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Fortsættes ...



# DESCRIPTION

## FIELD OF THE INVENTION

[0001] The present invention relates to bone targeted alkaline phosphatase, kits and pharmaceutical compositions thereof.

## BACKGROUND OF THE INVENTION

[0002] Hypophosphatasia (HPP) is a rare, heritable form of rickets or osteomalacia (Whyte 2001) with an incidence as great as 1 per 2,500 births in Canadian Mennonites (Greenberg, 1993) and of 1 per 100,000 births in the general population for the more severe form of the disease. Milder forms are more prevalent. This 'inborn error of metabolism' is caused by loss-of-function mutation(s) in the gene (*ALPL*) that encodes the tissue-nonspecific isozyme of alkaline phosphatase (TNALP; a.k.a liver/bone/kidney type ALP) (Weiss et al. 1988; Henthorn et al. 1992a; Henthorn et al. 1992b; Zurutuza et al. 1999; Millán 1995). The biochemical hallmark is subnormal ALP activity in serum (hypophosphatasemia), which leads to elevated blood and/or urine levels of three phosphocompound substrates: inorganic pyrophosphate (PP<sub>i</sub>) phosphoethanolamine (PEA), and pyridoxal 5'-phosphate (PLP) (Whyte 1994).

[0003] HPP features a remarkable range of severity ranging from (most severe to mildest) perinatal, infantile, childhood, adult, and odontohypophosphatasia forms, classified historically according to age at diagnosis (Whyte 2001). There may be almost complete absence of bone mineralization *in utero* with stillbirth, or spontaneous fractures and dental disease occurring first in adult life. Perinatal (lethal) Hypophosphatasia is expressed *in utero* and can cause stillbirth. Some neonates may survive several days but suffer increased respiratory compromise due to the hypoplastic and rachitic disease of the chest. In infantile HPP, diagnosed before 6 months-of-age, postnatal development seems normal until onset of poor feeding, inadequate weight gain, and appearance of rickets. Radiological features are characteristic and show impaired skeletal mineralization, sometimes with progressive skeletal demineralization leading to rib fractures and chest deformity. Childhood Hypophosphatasia has also highly variable clinical expression. Premature loss of deciduous teeth results from aplasia, hypoplasia or dysplasia of dental cementum that connects the tooth root with the periodontal ligament. Rickets causes short stature and the skeletal deformities may include bowed legs, enlargement of the wrists, knees and ankles as a result of flared metaphysis. Adult HPP usually presents during middle age, although frequently there is a history of rickets and/or early loss of teeth followed by good health during adolescence and young adult life. Recurrent metatarsal stress fractures are common and calcium pyrophosphate dihydrate deposition causes attacks of arthritis and pyrophosphate arthropathy. Odontohypophosphatasia is diagnosed when the only clinical abnormality is dental disease and radiological studies and even bone biopsies reveal no signs of rickets or osteomalacia.

[0004] The severe clinical forms of Hypophosphatasia are usually inherited as autosomal recessive traits with parents of such patients showing subnormal levels of serum AP activity (Whyte 2001). For the milder forms of hypophosphatasia, i.e., adult and odontohypophosphatasia, an autosomal dominant pattern of inheritance has also been documented (Whyte 2001).

[0005] In the healthy skeleton, TNALP is an ectoenzyme present on the surface of the plasma membrane of osteoblasts and chondrocytes, including on the membranes of their shed matrix vesicles (MVs) (Ali et al. 1970; Bernard 1978) where the enzyme is particularly enriched (Morris et al. 1992). Deposition of hydroxyapatite during bone mineralization normally initiates within the lumen of these MVs (Anderson et al. 2005a). Electron microscopy has shown that TNALP-deficient MVs from severely affected HPP patients and *Akp2*<sup>-/-</sup> mice (a TNALP null mouse model, see below) contain hydroxyapatite crystals, but that extravesicular crystal propagation appears retarded (Anderson 1997; Anderson 2004). This defect is attributed to the extracellular accumulation of PP<sub>i</sub>, a potent inhibitor of calcification (Meyer 1984) due to deficiency of TNALP activity (Hessle et al. 2002; Harmey et al. 2004; Harmey et al. 2006.).

[0006] When PP<sub>i</sub> is present at near physiological concentrations, in the range of 0.01-0.1 mM, PP<sub>i</sub> has the ability to stimulate mineralization in organ-cultured chick femurs (Anderson & Reynolds 1973) and also by isolated rat MVs (Anderson et al. 2005b), while at concentrations above 1 mM, PP<sub>i</sub> inhibits calcium phosphate mineral formation by coating hydroxyapatite crystals, thus preventing mineral crystal growth and proliferative self-nucleation. Thus, PP<sub>i</sub> has a dual physiological role; it can function as a promoter of mineralization at low concentrations but as an inhibitor of mineralization at higher concentrations. TNALP has been shown to hydrolyze the mineralization inhibitor PP<sub>i</sub> to facilitate mineral precipitation and growth (Rezende et al. 1998). Recent studies using the *Akp2*<sup>-/-</sup> mice have indicated that the primary role of TNALP *in vivo* is to restrict the size of the extracellular PP<sub>i</sub> pool to allow proper skeletal mineralization (Hessle et al. 2002; Harmey et al. 2004).

**[0007]** The severity of Hypophosphatasia is variable and modulated by the nature of the TNALP mutation. Missense mutations in the enzyme's active site vicinity, homodimer interface, crown domain, amino-terminal arm and calcium-binding site have all been found to affect the catalytic activity of TNALP (Zurutuza et al. 1999). Additionally, other missense, nonsense, frame-shift and splice site mutations have been shown to lead to aberrant mutant proteins or intracellular trafficking defects that lead to subnormal activity on the cell surface. The multitude of mutations and the fact that compound heterozygosity is a common occurrence in Hypophosphatasia also explains the variable expressivity and incomplete penetrance often observed in this disease (Whyte 2001).

**[0008]** Progress on the human form of the disease benefits greatly from the existence of the TNALP null mice (*Akp2<sup>-/-</sup>*) as an animal model. These *Akp2<sup>-/-</sup>* mice phenocopy infantile HPP remarkably well, as they are born with a normally mineralized skeleton, but develop radiographically apparent rickets at about 6 days of age, and die between day 12-16 suffering severe skeletal hypomineralization and episodes of apnea and epileptic seizures attributable to disturbances in PLP (vitamin B<sub>6</sub>) metabolism (Waymire et al. 1995; Narisawa et al. 1997; Fedde et al. 1999; Narisawa et al. 2001).

**[0009]** Some TNALP active site mutations have been shown to affect the ability of the enzyme to metabolize PPI or PLP differently (Di Mauro et al. 2002). Both PLP and PPI are confirmed natural substrates of TNALP and abnormalities in PLP metabolism explain the epileptic seizures observed in *Akp2<sup>-/-</sup>* mice (Waymire et al. 1995; Narisawa et al. 2001), while abnormalities in PPI metabolism explain the skeletal phenotype in this mouse model of Hypophosphatasia (Hessle et al. 2002; Anderson et al. 2004; Harmey et al. 2004; Harmey et al. 2006; Anderson et al. 2005a).

**[0010]** There is no established medical therapy for HPP. Case reports of enzyme replacement therapy (ERT) using intravenous (i.v.) infusions of TNALP-rich plasma from Paget bone disease patients and purified placental ALP have described failure to rescue affected infants (Whyte et al. 1982; Whyte et al. 1984). In another similar study, Weninger et al. (Weninger et al. 1989) attempted ERT for a severely affected premature boy with Hypophosphatasia by infusions of purified human liver TNALP. Treatment (1.2 IU/kg/min) started at age three weeks and was repeated in weekly intervals until age 10 weeks, when the child died. Samples of TNALP were diluted with 10 ml of physiological saline and infused over 30 min via an umbilical arterial catheter. No toxic or allergic side effects were observed. Serum TNALP activity increased from 3 IU/L before treatment to a maximum level of 195 IU/L with a half-life time between 37 and 62 hours. Sequential radiographic studies however showed no improvement of bone mineralization (Weninger et al. 1989).

**[0011]** It seems that ALP activity must be increased not in the circulation, but in the skeleton itself. This hypothesis is supported by seemingly beneficial responses of two girls with infantile HPP following marrow cell transplantation where TNALP-containing cells were introduced throughout the skeleton (Whyte et al. 2003). Thus there seems to be a need to provide active TNALP to the skeleton of these patients. Recent reports have indicated that poly-aspartate sequences confer bone homing properties to recombinant TNALP (WO 2005/103263 to Crine et al.; Nishioka et al. 2006). WO 2005/103263 A1 discloses therapeutics that include sALP fused to D10 and their use in enzyme replacement therapy in HPP.

**[0012]** A recent report showed that the mutated form of TNALP R450C (although Nasu et al. refers to a R433C mutation, his numbering applies to the mature protein and not to one comprising the signal peptide) produces a protein having a dimeric structure joined by a disulfide bridge between the cysteine residues at position 450 of each subunit which strongly inhibited its alkaline phosphatase activity. Nasu et al. concluded that the loss of function results from the interchain disulfide bridge and is the molecular basis for the lethal hypophosphatasia associated with R450C (Nasu et al. 2006).

## SUMMARY OF THE INVENTION

**[0013]** Given the current limitations in the clinical management and treatment of patients with HPP, an alternative and efficient treatment was needed. Accordingly, the present invention provides an efficient enzyme replacement therapy for the treatment of HPP.

**[0014]** To the Applicant's knowledge, and as opposed to previous enzyme replacement therapy efforts in either TNALP null mice or HPP infants in which TNALP or other ALP isozymes were delivered intravenously, the present invention marks the first time where near complete resolution of clinical radiographic and biochemical changes has been documented to occur with enzyme replacement alone.

**[0015]** The present invention relates to a pharmaceutical composition comprising a polypeptide having the sequence set forth in SEQ ID NO: 4 and a pharmaceutically acceptable carrier comprising sodium chloride and/or sodium phosphate.

**Bone targeted sALP**

**[0016]** The pharmaceutical composition of the present invention comprises a fusion protein including in order from the amino side to the carboxylic side a sALP, a spacer, and a bone targeting negatively charged peptide., having the sequence set forth in SEQ ID No: 4.

**ALPs**

**[0017]** There are four known isozymes of ALP, namely tissue non specific alkaline phosphatase further described below, placental alkaline phosphatase (PALP) (e.g., [NP\_112603], [NP\_001623]), germ cell alkaline phosphatase (GCALP) (e.g., [P10696]) and intestinal alkaline phosphatase (e.g., [NP\_001622]). These enzymes possess very similar three dimensional structure. Each of their catalytic sites contains four metal binding domains for metal ions necessary for enzymatic activity including two Zn and one Mg. These enzymes catalyze the hydrolysis of monoesters of phosphoric acid and also catalyze a transphosphorylation reaction in the presence of high concentrations of phosphate acceptors. It has been shown in particular that PALP is physiologically active toward phosphoethanolamine (PEA), inorganic pyrophosphate (PPI) and pyridoxal 5'-phosphate (PLP), all three being known natural substrate for TNALP (Whyte, 1995). An alignment between these isozymes is presented in Figure 30.

**[0018]** In a further embodiment, the present invention relates to a bone targeted alkaline phosphatase comprising a polypeptide having the structure:



wherein sALP is the extracellular domain of the alkaline phosphatase;

X is absent or is an amino acid sequence of at least one amino acid;

Y is absent or is an amino acid sequence of at least one amino acid;

W<sub>n</sub> is a polyaspartate or a polyglutamate wherein n = 10 to 16; and

the spacer comprises a fragment crystallizable region (Fc).

**TNALP**

**[0019]** As indicated above, TNALP is a membrane-bound protein anchored through a glycolipid to its C-terminal (Swiss-Prot, P05186). This glycolipid anchor (GPI) is added post translationally after removal of a hydrophobic C-terminal end which serves both as a temporary membrane anchor and as a signal for the addition of the GPI. Hence the soluble human TNALP used in all Examples below is comprised of a TNALP wherein the first amino acid of the hydrophobic C-terminal sequence, namely alanine, is replaced by a stop codon. The soluble TNALP (herein called sTNALP) so formed contains all amino acids of the native anchored form of TNALP necessary for the formation of the catalytic site ^ but lacks the GPI membrane anchor. Known TNALPs include human TNALP [NP000469, AAI1091Q, AAH90861, AAH66116, AAH21289, AAI26166]; rhesus TNALP [XP-001109717]; rat TNALP [NP\_037191]; dog TNALP [AAF64516]; pig TNALP [AAN64273], mouse [NP\_031457], bovine [NP\_789828, NP\_776412, AAI18209, AAC33858], and cat [NP\_001036028].

**[0020]** It is disclosed that the bone targeted composition of the present invention encompasses sequences satisfying a consensus sequence derived from the ALP extracellular domain of human ALP isozymes and of known functional TNALPs (human, mouse, rat, bovine, cat and dog). As used herein the terminology "extracellular domain" is meant to refer to any functional extracellular portion of the native protein (i.e. without the peptide signal). It has been shown that recombinant sTNALP retaining original amino acids 1 to 501 (18 to 501 when secreted) (see Oda et al., J. Biochem 126: 694-699, 1999), amino acids 1

to 504 (18 to 504 when secreted) (US Patent 6,905,689 to Bernd et al.) and amino acids 1 to 505 (18-505 when secreted) (US 2007/0081984 to Tomatsu et al.) are enzymatically active. Examples presented herein also show that a recombinant sTNALP retaining amino acids 1 to 502 (18 to 502 when secreted) (Figure 3) of the original TNALP is enzymatically active. This indicates that amino acid residues can be removed from the C-terminal end of the native protein without affecting its enzymatic activity.

**[0021]** Table 1 below provides a list of 194 mutations known to cause HPP. In specific embodiments of the bone targeted polypeptides of present invention, the ALP sequence does not include any of these mutations.

**[0022]** Hence, in sALPs of a bone targeted phosphatase of the present invention, using the numbering of a consensus sequence derived from an alignment of various TNALPs and of human ALP isozymes, the amino acid at position 22 is not a phenylalanine residue;

the amino acid at position 33 (position 11 in the sequence without signal peptide) is not a cysteine residue; the amino acid at position 38 (position 16 in the sequence without signal peptide) is not a valine residue; the amino acid at position 42 (position 20 in the sequence without signal peptide) is not a proline residue; the amino acid at position 45 (position 23 in the sequence without signal peptide) is not a valine residue; the amino acid residue at position 56 (position 34 in the sequence without signal peptide) is not a serine or a valine residue; the amino acid residue at position 67 (position 45 in the sequence without signal peptide) is not a leucine, an isoleucine or a valine residue; the amino acid residue at position 68 (position 46 in the sequence without signal peptide) is not a valine residue; the amino acid residue at position 73 (position 51 in the sequence without signal peptide) is not a methionine residue; the amino acid residue at position 76 (position 54 in the sequence without signal peptide) is not a cysteine, a serine, a proline or a histidine residue; the amino acid residue at position 77 (position 55 in the sequence without signal peptide) is not a threonine residue; the amino acid residue at position 80 (position 58 in the sequence without signal peptide) is not a serine residue; the amino acid residue at position 81 (position 59 in the sequence without signal peptide) is not an asparagine residue; the amino acid residue at position 105 (position 83 in the sequence without signal peptide) is not a methionine residue; the amino acid residue at position 113 (position 89 in the sequence without signal peptide) is not a leucine residue; the amino acid residue at position 116 (position 94 in the sequence without signal peptide) is not a threonine residue; the amino acid residue at position 117 (position 95 in the sequence without signal peptide) is not a serine residue; the amino acid residue at position 119 (position 97 in the sequence without signal peptide) is not a glycine residue; the amino acid residue at position 121 (position 99 in the sequence without signal peptide) is not a serine or a threonine residue; the amino acid residue at position 125 (position 103 in the sequence without signal peptide) is not an arginine residue; the amino acid residue at position 128 (position 106 in the sequence without signal peptide) is not an aspartate residue; the amino acid residue at position 133 (position 111 in the sequence without signal peptide) is not a methionine residue; the amino acid residue at position 134 (position 112 in the sequence without signal peptide) is not an arginine residue; the amino acid residue at position 137 (position 115 in the sequence without signal peptide) is not a threonine or a valine residue; the amino acid residue at position 139 (position 117 in the sequence without signal peptide) is not a histidine or an asparagine residue; the amino acid residue at position 141 (position 119 in the sequence without signal peptide) is not a histidine residue; the amino acid residue at position 153 (position 131 in the sequence without signal peptide) is not an alanine or an isoleucine residue; the amino acid residue at position 167 (position 145 in the sequence without signal peptide) is not a serine or a valine residue; the amino acid residue at position 172 (position 150 in the sequence without signal peptide) is not a methionine residue; the amino acid residue at position 175 (position 153 in the sequence without signal peptide) is not an aspartate residue; the amino acid residue at position 176 (position 154 in the sequence without signal peptide) is not a tyrosine or an arginine residue; the amino acid residue at position 181 (position 159 in the sequence without signal peptide) is not a threonine residue; the amino acid residue at position 182 (position 160 in the sequence without signal peptide) is not a threonine residue; the amino acid residue at position 184 (position 162 in the sequence without signal peptide) is not a threonine residue; the amino acid residue at position 186 (position 164 in the sequence without signal peptide) is not a leucine residue; the amino acid residue at position 189 (position 167 in the sequence without signal peptide) is not a tryptophan residue; the amino acid residue at position 194 (position 172 in the sequence without signal peptide) is not a glutamate residue; the amino acid residue at position 196 (position 174 in the sequence without signal peptide) is not a lysine or a glycine residue; the amino acid residue at position 197 (position 175 in the sequence without signal peptide) is not a threonine residue; the amino acid residue at position 198 (position 176 in the sequence without signal peptide) is not an alanine residue; the amino acid residue at position 206 (position 184 in the sequence without signal peptide) is not a tyrosine residue; the amino acid residue at position 208 (position 186 in the sequence without signal peptide) is not a glutamate residue; the amino acid residue at position 207 (position 190 in the sequence without signal peptide) is not a proline residue; the amino acid residue at position 216 (position 194 in the sequence without signal peptide) is not an aspartate residue; the amino acid residue at position 217 (position 195 in the sequence without signal peptide) is not a phenylalanine residue; the amino acid residue at position 223 (position 201 in the sequence without signal peptide) is not a threonine residue; the amino acid residue at position 225 (position 203 in the sequence without signal peptide) is not a valine or an alanine residue; the amino acid residue at position 226 (position 204 in the sequence without signal peptide) is not a valine residue; the amino acid residue at position 228 (position 206 in the sequence without signal peptide) is not a tryptophan or a glutamine residue; the amino acid residue at position 229 (position 207



without signal peptide) is not a serine residue; amino acid residue at position 482 (position 460 in the sequence without signal peptide) is not a lysine or a glycine residue; amino acid residue at position 484 (position 462 in the sequence without signal peptide) is not a leucine residue; amino acid residue at position 495 (position 473 in the sequence without signal peptide) is not a serine residue; amino acid residue at position 496 (position 474 in the sequence without signal peptide) is not a phenylalanine residue; and amino acid residue at position 497 (position 475 in the sequence without signal peptide) is not an arginine residue.

**[0023]** Also more specifically, when a sTNALP is used in the bone targeted sALPs of the present invention, using the numbering of the human TNALP sequence, the amino acid at position 17 is not a phenylalanine residue; the amino acid at position 28 (position 11 in the sequence without signal peptide) is not a cysteine residue; the amino acid at position 33 (position 16 in the sequence without signal peptide) is not a valine residue; the amino acid at position 37 (position 20 in the sequence without signal peptide) is not a proline residue; the amino acid at position 40 (position 23 in the sequence without signal peptide) is not a valine residue; the amino acid residue at position 51 (position 34 in the sequence without signal peptide) is not a serine or a valine residue; the amino acid residue at position 62 (position 45 in the sequence without signal peptide) is not a leucine, an isoleucine or a valine residue; the amino acid residue at position 63 (position 46 in the sequence without signal peptide) is not a valine residue; the amino acid residue at position 68 (position 51 in the sequence without signal peptide) is not a methionine residue; the amino acid residue at position 71 (position 54 in the sequence without signal peptide) is not a cysteine, a serine, a proline or a histidine residue; the amino acid residue at position 72 (position 55 in the sequence without signal peptide) is not a threonine residue; the amino acid residue at position 75 (position 58 in the sequence without signal peptide) is not a serine residue; the amino acid residue at position 76 (position 59 in the sequence without signal peptide) is not an asparagine residue; the amino acid residue at position 100 (position 83 in the sequence without signal peptide) is not a methionine residue; the amino acid residue at position 108 (position 89 in the sequence without signal peptide) is not a leucine residue; the amino acid residue at position 111 (position 94 in the sequence without signal peptide) is not a threonine residue; the amino acid residue at position 112 (position 95 in the sequence without signal peptide) is not a serine residue; the amino acid residue at position 114 (position 97 in the sequence without signal peptide) is not a glycine residue; the amino acid residue at position 116 (position 99 in the sequence without signal peptide) is not a serine or a threonine residue; the amino acid residue at position 120 (position 103 in the sequence without signal peptide) is not an arginine residue; the amino acid residue at position 123 (position 106 in the sequence without signal peptide) is not an aspartate residue; the amino acid residue at position 128 (position 111 in the sequence without signal peptide) is not a methionine residue; the amino acid residue at position 129 (position 112 in the sequence without signal peptide) is not an arginine residue; the amino acid residue at position 132 (position 115 in the sequence without signal peptide) is not a threonine or a valine residue; the amino acid residue at position 134 (position 117 in the sequence without signal peptide) is not a histidine or an asparagine residue; the amino acid residue at position 136 (position 119 in the sequence without signal peptide) is not a histidine residue; the amino acid residue at position 148 (position 131 in the sequence without signal peptide) is not an alanine or an isoleucine residue; the amino acid residue at position 162 (position 145 in the sequence without signal peptide) is not a serine or a valine residue; the amino acid residue at position 167 (position 150 in the sequence without signal peptide) is not a methionine residue; the amino acid residue at position 170 (position 153 in the sequence without signal peptide) is not an aspartate residue; the amino acid residue at position 171 (position 154 in the sequence without signal peptide) is not a tyrosine or an arginine residue; the amino acid residue at position 176 (position 159 in the sequence without signal peptide) is not a threonine residue; the amino acid residue at position 177 (position 160 in the sequence without signal peptide) is not a threonine residue; the amino acid residue at position 179 (position 162 in the sequence without signal peptide) is not a threonine residue; the amino acid residue at position 181 (position 164 in the sequence without signal peptide) is not a leucine residue; the amino acid residue at position 184 (position 167 in the sequence without signal peptide) is not a tryptophane residue; the amino acid residue at position 189 (position 172 in the sequence without signal peptide) is not a glutamate residue; the amino acid residue at position 191 (position 174 in the sequence without signal peptide) is not a lysine or a glycine residue; the amino acid residue at position 192 (position 175 in the sequence without signal peptide) is not a threonine residue; the amino acid residue at position 193 (position 176 in the sequence without signal peptide) is not an alanine residue; the amino acid residue at position 201 (position 184 in the sequence without signal peptide) is not a tyrosine residue; the amino acid residue at position 203 (position 186 in the sequence without signal peptide) is not a glutamate residue; the amino acid residue at position 207 (position 190 in the sequence without signal peptide) is not a proline residue; the amino acid residue at position 211 (position 194 in the sequence without signal peptide) is not an aspartate residue; the amino acid residue at position 212 (position 195 in the sequence without signal peptide) is not a phenylalanine residue; the amino acid residue at position 218 (position 201 in the sequence without signal peptide) is not a threonine residue; the amino acid residue at position 220 (position 203 in the sequence without signal peptide) is not a valine or an alanine residue; the amino acid residue at position 221 (position 204 in the sequence without signal peptide) is not a valine residue; the amino acid residue at position 223 (position 206 in the sequence without signal peptide) is not a tryptophane or a glutamine residue; the amino acid residue at position 224 (position 207 in the sequence without signal peptide) is not a glutamate residue; the amino acid residue at position 226 (position 209 in the sequence without signal peptide) is not a threonine residue; the amino acid residue at position 235 (position 218 in the sequence without signal peptide) is not a glycine residue; the amino acid residue at position 246 (position 229 in the sequence without signal peptide) is not a serine



residue at position 490 (position 473 in the sequence without signal peptide) is not a phenylalanine residue; and amino acid residue at position 491 (position 474 in the sequence without signal peptide) is not an arginine residue. In other specific embodiments, one or more Xs are defined as being any of the amino acids found at that position in the sequences of the alignment or a residue that constitutes a conserved or semi-conserved substitution of any of these amino acids. In other specific embodiments, Xs are defined as being any of the amino acids found at that position in the sequences of the alignment. For instance, the amino acid residue at position 51 (position 34 in the sequence without signal peptide) is an alanine or a valine residue; the amino acid residue at position 177 (position 160 in the sequence without signal peptide) is an alanine or a serine residue; the amino acid residue at position 212 (position 195 in the sequence without signal peptide) is an isoleucine or a valine residue; the amino acid residue at position 291 (position 274 in the sequence without signal peptide) is a glutamic acid or an aspartic acid residue; and the amino acid residue at position 374 (position 357 in the sequence without signal peptide) is a valine or an isoleucine residue.

**[0024]** In specific embodiments, the sALP fragment in the bone targeted fusion protein of the present invention consists of any one of the fragments of a consensus sequence derived from an alignment of human ALP isozymes and TNALPs from various mammalian species corresponding to amino acid residues 18-498, 18-499, 18-500, 18-501, 18-502, 18-503, 18-504, or 18 to 505 of human TNALP. These consensus fragments are amino acid residues 23 to 508, 23 to 509, 23 to 510, 23 to 511, 23 to 512, 23 to 513, 23 to 514 and 23 to 515 of SEQ ID NO: 15, respectively. In these consensus fragments, X is any amino acid except an amino acid corresponding to a pathological mutation at that position of human TNALP as reported in Table 1. In other specific embodiments, these consensus fragments are amino acid residues 23 to 508, 23 to 509, 23 to 510, 23 to 511, 23 to 512, 23 to 513, 23 to 514 and 23 to 515 of SEQ ID NO: 18, respectively. In these consensus fragments, X is any amino acid found at that position in the ALP of either one of the species and human ALP isozymes of the alignment from which the consensus is derived but is not an amino acid corresponding to a pathological mutation at that position of human TNALP as reported in Table 1 (See Figure 30).

**[0025]** In other specific embodiments, the sALP fragment in the bone targeted fusion protein of the present invention consist of any of the fragments of a consensus sequence derived from an alignment of TNALPs from various mammalian species corresponding to amino acid residues 18-498, 18-499, 18-500, 18-501, 18-502, 18-503, 18-504, and 18 to 505 of human TNALP. These consensus fragments are amino acid residues 18-498, 18-499, 18-500, 18-501, 18-502, 18-503, 18-504, and 18 to 505 of SEQ ID NO: 16, respectively. In these consensus fragments, X is any amino acid except an amino acid corresponding to a pathological mutation at that position of human TNALP as reported in Table 1. In other specific embodiments, these consensus fragments are amino acid residues 18-498, 18-499, 18-500, 18-501, 18-502, 18-503, 18-504, and 18 to 505 of SEQ ID NO: 19, respectively. In these consensus fragments, X is any amino acid found at that position in the TNALP of either one of the species of the alignment from which the consensus is derived but is not an amino acid corresponding to a pathological mutation at that position of human TNALP as reported in Table 1 (See Figure 31).

Table 1 : Pathological mutations in human TNALP

Exon	Base change	Amino acid change		Reference	Clinical form in patient	% WT	ref.	E.coli	
		Non-standardized nomenclature	Standardized nomenclature						
Total number of mutations: 163									
1	c.195C>T			Tallandier et al. 2000	perinatal			na	Affects transcription start site
2	c.177A>A	L12X	p.L6X	Tallandier et al. 2000	childhood			na	
2	c.50C>T	S1F	p.S17F	Morel et al. 1998	infantile	16.0	1	na	
3	c.83A>G	Y1C	p.Y28C	Tallandier et al. 2001	infantile	7.2	2	+	
3	c.89C>T	A18V	p.A33V	Morel et al. 1998	childhood			+	
3	c.110T>C	L20P	p.L37P	Verstraete lab oct. 2003	perinatal			+	
3	c.119C>T	A23V	p.A40V	Morel et al. 1998	perinatal	2.3	1	+	
3	c.132C>T	Q27X	p.Q44X	Morel E, unpublished	perinatal			na	Nonsense mutation
3	c.151G>T	A34S	p.A51S	Muym, et al. 2002	infantile			+	
3	c.152G>T	A34V	p.A51V	Tallandier et al. 2001	infantile			+	
4	c.184A>T	M45L	p.M62L	Tallandier et al. 1998	infantile	27.4	1	+	
4	c.184A>G	M45Y	p.M62Y	Morel et al. 2002	infantile			+	
4	c.186G>C	M45I	p.M42I	Tallandier et al. 2000	childhood			+	
4	c.187G>C	G48R	p.G45R	Spennheim et al. 2003	infantile			+	
4	c.188G>T	G48V	p.G45V	Le Dupon et al. 2001	infantile			+	
4	c.203C>T	T51M	p.T58M	Chiffoleau et al. 2002	childhood	0.8	3	+	
4	c.211C>T	R54C	p.R71C	Morel et al. 1998	infantile	5.2	4	+	
4	c.211C>A	R54S	p.R77S	Morel et al. 2002	childhood	0	17	+	
4	c.211C>A	R54S	p.R77S	Morel et al. 2002	childhood	2.9	4	+	

4	c.212G>C	R54P	p.R71P	Henttoni et al., 1992	perinatal	R54P/Q18NP		+	
4	c.218G>A	R54H	p.R71H	Tallandier et al., 2001	perinatal	A23V/R54H		+	
4	c.219T>C	I57T	p.I72T	Versailles lab oct. 2004	foetus	I57TN		-	
4	c.223G>A	G58S	p.G75S	Mornet et al., 1998	infantile	S-1F/G58S	3.5	+	
4	c.227A>G	G59R	p.G76R	Mornet et al., 2001	infantile	G59R/T117N		-	
IVS4	c.298-2A>G			Tallandier et al., 2000	perinatal	c.298-2A>G-99T>3A>C		na	This mutation affects splicing and not coding sequence
5	c.299C>T	T83M	p.T100M	Mornet et al., 2001	infantile	T83M/E174K		+	
5	c.303_311del	N85_N87del	p.N102_N104del	Versailles lab Jul 2007	perinatal	c.303_311del/G474R		na	Deletion
5	c.323C>T	P91L	p.P108L	Hengasse et al., 2003	foetus	P91LN	0.4	jump	
5	c.331G>A	A94T	p.A111T	Cossetti-Scornia et al., 1999	foetus	A94T77		+	
5	c.334G>A	G95S	p.G112S	Waters et al., 2004	infantile	G95S/R974C		-	
5	c.340G>A	A97T	p.A114T	Munnich et al., 2001	infantile	A97T/D277A		+	
5	c.341C>G	A97G	p.A114G	Draquet et al., 2004	perinatal	A97G+c.348_349insACCGT C		+	
5	c.348_349insAACCGT C			Draquet et al., 2004	preinatal	A97G+c.348_349insAACCGT G339R		na	Two missense mutations and insertion
5	c.348G>T	A98S	p.A116S	Versailles lab Jul 2007	adult	A98S/N400S		+	
5	c.348G>A	A99T	p.A116T	Hu et al., 2000	adult	A99TN	0.8	+	
5	c.398G>A	G103R	p.G120R	Mornet et al., 1998	perinatal	G103R/G48R1		+	
5	c.398C>A	A106D	p.A123D	Spentchian et al., 2006	perinatal	A106D/S249_P259del		-	

5	c.382G>A	V111M	p.V128M	Munn et al., 2002	perinatal	V111MR206				
5	c.385G>A	G12R	p.G128R	Monnet et al., 1998	perinatal	G121RC474		+		
5	c.388_391delG TAA			Spentchian et al., 2003	perinatal	E284C198_3 91delG17AA			na	Frameshift mutation
5	c.389delT			Spentchian et al., 2003	perinatal	c.389delTc.3 99delT			na	Frameshift mutation
5	c.392delG			Munn et al., 2002	perinat/infant	c.392delG/A3 31T			na	Frameshift mutation
5	c.394G>A	A115T	p.A132T	Versailles lab Jul 2005	adult	A115T/E174K				
5	c.395C>T	A115V	p.A132V	Megarabi et al., 2001	adult	A115V/T	18.9	1.4		
5	c.400_401AC> CA	T117H	p.T134H	Munn et al., 2002	perinatal	T117H/F3100				
5	c.401C>A	T117N	p.T134N	Taillandier et al., 2000	perinatal	T117N/T117N	20.5	5		
5	c.406C>T	R118C	p.R136C	Versailles lab oct. 2003	odonto	R118C/R119				
5	c.407G>A	R118H	p.R136H	Taillandier et al., 1998	infantile	R118H/G145	33.4	1		
5	c.442A>G	T131A	p.T148A	Mitsutani et al., 2005	perinatal	T131A/T				
5	c.443C>T	T131I	p.T148I	Spentchian et al., 2003	infantile	T131I/G145S				
6	c.480delT			Versailles lab. Jan. 2008	perinatal	c.480delT/62 96W				deletion
6	c.484G>A	G145S	p.G162S	Spentchian et al., 2003	infantile	T131I/G145S				
6	c.485G>T	G145V	p.G162V	Taillandier et al., 1998	infantile	R119H/G145	1.3	1	+	
6	c.500C>T	T150M	p.T157M	Versailles lab oct. 2003	infantile	T150M/E174K	0			
6	c.508A>G	N163D	p.N170D	Monnet et al., 1998	perinatal	N153D/N153	0	13		
6	c.511C>T	H154Y	p.H177Y	Taillandier et al., 1998	infantile	H154Y/E174K	2.1	1		

6	c.512A>G	H154R	p.A171R	Morset E. unpublished	adult	H154R/E174K			
6	c.520G>A	A158T	p.A176T	Tallandier et al. 2000	childhood	A159T/E228S	45.4	5	
6	c.528G>A	A160T	p.A177T	Goebel-Sonka et al. 1999	adult	A160T/F310L	83.8	4	
6	c.535G>A	A162T	p.A179T	Weiss et al. 1988	perinatal	A162T/A182T	18	3	
6	c.542C>T	S164L	p.S161L	Lia-Baldini et al. 2001	infantile	S164L/6616x1	1.3	3	
6	c.544delG			Tallandier et al. 1999	perinatal	G232/V544del			Frame shift mutation
6	c.550C>T	R167W	p.R164W	Morset et al. 1998	perinatal	R167W/W253	0.5	3	
6	c.597C>A	D172E	p.D168E	Spanichian et al. 2003	perinatal	D172E/D172E			
6	c.568_570delAC	N173del	p.N190del	Michazumi et al. 2005	perinatal	173del			Deletion of 1 a.a.
6	c.571G>A	E174K	p.E191K	Prenthorn et al. 1992	infantile	E174K/D381Y	86.0	1	
6	c.572A>G	E174G	p.E191G	Goebel-Sonka et al. 1999	adult	E174G/c.1559delT			
6	c.575T>C	M175T	p.M192T	Versailles lab. Jld. 2007	infantile	M175T/E284K			
6	c.577C>G	P176A	p.P193A	Munn et al. 2002	adult	A977/P176A			
6	c.602G>A	C184Y	p.C201Y	Tallandier et al. 1999	perinatal	C- 195C>T/C184Y			
6	c.609C>G	D186E	p.D203E	Versailles lab oct. 2004	perinatal	D186E/D186E			
6	c.620A>C	G190P	p.G207P	Pfeiffer et al. 1982	perinatal	RS4P/G190P			
6	c.631A>G	N194D	p.N211D	Tallandier et al. 2001	infantile	A997/N194D			
6	c.634A>T	I195F	p.I212F	Soula et al. 2002	perinatal	I195F/E337D			
IVS6	c.648+1G>T			Group:Teeth et al. 2005	perinatal	c.648+1G>T D277A			Affects splicing
IVS6	c.648+1G>A			Morset et al. 1998	perinatal	C163P/c.648+1G>A			Affects splicing



8	c.815G>T	R256L	p.R272L	Spornichian et al. 2003	perinatal	R255L/c.662A p.G			
8	c.815G>A	R256H	p.R272H	Bunn-Heath et al. 2005	infantile	R255H/R235 H	6.8	15	
8	c.824T>C	L286P	p.L275P	Ohno et al. 2002	childhood	L286P/A160T L259P/A160T	3.3	4	
8	c.853_854insG ATC	Y288X	p.Y285X	Michigami et al. 2005	perinatal	c.1559delT/T2 89X			None sense mutation
IVS8	c.882+6G>A			Tallandier et al. 1999	infantile	c.882+5G>A/G 892+5G>A			Affects splicing
9	c.885C>T	L272E	p.L269E	Stammbach et al. 1998	infantile	L272E/T	50	16	
9	c.871G>A	E274K	p.E291K	Monni et al. 1999	infantile	E174K/E274K A947E/274X	8.3	1	
9	c.871G>T	E274K	p.E291K	Tallandier et al. 2000	perinatal	A947E/274X			None sense mutation
9	c.874C>A	P275T	p.P282T	Bunn-Heath et al. 2005	infantile	P275T/A16V	4.0	16	
9	c.876_881delA CGCGA	G278_D277del		Spornichian et al. 2003	perinatal	G276_D277E delc.882delG			
9	c.880G>T	D277Y	p.D294Y	Tallandier et al. 2001	infantile	A159T/D277Y			
9	c.881A>C	D277A	p.D294A	Heathorn et al. 1992	infantile	G54C/D277A	0	17	
9	c.883A>G	M278V	p.M295V	Monni et al. 2001	childhood	E174K/M278V			
9	c.884T>C	M278T	p.M295T	Bunn-Heath et al. 2005	perinatal	M278T/R206 W	8.5	10	
9	c.885G>A	M278I	p.M295I	Michigami et al. 2005	perinatal	M278I/c.1559 delT			
9	c.890T>G	Y280D	p.Y287D	Bunn-Heath et al. 2005	childhood	E119H/Y280D	1.3	16	
9	c.892G>A	E281K	p.E288K	Ohno et al. 1984	infantile	E281V/I659G delT			
9	c.898T>C	L282P	p.L289P	Versailles lab oct. 2003	infantile	L282P/L282P	9.7	15	
9	c.917A>T	D289V	p.D305V	Tallandier et al. 1999	infantile	D289V/D289V	0	12	
9	c.919C>T	F280S	p.F307S	Versailles lab oct. 2004	infantile	P280S/M450T			
9	c.920C>T	F280L	p.F307L	Versailles lab Jul. 2006	childhood	P280L/S164L			



10	c.1062G>C	E337D	p.E354D	Soula et al. 2002	perinatal	c.1195F>E337D		+	
10	c.1064A>C	M338T	p.M355T	Versailles lab oct. 2004	perinatal	G204V/M338T		-	
10	c.1065G>A	M338I	p.M355I	Versailles lab. Jan. 2005	infantile	M338I/R374C		-	
10	c.1101_1108del/CTC	S351del	p.S368del	Versailles lab oct. 2004	perinatal	c.1101_1108del/CTC/T372I			Deletion of 1 a.a.
10	c.112C>T	T354I	p.T371I	Baumgartner-Sch. et al. 2007	infantile	M209I/T354I		-	
10	c.120G>A	V357M	p.V374M	Versailles lab oct. 2004	adult	V357M/E281K		+	
10	c.130C>T	A360V	p.A377V	Wong et al. 2001	perinatal	A360V/A380V		+	
10	c.133A>T	D361V	p.D378V	Wong et al. 1992	infantile	E174K/D361V	1,2	3	
10	c.142A>G	L364R	p.L381R	Lalonde et al. 2001	infantile	A23V/H364R		+	
10	c.144G>A	V365I	p.V382I	Spasak-Schne. et al. 1999	childhood	F310L/V365I	0	11	
10	c.146C>T	T372I	p.T389I	Versailles lab oct. 2004	perinatal	T372I/S351de		-	
10	c.171C>T	R374C	p.R391C	Zurlo et al. 1999	childhood	E174K/R374C	10,3	1	
10	c.172G>A	R374H	p.R391H	Chen et al. 2002	childhood	R374I/H	3,7	4	
10	c.172delC			Tallandier et al. 1999	infantile	M45L/c.1172delC		na	Frameshift mutation
10	c.175G>C	G375A	p.G392A	Versailles lab. Jan. 2005	perinatal	G375A/R119		-	
10	c.182T>C	I378T	p.I395T	Versailles lab. Jul. 2005	perinatal	I378T/E174K		-	
11	c.186G>T	A382S	p.A399S	Tallandier et al. 2001	adult	E218S/A382S		-	
11	c.186C>T	A382V	p.A399V	Spasak-Schne. et al. 2005	adult	A382V/A18V		-	
11	c.196C>T	P383L	p.P400L	Spasak-Schne. et al. 2005	infantile	P383L/P383L		+	
11	c.214_1215del/CA			Versailles lab Jul. 2006	adult	c.214_1215del/CA/E174K			Frameshift mutation
11	c.218_1219del			Brun-Heath et al. 2005	perinatal	c.218_1219del			

11	c.1217A>G	D389G	p.D408G	Tallandier et al. 2000	odomb.	D389G/CR433	14.9	3	+	
11	c.1281T>C	F393L	p.F410L	Versailles lab oct. 2004	infantile	F393L/E174K				
11	c.1231A>G	T394A	p.T411A	Born-Heath et al. 2005	perinatal	T394A/G395-927delTC	0.3	15	-	
11	c.1240C>A	L397M	p.L414M	Munn et al. 2002	perinatal	L397M/D277A				
11	c.1250A>G	N400S	p.N417S	Seoul et al. 2001	perinatal	N400S/c.648+1C>A	3	imp.	+	
11	c.1256delC			Tallandier et al. 2000	perinatal	c.1256delC?			na	frameshift mutation
11	c.1259G>A	G403S	p.G420S	Glezer et al. 2002	perinatal	G403S/G403S	0.4	imp.		
11	c.1268T>C	V406A	p.V423A	Tallandier et al. 2001	perinatal	A917A/V406A	15.7	2	-	
11	c.1270G>A	V407M	p.V424M	Versailles lab jan. 2007	adult	V407M/V407M				
11	c.1276G>T	G405C	p.G426C	Mochizuki et al. 2000	infantile	K207A/C409C	18.5	15	-	
11	c.1277G>A	G405D	p.G426D	Munn et al. 2002	childhood	G409D/E174K				
11	c.1282C>T	R411X	p.R428X	Tallandier et al. 1999	perinatal	R411X/R411X			na	Nonsense mutation
11	c.1283G>C	R411P	p.R428P	Spontochian et al. 2005	perinatal	R411P/c.987+2T>A				
11	c.1285G>A	E412K	p.E428K	Versailles lab Jul. 2006	odomb.	E412K?				
11	c.1308T>C	V419H	p.V438H	Heathorn et al. 1992	childhood	A181V/7419H			na	
12	c.1333T>C	S428P	p.S445P	Morset et al. 1998	infantile	S428P?	2.1	1	-	
12	c.1349G>A	R433H	p.R460H	Tallandier et al. 2000	odomb.	D389G/R433H				
12	c.1348C>T	R433C	p.R450C	Morset et al. 1998	infantile	R433C/CR433C	4.0	1	-	
12	c.1354G>A	E435K	p.E452K	Spaeth et al. 2003	perinatal	A941E/G35K			+	
12	c.1381A>G	H437R	p.H454R	Versailles lab oct. 2003	childhood	E174K/H437R			+	

12	c.1383G>A	G438S	p.G455S	Drouot et al., 2002	adult	G438S/G474R			
12	c.1384G>A	G438D	p.G453D	Versailles lab Jan. 2007	perinatal	G438D/G438D			
12	c.1386G>T	G439W	p.G456W	Versailles lab oct. 2003	childhood	G439W/T			
12	c.1386G>A	G439R	p.G456R	2003, GSA, 1993	infantile	G439W/T			
12	c.1375G>A	V442M	p.V459M	Tallandier et al., 2003	perinatal	A34V/V442M	1.5	hnp.	
12	c.1386C>T	V442L	p.V459L	Versailles lab oct. 2004	perinatal	V442L/E435K			
12	c.1400T>C	M450I	p.M467I	Versailles lab oct. 2004	perinatal	M450I/T280S			
12	c.1402G>A	M451T	p.M468T	Schroeder et al., 2003	perinatal	M451T/A451T			
12	c.1417G>A	G456S	p.G473S	Wong et al., 1995	perinatal	A23V/G456S			
12	c.1426G>A	E459K	p.E476K	Tallandier et al., 1999	perinatal	A94T/E459K			
12	c.1427A>G	E459G	p.E476G	Morot et al., 2001	perinatal	E459G/E459G			
12	c.1433A>T	N481I	p.N478I	Tallandier et al., 2000	childhood	N481I/N	1.1	3	
12	c.1444_1445h EC			Brun-Heath et al., 2005	perinatal	c.1444_1445h nsC/G317D			Frameshift mutation
12	c.1456G>C	C472S	p.C489S	Tallandier et al., 2000	perinatal	C472S/c.907>T>A	9.4	3	
12	c.1468A>T	I473F	p.I490F	Le-Bacchin et al., 2001	adult	I473F/T	37.1	3	
12	c.1471G>A	C474R	p.G491R	Morot et al., 1998	perinatal	G112R/G474R			
12	c.1471delG			Brun-Heath et al., 2005	foetus	c.1471delG/R			Frameshift mutation
12	c.1558delT			Chou et al., 1984	infantile	E281K/c.1558 delT	26	16	ha
Large deletions									
Deletion of									
				Spanning et al., 2005	perinatal	homozygote			



**[0031]** In specific embodiments, the bone targeted sALP fusion proteins of the present invention are associated so as to form dimers or tetramers.

**[0032]** Without being limited to this particular theory, in bone targeted phosphatases of the invention using a polypeptide comprising a Fc as a spacer, dimers are presumably constituted of two bone targeted sALP monomers covalently linked through the two disulfide bonds located in the hinge regions of the two Fc fragments. In this dimeric configuration the steric hindrance imposed by the formation of the interchain disulfide bonds are presumably preventing the association of sALP domains to associate into the dimeric minimal catalytically active entity present in normal cells.

**[0033]** Without being limited to this particular theory, it is believed that in its tetrameric structure, the association of the fusion proteins would involve one sALP domain from one dimer and another one from another dimer. The steric hindrance presumably preventing two sALP domains from the same Fc-joined dimer from interacting with each other to constitute the minimal catalytically active entity could eventually be relieved by inserting a longer spacer than the Fc described in Examples presented herein between the sALP fragment and the polyaspartate or polyglutamate fragment.

**[0034]** The bone targeted sALP may further optionally comprise one or more additional amino acids between the poly-aspartate and the Fc fragment; and/or between the spacer comprising the Fc fragment and the sALP fragment. This is the case for instance when the cloning strategy used to produce the bone targeting conjugate introduces exogenous amino acids in these locations. However the exogenous amino acids should be selected so as not to provide an additional GPI anchoring signal. The likelihood of a designed sequence being cleaved by the transamidase of the host cell can be predicted as described by Ikezawa (Ikezawa 2002).

**[0035]** The present invention also encompasses the fusion protein as post-translationally modified such as by glycosylation including those expressly mentioned herein, acetylation, amidation, blockage, formylation, gamma-carboxyglutamic acid hydroxylation, methylation, phosphorylation, pyrrolidone carboxylic acid, and sulfatation.

**[0036]** The term "recombinant protein" is used herein to refer to a protein encoded by a genetically manipulated nucleic acid inserted into a prokaryotic or eukaryotic host cell. The nucleic acid is generally placed within a vector, such as a plasmid or virus, as appropriate for the host cell. Although Chinese Hamster Ovary (CHO) cells have been used as a host for expressing the conjugates of the present invention in the Examples presented herein, a person of ordinary skill in the art will understand that a number of other hosts may be used to produce recombinant proteins according to methods that are routine in the art. Representative methods are disclosed in Maniatis, et al. Cold Springs Harbor Laboratory (1989). "Recombinant cleavable protein" as used herein is meant to refer to a recombinant protein that may be cleaved by a host's enzyme so as to produce a secreted/soluble protein. Without being so limited HEK293 cells, PerC6, Baby hamster Kidney cells can also be used.

**[0037]** As used herein the terminology "conditions suitable to effect expression of the polypeptide" is meant to refer to any culture medium that will enable production of the fusion protein of the present invention. Without being so limited, it includes media prepared with a buffer, bicarbonate and/or HEPES, ions like chloride, phosphate, calcium, sodium, potassium, magnesium, iron, carbon sources like simple sugars, amino acids, potentially lipids, nucleotides, vitamins and growth factors like insulin; regular commercially available media like alpha-MEM, DMEM, Ham's-F12 and IMDM supplemented with 2-4 mM L-glutamine and 5% Fetal bovine serum; regular commercially available animal protein free media like Hyclone™ SFM4CHO, Sigma CHO DHFR-, Cambrex POWER™ CHO CD supplemented with 2-4 mM L-glutamine. These media are desirably prepared without thymidine, hypoxanthine and L-glycine to maintain selective pressure allowing stable protein-product expression.

**[0038]** Without being so limited, host cells useful for expressing the fusion of the present invention include L cell, C127 cells, 3T3 cells, CHO cells, BHK cells, COS-7 cells or Chinese Hamster Ovary (CHO) cell. Particular CHO cells of interest for expressing the fusion protein of the present invention include CHO-DG44 and CHO/dhfr<sup>r</sup> also referred to as CHO duk<sup>r</sup>. This latter cell line is available through the American Type Culture Collection (ATCC number CRL-9096).

**[0039]** The term "bone tissue" is used herein to refer to tissue synthesized by osteoblasts composed of an organic matrix containing mostly collagen and mineralized by the deposition of hydroxyapatite crystals.

**[0040]** The fusion proteins comprised in the bone delivery conjugates of the present invention are useful for therapeutic treatment of bone defective conditions by providing an effective amount of the fusion protein to the bone. The fusion proteins are provided in the form of pharmaceutical compositions in any standard pharmaceutically acceptable carriers, and are administered by any standard procedure, for example by intravenous injection. In one preferred embodiment, the present invention relates to a

bone targeted alkaline phosphatase comprising a polypeptide having the structure:



wherein sALP is the extracellular domain of the alkaline phosphatase;

X is absent or is an amino acid sequence of at least one amino acid;

Y is absent or is an amino acid sequence of at least one amino acid;

W<sub>n</sub> is a polyaspartate or a polyglutamate wherein n = 10 to 16; and

the spacer comprises a fragment crystallizable region (Fc),

wherein the alkaline phosphatase is present in a composition comprising a pharmaceutically acceptable carrier comprising sodium chloride and/or sodium phosphate, preferably wherein said pharmaceutically acceptable carrier comprises 150 mM sodium chloride and 25 mM sodium phosphate, pH 7.4. In another embodiment the present invention relates to a pharmaceutical

**[0041]** As used herein the terminology "HPP phenotype" is meant to refer to any one of rickets (defect in growth plate cartilage), osteomalacia, elevated blood and/or urine levels of inorganic pyrophosphate (PP<sub>i</sub>), phosphoethanolamine (PEA), or pyridoxal 5'-phosphate (PLP), seizure, bone pains, calcium pyrophosphate dihydrate crystal deposition (CPPD) in joints leading to chondrocalcinosis and premature death. Without being so limited, a HPP phenotype can be documented by growth retardation with a decrease of long bone length (such as femur, tibia, humerus, radius, ulna), a decrease of the mean density of total bone and a decrease of bone mineralization in bones such as femur, tibia, ribs and metatarsi, and phalange, a decrease in teeth mineralization, a premature loss of deciduous teeth (e.g., aplasia, hypoplasia or dysplasia of dental cementum). Without being so limited, correction or prevention of bone mineralization defect may be observed by one or more of the following: an increase of long bone length, an increase of mineralization in bone and/or teeth, a correction of bowing of the legs, a reduction of bone pain and a reduction of CPPD crystal deposition in joints.

**[0042]** As used herein the terminology "correct" in the expression "correct a hypophosphatasia phenotype" is meant to refer to any partial or complete reduction of a pre-existing HPP phenotype. Similarly the terminology "prevent" in the expression "prevent a hypophosphatasia phenotype" is meant to refer to any delay or slowing in the development of a HPP phenotype or any partial or complete avoidance of the development of a HPP phenotype.

**[0043]** As used herein the term "subject" is meant to refer to any mammal including human, mice, rat, dog, cat, pig, cow, monkey, horse, etc. In a particular embodiment, it refers to a human.

**[0044]** As used herein, the term "subject in need thereof in a method of administering a compound of the present invention is meant to refer to a subject that would benefit from receiving a compound of the present invention. In specific embodiments, it refers to a subject that already has at least one HPP phenotype or to a subject likely to develop at least one HPP phenotype or at least one more HPP phenotype. In another embodiment it further refers to a subject that has aplasia, hypoplasia or dysplasia of dental cementum or a subject likely to develop aplasia, hypoplasia or dysplasia of dental cementum.

**[0045]** As used herein "a subject likely to develop at least one HPP phenotype" is a subject having at least one loss-of-function mutation in the gene (*ALPL*).

**[0046]** As used herein "a subject likely to develop aplasia, hypoplasia or dysplasia of dental cementum" is a subject having HPP or a periodontal disease due to a bacterial infection. Periodontal disease due to a bacterial infection may induce alteration of cementum which may lead to exfoliation of teeth.

#### **Route of administration**

**[0047]** Bone targeted sALPs of the present invention can be administered by routes such as orally, nasally, intravenously, intramuscularly, subcutaneously, sublingually, intrathecally, or intradermally. The route of administration can depend on a variety of factors, such as the environment and therapeutic goals. As used herein, subjects refer to animals such as humans in which

prevention, or correction of bone mineralization defect characterizing HPP or other phenotypes associated with HPP or prevention or correction of defective cementum is desirable.

**[0048]** In one preferred embodiment, the present invention relates to a bone targeted alkaline phosphatase comprising a polypeptide having the structure:



wherein sALP is the extracellular domain of the alkaline phosphatase;

X is absent or is an amino acid sequence of at least one amino acid;

Y is absent or is an amino acid sequence of at least one amino acid;

W<sub>n</sub> is a polyaspartate or a polyglutamate wherein n = 10 to 16; and

the spacer comprises a fragment crystallizable region (Fc),

wherein the alkaline phosphatase is present in a composition comprising a pharmaceutically acceptable carrier comprising sodium chloride and/or sodium phosphate, preferably wherein said pharmaceutically acceptable carrier comprises 150 mM sodium chloride and 25 mM sodium phosphate, pH 7.4. In another embodiment, the present invention relates to a pharmaceutical composition comprising a polypeptide having the sequence set forth in SEQ ID NO: 4 and a pharmaceutically acceptable carrier comprising sodium chloride and/or sodium phosphate.

**[0049]** By way of example, pharmaceutical composition of the invention can be in the form of a liquid, solution, suspension, pill, capsule, tablet, gelcap, powder, gel, ointment, cream, nebulae, mist, atomized vapor, aerosol, or phytosome. For oral administration, tablets or capsules can be prepared by conventional means with pharmaceutically acceptable excipients such as binding agents, fillers, lubricants, disintegrants, or wetting agents. The tablets can be coated by methods known in the art. Liquid preparations for oral administration can take the form of, for example, solutions, syrups, or suspension, or they can be presented as a dry product for constitution with saline or other suitable liquid vehicle before use. Dietary supplements of the invention also can contain pharmaceutically acceptable additives such as suspending agents, emulsifying agents, non-aqueous vehicles, preservatives, buffer salts, flavoring, coloring, and sweetening agents as appropriate. Preparations for oral administration also can be suitably formulated to give controlled release of the active ingredients.

**[0050]** Enteric coatings can further be used on tablets of the present invention to resist prolonged contact with the strongly acidic gastric fluid, but dissolve in the mildly acidic or neutral intestinal environment. Without being so limited, cellulose acetate phthalate, Eudragit™ and hydroxypropyl methylcellulose phthalate (HPMCP) can be used in enteric coatings of pharmaceutical compositions of the present invention. Cellulose acetate phthalate concentrations generally used are 0.5-9.0% of the core weight. The addition of plasticizers improves the water resistance of this coating material, and formulations using such plasticizers are more effective than when cellulose acetate phthalate is used alone. Cellulose acetate phthalate is compatible with many plasticizers, including acetylated monoglyceride; butyl phthalylbutyl glycolate; dibutyl tartrate; diethyl phthalate; dimethyl phthalate; ethyl phthalylethyl glycolate; glycerin; propylene glycol; triacetin; triacetin citrate; and tripropionin. It is also used in combination with other coating agents such as ethyl cellulose, in drug controlled-release preparations.

### Dosage

**[0051]** Any amount of a pharmaceutical composition can be administered to a subject. The dosages will depend on many factors including the mode of administration and the age of the subject. Typically, the amount of bone targeted ALP of the invention contained within a single dose will be an amount that effectively prevent, delay or correct bone mineralization defect in HPP without inducing significant toxicity. As used herein the term "therapeutically effective amount" is meant to refer to an amount effective to achieve the desired therapeutic effect while avoiding adverse side effects. Typically, bone targeted sALPs in accordance with the present invention can be administered to subjects in doses ranging from 0.001 to 500 mg/kg/day and, in a more specific embodiment, about 0.1 to about 100 mg/kg/day, and, in a more specific embodiment, about 0.2 to about 20 mg/kg/day. The allometric scaling method of Mahmood et al. (Mahmood et al. 2003) can be used to extrapolate the dose from mice to human. The dosage will be adapted by the clinician in accordance with conventional factors such as the extent of the disease and different parameters from the patient.

**[0052]** The therapeutically effective amount of the bone targeted sALP may also be measured directly. The effective amount may be given daily or weekly or fractions thereof. Typically, a pharmaceutical composition of the invention can be administered in an amount from about 0.001 mg up to about 500 mg per kg of body weight per day (e.g., 0.05, 0.01, 0.1, 0.2, 0.3, 0.5, 0.7, 0.8, 1 mg, 2 mg, 3 mg, 4mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 50 mg, 100 mg, or 250 mg). Dosages may be provided in either a single or multiple dosage regimens. For example, in some embodiments the effective amount is a dose that ranges from about 0.1 to about 100 mg/kg/day, from about 0.2 mg to about 20 mg of the bone targeted sALP per day, about 1 mg to about 10 mg of the bone targeted sALP per day, from about .07 mg to about 210 mg of the bone targeted. sALP per week, 1.4 mg to about 140 mg of the bone targeted sALP per week, about 0.3 mg to about 300 mg of the bone targeted sALP every three days, about 0.4 mg to about 40 mg of the bone targeted sALP every other day, and about 2 mg to about 20 mg of the bone targeted sALP every other day.

**[0053]** These are simply guidelines since the actual dose must be carefully selected and titrated by the attending physician based upon clinical factors unique to each patient or by a nutritionist. The optimal daily dose will be determined by methods known in the art and will be influenced by factors such as the age of the patient as indicated above and other clinically relevant factors. In addition, patients may be taking medications for other diseases or conditions. The other medications may be continued during the time that a bone targeted sALP is given to the patient, but it is particularly advisable in such cases to begin with low doses to determine if adverse side effects are experienced.

#### **Carriers/vehicles**

**[0054]** Preparations containing a bone targeted sALP of the invention may be provided to patients in combination with pharmaceutical acceptable sterile aqueous or non-aqueous solvents, suspensions or emulsions. Examples of non-aqueous solvents are propylene glycol, polyethylene glycol, vegetable oil, fish oil, and injectable organic esters. Aqueous carriers include water, water-alcohol solutions, emulsions or suspensions, including saline and buffered medical parenteral vehicles including sodium chloride solution, Ringer's dextrose solution, dextrose plus sodium chloride solution, Ringer's solution containing lactose, or fixed oils. Intravenous vehicles may include fluid and nutrient replenishers, electrolyte replenishers, such as those based upon Ringer's dextrose, and the like.

**[0055]** In one embodiment, the present invention relates to a pharmaceutical composition comprising a polypeptide having the sequence set forth in SEQ ID NO: 4 and a pharmaceutically acceptable carrier comprising sodium chloride and/or sodium phosphate. In one preferred embodiment, the composition comprises 150 mM sodium chloride and 25 mM sodium phosphate, pH 7.4. In a further preferred embodiment, the composition is hydrated from a lyophilized form.

**[0056]** In yet another embodiment, the pharmaceutical compositions of the present invention can be delivered in a controlled release system. In one embodiment polymeric materials including polylactic acid, polyorthoesters, crosslinked amphipathic block copolymers and hydrogels, polyhydroxy butyric acid and polydihydropyrans can be used (see also Smolen and Ball, Controlled Drug Bioavailability, Drug product design and performance, 1984, John Wiley & Sons; Ranade and Hollinger, Drug Delivery Systems, pharmacology and toxicology series, 2003, 2nd edition, CRC Press), in another embodiment, a pump may be used (Saudek et al., 1989, N. Engl. J. Med. 321: 574).

**[0057]** The fusion proteins of the present invention could be in the form of a lyophilized powder using appropriate excipient solutions (e.g., sucrose) as diluents. In a pharmaceutical composition of the invention, the pharmaceutically acceptable carrier comprises sodium chloride and/or sodium phosphate.

**[0058]** Further, the proteins according to the present invention can be introduced into individuals in a number of ways. It is disclosed that osteoblasts can be isolated from the afflicted individual, transformed with a nucleotide construct according to the invention and reintroduced to the afflicted individual in a number of ways, including intravenous injection. Alternatively, the nucleotide construct can be administered directly to the afflicted individual, for example, by injection. The nucleotide construct can also be delivered through a vehicle such as a liposome, which can be designed to be targeted to a specific cell type, and engineered to be administered through different routes.

**[0059]** The fusion proteins of the present invention could also be advantageously delivered through gene therapy. Useful gene therapy methods include those described in WO06060641A2, US7179903 and WO0136620A2 to Genzyme using for instance an adenovirus vector for the therapeutic protein and targeting hepatocytes as protein producing cells.

**[0060]** A "gene delivery vehicle" is defined as any molecule that can carry inserted polynucleotides into a host cell. Examples of

gene delivery vehicles are liposomes, biocompatible polymers, including natural polymers and synthetic polymers; lipoproteins; polypeptides; polysaccharides; lipopolysaccharides; artificial viral envelopes; metal particles; and bacteria, or viruses, such as baculovirus, adenovirus and retrovirus, bacteriophage, cosmid, plasmid, fungal vectors and other recombination vehicles typically used in the art which have been described for expression in a variety of eukaryotic and prokaryotic hosts, and may be used for gene therapy as well as for simple protein expression. "Gene delivery," "gene transfer," and the like as used herein, are terms referring to the introduction of an exogenous polynucleotide (sometimes referred to as a "transgene") into a host cell, irrespective of the method used for the introduction. Such methods include a variety of well-known techniques such as vector-mediated gene transfer (e.g., viral infection/transfection, or various other protein-based or lipid-based gene delivery complexes) as well as techniques facilitating the delivery of "naked" polynucleotides (such as electroporation, "gene gun" delivery and various other techniques used for the introduction of polynucleotides). The introduced polynucleotide may be stably or transiently maintained in the host cell. Stable maintenance typically requires that the introduced polynucleotide either contains an origin of replication compatible with the host cell or integrates into a replicon of the host cell such as an extrachromosomal replicon (e.g., a plasmid) or a nuclear or mitochondrial chromosome. A number of vectors are known to be capable of mediating transfer of genes to mammalian cells, as is known in the art and described herein.

**[0061]** A "viral vector" is defined as a recombinantly produced virus or viral particle that comprises a polynucleotide to be delivered into a host cell, either *in vivo*, *ex vivo* or *in vitro*. Examples of viral vectors include retroviral vectors, adenovirus vectors, adeno-associated virus vectors such as those described in WO06002203A2, alphavirus vectors and the like. Alphavirus vectors, such as Semliki Forest virus-based vectors and Sindbis virus-based vectors, have also been developed for use in gene therapy and immunotherapy.

**[0062]** In aspects where gene transfer is mediated by a DNA viral vector, such as an adenovirus (Ad) or adeno-associated virus (MV), a vector construct refers to the polynucleotide comprising the viral genome or part thereof, and a transgene. Adenoviruses (Ads) are a relatively well characterized, homogenous group of viruses, including over 50 serotypes. See, e.g., international PCT Application No. WO 95/27071. Ads are easy to grow and do not require integration into the host cell genome. Recombinant Ad derived vectors, particularly those that reduce the potential for recombination and generation of wild-type virus, have also been constructed. See, international PCT Application Nos. WO 95/00655 and WO 95/11984. Vectors that contain both a promoter and a cloning site into which a polynucleotide can be operatively linked are well known in the art. Such vectors are capable of transcribing RNA *in vitro* or *in vivo*, and are commercially available from sources such as Stratagene (La Jolla, CA) and Promega Biotech (Madison, WI). In order to optimize expression and/or *in vitro* transcription, it may be necessary to remove, add or alter 5' and/or 3' untranslated portions of the clones to eliminate extra, potential inappropriate alternative translation initiation codons or other sequences that may interfere with or reduce expression, either at the level of transcription or translation.

**[0063]** The bone targeted sALP of the present invention or pharmaceutical composition of the invention may also be used in combination with at least one other active ingredient to correct a bone mineralization defect or another detrimental symptom of HPP. It may also be used in combination with at least one other active ingredient to correct cementum defect.

**[0064]** The term "high stringency conditions" are meant to refer to conditions enabling sequences with a high homology to bind. Without being so limited, examples of such conditions are listed in the handbook "Molecular cloning, a laboratory manual, second edition of 1989 from Sambrook *et al.*: 6XSSC or 6XSSPE, Denhardt's reagent or not, 0.5% SDS and the temperature used for obtaining high stringency conditions is most often in around 68°C (see pages 9.47 to 9.55 of Sambrook) for nucleic acid of 300 to 1500 nucleotides. Although the optimal temperature to be used for a specific nucleic acid probe may be empirically calculated, and although there is room for alternatives in the buffer conditions selected, within these very well known condition ranges, the nucleic acid captured will not vary significantly. Indeed, Sambrook clearly indicates that the "choice depends to a large extent on personal preference" (see page 9.47). Sambrook specifies that the formula to calculate the optimal temperature which varies according to the fraction of guanine and cytosine in the nucleic acid probe and the length of the probe (10 to 20°C lower than  $T_m$  wherein  $T_m = 81.5^\circ\text{C} + 16.6(\log_{10}[\text{Na}^+]) + 0.41 (\text{fraction G+C}) - 0.63 (\% \text{ formamide } - (600/l))$  (see pages 9.50 and 9.51 of Sambrook).

### **Kits**

**[0065]** The present invention also relates to a kit for correcting or preventing an HPP phenotype or a cementum defect comprising a protein or a pharmaceutical composition in accordance with the present invention. For instance it may comprise a bone targeted composition of the present invention and instructions to administer said composition to a subject to correct or prevent a HPP phenotype. Such kits may further comprise at least one other active agent able to prevent or correct a HPP phenotype. When the kit is used to prevent or correct a HPP phenotype in a HPP subject, the kit may also further comprise at

least one other active agent capable of preventing or correcting any other detrimental symptoms of HPP. In addition, a compartmentalized kit in accordance with the present invention includes any kit in which reagents are contained in separate containers. Such containers include small glass containers, plastic containers or strips of plastic or paper. Such containers allow the efficient transfer of reagents from one compartment to another compartment such that the samples and reagents are not cross-contaminated and the agents or solutions of each container can be added in a quantitative fashion from one compartment to another.

**[0066]** More specifically, in accordance with a first aspect of the present invention, there is provided a bone targeted alkaline phosphatase comprising a polypeptide having the structure : sALP-Y-spacer-X-W<sub>n</sub>, wherein sALP is the extracellular domain of the alkaline phosphatase; wherein

X is absent or is an amino acid sequence of at least one amino acid; Y is absent or is an amino acid sequence of at least one amino acid; Z is absent or is an amino acid sequence of at least one amino acid; and W<sub>n</sub> is a polyaspartate or a polyglutamate wherein n = 10 to 16, and wherein the spacer comprises a fragment crystallizable region (Fc).

**[0067]** In a specific embodiment, the sALP comprises amino acid residues 23-508 of SEQ ID NO: 15. In another specific embodiment, the sALP consists of amino acid residues 23-512 of SEQ ID NO: 15. In another specific embodiment, the sALP comprises amino acid residues 23-508 of SEQ ID NO: 18. In another specific embodiment, the sALP consists of amino acid residues 23-512 of SEQ ID NO: 18. In another specific embodiment, the sALP comprises amino acid residues 18-498 of SEQ ID NO: 16. In another specific embodiment, the sALP consists of amino acid residues 18-502 of SEQ ID NO: 16. In another specific embodiment, the sALP comprises amino acid residues 18-498 of SEQ ID NO: 19. In another specific embodiment, the sALP consists of amino acid residues 18-502 of SEQ ID NO: 19. In another specific embodiment, the sALP comprises amino acid residues 18-498 of SEQ ID NO: 19. In another specific embodiment, the sALP consists of amino acid residues 18-502 of SEQ ID NO: 19. In another specific embodiment, the sALP comprises amino acid residues 18-498 of SEQ ID NO: 8. In another specific embodiment, the sALP consists of amino acid residues 18-502 of SEQ ID NO: 8.

**[0068]** In an alkaline phosphatase of the invention, the spacer comprises a fragment crystallizable region (Fc). In another specific embodiment, the Fc comprises a CH<sub>2</sub> domain, a CH<sub>3</sub> domain and a hinge region. In another specific embodiment, the Fc is a constant domain of an immunoglobulin selected from the group consisting of IgG-1, IgG-2, IgG-3, IgG-3 and IgG-4. In another specific embodiment, the Fc is a constant domain of an immunoglobulin IgG-1. In another specific embodiment, the Fc is as set forth in SEQ ID NO: 3. In another specific embodiment, W<sub>n</sub> is a polyaspartate. In another specific embodiment, n=10.

**[0069]** In another specific embodiment, Y is two amino acid residues. In another specific embodiment, Y is leucine-lysine. In another specific embodiment, X is 2 amino acid residues. In another specific embodiment, X is aspartate-isoleucine.

**[0070]** In another specific embodiment, the polypeptide is as set forth in SEQ ID NO: 4. In a pharmaceutical composition of the invention, the polypeptide has the sequence as set forth in SEQ ID NO: 4.

**[0071]** In another specific embodiment, the bone targeted alkaline phosphatase comprises the polypeptide in a form comprising a dimer. In another specific embodiment, the bone targeted alkaline phosphatase comprises the polypeptide in a form of a tetramer.

**[0072]** In another specific embodiment, the bone targeted alkaline phosphatase is in a pharmaceutically acceptable carrier. In another specific embodiment, the pharmaceutically acceptable carrier is a saline. In another specific embodiment, the bone targeted alkaline phosphatase is in a lyophilized form. In another specific embodiment, the bone targeted alkaline phosphatase is in a daily dosage of about 0.2 to about 20 mg/kg. In another specific embodiment, the bone targeted alkaline phosphatase is in a dosage of about 0.6 to about 60 mg/kg for administration every three days. In another specific embodiment, the bone targeted alkaline phosphatase is in a weekly dosage of about 1.4 to about 140 mg/kg. In another specific embodiment, the bone targeted alkaline phosphatase is in a weekly dosage of about 0.5 mg/kg.

**[0073]** In one embodiment, the present invention relates to a pharmaceutical composition comprising a polypeptide having the sequence set forth in SEQ ID NO: 4 and a pharmaceutically acceptable carrier comprising sodium chloride and/or sodium phosphate. In a preferred embodiment, the composition comprises 150 mM sodium chloride and 25 mM sodium phosphate, pH 7.4. In another preferred embodiment, the composition is hydrated from a lyophilized form.

**[0074]** More specifically, an isolated nucleic acid comprising a sequence that encodes the polypeptide of the present invention is disclosed.

**[0075]** Further disclosed is an isolated nucleic acid consisting of a sequence that encodes the polypeptide of the present

invention. More specifically, an isolated nucleic acid comprising a sequence as set forth in SEQ ID NO: 17 is disclosed.

**[0076]** Further disclosed is a recombinant expression vector comprising the nucleic acid disclosed herein. More specifically, there is disclosed a recombinant adeno-associated virus vector comprising the nucleic acid disclosed herein. More specifically, there is disclosed an isolated recombinant host cell transformed or transfected with the vector disclosed herein.

**[0077]** In accordance with another aspect of the present invention, there is provided a method of producing the bone targeted alkaline phosphatase of the present invention, comprising culturing the host cell of the present invention, under conditions suitable to effect expression of the bone targeted alkaline phosphatase and recovering the bone targeted alkaline phosphatase from the culture medium.

**[0078]** In one embodiment, the present invention relates to a method of producing the pharmaceutical composition of the present invention, said method comprising culturing a recombinant host cell transformed or transfected with a recombinant expression vector comprising a nucleic acid having a sequence that encodes the polypeptide of the pharmaceutical composition of the present invention in a culture medium under conditions suitable to effect expression of said polypeptide, recovering said polypeptide from the culture medium, and admixing said polypeptide with pharmaceutically acceptable carrier comprising sodium chloride and/or sodium phosphate.

**[0079]** In a specific embodiment, the host cell is a L cell, C127 cell, 3T3 cell, CHO cell, BHK cell, COS-7 cell or a Chinese Hamster Ovary (CHO) cell. In another specific embodiment, the host cell is a Chinese Hamster Ovary (CHO) cell. In a specific embodiment, the host cell is a CHO-DG44 cell.

**[0080]** In accordance with another aspect of the present invention, there is provided a kit comprising the bone targeted alkaline phosphatase of the present invention, and instructions to administer the polypeptide to a subject to correct or prevent a hypophosphatasia (HPP) phenotype.

**[0081]** In one embodiment, the present invention relates to a kit comprising a pharmaceutical composition of the present invention and instructions for use of said composition in a method of correcting or preventing an alkaline phosphatase deficiency in a subject in need thereof.

**[0082]** In accordance with another aspect of the present invention, there is provided a kit comprising the bone targeted alkaline phosphatase of the present invention or a pharmaceutical composition of the invention, and instructions to administer the polypeptide to a subject to correct or prevent aplasia, hypoplasia or dysplasia of dental cementum.

**[0083]** In accordance with another aspect of the present invention, there is provided a bone targeted alkaline phosphatase of the present invention or a pharmaceutical composition of the invention, for use in correcting or preventing at least one hypophosphatasia (HPP) phenotype, comprising administering a therapeutically effective amount of the bone targeted alkaline phosphatase to a subject in need thereof, whereby the at least one HPP phenotype is corrected or prevented in the subject.

**[0084]** In a specific embodiment, the subject has at least one HPP phenotype. In another specific embodiment, the subject is likely to develop at least one HPP phenotype. In another specific embodiment, the at least one HPP phenotype comprises HPP-related seizure. In another specific embodiment, the at least one HPP phenotype comprises premature loss of deciduous teeth. In another specific embodiment, the at least one HPP phenotype comprises incomplete bone mineralization. In another specific embodiment, incomplete bone mineralization is incomplete femoral bone mineralization. In another specific embodiment, incomplete bone mineralization is incomplete tibial bone mineralization. In another specific embodiment, incomplete bone mineralization is incomplete metatarsal bone mineralization. In another specific embodiment, incomplete bone mineralization is incomplete ribs bone mineralization. In another specific embodiment, the at least one HPP phenotype comprises elevated blood and/or urine levels of inorganic pyrophosphate (PPI). In another specific embodiment, the at least one HPP phenotype comprises elevated blood and/or urine levels of phosphoethanolamine (PEA). In another specific embodiment, the at least one HPP phenotype comprises elevated blood and/or urine levels of pyridoxal 5'-phosphate (PLP). In another specific embodiment, the at least one HPP phenotype comprises inadequate weight gain. In another specific embodiment, the at least one HPP phenotype comprises rickets. In another specific embodiment, the at least one HPP phenotype comprises bone pain. In another specific embodiment, the at least one HPP phenotype comprises calcium pyrophosphate dihydrate crystal deposition. In another specific embodiment, the at least one HPP phenotype comprises aplasia, hypoplasia or dysplasia of dental cementum. In another specific embodiment, the subject in need thereof has Infantile HPP. In another specific embodiment, the subject in need thereof has childhood HPP. In another specific embodiment, the subject in need thereof has perinatal HPP. In another specific embodiment, the subject in need thereof has adult HPP. In another specific embodiment, the subject in need thereof has

odontohypophosphatasia HPP.

**[0085]** In accordance with another aspect of the present invention, there is disclosed a method of using the bone targeted alkaline phosphatase of the present invention, for correcting or preventing aplasia, hypoplasia or dysplasia of dental cementum, comprising administering a therapeutically effective amount of the bone targeted alkaline phosphatase to a subject in need thereof, whereby aplasia, hypoplasia or dysplasia of dental cementum is corrected or prevented in the subject.

**[0086]** In a specific embodiment, the administering comprises transfecting a cell in the subject with a nucleic acid encoding the alkaline phosphatase. In another specific embodiment, the transfecting the cell is performed *in vitro* such that the bone targeted alkaline phosphatase is expressed and secreted in an active form and administered to the subject with said cell. In another specific embodiment, the administering comprises subcutaneous administration of the bone targeted alkaline phosphatase to the subject. In another specific embodiment, the administering comprises intravenous administration of the bone targeted alkaline phosphatase to the subject.

**[0087]** In accordance with another aspect of the present invention, there is provided the bone targeted alkaline phosphatase of the present invention or the pharmaceutical composition of the present invention, for use in correcting or preventing at least one HPP phenotype.

**[0088]** In accordance with another aspect of the present invention, there is provided the bone targeted alkaline phosphatase of the present invention or the pharmaceutical composition of the present invention, for use in correcting or preventing aplasia, hypoplasia or dysplasia of dental cementum.

**[0089]** In accordance with another aspect of the present invention, there is provided a use of the bone targeted alkaline phosphatase of the present invention, in the making of a medicament.

**[0090]** In accordance with another aspect of the present invention, there is disclosed a use of the bone targeted alkaline phosphatase of the present invention, for correcting or preventing at least one HPP phenotype.

**[0091]** In accordance with another aspect of the present invention, there is disclosed a use of the bone targeted alkaline phosphatase of the present invention, for correcting or preventing aplasia, hypoplasia or dysplasia of dental cementum.

#### **BRIEF DESCRIPTION OF THE DRAWINGS**

**[0092]** In the appended drawings:

Figure 1 presents the design and schematic structure of the bone targeted ALP of the present invention exemplified by hTNALP-FcD10. Panel A presents a schematic representation of the complete primary translation product of the human tissue non-specific alkaline phosphatase gene (TNALP) including the N-terminal signal peptide and the transient membrane-anchored signal for GPI-addition. Panel B presents the primary translation product of the fusion protein. Panel C presents the primary translation product lacking the cleavable TNALP signal peptide;

Figure 2 presents the protein sequence for hTNALP-FcD10 ((SEQ ID NO: 1), including the N-terminal peptide signal-17 first aa), wherein the hTNALP portion (SEQ ID NO: 2) is italicized including the peptide signal portion shown italicized and underlined, and the Fc fragment is underlined (SEQ ID NO: 3);

Figure 3 presents the protein sequence for the hTNALP-FcD10 used in Examples presented herein (SEQ ID NO: 4) (without the N-terminal peptide signal) wherein the hTNALP portion (SEQ ID NO: 5) is italicized, and the Fc fragment is underlined (SEQ ID NO: 3). Double underlined asparagine (N) residues correspond to putative N-glycosylation sites and bold amino acid residues (LK & DI) correspond to linkers between hTNALP and Fc, and Fc and D10 domains respectively. These linkers are derived from endonuclease restriction sites introduced during cDNA engineering;

Figure 4 graphically presents the comparative expression of sTNALP-D10 and sTNALP-FcD10 in CHO-DG44 cells;

Figure 5 presents sTNALP-FcD10 purification on protein-A Sepharose molecular sieve chromatography on Sephacryl™ 3-300 as well as SDS-PAGE analysis of purified sTNALP-FcD10 under reducing (DTT +) and non reducing (DTT-) conditions. It also presents a schematized version of sTNALP-FcD10. The protein purified by Protein A-Sepharose™ affinity chromatography was analyzed by SDS-PAGE and bands stained with Sypro™ Ruby. Main species of sTNALP-FcD10 migrated with an apparent molecular mass of 90,000 Da under reducing conditions and 200,000 Da under non reducing conditions;

Figure 6 presents the position of the papain cleavage site in sTNALP-FcD10;

Figure 7 presents a non denaturing SEC-HPLC analysis of sTNALP-FcD10 on TSK-Gel G3000WXL column. Plain curve: papain digested sample. -X- curve: identical sample incubated in the same conditions without papain (control);

Figure 8 presents a SDS-PAGE analysis of sTNALP-FcD10 incubated with or without papain showing which fragment is responsible for which band on the gel. Analysis was performed under reducing (+ DTT) or non reducing (- DTT) conditions;

Figure 9 presents an *in vitro* binding assay. sTNALP-FcD10 and bovine kidney tissue non specific alkaline phosphatase were compared in the reconstituted mineral binding assay as described in Example 2. Total activity is the sum of the enzymatic activity recovered in the free and bound fractions. Total activity was found to be 84% and 96% of initial amount of enzymatic activity introduced in each set of assays for the bovine and sTNALP-FcD10 forms of enzyme, respectively. Results are the average of two bindings;

Figure 10 presents pharmacokinetic and distribution profiles of sTNALP-FcD10 in serum, tibia and muscle of adult WT mice. Concentrations of sTNALP-FcD10 in serum, tibia and muscle, is expressed in  $\mu\text{g/g}$  tissue (wet weight) after a single bolus intravenous injection of 5 mg/kg in adult WT mice;

Figure 11 presents pharmacokinetic profile of sTNALP-FcD10 serum concentration in newborn WT mice. Serum concentrations of sTNALP-FcD10 as a function of time after a single i.p. (panel A) or s.c. (panel B) injection of 3.7 mg/kg in (1 day old) newborn WT mice;

Figure 12 presents the predicted pharmacokinetic profile of sTNALP-FcD10 in serum. Predicted maximal ( $C_{\text{max}}$ ) and minimal ( $C_{\text{min}}$ ) circulating steady-state levels of sTNALP-FcD10 after repeated (every 24 hrs) subcutaneous injections of 10 mg/Kg in newborn mice;

Figure 13 presents the experimentally tested pharmacokinetic profile of sTNALP-FcD10 in the serum of newborn mice. Measured minimal ( $C_{\text{min}}$ ) circulating steady-state levels of sTNALP-FcD10 24 h after the last subcutaneous injections of 10 mg/Kg in newborn mice. Homo: homozygous, hetero: heterozygous;

Figure 14 presents short-term (15 days), low dose (1 mg/Kg), efficacy results in terms of sTNALP-FcD10 serum concentrations in treated  $\text{Akp2}^{-/-}$  mice. sTNALP-FcD10 serum concentrations at day 16 of mice treated for 15 days with daily s.c. injections of 1 mg/kg sTNALP-FcD10;

Figure 15 presents short-term (15 days), low dose (1 mg/Kg), efficacy results in terms of serum PPI concentrations in treated  $\text{Akp2}^{-/-}$  mice. Measurement of serum PPI concentrations. A low dose of 1 mg/kg was sufficient to normalize PPI levels in ERT-treated mice;

Figure 16 presents short-term (15 days), low dose (1 mg/Kg), efficacy results in terms of physeal morphology in treated  $\text{Akp2}^{-/-}$  mice. Goldner's trichrome staining of the growth plates of WT, untreated and treated  $\text{Akp2}^{-/-}$  mice. The proximal tibial growth plates (physes) showed excessive widening of the hypertrophic zone in both sTNALP-FcD10 and vehicle injected in  $\text{Akp2}^{-/-}$  mice, consistent with early rickets. However, physeal morphology seemed less disturbed in the animals treated with sTNALP-FcD10;

Figure 17 presents short-term (15 days), low dose (1 mg/Kg), efficacy results in terms of physeal hypertrophic area size of treated  $\text{Akp2}^{-/-}$  mice. Size of the hypertrophic area of the growth plate is expressed as a percentage of the total growth plate area. Note the normalization of the hypertrophic area in the treated mice;

Figure 18 presents short-term (15 days), high dose (8.2 mg/Kg), efficacy results in terms of body weight in treated  $\text{Akp2}^{-/-}$  mice. Effect of sTNALP-FcD10 on body weight;

Figure 19 presents short-term (15 days), high dose (8.2 mg/Kg), efficacy results in terms of long bone length in treated  $\text{Akp2}^{-/-}$  mice. Effect of sTNALP-FcD10 on femur and tibial length (measurements done at day 16);

Figure 20 presents short-term (15 days), high dose (8.2 mg/Kg), efficacy results in terms of sTNALP-FcD10 serum concentration in treated  $\text{Akp2}^{-/-}$  mice. sTNALP-FcD10 serum concentrations at day 16 of mice treated for 15 days with daily s.c. injections of 8.2 mg/kg sTNALP-FcD10;

Figure 21 presents short-term (15 days), high dose (8.2 mg/Kg), efficacy results in terms of mineralization of bones in treated  $\text{Akp2}^{-/-}$  mice. X-ray analysis of feet, rib cages and hind limbs of  $\text{Akp2}^{-/-}$  mice (16 days) and a Faxitron™ image distribution table. Feet and rib cages were classified as severe, moderate or healthy to take into account the extent of the bone mineralization

defects. Legs were simply classified as abnormal (at least one defect) or healthy (no visible defect);

Figure 22 presents short-term (15 days), high dose (8.2 mg/Kg), efficacy results in terms of defects in teeth in treated Akp2<sup>-/-</sup> mice. Histological analysis of teeth of Akp2<sup>-/-</sup> mice injected vehicle or sTNALP-FcD10 and wild-type mice. Thin sections were prepared and stained as described in Millan et al. PDL=Peridontal ligament;

Figure 23 presents long-term (52 days), high dose (8.2 mg/Kg), efficacy results in terms of survival in treated Akp2<sup>-/-</sup> mice. Long-term survival of Akp2<sup>-/-</sup> mice treated with sTNALP-FcD10 compared to the early demise of Akp2<sup>-/-</sup> treated only with control vehicle;

Figure 24 presents long-term (52 days), high dose (8.2 mg/Kg), efficacy results in terms of size, mobility and appearance in treated Akp2<sup>-/-</sup> mice. Treatment normalizes size, mobility and appearance of treated Akp2<sup>-/-</sup> mice. Untreated mouse from the same litter is shown for comparison;

Figure 25 presents long-term (52 days), high dose (8.2 mg/Kg), efficacy results in terms of mineralization and length of bones in treated Akp2<sup>-/-</sup> mice. X-ray images of the metatarsal bones of 46 and 53-days old treated Akp2<sup>-/-</sup> mice in comparison with WT mice;

Figure 26 presents long-term (52 days), high dose (8.2 mg/Kg), efficacy results in terms of sTNALP-FcD10 serum concentration in treated Akp2<sup>-/-</sup> mice. sTNALP-FcD10 serum concentrations at day 53 of mice treated for 52 days with daily s.c. injections of 8.2 mg/kg sTNALP-FcD10;

Figure 27 presents A) survival curves of Akp2<sup>-/-</sup> mice receiving sTNALP-FcD10 at doses of either 4.3 mg/kg daily (Tx-1) or 15.2 mg/kg every 3 days (Tx-3) or 15.2 mg/kg every week (Tx-7) and B) median survival for each of these regimen. Survival of the treated mice was compared to the survival of mice injected vehicle;

Figure 28 presents A) survival curves of Akp2<sup>-/-</sup> mice receiving sTNALP-FcD10 at doses of 8.2 mg/kg daily (RTx) starting at day 15 after birth and B) median survival for treated and vehicle injected mice. Survival of the treated mice is compared to the survival of mice injected vehicle (RVehicle);

Figure 29 presents the effects on body weight of daily 8.2 mg/kg doses of sTNALP-FcD10 injected to Akp2<sup>-/-</sup> mice (RTx) starting at day 15 after birth. Daily body weights are compared to that of vehicle-injected Akp2<sup>-/-</sup> mice (RVehicle) or wild-type littermates (WT);

Figure 30 presents an alignment of various ALPs established by CLUSTAL™ W (1.82) multiple sequence alignment, namely a bovine TNALP sequence (SEQ ID NO: 6); a cat TNALP sequence (SEQ ID NO: 7), a human TNALP sequence (SEQ ID NO: 8), a mouse TNALP sequence (SEQ ID NO: 9), a rat TNALP sequence (SEQ ID NO: 10) and a partial dog TNALP sequence (SEQ ID NO: 11) wherein the nature of the first 22 amino acid residues are unknown; a human IALP (SEQ ID NO: 12) (Accession no: NP\_001622), a human GCALP (SEQ ID NO: 13) (Accession no: P10696), and a human PLALP (SEQ ID NO: 14) (Accession no: NP\_112603). "\*" denotes that the residues in that column are identical in all sequences of the alignment, "." denotes that conserved substitutions have been observed, and "x" denotes that semi-conserved substitutions have been observed. A consensus sequence derived from this alignment (SEQ ID NO: 15) is also presented wherein x is any amino acid;

Figure 31 presents an alignment of TNALPs from various species established by CLUSTAL™ W (1.82) multiple sequence alignment, namely the bovine sequence (SEQ ID NO: 6); the cat sequence (SEQ ID NO: 7), the human sequence (SEQ ID NO: 8), the mouse sequence (SEQ ID NO: 9), the rat sequence (SEQ ID NO: 10) and a partial dog sequence (SEQ ID NO: 11) wherein the nature of the first 22 amino acid residues are unknown. "\*" denotes that the residues in that column are identical in all sequences of the alignment, "." denotes that conserved substitutions have been observed, and "x" denotes that semi-conserved substitutions have been observed. A consensus sequence derived from this alignment (SEQ ID NO: 16) is also presented wherein x is any amino acid; and

Figure 32 presents the nucleic acid sequence (SEQ ID NO:17) encoding the polypeptide sequence described in Figure 1.

#### **DESCRIPTION OF ILLUSTRATIVE EMBODIMENTS**

**[0093]** Examples provided below present the first successful treatment of TNALP knockout (Akp2<sup>-/-</sup>) mice using subcutaneous

injections of a recombinant form of ALP. Akp2<sup>-/-</sup> mice recapitulate the severe, often lethal, infantile form of Hypophosphatasia.

**[0094]** The well-described TNSALP-homozygous null murine model which mirrors many of the skeletal and biochemical abnormalities associated with infantile HPP was used. Mice were treated with a novel soluble recombinant form of human TNSALP engineered at its carboxy-terminus to contain both a spacer in the form of the crystalline fragment (Fc) region of human IgG-1 fused to a bone targeting sequence composed of ten sequential aspartic acid (D10) residues. It was shown that relative to native TNSALP purified from kidney, the modified recombinant form of the enzyme, binds hydroxyapatite much more avidly, while retaining its enzymatic activity. Treatment with the recombinant TNSALP of the present invention surprisingly normalized plasma PPI levels, and improved mineralization of the feet thoraces, hind limbs and dentition of homozygous null mice when compared to mice who received the vehicle alone. The treatment was also shown to prolong survival, with near radiographic normalization of the skeletal phenotype.

**[0095]** In addition to its beneficial *in vivo* therapeutic effect, it was surprisingly discovered that the recombinant active form of the modified enzyme which contains a spacer is expressed at higher levels than its recombinant counterpart lacking such spacer. In addition, it was demonstrated that the enzyme functions as a tetramer.

**[0096]** The present invention is illustrated in further details by the following non-limiting examples.

#### **EXAMPLE 1**

##### **Expression and purification of recombinant sTNALP-FcD10**

**[0097]** In order to facilitate the expression and purification of recombinant TNALP, the hydrophobic C-terminal sequence that specifies GPI-anchor attachment in TNALP was eliminated to make it a soluble secreted enzyme (Di Mauro et al. 2002). The coding sequence of the TNALP ectodomain was also extended with the Fc region of the human IgG ( $\gamma$ 1 form (IgG1Swiss-Prot P01857)). This allowed rapid purification of the recombinant enzyme on Protein A chromatography and surprisingly, its increased expression. Furthermore, to target the recombinant TNALP to bone tissue, a deca-aspartate (D10) sequence was attached to the C-terminal of the Fc region. This chimeric form of TNALP, designated sTNALP-FcD10, retains full enzymatic activity both when assayed at pH 9.8 using the artificial substrate p-nitrophenylphosphate and when assayed at pH 7.4 using inorganic pyrophosphate (PPi), as the physiological substrate. As in the naturally occurring form of TNALP the N-terminal signal peptide is cleaved off during the cotranslational translocation of the protein across the rough endoplasmic reticulum. Its design and structure is schematically illustrated in Figure 1. The amino acid sequence of the fusion protein (including the signal peptide) is shown in Figure 2. The amino acid sequence of the fusion protein as secreted (i.e. without the signal peptide) is shown in Figure 3.

**[0098]** The method that was used to construct this fusion protein is as follows. The cDNA encoding the fusion protein (See Figure 32) was inserted in the pIRES vector (Clontech™) in the first multiple cloning site located upstream of the IRES using NheI and BamHI endonuclease restriction sites. The dihydrofolate reductase (DHFR) gene was inserted in the second multiple cloning site located downstream of the IRES using SmaI and XbaI endonuclease restriction sites. The resulting vector was transfected into Chinese Hamster Ovary (CHO-DG44) cells lacking both DHFR gene alleles (Urlaub et al. 1983, obtained from Dr Lawrence A. Chasin, Columbia University) using the Lipofectamine™ transfection kit (Invitrogen). Two days after transfection, media was changed and the cells were maintained in a nucleotide free medium (IMDM supplemented with 5% dialyzed FBS) for 15 days to isolate stable transfectants for plaque cloning.

**[0099]** Cells from the three best clones or the five originally selected growing in the nucleotide-free medium were pooled and further cultivated in media (IMDM + 5% dialyzed FBS) containing increasing concentration of methotrexate (MTX). Cultures resistant to 50 nM MTX were further expanded in Cellstacks™ (Corning) containing IMDM medium supplemented with 5% FBS. Upon reaching confluency, the cell layer was rinsed with Phosphate Buffered Saline (PBS) and cells were incubated for three additional days with IMDM containing 3.5 mM sodium butyrate to increase protein expression. At the end of the culture the concentration of sTNALP-FcD10 in the spent medium was 3.5 mg/l as assessed by measuring TNALP enzymatic activity.

**[0100]** Levels of sALP-FcD10 in spent medium were quantified using a colorimetric assay for ALP activity where absorbance of released p-nitrophenol is proportional to the reaction products. The reaction occurred in 100  $\mu$ l of ALP buffer (20 mM Bis Tris Propane (HCl) pH 9, 50 mM NaCl, 0.5 mM MgCl<sub>2</sub>, and 50  $\mu$ M ZnCl<sub>2</sub>) containing 10  $\mu$ l of diluted spent medium and 1 mM pNPP. The latter compound was added last to initiate the reaction. Absorbance was recorded at 405 nm every 45 seconds over 20

minutes using a spectrophotometric plate reader. sTNALP-FcD10 catalytic activity, expressed as an initial rate, was assessed by fitting the steepest slope for 8 sequential values. Standards were prepared with varying concentrations of sALP-FcD10. and ALP activity was determined as above. The standard curve was generated by plotting Log of the initial rate as a function of the Log of the standard concentrations. sTNALP-FcD10 concentration in the different samples was read from the standard curve using their respective ALP absorbance. Activity measures were transformed into concentrations of sALP-FcD10 by using a calibration curve obtained by plotting the activity of known concentrations of purified recombinant enzyme.

**[0101]** Culture supernatant was then concentrated and dialyzed against PBS using tangential flow filtration and loaded on MabSelect SuRe™ column (GE Health Care) equilibrated with 150 mM NaCl, 10 mM sodium PO<sub>4</sub>. Bound proteins were eluted with 50 mM Tris pH 11, pH 11.0 buffer. Collected fractions were adjusted to pH 8-9 with 200 mM Tris-HCl pH 5.5. Fractions containing most of the eluted material were dialyzed against 150 mM NaCl, 25 mM sodium PO<sub>4</sub> pH 7.4 buffer containing 0.1 mM MgCl<sub>2</sub>, 20 μM ZnCl<sub>2</sub> and filtered on a 0.22 μm (Millipore, Millex-GP™) membrane under sterile conditions. The overall yield of the purification procedure was 50% with a purity above 95% as assessed by Sypro™ ruby stained SDS-PAGE. Purified sTNALP-FcD10 preparation was stored at 4°C and remained stable for several months.

**[0102]** The following purification technique was also tested with success. Culture supernatant was concentrated and dialyzed against PBS using tangential flow filtration and loaded on Protein A-Sepharose™ column (Hi-Trap™ 5 ml, GE Health Care) equilibrated with PBS. Bound proteins were eluted with 100 mM citrate pH 4.0 buffer. Collected fractions were immediately adjusted to pH 7.5 with 1 M Tris pH 9.0. Fractions containing most of the eluted material were dialyzed against 150 mM NaCl, 25 mM sodium PO<sub>4</sub> pH 7.4 buffer containing 0.1 mM MgCl<sub>2</sub>, 20 μM ZnCl<sub>2</sub> and filtered on a 0.22 μm (Millipore, Millex-GP™) membrane under sterile conditions. The overall yield of the purification procedure was 50% with a purity above 95% as assessed by Sypro™ ruby stained SDS-PAGE. Purified sTNALP-FcD10 preparation was stored at 4°C and remained stable for several months.

**[0103]** The number of copies of the sTNALP-FcD10 gene was increased by culturing transfected CHO-DG44194 cells in the presence of increasing concentration of methotrexate. Clones of cells resistant to 100 nM methotrexate were isolated and evaluated for their capacity to produce sTNALP-FcD10 at a high yield. The best producers were adapted to culture in suspension in Hydome media™ SFM4CHO™ (cat # SH30549) in absence of fetal bovine serum. Cultures that maintained a high production yield under those conditions were transferred to disposable Wave™ bioreactor bags. The medium (25 L total volume) was seeded at a density of 0.4 x 10<sup>6</sup> cells per ml. Temperature of the culture was maintained at 37°C until the cell density reached 2 x 10<sup>6</sup> cells/ml. The temperature was then reduced to 30°C and the culture was supplemented with 125 ml of CHO generic feed (Sigma, C1615). Those conditions were found to slow down cell division and increase product secretion in the culture medium. These conditions were maintained for 6 days before harvesting cell culture supernatant containing secreted sTNALP-FcD10.

## **EXAMPLE 2**

### **Comparative expression of sTNALP-D10 and sTNALP-FcD10**

**[0104]** Plasmid vectors encoding either sTNALP-FcD10 or sTNALP-D10 were transfected in CHO-DG44 cells using Lipofectamine™ and grown in selective media (i.e. devoid of nucleotides) designed to promote survival of cells expressing the DHFR gene as described in Example 1 above. Stable transfectants were isolated by plaque cloning and ranked according to their level of protein expression using the alkaline phosphatase enzymatic assay also described in Example 1 above. Screening allowed the identification of one clone only for sTNALP-D10 (0.120 pg/cell/day) and five clones for sTNALP-FcD10 (0.377, 0.258, 0.203, 0.099 and 0.088 pg/cell/day). Methotrexate (MTX) gene amplification was performed as described in Example 1 above (MTX ranging from 0 to 100mM) and allowed an 8-fold expression increase for sTNALP-FcD10 while no amplification was observed with the sTNALP-D10 cultures (see Figure 4). Using a similar process for cell line development, it was unexpectedly found that the sTNALP-FcD10 protein was easier to express compared to sTNALP-D10 (see Figure 4).

## **EXAMPLE 3**

### **sTNALP-FcD10 characterization**

**[0105]** sTNALP-FcD10 was first purified on Protein-A Sepharose™ and was analyzed on SDS-PAGE under reducing and non-reducing conditions.

**[0106]** Under reducing conditions, it migrated as a broad band with an apparent molecular mass of ~90,000 Da (DTT+ in Figure 5). Digestion with peptide N-Glycosidase F (PNGase F) reduced the apparent molecular mass of the protein to about 80,000 which closely approximates the calculated mass of 80,500 Da for the non-glycosylated sTNALP-FcD10 monomer shown in Figure 1. Soluble TNALP in serum, like TNALP present as a GPI anchored protein on the outer surface of osteoblasts, is a highly glycosylated protein with carbohydrates comprising ≤ 20% of the total mass of the enzyme (Farley & Magnusson 2005). Although the specific carbohydrate structures on TNALP have not been identified, sequence studies indicate that the enzyme possesses five putative sites for N-linked glycosylation, and biochemical studies have shown evidence for both N- and O-linked carbohydrates (Nosjean et al. 1997). In agreement with these earlier observations, the electrophoretic migration of sTNALP-FcD10 and its sensitivity to PNGase F suggests it is also a heavily N-glycosylated protein. Soluble TNALP in serum, like TNALP present as a GPI anchored protein on the outer surface of osteoblasts, is a highly glycosylated protein with carbohydrates comprising ≤ 20% of the total mass of the enzyme (Farley & Magnusson 2005).

**[0107]** When SDS-PAGE was repeated under non reducing conditions the apparent molecular mass of sTNALP-FcD10 was found to be 200,000 (DTT- in Figure 5) consistent with that of a homodimer as in native unaltered TNALP (Millán 2006). This homodimer likely results from the formation of two disulfide bridges between two monomeric Fc regions (upper right panel, Figure 5).

**[0108]** The molecular mass of purified sTNALP-FcD10 under native conditions was next evaluated using size exclusion FPLC chromatography on a column of Sephacryl™ S-300 (GE Health Care) equilibrated in 150 mM NaCl, 20 mM Tris pH 7.5 buffer. The column was previously calibrated with a standard protein kit (HMW calibration kit, GE Health care) (lower left panel, Figure 5).

**[0109]** Collected chromatography fractions were assayed for alkaline phosphatase enzymatic activity and the material in each peak. Surprisingly, 78% of the material eluted at a position corresponding to proteins of 370kDa (lower left panel, Figure 5) suggesting a tetrameric form for the native sTNALP-FcD10 recombinant enzyme produced in CHO cells. When fractions from the Sephacryl S-300 column were tested for activity, all of the enzymatic activity was associated with the 370 kDa fraction. The remaining material was of a much higher molecular weight indicating the formation of some sTNALP-FcD10 aggregates. Both the tetrameric forms, which may not be observed on the SDS-page because the latter destroys the non covalent binding maintaining the tetramer together, and aggregate forms were resolved as sTNALP-FcD10 monomers with an apparent molecular weight of 90,000 by SDS-PAGE under reducing conditions (DTT+, lower right panel in Figure 5) and as dimers with an apparent molecular weight of 200,000 in non reducing conditions (DTT-, lower right panel in Figure 5). Recombinant sTNALP-FcD10 appears to consist mainly of enzymatically functional homotetramers formed by non covalent association of two sTNALP-FcD10 disulfide-linked dimers.

**[0110]** The tetrameric structure of sTNALP-FcD10 was further tested by limited papain digestion (Figures 6-8). This protease is known to cleave IgG heavy chains close to the hinge region and on the N-terminal side of the disulfide bonds, thereby generating whole monomeric Fab fragments and dimeric disulfide-linked Fc dimers. Digestion of sTNALP-FcD10 should thus liberate enzymatically active sTNALP dimers from the intact Fc domains (see Figure 6).

**[0111]** Aliquots containing 400 µg of sTNALP-FcD10 were digested with 208 mU of papain-agarose (Sigma) in a 20 mM phosphate buffer (pH 7.0) containing 250 µM dithiothreitol. Digestion was left to proceed at 37°C for 1h under gentle agitation. The reaction was stopped by removing the papain-agarose beads by centrifugation. In those conditions, there was no significant loss of sTNALP-FcD10 enzymatic activity during the first 4 h of incubation. sTNALP-FcD10 incubated for one h in the presence or absence of papain-agarose was next analyzed by SEC-HPLC on a TSK-Gel G3000WXL (Tosoh Bioscience) in non denaturing conditions.

**[0112]** Figure 7 shows that the main product eluting with an apparent Mr of 370 kDa was no longer observed after a 1 h papain digestion. In those conditions papain digestion generates two main fragments of 135 kDa and 62 kDa respectively. A minor peak with Mr of 35 kDa was also observed.

**[0113]** Under reducing SDS-PAGE conditions (DTT+, Figure B) the product of the non papain treated sample was resolved into a major band (102 kDa) (DTT+, papain-), which was previously shown to correspond to monomeric sTNALP-FcD10. In Western blots this band can indeed be stained with antibodies for both TNALP and the Fc domain of the IgG<sub>1</sub> molecule (not shown). After papain digestion this band is cleaved into two major fragments: 1) The 32 kDa band, which binds the anti-Fc but not the anti-

TNALP antibody and is proposed to correspond to the FcD10 fragment; and 2) The broad and diffuse protein band (66 - 90 kDa) which can be stained with the anti-ALP antibody but not with anti-Fc antibody and is thus thought to correspond to TNALP ectodomain monomers. The heterogeneity of this material is presumably due to its glycosylation as it can be reduced by digestion with Peptide-N-Glycosidase F, which also decreases its apparent molecular mass to 52 kDa (results not shown).

**[0114]** Under non-reducing conditions (DTT-, Figure 8), sTNALP-FcD10 incubated without papain was found to migrate in SDS-Page as a 216 kDa protein (DTT-, papain-, Figure 8). Western blotting also demonstrates that this protein contains epitopes for both the TNALP and Fc moieties (results not shown). This molecular species was previously proposed to consist of disulfide-bonded sTNALP-FcD10 dimers. As under reducing conditions, papain cleavage under non-reducing conditions (DTT-, papain +) generates two main fragments. In Western blots, the 55 kDa fragment can be stained with the anti-Fc but not with the anti-TNALP antibody. This fragment is most probably identical to the 62 kDa species observed on SEC-HPLC in native conditions and is proposed to correspond to disulfide-bonded Fc dimers. The other major species comigrates with the major protein band (66-90 kDa) observed under reducing conditions. This is consistent with it being composed of TNALP ectodomain monomers. When analyzed by HPLC in non denaturing conditions these monomers are non-covalently associated in the enzymatically active TNALP dimers eluting from the SEC column as the 135 kDa species.

#### **EXAMPLE 4**

##### **Compared affinity for hydroxyapatite of sTNALP-FcD10 protein and bovine kidney sALP**

**[0115]** The affinity of the purified sTNALP-FcD10 protein for hydroxyapatite was also compared to that of bovine kidney (tissue non specific) soluble alkaline phosphatase (Calzyme) using the following procedure. Bovine kidney TNALP was used instead of human bone TNALP because it was commercially available. Hydroxyapatite ceramic beads (Biorad) were first solubilized in 1 M HCl and the mineral was precipitated by bringing back the solution to pH to 7.4 with 10 N NaOH. Binding to this reconstituted mineral was performed by incubating aliquots of the mineral suspension containing 750 µg of mineral with 5 µg of protein in 100 µl of 150 mM NaCl, 80 mM sodium phosphate pH 7.4, buffer. The samples were kept at 21 ± 2°C for 30 minutes on a rotating wheel. Mineral was spun down by low speed centrifugation and total enzymatic activity recovered in both the mineral pellet and the supernatant was measured. Figure 9 clearly shows that sTNALP-FcD10 binds more efficiently to reconstituted hydroxyapatite mineral than bovine kidney TNALP. Furthermore, most of the recombinant sTNALP-FcD10 protein introduced in the assay was recovered by summing up the enzymatic activity recovered in both the bound and non bound fractions. This indicates that binding of the recombinant protein to the reconstituted mineral phase does not significantly alter its enzymatic activity.

#### **EXAMPLE 5**

##### **Mouse model**

**[0116]** The Akp2<sup>-/-</sup> mice were created by insertion of the Neo cassette into exon VI of the mouse TNALP gene (Akp2) via homologous recombination (Narisawa et al. 1997; Fedde et al. 1999). This mutation caused the functional inactivation of the Akp2 gene and no mRNA or TNALP protein is detectable in these knockout mice (Narisawa et al. 1997). Phenotypically, the Akp2<sup>-/-</sup> mice mimic severe Infantile HPP. These mice have no obvious hypophosphatasia phenotype at birth, skeletal defects usually appearing at or around day 6, and worsen thereafter. They have stunted growth with rickets, develop epileptic seizures and apnea, and were reported to die between postnatal days 12-16. Like HPP patients, Akp2<sup>-/-</sup> mice feature hypophosphatasemia due to global deficiency of TNALP activity, endogenous accumulation of the ALP substrates, PPI, PLP and PEA and suffer impaired skeletal matrix mineralization leading to rickets or osteomalacia (Fedde et al. 1999).

**[0117]** To understand how defects in alkaline phosphatase can lead to neurological manifestations of the disease in both human and mice, one has to review the role and metabolism of Vitamin B6 in the CNS. Vitamin B6 is an important nutrient that serves as a cofactor for at least 110 enzymes, including those involved in the biosynthesis of the neurotransmitters γ-aminobutyric acid (GABA), dopamine and serotonin. Vitamin B6 can be found in three free forms (or vitamers), i.e., pyridoxal (PL), pyridoxamine (PM), and pyridoxine (PN), all of which can be phosphorylated to the corresponding 5'-phosphated derivatives, PLP, PMP and PNP (Jansonius 1998). Removal of the phosphate group is a function of ALP, and primarily that of the TNALP isozyme (Whyte 2001). Since only dephosphorylated vitamers can be transported into the cells, decreased TNALP activity in Hypophosphatasia

results in marked increases in plasma PLP (Whyte et al. 1985; Whyte 2001) and intracellular deficiency of PLP in peripheral tissues and the central nervous system where it leads to reduced brain levels of GABA. It has also been hypothesized that the epileptic seizures observed in these mice result from glutamic acid decarboxylase dysfunction due to shortage of PLP (Waymire et al. 1995).

**[0118]** Pyridoxine supplementation suppresses the epileptic seizures of  $Akp2^{-/-}$  mice but extends their lifespan only a few days, till postnatal days 18-22 (Narisawa et al. 2001). Therefore, all animals in this study (breeders, nursing moms, pups and weanlings) were given free access to a modified laboratory rodent diet 5001 with increased levels (325 ppm) of pyridoxine.

**[0119]**  $Akp2^{-/-}$  mice (12.5 % C57BL/6 - 87.5%129J hybrid background) were maintained by heterozygote breeding. Animals, breeder pairs or nursing moms with their pups, were housed in a ventilated solid bottom plastic cage equipped with an automatic watering system. All animals had free access to a modified laboratory rodent diet 5001 with 325 ppm pyridoxine (#48057, TestDiet™). Maximum allowable concentrations of contaminants in the diet (e.g. heavy metals, aflatoxin, organophosphate, chlorinated hydrocarbons, PCBs) were assured by the manufacturers. No known contaminants were present in the dietary material to influence the toxicity of the test article.

#### **EXAMPLE 6**

### **Pharmacokinetics and tissue distribution of injected sTNALP-FcD10 In WT mice**

#### **Blood sample collection**

**[0120]** Blood samples were collected into heparin lithium tube (VWR, #CBD365958), put on ice for a maximum of 20 minutes before centrifugation at 2500g for 10 min at room temperature. At least, 15  $\mu$ l of plasma was transferred into 0.5 ml tube (Sarstedt, #72.699), frozen in liquid nitrogen and kept at  $-80^{\circ}\text{C}$  until assayed. If available, another  $\leq 50$   $\mu$ l of plasma was transferred into 0.5 ml tube, inactivated at  $65^{\circ}\text{C}$  for 10 minutes, frozen in liquid nitrogen and kept at  $-80^{\circ}\text{C}$  until assayed. Any remaining plasma, was pooled with the 15  $\mu$ l aliquot, frozen in liquid nitrogen and kept at  $-80^{\circ}\text{C}$  until assayed.

#### **Determination of plasma sTNALP-FcD10**

**[0121]** Presence of sTNALP-FcD10 in plasma samples was assessed upon completion of treatment using a colorimetric enzymatic assay. Enzymatic activity was determined using a chromogenic substrate where increase of absorbance is proportional to substrate conversion to products. The reaction was carried out in 100  $\mu$ l of buffer 50 mM NaCl, 20 mM Bis Tris Propane (HCl pH 9 buffer containing 0.5 mM  $\text{MgCl}_2$  and 50  $\mu\text{M}$   $\text{ZnCl}_2$  to which was added 10  $\mu$ l of diluted plasma sample. The ALP substrate p-nitrophenyl was added last at a final concentration of 1 mM to initiate the reaction. The absorbance was recorded at 405 nm every 45 seconds over a twenty minutes period using a Spectramax™ 190 (Molecular devices) plate reader. sTNALP-FcD10 enzymatic activity expressed as an initial rate of reaction was assessed by fitting the steepest slope over 8 adjacent reading values. Standards were prepared with varying concentrations of test article and the enzymatic activity was determined as described above in Example 1. The standard curve was generated by plotting Log of the initial speed rate as a function of the Log of the standard quantities. sTNALP-FcD10 concentration of the different plasma samples was read directly from the standard curve using their respective enzymatic activity.

#### **Determination of plasma PPI**

**[0122]** Circulating levels of PPI were measured in serum obtained from cardiac puncture using differential adsorption on activated charcoal of UDP-D-[6- $^3\text{H}$ ]glucose (Amersham Pharmacia) from the reaction product of 6-phospho[6- $^3\text{H}$ ]gluconate, as previously described (Johnson et al. 1999).

#### **Half-life and tissue distribution of sTNALP-FcD10**

[0123] In adult WT mice, the half-life and tissue distribution of sTNALP-FcD10 injected into mice were determined. Figure 10 summarizes its pharmacokinetics and tissue distribution after a single, bolus intravenous injection of 5 mg/kg into adult WT mice.

[0124] The half-life was 34 h in blood with an accumulation of the [<sup>125</sup>I]-labeled sTNALP-FcD10 in bone of up to 1 µg/g of bone (wet weight). This half-life is comparable to that observed previously in unsuccessful reported clinical trials. Levels of bone-targeted material seemed quite stable, as no significant decrease in radiolabeled sTNALP-FcD10 was observed during the experiment. No accumulation of sTNALP-FcD10 was observed in muscle, as the amount of radiolabeled enzyme in that tissue decreased in parallel with that of sTNALP-FcD10 enzymatic activity in blood.

[0125] In newborn mice. Because *Akp2*<sup>-/-</sup> mice die between days 12-16 and i.v. injection is not feasible in such young mice, the pharmacokinetic analysis of sTNALP-FcD10 in serum was repeated using the i.p. and s.c. routes in WT newborn mice using a dose of 3.7 mg/Kg. The i.p. route was found inadequate due to the high pressure in the abdominal cavity leading to unpredictable losses through the injection site (Figure 11 A). The s.c. route was more reproducible in newborn mice, as seen in the PK experiment of Figure 11B. The pharmacokinetic parameters of sTNALP-FcD10 in newborn and adult mice is reported in Table 2 below.

**Table 2: Pharmacokinetic parameters of sTNALP-FcD10 in newborn WT mice.**

Parameter	Newborn	
	s.c.	i.p.
T1/2 (h)	31	19
Tmax (h)	6	6
Cmax (mg/L)	5	3
AUCinf (mg/Uh)	257	92

[0126] These PK data, analyzed by WinNonlin™ software (Pharsight Corporation, Mountain View, CA), were used to predict circulating blood levels of sTNALP-FcD10 achieved after repeated daily s.c. injections. Circulating sTNALP-FcD10 reached steady state serum concentrations oscillating between Cmin and Cmax values of 26.4 and 36.6 µg/ml, respectively (Figure 12). Steady state was achieved after 5 to 6 daily doses of 10 mg/kg.

[0127] Prediction validity was tested experimentally after 5 daily injections of 10 mg/kg of sTNALP-FcD10. At the day of injection, the mice genotype could not be distinguished. It was later determined which amongst the mice tested were heterozygous or homozygous. There was no difference in the behavior of all the different genotypes. When circulating ALP activity was measured 24 h after the last injection, namely on day 6, (Cmin), good agreement was observed between experimental and predicted concentrations (Figure 13). In these non treated 5 day old animals, serum TNALP levels were 0.58 µg/ml. These levels will decrease with age. Thus, it was calculated that the injection regimen allowed building up to steady state serum concentrations of sTNALP-FcD10 approximately 50 times higher than normal TNALP concentrations.

#### **EXAMPLE 7**

##### **Concentration of sTNALP-FcD10 in adult WT mice bones after bolus intravenous administration**

[0128] A 5 mg/kg sTNALP-FcD10 dose was administered i.v. in 129J adult WT mice. The sTNALP-FcD10 concentration in bone at T=25 hours was as follows: 0.64 µg/g calvaria; 1.33 µg/g tibias; and 1.37 µg/g femurs, for a mean concentration of 1.11 µg/g. In rat, bone tissues represent 16.3% of total mass. It is expected that this percentage is also found in mice. The body weight of mice used for this experiment was 18.4 g. The calculated bone tissue weight of these mice was thus about 18.4 g x 0.163 = 3.00 g. The calculated quantity of sTNALP-FcD10 in bone tissues was of 3.33 µg. The percentage of the injected dose in bone tissues was thus of  $(3.33\mu\text{g}/(51\mu\text{g/g} * 18.4\text{g})) * 100 = 4\%$ .

[0129] The sTNALP-FcD10 concentration in bone at T=96 hours was as follows: 0.83 µg/g calvaria; 1.33 µg/g tibias and 1.63 µg/g femurs, for a mean concentration of 11.26 µg/g. The body weight of mice used for this experiment was 17.8 g. The calculated bone tissue weight of these mice was thus about 17.8 g x 0.163 = 2.90 g. The quantity of sTNALP-FcD10 in mice bone

tissues was thus about 3.66 µg. The percentage of the injected dose in bone tissues was thus of  $(3.66\mu\text{g}/(5\mu\text{g/g} * 17.8\text{g})) * 100 = 4\%$ .

**EXAMPLE 8**

**Concentration of sTNALP-FcD10 in newborn WT mice bones after 15 days bolus subcutaneous injection**

[0130] A 4.3 mg/kg sTNALP-FcD10 dose was administered subcutaneously in 129J newborn WT mice every day for 15 days for a total administered amount of 65 mg/kg. The sTNALP-FcD10 concentration in bone at T=24 hours was as follows: 6.45 µg/g calvaria; 3.05 µg/g tibias; and 3.71 µg/g femurs, for a mean concentration of 4.40 µg/g. The body weight of mice used for this experiment was 9.83 g. The calculated bone tissue weight of these mice was thus about  $9.83\text{ g} * 0.163 = 1.60\text{ g}$ . The quantity of sTNALP-FcD10 in mice bone tissues at that time was thus about 7.04 µg. The percentage of the injected dose in bone tissues was thus of  $(7.04\mu\text{g}/(65\mu\text{g/g} * 9.83\text{g})) * 100 = 1\%$ .

[0131] The sTNALP-FcD10 concentration in bone at T=168 hours was as follows: 5.33 µg/g calvaria; 1.37 µg/g tibias; and 1.88 µg/g femurs, for a mean concentration of 2.86 µg/g. The body weight of mice used for this experiment was 14.0 g. The calculated bone tissue weight of these mice was thus about  $14.0\text{ g} * 0.163 = 2.28\text{ g}$ . The quantity of sTNALP-FcD10 in mice bone tissues at that time was thus about 6.52 µg. The percentage of the injected dose in bone tissues was thus of  $(6.52\mu\text{g}/(65\mu\text{g/g} * 14\text{g})) * 100 = 0.7\%$ . Table 3 below summarizes results of Examples 7 and B.

**Table 3: Mean concentration of sTNALP-FcD10 and percentage of injected dose in bones**

Experiment	Injection regimen	Mean concentration in bones (µg/g wet tissue)		% of injected dose in bones	
		T = 25h(1)	T=96h(1)	T = 25 h(1)	T = 96 h(1)
IV Bolus	1 x 5mg/kg (bolus)	1.11	1.26	4%	4%
SC Bolus over 15 days	15 x 4.3 mg/kg (daily)	T = 24h(1)	T = 168 h(1)	T=24h(1)	T = 168 h(1)
		4.40	2.86	1%	0.7%

(1) Times indicated are from the last injection.

**EXAMPLE 9**

**Short-term (15 days) efficacy of low doses (1 mg/kg) of sTNALP-FcD10 for HPP in Akp2<sup>-/-</sup> mice**

[0132] Daily s.c. injection of sTNALP-FcD10 were performed for 15 days in Akp2<sup>-/-</sup> mice using 1 mg/kg. Treatment groups were constituted from 19 litters. Akp2<sup>-/-</sup> mice received vehicle (N=13) or sTNALP-FcD10 (N=12). Controls consisted of 15 WT mice (one per litter). Controls were not submitted to injections. Blood was taken 24 h after the last injection as described in Example 6.

[0133] Figure 14 shows that enzyme activities in serum at day 16 were barely above the detection level. Despite low serum values for sTNALP-FcD10, serum PPI levels were corrected (Figure 15). Untreated Akp2<sup>-/-</sup> mice had serum PPI concentrations of  $1.90 \pm 0.64\ \mu\text{mol/ml}$ , whereas treated Akp2<sup>-/-</sup> mice had levels of  $1.41 \pm 0.30\ \mu\text{mol/ml}$ , comparable to those of WT mice ( $1.52 \pm 0.35\ \mu\text{mol/ml}$ ).

[0134] Proximal tibial growth plates showed some widening of the hypertrophic zone in Akp2<sup>-/-</sup> animals compared WT animals (compare vehicle with wild-type in Figure 16). The same observation made earlier in this strain of Akp2<sup>-/-</sup> mice (Hessle et al. 2002) is consistent with rickets. A trend toward normalization of the physéal morphology was observed in animals treated with sTNALP-FcD10 for 15 days (Figure 17) compared to vehicle (untreated).

**EXAMPLE 10**

**Short-term (15 days) efficacy of high doses (8.2 mg/kg) of sTNALP-FcD10 for HPP in Akp2<sup>-/-</sup> mice**

**[0135]** To evaluate 15 days of daily s.c. injections using a significantly higher dose of sTNALP-FcD10 (8.2 mg/kg) on growth and bone mineralization, mice from 20 litters (141 mice total) were used. They were distributed to two groups: 1) Akp2<sup>-/-</sup> mice given vehicle (N = 19); 2) Akp2<sup>-/-</sup> mice treated with sTNALP-FcD10 (N = 20); additionally, there was one WT mouse per litter, non treated (N = 18).

**Body weight**

**[0136]** Akp2<sup>-/-</sup> mice grew more slowly than WT mice. At day 1, no statistical difference in body weights was observed among the vehicle, sTNALP-FcD10, and WT animals. However, daily mean body weights diverged at day 6 (Figure 18). The difference between WT (4.2 ± 0.6 g) and vehicle (3.7 ± 0.7 g) achieved statistical significance (p=0.0217) at day 6; but the difference between vehicle (5.9 ± 1.0 g) and sTNALP-FcD10 treated values (6.7 ± 1.0 g) achieved statistical significance at day 11 (p=0.04), with the treated group paradoxically heavier than WT. At day 16, mean body weight of treated animals (8.2 ± 1.1g) and WT (8.4 ± 0.8 g) were not statistically different. Animals treated with sTNALP-FcD10 had body weights statistically greater (p=0.026) than those treated with vehicle (6.6 ± 1.4 g). No significant difference between the ERT and WT groups was observed for body weight at any time point.

**Bone length**

**[0137]** At the end of this experiment (day 16), tibial length provided an additional measure of skeletal benefit for Akp2<sup>-/-</sup> mice. The tibia length with ERT was 12.6 ± 0.7 mm and longer (p=0.0135) compared to animals given vehicle (11.7 ± 1.1 mm) (Figure 19). A statistical difference (p=0.0267) was also obtained when femur length was compared between the sTNALP-FcD10 (9.2 ± 0.4 mm) and vehicle (8.6 ± 0.8 mm) groups. No statistical difference was noted for tibia or femur length of the ERT compared to WT mice. A partial preservation (i.e. partial prevention of reduction in bone growth that becomes apparent around two weeks of age) of tibia and femur growth was observed by measures of length at necropsy (Figure 19).

**[0138]** In all but 5 animals, detectable, but highly variable, levels of sTNALP-FcD10 were found in the plasma of treated Akp2<sup>-/-</sup> mice at day 16 (Figure 20). Circulating TNALP concentrations in normal animals are given for comparison purposes.

**Bone mineralization**

**[0139]** Blinded evaluations of Faxitron™ images of the feet and rib cages distinguished two degrees of severity of mineralization defects in the Akp2<sup>-/-</sup> mice (Figure 21). Severely affected mice (Severe) had an absence of digital bones (phalanges) and secondary ossification centers. Moderately affected (Moderate) mice had abnormal secondary ossification centers, but all digital bones were present. WT mice (Healthy) had all bony structures present with normal architecture. Radiographic images of the hind limbs were similarly classified as abnormal if evidence of acute or chronic fractures was present, or healthy in the absence of any abnormal findings (Figure 21). ERT minimized mineralization defects in the feet documented by the number of Akp2<sup>-/-</sup> mice with severe defects, consisting of 5 in the untreated group yet 0 in the ERT group (Table in Figure 21). Chi-Square was significant (p ≤ 0.05), indicating ERT decreased the severity of the acquired bone defects. Because severely affected infantile HPP patients often die from undermineralized and fractured ribs incapable of supporting respiration, the thoraces were also closely examined. ERT also reduced the incidence of severely dysmorphic rib cages (Table in Figure 21). Chi-Square analysis was significant at p 0.025. Similarly, the hind limbs appeared healthy in all treated animals (Table in Figure 21). Chi-Square analysis was significant at p s 0.025.

**Dental defects**

[0140] Mandibles from 16-day-old mice were immersion-fixed overnight in sodium cacodylate-buffered aldehyde solution and cut into segments containing the first molar, the underlying incisor, and the surrounding alveolar bone. Samples were dehydrated through a graded ethanol-series and infiltrated with either acrylic (LR White) or epoxy (Epon 812) resin, followed by polymerization of the tissue-containing resin blocks at 55°C for 2 days. Thin sections (1 µm) were cut on an ultramicrotome using a diamond knife, and glass slide-mounted sections were stained for mineral using 1% silver nitrate (von Kossa staining, black) and counterstained with 1% toluidine blue. Frontal sections through the mandibles (at the same level of the most mesial root of the first molar) provided longitudinally sectioned molar and cross-sectioned incisor for comparative histological analyses.

[0141] Histological examination of teeth from *Akp2<sup>-/-</sup>* mice, shows poorly mineralized dentin tissue and very little cementum between the periodontal ligament and the dentin as compared to wild-type animals (Figure 22, compare *Akp2<sup>-/-</sup>* Vehicle and WT-Normal). Restored dentin mineralization and the formation of the cementum is also shown in Figure 22 (*Akp2<sup>-/-</sup>* Treated vs. WT-Normal).

#### **EXAMPLE 11**

##### **Long-term (52 days) efficacy of high doses (8.2 mg/kg) of sTNALP-FcD10 for HPP in *Akp2<sup>-/-</sup>* mice**

[0142] Finally, to assess long-term survival and bone mineralization in *Akp2<sup>-/-</sup>* mice, either sTNALP-FcD10 (8.2 mg/kg) or vehicle was given daily for 52 days (s.c. injections).

##### **Mice survival, activity and appearance**

[0143] Untreated mice had a median survival of 18.5 days (Figure 23) whereas survival was dramatically increased with ERT and this treatment also preserved the normal activity and healthy appearance (Figure 24) of the treated mice.

##### **Bone mineralization**

[0144] Radiographs of the feet of 16 day-old *Akp2<sup>-/-</sup>* mice showed secondary ossification defects that are a hallmark of the disease (see Figure 25). These defects were prevented in all treated mice by daily doses of sTNALP-FcD10 for 46 or 53 days (Figure 25).

##### **ALP activity**

[0145] Plasma ALP activity levels were measured in treated *Akp2<sup>-/-</sup>* mice after 53 days. Figure 26 shows that most of the values were between 1 and 4 µg/ml of ALP activity. Three animals, however, had undetectable ALP levels.

[0146] Interestingly, unlike WT mice where a steady-state serum concentration of sTNALP-FcD10 was achievable, great variability in the serum levels of ALP was measured in the treated *Akp2<sup>-/-</sup>* mice.

#### **EXAMPLE 12**

##### **Long-term efficacy of different dosage intervals of sTNALP-FcD10 in *Akp2<sup>-/-</sup>* mice**

[0147] Newborn *Akp2<sup>-/-</sup>* mice were injected with 4.3 mg/kg daily (Tx-1), 15.2 mg/kg every 3 days (Tx-3) or 15.2 mg/kg every 7 days (Tx-7) of sTNALP-FcD10. Treatment was pursued for 43 days and mice were sacrificed on day 44, namely 24 hours after the last injection. They were monitored to evaluate any improvement of their survival and skeletal mineralization.

**Mice survival**

[0148] The survival of treated mice was increased compared to the mice that were injected vehicle (Figure 27). This increase was statistically significant ( $p < 0.0001$ ). There was no statistically significant difference when the survival curves of treated groups were compared between themselves.

**Bone mineralization**

[0149] A) For each treatment, the radiographs of the feet were analyzed and distributed between normal and abnormal. Numbers and percentages (in parentheses) appear in Table 4 below. The bone mineralization defects were evaluated at day 23 and at the end of the study (Day 23-45).

**Table 4: Distribution of radiographs of feet**

Mid-Study (D23)		
Group	Abnormal (%)	Normal (%)
Tx-1 (N=18)	6 (33)	12 (67)
Tx-3 (N=19)	4 (21)	15 (79)
Tx-7 (N=20)	10 (50)	10 (50)
WT (N=32)	0 (0)	32 (100)

B)

D23-45		
Group	Abnormal (%)	Normal (%)
Tx-1 (N=18)	3 (17)	15 (83)
Tx-3 (N=19)	0 (0)	19 (100)
Tx-7 (N=20)	3 (15)	17 (85)
WT (N=31)	0 (0)	31 (100)

[0150] At mid study, sTNALP-FcD10 administered at 15.2 mg/kg every 3 days normalized bone mineralization defects in 79% of mice. This rate of normalization approached statistical significance when compared to the 50% rate of normalization evaluated in the mice treated with 15.2 mg/kg every 7 days (Chi Square;  $p = 0.0596$ ). No other inter treatment comparisons were statistically significant or approached significance.

[0151] At end of study, the percent of normalization improved in all treated groups compared to the percent normalization evaluated at day 23. The Chi Square test comparing the distribution among all sTNALP-FcD10 treatments was not significant ( $p = 0.1844$ ). The 100% rate of normalization observed in the mice treated with every 3 days approached statistical significance when compared to the rate in mice treated daily (83%,  $p = 0.0634$ ) or every 7 days (85%,  $p = 0.0789$ ).

[0152] However, in all treatment groups a significant proportion of the animals classified as abnormal at day 23 improved and became normal at end of the study. In the daily treatment group, 3 out of 6 animals normalized; in the mice treated every 3 days, 4 out of 4 improved, and finally in the weekly treatment group, 7 out of 10 became normal. Although dosage intervals provide satisfying results, the best results were obtained when the resulting daily amount administered was the highest.

**EXAMPLE 13****Long-term efficacy of high doses (8.2 mg/kg) of sTNALP-FcD10 in 15 day old  $Akp2^{-/-}$  mice**

[0153] Efficacy studies as described in Example 11 were conducted in 15 day old mice which have started to manifest skeletal defects as observed on X-ray pictures of feet (see Example 11, Figure 25). sTNALP-FcD10 was administered until the end of the study. The animals were monitored to evaluate any improvement of their survival, body weight and skeletal mineralization.

**Mice survival**

[0154] Daily injections, starting at day 15, of 8.2 mg/kg sTNALP-FcD10 to  $Akp2^{-/-}$  mice increased their survival compared to the mice that were injected vehicle (Figure 28). This increase was statistically significant ( $p < 0.05$ ).

**Body weight**

[0155] At the start of the study, no significant difference in body weight was noticed between groups (Figure 29). At the beginning of treatment (day 15), the body weight of  $Akp2^{-/-}$  mice was smaller than that of wild-type animals. While the body weight of animals injected vehicle continued to decrease,  $Akp2^{-/-}$  mice treated with sTNALP-FcD10 started to gain weight 4 to 5 days after initiation of treatment and kept gaining weight until the end of the study, without however reaching the values of the wild-type animals. This weight gain suggests improvement in the well being of the animals treated with sTNALP-FcD10.

**Bone mineralization**

[0156] For each treatment, the radiographs of the feet were analyzed and distributed between normal and abnormal. Numbers and percentages (in parentheses) appear in Table 5. The radiographs were taken at necropsy.

[0157] Treatment of  $Akp2^{-/-}$  mice with 8.2 mg/kg sTNALP-FcD10 daily, starting at day 15 after birth improved mineralization as seen from the radiography of the feet taken at necropsy. The sTNALP-FcD10-treated group showed 41% normal animals compared to 12% in vehicle-injected group of  $Akp2^{-/-}$  mice. This difference almost reached statistical significance ( $p=0.0645$  in Chi square test).

**Table 5: Distribution of radiographs of feet**

Group	Abnormal	Normal
RVehicle (N=16)	14 (88)	2 (12)
RTx-1 (N=17)	10 (59)	7 (41)
WT (N=30)	0 (0)	30 (100)

**EXAMPLE 14****Long-term efficacy of different dosage intervals of sTNALP-FcD10 on the rescue of  $Akp2^{-/-}$  mice**

[0158] Mice were initiated on the treatment at day 12 and injected s.c. with vehicle (RV), 8.2 mg/Kg daily to days 46/47 (RTx-1) or injected with 8.2 mg/Kg daily for 7 days followed by 24.6 mg/Kg every 3 day (RTx-3) or followed by 57.4 mg/Kg every 7 days (RTx-7). The median survival was 19.5 days for the RV mice, 21.0 days for the RTx-7 mice, 30.5 days for the RTx-3 mice and 37.5 days for the RTx-1 mice. In all cases, survival was statistically increased when compared to that of the vehicle-treated group. There is a clear benefit of ERT in  $Akp2^{-/-}$  mice with well-established hypophosphatasia. Dosing less frequently than daily also appears to statistically increase survival.

**EXAMPLE 15****A Maximum Tolerated Dose Intravenous Injection Toxicity Study In Juvenile Sprague-Dawley Rats**

[0159] The objective of the study was to determine the maximum tolerated dose (MTD) and toxicity of the test article, sTNALP-FcD10, following repeated administration to juvenile Sprague-Dawley rats by intravenous injection. In Examples 15 to 18, the sALP-FcD10 used is that specifically described in Figure 3.

[0160] sTNALP-FcD10 was administered to juvenile Sprague-Dawley rats (aged at initiation between 22 and 24 days) once weekly for four weeks by intravenous injection as described in Table 6 below.

**Table 6: Study design**

Group Numbers	Treatment	Dose Level (mg/kg/occasion)	Dose Concentration (mg/mL)	Number of Animals	
				Male	Female
1	Dose 1	10	2.0	3	3
2	Dose 2	30	6.0	3	3
3	Dose 3	90	18.0	3	3
4	Dose 4	180	36.0	3	3

**[0161]** Throughout the study, the animals were monitored for mortality, body weight, and clinical condition. Hematology, coagulation and clinical chemistry assessments were performed on all animals. Terminally, the rats were euthanized and subjected to necropsy. For each animal, samples of selected tissues were retained and were subjected to histological processing and microscopic examination.

**[0162]** There was no mortality in this study and there were no test article-related changes in coagulation parameters or organ weights. The body weights of the High Dose males, in particular, were about 10% below the Low Dose suggesting a treatment-related effect.

**[0163]** No clinical signs were observed in Groups 1 and 2 animals on the first dosing occasion. In Groups 3 and 4 animals, however, the animals appeared weak immediately following dosing and some Group 4 animals showed slight to moderate decrease in activity. Slight swelling of limbs, pinna and muzzle with skin discoloration (red or blue in appearance) at the extremities were also observed in the two groups. Other clinical signs observed in Group 4 animals included excessive scratching, piloerection and hyperpnea.

**[0164]** Clinical signs recorded for Groups 1 and 2 animals on the second dosing occasion (Day 8), were swelling of limbs, pinna and muzzle with skin discoloration (red or blue in appearance) at the extremities. Similar clinical signs of skin swelling were also recorded on the third and fourth dosing occasions (Days 15 and 22) for the same groups of animals. On the fourth dosing occasion (Day 22) slight hyperactivity was observed in Group 1 females whereas hypoactivity was observed in Group 2 males. For Group 3 and 4 animals, the clinical signs of reduced motor activity, piloerection, hyperpnea and swelling of limbs, pinna and muzzle with skin coloration became more evident as dosing progressed from the first dosing occasion to the fourth. It is considered that these clinical signs were treatment-related. On Days 16 to 19 and on Day 23, slight swelling and skin coloration of pinna (red in appearance) were observed in one animal (Group 1). Similar clinical signs were observed in another animal (Group 2) on Day 23.

**[0165]** The clinical signs were acute and the severity increased as dosing progressed but they were transient. All clinical signs appeared within 50 minutes after administration of test article, sTNALP-FcD10, with some animals recovering within, approximately, thirty minutes to 2 hours. For other animals, recovery was complete the next morning (the next scheduled observation time).

**[0166]** There was a treatment-related decrease in platelet counts (PLT) for males and females from all treatment groups, measured after the last dose, compared to background values. There was an increase in predominantly the percentage but also absolute reticulocytes that was noted generally in animals treated at the three highest dose levels.

**[0167]** Levels of alkaline phosphatase in serum were higher than could be quantified by the analytical instrument even following dilution. The results that were available for the Low Dose females were dramatically higher than the background range. This was expected as the test article is an active modified ALP.

**[0168]** Macroscopically, dark focus/area and/or depressed area of the glandular stomach were observed in 3 of 6 Group 3 animals (2 males/1 female) and 4 of 6 Group 4 animals (2 males/2 females).

**[0169]** Microscopically, minimal to mild erosion/ulcer of the glandular stomach, occasionally associated with submucosal edema was noted in 3 of 6 Group 3 animals (2 males/1 females) and 4 of 6 Group 4 animals (2 males/2 females), correlating gross findings.

**[0170]** In conclusion, intravenous injection of sTNALP-FcD10 to juvenile Sprague-Dawley rats once weekly for 4 weeks did not cause death at any of the dose levels tested but did cause adverse clinical signs, minor haematological changes and erosion/ulceration of the glandular stomach, occasionally associated with submucosal edema at dose levels of 90 and 180 mg/kg.

[0171] Changes related to administration of the test article at the two lowest dose levels tested (10 and 30 mg/kg) were limited to transient clinical signs apparent on the day of dosing only. The clinical signs were more severe at the 90 mg/kg dose level but they were also transient. The clinical signs noted in the animals treated with 180 mg/kg were so severe as to prevent this dose level from being used in future studies. Consequently the highest recommended dose level for subsequent longer term studies is 90 mg/kg.

#### EXAMPLE 16

#### An Intravenous Injection and Infusion Maximum Tolerated Dose Toxicity Study in Juvenile Cynomolgus Monkeys

[0172] The purpose of this study was to determine the maximum tolerated dose for sTNALP-FcD10, when administered once by intravenous injection or infusion to juvenile Cynomolgus monkeys. The test article dosing formulations were administered once in an incremental fashion, as indicated in Table 7 below.

**Table 7: Study design**

Study Day	Treatment	Dose Level (mg/kg)	Dose Volume (mL/kg)	Dose Rate (mL/kg/hr)	Dose Conc. (mg/mL)	Number of Animals			
						Main Study		Toxicokinetic	
						Males	Females	Males	Females
1	IV Injection	5	4	N/A	1.25				
8	IV Infusion	15	4	N/A	3.75				
15	IV Infusion	45	4	80	11.25	2	2	1	1
22	IV Infusion	90	4	40	22.5				
29	IV Infusion	180	4	20	45				
46*	IV Injection	45	4	N/A	11.25				

\* Only the Main Study animals were dosed on Day 46.

[0173] After the last treatment, the animals were released from the study. Parameters monitored during the study were mortality, clinical observations, body weights, appetite, toxicokinetics, hematology and clinical chemistry.

[0174] No mortality, adverse clinical signs or effect on body weights were observed during the study.

[0175] A marked dose proportional increase in alkaline phosphatase was observed in all animals throughout the study. Since the test article was a synthetic alkaline phosphatase, this increase was principally due to the presence of the drug in the bloodstream of the animals after each dosing.

[0176] Increases in alanine aminotransferase and aspartate aminotransferase were observed in three animals during the study but in the absence of a necropsy, the toxicological significance of this finding is uncertain.

[0177] The pharmacokinetic of sTNALP-FcD10 was well characterized following a single IV administration of 5, 15, 45, 90 and 180 mg/kg to monkeys. For the IV injections mean AUC<sub>∞</sub> values ranged from 797 to 2950 mg·h/L and mean C<sub>max</sub> values ranged from 65 to 396 mg/L over the dose range studied. For the infusions, mean AUC<sub>∞</sub> ranged from 9410 to 48400 mg·h/L and C<sub>max</sub> ranged from 1230 to 7720 mg/L over the dose range studied.

[0178] Mean t<sub>1/2</sub> values of sTNALP-FcD10 appeared to decrease with increasing dose levels of sTNALP-FcD10. Although systemic clearance of sTNALP-FcD10 was relatively consistent across dose levels, the 90 mg/kg dose group appeared to be a pharmacokinetic outlier with a substantially lower clearance when compared to the other dose levels (approximately five fold). No obvious gender related trends were noted.

[0179] In summary, although some reversible blood chemistry changes were observed during the study, the intravenous injection/infusion of sTNALP-FcD10 at up to 180 mg/kg was well tolerated by the juvenile Cynomolgus monkeys. Therefore, under the conditions of this study, the Maximum Tolerated Dose was considered to be at least 180 mg/kg.

#### EXAMPLE 17

#### A 4-Week (Once Weekly) Intravenous Injection Toxicity Study of sTNALP-FcD10 in the Juvenile Albino Rat Followed by a 28-Day Recovery Period

[0180] The objective of this study was to investigate the potential toxicity of sTNALP-FcD10 given once weekly by intravenous injection to the juvenile rat for a minimum of 4 consecutive weeks (total of 4 doses) followed by 28 days of recovery. The animals were dosed on study days 1, 8, 15 and 22 and the recovery period began on study day 29. The study design is detailed in Table 8 below.

**Table 8: Study design**

Groups	Target Dose Level (mg/kg/dose)	Actual Dose Level (mg/kg/dose)	Target Concentration (mg/mL)	Actual Concentration (mg/mL)	Main Study Recovery Study			
					Males	Females	Males	Females
1-Vehicle Control	0	0	0	0	10	10	5	5
2- Low Dose	3	2.5	0.6	0.5	10	10	5	5
3- Mid Dose	30	26	6	5.1	10	10	5	5
4- High Dose	90	77	18	15.3	10	10	5	5

[0181] The following were evaluated: clinical signs (twice daily), body weight (once during acclimation period and weekly starting on Day 21 *post partum*), food consumption (weekly), ophthalmology (end of treatment and end of recovery period), hematology (at necropsy), serum chemistry (at necropsy), urinalysis (Day 29 and at the end of recovery period), biochemical markers of bone turnover: osteocalcin (bone formation marker) and C-telopeptide (bone resorption marker) (the morning prior to schedule necropsy), antibody assessment (Day -1 and at necropsy), test article blood concentration evaluation (Day 16 and Day 23), bone densitometry (by DXA *in vivo* Day -1, 28-main and recovery study animals and Day 14 and 56-recovery study animals and pQCT *ex vivo*), radiography and macroscopic observations at necropsy, organ weights and histopathology.

[0182] One male given 90 mg/kg/dose was found dead on study Day 25. As no consequential histological observations (pulmonary and thymic hemorrhages graded slight and minimal, respectively) were made for this rat, its cause of death was undetermined based on pathological investigations. On Day 23, this animal was bled for test article blood concentration evaluation and this procedure may have contributed to its death since there was no evidence of toxicity on Day 22. There were no sTNALP-FcD10-related mortality or effects on ophthalmology, urinalysis, bone formation marker (osteocalcin), organ weights, gross pathology, radiology or microscopy examination.

[0183] sTNALP-FcD10-related clinical signs observed at 3, 30 and/or 90 mg/kg/dose groups are considered to be acute infusion reaction. These included partly closed eyes, decreased muscle tone, lying on the side, hunched posture, cold to touch, uncoordinated movements, decreased activity, abnormal gait and/or blue, red and/or firm swollen hindpaws and/or forepaws during cage-side observations at 5, 15, 30 and/or 60 minutes post dose. These observations were transient and did not occur on nondosing days or during the recovery period.

[0184] Generally, a trend for slightly decreased body weight and body weight gain was noted for males in the 3, 30 and/or 90 mg/kg/dose groups during the recovery period. The effect on bone size on two bones of appendicular skeleton (femur and at tibia) correlated with decreased body weights. Decreases in food consumption were generally consistent with the decreased body weights.

[0185] Body weights were comparable to controls for sTNALP-FcD10-treated females.

[0186] sTNALP-FcD10 administered at 90 mg/kg/dose was generally associated with slight decreases in absolute neutrophils, monocytes and/or eosinophils compared to the control group. Additionally, slight increases in lymphocytes, platelets and absolute reticulocytes were observed compared to the control group. At the end of the recovery period, these slight changes were still apparent in the animals treated with 90 mg/kg.

[0187] sTNALP-FcD10 was generally associated with statistically significant dose-related increases in alkaline phosphatase in all treated groups compared to controls. Considering the nature of the test article (alkaline phosphatase), the absence of any changes in other liver enzymes and absence of histopathological correlates, these increases are likely attributed to circulating levels of sTNALP-FcD10. Slight statistically significant increases in phosphorus were observed in males treated with sTNALP-FcD10 at 90 mg/kg/dose during Week 4, associated with a non-significant increases in serum total calcium. At the end of the recovery, these changes, including those statistically significant, returned to control values.

[0188] There were no organ weight, radiological, macroscopic or microscopic changes that were related to sTNALP-FcD10 in juvenile rats treated intravenously once weekly at up to 90 mg/kg/dose for 4 consecutive weeks. There were no delayed effects identified in a subset of these animals allowed a 28-day recovery after completion of the treatment.

[0189] Slightly lower mean CTx values were observed for treated females compared to controls (attaining statistical significance at 90 mg/kg/dose). These lower values were not consistent with the bone density analysis and also with the results obtained for males, therefore the incidental nature for these decreases cannot be excluded.

[0190] High variability in bone densitometry and bone geometry parameters noted between groups was attributed to the rapid growth phase. At the end of recovery, area and BMC (assessed by DXA and pQCT) were generally lower for treated males, suggesting smaller bones for these animals. The effect on bone size was noted on two bones of appendicular skeleton (femur and tibia) by two different techniques, however no consistent effect was noted for axial skeleton (suggesting no effect on crown to rump length). Although area and BMC were decreased, the mean BMD values were generally comparable to controls, suggesting the effect on BMC and area was secondary to the effect on growth. Lower body weights and lower food consumption for treated males relative to controls are consistent with these data. However small group size at recovery, lack of consistency with respect to gender as well as the variability confounded these results, therefore an incidental nature for these decreases cannot be completely excluded.

[0191] In conclusion, once weekly intravenous injection to the juvenile rat for a minimum of 4 consecutive weeks followed by 28-day of recovery at doses of 3, 30 and 90 mg/kg/dose resulted in clinical signs associated with transient injection related effects including uncoordinated and reduced activity and paw swelling observed up to 60 minutes post-dose. Males treated at 90 mg/kg/dose showed slight decreases in body weight and food consumption which correlated with slightly smaller tibiae and femurs assessed by densitometry techniques. For females, slightly lower mean values were obtained for C-telopeptide levels compared to controls. Serum phosphorus levels were slightly, although significantly, increased in the 90 mg/kg/dose group. Elevated serum alkaline phosphatase levels were likely attributed to circulating levels of sTNALP-FcD10. sTNALP-FcD10 had no meaningful or consistent effects on bone densitometry and bone geometry for females during treatment and recovery period. For males no biologically significant effects were noted on bone densitometry or bone geometry during the treatment period. In general, slight decreases in bone densitometry (bone mineral content and/or area assessed by DXA and pQCT) and bone geometry parameters with a corresponding lower mean body weight were noted for males relative to controls at the end of the recovery period. All findings resolved after a 28-day treatment-free period with the exception of the effects on body weight and bone size for high dose males which persisted. There were no evidence of ectopic calcification at the end of treatment or the end of the recovery period. There were no radiological, macroscopic or microscopic findings as well as any organ weight changes associated with sTNALP-FcD10 treatment at any dose level. Because the injection reaction was transient and did not result in any effect on any parameters used to assess toxicity in the 3 and 30 mg/kg/dose groups, it was not considered to be adverse. In the 90 mg/kg/dose group, this reaction was more severe and accompanied by decreases in body weight gain, reduced food consumption, and potentially decrease in bone growth and therefore the effects in this group were considered to be adverse. Consequently, the no observable adverse effect level (NOAEL) was considered to be 30 mg/kg/dose in this study.

#### **EXAMPLE 18**

#### **A 4-Week Intravenous Infection Toxicity Study In Juvenile Cynomolgus Monkeys Followed by a 28-Day Recovery Period**

[0192] The purpose of this study was to determine the toxicity and toxicokinetics of sTNALP-FcD10 in juvenile Cynomolgus monkeys, when administered once weekly by slow bolus intravenous injection for 4 weeks and to assess reversibility of any changes following a 28-day recovery period.

[0193] The control and test article dosing formulations were administered to juvenile Cynomolgus monkeys by slow intravenous bolus injection once weekly for 4 weeks followed by a 28-day recovery period, as indicated in the Table 9 below:

**Table 9: Study design**

Group	Dose Level (mg/kg)	Dose Volume (mL/kg)	Dose Conc. (mg/mL)	Number of Animals			
				Main Study		Recovery	
				Males	Females	Males	Females
1 control *	0	4	0	3	3	2	2
2 Low Dose	5	4	1.25	3	3	2	2
3 Mid Dose	15	4	3.75	3	3	2	2
4 High Dose	45	4	11.25	3	3	2	2

\* The Group 1 animals received the vehicle/control article, 25 mM sodium phosphate pH 7.4, 150 mM NaCl.

[0194] After the last treatment (Day 22), the Main Study animals were euthanized on Day 29, while the remaining Recovery animals were observed for an additional 28 days, following which they were euthanized on Day 57. All Main and Recovery animals were subjected to a necropsy examination.

[0195] Evaluations conducted during the study or at its conclusion included mortality, clinical condition, body weight, appetite, body measurements, radiographic assessments of bone development, ophthalmology, electrocardiography, toxicokinetics, immunogenicity, hematology, coagulation, clinical chemistry, urinalysis, biomarkers of bone turnover, organ weights, ex-vivo bone mineral density analyses, and gross and histopathology.

[0196] No mortality or adverse treatment-related clinical observations were noted during the study.

[0197] Based on the body measurements recorded at the end of the treatment and recovery period, there were no noteworthy inter-group differences for cranial circumference, or humerus, forearm, tibia or pelvic limb lengths.

[0198] There were no body weight or food consumption changes related to treatment with the test article at any dose level. There were no ophthalmological or electrocardiographic findings related to the test article at any dose level. There were no haematological, red cell morphological, coagulation or urinalysis changes related to treatment with the test article at any dose level. There were no toxicologically significant changes among clinical biochemistry parameters during the treatment or recovery periods. A slight to pronounced dose related increase in alkaline phosphatase was observed in all test article treated animals at most assessment occasions throughout the treatment period. Alkaline phosphatase levels were generally more comparable to control values by the end of the recovery period. Since the test article is a synthetic alkaline phosphatase, this increase was principally due to the presence of the drug in the bloodstream of the animals after each dose, and thus the increases were considered to be non-adverse.

[0199] At the end of the treatment and recovery periods, there were no noteworthy inter-group differences in absolute or relative organ weights, nor were there any test article-related macroscopic or microscopic findings. Histological changes noted were considered to be either incidental findings, common background findings in this species, or findings related to some aspect of experimental manipulation. Reproductive organs were generally immature but considered normal for this age monkey.

[0200] In conclusion, weekly intravenous injection of sTNALP-FcD10, to male and female Cynomolgus monkeys for 4 weeks, at dose levels of 0, 5, 15 and 45 mg/kg, and followed by a 4-week recovery period, was without evidence of toxicity at any dose level. Therefore the high dose level, 45 mg/kg, was considered to be the No Observed Adverse Effect Level (NOAEL) in this

study.

#### **EXAMPLE 19**

##### **Determination of Maximum Recommended Starting Dose for Human**

**[0201]** The maximum recommended starting dose (MRSD) for human is calculated by establishing the No Observed Adverse Effect Level (NOAEL, see Guidance for Industry and Reviewers, December 2002). Various concentrations of the formulation described above have been tested on mice, rat and monkeys including 1 mg/kg, 5 mg/kg, and 8.2 mg/kg daily subcutaneously; 3 mg/kg, 5 mg/kg, 10 mg/kg, 30 mg/kg, 45 mg/kg, 90 mg/kg and 180 mg/kg. The NOAEL for the most sensitive species, namely for rat, was 30 mg/kg.

**[0202]** This dose was scaled up to a human equivalent dose (HED) using published conversion tables which provide a conversion factor from rat to human of 6. A NOAEL of 30 mg/kg for that species is equivalent to 5 mg/kg in human.

**[0203]** This value (5 mg/kg) was divided by a security factor of ten. The calculated MRSD is thus 0.5 mg/kg. For an average human weighting 60 kg, a weekly dose of 30 mg or daily dose of 4.28 mg daily could thus be injected to start clinical trials.

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**[0205]** Moreover, the following is disclosed:

1. A bone targeted alkaline phosphatase comprising a polypeptide having the structure :



wherein sALP is the extracellular domain of the alkaline phosphatase;

wherein V is absent or is an amino acid sequence of at least one amino acid;

X is absent or is an amino acid sequence of at least one amino acid;

Y is absent or is an amino acid sequence of at least one amino acid;

Z is absent or is an amino acid sequence of at least one amino acid;

and

$W_n$  is a polyaspartate or a polyglutamate wherein  $n = 10$  to  $16$ .

2. The alkaline phosphatase of 1, wherein the sALP comprises amino acid residues 23-508 of SEQ ID NO: 15.
3. The alkaline phosphatase of 2, wherein the sALP consists of amino acid residues 23-512 of SEQ ID NO: 15.
4. The alkaline phosphatase of 2, wherein the sALP comprises amino acid residues 23-508 of SEQ ID NO: 18.
5. The alkaline phosphatase of 2, wherein the sALP consists of amino acid residues 23-512 of SEQ ID NO: 18.
6. The alkaline phosphatase of 2, wherein the sALP comprises amino acid residues 18-498 of SEQ ID NO: 16.
7. The alkaline phosphatase of 6, wherein the sALP consists of amino acid residues 18-502 of SEQ ID NO: 16.
8. The alkaline phosphatase of 6, wherein the sALP comprises amino acid residues 18-498 of SEQ ID NO: 19.
9. The alkaline phosphatase of 8, wherein the sALP consists of amino acid residues 18-502 of SEQ ID NO: 19.
10. The alkaline phosphatase of 8, wherein the sALP comprises amino acid residues 18-498 of SEQ ID NO: 19.
11. The alkaline phosphatase of 10, wherein the sALP consists of amino acid residues 18-502 of SEQ ID NO: 19.
12. The alkaline phosphatase of 10, wherein the sALP comprises amino acid residues 18-498 of SEQ ID NO: 8.
13. The alkaline phosphatase of 12, wherein the sALP consists of amino acid residues 18-502 of SEQ ID NO: 8.
14. The alkaline phosphatase of any one of 1 to 13, wherein the spacer comprises a fragment crystallizable region (Fc).

15. The alkaline phosphatase of 14, wherein the Fc comprises a CH2 domain, a CH3 domain and a hinge region.
16. The alkaline phosphatase of 14 or 15, wherein the Fc is a constant domain of an immunoglobulin selected from the group consisting of IgG-1, IgG-2, IgG-3, IgG-3 and IgG-4.
17. The alkaline phosphatase of 16, wherein the Fc is a constant domain of an immunoglobulin IgG-1.
18. The alkaline phosphatase of any one of 14 to 17, wherein the Fc is as set forth in SEQ ID NO: 3.
19. The alkaline phosphatase of any one of 1 to 18, wherein  $W_n$  is a polyaspartate.
20. The alkaline phosphatase of any one of 1 to 19, wherein  $n=10$ .
21. The alkaline phosphatase of any one of 1 to 20, wherein Z is absent.
22. The alkaline phosphatase of any one of 1 to 21, wherein Y is two amino acid residues.
23. The alkaline phosphatase of 22, wherein Y is leucine-lysine.
24. The alkaline phosphatase of any one of 1 to 23, wherein X is 2 amino acid residues.
25. The alkaline phosphatase of 24, wherein X is aspartate-isoleucine.
26. The alkaline phosphatase of any one of 1 to 24, wherein V is absent.
27. The alkaline phosphatase of 1, wherein the polypeptide is as set forth in SEQ ID NO: 4.
28. The alkaline phosphatase of any one of 1-27, comprising the polypeptide in a form comprising a dimer.
29. The alkaline phosphatase of any one of 1-28, comprising the polypeptide in a form of a tetramer.
30. The alkaline phosphatase of any one of 1 to 29, in a pharmaceutically acceptable carrier.
31. The alkaline phosphatase of 30, wherein the pharmaceutically acceptable carrier is a saline.
32. The alkaline phosphatase of 31, in a lyophilized form.
33. The alkaline phosphatase of any one of 1-32, in a daily dosage of about 0.2 to about 20 mg/kg.
34. The alkaline phosphatase of any one of 1-32, in a dosage of about 0.6 to about 60 mg/kg for administration every three days.
35. The alkaline phosphatase of any one of 1-32, in a weekly dosage of about 1.4 to about 140 mg/kg.
36. The alkaline phosphatase any one of 1-32, in a weekly dosage of about 0.5 mg/kg.
37. An isolated nucleic acid comprising a sequence that encodes the polypeptide defined in any one of 1-27.
36. An isolated nucleic acid consisting of a sequence that encodes the polypeptide defined in any one of 1-27.
39. An isolated nucleic acid comprising a sequence as set forth in SEQ ID NO: 17.
40. A recombinant expression vector comprising the nucleic acid of any one of 37-39.
41. A recombinant adeno-associated virus vector comprising the nucleic acid of any one of 37-39.
42. An isolated recombinant host cell transformed or transfected with the vector of 40 or 41.
43. A method of producing the alkaline phosphatase of any one of 1-27, comprising culturing the host cell of 42, under conditions suitable to effect expression of the alkaline phosphatase and recovering the alkaline phosphatase from the culture medium.
44. The method of 43, wherein the host cell is a L cell, C127 cell, 3T3 cell, CHO cell, BHK cell, COS-7 cell or a Chinese Hamster Ovary (CHO) cell.
45. The method of 44, wherein the host cell is a Chinese Hamster Ovary (CHO) cell.
46. The method of 45, wherein the host cell is a CHO-DG44 cell.
47. A kit comprising the alkaline phosphatase defined in any one of 1 to 27, and instructions to administer the polypeptide to a

subject to correct or prevent a hypophosphatasia (HPP) phenotype.

48. A kit comprising the alkaline phosphatase defined in any one of 1 to 27, and instructions to administer the polypeptide to a subject to correct or prevent aplasia, hypoplasia or dysplasia of dental cementum.

49. A method of using the alkaline phosphatase of any one of 1 to 36, for correcting or preventing at least one hypophosphatasia (HPP) phenotype, comprising administering a therapeutically effective amount of the alkaline phosphatase to a subject in need thereof, whereby the at least one HPP phenotype is corrected or prevented in the subject.

50. The method of 49, wherein the subject has at least one HPP phenotype.

51. The method of 49, wherein the subject is likely to develop at least one HPP phenotype.

52. The method of any one of 49 to 51, wherein the at least one HPP phenotype comprises HPP-related seizure.

53. The method of any one of 49 to 51, wherein the at least one HPP phenotype comprises premature loss of deciduous teeth.

54. The method of any one of 49 to 51, wherein the at least one HPP phenotype comprises incomplete bone mineralization.

55. The method of any one of 49 to 51, wherein incomplete bone mineralization is incomplete femoral bone mineralization.

56. The method of 55 wherein incomplete bone mineralization is incomplete tibial bone mineralization.

57. The method of 55, wherein incomplete bone mineralization is incomplete metatarsal bone mineralization.

58. The method of 55, wherein incomplete bone mineralization is incomplete ribs bone mineralization.

59. The method of any one of 49 to 51, wherein the at least one HPP phenotype comprises elevated blood and/or urine levels of inorganic pyrophosphate (PP<sub>i</sub>).

60. The method of any one of 49 to 51, wherein the at least one HPP phenotype comprises elevated blood and/or urine levels of phosphoethanolamine (PEA).

61. The method of any one of 49 to 51, wherein the at least one HPP phenotype comprises elevated blood and/or urine levels of pyridoxal 5'-phosphate (PLP).

62. The method of any one of 49 to 51, wherein the at least one HPP phenotype comprises inadequate weight gain.

63. The method of any one of 49 to 51, wherein the at least one HPP phenotype comprises rickets.

64. The method of any one of 49 to 51, wherein the at least one HPP phenotype comprises bone pain.

65. The method of any one of 49 to 51, wherein the at least one HPP phenotype comprises calcium pyrophosphate dihydrate crystal deposition.

66. The method of any one of 49 to 51, wherein the at least one HPP phenotype comprises aplasia, hypoplasia or dysplasia of dental cementum.

67. The method of any one of 49 to 51, wherein the subject in need thereof has infantile HPP.

68. The method of any one of 49 to 66, wherein the subject in need thereof has childhood HPP.

69. The method of any one of 49 to 51, wherein the subject in need thereof has perinatal HPP.

70. The method of any one of 49 to 66, wherein the subject in need thereof has adult HPP.

71. The method of any one of 49 to 51, wherein the subject in need thereof has odontohypophosphatasia HPP.

72. A method of using the alkaline phosphatase of any one of 1 to 36, for correcting or preventing aplasia, hypoplasia or dysplasia of dental cementum, comprising administering a therapeutically effective amount of the alkaline phosphatase to a subject in need thereof, whereby aplasia, hypoplasia or dysplasia of dental cementum is corrected or prevented in the subject.

73. The method of any one of 49 to 72, wherein the administering comprises transfecting a cell in the subject with a nucleic acid encoding the alkaline phosphatase.

74. The method of 73, wherein the transfecting the cell is performed *in vitro* such that the alkaline phosphatase is expressed and

secreted in an active form and administered to the subject with said cell.

75. The method of any one of 49 to 72, wherein the administering comprises subcutaneous administration of the alkaline phosphatase to the subject.

76. The method of any one of 49 to 70, wherein the administering comprises intravenous administration of the alkaline phosphatase to the subject.

77. The alkaline phosphatase of any one of 1-27, for use in correcting or preventing at least one HPP phenotype.

78. The alkaline phosphatase of any one of 1-27, for use in correcting or preventing aplasia, hypoplasia or dysplasia of dental cementum.

79. A use of the alkaline phosphatase of any one of 1-27, in the making of a medicament.

80. A use of the alkaline phosphatase of any one of 1-27, for correcting or preventing at least one HPP phenotype.

81. A use of the alkaline phosphatase of any one of 1-27, for correcting or preventing aplasia, hypoplasia or dysplasia of dental cementum.

**SEQUENCE LISTING**

**[0206]**

<110> Alexion Pharma International SARL.

<120> BONE TARGETED ALKALINE PHOSPHATASE, KITS AND METHODS OF USE THEREOF

<130> G66918PCEPT2

<150> US 60/917,589

<151> 2007-05-11

<160> 19

<170> PatentIn version 3.3

<210> 1

<211> 743

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<213> Artificial

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Ser Leu Val Pro Glu Lys Glu Lys Asp Pro Lys Tyr Trp Arg Asp Gln  
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Ala Gln Glu Thr Leu Lys Tyr Ala Leu Glu Leu Gln Lys Leu Asn Thr  
 35 40 45

Asn Val Ala Lys Asn Val Ile Met Phe Leu Gly Asp Gly Met Gly Val  
 50 55 60

Ser Thr Val Thr Ala Ala Arg Ile Leu Lys Gly Gln Leu His His Asn  
 65 70 75 80

Pro Gly Glu Glu Thr Arg Leu Glu Met Asp Lys Phe Pro Phe Val Ala  
 85 90 95

Leu Ser Lys Thr Tyr Asn Thr Asn Ala Gln Val Pro Asp Ser Ala Gly  
 100 105 110

Thr Ala Thr Ala Tyr Leu Cys Gly Val Lys Ala Asn Glu Gly Thr Val  
 115 120 125

Gly Val Ser Ala Ala Thr Glu Arg Ser Arg Cys Asn Thr Thr Gln Gly  
 130 135 140

Asn Glu Val Thr Ser Ile Leu Arg Trp Ala Lys Asp Ala Gly Lys Ser  
 145 150 155 160

Val Gly Ile Val Thr Thr Arg Val Asn His Ala Thr Pro Ser Ala  
 165 170 175

Ala Tyr Ala His Ser Ala Asp Arg Asp Trp Tyr Ser Asp Asn Glu Met  
 180

Pro Pro Glu Ala Leu Ser Gln Gly Cys Lys Asp Ile Ala Tyr Gln Leu  
 195 200 205

Met His Asn Ile Arg Asp Ile Asp Val Ile Met Gly Gly Gly Arg Lys  
 210 215 220

Tyr Met Tyr Pro Lys Asn Lys Thr Asp Val Glu Tyr Glu Ser Asp Glu  
 225 230 235 240

Lys Ala Arg Gly Thr Arg Leu Asp Gly Leu Asp Leu Val Asp Thr Trp  
 245 250 255

Lys Ser Phe Lys Pro Arg Tyr Lys His Ser His Phe Ile Trp Asn Arg  
 260 265 270

Thr Glu Leu Leu Thr Leu Asp Pro His Asn Val Asp Tyr Leu Leu Gly  
 275 280 285

Leu Phe Glu Pro Gly Asp Met Gln Tyr Glu Leu Asn Arg Asn Asn Val  
 290 295 300

Thr Asp Pro Ser Leu Ser Glu Met Val Val Val Ala Ile Gln Ile Leu  
 305 310 315

Arg Lys Asn Pro Lys Gly Phe Phe Leu Leu Val Glu Gly Gly Arg Ile  
 325 330 335

Asp His Gly His His Glu Gly Lys Ala Lys Gln Ala Leu His Glu Ala  
 340 345 350

Val Glu Met Asp Arg Ala Ile Gly Gln Ala Gly Ser Leu Thr Ser Ser  
 355 360 365

Glu Asp Thr Leu Thr Val Val Thr Ala Asp His Ser His Val Phe Thr  
 370 375 380

Phe Gly Gly Tyr Thr Pro Arg Gly Asn Ser Ile Phe Gly Leu Ala Pro  
 385 390 395 400

Met Leu Ser Asp Thr Asp Lys Lys Pro Phe Thr Ala Ile Leu Tyr Gly  
 405 410 415

Asn Gly Pro Gly Tyr Lys Val Val Gly Gly Glu Arg Glu Asn Val Ser  
 420 425 430

Met Val Asp Tyr Ala His Asn Asn Tyr Gln Ala Gln Ser Ala Val Pro  
 435 440 445

Leu Arg His Glu Thr His Gly Gly Glu Asp Val Ala Val Phe Ser Lys  
 450 455 460  
 Gly Pro Met Ala His Leu Leu His Gly Val His Glu Gln Asn Tyr Val  
 465 470 475 480  
 Pro His Val Met Ala Tyr Ala Ala Cys Ile Gly Ala Asn Leu Gly His  
 485 490 495  
 Cys Ala Pro Ala Ser Ser Leu Lys Asp Lys Thr His Thr Cys Pro Pro  
 500 505 510  
 Cys Pro Ala Pro Glu Leu Leu Gly Gly Pro Ser Val Phe Leu Phe Pro  
 515 520 525  
 Pro Lys Pro Lys Asp Thr Leu Met Ile Ser Arg Thr Pro Glu Val Thr  
 530 535 540  
 Cys Val Val Val Asp Val Ser His Glu Asp Pro Glu Val Lys Phe Asn  
 545 550 555 560  
 Trp Tyr Val Asp Gly Val Glu Val His Asn Ala Lys Thr Lys Pro Arg  
 565 570 575  
 Glu Glu Gln Tyr Asn Ser Thr Tyr Arg Val Val Ser Val Leu Thr Val  
 580 585 590  
 Leu His Gln Asp Trp Leu Asn Gly Lys Glu Tyr Lys Cys Lys Val Ser  
 595 600 605  
 Asn Lys Ala Leu Pro Ala Pro Ile Glu Lys Thr Ile Ser Lys Ala Lys  
 610 615 620  
 Gly Gln Pro Arg Glu Pro Gln Val Tyr Thr Leu Pro Pro Ser Arg Glu  
 625 630 635 640  
 Glu Met Thr Lys Asn Gln Val Ser Leu Thr Cys Leu Val Lys Gly Phe  
 645 650 655  
 Tyr Pro Ser Asp Ile Ala Val Glu Trp Glu Ser Asn Gly Gln Pro Glu  
 660 665 670  
 Asn Asn Tyr Lys Thr Thr Pro Pro Val Leu Asp Ser Asp Gly Ser Phe  
 675 680 685  
 Phe Leu Tyr Ser Lys Leu Thr Val Asp Lys Ser Arg Trp Gln Gln Gly  
 690 695 700  
 Asn Val Phe Ser Cys Ser Val Met His Glu Ala Leu His Asn His Tyr  
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Ala Gln Glu Thr Leu Lys Tyr Ala Leu Glu Leu Gln Lys Leu Asn Thr  
 35 40 45

Asn Val Ala Lys Asn Val Ile Met Phe Leu Gly Asp Gly Met Gly Val  
 50 55 60

Ser Thr Val Thr Ala Ala Arg Ile Leu Lys Gly Gln Leu His His Asn  
 65 70 75 80

Pro Gly Glu Glu Thr Arg Leu Glu Met Asp Lys Phe Pro Phe Val Ala  
 85 90 95

Leu Ser Lys Thr Tyr Asn Thr Asn Ala Gln Val Pro Asp Ser Ala Gly  
 100 105 110

Thr Ala Thr Ala Tyr Leu Cys Gly Val Lys Ala Asn Glu Gly Thr Val  
 115 120 125

Gly Val Ser Ala Ala Thr Glu Arg Ser Arg Cys Asn Thr Thr Gln Gly  
 130 135 140

Asn Glu Val Thr Ser Ile Leu Arg Trp Ala Lys Asp Ala Gly Lys Ser  
 145 150 155 160

Val Gly Ile Val Thr Thr Thr Arg Val Asn His Ala Thr Pro Ser Ala  
 165 170 175

Ala Tyr Ala His Ser Ala Asp Arg Asp Trp Tyr Ser Asp Asn Glu Met  
 180 185 190

Pro Pro Glu Ala Leu Ser Gln Gly Cys Lys Asp Ile Ala Tyr Gln Leu  
 195 200 205

Met His Asn Ile Arg Asp Ile Asp Val Ile Met Gly Gly Arg Lys  
 210 215 220

Tyr Met Tyr Pro Lys Asn Lys Thr Asp Val Glu Tyr Glu Ser Asp Glu  
 225 230 235 240

Lys Ala Arg Gly Thr Arg Leu Asp Gly Leu Asp Leu Val Asp Thr Trp  
 245 250 255

Lys Ser Phe Lys Pro Arg Tyr Lys His Ser His Phe Ile Trp Asn Arg  
 260 265 270

Thr Glu Leu Leu Thr Leu Asp Pro His Asn Val Asp Tyr Leu Leu Gly  
 275 280 285

Leu Phe Glu Pro Gly Asp Met Gln Tyr Glu Leu Asn Arg Asn Asn Val  
 290 295 300

Thr Asp Pro Ser Leu Ser Glu Met Val Val Val Ala Ile Gln Ile Leu  
 305 310 315 320

Arg Lys Asn Pro Lys Gly Phe Phe Leu Leu Val Glu Gly Gly Arg Ile  
 325 330 335

Asp His Gly His His Glu Gly Lys Ala Lys Gln Ala Leu His Glu Ala  
 340 345 350

Val Glu Met Asp Arg Ala Ile Gly Gln Ala Gly Ser Leu Thr Ser Ser  
 355 360 365

Glu Asp Thr Leu Thr Val Val Thr Ala Asp His Ser His Val Phe Thr  
 370 375 380

Phe Gly Gly Tyr Thr Pro Arg Gly Asn Ser Ile Phe Gly Leu Ala Pro  
 385 390 395 400

Met Leu Ser Asp Thr Asp Lys Lys Pro Phe Thr Ala Ile Leu Tyr Gly  
 405 410 415

Asn Gly Pro Gly Tyr Lys Val Val Gly Gly Glu Arg Glu Asn Val Ser  
 420 425 430

Met Val Asp Tyr Ala His Asn Asn Tyr Gln Ala Gln Ser Ala Val Pro  
 435 440 445

Leu Arg His Glu Thr His Gly Gly Glu Asp Val Ala Val Phe Ser Lys  
 450 455 460

Gly Pro Met Ala His Leu Leu His Gly Val His Glu Gln Asn Tyr Val  
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Cys Ala Pro Ala Ser Ser  
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<212> PRT

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 35 40 45  
 Glu Asp Pro Glu Val Lys Phe Asn Trp Tyr Val Asp Gly Val Glu Val  
 50 55 60  
 His Asn Ala Lys Thr Lys Pro Arg Glu Glu Gln Tyr Asn Ser Thr Tyr  
 65 70 75 80  
 Arg Val Val Ser Val Leu Thr Val Leu His Gln Asp Trp Leu Asn Gly  
 85 90 95  
 Lys Glu Tyr Lys Cys Lys Val Ser Asn Lys Ala Leu Pro Ala Pro Ile  
 100 105 110  
 Glu Lys Thr Ile Ser Lys Ala Lys Gly Gln Pro Arg Glu Pro Gln Val  
 115 120 125  
 Tyr Thr Leu Pro Pro Ser Arg Glu Glu Met Thr Lys Asn Gln Val Ser  
 130 135 140  
 Leu Thr Cys Leu Val Lys Gly Phe Tyr Pro Ser Asp Ile Ala Val Glu  
 145 150 155 160  
 Trp Glu Ser Asn Gly Gln Pro Glu Asn Asn Tyr Lys Thr Thr Pro Pro  
 165 170 175  
 Val Leu Asp Ser Asp Gly Ser Phe Phe Leu Tyr Ser Lys Leu Thr Val  
 180 185 190  
 Asp Lys Ser Arg Trp Gln Gln Gly Asn Val Phe Ser Cys Ser Val Met  
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 35 40 45  
 Thr Val Thr Ala Ala Arg Ile Leu Lys Gly Gln Leu His His Asn Pro  
 50 55 60  
 Gly Glu Glu Thr Arg Leu Glu Met Asp Lys Phe Pro Phe Val Ala Leu  
 65 70 75 80  
 Ser Lys Thr Tyr Asn Thr Asn Ala Gln Val Pro Asp Ser Ala Gly Thr  
 85 90 95  
 Ala Thr Ala Tyr Leu Cys Gly Val Lys Ala Asn Glu Gly Thr Val Gly  
 100 105 110  
 Val Ser Ala Ala Thr Glu Arg Ser Arg Cys Asn Thr Thr Gln Gly Asn  
 115 120 125  
 Glu Val Thr Ser Ile Leu Arg Trp Ala Lys Asp Ala Gly Lys Ser Val  
 130 135 140  
 Gly Ile Val Thr Thr Thr Arg Val Asn His Ala Thr Pro Ser Ala Ala  
 145 150 155 160  
 Tyr Ala His Ser Ala Asp Arg Asp Trp Tyr Ser Asp Asn Glu Met Pro  
 165 170 175

Pro Glu Ala Leu Ser Gln Gly Cys Lys Asp Ile Ala Tyr Gln Leu Met  
 180 185 190  
 His Asn Ile Arg Asp Ile Asp Val Ile Met Gly Gly Gly Arg Lys Tyr  
 195 200 205  
 Met Tyr Pro Lys Asn Lys Thr Asp Val Glu Tyr Glu Ser Asp Glu Lys  
 210 215 220  
 Ala Arg Gly Thr Arg Leu Asp Gly Leu Asp Leu Val Asp Thr Trp Lys  
 225 230 235 240  
 Ser Phe Lys Pro Arg Tyr Lys His Ser His Phe Ile Trp Asn Arg Thr  
 245 250 255  
 Glu Leu Leu Thr Leu Asp Pro His Asn Val Asp Tyr Leu Leu Gly Leu  
 260 265 270  
 Phe Glu Pro Gly Asp Met Gln Tyr Glu Leu Asn Arg Asn Asn Val Thr  
 275 280 285  
 Asp Pro Ser Leu Ser Glu Met Val Val Val Ala Ile Gln Ile Leu Arg  
 290 295 300  
 Lys Asn Pro Lys Gly Phe Phe Leu Leu Val Glu Gly Gly Arg Ile Asp  
 305 310 315 320  
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 325 330 335  
 Glu Met Asp Arg Ala Ile Gly Gln Ala Gly Ser Leu Thr Ser Ser Glu  
 340 345 350  
 Asp Thr Leu Thr Val Val Thr Ala Asp His Ser His Val Phe Thr Phe  
 355 360 365  
 Gly Gly Tyr Thr Pro Arg Gly Asn Ser Ile Phe Gly Leu Ala Pro Met  
 370 375 380  
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 385 390 395 400  
 Gly Pro Gly Tyr Lys Val Val Gly Gly Glu Arg Glu Asn Val Ser Met  
 405 410 415  
 Val Asp Tyr Ala His Asn Asn Tyr Gln Ala Gln Ser Ala Val Pro Leu  
 420 425 430  
 Arg His Glu Thr His Gly Gly Glu Asp Val Ala Val Phe Ser Lys Gly  
 435 440 445

Pro Met Ala His Leu Leu His Gly Val His Glu Gln Asn Tyr Val Pro  
 450 455 460  
 His Val Met Ala Tyr Ala Ala Cys Ile Gly Ala Asn Leu Gly His Cys  
 465 470 475  
 Ala Pro Ala Ser Ser Leu Lys Asp Lys Thr His Thr Cys Pro Pro Cys  
 485 490 495  
 Pro Ala Pro Glu Leu Leu Gly Gly Pro Ser Val Phe Leu Phe Pro Pro  
 500 505 510  
 Lys Pro Lys Asp Thr Leu Met Ile Ser Arg Thr Pro Glu Val Thr Cys  
 515 520 525  
 Val Val Val Asp Val Ser His Glu Asp Pro Glu Val Lys Phe Asn Trp  
 530 535 540  
 Tyr Val Asp Gly Val Glu Val His Asn Ala Lys Thr Lys Pro Arg Glu  
 545 550 555 560  
 Glu Gln Tyr Asn Ser Thr Tyr Arg Val Val Ser Val Leu Thr Val Leu  
 565 570 575  
 His Gln Asp Trp Leu Asn Gly Lys Glu Tyr Lys Cys Lys Val Ser Asn  
 580 585 590  
 Lys Ala Leu Pro Ala Pro Ile Glu Lys Thr Ile Ser Lys Ala Lys Gly  
 595 600 605  
 Gln Pro Arg Glu Pro Gln Val Tyr Thr Leu Pro Pro Ser Arg Glu Glu  
 610 615 620  
 Met Thr Lys Asn Gln Val Ser Leu Thr Cys Leu Val Lys Gly Phe Tyr  
 625 630 635 640  
 Pro Ser Asp Ile Ala Val Glu Trp Glu Ser Asn Gly Gln Pro Glu Asn  
 645 650 655  
 Asn Tyr Lys Thr Thr Pro Pro Val Leu Asp Ser Asp Gly Ser Phe Phe  
 660 665 670  
 Leu Tyr Ser Lys Leu Thr Val Asp Lys Ser Arg Trp Gln Gln Gly Asn  
 675 680 685  
 Val Phe Ser Cys Ser Val Met His Glu Ala Leu His Asn His Tyr Thr  
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 35 40 45  
 Thr Val Thr Ala Ala Arg Ile Leu Lys Gly Gln Leu His His Asn Pro  
 50 55 60  
 Gly Glu Glu Thr Arg Leu Glu Met Asp Lys Phe Pro Phe Val Ala Leu  
 65 70 75 80  
 Ser Lys Thr Tyr Asn Thr Asn Ala Gln Val Pro Asp Ser Ala Gly Thr  
 85 90 95  
 Ala Thr Ala Tyr Leu Cys Gly Val Lys Ala Asn Glu Gly Thr Val Gly  
 100 105 110  
 Val Ser Ala Ala Thr Glu Arg Ser Arg Cys Asn Thr Thr Gln Gly Asn  
 115 120 125  
 Glu Val Thr Ser Ile Leu Arg Trp Ala Lys Asp Ala Gly Lys Ser Val  
 130 135 140  
 Gly Ile Val Thr Thr Thr Arg Val Asn His Ala Thr Pro Ser Ala Ala  
 145 150 155 160  
 Tyr Ala His Ser Ala Asp Arg Asp Trp Tyr Ser Asp Asn Glu Met Pro  
 165 170 175  
 Pro Glu Ala Leu Ser Gln Gly Cys Lys Asp Ile Ala Tyr Gln Leu Met  
 180 185 190  
 His Asn Ile Arg Asp Ile Asp Val Ile Met Gly Gly Gly Arg Lys Tyr  
 195 200 205  
 Met Tyr Pro Lys Asn Lys Thr Asp Val Glu Tyr Glu Ser Asp Glu Lys  
 210 215 220

Ala Arg Gly Thr Arg Leu Asp Gly Leu Asp Leu Val Asp Thr Trp Lys  
 225 230 235 240

Ser Phe Lys Pro Arg Tyr Lys His Ser His Phe Ile Trp Asn Arg Thr  
 245 250 255

Glu Leu Leu Thr Leu Asp Pro His Asn Val Asp Tyr Leu Leu Gly Leu  
 260 265 270

Phe Glu Pro Gly Asp Met Gln Tyr Glu Leu Asn Arg Asn Asn Val Thr  
 275 280 285

Asp Pro Ser Leu Ser Glu Met Val Val Val Ala Ile Gln Ile Leu Arg  
 290 295 300

Lys Asn Pro Lys Gly Phe Phe Leu Leu Val Glu Gly Gly Arg Ile Asp  
 305 310 315 320

His Gly His His Glu Gly Lys Ala Lys Gln Ala Leu His Glu Ala Val  
 325 330 335

Glu Met Asp Arg Ala Ile Gly Gln Ala Gly Ser Leu Thr Ser Ser Glu  
 340 345 350

Asp Thr Leu Thr Val Val Thr Ala Asp His Ser His Val Phe Thr Phe  
 355 360 365

Gly Gly Tyr Thr Pro Arg Gly Asn Ser Ile Phe Gly Leu Ala Pro Met  
 370 375 380

Leu Ser Asp Thr Asp Lys Lys Pro Phe Thr Ala Ile Leu Tyr Gly Asn  
 385 390 395 400

Gly Pro Gly Tyr Lys Val Val Gly Gly Glu Arg Glu Asn Val Ser Met  
 405 410 415

Val Asp Tyr Ala His Asn Asn Tyr Gln Ala Gln Ser Ala Val Pro Leu  
 420 425 430

Arg His Glu Thr His Gly Gly Glu Asp Val Ala Val Phe Ser Lys Gly  
 435 440 445

Pro Met Ala His Leu Leu His Gly Val His Glu Gln Asn Tyr Val Pro  
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His Val Met Ala Tyr Ala Ala Cys Ile Gly Ala Asn Leu Gly His Cys  
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Ala Pro Ala Ser Ser  
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35 40 45

Asn Val Ala Lys Asn Val Ile Met Phe Leu Gly Asp Gly Met Gly Val  
50 55 60

Ser Thr Val Thr Ala Ala Arg Ile Leu Lys Gly Gln Leu His His Ser  
65 70 75 80

Pro Gly Glu Glu Thr Lys Leu Glu Met Asp Lys Phe Pro Tyr Val Ala  
85 90 95

Leu Ser Lys Thr Tyr Asn Thr Asn Ala Gln Val Pro Asp Ser Ala Gly  
100 105 110

Thr Ala Thr Ala Tyr Leu Cys Gly Val Lys Ala Asn Glu Gly Thr Val  
115 120 125

Gly Val Ser Ala Ala Thr Gln Arg Ser Gln Cys Asn Thr Thr Gln Gly  
130 135 140

Asn Glu Val Thr Ser Ile Leu Arg Trp Ala Lys Asp Ala Gly Lys Ser  
145 150 155 160

Val Gly Ile Val Thr Thr Arg Val Asn His Ala Thr Pro Ser Ala  
165 170 175

Ser Tyr Ala His Ser Ala Asp Arg Asp Trp Tyr Ser Asp Asn Glu Met  
180 185 190

Pro Pro Glu Ala Leu Ser Gln Gly Cys Lys Asp Ile Ala Tyr Gln Leu  
195 200 205

Met Tyr Asn Ile Lys Asp Ile Glu Val Ile Met Gly Gly Gly Arg Lys  
210 215 220

Tyr Met Phe Pro Lys Asn Arg Thr Asp Val Glu Tyr Glu Leu Asp Glu  
225 230 235 240

Lys Ala Arg Gly Thr Arg Leu Asp Gly Leu Asn Leu Ile Asp Ile Trp  
 245 250 255

Lys Ser Phe Lys Pro Lys His Lys His Ser His Tyr Val Trp Asn Arg  
 260 265 270

Thr Asp Leu Leu Ala Leu Asp Pro His Ser Val Asp Tyr Leu Leu Gly  
 275 280 285

Leu Phe Glu Pro Gly Asp Met Gln Tyr Glu Leu Asn Arg Asn Asn Ala  
 290 295 300

Thr Asp Pro Ser Leu Ser Glu Met Val Glu Met Ala Ile Arg Ile Leu  
 305 310 315 320

Asn Lys Asn Pro Lys Gly Phe Phe Leu Leu Val Glu Gly Gly Arg Ile  
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Asp His Gly His His Glu Gly Lys Ala Lys Gln Ala Leu His Glu Ala  
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Val Glu Met Asp Gln Ala Ile Gly Gln Ala Gly Ala Met Thr Ser Val  
 355 360 365

Glu Asp Thr Leu Thr Val Val Thr Ala Asp His Ser His Val Phe Thr  
 370 375 380

Phe Gly Gly Tyr Thr Pro Arg Gly Asn Ser Ile Phe Gly Leu Ala Pro  
 385 390 395 400

Met Val Ser Asp Thr Asp Lys Lys Pro Phe Thr Ala Ile Leu Tyr Gly  
 405 410 415

Asn Gly Pro Gly Tyr Lys Val Val Gly Gly Glu Arg Glu Asn Val Ser  
 420 425 430

Met Val Asp Tyr Ala His Asn Asn Tyr Gln Ala Gln Ser Ala Val Pro  
 435 440 445

Leu Arg His Glu Thr His Gly Gly Glu Asp Val Ala Val Phe Ala Lys  
 450 455 460

Gly Pro Met Ala His Leu Leu His Gly Val Gln Glu Gln Asn Tyr Ile  
 465 470 475 480

Pro His Val Met Ala Tyr Ala Ala Cys Ile Gly Ala Asn Arg Asp His  
 485 490 495

Cys Ala Ser Ala Ser Ser Ser Gly Ser Pro Ser Pro Gly Pro Leu Leu  
 500 505 510

Leu Leu Leu Ala Leu Leu Pro Leu Gly Ser Leu Phe  
 515 520

<210> 7

<211> 524

<212> PRT

<213> felis catus

<400> 7

Met Ile Ser Pro Phe Leu Val Leu Ala Ile Gly Thr Cys Leu Thr Asn  
 1 5 10 15

Ser Leu Val Pro Glu Lys Glu Lys Asp Pro Lys Tyr Trp Arg Asp Gln  
 20 25 30

Ala Gln Gln Thr Leu Lys Asn Ala Leu Arg Leu Gln Lys Leu Asn Thr  
 35 40 45

Asn Val Val Lys Asn Val Ile Met Phe Leu Gly Asp Gly Met Gly Val  
 50 55 60

Ser Thr Val Thr Ala Ala Arg Ile Leu Lys Gly Gln Leu His His Asn  
 65 70 75 80

Pro Gly Glu Glu Thr Arg Leu Glu Met Asp Lys Phe Pro Tyr Val Ala  
 85 90 95

Leu Ser Lys Thr Tyr Asn Thr Asn Ala Gln Val Pro Asp Ser Ala Gly  
 100 105 110

Thr Ala Thr Ala Tyr Leu Cys Gly Val Lys Ala Asn Glu Gly Thr Val  
 115 120 125

Gly Val Ser Ala Ala Thr Gln Arg Thr Gln Cys Asn Thr Thr Gln Gly  
 130 135 140

Asn Glu Val Thr Ser Ile Leu Arg Trp Ala Lys Asp Ser Gly Lys Ser  
 145 150 155 160

Val Gly Ile Val Thr Thr Thr Arg Val Asn His Ala Thr Pro Ser Ala  
 165 170 175

Ala Tyr Ala His Ser Ala Asp Arg Asp Trp Tyr Ser Asp Asn Glu Met  
 180 185 190

Pro Pro Glu Ala Leu Ser Gln Gly Cys Lys Asp Ile Ala Tyr Gln Leu  
 195 200 205

Met His Asn Val Arg Asp Ile Glu Val Ile Met Gly Gly Gly Arg Lys  
 210 215 220

Tyr Met Phe Pro Lys Asn Arg Thr Asp Val Glu Tyr Glu Met Asp Glu  
 225 230 235 240  
 Lys Ala Arg Gly Thr Arg Leu Asp Gly Leu Asn Leu Val Asp Ile Trp  
 245 250 255  
 Lys Ser Phe Lys Pro Arg His Lys His Ser His Tyr Val Trp Asn Arg  
 260 265 270  
 Thr Glu Leu Leu Thr Leu Asp Pro Tyr Gly Val Asp Tyr Leu Leu Gly  
 275 280 285  
 Leu Phe Glu Pro Gly Asp Met Gln Tyr Glu Leu Asn Arg Asn Ser Thr  
 290 295 300  
 Thr Asp Pro Ser Leu Ser Glu Met Val Glu Ile Ala Ile Lys Ile Leu  
 305 310 315 320  
 Ser Lys Asn Pro Lys Gly Phe Phe Leu Leu Val Glu Gly Gly Arg Ile  
 325 330 335  
 Asp His Gly His His Glu Gly Lys Ala Lys Gln Ala Leu His Glu Ala  
 340 345 350  
 Val Glu Met Asp Gln Ala Ile Gly Arg Ala Gly Ala Met Thr Ser Val  
 355 360 365  
 Glu Asp Thr Leu Thr Ile Val Thr Ala Asp His Ser His Val Phe Thr  
 370 375 380  
 Phe Gly Gly Tyr Thr Pro Arg Gly Asn Ser Ile Phe Gly Leu Ala Pro  
 385 390 395 400  
 Met Val Ser Asp Thr Asp Lys Lys Pro Phe Thr Ser Ile Leu Tyr Gly  
 405 410 415  
 Asn Gly Pro Gly Tyr Lys Val Val Gly Gly Glu Arg Glu Asn Val Ser  
 420 425 430  
 Met Val Asp Tyr Ala His Asn Asn Tyr Gln Ala Gln Ser Ala Val Pro  
 435 440 445  
 Leu Arg His Glu Thr His Gly Gly Glu Asp Val Ala Val Phe Ala Lys  
 450 455 460  
 Gly Pro Met Ala His Leu Leu His Gly Val His Glu Gln Asn Tyr Ile  
 465 470 475 480  
 Pro His Val Met Ala Tyr Ala Ala Cys Ile Gly Ala Asn Leu Asp His  
 485 490 495  
 Cys Ala Ser Ala Ser Ser Ala Gly Gly Pro Ser Pro Gly Pro Leu Phe  
 500 505 510  
 Leu Leu Leu Ala Leu Pro Ser Leu Gly Ile Leu Phe  
 515 520

<210> 8

<211> 524

<212> PRT

<213> homo sapiens

<400> 8

Met Ile Ser Pro Phe Leu Val Leu Ala Ile Gly Thr Cys Leu Thr Asn  
 1 5 10 15

Ser Leu Val Pro Glu Lys Glu Lys Asp Pro Lys Tyr Trp Arg Asp Gln  
 20 25 30

Ala Gln Glu Thr Leu Lys Tyr Ala Leu Glu Leu Gln Lys Leu Asn Thr  
 35 40 45

Asn Val Ala Lys Asn Val Ile Met Phe Leu Gly Asp Gly Met Gly Val  
 50 55 60

Ser Thr Val Thr Ala Ala Arg Ile Leu Lys Gly Gln Leu His His Asn  
 65 70 75 80

Pro Gly Glu Glu Thr Arg Leu Glu Met Asp Lys Phe Pro Phe Val Ala  
 85 90 95

Leu Ser Lys Thr Tyr Asn Thr Asn Ala Gln Val Pro Asp Ser Ala Gly  
 100 105 110

Thr Ala Thr Ala Tyr Leu Cys Gly Val Lys Ala Asn Glu Gly Thr Val  
 115 120 125

Gly Val Ser Ala Ala Thr Glu Arg Ser Arg Cys Asn Thr Thr Gln Gly  
 130 135 140

Asn Glu Val Thr Ser Ile Leu Arg Trp Ala Lys Asp Ala Gly Lys Ser  
 145 150 155 160

Val Gly Ile Val Thr Thr Arg Val Asn His Ala Thr Pro Ser Ala  
 165 170 175

Ala Tyr Ala His Ser Ala Asp Arg Asp Trp Tyr Ser Asp Asn Glu Met  
 180 185 190

Pro Pro Glu Ala Leu Ser Gln Gly Cys Lys Asp Ile Ala Tyr Gln Leu  
 195 200 205

Met His Asn Ile Arg Asp Ile Asp Val Ile Met Gly Gly Gly Arg Lys

210                      215                      220  
 Tyr Met Tyr Pro Lys Asn Lys Thr Asp Val Glu Tyr Glu Ser Asp Glu  
 225                      230                      235                      240  
 Lys Ala Arg Gly Thr Arg Leu Asp Gly Leu Asp Leu Val Asp Thr Trp  
                                  245                      250                      255  
 Lys ser Phe Lys Pro Arg Tyr Lys His Ser His Phe Ile Trp Asn Arg  
                                  260                      265                      270  
 Thr Glu Leu Leu Thr Leu Asp Pro His Asn Val Asp Tyr Leu Leu Gly  
                                  275                      280                      285  
 Leu Phe Glu Pro Gly Asp Met Gln Tyr Glu Leu Asn Arg Asn Asn Val  
                                  290                      295                      300  
 Thr Asp Pro Ser Leu Ser Glu Met Val Val Val Ala Ile Gln Ile Leu  
 305                      310                      315  
 Arg Lys Asn Pro Lys Gly Phe Phe Leu Leu Val Glu Gly Gly Arg Ile  
                                  325                      330                      335  
 Asp His Gly His His Glu Gly Lys Ala Lys Gln Ala Leu His Glu Ala  
                                  340                      345  
 Val Glu Met Asp Arg Ala Ile Gly Gln Ala Gly Ser Leu Thr Ser Ser  
                                  355                      360                      365  
 Glu Asp Thr Leu Thr Val Val Thr Ala Asp His Ser His Val Phe Thr  
                                  370                      375                      380  
 Phe Gly Gly Tyr Thr Pro Arg Gly Asn Ser Ile Phe Gly Leu Ala Pro  
 385                      390                      395                      400  
 Met Leu Ser Asp Thr Asp Lys Lys Pro Phe Thr Ala Ile Leu Tyr Gly  
                                  405                      410                      415  
 Asn Gly Pro Gly Tyr Lys Val Val Gly Gly Glu Arg Glu Asn Val Ser  
                                  420                      425                      430  
 Met Val Asp Tyr Ala His Asn Asn Tyr Gln Ala Gln Ser Ala Val Pro  
                                  435                      440                      445  
 Leu Arg His Glu Thr His Gly Gly Glu Asp Val Ala Val Phe Ser Lys  
                                  450                      455                      460  
 Gly Pro Met Ala His Leu Leu His Gly Val His Glu Gln Asn Tyr Val  
 465                      470                      475                      480  
 Pro His Val Met Ala Tyr Ala Ala Cys Ile Gly Ala Asn Leu Gly His  
                                  485                      490                      495  
 Cys Ala Pro Ala Ser Ser Ala Gly Ser Leu Ala Ala Gly Pro Leu Leu  
                                  500                      505                      510  
 Leu Ala Leu Ala Leu Tyr Pro Leu Ser Val Leu Phe  
                                  515                      520

<210> 9  
 <211> 524  
 <212> PRT  
 <213> mus musculus  
 <400> 9

Met Ile Ser Pro Phe Leu Val Leu Ala Ile Gly Thr Cys Leu Thr Asn  
 1 5 10 15

Ser Phe Val Pro Glu Lys Glu Arg Asp Pro Ser Tyr Trp Arg Gln Gln  
 20 25 30

Ala Gln Glu Thr Leu Lys Asn Ala Leu Lys Leu Gln Lys Leu Asn Thr  
 35 40 45

Asn Val Ala Lys Asn Val Ile Met Phe Leu Gly Asp Gly Met Gly Val  
 50 55 60

Ser Thr Val Thr Ala Ala Arg Ile Leu Lys Gly Gln Leu His His Asn  
 65 70 75 80

Thr Gly Glu Glu Thr Arg Leu Glu Met Asp Lys Phe Pro Phe Val Ala  
 85 90 95

Leu Ser Lys Thr Tyr Asn Thr Asn Ala Gln Val Pro Asp Ser Ala Gly  
 100 105 110

Thr Ala Thr Ala Tyr Leu Cys Gly Val Lys Ala Asn Glu Gly Thr Val  
 115 120 125

Gly Val Ser Ala Ala Thr Glu Arg Thr Arg Cys Asn Thr Thr Gln Gly  
 130 135 140

Asn Glu Val Thr Ser Ile Leu Arg Trp Ala Lys Asp Ala Gly Lys Ser  
 145 150 155 160

Val Gly Ile Val Thr Thr Thr Arg Val Asn His Ala Thr Pro Ser Ala  
 165 170 175

Ala Tyr Ala His Ser Ala Asp Arg Asp Trp Tyr Ser Asp Asn Glu Met  
 180 185 190

Pro Pro Glu Ala Leu Ser Gln Gly Cys Lys Asp Ile Ala Tyr Gln Leu  
 195 200 205

Met His Asn Ile Lys Asp Ile Asp Val Ile Met Gly Gly Gly Arg Lys  
 210 215 220

Tyr Met Tyr Pro Lys Asn Arg Thr Asp Val Glu Tyr Glu Leu Asp Glu  
 225 230 235 240

Lys Ala Arg Gly Thr Arg Leu Asp Gly Leu Asp Leu Ile Ser Ile Trp  
 245 250 255

Lys Ser Phe Lys Pro Arg His Lys His Ser His Tyr Val Trp Asn Arg  
 260 265 270

Thr Glu Leu Leu Ala Leu Asp Pro Ser Arg Val Asp Tyr Leu Leu Gly  
 275 280 285

Leu Phe Glu Pro Gly Asp Met Gln Tyr Glu Leu Asn Arg Asn Asn Leu  
 290 295 300

Thr Asp Pro Ser Leu Ser Glu Met Val Glu Val Ala Leu Arg Ile Leu  
 305 310 315 320

Thr Lys Asn Leu Lys Gly Phe Phe Leu Leu Val Glu Gly Gly Arg Ile  
 325 330 335

Asp His Gly His His Glu Gly Lys Ala Lys Gln Ala Leu His Glu Ala  
 340 345 350

Val Glu Met Asp Gln Ala Ile Gly Lys Ala Gly Ala Met Thr Ser Gln  
 355 360 365

Lys Asp Thr Leu Thr Val Val Thr Ala Asp His Ser His Val Phe Thr  
 370 375 380

Phe Gly Gly Tyr Thr Pro Arg Gly Asn Ser Ile Phe Gly Leu Ala Pro  
 385 390 395 400

Met Val Ser Asp Thr Asp Lys Lys Pro Phe Thr Ala Ile Leu Tyr Gly  
 405 410 415

Asn Gly Pro Gly Tyr Lys Val Val Asp Gly Glu Arg Glu Asn Val Ser  
 420 425 430

Met Val Asp Tyr Ala His Asn Asn Tyr Gln Ala Gln Ser Ala Val Pro  
 435 440 445

Leu Arg His Glu Thr His Gly Gly Glu Asp Val Ala Val Phe Ala Lys  
 450 455 460

Gly Pro Met Ala His Leu Leu His Gly Val His Glu Gln Asn Tyr Ile  
 465 470 475 480

Pro His Val Met Ala Tyr Ala Ser Cys Ile Gly Ala Asn Leu Asp His  
 485 490 495

Cys Ala Trp Ala Gly Ser Gly Ser Ala Pro Ser Pro Gly Ala Leu Leu  
 500 505 510

Leu Pro Leu Ala Val Leu Ser Leu Pro Thr Leu Phe  
 515 520

<210> 10

<211> 524

<212> PRT

<213> rattus norvegicus

<400> 10

Met Ile Leu Pro Phe Leu Val Leu Ala Ile Gly Thr Cys Leu Thr Asn  
 1 5 10 15

Ser Phe Val Pro Glu Lys Glu Lys Asp Pro Ser Tyr Trp Arg Gln Gln  
 20 25 30

Ala Gln Glu Thr Leu Lys Asn Ala Leu Lys Leu Gln Lys Leu Asn Thr  
 35 40 45

Asn Val Ala Lys Asn Ile Ile Met Phe Leu Gly Asp Gly Met Gly Val  
 50 55 60

Ser Thr Val Thr Ala Ala Arg Ile Leu Lys Gly Gln Leu His His Asn  
 65 70 75 80

Thr Gly Glu Glu Thr Arg Leu Glu Met Asp Lys Phe Pro Phe Val Ala  
 85 90 95

Leu Ser Lys Thr Tyr Asn Thr Asn Ala Gln Val Pro Asp Ser Ala Gly  
 100 105 110

Thr Ala Thr Ala Tyr Leu Cys Gly Val Lys Ala Asn Glu Gly Thr Val  
 115 120 125

Gly Val Ser Ala Ala Thr Glu Arg Thr Arg Cys Asn Thr Thr Gln Gly  
 130 135 140

Asn Glu Val Thr Ser Ile Leu Arg Trp Ala Lys Asp Ala Gly Lys Ser  
 145 150 155 160

Val Gly Ile Val Thr Thr Thr Arg Val Asn His Ala Thr Pro Ser Ala  
 165 170 175

Ala Tyr Ala His Ser Ala Asp Arg Asp Trp Tyr Ser Asp Asn Glu Met  
 180 185 190

Pro Pro Glu Ala Leu Ser Gln Gly Cys Lys Asp Ile Ala Tyr Gln Leu  
 195 200  
 Met His Asn Ile Lys Asp Ile Asp Val Ile Met Gly Gly Gly Arg Lys  
 210 215  
 Tyr Met Tyr Pro Lys Asn Arg Thr Asp Val Glu Tyr Glu Leu Asp Glu  
 225 230 235  
 Lys Ala Arg Gly Thr Arg Leu Asp Gly Leu Asp Leu Ile Ser Ile Trp  
 245 250 255  
 Lys Ser Phe Lys Pro Arg His Lys His Ser His Tyr Val Trp Asn Arg  
 260 265 270  
 Thr Glu Leu Leu Ala Leu Asp Pro Ser Arg Val Asp Tyr Leu Leu Gly  
 275 280 285  
 Leu Phe Glu Pro Gly Asp Met Gln Tyr Glu Leu Asn Arg Asn Asn Leu  
 290 295 300  
 Thr Asp Pro Ser Leu Ser Glu Met Val Glu Val Ala Leu Arg Ile Leu  
 305 310 315  
 Thr Lys Asn Pro Lys Gly Phe Phe Leu Leu Val Glu Gly Gly Arg Ile  
 320 325 330 335  
 Asp His Gly His His Glu Gly Lys Ala Lys Gln Ala Leu His Glu Ala  
 340 345 350  
 Val Glu Met Asp Glu Ala Ile Gly Lys Ala Gly Thr Met Thr Ser Gln  
 355 360 365  
 Lys Asp Thr Leu Thr Val Val Thr Ala Asp His Ser His Val Phe Thr  
 370 375 380  
 Phe Gly Gly Tyr Thr Pro Arg Gly Asn Ser Ile Phe Gly Leu Ala Pro  
 385 390 395 400  
 Met Val Ser Asp Thr Asp Lys Lys Pro Phe Thr Ala Ile Leu Tyr Gly  
 405 410 415  
 Asn Gly Pro Gly Tyr Lys Val Val Asp Gly Glu Arg Glu Asn Val Ser  
 420 425 430  
 Met Val Asp Tyr Ala His Asn Asn Tyr Gln Ala Gln Ser Ala Val Pro  
 435 440 445  
 Leu Arg His Glu Thr His Gly Gly Glu Asp Val Ala Val Phe Ala Lys  
 450 455 460  
 Gly Pro Met Ala His Leu Leu His Gly Val His Glu Gln Asn Tyr Ile  
 465 470 475 480  
 Pro His Val Met Ala Tyr Ala Ser Cys Ile Gly Ala Asn Leu Asp His  
 485 490 495  
 Cys Ala Trp Ala Ser Ser Ala Ser Ser Pro Ser Pro Gly Ala Leu Leu  
 500 505 510  
 Leu Pro Leu Ala Leu Phe Pro Leu Arg Thr Leu Phe  
 515 520

<210> 11

<211> 502

<212> PRT

<213> Canis familiaris

<400> 11

Glu Lys Asp Pro Lys Tyr Trp Arg Asp Gln Ala Gln Gln Thr Leu Lys  
 1 5 10 15  
 Tyr Ala Leu Arg Leu Gln Asn Leu Asn Thr Asn Val Ala Lys Asn Val  
 20 25 30  
 Ile Met Phe Leu Gly Asp Gly Met Gly Val Ser Thr Val Thr Ala Thr  
 35 40 45  
 Arg Ile Leu Lys Gly Gln Leu His His Asn Pro Gly Glu Glu Thr Arg  
 50 55 60  
 Leu Glu Met Asp Lys Phe Pro Tyr Val Ala Leu Ser Lys Thr Tyr Asn  
 65 70 75 80  
 Thr Asn Ala Gln Val Pro Asp Ser Ala Gly Thr Ala Thr Ala Tyr Leu  
 85 90 95  
 Cys Gly Val Lys Ala Asn Glu Gly Thr Val Gly Val Ser Ala Ala Thr  
 100 105 110  
 Gln Arg Thr His Cys Asn Thr Thr Gln Gly Asn Glu Val Thr Ser Ile  
 115 120 125  
 Leu Arg Trp Ala Lys Asp Ala Gly Lys Ser Val Gly Ile Val Thr Thr  
 130 135 140  
 Thr Arg Val Asn His Ala Thr Pro Ser Ala Ala Tyr Ala His Ser Ala  
 145 150 155 160  
 Asp Arg Asp Trp Tyr Ser Asp Asn Glu Met Pro Pro Glu Ala Leu Ser  
 165 170 175

Gln Gly Cys Lys Asp Ile Ala Tyr Gln Leu Met His Asn Val Lys Asp  
 180 185 190

Ile Glu Val Ile Met Gly Gly Arg Lys Tyr Met Phe Pro Lys Asn  
 195 200 205

Arg Thr Asp Val Glu Tyr Glu Met Asp Glu Lys Ser Thr Gly Ala Arg  
 210 215 220

Leu Asp Gly Leu Asn Leu Ile Asp Ile Trp Lys Asn Phe Lys Pro Arg  
 225 230 235 240

His Lys His Ser His Tyr Val Trp Asn Arg Thr Glu Leu Leu Ala Leu  
 245 250 255

Asp Pro Tyr Thr Val Asp Tyr Leu Leu Gly Leu Phe Asp Pro Gly Asp  
 260 265 270

Met Gln Tyr Glu Leu Asn Arg Asn Asn Val Thr Asp Pro Ser Leu Ser  
 275 280 285

Glu Met Val Glu Ile Ala Ile Lys Ile Leu Ser Lys Lys Pro Arg Gly  
 290 295 300

Phe Phe Leu Leu Val Glu Gly Gly Arg Ile Asp His Gly His His Glu  
 305 310 315 320

Gly Lys Ala Lys Gln Ala Leu His Glu Ala Val Glu Met Asp Arg Ala  
 325 330 335

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

Val Thr Ala Asp His Ser His Val Phe Thr Phe Gly Gly Tyr Thr Pro  
 355 360 365

Arg Gly Asn Ser Ile Phe Gly Leu Ala Pro Met Val Ser Asp Thr Asp  
 370 375 380

Lys Lys Pro Phe Thr Ala Ile Leu Tyr Gly Asn Gly Pro Gly Tyr Lys  
 385 390 395 400

Val Val Gly Gly Glu Arg Glu Asn Val Ser Met Val Asp Tyr Ala His  
 405 410 415

Asn Asn Tyr Gln Ala Gln Ser Ala Val Pro Leu Arg His Glu Thr His  
 420 425 430

Gly Gly Glu Asp Val Ala Val Phe Ala Lys Gly Pro Met Ala His Leu  
 435 440 445

Leu His Gly Val His Glu Gln Asn Tyr Ile Pro His Val Met Ala Tyr  
 450 455 460

Ala Ala Cys Ile Gly Ala Asn Gln Asp His Cys Ala Ser Ala Ser Ser  
 465 470 475 480

Ala Gly Gly Pro Ser Pro Gly Pro Leu Leu Leu Leu Ala Leu Leu  
 485 490 495

Pro Val Gly Ile Leu Phe  
 500

<210> 12

<211> 528

<212> PRT

<213> homo sapiens

<400> 12

Met Gln Gly Pro Trp Val Leu Leu Leu Leu Gly Leu Arg Leu Gln Leu  
 1 5 10 15

Ser Leu Gly Val Ile Pro Ala Glu Glu Glu Asn Pro Ala Phe Trp Asn  
 20 25 30

Arg Gln Ala Ala Glu Ala Leu Asp Ala Ala Lys Lys Leu Gln Pro Ile  
 35 40 45

Gln Lys Val Ala Lys Asn Leu Ile Leu Phe Leu Gly Asp Gly Leu Gly  
 50 55 60

Val Pro Thr Val Thr Ala Thr Arg Ile Leu Lys Gly Gln Lys Asn Gly  
 65 70 75 80

Lys Leu Gly Pro Glu Thr Pro Leu Ala Met Asp Arg Phe Pro Tyr Leu  
 85 90 95

Ala Leu Ser Lys Thr Tyr Asn Val Asp Arg Gln Val Pro Asp Ser Ala  
 100 105 110

Ala Thr Ala Thr Ala Tyr Leu Cys Gly Val Lys Ala Asn Phe Gln Thr  
 115 120 125

Ile Gly Leu Ser Ala Ala Ala Arg Phe Asn Gln Cys Asn Thr Thr Arg  
 130 135 140

Gly Asn Glu Val Ile Ser Val Met Asn Arg Ala Lys Gln Ala Gly Lys  
 145 150 155 160

Ser Val Gly Val Val Thr Thr Thr Arg Val Gln His Ala Ser Pro Ala  
 165 170 175

Gly Thr Tyr Ala His Thr Val Asn Arg Asn Trp Tyr Ser Asp Ala Asp



Met Gln Gly Pro Trp Val Leu Leu Leu Leu Gly Leu Arg Leu Gln Leu  
 1 5 10 15

Ser Leu Gly Ile Ile Pro Val Glu Glu Glu Asn Pro Asp Phe Trp Asn  
 20 25 30

Arg Gln Ala Ala Glu Ala Leu Gly Ala Ala Lys Lys Leu Gln Pro Ala  
 35 40 45

Gln Thr Ala Ala Lys Asn Leu Ile Ile Phe Leu Gly Asp Gly Met Gly  
 50 55 60

Val Ser Thr Val Thr Ala Ala Arg Ile Leu Lys Gly Gln Lys Lys Asp  
 65 70 75 80

Lys Leu Gly Pro Glu Thr Phe Leu Ala Met Asp Arg Phe Pro Tyr Val  
 85 90 95

Ala Leu Ser Lys Thr Tyr Ser Val Asp Lys His Val Pro Asp Ser Gly  
 100 105 110

Ala Thr Ala Thr Ala Tyr Leu Cys Gly Val Lys Gly Asn Phe Gln Thr  
 115 120 125

Ile Gly Leu Ser Ala Ala Ala Arg Phe Asn Gln Cys Asn Thr Thr Arg  
 130 135 140

Gly Asn Glu Val Ile Ser Val Met Asn Arg Ala Lys Lys Ala Gly Lys  
 145 150 155 160

Ser Val Gly Val Val Thr Thr Thr Arg Val Gln His Ala Ser Pro Ala  
 165 170 175

Gly Ala Tyr Ala His Thr Val Asn Arg Asn Trp Tyr Ser Asp Ala Asp  
 180 185 190

Val Pro Ala Ser Ala Arg Gln Glu Gly Cys Gln Asp Ile Ala Thr Gln  
 195 200 205

Leu Ile Ser Asn Met Asp Ile Asp Val Ile Leu Gly Gly Gly Arg Lys  
 210 215 220

Tyr Met Phe Pro Met Gly Thr Pro Asp Pro Glu Tyr Pro Asp Asp Tyr  
 225 230 235 240

Ser Gln Gly Gly Thr Arg Leu Asp Gly Lys Asn Leu Val Gln Glu Trp  
 245 250 255

Leu Ala Lys His Gln Gly Ala Arg Tyr Val Trp Asn Arg Thr Glu Leu  
 260 265 270

Leu Gln Ala Ser Leu Asp Pro Ser Val Thr His Leu Met Gly Leu Phe  
 275 280 285

Glu Pro Gly Asp Met Lys Tyr Glu Ile His Arg Asp Ser Thr Leu Asp  
 290 295 300

Pro Ser Leu Met Glu Met Thr Glu Ala Ala Leu Leu Leu Ser Arg  
 305 310 315 320

Asn Pro Arg Gly Phe Phe Leu Phe Val Glu Gly Gly Arg Ile Asp His  
 325 330 335

Gly His His Glu Ser Arg Ala Tyr Arg Ala Leu Thr Glu Thr Ile Met  
 340 345 350

Phe Asp Asp Ala Ile Glu Arg Ala Gly Gln Leu Thr Ser Glu Glu Asp  
 355 360 365

Thr Leu Ser Leu Val Thr Ala Asp His Ser His Val Phe Ser Phe Gly  
 370 375 380

Gly Tyr Pro Leu Arg Gly Ser Ser Ile Phe Gly Leu Ala Pro Gly Lys  
 385 390 395 400

Ala Arg Asp Arg Lys Ala Tyr Thr Val Leu Leu Tyr Gly Asn Gly Pro  
 405 410 415

Gly Tyr Val Leu Lys Asp Gly Ala Arg Pro Asp Val Thr Glu Ser Glu  
 420 425 430

Ser Gly Ser Pro Glu Tyr Arg Gln Gln Ser Ala Val Pro Leu Asp Gly  
 435 440 445

Glu Thr His Ala Gly Glu Asp Val Ala Val Phe Ala Arg Gly Pro Gln  
 450 455 460

Ala His Leu Val His Gly Val Gln Glu Gln Thr Phe Ile Ala His Val  
 465 470 475 480

Met Ala Phe Ala Ala Cys Leu Glu Pro Tyr Thr Ala Cys Asp Leu Ala  
 485 490 495

Pro Arg Ala Gly Thr Thr Asp Ala Ala His Pro Gly Pro Ser Val Val  
 500 505 510

Pro Ala Leu Leu Pro Leu Leu Ala Gly Thr Leu Leu Leu Leu Gly Thr  
 515 520 525

Ala Thr Ala Pro  
 530

<210> 14

<211> 535

<212> PRT

<213> homo sapiens

<400> 14

Met Leu Gly Pro Cys Met Leu Leu Leu Leu Leu Leu Gly Leu Arg  
 1 5 10 15  
 Leu Gln Leu Ser Leu Gly Ile Ile Pro Val Glu Glu Glu Asn Pro Asp  
 20 25 30  
 Phe Trp Asn Arg Glu Ala Ala Glu Ala Leu Gly Ala Ala Lys Lys Leu  
 35 40 45  
 Gln Pro Ala Gln Thr Ala Ala Lys Asn Leu Ile Ile Phe Leu Gly Asp  
 50 55 60  
 Gly Met Gly Val Ser Thr Val Thr Ala Ala Arg Ile Leu Lys Gly Gln  
 65 70 75 80  
 Lys Lys Asp Lys Leu Gly Pro Glu Ile Pro Leu Ala Met Asp Arg Phe  
 85 90 95  
 Pro Tyr Val Ala Leu Ser Lys Thr Tyr Asn Val Asp Lys His Val Pro  
 100 105 110  
 Asp Ser Gly Ala Thr Ala Thr Ala Tyr Leu Cys Gly Val Lys Gly Asn  
 115 120 125  
 Phe Gln Thr Ile Gly Leu Ser Ala Ala Ala Arg Phe Asn Gln Cys Asn  
 130 135 140  
 Thr Thr Arg Gly Asn Glu Val Ile Ser Val Met Asn Arg Ala Lys Lys  
 145 150 155 160  
 Ala Gly Lys Ser Val Gly Val Val Thr Thr Thr Arg Val Gln His Ala  
 165 170 175  
 Ser Pro Ala Gly Thr Tyr Ala His Thr Val Asn Arg Asn Trp Tyr Ser  
 180 185 190  
 Asp Ala Asp Val Pro Ala Ser Ala Arg Gln Glu Gly Cys Gln Asp Ile  
 195 200 205  
 Ala Thr Gln Leu Ile Ser Asn Met Asp Ile Asp Val Ile Leu Gly Gly  
 210 215 220  
 Gly Arg Lys Tyr Met Phe Arg Met Gly Thr Pro Asp Pro Glu Tyr Pro  
 225 230 235 240  
 Asp Asp Tyr Ser Gln Gly Gly Thr Arg Leu Asp Gly Lys Asn Leu Val  
 245 250 255  
 Gln Glu Trp Leu Ala Lys Arg Gln Gly Ala Arg Tyr Val Trp Asn Arg  
 260 265 270  
 Thr Glu Leu Met Gln Ala Ser Leu Asp Pro Ser Val Thr His Leu Met  
 275 280 285  
 Gly Leu Phe Glu Pro Gly Asp Met Lys Tyr Glu Ile His Arg Asp Ser  
 290 295 300  
 Thr Leu Asp Pro Ser Leu Met Glu Met Thr Glu Ala Ala Leu Arg Leu  
 305 310 315 320  
 Leu Ser Arg Asn Pro Arg Gly Phe Phe Leu Phe Val Glu Gly Gly Arg  
 325 330 335  
 Ile Asp His Gly His His Glu Ser Arg Ala Tyr Arg Ala Leu Thr Glu  
 340 345 350  
 Thr Ile Met Phe Asp Asp Ala Ile Glu Arg Ala Gly Gln Leu Thr Ser  
 355 360 365  
 Glu Glu Asp Thr Leu Ser Leu Val Thr Ala Asp His Ser His Val Phe  
 370 375 380  
 Ser Phe Gly Gly Tyr Pro Leu Arg Gly Ser Ser Ile Phe Gly Leu Ala  
 385 390 395 400  
 Pro Gly Lys Ala Arg Asp Arg Lys Ala Tyr Thr Val Leu Leu Tyr Gly  
 405 410 415

Asn Gly Pro Gly Tyr Val Leu Lys Asp Gly Ala Arg Pro Asp Val Thr  
 420 425 430

Glu Ser Glu Ser Gly Ser Pro Glu Tyr Arg Gln Gln Ser Ala Val Pro  
 435 440 445

Leu Asp Glu Glu Thr His Ala Gly Glu Asp Val Ala Val Phe Ala Arg  
 450 455 460

Gly Pro Gln Ala His Leu Val His Gly Val Gln Glu Gln Thr Phe Ile  
 465 470 475 480

Ala His Val Met Ala Phe Ala Ala Cys Leu Glu Pro Tyr Thr Ala Cys  
 485 490 495

Asp Leu Ala Pro Pro Ala Gly Thr Thr Asp Ala Ala His Pro Gly Arg  
 500 505 510

Ser Val Val Pro Ala Leu Leu Pro Leu Leu Ala Gly Thr Leu Leu Leu  
 515 520 525

Leu Glu Thr Ala Thr Ala Pro  
 530 535

<210> 15

<211> 541

<212> PRT

<213> Artificial

<220>

<223> Consensus ALP: TNALP from various mammalian species and human ALP isozymes PLAP, GCALP, IALP (with signal peptide and GPI anchor domain)

<220>

<221> misc\_feature

<222> (1)..(4)

<223> xaa can be any naturally occurring amino acid

<220>

<221> VARIANT

<222> (5)..(9)

<223> Xaa can be any naturally occurring amino acid or absent

<220>

<221> misc\_feature

<222> (10)..(21)

<223> Xaa can be any naturally occurring amino acid

<220>

<221> VARIANT

<222> (22)..(22)

<223> Xaa can be any naturally occurring amino acid except phenylalanine

<220>

<221> misc\_feature

<222> (23)..(27)

<223> Xaa can be any naturally occurring amino acid

<220>

<221> misc\_feature

<222> (29)..(30)

<223> Xaa can be any naturally occurring amino acid

<220>

<221> misc\_feature

<222> (32)..(32)

<223> Xaa can be any naturally occurring amino acid

<220>  
<221> VARIANT  
<222> (33)..(33)  
<223> Xaa can be any naturally occurring amino acid except cysteine

<220>  
<221> misc\_feature  
<222> (35)..(37)  
<223> Xaa can be any naturally occurring amino acid

<220>  
<221> misc\_feature  
<222> (39)..(41)  
<223> Xaa can be any naturally occurring amino acid

<220>  
<221> misc\_feature  
<222> (43)..(44)  
<223> Xaa can be any naturally occurring amino acid

<220>  
<221> misc\_feature  
<222> (46)..(47)  
<223> Xaa can be any naturally occurring amino acid

<220>  
<221> misc\_feature  
<222> (50)..(53)  
<223> Xaa can be any naturally occurring amino acid

<220>  
<221> VARIANT  
<222> (54)..(54)  
<223> Xaa can be any naturally occurring amino acid or absent

<220>  
<221> misc\_feature  
<222> (55)..(55)  
<223> Xaa can be any naturally occurring amino acid

<220>  
<221> VARIANT  
<222> (56)..(56)  
<223> Xaa can be any naturally occurring amino acid except serine or valine

<220>  
<221> misc\_feature  
<222> (59)..(59)  
<223> Xaa can be any naturally occurring amino acid

<220>  
<221> misc\_feature  
<222> (61)..(61)  
<223> Xaa can be any naturally occurring amino acid

<220>  
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## REFERENCES CITED IN THE DESCRIPTION

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## Patentkrav

1. Farmaceutisk sammensætning, der omfatter et polypeptid med sekvensen ifølge SEQ ID NO: 4 og et farmaceutisk acceptabelt bæremateriale, der omfatter natriumchlorid og/eller natriumphosphat.  
5
2. Sammensætning ifølge krav 1, hvor:
  - a) sammensætningen omfatter 150 mM natriumchlorid og 25 mM natriumphosphat, pH 7,4; eller  
10
  - b) sammensætningen er hydreret fra en lyofiliseret form; eller
  - c) polypeptidet er posttranslationelt modificeret med glycosylering, acetylering, amidering, blokering, formylering, gamma-carboxyglutaminsyrehydroxylering, methylering, phosphorylering, pyrrolidoncarboxylsyre eller sulfatdannelse, fortrinsvis hvor polypeptidet er glycosyleret; eller  
15
  - d) sammensætningen omfatter polypeptidet i en form, der omfatter en dimer eller tetramer, fortrinsvis hvor dimeren er forbundet ved hjælp af to disulfidbindinger.  
20
3. Sammensætning ifølge krav 1 eller 2 til anvendelse til korrektion eller forebyggelse af en alkalisk phosphatase-deficiens hos et individ, der har brug for den.
- 25 4. Sammensætning til anvendelse ifølge krav 3, hvor alkalisk phosphatase-deficiensen er hypophosphatasi (HPP) eller parodontose, fortrinsvis hvor parodontosen skyldes en bakterieinfektion.
- 30 5. Sammensætning til anvendelse ifølge krav 3 eller 4, hvor individet har mindst én HPP-fænotype, fortrinsvis hvor:
  - a) den mindst ene HPP-fænotype omfatter ufuldstændig knoglemineralisering, fortrinsvis hvor den ufuldstændige knoglemineralisering er ufuldstændig femoral knoglemineralisering eller ufuldstændig tibial knoglemineralisering eller ufuldstændig metatarsal knoglemineralisering eller ufuldstændig ribbensknoglemineralisering; eller  
35

- b) den mindst ene HPP-fænotype omfatter HPP-relateret anfald;  
eller
- c) den mindst ene HPP-fænotype omfatter præmatur tab af  
mælketænder; eller
- 5 d) den mindst ene HPP-fænotype omfatter forhøjede niveauer i  
blod og/eller urin af uorganisk pyrophosphat (PPi); eller
- e) den mindst ene HPP-fænotype omfatter forhøjede niveauer i  
blod og/eller urin af phosphoethanolamin (PEA); eller
- f) den mindst ene HPP-fænotype omfatter forhøjede niveauer i  
10 blod og/eller urin af pyridoxal-5'-phosphat (PLP); eller
- g) den mindst ene HPP-fænotype omfatter utilstrækkelig  
vægtstigning; eller
- h) den mindst ene HPP-fænotype omfatter rakitis; eller
- i) den mindst ene HPP-fænotype omfatter knoglesmerter; eller
- 15 j) den mindst ene HPP-fænotype omfatter  
calciumpyrophosphatdihydrat-krystaldeponering; eller
- k) den mindst ene HPP-fænotype omfatter aplasi, hypoplasi  
eller dysplasi af dental cement; eller
- l) den mindst ene HPP-fænotype omfatter osteomalaci.
- 20
6. Sammensætning til anvendelse ifølge et hvilket som helst  
af kravene 3 til 5, hvor individet, der har brug for den, har  
mindst én af:
- a) infantil HPP; eller
- 25 b) børne-HPP; eller
- c) perinatal HPP; eller
- d) voksen-HPP; eller
- e) odontohypophosphatase-HPP.
- 30
7. Sammensætning til anvendelse ifølge krav 3 eller 4, hvor  
individet har mindst én parodontosefænotype, fortrinsvis hvor:
- a) den mindst ene parodontosefænotype omfatter dysplasi af  
dental cement; eller
- b) den mindst ene parodontosefænotype omfatter aplasi; eller
- 35 c) den mindst ene parodontosefænotype omfatter hypoplasi;  
eller
- d) den mindst ene parodontosefænotype omfatter eksfoliation af  
tænder.

8. Sammensætning til anvendelse ifølge et hvilket som helst af kravene 3 til 7, hvor individet er et menneske.

5 9. Sammensætning til anvendelse ifølge et hvilket som helst af kravene 3 til 8, hvor:

a) sammensætningen er formuleret ved dosis, der tilvejebringer ca. 0,2 til ca. 20 mg/kg/dag eller ca. 1,4 til ca. 140 mg/kg/uge; eller

10 b) sammensætningen er formuleret til daglig eller ugentlig administration eller en fraktion deraf, fortrinsvis hvor sammensætningen er formuleret til administration hver dag, hver anden dag, hver tredje dag eller hver syvende dag; eller

15 c) sammensætningen er formuleret til subkutan, intravenøs, oral, nasal, intramuskulær, sublingual, intratekal eller intradermal administration, fortrinsvis hvor sammensætningen er formuleret til subkutan eller intravenøs administration; eller

20 d) sammensætningen er i form af en væske, opløsning, suspension, pille, kapsel, tablet, gelcap, et pulver, en gel, salve, creme, forstøvningsvæske, vækestøv, forstøvet damp, aerosol eller et fytosom, fortrinsvis hvor sammensætningen er i form af en væske; eller

25 e) sammensætningen er formuleret ved en dosis, der tilvejebringer lig med eller mindre end 5 mg/kg/dag; eller

f) sammensætningen er formuleret ved en dosis, der tilvejebringer lig med eller mindre end 0,5 mg/kg/dag; eller

30 g) sammensætningen er formuleret til at tilvejebringe maksimale cirkulerende niveauer (C<sub>max</sub>) lig med eller mellem 65 mg/L og 396 mg/L af polypeptidet; eller

h) sammensætningen er formuleret til at tilvejebringe maksimale cirkulerende niveauer (C<sub>max</sub>) lig med eller mellem 1230 mg/L og 7720 mg/L af polypeptidet; eller

i) polypeptidet akkumulerer i knogler; eller

35 j) polypeptidet ikke akkumulerer i muskler.

10. Fremgangsmåde til fremstilling af den farmaceutiske sammensætning ifølge krav 1, hvilken fremgangsmåde omfatter

dyrkning af en rekombinant værtscelle, der er transformeret eller transficeret med en rekombinant ekspressionsvektor, der omfatter en nukleinsyre med en sekvens, der koder for polypeptidet ifølge krav 1, i et dyrkningsmedium under betingelser, der er egnet til at fremkalde ekspres-  
5 sion af polypeptidet, indvinding af polypeptidet fra dyrkningsmediet og blanding af polypeptidet med farmaceutisk acceptabelt bæremateriale, der omfatter natriumchlorid og/eller natriumphosphat.

10

11. Fremgangsmåde ifølge krav 10, hvor:

a) værtscellen er en CHO (Chinese Hamster Ovary)-celle, L-celle, C127-celle, 3T3-celle, BHK-celle eller COS-7-celle, fortrinsvis hvor værtscellen er en CHO-celle; eller

15 b) indvindingen omfatter affinitetskromatografi, fortrinsvis hvor affinitetskromatografien omfatter Protein A-kromatografi eller hydroxyapatitkromatografi, fortrinsvis hvor affinitetskromatografien er Protein A-kromatografi; eller

20 c) den isolerede nukleinsyre yderligere omfatter et 5'-UTR eller N-terminalt signalpeptid; eller

d) renheden af det indvundne polypeptid er større end 95 %.

12. Kit, der omfatter en sammensætning ifølge krav 1 eller 2 og instruktioner til anvendelse af sammensætningen i en fremgangsmåde til korrektion eller forebyggelse af en alkalisk  
25 phosphatase-deficiens hos et individ, der har brug for den.

13. Kit ifølge krav 12, hvor alkalisk phosphatase-deficiensen er HPP eller parodontose.

30

14. Knoglemålrettet alkalisk phosphatase, der omfatter et polypeptid med strukturen:

sALP-Y-spacer-X-Wn,

35 hvor sALP er det ekstracellulære domæne af den alkaliske phosphatase;

X er fraværende eller er en aminosyresekvens af mindst én aminosyre;

Y er fraværende eller er en aminosyresekvens af mindst én

aminosyre;

Wn er en polyaspartat eller en polyglutamat, hvor  $n = 10$  til 16; og

spaceren omfatter en fragment-krySTALLiserbar region (Fc).

5

15. Alkalisk phosphatase ifølge krav 14, hvor:

a) den alkaliske phosphatase er fysiologisk aktiv i forhold til phosphoethanolamin (PEA), uorganisk pyrophosphat (PPi) og pyridoxal-5'-phosphat (PLP); eller

10 b) den alkaliske phosphatase er til stede i en sammensætning, der omfatter et farmaceutisk acceptabelt bæremateriale, der omfatter natriumchlorid og/eller natriumphosphat, fortrinsvis hvor det farmaceutisk acceptable bæremateriale omfatter 150 mM natriumchlorid og 25 mM natriumphosphat, pH 7,4; eller

15 c) den alkaliske phosphatase er:

i) en vævs-uspecifik alkalisk phosphatase (tnALP), fortrinsvis hvor tnALP er:

- en human tnALP med sekvensen ifølge GenBank-accessionsnr. NP000469, AA110910, AAH90861, AAH66116, AAH21289 eller  
20 AAI26166; eller

- en rhesus-tnALP med sekvensen ifølge GenBank-accessionsnr. XP-001109717; eller

- en rotte-tnALP med sekvensen ifølge GenBank-accessionsnr. NP\_037191; eller

25 - en hunde-tnALP med sekvensen ifølge GenBank-accessionsnr. AAF64516; eller

- en porcin tnALP med sekvensen ifølge GenBank-accessionsnr. AAN64273; eller

30 - en murin tnALP med sekvensen ifølge GenBank-accessionsnr. NP\_031457; eller

- en bovin tnALP med sekvensen ifølge GenBank-accessionsnr. NP\_789828, NP\_776412, AAI18209 eller AAC33858; eller

- en katte-tnALP med sekvensen ifølge GenBank-accessionsnr. NP\_001036028; eller

35 ii) en placentar alkalisk phosphatase (pALP), fortrinsvis hvor pALP har sekvensen ifølge GenBank-accessionsnr. NP\_112603 eller NP\_001623; eller

iii) en germcelle-alkalisk phosphatase (gcALP), fortrinsvis

hvor gcALP har sekvensen ifølge GenBank-accessionsnr. P10696;  
eller

iv) en intestinal alkalisk phosphatase (iALP), fortrinsvis  
hvor iALP har sekvensen ifølge GenBank-accessionsnr.

5 NP\_001622; eller

d) den alkaliske phosphatase omfatter:

i) aminosyreresterne 23-508 af SEQ ID NO: 15, fortrinsvis hvor  
den alkaliske phosphatase består af aminosyreresterne 23-512  
af SEQ ID NO: 15; eller

10 ii) aminosyreresterne 23-508 af SEQ ID NO: 18, fortrinsvis  
hvor den alkaliske phosphatase består af aminosyreresterne 23-  
512 af SEQ ID NO: 18; eller

iii) aminosyreresterne 18-498 af SEQ ID NO: 16, fortrinsvis  
hvor den alkaliske phosphatase består af aminosyreresterne 18-  
15 502 af SEQ ID NO: 16; eller

iv) aminosyreresterne 18-498 af SEQ ID NO: 19, fortrinsvis  
hvor den alkaliske phosphatase består af aminosyreresterne 18-  
502 af SEQ ID NO: 19; eller

e) den alkaliske phosphatase er i en form, der omfatter en  
20 dimer eller tetramer, fortrinsvis hvor dimeren er forbundet  
ved hjælp af to disulfidbindinger; eller

f) den alkaliske phosphatase er i en lyofiliseret form; eller

g) den alkaliske phosphatase er posttranslationelt modificeret  
med glycosylering, acetylering, amidering, blokering,  
25 formylering, gamma-carboxyglutaminsyrehydroxylering,  
methylering, phosphorylering, pyrrolidoncarboxylsyre eller  
sulfatdannelse, fortrinsvis hvor den alkaliske phosphatase er  
glycosyleret.

DRAWINGS

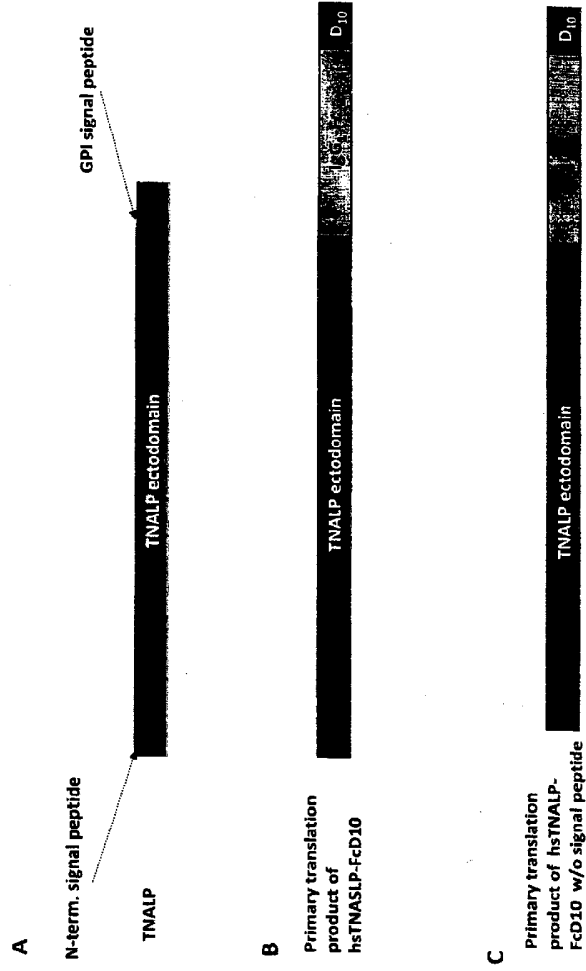


Figure 1

Protein sequence for sTNALP-FcD<sub>10</sub> with the peptide signal.

MISPFLVLAIGTCLTNSLVPEKEKDPKYWRDQAQETLKYLELQKLNINVAKNVIMFLGDGMGVSTV  
TAARILKQQLHHNPGEETRELEMDKFPFVALSKTYNTNAQVPDSAGTATAYLCGVKANEGTVGVSAAT  
ERSRCNTTQGNEVTSILRWAKDAGKSVGIVTTTRVNHATPSAAAYHSADRWDWYSDNEMPEALSQGC  
KDIAYQLMHNIRDIVIMGGGRKMYPKNKT DVEYESDEKARGTRLDGLDLVDTWKSFKPRYKHSHP  
IWNRTELLTLDPHNVYLLGLFEPGDMQYELNRMNVTDPSLSEMVVVAIQILKKNPKGFLLVEGGR  
IDHGHHEGKAKQALHEAVEMDRAICQAGSLTSS EDTLTVVTADHSHVFTFGGYTPRGNSIFGLAPML  
SDTDKKPFTAILYNGGPGYKVVGGERENVSMVDYAHNNYQAQSAVPLRHETHGGEDVAVFSKGPMAH  
LLHGVHEQNYVPHVMAYAACTGANLGHCAPASSLKDKTHTCPCFAPELLGGFSVFLFPKFKDTLM  
ISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEVHNAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEY  
KCKVSNKALPAPIEKTIISKAKGQPREPQVYTLPPSREEMTKNQVSLTCLVKGFYPSDIAVEWESNGQ  
PENNYKTTTPFVLDSDGSFFLYSKLTVDKSRWQQGNVFSCSVMHEALHNHYTQKSLSLSPGKIDDDDD  
 DDDDD

10	20	30	40	50	60
MIS	PFLVLAIG	GTCLTNSLV	PEKEKDPKYWR	DQAQETLK	YLELQKLNIN
70	80	90	100	110	120
GMG	VSTVTAAR	ILKQQLHHN	PGEETRELEMD	KFPFVALSKT	YNTNAQVPDS
130	140	150	160	170	180
VKAN	EGTVGVSA	ATERSRCN	TTQGNEVTSI	LRWAKDAGKS	VGIVTTTRVN
190	200	210	220	230	240
SADR	DWYSDNEM	PEALSQGC	CKDIA	YQLMHNIR	DIVIMGGGR
250	260	270	280	290	300
KARG	TRLDGLDL	VDTWKSF	KPRYKHSHP	IWN	RTELLTLD
310	320	330	340	350	360
RNVN	TDPSLSE	EMVVVAIQ	ILKKNPKG	FLLVEGGR	IDHGH
370	380	390	400	410	420
QAGS	LTSS EDT	LTVVTAD	HSHVFTFG	GYTPRGNS	IFGLAPML
430	440	450	460	470	480
YKVV	GERENV	SMVDYAH	NNYQAQSA	VPLRHETH	GGEDVAV
490	500	510	520	530	540
PHVM	AYAACT	GANLGH	CAPASSL	KDKTHTC	PCFAPELL
550	560	570	580	590	600
PEVT	CVVVDV	SHEDPE	VKFNWY	VDGVEV	HNAKTKP
610	620	630	640	650	660
KEYK	CKVSNK	ALPAPI	EKTIISK	AKGQPRE	PQVYTL
670	680	690	700	710	720
IAVE	WESNGQ	PENNYK	TTPFVLD	SDGSFFL	YSKLTVD
730	740				
TQKS	LSLSPG	KIDDDDD	DDD		

Figure 2

Protein sequence for sTNALP-FcD<sub>10</sub> without the peptide signal.

LVPEKEKDPKYWRDQAQETLKYALELQKLNNTVAKNVIMFLGDMGVSTVTAARILKGLHHP  
 GEETRLMDKPFVVALSKTYNTNAQVDSAGTATAYLCGVKANEGTVGSAATERSRCNTTQCN  
 EVTSILRWAKDAGKSVGI VITTRVNHATPSAAVAHSADRDWYSDNEMPPPEALSOGCKDIAYQLM  
 HNIRDIDVIMGGGRKMYPKKKTDDVEYESDEKARGTRLDGLDLVDITWKSFKPRYKHSHTWNR  
 ELLTLDPHNVDYLLGLFEPGDMQYELNRRNVTDPSEMVVVAIQILRKNPKGFFLLVEGGRID  
 HGHHEGKAKQALHEAVEMDRAIGQAGSLTSSDITLVVTADHSHVFTFGGYTPRNSIFGLAFM  
 LSDTDKPFPTALLYGNGPGYKVVGGEREENVSMVDYAHNNYQAQSAVPLRHETHGGEDVAVFSKG  
 PMAHLLHGVHEQNYVPHVMAYAACIGANLGHCA PASSLKDKTHTCPCPAPPELLGGPSVFLFPP  
 KPKDTLMISRTPEVTCVVVDVSHEDPEVKFNWYVDGVEVHNAKTKPREEQYNSTYRVVSVLTVL  
 HQDWLNGKEYKCKVSNKALPAPIEKTISKAKGQPREPQVYTLPPSREEMTKNQVSLTCLVKGFY  
 PSDIAVEWESNGQPENNYKTTTPPVLDSDGSPFLYSKLTVDKSRWQQGNVFPSCVMHEALHNHYT  
 QKSLSLSPGKIDDDDDDDDDDD

10 20 30 40 50 60  
 LVPEKEKDPK YWRDQAQETL KYALELQKLN TNVAKNVIMF LGDMGVSTV TAARILKGLH

70 80 90 100 110 120  
 HHNPGEETRL EMDKFPFVAL SKTYNTNAQV PDSAGTATAY LCGVKANEGT VGVSAATERS

130 140 150 160 170 180  
 RCNNTTQGNV TSILRWAKDA GKSVGIVITTT RVNHATPSAA VAHSADRDWY SDNEMPPPEAL

190 200 210 220 230 240  
 SOGCKDIAYQ LMHNIRDIDV IMGGGRKMYM PKNKTDVEYE SDEKARGTRL DGLDLVDITW

250 260 270 280 290 300  
 SFKPRYKHSHT FIWNRTELLT LDPHNVDYLL GLFEPGDMQY ELNRRNVTDP SLSEMVVVAI

310 320 330 340 350 360  
 QILRKNPKGF FLLVEGGRID HGHHEGKAKQ ALHEAVEMDR AIGQAGSLTS SEDTLTVVTA

370 380 390 400 410 420  
 DSHSVFTFGG YTPRNSIFG LAPMLSDTDK KPFTALLYGN GPGYKVVGGE RENVSMDYA

430 440 450 460 470 480  
 HNHYQAQSAV PLRHETHGGE DVAVFSKGPMAHLLHGVHEQ NYVPHVMAYA ACIGANLGH

490 500 510 520 530 540  
 APASSLKDKT HTCPFCPAPPELLGGPSVFLF PPKPKDTLMISRTPEVTCVV VDVSHEDPEV

550 560 570 580 590 600  
 KFNWYVDGVE VHNKTKPRE EQYNSTYRVV SVLTVLHQDW LNGKEYKCKV SNKALPAPIE

610 620 630 640 650 660  
 KTISKAKGQP REPQVYTLPP SREEMTKNQV SLTCLVKGFY PSDIAVEWES NGQPENNYKT

670 680 690 700 710 720  
 TTPVLDSDGS FFLYSKLTVD KSRWQQGNVF SCSVMHEALH NHYTQKSLSL SPGKIDDDDD

DDDDDD

Figure 3

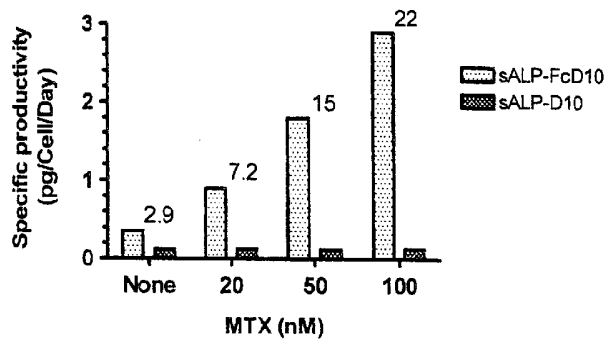


Figure 4

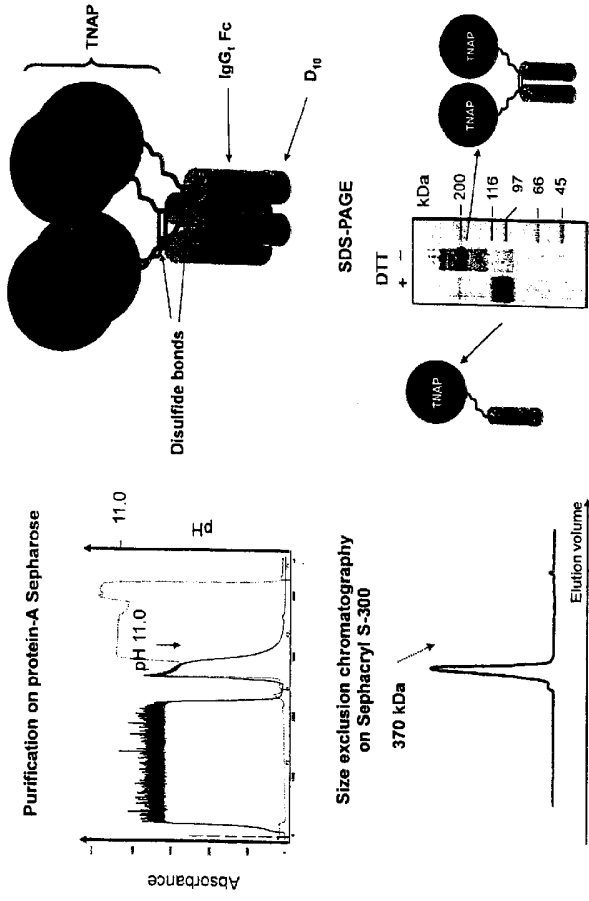


Figure 5

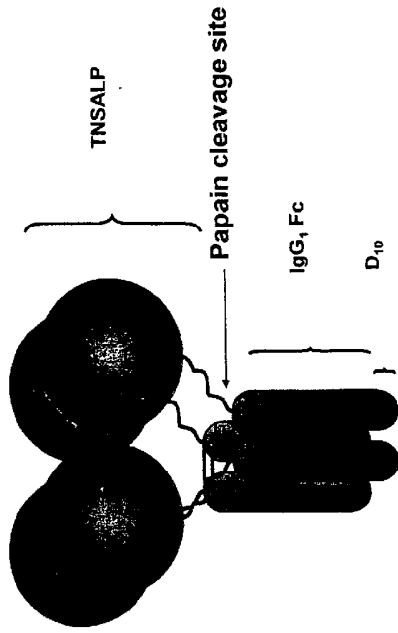


Figure 6

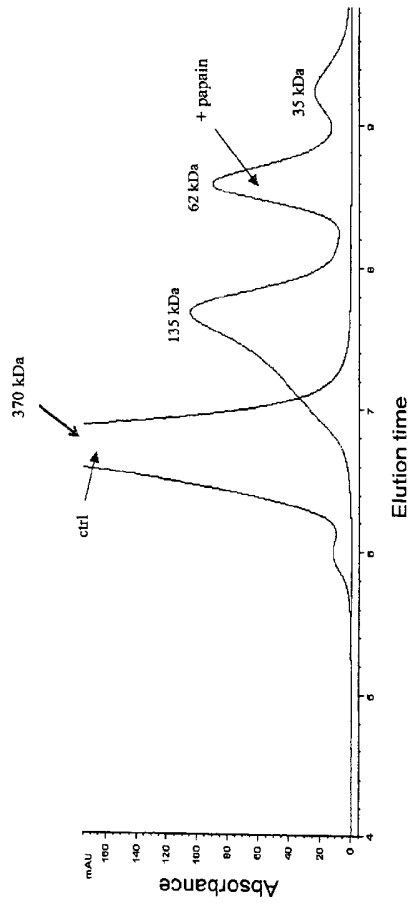


Figure 7

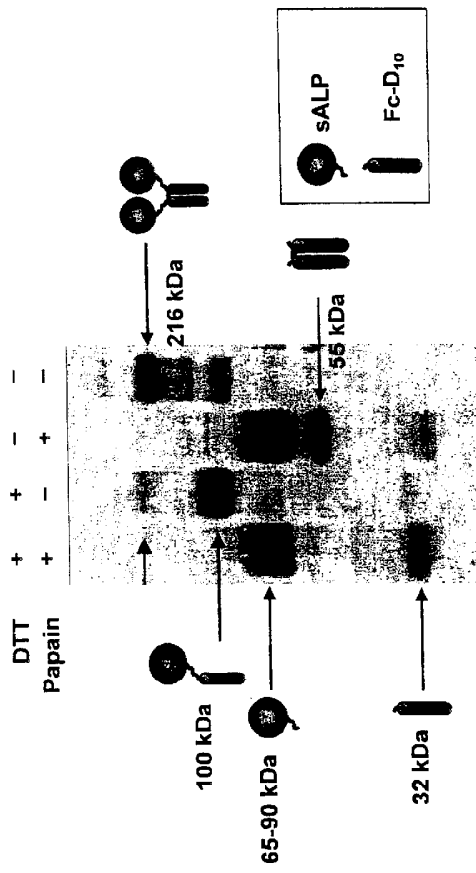


Figure 8

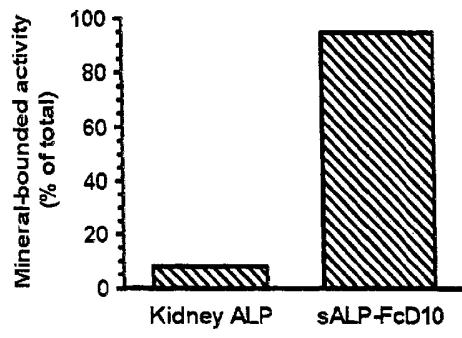


Figure 9

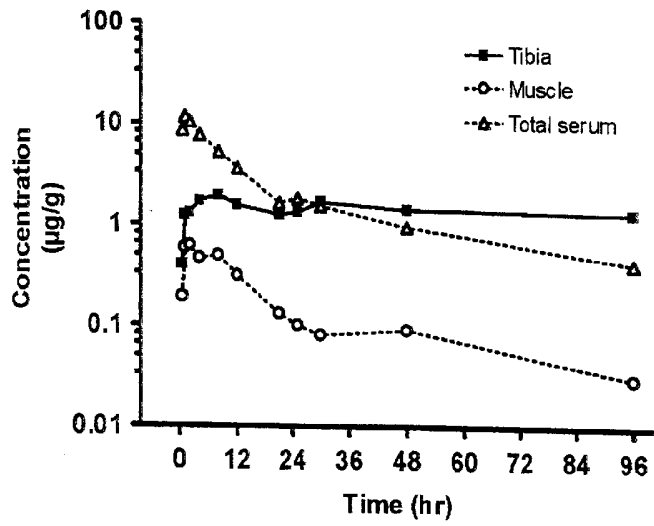


Figure 10

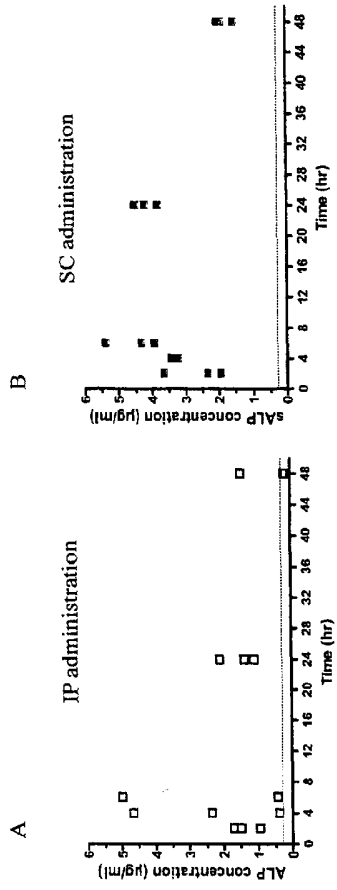


Figure 11

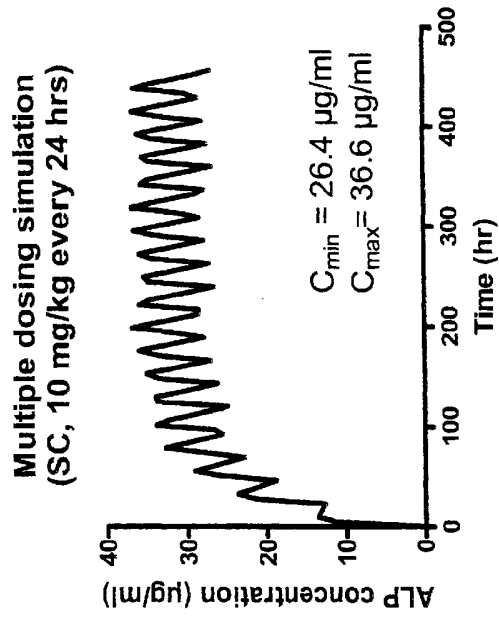


Figure 12

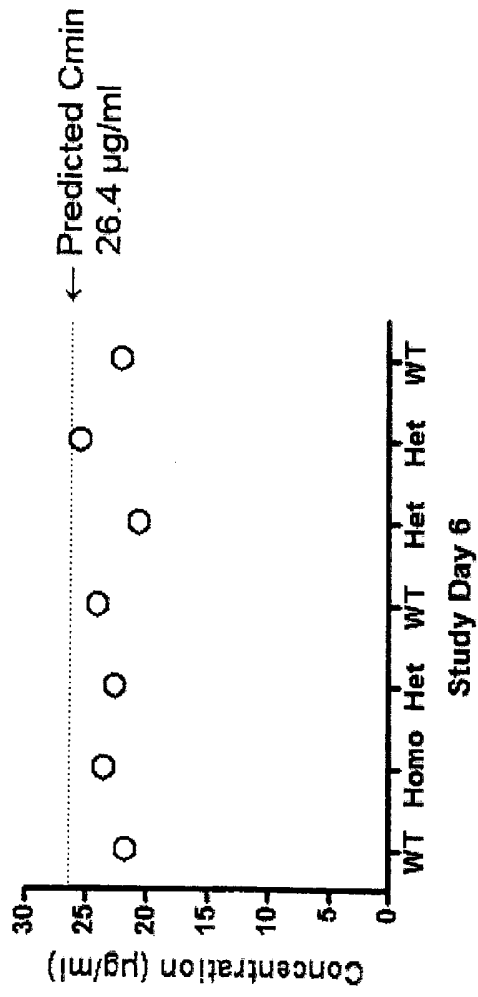


Figure 13

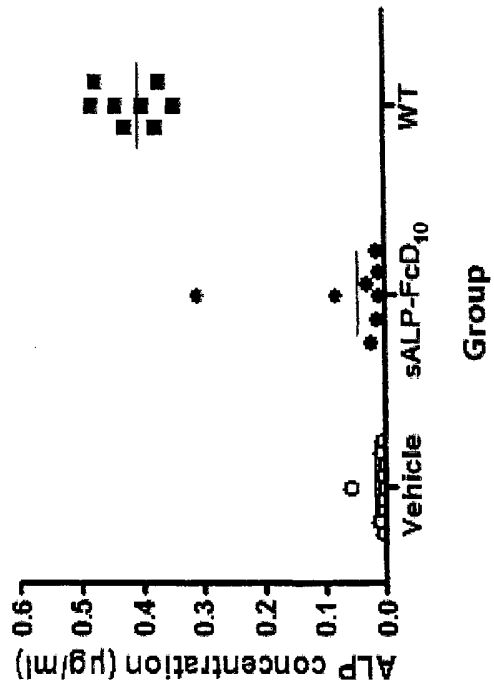


Figure 14

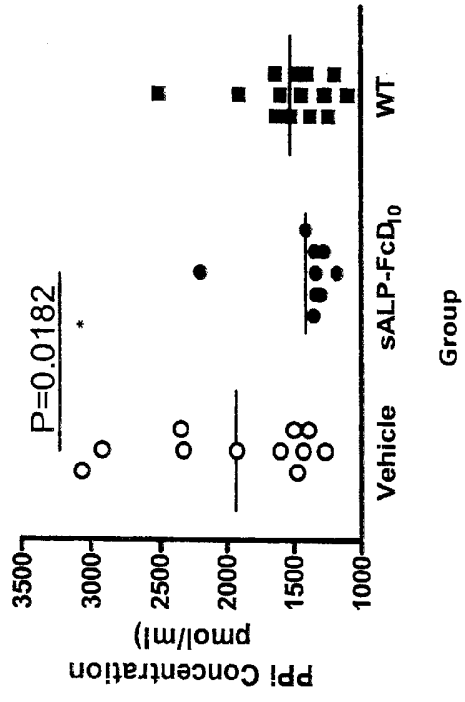


Figure 15

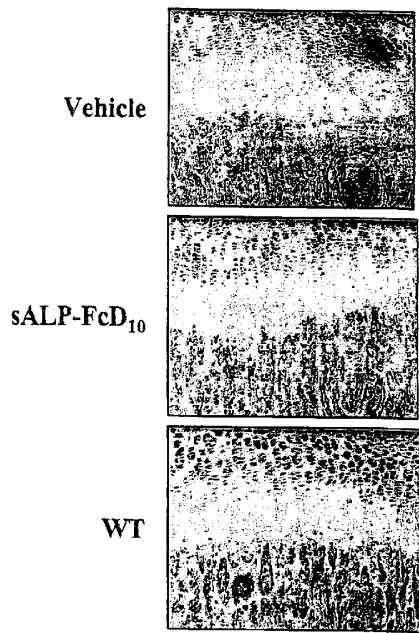


Figure 16

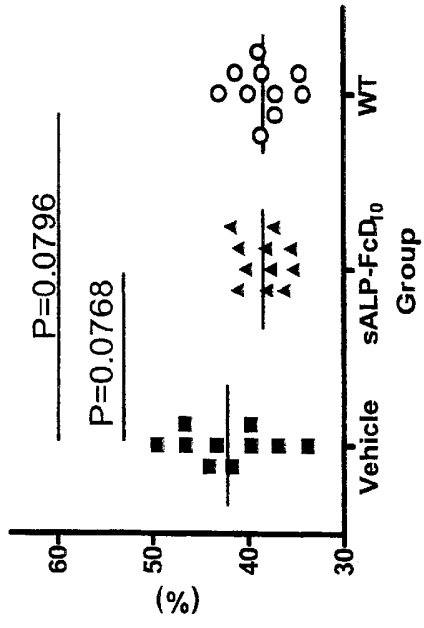


Figure 17

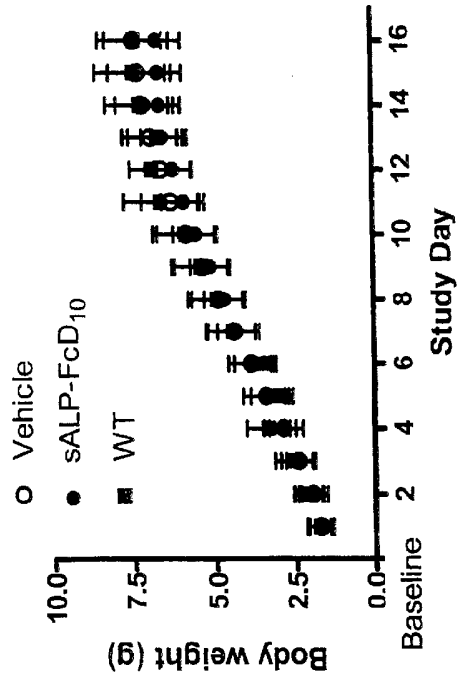


Figure 18





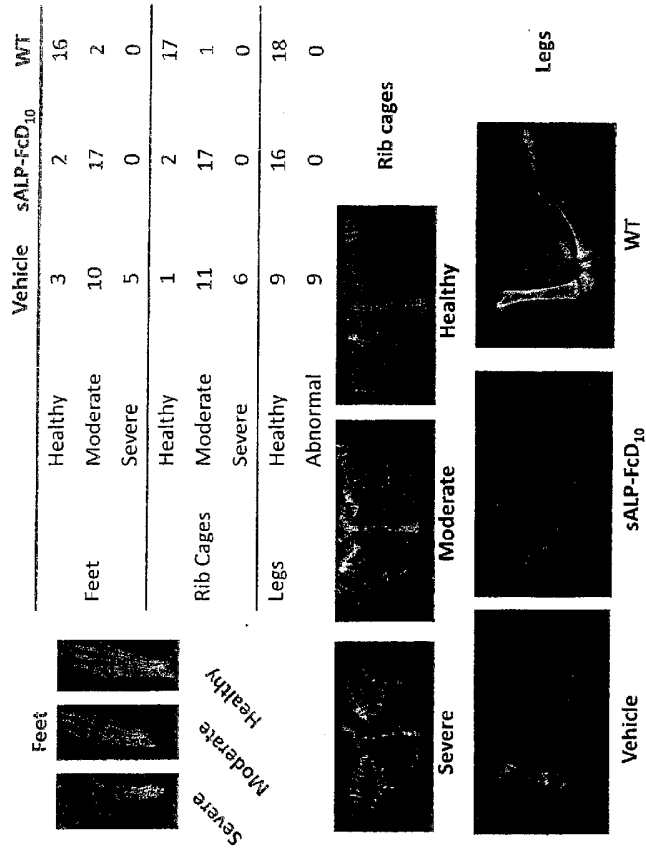


Figure 21

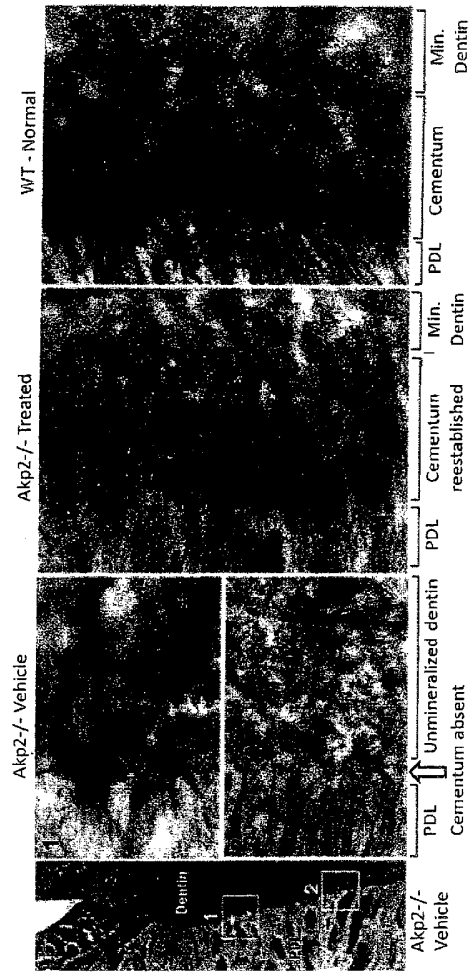


Figure 22

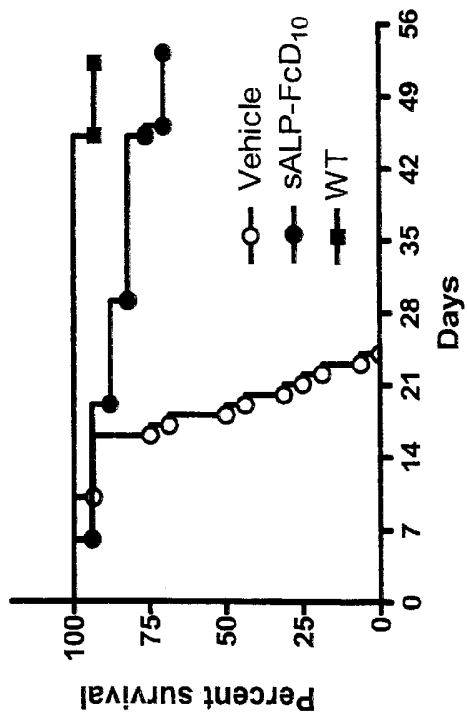


Figure 23



Figure 24

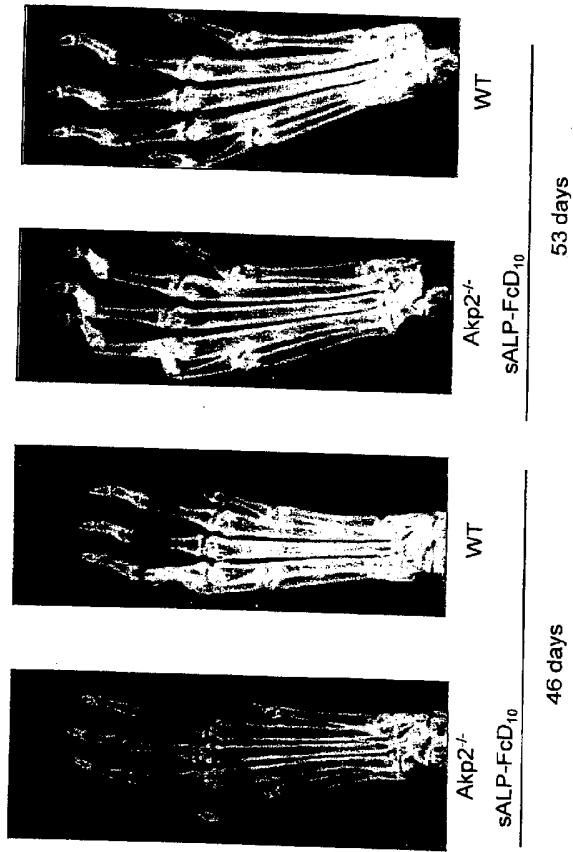


Figure 25

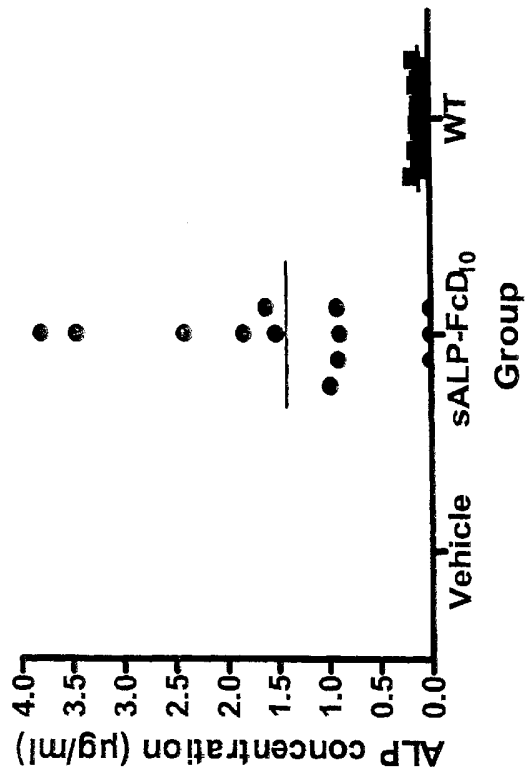
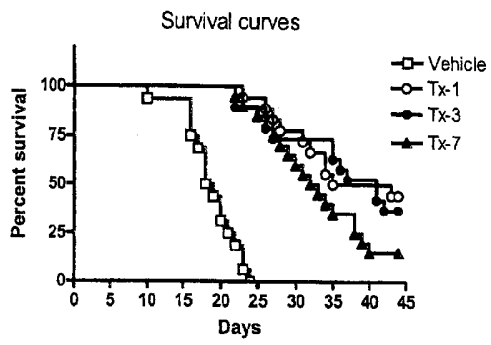


Figure 26

A

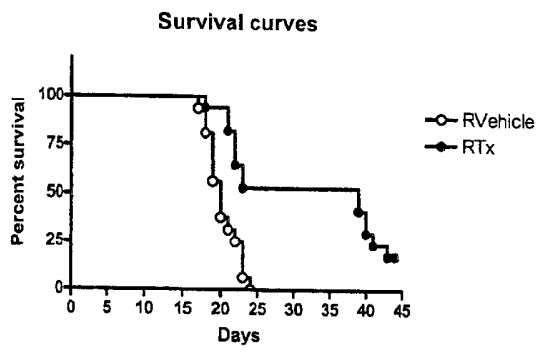


B

Group	Median Survival (Day)
Vehicle	18.5
Tx-1	39
Tx-3	41
Tx-7	32.5

Figure 27

A



B

Group	Median Survival (Day)
Rvehicle	20
RTx	39

Figure 28

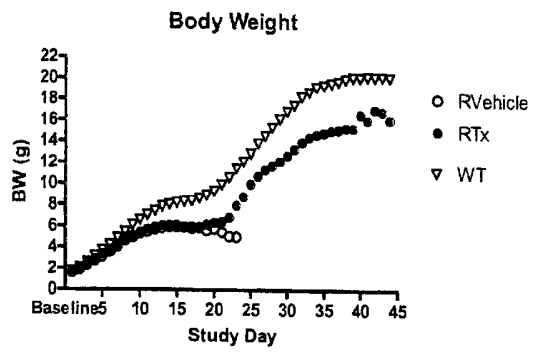


Figure 29











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Figure 32