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(71) Applicant: **GENMAB B.V.** [NL/NL]; Uppsalalaan 15,
3584 CT Utrecht (NL).

(72) Inventors: **DE JONG, Rob**; c/o Genmab B.V., Uppsalalaan 15, 3584 CT Utrecht (NL). **BEURSKENS, Frank**; c/o Genmab B.V., Uppsalalaan 15, 3584 CT Utrecht (NL). **ZOM, Gijs**; c/o Genmab B.V., Uppsalalaan 15, 3584 CT Utrecht (NL). **SCHUURMAN, Janine**; c/o Genmab B.V., Uppsalalaan 15, 3584 CT Utrecht (NL). **XUE, Xiaoguang**; c/o Genmab B.V., Uppsalalaan 15, 3584 CT Utrecht (NL).

(74) Agent: **GENMAB A/S**; Kalvebod Brygge 43, 1560 Copenhagen V (DK).

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(54) Title: ANTIBODY VARIANT COMBINATIONS AND USES THEREOF

(57) Abstract: The invention relates to combination therapy involving two or more antibodies, wherein the Fc regions of the two antibodies have been modified such that hetero-oligomerization between the antibodies is strongly favored over self-oligomerization when antibodies are bound to their corresponding target antigens and such that hetero-oligomerization-independent effector functions of one or both antibodies are eliminated or strongly reduced. The invention also relates to antibodies, compositions, and kits suitable for use in the combination therapy of the invention.

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ANTIBODY VARIANT COMBINATIONS AND USES THEREOF

FIELD OF THE INVENTION

The present invention relates to combination therapy involving two or more antibodies, wherein the Fc regions of the two antibodies have been modified such
5 that hetero-oligomerization between the antibodies is strongly favored over self-oligomerization when antibodies are bound to their corresponding target antigens and such that hetero-oligomerization-independent effector functions of one or both antibodies are eliminated or strongly reduced. The invention also relates to antibodies, compositions, and kits suitable for use in the combination therapy of the
10 invention.

BACKGROUND OF THE INVENTION

Antibodies are highly effective molecules which can have effects on target cells via various mechanisms. In some instances, the mere binding of an antibody to a target
15 antigen on a cell surface can have an antagonistic or agonistic effect on the target antigen and thus on the target cell. Alternatively, or in addition, the effect of an antibody on a target cell is achieved through the ability of antibodies to induce effector functions, typically Fc-mediated effector functions, such as complement-dependent cytotoxicity (CDC), antibody-dependent cell-mediated cytotoxicity
20 (ADCC), and antibody-dependent cell-mediated phagocytosis (ADCP). Fc-region-mediated effector functions, such as CDC, ADCC, and ADCP contribute to the therapeutic window of an antibody treatment, defined by efficacy and toxicity.

CDC is initiated by binding of C1q to the Fc regions of antibodies. C1q is a multimeric protein consisting of six globular binding heads attached to a stalk. The
25 individual globular binding heads have low affinity for IgG, and C1q must gain avidity by binding multiple IgG1 molecules on a cell surface to trigger the classical complement pathway. ADCC and ADCP are initiated by binding of the IgG Fc region to Fcγ receptors (FcγR) on effector cells.

IgG hexamerization upon target binding on the cell surface has been shown to
30 support avid C1q binding (Diebolder (2014) Science 343:1260). The hexamerization is mediated through intermolecular non-covalent Fc-Fc interactions, and Fc-Fc interactions can be enhanced by point mutations in the CH3 domain, including E345R and E430G.

The employment of effector functions by IgG antibodies is dependent on glycosylation status. In other words, a lack of glycosylation of the IgG Fc region strongly decreases the capacity of IgG antibodies to mediate effector functions. The Fc region of IgG antibodies contains a highly conserved *N*-glycosylation site at amino acid position N297. Wang et al. ((2016) Mol Cell 63:135) studied IgG variants that can form hexamers and bind C1q in solution. It was found that deglycosylation of the Fc region of these variants inhibited both the formation of hexamers and the C1q binding avidity of hexamers in solution.

WO2013/004842 discloses antibodies or polypeptides comprising variant Fc regions having one or more amino acid modifications resulting in modified effector functions such as CDC.

WO2014/108198 discloses polypeptides such as antibodies comprising variant Fc regions having one or more amino acid modifications resulting in increased CDC.

WO2012/130831 concerns Fc region-containing polypeptides that have altered effector function as a consequence of one or more amino acid substitutions in their Fc region.

Enhancing Fc-Fc interactions between antibodies may increase the potency of antibodies through enhancing effector functions such as CDC and/or ADCC. This may lead to cell death of the target cell to which the antibody binds. However, if the target antigen is broadly expressed in the body both on healthy cells and on disease-causing cells, then the antibody may become toxic by killing healthy cells. Thus, antibody therapy may lack selectivity for the target tissue, and non-diseased tissue may be affected by the antibody treatment, resulting in toxicity.

WO2019/145455 and Oostindie et al. 2019 Haematologica 104:1841 relate to medical treatment with two antibodies that bind two different target antigens wherein the Fc regions of the antibodies have been modified such that hetero-oligomerization of the two antibodies is strongly favored over self- (or auto- or homo-) oligomerization. As a result of these modifications, more antibody oligomerization will occur on cells that express both antigen targets (allowing efficient (hetero)oligomerization of the two antibodies), than on cells that only express one of the targets (resulting in inefficient or no (self)oligomerization). As oligomerization generally enhances the efficacy of antibodies, the antibody combination treatment will be more efficacious against cells that co-express the targets than against cells that only express one of the targets. Thus, the antibody combination treatment has an improved selectivity for cells or tissue expressing both

target antigens. Accordingly, by selecting two antigens that are co-expressed in a desired target cell population, but not, or less, co-expressed in cell populations that should not be targeted, a combined antibody treatment can be designed which will have an improved selective effect against the desired target cell populations.

5 SUMMARY OF THE INVENTION

While antibody-combination treatment strategies, such as those described in WO2019/145455 and Oostindie et al. 2019 Haematologica 104:1841, can be used to significantly enhance selectivity of antibody treatment towards the desired target cells populations, there may still be undesired residual activity of each of the
10 antibodies of the combination towards healthy cells that express only one of the targets.

There is therefore a need for further improved forms of antibody treatment, in particular treatment with a further improved therapeutic window.

Surprisingly, it has now been found that the residual activity of individual
15 antibodies used in a combination antibody treatment as described above can be strongly reduced by preventing or removing antibody glycosylation without strongly affecting the activity of the hetero-oligomer. Thus, undesired toxicity to healthy cells can be further reduced without strongly affecting desired efficacy against desired target cells.

Accordingly, it is an object of the present invention to provide a first antibody and a second antibody that are engineered to provide maximal activity on target cells bound by both antibodies simultaneously, wherein the first antibody provides no or minimal activity on target cells bound only by the first antibody, and wherein the second antibody provides minimal or reduced activity on target cells bound only by
20 the second antibody, compared to the activity on cells bound by both antibodies simultaneously.

Thus, in a first aspect, the present invention provides a first antibody comprising a first Fc region of a human IgG and a first antigen-binding region capable of binding to a first antigen, for use as a medicament in combination with a
30 second antibody comprising a second Fc region of a human IgG and a second antigen-binding region capable of binding to a second antigen, wherein said first Fc region comprises:

- a. a substitution at position E430 or a substitution at position E345 or a combination of the substitutions K248E and T437R, and
- 35 b. a K439E or S440K substitution,

and said second Fc region comprises:

- c. a substitution at position E430 or a substitution at position E345 or a combination of the substitutions K248E and T437R, and
- d. a K439E or S440K substitution,

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wherein the first Fc region has a K439E substitution and the second Fc region has an S440K substitution or the first Fc region has an S440K substitution and the second Fc region has a K439E substitution, and

wherein the first antibody and/or the second antibody does not comprise N-linked glycosylation at position N297,
10 wherein the amino acid positions correspond to human IgG1 according to the EU numbering system.

In a further aspect, the invention relates to an antibody comprising an Fc region of a human IgG and an antigen-binding region capable of binding to an antigen, wherein said Fc region comprises
15

- a. a substitution at position E430 or a substitution at position E345 or a combination of the substitutions K248E and T437R, and
- b. a K439E or S440K substitution,

wherein the antibody does not comprise N-linked glycosylation at position N297.

20 In further aspects, the invention relates to methods for producing antibodies according to the invention and to compositions and kits comprising antibodies according to the invention.

In one aspect, the invention relates a method of producing an antibody, comprising the step of producing the antibody in a recombinant host cell which is capable of glycosylating the asparagine at position N297 of the antibody, followed by a step of removing the N-linked glycosylation from the produced antibody.
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In another aspect, the invention relates to a method for producing an antibody, comprising the step of producing the antibody in a recombinant host cell, wherein said host cell is not capable of glycosylating the asparagine at position N297 of the antibody.
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In another aspect, the invention relates to a composition comprising a first and a second antibody, wherein the first antibody comprises a first antigen-binding region capable of binding to a first antigen and a first Fc region of a human IgG, and the second antibody comprises a second antigen-binding region capable of binding to a

second antigen and a second Fc region of a human IgG, wherein said first Fc region comprises

a. a substitution at position E430 or a substitution at position E345 or a combination of the substitutions K248E and T437R, and

5 b. a K439E or S440K substitution,
and said second Fc region comprises

c. a substitution at position E430 or a substitution at position E345 or a combination of the substitutions K248E and T437R, and

d. a K439E or S440K substitution,

10 wherein the first Fc region has a K439E substitution and the second Fc region has a S440K substitution or, the first Fc region has a S440K substitution and the second Fc region has a K439E substitution, and wherein the first antibody and/or the second antibody does not comprise N-linked glycosylation at position N297, wherein the amino acid positions correspond to human IgG1 according to EU
15 numbering system.

In another aspect, the invention relates to a method of treating an individual having a disease comprising administering to said individual an effective amount of a first and a second antibody or a composition according to any aspect or
20 embodiment described herein.

In another aspect, the invention relates to a method of depleting a cell population expressing a first antigen and a second antigen, which method comprises contacting said cell population with a first and second antibody or a composition
25 according to any aspect or embodiment described herein.

In another aspect, the invention relates to a method of inducing proliferation in a cell population expressing a first antigen and a second antigen, which method comprises contacting said cell population with a first and second antibody,
30 according to any aspect or embodiment described herein.

In another aspect, the invention relates to a kit comprising a first container comprising a first antibody as described in any aspect or embodiment herein and a second container comprising a second antibody as described in any aspect or
35 embodiment herein.

In another aspect, the invention relates to a nucleic acid encoding an antibody or a first antibody or second antibody according to any aspect or embodiment herein.

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In another aspect, the invention relates to a nucleic acid encoding a heavy chain of a first antibody or second antibody according to any aspect or embodiment herein.

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In another aspect the invention relates to an expression vector. In yet another aspect the invention relates to a delivery vehicle.

These and other aspects of the invention, particularly various uses and therapeutic applications for antibodies of the invention, are described in further detail below.

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BRIEF DESCRIPTION OF THE DRAWINGS

Figure 1 shows that deglycosylated antibody variants harboring Fc-Fc interaction enhancing mutations retain potent CDC activity. Wien 133 cells were incubated with antibody concentration series in the presence of 20% NHS. The antibodies used in the experiments were either non-treated, enzymatically deglycosylated ('deg') or mock-treated ('trt'). Mass spectrometry spectra showing enzymatic deglycosylation efficiency for (A) wildtype IgG1-CAMPATH-1H, (B) IgG1-CAMPATH-1H-E430G-K439E and (C) IgG1-CAMPATH-1H-E430G-S440K. CDC efficacy is presented as (D) the AUC normalized to non-binding control antibody IgG1-b12 (0%) and the mixture of IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G (100%) and as (E) percentage lysis determined by the percentage PI-positive cells at an antibody concentration of 10 µg/mL.

Figure 2 shows that deglycosylation increases selectivity of antibody variants containing an Fc-Fc interaction enhancing mutation and a self-oligomerization inhibiting mutation. Wien 133 cells were incubated with antibody concentration series in the presence of 20% NHS. (A, B) Cell lysis through CDC by mixtures of IgG1-CAMPATH-1H antibody variants. (C, D) Cell lysis through CDC by mixtures of IgG1-CAMPATH-1H and IgG1-11B8 antibody variants. CDC efficacy is presented as (A, C) the AUC normalized to non-binding control antibody IgG1-b12 (0%) and the mixture of IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G (100%) and as (B, D) percentage

lysis determined by the percentage PI-positive cells at an antibody concentration of 10 µg/ml.

Figure 3 shows that aglycosylated antibody variants containing an Fc-Fc interaction enhancing mutation and a self-oligomerization inhibiting mutation demonstrate increased selectivity. Wien 133 cells were incubated with antibody concentration series in the presence of 20% NHS. (A) Cell lysis through CDC by mixtures of IgG1-CAMPATH-1H and IgG1-11B8 antibody variants, presented as the AUC normalized to non-binding control antibody IgG1-b12 (0%) and the mixture of IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G (100%). (B) Percentage of cell lysis through CDC at the highest concentration tested by mixtures of IgG1-CAMPATH-1H and IgG1-11B8 antibody variants, as determined by the percentage PI-positive cells at an antibody concentration of 40 µg/mL.

Figure 4 shows the CDC activity of IgG1-CAMPATH-1H and IgG1-11B8 antibody variants harboring mutations that enhance Fc-Fc interactions and disrupt the N-linked glycosylation site. Ramos cells (A, B, E, F) or Wien 133 cells (C, D, G, H) were incubated with IgG1-CAMPATH-1H (A, B, C, D) or IgG1-11B8 (E, F, G, H) antibody variant concentration series in the presence of 10% NHS (A, B, E, F), or 20% NHS (C, D, G, H). CDC efficacy is presented as (A, C, E, G) the AUC normalized to non-binding control antibody IgG1-b12 (0%) and positive control IgG1-CAMPATH-1H-E430G(100%) and as (B) percentage cytotoxicity normalized to positive control wells lysed with 0.02 % Triton X-100 or (D, F, H) percentage lysis determined by the percentage PI-positive cells, at an antibody concentration of 40 µg/mL.

Figure 5 shows that the aglycosylated antibody variants with Fc-Fc interaction enhancing mutations retained partial CDC activity compared to their glycosylated parental molecules. (A-B) Daudi cells were incubated with antibody concentration series in the presence of 10% NHS. CDC efficacy is presented as (A) the AUC normalized to non-binding control antibody IgG1-b12 (0%) and the mixture of IgG1-CD37-37-3-E430G + IgG1-11B8-E430G (100%) and as (B) Cytotoxicity determined at an antibody concentration of 40 µg/mL, normalized to positive control wells lysed with 0.02 % Triton X-100. (C-D) Raji cells were incubated with antibody concentration series in the presence of 10% NHS. CDC efficacy is presented as (C) the AUC normalized to non-binding control antibody IgG1-b12 (0%) and the mixture of IgG1-CD37-37-3-E430G + IgG1-11B8-E430G (100%) and as (D) percentage cytotoxicity at an antibody concentration of 40 µg/mL, normalized to positive control wells lysed with 0.02 % Triton X-100.

Figure 6 shows that disruption of the N297 glycosylation site improves the selectivity of CD52-targeting antibody variants with Fc-Fc interaction enhancing and self-oligomerization inhibiting mutations. (A-B) Ramos cells were incubated with antibody concentration series in the presence of 10% NHS. CDC efficacy is presented as (A) the AUC normalized to non-binding control antibody IgG1-b12 (0%) and IgG1-CAMPATH-1H-E430G (100%) and as (B) percentage cytotoxicity determined at an antibody concentration of 40 µg/mL, normalized to positive control wells lysed with 0.02 % Triton X-100. (C-D) Wien 133 cells were incubated with antibody concentration series in the presence of 20% NHS. CDC efficacy is presented as (C) the AUC normalized to non-binding control antibody IgG1-b12 (0%) and IgG1-CAMPATH-1H-E430G (100%) and as (D) percentage lysis determined by the percentage PI-positive cells at an antibody concentration of 40 µg/mL.

Figure 7 shows that disruption of the N297 glycosylation site improves the selectivity of CD52- and CD20-targeting antibody variants with Fc-Fc interaction enhancing and self-oligomerization inhibiting mutations. (A-B) Wien 133 cells were incubated with antibody concentration series in the presence of 20% NHS. CDC efficacy is presented as (A) the AUC normalized to non-binding control antibody IgG1-b12 (0%) and the mixture of IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G (100%) and as (B) percentage lysis determined by the percentage PI-positive cells at an antibody concentration of 40 µg/mL. (C-D) Ramos cells were incubated with antibody concentration series in the presence of 10% NHS. CDC efficacy is presented as (C) the AUC normalized to non-binding control antibody IgG1-b12 (0%) and the mixture of IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G (100%) and as (D) percentage cytotoxicity determined at an antibody concentration of 40 µg/mL, normalized to positive control wells lysed with 0.02 % Triton X-100.

Figure 8 shows that disruption of the N297 glycosylation site improves the selectivity of CD37- and CD20-targeting antibody variants with Fc-Fc interaction enhancing and self-oligomerization inhibiting mutations. (A-B) Raji cells were incubated with antibody concentration series in the presence of 10% NHS. CDC efficacy is presented as (A) the AUC normalized to non-binding control antibody IgG1-b12 (0%) and the mixture of IgG1-CD37-37-3-E430G + IgG1-11B8-E430G (100%) and as (B) percentage cytotoxicity determined at an antibody concentration of 40 µg/mL, normalized to positive control wells lysed with 0.02 % Triton X-100. (C-D) Daudi cells were incubated with antibody concentration series in the presence of 10% NHS. CDC efficacy is presented as (C) the AUC normalized to non-binding

control antibody IgG1-b12 (0%) and the mixture of IgG1-CD37-37-3-E430G + IgG1-11B8-E430G (100%) and as (D) percentage cytotoxicity determined at an antibody concentration of 40 µg/mL, normalized to positive control wells lysed with 0.02 % Triton X-100.

5 **Figure 9** shows that aglycosylated antibody variants of IgG1-CAMPATH-1H and IgG1-11B8 harboring an Fc-Fc interaction enhancing and self-oligomerization inhibiting mutation were suppressed in their capacity to induce ADCP, as determined through an FcγRIIa activation reporter cell assay. Luciferase production was quantified by luminescence readout. Relative AUC: normalized area under the dose-response curves (0.15-40,000 ng/mL final concentrations in 4-fold dilutions). (A) Raji
10 cells were incubated with titrated IgG1-CAMPATH-1H antibody variants and FcγRIIa-transduced Jurkat cells. (B) Raji cells were incubated with titrated IgG1-CAMPATH-1H and IgG1-11B8 antibody variants and FcγRIIa-transduced Jurkat cells.

Figure 10 shows that mutations preventing glycosylation in IgG1-CAMPATH-1H
15 antibody variants harboring an Fc-Fc interaction enhancing mutation inhibit antibody-dependent cellular cytotoxicity, as determined through an FcγRIIIa activation reporter cell assay. Raji cells were incubated with titrated IgG1-CAMPATH-1H antibody variants and FcγRIIIa-expressing Jurkat cells. Luciferase production was quantified by luminescence readout on a Tecan Spark luminescence plate reader.

20 **Figure 11** shows that disruption of the N297 glycosylation site in IgG1-CAMPATH-1H-K248E-T437R had limited impact on its CDC activity. (A-B) Wien 133 cells were incubated with antibody concentration series in the presence of 20% NHS. CDC efficacy is presented as (A) the AUC normalized to non-binding control antibody IgG1-b12 (0%) and the IgG1-CAMPATH-1H-E430G positive control (100%) and as
25 (B) percentage lysis determined by the percentage PI-positive cells at an antibody concentration of 40 µg/mL. (C-D) Ramos cells were incubated with antibody concentration series in the presence of 10% NHS. CDC efficacy is presented as (C) the AUC normalized to non-binding control antibody IgG1-b12 (0%) and the IgG1-CAMPATH-1H-E430G positive control (100%) and as (D) percentage cytotoxicity
30 determined at an antibody concentration of 40 µg/mL, normalized to positive control wells lysed with 0.02 % Triton X-100.

Figure 12 shows that disruption of the N297 glycosylation site improves the selectivity of antibody variants harboring the K248E-T437R Fc-Fc interaction enhancing and the K439E or S440K self-oligomerization inhibiting mutations. (A-D)
35 Wien 133 cells were incubated with antibody concentration series in the presence of

20% NHS. CDC efficacy is presented as (A) the AUC normalized to non-binding control antibody IgG1-b12-K439E+IgG1-b12-S440K (A) or IgG1-b12 (C) (0%) and the IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G positive control (100%) and as (B, D) percentage lysis determined by the percentage PI-positive cells at an antibody concentration of 40 µg/mL. (E-F) Ramos cells were incubated with antibody concentration series in the presence of 10% NHS. CDC efficacy is presented as (E) the AUC normalized to non-binding control antibody IgG1-b12 (0%) and the IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G positive control (100%) and as (F) percentage cytotoxicity determined at an antibody concentration of 40 µg/mL, normalized to positive control wells lysed with 0.02 % Triton X-100.

Figure 13 shows that aglycosylated CD37- and CD20-targeting antibody variants with the E430G or E345R Fc-Fc interaction enhancing and K439E or S440K self-oligomerization inhibiting mutations induce CDC in mutually dependent fashion. (A-B) Daudi cells were incubated with antibody concentration series in the presence of 20% NHS. CDC efficacy is presented as (A) the AUC normalized to non-binding control antibody IgG1-b12 (0%) and the mixture of IgG1-CD37-37-3-E430G + IgG1-11B8-E430G (100%) and as (B) percentage cytotoxicity determined at an antibody concentration of 20 µg/mL.

Figure 14 shows selectivity in CDC activity on Wien 133 cells of glycosylated and aglycosylated IgG1-CAMPATH-1H and IgG1-11B8 antibody variants harboring a self-oligomerization inhibiting mutation and the E430Y Fc-Fc interaction enhancing mutation, as compared to variants harboring the E430G and E345R mutations. The potency to induce CDC was normalized to non-binding antibody control IgG1-b12 (0%) and IgG1-CAMPATH-1H-E430G (100%; A) or IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G (100%; B). (A) Wien 133 cells were incubated with IgG1-CAMPATH-1H antibody variants or mixtures thereof in a concentration series in the presence of 20% NHS. (B) Wien 133 cells were incubated with IgG1-CAMPATH-1H, IgG1-11B8 and/or IgG1-b12 antibody variants or mixtures thereof in a concentration series in the presence of 20% NHS.

Figure 15 shows selectivity in CDC induction on Wien 133 cells by aglycosylated IgG1-CAMPATH-1H and IgG1-11B8 antibody variants that harbor Fc-Fc interaction enhancing mutation E345K, self-oligomerization inhibiting mutations K439E or S440K and C1q binding enhancing mutations K326A and E333S. The potency to induce CDC was normalized to non-binding antibody control IgG1-b12 (0%) and IgG1-CAMPATH-1H-E430G (100%; A) or IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G (100%; B).

(A) Wien 133 cells were incubated with IgG1-CAMPATH-1H antibody variants or mixtures thereof in a concentration series in the presence of 20% NHS. (B) Wien 133 cells were incubated with IgG1-CAMPATH-1H and IgG1-11B8 antibody variants or mixtures thereof in a concentration series in the presence of 20% NHS.

5 **Figure 16** shows selectivity in CDC induction on Wien 133 cells by aglycosylated CAMPATH-1H and 11B8 antibody variants of the IgG2 or IgG4 subclass, which harbor Fc-Fc interaction enhancing mutation E345R and self-oligomerization inhibiting mutations K439E or S440K. The potency to induce CDC was normalized to non-binding antibody control IgG1-b12 (0%) and IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G (100%). (A) Wien 133 cells were incubated with IgG2-CAMPATH-1H and IgG2-11B8 antibody variants or mixtures thereof in a concentration series in the presence of 20% NHS. (B) Wien 133 cells were incubated with IgG4-CAMPATH-1H and IgG4-11B8 antibody variants or mixtures thereof in a concentration series in the presence of 20% NHS.

15 **Figure 17** shows selectivity in CDC induction on Wien 133 cells by aglycosylated IgG1-CAMPATH-1H antibody variants that harbor Fc-Fc interaction enhancing mutations E430G, E430Y, E345K or E345R and self-oligomerization inhibiting mutations K439E or S440K. The potency to induce CDC was normalized to non-binding antibody control IgG1-b12 (0%) and IgG1-CAMPATH-1H-E430G (100%).
 20 Wien 133 cells were incubated with IgG1-CAMPATH-1H antibody variants or mixtures thereof in a concentration series in the presence of 20% NHS. (A) Relative CDC potency as induced on Wien 133 cells incubated with IgG1-CAMPATH-1H antibody variants or mixtures thereof in a concentration series in the presence of 20% NHS. (B) Percentage of cell lysis of Wien 133 cells incubated with IgG1-CAMPATH-1H antibody variants or mixtures thereof in a concentration series in the presence of
 25 20% NHS.

Figure 18 shows the capacity to induce ADCP, as determined through an FcγRIIa activation reporter cell assay, by aglycosylated antibody variants of IgG1-CAMPATH-1H and IgG1-11B8 harboring an Fc-Fc interaction enhancing, a self-oligomerization
 30 inhibiting mutation, and C1q binding enhancing mutations K326A-E333S. Luciferase production was quantified by luminescence readout. Data are presented as relative AUCs of area under the antibody dose-response curves (0.2-40,000 ng/mL in 4-fold dilutions) normalized to the AUC value measured for the non-binding negative control IgG1-b12 (0%) and the AUC value measured for the positive control IgG1-CAMPATH-1H-E430G (100%; A), or IgG1-CAMPATH-E430G + IgG1-11B8-E430G
 35

(100%; B). (A) Raji cells were incubated with titrated IgG1-CAMPATH-1H antibody variants and FcγRIIa-transduced Jurkat cells. (B) Raji cells were incubated with titrated IgG1-CAMPATH-1H and IgG1-11B8 antibody variants and FcγRIIa-transduced Jurkat cells.

5 **Figure 20** shows the capacity to induce ADCC, as determined through an FcγRIIIa activation reporter cell assay, by aglycosylated antibody variants of IgG1-CAMPATH-1H and IgG1-11B8 harboring an Fc-Fc interaction enhancing and a self-oligomerization inhibiting mutation. Luciferase production was quantified by luminescence readout. Data are presented as relative AUCs of area under the
10 antibody dose-response curves (0.2-40,000 ng/mL in 4-fold dilutions) normalized to the AUC value measured for the non-binding negative control IgG1-b12 (0%) and the AUC value measured for the positive control IgG1-CAMPATH-1H-E430G (100%; A), or IgG1-CAMPATH-E430G + IgG1-11B8-E430G (100%; B). (A) Raji cells were incubated with titrated IgG1-CAMPATH-1H antibody variants and FcγRIIIa-transduced Jurkat cells. (B) Raji cells were incubated with titrated IgG1-CAMPATH-1H and IgG1-11B8 antibody variants and FcγRIIIa-transduced Jurkat cells.
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Figure 21 shows the capacity to induce ADCC, as determined through an FcγRIIIa activation reporter cell assay, by aglycosylated antibody variants of IgG1-CAMPATH-1H and IgG1-11B8 harboring an Fc-Fc interaction enhancing, a self-oligomerization
20 inhibiting mutation and C1q binding enhancing mutations. Luciferase production was quantified by luminescence readout. Data are presented as relative AUCs of area under the antibody dose-response curves (0.2-40,000 ng/mL in 4-fold dilutions) normalized to the AUC value measured for the non-binding negative control IgG1-b12 (0%) and the AUC value measured for the positive control IgG1-CAMPATH-1H-E430G (100%; A), or IgG1-CAMPATH-E430G + IgG1-11B8-E430G (100%; B). (A) Raji cells were incubated with titrated IgG1-CAMPATH-1H antibody variants and FcγRIIIa-transduced Jurkat cells. (B) Raji cells were incubated with titrated IgG1-CAMPATH-1H and IgG1-11B8 antibody variants and FcγRIIIa-transduced Jurkat cells.
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Figure 22 shows the capacity to induce ADCP, as determined through an FcγRIIa activation reporter cell assay, by aglycosylated CAMPATH-1H and 11B8 antibody
30 variants of the IgG2 and IgG4 subclass, which harbor an Fc-Fc interaction enhancing and self-oligomerization inhibiting mutation. Luciferase production was quantified by luminescence readout. Data are presented as relative AUCs of area under the antibody dose-response curves (0.6-40,000 ng/mL in 4-fold dilutions) normalized to
35 the AUC value measured for the non-binding negative control IgG1-b12 (0%) and

the AUC value measured for the positive control IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G (100%). (A) Raji cells were incubated with titrated IgG2-CAMPATH-1H and/or IgG2-11B8 antibody variants, and FcγRIIa-transduced Jurkat cells. (B) Raji cells were incubated with titrated IgG4-CAMPATH-1H and/or IgG4-11B8 antibody variants, and FcγRIIa-transduced Jurkat cells.

Figure 23 shows the capacity to induce ADCC, as determined through an FcγRIIIa activation reporter cell assay, by aglycosylated CAMPATH-1H and 11B8 antibody variants of the IgG2 and IgG4 subclass, which harbor an Fc-Fc interaction enhancing and self-oligomerization inhibiting mutation. Luciferase production was quantified by luminescence readout. Data are presented as relative AUCs of area under the antibody dose-response curves (0.2-40,000 ng/mL in 4-fold dilutions) normalized to the AUC value measured for the non-binding negative control IgG1-b12 (0%) and the AUC value measured for the positive control IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G (100%). (A) Raji cells were incubated with titrated IgG2-CAMPATH-1H and/or IgG2-11B8 antibody variants, and FcγRIIIa-transduced Jurkat cells. (B) Raji cells were incubated with titrated IgG4-CAMPATH-1H and/or IgG4-11B8 antibody variants, and FcγRIIIa-transduced Jurkat cells.

Figure 24 shows the relative potency to induce programmed cell death (PCD) of WIL2S-SF B cell lymphoblast target cells by aglycosylated anti-Fas-E09 antibody variants harboring mutations that enhance Fc-Fc interactions, inhibit self-oligomerization and enhance C1q binding. (A) PCD efficacy is presented as the killing potency [AUC (IgG1-b12) – AUC (sample)], normalized to IgG1-Fas-E09-E345R (100%). (B) Cell death induction of WIL2S-SF cells induced at 20 μg/mL antibody variant concentrations.

Figure 25 shows the relative potency to induce programmed cell death (PCD) of BxPC-3 and COLO205 cancer cells by two aglycosylated non-competing anti-DR5 antibody variants (IgG1-hDR5-01-G56T and IgG1-hDR5-05) and mixtures thereof harboring mutations that enhance Fc-Fc interactions, inhibit self-oligomerization and enhance C1q binding. PCD efficacy is presented as the killing potency [AUC (IgG1-b12) – AUC (sample)], normalized to IgG1-hDR5-01-G56T-E430G + IgG1-hDR5-05-E430G (100%). (A) Relative potency to induce cell death of BxPC-3 cancer cells. (B) Maximal cell death of BxPC-3 cells induced by the indicated antibody variants and mixtures thereof at a concentration of 20 μg/mL. (C) Relative potency to induce cell death of COLO205 cancer cells. (D) Maximal cell death of COLO205 cells induced by the indicated antibody variants and mixtures thereof at a concentration of 20 μg/mL.

Figure 26 shows the selective induction of 4-1BB-mediated activation of a reporter cell engineered to stably express 4-1BB and a nuclear factor of activated T cells (NFAT)-response element driving expression of firefly luciferase by antibody variants of IgG1-BMS663513 harboring mutations that enhance Fc-Fc interactions, inhibit self-oligomerization and yield aglycosylated antibodies. 4-1BB-expressing Jurkat cells were incubated with IgG1-BMS663513 antibody variants or mixtures thereof in a concentration series in the presence of C1q. (A) The potency to induce 4-1BB-mediated reporter cell activation is presented as relative AUC normalized to non-binding antibody control IgG1-b12 (0%) and IgG1-BMS663513-E345R (100%). (B) Potency to induce 4-1BB-mediated reporter cell activation at an antibody concentration of 1.25 µg/mL, presented as the measured luminescence, normalized to non-binding antibody control IgG1-b12 (0%) and IgG1-BMS663513-E345R (100%).

Figure 27 shows the selective induction of 4-1BB-mediated activation of a reporter cell engineered to stably express 4-1BB and a nuclear factor of activated T cells (NFAT)-response element driving expression of firefly luciferase by antibody variants of IgG1-BMS663513 harboring mutations that enhance Fc-Fc interactions, inhibit self-oligomerization, yield aglycosylated antibodies and enhance C1q binding. 4-1BB-expressing Jurkat cells were incubated with IgG1-BMS663513 antibody variants or mixtures thereof in a concentration series in the presence of C1q. (A) The potency to induce 4-1BB-mediated reporter cell activation is presented as relative AUC normalized to non-binding antibody control IgG1-b12 (0%) and IgG1-BMS663513-E345R (100%). (B) Potency to induce 4-1BB-mediated reporter cell activation at an antibody concentration of 1.25 µg/mL, presented as the luminescence measured, normalized to non-binding antibody control IgG1-b12 (0%) and IgG1-BMS663513-E345R (100%).

DETAILED DESCRIPTION OF THE INVENTION

Definitions

The term "immunoglobulin" refers to a class of structurally related glycoproteins consisting of two pairs of polypeptide chains, one pair of light (L) low molecular weight chains and one pair of heavy (H) chains, all four potentially interconnected by disulfide bonds. The structure of immunoglobulins has been well characterized. See for instance Fundamental Immunology Ch. 7 (Paul, W., ed., 2nd

ed. Raven Press, N.Y. (1989)). Briefly, each heavy chain typically is comprised of a heavy chain variable region (abbreviated herein as VH) and a heavy chain constant region. The heavy chain constant region typically is comprised of three domains, CH1, CH2, and CH3. The heavy chains are inter-connected via disulfide bonds in the so-called "hinge region". Each light chain typically is comprised of a light chain variable region (abbreviated herein as VL) and a light chain constant region. The light chain constant region typically is comprised of one domain, CL. The VH and VL regions may be further subdivided into regions of hypervariability (or hypervariable regions which may be hypervariable in sequence and/or form of structurally defined loops), also termed complementarity determining regions (CDRs), interspersed with regions that are more conserved, termed framework regions (FRs). Each VH and VL is typically composed of three CDRs and four FRs, arranged from amino-terminus to carboxy-terminus in the following order: FR1, CDR1, FR2, CDR2, FR3, CDR3, FR4 (see also Chothia and Lesk J. Mol. Biol. 196, 901 917 (1987)). Unless otherwise stated or contradicted by context, CDR sequences herein are identified according to IMGT rules using DomainGapAlign (Lefranc MP., Nucleic Acids Research 1999;27:209-212 and Ehrenmann F., Kaas Q. and Lefranc M.-P. Nucleic Acids Res., 38, D301-307 (2010); see also internet http address www.imgt.org/.

Unless otherwise stated or contradicted by context, reference to amino acid positions in the Fc region/Fc domain in the present invention is according to the E numbering (Edelman et al., Proc Natl Acad Sci U S A. 1969 May;63(1):78-85; Kabat et al., Sequences of proteins of immunological interest. 5th Edition - 1991 NIH Publication No. 91-3242).

The Fc-region of an immunoglobulin is defined as the fragment of an antibody which would be typically generated after digestion of an antibody with papain (which is known for someone skilled in the art) which includes the two CH2-CH3 regions of an immunoglobulin and a connecting region, e.g. a hinge region. The constant domain of an antibody heavy chain defines the antibody isotype/subclass, e.g. IgG1, IgG2, IgG3, IgG4, IgA1, IgA2, IgM, IgD, or IgE. The Fc-region mediates the effector functions of antibodies with cell surface receptors called Fc receptors and proteins of the complement system.

The term "hinge region" as used herein is intended to refer to the hinge region of an immunoglobulin heavy chain. Thus, for example the hinge region of a human IgG1 antibody corresponds to amino acids 216-230 according to the E numbering.

The term "CH2 region" or "CH2 domain" as used herein is intended to refer to the CH2 region of an immunoglobulin heavy chain. Thus, for example the CH2 region of a human IgG1 antibody corresponds to amino acids 231-340 according to the Eu numbering. However, the CH2 region may also be any of the other subtypes as
5 described herein.

The term "CH3 region" or "CH3 domain" as used herein is intended to refer to the CH3 region of an immunoglobulin heavy chain. Thus, for example the CH3 region of a human IgG1 antibody corresponds to amino acids 341-447 according to the Eu numbering. However, the CH3 region may also be any of the other subtypes as
10 described herein.

The term "antibody" (Ab) in the context of the present invention refers to an immunoglobulin molecule, a fragment of an immunoglobulin molecule, or a derivative of either thereof, which has the ability to specifically bind to an antigen. The antibody of the present invention comprises an Fc region of an immunoglobulin
15 and an antigen-binding region. An antibody generally contains two CH2-CH3 regions and a connecting region, e.g. a hinge region, e.g. at least an Fc region. The variable regions of the heavy and light chains of the immunoglobulin molecule contain a binding domain that interacts with an antigen. As described above, the constant or "Fc" regions of the antibodies may mediate the binding of the immunoglobulin to
20 host tissues or factors, including various cells of the immune system (such as effector cells) and components of the complement system such as C1q, the first component in the classical pathway of complement activation. An antibody may also be a multispecific antibody, such as a bispecific antibody or similar molecule. The term "bispecific antibody" refers to an antibody having specificities for at least two
25 different, typically non-overlapping, epitopes. Such epitopes may be on the same or different targets. If the epitopes are on different targets, such targets may be on the same cell or different cells or cell types. As indicated above, unless otherwise stated or clearly contradicted by the context, the term antibody herein includes fragments of an antibody which comprise at least a portion of an Fc-region and which retain the
30 ability to specifically bind to the antigen. Such fragments may be provided by any known technique, such as enzymatic cleavage, peptide synthesis and recombinant expression techniques. It has been shown that the antigen-binding function of an antibody may be performed by fragments of a full-length antibody. Examples of binding fragments encompassed within the term "Ab" or "antibody" include, without
35 limitation, monovalent antibodies (described in WO2007059782 by Genmab); heavy-

chain antibodies, consisting only of two heavy chains and naturally occurring in e.g. camelids (e.g., Hamers-Casterman (1993) Nature 363:446); ThioMabs (Roche, WO2011069104), strand-exchange engineered domain-bodies (SEED or Seed-body molecules), which are asymmetric and bispecific antibody-like molecules (Merck, 5 WO2007110205); Triomab (Pharma/Fresenius Biotech, Lindhofer et al. 1995 J Immunol 155:219; WO2002020039); Fc Δ Adp (Regeneron, WO2010151792), Azymetric Scaffold (Zymeworks/Merck, WO2012/058768), mAb-Fv (Xencor, WO2011/028952), Xmab (Xencor), Dual variable domain immunoglobulins (Abbott, DVD-Ig, U.S. Patent No. 7,612,181); Dual domain double head antibodies (Unilever; 10 Sanofi Aventis, WO20100226923), Di-diabody molecules (ImClone/Eli Lilly), Knobs-into-holes antibody formats (Genentech, WO9850431); DuoBody molecules (Genmab, WO 2011/131746); DuetMab (MedImmune, US2014/0348839), Electrostatic steering antibody formats (Amgen, EP1870459 and WO 2009089004; Chugai, US201000155133; Oncomed, WO2010129304A2); bispecific IgG1 and IgG2 15 (Rinat neurosciences Corporation, WO11143545), CrossMAbs (Roche, WO2011117329), LUZ-Y (Genentech), Biclonic molecules (Merus, WO2013157953), Dual Targeting domain antibodies (GSK/Domantis), Two-in-one Antibodies or Dual action Fabs recognizing two targets (Genentech, NovImmune, Adimab), Cross-linked Mabs (Karmanos Cancer Center), covalently fused mAbs (AIMM), CovX-body 20 (CovX/Pfizer), FynomAbs (Covagen/Janssen ilag), DutaMab (Dutalys/Roche), iMab (MedImmune), IgG-like Bispecific molecules (ImClone/Eli Lilly, Shen, J., et al. J Immunol Methods, 2007. 318(1-2): p. 65-74), TIG-body, DIG-body and PIG-body molecules (Pharmabcine), Dual-affinity retargeting molecules (Fc-DART or Ig-DART, by MacroGenics, WO/2008/157379, WO/2010/080538), BEAT (Glenmark), Zybodies 25 (Zyngenia), approaches with common light chain (Crucell/ Merus, US7262028) or common heavy chains ($\kappa\lambda$ Bodies by NovImmune, WO2012023053), as well as fusion proteins comprising a polypeptide sequence fused to an antibody fragment containing an Fc-region like scFv-fusions, like BsAb by ZymoGenetics/BMS, HERCULES by Biogen Idec (US007951918), SCORPIONS by Emergent 30 BioSolutions/Trubion and Zymogenetics/BMS, Ts2Ab (MedImmune/AZ (Dimasi, N., et al. J Mol Biol, 2009. 393(3): p. 672-92), scFv fusion by Genentech/Roche, scFv fusion by Novartis, scFv fusion by Immunomedics, scFv fusion by Changzhou Adam Biotech Inc (CN 102250246), TvAb by Roche (WO 2012025525, WO 2012025530), mAb² by f-Star (WO2008/003116), and dual scFv-fusions. It also should be 35 understood that the term antibody, unless specified otherwise, also includes

polyclonal antibodies, monoclonal antibodies (such as human monoclonal antibodies), antibody mixtures (recombinant polyclonals) for instance generated by technologies exploited by Symphogen and Merus (Oligoclomics), multimeric Fc proteins as described in WO2015/158867, fusion proteins as described in
5 WO2014/031646 and antibody-like polypeptides, such as chimeric antibodies and humanized antibodies. An antibody as generated can potentially possess any isotype.

The term "full-length antibody" when used herein, refers to an antibody (e.g., a parent antibody) which contains all heavy and light chain constant and variable domains corresponding to those that are normally found in a wild-type antibody of
10 that isotype.

The term "human antibody", as used herein, is intended to include antibodies having variable and constant regions derived from human germline immunoglobulin sequences. The human antibodies of the invention may include amino acid residues not encoded by human germline immunoglobulin sequences (e.g., mutations,
15 insertions or deletions introduced by random or site-specific mutagenesis in vitro or by somatic mutation in vivo). However, the term "human antibody", as used herein, is not intended to include antibodies in which CDR sequences derived from the germline of another mammalian species, such as a mouse, have been grafted onto human framework sequences.

The term "chimeric antibody", as used herein, refers to an antibody in which both chain types, i.e. heavy chain and light chain, are chimeric as a result of antibody engineering. A chimeric chain is a chain that contains a foreign variable domain (originating from a non-human species, or synthetic or engineered from any species including human) linked to a constant region of human origin.
20

The term "humanized antibody", as used herein, refers to an antibody in which both chain types are humanized as a result of antibody engineering. A humanized chain is typically a chain in which the complementarity determining regions (CDR) of the variable domains are foreign (originating from a species other than human, or synthetic) whereas the remainder of the chain is of human origin.
25
30 Humanization assessment is based on the resulting amino acid sequence, and not on the methodology per se, which allows protocols other than grafting to be used.

The terms "monoclonal antibody", "monoclonal Ab", "monoclonal antibody composition", "mAb", or the like, as used herein refer to a preparation of Ab molecules of single molecular composition. A monoclonal antibody composition
35 displays a single binding specificity and affinity for a particular epitope. Accordingly,

the term "human monoclonal antibody" refers to Abs displaying a single binding specificity which have variable and constant regions derived from human germline immunoglobulin sequences. The human mAbs may be generated by a hybridoma which includes a B cell obtained from a transgenic or trans-chromosomal non-human animal, such as a transgenic mouse, having a genome comprising a human heavy chain transgene repertoire and a light chain transgene repertoire, rearranged to produce a functional human antibody, fused to an immortalized cell.

The term "isotype" as used herein, refers to the immunoglobulin class (for instance IgG, IgD, IgA1, IgGA2, IgE, or IgM. IgGs may be further classified as subclasses IgG1, IgG2, IgG3 or IgG4. The term "subclass" as used herein, refers to the IgG1, IgG2, IgG3 and IgG4 subclasses of the IgG isotype. The IgG1 subclass may be further classified according to allotypes thereof such as IgG1m(za) and IgG1m(f)) that is encoded by heavy chain constant region genes. Further, each heavy chain isotype can be combined with either a kappa (κ) or lambda (λ) light chain. The term "mixed isotype" or "mixed subclass" used herein refers to the Fc region of an immunoglobulin generated by combining structural features of one isotype with the analogous region from another isotype thereby generating a hybrid isotype. A mixed isotype may comprise an Fc region having a sequence comprised of two or more isotypes selected from the following IgG1, IgG2, IgG3, IgG4, IgD, IgA1, IgGA2, IgE, or IgM thereby generating combinations such as e.g. IgG1/IgG3, IgG1/IgG4, IgG2/IgG3, IgG2/IgG4, or IgG1/IgA.

The term "antigen-binding region", "antigen binding region", "binding region" or "antigen binding domain", as used herein, refers to a region of an antibody which is capable of binding to the antigen. This binding region is typically defined by the VH and VL domains of the antibody which may be further subdivided into regions of hypervariability (or hypervariable regions which may be hypervariable in sequence and/or form of structurally defined loops), also termed complementarity determining regions (CDRs), interspersed with regions that are more conserved, termed framework regions (FRs). The antigen can be any molecule, such as a polypeptide, e.g. present on a cell, bacterium, or virion.

The term "target" or "target antigen" as used herein, refers to a molecule to which the antigen-binding region of the antibody binds. The target includes any antigen towards which the antibody is directed. The term "antigen" and "target" may in relation to an antibody be used interchangeably and constitute the same meaning and purpose with respect to any aspect or embodiment of the present invention.

The term "epitope" means a molecular determinant capable of specific binding to an antibody variable domain. Epitopes usually consist of surface groupings of molecules such as amino acids, sugar side chains, or a combination thereof and usually have specific three-dimensional structural characteristics, as well as specific charge characteristics. Conformational and non-conformational epitopes are distinguished in that the binding to the former but not the latter is lost in the presence of denaturing solvents. The epitope may comprise amino acid residues directly involved in the binding (also called immunodominant component of the epitope) and other amino acid residues, which are not directly involved in the binding.

The term "parent antibody", is to be understood as an antibody which is identical to an antibody according to the invention, but wherein the parent antibody does not have one or more of the specified mutations. A "variant" or "antibody variant" or a "variant of a parent antibody" of the present invention is an antibody molecule which comprises one or more mutations as compared to a "parent antibody". The different terms may be used interchangeably and constitute the same meaning and purpose with respect to any aspect or embodiment of the present invention. Exemplary parent antibody formats include, without limitation, a wild-type antibody, a full-length antibody or Fc-containing antibody fragment, a bispecific antibody, a human antibody, humanized antibody, chimeric antibody or any combination thereof. The different terms may be used interchangeably and constitute the same meaning and purpose with respect to any aspect or embodiment of the present invention. Amino acid substitutions may exchange a native amino acid for another naturally-occurring amino acid, or for a non-naturally-occurring amino acid derivative. The amino acid substitution may be conservative or non-conservative. In the context of the present invention, conservative substitutions may be defined by substitutions within the classes of amino acids reflected in one or more of the following three tables:

Amino acid residue classes for conservative substitutions

Acidic Residues	Asp (D) and Glu I
Basic Residues	Lys (K), AI(R), and His (H)
Hydrophilic Uncharged Residues	Ser (S), Thr (T), Asn (N), and Gln (Q)
Aliphatic Uncharged Residues	Gly (G), Ala (A), Val (V), Leu (L), and Ile (I)
Non-polar Uncharged ResidueIys (C), Met (M), and Pro (P)	
Aromatic Residues	Phe (F), Tyr (Y), and Trp (W)

Alternative conservative amino acid residue substitution classes

1	A	S	T
2	D	E	
3	N	Q	
4	R	K	
5	I	L	M
6	F	Y	W

5

Alternative Physical and Functional Classifications of Amino Acid Residues

Alcohol group-containing residues	S and T
Aliphatic residues	I, L, V, and M
Cycloalkenyl-associated residues	F, H, W, and Y
Hydrophobic residues	A, C, F, G, H, I, L, M, R, T, V, W, and Y
Negatively charged residues	D and E
Polar residues	C, D, E, H, K, N, Q, R, S, and T
Positively charged residues	H, K, and R
Small residues	A, C, D, G, N, P, S, T, and V
Very small residues	A, G, and S
Residues involved in turn formation	A, C, D, E, G, H, K, N, Q, R, S, P, and T
Flexible residues	Q, T, K, S, G, N, D, E, and R

In the context of the present invention, a substitution in a variant is indicated as:
Original amino acid – position – substituted amino acid;

The three letter code, or one letter code, are used, including the codes Xaa and X to indicate amino acid residue. Accordingly, the notation "E345R" or "Glu345Arg" means that the variant comprises a substitution of glutamic acid with arginine in the variant amino acid position corresponding to the amino acid in position 345 in the parent antibody.

Where a position as such is not present in an antibody, but the variant comprises an insertion of an amino acid, for example:

Position – substituted amino acid; the notation, e.g., "448E" is used.

Such notation is particularly relevant in connection with modification(s) in a series of homologous polypeptides or antibodies.

Similarly, when the identity of the substitution amino acid residue(s) is immaterial:

Original amino acid – position; or "E345".

For a modification where the original amino acid(s) and/or substituted amino acid(s) may comprise more than one, but not all amino acid(s), the substitution of glutamic acid with arginine, lysine or tryptophan in position 345:

"Glu345Arg, Lys,Trp" or "E345R,K,W" or "E345R/K/W" or "E345 to R, K or W" may be used interchangeably in the context of the invention.

Furthermore, the term "a substitution" embraces a substitution into any one of the other nineteen natural amino acids, or into other amino acids, such as non-natural amino acids. For example, a substitution of amino acid E in position 345 includes each of the following substitutions: 345A, 345C, 345D, 345G, 345H, 345F, 345I, 345K, 345L, 345M, 345N, 345P, 345Q, 345R, 345S, 345T, 345V, 345W, and 345Y. This is equivalent to the designation 345X, wherein the X designates any amino acid. These substitutions can also be designated E345A, E345C, etc., or E345A,C, etc., or E345A/C/etc. The same applies to analogy to each and every position mentioned herein, to specifically include herein any one of such substitutions.

As used herein, the term "effector cell" refers to an immune cell which is involved in the effector phase of an immune response, as opposed to the recognition and activation phases of an immune response. Exemplary immune cells include cells of a myeloid or lymphoid origin, for instance lymphocytes (such as B cells and T cells including cytolytic T cells (CTLs)), killer cells, natural killer cells, macrophages, monocytes, and polymorphonuclear cells or granulocytes, such as neutrophils, mast cells, eosinophils, and basophils. Some effector cells express Fc receptors (FcRs) or

complement receptors and carry out specific immune functions. In some embodiments, an effector cell such as, e.g., a natural killer cell, is capable of inducing ADCC. For example, monocytes, macrophages, neutrophils, dendritic cells and Kupffer cells which express FcRs, are involved in specific killing of target cells and presenting antigens to other components of the immune system, or in binding to cells that present antigens. In some embodiments the ADCC can be further enhanced by antibody-driven classical complement activation, resulting in the deposition of activated C3 fragments on the target cell. C3 cleavage products are ligands to complement receptors (CRs), such as CR3, expressed on myeloid cells. The recognition of complement fragments by CRs on effector cells may promote enhanced Fc receptor-mediated ADCC. In some embodiments, antibody-driven classical complement activation leads to C3 fragments on the target cell. These C3 cleavage products may promote direct complement-dependent cellular cytotoxicity (CDCC). In some embodiments, an effector cell may phagocytose a target antigen, target particle or target cell. The expression of a particular FcR or complement receptor on an effector cell may be regulated by humoral factors such as cytokines. For example, expression of FcγRI has been found to be up-regulated by interferon γ (IFNγ) and/or G-CSF. This enhanced expression increases the cytotoxic activity of FcγRI-bearing cells against targets. An effector cell can phagocytose a target antigen or phagocytose or lyse a target cell. In some embodiments, antibody-driven classical complement activation leads to C3 fragments on the target cell. These C3 cleavage products may promote direct phagocytosis by effector cells or indirectly by enhancing antibody-mediated phagocytosis.

The term "Fc effector functions," or "Fc-mediated effector functions," as used herein, is intended to refer to functions that are a consequence of binding a polypeptide or antibody to its target, such as an antigen, on a cell membrane wherein the Fc effector function is attributable to the Fc region of the polypeptide or antibody. Examples of Fc effector functions include (i) C1q-binding, (ii) complement activation, (iii) complement-dependent cytotoxicity (CDC), (iv) antibody-dependent cell-mediated cytotoxicity (ADCC), (v) Fc-gamma receptor-binding, (vi) antibody-dependent cellular phagocytosis (ADCP), (vii) complement-dependent cellular cytotoxicity (CDCC), (viii) complement-enhanced cytotoxicity, (ix) binding to complement receptor of an opsonized antibody mediated by the antibody, (x) opsonization, and (xi) a combination of any of (i) to (x).

The term "clustering-dependent functions," as used herein, is intended to refer to functions that are a consequence of the formation of antigen complexes after oligomerization of polypeptides or antibodies bound to their antigens, optionally on a cell, on a cell membrane, on a virion, or on another particle. Examples of clustering-dependent effector functions include (i) antibody oligomer formation, (ii) antibody oligomer stability, (iii) antigen oligomer formation, (iv) antigen oligomer stability, (v) induction of apoptosis, (vi) proliferation modulation, such as proliferation reduction, inhibition or stimulation, and (vii) a combination of any of (i) to (vi).

The term "vector" as used herein, is intended to refer to a nucleic acid molecule capable of inducing transcription of a nucleic acid segment ligated into the vector. One type of vector is a "plasmid" which is in the form of a circular double stranded DNA loop. Another type of vector is a viral vector, wherein the nucleic acid segment may be ligated into the viral genome. Certain vectors are capable of autonomous replication in a host cell into which they are introduced (for instance bacterial vectors having a bacterial origin of replication and episomal mammalian vectors). Other vectors (such as non-episomal mammalian vectors) may be integrated into the genome of a host cell upon introduction into the host cell, and thereby are replicated along with the host genome. Moreover, certain vectors are capable of directing the expression of genes to which they are operatively linked. Such vectors are referred to herein as "recombinant expression vectors" (or simply, "expression vectors"). In general, expression vectors of utility in recombinant DNA techniques are often in the form of plasmids. In the present specification, "plasmid" and "vector" may be used interchangeably as the plasmid is the most commonly used form of vector. However, the present invention is intended to include such other forms of expression vectors, such as viral vectors (such as replication defective retroviruses, adenoviruses and adeno-associated viruses), which serve equivalent functions.

The term "delivery vehicle" as used herein refers to a composition or formulation intended to protect e.g. a nucleic acid, a peptide, a polypeptide, e.g. an antibody, a small molecule, or other pharmacologically active substance from degradation upon administration. A delivery vehicle for nucleic acids may be a vector, which is to be understood as a nucleic acid molecule capable of inducing transcription of a nucleic acid segment ligated into the vector. Such a vector may comprise nucleic acid sequences encoding the heavy and light chain of a polypeptide variant. Furthermore, a delivery vehicle may be a lipid formulation, composed of

constituents such as lipids, ionizable aminolipids, PEG-lipids, cholesterol or any combination thereof. Nucleic acids may be encapsulated in a delivery vehicle. Such a delivery vehicle may be modified in such a way that delivery to the relevant tissue is optimally achieved, e.g. by external attachment of target-specific antibodies, vehicle
5 size adjustment or by means of modulating physico-chemical properties of the vehicle.

The term "recombinant host cell" (or simply "host cell"), as used herein, is intended to refer to a cell into which an expression vector has been introduced. It should be understood that such terms are intended to refer not only to the particular
10 subject cell, but also to the progeny of such a cell. Because certain modifications may occur in succeeding generations due to either mutation or environmental influences, such progeny may not, in fact, be identical to the parent cell, but are still included within the scope of the term "host cell" as used herein. Recombinant host cells include, for example, transfectomas, such as CHO cells, HEK-293 cells, PER.C6,
15 NS0 cells, and lymphocytic cells, and prokaryotic cells such as *E. coli* and other eukaryotic hosts such as plant cells and fungi.

The term "transfectoma", as used herein, includes recombinant eukaryotic host cells expressing the Ab or a target antigen, such as CHO cells, PER.C6, NS0 cells, HEK-293 cells, plant cells, or fungi, including yeast cells.

20 The term "preparation" refers to preparations of antibody variants and mixtures of different antibody variants which can have an increased ability to form oligomers when interacting with antigen associated with a cell (e.g., an antigen expressed on the surface of the cell), a cell membrane, a virion or other structure, which may result in enhanced signaling and/or activation by the antigen.

25 As used herein, the term "affinity" is the strength of binding of one molecule, e.g. an antibody, to another, e.g. a target or antigen, at a single site, such as the monovalent binding of an individual antigen binding site of an antibody to an antigen.

30 As used herein, the term "avidity" refers to the combined strength of multiple binding sites between two structures, such as between multiple antigen binding sites of antibodies simultaneously interacting with a target or e.g. between antibody and C1q. When more than one binding interactions are present, the two structures will only dissociate when all binding sites dissociate, and thus, the dissociation rate will be slower than for the individual binding sites, thereby providing a greater effective

total binding strength (avidity) compared to the strength of binding of the individual binding sites (affinity).

As used herein, the term "oligomer" refers to a molecule that consists of more than one but a limited number of monomer units (e.g. antibodies) in contrast to a polymer that, at least in principle, consists of an unlimited number of monomers. Exemplary oligomers are dimers, trimers, tetramers, pentamers and hexamers. Greek prefixes are often used to designate the number of monomer units in the oligomer, for example a tetramer being composed of four units and a hexamer of six units.

The term "oligomerization", as used herein, is intended to refer to a process that converts monomers to a finite degree of polymerization. Herein, it is observed that antibodies comprising target-binding regions according to the invention can form oligomers, such as hexamers, via non-covalent association of Fc-regions after target binding, e.g., at a cell surface. In the context of the present application, "self-oligomerization", "homo-oligomerization" or "auto-oligomerization" is intended to refer to a process of oligomerization between antibody molecules that have identical protein sequences disregarding post-translational modifications. The term "hetero-oligomerization", as used herein, is intended to refer to a process of oligomerization between antibody molecules that have different protein sequences, disregarding post-translational modifications. Different antibodies participating in hetero-oligomerization could for instance bind different antigens, such as different target proteins, glycoproteins, glycans, or glycolipids.

The term "self-oligomerization inhibiting substitution" or "self-oligomerization inhibiting-substitution" is intended to refer to a substitution in an antibody comprising an Fc region of an immunoglobulin and an antigen binding region that inhibits the process of oligomerization between antibody molecules that have identical protein sequences disregarding post-translational modifications. Inhibition of self-oligomerization can for example result in an increased EC50 of CDC activity or a reduction in maximal CDC lysis activity of the polypeptide, measured according to the methods described in the Examples herein, e.g. Examples 2 and 5. Examples of self-oligomerization inhibiting substitutions are K439E and S440K. Thus, e.g. a first antibody having a K439E substitution has a low propensity form oligomers with another antibody having a K439E substitution, but an antibody having a K439E substitution has a high propensity to form oligomers with another antibody having an

S440K substitution. An antibody having an S440K substitution has a low propensity to form oligomers with another antibody having an S440K substitution.

The term "clustering", as used herein, is intended to refer to oligomerization of antibodies, polypeptides, antigens or other proteins through non-covalent
5 interactions.

The term "Fc-Fc enhancing", as used herein, is intended to refer to increasing the binding strength between, or stabilizing the interaction between, the Fc regions of two Fc-region containing antibodies or polypeptides so that the polypeptides form oligomers upon target binding. Fc-Fc enhancing substitutions, as used herein, refer
10 to substitutions in E430 and E345, or the combination of the K248E and T437R substitutions (WO2018/031258), with the amino acid numbering corresponding to human IgG1 according to the Eu numbering.

When used herein in the context of two antigens, the term "co-expressed" or grammatical variations thereof, is intended to refer, on one hand, to situations where
15 the two antigens are co-expressed on the same cell. The antigens may already be adjacent to each other on the cell or the antigens may be brought together via oligomerization of the binding polypeptides, e.g. antibodies, of the invention. Furthermore, the term "co-expressed" is also intended to refer to situations wherein the two antigens are expressed on different cells, but wherein such cells are located
20 in close proximity to each other.

The term "co-dependent", as used herein, is intended to refer to a functional effect that is dependent on the simultaneous binding of two or more different Fc region containing antibodies with self-oligomerization inhibiting substitutions to the same target, cell, or virion. In the context of the present invention, functional effects
25 that can be co-dependent include clustering-dependent functions, Fc-mediated effector functions, and the binding of effector molecules such as FcγR or C1, but not necessarily the individual binding of Fc region containing antibodies to their target antigens. As used herein, different Fc region containing antibodies with self-oligomerization inhibiting substitutions may each individually bind different targets,
30 cells, or virions, but the co-dependent functional outcome is dependent on simultaneous binding of two or more different components to the same target, cell or virion. As used herein, co-dependent functional effects are recovered specifically by the two or more different Fc region containing antibodies with self-oligomerization inhibiting substitutions by virtue of the restoration of non-covalent Fc-Fc interactions

between different components in the co-dependent Fc-containing polypeptide mixture.

The term "C1q binding" as used herein, is intended to refer to the direct interaction between C1q and antibody. Direct C1q binding can be evaluated for example by using immobilized antibody on artificial surface. The multivalent interaction resulting in high avidity binding of C1q to an antibody oligomer can be evaluated when bound to a predetermined antigen on a cellular or virion surface.

C1q binding to a polypeptide or an antibody may be determined in an ELISA assay using the following steps i) coat a 96-well Microton ELISA plate with 1 µg/mL of polypeptide or antibody in 100 µl PBS at 4°C overnight, ii) incubate the plate with 100 µL/well of a serial dilution series of C1q, final C1q concentration range 30-0.01 µg/mL in 3-fold dilutions for 1h at 37°C, iii) incubate the plate with 100 µl/well of rabbit anti-human C1q for 1h at RT, iv) incubate the plate with 100 µl/well swine anti-rabbit IgG-HRP for 1h at RT, v) incubate the plate with 100 µL/well of substrate with 1 mg/mL 2,2'-azino-bis (3-ethylbenzothiazoline-6-sulfonic acid) for 15 min at RT, vi) stop the reaction by adding 100 µL 2% oxalic acid/well. The absorbance is measured at 405 nm in a BioTek EL808 Microplate reader.

The term "C1q binding substitution" as used herein, is intended to refer to a substitution in a polypeptide comprising an Fc region of an immunoglobulin and an antigen binding region, that enhances the direct interaction with C1q. Enhanced C1q binding can for example result in a decreased EC50 of the interaction between C1q and the antibody, measured according to the method to determine C1q binding described above.

As used herein, the term "complement activation" refers to the activation of the classical complement pathway, which is initiated by a large macromolecular complex, called C1, binding to antibody-antigen complexes on a surface. C1 is a complex that consists of 6 recognition proteins, C1q, and a hetero-tetramer of serine proteases, C1r2C1s2. C1 is the first protein complex in the early events of the classical complement cascade that involves a series of cleavage reactions that starts with the cleavage of C4 into C4a and C4b and C2 into C2a and C2b. C4b is deposited and forms together with C2a an enzymatic active convertase called C3 convertase, which cleaves complement component C3 into C3b and C3a, which forms a C5 convertase. This C5 convertase splits C5 in C5a and C5b and the last component is deposited on the membrane and that in turn triggers the late events of complement activation in which terminal complement components C5b, C6, C7, C8, and C9

assemble into the membrane attack complex (MAC). The complement cascade results in the creation of pores in the cell membrane, which causes lysis of the cell, also known as complement-dependent cytotoxicity (CDC). Complement activation can e.g. be evaluated using C1q efficacy, CDC kinetics, or CDC assays (as described
5 in WO2013/004842, WO2014/108198) or by the method Cellular deposition of C3b and C4b described in Beurskens et al. in Journal of Immunology, 2012 vol. 188 no. 7, April 1, 3532-3541.

The term "complement-dependent cytotoxicity" ("CDC"), as used herein, is intended to refer to the process of antibody-mediated complement activation leading
10 to lysis of the cell or virion as a result of pores in the membrane that are created by MAC assembly when the antibody is bound to its target on a cell or virion.

The term "antibody-dependent cell-mediated cytotoxicity" ("ADCC") as used herein, is intended to refer to a mechanism of killing of antibody-coated target cells or virions by cells expressing Fc receptors that recognize the constant region of the
15 bound antibody. The term "antibody-dependent cellular phagocytosis" ("ADCP") as used herein is intended to refer to a mechanism of elimination of antibody-coated target cells or virions by internalization by phagocytes. The internalized antibody-coated target cells or virions are contained in a vesicle called a phagosome, which then fuses with one or more lysosomes to form a phagolysosome. ADCP may be
20 evaluated by using an in vitro cytotoxicity assay with macrophages as effector cells and video microscopy as described by van Bij et al. in Journal of Hepatology Volume 53, Issue 4, October 2010, Pages 677-685.

The term "complement-dependent cellular cytotoxicity" ("CDCC") as used herein is intended to refer to a mechanism of killing of target cells or virions by cells
25 expressing complement receptors that recognize complement 3 (C3) cleavage products that are covalently bound to the target cells or virions as a result of antibody-mediated complement activation. CDCC may be evaluated in a similar manner as described for ADCC.

The term "plasma half-life" as used herein indicates the time it takes to
30 reduce the concentration of polypeptide in the blood plasma to one half of its initial concentration during elimination (after the distribution phase). For antibodies the distribution phase will typically be 1 – 3 days, during which there is about 50% decrease in blood plasma concentration due to redistribution between plasma and tissues. The plasma half-life can be measured by methods well-known in the art.

The term "plasma clearance rate" as used herein is a quantitative measure of the rate at which a polypeptide is removed from the blood upon administration to a living organism. The plasma clearance rate may be calculated as the dose/AUC (mL/day/kg), wherein the AUC (area under the curve) value is determined from a concentration-time curve.

The term "antibody-drug conjugate", as used herein refers to an antibody or Fc-containing polypeptide having specificity for at least one type of malignant cell, a drug, and a linker coupling the drug to e.g. the antibody. The linker is cleavable or non-cleavable in the presence of the malignant cell; wherein the antibody-drug conjugate kills the malignant cell.

The term "antibody-drug conjugate uptake", as used herein refers to the process in which antibody-drug conjugates are bound to a target on a cell, followed by uptake/engulfment by the cell membrane, thereby drawing the antibody-drug conjugates into the cell. Antibody-drug conjugate uptake may be evaluated as "antibody-mediated internalization and cell killing by anti-TF ADC in an in vitro killing assay" as described in WO 2011/157741.

The term "apoptosis", as used herein refers to the process of programmed cell death (PCD) that may occur in a cell. Biochemical events lead to characteristic cell changes (morphology) and death. These changes include blebbing, cell shrinkage, nuclear fragmentation, chromatin condensation, and chromosomal DNA fragmentation. Binding of an antibody to a certain receptor may induce apoptosis.

The term "programmed cell-death" or "PCD", as used herein refers to the death of a cell in any form mediated by an intracellular program. Different forms of PCD exist, the various types of PCD have in common that they are executed by active cellular processes that can be intercepted by interfering with intracellular signaling. In a particular embodiment, the occurrence of any form of PCD in a cell or tissue may be determined by staining the cell or tissue with conjugated Annexin V, correlating to phosphatidylserine exposure.

The term "Annexin V", as used herein, refers to a protein of the annexin group that binds phosphatidylserine (PS) on the cell surface.

The term "FcRn", as used herein is intended to refer to neonatal Fc receptor which is an Fc receptor. It was first discovered in rodents as a unique receptor capable of transporting IgG from mother's milk across the epithelium of newborn rodent's gut into the newborn's bloodstream. Further studies revealed a similar receptor in humans. In humans, however, it is found in the placenta to help facilitate

transport of mother's IgG to the growing fetus and it has also been shown to play a role in monitoring IgG turnover. FcRn binds IgG at acidic pH of 6.0–6.5 but not at neutral or higher pH. Therefore, FcRn can bind IgG from the intestinal lumen (the inside of the gut) at a slightly acidic pH and ensure efficient unidirectional transport to the basolateral side (inside the body) where the pH is neutral to basic (pH 7.0–7.5). This receptor also plays a role in adult salvage of IgG through its occurrence in the pathway of endocytosis in endothelial cells. FcRn receptors in the acidic endosomes bind to IgG internalized through pinocytosis, recycling it to the cell surface, releasing it at the basic pH of blood, thereby preventing it from undergoing lysosomal degradation. This mechanism may provide an explanation for the greater half-life of IgG in the blood compared to other isotypes.

The term "Protein A", as used herein is intended to refer to a 56 kDa MSCRAMM surface protein originally found in the cell wall of the bacterium *Staphylococcus aureus*. It is encoded by the spa gene and its regulation is controlled by DNA topology, cellular osmolarity, and a two-component system called ArlS-ArlR. It has found use in biochemical research because of its ability to bind immunoglobulins. It is composed of five homologous Ig-binding domains that fold into a three-helix bundle. Each domain is able to bind proteins from many mammalian species, most notably IgGs. It binds the heavy chain Fc region of most immunoglobulins (overlapping the conserved binding site of FcRn receptors) and also interacts with the Fab region of the human VH3 family. Through these interactions in serum, IgG molecules bind the bacteria via their Fc region instead of solely via their Fab regions, by which the bacteria disrupts opsonization, complement activation and phagocytosis.

The term "Protein G", as used herein is intended to refer to an immunoglobulin-binding protein expressed in group C and G streptococcal bacteria much like Protein A but with differing specificities. It is a 65 kDa (G148 protein G) or a 58 kDa (C40 protein G) cell surface protein that has found application in purifying antibodies through its binding to the Fc region.

"Treatment" refers to the administration of an effective amount of a therapeutically active compound of the present invention with the purpose of easing, ameliorating, arresting or eradicating (curing) symptoms or disease states.

An "effective amount" or "therapeutically effective amount" refers to an amount effective, at dosages and for periods of time necessary, to achieve a desired therapeutic result. A therapeutically effective amount of an antibody may vary

according to factors such as the disease state, age, sex, and weight of the individual, and the ability of the antibody to elicit a desired response in the individual. A therapeutically effective amount is also one in which any toxic or detrimental effects of the antibody or antibody portion are outweighed by the therapeutically beneficial effects.

The term "glycosylation", as used herein, refers to the post-translational modification that involves selective attachment of glycans to a polypeptide, e.g. an antibody, in order to stabilize the structure of the polypeptide or convey function to the polypeptide. The term "deglycosylation" as used herein refers to the removal, e.g. enzymatic removal, of glycans from a polypeptide, e.g. from an antibody. The term "aglycosylated" as used herein refers to the characteristic of a polypeptide, e.g. an antibody, having no attached glycans, effectuated by genetic engineering, by recombinant technologies or by deglycosylation, such as enzymatic deglycosylation.

Specific embodiments of the invention

As described above, in a first aspect, the invention relates to a first antibody comprising a first Fc region of a human IgG and a first antigen-binding region capable of binding to a first antigen, for use as a medicament in combination with a second antibody comprising a second Fc region of a human IgG and a second antigen-binding region capable of binding to a second antigen, wherein said first Fc region comprises

- a. a substitution at position E430 or a substitution at position E345 or a combination of the substitutions K248E and T437R, and
- b. a K439E or S440K substitution,

and said second Fc region comprises

- c. a substitution at position E430 or a substitution at position E345 or a combination of the substitutions K248E and T437R, and
- d. a K439E or S440K substitution,

wherein the first Fc region has a K439E substitution and the second Fc region has a S440K substitution or the first Fc region has a S440K substitution and the second Fc region has a K439E substitution, and

wherein the first antibody and/or the second antibody does not comprise N-linked glycosylation at position N297,

wherein the amino acid positions correspond to human IgG1 according to the Eu numbering system (Edelman et al., Proc Natl Acad Sci U S A. 1969 May;63(1):78-

85; Kabat et al., Sequences of Proteins of Immunological Interest, Fifth Edition. 1991 NIH Publication No. 91-3242).

A substitution at a position corresponding to E430, E345 or a combination of the substitutions K248E and T437R is considered an Fc-Fc enhancing substitution according to the present invention, i.e. such a substitution/substitutions introduce(s) the effect of enhanced Fc-Fc interactions and oligomerization in the polypeptide or antibody. The enhanced oligomerization occurs when the antigen binding region of the antibody is bound to the corresponding target antigen. The enhanced oligomerization generates oligomers such as e.g. hexamers. The generation of oligomeric structures, such as hexamers, has the effect of increasing Fc effector functions, e.g. CDC, by increasing the C1q binding avidity of the polypeptide.

In one embodiment, the first antibody comprises at most one substitution at a position corresponding to E430 or E345. In one embodiment, the second antibody comprises at most one substitution at a position corresponding to E430 or E345. Thus, in one embodiment the Fc region comprises at most one substitution at a position corresponding to E430 or E345.

In one embodiment of the invention, the first Fc region and the second Fc region comprise a substitution selected from the group consisting of: E430G, E345K, E430S, E430F, E430T, E430Y, E345Q, E345R and E345Y or the combination of the substitutions K248E and T437R.

In one embodiment of the invention, the first Fc region and the second Fc region comprise a substitution selected from the group consisting of: E345K, E430G, E345R, E430Y, E345Q, E345Y, E430S, E430T, and E430F and or the combination of the substitutions K248E and T437R.

In one embodiment, the first Fc region and the second Fc region comprise a substitution selected from the group consisting of: E430G and E345K.

In one embodiment, the first Fc region and the second Fc region comprise a substitution selected from the group consisting of: E345R and E430Y.

In one embodiment, the first Fc region and the second Fc region comprise the combination of the substitutions K248E and T437R.

In one embodiment, the first Fc region may have an E430G substitution and the second Fc region may have an E345K substitution. In another embodiment, the first Fc region may have an E345K substitution and the second antibody may have an E430G substitution. The substitution in the first Fc region and the second Fc

region may be selected independently from the group of Fc-Fc enhancing substitutions.

In one embodiment of the invention, the first Fc region and second Fc region comprise a substitution selected from the group consisting of: E345K, E430G, E345R, E430Y. In one embodiment of the invention, the first Fc region and second Fc region comprise a substitution selected from the group consisting of: E430G, E345K and E345R. In one embodiment of the invention, the first Fc region and second Fc region comprise an E430G substitution. In one embodiment of the invention, the first Fc region and second Fc region comprise an E345K substitution. In one embodiment of the invention, the first Fc region and second Fc region comprise an E345R substitution. In one embodiment of the invention, the first Fc region and second Fc region comprise an E430Y substitution.

The first Fc region and the second Fc region further comprise a K439E or a S440K substitution which are considered complementary oligomerization-inhibiting substitutions according to the present invention. Thus, e.g. a first antibody having a K439E substitution has a low propensity form oligomers with another antibody having a K439E substitution, but an antibody having a K439E substitution has a high propensity to form oligomers with another antibody having an S440K substitution. An antibody having an S440K substitution has a low propensity to form oligomers with another antibody having an S440K substitution. Thus, in one embodiment of the invention the first Fc region comprises a K439E substitution and the second Fc region comprises a S440K substitution. In one embodiment of the invention, the first Fc region comprises a S440K substitution and the second Fc region comprises a K439E substitution.

In a further embodiment,

- the first Fc region comprises a K439E substitution and a Y436N substitution and the second Fc region comprises a S440K substitution and a Q438R substitution, or
- the first Fc region comprises a K439E substitution and a Q438R substitution and the second Fc region comprises a S440K substitution and a Y436N substitution, or
- the first Fc region comprises a S440K substitution and a Y436N substitution and the second Fc region comprises a K439E substitution and a Q438R substitution, or

- the first Fc region comprises a S440K substitution and a Q438R substitution and the second Fc region comprises a K439E substitution and a Y436N substitution. Y436N and Q438R are also considered complementary oligomerization-inhibiting substitutions according to the present invention.

5 In one embodiment, neither the first antibody nor the second antibody comprises a substitution of the amino acid at position G237 or one or more substitutions selected from the group consisting of: G236R, G236K, K322A, E269K, L234A, L234F, L235A, L235Q and L235E.

10 In one embodiment, neither the first antibody nor the second antibody comprises a substitution of the amino acid at position P329 or a K322E substitution.

 In one embodiment, neither the first antibody nor the second antibody comprises one or more substitutions selected from the group consisting of: K326A, K326W, E333A and E333S.

15 In one embodiment, neither the first antibody nor the second antibody comprises a substitution of the amino acid at position G237 or P329 or one or more substitutions selected from the group consisting of: G236R, G236K, K322A, K332E, E269K, L234A, L234F, L235A, L235Q, and L235E.

 Furthermore, the first antibody and/or the second antibody does not comprise N-linked glycosylation at position N297.

20 IgG antibodies are normally glycosylated at position N297 if the antibody is produced in an eukaryotic cell capable of glycosylating polypeptides. At least one of the antibodies used in the invention is not glycosylated at position N297. This can e.g. be achieved by mutating the N-glycosylation consensus sequence (N-X/S/T) around N297, by producing the antibody in a system wherein N-linked glycosylation
25 at N297 does not take place, such as a prokaryotic, e.g. bacterial, expression system or by removing glycosylation, e.g. enzymatically. The effect of the lack of glycosylation at position N297 is that the antibody has a strongly reduced ability to execute effector functions as a single agent. The present inventors have surprisingly found that the lack of glycosylation does not strongly affect the ability of the
30 antibody to form a highly active hetero-oligomer with the other antibody of the pair.

 In one embodiment, the first antibody and/or second antibody comprises an amino acid substitution, deletion or insertion that prevents N-linked glycosylation at position N297.

In one embodiment, the first Fc region and/or second Fc region comprises an amino acid substitution at position N297 or at position T299, wherein the substitution at position T299 is not T299S.

In one embodiment, the first Fc region and/or second Fc region comprises a substitution selected from the group consisting of: N297A, N297G, N297Y, N297Q, N297D, N297S, N297T, T299A and T299G.

In one embodiment, the first Fc region and/or second Fc region comprises an N297A substitution or an N297G substitution. In one embodiment, the first Fc region and second Fc region comprises an N297A substitution. In one embodiment, the first Fc region and second Fc region comprises an N297G substitution. In one embodiment, the first Fc region and second Fc region comprises an N297Y substitution. In one embodiment, the first Fc region and second Fc region comprises an N297Q substitution. In one embodiment, the first Fc region and second Fc region comprises an N297D substitution. In one embodiment, the first Fc region and second Fc region comprises an N297S substitution. In one embodiment, the first Fc region and second Fc region comprises an N297T substitution. In one embodiment, the first Fc region and second Fc region comprises a T299A substitution. In one embodiment, the first Fc region and second Fc region comprises a T299G substitution.

In one embodiment, the first antibody and/or second antibody does not comprise N-linked glycosylation at any position in the antibody.

The following Tables provide non-limiting lists of embodiments, describing combinations of a first polypeptide and a second polypeptide with specific substitutions. Thus, for example, embodiment 1 of the first Table below is a combination of a first antibody comprising substitutions at positions corresponding to E430G and K439E and lacking glycosylation at position N297 (Aglyc), with a second antibody comprising E430G and S440K substitutions. As described herein, the first antibody and second antibody of all of the embodiments listed can optionally comprise further substitutions.

Embodiment	First antibody	Second antibody
1	K439E E430G Aglyc	S440K E430G
2	K439E E430G	S440K E430G Aglyc
3	K439E E430G Aglyc	S440K E430G Aglyc
4	K439E E345K Aglyc	S440K E345K

5	K439E E345K	S440K E345K Aglyc
6	K439E E345K Aglyc	S440K E345K Aglyc
7	K439E E345R Aglyc	S440K E345R
8	K439E E345R	S440K E345R Aglyc
9	K439E E345R Aglyc	S440K E345R Aglyc
10	K439E K248E T437R Aglyc	S440K K248E T437R
11	K439E K248E T437R	S440K K248E T437R Aglyc
12	K439E K248E T437R Aglyc	S440K K248E T437R Aglyc
13	K439E E430G Aglyc	S440K E345K
14	K439E E430G	S440K E345K Aglyc
15	K439E E430G Aglyc	S440K E345K Aglyc
16	K439E E430G Aglyc	S440K E345R
17	K439E E430G	S440K E345R Aglyc
18	K439E E430G Aglyc	S440K E345R Aglyc
19	K439E E345K Aglyc	S440K E430G
20	K439E E345K	S440K E430G Aglyc
21	K439E E345K Aglyc	S440K E430G Aglyc
22	S440K E345R Aglyc	S440K E430G
23	S440K E345R	S440K E430G Aglyc
24	S440K E345R Aglyc	S440K E430G Aglyc
25	K439E E345K Aglyc	S440K E345R
26	K439E E345K	S440K E345R Aglyc
27	K439E E345K Aglyc	S440K E345R Aglyc
28	K439E K248E T437R Aglyc	S440K E345K
29	K439E K248E T437R	S440K E345K Aglyc
30	K439E K248E T437R Aglyc	S440K E345K Aglyc

Embodiment	First antibody	Second antibody
31	K439E E430G N297A	S440K E430G
32	K439E E430G	S440K E430G N297A
33	K439E E430G N297A	S440K E430G N297A
34	K439E E345K N297A	S440K E345K
35	K439E E345K	S440K E345K N297A
36	K439E E345K N297A	S440K E345K N297A
37	K439E E345R N297A	S440K E345R
38	K439E E345R	S440K E345R N297A
39	K439E E345R N297A	S440K E345R N297A
40	K439E K248E T437R N297A	S440K K248E T437R
41	K439E K248E T437R	S440K K248E T437R N297A
42	K439E K248E T437R N297A	S440K K248E T437R N297A
43	K439E E430G N297A	S440K E345K
44	K439E E430G	S440K E345K N297A
45	K439E E430G N297A	S440K E345K N297A
46	K439E E430G N297A	S440K E345R
47	K439E E430G	S440K E345R N297A
48	K439E E430G N297A	S440K E345R N297A
49	K439E E345K N297A	S440K E430G
50	K439E E345K	S440K E430G N297A
51	K439E E345K N297A	S440K E430G N297A
52	S440K E345R N297A	S440K E430G
53	S440K E345R	S440K E430G N297A
54	S440K E345R N297A	S440K E430G N297A

55	K439E E345K N297A	S440K E345R
56	K439E E345K	S440K E345R N297A
57	K439E E345K N297A	S440K E345R N297A
58	K439E K248E T437R N297A	S440K E345K
59	K439E K248E T437R	S440K E345K N297A
60	K439E K248E T437R N297A	S440K E345K N297A

Embodiment	First antibody	Second antibody
61	K439E E430G N297G	S440K E430G
62	K439E E430G	S440K E430G N297G
63	K439E E430G N297G	S440K E430G N297G
64	K439E E345K N297G	S440K E345K
65	K439E E345K	S440K E345K N297G
66	K439E E345K N297G	S440K E345K N297G
67	K439E E345R N297G	S440K E345R
68	K439E E345R	S440K E345R N297G
69	K439E E345R N297G	S440K E345R N297G
70	K439E K248E T437R N297G	S440K K248E T437R
71	K439E K248E T437R	S440K K248E T437R N297G
72	K439E K248E T437R N297G	S440K K248E T437R N297G
73	K439E E430G N297G	S440K E345K
74	K439E E430G	S440K E345K N297G
75	K439E E430G N297G	S440K E345K N297G
76	K439E E430G N297G	S440K E345R
77	K439E E430G	S440K E345R N297G
78	K439E E430G N297G	S440K E345R N297G

79	K439E E345K N297G	S440K E430G
80	K439E E345K	S440K E430G N297G
81	K439E E345K N297G	S440K E430G N297G
82	S440K E345R N297G	S440K E430G
83	S440K E345R	S440K E430G N297G
84	S440K E345R N297G	S440K E430G N297G
85	K439E E345K N297G	S440K E345R
86	K439E E345K	S440K E345R N297G
87	K439E E345K N297G	S440K E345R N297G
88	K439E K248E T437R N297G	S440K E345K
89	K439E K248E T437R	S440K E345K N297G
90	K439E K248E T437R N297G	S440K E345K N297G

Embodiment	First antibody	Second antibody
91	K439E E430G T299A	S440K E430G
92	K439E E430G	S440K E430G T299A
93	K439E E430G T299A	S440K E430G T299A
94	K439E E345K T299A	S440K E345K
95	K439E E345K	S440K E345K T299A
96	K439E E345K T299A	S440K E345K T299A
97	K439E E345R T299A	S440K E345R
98	K439E E345R	S440K E345R T299A
99	K439E E345R T299A	S440K E345R T299A
100	K439E K248E T437R T299A	S440K K248E T437R
101	K439E K248E T437R	S440K K248E T437R T299A
102	K439E K248E T437R T299A	S440K K248E T437R T299A

103	K439E E430G T299A	S440K E345K
104	K439E E430G	S440K E345K T299A
105	K439E E430G T299A	S440K E345K T299A
106	K439E E430G T299A	S440K E345R
107	K439E E430G	S440K E345R T299A
108	K439E E430G T299A	S440K E345R T299A
109	K439E E345K T299A	S440K E430G
110	K439E E345K	S440K E430G T299A
111	K439E E345K T299A	S440K E430G T299A
112	S440K E345R T299A	S440K E430G
113	S440K E345R	S440K E430G T299A
114	S440K E345R T299A	S440K E430G T299A
115	K439E E345K T299A	S440K E345R
116	K439E E345K	S440K E345R T299A
117	K439E E345K T299A	S440K E345R T299A
118	K439E K248E T437R T299A	S440K E345K
119	K439E K248E T437R	S440K E345K T299A
120	K439E K248E T437R T299A	S440K E345K T299A

Embodiment	First antibody	Second antibody
121	K439E E430G K326A S333S N297A	S440K E430G K326A S333S N297A
122	K439E E430Y K326A S333S N297A	S440K E430Y K326A S333S N297A
123	K439E E345K K326A S333S N297A	S440K E345K K326A S333S N297A
124	K439E E345R K326A S333S N297A	S440K E345R K326A S333S N297A

125	K439E E430Y N297A	S440K E430Y
126	K439E E430Y	S440K E430Y N297A
127	K439E E430Y N297A	S440K E430Y N297A

In one embodiment of the invention, the first and/or second antibody is human, humanized or chimeric. In one embodiment of the invention, the first and second antibody is human, humanized or chimeric. In one embodiment of the invention, the first and second antibody is human. In one embodiment of the invention, the first and second antibody is humanized. In one embodiment of the invention, the first antibody is human and the second antibody is humanized. In one embodiment of the invention the first antibody is humanized and the second antibody is human.

In one embodiment of the invention, the first and/or second antibody is a monoclonal antibody. In one embodiment of the invention, the first and second antibody is a monoclonal antibody. In one embodiment of the invention, the first and second antibody is a bispecific antibody. In one embodiment, the first antibody is a monoclonal antibody and the second antibody is a bispecific antibody. In one embodiment, the first antibody is a bispecific antibody and the second antibody is a monoclonal antibody.

It is to be understood that the embodiments described herein with reference to an antibody refers to an antibody comprising an Fc region of an immunoglobulin and an antigen-binding region. An antibody may also be a multispecific antibody such as a bispecific antibody having a first Fc region of an immunoglobulin and a first antigen-binding region, and a second polypeptide or antibody having a second Fc region of an immunoglobulin and a second antigen-binding region.

In one embodiment of the invention, the first and/or second antibody is an IgG1, IgG2, IgG3 or IgG4 subclass. In one embodiment of the invention, the first and second antibody is an IgG1, IgG2, IgG3 or IgG4 subclass. In one embodiment of the invention, the first and second antibody is a human IgG1, IgG2, IgG3 or IgG4 subclass. In one embodiment of the invention, the first and second antibody is an IgG1, IgG2 or IgG4 subclass. In one embodiment of the invention, the first and second antibody is a human IgG1, IgG2 or IgG4 subclass. In one embodiment of the invention, the first and/or second antibody is an IgG1 subclass. In one embodiment of the invention, the first and/or second antibody is a human IgG1 subclass. In one embodiment of the invention, the first and second antibody is an IgG1 subclass. In

one embodiment, the first and second antibody is an IgG2 subclass. In one embodiment of the invention, the first and second antibody is an IgG4 subclass. In one embodiment of the invention, the first antibody is an IgG1 subclass and the second antibody is an IgG2 subclass. In one embodiment of the invention, the first antibody is an IgG2 subclass and the second antibody is an IgG1 subclass.

In one embodiment of the invention, the first antibody comprises a heavy chain of an IgG1 subclass. In one embodiment of the invention, the second antibody comprises a heavy chain of an IgG1 subclass. In one embodiment of the invention, the first antibody comprises a heavy chain of an IgG2 subclass. In one embodiment of the invention, the second antibody comprises a heavy chain of an IgG2 subclass. In one embodiment of the invention, the first antibody comprises a heavy chain of an IgG3 subclass. In one embodiment of the invention, the second antibody comprises a heavy chain of an IgG3 subclass. In one embodiment of the invention, the first antibody comprises a heavy chain of an IgG4 subclass. In one embodiment of the invention, the second antibody comprises a heavy chain of an IgG4 subclass.

In one embodiment of the invention, the first antibody comprises a heavy chain of an IgG1 subclass and the second antibody comprises a heavy chain of an IgG1 subclass.

In a preferred embodiment, said first antibody comprises a first Fc region of a human IgG1 subclass and/or said second antibody comprises a second Fc region of a human IgG1 subclass.

In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a first and/or second constant region comprising a sequence selected from Table 1.

In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a first and/or second constant region comprising a sequence selected from the group consisting of SEQ ID NO: 42 to 53, 57, 58, 61 or 62.

In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a first and/or second constant region comprising a sequence selected from the group consisting of SEQ ID NO: 42 to 49, 61 to 62, 64 to 68, 79 to 86, 127 to 128, 132 to 133.

In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in SEQ ID NO: 42. In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a constant

region or a first and/or second constant region comprising the sequence set forth in SEQ ID NO: 43. In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in SEQ ID NO: 44. In one
5 embodiment of the invention, the antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in SEQ ID NO: 45. In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in SEQ ID NO: 46.
10 In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in SEQ ID NO: 47. In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in
15 SEQ ID NO: 48. In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in SEQ ID NO: 49. In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in SEQ ID NO: 61. In one embodiment of the invention, the
20 antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in SEQ ID NO: 62. In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in SEQ ID NO: 64. In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in
25 SEQ ID NO: 65. In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in SEQ ID NO: 66. In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in SEQ ID NO: 67. In one embodiment of the invention, the
30 antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in SEQ ID NO: 68.
35 and/or second constant region comprising the sequence set forth in SEQ ID NO: 68.

In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in SEQ ID NO: 79. In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in SEQ ID NO: 80. In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in SEQ ID NO: 81. In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in SEQ ID NO: 82. In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in SEQ ID NO: 83. In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in SEQ ID NO: 84. In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in SEQ ID NO: 85. In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in SEQ ID NO: 86. In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in SEQ ID NO: 127. In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in SEQ ID NO: 128. In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in SEQ ID NO: 132. In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a constant region or a first and/or second constant region comprising the sequence set forth in SEQ ID NO: 133.

In one embodiment of the invention, the first and/or second antibody comprises a first and/or second heavy chain constant region comprising a sequence selected from the group consisting of SEQ ID NO: 42 to 53, 57, 58, 61 or 62,

wherein the first and second heavy chain sequence are selected independently from the group.

In one embodiment of the invention, the antibody, or the first and/or second antibody comprises a first and/or second constant region comprising a sequence
5 selected from the group consisting of SEQ ID NO: 24 to 53, 57, 58, 61 or 62, wherein at most 5 additional substitutions are introduced, such as at most 4 additional substitutions, such as at most 3 additional substitutions, such as at most 2 additional substitutions, such as at most 1 additional substitution.

In one embodiment of the invention, the antibody, or the first and/or second
10 antibody comprises a constant region or a first and/or second constant region comprising a sequence selected from the group consisting of SEQ ID NO: 42 to 49, 61 to 62, 64 to 68, 79 to 86, 127 to 128, 132 to 133, wherein the C-terminal lysin has been removed. The C-terminal lysin may be removed from the expression sequence e.g. from the nucleic acid vectors or the C-terminal lysine may be removed
15 by post-translational modification such as by carboxypeptidase processing.

In one embodiment of the invention, the first and second antigens are both cell surface-exposed molecules. In one embodiment of the invention, the first and second antigens are both cell surface-expressed molecules. In one embodiment, the first and second antigens are co-expressed in cells or tissues that are target cells or
20 target tissue for the disease or disorder to be treated.

In one embodiment of the invention, the first and second antigens are not identical.

In one embodiment, the first antibody and second antibody in combination deplete a population of cells co-expressing the first and second antigen. In one
25 embodiment, the first antibody and second antibody in combination deplete a cell population co-expressing the first and second antigen. In one embodiment, the first antibody and second antibody in combination induces cell death in a cell population co-expressing the first and second antigen.

In one embodiment hereof, cell population is a tumor cell population. In a
30 further embodiment, the cell population is a hematological tumor cell population or a solid tumor cell population.

In one embodiment, the cell population is a leukocyte cell population.

In one embodiment, the cell population is a lymphocyte, such as a lymphocyte cell population.

In one embodiment, the cell population is a B cell population, T cell population, an NK cell population, a regulatory T cell population, myeloid derived suppressor cell population.

5 In one embodiment, the cell population is a B cell population, such as a subset of a B cell population.

In one embodiment, the cell population is a T cell, such as a T cell population, such as a subset of a T cell population. In one embodiment of the invention the cell population is a regulatory T cell.

10 In one embodiment, the cell population is an NK cell population. In one embodiment, the cell population is a myeloid derived suppressor cell population. In one embodiment, the cell population is a tumor associated macrophage population.

Hereby embodiments are described wherein the first antibody and second antibody according to the invention are used as a medicament to deplete a specific cell population expressing a first and second antigen recognized by the first and second antibody. Thus, a first and second antibody according to the present invention may be used to deplete tumor cells that express a first and second antigen recognized by the first and second antibody, while the first and second antibody may not deplete the healthy tissue expressing only the first or the second antigen. A first and second antibody according to the present invention may also be particularly useful in depleting specific cell populations of the immune system, such as specific subsets of lymphocytes e.g. B cells or T cells or even subsets of B cells or subsets of T cells. For applications where cell depletion are desired the following mutations may be particularly preferred E345K, E430G.

25 In another embodiment of the invention, the first antibody and second antibody in combination induces proliferation in a cell population expressing a first antigen and a second antigen. Hereby embodiments are described wherein the first antibody and second antibody according to the invention are used as a medicament to activate a specific cell population i.e. by inducing proliferation of the specific cell population expressing a first and second antigen recognized by the first and second antibody. For applications where agonistic effect are desired the following mutations may be particularly preferred E345R, E430Y, E430F.

30 In a further main aspect, the invention relates to an antibody comprising an Fc region of a human IgG and an antigen-binding region capable of binding to an antigen, wherein said Fc region comprises

- a. a substitution at position E430 or a substitution at position E345 or a combination of the substitutions K248E and T437R, and
- b. a K439E or S440K substitution,

wherein the antibody does not comprise N-linked glycosylation at position N297.

5 In one embodiment, the antibody comprises an amino acid substitution, deletion or insertion that prevents N-linked glycosylation at position N297.

In one embodiment, the Fc region comprises an amino acid substitution at position N297 or at position T299, wherein the substitution at position T299 is not T299S.

10 In one embodiment, the Fc region comprises a substitution selected from the group consisting of: N297A, N297G, N297Y, N297Q, N297D, N297S, N297T, T299A and T299G.

In one embodiment, the antibody does not comprise N-linked glycosylation at any position in the antibody.

15 In one embodiment, the Fc region comprises:

- a K439E substitution and a Y436N substitution, or
- a K439E substitution and a Q438R substitution, or
- a S440K substitution and a Y436N substitution, or
- 20 • a S440K substitution and a Q438R substitution.

In one embodiment, the Fc region comprises a substitution selected from the group consisting of: E430G, E345K, E430S, E430F, E430T, E430Y, E345Q, E345R and E345Y or the combination of the substitutions K248E and T437R.

25 In one embodiment, the Fc region comprises a substitution selected from the group consisting of: E345K, E430G, E345R, E430Y, E345Q, E345Y, E430S, E430T, and E430F and or the combination of the substitutions K248E and T437R.

In one embodiment, the Fc region comprises a substitution selected from the group consisting of: E345K, E430G, E345R, E430Y.

30 In one embodiment, the Fc region comprises a substitution selected from the group consisting of: E430G and E345K. In one embodiment, the Fc region comprises a substitution selected from the group consisting of: E345R and E430Y. In one embodiment, the Fc region comprises a E345K substitution. In one embodiment, the Fc region comprises a E430G substitution. In one embodiment, the Fc region
35 comprises a E345R substitution. In one embodiment, the Fc region comprises a

E430Y substitution. In one embodiment, the Fc region comprises a E345Q substitution. In one embodiment, the Fc region comprises a E345Y substitution. In one embodiment, the Fc region comprises a E430S substitution. In one embodiment, the Fc region comprises a E430T substitution. In one embodiment, the Fc region comprises a E430F substitution. In one embodiment, the Fc region comprises the combination of the substitutions K248E and T437R.

In one embodiment, the Fc region comprises one or more substitution(s) selected from the group consisting of: E333S, K326A, E333A, K326W. In one embodiment, the Fc region comprises E333S and K326A substitution.

In one embodiment, the antibody is a human IgG1, IgG2, IgG3 or IgG4 subclass.

In one embodiment, the antibody is a human IgG1, IgG2 or IgG4 subclass. In one embodiment, the antibody is a human IgG1 subclass. In one embodiment, the antibody is a human IgG2 subclass. In one embodiment, the antibody is a human IgG4 subclass.

Targets and method of use

The first antibody and second antibody according to the present invention may bind targets that are expressed on the same cell. In one embodiment the target is a target that activates, inhibits, modulates and/or regulates a signal transduction pathway.

Examples of targets that may be particularly suitable as targets according to the present invention are cell surface receptors and ligands. The following protein classes may also be particularly suitable as antigen binding targets for the first and/or second antibody according to the invention: tumor necrosis receptor super family, GPI-anchored proteins, Lipidated proteins, Hydrolases (EC 3.) and regulators superfamilies, B7 family-related protein, immunoglobulin superfamily, interleukin receptor family, Integrins, Ig-like cell adhesion molecule family, Receptor type Protein Tyrosine Phosphatases, C-type lectins, Tetraspanins, Membrane spanning 4-domains, Activating leukocyte immunoglobulin like receptors, C-C motif chemokine receptors, G protein-coupled receptors, Toll like receptors, Receptor Tyrosine Kinases. In one embodiment of the invention the first and second antigen binding regions are capable of binding to a target antigen from the same protein class. In one embodiment of the invention the first and second antigen binding regions are capable of binding to a target antigen from different protein classes.

In one embodiment of the invention, the first antigen binding region is capable of binding to a target antigen from the protein class of GPI-anchored proteins and the second antigen binding region is capable of binding to a target antigen from the protein class of Tetraspanins. In one embodiment of the invention
5 the first antigen binding region is capable of binding to a target antigen from the protein class of Tetraspanins and the second antigen binding region is capable of binding to a target antigen from the protein class of GPI-anchored proteins.

In one embodiment of the invention, the first antigen binding region is capable of binding to a target antigen from the protein class of GPI-anchored
10 proteins and the second antigen binding region is capable of binding to a target antigen from the protein class of Membrane spanning 4-domains. In one embodiment of the invention the first antigen binding region is capable of binding to a target antigen from the protein class of Membrane spanning 4-domains and the second antigen binding region is capable of binding to a target antigen from the
15 protein class of GPI-anchored proteins.

In one embodiment of the invention, the first antigen binding region is capable of binding to a target antigen from the protein class of tumor necrosis receptor super family and the second antigen binding region is capable of binding to a target antigen from the protein class of tumor necrosis receptor super family. In
20 one embodiment of the invention the first antigen and/or second antigen is a member of the TNFR-SF. In one embodiment of the invention the first antigen and second antigen is a member of the TNFR-SF.

In one embodiment of the invention, the first antigen binding region is capable of binding to a target antigen from the protein class of tumor necrosis
25 receptor super family and the second antigen binding region is capable of binding to a target antigen from the protein class of immunoglobulin superfamily.

Cell surface receptors include, for example, receptors that belong to receptor families such as the hematopoietic factor receptor family, cytokine receptor family, tyrosine kinase receptor family, serine/threonine kinase receptor family, TNF
30 receptor family, G protein-coupled receptor family, GPI-anchored receptor family, tyrosine phosphatase receptor family, adhesion factor family, and hormone receptor family. Various references that relate to receptors belonging to these receptor families and their characteristics are available and include, for example, Cooke B A., King R J B., van der Molen H J. ed. New Comprehensive Biochemistry Vol. 18B
35 "Hormones and their Actions Part 2" pp. 1-46 (1988) Elsevier Science Publishers BV.,

New York, USA; Patthy L. (1990) Cell, 61: 13-14; Ullrich A., et al. (1990) Cell, 61: 203-212; Massagui J. (1992) Cell, 69: 1067-1070; Miyajima A., et al. (1992) Annu. Rev. Immunol., 10: 295-331; Taga T. and Kishimoto T. (1992) FASEB J., 7: 3387-3396; Fantl W I., et al. (1993) Annu. Rev. Biochem., 62: 453-481; Smith C A., et al.
 5 (1994) Cell, 76: 959-962; Flower D R. (1999) Biochim. Biophys. Acta, 1422: 207-234; and M. Miyasaka ed., Cell Technology, supplementary volume, Handbook series, "Handbook for Adhesion Factors" (1994) (Shujunsha, Tokyo, Japan).

In one embodiment of the invention, the antibody comprises an antigen binding region wherein the antigen binding region binds to a member of the tumor
 10 necrosis factor receptor super family (TNFR-SF) or G-protein Coupled Receptor (GPCR) superfamily.

In one embodiment of the invention, the first and/or second antibody binds to a cell surface receptor, for example, hormone receptors and cytokine receptors. Exemplary cytokine receptors include, for example, hematopoietic factor receptor,
 15 lymphokine receptor, growth factor receptor, differentiation control factor receptor and the like. Examples of cytokine receptors are erythropoietin (EPO) receptor, thrombopoietin (TPO) receptor, granulocyte colony stimulating factor (G-CSF) receptor, macrophage colony stimulating factor (M-CSF) receptor, granular macrophage colony stimulating factor (GM-CSF) receptor, tumor necrosis factor
 20 (TNF) receptor, interleukin-1 (IL-1) receptor, interleukin-2 (IL-2) receptor, interleukin-3 (IL-3) receptor, interleukin-4 (IL- 4) receptor, interleukin-5 (IL-5) receptor, interleukin-6 (IL-6) receptor, interleukin-7 (IL-7) receptor, interleukin-9 (IL-9) receptor, interleukin-10 (IL-10) receptor, interleukin-11 (IL-11) receptor, interleukin-12 (IL-12) receptor, interleukin-13 (IL-13) receptor, interleukin-15 (IL-
 25 15) receptor, interferon- alpha (IFN-alpha) receptor, interferon-beta (IFN-beta) receptor, interferon-gamma (IFN-gamma) receptor, growth hormone (GH) receptor, insulin receptor, blood stem cell proliferation factor (SCF) receptor, vascular epidermal growth factor (VEGF) receptor, epidermal cell growth factor (EGF) receptor, nerve growth factor (NGF) receptor, fibroblast growth factor (FGF)
 30 receptor, platelet-derived growth factor (PDGF) receptor, transforming growth factor-beta (TGF-beta) receptor, leukocyte migration inhibitory factor (LIF) receptor, ciliary neurotrophic factor (CNTF) receptor, oncostatin M (OSM) receptor, and Notch family receptor.

The tumor necrosis factor receptor superfamily (TNFRSF) is a group of
 35 receptors characterized by the ability to bind ligands of the tumor necrosis factor

superfamily (TNFSF) via an extracellular cysteine-rich domain. The TNF receptors form trimeric complexes in the plasma membrane. The TNFRSF include the following list of 29 proteins; TNFR1 (Uniprot P19438), FAS (Uniprot P25445), DR3 (Uniprot Q93038), DR4(Uniprot O00220), DR5 (Uniprot O14763), DR6 (Uniprot O75509),
 5 NGFR (Uniprot P08138), EDAR (Uniprot Q9UNE0), DcR1 (Uniprot O14798), DcR2(Uniprot Q9UBN6), DcR3 (Uniprot O95407), OPG (Uniprot O00300), TROY (Uniprot Q9NS68), XEDAR (Uniprot Q9HAV5), LTbR (Uniprot P36941), HVEM (Uniprot Q92956), TWEAKR (Uniprot Q9NP84), CD120b (Uniprot P20333), OX40 (Uniprot P43489), CD40 (Uniprot P25942), CD27 (Uniprot P26842), CD30 (Uniprot P28908),
 10 4-1BB (Uniprot Q07011), RANK (Uniprot Q9Y6Q6), TACI (Uniprot O14836), BLYSR (Uniprot Q96RJ3), BCMA (Uniprot Q02223), GITR (Uniprot Q9Y5U5), RELT (Uniprot Q969Z4).

In one embodiment of the invention, the antibody, the first and/or second antibody comprises an antigen-binding region capable of binding to an antigen
 15 selected from the group consisting of: DR4, DR5, CD20, CD37, CD52, HLA-DR, CD3, CD5, 4-1BB and PD-1.

In one embodiment of the invention, the antibody, the first and/or second antibody comprises an antigen-binding region capable of binding to an antigen selected from the group consisting of: DR4, DR5, CD20, CD37, CD52, HLA-DR, CD3, CD5, 4-1BB,
 20 PD-1, FAS.

In one embodiment, the antigen-binding region is capable of binding to DR4. In one embodiment the antigen-binding region is capable of binding to DR5. In one embodiment the antigen-binding region is capable of binding to CD20. In one embodiment the antigen-binding region is capable of binding to CD37. In one
 25 embodiment the antigen-binding region is capable of binding to CD52. In one embodiment the antigen-binding region is capable of binding to HLA-DR. In one embodiment the antigen-binding region is capable of binding to CD3. In one embodiment the antigen-binding region is capable of binding to CD5. In one embodiment the antigen-binding region is capable of binding to 4-1BB. In one
 30 embodiment the antigen-binding region is capable of binding to PD-1. In one embodiment the antigen-binding region is capable of binding to FAS. In one embodiment the antigen-binding region is capable of binding to a member of the TNFR-SF.

In one embodiment of the invention, the antibody, or the first and/or second antibody comprises an antigen-binding region comprising:

5 a VH region comprising a CDR1 sequence as set forth in SEQ ID NO:9, a CDR2 sequence as set forth in SEQ ID NO:10 and a CDR3 sequence as set forth SEQ ID NO:11, and a VL region comprising a CDR1 sequence as set forth in SEQ ID NO: 13, a CDR2 sequence as set forth in: DAS and a CDR3 sequence as set forth SEQ ID NO:14 **[CD20, 11B8];**

10 a VH region comprising a CDR1 sequence as set forth in SEQ ID NO:43, a CDR2 sequence as set forth in SEQ ID NO:44 and a CDR3 sequence as set forth SEQ ID NO:45, and a VL region comprising a CDR1 sequence as set forth in SEQ ID NO:47, a CDR2 sequence as set forth in: VAT and a CDR3 sequence as set forth SEQ ID NO:48 **[CD37];**

15 a VH region comprising a CDR1 sequence as set forth in SEQ ID NO:2, a CDR2 sequence as set forth in SEQ ID NO:3 and a CDR3 sequence as set forth SEQ ID NO:4, and a VL region comprising a CDR1 sequence as set forth in SEQ ID NO:6, a CDR2 sequence as set forth in: NTN, and a CDR3 sequence as set forth SEQ ID NO:7 **[CD52, CAMPATH-1H];**

20 a VH region comprising a CDR1 sequence as set forth in SEQ ID NO:118, a CDR2 sequence as set forth in SEQ ID NO:119, and a CDR3 sequence as set forth SEQ ID NO:120 and a VL region comprising a CDR1 sequence as set forth in SEQ ID NO:122, a CDR2 sequence as set forth in SEQ ID NO: 123 and a CDR3 sequence as set forth SEQ ID NO:124 **[CD52, h2E8];**

25 a VH region comprising a CDR1 sequence as set forth in SEQ ID NO:104, a CDR2 sequence as set forth in SEQ ID NO:105 and a CDR3 sequence as set forth SEQ ID NO:106, and a VL region comprising a CDR1 sequence as set forth in SEQ ID NO:108, a CDR2 sequence as set forth in: YNN and a CDR3 sequence as set forth SEQ ID NO:109 **[Fas, Fas-E09];**

30 a VH region comprising a CDR1 sequence as set forth in SEQ ID NO:111, a CDR2 sequence as set forth in SEQ ID NO:112 and a CDR3 sequence as set forth SEQ ID NO:113, and a VL region comprising a CDR1 sequence as set forth in SEQ ID NO:115, a CDR2 sequence as set forth in: DAS and a CDR3 sequence as set forth SEQ ID NO:116 **[4-1BB, BMS-663513];**

35 a VH region comprising a CDR1 sequence as set forth in SEQ ID NO:90, a CDR2 sequence as set forth in SEQ ID NO:91 and a CDR3 sequence as set forth SEQ ID NO:92, and a VL region comprising a CDR1 sequence as set forth in SEQ ID NO:94, a

CDR2 sequence as set forth in: FAS, and a CDR3 sequence as set forth SEQ ID NO:95 [**DR5, hDR5-01-G56T**];

5 a VH region comprising a CDR1 sequence as set forth in SEQ ID NO:97, a CDR2 sequence as set forth in SEQ ID NO:98 and a CDR3 sequence as set forth SEQ ID NO:99, and a VL region comprising a CDR1 sequence as set forth in SEQ ID NO:101, a CDR2 sequence as set forth in: RTS, and a CDR3 sequence as set forth SEQ ID NO:102 [**DR5, hDR5-05**].

10 In a further aspect, the present invention relates to a composition comprising a first and a second antibody wherein the first antibody comprises a first antigen-binding region and a first Fc region according to any embodiment disclosed herein and the second antibody comprises a second antigen-binding region and a second Fc region according to any aspect or embodiment disclosed herein.

15 In a further aspect, the invention relates to a composition comprising a first and a second antibody, wherein the first antibody comprises a first antigen-binding region capable of binding to a first antigen and a first Fc region of a human IgG, and the second antibody comprises a second antigen-binding region capable of binding to a second antigen and a second Fc region of a human IgG, wherein said first Fc region
20 comprises

a. a substitution at position E430 or a substitution at position E345 or a combination of the substitutions K248E and T437R, and

b. a K439E or S440K substitution,

and said second Fc region comprises

25 c. a substitution at position E430 or a substitution at position E345 or a combination of the substitutions K248E and T437R, and

d. a K439E or S440K substitution,

wherein the first Fc region has a K439E substitution and the second Fc region has a S440K substitution or, the first Fc region has a S440K substitution and the second Fc
30 region has a K439E substitution, and

wherein the first antibody and/or the second antibody does not comprise N-linked glycosylation at position N297,

wherein the amino acid positions correspond to human IgG1 according to the Eu numbering system.

35

In one embodiment, the first Fc region and second Fc region of the antibodies present in the composition comprise a substitution selected from the group consisting of: E430G, E345K, E430S, E430F, E430T, E430Y, E345Q, E345R and E345Y or the combination of the substitutions K248E and T437R.

5 In one embodiment, the first antibody and the second antibody are present in the composition at molar ratio of about 1:50 to 50:1, such as a molar ratio of about 1:1, a molar ratio of about 1:2, a molar ratio of about 1:3, a molar ratio of about 1:4, a molar ratio of about 1:5, a molar ratio of about 1:6, a molar ratio of about 1:7, molar ratio of about 1:8, a molar ratio of about 1:9, a molar ratio of about 1:10, a molar ratio of about 1:15, a molar ratio of about 1:20, a molar ratio of about 1:25, a molar ratio of about 1:30, a molar ratio of about 1:35, a molar ratio of about 1:40, a molar ratio of about 1:45, a molar ratio of about 1:50, a molar ratio of about 50:1, a molar ratio of about 45:1, a molar ratio of about 40:1, a molar ratio of about 35:1, a molar ratio of about 30:1, a 25:1 molar ratio, a 20:1 molar ratio, a 15:1 molar ratio, a 10:1 molar ratio, a 9:1 molar ratio, a 8:1 molar ratio, a 7:1 molar ratio, a 6:1 molar ratio, a 5:1 molar ratio, a 4:1 molar ratio, a 3:1 molar ratio, a 2:1 molar ratio.

 In another embodiment, the first antibody and the second antibody are present in the composition at molar ratio of about 1:50 to 50:1, such as a molar ratio of 1:40 to 40:1, such as a molar ratio of 1:30 to 30:1, such as a molar ratio of 1:20 to 20:1, such as a molar ratio of 1:10 to 10:1, such as a molar ratio of 1:9 to 9:1, such as a molar ratio of 1:5 to 5:1, such as a molar ratio of 1:2 to 2:1.

 In one embodiment, the first antibody and the second antibody are present in the composition at a molar ratio of 1:1.

25 In one embodiment, the composition further comprises a pharmaceutical carrier or excipient. In one embodiment, the composition is a pharmaceutical composition.

Therapeutic applications

30 The first and second antibodies, antibodies or compositions according to any aspect or embodiment of the present invention may be used as a medicament, i.e. for therapeutic applications.

 Thus, in one aspect the present invention provides a first and second antibody or a composition according to any aspect or embodiment disclosed herein for use as a medicament.

In another aspect, the present invention provides an antibody or a composition according to any aspect or embodiment disclosed herein for use in the treatment of cancer, autoimmune disease, inflammatory disease or infectious disease.

5 In another aspect the present invention relates to a method of treating an individual having a disease comprising administering to the individual an effective amount of a first and second antibody or composition according to any aspect or embodiment disclosed herein. In one embodiment the disease is selected from the group of: cancer, autoimmune disease, inflammatory disease and infectious disease.

10 In one embodiment of the invention, the method comprises administering an additional therapeutic agent.

In one embodiment of the invention, the additional therapeutic agent is one or more anti-cancer agent(s) selected from the group consisting of chemotherapeutics (including but not limited to paclitaxel, temozolomide, cisplatin, carboplatin, oxaliplatin, irinotecan, doxorubicin, gemcitabine, 5-fluorouracil, pemetrexed), kinase inhibitors (including but not limited to sorafenib, sunitinib or everolimus), apoptosis-modulating agents (including but not limited to recombinant human TRAIL or birinapant), RAS inhibitors, proteasome inhibitors (including but not limited to bortezomib), histone deacetylase inhibitors (including but not limited to vorinostat), nutraceuticals, cytokines (including but not limited to IFN- γ), antibodies or antibody mimetics (including but not limited to anti-EGFR, anti-IGF-1R, anti-VEGF, anti-CD20, anti-CD38, anti-HER2, anti-PD-1, anti-PD-L1, anti-CTLA4, anti-CD40, anti-CD137, anti-GITR antibodies and antibody mimetics), antibody-drug conjugates.

25 In a further aspect, the invention relates to a method of depleting a cell population expressing a first antigen and a second antigen, which method comprises contacting said cell population with a first and second antibody or composition according to any aspect or embodiment disclosed herein.

In one embodiment, the cell population is a tumor cell population, such as a hematological tumor cell population or a solid tumor cell population.

In a further aspect, the invention relates to a method of inducing proliferation in a cell population expressing a first antigen and a second antigen, which method comprises contacting said cell population with a first and second antibody according to the invention or a composition according to the invention.

In one embodiment of the above-described methods, the cell population is present in the blood. In one embodiment, the cell population is a leukocyte, such as a leukocyte cell population. In one embodiment, the cell population is a subset of a leukocyte cell population. In one embodiment, the cell population is a lymphocyte cell population. In one embodiment, the cell population is a B cell population. In one embodiment of the invention the cell population is a subset of a B cell population. In one embodiment, the cell population is a T cell population. In one embodiment, the cell population is a subset of a T cell population. In one embodiment, the cell population is a regulatory T cell, such as a regulatory T cell population. In one embodiment, the cell population is a NK cell population. In one embodiment, the cell population is myeloid derived suppressor cell.

Kit-of-parts

It is to be understood that the embodiments described below with reference to a first and second antibody refers to antibodies comprising an Fc region of an immunoglobulin and an antigen-binding region.

The invention also relates to kit-of-parts for simultaneous, separate or sequential use in therapy comprising a first and second antibody as described herein. Furthermore, such first and second may be obtained according to any method described herein.

In one aspect, the present invention relates to a kit of parts comprising an antibody or composition according to any aspect or embodiment described herein, wherein said first antibody and second antibody or composition are/is in one or more containers such as vials.

In one embodiment, the kit of parts comprises a first and second antibody or a composition according to any aspect or embodiment described herein, for simultaneous, separate or sequential use in therapy.

In another aspect, the present invention relates to use of a first and second antibody, a composition or kit-of-parts according to any of the embodiments herein described for use in a diagnostic method.

In another aspect, the present invention relates to a diagnostic method comprising administering a first and second antibody, a composition or a kit-of-parts according to any embodiments herein described to at least a part of the body of a human or other mammal.

In another aspect, the present invention relates to use of a first and second antibody, a composition or kit-of-parts according to any of the embodiments herein described in imaging at least a part of the body of a human or other mammal.

5 In another aspect, the present invention relates to a method for imaging of at least a part of the body of a human or other mammal, comprising administering a first and second antibody, a composition or a kit-of-parts according to any embodiments herein described.

Dosages

10 Efficient dosages and the dosage regimens for an antibody depend on the disease or condition to be treated and may be determined by the persons skilled in the art. An exemplary, non-limiting range for a therapeutically effective amount of an antibody of the present invention is about 0.1 to 100 mg/kg, such as about 0.1 to 50 mg/kg, for example about 0.1 to 20 mg/kg, such as about 0.1 to 10 mg/kg, for instance
15 about 0.5, about such as 0.3, about 1, about 3, about 5, or about 8 mg/kg.

As mentioned, antibodies of the present invention may also be administered in combination therapy, i.e., combined with other therapeutic agents relevant for the disease or condition to be treated. Accordingly, in one embodiment, the antibody-containing medicament is for combination with one or more further therapeutic
20 agents, such as a cytotoxic, chemotherapeutic or anti-angiogenic agents. Such combined administration may be simultaneous, separate or sequential.

In a further embodiment, the present invention provides a method for treating or preventing disease, such as cancer, which method comprises administration to a subject in need thereof of a therapeutically effective amount of a
25 variant or pharmaceutical composition of the present invention, in combination with radiotherapy and/or surgery.

Method of preparation

The invention also provides isolated nucleic acids and vectors encoding an antibody
30 according to any one of the aspects described above, as well as recombinant host cells capable of production the antibodies. Suitable nucleic acid constructs, vectors and host cells for antibodies and variants thereof are known in the art, and described in the Examples. In embodiments wherein the variant antibody comprises not only a heavy chain (or Fc-containing fragment thereof) but also a light chain, the nucleotide

sequences encoding the heavy and light chain portions may be present on the same or different nucleic acids or vectors.

Accordingly, in a further aspect, the invention relates to a nucleic acid, such as an isolated nucleic acid, encoding an antibody or a first antibody or second antibody according to the invention.

Furthermore, the invention relates to a nucleic acid, such as an isolated nucleic acid, encoding a heavy chain of an antibody or of a first antibody or second antibody according to the invention. Said nucleic acid may be used in combination with a nucleic acid encoding a light chain.

In a further aspect, the invention provides an expression vector comprising a nucleic acid according to the invention or the combination of nucleic acids described above.

In a further aspect, the invention provides a delivery vehicle comprising a nucleic acid according to the invention or the combination of nucleic acids described above, optionally in a composition with a pharmaceutically acceptable carrier. In one embodiment, said delivery vehicle is a particle. The invention also provides a method for producing, in a host cell, an antibody according to any one of the aspects described above, wherein said method comprises the following steps:

- a) providing a nucleotide construct encoding the antibody,
- b) expressing said nucleotide construct in a host cell, and
- c) recovering said antibody from a cell culture of said host cell.

In some embodiments, the antibody is a heavy-chain antibody. In most embodiments, however, the antibody will also contain a light chain and thus said host cell further expresses a light-chain-encoding construct, either on the same or a different vector.

Host cells suitable for the recombinant expression of antibodies are well-known in the art, and include CHO, HEK-293, Expi293, PER-C6, NS/0 and Sp2/0 cells.

In one embodiment, said host cell is a host cell which is not capable of efficiently removing C-terminal lysine K447 residues from antibody heavy chains. For example, Table 2 in Liu et al. (2008) J Pharm Sci 97: 2426 (incorporated herein by reference) lists a number of such antibody production systems, e.g. Sp2/0, NS/0 or transgenic mammary gland (goat), wherein only partial removal of C-terminal lysines is obtained.

As described above, antibodies of the invention lack N-linked glycosylation at position N297. In some embodiments, this may be achieved by mutating the antibody sequence such that the acceptor site around position N297 is no longer functional. In such embodiments, the host cell can be a cell which is capable of N-linked glycosylation of proteins, e.g. an eukaryotic cell, such as a mammalian cell, e.g. a human cell.

In another aspect, the invention relates to a method for producing an antibody according to the invention, comprising the step of producing the antibody in a recombinant host cell, wherein said host cell is not capable of glycosylating the asparagine at position 297 of the antibody. This may be e.g. be preferred if the sequence around position N297 is not mutated. Such a host cell may e.g. be a prokaryotic cell, such as a bacterial cell.

Thus, in one aspect, the invention provides a method for producing, in a host cell, an antibody according to any one of the aspects described above, wherein said method comprises the following steps:

- a) providing a nucleotide construct encoding the antibody,
- b) expressing said nucleotide construct in a host cell capable of glycosylating the asparagine at position 297 of the antibody, and
- c) recovering said antibody from a cell culture of said host cell.

In a further aspect, the invention relates to a method for producing an antibody according to the invention, comprising the step of producing the antibody in a recombinant host cell which is capable of glycosylating the asparagine at position N297 of the antibody, followed by a step of removing the N-linked glycosylation from the produced antibody, e.g. enzymatically, such as through the use of deglycosylating enzyme PNGase F.

The invention also relates to an antibody obtained or obtainable by the method of the invention described above.

Table 1:

SEQ ID NO	Name	Sequence
1.	VH CAMPATH-1H	QVQLQESGPGGLVRPSQTLSTCTVSG GFTFTDFY MNWVRQPPGRGLEWIG FIRDK AKGYTTEYNPSVKGRVTMLVDTSKNQFSLRLSSVTAADTAVYYCAREGHTAAPF DYWGQGSLVTVSS
2.	VH CAMPATH-1H	GFTFTDFY

	CDR1	
3.	VH CAMPATH-1H CDR2	IRDKAKGYTT
4.	VH CAMPATH-1H CDR3	AREGHTAAPFDY
5.	VL CAMPATH-1H	DIQMTQSPSSLSASVGDRVTITCKAS QNIDKY LNWYQQKPGKAPKLLIY NTNNL QTGVPSRFSGSGSGTDFTFTISSLQPEDIATYY CLQHISRPR TFGQGTKVEIK
6.	VL CAMPATH-1H CDR1	QNIDKY
	VL CAMPATH-1H CDR2	NTN
7.	VL CAMPATH-1H CDR3	LQHISRPR
8.	VH CD37-37-3	QVQVKESGPGLVAPSQSLITCTVSG FSLTTS GSVSWVRQPPGKGLEWLGVI WG DGST NYHSALKSRLSIKKDHKSQVFLKLNSLQTDDTATYY CAKGGYSLAH WG QGTLVTVSA
9.	VH CD37-37-3 CDR1	GFSLTTS
10.	VH CD37-37-3 CDR2	IWGDGST
11.	VH CD37-37-3 CDR3	AKGGYSLAH
12.	VL CD37-37-3	DIQMTQSPASLSVSVGETVTITCRASE ENIRSN LAWYQQKQKSPQLLVN VATNL ADGVPSRFSGSGSGTQYSLKINSLQSEDFGTYYC QHYWGTTWT FGGGTKLEIK
13.	VL CD37-37-3 CDR1	ENIRSN
	VL CD37-37-3 CDR2	VAT
14.	VL CD37-37-3 CDR3	QHYWGTTWT
15.	VH 11B8	EVQLVQSGGGLVHPGGSRLSCTGSG FTFSYH AMHWVRQAPGKGLEWVSI IGT GGVT YYADSVKGRFTISRDNVKNSLYLQMNSLRAEDMAVYY CARDYYGAGSFY DGLYGMDV WGQGTITVTVSS
16.	VH 11B8 CDR1	GFTFSYHA
17.	VH 11B8 CDR2	IGTGGVT
18.	VH 11B8 CDR3	ARDYYGAGSFYDGLYGMDV
19.	VL 11B8	EIVLTQSPATLSLSPGERATLSCRAS QSVSSY LAWYQQKPGQAPRLLIY DASNRA TGIPARFSGSGSGTDFTLTISSELPEDFAVYYC QQRSDWPLT FGGGTKVEIK
20.	VL 11B8 CDR1	QSVSSY
	VL 11B8 CDR2	DAS
21.	VL 11B8 CDR3	QQRSDWPLT
22.	VH gp120-b12	QVQLVQSGAEVKKPGASVKVSCQAS GYRFSNFV IHWVRQAPGQRFWMGW IN PYNGNKE FSAKFQDRVTFTADTSANTAYMELRSLRSADTAVYY CARVGPYSWD DSPQDNYYMDV WGKGTTIVVSS
23.	VH gp120-b12 CDR1	GYRFSNFV

24.	VH gp120-b12 CDR2	INPYNGNK
25.	VH gp120-b12 CDR3	ARVGPYSWDDSPQDNYYMDV
26.	VL gp120-b12	EIVLTQSPGTLSSLSPGERATFSCRSSH HSIRSRR VAWYQHKPGQAPRLVIH GVS NR ASGISDRFSGSGSGTDFTLTITRVEPEDFALYYC QVYGASSYT FGQGTKLERK
27.	VL gp120-b12 CDR1	HSIRSRR
	VL gp120-b12 CDR2	GVS
28.	VL gp120-b12-CDR3	QVYGASSYT
29.	constant region human HC IgG1m(f)- N297A-E430G	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQY A STYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTTPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMH G ALHNHYTQKSLSLSPGK
30.	constant region human HC IgG1m(f)- N297G-E430G	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQY G STYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTTPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMH G ALHNHYTQKSLSLSPGK
31.	constant region human HC IgG1m(f)- N297Q-E430G	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQY Q STYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAK GQPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTTP VLSDGSFFLYSKLTVDKSRWQQGNVFSCSVMH G ALHNHYTQKSLSLSPGK
32.	constant region human HC IgG1m(f)- N297D-E430G	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQY D STYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAK GQPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTTP VLSDGSFFLYSKLTVDKSRWQQGNVFSCSVMH G ALHNHYTQKSLSLSPGK
33.	constant region human HC IgG1m(f)- N297Y-E430G	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQY Y STYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTTPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMH G ALHNHYTQKSLSLSPGK

34.	constant region human HC IgG1m(f)- T299A-E430G	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYNS A YRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAK GQPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTTP VLDSGDGSFFLYSKLTVDKSRWQQGNVFSCSVMH G ALHNHYTQKSLSLSPGK
35.	constant region human HC IgG1m(f)- N297A-E345K	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQY A STYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPR K PQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTTPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQKSLSLSPGK
36.	constant region human HC IgG1m(f)- N297G-E345K	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQY G STYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPR K PQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTTPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQKSLSLSPGK
37.	constant region human HC IgG1m(f)- N297Q-E345K	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQY Q STYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAK GQPR K PQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTTP PVLDSGDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQKSLSLSPGK
38.	constant region human HC IgG1m(f)- T299A-E345K	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYNS A YRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAK GQPR K PQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTTP PVLDSGDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQKSLSLSPGK
39.	constant region human HC IgG1m(f)- N297A-E345R	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQY A STYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPR R PQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTTPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQKSLSLSPGK
40.	constant region human HC IgG1m(f)- N297G-E345R	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQY G STYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPR R PQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTTP

		VLDS DGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQKSLSLSPGK
41.	constant region human HC IgG1m(f)- N297Q-E345R	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQY Q STYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAK GQPR R PQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTP PVLDS DGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQKSLSLSPGK
42.	constant region human HC IgG1m(f)- N297A-E430G-K439E	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQY A STYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDS DGSFFLYSKLTVDKSRWQQGNVFSCSVMH G ALHNHYT Q ESLSLSPGK
43.	constant region human HC IgG1m(f)- N297A-E430G-S440K	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQY A STYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDS DGSFFLYSKLTVDKSRWQQGNVFSCSVMH G ALHNHYT Q KLSLSLSPGK
44.	constant region human HC IgG1m(f)- N297A-E345K-K439E	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQY A STYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPR K PQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDS DGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYT Q ESLSLSPGK
45.	constant region human HC IgG1m(f)- N297A-E345K-S440K	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQY A STYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPR K PQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPP VLDS DGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYT Q KLSLSLSPGK
46.	constant region human HC IgG1m(f)- N297A-E345R-K439E	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQY A STYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPR R PQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPP VLDS DGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYT Q ESLSLSPGK

47.	constant region human HC IgG1m(f)- N297A-E345R-S440K	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQY A STYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPR R PQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPP VLDSGDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQK K LSLSPGK
48.	constant region human HC IgG1m(f)- N297Q-E345K-K439E	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQY Q STYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAK GQPR K PQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTP PVLDSGDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQ E LSLSPGK
49.	constant region human HC IgG1m(f)- N297Q-E345K-S440K	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQY Q STYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAK GQPR K PQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTP PVLDSGDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQK K LSLSPGK
50.	constant region human HC IgG1m(f)- E345K-K439E	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPR K PQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPP VLDSGDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQ E LSLSPGK
51.	constant region human HC IgG1m(f)- E345K-S440K	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPR K PQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPP VLDSGDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQK K LSLSPGK
52.	constant region human HC IgG1m(f)- E345R-K439E	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPR R PQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPP VLDSGDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQ E LSLSPGK
53.	constant region human HC IgG1m(f)-	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC

	E345R-S440K	PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPR R PQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPP VLDSGDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQK K LSLSPGK
54.	constant region human HC IgG1m(f)- E430G	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVPSSSLGTQTYICNVNHKPSNTKVDKRVKPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMH G ALHNHYTQKSLSLSPGK
55.	constant region human HC IgG1m(f)- E345K	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVPSSSLGTQTYICNVNHKPSNTKVDKRVKPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPR K PQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPP VLDSGDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQKSLSLSPGK
56.	constant region human HC IgG1m(f)- E345R	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVPSSSLGTQTYICNVNHKPSNTKVDKRVKPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPR R PQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPP VLDSGDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQKSLSLSPGK
57.	constant region human HC IgG1m(f)- E430G-K439E	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVPSSSLGTQTYICNVNHKPSNTKVDKRVKPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMH G ALHNHYTQ E SLSLSPGK
58.	constant region human HC IgG1m(f)- E430G-S440K	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVPSSSLGTQTYICNVNHKPSNTKVDKRVKPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMH G ALHNHYTQK K LSLSPGK
59.	constant region human HC IgG1m(f)	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVPSSSLGTQTYICNVNHKPSNTKVDKRVKPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG

		QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQKSLSLSPGK
60.	Constant region human kappa LC	RTVAAPSVFIFPPSDEQLKSGTASVVCLLNNFYPREAKVQWKVDNALQSGNSQES VTEQDSKDYSTYLSSTLTLSKADYEKHKVYACEVTHQGLSSPVTKSFNRGEC
61.	constant region human HC IgG1m(f)- N297Q-E430G-K439E	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYQSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAK GQPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPP VLSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHGALHNHYTQESLSLSPGK
62.	constant region human HC IgG1m(f)- N297Q-E430G-S440K	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYQSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHGALHNHYTQKKLSLSPGK
63.	constant region human HC IgG1m(f)- K248E-T437R	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPEDTLNISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYRQKSLSLSPGK
64.	constant region human HC IgG1m(f)- K248E-N297A-T437R	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPEDTLNISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYASTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYRQKSLSLSPGK
65.	constant region human HC IgG1m(f)- K248E-T437R-K439E	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPEDTLNISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYRQESLSLSPGK
66.	constant region human HC IgG1m(f)- K248E-T437R-S440K	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPEDTLNISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG

		QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYRQK K LSLSPGK
67.	constant region human HC IgG1m(f)- K248E-N297A- T437R-K439E	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVKPKSCDKTHTCPPC PAPELLGGPSVFLFPPK P EDTLMISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQY A STYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYRQ E SLSLSPGK
68.	constant region human HC IgG1m(f)- K248E-N297A- T437R-S440K	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVKPKSCDKTHTCPPC PAPELLGGPSVFLFPPK P EDTLMISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQY A STYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYRQ K LSLSPGK
69.	constant region human HC IgG1m(f)- K439E	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVKPKSCDKTHTCPPC PAPELLGGPSVFLFPPK P KDTLMISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQ E SLSLSPGK
70.	constant region human HC IgG1m(f)- S440K	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVKPKSCDKTHTCPPC PAPELLGGPSVFLFPPK P KDTLMISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQ K LSLSPGK
71.	constant region human HC IgG1m(z)	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVKPKSCDKTHTCPPC PAPELLGGPSVFLFPPK P KDTLMISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQ K LSLSPGK
72.	constant region human HC IgG1m(a)	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVKPKSCDKTHTCPPC PAPELLGGPSVFLFPPK P KDTLMISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPREPQVYTLPPSRDELTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQ K LSLSPGK

73.	constant region human HC IgG1m(x)	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKPEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEGLHNHYTQKSLSLSPGK
74.	constant region human HC IgG2	ASTKGPSVFPLAPCSRSTSESTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSNFGTQTYTCNVDHKPSNTKVDKTKVERKCCVECPPCAP PVAGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVQFNWYVDGVEVHNAK TKPREEQFNSTFRVSVLTVVHQDWLNGKEYKCKVSNKGLPAPIEKTISKTKGQPR EPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTPPMLDS DGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQKSLSLSPGK
75.	constant region human HC IgG4	ASTKGPSVFPLAPCSRSTSESTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYTCNVDHKPSNTKVDKRVESKYGPPCPSCPAP EFLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVVSQEDPEVQFNWYVDGVEVHNA KTKPREEQFNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKGLPSSIEKTISKAKGQ PREPQVYTLPPSQEEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTPPV DSDGSFFLYSRLTVDKSRWQEGNVFSCSVMHEALHNHYTQKSLSLSLGK
76.	constant region human HC IgG1m(f)- E430Y	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVPEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHYALHNHYTQKSLSLSPGK
77.	constant region human HC IgG1m(f)- E430Y-K439E	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVPEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHYALHNHYTQESLSLSPGK
78.	constant region human HC IgG1m(f)- E430Y-S440K	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVPEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHYALHNHYTQKKLSLSPGK
79.	constant region human HC IgG1m(f)- N297A-E430Y-K439E	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVPEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYASTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHYALHNHYTQESLSLSPGK

80.	constant region human HC IgG1m(f)- N297A-E430Y-S440K	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYASTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHYALHNHYTQKKLSLSPGK
81.	constant region human HC IgG1m(f)- N297A-K326A- E333S-E345K	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYASTYRVVSVLTVLHQDWLNGKEYKCKVSNAALPAPISTISKAKG QPRKPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQKSLSLSPGK
82.	constant region human HC IgG1m(f)- N297A-K326A- E333S-E345R	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYASTYRVVSVLTVLHQDWLNGKEYKCKVSNAALPAPISTISKAKG QPRRPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQKSLSLSPGK
83.	constant region human HC IgG1m(f)- N297A-K326A- E333S-E345K-K439E	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYASTYRVVSVLTVLHQDWLNGKEYKCKVSNAALPAPISTISKAKG QPRKPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQESLSLSPGK
84.	constant region human HC IgG1m(f)- N297A-K326A- E333S-E345K-S440K	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYASTYRVVSVLTVLHQDWLNGKEYKCKVSNAALPAPISTISKAKG QPRKPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQKKLSLSPGK
85.	constant region human HC IgG1m(f)- N297A-K326A- E333S-E345R-K439E	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYASTYRVVSVLTVLHQDWLNGKEYKCKVSNAALPAPISTISKAKG QPRRPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQESLSLSPGK
86.	constant region human HC IgG1m(f)- N297A-K326A- E333S-E345R-S440K	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPELLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYASTYRVVSVLTVLHQDWLNGKEYKCKVSNAALPAPISTISKAKG QPRRPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQKKLSLSPGK

87.	constant region human HC IgG1m(f)- L234F-L235E-D265A- F405L	ASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYICNVNHKPSNTKVDKRVEPKSCDKTHTCPPC PAPEFEGGPSVFLFPPKPKDTLMISRTPEVTCVVAVSHEDPEVKFNWYVDGVEVH NAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKG QPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPV LDSDGSFLLYSKLTVDKSRWQQGNVFCFSVMHEALHNHYTQKSLSLSPGK
88.	IgG1 constant region LC Lambda	GQPKAAPSVTLFPPSSEELQANKATLVCLISDFYPGAVTVAWKADSSPVKAGVETT TPSKQSNNKYAASSYLSLTPEQWKSHRYSYSCQVTHEGSTVEKTVAPTECS
89.	VH hDR5-01-G56T	EVQLQQSGAEVVKPGASVKLSCKAS GFNIKDTFI HWVKQAPGQGLEWIGR IDP ANTNT KYDPKFQGKATITTDTSNTAYMELSSLRSEDTAVYYC VRGLYTYFFDY WGQGTLVTVSS
90.	VH hDR5-01-G56T CDR1	GFNIKDTF
91.	VH hDR5-01-G56T CDR2	IDPANTNT
92.	VH hDR5-01-G56T CDR3	VRGLYTYFFDY
93.	VL hDR5-01-G56T	EIVMTQSPATLSVSPGERATLSCRAS QISISNN LHWYQQKPGQAPRLLIK FASQSI TGIPARFSGSGSGTEFTLTISSLQSEDFAVYYC QQGNSWPYTF GQGTKLEIK
94.	VL hDR5-01-G56T CDR1	QISISNN
	VL hDR5-01-G56T CDR2	FAS
95.	VL hDR5-01-G56T CDR3	QQGNSWPYT
96.	VH hDR5-05	QVQLVQSGAEVKKPGASVKVSCKAS GFNIKDTM MHWVRQAPGQRLEWIGR ID PANGNTEYDQKFQGRVTITVDT SASTAYMELSSLRSEDTAVYYC ARWGNTNVYF AYWGQGT LVTVSS
97.	VH hDR5-05 CDR1	GFNIKDTM
98.	VH hDR5-05 CDR2	IDPANGNT
99.	VH hDR5-05 CDR3	ARWGNTNVYFAY
100.	VL hDR5-05	DIQLTQSPSSLSASVGDRVTITCSASS SSVS MYWYQQKPGKAPKRWIY RTSNLA SGVPSRFSGSGSGTDFTLTISSLQPEDFATYYC QQYHSPPT FGGGTKVEIK
101.	VL hDR5-05 CDR1	SSVS
	VL hDR5-05 CDR2	RTS

102.	VL hDR5-05 CDR3	QQYHSYPPT
103.	VH Fas-E09	QLQLQESGPGLVKPSETLSLTCTVSG GASISANSYY GVWVRQSPGKGLEWVGSI AYRGNSNSGST YYNPSLKSRA TVSVDTSKNQVSLRLTSVTAADTALYYC ARRQL LDDGTGYQWAAFDV WGQGTMTVSS
104.	VH Fas-E09 CDR1	GASISANSYY
105.	VH Fas-E09 CDR2	IAYRGNSNSGST
106.	VH Fas-E09 CDR3	ARRQLLDDGTGYQWAAFDV
107.	VL Fas-E09	QSVLTQPPSVSEAPRQTVTISCSGN SFNIGRYP VNWWYQQLPGKAPKLLIY YNNLR FSGVSDRFSGSKSGTSASLAIRDLLSEDEADYYC STWDDTLKGWV FGGGTKVT VL
108.	VL Fas-E09 CDR1	SFNIGRYP
	VL Fas-E09 CDR2	YNN
109.	VL Fas-E09 CDR3	STWDDTLKGWV
110.	VH BMS-663513	QVQLQQWGAGLLKPSETLSLTCAVY GGSFSGYY WSWIRQSPEKGLEWIGE INH GGYV TYNPSLESRTISVDTSKNQFSLKLSSVTAADTAVYYC CARDYGPGNYDW YFDLW GRGTLTVSS
111.	VH BMS-663513 CDR1	GGSFSGYY
112.	VH BMS-663513 CDR2	INHGGYV
113.	VH BMS-663513 CDR3	ARDYGPGNYDWYFDL
114.	VL BMS-663513	EIVLTQSPATLSLSPGERATLSCRAS QSVSSY LAWYQQKPGQAPRLLIY DASNRA TGIPARFSGSGSGTDFTLTISSLEPEDFAVYYC QQRSNWPPALT FGGGTKVEIK
115.	VL BMS-663513 CDR1	QSVSSY
	VL BMS-663513 CDR2	DAS
116.	VL BMS-663513 CDR3	QQRSNWPPALT
117.	VH h2E8 (CD52)	EVHLVESGGGLVQPGGSLRLSCAAS GFTFSRYG MSWVRQAPGKGLELVAM MKT KGGRT YYPDSVKGRFTISRDNAKNSLYLQMNSLRAEDTAIYYC ASDGY YWGQG TTVTVSS

118.	VH h2E8 CDR1	GFTFSRYG
119.	VH h2E8 CDR2	MKTKGGRT
120.	VH h2E8 CDR3	ASDGYG
121.	VL h2E8	DVVMQTPTLSLSVTLGQPASISCKSS QSLHSDGKTY LNWLQQRPGQSPRRLIY LV SKLD SGVPDRFSGSGSGTDFTLKISRVEAEDVGIYYC WQGTHLWT FGGGTK VEIK
122.	VL h2E8 CDR1	QSLHSDGKTY
123.	VL h2E8 CDR3	WQGTHLWT
124.	constant region human HC IgG2- E345R	ASTKGPSVFPLAPCSRSTSESTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSNFGTQTYTCNVDHKPSNTKVDKTVRKCCVECPPCPAP PVAGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVQFNWYVDGVEVHNAK TKPREEQFNSTFRVSVLTVVHQDWLNGKEYKCKVSNKGLPAPIEKTISKTKGQPR RP QVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTTPMLD SDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQKSLSLSPGK
125.	constant region human HC IgG2- E345R-K439E	ASTKGPSVFPLAPCSRSTSESTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSNFGTQTYTCNVDHKPSNTKVDKTVRKCCVECPPCPAP PVAGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVQFNWYVDGVEVHNAK TKPREEQFNSTFRVSVLTVVHQDWLNGKEYKCKVSNKGLPAPIEKTISKTKGQPR RP QVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTTPMLD SDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQ E SLSLSPGK
126.	constant region human HC IgG2- E345R-S440K	ASTKGPSVFPLAPCSRSTSESTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSNFGTQTYTCNVDHKPSNTKVDKTVRKCCVECPPCPAP PVAGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVQFNWYVDGVEVHNAK TKPREEQFNSTFRVSVLTVVHQDWLNGKEYKCKVSNKGLPAPIEKTISKTKGQPR RP QVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTTPMLD SDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQ K SLSLSPGK
127.	constant region human HC IgG2- N297A-E345R-K439E	ASTKGPSVFPLAPCSRSTSESTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSNFGTQTYTCNVDHKPSNTKVDKTVRKCCVECPPCPAP PVAGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVQFNWYVDGVEVHNAK TKPREEQ FAST FRVSVLTVVHQDWLNGKEYKCKVSNKGLPAPIEKTISKTKGQPR RP QVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTTPMLD SDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQ E SLSLSPGK
128.	constant region human HC IgG2- N297A-E345R-S440K	ASTKGPSVFPLAPCSRSTSESTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSNFGTQTYTCNVDHKPSNTKVDKTVRKCCVECPPCPAP PVAGPSVFLFPPKPKDTLMISRTPEVTCVVDVSHEDPEVQFNWYVDGVEVHNAK TKPREEQ FAST FRVSVLTVVHQDWLNGKEYKCKVSNKGLPAPIEKTISKTKGQPR RP QVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTTPMLD SDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQ K SLSLSPGK
129.	constant region human HC IgG4- E345R	ASTKGPSVFPLAPCSRSTSESTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGKTYTCNVDHKPSNTKVDKRVESKYGPPCPSCPAP EFLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVVSQEDPEVQFNWYVDGVEVHNA

		KTKPREEQFNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKGLPSSIEKTISKAKGQ PRR R PQVYTLPPSQEEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPVL DSDGSFFFLYSRLTVDKSRWQEGNVFSCSV MHEALHNHYTQKSLSL SLGK
130.	constant region human HC IgG4- E345R-K439E	ASTKGPSVFPLAPCSRSTSESTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYTCNV DHKPSNTKVDKRVESKYGPPCPSCPAP EFLGGPSVFLFPPKPKDTLMISRTPEVTCVVVDVSQEDPEVQFNWYVDGVEVHNA KTKPREEQFNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKGLPSSIEKTISKAKGQ PRR R PQVYTLPPSQEEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPVL DSDGSFFFLYSRLTVDKSRWQEGNVFSCSV MHEALHNHYTQ E SLSL SLGK
131.	constant region human HC IgG4- E345R-S440K	ASTKGPSVFPLAPCSRSTSESTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYTCNV DHKPSNTKVDKRVESKYGPPCPSCPAP EFLGGPSVFLFPPKPKDTLMISRTPEVTCVVVDVSQEDPEVQFNWYVDGVEVHNA KTKPREEQFNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKGLPSSIEKTISKAKGQ PRR R PQVYTLPPSQEEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPVL DSDGSFFFLYSRLTVDKSRWQEGNVFSCSV MHEALHNHYTQ K LSL SLGK
132.	constant region human HC IgG4- N297A-E345R-K439E	ASTKGPSVFPLAPCSRSTSESTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYTCNV DHKPSNTKVDKRVESKYGPPCPSCPAP EFLGGPSVFLFPPKPKDTLMISRTPEVTCVVVDVSQEDPEVQFNWYVDGVEVHNA KTKPREEQ F ASTYRVVSVLTVLHQDWLNGKEYKCKVSNKGLPSSIEKTISKAKGQ PRR R PQVYTLPPSQEEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPVL DSDGSFFFLYSRLTVDKSRWQEGNVFSCSV MHEALHNHYTQ E SLSL SLGK
133.	constant region human HC IgG4- N297A-E345R-S440K	ASTKGPSVFPLAPCSRSTSESTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVVTVPSSSLGTQTYTCNV DHKPSNTKVDKRVESKYGPPCPSCPAP EFLGGPSVFLFPPKPKDTLMISRTPEVTCVVVDVSQEDPEVQFNWYVDGVEVHNA KTKPREEQ F ASTYRVVSVLTVLHQDWLNGKEYKCKVSNKGLPSSIEKTISKAKGQ PRR R PQVYTLPPSQEEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPVL DSDGSFFFLYSRLTVDKSRWQEGNVFSCSV MHEALHNHYTQ K LSL SLGK

The present invention is further illustrated by the following examples which should not be construed as further limiting.

5 **EXAMPLES**

Example 1

Antibody expression constructs

For the expression of human and humanized antibodies used herein, variable heavy (VH) chain and variable light (VL) chain sequences were prepared by gene synthesis (GeneArt Gene Synthesis; ThermoFisher Scientific) and cloned in pcDNA3.3 expression vectors (ThermoFisher Scientific) containing a constant region of a human IgG heavy chain (HC) (constant region human IgG1m(f) HC: SEQ ID NO 59) and or

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the constant region of the human kappa light chain (LC): SEQ ID NO 60. Desired mutations were introduced by gene synthesis. CD20 antibody variants in this application have VH and VL sequences derived from previously described CD20 antibody IgG1-CD20-11B8 (WO2004/035607; VH: SEQ ID NO 15; VL: SEQ ID NO 19). CD52 antibody variants in this application have VH and VL sequences derived from previously described CD52 antibody CAMPATH-1H (Crowe et al., 1992 Clin Exp Immunol. 87(1):105-110; VH: SEQ ID NO 1; VL: SEQ ID NO 5). CD37 antibody variants in this application have VH and VL sequences derived from previously described CD37 antibody IgG1-CD37-37.3 (WO2011/112978; VH: SEQ ID NO 8; VL: SEQ ID NO 12). The human IgG1 antibody b12, an HIV gp120-specific antibody was used as a negative control in some experiments (Barbas et al., J Mol Biol. 1993 Apr 5;230(3):812-23; VH: SEQ ID NO 22; VL: SEQ ID NO 26). Fas antibody variants in this application have VH and VL sequences derived from the previously described Fas antibody Fas-E09 (Chodorge et al., Cell Death Differ. 2012 Jul;19(7):1187-95; VH: 103; VL: 107). DR5 antibody variants in this application have VH and VL sequences derived from previously described DR5 antibody DR5-01-G56T (WO 2017/093447; VH: SEQ ID NO 89; VL: SEQ ID NO 93) and DR5-05 (WO2014/009358; VH: SEQ ID NO 96; VL: SEQ ID NO 100). 4-1BB antibody variants in this application have VH and VL sequences derived from previously described 4-1BB antibody BMS-663513 (US 2005/0095244A1; VH: SEQ ID NO 110; VL: SEQ ID NO 114).

Transient expression antibody constructs

Plasmid DNA mixtures encoding both heavy and light chains of antibodies were transiently transfected in human Expi293F cells (Gibco, Cat No A14635) using 293fectin (Life Technologies) essentially as described by Vink et al. (Vink et al., 2014 Methods 65(1):5-10). Antibody concentrations in the supernatants were measured by absorbance at 280 nm. Antibody-containing supernatants were either directly used in in vitro assays, or antibodies were purified as described below.

Antibody purification and quality assessment

Antibodies were purified by Protein A affinity chromatography. Culture supernatants were filtered over a 0.20 µm dead-end filter and loaded on 5 mL MabSelect SuRe columns (GE Healthcare), washed and eluted with 0.02 M sodium citrate-NaOH, pH 3. The eluates were loaded on a HiPrep Desalting column (GE Healthcare) immediately after purification and the antibodies were buffer exchanged into 12.6

mM NaH₂PO₄, 140 mM NaCl, pH 7.4 buffer (B.Braun or Thermo Fisher). After buffer exchange, samples were sterile filtered over 0.2 µm dead-end filters. Purified proteins were analyzed by a number of bioanalytical assays including capillary electrophoresis on sodium dodecyl sulfate-polyacrylamide gels (CE-SDS) and high-
5 performance size exclusion chromatography (HP-SEC). Concentration was measured by absorbance at 280 nm. Purified antibodies were stored at 2-8°C.

Example 2: Deglycosylated antibody variants harboring Fc-Fc interaction enhancing mutations retain potent CDC capacity

10 The glycosylation of antibody residue N297 positively impacts the potential of antibodies to engage in FcγR and complement-mediated effector functions. Complement activation may benefit from a contribution by the N297-linked glycan to inter-protein Fc-Fc interactions. Therefore, deglycosylation of antibody residue N297 may suppress Fc-Fc interactions and thus formation of antibody complexes. Here, it
15 was tested whether the loss of CDC efficacy on Wien 133 cells by anti-CD52 and anti-CD20 antibody variants upon enzymatic deglycosylation could be restored by introducing an Fc-Fc interaction enhancing mutation.

Different mutations were introduced in the anti-CD52 IgG1-CAMPATH-1H antibody and anti-CD20 IgG1-11B8 antibody: E430G, E345K, or E345R, which induce
20 enhanced Fc-Fc interactions. Single antibodies were mixed 1:1 with non-binding isotype control antibodies IgG1-b12 to enable direct comparison of the concentrations of individual components to mixtures composed thereof described in Examples 3 and 4. Deglycosylation was performed by use of the Remove-iT® PNGase F kit (New England Biolabs, Cat # P0706S) which contains an amidase that
25 cleaves between asparagine residues and the innermost GlcNAc of high mannose, hybrid and complex oligosaccharides in N-linked glycoproteins. First, 1 µl of Remove-iT PNGase F was added per 10 µg of each of the antibody variants and subsequently incubated overnight at 37°C. Next, 50 µl of Chitin Magnetic Beads (New England Biolabs, Cat # E8036S) were pipetted into a reaction vial and placed in a
30 DynaMag™-2 magnetic separation rack (Invitrogen, Cat # 12321D). After letting the magnet attract the chitin beads, the liquid supernatant was pipetted off and discarded. With the vial on the magnetic separation rack, the magnetic chitin beads were washed twice with 500 µl of PBS (Braun, Cat # 182478082). The supernatant was pipetted off and discarded. Then, the deglycosylated glycoprotein sample was
35 added into the vial with magnetic chitin beads, vortexed thoroughly and the sample

was rocked for 1 hour at RT. The vial was placed back on the magnetic separation rack, in order to allow the magnet to attract the chitin beads. Supernatant was pipetted off and transferred to a new vial. The supernatant in the new vial was placed back on the magnet to remove any remaining magnetic beads, and the supernatant was pipetted off for further use.

To determine the glycosylation status of the enzyme-treated antibody samples and controls, all samples were analyzed by mass spectrometry on an Orbitrap Q Exactive plus (Thermo Scientific). Antibody samples that were either enzymatically deglycosylated, mock-treated by omitting the PNGase F enzyme during the procedure, or control samples that were not treated, were brought to a concentration of 0.2 µg/mL in PBS (B. Braun, Cat # 3623140). To 10 µL of each sample, 1 µL 1M DTT (Sigma, Cat # D9163-5G) was added and subsequently vortexed and shortly centrifuged. After incubating the samples for 1 hour at 37°C, all samples were vortexed and centrifuged shortly, before acquisition on the Orbitrap Q Exactive plus. Data were analyzed using Genedata Expressionist software.

Mass spectrometry analysis of enzymatically deglycosylated and non-treated samples of wildtype IgG1-CAMPATH-1IgG1-CAMPATH-1H-E430G-K439E (SEQ ID NO 57) and IgG1-CAMPATH-1H-E430G-S440K (SEQ ID NO 58) revealed highly efficient deglycosylation of the treated samples (<1% residual glycosylated sample; Figure 1A, B, C). In addition, Table 2 provides a summary of the glycosylation status of IgG1-CAMPATH-1H and IgG1-11B8 antibody variants harboring Fc-Fc interaction enhancing and self-oligomerization inhibiting mutations that have undergone enzymatic deglycosylation and have been used in Examples 2, 3 and 4.

Table 2: Glycosylation status of antibody variants tested in Examples 2, 3 and 4 upon enzymatic deglycoslation

Antibody variant	Treated / non-treated	Glycosylation
IgG1-11B8-E430G	Non-treated	100%
	Treated	<1%
IgG1-11B8-E430G-S440K	Non-treated	100%
	Treated	<1%
IgG1-CD52-Campath-1H	Non-treated	100%
	Mock-treated	100%
	Treated	<1%

IgG1-CD52-Campath-1H-E345K	Non-treated	100%
	Treated	<1%
IgG1-CD52-Campath-1H-E345R	Non-treated	100%
	Treated	<1%
IgG1-CD52-Campath1H-E430G	Non-treated	100%
	Mock-treated	100%
	Treated	<1%
IgG1-CD52-Campath-1H-E430G-K439E	Non-treated	100%
	Treated	<1%
IgG1-CD52-Campath-1H-E430G-S440K	Non-treated	100%
	Treated	<1%

The deglycosylated samples were tested in a range of concentrations of purified antibodies (range 0.004-10.0 µg/mL final concentrations; 3-fold dilutions) in an *in vitro* CDC assay on Wien 133 cells with 20% NHS. For the CDC assay, 0.1 x 10⁶ Wien 133 cells (kindly provided by Dr. Geoff Hale, BioAnaLab Limited, Oxford, UK), which co-express the CD20 and CD52 antigens, in RPMI (Lonza, Cat No. BE12-115F) with 0.2% bovine serum albumin (BSA; Roche, Cat No. 10735086001) were pre-incubated in polystyrene round-bottom 96-well plates (Greiner Bio-One Cat # 650101) with concentration series of purified antibodies in a total volume of 80 µL for 15 min on a shaker at RT. Next, 20 µL normal human serum (NHS; Sanquin, Reference No. M0008) was added as a source of complement and incubated in a 37°C incubator for 45 min (20% final NHS concentration). The reaction was stopped by putting the plates on ice before pelleting the cells by centrifugation and replacing the supernatant replaced by 30 µL of 2 µg/mL propidium iodide solution (PI; Sigma Aldrich, Cat No. P4170). The number of PI-positive cells was determined by flow cytometry on an Intellicyt iQue screener (Westburg) and the percentage lysis was calculated as (number of PI-positive cells / total number of cells) x 100%. As such, the CDC assay performed according to the methods described above will be referred to as the PI CDC assay from here on. The area under the dose-response curves of three experimental replicates was calculated using log-transformed concentrations in GraphPad PRISM. Relative areas under the curve (AUC) values were normalized to the AUC value measured for the non-binding negative control IgG1-b12 (0%) and the AUC value measured for the positive control mixture of IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G (100%).

The wild-type IgG1-CAMPATH-1H antibody induced CDC on Wien 133 cells with intermediate efficacy (Figure 1D) as compared to the positive control mixture of IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G (both containing SEQ ID NO 54). Deglycosylation of wild-type IgG1-CAMPATH-1H antibody (designated as 'deg' in the Figure) diminished CDC efficacy to background levels, while a (mock-treated) sample of the same antibody, which had undergone the same procedure without addition of the deglycosylating enzyme, showed comparable CDC efficacy to the non-treated antibody. Introduction of either of the Fc-Fc interaction enhancing mutations E430G, E345K (SEQ ID NO 55) or E345R (SEQ ID NO 56) strongly potentiated the CDC efficacy of IgG1-CAMPATH-1H. A mock treated IgG1-CAMPATH-1H-E430G antibody variant induced CDC with similar efficacy as the non-treated IgG1-CAMPATH-1H-E430G antibody variant. Interestingly, deglycosylation only slightly impaired the CDC efficacy of the Fc-Fc interaction enhanced antibody variants IgG1-CAMPATH-1H-E430G and IgG1-CAMPATH-1H-E345K. Deglycosylation did not impact the CDC efficacy of IgG1-CAMPATH-1H-E345R. At the highest IgG concentration tested, the deglycosylated IgG1-CAMPATH-1H variants harboring an Fc-Fc interaction enhancing mutation induced CDC with comparable efficacy as their glycosylated counterparts (Figure 1E). In contrast, the CDC capacity of IgG1-11B8-E430G was strongly diminished after deglycosylation (Figure 1), suggesting that the CDC potency of deglycosylated antibodies with Fc-Fc interaction enhancing mutations may be affected by to the antibody target-or epitope. Because wildtype IgG1-11B8 did not induce detectable CDC on Wien 133 cells, as shown in Figure 4G, H (described in Example 5), the effect of deglycosylation on this antibody could not be assessed.

These data show that deglycosylation negatively impacted the CDC potency of the wild-type IgG1-CAMPATH-1H antibody, while deglycosylation did not or only slightly impacted the CDC potency of IgG1-CAMPATH-1H antibody variants harboring Fc-Fc interaction enhancing mutations.

Example 3: Deglycosylation increases selectivity of antibody variants containing an Fc-Fc interaction enhancing mutation and a self-oligomerization inhibiting mutation

When two antibodies containing Fc-Fc interaction enhancing mutations contain an additional self-oligomerization inhibiting mutation (either K439E or S440K), mixtures of such antibodies can induce lysis of cells expressing the two targets to which these antibodies are directed. While the activity of such co-dependent antibody

combinations on cells expressing both targets was high, individual Campath-derived components still showed substantial activity, which may cause undesirable activity on cells expressing one of the two targets (Figure 2A). Here, we tested whether the deglycosylation of anti-CD52 and anti-CD20 antibody variants that harbor an Fc-Fc interaction enhancing mutation in addition to a self-oligomerization inhibiting mutation could improve the selectivity of such co-dependent antibody mixtures by reducing the single agent CDC activity of the individual antibody variants.

Different mutations were introduced in the anti-CD52 IgG1-CAMPATH-1H antibody and anti-CD20 IgG1-11B8 antibody: E430G, E345K or E345R, which induce enhanced Fc-Fc interactions; K439E or S440K, which inhibit the formation of homo-hexameric antibody complexes through inhibition of the intermolecular Fc-Fc interactions and promote the formation of hetero-hexameric antibody complexes through cross-complementary Fc-Fc interactions. As controls, single antibodies were also mixed 1:1 with non-binding isotype control antibodies IgG1-b12 to enable direct comparison of the concentrations of individual components and mixtures composed thereof. Deglycosylation was performed by use of the Remove-iT® PNGase F kit (New England Biolabs), essentially as described in Example 2. The deglycosylated samples were tested in a range of concentrations of purified antibodies (range 0.0023-10.0 µg/mL final concentrations; 3-fold dilutions) in an in vitro CDC assay on Wien 133 cells with 20% NHS, essentially as described in Example 2. The percentage of cell lysis was calculated as (number of PI-positive cells / total number of cells) x 100%. The area under the dose-response curves of three experimental replicates was calculated using log-transformed concentrations in GraphPad PRISM. Relative areas under the curve (AUC) values were normalized to the AUC value measured for the non-binding negative control IgG1-b12 (0%) and the AUC value measured for the positive control mixture of IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G (100%).

Strong CDC efficacy, close to the level induced by the positive control mixture IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G, was observed by the Fc-Fc enhanced antibody variant IgG1-CAMPATH-1H-E430G on Wien 133 cells, which express both CD20 and CD52 (Figure 2A). Introduction of self-oligomerization inhibiting mutation K439E in IgG1-CAMPATH-1H-E430G only partially abrogated CDC efficacy as a single agent, while deglycosylation of this antibody variant fully abrogated the capacity to induce CDC. Antibody variant IgG1-CAMPATH-1H-E430G-S440K shows high residual activity when used as a single agent. Deglycosylation of

this variant reduced CDC efficacy to only approximately 4% of the level induced by the glycosylated variant. Also at the highest concentration tested (10 µg/ml), the deglycosylated IgG1-CAMPATH-1H-E430G-S440K antibody variant induced CDC with an efficacy close to background levels, while the glycosylated counterpart induced CDC with an efficacy close to the level induced by glycosylated IgG1-CAMPATH-1H-E430G (Figure 2B).

Mixtures of IgG1-CAMPATH-1H-E430G-K439E and IgG1-CAMPATH-1H-E430G-S440K recovered CDC efficacy to the level induced by IgG1-CAMPATH-1H-E430G. Surprisingly, for mixtures in which either the IgG1-CAMPATH-1H-E430G-K439E or IgG1-CAMPATH-1H-E430G-S440K were deglycosylated, no clear reduction in CDC efficacy was observed, even though single agent activity had been abolished. Furthermore, a mixture in which both antibody variants were deglycosylated only showed a slight reduction in CDC efficacy as compared with a mixture of the glycosylated variants, while at the highest concentration tested, the capacity to induce CDC by the mixture of deglycosylated IgG1-CAMPATH-1H antibody variants was comparable to that of the mixture of the glycosylated antibody variants (Figure 2B).

The impact of deglycosylation on CDC efficacy on Wien 133 cells was also assessed using mixtures of IgG1-CAMPATH-1H and IgG1-11B8 antibody variants harboring the E430G mutation and either of the K439E or S440K mutations. Strong CDC efficacy on Wien 133 cells was observed for the positive control mixture of IgG1-CAMPATH-1H-E430G and IgG1-11B8-E430G (Figure 2C). A mixture in which both of these antibody variants had been deglycosylated showed a reduced capacity to induce CDC, to approximately 80% of the AUC measured for the glycosylated antibody variants. However, cell lysis induced by the deglycosylated antibody variants at the highest concentration tested was close to the level of the glycosylated variants (Figure 2D). As previously seen in Figure 2A, the introduction of self-oligomerization inhibiting mutation K439E in IgG1-CAMPATH-1H-E430G only partially abrogated CDC efficacy as a single agent, while deglycosylation of this antibody variant fully abrogated the capacity to induce CDC (Figure 2C). Antibody variant IgG1-11B8 with the introduced mutations E430G and S440K did not induce CDC as a single agent, neither did the deglycosylated variant of this antibody. CDC efficacy could be recovered by a mixture of the co-dependent IgG1-CAMPATH-1H-E430G-K439E and IgG1-11B8-E430G-S440K antibody variants. Deglycosylation of either the IgG1-CAMPATH-1H-E430G-K439E or IgG1-11B8-E430G-S440K antibody variant in

this mixture resulted in a 14% and 4% reduction in CDC efficacy, respectively, while the maximal cell lysis at the highest concentration tested in both cases was comparable to the mixture of glycosylated antibody variants (Figure 2D). When both deglycosylated antibody variants were mixed 1:1, a reduction of approximately 35%
5 in CDC efficacy as compared with a mixture of the glycosylated variants was noted (Figure 2C). The maximal cell lysis at the highest concentration tested of the mixture containing both deglycosylated antibody variants was reduced from 87% lysis observed for the fully glycosylated mixture to approximately 74% lysis for the fully deglycosylated mixture (Figure 2D).

10 Together, these data show that deglycosylation of IgG1-CAMPATH-1H antibody variants harboring the Fc-Fc interaction enhancing mutation E430G and self-oligomerization inhibiting mutations K439E or S440K reduces single agent CDC efficacy on Wien 133 cells. CDC efficacy could be recovered efficiently by mixing two deglycosylated co-dependent antibody variants at a level close to the CDC efficacy
15 induced by a mixture of the glycosylated counterparts. While the single agent activity of both IgG1-CAMPATH-1H-E430G-K439E and IgG1-11B8-E430G-S440K could be fully abrogated by deglycosylation, a mixture of these antibody variants recovered potent CDC efficacy, albeit to a level lower than that of the less selective, glycosylated antibody counterparts.

20 **Example 4: Recombinant glycan removal increases selectivity of antibody variants containing an Fc-Fc interaction enhancing mutation and a self-oligomerization inhibiting mutation**

In Example 3, it was described that enzymatic deglycosylation of antibody variants
25 harboring an Fc-Fc interaction enhancing mutation and a self-oligomerization inhibiting mutation could reduce the single agent CDC activity, while CDC could (partially) be restored by mixing such deglycosylated antibody variants. The CH2 domain of IgG antibodies contains a highly conserved *N*-glycosylation site at amino acid position N297. Here, we tested whether the same effects as observed for
30 enzymatically deglycosylated antibody variants could be observed for aglycosylated antibody variants containing the N297Q mutation.

Different mutations were introduced in the anti-CD52 IgG1-CAMPATH-1H antibody and anti-CD20 IgG1-11B8 antibody: E430G, E345K or E345R, which induce enhanced Fc-Fc interactions; K439E or S440K, which inhibit the formation of homo-
35 hexameric antibody complexes through inhibition of the intermolecular Fc-Fc

interactions and promote the formation of hetero-hexameric antibody complexes through cross-complementary Fc-Fc interactions; N297Q, which disrupts the N297 *N*-glycosylation consensus sequence (NX[S/T]), resulting in aglycosylated antibodies. As controls, single antibodies were also mixed 1:1 with non-binding isotype control antibodies IgG1-b12 to enable direct comparison of the concentrations of individual components and mixtures composed thereof. The aglycosylated samples were tested in a range of concentrations of purified antibodies (range 0.002-40 µg/mL final concentrations; 3-fold dilutions) in an in vitro CDC assay on Wien 133 cells with 20% NHS, essentially as described in Example 2. The percentage of cell lysis was calculated as (number of PI-positive cells / total number of cells) x 100%. The area under the dose-response curves of three experimental replicates was calculated using log-transformed concentrations in GraphPad PRISM. Relative areas under the curve (AUC) values were normalized to the AUC value measured for non-binding negative control IgG1-b12 (0%) and the AUC value measured for the positive control mixture of IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G (100%).

Strong CDC efficacy on Wien 133 cells was observed by the positive control mixture of IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G (Figure 3A). Similar to what is observed after enzymatic deglycosylation of antibody variant IgG1-CAMPATH-1H-E430G-K439E (Example 3), a variant of this antibody that is aglycosylated through the introduction of mutation N297Q (SEQ ID NO 61) lost its capacity to induce CDC as a single agent (Figure 3A). A partial recovery of CDC, to approximately 65% of the level induced by the positive control mixture, could be attained by mixing IgG1-CAMPATH-1H-E430G-K439E-N297Q with IgG1-11B8-E430G-S440K. At the highest concentration tested, the latter mixture induced efficient cell lysis to approximately 97% of the level of cell lysis induced by the positive control mixture (Figure 3B). CDC efficacy could also be partially restored, to approximately 45% of the level induced by the positive control mixture, by mixing the two aglycosylated antibody variants IgG1-CAMPATH-1H-E430G-K439E-N297Q and IgG1-11B8-E430G-S440K-N297Q (SEQ ID NO 62), while IgG1-11B8-E430G-S440K-N297Q showed no capacity to induce CDC (Figure 3A). The mixture of IgG1-CAMPATH-1H-E430G-K439E-N297Q and IgG1-11B8-E430G-S440K-N297Q induced cell lysis with an efficiency of approximately 90% of the cell lysis level induced by the positive control mixture at the highest concentration tested (Figure 3B).

Together, these data show that antibody variants of IgG1-CAMPATH-1H and IgG1-11B8 that are recombinantly aglycosylated through the introduction of

mutation N297Q, and also harbor an Fc-Fc interaction enhancing mutation and a self-oligomerization inhibiting mutation, lose their capacity to induce CDC on Wien 133 cells, similar to the loss of CDC efficacy upon enzymatic deglycosylation. CDC induced cell lysis could be recovered by mixing two co-dependent antibody variants harboring an Fc-Fc interaction enhancing and a self-oligomerization inhibiting mutation, when one, or both were aglycosylated.

Example 5: Fc-Fc interaction enhancing mutations promote CDC by aglycosylated anti-CD52 and anti-CD20 antibody variants

It was shown in Example 2 that enzymatic deglycosylation suppressed the CDC activity of wildtype anti-CD52 IgG1-CAMPATH-1H on Wien 133 cells. Here, we tested the effect on CDC activity by the introduction of different mutations at residues N297, and T299 in anti-CD52 IgG1-CAMPATH-1H and anti-CD20 IgG1-11B8 antibody variants harboring an Fc-Fc interaction enhancing mutation on Ramos and Wien 133 lymphoma cells.

Different mutations were introduced in the anti-CD52 IgG1-CAMPATH-1H antibody and anti-CD20 IgG1-11B8 antibody: E430G, E345K or E345R, which induce enhanced Fc-Fc interactions; N297A, N297G, N297Q, N297D, N297Y or T299A, which disrupt the N297 *N*-glycosylation consensus sequence (NX[S/T]), and yield aglycosylated antibodies. The purified antibody variants were tested in a range of concentrations (range 0.0088-40.0 µg/mL final concentrations, with 3.33-fold dilutions) on Ramos cells (N=3), which co-express the CD20 and CD52 antigens, in the presence of 10% NHS using an in vitro CellTiterGlo CDC assay detailed below, or on Wien 133 cells (N=3) in the presence of 20% NHS using the in vitro PI CDC assay described in Example 2.

For the CellTiterGlo CDC assay, 50×10^3 Ramos cells (ATCC, Cat # CRL-1596) in RPMI-1620 (Thermo, Cat # A1049101) with 10% heat inactivated FBS (Thermo, Cat # 10082147) were pre-incubated in polystyrene opaque-walled flat-bottom 96-well plates (Corning, Cat # 3917) with concentration series of purified antibodies in a total volume of 80 µL for 15 min on ice. Next, 20 µL normal human serum (diluted 1:1 in medium) (Complement Technologies, NHS Lot No. 42) was added as a source of complement and incubated in a 37°C incubator for 45 min (10% final NHS concentration). CellTiterGlo® Reagent (Promega, cat # G7570) was added to all wells (50 µL per well) and mixed well using a pipette to induce cell lysis. After incubating the plates for 20 minutes in dark to stabilize the luminescence

signal, luminescence was recorded on a microplate reader (Tecan Spark 20M). In the CellTiterGlo CDC assay, luminescence is detected by a luciferase-mediated conversion of luciferin that is dependent on ATP released from, and proportional to, the amount of viable cells remaining after incubation, upon addition of the CellTiterGlo reagent. Maximal cytotoxicity was determined using a positive control in which cells were lysed using a 0.02% Triton X-100 solution (10X Lysis Buffer from Thermo LDH Cytotoxicity Assay Kit Cat No. 88953, diluted to 1X), resulting in minimal remaining ATP and thus minimal luminescence values. Minimal cytotoxicity (negative control) was determined using cells incubated with serum in the absence of IgG, leading to maximal ATP remaining and thus maximal luminescence values. Luminescence values were converted to percentage cytotoxicity as follows: Cytotoxicity (%) = 100%*(1-(luminescence of test sample – luminescence of Triton X-100 positive control)/(luminescence of no antibody negative control – luminescence of Triton X-100 positive control)).

For both CellTiterGlo and PI CDC assays, the relative areas under dose-response curves with log transformed concentrations (AUC values) were normalized to the AUC value measured for the non-binding negative control IgG1-b12 (0%) and the AUC value measured for the positive control IgG1-CAMPATH-1H-E430G (100%).

Wildtype IgG1-CAMPATH-1H antibody induced efficient CDC of Ramos cells, which was further potentiated by the introduction of either of the E430G, E345K or E345R mutations (Figure 4A). Although the introduction of any of the glycosylation site mutations N297A (E430G-N297A: SEQ ID NO 29; E345K-N297A: SEQ ID NO 35; E345R-N297A: SEQ ID NO 39), N297G (E430G-N297G: SEQ ID NO 30; E345K-N297G: SEQ ID NO 36; E345R-N297G: SEQ ID NO 40), N297Q (E430G-N297Q: SEQ ID NO 31; E345K-N297Q: SEQ ID NO 37; E345R-N297Q: SEQ ID NO 41), N297D (E430G-N297D: SEQ ID NO 32), N297Y (E430G-N297Y: SEQ ID NO 33) or T299A (E430G-T299A: SEQ ID NO 34; E345K-T299A: SEQ ID NO 38) in IgG1-CAMPATH-1H antibody variants with Fc-Fc interaction enhancing mutations resulted in a slight suppression of CDC activity, all aglycosylated variants retained potent CDC activity. At the highest antibody concentration tested (40 µg/mL), all tested IgG1-CAMPATH-1H antibody variants induced similar levels of highly efficient CDC activity (Figure 4B).

Although wildtype IgG1-CAMPATH-1H induced CDC on Wien 133 cells with lower efficiency than on Ramos cells, the introduction of aglycosylating mutations in IgG1-CAMPATH-1H antibody variants harboring an Fc-Fc interaction enhancing

mutation led to similar results on Wien 133 cells as compared to Ramos cells. In short, introduction of an Fc-Fc interaction enhancing mutation strongly potentiated the CDC activity of IgG1-CAMPATH-1H (Figure 4C). Aglycosylating mutations N297A, N297G, N297Q, N297D, N297Y or T299A only partially suppressed the CDC activity as measured through the AUC of the dose response curve, while the CDC activity of the aglycosylated variants was similar to the glycosylated counterparts at the highest antibody concentration tested (Figure 4D). In particular, the E345R-containing antibody variants were least suppressed in their CDC activity upon the introduction of either of the aglycosylating mutations.

Wildtype IgG1-11B8 antibody did not induce detectable CDC of Ramos cells (Figure 4E). Introduction of either the E430G or E345K mutation resulted in efficient CDC. Similar to the enzymatic deglycosylation described in Example 2, introduction of aglycosylating mutation N297A strongly suppressed the CDC activity of IgG1-11B8-E430G. In contrast, introduction of mutation N297A in IgG1-11B8-E345K only partially suppressed CDC activity. While the maximal cell lysis induced by IgG1-11B8-E430G-N297A at 40 µg/mL antibody concentration was considerably lower than the cell lysis induced by IgG1-11B8-E430G, the IgG1-11B8-E345K-N297A induced highly efficient CDC at the highest antibody concentration tested and was comparable to the level induced by IgG1-11B8-E345K (Figure 4F).

On Wien 133 cells, wildtype IgG1-11B8 did also not induce CDC at detectable levels (Figure 4G). Introduction of the E430G or E345K mutation resulted in partial CDC of Wien 133 cells, which was fully abrogated upon the additional introduction of aglycosylating mutation N297A in IgG1-CAMPATH-1H-E430G, also at the highest antibody concentration tested (Figure 4H). Introduction of N297A in IgG1-CAMPATH-1H-E345K resulted in a partial abrogation of CDC activity (Figure 4G, H).

Together, these data show that IgG1-CAMPATH-1H antibody variants harboring an Fc-Fc interaction enhancing mutation retain high CDC activity on Ramos and Wien 133 cells upon the introduction of mutations preventing antibody glycosylation. While the introduction of glycosylation-inhibiting mutation N297A suppressed the CDC activity of IgG1-11B8-E430G, IgG1-11B8-E345K-N297A showed CDC activity comparable to IgG1-11B8-E345K at the highest concentration tested on the Ramos and Wien 133 cell lines.

Example 6: Aglycosylated antibody variants with Fc-Fc interaction mutations retain partial CDC activity on Raji and Daudi cells

In Example 5, it was shown that aglycosylated IgG1-CAMPATH-1H and IgG1-11B8 antibody variants harboring Fc-Fc interaction enhancing mutations retained potent CDC activity on Ramos and Wien 133 cells. Here, we tested whether mutations that prevent glycosylation affected the CDC potency on Raji and Daudi cells of IgG1-CD37-37-3 and IgG1-11B8 antibody variants harboring Fc-Fc interaction enhancing mutations.

Different mutations were introduced in the anti-CD37 antibody IgG1-CD37-37-3 and anti-CD20 antibody IgG1-11B8: E430G or E345K, which induce enhanced Fc-Fc interactions; N297A, N297G, N297Q, or T299A, which disrupt the N297 *N*-glycosylation consensus sequence (NX[S/T]) and yield aglycosylated antibodies. The purified antibody variants were tested in a range of concentrations (range 0.0087-40.0 µg/mL final concentrations; 3.33-fold dilutions) in an in vitro CellTiterGlo CDC assay on Daudi (N=2) and Raji (N=3), which both express the CD20 and CD37 antigens, cells with 10% NHS, essentially as described in Example 5. Maximal cytotoxicity was determined using positive control 0.02% Triton X-100 solution (10X Lysis Buffer from Thermo LDH Cytotoxicity Assay Kit Cat No. 88953). Minimal cytotoxicity (negative control) was determined using cells incubated with serum in the absence of IgG. Luminescence values were converted to percentage cytotoxicity as follows: Cytotoxicity (%) = 100%*(1-(luminescence of test sample - luminescence of Triton X-100 positive control)/(luminescence of no antibody negative control - luminescence of Triton X-100 positive control)). The relative areas under dose-response curves with log transformed concentrations (AUC values) were normalized to the AUC value measured for the non-binding negative control IgG1-b12 (0%) and the AUC value measured for the positive control mixture of IgG1-CD37-37-3-E430G and IgG1-11B8-E430G.

Wildtype IgG1-CD37-37-3 and IgG1-11B8 showed no CDC activity against Daudi cells (Figure 4A). Introduction of the Fc-Fc interaction enhancing E430G mutation enabled these antibody variants to efficiently induce CDC when used separately, and when combined. Disruption of the N297 glycosylation site by N297A, N297G, N297Q, or T299A mutations in antibody IgG1-CD37-37-3-E430G lowered CDC potency to variable levels. At the highest antibody concentration, aglycosylated IgG1-CD37-37-3-E430G variants retained substantial CDC activity, and all induced more CDC of Daudi cells than wild type IgG1-CD37-37-3 (Figure 4B). Introduction of the N297A mutation in IgG1-11B8-E430G partially lowered its CDC potency, and partially inhibited Daudi cell lysis at the highest antibody concentration. An

aglycosylated variant of IgG1-11B8 with another Fc-Fc interaction enhancing mutation (IgG1-11B8-E345K-N297A) killed Daudi cells as well, with a slightly higher efficiency than IgG1-11B8-E430G-N297A and a maximal cytotoxicity similar to IgG1-11B8-E430G.

5 Similar results were obtained in CDC assays on Raji cells (Figure 4C-D). Wildtype IgG1-CD37-37-3 and IgG1-11B8 showed little to no CDC activity against Raji cells, but introduction of the Fc-Fc interaction enhancing E430G mutation in these variants resulted in efficient CDC (Figure 4C). Disruption of the N297 glycosylation site by N297A, N297G, N297Q, or T299A mutations in IgG1-CD37-37-3-E430G lowered the CDC potential of the antibody variant, but retained substantial Raji cell lysis at the highest antibody concentration (Figure 4D), which exceeded the lysis observed for wild type IgG1-CD37-37-3. Introduction of the N297A mutation in IgG1-11B8-E430G suppressed its CDC potency. An aglycosylated variant of IgG1-11B8 with a different Fc-Fc interaction enhancing mutation (IgG1-11B8-E345K-N297A) killed Raji cells with higher efficiency than IgG1-11B8-E430G-N297A. These data show that preventing glycosylation by modifications of the *N*-glycosylation consensus sequence only partially inhibited the CDC potency of IgG1-CD37-37-3 and IgG1-11B8 antibody variants with Fc-Fc interaction enhancing mutations.

20 **Example 7: Disruption of the N297 glycosylation site improves the selectivity of CD52-targeting antibody variants with Fc-Fc interaction enhancing and self-oligomerization inhibiting mutations**

In Example 4, we showed that the N297Q glycosylation site mutation in the CH2 domain of IgG antibodies resulted in improved selectivity of antibody variants with E430G Fc-Fc interaction enhancing and K439E/S440K self-oligomerization inhibiting mutations. Here, we tested whether this improved selectivity could also be observed with glycosylation site mutations (N297A, N297Q) in antibody variants bearing various Fc-Fc interaction enhancing and self-oligomerization inhibiting mutations.

Different mutations were introduced in the anti-CD52 IgG1-CAMPATH-1H antibody: E430G, E345K or E345R, which induce enhanced Fc-Fc interactions; K439E or S440K, which inhibit the formation of homo-hexameric antibody complexes through inhibition of intermolecular Fc-Fc interactions, and which promote the formation of hetero-hexameric antibody complexes through cross-complementary Fc-Fc interactions; N297A, N297Q, or S298G-T299A, which disrupt the N297 *N*-glycosylation consensus sequence (NX[S/T]) and yield aglycosylated antibodies. As

controls, single antibodies were mixed 1:1 with non-binding isotype IgG1-b12 control antibodies to enable direct comparison of the concentrations of individual components and mixtures composed thereof. The purified antibody variants were tested in a range of concentrations (range 0.0088-40.0 µg/mL final concentrations, with 3.33-fold dilutions for the Ramos cells; 0.0018-40.0 µg/mL final concentrations, with 3-fold dilutions for the Wien 133 cells) in an in vitro CellTiterGlo CDC assay on Ramos cells (N=3) with 10% NHS, essentially as described in Example 5, or using a PI CDC assay on Wien 133 cells (N=3) with 20% NHS, essentially as described in Example 2. For both CellTiterGlo and PI CDC assays, the relative areas under dose-response curves with log transformed concentrations (AUC values) were normalized to the AUC value measured for the non-binding negative control IgG1-b12 (0%) and the AUC value measured for positive control IgG1-CAMPATH-1H-E430G.

Introduction of the K439E/S440K self-oligomerization inhibiting mutations to the Fc-Fc interaction enhanced IgG1-CAMPATH-1H-E430G antibody variant reduced, but did not fully block, its CDC potency on Ramos cells (Figure 6A). At the highest antibody concentration, the K439E and S440K variants displayed only slightly reduced CDC-mediated lysis (Figure 6B), indicating substantial single agent activity. Similarly, IgG1-CAMPATH-1H antibody variants bearing the Fc-Fc interaction enhancing E345K or E345R mutation and the K439E (E345K-K439E: SEQ ID NO 50; E345R-K439E: SEQ ID NO 52) or S440K (E345K-S440K: SEQ ID NO 51; E345R-S440K: SEQ ID NO 53) self-oligomerization inhibiting mutation still demonstrated single agent activity, particularly at the highest antibody concentration tested. Disruption of the N297 glycosylation site via an N297A mutation (E430G-K439E-N297A: SEQ ID NO 42; E430G-S440K-N297A: SEQ ID NO 43; E345K-K439E-N297A: SEQ ID NO 44; E345K-S440K-N297A: SEQ ID NO 45; E345R-K439E-N297A: SEQ ID NO 46; E345R-S440K-N297A: SEQ ID NO 47), however, nearly fully inhibited the CDC potency of these antibody variants, and partially or fully inhibited CDC-mediated lysis of Ramos cells at the highest antibody concentration. Introduction of mutation N297Q reduced the single agent activity of IgG1-CAMPATH-1H- IgG1-CAMPATH-1H-E345K-S440K (SEQ ID NO 49), while introduction of the same mutation to E345K-K439E (SEQ ID NO 48) did not.

An almost full restoration of CDC potency (approximately 93%-109% of the activity of positive control IgG1-CAMPATH-1H-E430G was observed upon combining the complementary IgG1-CAMPATH-1H-K439E and -S440K antibody variants bearing the E430G, E345K, or E345R Fc-Fc interaction enhancing mutations. Disruption of

the glycosylation site (N297A) in these antibody variants slightly reduced their CDC potency when mixed (approximately 67%-87% as compared to the positive control) and did not substantially affect the levels of lysis at the highest antibody concentration. Efficient CDC was also observed upon combining IgG1-CAMPATH-1H-E345K-K439E and IgG1-CAMPATH-1H-E345K-S440K antibody variants carrying the
5 N297Q mutation.

When IgG1-CAMPATH-1H-K439E-N297A and IgG1-CAMPATH-1H-S440K-N297A antibody variants carrying two different Fc-Fc interaction enhancing (E430G, E345K, or E345R) mutations were combined, the resulting CDC was comparable to the level
10 of CDC induced by two of these antibody variants carrying the same Fc-Fc interaction enhancing mutation, suggesting that the Fc-Fc enhancing mutations can be used interchangeably in the context of aglycosylated antibody variants.

Similar results were obtained with Wien 133 cells (Figure 6C-D). The K439E and S440K self-oligomerization inhibiting mutations reduced, but did not fully
15 abrogate, the CDC potency of IgG1-CAMPATH-1H-E430G on Wien 133 cells (Figure 6C). Similarly, IgG1-CAMPATH-1H-E345R-K439E and -S440K still demonstrated substantial single agent activity, particularly at the highest antibody concentration (Figure 6D). Aglycosylated variants of these antibodies via a N297A mutation virtually abrogated their CDC potency, and strongly inhibited CDC-mediated lysis of
20 Wien 133 cells at the highest antibody concentration (approximately 8%-28% lysis remaining). The IgG1-CAMPATH-1H-E345K-K439E and -S440K antibody variants harboring the N297A or N297Q mutations also showed low CDC activity (approximately 4%-32%) on Wien 133 cells.

When combined, complementary IgG1-CAMPATH-1H-K439E and -S440K
25 antibody variants harboring the E430G or E345R Fc-Fc interaction enhancing mutations displayed almost fully restored CDC potency against Wien 133 cells (to approximately 95%-99%). Aglycosylated variants (N297A) of these antibody variants slightly reduced their CDC potency when mixed (to approximately 70%-73%) and did not substantially affect the levels of lysis at the highest antibody
30 concentration. Efficient CDC was also observed upon combining IgG1-CAMPATH-1H-E345K-K439E and IgG1-CAMPATH-1H-E345K-S440K antibody variants carrying the N297A or N297Q mutations.

When IgG1-CAMPATH-1H-K439E-N297A and IgG1-CAMPATH-1H-S440K-N297A antibody variants carrying two different Fc-Fc interaction enhancing (E430G, E345K, or E345R) mutations were combined, the resulting CDC was comparable to
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the level of CDC induced by two of these antibody variants carrying the same Fc-Fc interaction enhancing mutation, suggesting that the Fc-Fc enhancing mutations can be used interchangeably.

These data show that disruption of the N297 glycosylation site reduces the single agent activity of Fc-Fc interaction enhanced IgG1-CAMPATH-1H antibody variants harboring the self-oligomerization inhibiting K439E or S440K mutations. In contrast, combining these aglycosylated, Fc-Fc interaction enhanced, self-oligomerization inhibited antibody variants nearly fully restored their potency in CDC assays.

Example 8: Disruption of the N297 glycosylation site improves the selectivity of CD52- and CD20-targeting antibody variants with Fc-Fc interaction enhancing and self-oligomerization inhibiting mutations

In Example 7, disruption of the N297 glycosylation site in the CH2 domain of IgG1-CAMPATH-1H antibody variants harboring Fc-Fc interaction enhancing and self-oligomerization inhibiting mutations resulted in increased CDC selectivity. Here, we tested whether the same principle could be extended to a different combination of antibodies (anti-CD52 IgG1-CAMPATH-1H and anti-CD20 IgG1-11B8).

Different mutations were introduced in the anti-CD52 IgG1-CAMPATH-1H and anti-CD20 IgG1-11B8 antibodies: E430G, E345K or E345R, which induce enhanced Fc-Fc interactions; K439E or S440K, which inhibit the formation of homo-hexameric antibody complexes through inhibition of intermolecular Fc-Fc interactions, and which promote the formation of hetero-hexameric antibody complexes through cross-complementary Fc-Fc interactions; N297A, N297Q, or S298G-T299A, which disrupt the N297 *N*-glycosylation consensus sequence (NX[S/T]), resulting in aglycosylation. As controls, single antibodies were mixed 1:1 with non-binding isotype IgG1-b12 control antibodies to enable direct comparison of the concentrations of individual components and mixtures composed thereof. The purified antibody variants were tested in a range of concentrations (for the Wien 133 cells, 0.01-40.0 µg/mL, 3.3-fold dilutions; for the Ramos cells, 0.0088-40.0 µg/mL final concentrations, 3.33-fold dilutions) in an in vitro PI CDC assay on Wien 133 cells (N=3) with 20% NHS, essentially as described in Example 2, or in a CellTiterGlo CDC assay on Ramos cells (N=3) with 10% NHS, essentially as described in Example 5.

For both CellTiterGlo and PI CDC assays, the relative areas under dose-response curves with log transformed concentrations (AUC values) were normalized

to the AUC value measured for the non-binding negative control IgG1-b12 (0%) and the AUC value measured for the positive control mixture of IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G (100%).

5 Treatment of Wien 133 cells with IgG1-CAMPATH-1H-E430G resulted in efficient CDC (Figure 7A). Introduction of the K439E self-oligomerization inhibiting mutation reduced CDC potency, but had limited effect at single agent activity at antigen-saturating antibody concentrations. The additional introduction of the N297A mutation, which prevents glycosylation, reduced single agent activity of this antibody variant to background levels, also at elevated antibody concentrations. The N297A
10 mutation also suppressed the CDC potency of an IgG1-CAMPATH-1H antibody variant harboring the E345R Fc-Fc interaction enhancing and K439E self-oligomerization inhibiting mutations. At the highest antibody concentration, treatment of Wien 133 cells with this IgG1-CAMPATH-1H-E345R-K439E-N297A antibody variant did result in low levels of CDC (approximately 28%) (Figure 7B). The IgG1-CAMPATH-1H-E345K-
15 K439E antibody variants carrying the N297A or N297Q mutations also displayed limited potency as single agents in CDC assays, but did display limited activity (approximately 5%-35%) at antigen-saturating antibody concentrations.

Compared to IgG1-CAMPATH-1H-E430G, IgG1-11B8-E430G showed limited CDC potency. Introduction of the S440K self-oligomerization inhibiting mutation fully
20 abrogated single agent activity on Wien 133 cells, obscuring any potential additional inhibitory effects of mutations that prevent glycosylation (N297A or N297Q). Similarly, IgG1-11B8-E345K-S440K did not mediate CDC, thereby also obscuring any additional inhibitory effects of mutations that prevent glycosylation (N297A or N297Q).

25 IgG1-CAMPATH-1H-E430G-K439E and IgG1-11B8-E430G-S440K antibody variants efficiently induced CDC when combined, their potency only slightly lower than that of the positive control mixture IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G. The introduction of the N297A mutation to IgG1-CAMPATH-1H-E430G-K439E slightly reduced its CDC potency when combined with the IgG1-11B8-E430G-S440K
30 antibody variant, and even more so when combined with the aglycosylated IgG1-11B8-E430G-S440K-N297A or IgG1-11B8-E430G-S440K-N297Q antibody variants. However, it did not substantially affect Wien 133 cell lysis mediated by these antibody combinations at the highest antibody concentrations (Figure 7B). Similar levels of CDC potency were observed when IgG1-CAMPATH-1H-E430G-K439E-N297A
35 was combined with IgG1-11B8-E345K-S440K-N297A or IgG1-11B8-E345K-S440K-

N297Q, which carried the E345K instead of the E430G Fc-Fc interaction enhancing mutation.

The IgG1-CAMPATH-1H-E345K-K439E antibody variant efficiently induced CDC when combined with the IgG1-11B8-E430G-S440K or IgG1-11B8-E345K-S440K antibody variants, indicating that antibodies with different Fc-Fc interaction enhancing mutations can be combined into co-dependently acting mixtures. The introduction of the N297A or N297Q mutation to IgG1-CAMPATH-1H-E345K-K439E slightly reduced the CDC potency of this antibody variant in combination with the IgG1-11B8-E430G-S440K or IgG1-11B8-E345K-S440K antibody variants, but did not affect the level of Wien 133 cell lysis at the highest antibody concentration. When a mutation preventing glycosylation (N297A or N297Q) was present in both the IgG1-CAMPATH-1H-E345K-K439E antibody variant and in IgG1-11B8-E430G-S440K or IgG1-11B8-E345K-S440K, a more pronounced decrease in CDC potency was observed. The levels of maximal Wien 133 cell lysis, however, remained similar.

The IgG1-CAMPATH-1H-E345R-K439E variant efficiently induced CDC when combined with IgG1-11B8-E430G-S440K. The CDC potency of this combination was slightly reduced when IgG1-CAMPATH-1H-E345R-K439E carried the N297A mutation. When the IgG1-11B8-E430G-S440K antibody variant also carried a mutation which prevents glycosylation (N297A or N297Q), the decrease in CDC potency was more pronounced, although Wien 133 cell lysis at the highest antibody concentration was not affected.

Similar results were observed using Ramos target cells (Figure 7C-D). Introduction of the K439E self-oligomerization inhibiting mutation to IgG1-CAMPATH-1H-E430G reduced CDC potency (Figure 7C), but not Ramos cell lysis at the highest antibody concentration (Figure 7D). The N297A mutation reduced the single agent activity of this antibody variant to background levels. The N297A mutation also suppressed the single agent CDC potency of IgG1-CAMPATH-1H-E345R-K439E and IgG1-CAMPATH-1H-E345K-K439E. Introduction of the N297Q mutation had limited effect on the CDC potency of IgG1-CAMPATH-1H-E345K-K439E, in contrast to its inhibitory effect upon introduction into IgG1-CAMPATH-1H-E430G-K439E (Example 5, 4).

Compared to IgG1-CAMPATH-1H-E430G, IgG1-11B8-E430G showed limited CDC potency. Introduction of the S440K self-oligomerization inhibiting mutation fully abrogated single agent activity, obscuring any potential additional inhibitory effects of mutations which prevent glycosylation (N297A or N297Q). Similarly, IgG1-11B8-

E345K-S440K did not mediate CDC, thereby obscuring any additional inhibitory effects of mutations which prevent glycosylation (N297A, N297Q, or S298G-T299A).

When combined, the IgG1-CAMPATH-1H-E430G-K439E and IgG1-11B8-E430G-S440K antibody variants efficiently induced CDC (approximately 81% of the positive control mixture). The introduction of the N297A mutation to IgG1-CAMPATH-1H-E430G-K439E slightly reduced its CDC potency when combined with the IgG1-11B8-E430G-S440K antibody variant (to approximately 56%), and even more so when combined with the aglycosylated IgG1-11B8-E430G-S440K-N297A or IgG1-11B8-E345K-S440K-N297A antibody variants (to 37%-52%). However, it did not substantially affect Ramos cell lysis at the highest antibody concentration.

The IgG1-CAMPATH-1H-E345K-K439E antibody variant efficiently induced CDC when combined with IgG1-11B8-E345K-S440K. The presence of the N297A or N297Q mutation in IgG1-CAMPATH-1H-E345K-K439E and IgG1-11B8-E345K-S440K slightly reduced this CDC potency, but had limited effect on the levels of Ramos cell lysis at the highest antibody concentration. The combination of aglycosylated IgG1-CAMPATH-1H-E345K-K439E-N297A or -N297Q with IgG1-11B8-E430G-S440K also induced CDC. The combination of aglycosylated IgG1-CAMPATH-1H-E345R-K439E-N297A with IgG1-11B8-E430G-S440K or aglycosylated IgG1-11B8-E430G-S440K-N297A or -N297Q efficiently induced CDC.

These data show that disruption of the N297 glycosylation site inhibits the single agent activity of Fc-Fc interaction enhanced IgG1-CAMPATH-1H and IgG1-11B8 antibody variants harboring the self-oligomerization inhibiting K439E and S440K mutations. In contrast, combination of the complementary (K439E+S440K) aglycosylated Fc-Fc interaction enhanced antibody variants of IgG1-CAMPATH-1H and IgG1-11B8 partially restores their ability to induce CDC. At antigen-saturating concentrations, IgG1-CD52-CAMPATH-1H with E345K, K439E, and N297A mutations, in particular, showed the preferred phenotype of minimal activity as a single agent, while enabling high potency when used in co-dependent mixtures.

Example 9: Disruption of the N297 glycosylation site improves the selectivity of CD37- and CD20-targeting antibody variants with Fc-Fc interaction enhancing and self-oligomerization inhibiting mutations

In Examples 7 and 8, disruption of the N297 glycosylation site in IgG1-CAMPATH-1H and IgG1-11B8 antibody variants with Fc-Fc interaction enhancing and self-oligomerization inhibiting mutations improved their CDC selectivity. Here, we tested

whether N297 mutations could also restrict the selectivity of a different combination of antibody variants (IgG1-CD37-37-3 and IgG1-11B8) with Fc-Fc interaction enhancing and self-oligomerization inhibiting mutations.

Different mutations were introduced in the anti-CD37 IgG1-CD37-37-3 and anti-CD20 IgG1-11B8 antibodies: E430G or E345K, which induce enhanced Fc-Fc interactions; K439E or S440K, which inhibit the formation of homo-hexameric antibody complexes through inhibition of intermolecular Fc-Fc interactions, and which promote the formation of hetero-hexameric antibody complexes through cross-complementary Fc-Fc interactions; N297A or N297Q, which disrupt the N297 *N*-glycosylation site, resulting in aglycosylation. As controls, single antibodies were mixed 1:1 with non-binding isotype IgG1-b12 control antibodies to enable direct comparison of the concentrations of individual components and mixtures composed thereof. The purified antibody variants were tested in a range of concentrations (range 0.0088-40.0 µg/mL final concentrations; 3.33-fold dilutions) in an in vitro CellTiterGlo CDC assay on Raji (N=3) or Daudi (N=2) cells with 10% NHS, essentially as described in Example 5. The relative area under dose-response curves with log transformed concentrations (AUC values) were normalized to the AUC value measured for the non-binding negative control IgG1-b12 (0%) and the AUC value measured for the positive control mixture of IgG1-CD37-37-3-E430G and IgG1-11B8-E430G (100%).

Treatment of Raji cells with IgG1-CD37-37-3-E430G or IgG1-11B8-E430G resulted in efficient CDC (Figure 8A). Introduction of the K439E mutation alone or in combination with a mutation which prevents glycosylation (N297A or N297Q) strongly reduced the potency to induce CDC. Similarly, introduction of the K439E mutation in combination with either N297A or N297Q in IgG1-CD37-37-3-E345K resulted in a low residual potency to induce CDC. No single agent CDC activity was observed for IgG1-11B8-E430G or IgG1-11B8-E345K after introduction of the S440K mutation in combination with either N297A or N297Q. Upon mixing IgG1-CD37-37-3-E430G-K439E with either of the IgG1-11B8-S440K variants harboring the E430G or E345K mutation, and either the N297A or N297Q mutation, a partial recovery of CDC efficacy was observed. Mixing of IgG1-CD37-37-3-E430G-K439E with the E345K-containing IgG1-11B8 variants induced stronger CDC recovery, to approximately 75% of the level induced by the positive control, than mixing with the E430G-containing IgG1-11B8 variants (resulting in approximately 60% of the level induced by the positive control). Mixtures of an aglycosylated IgG1-CD37-37-3-K439E variant

containing either the E430G or E345K mutation with an aglycosylated IgG1-11B8-S440K variant containing either the E430G or E345K mutation also resulted in partial recovery of CDC efficacy albeit to a lower recovery level than mixtures in which one of both antibody variants was glycosylated. Mixing two E430G-containing antibody variants with either the N297A or N297Q mutation resulted in CDC efficacy to approximately 45% or 50% of the level induced by the positive control, respectively. The CDC recovery was more efficient when mixing two E345K-containing antibody variants containing either the N297A or N297Q mutation with a recovery of approximately 64% and 66% of the level induced by the positive control, respectively. At the highest concentration tested (40 µg/mL), a similar CDC potency was attained by all mixtures, except for mixtures of the aglycosylated E430G-containing IgG1-CD37-37-3-K439E and IgG1-11B8-S440K variants which induced a slightly reduced level of CDC at this concentration (Figure 8B).

Similar results were obtained using Daudi target cells (Figure 8C-D). Introduction of the self-oligomerization inhibiting K439E mutation in combination with mutations which prevent glycosylation (N297A or N297Q) to IgG1-CD37-37-3-E430G or IgG1-CD37-37-3-E345K abrogated CDC efficacy (Figure 8C). The single agent activity of IgG1-11B8-E430G and IgG1-11B8-E345K could be suppressed by introducing the S440K mutation in combination with a mutation disrupting the N-linked glycosylation site (N297A or N297Q). When combined with IgG1-CD37-37-3-E430G-K439E, the CDC potency of the aglycosylated IgG1-11B8-E430G-S440K-N297A and -N297Q antibody variants was partially restored, and Daudi cell lysis at the highest antibody concentrations was close to the level of CDC induced by the positive control (Figure 8D). More efficient recovery of CDC efficacy was induced by mixtures of aglycosylated IgG1-11B8-E345K-S440K with IgG1-CD37-37-3-E430G-K439E. Mixing of aglycosylated IgG1-11B8-E430G-S440K-N297A and -N297Q antibody variants with IgG1-CD37-37-3-E430G-K439E or CD37-37-3-E345K-K439E antibody variants that also contain a mutation which prevents glycosylation (N297A or N297Q) also recovered CDC potency, albeit less efficiently.

These data show that the introduction of an Fc-Fc interaction enhancing mutation, a self-oligomerization inhibiting mutation and a mutation that disrupts the N297 glycosylation site abrogates the single agent activity of IgG1-CD37-37-3 and IgG1-11B8 antibody variants. In contrast, combinations of these aglycosylated Fc-Fc interaction enhanced antibody variants with their complementary aglycosylated Fc-Fc

interaction enhanced counterpart largely restores their ability to induce CDC, especially at antigen-saturating antibody concentrations.

Example 10: Analysis of the effect of mutations preventing glycosylation in IgG1-CAMPATH-1H antibody variants harboring an Fc-Fc interaction enhancing mutation on antibody-dependent cellular phagocytosis

Fc γ receptor 2a (Fc γ RIIa), also known as CD32a, is expressed by B cells, macrophages and monocytes and plays an important role in antibody-dependent cellular phagocytosis (ADCP). The interaction of Fc domains with Fc γ receptors is strongly dependent on glycosylation. Here, we tested whether the introduction of mutations preventing glycosylation affected the capacity of IgG1-CAMPATH-1H antibody variants harboring an Fc-Fc interaction enhancing mutation to activate Fc γ RIIa in a reporter cell assay, as a surrogate for ADCP.

For the ADCP reporter bioassay, antibody variants of IgG1-CAMPATH-1H and IgG1-11B8 were tested which harbor an Fc-Fc interaction enhancing mutation (E430G, E345K, or E345R), a self-oligomerization inhibiting mutation (K439E or S440K) and a mutation which disrupts the N297 *N*-glycosylation consensus sequence (NX[S/T]; N297A, N297G, N297Q, N297D, or N297Y) using the Bio-Glo Luciferase Assay System (Promega, Cat No. G7940) on Raji cells. As effector cells, the kit contains Jurkat human T cells that are engineered to stably express high affinity Fc γ RIIa (H131 allotype) and a nuclear factor of activated T cells (NFAT)-response element driving expression of firefly luciferase. Briefly, Raji cells (25 μ L; 11,000 cells/well; Promega, Cat. #G870A) were seeded in 96-wells white opaque flat bottom plates (Corning, Cat. #3917) in RPMI-1640 [(Promega, Cat #G708A) supplemented with 4% low IgG serum (Promega, Cat. #G711A)]. The Raji cells were preincubated for 15 minutes with antibody concentration series (25 μ L; 4-fold dilution series resulting in 0.15-40,000 ng/mL final concentrations after addition of effector cells) at 37°C/5% CO₂. Subsequently, thawed Jurkat Fc γ RIIa H131 allotype Effector cells (25 μ L; 50,000 cells/well; Promega, Cat #G9991) were added, and the cells were incubated for 16-24 hours at 37°C/5% CO₂. After this incubation, the cells were equilibrated to room temperature for 15 minutes. Subsequently, 75 μ L Bio-Glo Assay Luciferase Reagent [Bio-Glo Luciferase Assay Substrate (Promega Cat. #G720A) in Bio-Glo Luciferase Assay Buffer (Promega, Cat. #G719A)] was added per well and incubated for 20 minutes at RT in the dark. Luciferase production was quantified by luminescence readout on a Tecan Spark 20M luminescence plate reader (Tecan). The

relative areas under dose-response curves with log transformed concentrations (AUC values) were normalized to the AUC value measured for the non-binding negative control IgG1-b12 (0%) and the AUC value measured for the positive control IgG1-CAMPATH-1H-E430G (100%; Figure 9B).

5 The capacity to induce FcγRIIa activation by IgG1-CAMPATH-1H-E430G was fully suppressed by the introduction of N-linked glycosylation site mutations N297A, N297G, N297Q, N297D or N297Y (Figure 9A). Similarly, while both IgG1-CAMPATH-1H-E345K and IgG1-CAMPATH-1H-E345R induced efficient activation of FcγRIIa, the introduction of mutation N297A in these antibody variants fully abrogated their
10 capacity to activate FcγRIIa.

A mixture of IgG1-CAMPATH-1H-E430G and IgG1-11B8-E430G efficiently induced FcγRIIa activation (Figure 9B). In contrast, an IgG1-CAMPATH-1H-E430G antibody variant in which the K439E mutation was introduced did not induce FcγRIIa activation, thereby also obscuring any additional suppressive effects of mutation
15 N297A. A low capacity to induce FcγRIIa activation was observed for IgG1-11B8-E430G-S440K as compared to the positive control mixture of IgG1-CAMPATH-1H-E430G-K439E and IgG1-11B8-E430G. Introduction of mutation N297A in the IgG1-11B8-E430G-S440K variant further suppressed its capacity to induce FcγRIIa activation. While a mixture of IgG1-CAMPATH-1H-E430G-K439E and IgG1-11B8-
20 E430G-S440K slightly recovered FcγRIIa activation, a mixture of these antibody variants both harboring aglycosylating mutation N297A did not induce any FcγRIIa activation.

In summary, these data show that the introduction of an aglycosylating mutation in IgG1-CAMPATH-1H antibody variants harboring an Fc-Fc interaction
25 enhancing mutation silences the capacity to induce ADCP as measured through an FcγRIIa activation reporter cell assay. While a mixture of co-dependent glycosylated antibody variants IgG1-CAMPATH-1H-E430G-K439E and IgG1-11B8-E430G-S440K induced partial recovery of ADCP, a mixture of aglycosylated variants IgG1-CAMPATH-1H-E430G-K439E-N297A and IgG1-11B8-E430G-S440K-N297A did not.

30 **Example 11: Mutations preventing glycosylation in IgG1-CAMPATH-1H antibody variants harboring an Fc-Fc interaction enhancing mutation inhibit antibody-dependent cellular cytotoxicity**

Fcγ receptor 3a (FcγRIIIa), also known as CD16a, is expressed predominantly on
35 natural killer cells and macrophages, and plays an important role in antibody-

dependent cellular cytotoxicity (ADCC). The interaction of Fc domains with Fcγ receptors strongly depends on their glycosylation. Here, we tested whether the introduction of mutations preventing glycosylation affected the capacity of IgG1-CAMPATH-1H antibody variants harboring an Fc-Fc interaction enhancing mutation to
5 activate FcγRIIIa in a reporter cell assay, as a surrogate for ADCC.

For the ADCC reporter bioassay, antibody variants of IgG1-CAMPATH-1H were tested which harbor an Fc-Fc interaction enhancing mutation (E430G, E345K, or E345R), and a mutation which disrupts the N297 *N*-glycosylation consensus sequence (NX[S/T]; N297A, N297G, N297Q, N297D, or N297Y) using the Bio-Glo
10 Luciferase ADCC Reporter Bioassay for the FcγRIIIa high affinity V158 allotype on Raji cells (Promega, Cat. #G7015). As effector cells, the kit contains Jurkat human T cells that are engineered to stably express the high affinity V158 allotype of FcγRIIIa and a nuclear factor of activated T cells (NFAT)-response element driving expression of firefly luciferase. Briefly, Raji cells (25 μL; 12,500 cells/well; Promega, Cat.
15 #G870A) were seeded in 96-wells white opaque flat bottom plates (Corning, Cat. #3917) in RPMI-1640 [(Promega, Cat #G708A) supplemented with 10% low IgG serum (Promega, Cat. #G711A)]. The Raji cells were preincubated for 15 minutes with antibody concentration series (25 μL; 4-fold dilution series resulting in 0.15-40,000 ng/mL final concentrations after addition of effector cells) at 37°C/5% CO₂.
20 Subsequently, thawed Jurkat FcγRIIIa (V158 high affinity allotype) Effector cells (25 μL; 75,000 cells/well; Promega, Cat. #G701A) were added, and the cells were incubated for 5 hours at 37°C/5% CO₂. After this incubation, the cells were equilibrated to room temperature for 15 minutes. Subsequently, 75 μL Bio-Glo Assay Luciferase Reagent [Bio-Glo Luciferase Assay Substrate (Promega Cat. #G720A) in
25 Bio-Glo Luciferase Assay Buffer (Promega, Cat. #G719A)] was added per well and incubated for 20 minutes at RT in the dark. Luciferase production was quantified by luminescence readout on a Tecan Spark 20M luminescence plate reader (Tecan). The relative areas under dose-response curves with log transformed concentrations (AUC values) were normalized to the AUC value measured for the non-binding negative
30 control IgG1-b12 (0%) and the AUC value measured for the positive control IgG1-CAMPATH-1H-E430G (100%).

The capacity of IgG1-CAMPATH-1H-E430G to induce FcγRIIIa activation was fully suppressed by the introduction of aglycosylating mutations N297A, N297G, N297Q, N297D, or N297Y (Figure 10). Similarly, while both IgG1-CAMPATH-1H-E345K and IgG1-CAMPATH-1H-E345R induced efficient activation of FcγRIIIa, the
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introduction of mutation N297A in these antibody variants fully abrogated their capacity to activate FcγRIIIa.

In summary, these data show that the introduction of a mutation that prevents glycosylation in IgG1-CAMPATH-1H antibody variants harboring an Fc-Fc interaction enhancing mutation silences their capacity to induce ADCC as measured through an FcγRIIIa activation reporter cell assay.

Example 12: Disruption of the N297 glycosylation site in antibody variants with the Fc-Fc interaction enhancing mutation K248E-T437R had limited effect on their CDC activity.

It was shown in Example 5 that disruption of the N297 N-glycosylation site induced low or no inhibition of the CDC activity of antibody variants harboring E430G, E345K or E345R Fc-Fc interaction enhancing mutations. Here, we tested whether this also extended to the K248E-T437R Fc-Fc interaction enhancing mutation.

Different mutations were introduced in the anti-CD52 antibody IgG1-CAMPATH-1H: E430G or K248E-T437R, which induce enhanced Fc-Fc interactions; N297A, which disrupts the N297 N-glycosylation consensus sequence (NX[S/T]) and yields aglycosylated antibodies. The purified antibody variants were tested in a range of concentrations (range 0.0088-40.0 μg/mL final concentrations; 3.33-fold dilutions) in a PI CDC assay on Wien 133 cells (N=4) with 20% NHS, essentially as described in Example 2, or using an in vitro CellTiterGlo CDC assay on Ramos cells (N=3) with 10% NHS, essentially as described in Example 5. For both CellTiterGlo and PI CDC assays, the relative areas under dose-response curves with log transformed concentrations (AUC values) were normalized to the AUC value measured for the non-binding negative control IgG1-b12 (0%) and the AUC value measured for positive control IgG1-CAMPATH-1H-E430G.

Introduction of the Fc-Fc interaction enhancing mutations E430G or K248E-T437R (SEQ ID NO 63) to IgG1-CAMPATH-1H strongly increased its CDC potency on Wien 133 cells (Figure 11A). The increased CDC activity was also evident at antigen-saturating antibody concentrations (Figure 11B). Disruption of the N297 glycosylation site with an N297A mutation (SEQ ID NO 64) slightly lowered the CDC potency of IgG1-CAMPATH-1H-K248E-T437R, and did not affect its CDC activity at the highest antibody concentration.

Similarly, IgG1-CAMPATH-1H antibody variants harboring the E430G or K248E-T437R Fc-Fc interaction enhancing mutations efficiently induced CDC in Ramos cells

(Figure 11C-D). Preventing N-linked glycosylation on N297 with an N297A mutation slightly lowered the CDC potency (Figure 11C) of IgG1-CAMPATH-1H-K248E-T437R, but not its CDC activity at the antigen-saturating antibody dose (Figure 11D).

Together, these data show that the CDC activity of antibody variant IgG1-CAMPATH-1H-K248E-T437R was largely retained upon disruption of the N297 glycosylation site.

Example 13: Disruption of the N297 glycosylation site improves the selectivity of antibody variants harboring the K248E-T437R Fc-Fc interaction enhancing and the K439E or S440K self-oligomerization inhibiting mutations.

It was shown in Examples 7-9 that disruption of the N297 glycosylation site improved the selectivity of antibody variants with an E430G, E345K, or E345R Fc-Fc interaction enhancing mutation and a K439E or S440K self-oligomerization inhibiting mutation. Here, we tested whether this also extended to antibody variants carrying the K248E-T437R Fc-Fc interaction enhancing mutation in combination with the self-oligomerization inhibiting K439E or S440K mutations.

Different mutations were introduced in the negative control antibody IgG1-b12, the anti-CD52 antibody IgG1-CAMPATH-1H, and the anti-CD20 antibody IgG1-11B8: E430G or K248E-T437R, which induce enhanced Fc-Fc interactions; K439E or S440K, which inhibit the formation of homo-hexameric antibody complexes through inhibition of intermolecular Fc-Fc interactions, and which promote the formation of hetero-hexameric antibody complexes through cross-complementary Fc-Fc interactions; N297A, which disrupts the N297 N-glycosylation consensus sequence (NX[S/T]) and yields aglycosylated antibodies. The purified antibody variants were tested in PI CDC assays on Wien 133 cells (N=3) with 20% NHS essentially as described in Example 2, in a range of concentrations (range of 0.002-40.0 µg/mL final concentrations; 4.0-fold dilutions (Figure 12A); 0.0088-40.0 µg/mL final concentrations (Figures 12A-B); 3.33-fold dilutions (Figures 12C-D)). The purified antibody variants were also tested in in vitro CellTiterGlo CDC assays on Ramos cells (N=3) with 10% NHS (Figures 12E-F), essentially as described in Example 5. For both CellTiterGlo and PI CDC assays, the relative areas under dose-response curves with log transformed concentrations (AUC values) were normalized to the AUC value measured for the non-binding negative control IgG1-b12 (0%) and the AUC value measured for the positive control mixture IgG1-CAMPATH-1H-E430G + IgG1-B118-E430G (100%).

The combination of Fc-Fc interaction enhanced IgG1-CAMPATH-1H-E430G and IgG1-11B8-E430G efficiently induced CDC in Wien 133 cells (Figure 12A). Fc-Fc interaction enhanced IgG1-CAMPATH-1H-K248E-T437R with the self-oligomerization inhibiting mutation K439E (SEQ ID NO 65) displayed single agent activity when combined with the IgG1-b12-S440K (SEQ ID NO 70) negative control antibody variant, while IgG1-CAMPATH-1H-K248E-T437R with the self-oligomerization inhibiting mutation S440K (SEQ ID NO 66) displayed single agent activity when combined with the IgG1-b12-K439E (SEQ ID NO 69) negative control antibody variant (Figure 12A-B). Preventing N-linked glycosylation of the IgG1-CAMPATH-1H-K248E-T437R-K439E antibody variant with the N297A mutation (SEQ ID NO 67) efficiently inhibited its single agent CDC activity on Wien 133 cells (Figure 12C-D).

The Fc-Fc interaction enhanced and self-oligomerization inhibited IgG1-11B8-K248E-T437R-S440K antibody variant already showed low single agent activity on Wien 133 cells (Figure 12A-B), which was also the case after disruption of the N297 glycosylation site in this antibody variant (SEQ ID NO 68; Figures 12C-D). Upon combination of IgG1-CAMPATH-1H-K248E-T437R-N297A and IgG1-11B8-K248E-T437R-S440K-N297A, CDC potency was partially restored, and at the antigen-saturating antibody concentration, CDC activity was largely restored.

A similar co-dependent recovery of the CDC potency of aglycosylated IgG1-CAMPATH-1H-K248E-T437R-N297A and IgG1-11B8-K248E-T437R-S440K-N297A was observed using Ramos cells (Figure 12C-D). Briefly, the IgG1-CAMPATH-1H-K248E-T437R-N297A and IgG1-11B8-K248E-T437R-S440K-N297A antibody variants displayed no CDC potency in Ramos cells (Figure 12C), not even at the antigen-saturating antibody concentration (Figure 12D). Combination of IgG1-CAMPATH-1H-K248E-T437R-N297A and IgG1-11B8-K248E-T437R-S440K-N297A partially restored the CDC potency of these antibody variants, and almost completely restored CDC activity at the antigen-saturating concentration, comparing to the IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G positive control.

Together, these data show that disruption of the N297 glycosylation site improves the selectivity of antibody variants harboring the Fc-Fc interaction enhancing K248E-T437R and the self-oligomerization inhibiting K439E or S440K mutations. Combination of the K248E-T437R Fc-Fc interaction enhanced antibody variants with the complementary K439E and S440K self-oligomerization inhibiting mutations partially restored their CDC activity.

Example 14: Aglycosylated CD37- and CD20-targeting antibody variants with Fc-Fc interaction enhancing mutation E345R and self-oligomerization inhibiting mutations induce mutually dependent CDC activation

In Example 9, selective CDC could be induced by aglycosylated IgG1-CD37-37-3 and IgG1-11B8 antibody variants with Fc-Fc interaction enhancing mutation E430G or E345K and self-oligomerization inhibiting mutations. Here, we tested whether CDC could also be selectively induced by aglycosylated co-dependent IgG1-CD37-37-3 and IgG1-11B8 antibody variants harboring Fc-Fc interaction enhancing mutation E345R.

Different mutations were introduced in the anti-CD37 IgG1-CD37-37-3 and anti-CD20 IgG1-11B8 antibodies: E430G or E345R, which induce enhanced Fc-Fc interactions; K439E or S440K, which inhibit self-oligomerization; N297A, which disrupts the N297 *N*-glycosylation consensus sequence (NX[S/T]), resulting in aglycosylated antibodies. As controls, single antibodies were mixed 1:1 with non-binding isotype IgG1-b12 control antibodies to enable direct comparison of the concentrations of individual components and mixtures composed thereof. Where indicated, these mutations were introduced in IgG1-b12 non-binding control antibody as well. The purified antibody variants were tested in a range of concentrations (range 0.005-20.0 µg/mL final concentrations; 3.33-fold dilutions) in an in vitro CDC assay with 20% NHS on Daudi cells (N=3), which co-express the CD20 and CD37 antigens, essentially as described in Example 2, with the exception that in the current Example 30,000 cells/well were used. The relative area under dose-response curves with log transformed concentrations (AUC values) were normalized to the AUC value measured for the non-binding negative control IgG1-b12 (0%) and the AUC value measured for the positive control mixture of IgG1-CD37-37-3-E430G and IgG1-11B8-E430G (100%).

The low single agent CDC activity on Daudi cells of IgG1-CD37-37-3-E430G-K439E could not be further suppressed by introduction of mutation N297A (Figure 13A). A similarly low residual single agent CDC activity was observed for IgG1-CD37-37-3-E345R-K439E-N297A when it was combined with IgG1-b12-E345R-S440K-N297A. The residual CDC potency induced by the IgG1-11B8-E430G-S440K antibody variant was lower than of IgG1-CD37-37-3-E430G-K439E and could also not be further suppressed by introduction of mutation N297A. IgG1-11B8-E345R-S440K-N297A demonstrated a similarly very low CDC activity when combined with IgG1-b12-E345R-K439E-N297A.

As compared to positive control mixture IgG1-CD37-37-3-E430G + IgG1-11B8-E430G, the introduction of self-oligomerization inhibiting mutations in these antibody variants resulted in approximately 12% less efficient CDC. Upon introducing the N297A mutation in the variants of the positive control, CDC was induced approximately 29% less efficiently. When both the K439E or S440K, and N297A mutations were introduced in IgG1-CD37-37-3-E430G and IgG1-11B8-E430G, CDC was induced approximately 45% less efficiently as compared to the positive control mixture. However, when E345R was introduced as the Fc-Fc interaction enhancing mutation instead of E430G, the CDC potency was reduced only by 14% as compared to the positive control mixture, which is a result comparable to the mixture of IgG1-CD37-37-3-E430G-K439E + IgG1-11B8-E430G-S440K. At the highest concentration tested (20 µg/mL), all mixtures described above induced a maximal lysis comparable to the positive control mixture, while all single agent CDC activity was limited to <14% lysis, retaining a substantial window between mixture and co-dependent mixture even at target saturation (Figure 13B).

In conclusion, aglycosylated variants of IgG1-CD37-37-3 and IgG1-11B8 antibodies harboring an E430G or E345R Fc-Fc interaction enhancing mutation in addition to the K439E or S440K self-oligomerization inhibiting mutation could selectively and co-dependently induce CDC of Daudi cells. In particular, a mixture of antibody variants harboring the E345R mutation showed strong CDC selectivity. At the highest concentration tested, all mixtures studied in this Example induced efficient lysis of Daudi cells.

Example 15: Disruption of the N297 glycosylation site improves selectivity in CDC efficacy by CD52- and CD20-targeting antibody variants harboring Fc-Fc interaction enhancing mutation E430Y and self-oligomerization inhibiting mutations

In Example 7 and 8, it was shown that single agent CDC efficacy on Wien 133 cells could be strongly reduced by the introduction of a mutation that prevents glycosylation of CD52-targeting IgG1-CAMPATH-1H and CD20-targeting IgG1-11B8 antibody variants that also harbor mutations that enhance Fc-Fc interactions and inhibit self-oligomerization. Co-dependent mixtures of such aglycosylated antibody variants could partially restore CDC efficacy. Here, it was studied whether aglycosylated co-dependent IgG1-CAMPATH-1H and IgG1-11B8 antibody variants

harboring Fc-Fc interaction enhancing mutation E430Y could further optimize the CDC potency on Wien 133 cells in a selective fashion.

Different mutations were introduced in the anti-CD52 IgG1-CAMPATH-1H and anti-CD20 IgG1-11B8 antibodies: E430G, E345R or E430Y, which induce enhanced Fc-Fc interactions; K439E or S440K, which inhibit self-oligomerization; N297A, which disrupts the N297 N-glycosylation consensus sequence (NX[S/T]) and yields aglycosylated antibodies. As controls, single antibodies were mixed 1:1 with non-binding isotype IgG1-b12 control antibodies to enable direct comparison of the concentrations of individual components and mixtures composed thereof. Where indicated, mutations such as the abovementioned were introduced in IgG1-b12 non-binding control antibody as well. The purified antibody variants were tested in a range of concentrations (range 0.01-40.0 µg/mL final concentrations, with 3.33-fold dilutions) using a PI CDC assay on Wien 133 cells (N=3) with 20% NHS, essentially as described in Example 2, with the exception that in the current Example 30,000 cells/well were used. The relative areas under dose-response curves with log transformed concentrations (AUC values) were normalized to the AUC value measured for the non-binding negative control IgG1-b12 (0%) and the AUC value measured for positive control IgG1-CAMPATH-1H-E430G (100%; for the IgG1-CAMPATH-1H antibody variant mixtures) or positive control IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G (100%; for the IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G antibody variant mixtures).

In Example 7, it was observed that IgG1-CAMPATH-1H antibody variants harboring either E430G or E345R, and K439E or S440K had residual CDC activity on Wien 133 cells as compared to the level induced by the positive control (E430G-K439E: approximately 33%; E345R-K439E: approximately 51%; E430G-S440K: approximately 49%; E345R-S440K: approximately 58%). In the current Example, both IgG1-CAMPATH-1H-E430Y-K439E (SEQ ID NO 77) and IgG1-CAMPATH-1H-E430Y-S440K (SEQ ID NO 78) induced residual CDC to approximately 75% and 78%, respectively, of the level induced by the IgG1-CAMPATH-1H-E430G positive control when combined with complementary non-binding control IgG1-b12 variants (Figure 14A). In all cases, introduction of the N297A mutation partially suppressed the residual CDC activity (E430Y-K439-N297A: SEQ ID NO 79; E430Y-S440-N297A: SEQ ID NO 80).

The strongest recovery of CDC potency (to approximately 108% of the level induced by the positive control) was induced by a mixture of IgG1-CAMPATH-1H-

E430Y-K439E + IgG1-CAMPATH-1H-E430Y-S440K, while mixtures of such variants containing the E345R (approximately 103% of level induced by positive control) or E430G mutation (approximately 97% of level induced by positive control) also efficiently recovered CDC activity. Although the CDC efficacy by mixtures of the aglycosylated IgG1-CAMPATH-1H variants was lower than by mixtures of glycosylated variants as compared to the level induced by the positive control (E430G: approximately 72%; E345R: approximately 88%; E430Y: approximately 94%), these combinations showed higher selectivity of CDC as the single agent CDC activity of aglycosylated variants was also considerably lower than of glycosylated antibody variants.

Similar CDC efficacy results were observed for IgG1-CAMPATH-1H and IgG1-11B8 antibody variants and mixtures thereof (Figure 14B). Introduction of mutation N297A nearly abrogated the single agent activity of IgG1-CAMPATH-1H-K439E variants harboring either the E430G or E345R mutation (both described in Example 8) while the single agent CDC activity of IgG1-CAMPATH-1H-E430Y-K439E (in a mixture with a complementary IgG1-b12 variant) was only partially suppressed by introduction of mutation N297A. While no single agent CDC activity could be detected for IgG1-11B8-E430G-S440K and IgG1-11B8-E345R-S440K (Example 8), a relatively high residual CDC activity was induced by IgG1-11B8-E430Y-S440K (to approximately 39% of the level induced by the positive control mixture). The residual CDC activity of IgG1-11B8-E430Y-S440K could partially be suppressed by introduction of mutation N297A, to approximately 10% of the level induced by the positive control mixture.

Strong recovery of CDC activity was observed for mixtures of the glycosylated IgG1-CAMPATH-1H and IgG1-11B8 variants harboring the E430G, E345R or E430Y and complementary self-oligomerization inhibiting mutations. Similar to what was observed for aglycosylated IgG1-CAMPATH-1H antibody variant mixtures in Figure 14A, mixtures of aglycosylated IgG1-CAMPATH-1H and IgG1-11B8 antibody variants harboring the E430G, E345R or E430Y induced lower recovery of CDC potency. However, also here, the aglycosylated antibody variants showed a higher selectivity of CDC as the single agent CDC activity of the aglycosylated variants was considerably lower than that of glycosylated IgG1-CAMPATH-1H and IgG1-11B8 antibody variants.

In conclusion, introduction of the N297A mutation partially suppressed the single agent CDC activity on Wien 133 cells of IgG1-CAMPATH-1H-E430Y and IgG1-

11B8-E430Y antibody variants that further contain a self-oligomerization inhibiting mutation. CDC efficacy could be efficiently restored by mixing such aglycosylated co-dependent antibody variants. Although the CDC potency of mixtures of glycosylated IgG1-CAMPATH-1H and IgG1-11B8 antibody variants was higher, the more strongly suppressed single agent CDC activity of aglycosylated variants resulted in a higher CDC selectivity. While IgG1-CAMPATH-1H variants harboring the E430Y Fc-Fc interaction enhancing mutation showed substantial residual single agent activity, reducing the selective window, variant IgG1-11B8-E430Y-S440K-N297A showed minimal single agent activity.

Example 16: CDC efficacy of mixed aglycosylated antibody variants containing mutations that enhance Fc-Fc interactions and inhibit self-oligomerization is improved by introducing additional C1q binding-enhancing mutations

In Example 7 and 8, it was shown that single agent CDC efficacy could be strongly reduced by the introduction of a mutation that prevents glycosylation of CD52-targeting IgG1-CAMPATH-1H and CD20-targeting IgG1-11B8 antibody variants, that also harbor mutation E345K which enhances Fc-Fc interactions and mutations that which self-oligomerization. Co-dependent mixtures of such antibody variants could partially restore the CDC efficacy compared to the level of antibody variants containing only Fc-Fc interaction enhancing mutation E430G. Here, the effect of introducing additional C1q binding enhancing mutations on the recovery of CDC efficacy after mixing IgG1-CAMPATH-1H variants, or IgG1-CAMPATH-1H and IgG1-11B8 variants was studied for antibody variants harboring the Fc-Fc interaction enhancing mutation E345K.

Different mutations were introduced in the anti-CD52 IgG1-CAMPATH-1H and anti-CD20 IgG1-11B8 antibodies: E430G or E345K, which induce enhanced Fc-Fc interactions; K439E or S440K, which inhibit self-oligomerization; N297A, which disrupts the N297 N-glycosylation consensus sequence (NX[S/T]) and yields aglycosylated antibodies. As controls, single antibodies were mixed 1:1 with non-binding isotype IgG1-b12 control antibodies to enable direct comparison of the concentrations of individual components and mixtures composed thereof. The purified antibody variants were tested in a range of concentrations (range 0.01-40.0 µg/mL final concentrations, with 3.33-fold dilutions) using a PI CDC assay on Wien 133 cells (N=3) with 20% NHS, essentially as described in Example 2 with the

exception that in the current Example 30,000 cells/well were used. The relative areas under dose-response curves with log transformed concentrations (AUC values) were normalized to the AUC value measured for the non-binding negative control IgG1-b12 (0%) and the AUC value measured for positive control IgG1-CAMPATH-1H-E430G (100%; for the IgG1-CAMPATH-1H antibody variant mixtures) or positive control mixture IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G (100%; for the IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G antibody variant mixtures).

While no single agent CDC activity on Wien 133 cells by IgG1-CAMPATH-1H-E345K-K439E-N297A and IgG1-CAMPATH-1H-E345K-S440K-N297A could be detected in Example 7, the introduction of additional mutations that enhance C1q binding (K326A-E333S) in these constructs (E345K-K439E-N297A-K326A-E333S: SEQ ID NO 83; E345K-S440K-N297A-K326A-E333S: SEQ ID NO 84) increased single agent CDC activity (Figure 15A). Mixing these complementary antibody variants resulted in a full co-dependent recovery of CDC potency equivalent to that of the IgG1-CAMPATH-1H-E430G positive control. Similarly, no single agent CDC activity could be detected for IgG1-11B8-E345K-S440K-N297A in Example 8, but partial CDC activity was observed after introducing the K326A-E333S mutations in this construct (Figure 15B). A mixture of IgG1-CAMPATH-1H-E345K-K439E-N297A-K326A-E333S + IgG1-11B8-E345K-S440K-N297A-K326A-E333S recovered a CDC potency similar to that of the IgG1-Campath-1H-E430G + IgG1-11B8-E430G positive control mixture.

Together, these data show that the introduction of C1q binding enhancing mutations K326A and E333S decreased the selectivity of CDC induction in Wien 133 cells by IgG1-CAMPATH-1H and IgG1-11B8 antibody variants harboring Fc-Fc interaction enhancing mutation E345K and self-oligomerization inhibiting mutations, but mutations K326A and E333S enabled the recovery of highly potent CDC after mixing.

Example 17: Selectivity of CDC efficacy by aglycosylated IgG2 and IgG4 antibody variants harboring Fc-Fc interaction enhancing and self-oligomerization inhibiting mutations

In the previous Examples, it was shown that aglycosylated variants of IgG1 antibodies harboring mutations that enhance Fc-Fc interactions and inhibit self-oligomerization could selectively and co-dependently induce CDC of target cells. Here, it was studied whether CDC could also be induced in a selective manner by aglycosylated variants of IgG2 and IgG4 antibodies harboring such mutations.

Different mutations were introduced in the anti-CD52 IgG2-CAMPATH-1H and IgG4-CAMPATH-1H antibodies, and anti-CD20 IgG2-11B8 and IgG4-11B8 antibodies: E430G or E345R, which induce enhanced Fc-Fc interactions; K439E or S440K, which inhibit self-oligomerization; N297A, which disrupts the N297 N-glycosylation consensus sequence (NX[S/T]) and yields aglycosylated antibodies. As controls, single antibodies were mixed 1:1 with non-binding isotype IgG2-b12 control antibodies to enable direct comparison of the concentrations of individual components and mixtures composed thereof. The purified antibody variants were tested in a range of concentrations (range 0.01-40.0 µg/mL final concentrations, with 3.33-fold dilutions) using a PI CDC assay on Wien 133 cells (N=3) with 20% NHS, essentially as described in Example 2 with the exception that in the current Example 30,000 cells/well were used. The relative areas under dose-response curves with log transformed concentrations (AUC values) were normalized to the AUC value measured for the non-binding negative control IgG1-b12 (0%) and the AUC value measured for positive control mixture IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G (100%).

A mixture of IgG2 variants (SEQ ID NO 74) of the CAMPATH-1H and 11B8 antibodies both harboring the E345R (SEQ ID NO 124) mutation induced strong CDC of Wien 133 cells, to approximately 111% of the level induced by the positive control (Figure 16A). Variant IgG2-CAMPATH-1H-E345R-K439E (SEQ ID NO 125) induced residual CDC activity to approximately 34% of the level induced by the positive control, while introduction of mutation N297A (SEQ ID NO 127) in this variant resulted in single agent CDC activity of approximately 48% of the level induced by the positive control. When introducing mutation S440K (SEQ ID NO 126) in the IgG2-11B8-E345R variant, the single agent CDC activity dropped to approximately 18% of the level induced by the positive control, while the introduction of N297A (SEQ ID NO 128) in IgG2-11B8-E345R-S440K resulted in a single agent CDC activity of approximately 37% of the level induced by the positive control. A strong recovery of CDC potency was observed upon mixing IgG2-CAMPATH-1H-E345R-K439E + IgG2-11B8-E345R-S440K (to approximately 93% of the level induced by the positive control) or by mixing IgG2-CAMPATH-1H-E345R-K439E-N297A + IgG2-11B8-E345R-S440K-N297A (to approximately 96% of the level induced by the positive control).

A mixture of IgG4 variants (SEQ ID NO 75) of the CAMPATH-1H and 11B8 antibodies both harboring the E345R (SEQ ID NO 129) mutation induced CDC of Wien 133 cells to approximately 71% of the level induced by the positive control

(Figure 16B). No substantial single agent CDC activity was detected for the IgG4-CAMPATH-1H-E345R variants harboring either the K439E (SEQ ID NO 130) or K439E-N297A (SEQ ID NO 132) mutations. Also, the IgG4-11B8-E345R variants harboring either the S440K (SEQ ID NO 131) or S440K-N297A (SEQ ID NO 133) mutations only induced CDC activity at very low levels. A partial recovery of CDC potency was observed by mixing IgG4-CAMPATH-1H-E345R-K439E + IgG4-11B8-E345R-S440K, to approximately 50% of the level induced by the positive control. Mixing aglycosylated variants of the latter antibody variants (IgG4-CAMPATH-1H-E345R-K439E-N297A + IgG4-11B8-E345R-S440K-N297A) only recovered CDC potency to approximately 14% of the level induced by the positive control.

In conclusion, mixtures of aglycosylated IgG2 antibody variants harboring Fc-Fc interaction enhancing mutation E345R and self-oligomerization inhibiting mutations K439E or S440K could induce selective CDC of Wien 133 cells in a co-dependent manner. The individual glycosylated IgG2 antibody variants induced a substantial level of residual single agent CDC activity, which could not be suppressed by introduction of mutation N297A. Although the window in CDC selectivity for IgG2 antibody variants is more limited than for comparable IgG1 variants, the lack of FcγR activation by aglycosylated IgG2 variants, as described in Example 23 and 24, may allow aglycosylated co-dependent IgG2 antibody variants to be used for applications in which single agent CDC activity does not pose a potential risk. No single agent CDC activity was observed for glycosylated and aglycosylated IgG4 antibody variants harboring mutations that enhance Fc-Fc interactions and inhibit self-oligomerization. However, only a partial recovery of CDC potency could be attained by mixing IgG4 antibody variants harboring the aforementioned mutations.

Example 18: Selectivity of CDC induction by aglycosylated IgG1-CAMPATH-1H antibody variants harboring Fc-Fc interaction enhancing and self-oligomerization inhibiting mutations

In previous Examples, the effect of disrupting the N-glycosylation consensus sequence of IgG1 antibody variants harboring Fc-Fc interaction enhancing and self-oligomerization inhibiting mutations on CDC efficacy was assessed for different antibody and target combinations. Here, CDC efficacy on Wien 133 cells induced by single agent antibody variants or mixtures of such variants was assessed for variants harboring self-oligomerization inhibiting mutations K439E or S440K, the N297A

mutation, which disrupts the N-glycosylation consensus sequence, and either of the Fc-Fc interaction enhancing mutations E430G, E430Y, E345K or E345R.

Different mutations were introduced in the anti-CD52 IgG1-CAMPATH-1H antibody: E430G, E430Y, E345K or E345R, which enhance Fc-Fc interactions; K439E or S440K, which inhibit self-oligomerization; N297A, which disrupts the N297 N-glycosylation consensus sequence (NX[S/T]) and yields aglycosylated antibodies. As controls, single antibodies were mixed 1:1 with non-binding isotype IgG1-b12 control antibodies to enable direct comparison of the concentrations of individual components and mixtures composed thereof. Where indicated, mutations such as the abovementioned were introduced in IgG1-b12 non-binding control antibody as well. The purified antibody variants were tested in a range of concentrations (range 0.01-100.0 µg/mL final concentrations, with 2.5-fold dilutions) using a PI CDC assay on Wien 133 cells (N=3) with 20% NHS, essentially as described in Example 2 with the exception that in the current Example 30,000 cells/well were used. The relative areas under dose-response curves with log-transformed concentrations (AUC values) were normalized to the AUC value measured for the non-binding negative control IgG1-b12 (0%) and the AUC value measured for positive control IgG1-CAMPATH-1H-E430G (100%).

Upon introduction of mutation K439E or S440K in IgG1-CAMPATH-1H-E430Y, the single agent CDC efficacy was approximately 92% and 97% of the level induced by positive control IgG1-CAMPATH-1H-E430G, respectively (Figure 17A). A mixture of these antibody variants increased the CDC efficacy to approximately 122% of the level induced by the positive control. IgG1-CAMPATH-1H variants harboring the K439E-N297A mutations induced varying levels of residual single agent CDC activity depending on the Fc-Fc interaction enhancing mutation that was introduced, ranging from approximately 5% (E345K), 12% (E430G), 36% (E345R) up to 60% (E430Y) of the level induced by the positive control. The single agent CDC activity of IgG1-CAMPATH-1H variants harboring S440K-N297A also depended on the Fc-Fc interaction enhancing mutation that was introduced, but the residual CDC activity of variants containing the S440K-N297A mutations was overall higher than the constructs harboring mutations K439E-N297A. The residual CDC activity of the IgG1-CAMPATH-1H variants harboring the S440K-N297A mutations with an Fc-Fc interaction enhancing mutation ranged from approximately 20% (E345K), 27% (E430G), 47% (E345R) up to 65% (E430Y).

Mixtures of IgG1-CAMPATH-1H antibody variants harboring the K439E or S440K mutation in addition to mutation N297A and any of the Fc-Fc interaction enhancing mutations efficiently restored CDC efficacy. Mixtures of IgG1-CAMPATH-1H-E430Y-K439E-N297A + IgG1-CAMPATH-1H-E430Y-S440K-N297A and IgG1-CAMPATH-1H-E345R-K439E-N297A + IgG1-CAMPATH-1H-E345R-S440K-N297A did so most efficiently to approximately 95% of the level induced by the positive control. Mixtures of the co-dependent IgG1-CAMPATH-1H variants harboring either the E430G or E345K mutations restored CDC efficacy to approximately 84 and 87% of the level induced by the positive control, respectively.

At the highest concentration tested, all mixtures induced CDC to a level that was comparable to the positive control (Figure 17B). The IgG1-CAMPATH-1H variants harboring the K439E-N297A mutations and either of the E430G, E345K, E430Y or E345R mutations induced CDC with a varying level of potency ranging from 44% (E345K) to 82% (E430Y) while the IgG1-CAMPATH-1H variants harboring the S440K-N297A mutations and either of the E430G, E345K, E430Y or E345R mutations induced CDC with a potency ranging from 51% (E345K) to 82% (E430Y).

In conclusion, aglycosylated IgG1-CAMPATH-1H antibody variants harboring an Fc-Fc interaction enhancing mutation have a lower residual single agent CDC activity on Wien 133 cells upon introduction of the K439E mutation as compared to variants harboring the S440K mutation. In addition, the data presented in this Example indicate that CDC efficacy could be most potently restored by mixtures of co-dependent aglycosylated IgG1-CAMPATH-1H antibody variants harboring the E430Y or E345R Fc-Fc interaction enhancing mutations. However, such mixtures are associated with a lower CDC selectivity as the single agent CDC activity was relatively high. The most selective antibody variants are the variants harboring the E345K mutation, followed by the E430G mutation, which induced relatively lower single agent activity and relatively strong CDC recovery as a mixture.

Example 19: Analysis of the effect of introducing glycosylation-disrupting mutation in IgG1-CAMPATH-1H antibody variants harboring Fc-Fc interaction enhancing and self-oligomerization inhibiting mutations on FcγRIIa activation

In Example 10, it was shown that the introduction of a glycosylation-inhibiting mutation in IgG1-CAMPATH-1H antibody variants harboring an Fc-Fc interaction enhancing mutation silences the capacity to induce ADCP as measured through an

FcγRIIa activation reporter cell assay. Here, we tested whether the introduction of glycosylation-inhibiting mutation N297A affected the capacity of IgG1-CAMPATH-1H and IgG1-11B8 antibody variants or mixtures thereof harboring Fc-Fc interaction enhancing mutation E430G, E430Y or E345R and a self-oligomerization inhibiting mutation to activate FcγRIIa in a reporter cell assay, as a surrogate for antibody-dependent cellular phagocytosis (ADCP).

For the ADCP reporter bioassay, antibody variants of IgG1-CAMPATH-1H and IgG1-11B8 were tested which harbor an Fc-Fc interaction enhancing mutation (E430G, E430Y, or E345R), a self-oligomerization inhibiting mutation (K439E or S440K) and a mutation which disrupts the N297 *N*-glycosylation consensus sequence (NX[S/T]; N297A) using the Bio-Glo Luciferase Assay System (Promega, Cat No. G7941) on Raji cells. As controls, single antibodies were mixed 1:1 with non-binding isotype IgG1-b12 control antibodies to enable direct comparison of the concentrations of individual components and mixtures composed thereof. As effector cells, the kit contains Jurkat human T cells that are engineered to stably express high affinity FcγRIIa (H131 allotype) and a nuclear factor of activated T cells (NFAT)-response element driving expression of firefly luciferase. Briefly, Raji cells (10 μL; 5,000 cells/well) were seeded in 384-wells white opaque flat bottom plates (Optiplate white; Perkin-Elmer; Cat # 6007680) in RPMI-1640 [(Promega, Cat #G708A) supplemented with 4% low IgG serum (Promega, Cat. #G711A)]. The Raji cells were preincubated for 15 minutes with antibody concentration series (10 μL; 4-fold dilution series resulting in 0.2-40,000 ng/mL final concentrations after addition of effector cells) at 37°C/5% CO₂. Subsequently, thawed Jurkat FcγRIIa H131 allotype Effector cells (10 μL; 30,000 cells/well; Promega, Cat #G988A) were added, and the cells were incubated for 5.5 hours at 37°C/5% CO₂. After this incubation, the cells were equilibrated to room temperature for 15 minutes. Subsequently, 30 μL Bio-Glo Assay Luciferase Reagent [Bio-Glo Luciferase Assay Substrate (Promega Cat. #G720A) in Bio-Glo Luciferase Assay Buffer (Promega, Cat. #G719A)] was added per well and incubated for 15 minutes at RT in the dark. Luciferase production was quantified by luminescence readout on an EnVision Multilabel Reader (Perkin Elmer). Raw luminescence values were normalized prior to pooling relative to an internal IgG1 control antibody measured in each plate in triplicate, at a concentration of 40 μg/mL, to suppress plate-to-plate variation in absolute luminescence intensities. The relative areas under dose-response curves with log transformed concentrations (AUC values) were normalized to the AUC value measured for the non-binding negative

control IgG1-b12 (0%) and the AUC value measured for the positive control IgG1-CAMPATH-1H-E430G (100%; Figure 18A) or IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G (100%, Figure 18B).

The capacity to induce FcγRIIa activation was enhanced by IgG1-CAMPATH-1H-E430Y (SEQ ID NO 76) as compared to IgG1-CAMPATH-1H-E430G (Figure 18A). No FcγRIIa activation or levels close to background were induced by the single agent IgG1-CAMPATH-1H antibody variants harboring mutations E430Y-K439E, E430Y-K439E-N297A, E430G-K439E-N297A, or E345R-K439E-N297A. Such low levels of FcγRIIa activation should be seen in the perspective of the high sensitivity of the applied assay to any FcγRIIa activation. While IgG1-CAMPATH-1H-E430Y-S440K induced low levels of FcγRIIa activation, introduction of mutation N297A fully abrogated the FcγRIIa activation. Also, no FcγRIIa activation was detected for the aglycosylated S440K-containing antibody variants harboring the E430G or E345R instead of E430Y.

A mixture of IgG1-CAMPATH-1H-E430Y-K439E + IgG1-CAMPATH-1H-E430Y-S440K induced FcγRIIa activation to a level comparable to the positive control. When one of the IgG1-CAMPATH-1H antibody variants in the mixture harbored the N297A mutation, this FcγRIIa activation was strongly reduced but not completely abrogated. FcγRIIa activation was completely abrogated when a mixture contained two antibody variants that both contained the N297A mutation (E430G or E345R-containing variants) or reduced to low residual FcγRIIa activation for the E430Y-containing antibody variant mixture.

While the IgG1-11B8-E430G-S440K variant was shown to induce low levels of FcγRIIa activation in Example 10, the FcγRIIa activation induced by IgG1-11B8 single agents containing the E430G-S440K-N297A, E345R-S440K-N297A or E430Y-S440K-N297A mutations was abrogated (Figure 18B). In Example 10, it was also shown that a mixture of IgG1-CAMPATH-1H-E430G-K439E + IgG1-11B8-E430G-S440K induced low levels of FcγRIIa activation as compared to the positive control. However, mixtures of IgG1-CAMPATH-1H and IgG1-11B8 variants in which both variants were aglycosylated, Fc-Fc interaction enhanced (E430G, E345R or E430Y mutation) and inhibited to self-oligomerize showed no FcγRIIa activation.

Taken together, the introduction of glycosylating site disrupting mutation N297A in Fc-Fc interaction enhanced and self-oligomerization-inhibited IgG1-CAMPATH1-H and IgG1-11B8 antibody variants efficiently suppressed the capacity to induce FcγRIIa activation in a highly sensitive reporter assay. Also, upon introducing

the N297A mutation in both antibody variants in a mixture, such mixtures did not induce FcγRIIa activation, with the exception of a mixture of two IgG1-CAMPATH-1H variants containing the E430Y mutation which induced low residual FcγRIIa activation. This suggests that co-dependent mixtures of aglycosylated Fc-Fc interaction enhanced antibody variants lack the capacity to induce ADCP.

Example 20: Analysis of the effect of introducing a mutation disrupting glycosylation in IgG1-CAMPATH-1H antibody variants harboring Fc-Fc interaction enhancing, self-oligomerization inhibiting and C1q binding enhancing mutations on FcγRIIa activation

In Example 19, it was shown that the introduction of mutation N297A disrupting the glycosylation of Fc-Fc interaction enhanced and self-oligomerization-inhibited IgG1-CAMPATH1-H and IgG1-11B8 antibody variants efficiently suppressed the capacity to induce ADCP as measured through an FcγRIIa activation reporter cell assay. Here, we tested whether the introduction of additional mutations that enhance C1q binding in such IgG1-CAMPATH-1H and IgG1-11B8 variants, or mixtures thereof, affected the capacity to activate FcγRIIa in a reporter cell assay, as a surrogate for ADCP.

For the ADCP reporter bioassay, antibody variants of IgG1-CAMPATH-1H and IgG1-11B8 were tested which harbor an Fc-Fc interaction enhancing mutation (E430G, E430Y, or E345R), a self-oligomerization inhibiting mutation (K439E or S440K), a mutation which disrupts the N297 *N*-glycosylation consensus sequence (NX[S/T]; N297A) and mutations that enhance the binding of C1q (K326A-E333S) using the Bio-Glo Luciferase Assay System (Promega, Cat No. G7941) on Raji cells, essentially as described in Example 19. As controls, single antibodies were mixed 1:1 with non-binding isotype IgG1-b12 control antibodies to enable direct comparison of the concentrations of individual components and mixtures composed thereof. Raw luminescence values were normalized prior to pooling relative to an internal IgG1 control antibody measured in each plate in triplicate, at a concentration of 40 μg/mL, to suppress plate-to-plate variation in absolute luminescence intensities. The relative areas under dose-response curves with log transformed concentrations (4-fold dilution series resulting in 0.2-40,000 ng/mL final concentrations after addition of effector cells; AUC values) were normalized to the AUC value measured for the non-binding negative control IgG1-b12 (0%) and the AUC value measured for the

positive control IgG1-CAMPATH-1H-E430G (100%; Figure 19A) or IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G (100%, Figure 19B).

Strong FcγRIIa activation by the IgG1-CAMPATH-1H-E430G antibody variant was detected (Figure 19A). No capacity to induce FcγRIIa activation was detected for the IgG1-CAMPATH-1H variants harboring the E345K-K439E-N297A or E345K-S440K-N297A mutations in addition to C1q binding enhancing mutations K326A-E333S. Also, a mixture of the latter two variants did not induce any FcγRIIa activation.

For an IgG1-11B8 antibody variant harboring the E345K-S440K-N297A-K326A-E333S mutations, the capacity to induce FcγRIIa activation as a single agent was highly comparable to the IgG1-CAMPATH-1H variants, as no single agent FcγRIIa activation was detected (Figure 19B). Also, a mixture of IgG1-CAMPATH-1H-E345K-K439E-N297A-K326A-E333S + IgG1-11B8-E345K-S440K-N297A-K326A-E333S did not induce detectable FcγRIIa activation.

In conclusion, these data indicate that C1q binding-enhanced aglycosylated IgG1-CAMPATH-1H and IgG1-11B8 antibody variants harboring the E345K and either K439E or S440K mutations lack the capacity to induce FcγRIIa activation in a highly sensitive FcγRIIa reporter cell assay, both when tested as single agents or as a mixture.

Example 21: Analysis of the effect of introducing a mutation disrupting glycosylation in IgG1-CAMPATH-1H antibody variants harboring Fc-Fc interaction enhancing and self-oligomerization inhibiting mutations on FcγRIIIa activation

In Example 11, it was shown that the capacity to induce ADCC, as measured through an FcγRIIIa activation reporter cell assay, by IgG1-CAMPATH-1H antibody variants harboring an Fc-Fc interaction enhancing mutation could be efficiently suppressed by introduction of the N297A mutation that disrupts N-linked glycosylation. Here, we tested whether the introduction of mutation N297A affected the capacity of IgG1-CAMPATH-1H and IgG1-11B8 antibody variants harboring mutations that enhance Fc-Fc interactions and inhibit self-oligomerization, or mixtures thereof, to activate FcγRIIIa in a reporter cell assay as a surrogate for ADCC.

For the ADCC reporter bioassay, antibody variants of IgG1-CAMPATH-1H and IgG1-11B8 were tested which harbor an Fc-Fc interaction enhancing mutation (E430G, E430Y, or E345R), a self-oligomerization inhibiting mutation (K439E or S440K), and a mutation which disrupts the N297 *N*-glycosylation consensus sequence (NX[S/T]; N297A) using the Bio-Glo Luciferase ADCC Reporter Bioassay for the FcγRIIIa high affinity V158 allotype on Raji cells (Promega, Cat #G7018). As controls, single antibodies were mixed 1:1 with non-binding isotype IgG1-b12 control antibodies to enable direct comparison of the concentrations of individual components and mixtures composed thereof. As effector cells, the kit contains Jurkat human T cells that are engineered to stably express the high affinity V158 allotype of FcγRIIIa and a nuclear factor of activated T cells (NFAT)-response element driving expression of firefly luciferase. Except for using FcγRIIIa-V Effector Cells (Promega; Cat # G701A) in the current Example, the assay was performed essentially as described in Example 19. Raw luminescence values were normalized prior to pooling relative to an internal IgG1 control antibody measured in each plate in triplicate, at a concentration of 40 μg/mL, to suppress plate-to-plate variation in absolute luminescence intensities. The relative areas under dose-response curves with log transformed concentrations (4-fold dilution series resulting in 0.2-40,000 ng/mL final concentrations after addition of effector cells; AUC values) were normalized to the AUC value measured for the non-binding negative control IgG1-b12 (0%) and the AUC value measured for the positive control IgG1-CAMPATH-1H-E430G (100%; Figure 20A) or IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G (100%, Figure 20B).

The highly sensitive ADCC reporter assay indicated a strong capacity to induce FcγRIIIa activation by IgG1-CAMPATH-1H antibody variants, either as wild-type antibodies or when harboring Fc-Fc interaction enhancing mutations E430G or E430Y (Figure 20A). The introduction of mutation K439E in IgG1-CAMPATH-1H-E430Y did not affect the capacity to induce FcγRIIIa activation. In contrast, no FcγRIIIa activation (E430G- or E345R-containing variants) or a strongly suppressed capacity to induce activation (E430Y-containing variant) was detected for the aglycosylated variants of IgG1-CAMPATH-1H-K439E. Similarly, an IgG1-CAMPATH-1H variant harboring the S440K mutation showed strong FcγRIIIa activation, while aglycosylated variants of Fc-Fc interaction enhanced IgG1-CAMPATH-1H-S440K variants showed strongly diminished (E430Y-containing variant) or no FcγRIIIa activation (E430G- or E345R-containing variants).

Introduction of the mutations K439E or S440K in a mixture of IgG1-CAMPATH-1H-E430Y antibody variants only mildly reduced the capacity to induce FcγRIIIa activation. Mixtures in which one of the antibody variants was glycosylated and the other aglycosylated also induced FcγRIIIa activation, the potency of which
5 was dependent on which Fc-Fc interaction enhancing mutation was introduced: mixtures consisting of E430Y-containing variants induced the strongest FcγRIIIa activation, while E430G- and E345R-containing variants showed a reduced potency to induce FcγRIIIa activation. FcγRIIIa activation was strongly diminished by a mixture consisting of two aglycosylated (N297A-containing) IgG1-CAMPATH1-H-
10 E430Y variants with the K439E or S440K mutation, while no FcγRIIIa activation could be detected for such mixtures consisting of two aglycosylated IgG1-CAMPATH-1H variants harboring the E430G or E345R mutations in addition to the K439E or S440K mutation.

Similar results were obtained for aglycosylated IgG1-11B8 variants and
15 mixtures of IgG1-CAMPATH-1H and IgG1-11B8 variants (Figure 20B). Aglycosylated variants of IgG1-11B8 harboring either the E430G, E345R or E430Y mutation did not induce FcγRIIIa activation. Also, no FcγRIIIa activation was observed for mixtures of aglycosylated IgG1-CAMPATH-1H and IgG1-11B8 variants harboring the K439E or S440K mutation in addition to any of the E430G, E345R or E430Y mutations.

In conclusion, the introduction of the N297A glycosylation site disrupting
20 mutation in IgG1-CAMPATH-1H and IgG1-11B8 antibody variants harboring Fc-Fc interaction enhancing mutation E430G, E345R or E430Y and the K439E or S440K mutation either strongly reduced (in the case of E430Y-containing variants) or fully abrogated (in the case of E430G or E345R-containing variants) the capacity to
25 induce FcγRIIIa activation when used as single agents. Also, no FcγRIIIa activation could be detected for mixtures of two co-dependent aglycosylated IgG1-CAMPATH-1H and/or IgG1-11B8 variants with an Fc-Fc interaction enhancing mutation, although a mixture of two IgG1-CAMPATH-1H variants harboring the E430Y mutation only induced low residual FcγRIIIa activation. It should be noted that the applied
30 assay is highly sensitive for detection of FcγRIIIa activation. Both antibody variants in a mixture needed to be aglycosylated to fully eliminate FcγRIIIa activation, as a mixture of one aglycosylated and one glycosylated antibody variant still induced FcγRIIIa activation.

Example 22: Analysis of the effect of introducing a mutation disrupting glycosylation in IgG1-CAMPATH-1H and IgG1-11B8 antibody variants harboring Fc-Fc interaction enhancing, self-oligomerization inhibiting and C1q binding enhancing mutations on FcγRIIIa activation

In Example 21, it was shown that the capacity to induce ADCC, as measured through an FcγRIIIa activation reporter cell assay, by IgG1-CAMPATH-1H and IgG1-11B8 antibody variants harboring mutations that enhance Fc-Fc interactions and inhibit self-oligomerization could be efficiently suppressed by introduction of the N297A mutation disrupting N-linked glycosylation. Here, we tested whether the introduction of mutation N297A affected the capacity of such IgG1-CAMPATH-1H and IgG1-11B8 antibody variants that additionally harbor C1q binding enhancing mutations K326A-E333S, or mixtures thereof, to activate FcγRIIIa in a reporter cell assay as a surrogate for ADCC.

For the ADCC reporter bioassay, antibody variants of anti-CD52 IgG1-CAMPATH-1H and anti-CD20 IgG1-11B8 were tested which harbor an Fc-Fc interaction enhancing mutation (E430G or E345K), a self-oligomerization inhibiting mutation (K439E or S440K), mutations that enhance binding of C1q to antibody Fc domains (K326A-E333S) and a mutation which disrupts the N297 *N*-glycosylation consensus sequence (NX[S/T]; N297A) using the Bio-Glo Luciferase ADCC Reporter Bioassay for the FcγRIIIa high affinity V158 allotype on Raji cells (Promega, Cat # G7018). As controls, single antibodies were mixed 1:1 with non-binding isotype IgG1-b12 control antibodies to enable direct comparison of the concentrations of individual components and mixtures composed thereof. As effector cells, the kit contains Jurkat human T cells that are engineered to stably express the high affinity V158 allotype of FcγRIIIa and a nuclear factor of activated T cells (NFAT)-response element driving expression of firefly luciferase. Except for using FcγRIIIa-V Effector Cells (Promega; Cat # G701A) in the current Example, the assay was performed essentially as described in Example 19. Raw luminescence values were normalized prior to pooling relative to an internal IgG1 control antibody measured in each plate in triplicate, at a concentration of 40 μg/mL, to suppress plate-to-plate variation in absolute luminescence intensities. The relative areas under dose-response curves with log transformed concentrations (4-fold dilution series resulting in 0.2-40,000 ng/mL final concentrations after addition of effector cells; AUC values) were normalized to the AUC value measured for the non-binding negative control

IgG1-b12 (0%) and the AUC value measured for the positive control IgG1-CAMPATH-1H-E430G (100%; Figure 21A) or IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G (100%, Figure 21B).

5 No potency to induce FcγRIIIa activation was detected in the highly sensitive ADCC reporter assay by single agents IgG1-CAMPATH-1H-E345K-K439E-N297A-K326A-E333S and IgG1-CAMPATH-1H-E345K-S440K-N297A-K326A-E333S (Figure 21A). The potency to induce FcγRIIIa activation was not recovered by mixing the latter antibody variants.

10 The potency to induce FcγRIIIa activation was also studied for an IgG1-11B8 antibody variant harboring the E345K-S440K-N297A-K326A-E333S mutations (Figure 21B). No FcγRIIIa activation was detected by this variant, either used as a single agent or mixed with IgG1-CAMPATH-1H-E345K-K439E-N297A-K326A-E333S.

15 In conclusion, aglycosylated IgG1-11B8 antibody variants harboring Fc-Fc interaction enhancing mutation E345K, a self-oligomerization inhibiting mutation (K439E or S440K) and C1q binding enhancing mutations K326A-E333S did not induce FcγRIIIa activation as single agents or when mixed with complementary IgG1-CAMPATH-1H antibody variants.

20 **Example 23: Analysis of the effect of introducing a mutation disrupting glycosylation in IgG2 and IgG4 antibody variants of CAMPATH-1H and 11B8 harboring Fc-Fc interaction enhancing and self-oligomerization inhibiting mutations on FcγRIIIa activation**

In Example 17, it was shown that mixtures of IgG2 antibody variants harboring the E345R Fc-Fc interaction enhancing mutation and self-oligomerization inhibiting mutation K439E or S440K could selectively induce CDC of Wien 133 cells in a co-dependent manner. Mixtures of such aglycosylated antibody variants of the IgG4 subclass could also selectively induce CDC of Wien 133 cells but CDC recovery was limited. Here, it was tested whether the introduction of mutation N297A disrupting N-linked glycosylation affected the capacity of IgG2 and IgG4 antibody variants of CAMPATH-1H and 11B8 or mixtures thereof harboring Fc-Fc interaction enhancing mutation E345R and a self-oligomerization inhibiting mutation to activate FcγRIIIa in a reporter cell assay, as a surrogate for ADCP.

35 For the ADCP reporter bioassay, antibody variants of anti-CD52 IgG2-CAMPATH-1H and anti-CD20 IgG2-11B8, as well as antibody variants of IgG4-CAMPATH-1H and IgG4-11B8 which harbor an Fc-Fc interaction enhancing mutation

(E345R), a self-oligomerization inhibiting mutation (K439E or S440K) and a mutation which disrupts the N297 *N*-glycosylation consensus sequence (NX[S/T]; N297A) were tested using the Bio-Glo Luciferase Assay System (Promega, Cat No. G7940) on Raji cells, essentially as described in Example 19. As controls, single antibodies were
5 mixed 1:1 with non-binding isotype IgG2- or IgG4-b12 control antibodies to enable direct comparison of the concentrations of individual components and mixtures composed thereof. The relative areas under dose-response curves with log transformed concentrations (4-fold dilution series resulting in 0.2-40 µg/mL final concentrations after addition of effector cells; AUC values) were normalized to the
10 AUC value measured for the non-binding negative control IgG1-b12 (0%) and the AUC value measured for the positive control mixture of IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G (100%).

The capacity to induce FcγRIIa activation was enhanced by a mixture of IgG2 variants of CAMPATH-1H and 11B8 which harbor the E345R mutation as compared to
15 the positive control mixture (Figure 22A). While the introduction of K439E in IgG2-CAMPATH-1H strongly reduced the capacity to induce FcγRIIa activation, no remaining FcγRIIa activation was detected for the aglycosylated variant IgG2-CAMPATH-1H-E345R-K439E-N297A. While the IgG2-11B8-E345R-S440K antibody variant induced strong FcγRIIa activation to approximately 191% of the level induced
20 by the positive control, the introduction of mutation N297A fully abrogated this activity. A mixture of IgG2-CAMPATH-1H-E345R-K439E + IgG2-11B8-E345R-S440K induced a high level of FcγRIIa activation (approximately 179% of the level induced by the positive control), a mixture of aglycosylated (N297A-containing) variants of these antibody variants fully abrogated the capacity to induce FcγRIIa activation.

25 A mixture of IgG4-CAMPATH-1H-E345R + IgG4-11B8-E345R enhanced the capacity to induce FcγRIIa activation as compared to the positive control mixture (Figure 22B). When used as single agents, none of the IgG4-CAMPATH-1H-E345R or IgG4-11B8-E345R antibody variants harboring either mutation K439E or S440K, with or without the N297A mutation induced FcγRIIa activation. Low recovery of FcγRIIa
30 activation was only observed for the mixture of IgG4-CAMPATH-1H-E345R-K439E + IgG4-11B8-E345R-S440K, and not by a mixture of IgG4-CAMPATH-1H-E345R-K439E-N297A + IgG4-11B8-E345R-S440K-N297A.

In conclusion, the introduction of glycosylation site disrupting mutation N297A in variants of the CAMPATH-1H and 11B8 antibodies of the IgG2 and IgG4
35 subclasses, harboring the E345R Fc-Fc interaction enhancing mutation and a self-

oligomerization inhibiting mutation, fully abrogated the capacity to induce ADCP as measured through a surrogate FcγRIIa activation reporter cell assay. This applied to both the application as single agent antibody variants and co-dependent mixtures thereof.

5

Example 24: Analysis of the effect of introducing a mutation disrupting glycosylation in IgG2 and IgG4 antibody variants of CAMPATH-1H and 11B8 harboring Fc-Fc interaction enhancing and self-oligomerization inhibiting mutations on FcγRIIIa activation

10 In Example 23, it was shown that the introduction of mutation N297A disrupting glycosylation in CAMPATH-1H and 11B8 antibody variants of the IgG2 and IgG4 subclass, which harbored the E345R Fc-Fc interaction enhancing mutation and self-oligomerization inhibiting mutation K439E or S440K, resulted in full abrogation of the capacity to induce ADCP in a surrogate FcγRIIa activation reporter cell assay.
15 Here, it was tested whether aglycosylated IgG2 and IgG4 antibody variants of CAMPATH-1H and 11B8, harboring Fc-Fc interaction enhancing mutation E345R and a self-oligomerization inhibiting mutation, or mixtures thereof, could activate FcγRIIIa in a reporter cell assay, as a surrogate for ADCC.

For the ADCC reporter bioassay, antibody variants of anti-CD52 IgG2-
20 CAMPATH-1H and anti-CD20 IgG2-11B8, as well as antibody variants of IgG4- CAMPATH-1H and IgG4-11B8 which harbor an Fc-Fc interaction enhancing mutation (E345R), a self-oligomerization inhibiting mutation (K439E or S440K) and a mutation which disrupts the N297 N-glycosylation consensus sequence (NX[S/T]; N297A) were tested using the Bio-Glo Luciferase ADCC Reporter Bioassay for the FcγRIIIa high
25 affinity V158 allotype on Raji cells (Promega, Cat # G7018). Except for using FcγRIIIa-V Effector Cells (Promega; Cat # G701A) in the current Example, the assay was performed essentially as described in Example 19. As controls, single antibodies were mixed 1:1 with non-binding isotype IgG2- or IgG4-b12 control antibodies to enable direct comparison of the concentrations of individual
30 components and mixtures composed thereof. The relative areas under dose-response curves with log transformed concentrations (4-fold dilution series resulting in 0.2-40 μg/mL final concentrations after addition of effector cells; AUC values) were normalized to the AUC value measured for the non-binding negative control IgG1-b12 (0%) and the AUC value measured for the positive control mixture of IgG1-
35 CAMPATH-1H-E430G + IgG1-11B8-E430G (100%).

While the positive control mixture of IgG1-CAMPATH-1H-E430G + IgG1-11B8-E430G efficiently induced FcγRIIIa activation, the capacity to induce FcγRIIIa activation by each of the tested IgG2 and IgG4 variants and mixtures thereof was below 5% of the level induced by the positive control mixture (Figure 23A, B). Due to these low levels of FcγRIIIa activation, no conclusions can be drawn on the impact of introducing the glycosylation site disrupting mutation N297A in these antibody variants.

Example 25: Induction of programmed cell death by aglycosylated anti-Fas antibody variants harboring mutations that enhance Fc-Fc interactions, inhibit self-oligomerization and enhance C1q binding

In previous Examples, co-dependent mixtures of aglycosylated antibody variants harboring mutations that enhance Fc-Fc interactions, inhibit self-oligomerization and/or modulate C1q binding were shown to selectively induce CDC of tumor cell lines. Here, it was studied whether mixtures of aglycosylated anti-Fas antibody variants harboring such mutations could induce selective co-dependent programmed cell death (PCD) of target cells.

Different mutations were introduced in the anti-Fas IgG1-Fas-E09 antibody: E345R, which enhances Fc-Fc interactions; K439E or S440K, which inhibit self-oligomerization; K326A and E333S, which enhance the binding of C1q to antibody Fc domains; N297A, which disrupts the N297 N-glycosylation consensus sequence (NX[S/T]) and yields aglycosylated antibodies. A range of antibody variant concentrations was tested in a programmed cell death assay using B lymphoblast WIL2S-SF cells. WIL2-S SF cells were derived from WIL2-S (ATCC, CRL-8885) B lymphoblasts and adapted to grow under serum-free conditions in culture medium formulated by HyQ-ADCF-Mab (Perbio, Cat # SH30349) containing 50 U/mL Pen/Strep and 1 mM sodium pyruvate. WIL2S-SF cells were harvested and passed through a cell strainer. Cells were pelleted by centrifugation for 5 minutes at 300g and resuspended in serum-free culture medium (HyQ ADCF-Mab with L-Glutamine from HyClone. Cat SH30349 + 1mM Sodium Pyruvate (Lonza, Cat # BE13-115E)). Per well, 50,000 cells of the single cell suspension were seeded in 46 µL in polystyrene 96-well flat-bottom plates (Greiner Bio-One, Cat # 655180) and 24 µL purified human C1q stock solution (Complement Tech, Cat # A099, 2.5 µg/mL final concentration) was added. In addition, 50 µL samples of an antibody dilution series (final concentration range 0.05 ng/mL-20 µg/mL in 5-fold dilutions). As a positive

control, cells were incubated with 5 μ M staurosporine (Sigma Aldrich, Cat No. S6942). The viability of the cell cultures was determined in a CellTiter-Glo luminescence cell viability assay (Promega, Cat # G7571) after 24h of culture that quantifies the ATP present, which is an indicator of metabolically active cells. From the kit, 12 μ L Luciferin Solution Reagent was added per well. Next, plates were incubated for 1.5 hours at 37°C. Luminescence was measured on an EnVision Multilabel Reader (PerkinElmer). The relative potency to induce cell death was calculated by comparing the area under dose-response curves with log transformed concentrations (AUC) using the following formula: Cell death induction potency = [AUC (IgG1-b12) – AUC (sample)], followed by normalization relative to the cell death induction potency determined for positive control IgG1-Fas-E09-E345R (100%).

While wild-type IgG1-Fas-E09 failed to induce programmed cell death of WIL2S-SF cells, introduction of the E345R mutation strongly enhanced PCD induction (Figure 24A). No PCD was induced by an aglycosylated IgG1-Fas-E09 variant harboring the E345R and K439E mutations, or by a variant harboring the same mutations in addition to the C1q binding enhancing mutations K326A-E333S (SEQ ID NO 85). Also, the aglycosylated IgG1-Fas-E09 variant harboring the S440K mutation (SEQ ID NO 86), with or without the C1q binding enhancing mutations K326A-E333S, was not able to induce PCD of WIL2S-SF cells as a single agent. PCD potency was not observed at the highest concentration tested either (20 μ g/mL; Figure 24B). A mixture of the IgG1-Fas-E09-E345R-K439E-N297A + IgG1-Fas-E09-E345R-S440K-N297A antibody variants could partially recover the potency to induce PCD to approximately 49% of the level induced by the positive control mixture. At the highest concentration tested, this mixture was only able to partially recover PCD. A full recovery of PCD potency was induced by the co-dependent mixture of IgG1-Fas-E09-E345R-K439E-K326A-E333S-N297A + IgG1-Fas-E09-E345R-S440K-K326A-E333S-N297A.

In short, the capacity of anti-Fas-E09 antibodies to induce PCD of WIL2S-SF cells could be fully recovered by mixtures of aglycosylated antibody variants harboring mutations that enhance Fc-Fc interactions, inhibit self-oligomerization and enhance C1q binding, while a partial recovery was observed for a mixture of antibody variants lacking the C1q binding enhancing mutations. This indicates that the enhanced recruitment of C1q may be particularly favorable for agonistic applications of the mutually-dependent antibody mixtures of the present invention.

Without being limited by theory, this may be explained by a stabilization of multimeric, PCD-signaling inducing Fas complexes after binding of Fas-directed antibodies that recruit the hexavalent C1q protein, which may act as a soluble crosslinker.

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Example 26: Selective DR5 agonist activity on BxPC-3 cells by a mixture of two non-competing aglycosylated anti-DR5 antibody variants harboring mutations that enhance Fc-Fc interactions, inhibit self-oligomerization and enhance C1q binding

10 The mixture of the two anti-death receptor 5 (DR5) antibodies IgG1-DR5-01-G56T-E430G + IgG1-DR5-05-E430G, that can bind independently to non-overlapping binding sites, acts as a DR5 agonist to induce killing of DR5-positive cancer cells (WO17093447). Here, it was studied whether aglycosylated variants of such DR5-targeting antibodies harboring mutations that enhance Fc-Fc interactions, inhibit self-oligomerization and enhance C1q binding could selectively induce killing of COLO205 colon cancer cells that are relatively sensitive to DR5-mediated PCD induction, and of BxPC-3 pancreatic cancer cells, which are relatively resilient to DR5-mediated PCD induction.

20 Different mutations were introduced in the anti-DR5 IgG1-hDR5-01-G56T and IgG1-hDR5-05 antibodies: E430G, E430Y or E345R, which enhances Fc-Fc interactions; K439E or S440K, which inhibit self-oligomerization; K326A and E333S, which enhance the binding of C1q to antibody Fc domains; N297A, which disrupts the N297 N-glycosylation consensus sequence (NX[S/T]) and yields aglycosylated antibodies. A range of antibody variant concentrations was tested in a killing assay using either BxPC-3 or COLO205 cells. BxPC-3 cells (ATCC, Cat # CRL-1687) and COLO205 cells (ATCC, Cat # CCL-222) were harvested by trypsinization and passed through a cell strainer. Cells were pelleted by centrifugation for 5 minutes at 300g and resuspended in culture medium (RPMI 1640 Medium (ATCC Modification; Life Technologies, Cat # A10491-01) + 10% DBSI (Life technologies, Cat # 20371). Per well, 5,000 cells of the single cell suspension were seeded in 46 μ L in polystyrene 96-well flat-bottom plates (Greiner Bio-One, Cat # 655180) and 24 μ L purified human C1q stock solution (Complement Tech, Cat # A099, 2.5 μ g/mL final concentration) was added. The cells were allowed to adhere overnight at 37°C. The next day, 50 μ L samples of an antibody dilution series (final concentration range 0.005-20 μ g/mL in 3-fold dilutions) were added to each well. As a positive control,

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cells were incubated with 5 μ M staurosporine (Sigma Aldrich, Cat No. S6942). The viability of the cell cultures was determined after 72h of incubation in a CellTiter-Glo luminescent cell viability assay (Promega, Cat # G7571), essentially as described in Example 25. Data were analyzed and plotted using non-linear regression (sigmoidal dose-response with variable slope) using GraphPad Prism software. The relative potency to induce cell death was calculated by comparing the area under dose-response curves with log transformed concentrations (AUC) using the following formula: Cell death induction potency = [AUC (IgG1-b12) – AUC (sample)], followed by normalization relative to the cell death induction potency determined for positive control IgG1-DR5-01-G56T-E430G + IgG1-DR5-05-E430G (100%).

While a mixture of wild-type IgG1-hDR5-01-G56T + IgG1-hDR-05 did not induce cell death of BxPC-3 cells, efficient cell death was observed upon introduction of the E430G mutation in both antibody variants (Figure 25A). As a single agent, the potency to induce cell death was strongly reduced upon introducing mutations E345R-K439E-N297A in IgG1-hDR5-01-G56T or E345R-S440K-N297A in IgG1-hDR5-05. A mixture of these variants, however, induced potent cell death to approximately 132% of the level induced by the positive control mixture. Similar results were observed for such DR5-targeting antibody variants harboring the E430Y mutation instead of E345R: while single agent cell death activity was limited, a mixture of IgG1-hDR5-01-G56T-E430Y-K439E-N297A + IgG1-hDR5-05-E430Y-S440K-N297A induced highly efficient cell death of BxPC-3 cells, to approximately 139% of the level induced by the positive control mixture. The additional introduction of C1q binding enhancing mutations K326A-E333S to IgG1-hDR5-01-G56T-E345R-K439E-N297A or IgG1-hDR5-05-E345R-S440K-N297A did not induce an increase in single agent cell death potency. However, the potency to induce cell death of BxPC-3 cells was efficiently recovered by mixing IgG1-hDR5-01-G56T-E345R-K439E-N297A-K326A-E333S + IgG1-hDR5-05-E345R-S440K-N297A-K326A-E333S, which resulted in cell death to approximately 158% of the level induced by the positive control mixture. At the highest concentration tested (20 μ g/mL), all the mixtures described above induced maximal cell death comparable to the potency of the positive control, while the individual antibody variants only partially induced cell death as single agents (Figure 25B).

The mixture of wild-type IgG1-hDR5-01-G56T + IgG1-hDR-05 induced cell death of COLO205 cells, illustrating the increased sensitivity of this cell line to DR5-mediated PCD induction compared to BxPC-3 cells, albeit with reduced potency as

compared to the mixture of the Fc-Fc enhanced antibody variants harboring the E430G mutation (Figure 25C). No cell death was induced by the single agent aglycosylated antibody variants harboring either mutation E345R or E430Y and either mutation K439E or S440K. Mixtures of DR5-targeting aglycosylated antibody variants with an Fc-Fc interaction enhancing mutation (E345R or E430Y) and complementary self-oligomerization inhibiting mutations recovered the potency to induce cell death to approximately 105% (E345R) and 106% (E430Y) of the level induced by the positive control mixture. While the IgG1-hDR5-01-G56T-E345R-K439E-N297A antibody variant in which the C1q binding enhancing mutations K326A-E333S were introduced did not demonstrate any potency to induce cell death of COLO205 cells as a single agent, the IgG1-hDR5-05-E345R-S440K-N297A-K326A-E333S antibody variant induced residual single agent cell death to approximately 32% of the level induced by the positive control mixture. When the latter antibody variant was mixed with IgG1-hDR5-05-E345R-K439E-N297A-K326A-E333S, the potency to induce cell death was efficiently recovered to approximately 121% of the level induced by positive control. At the highest concentration tested (20 µg/mL), all mixtures consisting of Fc-Fc interaction enhanced antibody variants induced maximal cell death comparable to the positive control (Figure 25D). The C1q binding-enhanced IgG1-hDR5-01-G56T-E345R-K439E-N297A-K326A-E333S was able to induce a low level of cell death as a single agent at the highest concentration, while the IgG1-hDR5-05-S440K-N297A variants harboring either the E345R or E430Y mutation could also induce cell death as single agents, albeit lower than the C1q binding-enhanced variant.

In conclusion, aglycosylated antibody variants of IgG1-hDR5-01-G56T and IgG1-hDR5-05 harboring mutations that enhance Fc-Fc interactions (E345R or E430Y) and inhibit self-oligomerization (K439E or S440K) co-dependently induce efficient cell death of BxPC-3 and COLO205 cancer cells in a highly selective manner. The additional introduction of C1q binding enhancing mutations K326A-E333S increased the residual single agent-induced cell death induced by IgG1-hDR5-05-E345R-S440K-N297A-K326A-E333S in COLO205 cells, reducing the selective window for this particular antibody variant on this relatively DR5-sensitive cell line. Overall, for applications involving the induction of programmed cell death of cancer cells, mixtures of antibody variants harboring strong Fc-Fc interaction enhancing mutations, such as E345R or E430Y, show a high level of selectivity and strong potency to induce cell death.

Example 27: Selectivity of 4-1BB-mediated activation by aglycosylated 4-1BB antibody variants with an Fc-Fc interaction enhancing mutation and self-oligomerization inhibiting mutations

5 Binding of specific ligands to receptors of the tumor necrosis factor receptor superfamily (TNFRSF) typically leads to clustering of such receptors into multimeric complexes on the cell surface. In the context of TNFRSF-expressing immune cells, these events can lead to activation of the immune cells. The TNFRSF member 4-1BB is mainly expressed on activated, antigen-experienced T cells and activated NK cells.
10 Here, it was studied whether target cells engineered to express 4-1BB could be selectively activated in a co-dependent fashion by mixtures of aglycosylated 4-1BB-targeting antibody variants harboring mutations that enhance Fc-Fc interactions and inhibit self-oligomerization.

Different mutations were introduced in the agonistic anti-4-1BB IgG1-BMS663513 antibody: E345R, which induces enhanced Fc-Fc interactions; K439E or S440K, which inhibit self-oligomerization; N297A, which disrupts the N297 N-glycosylation consensus sequence (NX[S/T]) and yields aglycosylated antibodies; L234F, L235E and D265A, which eliminate Fc-mediated effector functions by suppressing FcγR and C1q binding; F405L, which promotes half-molecule hetero-
15 dimerization with a complementary half-molecule harboring a K409R mutation only under controlled reducing conditions (Labrijn et al. PNAS 2013; 110(13):5145-50). A range of antibody variant concentrations was tested using a Jurkat human T-cell line engineered to stably express 4-1BB and a nuclear factor of activated T cells (NFAT)-response element driving expression of firefly luciferase (Promega, Cat #J2332). As
20 controls, single antibodies were mixed 1:1 with non-binding isotype IgG1-b12 control antibodies, harboring mutations such as the abovementioned, to enable direct comparison of the concentrations of individual components and mixtures composed thereof. Antibody concentration series (0.005–20 µg/mL final concentrations in 4-fold dilutions) diluted in Assay Buffer (RPMI1640 containing 1% heat-inactivated FBS –
25 Promega Cat # J121A) in a total volume of 30 µL were added to a 384-well optiplate (Perkin-Elmer, Cat # 6007680). Purified human C1q (Quidel, cat # A400) was added to each well at a final concentration of 2.4 µg/mL. After thawing the reporter cells, cells were diluted 1:20 in RPMI1640 medium (Promega, G708A), 20 µL cell suspension per well was added to the 384-wells plates containing 10 µL of the
30 antibody concentration series with C1q in a total V of 30 µL, and incubated for 5
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hours at 37°C/5% CO₂. After incubating the plates for 15 minutes at room temperature (RT), 30 µL Bio Glo Assay Luciferase Reagent was added to each well and incubated for 10 minutes at RT in the dark. Luciferase production was quantified by luminescence readout on an EnVision Multilabel Reader (Perkin Elmer). Prior to
5 pooling data from experiments, raw luminescence signals were background-corrected by subtracting the luminescence signal determined from medium-only samples (no antibody and no reporter cells) and normalized to the averaged luminescence of 2.5 µg/mL IgG1-BMS663513-E345R measured in triplicate to suppress plate-to-plate variation. The area under dose-response curves using log-transformed
10 concentrations of three experimental repeats was calculated in GraphPad PRISM. AUC values were normalized relative to the activity (AUC) observed for cells incubated with non-binding control IgG1-b12 (0%) and the activity (AUC) of IgG1-BMS663513-E345R (100%).

The IgG1-BMS663513 antibody harboring the L234F, L235E, D265A and
15 F405L (FEAL; SEQ ID NO: 87) mutations, which are irrelevant in the context of this assay, demonstrated intrinsic agonistic 4-1BB activity (Figure 26A). However, the potency to induce 4-1BB-mediated reporter cell activation by IgG1-BMS663513 could be strongly enhanced by the introduction of Fc-Fc interaction enhancing mutation E345R. The potency to induce 4-1BB-mediated reporter cell activation by IgG1-
20 BMS663513-E345R-K439E-N297A or IgG1-BMS663513-E345R-S440K-N297A as single agents was reduced to the same level of potency induced by the IgG1-BMS663513 antibody variant harboring the irrelevant FEAL mutations. This was also the case at the concentration at which the strongest activation was observed for all variants (1.25 µg/mL; Figure 26B). A strong recovery of 4-1BB-mediated reporter
25 cell activation was observed for the mixture of IgG1-BMS663513-E345R-K439E-N297A + IgG1-BMS663513-E345R-S440K-N297A, to approximately 95% of the level induced by the positive control.

In conclusion, while the introduction of Fc-Fc interaction enhancing mutation E345R strongly potentiated the intrinsic agonistic activity of IgG1-BMS663513, the
30 additional introduction of the K439E or S440K mutations, which inhibit self-oligomerization, and the N297A mutation, which yields aglycosylated antibodies, efficiently reduced the single agent potency to induce 4-1BB-mediated reporter cell activation. The potency to induce 4-1BB-mediated reporter cell activation was efficiently restored by a mixture of the latter antibody variants, providing favorable
35 selectivity.

Example 28: Selectivity of 4-1BB-mediated activation by aglycosylated 4-1BB antibody variants with an Fc-Fc interaction enhancing mutation, self-oligomerization inhibiting and C1q binding enhancing mutations

5 In Example 27, 4-1BB-mediated reporter cell activation was shown to be selectively and co-dependently induced by mixtures of aglycosylated 4-1BB targeting IgG1-BMS663513 antibody variants harboring Fc-Fc interaction enhancing and self-oligomerization inhibiting mutations. Here, the effect of the additional introduction of C1q binding enhancing mutations in such IgG1-BMS663513 variants on the selective
10 induction of 4-1BB-mediated reporter cell activation was studied.

Different mutations were introduced in the agonistic anti-4-1BB IgG1-BMS663513 antibody: E345R, which induces enhanced Fc-Fc interactions; K439E or S440K, which inhibit self-oligomerization; N297A, which disrupts the N297 N-glycosylation consensus sequence (NX[S/T]) and yields aglycosylated antibodies;
15 L234F, L235E and D265A, which eliminate Fc-mediated effector functions by suppressing FcγR and C1q binding; F405L, which promotes half-molecule heterodimerization with a complementary half-molecule harboring a K409R mutation only under controlled reducing conditions (Labrijn et al. PNAS 2013; 110(13):5145-50); K326A and E333S, which enhance the binding of C1q to antibody Fc domains. A
20 range of antibody variant concentrations was tested in a reporter cell activation assay, essentially as described in Example 27, using a Jurkat human T-cell line engineered to stably express 4-1BB and a nuclear factor of activated T cells (NFAT)-response element driving expression of firefly luciferase (Promega, Cat # J2332). As controls, single antibodies were mixed 1:1 with non-binding isotype IgG1-b12 control
25 antibodies to enable direct comparison of the concentrations of individual components and mixtures composed thereof.

The IgG1-BMS663513 antibody harboring the L234F, L235E, D265A and F405L (FEAL) mutations, which are irrelevant in the context of this assay, demonstrated intrinsic agonistic 4-1BB activity (Figure 27A). However, the potency
30 to induce 4-1BB-mediated reporter cell activation by IgG1-BMS663513 could be strongly enhanced by the introduction of Fc-Fc interaction enhancing mutation E345R. Both the IgG1-BMS663513 variants harboring the E345R, N297A, K326A and E333S in addition to either K439E or S440K showed substantial single agent potency to induce 4-1BB-mediated reporter cell activation. This residual activity was also
35 observed at the highest concentration at which the strongest activation was observed

for all variants (1.25 ug/mL), with single agent activity of approximately 62% (K439E-containing variant) and 57% (S440K-containing variant) of the level induced by the positive control (Figure 27B). The potency to induce 4-1BB-mediated reporter cell activation could be recovered by mixing IgG1-BMS66313-E345R-K439E-N297A-
5 K326A-E333S + IgG1-BMS663513-E345R-S440K-N297A-K326A-E333S, to approximately 85% of the level induced by the positive control.

In conclusion, mixtures of aglycosylated IgG1-BMS663513 antibody variants harboring the E345R, K439E or S440K, N297A mutations and C1q binding enhancing mutations K326A-E333S could selectively recover the potency to induce 4-1BB-
10 mediated reporter cell activation. However, as the individual antibody variants harboring C1q binding enhancing mutations induced residual single agent activity, these variants displayed reduced selectivity than variants without C1q binding enhancing mutations when applied to antibody IgG1-BMS663513.

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CLAIMS

1. A first antibody comprising a first Fc region of a human IgG and a first antigen-binding region capable of binding to a first antigen, for use as a medicament in combination with a second antibody comprising a second Fc region of a human IgG and a second antigen-binding region capable of binding to a second antigen, wherein said first Fc region comprises
- 5 a. a substitution at position E430 or a substitution at position E345 or a combination of the substitutions K248E and T437R, and
- 10 b. a K439E or S440K substitution,
- and said second Fc region comprises
- c. a substitution at position E430 or a substitution at position E345 or a combination of the substitutions K248E and T437R, and
- d. a K439E or S440K substitution,
- 15 wherein the first Fc region has a K439E substitution and the second Fc region has an S440K substitution or the first Fc region has an S440K substitution and the second Fc region has a K439E substitution, and
- wherein the first antibody and/or the second antibody does not comprise N-linked glycosylation at position N297,
- 20 wherein the amino acid positions correspond to human IgG1 according to the Eu numbering system.
2. The first antibody for use as a medicament in combination with a second antibody according to claim 1, wherein the first antibody and/or second antibody
- 25 comprises an amino acid substitution, deletion or insertion that prevents N-linked glycosylation at position N297.
3. The first antibody for use as a medicament in combination with a second antibody according to any one of the preceding claims, wherein the first Fc region and/or
- 30 second Fc region comprises an amino acid substitution at position N297 or at position T299, wherein the substitution at position T299 is not T299S.
4. The first antibody for use as a medicament in combination with a second antibody according to any one of the preceding claims, wherein the first Fc region and/or

second Fc region comprises a substitution selected from the group consisting of: N297A, N297G, N297Y, N297Q, N297D, N297S, N297T, T299A and T299G.

5. The first antibody for use as a medicament in combination with a second antibody according to any one of the preceding claims, wherein the first Fc region and/or second Fc region comprises an N297A substitution or an N297G substitution.
6. The first antibody for use as a medicament in combination with a second antibody according to any one of the preceding claims, wherein the first antibody and/or second antibody does not comprise N-linked glycosylation at any position in the antibody.
7. The first antibody for use as a medicament in combination with a second antibody according to any one of the preceding claims, wherein
- a. the first Fc region comprises a K439E substitution and a Y436N substitution and the second Fc region comprises a S440K substitution and a Q438R substitution, or
- b. the first Fc region comprises a K439E substitution and a Q438R substitution and the second Fc region comprises a S440K substitution and a Y436N substitution, or
- c. the first Fc region comprises a S440K substitution and a Y436N substitution and the second Fc region comprises a K439E substitution and a Q438R substitution, or
- d. the first Fc region comprises a S440K substitution and a Q438R substitution and the second Fc region comprises a K439E substitution and a Y436N substitution.
8. The first antibody for use as a medicament in combination with a second antibody according to any one of the preceding claims, wherein the first Fc region and the second Fc region comprise a substitution selected from the group consisting of: E345K, E430G, E345R, E430Y, E345Q, E345Y, E430S, E430T, and E430F and or the combination of the substitutions K248E and T437R.
9. The first antibody for use as a medicament in combination with a second antibody according to any one of the preceding claims, wherein the first Fc region and the

second Fc region comprise a substitution selected from the group consisting of:
E345K, E430G, E345R, E430Y.

5 10. The first antibody for use as a medicament in combination with a second antibody
according to any one of the preceding claims, wherein the first Fc region and the
second Fc region comprise a substitution selected from the group consisting of:
E430G and E345K.

10 11. The first antibody for use as a medicament in combination with a second antibody
according to any one of the preceding claims, wherein the first Fc region and the
second Fc region comprise a substitution selected from the group consisting of:
E345R and E430Y.

15 12. The first antibody for use as a medicament in combination with a second antibody
according to any one of the preceding claims, wherein the first Fc region and the
second Fc region comprise the combination of the substitutions K248E and
T437R.

20 13. The first antibody for use as a medicament in combination with a second antibody
according to any one of the preceding claims, wherein the first Fc region and/or
the second Fc region comprise one or more substitution(s) selected from the
group consisting of: E333S, K326A, E333A, K326W.

25 14. The first antibody for use as a medicament in combination with a second antibody
according to any one of the preceding claims, wherein the first Fc region and/or
the second Fc region comprises an E333S and K326A substitution.

30 15. The first antibody for use as a medicament in combination with a second antibody
according to any one of the preceding claims, wherein the first antibody and/or
second antibody is human, humanized or chimeric.

35 16. The first antibody for use as a medicament in combination with a second antibody
according to any one of the preceding claims, wherein the first antibody and/or
second antibody is a monoclonal antibody.

17. The first antibody for use as a medicament in combination with a second antibody according to any one of the preceding claims, wherein the first antibody and/or second antibody is a human IgG1, IgG2, IgG3 or IgG4 subclass.

5 18. The first antibody for use as a medicament in combination with a second antibody according to any one of the preceding claims, wherein the first antibody and/or second antibody is a human IgG1, IgG2, or IgG4 subclass.

10 19. The first antibody for use as a medicament in combination with a second antibody according to any one of the preceding claims, wherein the first antibody and/or second antibody is a human IgG1 subclass.

15 20. The first antibody for use as a medicament in combination with a second antibody according to any one of the preceding claims, wherein the first and second antigens are both cell surface-expressed molecules.

20 21. The first antibody for use as a medicament in combination with a second antibody according to any one of the preceding claims, wherein the first and second antigens are co-expressed in cells or tissues that are target cells or target tissue for the disease or disorder to be treated.

25 22. The first antibody for use as a medicament in combination with a second antibody according to any one of the preceding claims, wherein the first and second antigens are not identical.

30 23. The first antibody for use as a medicament in combination with a second antibody, according to any one of the preceding claims, wherein the first antibody and second antibody in combination deplete a cell population co-expressing the first and second antigen.

35 24. The first antibody for use as a medicament in combination with a second antibody, according to any one of the preceding claims, wherein the first antibody and second antibody in combination induces cell death in a cell population co-expressing the first and second antigen.

25. The first antibody for use as a medicament in combination with a second antibody, according to any one of the preceding claims, wherein the first antibody and second antibody in combination induces proliferation in a cell population expressing a first antigen and a second antigen.
26. The first antibody for use as a medicament in combination with a second antibody according to any one of claims 23 to 24, wherein the cell population is a tumor cell population.
27. The first antibody for use as a medicament in combination with a second antibody according to any one of claims 23 to 24 and 26, wherein the cell population is a hematological tumor cell population or a solid tumor cell population.
28. The first antibody for use as a medicament in combination with a second antibody according to any one of claims 23 to 27 wherein the cell population is a leukocyte, lymphocyte, B cell, T cell, regulatory T cell, NK cell, myeloid derived suppressor cell or tumor associated macrophage cell population.
29. An antibody comprising an Fc region of a human IgG and an antigen-binding region capable of binding to an antigen, wherein said Fc region comprises
- c. a substitution at position E430 or a substitution at position E345 or a combination of the substitutions K248E and T437R, and
 - d. a K439E or S440K substitution,
- wherein the antibody does not comprise N-linked glycosylation at position N297.
30. The antibody according to claim 29, wherein the antibody comprises an amino acid substitution, deletion or insertion that prevents N-linked glycosylation at position N297.
31. The antibody according to claim 29 or 30, wherein the Fc region comprises an amino acid substitution at position N297 or at position T299, wherein the substitution at position T299 is not T299S.

32. The antibody according to any one of claims 29 to 31, wherein the Fc region comprises a substitution selected from the group consisting of: N297A, N297G, N297Y, N297Q, N297D, N297S, N297T, T299A and T299G.

5 33. The antibody according to any one of claims 29 to 32, wherein the antibody does not comprise N-linked glycosylation at any position in the antibody.

34. The antibody according to any one of claims 29 to 33, wherein the Fc region comprises:

- 10 a. a K439E substitution and a Y436N substitution, or
 b. a K439E substitution and a Q438R substitution, or
 c. a S440K substitution and a Y436N substitution, or
 d. a S440K substitution and a Q438R substitution.

15 35. The antibody according to any one of claims 29 to 34, wherein the Fc region and comprises a substitution selected from the group consisting of: E345K, E430G, E345R, E430Y, E345Q, E345Y, E430S, E430T, and E430F and or the combination of the substitutions K248E and T437R.

20 36. The antibody according to any one of claims 29 to 35, wherein the Fc region comprises a substitution selected from the group consisting of: E345R, E430G, E345K, E430Y.

25 37. The antibody according to any one of claims 29 to 36, wherein the Fc region comprise one or more substitution(s) selected from the group consisting of: E333S, K326A, E333A, K326W.

30 38. The antibody according to any one of claims 29 to 37, wherein the Fc region comprises an E333S and K326A substitution.

39. The antibody according to any one of claims 29 to 38, wherein the antibody is a human IgG1, IgG2, IgG3 or IgG4 subclass.

35 40. The antibody according to any one of claims 29 to 39, wherein the antibody is a human IgG1, IgG2 or IgG4 subclass.

41. The antibody according to any one of claims 29 to 40, wherein the antibody is a human IgG1 subclass.

5 42. A method for producing an antibody according to any one of the preceding claims, comprising the step of producing the antibody in a recombinant host cell, wherein said host cell is not capable of glycosylating the asparagine at position N297 of the antibody.

10 43. A method for producing an antibody according to any one of the preceding claims, comprising the step of producing the antibody in a recombinant host cell which is capable of glycosylating the asparagine at position N297 of the antibody, followed by a step of removing the N-linked glycosylation from the produced antibody.

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44. A composition comprising a first antibody and a second antibody wherein the first antibody comprises a first antigen-binding region and a first Fc region according to any one of claims 1 to 41 and the second antibody comprises a second antigen-binding region and a second Fc region according to any one of claims 1 to 41.

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45. A composition comprising a first and a second antibody, wherein the first antibody comprises a first antigen-binding region capable of binding to a first antigen and a first Fc region of a human IgG, and the second antibody comprises a second antigen-binding region capable of binding to a second antigen and a second Fc region of a human IgG, wherein said first Fc region comprises

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e. a substitution at position E430 or a substitution at position E345 or a combination of the substitutions K248E and T437R, and

f. a K439E or S440K substitution,

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and said second Fc region comprises

g. a substitution at position E430 or a substitution at position E345 or a combination of the substitutions K248E and T437R, and

h. a K439E or S440K substitution,

wherein the first Fc region has a K439E substitution and the second Fc region has a S440K substitution or, the first Fc region has a S440K substitution and the second Fc region has a K439E substitution, and

5 wherein the first antibody and/or the second antibody does not comprise N-linked glycosylation at position N297,

wherein the amino acid positions correspond to human IgG1 according to the Eu numbering system.

10 46. The composition according to claim 44 or 45, wherein the first antibody and the second antibody are present in the composition at molar ratio of about 1:50 to 50:1, such as a molar ratio of about 1:1, a molar ratio of about 1:2, a molar ratio of about 1:3, a molar ratio of about 1:4, a molar ratio of about 1:5, a molar ratio of about 1:6, a molar ratio of about 1:7, molar ratio of about 1:8, a molar ratio of about 1:9, a molar ratio of about 1:10, a molar ratio of about 1:15, a molar ratio of about 1:20, a molar ratio of about 1:25, a molar ratio of about 1:30, a molar ratio of about 1:35, a molar ratio of about 1:40, a molar ratio of about 1:45, a molar ratio of about 1:50, a molar ratio of about 50:1, a molar ratio of about 45:1, a molar ratio of about 40:1, a molar ratio of about 35:1, a molar ratio of about 30:1, a 25:1 molar ratio, a 20:1 molar ratio, a 15:1 molar ratio, a 10:1 molar ratio, a 9:1 molar ratio, a 8:1 molar ratio, a 7:1 molar ratio, a 6:1 molar ratio, a 5:1 molar ratio, a 4:1 molar ratio, a 3:1 molar ratio, a 2:1 molar ratio.

25 47. The composition according to any one of claims 44 to 46, wherein the first antibody and the second antibody are present in the composition at molar ratio of 1:50 to 50:1, such as a molar ratio of 1:40 to 40:1, such as a molar ratio of 1:30 to 30:1, such as a molar ratio of 1:20 to 20:1, such as a molar ratio of 1:10 to 10:1, such as a molar ratio of 1:9 to 9:1, such as a molar ratio of 1:5 to 5:1, such as a molar ration of 1:2 to 2:1.

30 48. The composition according to any one of claims 44 to 47, wherein the first antibody and the second antibody are present in the composition at a molar ratio of 1:1.

49. The composition according to any one of claims 44 to 48, wherein the composition further comprises a pharmaceutical carrier or excipient.

50. The composition according to any one of claims 44 to 49, wherein the composition is a pharmaceutical composition.

51. The composition according to any one of claims 44 to 50 for use as a medicament.

5

52. The first antibody or second antibody according to any one of claims 1 to 28, an antibody according to any one of claims 29 to 41, a method according to any one of claims 42 to 44, or a composition according to any one of claims 45 to 51, wherein the antigen-binding region is capable of binding to an antigen selected from the group consisting of: DR4, DR5, CD20, CD37, CD52, HLA-DR, CD3, CD5, 4-1BB, PD1, FAS.

10

53. The first or second antibody according to any one of the claims 1 to 28, an antibody according to any one of claims 29 to 41, a method according to any one of claims 42 to 44, or a composition according to any one of claims 45 to 51, wherein the antigen-binding region comprises:

15

a. a VH region comprising a CDR1 sequence as set forth in SEQ ID NO:9, a CDR2 sequence as set forth in SEQ ID NO:10 and a CDR3 sequence as set forth SEQ ID NO:11, and a VL region comprising a CDR1 sequence as set forth in SEQ ID NO:13, a CDR2 sequence as set forth in: DAS and a CDR3 sequence as set forth SEQ ID NO:14 **[CD20, 11B8];**

20

b. a VH region comprising a CDR1 sequence as set forth in SEQ ID NO:43, a CDR2 sequence as set forth in SEQ ID NO:44 and a CDR3 sequence as set forth SEQ ID NO:45, and a VL region comprising a CDR1 sequence as set forth in SEQ ID NO:47, a CDR2 sequence as set forth in: VAT and a CDR3 sequence as set forth SEQ ID NO:48 **[CD37];**

25

c. a VH region comprising a CDR1 sequence as set forth in SEQ ID NO:2, a CDR2 sequence as set forth in SEQ ID NO:3 and a CDR3 sequence as set forth SEQ ID NO:4, and a VL region comprising a CDR1 sequence as set forth in SEQ ID NO:6, a CDR2 sequence as set forth in: NTN, and a CDR3 sequence as set forth SEQ ID NO:7 **[CD52, CAMPATH-1H];**

30

d. a VH region comprising a CDR1 sequence as set forth in SEQ ID NO:118, a CDR2 sequence as set forth in SEQ ID NO:119, and a CDR3 sequence as set forth SEQ ID NO:120 and a VL region comprising a CDR1 sequence as set forth in SEQ ID

NO:122, a CDR2 sequence as set forth in SEQ ID NO: 123 and a CDR3 sequence as set forth SEQ ID NO:124 [**CD52, h2E8**].

e. a VH region comprising a CDR1 sequence as set forth in SEQ ID NO:104, a CDR2 sequence as set forth in SEQ ID NO:105 and a CDR3 sequence as set forth SEQ ID NO:106, and a VL region comprising a CDR1 sequence as set forth in SEQ ID NO:108, a CDR2 sequence as set forth in: YNN and a CDR3 sequence as set forth SEQ ID NO:109 [**Fas, Fas-E09**];

f. a VH region comprising a CDR1 sequence as set forth in SEQ ID NO:111, a CDR2 sequence as set forth in SEQ ID NO:112 and a CDR3 sequence as set forth SEQ ID NO:113, and a VL region comprising a CDR1 sequence as set forth in SEQ ID NO:115, a CDR2 sequence as set forth in: DAS and a CDR3 sequence as set forth SEQ ID NO:116 [**4-1BB, BMS-663513**];

g. a VH region comprising a CDR1 sequence as set forth in SEQ ID NO:90, a CDR2 sequence as set forth in SEQ ID NO:91 and a CDR3 sequence as set forth SEQ ID NO:92, and a VL region comprising a CDR1 sequence as set forth in SEQ ID NO:94, a CDR2 sequence as set forth in: FAS, and a CDR3 sequence as set forth SEQ ID NO:95 [**DR5, hDR5-01-G56T**];

h. a VH region comprising a CDR1 sequence as set forth in SEQ ID NO:97, a CDR2 sequence as set forth in SEQ ID NO:98 and a CDR3 sequence as set forth SEQ ID NO:99, and a VL region comprising a CDR1 sequence as set forth in SEQ ID NO:101, a CDR2 sequence as set forth in: RTS, and a CDR3 sequence as set forth SEQ ID NO:102 [**DR5, hDR5-05**].

54.A method of treating an individual having a disease comprising administering to said individual an effective amount of a first and a second antibody according to claims 1 to 28, 52 or 53, an antibody according to any one of claims 29 to 41, 52 or 53, or a composition according to any one of claims 45 to 53.

55.The method according to claim 54, wherein the disease is selected from the group of: cancer, autoimmune disease, inflammatory disease and infectious disease.

56.The method according to any one of claims 54 to 55, wherein the method comprises administering an additional therapeutic agent.

57. A method of depleting a cell population expressing a first antigen and a second antigen, which method comprises contacting said cell population with a first and second antibody according to any one of claims 1 to 28, 52 or 53 or a composition according to any one of claims 45 to 53.

5

58. The method according to claim 57, wherein the cell population is a tumor cell population, such as a hematological tumor cell population or a solid tumor cell population.

10

59. A method of inducing proliferation in a cell population expressing a first antigen and a second antigen, which method comprises contacting said cell population with a first and second antibody, according to any one of claims 1 to 28, 52 or 53 or a composition according to any one of claims 45 to 53.

15

60. The method according to any one of claims 57 to 59, wherein the cell population is present in the blood.

61. The method according to any one of claims 57 to 60, wherein the cell population is a leukocyte.

20

62. The method according to any one of claims 57 to 61, wherein the cell population is a subset of a leukocyte population.

63. The method according to any one of claims 57 to 62, wherein the cell population is a lymphocyte population.

25

64. The method according to claim 63, wherein the cell population is a B cell population, T cell population, an NK cell population, a regulatory T cell population, myeloid derived suppressor cell population.

30

65. The method according to any one of claims 54 to 64, wherein the first antigen and/or second antigen is a member of the TNFR-SF.

66. A kit comprising a first container comprising a first antibody as defined in any one of claims 1 to 28, 52 or 53, and a second container comprising a second antibody as defined in any one of claims 1 to 28, 52 or 53.

5 67. A nucleic acid encoding a first antibody or second antibody according to any one of claims 1 to 28 or an antibody according to any one of claims 29 to 41 or 52 to 53.

10 68. A nucleic acid encoding a heavy chain of a first antibody or second antibody according to any one of claims 1 to 28 or an antibody according to any one of claims 29 to 41 or 52 to 53.

69. An expression vector comprising the nucleic acid according to claim 67 or 68.

15 70. A delivery vehicle comprising the nucleic acid according to claim 67 or 68.

71. A delivery vehicle according to claim 70, and a pharmaceutically acceptable carrier.

20 72. A delivery vehicle according to claim 70 or 71, wherein said delivery vehicle is a particle.

Figure 1

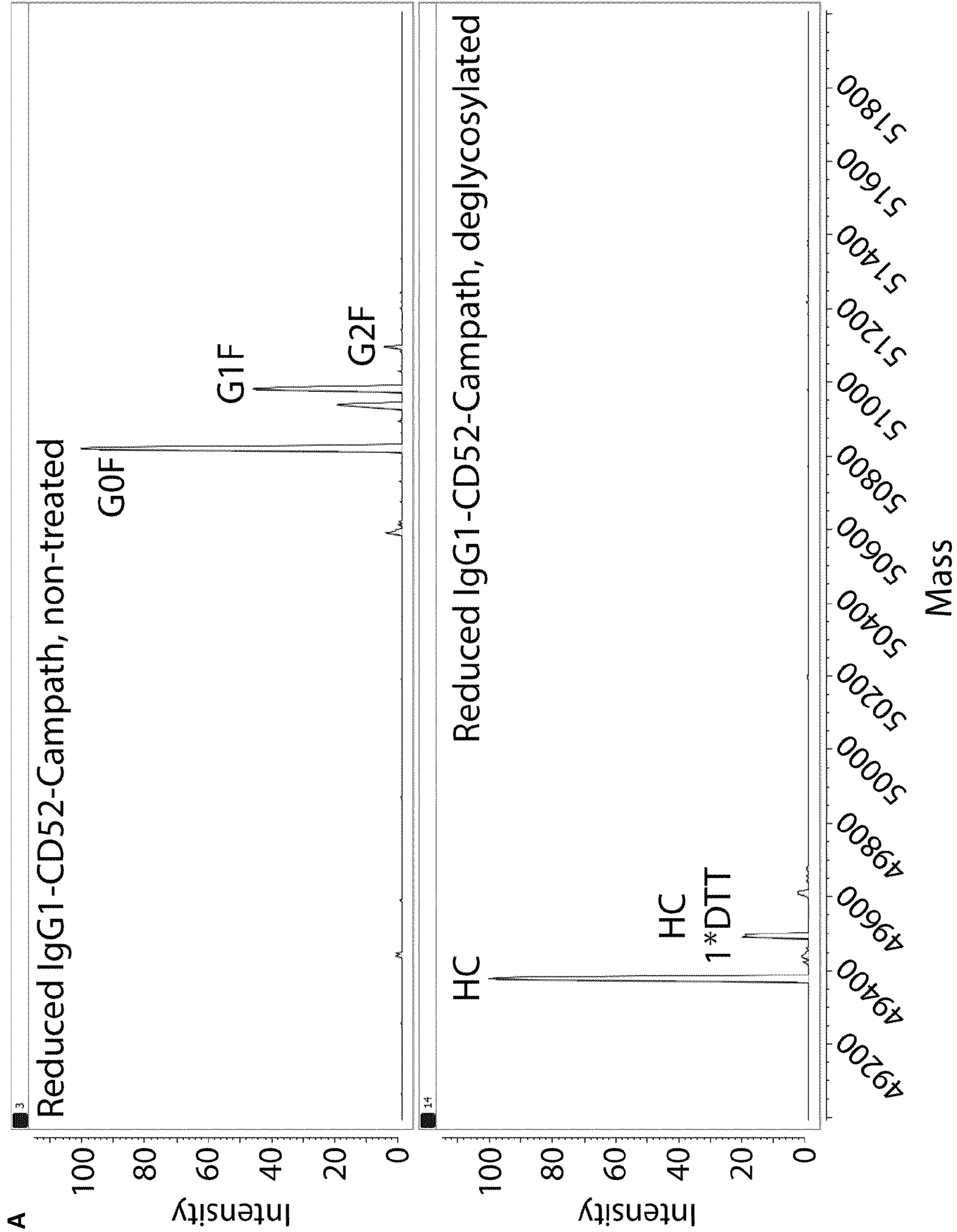


Figure 1 – Continued

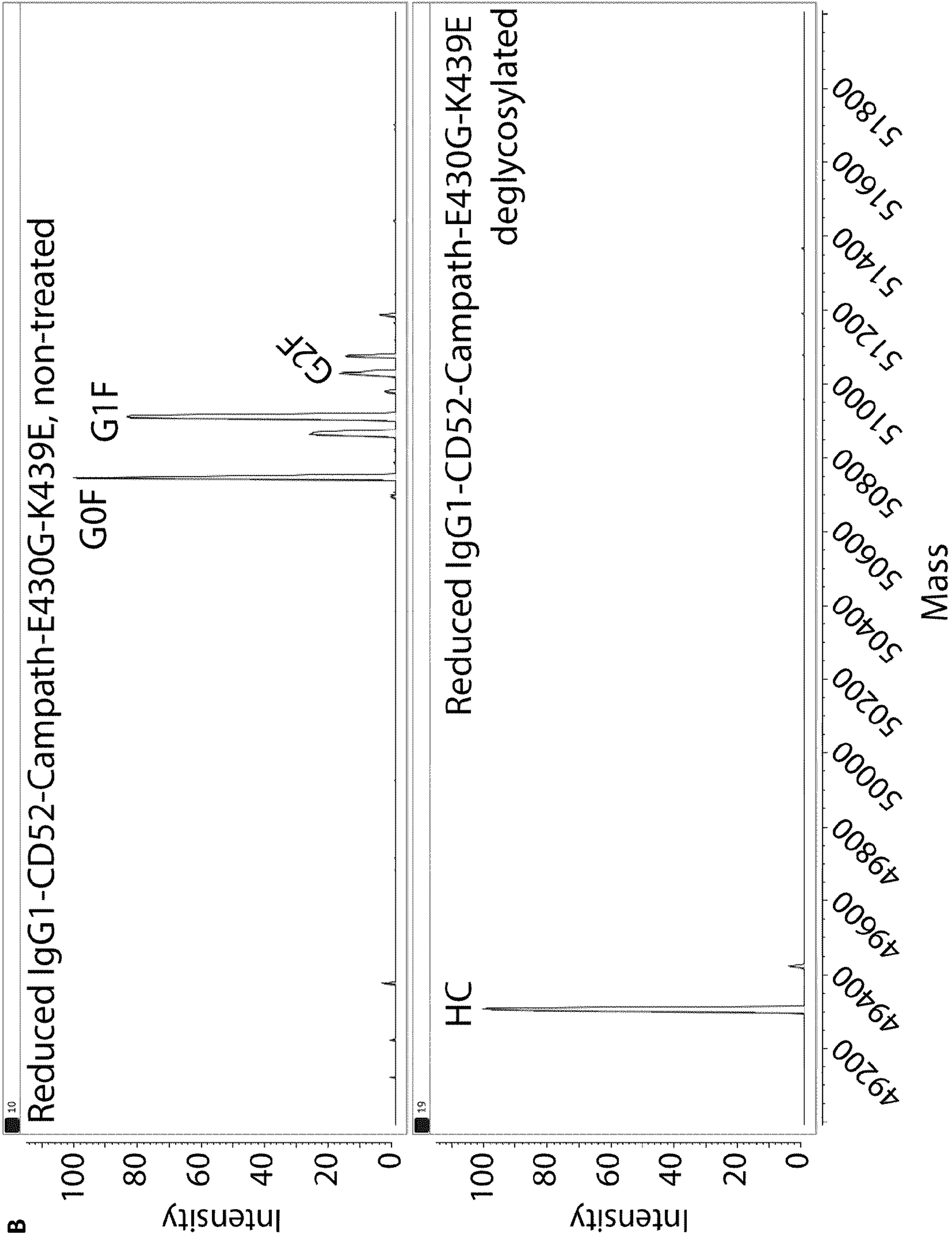


Figure 1 – Continued

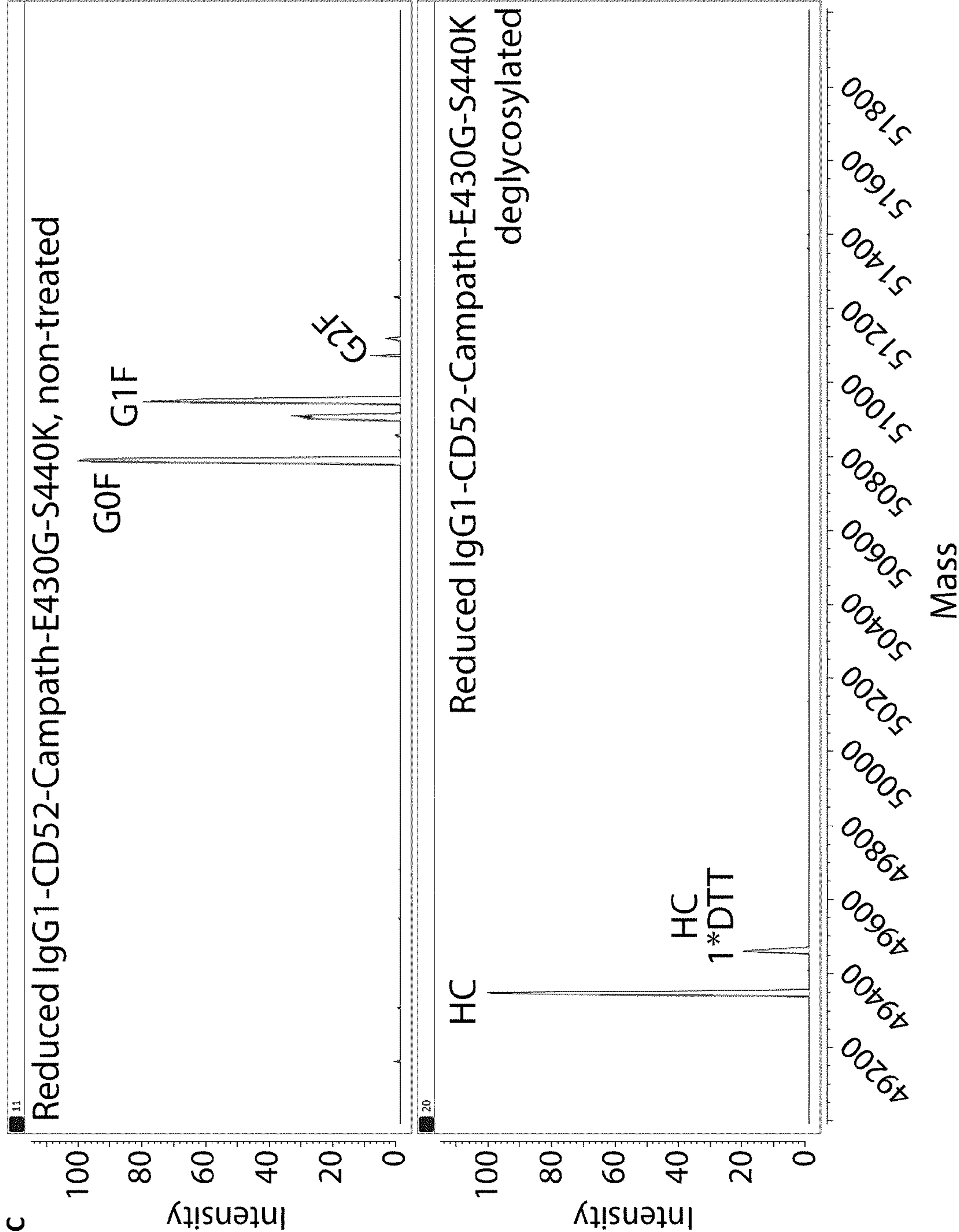
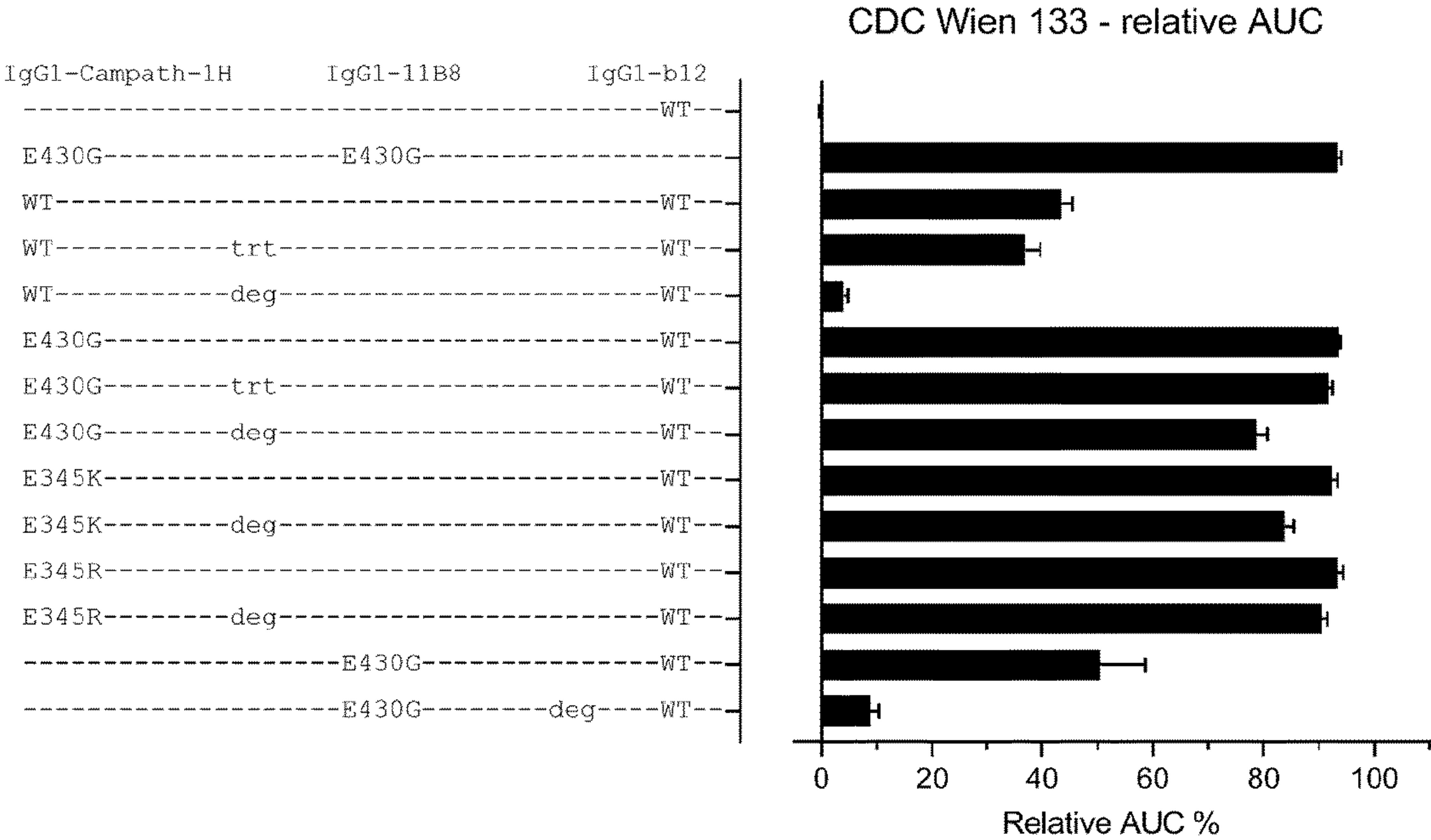


Figure 1 – Continued

D



E

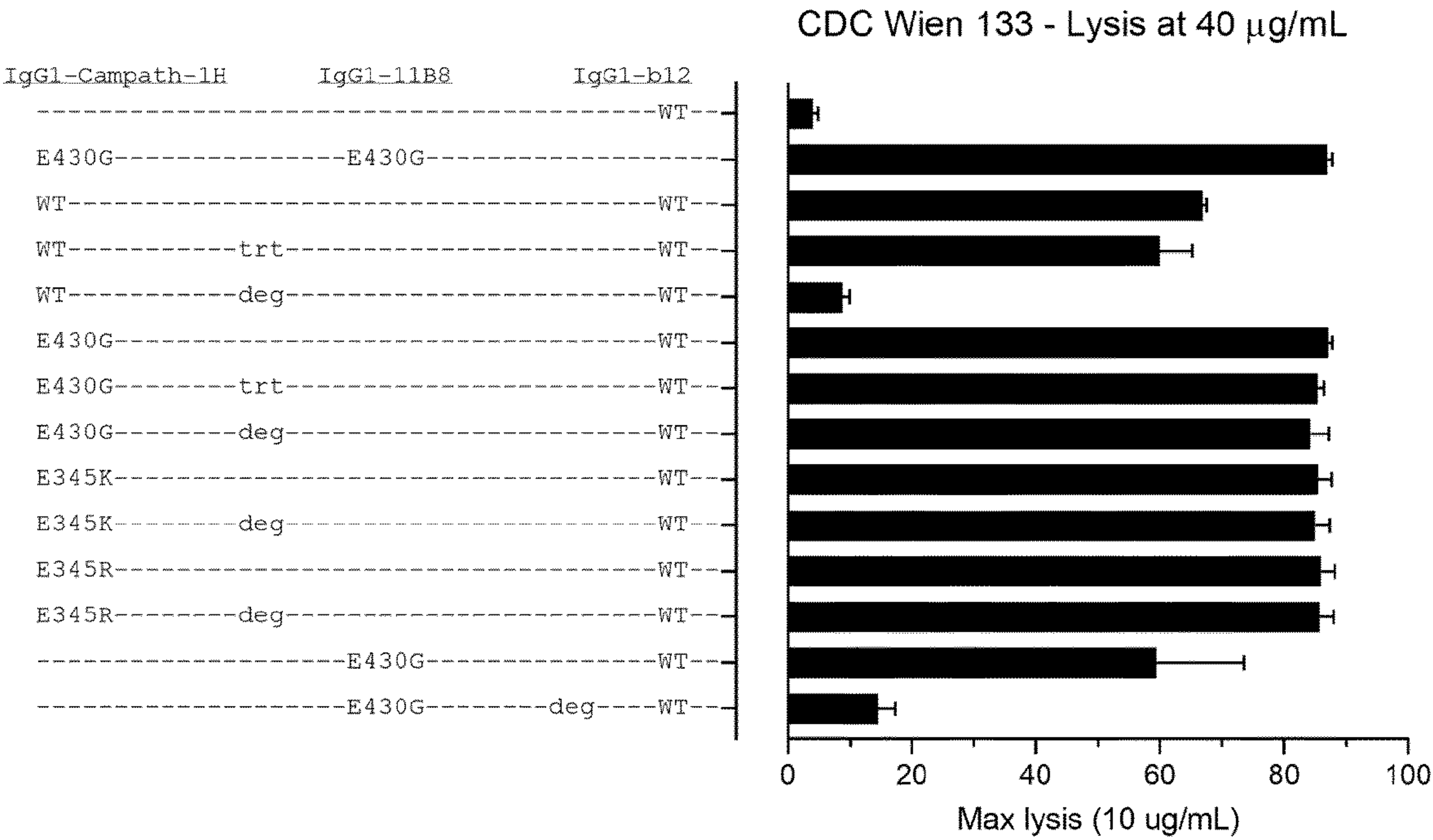
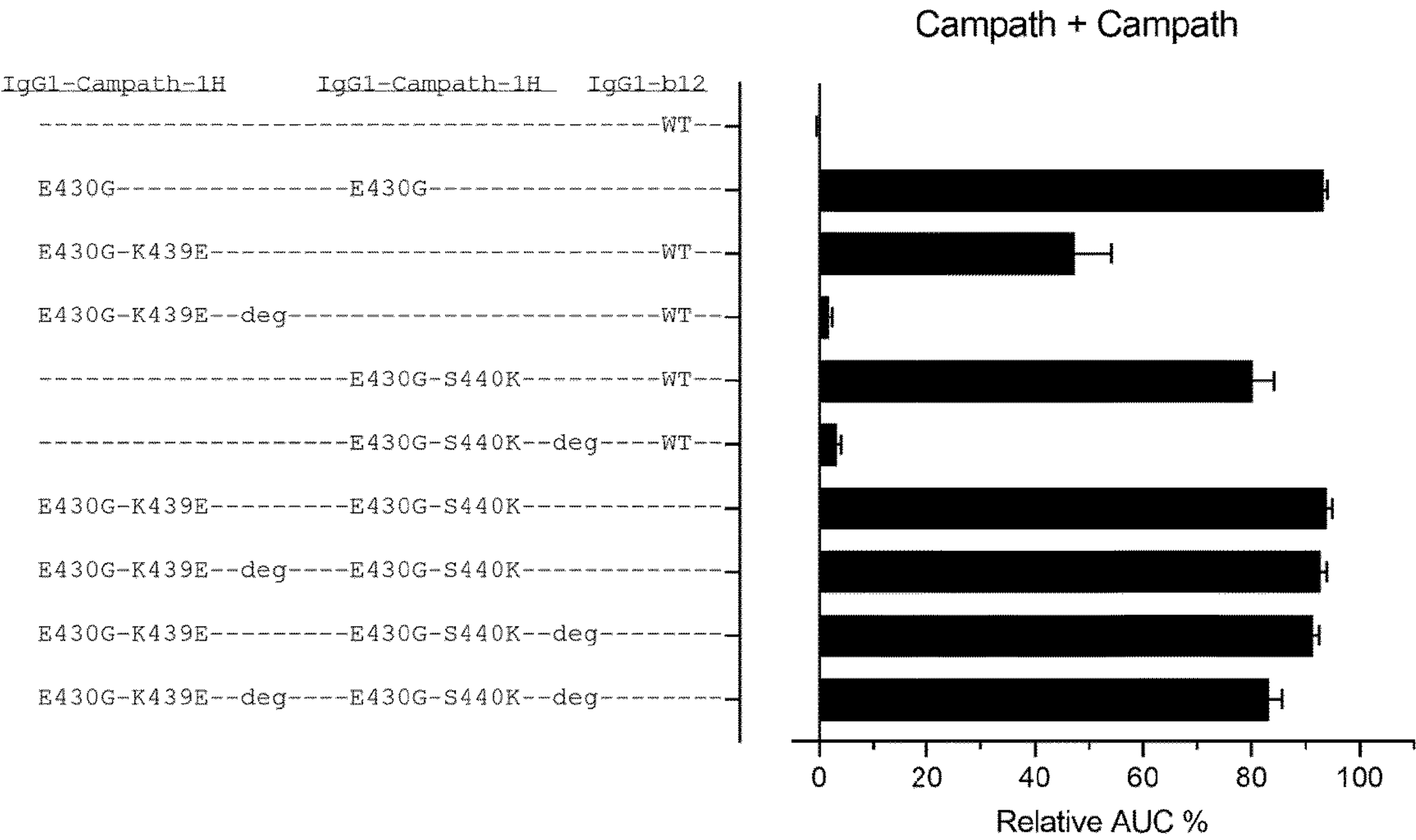


Figure 2

A



B

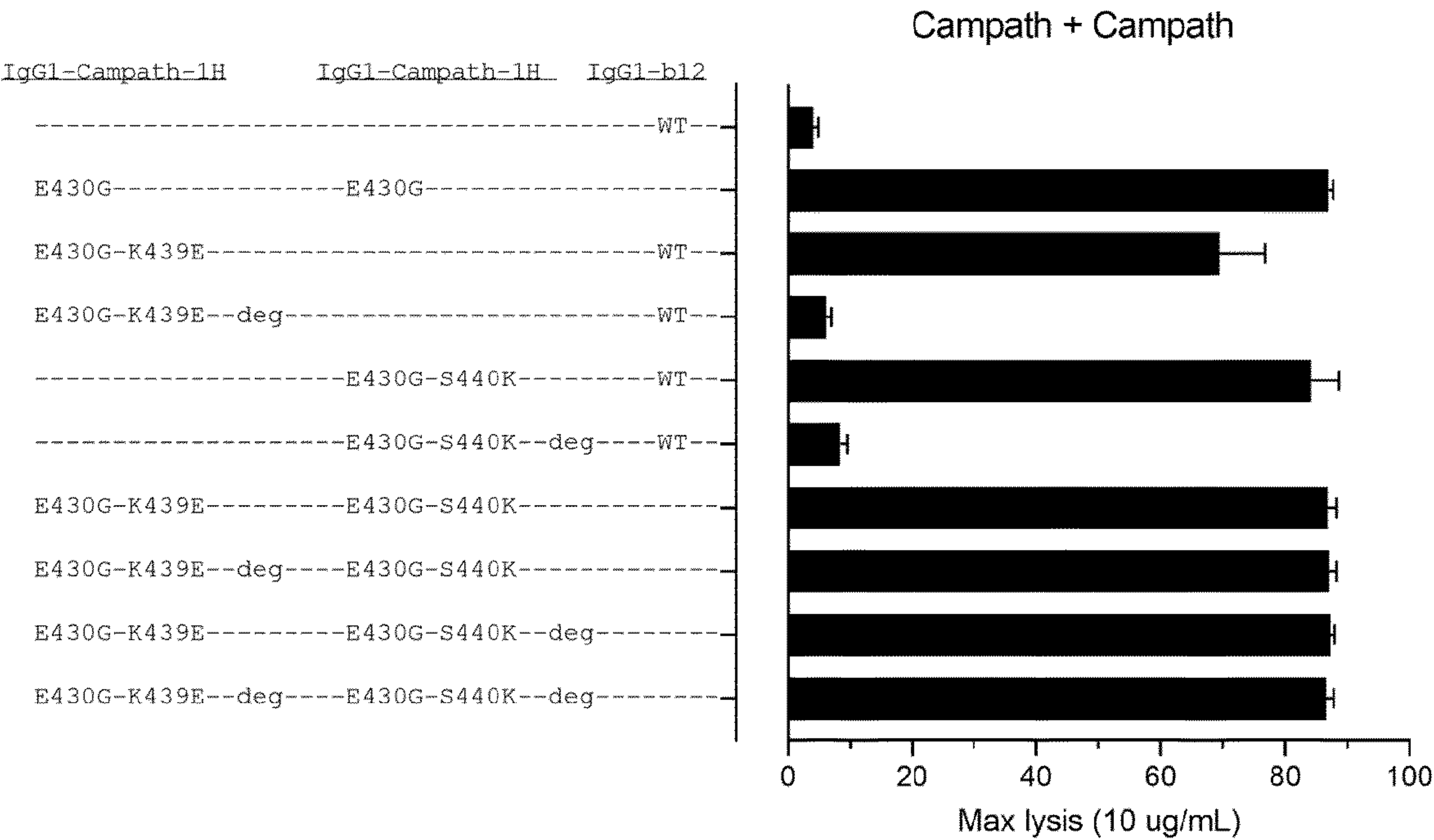
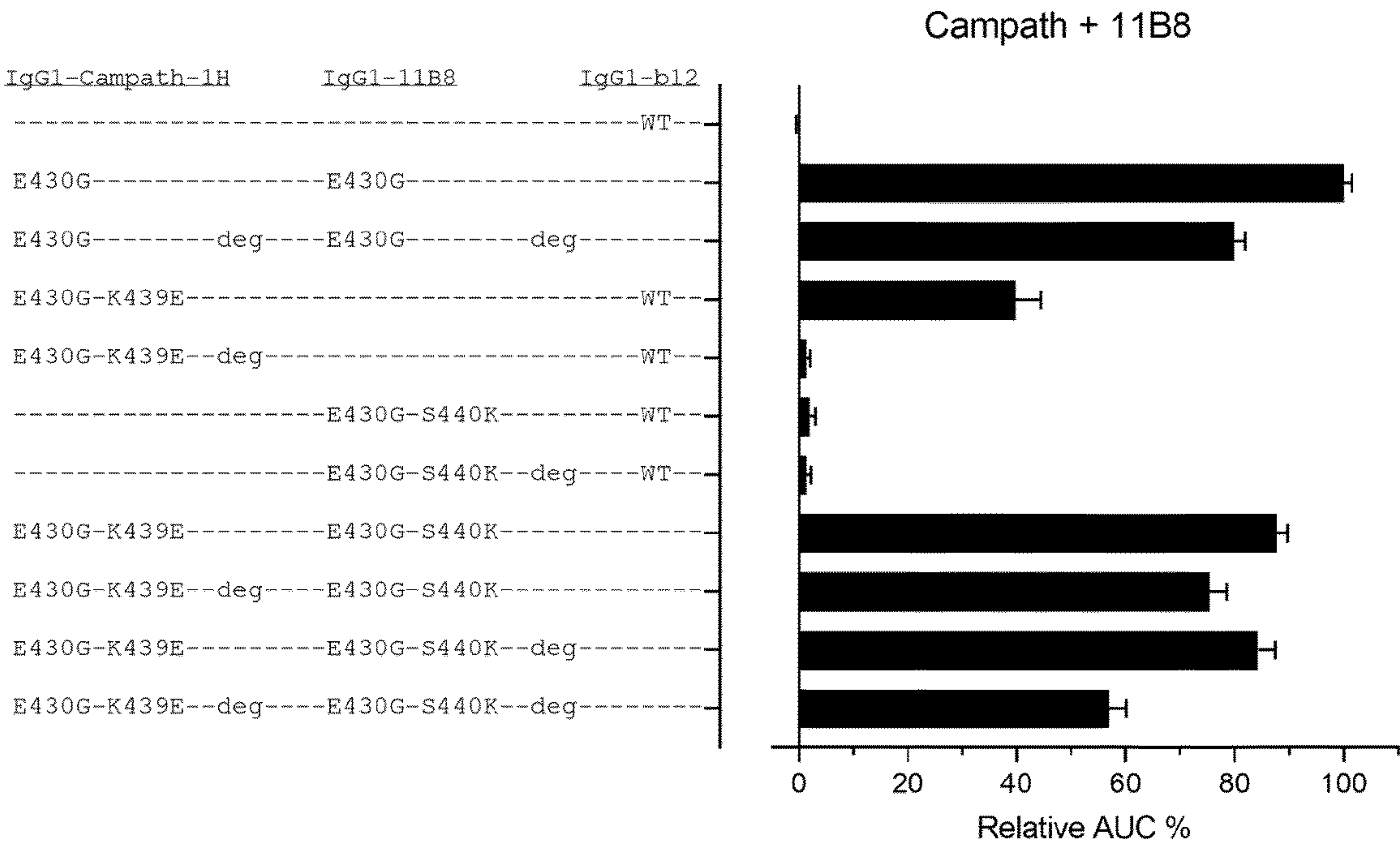


Figure 2 – Continued

C



D

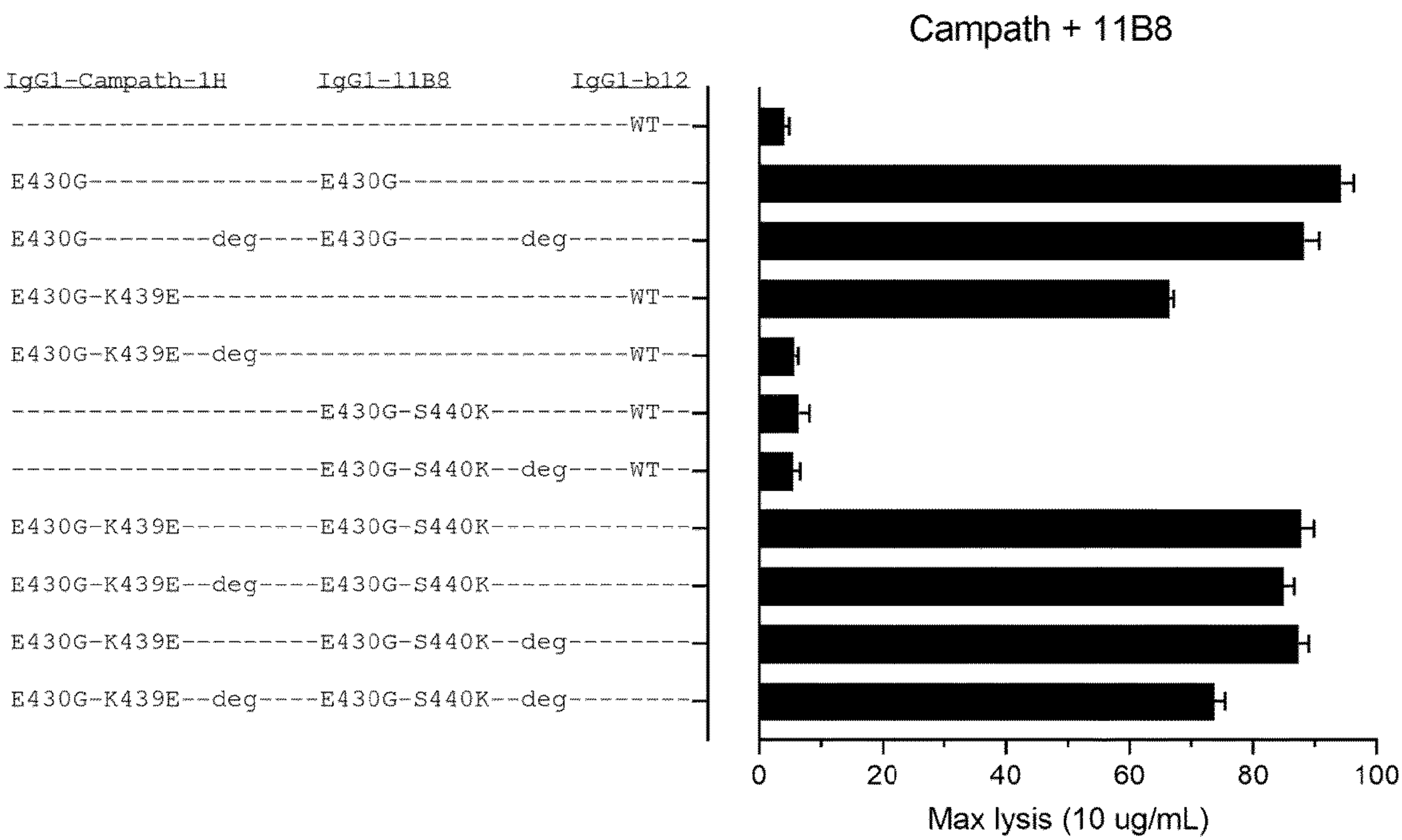
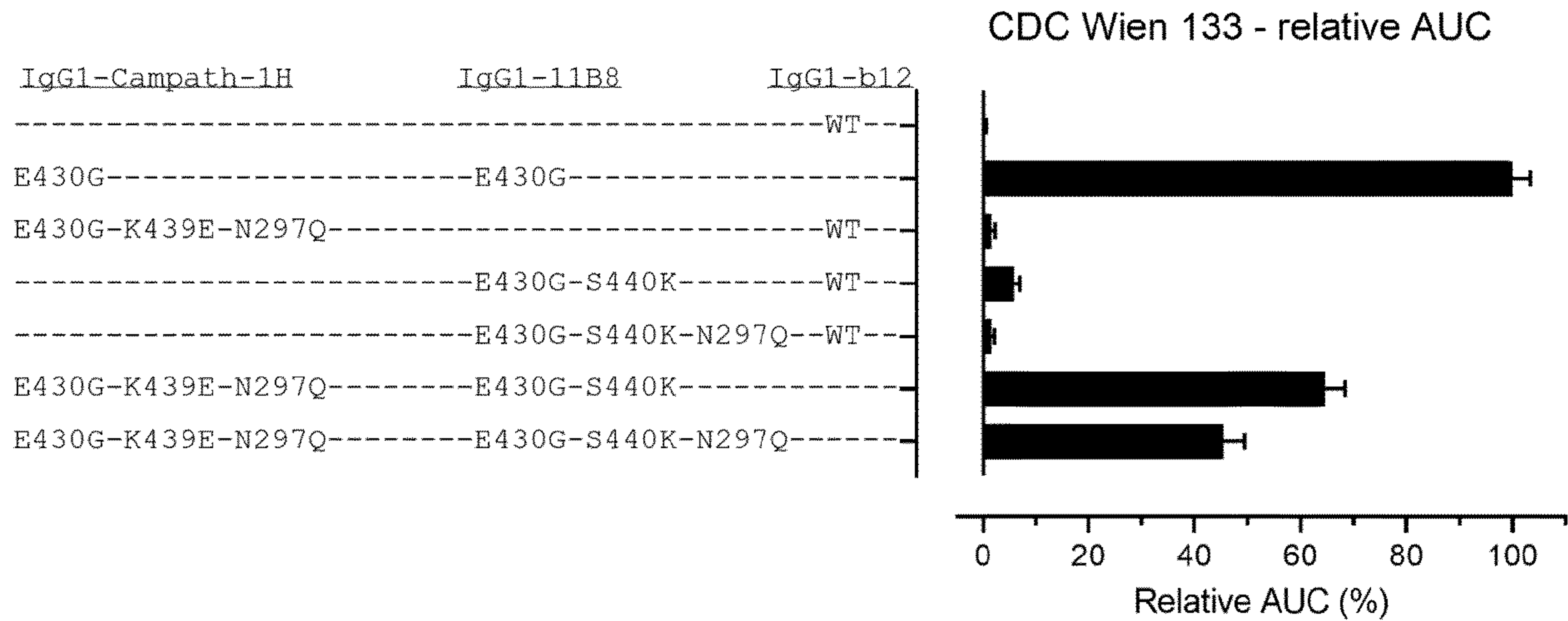


Figure 3

A



B

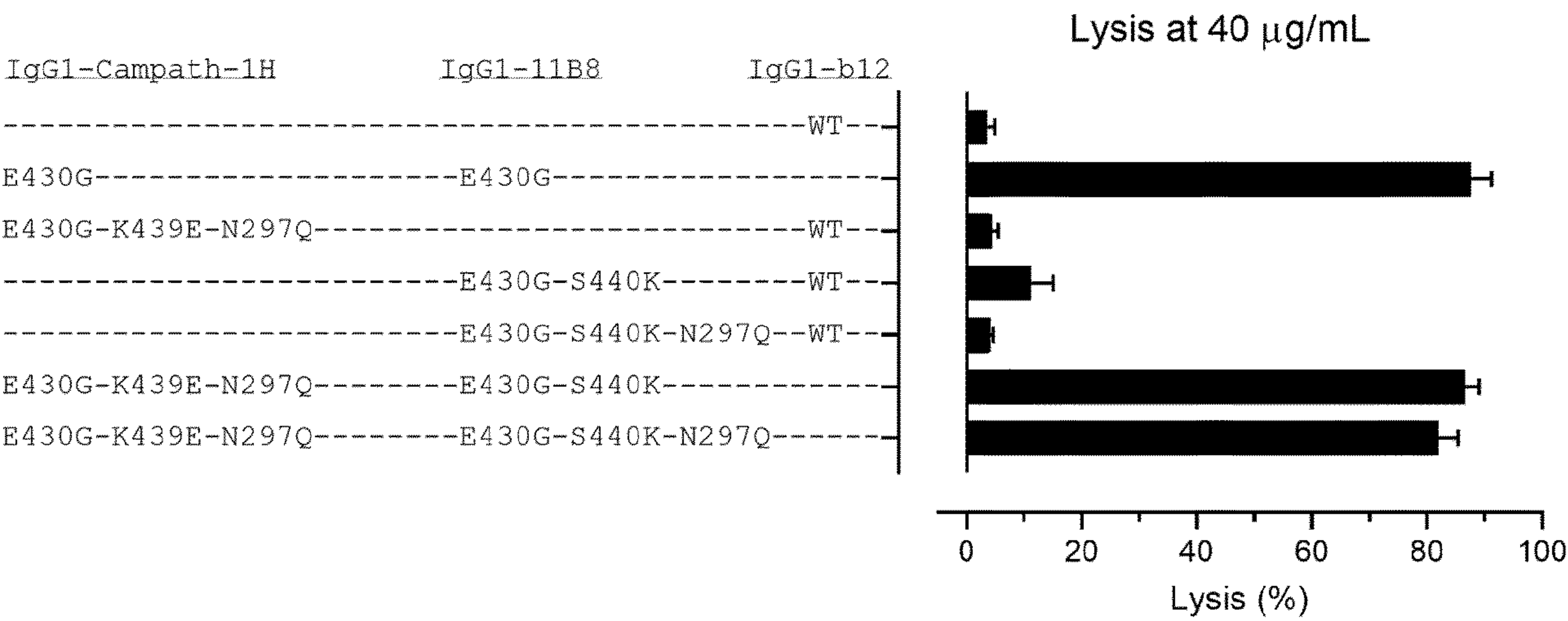


Figure 4

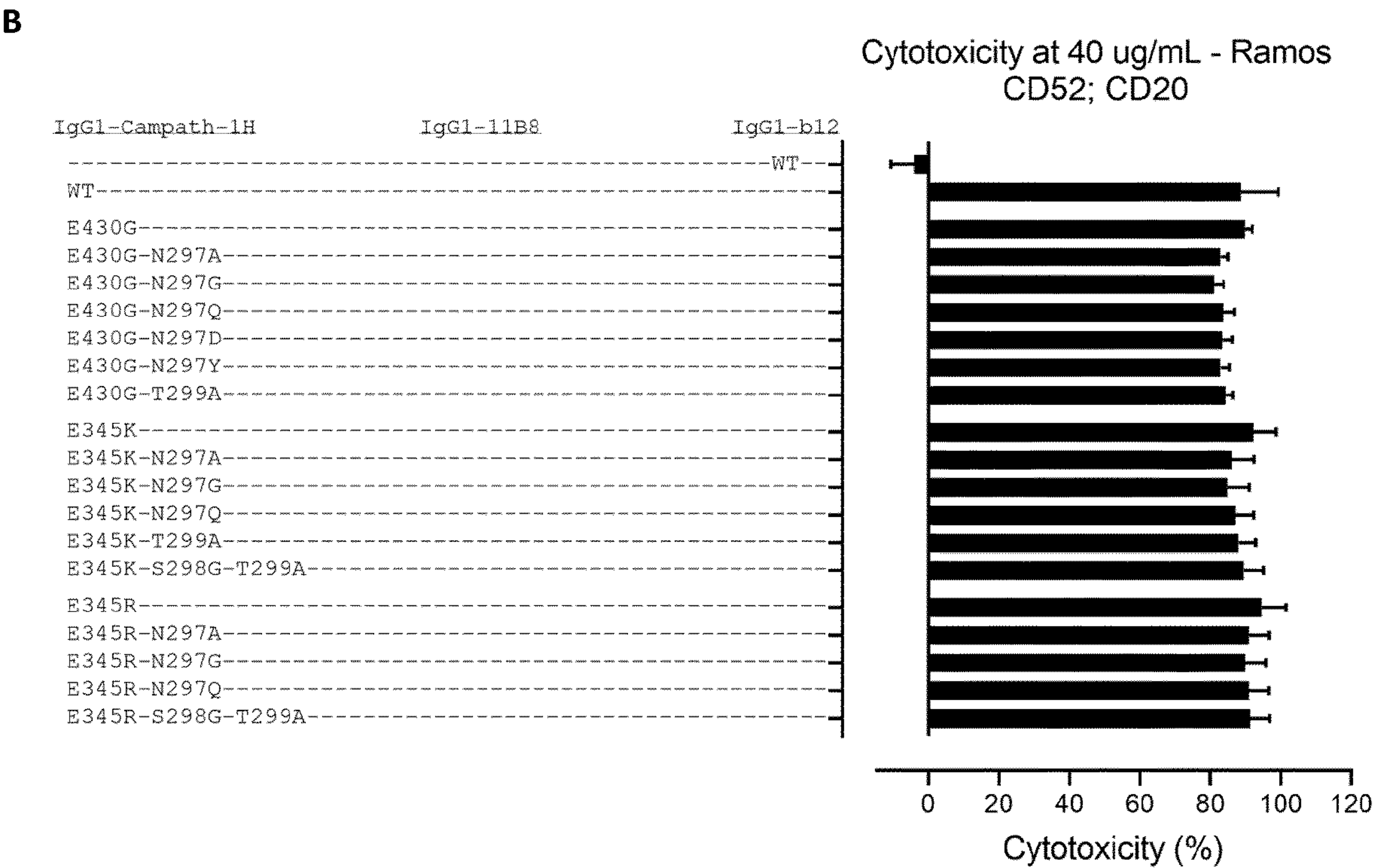
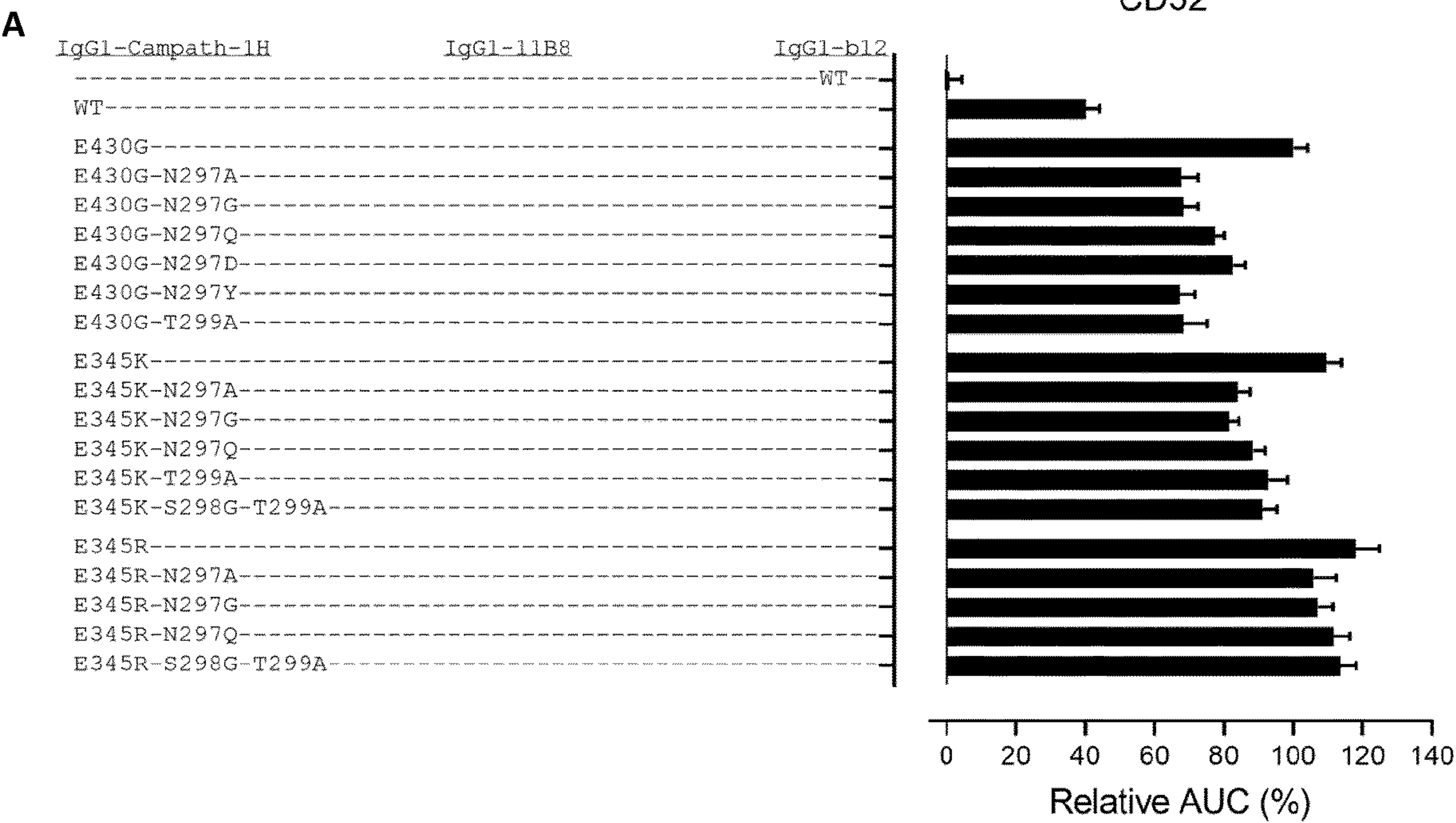
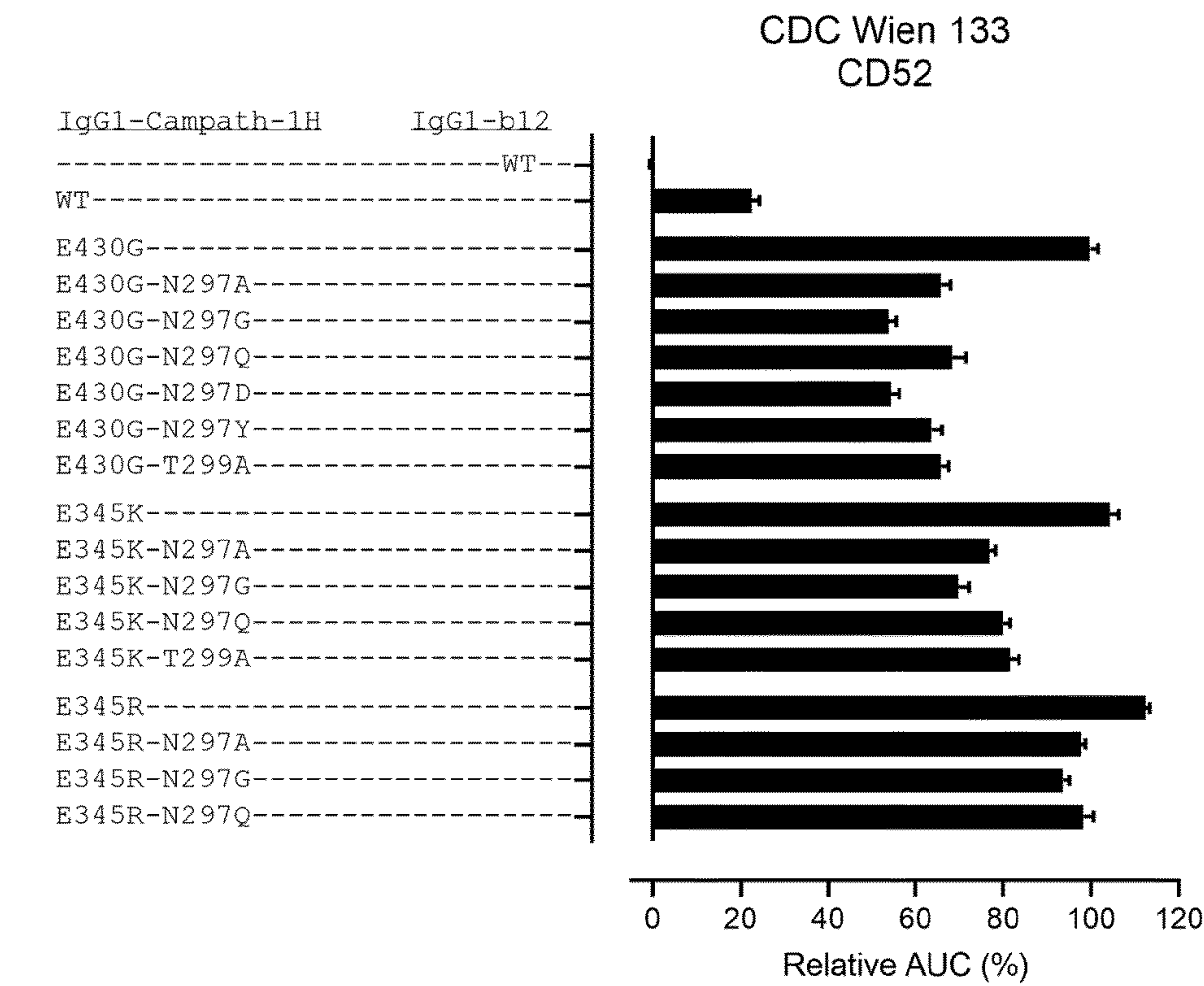


Figure 4 – Continued

C



D

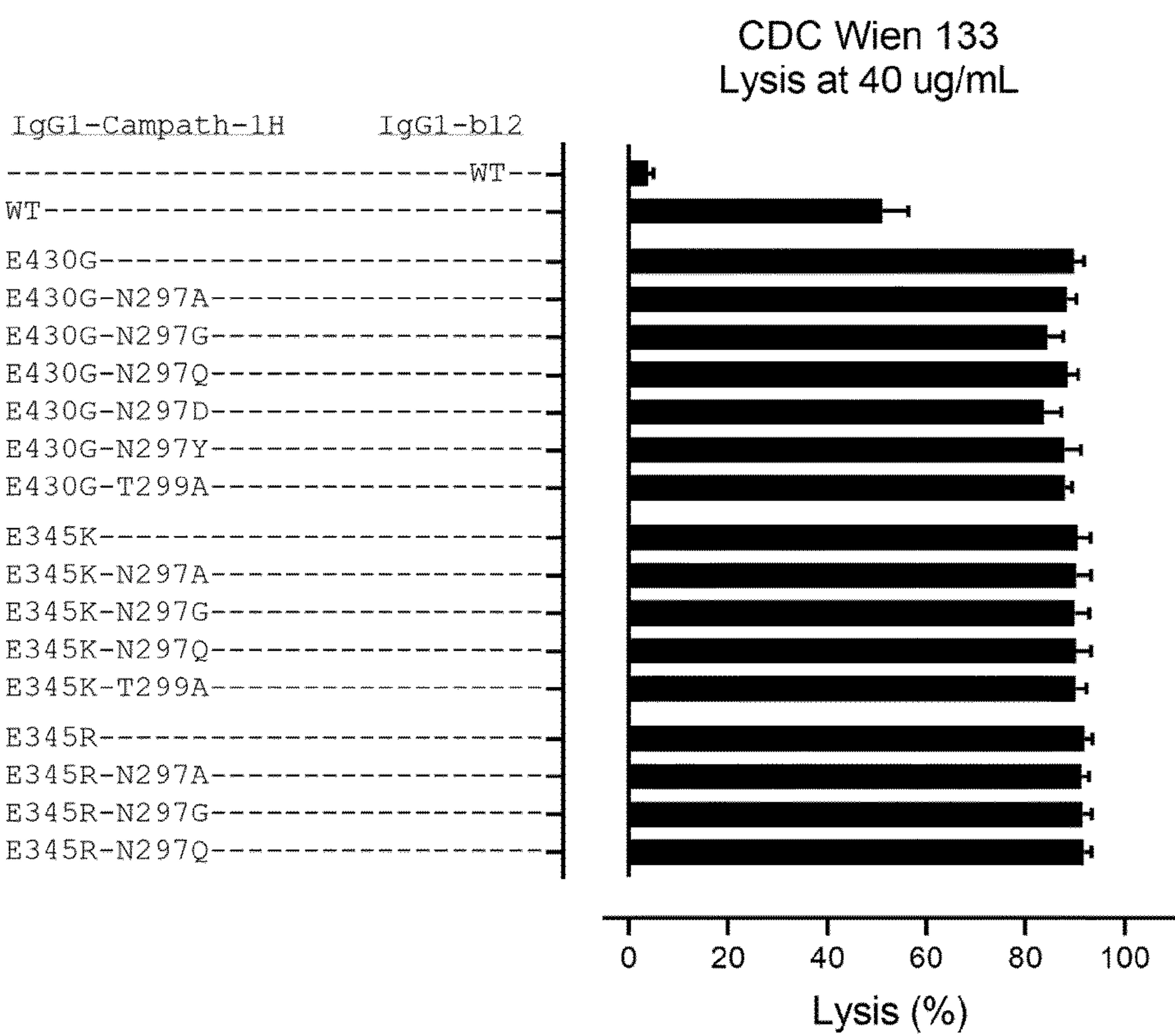
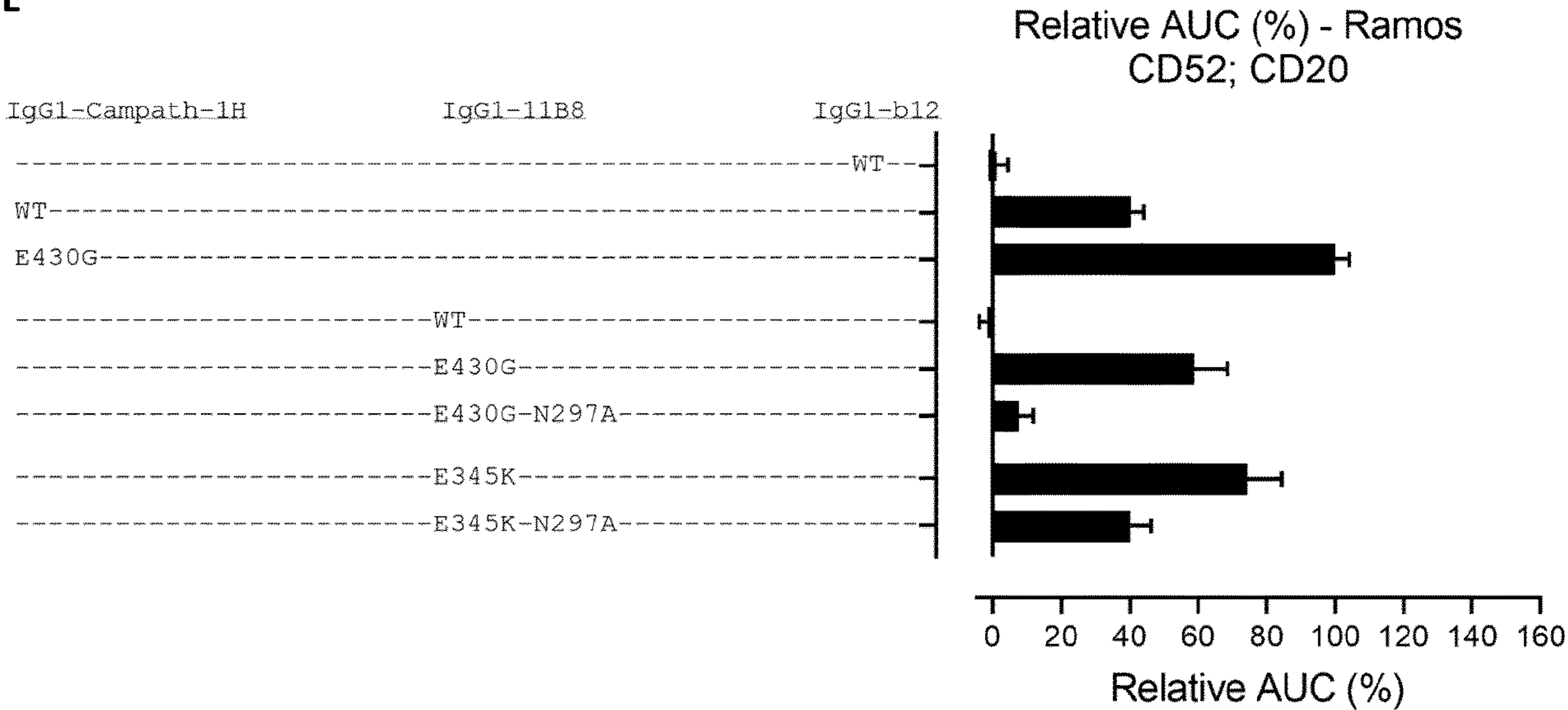


Figure 4 – Continued

E



F

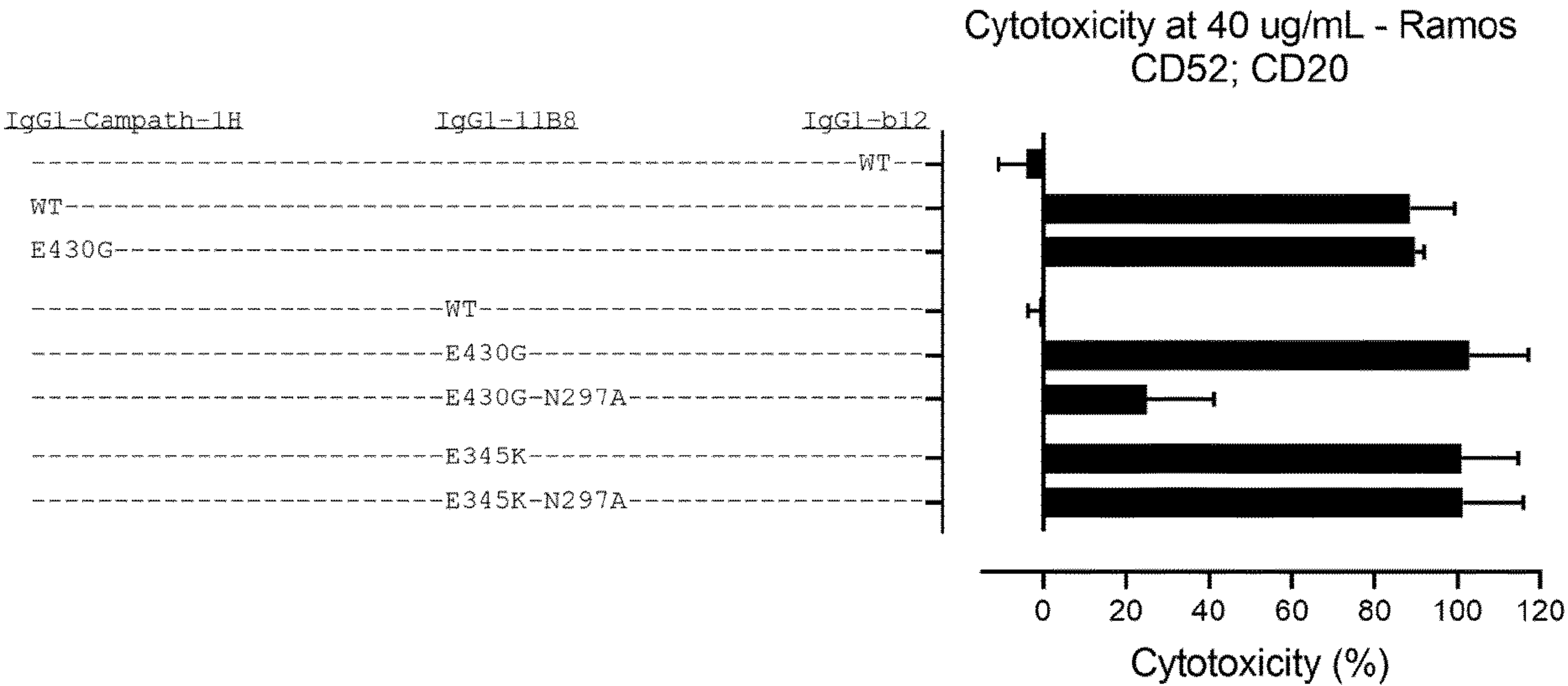
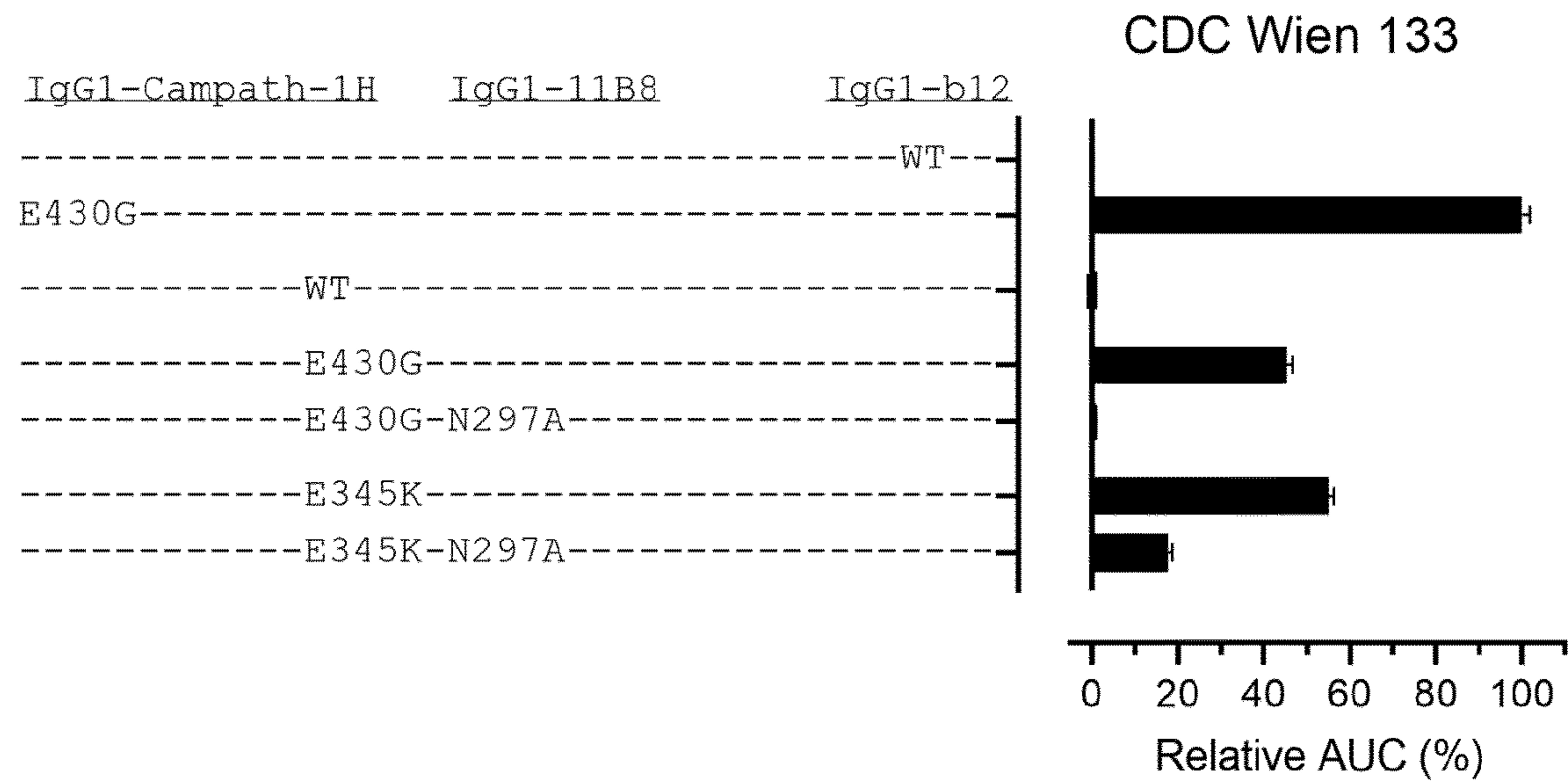


Figure 4 – Continued

G



H

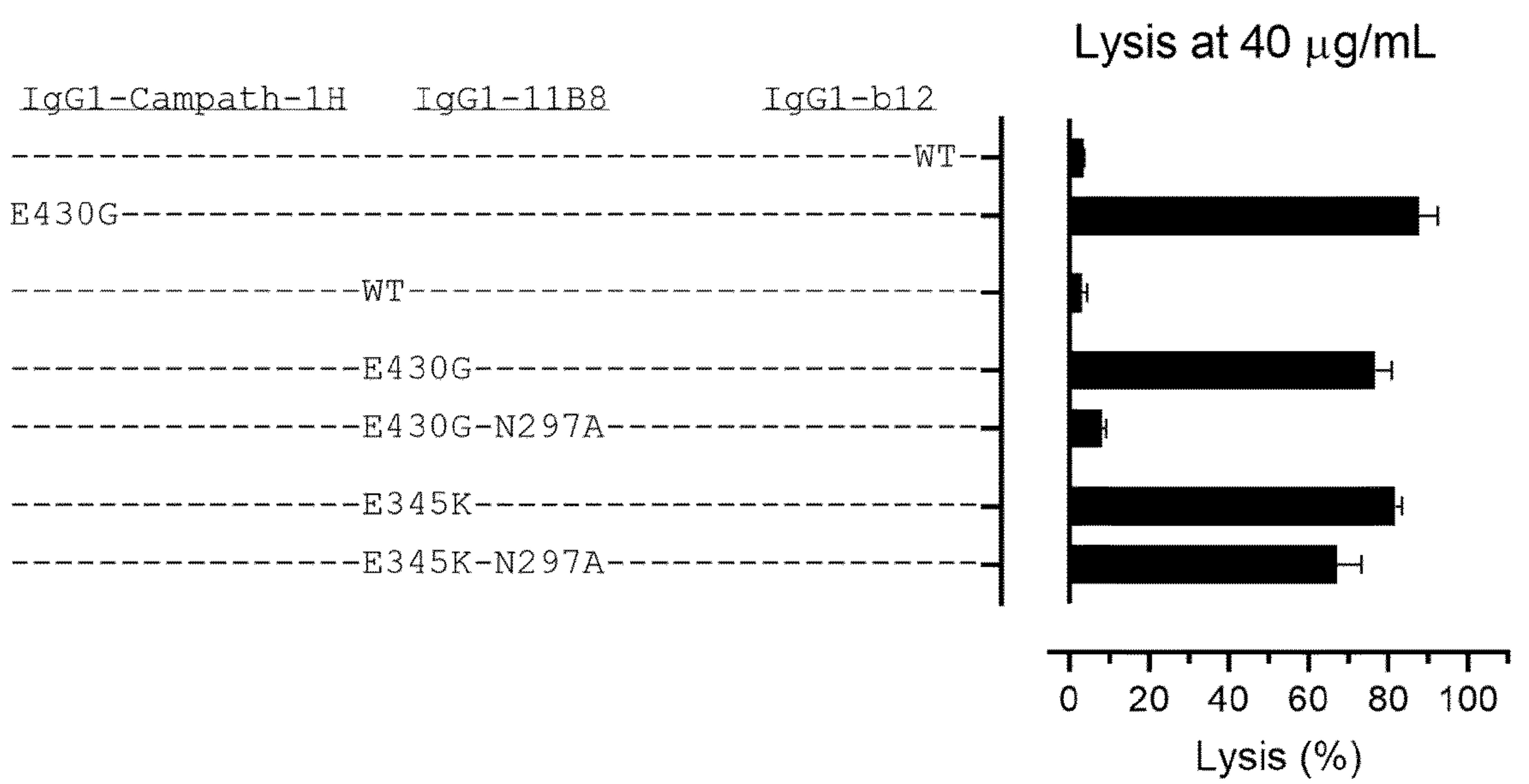
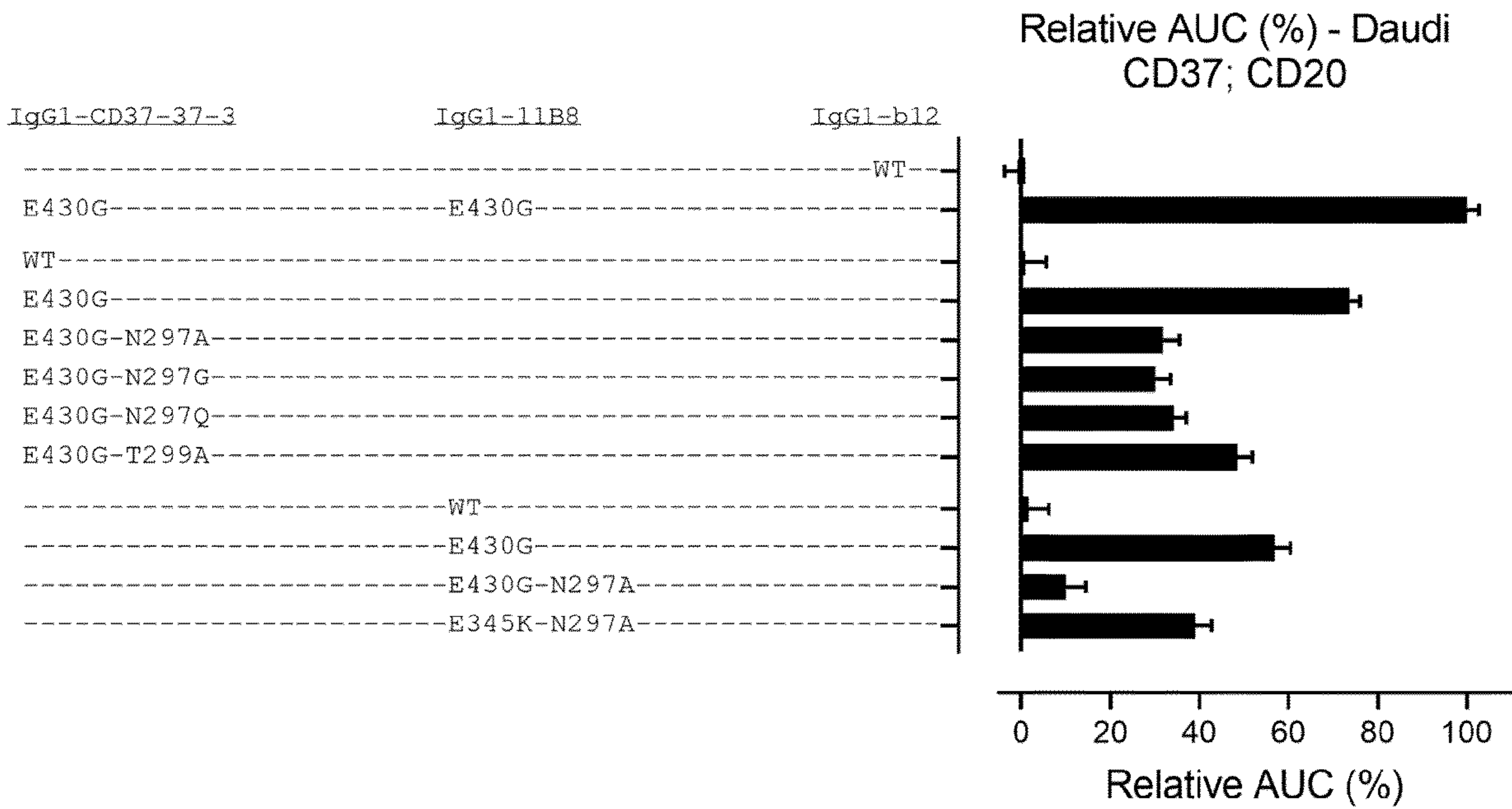


Figure 5

A



B

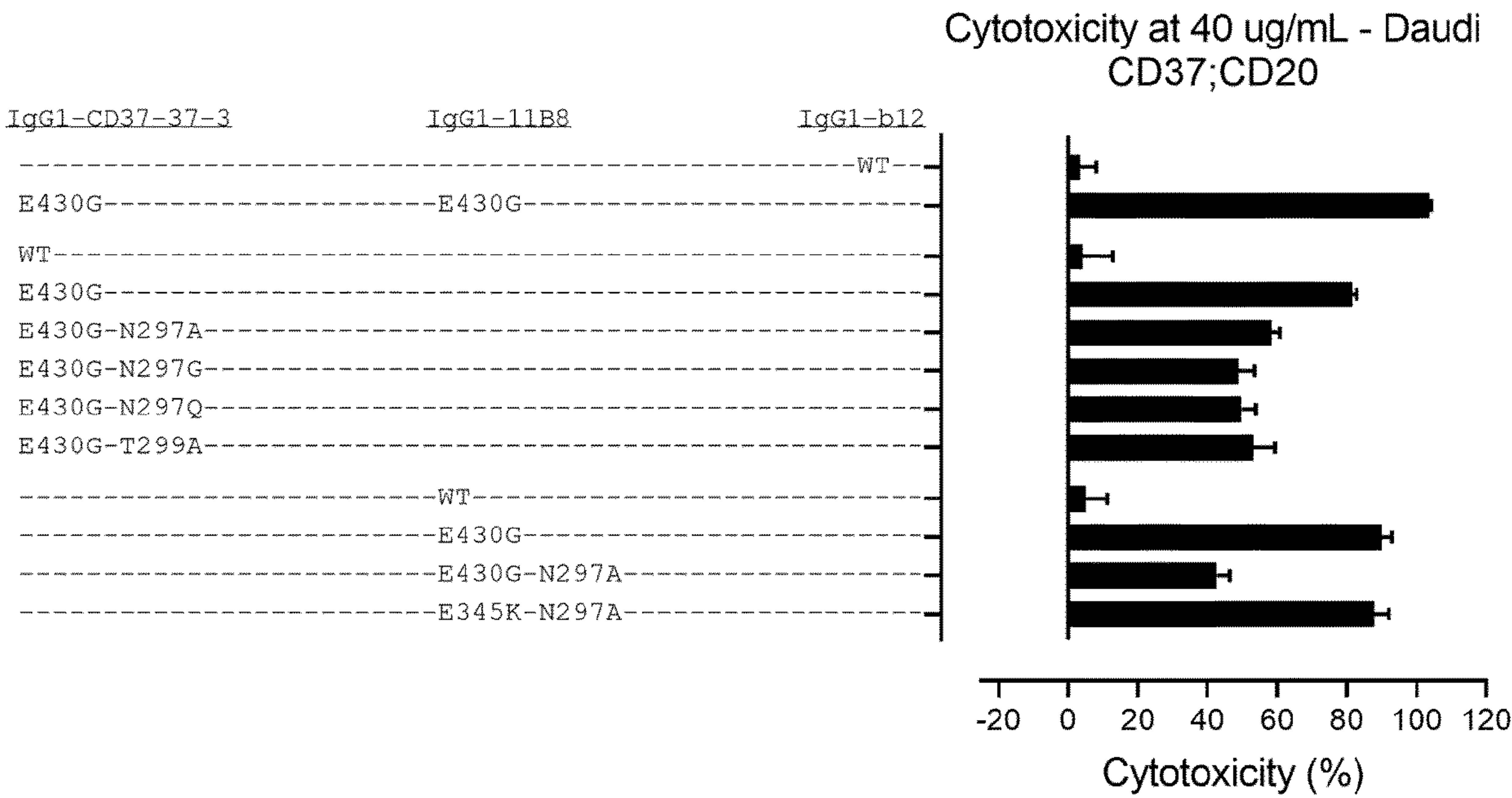
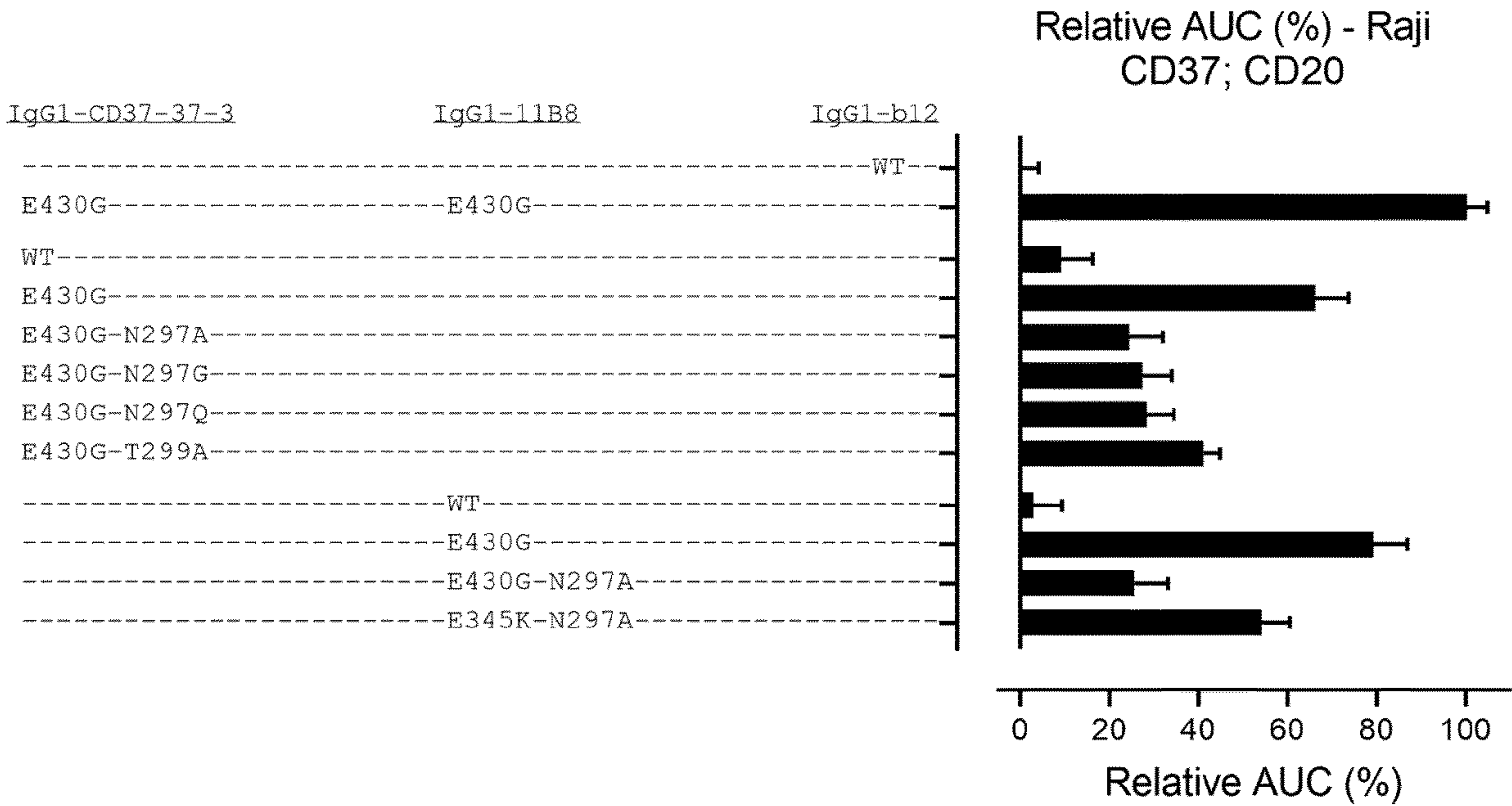


Figure 5 – Continued

C



D

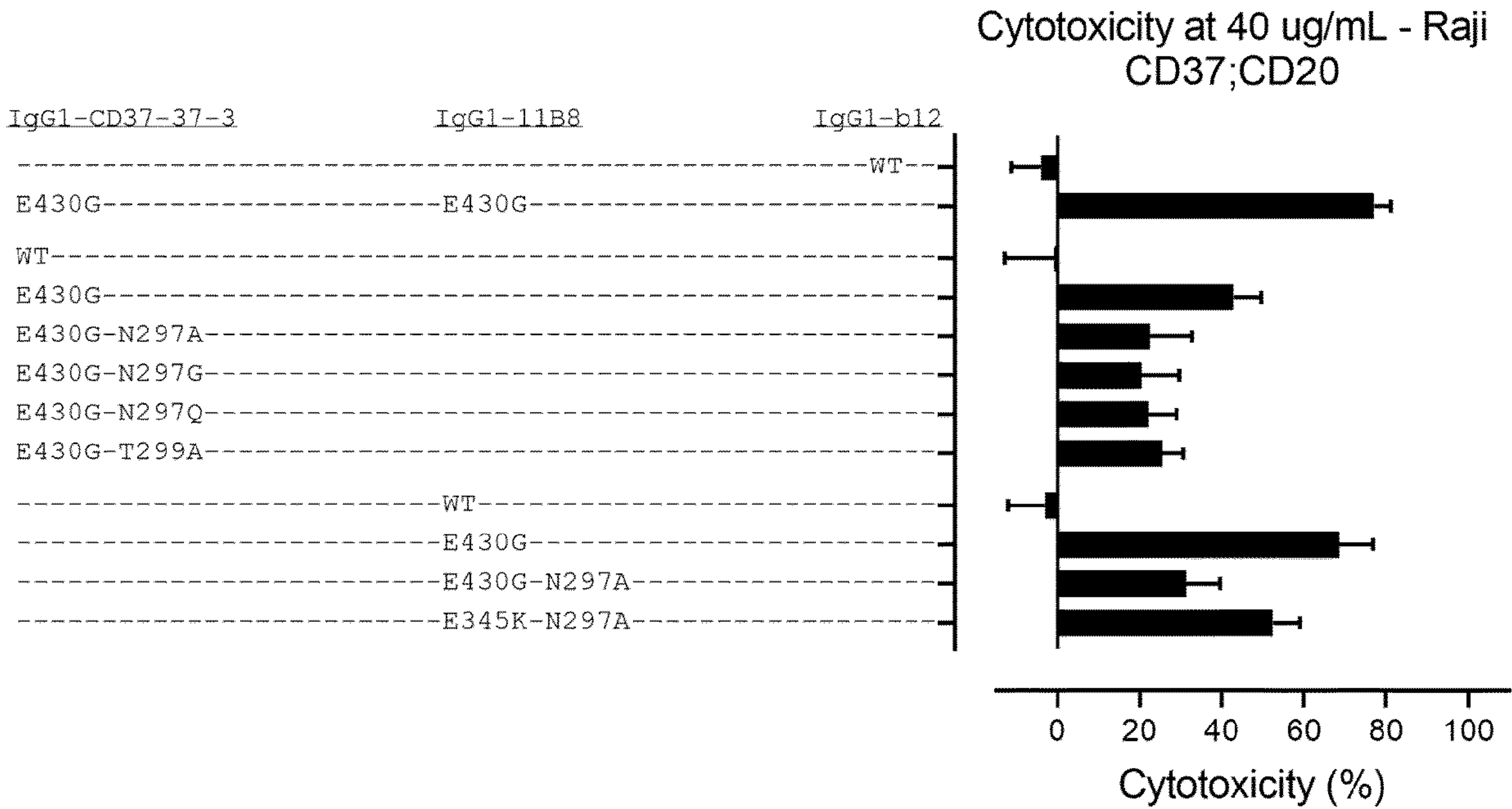


Figure 6

A

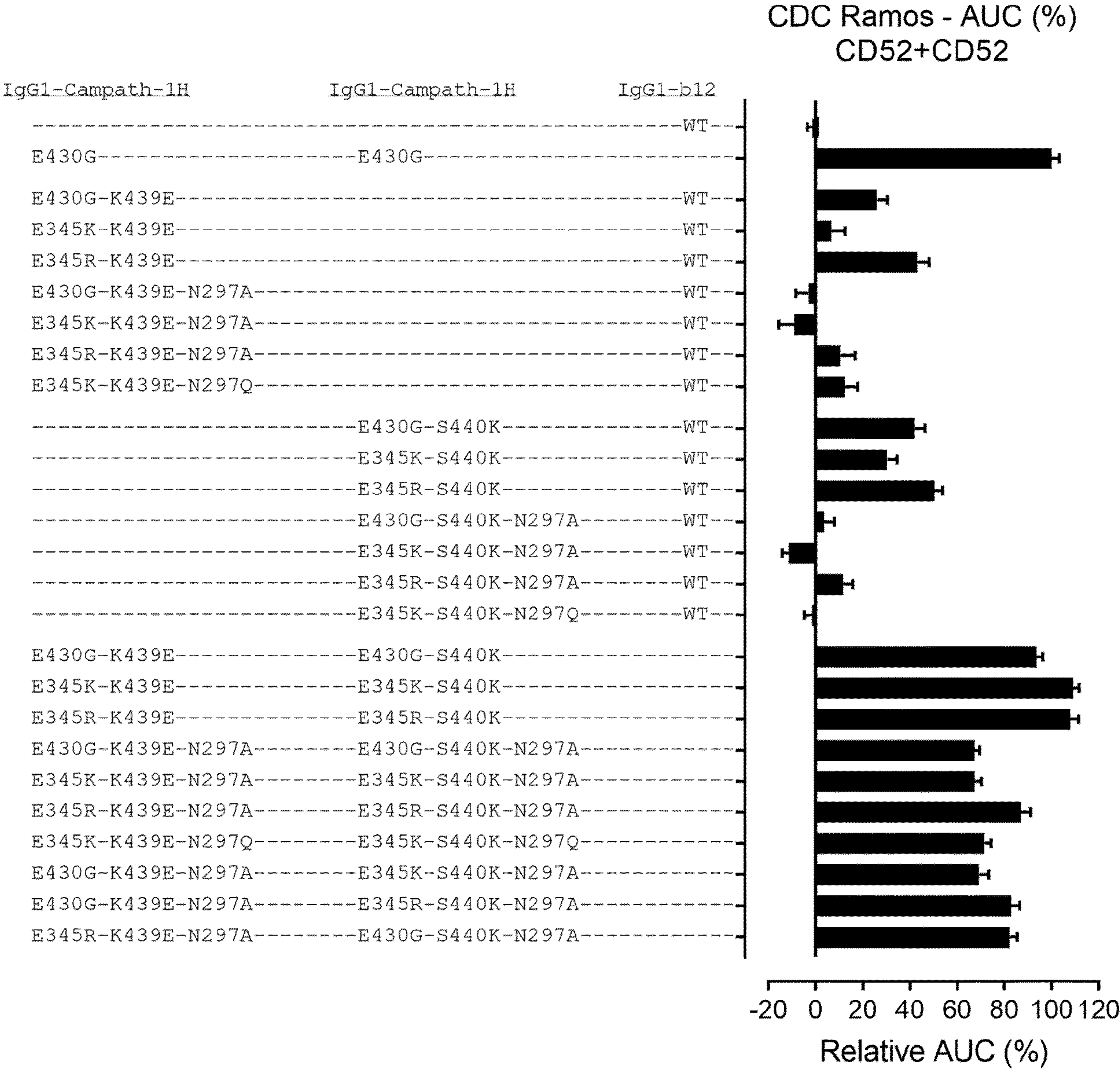


Figure 6 – Continued

B

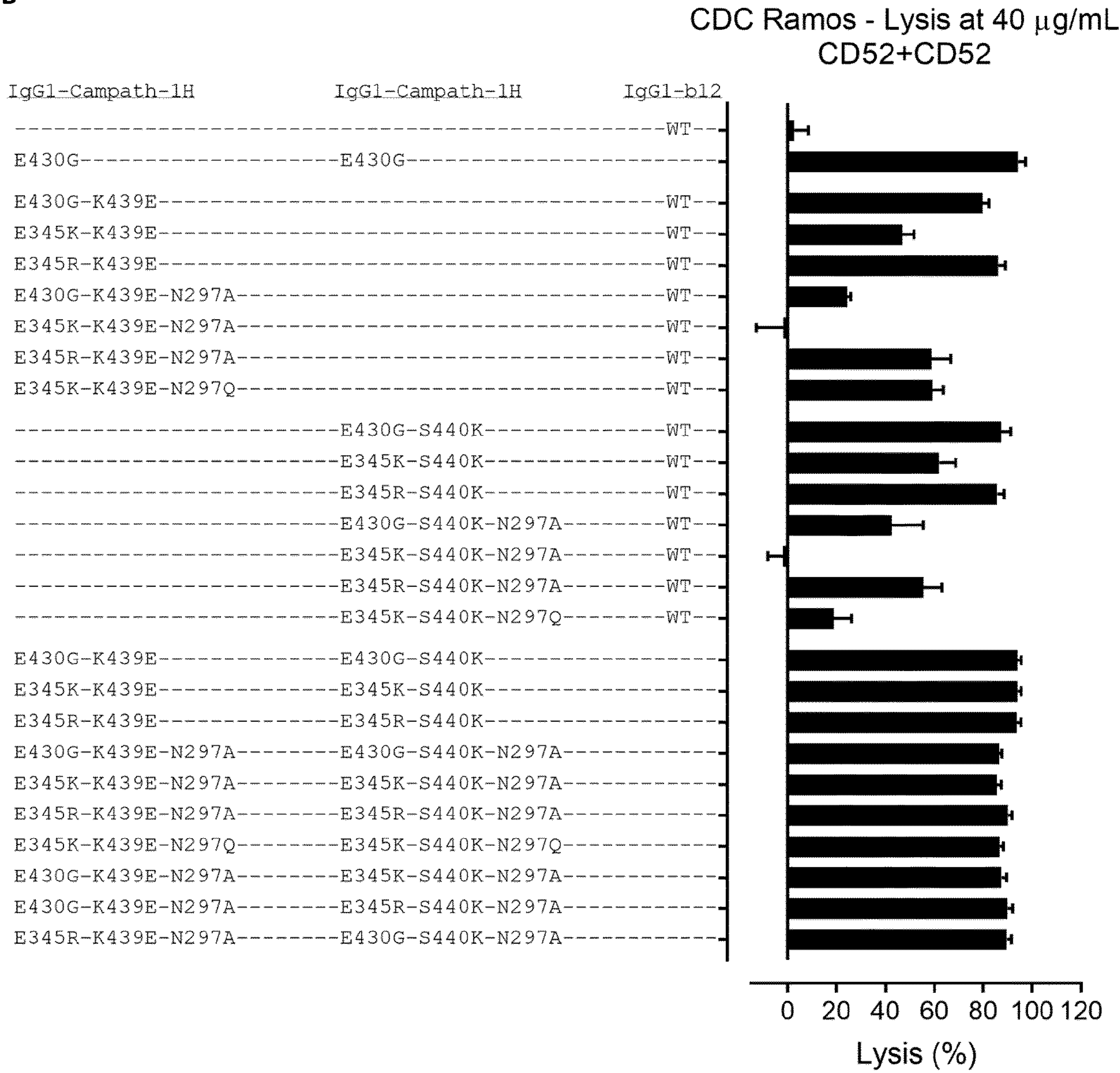


Figure 6 – Continued

C

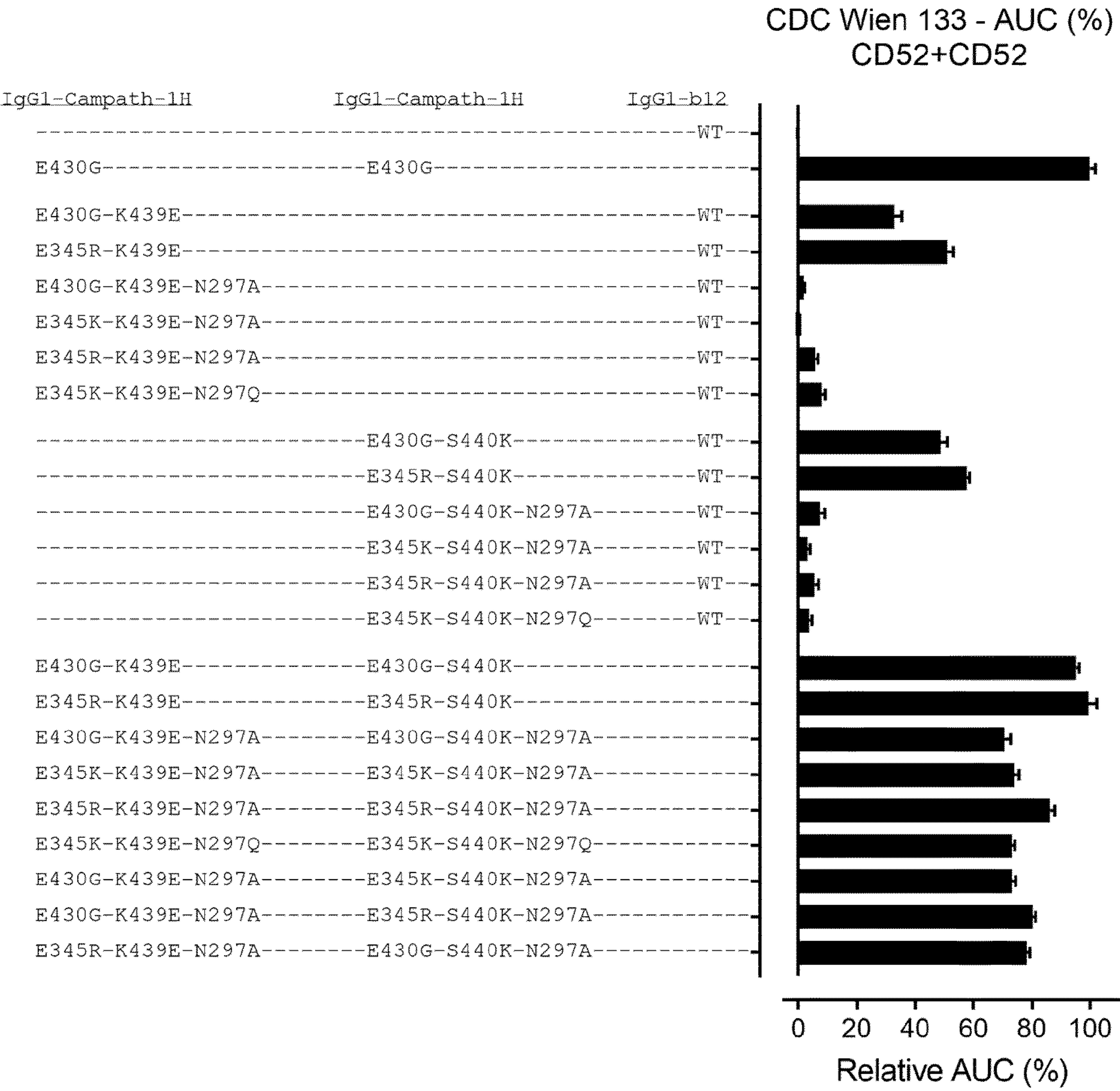


Figure 6 – Continued

D

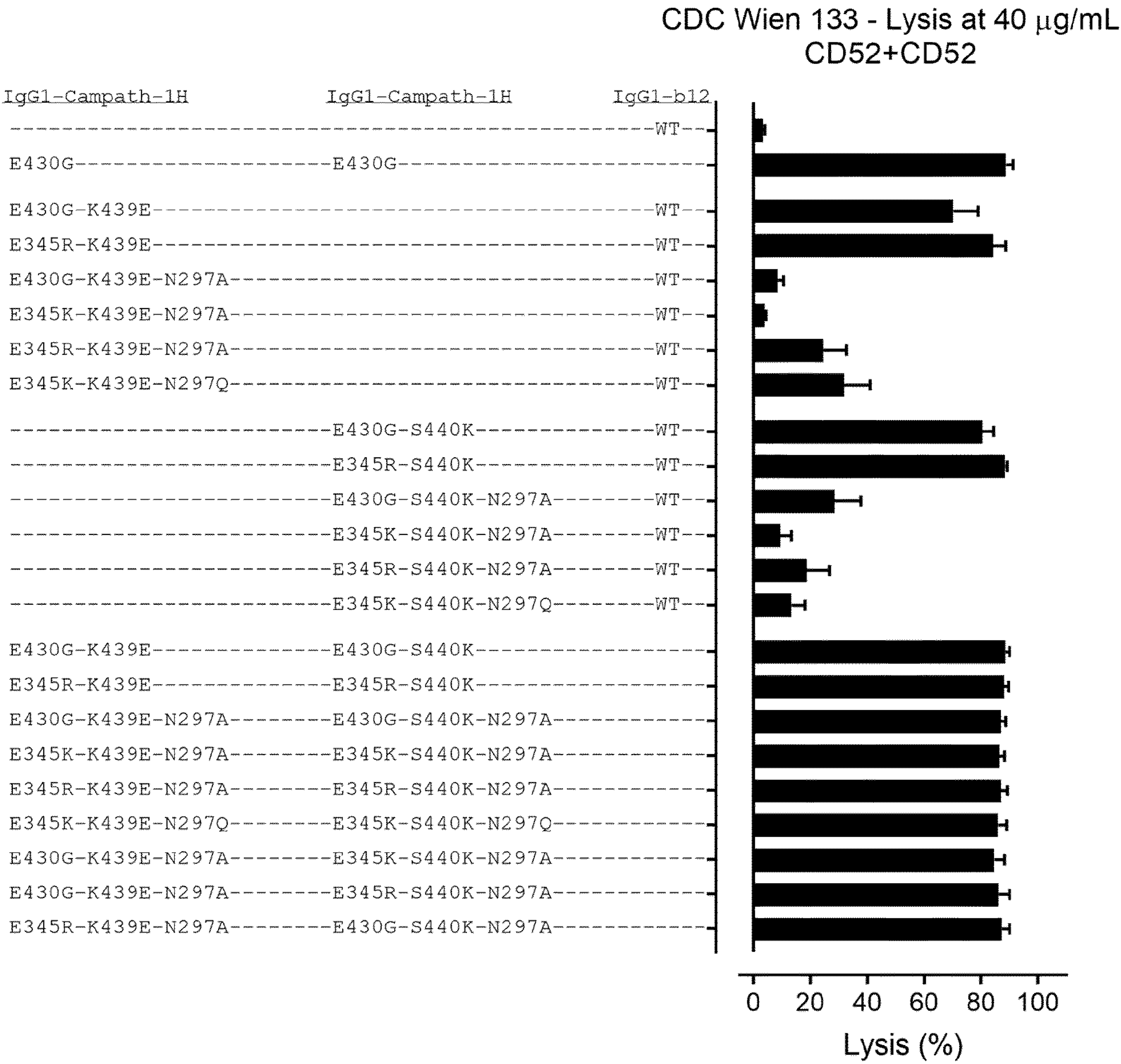


Figure 7

A

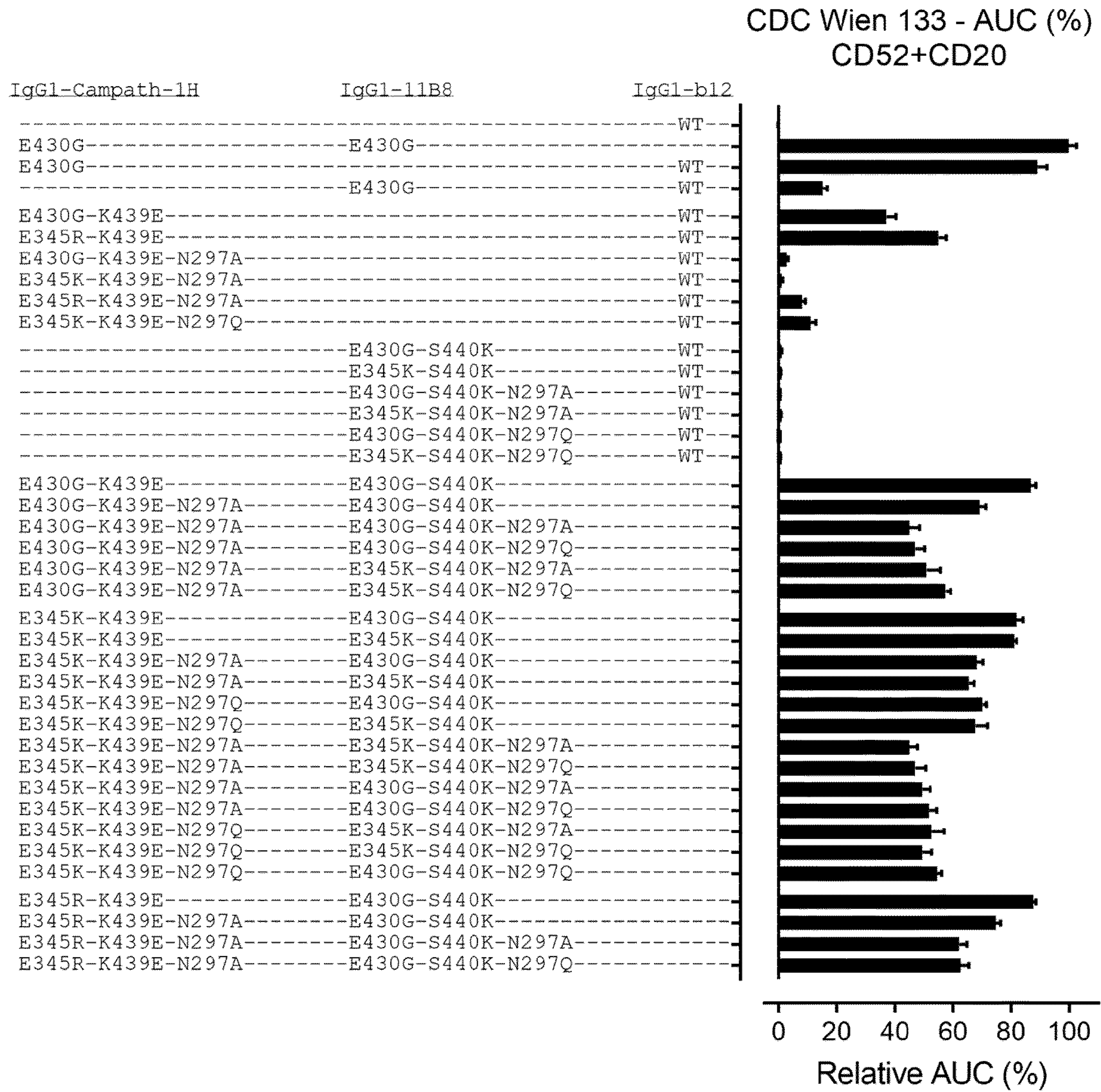


Figure 7 – Continued

B

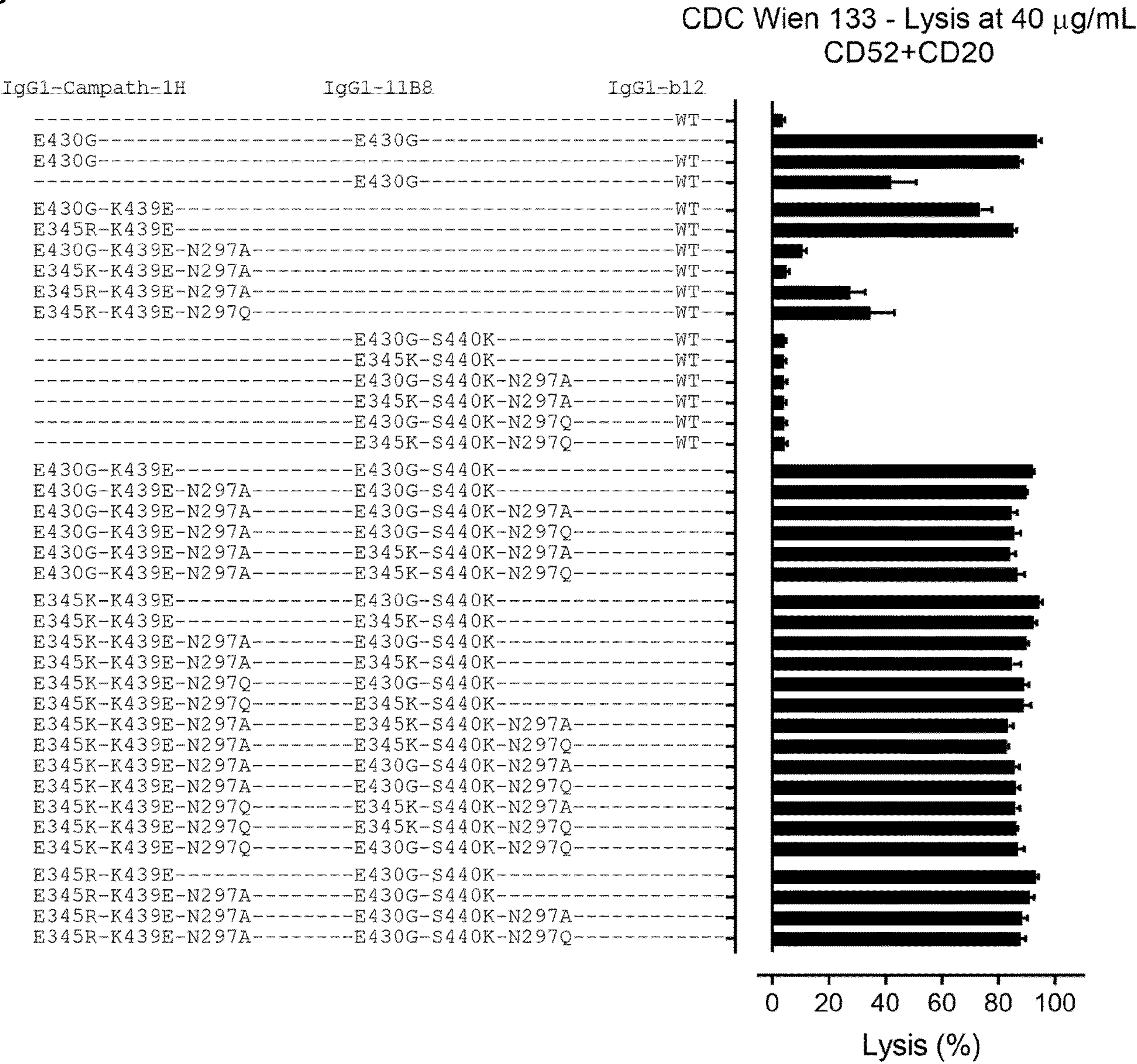


Figure 7 – Continued

C

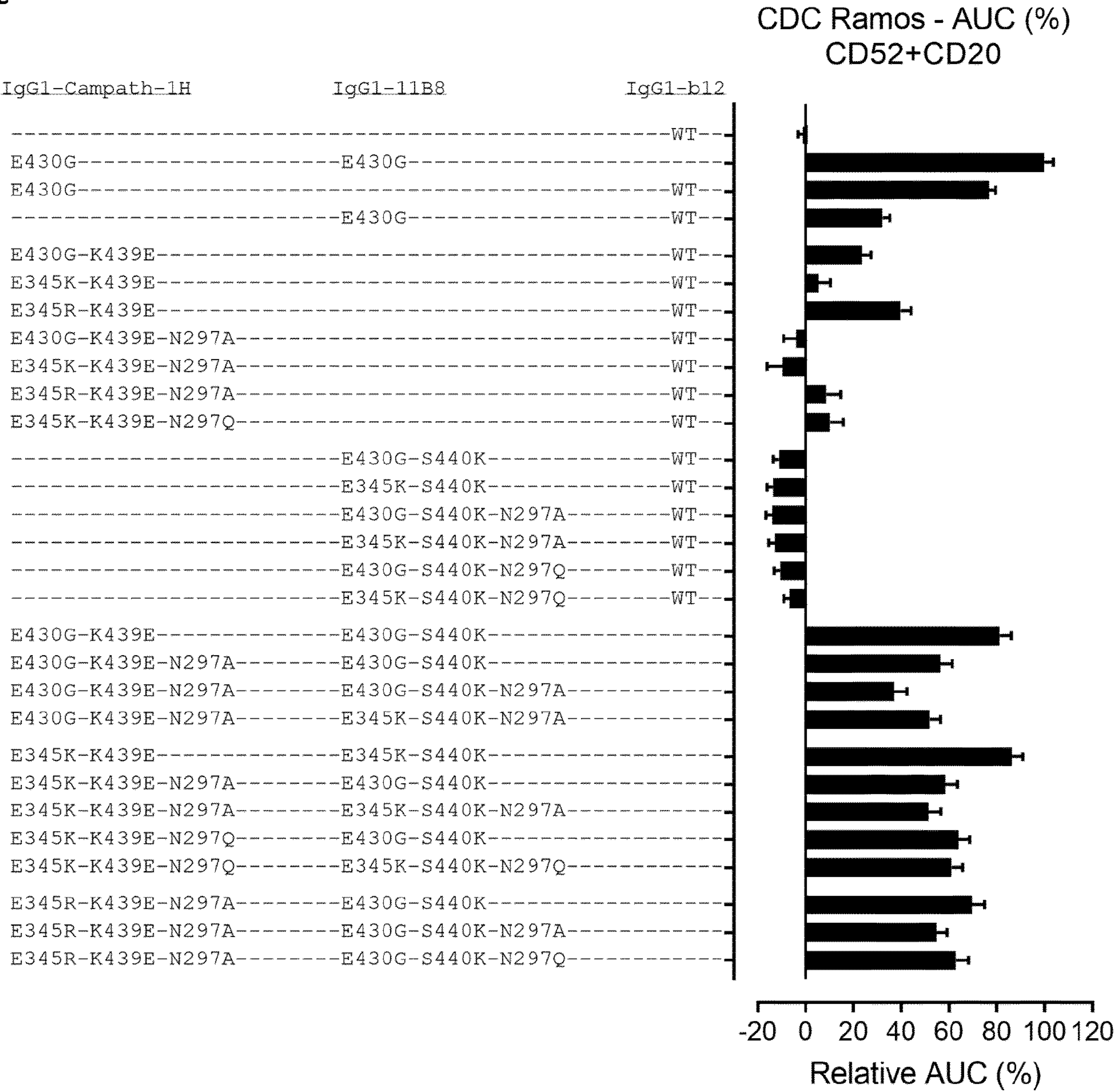


Figure 7 – Continued

D

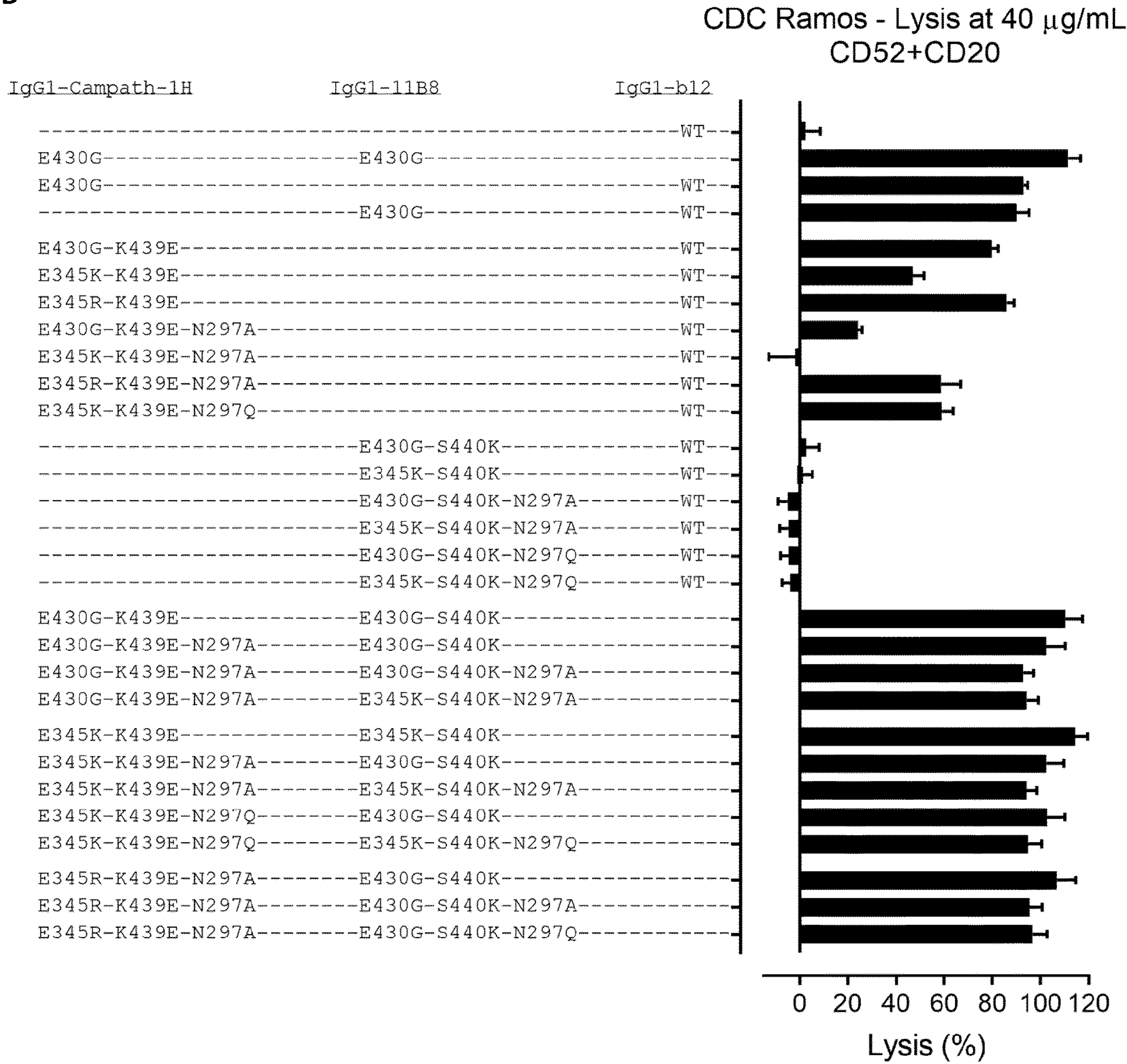


Figure 8

A

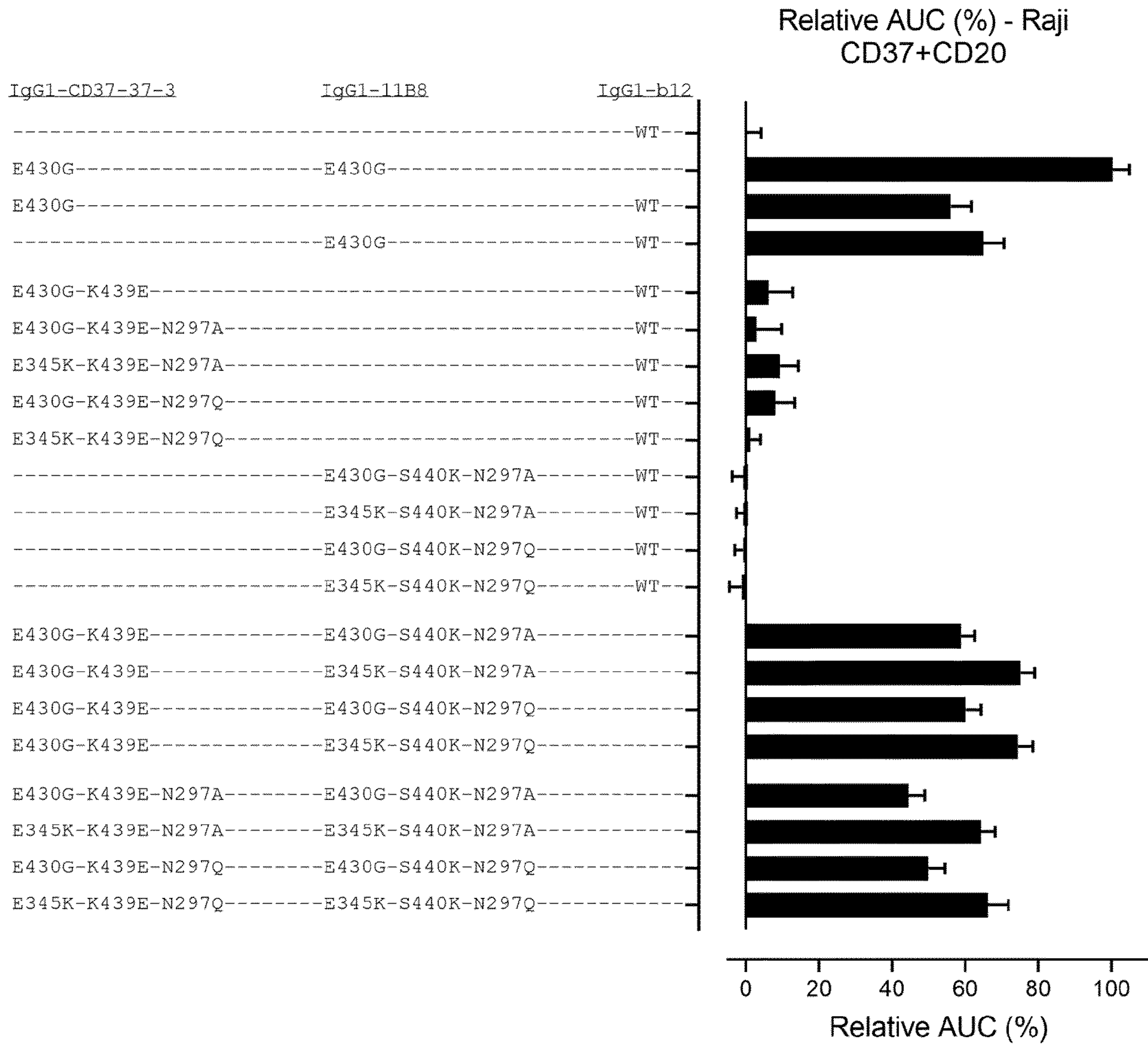


Figure 8 – Continued

B

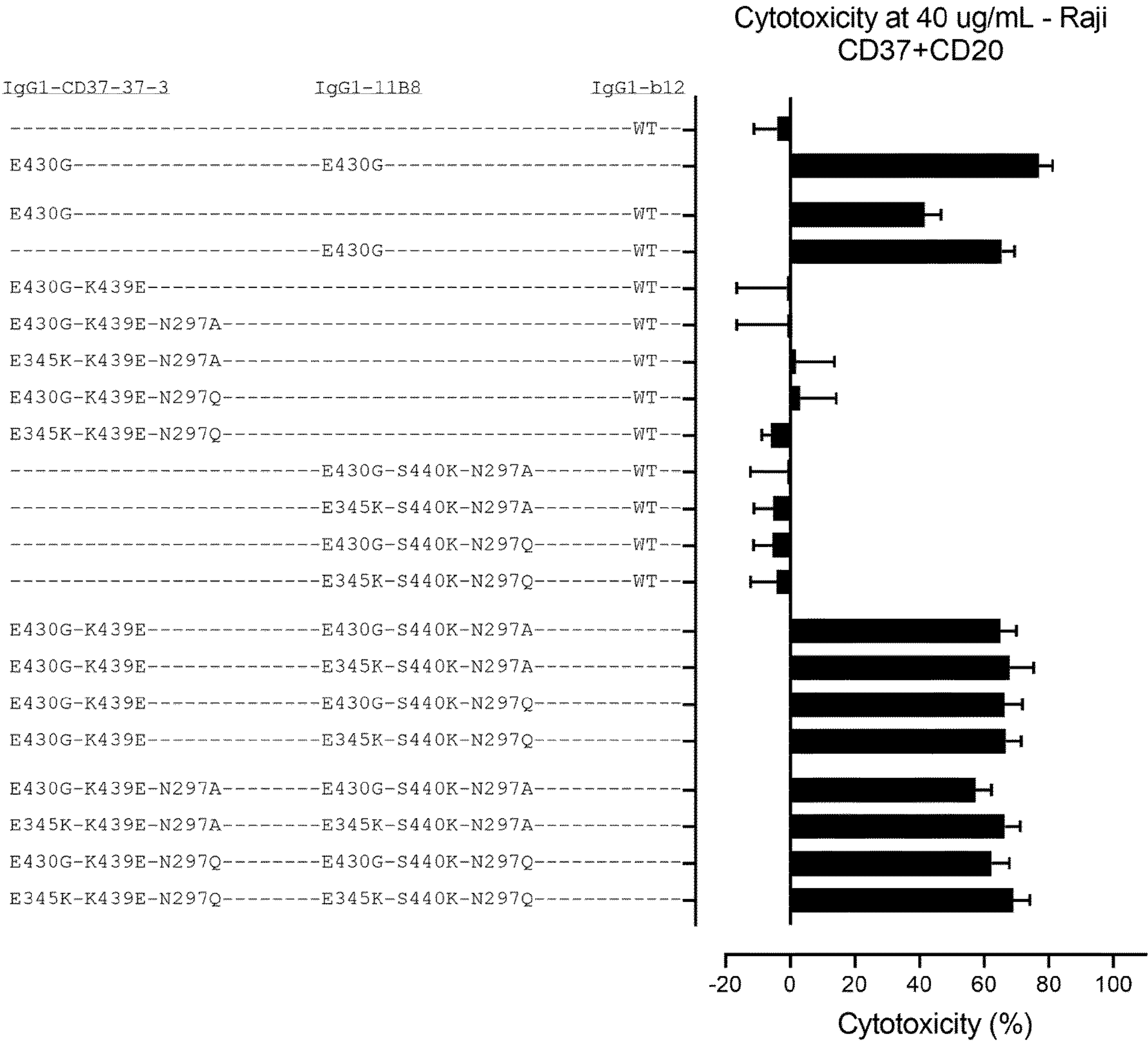


Figure 8 – Continued

C

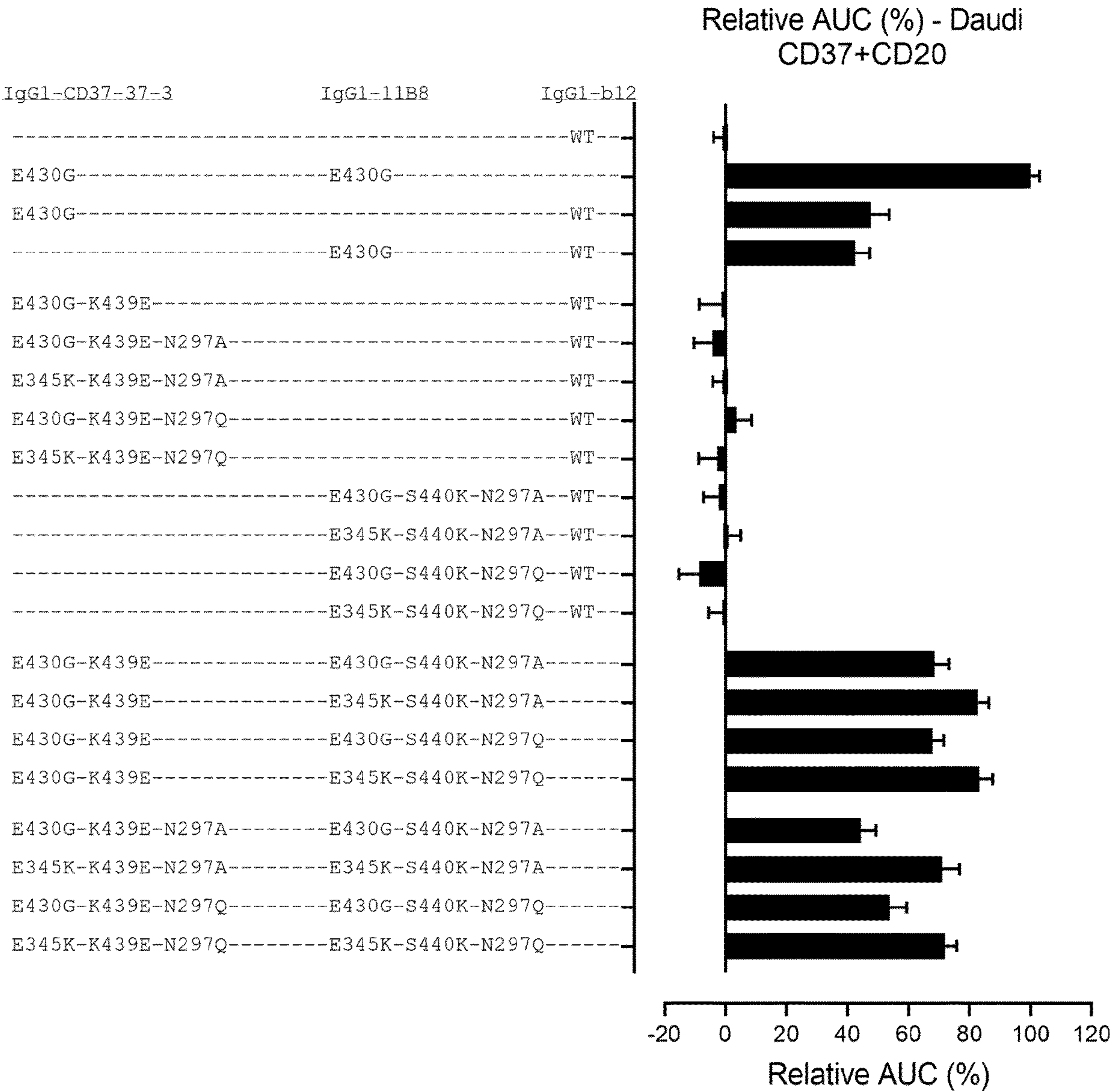


Figure 8 – Continued

D

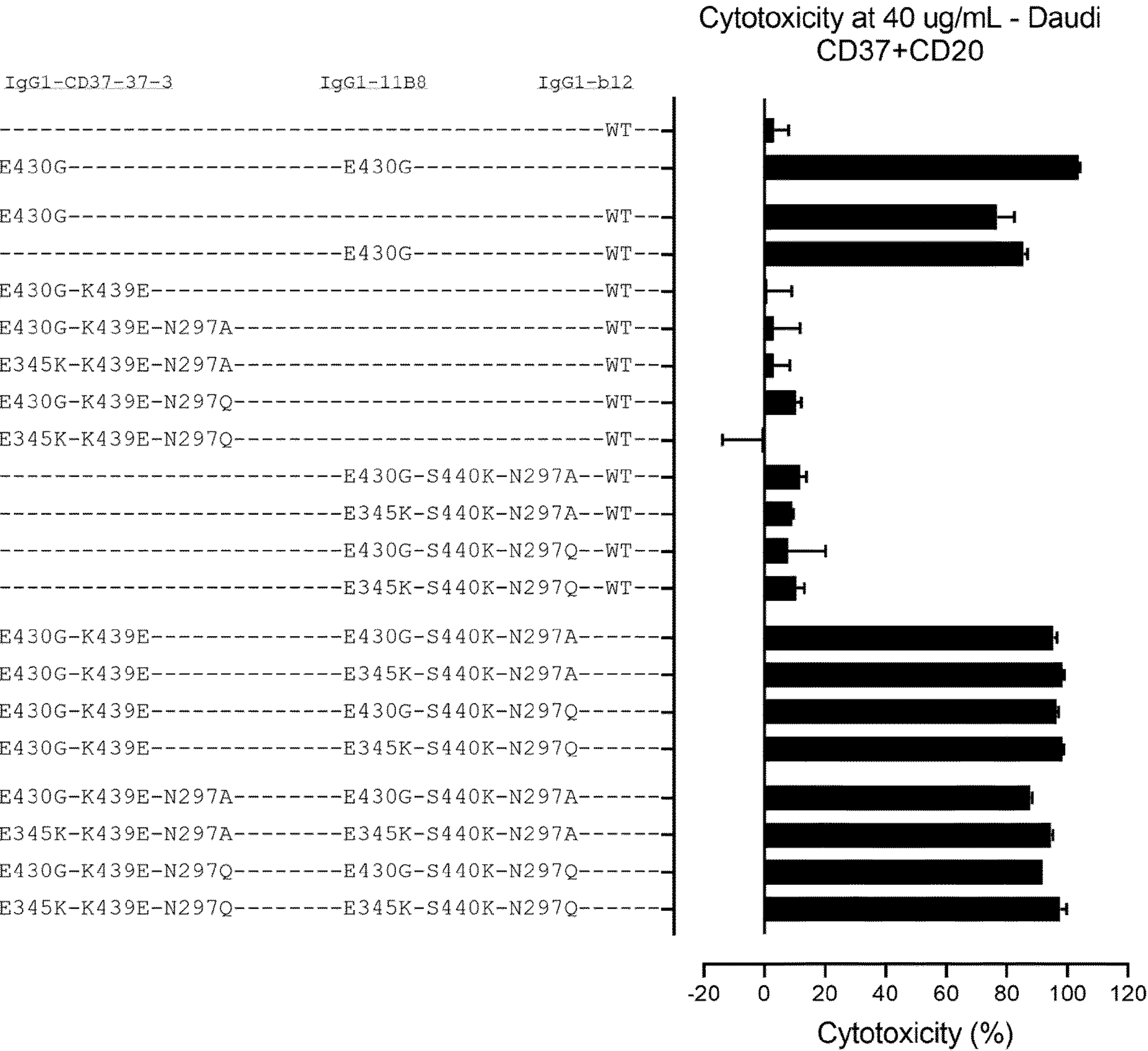
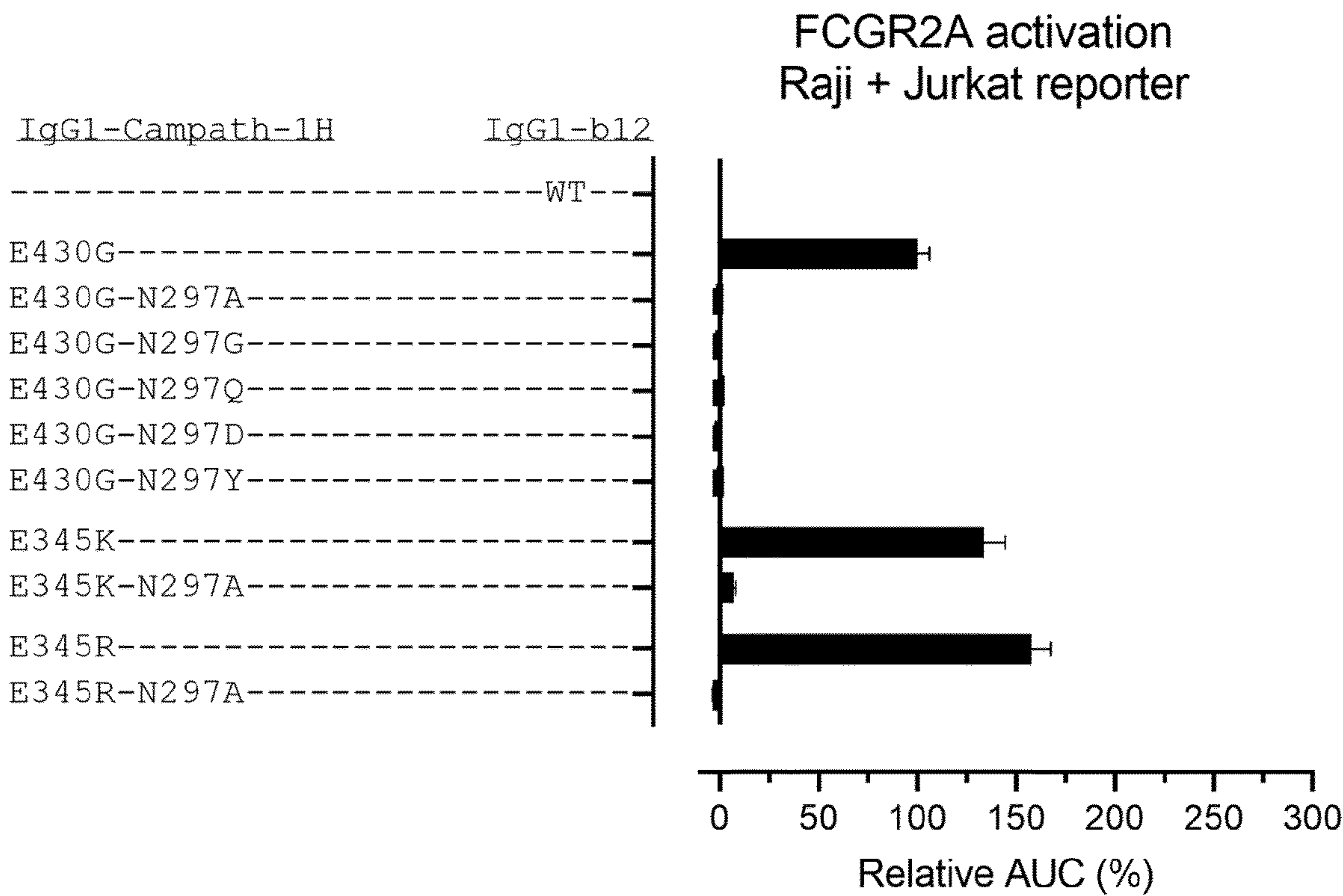


Figure 9

A



B

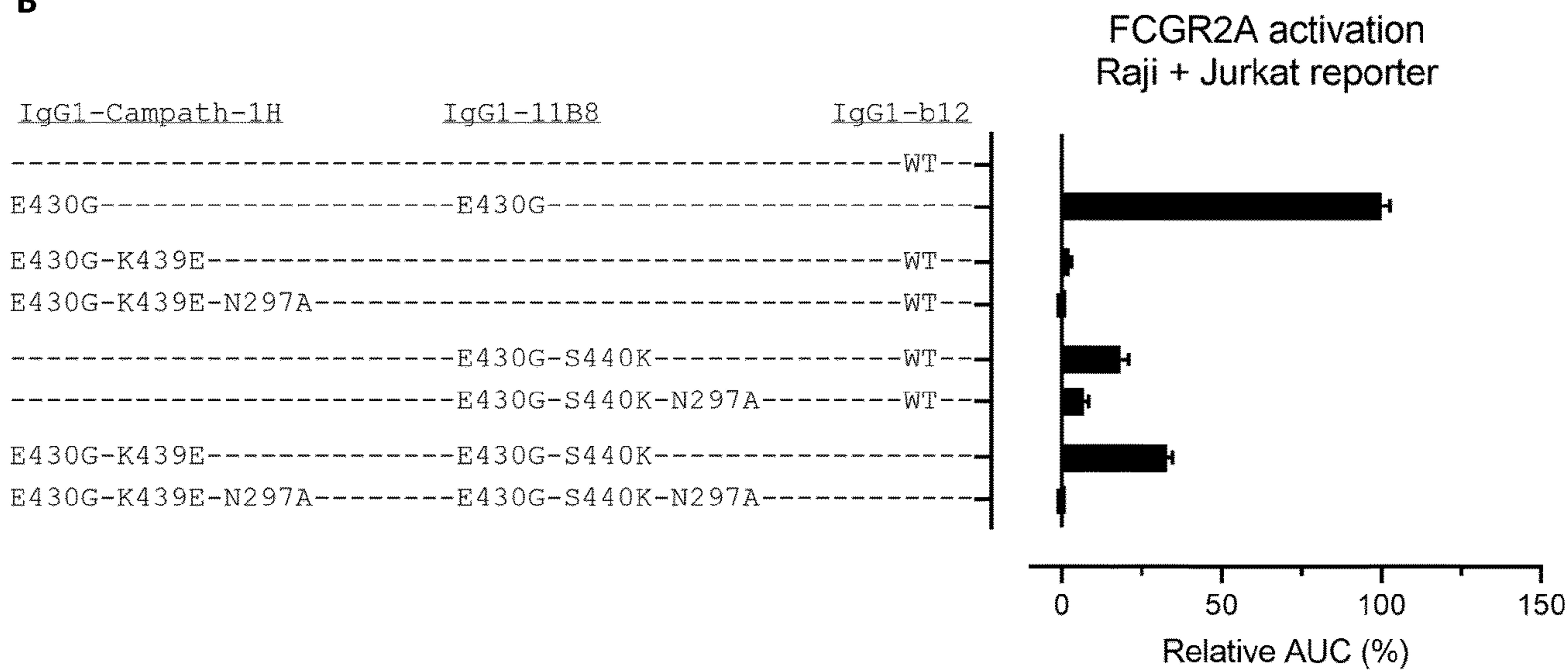


Figure 10

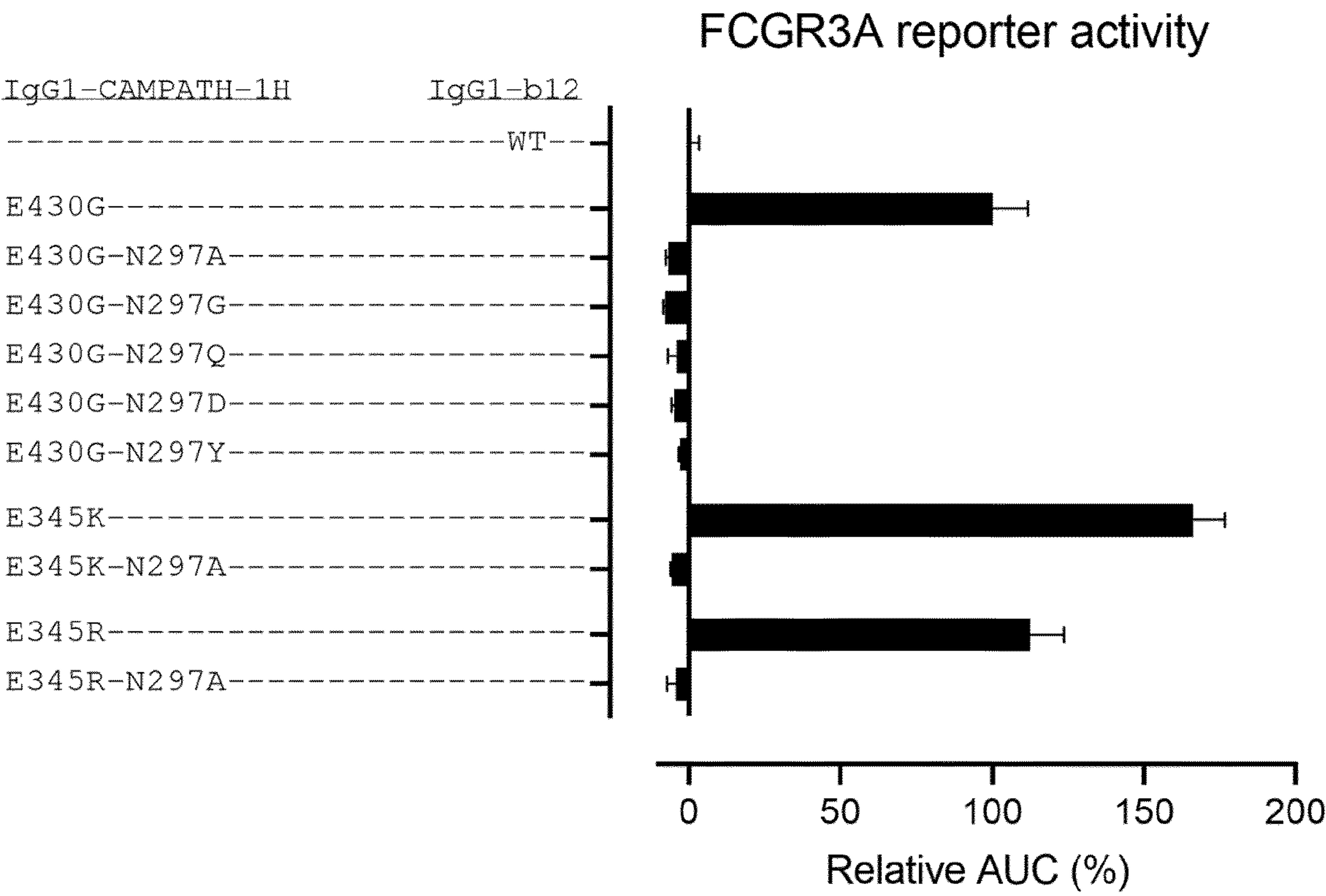
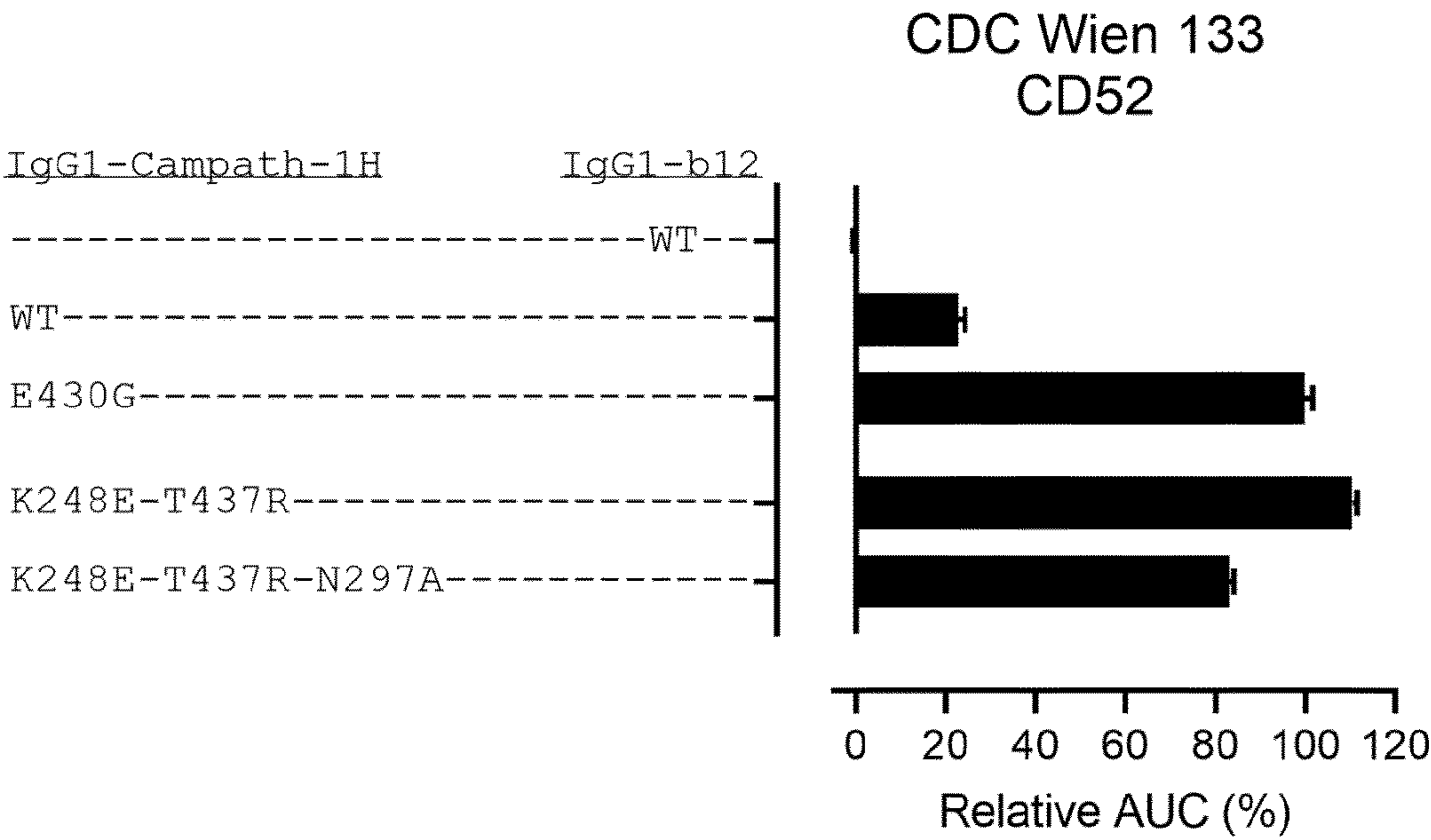


Figure 11

A



B

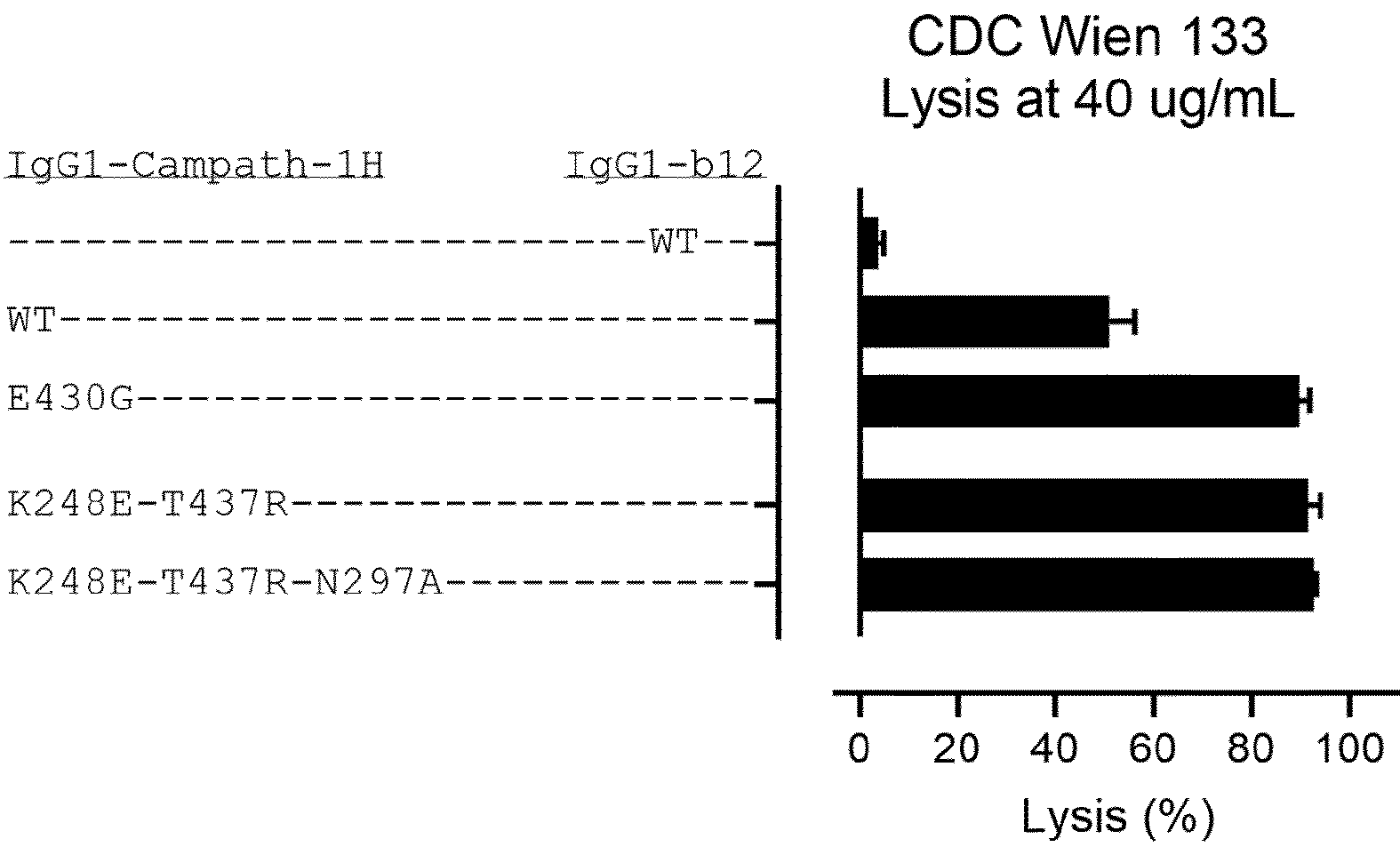
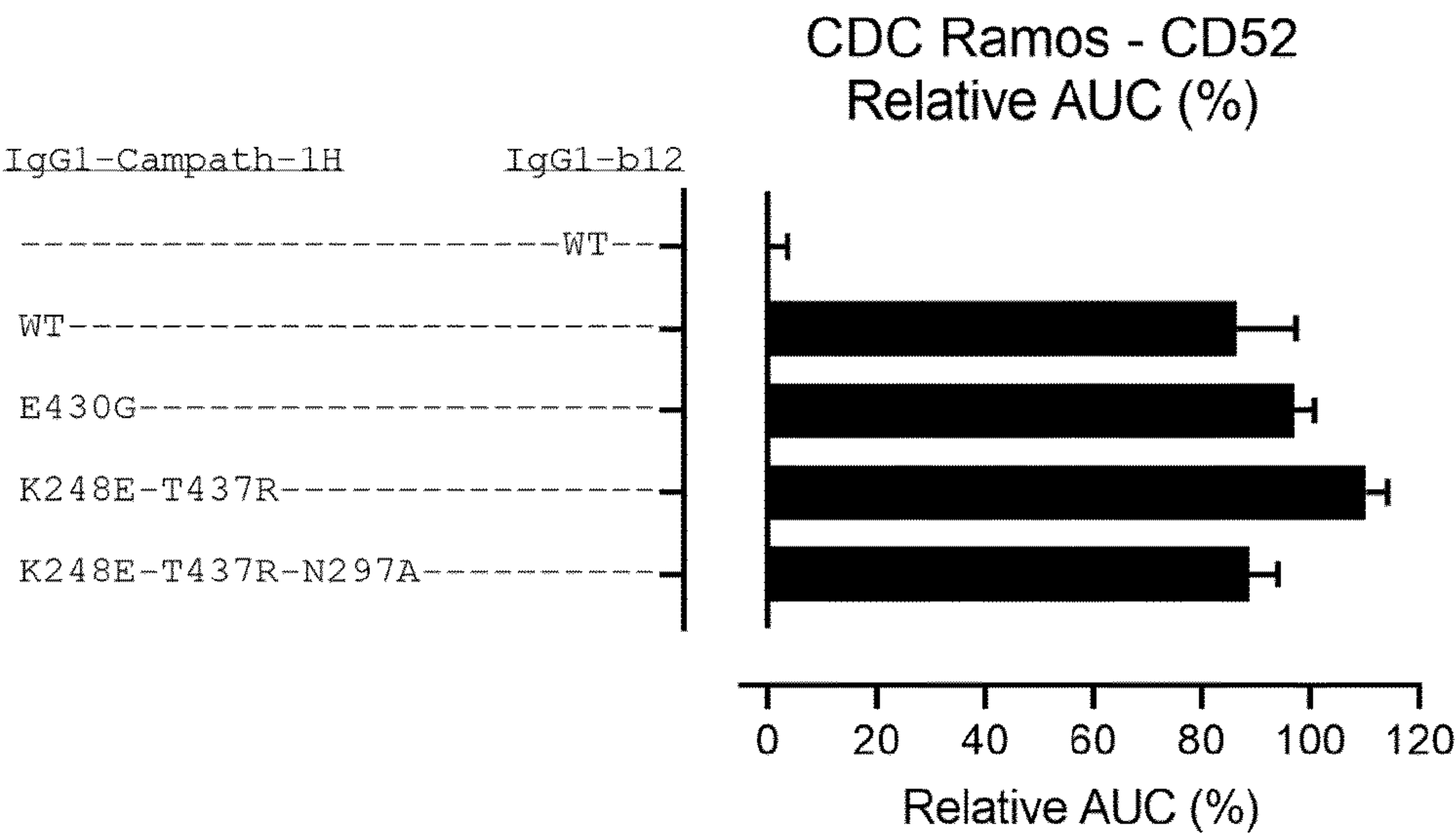


Figure 11 – Continued

C



D

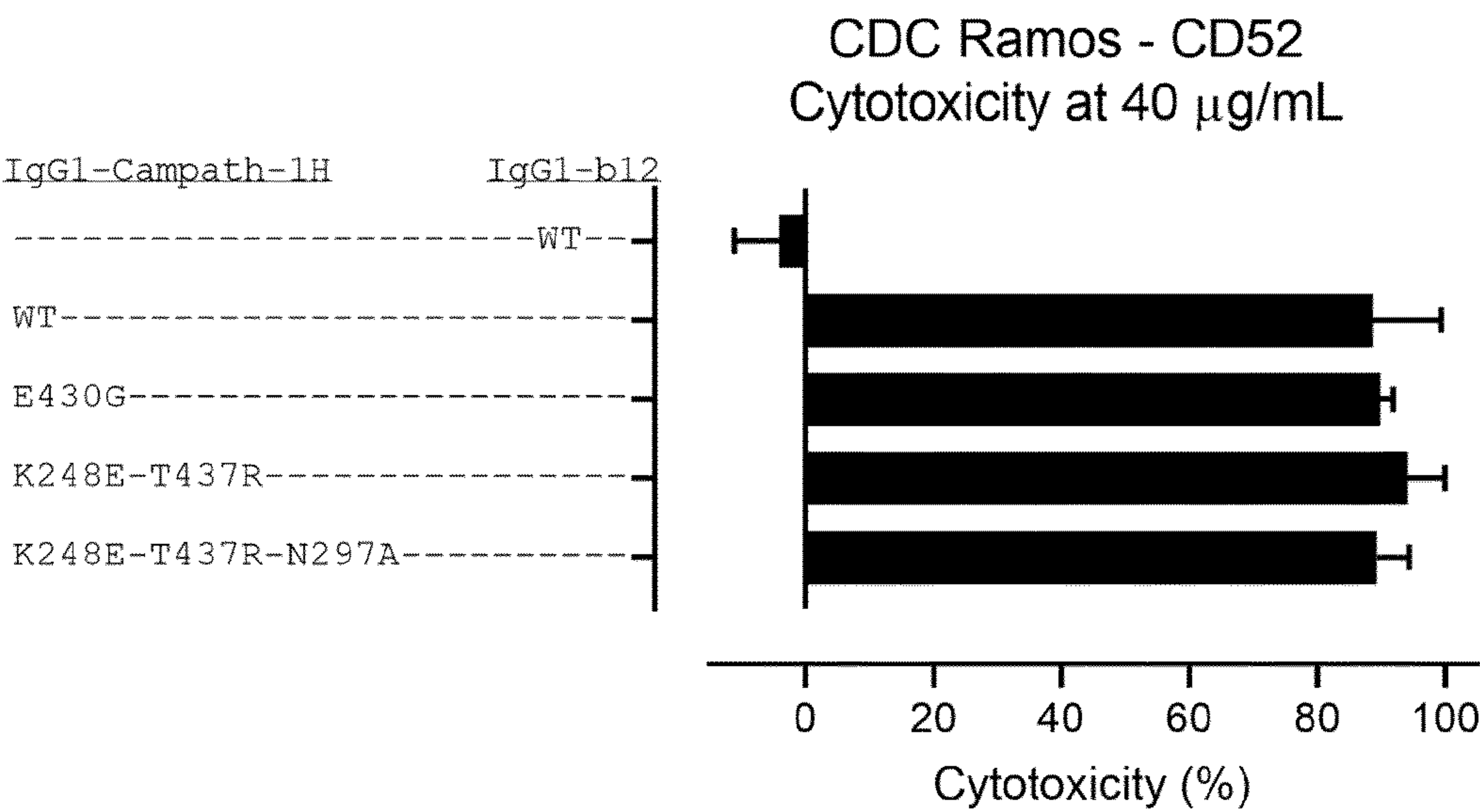


Figure 12

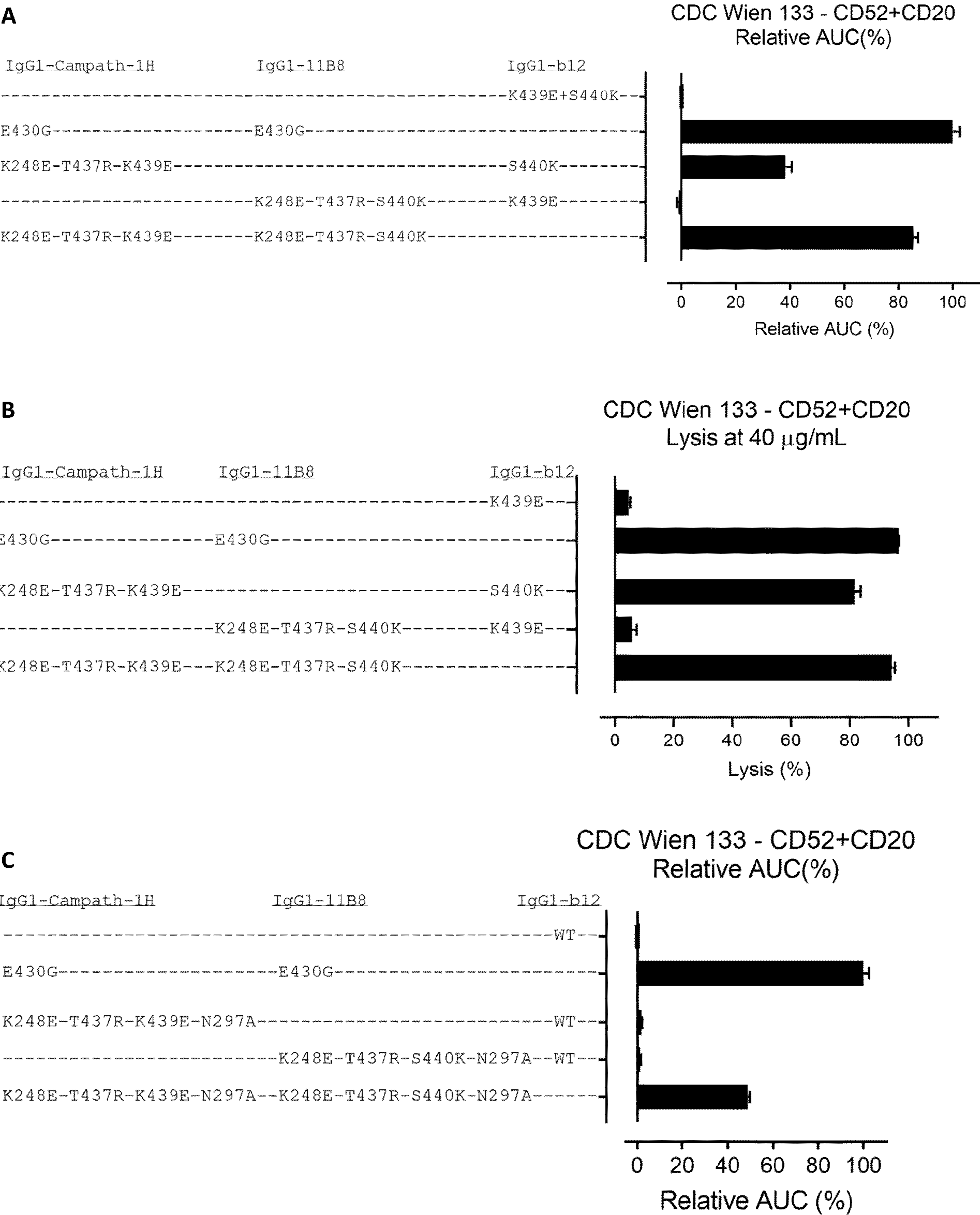


Figure 12– Continued

D

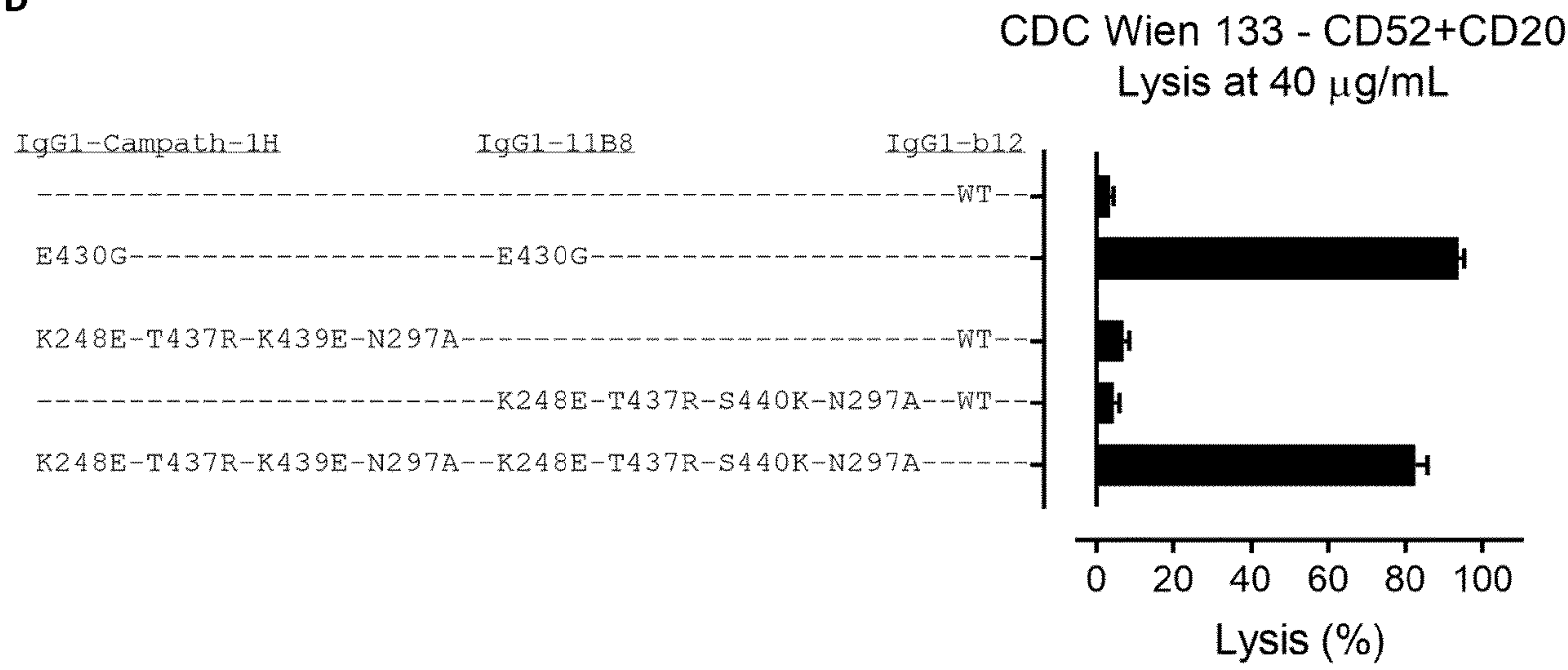
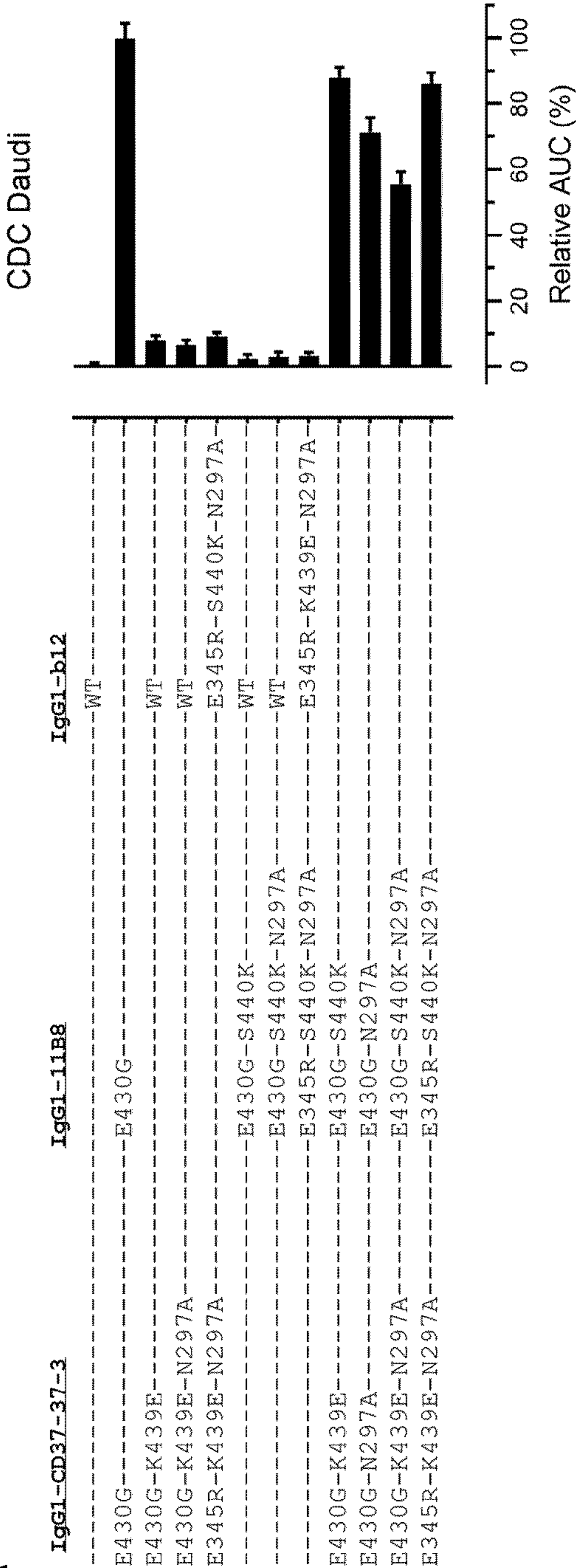


Figure 13

A



B

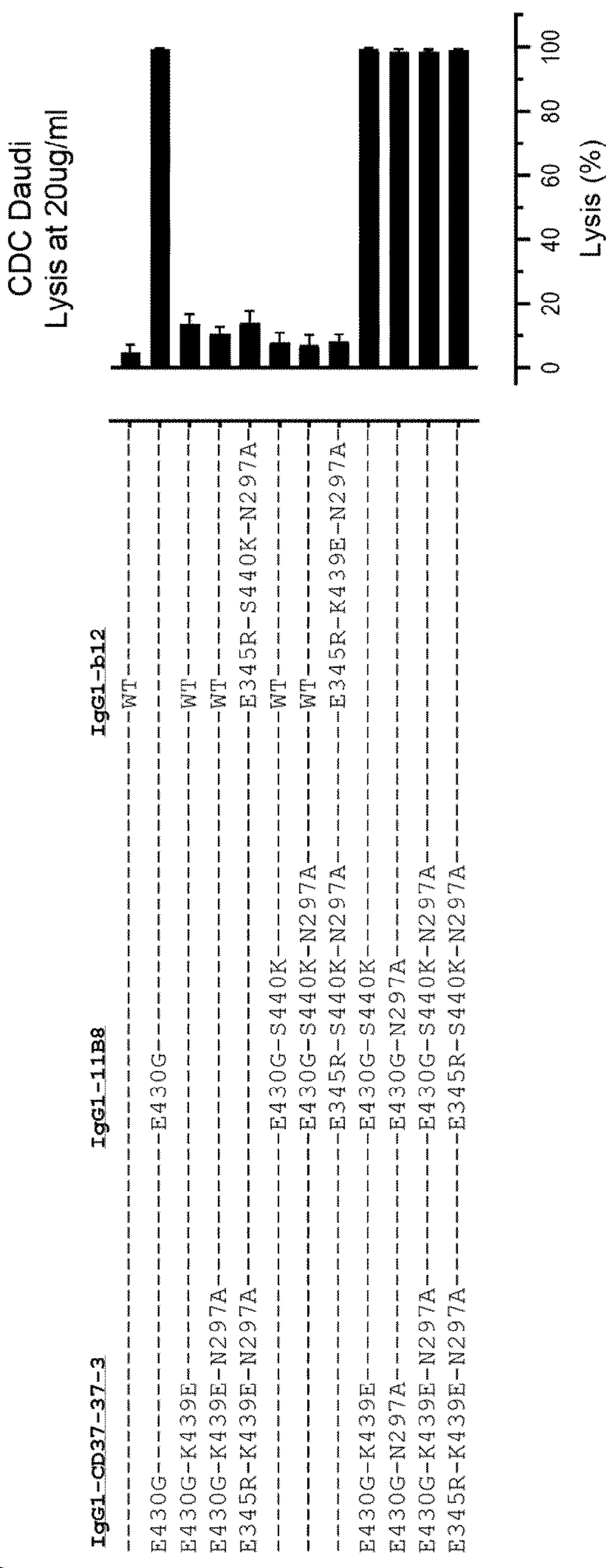
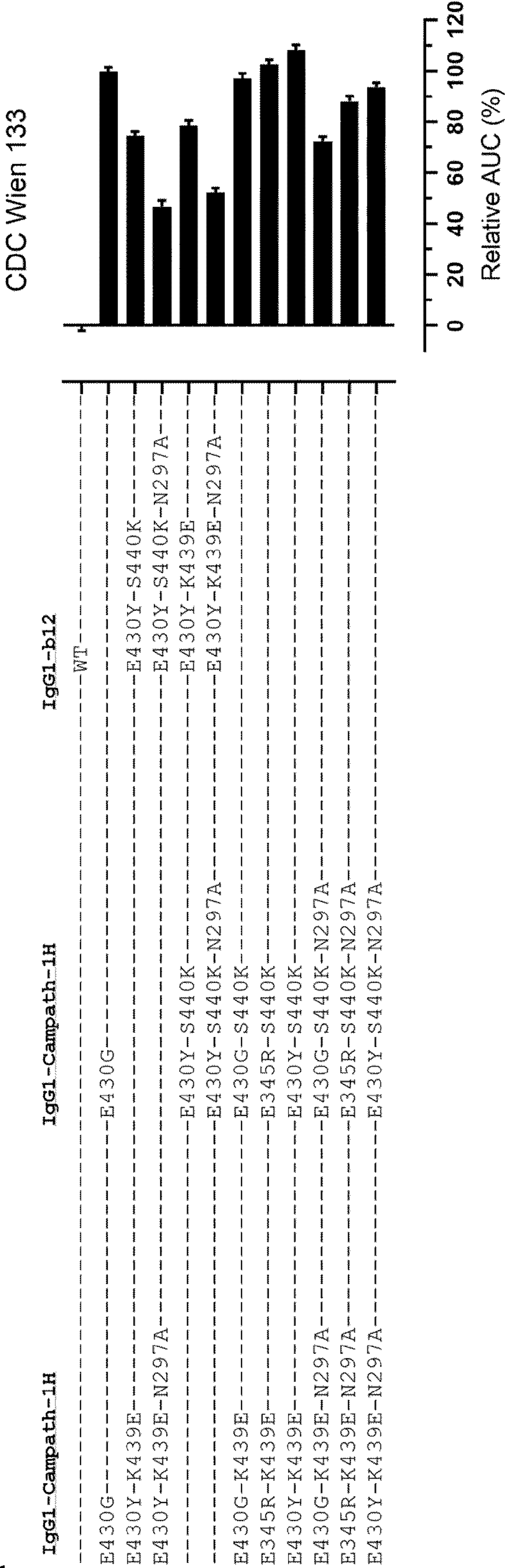


Figure 14

A



B

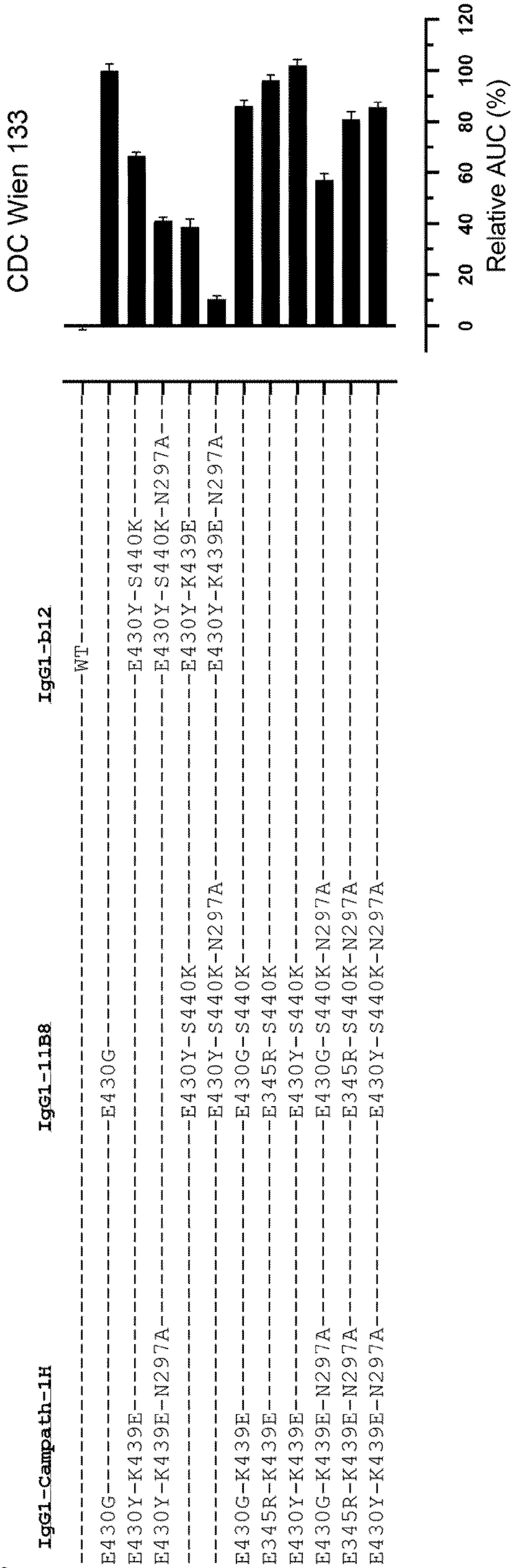
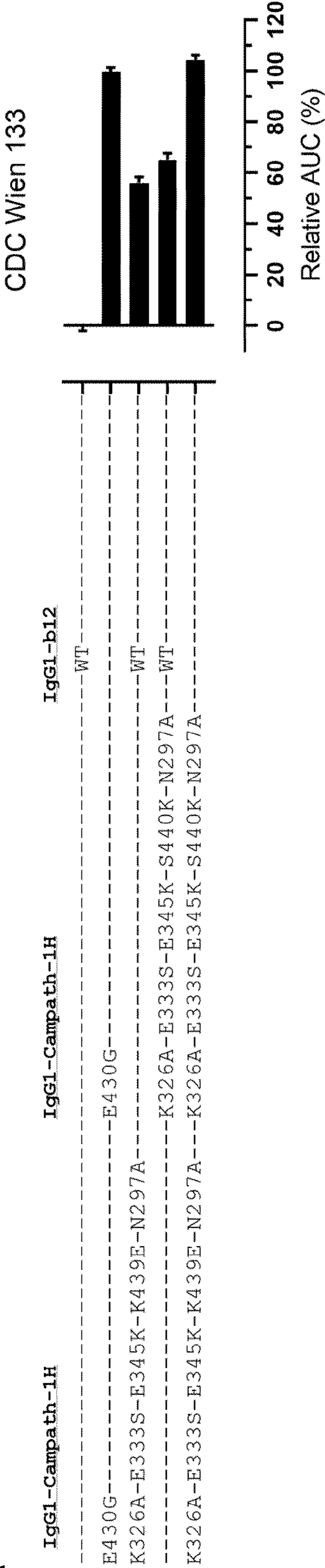


Figure 15

A



B

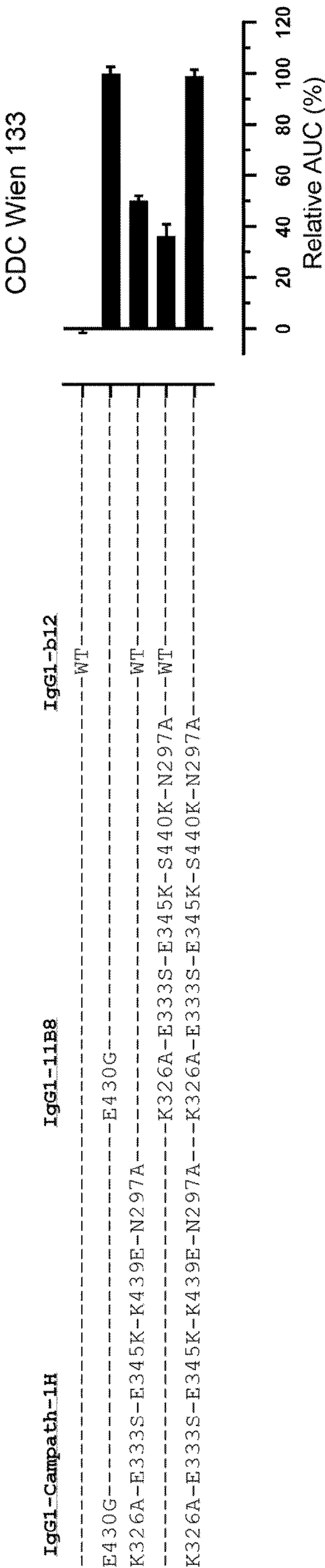
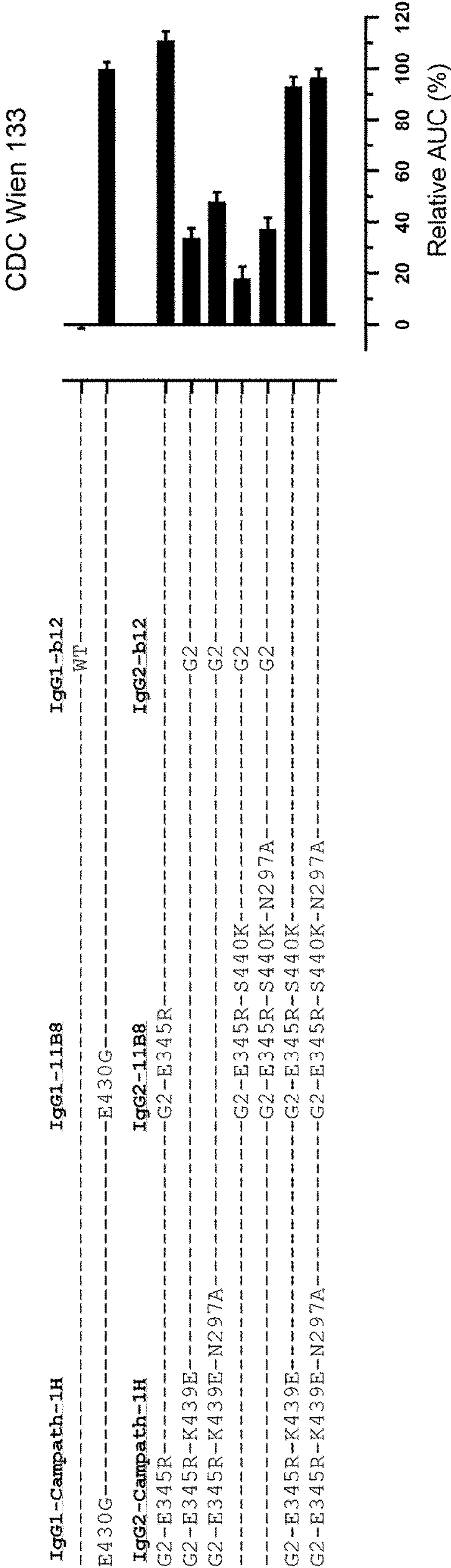


Figure 16

A



B

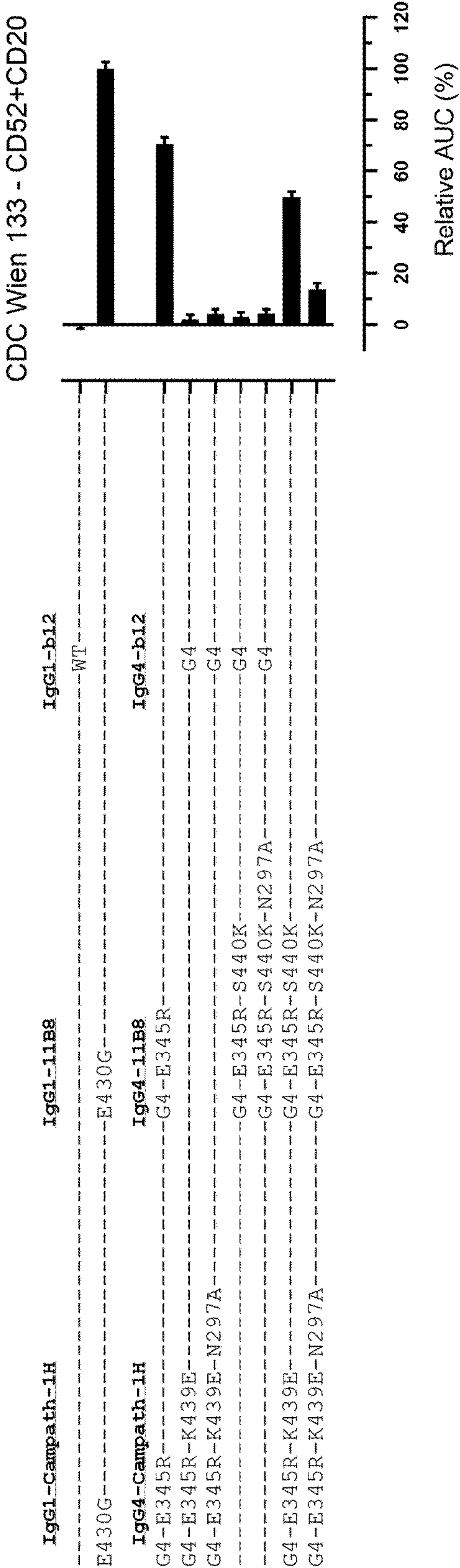


Figure 17
A

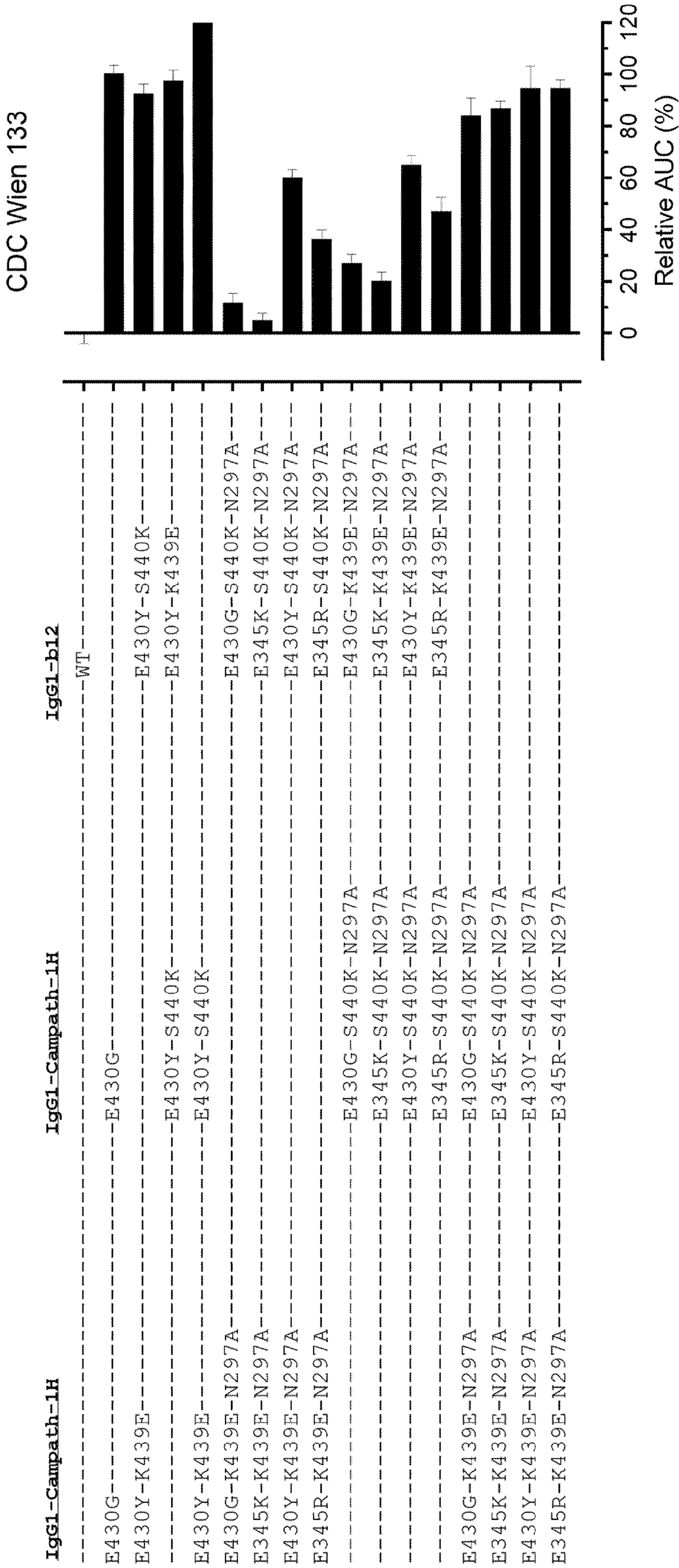


Figure 17 – continued

B

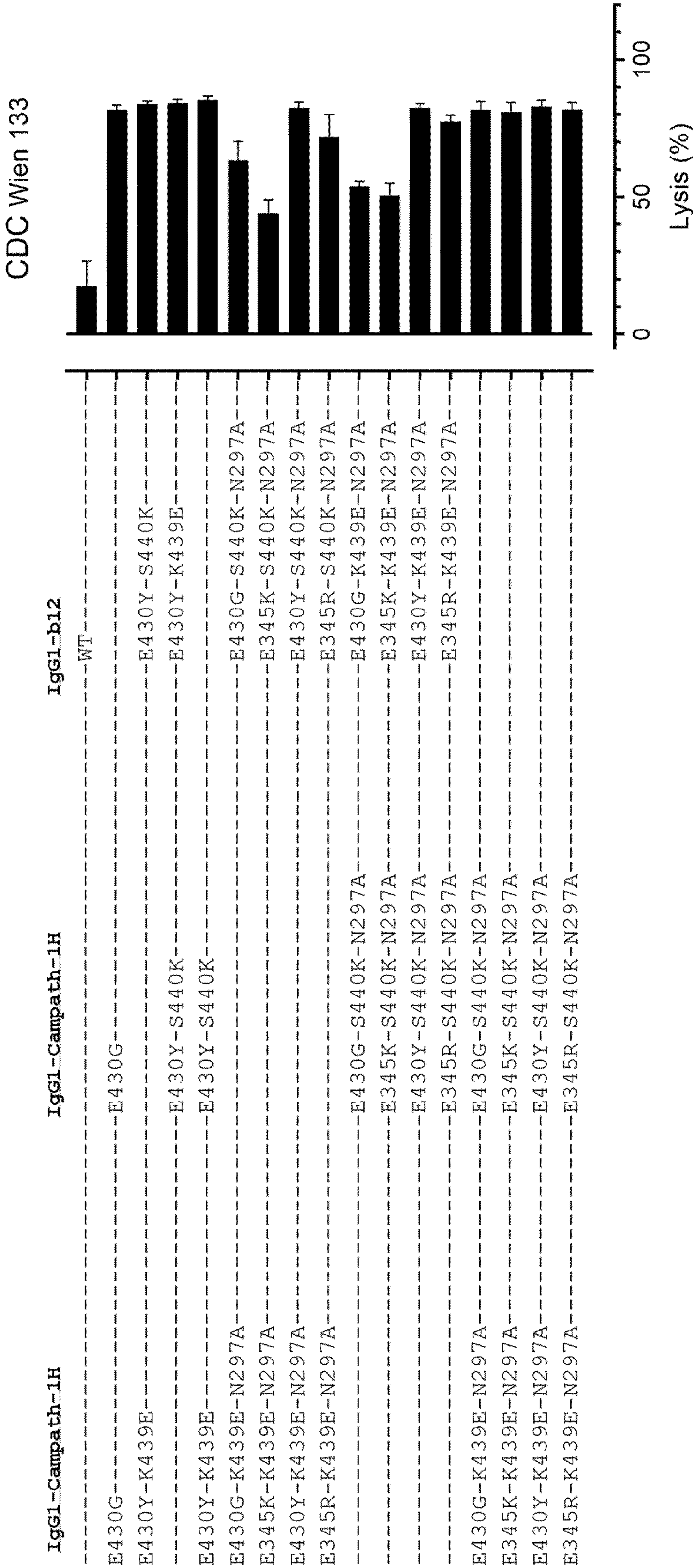
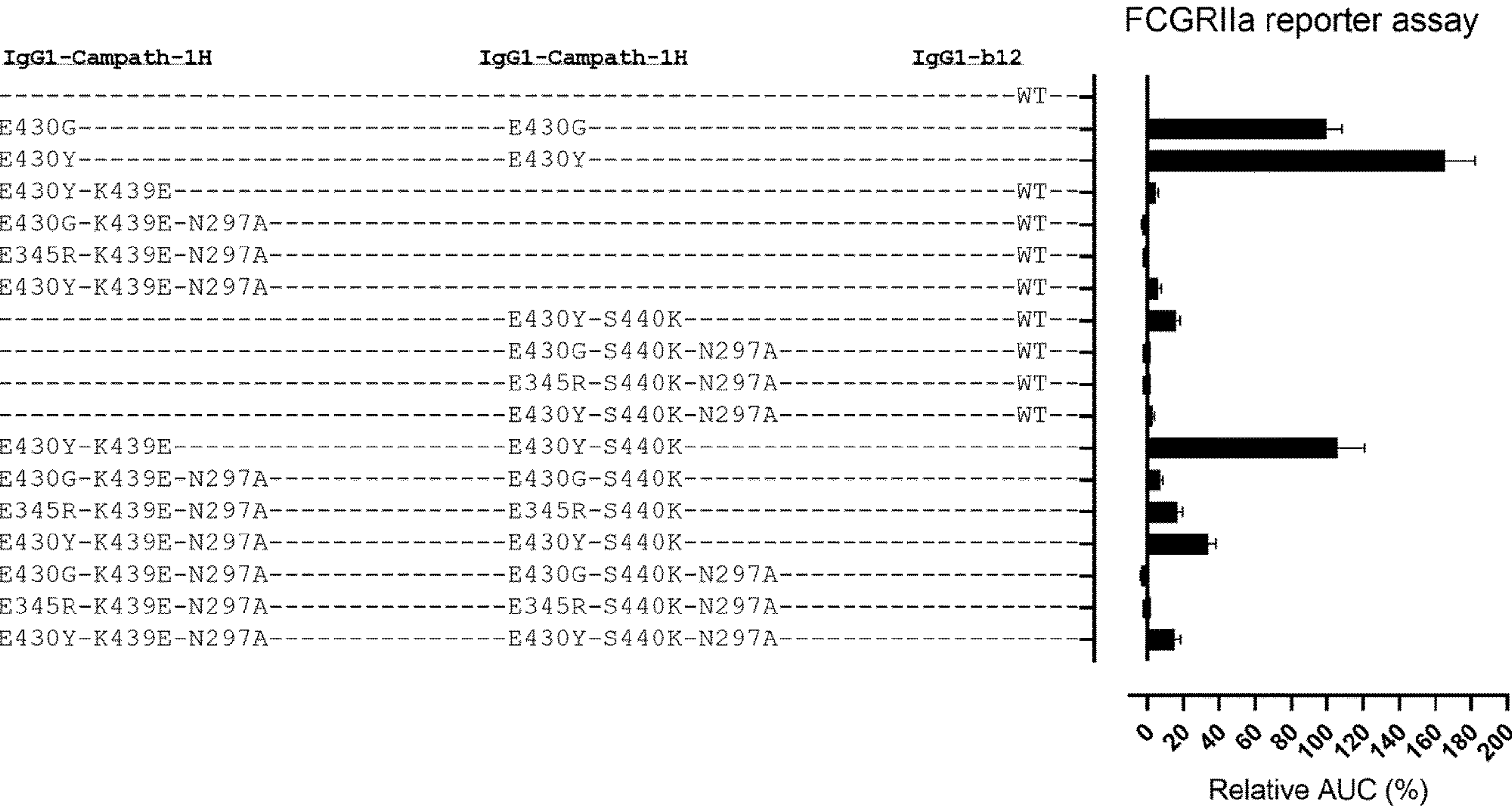


Figure 18

A



B

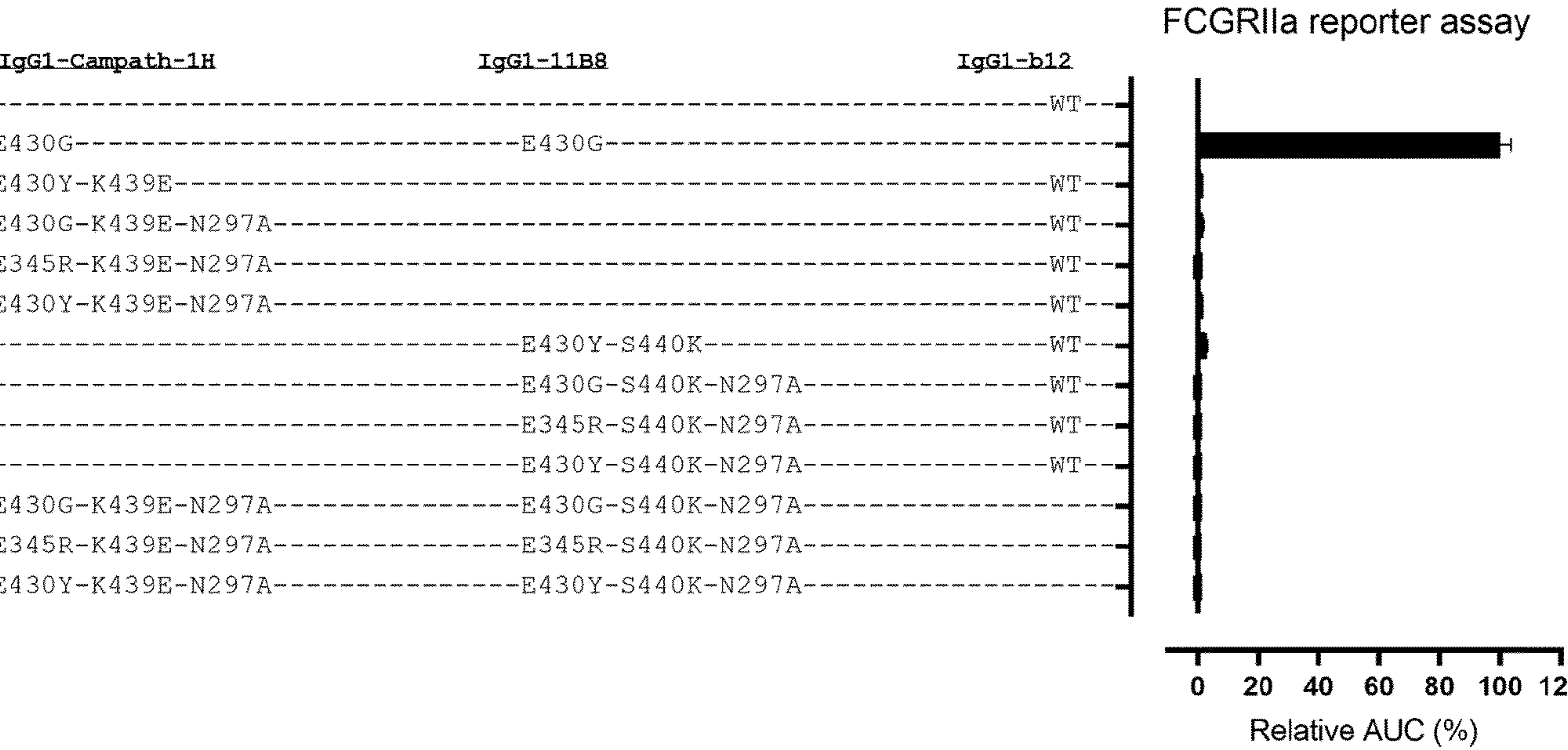
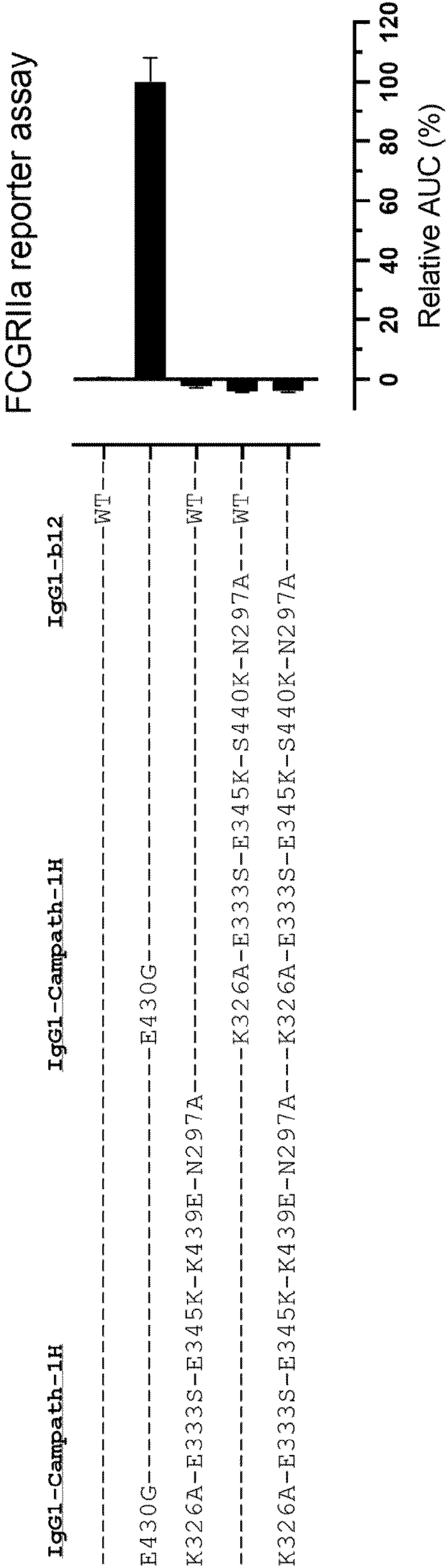


Figure 19

A



B

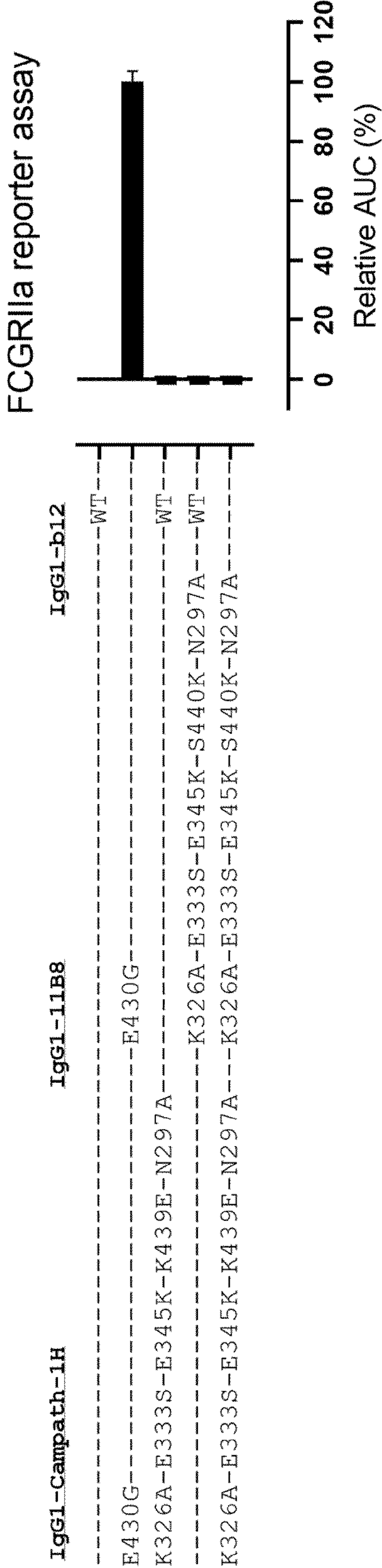


Figure 20

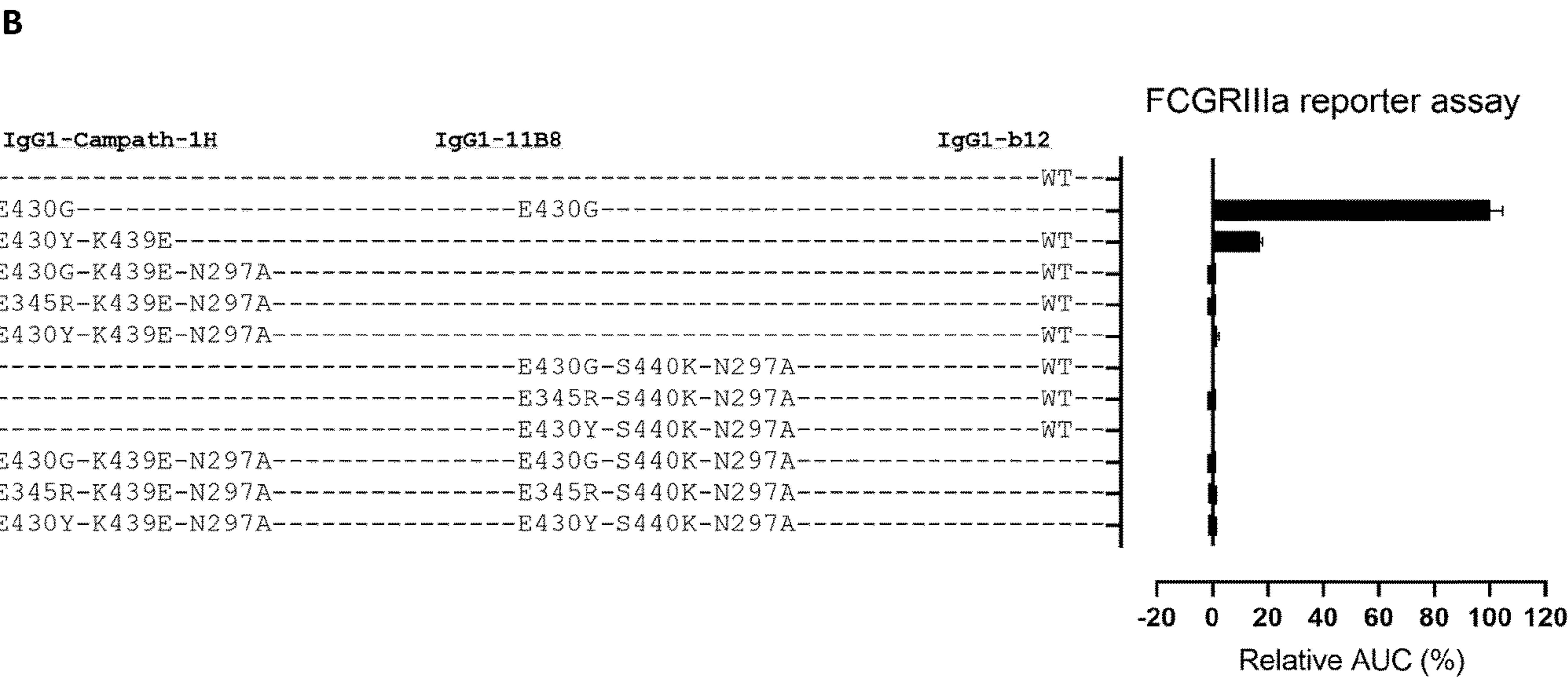
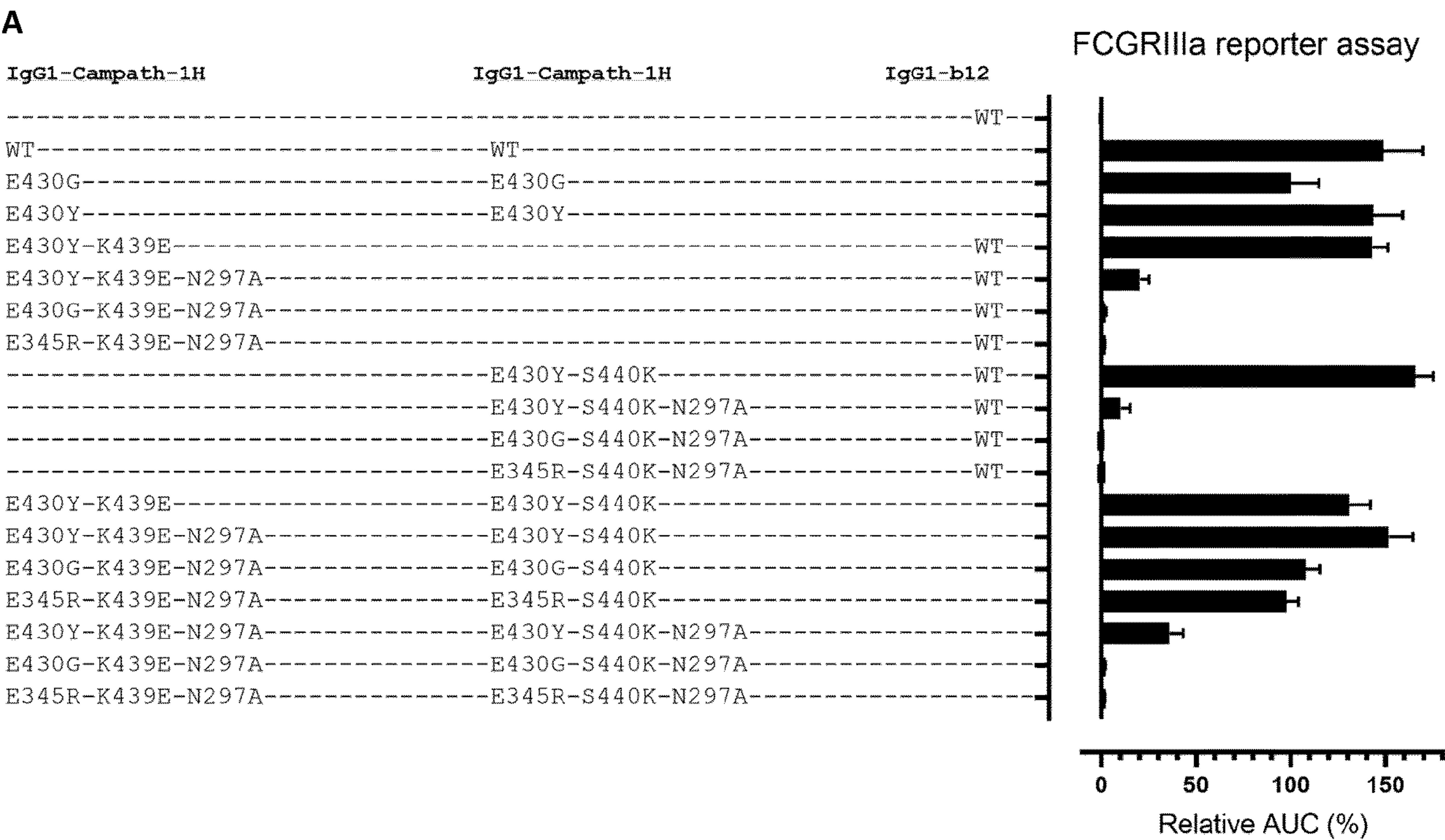
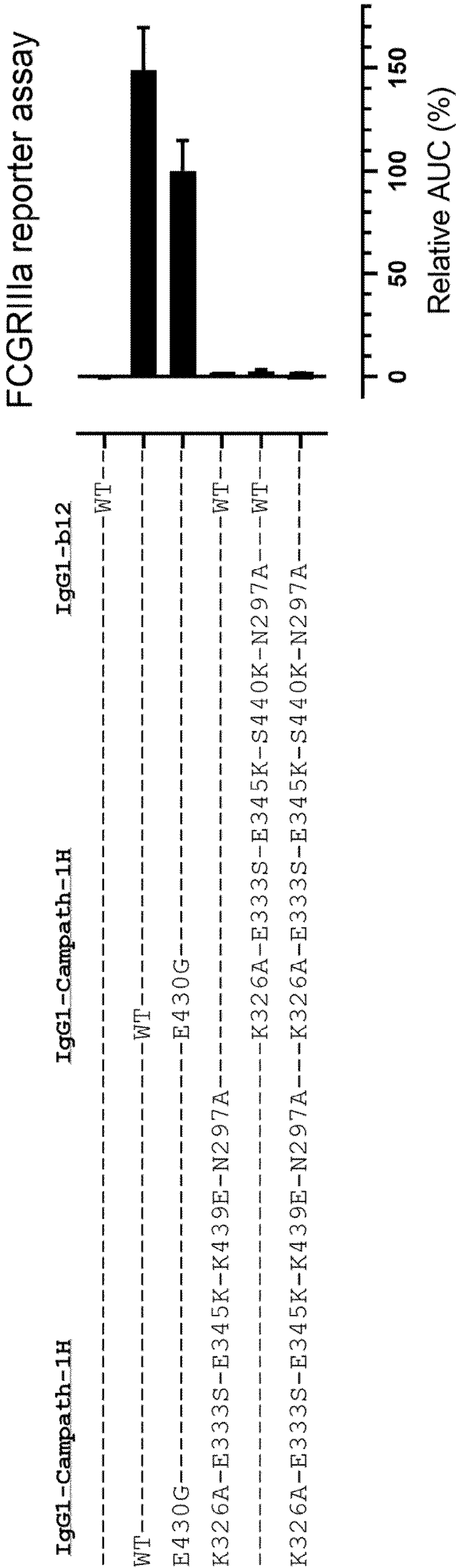


Figure 21

A



B

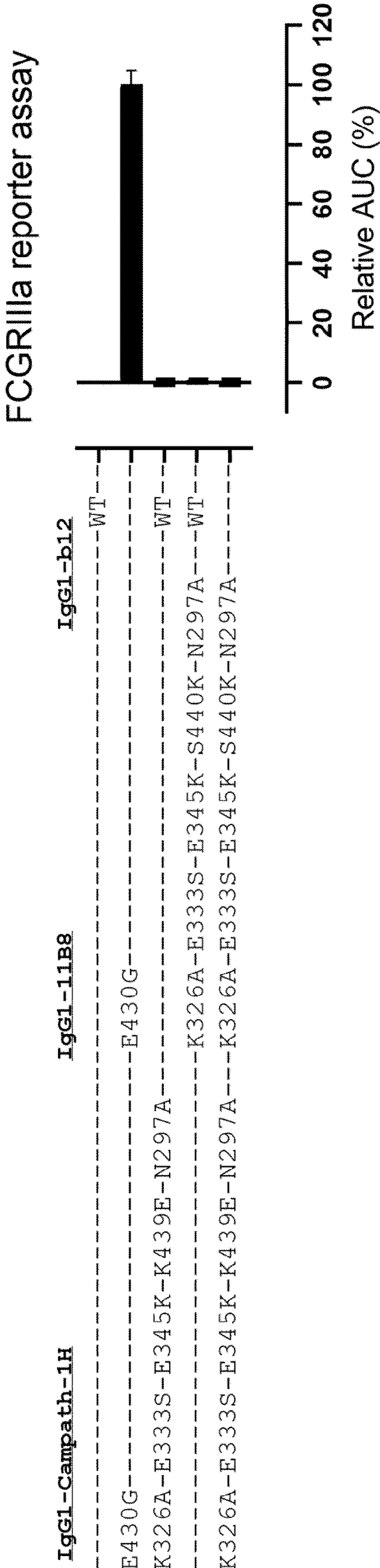


Figure 22

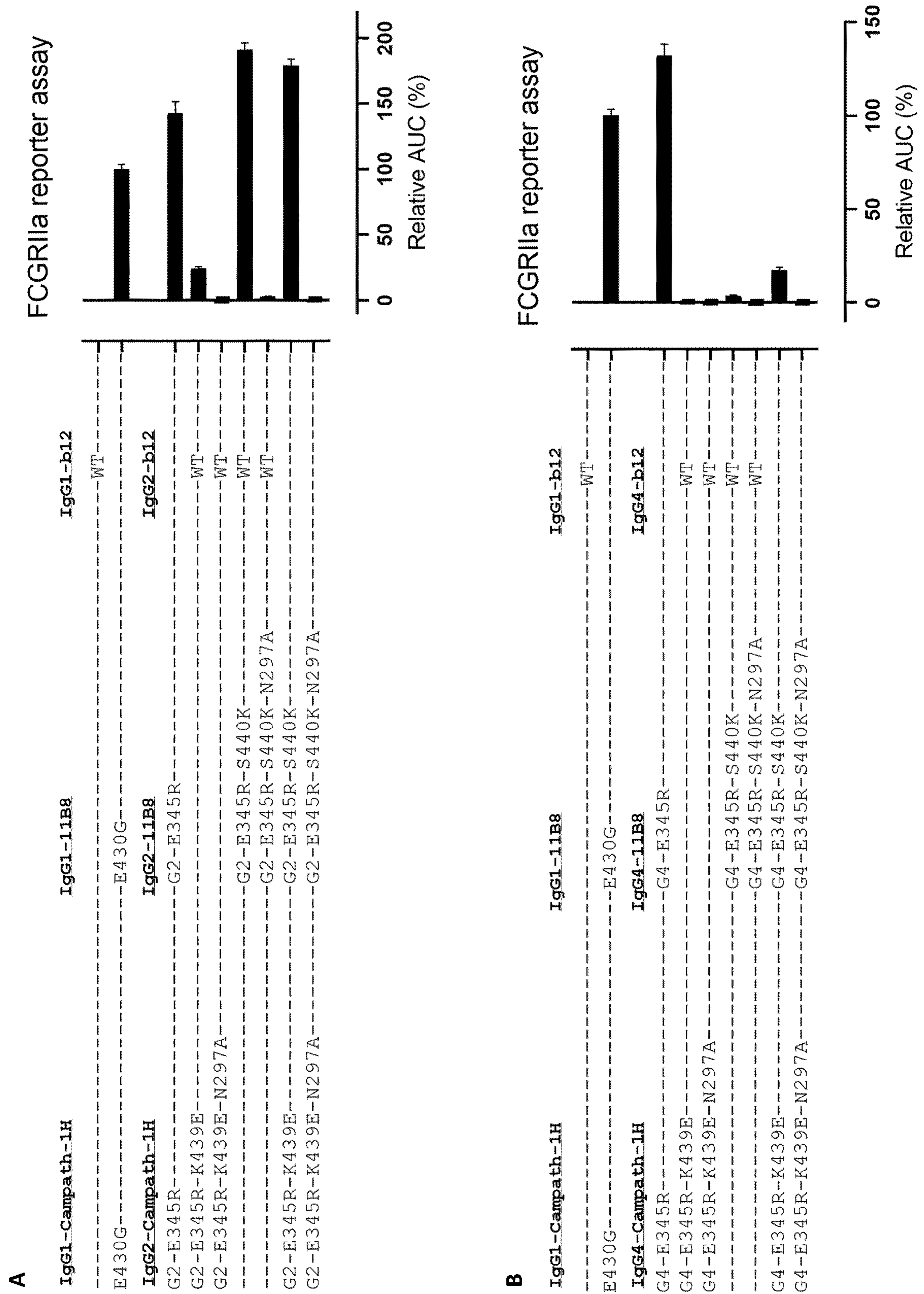


Figure 23

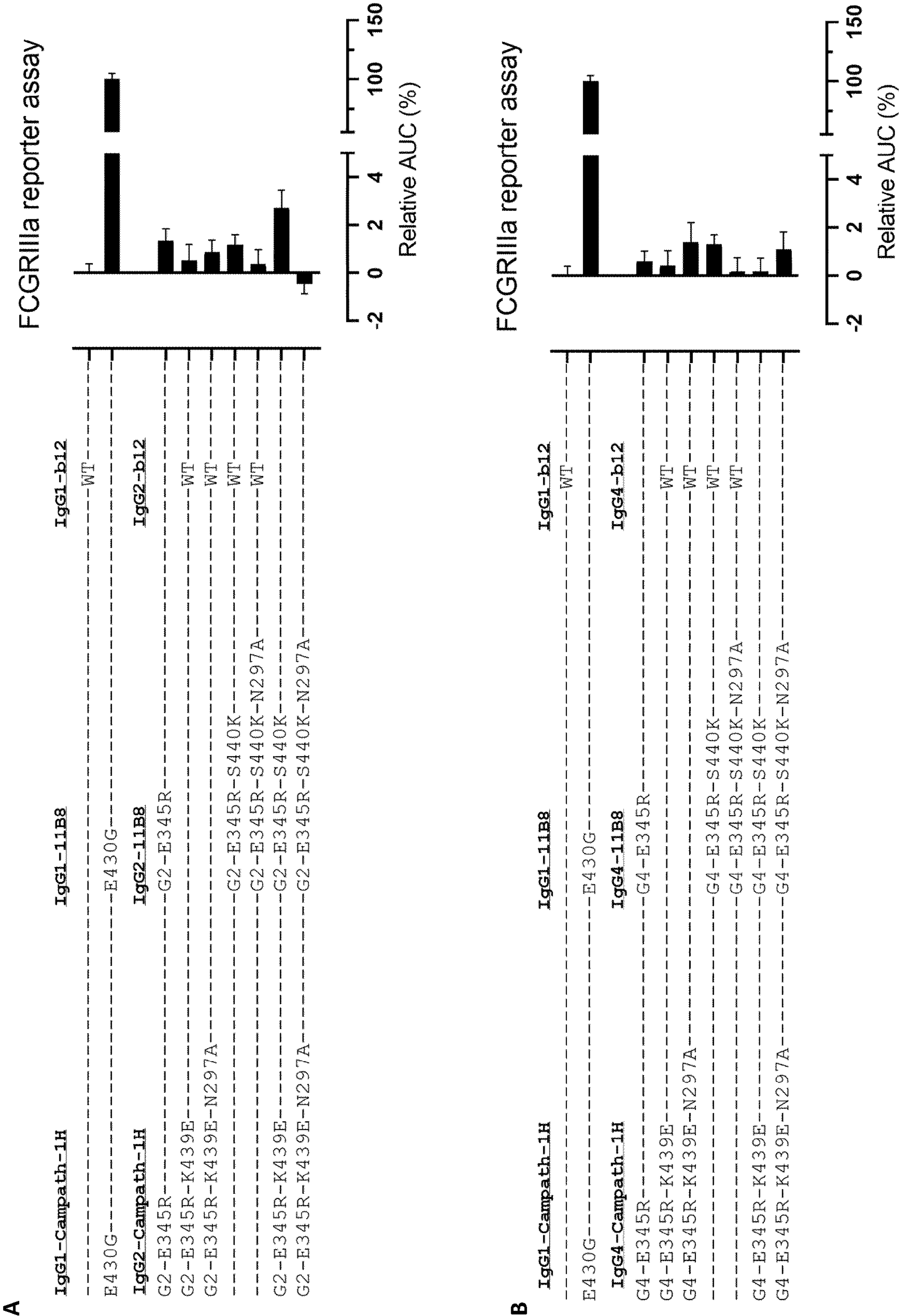
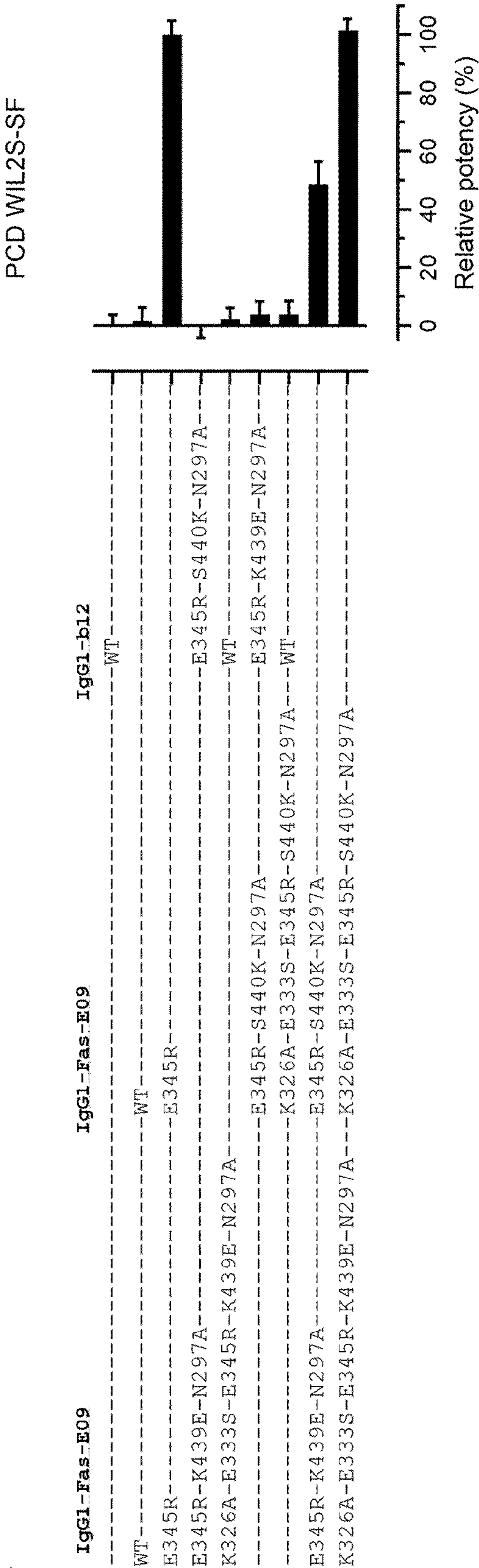


Figure 24

A



B

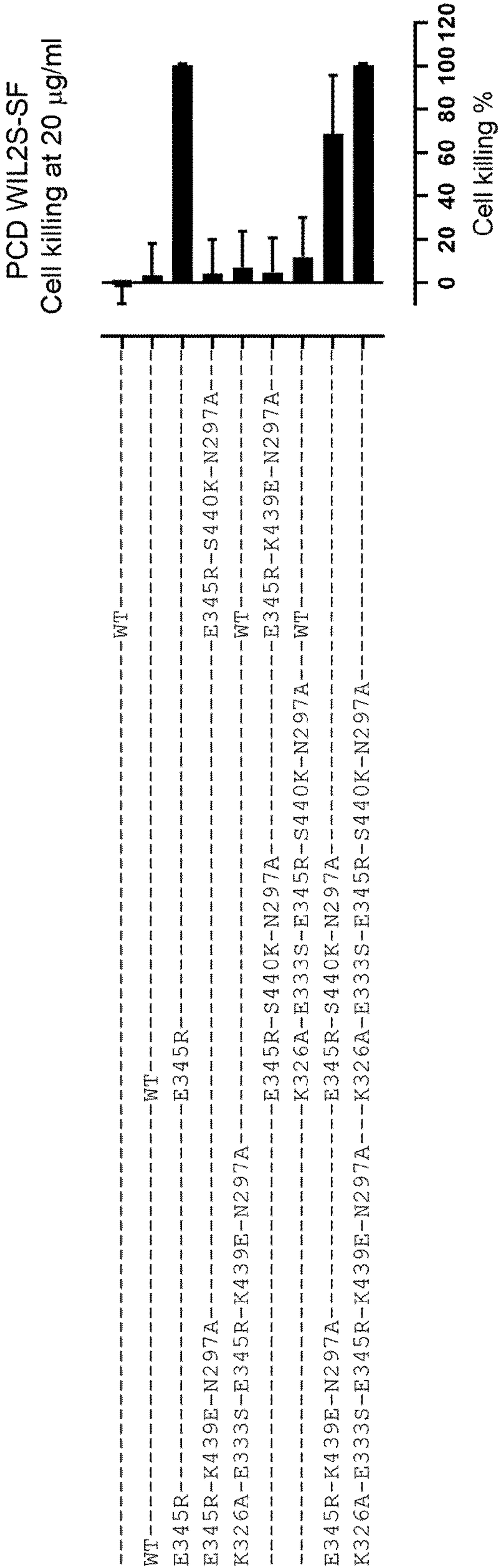
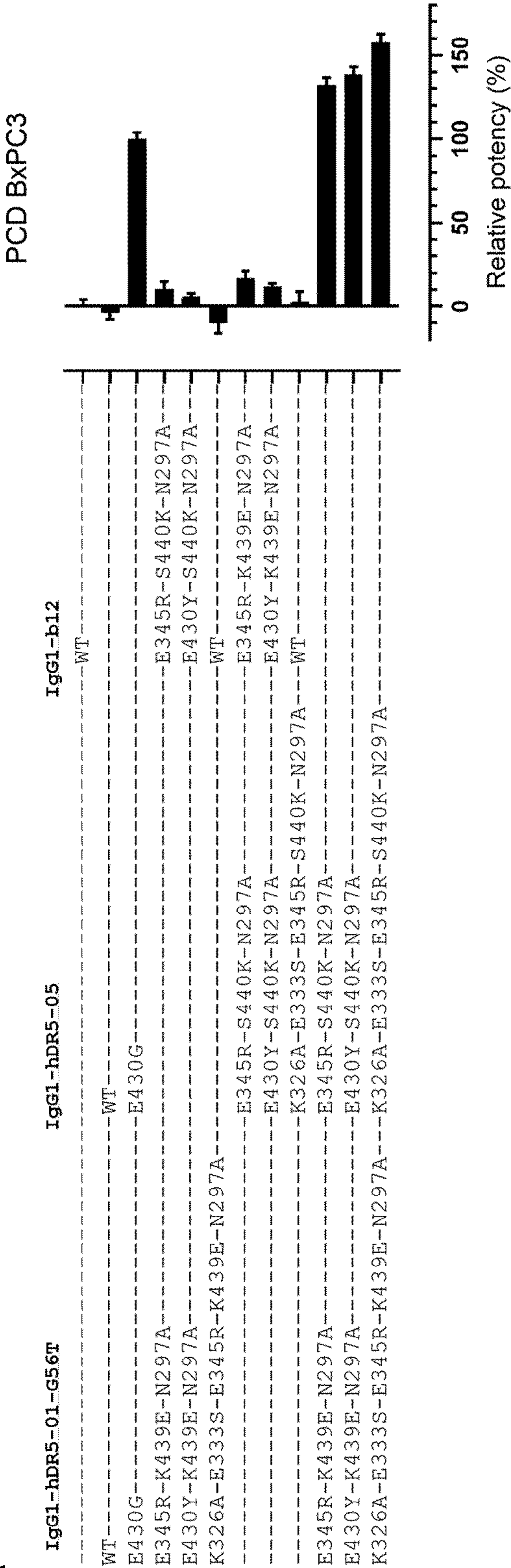


Figure 25

A



B

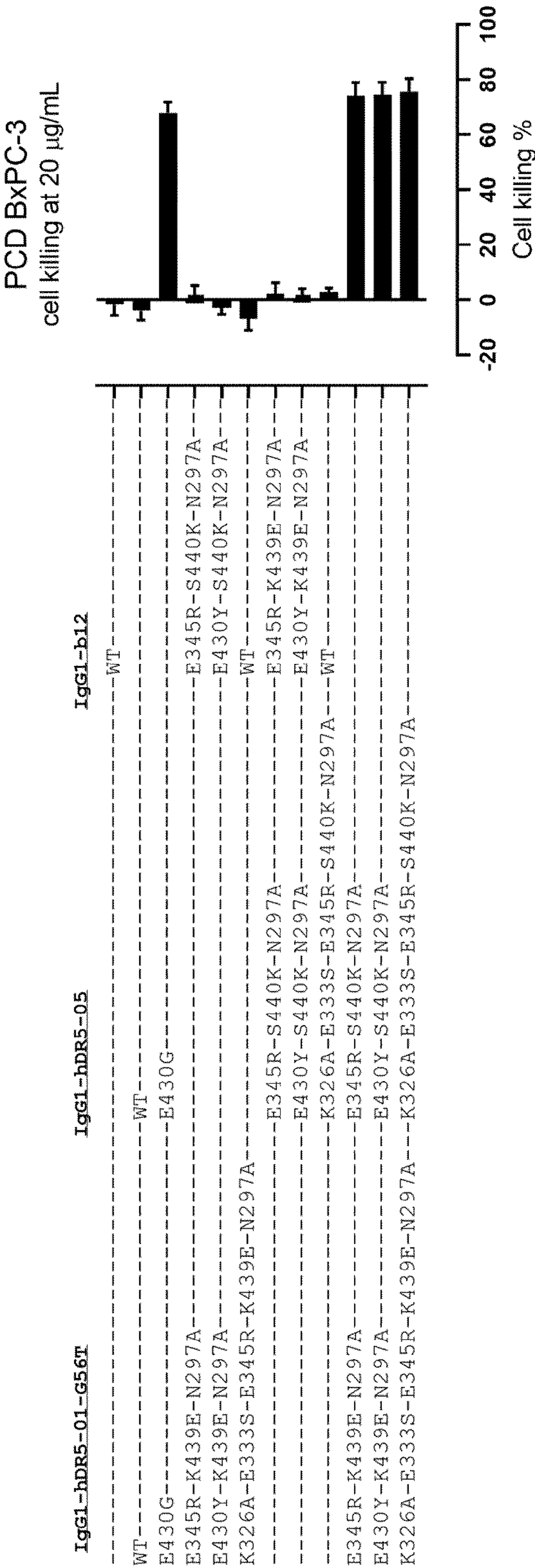
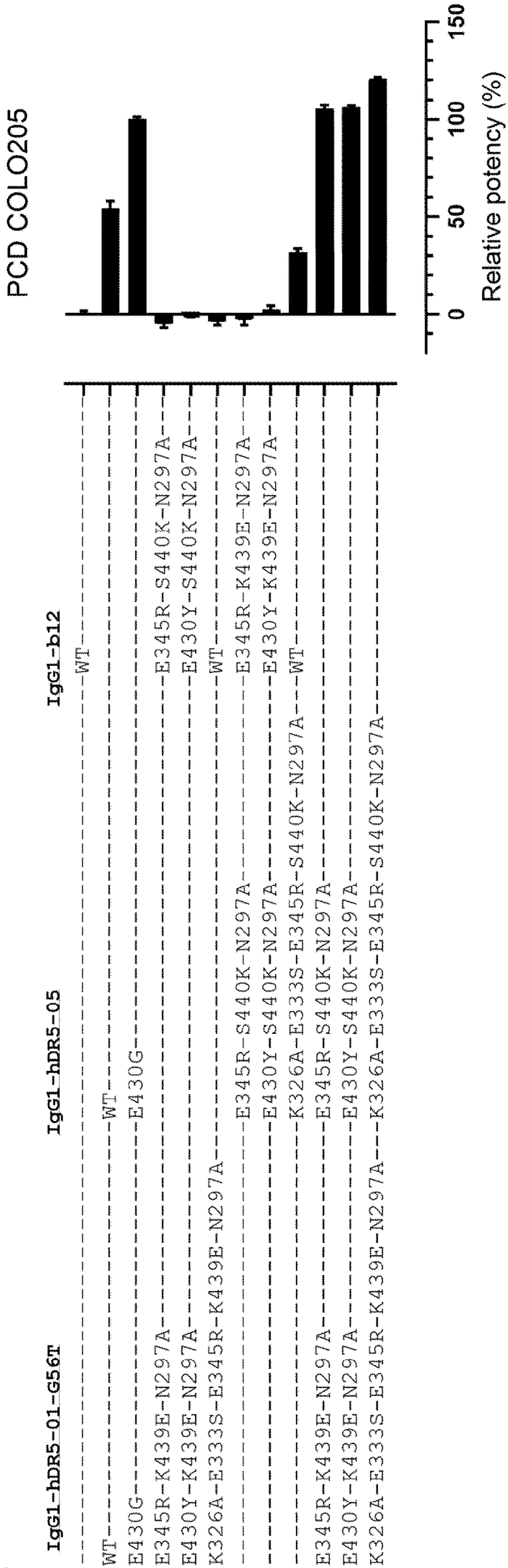


Figure 25 – continued

C



D

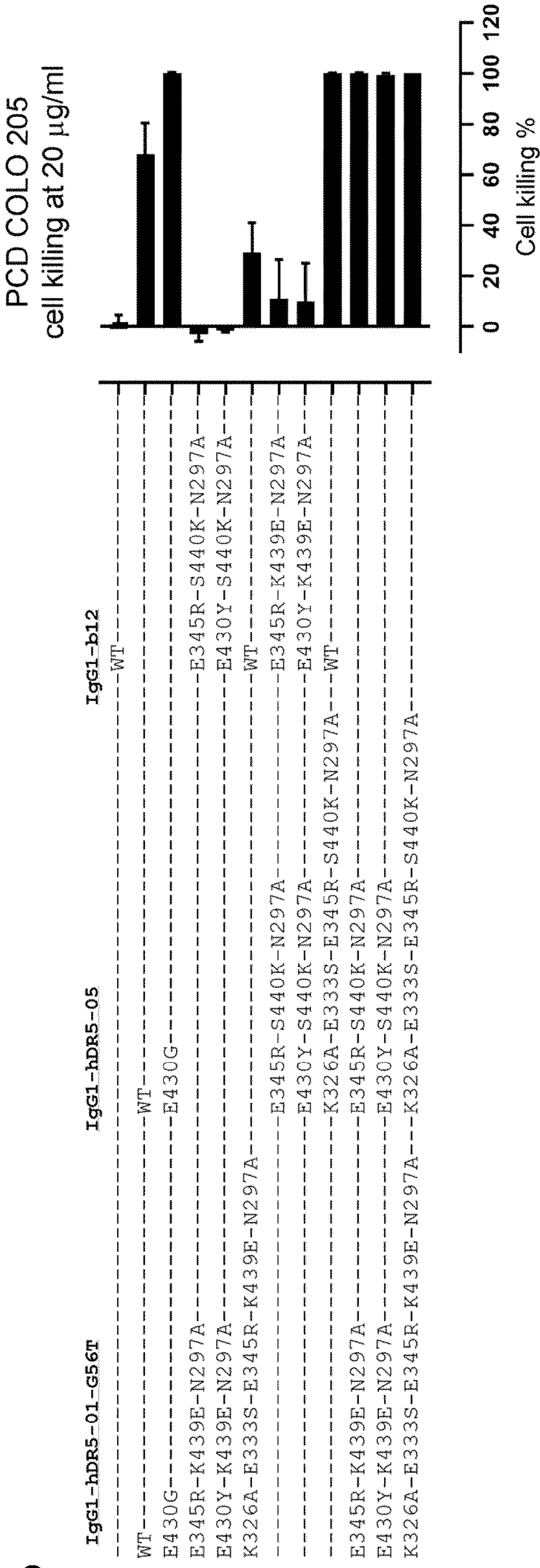
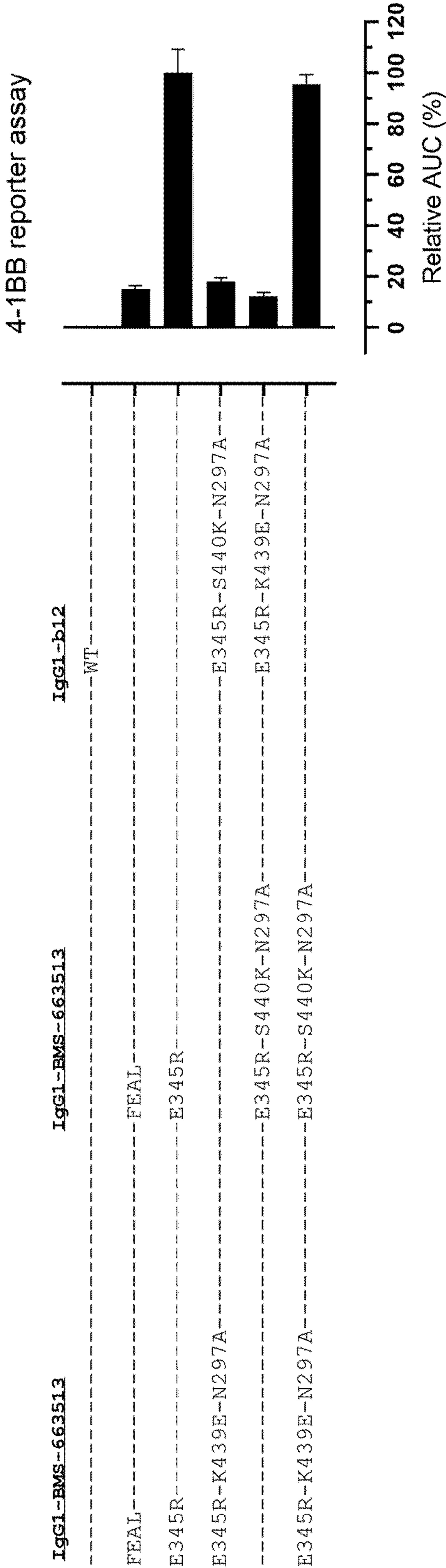


Figure 26

A



B

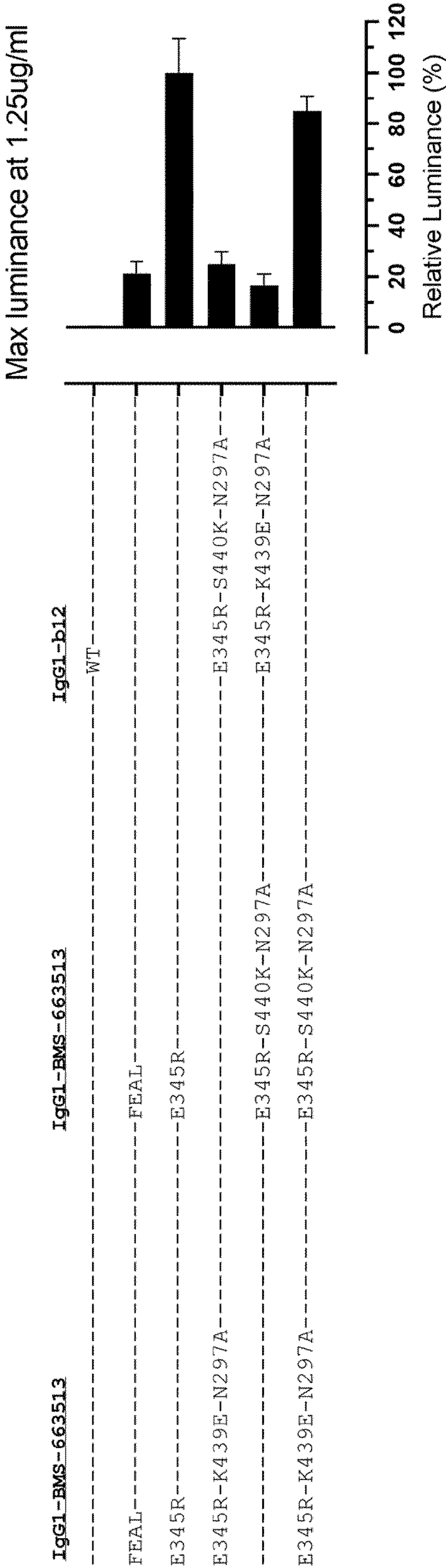
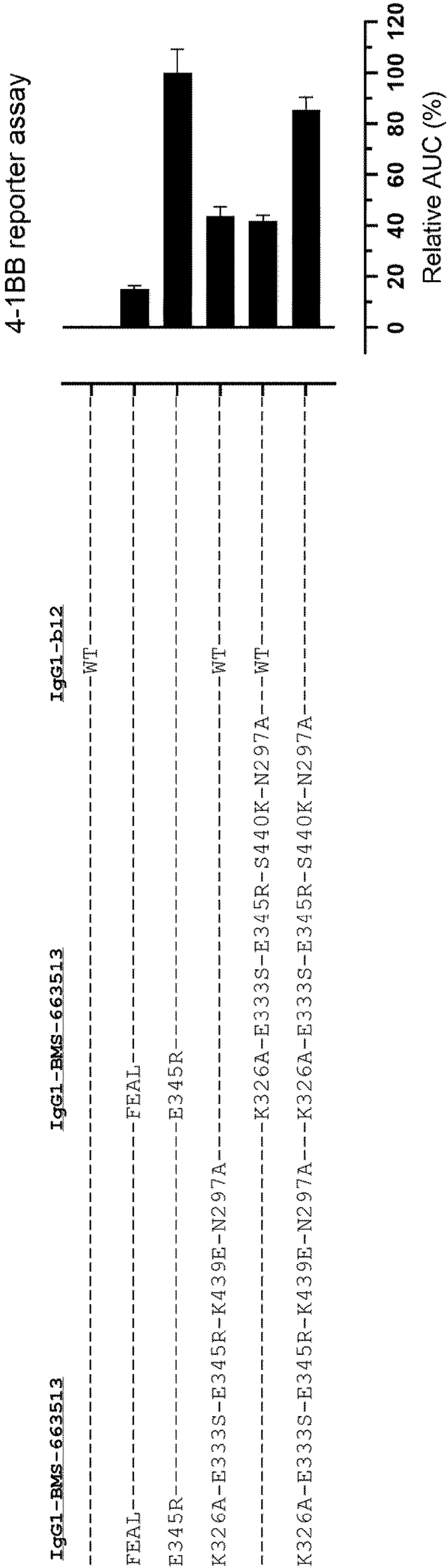
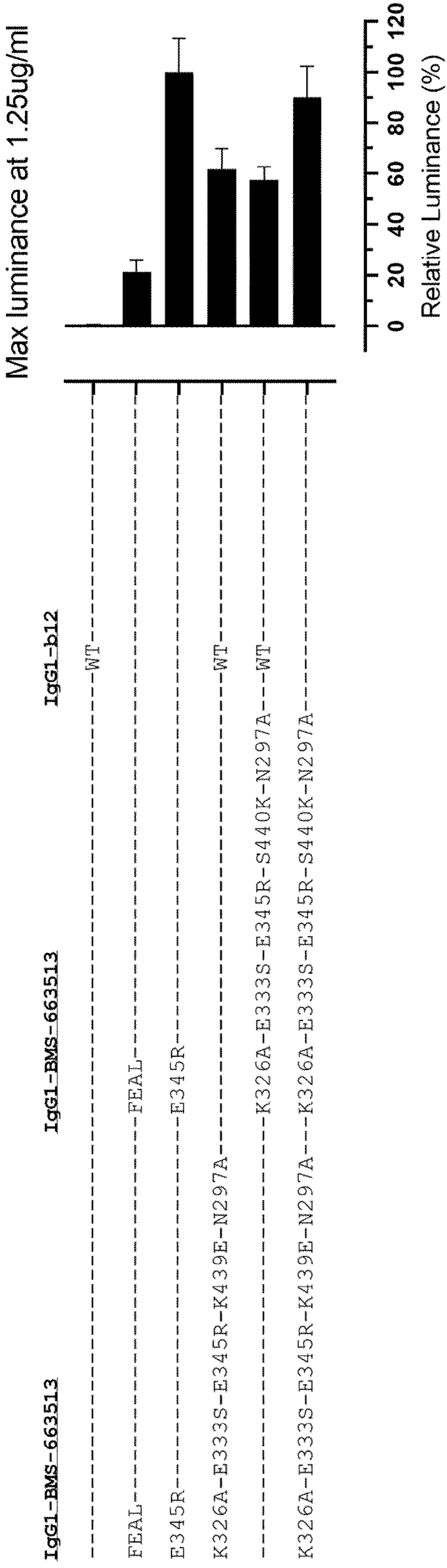


Figure 27

A



B



INTERNATIONAL SEARCH REPORT

International application No
PCT/EP2020/081389

A. CLASSIFICATION OF SUBJECT MATTER

INV. C07K16/28 A61P29/00 A61P31/00 A61P35/00 A61P37/06
ADD.

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

C07K A61K A61P

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)

EPO-Internal, BIOSIS, EMBASE, WPI Data

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	W0 2014/006217 A1 (GENMAB BV [NL]) 9 January 2014 (2014-01-09) figure 4; examples 1, 5, 20, 28 Page 42, 4th full paragraph, beginning 'An alternative approach to minimize the interaction of the Fc-domain...'	1-72
Y	W0 2019/145455 A1 (GENMAB BV [NL]) 1 August 2019 (2019-08-01) page 63, line 21 - line 24; examples 9-12 ----- -/--	1-72



Further documents are listed in the continuation of Box C.



See patent family annex.

* Special categories of cited documents :

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"P" document published prior to the international filing date but later than the priority date claimed

"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention

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Date of the actual completion of the international search

8 February 2021

Date of mailing of the international search report

18/02/2021

Name and mailing address of the ISA/

European Patent Office, P.B. 5818 Patentlaan 2
NL - 2280 HV Rijswijk
Tel. (+31-70) 340-2040,
Fax: (+31-70) 340-3016

Authorized officer

Sitch, David

C(Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT		
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
Y	YUSUKE MIMURA ET AL: "Glycosylation engineering of therapeutic IgG antibodies: challenges for the safety, functionality and efficacy", PROTEIN & CELL, vol. 9, no. 1, 8 June 2017 (2017-06-08), pages 47-62, XP055670386, Beijing, CN ISSN: 1674-800X, DOI: 10.1007/s13238-017-0433-3 Page 50, 'INFLUENCE OF THE FC GLYCAN ON ANTIBODY EFFECTOR FUNCTIONS'	1-72
A	----- SIMONE C. OOSTINDIE ET AL: "CD20 and CD37 antibodies synergize to activate complement by Fc-mediated clustering", HAEMATOLOGICA, 1 February 2019 (2019-02-01), XP055611954, IT ISSN: 0390-6078, DOI: 10.3324/haematol.2018.207266 Page 10, 'Hexamerization-enhanced CD20 and CD37 mAbs cooperate in CDC through Fcmediated clustering in hetero-hexamers' to end of page 11; page 7 -----	1

INTERNATIONAL SEARCH REPORT

Information on patent family members

International application No

PCT/EP2020/081389

Patent document cited in search report	Publication date	Patent family member(s)	Publication date
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