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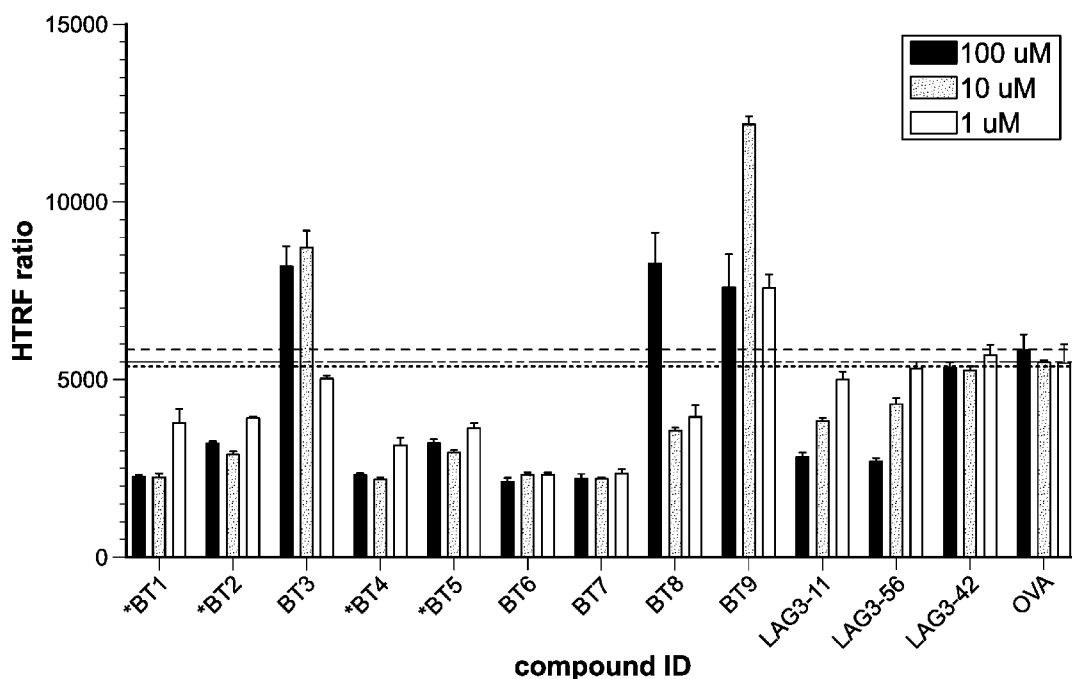


Figure 1

(57) **Abstract:** This disclosure provides peptide conjugates that are useful for inhibiting the progression of a hyperproliferative disorder, inhibiting the progression of sepsis, inhibiting the progression of an infectious disease, enhancing a response to a vaccine, or inhibiting the progression of a synucleinopathy.

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IMMUNOMODULATORY COMPOUNDS

[01] This application incorporates by reference the contents of a 2.65 kb text file created on June 1, 2020 and named "00047900275sequencelisting.txt," which is the sequence listing for this application.

[02] Each scientific reference, patent, and published patent application cited in this disclosure is incorporated herein by reference in its entirety.

TECHNICAL FIELD

[03] This disclosure relates generally to immunomodulatory peptides.

BACKGROUND

[04] There is a continuing need for useful modulators of immune checkpoint pathways. For example, programmed cell death-1 (PD1) and its ligands, PD-L1 and PD-L2, are widely expressed and exert a number of immunoregulatory roles in T cell activation, including attenuation of immunity against tumor cells and infectious agents. PD1 is therefore an attractive target for a variety of therapeutic applications. Cytotoxic T-lymphocyte-associated antigen (CTLA-4) provides a negative signal to T cells and is also an attractive therapeutic target.

[05] Lymphocyte activation gene 3 (LAG3, also known as LAG-3, LAG 3, Lag3, CD223, FDC protein) is a member of the immunoglobulin superfamily of receptors. LAG3 is expressed on immune cells (activated T cells, Huard et al., 1994; natural killer cells, Triebel et al., 1990; B cells, Kisielow et al., 2005; plasmacytoid dendritic cells, Workman et al., 2009), where it binds to MHC class II (MHC-II) and serves as an immune checkpoint receptor. LAG3 also binds to fibrinogen-like protein (FGL1), and disrupting this binding can potentiate anti-tumor immunity (Wang et al., 2019).

[06] LAG3 is also expressed on neurons, where it serves as a receptor for the α -synuclein aggregates characteristic of synucleinopathies (Mao et al., 2016). Synucleinopathies are disorders characterized by the abnormal accumulation of aggregates of α -synuclein protein in neurons, nerve fibers, or glial cells. Synucleinopathies include idiopathic and inherited forms of Parkinson's disease (PD); Diffuse Lewy Body (DLB) disease, also known as Dementia with Lewy Bodies or Lewy body dementia; incidental Lewy body disease; Lewy body variant of

Alzheimer's disease (LBV); Combined Alzheimer's and Parkinson disease (CAPD); pure autonomic failure (PAF); multiple system atrophy (MSA), such as olivopontocerebellar atrophy, striatonigral degeneration, and Shy-Drager Syndrome; pantothenate kinase-associated neurodegeneration; Down's Syndrome; Gaucher disease-related synucleinopathies; and neurodegeneration with brain iron accumulation.

BRIEF DESCRIPTION OF THE FIGURES

[07] Figure 1 is a graph reporting the results of a TR-FRET assay testing the ability of peptide conjugates and individual peptides to affect the interaction between LAG3 and MHC-II. * indicates precipitation when diluted in assay buffer at 1mM (100 μ M final).

[08] Figure 2A is a graph showing the results of a TR-FRET assay testing peptide LG42 (SEQ ID NO:6). Figure 2B is a graph showing the results of a TR-FRET assay testing peptide LD10da (SEQ ID NO:8).

[09] Figure 3 is a graph showing the results of a TR-FRET assay testing peptide LG11 (SEQ ID NO:3).

[10] Figure 4A is a graph showing the results of a TR-FRET assay testing peptide conjugate BT1. Figure 4B is a graph showing the results of a TR-FRET assay testing peptide conjugate BT2.

[11] Figure 5 is a graph showing the results of a TR-FRET assay testing peptide conjugate BT3.

[12] Figure 6A is a graph showing the results of a TR-FRET assay testing peptide conjugate BT4. Figure 6B is a graph showing the results of a TR-FRET assay testing peptide conjugate BT5.

[13] Figure 7A is a graph showing the results of a TR-FRET assay testing peptide conjugate BT6. Figure 7B is a graph showing the results of a TR-FRET assay testing peptide conjugate BT7.

[14] Figure 8A is a graph showing the results of a TR-FRET assay testing peptide conjugate BT8. Figure 8B is a graph showing the results of a TR-FRET assay testing peptide conjugate BT9.

[15] Figure 9A is a graph showing the results of a TR-FRET assay testing peptide conjugate BT10. Figure 9B is a graph showing the results of a TR-FRET assay testing peptide conjugate BT11.

[16] Figure 10 is a graph showing the results of a PD1-PDL1 cell reporter assay testing various peptide conjugates and peptides.

DETAILED DESCRIPTION

[17] This disclosure provides peptide conjugates that inhibit the function of PD1 and/or block the interaction of LAG3 with MHC-II. The disclosed peptide conjugates contain two peptides separated by a polyethylene glycol (PEG) linker. Each of the peptide conjugates disclosed in this specification contains two of four peptides, with the sequences and orientations as shown in Table 1.

Table 1.

peptide	orientation	amino acid sequence	SEQ ID NO:
LD10	forward (→)	STGQISTLRVNITAPLSQ	1
LD10	reverse (←)	QSLPATINVRLTSLIQGTS	2
LG11	forward (→)	SAPWEPLHWPEDDWWQGTGEW	3
LG11	reverse (←)	WEGTGQWWDEPWHLPEWPAS	4

[18] “LD10” (SEQ ID NO:1) is a peptide that inhibits the function of the checkpoint receptor “programmed death 1” (PD1). “LG11” (also known as “LAG3-11”) (SEQ ID NO:3) is a peptide that binds to LAG3 and blocks its interaction with MHC-II.

[19] Examples of peptide conjugates are shown in Table 2, in which a lower case letter indicates the D form of the amino acid; “PEG4” is a PEG linker of 4 PEG units, and “Ac” is C-terminal acetylation.

Table 2. Structure of Peptide Conjugates BT1-BT11

		LD10	LG11	LD10
BT1	H ₂ N-(dS)TGQISTLRVNITAPLSQ ¹ -PEG ₄ -SAPWEPLHWPEDEWWQGTGEW ³ -amide	→	→	
BT2	H ₂ N-SAPWEPLHWPEDEWWQGTGEW ³ -PEG ₄ -(dS)TGQISTLRVNITAPLSQ ¹ -amide		→	→
BT3	H ₂ N-WEGTGQWWDEPWHLPEWPAS ⁴ -PEG ₄ -(dS)TGQISTLRVNITAPLSQ ¹ -amide		←	→
BT4	H ₂ N-SAPWEPLHWPEDEWWQGTGEW ³ -PEG ₄ -QSLPATINVRTLSIQGT(dS) ² -amide		→	←
BT5	H ₂ N-WEGTGQWWDEPWHLPEWPAS ⁴ -PEG ₄ -QSLPATINVRTLSIQGT(dS) ² -amide		←	←
BT6	Ac-QSLPATINVRTLSIQGT(dS) ² -PEG ₄ -WEGTGQWWDEPWHLPEWPAS ⁴ -amide	←	←	
BT7	Ac-QSLPATINVRTLSIQGT(dS) ² -PEG ₄ -SAPWEPLHWPEDEWWQGTGEW ³ -amide	←	→	
BT8	H ₂ N-(dS)TGQISTLRVNITAPLSQ ¹ -PEG ₄ -WEGTGQWWDEPWHLPEWPAS ⁴ -amide	→	←	
BT9	H ₂ N-(dS)TGQISTLRVNITAPLSQ ¹ -PEG ₄ -(dS)TGQISTLRVNITAPLSQ ¹ -amide	→		→
BT10	H ₂ N-(dS)TGQISTLRVNITAPLSQ ¹ -PEG ₄ -QSLPATINVRTLSIQGT(dS) ² -amide	→		←
BT11	Ac-QSLPATINVRTLSIQGT(dS) ² -PEG ₄ -QSLPATINVRTLSIQGT(dS) ² -amide	←		←

¹ SEQ ID NO:1² SEQ ID NO:2³ SEQ ID NO:3⁴ SEQ ID NO:4

[20] As illustrated in Table 2, in some embodiments, peptides of a peptide conjugate are modified using chemical or recombinant methods to enhance stability or other pharmacokinetic properties. See, *e.g.*, US 2017/0020956. Modifications include, but are not limited to, replacement of one or more L-amino acid with its corresponding D-form, acetylation on a C- and/or N-terminal residue, and amidation on a C- and/or N-terminal residue.

[21] As demonstrated in the Examples below, in some cases, peptide conjugates have more potent activities than their corresponding single peptides.

[22] In some embodiments a peptide conjugate inhibits the function of PD1. Examples of such peptide conjugates are BT7, BT9, BT10, and BT11.

[23] In some embodiments, a peptide conjugate inhibits the interaction between LAG3 and MHC-II. Examples of such peptide conjugates are BT1, BT2, BT3, BT4, BT5, BT6, and BT7.

[24] In some embodiments, a peptide conjugate inhibits the function of PD1 and the interaction of LAG3 and MHC-II. BT7 is an example of such a peptide conjugate.

[25] Peptides of a peptide conjugate can be made by any method known in the art, including synthetic methods, recombinant methods, or both. Synthetic methods include solid-phase and

solution methods, and may include the use of protective groups. See, *e.g.*, Bodanszky et al. (1976), McOmie (1973), Merrifield (1963), Neurath et al. (1976), Stuart & Young (1984).

[26] Recombinant production of the peptides used in peptide conjugates can be carried out using any nucleotide sequence(s) encoding the peptides in any suitable expression system. Nucleic acid molecules encoding one or more of the disclosed peptides can be incorporated into an expression cassette that includes control elements operably linked to the coding sequences. Control elements include, but are not limited to, initiators, promoters (including inducible, repressible, and constitutive promoters), enhancers, and polyadenylation signals. Signal sequences can be included. The expression cassette can be provided in a vector that can be introduced into an appropriate host cell for production of the peptide(s). Methods of constructing expression cassettes and expression vectors are well known. Expression vectors can include one or more expression cassettes encoding one or more peptides comprising, consisting essentially or, or consisting of any of SEQ ID NOS:1-4.

[27] The PEG linker can be incorporated by suitable methods known in the art. In some embodiments, the linker is incorporated using Fmoc chemistry. For example, the 4-mer PEG linker of BT1-BT11 was incorporated using Fmoc-N-amido-dPEG₄-acid (Quanta BioDesign).

[28] PEG linkers can vary in length (*e.g.*, 2, 3, 4, 5, 6).

[29] In some embodiments, peptide conjugates can be labeled (*e.g.*, with biotin or a fluorescent label) and used, for example, as diagnostic reagents.

Therapeutic Uses

[30] The peptide conjugates disclosed here have a number of therapeutic applications. "Treat," as used herein, includes reducing or inhibiting the progression of one or more symptoms of the condition for which a peptide conjugate is administered.

[31] Peptide conjugates that inhibit the interaction between PD1 and PDL1 can be used to treat hyperproliferative disorders, including cancer, to treat infectious diseases, to enhance a response to vaccination, to treat sepsis, to promote hair re-pigmentation, and to promote lightening of a pigmented skin lesion.

[32] Peptide conjugates that inhibit the interaction between LAG3 and MHC-II also can be used to treat hyperproliferative disorders, including cancer, and can be useful for reducing one or

more symptoms of or for treating synucleopathies, infectious diseases, and sepsis and for enhancing a response to vaccination.

[33] In some embodiments, administration is carried out in conjunction with one or more other therapies. “In conjunction with” includes administration together with, before, or after administration of the one or more other therapies.

Pharmaceutical Compositions, Routes of Administration, and Devices

[34] One or more peptide conjugates, as discussed above, are typically administered in a pharmaceutical composition comprising a pharmaceutically acceptable vehicle. The “pharmaceutically acceptable vehicle” may comprise one or more substances which do not affect the biological activity of the peptides or modified versions thereof and, when administered to a patient, does not cause an adverse reaction. Pharmaceutical compositions may be liquid or may be lyophilized. Lyophilized compositions may be provided in a kit with a suitable liquid, typically water for injection (WFI) for use in reconstituting the composition. Other suitable forms of pharmaceutical compositions include suspensions, emulsions, and tablets.

[35] In some embodiments, a pharmaceutical composition comprises a plurality of only one type of peptide conjugate (*e.g.*, BT1, BT2, BT4, BT5, BT6, BT7, BT9, BT10, BT11). In other embodiments, a pharmaceutical composition comprises pluralities of more than one type of peptide conjugate (*e.g.*, any one of BT1, BT2, BT4, BT5, BT6, BT7, BT9, BT10, BT11 and one or more of BT1, BT2, BT4, BT5, BT6, BT7, BT9, BT10, BT11).

[36] Pharmaceutical compositions can be administered by any suitable route, including, but not limited to, intravenous, intramuscular, intradermal, intraperitoneal, subcutaneous, epidural, intratumoral, transdermal (*e.g.*, US 2017/0281672), mucosal (*e.g.*, intranasal or oral), pulmonary, and topical (*e.g.*, US 2017/0274010) routes. See, *e.g.*, US 2017/0101474.

[37] Administration can be systemic or local. In addition to local infusions and injections, implants can be used to achieve a local administration. Examples of suitable materials include, but are not limited to, sialastic membranes, polymers, fibrous matrices, and collagen matrices.

[38] Topical administration can be by way of a cream, ointment, lotion, transdermal patch (such as a microneedle patch), or other suitable forms well known in the art.

[39] Administration can also be by controlled release, for example, using a microneedle patch, pump and/or suitable polymeric materials. Examples of suitable materials include, but are not limited to, poly(2-hydroxy ethyl methacrylate), poly(methyl methacrylate), poly(acrylic acid), poly(ethylene-co-vinyl acetate), poly(methacrylic acid), polyglycolides (PLG), polyanhydrides, poly(N-vinyl pyrrolidone), poly(vinyl alcohol), polyacrylamide, poly(ethylene glycol), polylactides (PLA), poly(lactide-co-glycolides) (PLGA), and polyorthoesters.

[40] Devices comprising any of the peptide conjugates described above include, but are not limited to, syringes, pumps, transdermal patches, spray devices, vaginal rings, and pessaries.

Treatment of Hyperproliferative Disorders, Including Cancer

[41] In some embodiments, one or more of the peptide conjugates described above are administered to a patient to inhibit the progression of a hyperproliferative disorder, including cancer. Such inhibition may include, for example, reducing proliferation of neoplastic or pre-neoplastic cells; destroying neoplastic or pre-neoplastic cells; and inhibiting metastasis or decreasing the size of a tumor.

[42] Examples of cancers include, but are not limited to, melanoma (including cutaneous or intraocular malignant melanoma), renal cancer, prostate cancer, breast cancer, colon cancer, lung cancer, bone cancer, pancreatic cancer, skin cancer, cancer of the head or neck, uterine cancer, ovarian cancer, rectal cancer, cancer of the anal region, stomach cancer, testicular cancer, carcinoma of the fallopian tubes, carcinoma of the endometrium, carcinoma of the cervix, carcinoma of the vagina, carcinoma of the vulva, Hodgkin's Disease, non-Hodgkin's lymphoma, cancer of the esophagus, cancer of the small intestine, cancer of the endocrine system, cancer of the thyroid gland, cancer of the parathyroid gland, cancer of the adrenal gland, sarcoma of soft tissue, cancer of the urethra, cancer of the penis, chronic or acute leukemias including acute myeloid leukemia, chronic myeloid leukemia, acute lymphoblastic leukemia, chronic lymphocytic leukemia, lymphocytic lymphoma, cancer of the bladder, cancer of the kidney or ureter, carcinoma of the renal pelvis, neoplasm of the central nervous system (CNS), primary CNS lymphoma, tumor angiogenesis, spinal axis tumor, brain stem glioma, pituitary adenoma, Kaposi's sarcoma, epidermoid cancer, squamous cell cancer, and T-cell lymphoma.

Combination Cancer Therapies

[43] In some embodiments, one or more of the peptide conjugates described above are administered in conjunction with one or more other cancer therapies or immunotherapies, such as those described below.

[44] In some embodiments, the second therapy comprises a second agent that reduces or blocks the activity of PD1 (*e.g.*, nivolumab, pembrolizumab, durvalumab) or CTLA-4 (*e.g.*, ipilimumab, tremelimumab).

[45] In some embodiments, the second therapy comprises an agent that reduces or blocks the activity of PD-L1 (*e.g.*, atezolizumab).

[46] In some embodiments, the second therapy comprises another agent that reduces or blocks the activity of LAG3 or other inhibitory checkpoint molecules and/or molecules that suppress the immune system. These molecules include, but are not limited to:

1. V-domain Immunoglobulin Suppressor of T cell Activation (VISTA, also known as c10orf54, PD1H, DD1 α , Gi24, Dies1, and SISP1; see US 2017/0334990, US 2017/0112929, Gao et al., 2017, Wang et al., 2011; Liu et al., 2015);
2. T-cell Immunoglobulin domain and Mucin domain 3 (TIM-3; see US 2017/0198041, US 2017/0029485, US 2014/0348842, Sakuishi et al., 2010);
3. killer immunoglobulin-like receptors (KIRs; see US 2015/0290316);
4. agents that inhibit indoleamine (2,3)-dioxygenase (IDO; see Mellemegaard et al., 2017);
5. B and T Lymphocyte Attenuator (BTLA; see US 2016/09222114); and
6. A2A adenosine receptor (A2AR; see Beavis et al., 2015; US 2013/0267515; US 2017/0166878; Leone et al., 2015; Mediavilla-Varela et al., 2017; Young et al., 2016).

[47] Agents that reduce or block the activity of LAG3 include, but are not limited to, BMS-986016, IMP321, and GSK2831781 (He et al., 2016).

[48] Agents that reduce or block the activity of VISTA include, but are not limited to, small molecules, such as CA-170, and antibodies (*e.g.*, Le Mercier et al., 2014).

[49] Agents that reduce or block the activity of TIM-3 include, but are not limited to, antibodies such as MBG453 and TSR-022; see Dempke et al., 2017.

[50] Agents that reduce or block the activity of KIRs include, but are not limited to, monoclonal antibodies such as IPH2101 and Lirilumab (BMS-986015, formerly IPH2102); see Benson & Caligiuri, 2014.

[51] Agents that reduce or block the activity of IDO include, but are not limited to, epacadostat and agents disclosed in US 2017/0037125.

[52] Agents that reduce or block the activity of BTLA include, but are not limited to, peptides (*e.g.*, Spodzieja et al., 2017).

[53] Agents that reduce or block the activity of A2AR include, but are not limited to, small molecules such as CPI-444 and vipadenant.

[54] In some embodiments, the second therapy comprises a cytokine (*e.g.*, interleukin 7).

[55] In some embodiments, the second therapy comprises an agonist of a stimulatory checkpoint molecule. These molecules include, but are not limited to:

1. CD40;
2. OX40;
3. glucocorticoid-induced tumor necrosis factor-related protein (GITR); and
4. Inducible T-cell COStimulator (ICOS).

[56] Agonists of CD40 include, but are not limited to, CD40 agonist monoclonal antibodies such as cp-870,893, ChiLob7/4, dacetuzumab, and lucatumumab. See, *e.g.*, Vonderheide et al., 2007; Khubchandani et al., 2009; Johnson et al., 2010; Bensinger et al., 2012; Vonderheide and Glennie, 2013; Johnson et al., 2015.

[57] Agonists of OX40 include, but are not limited to, OX40 agonist antibodies such as MOXR0916, MED16469, MED10562, PF-045618600, GSK3174998, and INCCAGN01949, and OX40L-Fc fusion proteins, such as MEDI6383. See, *e.g.*, Huseni et al., 2014; Linch et al., 2015; Messenheimer et al., 2017. See also Shrimali et al., 2017.

[58] Agonists of GITR include, but are not limited to, MEDI1873. See, *e.g.*, Schaer et al., 2012; Tigue et al., 2017.

[59] Agonists of ICOS include, but are not limited to, ICOS agonist antibodies JTX-2011 and GSK3359609. See, *e.g.*, Harvey et al., 2015; Michaelson et al., 2016.

[60] In other embodiments, the second therapy comprises a 4-1BB agonist (Shindo et al., 2015), such as urelumab; a 4-1BB antagonist (see US 2017/0174773); an inhibitor of anaplastic lymphoma kinase (ALK; Wang et al., 2014; US 2017/0274074), such as crizotinib, ceritinib, alectinib, PF-06463922, NVP-TAE684, AP26113, TSR-011, X-396, CEP-37440, RXDX-101; an inhibitor of histone deacetylase (HDAC; see US 2017/0327582); a VEGFR inhibitor, such as axitinib, sunitinib, sorafenib, tivozanib, bevacizumab; and/or an anti-CD27 antibody, such as varlilumab.

[61] In some embodiments, the second therapy comprises a cancer vaccine (*e.g.*, Duraiswamy et al., 2013). A “cancer vaccine” is an immunogenic composition intended to elicit an immune response against a particular antigen in the individual to which the cancer vaccine is administered. A cancer vaccine typically contains a tumor antigen which is able to induce or stimulate an immune response against the tumor antigen. A “tumor antigen” is an antigen that is present on the surface of a target tumor. A tumor antigen may be a molecule which is not expressed by a non-tumor cell or may be, for example, an altered version of a molecule expressed by a non-tumor cell (*e.g.*, a protein that is misfolded, truncated, or otherwise mutated).

[62] In some embodiments, the second therapy comprises a chimeric antigen receptor (CAR) T cell therapy. See, *e.g.*, John et al., 2013; Chong et al., 2016.

[63] In some embodiments, one or more of the peptide conjugates described above are administered in conjunction with a CAR-T cell cancer therapy to increase the efficacy of the CAR-T cell cancer therapy.

[64] In some embodiments, one or more of the peptide conjugates described above are administered in conjunction with an oncolytic virus as disclosed, for example, in US 2017/0143780. Non-limiting examples of oncolytic viruses are described above.

Additional Therapeutic Uses

Synucleinopathies

[65] In some embodiments, one or more of the peptide conjugates described above (*e.g.*, BT1, BT2, BT4, BT5, BT6, BT7) may be useful to reduce a symptom of a synucleinopathy, either alone or in combination with other therapeutic interventions such as L-DOPA, dopamine agonists (*e.g.*, ropinirole, pramipexole), dopamine reuptake inhibitors (*e.g.*, amantadine), and cholinesterase inhibitors (*e.g.*, donepezil, rivastigmine, galantamine). Examples of synucleinopathies include idiopathic and inherited forms of Parkinson's disease (PD); Diffuse Lewy Body (DLB) disease, also known as Dementia with Lewy Bodies or Lewy body dementia; incidental Lewy body disease; Lewy body variant of Alzheimer's disease (LBV); Combined Alzheimer's and Parkinson disease (CAPD); pure autonomic failure (PAF); multiple system atrophy (MSA), such as olivopontocerebellar atrophy, striatonigral degeneration, and Shy-Drager Syndrome; pantothenate kinase-associated neurodegeneration; Down's Syndrome; Gaucher disease-related synucleinopathies; and neurodegeneration with brain iron accumulation.

Sepsis

[66] LAG3 expression is up-regulated in sepsis (Patil et al., 2017). Accordingly, one or more of the peptide conjugates described above (*e.g.*, BT1, BT2, BT4, BT5, BT6, BT7) may be useful to treat sepsis, either alone or in combination with other therapeutic interventions such as antibiotics, intravenous fluids, and vasopressors.

Infectious Diseases

[67] In some embodiments, one or more of the peptide conjugates described above can be administered to treat infectious diseases, including chronic infections, caused, *e.g.*, by viruses, fungi, bacteria, and protozoa, and helminths, either alone or in combination with other therapeutic interventions.

[68] Examples of viral agents include human immunodeficiency virus (HIV), Epstein Barr Virus (EBV), *Herpes simplex* (HSV, including HSV1 and HSV2), Human Papillomavirus (HPV), *Varicella zoster* (VSV) *Cytomegalovirus* (CMV), and hepatitis A, B, and C viruses.

[69] Examples of fungal agents include *Aspergillus*, *Candida*, *Coccidioides*, *Cryptococcus*, and *Histoplasma capsulatum*.

[70] Examples of bacterial agents include *Streptococcal* bacteria (*e.g.*, *pyogenes*, *agalactiae*, *pneumoniae*), *Chlamydia pneumoniae*, *Listeria monocytogenes*, and *Mycobacterium tuberculosis*.

[71] Examples of protozoa include *Sarcodina* (*e.g.*, *Entamoeba*), *Mastigophora* (*e.g.*, *Giardia*), *Ciliophora* (*e.g.*, *Balantidium*), and *Sporozoa* (*e.g.*, *Plasmodium falciparum*, *Cryptosporidium*).

[72] Examples of helminths include *Platyhelminths* (*e.g.*, trematodes, cestodes), *Acanthocephalins*, and *Nematodes*.

Vaccine Adjuvants

[73] In some embodiments one or more of the peptide conjugates can be administered as a vaccine adjuvant in conjunction with a vaccine to enhance a response to vaccination (*e.g.*, by increasing effector T cells and/or reducing T cell exhaustion). The vaccine can be, for example, an RNA vaccine (*e.g.*, US 2016/0130345, US 2017/0182150), a DNA vaccine, a recombinant vector, a protein vaccine, or a peptide vaccine. Such vaccines can be delivered, for example, using virus-like particles, as is well known in the art.

EXAMPLE 1. Disruption of LAG3-MHC-II Interaction

[74] A Homogeneous Time-resolved Fluorescence (HTRF) LAG3/MHC-II binding assay (Cisbio US Inc.) was used to measure the interaction between MHC-II and LAG3 in the presence of various peptides and peptide conjugates. In this assay, the interaction between Tag1-LAG3 and Tag2-MHC-II is detected by using anti-Tag1-Terbium (HTRF donor) and anti-Tag2-XL665 (HTRF acceptor). When the donor and acceptor antibodies are brought into close proximity due to LAG3 and MHC-II binding, excitation of the donor antibody triggers fluorescent resonance energy transfer (FRET) towards the acceptor antibody, which in turn emits specifically at 665 nm. This specific signal is directly proportional to the extent of LAG3/MHC-II interaction. Thus, an agent that blocks the interaction between LAG3 and MHC-II will cause a reduction in HTRF ratio.

[75] Each of peptide conjugates BT1, BT2, BT3, BT4, BT5, BT6, BT7, BT8, BT9, and peptides LG11 (LAG3-11), LAG3-56 (SEQ ID NO:5), and LAG3-42 (SEQ ID NO:6) was tested at 3 concentrations: 100 μ M, 10 μ M, and 1 μ M. The results are shown in Figure 1. The dashed-

lines represent the HTRF ratio readout of a control ovalbumin peptide (OVA, SEQ ID NO:7) (baseline) at the respective concentrations.

[76] Each concentration of peptide conjugates BT1, BT2, BT4, BT5, BT6, BT7, and two concentrations of BT8 reduced the HTRF signal in this assay. BT9 contains two LD10 (SEQ ID NO:1) peptides yet behaved in this assay like a LAG3 agonist. BT3 had similar agonistic response.

EXAMPLE 2. Disruption of LAG3-MHC-II Interaction; Dilution Curves

[77] peptide conjugates and LG peptides were tested in full dilution curves in the LAG3:MHCII TR-FRET Assay described above to estimate IC_{50} . peptide conjugates were tested starting at 100 μ M or 10 μ M. LG peptides were tested starting at 100 μ M. The results are shown in Figures 2-9.

[78] Peptides LG42 (LAG3-42; SEQ ID NO:6) and LD10da (SEQ ID NO:8) showed no response in this assay, confirming previous observations (Figure 2A and Figure 2B).

[79] Peptide LG11 (LAG3-11) showed a dose response with $IC_{50} = 1.156e-005$ (Figure 3).

[80] Peptide conjugates BT1 and BT2 were tested at 10-fold dilutions starting at 10 μ M, because precipitation occurred at 100 μ M. BT1 and BT2 ($IC_{50} = 8.44e-006$) reduced the HTRF signal at 10 μ M (Figure 4A, Figure 4B).

[81] Peptide conjugate BT3 was tested at 10-fold dilutions starting at 100 μ M. BT3 demonstrated agonistic activity at 100 μ M and 10 μ M (Figure 5).

[82] Peptide conjugates BT4 and BT5 were tested at 10-fold dilutions starting at 10 μ M, because precipitation occurred at 100 μ M. BT4 and BT5 reduced the HTRF signal at 10 μ M (Figure 6A and Figure 6B).

[83] Peptide conjugates BT6 and BT7 were tested at 10-fold dilutions starting at 100 μ M. BT4 ($IC_{50} = 1.4565e-007$) and BT5 ($IC_{50} = \sim 1.285e-008$) reduced the HTRF signal (Figure 7A and Figure 7B). The IC_{50} for BT5 is an estimate due to the nature of the dose curve.

[84] Peptide conjugates BT8 and BT9 were tested at 10-fold dilutions starting at 100 μ M. BT8 showed agonistic activity at 100 μ M (Figure 8A), but no dose response was observed. BT9 showed no real effect (Figure 8B).

[85] Peptide conjugates BT10 and BT11 were tested at 10-fold dilutions starting at 100 μ M. BT10 and BT11 showed activity at 100 μ M; however no dose response was observed (Figure 9A and Figure 9B).

[86] In summary, peptide conjugates BT1, BT2, BT4-7 all showed some level of antagonistic activity. IC₅₀ values were obtained for BT2, BT6 and BT7; these values were lower relative to the IC₅₀ for LG11; see Table 3.

Table 3

Peptide or Peptide Conjugate	IC ₅₀
LG11	1.156e-005
BT2	8.44e-006
BT6	1.4565e-007
BT7	~1.285e-008 (estimated)

[87] Peptide conjugates BT9, B10, and B11, which only contain LD10 sequences, showed no or activity only at 100 μ M. The lack of a dose curve would suggest that the response at 100 μ M may not accurately reflect the response at 100 μ M.

[88] While BT8 showed agonistic activity, it was only at 100 μ M, suggesting it may not accurately reflect activity of BT8 at that concentration.

EXAMPLE 3. Effect of Peptide Conjugates in a PD1/PDL1 Cell Reporter Assay

[89] Jurkat cells expressing PD1 and SHP1 proteins, each fused to a fragment of enzyme fragment complementation (EFC) system, were co-incubated with PDL1-presenting U2OS cells. This results in PD1 activation and SHP1 recruitment to the PD1 receptors, bringing together the two EFC fragments and generating a light signal. Cells in co-culture were incubated at room temperature (RT) for 2 h (PD1 assay). The assay signal was generated using the PathHunter Bioassay Detection kit. Microplates were read following signal generation using a PerkinElmer ENVISION™ instrument for chemiluminescent signal detection. Inhibitory peptides or antibodies added to the culture result in reduction of light signal. The degree of inhibition was calculated using the following formula:

Percent inhibition = $100\% \times [1 - (\text{mean RLU of test sample} - \text{mean RLU of vehicle control}) / \text{mean RLU of EC80 control} - \text{mean RLU of vehicle control}]$.

[90] Peptide conjugates BT1-BT11 were tested at three concentrations: 3.6 μM , 10.8 μM , 32.5 μM in triplicate wells. peptide conjugates were dissolved in DMSO and serially diluted in assay buffer. The highest concentration that can be tested in this assay was 32.5 μM peptide conjugate (1% DMSO).

[91] Peptides LD12 (SEQ ID NO:9), LD10 (SEQ ID NO:1), and LD16 (SEQ ID NO:10) were tested at three concentrations: 11 μM , 33 μM , 100 μM in triplicate. LD peptides were dissolved in water and serially diluted in assay buffer. RLUs were measured at the end of the assay, and % Inhibition (%Efficiency) was calculated using the formula above.

[92] The results are shown in Figure 10.

[93] The results showed that peptide conjugates BT7, BT9, BT10, and BT11 reduced the activity of PD1 at one or two of the tested concentrations. BT9, BT10, and BT11 each contain two LD10 peptides in different orientations, while peptide conjugate BT7 contains LD10 and LG11 sequences; see Table 2.

[94] Peptide conjugates BT1, BT2, BT3, B4, BT5, BT6, and BT8 did not show inhibition at any of the tested concentrations.

[95] Good dose-responses were obtained for positive control peptides LD10 and LD16, while negative control peptide LD12 did not show inhibition.

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CLAIMS

1. A compound comprising (a) a first peptide, (b) a PEG linker covalently attached to the C terminus of the first peptide, and (c) a second peptide covalently attached to the PEG linker at the N terminus of the second peptide, wherein:

(i) the first peptide has the amino acid sequence SEQ ID NO:1 and the second peptide has an amino acid sequence selected from the group consisting of SEQ ID NO:1, SEQ ID NO:2, SEQ ID NO:3, and SEQ ID NO:4);

(ii) the first peptide has the amino acid sequence SEQ ID NO:2 and the second peptide has an amino acid sequence selected from the group consisting of SEQ ID NO:1, SEQ ID NO:2, and SEQ ID NO:3;

(iii) the first peptide has the amino acid sequence SEQ ID NO:3 and the second peptide has an amino acid sequence selected from the group consisting of SEQ ID NO:1 and SEQ ID NO:2; or

(iv) the first peptide has the amino acid sequence SEQ ID NO:4 and the second peptide has an amino acid sequence selected from the group consisting of SEQ ID NO:1 and SEQ ID NO:2.

2. The compound of claim 1, wherein the first peptide comprises an N-terminal modification.

3. The compound of claim 1 or claim 2, wherein the second peptide comprises a C terminal modification.

4. The compound of any one of claims 1-3, wherein the first peptide has the amino acid sequence SEQ ID NO:1, wherein the first peptide contains D-serine at its N terminus.

5. The compound of any one of claims 1-4, wherein the second peptide has the amino acid sequence SEQ ID NO:1, wherein the second peptide contains D-serine at its N terminus.

6. The compound of any one of claims 1-5, wherein:

(i) the first peptide has the amino acid sequence SEQ ID NO:1 and the second peptide has the amino acid sequence SEQ ID NO:3;

(ii) the first peptide has the amino acid sequence SEQ ID NO:3 and the second peptide has an amino acid sequence selected from the group consisting of SEQ ID NO:1 and SEQ ID NO:2;

(iii) the first peptide has the amino acid sequence SEQ ID NO:4 and the second peptide has the amino acid sequence SEQ ID NO:2; or

(iv) the first peptide has the amino acid sequence SEQ ID NO:2 and the second peptide has an amino acid sequence selected from the group consisting of SEQ ID NO:3 and SEQ ID NO:4.

7. The compound of any one of claims 1-5, wherein:

(i) the first peptide has the amino acid sequence SEQ ID NO:2 and the second peptide has the amino acid sequence SEQ ID NO:3;

(ii) the first peptide has the amino acid sequence SEQ ID NO:1 and the second peptide has an amino acid sequence selected from the group consisting of SEQ ID NO:1 and SEQ ID NO:2; or

(iii) the first peptide has the amino acid sequence SEQ ID NO:2 and the second peptide has the amino acid sequence SEQ ID NO:1.

8. A pharmaceutical composition comprising:

(a) a compound of any one of claims 1-7; and

(b) a pharmaceutically acceptable carrier.

9. A method of inhibiting the progression of a hyperproliferative disorder, inhibiting the progression of sepsis, inhibiting the progression of an infectious disease, enhancing a response to a vaccine, or inhibiting the progression of a synucleinopathy, comprising administering to an

individual in need thereof an effective amount of a compound according to any one of claims 1-7.

10. The method of claim 9, wherein the pharmaceutical composition is administered to inhibit progression of the hyperproliferative disorder.

11. The method of claim 10, wherein the hyperproliferative disorder is a cancer.

12. The method of claim 9, wherein the compound is administered to inhibit the progression of sepsis.

13. The method of claim 9, wherein the compound is administered to inhibit the progression of an infectious disease.

14. The method of claim 9, wherein the compound is administered to enhance a response to a vaccine.

15. The method of claim 9, wherein the compound is administered to inhibit the progression of a synucleinopathy, wherein the compound is a compound of claim 6.

16. The method of claim 15, wherein the synucleinopathy is selected from the group consisting of Parkinson's disease (PD), dementia with Lewy bodies (DLB), pure autonomic failure (PAF), and multiple system atrophy (MSA).

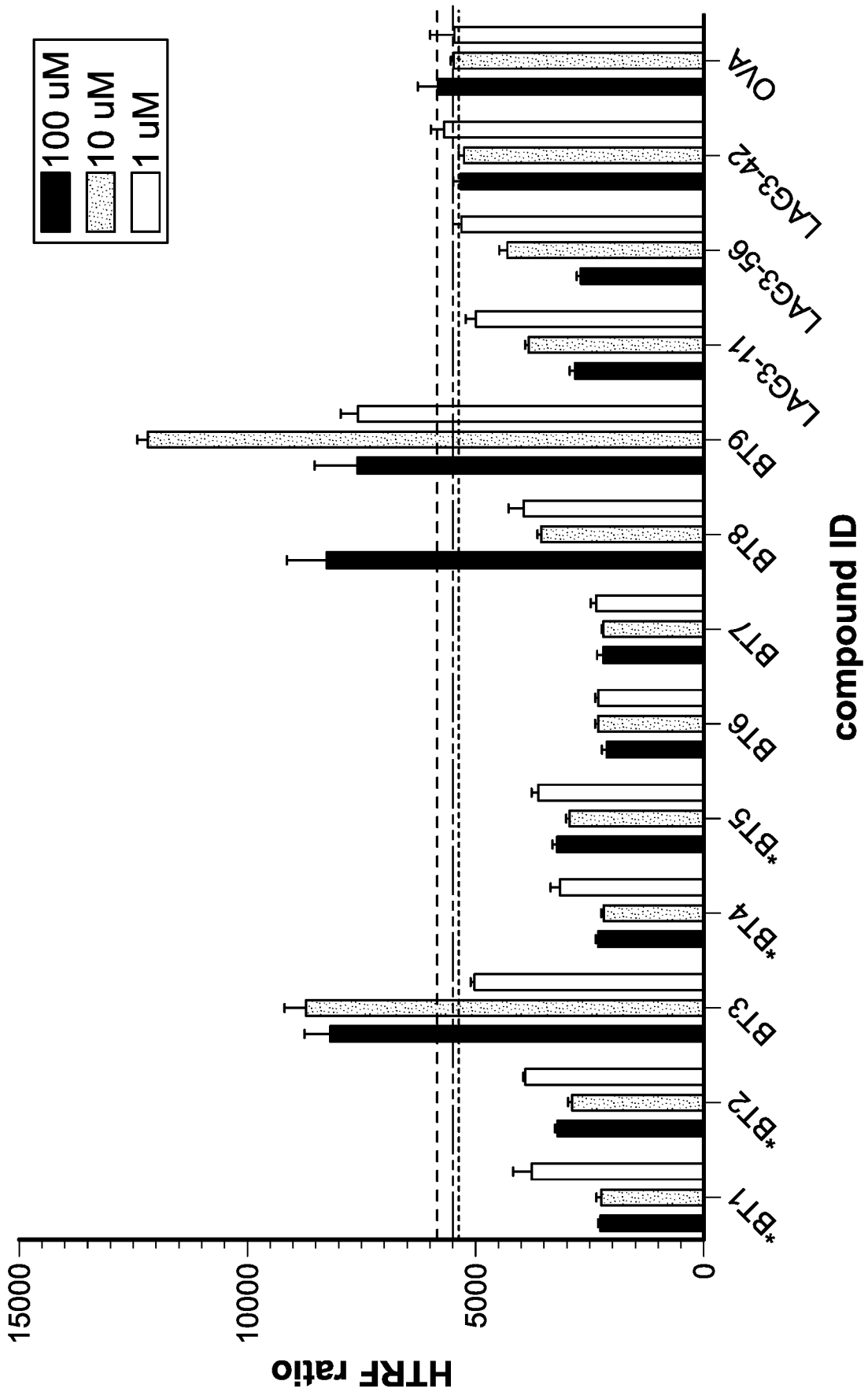


Figure 1

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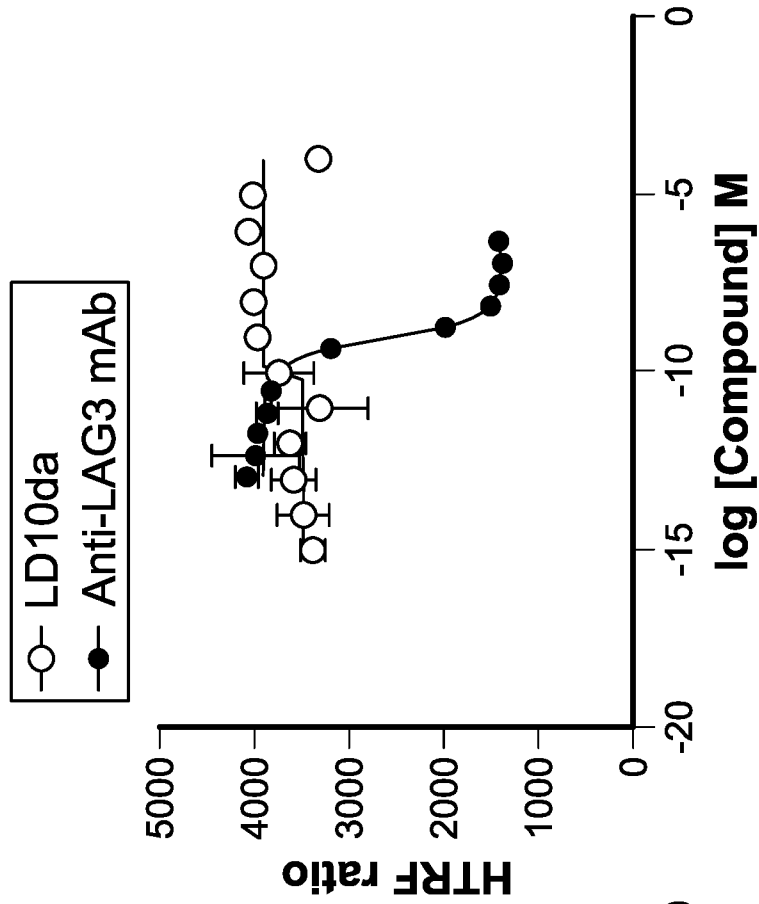


Figure 2B

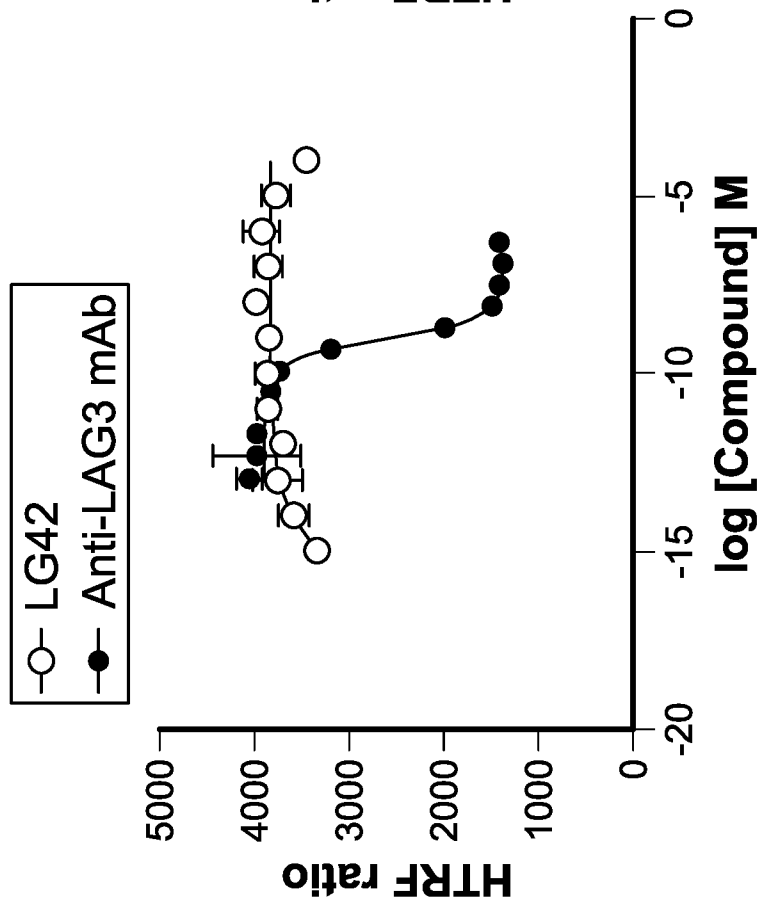


Figure 2A

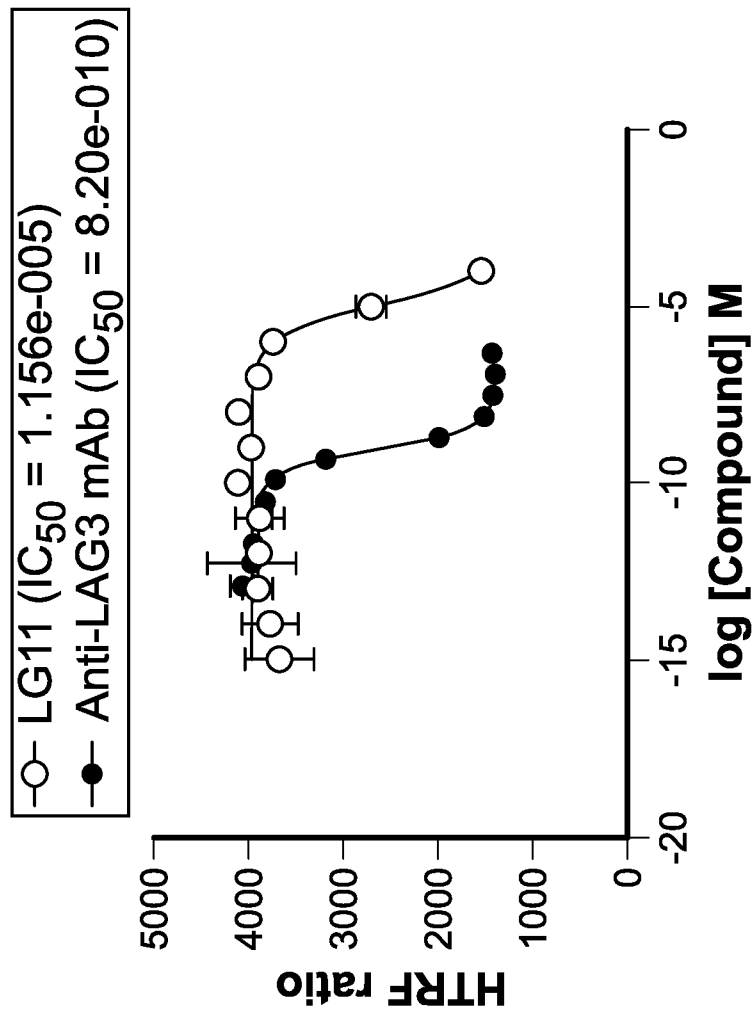


Figure 3

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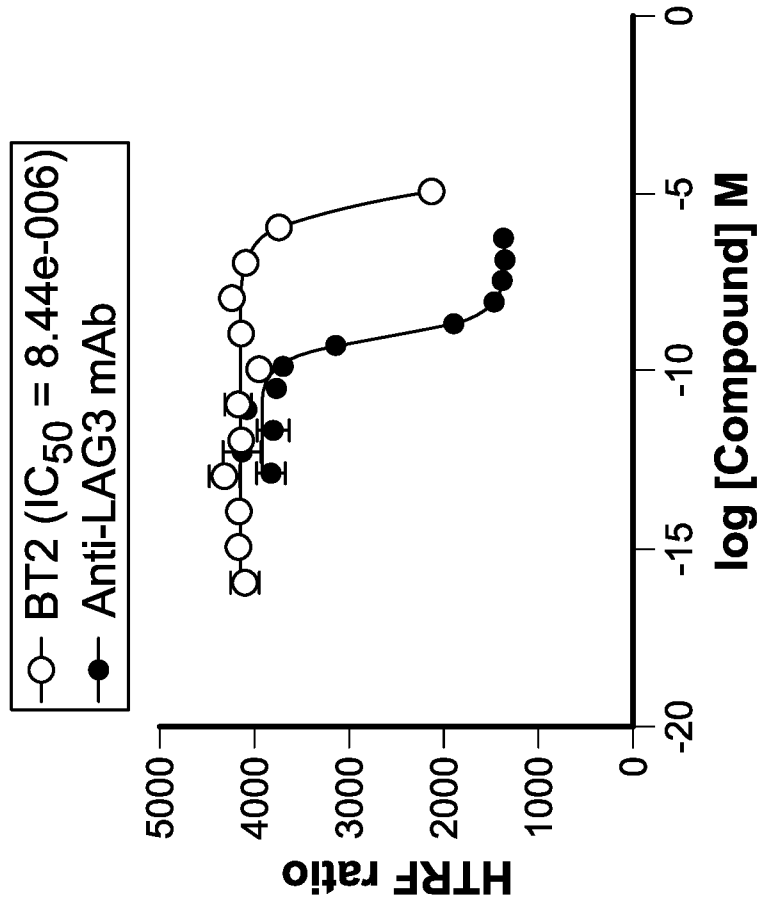


Figure 4B

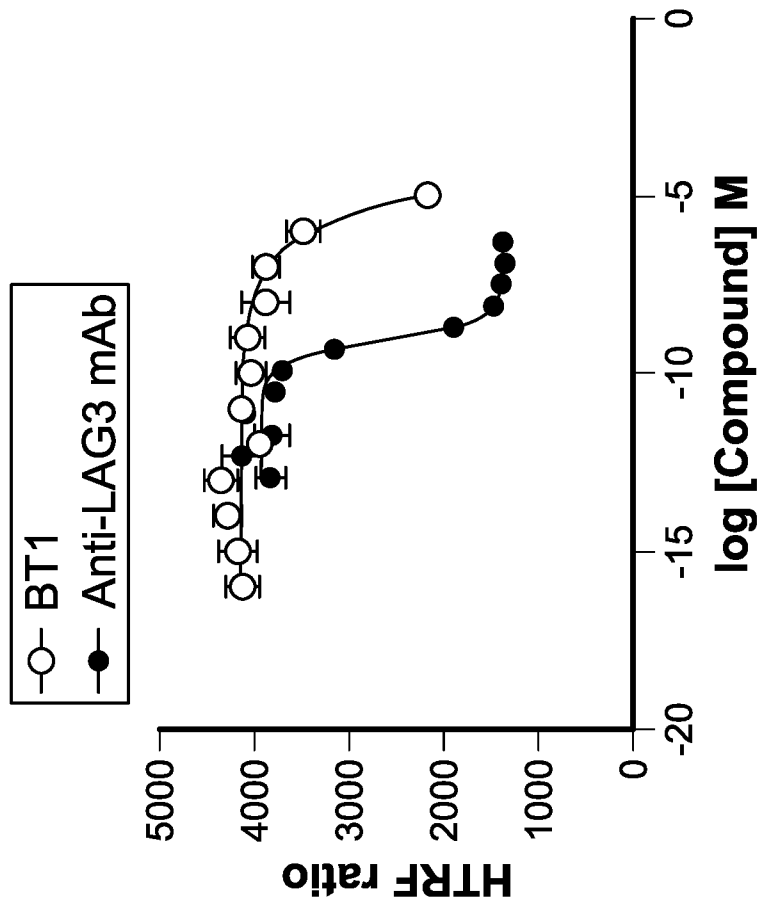


Figure 4A

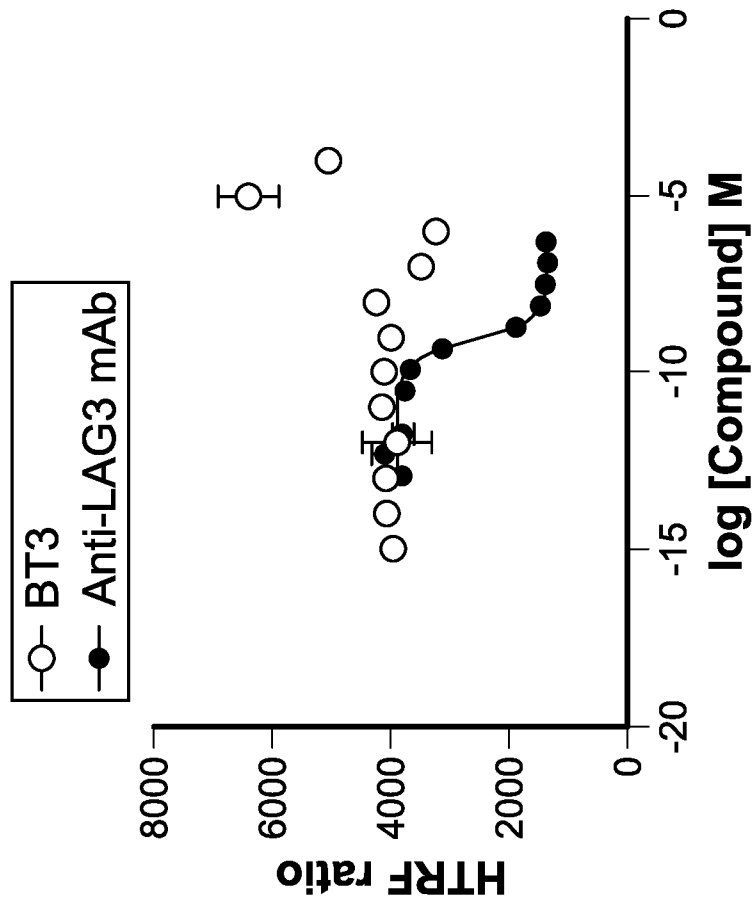


Figure 5

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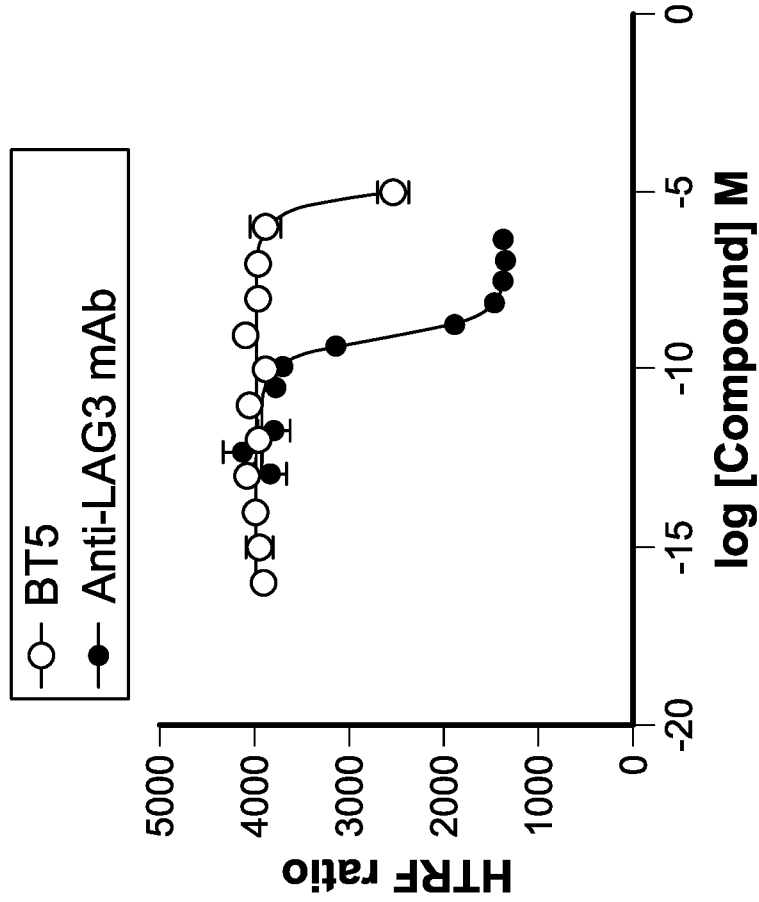


Figure 6B

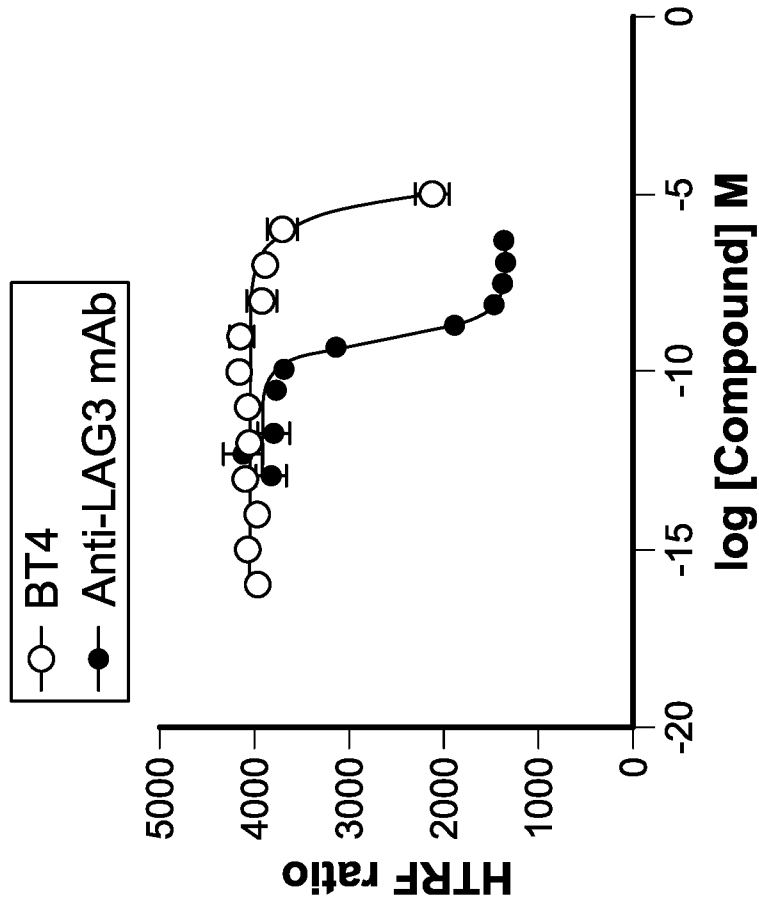


Figure 6A

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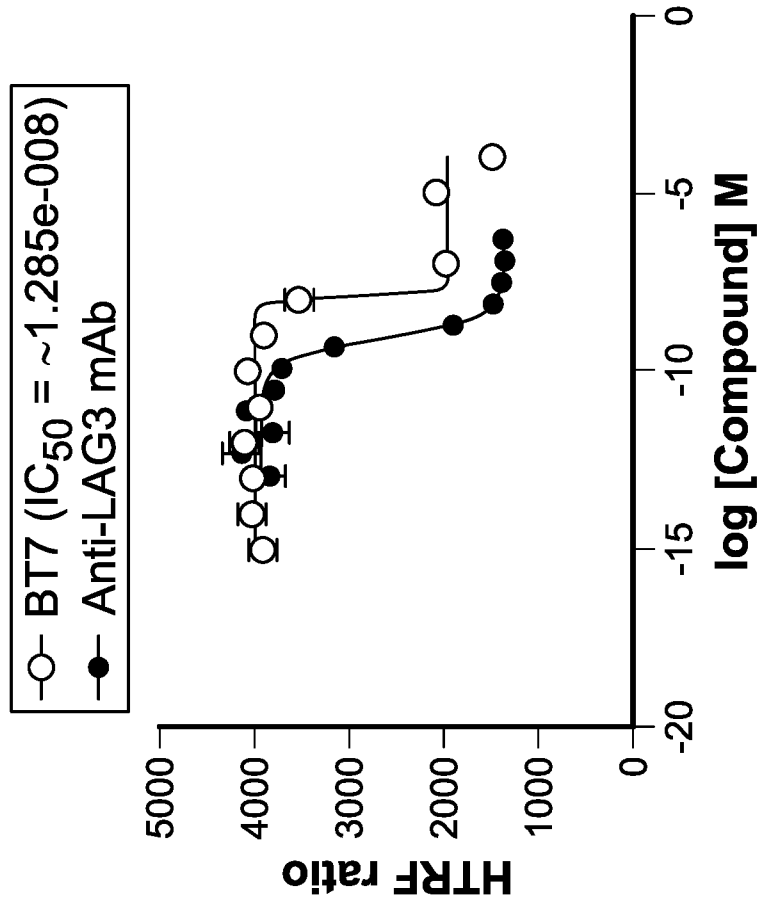


Figure 7B

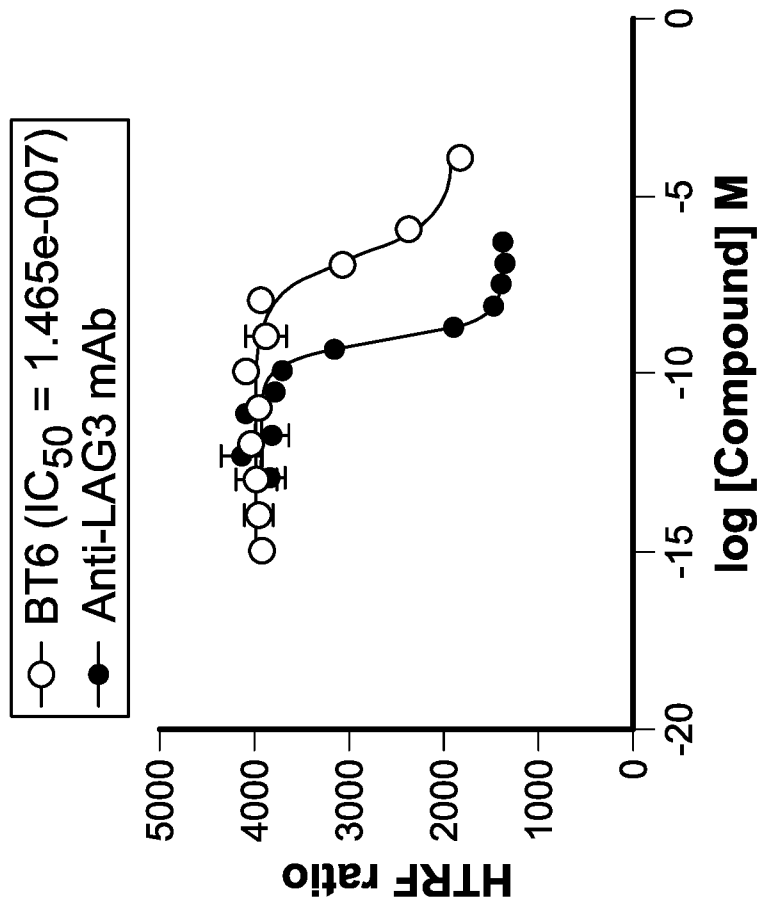


Figure 7A

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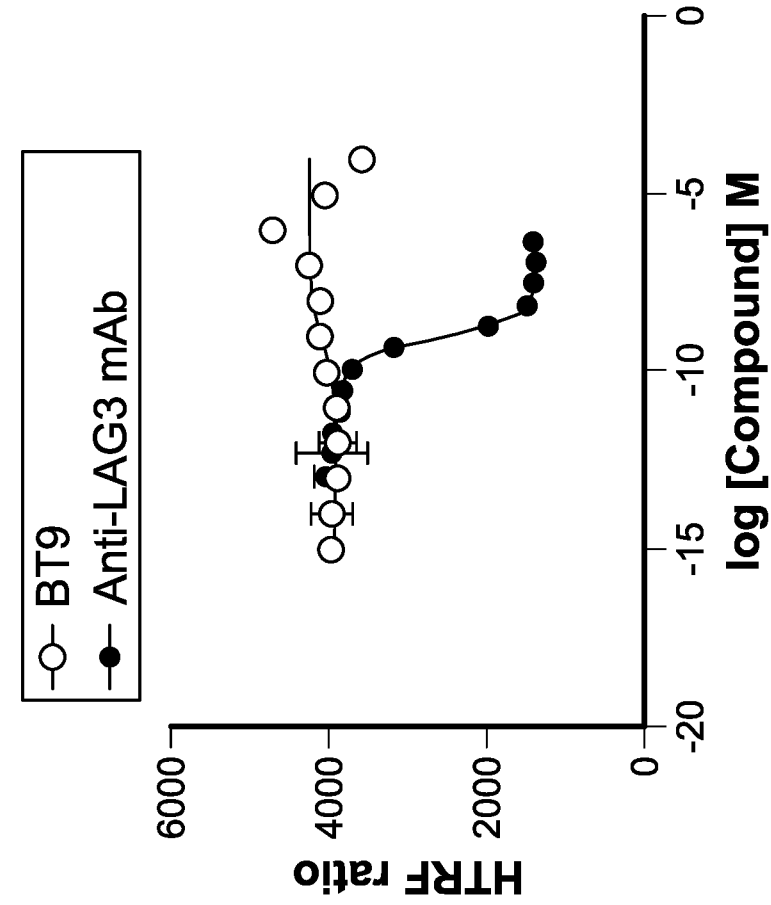


Figure 8A

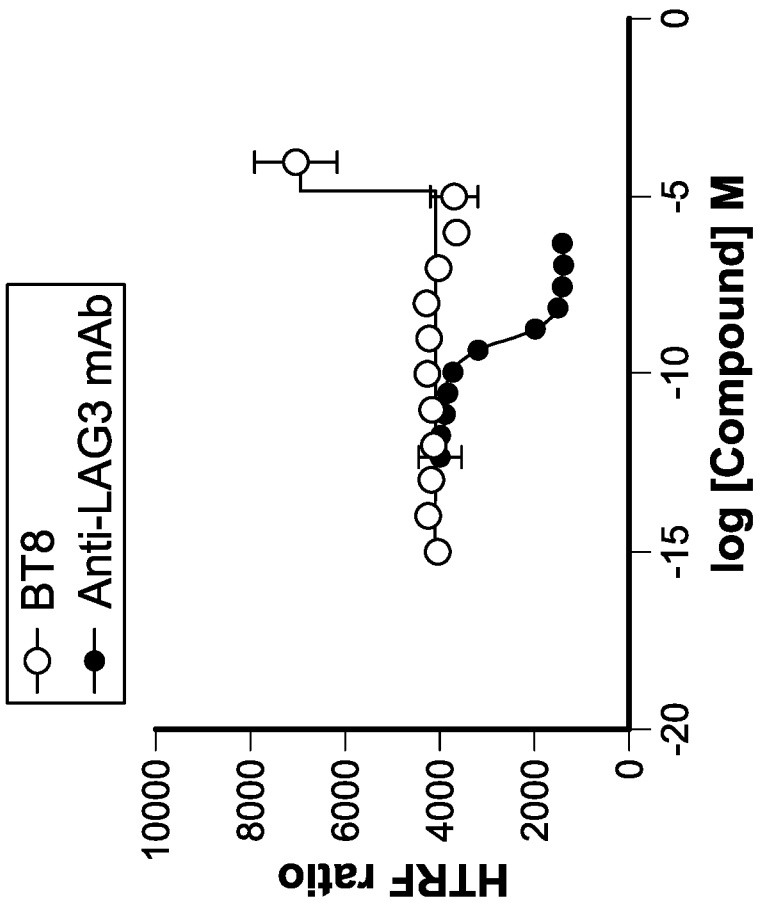


Figure 8B

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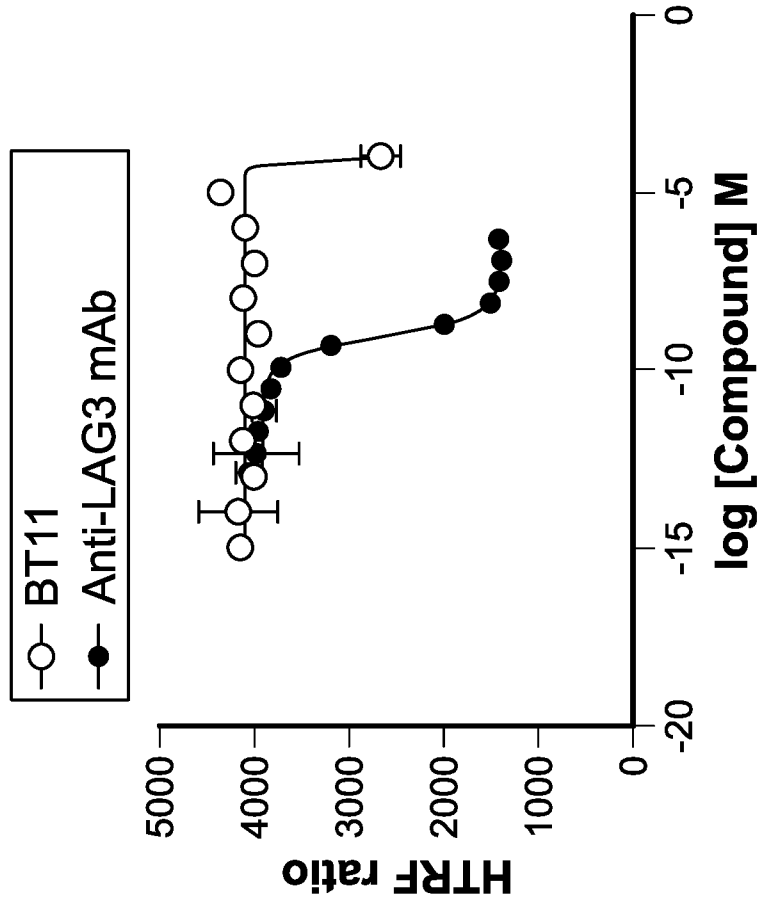


Figure 9A

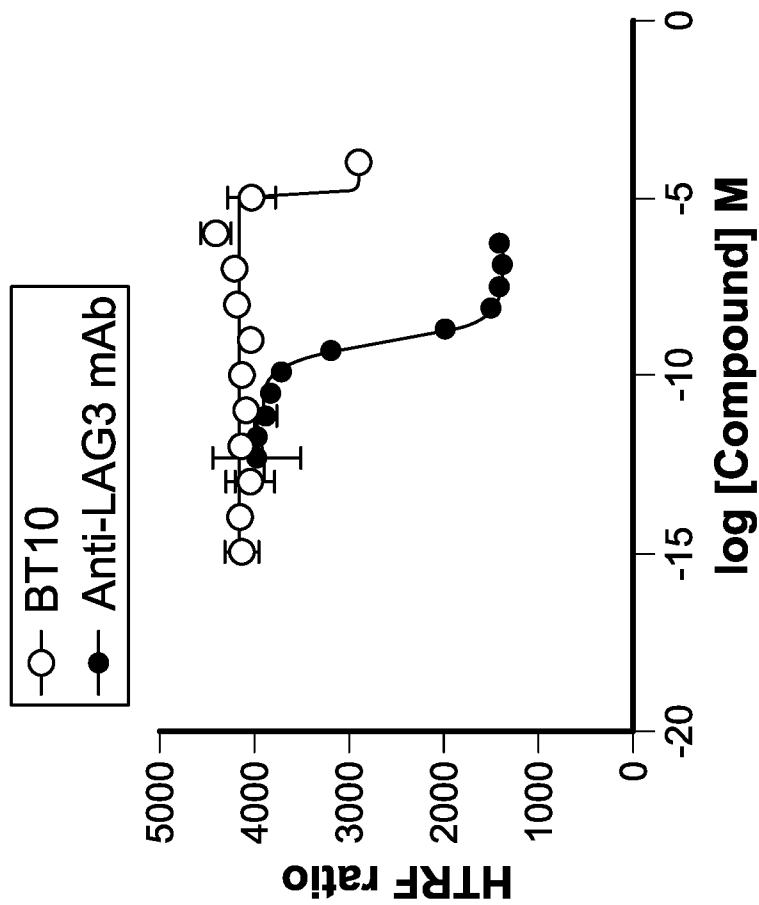


Figure 9B

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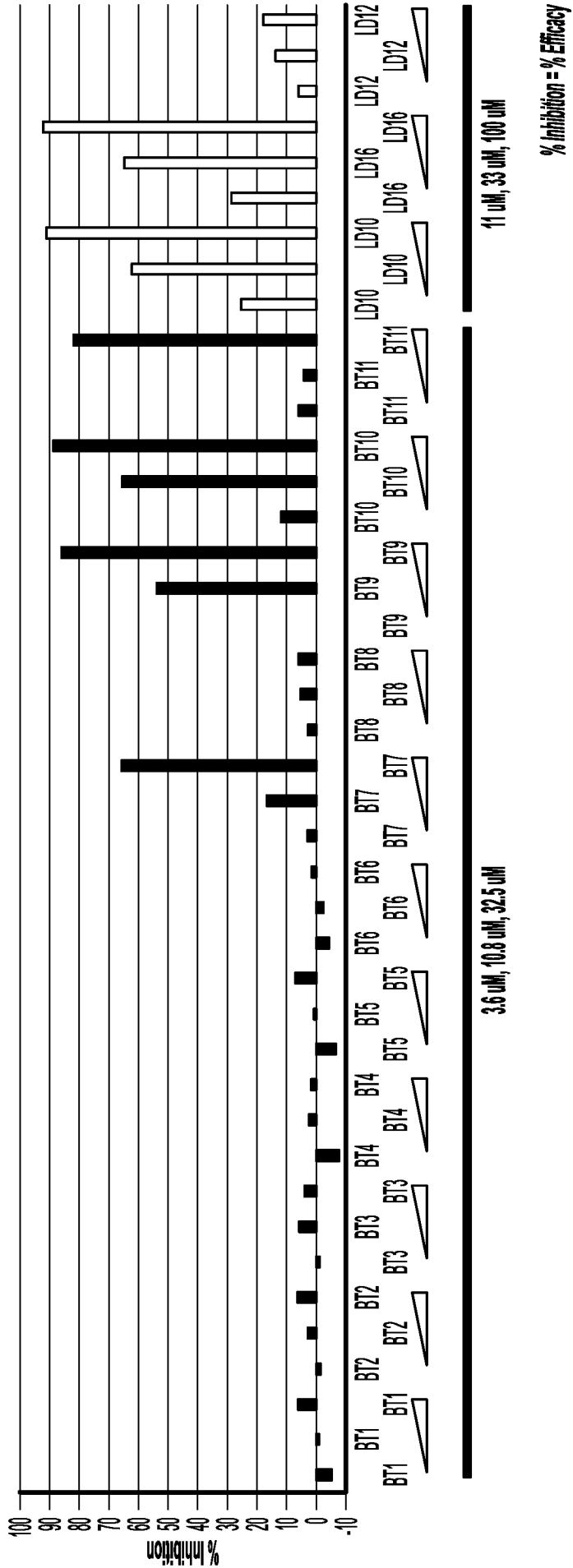


Figure 10

INTERNATIONAL SEARCH REPORT

International application No
PCT/US2021/035580

A. CLASSIFICATION OF SUBJECT MATTER
INV. C07K14/47 C07K14/705
ADD.
According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED
Minimum documentation searched (classification system followed by classification symbols)
C07K
Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)
EPO-Internal, BIOSIS, CHEM ABS Data, Sequence Search, EMBASE, WPI Data

C. DOCUMENTS CONSIDERED TO BE RELEVANT		
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	WO 2018/218137 A1 (LEIDOS INC [US]) 29 November 2018 (2018-11-29) paragraphs [0021] - [0023], [0102] - [0114] examples 5-7 table page 3	1-16
X	CN 105 504 018 A (UNIV ZHENGZHOU) 20 April 2016 (2016-04-20) the whole document	1-16
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Further documents are listed in the continuation of Box C.

See patent family annex.

* Special categories of cited documents :

<p>"A" document defining the general state of the art which is not considered to be of particular relevance</p> <p>"E" earlier application or patent but published on or after the international filing date</p> <p>"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)</p> <p>"O" document referring to an oral disclosure, use, exhibition or other means</p> <p>"P" document published prior to the international filing date but later than the priority date claimed</p>	<p>"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention</p> <p>"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone</p> <p>"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art</p> <p>"&" document member of the same patent family</p>
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Date of the actual completion of the international search 23 September 2021	Date of mailing of the international search report 08/10/2021
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Name and mailing address of the ISA/ European Patent Office, P.B. 5818 Patentlaan 2 NL - 2280 HV Rijswijk Tel. (+31-70) 340-2040, Fax: (+31-70) 340-3016	Authorized officer Surdej, Patrick
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INTERNATIONAL SEARCH REPORT

International application No.

PCT/US2021/035580

Box No. I Nucleotide and/or amino acid sequence(s) (Continuation of item 1.c of the first sheet)

1. With regard to any nucleotide and/or amino acid sequence disclosed in the international application, the international search was carried out on the basis of a sequence listing:
- a. forming part of the international application as filed:
- in the form of an Annex C/ST.25 text file.
- on paper or in the form of an image file.
- b. furnished together with the international application under PCT Rule 13ter.1(a) for the purposes of international search only in the form of an Annex C/ST.25 text file.
- c. furnished subsequent to the international filing date for the purposes of international search only:
- in the form of an Annex C/ST.25 text file (Rule 13ter.1(a)).
- on paper or in the form of an image file (Rule 13ter.1(b) and Administrative Instructions, Section 713).
2. In addition, in the case that more than one version or copy of a sequence listing has been filed or furnished, the required statements that the information in the subsequent or additional copies is identical to that forming part of the application as filed or does not go beyond the application as filed, as appropriate, were furnished.
3. Additional comments:

INTERNATIONAL SEARCH REPORT

International application No
PCT/US2021/035580

C(Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT		
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	<p>YAYI HE ET AL: "Lymphocyte-activation gene-3, an important immune checkpoint in cancer", CANCER SCIENCE, vol. 107, no. 9, 25 August 2016 (2016-08-25), pages 1193-1197, XP055540244, JP ISSN: 1347-9032, DOI: 10.1111/cas.12986 the whole document -----</p>	1-16

INTERNATIONAL SEARCH REPORT

Information on patent family members

International application No

PCT/US2021/035580

Patent document cited in search report	Publication date	Patent family member(s)	Publication date
WO 2018218137	A1	29-11-2018	
		AU 2018273958 A1	02-01-2020
		CA 3064023 A1	29-11-2018
		EP 3630807 A1	08-04-2020
		JP 2020521445 A	27-07-2020
		US 2018339044 A1	29-11-2018
		US 2021275669 A1	09-09-2021
		WO 2018218137 A1	29-11-2018

CN 105504018	A	20-04-2016	NONE
