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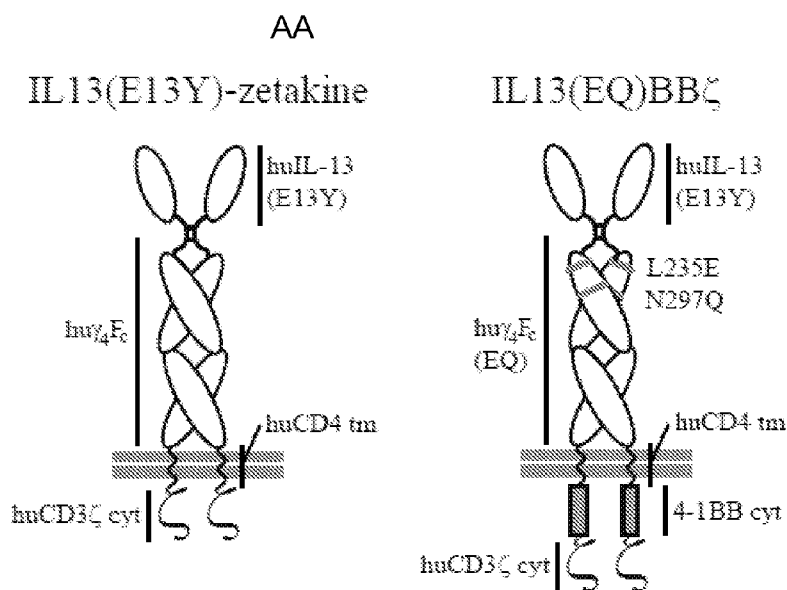
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[Continued on next page]

(54) Title: COSTIMULATORY CHIMERIC ANTIGEN RECEPTOR T CELLS TARGETING IL13R α 2

FIGURE 1



(57) Abstract: Chimeric transmembrane immunoreceptors (CAR) which include an extracellular domain that includes IL-13 or a variant thereof that binds interleukin-13R α 2 (IL13R α 2), a transmembrane region, a costimulatory domain and an intracellular signaling domain are described.



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Costimulatory Chimeric Antigen Receptor T Cells Targeting IL13R α 2

BACKGROUND

[001] Tumor-specific T cell based immunotherapies, including therapies employing engineered T cells, have been investigated for anti-tumor treatment. In some cases the T cells used in such therapies do not remain active *in vivo* for a long enough period. In some cases, the tumor-specificity of the T cells is relatively low. Therefore, there is a need in the art for tumor-specific cancer therapies with longer term anti-tumor functioning.

[002] Malignant gliomas (MG), which include anaplastic astrocytoma (AA-grade III) and glioblastoma (GBM-grade IV), have an incidence rate of approximately 20,000 new cases diagnosed annually in the United States. According to the American Brain Tumor Association total prevalence of individuals living with a malignant brain tumor, based on United States 2010 census data, is roughly 140,000 persons. Although MG is a rare disease, it is highly aggressive and heterogeneous with respect to its malignant behavior and nearly uniformly lethal. Current standard-of-care therapies for high-grade MG yield only short term benefits, and these brain tumors are virtually incurable. Indeed, even with modern surgical and radiotherapeutic techniques, which often exacerbate the already severe morbidities imposed by location in the central nervous system (CNS), the 5-year survival rates are quite low. Furthermore, for the majority of patients who relapse with disease, there are few therapeutic options. Thus, there is a significant need for more effective therapies, particularly for those patients that have recurred/progressed following frontline therapies, and participation of this patient population in clinical trials is warranted.

[003] Adoptive T cell therapy (ACT) utilizing chimeric antigen receptor (CAR) engineered T cells may provide a safe and effective way to reduce recurrence rates of MG, since CAR T cells can be engineered to specifically recognize antigenically-distinct tumor populations (Cartellieri et al. 2010 *J Biomed Biotechnol* 2010:956304; Ahmed et

al. 2010 *Clin Cancer Res* 16:474; Sampson et al. 2014 *Clin Cancer Res* 20:972; Brown et al. 2013 *Clin Cancer Res* 2012 18:2199; Chow et al. 2013 *Mol Ther* 21:629), and T cells can migrate through the brain parenchyma to target and kill infiltrative malignant cells (Hong et al. 2010 *Clin Cancer Res* 16:4892; Brown et al. 2007 *J Immunol* 179:3332; Hong et al. 2010 *Clin Cancer Res* 16:4892; Yaghoubi 2009 *Nat Clin PRact Oncol* 6:53). Preclinical studies have demonstrated that IL13R α 2-targeting CAR⁺ T cells exhibit potent major histocompatibility complex (MHC)-independent, IL13R α 2-specific cytolytic activity against both stem-like and differentiated glioma cells, and induce regression of established glioma xenografts *in vivo* (Kahlon et al. 2004 *Cancer Res* 64:9160; Brown et al. 2012 *Clin Cancer Res* 18:2199).

SUMMARY

[004] Described herein are chimeric transmembrane immunoreceptors (chimeric antigen receptors or “CARs”) which comprise an extracellular domain, a transmembrane region and an intracellular signaling domain. The extracellular domain is made up of an IL-13 ligand that binds interleukin-13R α 2 (IL13R α 2) and, optionally, a spacer, comprising, for example a portion human Fc domain. The transmembrane portion includes a CD4 transmembrane domain, a CD8 transmembrane domain, a CD28 transmembrane domain, a CD3 transmembrane domain or a 41BB transmembrane domain. The intracellular signaling domain includes the signaling domain from the zeta chain of the human CD3 complex (CD3 ζ) and one or more costimulatory domains, e.g., a 4-1BB costimulatory domain. The extracellular domain enables the CAR, when expressed on the surface of a T cell, to direct T cell activity to those cells expressing IL13R α 2, a receptor expressed on the surface of tumor cells, including glioma. Importantly, the IL13R α 2 binding portion of the CAR includes an amino acid modification, such as an E13Y mutation, that increases binding specificity. The inclusion of a costimulatory domain, such as the 4-1BB (CD137) costimulatory domain in series with CD3 ζ in the intracellular region enables the T cell to receive co-stimulatory signals. T cells, for example, patient-specific, autologous T cells can be engineered to express the CARs described herein and the engineered cells can be expanded and used in ACT. Various T cell subsets can be used. In addition, the CAR can be expressed in other immune cells such as NK cells. Where a patient is treated with an

immune cell expressing a CAR described herein the cell can be an autologous or allogenic T cell. In some cases the cells used are CD4⁺ and CD8⁺ central memory T cells (T_{CM}), which are CD45RO⁺CD62L⁺, and the use of such cells can improve long-term persistence of the cells after adoptive transfer compared to the use of other types of patient-specific T cells.

[005] Described herein is a nucleic acid molecule encoding a chimeric antigen receptor (CAR)_r, wherein the chimeric antigen receptor comprises: human IL-13 or a variant thereof having 1-10 (e.g., 1 or 2) amino acid modifications; a transmembrane domain selected from: a CD4 transmembrane domain or variant thereof having 1-10 (e.g., 1 or 2) amino acid modifications, a CD8 transmembrane domain or variant thereof having 1-10 (e.g., 1 or 2) amino acid modifications, a CD28 transmembrane domain or a variant thereof having 1-10 (e.g., 1 or 2) amino acid modifications, and a CD3ζ transmembrane domain or a variant thereof having 1-10 (e.g., 1 or 2) amino acid modifications; a costimulatory domain; and CD3 ζ signaling domain of a variant thereof having 1-10 (e.g., 1 or 2) amino acid modifications.

[006] In various embodiments the costimulatory domain is selected from the group consisting of: a CD28 costimulatory domain or a variant thereof having 1-10 (e.g., 1 or 2) amino acid modifications, a 4-1BB costimulatory domain or a variant thereof having 1-10 (e.g., 1 or 2) amino acid modifications and an OX40 costimulatory domain or a variant thereof having 1-10 (e.g., 1 or 2) amino acid modifications. In certain embodiments, a 4-1BB costimulatory domain or a variant thereof having 1-10 (e.g., 1 or 2) amino acid modifications is present.

[007] Additional embodiment the CAR comprises: a variant of a human IL13 having 1-10 amino acid modification that increase binding specificity for IL13Rα₂ versus IL13Rα₁; the human IL-13 or variant thereof is an IL-13 variant comprising the amino acid sequence of SEQ ID NO:3 with 1 to 5 amino acid modifications, provided that the amino acid at position 11 of SEQ ID NO:3 other than E; two different costimulatory domains selected from the group consisting of: a CD28 costimulatory domain or a variant thereof having 1-10 (e.g., 1 or 2) amino acid modifications, a 4-1BB costimulatory domain

or a variant thereof having 1-10 (e.g., 1 or 2) amino acid modifications and an OX40 costimulatory domain or a variant thereof having 1-10 (e.g., 1 or 2) amino acid modifications; two different costimulatory domains selected from the group consisting of: a CD28 costimulatory domain or a variant thereof having 1-2 amino acid modifications, a 41BB costimulatory domain or a variant thereof having 1-2 amino acid modifications and an OX40 costimulatory domain or a variant thereof having 1-2 amino acid modifications; human IL-13 or a variant thereof having 1-2 amino acid modifications; a transmembrane domain selected from: a CD4 transmembrane domain or variant thereof having 1-2 amino acid modifications, a CD8 transmembrane domain or variant thereof having 1-2 amino acid modifications, a CD28 transmembrane domain or a variant thereof having 1-2 amino acid modifications, and a CD3 ζ transmembrane domain or a variant thereof having 1-2 amino acid modifications; a costimulatory domain; and CD3 ζ signaling domain of a variant thereof having 1-2 amino acid modifications; a spacer region located between the IL-13 or variant thereof and the transmembrane domain (e.g., the spacer region comprises an amino acid sequence selected from the group consisting of SEQ ID NO: 4, 14-20, 50 and 52); the spacer comprises an IgG hinge region; the spacer region comprises 10-150 amino acids; the 4-1BB signaling domain comprises the amino acid sequence of SEQ ID NO:6; the CD3 ζ signaling domain comprises the amino acid sequence of SEQ ID NO:7; and a linker of 3 to 15 amino acids that is located between the costimulatory domain and the CD3 ζ signaling domain or variant thereof. In certain embodiments where there are two costimulatory domains, one is an 4-1BB costimulatory domain and the other a costimulatory domain selected from: CD28 and CD28gg

[008] In some embodiments: nucleic acid molecule expresses a polypeptide comprising an amino acid sequence selected from SEQ ID NOs: 10, 31-48 and 52; the chimeric antigen receptor comprises a IL-13/IgG4/CD4t/41-BB region comprising the amino acid of SEQ ID NO:11 and a CD3 ζ signaling domain comprising the amino acid sequence of SEQ ID NO:7; and the chimeric antigen receptor comprises the amino acid sequence of SEQ ID NOs: 10, 31-48 and 52.

[009] Also disclosed is a population of human T cells transduced by a vector comprising an expression cassette encoding a chimeric antigen receptor, wherein

chimeric antigen receptor comprises: human IL-13 or a variant thereof having 1-10 amino acid modifications; a transmembrane domain selected from: a CD4 transmembrane domain or variant thereof having 1-10 amino acid modifications, a CD8 transmembrane domain or variant thereof having 1-10 amino acid modifications, a CD28 transmembrane domain or a variant thereof having 1-10 amino acid modifications, and a CD3 ζ transmembrane domain or a variant thereof having 1-10 amino acid modifications; a costimulatory domain; and CD3 ζ signaling domain of a variant thereof having 1-10 amino acid modifications. In various embodiments: the population of human T cells comprise a vector expressing a chimeric antigen receptor comprising an amino acid sequence selected from SEQ ID NOs: 10, 31-48 and 52; the population of human T cells are comprises of central memory T cells (Tcm cells) (e.g., at least 20%, 30%, 40%, 50% 60%, 70%, 80% of the cells are Tcm cells; at least 15%, 20%, 25%, 30%, 35% of the Tcm cells are CD4⁺ and at least 15%, 20%, 25%, 30%, 35% of the Tcm cells are CD8⁺ cells).

[0010] Also described is a method of treating cancer in a patient comprising administering a population of autologous or allogeneic human T cells (e.g., autologous or allogeneic T cells comprising Tcm cells, e.g., at least 20%, 30%, 40%, 50% 60%, 70%, 80% of the cells are Tcm cells; at least 15%, 20%, 25%, 30%, 35% of the Tcm cells are CD4⁺ and at least 15%, 20%, 25%, 30%, 35% of the Tcm cells are CD8⁺ cells) transduced by a vector comprising an expression cassette encoding a chimeric antigen receptor, wherein chimeric antigen receptor comprises an amino acid sequence selected from SEQ ID NOs: 10, 31-48 and 52. In various embodiments: the population of human T cells comprise central memory T cells; the cancer is glioblastoma; and the transduced human T cells where prepared by a method comprising obtaining T cells from the patient, treating the T cells to isolate central memory T cells, and transducing at least a portion of the central memory cells to with a viral vector comprising an expression cassette encoding a chimeric antigen receptor, wherein chimeric antigen receptor comprises an amino acid sequence selected from SEQ ID NOs: 10, 31-48 and 52.

[0011] Also described is: a nucleic acid molecule encoding an polypeptide comprising an amino acid sequence that is at least 95% identical to an amino acid sequence selected

from SEQ ID NO:10 and SEQ ID NOs: 10, 31-48 and 52; a nucleic acid molecule encoding an polypeptide comprising an amino acid sequence that is identical to an amino acid sequence selected from SEQ ID NO: 10, 31-48 and 52 except for the presence of no more than 5 amino acid substitutions, deletions or insertions; a nucleic acid molecule encoding an polypeptide comprising an amino acid sequence that is identical to an amino acid sequence selected from SEQ ID NO:10 and SEQ ID NOs: 10, 31-48 and 52 except for the presence of no more than 5 amino acid substitutions; and a nucleic acid molecule encoding an polypeptide comprising an amino acid sequence that is identical to an amino acid sequence selected from SEQ ID NO:10 and SEQ ID NOs: 10, 31-48 and 52 except for the presence of no more than 2 amino acid substitutions.

[0012] Certain CAR described herein, for example, the IL13(EQ)BB ζ CAR and the IL13(EQ)CD28- BB ζ CAR, have certain beneficial characteristics compared to certain other IL13-targeted CAR. For example, they have improved selectivity for IL13R α , elicit lower Th2 cytokine production, particularly lower IL13 production.

[0013] T cells expressing a CAR targeting IL13R α 2 can be useful in treatment of cancers such as glioblastoma, as well as other cancer that expresses IL13R α 2 which include but are not limited to medulloblastoma, breast cancer, head and neck cancer, kidney cancer, ovarian cancer and Kaposi's sarcoma. Thus, this disclosure includes methods for treating cancer using T cells expressing a CAR described herein.

[0014] This disclosure also nucleic acid molecules that encode any of the CARs described herein (e.g., vectors that include a nucleic acid sequence encoding one of the CARs) and isolated T lymphocytes that express any of the CARs described herein.

[0015] The CAR described herein can include a spacer region located between the IL13 domain and the transmembrane domain. A variety of different spacers can be used. Some of them include at least portion of a human Fc region, for example a hinge portion of a human Fc region or a CH3 domain or variants thereof. Table 1 below provides various spacers that can be used in the CARs described herein.

Table 1: Examples of Spacers

Name	Length	Sequence
a3	3 aa	AAA
linker	10 aa	GGGSSGGGSG (SEQ ID NO:14)
IgG4 hinge (S→P) (S228P)	12 aa	ESKYGPPCPPCP (SEQ ID NO:15)
IgG4 hinge	12 aa	ESKYGPPCPSCP (SEQ ID NO:52)
IgG4 hinge + linker	22 aa	ESKYGPPCPPCPGGGSSGGGSG (SEQ ID NO:16)
CD28 hinge	39 aa	IEVMYPPPYLDNEKSNGTIIHVKGKHL CPSPLFPGPSKP (SEQ ID NO:17)
CD8 hinge-48aa	48 aa	AKPTTTPAPRPPTPAPTIASQPLSLRPE ACRPAAGGAVHTRGLDFACD (SEQ ID NO:18)
CD8 hinge-45aa	45aa	TTTPAPRPPTPAPTIASQPLSLRPEACR PAAGGAVHTRGLDFACD (SEQ ID NO:19)
IgG4(HL-CH3)	129 aa	ESKYGPPCPPCPGGGSSGGGSGGQPR EPQVYTLPPSQEEMTKNQVSLTCLVK GFYPSDIAVEWESNGQPENNYKTPP VLDSGDSFFLYSRLTVDKSRWQEGNV FSCSV MHEALHNHYTQKSLSLSLGK (SEQ ID NO:20)
IgG4(L235E,N297Q)	229 aa	ESKYGPPCPSCPAPEFEGGPSVFLFPPK PKDTLMISRTPEVTCVVVDVSQEDPE VQFNWYVDGVEVHQAKTKPREEQFN STYRVVSVLTVLHQDWLNGKEYKCK VSNKGLPSSIEKTISKAKGQPREPQVY TLPPSQEEMTKNQVSLTCLVKGFYPS DIAVEWESNGQPENNYKTPPVLDSD GSFFLYSRLTVDKSRWQEGNVFSCSV MHEALHNHYTQKSLSLSLGK (SEQ ID NO:4)
IgG4(S228P, L235E,N297Q)	229 aa	ESKYGPPCPPCPAPEFEGGPSVFLFPPK PKDTLMISRTPEVTCVVVDVSQEDPE VQFNWYVDGVEVHQAKTKPREEQFN STYRVVSVLTVLHQDWLNGKEYKCK

		VS NKGLPSSIEKTISKAKGQPREPQVY TLPPSQEEMTKNQVSLTCLVKGFYPS DIAVEWESNGQPENNYKTTPPVLDSD GSFFLYSRLTVDKSRWQEGNVFSCSV MHEALHNHYTQKSLSLGLGK (SEQ ID NO:51)
IgG4(CH3)	107 aa	GQPREPQVYTLPPSQEEMTKNQVSLT CLVKGFYPSDIAVEWESNGQPENNYK TTPPVLDSDGSFFLYSRLTVDKSRWQ EGNVFSCSV MHEALHNHYTQKSLSL LGK (SEQ ID NO:50)

Some spacer regions include all or part of an immunoglobulin (e.g., IgG1, IgG2, IgG3, IgG4) hinge region, i.e., the sequence that falls between the CH1 and CH2 domains of an immunoglobulin, e.g., an IgG4 Fc hinge or a CD8 hinge. Some spacer regions include an immunoglobulin CH3 domain or both a CH3 domain and a CH2 domain. The immunoglobulin derived sequences can include one or more amino acid modifications, for example, 1, 2, 3, 4 or 5 substitutions, e.g., substitutions that reduce off-target binding.

[0016] An "amino acid modification" refers to an amino acid substitution, insertion, and/or deletion in a protein or peptide sequence. An "amino acid substitution" or "substitution" refers to replacement of an amino acid at a particular position in a parent peptide or protein sequence with another amino acid. A substitution can be made to change an amino acid in the resulting protein in a non-conservative manner (i.e., by changing the codon from an amino acid belonging to a grouping of amino acids having a particular size or characteristic to an amino acid belonging to another grouping) or in a conservative manner (i.e., by changing the codon from an amino acid belonging to a grouping of amino acids having a particular size or characteristic to an amino acid belonging to the same grouping). Such a conservative change generally leads to less change in the structure and function of the resulting protein. The following are examples of various groupings of amino acids: 1) Amino acids with nonpolar R groups: Alanine, Valine, Leucine, Isoleucine, Proline, Phenylalanine, Tryptophan, Methionine; 2) Amino acids with uncharged polar R groups: Glycine, Serine, Threonine, Cysteine, Tyrosine, Asparagine, Glutamine; 3) Amino acids with charged polar R groups (negatively charged at pH 6.0): Aspartic acid, Glutamic acid; 4) Basic amino acids (positively charged at pH

6.0): Lysine, Arginine, Histidine (at pH 6.0). Another grouping may be those amino acids with phenyl groups: Phenylalanine, Tryptophan, and Tyrosine.

[0017] In certain embodiments, the spacer is derived from an IgG1, IgG2, IgG3, or IgG4 that includes one or more amino acid residues substituted with an amino acid residue different from that present in an unmodified spacer. The one or more substituted amino acid residues are selected from, but not limited to one or more amino acid residues at positions 220, 226, 228, 229, 230, 233, 234, 235, 234, 237, 238, 239, 243, 247, 267, 268, 280, 290, 292, 297, 298, 299, 300, 305, 309, 218, 326, 330, 331, 332, 333, 334, 336, 339, or a combination thereof. In this numbering scheme, described in greater detail below, the first amino acid in the IgG4(L235E,N297Q) spacer in Table 1 is 219 and the first amino acid in the IgG4(HL-CH3) spacer in Table 1 is 219 as is the first amino acid in the IgG hinge sequence and the IgG4 hinge linker (HL) sequence in Table 1

[0018] In some embodiments, the modified spacer is derived from an IgG1, IgG2, IgG3, or IgG4 that includes, but is not limited to, one or more of the following amino acid residue substitutions: C220S, C226S, S228P, C229S, P230S, E233P, V234A, L234V, L234F, L234A, L235A, L235E, G236A, G237A, P238S, S239D, F243L, P247I, S267E, H268Q, S280H, K290S, K290E, K290N, R292P, N297A, N297Q, S298A, S298G, S298D, S298V, T299A, Y300L, V305I, V309L, E318A, K326A, K326W, K326E, L328F, A330L, A330S, A331S, P331S, I332E, E333A, E333S, E333S, K334A, A339D, A339Q, P396L, or a combination thereof.

[0019] In certain embodiments, the modified spacer is derived from IgG4 region that includes one or more amino acid residues substituted with an amino acid residue different from that present in an unmodified region. The one or more substituted amino acid residues are selected from, but not limited to, one or more amino acid residues at positions 220, 226, 228, 229, 230, 233, 234, 235, 234, 237, 238, 239, 243, 247, 267, 268, 280, 290, 292, 297, 298, 299, 300, 305, 309, 218, 326, 330, 331, 332, 333, 334, 336, 339, or a combination thereof.

[0020] In some embodiments, the modified spacer is derived from an IgG4 region that includes, but is not limited to, one or more of the following amino acid residue

substitutions: 220S, 226S, 228P, 229S, 230S, 233P, 234A, 234V, 234F, 234A, 235A, 235E, 236A, 237A, 238S, 239D, 243L, 247I, 267E, 268Q, 280H, 290S, 290E, 290N, 292P, 297A, 297Q, 298A, 298G, 298D, 298V, 299A, 300L, 305I, 309L, 318A, 326A, 326W, 326E, 328F, 330L, 330S, 331S, 331S, 332E, 333A, 333S, 333S, 334A, 339D, 339Q, 396L, or a combination thereof, wherein the amino acid in the unmodified spacer is substituted with the above identified amino acids at the indicated position.

[0021] For amino acid positions in immunoglobulin discussed herein, numbering is according to the EU index or EU numbering scheme (Kabat et al. 1991 Sequences of Proteins of Immunological Interest, 5th Ed., United States Public Health Service, National Institutes of Health, Bethesda, hereby entirely incorporated by reference). The EU index or EU index as in Kabat or EU numbering scheme refers to the numbering of the EU antibody (Edelman et al. 1969 *Proc Natl Acad Sci USA* 63:78-85).

[0022] A variety of transmembrane domains can be used in CAR directed against IL13Ra2. Table 2 includes examples of suitable transmembrane domains. Where a spacer domain is present, the transmembrane domain is located carboxy terminal to the spacer domain.

Table 2: Examples of Transmembrane Domains

Name	Accession	Length	Sequence
CD3z	J04132.1	21 aa	LCYLLDGILFIYGVILTALFL (SEQ ID NO:21)
CD28	NM_006139	27aa	FWVLVVVGGVLACYSLLVTVAFIIFWV (SEQ ID NO:22)
CD28(M)	NM_006139	28aa	MFWVLVVVGGVLACYSLLVTVAFIIFWV (SEQ ID NO:22)
CD4	M35160	22aa	MALIVLGGVAGLLLFIGLGIF (SEQ ID NO:5)
CD8tm	NM_001768	21aa	IYIWAPLAGTCGVLLSLVIT (SEQ ID NO:23)

CD8tm2	NM_001768	23aa	IYIWAPLAGTCGVLLLSLVITLY (SEQ ID NO:24)
CD8tm3	NM_001768	24aa	IYIWAPLAGTCGVLLLSLVITLYC (SEQ ID NO:25)
41BB	NM_001561	27aa	IISFFLALTSTALLFLLFF LTLRFSVV (SEQ ID NO:26)

Many of the CAR described herein include one or more (e.g., two) costimulatory domains. The costimulatory domain(s) are located between the transmembrane domain and the CD3 ζ signaling domain. Table 3 includes examples of suitable costimulatory domains together with the sequence of the CD3 ζ signaling domain.

Table 3: Examples of Costimulatory Domains

Name	Accession	Length	Sequence
CD3 ζ	J04132.1	113 aa	RVKFSRSADAPAYQQGQNQLYNELNLGR REEYDVLDKRRGRDPEMGGKPRRKNPQ EGLYNELQKDKMAEAYSEIGMKGERRR GKGHDGLYQGLSTATKDTYDALHMQAL PPR
CD28	NM_006139	42aa	RSKRSRLLHSDYMNMTPRRPGPTRKHYQ PYAPPRDFAAYRS (SEQ ID NO: 27)
CD28gg*	NM_006139	42aa	RSKRSRGGHSDYMNMTPRRPGPTRKHY QPYAPPRDFAAYRS (SEQ ID NO:28)
41BB	NM_001561	42 aa	KRGRKKLLYIFKQPFMRPVQTTQEEDGC SCRFPEEEEGGCEL (SEQ ID NO:29)
OX40		42 aa	ALYLLRRDQRLPPDAHKKPPGGGSFRTPIQ EEQADAHSTLAKI (SEQ ID NO:30)

DESCRIPTION OF DRAWINGS

[0023] Figure 1 is a schematic depiction of IL13(E13Y)-zetakine CAR (Left) composed of the IL13R α 2-specific human IL-13 variant (huIL-13(E13Y)), human IgG4 Fc spacer (hu γ 4Fc), human CD4 transmembrane (huCD4 tm), and human CD3 ζ chain cytoplasmic

(huCD3 ζ cyt) portions as indicated. Also depicted is a IL13(EQ)BB ζ CAR which is the same as the IL13(E13Y)-zetakine with the exception of the two point mutations, L235E and N297Q indicated in red, that are located in the CH2 domain of the IgG4 spacer, and the addition of a costimulatory 4-1BB cytoplasmic domain (4-1BB cyt).

[0024] Figures 2A-C depict certain vectors and open reading frames. **A** is a diagram of the cDNA open reading frame of the 2670 nucleotide IL13(EQ)BBZ-T2ACD19t construct, where the IL13R α 2-specific ligand IL13(E13Y), IgG4(EQ) Fc hinge, CD4 transmembrane, 4-1BB cytoplasmic signaling, three-glycine linker, and CD3 ζ cytoplasmic signaling domains of the IL13(EQ)BBZ CAR, as well as the T2A ribosome skip and truncated CD19 sequences are indicated. The human GM-CSF receptor alpha and CD19 signal sequences that drive surface expression of the IL13(EQ)BB ζ CAR and CD19t are also indicated. **B** is a diagram of the sequences flanked by long terminal repeats (indicated by 'R') that will integrate into the host genome. **C** is a map of the IL13(EQ)BBZ-T2A-CD19t_epHIV7 plasmid.

[0025] Figure 3 depicts the construction of pHIV7.

[0026] Figure 4 depicts the elements of pHIV7.

[0027] Figure 5 depicts a production scheme for IL13(EQ)BB ζ /CD19t+ T_{CM}.

[0028] Figures 6A-C depicts the results of flow cytometric analysis of surface transgene and T cell marker expression. IL13(EQ)BB ζ /CD19t+ T_{CM} HD006.5 and HD187.1 were co-stained with anti-IL13-PE and anti-CD8-FITC to detect CD8+ CAR+ and CD4+ (i.e., CD8 negative) CAR+ cells (**A**), or anti-CD19-PE and anti-CD4-FITC to detect CD4+ CD19t+ and CD8+ (i.e., CD4 negative) CAR+ cells (**B**). IL13(EQ)BB ζ /CD19t+ T_{CM} HD006.5 and HD187.1 stained with fluorochromeconjugated anti-CD3, TCR, CD4, CD8, CD62L and CD28 (grey histograms) or isotype controls (black histograms) (**C**). In all cases the percentages based on viable lymphocytes (DAPI negative) stained above isotype.

[0029] Figures 7A-B depict the *in vitro* functional characterization of IL13R α 2-specific effector function of IL13(EQ)BBZ+ T_{CM}. IL13(EQ)BBZ/CD19t+ T_{CM} HD006.5 and

HD187.1 were used as effectors in a 6-hour ^{51}Cr release assay using a 10:1 E:T ratio based on CD19t expression. The IL13R α 2-positive tumor targets were K562 engineered to express IL13R α 2 (K562-IL13R α 2) and primary glioma line PBT030-2, and the IL13R α 2-negative tumor target control was K562 parental line (A).

IL13(EQ)BBZ/CD19t+ T_{CM} HD006.5 and HD187.1 were evaluated for antigen-dependent cytokine production following overnight co-culture at a 10:1 E:T ratio with IL13R α 2-positive and negative targets. Cytokine levels were measured using the Bio-Plex Pro Human Cytokine TH1/TH2 Assay kit and INF- γ are reported (B).

[0030] Figures 8A-C depict the result of studies demonstrating the regression of established glioma tumor xenografts after adoptive transfer of IL13(EQ)BBZ/CD19t+ T_{CM}. EGFP-ffLuc+ PBT030-2 tumor cells (1×10^5) were stereotactically implanted into the right forebrain of NSG mice. On day 5, mice received either 2×10^6 IL13(EQ)BBZ/CD19t+ T_{CM} (1.1×10^6 CAR+; n=6), 2×10^6 mock TCM (no CAR; n=6) or PBS (n=6). Representative mice from each group showing relative tumor burden using Xenogen Living Image (A). Quantification of ffLuc flux (photons/sec) shows that IL13(EQ)BBZ/CD19t+ T_{CM} induce tumor regression as compared to mock-transduced T_{CM} and PBS (#p<0.02, *p<0.001, repeated measures ANOVA) (B). Kaplan Meier survival curve (n=6 per group) demonstrating significantly improved survival (p=0.0008; log-rank test) for mice treated with IL13(EQ)BBZ/CD19t+ T_{CM} (C)

[0031] Figures 9A-C depict the results of studies comparing ant-tumor efficacy of IL13(EQ)BBZ T_{CM} and IL13-zetakine CTL clones. EGFP-ffLuc+ PBT030-2 TSs (1×10^5) were stereotactically implanted into the right forebrain of NSG mice. On day 8, mice received either 1.6×10^6 mock T_{CM} (no CAR), 1.0×10^6 CAR+ IL13(EQ)BBZ T_{CM} (1.6×10^6 total T cells; 63% CAR), 1.0×10^6 IL13-zetakine CD8+ CTL cl. 2D7 (clonal CAR+), or no treatment (n=6 per group). Representative mice from each group showing relative tumor burden using Xenogen Living Image (A). Linear regression lines of natural log of ffLuc flux (photons/sec) over time, P-values are for group by time interaction comparisons (B). Kaplan Meier survival analysis (n= 6 per group) demonstrate significantly improved survival (p=0.02; log-rank test) for mice treated with IL13(EQ)BBZ T_{CM} as compared to IL13-zetakine CD8+ CTL cl. 2D7 (C).

[0032] Figures 10A-C depict the results of studies comparing ant-tumor efficacy of IL13(EQ)BB ζ T_{CM} and IL13-zetakine CTL clones. EGFP-ffLuc+ PBT030-2 TSs (1×10^5) were stereotactically implanted into the right forebrain of NSG mice. On day 8, mice received either 1.3×10^6 mock T_{CM} (no CAR; n=6), 1.0, 0.3 or 0.1×10^6 CAR+ IL13(EQ)BB ζ T_{CM} (78% CAR+; n=6-7), 1.0, 0.3 or 0.1×10^6 IL13-zetakine CD8+ CTL cl. 2D7 (clonal CAR+; n=6-7), or no treatment (n=5). Xenogen imaging of representative mice from each group showing relative tumor burden (A). Linear regression lines of natural log of ffLuc flux (photons/sec) shows that IL13(EQ)BB ζ T_{CM} achieve superior tumor regression as compared to first-generation IL13-zetakine CTL cl. 2D7, mock T_{CM} and tumor only (B). Average flux per group at day 27 post tumor injection demonstrating that the 0.1×10^6 IL13(EQ)BB ζ T_{CM} dose outperforms the ten-fold higher 1.0×10^6 dose of IL13-zetakine CD8+ CTL cl. 2D7 (p = 0.043; Welch two sample t- test) (C).

[0033] Figure 11 depicts the results of studies demonstrating IL13(EQ)BB ζ Tcm display improved persistence compared IL13-zetakine CTL clones. CD3 immunohistochemistry evaluating T cell persistence at the tumor site 7-days post T cell infusion. Significant numbers of T cells are detected for IL13(EQ)BB ζ Tcm (top panel). By contrast, very few viable CD3+ IL13-zetakine T cells are detected (bottom panel).

[0034] Figures 12A-D depict the results of experiments comparing route of CAR+ T cell delivery (i.c. versus i.v.) for large established tumors. EGFP-ffLuc+ PBT030-2 TSs (1×10^5) were implanted into the right forebrain of NSG mice. On days 19 and 26, mice were injected i.v. through the tail vein with either 5×10^6 CAR+ IL13(EQ)BB ζ + Tcm (11.8×10^6 total cells; n=4), or mock Tcm (11.8×10^6 cells; n=4). Alternatively, on days 19, 22, 26 and 29 mice were injected i.c. with either 1×10^6 CAR+ IL13(EQ)BB ζ + Tcm (2.4×10^6 total cells; n=4), or mock Tcm (2.4×10^6 cells; n=5). Average ffLuc flux (photons/sec) over time shows that i.c. delivered IL13(EQ)BB ζ Tcm mediates tumor regression of day 19 tumors. By comparison, i.v. delivered T cells do not shown reduction in tumor burden as compared to untreated or mock Tcm controls (A). Kaplan Meier survival curve demonstrates improved survival for mice treated i.c. IL13(EQ)BBZ Tcm as compared to mice treated with i.v. administered CAR+ Tcm (p = 0.0003 log rank test) (B). Representative H&E and CD3 IHC of mice treated i.v. (C) versus i.c. (D) with

IL13(EQ)BBZ+ Tcm. CD3+ T cells were only detected in the i.c. treated group, with no CD3+ cells detected in the tumor or surrounding brain parenchyma for i.v. treated mice.

[0035] Figures 13A-B depict the results of studies showing that CAR+ T cell injected intracranially, either intratumoral (i.c.t.) or intraventricular (i.c.v.), can traffic to tumors on the opposite hemisphere. EGFP-ffLuc+ PBT030-2 TSs (1×10^5) were stereotactically implanted into the right and left forebrains of NSG mice. On day 6, mice were injected i.c. at the right tumor site with 1.0×10^6 IL13(EQ)BB ζ + Tcm (1.6×10^6 total cells; 63% CAR; n=4). Schematic of multifocal glioma experimental model (**A**). CD3 IHC showing T cells infiltrating both the right and left tumor sites (**B**).

[0036] Figures 14A-C depict the results of a series of studies evaluating costimulatory domains of IL13R α 2-specific CAR. Schematic of IL13R α 2-specific CAR constructs comparing various intracellular endo/signaling domains, including the first generation CD3 ζ CAR lacking costimulation, versus second generation CARs incorporating either 4-1BB or CD28, versus a third generation CAR containing both CD28 and 41BB. All CAR cassettes also contain the T2A ribosomal skip and truncated CD19 (CD19t) sequences as a marker for transduced cells (**A**). CD4 and CD8 TCM were lentivirally transduced and CAR-expressing T cells were immunomagnetically enriched via anti-CD19. CD19 and IL13 (i.e., CAR) expression levels as measured by flow cytometry (**B**). Stability of each CAR construct was determined by dividing the CAR (IL13) mean fluorescence intensity (MFI) by that of the transduction marker (CD19t) (**C**). The 4-1BB containing CARs demonstrated the lowest expression levels as compared to the CD19t transduction marker.

[0037] Figures 15A-B depict the results of studies demonstrating that IL13R α 2-specific CAR containing the 4-1BB costimulatory domain produce less Th1 and Th2 cytokines. The ability of the indicated mock-transduced or CAR-expressing T cells to kill IL13R α 2-expressing PBT030-2 tumor cell targets was determined in a 4-hour ^{51}Cr -release assay at the indicated effector:target ratios. Mean % chromium release + S.D. of triplicate wells are depicted (**A**). As expected, mock-transduced T cells did not efficiently lyse the targets. In contrast, all CAR-expressing T cells lysed the tumor cells in a similar manner.

The indicated mock-transduced or CAR-expressing T cells were co-cultured overnight with IL13R α 2-expressing PBT030-2 tumor cells at a 10:1 ratio and supernatants were analyzed for IL-13 and IFN- γ levels by cytometric bead array (**B**). Means + S.D. of triplicate wells are depicted. Interestingly, T cells expressing the zeta, 41BB-zeta or CD28-41BB-zeta CARs exhibited lower antigen-stimulated cytokine production than T cells expressing the CD28-zeta CAR.

[0038] Figures 16A-C depict the results of a series of studies of the in vivo efficacy of IL13R α 2-specific CARs. NSG mice received an intracranial injection of ffLuc+ PBT030-2 tumor cells on day 0, and were randomized into 6 groups (n = 9-10 mice per group) for i.c. treatment with either PBS (Tumor Only), mock-transduced T cells or T cells expressing the indicated IL13R α 2-specific CAR on day 8. Quantitative bioluminescence imaging was then carried out to monitor tumor growth over time. Bioluminescence images for representative mice in each group (**A**). Mean + S.E. of total flux levels of luciferase activity over time in each group (**B**). Flux levels for each mouse at Day 27. All groups treated with IL13R α 2-specific CAR T cells, except those treated with T cells expressing the CD28-CAR, show statistically-significant reduction in tumor volume compared to mice treated with mock-transduced T cells (**C**)

[0039] Figure 17 depicts the amino acid sequence of IL13(EQ)BB ζ /CD19t+ (SEQ ID NO:10).

[0040] Figure 18 depicts a sequence comparison of IL13(EQ)41BB ζ [IL13{EQ}41BB ζ T2A-CD19t_epHIV7; pF02630] (SEQ ID NO:12) and CD19Rop_epHIV7 (pJ01683) (SEQ ID NO:13).

[0041] Figure 19 depicts the amino acid sequence of IL13(EmY)-CD8h3-CD8tm2-41BB Zeta (SEQ ID NO:31 with GMSCFRa signal peptide; SEQ ID NO:39 without GMSCFRa signal peptide).

[0042] Figure 20 depicts the amino acid sequence of IL13(EmY)-CD8h3-CD28tm-CD28gg-41BB-Zeta (SEQ ID NO:32 with GMSCFRa signal peptide; SEQ ID NO:40 without GMSCFRa signal peptide).

[0043] Figure 21 depicts the amino acid sequence of IL13(EmY)-IgG4(HL-CH3)-CD4tm-41BB-Zeta (SEQ ID NO:33 with GMSCFRa signal peptide; SEQ ID NO:41 without GMSCFRa signal peptide).

[0044] Figure 22 depicts the amino acid sequence of IL13(EmY)-IgG4(L235E,N297Q)-CD8tm-41BB-Zeta (SEQ ID NO:34 with GMSCFRa signal peptide; SEQ ID NO:42 without GMSCFRa signal peptide).

[0045] Figure 23 depicts the amino acid sequence of IL13(EmY)-Linker-CD28tm-CD28gg-41BB-Zeta (SEQ ID NO:35 with GMSCFRa signal peptide; SEQ ID NO:43 without GMSCFRa signal peptide).

[0046] Figure 24 depicts the amino acid sequence of IL13(EmY)-HL-CD28m-CD28gg-41BB-Zeta (SEQ ID NO:36 with GMSCFRa signal peptide; SEQ ID NO:44 without GMSCFRa signal peptide).

[0047] Figure 25 depicts the amino acid sequence of IL13(EmY)-IgG4(HL-CH3)-CD28tm-CD28gg-41BB-Zeta (SEQ ID NO:37 with GMSCFRa signal peptide; SEQ ID NO:45 without GMSCFRa signal peptide).

[0048] Figure 26 depicts the amino acid sequence of IL13(EmY) IgG4(L235E,N297Q)-CD28tm-CD28gg-41BB-Zeta (SEQ ID NO:38 with GMSCFRa signal peptide; SEQ ID NO:46 without GMSCFRa signal peptide).

[0049] Figure 27 depicts the amino acid sequence of IL13(EmY)-CD8h3-CD8tm-41BB Zeta (SEQ ID NO:47 with GMSCFRa signal peptide; SEQ ID NO:48 without GMSCFRa signal peptide).

[0050]

DETAILED DESCRIPTION

[0051] Described below is the structure, construction and characterization of various IL13Rα2-specific chimeric antigen receptors. A chimeric antigen (CAR) is a recombinant

biomolecule that contains, at a minimum, an extracellular recognition domain, a transmembrane region, and an intracellular signaling domain. The term "antigen," therefore, is not limited to molecules that bind antibodies, but to any molecule that can bind specifically to a target. For example, a CAR can include a ligand that specifically binds a cell surface receptor. The extracellular recognition domain (also referred to as the extracellular domain or simply by the recognition element which it contains) comprises a recognition element that specifically binds to a molecule present on the cell surface of a target cell. The transmembrane region anchors the CAR in the membrane. The intracellular signaling domain comprises the signaling domain from the zeta chain of the human CD3 complex and optionally comprises one or more costimulatory signaling domains. CARs can both to bind antigen and transduce T cell activation, independent of MHC restriction. Thus, CARs are "universal" immunoreceptors which can treat a population of patients with antigen-positive tumors irrespective of their HLA genotype. Adoptive immunotherapy using T lymphocytes that express a tumor-specific CAR can be a powerful therapeutic strategy for the treatment of cancer.

[0052] One IL13R α 2-specific CAR described herein is referred to as IL13(EQ)BB ζ . This CAR includes a variety of important features including: a IL13 α 2 ligand having an amino acid change that improves specificity of binding to IL13 α 2; the domain of CD137 (4-1BB) in series with CD3 ζ to provide beneficial costimulation; and an IgG4 Fc region that is mutated at two sites within the CH2 region (L235E; N297Q) in a manner that reduces binding by Fc receptors (FcRs). Other CAR described herein contain a second costimulatory domain.

[0053] In some cases the CAR described herein, including the IL13(EQ)BB ζ CAR can be produced using a vector in which the CAR open reading frame is followed by a T2A ribosome skip sequence and a truncated CD19 (CD19t), which lacks the cytoplasmic signaling tail (truncated at amino acid 323). In this arrangement, co-expression of CD19t provides an inert, non-immunogenic surface marker that allows for accurate measurement of gene modified cells, and enables positive selection of gene-modified cells, as well as efficient cell tracking and/or imaging of the therapeutic T cells in vivo following adoptive transfer. Co-expression of CD19t provides a marker for immunological targeting of the

transduced cells in vivo using clinically available antibodies and/or immunotoxin reagents to selectively delete the therapeutic cells, and thereby functioning as a suicide switch.

[0054] Gliomas, express IL13 receptors, and in particular, high-affinity IL13 receptors. However, unlike the IL13 receptor, glioma cells overexpress a unique IL13R α 2 chain capable of binding IL13 independently of the requirement for IL4R β or γ c44. Like its homolog IL4, IL13 has pleotropic immunoregulatory activity outside the CNS. Both IL13 and IL4 stimulate IgE production by B lymphocytes and suppress pro-inflammatory cytokine production by macrophages.

[0055] Detailed studies using autoradiography with radiolabeled IL13 have demonstrated abundant IL13 binding on nearly all malignant glioma tissues studied. This binding is highly homogeneous within tumor sections and in single cell analysis. However, molecular probe analysis specific for IL13R α 2 mRNA did not detect expression of the glioma-specific receptor by normal brain elements and autoradiography with radiolabeled IL13 also could not detect specific IL13 binding in the normal CNS. These studies suggest that the shared IL13R α 1/IL4 β / γ c receptor is not expressed detectably in the normal CNS. Therefore, IL13R α 2 is a very specific cell-surface target for glioma and is a suitable target for a CAR designed for treatment of a glioma.

[0056] Binding of IL13-based therapeutic molecules to the broadly expressed IL13R α 1/IL4 β / γ c receptor complex, however, has the potential of mediating undesired toxicities to normal tissues outside the CNS, and thus limits the systemic administration of these agents. An amino acid substitution in the IL13 alpha helix A at amino acid 13 of tyrosine for the native glutamic acid selectively reduces the affinity of IL13 to the IL13R α 1/IL4 β / γ c receptor. Binding of this mutant (termed IL13(E13Y)) to IL13R α 2, however, was increased relative to wild-type IL13. Thus, this minimally altered IL13 analog simultaneously increases IL13's specificity and affinity for glioma cells. Therefore, CAR described herein include an IL13 containing a mutation (E to Y or E to some other amino acid such as K or R or L or V) at amino acid 13 (according to the numbering of Debinski et al. 1999 *Clin Cancer Res* 5:3143s). IL13 having the natural

sequence also may be used, however, and can be useful, particularly in situations where the modified T cells are to be locally administered, such as by injection directly into a tumor mass.

[0057] The CAR described herein can be produced by any means known in the art, though preferably it is produced using recombinant DNA techniques. Nucleic acids encoding the several regions of the chimeric receptor can be prepared and assembled into a complete coding sequence by standard techniques of molecular cloning known in the art (genomic library screening, PCR, primer-assisted ligation, site-directed mutagenesis, etc.) as is convenient. The resulting coding region is preferably inserted into an expression vector and used to transform a suitable expression host cell line, preferably a T lymphocyte cell line, and most preferably an autologous T lymphocyte cell line.

[0058] Various T cell subsets isolated from the patient, including unselected PBMC or enriched CD3 T cells or enriched CD3 or memory T cell subsets, can be transduced with a vector for CAR expression. Central memory T cells are one useful T cell subset. Central memory T cell can be isolated from peripheral blood mononuclear cells (PBMC) by selecting for CD45RO⁺/CD62L⁺ cells, using, for example, the CliniMACS® device to immunomagnetically select cells expressing the desired receptors. The cells enriched for central memory T cells can be activated with anti-CD3/CD28, transduced with, for example, a SIN lentiviral vector that directs the expression of an IL13R α 2-specific CAR (e.g., IL13(EQ)BB ζ) as well as a truncated human CD19 (CD19t), a non-immunogenic surface marker for both in vivo detection and potential ex vivo selection. The activated/genetically modified central memory T cells can be expanded in vitro with IL-2/IL-15 and then cryopreserved.

Example 1: Construction and Structure of an IL13R α 2-specific CAR

[0059] The structure of a useful IL13R α 2-specific CAR is described below. The codon optimized CAR sequence contains a membrane-tethered IL-13 ligand mutated at a single site (E13Y) to reduce potential binding to IL13R α 1, an IgG4 Fc spacer containing two mutations (L235E; N297Q) that greatly reduce Fc receptor-mediated recognition models,

a CD4 transmembrane domain, a costimulatory 4-1BB cytoplasmic signaling domain, and a CD3 ζ cytoplasmic signaling domain. A T2A ribosome skip sequence separates this IL13(EQ)BB ζ CAR sequence from CD19t, an inert, non-immunogenic cell surface detection/selection marker. This T2A linkage results in the coordinate expression of both IL13(EQ)BB ζ and CD19t from a single transcript. **Figure 1A** is a schematic drawing of the 2670 nucleotide open reading frame encoding the IL13(EQ)BBZ-T2ACD19t construct. In this drawing, the IL13R α 2-specific ligand IL13(E13Y), IgG4(EQ) Fc, CD4 transmembrane, 4-1BB cytoplasmic signaling, three-glycine linker, and CD3 ζ cytoplasmic signaling domains of the IL13(EQ)BBZ CAR, as well as the T2A ribosome skip and truncated CD19 sequences are all indicated. The human GM-CSF receptor alpha and CD19 signal sequences that drive surface expression of the IL13(EQ)BBZ CAR and CD19t are also indicated. Thus, the IL13(EQ)BBZ-T2ACD19t construct includes a IL13R α 2-specific, hinge-optimized, costimulatory chimeric immunoreceptor sequence (designated IL13(EQ)BBZ), a ribosome-skip T2A sequence, and a CD19t sequence.

[0060] The IL13(EQ)BBZ sequence was generated by fusion of the human GM-CSF receptor alpha leader peptide with IL13(E13Y) ligand 5 L235E/N297Q-modified IgG4 Fc hinge (where the double mutation interferes with FcR recognition), CD4 transmembrane, 4-1BB cytoplasmic signaling domain, and CD3 ζ cytoplasmic signaling domain sequences. This sequence was synthesized de novo after codon optimization. The T2A sequence was obtained from digestion of a T2A-containing plasmid. The CD19t sequence was obtained from that spanning the leader peptide sequence to the transmembrane components (i.e., basepairs 1-972) of a CD19-containing plasmid. All three fragments, 1) IL13(EQ)BBZ, 2) T2A, and 3) CD19t, were cloned into the multiple cloning site of the epHIV7 lentiviral vector. When transfected into appropriate cells, the vector integrates the sequence depicted schematically in **Figure 1B** into the host cells genome. **Figure 1C** provides a schematic drawing of the 9515 basepair IL13(EQ)BBZ-T2A-CD19t _epHIV7 plasmid itself.

[0061] As shown schematically in **Figure 2**, IL13(EQ)BBZ CAR differs in several important respects from a previously described IL13R α 2-specific CAR referred to as IL13(E13Y)-zetakine (Brown et al. 2012 *Clinical Cancer Research* 18:2199). The

IL13(E13Y)-zetakine is composed of the IL13 α 2-specific human IL-13 mutein (huIL-13(E13Y)), human IgG4 Fc spacer (huy4Fc), human CD4 transmembrane (huCD4 tm), and human CD3 ζ chain cytoplasmic (huCD3 ζ cyt) portions as indicated. In contrast, the IL13(EQ)BB ζ) has two point mutations, L235E and N297Q that are located in the CH2 domain of the IgG4 spacer, and a costimulatory 4-1BB cytoplasmic domain (4-1BB cyt).

Example 2: Construction and Structure of epHIV7 used for Expression of an IL13 α 2-specific CAR

[0062] The pHIV7 plasmid is the parent plasmid from which the clinical vector IL13(EQ)BBZ-T2A-CD19t_epHIV7 was derived in the T cell Therapeutics Research Laboratory (TCTRL) at City of Hope (COH). The epHIV7 vector used for expression of the CAR was produced from pHIV7 vector. Importantly, this vector uses the human EF1 promoter to drive expression of the CAR. Both the 5' and 3' sequences of the vector were derived from pv653RSN as previously derived from the HXBc2 provirus. The polypurine tract DNA flap sequences (cPPT) were derived from HIV-1 strain pNL4-3 from the NIH AIDS Reagent Repository. The woodchuck post-transcriptional regulatory element (WPRE) sequence was previously described.

[0063] Construction of pHIV7 is schematically depicted in Figure 3. Briefly, pv653RSN, containing 653 bp from gag-pol plus 5' and 3' long-terminal repeats (LTRs) with an intervening SL3-neomycin phosphotransferase gene (Neo), was subcloned into pBluescript, as follows: In Step 1, the sequences from 5' LTR to rev-responsive element (RRE) made p5'HIV-1 51, and then the 5' LTR was modified by removing sequences upstream of the TATA box, and ligated first to a CMV enhancer and then to the SV40 origin of replication (p5'HIV-2). In Step 2, after cloning the 3' LTR into pBluescript to make p3'HIV-1, a 400-bp deletion in the 3' LTR enhancer/promoter was made to remove cis-regulatory elements in HIV U3 and form p3'HIV-2. In Step 3, fragments isolated from the p5'HIV-3 and p3'HIV-2 were ligated to make pHIV-3. In Step 4, the p3'HIV-2 was further modified by removing extra upstream HIV sequences to generate p3'HIV-3 and a 600-bp BamHI-SalI fragment containing WPRE was added to p3'HIV-3 to make the p3'HIV-4. In Step 5, the pHIV-3 RRE was reduced in size by PCR and ligated to a 5'

fragment from pHIV-3 (not shown) and to the p3'HIV-4, to make pHIV-6. In Step 6, a 190-bp BglII-BamHI fragment containing the cPPT DNA flap sequence from HIV-1 pNL4-3 (55) was amplified from pNL4-3 and placed between the RRE and the WPRE sequences in pHIV6 to make pHIV-7. This parent plasmid pHIV7-GFP (GFP, green fluorescent protein) was used to package the parent vector using a four-plasmid system.

[0064] A packaging signal, psi ψ , is required for efficient packaging of viral genome into the vector. The RRE and WPRE enhance the RNA transcript transport and expression of the transgene. The flap sequence, in combination with WPRE, has been demonstrated to enhance the transduction efficiency of lentiviral vector in mammalian cells.

[0065] The helper functions, required for production of the viral vector), are divided into three separate plasmids to reduce the probability of generation of replication competent lentivirus via recombination: 1) pCgp encodes the gag/pol protein required for viral vector assembly; 2) pCMV-Rev2 encodes the Rev protein, which acts on the RRE sequence to assist in the transportation of the viral genome for efficient packaging; and 3) pCMV-G encodes the glycoprotein of the vesiculo-stomatitis virus (VSV), which is required for infectivity of the viral vector.

[0066] There is minimal DNA sequence homology between the pHIV7 encoded vector genome and the helper plasmids. The regions of homology include a packaging signal region of approximately 600 nucleotides, located in the gag/pol sequence of the pCgp helper plasmid; a CMV promoter sequence in all three helper plasmids; and a RRE sequence in the helper plasmid pCgp. It is highly improbable that replication competent recombinant virus could be generated due to the homology in these regions, as it would require multiple recombination events. Additionally, any resulting recombinants would be missing the functional LTR and tat sequences required for lentiviral replication.

[0067] The CMV promoter was replaced by the EF1 α -HTLV promoter (EF1p), and the new plasmid was named epHIV7 (**Figure 4**). The EF1p has 563 bp and was introduced into epHIV7 using NruI and NheI, after the CMV promoter was excised.

[0068] The lentiviral genome, excluding gag/pol and rev that are necessary for the pathogenicity of the wild-type virus and are required for productive infection of target cells, has been removed from this system. In addition, the IL13(EQ)BBZ-T2ACD19t_epHIV7 vector construct does not contain an intact 3'LTR promoter, so the resulting expressed and reverse transcribed DNA proviral genome in targeted cells will have inactive LTRs. As a result of this design, no HIV-I derived sequences will be transcribed from the provirus and only the therapeutic sequences will be expressed from their respective promoters. The removal of the LTR promoter activity in the SIN vector is expected to significantly reduce the possibility of unintentional activation of host genes (56). Table 4 summarizes the various regulator elements present in IL13(EQ)BBZ-T2ACD19t_epHIV7.

Table 4 Functional elements of IL13(EQ)41BBZ-T2A-CD19t_epHIV7		
Regulatory Elements and Genes	Location (Nucleotide Numbers)	Comments
U5	87-171	5' Unique sequence
psi	233-345	Packaging signal
RRE	957-1289	Rev-responsive element
flap	1290-1466	Contains polypurine track sequence and central termination sequence to facilitate nuclear import of pre-integration complex
EF1p Promoter	1524-2067	EF1-alpha Eukaryotic Promoter sequence driving expression of CD19Rop
IL13-IgG4 (EQ)-41BB-Zeta-T2A-CD19t	2084-4753	Therapeutic insert
WPRE	4790-5390	Woodchuck hepatitis virus derived regulatory element to enhance viral RNA transportation
delU3	5405-5509	3' U3 with deletion to generate SIN vector
R	5510-5590	Repeat sequence within LTR
U5	5591-5704	3' U5 sequence in LTR
Amp ^R	6540-7398	Ampicillin-resistance gene
CoE1 ori	7461-8342	Replication origin of plasmid
SV40 ori	8639-8838	Replication origin of SV40
CMV promoter	8852-9451	CMV promoter to generate viral

Table 4 Functional elements of IL13(EQ)41BBZ-T2A-CD19t_epHIV7		
Regulatory Elements and Genes	Location (Nucleotide Numbers)	Comments
		genome RNA
R	9507-86	Repeat sequence within LTR

Example 3: Production of Vectors for Transduction of Patient T Cells

[0069] For each plasmid (IL13(EQ)BBZ-T2A-CD19t_epHIV7; pCgp; pCMV-G; and pCMV-Rev2), a seed bank is generated, which is used to inoculate the fermenter to produce sufficient quantities of plasmid DNA. The plasmid DNA is tested for identity, sterility and endotoxin prior to its use in producing lentiviral vector.

[0070] Briefly, cells were expanded from the 293T working cell (WCB), which has been tested to confirm sterility and the absence of viral contamination. A vial of 293T cells from the 293T WCB was thawed. Cells were grown and expanded until sufficient numbers of cells existed to plate an appropriate number of 10 layer cell factories (CFs) for vector production and cell train maintenance. A single train of cells can be used for production.

[0071] The lentiviral vector was produced in sub-batches of up to 10 CFs. Two sub-batches can be produced in the same week leading to the production of approximately 20 L of lentiviral supernatant/week. The material produced from all sub-batches were pooled during the downstream processing phase, in order to produce one lot of product. 293T cells were plated in CFs in 293T medium (DMEM with 10% FBS). Factories were placed in a 37°C incubator and horizontally leveled in order to get an even distribution of the cells on all the layers of the CF. Two days later, cells were transfected with the four lentiviral plasmids described above using the CaPO₄ method, which involves a mixture of Tris:EDTA, 2M CaCl₂, 2X HBS, and the four DNA plasmids. Day 3 after transfection, the supernatant containing secreted lentiviral vectors was collected, purified and concentrated. After the supernatant was removed from the CFs, End-of-Production Cells were collected from each CF. Cells were trypsinized from each factory and collected by centrifugation. Cells were resuspended in freezing medium and

cryopreserved. These cells were later used for replication-competent lentivirus (RCL) testing.

[0072] To purify and formulate vectors crude supernatant was clarified by membrane filtration to remove the cell debris. The host cell DNA and residual plasmid DNA were degraded by endonuclease digestion (Benzonase®). The viral supernatant was clarified of cellular debris using a 0.45 µm filter. The clarified supernatant was collected into a pre-weighed container into which the Benzonase® is added (final concentration 50 U/mL). The endonuclease digestion for residual plasmid DNA and host genomic DNA as performed at 37°C for 6 h. The initial tangential flow ultrafiltration (TFF) concentration of the endonuclease-treated supernatant was used to remove residual low molecular weight components from the crude supernatant, while concentrating the virus ~20 fold. The clarified endonuclease-treated viral supernatant was circulated through a hollow fiber cartridge with a NMWCO of 500 kD at a flow rate designed to maintain the shear rate at ~4,000 sec⁻¹ or less, while maximizing the flux rate. Diafiltration of the nuclease-treated supernatant was initiated during the concentration process to sustain the cartridge performance. An 80% permeate replacement rate was established, using 4% lactose in PBS as the diafiltration buffer. The viral supernatant was brought to the target volume, representing a 20-fold concentration of the crude supernatant, and the diafiltration was continued for 4 additional exchange volumes, with the permeate replacement rate at 100%.

[0073] Further concentration of the viral product was accomplished by using a high speed centrifugation technique. Each sub-batch of the lentivirus was pelleted using a Sorvall RC-26 plus centrifuge at 6000 RPM (6,088 RCF) at 6°C for 16-20 h. The viral pellet from each sub-batch was then reconstituted in a 50 mL volume with 4% lactose in PBS. The reconstituted pellet in this buffer represents the final formulation for the virus preparation. The entire vector concentration process resulted in a 200-fold volume reduction, approximately. Following the completion of all of the sub-batches, the material was then placed at -80°C, while samples from each sub-batch were tested for sterility. Following confirmation of sample sterility, the sub-batches were rapidly thawed at 37°C with frequent agitation. The material was then pooled and manually aliquoted in the Class

II Type A/B3 biosafety cabinet in the viral vector suite. A fill configuration of 1 mL of the concentrated lentivirus in sterile USP class 6, externally threaded O-ring cryovials was used. Center for Applied Technology Development (CATD)'s Quality Systems (QS) at COH released all materials according to the Policies and Standard Operating Procedures for the CBG and in compliance with current Good Manufacturing Practices (cGMPs).

[0074] To ensure the purity of the lentiviral vector preparation, it was tested for residual host DNA contaminants, and the transfer of residual host and plasmid DNA. Among other tests, vector identity was evaluated by RT-PCR to ensure that the correct vector is present. All release criteria were met for the vector intended for use in this study.

Example 4: Preparation of T cells Suitable for Use in ACT

[0075] T lymphocytes are obtained from a patient by leukopheresis, and the appropriate allogenic or autologous T cell subset, for example, Central Memory T cells (T_{CM}), are genetically altered to express the CAR, then administered back to the patient by any clinically acceptable means, to achieve anti-cancer therapy.

[0076] An outline of the manufacturing strategy for T_{CM} is depicted in **Figure 8** (Manufacturing schema for IL13(EQ)BBζ/CD19t⁺ T_{CM}). Specifically, apheresis products obtained from consented research participants are ficolled, washed and incubated overnight. Cells are then depleted of monocyte, regulatory T cell and naïve T cell populations using GMP grade anti-CD14, anti-CD25 and anti-CD45RA reagents (Miltenyi Biotec) and the CliniMACS™ separation device. Following depletion, negative fraction cells are enriched for CD62L⁺ T_{CM} cells using DREG56-biotin (COH clinical grade) and anti-biotin microbeads (Miltenyi Biotec) on the CliniMACS™ separation device.

[0077] Following enrichment, T_{CM} cells are formulated in complete X-Vivo15 plus 50 IU/mL IL-2 and 0.5 ng/mL IL-15 and transferred to a Teflon cell culture bag, where they are stimulated with Dynal ClinEx™ Vivo CD3/CD28 beads. Up to five days after stimulation, cells are transduced with IL13(EQ)BBZ-T2A-CD19t_{ep}HIV7 lentiviral

vector at a multiplicity of infection (MOI) of 1.0 to 0.3. Cultures are maintained for up to 42 days with addition of complete X-Vivo15 and IL-2 and IL-15 cytokine as required for cell expansion (keeping cell density between 3×10^5 and 2×10^6 viable cells/mL, and cytokine supplementation every Monday, Wednesday and Friday of culture). Cells typically expand to approximately 10^9 cells under these conditions within 21 days. At the end of the culture period cells are harvested, washed twice and formulated in clinical grade cryopreservation medium (Cryostore CS5, BioLife Solutions).

[0078] On the day(s) of T cell infusion, the cryopreserved and released product is thawed, washed and formulated for re-infusion. The cryopreserved vials containing the released cell product are removed from liquid nitrogen storage, thawed, cooled and washed with a PBS/2% human serum albumin (HSA) Wash Buffer. After centrifugation, the supernatant is removed and the cells resuspended in a Preservative-Free Normal Saline (PFNS)/ 2% HSA infusion diluent. Samples are removed for quality control testing.

[0079] Two qualification runs on cells procured from healthy donors were performed using the manufacturing platform described above. Each preclinical qualification run product was assigned a human donor (HD) number – HD006.5 and HD187.1. Importantly, as shown in Table 5, these qualification runs expanded >80 fold within 28 days and the expanded cells expressed the IL13(EQ)BB γ /CD19t transgenes.

Table 5: Summary of Expression Data from Pre-clinical Qualification Run Product

Cell Product	CAR	CD19	CD4+	CD8+	Fold Expansion
HD006.5	20%	22%	24%	76%	84-fold (28 days)
Hd187.1	18%	25%	37%	63%	259-fold (28 days)

Example 5: Flow cytometric analysis of surface transgene and T cell marker expression in IL13(EQ)BB γ /CD19t+T_{CM}

[0080] The two preclinical qualification run products described in Example 4 were used in pre-clinical studies to as described below. **Figures 6A-C** depict the results of flow cytometric analysis of surface transgene and T cell marker expression.

IL13(EQ)BB γ /CD19t⁺ T_{CM} HD006.5 and HD187.1 were co-stained with anti-IL13-PE and anti-CD8-FITC to detect CD8⁺ CAR⁺ and CD4⁺ (i.e., CD8 negative) CAR⁺ cells (**Figure 6A**), or anti-CD19-PE and anti-CD4-FITC to detect CD4⁺ CD19t⁺ and CD8⁺ (i.e., CD4 negative) CAR⁺ cells (**Figure 6B**). IL13(EQ)BB γ /CD19t⁺ T_{CM} HD006.5 and HD187.1 were stained with fluorochrome-conjugated anti-CD3, TCR, CD4, CD8, CD62L and CD28 (grey histograms) or isotype controls (black histograms). (**Figure 6C**). In each of **Figures 6A-C**, the percentages indicated are based on viable lymphocytes (DAPI negative) stained above isotype.

Example 6: Effector Activity of IL13(EQ)BB γ /CD19t⁺ T_{CM}

[0081] The effector activity of IL13(EQ)BB γ /CD19t⁺ T_{CM} was assessed and the results of this analysis are depicted in **Figures 7A-B**. Briefly, IL13(EQ)BB γ /CD19t⁺ T_{CM} HD006.5 and HD187.1 were used as effectors in a 6-hour ⁵¹Cr-release assay using a 10E:1T ratio based on CD19t expression. The IL13R α 2-positive tumor targets were K562 engineered to express IL13R α 2 (K562-IL13R α 2) and primary glioma line PBT030-2, and the IL13R α 2-negative tumor target control was the K562 parental line (**Figure 7A**). IL13(EQ)BB γ /CD19t⁺ HD006.5 and HD187.1 were evaluated for antigen-dependent cytokine production following overnight co-culture at a 10E:1T ratio with the same IL13R α 2-positive and negative targets as described in above. Cytokine levels were measured using the Bio-Plex Pro Human Cytokine TH1/TH2 Assay kit and INF- γ levels are depicted (**Figure 7B**).

Example 7: In vivo Anti-tumor Activity of IL13(EQ)BB γ /CD19t⁺ T_{CM}

[0082] The studies described below demonstrate that IL13(EQ)BB γ /CD19t⁺ T_{CM} exhibit anti-tumor efficacy in *in vivo* mouse models. Specifically, we have evaluated the anti-tumor potency of IL13(EQ)BB γ /CD19t⁺ T_{CM} against the IL13R α 2⁺ primary low-passage glioblastoma tumor sphere line PBT030-2, which has been engineered to express both EGFP and firefly luciferase (ffLuc) reporter genes (PBT030-2 EGFP:ffLuc) (**6**). A panel

of primary lines (PBT) from patient glioblastoma specimens grown as tumor spheres (TSs) in serum-free media. These expanded TS lines exhibit stem cell-like characteristics, including expression of stem cell markers, multilineage differentiation and capacity to initiate orthotopic tumors in immunocompromised mice (NSG) at low cell numbers. The PBT030-2 EGFP:ffLuc TS-initiated xenograft model (0.1×10^6 cells; 5 day engraftment) has been previously used to evaluate in vivo anti-tumor activity in NSG mice of IL13R α 2-specific CAR expressing T cells, whereby three injections of 2×10^6 cytolytic T lymphocytes (CTLs) over a course of 2 weeks were shown to reduce tumor growth. However, in those experiments the majority of the PBT030-2 tumors eventually recurred. By comparison, a single injection of IL13(EQ)BB γ /CD19t⁺ T_{CM} (1.1×10^6 CAR⁺ T_{CM}; 2×10^6 total TCM) exhibited robust anti-tumor activity against PBT030-2 EGFP:ffLuc TS-initiated tumors (0.1×10^6 cells; 5 day engraftment) as shown in **Figures 8A-C**. As compared to NSG mice treated with either PBS or mock transduced T_{CM} (no CAR), IL13(EQ)BB γ /CD19t⁺ T_{CM} significantly reduce ffLuc flux ($p < 0.001$ at >18-days) and significantly improve survival ($p = 0.0008$).

[0083] Briefly, EGFP-ffLuc⁺ PBT030-2 tumor cells (1×10^5) were stereotactically implanted into the right forebrain of NSG mice. On day 5, mice received either 2×10^6 IL13(EQ)BB γ /CD19t⁺ T_{CM} (1.1×10^6 CAR⁺; n=6), 2×10^6 mock T_{CM} (no CAR; n=6) or PBS (n=6). **Figure 8A** depicts representative mice from each group showing relative tumor burden using Xenogen Living Image. Quantification of ffLuc flux (photons/sec) shows that IL13(EQ)BB γ /CD19t⁺ T_{CM} induce tumor regression as compared to mock-transduced T_{CM} and PBS (# $p < 0.02$, * $p < 0.001$, repeated measures ANOVA) (**Figure 8B**). As shown in **Figure 8C**, a Kaplan Meier survival curve (n=6 per group) demonstrates significantly improved survival ($p = 0.0008$; log-rank test) for mice treated with IL13(EQ)BB γ /CD19t⁺ T_{CM}.

Example 8: Comparison of IL13(EQ)BB ζ ⁺ Tcm and Non-Tcm IL13-zetakine CD8⁺ CTL Clones in Antitumor Efficacy and T cell Persistence

[0084] The studies described below compare IL13(EQ)BB ζ ⁺ Tcm and a previously created IL13R α 2-specific human CD8⁺ CTLs (IL13-zetakine CD8⁺ CTL (described in

Brown et al. 2012 *Clin Cancer Res* 18:2199 and Kahlon et al. 2004 *Cancer Res* 64:9160). The IL13-zetakine uses a CD3 ζ stimulatory domain, lacks a co-stimulatory domain and uses the same IL13 variant as IL13(EQ)BB ζ +

[0085] A panel of primary lines (PBT) from patient glioblastoma specimens grown as tumor spheres (TSs) in serum-free media was generated (Brown et al. 2012 *Clin Cancer Res* 18:2199; Brown et al. 2009 *Cancer Res* 69:8886). These expanded TS lines exhibit stem cell-like characteristics, including expression of stem cell markers, multi-lineage differentiation and capacity to initiate orthotopic tumors in immunocompromised mice (NSG) at low cell numbers. The IL13R α 2+ primary low-passage glioblastoma TS line PBT030-2, which has been engineered to express both EGFP and firefly luciferase (ffLuc) reporter genes (PBT030-2 EGFP:ffLuc) (Brown et al. 2012 *Clin Cancer Res* 18:2199) was used for the experiments outlined below.

[0086] First, a single dose (1×10^6 CAR T cells) of IL13(EQ)BB ζ + Tcm product was compared to IL13-zetakine CD8+ CTL clones evaluated against day 8 PBT030-2 EGFP:ffuc TS-initiated xenografts (0.1×10^6 cells). While both IL13R α 2-specific CAR T cells (IL13-zetakine CTL and IL13(EQ)BB ζ Tcm) demonstrated antitumor activity against established PBT030-2 tumors as compared to untreated and mock Tcm (CAR-negative) controls (**Figures 9A and 9B**), IL13(EQ)BB ζ + Tcm mediated significantly improved survival and durable tumor remission with mice living >150 days as compared to our first-generation IL13-zetakine CD8+ CTL clones (**Figure 9C**).

[0087] To further compare the therapeutic effectiveness of these two IL13R α 2-CAR T cell products, a dose titration of 1.0, 0.3 and 0.1×10^6 CAR T cells against day 8 PBT030-2 EGFP:ffuc TS-initiated tumors was performed (**Figures 10A-C**). The highest dose (1×10^6) of IL13-zetakine CD8+ CTL cl. 2D7 mediated antitumor responses as measured by Xenogen flux in 3 of 6 animals (**Figure 10C**), but no significant antitumor responses were observed at lower CAR T cell doses. By comparison, injection of IL13(EQ)BB ζ + Tcm product mediated complete tumor regression in the majority of mice at all dose levels, including treatment with as few as 0.1×10^6 CAR T cells. These data demonstrate that IL13(EQ)BB ζ + Tcm is at least 10-fold more potent than IL13-zetakine CD8+ CTL

clones in antitumor efficacy. The improved anti-tumor efficacy of is due to improved T cell persistence in the tumor microenvironment. Evaluation of CD3⁺ T cells 7-days post i.c. injection revealed significant numbers of IL13(EQ)BBζ⁺ Tcm in the tumor microenvironment, whereas very few first-generation IL13-zeta CTLs were present (**Figure 11**).

Example 9: Comparison of CAR T cell delivery route for treatment of large TS-initiated PBT tumors

[0088] Described below are studies that compare the route of delivery, intravenous (i.v.) or intracranial (i.c.), on antitumor activity against invasive primary PBT lines. In pilot studies (data not shown), it was unexpectedly observed that i.v. administered IL13(EQ)BBζ⁺ Tcm provided no therapeutic benefit as compared to PBS for the treatment of small (day 5) PBT030-2 EGFP:ffLuc tumors. This is in contrast to the robust therapeutic efficacy observed with i.c. administered CAR⁺ T cells. Reasoning that day 5 PBT030-2 tumors may have been too small to recruit therapeutic T cells from the periphery, a comparison was made of i.v. versus i.c. delivery against larger day 19 PBT030-2 EGFP:ffLuc tumors. For these studies, PBT030-2 engrafted mice were treated with either two i.v. infusions (5 x 10⁶ CAR⁺ Tcm; days 19 and 26) or four i.c. infusions (1 x 10⁶ CAR⁺ Tcm; days 19, 22, 26 and 29) of IL13(EQ)BBZ⁺ Tcm, or mock Tcm (no CAR). Here too no therapeutic benefit as monitored by Xenogen imaging or Kaplan-Meier survival analysis for i.v. administered CAR⁺ T cells (**Figures 12A** and **12B**). In contrast, potent antitumor activity was observed for i.c. administered IL13(EQ)BBζ⁺ Tcm (**Figures 12A-B**). Next, brains from a cohort of mice 7 days post T cell injection were harvested and evaluated for CD3⁺ human T cells by IHC. Surprisingly, for mice treated i.v. with either mock Tcm or IL13(EQ)BBζ⁺ Tcm there were no detectable CD3⁺ human T cells in the tumor or in others mouse brain regions where human T cells typically reside (i.e. the leptomeninges) (**Figure 12C**), suggesting a deficit in tumor tropism. This is in contrast to the significant number of T cells detected in the i.c. treated mice (**Figure 12D**).

[0089] Tumor derived cytokines, particularly MCP-1/CCL2, are important in recruiting T cells to the tumor. Thus, PBT030-2 tumor cells were evaluated and it was found that this line produces high levels of MCP-1/CCL2 comparable to U251T cells (data not shown), a glioma line previously shown to attract i.v. administered effector CD8⁺ T cells to i.c. engrafted tumors. Malignant gliomas are highly invasive tumors and are often multifocal in presentation. The studies described above establish that IL13BBZ T_{CM} can eliminate infiltrated tumors such as PBT030-2, and mediate long-term durable antitumor activity. The capacity of intracranially delivered CAR T cells to traffic to multifocal disease was also examined. For this study PBT030-2 EGFP:ffLuc TSs were implanted in both the left and right hemispheres (**Figure 13A**) and CAR⁺ T cells were injected only at the right tumor site. Encouragingly, for all mice evaluated (n=3) we detected T cells by CD3 IHC 7-days post T cell infusion both at the site of injection (i.e. right tumor), as well within the tumor on the left hemisphere (**Figure 13B**). These findings provide evidence that CAR⁺ T cells are able to traffic to and infiltrate tumor foci at distant sites. Similar findings were also observed in a second tumor model using the U251T glioma cell line (data not shown).

Example 10: Comparison of Costimulatory Domains

[0090] A series of studies were conducted to evaluate various costimulatory domains. The various CAR evaluated are depicted schematically in **Figure 14A** and included a first generation CD3 ζ CAR lacking a costimulatory domain, two second generation CARs incorporating either a 4-1BB costimulatory domain or a CD28 costimulatory domain, and a third generation CAR containing both a CD28 costimulatory domain and 41BB costimulatory domain. All CAR constructs also contain the T2A ribosomal skip sequence and a truncated CD19 (CD19t) sequence as a marker for transduced cells.

[0091] CD4 and CD8 T_{CM} were lentivirally transduced and CAR-expressing T cells were immunomagnetically enriched via anti-CD19. CD19 and IL13 (i.e., CAR) expression levels as measured by flow cytometry. The results are shown in **Figure 14B**. Stability of each CAR construct was determined by dividing the CAR (IL13) mean fluorescence intensity (MFI) by that of the transduction marker (CD19t) (**Figure 14C**).

The two CAR including a 4-1BB costimulatory domain exhibited the lowest expression levels as compared to the CD19t transduction marker.

[0092] The ability of the indicated mock-transduced or CAR-expressing T cells to kill IL13R α 2-expressing PBT030-2 tumor cell targets was determined in a 4-hour ^{51}Cr -release assay at the indicated effector:target ratios. The results of this study are in **Figure 15A** (mean % chromium release \pm S.D. of triplicate wells are depicted). As expected, mock-transduced T cells did not efficiently lyse the targets. In contrast, all CAR-expressing T cells lysed the tumor cells in a similar manner. **Figure 15B** depicts the results of a study in which the indicated mock-transduced or CAR-expressing T cells were co-cultured overnight with IL13R α 2-expressing PBT030-2 tumor cells at a 10:1 ratio and supernatants were analyzed for IL-13 and IFN- γ levels by cytometric bead array. Interestingly, T cells expressing the zeta, 41BB-zeta or CD28-41BB-zeta CARs exhibited lower antigen-stimulated cytokine production than T cells expressing the CD28-zeta CAR.

[0093] The in vivo efficacy of the various CAR was examined as follows. Briefly, NSG mice received an intracranial injection of ffLuc+ PBT030-2 tumor cells on day 0, and were randomized into 6 groups (n = 9-10 mice per group) for i.c. treatment with either PBS (Tumor Only), mock-transduced T cells or T cells expressing the indicated IL13R α 2-specific CAR on day 8. Quantitative bioluminescence imaging was then carried out to monitor tumor growth over time. Bioluminescence images for representative mice in each group (**Figure 16A**). Flux levels for each mouse at Day 27 (**Figure 16B**). All groups treated with IL13R α 2-specific CAR T cells, except those treated with T cells expressing the CD28-CAR, show statistically-significant reduction in tumor volume compared to mice treated with mock-transduced T cells (**Figure 16C**).

Example 11: Amino acid Sequence of IL13(EQ)BB ζ /CD19t

[0094] The complete amino acid sequence of IL13(EQ)BB ζ /CD19t is depicted in **Figure 17**. The entire sequence (SEQ ID NO:1) includes: a 22 amino acid GMCSF signal peptide (SEQ ID NO:2), a 112 amino acid IL-13 sequence (SEQ ID NO:3; amino acid substitution E13Y shown in bold); a 229 amino acid IgG4 sequence (SEQ ID NO:4; with

amino acid substitutions L235E and N297Q shown in bold); a 22 amino acid CD4 transmembrane sequence (SEQ ID NO:5); a 42 amino acid 4-1BB sequence (SEQ ID NO:6); a 3 amino acid Gly linker; a 112 amino acid CD3 ζ sequence (SEQ ID NO:7); a 24 amino acid T2A sequence (SEQ ID NO:8); and a 323 amino acid CD19t sequence (SEQ ID NO:9).

[0095] The mature chimeric antigen receptor sequence (SEQ ID NO:10) includes: a 112 amino acid IL-13 sequence (SEQ ID NO:3; amino acid substitution E13Y shown in bold); a 229 amino acid IgG4 sequence (SEQ ID NO:4; with amino acid substitutions L235E and N297Q shown in bold); at 22 amino acid CD4 sequence (SEQ ID NO:5); a 42 amino acid 4-1BB sequence (SEQ ID NO:6); a 3 amino acid Gly linker; and a 112 amino acid CD3 ζ sequence (SEQ ID NO:7). Within this CAR sequence (SEQ ID NO:10) is the IL-13/IgG4/CD4t/41-BB sequence (SEQ ID NO:11), which includes: a 112 amino acid IL-13 sequence (SEQ ID NO:3; amino acid substitution E13Y shown in bold); a 229 amino acid IgG4 sequence (SEQ ID NO:4; with amino acid substitutions L235E and N297Q shown in bold); at 22 amino acid CD4 sequence (SEQ ID NO:5); and a 42 amino acid 4-1BB sequence (SEQ ID NO:6). The IL13/IgG4/CD4t/4-1BB sequence (SEQ ID NO:11) can be joined to the 112 amino acid CD3 ζ sequence (SEQ ID NO:7) by a linker such as a Gly Gly Gly linker. The CAR sequence (SEQ ID NO:10) can be preceded by a 22 amino acid GMCSF signal peptide (SEQ ID NO:2).

[0096] **Figure 18** depicts a comparison of the sequences of IL13(EQ)41BB ζ [IL13{EQ}41BB ζ T2A-CD19t_epHIV7; pF02630] (SEQ ID NO:12) and CD19Rop_epHIV7 (pJ01683) (SEQ ID NO:13).

Example 12: Amino acid Sequence of IL13(EQ)BB ζ /CD19t

[0097] **Figures 19-26** depict the amino acid sequences of additional CAR directed against IL13R α 2 in each case the various domains are labelled except for the GlyGlyGly spacer located between certain intracellular domains. Each includes human IL13 with and Glu to Tyr (SEQ ID NO:3; amino acid substitution E13Y shown in highlighted). In the expression vector used to express these CAR, the amino acid sequence expressed can include a 24 amino acid T2A sequence (SEQ ID NO:8); and a 323 amino acid CD19t

sequence (SEQ ID NO:9) to permit coordinated expression of a truncated CD19 sequence on the surface of CAR-expressing cells.

[0098] A panel of CAR comprising human IL13(E13Y) domain, a CD28 tm domain, a CD28gg costimulatory domain, a 4-1BB costimulatory domain, and a CD3 ζ domain CAR backbone and including either a HL (22 amino acids) spacer, a CD8 hinge (48 amino acids) spacer, IgG4-HL-CH3 (129 amino acids) spacer or a IgG4(EQ) (229 amino acids) spacer were tested for their ability to mediate IL13Ra2-specific killing as evaluated in a 72-hour co-culture assay. With the exception of HL (22 amino acids) which appeared to have poor CAR expression in this system, all were active.

WHAT IS CLAIMED IS:

1. A nucleic acid molecule encoding a chimeric antigen receptor, wherein the chimeric antigen receptor comprises: human IL-13 or a variant thereof having 1-10 amino acid modifications; a transmembrane domain selected from: a CD4 transmembrane domain or variant thereof having 1-10 amino acid modifications, a CD8 transmembrane domain or variant thereof having 1-10 amino acid modifications, a CD28 transmembrane domain or a variant thereof having 1-10 amino acid modifications, and a CD3 ζ transmembrane domain or a variant thereof having 1-10 amino acid modifications; a costimulatory domain; and CD3 ζ signaling domain of a variant thereof having 1-10 amino acid modifications.

2. The nucleic acid molecule of claim 1 wherein the costimulatory domain is selected from the group consisting of: a CD28 costimulatory domain or a variant thereof having 1-10 amino acid modifications, a 41BB costimulatory domain or a variant thereof having 1-10 amino acid modifications and an OX40 costimulatory domain or a variant thereof having 1-10 amino acid modifications.

3. The nucleic acid molecule of claim 1 comprising a variant of a human IL13 having 1-10 amino acid modification that increase binding specificity for IL13R α 2 versus IL13R α 1.

4. The nucleic acid molecule of claim 1 wherein the human IL-13 or variant thereof is an IL-13 variant comprising the amino acid sequence of SEQ ID NO:3 with 1 to 5 amino acid modifications, provided that the amino acid at position 11 of SEQ ID NO:3 other than E.

5. The nucleic acid molecule of claim 2 wherein the chimeric antigen receptor comprises two different costimulatory domains selected from the group consisting of: a CD28 costimulatory domain or a variant thereof having 1-10 amino acid modifications, a 41BB costimulatory domain or a variant thereof having 1-10 amino acid modifications and an OX40 costimulatory domain or a variant thereof having 1-10 amino acid modifications.

6. The nucleic acid molecule of claim 5 wherein the chimeric antigen receptor comprises two different costimulatory domains selected from the group consisting of: a CD28 costimulatory domain or a variant thereof having 1-2 amino acid modifications, a 41BB costimulatory domain or a variant thereof having 1-2 amino acid modifications and an OX40 costimulatory domain or a variant thereof having 1-2 amino acid modifications.

7. The nucleic acid molecule of claim 1 wherein the chimeric antigen receptor comprises: human IL-13 or a variant thereof having 1-2 amino acid modifications; a transmembrane domain selected from: a CD4 transmembrane domain or variant thereof having 1-2 amino acid modifications, a CD8 transmembrane domain or variant thereof having 1-2 amino acid modifications, a CD28 transmembrane domain or a variant thereof having 1-2 amino acid modifications, and a CD3 ζ transmembrane domain or a variant thereof having 1-2 amino acid modifications; a costimulatory domain; and CD3 ζ signaling domain of a variant thereof having 1-2 amino acid modifications.

8. The nucleic acid molecule of claim 1 comprising a spacer region located between the IL-13 or variant thereof and the transmembrane domain.

9. The nucleic acid molecule of claim 6 wherein the spacer region comprises an amino acid sequence selected from the group consisting of SEQ ID NO: 4, 14-20, 50 and 521.

10. The nucleic acid molecule of claim 6 wherein the spacer comprises an IgG hinge region.

11. The nucleic acid molecule of claim 6 wherein the spacer comprises 10-150 amino acids.

12. The nucleic acid molecule of claim 2 wherein the 4-1BB signaling domain comprises the amino acid sequence of SEQ ID NO:6.

13. The nucleic acid molecule of claim 1 wherein the CD3 ζ signaling domain comprises the amino acid sequence of SEQ ID NO:7.

14. The nucleic acid molecule of claim 1 wherein a linker of 3 to 15 amino acids is located between the costimulatory domain and the CD3 ζ signaling domain or variant thereof.

15. The nucleic acid molecule of claim 1 wherein the nucleic acid molecule expresses a polypeptide comprising an amino acid sequence selected from SEQ ID NOs: 10, 31-48 and 52.

16. The nucleic acid molecule of claim 1 wherein the chimeric antigen receptor comprises a IL-13/IgG4/CD4t/41-BB region comprising the amino acid of SEQ ID NO:11 and a CD3 ζ signaling domain comprising the amino acid sequence of SEQ ID NO:7.

17. The nucleic acid molecule of claim 14 wherein the chimeric antigen receptor comprises the amino acid sequence of SEQ ID NOs: 10, 31-48 and 52.

18. A population of human T cells transduced by a vector comprising an expression cassette encoding a chimeric antigen receptor, wherein chimeric antigen receptor comprises: human IL-13 or a variant thereof having 1-10 amino acid modifications; a transmembrane domain selected from: a CD4 transmembrane domain or variant thereof having 1-10 amino acid modifications, a CD8 transmembrane domain or variant thereof having 1-10 amino acid modifications, a CD28 transmembrane domain or a variant thereof having 1-10 amino acid modifications, and a CD3 ζ transmembrane domain or a variant thereof having 1-10 amino acid modifications; a costimulatory domain; and CD3 ζ signaling domain of a variant thereof having 1-10 amino acid modifications.

19. A population of human T cells comprising a vector expressing a chimeric antigen receptor comprising an amino acid sequence selected from SEQ ID NOs: 10, 31-48 and 52.

20. The population of human T cells of claim 16 wherein the T cells are comprised of a population of central memory T cells.

21. A method of treating cancer in a patient comprising administering a population of autologous or allogeneic human T cells transduced by a vector comprising an expression cassette encoding a chimeric antigen receptor, wherein chimeric antigen receptor comprises an amino acid sequence selected from SEQ ID NOs: 10, 31-48 and 52.

22. The method of claim 19 wherein the population of human T cells comprise central memory T cells.

23. The method claim 19 wherein the cancer is glioblastoma.

24. The method of claim 20 wherein the transduced human T cells where prepared by a method comprising obtaining T cells from the patient, treating the T cells to isolate central memory T cells, and transducing at least a portion of the central memory cells to with a viral vector comprising an expression cassette encoding a chimeric antigen receptor, wherein chimeric antigen receptor comprises an amino acid sequence selected from SEQ ID NOs: 10, 31-48 and 52.

25. A nucleic acid molecule encoding an polypeptide comprising an amino acid sequence that is at least 95% identical to an amino acid sequence selected from SEQ ID NO:10 and SEQ ID NOs: 10, 31-48 and 52.

26. A nucleic acid molecule encoding an polypeptide comprising an amino acid sequence that is identical to an amino acid sequence selected from SEQ ID NO: 10, 31-48 and 52 except for the presence of no more than 5 amino acid substitutions, deletions or insertions.

27. A nucleic acid molecule encoding an polypeptide comprising an amino acid sequence that is identical to an amino acid sequence selected from SEQ ID NO:10 and SEQ ID NOs: 10, 31-48 and 52 except for the presence of no more than 5 amino acid substitutions.

28. A nucleic acid molecule encoding an polypeptide comprising an amino acid sequence that is identical to an amino acid sequence selected from SEQ ID NO:10 and

SEQ ID NOs: 10, 31-48 and 52 except for the presence of no more than 2 amino acid substitutions.

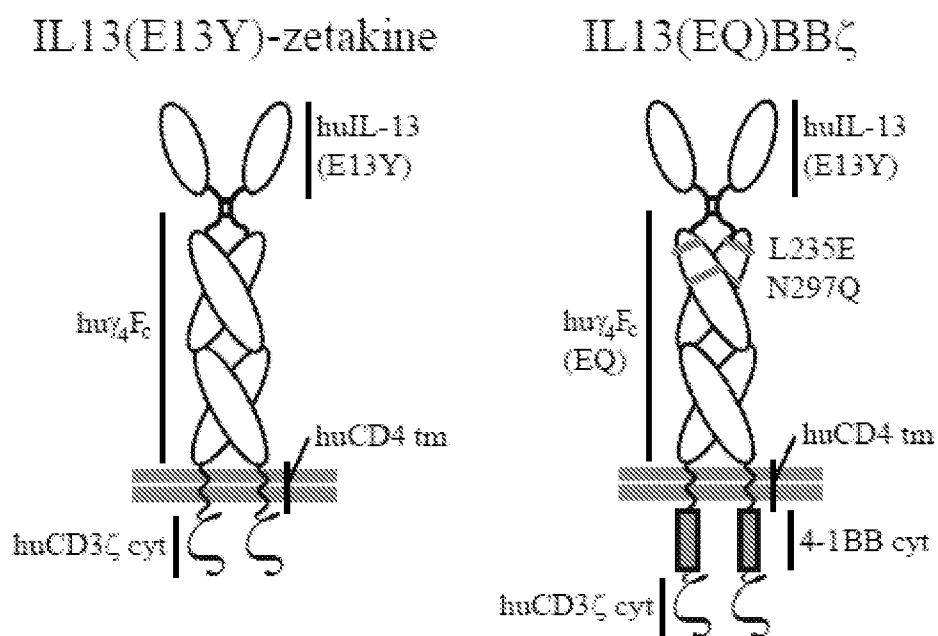
FIGURE 1

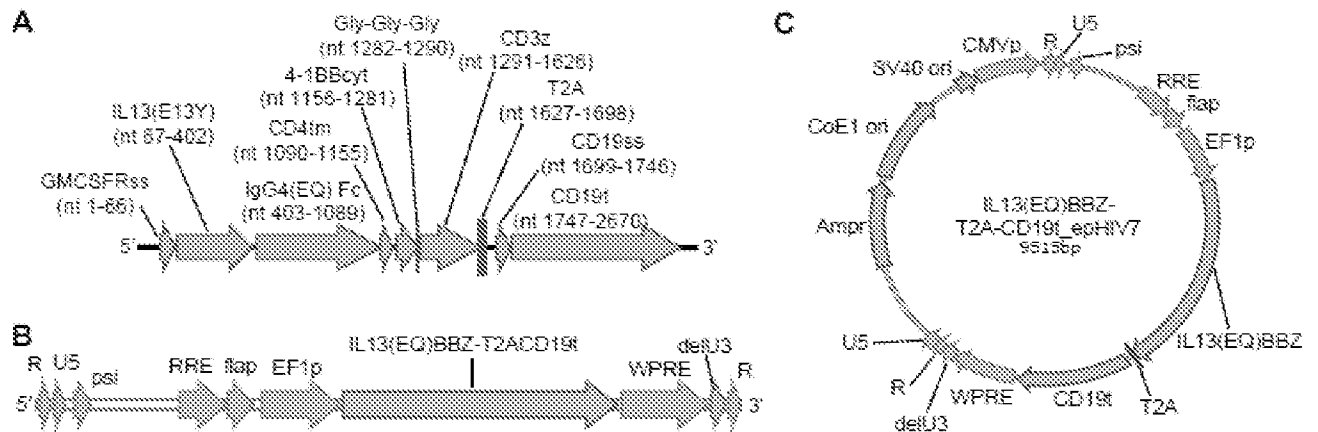
FIGURE 2

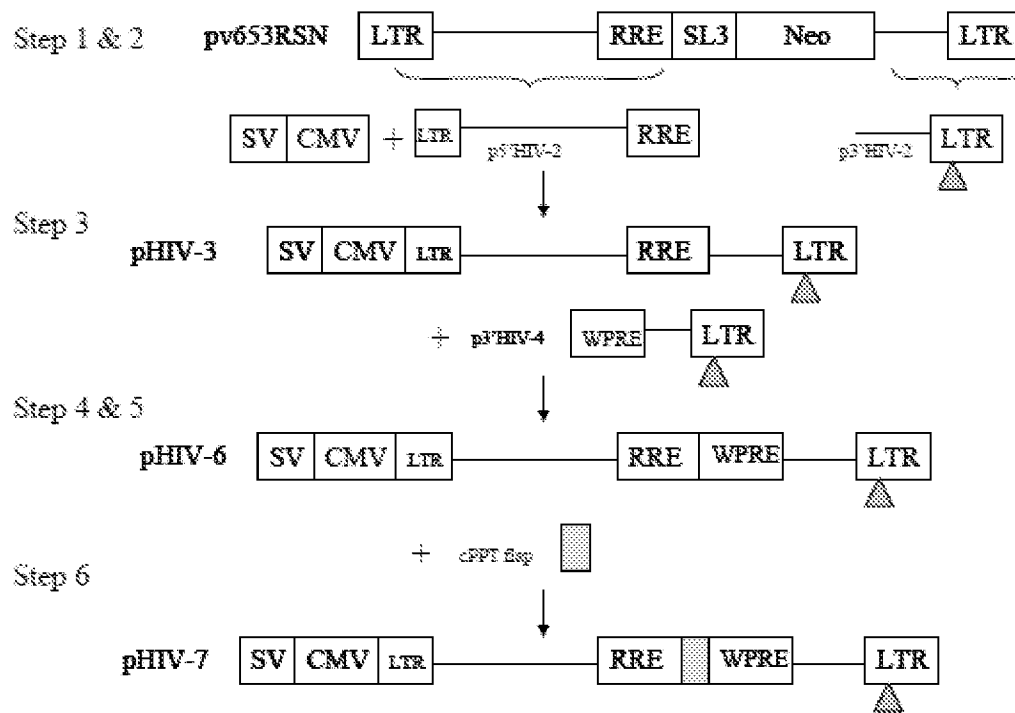
FIGURE 3

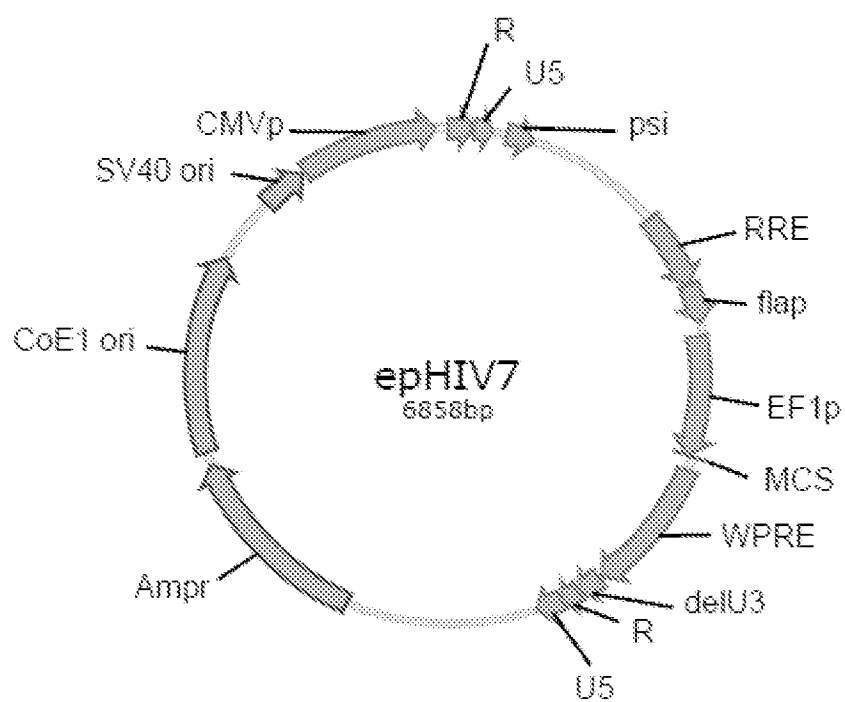
FIGURE 4

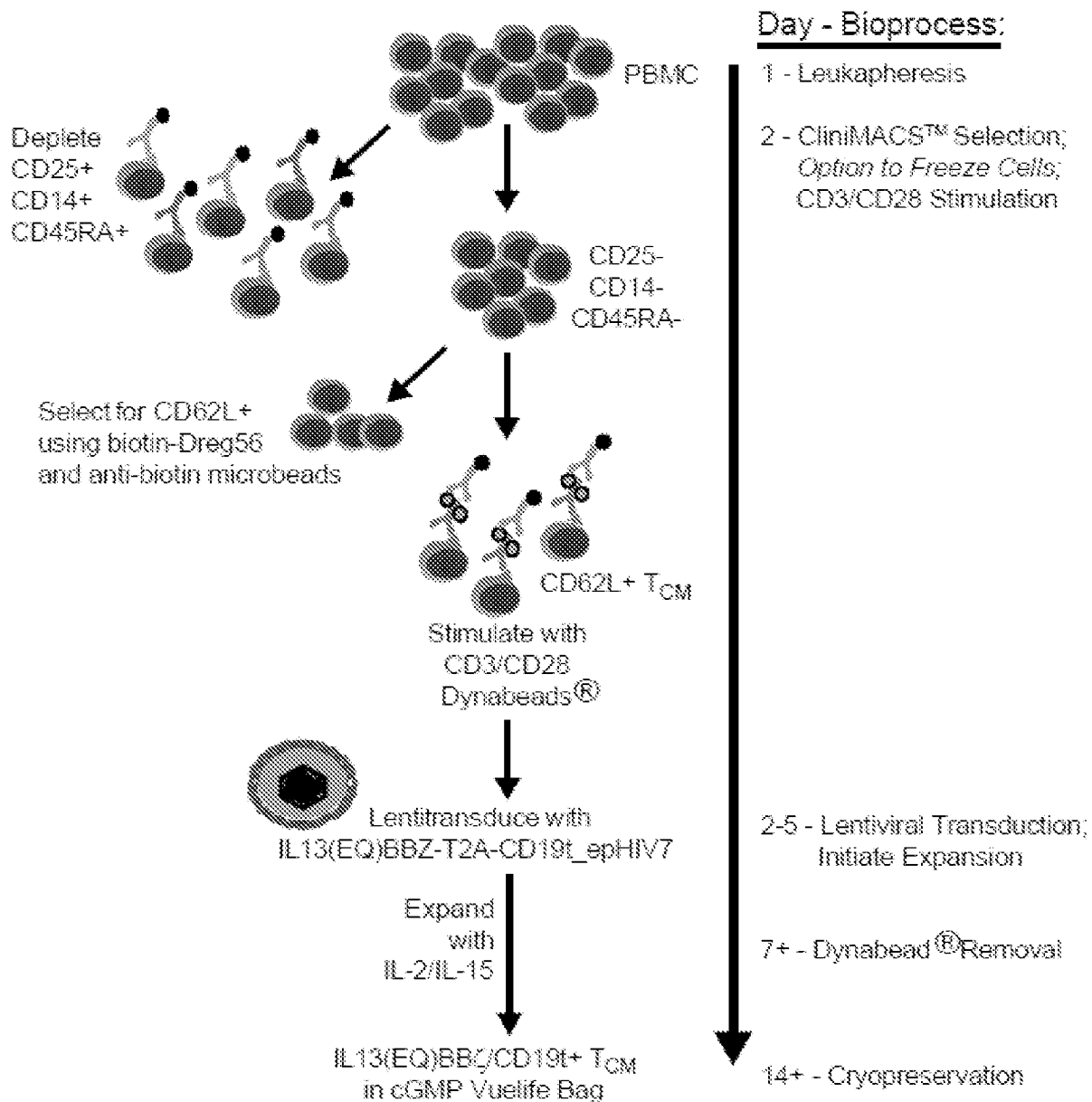
FIGURE 5

FIGURE 6

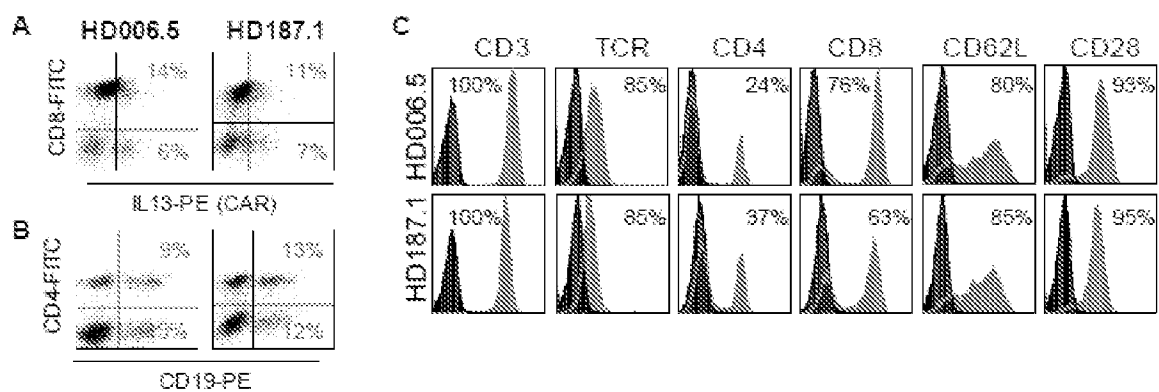


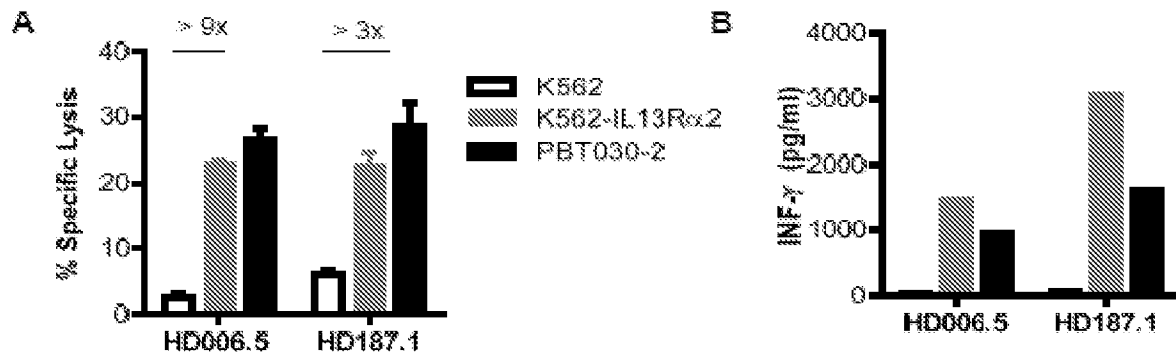
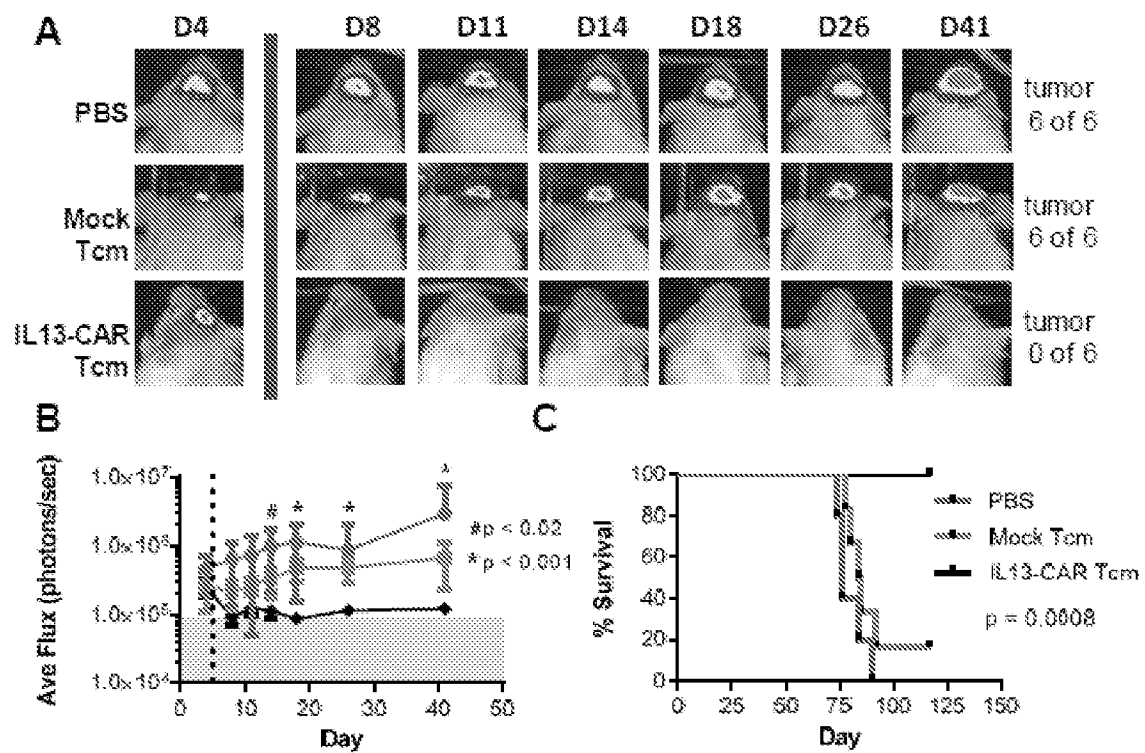
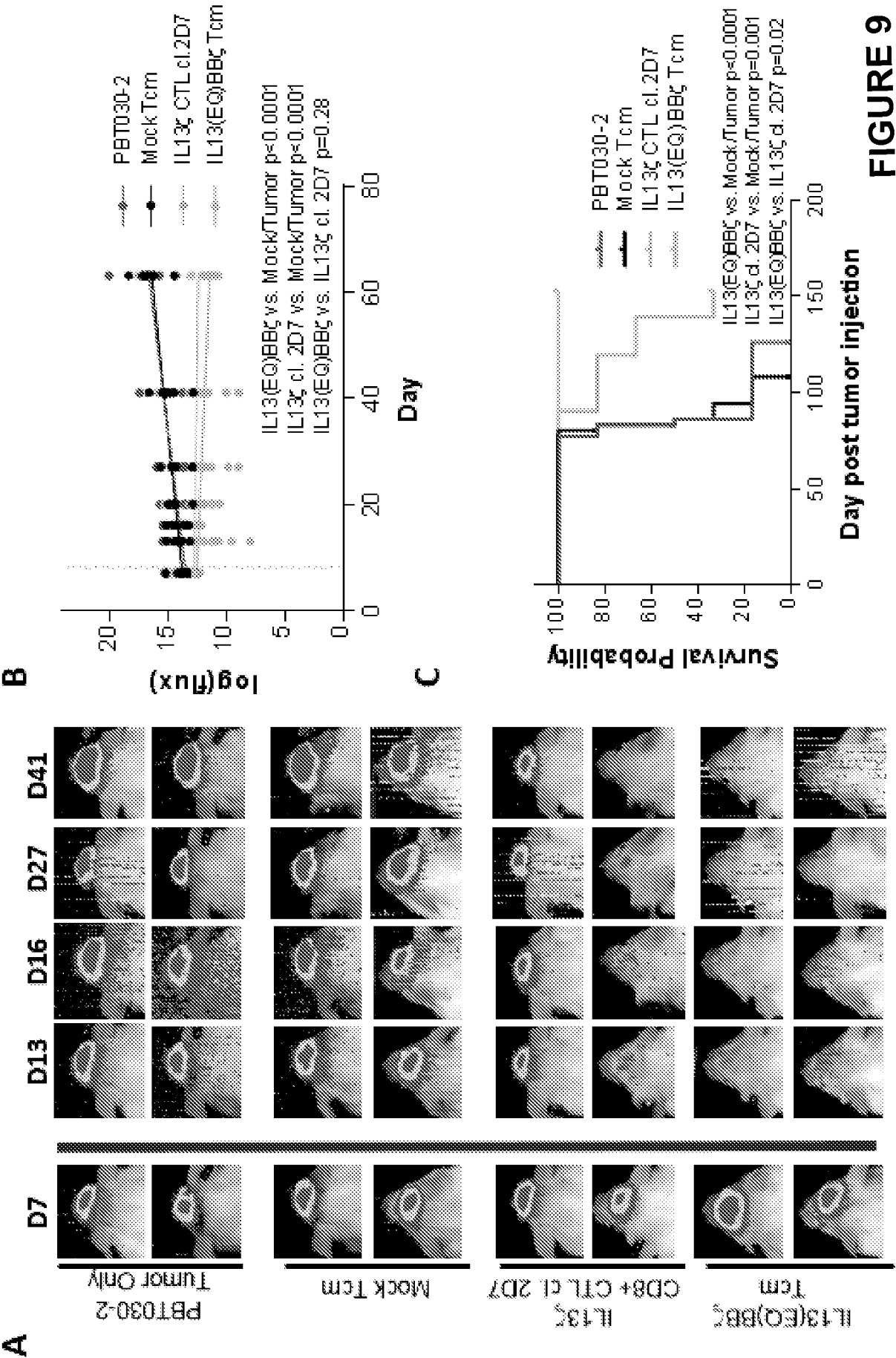
FIGURE 7

FIGURE 8



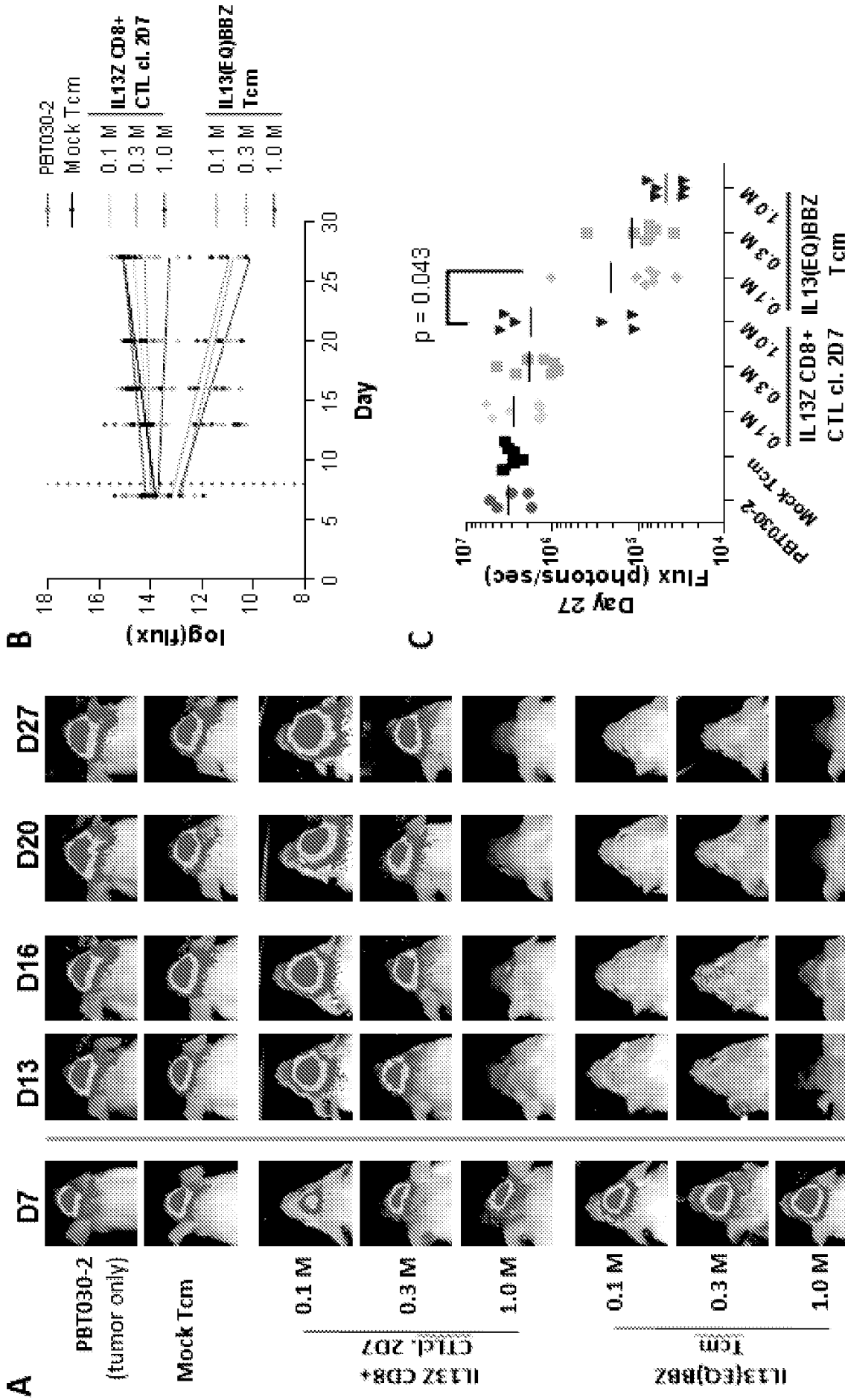


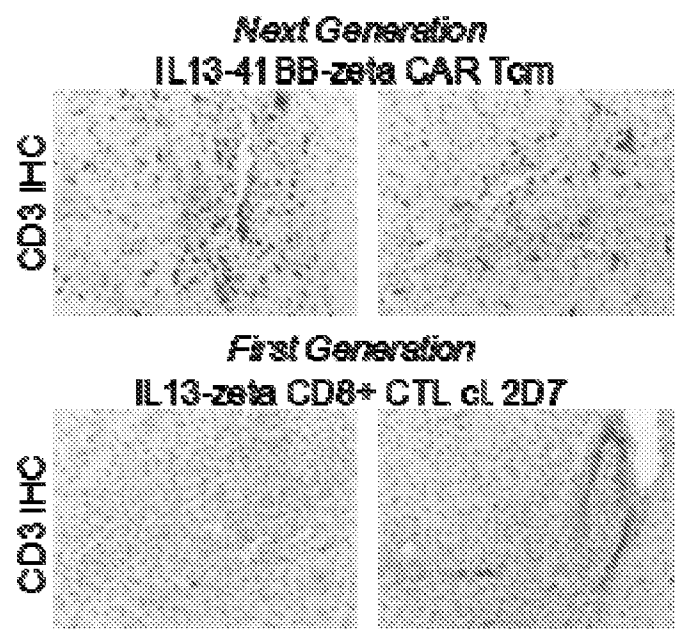
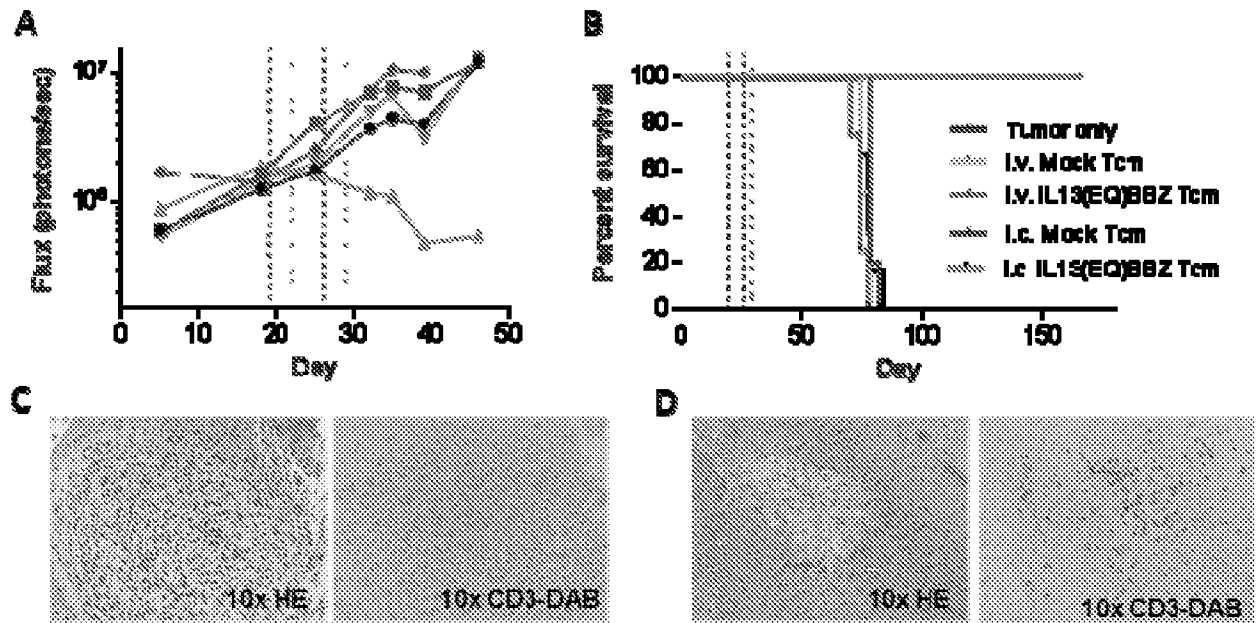
FIGURE 11

FIGURE 12

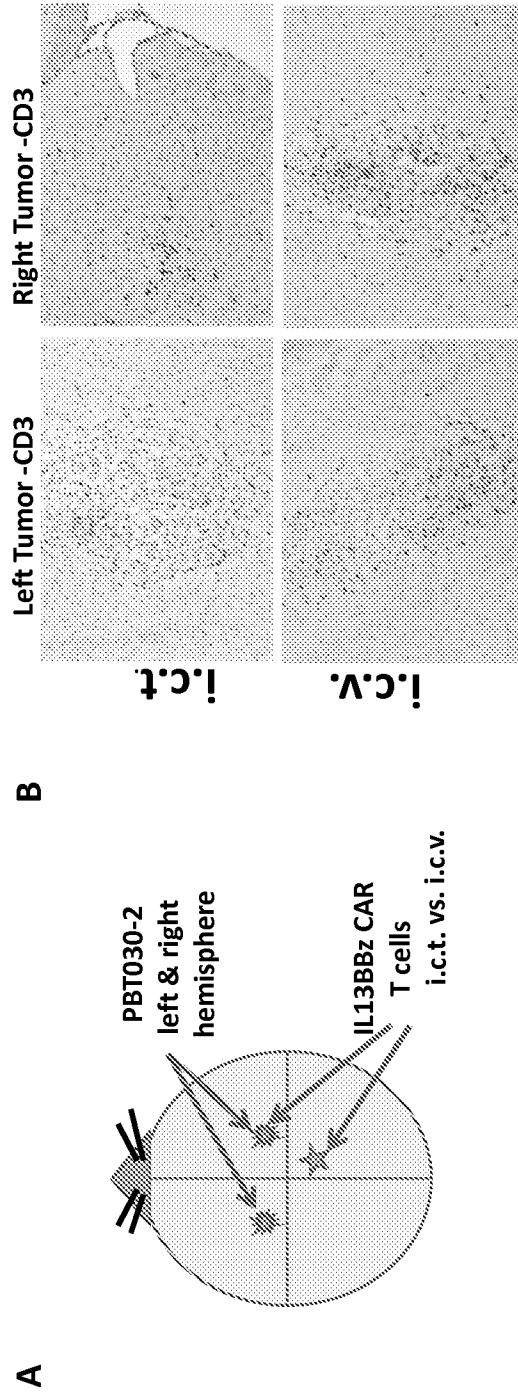


FIGURE 13

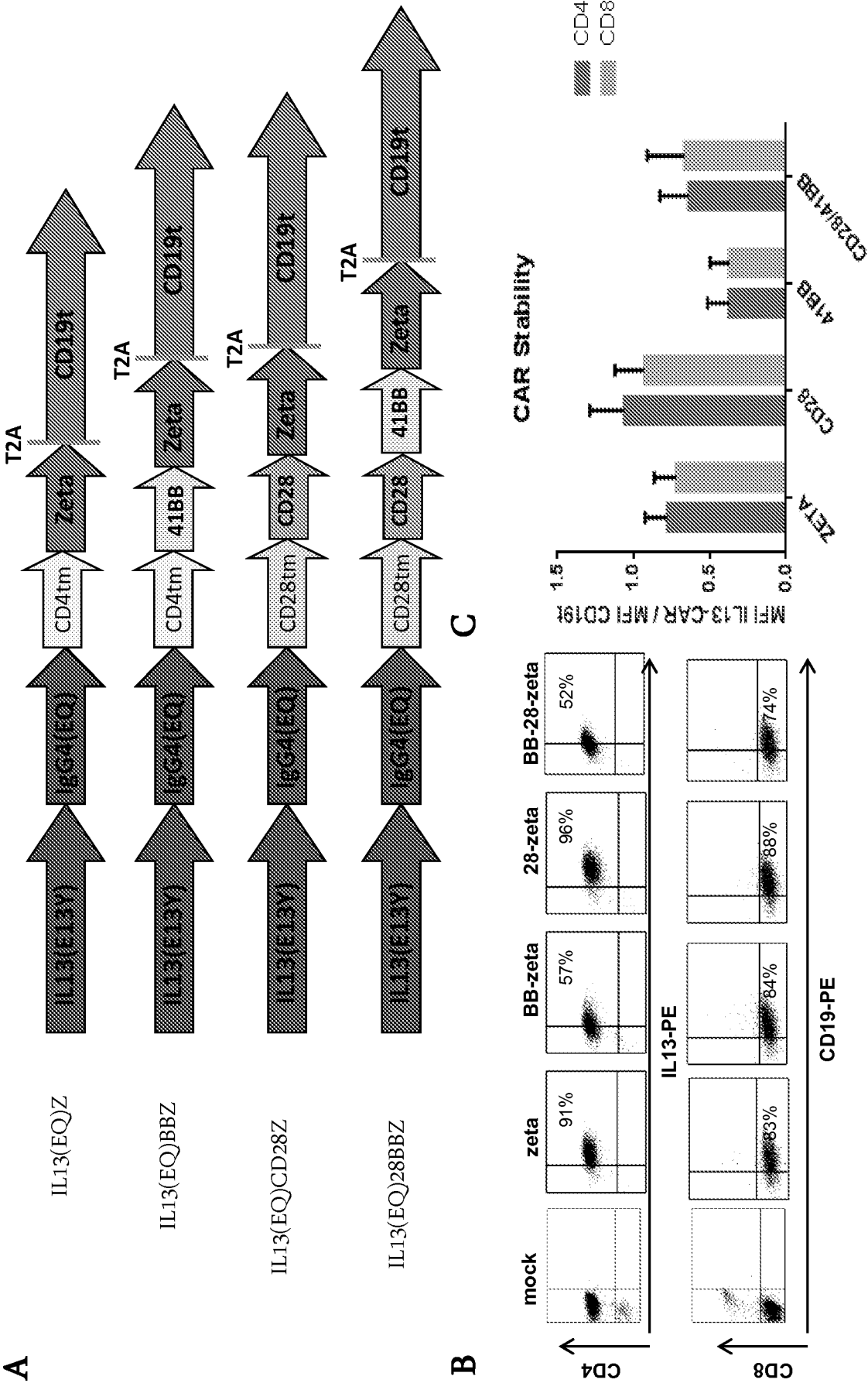


FIGURE 14

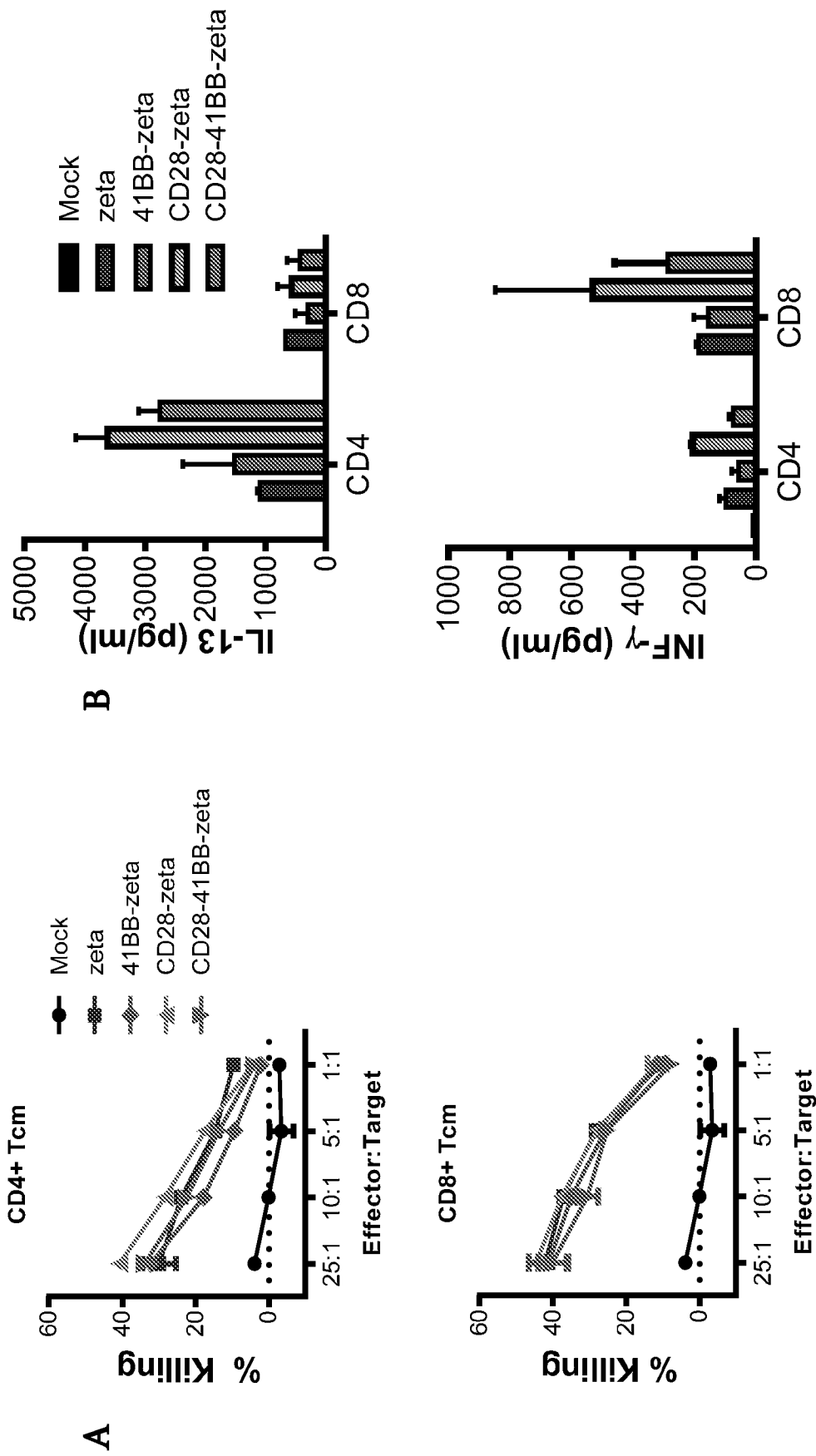


FIGURE 15

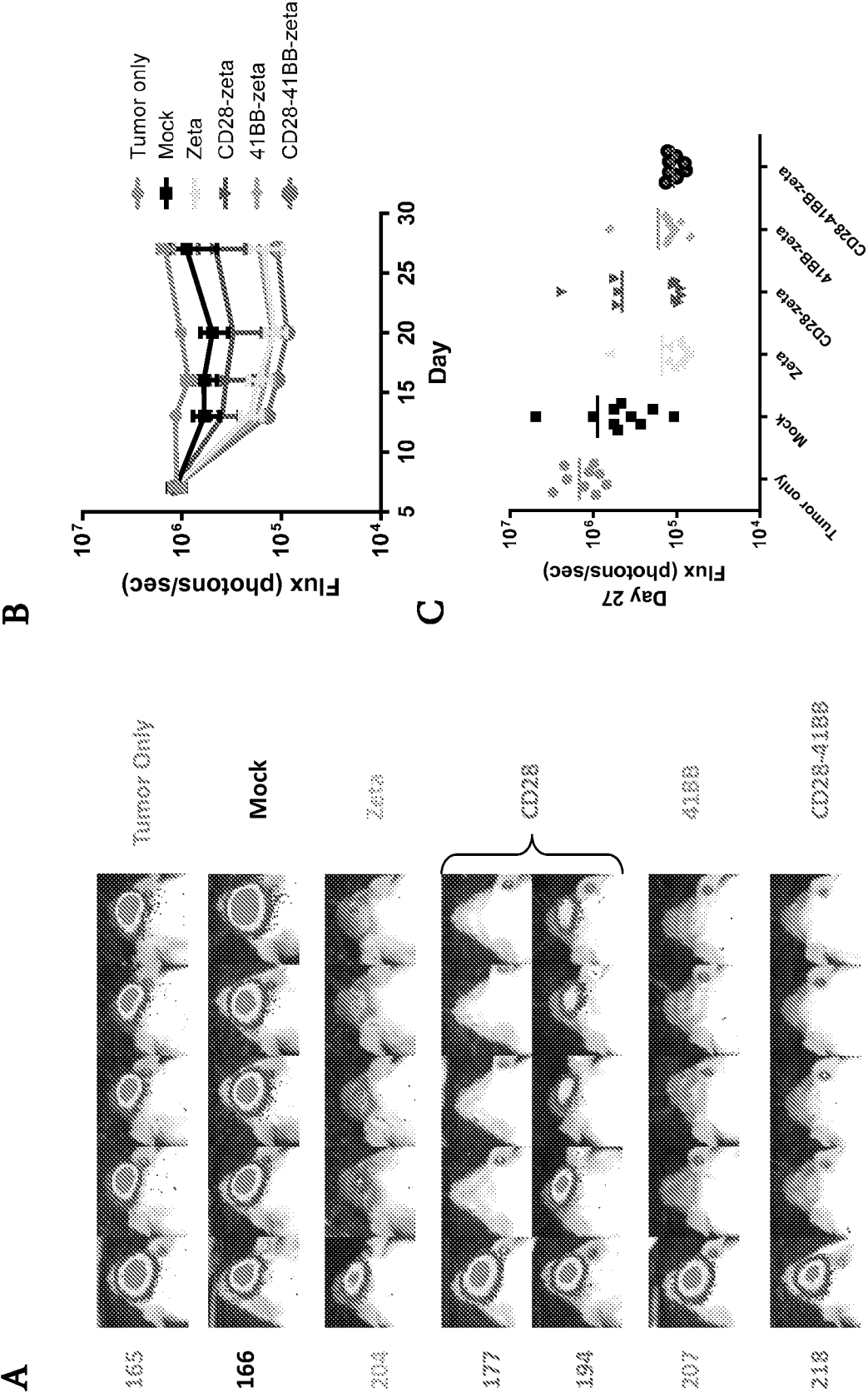


FIGURE 16

FIGURE 17

MLLLVTSLLLCELPHPAFLIPGPVPPSTALRYLIEELVNITQNQKAPLCNGSMVWSINLTAGM

GMCSFRa signal peptide (22 aa) IL13 (112 aa)

YCAALESLINVSGCSAIEKTQRMLSGFCPHKVSAGQFSSLHVRDTKIEVAQFVKDLLHLKKLF

REGRFNESKYGPPCPPCPAPEFEGGPSVFLFPPKPKDTLMISRTPEVTCVVVDVSQEDPEVQF

IgG4(L235E, N297Q in bold) (229 aa)

NWYVDGVEVHNAKTKPREEQF**Q**STYRVVSVLTVLHQDWLNGKEYKCKVSNKGLPSSIEKTIS

KAKGQPREPQVYTLPPSQEEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPVL

DSDGSFFLYSRLTVDKSRWQEGNVFSCSVMHEALHNHYTQKSLSLSLGKMALIVLGGVAGLL

CD4tm (22 aa)

LFIGLGIFFKRGRKKLLYIFKQPFMRPVQTTQEEDGCSCRFPEEEGGCELGGGRVKFSRSADA

41BB (42 aa)

Gly3 Zeta (112 aa)

PAYQQGQNQLYNELNLGRREEYDVLDKRRGRDPEMGGKPRRKNPQEGLYNELQKDKMAE

AYSEIGMKGERRRGKGHDGLYQGLSTATKDTYDALHMQALPPRLEGGGEGRGSLLTCGDV

T2A (24 aa)

EENPGPRMPPPRLLFFLLFLTPMEVRPEEPLVVKVEEGDNAVLQCLKGTS DGPTQQLTWSRE

CD19t (323 aa)

SPLKPFLKLSLGLPGLGIHMRPLAIWLFIFNVSSQQMGGFYLCQPGPPSEKAWQPGWTVNVE

GSGELFRWNVSDLGGLGCGLKNRSSEGPSSPSGKLMSPKLYVWAKDRPEIWEGEPPCVPPR

DSLNQSLSQDLTMAPGSTLWLSCGVPPDSVSRGPLSWTHVHPKGPKSLLSLELKDDRPARD

MWVMETGLLLPRATAQDAGKYYCHRGNTMSFHLEITARPVLWHWLLRTGGWKVSAVTL

AYLIFCLCSLVGILHLQRALVLRKR

FIGURE 18

Yellow highlighting indicates the IL-13 optimized codon region including the GMCSF signal sequence (IL13op).

highlighting indicates the IgG4 optimized codon region (IgG4op[L235E, N297Q]).

highlighting indicates the two anticipated amino acid changes within the IgG4 hinge region(L235E and N297Q).

highlighting indicates the CD4 transmembrane optimized codon region.

highlighting indicates the 41BB cytoplasmic signaling region (41BB cyto).

highlighting indicates the 3 glycine linkers (g3).

Gray Highlighting indicates the CD3 zeta optimized codon region (zeta op).

highlighting indicates the T2A sequence (T2A).

highlighting Indicates the truncated CD19 sequence (CD19t).

	1	50
IL13 (EQ) 41BBZeta	(1) GTTAGACCAGATCTGAGCCTGGGAGCTCTCTGGCTAACTAGGGAACCCAC	
CD19Rop_epHIV7	(1) GTTAGACCAGATCTGAGCCTGGGAGCTCTCTGGCTAACTAGGGAACCCAC	
Consensus	(1) GTTAGACCAGATCTGAGCCTGGGAGCTCTCTGGCTAACTAGGGAACCCAC	
	51	100
IL13 (EQ) 41BBZeta	(51) TGCTTAAGCCTCAATAAAGCTTGCCTTGAGTGCTTCAAGTAGTGTGTGCC	
CD19Rop_epHIV7	(51) TGCTTAAGCCTCAATAAAGCTTGCCTTGAGTGCTTCAAGTAGTGTGTGCC	
Consensus	(51) TGCTTAAGCCTCAATAAAGCTTGCCTTGAGTGCTTCAAGTAGTGTGTGCC	
	101	150
IL13 (EQ) 41BBZeta	(101) CGTCTGTTGTGTGACTCTGGTAACTAGAGATCCCTCAGACCCTTTTAGTC	
CD19Rop_epHIV7	(101) CGTCTGTTGTGTGACTCTGGTAACTAGAGATCCCTCAGACCCTTTTAGTC	
Consensus	(101) CGTCTGTTGTGTGACTCTGGTAACTAGAGATCCCTCAGACCCTTTTAGTC	
	151	200
IL13 (EQ) 41BBZeta	(151) AGTGTGGAATAATCTCTAGCAGTGGCGCCCGAACAGGGACTTGAAAAGCGAA	
CD19Rop_epHIV7	(151) AGTGTGGAATAATCTCTAGCAGTGGCGCCCGAACAGGGACTTGAAAAGCGAA	
Consensus	(151) AGTGTGGAATAATCTCTAGCAGTGGCGCCCGAACAGGGACTTGAAAAGCGAA	
	201	250
IL13 (EQ) 41BBZeta	(201) AGGGAAACCAGAGGAGCTCTCTCGACGCAGGACTCGGCTTGCTGAAGCGC	
CD19Rop_epHIV7	(201) AGGGAAACCAGAGGAGCTCTCTCGACGCAGGACTCGGCTTGCTGAAGCGC	
Consensus	(201) AGGGAAACCAGAGGAGCTCTCTCGACGCAGGACTCGGCTTGCTGAAGCGC	
	251	300
IL13 (EQ) 41BBZeta	(251) GCACGGCAAGAGGCGAGGGGCGGCGACTGGTGAGTACGCCAAAAATTTTG	
CD19Rop_epHIV7	(251) GCACGGCAAGAGGCGAGGGGCGGCGACTGGTGAGTACGCCAAAAATTTTG	
Consensus	(251) GCACGGCAAGAGGCGAGGGGCGGCGACTGGTGAGTACGCCAAAAATTTTG	
	301	350
IL13 (EQ) 41BBZeta	(301) ACTAGCGGAGGCTAGAAGGAGAGAGATGGGTGCGAGAGCGTCAGTATTAA	
CD19Rop_epHIV7	(301) ACTAGCGGAGGCTAGAAGGAGAGAGATGGGTGCGAGAGCGTCAGTATTAA	
Consensus	(301) ACTAGCGGAGGCTAGAAGGAGAGAGATGGGTGCGAGAGCGTCAGTATTAA	
	351	400
IL13 (EQ) 41BBZeta	(351) GCGGGGGAGAATTAGATCGATGGGAAAAAATTCGGTTAAGGCCAGGGGGA	
CD19Rop_epHIV7	(351) GCGGGGGAGAATTAGATCGATGGGAAAAAATTCGGTTAAGGCCAGGGGGA	
Consensus	(351) GCGGGGGAGAATTAGATCGATGGGAAAAAATTCGGTTAAGGCCAGGGGGA	
	401	450
IL13 (EQ) 41BBZeta	(401) AAGAAAAAATATAAATTAAAACATATAGTATGGGCAAGCAGGGAGCTAGA	
CD19Rop_epHIV7	(401) AAGAAAAAATATAAATTAAAACATATAGTATGGGCAAGCAGGGAGCTAGA	
Consensus	(401) AAGAAAAAATATAAATTAAAACATATAGTATGGGCAAGCAGGGAGCTAGA	
	451	500

IL13 (EQ) 41BBZeta	(451)	ACGATTTCGCAGTTAATCCTGGCCTGTTAGAAACATCAGAAGGCTGTAGAC	
CD19Rop_epHIV7	(451)	ACGATTTCGCAGTTAATCCTGGCCTGTTAGAAACATCAGAAGGCTGTAGAC	
Consensus	(451)	ACGATTTCGCAGTTAATCCTGGCCTGTTAGAAACATCAGAAGGCTGTAGAC	550
IL13 (EQ) 41BBZeta	(501)	AAATACTGGGACAGCTACAACCATCCCTTCAGACAGGATCAGAAGAAGCTT	
CD19Rop_epHIV7	(501)	AAATACTGGGACAGCTACAACCATCCCTTCAGACAGGATCAGAAGAAGCTT	
Consensus	(501)	AAATACTGGGACAGCTACAACCATCCCTTCAGACAGGATCAGAAGAAGCTT	600
IL13 (EQ) 41BBZeta	(551)	AGATCATTATATAATACAGTAGCAACCCTCTATTGTGTGCATCAAAGGAT	
CD19Rop_epHIV7	(551)	AGATCATTATATAATACAGTAGCAACCCTCTATTGTGTGCATCAAAGGAT	
Consensus	(551)	AGATCATTATATAATACAGTAGCAACCCTCTATTGTGTGCATCAAAGGAT	650
IL13 (EQ) 41BBZeta	(601)	AGAGATAAAAGACACCAAGGAAGCTTTAGACAAGATAGAGGAAGAGCAAA	
CD19Rop_epHIV7	(601)	AGAGATAAAAGACACCAAGGAAGCTTTAGACAAGATAGAGGAAGAGCAAA	
Consensus	(601)	AGAGATAAAAGACACCAAGGAAGCTTTAGACAAGATAGAGGAAGAGCAAA	700
IL13 (EQ) 41BBZeta	(651)	ACAAAAGTAAGAAAAAAGCACAGCAAGCAGCAGCTGACACAGGACACAGC	
CD19Rop_epHIV7	(651)	ACAAAAGTAAGAAAAAAGCACAGCAAGCAGCAGCTGACACAGGACACAGC	
Consensus	(651)	ACAAAAGTAAGAAAAAAGCACAGCAAGCAGCAGCTGACACAGGACACAGC	750
IL13 (EQ) 41BBZeta	(701)	AATCAGGTCAGCCAAAATTACCCTATAGTGCAGAACATCCAGGGGCAAAAT	
CD19Rop_epHIV7	(701)	AATCAGGTCAGCCAAAATTACCCTATAGTGCAGAACATCCAGGGGCAAAAT	
Consensus	(701)	AATCAGGTCAGCCAAAATTACCCTATAGTGCAGAACATCCAGGGGCAAAAT	800
IL13 (EQ) 41BBZeta	(751)	GGTACATCAGGCCATATCACCTAGAACTTTAAATGCATGGGTAAAAGTAG	
CD19Rop_epHIV7	(751)	GGTACATCAGGCCATATCACCTAGAACTTTAAATGCATGGGTAAAAGTAG	
Consensus	(751)	GGTACATCAGGCCATATCACCTAGAACTTTAAATGCATGGGTAAAAGTAG	850
IL13 (EQ) 41BBZeta	(801)	TAGAAGAGAAGGCTTTTCAGCCCAGAAGTGATACCCATGTTTTTCAGCATT	
CD19Rop_epHIV7	(801)	TAGAAGAGAAGGCTTTTCAGCCCAGAAGTGATACCCATGTTTTTCAGCATT	
Consensus	(801)	TAGAAGAGAAGGCTTTTCAGCCCAGAAGTGATACCCATGTTTTTCAGCATT	900
IL13 (EQ) 41BBZeta	(851)	TCAGAAGGAGCCACCCACAAGATTTAAACACCATGCTAAACACAGTGGG	
CD19Rop_epHIV7	(851)	TCAGAAGGAGCCACCCACAAGATTTAAACACCATGCTAAACACAGTGGG	
Consensus	(851)	TCAGAAGGAGCCACCCACAAGATTTAAACACCATGCTAAACACAGTGGG	950
IL13 (EQ) 41BBZeta	(901)	GGGACATCAAGCAGCCATGCAAATGTTAAAAGAGACCATCAATGAGGAAG	
CD19Rop_epHIV7	(901)	GGGACATCAAGCAGCCATGCAAATGTTAAAAGAGACCATCAATGAGGAAG	
Consensus	(901)	GGGACATCAAGCAGCCATGCAAATGTTAAAAGAGACCATCAATGAGGAAG	1000
IL13 (EQ) 41BBZeta	(951)	CTGCAGGCAAAGAGAAGAGTGGTGCAGAGAGAAAAAAGAGCAGTGGGAAT	
CD19Rop_epHIV7	(951)	CTGCAGGCAAAGAGAAGAGTGGTGCAGAGAGAAAAAAGAGCAGTGGGAAT	
Consensus	(951)	CTGCAGGCAAAGAGAAGAGTGGTGCAGAGAGAAAAAAGAGCAGTGGGAAT	1050
IL13 (EQ) 41BBZeta	(1001)	AGGAGCTTTGTTCTTGGGTTCTTGGGAGCAGCAGGAAGCACTATGGGCG	
CD19Rop_epHIV7	(1001)	AGGAGCTTTGTTCTTGGGTTCTTGGGAGCAGCAGGAAGCACTATGGGCG	
Consensus	(1001)	AGGAGCTTTGTTCTTGGGTTCTTGGGAGCAGCAGGAAGCACTATGGGCG	1100
IL13 (EQ) 41BBZeta	(1051)	CAGCGTCAATGACGCTGACGGTACAGGCCAGACAATTATTGTCTGGTATA	
CD19Rop_epHIV7	(1051)	CAGCGTCAATGACGCTGACGGTACAGGCCAGACAATTATTGTCTGGTATA	
Consensus	(1051)	CAGCGTCAATGACGCTGACGGTACAGGCCAGACAATTATTGTCTGGTATA	1150
IL13 (EQ) 41BBZeta	(1101)	GTGCAGCAGCAGAACAATTTGCTGAGGGCTATTGAGGCGCAACAGCATCT	
CD19Rop_epHIV7	(1101)	GTGCAGCAGCAGAACAATTTGCTGAGGGCTATTGAGGCGCAACAGCATCT	
Consensus	(1101)	GTGCAGCAGCAGAACAATTTGCTGAGGGCTATTGAGGCGCAACAGCATCT	

		1151	1200
IL13 (EQ) 41BBZeta	(1151)	GTTGCAACTCACAGTCTGGGGCATCAAGCAGCTCCAGGCAAGAATCCTGG	
CD19Rop_epHIV7	(1151)	GTTGCAACTCACAGTCTGGGGCATCAAGCAGCTCCAGGCAAGAATCCTGG	
Consensus	(1151)	GTTGCAACTCACAGTCTGGGGCATCAAGCAGCTCCAGGCAAGAATCCTGG	
		1201	1250
IL13 (EQ) 41BBZeta	(1201)	CTGTGGAAAGATACCTAAAGGATCAACAGCTCCTGGGGATTGTTGGGGTTGC	
CD19Rop_epHIV7	(1201)	CTGTGGAAAGATACCTAAAGGATCAACAGCTCCTGGGGATTGTTGGGGTTGC	
Consensus	(1201)	CTGTGGAAAGATACCTAAAGGATCAACAGCTCCTGGGGATTGTTGGGGTTGC	
		1251	1300
IL13 (EQ) 41BBZeta	(1251)	TCTGGAAAACCTCATTTGCACCACTGCTGTGCCTTGGATCTACAAATGGCA	
CD19Rop_epHIV7	(1251)	TCTGGAAAACCTCATTTGCACCACTGCTGTGCCTTGGATCTACAAATGGCA	
Consensus	(1251)	TCTGGAAAACCTCATTTGCACCACTGCTGTGCCTTGGATCTACAAATGGCA	
		1301	1350
IL13 (EQ) 41BBZeta	(1301)	GTATTCATCCACAATTTTAAAGAAAAGGGGGATTGGGGGTACAGTGC	
CD19Rop_epHIV7	(1301)	GTATTCATCCACAATTTTAAAGAAAAGGGGGATTGGGGGTACAGTGC	
Consensus	(1301)	GTATTCATCCACAATTTTAAAGAAAAGGGGGATTGGGGGTACAGTGC	
		1351	1400
IL13 (EQ) 41BBZeta	(1351)	AGGGGAAAGAATAGTAGACATAATAGCAACAGACATACAACTAAAGAAT	
CD19Rop_epHIV7	(1351)	AGGGGAAAGAATAGTAGACATAATAGCAACAGACATACAACTAAAGAAT	
Consensus	(1351)	AGGGGAAAGAATAGTAGACATAATAGCAACAGACATACAACTAAAGAAT	
		1401	1450
IL13 (EQ) 41BBZeta	(1401)	TACAAAAACAAATTACAAAAATTCAAATTTTCGGGTTTATTACAGGGAC	
CD19Rop_epHIV7	(1401)	TACAAAAACAAATTACAAAAATTCAAATTTTCGGGTTTATTACAGGGAC	
Consensus	(1401)	TACAAAAACAAATTACAAAAATTCAAATTTTCGGGTTTATTACAGGGAC	
		1451	1500
IL13 (EQ) 41BBZeta	(1451)	AGCAGAGATCCAGTTTGGGGATCAATTGCATGAAGAATCTGCTTAGGGTT	
CD19Rop_epHIV7	(1451)	AGCAGAGATCCAGTTTGGGGATCAATTGCATGAAGAATCTGCTTAGGGTT	
Consensus	(1451)	AGCAGAGATCCAGTTTGGGGATCAATTGCATGAAGAATCTGCTTAGGGTT	
		1501	1550
IL13 (EQ) 41BBZeta	(1501)	AGGCGTTTTGCGCTGCTTCGCGAGGATCTGCGATCGCTCCGGTGCCCGTC	
CD19Rop_epHIV7	(1501)	AGGCGTTTTGCGCTGCTTCGCGAGGATCTGCGATCGCTCCGGTGCCCGTC	
Consensus	(1501)	AGGCGTTTTGCGCTGCTTCGCGAGGATCTGCGATCGCTCCGGTGCCCGTC	
		1551	1600
IL13 (EQ) 41BBZeta	(1551)	AGTGGGCAGAGCGCACATCGCCACAGTCCCCGAGAAGTTGGGGGGAGGG	
CD19Rop_epHIV7	(1551)	AGTGGGCAGAGCGCACATCGCCACAGTCCCCGAGAAGTTGGGGGGAGGG	
Consensus	(1551)	AGTGGGCAGAGCGCACATCGCCACAGTCCCCGAGAAGTTGGGGGGAGGG	
		1601	1650
IL13 (EQ) 41BBZeta	(1601)	GTCGGCAATTGAACCGGTGCCTAGAGAAGGTGGCGCGGGGTAACTGGGA	
CD19Rop_epHIV7	(1601)	GTCGGCAATTGAACCGGTGCCTAGAGAAGGTGGCGCGGGGTAACTGGGA	
Consensus	(1601)	GTCGGCAATTGAACCGGTGCCTAGAGAAGGTGGCGCGGGGTAACTGGGA	
		1651	1700
IL13 (EQ) 41BBZeta	(1651)	AAGTGATGTCGTGTACTGGCTCCGCCTTTTTCCCGAGGGTGGGGGAGAAC	
CD19Rop_epHIV7	(1651)	AAGTGATGTCGTGTACTGGCTCCGCCTTTTTCCCGAGGGTGGGGGAGAAC	
Consensus	(1651)	AAGTGATGTCGTGTACTGGCTCCGCCTTTTTCCCGAGGGTGGGGGAGAAC	
		1701	1750
IL13 (EQ) 41BBZeta	(1701)	CGTATATAAGTGCAGTAGTCGCCGTGAACGTTCTTTTTTCGCAACGGGTTT	
CD19Rop_epHIV7	(1701)	CGTATATAAGTGCAGTAGTCGCCGTGAACGTTCTTTTTTCGCAACGGGTTT	
Consensus	(1701)	CGTATATAAGTGCAGTAGTCGCCGTGAACGTTCTTTTTTCGCAACGGGTTT	
		1751	1800
IL13 (EQ) 41BBZeta	(1751)	GCCGCCAGAACACAGCTGAAGCTTCGAGGGGCTCGCATCTCTCCTTCACG	
CD19Rop_epHIV7	(1751)	GCCGCCAGAACACAGCTGAAGCTTCGAGGGGCTCGCATCTCTCCTTCACG	
Consensus	(1751)	GCCGCCAGAACACAGCTGAAGCTTCGAGGGGCTCGCATCTCTCCTTCACG	
		1801	1850
IL13 (EQ) 41BBZeta	(1801)	CGCCCGCCGCCCTACCTGAGGCCGCCATCCACGCCGGTTGAGTCGCGTTC	
CD19Rop_epHIV7	(1801)	CGCCCGCCGCCCTACCTGAGGCCGCCATCCACGCCGGTTGAGTCGCGTTC	

Consensus	(1801)	CGCCCGCCGCCCTACCTGAGGCCGCCATCCACGCCGGTTGAGTCGCGTTC	1851	1900
IL13 (EQ) 41BBZeta	(1851)	TGCCGCCTCCCGCCTGTGGTGCCTCCTGAACTGCGTCCGCCGTCTAGGTA		
CD19Rop_epHIV7	(1851)	TGCCGCCTCCCGCCTGTGGTGCCTCCTGAACTGCGTCCGCCGTCTAGGTA		
Consensus	(1851)	TGCCGCCTCCCGCCTGTGGTGCCTCCTGAACTGCGTCCGCCGTCTAGGTA	1901	1950
IL13 (EQ) 41BBZeta	(1901)	AGTTTAAAGCTCAGGTCGAGACCGGGCCTTTGTCCGGCGCTCCCTTGGAG		
CD19Rop_epHIV7	(1901)	AGTTTAAAGCTCAGGTCGAGACCGGGCCTTTGTCCGGCGCTCCCTTGGAG		
Consensus	(1901)	AGTTTAAAGCTCAGGTCGAGACCGGGCCTTTGTCCGGCGCTCCCTTGGAG	1951	2000
IL13 (EQ) 41BBZeta	(1951)	CCTACCTAGACTCAGCCGGCTCTCCACGCTTTGCCTGACCTGCTTGCTC		
CD19Rop_epHIV7	(1951)	CCTACCTAGACTCAGCCGGCTCTCCACGCTTTGCCTGACCTGCTTGCTC		
Consensus	(1951)	CCTACCTAGACTCAGCCGGCTCTCCACGCTTTGCCTGACCTGCTTGCTC	2001	2050
IL13 (EQ) 41BBZeta	(2001)	AACTCTACGTCTTTGTTTCGTTTTCTGTTCTGCGCCGTTACAGATCCAAG		
CD19Rop_epHIV7	(2001)	AACTCTACGTCTTTGTTTCGTTTTCTGTTCTGCGCCGTTACAGATCCAAG		
Consensus	(2001)	AACTCTACGTCTTTGTTTCGTTTTCTGTTCTGCGCCGTTACAGATCCAAG	2051	2100
IL13 (EQ) 41BBZeta	(2051)	CTGTGACCGGCGCCTACGGCTAGCGCCGCCACCATGCTGCTGCTGGTGAC		
CD19Rop_epHIV7	(2051)	CTGTGACCGGCGCCTACGGCTAGCGCCGCCACCATGCTGCTGCTGGTGAC		
Consensus	(2051)	CTGTGACCGGCGCCTACGGCTAGCGCCGCCACCATGCTGCTGCTGGTGAC	2101	2150
IL13 (EQ) 41BBZeta	(2101)	CAGCCTGCTGCTGTGCGAGCTGCCCCACCCCGCCTTTCTGCTGATCCCTG		
CD19Rop_epHIV7	(2101)	CAGCCTGCTGCTGTGCGAGCTGCCCCACCCCGCCTTTCTGCTGATCCCCG		
Consensus	(2101)	CAGCCTGCTGCTGTGCGAGCTGCCCCACCCCGCCTTTCTGCTGATCCC G	2151	2200
IL13 (EQ) 41BBZeta	(2151)	GC---CCCG-TGCCCCCTAGCACCGCC---CTGCGCTACCTGATCGAGGAA		
CD19Rop_epHIV7	(2151)	ACATCCAGATGACCCAGACCACCTCCAGCCTGAGCGCCAGCCTGGGCGAC		
Consensus	(2151)	C CC G TG CCC A CACC CC CTG GC C T G GA	2201	2250
IL13 (EQ) 41BBZeta	(2195)	CTGGTGA-----ACATCACCAGAACCAGAA		
CD19Rop_epHIV7	(2201)	CGGGTGACCATCAGCTGCCGGGCCAGCCAGGACATCAGCAAGTACCTGAA		
Consensus	(2201)	C GGTGA ACATCA C AG ACC GAA	2251	2300
IL13 (EQ) 41BBZeta	(2221)	-----AGCCC-----CC-----CTGTGCAAC----		
CD19Rop_epHIV7	(2251)	CTGGTATCAGCAGAAGCCCGACGGCACCCTCAAGCTGCTGATCTACCACA		
Consensus	(2251)	AGCCC CC CTG C AC	2301	2350
IL13 (EQ) 41BBZeta	(2237)	-----GGCAGCAT---GGTGTG-----		
CD19Rop_epHIV7	(2301)	CCAGCCGGCTGCACAGCGGCGTGCCAGCCGGTTTAGCGGCAGCGGCTCC		
Consensus	(2301)	GGC GCA GG GTG	2351	2400
IL13 (EQ) 41BBZeta	(2251)	-----GAGCATC---AACCTG-----		
CD19Rop_epHIV7	(2351)	GGCACCGACTACAGCCTGACCATCTCCAACCTGGAACAGGAAGATATCGC		
Consensus	(2351)	GA CATC AACCTG	2401	2450
IL13 (EQ) 41BBZeta	(2264)	-ACC-----GCCGGCATGT-----ACTG-----TGCCGCC-		
CD19Rop_epHIV7	(2401)	CACCTACTTTTGCCAGCAGGGCAACACACTGCCCTACACCTTTGGCGGCG		
Consensus	(2401)	ACC GCC GCA G ACTG TG CG C	2451	2500
IL13 (EQ) 41BBZeta	(2288)	-----CTGGAAA-----GCCTGATCAACGTGAGCGGCT-----		
CD19Rop_epHIV7	(2451)	GAACAAAGCTGGAAATCACCGGCAGCACCTCCGGCAGCGGCAAGCCTGGC		
Consensus	(2451)	CTGGAAA GC A C CG AGCGGC	2501	2550
IL13 (EQ) 41BBZeta	(2316)	-----GCAGCGCCATCG-----AGAAAA-----		

CD19Rop_epHIV7	(2501)	AGCGGCGAGGGCAGCACCAAGGGCGAGGTGAAGCTGCAGGAAAGCGGCCC	
Consensus	(2501)	GCAGC CCA G	AG AAA
		2551	2600
IL13 (EQ) 41BBZeta	(2334)	-----CCCAGCG-----	
CD19Rop_epHIV7	(2551)	TGGCCTGGTGGCCCCCAGCCAGAGCCTGAGCGTGACCTGCACCGTGAGCG	
Consensus	(2551)	CCCAGC	
		2601	2650
IL13 (EQ) 41BBZeta	(2341)	----GATGCTGTCCGGCTTCTGC-----CCCCACAAG	
CD19Rop_epHIV7	(2601)	GCGTGAGCCTGCCCCACTACGGCGTGAGCTGGATCCGGCAGCCCCCAGG	
Consensus	(2601)	GA CTG CCG CT C GC	CCCC CA G
		2651	2700
IL13 (EQ) 41BBZeta	(2369)	-----GTGTCCGCCGGAC-----AGTT	
CD19Rop_epHIV7	(2651)	AAGGGCCTGGAATGGCTGGGCGTGATCTGGGGCAGCGAGACCACCTACTA	
Consensus	(2651)		G G C GC GAC A T
		2701	2750
IL13 (EQ) 41BBZeta	(2386)	CAGCAGCCTGC--ACGTGCGGG-----ACACCAAGA	
CD19Rop_epHIV7	(2701)	CAACAGCGCCCTGAAGAGCCGGCTGACCATCATCAAGGACAACAGCAAGA	
Consensus	(2701)	CA CAGC C A G GC GG	ACA CAAGA
		2751	2800
IL13 (EQ) 41BBZeta	(2415)	TCGAGGTGGCCCAGTTCGTGAAGGACCTGCTG-----C	
CD19Rop_epHIV7	(2751)	GCCAGGTGTTCTTGAAGATGAACAGCCTGCAGACCGACGACACCGCCATC	
Consensus	(2751)	C AGGTG CC G TGAA CCTGC G	C
		2801	2850
IL13 (EQ) 41BBZeta	(2448)	TGCACCTG----AAGAA-----GCTGTTCCG----GGA---	
CD19Rop_epHIV7	(2801)	TACTACTGCGCCAAGCACTACTACTACGGCGGCAGCTACGCCATGGACTA	
Consensus	(2801)	T C CTG AAG A	GC G T CG GGA
		2851	2900
IL13 (EQ) 41BBZeta	(2473)	---GGGCCGGTTCAAC-----	
CD19Rop_epHIV7	(2851)	CTGGGGCCAGGGCACCAGCGTGACCGTGAGCAGCGAGAGCAAGTACGGCC	
Consensus	(2851)	GGGCC G CA C	GAGAGCAAGTACGGCC
		2901	2950
IL13 (EQ) 41BBZeta	(2502)		
CD19Rop_epHIV7	(2901)	CTCCCTGCCCCCCTTGCCCTGCCCCGAGTTCCTGGGCGGACCCAGCGTG	
Consensus	(2901)	CTCCCTGCCCCCCTTGCCCTGCCCC GAGTTC	GGGCGGACCCAGCGTG
		2951	3000
IL13 (EQ) 41BBZeta	(2552)		
CD19Rop_epHIV7	(2951)	TTCCTGTTCCCCCCCCAAGCCCAAGGACACCCTGATGATCAGCCGGACCCC	
Consensus	(2951)	TTCCTGTTCCCCCCCCAAGCCCAAGGACACCCTGATGATCAGCCGGACCCC	
		3001	3050
IL13 (EQ) 41BBZeta	(2602)		
CD19Rop_epHIV7	(3001)	CGAGGTGACCTGCGTGGTGGTGGACGTGAGCCAGGAAGATCCCCGAGGTCC	
Consensus	(3001)	GAGGTGACCTGCGTGGTGGTGGACGTGAGCCAGGAAGATCC	GAGGTCC
		3051	3100
IL13 (EQ) 41BBZeta	(2652)		
CD19Rop_epHIV7	(3051)	AGTTCAATTGGTACGTGGACGGCGTGGAGGTGCACAACGCCAAGACCAAG	
Consensus	(3051)	AGTTCAATTGGTACGTGGACGGCGTGGAGGTGCACAACGCCAAGACCAAG	
		3101	3150
IL13 (EQ) 41BBZeta	(2702)		
CD19Rop_epHIV7	(3101)	CCCAGGGAAGAGCAGTTCAACAGCACCTACCGGGTGGTGTCCGTGCTGAC	
Consensus	(3101)	CCCAGGGAAGAGCAGTTC A AGCACCTACCGGGTGGTGTCCGTGCTGAC	
		3151	3200
IL13 (EQ) 41BBZeta	(2752)		
CD19Rop_epHIV7	(3151)	CGTGCTGCACCAGGACTGGCTGAACGGCAAAGAATACAAGTGCAAGGTGT	
Consensus	(3151)	CGTGCTGCACCAGGACTGGCTGAACGGCAAAGAATACAAGTGCAAGGTGT	
		3201	3250

IL13 (EQ) 41BBZeta	(2802)		
CD19Rop_epHIV7	(3201)	CCAACAAGGGCCTGCCCAGCAGCATCGAGAAAACCATCAGCAAGGCCAAG	
Consensus	(3201)	CCAACAAGGGCCTGCCCAGCAGCATCGAGAAAACCATCAGCAAGGCCAAG	
		3251	3300
IL13 (EQ) 41BBZeta	(2852)		
CD19Rop_epHIV7	(3251)	GGCCAGCCTCGGGAGCCCCAGGTGTACACCCTGCCCCCTTCCCAGGAAGA	
Consensus	(3251)	GGCCAGCCTCGGGAGCCCCAGGTGTACACCCTGCCCCCTTCCCAGGAAGA	
		3301	3350
IL13 (EQ) 41BBZeta	(2902)		
CD19Rop_epHIV7	(3301)	GATGACCAAGAATCAGGTGTCCCTGACCTGCCTGGTGAAGGGCTTCTACC	
Consensus	(3301)	GATGACCAAGAATCAGGTGTCCCTGACCTGCCTGGTGAAGGGCTTCTACC	
		3351	3400
IL13 (EQ) 41BBZeta	(2952)		
CD19Rop_epHIV7	(3351)	CCAGCGACATCGCCGTGGAGTGGGAGAGCAACGGCCAGCCCGAGAACAAC	
Consensus	(3351)	CCAGCGACATCGCCGTGGAGTGGGAGAGCAACGGCCAGCCCGAGAACAAC	
		3401	3450
IL13 (EQ) 41BBZeta	(3002)	TACAAGACCACCCCCCTGTGCTGGACAGCGACGGCAGCTTCTTCCTGTA	
CD19Rop_epHIV7	(3401)	TACAAGACCACCCCCCTGTGCTGGACAGCGACGGCAGCTTCTTCCTGTA	
Consensus	(3401)	TACAAGACCACCCCCCTGTGCTGGACAGCGACGGCAGCTTCTTCCTGTA	
		3451	3500
IL13 (EQ) 41BBZeta	(3052)	CAGCAGGCTGACCGTGGACAAGAGCCGGTGGCAGGAAGGCAACGTCTTTA	
CD19Rop_epHIV7	(3451)	CAGCAGGCTGACCGTGGACAAGAGCCGGTGGCAGGAAGGCAACGTCTTTA	
Consensus	(3451)	CAGCAGGCTGACCGTGGACAAGAGCCGGTGGCAGGAAGGCAACGTCTTTA	
		3501	3550
IL13 (EQ) 41BBZeta	(3102)	GCTGCAGCGTGATGCACGAGGCCCTGCACAACCACTACACCCAGAAGAGC	
CD19Rop_epHIV7	(3501)	GCTGCAGCGTGATGCACGAGGCCCTGCACAACCACTACACCCAGAAGAGC	
Consensus	(3501)	GCTGCAGCGTGATGCACGAGGCCCTGCACAACCACTACACCCAGAAGAGC	
		3551	3600
IL13 (EQ) 41BBZeta	(3152)	CTGTCCCTGAGCCTGGGCAAG	
CD19Rop_epHIV7	(3551)	CTGTCCCTGAGCCTGGGCAAGATGGCCCTGATCGTGCTGGGCGGCGTGGC	
Consensus	(3551)	CTGTCCCTGAGCCTGGGCAAGATGGCCCTGATCGTGCTGGGCGGCGTGGC	
		3601	3650
IL13 (EQ) 41BBZeta	(3202)		
CD19Rop_epHIV7	(3601)	CGGGCTGCTGCTGTTTCATCGGCCTGGGCATCTTTTTTC-----	
Consensus	(3601)	CGGGCTGCTGCTGTTTCATCGGCCTGGGCATCTTTTTTC	
		3651	3700
IL13 (EQ) 41BBZeta	(3252)		
CD19Rop_epHIV7	(3638)	-----C-----	
Consensus	(3651)	C	
		3701	3750
IL13 (EQ) 41BBZeta	(3302)		
CD19Rop_epHIV7	(3639)	-----	
Consensus	(3701)		
		3751	3800
IL13 (EQ) 41BBZeta	(3352)	CGGGTGAAGTTCAGCCGGTCCGCCGACG	
CD19Rop_epHIV7	(3639)	-----GGGTGAAGTTCAGCCGGTCCGCCGACG	
Consensus	(3751)	GGGTGAAGTTCAGCCGGTCCGCCGACG	
		3801	3850
IL13 (EQ) 41BBZeta	(3402)	CCCCTGCCTACCAGCAGGGCCAGAACCAGCTGTACAACGAGCTGAACCTG	
CD19Rop_epHIV7	(3666)	CCCCTGCCTACCAGCAGGGCCAGAACCAGCTGTACAACGAGCTGAACCTG	
Consensus	(3801)	CCCCTGCCTACCAGCAGGGCCAGAACCAGCTGTACAACGAGCTGAACCTG	
		3851	3900
IL13 (EQ) 41BBZeta	(3452)	GGCAGGCGGGAGGAATACGACGTGCTGGACAAGCGGAGAGGCCGGGACCC	
CD19Rop_epHIV7	(3716)	GGCAGGCGGGAGGAATACGACGTGCTGGACAAGCGGAGAGGCCGGGACCC	
Consensus	(3851)	GGCAGGCGGGAGGAATACGACGTGCTGGACAAGCGGAGAGGCCGGGACCC	

		3901	3950
IL13 (EQ) 41BBZeta	(3502)	TGAGATGGGCGGCAAGCCTCGGCGGAAGAACCCCCAGGAAGGCCTGTATA	
CD19Rop_epHIV7	(3766)	TGAGATGGGCGGCAAGCCCAGGCGGAAGAACCCTCAGGAAGGCCTGTATA	
Consensus	(3901)	TGAGATGGGCGGCAAGCC GCGGAAGAACCC CAGGAAGGCCTGTATA	
		3951	4000
IL13 (EQ) 41BBZeta	(3552)	ACGAACTGCAGAAAGACAAGATGGCCGAGGCCTACAGCGAGATCGGCATG	
CD19Rop_epHIV7	(3816)	ACGAACTGCAGAAAGACAAGATGGCCGAGGCCTACAGCGAGATCGGCATG	
Consensus	(3951)	ACGAACTGCAGAAAGACAAGATGGCCGAGGCCTACAGCGAGATCGGCATG	
		4001	4050
IL13 (EQ) 41BBZeta	(3602)	AAGGGCGAGCGGAGGCGGGGCAAGGGCCACGACGGCCTGTATCAGGGCCT	
CD19Rop_epHIV7	(3866)	AAGGGCGAGCGGCGGAGGGGCAAGGGCCACGACGGCCTGTACCAGGGCCT	
Consensus	(4001)	AAGGGCGAGCGG GG GGGGCAAGGGCCACGACGGCCTGTA CAGGGCCT	
		4051	4100
IL13 (EQ) 41BBZeta	(3652)	GTCCACCGCCACCAAGGATACCTACGACGCCCTGCACATGCAGGCCCTGC	
CD19Rop_epHIV7	(3916)	GAGCACCGCCACCAAGGATACCTACGACGCCCTGCACATGCAGGCCCTGC	
Consensus	(4051)	G CACCGCCACCAAGGATACCTACGACGCCCTGCACATGCAGGCCCTGC	
		4101	4150
IL13 (EQ) 41BBZeta	(3702)	CCCCAAGG	
CD19Rop_epHIV7	(3966)	CCCC-----	
Consensus	(4101)	CCCC	
		4151	4200
IL13 (EQ) 41BBZeta	(3752)		
CD19Rop_epHIV7	(3970)	-----	
Consensus	(4151)		
		4201	4250
IL13 (EQ) 41BBZeta	(3802)		
CD19Rop_epHIV7	(3970)	-----	
Consensus	(4201)		
		4251	4300
IL13 (EQ) 41BBZeta	(3852)		
CD19Rop_epHIV7	(3970)	-----	
Consensus	(4251)		
		4301	4350
IL13 (EQ) 41BBZeta	(3902)		
CD19Rop_epHIV7	(3970)	-----	
Consensus	(4301)		
		4351	4400
IL13 (EQ) 41BBZeta	(3952)		
CD19Rop_epHIV7	(3970)	-----	
Consensus	(4351)		
		4401	4450
IL13 (EQ) 41BBZeta	(4002)		
CD19Rop_epHIV7	(3970)	-----	
Consensus	(4401)		
		4451	4500
IL13 (EQ) 41BBZeta	(4052)		
CD19Rop_epHIV7	(3970)	-----	
Consensus	(4451)		
		4501	4550
IL13 (EQ) 41BBZeta	(4102)		
CD19Rop_epHIV7	(3970)	-----	
Consensus	(4501)		
		4551	4600
IL13 (EQ) 41BBZeta	(4152)		
CD19Rop_epHIV7	(3970)	-----	

Consensus	(4551)		
		4601	4650
IL13 (EQ) 41BBZeta	(4202)		
CD19Rop_epHIV7	(3970)	-----	
Consensus	(4601)		
		4651	4700
IL13 (EQ) 41BBZeta	(4252)		
CD19Rop_epHIV7	(3970)	-----	
Consensus	(4651)		
		4701	4750
IL13 (EQ) 41BBZeta	(4302)		
CD19Rop_epHIV7	(3970)	-----C-----AGG-----	
Consensus	(4701)	C AGG	
		4751	4800
IL13 (EQ) 41BBZeta	(4352)		
CD19Rop_epHIV7	(3974)	-----T-----	
Consensus	(4751)		
		4801	4850
IL13 (EQ) 41BBZeta	(4402)		
CD19Rop_epHIV7	(3975)	-----	
Consensus	(4801)		
		4851	4900
IL13 (EQ) 41BBZeta	(4452)		
CD19Rop_epHIV7	(3975)	-----	
Consensus	(4851)		
		4901	4950
IL13 (EQ) 41BBZeta	(4502)		
CD19Rop_epHIV7	(3975)	-----	
Consensus	(4901)		
		4951	5000
IL13 (EQ) 41BBZeta	(4552)		
CD19Rop_epHIV7	(3975)	-----	
Consensus	(4951)		
		5001	5050
IL13 (EQ) 41BBZeta	(4602)		
CD19Rop_epHIV7	(3975)	-----	
Consensus	(5001)		
		5051	5100
IL13 (EQ) 41BBZeta	(4652)		
CD19Rop_epHIV7	(3975)	-----	
Consensus	(5051)		
		5101	5150
IL13 (EQ) 41BBZeta	(4702)		
CD19Rop_epHIV7	(3975)	-----	
Consensus	(5101)		
		5151	5200
IL13 (EQ) 41BBZeta	(4752)	TCTAGACCCGGGCTGCAGGAATTCGATATCAAGCTTATCGATAATCAA	
CD19Rop_epHIV7	(3975)	-----GACCCGGGCTGCAGGAATTCGATATCAAGCTTATCGATAATCAA	
Consensus	(5151)	GACCCGGGCTGCAGGAATTCGATATCAAGCTTATCGATAATCAA	
		5201	5250
IL13 (EQ) 41BBZeta	(4802)	CCTCTGGATTACAAAATTTGTGAAAGATTGACTGGTATTCTTAACTATGT	
CD19Rop_epHIV7	(4019)	CCTCTGGATTACAAAATTTGTGAAAGATTGACTGGTATTCTTAACTATGT	
Consensus	(5201)	CCTCTGGATTACAAAATTTGTGAAAGATTGACTGGTATTCTTAACTATGT	
		5251	5300
IL13 (EQ) 41BBZeta	(4852)	TGCTCCTTTTACGCTATGTGGATACGCTGCTTTAATGCCTTTGTATCATG	

CD19Rop_epHIV7	(4069)	TGCTCCTTTTACGCTATGTGGATACGCTGCTTTAATGCCTTTGTATCATG	
Consensus	(5251)	TGCTCCTTTTACGCTATGTGGATACGCTGCTTTAATGCCTTTGTATCATG	5350
IL13 (EQ) 41BBZeta	(4902)	CTATTGCTTCCCGTATGGCTTTTCATTTTCTCCTCCTTGATATAAATCCTGG	
CD19Rop_epHIV7	(4119)	CTATTGCTTCCCGTATGGCTTTTCATTTTCTCCTCCTTGATATAAATCCTGG	
Consensus	(5301)	CTATTGCTTCCCGTATGGCTTTTCATTTTCTCCTCCTTGATATAAATCCTGG	5400
IL13 (EQ) 41BBZeta	(4952)	TTGCTGTCTCTTTATGAGGAGTTGTGGCCCGTTGTCAGGCAACGTGGCGT	
CD19Rop_epHIV7	(4169)	TTGCTGTCTCTTTATGAGGAGTTGTGGCCCGTTGTCAGGCAACGTGGCGT	
Consensus	(5351)	TTGCTGTCTCTTTATGAGGAGTTGTGGCCCGTTGTCAGGCAACGTGGCGT	5450
IL13 (EQ) 41BBZeta	(5002)	GGTGTGCACTGTGTTTGTCTGACGCAACCCCCACTGGTTGGGGCATTGCCA	
CD19Rop_epHIV7	(4219)	GGTGTGCACTGTGTTTGTCTGACGCAACCCCCACTGGTTGGGGCATTGCCA	
Consensus	(5401)	GGTGTGCACTGTGTTTGTCTGACGCAACCCCCACTGGTTGGGGCATTGCCA	5500
IL13 (EQ) 41BBZeta	(5052)	CCACCTGTCAGCTCCTTTCCGGGACTTTCGCTTTCCCCCTCCCTATTGCC	
CD19Rop_epHIV7	(4269)	CCACCTGTCAGCTCCTTTCCGGGACTTTCGCTTTCCCCCTCCCTATTGCC	
Consensus	(5451)	CCACCTGTCAGCTCCTTTCCGGGACTTTCGCTTTCCCCCTCCCTATTGCC	5550
IL13 (EQ) 41BBZeta	(5102)	ACGGCGGAACATCATCGCCGCCTGCCTTGCCCGCTGCTGGACAGGGGCTCG	
CD19Rop_epHIV7	(4319)	ACGGCGGAACATCATCGCCGCCTGCCTTGCCCGCTGCTGGACAGGGGCTCG	
Consensus	(5501)	ACGGCGGAACATCATCGCCGCCTGCCTTGCCCGCTGCTGGACAGGGGCTCG	5600
IL13 (EQ) 41BBZeta	(5152)	GCTGTTGGGCACTGACAATTCCGTGGTGTGTGCGGGGAAATCATCGTCTT	
CD19Rop_epHIV7	(4369)	GCTGTTGGGCACTGACAATTCCGTGGTGTGTGCGGGGAAATCATCGTCTT	
Consensus	(5551)	GCTGTTGGGCACTGACAATTCCGTGGTGTGTGCGGGGAAATCATCGTCTT	5650
IL13 (EQ) 41BBZeta	(5202)	TTCTTTGGCTGCTCGCCTGTGTTGCCACCTGGATTCTGCGCGGGACGTCC	
CD19Rop_epHIV7	(4419)	TTCTTTGGCTGCTCGCCTGTGTTGCCACCTGGATTCTGCGCGGGACGTCC	
Consensus	(5601)	TTCTTTGGCTGCTCGCCTGTGTTGCCACCTGGATTCTGCGCGGGACGTCC	5700
IL13 (EQ) 41BBZeta	(5252)	TTCTGCTACGTCCCTTCGGCCCTCAATCCAGCGGACCTTCCTTCCCGCGG	
CD19Rop_epHIV7	(4469)	TTCTGCTACGTCCCTTCGGCCCTCAATCCAGCGGACCTTCCTTCCCGCGG	
Consensus	(5651)	TTCTGCTACGTCCCTTCGGCCCTCAATCCAGCGGACCTTCCTTCCCGCGG	5750
IL13 (EQ) 41BBZeta	(5302)	CCTGCTGCCGGCTCTGCGGCCTCTTCCGCGTCTTCGCCTTCGCCCTCAGA	
CD19Rop_epHIV7	(4519)	CCTGCTGCCGGCTCTGCGGCCTCTTCCGCGTCTTCGCCTTCGCCCTCAGA	
Consensus	(5701)	CCTGCTGCCGGCTCTGCGGCCTCTTCCGCGTCTTCGCCTTCGCCCTCAGA	5800
IL13 (EQ) 41BBZeta	(5352)	CGAGTCGGATCTCCCTTTGGGCCGCTCCCCGCATCGATAACCGTCGACTA	
CD19Rop_epHIV7	(4569)	CGAGTCGGATCTCCCTTTGGGCCGCTCCCCGCATCGATAACCGTCGACTA	
Consensus	(5751)	CGAGTCGGATCTCCCTTTGGGCCGCTCCCCGCATCGATAACCGTCGACTA	5850
IL13 (EQ) 41BBZeta	(5402)	GCCGTACCTTTAAGACCAATGACTTACAAGGCAGCTGTAGATCTTAGCCA	
CD19Rop_epHIV7	(4619)	GCCGTACCTTTAAGACCAATGACTTACAAGGCAGCTGTAGATCTTAGCCA	
Consensus	(5801)	GCCGTACCTTTAAGACCAATGACTTACAAGGCAGCTGTAGATCTTAGCCA	5900
IL13 (EQ) 41BBZeta	(5452)	CTTTTTAAAAGAAAAGGGGGGACTGGAAGGGCTAATTCACTCCCAAAGAA	
CD19Rop_epHIV7	(4669)	CTTTTTAAAAGAAAAGGGGGGACTGGAAGGGCTAATTCACTCCCAAAGAA	
Consensus	(5851)	CTTTTTAAAAGAAAAGGGGGGACTGGAAGGGCTAATTCACTCCCAAAGAA	5950
IL13 (EQ) 41BBZeta	(5502)	GACAAGATCTGCTTTTTGCCTGTACTGGGTCTCTCTGGTTAGACCAGATC	
CD19Rop_epHIV7	(4719)	GACAAGATCTGCTTTTTGCCTGTACTGGGTCTCTCTGGTTAGACCAGATC	
Consensus	(5901)	GACAAGATCTGCTTTTTGCCTGTACTGGGTCTCTCTGGTTAGACCAGATC	6000

IL13 (EQ) 41BBZeta	(5552)	TGAGCCTGGGAGCTCTCTGGCTAACTAGGGAACCCACTGCTTAAGCCTCA	
CD19Rop_epHIV7	(4769)	TGAGCCTGGGAGCTCTCTGGCTAACTAGGGAACCCACTGCTTAAGCCTCA	
Consensus	(5951)	TGAGCCTGGGAGCTCTCTGGCTAACTAGGGAACCCACTGCTTAAGCCTCA	6050
IL13 (EQ) 41BBZeta	(5602)	ATAAAGCTTGCCCTTGAGTGCTTCAAGTAGTGTGTGCCCGTCTGTTGTGTG	
CD19Rop_epHIV7	(4819)	ATAAAGCTTGCCCTTGAGTGCTTCAAGTAGTGTGTGCCCGTCTGTTGTGTG	
Consensus	(6001)	ATAAAGCTTGCCCTTGAGTGCTTCAAGTAGTGTGTGCCCGTCTGTTGTGTG	6100
IL13 (EQ) 41BBZeta	(5652)	ACTCTGGTAACTAGAGATCCCTCAGACCCCTTTTAGTCAGTGTTGGAAAATC	
CD19Rop_epHIV7	(4869)	ACTCTGGTAACTAGAGATCCCTCAGACCCCTTTTAGTCAGTGTTGGAAAATC	
Consensus	(6051)	ACTCTGGTAACTAGAGATCCCTCAGACCCCTTTTAGTCAGTGTTGGAAAATC	6150
IL13 (EQ) 41BBZeta	(5702)	TCTAGCAGAATTCGATATCAAGCTTATCGATACCGTCGACCTCGAGGGGG	
CD19Rop_epHIV7	(4919)	TCTAGCAGAATTCGATATCAAGCTTATCGATACCGTCGACCTCGAGGGGG	
Consensus	(6101)	TCTAGCAGAATTCGATATCAAGCTTATCGATACCGTCGACCTCGAGGGGG	6200
IL13 (EQ) 41BBZeta	(5752)	GGCCCGGTACCCAATTCGCCCTATAGTGAGTCGTATTACAATTCACTGGC	
CD19Rop_epHIV7	(4969)	GGCCCGGTACCCAATTCGCCCTATAGTGAGTCGTATTACAATTCACTGGC	
Consensus	(6151)	GGCCCGGTACCCAATTCGCCCTATAGTGAGTCGTATTACAATTCACTGGC	6250
IL13 (EQ) 41BBZeta	(5802)	CGTCGTTTTACAACGTCGTGACTGGGAAAACCCCTGGCGTTACCCAACCTTA	
CD19Rop_epHIV7	(5019)	CGTCGTTTTACAACGTCGTGACTGGGAAAACCCCTGGCGTTACCCAACCTTA	
Consensus	(6201)	CGTCGTTTTACAACGTCGTGACTGGGAAAACCCCTGGCGTTACCCAACCTTA	6300
IL13 (EQ) 41BBZeta	(5852)	ATCGCCTTGCAGCACATCCCCCTTTCCGCCAGCTGGCGTAATAGCGAAGAG	
CD19Rop_epHIV7	(5069)	ATCGCCTTGCAGCACATCCCCCTTTCCGCCAGCTGGCGTAATAGCGAAGAG	
Consensus	(6251)	ATCGCCTTGCAGCACATCCCCCTTTCCGCCAGCTGGCGTAATAGCGAAGAG	6350
IL13 (EQ) 41BBZeta	(5902)	GCCCGCACCGATCGCCCTTCCCAACAGTTGCGCAGCCTGAATGGCGAATG	
CD19Rop_epHIV7	(5119)	GCCCGCACCGATCGCCCTTCCCAACAGTTGCGCAGCCTGAATGGCGAATG	
Consensus	(6301)	GCCCGCACCGATCGCCCTTCCCAACAGTTGCGCAGCCTGAATGGCGAATG	6400
IL13 (EQ) 41BBZeta	(5952)	GAAATTGTAAGCGTTAATATTTTGTAAAATTTCGCGTTAAATTTTTGTTA	
CD19Rop_epHIV7	(5169)	GAAATTGTAAGCGTTAATATTTTGTAAAATTTCGCGTTAAATTTTTGTTA	
Consensus	(6351)	GAAATTGTAAGCGTTAATATTTTGTAAAATTTCGCGTTAAATTTTTGTTA	6450
IL13 (EQ) 41BBZeta	(6002)	AATCAGCTCATTTTTTAACCAATAGGCCGAAATCGGCAAAATCCCTTATA	
CD19Rop_epHIV7	(5219)	AATCAGCTCATTTTTTAACCAATAGGCCGAAATCGGCAAAATCCCTTATA	
Consensus	(6401)	AATCAGCTCATTTTTTAACCAATAGGCCGAAATCGGCAAAATCCCTTATA	6500
IL13 (EQ) 41BBZeta	(6052)	AATCAAAAGAATAGACCGAGATAGGGTTGAGTGTTGTTCCAGTTTGGAAC	
CD19Rop_epHIV7	(5269)	AATCAAAAGAATAGACCGAGATAGGGTTGAGTGTTGTTCCAGTTTGGAAC	
Consensus	(6451)	AATCAAAAGAATAGACCGAGATAGGGTTGAGTGTTGTTCCAGTTTGGAAC	6550
IL13 (EQ) 41BBZeta	(6102)	AAGAGTCCACTATTAAAGAACGTGGACTCCAACGTCAAAGGGCGAAAAAC	
CD19Rop_epHIV7	(5319)	AAGAGTCCACTATTAAAGAACGTGGACTCCAACGTCAAAGGGCGAAAAAC	
Consensus	(6501)	AAGAGTCCACTATTAAAGAACGTGGACTCCAACGTCAAAGGGCGAAAAAC	6600
IL13 (EQ) 41BBZeta	(6152)	CGTCTATCAGGGCGATGGCCCACTACGTGAACCATCACCTAATCAAGTT	
CD19Rop_epHIV7	(5369)	CGTCTATCAGGGCGATGGCCCACTACGTGAACCATCACCTAATCAAGTT	
Consensus	(6551)	CGTCTATCAGGGCGATGGCCCACTACGTGAACCATCACCTAATCAAGTT	6650
IL13 (EQ) 41BBZeta	(6202)	TTTTGGGGTCGAGGTGCCGTAAAGCACTAAATCGGAACCCTAAAGGGAGC	
CD19Rop_epHIV7	(5419)	TTTTGGGGTCGAGGTGCCGTAAAGCACTAAATCGGAACCCTAAAGGGAGC	
Consensus	(6601)	TTTTGGGGTCGAGGTGCCGTAAAGCACTAAATCGGAACCCTAAAGGGAGC	

		6651	6700
IL13 (EQ) 41BBZeta	(6252)	CCCCGATTTAGAGCTTGACGGGGAAAGCCGGCGAACGTGGCGAGAAAGGA	
CD19Rop_epHIV7	(5469)	CCCCGATTTAGAGCTTGACGGGGAAAGCCGGCGAACGTGGCGAGAAAGGA	
Consensus	(6651)	CCCCGATTTAGAGCTTGACGGGGAAAGCCGGCGAACGTGGCGAGAAAGGA	
		6701	6750
IL13 (EQ) 41BBZeta	(6302)	AGGGAAGAAAGCGAAAGGAGCGGGCGCTAGGGCGCTGGCAAGTGTAGCGG	
CD19Rop_epHIV7	(5519)	AGGGAAGAAAGCGAAAGGAGCGGGCGCTAGGGCGCTGGCAAGTGTAGCGG	
Consensus	(6701)	AGGGAAGAAAGCGAAAGGAGCGGGCGCTAGGGCGCTGGCAAGTGTAGCGG	
		6751	6800
IL13 (EQ) 41BBZeta	(6352)	TCACGCTGCGCGTAACCACCACACCCGCCGCGCTTAATGCGCCGCTACAG	
CD19Rop_epHIV7	(5569)	TCACGCTGCGCGTAACCACCACACCCGCCGCGCTTAATGCGCCGCTACAG	
Consensus	(6751)	TCACGCTGCGCGTAACCACCACACCCGCCGCGCTTAATGCGCCGCTACAG	
		6801	6850
IL13 (EQ) 41BBZeta	(6402)	GGCGCGTCAGGTGGCACTTTTCGGGGAAATGTGCGCGGAACCCCTATTTG	
CD19Rop_epHIV7	(5619)	GGCGCGTCAGGTGGCACTTTTCGGGGAAATGTGCGCGGAACCCCTATTTG	
Consensus	(6801)	GGCGCGTCAGGTGGCACTTTTCGGGGAAATGTGCGCGGAACCCCTATTTG	
		6851	6900
IL13 (EQ) 41BBZeta	(6452)	TTTATTTTTCTAAATACATTCAAATATGTATCCGCTCATGAGACAATAAC	
CD19Rop_epHIV7	(5669)	TTTATTTTTCTAAATACATTCAAATATGTATCCGCTCATGAGACAATAAC	
Consensus	(6851)	TTTATTTTTCTAAATACATTCAAATATGTATCCGCTCATGAGACAATAAC	
		6901	6950
IL13 (EQ) 41BBZeta	(6502)	CCTGATAAATGCTTCAATAATATTGAAAAAGGAAGAGTATGAGTATTCAA	
CD19Rop_epHIV7	(5719)	CCTGATAAATGCTTCAATAATATTGAAAAAGGAAGAGTATGAGTATTCAA	
Consensus	(6901)	CCTGATAAATGCTTCAATAATATTGAAAAAGGAAGAGTATGAGTATTCAA	
		6951	7000
IL13 (EQ) 41BBZeta	(6552)	CATTTCCGTGTCGCCCTTATTCCCTTTTTTTCGGGCATTTTGCCCTTCCTGT	
CD19Rop_epHIV7	(5769)	CATTTCCGTGTCGCCCTTATTCCCTTTTTTTCGGGCATTTTGCCCTTCCTGT	
Consensus	(6951)	CATTTCCGTGTCGCCCTTATTCCCTTTTTTTCGGGCATTTTGCCCTTCCTGT	
		7001	7050
IL13 (EQ) 41BBZeta	(6602)	TTTTGCTCACCCAGAAACGCTGGTGAAAGTAAAAGATGCTGAAGATCAGT	
CD19Rop_epHIV7	(5819)	TTTTGCTCACCCAGAAACGCTGGTGAAAGTAAAAGATGCTGAAGATCAGT	
Consensus	(7001)	TTTTGCTCACCCAGAAACGCTGGTGAAAGTAAAAGATGCTGAAGATCAGT	
		7051	7100
IL13 (EQ) 41BBZeta	(6652)	TGGGTGCACGAGTGGGTTACATCGAACTGGATCTCAACAGCGGTAAGATC	
CD19Rop_epHIV7	(5869)	TGGGTGCACGAGTGGGTTACATCGAACTGGATCTCAACAGCGGTAAGATC	
Consensus	(7051)	TGGGTGCACGAGTGGGTTACATCGAACTGGATCTCAACAGCGGTAAGATC	
		7101	7150
IL13 (EQ) 41BBZeta	(6702)	CTTGAGAGTTTTTCGCCCCGAAGAACGTTTTTCCAATGATGAGCACTTTTAA	
CD19Rop_epHIV7	(5919)	CTTGAGAGTTTTTCGCCCCGAAGAACGTTTTTCCAATGATGAGCACTTTTAA	
Consensus	(7101)	CTTGAGAGTTTTTCGCCCCGAAGAACGTTTTTCCAATGATGAGCACTTTTAA	
		7151	7200
IL13 (EQ) 41BBZeta	(6752)	AGTTCTGCTATGTGGCGCGGTATTATCCCGTATTGACGCCGGGCAAGAGC	
CD19Rop_epHIV7	(5969)	AGTTCTGCTATGTGGCGCGGTATTATCCCGTATTGACGCCGGGCAAGAGC	
Consensus	(7151)	AGTTCTGCTATGTGGCGCGGTATTATCCCGTATTGACGCCGGGCAAGAGC	
		7201	7250
IL13 (EQ) 41BBZeta	(6802)	AACTCGGTCGCCGCATACACTATTCTCAGAATGACTTGGTTGAGTACTCA	
CD19Rop_epHIV7	(6019)	AACTCGGTCGCCGCATACACTATTCTCAGAATGACTTGGTTGAGTACTCA	
Consensus	(7201)	AACTCGGTCGCCGCATACACTATTCTCAGAATGACTTGGTTGAGTACTCA	
		7251	7300
IL13 (EQ) 41BBZeta	(6852)	CCAGTCACAGAAAAGCATCTTACGGATGGCATGACAGTAAGAGAATTATG	
CD19Rop_epHIV7	(6069)	CCAGTCACAGAAAAGCATCTTACGGATGGCATGACAGTAAGAGAATTATG	
Consensus	(7251)	CCAGTCACAGAAAAGCATCTTACGGATGGCATGACAGTAAGAGAATTATG	
		7301	7350
IL13 (EQ) 41BBZeta	(6902)	CAGTGCTGCCATAACCATGAGTGATAAACTGCGGCCAACTTACTTCTGA	
CD19Rop_epHIV7	(6119)	CAGTGCTGCCATAACCATGAGTGATAAACTGCGGCCAACTTACTTCTGA	

Consensus	(7301)	CAGTGCTGCCATAACCATGAGTGATAAACTGCGGCCAACTTACTTCTGA	7351	7400
IL13 (EQ) 41BBZeta	(6952)	CAACGATCGGAGGACCGAAGGAGCTAACCGCTTTTTTGCACAACATGGGG		
CD19Rop_epHIV7	(6169)	CAACGATCGGAGGACCGAAGGAGCTAACCGCTTTTTTGCACAACATGGGG		
Consensus	(7351)	CAACGATCGGAGGACCGAAGGAGCTAACCGCTTTTTTGCACAACATGGGG	7401	7450
IL13 (EQ) 41BBZeta	(7002)	GATCATGTAACTCGCCTTGATCGTTGGGAACCGGAGCTGAATGAAGCCAT		
CD19Rop_epHIV7	(6219)	GATCATGTAACTCGCCTTGATCGTTGGGAACCGGAGCTGAATGAAGCCAT		
Consensus	(7401)	GATCATGTAACTCGCCTTGATCGTTGGGAACCGGAGCTGAATGAAGCCAT	7451	7500
IL13 (EQ) 41BBZeta	(7052)	ACCAAACGACGAGCGTGACACCACGATGCCTGTAGCAATGGCAACAACGT		
CD19Rop_epHIV7	(6269)	ACCAAACGACGAGCGTGACACCACGATGCCTGTAGCAATGGCAACAACGT		
Consensus	(7451)	ACCAAACGACGAGCGTGACACCACGATGCCTGTAGCAATGGCAACAACGT	7501	7550
IL13 (EQ) 41BBZeta	(7102)	TGCGCAAACCTATTAACCTGGCGAACTACTTACTCTAGCTTCCCGGCAACAA		
CD19Rop_epHIV7	(6319)	TGCGCAAACCTATTAACCTGGCGAACTACTTACTCTAGCTTCCCGGCAACAA		
Consensus	(7501)	TGCGCAAACCTATTAACCTGGCGAACTACTTACTCTAGCTTCCCGGCAACAA	7551	7600
IL13 (EQ) 41BBZeta	(7152)	TTAATAGACTGGATGGAGGCGGATAAAGTTGCAGGACCACTTCTGCGCTC		
CD19Rop_epHIV7	(6369)	TTAATAGACTGGATGGAGGCGGATAAAGTTGCAGGACCACTTCTGCGCTC		
Consensus	(7551)	TTAATAGACTGGATGGAGGCGGATAAAGTTGCAGGACCACTTCTGCGCTC	7601	7650
IL13 (EQ) 41BBZeta	(7202)	GGCCCTTCCGGCTGGCTGGTTTATTGCTGATAAATCTGGAGCCGGTGAGC		
CD19Rop_epHIV7	(6419)	GGCCCTTCCGGCTGGCTGGTTTATTGCTGATAAATCTGGAGCCGGTGAGC		
Consensus	(7601)	GGCCCTTCCGGCTGGCTGGTTTATTGCTGATAAATCTGGAGCCGGTGAGC	7651	7700
IL13 (EQ) 41BBZeta	(7252)	GTGGGTCTCGCGGTATCATTGCAGCACTGGGGCCAGATGGTAAGCCCTCC		
CD19Rop_epHIV7	(6469)	GTGGGTCTCGCGGTATCATTGCAGCACTGGGGCCAGATGGTAAGCCCTCC		
Consensus	(7651)	GTGGGTCTCGCGGTATCATTGCAGCACTGGGGCCAGATGGTAAGCCCTCC	7701	7750
IL13 (EQ) 41BBZeta	(7302)	CGTATCGTAGTTATCTACACGACGGGGAGTCAGGCAACTATGGATGAACG		
CD19Rop_epHIV7	(6519)	CGTATCGTAGTTATCTACACGACGGGGAGTCAGGCAACTATGGATGAACG		
Consensus	(7701)	CGTATCGTAGTTATCTACACGACGGGGAGTCAGGCAACTATGGATGAACG	7751	7800
IL13 (EQ) 41BBZeta	(7352)	AAATAGACAGATCGCTGAGATAGGTGCCTCACTGATTAAGCATTGGTAAC		
CD19Rop_epHIV7	(6569)	AAATAGACAGATCGCTGAGATAGGTGCCTCACTGATTAAGCATTGGTAAC		
Consensus	(7751)	AAATAGACAGATCGCTGAGATAGGTGCCTCACTGATTAAGCATTGGTAAC	7801	7850
IL13 (EQ) 41BBZeta	(7402)	TGTCAGACCAAGTTTACTCATATATACTTTAGATTGATTTAAAACTTCAT		
CD19Rop_epHIV7	(6619)	TGTCAGACCAAGTTTACTCATATATACTTTAGATTGATTTAAAACTTCAT		
Consensus	(7801)	TGTCAGACCAAGTTTACTCATATATACTTTAGATTGATTTAAAACTTCAT	7851	7900
IL13 (EQ) 41BBZeta	(7452)	TTTTAATTTAAAAGGATCTAGGTGAAGATCCTTTTTTGATAATCTCATGAC		
CD19Rop_epHIV7	(6669)	TTTTAATTTAAAAGGATCTAGGTGAAGATCCTTTTTTGATAATCTCATGAC		
Consensus	(7851)	TTTTAATTTAAAAGGATCTAGGTGAAGATCCTTTTTTGATAATCTCATGAC	7901	7950
IL13 (EQ) 41BBZeta	(7502)	CAAAATCCCTTAACGTGAGTTTTTCGTTCCACTGAGCGTCAGACCCCGTAG		
CD19Rop_epHIV7	(6719)	CAAAATCCCTTAACGTGAGTTTTTCGTTCCACTGAGCGTCAGACCCCGTAG		
Consensus	(7901)	CAAAATCCCTTAACGTGAGTTTTTCGTTCCACTGAGCGTCAGACCCCGTAG	7951	8000
IL13 (EQ) 41BBZeta	(7552)	AAAAGATCAAAGGATCTTCTTGAGATCCTTTTTTTCTGCGCGTAATCTGC		
CD19Rop_epHIV7	(6769)	AAAAGATCAAAGGATCTTCTTGAGATCCTTTTTTTCTGCGCGTAATCTGC		
Consensus	(7951)	AAAAGATCAAAGGATCTTCTTGAGATCCTTTTTTTCTGCGCGTAATCTGC	8001	8050
IL13 (EQ) 41BBZeta	(7602)	TGCTTGCAAACAAAAAACACCGCTACCAGCGGTGGTTTGTGTGCCGA		

CD19Rop_epHIV7	(6819)	TGCTTGCAAACAAAAAACCACCGCTACCAGCGGTGGTTTGTTCGCCGA	
Consensus	(8001)	TGCTTGCAAACAAAAAACCACCGCTACCAGCGGTGGTTTGTTCGCCGA	8100
IL13 (EQ) 41BBZeta	(7652)	TCAAGAGCTACCAACTCTTTTTCCGAAGGTAAGTGGCTTCAGCAGAGCGC	
CD19Rop_epHIV7	(6869)	TCAAGAGCTACCAACTCTTTTTCCGAAGGTAAGTGGCTTCAGCAGAGCGC	
Consensus	(8051)	TCAAGAGCTACCAACTCTTTTTCCGAAGGTAAGTGGCTTCAGCAGAGCGC	8150
IL13 (EQ) 41BBZeta	(7702)	AGATACCAAATACTGTTCTTCTAGTGTAGCCGTAGTTAGGCCACCACTTC	
CD19Rop_epHIV7	(6919)	AGATACCAAATACTGTTCTTCTAGTGTAGCCGTAGTTAGGCCACCACTTC	
Consensus	(8101)	AGATACCAAATACTGTTCTTCTAGTGTAGCCGTAGTTAGGCCACCACTTC	8200
IL13 (EQ) 41BBZeta	(7752)	AAGAACTCTGTAGCACC GCCTACATACCTCGCTCTGCTAATCCTGTTACC	
CD19Rop_epHIV7	(6969)	AAGAACTCTGTAGCACC GCCTACATACCTCGCTCTGCTAATCCTGTTACC	
Consensus	(8151)	AAGAACTCTGTAGCACC GCCTACATACCTCGCTCTGCTAATCCTGTTACC	8250
IL13 (EQ) 41BBZeta	(7802)	AGTGGCTGCTGCCAGTGGCGATAAGTCGTGTCTTACCGGGTTGGACTCAA	
CD19Rop_epHIV7	(7019)	AGTGGCTGCTGCCAGTGGCGATAAGTCGTGTCTTACCGGGTTGGACTCAA	
Consensus	(8201)	AGTGGCTGCTGCCAGTGGCGATAAGTCGTGTCTTACCGGGTTGGACTCAA	8300
IL13 (EQ) 41BBZeta	(7852)	GACGATAGTTACCGGATAAAGGCGCAGCGGTCGGGCTGAACGGGGGTTTCG	
CD19Rop_epHIV7	(7069)	GACGATAGTTACCGGATAAAGGCGCAGCGGTCGGGCTGAACGGGGGTTTCG	
Consensus	(8251)	GACGATAGTTACCGGATAAAGGCGCAGCGGTCGGGCTGAACGGGGGTTTCG	8350
IL13 (EQ) 41BBZeta	(7902)	TGCACACAGCCCAGCTTGGAGCGAACGACCTACACCGAACTGAGATACCT	
CD19Rop_epHIV7	(7119)	TGCACACAGCCCAGCTTGGAGCGAACGACCTACACCGAACTGAGATACCT	
Consensus	(8301)	TGCACACAGCCCAGCTTGGAGCGAACGACCTACACCGAACTGAGATACCT	8400
IL13 (EQ) 41BBZeta	(7952)	ACAGCGTGAGCTATGAGAAAGCGCCACGCTTCCCGAAGGGAGAAAAGCGG	
CD19Rop_epHIV7	(7169)	ACAGCGTGAGCTATGAGAAAGCGCCACGCTTCCCGAAGGGAGAAAAGCGG	
Consensus	(8351)	ACAGCGTGAGCTATGAGAAAGCGCCACGCTTCCCGAAGGGAGAAAAGCGG	8450
IL13 (EQ) 41BBZeta	(8002)	ACAGGTATCCGGTAAGCGGCAGGGTCGGAACAGGAGAGCGCACGAGGGAG	
CD19Rop_epHIV7	(7219)	ACAGGTATCCGGTAAGCGGCAGGGTCGGAACAGGAGAGCGCACGAGGGAG	
Consensus	(8401)	ACAGGTATCCGGTAAGCGGCAGGGTCGGAACAGGAGAGCGCACGAGGGAG	8500
IL13 (EQ) 41BBZeta	(8052)	CTTCCAGGGGGAAACGCCTGGTATCTTTATAGTCCTGTCGGGTTTCGCCA	
CD19Rop_epHIV7	(7269)	CTTCCAGGGGGAAACGCCTGGTATCTTTATAGTCCTGTCGGGTTTCGCCA	
Consensus	(8451)	CTTCCAGGGGGAAACGCCTGGTATCTTTATAGTCCTGTCGGGTTTCGCCA	8550
IL13 (EQ) 41BBZeta	(8102)	CCTCTGACTTGAGCGTCGATTTTTGTGATGCTCGTCAGGGGGCGGAGCC	
CD19Rop_epHIV7	(7319)	CCTCTGACTTGAGCGTCGATTTTTGTGATGCTCGTCAGGGGGCGGAGCC	
Consensus	(8501)	CCTCTGACTTGAGCGTCGATTTTTGTGATGCTCGTCAGGGGGCGGAGCC	8600
IL13 (EQ) 41BBZeta	(8152)	TATGGAAAAACGCCAGCAACCGCGCCTTTTTACGGTTCCTGGCCTTTTGC	
CD19Rop_epHIV7	(7369)	TATGGAAAAACGCCAGCAACCGCGCCTTTTTACGGTTCCTGGCCTTTTGC	
Consensus	(8551)	TATGGAAAAACGCCAGCAACCGCGCCTTTTTACGGTTCCTGGCCTTTTGC	8650
IL13 (EQ) 41BBZeta	(8202)	TGGCCTTTTGCTCACATGTTCTTTCTGCGTTATCCCCTGATTCTGTGGA	
CD19Rop_epHIV7	(7419)	TGGCCTTTTGCTCACATGTTCTTTCTGCGTTATCCCCTGATTCTGTGGA	
Consensus	(8601)	TGGCCTTTTGCTCACATGTTCTTTCTGCGTTATCCCCTGATTCTGTGGA	8700
IL13 (EQ) 41BBZeta	(8252)	TAACCGTATTACCGCCTTTGAGTGAGCTGATACCGCTCGCCGCAGCCGAA	
CD19Rop_epHIV7	(7469)	TAACCGTATTACCGCCTTTGAGTGAGCTGATACCGCTCGCCGCAGCCGAA	
Consensus	(8651)	TAACCGTATTACCGCCTTTGAGTGAGCTGATACCGCTCGCCGCAGCCGAA	8750

IL13 (EQ) 41BBZeta	(8302)	CGACCGAGCGCAGCGAGTCAGTGAGCGAGGAAGCGGAAGAGCGCCCAATA	
CD19Rop_epHIV7	(7519)	CGACCGAGCGCAGCGAGTCAGTGAGCGAGGAAGCGGAAGAGCGCCCAATA	
Consensus	(8701)	CGACCGAGCGCAGCGAGTCAGTGAGCGAGGAAGCGGAAGAGCGCCCAATA	8800
IL13 (EQ) 41BBZeta	(8352)	CGCAAACCGCCTCTCCCCGCGCGTTGGCCGATTCATTAATGCAGCTGGCA	
CD19Rop_epHIV7	(7569)	CGCAAACCGCCTCTCCCCGCGCGTTGGCCGATTCATTAATGCAGCTGGCA	
Consensus	(8751)	CGCAAACCGCCTCTCCCCGCGCGTTGGCCGATTCATTAATGCAGCTGGCA	8850
IL13 (EQ) 41BBZeta	(8402)	CGACAGGTTTTCCCGACTTGAAAGCGGGCAGTGAGCGCAACGCAATTAATG	
CD19Rop_epHIV7	(7619)	CGACAGGTTTTCCCGACTTGAAAGCGGGCAGTGAGCGCAACGCAATTAATG	
Consensus	(8801)	CGACAGGTTTTCCCGACTTGAAAGCGGGCAGTGAGCGCAACGCAATTAATG	8900
IL13 (EQ) 41BBZeta	(8452)	TGAGTTAGCTCACTCATTAGGCACCCAGGCTTTACACTTTATGCTTCCG	
CD19Rop_epHIV7	(7669)	TGAGTTAGCTCACTCATTAGGCACCCAGGCTTTACACTTTATGCTTCCG	
Consensus	(8851)	TGAGTTAGCTCACTCATTAGGCACCCAGGCTTTACACTTTATGCTTCCG	8950
IL13 (EQ) 41BBZeta	(8502)	GCTCGTATGTTGTGTGGAATTGTGAGCGGATAACAATTTACACAGGAAA	
CD19Rop_epHIV7	(7719)	GCTCGTATGTTGTGTGGAATTGTGAGCGGATAACAATTTACACAGGAAA	
Consensus	(8901)	GCTCGTATGTTGTGTGGAATTGTGAGCGGATAACAATTTACACAGGAAA	9000
IL13 (EQ) 41BBZeta	(8552)	CAGCTATGACCATGATTACGCCAAGCTCGAAATTAACCCCTACTAAAGGG	
CD19Rop_epHIV7	(7769)	CAGCTATGACCATGATTACGCCAAGCTCGAAATTAACCCCTACTAAAGGG	
Consensus	(8951)	CAGCTATGACCATGATTACGCCAAGCTCGAAATTAACCCCTACTAAAGGG	9050
IL13 (EQ) 41BBZeta	(8602)	AACAAAAGCTGGAGCTCCACCGCGGTGGCGGCCTCGAGGTCGAGATCCGG	
CD19Rop_epHIV7	(7819)	AACAAAAGCTGGAGCTCCACCGCGGTGGCGGCCTCGAGGTCGAGATCCGG	
Consensus	(9001)	AACAAAAGCTGGAGCTCCACCGCGGTGGCGGCCTCGAGGTCGAGATCCGG	9100
IL13 (EQ) 41BBZeta	(8652)	TCGACCAGCAACCATAGTCCCGCCCCTAACTCCGCCCATCCCGCCCCTAA	
CD19Rop_epHIV7	(7869)	TCGACCAGCAACCATAGTCCCGCCCCTAACTCCGCCCATCCCGCCCCTAA	
Consensus	(9051)	TCGACCAGCAACCATAGTCCCGCCCCTAACTCCGCCCATCCCGCCCCTAA	9150
IL13 (EQ) 41BBZeta	(8702)	CTCCGCCCAGTTCCGCCCATTCTCCGCCCCATGGCTGACTAATTTTTTTTT	
CD19Rop_epHIV7	(7919)	CTCCGCCCAGTTCCGCCCATTCTCCGCCCCATGGCTGACTAATTTTTTTTT	
Consensus	(9101)	CTCCGCCCAGTTCCGCCCATTCTCCGCCCCATGGCTGACTAATTTTTTTTT	9200
IL13 (EQ) 41BBZeta	(8752)	ATTTATGCAGAGGCCGAGGCCGCTCGGCCTCTGAGCTATTCCAGAAGTA	
CD19Rop_epHIV7	(7969)	ATTTATGCAGAGGCCGAGGCCGCTCGGCCTCTGAGCTATTCCAGAAGTA	
Consensus	(9151)	ATTTATGCAGAGGCCGAGGCCGCTCGGCCTCTGAGCTATTCCAGAAGTA	9250
IL13 (EQ) 41BBZeta	(8802)	GTGAGGAGGCTTTTTTGGAGGCCTAGGCTTTTGCAAAAAGCTTCGACGGT	
CD19Rop_epHIV7	(8019)	GTGAGGAGGCTTTTTTGGAGGCCTAGGCTTTTGCAAAAAGCTTCGACGGT	
Consensus	(9201)	GTGAGGAGGCTTTTTTGGAGGCCTAGGCTTTTGCAAAAAGCTTCGACGGT	9300
IL13 (EQ) 41BBZeta	(8852)	ATCGATTGGCTCATGTCCAACATTACCGCCATGTTGACATTGATTATTGA	
CD19Rop_epHIV7	(8069)	ATCGATTGGCTCATGTCCAACATTACCGCCATGTTGACATTGATTATTGA	
Consensus	(9251)	ATCGATTGGCTCATGTCCAACATTACCGCCATGTTGACATTGATTATTGA	9350
IL13 (EQ) 41BBZeta	(8902)	CTAGTTATTAATAGTAATCAATTACGGGGTCATTAGTTTCATAGCCCATAT	
CD19Rop_epHIV7	(8119)	CTAGTTATTAATAGTAATCAATTACGGGGTCATTAGTTTCATAGCCCATAT	
Consensus	(9301)	CTAGTTATTAATAGTAATCAATTACGGGGTCATTAGTTTCATAGCCCATAT	9400
IL13 (EQ) 41BBZeta	(8952)	ATGGAGTTCCGCGTTACATAACTTACGGTAAATGGCCCGCCTGGCTGACC	
CD19Rop_epHIV7	(8169)	ATGGAGTTCCGCGTTACATAACTTACGGTAAATGGCCCGCCTGGCTGACC	
Consensus	(9351)	ATGGAGTTCCGCGTTACATAACTTACGGTAAATGGCCCGCCTGGCTGACC	

		9401	9450
IL13 (EQ) 41BBZeta	(9002)	GCCCAACGACCCCCGCCATTGACGTCAATAATGACGTATGTTCCCATAG	
CD19Rop_epHIV7	(8219)	GCCCAACGACCCCCGCCATTGACGTCAATAATGACGTATGTTCCCATAG	
Consensus	(9401)	GCCCAACGACCCCCGCCATTGACGTCAATAATGACGTATGTTCCCATAG	
		9451	9500
IL13 (EQ) 41BBZeta	(9052)	TAACGCCAATAGGGACTTTCCATTGACGTCAATGGGTGGAGTATTTACGG	
CD19Rop_epHIV7	(8269)	TAACGCCAATAGGGACTTTCCATTGACGTCAATGGGTGGAGTATTTACGG	
Consensus	(9451)	TAACGCCAATAGGGACTTTCCATTGACGTCAATGGGTGGAGTATTTACGG	
		9501	9550
IL13 (EQ) 41BBZeta	(9102)	TAAACTGCCCACCTTGGCAGTACATCAAGTGTATCATATGCCAAGTACGCC	
CD19Rop_epHIV7	(8319)	TAAACTGCCCACCTTGGCAGTACATCAAGTGTATCATATGCCAAGTACGCC	
Consensus	(9501)	TAAACTGCCCACCTTGGCAGTACATCAAGTGTATCATATGCCAAGTACGCC	
		9551	9600
IL13 (EQ) 41BBZeta	(9152)	CCCTATTGACGTCAATGACGGTAAATGGCCCGCCTGGCATTATGCCCAGT	
CD19Rop_epHIV7	(8369)	CCCTATTGACGTCAATGACGGTAAATGGCCCGCCTGGCATTATGCCCAGT	
Consensus	(9551)	CCCTATTGACGTCAATGACGGTAAATGGCCCGCCTGGCATTATGCCCAGT	
		9601	9650
IL13 (EQ) 41BBZeta	(9202)	ACATGACCTTATGGGACTTTCTACTTGGCAGTACATCTACGTATTAGTC	
CD19Rop_epHIV7	(8419)	ACATGACCTTATGGGACTTTCTACTTGGCAGTACATCTACGTATTAGTC	
Consensus	(9601)	ACATGACCTTATGGGACTTTCTACTTGGCAGTACATCTACGTATTAGTC	
		9651	9700
IL13 (EQ) 41BBZeta	(9252)	ATCGCTATTACCATGGTGATGCGGTTTTGGCAGTACATCAATGGGCGTGG	
CD19Rop_epHIV7	(8469)	ATCGCTATTACCATGGTGATGCGGTTTTGGCAGTACATCAATGGGCGTGG	
Consensus	(9651)	ATCGCTATTACCATGGTGATGCGGTTTTGGCAGTACATCAATGGGCGTGG	
		9701	9750
IL13 (EQ) 41BBZeta	(9302)	ATAGCGGTTTGACTCACGGGGATTTCCAAGTCTCCACCCCATTTGACGTCA	
CD19Rop_epHIV7	(8519)	ATAGCGGTTTGACTCACGGGGATTTCCAAGTCTCCACCCCATTTGACGTCA	
Consensus	(9701)	ATAGCGGTTTGACTCACGGGGATTTCCAAGTCTCCACCCCATTTGACGTCA	
		9751	9800
IL13 (EQ) 41BBZeta	(9352)	ATGGGAGTTTGTTTTGGCACCAAAATCAACGGGACTTTCCAAAATGTCTGT	
CD19Rop_epHIV7	(8569)	ATGGGAGTTTGTTTTGGCACCAAAATCAACGGGACTTTCCAAAATGTCTGT	
Consensus	(9751)	ATGGGAGTTTGTTTTGGCACCAAAATCAACGGGACTTTCCAAAATGTCTGT	
		9801	9850
IL13 (EQ) 41BBZeta	(9402)	AACAACCTCCGCCCCATTGACGCAAATGGGCGGTAGGCGTGTACGGAATTC	
CD19Rop_epHIV7	(8619)	AACAACCTCCGCCCCATTGACGCAAATGGGCGGTAGGCGTGTACGGAATTC	
Consensus	(9801)	AACAACCTCCGCCCCATTGACGCAAATGGGCGGTAGGCGTGTACGGAATTC	
		9851	9900
IL13 (EQ) 41BBZeta	(9452)	GGAGTGGCGAGCCCTCAGATCCTGCATATAAGCAGCTGCTTTTTGCCTGT	
CD19Rop_epHIV7	(8669)	GGAGTGGCGAGCCCTCAGATCCTGCATATAAGCAGCTGCTTTTTGCCTGT	
Consensus	(9851)	GGAGTGGCGAGCCCTCAGATCCTGCATATAAGCAGCTGCTTTTTGCCTGT	
		9901	9914
IL13 (EQ) 41BBZeta	(9502)	ACTGGGTCTCTCTG	
CD19Rop_epHIV7	(8719)	ACTGGGTCTCTCTG	
Consensus	(9901)	ACTGGGTCTCTCTG	

FIGURE 19

IL13(EmY)-CD8h3-CD8tm2-41BB-Zeta

MLLLVTSLLLCELPHPAFLLIPGPVPPSTALRYLIEELVNITQNQKAPLCNGSMVWSINLTAGM

GMCSFRa signal peptide IL13(EmY)

YCAALESLINVSGCSAIEKTQRMLSGFCPHKVSAGQFSSLHVRDTKIEVAQFVKDLLHLKKLF

REGRFNAKPTTTPAPRPPTPAPTIASQPLSLRPEACRPAAGGAVHTRGLDFACDIYWAPLAG

CD8hinge (48 aa)

CD8tm(2)

TCGVLLLSLVITLYKRGGRKKLLYIFKQPFMRPVQTTQEEDGCSCRFPEEEEGGCELGGGRVKFS

4-1BB cyto

CD3ζ

RSADAPAYQQGQNQLYNELNLGRREEYDVLDKRRGRDPEMGGKPRRKNPQEGLYNELQKDKMAEAYSEIGMKGERRRGKGHDGLYQGLSTATKDTYDALHMQALPPR

GMCSFRa signal peptide

IL13(EmY)

CD8hinge

CD8 transmembrane (2)

4-1BB cyto

(Gly)3

Zeta

FIGURE 20

IL13(EmY)-CD8h3-CD28tm-CD28gg-41BB-Zeta

MLLLVTSLLLCELPHPAFLLIPGPVPPSTALR~~Y~~LIEELVNITQNQKAPLCNGSMVWSINLTAGM

GMCSFRa signal peptide IL13(EmY)

YCAALESLINVSGCSAIEKTQRMLSGFCPHKVSAGQFSSLHVRDTKIEVAQFVKDLLHLKKLF
REGRFNAKPTTTPAPRPPTPAPTIASQPLSLRPEACRPAAGGAVHTRGLDFACDFWVLVVVG

CD8 hinge (48 aa)

CD28tm

GVLACYSLLVTVAFIIFWVRSKRSRGGHSDYMNMTPRRPGPTRKHYQPYAPPRDFAAYRSG

CD28gg

GGKRGGRKKLLYIFKQPFMRPVQTTQEEDGCSCRFPEEEGGCELGGGRVKFSRSADAPAYQ

4-1BB cyto

CD3ζ

QGQNQLYNELNLGRREEYDVLDKRRGRDPEMGGKPRRKNPQEGLYNELQKDKMAEAYSEIGMKGERRRGKGHDGLYQGLSTATKDTYDALHMQALPPR

GMCSFRa signal peptide

IL13(EmY)

CD8hinge

CD28 transmembrane

CD28gg

4-1BB cyto

(Gly)₃

Zeta

FIGURE 21

IL13(EmY)-IgG4(HL-CH3)-CD4tm-41BB-Zeta

MLLLVTSLLLCELPHPAFLLIPGPVPPSTALRYLIEELVNITQNQKAPLCNGSMVWSINLTAGM
 GMCSFRa signal peptide IL13(EmY)

YCAALESLINVSGCSAIEKTQRM LSGFCPHKVSAGQFSSLHVRDTKIEVAQFVKDLLHLKKLF

REGRFNESKYGPPCPPCPGGGSSGGGSGGQPREPQVYTLPPSQEEMTKNQVSLTCLVKGFY
 IgG4Hinge Linker IgG4-CH3

PSDIAVEWESNGQPENNYKTTTPVLDSDGSFFLYSRLTVDKSRWQEGNVFSCSVMHEALHN

HYTQKSLSLSLGKMALIVLGGVAGLLLFIGLGIFFKRGRKKLLYIFKQPFMRPVQTTQEEDGCS
 CD4 tm 4-1BB cyto

CRFPEEEEGGCELGGGRVKFSRSADAPAYQQGQNQLYNELNLGRREEYDVLDKRRGRDPE
 CD3ζ

MGGKPRRKNPQEGLYNELQKDKMAEAYSEIGMKGERRRGKGHDGLYQGLSTATKDTYDALHMQALPPR

GMCSFRa signal peptide
 IL13(EmY)
 IgG4Hinge
 Linker
 IgG4-Fc-CH3
 CD4 transmembrane
 4-1BB cyto
 (Gly)3
 Zeta

FIGURE 22

IL13(EmY)-IgG4(L235E,N297Q)-CD8tm-41BB-Zeta

MLLLVTSLLLCELPHPAFLLIPGPVPPSTALRY ILIEELVNITQNQKAPLCNGSMVWSINLTAGM
 GMCSFRa signal peptide IL13(EmY)

YCAALESLINVSGCSAIEKTQRMLSGFCPHKVSAGQFSSLHVRDTKIEVAQFVKDLLHLKKLF

REGRFNESKYGPPCP CPAPEFEGGPSVFLFPPKPKDTLMISRTPEVTCVVVDVSQEDPEVQF
 IgG4-Fc(SmP)

NWYVDGVEVHNAKTKPREEQFQSTYRVVSVLTVLHQDWLNGKEYKCKVSNKGLPSSIEKTISKAKGQPREPQVYTLPPSQEEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPVL

DSDGSFFLYSRLTVDKSRWQEGNVFSCSVMHEALHNHYTQKSLSLGLGKIYIWAPLAGTCGV
 CD8 tm

LLLSLVITKRGRKKLLYIFKQPFMRPVQTTQEEDGCSCRFPEEEEGGCELG GGGRVKFSRSADAP
 4-1BB cyto CD3ζ

AYQQGQNQLYNELNLGRREEYDVLDKRRGRDPEMGGKPRRKNPQEGLYNELQKDKMAEAYSEIGMKGERRRGKGHDGLYQGLSTATKDTYDALHMQALPPR

GMCSFRa signal peptide

IL13(EmY)

IgG4-Fc(SmP)

CD8 transmembrane

4-1BB cyto

(Gly)₃

Zeta

FIGURE 23

IL13(EmY)-Linker-CD28tm-CD28gg-41BB-Zeta

MLLLVTSLLLCELPHPAFLLIPGPVPPSTALRYLIEELVNITQNQKAPLCNGSMVWSINLTAGM
 GMCSFRa signal peptide IL13(EmY)

YCAALESLINVSGCSAIEKTQRMLSGFCPHKVSAGQFSSLHVRDTKIEVAQFVKDLLHLKKLF

REGRFNGGGSSGGGSGMFVVLVVVGVLACYSLLVTVAFIIFWVRSKRSRGGHSDYMNM
 Linker CD28(M) tm CD28gg

TPRRPGPTRKHYPYAPPRDFAAYRSGGGKRGRKKLLYIFKQPFMRPVQTTQEEDGCSCRFP
 4-1BB cyto

EEEEGGCELGGGRVKFSRSADAPAYQQGQNQLYNELNLGRREEYDVLDKRRGRDPEMGGK
 CD3ζ

PRRKNPQEGLYNELQKDKMAEAYSEIGMKGERRRGKGHDGLYQGLSTATKDTYDALHMQALPPR

GMCSFRa signal peptide
 IL13(EmY)
 Linker
 CD28(M) transmembrane
 CD28gg
 4-1BB cyto
 (Gly)₃
 Zeta

FIGURE 24

IL13(EmY)-HL-CD28m-CD28gg-41BB-Zeta

MLLLVTSLLLCELPHPAFLLIPGPVPPSTALRY ILIEELVNITQNQKAPLCNGSMVWSINLTAGM
 GMCSFRa signal peptide IL13(EmY)

YCAALESLINVSGCSAIEKTQRMLSGFCPHKVSAGQFSSLHVRDTKIEVAQFVKDLLHLKKLF

REGRFNESKYGPPCP PCPGGGSSGGGSGMFWVLVVVGGVLACYSLLVTVAFIIFWVRSKRS
 IgG4Hinge Linker CD28(M) tm

CD28gg

RGGHSDYMNMTPRRPGPTRKHYPYAPPRDFAAYRS GGGKRGRKKLLYIFKQPFMRPVQT
 4-1BB cyto

TQEEDGCSCRFPEEEEGGCEL GGGRVKFSRSADAPAYQQGQNQLYNELNLGRREEYDVLDK
 CD3ζ

RRGRDPEMGGKPRRKNPQEGLYNELQKDKMAEAYSEIGMKGERRRGKGHDGLYQGLSTA

TKDTYDALHMQALPPR

GMCSFRa signal peptide
 IL13(EmY)
 IgG4Hinge
 Linker
 CD28(M) transmembrane
 CD28gg
 4-1BB cyto
 (Gly)3
 Zeta

Figure 25

IL13(EmY)-IgG4(HL-CH3)-CD28tm-CD28gg-41BB-Zeta

MLLLVTSLLLCELPHPAFLIPGPVPPSTALRY LIEELVNITQNQKAPLCNGSMVWSINLTAGM
 GMCSFRa signal peptide IL13(EmY)

YCAALESLINVSGCSAIEKTQRMLSGFCPHKVSAGQFSSLHVRDTKIEVAQFVKDLLHLKKLF

REGRFNESKYGPPCP PCPGGGSSGGGSGGQPREPQVYTLPPSQEEMTKNQVSLTCLVKGFY
 IgG4Hinge Linker IgG4 CH3

PSDIAVEWESNGQPENNYKTTTPVLDSDGSFFLYSRLTVDKSRWQEGNVFSCSVMHEALHN

HYTQKSLSLSLGKMFVVLVVVGGVLACYSLLVTVAFIIFWVRSKRSRGGHSDYMNMTPRRP
 CD28(M) tm CD28gg

GPTRKHYPYAPPRDFAAYRSGGGKGRGKLLYIFKQPFMRPVQTTQEEDGCSCRFPEEEEG
 4-1BB cyto

GCELGGGRVKFSRSADAPAYQQGQNQLYNELNLGRREEYDVLDKRRGRDPPEMGGKPRRK
 CD3ζ

NPQEGLYNELQKDKMAEAYSEIGMKGERRRGKGHDGLYQGLSTATKDTYDALHMQALPPR

GMCSFRa signal peptide
 IL13(EmY)
 IgG4Hinge
 Linker
 IgG4 CH3
 CD28 transmembrane
 CD28gg
 4-1BB cyto
 (Gly)3
 Zeta

FIGURE 26

IL13(EmY)-IgG4(L235E,N297Q)-CD28tm-CD28gg-41BB-Zeta

MLLLVTSLLLCELPHPAFLIPGPVPPSTALRY LIEELVNITQNQKAPLCNGSMVWSINLTAGM
 GMCSFRa signal peptide IL13(EmY)

YCAALESLINVSGCSAIEKTQRMISGFCPHKVSAGQFSSLHVRDTKIEVAQFVKDLLHLKKLF

REGRFNESKYGPPCP PCPAPEFEGGPSVFLFPPKPKDTLMISRTPEVTCVVVDVSQEDPEVQF
 IgG4-Fc(L235E,N297Q)

NWYVDGVEVHNAKTKPREEQFQSTYRVVSVLTVLHQDWLNGKEYKCKVSNKGLPSSIEKTISKAKGQPREPQVYTLPPSQEEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPVL

DSDGSFFLYSRLTVDKSRWQEGNVFSCSVMHEALHNHYTQKSLSLGLKMF FWVLVVG
 CD28(M) tm

LACYSLLVTVAFIIFWVR SKRSRGGHSDYMNMTPRRPGPTRKHYQPYAPPRDFAAYRSGGG
 CD28gg

KRGRKKLLYIFKQPFMRPVQTTQEEDGCSCRFPEEEEGGCE LGGRVKFSRSADAPAYQQG
 4-1BB cyto CD3ζ

QNQLYNELNLGRREEYDVLDKRRGRDPEMGGKPRRKNPQEGLYNELQKDKMAEAYSEIGMKGERRRGKGHDGLYQGLSTATKDTYDALHMQALPPR

GMCSFRa signal peptide
 IL13(EmY)
 IgG4-Fc(L235E,N297Q)
 CD28 (M) transmembrane
 CD28gg
 (Gly)3
 4-1BB cyto
 (Gly)3
 Zeta

FIGURE 27

IL13(EmY)-CD8h3-CD8tm-41BB-Zeta

MLLLVTSLLLCELPHPAFLIPGPVPPSTALRY  LIEELVNITQNQKAPLCNGSMVWSINLTAGM

GMCSFRa signal peptide IL13(EmY)

YCAALESLINVSGCSAIEKTQRMLSGFCPHKVSAGQFSSLHVRDTKIEVAQFVKDLLHLKKLF
REGRFNAKPTTTPAPRPPTPAPTIASQPLSLRPEACRPAAGGAVHTRGLDFACDIYIWAPLAG


CD8hinge (48 aa)

CD8tm

TCGVLLLSLVITGGGKRGRKKLLYIFKQPFMRPVQTTQEEDGCSCRFPEEEEGGCELGGGRVK

4-1BB cyto

CD3ζ

FSRSADAPAYQQGQNQLYNELNLGRREEYDVLDKRRGRDPGGKPRRKNPQEGLYNELO
KDKMAEAYSEIGMKGERRRGKGHDGLYQGLSTATKDTYDALHMQALPPRGMCSFRa signal peptide
IL13(EmY)
CD8hinge
CD8 transmembrane
(Gly)₃
4-1BB cyto
(Gly)₃
Zeta

INTERNATIONAL SEARCH REPORT

International application No
PCT/US2015/051089

A. CLASSIFICATION OF SUBJECT MATTER
INV. C07K14/715 C07K14/54 C07K19/00 C12N15/867
ADD. C12N5/0783

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 C12N

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, WPI Data, EMBL, BIOSIS

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	WO 2010/025177 A1 (HOPE CITY [US]; JENSEN MICHAEL [US]) 4 March 2010 (2010-03-04)	1-8,10,11
Y	whole document, especially the claims. -----	9,12-28
X	S. KONG ET AL: "Suppression of Human Glioma Xenografts with Second-Generation IL13R-Specific Chimeric Antigen Receptor-Modified T Cells", CLINICAL CANCER RESEARCH, vol. 18, no. 21, 1 November 2012 (2012-11-01), pages 5949-5960, XP055242650, US ISSN: 1078-0432, DOI: 10.1158/1078-0432.CCR-12-0319 whole document, especially page 5950 right column paragraph 3. ----- -/-	1-4,7,8,10,11



Further documents are listed in the continuation of Box C.



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INTERNATIONAL SEARCH REPORT

International application No

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C(Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT		
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
Y	<p>MAHESH JONNALAGADDA ET AL: "Chimeric antigen receptors (CARs) incorporating mutations in the IgG4 Fc spacer region to eliminate Fc receptor recognition results in improved CAR T cell persistence and anti-tumor efficacy", JOURNAL FOR IMMUNOTHERAPY OF CANCER, BIOMED CENTRAL LTD, LONDON, UK, vol. 1, no. Suppl 1, 7 November 2013 (2013-11-07), page P18, XP021167131, ISSN: 2051-1426, DOI: 10.1186/2051-1426-1-S1-P18 the whole document</p>	9,12-28
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INTERNATIONAL SEARCH REPORT

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International application No

PCT/US2015/051089

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