and 1-piperidinyl.

[0115] A "C₃-C₈ heterocycle" refers to an aromatic or non-aromatic C₃-C₈ carbocycle in which one to four of the ring carbon atoms are independently replaced with a heteroatom from the group consisting of O, S and N. Representative examples of a C₃-C₈ heterocycle include, but are not limited

to, benzofuranyl, benzothiophene, indolyl, benzopyrazolyl, coumarinyl, isoquinolinyl, pyrrolyl, thiophenyl, furanyl, thiazolyl, imidazolyl, pyrazolyl, triazolyl, quinolinyl, pyrimidinyl, pyridinyl, pyridonyl, pyrazinyl, pyridazinyl, isothiazolyl, isoxazolyl and tetrazolyl. A C₃-C₈ heterocycle can be unsubstituted or substituted with up to seven groups including, but not limited to, -C₁-C₈ alkyl, -O-(C₁-C₈ alkyl), -aryl, -C(O)R', -OC(O)R', -C(O)OR', -C(O)NH₂, -C(O)NHR', -C(O)N(R')₂, -NHC(O)R', -S(O)₂R', -S(O)R', -OH, -halogen, -N₃, -NH₂, -NH(R'), -N(R')₂ and -CN; wherein each R' is independently selected from H, -C₁-C₈ alkyl and aryl.

[0116] "C₃-C₈ heterocyclo" refers to a C₃-C₈ heterocycle group defined above wherein one of the heterocycle group's hydrogen atoms is replaced with a bond. A C₃-C₈ heterocyclo can be unsubstituted or substituted with up to six groups including, but not limited to, -C₁-C₈ alkyl, -O-(C₁-C₈ alkyl), -aryl, -C(O)R', -OC(O)R', -C(O)OR', -C(O)NH₂, -C(O)NHR', -C(O)N(R')₂, -NHC(O)R', -S(O)₂R', -S(O)R', -OH, -halogen, -N₃, -NH₂, -NH(R'), -N(R')₂ and -CN; wherein each R' is independently selected from H, -C₁-C₈ alkyl and aryl.

[0117] A "C₃-C₂₀ heterocycle" refers to an aromatic or non-aromatic C₃-C₈ carbocycle in which one to four of the ring carbon atoms are independently replaced with a heteroatom from the group consisting of O, S and N. A C₃-C₂₀ heterocycle can be unsubstituted or substituted with up to seven groups including, but not limited to, -C₁-C₈ alkyl, -O-(C₁-C₈ alkyl), -aryl, -C(O)R', -OC(O)R', -C(O)OR', -C(O)NH₂, -C(O)NHR', -C(O)N(R')₂, -NHC(O)R', -S(O)₂R', -S(O)R', -OH, -halogen, -N₃, -NH₂, -NH(R'), -N(R')₂ and -CN; wherein each R' is independently selected from H, -C₁-C₈ alkyl and aryl.

[0118] "C₃-C₂₀ heterocyclo" refers to a C₃-C₂₀ heterocycle group defined above wherein one of the heterocycle group's hydrogen atoms is replaced with a bond.

[0119] "Carbocycle" means a saturated or unsaturated ring having 3 to 7 carbon atoms as a monocycle or 7 to 12 carbon atoms as a bicycle. Monocyclic carbocycles have 3 to 6 ring atoms, still more typically 5 or 6 ring atoms. Bicyclic carbocycles have 7 to 12 ring atoms, *e.g.*, arranged as a bicyclo [4,5], [5,5], [5,6] or [6,6] system, or 9 or 10 ring atoms arranged as a bicyclo [5,6] or [6,6] system. Examples of monocyclic carbocycles include cyclopropyl, cyclobutyl, cyclopentyl, 1-cyclopent-1-enyl, 1-cyclopent-2-enyl, 1-cyclopent-3-enyl, cyclohexyl, 1-cyclohex-1-enyl, 1-cyclohex-2-enyl, 1-cyclohex-3-enyl, cycloheptyl, and cyclooctyl.

[0120] A "C₃-C₈ carbocycle" is a 3-, 4-, 5-, 6-, 7- or 8-membered saturated or unsaturated non-aromatic carbocyclic ring. Representative C₃-C₈ carbocycles include, but are not limited to, -cyclopropyl, -cyclobutyl, -cyclopentyl, -cyclopentadienyl, -cyclohexyl, -cyclohexenyl, -1,3-cyclohexadienyl, -1,4-cyclohexadienyl, -cycloheptyl, -1,3-cycloheptadienyl, -1,3,5-cycloheptatrienyl, -cyclooctyl, and -cyclooctadienyl. A C₃-C₈ carbocycle group can be unsubstituted or substituted with one or more groups including, but not limited to, -C₁-C₈ alkyl, -O-(C₁-C₈ alkyl), -aryl, -C(O)R', -OC(O)R', -C(O)OR', -C(O)NH₂, -C(O)NHR', -C(O)N(R')₂, -NHC(O)R', -S(O)₂R', -

S(O)R', -OH, -halogen, -N₃, -NH₂, -NH(R'), -N(R')₂ and -CN; where each R' is independently selected from H, -C₁-C₈ alkyl and aryl.

[0121] A "C₃-C₈ carbocyclo" refers to a C₃-C₈ carbocycle group defined above wherein one of the carbocycle groups' hydrogen atoms is replaced with a bond.

[0122] "Linker" refers to a chemical moiety comprising a covalent bond or a chain of atoms that covalently attaches an antibody to a drug moiety. In various embodiments, linkers include a divalent radical such as an alkylidyl, an arylidyl, a heteroarylidyl, moieties such as: -(CR₂)_nO(CR₂)_n-, repeating units of alkyloxy (e.g., polyethylenoxy, PEG, polymethyleneoxy) and alkylamino (e.g., polyethyleneamino, Jeffamine™); and diacid ester and amides including succinate, succinamide, diglycolate, malonate, and caproamide. In various embodiments, linkers can comprise one or more amino acid residues, such as valine, phenylalanine, lysine, and homolysine.

[0123] The term "chiral" refers to molecules which have the property of non-superimposability of the mirror image partner, while the term "achiral" refers to molecules which are superimposable on their mirror image partner.

[0124] The term "stereoisomers" refers to compounds which have identical chemical constitution, but differ with regard to the arrangement of the atoms or groups in space.

[0125] "Diastereomer" refers to a stereoisomer with two or more centers of chirality and whose molecules are not mirror images of one another. Diastereomers have different physical properties, e.g. melting points, boiling points, spectral properties, and reactivities. Mixtures of diastereomers may separate under high resolution analytical procedures such as electrophoresis and chromatography.

[0126] "Enantiomers" refer to two stereoisomers of a compound which are non-superimposable mirror images of one another.

[0127] Stereochemical definitions and conventions used herein generally follow S. P. Parker, Ed., *McGraw-Hill Dictionary of Chemical Terms* (1984) McGraw-Hill Book Company, New York; and Eliel, E. and Wilen, S., *Stereochemistry of Organic Compounds* (1994) John Wiley & Sons, Inc., New York. Many organic compounds exist in optically active forms, i.e., they have the ability to rotate the plane of plane-polarized light. In describing an optically active compound, the prefixes D and L, or R and S, are used to denote the absolute configuration of the molecule about its chiral center(s). The prefixes d and l or (+) and (-) are employed to designate the sign of rotation of plane-polarized light by the compound, with (-) or l meaning that the compound is levorotatory. A compound prefixed with (+) or d is dextrorotatory. For a given chemical structure, these stereoisomers are identical except that they are mirror images of one another. A specific stereoisomer may also be referred to as an enantiomer, and a mixture of such isomers is often called an enantiomeric mixture. A 50:50 mixture of enantiomers is referred to as a racemic mixture or a racemate, which may occur where there has been no stereoselection or stereospecificity in a

chemical reaction or process. The terms "racemic mixture" and "racemate" refer to an equimolar mixture of two enantiomeric species, devoid of optical activity.

[0128] "Leaving group" refers to a functional group that can be substituted by another functional group. Certain leaving groups are well known in the art, and examples include, but are not limited to, a halide (*e.g.*, chloride, bromide, iodide), methanesulfonyl (mesyl), *p*-toluenesulfonyl (tosyl), trifluoromethylsulfonyl (triflate), and trifluoromethylsulfonate.

[0129] The term "protecting group" refers to a substituent that is commonly employed to block or protect a particular functionality while reacting other functional groups on the compound. For example, an "amino-protecting group" is a substituent attached to an amino group that blocks or protects the amino functionality in the compound. Suitable amino-protecting groups include, but are not limited to, acetyl, trifluoroacetyl, *t*-butoxycarbonyl (BOC), benzyloxycarbonyl (CBZ) and 9-fluorenylmethylenoxycarbonyl (Fmoc). For a general description of protecting groups and their use, *see* T. W. Greene, *Protective Groups in Organic Synthesis*, John Wiley & Sons, New York, 1991, or a later edition.

[0130] As used herein and in the appended claims, the singular forms "a," "or," and "the" include plural referents unless the context clearly dictates otherwise.

[0131] Reference to "about" a value or parameter herein includes (and describes) variations that are directed to that value or parameter *per se*. For example, description referring to "about X" includes description of "X".

[0132] It is understood that aspects and variations of the invention described herein include "consisting of" and/or "consisting essentially of" aspects and variations.

A. Methods of Use

[0133] Provided herein are methods of treating a B-cell proliferative disorder in an individual comprising (a) an immunoconjugate comprising an antibody which binds CD79b linked to a cytotoxic agent and (b) an additional therapeutic agent. In some embodiments, the additional therapeutic agent is a chemotherapeutic agent. In some embodiments, the additional therapeutic agent is cytotoxic agent.

[0134] Provided herein are methods for treating a B-cell proliferative disorder in an individual comprising administering to the individual an effective amount of (a) an immunoconjugate comprising an anti-CD79b antibody linked to a cytotoxic agent (*i.e.*, anti-CD79b immunoconjugate) and (b) an alkylating agent. In particular, provided herein are methods for treating a B-cell proliferative disorder in an individual comprising administering to the individual an effective amount of (a) an immunoconjugate comprising an anti-CD79b antibody linked to a cytotoxic agent (*i.e.*, anti-CD79b immunoconjugate), (b) an anti-CD20 antibody, and (c) an alkylating agent. In some embodiments, the anti-CD20 antibody is rituximab. In some embodiments, the anti-CD20 antibody is a humanized B-Ly1 antibody. In some embodiments, the humanized B-Ly1 antibody is obinituzumab. In some embodiments, the anti-CD20 antibody is ofatumumab, ublituximab, and/or

ibrutumomab tiuxetan. In some embodiments, the alkylating agent is 4-[5-[Bis(2-chloroethyl)amino]-1-methylbenzimidazol-2-yl]butanoic acid and salts thereof. In some embodiments, the alkylating agent is bendamustine. In some embodiments, the anti-CD79b immunoconjugate is huMA79bv28-MC-vc-PAB-MMAE.

[0135] In addition, provided herein are methods for treating a B-cell proliferative disorder in an individual comprising administering to the individual an effective amount of (a) an immunoconjugate comprising an anti-CD79b antibody linked to a cytotoxic agent (*i.e.*, anti-CD79b immunoconjugate) and (b) a BCL-2 inhibitor. In particular, provided herein are methods for treating a B-cell proliferative disorder in an individual comprising administering to the individual an effective amount of (a) an immunoconjugate comprising an anti-CD79b antibody linked to a cytotoxic agent (*i.e.*, anti-CD79b immunoconjugate), (b) an anti-CD20 antibody, and (c) a BCL-2 inhibitor. In some embodiments, the anti-CD20 antibody is rituximab. In some embodiments, the anti-CD20 antibody is a humanized B-Ly1 antibody. In some embodiments, the humanized B-Ly1 antibody is obinituzumab. In some embodiments, the anti-CD20 antibody is ofatumumab, ublituximab, and/or ibrutumomab tiuxetan. In some embodiments, the BCL-2 inhibitor is 4-(4-{[2-(4-chlorophenyl)-4,4-dimethylcyclohex-1-en-1-yl]methyl}piperazin-1-yl)-N-({3-nitro-4-[(tetrahydro-2H-pyran-4-ylmethyl)amino]phenyl}sulfonyl)-2-(1H-pyrrolo[2,3-b]pyridin-5-yloxy)benzamide and salts thereof. In some embodiments, the BCL-2 inhibitor is venetoclax (CAS#: 1257044-40-8). In some embodiments, the anti-CD79b immunoconjugate is huMA79bv28-MC-vc-PAB-MMAE.

[0136] Also provided herein are methods for treating a B-cell proliferative disorder in an individual comprising administering to the individual an effective amount of (a) an immunoconjugate comprising an anti-CD79b antibody linked to a cytotoxic agent (*i.e.*, anti-CD79b immunoconjugate) and (b) a phosphoinositide 3-kinase (PI3K) inhibitor. For example, provided herein are methods for treating a B-cell proliferative disorder in an individual comprising administering to the individual an effective amount of (a) an immunoconjugate comprising an anti-CD79b antibody linked to a cytotoxic agent (*i.e.*, anti-CD79b immunoconjugate), (b) an anti-CD20 antibody, and (c) a phosphoinositide 3-kinase (PI3K) inhibitor. In some embodiments, the anti-CD20 antibody is rituximab. In some embodiments, the anti-CD20 antibody is a humanized B-Ly1 antibody. In some embodiments, the humanized B-Ly1 antibody is obinituzumab. In some embodiments, the anti-CD20 antibody is ofatumumab, ublituximab, and/or ibrutumomab tiuxetan. In some embodiments, the PI3K inhibitor inhibits delta isoform PI3K (*i.e.*, P110δ). In some embodiments, the PI3K inhibitor is 5-Fluoro-3-phenyl-2-[(1S)-1-(7H-purin-6-ylamino)propyl]-4(3H)-quinazolinone and salts thereof. In some embodiments, the PI3K inhibitor is idelalisib (CAS#: 870281-82-6). In some embodiments, the PI3K inhibitor inhibits alpha and delta isoforms of PI3K. In some embodiments, the PI3K inhibitor is 2-{3-[2-(1-Isopropyl-3-methyl-1H-1,2,4-triazol-5-yl)-5,6-dihydrobenzo[f]imidazo[1,2-d][1,4]oxazepin-9-yl]-1H-pyrazol-1-yl}-2-methylpropanamide and salts thereof. In some embodiments, the anti-CD79b immunoconjugate is huMA79bv28-MC-vc-PAB-MMAE.

[0137] Also provided herein are methods for treating a B-cell proliferative disorder in an individual comprising administering to the individual an effective amount of (a) an immunoconjugate comprising an anti-CD79b antibody linked to a cytotoxic agent (*i.e.*, anti-CD79b immunoconjugate) and (b) a Bruton's tyrosine kinase (BTK) inhibitor. In some embodiments, provided herein are methods for treating a B-cell proliferative disorder in an individual comprising administering to the individual an effective amount of (a) an immunoconjugate comprising an anti-CD79b antibody linked to a cytotoxic agent (*i.e.*, anti-CD79b immunoconjugate), (b) an anti-CD20 antibody, and (c) a Bruton's tyrosine kinase (BTK) inhibitor. In some embodiments, the anti-CD20 antibody is rituximab. In some embodiments, the anti-CD20 antibody is a humanized B-Ly1 antibody. In some embodiments, the humanized B-Ly1 antibody is obinituzumab. In some embodiments, the anti-CD20 antibody is ofatumumab, ublituximab, and/or ibritumomab tiuxetan. In some embodiments, the BTK inhibitor is 1-[(3R)-3-[4-Amino-3-(4-phenoxyphenyl)-1H-pyrazolo[3,4-d]pyrimidin-1-yl]piperidin-1-yl]prop-2-en-1-one and salts thereof. In some embodiments, the BTK inhibitor is ibrutinib (CAS#: 936563-96-1). In some embodiments, the anti-CD79b immunoconjugate is huMA79bv28-MC-vc-PAB-MMAE.

[0138] Provided herein are also methods for treating a B-cell proliferative disorder in an individual comprising administering to the individual an effective amount of (a) an immunoconjugate comprising an anti-CD79b antibody linked to a cytotoxic agent (*i.e.*, anti-CD79b immunoconjugate) and (b) thalidomide or a derivative thereof. For example, provided herein are methods for treating a B-cell proliferative disorder in an individual comprising administering to the individual an effective amount of (a) an immunoconjugate comprising an anti-CD79b antibody linked to a cytotoxic agent (*i.e.*, anti-CD79b immunoconjugate), (b) an anti-CD20 antibody, and (c) thalidomide or a derivative thereof. In some embodiments, the anti-CD20 antibody is rituximab. In some embodiments, the anti-CD20 antibody is a humanized B-Ly1 antibody. In some embodiments, the humanized B-Ly1 antibody is obinituzumab. In some embodiments, the anti-CD20 antibody is ofatumumab, ublituximab, and/or ibritumomab tiuxetan. In some embodiments, the thalidomide or a derivative thereof is (RS)-3-(4-Amino-1-oxo 1,3-dihydro-2H-isoindol-2-yl)piperidine-2,6-dione and salts thereof. In some embodiments, the thalidomide or a derivative thereof is lendalidomide (CAS#: 191732-72-6). In some embodiments, the anti-CD79b immunoconjugate is huMA79bv28-MC-vc-PAB-MMAE.

[0139] Provided herein are also methods for treating a B-cell proliferative disorder in an individual comprising administering to the individual an effective amount of (a) an immunoconjugate comprising an anti-CD79b antibody linked to a cytotoxic agent (*i.e.*, anti-CD79b immunoconjugate) and (b) a PD-1 axis binding antagonist. For example, provided herein are methods for treating a B-cell proliferative disorder in an individual comprising administering to the individual an effective amount of (a) an immunoconjugate comprising an anti-CD79b antibody linked to a cytotoxic agent (*i.e.*, anti-CD79b immunoconjugate), (b) an anti-CD20 antibody, and (c) a PD-1 axis binding agent.

In some embodiments, the anti-CD20 antibody is rituximab. In some embodiments, the anti-CD20 antibody is a humanized B-Ly1 antibody. In some embodiments, the humanized B-Ly1 antibody is obinituzumab. In some embodiments, the anti-CD20 antibody is ofatumumab, ublituximab, and/or ibritumomab tiuxetan. In some embodiments, the anti-CD79b immunoconjugate is huMA79bv28-MC-vc-PAB-MMAE. In some embodiments, the PD-1 axis binding antagonist is selected from the group consisting of a PD-1 binding antagonist, a PD-L1 binding antagonist and a PD-L2 binding antagonist. PD-1 (programmed death 1) is also referred to in the art as “programmed cell death 1”, PDCD1, CD279 and SLEB2. PD-L1 (programmed death ligand 1) is also referred to in the art as “programmed cell death 1 ligand 1”, PDCD1LG1, CD274, B7-H, and PDL1. PD-L1 (programmed death ligand 1), also known as PDL1, B7-H1, B7-4, CD274, and B7-H, is a transmembrane protein, and its interaction with PD-1 inhibits T-cell activation and cytokine production. PD-L2 (programmed death ligand 2) is also referred to in the art as “programmed cell death 1 ligand 2”, PDCD1LG2, CD273, B7-DC, Btdc, and PDL2. In some embodiments, PD-1, PD-L1, and PD-L2 are human PD-1, PD-L1 and PD-L2. In some embodiments, the PD-1 axis binding antagonist is a PD-1 binding antagonist. In some embodiments, the PD-1 binding antagonist inhibits the binding of PD-1 to its ligand binding partners. In some embodiments, the PD-1 binding antagonist inhibits the binding of PD-1 to PD-L1. In some embodiments, the PD-1 binding antagonist inhibits the binding of PD-1 to PD-L2. In some embodiments, the PD-1 binding antagonist inhibits the binding of PD-1 to both PD-L1 and PD-L2. In some embodiments, the PD-1 binding antagonist is an antibody. In some embodiments, the PD-1 binding antagonist is selected from the group consisting of MDX-1106 (nivolumab), MK-3475 (pembrolizumab, lambrolizumab), CT-011 (pidilizumab), and AMP-224. Nivolumab, also known as MDX-1106-04, MDX-1106, ONO-4538, BMS-936558, and OPDIVO®, is an anti-PD-1 antibody described in WO2006/121168. In some embodiments, the anti-PD-1 antibody is Nivolumab (CAS Registry Number: 946414-94-4). Pembrolizumab, also known as MK-3475, Merck 3475, lambrolizumab, KEYTRUDA®, and SCH-900475, is an anti-PD-1 antibody described in WO2009/114335. CT-011, also known as hBAT, hBAT-1 or pidilizumab, is an anti-PD-1 antibody described in WO2009/101611. AMP-224, also known as B7-DCIg, is a PD-L2-Fc fusion soluble receptor described in WO2010/027827 and WO2011/066342. In some embodiments, the PD-1 axis binding antagonist is a PD-L1 binding antagonist. In some embodiments, the PD-L1 binding antagonist inhibits the binding of PD-L1 to PD-1. In some embodiments, the PD-L1 binding antagonist inhibits the binding of PD-L1 to B7-1. In some embodiments, the PD-L1 binding antagonist inhibits the binding of PD-L1 to both PD-1 and B7-1. In some embodiments, the PD-L1 binding antagonist is an antibody. In some embodiments, the PD-L1 binding antagonist is selected from the group consisting of: YW243.55.S70, MPDL3280A, MDX-1105, and MEDI4736. Antibody YW243.55.S70 is an anti-PD-L1 described in WO 2010/077634. MDX-1105, also known as BMS-936559, is an anti-PD-L1 antibody described in WO2007/005874. MEDI4736, is an anti-PD-L1 monoclonal antibody described in WO2011/066389 and US2013/034559. Examples of anti-

PDL1 antibodies that can be used in the methods described herein are described in PCT patent application WO 2010/077634 A1 and US 8,217,149. In some embodiments, the PD-1 axis binding antagonist is an antibody. In some embodiments, the PD-1 axis binding antagonist is a PD-L2 binding antagonist. In some embodiments, the PD-L2 binding antagonist is an antibody. In some embodiments, the PD-L2 binding antagonist is an immunoadhesin. In some embodiments, the combination method enhances inhibition of tumor growth, increased response rates and/or durable responses.

[0140] In some embodiments, an activating co-stimulatory molecule may include CD40, CD226, CD28, OX40, GITR, CD137, CD27, HVEM, or CD127. In some embodiments, the agonist directed against an activating co-stimulatory molecule is an agonist antibody that binds to CD40, CD226, CD28, OX40, GITR, CD137, CD27, HVEM, or CD127. In some embodiments, method further comprises administration in conjunction with an antagonist directed against an inhibitory co-stimulatory molecule. In some embodiments, an inhibitory co-stimulatory molecule may include CTLA-4 (also known as CD152), PD-1, TIM-3, BTLA, VISTA, LAG-3, B7-H3, B7-H4, IDO, TIGIT, MICA/B, or arginase. In some embodiments, the antagonist directed against an inhibitory co-stimulatory molecule is an antagonist antibody that binds to CTLA-4, PD-1, TIM-3, BTLA, VISTA, LAG-3, B7-H3, B7-H4, IDO, TIGIT, MICA/B, or arginase. In some embodiments, method further comprises administration in conjunction with a treatment comprising adoptive transfer of a T cell (*e.g.*, a cytotoxic T cell or CTL) expressing a chimeric antigen receptor (CAR).

[0141] In some embodiments of any of the methods, the cytotoxic agent is an antimitotic agent. Antimitotic agents are known in the art as well as inhibitors of the polymerization of tubulin. *See e.g.*, Perez, *Mol. Cancer Ther.* 8:2086-2095 (2009), Doronina et al., *Nat. Biotechnol.* 21:778-784 (2003), and Doronina et al., *Bioconjug Chem.* 17:114-124 (2006). In some embodiments, the antimitotic agent includes, but is not limited to, a maytansinoid, a dolastatin, an auristatin, and/or analogs and/or derivatives thereof. In some embodiments, the antimitotic agent is an auristatin and/or analog and/or derivative thereof. In some embodiments, the auristatin and/or analog and/or derivative thereof is MMAE. In some embodiments, the auristatin and/or analog and/or derivative thereof is MMAF.

[0142] In a further aspect, the invention provides for the use of an anti-CD79b immunoconjugate in the manufacture or preparation of a medicament for use in combination with an additional therapeutic agent. For example, provided herein is the use of an anti-CD79b immunoconjugate in the manufacture or preparation of a medicament for use in combination with an anti-CD20 antibody and an alkylating agent (*e.g.*, bendamustine). In one such embodiment, the method further comprises administering to the individual an effective amount of at least one additional therapeutic agent.

[0143] An "individual" according to any of the above embodiments may be a human.

[0144] In one embodiment, B-cell proliferative disease includes, but is not limited to, lymphomas (*e.g.*, B-Cell Non-Hodgkin's lymphomas (NHL)) and lymphocytic leukemias. Such lymphomas and

lymphocytic leukemias include e.g. a) follicular lymphomas, b) Small Non-Cleaved Cell Lymphomas/ Burkitt's lymphoma (including endemic Burkitt's lymphoma, sporadic Burkitt's lymphoma and Non-Burkitt's lymphoma), c) marginal zone lymphomas (including extranodal marginal zone B-cell lymphoma (Mucosa-associated lymphatic tissue lymphomas, MALT), nodal marginal zone B-cell lymphoma and splenic marginal zone lymphoma), d) Mantle cell lymphoma (MCL), e) Large Cell Lymphoma (including B-cell diffuse large cell lymphoma (DLCL), Diffuse Mixed Cell Lymphoma, Immunoblastic Lymphoma, Primary Mediastinal B-Cell Lymphoma, Angiocentric Lymphoma-Pulmonary B-Cell Lymphoma), f) hairy cell leukemia, g) lymphocytic lymphoma, Waldenstrom's macroglobulinemia, h) acute lymphocytic leukemia (ALL), chronic lymphocytic leukemia (CLL)/ small lymphocytic lymphoma (SLL), B-cell prolymphocytic leukemia, i) plasma cell neoplasms, plasma cell myeloma, multiple myeloma, plasmacytoma, and/or j) Hodgkin's disease.

[0145] In some embodiments of any of the methods, the B-cell proliferative disorder is cancer. In some embodiments, the B-cell proliferative disorder is lymphoma, non-Hodgkins lymphoma (NHL), aggressive NHL, relapsed aggressive NHL, relapsed indolent NHL, refractory NHL, refractory indolent NHL, chronic lymphocytic leukemia (CLL), small lymphocytic lymphoma, leukemia, hairy cell leukemia (HCL), acute lymphocytic leukemia (ALL), or mantle cell lymphoma. In some embodiments, the B-cell proliferative disorder is NHL, such as indolent NHL and/or aggressive NHL. In some embodiments, the B-cell proliferative disorder is indolent follicular lymphoma or diffuse large B-cell lymphoma (DLBCL). In some embodiments, the DLBCL is activated B cell DLBCL (ABC DLBCL). In some embodiments, the DLBCL is germinal center B-cell like DLBCL (GCB DLBCL). In some embodiment, the DLBCL is BCL2 positive (*e.g.*, positive for BCL2 gene rearrangement, t(14;18)(q32;q21)). In some embodiments, the DLBCL is BCL2 negative (*e.g.*, negative for BCL2 gene rearrangement, t(14;18)(q32;q21)).

[0146] In some embodiments of any of the methods, the B-cell proliferative disorder is a histologically confirmed FL (Grade 1, 2, or 3a) or DLBCL. In some embodiments, the individual has received at least one prior therapy for FL or DLBCL. In some embodiments, the patient has received prior bendamustine and the duration must have been >1 year (for patients who have relapse disease after a prior regimen). In some embodiments, at least one bi-dimensionally measurable lesion on imaging scan defined as >1.5 cm in its longest dimension; confirmed availability of archival or freshly collected tumor tissue meeting protocol-defined specifications prior to study enrollment; Life expectancy of at least 24 weeks; Eastern Cooperative Oncology Group (ECOG) Performance Status of 0, 1, or 2; adequate hematological function; and/or, for women of childbearing potential, a negative serum pregnancy test result within 7 days prior to commencement of dosing.

[0147] In some embodiments, the individual does not have a history of severe allergic or anaphylactic reactions to humanized or murine monoclonal antibodies (MAbs, or recombinant antibody-related fusion proteins) or known sensitivity or allergy to murine products, contraindication

to bendamustine, rituximab, or obinutuzumab. In some embodiments, the individual does not have a history of sensitivity to mannitol, prior use of any MAb, radioimmunoconjugate, or antibody-drug conjugate (ADC) within 4 weeks before Cycle 1 Day 1, treatment with radiotherapy, chemotherapy, immunotherapy, immunosuppressive therapy, and/or any investigational agent for the purposes of treating cancer within 2 weeks prior to Cycle 1 Day 1, ongoing corticosteroid use >30 mg/day prednisone or equivalent, for purposes other than lymphoma symptom control, completion of autologous SCT within 100 days prior to Cycle 1 Day 1, prior allogeneic SCT, eligibility for autologous SCT (patients with relapsed/refractory DLBCL), Grade 3b FL, history of transformation of indolent disease to DLBCL, primary CNS lymphoma, current Grade >1 peripheral neuropathy, evidence of significant, uncontrolled concomitant diseases that could affect compliance with the protocol or interpretation of results, including significant cardiovascular disease (such as New York Heart Association Class III or IV cardiac disease, myocardial infarction within the last 6 months, unstable arrhythmias, or unstable angina) or significant pulmonary disease (including obstructive pulmonary disease and history of bronchospasm), known active bacterial, viral, fungal, mycobacterial, parasitic, or other infection (excluding fungal infections of nail beds) at study enrollment or any major episode of infection requiring treatment with intravenous (IV) antibiotics or hospitalization within 4 weeks prior to Cycle 1 Day 1, patients with suspected or latent tuberculosis, positive test results for chronic hepatitis B virus (HBV) infection or for hepatitis C virus (HCV) antibody, known infection with HIV or human T-cell leukemia virus 1 (HTLV-1) virus, women who are pregnant or lactating or who intend to become pregnant within a year of the last dose of rituximab or obinutuzumab, and/or evidence of laboratory abnormalities in standard renal, hepatic or coagulation function tests.

[0148] In some embodiments of any of the methods, the B-cell proliferative disorder is a relapsed or refractory B-cell proliferative disorder. In some embodiments, relapsed or refractory B-cell proliferative disorder as used herein includes patients who have received at least 1 prior chemotherapy containing treatment regimen. In some embodiments, relapsed patients generally have developed progressive disease following a response to the prior chemotherapy-containing treatment regimen. In some embodiments, refractory patients have generally failed to respond or relapsed within 6 months to the last prior chemotherapy-containing regimen. In some embodiments, relapsed/refractory follicular lymphoma (FL) patients who have relapsed to prior regimen(s) after having a documented history of response (complete response [CR], CR unconfirmed [CRu], or partial response [PR]) of ≥ 6 months in duration from completion of regimen(s); refractory to any prior regimen, defined as no response to the prior therapy, or progression within 6 months of completion of the last dose of therapy. In some embodiments, relapsed/refractory DLBCL patients are patients who are ineligible for second-line stem cell transplant (SCT), with progressive disease or no response (stable disease [SD]) <6 months from start of initial therapy; patients who are ineligible for second-line SCT, with disease relapse after initial response of ≥ 6 months from start of initial

therapy; patients who are ineligible for third-line (or beyond) SCT, with progressive disease or no response (SD) <6 months from start of prior therapy; patients who are ineligible for third-line (or beyond) SCT with disease relapse after initial response of ≥ 6 months from start of prior therapy.

[0149] In some embodiments, the individual having a B-cell proliferative disorder is previously untreated. In some embodiments, previously untreated as used herein includes patients diagnosed with a B-cell proliferative disease, but who have, in general, received no prior chemotherapy or immunotherapy. Patients with a history of emergency, loco-regional radiotherapy (e.g., for relief of compressive signs or symptoms) or corticosteroids can still be considered previously untreated.

[0150] An immunoconjugate provided herein (and any additional therapeutic agent) for use in any of the therapeutic methods described herein can be administered by any suitable means, including parenteral, intrapulmonary, and intranasal, and, if desired for local treatment, intralesional administration. Parenteral infusions include intramuscular, intravenous, intraarterial, intraperitoneal, or subcutaneous administration. Dosing can be by any suitable route, e.g., by injections, such as intravenous or subcutaneous injections, depending in part on whether the administration is brief or chronic. Various dosing schedules including but not limited to single or multiple administrations over various time-points, bolus administration, and pulse infusion are contemplated herein.

[0151] In some embodiments of any of the methods, if the administration is intravenous the initial infusion time for the anti-CD79b immunoconjugate or the additional therapeutic agent may be longer than subsequent infusion times, for instance approximately 90 minutes for the initial infusion, and approximately 30 minutes for subsequent infusions (if the initial infusion is well tolerated).

[0152] The terms “co-administration” or “co-administering” refer to the administration of the anti-CD79b immunoconjugate and the additional therapeutic agent as two separate formulations (or as one single formulation). The co-administration can be simultaneous or sequential in either order, wherein preferably there is a time period while both (or all) active agents simultaneously exert their biological activities. The anti-CD79b immunoconjugate and the additional therapeutic agent are co-administered either simultaneously or sequentially. In some embodiments, when both therapeutic agents are co-administered sequentially the dose is administered either on the same day in two separate administrations, or one of the agents is administered on day 1 and the second is co-administered on day 2 to day 7, preferably on day 2 to 4. Thus in one embodiment the term “sequentially” means within 7 days after the dose of the first component, preferably within 4 days after the dose of the first component; and the term “simultaneously” means at the same time. The term “co-administration” with respect to the maintenance doses of said the anti-CD79b immunoconjugate and the additional therapeutic agent means that the maintenance doses can be either co-administered simultaneously, if the treatment cycle is appropriate for both drugs, e.g., every week. Or anti-CD79b immunoconjugate is e.g., administered e.g., every first to third day and the additional therapeutic is administered every week. Or the maintenance doses are co-administered sequentially, either within one or within several days.

[0153] Anti-CD79b immunoconjugates and additional therapeutic agents provided herein for use in any of the therapeutic methods described herein would be formulated, dosed, and administered in a fashion consistent with good medical practice. Factors for consideration in this context include the particular disorder being treated, the particular mammal being treated, the clinical condition of the individual patient, the cause of the disorder, the site of delivery of the agent, the method of administration, the scheduling of administration, and other factors known to medical practitioners. The immunoconjugate need not be, but is optionally formulated with one or more agents currently used to prevent or treat the disorder in question.

[0154] The amount of co-administration of the anti-CD79b immunoconjugate and the additional therapeutic agent and the timing of co-administration will depend on the type (species, gender, age, weight, etc.) and condition of the patient being treated and the severity of the disease or condition being treated. The anti-CD79b immunoconjugate and the additional therapeutic agent are suitably co-administered to the patient at one time or over a series of treatments *e.g.*, on the same day or on the day after.

[0155] In some embodiments of any of the methods, the dosage of anti-CD79b immunoconjugate (such as huMA79bv28-MC-vc-PAB-MMAE) is between about any of 1.4-5 mg/kg, 1.8-4 mg/kg, 1.8-3.2 mg/kg, and/or 1.8-2.4 mg/kg. In some embodiments of any of the methods, the dosage of anti-CD79b immunoconjugate is about any of 1.4, 1.8, 2.0, 2.2, 2.4, 2.8, 3.2, 3.6, 4.0, 4.4, and/or 4.8 mg/kg. In some embodiments, the dosage of anti-CD79b immunoconjugate is about 1.8 mg/kg. In some embodiments, the dosage of anti-CD79b immunoconjugate is about 2.4 mg/kg. In some embodiments, the dosage of anti-CD79b immunoconjugate is about 3.2 mg/kg. In some embodiments, the dosage of anti-CD79b immunoconjugate is about 3.6 mg/kg. In some embodiments of any of the methods, the anti-CD79b immunoconjugate is administered q3wk. In some embodiments, the anti-CD79b immunoconjugate is administered via intravenous infusion. The dosage administered via infusion is in the range of about 1 $\mu\text{g}/\text{m}^2$ to about 10,000 $\mu\text{g}/\text{m}^2$ per dose, generally one dose per week for a total of one, two, three or four doses. Alternatively, the dosage range is of about 1 $\mu\text{g}/\text{m}^2$ to about 1000 $\mu\text{g}/\text{m}^2$, about 1 $\mu\text{g}/\text{m}^2$ to about 800 $\mu\text{g}/\text{m}^2$, about 1 $\mu\text{g}/\text{m}^2$ to about 600 $\mu\text{g}/\text{m}^2$, about 1 $\mu\text{g}/\text{m}^2$ to about 400 $\mu\text{g}/\text{m}^2$, about 10 $\mu\text{g}/\text{m}^2$ to about 500 $\mu\text{g}/\text{m}^2$, about 10 $\mu\text{g}/\text{m}^2$ to about 300 $\mu\text{g}/\text{m}^2$, about 10 $\mu\text{g}/\text{m}^2$ to about 200 $\mu\text{g}/\text{m}^2$, and about 1 $\mu\text{g}/\text{m}^2$ to about 200 $\mu\text{g}/\text{m}^2$. The dose may be administered once per day, once per week, multiple times per week, but less than once per day, multiple times per month but less than once per day, multiple times per month but less than once per week, once per month or intermittently to relieve or alleviate symptoms of the disease. Administration may continue at any of the disclosed intervals until remission of the tumor or symptoms of the lymphoma, leukemia being treated. Administration may continue after remission or relief of symptoms is achieved where such remission or relief is prolonged by such continued administration.

[0156] In some embodiments of any of the methods, the dosage of the anti-CD20 antibody is between about 300-1600 mg/m² and/or 300-2000 mg. In some embodiments of any of the methods, the dosage of the anti-CD20 antibody is about any of 300, 375, 600, 1000, or 1250 mg/m² and/or 300, 1000, or 2000 mg. In some embodiments, the anti-CD20 antibody is rituximab and the dosage administered is 375 mg/m². In some embodiments, the anti-CD20 antibody is obinutuzumab and the dosage administered is 1000 mg/m². In some embodiments, the anti-CD20 antibody is administered q3wk. In some embodiments, the dosage of said afucosylated anti-CD20 antibody (preferably the afucosylated humanized B-Ly1 antibody) may be 800 to 1600 mg (in one embodiment 800 to 1200 mg) on day 1, 8, 15 of a 3- to 6-weeks-dosage-cycle and then in a dosage of 400 to 1200 (in one embodiment 800 to 1200 mg on day 1 of up to nine 3- to 4-weeks-dosage-cycles. In some embodiments, the dose is a flat dose 1000 mg in a three-weeks-dosage schedule, with the possibility of an additional cycle of a flat dose of 1000 mg in the second week.

[0157] Exemplary dosing regimens for the combination therapy of anti-CD79b immunoconjugates (such as huMA79bv28-MC-vc-PAB-MMAE) and other agents include, but are not limited to, anti-CD79 immunoconjugate (such as huMA79bv28-MC-vc-PAB-MMAE) administered at about 1.4-5 mg/kg q3wk, plus 375 mg/m² q3wk rituximab, and 25-120 mg/m² bendamustine (e.g., bendamustine hydrochloride) d1 and 2 of q3wk daily. In some embodiments, the anti-CD79 immunoconjugate is administered at about any of 1.8 mg/kg, 2.0 mg/kg, 2.2 mg/kg, 2.4 mg/kg, 3.2 mg/kg, or 4.0 mg/kg. In some embodiments, the anti-CD79b immunoconjugate is administered at about 1.8 mg/kg. In some embodiments, the anti-CD79b immunoconjugate is administered at about 2.4 mg/kg. In some embodiments, bendamustine is administered at about 90 mg/m².

[0158] Another exemplary dosage regime for the combination therapy of anti-CD79b immunoconjugates (such as huMA79bv28-MC-vc-PAB-MMAE) and other agents include, but are not limited to, anti-CD79 immunoconjugate (such as huMA79bv28-MC-vc-PAB-MMAE) administered 1.4-5 mg/kg q3wk, plus 1000 mg/m² q3wk obinutuzumab, and 25-120 mg/m² bendamustine d1 and 2 of q3wk daily. In some embodiments, the anti-CD79 immunoconjugate is administered at about any of 1.8 mg/kg, 2.0 mg/kg, 2.2 mg/kg, 2.4 mg/kg, 3.2 mg/kg, or 4.0 mg/kg. In some embodiments, the anti-CD79b immunoconjugate is administered at about 1.8 mg/kg. In some embodiments, the anti-CD79b immunoconjugate is administered at about 2.4 mg/kg. In some embodiments, bendamustine is administered at about 90 mg/m².

B. Agents for Use in the Methods Described Herein

[0159] Provided herein are anti-CD79b immunoconjugates and additional therapeutic agents for use in the methods described herein. In some embodiments, the additional therapeutic agent is an antibody. In some embodiments, the additional therapeutic agent is a small molecule. In some embodiments, the additional therapeutic agent is an anti-CD20 antibody and bendamustine.

1. Anti-CD79b immunoconjugates comprising anti-CD79b antibodies and other embodiments

[0160] Provided herein are anti-CD79b antibodies for the anti-CD79b immunoconjugates for use in the methods described herein comprising anti-CD79b immunoconjugates and an additional therapeutic agent.

[0161] In some embodiments, the methods herein provide an immunoconjugate comprising an anti-CD79b antibody comprising at least one, two, three, four, five, or six HVRs selected from (a) HVR-H1 comprising the amino acid sequence of SEQ ID NO: 21; (b) HVR-H2 comprising the amino acid sequence of SEQ ID NO: 22; (c) HVR-H3 comprising the amino acid sequence of SEQ ID NO: 23; (d) HVR-L1 comprising an amino acid sequence of SEQ ID NO: 24; (e) HVR-L2 comprising the amino acid sequence of SEQ ID NO: 25; and (f) HVR-L3 comprising the amino acid sequence of SEQ ID NO: 26. In some such embodiments, the immunoconjugate comprises at least one of: (i) HVR-H3 comprising the amino acid sequence of SEQ ID NO: 23, and/or (ii) HVR-L1 comprising an amino acid sequence of SEQ ID NO: 24.

[0162] In some embodiments, provided herein for use in the methods are immunoconjugates comprising an anti-CD79b antibody comprising at least one, two, three, four, five, or six HVRs selected from (a) HVR-H1 comprising the amino acid sequence of SEQ ID NO: 21; (b) HVR-H2 comprising the amino acid sequence of SEQ ID NO: 22; (c) HVR-H3 comprising the amino acid sequence of SEQ ID NO: 23; (d) HVR-L1 comprising an amino acid sequence of SEQ ID NO: 24; (e) HVR-L2 comprising the amino acid sequence of SEQ ID NO: 25; and (f) HVR-L3 comprising the amino acid sequence of SEQ ID NO: 26. In some such embodiments, the immunoconjugate comprises at least one of: (i) HVR-H3 comprising the amino acid sequence of SEQ ID NO: 23, and/or (ii) HVR-L1 comprising the amino acid sequence of SEQ ID NO: 24. In one aspect, provided herein are immunoconjugates comprising an anti-CD79b immunoconjugate comprising at least one, at least two, or all three VH HVR sequences selected from (a) HVR-H1 comprising the amino acid sequence of SEQ ID NO: 21; (b) HVR-H2 comprising the amino acid sequence of SEQ ID NO: 22; and (c) HVR-H3 comprising the amino acid sequence of SEQ ID NO: 23. In some embodiments, the immunoconjugate comprises HVR-H3 comprising the amino acid sequence of SEQ ID NO: 23. In another embodiment, the immunoconjugate comprises HVR-H3 comprising the amino acid sequence of SEQ ID NO: 23 and HVR-L3 comprising the amino acid sequence of SEQ ID NO: 26. In a further embodiment, the immunoconjugate comprises HVR-H3 comprising the amino acid sequence of SEQ ID NO: 23, HVR-L3 comprising the amino acid sequence of SEQ ID NO: 26, and HVR-H2 comprising the amino acid sequence of SEQ ID NO: 22. In a further embodiment, the immunoconjugate comprises (a) HVR-H1 comprising the amino acid sequence of SEQ ID NO: 21; (b) HVR-H2 comprising the amino acid sequence of SEQ ID NO: 22; and (c) HVR-H3 comprising the amino acid sequence of SEQ ID NO: 23.

[0163] In another aspect, the immunoconjugate comprises an anti-CD79b antibody comprising at least one, at least two, or all three VL HVR sequences selected from (a) HVR-L1 comprising an amino acid sequence of SEQ ID NO: 24; (b) HVR-L2 comprising the amino acid sequence of SEQ ID NO: 25; and (c) HVR-L3 comprising the amino acid sequence of SEQ ID NO: 26. In another aspect, provided herein are immunoconjugates comprising at least one, at least two, or all three VL HVR sequences selected from (a) HVR-L1 comprising the amino acid sequence of SEQ ID NO: 24; (b) HVR-L2 comprising the amino acid sequence of SEQ ID NO: 25; and (c) HVR-L3 comprising the amino acid sequence of SEQ ID NO: 26. In one embodiment, the immunoconjugate comprises (a) HVR-L1 comprising an amino acid sequence of SEQ ID NO: 24; (b) HVR-L2 comprising the amino acid sequence of SEQ ID NO: 25; and (c) HVR-L3 comprising the amino acid sequence of SEQ ID NO: 26. In some embodiments, the immunoconjugate comprises an HVR-L1 comprising the amino acid sequence of SEQ ID NO: 24. In some embodiments, the immunoconjugate comprises an HVR-L1 comprising the amino acid sequence of SEQ ID NO: 24. In some embodiments, the immunoconjugate comprises (a) HVR-L1 comprising the amino acid sequence of SEQ ID NO: 24; (b) HVR-L2 comprising the amino acid sequence of SEQ ID NO: 25; and (c) HVR-L3 comprising the amino acid sequence of SEQ ID NO: 26.

[0164] In another aspect, the immunoconjugate comprises an anti-CD79b antibody comprising (a) a VH domain comprising at least one, at least two, or all three VH HVR sequences selected from (i) HVR-H1 comprising the amino acid sequence of SEQ ID NO: 21, (ii) HVR-H2 comprising the amino acid sequence of SEQ ID NO: 22, and (iii) HVR-H3 comprising an amino acid sequence selected from SEQ ID NO: 23; and (b) a VL domain comprising at least one, at least two, or all three VL HVR sequences selected from (i) HVR-L1 comprising an amino acid sequence of SEQ ID NO: 24, (ii) HVR-L2 comprising the amino acid sequence of SEQ ID NO: 25, and (iii) HVR-L3 comprising the amino acid sequence of SEQ ID NO: 26. In some such embodiments, the immunoconjugate comprises at least one of: (i) HVR-H3 comprising the amino acid sequence of SEQ ID NO: 23, and/or (ii) HVR-L1 comprising the amino acid sequence of SEQ ID NO: 24.

[0165] In another aspect, the provided herein are immunoconjugates comprising (a) HVR-H1 comprising the amino acid sequence of SEQ ID NO: 21; (b) HVR-H2 comprising the amino acid sequence of SEQ ID NO: 22; (c) HVR-H3 comprising the amino acid sequence of SEQ ID NO: 23; (d) HVR-L1 comprising an amino acid sequence of SEQ ID NO: 24; (e) HVR-L2 comprising the amino acid sequence of SEQ ID NO: 25; and (f) HVR-L3 comprising the amino acid sequence of SEQ ID NO: 26. In some such embodiments, the immunoconjugate comprises at least one of: HVR-H3 comprising the amino acid sequence of SEQ ID NO: 23 and/or HVR-L1 comprising an amino acid sequence of SEQ ID NO: 24. In another aspect, provided are immunoconjugates comprising (a) HVR-H1 comprising the amino acid sequence of SEQ ID NO: 21; (b) HVR-H2 comprising the amino acid sequence of SEQ ID NO: 22; (c) HVR-H3 comprising the amino acid sequence of SEQ ID NO: 23; (d) HVR-L1 comprising the amino acid sequence of SEQ ID NO: 24; (e) HVR-L2

comprising the amino acid sequence of SEQ ID NO: 25; and (f) HVR-L3 comprising the amino acid sequence of SEQ ID NO: 26.

[0166] In any of the above embodiments, the anti-CD79b immunoconjugates comprises a humanized anti-CD79b antibody. In one embodiment, an anti-CD79b antibody comprises HVRs as in any of the above embodiments, and further comprises a human acceptor framework, *e.g.*, a human immunoglobulin framework or a human consensus framework. In certain embodiments, the human acceptor framework is the human VL kappa 1 (VL_{K1}) framework and/or the VH framework VH_{III}. In some embodiments, a humanized anti-CD79b antibody comprises (a) HVR-H1 comprising the amino acid sequence of SEQ ID NO: 21; (b) HVR-H2 comprising the amino acid sequence of SEQ ID NO: 22; (c) HVR-H3 comprising the amino acid sequence of SEQ ID NO: 23; (d) HVR-L1 comprising an amino acid sequence of SEQ ID NO: 24; (e) HVR-L2 comprising the amino acid sequence of SEQ ID NO: 25; and (f) HVR-L3 comprising the amino acid sequence of SEQ ID NO: 26. In some embodiments, a humanized anti-CD79b antibody comprises (a) HVR-H1 comprising the amino acid sequence of SEQ ID NO: 21; (b) HVR-H2 comprising the amino acid sequence of SEQ ID NO: 22; (c) HVR-H3 comprising the amino acid sequence of SEQ ID NO: 23; (d) HVR-L1 comprising the amino acid sequence of SEQ ID NO: 24; (e) HVR-L2 comprising the amino acid sequence of SEQ ID NO: 25; and (f) HVR-L3 comprising the amino acid sequence of SEQ ID NO: 26.

[0167] In another aspect, an anti-CD79b immunoconjugate comprises a heavy chain variable domain (VH) sequence having at least 90%, 91%, 92%, 93%, 94%, 95%, 96%, 97%, 98%, 99%, or 100% sequence identity to the amino acid sequence of SEQ ID NO: 19. In certain embodiments, a VH sequence having at least 90%, 91%, 92%, 93%, 94%, 95%, 96%, 97%, 98%, or 99% identity to the amino acid sequence of SEQ ID NO: 19 contains substitutions (*e.g.*, conservative substitutions), insertions, or deletions relative to the reference sequence, but an anti-CD79b immunoconjugate comprising that sequence retains the ability to bind to CD79b. In certain embodiments, a total of 1 to 10 amino acids have been substituted, inserted and/or deleted in SEQ ID NO: 19. In certain embodiments, a total of 1 to 5 amino acids have been substituted, inserted and/or deleted in SEQ ID NO: 19. In certain embodiments, substitutions, insertions, or deletions occur in regions outside the HVRs (*i.e.*, in the FRs).

[0168] Optionally, the anti-CD79b immunoconjugate comprises the VH sequence of any one of SEQ ID NO: 19, including post-translational modifications of that sequence. In some embodiments, the anti-CD79b immunoconjugate comprises the VH sequence of SEQ ID NO: 19, including post-translational modifications of that sequence. In a particular embodiment, the VH comprises one, two or three HVRs selected from: (a) HVR-H1 comprising the amino acid sequence of SEQ ID NO: 21, (b) HVR-H2 comprising the amino acid sequence of SEQ ID NO: 22, and (c) HVR-H3 comprising the amino acid sequence of SEQ ID NO: 17 or SEQ ID NO: 23.

[0169] In some embodiments, an anti-CD79b immunoconjugate comprises a light chain variable domain (VL) having at least 90%, 91%, 92%, 93%, 94%, 95%, 96%, 97%, 98%, 99%, or 100% sequence identity to the amino acid sequence of SEQ ID NO: 20. In certain embodiments, a VL sequence having at least 90%, 91%, 92%, 93%, 94%, 95%, 96%, 97%, 98%, or 99% identity to the amino acid sequence of SEQ ID NO: 20 contains substitutions (e.g., conservative substitutions), insertions, or deletions relative to the reference sequence, but an anti-CD79b immunoconjugate comprising that sequence retains the ability to bind to CD79b. In certain embodiments, a total of 1 to 10 amino acids have been substituted, inserted and/or deleted in SEQ ID NO: 20. In certain embodiments, a total of 1 to 5 amino acids have been substituted, inserted and/or deleted in SEQ ID NO: 20. In certain embodiments, the substitutions, insertions, or deletions occur in regions outside the HVRs (i.e., in the FRs). Optionally, the anti-CD79b immunoconjugate comprises the VL sequence of any one of SEQ ID NO: 20, including post-translational modifications of that sequence. In some embodiments, the anti-CD79b immunoconjugate comprises the VL sequence of SEQ ID NO: 20, including post-translational modifications of that sequence. In a particular embodiment, the VL comprises one, two or three HVRs selected from (a) HVR-L1 comprising an amino acid sequence of SEQ ID NO: 24; (b) HVR-L2 comprising the amino acid sequence of SEQ ID NO: 25; and (c) HVR-L3 comprising the amino acid sequence of SEQ ID NO: 26. In some embodiments, the VL comprises one, two or three HVRs selected from (a) HVR-L1 comprising the amino acid sequence of SEQ ID NO: 24; (b) HVR-L2 comprising the amino acid sequence of SEQ ID NO: 25; and (c) HVR-L3 comprising the amino acid sequence of SEQ ID NO: 26.

[0170] In another aspect, an anti-CD79b immunoconjugate comprises a VH as in any of the embodiments provided above, and a VL as in any of the embodiments provided above. In some embodiments, the antibody comprises the VH and VL sequences in SEQ ID NO: 19 and SEQ ID NO: 20, respectively, including post-translational modifications of those sequences.

[0171] In a further aspect, provided herein are anti-CD79b immunoconjugates that binds to the same epitope as an anti-CD79b antibody provided herein. For example, in certain embodiments, immunoconjugate is provided that binds to the same epitope as an anti-CD79b antibody comprising a VH sequence of SEQ ID NO: 19 and a VL sequence of SEQ ID NO: 20.

[0172] In a further aspect of the invention, an anti-CD79b immunoconjugate according to any of the above embodiments comprises a monoclonal antibody, including a chimeric, humanized or human antibody. In one embodiment, an anti-CD79b immunoconjugate comprises an antibody fragment, e.g., a Fv, Fab, Fab', scFv, diabody, or F(ab')₂ fragment. In another embodiment, the immunoconjugate comprises a substantially full length antibody, e.g., an IgG1 antibody or other antibody class or isotype as defined herein.

2. Anti-CD20 antibodies and other embodiments

[0173] Provided herein are anti-CD20 antibodies for use in the methods described herein comprising anti-CD79b immunoconjugates and an additional therapeutic agent.

[0174] Depending on binding properties and biological activities of anti-CD20 antibodies to the CD20 antigen, two types of anti-CD20 antibodies (type I and type II anti-CD20 antibodies) can be distinguished according to Cragg, M.S., et al., *Blood* 103 (2004) 2738-2743; and Cragg, M.S., et al., *Blood* 101 (2003) 1045-1052, see Table 1.

Table 1: Properties of type I and type II anti-CD20 antibodies

Type I anti-CD20 antibodies	type II anti-CD20 antibodies
type I CD20 epitope	type II CD20 epitope
Localize CD20 to lipid rafts	Do not localize CD20 to lipid rafts
Increased CDC (if IgG1 isotype)	Decreased CDC (if IgG1 isotype)
Type I anti-CD20 antibodies	type II anti-CD20 antibodies
ADCC activity (if IgG1 isotype)	ADCC activity (if IgG1 isotype)
Full binding capacity	Reduced binding capacity
Homotypic aggregation	Stronger homotypic aggregation
Apoptosis induction upon cross-linking	Strong cell death induction without cross-linking

[0175] Examples of type I anti-CD20 antibodies include e.g., rituximab, HI47 IgG3 (ECACC, hybridoma), 2C6 IgG1 (as disclosed in WO 2005/103081), 2F2 IgG1 (as disclosed in WO 2004/035607 and WO 2005/103081) and 2H7 IgG1 (as disclosed in WO 2004/056312). In some embodiments, the anti-CD20 antibody is rituximab antibody. In some embodiments, the rituximab antibody (reference antibody; example of a type I anti-CD20 antibody) is a genetically engineered chimeric human gamma 1 murine constant domain containing monoclonal antibody directed against the human CD20 antigen. However this antibody is not glycoengineered and not afucosylates and thus has an amount of fucose of at least 85 %. This chimeric antibody contains human gamma 1 constant domains and is identified by the name "C2B8" in US 5,736,137 (Andersen, et. al.) issued on April 17, 1998, assigned to IDEC Pharmaceuticals Corporation. Rituximab is approved for the treatment of patients with relapsed or refracting low-grade or follicular, CD20 positive, B-cell non-Hodgkin's lymphoma. In vitro mechanism of action studies have shown that rituximab exhibits human complement-dependent cytotoxicity (CDC) (Reff, M.E., et. al, *Blood* 83(2) (1994) 435-445). Additionally, it exhibits activity in assays that measure antibody-dependent cellular cytotoxicity (ADCC).

[0176] In some embodiments, the anti-CD20 antibodies are an afucosylated anti-CD20 antibody.

[0177] Examples of type II anti-CD20 antibodies include e.g., humanized B-Ly1 antibody IgG1 (a chimeric humanized IgG1 antibody as disclosed in WO 2005/044859), 11B8 IgG1 (as disclosed in

WO 2004/035607), and AT80 IgG1. Typically type II anti-CD20 antibodies of the IgG1 isotype show characteristic CDC properties. Type II anti-CD20 antibodies have a decreased CDC (if IgG1 isotype) compared to type I antibodies of the IgG1 isotype. In one embodiment said type II anti-CD20 antibody, e.g., a GA101 antibody, has increased antibody dependent cellular cytotoxicity (ADCC). In some embodiments, the type II anti-CD20 antibodies, more preferably an afucosylated humanized B-Ly1 antibody as described in WO 2005/044859 and WO 2007/031875.

[0178] In some embodiments, the anti-CD20 antibody is GA101 antibody. In some embodiments, the GA101 antibody as used herein refers to any one of the following antibodies that bind human CD20: (1) an antibody comprising an HVR-H1 comprising the amino acid sequence of SEQ ID NO:5, an HVR-H2 comprising the amino acid sequence of SEQ ID NO:6, an HVR-H3 comprising the amino acid sequence of SEQ ID NO:7, an HVR-L1 comprising the amino acid sequence of SEQ ID NO:8, an HVR-L2 comprising the amino acid sequence of SEQ ID NO:9, and an HVR-L3 comprising the amino acid sequence of SEQ ID NO:10; (2) an antibody comprising a VH domain comprising the amino acid sequence of SEQ ID NO:11 and a VL domain comprising the amino acid sequence of SEQ ID NO:12, (3) an antibody comprising an amino acid sequence of SEQ ID NO:13 and an amino acid sequence of SEQ ID NO: 14; (4) an antibody known as obinutuzumab, or (5) an antibody that comprises an amino acid sequence that has at least 95%, 96%, 97%, 98% or 99% sequence identity with amino acid sequence of SEQ ID NO:13 and that comprises an amino acid sequence that has at least 95%, 96%, 97%, 98% or 99% sequence identity with an amino acid sequence of SEQ ID NO: 14. In one embodiment, the GA101 antibody is an IgG1 isotype antibody.

[0179] In some embodiments, the anti-CD20 antibody is a humanized B-Ly1 antibody. In some embodiments, the humanized B-Ly1 antibody refers to humanized B-Ly1 antibody as disclosed in WO 2005/044859 and WO 2007/031875, which were obtained from the murine monoclonal anti-CD20 antibody B-Ly1 (variable region of the murine heavy chain (VH): SEQ ID NO: 3; variable region of the murine light chain (VL): SEQ ID NO: 4- see Poppema, S. and Visser, L., *Biotest Bulletin* 3 (1987) 131-139) by chimerization with a human constant domain from IgG1 and following humanization (see WO 2005/044859 and WO 2007/031875). The humanized B-Ly1 antibodies are disclosed in detail in WO 2005/ 044859 and WO 2007/031875.

[0180] In one embodiment, the humanized B-Ly1 antibody has variable region of the heavy chain (VH) selected from group of SEQ ID NO:15-16 and 40-55 (corresponding to B-HH2 to B-HH9 and B-HL8 to B-HL17 of WO 2005/044859 and WO 2007/031875). In one specific embodiment, such variable domain is selected from the group consisting of SEQ ID NO: 15, 16, 42, 44, 46, 48 and 50 (corresponding to B-HH2, BHH-3, B-HH6, B-HH8, B-HL8, B-HL11 and B-HL13 of WO 2005/044859 and WO 2007/031875). In one specific embodiment, the humanized B-Ly1 antibody has variable region of the light chain (VL) of SEQ ID NO:55 (corresponding to B-KV1 of WO 2005/044859 and WO 2007/031875). In one specific embodiment, the humanized B-Ly1 antibody has a variable region of the heavy chain (VH) of SEQ ID NO:42 (corresponding to B-HH6

of WO 2005/044859 and WO 2007/031875) and a variable region of the light chain (VL) of SEQ ID NO:55 (corresponding to B-KV1 of WO 2005/044859 and WO 2007/031875). Furthermore in one embodiment, the humanized B-Ly1 antibody is an IgG1 antibody. According to the invention such afucosylated humanized B-Ly1 antibodies are glycoengineered (GE) in the Fc region according to the procedures described in WO 2005/044859, WO 2004/065540, WO 2007/031875, Umana, P. et al., Nature Biotechnol. 17 (1999) 176-180 and WO 99/154342. In one embodiment, the afucosylated glyco-engineered humanized B-Ly1 is B-HH6-B-KV1 GE. In one embodiment, the anti-CD20 antibody is obinutuzumab (recommended INN, WHO Drug Information, Vol. 26, No. 4, 2012, p. 453). As used herein, obinutuzumab is synonymous for GA101 or RO5072759. This replaces all previous versions (e.g., Vol. 25, No. 1, 2011, p.75-76), and is formerly known as afutuzumab (recommended INN, WHO Drug Information, Vol. 23, No. 2, 2009, p. 176; Vol. 22, No. 2, 2008, p. 124). In some embodiments, the humanized B-Ly1 antibody is an antibody comprising a heavy chain comprising the amino acid sequence of SEQ ID NO:17 and a light chain comprising the amino acid sequence of SEQ ID NO:18 or an antigen-binding fragment thereof. In some embodiments, the humanized B-Ly1 antibody comprises a heavy chain variable region comprising the three heavy chain CDRs of SEQ ID NO:17 and a light chain variable region comprising the three light chain CDRs of SEQ ID NO:18.

[0181] In some embodiments, the humanized B-Ly1 antibody is an afucosylated glyco-engineered humanized B-Ly1. Such glycoengineered humanized B-Ly1 antibodies have an altered pattern of glycosylation in the Fc region, preferably having a reduced level of fucose residues. Preferably the amount of fucose is about 60% or less of the total amount of oligosaccharides at Asn297 (in one embodiment the amount of fucose is between about 40% and about 60%, in another embodiment the amount of fucose is about 50% or less, and in still another embodiment the amount of fucose is about 30% or less). Furthermore the oligosaccharides of the Fc region are preferably bisected. These glycoengineered humanized B-Ly1 antibodies have an increased ADCC.

[0182] The “ratio of the binding capacities to CD20 on Raji cells (ATCC-No. CCL-86) of an anti-CD20 antibodies compared to rituximab” is determined by direct immunofluorescence measurement (the mean fluorescence intensities (MFI) is measured) using said anti-CD20 antibody conjugated with Cy5 and rituximab conjugated with Cy5 in a FACSArray (Becton Dickinson) with Raji cells (ATCC-No. CCL-86), as described in Example No. 2, and calculated as follows:

$$\text{Ratio of the binding capacities to CD20 on Raji cells (ATCC-No. CCL-86)} = \frac{\text{MFI(Cy5-anti-CD20 antibody)}}{\text{MFI(Cy5-rituximab)}} \times \frac{\text{Cy5-labeling ratio(Cy5-rituximab)}}{\text{Cy5-labeling ratio(Cy5-anti-CD20 antibody)}}$$

[0183] MFI is the mean fluorescent intensity. The “Cy5-labeling ratio” as used herein means the number of Cy5-label molecules per molecule antibody.

[0184] Typically said type II anti-CD20 antibody has a ratio of the binding capacities to CD20 on Raji cells (ATCC-No. CCL-86) of said second anti-CD20 antibody compared to rituximab of 0.3 to 0.6, and in one embodiment, 0.35 to 0.55, and in yet another embodiment, 0.4 to 0.5.

[0185] By “antibody having increased antibody dependent cellular cytotoxicity (ADCC)”, it is meant an antibody, as that term is defined herein, having increased ADCC as determined by any suitable method known to those of ordinary skill in the art.

[0186] One accepted in vitro ADCC assay is as follows:

- 1) the assay uses target cells that are known to express the target antigen recognized by the antigen-binding region of the antibody;
- 2) the assay uses human peripheral blood mononuclear cells (PBMCs), isolated from blood of a randomly chosen healthy donor, as effector cells;
- 3) the assay is carried out according to following protocol:
 - i) the PBMCs are isolated using standard density centrifugation procedures and are suspended at 5×10^6 cells/ml in RPMI cell culture medium;
 - ii) the target cells are grown by standard tissue culture methods, harvested from the exponential growth phase with a viability higher than 90%, washed in RPMI cell culture medium, labeled with 100 micro-Curies of ^{51}Cr , washed twice with cell culture medium, and resuspended in cell culture medium at a density of 10^5 cells/ml;
 - iii) 100 microliters of the final target cell suspension above are transferred to each well of a 96-well microtiter plate;
 - iv) the antibody is serially-diluted from 4000 ng/ml to 0.04 ng/ml in cell culture medium and 50 microliters of the resulting antibody solutions are added to the target cells in the 96-well microtiter plate, testing in triplicate various antibody concentrations covering the whole concentration range above;
 - v) for the maximum release (MR) controls, 3 additional wells in the plate containing the labeled target cells, receive 50 microliters of a 2% (VN) aqueous solution of non-ionic detergent (Nonidet, Sigma, St. Louis), instead of the antibody solution (point iv above);
 - vi) for the spontaneous release (SR) controls, 3 additional wells in the plate containing the labeled target cells, receive 50 microliters of RPMI cell culture medium instead of the antibody solution (point iv above);
 - vii) the 96-well microtiter plate is then centrifuged at $50 \times g$ for 1 minute and incubated for 1 hour at 4°C ;
 - viii) 50 microliters of the PBMC suspension (point i above) are added to each well to yield an effector:target cell ratio of 25:1 and the plates are placed in an incubator under 5% CO_2 atmosphere at 37°C for 4 hours;

- ix) the cell-free supernatant from each well is harvested and the experimentally released radioactivity (ER) is quantified using a gamma counter;
- x) the percentage of specific lysis is calculated for each antibody concentration according to the formula $(ER-MR)/(MR-SR) \times 100$, where ER is the average radioactivity quantified (see point ix above) for that antibody concentration, MR is the average radioactivity quantified (see point ix above) for the MR controls (see point V above), and SR is the average radioactivity quantified (see point ix above) for the SR controls (see point vi above);

4) "increased ADCC" is defined as either an increase in the maximum percentage of specific lysis observed within the antibody concentration range tested above, and/or a reduction in the concentration of antibody required to achieve one half of the maximum percentage of specific lysis observed within the antibody concentration range tested above. In one embodiment, the increase in ADCC is relative to the ADCC, measured with the above assay, mediated by the same antibody, produced by the same type of host cells, using the same standard production, purification, formulation and storage methods, which are known to those skilled in the art, except that the comparator antibody (lacking increased ADCC) has not been produced by host cells engineered to overexpress GnTIII and/or engineered to have reduced expression from the fucosyltransferase 8 (FUT8) gene (e.g., including, engineered for FUT8 knock out).

[0187] In some embodiments, the "increased ADCC" can be obtained by, for example, mutating and/or glycoengineering of said antibodies. In one embodiment, the antibody is glycoengineered to have a biantennary oligosaccharide attached to the Fc region of the antibody that is bisected by GlcNAc. In another embodiment, the antibody is glycoengineered to lack fucose on the carbohydrate attached to the Fc region by expressing the antibody in a host cell that is deficient in protein fucosylation (e.g., Lec13 CHO cells or cells having an alpha-1,6-fucosyltransferase gene (FUT8) deleted or the FUT gene expression knocked down). In yet another embodiment, the antibody sequence has been engineered in its Fc region to enhance ADCC (e.g., in one embodiment, such engineered antibody variant comprises an Fc region with one or more amino acid substitutions at positions 298, 333, and/or 334 of the Fc region (EU numbering of residues)).

[0188] In some embodiments, the term "complement-dependent cytotoxicity (CDC)" refers to lysis of human tumor target cells by the antibody according to the invention in the presence of complement. CDC can be measured by the treatment of a preparation of CD20 expressing cells with an anti-CD20 antibody according to the invention in the presence of complement. CDC is found if the antibody induces at a concentration of 100 nM the lysis (cell death) of 20% or more of the tumor cells after 4 hours. In one embodiment, the assay is performed with ⁵¹Cr or Eu labeled tumor cells and measurement of released ⁵¹Cr or Eu. Controls include the incubation of the tumor target cells with complement but without the antibody.

[0189] In a further aspect of the invention, an anti-CD20 antibody according to any of the above embodiments is a monoclonal antibody, including a human antibody. In one embodiment, an anti-CD20 antibody is an antibody fragment, *e.g.*, a Fv, Fab, Fab', scFv, diabody, or F(ab')₂ fragment. In another embodiment, the antibody is a substantially full length antibody, *e.g.*, an IgG1 antibody, IgG2a antibody or other antibody class or isotype as defined herein.

[0190] In a further aspect, an antibody according to any of the above embodiments may incorporate any of the features, singly or in combination, as described in below.

1. Antibody Affinity

[0191] In certain embodiments, an antibody provided herein has a dissociation constant (K_d) of $\leq 1 \mu\text{M}$, $\leq 100 \text{ nM}$, $\leq 50 \text{ nM}$, $\leq 10 \text{ nM}$, $\leq 5 \text{ nM}$, $\leq 1 \text{ nM}$, $\leq 0.1 \text{ nM}$, $\leq 0.01 \text{ nM}$, or $\leq 0.001 \text{ nM}$, and optionally is $\geq 10^{-13} \text{ M}$. (*e.g.*, 10^{-8} M or less, *e.g.*, from 10^{-8} M to 10^{-13} M , *e.g.*, from 10^{-9} M to 10^{-13} M).

[0192] In one embodiment, K_d is measured by a radiolabeled antigen binding assay (RIA) performed with the Fab version of an antibody of interest and its antigen as described by the following assay. Solution binding affinity of Fabs for antigen is measured by equilibrating Fab with a minimal concentration of (¹²⁵I)-labeled antigen in the presence of a titration series of unlabeled antigen, then capturing bound antigen with an anti-Fab antibody-coated plate (*see, e.g.*, Chen et al., *J. Mol. Biol.* 293:865-881(1999)). To establish conditions for the assay, MICROTITER[®] multi-well plates (Thermo Scientific) are coated overnight with 5 $\mu\text{g/ml}$ of a capturing anti-Fab antibody (Cappel Labs) in 50 mM sodium carbonate (pH 9.6), and subsequently blocked with 2% (w/v) bovine serum albumin in PBS for two to five hours at room temperature (approximately 23°C). In a non-adsorbent plate (Nunc #269620), 100 pM or 26 pM [¹²⁵I]-antigen are mixed with serial dilutions of a Fab of interest (*e.g.*, consistent with assessment of the anti-VEGF antibody, Fab-12, in Presta et al., *Cancer Res.* 57:4593-4599 (1997)). The Fab of interest is then incubated overnight; however, the incubation may continue for a longer period (*e.g.*, about 65 hours) to ensure that equilibrium is reached. Thereafter, the mixtures are transferred to the capture plate for incubation at room temperature (*e.g.*, for one hour). The solution is then removed and the plate washed eight times with 0.1% polysorbate 20 (TWEEN-20[®]) in PBS. When the plates have dried, 150 $\mu\text{l/well}$ of scintillant (MICROSCINT-20[™]; Packard) is added, and the plates are counted on a TOPCOUNT[™] gamma counter (Packard) for ten minutes. Concentrations of each Fab that give less than or equal to 20% of maximal binding are chosen for use in competitive binding assays.

[0193] According to another embodiment, K_d is measured using surface plasmon resonance assays using a BIACORE[®]-2000 or a BIACORE[®]-3000 (BIAcore, Inc., Piscataway, NJ) at 25°C with immobilized antigen CM5 chips at ~10 response units (RU). Briefly, carboxymethylated dextran biosensor chips (CM5, BIAcore, Inc.) are activated with *N*-ethyl-*N'*-(3-dimethylaminopropyl)-carbodiimide hydrochloride (EDC) and *N*-hydroxysuccinimide (NHS) according to the supplier's instructions. Antigen is diluted with 10 mM sodium acetate, pH 4.8, to 5 $\mu\text{g/ml}$ (~0.2 μM) before

injection at a flow rate of 5 $\mu\text{l}/\text{minute}$ to achieve approximately 10 response units (RU) of coupled protein. Following the injection of antigen, 1 M ethanolamine is injected to block unreacted groups. For kinetics measurements, two-fold serial dilutions of Fab (0.78 nM to 500 nM) are injected in PBS with 0.05% polysorbate 20 (TWEEN-20TM) surfactant (PBST) at 25°C at a flow rate of approximately 25 $\mu\text{l}/\text{min}$. Association rates (k_{on}) and dissociation rates (k_{off}) are calculated using a simple one-to-one Langmuir binding model (BIAcore[®] Evaluation Software version 3.2) by simultaneously fitting the association and dissociation sensorgrams. The equilibrium dissociation constant (K_d) is calculated as the ratio $k_{\text{off}}/k_{\text{on}}$. See, e.g., Chen et al., *J. Mol. Biol.* 293:865-881 (1999). If the on-rate exceeds $10^6 \text{ M}^{-1} \text{ s}^{-1}$ by the surface plasmon resonance assay above, then the on-rate can be determined by using a fluorescent quenching technique that measures the increase or decrease in fluorescence emission intensity (excitation = 295 nm; emission = 340 nm, 16 nm band-pass) at 25°C of a 20 nM anti-antigen antibody (Fab form) in PBS, pH 7.2, in the presence of increasing concentrations of antigen as measured in a spectrometer, such as a stop-flow equipped spectrophotometer (Aviv Instruments) or a 8000-series SLM-AMINCOTM spectrophotometer (ThermoSpectronic) with a stirred cuvette.

2. Antibody Fragments

[0194] In certain embodiments, an antibody provided herein is an antibody fragment. Antibody fragments include, but are not limited to, Fab, Fab', Fab'-SH, F(ab')₂, Fv, and scFv fragments, and other fragments described below. For a review of certain antibody fragments, see Hudson et al. *Nat. Med.* 9:129-134 (2003). For a review of scFv fragments, see, e.g., Pluckthün, in *The Pharmacology of Monoclonal Antibodies*, vol. 113, Rosenberg and Moore eds., (Springer-Verlag, New York), pp. 269-315 (1994); see also WO 93/16185; and U.S. Patent Nos. 5,571,894 and 5,587,458. For discussion of Fab and F(ab')₂ fragments comprising salvage receptor binding epitope residues and having increased in vivo half-life, see U.S. Patent No. 5,869,046.

[0195] Diabodies are antibody fragments with two antigen-binding sites that may be bivalent or bispecific. See, for example, EP 404,097; WO 1993/01161; Hudson et al., *Nat. Med.* 9:129-134 (2003); and Hollinger et al., *Proc. Natl. Acad. Sci. USA* 90: 6444-6448 (1993). Triabodies and tetrabodies are also described in Hudson et al., *Nat. Med.* 9:129-134 (2003).

[0196] Single-domain antibodies are antibody fragments comprising all or a portion of the heavy chain variable domain or all or a portion of the light chain variable domain of an antibody. In certain embodiments, a single-domain antibody is a human single-domain antibody (Domantis, Inc., Waltham, MA; see, e.g., U.S. Patent No. 6,248,516 B1).

[0197] Antibody fragments can be made by various techniques, including but not limited to proteolytic digestion of an intact antibody as well as production by recombinant host cells (e.g., *E. coli* or phage), as described herein.

3. Chimeric and Humanized Antibodies

[0198] In certain embodiments, an antibody provided herein is a chimeric antibody. Certain chimeric antibodies are described, *e.g.*, in U.S. Patent No. 4,816,567; and Morrison et al., *Proc. Natl. Acad. Sci. USA*, 81:6851-6855 (1984)). In one example, a chimeric antibody comprises a non-human variable region (*e.g.*, a variable region derived from a mouse, rat, hamster, rabbit, or non-human primate, such as a monkey) and a human constant region. In a further example, a chimeric antibody is a “class switched” antibody in which the class or subclass has been changed from that of the parent antibody. Chimeric antibodies include antigen-binding fragments thereof.

[0199] In certain embodiments, a chimeric antibody is a humanized antibody. Typically, a non-human antibody is humanized to reduce immunogenicity to humans, while retaining the specificity and affinity of the parental non-human antibody. Generally, a humanized antibody comprises one or more variable domains in which HVRs, *e.g.*, CDRs, (or portions thereof) are derived from a non-human antibody, and FRs (or portions thereof) are derived from human antibody sequences. A humanized antibody optionally will also comprise at least a portion of a human constant region. In some embodiments, some FR residues in a humanized antibody are substituted with corresponding residues from a non-human antibody (*e.g.*, the antibody from which the HVR residues are derived), *e.g.*, to restore or improve antibody specificity or affinity.

[0200] Humanized antibodies and methods of making them are reviewed, *e.g.*, in Almagro and Fransson, *Front. Biosci.* 13:1619-1633 (2008), and are further described, *e.g.*, in Riechmann et al., *Nature* 332:323-329 (1988); Queen et al., *Proc. Nat'l Acad. Sci. USA* 86:10029-10033 (1989); US Patent Nos. 5, 821,337, 7,527,791, 6,982,321, and 7,087,409; Kashmiri et al., *Methods* 36:25-34 (2005) (describing SDR (a-CDR) grafting); Padlan, *Mol. Immunol.* 28:489-498 (1991) (describing “resurfacing”); Dall’Acqua et al., *Methods* 36:43-60 (2005) (describing “FR shuffling”); and Osbourn et al., *Methods* 36:61-68 (2005) and Klimka et al., *Br. J. Cancer*, 83:252-260 (2000) (describing the “guided selection” approach to FR shuffling).

[0201] Human framework regions that may be used for humanization include but are not limited to: framework regions selected using the “best-fit” method (*see, e.g.*, Sims et al. *J. Immunol.* 151:2296 (1993)); framework regions derived from the consensus sequence of human antibodies of a particular subgroup of light or heavy chain variable regions (*see, e.g.*, Carter et al. *Proc. Natl. Acad. Sci. USA*, 89:4285 (1992); and Presta et al. *J. Immunol.*, 151:2623 (1993)); human mature (somatically mutated) framework regions or human germline framework regions (*see, e.g.*, Almagro and Fransson, *Front. Biosci.* 13:1619-1633 (2008)); and framework regions derived from screening FR libraries (*see, e.g.*, Baca et al., *J. Biol. Chem.* 272:10678-10684 (1997) and Rosok et al., *J. Biol. Chem.* 271:22611-22618 (1996)).

4. Human Antibodies

[0202] In certain embodiments, an antibody provided herein is a human antibody. Human antibodies can be produced using various techniques known in the art. Human antibodies are described

generally in van Dijk and van de Winkel, *Curr. Opin. Pharmacol.* 5: 368-74 (2001) and Lonberg, *Curr. Opin. Immunol.* 20:450-459 (2008).

[0203] Human antibodies may be prepared by administering an immunogen to a transgenic animal that has been modified to produce intact human antibodies or intact antibodies with human variable regions in response to antigenic challenge. Such animals typically contain all or a portion of the human immunoglobulin loci, which replace the endogenous immunoglobulin loci, or which are present extrachromosomally or integrated randomly into the animal's chromosomes. In such transgenic mice, the endogenous immunoglobulin loci have generally been inactivated. For review of methods for obtaining human antibodies from transgenic animals, see Lonberg, *Nat. Biotech.* 23:1117-1125 (2005). See also, e.g., U.S. Patent Nos. 6,075,181 and 6,150,584 describing XENOMOUSE™ technology; U.S. Patent No. 5,770,429 describing HUMAB® technology; U.S. Patent No. 7,041,870 describing K-M MOUSE® technology, and U.S. Patent Application Publication No. US 2007/0061900, describing VELOCIMOUSE® technology). Human variable regions from intact antibodies generated by such animals may be further modified, e.g., by combining with a different human constant region.

[0204] Human antibodies can also be made by hybridoma-based methods. Human myeloma and mouse-human heteromyeloma cell lines for the production of human monoclonal antibodies have been described. (See, e.g., Kozbor *J. Immunol.*, 133: 3001 (1984); Brodeur et al., *Monoclonal Antibody Production Techniques and Applications*, pp. 51-63 (Marcel Dekker, Inc., New York, 1987); and Boerner et al., *J. Immunol.*, 147: 86 (1991).) Human antibodies generated via human B-cell hybridoma technology are also described in Li et al., *Proc. Natl. Acad. Sci. USA*, 103:3557-3562 (2006). Additional methods include those described, for example, in U.S. Patent No. 7,189,826 (describing production of monoclonal human IgM antibodies from hybridoma cell lines) and Ni, *Xiandai Mianyixue*, 26(4):265-268 (2006) (describing human-human hybridomas). Human hybridoma technology (Trioma technology) is also described in Vollmers and Brandlein, *Histology and Histopathology*, 20(3):927-937 (2005) and Vollmers and Brandlein, *Methods and Findings in Experimental and Clinical Pharmacology*, 27(3):185-91 (2005).

[0205] Human antibodies may also be generated by isolating Fv clone variable domain sequences selected from human-derived phage display libraries. Such variable domain sequences may then be combined with a desired human constant domain. Techniques for selecting human antibodies from antibody libraries are described below.

5. Library-Derived Antibodies

[0206] Antibodies for use in the methods described herein may be isolated by screening combinatorial libraries for antibodies with the desired activity or activities. For example, a variety of methods are known in the art for generating phage display libraries and screening such libraries for antibodies possessing the desired binding characteristics. Such methods are reviewed, e.g., in Hoogenboom et al. in *Methods in Molecular Biology* 178:1-37 (O'Brien et al., ed., Human Press,

Totowa, NJ, 2001) and further described, *e.g.*, in the McCafferty et al., *Nature* 348:552-554; Clackson et al., *Nature* 352: 624-628 (1991); Marks et al., *J. Mol. Biol.* 222: 581-597 (1992); Marks and Bradbury, in *Methods in Molecular Biology* 248:161-175 (Lo, ed., Human Press, Totowa, NJ, 2003); Sidhu et al., *J. Mol. Biol.* 338(2): 299-310 (2004); Lee et al., *J. Mol. Biol.* 340(5): 1073-1093 (2004); Fellouse, *Proc. Natl. Acad. Sci. USA* 101(34): 12467-12472 (2004); and Lee et al., *J. Immunol. Methods* 284(1-2): 119-132(2004).

[0207] In certain phage display methods, repertoires of VH and VL genes are separately cloned by polymerase chain reaction (PCR) and recombined randomly in phage libraries, which can then be screened for antigen-binding phage as described in Winter et al., *Ann. Rev. Immunol.*, 12: 433-455 (1994). Phage typically display antibody fragments, either as single-chain Fv (scFv) fragments or as Fab fragments. Libraries from immunized sources provide high-affinity antibodies to the immunogen without the requirement of constructing hybridomas. Alternatively, the naive repertoire can be cloned (*e.g.*, from human) to provide a single source of antibodies to a wide range of non-self and also self antigens without any immunization as described by Griffiths et al., *EMBO J.*, 12: 725-734 (1993). Finally, naive libraries can also be made synthetically by cloning unrearranged V-gene segments from stem cells, and using PCR primers containing random sequence to encode the highly variable CDR3 regions and to accomplish rearrangement *in vitro*, as described by Hoogenboom and Winter, *J. Mol. Biol.*, 227: 381-388 (1992). Patent publications describing human antibody phage libraries include, for example: US Patent No. 5,750,373, and US Patent Publication Nos. 2005/0079574, 2005/0119455, 2005/0266000, 2007/0117126, 2007/0160598, 2007/0237764, 2007/0292936, and 2009/0002360.

[0208] Antibodies or antibody fragments isolated from human antibody libraries are considered human antibodies or human antibody fragments herein.

6. Multispecific Antibodies

[0209] In certain embodiments, an antibody provided herein is a multispecific antibody, *e.g.*, a bispecific antibody is useful in a method described herein. Multispecific antibodies are monoclonal antibodies that have binding specificities for at least two different sites. In certain embodiments, one of the binding specificities is for one antigen (*e.g.*, CD79b) and the other is for any other antigen. In certain embodiments, one of the binding specificities is for one antigen (*e.g.*, CD79b) and the other is for CD3. *See, e.g.*, U.S. Patent No. 5,821,337. In certain embodiments, bispecific antibodies may bind to two different epitopes of an antigen (*e.g.*, CD79b). Bispecific antibodies may also be used to localize cytotoxic agents to cells which express the antigen (*e.g.*, CD79b). Bispecific antibodies can be prepared as full length antibodies or antibody fragments.

[0210] Techniques for making multispecific antibodies include, but are not limited to, recombinant co-expression of two immunoglobulin heavy chain-light chain pairs having different specificities (*see* Milstein and Cuello, *Nature* 305: 537 (1983)), WO 93/08829, and Traunecker et al., *EMBO J.* 10: 3655 (1991)), and “knob-in-hole” engineering (*see, e.g.*, U.S. Patent No. 5,731,168). Multi-

specific antibodies may also be made by engineering electrostatic steering effects for making antibody Fc-heterodimeric molecules (WO 2009/089004A1); cross-linking two or more antibodies or fragments (*see, e.g.*, US Patent No. 4,676,980, and Brennan et al., *Science*, 229: 81 (1985)); using leucine zippers to produce bi-specific antibodies (*see, e.g.*, Kostelny et al., *J. Immunol.*, 148(5):1547-1553 (1992)); using "diabody" technology for making bispecific antibody fragments (*see, e.g.*, Hollinger et al., *Proc. Natl. Acad. Sci. USA*, 90:6444-6448 (1993)); and using single-chain Fv (sFv) dimers (*see, e.g.*, Gruber et al., *J. Immunol.*, 152:5368 (1994)); and preparing trispecific antibodies as described, *e.g.*, in Tutt et al. *J. Immunol.* 147: 60 (1991).

[0211] Engineered antibodies with three or more functional antigen binding sites, including "Octopus antibodies," are also included herein (*see, e.g.*, US 2006/0025576A1).

[0212] The antibody or fragment herein also includes a "Dual Acting FAb" or "DAF" comprising an antigen binding site that binds to CD79b as well as another, different antigen (*see*, US 2008/0069820, for example).

7. Antibody Variants

[0213] In certain embodiments, amino acid sequence variants of the antibodies provided herein are contemplated. For example, it may be desirable to improve the binding affinity and/or other biological properties of the antibody. Amino acid sequence variants of an antibody may be prepared by introducing appropriate modifications into the nucleotide sequence encoding the antibody, or by peptide synthesis. Such modifications include, for example, deletions from, and/or insertions into and/or substitutions of residues within the amino acid sequences of the antibody. Any combination of deletion, insertion, and substitution can be made to arrive at the final construct, provided that the final construct possesses the desired characteristics, *e.g.*, antigen-binding.

a. Substitution, Insertion, and Deletion Variants

[0214] In certain embodiments, antibody variants having one or more amino acid substitutions are provided. Sites of interest for substitutional mutagenesis include the HVRs and FRs. Conservative substitutions are shown in Table 1 under the heading of "preferred substitutions." More substantial changes are provided in Table 1 under the heading of "exemplary substitutions," and as further described below in reference to amino acid side chain classes. Amino acid substitutions may be introduced into an antibody of interest and the products screened for a desired activity, *e.g.*, retained/improved antigen binding, decreased immunogenicity, or improved ADCC or CDC.

TABLE 1

Original Residue	Exemplary Substitutions	Preferred Substitutions
Ala (A)	Val; Leu; Ile	Val
Arg (R)	Lys; Gln; Asn	Lys
Asn (N)	Gln; His; Asp, Lys; Arg	Gln
Asp (D)	Glu; Asn	Glu

Original Residue	Exemplary Substitutions	Preferred Substitutions
Cys (C)	Ser; Ala	Ser
Gln (Q)	Asn; Glu	Asn
Glu (E)	Asp; Gln	Asp
Gly (G)	Ala	Ala
His (H)	Asn; Gln; Lys; Arg	Arg
Ile (I)	Leu; Val; Met; Ala; Phe; Norleucine	Leu
Leu (L)	Norleucine; Ile; Val; Met; Ala; Phe	Ile
Lys (K)	Arg; Gln; Asn	Arg
Met (M)	Leu; Phe; Ile	Leu
Phe (F)	Trp; Leu; Val; Ile; Ala; Tyr	Tyr
Pro (P)	Ala	Ala
Ser (S)	Thr	Thr
Thr (T)	Val; Ser	Ser
Trp (W)	Tyr; Phe	Tyr
Tyr (Y)	Trp; Phe; Thr; Ser	Phe
Val (V)	Ile; Leu; Met; Phe; Ala; Norleucine	Leu

[0215] Amino acids may be grouped according to common side-chain properties:

- (1) hydrophobic: Norleucine, Met, Ala, Val, Leu, Ile;
- (2) neutral hydrophilic: Cys, Ser, Thr, Asn, Gln;
- (3) acidic: Asp, Glu;
- (4) basic: His, Lys, Arg;
- (5) residues that influence chain orientation: Gly, Pro;
- (6) aromatic: Trp, Tyr, Phe.

[0216] Non-conservative substitutions will entail exchanging a member of one of these classes for another class.

[0217] One type of substitutional variant involves substituting one or more hypervariable region residues of a parent antibody (*e.g.*, a humanized or human antibody). Generally, the resulting variant(s) selected for further study will have modifications (*e.g.*, improvements) in certain biological properties (*e.g.*, increased affinity, reduced immunogenicity) relative to the parent antibody and/or will have substantially retained certain biological properties of the parent antibody. An exemplary substitutional variant is an affinity matured antibody, which may be conveniently generated, *e.g.*, using phage display-based affinity maturation techniques such as those described herein. Briefly, one or more HVR residues are mutated and the variant antibodies displayed on phage and screened for a particular biological activity (*e.g.*, binding affinity).

[0218] Alterations (*e.g.*, substitutions) may be made in HVRs, *e.g.*, to improve antibody affinity. Such alterations may be made in HVR “hotspots,” *i.e.*, residues encoded by codons that undergo mutation at high frequency during the somatic maturation process (*see, e.g.*, Chowdhury, *Methods Mol. Biol.* 207:179-196 (2008)), and/or SDRs (a-CDRs), with the resulting variant VH or VL being tested for binding affinity. Affinity maturation by constructing and reselecting from secondary libraries has been described, *e.g.*, in Hoogenboom et al. in *Methods in Molecular Biology* 178:1-37 (O’Brien et al., ed., Human Press, Totowa, NJ, (2001).) In some embodiments of affinity maturation, diversity is introduced into the variable genes chosen for maturation by any of a variety of methods (*e.g.*, error-prone PCR, chain shuffling, or oligonucleotide-directed mutagenesis). A secondary library is then created. The library is then screened to identify any antibody variants with the desired affinity. Another method to introduce diversity involves HVR-directed approaches, in which several HVR residues (*e.g.*, 4-6 residues at a time) are randomized. HVR residues involved in antigen binding may be specifically identified, *e.g.*, using alanine scanning mutagenesis or modeling. CDR-H3 and CDR-L3 in particular are often targeted.

[0219] In certain embodiments, substitutions, insertions, or deletions may occur within one or more HVRs so long as such alterations do not substantially reduce the ability of the antibody to bind antigen. For example, conservative alterations (*e.g.*, conservative substitutions as provided herein) that do not substantially reduce binding affinity may be made in HVRs. Such alterations may be outside of HVR “hotspots” or SDRs. In certain embodiments of the variant VH and VL sequences provided above, each HVR either is unaltered, or contains no more than one, two or three amino acid substitutions.

[0220] A useful method for identification of residues or regions of an antibody that may be targeted for mutagenesis is called “alanine scanning mutagenesis” as described by Cunningham and Wells (1989) *Science*, 244:1081-1085. In this method, a residue or group of target residues (*e.g.*, charged residues such as arg, asp, his, lys, and glu) are identified and replaced by a neutral or negatively charged amino acid (*e.g.*, alanine or polyalanine) to determine whether the interaction of the antibody with antigen is affected. Further substitutions may be introduced at the amino acid locations demonstrating functional sensitivity to the initial substitutions. Alternatively, or additionally, a crystal structure of an antigen-antibody complex is used to identify contact points between the antibody and antigen. Such contact residues and neighboring residues may be targeted or eliminated as candidates for substitution. Variants may be screened to determine whether they contain the desired properties.

[0221] Amino acid sequence insertions include amino- and/or carboxyl-terminal fusions ranging in length from one residue to polypeptides containing a hundred or more residues, as well as intrasequence insertions of single or multiple amino acid residues. Examples of terminal insertions include an antibody with an N-terminal methionyl residue. Other insertional variants of the antibody

molecule include the fusion to the N- or C-terminus of the antibody to an enzyme (*e.g.*, for ADEPT) or a polypeptide which increases the serum half-life of the antibody.

b. Glycosylation variants

[0222] In certain embodiments, an antibody provided herein is altered to increase or decrease the extent to which the antibody is glycosylated. Addition or deletion of glycosylation sites to an antibody may be conveniently accomplished by altering the amino acid sequence such that one or more glycosylation sites is created or removed.

[0223] Where the antibody comprises an Fc region, the carbohydrate attached thereto may be altered. Native antibodies produced by mammalian cells typically comprise a branched, biantennary oligosaccharide that is generally attached by an N-linkage to Asn297 of the CH2 domain of the Fc region. *See, e.g.*, Wright et al. *TIBTECH* 15:26-32 (1997). The oligosaccharide may include various carbohydrates, *e.g.*, mannose, N-acetyl glucosamine (GlcNAc), galactose, and sialic acid, as well as a fucose attached to a GlcNAc in the “stem” of the biantennary oligosaccharide structure. In some embodiments, modifications of the oligosaccharide in an antibody of the invention may be made in order to create antibody variants with certain improved properties.

[0224] In one embodiment, antibody variants are provided having a carbohydrate structure that lacks fucose attached (directly or indirectly) to an Fc region. For example, the amount of fucose in such antibody may be from 1% to 80%, from 1% to 65%, from 5% to 65% or from 20% to 40%. The amount of fucose is determined by calculating the average amount of fucose within the sugar chain at Asn297, relative to the sum of all glycostructures attached to Asn 297 (*e. g.* complex, hybrid and high mannose structures) as measured by MALDI-TOF mass spectrometry, as described in WO 2008/077546, for example. Asn297 refers to the asparagine residue located at about position 297 in the Fc region (Eu numbering of Fc region residues); however, Asn297 may also be located about ± 3 amino acids upstream or downstream of position 297, *i.e.*, between positions 294 and 300, due to minor sequence variations in antibodies. Such fucosylation variants may have improved ADCC function. *See, e.g.*, US Patent Publication Nos. US 2003/0157108 (Presta, L.); US 2004/0093621 (Kyowa Hakko Kogyo Co., Ltd). Examples of publications related to “defucosylated” or “fucose-deficient” antibody variants include: US 2003/0157108; WO 2000/61739; WO 2001/29246; US 2003/0115614; US 2002/0164328; US 2004/0093621; US 2004/0132140; US 2004/0110704; US 2004/0110282; US 2004/0109865; WO 2003/085119; WO 2003/084570; WO 2005/035586; WO 2005/035778; WO2005/053742; WO2002/031140; Okazaki et al. *J. Mol. Biol.* 336:1239-1249 (2004); Yamane-Ohnuki et al. *Biotech. Bioeng.* 87: 614 (2004). Examples of cell lines capable of producing defucosylated antibodies include Lec13 CHO cells deficient in protein fucosylation (Ripka et al. *Arch. Biochem. Biophys.* 249:533-545 (1986); US Pat Appl No US 2003/0157108 A1, Presta, L; and WO 2004/056312 A1, Adams *et al.*, especially at Example 11), and knockout cell lines, such as alpha-1,6-fucosyltransferase gene, *FUT8*, knockout CHO cells (*see*,

e.g., Yamane-Ohnuki et al. *Biotech. Bioeng.* 87: 614 (2004); Kanda, Y. et al., *Biotechnol. Bioeng.*, 94(4):680-688 (2006); and WO2003/085107).

[0225] Antibodies variants are further provided with bisected oligosaccharides, e.g., in which a biantennary oligosaccharide attached to the Fc region of the antibody is bisected by GlcNAc. Such antibody variants may have reduced fucosylation and/or improved ADCC function. Examples of such antibody variants are described, e.g., in WO 2003/011878 (Jean-Mairet et al.); US Patent No. 6,602,684 (Umana et al.); and US 2005/0123546 (Umana et al.). Antibody variants with at least one galactose residue in the oligosaccharide attached to the Fc region are also provided. Such antibody variants may have improved CDC function. Such antibody variants are described, e.g., in WO 1997/30087 (Patel et al.); WO 1998/58964 (Raju, S.); and WO 1999/22764 (Raju, S.).

c. Fc region variants

[0226] In certain embodiments, one or more amino acid modifications may be introduced into the Fc region of an antibody provided herein, thereby generating an Fc region variant. The Fc region variant may comprise a human Fc region sequence (e.g., a human IgG1, IgG2, IgG3 or IgG4 Fc region) comprising an amino acid modification (e.g., a substitution) at one or more amino acid positions.

[0227] In certain embodiments, the invention contemplates an antibody variant that possesses some but not all effector functions, which make it a desirable candidate for applications in which the half life of the antibody *in vivo* is important yet certain effector functions (such as complement and ADCC) are unnecessary or deleterious. *In vitro* and/or *in vivo* cytotoxicity assays can be conducted to confirm the reduction/depletion of CDC and/or ADCC activities. For example, Fc receptor (FcR) binding assays can be conducted to ensure that the antibody lacks FcγR binding (hence likely lacking ADCC activity), but retains FcRn binding ability. The primary cells for mediating ADCC, NK cells, express FcγRIII only, whereas monocytes express FcγRI, FcγRII and FcγRIII. FcR expression on hematopoietic cells is summarized in Table 3 on page 464 of Ravetch and Kinet, *Annu. Rev. Immunol.* 9:457-492 (1991). Non-limiting examples of *in vitro* assays to assess ADCC activity of a molecule of interest is described in U.S. Patent No. 5,500,362 (see, e.g., Hellstrom, I. et al. *Proc. Nat'l Acad. Sci. USA* 83:7059-7063 (1986)) and Hellstrom, I et al., *Proc. Nat'l Acad. Sci. USA* 82:1499-1502 (1985); 5,821,337 (see Bruggemann, M. et al., *J. Exp. Med.* 166:1351-1361 (1987)). Alternatively, non-radioactive assays methods may be employed (see, for example, ACTITM non-radioactive cytotoxicity assay for flow cytometry (CellTechnology, Inc. Mountain View, CA; and CytoTox 96® non-radioactive cytotoxicity assay (Promega, Madison, WI). Useful effector cells for such assays include peripheral blood mononuclear cells (PBMC) and Natural Killer (NK) cells. Alternatively, or additionally, ADCC activity of the molecule of interest may be assessed *in vivo*, e.g., in a animal model such as that disclosed in Clynes et al. *Proc. Nat'l Acad. Sci. USA* 95:652-656 (1998). C1q binding assays may also be carried out to confirm that the antibody is unable to bind C1q and hence lacks CDC activity. See, e.g., C1q and C3c binding ELISA in WO 2006/029879 and

WO 2005/100402. To assess complement activation, a CDC assay may be performed (*see, for example, Gazzano-Santoro et al., J. Immunol. Methods* 202:163 (1996); Cragg, M.S. et al., *Blood* 101:1045-1052 (2003); and Cragg, M.S. and M.J. Glennie, *Blood* 103:2738-2743 (2004)). FcRn binding and *in vivo* clearance/half life determinations can also be performed using methods known in the art (*see, e.g.,* Petkova, S.B. et al., *Int'l. Immunol.* 18(12):1759-1769 (2006)).

[0228] Antibodies with reduced effector function include those with substitution of one or more of Fc region residues 238, 265, 269, 270, 297, 327 and 329 (U.S. Patent No. 6,737,056). Such Fc mutants include Fc mutants with substitutions at two or more of amino acid positions 265, 269, 270, 297 and 327, including the so-called "DANA" Fc mutant with substitution of residues 265 and 297 to alanine (US Patent No. 7,332,581).

[0229] Certain antibody variants with improved or diminished binding to FcRs are described. (*See, e.g.,* U.S. Patent No. 6,737,056; WO 2004/056312, and Shields et al., *J. Biol. Chem.* 9(2): 6591-6604 (2001).)

[0230] In certain embodiments, an antibody variant comprises an Fc region with one or more amino acid substitutions which improve ADCC, *e.g.,* substitutions at positions 298, 333, and/or 334 of the Fc region (EU numbering of residues).

[0231] In some embodiments, alterations are made in the Fc region that result in altered (*i.e.,* either improved or diminished) C1q binding and/or Complement Dependent Cytotoxicity (CDC), *e.g.,* as described in US Patent No. 6,194,551, WO 99/51642, and Idusogie et al. *J. Immunol.* 164: 4178-4184 (2000).

[0232] Antibodies with increased half lives and improved binding to the neonatal Fc receptor (FcRn), which is responsible for the transfer of maternal IgGs to the fetus (Guyer et al., *J. Immunol.* 117:587 (1976) and Kim et al., *J. Immunol.* 24:249 (1994)), are described in US2005/0014934A1 (Hinton et al.). Those antibodies comprise an Fc region with one or more substitutions therein which improve binding of the Fc region to FcRn. Such Fc variants include those with substitutions at one or more of Fc region residues: 238, 256, 265, 272, 286, 303, 305, 307, 311, 312, 317, 340, 356, 360, 362, 376, 378, 380, 382, 413, 424 or 434, *e.g.,* substitution of Fc region residue 434 (US Patent No. 7,371,826).

[0233] *See also* Duncan & Winter, *Nature* 322:738-40 (1988); U.S. Patent No. 5,648,260; U.S. Patent No. 5,624,821; and WO 94/29351 concerning other examples of Fc region variants.

d. Cysteine engineered antibody variants

[0234] In certain embodiments, it may be desirable to create cysteine engineered antibodies, *e.g.,* "thioMAbs," in which one or more residues of an anti-CD79b antibody are substituted with cysteine residues. In particular embodiments, the substituted residues occur at accessible sites of the antibody. By substituting those residues with cysteine, reactive thiol groups are thereby positioned at accessible sites of the antibody and may be used to conjugate the antibody to other moieties, such as drug moieties or linker-drug moieties, to create an immunoconjugate, as described further herein. In

certain embodiments, any one or more of the following residues may be substituted with cysteine: V205 (Kabat numbering) of the light chain; A118 (EU numbering) of the heavy chain; and S400 (EU numbering) of the heavy chain Fc region. Cysteine engineered antibodies may be generated as described, *e.g.*, in U.S. Patent No. 7,521,541.

e. Antibody Derivatives

[0235] In certain embodiments, an antibody provided herein may be further modified to contain additional nonproteinaceous moieties that are known in the art and readily available. The moieties suitable for derivatization of the antibody include but are not limited to water soluble polymers. Non-limiting examples of water soluble polymers include, but are not limited to, polyethylene glycol (PEG), copolymers of ethylene glycol/propylene glycol, carboxymethylcellulose, dextran, polyvinyl alcohol, polyvinyl pyrrolidone, poly-1, 3-dioxolane, poly-1,3,6-trioxane, ethylene/maleic anhydride copolymer, polyaminoacids (either homopolymers or random copolymers), and dextran or poly(n-vinyl pyrrolidone)polyethylene glycol, propylene glycol homopolymers, polypropylene oxide/ethylene oxide co-polymers, polyoxyethylated polyols (*e.g.*, glycerol), polyvinyl alcohol, and mixtures thereof. Polyethylene glycol propionaldehyde may have advantages in manufacturing due to its stability in water. The polymer may be of any molecular weight, and may be branched or unbranched. The number of polymers attached to the antibody may vary, and if more than one polymer are attached, they can be the same or different molecules. In general, the number and/or type of polymers used for derivatization can be determined based on considerations including, but not limited to, the particular properties or functions of the antibody to be improved, whether the antibody derivative will be used in a therapy under defined conditions, etc.

[0236] In another embodiment, conjugates of an antibody and nonproteinaceous moiety that may be selectively heated by exposure to radiation are provided. In one embodiment, the nonproteinaceous moiety is a carbon nanotube (Kam et al., *Proc. Natl. Acad. Sci. USA* 102: 11600-11605 (2005)). The radiation may be of any wavelength, and includes, but is not limited to, wavelengths that do not harm ordinary cells, but which heat the nonproteinaceous moiety to a temperature at which cells proximal to the antibody-nonproteinaceous moiety are killed.

C. Recombinant Methods and Compositions

[0237] Antibodies may be produced using recombinant methods and compositions, *e.g.*, as described in U.S. Patent No. 4,816,567. In one embodiment, isolated nucleic acid encoding an antibody described herein is provided. Such nucleic acid may encode an amino acid sequence comprising the VL and/or an amino acid sequence comprising the VH of the antibody (*e.g.*, the light and/or heavy chains of the antibody). In a further embodiment, one or more vectors (*e.g.*, expression vectors) comprising such nucleic acid are provided. In a further embodiment, a host cell comprising such nucleic acid is provided. In one such embodiment, a host cell comprises (*e.g.*, has been transformed with): (1) a vector comprising a nucleic acid that encodes an amino acid sequence comprising the VL of the antibody and an amino acid sequence comprising the VH of the antibody,

or (2) a first vector comprising a nucleic acid that encodes an amino acid sequence comprising the VL of the antibody and a second vector comprising a nucleic acid that encodes an amino acid sequence comprising the VH of the antibody. In one embodiment, the host cell is eukaryotic, *e.g.*, a Chinese Hamster Ovary (CHO) cell or lymphoid cell (*e.g.*, Y0, NS0, Sp20 cell). In one embodiment, a method of making an antibody is provided, wherein the method comprises culturing a host cell comprising a nucleic acid encoding the antibody, as provided above, under conditions suitable for expression of the antibody, and optionally recovering the antibody from the host cell (or host cell culture medium).

[0238] For recombinant production of an antibody, nucleic acid encoding an antibody, *e.g.*, as described above, is isolated and inserted into one or more vectors for further cloning and/or expression in a host cell. Such nucleic acid may be readily isolated and sequenced using conventional procedures (*e.g.*, by using oligonucleotide probes that are capable of binding specifically to genes encoding the heavy and light chains of the antibody).

[0239] Suitable host cells for cloning or expression of antibody-encoding vectors include prokaryotic or eukaryotic cells described herein. For example, antibodies may be produced in bacteria, in particular when glycosylation and Fc effector function are not needed. For expression of antibody fragments and polypeptides in bacteria, *see, e.g.*, U.S. Patent Nos. 5,648,237, 5,789,199, and 5,840,523. (*See also* Charlton, *Methods in Molecular Biology*, Vol. 248 (B.K.C. Lo, ed., Humana Press, Totowa, NJ, 2003), pp. 245-254, describing expression of antibody fragments in *E. coli*.) After expression, the antibody may be isolated from the bacterial cell paste in a soluble fraction and can be further purified.

[0240] In addition to prokaryotes, eukaryotic microbes such as filamentous fungi or yeast are suitable cloning or expression hosts for antibody-encoding vectors, including fungi and yeast strains whose glycosylation pathways have been “humanized,” resulting in the production of an antibody with a partially or fully human glycosylation pattern. *See* Gerngross, *Nat. Biotech.* 22:1409-1414 (2004), and Li et al., *Nat. Biotech.* 24:210-215 (2006).

[0241] Suitable host cells for the expression of glycosylated antibody are also derived from multicellular organisms (invertebrates and vertebrates). Examples of invertebrate cells include plant and insect cells. Numerous baculoviral strains have been identified which may be used in conjunction with insect cells, particularly for transfection of *Spodoptera frugiperda* cells.

[0242] Plant cell cultures can also be utilized as hosts. *See, e.g.*, US Patent Nos. 5,959,177, 6,040,498, 6,420,548, 7,125,978, and 6,417,429 (describing PLANTIBODIES™ technology for producing antibodies in transgenic plants).

[0243] Vertebrate cells may also be used as hosts. For example, mammalian cell lines that are adapted to grow in suspension may be useful. Other examples of useful mammalian host cell lines are monkey kidney CV1 line transformed by SV40 (COS-7); human embryonic kidney line (293 or 293 cells as described, *e.g.*, in Graham et al., *J. Gen Virol.* 36:59 (1977)); baby hamster kidney cells

(BHK); mouse sertoli cells (TM4 cells as described, *e.g.*, in Mather, *Biol. Reprod.* 23:243-251 (1980)); monkey kidney cells (CV1); African green monkey kidney cells (VERO-76); human cervical carcinoma cells (HELA); canine kidney cells (MDCK; buffalo rat liver cells (BRL 3A); human lung cells (W138); human liver cells (Hep G2); mouse mammary tumor (MMT 060562); TRI cells, as described, *e.g.*, in Mather et al., *Annals N.Y. Acad. Sci.* 383:44-68 (1982); MRC 5 cells; and FS4 cells. Other useful mammalian host cell lines include Chinese hamster ovary (CHO) cells, including DHFR⁻ CHO cells (Urlaub et al., *Proc. Natl. Acad. Sci. USA* 77:4216 (1980)); and myeloma cell lines such as Y0, NS0 and Sp2/0. For a review of certain mammalian host cell lines suitable for antibody production, *see, e.g.*, Yazaki and Wu, *Methods in Molecular Biology*, Vol. 248 (B.K.C. Lo, ed., Humana Press, Totowa, NJ), pp. 255-268 (2003).

D. Assays

[0244] Antibodies provided herein may be identified, screened for, or characterized for their physical/chemical properties and/or biological activities by various assays known in the art.

[0245] In one aspect, an antibody of the invention is tested for its antigen binding activity, *e.g.*, by known methods such as ELISA, BIAcore[®], FACS, or Western blot.

[0246] In another aspect, competition assays may be used to identify an antibody that competes with any of the antibodies described herein for binding to the target antigen. In certain embodiments, such a competing antibody binds to the same epitope (*e.g.*, a linear or a conformational epitope) that is bound by an antibody described herein. Detailed exemplary methods for mapping an epitope to which an antibody binds are provided in Morris (1996) "Epitope Mapping Protocols," in *Methods in Molecular Biology* vol. 66 (Humana Press, Totowa, NJ).

[0247] In an exemplary competition assay, immobilized antigen is incubated in a solution comprising a first labeled antibody that binds to antigen (*e.g.*, any of the antibodies described herein) and a second unlabeled antibody that is being tested for its ability to compete with the first antibody for binding to antigen. The second antibody may be present in a hybridoma supernatant. As a control, immobilized antigen is incubated in a solution comprising the first labeled antibody but not the second unlabeled antibody. After incubation under conditions permissive for binding of the first antibody to antigen, excess unbound antibody is removed, and the amount of label associated with immobilized antigen is measured. If the amount of label associated with immobilized antigen is substantially reduced in the test sample relative to the control sample, then that indicates that the second antibody is competing with the first antibody for binding to antigen. *See* Harlow and Lane (1988) *Antibodies: A Laboratory Manual* ch.14 (Cold Spring Harbor Laboratory, Cold Spring Harbor, NY).

E. Immunoconjugates

[0248] Provided herein are also immunoconjugates comprising an anti-CD79b antibody herein conjugated to one or more cytotoxic agents, such as chemotherapeutic agents or drugs, growth inhibitory agents, toxins (*e.g.*, protein toxins, enzymatically active toxins of bacterial, fungal, plant,

or animal origin, or fragments thereof), or radioactive isotopes (*i.e.*, a radioconjugate) for use in the methods described herein.

[0249] Immunoconjugates allow for the targeted delivery of a drug moiety to a tumor, and, in some embodiments intracellular accumulation therein, where systemic administration of unconjugated drugs may result in unacceptable levels of toxicity to normal cells (Polakis P. (2005) *Current Opinion in Pharmacology* 5:382-387).

[0250] Antibody-drug conjugates (ADC) are targeted chemotherapeutic molecules which combine properties of both antibodies and cytotoxic drugs by targeting potent cytotoxic drugs to antigen-expressing tumor cells (Teicher, B.A. (2009) *Current Cancer Drug Targets* 9:982-1004), thereby enhancing the therapeutic index by maximizing efficacy and minimizing off-target toxicity (Carter, P.J. and Senter P.D. (2008) *The Cancer Jour.* 14(3):154-169; Chari, R.V. (2008) *Acc. Chem. Res.* 41:98-107).

[0251] The ADC compounds of the invention include those with anticancer activity. In some embodiments, the ADC compounds include an antibody conjugated, *i.e.* covalently attached, to the drug moiety. In some embodiments, the antibody is covalently attached to the drug moiety through a linker. The antibody-drug conjugates (ADC) of the invention selectively deliver an effective dose of a drug to tumor tissue whereby greater selectivity, *i.e.* a lower efficacious dose, may be achieved while increasing the therapeutic index ("therapeutic window").

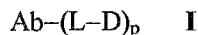
[0252] The drug moiety (D) of the antibody-drug conjugates (ADC) may include any compound, moiety or group that has a cytotoxic or cytostatic effect. Drug moieties may impart their cytotoxic and cytostatic effects by mechanisms including but not limited to tubulin binding, DNA binding or intercalation, and inhibition of RNA polymerase, protein synthesis, and/or topoisomerase.

Exemplary drug moieties include, but are not limited to, a maytansinoid, dolastatin, auristatin, calicheamicin, anthracycline, duocarmycin, vinca alkaloid, taxane, trichothecene, CC1065, camptothecin, elinafide, and stereoisomers, isosteres, analogs, and derivatives thereof that have cytotoxic activity. Nonlimiting examples of such immunoconjugates are discussed in further detail below.

1. Exemplary Antibody-drug Conjugates

[0253] An exemplary embodiment of an antibody-drug conjugate (ADC) compound comprises an antibody (Ab) which targets a tumor cell, a drug moiety (D), and a linker moiety (L) that attaches Ab to D. In some embodiments, the antibody is attached to the linker moiety (L) through one or more amino acid residues, such as lysine and/or cysteine. In some embodiments of any of the methods, the immunoconjugate has the formula Ab-(L-D)_p, wherein: (a) Ab is the antibody which binds a MM cell surface protein; (b) L is a linker; (c) D is a cytotoxic agent; and (d) p ranges from 1-8.

[0254] An exemplary ADC has Formula I:



where p is 1 to about 20. In some embodiments, the number of drug moieties that can be conjugated to an antibody is limited by the number of free cysteine residues. In some embodiments, free cysteine residues are introduced into the antibody amino acid sequence by the methods described herein. Exemplary ADC of Formula I include, but are not limited to, antibodies that have 1, 2, 3, or 4 engineered cysteine amino acids (Lyon, R. et al (2012) *Methods in Enzym.* 502:123-138). In some embodiments, one or more free cysteine residues are already present in an antibody, without the use of engineering, in which case the existing free cysteine residues may be used to conjugate the antibody to a drug. In some embodiments, an antibody is exposed to reducing conditions prior to conjugation of the antibody in order to generate one or more free cysteine residues.

a) Exemplary Linkers

[0255] A “Linker” (L) is a bifunctional or multifunctional moiety that can be used to link one or more drug moieties (D) to an antibody (Ab) to form an antibody-drug conjugate (ADC) of Formula I. In some embodiments, antibody-drug conjugates (ADC) can be prepared using a Linker having reactive functionalities for covalently attaching to the drug and to the antibody. For example, in some embodiments, a cysteine thiol of an antibody (Ab) can form a bond with a reactive functional group of a linker or a drug-linker intermediate to make an ADC.

[0256] In one aspect, a linker has a functionality that is capable of reacting with a free cysteine present on an antibody to form a covalent bond. Nonlimiting exemplary such reactive functionalities include maleimide, haloacetamides, α -haloacetyl, activated esters such as succinimide esters, 4-nitrophenyl esters, pentafluorophenyl esters, tetrafluorophenyl esters, anhydrides, acid chlorides, sulfonyl chlorides, isocyanates, and isothiocyanates. *See, e.g.*, the conjugation method at page 766 of Klussman, et al (2004), *Bioconjugate Chemistry* 15(4):765-773, and the Examples herein.

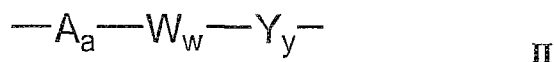
[0257] In some embodiments, a linker has a functionality that is capable of reacting with an electrophilic group present on an antibody. Exemplary such electrophilic groups include, but are not limited to, aldehyde and ketone carbonyl groups. In some embodiments, a heteroatom of the reactive functionality of the linker can react with an electrophilic group on an antibody and form a covalent bond to an antibody unit. Nonlimiting exemplary such reactive functionalities include, but are not limited to, hydrazide, oxime, amino, hydrazine, thiosemicarbazone, hydrazine carboxylate, and arylhydrazide.

[0258] A linker may comprise one or more linker components. Exemplary linker components include 6-maleimidocaproyl (“MC”), maleimidopropanoyl (“MP”), valine-citrulline (“val-cit” or “vc”), alanine-phenylalanine (“ala-phe”), p-aminobenzyloxycarbonyl (a “PAB”), N-Succinimidyl 4-(2-pyridylthio) pentanoate (“SPP”), and 4-(N-maleimidomethyl) cyclohexane-1 carboxylate (“MCC”). Various linker components are known in the art, some of which are described below.

[0259] A linker may be a “cleavable linker,” facilitating release of a drug. Nonlimiting exemplary cleavable linkers include acid-labile linkers (*e.g.*, comprising hydrazone), protease-sensitive (*e.g.*,

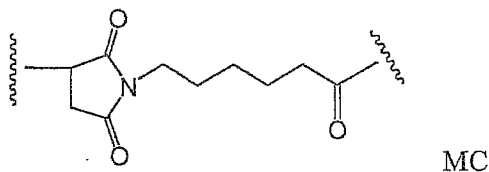
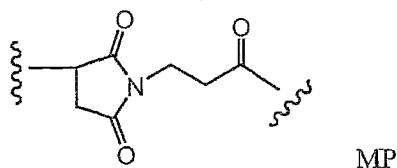
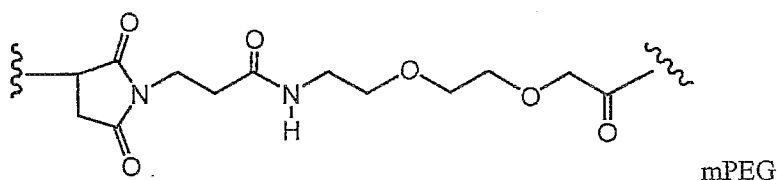
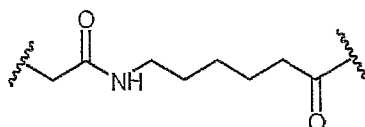
peptidase-sensitive) linkers, photolabile linkers, or disulfide-containing linkers (Chari et al., *Cancer Research* 52:127-131 (1992); US 5208020).

[0260] In certain embodiments, a linker has the following Formula II:



wherein A is a “stretcher unit”, and a is an integer from 0 to 1; W is an “amino acid unit”, and w is an integer from 0 to 12; Y is a “spacer unit”, and y is 0, 1, or 2; and Ab, D, and p are defined as above for Formula I. Exemplary embodiments of such linkers are described in U.S. Patent No. 7,498,298.

[0261] In some embodiments, a linker component comprises a “stretcher unit” that links an antibody to another linker component or to a drug moiety. Nonlimiting exemplary stretcher units are shown below (wherein the wavy line indicates sites of covalent attachment to an antibody, drug, or additional linker components):

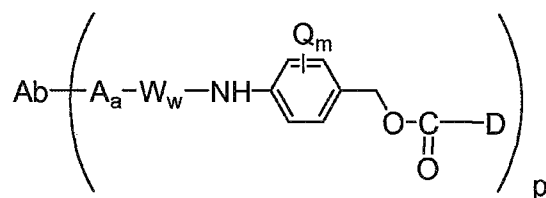


[0262] In some embodiments, a linker component comprises an “amino acid unit”. In some such embodiments, the amino acid unit allows for cleavage of the linker by a protease, thereby facilitating release of the drug from the immunoconjugate upon exposure to intracellular proteases, such as lysosomal enzymes (Doronina et al. (2003) *Nat. Biotechnol.* 21:778-784). Exemplary amino acid

units include, but are not limited to, dipeptides, tripeptides, tetrapeptides, and pentapeptides. Exemplary dipeptides include, but are not limited to, valine-citrulline (vc or val-cit), alanine-phenylalanine (af or ala-phe); phenylalanine-lysine (fk or phe-lys); phenylalanine-homolysine (phe-homolys); and N-methyl-valine-citrulline (Me-val-cit). Exemplary tripeptides include, but are not limited to, glycine-valine-citrulline (gly-val-cit) and glycine-glycine-glycine (gly-gly-gly). An amino acid unit may comprise amino acid residues that occur naturally and/or minor amino acids and/or non-naturally occurring amino acid analogs, such as citrulline. Amino acid units can be designed and optimized for enzymatic cleavage by a particular enzyme, for example, a tumor-associated protease, cathepsin B, C and D, or a plasmin protease.

[0263] In some embodiments, a linker component comprises a “spacer” unit that links the antibody to a drug moiety, either directly or through a stretcher unit and/or an amino acid unit. A spacer unit may be “self-immolative” or a “non-self-immolative.” A “non-self-immolative” spacer unit is one in which part or all of the spacer unit remains bound to the drug moiety upon cleavage of the ADC. Examples of non-self-immolative spacer units include, but are not limited to, a glycine spacer unit and a glycine-glycine spacer unit. In some embodiments, enzymatic cleavage of an ADC containing a glycine-glycine spacer unit by a tumor-cell associated protease results in release of a glycine-glycine-drug moiety from the remainder of the ADC. In some such embodiments, the glycine-glycine-drug moiety is subjected to a hydrolysis step in the tumor cell, thus cleaving the glycine-glycine spacer unit from the drug moiety.

[0264] A “self-immolative” spacer unit allows for release of the drug moiety. In certain embodiments, a spacer unit of a linker comprises a p-aminobenzyl unit. In some such embodiments, a p-aminobenzyl alcohol is attached to an amino acid unit via an amide bond, and a carbamate, methylcarbamate, or carbonate is made between the benzyl alcohol and the drug (Hamann et al. (2005) *Expert Opin. Ther. Patents* (2005) 15:1087-1103). In some embodiments, the spacer unit is p-aminobenzylloxycarbonyl (PAB). In some embodiments, an ADC comprising a self-immolative linker has the structure:



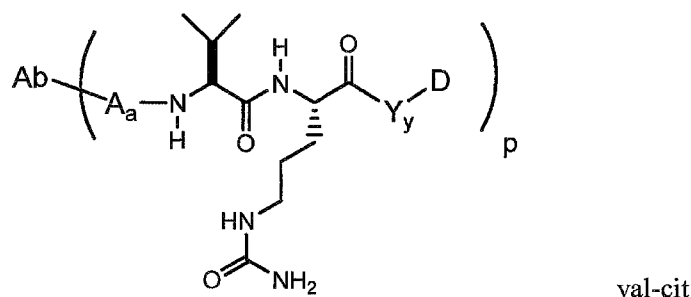
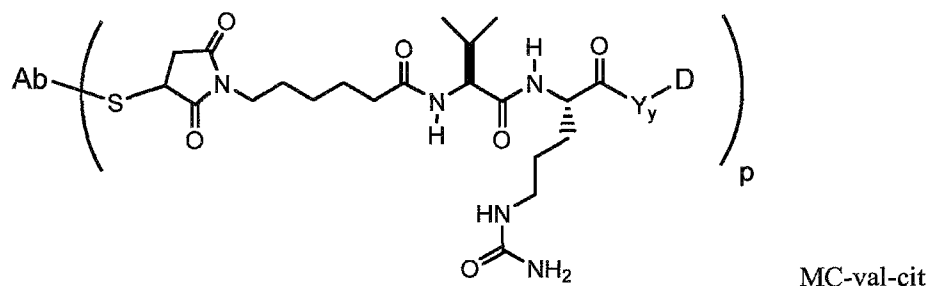
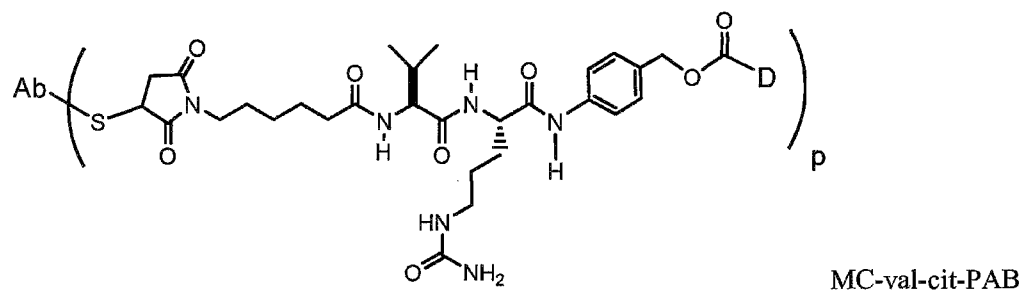
wherein Q is -C₁-C₈ alkyl, -O-(C₁-C₈ alkyl), -halogen, -nitro, or -cyno; m is an integer ranging from 0 to 4; and p ranges from 1 to about 20. In some embodiments, p ranges from 1 to 10, 1 to 7, 1 to 5, or 1 to 4.

[0265] Other examples of self-immolative spacers include, but are not limited to, aromatic compounds that are electronically similar to the PAB group, such as 2-aminoimidazol-5-methanol derivatives (U.S. Patent No. 7,375,078; Hay et al. (1999) *Bioorg. Med. Chem. Lett.* 9:2237) and

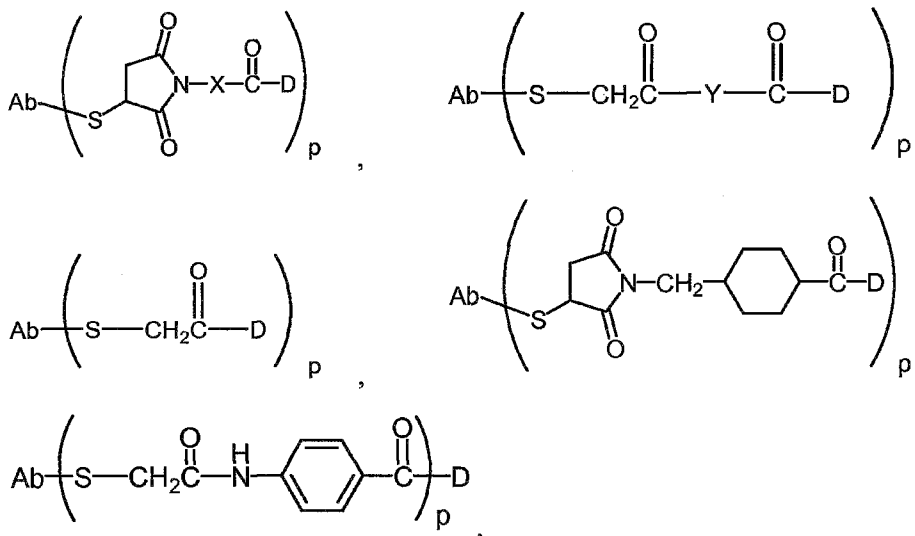
ortho- or para-aminobenzylacetals. In some embodiments, spacers can be used that undergo cyclization upon amide bond hydrolysis, such as substituted and unsubstituted 4-aminobutyric acid amides (Rodrigues et al (1995) *Chemistry Biology* 2:223), appropriately substituted bicyclo[2.2.1] and bicyclo[2.2.2] ring systems (Storm et al (1972) *J. Amer. Chem. Soc.* 94:5815) and 2-aminophenylpropionic acid amides (Amsberry, et al (1990) *J. Org. Chem.* 55:5867). Linkage of a drug to the α -carbon of a glycine residue is another example of a self-immolative spacer that may be useful in ADC (Kingsbury et al (1984) *J. Med. Chem.* 27:1447).

[0266] In some embodiments, linker L may be a dendritic type linker for covalent attachment of more than one drug moiety to an antibody through a branching, multifunctional linker moiety (Sun et al (2002) *Bioorganic & Medicinal Chemistry Letters* 12:2213-2215; Sun et al (2003) *Bioorganic & Medicinal Chemistry* 11:1761-1768). Dendritic linkers can increase the molar ratio of drug to antibody, *i.e.* loading, which is related to the potency of the ADC. Thus, where an antibody bears only one reactive cysteine thiol group, a multitude of drug moieties may be attached through a dendritic linker.

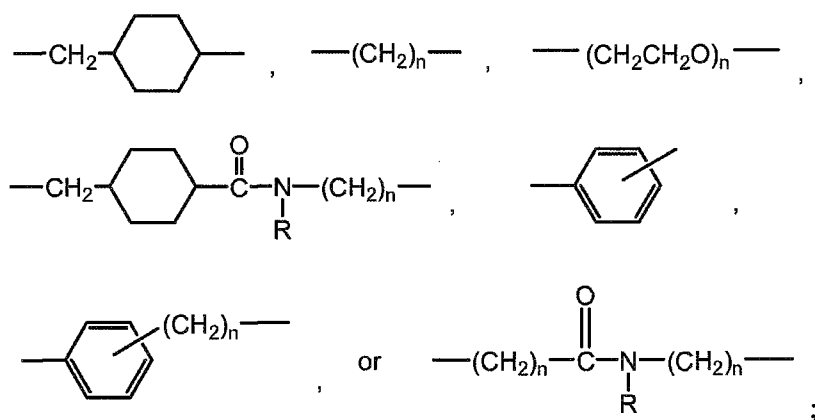
[0267] Nonlimiting exemplary linkers are shown below in the context of an ADC of Formula I:



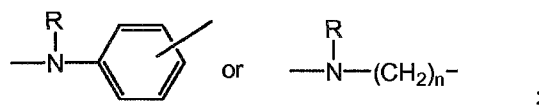
[0268] Further nonlimiting exemplary ADCs include the structures:



where X is:



Y is:



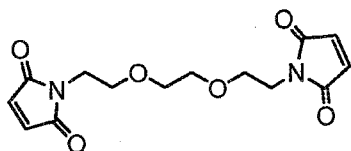
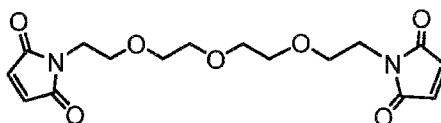
each R is independently H or C₁–C₆ alkyl; and n is 1 to 12.

[0269] Typically, peptide-type linkers can be prepared by forming a peptide bond between two or more amino acids and/or peptide fragments. Such peptide bonds can be prepared, for example, according to a liquid phase synthesis method (e.g., E. Schröder and K. Lübke (1965) “The Peptides”, volume 1, pp 76-136, Academic Press).

[0270] In some embodiments, a linker is substituted with groups that modulate solubility and/or reactivity. As a nonlimiting example, a charged substituent such as sulfonate (–SO₃[–]) or ammonium may increase water solubility of the linker reagent and facilitate the coupling reaction of the linker reagent with the antibody and/or the drug moiety, or facilitate the coupling reaction of Ab-L (antibody-linker intermediate) with D, or D-L (drug-linker intermediate) with Ab, depending on the synthetic route employed to prepare the ADC. In some embodiments, a portion of the linker is coupled to the antibody and a portion of the linker is coupled to the drug, and then the Ab-(linker

portion)^a is coupled to drug-(linker portion)^b to form the ADC of Formula I. In some such embodiments, the antibody comprises more than one (linker portion)^a substituents, such that more than one drug is coupled to the antibody in the ADC of Formula I.

[0271] The compounds of the invention expressly contemplate, but are not limited to, ADC prepared with the following linker reagents: bis-maleimido-trioxyethylene glycol (BMPEO), N-(β -maleimidopropoxy)-N-hydroxy succinimide ester (BMPS), N-(ϵ -maleimidocaproyloxy) succinimide ester (EMCS), N-[γ -maleimidobutyryloxy]succinimide ester (GMBS), 1,6-hexane-bis-vinylsulfone (HBVS), succinimidyl 4-(N-maleimidomethyl)cyclohexane-1-carboxy-(6-amidocaproate) (LC-SMCC), m-maleimidobenzoyl-N-hydroxysuccinimide ester (MBS), 4-(4-N-Maleimidophenyl)butyric acid hydrazide (MPBH), succinimidyl 3-(bromoacetamido)propionate (SBAP), succinimidyl iodoacetate (SIA), succinimidyl (4-iodoacetyl)aminobenzoate (SIAB), N-succinimidyl-3-(2-pyridyldithio) propionate (SPDP), N-succinimidyl-4-(2-pyridylthio)pentanoate (SPP), succinimidyl 4-(N-maleimidomethyl)cyclohexane-1-carboxylate (SMCC), succinimidyl 4-(p-maleimidophenyl)butyrate (SMPB), succinimidyl 6-[(β -maleimidopropionamido)hexanoate] (SMPH), iminothiolane (IT), sulfo-EMCS, sulfo-GMBS, sulfo-KMUS, sulfo-MBS, sulfo-SIAB, sulfo-SMCC, and sulfo-SMPB, and succinimidyl-(4-vinylsulfone)benzoate (SVSB), and including bis-maleimide reagents: dithiobismaleimidoethane (DTME), 1,4-Bismaleimidobutane (BMB), 1,4-Bismaleimidyl-2,3-dihydroxybutane (BMDB), bismaleimidoethane (BMH), bismaleimidoethane (BMOE), BM(PEG)₂ (shown below), and BM(PEG)₃ (shown below); bifunctional derivatives of imidoesters (such as dimethyl adipimidate HCl), active esters (such as disuccinimidyl suberate), aldehydes (such as glutaraldehyde), bis-azido compounds (such as bis (p-azidobenzoyl) hexanediamine), bis-diazonium derivatives (such as bis-(p-diazoniumbenzoyl)-ethylenediamine), diisocyanates (such as toluene 2,6-diisocyanate), and bis-active fluorine compounds (such as 1,5-difluoro-2,4-dinitrobenzene). In some embodiments, bis-maleimide reagents allow the attachment of the thiol group of a cysteine in the antibody to a thiol-containing drug moiety, linker, or linker-drug intermediate. Other functional groups that are reactive with thiol groups include, but are not limited to, iodoacetamide, bromoacetamide, vinyl pyridine, disulfide, pyridyl disulfide, isocyanate, and isothiocyante.

BM(PEG)₂BM(PEG)₃

[0272] Certain useful linker reagents can be obtained from various commercial sources, such as Pierce Biotechnology, Inc. (Rockford, IL), Molecular Biosciences Inc. (Boulder, CO), or synthesized in accordance with procedures described in the art; for example, in Toki et al (2002) *J. Org. Chem.* 67:1866-1872; Dubowchik, et al. (1997) *Tetrahedron Letters*, 38:5257-60; Walker, M.A. (1995) *J.*

Org. Chem. 60:5352-5355; Frisch et al (1996) *Bioconjugate Chem.* 7:180-186; US 6214345; WO 02/088172; US 2003130189; US2003096743; WO 03/026577; WO 03/043583; and WO 04/032828.

[0273] Carbon-14-labeled 1-isothiocyanatobenzyl-3-methyldiethylene triaminepentaacetic acid (MX-DTPA) is an exemplary chelating agent for conjugation of radionucleotide to the antibody. *See, e.g.,* WO94/11026.

b) Exemplary Drug Moieties

(1) Maytansine and maytansinoids

[0274] In some embodiments, an immunoconjugate comprises an antibody conjugated to one or more maytansinoid molecules. Maytansinoids are derivatives of maytansine, and are mitototic inhibitors which act by inhibiting tubulin polymerization. Maytansine was first isolated from the east African shrub *Maytenus serrata* (U.S. Patent No. 3896111). Subsequently, it was discovered that certain microbes also produce maytansinoids, such as maytansinol and C-3 maytansinol esters (U.S. Patent No. 4,151,042). Synthetic maytansinoids are disclosed, for example, in U.S. Patent Nos. 4,137,230; 4,248,870; 4,256,746; 4,260,608; 4,265,814; 4,294,757; 4,307,016; 4,308,268; 4,308,269; 4,309,428; 4,313,946; 4,315,929; 4,317,821; 4,322,348; 4,331,598; 4,361,650; 4,364,866; 4,424,219; 4,450,254; 4,362,663; and 4,371,533.

[0275] Maytansinoid drug moieties are attractive drug moieties in antibody-drug conjugates because they are: (i) relatively accessible to prepare by fermentation or chemical modification or derivatization of fermentation products, (ii) amenable to derivatization with functional groups suitable for conjugation through non-disulfide linkers to antibodies, (iii) stable in plasma, and (iv) effective against a variety of tumor cell lines.

[0276] Certain maytansinoids suitable for use as maytansinoid drug moieties are known in the art and can be isolated from natural sources according to known methods or produced using genetic engineering techniques (*see, e.g.,* Yu et al (2002) PNAS 99:7968-7973). Maytansinoids may also be prepared synthetically according to known methods.

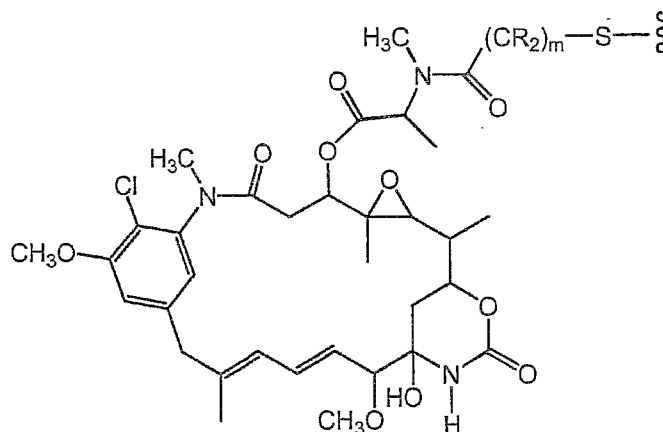
[0277] Exemplary maytansinoid drug moieties include, but are not limited to, those having a modified aromatic ring, such as: C-19-dechloro (US Pat. No. 4256746) (prepared, for example, by lithium aluminum hydride reduction of ansamycin P2); C-20-hydroxy (or C-20-demethyl) +/-C-19-dechloro (US Pat. Nos. 4361650 and 4307016) (prepared, for example, by demethylation using *Streptomyces* or *Actinomyces* or dechlorination using LAH); and C-20-demethoxy, C-20-acyloxy (-OCOR), +/-dechloro (U.S. Pat. No. 4,294,757) (prepared, for example, by acylation using acyl chlorides), and those having modifications at other positions of the aromatic ring.

[0278] Exemplary maytansinoid drug moieties also include those having modifications such as: C-9-SH (US Pat. No. 4424219) (prepared, for example, by the reaction of maytansinol with H₂S or P₂S₅); C-14-alkoxymethyl(demethoxy/CH₂ OR)(US 4331598); C-14-hydroxymethyl or acyloxymethyl (CH₂OH or CH₂OAc) (US Pat. No. 4450254) (prepared, for example, from *Nocardia*); C-15-hydroxy/acyloxy (US 4364866) (prepared, for example, by the conversion of maytansinol by

Streptomyces); C-15-methoxy (US Pat. Nos. 4313946 and 4315929) (for example, isolated from *Trewia nudiflora*); C-18-N-demethyl (US Pat. Nos. 4362663 and 4322348) (prepared, for example, by the demethylation of maytansinol by *Streptomyces*); and 4,5-deoxy (US 4371533) (prepared, for example, by the titanium trichloride/LAH reduction of maytansinol).

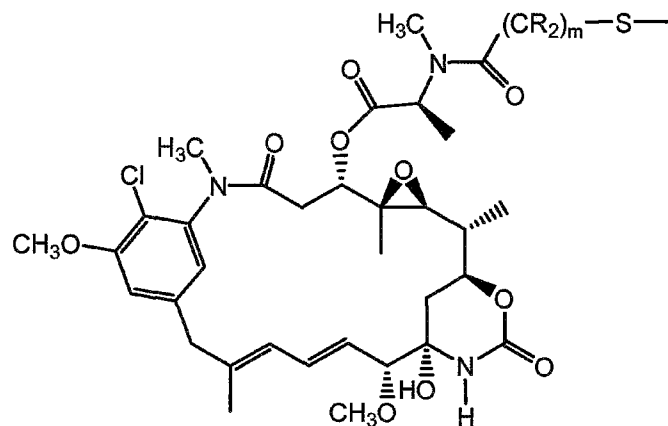
[0279] Many positions on maytansinoid compounds are useful as the linkage position. For example, an ester linkage may be formed by reaction with a hydroxyl group using conventional coupling techniques. In some embodiments, the reaction may occur at the C-3 position having a hydroxyl group, the C-14 position modified with hydroxymethyl, the C-15 position modified with a hydroxyl group, and the C-20 position having a hydroxyl group. In some embodiments, the linkage is formed at the C-3 position of maytansinol or a maytansinol analogue.

[0280] Maytansinoid drug moieties include those having the structure:

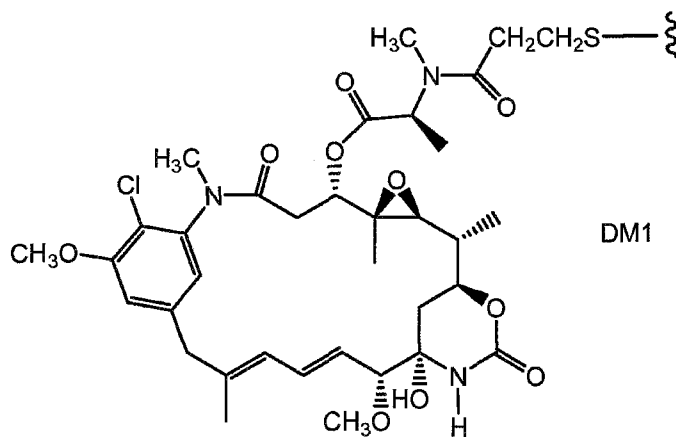
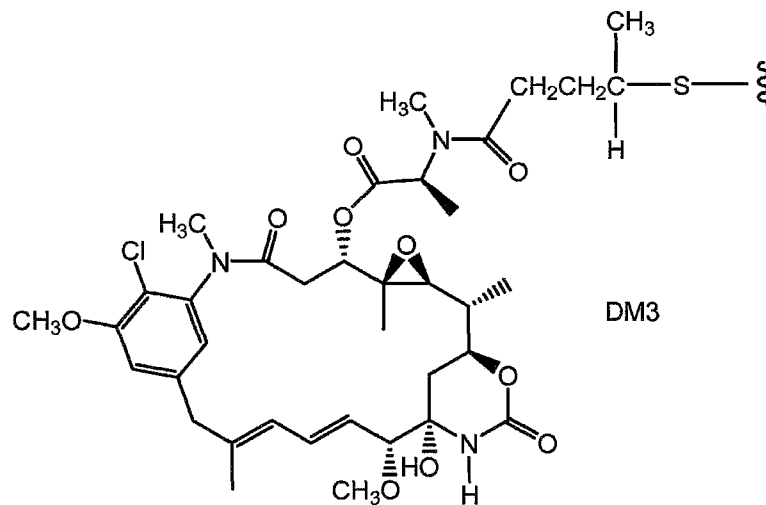


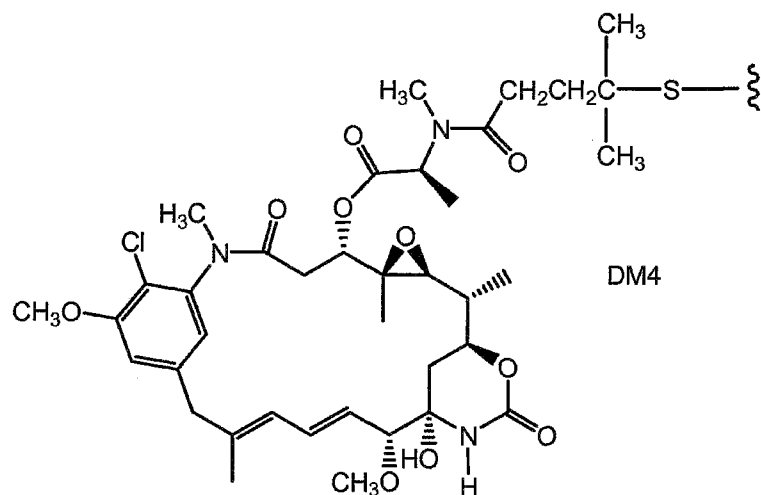
where the wavy line indicates the covalent attachment of the sulfur atom of the maytansinoid drug moiety to a linker of an ADC. Each R may independently be H or a C₁–C₆ alkyl. The alkylene chain attaching the amide group to the sulfur atom may be methanyl, ethanyl, or propyl, *i.e.*, m is 1, 2, or 3 (US 633410; US 5208020; Chari et al (1992) *Cancer Res.* 52:127-131; Liu et al (1996) *Proc. Natl. Acad. Sci USA* 93:8618-8623).

[0281] All stereoisomers of the maytansinoid drug moiety are contemplated for the ADC of the invention, *i.e.* any combination of *R* and *S* configurations at the chiral carbons (US 7276497; US 6913748; US 6441163; US 633410 (RE39151); US 5208020; Widdison et al (2006) *J. Med. Chem.* 49:4392-4408). In some embodiments, the maytansinoid drug moiety has the following stereochemistry:



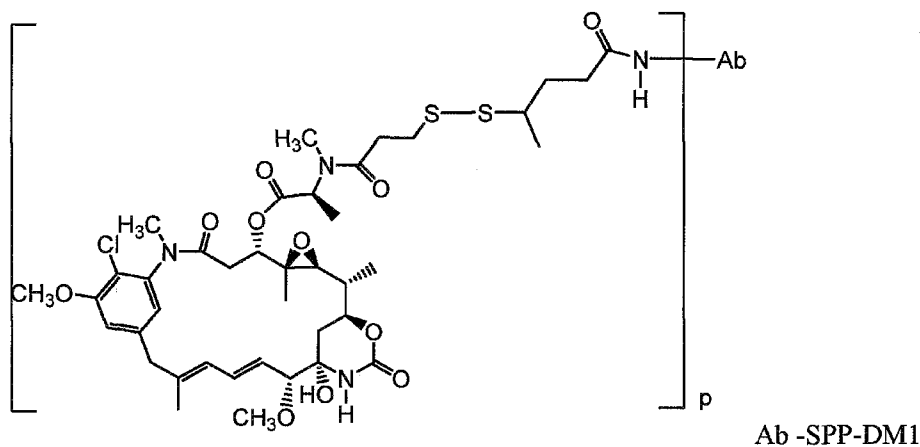
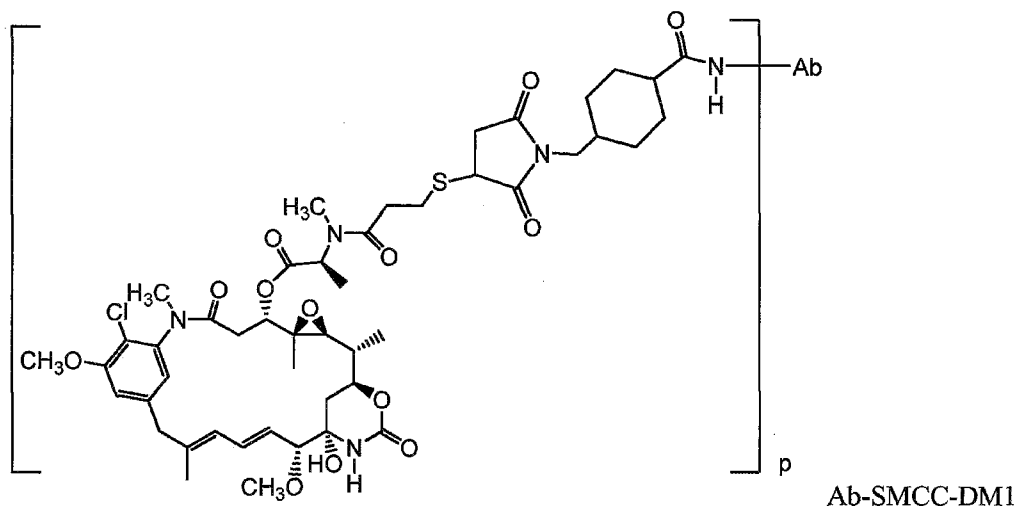
[0282] Exemplary embodiments of maytansinoid drug moieties include, but are not limited to, DM1; DM3; and DM4, having the structures:



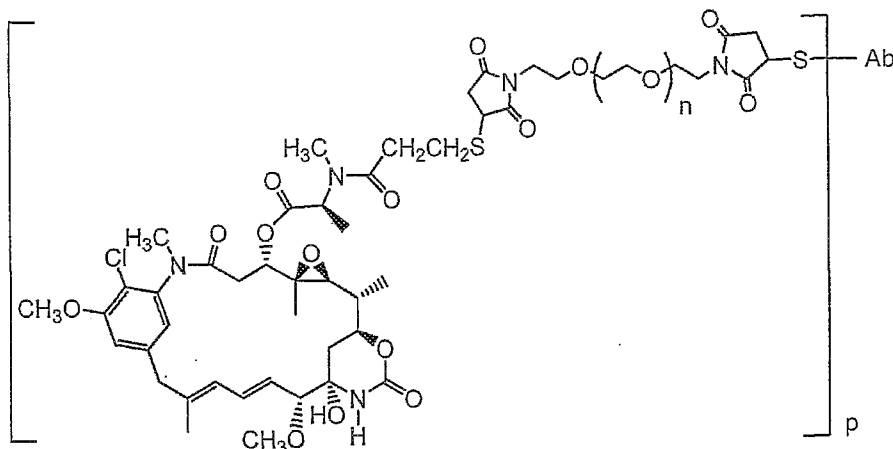


wherein the wavy line indicates the covalent attachment of the sulfur atom of the drug to a linker (L) of an antibody-drug conjugate.

[0283] Other exemplary maytansinoid antibody-drug conjugates have the following structures and abbreviations (wherein Ab is antibody and p is 1 to about 20. In some embodiments, p is 1 to 10, p is 1 to 7, p is 1 to 5, or p is 1 to 4):



[0284] Exemplary antibody-drug conjugates where DM1 is linked through a BMPEO linker to a thiol group of the antibody have the structure and abbreviation:



where Ab is antibody; n is 0, 1, or 2; and p is 1 to about 20. In some embodiments, p is 1 to 10, p is 1 to 7, p is 1 to 5, or p is 1 to 4.

[0285] Immunoconjugates containing maytansinoids, methods of making the same, and their therapeutic use are disclosed, for example, in U.S. Patent Nos. 5,208,020 and 5,416,064; US 2005/0276812 A1; and European Patent EP 0 425 235 B. *See also* Liu et al. *Proc. Natl. Acad. Sci. USA* 93:8618-8623 (1996); and Chari et al. *Cancer Research* 52:127-131 (1992).

[0286] In some embodiments, antibody-maytansinoid conjugates may be prepared by chemically linking an antibody to a maytansinoid molecule without significantly diminishing the biological activity of either the antibody or the maytansinoid molecule. *See, e.g.*, U.S. Patent No. 5,208,020. In some embodiments, ADC with an average of 3-4 maytansinoid molecules conjugated per antibody molecule has shown efficacy in enhancing cytotoxicity of target cells without negatively affecting the function or solubility of the antibody. In some instances, even one molecule of toxin/antibody is expected to enhance cytotoxicity over the use of naked antibody.

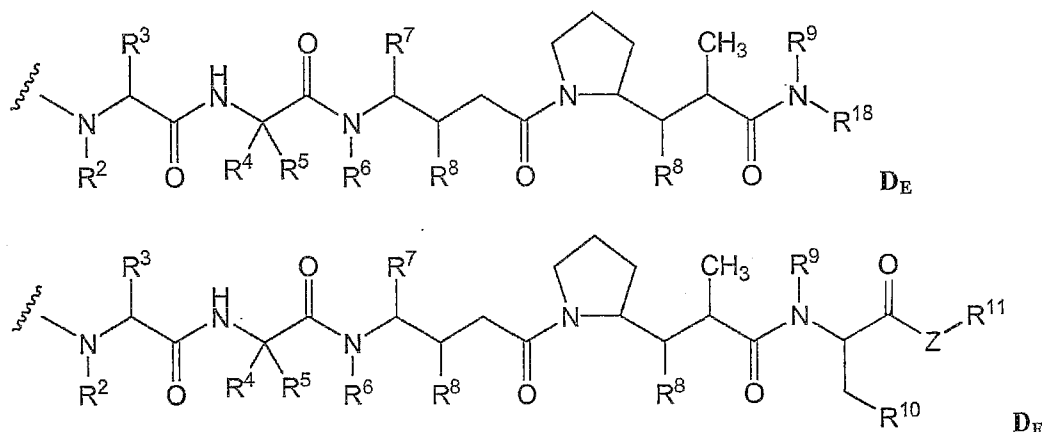
[0287] Exemplary linking groups for making antibody-maytansinoid conjugates include, for example, those described herein and those disclosed in U.S. Patent No. 5,208,020; EP Patent 0 425 235 B1; Chari et al. *Cancer Research* 52:127-131 (1992); US 2005/0276812 A1; and US 2005/016993 A1.

(2) Auristatins and dolastatins

[0288] Drug moieties include dolastatins, auristatins, and analogs and derivatives thereof (US 5635483; US 5780588; US 5767237; US 6124431). Auristatins are derivatives of the marine mollusk compound dolastatin-10. While not intending to be bound by any particular theory, dolastatins and auristatins have been shown to interfere with microtubule dynamics, GTP hydrolysis, and nuclear and cellular division (Woyke et al (2001) *Antimicrob. Agents and Chemother.* 45(12):3580-3584)

and have anticancer (US 5663149) and antifungal activity (Pettit et al (1998) *Antimicrob. Agents Chemother.* 42:2961-2965). The dolastatin/auristatin drug moiety may be attached to the antibody through the N (amino) terminus or the C (carboxyl) terminus of the peptidic drug moiety (WO 02/088172; Doronina et al (2003) *Nature Biotechnology* 21(7):778-784; Francisco et al (2003) *Blood* 102(4):1458-1465).

[0289] Exemplary auristatin embodiments include the N-terminus linked monomethylauristatin drug moieties D_E and D_F, disclosed in US 7498298 and US 7659241:



wherein the wavy line of D_E and D_F indicates the covalent attachment site to an antibody or antibody-linker component, and independently at each location:

R² is selected from H and C₁-C₈ alkyl;

R³ is selected from H, C₁-C₈ alkyl, C₃-C₈ carbocycle, aryl, C₁-C₈ alkyl-aryl, C₁-C₈ alkyl-(C₃-C₈ carbocycle), C₃-C₈ heterocycle and C₁-C₈ alkyl-(C₃-C₈ heterocycle);

R⁴ is selected from H, C₁-C₈ alkyl, C₃-C₈ carbocycle, aryl, C₁-C₈ alkyl-aryl, C₁-C₈ alkyl-(C₃-C₈ carbocycle), C₃-C₈ heterocycle and C₁-C₈ alkyl-(C₃-C₈ heterocycle);

R⁵ is selected from H and methyl;

or R⁴ and R⁵ jointly form a carbocyclic ring and have the formula -(CR^aR^b)_n- wherein R^a and R^b are independently selected from H, C₁-C₈ alkyl and C₃-C₈ carbocycle and n is selected from 2, 3, 4, 5 and 6;

R⁶ is selected from H and C₁-C₈ alkyl;

R⁷ is selected from H, C₁-C₈ alkyl, C₃-C₈ carbocycle, aryl, C₁-C₈ alkyl-aryl, C₁-C₈ alkyl-(C₃-C₈ carbocycle), C₃-C₈ heterocycle and C₁-C₈ alkyl-(C₃-C₈ heterocycle);

each R⁸ is independently selected from H, OH, C₁-C₈ alkyl, C₃-C₈ carbocycle and O-(C₁-C₈ alkyl);

R⁹ is selected from H and C₁-C₈ alkyl;

R¹⁰ is selected from aryl or C₃-C₈ heterocycle;

Z is O, S, NH, or NR¹², wherein R¹² is C₁-C₈ alkyl;

R^{11} is selected from H, C_1 - C_{20} alkyl, aryl, C_3 - C_8 heterocycle, $-(R^{13}O)_m-R^{14}$, or $-(R^{13}O)_m-CH(R^{15})_2$;

m is an integer ranging from 1-1000;

R^{13} is C_2 - C_8 alkyl;

R^{14} is H or C_1 - C_8 alkyl;

each occurrence of R^{15} is independently H, COOH, $-(CH_2)_n-N(R^{16})_2$, $-(CH_2)_n-SO_3H$, or $-(CH_2)_n-SO_3-C_1-C_8$ alkyl;

each occurrence of R^{16} is independently H, C_1 - C_8 alkyl, or $-(CH_2)_n-COOH$;

R^{18} is selected from $-C(R^8)_2-C(R^8)_2$ -aryl, $-C(R^8)_2-C(R^8)_2-(C_3-C_8$ heterocycle), and $-C(R^8)_2-C(R^8)_2-(C_3-C_8$ carbocycle); and

n is an integer ranging from 0 to 6.

[0290] In one embodiment, R^3 , R^4 and R^7 are independently isopropyl or sec-butyl and R^5 is -H or methyl. In an exemplary embodiment, R^3 and R^4 are each isopropyl, R^5 is -H, and R^7 is sec-butyl.

[0291] In yet another embodiment, R^2 and R^6 are each methyl, and R^9 is -H.

[0292] In still another embodiment, each occurrence of R^8 is $-OCH_3$.

[0293] In an exemplary embodiment, R^3 and R^4 are each isopropyl, R^2 and R^6 are each methyl, R^5 is -H, R^7 is sec-butyl, each occurrence of R^8 is $-OCH_3$, and R^9 is -H.

[0294] In one embodiment, Z is -O- or -NH-.

[0295] In one embodiment, R^{10} is aryl.

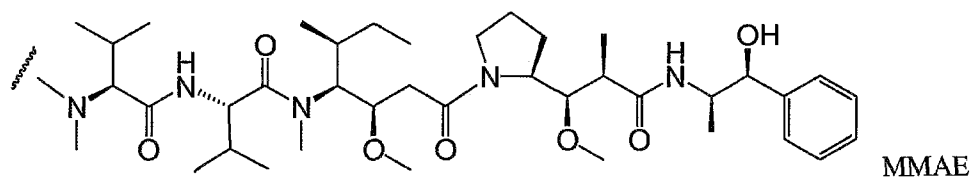
[0296] In an exemplary embodiment, R^{10} is -phenyl.

[0297] In an exemplary embodiment, when Z is -O-, R^{11} is -H, methyl or t-butyl.

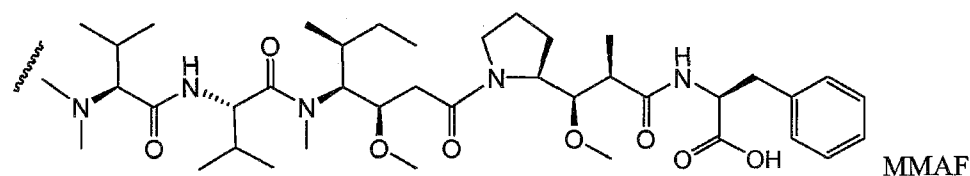
[0298] In one embodiment, when Z is -NH-, R^{11} is $-CH(R^{15})_2$, wherein R^{15} is $-(CH_2)_n-N(R^{16})_2$, and R^{16} is $-C_1-C_8$ alkyl or $-(CH_2)_n-COOH$.

[0299] In another embodiment, when Z is -NH-, R^{11} is $-CH(R^{15})_2$, wherein R^{15} is $-(CH_2)_n-SO_3H$.

[0300] An exemplary auristatin embodiment of formula D_B is MMAE, wherein the wavy line indicates the covalent attachment to a linker (L) of an antibody-drug conjugate:

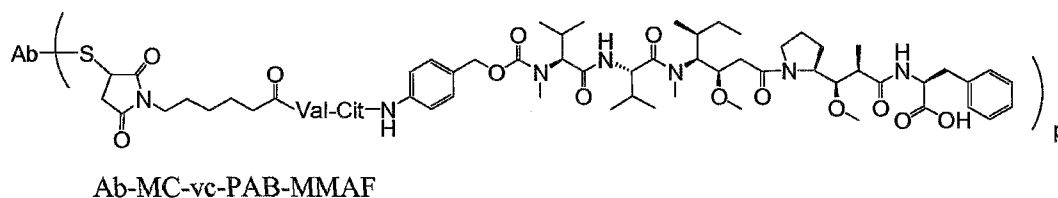
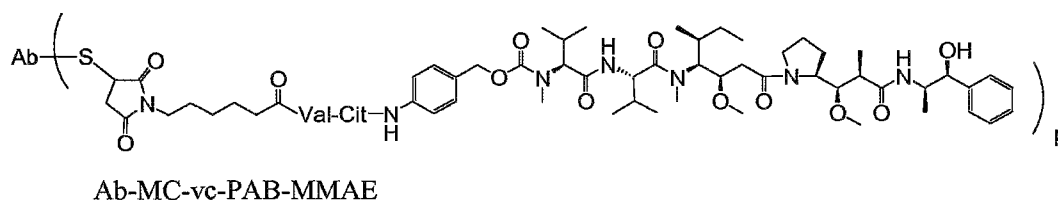
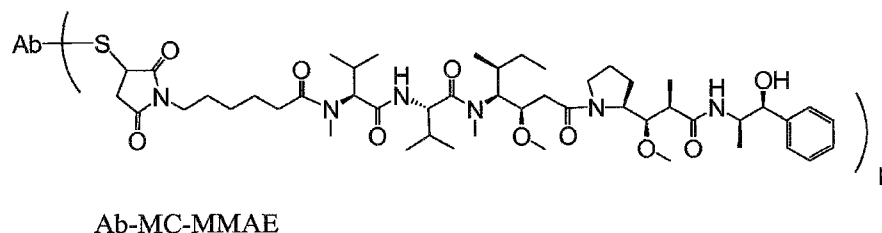
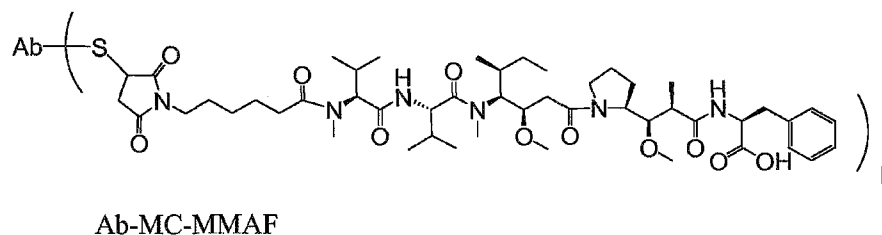


[0301] An exemplary auristatin embodiment of formula D_F is MMAF, wherein the wavy line indicates the covalent attachment to a linker (L) of an antibody-drug conjugate:



[0302] Other exemplary embodiments include monomethylvaline compounds having phenylalanine carboxy modifications at the C-terminus of the pentapeptide auristatin drug moiety (WO 2007/008848) and monomethylvaline compounds having phenylalanine sidechain modifications at the C-terminus of the pentapeptide auristatin drug moiety (WO 2007/008603).

[0303] Nonlimiting exemplary embodiments of ADC of Formula I comprising MMAE or MMAF and various linker components have the following structures and abbreviations (wherein "Ab" is an antibody; p is 1 to about 8, "Val-Cit" is a valine-citrulline dipeptide; and "S" is a sulfur atom:



[0304] Nonlimiting exemplary embodiments of ADCs of Formula I comprising MMAF and various linker components further include Ab-MC-PAB-MMAF and Ab-PAB-MMAF. Immunoconjugates comprising MMAF attached to an antibody by a linker that is not proteolytically cleavable have been shown to possess activity comparable to immunoconjugates comprising MMAF attached to an antibody by a proteolytically cleavable linker (Doronina et al. (2006) *Bioconjugate Chem.* 17:114-124). In some such embodiments, drug release is believed to be effected by antibody degradation in the cell.

[0305] Typically, peptide-based drug moieties can be prepared by forming a peptide bond between two or more amino acids and/or peptide fragments. Such peptide bonds can be prepared, for example, according to a liquid phase synthesis method (*see, e.g.*, E. Schröder and K. Lübke, "The Peptides", volume 1, pp 76-136, 1965, Academic Press). Auristatin/dolastatin drug moieties may, in some embodiments, be prepared according to the methods of: US 7498298; US 5635483; US 5780588; Pettit et al (1989) *J. Am. Chem. Soc.* 111:5463-5465; Pettit et al (1998) *Anti-Cancer Drug Design* 13:243-277; Pettit, G.R., et al. *Synthesis*, 1996, 719-725; Pettit et al (1996) *J. Chem. Soc. Perkin Trans. 1* 5:859-863; and Doronina (2003) *Nat. Biotechnol.* 21(7):778-784.

[0306] In some embodiments, auristatin/dolastatin drug moieties of formulas D_E such as MMAE, and D_F, such as MMAF, and drug-linker intermediates and derivatives thereof, such as MC-MMAF, MC-MMAE, MC-vc-PAB-MMAF, and MC-vc-PAB-MMAE, may be prepared using methods described in US 7498298; Doronina et al. (2006) *Bioconjugate Chem.* 17:114-124; and Doronina et al. (2003) *Nat. Biotech.* 21:778-784 and then conjugated to an antibody of interest.

(3) Calicheamicin

[0307] In some embodiments, the immunoconjugate comprises an antibody conjugated to one or more calicheamicin molecules. The calicheamicin family of antibiotics, and analogues thereof, are capable of producing double-stranded DNA breaks at sub-picomolar concentrations (Hinman et al., (1993) *Cancer Research* 53:3336-3342; Lode et al., (1998) *Cancer Research* 58:2925-2928). Calicheamicin has intracellular sites of action but, in certain instances, does not readily cross the plasma membrane. Therefore, cellular uptake of these agents through antibody-mediated internalization may, in some embodiments, greatly enhance their cytotoxic effects. Nonlimiting exemplary methods of preparing antibody-drug conjugates with a calicheamicin drug moiety are described, for example, in US 5712374; US 5714586; US 5739116; and US 5767285.

(4) Other Drug Moieties

[0308] Drug moieties also include geldanamycin (Mandler et al (2000) *J. Nat. Cancer Inst.* 92(19):1573-1581; Mandler et al (2000) *Bioorganic & Med. Chem. Letters* 10:1025-1028; Mandler et al (2002) *Bioconjugate Chem.* 13:786-791); and enzymatically active toxins and fragments thereof, including, but not limited to, diphtheria A chain, nonbinding active fragments of diphtheria toxin, exotoxin A chain (from *Pseudomonas aeruginosa*), ricin A chain, abrin A chain, modeccin A chain, alpha-sarcin, Aleurites fordii proteins, dianthin proteins, Phytolaca americana proteins (PAPI, PAPII, and PAP-S), momordica charantia inhibitor, curcumin, crocin, saponaria officinalis inhibitor, gelonin, mitogellin, restrictocin, phenomycin, enomycin and the tricothecenes. *See, e.g.*, WO 93/21232.

[0309] Drug moieties also include compounds with nucleolytic activity (*e.g.*, a ribonuclease or a DNA endonuclease).

[0310] In certain embodiments, an immunoconjugate may comprise a highly radioactive atom. A variety of radioactive isotopes are available for the production of radioconjugated antibodies.

Examples include At^{211} , I^{131} , I^{125} , Y^{90} , Re^{186} , Re^{188} , Sm^{153} , Bi^{212} , P^{32} , Pb^{212} and radioactive isotopes of Lu. In some embodiments, when an immunoconjugate is used for detection, it may comprise a radioactive atom for scintigraphic studies, for example Tc^{99} or I^{123} , or a spin label for nuclear magnetic resonance (NMR) imaging (also known as magnetic resonance imaging, MRI), such as zirconium-89, iodine-123, iodine-131, indium-111, fluorine-19, carbon-13, nitrogen-15, oxygen-17, gadolinium, manganese or iron. Zirconium-89 may be complexed to various metal chelating agents and conjugated to antibodies, e.g., for PET imaging (WO 2011/056983).

[0311] The radio- or other labels may be incorporated in the immunoconjugate in known ways. For example, a peptide may be biosynthesized or chemically synthesized using suitable amino acid precursors comprising, for example, one or more fluorine-19 atoms in place of one or more hydrogens. In some embodiments, labels such as Tc^{99} , I^{123} , Re^{186} , Re^{188} and In^{111} can be attached via a cysteine residue in the antibody. In some embodiments, yttrium-90 can be attached via a lysine residue of the antibody. In some embodiments, the IODOGEN method (Fraker et al (1978) *Biochem. Biophys. Res. Commun.* 80: 49-57 can be used to incorporate iodine-123. "Monoclonal Antibodies in Immunoscintigraphy" (Chatal, CRC Press 1989) describes certain other methods.

[0312] In certain embodiments, an immunoconjugate may comprise an antibody conjugated to a prodrug-activating enzyme. In some such embodiments, a prodrug-activating enzyme converts a prodrug (e.g., a peptidyl chemotherapeutic agent, see WO 81/01145) to an active drug, such as an anti-cancer drug. Such immunoconjugates are useful, in some embodiments, in antibody-dependent enzyme-mediated prodrug therapy ("ADEPT"). Enzymes that may be conjugated to an antibody include, but are not limited to, alkaline phosphatases, which are useful for converting phosphate-containing prodrugs into free drugs; arylsulfatases, which are useful for converting sulfate-containing prodrugs into free drugs; cytosine deaminase, which is useful for converting non-toxic 5-fluorocytosine into the anti-cancer drug, 5-fluorouracil; proteases, such as serratia protease, thermolysin, subtilisin, carboxypeptidases and cathepsins (such as cathepsins B and L), which are useful for converting peptide-containing prodrugs into free drugs; D-alanylcarboxypeptidases, which are useful for converting prodrugs that contain D-amino acid substituents; carbohydrate-cleaving enzymes such as β -galactosidase and neuraminidase, which are useful for converting glycosylated prodrugs into free drugs; β -lactamase, which is useful for converting drugs derivatized with β -lactams into free drugs; and penicillin amidases, such as penicillin V amidase and penicillin G amidase, which are useful for converting drugs derivatized at their amine nitrogens with phenoxyacetyl or phenylacetyl groups, respectively, into free drugs. In some embodiments, enzymes may be covalently bound to antibodies by recombinant DNA techniques well known in the art. See, e.g., Neuberger et al., *Nature* 312:604-608 (1984).

c) Drug Loading

[0313] Drug loading is represented by p, the average number of drug moieties per antibody in a molecule of Formula I. Drug loading may range from 1 to 20 drug moieties (D) per antibody. ADCs

of Formula I include collections of antibodies conjugated with a range of drug moieties, from 1 to 20. The average number of drug moieties per antibody in preparations of ADC from conjugation reactions may be characterized by conventional means such as mass spectroscopy, ELISA assay, and HPLC. The quantitative distribution of ADC in terms of p may also be determined. In some instances, separation, purification, and characterization of homogeneous ADC where p is a certain value from ADC with other drug loadings may be achieved by means such as reverse phase HPLC or electrophoresis.

[0314] For some antibody-drug conjugates, p may be limited by the number of attachment sites on the antibody. For example, where the attachment is a cysteine thiol, as in certain exemplary embodiments above, an antibody may have only one or several cysteine thiol groups, or may have only one or several sufficiently reactive thiol groups through which a linker may be attached. In certain embodiments, higher drug loading, *e.g.*, $p > 5$, may cause aggregation, insolubility, toxicity, or loss of cellular permeability of certain antibody-drug conjugates. In certain embodiments, the average drug loading for an ADC ranges from 1 to about 8; from about 2 to about 6; or from about 3 to about 5. Indeed, it has been shown that for certain ADCs, the optimal ratio of drug moieties per antibody may be less than 8, and may be about 2 to about 5 (US 7498298).

[0315] In certain embodiments, fewer than the theoretical maximum of drug moieties are conjugated to an antibody during a conjugation reaction. An antibody may contain, for example, lysine residues that do not react with the drug-linker intermediate or linker reagent, as discussed below. Generally, antibodies do not contain many free and reactive cysteine thiol groups which may be linked to a drug moiety; indeed most cysteine thiol residues in antibodies exist as disulfide bridges. In certain embodiments, an antibody may be reduced with a reducing agent such as dithiothreitol (DTT) or tricarboylethylphosphine (TCEP), under partial or total reducing conditions, to generate reactive cysteine thiol groups. In certain embodiments, an antibody is subjected to denaturing conditions to reveal reactive nucleophilic groups such as lysine or cysteine.

[0316] The loading (drug/antibody ratio) of an ADC may be controlled in different ways, and for example, by: (i) limiting the molar excess of drug-linker intermediate or linker reagent relative to antibody, (ii) limiting the conjugation reaction time or temperature, and (iii) partial or limiting reductive conditions for cysteine thiol modification.

[0317] It is to be understood that where more than one nucleophilic group reacts with a drug-linker intermediate or linker reagent, then the resulting product is a mixture of ADC compounds with a distribution of one or more drug moieties attached to an antibody. The average number of drugs per antibody may be calculated from the mixture by a dual ELISA antibody assay, which is specific for antibody and specific for the drug. Individual ADC molecules may be identified in the mixture by mass spectroscopy and separated by HPLC, *e.g.*, hydrophobic interaction chromatography (*see, e.g.*, McDonagh et al (2006) Prot. Engr. Design & Selection 19(7):299-307; Hamblett et al (2004) Clin. Cancer Res. 10:7063-7070; Hamblett, K.J., et al. "Effect of drug loading on the pharmacology,

pharmacokinetics, and toxicity of an anti-CD30 antibody-drug conjugate,” Abstract No. 624, American Association for Cancer Research, 2004 Annual Meeting, March 27-31, 2004, Proceedings of the AACR, Volume 45, March 2004; Alley, S.C., et al. “Controlling the location of drug attachment in antibody-drug conjugates,” Abstract No. 627, American Association for Cancer Research, 2004 Annual Meeting, March 27-31, 2004, Proceedings of the AACR, Volume 45, March 2004). In certain embodiments, a homogeneous ADC with a single loading value may be isolated from the conjugation mixture by electrophoresis or chromatography.

d) Certain Methods of Preparing Immunoconjugates

[0318] An ADC of Formula I may be prepared by several routes employing organic chemistry reactions, conditions, and reagents known to those skilled in the art, including: (1) reaction of a nucleophilic group of an antibody with a bivalent linker reagent to form Ab-L via a covalent bond, followed by reaction with a drug moiety D; and (2) reaction of a nucleophilic group of a drug moiety with a bivalent linker reagent, to form D-L, via a covalent bond, followed by reaction with a nucleophilic group of an antibody. Exemplary methods for preparing an ADC of Formula I via the latter route are described in US 7498298.

[0319] Nucleophilic groups on antibodies include, but are not limited to: (i) N-terminal amine groups, (ii) side chain amine groups, *e.g.*, lysine, (iii) side chain thiol groups, *e.g.*, cysteine, and (iv) sugar hydroxyl or amino groups where the antibody is glycosylated. Amine, thiol, and hydroxyl groups are nucleophilic and capable of reacting to form covalent bonds with electrophilic groups on linker moieties and linker reagents including: (i) active esters such as NHS esters, HOBt esters, haloformates, and acid halides; (ii) alkyl and benzyl halides such as haloacetamides; and (iii) aldehydes, ketones, carboxyl, and maleimide groups. Certain antibodies have reducible interchain disulfides, *i.e.* cysteine bridges. Antibodies may be made reactive for conjugation with linker reagents by treatment with a reducing agent such as DTT (dithiothreitol) or tricarboylethylphosphine (TCEP), such that the antibody is fully or partially reduced. Each cysteine bridge will thus form, theoretically, two reactive thiol nucleophiles. Additional nucleophilic groups can be introduced into antibodies through modification of lysine residues, *e.g.*, by reacting lysine residues with 2-iminothiolane (Traut’s reagent), resulting in conversion of an amine into a thiol. Reactive thiol groups may also be introduced into an antibody by introducing one, two, three, four, or more cysteine residues (*e.g.*, by preparing variant antibodies comprising one or more non-native cysteine amino acid residues).

[0320] Antibody-drug conjugates of the invention may also be produced by reaction between an electrophilic group on an antibody, such as an aldehyde or ketone carbonyl group, with a nucleophilic group on a linker reagent or drug. Useful nucleophilic groups on a linker reagent include, but are not limited to, hydrazide, oxime, amino, hydrazine, thiosemicarbazone, hydrazine carboxylate, and arylhydrazide. In one embodiment, an antibody is modified to introduce electrophilic moieties that are capable of reacting with nucleophilic substituents on the linker reagent

or drug. In another embodiment, the sugars of glycosylated antibodies may be oxidized, *e.g.*, with periodate oxidizing reagents, to form aldehyde or ketone groups which may react with the amine group of linker reagents or drug moieties. The resulting imine Schiff base groups may form a stable linkage, or may be reduced, *e.g.*, by borohydride reagents to form stable amine linkages. In one embodiment, reaction of the carbohydrate portion of a glycosylated antibody with either galactose oxidase or sodium meta-periodate may yield carbonyl (aldehyde and ketone) groups in the antibody that can react with appropriate groups on the drug (Hermanson, *Bioconjugate Techniques*). In another embodiment, antibodies containing N-terminal serine or threonine residues can react with sodium meta-periodate, resulting in production of an aldehyde in place of the first amino acid (Geoghegan & Stroh, (1992) *Bioconjugate Chem.* 3:138-146; US 5362852). Such an aldehyde can be reacted with a drug moiety or linker nucleophile.

[0321] Exemplary nucleophilic groups on a drug moiety include, but are not limited to: amine, thiol, hydroxyl, hydrazide, oxime, hydrazine, thiosemicarbazone, hydrazine carboxylate, and arylhydrazide groups capable of reacting to form covalent bonds with electrophilic groups on linker moieties and linker reagents including: (i) active esters such as NHS esters, HOBt esters, haloformates, and acid halides; (ii) alkyl and benzyl halides such as haloacetamides; (iii) aldehydes, ketones, carboxyl, and maleimide groups.

[0322] Nonlimiting exemplary cross-linker reagents that may be used to prepare ADC are described herein in the section titled "Exemplary Linkers." Methods of using such cross-linker reagents to link two moieties, including a proteinaceous moiety and a chemical moiety, are known in the art. In some embodiments, a fusion protein comprising an antibody and a cytotoxic agent may be made, *e.g.*, by recombinant techniques or peptide synthesis. A recombinant DNA molecule may comprise regions encoding the antibody and cytotoxic portions of the conjugate either adjacent to one another or separated by a region encoding a linker peptide which does not destroy the desired properties of the conjugate.

[0323] In yet another embodiment, an antibody may be conjugated to a "receptor" (such as streptavidin) for utilization in tumor pre-targeting wherein the antibody-receptor conjugate is administered to the patient, followed by removal of unbound conjugate from the circulation using a clearing agent and then administration of a "ligand" (*e.g.*, avidin) which is conjugated to a cytotoxic agent (*e.g.*, a drug or radionucleotide).

F. Methods and Compositions for Diagnostics and Detection

[0324] Provided herein are also methods and compositions for diagnosis and/or detection of CD79b antibodies for use in the methods described herein including detecting the presence of CD79b in a biological sample for use in selecting patients for treating using the methods described herein. The term "detecting" as used herein encompasses quantitative or qualitative detection. A "biological sample" comprises, *e.g.*, a cell or tissue.

[0325] In one embodiment, an anti-CD79b antibody for use in a method of diagnosis or detection is provided. In a further aspect, a method of detecting the presence of CD79b in a biological sample is provided. In certain embodiments, the method comprises contacting the biological sample with an anti-CD79b antibody as described herein under conditions permissive for binding of the anti-CD79b antibody to CD79b, and detecting whether a complex is formed between the anti-CD79b antibody and CD79b in the biological sample. Such method may be an *in vitro* or *in vivo* method. In one embodiment, an anti-CD79b antibody is used to select subjects eligible for therapy with an anti-CD79b antibody, *e.g.*, where CD79b is a biomarker for selection of patients. In a further embodiment, the biological sample is a cell and/or tissue (*e.g.*, bone marrow and/or blood).

[0326] In a further embodiment, an anti-CD79b antibody is used *in vivo* to detect, *e.g.*, by *in vivo* imaging, a CD79b-positive cancer in a subject, *e.g.*, for the purposes of diagnosing, prognosing, or staging cancer, determining the appropriate course of therapy, or monitoring response of a cancer to therapy. One method known in the art for *in vivo* detection is immuno-positron emission tomography (immuno-PET), as described, *e.g.*, in van Dongen et al., *The Oncologist* 12:1379-1389 (2007) and Verel et al., *J. Nucl. Med.* 44:1271-1281 (2003). In such embodiments, a method is provided for detecting a CD79b-positive cancer in a subject, the method comprising administering a labeled anti-CD79b antibody to a subject having or suspected of having a CD79b-positive cancer, and detecting the labeled anti-CD79b antibody in the subject, wherein detection of the labeled anti-CD79b antibody indicates a CD79b-positive cancer in the subject. In certain of such embodiments, the labeled anti-CD79b antibody comprises an anti-CD79b antibody conjugated to a positron emitter, such as ^{68}Ga , ^{18}F , ^{64}Cu , ^{86}Y , ^{76}Br , ^{89}Zr , and ^{124}I . In a particular embodiment, the positron emitter is ^{89}Zr .

[0327] In further embodiments, a method of diagnosis or detection comprises contacting a first anti-CD79b antibody immobilized to a substrate with a biological sample to be tested for the presence of CD79b, exposing the substrate to a second anti-CD79b antibody, and detecting whether the second anti-CD79b is bound to a complex between the first anti-CD79b antibody and CD79b in the biological sample. A substrate may be any supportive medium, *e.g.*, glass, metal, ceramic, polymeric beads, slides, chips, and other substrates. In certain embodiments, a biological sample comprises a cell or tissue (*e.g.*, blood and/or bone marrow). In certain embodiments, the first or second anti-CD79b antibody is any of the antibodies described herein.

[0328] Exemplary disorders that may be diagnosed or detected according to any of the above embodiments include CD79b-positive cancers, such as lymphoma, non-Hodgkins lymphoma (NHL), aggressive NHL, relapsed aggressive NHL, relapsed indolent NHL, refractory NHL, refractory indolent NHL, chronic lymphocytic leukemia (CLL), small lymphocytic lymphoma, leukemia, hairy cell leukemia (HCL), acute lymphocytic leukemia (ALL), Burkitt's lymphoma, diffuse B-cell lymphoma (DBCL), and mantle cell lymphoma, in particular, NHL, follicular lymphoma, and/or DBCL. In some embodiments, a CD79b-positive cancer is a cancer that expresses CD79b according

to a reverse-transcriptase PCR (RT-PCR) assay that detects CD79b mRNA. In some embodiments, the RT-PCR is quantitative RT-PCR.

[0329] In certain embodiments, labeled anti-CD79b antibodies for use in the methods described herein are provided. Labels include, but are not limited to, labels or moieties that are detected directly (such as fluorescent, chromophoric, electron-dense, chemiluminescent, and radioactive labels), as well as moieties, such as enzymes or ligands, that are detected indirectly, *e.g.*, through an enzymatic reaction or molecular interaction. Exemplary labels include, but are not limited to, the radioisotopes ^{32}P , ^{14}C , ^{125}I , ^3H , and ^{131}I , fluorophores such as rare earth chelates or fluorescein and its derivatives, rhodamine and its derivatives, dansyl, umbelliferone, luciferases, *e.g.*, firefly luciferase and bacterial luciferase (U.S. Patent No. 4,737,456), luciferin, 2,3-dihydrophthalazinediones, horseradish peroxidase (HRP), alkaline phosphatase, β -galactosidase, glucoamylase, lysozyme, saccharide oxidases, *e.g.*, glucose oxidase, galactose oxidase, and glucose-6-phosphate dehydrogenase, heterocyclic oxidases such as uricase and xanthine oxidase, coupled with an enzyme that employs hydrogen peroxide to oxidize a dye precursor such as HRP, lactoperoxidase, or microperoxidase, biotin/avidin, spin labels, bacteriophage labels, stable free radicals, and the like. In another embodiment, a label is a positron emitter. Positron emitters include but are not limited to ^{68}Ga , ^{18}F , ^{64}Cu , ^{86}Y , ^{76}Br , ^{89}Zr , and ^{124}I . In a particular embodiment, a positron emitter is ^{89}Zr .

G. Pharmaceutical Formulations

[0330] Pharmaceutical formulations of any of the agents described herein (*e.g.*, anti-CD79b immunoconjugates) for use in any of the methods as described herein are prepared by mixing such antibody or immunoconjugate having the desired degree of purity with one or more optional pharmaceutically acceptable carriers (*Remington's Pharmaceutical Sciences* 16th edition, Osol, A. Ed. (1980)), in the form of lyophilized formulations or aqueous solutions. Pharmaceutically acceptable carriers are generally nontoxic to recipients at the dosages and concentrations employed, and include, but are not limited to: buffers such as phosphate, citrate, and other organic acids; antioxidants including ascorbic acid and methionine; preservatives (such as octadecyldimethylbenzyl ammonium chloride; hexamethonium chloride; benzalkonium chloride; benzethonium chloride; phenol, butyl or benzyl alcohol; alkyl parabens such as methyl or propyl paraben; catechol; resorcinol; cyclohexanol; 3-pentanol; and m-cresol); low molecular weight (less than about 10 residues) polypeptides; proteins, such as serum albumin, gelatin, or immunoglobulins; hydrophilic polymers such as polyvinylpyrrolidone; amino acids such as glycine, glutamine, asparagine, histidine, arginine, or lysine; monosaccharides, disaccharides, and other carbohydrates including glucose, mannose, or dextrans; chelating agents such as EDTA; sugars such as sucrose, mannitol, trehalose or sorbitol; salt-forming counter-ions such as sodium; metal complexes (*e.g.*, Zn-protein complexes); and/or non-ionic surfactants such as polyethylene glycol (PEG). Exemplary pharmaceutically acceptable carriers herein further include interstitial drug dispersion agents such as soluble neutral-active hyaluronidase glycoproteins (sHASEGP), for example, human soluble PH-

20 hyaluronidase glycoproteins, such as rHuPH20 (HYLENEX[®], Baxter International, Inc.). Certain exemplary sHASEGPs and methods of use, including rHuPH20, are described in US Patent Publication Nos. 2005/0260186 and 2006/0104968. In one aspect, a sHASEGP is combined with one or more additional glycosaminoglycanases such as chondroitinases.

[0331] Exemplary lyophilized antibody or immunoconjugate formulations are described in US Patent No. 6,267,958. Aqueous antibody or immunoconjugate formulations include those described in US Patent No. 6,171,586 and WO2006/044908, the latter formulations including a histidine-acetate buffer.

[0332] The formulation herein may also contain more than one active ingredient as necessary for the particular indication being treated, preferably those with complementary activities that do not adversely affect each other.

[0333] Active ingredients may be entrapped in microcapsules prepared, for example, by coacervation techniques or by interfacial polymerization, for example, hydroxymethylcellulose or gelatin-microcapsules and poly-(methylmethacrylate) microcapsules, respectively, in colloidal drug delivery systems (for example, liposomes, albumin microspheres, microemulsions, nano-particles and nanocapsules) or in macroemulsions. Such techniques are disclosed in *Remington's Pharmaceutical Sciences* 16th edition, Osol, A. Ed. (1980).

[0334] Sustained-release preparations may be prepared. Suitable examples of sustained-release preparations include semipermeable matrices of solid hydrophobic polymers containing the antibody or immunoconjugate, which matrices are in the form of shaped articles, *e.g.*, films, or microcapsules.

[0335] The formulations to be used for *in vivo* administration are generally sterile. Sterility may be readily accomplished, *e.g.*, by filtration through sterile filtration membranes.

H. Articles of Manufacture

[0336] In another aspect of the invention, an article of manufacture containing materials useful for the treatment, prevention and/or diagnosis of the disorders described above is provided. The article of manufacture comprises a container and a label or package insert on or associated with the container. Suitable containers include, for example, bottles, vials, syringes, IV solution bags, etc. The containers may be formed from a variety of materials such as glass or plastic. The container holds a composition which is by itself or combined with another composition effective for treating, preventing and/or diagnosing the disorder and may have a sterile access port (for example the container may be an intravenous solution bag or a vial having a stopper pierceable by a hypodermic injection needle). At least one active agent in the composition is an antibody or immunoconjugate of the invention. The label or package insert indicates that the composition is used for treating the condition of choice. Moreover, the article of manufacture may comprise (a) a first container with a composition contained therein, wherein the composition comprises an antibody or immunoconjugate; and (b) a second container with a composition contained therein, wherein the composition comprises a further cytotoxic or otherwise therapeutic agent. The article of manufacture

in this embodiment of the invention may further comprise a package insert indicating that the compositions can be used to treat a particular condition. Alternatively, or additionally, the article of manufacture may further comprise a second (or third) container comprising a pharmaceutically-acceptable buffer, such as bacteriostatic water for injection (BWI), phosphate-buffered saline, Ringer's solution or dextrose solution. It may further include other materials desirable from a commercial and user standpoint, including other buffers, diluents, filters, needles, and syringes.

EXAMPLES

[0337] The following are examples of methods and compositions of the invention. It is understood that various other embodiments may be practiced, given the general description provided above.

Example 1- anti-CD79b Immunoconjugate in Combination with anti-CD20 antibody Plus Alkylating Agent (Bendamustine) in Lymphoma

[0338] The combination efficacy of anti-CD79b immunoconjugate (anti-CD79b (huMA79b.v28)-MC-vc-PAB-MMAE ADC; polatuzumab vedotin; Pola; DCDS4501A) with anti-CD20 antibody (rituximab) and bendamustine was evaluated in a tumor xenograft model of WSU-DLCL2 human diffuse large B-cell lymphoma.

[0339] Female C.B-17 SCID mice (11-12 weeks old from Charles River Laboratories; Hollister, CA) were each inoculated subcutaneously in the flank with 20 million WSU-DLCL2 cells (DSMZ, German Collection of Microorganisms and Cell Cultures; Braunschweig, Germany). When the xenograft tumors reached desired volume, animals were randomized into groups of 9 mice each and received a single dose of treatments (referred to as Day 0). Anti-CD20 antibody (rituximab) was given intraperitoneally at 30 mg/kg. Anti-CD79b-MMAE ADC and bendamustine was given intravenously at 2 and 30 mg/kg, respectively.

[0340] Tumors were measured 1-2 times a week throughout the study using UltraCal-IV calipers and tumor volume was calculated using following formula: tumor volume (mm^3) = $0.5a \times b^2$, wherein a and b are the long and short diameters of the tumor, respectively.

[0341] To appropriately analyze the repeated measurement of tumor volumes from the same animals over time, a mixed modeling approach was used (Pinheiro J, et al. nlme: linear and nonlinear mixed effects models. 2009; R package, version 3.1-96). This approach addressed both repeated measurements and modest dropout rates due to non-treatment related removal of animals before the study end. Cubic regression splines were used to fit a non-linear profile to the time courses of $\log_2$ tumor volume at each dose level. These non-linear profiles were then related to dose within the mixed model. The results were plotted as fitted tumor volume of each group over time.

[0342] In this study, as shown in Figure 1, anti-CD79b-MMAE ADC demonstrated clear inhibition of tumor growth, and the anti-tumor activity was comparable with the combination of rituximab and bendamustine at the doses tested. Additionally, the triple combination of anti-CD79b-MMAE ADC with rituximab and bendamustine resulted in significantly greater efficacy than the ADC or rituximab/bendamustine doublet alone.

Example 2- A Study of CD79b-MC-vc-PAB-MMAE in Combination with anti-CD20 antibody (Rituximab or Obinutuzumab) Plus Alkylating Agent (Bendamustine) in Patients with Relapsed or Refractory Follicular or Diffuse Large B-Cell Lymphoma

[0343] A multicenter, open-label study of polatuzumab vedotin (anti-CD79b (huMA79b.v28)-MC-vc-PAB-MMAE; "Pola") administered by intravenous (IV) infusion in combination with standard doses of bendamustine (B) and rituximab (R) or obinutuzumab (G) in patients with relapsed or refractory follicular lymphoma (FL) or diffuse large B-cell lymphoma (DLBCL) was initiated. The study comprises first stage dose-escalation stage, stage 2, and stage 3, and the time on treatment was 18-24 weeks.

[0344] In the first stage, FL and DLBCL patients were enrolled into separate cohorts for dose escalation of Pola in combination with R and B or G and B. Pola was administered intravenously on Day 2 of Cycle 1, then on Day 1 of each subsequent cycle at 1.8 mg/kg. R was administered at a dose of 375 mg/m² intravenously on Day 1 of Cycle 1 and on Day 1 of each subsequent cycle for up to six cycles. B was administered intravenously (90 mg/m²) on Days 2 and 3 of Cycle 1, then on Days 1 and 2 of each subsequent cycle. G was administered intravenously (1000 mg) on Days 1, 8, and 15 of Cycle 1 and on Day 1 of each subsequent cycle for up to six cycles. Complete response (CR) rate was measured by positron emission tomography (PET) scan and is determined by an Institutional Review Board.

[0345] In the second stage, randomized, separate FL and DLBCL cohorts received (a) Pola in combination with R and B or (b) R and B alone. R was administered at a dose of 375 mg/m² intravenously on Day 1 of Cycle 1 and on Day 1 of each subsequent cycle for up to six cycles. B was administered intravenously (90 mg/m²) on Days 2 and 3 of Cycle 1, then on Days 1 and 2 of each subsequent cycle.

[0346] In the third stage, non-randomized, separate FL and DLBCL cohorts received Pola in combination with G and B. B was administered intravenously (90 mg/m²) on Days 2 and 3 of Cycle 1, then on Days 1 and 2 of each subsequent cycle. G was administered intravenously (1000 mg) on Days 1, 8, and 15 of Cycle 1 and on Day 1 of each subsequent cycle for up to six cycles. Complete response (CR) rate was measured by positron emission tomography (PET) scan and was determined by an Institutional Review Board.

[0347] Inclusion criteria for patients on study included:

- Histologically confirmed FL (Grade 1, 2, or 3a) or DLBCL
- Must have received at least one prior therapy for FL or DLBCL. Patients must have either relapsed or have become refractory to a prior regimen as defined below:

(a) Relapsed/Refractory FL: Patients who have relapsed to prior regimen(s) after having a documented history of response (complete response [CR], CR unconfirmed [CRu], or partial response [PR]) of ≥ 6 months in duration from completion of regimen(s); refractory to any prior regimen, defined as no response to the prior therapy, or progression within 6 months of completion

of the last dose of therapy.

(b) Relapsed/Refractory DLBCL: Patients who are ineligible for second-line stem cell transplant (SCT), with progressive disease or no response (stable disease [SD]) <6 months from start of initial therapy; patients who were ineligible for second-line SCT, with disease relapse after initial response of ≥ 6 months from start of initial therapy; patients who were ineligible for third-line (or beyond) SCT, with progressive disease or no response (SD) <6 months from start of prior therapy; patients who are ineligible for third-line (or beyond) SCT with disease relapse after initial response of ≥ 6 months from start of prior therapy.

- If the patient has received prior bendamustine, response duration must have been >1 year (for patients who have relapsed disease after a prior regimen).

- At least one bi-dimensionally measurable lesion on imaging scan defined as >1.5 cm in its longest dimension; confirmed availability of archival or freshly collected tumor tissue meeting protocol-defined specifications prior to study enrollment; Life expectancy of at least 24 weeks; Eastern Cooperative Oncology Group (ECOG) Performance Status of 0, 1, or 2; adequate hematological function; and, for women of childbearing potential, a negative serum pregnancy test result within 7 days prior to commencement of dosing.

[0348] Exclusion criteria for patients on study included: history of severe allergic or anaphylactic reactions to humanized or murine monoclonal antibodies (MAbs, or recombinant antibody-related fusion proteins) or known sensitivity or allergy to murine products, contraindication to bendamustine, rituximab, or obinutuzumab, history of sensitivity to mannitol, prior use of any MAb, radioimmunoconjugate, or antibody-drug conjugate (ADC) within 4 weeks before Cycle 1 Day 1, treatment with radiotherapy, chemotherapy, immunotherapy, immunosuppressive therapy, or any investigational agent for the purposes of treating cancer within 2 weeks prior to Cycle 1 Day 1, ongoing corticosteroid use >30 mg/day prednisone or equivalent, for purposes other than lymphoma symptom control, completion of autologous SCT within 100 days prior to Cycle 1 Day 1, prior allogeneic SCT, eligibility for autologous SCT (patients with relapsed/refractory DLBCL), Grade 3b FL, history of transformation of indolent disease to DLBCL, primary CNS lymphoma, current Grade ≥ 1 peripheral neuropathy, evidence of significant, uncontrolled concomitant diseases that could affect compliance with the protocol or interpretation of results, including significant cardiovascular disease (such as New York Heart Association Class III or IV cardiac disease, myocardial infarction within the last 6 months, unstable arrhythmias, or unstable angina) or significant pulmonary disease (including obstructive pulmonary disease and history of bronchospasm), known active bacterial, viral, fungal, mycobacterial, parasitic, or other infection (excluding fungal infections of nail beds) at study enrollment or any major episode of infection requiring treatment with intravenous (IV) antibiotics or hospitalization within 4 weeks prior to Cycle 1 Day 1, patients with suspected or latent tuberculosis, positive test results for chronic hepatitis B virus (HBV) infection or for hepatitis C virus (HCV) antibody, known infection with HIV or human T-cell leukemia virus 1 (HTLV-1) virus,

women who are pregnant or lactating or who intend to become pregnant within a year of the last dose of rituximab or obinutuzumab, evidence of laboratory abnormalities in standard renal, hepatic or coagulation function tests.

[0349] The combination of PoV, rituximab or obinutuzumab, and bendamustine was overall safe and tolerable.

Example 3- anti-CD79b Immunoconjugate in Combination with Bcl2 inhibitor in Lymphoma

[0350] The combination efficacy of anti-CD79b-MMAE ADC (DCDS4501A) with a selective Bcl2 inhibitor (ABT-199 (*i.e.*, venetoclax, GDC-0199, 4-(4-{{2-(4-chlorophenyl)-4,4-dimethylcyclohex-1-en-1-yl}methyl}piperazin-1-yl)-N-({3-nitro-4-[(tetrahydro-2H-pyran-4-ylmethyl)amino]phenyl}sulfonyl)-2-(1H-pyrrolo[2,3-b]pyridin-5-yloxy)benzamide, and/or CAS#1257044-40-8) was evaluated in a tumor xenograft model of Granta-519 human mantle-cell lymphoma.

[0351] Female C.B-17 SCID mice (8 weeks old from Charles River Laboratories; Hollister, CA) were each inoculated in the flank with 20 million Granta-519 cells. When the xenograft tumors reached desired volume, animals were randomized into groups of 9 mice each and received treatments (Day 0 of the study). Anti-CD79b-MC-vc-PAB-MMAE ADC was dosed once intravenously at 1 mg/kg and ABT-199 were given orally once a day for 21 days at 100 mg/kg.

[0352] Tumors were measured 1-2 times a week throughout the study using UltraCal-IV calipers and tumor volume was calculated using following formula: tumor volume (mm^3) = $0.5a \times b^2$, wherein a and b are the long and short diameters of the tumor, respectively.

[0353] To appropriately analyze the repeated measurement of tumor volumes from the same animals over time, a mixed modeling approach was used (Pinheiro J, et al. nlme: linear and nonlinear mixed effects models. 2009; R package, version 3.1-96). This approach addresses both repeated measurements and modest dropout rates due to non-treatment related removal of animals before the study end. Cubic regression splines were used to fit a non-linear profile to the time courses of $\log_2$ tumor volume at each dose level. These non-linear profiles were then related to dose within the mixed model. The results were plotted as fitted tumor volume of each group over time.

[0354] In this study, as shown in Figure 2, treatment with anti-CD79b-MC-vc-PAB-MMAE ADC alone caused modest tumor growth delay while ABT-199 monotherapy did not result in anti-tumor activity. However, the combination of anti-CD79b-MC-vc-PAB-MMAE ADC and ABT-199 resulted in greater efficacy, causing tumor regressions, than either agent alone. The combination of anti-CD79b-MC-vc-PAB-MMAE ADC and ABT-199 was well-tolerated based on minimal changes in animal body weights during the treatment period.

Example 4- anti-CD79b Immunoconjugate in Combination Therapy in Lymphoma

[0355] The combination efficacy of anti-CD79b-MC-vc-PAB-MMAE ADC (DCDS4501A; huMA79bv28-MC-vc-PAB-MMAE) with various combination therapies was evaluated in a tumor xenograft model of WSU-DLCL2 (DLBCL).

[0356] Female C.B-17 SCID mice (14 weeks old from Charles River Laboratories; Hollister, CA) were each inoculated in the flank with 20 million WSU-DLCL2 (DLBCL) cells. When the xenograft tumors reached desired volume, animals were randomized and received treatments (Day 0 of the study). There were six treatment groups (1) vehicle, (2) anti-CD79b-vcMMAE, (3) G-CHP (GA101-cyclophosphamide, doxorubicine, and prednisone), (4) G-bendamustine (GA101-bendamustine), (5) G-CHP (GA101-cyclophosphamide, doxorubicine, and prednisone) + anti-CD79b-MC-vc-PAB-MMAE, and (6) G-bendamustine (GA101-bendamustine) + anti-CD79b-MC-vc-PAB-MMAE.

[0357] CD79b-MC-vc-PAB-MMAE ADC was dosed once intravenously at 2 mg/kg, iv, once. GA101 dosed 30 mg/kg, ip, once. CHP was dosed cyclophosphamide, 30 mg/kg, iv, once + doxorubicine, 2.475 mg/kg, iv, once + prednisone, 0.15 mg/kg, po, qdx5. Bendamustine was dosed 30 mg/kg, iv, once.

[0358] As described above, tumors were measured 1-2 times a week throughout the study using UltraCal-IV calipers and tumor volume was calculated using following formula: tumor volume (mm^3) = $0.5a \times b^2$, wherein a and b are the long and short diameters of the tumor, respectively.

[0359] In this study, as shown in Figure 3A, treatment with anti-CD79b-MC-vc-PAB-MMAE ADC combined well with G-CHP (or G-Benda) with better efficacy than the anti-CD79b-MC-vc-PAB-MMAE ADC or G-CHP (or G-Benda) alone. The combinations were well-tolerated based on minimal changes in animal body weights during the treatment period.

Example 5- anti-CD79b Immunoconjugate in Combination Therapy in Lymphoma

[0360] The combination efficacy of anti-CD79b-MC-vc-PAB-MMAE ADC (DCDS4501A; huMA79bv28-MC-vc-PAB-MMAE) with various combination therapies was evaluated in a tumor xenograft model of TMD8 (ABC-DLBCL).

[0361] Female C.B-17 SCID mice (13 weeks old from Charles River Laboratories; Hollister, CA) were each inoculated in the flank with 5 million TMD8 (ABC-DLBCL) cells. When the xenograft tumors reached desired volume, animals were randomized and received treatments (Day 0 of the study). There were seven treatment groups (1) vehicle, (2) GA101, (3) anti-CD79b-MC-vc-PAB-MMAE, (4) lenalidomide, (5) GA101 + anti-CD79b-MC-vc-PAB-MMAE, (6) GA101 + lenalidomide, and (7) GA101 + lenalidomide + anti-CD79b-MC-vc-PAB-MMAE. CD79b-MC-vc-PAB-MMAE ADC was dosed once intravenously at 2 mg/kg, iv, once. GA101 dosed 1 mg/kg, ip, qwx3. Lenalidomide was administered at 20 mg/kg, po, (qdx5)x3.

[0362] As described above, tumors were measured 1-2 times a week throughout the study using UltraCal-IV calipers and tumor volume was calculated using following formula: tumor volume (mm^3) = $0.5a \times b^2$, wherein a and b are the long and short diameters of the tumor, respectively.

[0363] Literature (Br J Haematol 2013 Zhang et al.) reported that lenalidomide preferentially suppresses the growth of the activated B-cell-like (ABC) subtype, with minimal effect on non-ABC-DLBCL cells. In this study using ABC-DLBCL, as shown in Figure 3B, treatment with lenalidomide monotherapy showed little efficacy in this model. Further, combining lenalidomide with GA101 did

not provide additional efficacy over GA101 alone. However, use of anti-CD79b-MC-vc-PAB-MMAE ADC alone or in combination in the ABC subtype showed strong efficacy with tumor regression. In addition, all treatments were well tolerated.

Example 6- anti-CD79b Immunoconjugate in Combination Therapy in Lymphoma

[0364] The combination efficacy of anti-CD79b-MC-vc-PAB-MMAE ADC (DCDS4501A; huMA79bv28-MC-vc-PAB-MMAE) with various combination therapies was evaluated in a tumor xenograft model of WSU-DLCL2 (DLBCL).

[0365] Female C.B-17 SCID mice (13 weeks old from Charles River Laboratories; Hollister, CA) were each inoculated in the flank with 20 million WSU-DLCL2 (DLBCL) cells. When the xenograft tumors reached desired volume, animals were randomized and received treatments (Day 0 of the study). There were twelve treatment groups (1) vehicle, (2) GA101, (3) Bcl2i (GDC-199), (4) PI3Ki (GDC-032), (5) anti-CD79b-MC-vc-PAB-MMAE ADC, (6) GA101 + anti-CD79b-MC-vc-PAB-MMAE, (7) GA101 + Bcl2i (GDC-199), (8) GA101 + PI3Ki (GDC-032), (9) GA101 + Bcl2i (GDC-199) + anti-CD79b-MC-vc-PAB-MMAE, (10) GA101 + PI3Ki (GDC-032) + anti-CD79b-MC-vc-PAB-MMAE, (11) Rituximab, and (12) Rituximab + anti-CD79b-MC-vc-PAB-MMAE.

[0366] CD79b-MC-vc-PAB-MMAE ADC was dosed once intravenously at 2 mg/kg, iv, once. GA101 dosed 30 mg/kg, ip, once. Bcl2 inhibitor, GDC-199, was dosed at 100 mg/kg, po, qdx21. PI3K inhibitor, GDC-032 was dosed at 10 mg/kg, po, qdx21. Rituximab was dosed at 30 mg/kg, ip, once.

[0367] As described above, tumors were measured 1-2 times a week throughout the study using UltraCal-IV calipers and tumor volume was calculated using following formula: tumor volume (mm^3) = $0.5a \times b^2$, wherein a and b are the long and short diameters of the tumor, respectively. Results are shown in Figure 4. In this study, the Bcl2 inhibitor, GDC-0199, PI3K inhibitor, GDC-0032, and anti-CD20 (GA101 or Rituximab) monotherapy at the doses tested had little effect on the tumor growth. However, efficacy became more apparent when combining Bcl2 inhibitor, GDC-0199 with anti-CD20, GA101. Furthermore, among all the different treatments evaluated the triple combination of anti-CD79b-vcMMAE, GA101 and Bcl2 inhibitor displayed the greatest efficacy, causing complete tumor remission.

Example 7- anti-CD79b Immunoconjugate in Combination with Venetoclax

[0368] This study will evaluate the efficacy, safety, and pharmacokinetics of the combination of obinutuzumab (GA101 or G) plus polatuzumab vedotin (anti-CD79b(huMA79b.v23)-MC-vc-PAB-MMAE ADC (DCDS4501A) or pola) plus a selective Bcl2 inhibitor (ABT-199 (*i.e.*, venetoclax, GDC-0199, 4-(4-{[2-(4-chlorophenyl)-4,4-dimethylcyclohex-1-en-1-yl]methyl}piperazin-1-yl)-N-({3-nitro-4-[(tetrahydro-2H-pyran-4-ylmethyl)amino]phenyl}sulfonyl)-2-(1H-pyrrolo[2,3-b]pyridin-5-yloxy)benzamide, V, and/or CAS#1257044-40-8) (G + pola + V) in patients with relapse or refractory (R/R) follicular lymphoma (FL) or diffuse large B cell lymphoma (DLBCL).

[0369] *Efficacy Objectives:* Response will be determined on the basis of positron emission tomography and computed tomography (PET-CT) scans or CT scans alone, using Revised Lugano Response Criteria for Malignant Lymphoma, hereinafter referred to as Lugano 2014 criteria. Response will be determined by an Independent Review Committee (IRC) and by the investigator. The primary efficacy objective for this study is to evaluate the efficacy of G + Pola + V on the basis of the following endpoint: Complete response (CR) at end of induction (EOI), as determined by the IRC on the basis of PET-CT scans.

[0370] The secondary efficacy objective for this study is to evaluate the efficacy of G + Pola + V on the basis of the following endpoints: CR at EOI, as determined by the investigator on the basis of PET-CT scans, CR at EOI, as determined by the investigator on the basis of CT scans alone, Objective response (defined as a CR or partial response [PR]) at EOI, as determined by the IRC and by the investigator on the basis of PET-CT scans, Objective response (defined as a CR or PR) at EOI, as determined by the IRC and by the investigator on the basis of CT scans alone, Best response of CR or PR during the study, as determined by the investigator on the basis of CT scans alone.

[0371] The exploratory efficacy objective for this study is to evaluate the long-term efficacy of G + Pola + V on the basis of the following endpoints: for patients who have positive PET scans at EOI: CR at 12 months, as determined by the IRC and by the investigator on the basis of PET-CT scans, progression-free survival, defined as the time from initiation of study treatment to first occurrence of disease progression or relapse, as determined by investigator on the basis of CT scans alone, or death from any cause, event-free survival, defined as the time from initiation of study treatment to any treatment failure, including disease progression or relapse, as determined by investigator on the basis of CT scans alone, initiation of new anti-lymphoma therapy, or death from any cause, whichever occurs first, disease-free survival, defined, among patients who achieve a CR, as the time from the first occurrence of a documented CR to relapse, as determined by the investigator on the basis of CT scans alone, or death from any cause, whichever occurs first, overall survival, and defined as the time from initiation of study treatment to death from any cause.

[0372] All patients enrolled in the dose-escalation phase will receive induction treatment, administered in 21-day cycles. When study treatments are given on the same day, they will be administered sequentially in the following order: venetoclax, obinutuzumab, and polatuzumab vedotin.

Cycle 1:

- Venetoclax 400, 600, or 800 mg by mouth (PO) once daily on Days 1–21
- Obinutuzumab 1000 mg IV on Days 1, 8, and 15
- Polatuzumab vedotin 1.4 or 1.8 mg/kg intravenously (IV) on Day 1

Cycles 2–6:

- Venetoclax 400, 600, or 800 mg PO once daily on Days 1–21

- Obinutuzumab 1000 mg IV on Day 1
- Polatuzumab vedotin 1.4 or 1.8 mg/kg IV on Day 1

[0373] After completion of induction treatment, patients with FL will continue to receive daily venetoclax treatment (during Month 1) until response is assessed at EOI. Venetoclax will be discontinued if response assessments at EOI indicate that a patient is not eligible for post-induction treatment (referred to as maintenance). Patients who achieve a CR, PR, or SD at EOI will receive maintenance treatment with obinutuzumab and venetoclax. Polatuzumab vedotin will not be given as maintenance treatment. Maintenance treatment will continue until disease progression or unacceptable toxicity for up to 24 months. When study treatments are given on the same day, venetoclax will be administered prior to obinutuzumab.

[0374] Treatments will be administered as follows:

- Venetoclax 400, 600, or 800 mg PO once daily for 8 months (Months 1–8)
- Obinutuzumab 1000 mg IV on Day 1 of every other month (i.e., every 2 months) for 24 months, starting with Month 2 (e.g., Months 2, 4, 6, 8, etc.).

[0375] A 3 + 3 dose-escalation schema will be used. The obinutuzumab dose will remain fixed at 1000 mg during the dose-escalation phase. The starting doses in Cohort 1 are 1.4 mg/kg for polatuzumab vedotin and 400 mg for venetoclax. In Cohorts 2–6, dose escalation of polatuzumab vedotin and venetoclax will proceed in increments that parallel the magnitude of dose increases tested in ongoing Phase Ib trials. For polatuzumab vedotin, there are 2 possible dose levels: 1.4 or 1.8 mg/kg. For venetoclax, there are 3 possible dose levels: 400, 600, or 800 mg. Inpatient dose escalation is not allowed.

[0376] All patients enrolled in the expansion phase will receive induction treatment, administered in 21-day cycles. When study treatments are given on the same day, they will be administered sequentially in the following order: venetoclax, obinutuzumab, and polatuzumab vedotin.

Cycle 1:

- Venetoclax at the RP2D (mg) PO once daily on Days 1–21
- Obinutuzumab 1000 mg IV on Days 1, 8, and 15
- Polatuzumab vedotin at the RP2D (mg/kg) IV on Day 1

Cycles 2–6:

- Venetoclax at the RP2D (mg) PO once daily on Days 1–21
- Obinutuzumab 1000 mg IV on Day 1
- Polatuzumab vedotin at the RP2D (mg/kg) IV on Day 1

[0377] After completion of induction treatment, patients will continue to receive daily venetoclax treatment (during Month 1) until response is assessed at EOI. Venetoclax will be discontinued if response assessments at EOI indicate that a patient is not eligible for post-induction treatment. Patients with DLBCL who achieve a CR or PR at EOI will receive post-induction treatment (referred to as consolidation) with obinutuzumab and venetoclax, and patients with FL who achieve a CR, PR,

or SD at EOI will receive post-induction treatment (referred to as maintenance) with obinutuzumab and venetoclax. Polatuzumab vedotin will not be given as post-induction treatment. Post-induction treatment will continue until disease progression or unacceptable toxicity for up to 8 months for consolidation treatment or 24 months for maintenance treatment. When study treatments are given on the same day, venetoclax will be administered prior to obinutuzumab.

[0378] *Diffuse Large B-Cell Lymphoma*: Consolidation treatment consisting of the following, administered for 8 months (Months 1–8):

- Venetoclax at the RP2D (mg) PO once daily for 8 months (Months 1–8)
- Obinutuzumab 1000 mg IV on Day 1 of every other month (i.e., every 2 months), starting with Month 2 (i.e., Months 2, 4, 6, and 8)

[0379] *Follicular Lymphoma*: Maintenance treatment consisting of the following, administered for 24 months (Months 1–24):

- Venetoclax at the RP2D (mg) PO once daily for 8 months (Months 1–8)
- Obinutuzumab 1000 mg IV on Day 1 of every other month (i.e., every 2 months) for 24 months, starting with Month 2 (e.g., Months 2, 4, 6, 8, etc.).

[0380] *Inclusion Criteria*: Patients must meet the following criteria for study entry: signed Informed Consent Form, age ≥ 18 years, Eastern Cooperative Oncology Group Performance Status of 0, 1, or 2, for patients enrolled in the dose-escalation phase: R/R FL after treatment with at least 1 prior chemoimmunotherapy regimen that included an anti-CD20 monoclonal antibody and for which no other more appropriate treatment option exists, as determined by the investigator, for patients enrolled in the expansion phase: B-cell lymphoma classified as either of the following: – R/R FL after treatment with at least 1 prior chemoimmunotherapy regimen that included an anti-CD20 monoclonal antibody and for which no other more appropriate treatment option exists, as determined by the investigator – R/R DLBCL after treatment with at least 1 prior chemoimmunotherapy regimen that included an anti-CD20 monoclonal antibody, with no curative option as determined by the investigator, histologically documented CD20-positive non-Hodgkin's lymphoma as determined by the local laboratory, fluorodeoxyglucose-avid lymphoma (i.e., PET-positive lymphoma), at least one bi-dimensionally measurable lesion (> 1.5 cm in its largest dimension by CT scan or magnetic resonance imaging), availability of a representative tumor specimen and the corresponding pathology report for retrospective central confirmation of the diagnosis of FL or DLBCL. If the archival tissue is unavailable or unacceptable, a pretreatment core, excisional, or incisional tumor biopsy is required. Cytological or fine-needle aspiration samples are not acceptable. If the patient received anti-lymphoma treatment between the time of the most recent available biopsy and initiation of study treatment, a core-needle biopsy is strongly recommended.

[0381] *Exclusion Criteria*: Patients who meet any of the following criteria will be excluded from study entry: known CD20-negative status at relapse or progression, prior allogeneic stem cell transplant (SCT), completion of autologous SCT within 100 days prior to Day 1 of Cycle 1, prior

standard or investigational anti-cancer therapy as specified: – Radioimmunoconjugate within 12 weeks prior to Day 1 of Cycle 1, – Monoclonal antibody or antibody–drug conjugate therapy within 4 weeks prior to Day 1 of Cycle 1, and – Radiotherapy, chemotherapy, hormonal therapy, or targeted small-molecule therapy within 2 weeks prior to Day 1 of Cycle 1, clinically significant toxicity (other than alopecia) from prior therapy that has not resolved to Grade ≤ 2 (per NCI CTCAE v4.0) prior to Day 1 of Cycle 1, current Grade > 1 peripheral neuropathy, • CNS lymphoma or leptomeningeal infiltration, treatment with systemic corticosteroids > 20 mg/day prednisone or equivalent, patients who are receiving corticosteroids ≤ 20 mg/day prednisone or equivalent must be documented to be on a stable dose for at least 4 weeks prior to Day 1 of Cycle 1. If corticosteroid treatment is urgently required for lymphoma symptom control prior to the start of study treatment, up to 100 mg/day of prednisone or equivalent can be given for a maximum of 5 days, but all tumor assessments must be completed prior to start of corticosteroid treatment. History of severe allergic or anaphylactic reaction to humanized or murine monoclonal antibodies known sensitivity or allergy to murine products or any component of the obinutuzumab, polatuzumab vedotin, or venetoclax formulations, active bacterial, viral, fungal, or other infection, caution should be exercised when considering the use of obinutuzumab in patients with a history of recurring or chronic infections, requirement for warfarin treatment (because of potential drug-drug interactions that may increase the exposure of warfarin), treatment with the following agents within 7 days prior to the first dose of venetoclax: – Strong CYP3A inhibitors such as fluconazole, ketoconazole, and clarithromycin and – Strong CYP3A inducers such as rifampin and carbamazepine, consumption of grapefruit, grapefruit products, Seville oranges (including marmalade that contains Seville oranges), or star fruit within 3 days prior to the first dose of venetoclax, clinically significant history of liver disease, including viral or other hepatitis, current alcohol abuse, or cirrhosis, positive for hepatitis B surface antigen, total hepatitis B core antibody, or hepatitis C virus antibody at screening, known history of HIV positive status, for patients with unknown HIV status, HIV testing will be performed at screening if required by local regulations, history of progressive multifocal leukoencephalopathy, vaccination with a live virus vaccine within 28 days prior to Day 1 of Cycle 1, history of other malignancy that could affect compliance with the protocol or interpretation of results, with the exception of the following: – Curatively treated carcinoma in situ of the cervix, good-prognosis ductal carcinoma in situ of the breast, basal- or squamous-cell skin cancer, Stage I melanoma, or low-grade, early-stage localized prostate cancer – Any previously treated malignancy that has been in remission without treatment for ≥ 2 years prior to enrollment, evidence of any significant, uncontrolled concomitant disease that could affect compliance with the protocol or interpretation of results, including significant cardiovascular disease (such as New York Heart Association Class III or IV cardiac disease, myocardial infarction within the previous 6 months, unstable arrhythmia, or unstable angina) or significant pulmonary disease (such as obstructive pulmonary disease or history of bronchospasm), major surgical procedure other than for diagnosis within 28 days prior to Day 1 of Cycle 1, or

anticipation of a major surgical procedure during the course of the study, inadequate hematologic function (unless due to underlying lymphoma), defined as follows: – Hemoglobin < 9 g/dL, – ANC < $1.5 \times 10^9/L$, and – Platelet count < $75 \times 10^9/L$.

Example 8- anti-CD79b Immunoconjugate in Combination with Lenalidomide

[0382] This study will evaluate the safety, efficacy, and pharmacokinetics of induction treatment consisting of obinutuzumab (GA101 or G) in combination with polatuzumab vedotin (anti-CD79b(huMA79b.v23)-MC-vc-PAB-MMAE ADC (DCDS4501A) or pola) and lenalidomide (Len) (G + Pola + Len) in patients with relapsed or refractory follicular lymphoma (FL) or diffuse large B-cell lymphoma (DLBCL), followed by post induction treatment with obinutuzumab in combination with lenalidomide in patients with FL who achieve a complete response (CR), partial response (PR), or stable disease at end of induction (EOI) and in patients with DLBCL who achieve a CR or PR at EOI. Specific objectives and corresponding endpoints for the study are outlined below.

[0383] Response will be determined on the basis of positron emission tomography (PET) and computed tomography (CT) scans or CT scans alone, using Revised Lugano Response Criteria for Malignant Lymphoma, hereinafter referred to as the Lugano 2014 criteria. Response will be determined by an Independent Review Committee (IRC) and by the investigator.

[0384] *Primary Efficacy Objective:* The primary efficacy objective for this study is to evaluate the efficacy of induction treatment with G + Pola + Len on the basis of the following endpoint: CR at EOI, as determined by the IRC on the basis of PET-CT scans.

[0385] *Secondary Efficacy Objectives:* The secondary efficacy objective for this study is to evaluate the efficacy of induction treatment with G + Pola + Len on the basis of the following endpoints: CR at EOI, as determined by the investigator on the basis of PET-CT scans, CR at EOI, as determined by the investigator on the basis of CT scans alone, Objective response (defined as a CR or PR) at EOI, as determined by the IRC and by the investigator on the basis of PET-CT scans, Objective response (defined as a CR or PR) at EOI, as determined by the IRC and by the investigator on the basis of CT scans alone, Best response of CR or PR during the study, as determined by the investigator on the basis of CT scans alone.

[0386] *Exploratory Efficacy Objective:* The exploratory efficacy objective for this study is to evaluate the long-term efficacy of G + Pola + Len on the basis of the following endpoints: for patients who have positive PET scans at EOI: CR at 12 months, as determined by the IRC and by the investigator on the basis of PET-CT scans, PFS, defined as the time from initiation of study treatment to first occurrence of disease progression or relapse, as determined by investigator on the basis of CT scans alone, or death from any cause, EFS, defined as the time from initiation of study treatment to any treatment failure, including disease progression or relapse, as determined by investigator on the basis of CT scans alone, initiation of new anti-lymphoma therapy, or death from any cause, whichever occurs first, disease-free survival, defined, among patients achieving a CR, as the time from the first occurrence of a documented CR to relapse, as determined by the investigator

on the basis of CT scans alone, or death from any cause, whichever occurs first, and overall survival, defined as the time from initiation of study treatment to death from any cause.

[0387] *Inclusion Criteria:* Patients must meet the following criteria for study entry: signed Informed Consent Form, age ≥ 18 years, Eastern Cooperative Oncology Group Performance Status of 0, 1, or 2. For patients enrolled in the dose-escalation phase: relapsed or refractory FL after treatment with at least one prior chemoimmunotherapy regimen that included an anti-CD20 monoclonal antibody and for which no other more appropriate treatment option exists as determined by the investigator. For patients enrolled in the expansion phase: lymphoma classified as either of the following: relapsed or refractory FL after treatment with at least one prior chemoimmunotherapy regimen that included an anti-CD20 monoclonal antibody and for which no other more appropriate treatment option exists as determined by the investigator, relapsed or refractory DLBCL after treatment with at least one prior chemoimmunotherapy regimen in patients who are not eligible for autologous stem-cell transplantation or who have experienced disease progression following treatment with high-dose chemotherapy plus autologous stem-cell transplantation, histologically documented CD20-positive B-cell lymphoma as determined by the local laboratory, fluorodeoxyglucose-avid lymphoma (i.e., PET-positive lymphoma), at least one bi-dimensionally measurable lesion (> 1.5 cm in its largest dimension by CT scan or magnetic resonance imaging), availability of a representative tumor specimen and the corresponding pathology report for retrospective central confirmation of the diagnosis of FL or DLBCL. If the archival tissue is unavailable or unacceptable, a pretreatment core-needle, excisional, or incisional tumor biopsy is required. Cytological or fine-needle aspiration samples are not acceptable.

[0388] *Exclusion Criteria:* Patients who meet any of the following criteria will be excluded from study entry: known CD20-negative status at relapse or progression, central nervous system lymphoma or leptomeningeal infiltration, prior allogeneic stem-cell transplantation (SCT), completion of autologous SCT within 100 days prior to Day 1 of Cycle 1, history of resistance to lenalidomide or response duration of < 1 year (for patients who had a response to a prior lenalidomide-containing regimen), prior standard or investigational anti-cancer therapy as specified: Lenalidomide, fludarabine, or alemtuzumab within 12 months prior to Day 1 of Cycle 1, radioimmunoconjugate within 12 weeks prior to Day 1 of Cycle 1, monoclonal antibody or antibody-drug conjugate therapy within 4 weeks prior to Day 1 of Cycle 1, radiotherapy, chemotherapy, hormonal therapy, or targeted small-molecule therapy within 2 weeks prior to Day 1 of Cycle 1, clinically significant toxicity (other than alopecia) from prior therapy that has not resolved to Grade ≤ 2 (per NCI CTCAE, Version 4.0) prior to Day 1 of Cycle 1, treatment with systemic immunosuppressive medications, including, but not limited to, prednisone, azathioprine, methotrexate, thalidomide, and anti-tumor necrosis factor agents within 2 weeks prior to Day 1 of Cycle 1. Treatment with inhaled corticosteroids and mineralocorticoids is permitted, if corticosteroid treatment is urgently required for lymphoma symptom control prior to the start of study treatment, up

to 100 mg/day of prednisone or equivalent can be given for a maximum of 5 days, but all tumor assessments must be completed prior to initiation of corticosteroid treatment, history of severe allergic or anaphylactic reaction to humanized or murine monoclonal antibodies, known sensitivity or allergy to murine products or any component of obinutuzumab, polatuzumab vedotin, or lenalidomide formulations, history of erythema multiforme, Grade ≥ 3 rash, or desquamation (blistering) following prior treatment with immunomodulatory derivatives such as thalidomide and lenalidomide, active bacterial, viral, fungal, or other infection, caution should be exercised when considering the use of obinutuzumab in patients with a history of recurring or chronic infections, positive for hepatitis B surface antigen, total hepatitis B core antibody, or hepatitis C virus antibody at screening, known history of HIV positive status, history of progressive multifocal leukoencephalopathy, vaccination with a live virus vaccine within 28 days prior to Day 1 of Cycle 1, history of other malignancy that could affect compliance with the protocol or interpretation of results, with the exception of the following: curatively treated carcinoma in situ of the cervix; good-prognosis ductal carcinoma in situ of the breast; basal- or squamous-cell skin cancer; Stage I melanoma; or low-grade, early-stage localized prostate cancer, any previously treated malignancy that has been in remission without treatment for ≥ 2 years prior to enrollment, contraindication to treatment for TE prophylaxis, Grade ≥ 2 neuropathy, evidence of any significant, uncontrolled concomitant disease that could affect compliance with the protocol or interpretation of results, including significant cardiovascular disease (such as New York Heart Association Class III or IV cardiac disease, myocardial infarction within the previous 6 months, unstable arrhythmia, or unstable angina) or significant pulmonary disease (such as obstructive pulmonary disease or history of bronchospasm), major surgical procedure other than for diagnosis within 28 days prior to Day 1 of Cycle 1 or anticipation of a major surgical procedure during the course of the study, inadequate hematologic function (unless due to underlying lymphoma), defined as follows: Hemoglobin < 9 g/dL, ANC $< 1.5 \times 10^9/L$, Platelet count $< 75 \times 10^9/L$, any of the following abnormal laboratory values (unless due to underlying lymphoma): calculated creatinine clearance < 60 mL/min (using the Cockcroft-Gault formula), AST or ALT $> 2.5 \times$ upper limit of normal (ULN), serum total bilirubin $> 1.5 \times$ ULN (or $> 3 \times$ ULN for patients with Gilbert syndrome), INR or PT $> 1.5 \times$ ULN in the absence of therapeutic anticoagulation, or PTT or aPTT $> 1.5 \times$ ULN in the absence of a lupus anticoagulant.

[0389] Obinutuzumab: Induction-Patients will receive obinutuzumab 1000 mg intravenously on Days 1, 8, and 15 of Cycle 1 and on Day 1 of each subsequent 28-day cycle for up to 6 cycles. Post-Induction-For consolidation treatment, patients with DLBCL will receive obinutuzumab 1000 mg intravenously on Day 1 of every other month for approximately 6 months of additional treatment. For maintenance treatment, patients with FL will receive obinutuzumab 1000 mg intravenously on Day 1 of every other month for approximately 24 months of additional treatment.

[0390] *Polatuzumab Vedotin*: Induction-Patients will receive polatuzumab vedotin 1.4 or 1.8 mg/kg intravenously on Day 1 of each 28-day cycle for up to 6 cycles. • In the Phase Ib portion of the study, the total dose of polatuzumab vedotin for each patient will depend on dose-level assignment and the patient's weight on Day 1 of Cycle 1 (or within 96 hours before Day 1 of Cycle 1). In the Phase II portion of the study, the total dose of polatuzumab vedotin for each patient will depend on the RP2D established in the Phase Ib portion and the patient's weight on Day 1 of Cycle 1 (or within 96 hours before Day 1 of Cycle 1). Post-Induction-No polatuzumab vedotin will be administered.

[0391] *Lenalidomide*: Induction-Patients will receive lenalidomide 10, 15, or 20 mg orally once daily on Days 1–21 of each 28-day cycle for up to 6 cycles. In the Phase Ib portion of the study, the dose of lenalidomide for each patient will depend on dose-level assignment on Day 1 of Cycle 1. In the Phase II portion of the study, the dose of lenalidomide for each patient will depend on the RP2D established in the Phase Ib portion of the study. Post-Induction-Patients will receive lenalidomide 10 mg orally once daily on Days 1–21 of each month. For consolidation treatment for patients with DLBCL will receive lenalidomide 10 mg orally once daily on Days 1–21 of each month (starting Month 1 and continuing through Month 6) for approximately 6 months of additional treatment. For maintenance treatment, patients with FL will receive lenalidomide 10 mg orally once daily on Days 1–21 of each month (starting Month 1 and continuing through Month 12) for approximately 12 months of additional treatment.

[0392] Although the foregoing invention has been described in some detail by way of illustration and example for purposes of clarity of understanding, the descriptions and examples should not be construed as limiting the scope of the invention.

NAME	SEQUENCE	SEQ ID NO
Human CD79b precursor; Acc. No. NP_000617.1; signal sequence = amino acids 1 to 28	RFIARKRGFT VKMHCYMNSA SGNVSWLWKQ EMDENPQQLK LEKGRMEESQ NESLATLTIQ GIRFEDNGIY FCQOKCNNTS EVYQGCGETEL RVMGFSTLAQ LKQRNTLKDQ IIMIQTLLII LFIIIVPIFLL LDKDDSKAGM EEDHTYEGLD IDQTATYEDI VTLRTGEVKW SVGEHPGQE	1
Human mature CD79b, without signal sequence; amino acids 29 to 229	AR SEDRYRNEPKG SACSRIWQSP RFIARKRGFT VKMHCYMNSA SGNVSWLWKQ EMDENPQQLK LEKGRMEESQ NESLATLTIQ GIRFEDNGIY FCQOKCNNTS EVYQGCGETEL RVMGFSTLAQ LKQRNTLKDQ IIMIQTLLII LFIIIVPIFLL LDKDDSKAGM EEDHTYEGLD IDQTATYEDI VTLRTGEVKW SVGEHPGQE	2
VH of mMab anti-CD20 antibody B-Ly1	Gly Pro Glu Leu Val Lys Pro Gly Ala Ser Val Lys Ile Ser Cys Lys Ala Ser Gly Tyr Ala Phe Ser Tyr Ser Trp Met Asn Trp Val Lys Leu Arg Pro Gly Gln Gly Leu Glu Trp Ile Gly Arg Ile Phe Pro Gly Asp Gly Asp Thr Asp Tyr Asn Gly Lys Phe Lys Gly Lys Ala Thr Leu Thr Ala Asp Lys Ser Ser Asn Thr Ala Tyr Met Gln Leu Thr Ser Leu Thr Ser Val Asp Ser Ala Val Tyr Leu	3

	Cys Ala Arg Asn Val Phe Asp Gly Tyr Trp Leu Val Tyr Trp Gly Gln Gly Thr Leu Val Thr Val Ser Ala	
VL of mMAb anti- CD20 antibody B- Lyl	Asn Pro Val Thr Leu Gly Thr Ser Ala Ser Ile Ser Cys Arg Ser Ser Lys Ser Leu Leu His Ser Asn Gly Ile Thr Tyr Leu Tyr Trp Tyr Leu Gln Lys Pro Gly Gln Ser Pro Gln Leu Leu Ile Tyr Gln Met Ser Asn Leu Val Ser Gly Val Pro Asp Arg Phe Ser Ser Ser Gly Ser Gly Thr Asp Phe Thr Leu Arg Ile Ser Arg Val Glu Ala Glu Asp Val Gly Val Tyr Tyr Cys Ala Gln Asn Leu Glu Leu Pro Tyr Thr Phe Gly Gly Gly Thr Lys Leu Glu Ile Lys Arg	4
GA101 HVR-H1	Gly Tyr Ala Phe Ser Tyr	5
GA101 HVR-H2	Phe Pro Gly Asp Gly Asp Thr Asp	6
GA101 HVR-H3	Asn Val Phe Asp Gly Tyr Trp Leu Val Tyr	7
GA101 HVR-L1	Arg Ser Ser Lys Ser Leu Leu His Ser Asn Gly Ile Thr Tyr Leu Tyr	8
GA101 HVR-L2	Gln Met Ser Asn Leu Val Ser	9
GA101 HVR-L3	Ala Gln Asn Leu Glu Leu Pro Tyr Thr	10
GA101 VH	Gln Val Gln Leu Val Gln Ser Gly Ala Glu Val Lys Lys Pro Gly Ser Ser Val Lys Val Ser Cys Lys Ala Ser Gly Tyr Ala Phe Ser Tyr Ser Trp Ile Asn Trp Val Arg Gln Ala Pro Gly Gln Gly Leu Glu Trp Met Gly Arg Ile Phe Pro Gly Asp Gly Asp Thr Asp Tyr Asn Gly Lys Phe Lys Gly Arg Val Thr Ile Thr Ala Asp Lys Ser Thr Ser Thr Ala Tyr Met Glu Leu Ser Ser Leu Arg Ser Glu Asp Thr Ala Val Tyr Tyr Cys Ala Arg Asn Val Phe Asp Gly Tyr Trp Leu Val Tyr Trp Gly Gln Gly Thr Leu Val Thr Val Ser Ser	11
GA101 VL	Asp Ile Val Met Thr Gln Thr Pro Leu Ser Leu Pro Val Thr Pro Gly Glu Pro Ala Ser Ile Ser Cys Arg Ser Ser Lys Ser Leu Leu His Ser Asn Gly Ile Thr Tyr Leu Tyr Trp Tyr Leu Gln Lys Pro Gly Gln Ser Pro Gln Leu Leu Ile Tyr Gln Met Ser Asn Leu Val Ser Gly Val Pro Asp Arg Phe Ser Gly Ser Gly Ser Gly Thr Asp Phe Thr Leu Lys Ile Ser Arg Val Glu Ala Glu Asp Val Gly Val Tyr Tyr Cys Ala Gln Asn Leu Glu Leu Pro Tyr Thr Phe Gly Gly Gly Thr Lys Val Glu Ile Lys Arg Thr Val	12
GA101 Heavy Chain	Gln Val Gln Leu Val Gln Ser Gly Ala Glu Val Lys Lys Pro Gly Ser Ser Val Lys Val Ser Cys Lys Ala Ser Gly Tyr Ala Phe Ser Tyr Ser Trp Ile Asn Trp Val Arg Gln Ala Pro Gly Gln Gly Leu Glu Trp Met Gly Arg Ile Phe Pro Gly Asp Gly Asp Thr Asp Tyr Asn Gly Lys Phe Lys Gly Arg Val Thr Ile Thr Ala Asp Lys Ser Thr Ser Thr Ala Tyr Met Glu Leu Ser Ser Leu Arg Ser Glu Asp Thr Ala Val Tyr Tyr Cys Ala Arg Asn Val Phe Asp Gly Tyr Trp Leu Val Tyr Trp Gly Gln Gly Thr Leu Val Thr Val Ser Ser Ala Ser Thr Lys Gly Pro Ser Val Phe Pro Leu Ala Pro Ser Ser Lys Ser Thr Ser Gly Gly Thr Ala Ala	13

	Leu Gly Cys Leu Val Lys Asp Tyr Phe Pro Glu Pro Val Thr Val Ser Trp Asn Ser Gly Ala Leu Thr Ser Gly Val His Thr Phe Pro Ala Val Leu Gln Ser Ser Gly Leu Tyr Ser Leu Ser Ser Val Val Thr Val Pro Ser Ser Ser Leu Gly Thr Gln Thr Tyr Ile Cys Asn Val Asn His Lys Pro Ser Asn Thr Lys Val Asp Lys Lys Val Glu Pro Lys Ser Cys Asp Lys Thr His Thr Cys Pro Pro Cys Pro Ala Pro Glu Leu Leu Gly Gly Pro Ser Val Phe Leu Phe Pro Pro Lys Pro Lys Asp Thr Leu Met Ile Ser Arg Thr Pro Glu Val Thr Cys Val Val Val Asp Val Ser His Glu Asp Pro Glu Val Lys Phe Asn Trp Tyr Val Asp Gly Val Glu Val His Asn Ala Lys Thr Lys Pro Arg Glu Glu Gln Tyr Asn Ser Thr Tyr Arg Val Val Ser Val Leu Thr Val Leu His Gln Asp Trp Leu Asn Gly Lys Glu Tyr Lys Cys Lys Val Ser Asn Lys Ala Leu Pro Ala Pro Ile Glu Lys Thr Ile Ser Lys Ala Lys Gly Gln Pro Arg Glu Pro Gln Val Tyr Thr Leu Pro Pro Ser Arg Asp Glu Leu Thr Lys Asn Gln Val Ser Leu Thr Cys Leu Val Lys Gly Phe Tyr Pro Ser Asp Ile Ala Val Glu Trp Glu Ser Asn Gly Gln Pro Glu Asn Asn Tyr Lys Thr Thr Pro Pro Val Leu Asp Ser Asp Gly Ser Phe Phe Leu Tyr Ser Lys Leu Thr Val Asp Lys Ser Arg Trp Gln Gln Gly Asn Val Phe Ser Cys Ser Val Met His Glu Ala Leu His Asn His Tyr Thr Gln Lys Ser Leu Ser Leu Ser Pro Gly	
GA101 Light Chain	Asp Ile Val Met Thr Gln Thr Pro Leu Ser Leu Pro Val Thr Pro Gly Glu Pro Ala Ser Ile Ser Cys Arg Ser Ser Lys Ser Leu Leu His Ser Asn Gly Ile Thr Tyr Leu Tyr Trp Tyr Leu Gln Lys Pro Gly Gln Ser Pro Gln Leu Leu Ile Tyr Gln Met Ser Asn Leu Val Ser Gly Val Pro Asp Arg Phe Ser Gly Ser Gly Ser Gly Thr Asp Phe Thr Leu Lys Ile Ser Arg Val Glu Ala Glu Asp Val Gly Val Tyr Tyr Cys Ala Gln Asn Leu Glu Leu Pro Tyr Thr Phe Gly Gly Gly Thr Lys Val Glu Ile Lys Arg Thr Val Ala Ala Pro Ser Val Phe Ile Phe Pro Pro Ser Asp Glu Gln Leu Lys Ser Gly Thr Ala Ser Val Val Cys Leu Leu Asn Asn Phe Tyr Pro Arg Glu Ala Lys Val Gln Trp Lys Val Asp Asn Ala Leu Gln Ser Gly Asn Ser Gln Glu Ser Val Thr Glu Gln Asp Ser Lys Asp Ser Thr Tyr Ser Leu Ser Ser Thr Leu Thr Leu Ser Lys Ala Asp Tyr Glu Lys His Lys Val Tyr Ala Cys Glu Val Thr His Gln Gly Leu Ser Ser Pro Val Thr Lys Ser Phe Asn Arg Gly Glu Cys	14
VH of humanized B-Ly1 antibody (B-HH2)	Gln Val Gln Leu Val Gln Ser Gly Ala Glu Val Lys Lys Pro Gly Ser Ser Val Lys Val Ser Cys Lys Ala Ser Gly Tyr Ala Phe Ser Tyr Ser Trp Met Asn Trp Val Arg Gln Ala Pro Gly Gln Gly Leu Glu Trp Met Gly Arg Ile Phe Pro Gly Asp Gly Asp Thr Asp Tyr Asn Gly Lys Phe Lys Gly Arg Val Thr Ile Thr Ala Asp Lys Ser Thr Ser	15

	Thr Ala Tyr Met Glu Leu Ser Ser Leu Arg Ser Glu Asp Thr Ala Val Tyr Tyr Cys Ala Arg Asn Val Phe Asp Gly Tyr Trp Leu Val Tyr Trp Gly Gln Gly Thr Leu Val Thr Val Ser Ser	
VH of humanized B-Lyl antibody (B-HH3)	Gln Val Gln Leu Val Gln Ser Gly Ala Glu Val Lys Lys Pro Gly Ser Ser Val Lys Val Ser Cys Lys Ala Ser Gly Tyr Ala Phe Ser Tyr Ser Trp Met Asn Trp Val Arg Gln Ala Pro Gly Gln Gly Leu Glu Trp Met Gly Arg Ile Phe Pro Gly Asp Gly Asp Thr Asp Tyr Asn Gly Lys Phe Lys Gly Arg Val Thr Ile Thr Ala Asp Lys Ser Thr Ser Thr Ala Tyr Met Glu Leu Ser Ser Leu Arg Ser Glu Asp Thr Ala Val Tyr Leu Cys Ala Arg Asn Val Phe Asp Gly Tyr Trp Leu Val Tyr Trp Gly Gln Gly Thr Leu Val Thr Val Ser Ser	16
humanized B-Lyl Heavy Chain	QVQLVQSGAE VKKPGSSVKV SCKASGYAFS YSWINWVRQA PGQGLEWMGR IFPGDGD TDY NGKFKGRVTI TADKSTSTAY MELSSLRSED TAVYYCARNV FDGYWLVYWG QGTLVTVSSA STKGPSVFPL APSSKSTSGG TAALGCLVKD YFPEPVT VSW NSGALTSGVH TFPVQLQSSG LYSLSSTVTV PSSSLGTQTY ICNVNHKPSN TKVDKKVEPK SCDKTHTCPP CPAPELLGGP SVFLFPPKPK DTLNISRTPE VTCVVVDVSH EDPEVKFNWY VDGVEVHNAK TKPREEQYNS TYRVVSVLTV LHQDWLNGKE YKCKVSNKAL PAPIEKTISK AKGQPREPQV YTLPPSRDEL TKNQVSLTCL VKGFYPSDIA VEWESNGQPE NNYKTTTPVL DSDGSFFLYS KLTVDKSRWQ QGNVFSCSVM HEALHNHYTQ KSLSLSPG	17
humanized B-Lyl Light Chain	DIVMTQTPLS LPVTPGEPAS ISCRSSKSLL HSNIGITYLYW YLQKPGQSPQ LLIYQMSNLV SGVPDRFSGS GSGTDFTLKI SRVEAEDGVV YYCAQNLELP YTFGGGTKVE IKRTVAAPSV FIFPPSDEQL KSGTASVVCL LNNFYPRKAK VQWKVDNALQ SGNSQESVTE QDSKSTYSL SSTLTLSKAD YEKHKVYACE VTHQGLSSPV TKSFNREGC	18
huMA79bv28 heavy chain variable region	EVQLVESGGG LVQPGGSLRL SCAASGYTFS SYWIEWVRQA PGKGLEWIGE ILPGGGDTNY NEIFKGRATF SADTSKNTAY LQMNSLRAED TAVYYCTRRV PIRLDYWGQG TLVTVSS	19
huMA79bv28 light chain variable region	DIQLTQSPSS LSASVGDRVT ITCKASQSVD YEGDSFLNWF QQKPGKAPKL LIYAASNLES GVPSRFSGSG SGTDFTLTIS SLQPEDFATY YCQQSNEDPL TFGQGTKVEI KR	20
huMA79bv28 HVR H1	GYTFSSYWIE	21
huMA79bv28 HVR H2	GEILPGGGDTNYNEIFKG	22
huMA79bv28 HVR H3	TRRVPIRLDY	23
huMA79bv28 HVR L1	KASQSVDYEGDSFLN	24
huMA79bv28 HVR L2	AASNLES	25
huMA79bv28 HVR L3	QQSNEDPLT	26
huMA79bv28 heavy chain (HC) framework region (FR) 1	EVQLVESGGGLVQPGGSLRLSCAAS	27

huMA79bv28 HC FR2	WVRQAPGKGLEWI	28
huMA79bv28 HC FR3	RATFSADTSKNTAYLQMNSLRAEDTAVYYC	29
huMA79bv28 HC FR4	WGQGTLLVTVSS	30
huMA79bv28 light chain (LC) FR1	DIQLTQSPSSLSASVGDRVITITC	31
huMA79bv28 LC FR2	WYQQKPGKAPKLLIY	32
huMA79bv28 LC FR3	GVPSRFSGSGSGTDFTLTISSLQPEDFATYYC	33
huMA79bv28 LC FR4	FGQGTKVEIKR	34
huMA79bv28 light chain (Igκ)	DIQLTQSPSS LSASVGDRVIT ITCKASQSVD YEGDSFLNHWY QQKPGKAPKL LIYAASNLES GVPSRFSGSG SGTDFTLTIS SLQPEDFATY YCQQSNEDPL TFGQGTKVEI KRTVAAPSVF IFPPSDEQLK SGTASVVCLL NNFYPREAKV QWKVDNALQS GNSQESVTEQ DSKDSTYSLs STLTLsKADY EKHKVYACEV THQGLSSPVT KSFNRGEC	35
huMA79bv28 heavy chain (IgG1)	EVQLVESGGG LVQPGGSLRL SCAASGYTFS SYWIEWVRQA PGKGLEWIGE ILPGGGDTNY NEIFKGRATF SADTSKNTAY LQMNSLRAED TAVYYCTRRV PIRLDYWGQG TLVTVSSAST KGPSVFPLAP SSKSTSGGTA ALGCLVKDYF PEPVTVSWNS GALTSGVHTF PAVLQSSGLY SLSSVTVTPS SSLGTQTYIC NVNHKPSNTK VDKKVEPKSC DKHTCPCPP APELLGGPSV FLFPPKPKDT LMISRTPEVT CVVVDVSHED PEVKFNWYVD GVEVHNAKTK PREEQYNSTY RVVSVLTVLH QDWLNGKEYK CKVSNKALPA PIEKTISKAK GQPREPQVYT LPPSREEMTK NQVSLTCLVK GFYPSDIAVE WESNGQPENN YKTTTPVLDS DGSFFLYSKL TVDKSRWQQG NVFSCSVME ALHNHYTQKS LSLSPG	36
huMA79bv28 A118C cysteine engineered heavy chain (IgG1)	EVQLVESGGG LVQPGGSLRL SCAASGYTFS SYWIEWVRQA PGKGLEWIGE ILPGGGDTNY NEIFKGRATF SADTSKNTAY LQMNSLRAED TAVYYCTRRV PIRLDYWGQG TLVTVSSCST KGPSVFPLAP SSKSTSGGTA ALGCLVKDYF PEPVTVSWNS GALTSGVHTF PAVLQSSGLY SLSSVTVTPS SSLGTQTYIC NVNHKPSNTK VDKKVEPKSC DKHTCPCPP APELLGGPSV FLFPPKPKDT LMISRTPEVT CVVVDVSHED PEVKFNWYVD GVEVHNAKTK PREEQYNSTY RVVSVLTVLH QDWLNGKEYK CKVSNKALPA PIEKTISKAK GQPREPQVYT LPPSREEMTK NQVSLTCLVK GFYPSDIAVE WESNGQPENN YKTTTPVLDS DGSFFLYSKL TVDKSRWQQG NVFSCSVME ALHNHYTQKS LSLSPG	37
huMA79bv28 V205C cysteine engineered light chain (Igκ)	DIQLTQSPSS LSASVGDRVIT ITCKASQSVD YEGDSFLNHWY QQKPGKAPKL LIYAASNLES GVPSRFSGSG SGTDFTLTIS SLQPEDFATY YCQQSNEDPL TFGQGTKVEI KRTVAAPSVF IFPPSDEQLK SGTASVVCLL NNFYPREAKV QWKVDNALQS GNSQESVTEQ DSKDSTYSLs STLTLsKADY EKHKVYACEV THQGLSSPCT KSFNRGEC	38

huMA79bv28 S400C cysteine engineered heavy chain (IgG1)	EVQLVESGGG LVQPGGSLRL SCAASGYTFS SYWIEWVRQA PGKGLEWIGE ILPGGGDTNY NEIFKGRATF SADTSKNTAY LQMNSLRAED TAVYYCTRRV PIRLDYWGQG TLVTVSSAST KGPSVFPLAP SSKSTSGGTA ALGCLVKDYF PEPVTVSWNS GALTSGVHTF PAVLQSSGLY SLSSVTVPS SSLGTQTYIC NVNHNKPSNTK VDKKVEPKSC DKHTCPCPCP APELLGGPSV FLFPPKPKDT LMISRTPEVT CVVVDVSHED PEVKFNWYVD GVEVHNAKTK PREEQYNSTY RVVSVLTFLH QDWLNGKEYK CKVSNKALPA PIEKTISKAK GQPREPQVYT LPPSREEMTK NQVSLTCLVK GFYPSDIAVE WESNGQPENN YKTTTPVLDC DGSFFLYSKL TVDKSRWQOG NVFSCSVMHE ALHNHYTQKS LSLSPGK	39
VH of humanized B-Ly1 antibody (B-HH4)	Gln Val Gln Leu Val Gln Ser Gly Ala Glu Val Lys Lys Pro Gly Ala Ser Val Lys Val Ser Cys Lys Val Ser Gly Tyr Ala Phe Ser Tyr Ser Trp Met Asn Trp Val Arg Gln Ala Pro Gly Gln Gly Leu Glu Trp Met Gly Arg Ile Phe Pro Gly Asp Gly Asp Thr Asp Tyr Asn Gly Lys Phe Lys Gly Arg Val Thr Ile Thr Ala Asp Lys Ser Thr Ser Thr Ala Tyr Met Glu Leu Ser Ser Leu Arg Ser Glu Asp Thr Ala Val Tyr Tyr Cys Ala Arg Asn Val Phe Asp Gly Tyr Trp Leu Val Tyr Trp Gly Gln Gly Thr Leu Val Thr Val Ser Ser	40
VH of humanized B-Ly1 antibody (B-HH5)	Gln Val Gln Leu Val Gln Ser Gly Ala Glu Val Lys Lys Pro Gly Ser Ser Val Lys Val Ser Cys Lys Ala Ser Gly Tyr Ala Phe Ser Tyr Ser Trp Met Ser Trp Val Arg Gln Ala Pro Gly Gln Gly Leu Glu Trp Met Gly Arg Ile Phe Pro Gly Asp Gly Asp Thr Asp Tyr Asn Gly Lys Phe Lys Gly Arg Val Thr Ile Thr Ala Asp Lys Ser Thr Ser Thr Ala Tyr Met Glu Leu Ser Ser Leu Arg Ser Glu Asp Thr Ala Val Tyr Tyr Cys Ala Arg Asn Val Phe Asp Gly Tyr Trp Leu Val Tyr Trp Gly Gln Gly Thr Leu Val Thr Val Ser Ser	41
VH of humanized B-Ly1 antibody (B-HH6)	Gln Val Gln Leu Val Gln Ser Gly Ala Glu Val Lys Lys Pro Gly Ser Ser Val Lys Val Ser Cys Lys Ala Ser Gly Tyr Ala Phe Ser Tyr Ser Trp Ile Asn Trp Val Arg Gln Ala Pro Gly Gln Gly Leu Glu Trp Met Gly Arg Ile Phe Pro Gly Asp Gly Asp Thr Asp Tyr Asn Gly Lys Phe Lys Gly Arg Val Thr Ile Thr Ala Asp Lys Ser Thr Ser Thr Ala Tyr Met Glu Leu Ser Ser Leu Arg Ser Glu Asp Thr Ala Val Tyr Tyr Cys Ala Arg Asn Val Phe Asp Gly Tyr Trp Leu Val Tyr Trp Gly Gln Gly Thr Leu Val Thr Val Ser Ser	42
VH of humanized B-Ly1 antibody (B-HH7)	Gln Val Gln Leu Val Gln Ser Gly Ala Glu Val Lys Lys Pro Gly Ser Ser Val Lys Val Ser Cys Lys Ala Ser Gly Tyr Ala Phe Ser Tyr Ser Trp Ile Ser Trp Val Arg Gln Ala Pro Gly Gln Gly Leu Glu Trp Met Gly Arg Ile Phe Pro Gly Asp Gly Asp Thr Asp Tyr Asn Gly Lys Phe Lys Gly Arg Val Thr Ile Thr Ala Asp Lys Ser Thr Ser Thr Ala Tyr Met Glu Leu Ser Ser Leu Arg Ser Glu Asp Thr Ala Val Tyr Tyr Cys Ala Arg Asn Val Phe Asp Gly Tyr Trp Leu Val Tyr Trp Gly Gln Gly Thr Leu Val Thr Val Ser Ser	43

	Gln Gly Thr Leu Val Thr Val Ser Ser	
VH of humanized B-Ly1 antibody (B-HH8)	Gln Val Gln Leu Val Gln Ser Gly Ala Glu Val Lys Lys Pro Gly Ala Ser Val Lys Val Ser Cys Lys Ala Ser Gly Tyr Thr Phe Thr Tyr Ser Trp Met Asn Trp Val Arg Gln Ala Pro Gly Gln Gly Leu Glu Trp Met Gly Arg Ile Phe Pro Gly Asp Gly Asp Thr Asp Tyr Asn Gly Lys Phe Lys Gly Arg Val Thr Ile Thr Ala Asp Lys Ser Thr Ser Thr Ala Tyr Met Glu Leu Ser Ser Leu Arg Ser Glu Asp Thr Ala Val Tyr Tyr Cys Ala Arg Asn Val Phe Asp Gly Tyr Trp Leu Val Tyr Trp Gly Gln Gly Thr Leu Val Thr Val Ser Ser	44
VH of humanized B-Ly1 antibody (B-HH9)	Gln Val Gln Leu Val Gln Ser Gly Ala Glu Val Lys Lys Pro Gly Ala Ser Val Lys Val Ser Cys Lys Ala Ser Gly Tyr Thr Phe Ser Tyr Ser Trp Met Asn Trp Val Arg Gln Ala Pro Gly Gln Gly Leu Glu Trp Met Gly Arg Ile Phe Pro Gly Asp Gly Asp Thr Asp Tyr Asn Gly Lys Phe Lys Gly Arg Val Thr Ile Thr Ala Asp Lys Ser Thr Ser Thr Ala Tyr Met Glu Leu Ser Ser Leu Arg Ser Glu Asp Thr Ala Val Tyr Tyr Cys Ala Arg Asn Val Phe Asp Gly Tyr Trp Leu Val Tyr Trp Gly Gln Gly Thr Leu Val Thr Val Ser Ser	45
VH of humanized B-Ly1 antibody (B-HL8)	Glu Val Gln Leu Val Glu Ser Gly Gly Gly Leu Val Lys Pro Gly Gly Ser Leu Arg Leu Ser Cys Ala Ala Ser Gly Phe Thr Phe Ser Tyr Ser Trp Met Asn Trp Val Arg Gln Ala Pro Gly Lys Gly Leu Glu Trp Val Gly Arg Ile Phe Pro Gly Asp Gly Asp Thr Asp Tyr Asn Gly Lys Phe Lys Gly Arg Val Thr Ile Thr Ala Asp Lys Ser Thr Ser Thr Ala Tyr Met Glu Leu Ser Ser Leu Arg Ser Glu Asp Thr Ala Val Tyr Tyr Cys Ala Arg Asn Val Phe Asp Gly Tyr Trp Leu Val Tyr Trp Gly Gln Gly Thr Leu Val Thr Val Ser Ser	46
VH of humanized B-Ly1 antibody (B-HL10)	Glu Val Gln Leu Val Glu Ser Gly Gly Gly Leu Val Lys Pro Gly Gly Ser Leu Arg Leu Ser Cys Ala Ala Ser Gly Phe Ala Phe Ser Tyr Ser Trp Met Asn Trp Val Arg Gln Ala Pro Gly Lys Gly Leu Glu Trp Val Gly Arg Ile Phe Pro Gly Asp Gly Asp Thr Asp Tyr Asn Gly Lys Phe Lys Gly Arg Val Thr Ile Thr Ala Asp Lys Ser Thr Ser Thr Ala Tyr Met Glu Leu Ser Ser Leu Arg Ser Glu Asp Thr Ala Val Tyr Tyr Cys Ala Arg Asn Val Phe Asp Gly Tyr Trp Leu Val Tyr Trp Gly Gln Gly Thr Leu Val Thr Val Ser Ser	47
VH of humanized B-Ly1 antibody (B-HL11)	Gln Val Gln Leu Val Glu Ser Gly Gly Gly Leu Val Lys Pro Gly Gly Ser Leu Arg Leu Ser Cys Ala Ala Ser Gly Phe Thr Phe Ser Tyr Ser Trp Met Asn Trp Val Arg Gln Ala Pro Gly Lys Gly Leu Glu Trp Val Gly Arg Ile Phe Pro Gly Asp Gly Asp Thr Asp Tyr Asn Gly Lys Phe Lys Gly Arg Val Thr Ile Thr Ala Asp Lys Ser Thr Ser Thr Ala Tyr Met Glu Leu Ser Ser Leu Arg Ser Glu Asp Thr Ala Val Tyr Tyr Cys Ala Arg Asn Val Phe Asp Gly Tyr Trp Leu Val Tyr Trp Gly Gln Gly Thr Leu Val Thr Val Ser Ser	48

	Val Phe Asp Gly Tyr Trp Leu Val Tyr Trp Gly Gln Gly Thr Leu Val Thr Val Ser Ser	
VH of humanized B-Ly1 antibody (B-HL12)	Glu Val Gln Leu Val Glu Ser Gly Ala Gly Leu Val Lys Pro Gly Gly Ser Leu Arg Leu Ser Cys Ala Ala Ser Gly Phe Thr Phe Ser Tyr Ser Trp Met Asn Trp Val Arg Gln Ala Pro Gly Lys Gly Leu Glu Trp Met Gly Arg Ile Phe Pro Gly Asp Gly Asp Thr Asp Tyr Asn Gly Lys Phe Lys Gly Arg Val Thr Ile Thr Ala Asp Lys Ser Thr Ser Thr Ala Tyr Met Glu Leu Ser Ser Leu Arg Ser Glu Asp Thr Ala Val Tyr Tyr Cys Ala Arg Asn Val Phe Asp Gly Tyr Trp Leu Val Tyr Trp Gly Gln Gly Thr Leu Val Thr Val Ser Ser	49
VH of humanized B-Ly1 antibody (B-HL13)	Glu Val Gln Leu Val Glu Ser Gly Gly Gly Val Val Lys Pro Gly Gly Ser Leu Arg Leu Ser Cys Ala Ala Ser Gly Phe Thr Phe Ser Tyr Ser Trp Met Asn Trp Val Arg Gln Ala Pro Gly Lys Gly Leu Glu Trp Met Gly Arg Ile Phe Pro Gly Asp Gly Asp Thr Asp Tyr Asn Gly Lys Phe Lys Gly Arg Val Thr Ile Thr Ala Asp Lys Ser Thr Ser Thr Ala Tyr Met Glu Leu Ser Ser Leu Arg Ser Glu Asp Thr Ala Val Tyr Tyr Cys Ala Arg Asn Val Phe Asp Gly Tyr Trp Leu Val Tyr Trp Gly Gln Gly Thr Leu Val Thr Val Ser Ser	50
VH of humanized B-Ly1 antibody (B-HL14)	Glu Val Gln Leu Val Glu Ser Gly Gly Gly Leu Lys Lys Pro Gly Gly Ser Leu Arg Leu Ser Cys Ala Ala Ser Gly Phe Thr Phe Ser Tyr Ser Trp Met Asn Trp Val Arg Gln Ala Pro Gly Lys Gly Leu Glu Trp Met Gly Arg Ile Phe Pro Gly Asp Gly Asp Thr Asp Tyr Asn Gly Lys Phe Lys Gly Arg Val Thr Ile Thr Ala Asp Lys Ser Thr Ser Thr Ala Tyr Met Glu Leu Ser Ser Leu Arg Ser Glu Asp Thr Ala Val Tyr Tyr Cys Ala Arg Asn Val Phe Asp Gly Tyr Trp Leu Val Tyr Trp Gly Gln Gly Thr Leu Val Thr Val Ser Ser	51
VH of humanized B-Ly1 antibody (B-HL15)	Glu Val Gln Leu Val Glu Ser Gly Gly Gly Leu Val Lys Pro Gly Ser Ser Leu Arg Leu Ser Cys Ala Ala Ser Gly Phe Thr Phe Ser Tyr Ser Trp Met Asn Trp Val Arg Gln Ala Pro Gly Lys Gly Leu Glu Trp Met Gly Arg Ile Phe Pro Gly Asp Gly Asp Thr Asp Tyr Asn Gly Lys Phe Lys Gly Arg Val Thr Ile Thr Ala Asp Lys Ser Thr Ser Thr Ala Tyr Met Glu Leu Ser Ser Leu Arg Ser Glu Asp Thr Ala Val Tyr Tyr Cys Ala Arg Asn Val Phe Asp Gly Tyr Trp Leu Val Tyr Trp Gly Gln Gly Thr Leu Val Thr Val Ser Ser	52
VH of humanized B-Ly1 antibody (B-HL16)	Glu Val Gln Leu Val Glu Ser Gly Gly Gly Leu Val Lys Pro Gly Gly Ser Leu Arg Val Ser Cys Ala Ala Ser Gly Phe Thr Phe Ser Tyr Ser Trp Met Asn Trp Val Arg Gln Ala Pro Gly Lys Gly Leu Glu Trp Met Gly Arg Ile Phe Pro Gly Asp Gly Asp Thr Asp Tyr Asn Gly Lys Phe Lys Gly Arg Val Thr Ile Thr Ala Asp Lys Ser Thr Ser Thr Ala Tyr Met Glu Leu Ser Ser Leu Arg Ser	53

	Glu Asp Thr Ala Val Tyr Tyr Cys Ala Arg Asn Val Phe Asp Gly Tyr Trp Leu Val Tyr Trp Gly Gln Gly Thr Leu Val Thr Val Ser Ser	
VH of humanized B-Ly1 antibody (B-HL17)	Glu Val Gln Leu Val Glu Ser Gly Gly Gly Leu Val Lys Pro Gly Gly Ser Leu Arg Leu Ser Cys Ala Ala Ser Gly Phe Thr Phe Ser Tyr Ser Trp Met Asn Trp Val Arg Gln Ala Pro Gly Lys Gly Leu Glu Trp Met Gly Arg Ile Phe Pro Gly Asp Gly Asp Thr Asp Tyr Asn Gly Lys Phe Lys Gly Arg Val Thr Ile Thr Ala Asp Lys Ser Thr Ser Thr Ala Tyr Met Glu Leu Ser Ser Leu Arg Ser Glu Asp Thr Ala Val Tyr Tyr Cys Ala Arg Asn Val Phe Asp Gly Tyr Trp Leu Val Tyr Trp Gly Gln Gly Thr Leu Val Thr Val Ser Ser	54
VL of humanized B-Ly1 antibody (B-KVI)	Asp Ile Val Met Thr Gln Thr Pro Leu Ser Leu Pro Val Thr Pro Gly Glu Pro Ala Ser Ile Ser Cys Arg Ser Ser Lys Ser Leu Leu His Ser Asn Gly Ile Thr Tyr Leu Tyr Trp Tyr Leu Gln Lys Pro Gly Gln Ser Pro Gln Leu Leu Ile Tyr Gln Met Ser Asn Leu Val Ser Gly Val Pro Asp Arg Phe Ser Gly Ser Gly Ser Gly Thr Asp Phe Thr Leu Lys Ile Ser Arg Val Glu Ala Glu Asp Val Gly Val Tyr Tyr Cys Ala Gln Asn Leu Glu Leu Pro Tyr Thr Phe Gly Gly Gly Thr Lys Val Glu Ile Lys Arg Thr Val	55

WHAT IS CLAIMED IS:

1. Use of an immunoconjugate comprising an anti-CD79b antibody linked to an auristatin for treating an individual having a B-cell proliferative disorder, wherein the immunoconjugate is for use in combination with an anti-CD20 antibody and an alkylating agent.
2. The use according to claim 1, wherein the anti-CD20 antibody is rituximab, obinutuzumab, ofatumumab, ublituximab, or ibritumomab tiuxetan.
3. The use according to claim 1, wherein the anti-CD20 antibody is rituximab.
4. The use according to claim 1, wherein the anti-CD20 antibody is obinutuzumab.
5. The use according to any one of claims 1 to 4, wherein the alkylating agent is 4-[5-[Bis(2-chloroethyl)amino]-1-methylbenzimidazol-2-yl]butanoic acid or a salt thereof.
6. The use according to any one of claims 1 to 4, wherein the alkylating agent is bendamustine.
7. The use according to claim 6, wherein the bendamustine is bendamustine hydrochloride.
8. The use according to any one of claims 1 to 7, wherein the auristatin is MMAE or MMAF.
9. The use according to any one of claims 1 to 7, wherein the auristatin is MMAE.
10. Use of an immunoconjugate comprising an anti-CD79b antibody linked to an auristatin for treating an individual having a B-cell proliferative disorder, wherein the immunoconjugate is for use in combination with an anti-CD20 antibody and a BCL-2 inhibitor.
11. The use according to claim 10 wherein the anti-CD20 antibody is rituximab, obinutuzumab, ofatumumab, ublituximab, or ibritumomab tiuxetan.
12. The use according to claim 10, wherein the anti-CD20 antibody is obinutuzumab.

13. The use according to claim 10, wherein the anti-CD20 antibody is rituximab.
14. The use according to any one of claims 10-13, wherein the BCL-2 inhibitor is 4-(4-{[2-(4-chlorophenyl)-4,4-dimethylcyclohex-1-en-1-yl]methyl}piperazin-1-yl)-N-({3-nitro-4-[(tetrahydro-2H-pyran-4-ylmethyl)amino]phenyl}sulfonyl)-2-(1H-pyrrolo[2,3-b]pyridin-5-yloxy)benzamide, a salt thereof, or venetoclax.
15. The use according to any one of claims 10-13, wherein the BCL-2 inhibitor is venetoclax.
16. The use according to any one of claims 10 to 15, wherein the auristatin is MMAE or MMAF.
17. The use according to any one of claims 10 to 15, wherein the auristatin is MMAE.
18. Use of an immunoconjugate comprising an anti-CD79b antibody linked to an auristatin for treating an individual having a B-cell proliferative disorder, wherein the immunoconjugate is for use in combination with an anti-CD20 antibody, and a PD-1 axis binding agent.
19. The use according to claim 18, wherein the anti-CD20 antibody is rituximab, obinutuzumab, ofatumumab, ublituximab, or ibritumomab tiuxetan.
20. The use according to claim 18 or 19, wherein the PD-1 axis binding agent is a PD-1 axis binding antibody.
21. The use according to claim 20, wherein the PD-1 axis binding antibody is nivolumab, pembrolizumab, pidilizumab, MPDL3280A, MDX-1105, or MEDI4736.
22. The use according to any one of claims 18 to 21, wherein the auristatin is MMAE or MMAF.
23. The use according to any one of claims 18-21, wherein the auristatin is MMAE.
24. Use of an immunoconjugate comprising an anti-CD79b antibody linked to an auristatin for treating an individual having a B-cell proliferative disorder, wherein the immunoconjugate is for use

in combination with an anti-CD20 antibody and a chemotherapeutic agent.

25. The use according to claim 24, wherein the anti-CD20 antibody is rituximab, obinutuzumab, ofatumumab, ublituximab, or ibritumomab tiuxetan.

26. The use according to claim 24, wherein the anti-CD20 antibody is obinutuzumab.

27. The use according to claim 24, wherein the anti-CD20 antibody is rituximab.

28. The use according to any one of claims 24-27, wherein the chemotherapeutic agent is one or more of: gemcitabine, oxaliplatin, thalidomide, lenalidomide, tamoxifen, letrozole, exemestane, anastrozole, irinotecan, cetuximab, fulvestrant, vinorelbine, erlotinib, bevacizumab, vincristine, imatinib mesylate, sorafenib, lapatinib, trastuzumab, cisplatin, methotrexate, vinblastine, carboplatin, paclitaxel, 5-fluorouracil, doxorubicin, bortezomib, melphalan, prednisone, prednisolone, docetaxel or cyclophosphamide.

29. The use according to any one of claims 24-27, wherein the chemotherapeutic agent is lenalidomide.

30. The use according to any one of claims 24 to 29, wherein the auristatin is MMAE or MMAF.

31. The use according to any one of claims 24 to 29, wherein the auristatin is MMAE.

32. The use according to any one of claims 1 to 31, wherein the immunoconjugate comprises the formula Ab-(L-D)p, wherein:

- (a) Ab is the antibody which binds CD79b;
- (b) L is a linker;
- (c) D is the auristatin; and
- (d) p ranges from 1-8.

33. The use according to claim 32, wherein the auristatin is MMAE.

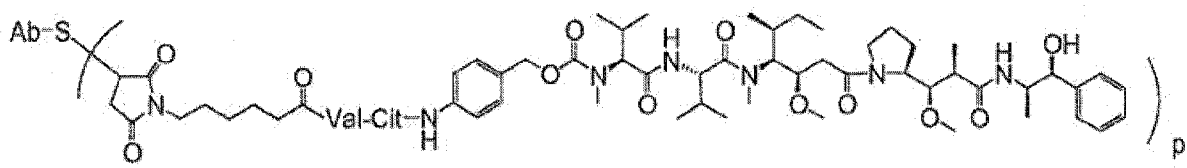
34. The use according to claim 32 or 33, wherein the linker is (i) cleavable by a protease or (ii) acid-labile.

35. The use according to claim 34, wherein the linker is cleavable by a protease.

36. The use according to claim 34, wherein the linker comprises (i) a val-cit dipeptide; (ii) a Phe-homoLys dipeptide; or (iii) hydrazone.

37. The use according to claim 36, wherein the linker comprises a val-cit dipeptide.

38. The use according to any one of claims 1-37, wherein the immunoconjugate comprises the formula:



wherein Ab is an anti-CD79b antibody comprising (i) an HVR-H1 comprising the amino acid sequence of SEQ ID NO: 21; (ii) an HVR-H2 comprising the amino acid sequence of SEQ ID NO: 22; (iii) an HVR-H3 comprising the amino acid sequence of SEQ ID NO: 23; (iv) an HVR-L1 comprising the amino acid sequence of SEQ ID NO: 24; (v) an HVR-L2 comprising the amino acid sequence of SEQ ID NO: 25; and (vi) an HVR-L3 comprising the amino acid sequence of SEQ ID NO: 26, and

wherein Val is valine, Cit is citrulline, and p ranges from 1 to 8.

39. The use according to claim 38, wherein the anti-CD79 antibody comprises (i) a heavy chain variable domain comprising the amino acid sequence of SEQ ID NO: 19 and (ii) a light chain variable domain comprising the amino acid sequence of SEQ ID NO: 20.

40. The use according to claim 38, wherein the anti-CD79 antibody comprises

(a) a heavy chain comprising the amino acid sequence of SEQ ID NO: 36 and a light chain comprising the amino acid sequence of SEQ ID NO: 35;

(b) a heavy chain comprising the amino acid sequence of SEQ ID NO: 37 and a light chain comprising the amino acid sequence of SEQ ID NO: 35; or

(c) a heavy chain comprising the amino acid sequence of SEQ ID NO: 36 and a light chain comprising the amino acid sequence of SEQ ID NO: 38.

41. The use according to claim 38, wherein the anti-CD79 antibody comprises the heavy chain comprising the amino acid sequence of SEQ ID NO: 36 and the light chain comprising the amino acid sequence of SEQ ID NO: 35.

42. The use according to claim 38, wherein the immunoconjugate is polatuzumab vedotin.

43. The use according to any one of claims 1-9 or 32-42, wherein the immunoconjugate is polatuzumab vedotin, the anti-CD20 antibody is rituximab, and the alkylating agent is bendamustine.

44. The use according to any one of claims 1-9 or 32-42, wherein the immunoconjugate is polatuzumab vedotin, the anti-CD20 antibody is obinutuzumab, and the alkylating agent is bendamustine.

45. The use according to any one of claims 1-9 or 32-42, wherein the immunoconjugate, the anti-CD20 antibody, and the alkylating agent are for sequential use.

46. The use according to any one of claims 43-45, wherein the polatuzumab vedotin is administered at a dose of 1.8 mg/kg.

47. The use according to any one of claim 43-45, wherein the bendamustine is administered at a dose of 90 mg/m².

48. The use according to claim 43 or claim 45, wherein the rituximab is administered at a dose of about 375 mg/m².

49. The use according to claim 44 or 45, wherein the obinutuzumab is administered at a dose of about 1000 mg.

50. The use according to claim 43 or 45, wherein the polatuzumab vedotin is administered at a dose of about 1.8 mg/kg once every three weeks; wherein the rituximab is administered at a dose of about 375 mg/m² once every three weeks; and wherein the bendamustine is administered at a dose of about 90 mg/m² on day 1 and day 2 every three weeks.

51. The use according to claim 44 or 45, wherein the polatuzumab vedotin is administered at a dose of about 1.8 mg/kg once every three weeks; wherein the obinutuzumab is administered at a dose of about 1000 mg once every three weeks; and wherein the bendamustine is administered at a dose of about 90 mg/m² on day 1 and day 2 every three weeks.

52. The use according to any one of claims 43 to 51, wherein the bendamustine is bendamustine hydrochloride.

53. The use according to any one of claims 10-17 or 32-42, wherein the immunoconjugate is polatuzumab vedotin, the anti-CD20 antibody is obinutuzumab, and the BCL-2 inhibitor is venetoclax.

54. The use according to any one of claims 10-17 or 32-42, wherein the immunoconjugate, the anti-CD20 antibody, and the BCL-2 inhibitor are for sequential use.

55. The use according to claim 53 or 54, wherein the polatuzumab vedotin is administered at a dose of about 1.4 or 1.8 mg/kg.

56. The use according to claim 53 or 54, wherein the obinutuzumab is administered at a dose of about 1000 mg.

57. The use according to claim 53 or 54, wherein the venetoclax is administered at a dose of about 400, 600, or 800 mg.

58. The use according to claim 53 or 54, wherein the polatuzumab vedotin, the obinutuzumab, and the venetoclax are administered during an induction phase for six 21-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.4 or 1.8 mg/kg once every 21 days; wherein

the obinutuzumab is administered at a dose of about 1000 mg at least once every 21 days; and wherein the venetoclax is administered at a dose of about 400, 600, or 800 mg once daily.

59. The use according to claim 53 or 54, wherein the polatuzumab vedotin, the obinutuzumab, and the venetoclax are administered during an induction phase for six 21-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.4 mg/kg once every 21 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 21 days; and wherein the venetoclax is administered at a dose of about 400 mg once daily.

60. The use according to claim 53 or 54, wherein the polatuzumab vedotin, the obinutuzumab, and the venetoclax are administered during an induction phase for six 21-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.4 mg/kg once every 21 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 21 days; and wherein the venetoclax is administered at a dose of about 600 mg once daily.

61. The use according to claim 53 or 54, wherein the polatuzumab vedotin, the obinutuzumab, and the venetoclax are administered during an induction phase for six 21-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.4 mg/kg once every 21 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 21 days; and wherein the venetoclax is administered at a dose of about 800 mg once daily.

62. The use according to claim 53 or 54, wherein the polatuzumab vedotin, the obinutuzumab, and the venetoclax are administered during an induction phase for six 21-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.8 mg/kg once every 21 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 21 days; and wherein the venetoclax is administered at a dose of about 400 mg once daily.

63. The use according to claim 53 or 54, wherein the polatuzumab vedotin, the obinutuzumab, and the venetoclax are administered during an induction phase for six 21-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.8 mg/kg once every 21 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 21 days; and wherein the venetoclax is administered at a dose of about 600 mg once daily.

64. The use according to claim 53 or 54, wherein the polatuzumab vedotin, the obinutuzumab, and the venetoclax are administered during an induction phase for six 21-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.8 mg/kg once every 21 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 21 days; and wherein the venetoclax is administered at a dose of about 800 mg once daily.

65. The use according to any one of claims 58-64 wherein the induction phase is followed by a maintenance or consolidation phase, wherein the venetoclax is administered at a dose of 400, 600, or 800 mg once daily, and wherein the obinutuzumab is administered at a dose of 1000 mg on the first day of every other month.

66. The use according to any one of claims 24-42, wherein the immunoconjugate is polatuzumab vedotin, the anti-CD20 antibody is obinutuzumab, and the chemotherapeutic agent is lenalidomide.

67. The use according to any one of claims 24-42, wherein the immunoconjugate, the anti-CD20 antibody, and the chemotherapeutic agent are for sequential use.

68. The use according to claim 66 or 67, wherein the polatuzumab vedotin is administered at a dose of about 1.4 or 1.8 mg/kg.

69. The use according to claim 66 or 67, wherein the obinutuzumab is administered at a dose of about 1000 mg.

70. The use according to claim 66 or 67, wherein the lenalidomide is administered at a dose of about 10, 15, or 20 mg.

71. The use according to claim 66 or 67, wherein the polatuzumab vedotin, the obinutuzumab, and the lenalidomide are administered during an induction phase for six 28-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.4 or 1.8 mg/kg once every 28 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 28 days; and wherein the lenalidomide is administered at a dose of about 10, 15, or 20 mg once daily on days 1-21 of each 28-day cycle.

72. The use according to claim 66 or 67, wherein the polatuzumab vedotin, the obinutuzumab, and the lenalidomide are administered during an induction phase for six 28-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.4 mg/kg once every 28 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 28 days; and wherein the lenalidomide is administered at a dose of about 10 mg once daily on days 1-21 of each 28-day cycle.

73. The use according to claim 66 or 67, wherein the polatuzumab vedotin, the obinutuzumab, and the lenalidomide are administered during an induction phase for six 28-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.4 mg/kg once every 28 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 28 days; and wherein the lenalidomide is administered at a dose of about 15 mg once daily on days 1-21 of each 28-day cycle.

74. The use according to claim 66 or 67, wherein the polatuzumab vedotin, the obinutuzumab, and the lenalidomide are administered during an induction phase for six 28-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.4 mg/kg once every 28 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 28 days; and wherein the lenalidomide is administered at a dose of about 20 mg once daily on days 1-21 of each 28-day cycle.

75. The use according to claim 66 or 67, wherein the polatuzumab vedotin, the obinutuzumab, and the lenalidomide are administered during an induction phase for six 28-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.8 mg/kg once every 28 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 28 days; and wherein the lenalidomide is administered at a dose of about 10 mg once daily on days 1-21 of each 28-day cycle.

76. The use according to claim 66 or 67, wherein the polatuzumab vedotin, the obinutuzumab, and the lenalidomide are administered during an induction phase for six 28-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.8 mg/kg once every 28 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 28 days; and wherein

the lenalidomide is administered at a dose of about 15 mg once daily on days 1-21 of each 28-day cycle.

77. The use according to claim 66 or 67, wherein the polatuzumab vedotin, the obinutuzumab, and the lenalidomide are administered during an induction phase for six 28-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.8 mg/kg once every 28 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 28 days; and wherein the lenalidomide is administered at a dose of about 20 mg once daily on days 1-21 of each 28-day cycle.

78. The use according to any one of claims 71-77, wherein the induction phase is followed by a maintenance or consolidation phase, wherein the lenalidomide is administered at dose of 10 mg on each of days 1-21 of each month, and wherein the obinutuzumab is administered at a dose of about 1000 mg on the first day of every other month.

79. The use according to any one of claims 1 to 78, wherein the B-cell proliferative disorder is cancer.

80. The use according to any one of claims 1 to 78, wherein the B-cell proliferative disorder is lymphoma, non-Hodgkins lymphoma (NHL), indolent NHL, aggressive NHL, relapsed aggressive NHL, relapsed indolent NHL, refractory NHL, refractory indolent NHL, chronic lymphocytic leukemia (CLL), small lymphocytic lymphoma, leukemia, hairy cell leukemia (HCL), acute lymphocytic leukemia (ALL), or mantle cell lymphoma.

81. The use according to any one of claims 1 to 78, wherein the B-cell proliferative disorder is follicular lymphoma or diffuse large B-cell lymphoma.

82. The use according to any one of claims 1 to 78, wherein the B-cell proliferative disorder is diffuse large B-cell lymphoma.

83. The use according to any one of claims 1 to 78, wherein the B-cell proliferative disorder is follicular lymphoma.

84. The use according to any one of claims 1 to 78, wherein the B-cell proliferative disorder is relapsed or refractory diffuse large B-cell lymphoma (DLBCL) or relapsed or refractory follicular lymphoma.

85. The use according to any one of claims 1 to 78, wherein the B-cell proliferative disorder is relapsed or refractory diffuse large B-cell lymphoma (DLBCL).

86. The use according to any one of claims 1 to 78, wherein the B-cell proliferative disorder is relapsed or refractory follicular lymphoma.

87. The use according to any one of claims 1 to 86, wherein the individual has received at least one prior therapy for the B-cell proliferative disorder.

88. The use according to any one of claims 1 to 87, wherein the individual is not eligible for autologous stem cell transplant.

89. An immunoconjugate comprising an anti-CD79b antibody linked to an auristatin, for use in formulating a medicament for treating an individual having a B-cell proliferative disorder, wherein the immunoconjugate is for use in combination with an anti-CD20 antibody, and an alkylating agent.

90. The immunoconjugate of claim 89, wherein the anti-CD20 antibody is rituximab, obinutuzumab, ofatumumab, ublituximab, or ibritumomab tiuxetan.

91. The immunoconjugate of claim 89, wherein the anti-CD20 antibody is rituximab.

92. The immunoconjugate of claim 89, wherein the anti-CD20 antibody is obinutuzumab.

93. The immunoconjugate of any one of claims 89 to 92, wherein the alkylating agent is 4-[5-[Bis(2-chloroethyl)amino]-l-methylbenzimidazol-2-yl]butanoic acid or a salt thereof.

94. The immunoconjugate of any one of claims 89 to 92, wherein the alkylating agent is bendamustine.

95. The immunoconjugate of claim 94, wherein the bendamustine is bendamustine hydrochloride.
96. The immunoconjugate of any one of claims 89 to 95, wherein the auristatin is MMAE or MMAF.
97. The immunoconjugate of any one of claims 89 to 95, wherein the auristatin is MMAE.
98. An immunoconjugate comprising an anti-CD79b antibody linked to an auristatin, for use in formulating a medicament for treating an individual having a B-cell proliferative disorder, wherein the immunoconjugate is for use in combination with an anti-CD20 antibody, and a BCL-2 inhibitor.
99. The immunoconjugate of claim 98, wherein the anti-CD20 antibody is rituximab, obinutuzumab, ofatumumab, ublituximab, or ibritumomab tiuxetan.
100. The immunoconjugate of claim 98, wherein the anti-CD20 antibody is obinutuzumab.
101. The immunoconjugate of claim 98, wherein the anti-CD20 antibody is rituximab.
102. The immunoconjugate of any one of claims 98 to 101, wherein the BCL-2 inhibitor is 4-(4-([2-(4-chlorophenyl)-4,4-dimethylcyclohex-1-en-1-yl]methyl}piperazin-1-yl)-N-({3-nitro-4-[(tetrahydro-2H-pyran-4-ylmethyl)amino]phenyl}sulfonyl)-2-(1H-pyrrolo[2,3-b]pyridin-5-yloxy)benzamide, a salt thereof, or venetoclax.
103. The immunoconjugate of any one of claims 98 to 101, wherein the BCL-2 inhibitor is venetoclax.
104. The immunoconjugate of any one of claims 98 to 103, wherein the auristatin is MMAE or MMAF.
105. The immunoconjugate of any one of claims 98 to 103, wherein the auristatin is MMAE.
106. An immunoconjugate comprising an anti-CD79b antibody linked to an auristatin, for use in formulating a medicament for treating an individual having a B-cell proliferative disorder, wherein

the immunoconjugate is for use in combination with an anti-CD20 antibody, and a PD-1 axis binding agent.

107. The immunoconjugate of claim 106, wherein the anti-CD20 antibody is rituximab, obinutuzumab, ofatumumab, ublituximab, or ibritumomab tiuxetan.

108. The immunoconjugate of claim 106 or 107, wherein the PD-1 axis binding agent is a PD-1 axis binding antibody.

109. The immunoconjugate of claim 108, wherein the PD-1 axis binding antibody is nivolumab, pembrolizumab, pidilizumab, MPDL3280A, MDX-1105, or MEDI4736.

110. The immunoconjugate of any one of claims 106 to 109, wherein the auristatin is MMAE or MMAF.

111. The immunoconjugate of any one of claims 106 to 109, wherein the auristatin is MMAE.

112. An immunoconjugate comprising an anti-CD79b antibody linked to an auristatin, for use in formulating a medicament for treating an individual having a B-cell proliferative disorder, wherein the immunoconjugate is for use in combination with an anti-CD20 antibody, and a chemotherapeutic agent.

113. The immunoconjugate of claim 112, wherein the anti-CD20 antibody is rituximab, obinutuzumab, ofatumumab, ublituximab, or ibritumomab tiuxetan.

114. The immunoconjugate of claim 112, wherein the anti-CD20 antibody is obinutuzumab.

115. The immunoconjugate of claim 112, wherein the anti-CD20 antibody is rituximab.

116. The immunoconjugate of any one of claims 112 to 115, wherein the chemotherapeutic agent is one or more of: gemcitabine, oxaliplatin, thalidomide, lenalidomide, tamoxifen, letrozole, exemestane, anastrozole, irinotecan, cetuximab, fulvestrant, vinorelbine, erlotinib, bevacizumab, vincristine, imatinib mesylate, sorafenib, lapatinib, trastuzumab, cisplatin, methotrexate, vinblastine,

carboplatin, paclitaxel, 5-fluorouracil, doxorubicin, bortezomib, melphalan, prednisone, prednisolone, docetaxel or cyclophosphamide.

117. The immunoconjugate of any one of claims 112 to 115, wherein the chemotherapeutic agent is lenalidomide.

118. The immunoconjugate of any one of claims 112 to 117, wherein the auristatin is MMAE or MMAF.

119. The immunoconjugate of any one of claims 112 to 117, wherein the auristatin is MMAE.

120. The immunoconjugate of any one of claims 89 to 119, wherein the immunoconjugate comprises the formula $\text{Ab}-(\text{L}-\text{D})_p$, wherein:

- (a) Ab is the antibody which binds CD79b;
- (b) L is a linker;
- (c) D is the auristatin; and
- (d) p ranges from 1-8.

121. The immunoconjugate of claim 120, wherein the auristatin is MMAE.

122. The immunoconjugate of claim 120 or 121, wherein the linker is (i) cleavable by a protease or (ii) acid-labile.

123. The immunoconjugate of claim 120 or 121, wherein the linker is cleavable by a protease.

124. The immunoconjugate of claim 122, wherein the linker comprises (i) a val-cit dipeptide; (ii) a Phe-homoLys dipeptide; or (iii) hydrazone.

125. The immunoconjugate of claim 124, wherein the linker comprises a val-cit dipeptide.

126. The immunoconjugate of any one of claims 120 to 125, wherein the immunoconjugate comprises the formula:

132. The immunoconjugate of any one of claims 89-97 or 120-130, wherein the immunoconjugate is polatuzumab vedotin, the anti-CD20 antibody is obinutuzumab, and the alkylating agent is bendamustine.

133. The immunoconjugate of any one of claims 89-97 or 120-130, wherein the immunoconjugate, the anti-CD20 antibody, and the alkylating agent are for sequential use.

134. The immunoconjugate of any one of claims 131 to 133, wherein the polatuzumab vedotin is administered at a dose of about 1.8 mg/kg.

135. The immunoconjugate of any one of claims 131 to 133, wherein the bendamustine is administered at a dose of about 90 mg/m².

136. The immunoconjugate of claim 131 or 133, wherein the rituximab is administered at a dose of about 375 mg/m².

137. The immunoconjugate of claim 132 or 133, wherein the obinutuzumab is administered at a dose of about 1000 mg.

138. The immunoconjugate of claim 131 or 133, wherein the polatuzumab vedotin is administered at a dose of about 1.8 mg/kg once every three weeks; wherein the rituximab is administered at a dose of about 375 mg/m² once every three weeks; and wherein the bendamustine is administered at a dose of about 90 mg/m² on day 1 and day 2 every three weeks.

139. The immunoconjugate of claim 132 or 133, wherein the polatuzumab vedotin is administered at a dose of about 1.8 mg/kg once every three weeks; wherein the obinutuzumab is administered at a dose of about 1000 mg once every three weeks; and wherein the bendamustine is administered at a dose of about 90 mg/m² on day 1 and day 2 every three weeks.

140. The immunoconjugate of any one of claims 131 to 139, wherein the bendamustine is bendamustine hydrochloride.

141. The immunoconjugate of any one of claims 98-105 or 120-130, wherein the immunoconjugate is polatuzumab vedotin, the anti-CD20 antibody is obinutuzumab, and the BCL-2 inhibitor is venetoclax.

142. The immunoconjugate of any one of claims 98-105 or 120-130, wherein the immunoconjugate, the anti-CD20 antibody, and the BCL-2 inhibitor are for sequential use.

143. The immunoconjugate of claim 141 or 142, wherein the polatuzumab vedotin is administered at a dose of about 1.4 or 1.8 mg/kg.

144. The immunoconjugate of claim 141 or 142, wherein the obinutuzumab is administered at a dose of about 1000 mg.

145. The immunoconjugate of claim 141 or 142, wherein the venetoclax is administered at a dose of about 400, 600, or 800 mg.

146. The immunoconjugate of claim 141 or 142, wherein the polatuzumab vedotin, the obinutuzumab, and the venetoclax are administered during an induction phase for six 21-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.4 or 1.8 mg/kg once every 21 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 21 days; and wherein the venetoclax is administered at a dose of about 400, 600, or 800 mg once daily.

147. The immunoconjugate of claim 141 or 142, wherein the polatuzumab vedotin, the obinutuzumab, and the venetoclax are administered during an induction phase for six 21-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.4 mg/kg once every 21 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 21 days; and wherein the venetoclax is administered at a dose of about 400 mg once daily.

148. The immunoconjugate of claim 141 or 142, wherein the polatuzumab vedotin, the obinutuzumab, and the venetoclax are administered during an induction phase for six 21-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.4 mg/kg once every 21 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 21 days; and wherein the venetoclax is administered at a dose of about 600 mg once daily.

149. The immunoconjugate of claim 141 or 142, wherein the polatuzumab vedotin, the obinutuzumab, and the venetoclax are administered during an induction phase for six 21-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.4 mg/kg once every 21 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 21 days; and wherein the venetoclax is administered at a dose of about 800 mg once daily.

150. The immunoconjugate of claim 141 or 142, wherein the polatuzumab vedotin, the obinutuzumab, and the venetoclax are administered during an induction phase for six 21-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.8 mg/kg once every 21 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 21 days; and wherein the venetoclax is administered at a dose of about 400 mg once daily.

151. The immunoconjugate of claim 141 or 142, wherein the polatuzumab vedotin, the obinutuzumab, and the venetoclax are administered during an induction phase for six 21-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.8 mg/kg once every 21 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 21 days; and wherein the venetoclax is administered at a dose of about 600 mg once daily.

152. The immunoconjugate of claim 141 or 142, wherein the polatuzumab vedotin, the obinutuzumab, and the venetoclax are administered during an induction phase for six 21-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.8 mg/kg once every 21 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 21 days; and wherein the venetoclax is administered at a dose of about 800 mg once daily.

153. The immunoconjugate of any one of claims 146-152, wherein the induction phase is followed by a maintenance or consolidation phase, wherein the venetoclax is administered at a dose of 400, 600, or 800 mg once daily, and wherein the obinutuzumab is administered at a dose of 1000 mg on the first day of every other month.

154. The immunoconjugate of any one of claims 112-130, wherein the immunoconjugate is polatuzumab vedotin, the anti-CD20 antibody is obinutuzumab, and the chemotherapeutic agent is lenalidomide.

155. The immunoconjugate of any one of claims 112-130, wherein the immunoconjugate, the anti-CD20 antibody, and the chemotherapeutic agent are for sequential use.

156. The immunoconjugate of claim 154 or 155, wherein the polatuzumab vedotin is administered at a dose of about 1.4 or 1.8 mg/kg.

157. The immunoconjugate of claim 154 or 155, wherein the obinutuzumab is administered at a dose of about 1000 mg.

158. The immunoconjugate of claim 154 or 155, wherein the lenalidomide is administered at a dose of about 10, 15, or 20 mg.

159. The immunoconjugate of claim 154 or 155, wherein the polatuzumab vedotin, the obinutuzumab, and the lenalidomide are administered during an induction phase for six 28-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.4 or 1.8 mg/kg once every 28 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 28 days; and wherein the lenalidomide is administered at a dose of about 10, 15, or 20 mg once daily on days 1-21 of each 28-day cycle.

160. The immunoconjugate of claim 154 or 155, wherein the polatuzumab vedotin, the obinutuzumab, and the lenalidomide are administered during an induction phase for six 28-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.4 mg/kg once every 28 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 28 days; and wherein the lenalidomide is administered at a dose of about 10 mg once daily on days 1-21 of each 28-day cycle.

161. The immunoconjugate of claim 154 or 155, wherein the polatuzumab vedotin, the obinutuzumab, and the lenalidomide are administered during an induction phase for six 28-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.4 mg/kg once every 28 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 28 days; and wherein the lenalidomide is administered at a dose of about 15 mg once daily on days 1-21 of each 28-day cycle.

162. The immunoconjugate of claim 154 or 155, wherein the polatuzumab vedotin, the obinutuzumab, and the lenalidomide are administered during an induction phase for six 28-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.4 mg/kg once every 28 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 28 days; and wherein the lenalidomide is administered at a dose of about 20 mg once daily on days 1-21 of each 28-day cycle.

163. The immunoconjugate of claim 154 or 155, wherein the polatuzumab vedotin, the obinutuzumab, and the lenalidomide are administered during an induction phase for six 28-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.8 mg/kg once every 28 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 28 days; and wherein the lenalidomide is administered at a dose of about 10 mg once daily on days 1-21 of each 28-day cycle.

164. The immunoconjugate of claim 154 or 155, wherein the polatuzumab vedotin, the obinutuzumab, and the lenalidomide are administered during an induction phase for six 28-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.8 mg/kg once every 28 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 28 days; and wherein the lenalidomide is administered at a dose of about 15 mg once daily on days 1-21 of each 28-day cycle.

165. The immunoconjugate of claim 154 or 155, wherein the polatuzumab vedotin, the obinutuzumab, and the lenalidomide are administered during an induction phase for six 28-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.8 mg/kg once every 28 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 28 days; and wherein the lenalidomide is administered at a dose of about 20 mg once daily on days 1-21 of each 28-day cycle.

166. The immunoconjugate of any one of claims 159-165, wherein the induction phase is followed by a maintenance or consolidation phase, wherein the lenalidomide is administered at dose of 10 mg on each of days 1-21 of each month, and wherein the obinutuzumab is administered at a dose of about 1000 mg on the first day of every other month.

167. The immunoconjugate of any one of claims 89 to 166, wherein the B-cell proliferative disorder is cancer.

168. The immunoconjugate of any one of claims 89 to 166, wherein the B-cell proliferative disorder is lymphoma, non-Hodgkins lymphoma (NHL), indolent NHL, aggressive NHL, relapsed aggressive NHL, relapsed indolent NHL, refractory NHL, refractory indolent NHL, chronic lymphocytic leukemia (CLL), small lymphocytic lymphoma, leukemia, hairy cell leukemia (HCL), acute lymphocytic leukemia (ALL), or mantle cell lymphoma.

169. The immunoconjugate of any one of claims 89 to 166, wherein the B-cell proliferative disorder is follicular lymphoma or diffuse large B-cell lymphoma.

170. The immunoconjugate of any one of claims 89 to 166, wherein the B-cell proliferative disorder is diffuse large B-cell lymphoma.

171. The immunoconjugate of any one of claims 89-166, wherein the B-cell proliferative disorder is follicular lymphoma.

172. The immunoconjugate of any one of claims 89 to 166, wherein the B-cell proliferative disorder is relapsed or refractory diffuse large B-cell lymphoma (DLBCL) or relapsed or refractory follicular lymphoma.

173. The immunoconjugate of any one of claims 89 to 166, wherein the B-cell proliferative disorder is relapsed or refractory diffuse large B-cell lymphoma (DLBCL).

174. The immunoconjugate of any one of claims 89 to 166, wherein the B-cell proliferative disorder is relapsed or refractory follicular lymphoma.

175. The immunoconjugate of any one of claims 89 to 174, wherein the individual has received at least one prior therapy for the B-cell proliferative disorder.

176. The immunoconjugate of any one of claims 89 to 175, wherein the individual is not eligible for autologous stem cell transplant.

177. Use of polatuzumab vedotin for treating an individual having diffuse large B-cell lymphoma (DLBCL), wherein the polatuzumab vedotin is for use in combination with rituximab and bendamustine.

178. Use of polatuzumab vedotin for formulating a medicament for treating an individual having diffuse large B-cell lymphoma (DLBCL), wherein the polatuzumab vedotin is for use in combination with rituximab and bendamustine.

179. The use according to claim 177 or 178, wherein the polatuzumab vedotin, the rituximab, and the bendamustine are for sequential use.

180. The use according to any one of claims 177-179, wherein the polatuzumab vedotin is administered at a dose of about 1.8 mg/kg.

181. The use according to any one of claims 177-179, wherein the bendamustine is administered at a dose of about 90 mg/m².

182. The use according to any one of claims 177-179, wherein the rituximab is administered at a dose of about 375 mg/m².

183. The use according to any one of claims 177-179, wherein the polatuzumab vedotin is administered at a dose of about 1.8 mg/kg once every three weeks; wherein the rituximab is administered at a dose of about 375 mg/m² once every three weeks; and wherein the bendamustine is administered at a dose of about 90 mg/m² on day 1 and day 2 every three weeks.

184. The use according to any one of claims 177 to 183, wherein the DLBCL is relapsed or refractory DLBCL.

185. The use according to any one of claims 177 to 184, wherein the individual has received at least one prior chemotherapy.

186. The use according to any one of claims 177 to 185, wherein the individual is not eligible for autologous stem cell transplant.

187. Polatuzumab vedotin, for use in treating an individual having diffuse large B-cell lymphoma (DLBCL), wherein the polatuzumab vedotin is for use in combination with rituximab and bendamustine.

188. Polatuzumab vedotin, for use in formulating a medicament for treating an individual having a diffuse large B-cell lymphoma (DLBCL), wherein the polatuzumab vedotin is for use in combination with rituximab and bendamustine.

189. Polatuzumab vedotin according to claim 187 or 188, wherein the polatuzumab vedotin, the rituximab, and the bendamustine are for sequential use.

190. Polatuzumab vedotin according to any one of claims 187-189, wherein the polatuzumab vedotin is administered at a dose of about 1.8 mg/kg.

191. Polatuzumab vedotin according to any one of claims 187-189, wherein the bendamustine is administered at a dose of about 90 mg/m².

192. Polatuzumab vedotin according to any one of claims 187-189, wherein the rituximab is administered at a dose of about 375 mg/m².

193. Polatuzumab vedotin according to any one of claims 187-189, wherein the polatuzumab vedotin is administered at a dose of about 1.8 mg/kg once every three weeks; wherein the rituximab is administered at a dose of about 375 mg/m² once every three weeks; and wherein the bendamustine is administered at a dose of about 90 mg/m² on day 1 and day 2 every three weeks.

194. Polatuzumab vedotin according to any one of claims 187 to 193, wherein the DLBCL is a relapsed or refractory DLBCL.

195. Polatuzumab vedotin according to any one of claims 187 to 194, wherein the individual has received at least one prior chemotherapy.

196. Polatuzumab vedotin according to any one of claims 187 to 195, wherein the individual is not eligible for autologous stem cell transplant.

197. Polatuzumab according to any one of claims 177 to 196, wherein the bendamustine is a bendamustine hydrochloride.

198. Use of polatuzumab vedotin for treating an individual having follicular lymphoma (FL), wherein the polatuzumab vedotin is for use in combination with obinutuzumab and venetoclax.

199. Use of polatuzumab vedotin for formulating a medicament for treating an individual having follicular lymphoma (FL), wherein the polatuzumab vedotin is for use in combination with obinutuzumab and venetoclax.

200. The use according to claim 198 or 199, wherein the polatuzumab vedotin, the obinutuzumab, and the venetoclax are for sequential use.

201. The use according to any one of claims 198 to 200, wherein the polatuzumab vedotin is administered at a dose of about 1.4 mg/kg or 1.8 mg/kg.

202. The use according to any one of claims 198 to 200, wherein the venetoclax is administered at a dose of about 400, 600, or 800 mg.

203. The use according to any one of claims 198 to 200, wherein the obinutuzumab is administered at a dose of about 1000 mg.

204. The use according to any one of claims 198 to 200, wherein the polatuzumab vedotin, the obinutuzumab, and the venetoclax are administered during an induction phase for six 21-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.4 mg/kg or 1.8 mg/kg once every 21 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 21 days; and wherein the venetoclax is administered at a dose of about 400, 600, or 800 mg once daily.

205. The use according to claim 204, wherein the induction phase is followed by a maintenance phase, wherein the venetoclax is administered at a dose of 400, 600, or 800 mg once daily, and wherein the obinutuzumab is administered at a dose of 1000 mg on the first day of every other month.

206. The use according to any one of claims 198 to 205, wherein the FL is relapsed or refractory FL.

207. The use according to any one of claims 198 to 206, wherein the individual has received at least one prior chemotherapy comprising an anti-CD20 antibody.

208. The use according to any one of claims 198 to 207, wherein the individual has not received a prior allogeneic stem cell transplant.

209. Polatuzumab vedotin, for use in treating an individual having follicular lymphoma (FL), wherein the polatuzumab vedotin is for use in combination with obinutuzumab and venetoclax.

210. Polatuzumab vedotin, for use in formulating a medicament for treating an individual having follicular lymphoma (FL), wherein the polatuzumab vedotin is for use in combination with obinutuzumab and venetoclax.

211. Polatuzumab vedotin according to claim 209 or 210, wherein the polatuzumab vedotin, the obinutuzumab, and the venetoclax are for sequential use.

212. Polatuzumab vedotin according to any one of claims 209-211, wherein the polatuzumab vedotin is administered at a dose of about 1.4 mg/kg or 1.8 mg/kg.

213. Polatuzumab vedotin according to any one of claims 209-211, wherein the venetoclax is administered at a dose of about 400, 600, or 800 mg.

214. Polatuzumab vedotin according to any one of claims 209-211, wherein the obinutuzumab is administered at a dose of about 1000 mg.

215. Polatuzumab vedotin according to any one of claims 209-211, wherein the polatuzumab vedotin, the obinutuzumab, and the venetoclax are administered during an induction phase for six 21-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.4 mg/kg or 1.8 mg/kg once every 21 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 21 days; and wherein the venetoclax is administered at a dose of about 400, 600, or 800 mg once daily.

216. Polatuzumab vedotin according to claim 215, wherein the induction phase is followed by a maintenance phase, wherein the venetoclax is administered at a dose of 400, 600, or 800 mg once daily, and wherein the obinutuzumab is administered at a dose of 1000 mg on the first day of every other month.

217. Polatuzumab vedotin according to any one of claims 209 to 216, wherein the FL is a relapsed or refractory FL.

218. Polatuzumab vedotin according to any one of claims 209 to 217, wherein the individual has received at least one prior chemotherapy comprising an anti-CD20 antibody.

219. Polatuzumab vedotin according to any one of claims 209 to 218, wherein the individual has not received a prior allogeneic stem cell transplant.

220. Use of polatuzumab vedotin for treating an individual having follicular lymphoma (FL), wherein the polatuzumab vedotin is for use in combination with obinutuzumab and lenalidomide.

221. Use of polatuzumab vedotin for formulating a medicament for treating an individual having follicular lymphoma (FL), wherein the polatuzumab vedotin is for use in combination with obinutuzumab and lenalidomide.

222. The use according to claim 220 or 221, wherein the polatuzumab vedotin, the obinutuzumab, and the lenalidomide are for sequential use.

223. The use according to any one of claims 220-222, wherein the polatuzumab vedotin is administered at a dose of about 1.4 mg/kg or 1.8 mg/kg.

224. The use according to any one of claims 220-222, wherein the lenalidomide is administered at a dose of about 10, 15, or 20 mg.

225. The use according to any one of claims 220-222, wherein the obinutuzumab is administered at a dose of about 1000 mg.

226. The use according to any one of claims 220-222, wherein the polatuzumab vedotin, the obinutuzumab, and the lenalidomide are administered during an induction phase for six 28-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.4 mg/kg once every 28 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 28 days; and wherein the lenalidomide is administered at a dose of about 20 mg once daily on days 1-21 of each 28-day cycle.

227. The use according to claim 226, wherein the induction phase is followed by a maintenance phase, wherein the lenalidomide is administered at dose of 10 mg on each of days 1-21 of each month, and wherein the obinutuzumab is administered at a dose of about 1000 mg on the first day of every other month.

228. The use according to any one of claims 220 to 227, wherein the FL is relapsed or refractory FL.

229. The use according to any one of claims 220 to 228, wherein the individual has received at least one prior chemotherapy comprising an anti-CD20 antibody.

230. The use according to any one of claims 220 to 229, wherein the individual has not received a prior allogeneic stem cell transplant.

231. Polatuzumab vedotin, for use in treating an individual having follicular lymphoma (FL), wherein the polatuzumab vedotin is for use in combination with obinutuzumab and lenalidomide.

232. Polatuzumab vedotin, for use in formulating a medicament for treating an individual having follicular lymphoma (FL), wherein the polatuzumab vedotin is for use in combination with obinutuzumab and lenalidomide.

233. Polatuzumab vedotin according to claim 231 or 232, wherein the polatuzumab vedotin, the obinutuzumab, and the lenalidomide are for sequential use.

234. Polatuzumab vedotin according to any one of claims 231-233 wherein the polatuzumab vedotin is administered at a dose of about 1.4 mg/kg or 1.8 mg/kg.

235. Polatuzumab vedotin according to any one of claims 231-233, wherein the lenalidomide is administered at a dose of about 10, 15, or 20 mg.

236. Polatuzumab vedotin according to any one of claims 231-233, wherein the obinutuzumab is administered at a dose of about 1000 mg.

237. Polatuzumab vedotin according to any one of claims 231-233, wherein the polatuzumab vedotin, the obinutuzumab, and the lenalidomide are administered during an induction phase for six 28-day cycles, wherein the polatuzumab vedotin is administered at a dose of about 1.4 mg/kg once every 28 days; wherein the obinutuzumab is administered at a dose of about 1000 mg at least once every 28 days; and wherein the lenalidomide is administered at a dose of about 20 mg once daily on days 1-21 of each 28-day cycle.

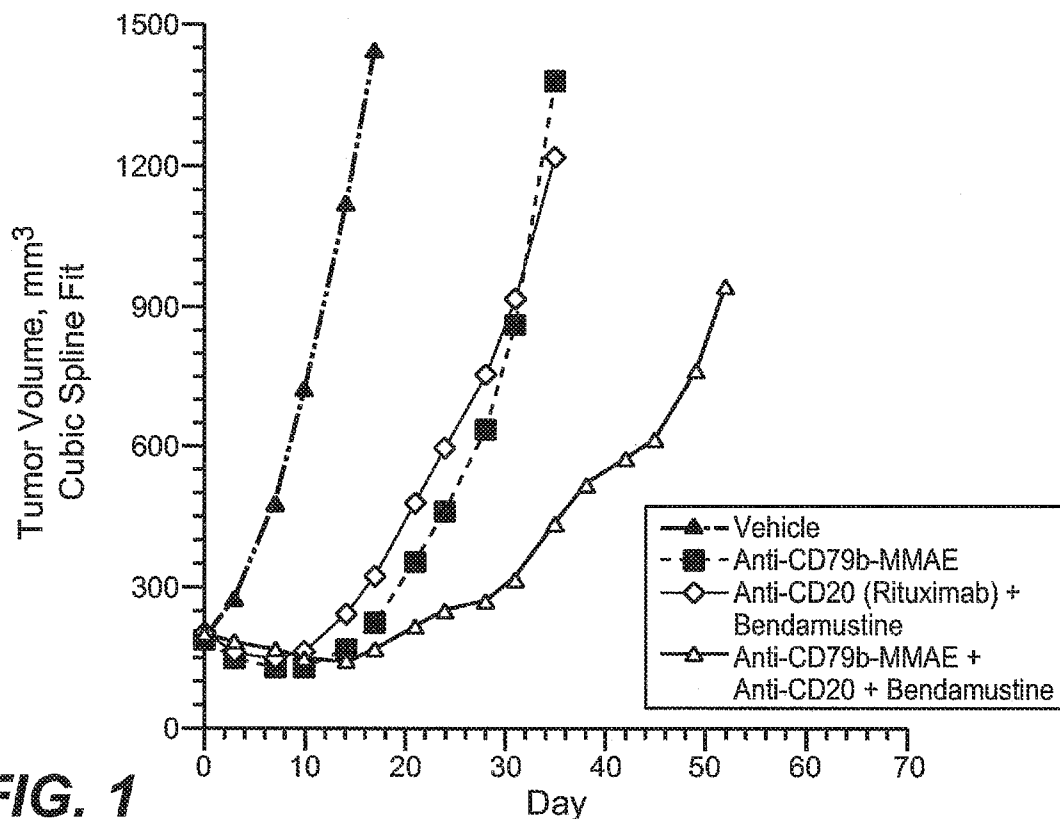
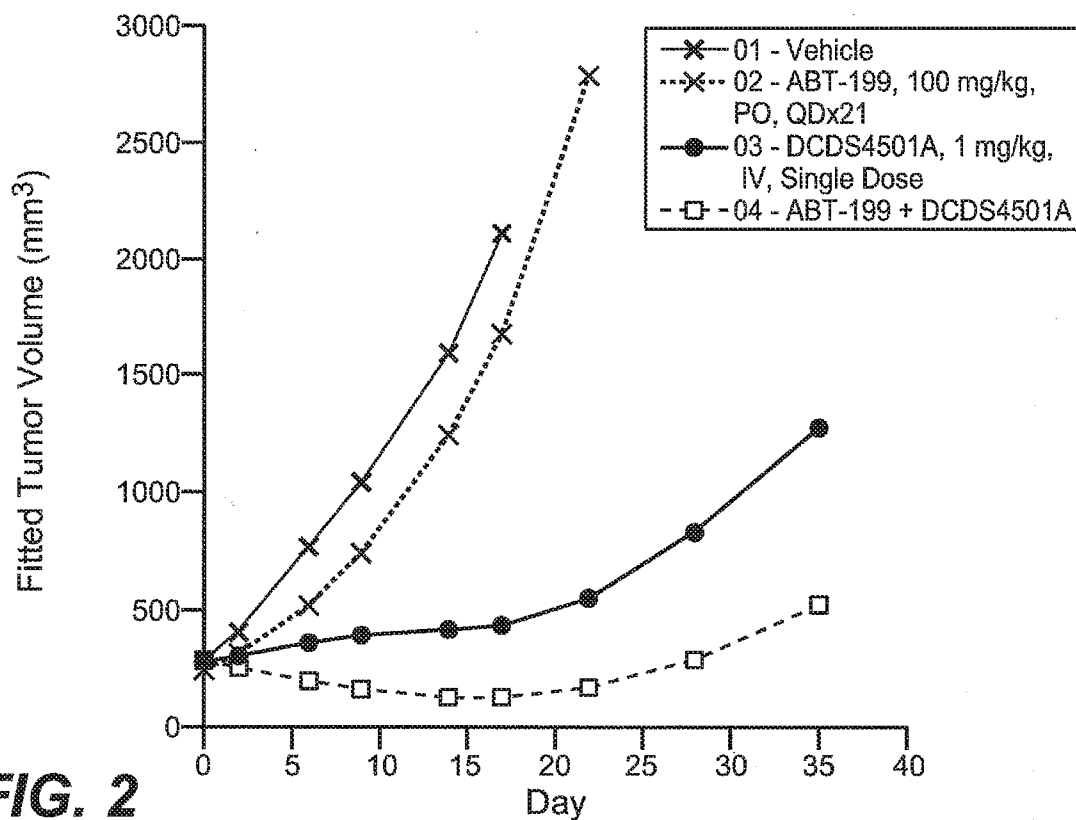
238. Polatuzumab vedotin according to claim 237, wherein the induction phase is followed by a maintenance phase, wherein the lenalidomide is administered at dose of 10 mg on each of days 1-21 of each month, and wherein the obinutuzumab is administered at a dose of about 1000 mg on the first day of every other month.

239. Polatuzumab vedotin according to any one of claims 231 to 238, wherein the FL is a relapsed or refractory FL.

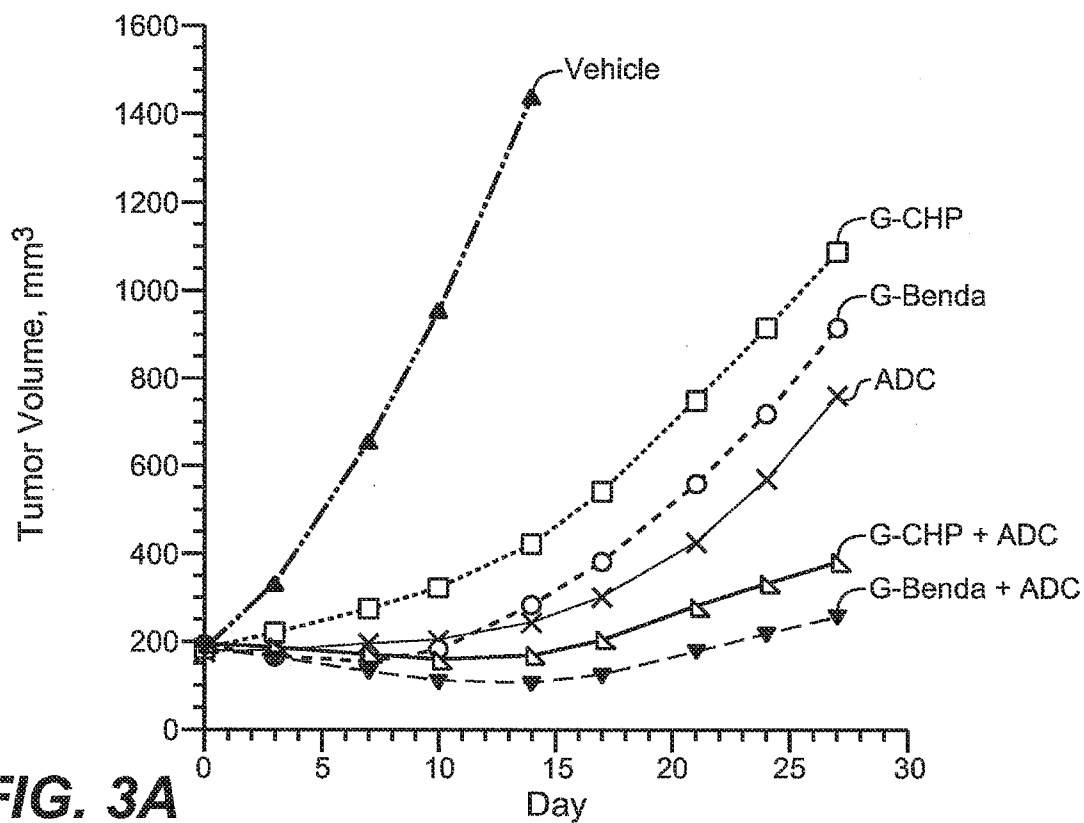
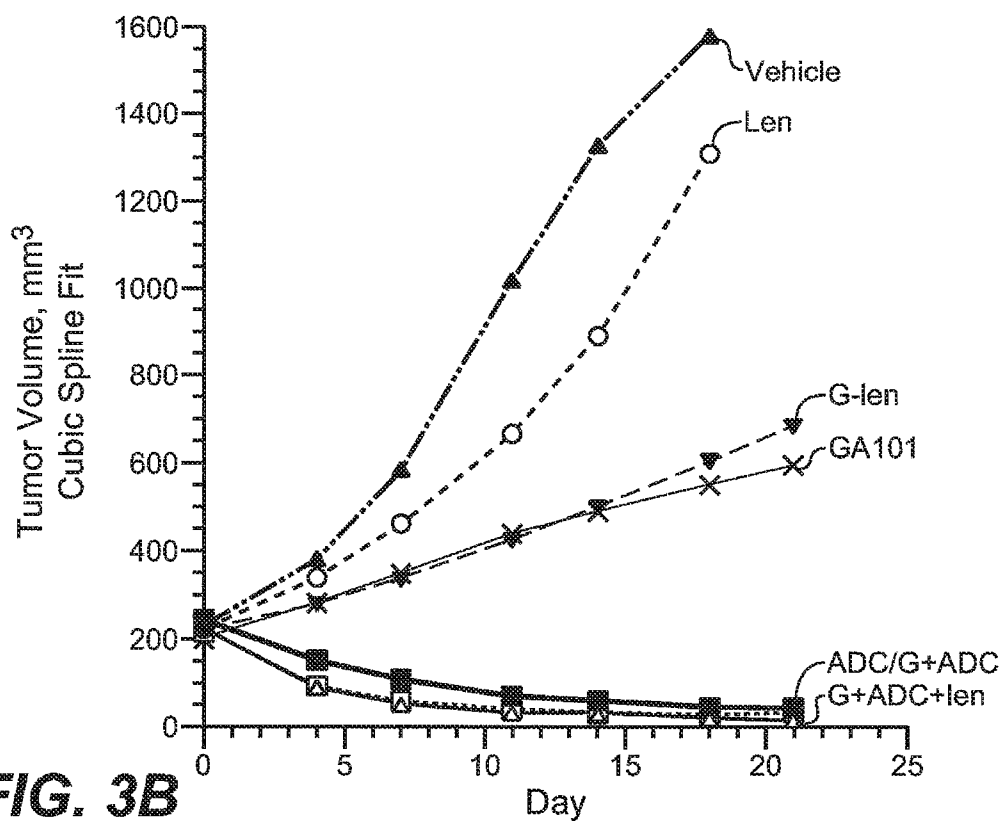
240. Polatuzumab vedotin according to any one of claims 231 to 239, wherein the individual has received at least one prior chemotherapy comprising an anti-CD20 antibody.

241. Polatuzumab vedotin according to any one of claims 231 to 240, wherein the individual has not received a prior allogeneic stem cell transplant.

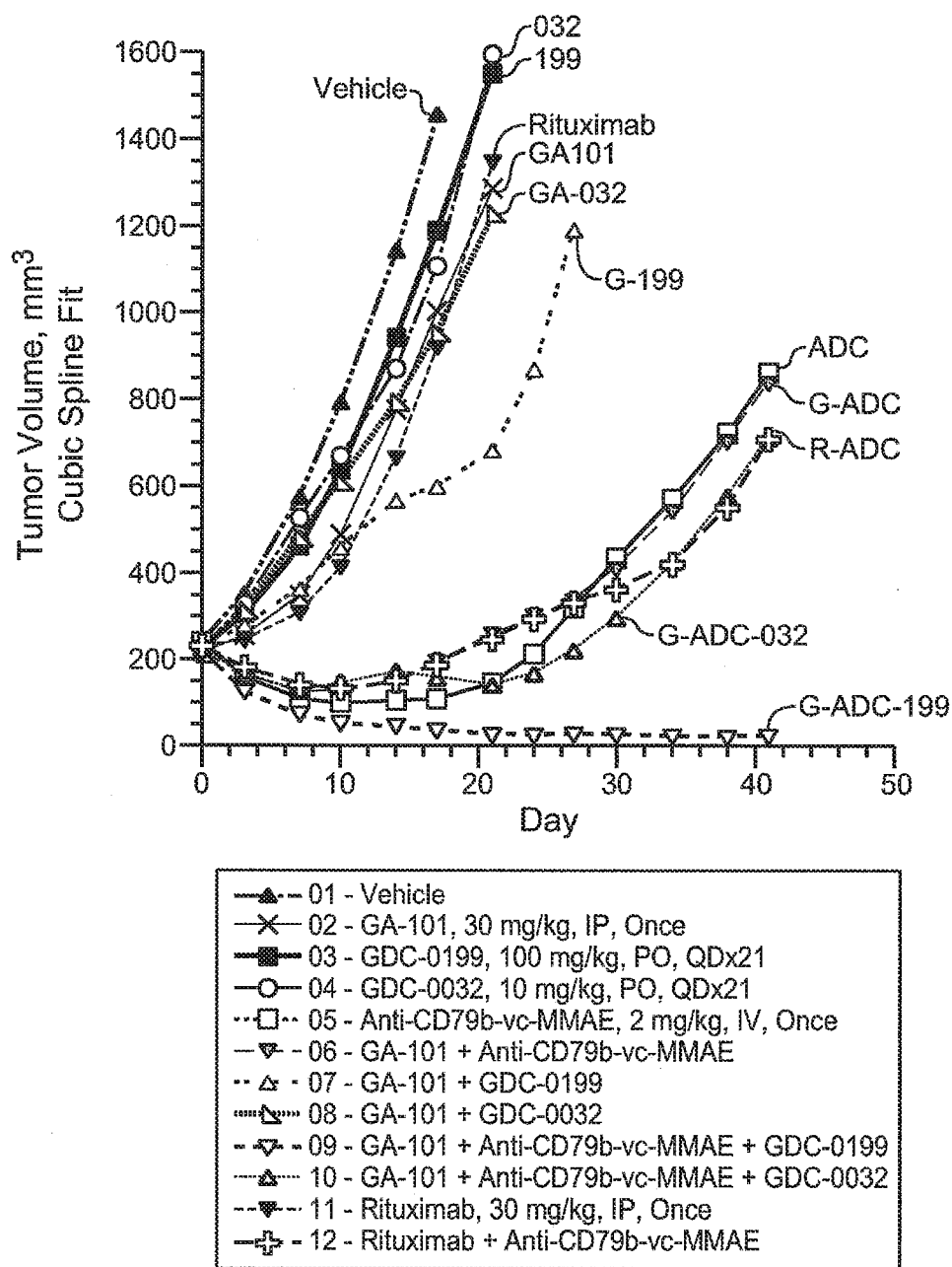
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**FIG. 3A****FIG. 3B**

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**FIG. 4**