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RESTRICTION DE LA DIFFERENCIATION DES LYMPHOCYTES B HUMAINS POUR LE TRAITEMENT DU
LYMPHOME B

(54) Title: THERAPEUTIC APPLICATION OF CHIMERIC AND RADIOLABELED ANTIBODIES TO HUMAN B
LYMPHOCYTE RESTRICTED DIFFERENTIATION ANTIGEN FOR TREATMENT OF B CELL LYMPHOMA

(57) **Abrégé/Abstract:**

Disclosed herein are therapeutic treatment protocols designed for the treatment of B cell lymphoma. These protocols are based upon therapeutic strategies which include the use of administration of immunologically active mouse/human chimeric anti-CD20 antibodies, radiolabeled anti-CD20 antibodies, and cooperative strategies comprising the use of chimeric anti-CD20 antibodies and radiolabeled anti-CD20 antibodies.



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THERAPEUTIC APPLICATION OF CHIMERIC AND RADIOLABELED
ANTIBODIES TO HUMAN B LYMPHOCYTE RESTRICTED
DIFFERENTIATION ANTIGEN FOR TREATMENT OF B CELL LYMPHOMA

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RELATED APPLICATIONS

This application is related to Canadian Patent Application No.
2,149,326.

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A. FIELD OF THE INVENTION

The references to be discussed throughout this document are set forth merely for the information described therein prior to the filing dates of this document, and
5 nothing herein is to be construed as an admission, either express or implied, that the references are "prior art" or that the inventors are not entitled to antedate such descriptions by virtue of prior inventions or priority based on earlier filed applications.

10 The present invention is directed to the treatment of B cell lymphoma using chimeric and radiolabeled antibodies to the B cell surface antigen Bp35 ("CD20").

B. BACKGROUND OF THE INVENTION

15 The immune system of vertebrates (for example, primates, which include humans, apes, monkeys, etc.) consists of a number of organs and cell types which have evolved to: accurately and specifically recognize foreign microorganisms ("antigen") which invade the vertebrate-host; specifically bind to such foreign microorganisms; and, eliminate/destroy such foreign microorganisms.

20 Lymphocytes, amongst others, are critical to the immune system. Lymphocytes are produced in the thymus, spleen and bone marrow (adult) and represent about 30% of the total white blood cells present in the circulatory system of humans (adult). There are two major sub-populations of lymphocytes: T cells and B cells. T cells are responsible for cell mediated immunity, while B cells are responsible
25 for antibody production (humoral immunity). However, T cells and B cells can be considered as interdependent--in a typical immune response, T cells are activated when the T cell receptor binds to fragments of an antigen that are bound to major histocompatibility complex ("MHC") glycoproteins on the surface of an antigen presenting cell; such activation causes release of biological

mediators ("interleukins") which, in essence, stimulate B cells to differentiate and produce antibody ("immunoglobulins") against the antigen.

Each B cell within the host expresses a different antibody on its surface - thus, one B cell will express antibody specific for one antigen, while another B cell will express antibody specific for a different antigen. Accordingly, B cells are quite diverse, and this diversity is critical to the immune system. In humans, each B cell can produce an enormous number of antibody molecules (*ie* about 10^7 to 10^8). Such antibody production most typically ceases (or substantially decreases) when the foreign antigen has been neutralized. Occasionally, however, proliferation of a particular B cell will continue unabated; such proliferation can result in a cancer referred to as "B cell lymphoma."

T cells and B cells both comprise cell surface proteins which can be utilized as "markers" for differentiation and identification. One such human B cell marker is the human B lymphocyte-restricted differentiation antigen Bp35, referred to as "CD20." CD20 is expressed during early pre-B cell development and remains until plasma cell differentiation. Specifically, the CD20 molecule may regulate a step in the activation process which is required for cell cycle initiation and differentiation and is usually expressed at very high levels on neoplastic ("tumor") B cells. CD20, by definition, is present on both "normal" B cells as well as "malignant" B cells, *ie* those B cells whose unabated proliferation can lead to B cell lymphoma. Thus, the CD20 surface antigen has the potential of serving as a candidate for "targeting" of B cell lymphomas.

25

In essence, such targeting can be generalized as follows: antibodies specific to the CD20 surface antigen of B cells are, *eg* injected into a patient. These anti-CD20 antibodies specifically bind to the CD20 cell surface antigen of (ostensibly) both normal and malignant B cells; the anti-CD20 antibody bound to the CD20

surface antigen may lead to the destruction and depletion of neoplastic B cells.

Additionally, chemical agents or radioactive labels having the potential to destroy the tumor can be conjugated to the anti-CD20 antibody such that the

5 agent is specifically "delivered" to, e.g. the neoplastic B cells. Irrespective of the approach, a primary goal is to destroy the tumor: the specific approach can be determined by the particular anti-CD20 antibody which is utilized and, thus, the available approaches to targeting the CD20 antigen can vary considerably.

For example, attempts at such targeting of CD20 surface antigen have been
10 reported. Murine (mouse) monoclonal antibody 1F5 (an anti-CD20 antibody) was reportedly administered by continuous intravenous infusion to B cell lymphoma patients. Extremely high levels (>2 grams) of 1F5 were reportedly required to deplete circulating tumor cells, and the results were described as being "transient." Press *et al.*, "Monoclonal Antibody 1F5 (Anti-CD20) Serotherapy of
15 Human B-Cell Lymphomas." *Blood* 69/2:584-591 (1987). A potential problem with this approach is that non-human monoclonal antibodies (eg, murine monoclonal antibodies) typically lack human effector functionality, ie they are unable to, *inter alia*, mediate complement dependent lysis or lyse human target cells through antibody dependent cellular toxicity or Fc-receptor mediated
20 phagocytosis. Furthermore, non-human monoclonal antibodies can be recognized by the human host as a foreign protein; therefore, repeated injections of such foreign antibodies can lead to the induction of immune responses leading to harmful hypersensitivity reactions. For murine-based monoclonal antibodies, this is often referred to as a Human Anti-Mouse Antibody response, or "HAMA"
25 response. Additionally, these "foreign" antibodies can be attacked by the immune system of the host such that they are, in effect, neutralized before they reach their target site.

Lymphocytes and lymphoma cells are inherently sensitive to radiotherapy for several reasons: the local emission of ionizing radiation of radiolabeled antibodies may kill cells with or without the target antigen (eg, CD20) in close proximity to antibody bound to the antigen; penetrating radiation may obviate the problem of limited access to the antibody in bulky or poorly vascularized tumors; and, the total amount of antibody required may be reduced. The radionuclide emits radioactive particles which can damage cellular DNA to the point where the cellular repair mechanisms are unable to allow the cell to continue living; therefore, if the target cells are tumors, the radioactive label beneficially kills the tumor cells. Radiolabeled antibodies, by definition, include the use of a radioactive substance which may require the need for precautions for both the patient (ie possible bone marrow transplantation) as well as the health care provider (ie the need to exercise a high degree of caution when working with the radioactivity).

15

Therefore, an approach at improving the ability of murine monoclonal antibodies to be effective in the treatment of B-cell disorders has been to conjugate a radioactive label or toxin to the antibody such that the label or toxin is localized at the tumor site. For example, the above-referenced IF5 antibody has been "labeled" with iodine-131 (^{131}I) and was reportedly evaluated for biodistribution in two patients. See Eary, J.F. *et al.*, "Imaging and Treatment of B-Cell Lymphoma" *J. Nuc. Med.* 31/8:1257-1268 (1990); see also, Press, O.W. *et al.*, "Treatment of Refractory Non-Hodgkin's Lymphoma with Radiolabeled MB-1 (Anti-CD37) Antibody" *J. Clin. Onc.* 7/8:1027-1038 (1989) (indication that one patient treated with ^{131}I -labeled IF-5 achieved a "partial response"); Goldenberg, D.M. *et al.*, "Targeting, Dosimetry and Radioimmunotherapy of B-Cell Lymphomas with Iodine-131-Labeled LL2 Monoclonal Antibody" *J. Clin. Onc.* 9/4:548-564 (1991) (three of eight patients receiving multiple injections reported to have developed a HAMA response); Appelbaum, F.R. "Radiolabeled

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Monoclonal Antibodies in the Treatment of Non-Hodgkin's Lymphoma"

Hem./Onc. Clinics of N.A. 5/5:1013-1025 (1991) (review article); Press, O.W. *et*

al "Radiolabeled-Antibody Therapy of B-Cell Lymphoma with Autologous Bone

Marrow Support." *New England Journal of Medicine* 329/17: 1219-12223

- 5 (1993) (iodine-131 labeled anti-CD20 antibody IF5 and B1); and Kaminski, M.G. *et al* "Radioimmunotherapy of B-Cell Lymphoma with [¹³¹I] Anti-B1 (Anti-CD20) Antibody". *NEJM* 329/7 (1993) (iodine-131 labeled anti-CD20 antibody B1; hereinafter "Kaminski").

- 10 Toxins (*ie* chemotherapeutic agents such as doxorubicin or mitomycin C) have also been conjugated to antibodies. *See, for example*, PCT published application WO 92/07466 (published May 14, 1992).

- "Chimeric" antibodies, *ie* antibodies which comprise portions from two or more
15 different species (*eg*, mouse and human) have been developed as an alternative to "conjugated" antibodies. For example, Liu, A.Y. *et al.*, "Production of a Mouse-Human Chimeric Monoclonal Antibody to CD20 with Potent Fc-Dependent Biologic Activity" *J. Immun.* 139/10:3521-3526 (1987), describes a mouse/human chimeric antibody directed against the CD20 antigen. *See also*, PCT Publication
20 No. WO 88/04936. However, no information is provided as to the ability, efficacy or practicality of using such chimeric antibodies for the treatment of B cell disorders in the reference. It is noted that *in vitro* functional assays (*eg* complement dependent lysis ("CDC"); antibody dependent cellular cytotoxicity ("ADCC"), etc.) cannot inherently predict the *in vivo* capability of a chimeric
25 antibody to destroy or deplete target cells expressing the specific antigen. *See*, for example, Robinson, R.D. *et al.*, "Chimeric mouse-human anti-carcinoma antibodies that mediate different anti-tumor cell biological activities," *Hum. Antibod. Hybridomas* 2:84-93 (1991) (chimeric mouse-human antibody having

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undetectable ADCC activity). Therefore, the potential therapeutic efficacy of chimeric antibody can only truly be assessed by *in vivo* experimentation.

- 5 What is needed, and what would be a great advance in the art, are therapeutic approaches targeting the CD20 antigen for the treatment of B cell lymphomas in primates, including, but not limited to, humans.

10

C. SUMMARY OF THE INVENTION

Disclosed herein are therapeutic methods and uses designed for the treatment of B cell disorders, and in particular, B cell lymphomas. These protocols are based upon the administration of
15 immunologically active chimeric anti-CD20 antibodies for the depletion of peripheral blood B cells, including B cells associated with lymphoma; administration of radiolabeled anti-CD20 antibodies for targeting localized and peripheral B cell associated tumors; and administration of chimeric anti-CD20
20 antibodies and radiolabeled anti-CD20 antibodies in a cooperative therapeutic strategy. Another aspect of the invention comprises commercial packages of such chimeric anti-CD20 antibodies and radiolabeled antibodies together with instructions for such uses.

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In one aspect, the invention provides an isolated monoclonal antibody, wherein the antibody comprises a light chain variable region comprising amino acid residues 23 to 128 of SEQ ID NO:4 and a heavy chain variable region
5 comprising amino acid residues 20 to 140 of SEQ ID NO:6.

In another aspect, the invention provides an immunologically active chimeric anti-CD20 antibody, wherein the antibody possesses substantially the same B-cell depleting activity and has specificity to the same epitope
10 of CD20 as an anti-CD20 antibody comprising the heavy chain and light chain polypeptides encoded by the heavy and light chain inserts in the vector nucleotide sequence shown in SEQ ID NO:2.

In another aspect, the invention provides a host
15 cell comprising nucleic acid sequences encoding the light chain and the heavy chain of an immunologically active chimeric anti-CD20 antibody, wherein the sequence encoding the light chain comprises a nucleotide sequence encoding amino acid residues 23 to 128 of SEQ ID NO:4, and the
20 sequence encoding the heavy chain comprises a nucleotide sequence encoding amino acid residues 20 to 140 of SEQ ID NO:6.

In another aspect, the invention provides a method of producing a chimeric anti-CD20 antibody comprising: (a)
25 culturing a host cell as described above under conditions to produce the chimeric anti-CD20 antibody and (b) harvesting the chimeric anti-CD20 antibody.

In another aspect, the invention provides a chimeric anti-CD20 antibody made as described above.

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D. BRIEF DESCRIPTION OF THE DRAWINGS

Figure 1 is a diagrammatic representation of a tandem chimeric antibody expression vector useful in the production of immunologically active chimeric anti-CD20
5 antibodies ("TCAE8");

Figures 2A through 2F are the nucleic acid sequence of the vector of Figure 1;

Figures 3A through 3F are the nucleic acid sequence of the vector of Figure 1 further comprising murine
10 light and heavy chain variable regions ("anti-CD20 in TCAE8") (also set forth as SEQ ID NO:2);

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Figure 4 shows the nucleic acid (SEQ ID NO:3) and amino acid (SEQ ID NO:4) sequences (including CDR and framework regions) of murine variable region light chain derived from murine anti-CD20 monoclonal antibody 2B8;

5

Figure 5 shows the nucleic acid (SEQ ID NO:5) and amino acid (SEQ ID NO:6) sequences (including CDR and framework regions) of murine variable region heavy chain derived from murine anti-CD20 monoclonal antibody 2B8;

10 Figure 6 are flow cytometry results evidencing binding of fluorescent-labeled human C1q to chimeric anti-CD20 antibody, including, as controls labeled C1q; labeled C1q and murine anti-CD20 monoclonal antibody 2B8; and labeled C1q and human IgG1,k;

15 Figure 7 represents the results of complement related lysis comparing chimeric anti-CD20 antibody and murine anti-CD20 monoclonal antibody 2B8;

Figure 8 represents the results of antibody mediated cellular cytotoxicity with *in vivo* human effector cells comparing chimeric anti-CD20 antibody and 2B8;

20

Figure 9A, 9B and 9C provide the results of non-human primate peripheral blood B lymphocyte depletion after infusion of 0.4 mg/kg (A); 1.6 mg/kg (B); and 6.4 mg/kg (C) of immunologically active chimeric anti-CD20 antibody;

25 Figure 10 provides the results of, *inter alia*, non-human primate peripheral blood B lymphocyte depletion after infusion of 0.01 mg/kg of immunologically active chimeric anti-CD20 antibody;

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Figure 11 provides results of the tumoricidal impact of Y2B8 in a mouse xenographic model utilizing a B cell lymphoblastic tumor;

Figure 12 provides results of the tumoricidal impact of C2B8 in a mouse xenographic model utilizing a B cell lymphoblastic tumor;

Figure 13 provides results of the tumoricidal impact of a combination of Y2B8 and C2B8 in a mouse xenographic model utilizing a B cell lymphoblastic tumor; and

Figures 14A and 14B provide results from a Phase I/II clinical analysis of C2B8 evidencing B-cell population depletion over time for patients evidencing a partial remission of the disease (14A) and a minor remission of the disease (14B).

E. DETAILED DESCRIPTION OF PREFERRED EMBODIMENTS

15

Generally, antibodies are composed of two light chains and two heavy chain molecules; these chains form a general "Y" shape, with both light and heavy chains forming the arms of the Y and the heavy chains forming the base of the Y. Light and heavy chains are divided into domains of structural and functional homology. The variable domains of both the light ("V_L") and the heavy ("V_H") chains determine recognition and specificity. The constant region domains of light ("C_L") and heavy ("C_H") chains confer important biological properties, eg antibody chain association, secretion, transplacental mobility, Fc receptor binding complement binding, etc. The series of events leading to immunoglobulin gene expression in the antibody producing cells are complex. The variable domain region gene sequences are located in separate germ line gene segments referred to as "V_H," "D," and "J_H," or "V_L" and "J_L." These gene segments are joined by DNA rearrangements to form the complete V regions expressed in heavy and light chains, respectively. The rearranged, joined V

segments (V_L-J_L and V_H-D-J_H) then encode the complete variable regions or antigen binding domains of light and heavy chains, respectively.

Serotherapy of human B cell lymphomas using an anti-CD20 murine monoclonal antibody (1F5) has been described by Press *et al.*, (69 *Blood* 584, 1987, *supra*); the reported therapeutic responses, unfortunately, were transient. Additionally, 25% of the tested patients reportedly developed a human anti-mouse antibody (HAMA) response to the serotherapy. Press *et al.*, suggest that these antibodies, conjugated to toxins or radioisotopes, might afford a more lasting clinical benefit than the unconjugated antibody.

Owing to the debilitating effects of B cell lymphoma and the very real need to provide viable treatment approaches to this disease, we have embarked upon different approaches having a particular antibody, 2B8, as the common link between the approaches. One such approach advantageously exploits the ability of mammalian systems to readily and efficiently recover peripheral blood B cells; using this approach, we seek to, in essence, purge or deplete B cells in peripheral blood and lymphatic tissue as a means of also removing B cell lymphomas. We accomplish this by utilization of, *inter alia*, immunologically active, chimeric anti-CD20 antibodies. In another approach, we seek to target tumor cells for destruction with radioactive labels.

As used herein, the term "anti-CD20 antibody" is an antibody which specifically recognizes a cell surface non-glycosylated phosphoprotein of 35,000 Daltons, typically designated as the human B lymphocyte restricted differentiation antigen Bp35, commonly referred to as CD20. As used herein, the term "chimeric" when used in reference to anti-CD20 antibodies, encompasses antibodies which are most preferably derived using recombinant deoxyribonucleic acid techniques and which comprise both human (including

immunologically "related" species, eg, chimpanzee) and non-human components: the constant region of the chimeric antibody is most preferably substantially identical to the constant region of a natural human antibody; the variable region of the chimeric antibody is most preferably derived from a non-human source and has the desired antigenic and specificity to the CD20 cell surface antigen. The non-human source can be any vertebrate source which can be used to generate antibodies to a human CD20 cell surface antigen or material comprising a human CD20 cell surface antigen. Such non-human source includes, but is not limited to, rodents (eg, rabbit, rat, mouse, etc.) and non-human primates (eg, Old World Monkey, Ape, etc.). Most preferably, the non-human component (variable region) is derived from a murine source. As used herein, the phrase "immunologically active" when used in reference to chimeric anti-CD20 antibodies, means a chimeric antibody which binds human Clq, mediates complement dependent lysis ("CDC") of human B lymphoid cell lines, and lyses human target cells through antibody dependent cellular cytotoxicity ("ADCC"). As used herein, the phrases "indirect labeling" and "indirect labeling approach" both mean that a chelating agent is covalently attached to an antibody and at least one radionuclide is inserted into the chelating agent. Preferred chelating agents and radionuclides are set forth in Srivagtava, S.C. and Mase, R.C., "Progress in Research on Ligands, Nuclides and Techniques for Labeling Monoclonal

antibodies," *Nucl. Med. Bio.* 18/6: 589-603 (1991)

("Srivagtava"). A particularly preferred chelating agent is 1-isothiocycmatobenzyl-3-methyldiothelene triaminepent acetic acid ("MX-DTPA"); particularly preferred radionuclides for indirect

5 labeling include indium [111] and yttrium [90]. As used herein, the phrases "direct labeling" and "direct labeling approach" both mean that a radionuclide is covalently attached directly to an antibody (typically via an amino acid residue). Preferred radionuclides are provided in Srivagtava; a particularly
10 preferred radionuclide for direct labeling is iodine [131] covalently attached via tyrosine residues. The indirect labeling approach is particularly preferred.

The therapeutic approaches disclosed herein are based upon the
15 ability of the immune system of primates to rapidly recover, or rejuvenate, peripheral blood B cells. Additionally, because the principal immune response of primates is occasioned by T cells, when the immune system has a peripheral blood B cell deficiency, the need for "extraordinary" precautions (*i.e.* patient
20 isolation, etc.) is not necessary. As a result of these and other nuances of the immune systems of primates, our therapeutic approach to B cell disorders allows for the purging of peripheral blood B cells using immunologically active chimeric anti-CD20 antibodies.

25

Because peripheral blood B cell disorders, by definition, can indicate a necessity for access to the blood for treatment, the route of administration of the immunologically active chimeric anti-CD20 antibodies and radiolabeled anti-CD20 antibodies is preferably parenteral; as used herein, the term "parenteral" includes intravenous, intramuscular, subcutaneous, rectal, vaginal or intraperitoneal administration. Of these, intravenous administration is most preferred.

10 The immunologically active chimeric anti-CD20 antibodies and radiolabeled anti-CD20 antibodies will typically be provided by standard technique within a pharmaceutically acceptable buffer, for example, sterile saline, sterile buffered water, propylene glycol, combination of the foregoing, etc. Methods for
15 preparing parenterally administerable agents are described in *Pharmaceutical Carriers & Formulations*, Martin, Remington's Pharmaceutical Sciences, 15th Ed. (Mack Pub. Co., Eason, PA 1975).

The specific, therapeutically effective amount of immunologically active chimeric anti-CD20 antibodies useful to produce a unique therapeutic effect in any given patient can be determined by standard techniques well known to those of ordinary skill in the art.

5

Effective dosages (*ie* therapeutically effective amounts) of the immunologically active chimeric anti-CD20 antibodies range from about 0.001 to about 30 mg/kg body weight, more preferably from about 0.01 to about 25 mg/kg body weight, and most preferably from about 0.4 to about 20.0 mg/kg body weight. Other
10 dosages are viable; factors influencing dosage include, but are not limited to, the severity of the disease; previous treatment approaches; overall health of the patient; other diseases present, etc. The skilled artisan is readily credited with assessing a particular patient and determining a suitable dosage that falls within the ranges, or if necessary, outside of the ranges.

15

Introduction of the immunologically active chimeric anti-CD20 antibodies in these dose ranges can be carried out as a single treatment or over a series of treatments. With respect to chimeric antibodies, it is preferred that such introduction be carried out over a series of treatments; this preferred approach is
20 predicated upon the treatment methodology associated with this disease. While not wishing to be bound by any particular theory, because the immunologically active chimeric anti-CD20 antibodies are both immunologically active and bind to CD20, upon initial introduction of the immunologically active chimeric anti-CD20 antibodies to the individual, peripheral blood B cell depletion will begin;
25 we have observed a nearly complete depletion within about 24 hours post treatment infusion. Because of this, subsequent introduction(s) of the immunologically active chimeric anti-CD20 antibodies (or radiolabeled anti-CD20 antibodies) to the patient is presumed to: a) clear remaining peripheral blood B cells; b) begin B cell depletion from lymph nodes; c) begin B cell depletion

from other tissue sources, *eg*, bone marrow, tumor, etc. Stated again, by using repeated introductions of the immunologically active chimeric anti-CD20 antibodies, a series of events take place, each event being viewed by us as important to effective treatment of the disease. The first "event" then, can be
5 viewed as principally directed to substantially depleting the patient's peripheral blood B cells; the subsequent "events" can be viewed as either principally directed to simultaneously or serially clearing remaining B cells from the system clearing lymph node B cells, or clearing other tissue B cells.

10 In effect, while a single dosage provides benefits and can be effectively utilized for disease treatment/management, a preferred treatment course can occur over several stages; most preferably, between about 0.4 and about 20 mg/kg body weight of the immunologically active chimeric anti-CD20 antibodies is introduced to the patient once a week for between about 2 to 10 weeks, most
15 preferably for about 4 weeks.

With reference to the use of radiolabeled anti-CD20 antibodies, a preference is that the antibody is non-chimeric; this preference is predicted upon the significantly longer circulating half-life of chimeric antibodies vis-a-vis murine
20 antibodies (*ie* with a longer circulating half-life, the radionuclide is present in the patient for extended periods). However, radiolabeled chimeric antibodies can be beneficially utilized with lower milli-Curies ("mCi") dosages used in conjunction with the chimeric antibody relative to the murine antibody. This scenario allows for a decrease in bone marrow toxicity to an acceptable level, while maintaining
25 therapeutic utility.

A variety of radionuclides are applicable to the present invention and those skilled in the art are credited with the ability to readily determine which radionuclide is most appropriate under a variety of circumstances. For example,

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iodine [131] is a well known radionuclide used for targeted immunotherapy.

However, the clinical usefulness of iodine [131] can be limited by several factors including: eight-day physical half-life; dehalogenation of iodinated antibody both in the blood and at tumor sites; and emission characteristics (e.g. large gamma component) which can be suboptimal for localized dose deposition in tumor.

With the advent of superior chelating agents, the opportunity for attaching metal chelating groups to proteins has increased the opportunities to utilize other radionuclides such as indium [131] and yttrium [90]. Yttrium [90] provides several benefits for utilization in radioimmunotherapeutic applications: the 64 hour half-life of yttrium [90] is long enough to allow antibody accumulation by tumor and, unlike eg iodine [131], yttrium [90] is a pure beta emitter of high energy with no accompanying gamma irradiation in its decay, with a range in tissue of 100 to 1000 cell diameters. Furthermore, the minimal amount of penetrating radiation allows for outpatient administration of yttrium [90]-labeled antibodies. Furthermore, internalization of labeled antibody is not required for cell killing, and the local emission of ionizing radiation should be lethal for adjacent tumor cells lacking the target antigen.

One non-therapeutic limitation to yttrium [90] is based upon the absence of significant gamma radiation making imaging therewith difficult. To avoid this problem, a diagnostic "imaging" radionuclide, such as indium [111], can be utilized for determining the location and relative size of a tumor prior to the administration of therapeutic doses of yttrium [90]-labeled anti-CD20. Indium [111] is particularly preferred as the diagnostic radionuclide because: between about 1 to about 10mCi can be safely administered without detectable toxicity; and the imaging data is generally predictive of subsequent yttrium [90]-labeled antibody distribution. Most imaging studies utilize 5mCi indium [111]-labeled antibody because this dose is both safe and has increased imaging efficiency compared with lower doses, with optimal imaging occurring at three to six days

after antibody administration. *See, for example, Murray J.L. , 26 J. Nuc. Med.*
3328 (1985) *and Carraguillo, J.A. et al , 26 J. Nuc. Med.* 67 (1985).

Effective single treatment dosages (*ie therapeutically effective amounts*) of
5 yttrium [90] labeled anti-CD20 antibodies range from between about 5 and about
75mCi, more preferably between about 10 and about 40mCi. Effective single
treatment non-marrow ablative dosages of iodine [131] labeled anti-CD20
antibodies range from between about 5 and about 70mCi, more preferably
between about 5 and about 40mCi. Effective single treatment ablative dosages
10 (*ie may require autologous bone marrow transplantation*) of iodine [131] labeled
anti-CD20 antibodies range from between about 30 and about 600mCi, more
preferably between about 50 and less than about 500mCi. In conjunction with a
chimeric anti-CD20 antibody, owing to the longer circulating half life vis-a-vis
murine antibodies, an effective single treatment non-marrow ablative dosages of
15 iodine [131] labeled chimeric anti-CD20 antibodies range from between about 5
and about 40mCi, more preferably less than about 30mCi. Imaging criteria for,
eg the indium [111] label, are typically less than about 5mCi.

With respect to radiolabeled anti-CD20 antibodies, therapy therewith can also
20 occur using a single therapy treatment or using multiple treatments. Because of
the radionuclide component, it is preferred that prior to treatment, peripheral
stem cells ("PSC") or bone marrow ("BM") be "harvested" for patients
experiencing potentially fatal bone marrow toxicity resulting from radiation. BM
and/or PSC are harvested using standard techniques, and then purged and
25 frozen for possible reinfusion. Additionally, it is most preferred that prior to
treatment a diagnostic dosimetry study using a diagnostic labeled antibody (*eg*
using indium [111]) be conducted on the patient, a purpose of which is to ensure
that the therapeutically labeled antibody (*eg* using yttrium [90]) will not become
unnecessarily "concentrated" in any normal organ or tissue.

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Chimeric mouse/human antibodies have been described. See, for example, Morrison, S.L. *et al.*, *PNAS* 81:6851-6854 (November 1984); European Patent Publication No. 173494; Beulianne, C.L. *et al.*, *Nature* 312:642 (December 1984);

5 Neubeiger, M.S. *et al.*, *Nature* 314:268 (March 1985); European Patent Publication No. 125023; Tan *et al.*, *J. Immunol.* 135:8564 (November 1985); Sun, L.K. *et al.*, *Hybridoma* 5/1:517 (1986); Sahagan *et al.*, *J. Immunol.* 137:1066-1074 (1986). See generally, Muron, *Nature* 312:597 (December 1984); Dickson, *Genetic Engineering News* 5/3 (March 1985); Marx, *Science* 229 455 (August

10 1985); and Morrison *Science* 229:1202-1207 (September 1985). Robinson *et al.*, in PCT Publication Number WO 88/04936 describe a chimeric antibody with human constant region and murine variable region, having specificity to an epitope of CD20; the murine portion of the chimeric antibody of the Robinson references is derived from the 2H7 mouse monoclonal antibody (gamma 2b, kappa). While the

15 reference notes that the described chimeric antibody is a "prime candidate" for the treatment of B cell disorders, this statement can be viewed as no more than a suggestion to those in the art to determine whether or not this suggestion is accurate for this particular antibody, particularly because the reference lacks any data to support an assertion of therapeutic effectiveness, and importantly,

20 data using higher order mammals such as primates or humans.

Methodologies for generating chimeric antibodies are available to those in the art. For example, the light and heavy chains can be expressed separately, using, for example, immunoglobulin light chain and immunoglobulin heavy chains in

25 separate plasmids. These can then be purified and assembled *in vitro* into complete antibodies; methodologies for accomplishing such assembly have been described. See, for example, Scharff, M., *Harvey Lectures* 69:125 (1974). *In vitro* reaction parameters for the formation of IgG antibodies from reduced isolated light and heavy chains have also been described. See, for example, Beychok, S.,

Cells of Immunoglobulin Synthesis, Academic Press, New York, p. 69, 1979. Co-expression of light and heavy chains in the same cells to achieve intracellular association and linkage of heavy and light chains into complete H₂L₂ IgG antibodies is also possible. Such co-expression can be accomplished using either the same or different plasmids in the same host cell.

Another approach, and one which is our most preferred approach for developing a chimeric non-human/human anti-CD20 antibody, is based upon utilization of an expression vector which includes, *ab initio*, DNA encoding heavy and light chain constant regions from a human source. Such a vector allows for inserting DNA encoding non-human variable region such that a variety of non-human anti-CD20 antibodies can be generated, screened and analyzed for various characteristics (eg type of binding specificity, epitope binding regions, etc.); thereafter, cDNA encoding the light and heavy chain variable regions from a preferred or desired anti-CD20 antibody can be incorporated into the vector. We refer to these types of vectors as Tandem Chimeric Antibody Expression ("TCAE") vectors. A most preferred TCAE vector which was used to generate immunologically active chimeric anti-CD20 antibodies for therapeutic treatment of lymphomas is TCAE 8. TCAE 8 is a derivative of a vector owned by the assignee of this patent document, referred to as TCAE 5.2 the difference being that in TCAE 5.2, the translation

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initiation start site of the dominant selectable marker
(neomycin phosphotransferase, "NEO") is a consensus Kozak
sequence, while for TCAE 8, this region is a partially impaired
consensus Kozak sequence. Details regarding the impact of the
5 initiation start site of the dominant selectable marker of the
TCAE vectors (also referred to as "ANEX vector") vis-a-vis
protein expression are disclosed in detail elsewhere.

TCAE 8 comprises four (4) transcriptional cassettes, and these are in tandem order, *ie* a human immunoglobulin light chain absent a variable region; a human immunoglobulin heavy chain absent a variable region; DHFR; and NEO. Each transcriptional cassette contains its own eukaryotic promotor and
5 polyadenylation region (reference is made to Figure 1 which is a diagrammatic representation of the TCAE 8 vector). Specifically:

- 1) the CMV promoter/enhancer in front of the immunoglobulin heavy chain is a truncated version of the promoter/enhancer in front of the light chain, from the
10 Nhe I site at -350 to the Sst I site at -16 (*see*, 41 *Cell* 521, 1985).
- 2) a human immunoglobulin light chain constant region was derived via amplification of cDNA by a PCR reaction. In TCAE 8, this was the human immunoglobulin light chain kappa constant region (Kabat numbering, amino
15 acids 108-214, allotype Km 3, (*see*, Kabat, E.A. "Sequences of proteins of immunological interest," NIH Publication, Fifth Ed. No. 91-3242, 1991)), and the human immunoglobulin heavy chain gamma 1 constant region (Kabat numbering amino acids 114-478, allotype Gmla, Gmlz). The light chain was isolated from normal human blood (IDEC Pharmaceuticals Corporation, La Jolla,
20 CA); RNA therefrom was used to synthesize cDNA which was then amplified using PCR techniques (primers were derived vis-a-vis the consensus from Kabat). The heavy chain was isolated (using PCR techniques) from cDNA prepared from RNA which was in turn derived from cells transfected with a human IgG1 vector (*see*, 3 *Prot. Eng.* 531, 1990; vector pN_γ162). Two amino acids
25 were changed in the isolated human IgG1 to match the consensus amino acid sequence from Kabat, to wit: amino acid 225 was changed from valine to alanine (GTT to GCA), and amino acid 287 was changed from methionine to lysine (ATG to AAG);

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3) The human immunoglobulin light and heavy chain cassettes contain synthetic signal sequences for secretion of the immunoglobulin chains;

4) The human immunoglobulin light and heavy chain cassettes contain specific DNA restriction sites which allow for insertion of light and heavy immunoglobulin variable regions which maintain the transitional reading frame and do not alter the amino acids normally found in immunoglobulin chains;

5) The DHFR cassette contained its own eukaryotic promoter (mouse beta globin major promoter, "BETA") and polyadenylation region (bovine growth hormone polyadenylation, "BGH"); and

6) The NEO cassette contained its own eukaryotic promoter (BETA) and polyadenylation region (SV40 early polyadenylation, "SV").

15

With respect to the TCAE 8 vector and the NEO cassette, the Kozak region was a partially impaired consensus Kozak sequence (which included an upstream Cla I site):

20

ClaI -3 +1

GGGAGCTTGG ATCGAT ccTct ATG Gtt (SEQ ID NO:7)

(In the TCAE 5.2 vector, the change is between the ClaI and ATG regions, to wit: ccAcc.)

25

The complete sequence listing of TCAE 8 (including the specific components of the four transcriptional cassettes) is set forth in Figure 2 (SEQ. ID. NO. 1).

As will be appreciated by those in the art, the TCAE vectors beneficially allow for substantially reducing the time in generating the immunologically active chimeric anti-CD20 antibodies. Generation and isolation of non-human light and heavy chain variable regions, followed by incorporation thereof within the human light chain constant transcriptional cassette and human heavy chain constant transcriptional cassette, allows for production of immunologically active chimeric anti-CD20 antibodies.

We have derived a most preferred non-human variable region with specificity to the CD20 antigen using a murine source and hybridoma technology. Using polymerase chain reaction ("PCR") techniques, the murine light and heavy variable regions were cloned directly into the TCAE 8 vector--this is the most preferred route for incorporation of the non-human variable region into the TCAE vector. This preference is principally predicated upon the efficiency of the PCR reaction and the accuracy of insertion. However, other equivalent procedures for accomplishing this task are available. For example, using TCAE 8 (or an equivalent vector), the sequence of the variable region of a non-human anti-CD20 antibody can be obtained, followed by oligonucleotide synthesis of portions of the sequence or, if appropriate, the entire sequence; thereafter, the portions or the entire synthetic sequence can be inserted into the appropriate locations within the vector. Those skilled in the art are credited with the ability to accomplish this task.

Our most preferred immunologically active chimeric anti-CD20 antibodies were derived from utilization of TCAE 8 vector which included murine variable regions derived from monoclonal antibody to CD20; this antibody (to be discussed in detail, *infra*), is referred to as "2B8." The complete sequence of the variable regions obtained from 2B8 in TCAE 8 ("anti-CD20 in TCAE 8") is set forth in Figure 3 (SEQ. ID. NO. 2).

The host cell line utilized for protein expression is most preferably of mammalian origin; those skilled in the art are credited with ability to preferentially determine particular host cell lines which are best suited for the desired gene product to be expressed therein. Exemplary host cell lines include, but are not limited to, DG44 and DUXBll (Chinese Hamster Ovary lines, DHFR minus), HELA (human cervical carcinoma), CVI (monkey kidney line), COS (a derivative of CVI with SV40 T antigen), R1610 (Chinese hamster fibroblast) BALBC/3T3 (mouse fibroblast), HAK (hamster kidney line), SP2/O (mouse myeloma), P3x63-Ag3.653 (mouse myeloma), BFA-lclBPT (bovine endothelial cells), RAJI (human lymphocyte) and 293 (human kidney). Host cell lines are typically available from commercial services, the American Tissue Culture Collection or from published literature.

15 Preferably the host cell line is either DG44 ("CHO") or SP2/O. *See* Urland, G. *et al.*, "Effect of gamma rays and the dihydrofolate reductase locus: deletions and inversions." *Som. Cell & Mol. Gen.* 12/6:555-566 (1986), and Shulman, M. *et al.*, "A better cell line for making hybridomas secreting specific antibodies." *Nature* 276:269 (1978), respectively. Most preferably, the host cell line is DG44.

20 Transfection of the plasmid into the host cell can be accomplished by any technique available to those in the art. These include, but are not limited to, transfection (including electrophoresis and electroporation), cell fusion with enveloped DNA, microinjection, and infection with intact virus. *See*, Ridgway, A.A.G. "Mammalian Expression Vectors." Chapter 24.2, pp. 470-472 *Vectors*, Rodriguez and Denhardt, Eds. (Butterworths, Boston, MA 1988). Most

25 preferably, plasmid introduction into the host is via electroporation.

F. EXAMPLES**2 1 4 9 3 2 9**

The following examples are not intended, nor are they to be construed, as limiting the invention. The examples are intended to evidence: dose-imaging
5 using a radiolabeled anti-CD20 antibody ("I2B8"); radiolabeled anti-CD20 antibody ("Y2B8"); and immunologically active, chimeric anti-CD20 antibody ("C2B8") derived utilizing a specific vector ("TCAE 8") and variable regions derived from murine anti-CD20 monoclonal antibody ("2B8").

10 I. RADIOLABELED ANTI-CD20 ANTIBODY 2B8**A. Anti-CD20 Monoclonal Antibody (Murine) Production ("2B8")**

BALB/C mice were repeatedly immunized with the human lymphoblastoid cell line SB (see, Adams, R.A. *et al.*, "Direct implantation and serial
15 transplantation of human acute lymphoblastic leukemia in hamsters, SB-2." *Can Res* 28:1121-1125 (1968); this cell line is available from the American Tissue Culture Collection, Rockville, MD., under ATCC accession number ATCC CCL 120), with weekly injections over a period of 3-4 months. Mice evidencing high serum titers of anti-CD20 antibodies, as determined by inhibition of known
20 CD20-specific antibodies (anti-CD20 antibodies utilized were Leu 16, Beckton Dickinson, San Jose, CA, Cat. No. 7670; and B1, Coulter Corp., Hialeah, FL, Cat. No. 6602201) were identified; the spleens of such mice were then removed. Spleen cells were fused with the mouse myeloma SP2/0 in accordance with the protocol described in Einfeld, D.A. *et al.*, (1988) *EMBO* 7:711 (SP2/0 has ATCC
25 accession no. ATCC CRL 8006).

Assays for CD20 specificity were accomplished by radioimmunoassay. Briefly, purified anti-CD20 B1 was radiolabeled with I¹²⁵ by the iodobead method as described in Valentine, M.A. *et al.*, (1989) *J. Biol. Chem.* 264:11282. (I¹²⁵

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Sodium Iodide, ICN, Irvine, CA, Cat. No. 28665H). Hybridomas were screened by co-incubation of 0.05 ml of media from each of the fusion wells together with 0.05 ml of I¹²⁵ labeled anti-CD20 B1 (10 ng) in 1% BSA, PBS (pH 7.4), and 0.5 ml of the same buffer containing 100,000 SB cells. After incubation for 1 hr at room temperature, the cells were harvested by transferring to 96 well titer plates (V&P Scientific, San Diego, CA), and washed thoroughly. Duplicate wells containing unlabeled anti-CD20 B1 and wells containing no inhibiting antibody were used as positive and negative controls, respectively. Wells containing greater than 50% inhibition were expanded and cloned. The antibody demonstrating the highest inhibition was derived from the cloned cell line designated herein as "2B8."

B. Preparation of 2B8-MX-DTPA Conjugate

i. MX-DTPA

Carbon-14-labeled 1-isothiocyanatobenzyl-3-methyldiethylene triaminepentaacetic acid ("carbon-14 labeled MX-DTPA") was used as a chelating agent for conjugation of radiolabel to 2B8. Manipulations of MX-DTPA were conducted to maintain metal-free conditions, ie metal-free reagents were utilized and, when possible, polypropylene plastic containers (flasks, beakers, graduated cylinders, pipette tips) washed with Alconox* and rinsed with Milli-Q* water, were similarly utilized. MX-DTPA was obtained as a dry solid from Dr. Otto Gansow (National Institute of Health, Bethesda, MD) and stored desiccated at 4°C (protected from light), with stock solutions being prepared in Milli-Q* water at a concentration of 2-5mM, with storage at -70°C. MX-DTPA was also obtained from Coulter Immunology* (Hialeah, Florida) as the disodium salt in water and stored at -70°C.

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ii. Preparation of 2B8

Purified 2B8 was prepared for conjugation with MX-DTPA by transferring the antibody into metal-free 50mM bicine-NaOH, pH 8.6, containing 150 mM NaCl, using repetitive buffer exchange with CENTRICON 30™ spin filters (30,000D, MWCO; Amicon). Generally, 50-200 µL of protein (10 mg/ml) was added to the filter unit, followed by 2 mL of bicine buffer. The filter was centrifuged at 4°C in a Sorvall* SS-34 rotor (6,000 rpm, 45 min.). Retentate volume was approximately 50-100 µL; this process was repeated twice using the same filter. Retentate was transferred to a polypropylene 1.5 mL screw cap tube, assayed for protein, diluted to 10.0 mg/mL and stored at 4°C until utilized; protein was similarly transferred into 50 mM sodium citrate, pH 5.5, containing 150 mM NaCl and 0.05% sodium azide, using the foregoing protocol.

iii. Conjugation of 2B8 with MX-DTPA

Conjugation of 2B8 with MX-DTPA was performed in polypropylene tubes at ambient temperature. Frozen MX-DTPA stock solutions were thawed immediately prior to use. 50-200 mL of protein at 10 mg/mL were reacted with MX-DTPA at a molar ratio of MX-DTPA-to-2B8 of 4:1. Reactions were initiated by adding the MX-DTPA stock solution and gently mixing; the conjugation was allowed to proceed overnight (14 to 20 hr), at ambient temperature. Unreacted MX-DTPA was removed from the conjugate by dialysis or repetitive ultrafiltration, as described above in Example I.B.ii, into metal-free normal saline (0.9% w/v) containing 0.05% sodium azide. The protein concentration was adjusted to 10 mg/mL and stored at 4°C in a polypropylene tube until radiolabeled.

iv. Determination of MX-DTPA Incorporation

MX-DTPA incorporation was determined by scintillation counting and comparing the value obtained with the purified conjugate to the specific

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activity of the carbon-[14]-labeled MX-DTPA. For certain studies, in which non-radioactive MX-DTPA (Coulter Immunology) was utilized, MX-DTPA incorporation was assessed by incubating the conjugate with an excess of a radioactive carrier solution of yttrium-[90] of known concentration and specific activity.

A stock solution of yttrium chloride of known concentration was prepared in metal-free 0.05 N HCl to which carrier-free yttrium-[90] (chloride salt) was added. An aliquot of this solution was analyzed by liquid scintillation counting to determine an accurate specific activity for this reagent. A volume of the yttrium chloride reagent equal to 3-times the number of mols of chelate expected to be attached to the antibody, (typically 2 mol/mol antibody), was added to a polypropylene tube, and the pH adjusted to 4.0-4.5 with 2 M sodium acetate. Conjugated antibody was subsequently added and the mixture incubated 15-30 min. at ambient temperature. The reaction was quenched by adding 20 mM EDTA to a final concentration of 1 mM and the pH of the solution adjusted to approximately pH 6 with 2M sodium acetate.

After a 5 min. incubation, the entire volume was purified by high-performance, size-exclusion chromatography (described *infra*). The eluted protein-containing fractions were combined, the protein concentration determined, and an aliquot assayed for radioactivity. The chelate incorporation was calculated using the specific activity of the yttrium-[90] chloride preparation and the protein concentration.

v. Immunoreactivity of 2B8-MX-DTPA

The immunoreactivity of conjugated 2B8 was assessed using whole-cell ELISA. Mid-log phase SB cells were harvested from culture by centrifugation and washed two times with 1X HBSS. Cells were diluted to 1-2 X

10⁶ cells/mL in HBSS and aliquoted into 96-well polystyrene microtiter plates at 50,000-100,000 cells/well. The plates were dried under vacuum for 2 h. at 40-45°C to fix the cells to the plastic; plates were stored dry at -20°C until utilized.

For assay, the plates were warmed to ambient temperature immediately before
5 use, then blocked with 1X PBS, pH 7.2-7.4 containing 1% BSA (2 h). Samples for assay were diluted in 1X PBS/1% BSA, applied to plates and serially diluted (1:2) into the same buffer. After incubating plates for 1 h. at ambient temperature,

the plates were washed three times with 1X PBS. Secondary antibody (goat anti-mouse IgG1-specific HRP conjugate 50 µL) was added to wells (1:1500 dilution in

10 1X PBS/1% BSA) and incubated 1 h. at ambient temperature. Plates were washed four times with 1X PBS followed by the addition of ABTS substrate solution (50 mM sodium citrate, pH 4.5 containing 0.01% ATBS and 0.001% H₂O₂). Plates were read at 405 nm after 15-30 min. incubation. Antigen-negative HSB cells were included in assays to monitor non-specific binding.

15 Immunoreactivity of the conjugate was calculated by plotting the absorbance values vs. the respective dilution factor and comparing these to values obtained using native antibody (representing 100% immunoreactivity) tested on the same plate; several values on the linear portion of the titration profile were compared and a mean value determined (data not shown).

20

vi. Preparation of Indium-[111]-Labeled 2B8-MX-DTPA ("I2B8")

Conjugates were radiolabeled with carrier-free indium-[111]. An aliquot of isotope (0.1-2 mCi/mg antibody) in 0.05 M HCL was transferred to a polypropylene tube and approximately one-tenth volume of metal-free 2 M HCl
25 added. After incubation for 5 min., metal-free 2 M sodium acetate was added to adjust the solution to pH 4.0-4.4. Approximately 0.5 mg of 2B8-MX-DTPA was added from a stock solution of 10.0 mg/mL DTPA in normal saline, or 50 mM sodium citrate/150 mM NaCl containing 0.05% sodium azide, and the solution gently mixed immediately. The pH solution was checked with pH paper to verify

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a value of 4.0-4.5 and the mixture incubated at ambient temperature for 15-30 min. Subsequently, the reaction was quenched by adding 20 mM EDTA to a final concentration of 1 mM and the reaction mixture was adjusted to approximately pH 6.0 using 2 M sodium acetate.

5

After a 5-10 min. incubation, uncomplexed radioisotope was removed by size-exclusion chromatography. The HPLC unit consisted of Waters* Model 6000 or TosoHaas* Model TSK-6110 solvent delivery system fitted, respectively, with a Waters* U6K or Rheodyne* 700 injection valve. Chromatographic separations
10 were performed using a gel permeation column (BioRad SEC-250; 7.5 x 300 mm or comparable TosoHaas column) and a SEC-250 guard column (7.5 x 100 mm). The system was equipped with a fraction collector (Pharmacia Frac200) and a UV monitor fitted with a 280 nm filter (Pharmacia model UV-1). Samples were applied and eluted isocratically using 1X PBS, pH 7.4, at 1.0 mL/min flow rate.
15 One-half milliliter fractions were collected in glass tubes and aliquots of these counted in a gamma counter. The lower and upper windows were set to 100 and 500 KeV respectively.

The radioincorporation was calculated by summing the radioactivity associated
20 with the eluted protein peak and dividing this number by the total radioactivity eluted from the column; this value was then expressed as a percentage (data not shown). In some cases, the radioincorporation was determined using instant thin-layer chromatography ("ITLC"). Radiolabeled conjugate was diluted 1:10 or 1:20 in 1X PBS containing or 1X PBS/1 mM DTPA, then 1 μ L was spotted 1.5 cm
25 from one end of a 1 x 5 cm strip of ITLC SG paper. The paper was developed by ascending chromatography using 10% ammonium acetate in methanol:water (1:1;v/v). The strip was dried, cut in half crosswise, and the radioactivity associated with each section determined by gamma counting. The radioactivity associated with the bottom half of the strip (protein-associated radioactivity) was

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expressed as a percentage of the total radioactivity, determined by summing the values for both top and bottom halves (data not shown).

Specific activities were determined by measuring the radioactivity of an appropriate aliquot of the radiolabeled conjugate. This value was corrected for the counter efficiency (typically 75%) and related to the protein concentration of the conjugate, previously determined by absorbance at 280 nm, and the resulting value expressed as mCi/mg protein.

For some experiments, 2B8-MX-DTPA was radiolabeled with indium [111] following a protocol similar to the one described above but without purification by HPLC; this was referred to as the "mix-and-shoot" protocol.

vii. Preparation of Yttrium-[90]-Labeled 2B8-MX-DTPA ("Y2B8")

The same protocol described for the preparation of I2B8 was followed for the preparation of the yttrium-[90]-labeled 2B8-MX-DTPA ("Y2B8") conjugate except that 2 ng HCl was not utilized; all preparations of yttrium-labeled conjugates were purified by size-exclusion chromatography as described above.

20

C. Non-Human Animal Studies.

i. Biodistribution of Radiolabeled 2B8-MX-DTPA

I2B8 was evaluated for tissue biodistribution in six-to-eight week old BALB/c mice. The radiolabeled conjugate was prepared using clinical-grade 2B8-MX-DTPA following the "mix and shoot" protocol described above. The specific activity of the conjugate was 2.3 mCi/mg and the conjugate was formulated in PBS, pH 7.4 containing 50mg/mL HSA. Mice were injected intravenously with 100 μ L of I2B8 (approximately 21 μ Ci) and groups of three mice were sacrificed by cervical dislocation at 0, 24, 48, and 72 hours. After

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sacrifice, the tail, heart, lungs, liver, kidney, spleen, muscle, and femur were removed, washed and weighed; a sample of blood was also removed for analysis. Radioactivity associated with each specimen was determined by gamma counting and the percent injected dose per gram tissue subsequently determined. No attempt was made to discount the activity contribution represented by the blood associated with individual organs.

In a separate protocol, aliquots of 2B8-MX-DTPA incubated at 4°C and 30°C for 10 weeks were radiolabeled with indium-[111] to a specific activity of 2.1 mCi/mg for both preparations. These conjugates were then used in biodistribution studies in mice as described above.

For dosimetry determinations, 2B8-MX-DTPA was radiolabeled with indium-[111] to a specific activity of 2.3 mCi/mg and approximately 1.1 µCi was injected into each of 20 BALB/c mice. Subsequently, groups of five mice each were sacrificed at 1, 24, 48 and 72 hours and their organs removed and prepared for analysis. In addition, portions of the skin, muscle and bone were removed and processed for analysis; the urine and feces were also collected and analyzed for the 24-72 hour time points.

20

Using a similar approach, 2B8-MX-DTPA was also radiolabeled with yttrium-[90] and its biological distribution evaluated in BALB/c mice over a 72-hour time period. Following purification by HPLC size exclusion chromatography, four groups of five mice each were injected intravenously with approximately 1 µCi of clinically-formulated conjugate (specific activity: 12.2 mCi/mg); groups were subsequently sacrificed at 1, 24, 48 and 72 hours and their organs and tissues analyzed as described above. Radioactivity associated with each tissue specimen was determined by measuring bremsstrahlung energy with a gamma scintillation counter. Activity values were subsequently expressed as percent injected dose

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per gram tissue or percent injected dose per organ. While organs and other tissues were rinsed repeatedly to remove superficial blood, the organs were not perfused. Thus, organ activity values were not discounted for the activity contribution represented by internally associated blood.

5

ii. Tumor Localization of I2B8

The localization of radiolabeled 2B8-MX-DTPA was determined in athymic mice bearing Ramos B cell tumors. Six-to-eight week old athymic mice were injected subcutaneously (left-rear flank) with 0.1 mL of RPMI-1640 containing 1.2×10^7 Ramos tumor cells which had been previously adapted for growth in athymic mice. Tumors arose within two weeks and ranged in weight from 0.07 to 1.1 grams. Mice were injected intravenously with 100 μ L of indium-[111]-labeled 2B8-MX-DTPA (16.7 μ Ci) and groups of three mice were sacrificed by cervical dislocation at 0, 24, 48, and 72 hours. After sacrifice the tail, heart, lungs, liver, kidney, spleen, muscle, femur, and tumor were removed, washed, weighed; a sample of blood was also removed for analysis. Radioactivity associated with each specimen was determined by gamma counting and the percent injected dose per gram tissue determined.

20 iii. Biodistribution and Tumor Localization Studies with Radiolabeled 2B8-MX-DTPA

Following the preliminary biodistribution experiment described above (Example I.B.viii.a.), conjugated 2B8 was radiolabeled with indium-[111] to a specific activity of 2.3 mCi/mg and roughly 1.1 μ Ci was injected into each of twenty BALB/c mice to determine biodistribution of the radiolabeled material. Subsequently, groups of five mice each were sacrificed at 1, 24, 48 and 72 hours and their organs and a portion of the skin, muscle and bone were removed and processed for analysis. In addition, the urine and feces were collected and analyzed for the 24-72 hour time-points. The level of radioactivity in the blood dropped from 40.3% of the injected dose per gram at 1 hour to 18.9% at 72 hours

30

(data not shown). Values for the heart, kidney, muscle and spleen remained in the range of 0.7-9.8% throughout the experiment. Levels of radioactivity found in the lungs decreased from 14.2% at 1 hour to 7.6% at 72 hours; similarly the respective liver injected-dose per gram values were 10.3% and 9.9%. These data were used in determining radiation absorbed dose estimates I2B8 described below.

The biodistribution of yttrium-[90]-labeled conjugate, having a specific activity of 12.2 mCi/mg antibody, was evaluated in BALB/c mice. Radioincorporations of >90% were obtained and the radiolabeled antibody was purified by HPLC.

Tissue deposition of radioactivity was evaluated in the major organs, and the skin, muscle, bone, and urine and feces over 72 hours and expressed as percent injected dose/g tissue. Results (not shown) evidenced that while the levels of radioactivity associated with the blood dropped from approximately 39.2% injected dose per gram at 1 hour to roughly 15.4% after 72 hours the levels of radioactivity associated with tail, heart, kidney, muscle and spleen remained fairly constant at 10.2% or less throughout the course of the experiment.

Importantly, the radioactivity associated with the bone ranged from 4.4% of the injected dose per gram bone at 1 hour to 3.2% at 72 hours. Taken together, these results suggest that little free yttrium was associated with the conjugate and that little free radiometal was released during the course of the study. These data were used in determining radiation absorbed dose estimates for Y2B8 described below.

For tumor localization studies, 2B8-MX-DTPA was prepared and radiolabeled with ¹¹¹Indium to a specific activity of 2.7 mCi/mg. One hundred microliters of labeled conjugate (approximately 24 μ Ci) were subsequently injected into each of 12 athymic mice bearing Ramos B cell tumors. Tumors ranged in weight from 0.1 to 1.0 grams. At time points of 0, 24, 48, and 72 hours following injection, 50

5 μ L of blood was removed by retro-orbital puncture, the mice sacrificed by cervical dislocation, and the tail, heart, lungs, liver, kidney, spleen, muscle, femur, and tumor removed. After processing and weighing the tissues, the radioactivity associated with each tissue specimen was determined using a gamma counter and the values expressed as percent injected dose per gram.

10 The results (not shown) evidenced that the tumor concentrations of the ^{111}In -2B8-MX-DTPA increased steadily throughout the course of the experiment. Thirteen percent of the injected dose was accumulated in the tumor after 72 hours. The blood levels, by contrast, dropped during the experiment from over 30% at time zero to 13% at 72 hours. All other tissues (except muscle) contained between 1.3 and 6.0% of the injected dose per gram tissue by the end of the experiment; muscle tissue contained approximately 13% of the injected dose per gram.

15

D. Human Studies

i. 2B8 and 2B8-MX-DTPA: Immunohistology Studies with Human Tissues

20

The tissue reactivity of murine monoclonal antibody 2B8 was evaluated using a panel of 32 different human tissues fixed with acetone. Antibody 2B8 reacts with the anti-CD20 antigen which had a very restricted pattern of tissue distribution, being observed only in a subset of cells in lymphoid tissues including those of hematopoietic origin.

25

In the lymph node, immunoreactivity was observed in a population of mature cortical B-lymphocytes as well as proliferating cells in the germinal centers. Positive reactivity was also observed in the peripheral blood, B-cell areas of the tonsils, white pulp of the spleen, and with 40-70% of the medullary lymphocytes found in the thymus. Positive reactivity was also seen in the follicles of the

30

lamina propria (Peyer's Patches) of the large intestines. Finally, aggregates or scattered lymphoid cells in the stroma of various organs, including the bladder, breast, cervix, esophagus, lung, parotid, prostate, small intestine, and stomach, were also positive with antibody 2B8 (data not shown).

5

All simple epithelial cells, as well as the stratified epithelia and epithelia of different organs, were found to be unreactive. Similarly, no reactivity was seen with neuroectodermal cells, including those in the brain, spinal cord and peripheral nerves. Mesenchymal elements, such as skeletal and smooth muscle

10 cells, fibroblasts, endothelial cells, and polymorphonuclear inflammatory cells were also found to be negative (data not shown).

The tissue reactivity of the 2B8-MX-DTPA conjugate was evaluated using a panel of sixteen human tissues which had been fixed with acetone. As previously

15 demonstrated with the native antibody (data not shown), the 2B8-MX-DTPA conjugate recognized the CD20 antigen which exhibited a highly restricted pattern of distribution, being found only on a subset of cells of lymphoid origin. In the lymph node, immunoreactivity was observed in the B cell population. Strong reactivity was seen in the white pulp of the spleen and in the medullary

20 lymphocytes of the thymus. Immunoreactivity was also observed in scattered lymphocytes in the bladder, heart, large intestines, liver, lung, and uterus, and was attributed to the presence of inflammatory cells present in these tissues. As with the native antibody, no reactivity was observed with neuroectodermal cells or with mesenchymal elements (data not shown).

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ii. Clinical Analysis of I2B8 (Imaging) and Y2B8 (Therapy)a. Phase I/II Clinical Trial Single Dose Therapy Study

A Phase I/II clinical analysis of I2B8 (imaging) followed by treatment with a single therapeutic dose of Y2B8 is currently being conducted.

5 For the single-dose study, the following schema is being followed:

1. Peripheral Stem Cell (PSC) or Bone Marrow (BM) Harvest with Purging;
2. I2B8 Imaging;
3. Y2B8 Therapy (three Dose Levels); and
- 10 4. PSC or Autologous BM Transplantation (if necessary based upon absolute neutrophil count below $500/\text{mm}^3$ for three consecutive days or platelets below $20,000/\text{mm}^3$ with no evidence of marrow recovery on bone marrow examination).

15 The Dose Levels of Y2B8 are as follows:

<u>Dose Level</u>	<u>Dose (mCi)</u>
1.	20
2.	30
3.	40

20 Three patients are to be treated at each of the dose levels for determination of a Maximum Tolerated Dose ("MTD").

Imaging (Dosimetry) Studies are conducted as follows: each patient is involved in two *in vivo* biodistribution studies using I2B8. In the first study, 2mg of I2B8 (5mCi), is administered as an intravenous (i.v.) infusion over one hour; one week later 2B8 (*ie* unconjugated antibody) is administered by i.v. at a rate not to exceed 250mg/hr followed immediately by 2mg of I2B8 (5mCi) administered by i.v. over one hour. In both studies, immediately following the I2B8 infusion, each patient is imaged and imaging is repeated at time $t = 14-18$ hr (if indicated), $t =$ 25
30 24 hr; $t = 72$ hr; and $t = 96$ hr (if indicated). Whole body average retention times for the indium [111] label are determined; such determinations are also made for recognizable organs or tumor lesions ("regions of interest").

2 1 4 9 3 2 9

The regions of interest are compared to the whole body concentrations of the label; based upon this comparison, an estimate of the localization and concentration of Y2B8 can be determined using standard protocols. If the
5 estimated cumulative dose of Y2B8 is greater than eight (8) times the estimated whole body dose, or if the estimated cumulative dose for the liver exceeds 1500 cGy, no treatment with Y2B8 should occur.

If the imaging studies are acceptable, either 0.0 or 1.0mg/kg patient body weight
10 of 2B8 is administered by i.v. infusion at a rate not to exceed 250mg/h. This is followed by administration of Y2B8 (10,20 or 40mCi) at an i.v. infusion rate of 20mCi/hr.

b. Phase I/II Clinical Trial: Multiple Dose Therapy Study

15 A Phase I/II clinical analysis of of Y2B8 is currently being conducted. For the multiple-dose study, the following schema is being followed:

1. PSC or BM Harvest;
2. I2B8 Imaging;
- 20 3. Y2B8 Therapy (three Dose Levels) for four doses or a total cumulative dose of 80mCi; and
4. PSC or Autologous BM Transplantation (based upon decision of medical practitioner).

25 The Dose Levels of Y2B8 are as follows:

<u>Dose Level</u>	<u>Dose (mCi)</u>
1.	10
2.	15
3.	20

30 Three patients are to be treated at each of the dose levels for determination of an MTD.

Imaging (Dosimetry) Studies are conducted as follows: A preferred imaging dose for the unlabeled antibody (*ie* 2B8) will be determined with the first two patients. The first two patients will receive 100mg of unlabeled 2B8 in 250cc of normal saline over 4 hrs followed by 0.5mCi of I2B8 -- blood will be sampled for

5 biodistribution data at times $t = 0$, $t = 10\text{min.}$, $t = 120\text{ min.}$, $t = 24\text{ hr}$, and $t = 48\text{ hr}$. Patients will be scanned with multiple regional gamma camera images at times $t = 2\text{ hr}$, $t = 24\text{ hr}$ and $t = 48\text{ hr}$. After scanning at $t = 48\text{ hr}$, the patients will receive 250mg of 2B8 as described, followed by 4.5mCi of I2B8 -- blood and scanning will then follow as described. If 100mg of 2B8 produces superior

10 imaging, then the next two patients will receive 50mg of 2B8 as described, followed by 0.5mCi of I2B8 followed 48 hrs later by 100mg 2B8 and then with 4.5mCi of I2B8. If 250mg of 2B8 produces superior imaging, then the next two patients will receive 250mg of 2B8 as described, followed by 0.5mCi of I2B8 followed 48 hrs later with 500mg 2B8 and then with 4.5mCi of I2B8. Subsequent

15 patients will be treated with the lowest amount of 2B8 that provides optimal imaging. Optimal imaging will be defined by: (1) best effective imaging with the slowest disappearance of antibody; (2) best distribution minimizing compartmentalization in a single organ; and (3) best subjective resolution of the lesion (tumor/background comparison).

20

For the first four patients, the first therapeutic dose of Y2B8 will begin 14 days after the last dose of I2B8; for subsequent patients, the first therapeutic dose of Y2B8 will begin between two to seven days after the I2B8.

25 Prior to treatment with Y2B8, for the patients other than the first four, 2B8 will be administered as described, followed by i.v. infusion of Y2B8 over 5-10 min. Blood will be sampled for biodistribution at times $t = 0$, $t = 10\text{min.}$, $t = 120\text{ min.}$, $t = 24\text{ hr}$ and $t = 48\text{ hr}$. Patients will receive repetitive doses of Y2B8 (the same dose administered as with the first dose) approximately every six to eight weeks

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for a maximum of four doses, or total cumulative dose of 80mCi. It is most preferred that patients not receive a subsequent dose of Y2B8 until the patients' WBC is greater than/equal to 3,000 and AGC is greater than/equal to 100,000.

- 5 Following completion of the three-dose level study, an MTD will be defined. Additional patients will then be enrolled in the study and these will receive the MTD.

10 II. CHIMERIC ANTI-CD20 ANTIBODY PRODUCTION ("C2B8")

A. Construction of Chimeric Anti-CD20 Immunoglobulin DNA Expression Vector

15 RNA was isolated from the 2B8 mouse hybridoma cell (as described in Chomczynski, P. *et al.*, "Single step method of RNA isolation by acid guanidinium thiocyanate-phenol-chloroform extraction." *Anal. Biochem.* 162:156-159 (1987)). and cDNA was prepared therefrom. The mouse immunoglobulin light chain variable region DNA was isolated from the cDNA by polymerase chain reaction
20 using a set of DNA primers with homology to mouse light chain signal sequences at the 5' end and mouse light chain J region at the 3' end. Primer sequences were as follows:

1. V_L Sense (SEQ. ID. NO. 8)

25

5' ATC AC AGATCT CTC ACC ATG GAT TTT CAG GTG CAG

ATT ATC AGC TTC 3'

30 (The underlined portion is a Bgl II site; the above-lined portion is the start codon.)

2. V_L Antisense (SEQ. ID. NO. 9)

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5' TGC AGC ATC CGTACG TTT GAT TTC CAG CTT 3'

(The underlined portion is a Bsi WI site.)

5

See, Figures 1 and 2 for the corresponding Bgl II and Bsi WI sites in TCAE 8, and Figure 3 for the corresponding sites in anti-CD20 in TCAE 8.

These resulting DNA fragment were cloned directly into the TCAE 8 vector in front of the human kappa light chain constant domain and sequenced. The determined DNA sequence for the murine variable region light chain is set forth in Figure 4 (SEQ. ID. NO.3); *see also* Figure 3, nucleotides 978 through 1362. Figure 4 further provides the amino acid sequence from this murine variable region, and the CDR and framework regions (SEQ ID NO:4). The mouse light chain variable region from 2B8 is in the mouse kappa VI family. *See Kabat, supra.*

The mouse heavy chain variable region was similarly isolated and cloned in front of the human IgG1 constant domains. Primers were as follows:

20 1. V_H Sense (SEQ. ID. NO. 10)

5' GCG GCT CCC ACGCGT GTC CTG TCC CAG 3'

(The underlined portion is an Mlu I site.)

25

2. V_H Antisense (SEQ. ID. NO. 11)

5' GG(G/C) TGT TGT GCTAGC TG(A/C) (A/G)GA GAC
(G/A)GT GA 3'

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(The underlined portion is an Nhe I site.)

See, Figures 1 and 2 for corresponding Mlu I and Nhe I sites in TCAE 8, and
 5 Figure 3 for corresponding sites in anti-CD20 in TCAE 8.

The sequence for this mouse heavy chain is set forth in Figure 5 (SEQ. ID. NO.
 5); *see also* Figure 3, nucleotide 2401 through 2820. Figure 5 also provides the
 amino acid sequence from this murine variable region, and the CDR and
 10 framework regions (SEQ ID NO:6). The mouse heavy chain variable region from 2B8 is in the
 mouse VH 2B family. *See* Kabat, *supra*.

B. Creation of Chimeric Anti-CD20 Producing CHO and SP2/0
 Transfectomas

15 Chinese hamster ovary ("CHO") cells DG44 were grown in SSFM II minus
 hypoxanthine and thymidine media (Gibco, Grand Island, NY, Form No. 91-
 0456PK); SP2/0 mouse myeloma cells were grown in Dulbecco's Modified Eagles
 Medium media ("DMEM") (Irvine Scientific, Santa Ana, Ca., Cat. No. 9024) with
 5% fetal bovine serum and 20 ml/L glutamine added. Four million cells were
 20 electroporated with either 25 µg CHO or 50 µg SP2/0 plasmid DNA that had
 been restricted with Not I using a BTX 600 electroporation system (BTX, San
 Diego, CA) in 0.4 ml disposable cuvettes. Conditions were either 210 volts for
 CHO or 180 volts for SP2/0, 400 microfaradays, 13 ohms. Each electroporation
 was plated into six 96 well dishes (about 7,000 cells/well). Dishes were fed with
 25 media containing G418 (GENETICIN, Gibco, Cat. No. 860-1811) at 400 µg/ml
 active compound for CHO (media further included 50 µM hypoxanthine and 8
 µM thymidine) or 800 µg/ml for SP2/0, two days following electroporation and
 thereafter 2 or 3 days until colonies arose. Supernatant from colonies was
 assayed for the presence of chimeric immunoglobulin via an ELISA specific for
 30 human antibody. Colonies producing the highest amount of immunoglobulin

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were expanded and plated into 96 well plates containing media plus methotrexate (25 nM for SP2/0 and 5nM for CHO) and fed every two or three days. Supernatants were assayed as above and colonies producing the highest amount of immunoglobulin were examined. Chimeric anti-CD20 antibody was purified from supernatant using protein A affinity chromatography.

Purified chimeric anti-CD20 was analyzed by electrophoresis in polyacrylamide gels and estimated to be greater than about 95% pure. Affinity and specificity of the chimeric antibody was determined based upon 2B8. Chimeric anti-CD20 antibody tested in direct and competitive binding assays, when compared to murine anti-CD20 monoclonal antibody 2B8, evidenced comparable affinity and specificity on a number of CD20 positive B cells lines (data not presented). The apparent affinity constant ("Kap") of the chimeric antibody was determined by direct binding of I¹²⁵ radiolabeled chimeric anti-CD20 and compared to radiolabeled 2B8 by Scatchard plot; estimated Kap for CHO produced chimeric anti-CD20 was 5.2×10^{-9} M and for SP2/0 produced antibody, 7.4×10^{-9} M. The estimated Kap for 2B8 was 3.5×10^{-9} M. Direct competition by radioimmunoassay was utilized to confirm both the specificity and retention of immunoreactivity of the chimeric antibody by comparing its ability to effectively compete with 2B8. Substantially equivalent amounts of chimeric anti-CD20 and 2B8 antibodies were required to produce 50% inhibition of binding to CD20 antigens on B cells (data not presented), *ie* there was a minimal loss of inhibiting activity of the anti-CD20 antibodies, presumably due to chimerization.

The results of Example II.B indicate, *inter alia*, that chimeric anti-CD20 antibodies were generated from CHO and SP2/0 transfectomas using the TCAE 8 vectors, and these chimeric antibodies had substantially the same specificity and binding capability as murine anti-CD20 monoclonal antibody 2B8.

C. Determination of Immunological Activity of Chimeric Anti-CD20 Antibodies

i. Human C1q Analysis

Chimeric anti-CD20 antibodies produced by both CHO and SP2/0
5 cell lines were evaluated for human C1q binding in a flow cytometry assay using
fluorescein labeled C1q (C1q was obtained from Quidel, Mira Mesa, CA, Prod.
No. A400 and FITC label from Sigma, St. Louis MO, Prod. No. F-7250; FITC.
Labeling of C1q was accomplished in accordance with the protocol described in
Selected Methods In Cellular Immunology, Michell & Shiigi, Ed. (W.H. Freeman
10 & Co., San Francisco, CA, 1980, p. 292). Analytical results were derived using a
Becton Dickinson FACScan™ flow cytometer (fluorescein measured over a range
of 515-545 nm). Equivalent amounts of chimeric anti-CD20 antibody, human
IgG1,K myeloma protein (Binding Site, San Diego, Ca, Prod. No. BP078), and
2B8 were incubated with an equivalent number of CD20-positive SB cells,
15 followed by a wash step with FACS buffer (.2% BSA in PBS, pH 7.4, .02% sodium
azide) to remove unattached antibody, followed by incubation with FITC labeled
C1q. Following a 30-60 min. incubation, cells were again washed. The three
conditions, including FITC-labeled C1q as a control, were analyzed on the
FACScan™ following manufacturing instructions. Results are presented in
20 Figure 6.

As the results of Figure 6 evidence, a significant increase in fluorescence was
observed only for the chimeric anti-CD20 antibody condition; *ie* only SB cells
with adherent chimeric anti-CD20 antibody were C1q positive, while the other
25 conditions produced the same pattern as the control.

ii. Complement Dependent Cell Lyses

Chimeric anti-CD20 antibodies were analyzed for their ability to
lyse lymphoma cell lines in the presence of human serum (complement source).
30 CD20 positive SB cells were labeled with ⁵¹Cr by admixing 100μ Ci of ⁵¹Cr with

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1x10⁶ SB cells for 1 hr at 37°C; labeled SB cells were then incubated in the presence of equivalent amounts of human complement and equivalent amounts (0-50 µg/ml) of either chimeric anti-CD20 antibodies or 2B8 for 4 hr at 37°C (*see*, Brunner, K.T. *et al.*, "Quantitative assay of the lytic action of immune lymphoid
 5 cells on ⁵¹Cr-labeled allogeneic target cells *in vitro*." *Immunology* 14:181-189 (1968). Results are presented in Figure 7.

The results of Figure 7 indicate, *inter alia*, that chimeric anti-CD20 antibodies produced significant lysis (49%) under these conditions.

10

iii. Antibody Dependent Cellular Cytotoxicity Effector Assay

For this study, CD20 positive cells (SB) and CD20 negative cells (T cell leukemia line HSB; *see*, Adams, Richard, "Formal Discussion," *Can. Res.* 27:2479-2482 (1967); ATCC deposit no. ATCC CCL 120.1) were utilized; both
 15 were labeled with ⁵¹Cr. Analysis was conducted following the protocol described in Brunner, K.T. *et al.*, "Quantitative assay of the lytic action of immune lymphoid cells on ⁵¹Cr-labeled allogeneic target cells *in vitro*; inhibition by isoantibody and drugs." *Immunology* 14:181-189 (1968); a substantial chimeric anti-CD20 antibody dependent cell mediated lysis of CD20 positive SB target
 20 cells (⁵¹Cr-labeled) at the end of a 4 hr, 37°C incubation, was observed and this effect was observed for both CHO and SP2/0 produced antibody (effector cells were human peripheral lymphocytes; ratio of effector cells:target was 100:1). Efficient lysis of target cells was obtained at 3.9 µg/ml. In contrast, under the same conditions, the murine anti-CD20 monoclonal antibody 2B8 had a
 25 statistically insignificant effect, and CD20 negative HSB cells were not lysed. Results are presented in Figure 8.

The results of Example II indicate, *inter alia*, that the chimeric anti-CD20 antibodies of Example I were immunologically active.

III. DEPLETION OF B CELLS *IN VIVO* USING CHIMERIC ANTI-CD20

A. Non-Human Primate Study

5 Three separate non-human primate studies were conducted. For convenience, these are referred to herein as "Chimeric Anti-CD20: CHO & SP2/0;" "Chimeric Anti-CD20: CHO;" and "High Dosage Chimeric Anti-CD20." Conditions were as follows:

10 Chimeric Anti-CD20: CHO & SP2/0

Six cynomolgus monkeys ranging in weight from 4.5 to 7 kilograms (White Sands Research Center, Alamogordo, NM) were divided into three groups of two monkeys each. Both animals of each group received the same dose of immunologically active chimeric anti-CD20 antibody. One animal in each group
15 received purified antibody produced by the CHO transfectoma; the other received antibody produced by the SP2/0 transfectoma. The three groups received antibody dosages corresponding to 0.1 mg/kg, 0.4 mg/kg, and 1.6 mg/kg each day for four (4) consecutive days. The chimeric immunologically active anti-CD20 antibody, which was admixed with sterile saline, was administered by
20 intravenous infusion; blood samples were drawn prior to each infusion. Additional blood samples were drawn beginning 24 hrs after the last injection (T=0) and thereafter on days 1, 3, 7, 14 and 28; blood samples were also taken thereafter at biweekly intervals until completion of the study at day 90.

25 Approximately 5 ml of whole blood from each animal was centrifuged at 2000 RPM for 5 min. Plasma was removed for assay of soluble chimeric anti-CD20 antibody levels. The pellet (containing peripheral blood leukocytes and red blood cells) was resuspended in fetal calf serum for fluorescent-labeled antibody

analysis (see, "Fluorescent Antibody Labeling of Lymphoid Cell Population," *infra.*).

Chimeric Anti-CD20: CHO

5 Six cynomolgus monkeys ranging in weight from 4 to 6 kilograms (White Sands) were divided into three groups of two monkeys each. All animals were injected with immunologically active chimeric anti-CD20 antibodies produced from the CHO transfectoma (in sterile saline). The three groups were separated as follows: subgroup 1 received daily intravenous injections of 0.01 mg/kg of the
10 antibody over a four (4) day period; subgroup 2 received daily intravenous injections of 0.4 mg/kg of the antibody over a four (4) day period; subgroup 3 received a single intravenous injection of 6.4 mg/kg of the antibody. For all three subgroups, a blood sample was obtained prior to initiation of treatment; additionally, blood samples were also drawn at T=0, 1, 3, 7, 14 and 28 days
15 following the last injection, as described above, and these samples were processed for fluorescent labeled antibody analysis (see, "Fluorescent Antibody Labeling," *infra.*). In addition to peripheral blood B cell quantitation, lymph node biopsies were taken at days 7, 14 and 28 following the last injection, and a single cell preparation stained for quantitation of lymphocyte populations by flow
20 cytometry.

High Dosage Chimeric Anti-CD20

Two cynomolgus monkeys (White Sands) were infused with 16.8 mg/kg of the immunologically active chimeric anti-CD20 antibodies from the CHO
25 transfectomas (in sterile saline) weekly over a period of four consecutive weeks. At the conclusion of the treatment, both animals were anesthetized for removal of bone marrow; lymph node biopsies were also taken. Both sets of tissue were stained for the presence of B lymphocytes using Leu 16 by flow cytometry following the protocol described in Ling, N.R. *et al.*, "B-cell and plasma cell

antigens." *Leucocyte Typing III White Cell Differentiations Antigens*, A.J. McMichael, Ed. (Oxford University Press, Oxford UK, 1987), p. 302.

Fluorescent Antibody Labeling of Lymphoid Cell Population

5 After removal of plasma, leukocytes were washed twice with Hanks Balanced Salt Solution ("HBSS") and resuspended in a plasma equivalent volume of fetal bovine serum (heat inactivated at 56°C for 30 min.). A 0.1 ml volume of the cell preparation was distributed to each of six (6), 15 ml conical centrifuge tubes

10 Fluorescein labeled monoclonal antibodies with specificity for the human lymphocyte surface markers CD2 (AMAC, Westbrook, ME), CD20 (Becton Dickinson) and human IgM (Binding Site, San Diego, CA) were added to 3 of the tubes for identifying T and B lymphocyte populations. All reagents had previously tested positive to the corresponding monkey lymphocyte antigens. Chimeric anti-CD20 antibody bound to monkey B cell surface CD20 was

15 measured in the fourth tube using polyclonal goat anti-human IgG coupled with phycoerythrin (AMAC). This reagent was pre-adsorbed on a monkey Ig-sepharose column to prevent cross-reactivity to monkey Ig, thus allowing specific detection and quantitation of chimeric anti-CD20 antibody bound to cells. A fifth tube included both anti-IgM and anti-human IgG reagents for double stained B

20 cell population. A sixth sample was included with no reagents for determination of autofluorescence. Cells were incubated with fluorescent antibodies for 30 min., washed and fixed with 0.5 ml of fixation buffer (0.15 M NaCl, 1% paraformaldehyde, pH7.4) and analyzed on a Becton Dickinson FACSscan™ instrument. Lymphocyte populations were initially identified by forward versus

25 right angle light scatter in a dot-plot bitmap with unlabeled leucocytes. The total lymphocyte population was then isolated by gating out all other events. Subsequent fluorescence measurements reflected only gated lymphocyte specific events.

Depletion of Peripheral Blood B Lymphocytes

No observable difference could be ascertained between the efficacy of CHO and SP2/0 produced antibodies in depleting B cells *in vivo*, although a slight increase in B cell recovery beginning after day 7 for monkeys injected with chimeric anti-CD20 antibodies derived from CHO transfectomas at dosage levels 1.6 mg/kg and 6.4 mg/kg was observed and for the monkey injected with SP2/0 producing antibody at the 0.4 mg/kg dose level. Figures 9A, B and C provide the results derived from the chimeric anti-CD20:CHO & SP2/0 study, with Figure 9A directed to the 0.4 mg/kg dose level; Figure 9B directed to the 1.6 mg/kg dose level; and Figure 9C directed to the 6.4 mg/kg dose level.

As is evident from Figure 9, there was a dramatic decrease (>95%) in peripheral B cell levels after the therapeutic treatment across all tested dose ranges, and these levels were maintained up to seven (7) days post infusion; after this period, B cell recovery began, and, the time of recovery initiation was independent of dosage levels.

In the Chimeric Anti-CD20:CHO study, a 10-fold lower antibody dosage concentration (0.01 mg/kg) over a period of four daily injections (0.04 mg/kg total) was utilized. Figure 10 provides the results of this study. This dosage depleted the peripheral blood B cell population to approximately 50% of normal levels estimated with either the anti-surface IgM or the Leu 16 antibody. The results also indicate that saturation of the CD20 antigen on the B lymphocyte population was not achieved with immunologically active chimeric anti-CD20 antibody at this dose concentration over this period of time for non-human primates; B lymphocytes coated with the antibody were detected in the blood samples during the initial three days following therapeutic treatment. However, by day 7, antibody coated cells were undetectable.

Table I summarizes the results of single and multiple doses of immunologically active chimeric anti-CD20 antibody on the peripheral blood populations; single dose condition was 6.4 mg/kg; multiple dose condition was 0.4 mg/kg over four (4) consecutive days (these results were derived from the monkeys described above).

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TABLE I
PERIPHERAL BLOOD POPULATION FROM C2B8 PRIMATE STUDY

	<u>Monkey</u>	<u>Dose</u>	<u>Day</u>	<u>CD2</u>	<u>Anti-Hu IgG</u>
5	A	0.4 mg/kg (4 doses)	Prebleed	81.5	-
			0	86.5	0.2
			7	85.5	0.0
			21	93.3	-
10			28	85.5	-
	B	0.4 mg/kg (4 doses)	Prebleed	81.7	-
			0	94.6	0.1
			7	92.2	0.1
15			21	84.9	-
			28	84.1	-
	C	6.4 mg/kg (1 dose)	Prebleed	77.7	0.0
			7	85.7	0.1
20			21	86.7	-
			28	76.7	-
	D	6.4 mg/kg (1 dose)	Prebleed	85.7	0.1
			7	94.7	0.1
25			21	85.2	-
			28	85.9	-
	<u>Monkey</u>	<u>Anti-Hu IgG+ Anti-Hu IgM*</u>	<u>Leu-16</u>	<u>% B Cell Depletion</u>	
30	A	-	9.4	0	
		0.3	0.0	97	
		0.1	1.2	99	
		-	2.1	78	
35		-	4.1	66	
	B	-	14.8	0	
		0.2	0.1	99	
		0.1	0.1	99	
40		-	6.9	53	
		-	8.7	41	
	C	0.2	17.0	0	
		0.1	0.0	99	
45		-	14.7	15	
		-	8.1	62	
	D	0.1	14.4	0	
		0.2	0.0	99	
50		-	9.2	46	
		-	6.7	53	

*Double staining population which indicates extent of chimeric anti-CD20 coated B cells.

2 1 4 9 3 2 9

The data summarized in Table I indicates that depletion of B cells in peripheral blood under conditions of antibody excess occurred rapidly and effectively, regardless of single or multiple dosage levels. Additionally, depletion was
5 observed for at least seven (7) days following the last injection, with partial B cell recovery observed by day 21.

Table II summarizes the effect of immunologically active, chimeric anti-CD20 antibodies on cell populations of lymph nodes using the treatment regimen of
10 Table I (4 daily doses of 0.4 mg/kg; 1 dose of 6.4 mg/kg); comparative values for normal lymph nodes (control monkey, axillary and inguinal) and normal bone marrow (two monkeys) are also provided.

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TABLE II
CELL POPULATIONS OF LYMPH NODES

	<u>Monkey</u>	<u>Dose</u>	<u>Day</u>	<u>CD2</u>	<u>Anti-Hu IgM</u>
5	A	0.4 mg/kg (4 doses)	7 14 28	66.9 76.9 61.6	- 19.6 19.7
10	B	0.4 mg/kg (4 doses)	7 14 28	59.4 83.2 84.1	- 9.9 15.7
15	C	6.4 mg/kg (1 dose)	7 14 28	75.5 74.1 66.9	- 17.9 23.1
20	D	6.4 mg/kg (1 dose)	7 14 28	83.8 74.1 84.1	- 17.9 12.8

TABLE II (continued)

	<u>Monkey</u>	<u>Anti-Hu IgG + Anti-Hu IgM</u>	<u>Leu-16</u>	<u>% B Lymphocyte Depletion</u>
25	A	7.4 0.8 -	40.1 22.6 26.0	1 44 36
30	B	29.9 0.7 -	52.2 14.5 14.6	0 64 64
35	C	22.3 1.1 -	35.2 23.9 21.4	13 41 47
40	D	12.5 0.2 -	19.7 8.7 12.9	51 78 68

TABLE II (continued)

	<u>CD2</u>	<u>Anti-Hu IgG+ Anti-Hu IgM</u>	<u>Anti-Hu IgM</u>	<u>Leu-16</u>	<u>% B Lymphocyte Depletion</u>
45	Normal Lymph Nodes				
	Control 1				
	Axillary	55.4	25.0	-	41.4 NA
	Inguinal	52.1	31.2	-	39.5 NA
50	Normal Bone Marrow				
	Control 2	65.3	19.0	-	11.4 NA
	Control 3	29.8	28.0	-	16.6 NA

The results of Table II evidence effective depletion of B lymphocytes for both treatment regimens. Table II further indicates that for the non-human primates, complete saturation of the B cells in the lymphatic tissue with immunologically active, chimeric anti-CD20 antibody was not achieved; additionally, antibody
5 coated cells were observed seven (7) days after treatment, followed by a marked depletion of lymph node B cells, observed on day 14.

Based upon this data, the single High Dosage Chimeric Anti-CD20 study referenced above was conducted, principally with an eye toward
10 pharmacology/toxicology determination. *Ie* this study was conducted to evaluate any toxicity associated with the administration of the chimeric antibody, as well as the efficacy of B cell depletion from peripheral blood lymph nodes and bone marrow. Additionally, because the data of Table II indicates that for that study, the majority of lymph node B cells were depleted between 7 and 14 days
15 following treatment, a weekly dosing regimen might evidence more efficacious results. Table III summarizes the results of the High Dosage Chimeric Anti-CD20 study.

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TABLE III
CELL POPULATIONS OF LYMPH NODES AND BONE MARROW

5	Lymphocyte Populations (%)					
	Monkey	CD2	CD20 ^a	mIgM + anti-C2B8 ^b	C2B8 ^c	Day ^d
	<u>Inguinal Lymph Node</u>					
10	E	90.0	5.3	4.8	6.5	22
	F	91.0	6.3	5.6	6.3	22
15	G	89.9	5.0	3.7	5.8	36
	H	85.4	12.3	1.7	1.8	36
20	<u>Bone Marrow</u>					
	E	46.7	4.3	2.6	2.8	22
	F	41.8	3.0	2.1	2.2	22
25	G	35.3	0.8	1.4	1.4	36
	H	25.6	4.4	4.3	4.4	36
30	^a Indicates population stained with Leu 16.					
	^b Indicates double staining population, positive for surface IgM cells and chimeric antibody coated cells.					
35	^c Indicates total population staining for chimeric antibody including double staining surface IgM positive cells and single staining (surface IgM negative) cells.					
40	^d Days after injection of final 16.8 mg/kg dose.					
	Both animals evaluated at 22 days post treatment cessation contained less than 5% B cells, as compared to 40% in control lymph nodes (<i>see</i> , Table II, <i>supra</i>). Similarly, in the bone marrow of animals treated with chimeric anti-CD20 antibody, the levels of CD20 positive cells were less than 3% as compared to 11-15% in the normal animals (<i>see</i> , Table II, <i>supra</i>). In the animals evaluated at 36 days post treatment cessation, one of the animals (H) had approximately 12% B cells in the lymph node and 4.4% B cells in bone marrow, while the other (G) had					

approximately 5% B cells in the lymph node and 0.8% in the bone marrow--the data is indicative of significant B cell depletion.

The results of Example III.A indicate, *inter alia*, that low doses of immunologically active, chimeric anti-CD20 leads to long-term peripheral blood B cell depletion in primates. The data also indicates that significant depletion of B cell populations was achieved in peripheral lymph nodes and bone marrow when repetitive high doses of the antibody were administered. Continued follow-up on the test animals has indicated that even with such severe depletion of peripheral B lymphocytes during the first week of treatment, no adverse health effects have been observed. Furthermore, as recovery of B cell population was observed, a conclusion to be drawn is that the pluripotent stem cells of these primates were not adversely affected by the treatment.

B. Clinical Analysis of C2B8

i. Phase I/II Clinical Trial of C2B8: Single Dose Therapy Study

Fifteen patients having histologically documented relapsed B cell lymphoma have been treated with C2B8 in a Phase I/II Clinical Trial. Each patient received a single dose of C2B8 in a dose-escalating study; there were three patients per dose: 10mg/m²; 50mg/m²; 100mg/m²; 250mg/m² and 500mg/m². Treatment was by i.v. infusion through an 0.22 micron in-line filter with C2B8 being diluted in a final volume of 250cc or a maximal concentration of 1mg/ml of normal saline. Initial rate was 50cc/hr for the first hour; if no toxicity was seen, dose rate was able to be escalated to a maximum of 200cc/hr.

25

Toxicity (as indicated by the clinician) ranged from "none", to "fever" to "moderate" (two patients) to "severe" (one patient); all patients completed the therapy treatment. Peripheral Blood Lymphocytes were analyzed to determine, *inter alia*, the impact of C2B8 on T-cells and B-cells. Consistently for all

patients, Peripheral Blood B Lymphocytes were depleted after infusion with C2B8 and such depletion was maintained for in excess of two weeks.

One patient (receiving $100\text{mg}/\text{m}^2$ of C2B8) evidenced a Partial Response to the C2B8 treatment (reduction of greater than 50% in the sum of the products of the perpendicular diameters of all measurable indicator lesions lasting greater than four weeks, during which no new lesions may appear and no existing lesions may enlarge); at least one other patient (receiving $500\text{mg}/\text{m}^2$) evidenced a Minor Response to the C2B8 treatment (reduction of less than 50% but at least 25% in the sum of the products of the two longest perpendicular diameters of all measurable indicator lesions). For presentational efficiency, results of the PBLs are set forth in Figure 14; data for the patient evidencing a PR is set forth in Figure 14A; for the patient evidencing an MR, data is set forth in Figure 14B. In Figure 14, the following are applicable:  = Lymphocytes;  = CD3+ cells (T cells);  = CD20+ cells;  = CD19+ cells;  = Kappa;  = lambda; and  = C2B8. As evidenced, the B cell markers CD20 and CD19, Kappa and Lambda, were depleted for a period in excess of two weeks; while there was a slight, initial reduction in T-cell counts, these returned to an approximate base-line level in a relatively rapid time-frame.

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ii. Phase III Clinical Trial of C2B8: Multiple Dose Therapy Study

Patients having histologically confirmed B cell lymphoma with measurable progressive disease are eligible for this study which is separated into two parts: in Phase I, consisting of a dose escalation to characterize dose limiting toxicities and determination of biologically active tolerated dose level, groups of three patients will receive weekly i.v. infusions of C2B8 for a total of four (4) separate infusions. Cumulative dose at each of the three levels will be as follows: $500\text{mg}/\text{m}^2$ ($125\text{mg}/\text{m}^2/\text{infusion}$); $1000\text{mg}/\text{m}^2$ ($250\text{mg}/\text{m}^2/\text{infusion}$);

1500mg/m² (375mg/m²/infusion. A biologically active tolerated dose is defined, and will be determined, as the lowest dose with both tolerable toxicity and adequate activity); in Phase II, additional patients will receive the biologically active tolerated dose with an emphasis on determining the activity of the four
5 doses of C2B8.

IV. COMBINATION THERAPY: C2B8 AND Y2B8

A combination therapeutic approach using C2B8 and Y2B8 was
10 investigated in a mouse xenographic model (nu/nu mice, female, approximately 10 weeks old) utilizing a B cell lymphoblastic tumor (Ramos tumor cells). For comparative purposes, additional mice were also treated with C2B8 and Y2B8.

Ramos tumor cells (ATCC, CRL 1596) were maintained in culture using RPMI-
15 1640 supplemented with 10% fetal calf serum and glutamine at 37°C and 5% CO₂. Tumors were initiated in nine female nude mice approximately 7-10 weeks old by subcutaneous injection of 1.7×10^6 Ramos cells in a volume of 0.10ml (HBSS) using a 1cc syringe fitted with 25g needle. All animals were manipulated in a laminar flow hood and all cages, bedding, food and water were
20 autoclaved. Tumor cells were passaged by excising tumors and passing these through a 40 mesh screen; cells were washed twice with 1X HBSS (50ml) by centrifugation (1300RPM), resuspended in 1X HBSS to 10×10^6 cells/ml, and frozen at -70°C until used.

25 For the experimental conditions, cells from several frozen lots were thawed, pelleted by centrifugation (1300RPM) and washed twice with 1X HBSS. Cells were then resuspended to approximately 2.0×10^6 cells/ml. Approximately 9 to 12 mice were injected with 0.10ml of the cell suspension (s.c.) using a 1cc syringe fitted with a 25g needle; injections were made on the animal's left side,

approximately mid-region. Tumors developed in approximately two weeks.

Tumors were excised and processed as described above. Study mice were injected as described above with 1.67×10^6 cells in 0.10ml HBSS.

- 5 Based on preliminary dosing experiments, it was determined that 200mg of C2B8 and 100 μ Ci of Y2B8 would be utilized for the study. Ninety female nu/nu mice (approximately 10 weeks old) were injected with the tumor cells.

Approximately ten days later, 24 mice were assigned to four study groups (six mice/group) while attempting to maintain a comparable tumor size distribution
10 in each group (average tumor size, expressed as a product of length x width of the tumor, was approximately 80mm²). The following groups were treated as indicated via tail-vein injections using a 100 μ l Hamilton syringe fitted with a 25g needle:

- 15 A. Normal Saline
 B. Y2B8 (100 μ Ci)
 C. C2B8 (200 μ g); and
 D. Y2B8 (100 μ Ci) + C2B8 (200 μ g)

- 20 Groups tested with C2B8 were given a second C2B8 injection (200 μ g/mouse) seven days after the initial injection. Tumor measurements were made every two or three days using a caliper.

Preparation of treatment materials were in accordance with the following
25 protocols:

A. Preparation of Y2B8

- Yttrium-[90] chloride (6mCi) was transformed to a polypropylene tube and adjusted to pH 4.1-4.4 using metal free 2M sodium acetate. 2B8-MX-DTPA
30 (0.3mg in normal saline; see above for preparation of 2B8-MX-DTPA) was added

and gently mixed by vortexing. After 15 min. incubation, the reaction was quenched by adding 0.05 x volume 20mM EDTA and 0.05X volume 2M sodium acetate. Radioactivity concentration was determined by diluting 5.0µl of the reaction mixture in 2.5ml 1 x PBS containing 75mg/ml HSA and 1mM DTPA ("formulation buffer"); counting was accomplished by adding 10.0µl to 20ml of Ecolume™ scintillation cocktail. The remainder of the reactive mixture was added to 3.0ml formulation buffer, sterile filtered and stored at 2-8°C until used. Specific activity (14mCi/mg at time of injection) was calculated using the radioactivity concentration and the calculated protein concentration based upon the amount of antibody added to the reaction mixture. Protein-associated radioactivity was determined using instant thin-layer chromatography. Radioincorporation was 95%. Y2B8 was diluted in formulation buffer immediately before use and sterile-filtered (final radioactivity concentration was 1.0mCi/ml).

15

B. Preparation of C2B8

C2B8 was prepared as described above. C2B8 was provided as a sterile reagent in normal saline at 5.0mg/ml. Prior to injection, the C2B8 was diluted in normal saline to 2.0mg/ml and sterile filtered.

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C. Results

Following treatment, tumor size was expressed as a product of length and width, and measurements were taken on the days indicated in Figure 11 (Y2B8 vs. Saline); Figure 12 (C2B8 vs. Saline); and Figure 13 (Y2B8 + C2B8 vs. Saline). Standard error was also determined.

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As indicated in Figure 13, the combination of Y2B8 and C2B8 exhibited tumoricidal effects comparable to the effects evidenced by either Y2B8 or C2B8.

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V. ALTERNATIVE THERAPY STRATEGIES

Alternative therapeutic strategies recognized in view of the foregoing examples are evident. One such strategy employs the use of a therapeutic dose of C2B8 followed within about one week with a combination of either 2B8 and radioabeled 2B8 (eg Y2B8); or 2B8, C2B8 and, eg Y2B8; or C2B8 and, eg Y2B8. An additional strategy is utilization of radiolabeled C2B8 -- such a strategy allows for utilization of the benefits of the immunologically active portion of C2B8 plus those benefits associated with a radiolabel. Preferred radiolabels include yttrium-90 given the larger circulating half-life of C2B8 versus the murine antibody 2B8. Because of the ability of C2B8 to deplete B-cells, and the benefits to be derived from the use of a radiolabel, a preferred alternative strategy is to treat the patient with C2B8 (either with a single dose or multiple doses) such that most, if not all, peripheral B cells have been depleted. This would then be followed with the use of radiolabeled 2B8; because of the depletion of peripheral B cells, the radiolabeled 2B8 stands an increased chance of targeting tumor cells. Iodine [131] labeled 2B8 is preferably utilized, given the types of results reported in the literature with this label (see Kaminski). An alternative preference involves the use of a radiolabeled 2B8 (or C2B8) first in an effort to increase the permeability of a tumor, followed by single or multiple treatments with C2B8; the intent of this strategy is to increase the chances of the C2B8 in getting both outside and inside the tumor mass. A further strategy involved the use of chemotherapeutic agents in combination with C2B8. These strategies include so-called "staggered" treatments, ie, treatment with chemotherapeutic agent, followed by treatment with C2B8, followed by a repetition of this protocol. Alternatively, initial treatment with a single or multiple doses of C2B8, thereafter followed with chemotherapeutic treatment, is viable. Preferred chemotherapeutic agents include, but are not limited to:

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cyclophosphamide; doxorubicin; vincristine; and prednisone, See Armitage, J.O. et al., *Cancer* 50:1695 (1982).

The foregoing alternative therapy strategies are not intended to be limiting, but rather are presented as being representative.

VI. DEPOSIT INFORMATION

Anti-CD20 in TCAE 8 (transformed in *E. coli* for purposes of
10 deposit) was deposited with the American Type Culture Collection (ATCC), 12301 Parklawn Drive, Rockville, Maryland, 20852, under the provisions of the Budapest Treaty for the International Recognition of the Deposit of Microorganisms for the Purpose of Patent Procedure ("Budapest Treaty"). The microorganisms was tested by the ATCC on November 9, 1992, and determined to be viable on that date. The ATCC has assigned this microorganism for the following ATCC deposit number: ATCC 69119 (anti-CD20 in TCAE 8). Hybridoma 2B8 was deposited with the ATCC on June 22, 1993 under the provisions of the Budapest Treaty. The viability
20 of the culture was determined on June 25, 1993 and the ATCC has assigned this hybridoma the following ATCC deposit number: HB 11388.

SEQUENCE LISTING

<110> Biogen Idec Inc.
Anderson, Darrell R.
Rastetter, William H.
Hanna, Nabil
Leonard, John E.
Newman, Roland
Reff, Mitchell

<120> THERAPEUTIC APPLICATION OF CHIMERIC AND RADIOLABELED ANTIBODIES
TO HUMAN B LYMPHOCYTE RESTRICTED DIFFERENTIATION ANTIGEN FOR
TREATMENT OF B CELL LYMPHOMA

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 ggaaatgttg aatactcata ctcttccttt ttcaatatta ttgaagcatt tatcagggtt 9120
 attgtctcat gagcggatac atatttgaat gtatttagaa aaataaaca ataggggttc 9180
 cgcgcacatt tccccgaaaa gtgccacct 9209

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 <213> Mus musculus

<400> 3
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 agagggcaaa ttgttctctc ccagtctcca gcaatcctgt ctgcatctcc aggggagaag 120
 gtcacaatga cttgcagggc cagcctgtct gcactctccag gggagaaggc cacaatgact 180
 tgcagggcca gcccacaacc ctggatttat gccacatcca acctggcttc tggagtcctt 240
 gttcgcttca gtggcagtggt gtctgggact tcttactctc tcacaatcag cagagtggag 300
 gctgaagatg ctgccactta ttactgccag cagtggacta gtaaccacc cacgttcgga 360
 ggggggacca agctggaaat caaa 384

12

<210> 4
 <211> 128
 <212> PRT
 <213> Mus musculus

<400> 4
 Met Asp Phe Gln Val Gln Ile Ile Ser Phe Leu Leu Ile Ser Ala Ser
 1 5 10 15
 Val Ile Met Ser Arg Gly Gln Ile Val Leu Ser Gln Ser Pro Ala Ile
 20 25 30
 Leu Ser Ala Ser Pro Gly Glu Lys Val Thr Met Thr Cys Arg Ala Ser
 35 40 45
 Ser Ser Val Ser Tyr Ile His Trp Phe Gln Gln Lys Pro Gly Ser Ser
 50 55 60
 Pro Lys Pro Trp Ile Tyr Ala Thr Ser Asn Leu Ala Ser Gly Val Pro
 65 70 75 80
 Val Arg Phe Ser Gly Ser Gly Ser Gly Thr Ser Tyr Ser Leu Thr Ile
 85 90 95
 Ser Arg Val Glu Ala Glu Asp Ala Ala Thr Tyr Tyr Cys Gln Gln Trp
 100 105 110
 Thr Ser Asn Pro Pro Thr Phe Gly Gly Gly Thr Lys Leu Glu Ile Lys
 115 120 125

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 <211> 420
 <212> DNA
 <213> Mus musculus

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 gtacaactgc agcagcctgg ggctgagctg gtgaagcctg gggcctcagt gaagatgtcc 120
 tgcaaggctt ctggctacac atttaccagt tacaatatgc actgggtaaa acagacacct 180
 ggtcgggggcc tggaatggat tggagctatt tatcccggaa atggtgatac ttcctacaat 240
 cagaagttca aaggcaaggc cacattgact gcagacaaat cctccagcac agcctacatg 300
 cagctcagca gcctgacatc tgaggactct gcggtctatt actgtgcaag atcgacttac 360
 tacggcgggtg actggtactt caatgtctgg ggcgcaggga ccacggtcac cgtctctgca 420

<210> 6
 <211> 140
 <212> PRT
 <213> Mus musculus

<400> 6
 Met Gly Trp Ser Leu Ile Leu Leu Phe Leu Val Ala Val Ala Thr Arg
 1 5 10 15

13

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

<210> 7
 <211> 27
 <212> DNA
 <213> Artificial

<220>
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<400> 7
 gggagcttg atcgatcctc tatgggtt

27

<210> 8
 <211> 47
 <212> DNA
 <213> Artificial

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 <223> PCR Primer

<400> 8
 atcacagatc tctcaccatg gattttcagg tgcagattat cagcttc

47

<210> 9
 <211> 30
 <212> DNA
 <213> Artificial

<220>
 <223> PCR Primer

<400> 9
 tgcagcatcc gtacgtttga tttccagctt

30

14

<210> 10
<211> 27
<212> DNA
<213> Artificial

<220>
<223> PCR Primer

<400> 10
gcggctccca cgcgtgtcct gtcccag

27

<210> 11
<211> 29
<212> DNA
<213> Artificial

<220>
<223> PCR Primer

<220>
<221> misc_feature
<222> (1)..(29)
<223> s is g or c

<220>
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<223> m is a or c

<220>
<221> misc_feature
<222> (1)..(29)
<223> r is g or a

<400> 11
ggstgttgtg ctagctgmrg agacrgtga

29

51490-1

CLAIMS:

1. An isolated monoclonal antibody, wherein the antibody comprises a light chain variable region comprising amino acid residues 23 to 128 of SEQ ID NO:4 and a heavy
5 chain variable region comprising amino acid residues 20 to 140 of SEQ ID NO:6.
2. A monoclonal antibody according to claim 1, wherein the antibody is an immunologically active chimeric antibody further comprising human constant regions.
- 10 3. A monoclonal antibody according to claim 2, wherein the heavy chain constant region is a human gamma 1 heavy chain constant region.
4. A monoclonal antibody according to claim 3, wherein the light chain constant region is a human kappa
15 light chain constant region.
5. A monoclonal antibody according to claim 4, wherein the kappa light chain and gamma 1 heavy chain have the amino acid sequences encoded by the heavy and light chain inserts in the vector nucleotide sequence shown in SEQ
20 ID NO:2.
6. A monoclonal antibody according to claim 1, wherein the antibody is a murine antibody.
7. A monoclonal antibody according to claim 6, wherein the antibody is obtainable from a hybridoma
25 deposited under American Type Culture Collection (ATCC) No. HB 11388.
8. An immunologically active chimeric anti-CD20 antibody, wherein the antibody possesses substantially the

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same B-cell depleting activity and has specificity to the same epitope of CD20 as an anti-CD20 antibody comprising the heavy chain and light chain polypeptides encoded by the heavy and light chain inserts in the vector nucleotide
5 sequence shown in SEQ ID NO:2.

9. A monoclonal antibody according to any one of claims 1 to 8, further comprising a chelating agent for conjugating a radiolabel to the antibody.

10. A monoclonal antibody according to any one of
10 claims 1 to 9, further comprising a radiolabel.

11. A monoclonal antibody according to claim 10, wherein the radiolabel is selected from yttrium-90, indium-111, and iodine-131.

12. A monoclonal antibody according to claim 11,
15 wherein the radiolabel is yttrium-90.

13. A host cell comprising nucleic acid sequences encoding the light chain and the heavy chain of an immunologically active chimeric anti-CD20 antibody, wherein the sequence encoding the light chain comprises a nucleotide
20 sequence encoding amino acid residues 23 to 128 of SEQ ID NO:4, and the sequence encoding the heavy chain comprises a nucleotide sequence encoding amino acid residues 20 to 140 of SEQ ID NO:6.

14. A host cell according to claim 13, wherein the
25 host cell is a mammalian host cell.

15. A host cell according to claim 14, wherein the host cell is a CHO cell or SP2/0 cell.

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16. A host cell according to claim 15, wherein the host cell is a DG44 cell.

17. A method of producing a chimeric anti-CD20 antibody comprising:

5 (a) culturing a host cell according to any one of claims 13 to 16 under conditions to produce the chimeric anti-CD20 antibody and

(b) harvesting the chimeric anti-CD20 antibody.

18. A chimeric anti-CD20 antibody made according to
10 the method of claim 17.

SMART & BIGGAR

OTTAWA, CANADA

PATENT AGENTS

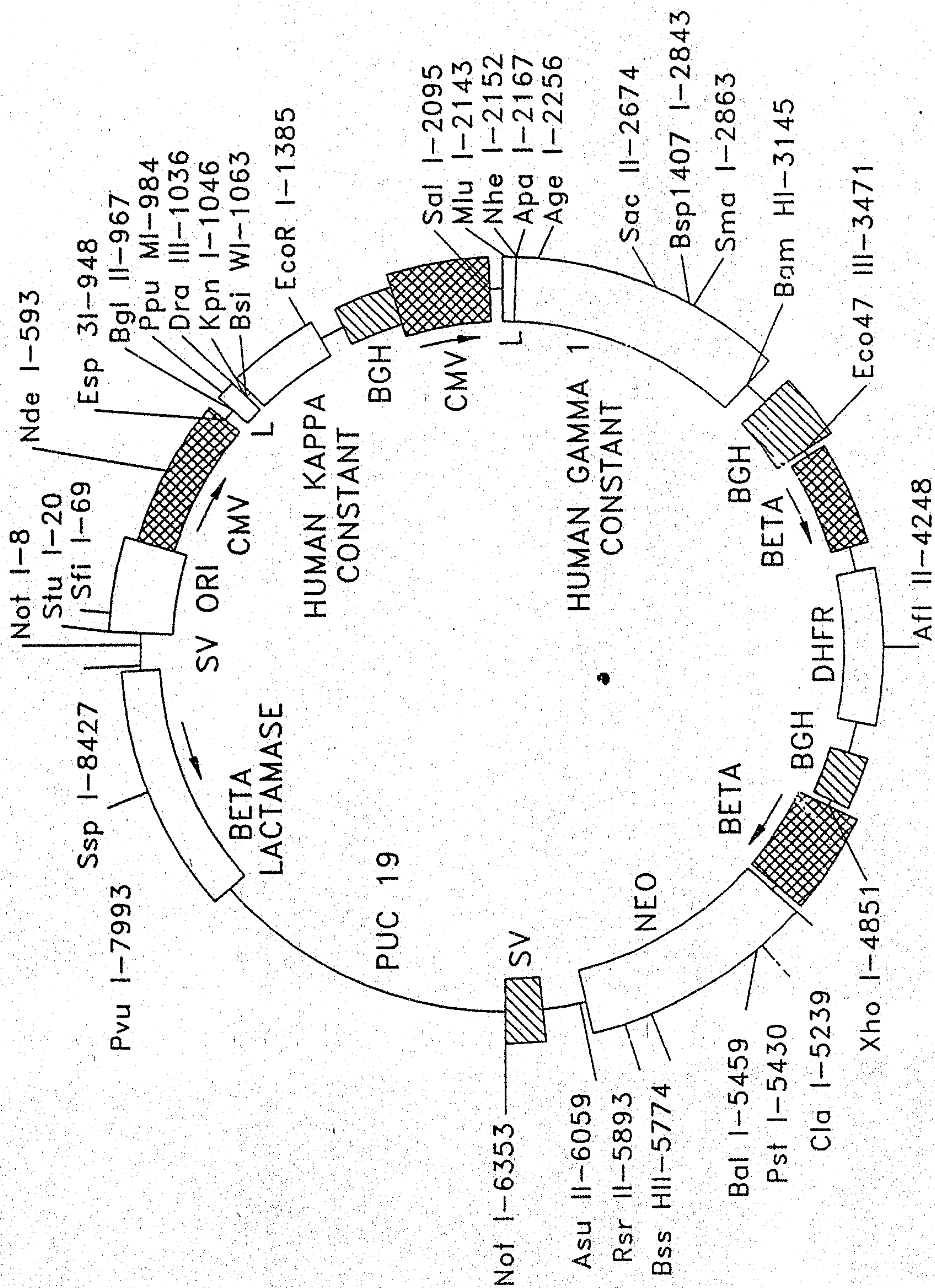


FIG. 1

LINKER #1 15bp | SV40 ORIGIN=332bp
 GACGTCGCGG CCGCTCTAGG CCTCCAAAA AGCCTCCTCA CTACTTCTGG AATAGCTCAG 60
 AGGCCGAGGC GGCCTCGGCC TCTGCATAAA TAAAAAAAT TAGTCAGCLA TGCATGGGGC 120
 GGAGAATGGG CGGAAC TGGG CGGAGTTAGG GGCGGGATGG GCGGAGTTAG GGGCGGGACT 180
 ATGGTTGCTG ACTAATTGAG ATGCATGCTT TGCATACTTC TGCCTGCTGG GGAGCCTGGG 240
 GACTTTCCAC ACCTGGTTGC TGACTAATTG AGATGCATGC TTTGCATACT TCTGCCTGCT 300
 GGGGAGCCTG GGGACTTTCC ACACCCTAAC TGACACACAT TCCACAGAAAT TAATTCCCCT 360
 AGTTATTAAT AGTAATCAAT TACGGGGTCA TTAGTTCATA GCCCATATAT GGAGTTCCGC 420
 GTTACATAAC TTACGGTAAA TGGCCCGCCT GGCTGACCGC CCAACGACCC CCGCCCATTTG 480
 CMV PROMOTER-ENHANCER=567bp
 ACGTCAATAA TGACGTATGT TCCCATAGTA ACGCCAATAG GGACTTTCCA TTGACGTCAA 540
 TGGGTGGACT ATTTACGGTA AACTGCCAC TTGGCAGTAC ATCAAGTGTA TCATATGCCA 600
 AGTACGCCCC CTATTGACGT CAATGACGGT AAATGGCCCG CCTGGCATTG TGCCAGTAC 660
 ATGACCTTAT GGGACTTTCC TACTTGGCAG TACATCTACG TATTAGTCAT CGCTATTACC 720
 ATGGTGATGC GGTTTTGGCA GTACATCAAT GGGCGTGGAT AGCGGTTTGA CTCACGGGGA 780
 TTTCCAAGTC TCCACCCCAT TGACGTCAAT GGGAGTTTGT TTTGGCACCA AAATCAACGG 840
 GACTTTCCAA AATGTCGTAA CAACTCCGCC CCATTGACGC AAATGGGCGG TAGGCGTGTA 900
 CGGTGGGAGG TCTATATAAG CAGAGCTGGG TACGTGAACC GTCAGATCGC CTGGAGACGC 960
 CATCACAGAT CTCTCACCAT GAGGGTCCCC GCTCAGCTCC TGGGGCTCCT GCTGCTCTGG 1020
 CTCCCAGGTG CACGATGTGA TGGTACCAAG GTGGAAATCA AACGTACGGT GGCTGCACCA 1080
 TCTGTCTTCA TCTTCCCGCC ATCTGATGAG CAGTTGAAAT CTGGAAGTGC CTCTGTTGTG 1140
 TGCCTGCTGA ATAACTTCTA TCCAGAGAG GCCAAAGTAC AGTGGAAGGT GGATAACGCC 1200
 HUMAN KAPPA CONSTANT 324bp 107 AMINO ACID & STOP CODON
 CTCCAATCGG GTAAC TCCA GGAGAGTGTC ACAGAGCAGG ACAGCAAGGA CAGCACCTAC 1260
 AGCCTCAGCA GCACCCTGAC GCTGAGCAAA GCAGACTACG AGAAACAACA AGTCTACGCC 1320
 TGCGAAGTCA CCCATCAGGG CCTGAGCTCG CCCGTCACAA AGAGCTTCAA CAGGGGAGAG 1380
 STOP
 LIGHT CHAIN | Eco RI | LINKER #4=85bp
 TGTGGAATTC AGATCCGTTA ACGGTTACCA ACTACCTAGA CTGGATTCTG GACAACATGC 1440
 GGCCGTGATA TCTACGTATG ATCAGCCTCG ACTGTGCCTT CTAGTTGCCA GCCATCTGTT 1500

FIG. 2A

2149329

GTTTGGCCCT CCCCCGTGCC TTCCTTGACC CTGGAAGGTG CCACTCCCAC TGTCTTTCC 1560
 TAATAAAATG AGGAAATTGC ^{BGH poly A=231bp} ATCGCATTGT CTGAGTAGGT GTCATTCTAT TCTGGGGGGT 1620
 GGGGTGGGGC AGGACAGCAA GGGGGAGGAT TGGGAAGACA ATAGCAGGCA TGCTGGGGAT 1680
 GCGGTGGGCT CTATGGAACC ^{LINKER #5=15bp} AGCTGGGGCT CGACAGCTAT GCCAAGTACG CCCCTATTG 1740
 ACGTCAATGA CGGTAAATGG CCCGCCTGGC ATTATGCCCA GTACATGACC TTATGGGACT 1800
 TTCCTACTTG GCAGTACATC TACGTATTAG TCATCGCTAT TACCATGGTG ATGCGGTTTT 1860
 GGCAGTACAT CAATGGGCGT GGATAGCGGT TTGACTCAGG GGGATTTCCA AGTCTCCACC 1920
 CCATTGACGT CAATGGGAGT TTGTTTTGGC ACCAAAATCA ACGGGACTTT CCAAATGTC 1980
 GTAACAATC CGCCCCATTG ACGCAAATGG GCGGTAGGCG TGTACGGTGG GAGGTCTATA 2040
 TAAGCAGAGC ^{LINKER #6=7bp} TGGGTACGTC CTCACATTCA GTGATCAGCA CTGAACACAG ^{Sal I} ACCCGTCGAC 2100
^{2051 2 2058 9} ^{LEADER=51bp} ^{Mlu I 2151 2 Nhe I}
 ATGGGTTGGA GCCTCATCTT GCTCTTCCTT GTCGCTGTTG CTACGCGTGT CGCTAGCACC 2160
^{START HEAVY CHAIN} ^{-5 -4 -3 114 115}
 AAGGGCCCAT CGGTCTTCCC CCTGGCACCC TCCTCCAAGA GCACCTCTGG GGGCACAGCG 2220
 GCCCTGGGCT GCCTGGTCAA GGACTACTTC CCCGAACCGG TGACGGTGTC GTGGAACTCA 2280
 GGCGCCCTGA CCAGCGGCGT GCACACCTTC CCGGCTGTCC TACAGTCCIC AGGACTCTAC 2340
 TCCCTCAGCA GCGTGGTGAC CGTGCCCTCC AGCAGCTTGG GCACCCAGAC CTACATCTGC 2400
 AACGTGAATC ACAAGCCCAG CAACACCAAG GTGGACAAGA AAGCAGAGCC CAAATCTTGT 2460
 GACAAAATC ACACATGCCC ACCGTGCCCA GCACCTGAAC TCCTGGGGGG ACCGTCAGTC 2520
 TTCCTCTTCC CCCCAAACC CAAGGACACC CTCATGATCT CCCGGACCCC TGAGGTCACA 2580
 TGCGTGGTGG TGGACGTGAG CCACGAAGAC CCTGAGGTCA AGTTCAACTG GTACGTGGAC 2640
 GGCGTGGAGG TGCATAATGC CAAGACAAAG CCGCGGGAGG AGCAGTACAA CAGCACGTAC 2700
 CGTGTGGTCA GCGTCCTCAC CGTCCTGCAC CAGGACTGGC TGAATGGCAA GGACTACAAG 2760
 TGCAAGGTCT CCAACAAAGC CCTCCCAGCC CCCATCGAGA AAACCATCTC CAAAGCCAAA 2820
 GGGCAGCCCC GAGAACCACA GGTGTACACC CTGCCCCCAT CCCGGGATGA GCTGACCAGG 2880
 AACCAGGTCA GCCTGACCTG CCTGGTCAAA GGCTTCTATC CCAGCGACAT CGCCGTGGAG 2940
 TGGGAGAGCA ATGGGCAGCC GGAGAACAAC TACAAGACCA CGCCTCCCGT GCTGGACTCC 3000

FIG. 2B

GACGGCTCCT TCTTCCTCTA CAGCAAGCTC ACCGTGGACA AGAGCAGGTG GCAGCAGGGG 3060
 AACGTCTTCT CATGCTCCGT GATGCATGAG GCTCTGCACA ACCACTACAC GCAGAAGAGC 3120
 STOP HEAVY CHAIN | Bam HI LINKER #7=81bp
 CTCTCCCTGT CTCCGGGTAA ATGAGGATCC GTTAACGGTT ACCAACTACC TAGACTGGAT 3180
 3144 5 3225 6
 TCGTGACAAC ATGCGGCCGT GATATCTACG TATGATCAGC CTCGACTGTG CCTTCTAGTT 3240
 GCCAGCCATC TGTGTGTTGC CCCTCCCCCG TGCCTTCCTT GACCCTGGAA GGTGCCACTC 3300
 BOVINE GROWTH HORMONE POLYADENYLATION REGION=231bp
 CCACTGTCCT TTCCTAATAA AATGAGGAAA TTGCATCGCA TTGTCTGAGT AGGTGTCATT 3360
 CTATTCTGGG GGGTGGGGTG GGGCAGGACA GCAAGGGGGA GGATTGGGAA GACAATAGCA 3420
 LINKER #8=34bp
 GGCATGCTGG GGATGCGGTG GGCTCTATGG AACCAGCTGG GGCTCGACAG CGCTGGATCT 3480
 3456 7
 CCCGATCCCC | AGCTTTGCTT CTCAATTCT TATTTGCATA ATGAGAAAAA AAGGAAAAAT 3540
 3490 1
 AATTTTAACA CCAATTCAGT AGTTGATTGA GCAAATGCGT TGCCAAAAAG GATGCTTTAG 3600
 MOUSE BETA GLOBIN MAJOR PROMOTER=366bp
 AGACAGTGTT CTCTGCACAG ATAAGGACAA ACATTATTCA GAGGGAGTAC CCAGAGCTGA 3660
 GACTCCTAAG CCAGTGAGTG GCACAGCATT CTAGGGAGAA ATATGCTTGT CATCACCGAA 3720
 GCCTGATTCC GTAGAGCCAC ACCTTGGTAA GGGCCAATCT GCTCACACAG GATAGAGAGG 3780
 GCAGGAGCCA GGGCAGAGCA TATAAGGTGA GGTAGGATCA GTTGCTCCTC ACATTTGCTT 3840
 LINKER #9=19bp 5' UNTRANSLATED DHFR=82bp
 CTGACATAGT TGTGTTGGGA GCTTGGATAG CTTGGACAGC TCAGGGCTGC GATTTGCGGC 3900
 3856 7 3875 6
 START DHFR
 CAAACTTGAC GGCAATCCTA GCGTGAAGGC TGGTAGGATT TTATCCCCGC TGCCATCATG 3960
 3957 8
 GTTCGACCAT TGAAGTGCAT CGTCGCCGTG TCCCAAATA TGGGGATTGG CAAGAACGGA 4020
 GACCTACCCT GGCTCCGCT CAGGAACGAG TTCAAGTACT TCCAAAGAAT GACCACAACC 4080
 TCTTCAGTGG AAGGTAAACA GAATCTGGTG ATTATGGGTA GGAAAACCTG GTTCTCCATT 4140
 MOUSE DHFR=564bp=187 AMINO ACID & STOP CODON
 CCTGAGAAGA ATCGACCTTT AAAGGACAGA ATTAATATAG TTCTCAGTAG AGAACTCAA 4200
 GAACCACCAC GAGGAGCTCA TTTTCTTGCC AAAAGTTTGG ATGATGCCTT AAGACTTATT 4260
 GAACAACCGG AATTGGCAAG TAAAGTAGAC ATGGTTTGGG TAGTCGGAGG CAGTTCTGTT 4320
 TACCAGGAAG CCATGAATCA ACCAGGCCAC CTTAGACTCT TTGTGACAAG GATCATGCAG 4380
 GAATTTGAAA GTGACACGTT TTTCCAGAA ATTGATTTGG GGAAATATAA ACTTCTCCCA 4440
 GAATACCCAG GCGTCCTCTC TGAGGTCCAG GAGGAAAAAG GCATCAAGTA TAAGTTTGAA 4500

FIG. 2C

STOP DHFR
 GTCTACGAGA AGAAAGAC TA ACAGGAAGAT GCTTTCAAGT TCTCTGCTCC CCTCCTAAAG 4560
 4521 2
 3' UNTRANSLATED DHFR=82bp LINKER #10=10bp
 TCATGCATTT TTATAAGACC ATGGGACTTT TGCTGGCTTT AGATCAGCT CGACTGTGCT 4620
 4603 4 4613 4
 TTCTAGTTGC CAGCCATCTG TTGTTTGCCC CTCCCCCGTG CCTTCCTTGA CCCTGGAAGG 4680
 BOVINE GROWTH HORMONE POLYADENYLATION REGION=231bp
 TGCCACTCCC ACTGTCCTTT CCTAATAAAA TGAGGAAATT GCATCGCATT GTCTGAGTAG 4740
 GTGTCATTCT ATTCTGGGGG GTGGGGTGGG GCAGGACAGC AAGGGGGAGG ATTGGGAAGA 4800
 CAATAGCAGG CATGCTGGGG ATGCGGTGGG CTCTATGGAA CCAGCTGGGG CTCGAGCTAC 4860
 4844 5
 TAGCTTTGCT TCTCAATTTC TTATTTGCAT AATGAGAAAA AAAGGAAAAT TAATTTTAAC 4920
 ACCAATTCAG TAGTTGATTG AGCAAATGCG TTGCCAAAAA GGATGCTTTA GAGACAGTGT 4980
 MOUSE BETA GLOBIN MAJOR PROMOTER=366bp
 TCTCTGCACA GATAAGGACA AACATTATTC AGAGGGAGTA CCCAGAGCTG AGACTCCTAA 5040
 GCCAGTGAGT GGCACAGCAT TCTAGGGAGA AATATGCTTG TCATCACCGA AGCCTGATTC 5100
 CGTAGAGCCA CACCTTGGTA AGGGCCAATC TGCTCACACA GGATAGAGAG GGCAGGAGCC 5160
 AGGGCAGAGC ATATAAGGTG AGGTAGGATC AGTTGCTCCT CACATTTGCT TCTGACATAG 5220
 LINKER #12=21bp START NEO
 TTGTGTTGGG AGCTTGGATC GATCCTCTAT GGTGGAACAA GATGGATTGC ACGCAGGTTC 5280
 5227 8 5248 9
 TCCGGCCGCT TGGGTGGAGA GGCTATTCGG CTATGACTGG GCACAACAGA CAATCGGCTG 5340
 CTCTGATGCC GCCGTGTTCC GGCTGTCAGC GCAGGGGGCG CCGGTTCTTT TTGTCAAGAC 5400
 NEOMYCIN PHOSPHOTRANSFERASE
 CGACCTGTCC GGTGCCCTGA ATGAACTGCA GGACGAGGCA GCGCGGCTAT CGTGGCTGGC 5460
 795bp=264 AMINO ACIDS & STOP CODON
 CACGACGGGC GTTCCTTGCG CAGCTGTGCT CGACGTTGTC ACTGAAGCGG GAAGGGACTG 5520
 GCTGCTATTG GGCGAAGTGC CGGGGCAGGA TCTCCTGTCA TCTCACCTTG CTCCTGCCGA 5580
 GAAAGTATCC ATCATGGCTG ATGCAATGCG GCGGCTGCAT ACGCTTGATC CGGCTACCTG 5640
 CCCATTGAC CACCAAGCGA AACATCGCAT CGAGCGAGCA CGTACTCGGA TGAAGCCGG 5700
 TCTTGTCGAT CAGGATGATC TGGACGAAGA GCATCAGGGG CTCGCGCCAG CCGAACTGTT 5760
 CGCCAGGCTC AAGGCGCGCA TGCCCGACGG CGAGGATCTC GTCGTGACCC ATGGCGATGC 5820
 CTGCTTGCCG AATATCATGG TGGAAAATGG CCGCTTTTCT GGATTCATCG ACTGTGGCCG 5880
 GCTGGGTGTG GCGGACCGCT ATCAGGACAT AGCGTTGGCT ACCCGTGATA TTGCTGAAGA 5940
 GCTTGGCGGC GAATGGGCTG ACCGCTTCCT CGTGCTTTAC GGTATCGCCG CTTCCCGATTTC 6000

FIG. 2D

FIG. 2E



GAAGTTTAA ATCAATCTAA AGTATATATG AGTAAACTTG GTCTGACAGT TACCAATGCT 7560
STOP BETA LACTAMASE
7550

TAATCAGTGA GGCACCTATC TCAGCGATCT GTCTATTTTCG TTCATCCATA GTTGCCTGAC 7620

TCCCCGTCGT GTAGATAACT ACGATACGGG AGGGCTTACC ATCTGGCCCC AGTGCTGCAA 7680

TGATACCGCG AGACCCACGC TCACCGGCTC CAGATTTATC AGCAATAAAC CAGCCAGCCG 7740

BETA LACTAMASE=861bp

GAAGGGCCGA GCGCAGAAGT GGTCCCTGCAA CTTTATCCGC CTCCATCCAG TCTATTAATT 7800

286 AMINO ACID & STOP CODON

GTTGCCGGGA AGCTAGAGTA AGTAGTTCGC CAGTTAATAG TTTGCGCAAC GTTGTTGCCA 7860

TTGCTACAGG CATCGTGGTG TCACGCTCGT CGTTTGGTAT GGCTTCATTC AGCTCCGGTT 7920

CCCAACGATC AAGGCGAGTT ACATGATCCC CCATGTTGTG CAAAAAGCG GTTAGCTCCT 7980

TCGGTCCTCC GATCGTTGTC AGAAGTAAGT TGGCCGCAGT GTTATCACTC ATGGTTATGG 8040

CAGCACTGCA TAATTCTCTT ACTGTCATGC CATCCGTAAG ATGCTTTTCT GTGACTGGTG 8100

AGTACTCAAC CAAGTCATTC TGAGAATAGT GTATGCGGCG ACCGAGTTGC TCTTGCCCGG 8160

CGTCAATACG GGATAATACC GCGCCACATA GCAGAACTTT AAAAGTGCTC ATCATTGGAA 8220

AACGTTCTTC GGGGCGAAAA CTCTCAAGGA TCTTACCGCT GTTGAGATCC AGTTCGATGT 8280

AACCCACTCG TGCACCCAAC TGATCTTCAG GATCTTTTAC TTTCACCAGC GTTTCTGGGT 8340

GAGCAAAAAC AGGAAGGCAA AATGCCGCAA AAAAGGGAAT AAGGGCGACA CGGAAATGTT 8400

START BETA LACTAMASE

GAATACTCAT ACTCTTCCTT TTTCAATATT ATTGAAGCAT TTATCAGGGT TATTGTCTCA 8460
8410

TGAGCGGATA CATATTTGAA TGTATTTAGA AAAATAAACA AATAGGGGTT CCGCGCACAT 8520

TTCCCCGAAA AGTGCCACCT

FIG. 2F

LINKER #1=15bp
 GACGTCGCGG CCGCTCTAGG CCTCCAAAA AGCCTCCTCA CTA CTCTCTGG AATAGCTCAG 60
 15 6
 AGGCCGAGGC GGCCTCGGCC TCTGCATAAA TAAAAAAAT TAGTCACCCA TGCATGGGGC 120
 SV40 ORIGIN=332bp
 GGAGAATGGG CGGAAGTGGG CGGAGTTAGG GGC GGATGG GCGGAGTTAG GGGCGGGACT 180
 ATGGTTGCTG ACTAATTGAG ATGCATGCTT TGCATACTTC TGCCTGCTGG GGAGCCTGGG 240
 GACTTTCCAC ACCTGGTTGC TGA CTAATTG AGATGCATGC TTTGCATACT TCTGCCTGCT 300
 LINKER #2=13bp
 GGGGAGCCTG GGGACTTTCC ACACCCTAAC TGACACACAT TCCACAGAA TAATTCCCCT 360
 347 8
 AGTTATTAAT AGTAATCAAT TACGGGGTCA TTAGTTCATA GCCCATATAT GGAGTTCCGC 420
 GTTACATAAC TTACGGTAAA TGGCCCGCCT GGCTGACCGC CCAACGACCC CCGCCCATTTG 480
 ACGTCAATAA TGACGTATGT TCCCATAGTA ACGCCAATAG GGACTTTCCA TTGACGTCAA 540
 CVM PROMOTER-ENHANCER=567bp
 TGGGTGGACT ATTTACGGTA AACTGCCCAC TTGGCAGTAC ATCAAGTGTA TCATATGCCA 600
 AGTACGCCCC CTATTGACGT CAATGACGGT AAATGGCCCG CCTGGCATTG TGCCAGTAC 660
 ATGACCTTAT GGGACTTTCC TACTTGGCAG TACATCTACG TATTAGTCAT CGCTATTACC 720
 ATGGTGATGC GGTTTTGGCA GTACATCAAT GGGCGTGGAT AGCGGTTTGA CTCACGGGGA 780
 TTTCCAAGTC TCCACCCCAT TGACGTCAAT GGGAGTTTGT TTTGGCACCA AAATCAACGG 840
 GACTTTCCAA AATGTCGTAA CAACTCCGCC CCATTGACGC AAATGGGCGG TAGGCGTGTA 900
 LINKER #3=7bp
 CGGTGGGAGG TCTATATAAG CAGAGCTGGG TACGTTGAACC GTCAGATCGC CTGGAGACGC 960
 927 8 934 5
 Bgl 2 START LIGHT CHAIN NATURAL LEADER=66bp
 CATCACAGAT CTCTCACTAT GGATTTTCAG GTGCAGATTA TCAGCTTCCT GCTAATCAGT 1020
 978 9
 GCTTCAGTCA TAATGTCCAG AGGACAAATT GTTCTCTCCC AGTCTCCAGC AATCCTGTCT 1080
 1044 5+1
 GCATCTCCAG GGGAGAAGGT CACAATGACT TGCAGGGCCA GCTGAAGTGT AAGTTACATC 1140
 CACTGGTTCC AGCAGAAGCC AGGATCCTCC CCCAAACCCT GGATTTATGC CACATCCAAC 1200
 LIGHT CHAIN VARIABLE REGION 318bp 106 AMINO ACID
 CTGGCTTCTG GAGTCCCTGT TCGCTTCAGT GGCAGTGGGT CTGGGACTTC TTA CTCTCTC 1260
 ACCATCAGCA GAGTGGAGGC TGAAGATGCT GCCACTTATT ACTGCCAGCA GTGGACTAGT 1320
 BsiWI
 AACCCACCCA CGTTCGGAGG GGGGACCAAG CTGGAAATCA AACGTACGGT GGCTGCACCA 1380
 1362 3
 TCTGTCTTCA TCTTCCCGCC ATCTGATGAG CAGTTGAAAT CTGGAAC TGC CTCTGTTGTG 1440
 TGCCTGCTGA ATA ACTTCTA TCC CAGAGAG GCCAAAGTAC AGTGGAAAGGT GGATAACGCC 1500

FIG. 3A



HUMAN KAPPA CONSTANT=324bp=107 AMINO ACID & STOP CODON
CTCCAATCGG GTAACCTCCA GGAGAGTGTC ACAGAGCAGG ACAGCAAGGA CAGCACCTAC 1560
AGCCTCAGCA GCACCCTGAC GCTGAGCAAA GCAGACTACG AGAAACACAA AGTCTACGCC 1620
TGCGAAGTCA CCCATCAGGG CCTGAGCTCG CCCGTCACAA AGAGCTTCAA CAGGGGAGAG 1680
STOP
LIGHT
CHAIN|Eco RI LINKER #4=81bp
TGT|TGA|ATTC AGATCCGTTA ACGGTTACCA ACTACCTAGA CTGGATTCTG GACAACATGC 1740
1646 7
GGCCGTGATA TCTACGTATG ATCAGCCTCG ACTGTGCCTT CTAGTTGCCA GCCATCTGTT 1800
1771 2
GTTTGCCCCT CCCCCGTGCC TTCCTTGACC CTGGAAGGTG CCACTCCCAC TGTCTTTTCC 1860
TAATAAAATG AGGAAATTGC ATCGCATTGT CTGAGTAGGT GTCATTCTAT TCTGGGGGGT 1920
BOVINE GROWTH HORMONE POLYADENYLATION REGION=231bp
GGGGTGGGGC AGGACAGCAA GGGGGAGGAT TGGGAAGACA ATAGCAGGCA TGCTGGGGAT 1980
GCGGTGGGCT CTATGGAACC AGCTGGGGCT CGACAGCTAT GCCAAGTACG CCCCTATTG 2040
2002 3 2017 8
ACGTCAATGA CGGTAAATGG CCCGCCTGGC ATTATGCCCA GTACATGACC TTATGGGACT 2100
TTCCTACTTG GCAGTACATC TACGTATTAG TCATCGCTAT TACCATGGTG ATGCGGTTTT 2160
CMV PROMOTER-ENHANCER=334bp
GGCAGTACAT CAATGGGCGT GGATAGCGGT TTGACTCAGG GGGATTTCCA AGTCTCCACC 2220
CCATTGACGT CAATGGGAGT TTGTTTTGGC ACCAAAATCA ACGGGACTTT CCAAATGTC 2280
GTAACAACTC CGCCCCATTG ACGCAAATGG GCGGTAGGCG TGTACGGTGG GAGGTCTATA 2340
LINKER #6=7bp Sal I
TAAGCAGAGC TGGGTACGTC CTCACATTCA GTGATCAGCA CTGAACACAG ACCCGTCCAC 2400
2351 2 2358 9
START
HEAVY CHAIN SYNTHETIC & NATURAL LEADER Mlu I 2457 8
ATGGGTTGGA GCCTCATCTT GCTCTTCCTT GTCGCTGTTG CTACGCGTGT CCTGTCCAG 2460
2401 -5 -4 -3 -2 -1 +1
GTACAACTGC AGCAGCCTGG GGCTGAGCTG GTGAAGCCTG GGGCCTCAGT GAAGATGTCC 2520
TGCAAGGCTT CTGGCTACAC ATTTACCAGT TACAATATGC ACTGGGTAAA ACAGACACCT 2580
HEAVY CHAIN VARIABLE=363bp=121 AMINO ACID
GGTCGGGGCC TGGAAATGGAT TGGAGCTATT TATCCCGGAA ATGGTGATAC TTCCTACAAT 2640
CAGAAGTTCA AAGGCAAGGC CACATTGACT GCAGACAAAT CCTCCAGCAC AGCCTACATG 2700
CAGCTCAGCA GCCTGACATC TGAGGACTCT GCGGTCTATT ACTGTGCAAG ATCGACTTAC 2760
TACGGCGGTG ACTGGTACTT CAATGTCTGG GGCGCAGGGA CCACGGTCAC CGTCTCTGCA 2820
Nhe I
GCTAGCACCA AGGGCCCATC GGTCTTCCCC CTGGCACCTT CCTCCAAGAG CACCTCTGGG 2880
GGCACAGCGG CCCTGGGCTG CCTGGTCAAG GACTACTTCC CCGAACCGGT GACGGTGTCG 2940
HUMAN GAMMA 1 CONSTANT=993bp
TGGAACTCAG GCGCCCTGAC CAGCGGCGTG CACACCTTCC CGGCTGTCCT ACAGTCCTCA 3000

FIG. 3B

330 AMINO ACID & STOP CODON

GGACTCTACT CCCTCAGCAG CGTGGTGACC GTGCCCTCCA GCAGCTTGGG CACCCAGACC 3060

TACATCTGCA ACGTGAATCA CAAGCCCAGC AACACCAAGG TGGACAAGAA AGCAGAGCCC 3120

AAATCTTGTG ACAA AACTCA CACATGCCCA CCGTGCCCAG CACCTGAACT CCTGGGGGGA 3180

CCGTCAGTCT TCCTCTTCCC CCCAAAACCC AAGGACACCC TCATGATCTC CCGGACCCCT 3240

GAGGTCACAT GCGTGGTGGT GGACGTGAGC CACGAAGACC CTGAGGTCAA GTTCAACTGG 3300

TACGTGGACG GCGTGGAGGT GCATAATGCC AAGACAAAGC CGCGGGAGGA GCAGTACAAC 3360

AGCACGTACC GTGTGGTCAG CGTCCTCACC GTCCTGCACC AGGACTGGCT GAATGGCAAG 3420

GAGTACAAGT GCAAGGTCTC CAACAAAGCC CTCCCAGCCC CCATCGAGAA AACCATCTCC 3480

AAAGCCAAAG GGCAGCCCCG AGAACCACAG GTGTACACCC TGCCCCCATC CCGGGATGAG 3540

CTGACCAAGA ACCAGGTCAG CCTGACCTGC CTGGTCAAAG GCTTCTATCC CAGCGACATC 3600

GCCGTGGAGT GGGAGAGCAA TGGGCAGCCG GAGAACAAC ACAAGACCAC GCCTCCCGTG 3660

CTGGACTCCG ACGGCTCCTT CTTCTCTAC AGCAAGCTCA CCGTGGACAA GAGCAGGTGG 3720

CAGCAGGGGA ACGTCTTCTC ATGCTCCGTG ATGCATGAGG CTCTGCACAA CCACTACACG 3780

STOP HEAVY CHAIN | Bam HI LINKER #7=81bp

CAGAAGAGCC TCTCCCTGTC TCCGGGTAAA TGAGGATCCG TTAACGGTTA CCAACTACCT 3840

3813 4

AGACTGGATT CGTGACAACA TGCGGCCGTG ATATCTAGGT ATGATCAGCC TCGACTGTGC 3900

3894 5

CTTCTAGTTG CCAGCCATCT GTTGTTTGCC CCTCCCCCGT GCCTTCCTTG ACCCTGGAAG 3960

GTGCCACTCC CACTGTCCTT TCCTAATAAA ATGAGGAAAT TGCATCGCAT TGTCTGAGTA 4020

BOVINE GROWTH HORMONE POLYADENYLATION REGION=231bp

GGTGTCAATC TATTCTGGGG GGTGGGGTGG GGCAGGACAG CAAGGGGGAG GATTGGGAAG 4080

LINKER #8=34bp

ACAATAGCAG GCATGCTGGG GATGCGGTGG GCTCTATGGA ACCAGCTGGG GCTCGACAGC 4140

4125 6

GCTGGATCTC CCGATCCCCA GCTTTGCTTC TCAATTTCTT ATTTGCATAA TGAGAAAAAA 4200

AGGAAAATTA ATTTTAACAC CAATTCAGTA GTTGATTGAG CAAATGCGTT GCCAAAAAGG 4260

MOUSE BETA GLOBIN MAJOR PROMOTER=366bp

ATGCTTTAGA GACAGTGGTC TCTGCACAGA TAAGGACAAA CATTATTGAG AGGGAGTACC 4320

CAGAGCTGAG ACTCCTAAGC CAGTGAGTGG CACAGCATTG TAGGGAGAAA TATGCTTGTC 4380

ATCACCGAAG CCTGATTCCG TAGAGCCACA CCTTGGTAAG GGCCAATCTG CTCACACAGG 4440

ATAGAGAGGG CAGGAGCCAG GGCAGAGCAT ATAAGGTGAG GTAGGATCAG TTGCTCCTCA 4500

FIG. 3C

CATTGCTTC TGACATAGTT LINKER #9=19bp 5' UNTRANSLATED DHFR=82bp 4560
 GTGTTGGGAG CTTGGATAGC TTGGACAGCT CAGGGCTGCG 4525 6 4544 5
 ATTTGCGGCC AACTTGACG GCAATCCTAG CGTGAAGGCT GGTAGGATTT TATCCCCGCT 4620
 GCCATC START DHFR TTGACCATT GAACTGCATC GTCGCCGTGT CCCAAAATAT GGGGATTGGC 4680
 4626 7
 AAGAACGGAG ACCTACCCTG GCCTCCGCTC AGGAACGAGT TCAAGTACTT CCAAAGAATG 4740
 ACCACAACCT CTTCAAGTGA AGGTAAACAG AATCTGGTGA TTATGGGTAG GAAAACCTGG 4800
 TTCTCCATTC CTGAGAAGAA TCGACCTTTA AAGGACAGAA TTAATATAGT TCTCAGTAGA 4860
 GAACTCAAAG AACCACCACG AGGAGCTCAT TTTCTTGCCA AAAGTTTGGA TGATGCCTTA 4920
 AGACTTATTG AACAACCGGA ATTGGCAAGT AAAGTAGACA TGGTTTGGAT AGTCGGAGGC 4980
 AGTTCTGTTT ACCAGGAAGC CATGAATCAA CCAGGCCACC TTAGACTCTT TGTGACAAGG 5040
 ATCATGCAGG AATTTGAAAG TGACACGTTT TTCCCAGAAA TTGATTTGGG GAAATATAAA 5100
 CTTCTCCCAG AATACCCAGG CGTCCTCTCT GAGGTCCAGG AGGAAAAGG CATCAAGTAT 5160
 AAGTTTGAAG TCTACGAGAA STOP DHFR 3' UNTRANSLATED DHFR=82bp 5220
 GAAAGAC TAA CAGGAAGATG CTTTCAAGTT CTCTGCTCCC 5140 1
 CTCCTAAAGC TATGCATTTT TATAAGACCA TGGGACTTTT GCTGGCTTTA LINKER #10 5280
 =10bp 5272 3
 GACTGTGCCT TCTAGTTGCC AGCCATCTGT TGTTTGCCCC TCCCCCGTGC CTTCTTGAC 5340
 CCTGGAAGGT BOVINE GROWTH HORMONE POLYADENYLATION=231bp CATCGCATTG 5400
 GCCACTCCCA CTGTCCTTTC CTAATAAAAT GAGGAAATTG
 TCTGAGTAGG TGTCATTCTA TTCTGGGGGG TGGGGTGGGG CAGGACAGCA AGGGGGAGGA 5460
 TTGGGAAGAC AATAGCAGGC ATGCTGGGGA TGCGGTGGGC TCTATGGAAC LINKER #11 5520
 =17bp 5513 4
 TCGAGCTACT AGCTTTGCTT CTCAATTCT TATTTGCATA ATGAGAAAAA AAGGAAAATT 5580
 5530 1
 AATTTTAACA CCAATTCAGT AGTTGATTGA GCAAATGCGT TGCCAAAAAG GATGCTTTAG 5640
 AGACAGTGTT CTCTGCACAG ATAAGGACAA CTAGGGAGAA ATATGCTTGT CATCACCGAA 5700
 GACTCCTAAG CCAGTGAGTG GCACAGCATT CTAGGGAGAA ATATGCTTGT CATCACCGAA 5760
 GCCTGATTCC GTAGAGCCAC ACCTTGGTAA GGGCCAATCT GCTCACACAG GATAGAGAGC 5820
 GCAGGAGCCA GGGCAGAGCA TATAAGGTGA GGTAGGATCA GTTGCTCCTC ACATTTGCTT 5880
 CTGACATAGT LINKER #12=21bp START NEO 5940
 TGTTGGGA GCTTGGATCG ATCCTCT ATG GTTGAACAAG ATGGATTGCA 5896 7 5917 8
 CGCAGGTTCT CCGGCCGCTT GGGTGGAGAG GCTATTCGGC TATGACTGGG CACAACAGAC 6000

FIG. 3D

AATCGGCTGC TCTGATGCCG CCGTGTTCCG GCTGTCAGCG CAGGGGCGCC CGGTTCTTTT 6060
 NEOMYCIN PHOSPHOTRANSFERASE=795bp=264 AMINO ACID & STOP CODON
 TGTCAAGACC GACCTGTCCG GTGCCCTGAA TGAAGTGCAG GACGAGGCAG CGCGGCTATC 6120
 GTGGCTGGCC ACGACGGGCG TTCCTTGCGC AGCTGTGCTC GACGTTGTCA CTGAAGCGCG 6180
 AAGGGACTGG CTGCTATTGG GCGAAGTGCC GGGGCAGGAT CTCCTGTCAT CTCACCTTGC 6240
 TCCTGCCGAG AAAGTATCCA TCATGGCTGA TGCAATGCGG CGGCTGCATA CGCTTGATCC 6300
 GGCTACCTGC CCATTCGACC ACCAAGCGAA ACATCGCATC GAGCGAGCAC GTACTCGGAT 6360
 GGAAGCCGGT CTTGTCGATC AGGATGATCT GGACGAAGAG CATCAGGGGC TCGCGCCAGC 6420
 CGAACTGTTC GCCAGGCTCA AGGCGCGCAT GCCCGACGGC GAGGATCTCG TCGTGACCCA 6480
 TGGCGATGCC TGCTTGCCGA ATATCATGGT GGAAAATGGC CGCTTTTCTG GATTCATCGA 6540
 CTGTGGCCGG CTGGGTGTGG CGGACCGCTA TCAGGACATA GCGTTGGCTA CCCGTGATAT 6600
 TGCTGAAGAG CTTGGCGGCG AATGGGCTGA CCGCTTCCTC GTGCTTTACG GTATCGCCGC 6660
 TCCCGATTCC CAGCGCATCG CCTTCTATCG CCTTCTTGAC GAGTTCTTCT STOP NEO
 6712 3 GAGCGGGACT 6720
 CTGGGGTTCC AAATGACCGA CCAAGCGACG CCCAACCTGC CATCACGAGA TTTCGATTCC 6780
 3' UNTRANSLATED NEO=173bp
 ACCGCCGCCT TCTATGAAAG GTTGGGCTTC GGAATCGTTT TCCGGGACGC CGGCTGGATG 6840
 ATCCTCCAGC GCGGGGATCT CATGCTGGAG TTCTTCGCCC ACCCCAACTT GTTTATTGCA 6900
 6885 6
 GCTTATAATG GTTACAAATA AAGCAATAGC ATCACAAATT TCACAAATAA AGCATTTTTTT 6960
 SV40 EARLY POLYADENYLATION REGION=133bp
 TCACTGCATT CTAGTTGTGG TTTGTCCAAA CTCATCAATC TATCTTATCA TGTCTGGATC 7020
 7018 9
 LINKER #13=19bp
 GCGGCCGCGA TCCCGTCCGAG AGCTTGGCGT AATCATGGTC ATAGCTGTTT CCTGTGTGAA 7080
 7037 8
 PUC 19
 ATTGTTATCC GCTCACAATT CCACACAACA TACGAGCCGG AAGCATAAAG TGTAAGCCT 7140
 GGGGTGCCTA ATGAGTGAGC TAACTCACAT TAATTGCGTT GCGCTCACTG CCCGCTTTCC 7200
 AGTCGGGAAA CCTGTCGTGC CAGCTGCATT AATGAATCGG CCAACGCGCG GGGAGAGCGG 7260
 GTTTGCGTAT TGGGCGCTCT TCCGCTTCCT CGCTCACTGA CTCGCTGCGC TCGGTCGTTC 7320
 GGCTGCGGCG AGCGGTATCA GCTCACTCAA AGGCGGTAAT ACGGTTATCC ACAGAATCAG 7380
 GGGATAACGC AGGAAAGAAC ATGTGAGCAA AAGGCCAGCA AAAGGCCAGG AACCGTAAAA 7440
 7461=BACTERIAL ORIGIN OF REPLICATION
 AGGCCGCGTT GCTGGCGTTT TCCATAGGC TCCGCCCCCC TGACGAGCAT CACAAAATC 7500

FIG. 3E

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GACGCTCAAG TCAGAGGTGG CGAAACCCGA CAGGACTATA AAGATACCAG GCGTTTCCCC 7560
 CTGGAAGCTC CCTCGTGCGC TCTCCTGTTC CGACCCTGCC GCTTACCGGA TACCTGTCCG 7620
 CCTTTCTCCC TTCGGGAAGC GTGGCGCTTT CTCAATGCTC ACGCTGTAGG TATCTCAGTT 7680
 CGGTGTAGGT CGTTCGCTCC AAGCTGGGCT GTGTGCACGA ACCCCCCGTT CAGCCCGACC 7740
 GCTGCGCCTT ATCCGGTAAC TATCGTCTTG AGTCCAACCC GGTAAGACAC GACTTATCGC 7800
 CACTGGCAGC AGCCACTGGT AACAGGATTA GCAGAGCGAG GTATGTAGGC GGTGCTACAG 7860
 AGTTCTTGAA GTGGTGGCCT AACTACGGCT AACTAGAAG GACAGTATTT GGTATCTCCG 7920
 CTCTGCTGAA GCCAGTTACC TTCGGAAAAA GAGTTGGTAG CTCTTGATCC GGCAAACAAA 7980
 CCACCGCTGG TAGCGGTGGT TTTTTTGTTT GCAAGCAGCA GATTACGCGC AGAAAAAAG 8040
 GATCTCAAGA AGATCCTTTG ATCTTTTCTA CGGGGTCTGA CGCTCAGTGG AACGAAAAC 8100
 CACGTTAAGG GATTTTGGTC ATGAGATTAT CAAAAGGAT CTTACCTAG ATCCTTTTAA 8160
 ATTA AAAATG AAGTTTTAAA TCAATCTAAA GTATATATGA GTAAACTTGG TCTGACAGTT ^{STOP} 8220
BETA LACTAMASE
 ACCAATGCTT AATCAGTGAG GCACCTATCT CAGCGATCTG TCTATTTCTG TCATCCATAG 8280
 TTGCCTGACT CCCCGTCGTG TAGATAACTA CGATACGGGA GGGCTTACCA TCTGGCCCCA 8340
 GTGCTGCAAT GATACCGCGA GACCCACGCT CACCGGCTCC AGATTTATCA GCAATAAACC 8400
 BETA LACTAMASE=861bp=286 AMINO ACID & STOP CODON
 AGCCAGCCGG AAGGGCCGAG CGCAGAAGTG GTCCTGGAAC TTTATCCGCC TCCATCCAGT 8460
 CTATTAATTG TTGCCGGGAA GCTAGAGTAA GTAGTTCGCC AGTTAATAGT TTGCGCAACG 8520
 TTGTTGCCAT TGCTACAGGC ATCGTGGTGT CACGCTCGTC GTTTGGTATG GCTTCATTCA 8580
 GCTCCGGTTC CCAACGATCA AGGCGAGTTA CATGATCCCC CATGTTGTGC AAAAAAGCGG 8640
 TTAGCTCCTT CGGTCCTCCG ATCGTTGTCA GAAGTAAGTT GGCCGCAGTG TTATCACTCA 8700
 TGGTTATGGC AGCACTGCAT AATTCTCTTA CTGTCATGCC ATCCGTAAGA TGCTTTTCTG 8760
 TGACTGGTGA GTACTCAACC AAGTCATTCT GAGAATAGTG TATGCGGCGA CCGAGTTGCT 8820
 CTTGCCCGGC GTCAATACGG GATAATACCG CGCCACATAG CAGAACTTTA AAAGTGCTCA 8880
 TCATTGGAAA ACGTTCTTCG GGGCGAAAAC TCTCAAGGAT CTTACCGCTG TTGAGATCCA 8940
 GGTCGATGTA ACCCACTCGT GCACCCAAC 8900
 TTTCTGGGTG AGCAAAAACA GGAAGGCAAA ATGCCGCAAA AAAGGGAATA AGGGCGACAC 9060
 GGAAATGTTG AATACTCATA ^{START BETA LACTAMASE} CTCTTCCTTT TTCAATATTA TTGAAGCATT TATCAGGGTT 9120
 ATTGTCTCAT GAGCGGATAC ATATTTGAAT GTATTTAGAA AAATAAACAA ATAGGGGTTC 9180
 CGCGCACATT TCCCCGAAAA GTGCCACCT

FIG. 3F



LEADER																		
FRAME 1																		
			-20						-15					-10				
	Met	Asp	Phe	Gln	Val	Gln	Ile	Ile	Ser	Phe	Leu	Leu	Ile	Ser	Ala	Ser	Val	
	ATG	GAT	TTT	CAG	GTG	CAG	ATT	ATC	AGC	TTC	CTG	CTA	ATC	AGT	GCT	TCA	GTC	
			987			996			1005			1014			1023			
	-5			-1	+1	FR1												
	Ile	Met	Ser	Arg	Gly	Gln	Ile	Val	Leu	Ser	Gln	Ser	Pro	Ala	Ile	Leu	Ser	Ala
	ATA	ATG	TCC	AGA	GGA	CAA	ATT	GTT	CTC	TCC	CAG	TCT	CCA	GCA	ATC	CTG	TCT	GCA
		1038				1047			1056			1065			1074			1083
					20			23	24	CDR1				27/	29	30		34
	Pro	Gly	Glu	Lys	Val	Thr	Met	Thr	Cys	Arg	Ala	Ser	Ser	Ser	Val	Ser	Tyr	Ile
	CCA	GGG	GAG	AAG	GTC	ACA	ATG	ACT	TGC	AGG	GCC	AGC	TCA	AGT	GTA	AGT	TAC	ATC
		1095				1104			1113			1122			1131			1140
	35	FR2			40			45					49	50	CDR2			
	Trp	Phe	Gln	Gln	Lys	Pro	Gly	Ser	Ser	Pro	Lys	Pro	Trp	Ile	Tyr	Ala	Thr	Ser
	TGG	TTC	CAG	CAG	AAG	CCA	GGA	TCC	TCC	CCC	AAA	CCC	TGG	ATT	TAT	GCC	ACA	TCC
		1152				1161			1170			1179			1188			1197
	55	56	57		60	FR3				65					70			
	Leu	Ala	Ser	Gly	Val	Pro	Val	Arg	Phe	Ser	Gly	Ser	Gly	Ser	Gly	Thr	Ser	Tyr
	CTG	GCT	TCT	GGA	GTC	CCT	GTT	CGC	TTC	AGT	GGC	AGT	GGG	TCT	GGG	ACT	TCT	TAC
		1209				1218			1227			1236			1245			1254
		75			80					85					88	89	90	
	Leu	Thr	Ile	Ser	Arg	Val	Glu	Ala	Glu	Asp	Ala	Ala	Thr	Tyr	Tyr	Cys	Gln	Gln
	CTC	ACC	ATC	AGC	AGA	GTG	GAG	GCT	GAA	GAT	GCT	GCC	ACT	TAT	TAC	TGC	CAG	CAG
		1266				1275			1284			1293			1302			1311
	CDR3			95	97	98	100	FR4				105	107					
	Thr	Ser	Asn	Pro	Pro	Thr	Phe	Gly	Gly	Gly	Thr	Lys	Leu	Glu	Ile	Lys		
	ACT	AGT	AAC	CCA	CCC	ACG	TTC	GGA	GGG	GGG	ACC	AAG	CTG	GAA	ATC	AAA		
		1323				1332			1341			1350			1359			

FIG. 4

LEADER																		
	-19				-15					-10					-5			
FRAME 1	Met	Gly	Trp	Ser	Leu	Ile	Leu	Leu	Phe	Leu	Val	Ala	Val	Ala	Thr	Arg	Val	
	ATG	GGT	TGG	AGC	CTC	ATC	TTG	CTC	TTC	CTT	GTC	GCT	GTT	GCT	ACG	CGT	CTC	
		2409			2418			2427			2436			2445				
	-1	+1	FR1							10				15				
	Leu	Ser	Gln	Val	Gln	Leu	Gln	Gln	Pro	Gly	Ala	Glu	Leu	Val	Lys	Pro	Gly	Ala
	CTG	TCC	CAG	GTA	CAA	CTG	CAG	CAG	CCT	GGG	GCT	GAG	CTG	GTA	AAG	CCT	GGG	GCC
	2460		2469			2478			2487			2496			2505			
	20				25					30	31	CDR1		35	36			
	Val	Lys	Met	Ser	Cys	Lys	Ala	Ser	Gly	Tyr	Thr	Phe	Thr	Ser	Tyr	Asn	Met	His
	GTG	AAG	ATG	TCC	TGC	AAG	GCT	TCT	GGC	TAC	ACA	TTT	ACC	AGT	TAC	AAT	ATG	CAC
	2517		2526		2536			2544			2553			2562				
	40	FR2			45					49	50		52	52A	53	54		
	Val	Lys	Gln	Thr	Pro	Gly	Arg	Gly	Leu	Glu	Trp	Ile	Gly	Ala	Ile	Tyr	Pro	Gly
	GTA	AAA	CAG	ACA	CCT	GGT	CGG	GGC	CTG	GAA	TGG	ATT	GGA	GCT	ATT	TAT	CCC	GGA
	2574		2583		2592			2601			2610			2619				
	55	CDR2		60						65	66	FR3		70				
	Gly	Asp	Thr	Ser	Tyr	Asn	Gln	Lys	Phe	Lys	Gly	Lys	Ala	Thr	Leu	Thr	Ala	Asp
	GGT	GAT	ACT	TCC	TAC	AAT	CAG	AAG	TTC	AAA	GGC	AAG	GCC	ACA	TTG	ACT	GCA	GAC
	2631		2640		2649			2658			2667			2676				
	75				80			82	82A	82B	82C	83		85				
	Ser	Ser	Ser	Thr	Ala	Tyr	Met	Gln	Leu	Ser	Ser	Leu	Thr	Ser	Glu	Asp	Ser	Ala
	TCC	TCC	AGC	ACA	GCC	TAC	ATG	CAG	CTC	ACC	AGC	CTG	ACA	TCT	GAG	GAC	TCT	GCC
	2688		2697		2706			2715			2724			2733				
	90				94	95	CDR3		100	100A	100B	100C	100D	101	102	103		
	Tyr	Tyr	Cys	Ala	Arg	Ser	Thr	Tyr	Tyr	Gly	Gly	Asp	Trp	Tyr	Phe	Asn	Val	Trp
	TAT	TAC	TGT	GCA	AGA	TCG	ACT	TAC	TAC	GGC	GGT	GAC	TGG	TAC	TTC	AAT	GTC	TGG
	2745		2754		2763			2772			2781			2790				
	105	FR4			110			113										
	Ala	Gly	Thr	Thr	Val	Thr	Val	Ser	Ala									
	GCA	GGG	ACC	ACG	GTC	ACC	GTC	TCG	GCA									
	2802		2811		2820													

FIG. 5

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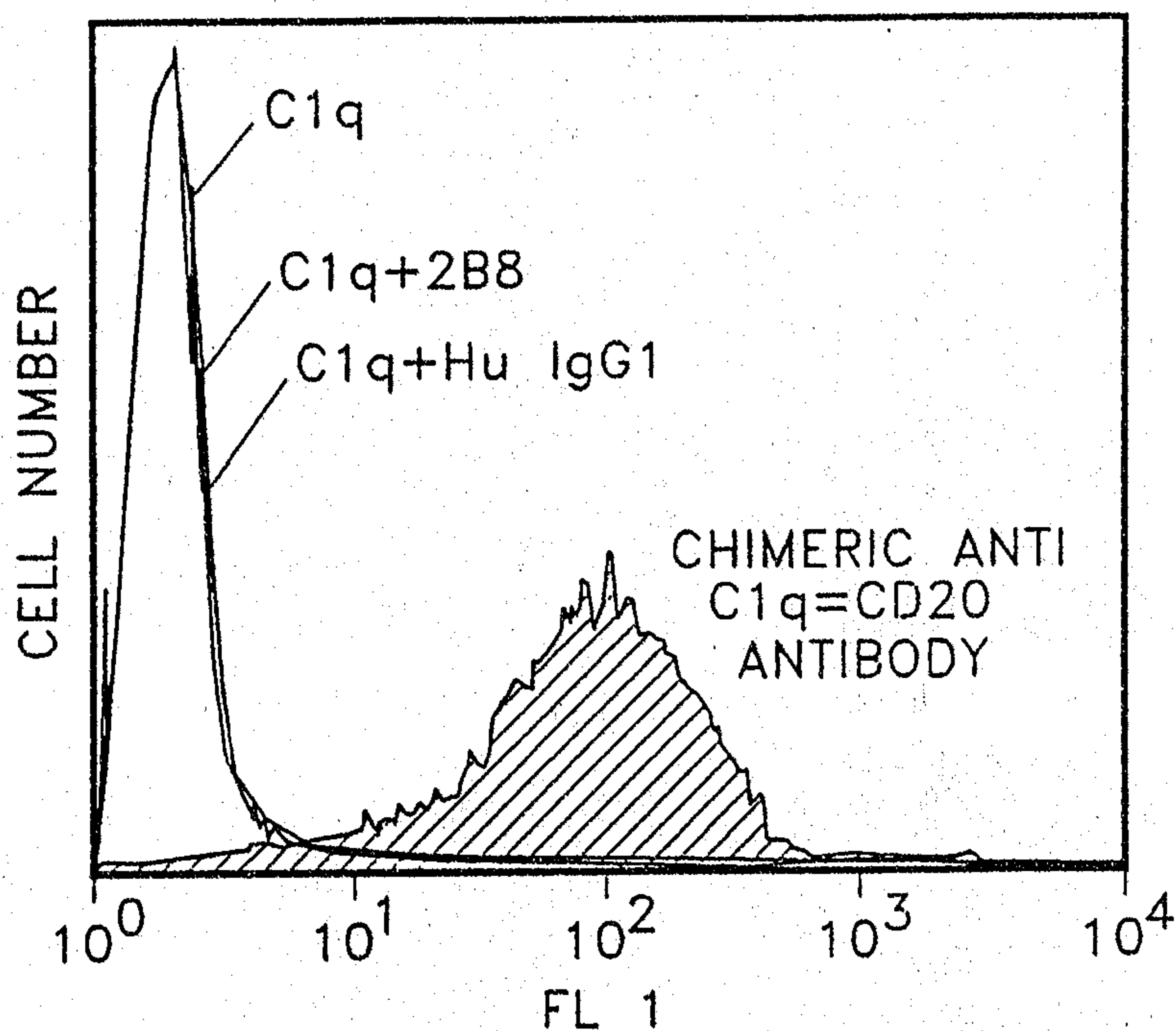


FIG. 6

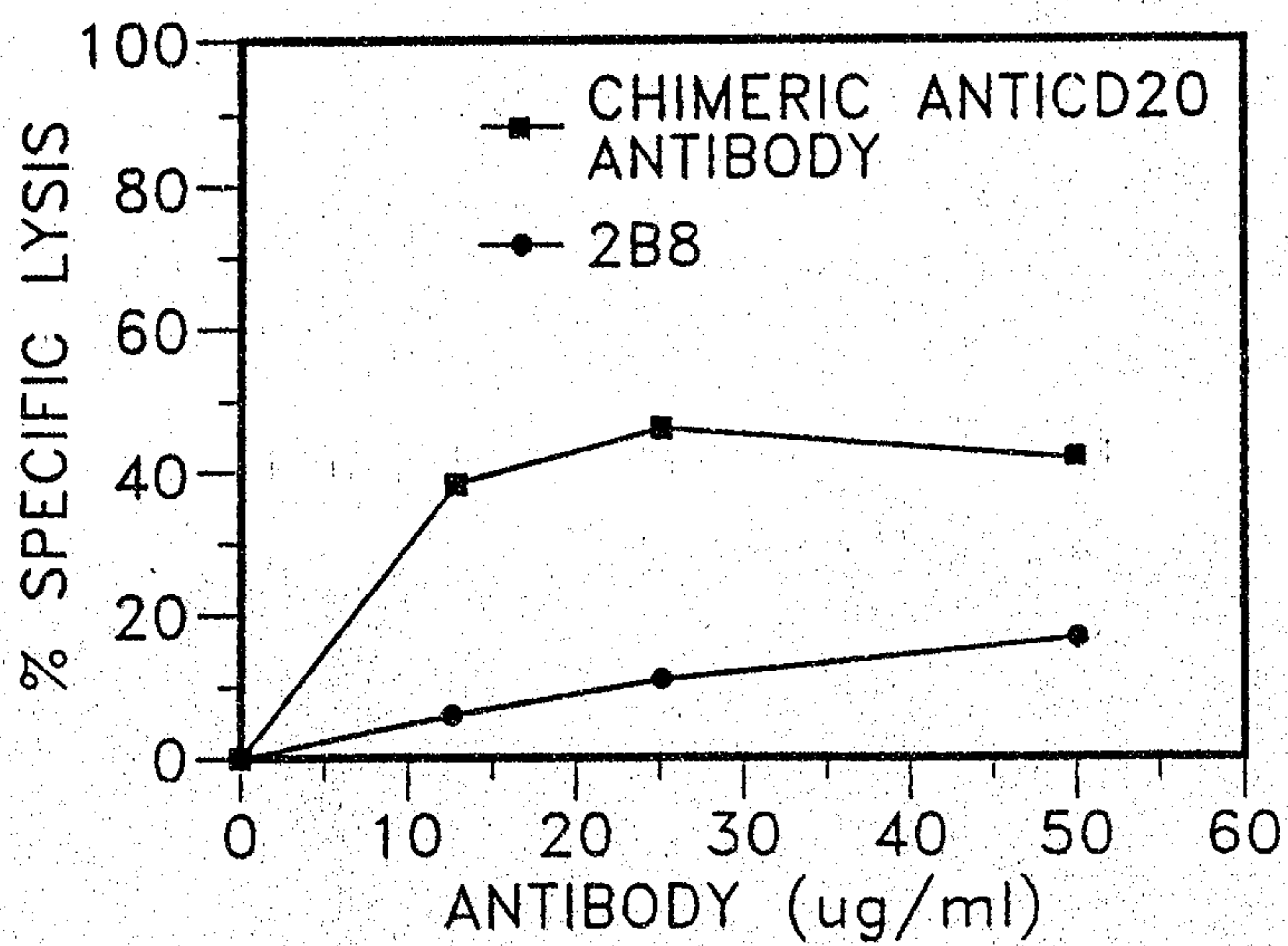
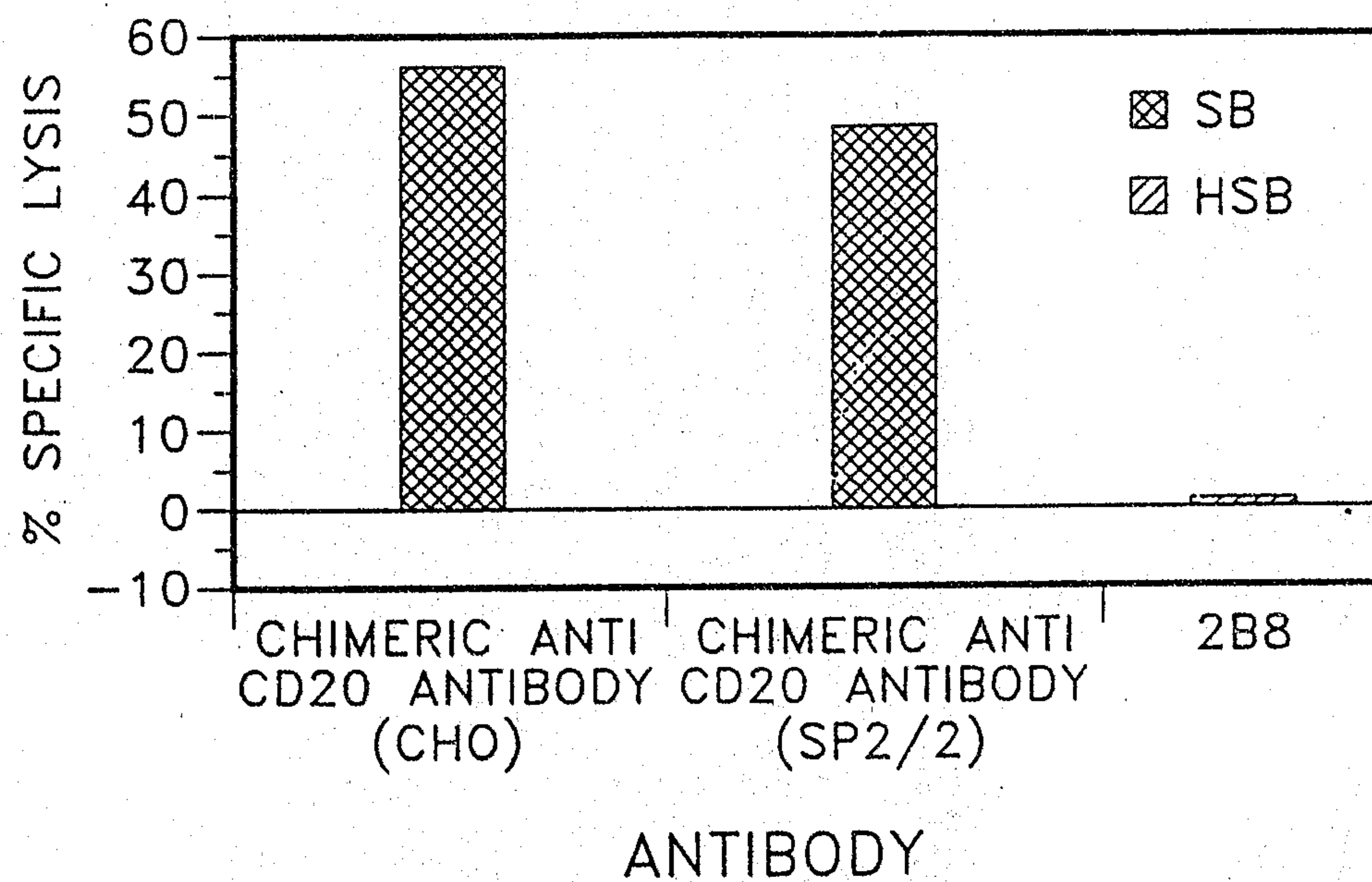
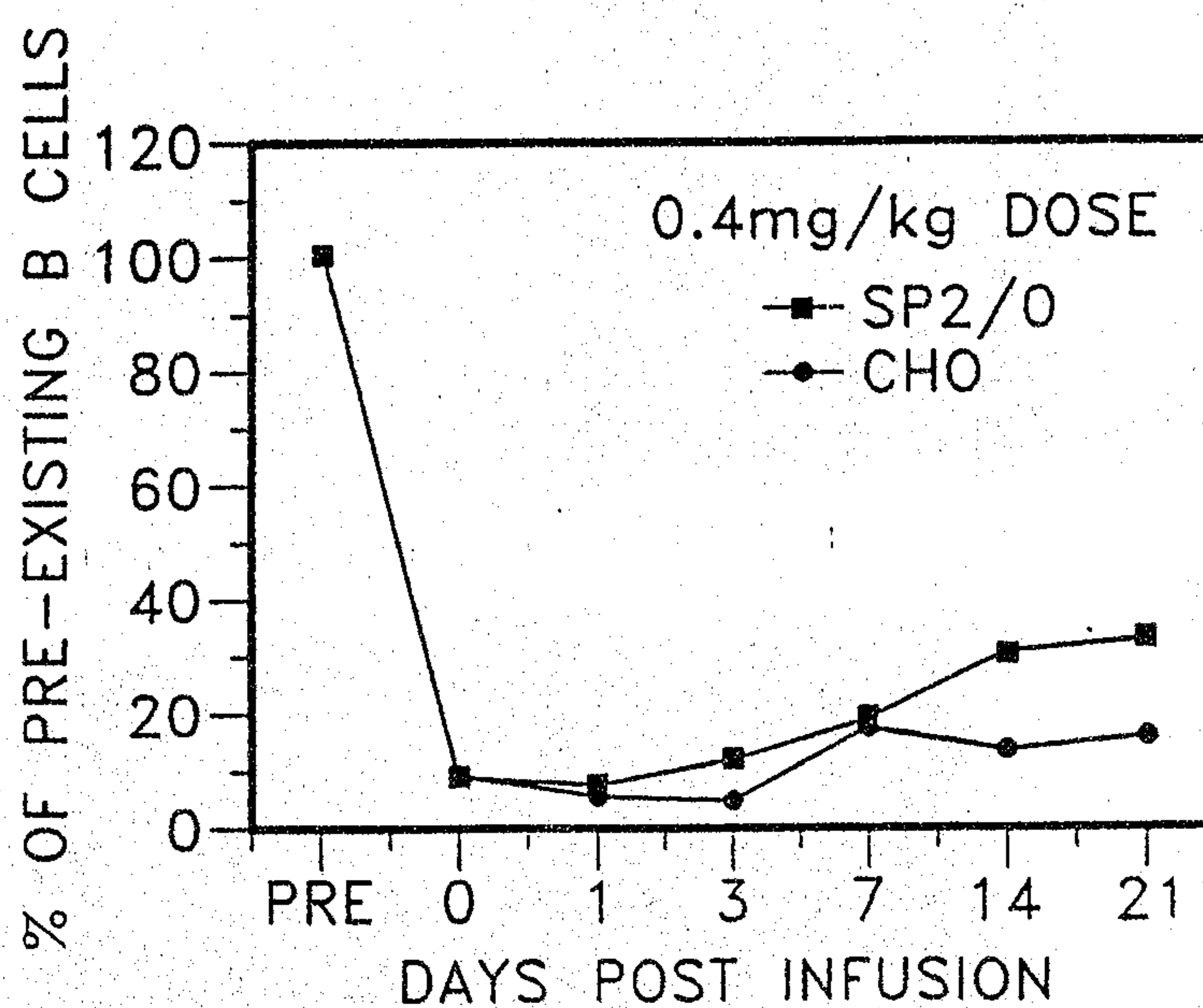
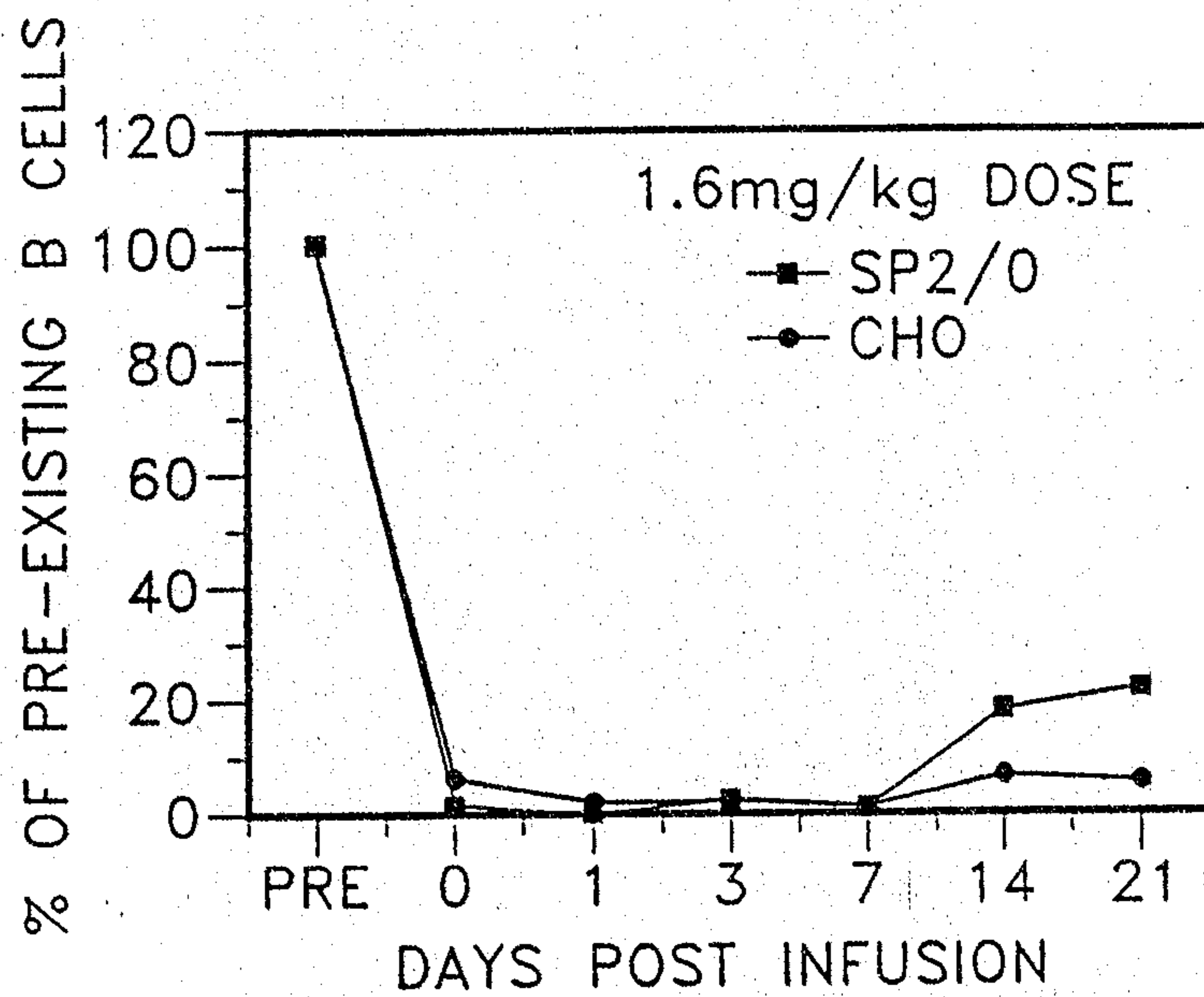
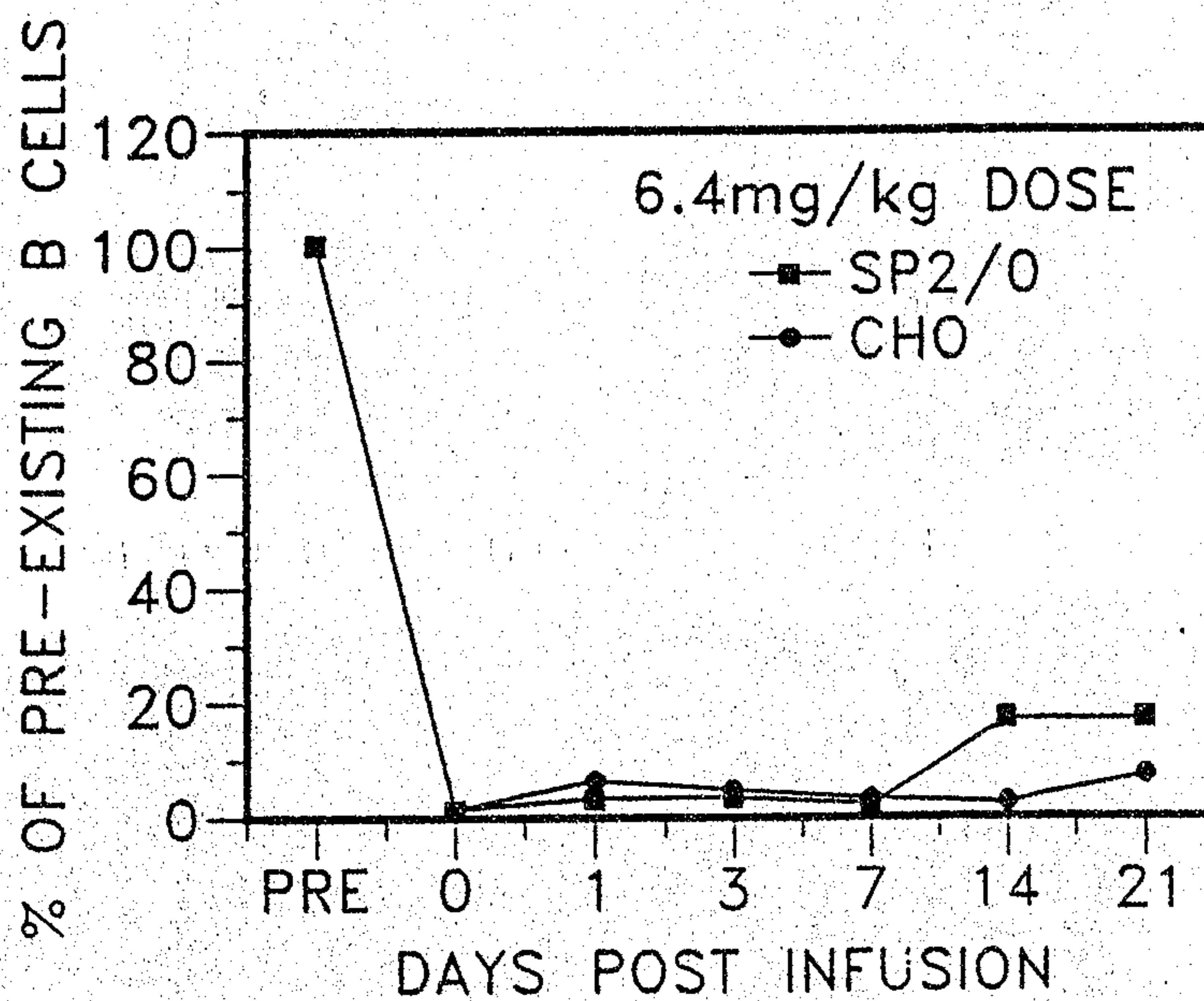


FIG. 7

*FIG. 8**FIG. 9A*

*FIG. 9B**FIG. 9C*



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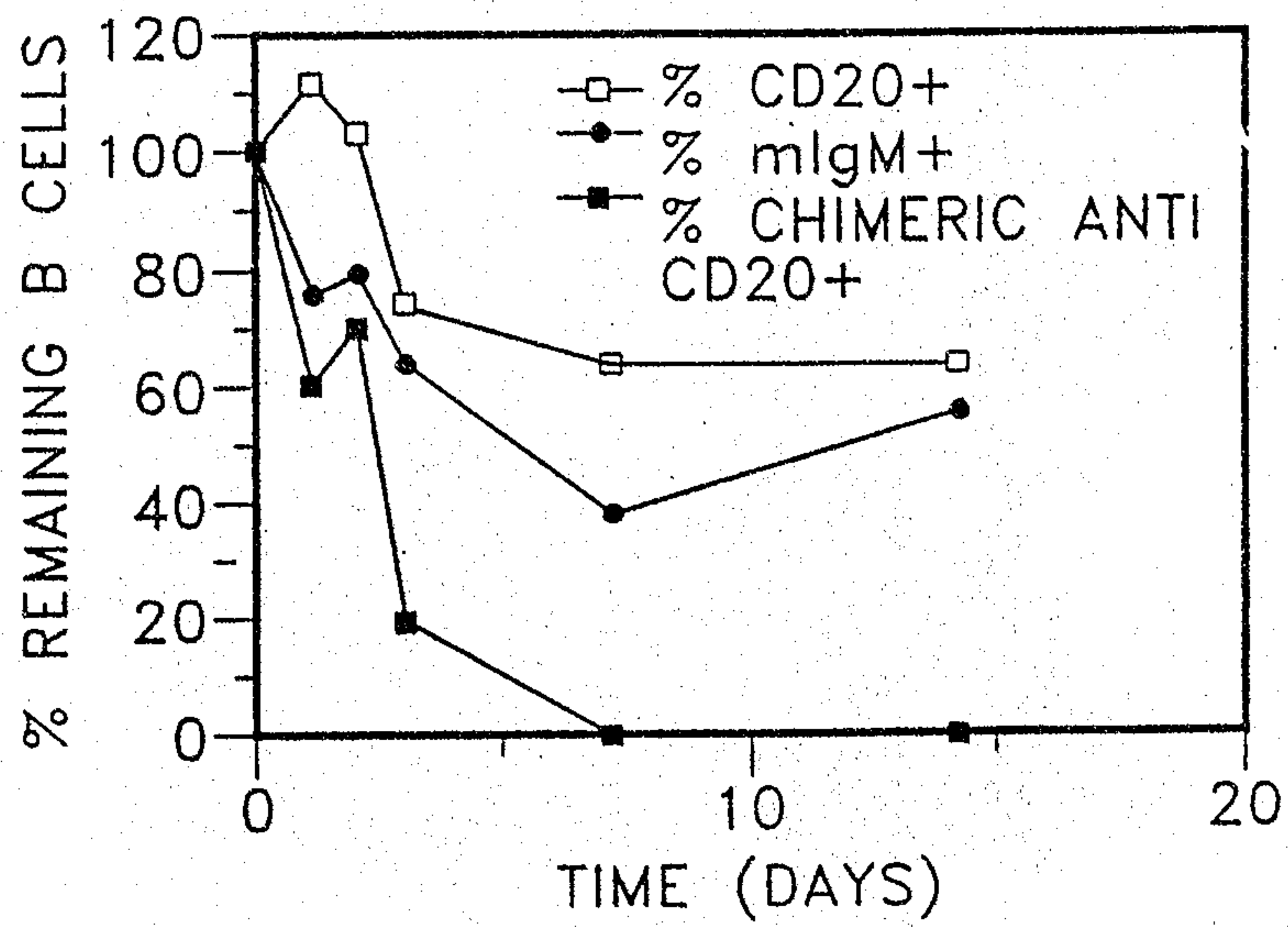


FIG. 10

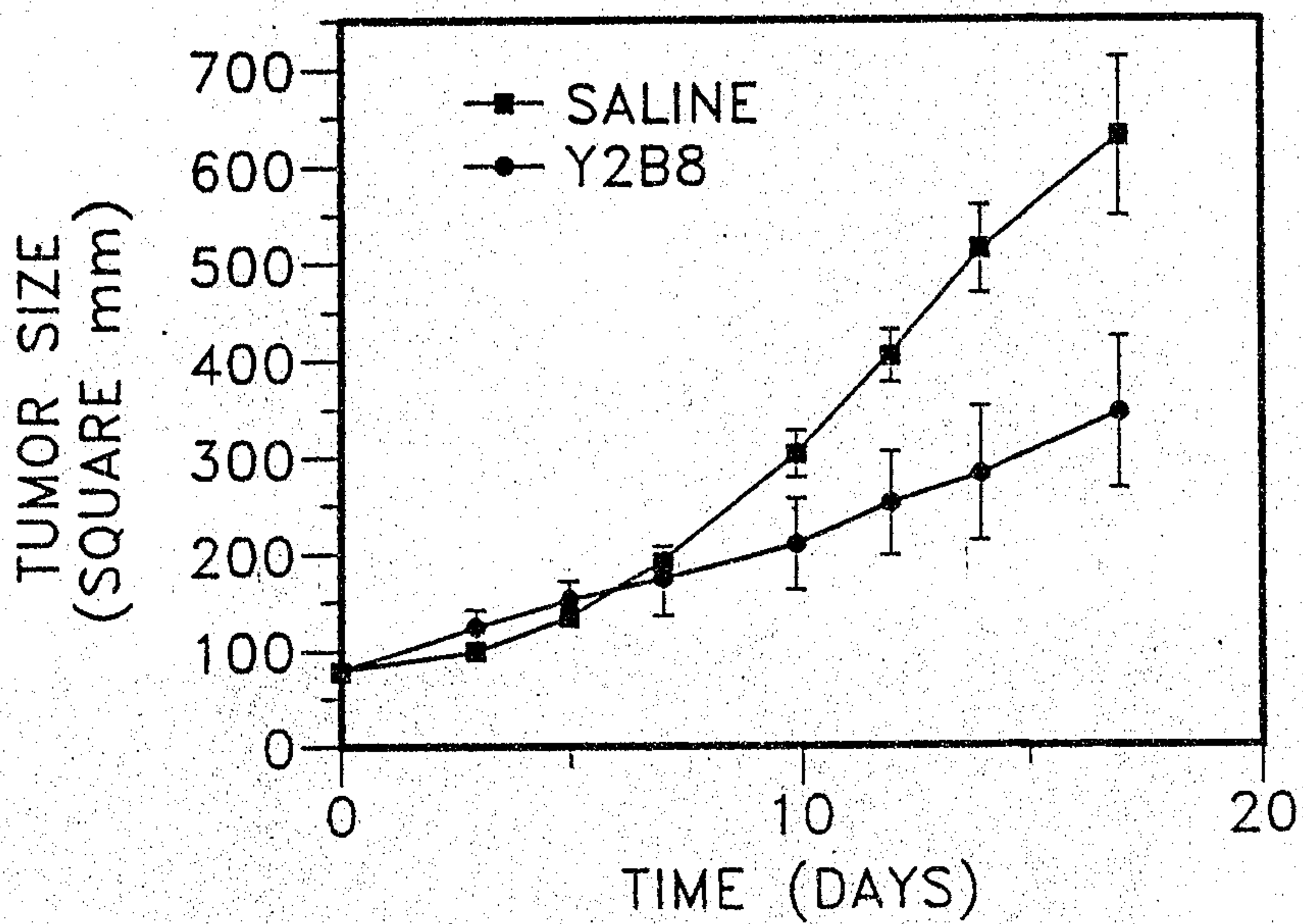
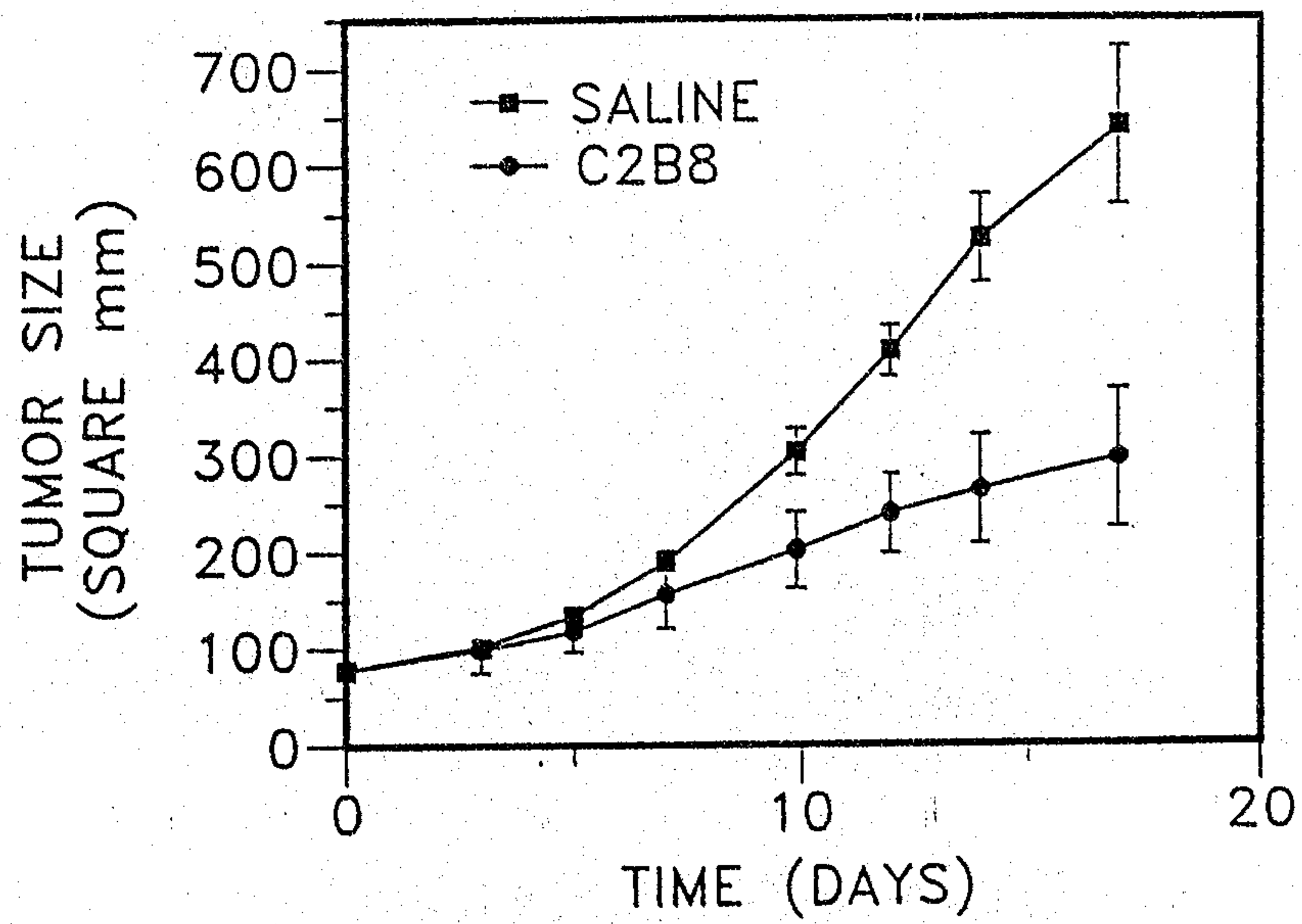
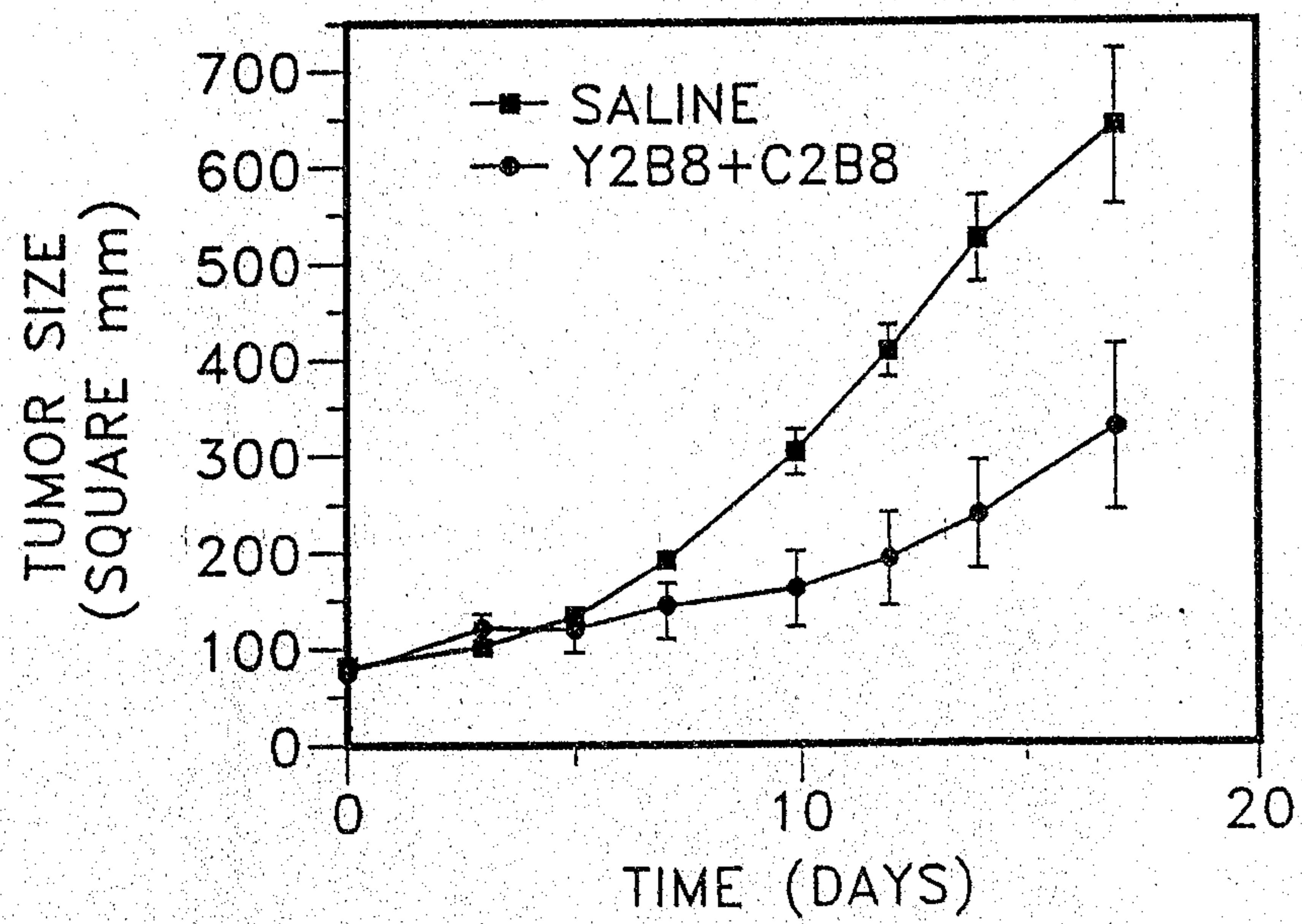
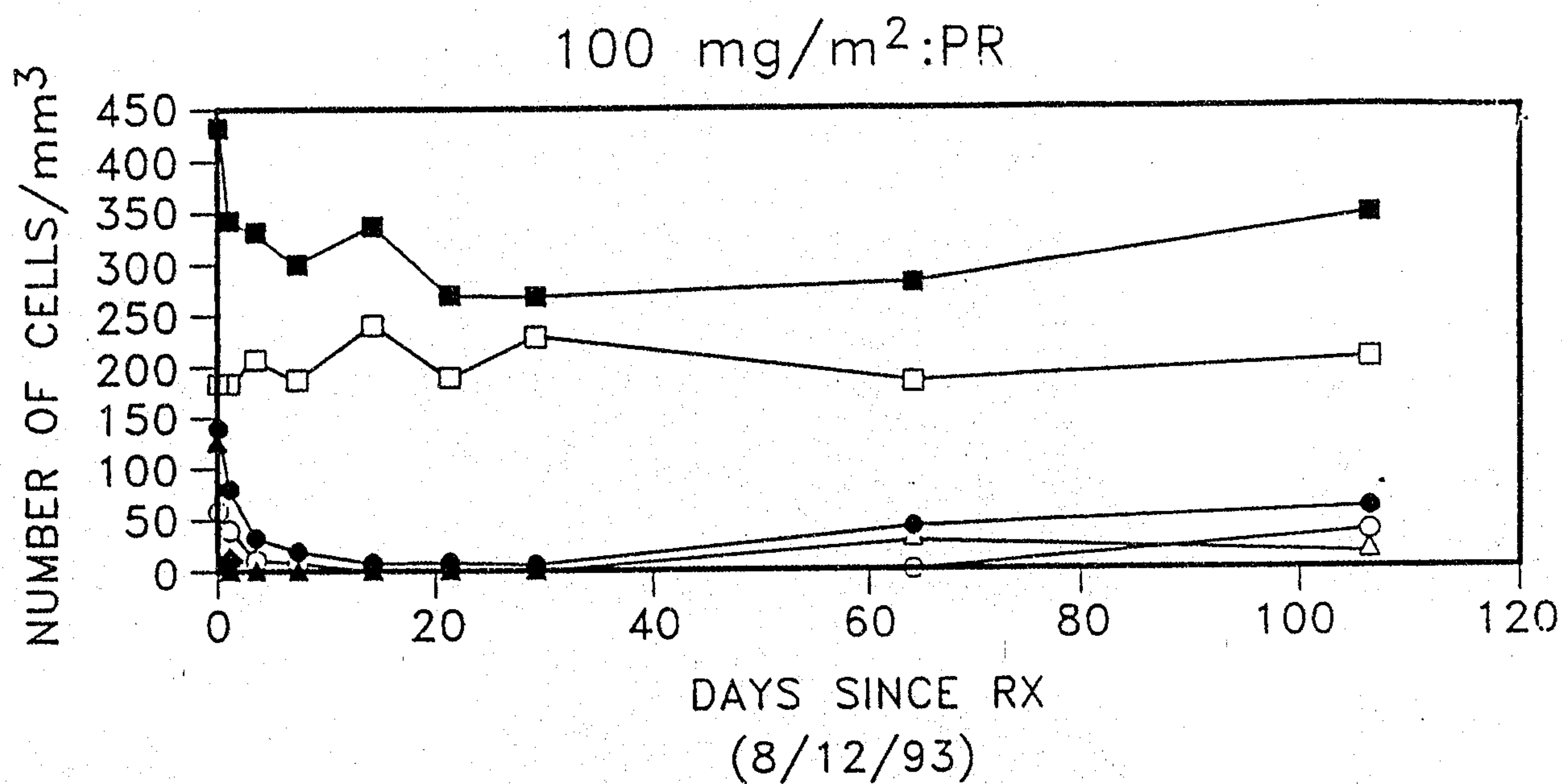
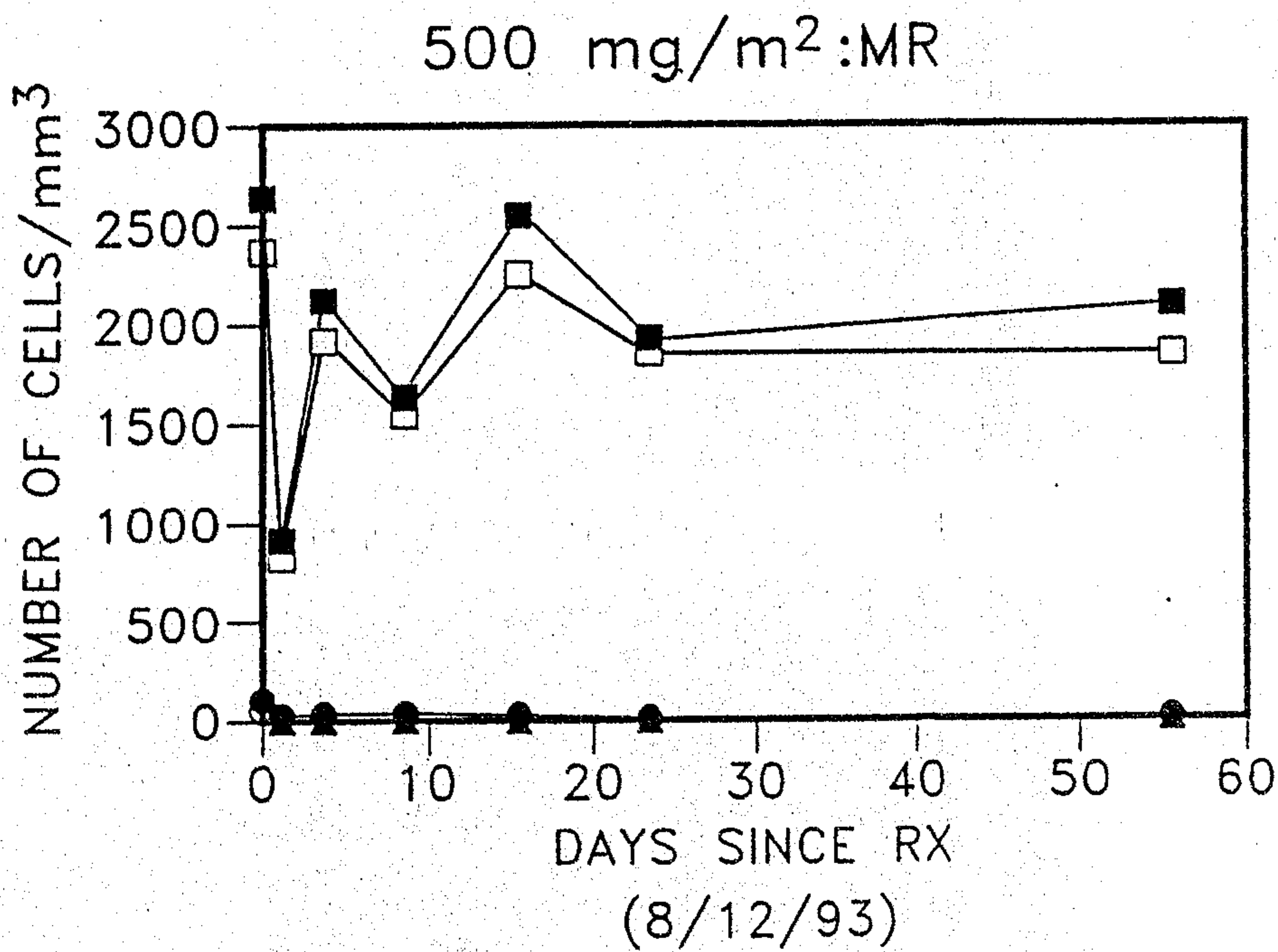


FIG. 11

*FIG. 12**FIG. 13*

*FIG. 14A**FIG. 14B*