(54) Title: ANTIGEN BINDING PROTEINS THAT BIND PD-1

(57) Abstract: There is disclosed compositions and methods relating to or derived from anti-PD-1 antibodies. More specifically, there is disclosed fully human antibodies that bind PD-1, PD-1 -binding fragments and derivatives of such antibodies, and PD-1 -binding polypeptides comprising such fragments. Further still, there is disclosed nucleic acids encoding such antibodies, antibody fragments and derivatives and polypeptides, cells comprising such polynucleotides, methods of making such antibodies, antibody fragments and derivatives and polypeptides, and methods of using such antibodies, antibody fragments and derivatives and poly-peptides, including methods of treating or diagnosing subjects having PD-1 related disorders or conditions, including various in-flammatory disorders and various cancers.

Antigen Binding Proteins that Bind PD-1

Technical Field

The present disclosure provides compositions and methods relating to or derived from anti-PD-1 antibodies. More specifically, the present disclosure provides human antibodies that bind PD-1, PD-1-binding fragments and derivatives of such antibodies, and PD-1-binding polypeptides comprising such fragments. Further still, the present disclosure provides nucleic acids encoding such antibodies, antibody fragments and derivatives and polypeptides, cells comprising such polynucleotides, methods of making such antibodies, antibody fragments and derivatives and polypeptides, and methods of using such antibodies, antibody fragments and derivatives and polypeptides, including methods of treating or diagnosing subjects having PD-1 related disorders or conditions, including various inflammatory disorders and various cancers.

Background

Programmed cell death protein-1 (PD-1) is a type I membrane protein of 268 amino acids and is a member of the extended CD28/CTLA-4 family of T cell regulators PD-1 (*The EMBO Journal* (1992), vol. 11, issue 11, p. 3887-3895,). Human PD-1 cDNA is composed of the base sequence shown in EMBL/GenBank Acc. No. NM_005018 and mouse PD-1 cDNA is composed of the base sequence shown in Acc. No. NM_008798, and those expressions are observed when thymus cells differentiate from CD4-CD8- cell into CD4+CD8+ cell (*International Immunolog*y (1996), vol. 18, issue 5, p. 773-780., *J. Experimental Med.* (2000), vol. 191, issue 5, p. 891-898.). It is reported that PD-1 expression in periphery is observed in myeloid cells including T cells or B lymphocytes activated by stimulation from antigen receptors, or activated macrophages (*International Immunology* (1996), vol. 18, issue 5, p. 765-772.).

PD-1 is a member of the CD28 family of receptors, which includes CD28, CTLA-4, ICOS, PD-1, and BTLA. The initial member of the family, CD28, was discovered by functional effect on augmenting T cell proliferation following the addition of monoclonal antibodies (Hutloff et al. (1999) *Nature* 397:263-266; Hansen et al. (1980) *Immunogenics* 10:247-260). Two cell surface glycoprotein ligands for PD-1 have been identified, PD-1 and PDL-2, and have been shown to down-regulate T cell activation and cytokine secretion occur upon binding to PD-1 (Freeman et al. (2000) *J. Exp. Med.* 192:1027-34; Latchman et al. (2001) *Nat. Immunol.* 2:261-8; Carter et al. (2002) *Eur. J. Immunol.* 32:634-43; Ohigashi et al. (2005) *Clin. Cancer Res.* 11:2947-53). Both PD-1 (B7-H1) and PD-L2 (B7-DC) are B7 homologs that

bind to PD-1. Expression of PD-1 on the cell surface has also been shown to be upregulated through IFN-γ stimulation.

Summary

The present disclosure provides a fully human antibody of an IgG class that binds to a
5   PD-1 epitope with a binding affinity of at least 10^{-6}M, which has a heavy chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 1, SEQ ID NO. 3, SEQ ID NO. 5, SEQ ID NO. 7, SEQ ID NO. 9, SEQ ID NO. 11, SEQ ID NO. 13, SEQ ID NO. 15, SEQ ID NO. 17, SEQ ID NO. 19, SEQ ID NO. 21, SEQ ID NO. 23, SEQ ID NO. 25, SEQ ID NO. 27, SEQ ID NO. 29, SEQ ID
10 NO. 31, SEQ ID NO. 33, SEQ ID NO. 35, SEQ ID NO. 37, SEQ ID NO. 38, SEQ ID NO. 39, SEQ ID NO. 40, SEQ ID NO. 41, SEQ ID NO. 42, SEQ ID NO. 43, SEQ ID NO. 44, and combinations thereof, and that has a light chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 2, SEQ ID NO. 4, SEQ ID NO. 6, SEQ ID NO. 8, SEQ ID NO. 10, SEQ ID NO. 12, SEQ ID NO.
15 14, SEQ ID NO. 16, SEQ ID NO. 18, SEQ ID NO. 20, SEQ ID NO. 22, SEQ ID NO. 24, SEQ ID NO. 26, SEQ ID NO. 28, SEQ ID NO. 30, SEQ ID NO. 32, SEQ ID NO. 34, SEQ ID NO. 36, and combinations thereof. Preferably, the fully human antibody has both a heavy chain and a light chain wherein the antibody has a heavy chain/light chain variable domain sequence selected from the group consisting of SEQ ID NO. 1/SEQ ID NO. 2 (called GA1 herein), SEQ
20 ID NO. 3/SEQ ID NO. 4 (called GA2 herein), SEQ ID NO. 5/SEQ ID NO. 6 (called GB1 herein), SEQ ID NO. 7/SEQ ID NO. 8 (called GB6 herein), SEQ ID NO. 9/SEQ ID NO. 10 (called GH1 herein), SEQ ID NO. 11/SEQ ID NO. 12 (called A2 herein), SEQ ID NO. 13/SEQ ID NO. 14 (called C7 herein), SEQ ID NO. 15/SEQ ID NO. 16 (called H7 herein), SEQ ID NO. 17/SEQ ID NO. 18 (called SH-A4 herein), SEQ ID NO. 19/SEQ ID NO. 20 (called SH-
25 A9 herein), SEQ ID NO. 21/SEQ ID NO. 22 (called RG1B3 herein), SEQ ID NO. 23/SEQ ID NO. 24 (called RG1H10 herein), SEQ ID NO. 25/SEQ ID NO. 26 (called RG1H11 herein), SEQ ID NO. 27/SEQ ID NO. 28 (called RG2H7 herein), SEQ ID NO. 29/SEQ ID NO. 30 (called RG2H10 herein), SEQ ID NO. 31/SEQ ID NO. 32 (called RG3E12 herein), SEQ ID NO. 33/SEQ ID NO. 34 (called RG4A6 herein), SEQ ID NO. 35/SEQ ID NO. 36 (called
30 RG5D9 herein), SEQ ID NO. 37/SEQ ID NO. 24 (called RG1H10-H2A-22-15 herein), SEQ ID NO. 38/SEQ ID NO. 24 (called RG1H10-H2A-27-25 herein), SEQ ID NO. 39/SEQ ID NO. 24 (called RG1H10-3C herein), SEQ ID NO. 40/SEQ ID NO. 24 (called RG1H10-16C herein), SEQ ID NO. 41/SEQ ID NO. 24 (called RG1H10-17C herein), SEQ ID NO. 42/SEQ ID NO. 24 (called RG1H10-19C herein), SEQ ID NO. 43/SEQ ID NO. 24 (called RG1H10-21C

herein), SEQ ID NO. 44/SEQ ID NO. 24 (called RG1H10-23C2 herein), and combinations thereof.

The present disclosure provides a Fab fully human antibody fragment, having a variable domain region from a heavy chain and a variable domain region from a light chain,

5   wherein the heavy chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 1, SEQ ID NO. 3, SEQ ID NO. 5, SEQ ID NO. 7, SEQ ID NO. 9, SEQ ID NO. 11, SEQ ID NO. 13, SEQ ID NO. 15, SEQ ID NO. 17, SEQ ID NO. 19, SEQ ID NO. 21, SEQ ID NO. 23, SEQ ID NO. 25, SEQ ID NO. 27, SEQ ID NO. 29, SEQ ID NO. 31, SEQ ID NO. 33, SEQ ID NO. 35, SEQ ID NO. 37,

10   SEQ ID NO. 38, SEQ ID NO. 39, SEQ ID NO. 40, SEQ ID NO. 41, SEQ ID NO. 42, SEQ ID NO. 43, SEQ ID NO. 44, and combinations thereof, and that has a light chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 2, SEQ ID NO. 4, SEQ ID NO. 6, SEQ ID NO. 8, SEQ ID NO. 10, SEQ ID NO. 12, SEQ ID NO. 14, SEQ ID NO. 16, SEQ ID NO. 18, SEQ ID NO. 20, SEQ ID

15   NO. 22, SEQ ID NO. 24, SEQ ID NO. 26, SEQ ID NO. 28, SEQ ID NO. 30, SEQ ID NO. 32, SEQ ID NO. 34, SEQ ID NO. 36, and combinations thereof. Preferably, the fully human antibody Fab fragment has both a heavy chain variable domain region and a light chain variable domain region wherein the antibody has a heavy chain/light chain variable domain sequence selected from the group consisting of SEQ ID NO. 1/SEQ ID NO. 2, SEQ ID NO.

20   3/SEQ ID NO. 4, SEQ ID NO. 5/SEQ ID NO. 6, SEQ ID NO. 7/SEQ ID NO. 8, SEQ ID NO. 9/SEQ ID NO. 10, SEQ ID NO. 11/SEQ ID NO. 12, SEQ ID NO. 13/SEQ ID NO. 14, SEQ ID NO. 15/SEQ ID NO. 16, SEQ ID NO. 17/SEQ ID NO. 18, SEQ ID NO. 19/SEQ ID NO. 20, SEQ ID NO. 21/SEQ ID NO. 22, SEQ ID NO. 23/SEQ ID NO. 24, SEQ ID NO. 25/SEQ ID NO. 26, SEQ ID NO. 27/SEQ ID NO. 28, SEQ ID NO. 29/SEQ ID NO. 30, SEQ ID NO.

25   31/SEQ ID NO. 32, SEQ ID NO. 33/SEQ ID NO. 34, SEQ ID NO. 35/SEQ ID NO. 36, SEQ ID NO. 37/SEQ ID NO. 24, SEQ ID NO. 38/SEQ ID NO. 24, SEQ ID NO. 39/SEQ ID NO. 24, SEQ ID NO. 40/SEQ ID NO. 24, SEQ ID NO. 41/SEQ ID NO. 24, SEQ ID NO. 42/SEQ ID NO. 24, SEQ ID NO. 43/SEQ ID NO. 24, SEQ ID NO. 44/SEQ ID NO. 24, and combinations thereof.

30   The present disclosure provides a single chain human antibody, having a variable domain region from a heavy chain and a variable domain region from a light chain and a peptide linker connection the heavy chain and light chain variable domain regions, wherein the heavy chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 1, SEQ ID NO. 3, SEQ ID NO.

5, SEQ ID NO. 7, SEQ ID NO. 9, SEQ ID NO. 11, SEQ ID NO. 13, SEQ ID NO. 15, SEQ ID NO. 17, SEQ ID NO. 19, SEQ ID NO. 21, SEQ ID NO. 23, SEQ ID NO. 25, SEQ ID NO. 27, SEQ ID NO. 29, SEQ ID NO. 31, SEQ ID NO. 33, SEQ ID NO. 35, SEQ ID NO. 37, SEQ ID NO. 38, SEQ ID NO. 39, SEQ ID NO. 40, SEQ ID NO. 41, SEQ ID NO. 42, SEQ ID NO. 43, SEQ ID NO. 44, and combinations thereof, and that has a light chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 2, SEQ ID NO. 4, SEQ ID NO. 6, SEQ ID NO. 8, SEQ ID NO. 10, SEQ ID NO. 12, SEQ ID NO. 14, SEQ ID NO. 16, SEQ ID NO. 18, SEQ ID NO. 20, SEQ ID NO. 22, SEQ ID NO. 24, SEQ ID NO. 26, SEQ ID NO. 28, SEQ ID NO. 30, SEQ ID NO. 32, SEQ ID NO. 34, SEQ ID NO. 36, and combinations thereof. Preferably, the fully human single chain antibody has both a heavy chain variable domain region and a light chain variable domain region, wherein the single chain fully human antibody has a heavy chain/light chain variable domain sequence selected from the group consisting of SEQ ID NO. 1/SEQ ID NO. 2, SEQ ID NO. 3/SEQ ID NO. 4, SEQ ID NO. 5/SEQ ID NO. 6, SEQ ID NO. 7/SEQ ID NO. 8, SEQ ID NO. 9/SEQ ID NO. 10, SEQ ID NO. 11/SEQ ID NO. 12, SEQ ID NO. 13/SEQ ID NO. 14, SEQ ID NO. 15/SEQ ID NO. 16, SEQ ID NO. 17/SEQ ID NO. 18, SEQ ID NO. 19/SEQ ID NO. 20, SEQ ID NO. 21/SEQ ID NO. 22, SEQ ID NO. 23/SEQ ID NO. 24, SEQ ID NO. 25/SEQ ID NO. 26, SEQ ID NO. 27/SEQ ID NO. 28, SEQ ID NO. 29/SEQ ID NO. 30, SEQ ID NO. 31/SEQ ID NO. 32, SEQ ID NO. 33/SEQ ID NO. 34, SEQ ID NO. 35/SEQ ID NO. 36, SEQ ID NO. 37/SEQ ID NO. 24, SEQ ID NO. 38/SEQ ID NO. 24, SEQ ID NO. 39/SEQ ID NO. 24, SEQ ID NO. 40/SEQ ID NO. 24, SEQ ID NO. 41/SEQ ID NO. 24, SEQ ID NO. 42/SEQ ID NO. 24, SEQ ID NO. 43/SEQ ID NO. 24, SEQ ID NO. 44/SEQ ID NO. 24, and combinations thereof.

The present disclosure further provides a method for treating a broad spectrum of mammalian cancers or a broad-spectrum of inflammatory diseases and autoimmune diseases, comprising administering an effective amount of an anti-PD-1 polypeptide, wherein the anti-PD-1 polypeptide is selected from the group consisting of a fully human antibody of an IgG class that binds to a PD-1 epitope with a binding affinity of at least 10^{-6}M, a Fab fully human antibody fragment, having a variable domain region from a heavy chain and a variable domain region from a light chain, a single chain human antibody, having a variable domain region from a heavy chain and a variable domain region from a light chain and a peptide linker connection the heavy chain and light chain variable domain regions, and combinations thereof;

wherein the fully human antibody has a heavy chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID

NO. 1, SEQ ID NO. 3, SEQ ID NO. 5, SEQ ID NO. 7, SEQ ID NO. 9, SEQ ID NO. 11, SEQ ID NO. 13, SEQ ID NO. 15, SEQ ID NO. 17, SEQ ID NO. 19, SEQ ID NO. 21, SEQ ID NO. 23, SEQ ID NO. 25, SEQ ID NO. 27, SEQ ID NO. 29, SEQ ID NO. 31, SEQ ID NO. 33, SEQ ID NO. 35, SEQ ID NO. 37, SEQ ID NO. 38, SEQ ID NO. 39, SEQ ID NO. 40, SEQ ID NO. 41, SEQ ID NO. 42, SEQ ID NO. 43, SEQ ID NO. 44, and combinations thereof, and that has a light chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 2, SEQ ID NO. 4, SEQ ID NO. 6, SEQ ID NO. 8, SEQ ID NO. 10, SEQ ID NO. 12, SEQ ID NO. 14, SEQ ID NO. 16, SEQ ID NO. 18, SEQ ID NO. 20, SEQ ID NO. 22, SEQ ID NO. 24, SEQ ID NO. 26, SEQ ID NO. 28, SEQ ID NO. 30, SEQ ID NO. 32, SEQ ID NO. 34, SEQ ID NO. 36, and combinations thereof;

wherein the Fab fully human antibody fragment has the heavy chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 1, SEQ ID NO. 3, SEQ ID NO. 5, SEQ ID NO. 7, SEQ ID NO. 9, SEQ ID NO. 11, SEQ ID NO. 13, SEQ ID NO. 15, SEQ ID NO. 17, SEQ ID NO. 19, SEQ ID NO. 21, SEQ ID NO. 23, SEQ ID NO. 25, SEQ ID NO. 27, SEQ ID NO. 29, SEQ ID NO. 31, SEQ ID NO. 33, SEQ ID NO. 35, SEQ ID NO. 37, SEQ ID NO. 38, SEQ ID NO. 39, SEQ ID NO. 40, SEQ ID NO. 41, SEQ ID NO. 42, SEQ ID NO. 43, SEQ ID NO. 44, and combinations thereof, and that has the light chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 2, SEQ ID NO. 4, SEQ ID NO. 6, SEQ ID NO. 8, SEQ ID NO. 10, SEQ ID NO. 12, SEQ ID NO. 14, SEQ ID NO. 16, SEQ ID NO. 18, SEQ ID NO. 20, SEQ ID NO. 22, SEQ ID NO. 24, SEQ ID NO. 26, SEQ ID NO. 28, SEQ ID NO. 30, SEQ ID NO. 32, SEQ ID NO. 34, SEQ ID NO. 36, and combinations thereof; and

wherein the single chain human antibody has the heavy chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 1, SEQ ID NO. 3, SEQ ID NO. 5, SEQ ID NO. 7, SEQ ID NO. 9, SEQ ID NO. 11, SEQ ID NO. 13, SEQ ID NO. 15, SEQ ID NO. 17, SEQ ID NO. 19, SEQ ID NO. 21, SEQ ID NO. 23, SEQ ID NO. 25, SEQ ID NO. 27, SEQ ID NO. 29, SEQ ID NO. 31, SEQ ID NO. 33, SEQ ID NO. 35, SEQ ID NO. 37, SEQ ID NO. 38, SEQ ID NO. 39, SEQ ID NO. 40, SEQ ID NO. 41, SEQ ID NO. 42, SEQ ID NO. 43, SEQ ID NO. 44, and combinations thereof, and that has the light chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 2, SEQ ID NO. 4, SEQ ID NO. 6, SEQ ID NO. 8, SEQ ID NO. 10, SEQ ID NO. 12, SEQ ID NO. 14, SEQ ID NO. 16, SEQ ID NO. 18, SEQ ID NO. 20, SEQ ID NO. 22, SEQ ID NO. 24, SEQ ID NO. 26, SEQ ID

NO. 28, SEQ ID NO. 30, SEQ ID NO. 32, SEQ ID NO. 34, SEQ ID NO. 36, and combinations thereof.

Preferably, the fully human antibody has both a heavy chain and a light chain wherein the antibody has a heavy chain/light chain variable domain sequence selected from the group consisting of SEQ ID NO. 1/SEQ ID NO. 2 (called GA1 herein), SEQ ID NO. 3/SEQ ID NO. 4 (called GA2 herein), SEQ ID NO. 5/SEQ ID NO. 6 (called GB1 herein), SEQ ID NO. 7/SEQ ID NO. 8 (called GB6 herein), SEQ ID NO. 9/SEQ ID NO. 10 (called GH1 herein), SEQ ID NO. 11/SEQ ID NO. 12 (called A2 herein), SEQ ID NO. 13/SEQ ID NO. 14 (called C7 herein), SEQ ID NO. 15/SEQ ID NO. 16 (called H7 herein), SEQ ID NO. 17/SEQ ID NO. 18 (called SH-A4 herein), SEQ ID NO. 19/SEQ ID NO. 20 (called SH-A9 herein), SEQ ID NO. 21/SEQ ID NO. 22 (called RG1B3 herein), SEQ ID NO. 23/SEQ ID NO. 24 (called RG1H10 herein), SEQ ID NO. 25/SEQ ID NO. 26 (called RG1H11 herein), SEQ ID NO. 27/SEQ ID NO. 28 (called RG2H7 herein), SEQ ID NO. 29/SEQ ID NO. 30 (called RG2H10 herein), SEQ ID NO. 31/SEQ ID NO. 32 (called RG3E12 herein), SEQ ID NO. 33/SEQ ID NO. 34 (called RG4A6 herein), SEQ ID NO. 35/SEQ ID NO. 36 (called RG5D9 herein), SEQ ID NO. 37/SEQ ID NO. 24 (called RG1H10-H2A-22-15 herein), SEQ ID NO. 38/SEQ ID NO. 24 (called RG1H10-H2A-27-25 herein), SEQ ID NO. 39/SEQ ID NO. 24 (called RG1H10-3C herein), SEQ ID NO. 40/SEQ ID NO. 24 (called RG1H10-16C herein), SEQ ID NO. 41/SEQ ID NO. 24 (called RG1H10-17C herein), SEQ ID NO. 42/SEQ ID NO. 24 (called RG1H10-19C herein), SEQ ID NO. 43/SEQ ID NO. 24 (called RG1H10-21C herein), SEQ ID NO. 44/SEQ ID NO. 24 (called RG1H10-23C2 herein), and combinations thereof. Preferably, the fully human antibody Fab fragment has both a heavy chain variable domain region and a light chain variable domain region wherein the antibody has a heavy chain/light chain variable domain sequence selected from the group consisting of SEQ ID NO. 1/SEQ ID NO. 2 (called GA1 herein), SEQ ID NO. 3/SEQ ID NO. 4 (called GA2 herein), SEQ ID NO. 5/SEQ ID NO. 6 (called GB1 herein), SEQ ID NO. 7/SEQ ID NO. 8 (called GB6 herein), SEQ ID NO. 9/SEQ ID NO. 10 (called GH1 herein), SEQ ID NO. 11/SEQ ID NO. 12 (called A2 herein), SEQ ID NO. 13/SEQ ID NO. 14 (called C7 herein), SEQ ID NO. 15/SEQ ID NO. 16 (called H7 herein), SEQ ID NO. 17/SEQ ID NO. 18 (called SH-A4 herein), SEQ ID NO. 19/SEQ ID NO. 20 (called SH-A9 herein), SEQ ID NO. 21/SEQ ID NO. 22 (called RG1B3 herein), SEQ ID NO. 23/SEQ ID NO. 24 (called RG1H10 herein), SEQ ID NO. 25/SEQ ID NO. 26 (called RG1H11 herein), SEQ ID NO. 27/SEQ ID NO. 28 (called RG2H7 herein), SEQ ID NO. 29/SEQ ID NO. 30 (called RG2H10 herein), SEQ ID NO. 31/SEQ ID NO. 32 (called RG3E12 herein), SEQ ID NO. 33/SEQ ID NO. 34 (called RG4A6 herein), SEQ ID NO. 35/SEQ ID NO.

36 (called RG5D9 herein), SEQ ID NO. 37/SEQ ID NO. 24 (called RG1H10-H2A-22-15 herein), SEQ ID NO. 38/SEQ ID NO. 24 (called RG1H10-H2A-27-25 herein), SEQ ID NO. 39/SEQ ID NO. 24 (called RG1H10-3C herein), SEQ ID NO. 40/SEQ ID NO. 24 (called RG1H10-16C herein), SEQ ID NO. 41/SEQ ID NO. 24 (called RG1H10-17C herein), SEQ ID NO. 42/SEQ ID NO. 24 (called RG1H10-19C herein), SEQ ID NO. 43/SEQ ID NO. 24 (called RG1H10-21C herein), SEQ ID NO. 44/SEQ ID NO. 24 (called RG1H10-23C2 herein), and combinations thereof. Preferably, the fully human single chain antibody has both a heavy chain variable domain region and a light chain variable domain region, wherein the single chain fully human antibody has a heavy chain/light chain variable domain sequence selected from the group consisting of SEQ ID NO. 1/SEQ ID NO. 2, SEQ ID NO. 3/SEQ ID NO. 4, SEQ ID NO. 5/SEQ ID NO. 6, SEQ ID NO. 7/SEQ ID NO. 8, SEQ ID NO. 9/SEQ ID NO. 10, SEQ ID NO. 11/SEQ ID NO. 12, SEQ ID NO. 13/SEQ ID NO. 14, SEQ ID NO. 15/SEQ ID NO. 16, SEQ ID NO. 17/SEQ ID NO. 18, SEQ ID NO. 19/SEQ ID NO. 20, SEQ ID NO. 21/SEQ ID NO. 22, SEQ ID NO. 23/SEQ ID NO. 24, SEQ ID NO. 25/SEQ ID NO. 26, SEQ ID NO. 27/SEQ ID NO. 28, SEQ ID NO. 29/SEQ ID NO. 30, SEQ ID NO. 31/SEQ ID NO. 32, SEQ ID NO. 33/SEQ ID NO. 34, SEQ ID NO. 35/SEQ ID NO. 36, SEQ ID NO. 37/SEQ ID NO. 24, SEQ ID NO. 38/SEQ ID NO. 24, SEQ ID NO. 39/SEQ ID NO. 24, SEQ ID NO. 40/SEQ ID NO. 24, SEQ ID NO. 41/SEQ ID NO. 24, SEQ ID NO. 42/SEQ ID NO. 24, SEQ ID NO. 43/SEQ ID NO. 24, SEQ ID NO. 44/SEQ ID NO. 24, and combinations thereof.

Preferably, the broad spectrum of mammalian cancers to be treated is selected from the group consisting of ovarian, colon, breast, lung cancers, myelomas, neuroblastic-derived CNS tumors, monocytic leukemias, B-cell derived leukemias, T-cell derived leukemias, B-cell derived lymphomas, T-cell derived lymphomas, mast cell derived tumors, and combinations thereof. Preferably, the autoimmune disease or inflammatory disease is selected from the group consisting of intestinal mucosal inflammation, wasting disease associated with colitis, multiple sclerosis, systemic lupus erythematosus, viral infections, rheumatoid arthritis, osteoarthritis, psoriasis, Cohn's disease, and inflammatory bowel disease.

Brief Description of the Figures

Figure 1 shows a mixed lymphocyte reaction (MLR) was employed to evaluate the effect of antibody RG1H10 (SEQ ID NO.23/SEQ ID NO. 24) on lymphocyte activity by the anti-PD-1 on lymphocyte effector cells. T cell activation was measured in the presence or absence of the anti-PD-1 human monoclonal antibody.

Figure 2 shows a mixed lymphocyte reaction (MLR) to evaluate the effect of the RG1H10 antibody on lymphocyte activity in lymphocyte effector cells. IL-2 secretion was

measured in the presence or absence of the anti-PD-1 human monoclonal antibody. The

ordinate is IFNγ in pg/ml.

      Figure 3 shows a mixed lymphocyte reaction (MLR) to demonstrate the effect of

blocking the PD-L1/PD-1 pathway by the listed anti-PD-1 RG1H10 antibody on lymphocyte

effector cells. IFN-γ secretion was measured in the presence or absence of the anti-PD-1

human monoclonal antibody. The ordinant is IL-2 pg/ml.

      Figure 4 shows a cell binding of anti-PD-1 antibody to CHO-PD-1 cells in a dose-

dependent manner.

      Figure 5 shows how inhibition of recombinant PD-1 binding to recombinant PD-L1 by

anti-PD-1 antibodies.

      Figure 6 shows how specific binding of the anti-PD-1 antibody RG1H10 to

recombinant PD-1 proteins.

      Figure 7 shows a mixed lymphocyte reaction (MLR) was employed to compare the

effect of antibody RG1H10 (SEQ ID NO.23/SEQ ID NO. 24) as IgG1or IgG4 (S228P) on

lymphocyte activity by the anti-PD-1 on lymphocyte effector cells. T cell activation was

measured as increased expression of the interleukin-2 (IL-2) receptor (CD25) in the presence

or absence of the anti-PD-1 human monoclonal antibody.

      Figure 8 shows a mixed lymphocyte reaction (MLR) to evaluate the effect of the

RG1H10 antibody as IgG1or IgG4 (S228P) on lymphocyte activity in lymphocyte effector

cells. IL-2 secretion was measured in the presence or absence of the anti-PD-1 human

monoclonal antibody.

      Figure 9 shows a mixed lymphocyte reaction (MLR) to demonstrate the effect of

blocking the PD-L1/PD-1 pathway by the listed anti-PD-1 RG1H10 antibody as IgG1or IgG4

(S228P) on lymphocyte effector cells. IFN-γ secretion was measured in the presence or

absence of the anti-PD-1 human monoclonal antibody.

      Figure 10 shows the cross reactivity, or lack of cross reactivity as between human and

murine anti-PD-1 antibodies disclosed herein.

Detailed Description

      The present disclosure provides a fully human antibody of an IgG class that binds to a

PD-1 epitope with a binding affinity of 10^{-6}M or less, that has a heavy chain variable domain

sequence that is at least 95% identical to the amino acid sequences selected from the group

consisting of SEQ ID NO. 1, SEQ ID NO. 3, SEQ ID NO. 5, SEQ ID NO. 7, SEQ ID NO. 9,

SEQ ID NO. 11, SEQ ID NO. 13, SEQ ID NO. 15, SEQ ID NO. 17, SEQ ID NO. 19, SEQ ID

NO. 21, SEQ ID NO. 23, SEQ ID NO. 25, SEQ ID NO. 27, SEQ ID NO. 29, SEQ ID NO. 31,

SEQ ID NO. 33, SEQ ID NO. 35, SEQ ID NO. 37, SEQ ID NO. 38, SEQ ID NO. 39, SEQ ID NO. 40, SEQ ID NO. 41, SEQ ID NO. 42, SEQ ID NO. 43, SEQ ID NO. 44, and combinations thereof, and that has a light chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 2, SEQ ID NO. 4, SEQ ID NO. 6, SEQ ID NO. 8, SEQ ID NO. 10, SEQ ID NO. 12, SEQ ID NO. 14, SEQ ID NO. 16, SEQ ID NO. 18, SEQ ID NO. 20, SEQ ID NO. 22, SEQ ID NO. 24, SEQ ID NO. 26, SEQ ID NO. 28, SEQ ID NO. 30, SEQ ID NO. 32, SEQ ID NO. 34, SEQ ID NO. 36, and combinations thereof. Preferably, the fully human antibody has both a heavy chain and a light chain wherein the antibody has a heavy chain/light chain variable domain sequence selected from the group consisting of SEQ ID NO. 1/SEQ ID NO. 2 (called GA1 herein), SEQ ID NO. 3/SEQ ID NO. 4 (called GA2 herein), SEQ ID NO. 5/SEQ ID NO. 6 (called GB1 herein), SEQ ID NO. 7/SEQ ID NO. 8 (called GB6 herein), SEQ ID NO. 9/SEQ ID NO. 10 (called GH1 herein), SEQ ID NO. 11/SEQ ID NO. 12 (called A2 herein), SEQ ID NO. 13/SEQ ID NO. 14 (called C7 herein), SEQ ID NO. 15/SEQ ID NO. 16 (called H7 herein), SEQ ID NO. 17/SEQ ID NO. 18 (called SH-A4 herein), SEQ ID NO. 19/SEQ ID NO. 20 (called SH-A9 herein), SEQ ID NO. 21/SEQ ID NO. 22 (called RG1B3 herein), SEQ ID NO. 23/SEQ ID NO. 24 (called RG1H10 herein), SEQ ID NO. 25/SEQ ID NO. 26 (called RG1H11 herein), SEQ ID NO. 27/SEQ ID NO. 28 (called RG2H7 herein), SEQ ID NO. 29/SEQ ID NO. 30 (called RG2H10 herein), SEQ ID NO. 31/SEQ ID NO. 32 (called RG3E12 herein), SEQ ID NO. 33/SEQ ID NO. 34 (called RG4A6 herein), SEQ ID NO. 35/SEQ ID NO. 36 (called RG5D9 herein), SEQ ID NO. 37/SEQ ID NO. 24 (called RG1H10-H2A-22-15 herein), SEQ ID NO. 38/SEQ ID NO. 24 (called RG1H10-H2A-27-25 herein), SEQ ID NO. 39/SEQ ID NO. 24 (called RG1H10-3C herein), SEQ ID NO. 40/SEQ ID NO. 24 (called RG1H10-16C herein), SEQ ID NO. 41/SEQ ID NO. 24 (called RG1H10-17C herein), SEQ ID NO. 42/SEQ ID NO. 24 (called RG1H10-19C herein), SEQ ID NO. 43/SEQ ID NO. 24 (called RG1H10-21C herein), SEQ ID NO. 44/SEQ ID NO. 24 (called RG1H10-23C2 herein), and combinations thereof.

The present disclosure provides a Fab fully human antibody fragment, having a variable domain region from a heavy chain and a variable domain region from a light chain, wherein the heavy chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 1, SEQ ID NO. 3, SEQ ID NO. 5, SEQ ID NO. 7, SEQ ID NO. 9, SEQ ID NO. 11, SEQ ID NO. 13, SEQ ID NO. 15, SEQ ID NO. 17, SEQ ID NO. 19, SEQ ID NO. 21, SEQ ID NO. 23, SEQ ID NO. 25, SEQ ID NO. 27, SEQ ID NO. 29, SEQ ID NO. 31, SEQ ID NO. 33, SEQ ID NO. 35, SEQ ID NO. 37,

SEQ ID NO. 38, SEQ ID NO. 39, SEQ ID NO. 40, SEQ ID NO. 41, SEQ ID NO. 42, SEQ ID NO. 43, SEQ ID NO. 44, and combinations thereof, and that has a light chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 2, SEQ ID NO. 4, SEQ ID NO. 6, SEQ ID NO. 8, SEQ ID NO. 10,

5   SEQ ID NO. 12, SEQ ID NO. 14, SEQ ID NO. 16, SEQ ID NO. 18, SEQ ID NO. 20, SEQ ID NO. 22, SEQ ID NO. 24, SEQ ID NO. 26, SEQ ID NO. 28, SEQ ID NO. 30, SEQ ID NO. 32, SEQ ID NO. 34, SEQ ID NO. 36, and combinations thereof. Preferably, the fully human antibody Fab fragment has both a heavy chain variable domain region and a light chain variable domain region wherein the antibody has a heavy chain/light chain variable domain

10   sequence selected from the group consisting of SEQ ID NO. 1/SEQ ID NO. 2, SEQ ID NO. 3/SEQ ID NO. 4, SEQ ID NO. 5/SEQ ID NO. 6, SEQ ID NO. 7/SEQ ID NO. 8, SEQ ID NO. 9/SEQ ID NO. 10, SEQ ID NO. 11/SEQ ID NO. 12, SEQ ID NO. 13/SEQ ID NO. 14, SEQ ID NO. 15/SEQ ID NO. 16, SEQ ID NO. 17/SEQ ID NO. 18, SEQ ID NO. 19/SEQ ID NO. 20, SEQ ID NO. 21/SEQ ID NO. 22, SEQ ID NO. 23/SEQ ID NO. 24, SEQ ID NO. 25/SEQ ID

15   NO. 26, SEQ ID NO. 27/SEQ ID NO. 28, SEQ ID NO. 29/SEQ ID NO. 30, SEQ ID NO. 31/SEQ ID NO. 32, SEQ ID NO. 33/SEQ ID NO. 34, SEQ ID NO. 35/SEQ ID NO. 36, SEQ ID NO. 37/SEQ ID NO. 24, SEQ ID NO. 38/SEQ ID NO. 24, SEQ ID NO. 39/SEQ ID NO. 24, SEQ ID NO. 40/SEQ ID NO. 24, SEQ ID NO. 41/SEQ ID NO. 24, SEQ ID NO. 42/SEQ ID NO. 24, SEQ ID NO. 43/SEQ ID NO. 24, SEQ ID NO. 44/SEQ ID NO. 24, and

20   combinations thereof.

The present disclosure provides a single chain human antibody, having a variable domain region from a heavy chain and a variable domain region from a light chain and a peptide linker connection the heavy chain and light chain variable domain regions, wherein the heavy chain variable domain sequence that is at least 95% identical to the amino acid

25   sequences selected from the group consisting of SEQ ID NO. 1, SEQ ID NO. 3, SEQ ID NO. 5, SEQ ID NO. 7, SEQ ID NO. 9, SEQ ID NO. 11, SEQ ID NO. 13, SEQ ID NO. 15, SEQ ID NO. 17, SEQ ID NO. 19, SEQ ID NO. 21, SEQ ID NO. 23, SEQ ID NO. 25, SEQ ID NO. 27, SEQ ID NO. 29, SEQ ID NO. 31, SEQ ID NO. 33, SEQ ID NO. 35, SEQ ID NO. 37, SEQ ID NO. 38, SEQ ID NO. 39, SEQ ID NO. 40, SEQ ID NO. 41, SEQ ID NO. 42, SEQ ID NO. 43,

30   SEQ ID NO. 44, and combinations thereof, and that has a light chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 2, SEQ ID NO. 4, SEQ ID NO. 6, SEQ ID NO. 8, SEQ ID NO. 10, SEQ ID NO. 12, SEQ ID NO. 14, SEQ ID NO. 16, SEQ ID NO. 18, SEQ ID NO. 20, SEQ ID NO. 22, SEQ ID NO. 24, SEQ ID NO. 26, SEQ ID NO. 28, SEQ ID NO. 30, SEQ ID NO. 32, SEQ ID NO.

34, SEQ ID NO. 36, and combinations thereof. Preferably, the fully human single chain antibody has both a heavy chain variable domain region and a light chain variable domain region, wherein the single chain fully human antibody has a heavy chain/light chain variable domain sequence selected from the group consisting of SEQ ID NO. 1/SEQ ID NO. 2, SEQ ID

5 NO. 3/SEQ ID NO. 4, SEQ ID NO. 5/SEQ ID NO. 6, SEQ ID NO. 7/SEQ ID NO. 8, SEQ ID NO. 9/SEQ ID NO. 10, SEQ ID NO. 11/SEQ ID NO. 12, SEQ ID NO. 13/SEQ ID NO. 14, SEQ ID NO. 15/SEQ ID NO. 16, SEQ ID NO. 17/SEQ ID NO. 18, SEQ ID NO. 19/SEQ ID NO. 20, SEQ ID NO. 21/SEQ ID NO. 22, SEQ ID NO. 23/SEQ ID NO. 24, SEQ ID NO. 25/SEQ ID NO. 26, SEQ ID NO. 27/SEQ ID NO. 28, SEQ ID NO. 29/SEQ ID NO. 30, SEQ

10 ID NO. 31/SEQ ID NO. 32, SEQ ID NO. 33/SEQ ID NO. 34, SEQ ID NO. 35/SEQ ID NO. 36, SEQ ID NO. 37/SEQ ID NO. 24, SEQ ID NO. 38/SEQ ID NO. 24, SEQ ID NO. 39/SEQ ID NO. 24, SEQ ID NO. 40/SEQ ID NO. 24, SEQ ID NO. 41/SEQ ID NO. 24, SEQ ID NO. 42/SEQ ID NO. 24, SEQ ID NO. 43/SEQ ID NO. 24, SEQ ID NO. 44/SEQ ID NO. 24, and combinations thereof.

15   The present disclosure further provides a method for treating a broad spectrum of mammalian cancers or inflammatory diseases or autoimmune diseases, comprising administering an effective amount of an anti-PD-1 polypeptide, wherein the anti-PD-1 polypeptide is selected from the group consisting of a fully human antibody of an IgG class that binds to a PD-1 epitope with a binding affinity of at least 10^{-6}M, a Fab fully human

20 antibody fragment, having a variable domain region from a heavy chain and a variable domain region from a light chain, a single chain human antibody, having a variable domain region from a heavy chain and a variable domain region from a light chain and a peptide linker connection the heavy chain and light chain variable domain regions, and combinations thereof;
     wherein the fully human antibody has a heavy chain variable domain sequence that is at

25 least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 1, SEQ ID NO. 3, SEQ ID NO. 5, SEQ ID NO. 7, SEQ ID NO. 9, SEQ ID NO. 11, SEQ ID NO. 13, SEQ ID NO. 15, SEQ ID NO. 17, SEQ ID NO. 19, SEQ ID NO. 21, SEQ ID NO. 23, SEQ ID NO. 25, SEQ ID NO. 27, SEQ ID NO. 29, SEQ ID NO. 31, SEQ ID NO. 33, SEQ ID NO. 35, SEQ ID NO. 37, SEQ ID NO. 38, SEQ ID NO. 39, SEQ ID NO. 40, SEQ ID NO.

30 41, SEQ ID NO. 42, SEQ ID NO. 43, SEQ ID NO. 44, and combinations thereof, and that has a light chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 2, SEQ ID NO. 4, SEQ ID NO. 6, SEQ ID NO. 8, SEQ ID NO. 10, SEQ ID NO. 12, SEQ ID NO. 14, SEQ ID NO. 16, SEQ ID

NO. 18, SEQ ID NO. 20, SEQ ID NO. 22, SEQ ID NO. 24, SEQ ID NO. 26, SEQ ID NO. 28, SEQ ID NO. 30, SEQ ID NO. 32, SEQ ID NO. 34, SEQ ID NO. 36, and combinations thereof;

wherein the Fab fully human antibody fragment has the heavy chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 1, SEQ ID NO. 3, SEQ ID NO. 5, SEQ ID NO. 7, SEQ ID NO. 9, SEQ ID NO. 11, SEQ ID NO. 13, SEQ ID NO. 15, SEQ ID NO. 17, SEQ ID NO. 19, SEQ ID NO. 21, SEQ ID NO. 23, SEQ ID NO. 25, SEQ ID NO. 27, SEQ ID NO. 29, SEQ ID NO. 31, SEQ ID NO. 33, SEQ ID NO. 35, SEQ ID NO. 37, SEQ ID NO. 38, SEQ ID NO. 39, SEQ ID NO. 40, SEQ ID NO. 41, SEQ ID NO. 42, SEQ ID NO. 43, SEQ ID NO. 44, and combinations thereof, and that has the light chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 2, SEQ ID NO. 4, SEQ ID NO. 6, SEQ ID NO. 8, SEQ ID NO. 10, SEQ ID NO. 12, SEQ ID NO. 14, SEQ ID NO. 16, SEQ ID NO. 18, SEQ ID NO. 20, SEQ ID NO. 22, SEQ ID NO. 24, SEQ ID NO. 26, SEQ ID NO. 28, SEQ ID NO. 30, SEQ ID NO. 32, SEQ ID NO. 34, SEQ ID NO. 36, and combinations thereof; and

wherein the single chain human antibody has the heavy chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 1, SEQ ID NO. 3, SEQ ID NO. 5, SEQ ID NO. 7, SEQ ID NO. 9, SEQ ID NO. 11, SEQ ID NO. 13, SEQ ID NO. 15, SEQ ID NO. 17, SEQ ID NO. 19, SEQ ID NO. 21, SEQ ID NO. 23, SEQ ID NO. 25, SEQ ID NO. 27, SEQ ID NO. 29, SEQ ID NO. 31, SEQ ID NO. 33, SEQ ID NO. 35, SEQ ID NO. 37, SEQ ID NO. 38, SEQ ID NO. 39, SEQ ID NO. 40, SEQ ID NO. 41, SEQ ID NO. 42, SEQ ID NO. 43, SEQ ID NO. 44, and combinations thereof, and that has the light chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 2, SEQ ID NO. 4, SEQ ID NO. 6, SEQ ID NO. 8, SEQ ID NO. 10, SEQ ID NO. 12, SEQ ID NO. 14, SEQ ID NO. 16, SEQ ID NO. 18, SEQ ID NO. 20, SEQ ID NO. 22, SEQ ID NO. 24, SEQ ID NO. 26, SEQ ID NO. 28, SEQ ID NO. 30, SEQ ID NO. 32, SEQ ID NO. 34, SEQ ID NO. 36, and combinations thereof.

Preferably, the fully human antibody has both a heavy chain and a light chain wherein the antibody has a heavy chain/light chain variable domain sequence selected from the group consisting of SEQ ID NO. 1/SEQ ID NO. 2, SEQ ID NO. 3/SEQ ID NO. 4, SEQ ID NO. 5/SEQ ID NO. 6, SEQ ID NO. 7/SEQ ID NO. 8, SEQ ID NO. 9/SEQ ID NO. 10, SEQ ID NO. 11/SEQ ID NO. 12, SEQ ID NO. 13/SEQ ID NO. 14, SEQ ID NO. 15/SEQ ID NO. 16, SEQ ID NO. 17/SEQ ID NO. 18, SEQ ID NO. 19/SEQ ID NO. 20, SEQ ID NO. 21/SEQ ID NO.

22, SEQ ID NO. 23/SEQ ID NO. 24, SEQ ID NO. 25/SEQ ID NO. 26, SEQ ID NO. 27/SEQ ID NO. 28, SEQ ID NO. 29/SEQ ID NO. 30, SEQ ID NO. 31/SEQ ID NO. 32, SEQ ID NO. 33/SEQ ID NO. 34, SEQ ID NO. 35/SEQ ID NO. 36, SEQ ID NO. 37/SEQ ID NO. 24, SEQ ID NO. 38/SEQ ID NO. 24, SEQ ID NO. 39/SEQ ID NO. 24, SEQ ID NO. 40/SEQ ID NO.

5   24, SEQ ID NO. 41/SEQ ID NO. 24, SEQ ID NO. 42/SEQ ID NO. 24, SEQ ID NO. 43/SEQ ID NO. 24, SEQ ID NO. 44/SEQ ID NO. 24, and combinations thereof. Preferably, the fully human antibody Fab fragment has both a heavy chain variable domain region and a light chain variable domain region wherein the antibody has a heavy chain/light chain variable domain sequence selected from the group consisting of SEQ ID NO. 1/SEQ ID NO. 2, SEQ ID NO.

10   3/SEQ ID NO. 4, SEQ ID NO. 5/SEQ ID NO. 6, SEQ ID NO. 7/SEQ ID NO. 8, SEQ ID NO. 9/SEQ ID NO. 10, SEQ ID NO. 11/SEQ ID NO. 12, SEQ ID NO. 13/SEQ ID NO. 14, SEQ ID NO. 15/SEQ ID NO. 16, SEQ ID NO. 17/SEQ ID NO. 18, SEQ ID NO. 19/SEQ ID NO. 20, SEQ ID NO. 21/SEQ ID NO. 22, SEQ ID NO. 23/SEQ ID NO. 24, SEQ ID NO. 25/SEQ ID NO. 26, SEQ ID NO. 27/SEQ ID NO. 28, SEQ ID NO. 29/SEQ ID NO. 30, SEQ ID NO.

15   31/SEQ ID NO. 32, SEQ ID NO. 33/SEQ ID NO. 34, SEQ ID NO. 35/SEQ ID NO. 36, SEQ ID NO. 37/SEQ ID NO. 24, SEQ ID NO. 38/SEQ ID NO. 24, SEQ ID NO. 39/SEQ ID NO. 24, SEQ ID NO. 40/SEQ ID NO. 24, SEQ ID NO. 41/SEQ ID NO. 24, SEQ ID NO. 42/SEQ ID NO. 24, SEQ ID NO. 43/SEQ ID NO. 24, SEQ ID NO. 44/SEQ ID NO. 24, and combinations thereof. Preferably, the fully human single chain antibody has both a heavy chain

20   variable domain region and a light chain variable domain region, wherein the single chain fully human antibody has a heavy chain/light chain variable domain sequence selected from the group consisting of SEQ ID NO. 1/SEQ ID NO. 2, SEQ ID NO. 3/SEQ ID NO. 4, SEQ ID NO. 5/SEQ ID NO. 6, SEQ ID NO. 7/SEQ ID NO. 8, SEQ ID NO. 9/SEQ ID NO. 10, SEQ ID NO. 11/SEQ ID NO. 12, SEQ ID NO. 13/SEQ ID NO. 14, SEQ ID NO. 15/SEQ ID NO. 16,

25   SEQ ID NO. 17/SEQ ID NO. 18, SEQ ID NO. 19/SEQ ID NO. 20, SEQ ID NO. 21/SEQ ID NO. 22, SEQ ID NO. 23/SEQ ID NO. 24, SEQ ID NO. 25/SEQ ID NO. 26, SEQ ID NO. 27/SEQ ID NO. 28, SEQ ID NO. 29/SEQ ID NO. 30, SEQ ID NO. 31/SEQ ID NO. 32, SEQ ID NO. 33/SEQ ID NO. 34, SEQ ID NO. 35/SEQ ID NO. 36, SEQ ID NO. 37/SEQ ID NO. 24, SEQ ID NO. 38/SEQ ID NO. 24, SEQ ID NO. 39/SEQ ID NO. 24, SEQ ID NO. 40/SEQ

30   ID NO. 24, SEQ ID NO. 41/SEQ ID NO. 24, SEQ ID NO. 42/SEQ ID NO. 24, SEQ ID NO. 43/SEQ ID NO. 24, SEQ ID NO. 44/SEQ ID NO. 24, and combinations thereof.

Preferably, the broad spectrum of mammalian cancers to be treated is selected from the group consisting of ovarian, colon, breast, lung cancers, myelomas, neuroblastic-derived CNS tumors, monocytic leukemias, B-cell derived leukemias, T-cell derived leukemias, B-cell

derived lymphomas, T-cell derived lymphomas, mast cell derived tumors, and combinations thereof. Preferably, the autoimmune disease or inflammatory disease is selected from the group consisting of intestinal mucosal inflammation, wasting disease associated with colitis, multiple sclerosis, systemic lupus erythematosus, viral infections, rheumatoid arthritis, osteoarthritis,

5   psoriasis, Cohn's disease, and inflammatory bowel disease.

An "antigen binding protein" is a protein comprising a portion that binds to an antigen and, optionally, a scaffold or framework portion that allows the antigen binding portion to adopt a conformation that promotes binding of the antigen binding protein to the antigen. Examples of antigen binding proteins include antibodies, antibody fragments (*e.g.*, an antigen

10   binding portion of an antibody), antibody derivatives, and antibody analogs. The antigen binding protein can comprise, for example, an alternative protein scaffold or artificial scaffold with grafted CDRs or CDR derivatives. Such scaffolds include, but are not limited to, antibody-derived scaffolds comprising mutations introduced to, for example, stabilize the three-dimensional structure of the antigen binding protein as well as wholly synthetic scaffolds

15   comprising, for example, a biocompatible polymer. See, for example, Korndorfer et al., 2003, *Proteins: Structure, Function, and Bioinformatics*, Volume 53, Issue 1:121-129; Roque et al., 2004, *Biotechnol. Prog.* 20:639-654. In addition, peptide antibody mimetics ("PAMs") can be used, as well as scaffolds based on antibody mimetics utilizing fibronection components as a scaffold.

20   An antigen binding protein can have, for example, the structure of a naturally occurring immunoglobulin. An "immunoglobulin" is a tetrameric molecule. In a naturally occurring immunoglobulin, each tetramer is composed of two identical pairs of polypeptide chains, each pair having one "light" (about 25 kDa) and one "heavy" chain (about 50-70 kDa). The amino-terminal portion of each chain includes a variable region of about 100 to 110 or more amino

25   acids primarily responsible for antigen recognition. The carboxy-terminal portion of each chain defines a constant region primarily responsible for effector function. Human light chains are classified as kappa or lambda light chains. Heavy chains are classified as mu, delta, gamma, alpha, or epsilon, and define the antibody's isotype as IgM, IgD, IgG, IgA, and IgE, respectively. Within light and heavy chains, the variable and constant regions are joined by a

30   "J" region of about 12 or more amino acids, with the heavy chain also including a "D" region of about 10 more amino acids. See generally, Fundamental Immunology Ch. 7 (Paul, W., ed., 2nd ed. Raven Press, N.Y. (1989)) (incorporated by reference in its entirety for all purposes). The variable regions of each light/heavy chain pair form the antibody binding site such that an intact immunoglobulin has two binding sites.

The variable regions of naturally occurring immunoglobulin chains exhibit the same general structure of relatively conserved framework regions (FR) joined by three hypervariable regions, also called complementarity determining regions or CDRs. From N-terminus to C-terminus, both light and heavy chains comprise the domains FR1, CDR1, FR2, CDR2, FR3,

5   CDR3 and FR4. The assignment of amino acids to each domain is in accordance with the definitions of Kabat et al. in Sequences of Proteins of Immunological Interest, 5th Ed., US Dept. of Health and Human Services, PHS, NIH, NIH Publication no. 91-3242, 1991. Other numbering systems for the amino acids in immunoglobulin chains include IMGT.RTM. (international ImMunoGeneTics information system; Lefranc et al, *Dev. Comp. Immunol.*

10   29:185-203; 2005) and AHo (Honegger and Pluckthun, *J. Mol. Biol.* 309(3):657-670; 2001).

Antibodies can be obtained from sources such as serum or plasma that contain immunoglobulins having varied antigenic specificity. If such antibodies are subjected to affinity purification, they can be enriched for a particular antigenic specificity. Such enriched preparations of antibodies usually are made of less than about 10% antibody having specific

15   binding activity for the particular antigen. Subjecting these preparations to several rounds of affinity purification can increase the proportion of antibody having specific binding activity for the antigen. Antibodies prepared in this manner are often referred to as "monospecific." Monospecfic antibody preparations can be made up of about 10%, 20%, 30%, 40%, 50%, 60%, 70%, 75%, 80%, 85%, 90%, 95%, 97%, 99%, or 99.9% antibody having specific binding

20   activity for the particular antigen.

An "antibody" refers to an intact immunoglobulin or to an antigen binding portion thereof that competes with the intact antibody for specific binding, unless otherwise specified. Antigen binding portions may be produced by recombinant DNA techniques or by enzymatic or chemical cleavage of intact antibodies. Antigen binding portions include, *inter alia*, Fab,

25   Fab', F(ab')$_2$, Fv, domain antibodies (dAbs), and complementarity determining region (CDR) fragments, single-chain antibodies (scFv), chimeric antibodies, diabodies, triabodies, tetrabodies, and polypeptides that contain at least a portion of an immunoglobulin that is sufficient to confer specific antigen binding to the polypeptide.

A Fab fragment is a monovalent fragment having the V_L, V_H, C_L and C_{HI} domains; a

30   F(ab')$_2$ fragment is a bivalent fragment having two Fab fragments linked by a disulfide bridge at the hinge region; a Fd fragment has the V_H and C_{HI} domains; an Fv fragment has the V_L and V_H domains of a single arm of an antibody; and a dAb fragment has a V_H domain, a V_L domain, or an antigen-binding fragment of a V_H or VL domain (U.S. Patents 6,846,634;

6,696,245, US App. Pub.20/0202512; 2004/0202995; 2004/0038291; 2004/0009507;20
03/0039958, and Ward et al., *Nature* 341:544-546, 1989).

5   A single-chain antibody (scFv) is an antibody in which a V_L and a V_H region are joined
via a linker (*e.g.*, a synthetic sequence of amino acid residues) to form a continuous protein
chain wherein the linker is long enough to allow the protein chain to fold back on itself and
form a monovalent antigen binding site (see, e.g., Bird et al., 1988, *Science* 242:423-26 and
Huston et al., 1988, *Proc. Natl. Acad. Sci. USA* 85:5879-83). Diabodies are bivalent antibodies
comprising two polypeptide chains, wherein each polypeptide chain comprises V_H and V_L
domains joined by a linker that is too short to allow for pairing between two domains on the
10   same chain, thus allowing each domain to pair with a complementary domain on another
polypeptide chain (see, e.g., Holliger et al., 1993, *Proc. Natl. Acad. Sci. USA* 90:6444-48, and
Poljak et al., 1994, *Structure* 2:1121-23). If the two polypeptide chains of a diabody are
identical, then a diabody resulting from their pairing will have two identical antigen binding
sites. Polypeptide chains having different sequences can be used to make a diabody with two
15   different antigen binding sites. Similarly, tribodies and tetrabodies are antibodies comprising
three and four polypeptide chains, respectively, and forming three and four antigen binding
sites, respectively, which can be the same or different.

        Complementarity determining regions (CDRs) and framework regions (FR) of a given
antibody may be identified using the system described by Kabat et al. *supra*; Lefranc et al.,
20   *supra* and/or Honegger and Pluckthun, *supra*. One or more CDRs may be incorporated into a
molecule either covalently or noncovalently to make it an antigen binding protein. An antigen
binding protein may incorporate the CDR(s) as part of a larger polypeptide chain, may
covalently link the CDR(s) to another polypeptide chain, or may incorporate the CDR(s)
noncovalently. The CDRs permit the antigen binding protein to specifically bind to a particular
25   antigen of interest.

        An antigen binding protein may have one or more binding sites. If there is more than
one binding site, the binding sites may be identical to one another or may be different. For
example, a naturally occurring human immunoglobulin typically has two identical binding
sites, while a "bispecific" or "bifunctional" antibody has two different binding sites.

30   The term "human antibody" includes all antibodies that have one or more variable and
constant regions derived from human immunoglobulin sequences. In one embodiment, all of
the variable and constant domains are derived from human immunoglobulin sequences (a fully
human antibody). These antibodies may be prepared in a variety of ways, examples of which
are described below, including through the immunization with an antigen of interest of a

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mouse that is genetically modified to express antibodies derived from human heavy and/or light chain-encoding genes.

A humanized antibody has a sequence that differs from the sequence of an antibody derived from a non-human species by one or more amino acid substitutions, deletions, and/or

5   additions, such that the humanized antibody is less likely to induce an immune response, and/or induces a less severe immune response, as compared to the non-human species antibody, when it is administered to a human subject. In one embodiment, certain amino acids in the framework and constant domains of the heavy and/or light chains of the non-human species antibody are mutated to produce the humanized antibody. In another embodiment, the

10   constant domain(s) from a human antibody are fused to the variable domain(s) of a non-human species. In another embodiment, one or more amino acid residues in one or more CDR sequences of a non-human antibody are changed to reduce the likely immunogenicity of the non-human antibody when it is administered to a human subject, wherein the changed amino acid residues either are not critical for immunospecific binding of the antibody to its antigen, or

15   the changes to the amino acid sequence that are made are conservative changes, such that the binding of the humanized antibody to the antigen is not significantly worse than the binding of the non-human antibody to the antigen. Examples of how to make humanized antibodies may be found in U.S. Patents 6,054,297, 5,886,152 and 5,877,293.

The term "chimeric antibody" refers to an antibody that contains one or more regions

20   from one antibody and one or more regions from one or more other antibodies. In one embodiment, one or more of the CDRs are derived from a human anti-PD-1 antibody. In another embodiment, all of the CDRs are derived from a human anti-PD-1 antibody. In another embodiment, the CDRs from more than one human anti-PD-1 antibodies are mixed and matched in a chimeric antibody. For instance, a chimeric antibody may comprise a CDR1 from

25   the light chain of a first human anti-PD-1 antibody, a CDR2 and a CDR3 from the light chain of a second human anti-PD-1 antibody, and the CDRs from the heavy chain from a third anti-PD-1 antibody. Other combinations are possible.

Further, the framework regions may be derived from one of the same anti-PD-1 antibodies, from one or more different antibodies, such as a human antibody, or from a

30   humanized antibody. In one example of a chimeric antibody, a portion of the heavy and/or light chain is identical with, homologous to, or derived from an antibody from a particular species or belonging to a particular antibody class or subclass, while the remainder of the chain(s) is/are identical with, homologous to, or derived from an antibody (-ies) from another

species or belonging to another antibody class or subclass. Also included are fragments of such antibodies that exhibit the desired biological activity (*i.e.*, the ability to specifically bind PD-1).

A "neutralizing antibody" or an "inhibitory antibody" is an antibody that inhibits the proteolytic activation of PD-1 when an excess of the anti-PD-1 antibody reduces the amount of

5   activation by at least about 20% using an assay such as those described herein in the Examples. In various embodiments, the antigen binding protein reduces the amount of amount of proteolytic activation of PD-1 by at least 30%, 40%, 50%, 60%, 70%, 75%, 80%, 85%, 90%, 95%, 97%, 99%, and 99.9%.

Fragments or analogs of antibodies can be readily prepared by those of ordinary skill in

10   the art following the teachings of this specification and using techniques known in the art. Preferred amino- and carboxy-termini of fragments or analogs occur near boundaries of functional domains. Structural and functional domains can be identified by comparison of the nucleotide and/or amino acid sequence data to public or proprietary sequence databases. Computerized comparison methods can be used to identify sequence motifs or predicted

15   protein conformation domains that occur in other proteins of known structure and/or function. Methods to identify protein sequences that fold into a known three-dimensional structure are known. See, Bowie et al., 1991, *Science* 253:164.

A "CDR grafted antibody" is an antibody comprising one or more CDRs derived from an antibody of a particular species or isotype and the framework of another antibody of the

20   same or different species or isotype.

A "multi-specific antibody" is an antibody that recognizes more than one epitope on one or more antigens. A subclass of this type of antibody is a "bi-specific antibody" which recognizes two distinct epitopes on the same or different antigens.

An antigen binding protein "specifically binds" to an antigen (*e.g.*, human PD-1) if it

25   binds to the antigen with a dissociation constant of 1 nanomolar or less.

An "antigen binding domain," "antigen binding region," or "antigen binding site" is a portion of an antigen binding protein that contains amino acid residues (or other moieties) that interact with an antigen and contribute to the antigen binding protein's specificity and affinity for the antigen. For an antibody that specifically binds to its antigen, this will include at least

30   part of at least one of its CDR domains.

An "epitope" is the portion of a molecule that is bound by an antigen binding protein (*e.g.*, by an antibody). An epitope can comprise non-contiguous portions of the molecule (*e.g.*, in a polypeptide, amino acid residues that are not contiguous in the polypeptide's primary

sequence but that, in the context of the polypeptide's tertiary and quaternary structure, are near enough to each other to be bound by an antigen binding protein).

The "percent identity" of two polynucleotide or two polypeptide sequences is determined by comparing the sequences using the GAP computer program (a part of the GCG Wisconsin Package, version 10.3 (Accelrys, San Diego, Calif.)) using its default parameters.

The terms "polynucleotide," "oligonucleotide" and "nucleic acid" are used interchangeably throughout and include DNA molecules (*e.g.*, cDNA or genomic DNA), RNA molecules (*e.g.*, mRNA), analogs of the DNA or RNA generated using nucleotide analogs (*e.g.*, peptide nucleic acids and non-naturally occurring nucleotide analogs), and hybrids thereof. The nucleic acid molecule can be single-stranded or double-stranded. In one embodiment, the nucleic acid molecules of the invention comprise a contiguous open reading frame encoding an antibody, or a fragment, derivative, mutein, or variant thereof.

Two single-stranded polynucleotides are "the complement" of each other if their sequences can be aligned in an anti-parallel orientation such that every nucleotide in one polynucleotide is opposite its complementary nucleotide in the other polynucleotide, without the introduction of gaps, and without unpaired nucleotides at the 5' or the 3' end of either sequence. A polynucleotide is "complementary" to another polynucleotide if the two polynucleotides can hybridize to one another under moderately stringent conditions. Thus, a polynucleotide can be complementary to another polynucleotide without being its complement.

A "vector" is a nucleic acid that can be used to introduce another nucleic acid linked to it into a cell. One type of vector is a "plasmid," which refers to a linear or circular double stranded DNA molecule into which additional nucleic acid segments can be ligated. Another type of vector is a viral vector (*e.g.*, replication defective retroviruses, adenoviruses and adeno-associated viruses), wherein additional DNA segments can be introduced into the viral genome. Certain vectors are capable of autonomous replication in a host cell into which they are introduced (*e.g.*, bacterial vectors comprising a bacterial origin of replication and episomal mammalian vectors). Other vectors (e.g., non-episomal mammalian vectors) are integrated into the genome of a host cell upon introduction into the host cell, and thereby are replicated along with the host genome. An "expression vector" is a type of vector that can direct the expression of a chosen polynucleotide.

A nucleotide sequence is "operably linked" to a regulatory sequence if the regulatory sequence affects the expression (*e.g.*, the level, timing, or location of expression) of the nucleotide sequence. A "regulatory sequence" is a nucleic acid that affects the expression (*e.g.*, the level, timing, or location of expression) of a nucleic acid to which it is operably linked. The

regulatory sequence can, for example, exert its effects directly on the regulated nucleic acid, or through the action of one or more other molecules (*e.g.*, polypeptides that bind to the regulatory sequence and/or the nucleic acid). Examples of regulatory sequences include promoters, enhancers and other expression control elements (*e.g.*, polyadenylation signals).

5   Further examples of regulatory sequences are described in, for example, Goeddel, 1990, *Gene Expression Technology: Methods in Enzymology* 185, Academic Press, San Diego, Calif. and Baron et al., 1995, *Nucleic Acids Res.* 23:3605-06.

A "host cell" is a cell that can be used to express a nucleic acid, *e.g.*, a nucleic acid of the invention. A host cell can be a prokaryote, for example, *E. coli*, or it can be a eukaryote, for

10   example, a single-celled eukaryote (*e.g.*, a yeast or other fungus), a plant cell (*e.g.*, a tobacco or tomato plant cell), an animal cell (*e.g.*, a human cell, a monkey cell, a hamster cell, a rat cell, a mouse cell, or an insect cell) or a hybridoma. Examples of host cells include the COS-7 line of monkey kidney cells (ATCC CRL 1651) (see Gluzman et al., 1981, *Cell* 23:175), L cells, C127 cells, 3T3 cells (ATCC CCL 163), Chinese hamster ovary (CHO) cells or their derivatives

15   such as Veggie CHO and related cell lines which grow in serum-free media (see Rasmussen et al., 1998, *Cytotechnology* 28:31) or CHO strain DX-B11, which is deficient in DHFR (see Urlaub et al., 1980, *Proc. Natl. Acad. Sci. USA* 77:4216-20), HeLa cells, BHK (ATCC CRL 10) cell lines, the CV1/EBNA cell line derived from the African green monkey kidney cell line CV1 (ATCC CCL 70) (see McMahan et al., 1991, *EMBO J.* 10:2821), human embryonic

20   kidney cells such as 293,293 EBNA or MSR 293, human epidermal A431 cells, human Colo205 cells, other transformed primate cell lines, normal diploid cells, cell strains derived from in vitro culture of primary tissue, primary explants, HL-60, U937, HaK or Jurkat cells. Typically, a host cell is a cultured cell that can be transformed or transfected with a polypeptide-encoding nucleic acid, which can then be expressed in the host cell. The phrase

25   "recombinant host cell" can be used to denote a host cell that has been transformed or transfected with a nucleic acid to be expressed. A host cell also can be a cell that comprises the nucleic acid but does not express it at a desired level unless a regulatory sequence is introduced into the host cell such that it becomes operably linked with the nucleic acid. It is understood that the term host cell refers not only to the particular subject cell but also to the progeny or

30   potential progeny of such a cell. Because certain modifications may occur in succeeding generations due to, *e.g.*, mutation or environmental influence, such progeny may not, in fact, be identical to the parent cell, but are still included within the scope of the term as used herein.

Preferably, the mammalian cancer to be treated is selected from the group consisting of ovarian, colon, breast or hepatic carcinoma cell lines, myelomas, neuroblastic-derived CNS

tumors, monocytic leukemias, B-cell derived leukemia's, T-cell derived leukemias, B-cell derived lymphomas, T-cell derived lymphomas, mast cell derived tumors, and combinations thereof.

Polypeptides of the present disclosure can be produced using any standard methods known in the art. In one example, the polypeptides are produced by recombinant DNA methods by inserting a nucleic acid sequence (*e.g.*, a cDNA) encoding the polypeptide into a recombinant expression vector and expressing the DNA sequence under conditions promoting expression.

Nucleic acids encoding any of the various polypeptides disclosed herein may be synthesized chemically. Codon usage may be selected so as to improve expression in a cell. Such codon usage will depend on the cell type selected. Specialized codon usage patterns have been developed for E. coli and other bacteria, as well as mammalian cells, plant cells, yeast cells and insect cells. See for example: Mayfield et al., *Proc. Natl. Acad. Sci. USA*. 2003 100(2):438-42; Sinclair et al. *Protein Expr. Purif.* 2002 (1):96-105; Connell N D. *Curr. Opin. Biotechnol.* 2001 12(5):446-9; Makrides et al. *Microbiol. Rev.* 1996 60(3):512-38; and Sharp et al. *Yeast.* 1991 7(7):657-78.

General techniques for nucleic acid manipulation are described for example in Sambrook et al., *Molecular Cloning: A Laboratory Manual*, Vols. 1-3, Cold Spring Harbor Laboratory Press, 2 ed., 1989, or F. Ausubel et al., *Current Protocols in Molecular Biology* (Green Publishing and Wiley-Interscience: New York, 1987) and periodic updates, herein incorporated by reference. The DNA encoding the polypeptide is operably linked to suitable transcriptional or translational regulatory elements derived from mammalian, viral, or insect genes. Such regulatory elements include a transcriptional promoter, an optional operator sequence to control transcription, a sequence encoding suitable mRNA ribosomal binding sites, and sequences that control the termination of transcription and translation. The ability to replicate in a host, usually conferred by an origin of replication, and a selection gene to facilitate recognition of transformants is additionally incorporated.

The recombinant DNA can also include any type of protein tag sequence that may be useful for purifying the protein. Examples of protein tags include but are not limited to a histidine tag, a FLAG tag, a myc tag, an HA tag, or a GST tag. Appropriate cloning and expression vectors for use with bacterial, fungal, yeast, and mammalian cellular hosts can be found in *Cloning Vectors: A Laboratory Manual*, (Elsevier, N.Y., 1985).

The expression construct is introduced into the host cell using a method appropriate to the host cell. A variety of methods for introducing nucleic acids into host cells are known in

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the art, including, but not limited to, electroporation; transfection employing calcium chloride, rubidium chloride, calcium phosphate, DEAE-dextran, or other substances; microprojectile bombardment; lipofection; and infection (where the vector is an infectious agent). Suitable host cells include prokaryotes, yeast, mammalian cells, or bacterial cells.

5   Suitable bacteria include gram negative or gram positive organisms, for example, *E. coli* or *Bacillus spp*. Yeast, preferably from the *Saccharomyces* species, such as *S. cerevisiae*, may also be used for production of polypeptides. Various mammalian or insect cell culture systems can also be employed to express recombinant proteins. *Baculovirus* systems for production of heterologous proteins in insect cells are reviewed by Luckow and Summers,

10   (*Bio/Technology*, 6:47, 1988). Examples of suitable mammalian host cell lines include endothelial cells, COS-7 monkey kidney cells, CV-1, L cells, C127, 3T3, Chinese hamster ovary (CHO), human embryonic kidney cells, HeLa, 293, 293T, and BHK cell lines. Purified polypeptides are prepared by culturing suitable host/vector systems to express the recombinant proteins. For many applications, the small size of many of the polypeptides disclosed herein

15   would make expression in *E. coli* as the preferred method for expression. The protein is then purified from culture media or cell extracts.

Proteins disclosed herein can also be produced using cell-translation systems. For such purposes the nucleic acids encoding the polypeptide must be modified to allow in vitro transcription to produce mRNA and to allow cell-free translation of the mRNA in the particular

20   cell-free system being utilized (eukaryotic such as a mammalian or yeast cell-free translation system or prokaryotic such as a bacterial cell-free translation system.

PD-1-binding polypeptides can also be produced by chemical synthesis (*e.g.*, by the methods described in Solid Phase Peptide Synthesis, 2nd ed., 1984, The Pierce Chemical Co., Rockford, Ill.). Modifications to the protein can also be produced by chemical synthesis.

25   The polypeptides of the present disclosure can be purified by isolation/purification methods for proteins generally known in the field of protein chemistry. Non-limiting examples include extraction, recrystallization, salting out (*e.g.*, with ammonium sulfate or sodium sulfate), centrifugation, dialysis, ultrafiltration, adsorption chromatography, ion exchange chromatography, hydrophobic chromatography, normal phase chromatography, reversed-phase

30   chromatography, gel filtration, gel permeation chromatography, affinity chromatography, electrophoresis, countercurrent distribution or any combinations of these. After purification, polypeptides may be exchanged into different buffers and/or concentrated by any of a variety of methods known to the art, including, but not limited to, filtration and dialysis.

The purified polypeptide is preferably at least 85% pure, more preferably at least 95% pure, and most preferably at least 98% pure. Regardless of the exact numerical value of the purity, the polypeptide is sufficiently pure for use as a pharmaceutical product.

Post-Translational Modifications of Polypeptides

5   In certain embodiments, the binding polypeptides of the invention may further comprise post-translational modifications. Exemplary post-translational protein modifications include phosphorylation, acetylation, methylation, ADP-ribosylation, ubiquitination, glycosylation, carbonylation, sumoylation, biotinylation or addition of a polypeptide side chain or of a hydrophobic group. As a result, the modified soluble polypeptides may contain non-

10   amino acid elements, such as lipids, poly- or mono-saccharide, and phosphates. A preferred form of glycosylation is sialylation, which conjugates one or more sialic acid moieties to the polypeptide. Sialic acid moieties improve solubility and serum half-life while also reducing the possible immunogeneticity of the protein. See Raju et al. *Biochemistry*. 2001 31; 40(30):8868-76. Effects of such non-amino acid elements on the functionality of a polypeptide may be

15   tested for its antagonizing role in PD-L1 or PD-1 function, *e.g.*, its inhibitory effect on angiogenesis or on tumor growth.

In one specific embodiment, modified forms of the subject soluble polypeptides comprise linking the subject soluble polypeptides to nonproteinaceous polymers. In one specific embodiment, the polymer is polyethylene glycol ("PEG"), polypropylene glycol, or

20   polyoxyalkylenes, in the manner as set forth in U.S. Patents 4,640,835; 4,496,689; 4,301,144; 4,670,417; 4,791,192 or 4,179,337. Examples of the modified polypeptide include PEGylated VK-B8.

PEG is a water soluble polymer that is commercially available or can be prepared by ring-opening polymerization of ethylene glycol according to methods well known in the art

25   (Sandler and Karo, Polymer Synthesis, Academic Press, New York, Vol. 3, pages 138-161). The term "PEG" is used broadly to encompass any polyethylene glycol molecule, without regard to size or to modification at an end of the PEG, and can be represented by the formula: $X\text{--}O(CH_2CH_2O)_n\text{-}1CH_2CH_2OH$ (1), where n is 20 to 2300 and X is H or a terminal modification, *e.g.*, a C_{1-4} alkyl. In one embodiment, the PEG of the invention terminates on one

30   end with hydroxy or methoxy, *i.e.*, X is H or CH_3 ("methoxy PEG"). A PEG can contain further chemical groups which are necessary for binding reactions; which results from the chemical synthesis of the molecule; or which is a spacer for optimal distance of parts of the molecule. In addition, such a PEG can consist of one or more PEG side-chains which are linked together. PEGs with more than one PEG chain are called multiarmed or branched PEGs.

Branched PEGs can be prepared, for example, by the addition of polyethylene oxide to various polyols, including glycerol, pentaerythriol, and sorbitol. For example, a four-armed branched PEG can be prepared from pentaerythriol and ethylene oxide. Branched PEG are described in, for example, EP-A 0 473 084 and U.S. Patent. 5,932,462. One form of PEGs includes two PEG

5   side-chains (PEG2) linked via the primary amino groups of a lysine (Monfardini et al., *Bioconjugate Chem.* 6 (1995) 62-69).

Although PEG is well-known, this is, to our knowledge, the first demonstration that a pegylated^{10F}n3 polypeptide can be pegylated and retain ligand binding activity. In a preferred embodiment, the pegylated^{10F}n3 polypeptide is produced by site-directed pegylation,

10   particularly by conjugation of PEG to a cysteine moiety at the N- or C-terminus. Accordingly, the present disclosure provides a target-binding ^{10F}n3 polypeptide with improved pharmacokinetic properties, the polypeptide comprising: a ^{10F}n3 domain having from about 80 to about 150 amino acids, wherein at least one of the loops of said ^{10F}n3 domain participate in target binding; and a covalently bound PEG moiety, wherein said ^{10F}n3 polypeptide binds to

15   the target with a K_D of less than 100 nM and has a clearance rate of less than 30 mL/hr/kg in a mammal. The PEG moiety may be attached to the ^{10F}n3 polypeptide by site directed pegylation, such as by attachment to a Cys residue, where the Cys residue may be positioned at the N-terminus of the ^{0F}n3 polypeptide or between the N-terminus and the most N-terminal beta or beta-like strand or at the C-terminus of the ^{10F}n3 polypeptide or between the C-terminus

20   and the most C-terminal beta or beta-like strand. A Cys residue may be situated at other positions as well, particularly any of the loops that do not participate in target binding. A PEG moiety may also be attached by other chemistry, including by conjugation to amines.

PEG conjugation to peptides or proteins generally involves the activation of PEG and coupling of the activated PEG-intermediates directly to target proteins/peptides or to a linker,

25   which is subsequently activated and coupled to target proteins/peptides (see Abuchowski et al., *J. Biol. Chem.*, 252, 3571 (1977) and *J. Biol. Chem.*, 252, 3582 (1977), Zalipsky, et al., and Harris et. al., in: *Poly(ethylene glycol) Chemistry: Biotechnical and Biomedical Applications*; (J. M. Harris ed.) Plenum Press: New York, 1992; Chap.21 and 22). It is noted that a binding polypeptide containing a PEG molecule is also known as a conjugated protein, whereas the

30   protein lacking an attached PEG molecule can be referred to as unconjugated.

A variety of molecular mass forms of PEG can be selected, *e.g.*, from about 1,000 Daltons (Da) to 100,000 Da (n is 20 to 2300), for conjugating to PD-1-binding polypeptides. The number of repeating units "n" in the PEG is approximated for the molecular mass described in Daltons. It is preferred that the combined molecular mass of PEG on an activated

linker is suitable for pharmaceutical use. Thus, in one embodiment, the molecular mass of the PEG molecules does not exceed 100,000 Da. For example, if three PEG molecules are attached to a linker, where each PEG molecule has the same molecular mass of 12,000 Da (each n is about 270), then the total molecular mass of PEG on the linker is about 36,000 Da (total n is about 820). The molecular masses of the PEG attached to the linker can also be different, *e.g.*, of three molecules on a linker two PEG molecules can be 5,000 Da each (each n is about 110) and one PEG molecule can be 12,000 Da (n is about 270).

In a specific embodiment of the disclosure an PD-1 binding polypeptide is covalently linked to one poly(ethylene glycol) group of the formula: $--CO--(CH_2)_x--(OCH_2CH_2)_m--OR$, with the --CO (*i.e.* carbonyl) of the poly(ethylene glycol) group forming an amide bond with one of the amino groups of the binding polypeptide; R being lower alkyl; x being 2 or 3; m being from about 450 to about 950; and n and m being chosen so that the molecular weight of the conjugate minus the binding polypeptide is from about 10 to 40 kDa. In one embodiment, a binding polypeptide's 6-amino group of a lysine is the available (free) amino group.

The above conjugates may be more specifically presented by formula (II): $P--NHCO--(CH_2)_x--(OCH_2CH_2)_m--OR$ (II) , wherein P is the group of a binding polypeptide as described herein, (i.e. without the amino group or amino groups which form an amide linkage with the carbonyl shown in formula (II); and wherein R is lower alkyl; x is 2 or 3; m is from about 450 to about 950 and is chosen so that the molecular weight of the conjugate minus the binding polypeptide is from about 10 to about 40 kDa. As used herein, the given ranges of "m" have an orientational meaning. The ranges of "m" are determined in any case, and exactly, by the molecular weight of the PEG group.

One skilled in the art can select a suitable molecular mass for PEG, *e.g.*, based on how the pegylated binding polypeptide will be used therapeutically, the desired dosage, circulation time, resistance to proteolysis, immunogenicity, and other considerations. For a discussion of PEG and its use to enhance the properties of proteins, see Katre, *Advanced Drug Delivery Reviews* 10: 91-114 (1993).

In one embodiment, PEG molecules may be activated to react with amino groups on a binding polypeptide, such as with lysines (Bencham et al., *Anal. Biochem.*, 131, 25 (1983); Veronese et al., *Appl. Biochem.*, 11, 141 (1985).; Zalipsky et al., *Polymeric Drugs and Drug Delivery Systems*, adrs 9-110 ACS Symposium Series 469 (1999); Zalipsky et al., *Europ. Polym. J.*, 19, 1177-1183 (1983); Delgado et al., *Biotechnology and Applied Biochemistry*, 12, 119-128 (1990)).

In one specific embodiment, carbonate esters of PEG are used to form the PEG-binding polypeptide conjugates. N,N'-disuccinimidylcarbonate (DSC) may be used in the reaction with PEG to form active mixed PEG-succinimidyl carbonate that may be subsequently reacted with a nucleophilic group of a linker or an amino group of a binding polypeptide (see U.S. Patents 5,281,698 and 5,932,462). In a similar type of reaction, 1,1'-(dibenzotriazolyl)carbonate and di-(2-pyridyl)carbonate may be reacted with PEG to form PEG-benzotriazolyl and PEG-pyridyl mixed carbonate (U.S. Patent 5,382,657), respectively.

Pegylation of a ^{10F}n3 polypeptide can be performed according to the methods of the state of the art, for example by reaction of the binding polypeptide with electrophilically active PEGs (supplier: Shearwater Corp., USA, www.shearwatercorp.com). Preferred PEG reagents of the present invention are, e.g., N-hydroxysuccinimidyl propionates (PEG-SPA), butanoates (PEG-SBA), PEG-succinimidyl propionate or branched N-hydroxysuccinimides such as mPEG2-NHS (Monfardini et al., *Bioconjugate Chem.* 6 (1995) 62-69). Such methods may used to pegylated at an f-amino group of a binding polypeptide lysine or the N-terminal amino group of the binding polypeptide.

In another embodiment, PEG molecules may be coupled to sulfhydryl groups on a binding polypeptide (Sartore et al., *Appl. Biochem. Biotechnol.*, 27, 45 (1991); Morpurgo et al., *Biocon. Chem.*, 7, 363-368 (1996); Goodson et al., *Bio/Technology* (1990) 8, 343; U.S. Patent 5,766,897). U.S. Patents 6,610,281 and 5,766,897 describes exemplary reactive PEG species that may be coupled to sulfhydryl groups.

In some embodiments where PEG molecules are conjugated to cysteine residues on a binding polypeptide, the cysteine residues are native to the binding polypeptide, whereas in other embodiments, one or more cysteine residues are engineered into the binding polypeptide. Mutations may be introduced into a binding polypeptide coding sequence to generate cysteine residues. This might be achieved, for example, by mutating one or more amino acid residues to cysteine. Preferred amino acids for mutating to a cysteine residue include serine, threonine, alanine and other hydrophilic residues. Preferably, the residue to be mutated to cysteine is a surface-exposed residue. Algorithms are well-known in the art for predicting surface accessibility of residues based on primary sequence or a protein. Alternatively, surface residues may be predicted by comparing the amino acid sequences of binding polypeptides, given that the crystal structure of the framework based on which binding polypeptides are designed and evolved has been solved (see Himanen et al., *Nature.* (2001) 20-27; 414(6866):933-8) and thus the surface-exposed residues identified. In one embodiment, cysteine residues are introduced into binding polypeptides at or near the N- and/or C-terminus, or within loop regions.

In some embodiments, the pegylated binding polypeptide comprises a PEG molecule covalently attached to the alpha amino group of the N-terminal amino acid. Site specific N-terminal reductive amination is described in Pepinsky et al., (2001) *JPET*, 297, 1059, and U.S. Patent 5,824,784. The use of a PEG-aldehyde for the reductive amination of a protein utilizing other available nucleophilic amino groups is described in U.S. Patent 4,002,531, in Wieder et al., (1979) *J. Biol. Chem.* 254,12579, and in Chamow et al., (1994) *Bioconjugate Chem.* 5, 133.

In another embodiment, pegylated binding polypeptide comprises one or more PEG molecules covalently attached to a linker, which in turn is attached to the alpha amino group of the amino acid residue at the N-terminus of the binding polypeptide. Such an approach is disclosed in U.S. Patent Publication 2002/0044921 and in WO094/01451.

In one embodiment, a binding polypeptide is pegylated at the C-terminus. In a specific embodiment, a protein is pegylated at the C-terminus by the introduction of C-terminal azido-methionine and the subsequent conjugation of a methyl-PEG-triarylphosphine compound via the Staudinger reaction. This C-terminal conjugation method is described in Cazalis et al., *Bioconjug. Chem.* 2004; 15(5):1005-1009.

MonoPEGylation of a binding polypeptide can also be produced according to the general methods described in WO 94/01451. WO 94/01451 describes a method for preparing a recombinant polypeptide with a modified terminal amino acid alpha-carbon reactive group. The steps of the method involve forming the recombinant polypeptide and protecting it with one or more biologically added protecting groups at the N-terminal alpha-amine and C-terminal alpha-carboxyl. The polypeptide can then be reacted with chemical protecting agents to selectively protect reactive side chain groups and thereby prevent side chain groups from being modified. The polypeptide is then cleaved with a cleavage reagent specific for the biological protecting group to form an unprotected terminal amino acid alpha-carbon reactive group. The unprotected terminal amino acid alpha-carbon reactive group is modified with a chemical modifying agent. The side chain protected terminally modified single copy polypeptide is then deprotected at the side chain groups to form a terminally modified recombinant single copy polypeptide. The number and sequence of steps in the method can be varied to achieve selective modification at the N- and/or C-terminal amino acid of the polypeptide.

The ratio of a binding polypeptide to activated PEG in the conjugation reaction can be from about 1:0.5 to 1:50, between from about 1:1 to 1:30, or from about 1:5 to 1:15. Various aqueous buffers can be used in the present method to catalyze the covalent addition of PEG to the binding polypeptide. In one embodiment, the pH of a buffer used is from about 7.0 to 9.0.

In another embodiment, the pH is in a slightly basic range, *e.g.*, from about 7.5 to 8.5. Buffers having a pKa close to neutral pH range may be used, *e.g.*, phosphate buffer.

Conventional separation and purification techniques known in the art can be used to purify PEGylated binding polypeptide, such as size exclusion (*e.g.* gel filtration) and ion exchange chromatography. Products may also be separated using SDS-PAGE. Products that may be separated include mono-, di-, tri- poly- and un-PEGylated binding polypeptide, as well as free PEG. The percentage of mono-PEG conjugates can be controlled by pooling broader fractions around the elution peak to increase the percentage of mono-PEG in the composition. About ninety percent mono-PEG conjugates represents a good balance of yield and activity. Compositions in which, for example, at least ninety-two percent or at least ninety-six percent of the conjugates are mono-PEG species may be desired. In an embodiment of this invention the percentage of mono-PEG conjugates is from ninety percent to ninety-six percent.

In one embodiment, PEGylated binding polypeptide of the invention contain one, two or more PEG moieties. In one embodiment, the PEG moiety(ies) are bound to an amino acid residue which is on the surface of the protein and/or away from the surface that contacts the target ligand. In one embodiment, the combined or total molecular mass of PEG in PEG-binding polypeptide is from about 3,000 Da to 60,000 Da, optionally from about 10,000 Da to 36,000 Da. In a one embodiment, the PEG in PEGylated binding polypeptide is a substantially linear, straight-chain PEG.

In one embodiment of the invention, the PEG in PEGylated binding polypeptide is not hydrolyzed from the PEGylated amino acid residue using a hydroxylamine assay, *e.g.*, 450 mM hydroxylamine (pH 6.5) over 8 to 16 hours at room temperature, and is thus stable. In one embodiment, greater than 80% of the composition is stable mono-PEG-binding polypeptide, more preferably at least 90%, and most preferably at least 95%.

In another embodiment, the PEGylated binding polypeptides of the invention will preferably retain at least 25%, 50%, 60%, 70%, 80%, 85%, 90%, 95% or 100% of the biological activity associated with the unmodified protein. In one embodiment, biological activity refers to its ability to bind to PD-1, as assessed by KD, k_{on} or k_{off}. In one specific embodiment, the PEGylated binding polypeptide protein shows an increase in binding to PD-1 relative to unPEGylated binding polypeptide.

The serum clearance rate of PEG-modified polypeptide may be decreased by about 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, or even 90%, relative to the clearance rate of the unmodified binding polypeptide. The PEG-modified polypeptide may have a half-life ($t_{1/2}$) which is enhanced relative to the half-life of the unmodified protein. The half-life of PEG-

binding polypeptide may be enhanced by at least 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%, 125%, 150%, 175%, 200%, 250%, 300%, 400% or 500%, or even by 1000% relative to the half-life of the unmodified binding polypeptide. In some embodiments, the protein half-life is determined *in vitro*, such as in a buffered saline solution or in serum. In

5 other embodiments, the protein half-life is an *in vivo* half life, such as the half-life of the protein in the serum or other bodily fluid of an animal.

Therapeutic Formulations and Modes of Administration

The present disclosure features methods for treating conditions or preventing pre-conditions which respond to an inhibition of PD-1 biological activity. Preferred examples are

10 conditions that are characterized by inflammation or cellular hyperproliferation. Techniques and dosages for administration vary depending on the type of specific polypeptide and the specific condition being treated but can be readily determined by the skilled artisan. In general, regulatory agencies require that a protein reagent to be used as a therapeutic is formulated so as to have acceptably low levels of pyrogens. Accordingly, therapeutic formulations will

15 generally be distinguished from other formulations in that they are substantially pyrogen free, or at least contain no more than acceptable levels of pyrogen as determined by the appropriate regulatory agency (*e.g.*, FDA).

Therapeutic compositions of the present disclosure may be administered with a pharmaceutically acceptable diluent, carrier, or excipient, in unit dosage form. Administration

20 may be parenteral (*e.g.*, intravenous, subcutaneous), oral, or topical, as non-limiting examples. In addition, any gene therapy technique, using nucleic acids encoding the polypeptides of the invention, may be employed, such as naked DNA delivery, recombinant genes and vectors, cell-based delivery, including ex vivo manipulation of patients' cells, and the like.

The composition can be in the form of a pill, tablet, capsule, liquid, or sustained release

25 tablet for oral administration; or a liquid for intravenous, subcutaneous or parenteral administration; gel, lotion, ointment, cream, or a polymer or other sustained release vehicle for local administration.

Methods well known in the art for making formulations are found, for example, in "Remington: The Science and Practice of Pharmacy" (20th ed., ed. A. R. Gennaro A R., 2000,

30 Lippincott Williams & Wilkins, Philadelphia, Pa.). Formulations for parenteral administration may, for example, contain excipients, sterile water, saline, polyalkylene glycols such as polyethylene glycol, oils of vegetable origin, or hydrogenated napthalenes. Biocompatible, biodegradable lactide polymer, lactide/glycolide copolymer, or polyoxyethylene-polyoxypropylene copolymers may be used to control the release of the compounds.

Nanoparticulate formulations (*e.g.*, biodegradable nanoparticles, solid lipid nanoparticles, liposomes) may be used to control the biodistribution of the compounds. Other potentially useful parenteral delivery systems include ethylene-vinyl acetate copolymer particles, osmotic pumps, implantable infusion systems, and liposomes. The concentration of the compound in the formulation varies depending upon a number of factors, including the dosage of the drug to be administered, and the route of administration.

The polypeptide may be optionally administered as a pharmaceutically acceptable salt, such as non-toxic acid addition salts or metal complexes that are commonly used in the pharmaceutical industry. Examples of acid addition salts include organic acids such as acetic, lactic, pamoic, maleic, citric, malic, ascorbic, succinic, benzoic, palmitic, suberic, salicylic, tartaric, methanesulfonic, toluenesulfonic, or trifluoroacetic acids or the like; polymeric acids such as tannic acid, carboxymethyl cellulose, or the like; and inorganic acid such as hydrochloric acid, hydrobromic acid, sulfuric acid phosphoric acid, or the like. Metal complexes include zinc, iron, and the like. In one example, the polypeptide is formulated in the presence of sodium acetate to increase thermal stability.

Formulations for oral use include tablets containing the active ingredient(s) in a mixture with non-toxic pharmaceutically acceptable excipients. These excipients may be, for example, inert diluents or fillers (*e.g.*, sucrose and sorbitol), lubricating agents, glidants, and anti-adhesives (*e.g.*, magnesium stearate, zinc stearate, stearic acid, silicas, hydrogenated vegetable oils, or talc).

Formulations for oral use may also be provided as chewable tablets, or as hard gelatin capsules wherein the active ingredient is mixed with an inert solid diluent, or as soft gelatin capsules wherein the active ingredient is mixed with water or an oil medium.

A therapeutically effective dose refers to a dose that produces the therapeutic effects for which it is administered. The exact dose will depend on the disorder to be treated, and may be ascertained by one skilled in the art using known techniques. In general, the polypeptide is administered at about 0.01 μg/kg to about 50 mg/kg per day, preferably 0.01 mg/kg to about 30 mg/kg per day, most preferably 0.1 mg/kg to about 20 mg/kg per day. The polypeptide may be given daily (*e.g.*, once, twice, three times, or four times daily) or preferably less frequently (*e.g.*, weekly, every two weeks, every three weeks, monthly, or quarterly). In addition, as is known in the art, adjustments for age as well as the body weight, general health, sex, diet, time of administration, drug interaction, and the severity of the disease may be necessary, and will be ascertainable with routine experimentation by those skilled in the art.

Pharmaceutical Formulations of Disclosed Antibodies with Tumor Vaccines

A combined therapeutic product or formulation of a disclosed anti-PD-1 antibody with a therapeutic vaccine provides synergistic oncologic therapeutic benefit. For example, the present disclosure provides a combination of a disclosed anti-PD-1 antibody with "Neuvax" which is a E75-derived 9 mer synthetic peptide isolated from HER2/neu combined with GM-CSF as an adjuvant as described in U.S. Patent 8,222,214, the disclosure of which is incorporated by reference herein. In addition, the present disclosure provides a combination of a disclosed anti-PD-1 antibody with ALVAC-CEA vaccine, which is a canary pox virus combined with carcinoembryonic antigen.

Exemplary Uses

The PD-1 binding proteins described herein and their related variants are useful in a number of therapeutic and diagnostic applications. These include the inhibition of the biological activity of PD-1 by competing for or blocking the binding to a PD-1 as well as the delivery of cytotoxic or imaging moieties to cells, preferably cells expressing PD-1. The small size and stable structure of these molecules can be particularly valuable with respect to manufacturing of the drug, rapid clearance from the body for certain applications where rapid clearance is desired or formulation into novel delivery systems that are suitable or improved using a molecule with such characteristics.

On the basis of their efficacy as inhibitors of PD-1 biological activity, the polypeptides of this disclosure are effective against a number of cancer conditions as well as complications arising from cancer, such as pleural effusion and ascites. Preferably, the PD-1-binding polypeptides of the disclosure can be used for the treatment of prevention of hyperproliferative diseases or cancer and the metastatic spread of cancers. Preferred indications for the disclosed anti-PD-1 antibodies include colorectal cancers, head and neck cancers, small cell lung cancer, non-small cell lung cancer (NSCLC) and pancreatic cancer. Non-limiting examples of cancers include bladder, blood, bone, brain, breast, cartilage, colon kidney, liver, lung, lymph node, nervous tissue, ovary, pancreatic, prostate, skeletal muscle, skin, spinal cord, spleen, stomach, testes, thymus, thyroid, trachea, urogenital tract, ureter, urethra, uterus, or vaginal cancer.

In addition, various inflammatory disorders can be treated with the disclosed anti-PD-1 binding polypeptides disclosed herein. Such inflammatory disorders include, for example, intestinal mucosa inflammation wasting diseases associated with colitis, multiple sclerosis, systemic lupus erythematosus, viral infections, rheumatoid arthritis, osteoarthritis, psoriasis, and Crohn's disease.

A PD-1 binding polypeptide can be administered alone or in combination with one or more additional therapies such as chemotherapy radiotherapy, immunotherapy, surgical

intervention, or any combination of these. Long-term therapy is equally possible as is adjuvant therapy in the context of other treatment strategies, as described above.

The disclosed anti-PD-1 antibodies agents can be used alone or used in combination with other conventional anti-cancer therapeutic approaches directed to treatment or prevention

5   of proliferative disorders (*e.g.*, tumor). For example, such methods can be used in prophylactic cancer prevention, prevention of cancer recurrence and metastases after surgery, and as an adjuvant of other conventional cancer therapy. The present disclosure recognizes that the effectiveness of conventional cancer therapies (*e.g.*, chemotherapy, radiation therapy, phototherapy, immunotherapy, and surgery) can be enhanced through the use of a subject

10   polypeptide therapeutic agent.

A wide array of conventional compounds have been shown to have anti-neoplastic activities. These compounds have been used as pharmaceutical agents in chemotherapy to shrink solid tumors, prevent metastases and further growth, or decrease the number of malignant cells in leukemic or bone marrow malignancies. Although chemotherapy has been

15   effective in treating various types of malignancies, many anti-neoplastic compounds induce undesirable side effects. It has been shown that when two or more different treatments are combined, the treatments may work synergistically and allow reduction of dosage of each of the treatments, thereby reducing the detrimental side effects exerted by each compound at higher dosages. In other instances, malignancies that are refractory to a treatment may respond

20   to a combination therapy of two or more different treatments.

When a polypeptide therapeutic agent is administered in combination with another conventional anti-neoplastic agent, either concomitantly or sequentially, such therapeutic agent may be found to enhance the therapeutic effect of the anti-neoplastic agent or overcome cellular resistance to such anti-neoplastic agent. This allows decrease of dosage of an anti-

25   neoplastic agent, thereby reducing the undesirable side effects, or restores the effectiveness of an anti-neoplastic agent in resistant cells.

Pharmaceutical compounds that may be used for combinatory anti-tumor therapy include, for example: aminoglutethimide, amsacrine, anastrozole, asparaginase, bcg, bicalutamide, bleomycin, buserelin, busulfan, campothecin, capecitabine, carboplatin,

30   carmustine, chlorambucil, cisplatin, cladribine, clodronate, colchicine, cyclophosphamide, cyproterone, cytarabine, dacarbazine, dactinomycin, daunorubicin, dienestrol, diethylstilbestrol, docetaxel, doxorubicin, epirubicin, estradiol, estramustine, etoposide, exemestane, filgrastim, fludarabine, fludrocortisone, fluorouracil, fluoxymesterone, flutamide, gemcitabine, genistein, goserelin, hydroxyurea, idarubicin, ifosfamide, imatinib, interferon,

irinotecan, ironotecan, letrozole, leucovorin, leuprolide, levamisole, lomustine, mechlorethamine, medroxyprogesterone, megestrol, melphalan, mercaptopurine, mesna, methotrexate, mitomycin, mitotane, mitoxantrone, nilutamide, nocodazole, octreotide, oxaliplatin, paclitaxel, pamidronate, pentostatin, plicamycin, porfimer, procarbazine,

5   raltitrexed, rituximab, streptozocin, suramin, tamoxifen, temozolomide, teniposide, testosterone, thioguanine, thiotepa, titanocene dichloride, topotecan, trastuzumab, tretinoin, vinblastine, vincristine, vindesine, and vinorelbine.

Certain chemotherapeutic anti-tumor compounds may be categorized by their mechanism of action into, for example, following groups: anti-metabolites/anti-cancer agents,

10   such as pyrimidine analogs (5-fluorouracil, floxuridine, capecitabine, gemcitabine and cytarabine) and purine analogs, folate antagonists and related inhibitors (mercaptopurine, thioguanine, pentostatin and 2-chlorodeoxyadenosine (cladribine)); antiproliferative/antimitotic agents including natural products such as vinca alkaloids (vinblastine, vincristine, and vinorelbine), microtubule disruptors such as taxane (paclitaxel, docetaxel), vincristin,

15   vinblastin, nocodazole, epothilones and navelbine, epidipodophyllotoxins (etoposide, teniposide), DNA damaging agents (actinomycin, amsacrine, anthracyclines, bleomycin, busulfan, camptothecin, carboplatin, chlorambucil, cisplatin, cyclophosphamide, cytoxan, dactinomycin, daunorubicin, doxorubicin, epirubicin, hexamethylmelamineoxaliplatin, iphosphamide, melphalan, merchlorehtamine, mitomycin, mitoxantrone, nitrosourea,

20   plicamycin, procarbazine, taxol, taxotere, teniposide, triethylenethiophosphoramide and etoposide (VP16)); antibiotics such as dactinomycin (actinomycin D), daunorubicin, doxorubicin (adriamycin), idarubicin, anthracyclines, mitoxantrone, bleomycins, plicamycin (mithramycin) and mitomycin; enzymes (L-asparaginase which systemically metabolizes L-asparagine and deprives cells which do not have the capacity to synthesize their own

25   asparagine); antiplatelet agents; antiproliferative/antimitotic alkylating agents such as nitrogen mustards (mechlorethamine, cyclophosphamide and analogs, melphalan, chlorambucil), ethylenimines and methylmelamines (hexamethylmelamine and thiotepa), alkyl sulfonates-busulfan, nitrosoureas (carmustine (BCNU) and analogs, streptozocin), trazenes--dacarbazinine (DTIC); antiproliferative/antimitotic antimetabolites such as folic acid analogs (methotrexate);

30   platinum coordination complexes (cisplatin, carboplatin), procarbazine, hydroxyurea, mitotane, aminoglutethimide; hormones, hormone analogs (estrogen, tamoxifen, goserelin, bicalutamide, nilutamide) and aromatase inhibitors (letrozole, anastrozole); anticoagulants (heparin, synthetic heparin salts and other inhibitors of thrombin); fibrinolytic agents (such as tissue plasminogen activator, streptokinase and urokinase), aspirin, dipyridamole, ticlopidine, clopidogrel,

abciximab; antimigratory agents; antisecretory agents (breveldin); immunosuppressives
(cyclosporine, tacrolimus (FK-506), sirolimus (rapamycin), azathioprine, mycophenolate
mofetil); anti-angiogenic compounds (TNP-470, genistein) and growth factor inhibitors (*e.g.*,
VEGF inhibitors, fibroblast growth factor (FGF) inhibitors); angiotensin receptor blocker;

5   nitric oxide donors; anti-sense oligonucleotides; antibodies (trastuzumab); cell cycle inhibitors
and differentiation inducers (tretinoin); mTOR inhibitors, topoisomerase inhibitors
(doxorubicin (adriamycin), amsacrine, camptothecin, daunorubicin, dactinomycin, eniposide,
epirubicin, etoposide, idarubicin and mitoxantrone, topotecan, irinotecan), corticosteroids
(cortisone, dexamethasone, hydrocortisone, methylpednisolone, prednisone, and prenisolone);

10   growth factor signal transduction kinase inhibitors; mitochondrial dysfunction inducers and
caspase activators; and chromatin disruptors.

       Depending on the nature of the combinatory therapy, administration of the polypeptide
therapeutic agents may be continued while the other therapy is being administered and/or
thereafter. Administration of the polypeptide therapeutic agents may be made in a single dose,

15   or in multiple doses. In some instances, administration of the polypeptide therapeutic agents is
commenced at least several days prior to the conventional therapy, while in other instances,
administration is begun either immediately before or at the time of the administration of the
conventional therapy.

       The PD-1 binding polypeptides are further attached to a label that is able to be detected

20   (*e.g.*, the label can be a radioisotope, fluorescent compound, enzyme or enzyme co-factor). The
active moiety may be a radioactive agent, such as: radioactive heavy metals such as iron
chelates, radioactive chelates of gadolinium or manganese, positron emitters of oxygen,
nitrogen, iron, carbon, or gallium, ^{43}K, ^{52}Fe, ^{57}Co, ^{67}Cu, ^{67}Ga, ^{68}Ga, ^{123}I, ^{125}I, ^{131}I, ^{132}I, or ^{99}Tc.
A binding agent affixed to such a moiety may be used as an imaging agent and is administered

25   in an amount effective for diagnostic use in a mammal such as a human and the localization
and accumulation of the imaging agent is then detected. The localization and accumulation of
the imaging agent may be detected by radioscintigraphy, nuclear magnetic resonance imaging,
computed tomography or positron emission tomography. Immunoscintigraphy using PD-1
binding polypeptides directed at PD-1 may be used to detect and/or diagnose cancers and

30   vasculature. For example, any of the binding polypeptide against a PD-1 marker labeled with
^{99}Technetium, ^{111}Indium, or ^{125}Iodine may be effectively used for such imaging. As will be
evident to the skilled artisan, the amount of radioisotope to be administered is dependent upon
the radioisotope. Those having ordinary skill in the art can readily formulate the amount of the
imaging agent to be administered based upon the specific activity and energy of a given

radionuclide used as the active moiety. Typically 0.1-100 millicuries per dose of imaging agent, preferably 1-10 millicuries, most often 2-5 millicuries are administered. Thus, compositions according to the present invention useful as imaging agents comprising a targeting moiety conjugated to a radioactive moiety comprise 0.1-100 millicuries, in some

5   embodiments preferably 1-10 millicuries, in some embodiments preferably 2-5 millicuries, in some embodiments more preferably 1-5 millicuries.

The PD-1 binding polypeptides can also be used to deliver additional therapeutic agents (including but not limited to drug compounds, chemotherapeutic compounds, and radiotherapeutic compounds) to a cell or tissue expressing PD-1. In one example, the PD-1

10   binding polypeptide is fused to a chemotherapeutic agent for targeted delivery of the chemotherapeutic agent to a tumor cell or tissue expressing PD-1.

The PD-1 binding polypeptides are useful in a variety of applications, including research, diagnostic and therapeutic applications. For instance, they can be used to isolate and/or purify receptor or portions thereof, and to study receptor structure (*e.g.*, conformation)

15   and function.

The present disclosure also provides a method of detecting the susceptibility of a mammal to certain diseases. To illustrate, the method can be used to detect the susceptibility of a mammal to diseases which progress based on the amount of PD-1 present on cells and/or the number of PD-1-positive cells in a mammal.

20   Polypeptide sequences are indicated using standard one- or three-letter abbreviations. Unless otherwise indicated, each polypeptide sequence has amino termini at the left and a carboxy termini at the right; each single-stranded nucleic acid sequence, and the top strand of each double-stranded nucleic acid sequence, has a 5' termini at the left and a 3' termini at the right. A particular polypeptide sequence also can be described by explaining how it differs

25   from a reference sequence.

The following terms, unless otherwise indicated, shall be understood to have the following meanings:

The terms "PD-1 inhibitor" and "PD-1 antagonist" are used interchangeably. Each is a molecule that detectably inhibits at least one function of PD-1. Conversely, a "PD-1 agonist" is

30   a molecule that detectably increases at least one function of PD-1. The inhibition caused by a PD-1 inhibitor need not be complete so long as it is detectable using an assay. Any assay of a function of PD-1 can be used, examples of which are provided herein. Examples of functions of PD-1 that can be inhibited by a PD-1 inhibitor, or increased by a PD-1 agonist, include cancer cell growth or apoptosis (programmed cell death), and so on. Examples of types of PD-

1 inhibitors and PD-1 agonists include, but are not limited to, PD-1 binding polypeptides such as antigen binding proteins (*e.g.*, PD-1 inhibiting antigen binding proteins), antibodies, antibody fragments, and antibody derivatives.

The terms "peptide," "polypeptide" and "protein" each refers to a molecule comprising 5   two or more amino acid residues joined to each other by peptide bonds. These terms encompass, *e.g.*, native and artificial proteins, protein fragments and polypeptide analogs (such as muteins, variants, and fusion proteins) of a protein sequence as well as post-translationally, or otherwise covalently or non-covalently, modified proteins. A peptide, polypeptide, or protein may be monomeric or polymeric.

10   A "variant" of a polypeptide (for example, an antibody) comprises an amino acid sequence wherein one or more amino acid residues are inserted into, deleted from and/or substituted into the amino acid sequence relative to another polypeptide sequence. Disclosed variants include, for example, fusion proteins.

A "derivative" of a polypeptide is a polypeptide (*e.g.*, an antibody) that has been 15   chemically modified, *e.g.*, via conjugation to another chemical moiety (such as, for example, polyethylene glycol or albumin, *e.g.*, human serum albumin), phosphorylation, and glycosylation. Unless otherwise indicated, the term "antibody" includes, in addition to antibodies comprising two full-length heavy chains and two full-length light chains, derivatives, variants, fragments, and muteins thereof, examples of which are described below.

20   An "antigen binding protein" is a protein comprising a portion that binds to an antigen and, optionally, a scaffold or framework portion that allows the antigen binding portion to adopt a conformation that promotes binding of the antigen binding protein to the antigen. Examples of antigen binding proteins include antibodies, antibody fragments (*e.g.*, an antigen binding portion of an antibody), antibody derivatives, and antibody analogs. The antigen 25   binding protein can comprise, for example, an alternative protein scaffold or artificial scaffold with grafted CDRs or CDR derivatives. Such scaffolds include, but are not limited to, antibody-derived scaffolds comprising mutations introduced to, for example, stabilize the three-dimensional structure of the antigen binding protein as well as wholly synthetic scaffolds comprising, for example, a biocompatible polymer. See, for example, Korndorfer et al., 2003, 30   *Proteins: Structure, Function, and Bioinformatics*, Volume 53, Issue 1:121-129; Roque et al., 2004, *Biotechnol. Prog.* 20:639-654. In addition, peptide antibody mimetics ("PAMs") can be used, as well as scaffolds based on antibody mimetics utilizing fibronection components as a scaffold.

An antigen binding protein can have, for example, the structure of a naturally occurring immunoglobulin. An "immunoglobulin" is a tetrameric molecule. In a naturally occurring immunoglobulin, each tetramer is composed of two identical pairs of polypeptide chains, each pair having one "light" (about 25 kDa) and one "heavy" chain (about 50-70 kDa). The amino-terminal portion of each chain includes a variable region of about 100 to 110 or more amino acids primarily responsible for antigen recognition. The carboxy-terminal portion of each chain defines a constant region primarily responsible for effector function. Human light chains are classified as kappa or lambda light chains. Heavy chains are classified as mu, delta, gamma, alpha, or epsilon, and define the antibody's isotype as IgM, IgD, IgG, IgA, and IgE, respectively. Preferably, the anti-PD-1 antibodies disclosed herein are characterized by their variable domain region sequences in the heavy V_H and light V_L amino acid sequences. The preferred antibody is A6 which is a kappa IgG antibody. Within light and heavy chains, the variable and constant regions are joined by a "J" region of about 12 or more amino acids, with the heavy chain also including a "D" region of about 10 more amino acids. See generally, Fundamental Immunology Ch. 7 (Paul, W., ed., 2nd ed. Raven Press, N.Y. (1989)). The variable regions of each light/heavy chain pair form the antibody binding site such that an intact immunoglobulin has two binding sites.

An antigen binding protein "specifically binds" to an antigen (*e.g.*, human PD-1) if it binds to the antigen with a dissociation constant of 1 nanomolar or less.

An "antigen binding domain, "antigen binding region," or "antigen binding site" is a portion of an antigen binding protein that contains amino acid residues (or other moieties) that interact with an antigen and contribute to the antigen binding protein's specificity and affinity for the antigen. For an antibody that specifically binds to its antigen, this will include at least part of at least one of its CDR domains.

An "epitope" is the portion of a molecule that is bound by an antigen binding protein (*e.g.*, by an antibody). An epitope can comprise non-contiguous portions of the molecule (*e.g.*, in a polypeptide, amino acid residues that are not contiguous in the polypeptide's primary sequence but that, in the context of the polypeptide's tertiary and quaternary structure, are near enough to each other to be bound by an antigen binding protein).

The "percent homology" of two polynucleotide or two polypeptide sequences is determined by comparing the sequences using the GAP computer program (a part of the GCG Wisconsin Package, version 10.3 (Accelrys, San Diego, Calif.)) using its default parameters.

A "host cell" is a cell that can be used to express a nucleic acid. A host cell can be a prokaryote, for example, *E. coli*, or it can be a eukaryote, for example, a single-celled

eukaryote (*e.g.*, a yeast or other fungus), a plant cell (*e.g.*, a tobacco or tomato plant cell), an animal cell (*e.g.*, a human cell, a monkey cell, a hamster cell, a rat cell, a mouse cell, or an insect cell) or a hybridoma. Examples of host cells include the COS-7 line of monkey kidney cells (ATCC CRL 1651) (Gluzman et al., 1981, *Cell* 23:175), L cells, C127 cells, 3T3 cells

5   (ATCC CCL 163), Chinese hamster ovary (CHO) cells or their derivatives such as Veggie CHO and related cell lines which grow in serum-free media (Rasmussen et al., 1998, *Cytotechnology* 28:31) or CHO strain DX-B11, which is deficient in DHFR (Urlaub et al., 1980, *Proc. Natl. Acad. Sci. USA* 77:4216-20), HeLa cells, BHK (ATCC CRL 10) cell lines, the CV1/EBNA cell line derived from the African green monkey kidney cell line CV1 (ATCC

10   CCL 70) (McMahan et al., 1991, *EMBO J.* 10:2821), human embryonic kidney cells such as 293,293 EBNA or MSR 293, human epidermal A431 cells, human Colo205 cells, other transformed primate cell lines, normal diploid cells, cell strains derived from in vitro culture of primary tissue, primary explants, HL-60, U937, HaK or Jurkat cells. Typically, a host cell is a cultured cell that can be transformed or transfected with a polypeptide-encoding nucleic acid,

15   which can then be expressed in the host cell. The phrase "recombinant host cell" can be used to denote a host cell that has been transformed or transfected with a nucleic acid to be expressed. A host cell also can be a cell that comprises the nucleic acid but does not express it at a desired level unless a regulatory sequence is introduced into the host cell such that it becomes operably linked with the nucleic acid. It is understood that the term host cell refers not only to the

20   particular subject cell but also to the progeny or potential progeny of such a cell. Because certain modifications may occur in succeeding generations due to, e.g., mutation or environmental influence, such progeny may not, in fact, be identical to the parent cell, but are still included within the scope of the term as used herein.

        Antigen binding proteins (*e.g.*, antibodies, antibody fragments, antibody derivatives,

25   antibody muteins, and antibody variants) are polypeptides that bind to PD-1, (preferably, human PD-1). Antigen binding proteins include antigen binding proteins that inhibit a biological activity of PD-1.

        The term "Fc polypeptide" includes native and mutein forms of polypeptides derived from the Fc region of an antibody. Truncated forms of such polypeptides containing the hinge

30   region that promotes dimerization also are included. Fusion proteins comprising Fc moieties (and oligomers formed therefrom) offer the advantage of facile purification by affinity chromatography over Protein A or Protein G columns.

Antigen-binding fragments of antigen binding proteins of the invention may be produced by conventional techniques. Examples of such fragments include, but are not limited to, Fab and F(ab')$_2$ fragments.

The present disclosure provides monoclonal antibodies that bind to PD-1. Monoclonal antibodies may be produced using any technique known in the art, *e.g.*, by immortalizing spleen cells harvested from the transgenic animal after completion of the immunization schedule. The spleen cells can be immortalized using any technique known in the art, *e.g.*, by fusing them with myeloma cells to produce hybridomas. Myeloma cells for use in hybridoma-producing fusion procedures preferably are non-antibody-producing, have high fusion efficiency, and enzyme deficiencies that render them incapable of growing in certain selective media which support the growth of only the desired fused cells (hybridomas). Examples of suitable cell lines for use in mouse fusions include Sp-20, P3-X63/Ag8, P3-X63-Ag8.653, NS1/1.Ag 4 1, Sp210-Ag14, FO, NSO/U, MPC-11, MPC11-X45-GTG 1.7 and S194/5XX0 Bul; examples of cell lines used in rat fusions include R210.RCY3, Y3-Ag 1.2.3, IR983F and 48210. Other cell lines useful for cell fusions are U-266, GM1500-GRG2, LICR-LON-HMy2 and UC729-6.

Antigen binding proteins directed against PD-1 can be used, for example, in assays to detect the presence of PD-1 polypeptides, either *in vitro* or *in vivo*. The antigen binding proteins also may be employed in purifying PD-1 proteins by immunoaffinity chromatography. Blocking antigen binding proteins can be used in the methods disclosed herein. Such antigen binding proteins that function as PD-1 antagonists may be employed in treating any PD-1-induced condition, including but not limited to various cancers.

Antigen binding proteins may be employed in an *in vitro* procedure, or administered *in vivo* to inhibit PD-1-induced biological activity. Disorders caused or exacerbated (directly or indirectly) by the proteolytic activation of PD-1, examples of which are provided herein, thus may be treated. In one embodiment, the present invention provides a therapeutic method comprising *in vivo* administration of a PD-1 blocking antigen binding protein to a mammal in need thereof in an amount effective for reducing an PD-1-induced biological activity.

Antigen binding proteins include fully human monoclonal antibodies that inhibit a biological activity of PD-1.

Antigen binding proteins may be prepared by any of a number of conventional techniques. For example, they may be purified from cells that naturally express them (*e.g.*, an antibody can be purified from a hybridoma that produces it), or produced in recombinant expression systems, using any technique known in the art. See, for example, Monoclonal

Antibodies, Hybridomas: A New Dimension in Biological Analyses, Kennet et al. (eds.), Plenum Press, New York (1980); and Antibodies: A Laboratory Manual, Harlow and Land (eds.), Cold Spring Harbor Laboratory Press, Cold Spring Harbor, N.Y., (1988).

5   Any expression system known in the art can be used to make the recombinant polypeptides of the invention. In general, host cells are transformed with a recombinant expression vector that comprises DNA encoding a desired polypeptide. Among the host cells that may be employed are prokaryotes, yeast or higher eukaryotic cells. Prokaryotes include gram negative or gram positive organisms, for example *E. coli* or *bacilli*. Higher eukaryotic cells include insect cells and established cell lines of mammalian origin. Examples of suitable

10 mammalian host cell lines include the COS-7 line of monkey kidney cells (ATCC CRL 1651) (Gluzman et al., 1981, *Cell* 23:175), L cells, 293 cells, C127 cells, 3T3 cells (ATCC CCL 163), Chinese hamster ovary (CHO) cells, HeLa cells, BHK (ATCC CRL 10) cell lines, and the CV1/EBNA cell line derived from the African green monkey kidney cell line CV1 (ATCC CCL 70) as described by McMahan et al., 1991, *EMBO J.* 10: 2821. Appropriate cloning and

15 expression vectors for use with bacterial, fungal, yeast, and mammalian cellular hosts are described by Pouwels et al. (Cloning Vectors: A Laboratory Manual, Elsevier, N.Y., 1985).

The transformed cells can be cultured under conditions that promote expression of the polypeptide, and the polypeptide recovered by conventional protein purification procedures. One such purification procedure includes the use of affinity chromatography, *e.g.*, over a

20 matrix having all or a portion (*e.g.*, the extracellular domain) of PD-1 bound thereto. Polypeptides contemplated for use herein include substantially homogeneous recombinant mammalian anti-PD-1 antibody polypeptides substantially free of contaminating endogenous materials.

Antigen binding proteins may be prepared, and screened for desired properties, by any

25 of a number of known techniques. Certain of the techniques involve isolating a nucleic acid encoding a polypeptide chain (or portion thereof) of an antigen binding protein of interest (*e.g.*, an anti-PD-1 antibody), and manipulating the nucleic acid through recombinant DNA technology. The nucleic acid may be fused to another nucleic acid of interest, or altered (*e.g.*, by mutagenesis or other conventional techniques) to add, delete, or substitute one or more

30 amino acid residues, for example.

Single chain antibodies may be formed by linking heavy and light chain variable domain (Fv region) fragments via an amino acid bridge (short peptide linker), resulting in a single polypeptide chain. Such single-chain Fvs (scFvs) have been prepared by fusing DNA encoding a peptide linker between DNAs encoding the two variable domain polypeptides (V_L

and V_H). The resulting polypeptides can fold back on themselves to form antigen-binding monomers, or they can form multimers (*e.g.*, dimers, trimers, or tetramers), depending on the length of a flexible linker between the two variable domains (Kortt et al., 1997, *Prot. Eng.* 10:423; Kortt et al., 2001, *Biomol. Eng.* 18:95-108). By combining different V_L and V_H-

5   comprising polypeptides, one can form multimeric scFvs that bind to different epitopes (Kriangkum et al., 2001, *Biomol. Eng.* 18:31-40). Techniques developed for the production of single chain antibodies include those described in U.S. Patent 4,946,778; Bird, 1988, *Science* 242:423; Huston et al., 1988, *Proc. Natl. Acad. Sci. USA* 85:5879; Ward et al., 1989, *Nature* 334:544, de Graaf et al., 2002, *Methods Mol. Biol.* 178:379-87.

10   Techniques are known for deriving an antibody of a different subclass or isotype from an antibody of interest, *i.e.*, subclass switching. Thus, IgG antibodies may be derived from an IgM antibody, for example, and vice versa. Such techniques allow the preparation of new antibodies that possess the antigen-binding properties of a given antibody (the parent antibody), but also exhibit biological properties associated with an antibody isotype or subclass

15   different from that of the parent antibody. Recombinant DNA techniques may be employed. Cloned DNA encoding particular antibody polypeptides may be employed in such procedures, *e.g.*, DNA encoding the constant domain of an antibody of the desired isotype (Lantto et al., 2002, *Methods Mol. Biol.* 178:303-16). Moreover, if an IgG4 is desired, it may also be desired to introduce a point mutation (CPSCP->CPPCP) in the hinge region (Bloom et al., 1997,

20   *Protein Science* 6:407) to alleviate a tendency to form intra-H chain disulfide bonds that can lead to heterogeneity in the IgG4 antibodies.

In particular embodiments, antigen binding proteins of the present invention have a binding affinity (K_a) for PD-1 of at least 10^6. In other embodiments, the antigen binding proteins exhibit a K_a of at least 10^7, at least 10^8, at least 10^9, or at least 10^{10}. In another

25   embodiment, the antigen binding protein exhibits a K_a substantially the same as that of an antibody described herein in the Examples.

In another embodiment, the present disclosure provides an antigen binding protein that has a low dissociation rate from PD-1. In one embodiment, the antigen binding protein has a K_{off} of 1×10^{-4} to $^{-1}$ or lower. In another embodiment, the K_{off} is 5×10^{-5} to $^{-1}$ or lower. In

30   another embodiment, the K_{off} is substantially the same as an antibody described herein. In another embodiment, the antigen binding protein binds to PD-1 with substantially the same K_{off} as an antibody described herein.

In another aspect, the present disclosure provides an antigen binding protein that inhibits an activity of PD-1. In one embodiment, the antigen binding protein has an IC_{50} of

1000 nM or lower. In another embodiment, the IC_{50} is 100 nM or lower; in another embodiment, the IC_{50} is 10 nM or lower. In another embodiment, the IC_{50} is substantially the same as that of an antibody described herein in the Examples. In another embodiment, the antigen binding protein inhibits an activity of PD-1 with substantially the same IC_{50} as an antibody described herein.

In another aspect, the present disclosure provides an antigen binding protein that binds to human PD-1 expressed on the surface of a cell and, when so bound, inhibits PD-1 signaling activity in the cell without causing a significant reduction in the amount of PD-1 on the surface of the cell. Any method for determining or estimating the amount of PD-1 on the surface and/or in the interior of the cell can be used. In other embodiments, binding of the antigen binding protein to the PD-1-expressing cell causes less than about 75%, 50%, 40%, 30%, 20%, 15%, 10%, 5%, 1%, or 0.1% of the cell-surface PD-1 to be internalized.

In another aspect, the present disclosure provides an antigen binding protein having a half-life of at least one day *in vitro* or *in vivo* (*e.g.*, when administered to a human subject). In one embodiment, the antigen binding protein has a half-life of at least three days. In another embodiment, the antigen binding protein has a half-life of four days or longer. In another embodiment, the antigen binding protein has a half-life of eight days or longer. In another embodiment, the antigen binding protein is derivatized or modified such that it has a longer half-life as compared to the underivatized or unmodified antigen binding protein. In another embodiment, the antigen binding protein contains one or more point mutations to increase serum half life, such as described in WO00/09560, incorporated by reference herein.

The present disclosure further provides multi-specific antigen binding proteins, for example, bispecific antigen binding protein, *e.g.*, antigen binding protein that bind to two different epitopes of PD-1, or to an epitope of PD-1 and an epitope of another molecule, via two different antigen binding sites or regions. Moreover, bispecific antigen binding protein as disclosed herein can comprise a PD-1 binding site from one of the herein-described antibodies and a second PD-1 binding region from another of the herein-described antibodies, including those described herein by reference to other publications. Alternatively, a bispecific antigen binding protein may comprise an antigen binding site from one of the herein described antibodies and a second antigen binding site from another PD-1 antibody that is known in the art, or from an antibody that is prepared by known methods or the methods described herein.

Numerous methods of preparing bispecific antibodies are known in the art. Such methods include the use of hybrid-hybridomas as described by Milstein et al., 1983, *Nature* 305:537, and chemical coupling of antibody fragments (Brennan et al., 1985, *Science* 229:81;

Glennie et al., 1987, *J. Immunol.* 139:2367; U.S. Patent 6,010,902). Moreover, bispecific antibodies can be produced via recombinant means, for example by using leucine zipper moieties (*i.e.*, from the *Fos* and *Jun* proteins, which preferentially form heterodimers; Kostelny et al., 1992, *J. Immunol.* 148:1547) or other lock and key interactive domain structures as

5   described in U.S. Patent 5,582,996. Additional useful techniques include those described in U.S. Patents 5,959,083; and 5,807,706.

In another aspect, the antigen binding protein comprises a derivative of an antibody. The derivatized antibody can comprise any molecule or substance that imparts a desired property to the antibody, such as increased half-life in a particular use. The derivatized

10   antibody can comprise, for example, a detectable (or labeling) moiety (*e.g.*, a radioactive, colorimetric, antigenic or enzymatic molecule, a detectable bead (such as a magnetic or electrodense (*e.g.*, gold) bead), or a molecule that binds to another molecule (*e.g.*, biotin or streptavidin), a therapeutic or diagnostic moiety (*e.g.*, a radioactive, cytotoxic, or pharmaceutically active moiety), or a molecule that increases the suitability of the antibody for

15   a particular use (*e.g.*, administration to a subject, such as a human subject, or other *in vivo* or *in vitro* uses). Examples of molecules that can be used to derivatize an antibody include albumin (*e.g.*, human serum albumin) and polyethylene glycol (PEG). Albumin-linked and PEGylated derivatives of antibodies can be prepared using techniques well known in the art. In one embodiment, the antibody is conjugated or otherwise linked to transthyretin (TTR) or a TTR

20   variant. The TTR or TTR variant can be chemically modified with, for example, a chemical selected from the group consisting of dextran, poly(n-vinyl pyurrolidone), polyethylene glycols, propropylene glycol homopolymers, polypropylene oxide/ethylene oxide co-polymers, polyoxyethylated polyols and polyvinyl alcohols.

Indications

25   The present disclosure provides methods of treating a subject. To treat, prevent, cure, relieve, or ameliorate ("treat") a disease, disorder, condition, or illness ("a condition"). Among the conditions to be treated are conditions characterized by inappropriate expression or activity of PD-1. In some such conditions, the expression or activity level is too high, and the treatment comprises administering a PD-1 antagonist. The disorders or conditions are cancer-related. In

30   particular, those cancers include, but are not limited to, lung, ovarian and colon carcinoma and various myelomas.

Specific medical conditions and diseases that are treatable or preventable with the antigen binding proteins of this disclosure include various cancers.

Therapeutic Methods and Administration of Antigen Binding Proteins

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Certain methods provided herein comprise administering a PD-1 binding antigen binding protein to a subject, thereby reducing a PD-1-induced biological response that plays a role in a particular condition. In particular embodiments, methods of the invention involve contacting endogenous PD-1 with a PD-1 binding antigen binding protein, *e.g.*, via

5   administration to a subject or in an *ex vivo* procedure.

The term "treatment" encompasses alleviation or prevention of at least one symptom or other aspect of a disorder, or reduction of disease severity, and the like. An antigen binding protein need not effect a complete cure, or eradicate every symptom or manifestation of a disease, to constitute a viable therapeutic agent. As is recognized in the pertinent field, drugs

10   employed as therapeutic agents may reduce the severity of a given disease state, but need not abolish every manifestation of the disease to be regarded as useful therapeutic agents. Similarly, a prophylactically administered treatment need not be completely effective in preventing the onset of a condition in order to constitute a viable prophylactic agent. Simply reducing the impact of a disease (for example, by reducing the number or severity of its

15   symptoms, or by increasing the effectiveness of another treatment, or by producing another beneficial effect), or reducing the likelihood that the disease will occur or worsen in a subject, is sufficient. One embodiment of the invention is directed to a method comprising administering to a patient a PD-1 antagonist in an amount and for a time sufficient to induce a sustained improvement over baseline of an indicator that reflects the severity of the particular

20   disorder.

As is understood in the pertinent field, pharmaceutical compositions comprising the antibodies and fragments thereof of the disclosure are administered to a subject in a manner appropriate to the indication. Pharmaceutical compositions may be administered by any suitable technique, including but not limited to, parenterally, topically, or by inhalation. If

25   injected, the pharmaceutical composition can be administered, for example, via intra-articular, intravenous, intramuscular, intralesional, intraperitoneal or subcutaneous routes, by bolus injection, or continuous infusion. Localized administration, *e.g.* at a site of disease or injury is contemplated, as are transdermal delivery and sustained release from implants. Delivery by inhalation includes, for example, nasal or oral inhalation, use of a nebulizer, inhalation of the

30   antagonist in aerosol form, and the like. Other alternatives include eyedrops; oral preparations including pills, syrups, lozenges or chewing gum; and topical preparations such as lotions, gels, sprays, and ointments.

Use of antigen binding proteins in *ex vivo* procedures also is contemplated. For example, a patient's blood or other bodily fluid may be contacted with an antigen binding

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protein that binds PD-1 *ex vivo*. The antigen binding protein may be bound to a suitable insoluble matrix or solid support material.

Advantageously, antigen binding proteins are administered in the form of a composition comprising one or more additional components such as a physiologically acceptable carrier, excipient or diluent. Optionally, the composition additionally comprises one or more physiologically active agents, for example, a second inflammation- or immune-inhibiting substance, an anti-angiogenic substance, an analgesic substance, etc., non-exclusive examples of which are provided herein. In various particular embodiments, the composition comprises one, two, three, four, five, or six physiologically active agents in addition to a PD-1 binding antigen binding protein

Combination Therapy

The present disclosure provides a method of treating a subject with a PD-1 inhibiting antigen binding protein and one or more other treatments. Such a combination therapy achieves synergy or an additive effect by, for example, attacking multiple sites or molecular targets in a tumor. Types of combination therapies that can be used include inhibiting or activating (as appropriate) multiple nodes in a single disease-related pathway, multiple pathways in a target cell, and multiple cell types within a target tissue.

A combination therapy method comprises administering to the subject two, three, four, five, six, or more of the PD-1 agonists or antagonists described herein. In another embodiment, the method comprises administering to the subject two or more treatments that together inhibit or activate (directly or indirectly) PD-1-mediated signal transduction. Examples of such methods include using combinations of two or more PD-1 inhibiting antigen binding proteins, of a PD-1 inhibiting antigen binding protein and one or more other therapeutic moiety having anti-cancer properties (for example, cytotoxic agents, and/or immunomodulators), or of a PD-1 inhibiting antigen binding protein and one or more other treatments (*e.g.*, surgery, or radiation). Furthermore, one or more anti-PD-1 antibodies or antibody derivatives can be used in combination with one or more molecules or other treatments, wherein the other molecule(s) and/or treatment(s) do not directly bind to or affect PD-1, but which combination is effective for treating or preventing the condition being treated. In one embodiment, one or more of the molecule(s) and/or treatment(s) treats or prevents a condition that is caused by one or more of the other molecule(s) or treatment(s) in the course of therapy, *e.g.*, nausea, fatigue, alopecia, cachexia, insomnia, etc. In every case where a combination of molecules and/or other treatments is used, the individual molecule(s) and/or treatment(s) can be administered in any order, over any length of time, which is effective, *e.g.*, simultaneously, consecutively, or

alternately. In one embodiment, the method of treatment comprises completing a first course of treatment with one molecule or other treatment before beginning a second course of treatment. The length of time between the end of the first course of treatment and beginning of the second course of treatment can be any length of time that allows the total course of therapy to be

5   effective, *e.g.*, seconds, minutes, hours, days, weeks, months, or even years.

Example 1

The ability of anti-PD-1 antibodies to modulate immune responsiveness was assessed using a mixed lymphocyte reaction (MLR). With this assay, the effects of an anti-PD-1 antibody (RG1H10) on cell activation and the production of both IL-2 and interferon γ were

10   measured. The MLR was performed by culturing 10^5 purified human CD4+ cells from one donor with 10^4 monocyte derived dendritic cells prepared from another donor. To prepare the dendritic cells, purified monocytes were cultured with GM-CSF (1,000 U/ml) and IL-4 (500 U/ml) for seven days. Anti-PD-1 or control antibodies were added to the allogeneic MLR cultures at 10 μg/ml unless stated otherwise. Parallel plates were set up to allow collection of

15   supernatants at day 2 or 3 and at day 5 to measure IL-2 and IFNγ respectively using a commercial ELISA kit (Biolegend). The remaining cells of the day 5 culture were assayed for CD25 expression as a measure of cell activation.

The results for cell activation are shown in Figure 1. With all anti-PD-1 antibodies there was an increase in cell activation. In Figure 1, the data are expressed as a percentage of

20   test value with of the respect to that obtained in the absence of any added antibody. The ordinate value is %CD25+, as this refers to the cell activation presented as a percentage increase over medium control. In this way, the percent increase in cell activation was realized. Supernatants were collected from the cultures on day 3 to measure IL-2 (Figure 2) or on day 5 to measure interferon γ (Figure 3). In Figure 2, the value for the ordinate is IFNγ pg/ml. In

25   Figure 3, the ordinate is IL-2 pg/ml. Production of both cytokines was enhanced by the addition of the anti-PD-1 antibodies.

Example 2

This example illustrates *in vitro* data for cellular binding EC50 measurements and cell binding specificity. More specifically, this example shows the binding characteristics for anti-

30   PD-1 antibodies (as indicated in Figure 4) in terms of specific cell binding and the concentration at which 50% binding saturation (EC50) is reached. In this example, the anti-PD-1 antibodies are compared to the commercially available therapeutic anti-PD-1 antibody, BMS 5C4. The experimental procedure was as follows: CHO-PD-1 cells and CHO-PD-L1 cells were obtained by stably transfecting CHO-K1 cells with PD-1 cDNA ORF clone

(Origene RG210364) and PD-L1 cDNA ORF clone (Origene RG213071) respectively. After 2

weeks of Neomycin selection, clones were isolated by Fluorescence-activated cell sorting

(FACS) and further expanded. ES-2 cell line was established from an ovarian carcinoma

(ATCC CRL-1978) and does not express detectable levels of PD-1. For cell binding assays,

5   50,000 CHO-PD-1 cells, CHO-PD-L1 cells, and ES-2 cells were aliquoted into the wells of a

96-well, v-bottom plate in 100 µl FACS Buffer (PBS + 2% FBS). A twelve point, 3x dilution

curve of each anti-PD-1 antibody was made in FACS Buffer starting at 50 µg/ml (3.33×10^{-7}

M). Cells were spun down, washed twice with FACS Buffer, and then resuspended in 25 µl of

antibody solution in triplicate. After 0.5 hr incubation, cells were washed 1x with FACS Buffer

10 and resuspended in 50 µl PE-conjugated, goat anti-human IgG (γ-chain specific) secondary

antibody (Southern Biotech Cat #2040-09). Cells were further incubated for 0.5 hr and then

washed 1x with FACS Buffer. Cells were resuspended in 25 µl FACS Buffer and the median

fluorescence intensity in the FL2-H channel was determined using the Intellicyt HTFC flow

cytometer. Data was analyzed and plotted in Graph Pad Prism using non-linear regression fit.

15   The antibodies used were the disclosed GA2, RG1B3, RG1H10, and RG2A7, RG2H10,

SH-A4, RG4A6 and RG6B5 as compared to prior disclosed antibodies 5C4 (Bristol-Myers-

Squibb/Medarex) that was obtained via in-house production from prior-disclosed antibody

sequences (U.S. Patent Application US 2009/0217401; the disclosure of which is incorporated

by reference herein),

20   Results: As shown in Figure 4 and Table 1, the cell binding EC50 for anti-PD-1

antibodies on CHO-PD-1 cells was determined to be ranging from 36 picomolar (pM) to 2802

pM. Data points on the graph are shown as the median fluorescence intensity (MFI) of

positively labeled cells depending on the antibody concentration +/- Std Error. No non-specific

binding was observed to cells not expressing PD-1 (CHO-PD-L1 cells and ES-2 cells).

25 Table 1:

	BMS 5C4	PD1 H7	PD1 GA2	PD1 RG1B3	PD1 RG1H10	PD1 RG2A7	PD1 RG2H10	PD1 SHA4	PD1 RG4A6	PD1 RG6B5
EC50 (pM)	529.9	222.5	201.5	183.4	35.8	403.0	2802.0	114.8	778.9	240.1

Example 3

This example provides an analysis of the inhibition of the binding of recombinant PD-

1 to recombinant PD-L1 by anti-PD-1 antibodies (Figure 5). Briefly, an ELISA plate was

30 coated with PD-L1-His, blocked with casein in PBS, then pre-incubated mixture of anti-PD-1

antibodies (scFv) and recombinant human PD-1 protein as added. Remaining binding of PD-1

protein to PD-L1 protein was measured.

The antibodies used were the disclosed GA1, GA2, GB1, GB6, GH1, A2, C7, H7, SH-A4, SH-A9, RG1B3, RG1H10, and RG1H11 as compared to prior disclosed antibodies 5C4 (Bristol-Myers-Squibb/Medarex) that was obtained via in-house production from prior-disclosed antibody sequences (U.S. Patent Application US 2009/0217401; the disclosure of which is incorporated by reference herein).

Results: The anti-PD-1 antibodies possess the ability to block the interaction between recombinant human PD-1 and PD-L1 proteins.

Example 4

This example provide a comparison of affinity measurements of the identified anti-PD-1 antibody RG1H10 as an immunoglobulin gamma 1 (IgG1) and immunoglobulin gamma 4 IgG4) with a stabilizing mutation in the antibody hinge region at residue 228 changing a serine to a proline (S228P) using BIAcore methodology. Briefly, a CM5 chip was coated with anti-human Fc antibody, the anti-PD1 mAb was captured, then serially-diluted recombinant human PD1 (His-tagged) protein was used in the analysis.

Result: The human anti-PD-1 antibody RG1H10 possesses excellent kinetic properties for its recognition and binding to human PD-1 protein either as an IgG1 or an IgG4 (S228P) as shown in Table 2.

mAb	ka 1/Ms)	kd (1/s)	Kd (M)	Activated PBMC Binding; EC_{50} (M)
RG1H10 (IgG1)	7.5E05	1E-03	1.3E-09	6.7E-10
RG1H10 (IgG4 S228P)	8.8E05	1.4E-03	1.6E-09	4.7E-11

Example 5

This example illustrates *in vitro* data for cellular binding EC50 measurements. More specifically, this example shows the binding characteristics for anti-PD-1 antibody RG1H10 as IgG1 or IgG4 (S228P) in terms of cell binding and the concentration at which 50% binding saturation (EC50) is reached. The experimental procedure is as follows. Peripheral blood mononuclear cells (PBMC) were added to the wells of a 24 well plate and stimulated anti-CD3 (3 ng/ml). After three days of culture the cells were harvested and added to the wells of wells of a 96-well, v-bottom plate in 100 μl FACS Buffer (PBS + 2% FBS). A twelve point, 3x dilution curve of each anti-PD-1 antibody was made in FACS Buffer starting at 10 μg/ml (0.6 x10^{-7}M). Cells were spun down, washed twice with FACS Buffer, and then resuspended in 25

μl of antibody solution in triplicate. After 0.5 hr incubation, cells were washed 1x with FACS

Buffer and resuspended in 50 μl PE-conjugated, goat anti-human IgG (γ-chain specific)

secondary antibody (Southern Biotech Cat #2040-09). Cells were further incubated for 0.5 hr

and then washed 1x with FACS Buffer. Cells were resuspended in 25 μl FACS Buffer and the

5   median fluorescence intensity in the FL2-H channel was determined using the Intellicyt HTFC

flow cytometer. Data was analyzed and plotted in Graph Pad Prism using non-linear regression

fit.

Results: As shown in Table 3, the cell binding EC50 for anti-PD-1 antibodies on

activated peripheral blood mononuclear cells (PBMCs) was determined to be 47 picomolar

10   (pM) for the IgG4 (S228P) isotype and 670 pM for the IgG1 version.

Table 3

mAb	Activated PBMC Binding; EC_{50} (M)
RG1H10 (IgG1)	6.7E-10 15
RG1H10 (IgG4 S228P)	4.7E-11

Example 6

This example provides an analysis of the ability of RG1H10 to specifically bind to

20   recombinant PD-1 but not to other related proteins (Figure 6). Briefly, an ELISA plate was

coated with the appropriate recombinant proteins, namely human PD-1, cynomolgus PD-1,

human CTLA-4, human CD28, and human ICOS. blocked with casein in PBS, then incubated

with the anti-PD-1 antibody(RG1H10). Binding of RG1H10 was measured.

Results: The anti-PD-1 antibody RG1H10 possess excellent specific for PD-1 (either

25   human or cynomolgus) but does not recognize proteins related to PD-1.

Example 7

The ability of the two isotypes of RG1H10, namely IgG1 and IgG4 (S228P) to

modulate immune responsiveness was assessed using a mixed lymphocyte reaction (MLR).

With this assay, the effects anti-PD-1 antibodies on cell activation and the production of both

30   IL-2 and interferon γ were measured. The MLR was performed by culturing 10^5 purified

human CD4+ cells from one donor with 10^4 monocyte derived dendritic cells prepared from

another donor. To prepare the dendritic cells, purified monocytes were cultured with GM-CSF

(1,000 U/ml) and IL-4 (500 U/ml) for seven days. Anti-PD-1 or control antibodies were added

to the allogeneic MLR cultures at 10 μg/ml unless stated otherwise. Parallel plates were set up

to allow collection of supernatants at day 2 or 3 and at day 5 to measure IL-2 and IFNγ respectively using a commercial ELISA kit (Biolegend). The remaining cells of the day 5 culture were assayed for CD25 expression as a measure of cell activation.

The results for cell activation are shown in Figures 7, 8, and 9. With both anti-PD-1

5   antibody isotypes there was an increase in cell activation (Figure 7). The data are expressed as a percentage of test value with of the respect to that obtained in the absence of any added antibody. In this way, the percent increase in cell activation was realized. Supernatants were collected from the cultures on day 3 to measure IL-2 (Figure 8) or on day 5 to measure interferon γ (Figure 9). Production of both cytokines was similarly enhanced by the addition of

10   the anti-PD-1 antibodies.

Example 8

The heavy chain sequence was further optimized through an affinity maturation process. Specifically, antibody RG1H10 (heavy chain SEQ ID NO. 23) was affinity matured into 12 additional heavy chain sequences (SEQ ID NOs. 37-49) listed on the Sequence Listing

15   table below, together with light chain SEQ ID NO. 24.

Example 9

This example shows a PD-1 blocking ELISA assay using the indicated antibodies in Figure 5. ELISA Plates were coated with PD-L1-His, blocked with Casein in PBS, then added pre-incubated mixture of scFv and PD1/Fc (12.5 µL 10µg/ml PD1/Fc+ 12.5 µl phage soup).

20   Incubated 1h, Washed 3 times with PBS. Added Anti-human Fc-HRP: 1:200 diluted in casein. Incubated 30 min, wash 3 times with PBS. Used TMB as substrate and 2M H_2SO_4 to stop the reaction. Read the O.D. 450nm. All antibodies tested except GA2 and H7 blocked PD-1 receptor.

Example 10

25   This example shows a PD-1 blocking assay using the indicated antibodies in Figure 5. ELISA Plates were coated with PD-L1-His, blocked with Casein in PBS, then added pre-incubated mixture of scFv and PD1/Fc(12.5 µL 0.7 µg/ml PD1/Fc+ 12.5 µl phage soup). Incubated 1h, Washed 3 times with PBS. Added Anti-human Fc-HRP: 1:500 diluted in casein. Incubated 30 min, wash 3 times with PBS. Used TMB as substrate and 2M H_2SO_4 to stop the

30   reaction. Read the O.D. 450nm.

Example 11

This example shows the cross reactivity, or lack of cross reactivity as between human and murine anti-PD-1 antibodies disclosed herein in Figure 10. Loaded 50 µl 1 µg/ml human PD-L1/His or mouse PD1/His (control: PBS) on Ni-NTA plate, incubated 1h, and washed 3

times with PBS. Added IgGs that diluted in Casein and incubated 30 min. Wash 3 time with PBS. Added Goat anti-human Fc-HRP: 1:300 diluted in casein. Incubated 30 min, wash 3 times with PBS. Used TMB as substrate and 2M H_2SO_4 to stop the reaction. Read the O.D. 450nm.

5   **Example 12**

This example shows an epitope comparison between antibodies 5C4 and RG1H10. IgG5C4 was coated on AR2G sensor. Ran the base line with PBS. PD1/His was captured on the sensor . Then the sensor was dipped sequentially into the wells with PBS and RG1H10.

Example 12

10   This example shows a comparison of the affinity of the disclosed anti-PD-1 antibodies. Anti-human Fc antibody was immobilized on CM5 sensor chip with approximately 1000 RU. Antibodies (about 10 µg/ml) were captured for 60 s at a flow rate 10 µl/min.PD1/His was serially diluted in running buffer (HBS-EP). All measurements were conducted with a flow rate of 30 µL/min. Surfaces were regenerated with 3M $MgCl_2$ for 60 s. A 1:1 (Langmuir)

15   binding model was used to fit the data.

Table 4

name	ka (1/Ms)	kd (1/s)	Rmax (RU)	KA (1/M)	KD (M)	Chi2
5C4	2.16E5	1.7E-3	102	1.27E8	7.87E-9	0.145
RG1H10	1.3E6	1.04E-3	81.6	1.25E9	8.02E-10	1.52

Example 13

This example illustrates an experiment showing target (PD-1) specificity of the RG1H10 antibody against three anti-PD-1 competitor antibodies. Using an in vitro ELISA

20   assay with either anti-human IgG4 heavy chain or anti-human lambda light chain detection reagents, we can confirm that RG1H10 binds specifically to recombinant human and cynomolgus PD-1 but not mouse PD-1. The EC_{50} values for RG1H10 binding to human and cynomolgous PD-1 were 0.391 nM and 0.840 nM respectively, essentially identical to three reference antibodies tested, including competitor 1 (human EC_{50} 0.419 nM, cyno EC_{50} 1.02

25   nM), competitor 2 (human EC_{50} 0.495 nM, cyno EC_{50} 0.773 nM) and competitor 3 (human EC_{50} 0.390 nM, cyno EC_{50} 1.295 nM). In addition, RG1H10 does not bind to other structurally related family members, including human CTLA4, human CD28 and human ICOS. These results suggest that RG1H10 exhibits unique target specificity toward PD-1.

Example 14

This example illustrates an experiment showing target (PD-1) affinity of the RG1H10 antibody against three anti-PD-1 competitor antibodies using Biacore affinity characterization and cell-based binding studies. For the Biacore affinity measurements, anti-PD-1 antibodies were captured onto a protein-A immobilized CM5 sensor chip, after which monomeric

5   recombinant human PD-1 was flowed over the chip. Under these conditions, RG1H10 exhibited an affinity (KD) of 3.2 nM, compared to competitor 1 (7.0 nM), competitor 2 (3 nM) and competitor 3 (42 nM). These studies suggest that RG1H10 exhibits equivalent target affinity to competitor molecules 1 and 2 and approximately 10-fold higher affinity over competitor 3.

10   Furthermore, we used a human Jurkat T cell line stably expressing high levels of human PD-1 to measure binding of RG1H10 and three reference antibodies to human PD-1 expressed on the T cell surface. Primary antibody binding to Jurkat PD-1 cells was detected by flow cytometry using either anti-heavy chain or light chain antibodies directly conjugated to fluorochromes (identical binding curves were obtained using either detection reagent). In this

15   assay, RG1H10 bound to membrane expressed PD-1 with an EC_{50} value of 25.76 nM, compared to competitor 1 (5.18 nM), competitor 2 (4.57 nM) and competitor 3 (8.83 nM). While performing these studies, we also observed variability in the maximum number of PD-1 receptor molecules bound by various anti-PD1 antibodies, whereby RG1H10 achieved a C_{max} of 1103 mean fluorescence intensity (MFI) units, equivalent to that observed for competitor 2

20   (C_{max} of 1110 MFI), higher than that observed for competitor 3 (C_{max} of 789 MFI) and almost 2-fold lower than that observed for competitor 1 (C_{max} of 1906 MFI). In summary, RG1H10 binds to membrane expressed human PD-1 with similar potency to all reference antibodies tested.

Sequence Listing

	Heavy chain variable domain region	Light chain variable domain region
GA1	QVQLQQSGPGLVRPSQTLSLSCDISGDSVSSNSATW NWIRQSPSRGLEWLGRTFYRSKWYHDYALSVKSRIT INPDTSKNQFSLQLNSVSPGDTAVYFCVREDIDGRL DYWGQGTLVTVSS SEQ ID NO. 1	LPVLTQPASVSGSPGQSITISCTGTSSDVGGY NYVSWYQQHPGKAPKLMIYEVSKRPSGVP DRFSGSKSGNTASLTVSGLQAEDEADYYCSA WDDSLNADVFGGGTKLTVL SEQ ID NO. 2
GA2	QVQLVQSGSELKKPGASVKISCKASGYIFSDNGVNW VRQAPGQGLEWMGWINTKIGNPTYAQGFTGRFVF SLDTSVSTTYLQISSLQAGDTAVYYCAREHDYYYGM DVWGQGTTVTVSS SEQ ID NO. 3	QPVLTQPPSASGTPGQRVTISCSGSSSNIGT NTVNWYQQVPGTAPKLLIHGNDQRPSGVP DRFSGSKSDTSASLAITGLQSDDDADYYCSA WDDSLNADVFGGGTKLTVL SEQ ID NO. 4

GB1	MAEVQLLESGAEVKKPGASVKVSCKASGYTFTSHY MHWVRQAPGQGLEWMGVINPSGGSTSYAQKFQ GRVTMTRDTSTSTVYMDLSSLRSEDTAVYYCARRSE AYYHGMDVWGQGTTVTVSS SEQ ID NO. 5	QAVLTQPPSASATPGQRVTISCSGSDSNIGT NYVYWYQQFPGTAPQPLIYRDNQRPSGVP DRFSGSKSGTSASLAISGLRSEDEATYFCSTW DDSLNGWVFGGGTKLTVL SEQ ID NO. 6
GB6	EVQLVQSGSELKKPGASVKISCKASGYIFSDNGVNW VRQAPGQGLEWMGWINTKIGNPTYAQGFTGRFVF SLDTSISTTYLQISSLQAGDTAVYYCAREHDYYYGMD VWGQGTTVTVSS SEQ ID NO. 7	QPVLTQPRSVSGSPGQSITTSCTGTSSDVGG YNYVSWYQQHPGKAPKLMIYEVSNRPSGV SNRFSGSKSGNTASLTISGLQAEDEADYYCS SYTSSSTLEVFGTGTKVTVL SEQ ID NO. 8
GH1	QVQLVESGGGLVQPGGSLRLSCEATGFTFSRYWMH WVRQAPGKGLEWVSSISSSSSYIYYADSVKGRFTISR DNAKNSLYLQMNSLRAEDTAVYYCARDTLEYYGSGI LENAMGYYGMDVWGQGTTVTVSS SEQ ID NO. 9	SYELMQPPSVSGAPGQRVTISCTGSSSNIGA AYDVHWYQQLPGKAPKLVMFANSNRPSG VPDRFSGSKSGTSASLAITGLQAEDEADYYC QSYDISLRAYVFGTGTKLTVL SEQ ID NO. 10
A2	EVQLVESGGGLVRPGGSLRLACAASGFSFSDYYMT WIRQAPGRGLEWIAYISDSGQTVHYADSVKGRFTIS RDNTKNSLFLQVNTLRAEDTAVYYCAREDLLGYYLQ SWGQGTLVTVSS SEQ ID NO. 11	SYELMQPPSASGTPGQRVTISCSGSSSNIGT NTVNWYQHLPGTAPKLLIYSNNQRPSGVP DRFSGSKSGTSASLAISGLQSEDEADYYCAT WDDSPNGWVFGGGTKLTVL SEQ ID NO. 12
C7	EVQLVESGGGVVQPGRSLRLSCAASGFTFSSYWMS WVRQAPGKGLEWVANIKQDGSEKYYVDSVKGRFTI SRDNAKNSLYLQMNSLRAEDTAVYYCAREGEHDAF DIWGQGTMVTVSS SEQ ID NO. 13	QAVLTQPPSVSAAPGQRVTISCSGSNSNIAD TYVSWYQQLPGTAPRLLIYDNDQRPSGIPD RFSGSKSGTSATLGITGLQTGDEADYYCGT WDSSLSGVFGTGTKVTVL SEQ ID NO. 14
H7	QVQLVQSGSELKKPGASVKISCKASGYIFSDNGVNW VRQAPGQGLEWMGWINTKIGNPTYAQGFTGRFVF SLDTSVSTTYLQISSLQAGDTAVYYCAREHDYYYGM DVWGQGTTVTVSS SEQ ID NO. 15	QSVLTQPASVSGSPGQSVTISCTGSSSDVGA YNFVSWYRQYPGKAPKLLIYEVNKRPSDVP DRFSGSKFGNTASLTVSGLQADDEADYYCSS YAGSTDVFGTGTKVTVL SEQ ID NO. 16
SH-A4	QVQLVQSGSELKKPGASVKISCKASGYIFSDNGVNW VRQAPGQGLEWMGWINTKIGNPTYAQGFTGRFVF SLDTSVSTTYLQISSLQAGDTAVYYCAREHDYYYGM DVWGQGTTVTVSS SEQ ID NO. 17	LPVLTQPPSVSGTPGQRVTISCSGSSSNIGSN TVNWYQQLPGTAPKLLIYTNNQRPSGVPDR FSGSKSGTSASLAISGLQSEDEADYYCAAWD ESLNGDVFGTGTKVTVL SEQ ID NO. 18
SH-A9	QVQLVQSGAEVKKPGASVKVSCKASGYTFTRYTMH WVRQAPGQRLEWMGWINAGNGNTKYSQKFQGR VTITRDTSASTAYMELSSLRSEDTAVYYCAKVSAGTE SWFDPWGQGTLVTVSS SEQ ID NO. 19	AIRMTQSPSFLSASVGDRVTITCRTSQNIYN YLNWYQQKPGKAPELLIFVASSLQSGVPSRF SGSGSGTDFTLTISSLQPEDFATYFCLQDHSY PYTFGQGTKVEIK SEQ ID NO. 20
RG1B3	QVQLVQSGAEVKKPGASVKVSCKASGYTFTSYGISW VRQAPGQGLEWMGWISAYNGNTNYAQKLQGRVT MTTDTSTSTAYMELRSLRSDDTAVYYCARGLYGDED YWGQGTLVTVSS SEQ ID NO. 21	LPVLTQPPSVSEVPGQRVTISCSGGISNIGSN AVNWYQHFPGKAPKLLIYYNDLLPSGVSDR FSASKSGTSASLAISGLRSEDEADYYCAAWD DNLSAYVFATGTKVTVL SEQ ID NO. 22
RG1H10	QVQLVQSGSELKKPGASVKISCKASGYIFSDNGVNW VRQAPGQGLEWMGWINTKIGNPTYAQGFTGRFVF SLDTSISTTYLQISSLQAGDTAVYYCAREHDYYYGMD VWGQGTTVTVSS SEQ ID NO. 23	QSALTQPPSASGSPGQSVTISCTGTSSDVGG YNYVSWYQHHPGKAPKLMIYEVSKRPSGVP DRFSGSKSAITASLTISGLLTEDEADYYCSAW DDSLNADVFGGGTKVTVL SEQ ID NO. 24
RG1H11	QMQLVQSGAEVKKPGESLKISCKGSGYSFTSYWIG WVRQMPGKGLEWMGIIYPGDSDTRYSPSFQGQVT ISADKSISTAYLQWSSLKASDTAMYYCASGVTRKRYS SSWPPFDYWGQGTLVTVSS SEQ ID NO. 25	DIQMTQSPSSLSASVGDRVTITCRASQSISTY LNWYQQKPGKAPKVLITDASSLETGVPSRFS GSGSGTDFTFTISSLQPEDTATYFCQQYDDL PPTFGQGTKLEIK SEQ ID NO. 26

RG2H7	QVQLQQWGAGLLKSSETLSLSCAVYGGTFRDDHW SWIRQPPGKGLEWIGESHHTGRTIYNPSLRSRVTMS IDTSKNEFSLILRSVTAADTATYFCARGNNYVWGNQ EDFWGQGTLVTVSS SEQ ID NO. 27	QAGLTQPRSVSGSPGQSVTISCTGTSSDVG GYNYVSWYQQHPGKAPKLMIYDVTKRPSG VSNRFSGSKSGNTASLTISGLQAEDEADYYC SSYTSSSTYVFGTGTKVTVL SEQ ID NO. 28
RG2H10	QVQLQQSGPGLVRPSQTLSLSCDISGDSVSSNSATW NWIRQSPSRGLEWLGRTFYRSKWYHDYALSVKSRIT INPDTSKNQFSLQLNSVSPGDTAVYFCVREDIDGRL DYWGQGTLVTVSS SEQ ID NO. 29	QPVLTQPASVSGSPGQSITISCTGTSSDVGG YNYVSWYQQHPGKAPKLMIYDVSNRPSGV SNRFSGSKSGNTASLAITGLQSDDDADYYCS AWDDSLNADVFGGGTKLTVL SEQ ID NO. 30
RG3E12	EVQLVESGGALVQPGGSLRLSCAVSGFTFSDHYMD WVRQAPGKGLEWVARSRNKGNSYTTEYAASVRGR FTISRDDSKNSLYLQMNSLKTEDTAVYYCVRVGVVP ALDGMDVWGQGTTVTVSS SEQ ID NO. 31	QAGLTQPPSVSKGLRQTATLTCTGNSNNIG DQGAAWLQQHQGHPPRLLSYRNNNRPSGI SERLSASRSGNIASLTITGLQPEDEADYYCSA WDSSLSVWVFGGGTKLTVL SEQ ID NO. 32
RG4A6	EVQLVESGGGLVQPGGSLRLSCAASGFTFSSYWMH WVRQAPGKGLEWVSSISSSSSYIYYADSVKGRFTISR DNAKNSLYLQMNSLRAEDTAVYYCARDTLEYYGSGI LENAMGYYGMDVWGQGTTVTVSS SEQ ID NO. 33	QAVLTQPPSASGTPGQRVTISCSGSSSNIGS NTVNWYQQLPGTAPKLLIYSNNQRPSGVP DRFSGSKSGTSASLAISGLQSEDEADYYCAA WDDSLNGYVFGTGTKLTVL SEQ ID NO. 34
RG5D9	EVQLLESGGGVVQTGRSLRLSCSDSGSTFRSQAMH WVRQTPGKGLEWLAVTSHDGSKTYYADSVKGRFTI SRDNSKNTLYLQMNSLRGEDTAVYYCARGGRGYTY DHSFFDYWGQGTLVTVSS SEQ ID NO. 35	AIRMTQSPSTLSASVGDRVTITCRASENIRNL LAWYQQKPGKAPELLIHGASTLGTGVPSRF SGGGSGTEFTLTISSLQPDDFATYYCQQYES YFNTFGQGTKVEIK SEQ ID NO. 36
RG1H10-H2A-22-1S	QVQLVQSGSELKKPGASVKISCKASGYIFSDNGVNW VRQAPGQGLEWMGWINTKDGNPTYAQGFTGRFV FSLDTSISTTYLQISSLQAGDTAVYYCAREHDYYYGM DVWGQGTTVTVSS SEQ ID NO. 37	QSALTQPPSASGSPGQSVTISCTGTSSDVGG YNYVSWYQHHPGKAPKLMIYEVSKRPSGVP DRFSGSKSAITASLTISGLLTEDEADYYCSAW DDSLNADVFGGGTKVTVL SEQ ID NO. 24
RG1H10-H2A-27-2S	QVQLVQSGSELKKPGASVKISCKASGYIFSDNGVNW VRQAPGQGLEWMGWINTKTGNPTYAQGFTGRFV FSLDTSISTTYLQISSLQAGDTAVYYCAREHDYYYGM DVWGQGTTVTVSS SEQ ID NO. 38	QSALTQPPSASGSPGQSVTISCTGTSSDVGG YNYVSWYQHHPGKAPKLMIYEVSKRPSGVP DRFSGSKSAITASLTISGLLTEDEADYYCSAW DDSLNADVFGGGTKVTVL SEQ ID NO. 24
RG1H10-3C	QVQLVQSGSELKKPGASVKISCKASGYTFSDNGVN WVRQAPGQGLEWMGWINTKDGNPTYAQGFTGR FVFSLDTSISTTYLQISSLQAGDTAVYYCAREHDYYYG MDVWGQGTTVTVSS SEQ ID NO. 39	QSALTQPPSASGSPGQSVTISCTGTSSDVGG YNYVSWYQHHPGKAPKLMIYEVSKRPSGVP DRFSGSKSAITASLTISGLLTEDEADYYCSAW DDSLNADVFGGGTKVTVL SEQ ID NO. 24
RG1H10-16C	QVQLVQSGSELKKPGASVKISCKASGYTFSDNGVN WVRQAPGQGLEWMGWINTKTGNPTYAQGFTGR FVFSLDTSISTTYLQISSLQAGDTAVYYCAREHDYYYG MDVWGQGTTVTVSS SEQ ID NO. 40	QSALTQPPSASGSPGQSVTISCTGTSSDVGG YNYVSWYQHHPGKAPKLMIYEVSKRPSGVP DRFSGSKSAITASLTISGLLTEDEADYYCSAW DDSLNADVFGGGTKVTVL SEQ ID NO. 24
RG1H10-17C	QVQLVQSGSELKKPGASVKISCKASGYKFSDNGVN WVRQAPGQGLEWMGWINTKSGNPTYAQGFTGRF VFSLDTSISTTYLQISSLQAGDTAVYYCAREHDYYYG MDVWGQGTTVTVSS SEQ ID NO. 41	QSALTQPPSASGSPGQSVTISCTGTSSDVGG YNYVSWYQHHPGKAPKLMIYEVSKRPSGVP DRFSGSKSAITASLTISGLLTEDEADYYCSAW DDSLNADVFGGGTKVTVL SEQ ID NO. 24
RG1H10-19C	QVQLVQSGSELKKPGASVKISCKASGYKFSDNGVN WVRQAPGQGLEWMGWINTKTGNPTYAQGFTGR FVFSLDTSISTTYLQISSLQAGDTAVYYCAREHDYYYG MDVWGQGTTVTVSS SEQ ID NO. 42	QSALTQPPSASGSPGQSVTISCTGTSSDVGG YNYVSWYQHHPGKAPKLMIYEVSKRPSGVP DRFSGSKSAITASLTISGLLTEDEADYYCSAW DDSLNADVFGGGTKVTVL SEQ ID NO. 24
RG1H10-21C	QVQLVQSGSELKKPGASVKISCKASGYTFSDNGVN WVRQAPGQGLEWMGWINTKSGNPTYAQGFTGRF VFSLDTSISTTYLQISSLQAGDTAVYYCAREHDYYYG MDVWGQGTTVTVSS SEQ ID NO. 43	QSALTQPPSASGSPGQSVTISCTGTSSDVGG YNYVSWYQHHPGKAPKLMIYEVSKRPSGVP DRFSGSKSAITASLTISGLLTEDEADYYCSAW DDSLNADVFGGGTKVTVL SEQ ID NO. 24

RG1H10-
23C2

QVQLVQSGSELKKPGASVKISCKASGYKFSDNGVN
WVRQAPGQGLEWMGWINTKDGNPTYAQGFTGR
FVFSLDTSISTTYLQISSLQAGDTAVYYCAREHDYYYG
MDVWGQGTTVTVSS SEQ ID NO. 44

QSALTQPPSASGSPGQSVTISCTGTSSDVGG
YNYVSWYQHHPGKAPKLMIYEVSKRPSGVP
DRFSGSKSAITASLTISGLLTEDEADYYCSAW
DDSLNADVFGGGTKVTVL SEQ ID NO. 24

We claim:

1.   A fully human antibody of an IgG class that binds to a PD-1 epitope with a binding affinity of at least $10^{-6}M$, that has a heavy chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 1, SEQ ID NO. 3, SEQ ID NO. 5, SEQ ID NO. 7, SEQ ID NO. 9, SEQ ID NO. 11, SEQ ID NO. 13, SEQ ID NO. 15, SEQ ID NO. 17, SEQ ID NO. 19, SEQ ID NO. 21, SEQ ID NO. 23, SEQ ID NO. 25, SEQ ID NO. 27, SEQ ID NO. 29, SEQ ID NO. 31, SEQ ID NO. 33, SEQ ID NO. 35, SEQ ID NO. 37, SEQ ID NO. 38, SEQ ID NO. 39, SEQ ID NO. 40, SEQ ID NO. 41, SEQ ID NO. 42, SEQ ID NO. 43, SEQ ID NO. 44, and combinations thereof, and that has a light chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 2, SEQ ID NO. 4, SEQ ID NO. 6, SEQ ID NO. 8, SEQ ID NO. 10, SEQ ID NO. 12, SEQ ID NO. 14, SEQ ID NO. 16, SEQ ID NO. 18, SEQ ID NO. 20, SEQ ID NO. 22, SEQ ID NO. 24, SEQ ID NO. 26, SEQ ID NO. 28, SEQ ID NO. 30, SEQ ID NO. 32, SEQ ID NO. 34, SEQ ID NO. 36, and combinations thereof.

2.   The fully human antibody of claim 1, wherein the antibody has a heavy chain/light chain variable domain sequence selected from the group consisting of SEQ ID NO. 1/SEQ ID NO. 2 (called GA1 herein), SEQ ID NO. 3/SEQ ID NO. 4 (called GA2 herein), SEQ ID NO. 5/SEQ ID NO. 6 (called GB1 herein), SEQ ID NO. 7/SEQ ID NO. 8 (called GB6 herein), SEQ ID NO. 9/SEQ ID NO. 10 (called GH1 herein), SEQ ID NO. 11/SEQ ID NO. 12 (called A2 herein), SEQ ID NO. 13/SEQ ID NO. 14 (called C7 herein), SEQ ID NO. 15/SEQ ID NO. 16 (called H7 herein), SEQ ID NO. 17/SEQ ID NO. 18 (called SH-A4 herein), SEQ ID NO. 19/SEQ ID NO. 20 (called SH-A9 herein), SEQ ID NO. 21/SEQ ID NO. 22 (called RG1B3 herein), SEQ ID NO. 23/SEQ ID NO. 24 (called RG1H10 herein), SEQ ID NO. 25/SEQ ID NO. 26 (called RG1H11 herein), SEQ ID NO. 27/SEQ ID NO. 28 (called RG2H7 herein), SEQ ID NO. 29/SEQ ID NO. 30 (called RG2H10 herein), SEQ ID NO. 31/SEQ ID NO. 32 (called RG3E12 herein), SEQ ID NO. 33/SEQ ID NO. 34 (called RG4A6 herein), SEQ ID NO. 35/SEQ ID NO. 36 (called RG5D9 herein), SEQ ID NO. 37/SEQ ID NO. 24 (called RG1H10-H2A-22-15 herein), SEQ ID NO. 38/SEQ ID NO. 24 (called RG1H10-H2A-27-25 herein), SEQ ID NO. 39/SEQ ID NO. 24 (called RG1H10-3C herein), SEQ ID NO. 40/SEQ ID NO. 24 (called RG1H10-16C herein), SEQ ID NO. 41/SEQ ID NO. 24 (called RG1H10-17C herein), SEQ ID NO. 42/SEQ ID NO. 24 (called RG1H10-19C herein), SEQ ID NO. 43/SEQ ID NO. 24 (called RG1H10-21C herein), SEQ ID NO. 44/SEQ ID NO. 24 (called RG1H10-23C2 herein), and combinations thereof.

3.   A Fab fully human antibody fragment, having a variable domain region from a heavy chain and a variable domain region from a light chain, wherein the heavy chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 1, SEQ ID NO. 3, SEQ ID NO. 5, SEQ ID NO. 7, SEQ ID NO. 9, SEQ ID NO. 11, SEQ ID NO. 13, SEQ ID NO. 15, SEQ ID NO. 17, SEQ ID NO. 19, SEQ ID NO. 21, SEQ ID NO. 23, SEQ ID NO. 25, SEQ ID NO. 27, SEQ ID NO. 29, SEQ ID NO. 31, SEQ ID NO. 33, SEQ ID NO. 35, SEQ ID NO. 37, SEQ ID NO. 38, SEQ ID NO. 39, SEQ ID NO. 40, SEQ ID NO. 41, SEQ ID NO. 42, SEQ ID NO. 43, SEQ ID NO. 44, and combinations thereof, and that has a light chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 2, SEQ ID NO. 4, SEQ ID NO. 6, SEQ ID NO. 8, SEQ ID NO. 10, SEQ ID NO. 12, SEQ ID NO. 14, SEQ ID NO. 16, SEQ ID NO. 18, SEQ ID NO. 20, SEQ ID NO. 22, SEQ ID NO. 24, SEQ ID NO. 26, SEQ ID NO. 28, SEQ ID NO. 30, SEQ ID NO. 32, SEQ ID NO. 34, SEQ ID NO. 36, and combinations thereof.

4.   The fully human antibody Fab fragment of claim 3, wherein the antibody has a heavy chain/light chain variable domain sequence selected from the group consisting of SEQ ID NO. 1/SEQ ID NO. 2, SEQ ID NO. 3/SEQ ID NO. 4, SEQ ID NO. 5/SEQ ID NO. 6, SEQ ID NO. 7/SEQ ID NO. 8, SEQ ID NO. 9/SEQ ID NO. 10, SEQ ID NO. 11/SEQ ID NO. 12, SEQ ID NO. 13/SEQ ID NO. 14, SEQ ID NO. 15/SEQ ID NO. 16, SEQ ID NO. 17/SEQ ID NO. 18, SEQ ID NO. 19/SEQ ID NO. 20, SEQ ID NO. 21/SEQ ID NO. 22, SEQ ID NO. 23/SEQ ID NO. 24, SEQ ID NO. 25/SEQ ID NO. 26, SEQ ID NO. 27/SEQ ID NO. 28, SEQ ID NO. 29/SEQ ID NO. 30, SEQ ID NO. 31/SEQ ID NO. 32, SEQ ID NO. 33/SEQ ID NO. 34, SEQ ID NO. 35/SEQ ID NO. 36, SEQ ID NO. 37/SEQ ID NO. 24, SEQ ID NO. 38/SEQ ID NO. 24, SEQ ID NO. 39/SEQ ID NO. 24, SEQ ID NO. 40/SEQ ID NO. 24, SEQ ID NO. 41/SEQ ID NO. 24, SEQ ID NO. 42/SEQ ID NO. 24, SEQ ID NO. 43/SEQ ID NO. 24, SEQ ID NO. 44/SEQ ID NO. 24, and combinations thereof.

5.   A single chain human antibody, having a variable domain region from a heavy chain and a variable domain region from a light chain and a peptide linker connection the heavy chain and light chain variable domain regions, wherein the heavy chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 1, SEQ ID NO. 3, SEQ ID NO. 5, SEQ ID NO. 7, SEQ ID NO. 9, SEQ ID NO. 11, SEQ ID NO. 13, SEQ ID NO. 15, SEQ ID NO. 17, SEQ ID NO. 19, SEQ ID NO. 21, SEQ ID NO. 23, SEQ ID NO. 25, SEQ ID NO. 27, SEQ ID NO. 29, SEQ ID NO. 31, SEQ ID NO. 33, SEQ ID NO. 35, SEQ ID NO. 37, SEQ ID NO. 38, SEQ ID NO. 39, SEQ ID

NO. 40, SEQ ID NO. 41, SEQ ID NO. 42, SEQ ID NO. 43, SEQ ID NO. 44, and combinations thereof, and that has a light chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 2, SEQ ID NO. 4, SEQ ID NO. 6, SEQ ID NO. 8, SEQ ID NO. 10, SEQ ID NO. 12, SEQ ID NO. 14, SEQ ID NO. 16, SEQ ID NO. 18, SEQ ID NO. 20, SEQ ID NO. 22, SEQ ID NO. 24, SEQ ID NO. 26, SEQ ID NO. 28, SEQ ID NO. 30, SEQ ID NO. 32, SEQ ID NO. 34, SEQ ID NO. 36, and combinations thereof.

6. The fully human single chain antibody of claim 5, wherein the single chain fully human antibody has a heavy chain/light chain variable domain sequence selected from the group consisting of SEQ ID NO. 1/SEQ ID NO. 2, SEQ ID NO. 3/SEQ ID NO. 4, SEQ ID NO. 5/SEQ ID NO. 6, SEQ ID NO. 7/SEQ ID NO. 8, SEQ ID NO. 9/SEQ ID NO. 10, SEQ ID NO. 11/SEQ ID NO. 12, SEQ ID NO. 13/SEQ ID NO. 14, SEQ ID NO. 15/SEQ ID NO. 16, SEQ ID NO. 17/SEQ ID NO. 18, SEQ ID NO. 19/SEQ ID NO. 20, SEQ ID NO. 21/SEQ ID NO. 22, SEQ ID NO. 23/SEQ ID NO. 24, SEQ ID NO. 25/SEQ ID NO. 26, SEQ ID NO. 27/SEQ ID NO. 28, SEQ ID NO. 29/SEQ ID NO. 30, SEQ ID NO. 31/SEQ ID NO. 32, SEQ ID NO. 33/SEQ ID NO. 34, SEQ ID NO. 35/SEQ ID NO. 36, SEQ ID NO. 37/SEQ ID NO. 24, SEQ ID NO. 38/SEQ ID NO. 24, SEQ ID NO. 39/SEQ ID NO. 24, SEQ ID NO. 40/SEQ ID NO. 24, SEQ ID NO. 41/SEQ ID NO. 24, SEQ ID NO. 42/SEQ ID NO. 24, SEQ ID NO. 43/SEQ ID NO. 24, SEQ ID NO. 44/SEQ ID NO. 24, and combinations thereof.

7. The fully human single chain antibody of claim 5, wherein the fully human single chain antibody has both a heavy chain variable domain region and a light chain variable domain region, wherein the single chain fully human antibody has a heavy chain/light chain variable domain sequence selected from the group consisting of SEQ ID NO. 1/SEQ ID NO. 2, SEQ ID NO. 3/SEQ ID NO. 4, SEQ ID NO. 5/SEQ ID NO. 6, SEQ ID NO. 7/SEQ ID NO. 8, SEQ ID NO. 9/SEQ ID NO. 10, SEQ ID NO. 11/SEQ ID NO. 12, SEQ ID NO. 13/SEQ ID NO. 14, SEQ ID NO. 15/SEQ ID NO. 16, SEQ ID NO. 17/SEQ ID NO. 18, SEQ ID NO. 19/SEQ ID NO. 20, SEQ ID NO. 21/SEQ ID NO. 22, SEQ ID NO. 23/SEQ ID NO. 24, SEQ ID NO. 25/SEQ ID NO. 26, SEQ ID NO. 27/SEQ ID NO. 28, SEQ ID NO. 29/SEQ ID NO. 30, SEQ ID NO. 31/SEQ ID NO. 32, SEQ ID NO. 33/SEQ ID NO. 34, SEQ ID NO. 35/SEQ ID NO. 36, SEQ ID NO. 37/SEQ ID NO. 24, SEQ ID NO. 38/SEQ ID NO. 24, SEQ ID NO. 39/SEQ ID NO. 24, SEQ ID NO. 40/SEQ ID NO. 24, SEQ ID NO. 41/SEQ ID NO. 24, SEQ ID NO. 42/SEQ ID NO. 24, SEQ ID NO. 43/SEQ ID NO. 24, SEQ ID NO. 44/SEQ ID NO. 24, and combinations thereof.

8.   A method for treating a broad spectrum of mammalian cancers or treating inflammatory diseases or autoimmune diseases, comprising administering an effective amount of an anti-PD-1 polypeptide, wherein the anti-PD-1 polypeptide is selected from the group consisting of a fully human antibody of an IgG class that binds to a PD-1 epitope with a binding affinity of at least 10^{-6} M, a Fab fully human antibody fragment, having a variable domain region from a heavy chain and a variable domain region from a light chain, a single chain human antibody, having a variable domain region from a heavy chain and a variable domain region from a light chain and a peptide linker connection the heavy chain and light chain variable domain regions, and combinations thereof;

wherein the fully human antibody has a heavy chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 1, SEQ ID NO. 3, SEQ ID NO. 5, SEQ ID NO. 7, SEQ ID NO. 9, SEQ ID NO. 11, SEQ ID NO. 13, SEQ ID NO. 15, SEQ ID NO. 17, SEQ ID NO. 19, SEQ ID NO. 21, SEQ ID NO. 23, SEQ ID NO. 25, SEQ ID NO. 27, SEQ ID NO. 29, SEQ ID NO. 31, SEQ ID NO. 33, SEQ ID NO. 35, SEQ ID NO. 37, SEQ ID NO. 38, SEQ ID NO. 39, SEQ ID NO. 40, SEQ ID NO. 41, SEQ ID NO. 42, SEQ ID NO. 43, SEQ ID NO. 44, and combinations thereof, and that has a light chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 2, SEQ ID NO. 4, SEQ ID NO. 6, SEQ ID NO. 8, SEQ ID NO. 10, SEQ ID NO. 12, SEQ ID NO. 14, SEQ ID NO. 16, SEQ ID NO. 18, SEQ ID NO. 20, SEQ ID NO. 22, SEQ ID NO. 24, SEQ ID NO. 26, SEQ ID NO. 28, SEQ ID NO. 30, SEQ ID NO. 32, SEQ ID NO. 34, SEQ ID NO. 36, and combinations thereof;

wherein the Fab fully human antibody fragment has the heavy chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 1, SEQ ID NO. 3, SEQ ID NO. 5, SEQ ID NO. 7, SEQ ID NO. 9, SEQ ID NO. 11, SEQ ID NO. 13, SEQ ID NO. 15, SEQ ID NO. 17, SEQ ID NO. 19, SEQ ID NO. 21, SEQ ID NO. 23, SEQ ID NO. 25, SEQ ID NO. 27, SEQ ID NO. 29, SEQ ID NO. 31, SEQ ID NO. 33, SEQ ID NO. 35, SEQ ID NO. 37, SEQ ID NO. 38, SEQ ID NO. 39, SEQ ID NO. 40, SEQ ID NO. 41, SEQ ID NO. 42, SEQ ID NO. 43, SEQ ID NO. 44, and combinations thereof, and that has the light chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 2, SEQ ID NO. 4, SEQ ID NO. 6, SEQ ID NO. 8, SEQ ID NO. 10, SEQ ID NO. 12, SEQ ID NO. 14, SEQ ID NO. 16, SEQ ID NO. 18, SEQ ID NO. 20, SEQ ID NO. 22, SEQ ID NO. 24, SEQ ID NO. 26, SEQ ID NO. 28, SEQ ID NO. 30, SEQ ID NO. 32, SEQ ID NO. 34, SEQ ID NO. 36, and combinations thereof; and

wherein the single chain human antibody has the heavy chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 1, SEQ ID NO. 3, SEQ ID NO. 5, SEQ ID NO. 7, SEQ ID NO. 9, SEQ ID NO. 11, SEQ ID NO. 13, SEQ ID NO. 15, SEQ ID NO. 17, SEQ ID NO. 19, SEQ ID NO. 21, SEQ

5   ID NO. 23, SEQ ID NO. 25, SEQ ID NO. 27, SEQ ID NO. 29, SEQ ID NO. 31, SEQ ID NO. 33, SEQ ID NO. 35, SEQ ID NO. 37, SEQ ID NO. 38, SEQ ID NO. 39, SEQ ID NO. 40, SEQ ID NO. 41, SEQ ID NO. 42, SEQ ID NO. 43, SEQ ID NO. 44, and combinations thereof, and that has the light chain variable domain sequence that is at least 95% identical to the amino acid sequences selected from the group consisting of SEQ ID NO. 2, SEQ ID NO. 4, SEQ ID

10   NO. 6, SEQ ID NO. 8, SEQ ID NO. 10, SEQ ID NO. 12, SEQ ID NO. 14, SEQ ID NO. 16, SEQ ID NO. 18, SEQ ID NO. 20, SEQ ID NO. 22, SEQ ID NO. 24, SEQ ID NO. 26, SEQ ID NO. 28, SEQ ID NO. 30, SEQ ID NO. 32, SEQ ID NO. 34, SEQ ID NO. 36, and combinations thereof.

9.   The method for treating a broad spectrum of mammalian cancers of claim 8,

15   wherein the fully human antibody has a heavy chain/light chain variable domain sequence selected from the group consisting of SEQ ID NO. 1/SEQ ID NO. 2, SEQ ID NO. 3/SEQ ID NO. 4, SEQ ID NO. 5/SEQ ID NO. 6, SEQ ID NO. 7/SEQ ID NO. 8, SEQ ID NO. 9/SEQ ID NO. 10, SEQ ID NO. 11/SEQ ID NO. 12, SEQ ID NO. 13/SEQ ID NO. 14, SEQ ID NO. 15/SEQ ID NO. 16, SEQ ID NO. 17/SEQ ID NO. 18, SEQ ID NO. 19/SEQ ID NO. 20, SEQ

20   ID NO. 21/SEQ ID NO. 22, SEQ ID NO. 23/SEQ ID NO. 24, SEQ ID NO. 25/SEQ ID NO. 26, SEQ ID NO. 27/SEQ ID NO. 28, SEQ ID NO. 29/SEQ ID NO. 30, SEQ ID NO. 31/SEQ ID NO. 32, SEQ ID NO. 33/SEQ ID NO. 34, SEQ ID NO. 35/SEQ ID NO. 36, SEQ ID NO. 37/SEQ ID NO. 24, SEQ ID NO. 38/SEQ ID NO. 24, SEQ ID NO. 39/SEQ ID NO. 24, SEQ ID NO. 40/SEQ ID NO. 24, SEQ ID NO. 41/SEQ ID NO. 24, SEQ ID NO. 42/SEQ ID NO.

25   24, SEQ ID NO. 43/SEQ ID NO. 24, SEQ ID NO. 44/SEQ ID NO. 24, and combinations thereof.

10.   The method for treating a broad spectrum of mammalian cancers of claim 8, wherein the fully human antibody Fab fragment has both a heavy chain variable domain region and a light chain variable domain region wherein the antibody has a heavy chain/light chain

30   variable domain sequence selected from the group consisting of SEQ ID NO. 1/SEQ ID NO. 2, SEQ ID NO. 3/SEQ ID NO. 4, SEQ ID NO. 5/SEQ ID NO. 6, SEQ ID NO. 7/SEQ ID NO. 8, SEQ ID NO. 9/SEQ ID NO. 10, SEQ ID NO. 11/SEQ ID NO. 12, SEQ ID NO. 13/SEQ ID NO. 14, SEQ ID NO. 15/SEQ ID NO. 16, SEQ ID NO. 17/SEQ ID NO. 18, SEQ ID NO. 19/SEQ ID NO. 20, SEQ ID NO. 21/SEQ ID NO. 22, SEQ ID NO. 23/SEQ ID NO. 24, SEQ

ID NO. 25/SEQ ID NO. 26, SEQ ID NO. 27/SEQ ID NO. 28, SEQ ID NO. 29/SEQ ID NO.

30, SEQ ID NO. 31/SEQ ID NO. 32, SEQ ID NO. 33/SEQ ID NO. 34, SEQ ID NO. 35/SEQ

ID NO. 36, SEQ ID NO. 37/SEQ ID NO. 24, SEQ ID NO. 38/SEQ ID NO. 24, SEQ ID NO.

39/SEQ ID NO. 24, SEQ ID NO. 40/SEQ ID NO. 24, SEQ ID NO. 41/SEQ ID NO. 24, SEQ

ID NO. 42/SEQ ID NO. 24, SEQ ID NO. 43/SEQ ID NO. 24, SEQ ID NO. 44/SEQ ID NO.

24, and combinations thereof.

11.   The method for treating a broad spectrum of mammalian cancers of claim 8,
wherein the fully human single chain antibody has both a heavy chain variable domain region
and a light chain variable domain region, wherein the single chain fully human antibody has a
heavy chain/light chain variable domain sequence selected from the group consisting of SEQ
ID NO. 1/SEQ ID NO. 2, SEQ ID NO. 3/SEQ ID NO. 4, SEQ ID NO. 5/SEQ ID NO. 6, SEQ
ID NO. 7/SEQ ID NO. 8, SEQ ID NO. 9/SEQ ID NO. 10, SEQ ID NO. 11/SEQ ID NO. 12,
SEQ ID NO. 13/SEQ ID NO. 14, SEQ ID NO. 15/SEQ ID NO. 16, SEQ ID NO. 17/SEQ ID
NO. 18, SEQ ID NO. 19/SEQ ID NO. 20, SEQ ID NO. 21/SEQ ID NO. 22, SEQ ID NO.
23/SEQ ID NO. 24, SEQ ID NO. 25/SEQ ID NO. 26, SEQ ID NO. 27/SEQ ID NO. 28, SEQ
ID NO. 29/SEQ ID NO. 30, SEQ ID NO. 31/SEQ ID NO. 32, SEQ ID NO. 33/SEQ ID NO.
34, SEQ ID NO. 35/SEQ ID NO. 36, SEQ ID NO. 37/SEQ ID NO. 24, SEQ ID NO. 38/SEQ
ID NO. 24, SEQ ID NO. 39/SEQ ID NO. 24, SEQ ID NO. 40/SEQ ID NO. 24, SEQ ID NO.
41/SEQ ID NO. 24, SEQ ID NO. 42/SEQ ID NO. 24, SEQ ID NO. 43/SEQ ID NO. 24, SEQ
ID NO. 44/SEQ ID NO. 24, and combinations thereof.

12.   The method for treating a broad spectrum of mammalian cancers or
inflammatory diseases or autoimmune diseases of claim 8, wherein the broad spectrum of
mammalian cancers to be treated is selected from the group consisting of ovarian, colon,
breast, lung cancers, myelomas, neuroblastic-derived CNS tumors, monocytic leukemias, B-
cell derived leukemias, T-cell derived leukemias, B-cell derived lymphomas, T-cell derived
lymphomas, mast cell derived tumors, and combinations thereof.

13.   The method for treating a broad spectrum of mammalian cancers or
inflammatory diseases or autoimmune diseases of claim 8, wherein the broad the autoimmune
disease or inflammatory disease is selected from the group consisting of intestinal mucosal
inflammation, wasting disease associated with colitis, multiple sclerosis, systemic lupus
erythematosus, viral infections, rheumatoid arthritis, osteoarthritis, psoriasis, Cohn's disease,
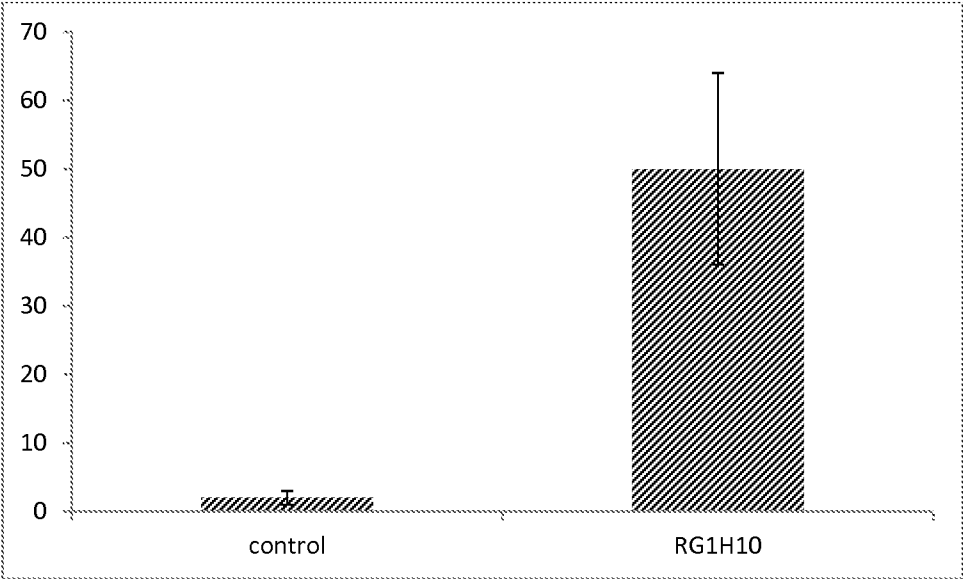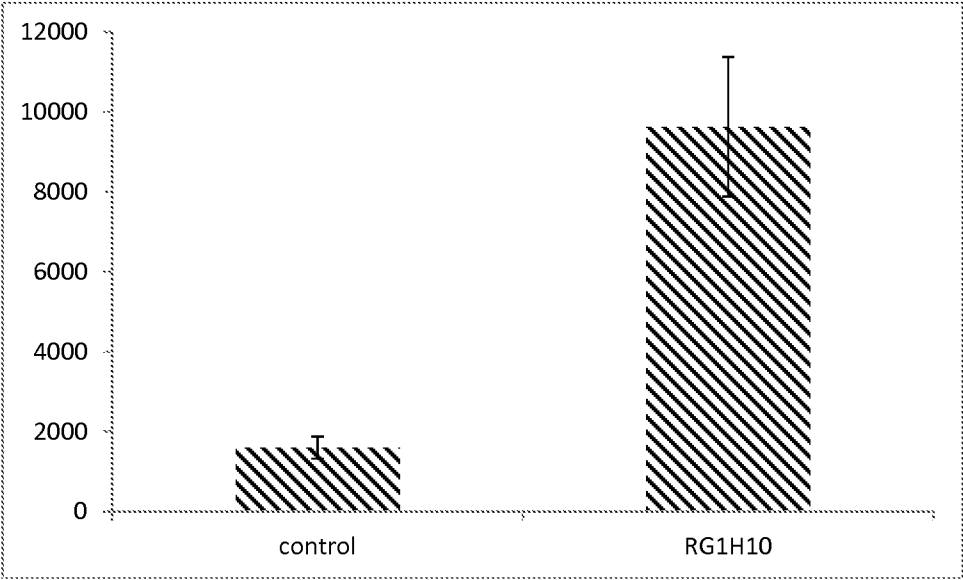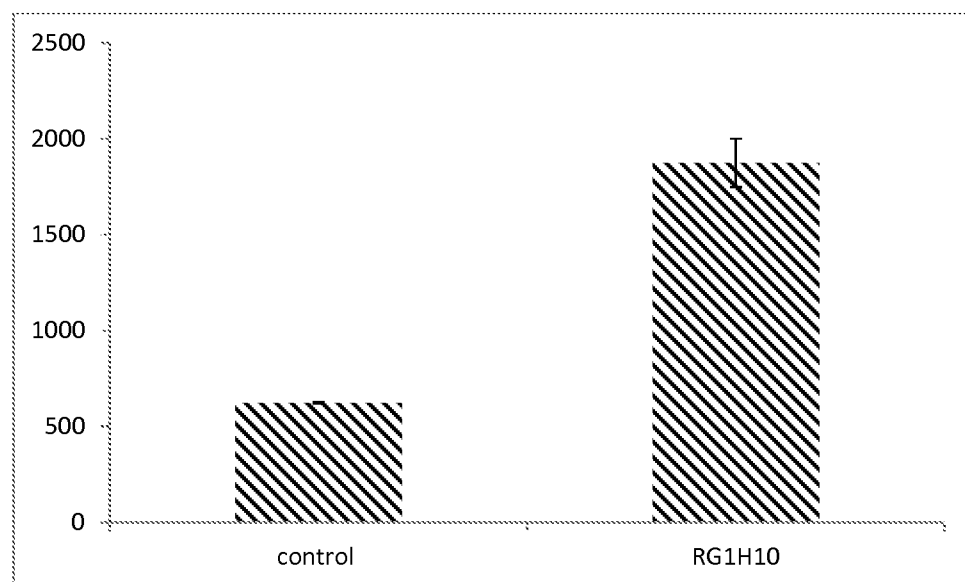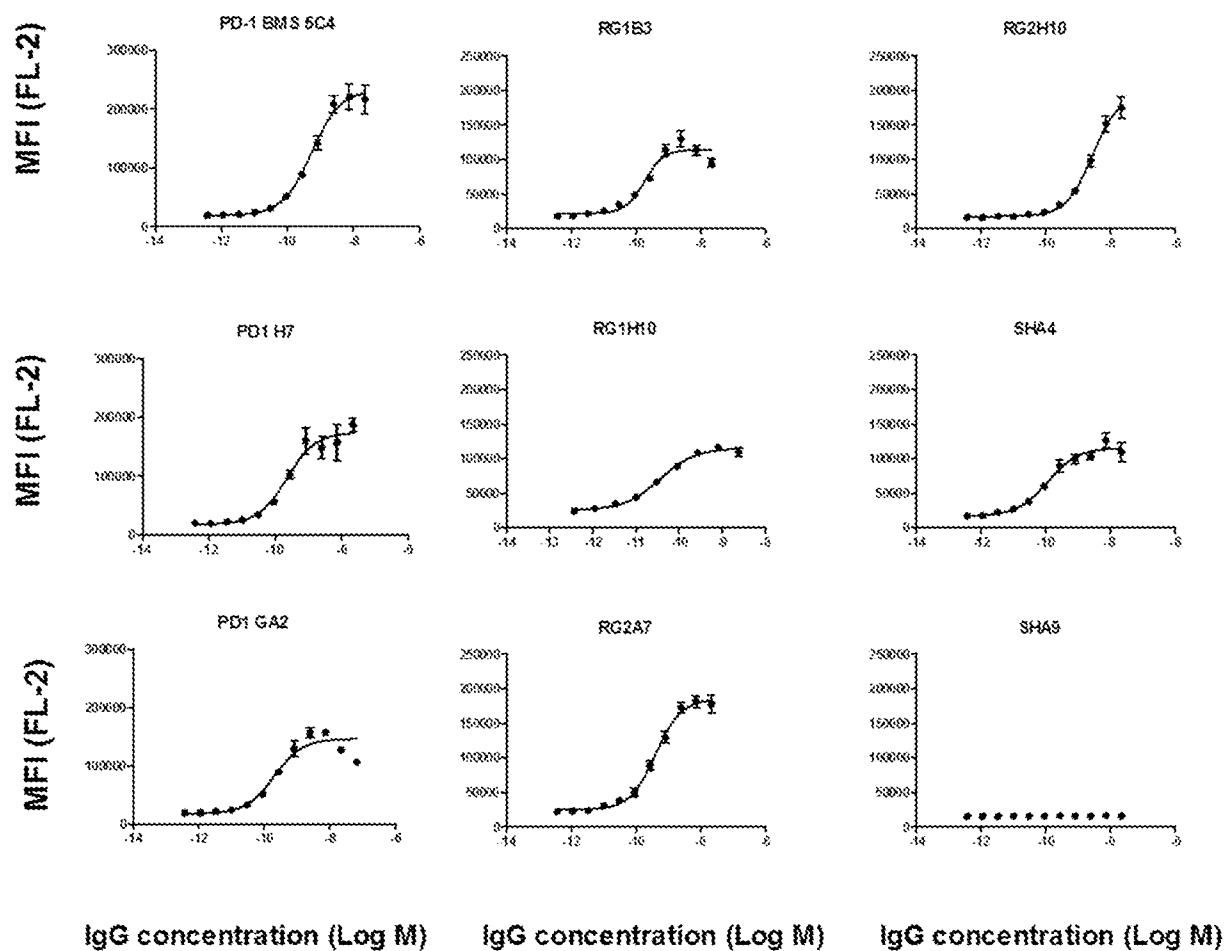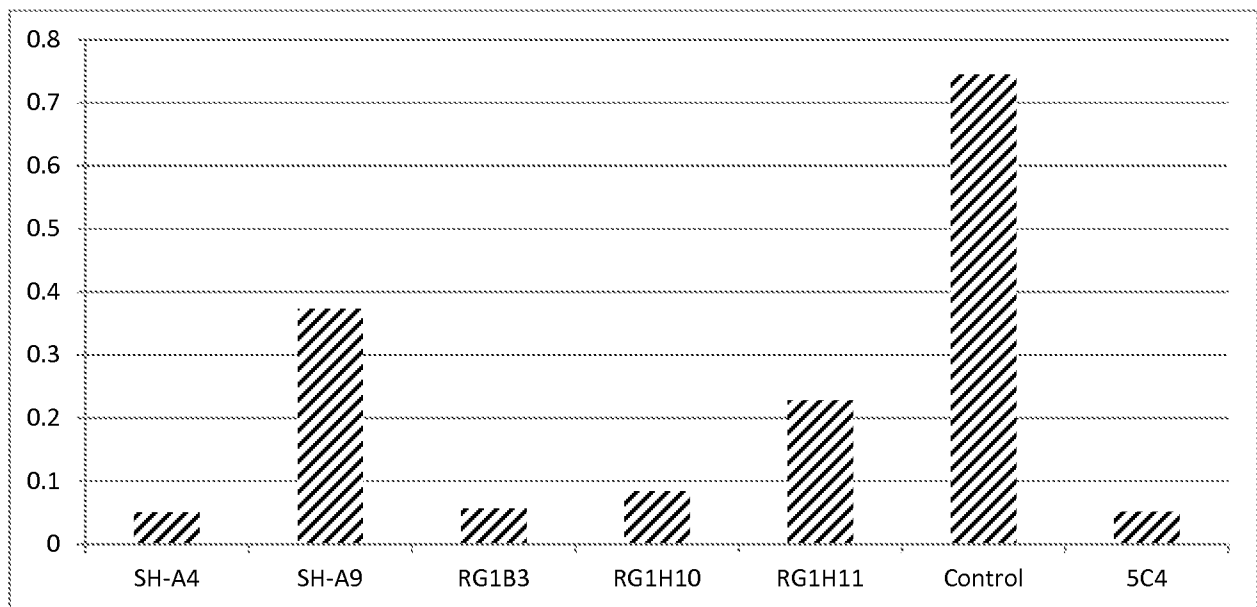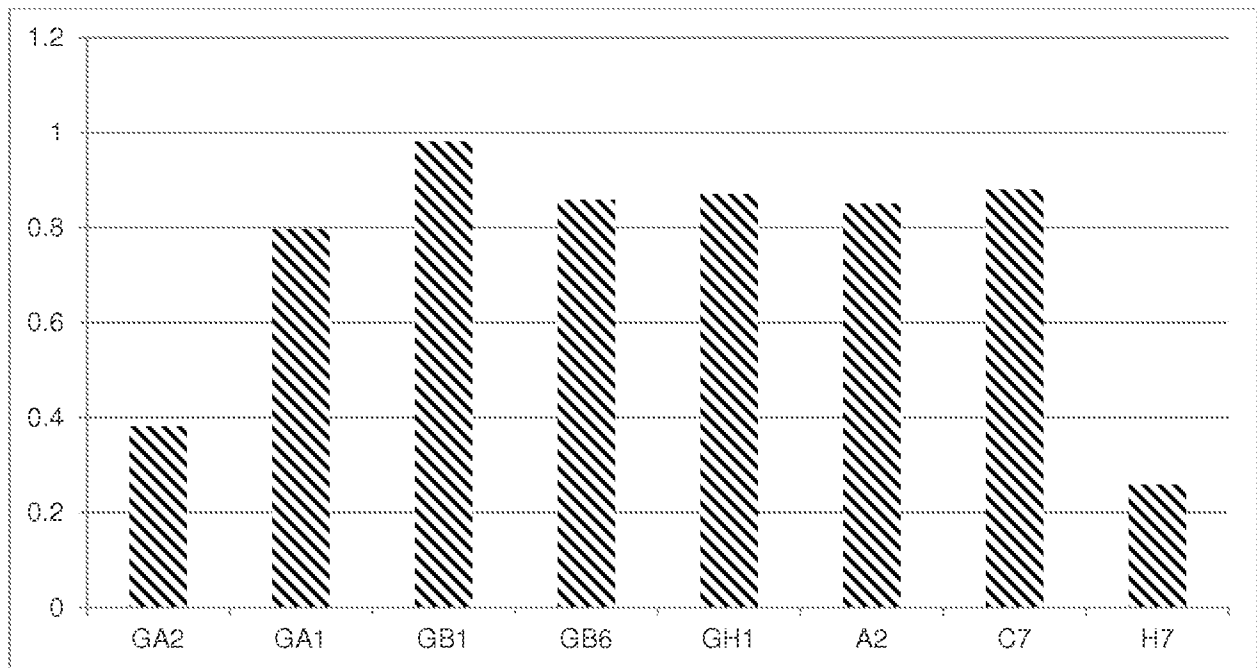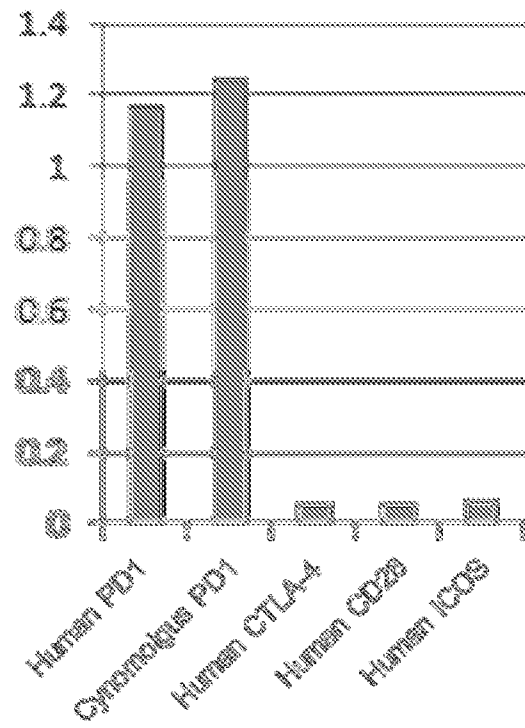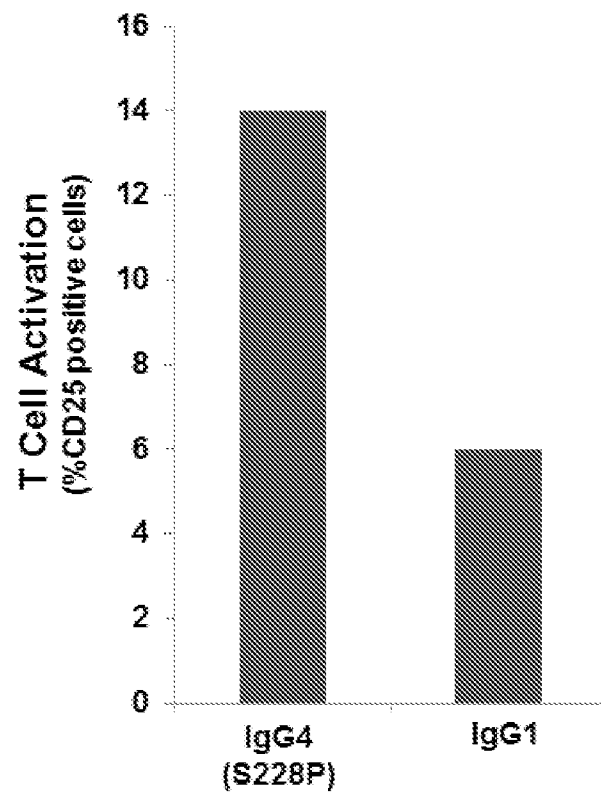and inflammatory bowel disease.

Figure 1

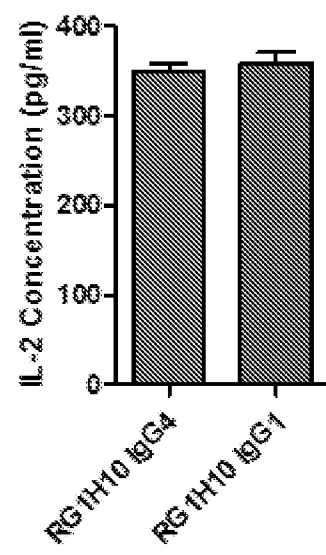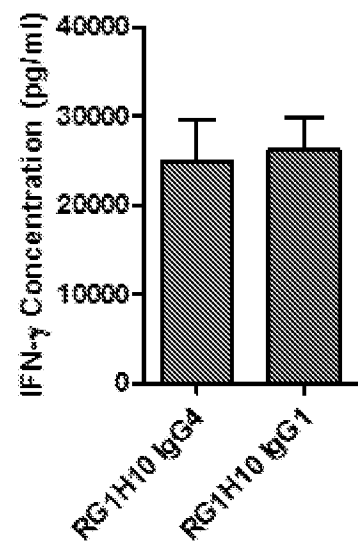
Figure 2

Figure 3

Figure 4

Figure 5

Figure 6

Figure 7

Figure 8

Figure 9

Figure 10

Figure 11

Figure 12