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(57) Abstract: Antibodies that bind to CCX-CKR2 and methods of their use are provided.

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REAGENTS THAT BIND CCX-CKR2

[01]

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BACKGROUND OF THE INVENTION

[02] Chemokines constitute a family of small cytokines that are, *inter alia*,
 10 produced in inflammation and regulate leukocyte recruitment, activation and proliferation
 (Baggiolini, M. *et al.*, *Adv. Immunol.* 55: 97-179 (1994); Springer, T. A., *Annu. Rev. Physiol.*
 57: 827-872 (1995); and Schall, T. J. and K. B. Bacon, *Curr. Opin. Immunol.* 6: 865-873
 (1994)). Chemokines are capable of selectively inducing chemotaxis of the formed elements
 of the blood (other than red blood cells), including leukocytes such as neutrophils,
 15 monocytes, macrophages, eosinophils, basophils, mast cells, and lymphocytes, including T
 cells and B cells. In addition to stimulating chemotaxis, other changes can be selectively
 induced by chemokines in responsive cells, including changes in cell shape, transient rises in
 the concentration of intracellular free calcium ions (Ca^{2+}), granule exocytosis, integrin
 upregulation, formation of bioactive lipids (e.g., leukotrienes), expression of cytokines, and
 20 respiratory burst, associated with leukocyte activation, growth and proliferation. Thus, the
 chemokines are early triggers of the inflammatory response, causing inflammatory mediator
 release, chemotaxis and extravasation to sites of infection or inflammation.

[03] Two subfamilies of chemokines, designated as CXC and CC
 chemokines, are distinguished by the arrangement of the first two of four conserved cysteine
 25 residues, which are either separated by one amino acid (as in CXC chemokines SDF-1, IL-8,
 IP-10, MIG, PF4, ENA-78, GCP-2, GRO α , GRO β , GRO γ , NAP-2, NAP-4, I-TAC) or are
 adjacent residues (as in CC chemokines MIP-1 α , MIP-1 β , RANTES, MCP-1, MCP-2, MCP-
 3, I-309). Most CXC chemokines attract neutrophil leukocytes. For example, the CXC
 chemokines interleukin 8 (IL-8), platelet factor 4 (PF4), and neutrophil-activating peptide 2
 30 (NAP-2) are potent chemoattractants and activators of neutrophils. The CXC chemokines
 designated MIG (monokine induced by gamma interferon) and IP-10 (interferon- γ inducible
 10 kDa protein) are particularly active in inducing chemotaxis of activated peripheral blood

lymphocytes. CC chemokines are generally less selective and can attract a variety of leukocyte cell types, including monocytes, eosinophils, basophils, T lymphocytes, granulocytes and natural killer cells. CC chemokines such as human monocyte chemotactic proteins 1-3 (MCP-1, MCP-2 and MCP-3), RANTES (Regulated on Activation, Normal T
5 Expressed and Secreted), and the macrophage inflammatory proteins 1 α and 1 β (MIP-1 α and MIP-1 β) have been characterized as chemoattractants and activators of monocytes or lymphocytes, but do not appear to be chemoattractants for neutrophils.

[04] CC and CXC chemokines act through receptors that belong to a superfamily of seven transmembrane spanning G protein-coupled receptors (Murphy, P. M.,
10 *Pharmacol Rev.* 52:145-176 (2000)). This family of G-protein coupled receptors comprises a large group of integral membrane proteins, containing seven transmembrane-spanning regions. The receptors may be coupled to G proteins, which are heterotrimeric regulatory proteins capable of binding GTP and mediating signal transduction from coupled receptors, for example, by the production of intracellular mediators. Additionally chemokine receptors
15 may act independently of G protein coupling. For instance the Duffy receptor expressed predominantly on red blood cells is a promiscuous chemokine binding receptor which is believed to act as a chemokine, removing chemokines from the circulatory environment.

[05] Generally speaking, chemokine and chemokine receptor interactions tend to be promiscuous in that one chemokine can bind many chemokine receptors and
20 conversely a single chemokine receptor can interact with several chemokines. There are a few exceptions to this rule; one such exception has been the interaction between SDF-1 and CXCR4 (Bleul *et al.*, *J Exp Med*, 184(3): 1101-9 (1996); Oberlin *et al.*, *Nature*, 382(6594): 833-5 (1996)). Originally identified as a pre-B cell growth-stimulating factor (Nagasawa *et al.*, *Proc Natl Acad Sci U S A*, 91(6): 2305-9 (1994)), SDF-1 has been the only reported
25 human ligand for CXCR4. The SDF-1 gene encodes two proteins, designated SDF-1 α and SDF-1 β , by alternative splicing. These two proteins are identical except for the four amino acid residues that are present in the N-terminus of SDF-1 β and absent from SDF-1 α .

[06] There are many aspects of chemokine receptor signaling and selectivity for ligands that were not previously understood. For example, there are a number
30 of orphan receptors for which no function has been previously determined. RDC1, for example, though earlier thought to be a receptor for vasoactive intestinal peptide (VIP), until recently has been considered to be an orphan receptor because its endogenous ligand has not been identified. *See, e.g.*, Cook *et al.*, *FEBS Letts.* 300(2):149-152 (1992).

[07] Recently, RDC1, renamed as CCX-CKR2, was determined to bind to both chemokines SDF-1 and I-TAC. *See, e.g.*, International Publication No. WO 2005/044792 A3, Publication Nos. US 2004/0170634 A1, US 2005/0074826 A1 and US 2005/0214287 A1.

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BRIEF SUMMARY OF THE INVENTION

[08] The present invention provides antibodies that competitively inhibit binding of a competitor antibody to CCX-CKR2, wherein the competitor antibody comprises the complementarity determining region (CDR) of:

10 SEQ ID NO:12 and SEQ ID NO:14; or
 SEQ ID NO:16 and SEQ ID NO:18.

[09] In some embodiments, the antibody is linked to a detectable label. In some embodiments, the antibody is linked to a radioisotope or a cytotoxic chemical.

15 [10] In some embodiments, the antibody is a monoclonal antibody. In some embodiments, the antibody is an antibody fragment. In some embodiments, the antibody is a humanized antibody.

20 [11] In some embodiments, the antibody comprises the complementarity determining regions (CDRs) of SEQ ID NO:12 and/or SEQ ID NO:14 or CDRs substantially identical to the CDRs of SEQ ID NO:12 and/or SEQ ID NO:14. In some embodiments, the antibody comprises SEQ ID NO:12 and/or SEQ ID NO:14.

 [12] In some embodiments, the antibody comprises the complementarity determining regions (CDRs) of SEQ ID NO:16 and/or SEQ ID NO:18 or CDRs substantially identical to the CDRs of SEQ ID NO:16 and/or SEQ ID NO:18. In some embodiments, the antibody comprises SEQ ID NO:16 and/or SEQ ID NO:18.

25 [13] The present invention also provides pharmaceutical compositions comprising a pharmaceutically acceptable excipient and an antibody that competitively inhibits binding of a competitor antibody to CCX-CKR2, wherein the competitor antibody comprises the complementarity determining region (CDR) of:

30 SEQ ID NO:12 and SEQ ID NO:14; or
 SEQ ID NO:16 and SEQ ID NO:18.

 [14] In some embodiments, the antibody is a monoclonal antibody. In some embodiments, the antibody is an antibody fragment. In some embodiments, the antibody is a humanized antibody.

[15] In some embodiments, the antibody comprises the complementarity determining regions (CDRs) of SEQ ID NO:12 and/or SEQ ID NO:14 or CDRs substantially identical to the CDRs of SEQ ID NO:12 and/or SEQ ID NO:14. In some embodiments, the antibody comprises SEQ ID NO:12 and/or SEQ ID NO:14.

5 [16] In some embodiments, the antibody comprises the complementarity determining regions (CDRs) of SEQ ID NO:16 and/or SEQ ID NO:18 or CDRs substantially identical to the CDRs of SEQ ID NO:16 and/or SEQ ID NO:18. In some embodiments, the antibody comprises SEQ ID NO:16 and/or SEQ ID NO:18.

[17] The present invention also provides methods of detecting a cell
10 expressing CCX-CKR2 in a biological sample. In some embodiments, the methods comprise contacting the biological sample with an antibody and detecting the presence of the antibody, wherein the antibody competitively inhibits binding of a competitor antibody to CCX-CKR2, wherein the competitor antibody comprises the complementarity determining region (CDR) of:

15 SEQ ID NO:12 and SEQ ID NO:14; or
SEQ ID NO:16 and SEQ ID NO:18.

[18] In some embodiments, the antibody is linked to a detectable label.

[19] The present invention also provides methods of inhibiting angiogenesis or proliferation of a cancer cell. In some embodiments, the method comprises the step of
20 contacting the cell with an antibody that competitively inhibits binding of a competitor antibody to CCX-CKR2, wherein the competitor antibody comprises the complementarity determining region (CDR) of:

25 SEQ ID NO:12 and SEQ ID NO:14; or
SEQ ID NO:16 and SEQ ID NO:18, thereby inhibiting angiogenesis or proliferation of a cancer cell.

[20] In some embodiments, the antibody is a monoclonal antibody. In some embodiments, the antibody is a monoclonal antibody. In some embodiments, the antibody is an antibody fragment. In some embodiments, the antibody is a humanized antibody.

[21] In some embodiments, the antibody comprises the complementarity
30 determining regions (CDRs) of SEQ ID NO:12 and/or SEQ ID NO:14 or CDRs substantially identical to the CDRs of SEQ ID NO:12 and/or SEQ ID NO:14. In some embodiments, the antibody comprises SEQ ID NO:12 and/or SEQ ID NO:14.

[22] In some embodiments, the antibody comprises the complementarity determining regions (CDRs) of SEQ ID NO:16 and/or SEQ ID NO:18 or CDRs substantially

identical to the CDRs of SEQ ID NO:16 and/or SEQ ID NO:18. In some embodiments, the antibody comprises SEQ ID NO:16 and/or SEQ ID NO:18.

[23] In some embodiments, the cell is in an individual. In some embodiments, the individual has or is pre-disposed to have arthritis. In some embodiments, the individual is not a human.

[24] The present invention also provides methods for identifying a modulator of CCX-CKR2. In some embodiments, the method comprises:

(a) combining a cell expressing a CCX CKR2 polypeptide or an extract of the cell with a test agent; and

(b) conducting an assay to detect whether the test agent competes with a competitor antibody for binding to the CCX CKR2 polypeptide, wherein the competitor antibody comprises the complementarity determining region (CDR) of:

SEQ ID NO:12 and SEQ ID NO:14; or

SEQ ID NO:16 and SEQ ID NO:18,

wherein competition between the competitor antibody and the test agent for binding to the CCX-CKR2 polypeptide is an indication that the test agent is a modulator of CCX CKR2 activity.

[25] In some embodiments, the competitor antibody comprises the complementarity determining regions (CDRs) of SEQ ID NO:12 and SEQ ID NO:14. In some embodiments, the competitor antibody comprises SEQ ID NO:12 and SEQ ID NO:14.

[26] In some embodiments, the competitor antibody comprises the complementarity determining regions (CDRs) of SEQ ID NO:16 and SEQ ID NO:18. In some embodiments, the competitor antibody comprises SEQ ID NO:16 and SEQ ID NO:18.

[27] The present invention also provides for methods of testing the efficacy of a test agent that modulates CCX-CKR2 activity. This is useful, for example, when using the antibodies of the invention as a control drug in an analysis of CCX-CKR2 small molecule agonists or antagonists. In some embodiments, the methods comprise:

(a) administering the test reagent to a first animal;

(b) administering to a second animal an antibody that competes with a competitor antibody for binding to the CCX CKR2 polypeptide, wherein the competitor antibody comprises the complementarity determining region (CDR) of:

SEQ ID NO:12 and SEQ ID NO:14; or

SEQ ID NO:16 and SEQ ID NO:18; and

(c) comparing the effect of the test reagent on the first animal to the effect of the antibody on the second antibody.

[28] In some embodiments, the competitor antibody comprises the complementarity determining regions (CDRs) of SEQ ID NO:12 and SEQ ID NO:14. In some embodiments, the competitor antibody comprises SEQ ID NO:12 and SEQ ID NO:14.

[29] In some embodiments, the competitor antibody comprises the complementarity determining regions (CDRs) of SEQ ID NO:16 and SEQ ID NO:18. In some embodiments, the competitor antibody comprises SEQ ID NO:16 and SEQ ID NO:18.

[30] The present invention also provides polypeptides comprising SEQ ID NO:12, SEQ ID NO:14, SEQ ID NO:16, or SEQ ID NO:18 or at least one CDR from SEQ ID NO:12, SEQ ID NO:14, SEQ ID NO:16, or SEQ ID NO:18. In some embodiments, the polypeptides are antibodies.

[31] The present invention also provides polynucleotides encoding SEQ ID NO:12, SEQ ID NO:14, SEQ ID NO:16, or SEQ ID NO:18 or at least one CDR from SEQ ID NO:12, SEQ ID NO:14, SEQ ID NO:16, or SEQ ID NO:18. In some embodiments, the polynucleotide comprises SEQ ID NO:11, SEQ ID NO:13, SEQ ID NO:15, or SEQ ID NO:17.

[32] The present invention also provides method of producing a chimeric antibody. In some embodiments, the method comprises:

operably linking a polynucleotide encoding at least one complementarity determining region (CDR) from SEQ ID NO:12, SEQ ID NO:14, SEQ ID NO:16, or SEQ ID NO:18 to a heterologous polynucleotide encoding at least the framework region of a heavy or light chain of an antibody, to form a fusion polynucleotide encoding a chimeric heavy or light chain of an antibody; and

expressing a chimeric heavy or light chain from the fusion polynucleotide.

DEFINITIONS

[33] "RDC1," designated herein as "CCX-CKR2" refers to a seven-transmembrane domain presumed G-protein coupled receptor (GPCR). The CCX-CKR2 dog ortholog was originally identified in 1991. *See, Libert et al. Science* 244:569-572 (1989). The dog sequence is described in Libert *et al.*, *Nuc. Acids Res.* 18(7):1917 (1990). The mouse sequence is described in, e.g., Heesen *et al.*, *Immunogenetics* 47:364-370 (1998). The human sequence is described in, e.g., Sreedharan *et al.*, *Proc. Natl. Acad. Sci. USA* 88:4986-4990 (1991), which mistakenly described the protein as a receptor of vasoactive intestinal

peptide. "CCX-CKR2" includes sequences that are conservatively modified variants of SEQ ID NO:2, SEQ ID NO:4, SEQ ID NO:6, SEQ ID NO:8, or SEQ ID NO:10. Fragments of CCX-CKR2 are fragments of at least 5, and sometimes at least 10, 20, 50, 100, 200, 300 or up to 300 contiguous amino acids of one of the above-listed sequences, or a conservatively modified variant thereof.

[34] A "subject" or "individual" refers to an animal, including a human, non-human primate, mouse, rat, dog or other mammal.

[35] A "chemotherapeutic agent" refers to an agent, which when administered to an individual is sufficient to cause inhibition, slowing or arresting of the growth of cancerous cells, or is sufficient to produce a cytotoxic effect in cancerous cells. Accordingly, the phrase "chemotherapeutically effective amount" describes an amount of a chemotherapeutic agent administered to an individual, which is sufficient to cause inhibition, slowing or arresting of the growth of cancerous cells, or which is sufficient to produce (directly or indirectly) a cytotoxic effect in cancerous cells. A "sub-therapeutic amount" refers to an amount less than is sufficient to cause inhibition, slowing or arresting of the growth of cancerous cells, or which is less than sufficient to produce a cytotoxic effect in cancerous cells.

[36] "Antibody" refers to a polypeptide comprising a framework region from an immunoglobulin gene or fragments thereof that specifically binds and recognizes an antigen. The recognized immunoglobulin genes include the kappa, lambda, alpha, gamma, delta, epsilon, and mu constant region genes, as well as the myriad immunoglobulin variable region genes. Light chains are classified as either kappa or lambda. Heavy chains are classified as gamma, mu, alpha, delta, or epsilon, which in turn define the immunoglobulin classes, IgG, IgM, IgA, IgD and IgE, respectively.

[37] Naturally occurring immunoglobulins have a common core structure in which two identical light chains (about 24 kD) and two identical heavy chains (about 55 or 70 kD) form a tetramer. The amino-terminal portion of each chain is known as the variable (V) region and can be distinguished from the more conserved constant (C) regions of the remainder of each chain. Within the variable region of the light chain is a C-terminal portion known as the J region. Within the variable region of the heavy chain, there is a D region in addition to the J region. Most of the amino acid sequence variation in immunoglobulins is confined to three separate locations in the V regions known as hypervariable regions or complementarity determining regions (CDRs) which are directly involved in antigen binding. Proceeding from the amino-terminus, these regions are designated CDR1, CDR2 and CDR3,

respectively. The CDRs are held in place by more conserved framework regions (FRs). Proceeding from the amino-terminus, these regions are designated FR1, FR2, FR3, and FR4, respectively. The locations of CDR and FR regions and a numbering system have been defined by, e.g., Kabat *et al.* (Kabat *et al.*, Sequences of Proteins of Immunological Interest, Fifth Edition, U.S. Department of Health and Human Services, U.S. Government Printing Office (1991)).

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

[39] Antibodies exist, e.g., as intact immunoglobulins or as a number of well-characterized fragments produced by digestion with various peptidases. Thus, for example, pepsin digests an antibody below the disulfide linkages in the hinge region to produce $F(ab)'_2$, a dimer of Fab which itself is a light chain joined to V_H-C_{H1} by a disulfide bond. The $F(ab)'_2$ may be reduced under mild conditions to break the disulfide linkage in the hinge region, thereby converting the $F(ab)'_2$ dimer into an Fab' monomer. The Fab' monomer is essentially Fab with part of the hinge region (see FUNDAMENTAL IMMUNOLOGY (Paul ed., 3d ed. 1993)). While various antibody fragments are defined in terms of the digestion of an intact antibody, one of skill will appreciate that such fragments may be synthesized *de novo* either chemically or by using recombinant DNA methodology. Thus, the term antibody, as used herein, also includes antibody fragments either produced by the modification of whole antibodies, or those synthesized *de novo* using recombinant DNA methodologies (e.g., single chain Fv) or those identified using phage display libraries (see, e.g., McCafferty *et al.*, *Nature* 348:552-554 (1990)).

[40] For preparation of monoclonal or polyclonal antibodies, any technique known in the art can be used (see, e.g., Kohler & Milstein, *Nature* 256:495-497 (1975); Kozbor *et al.*, *Immunology Today* 4:72 (1983); Cole *et al.*, pp. 77-96 in *Monoclonal Antibodies and Cancer Therapy* (1985)). "Monoclonal" antibodies refer to antibodies derived from a single clone. Techniques for the production of single chain antibodies (U.S. Pat. No. 4,946,778) can be adapted to produce antibodies to polypeptides of this invention. Also, transgenic mice, or other organisms such as other mammals, may be used to express humanized antibodies. Alternatively, phage display technology can be used to identify

antibodies and heteromeric Fab fragments that specifically bind to selected antigens (*see, e.g., McCafferty et al., Nature* 348:552-554 (1990); Marks *et al., Biotechnology* 10:779-783 (1992)).

[41] A "chimeric antibody" is an antibody molecule in which (a) the
5 constant region, or a portion thereof, is altered, replaced or exchanged so that the antigen
binding site (variable region) is linked to a constant region of a different or altered class,
effector function and/or species, or an entirely different molecule which confers new
properties to the chimeric antibody, e.g., an enzyme, toxin, hormone, growth factor, drug,
etc.; or (b) the variable region, or a portion thereof, is altered, replaced or exchanged with a
10 variable region having a different or altered antigen specificity.

[42] A "humanized" antibody is an antibody that retains the reactivity of a
non-human antibody while being less immunogenic in humans. This can be achieved, for
instance, by retaining the non-human CDR regions and replacing the remaining parts of the
antibody with their human counterparts. *See, e.g., Morrison et al., Proc. Natl. Acad. Sci.*
15 *USA*, 81:6851-6855 (1984); Morrison and Oi, *Adv. Immunol.*, 44:65-92 (1988); Verhoeyen *et*
al., Science, 239:1534-1536 (1988); Padlan, *Molec. Immun.*, 28:489-498 (1991); Padlan,
Molec. Immun., 31(3):169-217 (1994).

[43] The term "isolated," when applied to a protein, denotes that the protein
is essentially free of other cellular components with which it is associated in the natural state.
20 It is preferably in a homogeneous state although it can be in either a dry or aqueous solution.
Purity and homogeneity are typically determined using analytical chemistry techniques such
as polyacrylamide gel electrophoresis or high performance liquid chromatography. A protein
that is the predominant species present in a preparation is substantially purified. The term
"purified" denotes that a protein gives rise to essentially one band in an electrophoretic gel.
25 Particularly, it means that the protein is at least 85% pure, more preferably at least 95% pure,
and most preferably at least 99% pure.

[44] The phrase "specifically (or selectively) binds" to an antibody or
"specifically (or selectively) immunoreactive with," when referring to a protein or peptide,
refers to a binding reaction that is determinative of the presence of the protein in a
30 heterogeneous population of proteins and other biologics. Thus, under designated
immunoassay conditions, the specified antibodies bind to a particular protein at least two
times the background and do not substantially bind in a significant amount to other proteins
present in the sample. Typically a specific or selective reaction will be at least twice
background signal or noise and more typically more than 10 to 100 times background.

[45] The terms "peptidomimetic" and "mimetic" refer to a synthetic chemical compound that has substantially the same structural and functional characteristics of a naturally or non-naturally occurring polypeptide (e.g., a reagent that binds to CCX-CKR2). Peptide analogs are commonly used in the pharmaceutical industry as non-peptide drugs with properties analogous to those of the template peptide. These types of non-peptide compound are termed "peptide mimetics" or "peptidomimetics" (Fauchere, J. *Adv. Drug Res.* 15:29 (1986); Veber and Freidinger *TINS* p. 392 (1985); and Evans *et al. J. Med. Chem.* 30:1229 (1987)). Peptide mimetics that are structurally similar to therapeutically useful peptides may be used to produce an equivalent or enhanced therapeutic or prophylactic effect. Generally, peptidomimetics are structurally similar to a paradigm polypeptide (i.e., a polypeptide that has a biological or pharmacological activity), such as found in a polypeptide of interest, but have one or more peptide linkages optionally replaced by a linkage selected from the group consisting of, e.g., -CH₂NH-, -CH₂S-, -CH₂-CH₂-, -CH=CH- (cis and trans), -COCH₂-, -CH(OH)CH₂-, and -CH₂SO-. The mimetic can be either entirely composed of synthetic, non-natural analogues of amino acids, or, is a chimeric molecule of partly natural peptide amino acids and partly non-natural analogs of amino acids. The mimetic can also incorporate any amount of natural amino acid conservative substitutions as long as such substitutions also do not substantially alter the mimetic's structure and/or activity. For example, a mimetic composition is within the scope of the invention if it is capable of carrying out at least one of the binding or enzymatic activities of a polypeptide of interest.

[46] A "ligand" refers to an agent, e.g., a polypeptide or other molecule, capable of binding to a receptor.

[47] "Conservatively modified variants" applies to both amino acid and nucleic acid sequences. With respect to particular nucleic acid sequences, "conservatively modified variants" refers to those nucleic acids that encode identical or essentially identical amino acid sequences, or where the nucleic acid does not encode an amino acid sequence, to essentially identical sequences. Because of the degeneracy of the genetic code, a number of nucleic acid sequences will encode any given protein. For instance, the codons GCA, GCC, GCG and GCU all encode the amino acid alanine. Thus, at every position where an alanine is specified by a codon, the codon can be altered to any of the corresponding codons described without altering the encoded polypeptide. Such nucleic acid variations are "silent variations," which are one species of conservatively modified variations. Every nucleic acid sequence herein which encodes a polypeptide also describes every possible silent variation of

the nucleic acid. One of skill will recognize that each codon in a nucleic acid (except AUG, which is ordinarily the only codon for methionine, and TGG, which is ordinarily the only codon for tryptophan) can be modified to yield a functionally identical molecule.

Accordingly, each silent variation of a nucleic acid which encodes a polypeptide is implicit in each described sequence.

[48] As to amino acid sequences, one of skill will recognize that individual substitutions, deletions or additions to a nucleic acid, peptide, polypeptide, or protein sequence which alters, adds or deletes a single amino acid or a small percentage of amino acids in the encoded sequence is a "conservatively modified variant" where the alteration results in the substitution of an amino acid with a chemically similar amino acid.

Conservative substitution tables providing functionally similar amino acids are well known in the art. Such conservatively modified variants are in addition to and do not exclude polymorphic variants, interspecies homologs, and alleles of the invention.

[49] The following eight groups each contain amino acids that are conservative substitutions for one another:

- 1) Alanine (A), Glycine (G);
 - 2) Aspartic acid (D), Glutamic acid (E);
 - 3) Asparagine (N), Glutamine (Q);
 - 4) Arginine (R), Lysine (K);
 - 5) Isoleucine (I), Leucine (L), Methionine (M), Valine (V);
 - 6) Phenylalanine (F), Tyrosine (Y), Tryptophan (W);
 - 7) Serine (S), Threonine (T); and
 - 8) Cysteine (C), Methionine (M)
- (see, e.g., Creighton, *Proteins* (1984)).

[50] "Percentage of sequence identity" is determined by comparing two optimally aligned sequences over a comparison window, wherein the portion of the polynucleotide sequence in the comparison window may comprise additions or deletions (*i.e.*, gaps) as compared to the reference sequence (which does not comprise additions or deletions) for optimal alignment of the two sequences. The percentage is calculated by determining the number of positions at which the identical nucleic acid base or amino acid residue occurs in both sequences to yield the number of matched positions, dividing the number of matched positions by the total number of positions in the window of comparison and multiplying the result by 100 to yield the percentage of sequence identity.

[51] The terms “identical” or percent “identity,” in the context of two or more nucleic acids or polypeptide sequences, refer to two or more sequences or subsequences that are the same or have a specified percentage of amino acid residues or nucleotides that are the same (*i.e.*, 60% identity, optionally 65%, 70%, 75%, 80%, 85%, 90%, or 95% identity over a specified region, e.g., of the entire polypeptide sequences of the invention or the extra-cellular domains of the polypeptides of the invention), when compared and aligned for maximum correspondence over a comparison window, or designated region as measured using one of the following sequence comparison algorithms or by manual alignment and visual inspection. Such sequences are then said to be “substantially identical.” This definition also refers to the complement of a test sequence. Optionally, the identity exists over a region that is at least about 50 nucleotides in length, or more preferably over a region that is 100 to 500 or 1000 or more nucleotides in length. The present invention includes polypeptides that are substantially identical to SEQ ID NO:12, SEQ ID NO:14, SEQ ID NO:16 and/or SEQ ID NO:18 and/or CDR1 or CDR2 within SEQ ID NO:12, SEQ ID NO:14, SEQ ID NO:16 and/or SEQ ID NO:18, as displayed in Figure 1.

[52] For sequence comparison, typically one sequence acts as a reference sequence, to which test sequences are compared. When using a sequence comparison algorithm, test and reference sequences are entered into a computer, subsequence coordinates are designated, if necessary, and sequence algorithm program parameters are designated. Default program parameters can be used, or alternative parameters can be designated. The sequence comparison algorithm then calculates the percent sequence identities for the test sequences relative to the reference sequence, based on the program parameters.

[53] A “comparison window”, as used herein, includes reference to a segment of any one of the number of contiguous positions selected from the group consisting of, e.g., a full length sequence or from 20 to 600, about 50 to about 200, or about 100 to about 150 amino acids or nucleotides in which a sequence may be compared to a reference sequence of the same number of contiguous positions after the two sequences are optimally aligned. Methods of alignment of sequences for comparison are well-known in the art. Optimal alignment of sequences for comparison can be conducted, *e.g.*, by the local homology algorithm of Smith and Waterman (1970) *Adv. Appl. Math.* 2:482c, by the homology alignment algorithm of Needleman and Wunsch (1970) *J. Mol. Biol.* 48:443, by the search for similarity method of Pearson and Lipman (1988) *Proc. Nat’l. Acad. Sci. USA* 85:2444, by computerized implementations of these algorithms (GAP, BESTFIT, FASTA, and TFASTA in the Wisconsin Genetics Software Package, Genetics Computer Group, 575

Science Dr., Madison, WI), or by manual alignment and visual inspection (*see, e.g., Ausubel et al., Current Protocols in Molecular Biology* (1995 supplement)).

[54] An example of an algorithm that is suitable for determining percent sequence identity and sequence similarity are the BLAST and BLAST 2.0 algorithms, which are described in Altschul *et al.* (1977) *Nuc. Acids Res.* 25:3389-3402, and Altschul *et al.* (1990) *J. Mol. Biol.* 215:403-410, respectively. Software for performing BLAST analyses is publicly available through the National Center for Biotechnology Information (<http://www.ncbi.nlm.nih.gov/>). This algorithm involves first identifying high scoring sequence pairs (HSPs) by identifying short words of length W in the query sequence, which either match or satisfy some positive-valued threshold score T when aligned with a word of the same length in a database sequence. T is referred to as the neighborhood word score threshold (Altschul *et al., supra*). These initial neighborhood word hits act as seeds for initiating searches to find longer HSPs containing them. The word hits are extended in both directions along each sequence for as far as the cumulative alignment score can be increased. Cumulative scores are calculated using, for nucleotide sequences, the parameters M (reward score for a pair of matching residues; always > 0) and N (penalty score for mismatching residues; always < 0). For amino acid sequences, a scoring matrix is used to calculate the cumulative score. Extension of the word hits in each direction are halted when: the cumulative alignment score falls off by the quantity X from its maximum achieved value; the cumulative score goes to zero or below, due to the accumulation of one or more negative-scoring residue alignments; or the end of either sequence is reached. The BLAST algorithm parameters W, T, and X determine the sensitivity and speed of the alignment. The BLASTN program (for nucleotide sequences) uses as defaults a wordlength (W) of 11, an expectation (E) or 10, M=5, N=-4 and a comparison of both strands. For amino acid sequences, the BLASTP program uses as defaults a wordlength of 3, and expectation (E) of 10, and the BLOSUM62 scoring matrix (*see* Henikoff and Henikoff (1989) *Proc. Natl. Acad. Sci. USA* 89:10915) alignments (B) of 50, expectation (E) of 10, M=5, N=-4, and a comparison of both strands.

[55] The BLAST algorithm also performs a statistical analysis of the similarity between two sequences (*see, e.g., Karlin and Altschul* (1993) *Proc. Natl. Acad. Sci. USA* 90:5873-5787). One measure of similarity provided by the BLAST algorithm is the smallest sum probability (P(N)), which provides an indication of the probability by which a match between two nucleotide or amino acid sequences would occur by chance. For example, a nucleic acid is considered similar to a reference sequence if the smallest sum

probability in a comparison of the test nucleic acid to the reference nucleic acid is less than about 0.2, more preferably less than about 0.01, and most preferably less than about 0.001.

[56] An indication that two nucleic acid sequences or polypeptides are substantially identical is that the polypeptide encoded by the first nucleic acid is immunologically cross reactive with the antibodies raised against the polypeptide encoded by the second nucleic acid, as described below. Thus, a polypeptide is typically substantially identical to a second polypeptide, for example, where the two peptides differ only by conservative substitutions. Another indication that two nucleic acid sequences are substantially identical is that the two molecules or their complements hybridize to each other under stringent conditions, as described below. Yet another indication that two nucleic acid sequences are substantially identical is that the same primers can be used to amplify the sequence.

BRIEF DESCRIPTION OF THE DRAWINGS

[57] Figure 1 depicts some embodiments of some of the complementarity determining regions (CDRs) of the antibodies of the invention (SEQ ID NOS:19-22).

DETAILED DESCRIPTION OF THE INVENTION

I. Antibodies of the invention

[58] The present invention provides reagents and methods for treatment, diagnosis and prognosis for diseases and disorders related to CCX-CKR2 using antibodies against CCX-CKR2. Diseases and disorders related to CCX-CKR2 are exemplified more below and include, but are not limited to, cancer, diseases involving excessive or abnormal angiogenesis and arthritis.

[59] In some embodiments, the antibodies are isolated. In some embodiments of the invention, the antibodies recognize the same epitope as the epitope bound by the CDRs in SEQ ID NO:12 and SEQ ID NO:14. In some embodiments of the invention, the antibodies recognize the same epitope as the epitope bound by the CDRs in SEQ ID NO:16 and SEQ ID NO:18. Antibodies comprising SEQ ID NO:12 and SEQ ID NO:14, or SEQ ID NO:16 and SEQ ID NO:18, bind to CCX-CKR2 and compete with the chemokines SDF-1 and I-TAC for binding to CCX-CKR2. Competition assays for CCX-CKR2 binding are described in, e.g., *See, e.g.*, International Publication No. WO 2005/044792 A3 and U.S. Patent Publication Nos. US2004/0170634 and 2005/0074826.

[60] In some embodiments of the invention, the antibodies bind to CCX-CKR2 but do not bind to human peripheral blood. For example, in some embodiments, the antibodies of the invention do not bind to at least one of the following: basophils, monocytes, plasmacytoid dendritic cells; B cells, or CD4⁺ T cells.

5 [61] In some embodiments, the antibodies of the present invention comprise SEQ ID NO:12 or SEQ ID NO:14 or SEQ ID NO:16 or SEQ ID NO:18. In some embodiments, the antibodies of the present invention comprise SEQ ID NO:12 and SEQ ID NO:14, or SEQ ID NO:16 and SEQ ID NO:18. In some embodiments, the antibodies of the present invention comprise the CDRs of SEQ ID NO:12 or SEQ ID NO:14 or SEQ ID NO:16
10 or SEQ ID NO:18. In some embodiments, the antibodies of the present invention comprise the CDRs of SEQ ID NO:12 and SEQ ID NO:14, or SEQ ID NO:16 and SEQ ID NO:18.

[62] The locations of CDR and FR regions and a numbering system have been described previously, e.g., Kabat *et al.* (Kabat et al., Sequences of Proteins of Immunological Interest, Fifth Edition, U.S. Department of Health and Human Services, U.S.
15 Government Printing Office (1991)). CDRs can generally be identified using the NCBI IgBLAST algorithm. Those of skill in the art will recognize that different sequence algorithms can provide slightly different descriptions of the location of the CDRs in a particular antibody amino acid sequence. In some cases, the heavy chain CDRs occur at amino acid positions 31-35 (CDR1), 50-65 (CDR2) and 96-102 (CDR3). In some cases, the
20 light chain CDRs occur at amino acid positions 24-34 (CDR1), 50-56 (CDR2) and 89-97 (CDR3). In some embodiments, the CDRs are represented as depicted in Figure 1.

[63] The ability of a particular antibody to recognize the same epitope as another antibody is typically determined by the ability of one antibody to competitively inhibit binding of the second antibody to the antigen, e.g., to CCX-CKR2 or a fragment or
25 fusion thereof. Any of a number of competitive binding assays can be used to measure competition between two antibodies to the same antigen. An exemplary assay is a Biacore™ assay. Briefly in these assays, binding sites can be mapped in structural terms by testing the ability of interactants, e.g. different antibodies, to inhibit the binding of another. Injecting two consecutive antibody samples in sufficient concentration can identify pairs of competing
30 antibodies for the same binding epitope. The antibody samples should have the potential to reach a significant saturation with each injection. The net binding of the second antibody injection is indicative for binding epitope analysis. Two response levels can be used to describe the boundaries of perfect competition versus non-competing binding due to distinct epitopes. The relative amount of binding response of the second antibody injection relative

to the binding of identical and distinct binding epitopes determines the degree of epitope overlap. Antibodies may recognize linear or conformational epitopes, hence antibodies may be competitive while recognizing dissimilar and distal epitopes.

[64] Other conventional immunoassays known in the art can be used in the present invention. For example, antibodies can be differentiated by the epitope to which they bind using a sandwich ELISA assay. This is carried out by using a capture antibody to coat the surface of a well. A subsaturating concentration of tagged-antigen is then added to the capture surface. This protein will be bound to the antibody through a specific antibody:epitope interaction. After washing a second antibody, which has been covalently linked to a detectable moiety (e.g., HRP, with the labeled antibody being defined as the detection antibody) is added to the ELISA. If this antibody recognizes the same epitope as the capture antibody it will be unable to bind to the target protein as that particular epitope will no longer be available for binding. If however this second antibody recognizes a different epitope on the target protein it will be able to bind and this binding can be detected by quantifying the level of activity (and hence antibody bound) using a relevant substrate. The background is defined by using a single antibody as both capture and detection antibody, whereas the maximal signal can be established by capturing with an antigen specific antibody and detecting with an antibody to the tag on the antigen. By using the background and maximal signals as references, antibodies can be assessed in a pair-wise manner to determine epitope specificity.

[65] A first antibody is considered to competitively inhibit binding of a second antibody, if binding of the second antibody to the antigen is reduced by at least 30%, usually at least about 40%, 50%, 60% or 75%, and often by at least about 90%, in the presence of the first antibody using any of the assays described above.

[66] Methods of preparing polyclonal antibodies are known to the skilled artisan. Polyclonal antibodies can be raised in a mammal, e.g., by one or more injections of an immunizing agent and, if desired, an adjuvant. Typically, the immunizing agent and/or adjuvant will be injected in the mammal by multiple subcutaneous or intraperitoneal injections. The immunizing agent may include a protein encoded by a nucleic acid or fragment thereof or a fusion protein thereof. It may be useful to conjugate the immunizing agent to a protein known to be immunogenic in the mammal being immunized. Examples of such immunogenic proteins include but are not limited to keyhole limpet hemocyanin, serum albumin, bovine thyroglobulin, and soybean trypsin inhibitor. Examples of adjuvants which may be employed include Freund's complete adjuvant and MPL-TDM adjuvant

(monophosphoryl Lipid A, synthetic trehalose dicorynomycolate). The immunization protocol may be selected by one skilled in the art without undue experimentation.

[67] The antibodies may, alternatively, be monoclonal antibodies.

Monoclonal antibodies may be prepared using hybridoma methods, such as those described
5 by Kohler & Milstein, *Nature* 256:495 (1975). In a hybridoma method, a mouse, hamster, or
other appropriate host animal, is typically immunized with an immunizing agent to elicit
lymphocytes that produce or are capable of producing antibodies that will specifically bind to
the immunizing agent. Alternatively, the lymphocytes may be immunized in vitro. The
immunizing agent will typically include a CCX-CKR2 polypeptide, or a fragment or fusion
10 thereof. Generally, either peripheral blood lymphocytes ("PBLs") are used if cells of human
origin are desired, or spleen cells or lymph node cells are used if non-human mammalian
sources are desired. The lymphocytes are then fused with an immortalized cell line using a
suitable fusing agent, such as polyethylene glycol, to form a hybridoma cell (Goding,
Monoclonal Antibodies: Principles and Practice, pp. 59-103 (1986)). Immortalized cell lines
15 are usually transformed mammalian cells, particularly myeloma cells of rodent, bovine and
human origin. Usually, rat or mouse myeloma cell lines are employed. The hybridoma cells
can be cultured in a suitable culture medium that contains one or more substances that inhibit
the growth or survival of the unfused, immortalized cells. For example, if the parental cells
lack the enzyme hypoxanthine guanine phosphoribosyl transferase (HGPRT or HPRT), the
20 culture medium for the hybridomas typically will include hypoxanthine, aminopterin, and
thymidine ("HAT medium"), which substances prevent the growth of HGPRT-deficient cells.

[68] In some embodiments the antibodies of the invention are chimeric or
humanized antibodies that compete with antibodies comprising SEQ ID NO:12 and SEQ ID
NO:14, or SEQ ID NO:16 and SEQ ID NO:18 for binding to CCX-CKR2. As noted above,
25 humanized forms of antibodies are chimeric immunoglobulins in which residues from a
complementary determining region (CDR) of human antibody are replaced by residues from
a CDR of a non-human species such as mouse, rat or rabbit having the desired specificity,
affinity and capacity. For example, the CDRs of SEQ ID NO:12 and SEQ ID NO:14, or SEQ
ID NO:16 and SEQ ID NO:18, can be inserted into the framework of a human antibody.

30 [69] Human antibodies can be produced using various techniques known in
the art, including phage display libraries (Hoogenboom & Winter, *J. Mol. Biol.* 227:381
(1991); Marks *et al.*, *J. Mol. Biol.* 222:581 (1991)). The techniques of Cole *et al.* and
Boerner *et al.* are also available for the preparation of human monoclonal antibodies (Cole *et al.*,
Monoclonal Antibodies and Cancer Therapy, p. 77 (1985) and Boerner *et al.*, *J. Immunol.*

147(1):86-95 (1991)). Similarly, human antibodies can be made by introducing of human immunoglobulin loci into transgenic animals, e.g., mice in which the endogenous immunoglobulin genes have been partially or completely inactivated. Upon challenge, human antibody production is observed, which closely resembles that seen in humans in all respects, including gene rearrangement, assembly, and antibody repertoire. This approach is described, e.g., in U.S. Patent Nos. 5,545,807; 5,545,806; 5,569,825; 5,625,126; 5,633,425; 5,661,016, and in the following scientific publications: Marks *et al.*, *Bio/Technology* 10:779-783 (1992); Lonberg *et al.*, *Nature* 368:856-859 (1994); Morrison, *Nature* 368:812-13 (1994); Fishwild *et al.*, *Nature Biotechnology* 14:845-51 (1996); Neuberger, *Nature Biotechnology* 14:826 (1996); Lonberg & Huszar, *Intern. Rev. Immunol.* 13:65-93 (1995).

[70] In some embodiments, the antibodies of the invention are single chain Fvs (scFvs). The V_H and the V_L regions (e.g., SEQ ID NO:12 and SEQ ID NO:14, or SEQ ID NO:16 and SEQ ID NO:18) of a scFv antibody comprise a single chain which is folded to create an antigen binding site similar to that found in two chain antibodies. Once folded, noncovalent interactions stabilize the single chain antibody. While the V_H and V_L regions of some antibody embodiments can be directly joined together, one of skill will appreciate that the regions may be separated by a peptide linker consisting of one or more amino acids. Peptide linkers and their use are well-known in the art. See, e.g., Huston *et al.*, *Proc. Nat'l Acad. Sci. USA* 8:5879 (1988); Bird *et al.*, *Science* 242:4236 (1988); Glockshuber *et al.*, *Biochemistry* 29:1362 (1990); U.S. Patent No. 4,946,778, U.S. Patent No. 5,132,405 and Stemmer *et al.*, *Biotechniques* 14:256-265 (1993). Generally the peptide linker will have no specific biological activity other than to join the regions or to preserve some minimum distance or other spatial relationship between the V_H and V_L . However, the constituent amino acids of the peptide linker may be selected to influence some property of the molecule such as the folding, net charge, or hydrophobicity. Single chain Fv (scFv) antibodies optionally include a peptide linker of no more than 50 amino acids, generally no more than 40 amino acids, preferably no more than 30 amino acids, and more preferably no more than 20 amino acids in length. In some embodiments, the peptide linker is a concatamer of the sequence Gly-Gly-Gly-Gly-Ser (SEQ ID NO:23), preferably 2, 3, 4, 5, or 6 such sequences. However, it is to be appreciated that some amino acid substitutions within the linker can be made. For example, a valine can be substituted for a glycine.

[71] Methods of making scFv antibodies have been described. See, Huse *et al.*, *Science* 246:1275-1281 (1989); Ward *et al.*, *Nature* 341:544-546 (1989); and Vaughan *et al.*, *Nature Biotech.* 14:309-314 (1996). In brief, mRNA from B-cells from an immunized

animal is isolated and cDNA is prepared. The cDNA is amplified using primers specific for the variable regions of heavy and light chains of immunoglobulins. The PCR products are purified and the nucleic acid sequences are joined. If a linker peptide is desired, nucleic acid sequences that encode the peptide are inserted between the heavy and light chain nucleic acid sequences. The nucleic acid which encodes the scFv is inserted into a vector and expressed in the appropriate host cell. The scFv that specifically bind to the desired antigen are typically found by panning of a phage display library. Panning can be performed by any of several methods. Panning can conveniently be performed using cells expressing the desired antigen on their surface or using a solid surface coated with the desired antigen.

Conveniently, the surface can be a magnetic bead. The unbound phage are washed off the solid surface and the bound phage are eluted.

[72] Finding the antibody with the highest affinity is dictated by the efficiency of the selection process and depends on the number of clones that can be screened and the stringency with which it is done. Typically, higher stringency corresponds to more selective panning. If the conditions are too stringent, however, the phage will not bind. After one round of panning, the phage that bind to CCX-CKR2 coated plates or to cells expressing CCX-CKR2 on their surface are expanded in *E. coli* and subjected to another round of panning. In this way, an enrichment of many fold occurs in 3 rounds of panning. Thus, even when enrichment in each round is low, multiple rounds of panning will lead to the isolation of rare phage and the genetic material contained within which encodes the scFv with the highest affinity or one which is better expressed on phage.

[73] Regardless of the method of panning chosen, the physical link between genotype and phenotype provided by phage display makes it possible to test every member of a cDNA library for binding to antigen, even with large libraries of clones.

[74] In one embodiment, the antibodies are bispecific antibodies. Bispecific antibodies are monoclonal, including, but not limited to, human or humanized, antibodies that have binding specificities for at least two different antigens or that have binding specificities for two epitopes on the same antigen. In one embodiment, one of the binding specificities is for a CCK-CKR2 protein, the other one is for another different cancer antigen. Alternatively, tetramer-type technology may create multivalent reagents.

[75] In some embodiments, the antibody is conjugated to an effector moiety. The effector moiety can be any number of molecules, including detectable labeling moieties such as radioactive labels or fluorescent labels, or can be a therapeutic moiety.

[76] In other embodiments, the therapeutic moiety is a cytotoxic agent. In this method, targeting the cytotoxic agent to cancer tissue or cells, results in a reduction in the number of afflicted cells, thereby reducing symptoms associated with the cancer. Cytotoxic agents are numerous and varied and include, but are not limited to, cytotoxic drugs or toxins or active fragments of such toxins. Suitable toxins and their corresponding fragments include diphtheria A chain, exotoxin A chain, ricin A chain, abrin A chain, curcin, crotin, phenomycin, enomycin, auristatin and the like. Cytotoxic agents also include radiochemicals made by conjugating radioisotopes to antibodies of the invention.

10 II. Immunoassays

[77] The antibodies of the invention can be used to detect CCX-CKR2 or CCX-CKR2-expressing cells using any of a number of well recognized immunological binding assays (see, e.g., U.S. Patents 4,366,241; 4,376,110; 4,517,288; and 4,837,168). For a review of the general immunoassays, see also *Methods in Cell Biology*, Vol. 37, Asai, ed. Academic Press, Inc. New York (1993); *Basic and Clinical Immunology* 7th Edition, Stites & Terr, eds. (1991).

[78] Thus, the present invention provides methods of detecting cells that express CCX-CKR2. In one method, a biopsy is performed on the subject and the collected tissue is tested in vitro. The tissue or cells from the tissue is then contacted, with an anti-CCX-CKR2 antibody of the invention. Any immune complexes which result indicate the presence of a CCX-CKR2 protein in the biopsied sample. To facilitate such detection, the antibody can be radiolabeled or coupled to an effector molecule which is a detectable label, such as a fluorescent label. In another method, the cells can be detected *in vivo* using imaging systems. Then, the localization of the label is determined. A conventional method for visualizing diagnostic imaging can be used. For example, paramagnetic isotopes can be used for MRI. Internalization of the antibody may be important to extend the life within the organism beyond that provided by extracellular binding, which will be susceptible to clearance by the extracellular enzymatic environment coupled with circulatory clearance.

[79] CCX-CKR2 proteins can also be detected using standard immunoassay methods and the antibodies of the invention. Standard methods include, for example, radioimmunoassay, sandwich immunoassays (including ELISA), immunofluorescence assays, Western blot, affinity chromatography (affinity ligand bound to a solid phase), and in situ detection with labeled antibodies. A secondary detection agent may also be employed,

e.g., goat anti-mouse FITC. A general overview of the applicable technology can be found in Harlow & Lane, *Antibodies: A Laboratory Manual* (1988).

[80] The present invention provides methods of detecting a cancer cell, including methods of providing a prognosis or diagnosis of cancer. CCX-CKR2 is expressed
 5 in nearly every cancer cell tested to date, whereas normal (non-cancer) expression of CCX-CKR2 appears to be limited to the kidney and some brain cells as well as in certain developmental stages of fetal liver. See, e.g., Pub. No. WO 2005/044792 A3 and U.S. Patent Pub. Nos. US2004/0170634 A1 and 2005/0074826 A1. Therefore, expression of CCX-CKR2 in a cell, and in particular, in a non-fetal cell and/or a cell other than a kidney or brain cell, indicates the
 10 likely presence of a cancer cell. The presence of CCX CKR2 in the vascular endothelium of a tissue may also indicate the presence of a cancer. In some cases, samples containing CCX-CKR2-expressing cells are confirmed for the presence of cancer cells using other methods known in the art.

[81] According to yet another aspect of the invention, methods for selecting
 15 a course of treatment of a subject having or suspected of having cancer are provided. The methods include obtaining from the subject a biological sample, contacting the sample with antibodies or antigen-binding fragments thereof that bind specifically to CCX-CKR2, detecting the presence or absence of antibody binding, and selecting a course of treatment appropriate to the cancer of the subject. In some embodiments, the treatment is administering
 20 CCX-CKR2 antibodies of the invention to the subject.

[82] The present invention provides for methods of diagnosing human diseases including, but not limited to cancer, e.g., carcinomas, gliomas, mesotheliomas, melanomas, lymphomas, leukemias, adenocarcinomas, breast cancer, ovarian cancer, cervical cancer, glioblastoma, leukemia, lymphoma, prostate cancer, and Burkitt's lymphoma, head
 25 and neck cancer, colon cancer, colorectal cancer, non-small cell lung cancer, small cell lung cancer, cancer of the esophagus, stomach cancer, pancreatic cancer, hepatobiliary cancer, cancer of the gallbladder, cancer of the small intestine, rectal cancer, kidney cancer, bladder cancer, prostate cancer, penile cancer, urethral cancer, testicular cancer, cervical cancer, vaginal cancer, uterine cancer, ovarian cancer, thyroid cancer, parathyroid cancer, adrenal
 30 cancer, pancreatic endocrine cancer, carcinoid cancer, bone cancer, skin cancer, retinoblastomas, Hodgkin's lymphoma, non-Hodgkin's lymphoma (*see*, CANCER:PRINCIPLES AND PRACTICE (DeVita, V.T. *et al.* eds 1997) for additional cancers); as well as brain and neuronal dysfunction, such as Alzheimer's disease and multiple sclerosis; kidney dysfunction; rheumatoid arthritis; cardiac allograft rejection; atherosclerosis; asthma; glomerulonephritis;

contact dermatitis; inflammatory bowel disease; colitis; psoriasis; reperfusion injury; as well as other disorders and diseases described herein. In some embodiments, the subject does not have Kaposi's sarcoma, multicentric Castleman's disease or AIDS-associated primary effusion lymphoma.

5

III. Modulators of CCX-CKR2

A. Methods of Identifying Modulators of Chemokine Receptors

[83] A number of different screening protocols can be utilized to identify agents that modulate the level of activity or function of CCX-CKR2 in cells, particularly in mammalian cells, and especially in human cells. In general terms, the screening methods involve screening a plurality of agents to identify an agent that interacts with CCX-CKR2 (or an extracellular domain thereof), for example, by binding to CCX-CKR2 and preventing antibodies of the invention from binding to CCX-CKR2 or activating CCX-CKR2. In some embodiments, an agent binds CCX-CKR2 with at least about 1.5, 2, 3, 4, 5, 10, 20, 50, 100, 300, 500, or 1000 times the affinity of the agent for another protein.

1. Chemokine Receptor Binding Assays

[84] In some embodiments, CCX-CKR2 modulators are identified by screening for molecules that compete with antibody of the invention from binding to a CCX-CKR2 polypeptide. Those of skill in the art will recognize that there are a number of ways to perform competition analyses. In some embodiments, samples with CCX-CKR2 are pre-incubated with a labeled antibody of the invention (e.g., an antibody comprising at least the CDRs of SEQ ID NO:12, SEQ ID NO:14, SEQ ID NO:16 and/or SEQ ID NO:18) and then contacted with a potential competitor molecule. Alteration (e.g., a decrease) of the quantity of antibody bound to CCX-CKR2 in the presence of a test compound indicates that the test compound is a potential CCX-CKR2 modulator.

[85] Preliminary screens can be conducted by screening for agents capable of binding to a CCX-CKR2, as at least some of the agents so identified are likely chemokine receptor modulators. The binding assays usually involve contacting CCX-CKR2 with one or more test agents and allowing sufficient time for the protein and test agents to form a binding complex. Any binding complexes formed can be detected using any of a number of established analytical techniques. Protein binding assays include, but are not limited to, immunohistochemical binding assays, flow cytometry, radioligand binding, europium labeled

ligand binding, biotin labeled ligand binding or other assays which maintain the conformation of CCX-CKR2. The chemokine receptor utilized in such assays can be naturally expressed, cloned or synthesized. Binding assays may be used to identify agonists or antagonists. For example, by contacting CCX-CKR2 with a potential agonist and measuring for CCX-CKR2 activity, it is possible to identify those molecules that stimulate CCX-CKR2 activity.

2. Cells and Reagents

[86] The screening methods of the invention can be performed as *in vitro* or cell-based assays. *In vitro* assays are performed for example, using membrane fractions or whole cells comprising CCX-CKR2. Cell based assays can be performed in any cells in which CCX-CKR2 is expressed.

[87] Cell-based assays involve whole cells or cell fractions containing CCX-CKR2 to screen for agent binding or modulation of activity of CCX-CKR2 by the agent. Exemplary cell types that can be used according to the methods of the invention include, e.g., any mammalian cells including leukocytes such as neutrophils, monocytes, macrophages, eosinophils, basophils, mast cells, and lymphocytes, such as T cells and B cells, leukemias, Burkitt's lymphomas, tumor cells, endothelial cells, pericytes, fibroblasts, cardiac cells, muscle cells, breast tumor cells, ovarian cancer carcinomas, cervical carcinomas, glioblastomas, liver cells, kidney cells, and neuronal cells, as well as fungal cells, including yeast. Cells can be primary cells or tumor cells or other types of immortal cell lines. Of course, CCX-CKR2 can be expressed in cells that do not express an endogenous version of CCX-CKR2.

[88] In some cases, fragments of CCX-CKR2, as well as protein fusions, can be used for screening. When molecules that compete for binding with CCX-CKR2 ligands are desired, the CCX-CKR2 fragments used are fragments capable of binding the antibodies of the invention. Alternatively, any fragment of CCX-CKR2 can be used as a target to identify molecules that bind CCX-CKR2. CCX-CKR2 fragments can include any fragment of, e.g., at least 20, 30, 40, 50 amino acids up to a protein containing all but one amino acid of CCX-CKR2. Typically, ligand-binding fragments will comprise transmembrane regions and/or most or all of the extracellular domains of CCX-CKR2.

3. Signaling or adhesion activity

[89] In some embodiments, signaling triggered by CCX-CKR2 activation is used to identify CCX-CKR2 modulators. Signaling activity of chemokine receptors can be determined in many ways. For example, signaling can be determined by detecting
5 chemokine receptor-mediated cell adhesion. Interactions between chemokines and chemokine receptors can lead to rapid adhesion through the modification of integrin affinity and avidity. See, e.g., Laudanna, *Immunological Reviews* 186:37-46 (2002).

[90] Signaling can also be measured by determining, qualitatively and quantitatively, secondary messengers, such as cyclic AMP or inositol phosphates, as well as
10 phosphorylation or dephosphorylation events can also be monitored. See, e.g., Premack, *et al. Nature Medicine* 2: 1174-1178 (1996) and Bokoch, *Blood* 86:1649-1660 (1995).

[91] In addition, other events downstream of CCX-CKR2 activation can also be monitored to determine signaling activity. Downstream events include those activities or manifestations that occur as a result of stimulation of a chemokine receptor.
15 Exemplary downstream events include, e.g., changed state of a cell (e.g., from normal to cancer cell or from cancer cell to non-cancerous cell). Cell responses include adhesion of cells (e.g., to endothelial cells). Established signaling cascades involved in angiogenesis (e.g., VEGF-mediated signaling) can also be monitored for effects caused by CCX-CKR2 modulators. The ability of agents to promote angiogenesis can be evaluated, for example, in
20 chick chorioallantoic membrane, as discussed by Leung *et al.* (1989) *Science* 246:1306-1309. Another option is to conduct assays with rat corneas, as discussed by Rastinejad *et al.* (1989) *Cell* 56:345-355. Other assays are disclosed in U.S. Patent No. 5,840,693. Ovarian angiogenesis models can also be used (see, e.g., Zimmerman, R.C., *et al.* (2003) *J. Clin. Invest.* 112:659-669; Zimmerman, R.C., *et al.* (2001) *Microvasc. Res.* 62:15-25; and
25 Hixenbaugh, E.A., *et al.* (1993) *Anat. Rec.* 235: 487-500).

[92] Other screening methods are based on the observation that expression of certain regulatory proteins is induced by the presence or activation of CCX-CKR2. Detection of such proteins can thus be used to indirectly determine the activity of CCX-CKR2. A series of ELISA investigations were conducted to compare the relative
30 concentration of various secreted proteins in the cell culture media for cells transfected with CCX-CKR2 and untransfected cells. Through these studies it was determined that CCX-CKR2 induces the production of a number of diverse regulatory proteins, including growth factors, chemokines, metalloproteinases and inhibitors of metalloproteinases. Thus, some of the screening methods that are provided involve determining whether a test agent modulates

the production of certain growth factors, chemokines, metalloproteinases and inhibitors of metalloproteinases by CCX-CKR2. In some instances, the assays are conducted with cells (or extracts thereof) that have been grown under limiting serum conditions as this was found to increase the production of the CCX-CKR2-induced proteins.

[93] The following proteins are examples of the various classes of proteins that were detected, as well as specific proteins within each class: (1) growth factors (e.g., GM-CSF); (2) chemokines (e.g., RANTES, MCP-1); (3) cytokines (eg IL-6) (4) metalloproteinase (e.g., MMP3); and (5) inhibitor of metalloproteinase (e.g., TIMP-1). It is expected that other proteins in these various classes can also be detected.

[94] These particular proteins can be detected using standard immunological detection methods that are known in the art. One approach that is suitable for use in a high-throughput format, for example, are ELISAs that are conducted in multi-well plates. An ELISA kit for detecting TIMP-1 is available from DakoCytomation (Product Code No. EL513). ELISA kits for IL-6 and MMP3 can be obtained from R and D Systems. Further examples of suppliers of antibodies that specifically bind the proteins listed above are provided in the examples below. Proteins such as the metalloproteinases that are enzymes can also be detected by known enzymatic assays.

[95] In other embodiments, potential modulators of CCX-CK2 are tested for their ability to modulate cell adhesion. Tumor cell adhesion to endothelial cell monolayers has been studied as a model of metastatic invasion (*see, e.g., Blood and Zetter, Biochem. Biophys. Acta*, 1032, 89-119 (1990)). These monolayers of endothelial cells mimic the lymphatic vasculature and can be stimulated with various cytokines and growth factors (e.g., TNFalpha and IL-1beta). Cells expressing CCX-CKR2 can be evaluated for the ability to adhere to this monolayer in both static adhesion assays as well as assays where cells are under flow conditions to mimic the force of the vasculature in vivo. Additionally, assays to evaluate adhesion can also be performed in vivo (*see, e.g., von Andrian, U.H. Microcirculation*. 3(3):287-300 (1996)).

4. Validation

[96] Agents that are initially identified by any of the foregoing screening methods can be further tested to validate the apparent activity. Preferably such studies are conducted with suitable animal models. The basic format of such methods involves administering a lead compound identified during an initial screen to an animal that serves as a disease model for humans and then determining if the disease (e.g., cancer, myocardial

infarction, wound healing, or other diseases related to angiogenesis) is in fact modulated and/or the disease or condition is ameliorated. The animal models utilized in validation studies generally are mammals of any kind. Specific examples of suitable animals include, but are not limited to, primates, mice, rats and zebrafish.

5 [97] In some embodiments, arthritis animal models are used to screen and/or validate therapeutic uses for agents that modulate CCX-CKR2. Exemplary arthritis animal models include, e.g., the collagen-induced arthritis (CIA) animal model.

B. Agents that interact with CCX-CKR2

10 [98] Modulators of CCX-CKR2 (e.g., antagonists or agonists) can include, e.g., antibodies (including monoclonal, humanized or other types of binding proteins that are known in the art), small organic molecules, siRNAs, CCX-CKR2 polypeptides or variants thereof, chemokines (including but not limited to SDF-1 and/or I-TAC), chemokine mimetics, chemokine polypeptides, etc.

15 [99] The agents tested as modulators of CCX-CKR2 can be any small chemical compound, or a biological entity, such as a polypeptide, sugar, nucleic acid or lipid. Alternatively, modulators can be genetically altered versions, or peptidomimetic versions, of a chemokine or other ligand. Typically, test compounds will be small chemical molecules and peptides. Essentially any chemical compound can be used as a potential modulator or
20 ligand in the assays of the invention, although most often compounds that can be dissolved in aqueous or organic (especially DMSO-based) solutions are used. The assays are designed to screen large chemical libraries by automating the assay steps and providing compounds from any convenient source to assays, which are typically run in parallel (e.g., in microtiter formats on microtiter plates in robotic assays). It will be appreciated that there are many suppliers of
25 chemical compounds, including Sigma (St. Louis, MO), Aldrich (St. Louis, MO), Sigma-Aldrich (St. Louis, MO), Fluka Chemika-Biochemica Analytika (Buchs, Switzerland) and the like.

 [100] In some embodiments, the agents have a molecular weight of less than 1,500 daltons, and in some cases less than 1,000, 800, 600, 500, or 400 daltons. The
30 relatively small size of the agents can be desirable because smaller molecules have a higher likelihood of having physiochemical properties compatible with good pharmacokinetic characteristics, including oral absorption than agents with higher molecular weight. For example, agents less likely to be successful as drugs based on permeability and solubility

were described by Lipinski *et al.* as follows: having more than 5 H-bond donors (expressed as the sum of OHs and NHs); having a molecular weight over 500; having a LogP over 5 (or MLogP over 4.15); and/or having more than 10 H-bond acceptors (expressed as the sum of Ns and Os). *See, e.g., Lipinski et al. Adv Drug Delivery Res 23:3-25 (1997).* Compound classes that are substrates for biological transporters are typically exceptions to the rule.

[101] In one embodiment, high throughput screening methods involve providing a combinatorial chemical or peptide library containing a large number of potential therapeutic compounds (potential modulator or ligand compounds). Such “combinatorial chemical libraries” or “ligand libraries” are then screened in one or more assays, as described herein, to identify those library members (particular chemical species or subclasses) that display a desired characteristic activity. The compounds thus identified can serve as conventional “lead compounds” or can themselves be used as potential or actual therapeutics.

[102] A combinatorial chemical library is a collection of diverse chemical compounds generated by either chemical synthesis or biological synthesis, by combining a number of chemical “building blocks.” For example, a linear combinatorial chemical library such as a polypeptide library is formed by combining a set of chemical building blocks (amino acids) in every possible way for a given compound length (*i.e.*, the number of amino acids in a polypeptide compound). Millions of chemical compounds can be synthesized through such combinatorial mixing of chemical building blocks.

[103] Preparation and screening of combinatorial chemical libraries is well known to those of skill in the art. Such combinatorial chemical libraries include, but are not limited to, peptide libraries (*see, e.g., U.S. Patent 5,010,175, Furka, Int. J. Pept. Prot. Res. 37:487-493 (1991) and Houghton et al., Nature 354:84-88 (1991).*). Other chemistries for generating chemical diversity libraries can also be used. Such chemistries include, but are not limited to: peptoids (*e.g., PCT Publication No. WO 91/19735*), encoded peptides (*e.g., PCT Publication WO 93/20242*), random bio-oligomers (*e.g., PCT Publication No. WO 92/00091*), benzodiazepines (*e.g., U.S. Pat. No. 5,288,514*), diversomers such as hydantoins, benzodiazepines and dipeptides (*Hobbs et al., Proc. Nat. Acad. Sci. USA 90:6909-6913 (1993)*), vinylogous polypeptides (*Hagihara et al., J. Amer. Chem. Soc. 114:6568 (1992)*), nonpeptidal peptidomimetics with glucose scaffolding (*Hirschmann et al., J. Amer. Chem. Soc. 114:9217-9218 (1992)*), analogous organic syntheses of small compound libraries (*Chen et al., J. Amer. Chem. Soc. 116:2661 (1994)*), oligocarbamates (*Cho et al., Science 261:1303 (1993)*), and/or peptidyl phosphonates (*Campbell et al., J. Org. Chem. 59:658 (1994)*), nucleic acid libraries (*see Ausubel, Berger and Sambrook, all supra*), peptide nucleic acid

libraries (*see, e.g.*, U.S. Patent 5,539,083), antibody libraries (*see, e.g.*, Vaughn *et al.*, *Nature Biotechnology*, 14(3):309-314 (1996) and Pub. No. WO 97/00271), carbohydrate libraries (*see, e.g.*, Liang *et al.*, *Science*, 274:1520-1522 (1996) and U.S. Patent 5,593,853), small organic molecule libraries (*see, e.g.*, benzodiazepines, Baum C&EN, Jan 18, page 33 (1993); isoprenoids, U.S. Patent 5,569,588; thiazolidinones and metathiazanones, U.S. Patent 5,549,974; pyrrolidines, U.S. Patents 5,525,735 and 5,519,134; morpholino compounds, U.S. Patent 5,506,337; benzodiazepines, 5,288,514, and the like).

[104] Devices for the preparation of combinatorial libraries are commercially available (*see, e.g.*, 357 MPS, 390 MPS, Advanced Chem Tech, Louisville KY, Symphony, Rainin, Woburn, MA, 433A Applied Biosystems, Foster City, CA, 9050 Plus, Millipore, Bedford, MA). In addition, numerous combinatorial libraries are themselves commercially available (*see, e.g.*, ComGenex, Princeton, N.J., Tripos, Inc., St. Louis, MO, 3D Pharmaceuticals, Exton, PA, Martek Biosciences, Columbia, MD, etc.).

IV. Cancer, angiogenesis and other biological aspects of CCX-CKR2

[105] The antibodies of the invention can be contacted to a cell expressing CCX-CKR2 *in vitro*, *in vivo*, or *ex vivo* (i.e., removed from a body, treated and returned to the body). The antibodies of the invention can be administered directly to the mammalian subject for modulation of chemokine receptor activity *in vivo*. In some embodiments, the antibodies compete with SDF1 and/or I-TAC for binding to CCX-CKR2. In some embodiments of the invention, the antibodies recognize the same epitope as the epitope bound by the CDRs in SEQ ID NO:12 and SEQ ID NO:14, or SEQ ID NO:16 and SEQ ID NO:18. In some embodiments, the antibodies comprise SEQ ID NO:12 and/or SEQ ID NO:14, or SEQ ID NO:16 and/or SEQ ID NO:18.

[106] In some embodiments, the CCX-CKR2 antibodies are administered to a subject having cancer. In some cases, CCX-CKR2 modulators are administered to treat cancer, e.g., carcinomas, gliomas, mesotheliomas, melanomas, lymphomas, leukemias, adenocarcinomas, breast cancer, ovarian cancer, cervical cancer, glioblastoma, leukemia, lymphoma, prostate cancer, and Burkitt's lymphoma, head and neck cancer, colon cancer, colorectal cancer, non-small cell lung cancer, small cell lung cancer, cancer of the esophagus, stomach cancer, pancreatic cancer, hepatobiliary cancer, cancer of the gallbladder, cancer of the small intestine, rectal cancer, kidney cancer, bladder cancer, prostate cancer, penile cancer, urethral cancer, testicular cancer, cervical cancer, vaginal cancer, uterine cancer, ovarian cancer, thyroid cancer, parathyroid cancer, adrenal cancer, pancreatic endocrine

cancer, carcinoid cancer, bone cancer, skin cancer, retinoblastomas, Hodgkin's lymphoma, non-Hodgkin's lymphoma (*see*, CANCER:PRINCIPLES AND PRACTICE (DeVita, V.T. *et al.* eds 1997) for additional cancers); as well as brain and neuronal dysfunction, such as Alzheimer's disease and multiple sclerosis; kidney dysfunction; rheumatoid arthritis; cardiac allograft rejection; atherosclerosis; asthma; glomerulonephritis; contact dermatitis; inflammatory bowel disease; colitis; psoriasis; reperfusion injury; as well as other disorders and diseases described herein. In some embodiments, the subject does not have Kaposi's sarcoma, multicentric Castleman's disease or AIDS-associated primary effusion lymphoma.

[107] The present invention also encompasses decreasing angiogenesis in any subject in need thereof by administering antibodies of the invention. For example, decreasing CCX-CKR2 activity by contacting CCX-CKR2 with an antibody of the invention, thereby decreasing angiogenesis, is useful to inhibit formation, growth and/or metastasis of tumors, especially solid tumors. Description of embodiments relating to modulated CCX-CKR2 and angiogenesis are described in, e.g., Pub. No. US 2005/0214287 A1.

[108] Other disorders involving unwanted or problematic angiogenesis include rheumatoid arthritis; psoriasis; ocular angiogenic diseases, for example, diabetic retinopathy, retinopathy of prematurity, macular degeneration, corneal graft rejection, neovascular glaucoma, retrolental fibroplasia, rubeosis; Osler-Webber Syndrome; myocardial angiogenesis; plaque neovascularization; telangiectasia; hemophiliac joints; angiofibroma; disease of excessive or abnormal stimulation of endothelial cells, including intestinal adhesions, Crohn's disease, skin diseases such as psoriasis, excema, and scleroderma, diabetes, diabetic retinopathy, retinopathy of prematurity, age-related macular degeneration, atherosclerosis, scleroderma, wound granulation and hypertrophic scars, i.e., keloids, and diseases that have angiogenesis as a pathologic consequence such as cat scratch disease and ulcers (*Helicobacter pylori*), can also be treated with antibodies of the invention. Angiogenic inhibitors can be used to prevent or inhibit adhesions, especially intra-peritoneal or pelvic adhesions such as those resulting after open or laproscopic surgery, and bum contractions. Other conditions which should be beneficially treated using the angiogenesis inhibitors include prevention of scarring following transplantation, cirrhosis of the liver, pulmonary fibrosis following acute respiratory distress syndrome or other pulmonary fibrosis of the newborn, implantation of temporary prosthetics, and adhesions after surgery between the brain and the dura. Endometriosis, polyposis, cardiac hypertrophy, as well as obesity, may also be treated by inhibition of angiogenesis. These disorders may involve increases in size or growth of other types of normal tissue, such as uterine fibroids, prostatic hypertrophy, and

amyloidosis. Antibodies of the present invention may be used prophylactically or therapeutically for any of the disorders or diseases described herein.

[109] Decreasing CCX-CKR2 activity with the antibodies of the present invention can also be used in the prevention of neovascularization to effectively treat a host of disorders. Thus, for example, the decreasing angiogenesis can be used as part of a treatment for disorders of blood vessels (e.g., hemangiomas and capillary proliferation within atherosclerotic plaques), muscle diseases (e.g., myocardial angiogenesis, myocardial infarction or angiogenesis within smooth muscles), joints (e.g., arthritis, hemophiliac joints, etc.), and other disorders associated with angiogenesis. Promotion of angiogenesis can also aid in accelerating various physiological processes and treatment of diseases requiring increased vascularization such as the healing of wounds, fractures, and burns, inflammatory diseases, ischemic heart, and peripheral vascular diseases.

[110] The antibodies of the present invention may also be used to enhance wound healing. Without intending to limit the invention to a particular mechanism of action, it may be that antagonism of CCX-CKR2 allows for endogenous ligands to instead bind to lower affinity receptors, thereby triggering enhanced wound healing. For example, SDF-1 binds to both CCX-CKR2 and CXCR4, but binds to CXCR4 with a lower affinity. Similarly, I-TAC binds to CXCR3 with a lower affinity than I-TAC binds to CCX-CKR2. By preventing binding of these ligands to CCX-CKR2, CCX-CKR2 antagonists may allow the ligands to bind to the other receptors, thereby enhancing wound healing. Thus, the antagonism of CCX-CKR2 to enhance wound healing may be mediated by a different mechanism than enhancing wound healing by stimulating CCX-CKR2 activity with an agonist.

[111] Aside from treating disorders and symptoms associated with neovascularization, the inhibition of angiogenesis can be used to modulate or prevent the occurrence of normal physiological conditions associated with neovascularization. Thus, for example the inventive method can be used as a birth control. In accordance with the present invention, decreasing CCX-CKR2 activity within the ovaries or endometrium can attenuate neovascularization associated with ovulation, implantation of an embryo, placenta formation, etc.

[112] Inhibitors of angiogenesis have yet other therapeutic uses. For example, the antibodies of the present invention may be used for the following:

(a) Adipose tissue ablation and treatment of obesity. *See, e.g., Kolonin et al., Nature Medicine* 10(6):625-632 (2004);

(b) Treatment of preclampsia. *See, e.g., Levine et al., N. Engl. J. Med.* 350(7): 672-683 (2004); Maynard, *et al., J. Clin. Invest.* 111(5): 649-658 (2003); and

(c) Treatment of cardiovascular disease. *See, e.g., March, et al., Am. J. Physiol. Heart Circ. Physiol.* 287:H458-H463 (2004); Rehman *et al., Circulation* 109: 1292-1298 (2004).

V. *Administration and pharmaceutical compositions*

[113] The pharmaceutical compositions of the invention may comprise, e.g., an antibody of the present invention and a pharmaceutically acceptable carrier.

10 Pharmaceutically acceptable carriers are determined in part by the particular composition being administered, as well as by the particular method used to administer the composition. Accordingly, there is a wide variety of suitable formulations of pharmaceutical compositions of the present invention (*see, e.g., Remington's Pharmaceutical Sciences*, 17th ed. 1985)).

[114] Formulations suitable for administration include aqueous and non-
15 aqueous solutions, isotonic sterile solutions, which can contain antioxidants, buffers, bacteriostats, and solutes that render the formulation isotonic, and aqueous and non-aqueous sterile suspensions that can include suspending agents, solubilizers, thickening agents, stabilizers, and preservatives. In the practice of this invention, compositions can be administered, for example, orally, nasally, topically, intravenously, intraperitoneally,
20 subcutaneously, or intrathecally. The formulations of compounds can be presented in unit-dose or multi-dose sealed containers, such as ampoules and vials. Solutions and suspensions can be prepared from sterile powders, granules, and tablets of the kind previously described.

[115] The composition can be administered by means of an infusion pump, for example, of the type used for delivering insulin or chemotherapy to specific organs or
25 tumors. Compositions of the inventions can be injected using a syringe or catheter directly into a tumor or at the site of a primary tumor prior to or after excision; or systemically following excision of the primary tumor. The compositions of the invention can be administered topically or locally as needed. For prolonged local administration, the antibodies may be administered in a controlled release implant injected at the site of a tumor.
30 Alternatively an individual's cells can be transfected *ex vivo* with plasmids so as to express the antibody of the invention and subsequently injected at the site of the tumor. For topical treatment of a skin condition, the enzyme antibodies may be administered to the skin in an ointment or gel.

[116] In some embodiments, CCX-CKR2 antibodies of the present invention can be administered in combination with other appropriate therapeutic agents, including, e.g., chemotherapeutic agents, radiation, etc. Selection of the appropriate agents for use in combination therapy may be made by one of ordinary skill in the art, according to conventional pharmaceutical principles. The combination of therapeutic agents may act synergistically to effect the treatment or prevention of the various disorders such as, e.g., cancer, wounds, kidney dysfunction, brain dysfunction or neuronal dysfunction. Using this approach, one may be able to achieve therapeutic efficacy with lower dosages of each agent, thus reducing the potential for adverse side effects.

[117] The dose administered to a patient, in the context of the present invention should be sufficient to effect a beneficial response in the subject over time (e.g., to reduce tumor size or tumor load). The optimal dose level for any patient will depend on a variety of factors including the efficacy of the specific modulator employed, the age, body weight, physical activity, and diet of the patient, on a possible combination with other drugs, and on the severity of a particular disease. The size of the dose also will be determined by the existence, nature, and extent of any adverse side-effects that accompany the administration of a particular compound or vector in a particular subject.

[118] In determining the effective amount of the antibody to be administered a physician may evaluate circulating plasma levels of the antibody, antibody toxicity, and the production of anti-antibody antibodies. In general, the dose equivalent of an antibody is from about 1 ng/kg to 10 mg/kg for a typical subject.

[119] For administration, the antibodies of the present invention can be administered at a rate determined by the LD-50 of the antibody, and the side-effects of the antibody at various concentrations, as applied to the mass and overall health of the subject. Clearance of the antibody by the recipient's immune system may also affect the suitable dosage to be administered. Administration can be accomplished via single or divided doses.

[120] The compositions containing antibodies of the invention can be administered for therapeutic or prophylactic treatments. In therapeutic applications, compositions are administered to a patient suffering from a disease (e.g., a cancer, arthritis or other CCX-CKR2-related disease or disorder) in an amount sufficient to cure or at least partially arrest the disease and its complications, e.g., decreased size of tumor, etc. An amount adequate to accomplish this is defined as a "therapeutically effective dose." Amounts effective for this use will depend upon the severity of the disease and the general state of the patient's health. Single or multiple administrations of the compositions may be administered

depending on the dosage and frequency as required and tolerated by the patient. In any event, the composition should provide a sufficient quantity of the agents of this invention to effectively treat the patient. An amount of modulator that is capable of preventing or slowing the development of cancer in a mammal is referred to as a "prophylactically effective dose."

5 The particular dose required for a prophylactic treatment will depend upon the medical condition and history of the mammal, the particular cancer being prevented, as well as other factors such as age, weight, gender, administration route, efficiency, etc. Such prophylactic treatments may be used, e.g., in a mammal who has previously had cancer to prevent a recurrence of the cancer, or in a mammal who is suspected of having a significant likelihood
10 of developing cancer.

VI. Combination therapies

[121] Antibodies of the invention can be supplied alone or in conjunction with one or more other drugs. Possible combination partners can include, e.g., additional
15 anti-angiogenic factors and/or chemotherapeutic agents (e.g., cytotoxic agents) or radiation, a cancer vaccine, an immunomodulatory agent, an anti-vascular agent, a signal transduction inhibitor, an antiproliferative agent, or an apoptosis inducer.

[122] Antibodies of the invention can be used in conjunction with antibodies and peptides that block integrin engagement, proteins and small molecules that inhibit
20 metalloproteinases (e.g., marmistat), agents that block phosphorylation cascades within endothelial cells (e.g., herbamycin), dominant negative receptors for known inducers of angiogenesis, antibodies against inducers of angiogenesis or other compounds that block their activity (e.g., suramin), or other compounds (e.g., retinoids, IL-4, interferons, etc.) acting by other means. Indeed, as such factors may modulate angiogenesis by different mechanisms,
25 employing antibodies of the invention in combination with other antiangiogenic agents can potentiate a more potent (and potentially synergistic) inhibition of angiogenesis within the desired tissue.

[123] Anti-angiogenesis agents, such as MMP-2 (matrix-metalloproteinase 2) inhibitors, MMP-9 (matrix-metalloproteinase 9) inhibitors, and COX-II (cyclooxygenase
30 II) inhibitors, can be used in conjunction with antibodies of the invention and pharmaceutical compositions described herein. Anti-CCX-CKR2 antibodies of the invention can also be used with signal transduction inhibitors, such as agents that can inhibit EGFR (epidermal growth factor receptor) responses, such as EGFR antibodies, EGF antibodies, and molecules

that are EGFR inhibitors; VEGF (vascular endothelial growth factor) inhibitors, such as VEGF receptors and molecules that can inhibit VEGF; and erbB2 receptor inhibitors, such as organic molecules or antibodies that bind to the erbB2 receptor, for example, HERCEPTIN™ (Genentech, Inc. of South San Francisco, Calif., USA).

5 [124] Anti-CCX-CKR2 antibodies of the invention can also be combined with other drugs including drugs that promote angiogenesis and/or wound healing. Those of skill in the art will appreciate that one can incorporate one or more medico-surgically useful substances or therapeutic agents, e.g., those which can further intensify the angiogenic response, and/or accelerate and/or beneficially modify the healing process when the
10 composition is applied to the desired site requiring angiogenesis. For example, to further promote angiogenesis, repair and/or tissue growth, at least one of several hormones, growth factors or mitogenic proteins can be included in the composition, e.g., fibroblast growth factor, platelet derived growth factor, macrophage derived growth factor, etc. In addition, antimicrobial agents can be included in the compositions, e.g., antibiotics such as gentamicin
15 sulfate, or erythromycin. Other medico-surgically useful agents can include anti-inflammatories, analgesics, anesthetics, rubifacients, enzymes, antihistamines and dyes.

 [125] Anti-CCX-CKR2 antibodies of the invention can also be combined with other drugs including drugs for treating arthritis. Examples of such agents include anti-inflammatory therapeutic agents. For example, glucocorticosteroids, such as prednisolone
20 and methylprednisolone, are often-used anti-inflammatory drugs. Nonsteroidal anti-inflammatory drugs (NSAIDs) are also used to suppress inflammation. NSAIDs inhibit the cyclooxygenase (COX) enzymes, COX-1 and COX-2, which are central to the production of prostaglandins produced in excess at sites of inflammation. In addition, the inflammation-promoting cytokine, tumor necrosis factor α (TNF α), is associated with multiple
25 inflammatory events, including arthritis, and anti-TNF α therapies are being used clinically.

VII. Kits for use in diagnostic and/or prognostic applications

 [126] For use in diagnostic, research, and therapeutic applications suggested above, kits are also provided by the invention. In the diagnostic and research applications
30 such kits may include any or all of the following: assay reagents, buffers, and the anti-CCX-CKR2 antibodies of the invention. A therapeutic product may include sterile saline or another pharmaceutically acceptable emulsion and suspension base.

[127] In addition, the kits may include instructional materials containing directions (i.e., protocols) for the practice of the methods of this invention. While the instructional materials typically comprise written or printed materials they are not limited to such. Any medium capable of storing such instructions and communicating them to an end user is contemplated by this invention. Such media include, but are not limited to electronic storage media (e.g., magnetic discs, tapes, cartridges, chips), optical media (e.g., CD ROM), and the like. Such media may include addresses to internet sites that provide such instructional materials.

EXAMPLES

[128] Production of antibodies to G-protein coupled receptors (GPCRs) has been notoriously difficult. We used the method of Genovac AG, DE outlined in Canadian Patent application CA 2 350 078. Antibodies that bind CCX-CKR2 were created by inoculation of mice with cDNA expressing CCX-CKR2 (SEQ ID NO:1). Briefly, CCX-CKR2 was cloned into an expression vector and mice were inoculated with the vector by the gene gun method. At an appropriate time point, B cells were isolated, fused with myeloma cells by standard techniques, and fused hybridoma cells selected in *in vitro* culture. Supernatants from clonal cultures were analyzed for binding to cells stably transfected with CCX-CKR2 by flow cytometry. Positive clones were amplified and subjected to further rounds of flow cytometric screening.

[129] It was determined that monoclonal antibodies 6E10 and 11G8 bind to CCX-CKR2. Antibodies 6E10 and 11G8 detected CCX-CKR2 on transfectant cell lines that do not endogenously produce CCX-CKR2, as well as on cells that endogenously express CCX-CKR2, such as HeLa and MCF-7 (ATCC, VA). Additionally the antibodies were able to recognize the mouse homolog of CCX CKR2. For example, antibodies 6E10 and 11G8 detected CCX-CR2 on the mouse mammary tumor cell line 4T1 and Lewis lung carcinoma cells (ATCC, Va). Antibodies 6E10 and 11G8, but not isotype controls were detected on an HEK 293 cell line transfected with CCX-CKR2, but did not bind to HEK 293 cells transfected with an empty vector or those expressing other chemokine receptors (e.g., CXCR2).

[130] The antibodies were also neutralizing, as demonstrated by radioligand competitive binding assays. Both antibodies 6E10 and 11G8 compete with both SDF-1 and

I-TAC for binding to both mouse and human CCX-CKR2. Antibody 11G8 typically exhibited a greater percentage inhibition of chemokine binding than did antibody 6E10.

[131] Antibodies 6E10 and 11G8 also recognize CCX-CKR2 in immunohistochemical (IHC) assays on fixed paraffin embedded tissue sections. In experiments on various tissue types, IHC staining with antibodies 6E10 and 11G8 matched the expression patterns determined with binding assays incorporating radiolabeled SDF or I-TAC on the respective tissues. For instance CCX-CKR2 staining was found in sections of E13 fetal mouse, but not in sections of E17 fetal or adult mouse. CCX-CKR2 staining was also seen in cytopins of cells stably expressing the human CCX-CKR2.

[132] The heavy and light chain variable region coding sequence, and predicted amino acid sequences were determined. 6E10's heavy chain variable region is contained in SEQ ID NO:12 (encoded by SEQ ID NO:11). 6E10's light chain variable region is contained in SEQ ID NO:14 (encoded by SEQ ID NO:13). 11G8's heavy chain variable region is contained in SEQ ID NO:16 (encoded by SEQ ID NO:15). 11G8's light chain variable region is contained in SEQ ID NO:18 (encoded by SEQ ID NO:17).

[133] Although the invention has been described in some detail by way of illustration and example for purposes of clarity of understanding, it will be readily apparent to one of ordinary skill in the art in light of the teachings of this invention that certain changes and modifications may be made thereto without departing from the scope of the invention.

SEQUENCE LISTING

[134] This description contains a sequence listing in electronic form in ASCII text format. A copy of the sequence listing in electronic form is available from the Canadian Intellectual Property Office. The sequences in the sequence listing are reproduced in the following Table.

SEQUENCE TABLE

<110> CHEMOCENTRYX, INC.

<120> REAGENTS THAT BIND CCX-CKR2

<130> 40330-2583

<140> CA 2,606,222

<141> 2006-04-19

<150> US 60/674,140

<151> 2005-04-21

<160> 23

<170> PatentIn Ver. 2.1

<210> 1

<211> 1089

<212> DNA

<213> Homo sapiens

<220>

<223> G-protein coupled receptor (GPCR) CCX-CKR2 (RDC1)
cDNA

<400> 1

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agcgtcctgc tctacacgct ctcttctcatt tacatthttca tcttcgtcat cggcatgatt 180
gccaaactccg tgggtggtctg ggtgaatatc caggccaaga ccacaggcta tgacacgcac 240
tgctacatct tgaacctggc cattgccgac ctgtgggttg tcttcacat cccagtctgg 300
gtggtcagtc tctgtcagca caaccagtgg cccatgggag agctcacgtg caaagtcaca 360
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ttccttgtct gctggctgcc ctaccacgtg gcggtgctgc tggacatctt ctccatcctg 840
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cagtgcctgt cgctgggtgca ctgctgcgtc aaccctgtcc tctacagctt catcaatcgc 960
aactacaggt acgagctgat gaaggccttc atcttcaagt actcggccaa aacagggtc 1020
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accaaata 1089

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<210> 2

<211> 362

<212> PRT

<213> Homo sapiens

<220>

<223> G-protein coupled receptor (GPCR) CCX-CKR2

<400> 2

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Met Asp Leu His Leu Phe Asp Tyr Ser Glu Pro Gly Asn Phe Ser Asp
  1           5           10           15

Ile Ser Trp Pro Cys Asn Ser Ser Asp Cys Ile Val Val Asp Thr Val
          20           25           30

Met Cys Pro Asn Met Pro Asn Lys Ser Val Leu Leu Tyr Thr Leu Ser
          35           40           45

Phe Ile Tyr Ile Phe Ile Phe Val Ile Gly Met Ile Ala Asn Ser Val
  50           55           60

Val Val Trp Val Asn Ile Gln Ala Lys Thr Thr Gly Tyr Asp Thr His
  65           70           75           80

Cys Tyr Ile Leu Asn Leu Ala Ile Ala Asp Leu Trp Val Val Leu Thr
          85           90           95

Ile Pro Val Trp Val Val Ser Leu Val Gln His Asn Gln Trp Pro Met
          100          105          110

Gly Glu Leu Thr Cys Lys Val Thr His Leu Ile Phe Ser Ile Asn Leu
          115          120          125

Phe Gly Ser Ile Phe Phe Leu Thr Cys Met Ser Val Asp Arg Tyr Leu
          130          135          140

Ser Ile Thr Tyr Phe Thr Asn Thr Pro Ser Ser Arg Lys Lys Met Val
          145          150          155          160

Arg Arg Val Val Cys Ile Leu Val Trp Leu Leu Ala Phe Cys Val Ser
          165          170          175

Leu Pro Asp Thr Tyr Tyr Leu Lys Thr Val Thr Ser Ala Ser Asn Asn
          180          185          190

Glu Thr Tyr Cys Arg Ser Phe Tyr Pro Glu His Ser Ile Lys Glu Trp
          195          200          205

Leu Ile Gly Met Glu Leu Val Ser Val Val Leu Gly Phe Ala Val Pro
          210          215          220

Phe Ser Ile Ile Ala Val Phe Tyr Phe Leu Leu Ala Arg Ala Ile Ser
          225          230          235          240

Ala Ser Ser Asp Gln Glu Lys His Ser Ser Arg Lys Ile Ile Phe Ser
          245          250          255

Tyr Val Val Val Phe Leu Val Cys Trp Leu Pro Tyr His Val Ala Val
          260          265          270

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Leu Leu Asp Ile Phe Ser Ile Leu His Tyr Ile Pro Phe Thr Cys Arg
 275 280 285

Leu Glu His Ala Leu Phe Thr Ala Leu His Val Thr Gln Cys Leu Ser
 290 295 300

Leu Val His Cys Cys Val Asn Pro Val Leu Tyr Ser Phe Ile Asn Arg
 305 310 315 320

Asn Tyr Arg Tyr Glu Leu Met Lys Ala Phe Ile Phe Lys Tyr Ser Ala
 325 330 335

Lys Thr Gly Leu Thr Lys Leu Ile Asp Ala Ser Arg Val Ser Glu Thr
 340 345 350

Glu Tyr Ser Ala Leu Glu Gln Ser Thr Lys
 355 360

<210> 3

<211> 1089

<212> DNA

<213> Homo sapiens

<220>

<223> G-protein coupled receptor (GPCR) CCX-CKR2.2
 coding sequence

<400> 3

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tgcaacagca gcgactgcat cgtggtggac acggtgatgt gtcccaacat gcccaacaaa 120
agcgtcctgc tctacacgct ctcccttcatt tacattttca tcttcgtcat cggcatgatt 180
gccaaactccg tgggtggtctg ggtgaatatc caggccaaga ccacaggcta tgacacgcac 240
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gtgggtcagtc tcgtgcagca caaccagtgg cccatgggcg agctcacgtg caaagtcaca 360
cacctcatct tctccatcaa cctcttcagc ggcattttct tcttcacgtg catgagcgtg 420
gaccgctacc tctccatcac ctacttcacc aacaccccca gcagcaggaa gaagatggta 480
cgccgtgtcg tctgcatcct ggtgtggctg ctggccttct gcgtgtctct gcctgacacc 540
tactacctga agaccgtcac gtctgcgtcc aacaatgaga cctactgccg gtccttctac 600
cccgagcaca gcatcaagga gtggctgata ggcatggagc tgggtctcgt tgtcttgggc 660
tttgccgttc ccttctccat tatcgtctgc ttctacttcc tgctggccag agccatctcg 720
gcgtccagtg accaggagaa gcacagcagc cggaagatca tcttctccta cgtggtggtc 780
ttccttgtct gctggctgcc ctaccacgtg gcggtgctgc tggacatctt ctccatcctg 840
cactacatcc ctttcacctg ccggctggag cagccctct tccaggccct gcatgtcaca 900
cagtgcctgt cgctgggtgca ctgctgcgtc aaccctgtcc tctacagctt catcaatcgc 960
aactacaggt acgagctgat gaaggccttc atcttcaagt actcggccaa aacagggtgc 1020
accaagctca tcgatgcctc cagagtgtcg gagacggagt actccgcctt ggagcaaaac 1080
gccaaagtga                                     1089
  
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<210> 4

<211> 362

<212> PRT

<213> Homo sapiens

<220>

<223> G-protein coupled receptor (GPCR) CCX-CKR2.2

<400> 4

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Met Asp Leu His Leu Phe Asp Tyr Ala Glu Pro Gly Asn Phe Ser Asp
 1          5          10          15

Ile Ser Trp Pro Cys Asn Ser Ser Asp Cys Ile Val Val Asp Thr Val
          20          25          30

Met Cys Pro Asn Met Pro Asn Lys Ser Val Leu Leu Tyr Thr Leu Ser
          35          40          45

Phe Ile Tyr Ile Phe Ile Phe Val Ile Gly Met Ile Ala Asn Ser Val
 50          55          60
Val Val Trp Val Asn Ile Gln Ala Lys Thr Thr Gly Tyr Asp Thr His
 65          70          75          80

Cys Tyr Ile Leu Asn Leu Ala Ile Ala Asp Leu Trp Val Val Leu Thr
          85          90          95

Ile Pro Val Trp Val Val Ser Leu Val Gln His Asn Gln Trp Pro Met
          100          105          110

Gly Glu Leu Thr Cys Lys Val Thr His Leu Ile Phe Ser Ile Asn Leu
          115          120          125

Phe Ser Gly Ile Phe Phe Leu Thr Cys Met Ser Val Asp Arg Tyr Leu
          130          135          140

Ser Ile Thr Tyr Phe Thr Asn Thr Pro Ser Ser Arg Lys Lys Met Val
          145          150          155          160

Arg Arg Val Val Cys Ile Leu Val Trp Leu Leu Ala Phe Cys Val Ser
          165          170          175

Leu Pro Asp Thr Tyr Tyr Leu Lys Thr Val Thr Ser Ala Ser Asn Asn
          180          185          190

Glu Thr Tyr Cys Arg Ser Phe Tyr Pro Glu His Ser Ile Lys Glu Trp
          195          200          205

Leu Ile Gly Met Glu Leu Val Ser Val Val Leu Gly Phe Ala Val Pro
          210          215          220

Phe Ser Ile Ile Ala Val Phe Tyr Phe Leu Leu Ala Arg Ala Ile Ser
          225          230          235          240

Ala Ser Ser Asp Gln Glu Lys His Ser Ser Arg Lys Ile Ile Phe Ser
          245          250          255

Tyr Val Val Val Phe Leu Val Cys Trp Leu Pro Tyr His Val Ala Val
          260          265          270

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Leu Leu Asp Ile Phe Ser Ile Leu His Tyr Ile Pro Phe Thr Cys Arg
 275 280 285
 Leu Glu His Ala Leu Phe Thr Ala Leu His Val Thr Gln Cys Leu Ser
 290 295 300
 Leu Val His Cys Cys Val Asn Pro Val Leu Tyr Ser Phe Ile Asn Arg
 305 310 315 320
 Asn Tyr Arg Tyr Glu Leu Met Lys Ala Phe Ile Phe Lys Tyr Ser Ala
 325 330 335
 Lys Thr Gly Leu Thr Lys Leu Ile Asp Ala Ser Arg Val Ser Glu Thr
 340 345 350
 Glu Tyr Ser Ala Leu Glu Gln Asn Ala Lys
 355 360

<210> 5
 <211> 1089
 <212> DNA
 <213> Homo sapiens

<220>
 <223> G-protein coupled receptor (GPCR) CCX-CKR2.3
 coding sequence

<400> 5
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 agcgtcctgc tctacacgct ctcttctcatt tacattttca tcttcgcat cggcatgatt 180
 gccaaactccg tgggtggtctg ggtgaatata caggccaaga ccacaggcta tgacacgcac 240
 tgctacatct tgaacctggc cattgccgac ctgtggggtg tcctcaccat cccagtctgg 300
 gtggtcagtc tcgtgcagca caaccagtgg cccatgggag agctcacgtg caaagtcaca 360
 cacctcatct tctccatcaa cctcttcggc agcattttct tcctcacgtg catgagcgtg 420
 gaccgctacc tctccatcac ctacttcacc aacaccccca gcagcaggaa gaagatggta 480
 cgccgtgtcg tctgcatact ggtgtggctg ctggccttct gcgtgtctct gcctgacacc 540
 tactacctga agaccgtcac gtctgcgtcc aacaatgaga cctactgccg gtccttctac 600
 cccgagcaca gcatcaagga gtggctgata ggcatggagc tgggtctccgt tgtcttgggc 660
 tttgccgttc ccttctccat tgtcgtctgc ttctacttcc tgcctggccag agccatctcg 720
 gcgtccagtg accaggagaa gcacagcagc cggaagatca tcttctccta cgtggtggtc 780
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 cagtgcctgt cgctggtgca ctgctgcgtc aaccctgtcc tctacagctt catcaatcgc 960
 aactacaggt acgagctgat gaaggccttc atcttcaagt actcggccaa aacagggctc 1020
 accaagctca tcgatgcctc cagagtctca gagacggagt actctgcctt ggagcagagc 1080
 accaaatga 1089

<210> 6
 <211> 362
 <212> PRT
 <213> Homo sapiens

Leu Leu Asp Ile Phe Ser Ile Leu His Tyr Ile Pro Phe Thr Cys Arg
 275 280 285
 Leu Glu His Ala Leu Phe Thr Ala Leu His Val Thr Gln Cys Leu Ser
 290 295 300
 Leu Val His Cys Cys Val Asn Pro Val Leu Tyr Ser Phe Ile Asn Arg
 305 310 315 320
 Asn Tyr Arg Tyr Glu Leu Met Lys Ala Phe Ile Phe Lys Tyr Ser Ala
 325 330 335
 Lys Thr Gly Leu Thr Lys Leu Ile Asp Ala Ser Arg Val Ser Glu Thr
 340 345 350
 Glu Tyr Ser Ala Leu Glu Gln Ser Thr Lys
 355 360

<210> 7

<211> 1089

<212> DNA

<213> Homo sapiens

<220>

<223> G-protein coupled receptor (GPCR) CCX-CKR2.4
 coding sequence

<400> 7

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tgcaacagca gcgactgcat cgtggtggac acggtgatgt gtcccaacat gcccaacaaa 120
agcgtcctgc tctacacgct ctcttcatt tacattttca tcttcgtcat cggcatgatt 180
gccaaactccg tgggtggtctg ggtgaatata caggccaaga ccacaggcta tgacacgcac 240
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gtggtcagtc tcgtgcagca caaccagtgg cccatgggag agctcacgtg caaagtcaca 360
cacctcatct tctccatcaa cctcttcggc agcattttct tcctcacgtg catgagcgtg 420
gaccgctacc tctccatcac ctacttcacc aacaccccca gcagcaggaa gaagatggta 480
cgccgtgtcg tctgcatact ggtgtggctg ctggccttct gcgtgtctct gcctgacacc 540
tactacctga agaccgtcac gtctgcgtcc aacaatgaga cctactgccg gtccttctac 600
cccgagcaca gcatcaagga gtggctgate ggcatggagc tggctctcgt tgtcttgggc 660
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gcgtccagtg accaggagaa gcacagcagc cggaagatca tcttctccta cgtggtggtc 780
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aactacaggt acgagctgat gaaggccttc atcttcaagt actcggccaa aacagggctc 1020
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<210> 8

<211> 362

<212> PRT

<213> Homo sapiens

<220>

<223> G-protein coupled receptor (GPCR) CCX-CKR2.4

<400> 8

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Met Asp Leu His Leu Phe Asp Tyr Ser Glu Pro Gly Asn Phe Ser Asp
 1           5           10           15

Ile Ser Trp Pro Cys Asn Ser Ser Asp Cys Ile Val Val Asp Thr Val
           20           25           30

Met Cys Pro Asn Met Pro Asn Lys Ser Val Leu Leu Tyr Thr Leu Ser
           35           40           45

Phe Ile Tyr Ile Phe Ile Phe Val Ile Gly Met Ile Ala Asn Ser Val
           50           55           60

Val Val Trp Val Asn Ile Gln Ala Lys Thr Thr Gly Tyr Asp Thr His
 65           70           75           80

Cys Tyr Ile Leu Asn Leu Ala Ile Ala Asp Leu Trp Val Val Leu Thr
           85           90           95

Ile Pro Val Trp Val Val Ser Leu Val Gln His Asn Gln Trp Pro Met
           100          105          110

Gly Glu Leu Thr Cys Lys Val Thr His Leu Ile Phe Ser Ile Asn Leu
           115          120          125

Phe Gly Ser Ile Phe Phe Leu Thr Cys Met Ser Val Asp Arg Tyr Leu
 130          135          140

Ser Ile Thr Tyr Phe Thr Asn Thr Pro Ser Ser Arg Lys Lys Met Val
 145          150          155          160

Arg Arg Val Val Cys Ile Leu Val Trp Leu Leu Ala Phe Cys Val Ser
           165          170          175

Leu Pro Asp Thr Tyr Tyr Leu Lys Thr Val Thr Ser Ala Ser Asn Asn
           180          185          190

Glu Thr Tyr Cys Arg Ser Phe Tyr Pro Glu His Ser Ile Lys Glu Trp
           195          200          205

Leu Ile Gly Met Glu Leu Val Ser Val Val Leu Gly Phe Ala Val Pro
 210          215          220

Phe Ser Ile Ile Ala Val Phe Tyr Phe Leu Leu Ala Arg Ala Ile Ser
 225          230          235          240

Ala Ser Ser Asp Gln Glu Lys His Ser Ser Arg Lys Ile Ile Phe Ser
           245          250          255

Tyr Val Val Val Phe Leu Val Cys Trp Leu Pro Tyr His Val Ala Val
 260          265          270

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Leu Leu Asp Ile Phe Ser Ile Leu His Tyr Ile Pro Phe Thr Cys Arg
 275 280 285

Leu Glu His Ala Leu Phe Thr Ala Leu His Val Thr Gln Cys Leu Ser
 290 295 300

Leu Val His Cys Cys Val Asn Pro Val Leu Tyr Ser Phe Ile Asn Arg
 305 310 315 320

Asn Tyr Arg Tyr Glu Leu Met Lys Ala Phe Ile Phe Lys Tyr Ser Ala
 325 330 335

Lys Thr Gly Leu Thr Lys Leu Ile Asp Ala Ser Arg Val Ser Glu Thr
 340 345 350

Glu Tyr Ser Ala Leu Glu Gln Ser Thr Lys
 355 360

<210> 9

<211> 1089

<212> DNA

<213> Homo sapiens

<220>

<223> G-protein coupled receptor (GPCR) CCX-CKR2.5
 coding sequence

<400> 9

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agcgtcctgc tctacacgct ctcccttcatt tacattttca tcttcgtcat cggcatgatt 180
gccaaactccg tgggtggtctg ggtgaatatc caggccaaga ccacaggcta tgacacgcac 240
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gtggtcagtc tctgtcgagca caaccagtgg cccatgggag agctcacgtg caaagtcaca 360
cacctcatct tctccatcaa cctcttcagc agcattttct tcttcacgtg catgagcgtg 420
gaccgctacc tctccatcac ctacttcacc aacaccccca gcagcaggaa gaagatggta 480
cgccgtgtcg tctgcatact ggtgtggctg ctggccttct gcgtgtctct gcctgacacc 540
tactacctga agaccgtcac gtctgcgtcc aacaatgaga cctactgccg gtccttctac 600
cccgagcaca gcatcaagga gtggctgata ggcatggagc tgggtctcgt tgtcttgggc 660
tttgccgttc ccttctccat tatcgtgtgc ttctacttcc tgctggccag agccatctcg 720
gcgtccagtg accaggagaa gcacagcagc cggaagatca tcttctccta cgtggtggtc 780
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aactacaggt acgagctgat gaaggccttc atcttcaagt actcggccaa aacagggtgc 1020
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accaaataga                                     1089

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<210> 10

<211> 362

<212> PRT

<213> Homo sapiens

<220>

<223> G-protein coupled receptor (GPCR) CCX-CKR2.5

<400> 10

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Met Asp Leu His Leu Phe Asp Tyr Ser Glu Pro Gly Asn Phe Ser Asp
 1           5           10           15

Ile Ser Trp Pro Cys Asn Ser Ser Asp Cys Ile Val Val Asp Thr Val
          20           25           30

Met Cys Pro Asn Met Pro Asn Lys Ser Val Leu Leu Tyr Thr Leu Ser
          35           40           45

Phe Ile Tyr Ile Phe Ile Phe Val Ile Gly Met Ile Ala Asn Ser Val
 50           55           60

Val Val Trp Val Asn Ile Gln Ala Lys Thr Thr Gly Tyr Asp Thr His
 65           70           75           80

Cys Tyr Ile Leu Asn Leu Ala Ile Ala Asp Leu Trp Val Val Leu Thr
          85           90           95

Ile Pro Val Trp Val Val Ser Leu Val Gln His Asn Gln Trp Pro Met
          100          105          110

Gly Glu Leu Thr Cys Lys Val Thr His Leu Ile Phe Ser Ile Asn Leu
          115          120          125

Phe Ser Ser Ile Phe Phe Leu Thr Cys Met Ser Val Asp Arg Tyr Leu
 130           135           140

Ser Ile Thr Tyr Phe Thr Asn Thr Pro Ser Ser Arg Lys Lys Met Val
 145           150           155           160

Arg Arg Val Val Cys Ile Leu Val Trp Leu Leu Ala Phe Cys Val Ser
          165          170          175

Leu Pro Asp Thr Tyr Tyr Leu Lys Thr Val Thr Ser Ala Ser Asn Asn
          180          185          190

Glu Thr Tyr Cys Arg Ser Phe Tyr Pro Glu His Ser Ile Lys Glu Trp
          195          200          205

Leu Ile Gly Met Glu Leu Val Ser Val Val Leu Gly Phe Ala Val Pro
 210           215           220

Phe Ser Ile Ile Ala Val Phe Tyr Phe Leu Leu Ala Arg Ala Ile Ser
 225           230           235           240

Ala Ser Ser Asp Gln Glu Lys His Ser Ser Arg Lys Ile Ile Phe Ser
          245          250          255

Tyr Val Val Val Phe Leu Val Cys Trp Leu Pro Tyr His Val Ala Val
          260          265          270

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CA 2606222

Leu Leu Asp Ile Phe Ser Ile Leu His Tyr Ile Pro Phe Thr Cys Arg
 275 280 285
 Leu Glu His Ala Leu Phe Thr Ala Leu His Val Thr Gln Cys Leu Ser
 290 295 300
 Leu Val His Cys Cys Val Asn Pro Val Leu Tyr Ser Phe Ile Asn Arg
 305 310 315 320
 Asn Tyr Arg Tyr Glu Leu Met Lys Ala Phe Ile Phe Lys Tyr Ser Ala
 325 330 335
 Lys Thr Gly Leu Thr Lys Leu Ile Asp Ala Ser Arg Val Ser Glu Thr
 340 345 350
 Glu Tyr Ser Ala Leu Glu Gln Ser Thr Lys
 355 360

<210> 11
 <211> 449
 <212> DNA
 <213> Mus sp.

<220>
 <223> mouse monoclonal antibody 6E10 heavy chain
 variable region

<400> 11
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 gtgaagctgg atgagactgg aggaggcttg gtgcaacctg ggaggcccat gaaactctcc 120
 tgtgttgccct ctggattcac ttttagtgac tactggatga actgggtccg ccagtctcca 180
 gaaaaaggac tggagtggtt aggacaaatt agaaacaaac cttataatta tgaaacatat 240
 tattcagatt ctgtgaaagg cagattcacc atctcaagag atgattccaa aagtagtgtc 300
 tacctgcaaa tgaacaactt aagaactgaa gacacgggta tctactactg tacatcctta 360
 cgttactggg gccaaaggaac tctggtcact gtctctgcag ccaaaacgac acccccatcc 420
 gtgtatcctg tggcccctgg aagcttggg 449

<210> 12
 <211> 149
 <212> PRT
 <213> Mus sp.

<220>
 <223> mouse monoclonal antibody 6E10 heavy chain
 variable region

<400> 12
 Met Tyr Leu Gly Leu Ser Cys Val Phe Ile Val Phe Leu Leu Lys Gly
 1 5 10 15
 Val Gln Cys Glu Val Lys Leu Asp Glu Thr Gly Gly Gly Leu Val Gln
 20 25 30

Pro Gly Arg Pro Met Lys Leu Ser Cys Val Ala Ser Gly Phe Thr Phe
 35 40 45

Ser Asp Tyr Trp Met Asn Trp Val Arg Gln Ser Pro Glu Lys Gly Leu
 50 55 60

Glu Trp Val Gly Gln Ile Arg Asn Lys Pro Tyr Asn Tyr Glu Thr Tyr
 65 70 75 80

Tyr Ser Asp Ser Val Lys Gly Arg Phe Thr Ile Ser Arg Asp Asp Ser
 85 90 95

Lys Ser Ser Val Tyr Leu Gln Met Asn Asn Leu Arg Thr Glu Asp Thr
 100 105 110

Gly Ile Tyr Tyr Cys Thr Ser Leu Arg Tyr Trp Gly Gln Gly Thr Leu
 115 120 125

Val Thr Val Ser Ala Ala Lys Thr Thr Pro Pro Ser Val Tyr Pro Val
 130 135 140

Ala Pro Gly Ser Leu
 145

<210> 13
 <211> 439
 <212> DNA
 <213> Mus sp.

<220>
 <223> mouse monoclonal antibody 6E10 light chain
 variable region

<400> 13
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 agtcacagtc tgtaaacag tggaattcaa aagaacttct tgacctggta tcaacagaaa 180
 ccagggcagc ctcctaaagt attgatctac tgggcattca ctagggaatc tggggtcctc 240
 gaacgcttca caggcagtg atctggaaca gatttcactc tcaccatcag tagtgtgcag 300
 gctgaagacc tggcagttta ttactgtcag agtgattata cttatccatt cacgttcggc 360
 tcgggggacaa agttggaaat aaaacgggct gatgctgcac caactgtatc catcttccca 420
 ccatccagta agcttgggg 439

<210> 14
 <211> 146
 <212> PRT
 <213> Mus sp.

<220>
 <223> mouse monoclonal antibody 6E10 light chain
 variable region

<400> 14

Met Val Leu Met Ser Leu Leu Phe Trp Val Ser Gly Thr Cys Gly Asp
 1 5 10 15

Ile Val Met Thr Gln Ser Pro Ser Ser Leu Thr Val Thr Ala Gly Glu
 20 25 30

Lys Val Thr Met Ser Cys Lys Ser Ser His Ser Leu Leu Asn Ser Gly
 35 40 45

Ile Gln Lys Asn Phe Leu Thr Trp Tyr Gln Gln Lys Pro Gly Gln Pro
 50 55 60

Pro Lys Val Leu Ile Tyr Trp Ala Phe Thr Arg Glu Ser Gly Val Pro
 65 70 75 80

Glu Arg Phe Thr Gly Ser Gly Ser Gly Thr Asp Phe Thr Leu Thr Ile
 85 90 95

Ser Ser Val Gln Ala Glu Asp Leu Ala Val Tyr Tyr Cys Gln Ser Asp
 100 105 110

Tyr Thr Tyr Pro Phe Thr Phe Gly Ser Gly Thr Lys Leu Glu Ile Lys
 115 120 125

Arg Ala Asp Ala Ala Pro Thr Val Ser Ile Phe Pro Pro Ser Ser Lys
 130 135 140

Leu Gly
 145

<210> 15

<211> 463

<212> DNA

<213> Mus sp.

<220>

<223> mouse monoclonal antibody 11G8 heavy chain
 variable region

<400> 15

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 tgtgcaacct ctggattcac tttcagtgac tattacatgt tttgggttcg ccagactcca 180
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 caaatgagcc gtctgaagtc tgaggacaca gccatgtatt actgtgcaag acaagggaac 360
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<211> 154

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 <213> Mus sp.

<220>
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 variable region

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 1 5 10 15
 Val Gln Cys Glu Val Lys Leu Val Glu Ser Gly Gly Asp Leu Val Gln
 20 25 30
 Pro Gly Gly Ser Leu Lys Leu Ser Cys Ala Thr Ser Gly Phe Thr Phe
 35 40 45
 Ser Asp Tyr Tyr Met Phe Trp Val Arg Gln Thr Pro Glu Lys Arg Leu
 50 55 60
 Glu Trp Val Ala Tyr Ile Thr Asn Gly Gly Asp Arg Ser Tyr Tyr Ser
 65 70 75 80
 Asp Thr Val Thr Gly Arg Phe Ile Ile Ser Arg Asp Asn Ala Lys Asn
 85 90 95
 Thr Leu Tyr Leu Gln Met Ser Arg Leu Lys Ser Glu Asp Thr Ala Met
 100 105 110
 Tyr Tyr Cys Ala Arg Gln Gly Asn Trp Ala Ala Trp Phe Val Tyr Trp
 115 120 125
 Gly Gln Gly Thr Leu Val Thr Val Ser Ala Ala Lys Thr Thr Pro Pro
 130 135 140
 Ser Val Tyr Pro Leu Ala Pro Gly Ser Leu
 145 150

<210> 17
 <211> 447
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<220>
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 variable region

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 tcttgcagat ctagtcacta tattgtacat agtgacggaa acacctatct agagtgggtac 180
 ctgcagaaac caggccagtc tccaaagctc ctgatctaca aagtttccaa ccgattttct 240
 ggggtcccag acaggttcag tggcagtggg tcagggacag atttcacact caagatcagc 300
 agagtggagg ctgaggatct ggggaatttat tactgctttc aaggttcaca tggtccgctc 360

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 atcttccac catccagtaa gcttggg 447

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 variable region

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 20 25 30
 Ser Leu Gly Asp Gln Ala Ser Ile Ser Cys Arg Ser Ser His Tyr Ile
 35 40 45
 Val His Ser Asp Gly Asn Thr Tyr Leu Glu Trp Tyr Leu Gln Lys Pro
 50 55 60
 Gly Gln Ser Pro Lys Leu Leu Ile Tyr Lys Val Ser Asn Arg Phe Ser
 65 70 75 80
 Gly Val Pro Asp Arg Phe Ser Gly Ser Gly Ser Gly Thr Asp Phe Thr
 85 90 95
 Leu Lys Ile Ser Arg Val Glu Ala Glu Asp Leu Gly Ile Tyr Tyr Cys
 100 105 110
 Phe Gln Gly Ser His Val Pro Leu Thr Phe Gly Ala Gly Thr Lys Leu
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 Glu Leu Lys Arg Ala Asp Ala Ala Pro Thr Val Ser Ile Phe Pro Pro
 130 135 140
 Ser Ser Lys Leu Gly
 145

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<220>
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 variable region complementarity determining region
 (CDR)

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 20 25 30
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 35 40 45
 Gly Gln Ile Arg Asn Lys Pro Tyr Asn Tyr Glu Thr Tyr Tyr Ser Asp
 50 55 60
 Ser Val Lys Gly Arg Phe Thr Ile Ser Arg Asp Asp Ser Lys Ser Ser
 65 70 75 80
 Val Tyr Leu Gln Met Asn Asn Leu Arg Thr Glu Asp Thr Gly Ile Tyr
 85 90 95

Tyr Cys Thr

<210> 20
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 <213> Mus sp.

<220>
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 variable region complementarity determining region
 (CDR)

<220>
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 <223> framework region 3 (FR3)

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 1 5 10 15
 Glu Lys Val Thr Met Ser Cys Lys Ser Ser His Ser Leu Leu Asn Ser
 20 25 30
 Gly Ile Gln Lys Asn Phe Leu Thr Trp Tyr Gln Gln Lys Pro Gly Gln
 35 40 45
 Pro Pro Lys Val Leu Ile Tyr Trp Ala Phe Thr Arg Glu Ser Gly Val
 50 55 60
 Pro Glu Arg Phe Thr Gly Ser Gly Ser Gly Thr Asp Phe Thr Leu Thr
 65 70 75 80
 Ile Ser Ser Val Gln Ala Glu Asp Leu Ala Val Tyr Tyr Cys Gln Ser
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 Asp Tyr Thr Tyr Pro
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variable region complementarity determining region
(CDR)

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<223> framework region 1 (FR1)

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<222> (67)..(98)

<223> framework region 3 (FR3)

<400> 21

Glu Val Lys Leu Val Glu Ser Gly Gly Asp Leu Val Gln Pro Gly Gly
1 5 10 15

Ser Leu Lys Leu Ser Cys Ala Thr Ser Gly Phe Thr Phe Ser Asp Tyr
20 25 30

Tyr Met Phe Trp Val Arg Gln Thr Pro Glu Lys Arg Leu Glu Trp Val
35 40 45

Ala Tyr Ile Thr Asn Gly Gly Asp Arg Ser Tyr Tyr Ser Asp Thr Val
50 55 60

Thr Gly Arg Phe Ile Ile Ser Arg Asp Asn Ala Lys Asn Thr Leu Tyr
65 70 75 80

Leu Gln Met Ser Arg Leu Lys Ser Glu Asp Thr Ala Met Tyr Tyr Cys
85 90 95

Ala Arg

<210> 22

<211> 100

<212> PRT

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      variable region complementarity determining region
      (CDR)

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Asp Val Leu Met Thr Gln Thr Pro Leu Ser Leu Pro Val Ser Leu Gly
 1             5             10             15

Asp Gln Ala Ser Ile Ser Cys Arg Ser Ser His Tyr Ile Val His Ser
      20             25             30

Asp Gly Asn Thr Tyr Leu Glu Trp Tyr Leu Gln Lys Pro Gly Gln Ser
      35             40             45

Pro Lys Leu Leu Ile Tyr Lys Val Ser Asn Arg Phe Ser Gly Val Pro
      50             55             60

Asp Arg Phe Ser Gly Ser Gly Ser Gly Thr Asp Phe Thr Leu Lys Ile
      65             70             75             80

Ser Arg Val Glu Ala Glu Asp Leu Gly Ile Tyr Tyr Cys Phe Gln Gly
      85             90             95

Ser His Val Pro
      100

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<210> 23
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<212> PRT
<213> Artificial Sequence

<220>
<223> Description of Artificial Sequence:peptide linker

<400> 23
Gly Gly Gly Gly Ser
1 5

Claims:

1. An antibody that binds to CCX-CKR2, comprising:
 - (i) the three complementarity determining regions (CDRs) of SEQ ID NO:12 and the three CDRs of SEQ ID NO:14; or
 - (ii) the three CDRs of SEQ ID NO:16 and the three CDRs of SEQ ID NO:18.
2. The antibody of claim 1, which comprises SEQ ID NO:12 and SEQ ID NO:14.
3. The antibody of claim 1, which comprises SEQ ID NO:16 and SEQ ID NO:18.
4. The antibody of claim 1, 2 or 3, which is a monoclonal antibody.
5. The antibody of any one of claims 1 to 4, which is a humanized antibody.
6. The antibody of any one of claims 1 to 5, wherein the antibody is linked to a detectable label.
7. A composition comprising a pharmaceutically acceptable excipient and an antibody as defined in any one of claims 1 to 6.
8. Use of an antibody as defined in any one of claims 1 to 6 for binding CCX-CKR2.
9. The use of claim 8, wherein the CCX-CKR2 is expressed by a cell.
10. A method of detecting a cell expressing CCX-CKR2 in a biological sample, the method comprising contacting the biological sample with an antibody as defined in any one of claims 1 to 6, and detecting the presence of the antibody.
11. Use of an antibody as defined in any one of claims 1 to 5, for inhibiting angiogenesis or proliferation of a cancer cell.

12. Use of an antibody as defined in any one of claims 1 to 5, in preparation of a medicament for inhibiting angiogenesis or proliferation of a cancer cell.
13. The use of claim 11 or 12, wherein the cell is in an individual.
14. The use of claim 13, wherein the individual has or is pre-disposed to have arthritis.
15. The use of claim 13, wherein the individual is not a human.
16. An *in vitro* method for identifying a modulator of CCX-CKR2, comprising:
 - (a) combining a cell expressing a CCX-CKR2 polypeptide or an extract of the cell with a test agent; and
 - (b) conducting an assay to detect whether the test agent competes with an antibody for binding to the CCX-CKR2 polypeptide, wherein the antibody comprises
 - (i) the three complementarity determining regions (CDRs) of SEQ ID NO:12 and the three CDRs of SEQ ID NO:14; or
 - (ii) the three CDRs of SEQ ID NO:16 and the three CDRs of SEQ ID NO:18,

wherein competition between the antibody and the test agent for binding to the CCX-CKR2 polypeptide is an indication that the test agent is a modulator of CCX-CKR2 activity.

17. Use of an antibody and first and second animals for testing efficacy of a test agent that modulates CCX-CKR2 activity, wherein the antibody comprises:
 - (i) the three complementarity determining regions (CDRs) of SEQ ID NO:12 and the three CDRs of SEQ ID NO:14; or
 - (ii) the three CDRs of SEQ ID NO:16 and the three CDRs of SEQ ID NO:18; andwherein the test reagent is for administration to the first animal and the antibody is for administration to the second animal; and wherein a comparison of the effect of the test reagent on the first animal to the effect of the antibody on the second animal indicates the efficacy of the test agent.

18. A polypeptide comprising SEQ ID NO:12, SEQ ID NO:14, SEQ ID NO:16, or SEQ ID NO:18.
19. A polynucleotide encoding SEQ ID NO:12, SEQ ID NO:14, SEQ ID NO:16, or SEQ ID NO:18.
20. The polynucleotide of claim 19, wherein the polynucleotide comprises SEQ ID NO:11, SEQ ID NO:13, SEQ ID NO:15, or SEQ ID NO:17.
21. A method of producing a chimeric antibody heavy or light chain, the method comprising operably linking a polynucleotide encoding:
- (i) the three complementarity determining regions (CDRs) of SEQ ID NO:12;
 - (ii) the three CDRs of SEQ ID NO:14;
 - (iii) the three CDRs of SEQ ID NO:16; or
 - (iv) the three CDRs of SEQ ID NO:18;
- to a heterologous polynucleotide encoding at least the framework region of a heavy or light chain of an antibody, to form a fusion polynucleotide encoding a chimeric heavy or light chain of an antibody; and
- expressing a chimeric heavy or light chain from the fusion polynucleotide.

Figure 1

For SEQ ID NO:12:
<-----FR1-----> <CDR1> <-----FR2-----> <-----CDR2-----> <-----FR3----->
1 EVKLDETGGGLVQGRPMKLSKVAGFTFS DYWMN WVRQSPKGLWVG QIRNKPYNYYSDSVKG RFTISRDDSKSS VYLQMNRLRTEDTGIYYCT- 99

For SEQ ID NO:14:
<-----FR1-----> <-----CDR1-----> <-----FR2-----> <-----CDR2> <-----FR3----->
1 DIVMTQSPSSLTVTAGEKVTMSC KSSHLLNSGIQKNFLT WYQKPGQPPKVLIIY WAFTRFS GVPDRFTGSGGTDFTLTISVQAEDLAVYYC QSDYYP 101

For SEQ ID NO:16
<-----FR1-----> <CDR1> <-----FR2-----> <-----CDR2-----> <-----FR3----->
1 EVKLVEGGDLVQPGGSLKLSCATSGFTFS DYMF WVRQTPEKRLEWVA YITNGGDRSYSDTVTG RFILSRDNAKNTLYLQMSRLKSEDTAMYYCAR 98

For SEQ ID NO:18:
<-----FR1-----> <-----CDR1-----> <-----FR2-----> <-----CDR2> <-----FR3----->
1 DVLMTQTPLSLPVSGLGDAQSIC RSSHYIVHSDGNTYLE WYLQKPGQSPKLLIY KVSNRFS GVPDRFSGSGGTDFTLKISRVEAEDLGIYYC FQGSHVP 100