

(19) **DANMARK**

(10) **DK/EP 2007425 T3**



(12)

Oversættelse af europæisk patentskrift

Patent- og
Varemærkestyrelsen

-
- (51) Int.Cl.: **A 61 K 39/395 (2006.01)** **A 01 K 67/027 (2006.01)** **C 07 K 14/47 (2006.01)**
C 07 K 16/40 (2006.01)
- (45) Oversættelsen bekendtgjort den: **2016-08-22**
- (80) Dato for Den Europæiske Patentmyndigheds bekendtgørelse om meddelelse af patentet: **2016-05-11**
- (86) Europæisk ansøgning nr.: **07759500.7**
- (86) Europæisk indleveringsdag: **2007-03-27**
- (87) Den europæiske ansøgnings publiceringsdag: **2008-12-31**
- (86) International ansøgning nr.: **US2007065274**
- (87) Internationalt publikationsnr.: **WO2007117996**
- (30) Prioritet: **2006-04-03 US 788876 P** **2006-12-22 US 645359**
- (84) Designerede stater: **AT BE BG CH CY CZ DE DK EE ES FI FR GB GR HU IE IS IT LI LT LU LV MC MT NL PL PT RO SE SI SK TR**
- (73) Patenthaver: **UNIVERSITY OF LEICESTER, University Road, Leicester, Leicestershire LE1 7RH, Storbritannien**
Omeros Corporation, 201 Elliott Avenue West, Seattle, WA 98119, USA
- (72) Opfinder: **SCHWAEBLE, Hans-Wilhelm, 36 The Green, Mountsorrel, Leicestershire LE12 7AF, Storbritannien**
STOVER, Cordula Margaret, 7, Erith Road, Aylestone, Leicestershire LE2 7QA, Storbritannien
Tedford, Clark E., 4058 NE Lookout Lane, Poulsbo, WA 98370, USA
Parent, James B., P.O. Box 10278, Bainbridge Island, WA 98110, USA
FUJITA, Teizo, 2F-2-10-7 Horai, Fukushima 960-8157, Japan
- (74) Fuldmægtig i Danmark: **Plougmann Vingtoft A/S, Rued Langgaards Vej 8, 2300 København S, Danmark**
- (54) Benævnelse: **Fremgangsmåder til behandling af tilstande associerede med MASP-2-afhængige komplementaktivering**
- (56) Fremdragne publikationer:
WO-A1-2004/106384
WO-A1-2005/123776
WO-A2-2004/050907
WO-A2-2004/075837
WO-A2-2005/123128
AMBRUS G. ET AL.: 'Natural substrates and inhibition of mannan-binding lectin-associated serine protease-1 and -2: A study on recombinant catalytic fragments' J. IMMUNOL. vol. 170, 2003, pages 1374 - 1382

DESCRIPTION

FIELD OF THE INVENTION

[0001] The present invention relates to methods of inhibiting the adverse effects of MASP-2-dependent complement activation.

BACKGROUND OF THE INVENTION

[0002] The complement system provides an early acting mechanism to initiate and amplify the inflammatory response to microbial infection and other acute insults (M.K. Liszewski and J.P. Atkinson, 1993, in *Fundamental Immunology*, Third Edition, edited by W.E. Paul, Raven Press, Ltd., New York). While complement activation provides a valuable first-line defense against potential pathogens, the activities of complement that promote a protective inflammatory response can also represent a potential threat to the host (K.R. Kalli, et al., *Springer Semin. Immunopathol.* 15:417-431, 1994; B.P. Morgan, *Eur. J. Clinical Investig.* 24:219-228, 1994). For example, C3 and C5 proteolytic products recruit and activate neutrophils. These activated cells are indiscriminate in their release of destructive enzymes and may cause organ damage. In addition, complement activation may cause the deposition of lytic complement components on nearby host cells as well as on microbial targets, resulting in host cell lysis.

[0003] The complement system has been implicated as contributing to the pathogenesis of numerous acute and chronic disease states, including: myocardial infarction, revascularization following stroke, ARDS, reperfusion injury, septic shock, capillary leakage following thermal burns, postcardiopulmonary bypass inflammation, transplant rejection, rheumatoid arthritis, multiple sclerosis, myasthenia gravis, and Alzheimer's disease. In almost all of these conditions, complement is not the cause but is one of several factors involved in pathogenesis. Nevertheless, complement activation may be a major pathological mechanism and represents an effective point for clinical control in many of these disease states. The growing recognition of the importance of complement-mediated tissue injury in a variety of disease states underscores the need for effective complement inhibitory drugs. No drugs have been approved for human use that specifically target and inhibit complement activation.

[0004] Currently, it is widely accepted that the complement system can be activated through three distinct pathways: the classical pathway, the lectin pathway, and the alternative pathway. The classical pathway is usually triggered by antibody bound to a foreign particle (i.e., an antigen) and thus requires prior exposure to that antigen for the generation of specific antibody. Since activation of the classical pathway is associated with development of an immune response, the classical pathway is part of the acquired immune system. In contrast, both the lectin and alternative pathways are independent of clonal immunity and are part of the innate immune system.

[0005] The first step in activation of the classical pathway is the binding of a specific recognition molecule, C1q, to antigen-bound IgG and IgM. The activation of the complement system results in the sequential activation of serine protease zymogens. C1q is associated with the C1r and C1s serine protease proenzymes as a complex called C1 and, upon binding of C1q to an immune complex, autoproteolytic cleavage of the Arg-Ile site of C1r is followed by C1r activation of C1s, which thereby acquires the ability to cleave C4 and C2. The cleavage of C4 into two fragments, designated C4a and C4b, allows the C4b fragments to form covalent bonds with adjacent hydroxyl or amino groups and the subsequent generation of C3 convertase (C4b2b) through noncovalent interaction with the C2b fragment of activated C2. C3 convertase (C4b2b) activates C3 leading to generation of the C5 convertase (C4b2b3b) and formation of the membrane attack complex (C5b-9) that can cause microbial lysis. The activated forms of C3 and C4 (C3b and C4b) are covalently deposited on the foreign target surfaces, which are recognized by complement receptors on multiple phagocytes.

[0006] Independently, the first step in activation of the complement system by the lectin pathway is also the binding of specific recognition molecules, which is followed by the activation of associated serine proteases. However, rather than the binding of immune complexes by C1q, the recognition molecules in the lectin pathway are carbohydrate-binding proteins (mannan-binding lectin (MBL), H-ficolin, M-ficolin, and L-ficolin) (J. Lu et al., *Biochim. Biophys. Acta* 1572:387-400, 2002; Holmskov et al., *Annu. Rev. Immunol.* 21:547-578 (2003); Teh et al., *Immunology* 101:225-232 (2000)). Ikeda et al. first demonstrated that, like C1q, MBL could activate the complement system upon binding to yeast mannan-coated erythrocytes in a C4-dependent manner (K. Ikeda et al., *J. Biol. Chem.* 262:7451-7454, 1987). MBL, a member of the collectin protein family, is a calcium-dependent lectin that binds carbohydrates with 3- and 4-hydroxy groups oriented in the equatorial plane of the pyranose ring. Prominent ligands for MBL are thus D-mannose and N-acetyl-D-glucosamine, while carbohydrates not fitting this steric requirement have undetectable affinity for MBL (Weis, W.I., et al., *Nature* 360:127-134, 1992). The interaction between MBL and monovalent sugars

is extremely weak, with dissociation constants typically in the 2 mM range. MBL achieves tight, specific binding to glycan ligands by interaction with multiple monosaccharide residues simultaneously (Lee, R.T., et al., *Archiv. Biochem. Biophys.* 299:129-136, 1992). MBL recognizes the carbohydrate patterns that commonly decorate microorganisms such as bacteria, yeast, parasites and certain viruses. In contrast, MBL does not recognize D-galactose and sialic acid, the penultimate and ultimate sugars that usually decorate "mature" complex glycoconjugates present on mammalian plasma and cell surface glycoproteins. This binding specificity is thought to help protect from self activation. However, MBL does bind with high affinity to clusters of high-mannose "precursor" glycans on N-linked glycoproteins and glycolipids sequestered in the endoplasmic reticulum and Golgi of mammalian cells (Maynard, Y., et al., *J. Biol. Chem.* 257:3788-3794, 1982). Therefore, damaged cells are potential targets for lectin pathway activation via MBL binding.

[0007] The ficolins possess a different type of lectin domain than MBL, called the fibrinogen-like domain. Ficolins bind sugar residues in a Ca^{++} -independent manner. In humans, three kinds of ficolins, L-ficolin, M-ficolin and H-ficolin, have been identified. Both serum ficolins L-ficolin and H-ficolin have in common a specificity for N-acetyl-D-glucosamine; however, H-ficolin also binds N-acetyl-D-galactosamine. The difference in sugar specificity of L-ficolin, H-ficolin and MBL means that the different lectins may be complementary and target different, though overlapping, glycoconjugates. This concept is supported by the recent report that, of the known lectins in the lectin pathway, only L-ficolin binds specifically to lipoteichoic acid, a cell wall glycoconjugate found on all Gram-positive bacteria (Lynch, N.J., et al., *J. Immunol.* 172:1198-1202, 2004). The collectins (i.e., MBL) and the ficolins bear no significant similarity in amino acid sequence. However, the two groups of proteins have similar domain organizations and, like C1q, assemble into oligomeric structures, which maximize the possibility of multisite binding. The serum concentrations of MBL are highly variable in healthy populations and this is genetically controlled by the polymorphism/mutations in both the promoter and coding regions of the MBL gene. As an acute phase protein, the expression of MBL is further upregulated during inflammation. L-ficolin is present in serum at similar concentrations as MBL. Therefore, the L-ficolin arm of the lectin pathway is potentially comparable to the MBL arm in strength. MBL and ficolins can also function as opsonins, which require interaction of these proteins with phagocyte receptors (Kuhlman, M., et al., *J. Exp. Med.* 169:1733, 1989; Matsushita, M., et al., *J. Biol. Chem.* 271:2448-54, 1996). However, the identities of the receptor(s) on phagocytic cells have not been established.

[0008] Human MBL forms a specific and high affinity interaction through its collagen-like domain with unique C1r/C1s-like serine proteases, termed MBL-associated serine proteases (MASPs). To date, three MASPs have been described. First, a single enzyme "MASP" was identified and characterized as the enzyme responsible for the initiation of the complement cascade (i.e., cleaving C2 and C4) (Ji, Y.H., et al., *J. Immunol.* 150:571-578, 1993). Later, it turned out that MASP is in fact a mixture of two proteases: MASP-1 and MASP-2 (Thiel, S., et al., *Nature* 386:506-510, 1997). However, it was demonstrated that the MBL-MASP-2 complex alone is sufficient for complement activation (Vorup-Jensen, T., et al., *J. Immunol.* 165:2093-2100, 2000). Furthermore, only MASP-2 cleaved C2 and C4 at high rates (Ambrus, G., et al., *J. Immunol.* 170:1374-1382, 2003). Therefore, MASP-2 is the protease responsible for activating C4 and C2 to generate the C3 convertase, C4b2b. This is a significant difference from the C1 complex, where the coordinated action of two specific serine proteases (C1r and C1s) leads to the activation of the complement system. Recently, a third novel protease, MASP-3, has been isolated (Dahl, M.R., et al., *Immunity* 15:127-35, 2001). MASP-1 and MASP-3 are alternatively spliced products of the same gene. The biological functions of MASP-1 and MASP-3 remain to be resolved.

[0009] MASPs share identical domain organizations with those of C1r and C1s, the enzymatic components of the C1 complex (Sim, R.B., et al., *Biochem. Soc. Trans.* 28:545, 2000). These domains include an N-terminal C1r/C1s/sea urchin Vegf/bone morphogenic protein (CUB) domain, an epidermal growth factor-like domain, a second CUB domain, a tandem of complement control protein domains, and a serine protease domain. As in the C1 proteases, activation of MASP-2 occurs through cleavage of an Arg-Ile bond adjacent to the serine protease domain, which splits the enzyme into disulfide-linked A and B chains, the latter consisting of the serine protease domain. Recently, a genetically determined deficiency of MASP-2 was described (Stengaard-Pedersen, K., et al., *New Eng. J. Med.* 349:554-560, 2003). The mutation of a single nucleotide leads to an Asp-Gly exchange in the CUB1 domain and renders MASP-2 incapable of binding to MBL.

[0010] MBL is also associated with a nonenzymatic protein referred to as MBL-associated protein of 19 kDa (MAp19) (Stover, C.M., *J. Immunol.* 162:3481-90, 1999) or small MBL-associated protein (sMAP) (Takahashi, M., et al., *Int. Immunol.* 11:859-863, 1999). MAp19 is formed by alternative splicing of the *MASP 2* gene product and comprises the first two domains of MASP-2, followed by an extra sequence of four unique amino acids. The *MASP 1* and *MASP 2* genes are located on chromosomes 3 and 1, respectively (Schwaebler, W., et al., *Immunobiology* 205:455-466, 2002).

[0011] Several lines of evidence suggest that there are different MBL-MASPs complexes and a large fraction of the total MASPs in serum is not complexed with MBL (Thiel, S., et al., *J. Immunol.* 165:878-887, 2000). Both H- and L-ficolin are associated with MASP and activate the lectin complement pathway, as does MBL (Dahl, M.R., et al., *Immunity* 15:127-35, 2001; Matsushita, M., et

al., *J. Immunol.* 168:3502-3506, 2002). Both the lectin and classical pathways form a common C3 convertase (C4b2b) and the two pathways converge at this step.

[0012] The lectin pathway is widely thought to have a major role in host defense against infection. Strong evidence for the involvement of MBL in host defense comes from analysis of patients with decreased serum levels of functional MBL (Kilpatrick, D.C., *Biochim. Biophys. Acta* 1572:401-413, 2002). Such patients display susceptibility to recurrent bacterial and fungal infections. These symptoms are usually evident early in life, during an apparent window of vulnerability as maternally derived antibody titer wanes, but before a full repertoire of antibody responses develops. This syndrome often results from mutations at several sites in the collagenous portion of MBL, which interfere with proper formation of MBL oligomers. However, since MBL can function as an opsonin independent of complement, it is not known to what extent the increased susceptibility to infection is due to impaired complement activation.

[0013] Although there is extensive evidence implicating both the classical and alternative complement pathways in the pathogenesis of non-infectious human diseases, the role of the lectin pathway is just beginning to be evaluated. Recent studies provide evidence that activation of the lectin pathway can be responsible for complement activation and related inflammation in ischemia/reperfusion injury. Collard et al. (2000) reported that cultured endothelial cells subjected to oxidative stress bind MBL and show deposition of C3 upon exposure to human serum (Collard, C.D., et al., *Am. J. Pathol.* 156:1549-1556, 2000). In addition, treatment of human sera with blocking anti-MBL monoclonal antibodies inhibited MBL binding and complement activation. These findings were extended to a rat model of myocardial ischemia-reperfusion in which rats treated with a blocking antibody directed against rat MBL showed significantly less myocardial damage upon occlusion of a coronary artery than rats treated with a control antibody (Jordan, J.E., et al., *Circulation* 104:1413-1418, 2001). The molecular mechanism of MBL binding to the vascular endothelium after oxidative stress is unclear; a recent study suggests that activation of the lectin pathway after oxidative stress may be mediated by MBL binding to vascular endothelial cytokeratins, and not to glycoconjugates (Collard, C.D., et al., *Am. J. Pathol.* 159:1045-1054, 2001). Other studies have implicated the classical and alternative pathways in the pathogenesis of ischemia/reperfusion injury and the role of the lectin pathway in this disease remains controversial (Riedermann, N.C., et al., *Am. J. Pathol.* 162:363-367, 2003).

[0014] In contrast to the classical and lectin pathways, no initiators of the alternative pathway have been found to fulfill the recognition functions that C1q and lectins perform in the other two pathways. Currently it is widely accepted that the alternative pathway is spontaneously triggered by foreign or other abnormal surfaces (bacteria, yeast, virally infected cells, or damaged tissue). There are four plasma proteins directly involved in the alternative pathway: C3, factors B and D, and properdin. Proteolytic generation of C3b from native C3 is required for the alternative pathway to function. Since the alternative pathway C3 convertase (C3bBb) contains C3b as an essential subunit, the question regarding the origin of the first C3b via the alternative pathway has presented a puzzling problem and has stimulated considerable research.

[0015] C3 belongs to a family of proteins (along with C4 and α -2 macroglobulin) that contain a rare posttranslational modification known as a thioester bond. The thioester group is composed of a glutamine whose terminal carbonyl group is bound to the sulfhydryl group of a cysteine three amino acids away. This bond is unstable and the electrophilic carbonyl group of glutamine can form a covalent bond with other molecules via hydroxyl or amino groups. The thioester bond is reasonably stable when sequestered within a hydrophobic pocket of intact C3. However, proteolytic cleavage of C3 to C3a and C3b results in exposure of the highly reactive thioester bond on C3b and by this mechanism C3b covalently attaches to a target. In addition to its well-documented role in covalent attachment of C3b to complement targets, the C3 thioester is also thought to have a pivotal role in triggering the alternative pathway. According to the widely accepted "tick-over theory", the alternative pathway is initiated by the generation of a fluid-phase convertase, iC3Bb, which is formed from C3 with hydrolyzed thioester (iC3; C3(H₂O)) and factor B (Lachmann, P.J., et al., *Springer Semin. Immunopathol.* 7:143-162, 1984). The C3b-like iC3 is generated from native C3 by a slow spontaneous hydrolysis of the internal thioester in the protein (Pangburn, M.K., et al., *J. Exp. Med.* 154:856-867, 1981). Through the activity of the iC3Bb convertase, C3b molecules are deposited on the target surface thereby initiating the alternative pathway.

[0016] Very little is known about the initiators of activation of the alternative pathway. Activators are thought to include yeast cell walls (zymosan), many pure polysaccharides, rabbit erythrocytes, certain immunoglobulins, viruses, fungi, bacteria, animal tumor cells, parasites, and damaged cells. The only feature common to these activators is the presence of carbohydrate, but the complexity and variety of carbohydrate structures has made it difficult to establish the shared molecular determinants, which are recognized.

[0017] The alternative pathway can also provide a powerful amplification loop for the lectin/classical pathway C3 convertase (C4b2b) since any C3b generated can participate with factor B in forming additional alternative pathway C3 convertase (C3bBb). The alternative pathway C3 convertase is stabilized by the binding of properdin. Properdin extends the alternative pathway C3

convertase half-life six to ten fold. Addition of C3b to the C3 convertase leads to the formation of the alternative pathway C5 convertase.

[0018] All three pathways (i.e., the classical, lectin and alternative) have been thought to converge at C5, which is cleaved to form products with multiple proinflammatory effects. The converged pathway has been referred to as the terminal complement pathway. C5a is the most potent anaphylatoxin, inducing alterations in smooth muscle and vascular tone, as well as vascular permeability. It is also a powerful chemotaxin and activator of both neutrophils and monocytes. C5a-mediated cellular activation can significantly amplify inflammatory responses by inducing the release of multiple additional inflammatory mediators, including cytokines, hydrolytic enzymes, arachidonic acid metabolites and reactive oxygen species. C5 cleavage leads to the formation of C5b-9, also known as the membrane attack complex (MAC). There is now strong evidence that sublytic MAC deposition may play an important role in inflammation in addition to its role as a lytic pore-forming complex.

[0019] WO 2005/123128 discloses the use of MASP-2 inhibitory agents including antibodies which bind to a location within amino acids 1-176 of human MASP-2.

SUMMARY OF THE INVENTION

[0020] Described herein is a method of inhibiting the adverse effects of MASP-2-dependent complement activation in a living subject. The method includes the step of administering to a subject in need thereof, an amount of a MASP-2 inhibitory agent effective to inhibit MASP-2-dependent complement activation. In this context, the phrase "MASP-2-dependent complement activation" refers to alternative pathway complement activation that occurs via the lectin-dependent MASP-2 system. The MASP-2 inhibitory agent inhibits complement activation via the lectin-dependent MASP-2 system without substantially inhibiting complement activation via the classical or C1q-dependent system, such that the C1q-dependent system remains functional.

[0021] The MASP-2 inhibitory agent is an anti-MASP-2 antibody or fragment thereof. The anti-MASP-2 antibody may be of reduced effector function. Also described are MASP-2 inhibitory agents where are a MASP-2 inhibitory peptide or a non-peptide MASP-2 inhibitor.

[0022] Described herein are compositions for inhibiting the adverse effects of MASP-2-dependent complement activation, comprising a therapeutically effective amount of a MASP-2 inhibitory agent and a pharmaceutically acceptable carrier. also described herein are methods for manufacturing a medicament for use in inhibiting the adverse effects of MASP-2-dependent complement activation in living subjects in need thereof, comprising a therapeutically effective amount of a MASP-2 inhibitory agent in a pharmaceutical carrier. Methods are also described for manufacturing medicaments for use in inhibiting MASP-2-dependent complement activation for treatment of each of the conditions, diseases and disorders described herein below.

[0023] The methods, compositions and medicaments described herein are useful for inhibiting the adverse effects of MASP-2-dependent complement *activation in vivo* in mammalian subjects, including humans suffering from an acute or chronic pathological condition or injury as further described herein. Such conditions and injuries include without limitation MASP-2 mediated complement activation in associated autoimmune disorders and/or inflammatory conditions.

[0024] In one aspect of the invention, uses are provided for the treatment of ischemia reperfusion injuries by treating a subject experiencing ischemic reperfusion, including without limitation, after aortic aneurysm repair, cardiopulmonary bypass, vascular reanastomosis in connection with, for example, organ transplants (e.g., heart, lung, liver, kidney) and/or extremity/digit replantation, stroke, acute lung injury, myocardial infarction, hemodynamic resuscitation following shock and/or surgical procedures, with a therapeutically effective amount of a MASP-2 inhibitory agent in a pharmaceutical carrier.

[0025] Also described are, methods for the inhibition of atherosclerosis by treating a subject suffering from or prone to atherosclerosis with a therapeutically effective amount of a MASP-2 inhibitory agent in a pharmaceutical carrier.

[0026] Also described are, methods for inhibiting MASP-2-dependent complement activation in a subject experiencing a vascular condition, including without limitation cardiovascular conditions, cerebrovascular conditions, peripheral (e.g., musculoskeletal) vascular conditions, renovascular conditions, mesenteric/enteric vascular, and revascularization to transplants and/or replants, by treating such patient with a therapeutically effective amount of a MASP-2 inhibitory agent. Such conditions include without limitation the treatment of: vasculitis, including Henoch-Schonlein purpura nephritis, systemic lupus erythematosus-associated vasculitis, vasculitis associated with rheumatoid arthritis (also called malignant rheumatoid arthritis), immune complex vasculitis, and Takayasu's disease; dilated cardiomyopathy; diabetic angiopathy; Kawasaki's disease (arteritis); venous gas embolus (VGE);

and/or restenosis following stent placement, rotational atherectomy and/or percutaneous transluminal coronary angioplasty (PTCA).

[0027] Also described are methods for inhibiting MASP-2-dependent complement activation in a subject suffering from inflammatory gastrointestinal disorders, including but not limited to pancreatitis, diverticulitis and bowel disorders including Crohn's disease, ulcerative colitis, and irritable bowel syndrome.

[0028] Also described are methods for inhibiting MASP-2-dependent complement activation in a subject suffering from a pulmonary condition including but not limited to acute respiratory distress syndrome, transfusion-related acute lung injury, ischemia/reperfusion acute lung injury, chronic obstructive pulmonary disease, asthma, Wegener's granulomatosis, antglomerular basement membrane disease (Goodpasture's disease), meconium aspiration syndrome, bronchiolitis obliterans syndrome, idiopathic pulmonary fibrosis, acute lung injury secondary to burn, non-cardiogenic pulmonary edema, transfusion-related respiratory depression, and emphysema.

[0029] Also described are methods for inhibiting MASP-2-dependent complement activation in a subject that has undergone, is undergoing or will undergo an extracorporeal reperfusion procedure, including but not limited to hemodialysis, plasmapheresis, leukopheresis, extracorporeal membrane oxygenation (ECMO), heparin-induced extracorporeal membrane oxygenation LDL precipitation (HELP) and cardiopulmonary bypass (CPB).

[0030] Also described are methods for inhibiting MASP-2-dependent complement activation in a subject suffering from a musculoskeletal condition, including but not limited to osteoarthritis, rheumatoid arthritis, juvenile rheumatoid arthritis, gout, neuropathic arthropathy, psoriatic arthritis, ankylosing spondylitis or other spondyloarthropathies and crystalline arthropathies, muscular dystrophy or systemic lupus erythematosus (SLE).

[0031] Also described are methods for inhibiting MASP-2-dependent complement activation in a subject suffering from renal conditions including but not limited to mesangioproliferative glomerulonephritis, membranous glomerulonephritis, membranoproliferative glomerulonephritis (mesangiocapillary glomerulonephritis), acute postinfectious glomerulonephritis (poststreptococcal glomerulonephritis), cryoglobulinemic glomerulonephritis, lupus nephritis, Henoch-Schonlein purpura nephritis or IgA nephropathy.

[0032] Also described are methods for inhibiting MASP-2-dependent complement activation in a subject suffering from a skin condition, including but not limited to psoriasis, autoimmune bullous dermatoses, eosinophilic spongiosis, bullous pemphigoid, epidermolysis bullosa acquisita and herpes gestationis and other skin disorders, or from a thermal or chemical burn injury involving capillary leakage.

[0033] Also described are methods for inhibiting MASP-2-dependent complement activation in a subject that has received an organ or other tissue transplant, including but not limited to allotransplantation or xenotransplantation of whole organs (e.g., kidney, heart, liver, pancreas, lung, cornea, etc.) or grafts (e.g., valves, tendons, bone marrow, etc.).

[0034] Also described are methods for inhibiting MASP-2-dependent complement activation in a subject suffering from a central nervous system disorder or injury or a peripheral nervous system disorder or injury, including but not limited to multiple sclerosis (MS), myasthenia gravis (MG), Huntington's disease (HD), amyotrophic lateral sclerosis (ALS), Guillain Barre syndrome, reperfusion following stroke, degenerative discs, cerebral trauma, Parkinson's disease (PD), Alzheimer's disease (AD), Miller-Fisher syndrome, cerebral trauma and/or hemorrhage, demyelination and meningitis.

[0035] Also described are methods for inhibiting MASP-2-dependent complement activation in a subject suffering from a blood disorder including but not limited to sepsis or a condition resulting from sepsis including without limitation severe sepsis, septic shock, acute respiratory distress syndrome resulting from sepsis, and systemic inflammatory response syndrome. Related methods are provided for the treatment of other, blood disorders, including hemorrhagic shock, hemolytic anemia, autoimmune thrombotic thrombocytopenic purpura (TTP), hemolytic uremic syndrome (HUS) or other marrow/blood destructive conditions.

[0036] Also described are methods for inhibiting MASP-2-dependent complement activation in a subject suffering from a urogenital condition including but not limited to painful bladder disease, sensory bladder disease, chronic abacterial cystitis and interstitial cystitis, male and female infertility, placental dysfunction and miscarriage and pre-eclampsia.

[0037] Also described are methods for inhibiting MASP-2-dependent complement activation in a subject suffering from nonobese diabetes (Type-1 diabetes or Insulin dependent diabetes mellitus) or from angiopathy, neuropathy or retinopathy complications of Type-1 or Type-2 (adult onset) diabetes.

[0038] Also described are methods for inhibiting MASP-2-dependent complement activation in a subject being treated with chemotherapeutics and/or radiation therapy, including without limitation for the treatment of cancerous conditions, by administering a MASP-2 inhibitor to such a patient perichemotherapeutically or periradiation therapy, i.e., before and/or during and/or after the administration of chemotherapeutic(s) and/or radiation therapy. Perichemotherapeutic or periradiation therapy administration of MASP-2 inhibitors may be useful for reducing the side-effects of chemotherapeutic or radiation therapy. In a still further aspect of the invention, methods are provided for the treatment of malignancies by administering a MASP-2 inhibitory agent in a pharmaceutically acceptable carrier to a patient suffering from a malignancy.

[0039] Also described are methods for inhibiting MASP-2-dependent complement activation in a subject suffering from an endocrine disorder, by administering a therapeutically effective amount of a MASP-2 inhibitory agent in a pharmaceutical carrier to such a subject. Conditions subject to treatment in accordance with the present invention include, by way of nonlimiting example, Hashimoto's thyroiditis, stress, anxiety and other potential hormonal disorders involving regulated release of prolactin, growth or insulin-like growth factor, and adrenocorticotropin from the pituitary.

[0040] Also described are methods for inhibiting MASP-2-dependent complement activation in a subject suffering from age-related macular degeneration or other complement mediated ophthalmologic condition by administering a therapeutically effective amount of a MASP-2 inhibitory agent in a pharmaceutical carrier to a subject suffering from such a condition.

BRIEF DESCRIPTION OF THE DRAWINGS

[0041] The foregoing aspects and many of the attendant advantages of this invention will become more readily appreciated as the same become better understood by reference to the following detailed description, when taken in conjunction with the accompanying drawings, wherein:

FIGURE 1 is a flowchart illustrating the new discovery that the alternative complement pathway requires lectin pathway-dependent MASP-2 activation for complement activation;

FIGURE 2 is a diagram illustrating the genomic structure of human MASP-2;

FIGURE 3A is a schematic diagram illustrating the domain structure of human MASP-2 protein;

FIGURE 3B is a schematic diagram illustrating the domain structure of human Map19 protein;

FIGURE 4 is a diagram illustrating the murine MASP-2 knockout strategy;

FIGURE 5 is a diagram illustrating the human MASP-2 minigene construct;

FIGURE 6A presents results demonstrating that MASP-2-deficiency leads to the loss of lectin-pathway-mediated C4 activation as measured by lack of C4b deposition on mannan;

FIGURE 6B presents results demonstrating that MASP-2-deficiency leads to the loss of lectin-pathway-mediated C4 activation as measured by lack of C4b deposition on zymosan;

FIGURE 6C presents results demonstrating the relative C4 activation levels of serum samples obtained from MASP-2^{+/-}; MASP-2^{-/-} and wild-type strains as measure by C4b deposition on mannan and on zymosan;

FIGURE 7A presents results demonstrating that MASP-2-deficiency leads to the loss of both lectin-pathway-mediated and alternative pathway mediated C3 activation as measured by lack of C3b deposition on mannan;

FIGURE 7B presents results demonstrating that MASP-2-deficiency leads to the loss of both lectin-pathway-mediated and alternative pathway mediated C3 activation as measured by lack of C3b deposition on zymosan;

FIGURE 8 presents results demonstrating that the addition of murine recombinant MASP-2 to MASP-2^{-/-} serum samples recovers lectin-pathway-mediated C4 activation in a protein concentration dependant manner, as measured by C4b deposition on mannan;

FIGURE 9 presents results demonstrating that the classical pathway is functional in the MASP-2^{-/-} strain;

FIGURE 10 presents results demonstrating that the MASP-2-dependent complement activation system is activated in the ischemia/reperfusion phase following abdominal aortic aneurysm repair;

FIGURE 11A presents results demonstrating that anti-MASP-2 Fab2 antibody #11 inhibits C3 convertase formation, as described in Example 24;

FIGURE 11B presents results demonstrating that anti-MASP-2 Fab2 antibody #11 binds to native rat MASP-2, as described in Example 24;

FIGURE 11C presents results demonstrating that anti-MASP-2 Fab2 antibody #41 inhibits C4 cleavage, as described in Example 24;

FIGURE 12 presents results demonstrating that all of the anti-MASP-2 Fab2 antibodies tested that inhibited C3 convertase formation also were found to inhibit C4 cleavage, as described in Example 24;

FIGURE 13 is a diagram illustrating the recombinant polypeptides derived from rat MASP-2 that were used for epitope mapping of the anti-MASP-2 blocking Fab2 antibodies, as described in Example 25;

FIGURE 14 presents results demonstrating the binding of anti-MASP-2 Fab2 #40 and #60 to rat MASP-2 polypeptides, as described in Example 25;

FIGURE 15 presents results demonstrating the blood urea nitrogen clearance for wild type (+/+) and MASP-2 (-/-) mice at 24 and 48 hours after reperfusion in a renal ischemia/reperfusion injury model, as described in Example 26;

FIGURE 16A presents results demonstrating the infarct size for wild type (+/+) and reduced infarct size in MASP-2 (-/-) mice after injury in a coronary artery occlusion and reperfusion model, as described in Example 27;

FIGURE 16B presents results showing the distribution of the individual animals tested in the coronary artery occlusion and reperfusion model, as described in Example 27;

FIGURE 17A presents results showing the baseline VEGF protein levels in RPE-choroid complex isolated from wild type (+/+) and MASP-2 (-/-) mice, as described in Example 28;

FIGURE 17B presents results showing the VEGF protein levels in RPE-choroid complex at day 3 in wild type (+/+) and MASP-2 (-/-) mice following laser induced injury in a macular degeneration model, as described in Example 28;

FIGURE 18 presents results showing the mean choroidal neovascularization (CNV) volume at day seven following laser induced injury in wild type (+/+) and MASP-2 (-/-) mice, as described in Example 28;

FIGURE 19 presents results showing the mean clinical arthritis score of wild type (+/+) and MASP-2 (-/-) mice over time following Col2 mAb- induced rheumatoid arthritis, as described in Example 29;

FIGURE 20A is a diagram showing the targeted disruption of the sMAP (Map 19) gene, as described in Example 30;

FIGURE 20B presents Southern blot analysis of genomic DNA isolated from offspring derived from mating male sMAP (-/-) chimeric mice with female C57BL/6 mice, as described in Example 30;

FIGURE 20C presents PCR genotyping analysis of wild type (+/+) and sMAP (-/-) mice, as described in Example 30;

FIGURE 21A presents Northern blot analysis of sMAP and MASP-2 mRNA in sMAP (-/-) mice, as described in Example 30;

FIGURE 21B presents quantitative RT-PCR analysis of cDNA encoding MASP-2 H-chain, MASP-2 L-chain and sMAP, in wild type (+/+) and sMAP (-/-) mice, as described in Example 30;

FIGURE 22A presents an immunoblot of sMAP (-/-), i.e., MAP19 (-/-), demonstrating deficiency of MASP-2 and sMAP in mouse serum, as described in Example 30;

FIGURE 22B presents results demonstrating that MASP-2 and sMAP were detected in the MBL-MASP-sMAP complex, as described in Example 30;

FIGURE 23A presents results showing C4 deposition on mannan-coated wells in wild type (+/+) and sMAP (-/-) mouse serum, as described in Example 30;

FIGURE 23B presents results showing C3 deposition on mannan-coated wells in wild type (+/+) and sMAP (-/-) mouse serum, as described in Example 30;

FIGURE 24A presents results showing reconstitution of the MBL-MASP-sMAP complex in sMAP (-/-) serum, as described in Example 30;

FIGURES 24B-D present results showing competitive binding of rsMAP and MASP-2i to MBL, as described in Example 30;

FIGURES 25A-B present results showing restoration of the C4 deposition activity by the addition of rMASP-2, but not rsMAP, as described in Example 30;

FIGURES 26A-B present results showing reduction of the C4 deposition activity by addition of rsMAP, as described in Example 30; and

FIGURES 27A-C presents results showing that MASP-2 is responsible for the C4 bypass activation of C3, as described in Example 31.

DESCRIPTION OF THE SEQUENCE LISTING

[0042]

SEQ ID NO:1 human MAp19 cDNA

SEQ ID NO:2 human MAp19 protein (with leader)

SEQ ID NO:3 human MAp19 protein (mature)

SEQ ID NO:4 human MASP-2 cDNA

SEQ ID NO:5 human MASP-2 protein (with leader)

SEQ ID NO:6 human MASP-2 protein (mature)

SEQ ID NO:7 human MASP-2 gDNA (exons 1-6) ANTIGENS: (IN REFERENCE TO THE MASP-2 MATURE PROTEIN)

SEQ ID NO:8 CUBI sequence (aa 1-121)

SEQ ID NO:9 CUBEGF sequence (aa 1-166)

SEQ ID NO:10 CUBEGFCUBII (aa 1-293)

SEQ ID NO:11 EGF region (aa 122-166)

SEQ ID NO: 12 serine protease domain (aa 429 - 671)

SEQ ID NO:13 serine protease domain inactive (aa 610-625 with Ser618 to Ala mutation)

SEQ ID NO:14 TPLGPKWPEPVFGRL (CUB 1 peptide)

SEQ ID NO: 15
TAPPGYRLRLYFTHFDLELSHLCEYDFVKLSSGAKVLATLC
GQ (CUBI peptide)

SEQ ID NO:16 TFRSDYSN (MBL binding region core)

SEQ ID NO: 17 FYSLGSSLDITFRSDYSNEKPFTGF (MBL binding region)

SEQ ID NO:18 IDECQVAPG (EGF PEPTIDE)

SEQ ID NO:19 ANMLCAGLESGGKDSCRGDSGGALV (serine protease binding core)Detailed Description

PEPTIDE INHIBITORS:

[0043]

SEQ ID NO:20 MBL full length cDNA

SEQ ID NO:21 MBL full length protein

SEQ ID NO:22 OGK-X-GP (consensus binding)

SEQ ID NO:23 OGKLG

SEQ ID NO:24 GLR GLQ GPO GKL GPO G

SEQ ID NO:25 GPO GPO GLR GLQ GPO GKL GPO GPO GPO

SEQ ID NO:26 GKDGRDGTKGEKGEPGQGLRGLQGPOGKLGPOG

SEQ ID NO:27 GAOGSOGKEKGAOGPQGPOGPOGKMGPKEOGDO (human h-ficolin)

SEQ ID NO:28

GCOGLOGAOGDKGEAGTNGKRGERGPOGPOGKAGPOGPN

GAOGEO (human ficolin p35)

SEQ ID NO:29 LQRALEILPNRVTIKANRPFLVFI (C4 cleavage site)

EXPRESSION INHIBITORS:

[0044]

SEQ ID NO:30 cDNA of CUBI-EGF domain (nucleotides 22-680 of SEQ ID NO:4)

SEQ ID NO:31

5' CGGGCACACCATGAGGCTGCTGACCCTCCTGGGC 3' Nucleotides 12-45 of SEQ ID NO:4 including the MASP-2 translation start site (sense)

SEQ ID NO:32

5'GACATTACCTTCGCTCCGACTCCAACGAGAAG3' Nucleotides 361-396 of SEQ ID NO:4 encoding a region comprising the MASP-2 MBL binding site (sense)

SEQ ID NO:33

5'AGCAGCCCTGAATACCCACGGCCGTATCCCAAA3' Nucleotides 610-642 of SEQ ID NO:4 encoding a region comprising the CUBII domain

CLONING PRIMERS:

[0045]

SEQ ID NO:34 CGGGATCCATGAGGCTGCTGACCCTC (5' PCR for CUB)

SEQ ID NO:35 GGAATTCCTAGGCTGCATA (3' PCR FOR CUB)

SEQ ID NO:36 GGAATTCCTACAGGGCGCT (3' PCR FOR CUBIEGF)

SEQ ID NO:37 GGAATTCCTAGTAGTGAT (3' PCR FOR CUBIEGFCUBII)

SEQ ID NOS:38-47 are cloning primers for humanized antibody

SEQ ID NO:48 is 9 aa peptide bond

EXPRESSION VECTOR:**[0046]**

SEQ ID NO:49 is the MASP-2 minigene insert

SEQ ID NO: 50 is the murine MASP-2 cDNA

SEQ ID NO: 51 is the murine MASP-2 protein (w/leader)

SEQ ID NO: 52 is the mature murine MASP-2 protein

SEQ ID NO: 53 the rat MASP-2 cDNA

SEQ ID NO: 54 is the rat MASP-2 protein (w/ leader)

SEQ ID NO: 55 is the mature rat MASP-2 protein

SEQ ID NO: 56-59 are the oligonucleotides for site-directed mutagenesis of human MASP-2 used to generate human MASP-2A

SEQ ID NO: 60-63 are the oligonucleotides for site-directed mutagenesis of murine MASP-2 used to generate murine MASP-2A

SEQ ID NO: 64-65 are the oligonucleotides for site-directed mutagenesis of rat MASP-2 used to generate rat MASP-2A

DETAILED DESCRIPTION

[0047] The present invention is based upon the surprising discovery by the present inventors that MASP-2 is needed to initiate alternative complement pathway activation. Through the use of a knockout mouse model of MASP-2^{-/-}, the present inventors have shown that it is possible to inhibit alternative complement pathway activation via the lectin mediated MASP-2 pathway while leaving the classical pathway intact, thus establishing the lectin-dependent MASP-2 activation as a requirement for alternative complement activation in absence of the classical pathway. The present invention also describes the use of MASP-2 as a therapeutic target for inhibiting cellular injury associated with lectin-mediated alternative complement pathway activation while leaving the classical (C1q-dependent) pathway component of the immune system intact.

I. DEFINITIONS

[0048] Unless specifically defined herein, all terms used herein have the same meaning as would be understood by those of ordinary skill in the art of the present invention. The following definitions are provided in order to provide clarity with respect to the terms as they are used in the specification and claims to describe the present invention.

[0049] As used herein, the term "MASP-2-dependent complement activation" refers to alternative pathway complement activation that occurs via lectin-dependent MASP-2 activation.

[0050] As used herein, the term "alternative pathway" refers to complement activation that is triggered, for example, by zymosan from fungal and yeast cell walls, lipopolysaccharide (LPS) from Gram negative outer membranes, and rabbit erythrocytes, as well as from many pure polysaccharides, rabbit erythrocytes, viruses, bacteria, animal tumor cells, parasites and damaged cells, and which has traditionally been thought to arise from spontaneous proteolytic generation of C3b from complement factor C3.

[0051] As used herein, the term "lectin pathway" refers to complement activation that occurs via the specific binding of serum and non-serum carbohydrate-binding proteins including mannan-binding lectin (MBL) and the ficolins.

[0052] As used herein, the term "classical pathway" refers to complement activation that is triggered by antibody bound to a foreign particle and requires binding of the recognition molecule C1q.

[0053] As used herein, the term "MASP-2 inhibitory agent" refers to any agent that binds to or directly interacts with MASP-2 and

effectively inhibits MASP-2-dependent complement activation, including anti-MASP-2 antibodies and MASP-2 binding fragments thereof, natural and synthetic peptides, small molecules, soluble MASP-2 receptors, expression inhibitors and isolated natural inhibitors, and also encompasses peptides that compete with MASP-2 for binding to another recognition molecule (e.g., MBL, H-ficolin, M-ficolin, or L-ficolin) in the lectin pathway, but does not encompass antibodies that bind to such other recognition molecules. MASP-2 inhibitory agents useful in the method of the invention may reduce MASP-2-dependent complement activation by greater than 20%, such as greater than 50%, such as greater than 90%. In one embodiment, the MASP-2 inhibitory agent reduces MASP-2-dependent complement activation by greater than 90% (i.e., resulting in MASP-2 complement activation of only 10% or less).

[0054] As used herein, the term "antibody" encompasses antibodies and antibody fragments thereof, derived from any antibody-producing mammal (e.g., mouse, rat, rabbit, and primate including human), that specifically bind to MASP-2 polypeptides or portions thereof. Exemplary antibodies include polyclonal, monoclonal and recombinant antibodies; multispecific antibodies (e.g., bispecific antibodies); humanized antibodies; murine antibodies; chimeric, mouse-human, mouse-primate, primate-human monoclonal antibodies; and anti-idiotypic antibodies, and may be any intact molecule or fragment thereof.

[0055] As used herein, the term "antibody fragment" refers to a portion derived from or related to a full-length anti-MASP-2 antibody, generally including the antigen binding or variable region thereof. Illustrative examples of antibody fragments include Fab, Fab', F(ab)₂, F(ab')₂ and Fv fragments, scFv fragments, diabodies, linear antibodies, single-chain antibody molecules and multispecific antibodies formed from antibody fragments.

[0056] As used herein, a "single-chain Fv" or "scFv" antibody fragment comprises the V_H and V_L domains of an antibody, wherein these domains are present in a single polypeptide chain. Generally, the Fv polypeptide further comprises a polypeptide linker between the V_H and V_L domains, which enables the scFv to form the desired structure for antigen binding.

[0057] As used herein, a "chimeric antibody" is a recombinant protein that contains the variable domains and complementarity-determining regions derived from a non-human species (e.g., rodent) antibody, while the remainder of the antibody molecule is derived from a human antibody.

[0058] As used herein, a "humanized antibody" is a chimeric antibody that comprises a minimal sequence that conforms to specific complementarity-determining regions derived from non-human immunoglobulin that is transplanted into a human antibody framework. Humanized antibodies are typically recombinant proteins in which only the antibody complementarity-determining regions are of non-human origin.

[0059] As used herein, the term "mannan-binding lectin" ("MBL") is equivalent to mannan-binding protein ("MBP").

[0060] As used herein, the "membrane attack complex" ("MAC") refers to a complex of the terminal five complement components (C5-C9) that inserts into and disrupts membranes. Also referred to as C5b-9.

[0061] As used herein, "a subject" includes all mammals, including without limitation humans, non-human primates, dogs, cats, horses, sheep, goats, cows, rabbits, pigs and rodents.

[0062] As used herein, the amino acid residues are abbreviated as follows: alanine (Ala;A), asparagine (Asn;N), aspartic acid (Asp;D), arginine (Arg;R), cysteine (Cys;C), glutamic acid (Glu;E), glutamine (Gln;Q), glycine (Gly;G), histidine (His;H), isoleucine (Ile;I), leucine (Leu;L), lysine (Lys;K), methionine (Met;M), phenylalanine (Phe;F), proline (Pro;P), serine (Ser;S), threonine (Thr;T), tryptophan (Trp;W), tyrosine (Tyr;Y), and valine (Val;V).

[0063] In the broadest sense, the naturally occurring amino acids can be divided into groups based upon the chemical characteristic of the side chain of the respective amino acids. By "hydrophobic" amino acid is meant either Ile, Leu, Met, Phe, Trp, Tyr, Val, Ala, Cys or Pro. By "hydrophilic" amino acid is meant either Gly, Asn, Gln, Ser, Thr, Asp, Glu, Lys, Arg or His. This grouping of amino acids can be further subclassed as follows. By "uncharged hydrophilic" amino acid is meant either Ser, Thr, Asn or Gln. By "acidic" amino acid is meant either Glu or Asp. By "basic" amino acid is meant either Lys, Arg or His.

[0064] As used herein the term "conservative amino acid substitution" is illustrated by a substitution among amino acids within each of the following groups: (1) glycine, alanine, valine, leucine, and isoleucine, (2) phenylalanine, tyrosine, and tryptophan, (3) serine and threonine, (4) aspartate and glutamate, (5) glutamine and asparagine, and (6) lysine, arginine and histidine.

[0065] The term "oligonucleotide" as used herein refers to an oligomer or polymer of ribonucleic acid (RNA) or deoxyribonucleic

acid (DNA) or mimetics thereof. This term also covers those oligonucleobases composed of naturally-occurring nucleotides, sugars and covalent internucleoside (backbone) linkages as well as oligonucleotides having non-naturally-occurring modifications.

II. THE ALTERNATIVE PATHWAY: A NEW UNDERSTANDING

[0066] The alternative pathway of complement was first described by Louis Pillemer and his colleagues in early 1950s based on studies in which zymosan made from yeast cell walls was used to activate complement (Pillemer, L. et al., *J. Exp. Med.* 103:1-13, 1956; Lepow, I.H., *J. Immunol.* 125:471-478, 1980). Ever since then, zymosan is considered as the canonical example of a specific activator of the alternative pathway in human and rodent serum (Lachmann, P.J., et al., *Springer Semin. Immunopathol.* 7:143-162, 1984; Van Dijk, H., et al., *J. Immunol. Methods* 85:233-243, 1985; Pangburn, M.K., *Methods in Enzymol.* 162:639-653, 1988). A convenient and widely used assay for alternative pathway activation is to incubate serum with zymosan coated onto plastic wells and to determine the amount of C3b deposition onto the solid phase following the incubation. As expected, there is substantial C3b deposition onto zymosan-coated wells following incubation with normal mouse serum (Figure 7B). However, incubation of serum from homozygous MASP-2-deficient mice with zymosan-coated wells results in a substantial reduction in C3b deposition compared to that of normal serum. Furthermore, use of serum from mice heterozygous for deficiency in the *MASP 2* gene in this assay results in levels of C3b deposition that are intermediate between those obtained with serum from homozygous MASP-2-deficient mice and normal mouse serum. Parallel results are also obtained using wells coated with mannan, another polysaccharide known to activate the alternative pathway (Figure 7A). Since the normal and MASP-2 deficient mice share the same genetic background, except for the *MASP 2* gene, these unexpected results demonstrate that MASP-2 plays an essential role in activation of the alternative pathway.

[0067] These results provide strong evidence that the alternative pathway is not an independent, stand-alone pathway of complement activation as described in essentially all current medical textbooks and recent review articles on complement. The current and widely held scientific view is that the alternative pathway is activated on the surface of certain particulate targets (microbes, zymosan, rabbit erythrocytes) through the amplification of spontaneous "tick-over" C3 activation. However, the absence of significant alternative pathway activation in serum from MASP-2 knockout mice by two well-known "activators" of the alternative pathway makes it unlikely that the "tick-over theory" describes an important physiological mechanism for complement activation.

[0068] Since MASP-2 protease is known to have a specific and well-defined role as the enzyme responsible for the initiation of the lectin complement cascade, these results implicate activation of the lectin pathway by zymosan and mannan as a critical first step for subsequent activation of the alternative pathway. C4b is an activation product generated by the lectin pathway but not by the alternative pathway. Consistent with this concept, incubation of normal mouse serum with zymosan- or mannan-coated wells results in C4b deposition onto the wells and this C4b deposition is substantially reduced when the coated wells are incubated with serum from MASP-2-deficient mice (Figures 6A, 6B and 6C).

[0069] The alternative pathway, in addition to its widely accepted role as an independent pathway for complement activation, can also provide an amplification loop for complement activation initially triggered via the classical and lectin pathways (Liszewski, M.K. and J.P. Atkinson, 1993, in *Fundamental Immunology*, Third Edition, edited by W.E. Paul, Raven Press, Ltd., New York ; Schweinle, J.E., et al., *J. Clin. Invest.* 84:1821-1829, 1989). In this alternative pathway-mediated amplification mechanism, C3 convertase (C4b2b) generated by activation of either the classical or lectin complement cascades cleaves C3 into C3a and C3b, and thereby provides C3b that can participate in forming C3bBb, the alternative pathway C3 convertase. The likely explanation for the absence of alternative pathway activation in MASP-2 knockout serum is that the lectin pathway is required for initial complement activation by zymosan, mannan, and other putative "activators" of the alternative pathway, while the alternative pathway plays a crucial role for amplifying complement activation. In other words, the alternative pathway is a feedforward amplification loop dependent upon the lectin and classical complement pathways for activation, rather than an independent linear cascade.

[0070] Rather than the complement cascade being activated through three distinct pathways (classical, alternative and lectin pathways) as previously envisioned, our results indicate that it is more accurate to view complement as being composed of two major systems, which correspond, to a first approximation, to the innate (lectin) and acquired (classical) wings of the complement immune defense system. Lectins (MBP, M-ficolin, H-ficolin, and L-ficolin) are the specific recognition molecules that trigger the innate complement system and the system includes the lectin pathway and the associated alternative pathway amplification loop. C1q is the specific recognition molecule that triggers the acquired complement system and the system includes the classical pathway and associated alternative pathway amplification loop. We refer to these two major complement activation systems as the

lectin-dependent complement system and the C1q-dependent complement system, respectively.

[0071] In addition to its essential role in immune defense, the complement system contributes to tissue damage in many clinical conditions. Thus, there is a pressing need to develop therapeutically effective complement inhibitors to prevent these adverse effects. With recognition that complement is composed of two major complement activation systems comes the realization that it would be highly desirable to specifically inhibit only the complement activation system causing a particular pathology without completely shutting down the immune defense capabilities of complement. For example, in disease states in which complement activation is mediated predominantly by the lectin-dependent complement system, it would be advantageous to specifically inhibit only this system. This would leave the C1q-dependent complement activation system intact to handle immune complex processing and to aid in host defense against infection.

[0072] The preferred protein component to target in the development of therapeutic agents to specifically inhibit the lectin-dependent complement system is MASP-2. Of all the protein components of the lectin-dependent complement system (MBL, H-ficolin, M-ficolin, L-ficolin, MASP-2, C2-C9, Factor B, Factor D, and properdin), only MASP-2 is both unique to the lectin-dependent complement system and required for the system to function. The lectins (MBL, H-ficolin, M-ficolin and L-ficolin) are also unique components in the lectin-dependent complement system. However, loss of any one of the lectin components would not necessarily inhibit activation of the system due to lectin redundancy. It would be necessary to inhibit all four lectins in order to guarantee inhibition of the lectin-dependent complement activation system. Furthermore, since MBL and the ficolins are also known to have opsonic activity independent of complement, inhibition of lectin function would result in the loss of this beneficial host defense mechanism against infection. In contrast, this complement-independent lectin opsonic activity would remain intact if MASP-2 was the inhibitory target. An added benefit of MASP-2 as the therapeutic target to inhibit the lectin-dependent complement activation system is that the plasma concentration of MASP-2 is among the lowest of any complement protein (≈ 500 ng/ml); therefore, correspondingly low concentrations of high-affinity inhibitors of MASP-2 may be required to obtain full inhibition (Moller-Kristensen, M., et al., J. Immunol Methods 282:159-167, 2003).

III. ROLE OF MASP-2 IN VARIOUS DISEASES AND CONDITIONS AND THERAPEUTIC METHODS USING MASP-2 INHIBITORY AGENTS ISCHEMIA REPERFUSION INJURY

[0073] Ischemia reperfusion injury (I/R) occurs when blood flow is restored after an extended period of ischemia. It is a common source of morbidity and mortality in a wide spectrum of diseases. Surgical patients are vulnerable after aortic aneurysm repair, cardiopulmonary bypass, vascular reanastomosis in connection with, for example, organ transplants (e.g., heart, lung, liver, kidney) and digit/extremity replantation, stroke, myocardial infarction and hemodynamic resuscitation following shock and/or surgical procedures. Patients with atherosclerotic diseases are prone to myocardial infarctions, strokes, and emboli-induced intestinal and lower-extremity ischemia. Patients with trauma frequently suffer from temporary ischemia of the limbs. In addition, any cause of massive blood loss leads to a whole-body I/R reaction.

[0074] The pathophysiology of I/R injury is complex, with at least two major factors contributing to the process: complement activation and neutrophil stimulation with accompanying oxygen radical-mediated injury. In I/R injury, complement activation was first described during myocardial infarction over 30 years ago, and has led to numerous investigations on the contribution of the complement system to I/R tissue injury (Hill, J.H., et al., J. Exp. Med. 133:885-900, 1971). Accumulating evidence now points to complement as a pivotal mediator in I/R injury. Complement inhibition has been successful in limiting injury in several animal models of I/R. In early studies, C3 depletion was achieved following infusion of cobra venom factor, reported to be beneficial during I/R in kidney and heart (Maroko, P.R., et al., 1978, J. Clin Invest. 61:661-670, 1978; Stein, S.H., et al., Miner Electrolyte Metab. 11:256-61, 1985). However, the soluble form of complement receptor 1 (sCR1) was the first complement-specific inhibitor utilized for the prevention of myocardial I/R injury (Weisman, H.F., et al., Science 249:146-51, 1990). sCR1 treatment during myocardial I/R attenuates infarction associated with decreased deposition of C5b-9 complexes along the coronary endothelium and decreased leukocyte infiltration after reperfusion.

[0075] In experimental myocardial I/R, C1 esterase inhibitor (C1 INH) administered before reperfusion prevents deposition of C1q and significantly reduced the area of cardiac muscle necrosis (Buerke, M., et al., 1995, Circulation 91:393-402, 1995). Animals genetically deficient in C3 have less local tissue necrosis after skeletal muscle or intestinal ischaemia (Weiser, M.R., et al., J. Exp. Med. 183:2343-48, 1996).

[0076] The membrane attack complex is the ultimate vehicle of complement-directed injury and studies in C5-deficient animals have shown decreased local and remote injury in models of I/R injury (Austen, W.G. Jr., et al., Surgery 126:343-48, 1999). An inhibitor of complement activation, soluble Crry (complement receptor-related gene Y), has been shown to be effective against

injury when given both before and after the onset of murine intestinal reperfusion (Rehrig, S., et al., J. Immunol. 167:5921-27, 2001). In a model of skeletal muscle ischemia, the use of soluble complement receptor 1 (sCR1) also reduced muscle injury when given after the start of reperfusion (Kyriakides, C., et al., Am. J. Physiol. Cell Physiol. 281:C244-30, 2001). In a porcine model of myocardial I/R, animals treated with monoclonal antibody ("MoAb") to the anaphylatoxin C5a prior to reperfusion showed attenuated infarction (Amsterdam, E.A., et al., Am. J. Physiol. Heart Circ. Physiol. 268:H448-57, 1995). Rats treated with C5 MoAb demonstrated attenuated infarct size, neutrophil infiltration and apoptosis in the myocardium (Vakeva, A., et al., Circulation 97:2259-67, 1998). These experimental results highlight the importance of complement activation in the pathogenesis of I/R injury.

[0077] It is unclear which complement pathway (classical, lectin or alternative) is predominantly involved in complement activation in I/R injury. Weiser et al. demonstrated an important role of the lectin and/or classical pathways during skeletal I/R by showing that C3- or C4- knockout mice were protected against I/R injury based on a significant reduction in vascular permeability (Weiser, M.R., et al., J. Exp. Med. 183:2343-48, 1996). In contrast, renal I/R experiments with C4 knockout mice demonstrate no significant tissue protection, while C3-, C5-, and C6-knockout mice were protected from injury, suggesting that complement activation during renal I/R injury occurs via the alternative pathway (Zhou, W., et al., J. Clin. Invest. 105:1363-71, 2000). Using factor D deficient mice, Stahl et al. recently presented evidence for an important role of the alternative pathway in intestinal I/R in mice (Stahl, G., et al., Am. J. Pathol. 162:449-55, 2003). In contrast, Williams et al. suggested a predominant role of the classical pathway for initiation of I/R injury in the intestine of mice by showing reduced organ staining for C3 and protection from injury in C4 and IgM (Rag1^{-/-}) deficient mice (Williams, J.P., et al., J. Appl. Physiol. 86:938-42, 1999).

[0078] Treatment of rats in a myocardial I/R model with monoclonal antibodies against rat mannan-binding lectin (MBL) resulted in reduced postischemic reperfusion injury (Jordan, J.E., et al., Circulation 104:1413-18, 2001). MBL antibodies also reduced complement deposition on endothelial cells *in vitro* after oxidative stress indicating a role for the lectin pathway in myocardial I/R injury (Collard, C.D., et al., Am. J. Pathol. 156:1549-56, 2000). There is also evidence that I/R injury in some organs may be mediated by a specific category of IgM, termed natural antibodies, and activation of the classical pathway (Fleming, S.D., et al., J. Immunol. 169:2126-33, 2002; Reid, R.R., et al., J. Immunol. 169:5433-40, 2002).

[0079] Several inhibitors of complement activation have been developed as potential therapeutic agents to prevent morbidity and mortality resulting from myocardial I/R complications. Two of these inhibitors, sCR1 (TP10) and humanized anti-C5 scFv (Pexelizumab), have completed Phase II clinical trials. Pexelizumab has additionally completed a Phase III clinical trial. Although TP10 was well tolerated and beneficial to patients in early Phase I/II trials, results from a Phase II trial ending in February 2002 failed to meet its primary endpoint. However, sub-group analysis of the data from male patients in a high-risk population undergoing open-heart procedures demonstrated significantly decreased mortality and infarct size. Administration of a humanized anti-C5 scFv decreased overall patient mortality associated with acute myocardial infarction in the COMA and COMPLY Phase II trials, but failed to meet the primary endpoint (Mahaffey, K.W., et al., Circulation 108:1176-83, 2003). Results from a recent Phase III anti-C5 scFv clinical trial (PRIMO-CABG) for improving surgically induced outcomes following coronary artery bypass were recently released. Although the primary endpoint for this study was not reached, the study demonstrated an overall reduction in postoperative patient morbidity and mortality.

[0080] Dr. Walsh and colleagues have demonstrated that mice lacking MBL, and hence devoid of MBL-dependent lectin pathway activation but with fully-active classical complement pathways, are protected from cardiac reperfusion injury with resultant preservation of cardiac function (Walsh et al., J. Immunol. 175:541-46, 2005). Significantly, mice that lack C1q, the recognition component of the classical complement pathway, but that have intact MBL complement pathway, are not protected from injury. These results indicate that the lectin pathway has a major role in the pathogenesis of myocardial reperfusion ischemic injury.

[0081] Complement activation is known to play an important role in tissue injury associated with gastrointestinal ischemia-reperfusion (I/R). Using a murine model of GI/R, a recent study by Hart and colleagues reports that mice genetically deficient in MBL are protected from gut injury after gastrointestinal I/R (Hart et al., J. Immunol. 174:6373-80, 2005). Addition of recombinant MBL to MBL-deficient mice significantly increased injury compared to untreated MBL-deficient mice after gastrointestinal I/R. In contrast, mice that genetically lack C1q, the classical pathway recognition component, are not protected from tissue injury after gastrointestinal I/R.

[0082] Kidney I/R is an important cause of acute renal failure. The complement system appears to be essentially involved in renal I/R injury. In a recent study, de Vries and colleagues report that the lectin pathway is activated in the course of experimental as well as clinical renal I/R injury (de Vries et al., Am. J. Path. 165:1677-88, 2004). Moreover, the lectin pathway precedes and co-localizes with complement C3, C6, and C9 deposition in the course of renal I/R. These results indicate that the lectin pathway of complement activation is involved in renal I/R injury.

[0083] One aspect of the invention is concerned with the treatment of ischemia reperfusion injuries by treating a subject experiencing ischemic reperfusion with a therapeutically effective amount of a MASP-2 inhibitory agent in a pharmaceutical carrier. The MASP-2 inhibitory agent may be administered to the subject by intra-arterial, intravenous, intracranial, intramuscular, subcutaneous, or other parenteral administration, and potentially orally for non-peptidergic inhibitors, and most suitably by intra-arterial or intravenous administration. Administration of the MASP-2 inhibitory compositions of the present invention suitably commences immediately after or as soon as possible after an ischemia reperfusion event. In instances where reperfusion occurs in a controlled environment (e.g., following an aortic aneurism repair, organ transplant or reattachment of severed or traumatized limbs or digits), the MASP-2 inhibitory agent may be administered prior to and/or during and/or after reperfusion. Administration may be repeated periodically as determined by a physician for optimal therapeutic effect.

ATHEROSCLEROSIS

[0084] There is considerable evidence that complement activation is involved in atherogenesis in humans. A number of studies have convincingly shown that, although no significant complement activation takes place in normal arteries, complement is extensively activated in atherosclerotic lesions and is especially strong in vulnerable and ruptured plaques. Components of the terminal complement pathway are frequently found in human atheromas (Niculescu, F., et al., *Mol. Immunol.* 36:949-55.10-12, 1999; Rus, H.G., et al., *Immunol. Lett.* 20:305-310, 1989; Torzewski, M., et al., *Arterioscler. Thromb. Vasc. Biol.* 18:369-378, 1998). C3 and C4 deposition in arterial lesions has also been demonstrated (Hansson, G.K., et al., *Acta Pathol. Microbiol. Immunol. Scand. (A)* 92:429-35, 1984). The extent of C5b-9 deposition was found to correlate with the severity of the lesion (Vlaicu, R., et al., *Atherosclerosis* 57:163-77, 1985). Deposition of complement iC3b, but not C5b-9, was especially strong in ruptured and vulnerable plaques, suggesting that complement activation may be a factor in acute coronary syndromes (Taskinen S., et al., *Biochem. J.* 367:403-12, 2002). In experimental atheroma in rabbits, complement activation was found to precede the development of lesions (Seifer, P.S., et al., *Lab Invest.* 60:747-54, 1989).

[0085] In atherosclerotic lesions, complement is activated via the classic and alternative pathways, but there is little evidence, as yet, of complement activation via the lectin pathway. Several components of the arterial wall may trigger complement activation. The classical pathway of complement may be activated by C-reactive protein (CRP) bound to enzymatically degraded LDL (Bhakdi, S., et al., *Arterioscler. Thromb. Vasc. Biol.* 19:2348-54, 1999). Consistent with this view is the finding that the terminal complement proteins colocalize with CRP in the intima of early human lesions (Torzewski, J., et al., *Arterioscler. Thromb. Vasc. Biol.* 18:1386-92, 1998). Likewise, immunoglobulin M or IgG antibodies specific for oxidized LDL within lesions may activate the classical pathway (Witztum, J.L., *Lancet* 344:793-95, 1994). Lipids isolated from human atherosclerotic lesions have a high content of unesterified cholesterol and are able to activate the alternative pathway (Seifert P.S., et al., *J. Exp. Med.* 172:547-57, 1990). *Chlamydia pneumoniae*, a Gram-negative bacteria frequently associated with atherosclerotic lesions, may also activate the alternative pathway of complement (Campbell L.A., et al., *J. Infect. Dis.* 172:585-8, 1995). Other potential complement activators present in atherosclerotic lesions include cholesterol crystals and cell debris, both of which can activate the alternative pathway (Seifert, P.S., et al., *Mol. Immunol.* 24:1303-08, 1987).

[0086] Byproducts of complement activation are known to have many biological properties that could influence the development of atherosclerotic lesions. Local complement activation may induce cell lysis and generate at least some of the cell debris found in the necrotic core of advanced lesions (Niculescu, F. et al., *Mol. Immunol.* 36:949-55.10-12, 1999). Sublytic complement activation could be a significant factor contributing to smooth muscle cell proliferation and to monocyte infiltration into the arterial intima during atherogenesis (Torzewski J., et al., *Arterioscler. Thromb. Vasc. Biol.* 18:673-77, 1996). Persistent activation of complement may be detrimental because it may trigger and sustain inflammation. In addition to the infiltration of complement components from blood plasma, arterial cells express messenger RNA for complement proteins and the expression of various complement components is upregulated in atherosclerotic lesions (Yasojima, K., et al., *Arterioscler. Thromb. Vasc. Biol.* 21:1214-19, 2001).

[0087] A limited number of studies on the influence of complement protein deficiencies on atherogenesis have been reported. The results in experimental animal models have been conflicting. In the rat, the formation of atherosclerotic-like lesions induced by toxic doses of vitamin D was diminished in complement-depleted animals (Geertinger P., et al., *Acta. Pathol. Microbiol. Scand. (A)* 78:284-88, 1970). Furthermore, in cholesterol-fed rabbits, complement inhibition either by genetic C6 deficiency (Geertinger, P., et al., *Artery* 1:177-84, 1977 ; Schmiedt, W., et al., *Arterioscl. Thromb. Vasc. Biol.* 18:1790-1795, 1998) or by anticomplement agent K-76 COONa (Saito, E., et al., *J. Drug Dev.* 3:147-54, 1990) suppressed the development of atherosclerosis without affecting the serum cholesterol levels. In contrast, a recent study reported that C5 deficiency does not reduce the development of atherosclerotic lesions in apolipoprotein E (ApoE) deficient mice (Patel, S., et al., *Biochem. Biophys. Res. Commun.* 286:164-70, 2001). However, in another study the development of atherosclerotic lesions in LDLR-deficient (ldl⁻) mice with or without C3 deficiency was evaluated (Buono, C., et al., *Circulation* 105:3025-31, 2002). They found that the maturation of atheromas to

atherosclerotic-like lesions depends in part of the presence of an intact complement system.

[0088] There is described the treatment or prevention of atherosclerosis by treating a subject suffering from or prone to atherosclerosis with a therapeutically effective amount of a MASP-2 inhibitory agent in a pharmaceutical carrier. The MASP-2 inhibitory agent may be administered to the subject by intra-arterial, intravenous, intrathecal, intracranial, intramuscular, subcutaneous or other parenteral administration, and potentially orally for non-peptidergic inhibitors. Administration of the MASP-2 inhibitory composition may commence after diagnosis of atherosclerosis in a subject or prophylactically in a subject at high risk of developing such a condition. Administration may be repeated periodically as determined by a physician for optimal therapeutic effect.

OTHER VASCULAR DISEASES AND CONDITIONS

[0089] The endothelium is largely exposed to the immune system and is particularly vulnerable to complement proteins that are present in plasma. Complement-mediated vascular injury has been shown to contribute to the pathophysiology of several diseases of the cardiovascular system, including atherosclerosis (Seifert, P.S., et al., *Atherosclerosis* 73:91-104, 1988), ischemia-reperfusion injury (Weisman, H.F., *Science* 249:146-51, 1990) and myocardial infarction (Tada, T., et al., *Virchows Arch* 430:327-332, 1997). Evidence suggests that complement activation may extend to other vascular conditions.

[0090] For example, there is evidence that complement activation contributes to the pathogenesis of many forms of vasculitis, including: Henoch-Schonlein purpura nephritis, systemic lupus erythematosus-associated vasculitis, vasculitis associated with rheumatoid arthritis (also called malignant rheumatoid arthritis), immune complex vasculitis, and Takayasu's disease. Henoch-Schonlein purpura nephritis is a form of systemic vasculitis of the small vessels with immune pathogenesis, in which activation of complement through the lectin pathway leading to C5b-9-induced endothelial damage is recognized as an important mechanism (Kawana, S., et al., *Arch. Dermatol. Res.* 282:183-7, 1990; Endo, M., et al., *Am J. Kidney Dis.* 35:401-7, 2000). Systemic lupus erythematosus (SLE) is an example of systemic autoimmune diseases that affects multiple organs, including skin, kidneys, joints, serosal surfaces, and central nervous system, and is frequently associated with severe vasculitis. IgG anti-endothelial antibodies and IgG complexes capable of binding to endothelial cells are present in the sera of patients with active SLE, and deposits of IgG immune complexes and complement are found in blood vessel walls of patients with SLE vasculitis (Cines, D.B., et al., *J. Clin. Invest.* 73:611-25, 1984). Rheumatoid arthritis associated with vasculitis, also called malignant rheumatoid arthritis (Tomooka, K., *Fukuoka Igaku Zasshi* 80:456-66, 1989), immune-complex vasculitis, vasculitis associated with hepatitis A, leukocytoclastic vasculitis, and the arteritis known as Takayasu's disease, form another pleomorphic group of human diseases in which complement-dependent cytotoxicity against endothelial and other cell types plays a documented role (Tripathy, N.K., et al., *J. Rheumatol.* 28:805-8, 2001).

[0091] Evidence also suggests that complement activation plays a role in dilated cardiomyopathy. Dilated cardiomyopathy is a syndrome characterized by cardiac enlargement and impaired systolic function of the heart. Recent data suggests that ongoing inflammation in the myocardium may contribute to the development of disease. C5b-9, the terminal membrane attack complex of complement, is known to significantly correlate with immunoglobulin deposition and myocardial expression of TNF-alpha. In myocardial biopsies from 28 patients with dilated cardiomyopathy, myocardial accumulation of C5b-9 was demonstrated, suggesting that chronic immunoglobulin-mediated complement activation in the myocardium may contribute in part to the progression of dilated cardiomyopathy (Zwaka, T.P., et al., *Am. J. Pathol.* 161(2):449-57, 2002).

[0092] There is described the treatment of a vascular condition, including cardiovascular conditions, cerebrovascular conditions, peripheral (e.g., musculoskeletal) vascular conditions, renovascular conditions, and mesenteric/enteric vascular conditions, by administering a composition comprising a therapeutically effective amount of a MASP-2 inhibitory agent in a pharmaceutical carrier. Conditions for which the invention is believed to be suited include, without limitation: vasculitis, including Henoch-Schonlein purpura nephritis, systemic lupus erythematosus-associated vasculitis, vasculitis associated with rheumatoid arthritis (also called malignant rheumatoid arthritis), immune complex vasculitis, and Takayasu's disease; dilated cardiomyopathy; diabetic angiopathy; Kawasaki's disease (arteritis); and venous gas embolus (VGE). Also, given that complement activation occurs as a result of luminal trauma and the foreign-body inflammatory response associated with cardiovascular interventional procedures, it is believed that the MASP-2 inhibitory compositions of the present invention may also be used in the inhibition of restenosis following stent placement, rotational atherectomy and/or percutaneous transluminal coronary angioplasty (PTCA), either alone or in combination with other restenosis inhibitory agents such as are disclosed in U.S. Patent No. 6,492,332 to Demopolos.

[0093] The MASP-2 inhibitory agent may be administered to the subject by intra-arterial, intravenous, intramuscular, intrathecal, intracranial, subcutaneous or other parenteral administration, and potentially orally for non-peptidergic inhibitors. Administration

may be repeated periodically as determined by a physician for optimal therapeutic effect. For the inhibition of restenosis, the MASP-2 inhibitory composition may be administered before and/or during and/or after the placement of a stent or the atherectomy or angioplasty procedure. Alternately, the MASP-2 inhibitory composition may be coated on or incorporated into the stent.

GASTROINTESTINAL DISORDERS

[0094] Ulcerative colitis and Crohn's disease are chronic inflammatory disorders of the bowel that fall under the banner of inflammatory bowel disease (IBD). IBD is characterized by spontaneously occurring, chronic, relapsing inflammation of unknown origin. Despite extensive research into the disease in both humans and experimental animals, the precise mechanisms of pathology remain to be elucidated. However, the complement system is believed to be activated in patients with IBD and is thought to play a role in disease pathogenesis (Kolios, G., et al., *Hepato-Gastroenterology* 45:1601-9, 1998; Elmgreen, J., *Dan. Med. Bull.* 33:222, 1986).

[0095] It has been shown that C3b and other activated complement products are found at the luminal face of surface epithelial cells, as well as in the muscularis mucosa and submucosal blood vessels in IBD patients (Halstensen, T.S., et al., *Immunol. Res.* 10:485-92, 1991; Halstensen, T.S., et al., *Gastroenterology* 98:1264, 1990). Furthermore, polymorphonuclear cell infiltration, usually a result of C5a generation, characteristically is seen in the inflammatory bowel (Kohl, J., *Mol. Immunol.* 38:175, 2001). The multifunctional complement inhibitor K-76, has also been reported to produce symptomatic improvement of ulcerative colitis in a small clinical study (Kitano, A., et al., *Dis. Colon Rectum* 35:560, 1992), as well as in a model of carrageenan-induced colitis in rabbits (Kitano, A., et al., *Clin. Exp. Immunol.* 94:348-53, 1993).

[0096] A novel human C5a receptor antagonist has been shown to protect against disease pathology in a rat model of IBD (Woodruff, T.M., et al., *J. Immunol.* 171:5514-20, 2003). Mice that were genetically deficient in decay-accelerating factor (DAF), a membrane complement regulatory protein, were used in a model of IBD to demonstrate that DAF deficiency resulted in markedly greater tissue damage and increased proinflammatory cytokine production (Lin, F., et al., *J. Immunol.* 172:3836-41, 2004). Therefore, control of complement is important in regulating gut homeostasis and may be a major pathogenic mechanism involved in the development of IBD.

[0097] There is described methods for inhibiting MASP-2-dependent complement activation in subjects suffering from inflammatory gastrointestinal disorders, including but not limited to pancreatitis, diverticulitis and bowel disorders including Crohn's disease, ulcerative colitis, and irritable bowel syndrome, by administering a composition comprising a therapeutically effect amount of a MASP-2 inhibitory agent in a pharmaceutical carrier to a patient suffering from such a disorder. The MASP-2 inhibitory agent may be administered to the subject by intra-arterial, intravenous, intramuscular, subcutaneous, intrathecal, intracranial or other parenteral administration, and potentially orally for non-peptidergic inhibitors. Administration may suitably be repeated periodically as determined by a physician to control symptoms of the disorder being treated.

PULMONARY CONDITIONS

[0098] Complement has been implicated in the pathogenesis of many lung inflammatory disorders, including: acute respiratory distress syndrome (ARDS) (Ware, I., et al., *N. Engl. J. Med.* 342:1334-49, 2000); transfusion-related acute lung injury (TRALI) (Seeger, W., et al., *Blood* 76:1438-44, 1990); ischemia/reperfusion acute lung injury (Xiao, F., et al., *J. Appl. Physiol.* 82:1459-65, 1997); chronic obstructive pulmonary disease (COPD) (Marc, M.M., et al., *Am. J. Respir. Cell Mol. Biol.* (Epub ahead of print), March 23, 2004); asthma (Krug, N., et al., *Am. J. Respir. Crit. Care Med.* 164:1841-43, 2001); Wegener's granulomatosis (Kalluri, R., et al., *J. Am. Soc. Nephrol.* 8:1795-800, 1997); and antglomerular basement membrane disease (Goodpasture's disease) (Kondo, C., et al., *Clin. Exp. Immunol.* 124:323-9, 2001).

[0099] It is now well accepted that much of the pathophysiology of ARDS involves a dysregulated inflammatory cascade that begins as a normal response to an infection or other inciting event, but ultimately causes significant autoinjury to the host (Stanley, T.P., *Emerging Therapeutic Targets* 2:1-16, 1998). Patients with ARDS almost universally show evidence of extensive complement activation (increased plasma levels of complement components C3a and C5a), and the degree of complement activation has been correlated with the development and outcome of ARDS (Hammerschmidt, D.F., et al., *Lancet* 1:947-49, 1980; Solomkin, J.S., et al., *J. Surgery* 97:668-78, 1985).

[0100] Various experimental and clinical data suggest a role for complement activation in the pathophysiology of ARDS. In animal

models, systemic activation of complement leads to acute lung injury with histopathology similar to that seen in human ARDS (Till, G.O., et al., Am. J. Pathol. 129:44-53, 1987; Ward, P.A., Am. J. Pathol. 149:1081-86, 1996). Inhibiting the complement cascade by general complement depletion or by specific inhibition of C5a confers protection in animal models of acute lung injury (Mulligan, M.S., et al., J. Clin. Invest. 98:503-512, 1996). In rat models, sCR1 has a protective effect in complement- and neutrophil-mediated lung injury (Mulligan, M.S., Yeh, et al., J. Immunol. 148:1479-85, 1992). In addition, virtually all complement components can be produced locally in the lung by type II alveolar cells, alveolar macrophages and lung fibroblasts (Hetland, G., et al., Scand. J. Immunol. 24:603-8, 1986; Rothman, B.I., et al., J. Immunol. 145:592-98, 1990). Thus the complement cascade is well positioned to contribute significantly to lung inflammation and, consequently, to lung injury in ARDS.

[0101] Asthma is, in essence, an inflammatory disease. The cardinal features of allergic asthma include airway hyperresponsiveness to a variety of specific and nonspecific stimuli, excessive airway mucus production, pulmonary eosinophilia, and elevated concentration of serum IgE. Although asthma is multifactorial in origin, it is generally accepted that it arises as a result of inappropriate immunological responses to common environmental antigens in genetically susceptible individuals. The fact that the complement system is highly activated in the human asthmatic lung is well documented (Humbles, A.A., et al., Nature 406:998-01, 2002; van de Graf, E.A., et al., J. Immunol. Methods 147:241-50, 1992). Furthermore, recent data from animal models and humans provide evidence that complement activation is an important mechanism contributing to disease pathogenesis (Karp, C.L., et al., Nat. Immunol. 1:221-26, 2000; Bautsch, W., et al., J. Immunol. 165:5401-5, 2000; Drouin, S.M., et al., J. Immunol. 169:5926-33, 2002; Walters, D.M., et al., Am. J. Respir. Cell Mol. Biol. 27:413-18, 2002). A role for the lectin pathway in asthma is supported by studies using a murine model of chronic fungal asthma. Mice with a genetic deficiency in mannan-binding lectin develop an altered airway hyperresponsiveness compared to normal animals in this asthma model (Hogaboam, C.M., et al., J. Leukoc. Biol. 75:805-14, 2004).

[0102] Complement may be activated in asthma via several pathways, including: (a) activation through the classical pathway as a result of allergen-antibody complex formation; (b) alternative pathway activation on allergen surfaces; (c) activation of the lectin pathway through engagement of carbohydrate structures on allergens; and (d) cleavage of C3 and C5 by proteases released from inflammatory cells. Although much remains to be learned about the complex role played by complement in asthma, identification of the complement activation pathways involved in the development of allergic asthma may provide a focus for development of novel therapeutic strategies for this increasingly important disease.

[0103] A number of studies using animal models have demonstrated a critical role for C3 and its cleavage product, C3a, in the development of the allergic phenotype. Drouin and colleagues used C3-deficient mice in the ovalbumin (OVA)/*Aspergillus fumigatus* asthma model (Drouin et al., J. Immunol. 167:4141-45, 2001). They found that, when challenged with allergen, mice deficient in C3 exhibit strikingly diminished AHR and lung eosinophilia compared to matched wild type control mice. Furthermore, these C3-deficient mice had dramatically reduced numbers of IL-4 producing cells and attenuated Ag-specific IgE and IgG1 responses. Taube and colleagues obtained similar results in the OVA model of asthma by blocking complement activation at the level of C3 and C4 using a soluble recombinant form of the mouse complement receptor Crry (Taube et al., Am. J. Respir. Crit. Care Med. 168:1333-41, 2003). Humbles and colleagues deleted the C3aR in mice to examine the role of C3a in eosinophil function (Humbles et al., Nature 406:998-1001, 2000). Using the OVA model of asthma, they observed near complete protection from the development of AHR to aerosolized methacholine. Drouin and colleagues (2002) have used C3aR-deficient mice in the OVA/*A. fumigatus* asthma model and demonstrated an attenuated allergic response very similar to C3-deficient animals with diminished AHR, eosinophil recruitment, TH2 cytokine production, and mucus secretion in the lung, as well as reduced Ag-specific IgE and IgG1 responses (Drouin et al., J. Immunol. 169:5926-33, 2002). Bautsch and colleagues performed investigations using a strain of guinea pigs that have a natural deletion of C3aR (Bautsch et al., J. Immunol. 165:5401-05, 2000). Using an OVA model of allergic asthma, they observed significant protection from airway bronchoconstriction following antigen challenge.

[0104] A number of recent studies using animal models have demonstrated a critical role for C5 and its cleavage product C5a, in the development of the allergic phenotype. Abe and colleagues have reported evidence that links C5aR activation to airway inflammation, cytokine production and airway responsiveness (Abe et al., J. Immunol. 167:4651-60, 2001). In their studies, inhibition of complement activation by soluble CR1, futhan (an inhibitor of complement activation) or synthetic hexapeptide C5a antagonist blocked the inflammatory response and airway responsiveness to methacholine. In studies using a blocking anti-C5 monoclonal antibody Peng and colleagues found that C5 activation contributed substantially to both airway inflammation and AHR in the OVA model of asthma (Peng et al., J. Clin. Invest. 115:1590-1600, 2005). Also, Baelder and colleagues reported that blockade of the C5aR substantially reduced AHR in the *A. fumigatus* model of asthma (Baelder et al., J. Immunol. 174:783-89, 2005). Furthermore, blockade of both the C3aR and the C5aR significantly reduced airway inflammation as demonstrated by reduced numbers of neutrophils and eosinophils in BAL.

[0105] Although the previously listed studies highlight the importance of complement factors C3 and C5 and their cleavage products in the pathogenesis of experimental allergic asthma, these studies provide no information about the contribution of each

of the three complement activation pathways since C3 and C5 are common to all three activation pathways. However, a recent study by Hogaboam and colleagues indicates that the lectin pathway may have a major role in the pathogenesis of asthma (Hogaboam et al., J. Leukocyte Biol. 75:805-814, 2004). These studies used mice genetically deficient in mannan-binding lectin-A (MBL-A), a carbohydrate binding protein that functions as the recognition component for activation of the lectin complement pathway. In a model of chronic fungal asthma, MBL-A(+/+) and MBL-A(-/-) *A. fumigatus*-sensitized mice were examined at days 4 and 28 after an *i.t.* challenge with *A. fumigatus* conidia. AHR in sensitized MBL-A(-/-) mice was significantly attenuated at both times after conidia challenge compared with the sensitized MBL-A(+/+) group. They found that lung TH2 cytokine levels (IL-4, IL-5 and IL-13) were significantly lower in *A. fumigatus*-sensitized MBL-A(-/-) mice compared to the wild-type group at day 4 after conidia. Their results indicate that MBL-A and the lectin pathway have a major role in the development and maintenance of AHR during chronic fungal asthma.

[0106] Results from a recent clinical study in which the association between a specific MBL polymorphism and development of asthma provides further evidence that the lectin pathway may play an important pathological role in this disease (Kaur et al., Clin. Experimental Immunol. 143:414-19, 2006). Plasma concentrations of MBL vary widely between individuals, and this is primarily attributable to the genetic polymorphisms within the MBL gene. They found that individuals who carry at least one copy of a specific MBL polymorphism that up regulates MBL expression two- to four-fold have an almost five-fold increased risk of developing bronchial asthma. There was also an increased severity of disease markers in bronchial asthma patients who carry this MBL polymorphism.

[0107] There is described a method for treating pulmonary disorders, by administering a composition comprising a therapeutically effective amount of a MASP-2 inhibitory agent in a pharmaceutical carrier to a subject suffering from pulmonary disorders, including without limitation, acute respiratory distress syndrome, transfusion-related acute lung injury, ischemia/reperfusion acute lung injury, chronic obstructive pulmonary disease, asthma, Wegener's granulomatosis, antglomerular basement membrane disease (Goodpasture's disease), meconium aspiration syndrome, bronchiolitis obliterans syndrome, idiopathic pulmonary fibrosis, acute lung injury secondary to burn, non-cardiogenic pulmonary edema, transfusion-related respiratory depression, and emphysema. The MASP-2 inhibitory agent may be administered to the subject systemically, such as by intra-arterial, intravenous, intramuscular, inhalational, nasal, subcutaneous or other parenteral administration, or potentially by oral administration for non-peptidergic agents. The MASP-2 inhibitory agent composition may be combined with one or more additional therapeutic agents, including anti-inflammatory agents, antihistamines, corticosteroids or antimicrobial agents. Administration may be repeated as determined by a physician until the condition has been resolved.

EXTRACORPOREAL CIRCULATION

[0108] There are numerous medical procedures during which blood is diverted from a patient's circulatory system (extracorporeal circulation systems or ECC). Such procedures include hemodialysis, plasmapheresis, leukopheresis, extracorporeal membrane oxygenator (ECMO), heparin-induced extracorporeal membrane oxygenation LDL precipitation (HELP) and cardiopulmonary bypass (CPB). These procedures expose blood or blood products to foreign surfaces that may alter normal cellular function and hemostasis. In pioneering studies Craddock et al. identified complement activation as the probable cause of granulocytopenia during hemodialysis (Craddock, P.R., et al., N. Engl. J. Med. 296:769-74, 1977). The results of numerous studies between 1977 and the present time indicate that many of the adverse events experienced by patients undergoing hemodialysis or CPB are caused by activation of the complement system (Chenoweth, D.E., Ann. N.Y. Acad. Sci. 516:306-313, 1987; Hugli, T.E., Complement 3:111-127, 1986; Cheung, A.K., J. Am. Soc. Nephrol. 1:150-161, 1990; Johnson, R.J., Nephrol. Dial. Transplant 9:36-45 1994). For example, the complement activating potential has been shown to be an important criterion in determination of the biocompatibility of hemodialyzers with respect to recovery of renal function, susceptibility to infection, pulmonary dysfunction, morbidity, and survival rate of patients with renal failure (Hakim, R.M., Kidney Int. 44:484-4946, 1993).

[0109] It has been largely believed that complement activation by hemodialysis membranes occurs by alternative pathway mechanisms due to weak C4a generation (Kirklin, J.K., et al., J. Thorac. Cardiovasc. Surg. 86:845-57, 1983; Vallhonrat, H., et al., ASAIO J. 45:113-4, 1999), but recent work suggests that the classical pathway may also be involved (Wachtfogel, Y.T., et al., Blood 73:468-471, 1989). However, there is still inadequate understanding of the factors initiating and controlling complement activation on artificial surfaces including biomedical polymers. For example, Cuprophane membrane used in hemodialysis has been classified as a very potent complement activator. While not wishing to be limited by theory, the inventors theorize that this could perhaps be explained in part by its polysaccharide nature. The MASP-2-dependent complement activation system identified in this patent provides a mechanism whereby activation of the lectin pathway triggers alternative pathway activation.

[0110] Patients undergoing ECC during CPB suffer a systemic inflammatory reaction, which is partly caused by exposure of

blood to the artificial surfaces of the extracorporeal circuit, but also by surface-independent factors like surgical trauma and ischemia-reperfusion injury (Butler, J., et al., *Ann. Thorac. Surg.* 55:552-9, 1993; Edmunds, L.H., *Ann. Thorac. Surg.* 66(Suppl):S12-6, 1998; Asimakopoulos, G., *Perfusion* 14:269-77, 1999). The CPB-triggered inflammatory reaction can result in postsurgical complications, generally termed "postperfusion syndrome." Among these postoperative events are cognitive deficits (Fitch, J., et al., *Circulation* 100(25):2499-2506, 1999), respiratory failure, bleeding disorders, renal dysfunction and, in the most severe cases, multiple organ failure (Wan, S., et al., *Chest* 112:676-692, 1997). Coronary bypass surgery with CPB leads to profound activation of complement, in contrast to surgery without CPB but with a comparable degree of surgical trauma (E. Fosse, 1987). Therefore, the primary suspected cause of these CPB-related problems is inappropriate activation of complement during the bypass procedure (Chenoweth, K., et al., *N. Engl. J. Med.* 304:497-503, 1981; P. Haslam, et al., *Anaesthesia* 25:22-26, 1980; J.K. Kirklin, et al., *J. Thorac. Cardiovasc. Surg.* 86:845-857, 1983; Moore, F.D., et al., *Ann. Surg.* 208:95-103, 1988; J. Steinberg, et al., *J. Thorac. Cardiovasc. Surg.* 106:1901-1918, 1993). In CPB circuits, the alternative complement pathway plays a predominant role in complement activation, resulting from the interaction of blood with the artificial surfaces of the CPB circuits (Kirklin, J.K., et al., *J. Thorac. Cardiovasc. Surg.*, 86:845-57, 1983; Kirklin, J.K., et al., *Ann. Thorac. Surg.* 41:193-199, 1986; Vallhonrat H., et al., *ASAIO J.* 45:113-4, 1999). However, there is also evidence that the classical complement pathway is activated during CPB (Wachtfogel, Y.T., et al., *Blood* 73:468-471, 1989).

[0111] Primary inflammatory substances are generated after activation of the complement system, including anaphylatoxins C3a and C5a, the opsonin C3b, and the membrane attack complex C5b-9. C3a and C5a are potent stimulators of neutrophils, monocytes, and platelets (Haeffner-Cavaillon, N., et al., *J. Immunol.* 139:794-9, 1987; Fletcher, M.P., et al., *Am. J. Physiol.* 265:H1750-61, 1993; Rinder, C.S., et al., *J. Clin. Invest.* 96:1564-72, 1995; Rinder, C.S., et al., *Circulation* 100:553-8, 1999). Activation of these cells results in release of proinflammatory cytokines (IL-1, IL-6, IL-8, TNF alpha), oxidative free radicals and proteases (Schindler, R., et al., *Blood* 76:1631-8, 1990; Cruickshank, A.M., et al., *Clin. Sci. (Lond)* 79:161-5, 1990; Kawamura, T., et al., *Can. J. Anaesth.* 40:1016-21, 1993; Steinberg, J.B., et al., *J. Thorac. Cardiovasc. Surg.* 106:1008-1, 1993; Finn, A., et al., *J. Thorac. Cardiovasc. Surg.* 105:234-41, 1993; Ashraf, S.S., et al., *J. Cardiothorac. Vasc. Anesth.* 11:718-22, 1997). C5a has been shown to upregulate adhesion molecules CD11b and CD18 of Mac-1 in polymorphonuclear cells (PMNs) and to induce degranulation of PMNs to release proinflammatory enzymes. Rinder, C., et al., *Cardiovasc. Pharmacol.* 27(Suppl 1):S6-12, 1996; Evangelista, V., et al., *Blood* 93:876-85, 1999; Kinkade, J.M., Jr., et al., *Biochem. Biophys. Res. Commun.* 114:296-303, 1983; Lamb, N.J., et al., *Crit. Care Med.* 27:1738-44, 1999; Fujie, K., et al., *Eur. J. Pharmacol.* 374:117-25, 1999. C5b-9 induces the expression of adhesion molecule P-selectin (CD62P) on platelets (Rinder, C.S., et al., *J. Thorac. Cardiovasc. Surg.* 118:460-6, 1999), whereas both C5a and C5b-9 induce surface expression of P-selectin on endothelial cells (Foreman, K.E., et al., *J. Clin. Invest.* 94:1147-55, 1994). These adhesion molecules are involved in the interaction among leukocytes, platelets and endothelial cells. The expression of adhesion molecules on activated endothelial cells is responsible for sequestration of activated leukocytes, which then mediate tissue inflammation and injury (Evangelista, V., *Blood* 1999; Foreman, K.E., *J. Clin. Invest.* 1994; Lentsch, A.B., et al., *J. Pathol.* 190:343-8, 2000). It is the actions of these complement activation products on neutrophils, monocytes, platelets and other circulatory cells that likely lead to the various problems that arise after CPB.

[0112] Several complement inhibitors are being studied for potential applications in CPB. They include a recombinant soluble complement receptor 1 (sCR1) (Chai, P.J., et al., *Circulation* 101:541-6, 2000), a humanized single chain anti-C5 antibody (h5G1.1-scFv or Pexelizumab) (Fitch, J.C.K., et al., *Circulation* 100:3499-506, 1999), a recombinant fusion hybrid (CAB-2) of human membrane cofactor protein and human decay accelerating factor (Rinder, C.S., et al., *Circulation* 100:553-8, 1999), a 13-residue C3-binding cyclic peptide (Compstatin) (Nilsson, B., et al., *Blood* 92:1661-7, 1998) and an anti-factor D MoAb (Fung, M., et al., *J. Thoracic Cardiovasc. Surg.* 122:113-22, 2001). SCR1 and CAB-2 inhibit the classical and alternative complement pathways at the steps of C3 and C5 activation. Compstatin inhibits both complement pathways at the step of C3 activation, whereas h5G1.1-scFv does so only at the step of C5 activation. Anti-factor D MoAb inhibits the alternative pathway at the steps of C3 and C5 activation. However, none of these complement inhibitors would specifically inhibit the MASP-2-dependent complement activation system identified in this patent.

[0113] Results from a large prospective phase 3 clinical study to investigate the efficacy and safety of the humanized single chain anti-C5 antibody (h5G1.1-scFv, pexelizumab) in reducing perioperative MI and mortality in coronary artery bypass graft (CABG) surgery has been reported (Verrier, E.D., et al., *JAMA* 291:2319-27, 2004). Compared with placebo, pexelizumab was not associated with a significant reduction in the risk of the composite end point of death or MI in 2746 patients who had undergone CABG surgery. However, there was a statistically significant reduction 30 days after the procedure among all 3099 patients undergoing CABG surgery with or without valve surgery. Since pexelizumab inhibits at the step of C5 activation, it inhibits C5a and sC5b-9 generation but has no effect on generation of the other two potent complement inflammatory substances, C3a and opsonic C3b, which are also known to contribute to the CPB-triggered inflammatory reaction.

[0114] There is described the prevention or treatment of extracorporeal exposure-triggered inflammatory reaction by treating a subject undergoing an extracorporeal circulation procedure with a composition comprising a therapeutically effective amount of a

MASP-2 inhibitory agent in a pharmaceutical carrier, including patients undergoing hemodialysis, plasmapheresis, leukopheresis, extracorporeal membrane oxygenation (ECMO), heparin-induced extracorporeal membrane oxygenation LDL precipitation (HELP) and cardiopulmonary bypass (CPB). MASP-2 inhibitory agent treatment in accordance with the methods of the present invention is believed to be useful in reducing or preventing the cognitive dysfunction that sometimes results from CPB procedures. The MASP-2 inhibitory agent may be administered to the subject preprocedurally and/or intra-procedurally and/or postprocedurally, such as by intra-arterial, intravenous, intramuscular, subcutaneous or other parenteral administration. Alternately, the MASP-2 inhibitory agent may be introduced to the subject's bloodstream during extracorporeal circulation, such as by injecting the MASP-2 inhibitory agent into tubing or a membrane through or past which the blood is circulated or by contacting the blood with a surface that has been coated with the MASP-2 inhibitory agent such as an interior wall of the tubing, membrane or other surface such as a CPB device.

INFLAMMATORY AND NON-INFLAMMATORY ARTHRITIDES AND OTHER MUSCULOSKELETAL DISEASES

[0115] Activation of the complement system has been implicated in the pathogenesis of a wide variety of rheumatological diseases; including rheumatoid arthritis (Linton, S.M., et al., *Molec. Immunol.* 36:905-14, 1999), juvenile rheumatoid arthritis (Mollnes, T.E., et al., *Arthritis Rheum.* 29:1359-64, 1986), osteoarthritis (Kemp, P.A., et al., *J. Clin. Lab. Immunol.* 37:147-62, 1992), systemic lupus erythematosus (SLE) (Molina, H., *Current Opinion in Rheumatol.* 14:492-497, 2002), Behcet's syndrome (Rumfeld, W.R., et al., *Br. J. Rheumatol.* 25:266-70, 1986) and Sjogren's syndrome (Sanders, M.E., et al., *J. Immunol.* 138:2095-9, 1987).

[0116] There is compelling evidence that immune-complex-triggered complement activation is a major pathological mechanism that contributes to tissue damage in rheumatoid arthritis (RA). There are numerous publications documenting that complement activation products are elevated in the plasma of RA patients (Morgan, B.P., et al., *Clin. Exp. Immunol.* 73:473-478, 1988; Auda, G., et al., *Rheumatol. Int.* 10:185-189, 1990; Rumfeld, W.R., et al., *Br. J. Rheumatol.* 25:266-270, 1986). Complement activation products such as C3a, C5a, and sC5b-9 have also been found within inflamed rheumatic joints and positive correlations have been established between the degree of complement activation and the severity of RA (Makinde, V.A., et al., *Ann. Rheum. Dis.* 48:302-306, 1989; Brodeur, J.P., et al., *Arthritis Rheumatism* 34:1531-1537, 1991). In both adult and juvenile rheumatoid arthritis, elevated serum and synovial fluid levels of alternative pathway complement activation product Bb compared to C4d (a marker for classical pathway activation), indicate that complement activation is mediated predominantly by the alternative pathway (El-Ghobarey, A.F. et al., *J. Rheumatology* 7:453-460, 1980; Agarwal, A., et al., *Rheumatology* 39:189-192, 2000). Complement activation products can directly damage tissue (via C5b-9) or indirectly mediate inflammation through recruitment of inflammatory cells by the anaphylatoxins C3a and C5a.

[0117] Animal models of experimental arthritis have been widely used to investigate the role of complement in the pathogenesis of RA. Complement depletion by cobra venom factor in animal models of RA prevents the onset of arthritis (Morgan, K., et al., *Arthritis Rheumat.* 24:1356-1362, 1981; Van Lent, P.L., et al., *Am. J. Pathol.* 140:1451-1461, 1992). Intra-articular injection of the soluble form of complement receptor 1 (sCR1), a complement inhibitor, suppressed inflammation in a rat model of RA (Goodfellow, R.M., et al., *Clin. Exp. Immunol.* 110:45-52, 1997). Furthermore, sCR1 inhibits the development and progression of rat collagen-induced arthritis (Goodfellow, R.M., et al., *Clin. Exp. Immunol.* 119:210-216, 2000). Soluble CR1 inhibits the classical and alternative complement pathways at the steps of C3 and C5 activation in both the alternative pathway and the classical pathway, thereby inhibiting generation of C3a, C5a and sC5b-9.

[0118] In the late 1970s it was recognized that immunization of rodents with heterologous type II collagen (CII; the major collagen component of human joint cartilage) led to the development of an autoimmune arthritis (collagen-induced arthritis, or CIA) with significant similarities to human RA (Courtenay, J.S., et al., *Nature* 283:666-68 (1980), Banda et al., *J. of Immunol.* 171:2109-2115 (2003)). The autoimmune response in susceptible animals involves a complex combination of factors including specific major histocompatibility complex (MHC) molecules, cytokines and CII-specific B- and T-cell responses (reviewed by Myers, L.K., et al., *Life Sciences* 61:1861-78, 1997). The observation that almost 40% of inbred mouse strains have a complete deficiency in complement component C5 (Cinader, B., et al., *J. Exp. Med.* 120:897-902, 1964) has provided an indirect opportunity to explore the role of complement in this arthritic model by comparing CIA between C5-deficient and sufficient strains. Results from such studies indicate that C5 sufficiency is an absolute requirement for the development of CIA (Watson et al., 1987; Wang, Y., et al., *J. Immunol.* 164:4340-4347, 2000). Further evidence of the importance of C5 and complement in RA has been provided by the use of anti-C5 monoclonal antibodies (MoAbs). Prophylactic intraperitoneal administration of anti-C5 MoAbs in a murine model of CIA almost completely prevented disease onset while treatment during active arthritis resulted in both significant clinical benefit and milder histological disease (Wang, Y., et al., *Proc. Natl. Acad. Sci. USA* 92:8955-59, 1995).

[0119] Additional insights about the potential role of complement activation in disease pathogenesis have been provided by studies using K/BxN T-cell receptor transgenic mice, a recently developed model of inflammatory arthritis (Korganow, A.S., et al., *Immunity* 10:451-461, 1999). All K/BxN animals spontaneously develop an autoimmune disease with most (although not all) of the clinical, histological and immunological features of RA in humans. Furthermore, transfer of serum from arthritic K/BxN mice into healthy animals provokes arthritis within days via the transfer of arthritogenic immunoglobulins. To identify the specific complement activation steps required for disease development, serum from arthritic K/BxN mice was transferred into various mice genetically deficient for a particular complement pathway product (Ji, H., et al., *Immunity* 16:157-68, 2002). Interestingly, the results of the study demonstrated that alternative pathway activation is critical, whereas classical pathway activation is dispensable. In addition, the generation of C5a is critical since both C5-deficient mice and C5aR-deficient mice were protected from disease development. Consistent with these results, a previous study reported that genetic ablation of C5a receptor expression protects mice from arthritis (Grant, E.P., et al., *J. Exp. Med.* 196:1461-1471, 2002).

[0120] A humanized anti-C5 MoAb (5G1.1) that prevents the cleavage of human complement component C5 into its pro-inflammatory components is under development by Alexion Pharmaceuticals, Inc., New Haven, Connecticut, as a potential treatment for RA.

[0121] Two research groups have independently proposed that the lectin pathway promotes inflammation in RA patients via interaction of MBL with specific IgG glycoforms (Malhotra et al., *Nat. Med.* 1:237-243, 1995; Cuchacovich et al., *J. Rheumatol.* 23:44-51, 1996). RA is associated with a marked increase in IgG glycoforms that lack galactose (referred to as IgG0 glycoforms) in the Fc region of the molecule (Rudd et al., *Trends Biotechnology* 22:524-30, 2004). The percentage of IgG0 glycoforms increases with disease progression, and returns to normal when patients go into remission. *In vivo*, IgG0 is deposited on synovial tissue and MBL is present at increased levels in synovial fluid in individuals with RA. Aggregated agalactosyl IgG (IgG0) on the clustered IgG associated with RA can bind mannose-binding lectin (MBL) and activate the lectin pathway of complement. Furthermore, results from a recent clinical study looking at allelic variants of MBL in RA patients suggest that MBL may have an inflammatory-enhancing role in the disease (Garred et al., *J. Rheumatol.* 27:26-34, 2000). Therefore, the lectin pathway may have an important role in the pathogenesis of RA.

[0122] Systemic lupus erythematosus (SLE) is an autoimmune disease of undefined etiology that results in production of autoantibodies, generation of circulating immune complexes, and episodic, uncontrolled activation of the complement system. Although the origins of autoimmunity in SLE remain elusive, considerable information is now available implicating complement activation as an important mechanism contributing to vascular injury in this disease (Abramson, S.B., et al., *Hospital Practice* 33:107-122, 1998). Activation of both the classical and alternative pathways of complement are involved in the disease and both C4d and Bb are sensitive markers of moderate-to-severe lupus disease activity (Manzi, S., et al., *Arthritis Rheumat.* 39:1178-1188, 1996). Activation of the alternative complement pathway accompanies disease flares in systemic lupus erythematosus during pregnancy (Buyon, J.P., et al., *Arthritis Rheum.* 35:55-61, 1992). In addition, the lectin pathway may contribute to disease development since autoantibodies against MBL have recently been identified in sera from SLE patients (Seelen, M.A., et al., *Clin Exp. Immunol.* 134:335-343, 2003).

[0123] Immune complex-mediated activation of complement through the classic pathway is believed to be one mechanism by which tissue injury occurs in SLE patients. However, hereditary deficiencies in complement components of the classic pathway increase the risk of lupus and lupus-like disease (Pickering, M.C., et al., *Adv. Immunol.* 76:227-324, 2000). SLE, or a related syndrome occurs in more than 80% of persons with complete deficiency of C1q, C1r/C1s, C4 or C3. This presents an apparent paradox in reconciling the harmful effects with the protective effects of complement in lupus.

[0124] An important activity of the classical pathway appears to be promotion of the removal of immune complexes from the circulation and tissues by the mononuclear phagocytic system (Kohler, P.F., et al., *Am. J. Med.* 56:406-11, 1974). In addition, complement has recently been found to have an important role in the removal and disposal of apoptotic bodies (Mevorach, D., et al., *J. Exp. Med.* 188:2313-2320, 1998). Deficiency in classical pathway function may predispose subjects to the development of SLE by allowing a cycle to develop in which immune complexes or apoptotic cells accumulate in tissues, cause inflammation and the release of autoantigens, which in turn stimulate the production of autoantibodies and more immune complexes and thereby evoke an autoimmune response (Botto, M., et al., *Nat. Genet.* 19:56-59, 1998; Botto, M., *Arthritis Res.* 3:201-10, 2001). However, these "complete" deficiency states in classical pathway components are present in approximately one of 100 patients with SLE. Therefore, in the vast majority of SLE patients, complement deficiency in classical pathway components does not contribute to the disease etiology and complement activation may be an important mechanism contributing to SLE pathogenesis. The fact that rare individuals with permanent genetic deficiencies in classical pathway components frequently develop SLE at some point in their lives testifies to the redundancy of mechanisms capable of triggering the disease.

[0125] Results from animal models of SLE support the important role of complement activation in pathogenesis of the disease.

Inhibiting the activation of C5 using a blocking anti-C5 MoAb decreased proteinuria and renal disease in NZB/NZW F1 mice, a mouse model of SLE (Wang Y., et al., Proc. Natl. Acad. Sci. USA 93:8563-8, 1996). Furthermore, treatment with anti-C5 MoAb of mice with severe combined immunodeficiency disease implanted with cells secreting anti-DNA antibodies results in improvement in the proteinuria and renal histologic picture with an associated benefit in survival compared to untreated controls (Ravirajan, C.T., et al., Rheumatology 43:442-7, 2004). The alternative pathway also has an important role in the autoimmune disease manifestations of SLE since backcrossing of factor B-deficient mice onto the MRL/lpr model of SLE revealed that the lack of factor B lessened the vasculitis, glomerular disease, C3 consumption and IgG3 RF levels typically found in this model without altering levels of other autoantibodies (Watanabe, H., et al., J. Immunol. 164:786-794, 2000). A humanized anti-C5 MoAb is under investigation as a potential treatment for SLE. This antibody prevents the cleavage of C5 to C5a and C5b. In Phase I clinical trials, no serious adverse effects were noted, and more human trials are under way to determine the efficacy in SLE (Strand, V., Lupus 10:216-221, 2001).

[0126] Results from both human and animal studies support the possibility that the complement system contributes directly to the pathogenesis of muscular dystrophy. Studies of human dystrophic biopsies have shown that C3 and C9 are deposited on both necrotic and non-necrotic fibers in dystrophic muscle (Cornelio and Dones, Ann. Neurol. 16:694-701, 1984; Spuler and Engel, A.G., Neurology 50:41-46, 1998). Using DNA microarray methods, Porter and colleagues found markedly enhanced gene expression of numerous complement-related mRNAs in dystrophin-deficient (*mdx*) mice coincident with development of the dystrophic disease (Porter et al., Hum. Mol. Genet. 11:263-72, 2002).

[0127] Mutations in the human gene encoding dysferlin, a transmembrane muscle protein, have been identified as major risk factors for two forms of skeletal muscle disease, namely limb girdle muscular dystrophy (LGMD) and Miyoshi myopathy (Liu et al., Nat. Genet. 20:31-6, 1998). Several mouse model with mutations in dysferlin have been developed and they also develop progressive muscular dystrophy. Activation of the complement cascade has been identified on the surface of nonnecrotic muscle fibers in some patients with LGMD (Spuler and Engel., Neurology 50:41-46, 1998). In a recent study, Wenzel and colleagues showed that both murine and human dysferlin-deficient muscle fibers lack the complement inhibitory factor, CD33/DAF, a specific inhibitor of C5b-9 MAC (membrane attack complex) (Wenzel et al., J. Immunol. 175:6219-25, 2005). As a consequence, dysferlin-deficient nonnecrotic muscle cells are more susceptible to complement-mediated cell lysis. Wenzel and colleagues suggest that complement-mediated lysis of skeletal muscle cells may be a major pathological mechanism involved in the development of LGMD and Miyoshi myopathy in patients. Connolly and colleagues studied the role of complement C3 in the pathogenesis of a severe model of congenital dystrophy, the *dy*^{-/-} mouse, which is laminin α 2-deficient (Connolly et al., J. Neuroimmunol. 127:80-7, 2002). They generated animals genetically deficient in both C3 and laminin α 2 and found that the absence of C3 prolonged survival in the *dy*^{-/-} model of muscular dystrophy. Furthermore, the double knockout (C3^{-/-}, *dy*^{-/-}) mice demonstrated more muscular strength than the *dy*^{-/-} mice. This work suggests that the complement system may contribute directly to the pathogenesis of this form of congenital dystrophy.

[0128] There is described the prevention or treatment of inflammatory and non-inflammatory arthritides and other musculoskeletal disorders, including but not limited to osteoarthritis, rheumatoid arthritis, juvenile rheumatoid arthritis, gout, neuropathic arthropathy, psoriatic arthritis, ankylosing spondylitis or other spondyloarthropathies and crystalline arthropathies, muscular dystrophy or systemic lupus erythematosus (SLE), by administering a composition comprising a therapeutically effective amount of a MASP-2 inhibitory agent in a pharmaceutical carrier to a subject suffering from such a disorder. The MASP-2 inhibitory agent may be administered to the subject systemically, such as by intra-arterial, intravenous, intramuscular, subcutaneous or other parenteral administration, or potentially by oral administration for non-peptidergic agents. Alternatively, administration may be by local delivery, such as by intra-articular injection. The MASP-2 inhibitory agent may be administered periodically over an extended period of time for treatment or control of a chronic condition, or may be by single or repeated administration in the period before, during and/or following acute trauma or injury, including surgical procedures performed on the joint.

RENAL CONDITIONS

[0129] Activation of the complement system has been implicated in the pathogenesis of a wide variety of renal diseases; including, mesangioproliferative glomerulonephritis (IgA-nephropathy, Berger's disease) (Endo, M., et al., Clin. Nephrology 55:185-191, 2001), membranous glomerulonephritis (Kerjashki, D., Arch B Cell Pathol. 58:253-71, 1990; Brenchley, P.E., et al., Kidney Int., 41:933-7, 1992; Salant, D.J., et al., Kidney Int. 35:976-84, 1989), membranoproliferative glomerulonephritis (mesangiocapillary glomerulonephritis) (Bartlow, B.G., et al., Kidney Int. 15:294-300, 1979; Meri, S., et al., J. Exp. Med. 175:939-50, 1992), acute postinfectious glomerulonephritis (poststreptococcal glomerulonephritis), cryoglobulinemic glomerulonephritis (Ohsawa, I., et al., Clin Immunol. 101:59-66, 2001), lupus nephritis (Gatenby, P.A., Autoimmunity 11:61-6, 1991), and Henoch-

Schönlein purpura nephritis (Endo, M., et al., *Am. J. Kidney Dis.* 35:401-407, 2000). The involvement of complement in renal disease has been appreciated for several decades but there is still a major discussion on its exact role in the onset, the development and the resolution phase of renal disease. Under normal conditions the contribution of complement is beneficial to the host, but inappropriate activation and deposition of complement may contribute to tissue damage.

[0130] There is substantial evidence that glomerulonephritis, inflammation of the glomeruli, is often initiated by deposition of immune complexes onto glomerular or tubular structures which then triggers complement activation, inflammation and tissue damage. Kahn and Sinniah demonstrated increased deposition of C5b-9 in tubular basement membranes in biopsies taken from patients with various forms of glomerulonephritis (Kahn, T.N., et al., *Histopath.* 26:351-6, 1995). In a study of patients with IgA nephropathy (Alexopoulos, A., et al., *Nephrol. Dial. Transplant* 10:1166-1172, 1995), C5b-9 deposition in the tubular epithelial/basement membrane structures correlated with plasma creatinine levels. Another study of membranous nephropathy demonstrated a relationship between clinical outcome and urinary sC5b-9 levels (Kon, S.P., et al., *Kidney Int.* 48:1953-58, 1995). Elevated sC5b-9 levels were correlated positively with poor prognosis. Lehto et al., measured elevated levels of CD59, a complement regulatory factor that inhibits the membrane attack complex in plasma membranes, as well as C5b-9 in urine from patients with membranous glomerulonephritis (Lehto, T., et al., *Kidney Int.* 47:1403-11, 1995). Histopathological analysis of biopsy samples taken from these same patients demonstrated deposition of C3 and C9 proteins in the glomeruli, whereas expression of CD59 in these tissues was diminished compared to that of normal kidney tissue. These various studies suggest that ongoing complement-mediated glomerulonephritis results in urinary excretion of complement proteins that correlate with the degree of tissue damage and disease prognosis.

[0131] Inhibition of complement activation in various animal models of glomerulonephritis has also demonstrated the importance of complement activation in the etiology of the disease. In a model of membranoproliferative glomerulonephritis (MPGN), infusion of anti-Thy1 antiserum in C6-deficient rats (that cannot form C5b-9) resulted in 90% less glomerular cellular proliferation, 80% reduction in platelet and macrophage infiltration, diminished collagen type IV synthesis (a marker for mesangial matrix expansion), and 50% less proteinuria than in C6+ normal rats (Brandt, J., et al., *Kidney Int.* 49:335-343, 1996). These results implicate C5b-9 as a major mediator of tissue damage by complement in this rat anti-thymocyte serum model. In another model of glomerulonephritis, infusion of graded dosages of rabbit anti-rat glomerular basement membrane produced a dose-dependent influx of polymorphonuclear leukocytes (PMN) that was attenuated by prior treatment with cobra venom factor (to consume complement) (Scandrett, A.L., et al., *Am. J. Physiol.* 268:F256-F265, 1995). Cobra venom factor-treated rats also showed diminished histopathology, decreased long-term proteinuria, and lower creatinine levels than control rats. Employing three models of GN in rats (anti-thymocyte serum, Con A anti-Con A, and passive Heymann nephritis), Couser et al., demonstrated the potential therapeutic efficacy of approaches to inhibit complement by using the recombinant sCR1 protein (Couser, W.G., et al., *J. Am. Soc. Nephrol.* 5:1888-94, 1995). Rats treated with sCR1 showed significantly diminished PMN, platelet and macrophage influx, decreased mesangiolysis, and proteinuria versus control rats. Further evidence for the importance of complement activation in glomerulonephritis has been provided by the use of an anti-C5 MoAb in the NZB/W F1 mouse model. The anti-C5 MoAb inhibits cleavage of C5, thus blocking generation of C5a and C5b-9. Continuous therapy with anti-C5 MoAb for 6 months resulted in significant amelioration of the course of glomerulonephritis. A humanized anti-C5 MoAb monoclonal antibody (5G1.1) that prevents the cleavage of human complement component C5 into its pro-inflammatory components is under development by Alexion Pharmaceuticals, Inc., New Haven, Connecticut, as a potential treatment for glomerulonephritis.

[0132] Direct evidence for a pathological role of complement in renal injury is provided by studies of patients with genetic deficiencies in specific complement components. A number of reports have documented an association of renal disease with deficiencies of complement regulatory factor H (Ault, B.H., *Nephrol.* 14:1045-1053, 2000; Levy, M., et al., *Kidney Int.* 30:949-56, 1986; Pickering, M.C., et al., *Nat. Genet.* 31:424-8, 2002). Factor H deficiency results in low plasma levels of factor B and C3 and in consumption of C5b-9. Both atypical membranoproliferative glomerulonephritis (MPGN) and idiopathic hemolytic uremic syndrome (HUS) are associated with factor H deficiency. Factor H deficient pigs (Jansen, J.H., et al., *Kidney Int.* 53:331-49, 1998) and factor H knockout mice (Pickering, M.C., 2002) display MPGN-like symptoms, confirming the importance of factor H in complement regulation. Deficiencies of other complement components are associated with renal disease, secondary to the development of systemic lupus erythematosus (SLE) (Walport, M.J., Davies, et al., *Ann. N.Y. Acad. Sci.* 815:267-81, 1997). Deficiency for C1q, C4 and C2 predispose strongly to the development of SLE via mechanisms relating to defective clearance of immune complexes and apoptotic material. In many of these SLE patients lupus nephritis occurs, characterized by the deposition of immune complexes throughout the glomerulus.

[0133] Further evidence linking complement activation and renal disease has been provided by the identification in patients of autoantibodies directed against complement components, some of which have been directly related to renal disease (Trouw, L.A., et al., *Mol. Immunol.* 38:199-206, 2001). A number of these autoantibodies show such a high degree of correlation with renal disease that the term nephritic factor (NeF) was introduced to indicate this activity. In clinical studies, about 50% of the patients positive for nephritic factors developed MPGN (Spitzer, R.E., et al., *Clin. Immunol. Immunopathol.* 64:177-83, 1992). C3NeF is an

autoantibody directed against the alternative pathway C3 convertase (C3bBb) and it stabilizes this convertase, thereby promoting alternative pathway activation (Daha, M.R., et al., *J. Immunol.* 116:1-7, 1976). Likewise, autoantibody with a specificity for the classical pathway C3 convertase (C4b2a), called C4NeF, stabilizes this convertase and thereby promotes classical pathway activation (Daha, M.R. et al., *J. Immunol.* 125:2051-2054, 1980; Halbwachs, L., et al., *J. Clin. Invest.* 65:1249-56, 1980). Anti-C1q autoantibodies have been described to be related to nephritis in SLE patients (Hovath, L., et al., *Clin. Exp. Rheumatol.* 19:667-72, 2001; Siegert, C., et al., *J. Rheumatol.* 18:230-34, 1991; Siegert, C., et al., *Clin. Exp. Rheumatol.* 10:19-23, 1992), and a rise in the titer of these anti-C1q autoantibodies was reported to predict a flare of nephritis (Coremans, I.E., et al., *Am. J. Kidney Dis.* 26:595-601, 1995). Immune deposits eluted from postmortem kidneys of SLE patients revealed the accumulation of these anti-C1q autoantibodies (Mannick, M., et al., *Arthritis Rheumatol.* 40:1504-11, 1997). All these facts point to a pathological role for these autoantibodies. However, not all patients with anti-C1q autoantibodies develop renal disease and also some healthy individuals have low titer anti-C1q autoantibodies (Siegert, C.E., et al., *Clin. Immunol. Immunopathol.* 67:204-9, 1993).

[0134] In addition to the alternative and classical pathways of complement activation, the lectin pathway may also have an important pathological role in renal disease. Elevated levels of MBL, MBL-associated serine protease and complement activation products have been detected by immunohistochemical techniques on renal biopsy material obtained from patients diagnosed with several different renal diseases, including Henoch-Schonlein purpura nephritis (Endo, M., et al., *Am. J. Kidney Dis.* 35:401-407, 2000), cryoglobulinemic glomerulonephritis (Ohsawa, I., et al., *Clin. Immunol.* 101:59-66, 2001) and IgA neuropathy (Endo, M., et al., *Clin. Nephrology* 55:185-191, 2001). Therefore, despite the fact that an association between complement and renal diseases has been known for several decades, data on how complement exactly influences these renal diseases is far from complete.

[0135] One aspect of the invention is thus directed to the treatment of renal conditions including but not limited to mesangioproliferative glomerulonephritis, membranous glomerulonephritis, membranoproliferative glomerulonephritis (mesangiocapillary glomerulonephritis), acute postinfectious glomerulonephritis (poststreptococcal glomerulonephritis), cryoglobulinemic glomerulonephritis, lupus nephritis, Henoch-Schonlein purpura nephritis or IgA nephropathy, by administering a composition comprising a therapeutically effective amount of a MASP-2 inhibitory agent in a pharmaceutical carrier to a subject suffering from such a disorder. The MASP-2 inhibitory agent may be administered to the subject systemically, such as by intra-arterial, intravenous, intramuscular, subcutaneous or other parenteral administration, or potentially by oral administration for non-peptidergic agents. The MASP-2 inhibitory agent may be administered periodically over an extended period of time for treatment or control of a chronic condition, or may be by single or repeated administration in the period before, during or following acute trauma or injury.

SKIN DISORDERS

[0136] Psoriasis is a chronic, debilitating skin condition that affects millions of people and is attributed to both genetic and environmental factors. Topical agents as well as UVB and PUVA phototherapy are generally considered to be the first-line treatment for psoriasis. However, for generalized or more extensive disease, systemic therapy is indicated as a primary treatment or, in some cases, to potentiate UVB and PUVA therapy.

[0137] The underlying etiology of various skin diseases such as psoriasis support a role for immune and proinflammatory processes including the involvement of the complement system. Moreover, the role of the complement system has been established as an important nonspecific skin defense mechanism. Its activation leads to the generation of products that not only help to maintain normal host defenses, but also mediate inflammation and tissue injury. Proinflammatory products of complement include large fragments of C3 with opsonic and cell-stimulatory activities (C3b and C3bi), low molecular weight anaphylatoxins (C3a, C4a, and C5a), and membrane attack complexes. Among them, C5a or its degradation product C5a des Arg, seems to be the most important mediator because it exerts a potent chemotactic effect on inflammatory cells. Intradermal administration of C5a anaphylatoxin induces skin changes quite similar to those observed in cutaneous hypersensitivity vasculitis that occurs through immune complex-mediated complement activation. Complement activation is involved in the pathogenesis of the inflammatory changes in autoimmune bullous dermatoses. Complement activation by pemphigus antibody in the epidermis seems to be responsible for the development of characteristic inflammatory changes termed eosinophilic spongiosis. In bullous pemphigoid (BP), interaction of basement membrane zone antigen and BP antibody leads to complement activation that seems to be related to leukocytes lining the dermoepidermal junction. Resultant anaphylatoxins not only activate the infiltrating leukocytes but also induce mast cell degranulation, which facilitates dermoepidermal separation and eosinophil infiltration. Similarly, complement activation seems to play a more direct role in the dermoepidermal separation noted in epidermolysis bullosa acquisita and herpes gestationis.

[0138] Evidence for the involvement of complement in psoriasis comes from recent experimental findings described in the

literature related to the pathophysiological mechanisms for the inflammatory changes in psoriasis and related diseases. A growing body of evidence has indicated that T-cell-mediated immunity plays an important role in the triggering and maintenance of psoriatic lesions. It has been revealed that lymphokines produced by activated T-cells in psoriatic lesions have a strong influence on the proliferation of the epidermis. Characteristic neutrophil accumulation under the stratum corneum can be observed in the highly inflamed areas of psoriatic lesions. Neutrophils are chemotactically attracted and activated there by synergistic action of chemokines, IL-8 and Gro- α released by stimulated keratinocytes, and particularly by C5a/C5a des-arg produced via the alternative complement pathway activation (Terui, T., *Tahoku J. Exp. Med.* 190:239-248, 2000 ; Terui, T., *Exp. Dermatol.* 9:1-10, 2000).

[0139] Psoriatic scale extracts contain a unique chemotactic peptide fraction that is likely to be involved in the induction of rhythmic transepidermal leukocyte chemotaxis. Recent studies have identified the presence of two unrelated chemotactic peptides in this fraction, i.e., C5a/C5a des Arg and interleukin 8 (IL-8) and its related cytokines. To investigate their relative contribution to the transepidermal leukocyte migration as well as their interrelationship in psoriatic lesions, concentrations of immunoreactive C5a/C5a desArg and IL-8 in psoriatic lesional scale extracts and those from related sterile pustular dermatoses were quantified. It was found that the concentrations of C5a/C5a desArg and IL-8 were more significantly increased in the horny-tissue extracts from lesional skin than in those from non-inflammatory orthokeratotic skin. The increase of C5a/C5a desArg concentration was specific to the lesional scale extracts. Based on these results, it appears that C5a/C5a desArg is generated only in the inflammatory lesional skin under specific circumstances that preferentially favor complement activation. This provides a rationale for the use of an inhibitor of complement activation to ameliorate psoriatic lesions.

[0140] While the classical pathway of the complement system has been shown to be activated in psoriasis, there are fewer reports on the involvement of the alternative pathway in the inflammatory reactions in psoriasis. Within the conventional view of complement activation pathways, complement fragments C4d and Bb are released at the time of the classical and alternative pathway activation, respectively. The presence of the C4d or Bb fragment, therefore, denotes a complement activation that proceeds through the classical and/or alternative pathway. One study measured the levels of C4d and Bb in psoriatic scale extracts using enzyme immunoassay techniques. The scales of these dermatoses contained higher levels of C4d and Bb detectable by enzyme immunoassay than those in the stratum corneum of noninflammatory skin (Takematsu, H., et al., *Dermatologica* 181:289-292, 1990). These results suggest that the alternative pathway is activated in addition to the classical pathway of complement in psoriatic lesional skin.

[0141] Additional evidence for the involvement of complement in psoriasis and atopic dermatitis has been obtained by measuring normal complement components and activation products in the peripheral blood of 35 patients with atopic dermatitis (AD) and 24 patients with psoriasis at a mild to intermediate stage. Levels of C3, C4 and C1 inactivator (C1 INA) were determined in serum by radial immunodiffusion, whereas C3a and C5a levels were measured by radioimmunoassay. In comparison to healthy non-atopic controls, the levels of C3, C4 and C1 INA were found to be significantly increased in both diseases. In AD, there was a tendency towards increased C3a levels, whereas in psoriasis, C3a levels were significantly increased. The results indicate that, in both AD and psoriasis, the complement system participates in the inflammatory process (Ohkonohchi, K., et al., *Dermatologica* 179:30-34, 1989).

[0142] Complement activation in psoriatic lesional skin also results in the deposition of terminal complement complexes within the epidermis as defined by measuring levels of SC5b-9 in the plasma and horny tissues of psoriatic patients. The levels of SC5b-9 in psoriatic plasma have been found to be significantly higher than those of controls or those of patients with atopic dermatitis. Studies of total protein extracts from lesional skin have shown that, while no SC5b-9 can be detected in the noninflammatory horny tissues, there were high levels of SC5b-9 in lesional horny tissues of psoriasis. By immunofluorescence using a monoclonal antibody to the C5b-9 neoantigen, deposition of C5b-9 has been observed only in the stratum corneum of psoriatic skin. In summary, in psoriatic lesional skin, the complement system is activated and complement activation proceeds all the way to the terminal step, generating membrane attack complex.

[0143] New biologic drugs that selectively target the immune system have recently become available for treating psoriasis. Four biologic drugs that are either currently FDA approved or in Phase 3 studies are: alefacept (Amevive[®]) and efalizumab (Raptiva[®]) which are T-cell modulators; etanercept (Enbrel[®]) a soluble TNF-receptor; and infliximab (Remicad[®]), an anti-TNF monoclonal antibody. Raptiva is an immune response modifier, wherein the targeted mechanism of action is a blockade of the interaction between LFA-1 on lymphocytes and ICAM-1 on antigen-presenting cells and on vascular endothelial cells. Binding of CD11a by Raptiva results in saturation of available CD11a binding sites on lymphocytes and down-modulation of cell surface CD11a expression on lymphocytes. This mechanism of action inhibits T-cell activation, cell trafficking to the dermis and epidermis and T-cell reactivation. Thus, a plurality of scientific evidence indicates a role for complement in inflammatory disease states of the skin and recent pharmaceutical approaches have targeted the immune system or specific inflammatory processes. None,

however, have identified MASP-2 as a targeted approach. Based on the inventors' new understanding of the role of MASP-2 in complement activation, the inventors believe MASP-2 to be an effective target for the treatment of psoriasis and other skin disorders.

[0144] There is described the treatment of psoriasis, autoimmune bullous dermatoses, eosinophilic spongioid, bullous pemphigoid, epidermolysis bullosa acquisita, atopic dermatitis, herpes gestationis and other skin disorders, and for the treatment of thermal and chemical burns including capillary leakage caused thereby, by administering a composition comprising a therapeutically effective amount of a MASP-2 inhibitory agent in a pharmaceutical carrier to a subject suffering from such a skin disorder. The MASP-2 inhibitory agent may be administered to the subject topically, by application of a spray, lotion, gel, paste, salve or irrigation solution containing the MASP-2 inhibitory agent, or systemically such as by intra-arterial, intravenous, intramuscular, subcutaneous or other parenteral administration, or potentially by oral administration for non-peptidergic inhibitors. Treatment may involve a single administration or repeated applications or dosings for an acute condition, or by periodic applications or dosings for control of a chronic condition.

TRANSPLANTATION

[0145] Activation of the complement system significantly contributes to the inflammatory reaction after solid organ transplantation. In allotransplantation, the complement system may be activated by ischemia/reperfusion and, possibly, by antibodies directed against the graft (Baldwin, W.M., et al., Springer Semin Immunopathol. 25:181-197, 2003). In xenotransplantation from nonprimates to primates, the major activators for complement are preexisting antibodies. Studies in animal models have shown that the use of complement inhibitors may significantly prolong graft survival (see below). Thus, there is an established role of the complement system in organ injury after organ transplantation, and therefore the inventors believe that the use of complement inhibitors directed to MASP-2 may prevent damage to the graft after allo- or xenotransplantation.

[0146] Innate immune mechanisms, particularly complement, play a greater role in inflammatory and immune responses against the graft than has been previously recognized. For example, alternative complement pathway activation appears to mediate renal ischemia/reperfusion injury, and proximal tubular cells may be both the source and the site of attack of complement components in this setting. Locally produced complement in the kidney also plays a role in the development of both cellular and antibody-mediated immune responses against the graft.

[0147] C4d is the degradation product of the activated complement factor C4, a component of the classical and lectin-dependent pathways. C4d staining has emerged as a useful marker of humoral rejection both in the acute and in the chronic setting and led to renewed interest in the significance of anti-donor antibody formation. The association between C4d and morphological signs of acute cellular rejection is statistically significant. C4d is found in 24-43% of Type I episodes, in 45% of type II rejection and 50% of type III rejection (Nickelait, V., et al., J. Am. Soc. Nephrol. 13:242-251, 2002; Nickelait, V., et al., Nephrol. Dial. Transplant 18:2232-2239, 2003). A number of therapies are in development that inhibit complement or reduce local synthesis as a means to achieve an improved clinical outcome following transplantation.

[0148] Activation of the complement cascade occurs as a result of a number of processes during transplantation. Present therapy, although effective in limiting cellular rejection, does not fully deal with all the barriers faced. These include humoral rejection and chronic allograft nephropathy or dysfunction. Although the overall response to the transplanted organ is a result of a number of effector mechanisms on the part of the host, complement may play a key role in some of these. In the setting of renal transplantation, local synthesis of complement by proximal tubular cells appears of particular importance.

[0149] The availability of specific inhibitors of complement may provide the opportunity for an improved clinical outcome following organ transplantation. Inhibitors that act by a mechanism that blocks complement attack may be particularly useful, because they hold the promise of increased efficacy and avoidance of systemic complement depletion in an already immuno-compromised recipient.

[0150] Complement also plays a critical role in xenograft rejection. Therefore, effective complement inhibitors are of great interest as potential therapeutic agents. In pig-to-primate organ transplantation, hyperacute rejection (HAR) results from antibody deposition and complement activation. Multiple strategies and targets have been tested to prevent hyperacute xenograft rejection in the pig-to-primate combination. These approaches have been accomplished by removal of natural antibodies, complement depletion with cobra venom factor, or prevention of C3 activation with the soluble complement inhibitor sCR1. In addition, complement activation blocker-2 (CAB-2), a recombinant soluble chimeric protein derived from human decay accelerating factor (DAF) and membrane cofactor protein, inhibits C3 and C5 convertases of both classical and alternative pathways. CAB-2 reduces

complement-mediated tissue injury of a pig heart perfused *ex vivo* with human blood. A study of the efficacy of CAB-2 when a pig heart was transplanted heterotopically into rhesus monkeys receiving no immunosuppression showed that graft survival was markedly prolonged in monkeys that received CAB-2 (Salerno, C.T., et al., *Xenotransplantation* 9:125-134, 2002). CAB-2 markedly inhibited complement activation, as shown by a strong reduction in generation of C3a and SC5b-9. At graft rejection, tissue deposition of iC3b, C4 and C9 was similar or slightly reduced from controls, and deposition of IgG, IgM, C1q and fibrin did not change. Thus, this approach for complement inhibition abrogated hyperacute rejection of pig hearts transplanted into rhesus monkeys. These studies demonstrate the beneficial effects of complement inhibition on survival and the inventors believe that MASP-2 inhibition may also be useful in xenotransplantation.

[0151] Another approach has focused on determining if anti-complement 5 (C5) monoclonal antibodies could prevent hyperacute rejection (HAR) in a rat-to-presensitized mouse heart transplantation model and whether these MoAb, combined with cyclosporine and cyclophosphamide, could achieve long-term graft survival. It was found that anti-C5 MoAb prevents HAR (Wang, H., et al., *Transplantation* 68:1643-1651, 1999). The inventors thus believe that other targets in the complement cascade, such as MASP-2, may also be valuable for preventing HAR and acute vascular rejection in future clinical xenotransplantation.

[0152] While the pivotal role of complement in hyperacute rejection seen in xenografts is well established, a subtler role in allogeneic transplantation is emerging. A link between complement and the acquired immune response has long been known, with the finding that complement-depleted animals mounted subnormal antibody responses following antigenic stimulation. Opsonization of antigen with the complement split product C3d has been shown to greatly increase the effectiveness of antigen presentation to B cells, and has been shown to act via engagement of complement receptor type 2 on certain B cells. This work has been extended to the transplantation setting in a skin graft model in mice, where C3- and C4-deficient mice had a marked defect in allo-antibody production, due to failure of class switching to high-affinity IgG. The importance of these mechanisms in renal transplantation is increased due to the significance of anti-donor antibodies and humoral rejection.

[0153] Previous work has already demonstrated upregulation of C3 synthesis by proximal tubular cells during allograft rejection following renal transplantation. The role of locally synthesized complement has been examined in a mouse renal transplantation model. Grafts from C3-negative donors transplanted into C3-sufficient recipients demonstrated prolonged survival (>100 days) as compared with control grafts from C3-positive donors, which were rejected within 14 days. Furthermore, the anti-donor T-cell proliferative response in recipients of C3-negative grafts was markedly reduced as compared with that of controls, indicating an effect of locally synthesized C3 on T-cell priming.

[0154] These observations suggest the possibility that exposure of donor antigen to T-cells first occurs in the graft and that locally synthesized complement enhances antigen presentation, either by opsonization of donor antigen or by providing additional signals to both antigen-presenting cells and T-cells. In the setting of renal transplantation, tubular cells that produce complement also demonstrate complement deposition on their cell surface.

[0155] There is described the prevention or treatment of inflammatory reaction resulting from tissue or solid organ transplantation by administering a composition comprising a therapeutically effective amount of a MASP-2 inhibitory agent in a pharmaceutical carrier to the transplant recipient, including subjects that have received allotransplantation or xenotransplantation of whole organs (e.g., kidney, heart, liver, pancreas, lung, cornea, etc.) or grafts (e.g., valves, tendons, bone marrow, etc.). The MASP-2 inhibitory agent may be administered to the subject by intra-arterial, intravenous, intramuscular, subcutaneous or other parenteral administration, or potentially by oral administration for non-peptidergic inhibitors. Administration may occur during the acute period following transplantation and/or as long-term posttransplantation therapy. Additionally or in lieu of posttransplant administration, the subject may be treated with the MASP-2 inhibitory agent prior to transplantation and/or during the transplant procedure, and/or by pretreating the organ or tissue to be transplanted with the MASP-2 inhibitory agent. Pretreatment of the organ or tissue may entail applying a solution, gel or paste containing the MASP-2 inhibitory agent to the surface of the organ or tissue by spraying or irrigating the surface, or the organ or tissue may be soaked in a solution containing the MASP-2 inhibitor.

CENTRAL AND PERIPHERAL NERVOUS SYSTEM DISORDERS AND INJURIES

[0156] Activation of the complement system has been implicated in the pathogenesis of a variety of central nervous system (CNS) or peripheral nervous system (PNS) diseases or injuries, including but not limited to multiple sclerosis (MS), myasthenia gravis (MG), Huntington's disease (HD), amyotrophic lateral sclerosis (ALS), Guillain Barre syndrome, reperfusion following stroke, degenerative discs, cerebral trauma, Parkinson's disease (PD) and Alzheimer's disease (AD). The initial determination that complement proteins are synthesized in CNS cells including neurons, astrocytes and microglia, as well as the realization that anaphylatoxins generated in the CNS following complement activation can alter neuronal function, has opened up the potential

role of complement in CNS disorders (Morgan, B.P., et al., *Immunology Today* 17:10: 461-466, 1996). It has now been shown that C3a receptors and C5a receptors are found on neurons and show widespread distribution in distinct portions of the sensory, motor and limbic brain systems (Barum, S.R., *Immunologic Research* 26:7-13, 2002). Moreover, the anaphylatoxins C5a and C3a have been shown to alter eating and drinking behavior in rodents and can induce calcium signaling in microglia and neurons. These findings raise possibilities regarding the therapeutic utility of inhibiting complement activation in a variety of CNS inflammatory diseases including cerebral trauma, demyelination, meningitis, stroke and Alzheimer's disease.

[0157] Brain trauma or hemorrhage is a common clinical problem, and complement activation may occur and exacerbate resulting inflammation and edema. The effects of complement inhibition have been studied in a model of brain trauma in rats (Kaczorowski et al., *J. Cereb. Blood Flow Metab.* 15:860-864, 1995). Administration of sCR1 immediately prior to brain injury markedly inhibited neutrophil infiltration into the injured area, indicating complement was important for recruitment of phagocytic cells. Likewise, complement activation in patients following cerebral hemorrhage is clearly implicated by the presence of high levels of multiple complement activation products in both plasma and cerebrospinal fluid (CSF). Complement activation and increased staining of C5b-9 complexes have been demonstrated in sequestered lumbar disc tissue and could suggest a role in disc herniation tissue-induced sciatica (Gronblad, M., et al., *Spine* 28(2):114-118, 2003).

[0158] MS is characterized by a progressive loss of myelin ensheathing and insulating axons within the CNS. Although the initial cause is unknown, there is abundant evidence implicating the immune system (Prineas, J.W., et al., *Lab Invest.* 38:409-421, 1978; Ryberg, B., *J. Neurol. Sci.* 54:239-261, 1982). There is also clear evidence that complement plays a prominent role in the pathophysiology of CNS or PNS demyelinating diseases including MS, Guillain-Barre syndrome and Miller-Fisher syndrome (Gasque, P., et al., *Immunopharmacology* 49:171-186, 2000; Barnum, S.R. in Bondy S. et al. (eds.) *Inflammatory events in neurodegeneration*, Prominent Press 139-156, 2001). Complement contributes to tissue destruction, inflammation, clearance of myelin debris and even remyelination of axons. Despite clear evidence of complement involvement, the identification of complement therapeutic targets is only now being evaluated in experimental allergic encephalomyelitis (EAE), an animal model of multiple sclerosis. Studies have established that EAE mice deficient in C3 or factor B showed attenuated demyelination as compared to EAE control mice (Barnum, *Immunologic Research* 26:7-13, 2002). EAE mouse studies using a soluble form of a complement inhibitor coined "sCrry" and C3-/- and factor B-/- demonstrated that complement contributes to the development and progression of the disease model at several levels. In addition, the marked reduction in EAE severity in factor B-/- mice provides further evidence for the role of the alternative pathway of complement in EAE (Nataf et al., *J. Immunology* 165:5867-5873, 2000).

[0159] MG is a disease of the neuromuscular junction with a loss of acetylcholine receptors and destruction of the end plate. sCR1 is very effective in an animal model of MG, further indicating the role of complement in the disease (Piddelesden et al., *J. Neuroimmunol.* 1997).

[0160] The histological hallmarks of AD, a neurodegenerative disease, are senile plaques and neurofibrillary tangles (McGeer et al., *Res. Immunol.* 143:621-630, 1992). These pathological markers also stain strongly for components of the complement system. Evidence points to a local neuroinflammatory state that results in neuronal death and cognitive dysfunction. Senile plaques contain abnormal amyloid- β peptide (A β)

, a peptide derived from amyloid precursor protein. A β has been shown to bind C1 and can trigger complement activation (Rogers et al., *Res. Immunol.* 143:624-630, 1992). In addition, a prominent feature of AD is the association of activated proteins of the classical complement pathway from C1q to C5b-9, which have been found highly localized in the neuritic plaques (Shen, Y., et al., *Brain Research* 769:391-395, 1997; Shen, Y., et al., *Neurosci. Letters* 305(3):165-168, 2001). Thus, A β not only initiates the classical pathway, but a resulting continual inflammatory state may contribute to the neuronal cell death. Moreover, the fact that complement activation in AD has progressed to the terminal C5b-9 phase indicates that the regulatory mechanisms of the complement system have been unable to halt the complement activation process.

[0161] Several inhibitors of the complement pathway have been proposed as potential therapeutic approaches for AD, including proteoglycan as inhibitors of C1Q binding, Nafamstat as an inhibitor of C3 convertase, and C5 activation blockers or inhibitors of C5a receptors (Shen, Y., et al., *Progress in Neurobiology* 70:463-472, 2003). The role of MASP-2 as an initiation step in the innate complement pathway, as well as for alternative pathway activation, provides a potential new therapeutic approach and is supported by the wealth of data suggesting complement pathway involvement in AD.

[0162] In damaged regions in the brains of PD patients, as in other CNS degenerative diseases, there is evidence of inflammation characterized by glial reaction (especially microglia), as well as increased expression of HLA-DR antigens, cytokines, and components of complement. These observations suggest that immune system mechanisms are involved in the pathogenesis of neuronal damage in PD. The cellular mechanisms of primary injury in PD have not been clarified, however, but it is likely that mitochondrial mutations, oxidative stress and apoptosis play a role. Furthermore, inflammation initiated by neuronal damage in

the striatum and the substantia nigra in PD may aggravate the course of the disease. These observations suggest that treatment with complement inhibitory drugs may act to slow progression of PD (Czlonkowska, A., et al., *Med. Sci. Monit.* 8:165-177, 2002).

[0163] There is described the treatment of peripheral nervous system (PNS) and/or central nervous system (CNS) disorders or injuries by treating a subject suffering from such a disorder or injury with a composition comprising a therapeutically effective amount of a MASP-2 inhibitory agent in a pharmaceutical carrier. CNS and PNS disorders and injuries that may be treated in accordance with the present invention are believed to include but are not limited to multiple sclerosis (MS), myasthenia gravis (MG), Huntington's disease (HD), amyotrophic lateral sclerosis (ALS), Guillain Barre syndrome, reperfusion following stroke, degenerative discs, cerebral trauma, Parkinson's disease (PD), Alzheimer's disease (AD), Miller-Fisher syndrome, cerebral trauma and/or hemorrhage, demyelination and, possibly, meningitis.

[0164] For treatment of CNS conditions and cerebral trauma, the MASP-2 inhibitory agent may be administered to the subject by intrathecal, intracranial, intraventricular, intra-arterial, intravenous, intramuscular, subcutaneous, or other parenteral administration, and potentially orally for non-peptidergic inhibitors. PNS conditions and cerebral trauma may be treated by a systemic route of administration or alternately by local administration to the site of dysfunction or trauma. Administration of the MASP-2 inhibitory compositions of the present invention may be repeated periodically as determined by a physician until effective relief or control of the symptoms is achieved.

BLOOD DISORDERS

[0165] Sepsis is caused by an overwhelming reaction of the patient to invading microorganisms. A major function of the complement system is to orchestrate the inflammatory response to invading bacteria and other pathogens. Consistent with this physiological role, complement activation has been shown in numerous studies to have a major role in the pathogenesis of sepsis (Bone, R.C., *Annals. Internal. Med.* 115:457-469, 1991). The definition of the clinical manifestations of sepsis is ever evolving. Sepsis is usually defined as the systemic host response to an infection. However, on many occasions, no clinical evidence for infection (e.g., positive bacterial blood cultures) is found in patients with septic symptoms. This discrepancy was first taken into account at a Consensus Conference in 1992 when the term "systemic inflammatory response syndrome" (SIRS) was established, and for which no definable presence of bacterial infection was required (Bone, R.C., et al., *Crit. Care Med.* 20:724-726, 1992). There is now general agreement that sepsis and SIRS are accompanied by the inability to regulate the inflammatory response. For the purposes of this brief review, we will consider the clinical definition of sepsis to also include severe sepsis, septic shock, and SIRS.

[0166] The predominant source of infection in septic patients before the late 1980s was Gram-negative bacteria. Lipopolysaccharide (LPS), the main component of the Gram-negative bacterial cell wall, was known to stimulate release of inflammatory mediators from various cell types and induce acute infectious symptoms when injected into animals (Haeney, M.R., et al., *Antimicrobial Chemotherapy* 41(Suppl. A):41-6, 1998). Interestingly, the spectrum of responsible microorganisms appears to have shifted from predominantly Gram-negative bacteria in the late 1970s and 1980s to predominantly Gram-positive bacteria at present, for reasons that are currently unclear (Martin, G.S., et al., *N. Engl. J. Med.* 348:1546-54, 2003).

[0167] Many studies have shown the importance of complement activation in mediating inflammation and contributing to the features of shock, particularly septic and hemorrhagic shock. Both Gram-negative and Gram-positive organisms commonly precipitate septic shock. LPS is a potent activator of complement, predominantly via the alternative pathway, although classical pathway activation mediated by antibodies also occurs (Fearon, D.T., et al., *N. Engl. J. Med.* 292:937-400, 1975). The major components of the Gram-positive cell wall are peptidoglycan and lipoteichoic acid, and both components are potent activators of the alternative complement pathway, although in the presence of specific antibodies they can also activate the classical complement pathway (Joiner, K.A., et al., *Ann. Rev. Immunol.* 2:461-2, 1984).

[0168] The complement system was initially implicated in the pathogenesis of sepsis when it was noted by researchers that anaphylatoxins C3a and C5a mediate a variety of inflammatory reactions that might also occur during sepsis. These anaphylatoxins evoke vasodilation and an increase in microvascular permeability, events that play a central role in septic shock (Schumacher, W.A., et al., *Agents Actions* 34:345-349, 1991). In addition, the anaphylatoxins induce bronchospasm, histamine release from mast cells, and aggregation of platelets. Moreover, they exert numerous effects on granulocytes, such as chemotaxis, aggregation, adhesion, release of lysosomal enzymes, generation of toxic super oxide anion and formation of leukotrienes (Shin, H.S., et al., *Science* 162:361-363, 1968; Vogt, W., *Complement* 3:177-86, 1986). These biologic effects are thought to play a role in development of complications of sepsis such as shock or acute respiratory distress syndrome (ARDS) (Hammerschmidt, D.E., et al., *Lancet* 1:947-949, 1980; Slotman, G.T., et al., *Surgery* 99:744-50, 1986). Furthermore, elevated

levels of the anaphylatoxin C3a is associated with a fatal outcome in sepsis (Hack, C.E., et al., Am. J. Med. 86:20-26, 1989). In some animal models of shock, certain complement-deficient strains (e.g., C5-deficient ones) are more resistant to the effects of LPS infusions (Hseuh, W., et al., Immunol. 70:309-14, 1990).

[0169] Blockade of C5a generation with antibodies during the onset of sepsis in rodents has been shown to greatly improve survival (Czermak, B.J., et al., Nat. Med. 5:788-792, 1999). Similar findings were made when the C5a receptor (C5aR) was blocked, either with antibodies or with a small molecular inhibitor (Huber-Lang, M.S., et al., FASEB J. 16:1567-74, 2002; Riedemann, N.C., et al., J. Clin. Invest. 110:101-8, 2002). Earlier experimental studies in monkeys have suggested that antibody blockade of C5a attenuated *E. coli*-induced septic shock and adult respiratory distress syndrome (Hangen, D.H., et al., J. Surg. Res. 46:195-9, 1989; Stevens, J.H., et al., J. Clin. Invest. 77:1812-16, 1986). In humans with sepsis, C5a was elevated and associated with significantly reduced survival rates together with multiorgan failure, when compared with that in less severely septic patients and survivors (Nakae, H., et al., Res. Commun. Chem. Pathol. Pharmacol. 84:189-95, 1994; Nakae, et al., Surg. Today 26:225-29, 1996; Bengtson, A., et al., Arch. Surg. 123:645-649, 1988). The mechanisms by which C5a exerts its harmful effects during sepsis are yet to be investigated in greater detail, but recent data suggest the generation of C5a during sepsis significantly compromises innate immune functions of blood neutrophils (Huber-Lang, M.S., et al., J. Immunol. 169:3223-31, 2002), their ability to express a respiratory burst, and their ability to generate cytokines (Riedemann, N.C., et al., Immunity 19:193-202, 2003). In addition, C5a generation during sepsis appears to have procoagulant effects (Laudes, I.J., et al., Am. J. Pathol. 160:1867-75, 2002). The complement-modulating protein CI INH has also shown efficacy in animal models of sepsis and ARDS (Dickneite, G., Behring Ins. Mitt. 93:299-305, 1993).

[0170] The lectin pathway may also have a role in pathogenesis of sepsis. MBL has been shown to bind to a range of clinically important microorganisms including both Gram-negative and Gram-positive bacteria, and to activate the lectin pathway (Neth, O., et al., Infect. Immun. 68:688, 2000). Lipoteichoic acid (LTA) is increasingly regarded as the Gram-positive counterpart of LPS. It is a potent immunostimulant that induces cytokine release from mononuclear phagocytes and whole blood (Morath, S. et al., J. Exp. Med. 195:1635, 2002; Morath, S. et al., Infect. Immun. 70:938, 2002). Recently it was demonstrated that L-ficolin specifically binds to LTA isolated from numerous Gram-positive bacteria species, including *Staphylococcus aureus*, and activates the lectin pathway (Lynch, N.J., et al., J. Immunol. 172:1198-02, 2004). MBL also has been shown to bind to LTA from *Enterococcus spp* in which the polyglycerophosphate chain is substituted with glycosyl groups), but not to LTA from nine other species including *S. aureus* (Polotsky, V.Y., et al., Infect. Immun. 64:380, 1996).

[0171] There is described a method for treating sepsis or a condition resulting from sepsis, by administering a composition comprising a therapeutically effective amount of a MASP-2 inhibitory agent in a pharmaceutical carrier to a subject suffering from sepsis or a condition resulting from sepsis including without limitation severe sepsis, septic shock, acute respiratory distress syndrome resulting from sepsis, and systemic inflammatory response syndrome. Related methods are provided for the treatment of other blood disorders, including hemorrhagic shock, hemolytic anemia, autoimmune thrombotic thrombocytopenic purpura (TTP), hemolytic uremic syndrome (HUS) or other marrow/blood destructive conditions, by administering a composition comprising a therapeutically effective amount of a MASP-2 inhibitory agent in a pharmaceutical carrier to a subject suffering from such a condition. The MASP-2 inhibitory agent is administered to the subject systemically, such as by intra-arterial, intravenous, intramuscular, inhalational (particularly in the case of ARDS), subcutaneous or other parenteral administration, or potentially by oral administration for non-peptidergic agents. The MASP-2 inhibitory agent composition may be combined with one or more additional therapeutic agents to combat the sequelae of sepsis and/or shock. For advanced sepsis or shock or a distress condition resulting therefrom, the MASP-2 inhibitory composition may suitably be administered in a fast-acting dosage form, such as by intravenous or intra-arterial delivery of a bolus of a solution containing the MASP-2 inhibitory agent composition. Repeated administration may be carried out as determined by a physician until the condition has been resolved.

UROGENITAL CONDITIONS

[0172] The complement system has been implicated in several distinct urogenital disorders including painful bladder disease, sensory bladder disease, chronic abacterial cystitis and interstitial cystitis (Holm-Bentzen, M., et al., J. Urol. 138:503-507, 1987), infertility (Cruz, et al., Biol. Reprod. 54:1217-1228, 1996), pregnancy (Xu, C., et al., Science 287:498-507, 2000), fetomaternal tolerance (Xu, C., et al., Science 287:498-507, 2000), and pre-eclampsia (Haeger, M., Int. J. Gynecol. Obstet. 43:113-127, 1993).

[0173] Painful bladder disease, sensory bladder disease, chronic abacterial cystitis and interstitial cystitis are ill-defined conditions of unknown etiology and pathogenesis, and, therefore, they are without any rational therapy. Pathogenetic theories concerning defects in the epithelium and/or mucous surface coating of the bladder, and theories concerning immunological disturbances, predominate (Holm-Bentzen, M., et al., J. Urol. 138:503-507, 1987). Patients with interstitial cystitis were reported to

have been tested for immunoglobulins (IgA, G, M), complement components (C1q, C3, C4) and for C1-esterase inhibitor. There was a highly significant depletion of the serum levels of complement component C4 (p less than 0.001) and immunoglobulin G was markedly elevated (p less than 0.001). This study suggests classical pathway activation of the complement system, and supports the possibility that a chronic local immunological process is involved in the pathogenesis of the disease (Mattila, J., et al., Eur. Urol. 9:350-352, 1983). Moreover, following binding of autoantibodies to antigens in bladder mucosa, activation of complement could be involved in the production of tissue injury and in the chronic self-perpetuating inflammation typical of this disease (Helin, H., et al., Clin. Immunol. Immunopathol. 43:88-96, 1987).

[0174] In addition to the role of complement in urogenital inflammatory diseases, reproductive functions may be impacted by the local regulation of the complement pathway. Naturally occurring complement inhibitors have evolved to provide host cells with the protection they need to control the body's complement system. Crry, a naturally-occurring rodent complement inhibitor that is structurally similar to the human complement inhibitors, MCP and DAF, has been investigated to delineate the regulatory control of complement in fetal development. Interestingly, attempts to generate Crry^{-/-} mice were unsuccessful. Instead, it was discovered that homozygous Crry^{-/-} mice died in utero. Crry^{-/-} embryos survived until about 10 days post coitus, and survival rapidly declined with death resulting from developmental arrest. There was also a marked invasion of inflammatory cells into the placental tissue of Crry^{-/-} embryos. In contrast, Crry^{+/+} embryos appeared to have C3 deposited on the placenta. This suggests that complement activation had occurred at the placenta level, and in the absence of complement regulation, the embryos died. Confirming studies investigated the introduction of the Crry mutation onto a C3 deficient background. This rescue strategy was successful. Together, these data illustrate that the fetomaternal complement interface must be regulated. Subtle alterations in complement regulation within the placenta might contribute to placental dysfunction and miscarriage (Xu, C., et al., Science 287:498-507, 2000).

[0175] Pre-eclampsia is a pregnancy-induced hypertensive disorder in which complement system activation has been implicated but remains controversial (Haeger, M., Int. J. Gynecol. Obstet. 43:113-127, 1993). Complement activation in systemic circulation is closely related to established disease in pre-eclampsia, but no elevations were seen prior to the presence of clinical symptoms and, therefore, complement components cannot be used as predictors of pre-eclampsia (Haeger, et al., Obstet. Gynecol. 78:46, 1991). However, increased complement activation at the local environment of the placenta bed might overcome local control mechanisms, resulting in raised levels of anaphylatoxins and C5b-9 (Haeger, et al., Obstet. Gynecol. 73:551, 1989).

[0176] One proposed mechanism of infertility related to antisperm antibodies (ASA) is through the role of complement activation in the genital tract. Generation of C3b and iC3b opsonin, which can potentiate the binding of sperm by phagocytic cells via their complement receptors as well as formation of the terminal C5b-9 complex on the sperm surface, thereby reducing sperm motility, are potential causes associated with reduced fertility. Elevated C5b-9 levels have also been demonstrated in ovarian follicular fluid of infertile women (D'Cruz, O.J., et al., J. Immunol. 144:3841-3848, 1990). Other studies have shown impairment in sperm migration, and reduced sperm/egg interactions, which may be complement associated (D'Cruz, O.J., et al., J. Immunol. 146:611-620, 1991; Alexander, N.J., Fertil. Steril. 41:433-439, 1984). Finally, studies with sCR1 demonstrated a protective effect against ASA- and complement mediated injury to human sperm (D'Cruz, O.J., et al., Biol. Reprod. 54:1217-1228, 1996). These data provide several lines of evidence for the use of complement inhibitors in the treatment of urogenital disease and disorders.

[0177] There is described a method for inhibiting MASP-2-dependent complement activation in a patient suffering from a urogenital disorder, by administering a composition comprising a therapeutically effective amount of a MASP-2 inhibitory agent in a pharmaceutical carrier to a subject suffering from such a disorder. Urogenital disorders believed to be subject to therapeutic treatment with the methods and compositions of the present invention include, by way of nonlimiting example, painful bladder disease, sensory bladder disease, chronic abacterial cystitis and interstitial cystitis, male and female infertility, placental dysfunction and miscarriage and pre-eclampsia. The MASP-2 inhibitory agent may be administered to the subject systemically, such as by intra-arterial, intravenous, intramuscular, inhalational, subcutaneous or other parenteral administration, or potentially by oral administration for non-peptidergic agents. Alternately, the MASP-2 inhibitory composition may be delivered locally to the urogenital tract, such as by intravesical irrigation or instillation with a liquid solution or gel composition. Repeated administration may be carried out as determined by a physician to control or resolve the condition.

DIABETES AND DIABETIC CONDITIONS

[0178] Diabetic retinal microangiopathy is characterized by increased permeability, leukostasis, microthrombosis, and apoptosis of capillary cells, all of which could be caused or promoted by activation of complement. Glomerular structures and endoneurial microvessels of patients with diabetes show signs of complement activation. Decreased availability or effectiveness of complement inhibitors in diabetes has been suggested by the findings that high glucose *in vitro* selectively decreases on the endothelial cell surface the expression of CD55 and CD59, the two inhibitors that are glycosylphosphatidylinositol (GPI)-anchored membrane

proteins, and that CD59 undergoes nonenzymatic glycation that hinders its complement-inhibitory function.

[0179] Studies by Zhang et al. (Diabetes 51:3499-3504, 2002), investigated complement activation as a feature of human nonproliferative diabetic retinopathy and its association with changes in inhibitory molecules. It was found that deposition of C5b-9, the terminal product of complement activation, occurs in the wall of retinal vessels of human eye donors with type-2 diabetes, but not in the vessels of age-matched nondiabetic donors. C1q and C4, the complement components unique to the classical pathway, were not detected in the diabetic retinas, which indicates that C5b-9 was generated via the alternative pathway. The diabetic donors showed a prominent reduction in the retinal levels of CD55 and CD59, the two complement inhibitors linked to the plasma membrane by GPI anchors. Similar complement activation in retinal vessels and selective reduction in the levels of retinal CD55 and CD59 were observed in rats with a 10 week duration of streptozotocin-induced diabetes. Thus, diabetes appears to cause defective regulation of complement inhibitors and complement activation that precede most other manifestations of diabetic retinal microangiopathy.

[0180] Gerl et al. (Investigative Ophthalmology and Visual Science 43:1104-08, 2000) determined the presence of activated complement components in eyes affected by diabetic retinopathy. Immunohistochemical studies found extensive deposits of complement C5b-9 complexes that were detected in the choriocapillaris immediately underlying the Bruch membrane and densely surrounding the capillaries in all 50 diabetic retinopathy specimens. Staining for C3d positively correlated with C5b-9 staining, indicative of the fact that complement activation had occurred *in situ*. Furthermore, positive staining was found for vitronectin, which forms stable complexes with extracellular C5b-9. In contrast, there was no positive staining for C-reactive protein (CRP), mannan-binding lectin (MBL), C1q, or C4, indicating that complement activation did not occur through a C4-dependent pathway. Thus, the presence of C3d, C5b-9, and vitronectin indicates that complement activation occurs to completion, possibly through the alternative pathway in the choriocapillaris in eyes affected by diabetic retinopathy. Complement activation may be a causative factor in the pathologic sequelae that can contribute to ocular tissue disease and visual impairment. Therefore, the use of a complement inhibitor may be an effective therapy to reduce or block damage to microvessels that occurs in diabetes.

[0181] Insulin dependent diabetes mellitus (IDDM, also referred to as Type-I diabetes) is an autoimmune disease associated with the presence of different types of autoantibodies (Nicoloff et al., Clin. Dev. Immunol. 11:61-66, 2004). The presence of these antibodies and the corresponding antigens in the circulation leads to the formation of circulating immune complexes (CIC), which are known to persist in the blood for long periods of time. Deposition of CIC in the small blood vessels has the potential to lead to microangiopathy with debilitating clinical consequences. A correlation exists between CIC and the development of microvascular complications in diabetic children. These findings suggest that elevated levels of CIC IgG are associated with the development of early diabetic nephropathy and that an inhibitor of the complement pathway may be effective at blocking diabetic nephropathy (Kotnik, et al., Croat. Med. J. 44:707-11, 2003). In addition, the formation of downstream complement proteins and the involvement of the alternative pathway is likely to be a contributory factor in overall islet cell function in IDDM, and the use of a complement inhibitor to reduce potential damage or limit cell death is expected (Caraher, et al., J. Endocrinol. 162:143-53, 1999).

[0182] Circulating MBL concentrations are significantly elevated in patients with type 1 diabetes compared to healthy controls, and these MBL concentrations correlate positively with urinary albumin excretion (Hansen et al., J. Clin. Endocrinol. Metab. 88:4857-61, 2003). A recent clinical study found that the frequencies of high- and low-expression MBL genotypes were similar between patients with type 1 diabetes and healthy controls (Hansen et al., Diabetes 53:1570-76, 2004). However, the risk of having nephropathy among the diabetes patients was significantly increased if they had a high MBL genotype. This indicates that high MBL levels and lectin pathway complement activation may contribute to the development of diabetic nephropathy. This conclusion is supported by a recent prospective study in which the association between MBL levels and the development of albuminuria in a cohort of newly diagnosed type 1 diabetic patients was examined (Hovind et al., Diabetes 54:1523-27, 2005). They found that high levels of MBL early in the course of type 1 diabetes were significantly associated with later development of persistent albuminuria. These results suggest that MBL and the lectin pathway may be involved in the specific pathogenesis of diabetic vascular complications more than merely causing an acceleration of existing alterations. In a recent clinical study (Hansen et al., Arch. Intern. Med. 166:2007-13, 2006), MBL levels were measured at baseline in a well-characterized cohort of patients with type 2 diabetes who received more than 15 years of follow up. They found that even after adjustment for known confounders, the risk of dying was significantly higher among patients with high MBL plasma levels (>1000 µg/L) than among patients with low MBL levels (<1000 µg/L).

[0183] There is described methods for inhibiting MASP-2-dependent complement activation in a subject suffering from nonobese diabetes (IDDM) or from angiopathy, neuropathy or retinopathy complications of IDDM or adult onset (Type-2) diabetes, by administering a composition comprising a therapeutically effective amount of a MASP-2 inhibitor in a pharmaceutical carrier. The MASP-2 inhibitory agent may be administered to the subject systemically, such as by intra-arterial, intravenous, intramuscular, subcutaneous or other parenteral administration, or potentially by oral administration for non-peptidergic agents. Alternatively, administration may be by local delivery to the site of angiopathic, neuropathic or retinopathic symptoms. The MASP-2 inhibitory

agent may be administered periodically over an extended period of time for treatment or control of a chronic condition, or by a single or series of administrations for treatment of an acute condition.

PERICHEMOTHERAPEUTIC ADMINISTRATION AND TREATMENT OF MALIGNANCIES

[0184] Activation of the complement system may also be implicated in the pathogenesis of malignancies. Recently, the neoantigens of the C5b-9 complement complex, IgG, C3, C4, S-protein/vitronectin, fibronectin, and macrophages were localized on 17 samples of breast cancer and on 6 samples of benign breast tumors using polyclonal or monoclonal antibodies and the streptavidin-biotin-peroxidase technique. All the tissue samples with carcinoma in each the TNM stages presented C5b-9 deposits on the membranes of tumor cells, thin granules on cell remnants, and diffuse deposits in the necrotic areas (Niculescu, F., et al., *Am. J. Pathol.* 140:1039-1043, 1992).

[0185] In addition, complement activation may be a consequence of chemotherapy or radiation therapy and thus inhibition of complement activation would be useful as an adjunct in the treatment of malignancies to reduce iatrogenic inflammation. When chemotherapy and radiation therapy preceded surgery, C5b-9 deposits were more intense and extended. The C5b-9 deposits were absent in all the samples with benign lesions. S-protein/vitronectin was present as fibrillar deposits in the connective tissue matrix and as diffuse deposits around the tumor cells, less intense and extended than fibronectin. IgG, C3, and C4 deposits were present only in carcinoma samples. The presence of C5b-9 deposits is indicative of complement activation and its subsequent pathogenetic effects in breast cancer (Niculescu, F., et al., *Am. J. Pathol.* 140:1039-1043, 1992).

[0186] Pulsed tunable dye laser (577 nm) (PTDL) therapy induces hemoglobin coagulation and tissue necrosis, which is mainly limited to blood vessels. In a PTDL-irradiated normal skin study, the main findings were as follows: 1) C3 fragments, C8, C9, and MAC were deposited in vessel walls; 2) these deposits were not due to denaturation of the proteins since they became apparent only 7 min after irradiation, contrary to immediate deposition of transferrin at the sites of erythrocyte coagulates; 3) the C3 deposits were shown to amplify complement activation by the alternative pathway, a reaction which was specific since tissue necrosis itself did not lead to such amplification; and 4) these reactions preceded the local accumulation of polymorphonuclear leucocytes. Tissue necrosis was more pronounced in the hemangiomas. The larger angiomatous vessels in the center of the necrosis did not fix complement significantly. By contrast, complement deposition in the vessels situated at the periphery was similar to that observed in normal skin with one exception: C8, C9, and MAC were detected in some blood vessels immediately after laser treatment, a finding consistent with assembly of the MAC occurring directly without the formation of a C5 convertase. These results indicate that complement is activated in PTDL-induced vascular necrosis, and might be responsible for the ensuing inflammatory response.

[0187] Photodynamic therapy (PDT) of tumors elicits a strong host immune response, and one of its manifestations is a pronounced neutrophilia. In addition to complement fragments (direct mediators) released as a consequence of PDT-induced complement activation, there are at least a dozen secondary mediators that all arise as a result of complement activity. The latter include cytokines IL-1 β , TNF- α , IL-6, IL-10, G-CSF and KC, thromboxane, prostaglandins, leukotrienes, histamine, and coagulation factors (Cecic, I., et al., *Cancer Lett.* 183:43-51, 2002).

[0188] Finally, the use of inhibitors of MASP-2-dependent complement activation may be envisioned in conjunction with the standard therapeutic regimen for the treatment of cancer. For example, treatment with rituximab, a chimeric anti-CD20 monoclonal antibody, can be associated with moderate to severe first-dose side-effects, notably in patients with high numbers of circulating tumor cells. Recent studies during the first infusion of rituximab measured complement activation products (C3b/c and C4b/c) and cytokines (tumour necrosis factor α (TNF- α), interleukin 6 (IL-6) and IL-8) in five relapsed low-grade non-Hodgkin's lymphoma (NHL) patients. Infusion of rituximab induced rapid complement activation, preceding the release of TNF- α , IL-6 and IL-8. Although the study group was small, the level of complement activation appeared to be correlated both with the number of circulating B cells prior to the infusion ($r = 0.85$; $P = 0.07$), and with the severity of the side-effects. The results indicated that complement plays a pivotal role in the pathogenesis of side-effects of rituximab treatment. As complement activation cannot be prevented by corticosteroids, it may be relevant to study the possible role of complement inhibitors during the first administration of rituximab (van der Kolk, L.E., et al., *Br. J. Haematol.* 115:807-811, 2001).

[0189] There is described methods for inhibiting MASP-2-dependent complement activation in a subject being treated with chemotherapeutics and/or radiation therapy, including without limitation for the treatment of cancerous conditions. This method includes administering a composition comprising a therapeutically effective amount of a MASP-2 inhibitor in a pharmaceutical carrier to a patient perichemotherapeutically, i.e., before and/or during and/or after the administration of chemotherapeutic(s) and/or radiation therapy. For example, administration of a MASP-2 inhibitor composition of the present invention may be

commenced before or concurrently with the administration of chemo- or radiation therapy, and continued throughout the course of therapy, to reduce the detrimental effects of the chemo- and/or radiation therapy in the non-targeted, healthy tissues. In addition, the MASP-2 inhibitor composition can be administered following chemo- and/or radiation therapy. It is understood that chemo- and radiation therapy regimens often entail repeated treatments and, therefore, it is possible that administration of a MASP-2 inhibitor composition would also be repetitive and relatively coincident with the chemotherapeutic and radiation treatments. It is also believed that MASP-2 inhibitory agents may be used as chemotherapeutic agents, alone or in combination with other chemotherapeutic agents and/or radiation therapy, to treat patients suffering from malignancies. Administration may suitably be via oral (for non-peptidergic), intravenous, intramuscular or other parenteral route.

ENDOCRINE DISORDERS

[0190] The complement system has also been recently associated with a few endocrine conditions or disorders including Hashimoto's thyroiditis (Blanchin, S., et al., *Exp. Eye Res.* 73(6):887-96, 2001), stress, anxiety and other potential hormonal disorders involving regulated release of prolactin, growth or insulin-like growth factor, and adrenocorticotropin from the pituitary (Francis, K., et al., *FASEB J.* 17:2266-2268, 2003; Hansen, T.K., *Endocrinology* 144(12):5422-9, 2003).

[0191] Two-way communication exists between the endocrine and immune systems using molecules such as hormones and cytokines. Recently, a new pathway has been elucidated by which C3a, a complement-derived cytokine, stimulates anterior pituitary hormone release and activates the hypothalamic-pituitary-adrenal axis, a reflex central to the stress response and to the control of inflammation. C3a receptors are expressed in pituitary-hormone-secreting and non-hormone-secreting (folliculostellate) cells. C3a and C3adesArg (a non-inflammatory metabolite) stimulate pituitary cell cultures to release prolactin, growth hormone, and adrenocorticotropin. Serum levels of these hormones, together with adrenal corticosterone, increase dose dependently with recombinant C3a and C3adesArg administration *in vivo*. The implication is that complement pathway modulates tissue-specific and systemic inflammatory responses through communication with the endocrine pituitary gland (Francis, K., et al., *FASEB J.* 17:2266-2268, 2003).

[0192] An increasing number of studies in animals and humans indicate that growth hormone (GH) and insulin-like growth factor-I (IGF-I) modulate immune function. GH therapy increased the mortality in critically ill patients. The excessive mortality was almost entirely due to septic shock or multi-organ failure, which could suggest that a GH-induced modulation of immune and complement function was involved. Mannan-binding lectin (MBL) is a plasma protein that plays an important role in innate immunity through activation of the complement cascade and inflammation following binding to carbohydrate structures. Evidence supports a significant influence from growth hormone on MBL levels and, therefore, potentially on lectin-dependent complement activation (Hansen, T.K., *Endocrinology* 144(12):5422-9, 2003).

[0193] Thyroperoxidase (TPO) is one of the main autoantigens involved in autoimmune thyroid diseases. TPO consists of a large N-terminal myeloperoxidase-like module followed by a complement control protein (CCP)-like module and an epidermal growth factor-like module. The CCP module is a constituent of the molecules involved in the activation of C4 complement component, and studies were conducted to investigate whether C4 may bind to TPO and activate the complement pathway in autoimmune conditions. TPO via its CCP module directly activates complement without any mediation by Ig. Moreover, in patients with Hashimoto's thyroiditis, thyrocytes overexpress C4 and all the downstream components of the complement pathway. These results indicate that TPO, along with other mechanisms related to activation of the complement pathway, may contribute to the massive cell destruction observed in Hashimoto's thyroiditis (Blanchin, S., et al., 2001).

[0194] There is described a method for inhibiting MASP-2-dependent complement activation to treat an endocrine disorder, by administering a composition comprising a therapeutically effective amount of a MASP-2 inhibitory agent in a pharmaceutical carrier to a subject suffering from an endocrine disorder. Conditions subject to treatment in accordance with the present invention include, by way of nonlimiting example, Hashimoto's thyroiditis, stress, anxiety and other potential hormonal disorders involving regulated release of prolactin, growth or insulin-like growth factor, and adrenocorticotropin from the pituitary. The MAS-2 inhibitory agent may be administered to the subject systemically, such as by intra-arterial, intravenous, intramuscular, inhalational, nasal, subcutaneous or other parenteral administration, or potentially by oral administration for non-peptidergic agents. The MASP-2 inhibitory agent composition may be combined with one or more additional therapeutic agents. Administration may be repeated as determined by a physician until the condition has been resolved.

OPHTHALMOLOGIC CONDITIONS

[0195] Age-related macular degeneration (AMD) is a blinding disease that afflicts millions of adults, yet the sequelae of biochemical, cellular, and/or molecular events leading to the development of AMD are poorly understood. AMD results in the progressive destruction of the macula which has been correlated with the formation of extracellular deposits called drusen located in and around the macula, behind the retina and between the retina pigment epithelium (RPE) and the choroid. Recent studies have revealed that proteins associated with inflammation and immune-mediated processes are prevalent among drusen-associated constituents. Transcripts that encode a number of these molecules have been detected in retinal, RPE, and choroidal cells. These data also demonstrate that dendritic cells, which are potent antigen-presenting cells, are intimately associated with drusen development, and that complement activation is a key pathway that is active both within drusen and along the RPE-choroid interface (Hageman, G.S., et al., *Prog. Retin. Eye Res.*, 20:705-732, 2001).

[0196] Several independent studies have shown a strong association between AMD and a genetic polymorphism in the gene for complement factor H (CFH) in which the likelihood of AMD is increased by a factor of 7.4 in individuals homozygous for the risk allele (Klein, R.J. et al., *Science*, 308:362-364, 2005; Haines et al., *Science* 308:362-364, 2005; Edwards et al., *Science* 308:263-264, 2005). The CFH gene has been mapped to chromosome 1q31 a region that had been implicated in AMD by six independent linkage scans (see, e.g., D.W. Schultz et al., *Hum. Mol. Genet.* 12:3315, 2003). CFH is known to be a key regulator of the complement system. It has been shown that CFH on cells and in circulation regulates complement activity by inhibiting the activation of C3 to C3a and C3b, and by inactivating existing C3b. Deposition of C5b-9 has been observed in Bruch's membrane, the intercapillary pillars and within drusen in patients with AMD (Klein et al.). Immunofluorescence experiments suggest that in AMD, the polymorphism of CFH may give rise to complement deposition in choroidal capillaries and choroidal vessels (Klein et al.).

[0197] The membrane-associated complement inhibitor, complement receptor 1, is also localized in drusen, but it is not detected in RPE cells immunohistochemically. In contrast, a second membrane-associated complement inhibitor, membrane cofactor protein, is present in drusen-associated RPE cells, as well as in small, spherical substructural elements within drusen. These previously unidentified elements also show strong immunoreactivity for proteolytic fragments of complement component C3 that are characteristically deposited at sites of complement activation. It is proposed that these structures represent residual debris from degenerating RPE cells that are the targets of complement attack (Johnson, L.V., et al., *Exp. Eye Res.* 73:887-896, 2001).

[0198] Identification and localization of these multiple complement regulators as well as complement activation products (C3a, C5a, C3b, C5b-9) have led investigators to conclude that chronic complement activation plays an important role in the process of drusen biogenesis and the etiology of AMD (Hageman et al., *Progress Retinal Eye Res.* 20:705-32, 2001). Identification of C3 and C5 activation products in drusen provides no insight into whether complement is activated via the classical pathway, the lectin pathway or the alternative amplification loop, as understood in accordance with the present invention, since both C3 and C5 are common to all three. However, two studies have looked for drusen immuno-labeling using antibodies specific to C1q, the essential recognition component for activation of the classical pathway (Mullins et al., *FASEB J.* 14:835-846, 2000; Johnson et al., *Exp. Eye Res.* 70:441-449, 2000). Both studies concluded that C1q immuno-labelling in drusen was not generally observed. These negative results with C1q suggest that complement activation in drusen does not occur via the classical pathway. In addition, immuno-labeling of drusen for immune-complex constituents (IgG light chains, IgM) is reported in the Mullins et al., 2000 study as being weak to variable, further indicating that the classical pathway plays a minor role in the complement activation that occurs in this disease process.

[0199] Two recent published studies have evaluated the role of complement in the development of laser-induced choroidal neovascularization (CNV) in mice, a model of human CNV. Using immunohistological methods, Bora and colleagues (2005) found significant deposition of the complement activation products C3b and C5b-9 (MAC) in the neovascular complex following laser treatment (Bora et al., *J. Immunol.* 174:491-7, 2005). Importantly, CNV did not develop in mice genetically deficient in C3 (C3^{-/-} mice), the essential component required in all complement activation pathways. RNA message levels for VEGF, EGF- β_2 , and β -FGF, three angiogenic factors implicated in CNV, were elevated in eye tissue from mice after laser-induced CNV. Significantly, complement depletion resulted in a marked reduction in the RNA levels of these angiogenic factors.

[0200] Using ELISA methods, Nozaki and colleagues demonstrated that the potent anaphylatoxins C3a and C5a are generated early in the course of laser-induced CNV (Nozaki et al., *Proc. Natl. Acad. Sci. U.S.A.* 103:2328-33, 2006). Furthermore, these two bioactive fragments of C3 and C5 induced VEGF expression following intravitreal injection in wild-type mice. Consistent with these results Nozaki and colleagues also showed that genetic ablation of receptors for C3a and C5a reduces VEGF expression and CNV formation after laser injury, and that antibody-mediated neutralization of C3a or C5a or pharmacologic blockade of their receptors also reduces CNV. Previous studies have established that recruitment of leukocytes, and macrophages in particular, plays a pivotal role in laser-induced CNV (Sakurai et al., *Invest. Ophthalmol. Vis. Sci.* 44:3578-85, 2003; Espinosa-Heidmann, et al., *Invest. Ophthalmol. Vis. Sci.* 44:3586-92, 2003). In their 2006 paper, Nozaki and colleagues report that leukocyte recruitment is

markedly reduced in C3aR(-/-) and C5aR(-/-) mice after laser injury.

[0201] There is described a method for inhibiting MASP-2-dependent complement activation to treat age-related macular degeneration or other complement mediated ophthalmologic condition by administering a composition comprising a therapeutically effective amount of a MASP-2 inhibitory agent in a pharmaceutical carrier to a subject suffering from such a condition or other complement-mediated ophthalmologic condition. The MASP-2 inhibitory composition may be administered locally to the eye, such as by irrigation or application of the composition in the form of a gel, salve or drops. Alternately, the MASP-2 inhibitory agent may be administered to the subject systemically, such as by intra-arterial, intravenous, intramuscular, inhalational, nasal, subcutaneous or other parenteral administration, or potentially by oral administration for non-peptidergic agents. The MASP-2 inhibitory agent composition may be combined with one or more additional therapeutic agents, such as are disclosed in U.S. Patent Application Publication No.2004-0072809-A1. Administration may be repeated as determined by a physician until the condition has been resolved or is controlled.

IV. MASP-2 INHIBITORY AGENTS

[0202] Described herein are methods of inhibiting the adverse effects of MASP-2-dependent complement activation. MASP-2 inhibitory agents are administered in an amount effective to inhibit MASP-2-dependent complement activation in a living subject. Representative MASP-2 inhibitory agents include: molecules that inhibit the biological activity of MASP-2 (such as small molecule inhibitors, anti-MASP-2 antibodies or blocking peptides which interact with MASP-2 or interfere with a protein-protein interaction), and molecules that decrease the expression of MASP-2 (such as MASP-2 antisense nucleic acid molecules, MASP-2 specific RNAi molecules and MASP-2 ribozymes), thereby preventing MASP-2 from activating the alternative complement pathways. The MASP-2 inhibitory agents can be used alone as a primary therapy or in combination with other therapeutics as an adjuvant therapy to enhance the therapeutic benefits of other medical treatments.

[0203] The inhibition of MASP-2-dependent complement activation is characterized by at least one of the following changes in a component of the complement system that occurs as a result of administration of a MASP-2 inhibitory agent in accordance with the methods of the invention: the inhibition of the generation or production of MASP-2-dependent complement activation system products C4b, C3a, C5a and/or C5b-9 (MAC) (measured, for example, as described in Example 2), the reduction of alternative complement activation assessed in a hemolytic assay using unsensitized rabbit or guinea pig red blood cells, the reduction of C4 cleavage and C4b deposition (measured, for example as described in Example 2), or the reduction of C3 cleavage and C3b deposition (measured, for example, as described in Example 2).

[0204] MASP-2 inhibitory agents are utilized that are effective in inhibiting the MASP-2-dependent complement activation system. MASP-2 inhibitory agents useful in the practice of this invention are, anti-MASP-2 antibodies and fragments thereof, MASP-2 inhibitory peptides, small molecules, MASP-2 soluble receptors and expression inhibitors are also described. MASP-2 inhibitory agents may inhibit the MASP-2-dependent complement activation system by blocking the biological function of MASP-2. For example, an inhibitory agent may effectively block MASP-2 protein-to-protein interactions, interfere with MASP-2 dimerization or assembly, block Ca^{2+} binding, interfere with the MASP-2 serine protease active site, or may reduce MASP-2 protein expression.

[0205] The MASP-2 inhibitory agents selectively inhibit MASP-2 complement activation, leaving the C1q-dependent complement activation system functionally intact.

[0206] A MASP-2 inhibitory agent useful in the methods disclosed herein is a specific MASP-2 inhibitory agent that specifically binds to a polypeptide comprising SEQ ID NO:6 with an affinity of at least 10 times greater than to other antigens in the complement system. A MASP-2 inhibitory agent may specifically bind to a polypeptide comprising SEQ ID NO:6 with a binding affinity of at least 100 times greater than to other antigens in the complement system. The binding affinity of the MASP-2 inhibitory agent can be determined using a suitable binding assay.

[0207] The MASP-2 polypeptide exhibits a molecular structure similar to MASP-1, MASP-3, and Clr and CIs, the proteases of the C1 complement system. The cDNA molecule set forth in SEQ ID NO:4 encodes a representative example of MASP-2 (consisting of the amino acid sequence set forth in SEQ ID NO:5) and provides the human MASP-2 polypeptide with a leader sequence (aa 1-15) that is cleaved after secretion, resulting in the mature form of human MASP-2 (SEQ ID NO:6). As shown in FIGURE 2, the human MASP 2 gene encompasses twelve exons. The human MASP-2 cDNA is encoded by exons B, C, D, F, G, H, I, J, K AND L. An alternative splice results in a 20 kDa protein termed MBL-associated protein 19 ("MAP19", also referred to as "sMAP") (SEQ ID NO:2), encoded by (SEQ ID NO: 1) arising from exons B, C, D and E as shown in FIGURE 2. The cDNA molecule set forth in SEQ ID NO:50 encodes the murine MASP-2 (consisting of the amino acid sequence set forth in SEQ ID NO:51) and provides the

murine MASP-2 polypeptide with a leader sequence that is cleaved after secretion, resulting in the mature form of murine MASP-2 (SEQ ID NO:52). The cDNA molecule set forth in SEQ ID NO:53 encodes the rat MASP-2 (consisting of the amino acid sequence set forth in SEQ ID NO:54) and provides the rat MASP-2 polypeptide with a leader sequence that is cleaved after secretion, resulting in the mature form of rat MASP-2 (SEQ ID NO:55).

[0208] Those skilled in the art will recognize that the sequences disclosed in SEQ ID NO:4, SEQ ID NO:50 and SEQ ID NO:53 represent single alleles of human, murine and rat MASP-2 respectively, and that allelic variation and alternative splicing are expected to occur. Allelic variants of the nucleotide sequences shown in SEQ ID NO:4, SEQ ID NO:50 and SEQ ID NO:53, including those containing silent mutations and those in which mutations result in amino acid sequence changes, are within the scope of the present invention. Allelic variants of the MASP-2 sequence can be cloned by probing cDNA or genomic libraries from different individuals according to standard procedures.

[0209] The domains of the human MASP-2 protein (SEQ ID NO:6) are shown in FIGURE 3A and include an N-terminal C1r/C1s/sea urchin Vegf/bone morphogenic protein (CUBI) domain (aa 1-121 of SEQ ID NO:6), an epidermal growth factor-like domain (aa 122-166), a second CUBI domain (aa 167-293), as well as a tandem of complement control protein domains and a serine protease domain. Alternative splicing of the *MASP 2* gene results in MAP19 shown in FIGURE 3B. MAP19 is a nonenzymatic protein containing the N-terminal CUB1-EGF region of MASP-2 with four additional residues (EQSL) derived from exon E as shown in FIGURE 2.

[0210] Several proteins have been shown to bind to, or interact with MASP-2 through protein-to-protein interactions. For example, MASP-2 is known to bind to, and form Ca^{2+} dependent complexes with, the lectin proteins MBL, H-ficolin and L-ficolin. Each MASP-2/lectin complex has been shown to activate complement through the MASP-2-dependent cleavage of proteins C4 and C2 (Ikeda, K., et al., J. Biol. Chem. 262:7451-7454, 1987; Matsushita, M., et al., J. Exp. Med. 176:1497-2284, 2000; Matsushita, M., et al., J. Immunol. 168:3502-3506, 2002). Studies have shown that the CUB1-EGF domains of MASP-2 are essential for the association of MASP-2 with MBL (Thielens, N.M., et al., J. Immunol. 166:5068, 2001). It has also been shown that the CUB1EGFCUBII domains mediate dimerization of MASP-2, which is required for formation of an active MBL complex (Wallis, R., et al., J. Biol. Chem. 275:30962-30969, 2000). Therefore, MASP-2 inhibitory agents can be identified that bind to or interfere with MASP-2 target regions known to be important for MASP-2-dependent complement activation.

ANTI-MASP-2 ANTIBODIES

[0211] The MASP-2 inhibitory agent for use in this invention comprises an anti-MASP-2 antibody that inhibits the MASP-2-dependent complement activation system. The anti-MASP-2 antibodies useful in this aspect of the invention include polyclonal, monoclonal or recombinant antibodies derived from any antibody producing mammal and may be multispecific, chimeric, humanized, anti-idiotypic, and antibody fragments. Antibody fragments include Fab, Fab', F(ab)₂, F(ab')₂, Fv fragments, scFv fragments and single-chain antibodies as further described herein.

[0212] Several anti-MASP-2 antibodies have been described in the literature, some of which are listed below in TABLE 1. These previously described anti-MASP-2 antibodies can be screened for the ability to inhibit the MASP-2-dependent complement activation system using the assays described herein. For example, anti rat MASP-2 Fab2 antibodies have been identified that block MASP-2 dependent complement activation, as described in more detail in Examples 24 and 25 herein. Once an anti-MASP-2 antibody is identified that functions as a MASP-2 inhibitory agent, it can be used to produce anti-idiotypic antibodies and used to identify other MASP-2 binding molecules as further described below.

TABLE 1: MASP-2 SPECIFIC ANTIBODIES FROM THE LITERATURE

ANTIGEN	ANTIBODY TYPE	REFERENCE
Recombinant MASP-2	Rat Polyclonal	Peterson, S.V., et al., Mol. Immunol. 37:803-811, 2000
Recombinant human CCP1/2-SP fragment (MoAb 8B5)	Rat MoAb (subclass IgG1)	Moller-Kristensen, M., et al., J. of Immunol. Methods 282:159-167, 2003
Recombinant human MAP19 (MoAb 6G12) (cross reacts with MASP-2)	Rat MoAb (subclass IgG1)	Moller-Kristensen, M., et al., J. of Immunol. Methods 282:159-167, 2003
hMASP-2	Mouse MoAb (S/P) Mouse MoAb (N-term)	Peterson, S.V., et al., Mol. Immunol. 35:409, April 1998

ANTIGEN	ANTIBODY TYPE	REFERENCE
hMASP-2 (CCP1-CCP2-SP domain)	rat MoAb: Nimoab101, produced by hybridoma cell line 03050904 (ECACC)	WO 2004/106384
hMASP-2 (full length-his tagged)	murine MoAbs:	WO 2004/106384
	NimoAb104, produced by hybridoma cell line M0545YM035 (DSMZ)	
	NimoAb108, produced by hybridoma cell line M0545YM029 (DSMZ)	
	NimoAb109 produced by hybridoma cell line M0545YM046 (DSMZ)	
	NimoAb110 produced by hybridoma cell line M0545YM048 (DSMZ)	

ANTI-MASP-2 ANTIBODIES WITH REDUCED EFFECTOR FUNCTION

[0213] The anti-MASP-2 antibodies for use may have reduced effector function in order to reduce inflammation that may arise from the activation of the classical complement pathway. The ability of IgG molecules to trigger the classical complement pathway has been shown to reside within the Fc portion of the molecule (Duncan, A.R., et al., *Nature* 332:738-740 1988). IgG molecules in which the Fc portion of the molecule has been removed by enzymatic cleavage are devoid of this effector function (see Harlow, *Antibodies: A Laboratory Manual*, Cold Spring Harbor Laboratory, New York, 1988). Accordingly, antibodies with reduced effector function can be generated as the result of lacking the Fc portion of the molecule by having a genetically engineered Fc sequence that minimizes effector function, or being of either the human IgG₂ or IgG₄ isotype.

[0214] Antibodies with reduced effector function can be produced by standard molecular biological manipulation of the Fc portion of the IgG heavy chains as described in Example 9 herein and also described in Jolliffe, et al., *Int'l Rev. Immunol.* 10:241-250, 1993, and Rodrigues, et al., *J. Immunol.* 151:6954-6961, 1998. Antibodies with reduced effector function also include human IgG₂ and IgG₄ isotypes that have a reduced ability to activate complement and/or interact with Fc receptors (Ravetch, J.V., et al., *Annu. Rev. Immunol.* 9:457-492, 1991; Isaacs, J.D., et al., *J. Immunol.* 148:3062-3071, 1992; van de Winkel, J.G., et al., *Immunol. Today* 14:215-221, 1993). Humanized or fully human antibodies specific to human MASP-2 comprised of IgG₂ or IgG₄ isotypes can be produced by one of several methods known to one of ordinary skilled in the art, as described in Vaughan, T.J., et al., *Nature Biotechnol* 16:535-539, 1998.

PRODUCTION OF ANTI-MASP-2 ANTIBODIES

[0215] Anti-MASP-2 antibodies can be produced using MASP-2 polypeptides (e.g., full length MASP-2) or using antigenic MASP-2 epitope-bearing peptides (e.g., a portion of the MASP-2 polypeptide). Immunogenic peptides may be as small as five amino acid residues. For example, the MASP-2 polypeptide including the entire amino acid sequence of SEQ ID NO:6 may be used to induce anti-MASP-2 antibodies useful in the method of the invention. Particular MASP-2 domains known to be involved in protein-protein interactions, such as the CUBI, and CUBIEGF domains, as well as the region encompassing the serine-protease active site, may be expressed as recombinant polypeptides as described in Example 5 and used as antigens. In addition, peptides comprising a portion of at least 6 amino acids of the MASP-2 polypeptide (SEQ ID NO:6) are also useful to induce MASP-2 antibodies. Additional examples of MASP-2 derived antigens useful to induce MASP-2 antibodies are provided below in TABLE 2. The MASP-2 peptides and polypeptides used to raise antibodies may be isolated as natural polypeptides, or recombinant or synthetic peptides and catalytically inactive recombinant polypeptides, such as MASP-2A, as further described in Examples 5-7. In some embodiments of this aspect of the invention, anti-MASP-2 antibodies are obtained using a transgenic mouse strain as described in Examples 8 and 9 and further described below.

[0216] Antigens useful for producing anti-MASP-2 antibodies also include fusion polypeptides, such as fusions of MASP-2 or a

portion thereof with an immunoglobulin polypeptide or with maltose-binding protein. The polypeptide immunogen may be a full-length molecule or a portion thereof. If the polypeptide portion is hapten-like, such portion may be advantageously joined or linked to a macromolecular carrier (such as keyhole limpet hemocyanin (KLH), bovine serum albumin (BSA) or tetanus toxoid) for immunization.

TABLE 2: MASP-2 DERIVED ANTIGENS

SEQ ID NO:	Amino Acid Sequence
SEQ ID NO:6	Human MASP-2 protein
SEQ ID NO:51	Murine MASP-2 protein
SEQ ID NO:8	CUBI domain of human MASP-2 (aa 1-121 of SEQ ID NO:6)
SEQ ID NO:9	CUBIEGF domains of human MASP-2 (aa 1-166 of SEQ ID NO:6)
SEQ ID NO: 10	CUBIEGFCUBI domains of human MASP-2 (aa 1-293 of SEQ ID NO:6)
SEQ ID NO:11	EGF domain of human MASP-2 (aa 122-166 of SEQ ID NO:6)
SEQ ID NO: 12	Serine-Protease domain of human MASP-2 (aa 429-671 of SEQ ID NO:6)
SEQ ID NO: 13 GKDSCRGDAGGALVFL	Serine-Protease inactivated mutant form (aa 610-625 of SEQ ID NO:6 with mutated Ser 618)
SEQ ID NO: 14 TPLGPKWPEPVFGRL	Human CUBI peptide
SEQ ID NO:15: TAPPGYRLRLYFTHFDLEL SHLCEYDFVKLSSGAKVL ATLCGQ	Human CUBI peptide
SEQ ID NO:16: TFRSDYSN	MBL binding region in human CUBI domain
SEQ ID NO:17: FYSLGSSLDITFRSDYSNEK PFTGF	MBL binding region in human CUBI domain
SEQ ID NO:18 IDECQVAPG	EGF peptide
SEQ ID NO:19 ANMLCAGLESGGKDSCRG DSGGALV	Peptide from serine-protease active site

POLYCLONAL ANTIBODIES

[0217] Polyclonal antibodies against MASP-2 can be prepared by immunizing an animal with MASP-2 polypeptide or an immunogenic portion thereof using methods well known to those of ordinary skill in the art. See, for example, Green, et al., "Production of Polyclonal Antisera," in *Immunochemical Protocols* (Manson, ed.), page 105, and as further described in Example 6. The immunogenicity of a MASP-2 polypeptide can be increased through the use of an adjuvant, including mineral gels, such as aluminum hydroxide or Freund's adjuvant (complete or incomplete), surface active substances such as lysolecithin, pluronic polyols, polyanions, oil emulsions, keyhole limpet hemocyanin and dinitrophenol. Polyclonal antibodies are typically raised in animals such as horses, cows, dogs, chicken, rats, mice, rabbits, guinea pigs, goats, or sheep. Alternatively, an anti-MASP-2 antibody useful in the present invention may also be derived from a subhuman primate. General techniques for raising diagnostically and therapeutically useful antibodies in baboons may be found, for example, in Goldenberg et al., International Patent Publication No. WO 91/11465, and in Losman, M.J., et al., *Int. J. Cancer* 46:310, 1990. Sera containing immunologically active antibodies are then produced from the blood of such immunized animals using standard procedures well known in the art.

MONOCLONAL ANTIBODIES

[0218] In some embodiments, the MASP-2 inhibitory agent is an anti-MASP-2 monoclonal antibody. Anti-MASP-2 monoclonal antibodies are highly specific, being directed against a single MASP-2 epitope. As used herein, the modifier "monoclonal" indicates the character of the antibody as being obtained from a substantially homogenous population of antibodies, and is not to be construed as requiring production of the antibody by any particular method. Monoclonal antibodies can be obtained using any technique that provides for the production of antibody molecules by continuous cell lines in culture, such as the hybridoma method described by Kohler, G., et al., *Nature* 256:495, 1975, or they may be made by recombinant DNA methods (see, e.g., U.S. Patent No. 4,816,567 to Cabilly). Monoclonal antibodies may also be isolated from phage antibody libraries using the techniques described in Clackson, T., et al., *Nature* 352:624-628, 1991, and Marks, J.D., et al., *J. Mol. Biol.* 222:581-597, 1991. Such antibodies can be of any immunoglobulin class including IgG, IgM, IgE, IgA, IgD and any subclass thereof.

[0219] For example, monoclonal antibodies can be obtained by injecting a suitable mammal (e.g., a BALB/c mouse) with a composition comprising a MASP-2 polypeptide or portion thereof. After a predetermined period of time, splenocytes are removed from the mouse and suspended in a cell culture medium. The splenocytes are then fused with an immortal cell line to form a hybridoma. The formed hybridomas are grown in cell culture and screened for their ability to produce a monoclonal antibody against MASP-2. An example further describing the production of anti-MASP-2 monoclonal antibodies is provided in Example 7. (See also *Current Protocols in Immunology*, Vol. 1., John Wiley & Sons, pages 2.5.1-2.6.7, 1991.)

[0220] Human monoclonal antibodies may be obtained through the use of transgenic mice that have been engineered to produce specific human antibodies in response to antigenic challenge. In this technique, elements of the human immunoglobulin heavy and light chain locus are introduced into strains of mice derived from embryonic stem cell lines that contain targeted disruptions of the endogenous immunoglobulin heavy chain and light chain loci. The transgenic mice can synthesize human antibodies specific for human antigens, such as the MASP-2 antigens described herein, and the mice can be used to produce human MASP-2 antibody-secreting hybridomas by fusing B-cells from such animals to suitable myeloma cell lines using conventional Kohler-Milstein technology as further described in Example 7. Transgenic mice with a human immunoglobulin genome are commercially available (e.g., from Abgenix, Inc., Fremont, CA, and Medarex, Inc., Annandale, N.J.). Methods for obtaining human antibodies from transgenic mice are described, for example, by Green, L.L., et al., *Nature Genet.* 7:13, 1994; Lonberg, N., et al., *Nature* 368:856, 1994; and Taylor, L.D., et al., *Int. Immun.* 6:579, 1994.

[0221] Monoclonal antibodies can be isolated and purified from hybridoma cultures by a variety of well-established techniques. Such isolation techniques include affinity chromatography with Protein-A Sepharose, size-exclusion chromatography, and ion-exchange chromatography (see, for example, Coligan at pages 2.7.1-2.7.12 and pages 2.9.1-2.9.3; Baines et al., "Purification of Immunoglobulin G (IgG)," in *Methods in Molecular Biology*, The Humana Press, Inc., Vol. 10, pages 79-104, 1992).

[0222] Once produced, polyclonal, monoclonal or phage-derived antibodies are first tested for specific MASP-2 binding. A variety of assays known to those skilled in the art may be utilized to detect antibodies which specifically bind to MASP-2. Exemplary assays include Western blot or immunoprecipitation analysis by standard methods (e.g., as described in Ausubel et al.), immunoelectrophoresis, enzyme-linked immuno-sorbent assays, dot blots, inhibition or competition assays and sandwich assays (as described in Harlow and Land, *Antibodies: A Laboratory Manual*, Cold Spring Harbor Laboratory Press, 1988). Once antibodies are identified that specifically bind to MASP-2, the anti-MASP-2 antibodies are tested for the ability to function as a MASP-2 inhibitory agent in one of several assays such as, for example, a lectin-specific C4 cleavage assay (described in Example 2), a C3b deposition assay (described in Example 2) or a C4b deposition assay (described in Example 2).

[0223] The affinity of anti-MASP-2 monoclonal antibodies can be readily determined by one of ordinary skill in the art (see, e.g., Scatchard, A., *NY Acad. Sci.* 51:660-672, 1949). In one embodiment, the anti-MASP-2 monoclonal antibodies useful for the methods of the invention bind to MASP-2 with a binding affinity of <100 nM, preferably <10 nM and most preferably <2 nM.

CHIMERIC/HUMANIZED ANTIBODIES

[0224] Monoclonal antibodies useful in the method described herein include chimeric antibodies in which a portion of the heavy and/or light chain is identical with or homologous to corresponding sequences in antibodies derived from a particular species or belonging to a particular antibody class or subclass, while the remainder of the chain(s) is identical with or homologous to corresponding sequences in antibodies derived from another species or belonging to another antibody class or subclass, as well as fragments of such antibodies (U.S. Patent No. 4,816,567 to Cabilly, and Morrison, S.L., et al., *Proc. Nat'l Acad. Sci. USA* 81:6851-6855, 1984).

[0225] One form of a chimeric antibody useful in the invention is a humanized monoclonal anti-MASP-2 antibody. Humanized

forms of non-human (e.g., murine) antibodies are chimeric antibodies, which contain minimal sequence derived from non-human immunoglobulin. Humanized monoclonal antibodies are produced by transferring the non-human (e.g., mouse) complementarity determining regions (CDR), from the heavy and light variable chains of the mouse immunoglobulin into a human variable domain. Typically, residues of human antibodies are then substituted in the framework regions of the non-human counterparts. Furthermore, humanized antibodies may comprise residues that are not found in the recipient antibody or in the donor antibody. These modifications are made to further refine antibody performance. In general, the humanized antibody will comprise substantially all of at least one, and typically two variable domains, in which all or substantially all of the hypervariable loops correspond to those of a non-human immunoglobulin and all or substantially all of the Fv framework regions are those of a human immunoglobulin sequence. The humanized antibody optionally also will comprise at least a portion of an immunoglobulin constant region (Fc), typically that of a human immunoglobulin. For further details, see Jones, P.T., et al., Nature 321:522-525, 1986 ; Reichmann, L., et al., Nature 332:323-329, 1988; and Presta, Curr. Op. Struct. Biol. 2:593-596, 1992.

[0226] The humanized antibodies useful in the invention include human monoclonal antibodies including at least a MASP-2 binding CDR3 region. In addition, the Fc portions may be replaced so as to produce IgA or IgM as well as human IgG antibodies. Such humanized antibodies will have particular clinical utility because they will specifically recognize human MASP-2 but will not evoke an immune response in humans against the antibody itself. Consequently, they are better suited for *in vivo* administration in humans, especially when repeated or long-term administration is necessary.

[0227] An example of the generation of a humanized anti-MASP-2 antibody from a murine anti-MASP-2 monoclonal antibody is provided herein in Example 10. Techniques for producing humanized monoclonal antibodies are also described, for example, by Jones, P.T., et al., Nature 321:522, 1986 ; Carter, P., et al., Proc. Nat'l. Acad. Sci. USA 89:4285, 1992 ; Sandhu, J.S., Crit. Rev. Biotech. 12:437, 1992; Singer, I.I., et al., J. Immun. 150:2844, 1993; Sudhir (ed.), Antibody Engineering Protocols, Humana Press, Inc., 1995; Kelley, "Engineering Therapeutic Antibodies," in Protein Engineering: Principles and Practice, Cleland et al. (eds.), John Wiley & Sons, Inc., pages 399-434, 1996; and by U.S. Patent No.5,693,762 to Queen, 1997. In addition, there are commercial entities that will synthesize humanized antibodies from specific murine antibody regions, such as Protein Design Labs (Mountain View, CA).

RECOMBINANT ANTIBODIES

[0228] Anti-MASP-2 antibodies can also be made using recombinant methods. For example, human antibodies can be made using human immunoglobulin expression libraries (available for example, from Stratagene, Corp., La Jolla, CA) to produce fragments of human antibodies (V_H, V_L, Fv, Fd, Fab or F(ab')₂). These fragments are then used to construct whole human antibodies using techniques similar to those for producing chimeric antibodies.

ANTI-IDIOTYPE ANTIBODIES

[0229] Once anti-MASP-2 antibodies are identified with the desired inhibitory activity, these antibodies can be used to generate anti-idiotype antibodies that resemble a portion of MASP-2 using techniques that are well known in the art. See, e.g., Greenspan, N.S., et al., FASEB J. 7:437, 1993. For example, antibodies that bind to MASP-2 and competitively inhibit a MASP-2 protein interaction required for complement activation can be used to generate anti-idiotypes that resemble the MBL binding site on MASP-2 protein and therefore bind and neutralize a binding ligand of MASP-2 such as, for example, MBL.

IMMUNOGLOBULIN FRAGMENTS

[0230] The MASP-2 inhibitory agents useful in the method described herein encompass not only intact immunoglobulin molecules but also the well known fragments including Fab, Fab', F(ab)₂, F(ab')₂ and Fv fragments, scFv fragments, diabodies, linear antibodies, single-chain antibody molecules and multispecific antibodies formed from antibody fragments.

[0231] It is well known in the art that only a small portion of an antibody molecule, the paratope, is involved in the binding of the antibody to its epitope (see, e.g., Clark, W.R., The Experimental Foundations of Modern Immunology, Wiley & Sons, Inc., NY, 1986). The pFc' and Fc regions of the antibody are effectors of the classical complement pathway, but are not involved in antigen binding. An antibody from which the pFc' region has been enzymatically cleaved, or which has been produced without the pFc' region, is designated an F(ab')₂ fragment and retains both of the antigen binding sites of an intact antibody. An isolated F(ab')₂

fragment is referred to as a bivalent monoclonal fragment because of its two antigen binding sites. Similarly, an antibody from which the Fc region has been enzymatically cleaved, or which has been produced without the Fc region, is designated a Fab fragment, and retains one of the antigen binding sites of an intact antibody molecule.

[0232] Antibody fragments can be obtained by proteolytic hydrolysis, such as by pepsin or papain digestion of whole antibodies by conventional methods. For example, antibody fragments can be produced by enzymatic cleavage of antibodies with pepsin to provide a 5S fragment denoted F(ab')₂. This fragment can be further cleaved using a thiol reducing agent to produce 3.5S Fab' monovalent fragments. Optionally, the cleavage reaction can be performed using a blocking group for the sulfhydryl groups that result from cleavage of disulfide linkages. As an alternative, an enzymatic cleavage using pepsin produces two monovalent Fab fragments and an Fc fragment directly. These methods are described, for example, U.S. Patent No. 4,331,647 to Goldenberg; Nisonoff, A., et al., Arch. Biochem. Biophys. 89:230, 1960; Porter, R.R., Biochem. J. 73:119, 1959; Edelman, et al., in Methods in Enzymology, 1:422, Academic Press, 1967; and by Coligan at pages 2.8.1-2.8.10 and 2.10.-2.10.4.

[0233] In some embodiments, the use of antibody fragments lacking the Fc region are preferred to avoid activation of the classical complement pathway which is initiated upon binding Fc to the Fcγ receptor. There are several methods by which one can produce a MoAb that avoids Fcγ receptor interactions. For example, the Fc region of a monoclonal antibody can be removed chemically using partial digestion by proteolytic enzymes (such as ficin digestion), thereby generating, for example, antigen-binding antibody fragments such as Fab or F(ab)₂ fragments (Mariani, M., et al., Mol. Immunol. 28:69-71, 1991). Alternatively, the human γ4 IgG isotype, which does not bind Fcγ receptors, can be used during construction of a humanized antibody as described herein. Antibodies, single chain antibodies and antigen-binding domains that lack the Fc domain can also be engineered using recombinant techniques described herein.

SINGLE-CHAIN ANTIBODY FRAGMENTS

[0234] Alternatively, one can create single peptide chain binding molecules specific for MASP-2 in which the heavy and light chain Fv regions are connected. The Fv fragments may be connected by a peptide linker to form a single-chain antigen binding protein (scFv). These single-chain antigen binding proteins are prepared by constructing a structural gene comprising DNA sequences encoding the V_H and V_L domains which are connected by an oligonucleotide. The structural gene is inserted into an expression vector, which is subsequently introduced into a host cell, such as *E. coli*. The recombinant host cells synthesize a single polypeptide chain with a linker peptide bridging the two V domains. Methods for producing scFvs are described for example, by Whitlow, et al., "Methods: A Companion to Methods in Enzymology" 2:97, 1991; Bird, et al., Science 242:423, 1988; U.S. Patent No. 4,946,778 to Ladner; Pack, P., et al., Bio/Technology 11:1271, 1993.

[0235] As an illustrative example, a MASP-2 specific scFv can be obtained by exposing lymphocytes to MASP-2 polypeptide *in vitro* and selecting antibody display libraries in phage or similar vectors (for example, through the use of immobilized or labeled MASP-2 protein or peptide). Genes encoding polypeptides having potential MASP-2 polypeptide binding domains can be obtained by screening random peptide libraries displayed on phage or on bacteria such as *E. coli*. These random peptide display libraries can be used to screen for peptides which interact with MASP-2. Techniques for creating and screening such random peptide display libraries are well known in the art (U.S. Patent No. 5,223,409 to Lardner; U.S. Patent No. 4,946,778 to Ladner; U.S. Patent No. 5,403,484 to Lardner; U.S. Patent No. 5,571,698 to Lardner; and Kay et al., Phage Display of Peptides and Proteins Academic Press, Inc., 1996) and random peptide display libraries and kits for screening such libraries are available commercially, for instance from CLONTECH Laboratories, Inc. (Palo Alto, Calif.), Invitrogen Inc. (San Diego, Calif.), New England Biolabs, Inc. (Beverly, Mass.), and Pharmacia LKB Biotechnology Inc. (Piscataway, N.J.).

[0236] Another form of an anti-MASP-2 antibody fragment useful in this aspect of the invention is a peptide coding for a single complementarity-determining region (CDR) that binds to an epitope on a MASP-2 antigen and inhibits MASP-2-dependent complement activation. CDR peptides ("minimal recognition units") can be obtained by constructing genes encoding the CDR of an antibody of interest. Such genes are prepared, for example, by using the polymerase chain reaction to synthesize the variable region from RNA of antibody-producing cells (see, for example, Larrick et al., Methods: A Companion to Methods in Enzymology 2:106, 1991; Courtenay-Luck, "Genetic Manipulation of Monoclonal Antibodies," in Monoclonal Antibodies: Production, Engineering and Clinical Application, Ritter et al. (eds.), page 166, Cambridge University Press, 1995; and Ward et al., "Genetic Manipulation and Expression of Antibodies," in Monoclonal Antibodies: Principles and Applications, Birch et al. (eds.), page 137, Wiley-Liss, Inc., 1995).

[0237] The MASP-2 antibodies described herein are administered to a subject in need thereof to inhibit MASP-2-dependent complement activation. In some embodiments, the MASP-2 inhibitory agent is a high-affinity human or humanized monoclonal anti-

MASP-2 antibody with reduced effector function.

PEPTIDE INHIBITORS

[0238] Described herein are the MASP-2 inhibitory agents which comprises isolated MASP-2 peptide inhibitors, including isolated natural peptide inhibitors and synthetic peptide inhibitors that inhibit the MASP-2-dependent complement activation system. As used herein, the term "isolated MASP-2 peptide inhibitors" refers to peptides that inhibit MASP-2 dependent complement activation by binding to, competing with MASP-2 for binding to another recognition molecule (e.g., MBL, H-ficolin, M-ficolin, or L-ficolin) in the lectin pathway, and/or directly interacting with MASP-2 to inhibit MASP-2-dependent complement activation that are substantially pure and are essentially free of other substances with which they may be found in nature to an extent practical and appropriate for their intended use.

[0239] Peptide inhibitors have been used successfully *in vivo* to interfere with protein-protein interactions and catalytic sites. For example, peptide inhibitors to adhesion molecules structurally related to LFA-1 have recently been approved for clinical use in coagulopathies (Ohman, E.M., et al., *European Heart J.* 16:50-55, 1995). Short linear peptides (<30 amino acids) have been described that prevent or interfere with integrin-dependent adhesion (Murayama, O., et al., *J. Biochem.* 120:445-51, 1996). Longer peptides, ranging in length from 25 to 200 amino acid residues, have also been used successfully to block integrin-dependent adhesion (Zhang, L., et al., *J. Biol. Chem.* 271(47):29953-57, 1996). In general, longer peptide inhibitors have higher affinities and/or slower off-rates than short peptides and may therefore be more potent inhibitors. Cyclic peptide inhibitors have also been shown to be effective inhibitors of integrins *in vivo* for the treatment of human inflammatory disease (Jackson, D.Y., et al., *J. Med. Chem.* 40:3359-68, 1997). One method of producing cyclic peptides involves the synthesis of peptides in which the terminal amino acids of the peptide are cysteines, thereby allowing the peptide to exist in a cyclic form by disulfide bonding between the terminal amino acids, which has been shown to improve affinity and half-life *in vivo* for the treatment of hematopoietic neoplasms (e.g., U.S. Patent No. 6,649,592 to Larson).

SYNTHETIC MASP-2 PEPTIDE INHIBITORS

[0240] MASP-2 inhibitory peptides useful in methods described herein are exemplified by amino acid sequences that mimic the target regions important for MASP-2 function. The inhibitory peptides useful in the practice of the methods of the invention range in size from about 5 amino acids to about 300 amino acids. TABLE 3 provides a list of exemplary inhibitory peptides that may be useful in the practice of this aspect of the present invention. A candidate MASP-2 inhibitory peptide may be tested for the ability to function as a MASP-2 inhibitory agent in one of several assays including, for example, a lectin specific C4 cleavage assay (described in Example 2), and a C3b deposition assay (described in Example 2).

[0241] Such MASP-2 inhibitory peptides may be derived from MASP-2 polypeptides and are selected from the full length mature MASP-2 protein (SEQ ID NO:6), or from a particular domain of the MASP-2 protein such as, for example, the CUB1 domain (SEQ ID NO:8), the CUBIEGF domain (SEQ ID NO:9), the EGF domain (SEQ ID NO: 11), and the serine protease domain (SEQ ID NO:12). As previously described, the CUBEGFCUBII regions have been shown to be required for dimerization and binding with MBL (Thielens et al., *supra*). In particular, the peptide sequence TFRSDYN (SEQ ID NO:16) in the CUB1 domain of MASP-2 has been shown to be involved in binding to MBL in a study that identified a human carrying a homozygous mutation at Asp105 to Gly105, resulting in the loss of MASP-2 from the MBL complex (Stengaard-Pedersen, K., et al., *New England J. Med.* 349:554-560, 2003).

[0242] MASP-2 inhibitory peptides may also be derived from MAp19 (SEQ ID NO:3). As described in Example 30, MAp19 (SEQ ID NO:3) (also referred to as sMAP), has the ability to down-regulate the lectin pathway, which is activated by the MBL complex. Iwaki et al., *J. Immunol.* 177:8626-8632, 2006. While not wishing to be bound by theory, it is likely that sMAP is able to occupy the MASP-2/sMAP binding site in MBL and prevent MASP-2 from binding to MBL. It has also been reported that sMAP competes with MASP-2 in association with ficolin A and inhibits complement activation by the ficolin A/MASP-2 complex. Endo Y. et al., *Immunogenetics* 57: 837-844 (2005).

[0243] MASP-2 inhibitory peptides may be derived from the lectin proteins that bind to MASP-2 and are involved in the lectin complement pathway. Several different lectins have been identified that are involved in this pathway, including mannan-binding lectin (MBL), L-ficolin, M-ficolin and H-ficolin. (Ikeda, K., et al., *J. Biol. Chem.* 262:7451-7454, 1987; Matsushita, M., et al., *J. Exp. Med.* 176:1497-2284, 2000; Matsushita, M., et al., *J. Immunol.* 168:3502-3506, 2002). These lectins are present in serum as oligomers of homotrimeric subunits, each having N-terminal collagen-like fibers with carbohydrate recognition domains. These

different lectins have been shown to bind to MASP-2, and the lectin/MASP-2 complex activates complement through cleavage of proteins C4 and C2. H-ficolin has an amino-terminal region of 24 amino acids, a collagen-like domain with 11 Gly-Xaa-Yaa repeats, a neck domain of 12 amino acids, and a fibrinogen-like domain of 207 amino acids (Matsushita, M., et al., J. Immunol. 168:3502-3506, 2002). H-ficolin binds to GlcNAc and agglutinates human erythrocytes coated with LPS derived from *S. typhimurium*, *S. minnesota* and *E. coli*. H-ficolin has been shown to be associated with MASP-2 and MAp19 and activates the lectin pathway. *Id.* L-ficolin/P35 also binds to GlcNAc and has been shown to be associated with MASP-2 and MAp19 in human serum and this complex has been shown to activate the lectin pathway (Matsushita, M., et al., J. Immunol. 164:2281, 2000). Accordingly, MASP-2 inhibitory peptides useful in the present invention may comprise a region of at least 5 amino acids selected from the MBL protein (SEQ ID NO:21), the H-ficolin protein (Genbank accession number NM_173452), the M-ficolin protein (Genbank accession number 000602) and the L-ficolin protein (Genbank accession number NM_015838).

[0244] More specifically, scientists have identified the MASP-2 binding site on MBL to be within the 12 Gly-X-Y triplets "GKD GRD GTK GEK GEP GQG LRG LQG POG KLG POG NOG PSG SOG PKG QKG DOG KS" (SEQ ID NO:26) that lie between the hinge and the neck in the C-terminal portion of the collagen-like domain of MBP (Wallis, R., et al., J. Biol. Chem. 279:14065, 2004). This MASP-2 binding site region is also highly conserved in human H-ficolin and human L-ficolin. A consensus binding site has been described that is present in all three lectin proteins comprising the amino acid sequence "OGK-X-GP" (SEQ ID NO:22) where the letter "O" represents hydroxyproline and the letter "X" is a hydrophobic residue (Wallis et al., 2004, *supra*). Accordingly, in some embodiments, MASP-2 inhibitory peptides useful in this aspect of the invention are at least 6 amino acids in length and comprise SEQ ID NO:22. Peptides derived from MBL that include the amino acid sequence "GLR GLQ GPO GKL GPO G" (SEQ ID NO:24) have been shown to bind MASP-2 *in vitro* (Wallis, et al., 2004, *supra*). To enhance binding to MASP-2, peptides can be synthesized that are flanked by two GPO triplets at each end ("GPO GPO GLR GLQ GPO GKL GPO GGP OGP O" SEQ ID NO:25) to enhance the formation of triple helices as found in the native MBL protein (as further described in Wallis, R., et al., J. Biol. Chem. 279:14065, 2004).

[0245] MASP-2 inhibitory peptides may also be derived from human H-ficolin that include the sequence "GAO GSO GEK GAO GPQ GPO GPO GKM GPK GEO GDO" (SEQ ID NO:27) from the consensus MASP-2 binding region in H-ficolin. Also included are peptides derived from human L-ficolin that include the sequence "GCO GLO GAO GDK GEA GTN GKR GER GPO GPO GKA GPO GPN GAO GEO" (SEQ ID NO:28) from the consensus MASP-2 binding region in L-ficolin.

[0246] MASP-2 inhibitory peptides may also be derived from the C4 cleavage site such as "LQRALEILPNRVITKANRPLVFI" (SEQ ID NO:29) which is the C4 cleavage site linked to the C-terminal portion of antithrombin III (Glover, G.I., et al., Mol. Immunol. 25:1261 (1988)).

TABLE 3: EXEMPLARY MASP-2 INHIBITORY PEPTIDES

SEQ ID NO	Source
SEQ ID NO:6	Human MASP-2 protein
SEQ ID NO:8	CUBI domain of MASP-2 (aa 1-121 of SEQ ID NO:6)
SEQ ID NO:9	CUBIEGF domains of MASP-2 (aa 1-166 of SEQ ID NO:6)
SEQ ID NO:10	CUBIEGFCUBII domains of MASP-2 (aa 1-293 of SEQ ID NO:6)
SEQ ID NO:11	EGF domain of MASP-2 (aa 122-166)
SEQ ID NO:12	Serine-protease domain of MASP-2 (aa 429-671)
SEQ ID NO:16	MBL binding region in MASP-2
SEQ ID NO:3	Human MAp19
SEQ ID NO:21	Human MBL protein
SEQ NO	Source
SEQ NO:22 OGK-X-GP, Where "O" = hydroxyproline and "X" is a hydrophobic amino acid residue	Synthetic peptide Consensus binding site from Human MBL and Human ficolins
SEQ ID NO:23 OGKLG	Human MBL core binding site

SEQ NO	Source
SEQ ID NO:24 GLR GLQ GPO GKL GPO G	Human MBP Triplets 6-10- demonstrated binding to MASP-2
SEQ ID NO:25 GPOGPOGLRGLQGPO GKLGPQGGPOGPO	Human MBP Triplets with GPO added to enhance formation of triple helices
SEQ ID NO:26 GKDGRDGTKGEKGEP GQGLRGLQGPOGKL POGNOGPSGSOGPKG QKGDGKS	Human MBP Triplets 1-17
SEQ ID NO:27 GAOGSOGKEKGAOGPQ GPOGPOGKMGPKGEO GDO	Human H-Ficolin (Hataka)
SEQ ID NO:28 GCOGLOGAOGDKGE AGTNGKRGERGPOGP OGKAGPOGPNGAOG O	Human L-Ficolin P35
SEQ ID NO:29 LQRALEILPNRVTIKA NRPFLVFI	Human C4 cleavage site
Note: The letter "O" represents hydroxyproline. The letter "X" is a hydrophobic residue.	

[0247] Peptides derived from the C4 cleavage site as well as other peptides that inhibit the MASP-2 serine protease site can be chemically modified so that they are irreversible protease inhibitors. For example, appropriate modifications may include, but are not necessarily limited to, halomethyl ketones (Br, Cl, I, F) at the C-terminus, Asp or Glu, or appended to functional side chains; haloacetyl (or other α -haloacetyl) groups on amino groups or other functional side chains; epoxide or imine-containing groups on the amino or carboxy termini or on functional side chains; or imidate esters on the amino or carboxy termini or on functional side chains. Such modifications would afford the advantage of permanently inhibiting the enzyme by covalent attachment of the peptide. This could result in lower effective doses and/or the need for less frequent administration of the peptide inhibitor.

[0248] In addition to the inhibitory peptides described above, MASP-2 inhibitory peptides useful in the method described herein include peptides containing the MASP-2-binding CDR3 region of anti-MASP-2 MoAb obtained as described herein. The sequence of the CDR regions for use in synthesizing the peptides may be determined by methods known in the art. The heavy chain variable region is a peptide that generally ranges from 100 to 150 amino acids in length. The light chain variable region is a peptide that generally ranges from 80 to 130 amino acids in length. The CDR sequences within the heavy and light chain variable regions include only approximately 3-25 amino acid sequences that may be easily sequenced by one of ordinary skill in the art.

[0249] Those skilled in the art will recognize that substantially homologous variations of the MASP-2 inhibitory peptides described above will also exhibit MASP-2 inhibitory activity. Exemplary variations include, but are not necessarily limited to, peptides having insertions, deletions, replacements, and/or additional amino acids on the carboxy-terminus or amino-terminus portions of the subject peptides and mixtures thereof. Accordingly, those homologous peptides having MASP-2 inhibitory activity are considered to be useful in the methods of this invention. The peptides described may also include duplicating motifs and other modifications

with conservative substitutions. Conservative variants are described elsewhere herein, and include the exchange of an amino acid for another of like charge, size or hydrophobicity and the like.

[0250] MASP-2 inhibitory peptides may be modified to increase solubility and/or to maximize the positive or negative charge in order to more closely resemble the segment in the intact protein. The derivative may or may not have the exact primary amino acid structure of a peptide disclosed herein so long as the derivative functionally retains the desired property of MASP-2 inhibition. The modifications can include amino acid substitution with one of the commonly known twenty amino acids or with another amino acid, with a derivatized or substituted amino acid with ancillary desirable characteristics, such as resistance to enzymatic degradation or with a D-amino acid or substitution with another molecule or compound, such as a carbohydrate, which mimics the natural conformation and function of the amino acid, amino acids or peptide; amino acid deletion; amino acid insertion with one of the commonly known twenty amino acids or with another amino acid, with a derivatized or substituted amino acid with ancillary desirable characteristics, such as resistance to enzymatic degradation or with a D-amino acid or substitution with another molecule or compound, such as a carbohydrate, which mimics the natural conformation and function of the amino acid, amino acids or peptide; or substitution with another molecule or compound, such as a carbohydrate or nucleic acid monomer, which mimics the natural conformation, charge distribution and function of the parent peptide. Peptides may also be modified by acetylation or amidation.

[0251] The synthesis of derivative inhibitory peptides can rely on known techniques of peptide biosynthesis, carbohydrate biosynthesis and the like. As a starting point, the artisan may rely on a suitable computer program to determine the conformation of a peptide of interest. Once the conformation of peptide disclosed herein is known, then the artisan can determine in a rational design fashion what sort of substitutions can be made at one or more sites to fashion a derivative that retains the basic conformation and charge distribution of the parent peptide but which may possess characteristics which are not present or are enhanced over those found in the parent peptide. Once candidate derivative molecules are identified, the derivatives can be tested to determine if they function as MASP-2 inhibitory agents using the assays described herein.

SCREENING FOR MASP-2 INHIBITORY PEPTIDES

[0252] One may also use molecular modeling and rational molecular design to generate and screen for peptides that mimic the molecular structures of key binding regions of MASP-2 and inhibit the complement activities of MASP-2. The molecular structures used for modeling include the CDR regions of anti-MASP-2 monoclonal antibodies, as well as the target regions known to be important for MASP-2 function including the region required for dimerization, the region involved in binding to MBL, and the serine protease active site as previously described. Methods for identifying peptides that bind to a particular target are well known in the art. For example, molecular imprinting may be used for the *de novo* construction of macromolecular structures such as peptides that bind to a particular molecule. See, for example, Shea, K.J., "Molecular Imprinting of Synthetic Network Polymers: The De Novo synthesis of Macromolecular Binding and Catalytic Sites," *TRIP* 2:(5) 1994.

[0253] As an illustrative example, one method of preparing mimics of MASP-2 binding peptides is as follows. Functional monomers of a known MASP-2 binding peptide or the binding region of an anti-MASP-2 antibody that exhibits MASP-2 inhibition (the template) are polymerized. The template is then removed, followed by polymerization of a second class of monomers in the void left by the template, to provide a new molecule that exhibits one or more desired properties that are similar to the template. In addition to preparing peptides in this manner, other MASP-2 binding molecules that are MASP-2 inhibitory agents such as polysaccharides, nucleosides, drugs, nucleoproteins, lipoproteins, carbohydrates, glycoproteins, steroid, lipids and other biologically active materials can also be prepared. This method is useful for designing a wide variety of biological mimics that are more stable than their natural counterparts because they are typically prepared by free radical polymerization of function monomers, resulting in a compound with a nonbiodegradable backbone.

PEPTIDE SYNTHESIS

[0254] The MASP-2 inhibitory peptides can be prepared using techniques well known in the art, such as the solid-phase synthetic technique initially described by Merrifield, in *J. Amer. Chem. Soc.* 85:2149-2154, 1963. Automated synthesis may be achieved, for example, using Applied Biosystems 431A Peptide Synthesizer (Foster City, Calif.) in accordance with the instructions provided by the manufacturer. Other techniques may be found, for example, in Bodanszky, M., et al., *Peptide Synthesis*, second edition, John Wiley & Sons, 1976, as well as in other reference works known to those skilled in the art.

[0255] The peptides can also be prepared using standard genetic engineering techniques known to those skilled in the art. For

example, the peptide can be produced enzymatically by inserting nucleic acid encoding the peptide into an expression vector, expressing the DNA, and translating the DNA into the peptide in the presence of the required amino acids. The peptide is then purified using chromatographic or electrophoretic techniques, or by means of a carrier protein that can be fused to, and subsequently cleaved from, the peptide by inserting into the expression vector in phase with the peptide encoding sequence a nucleic acid sequence encoding the carrier protein. The fusion protein-peptide may be isolated using chromatographic, electrophoretic or immunological techniques (such as binding to a resin via an antibody to the carrier protein). The peptide can be cleaved using chemical methodology or enzymatically, as by, for example, hydrolases.

[0256] The MASP-2 inhibitory peptides that are useful in the method of the invention can also be produced in recombinant host cells following conventional techniques. To express a MASP-2 inhibitory peptide encoding sequence, a nucleic acid molecule encoding the peptide must be operably linked to regulatory sequences that control transcriptional expression in an expression vector and then introduced into a host cell. In addition to transcriptional regulatory sequences, such as promoters and enhancers, expression vectors can include translational regulatory sequences and a marker gene, which are suitable for selection of cells that carry the expression vector.

[0257] Nucleic acid molecules that encode a MASP-2 inhibitory peptide can be synthesized with "gene machines" using protocols such as the phosphoramidite method. If chemically synthesized double-stranded DNA is required for an application such as the synthesis of a gene or a gene fragment, then each complementary strand is made separately. The production of short genes (60 to 80 base pairs) is technically straightforward and can be accomplished by synthesizing the complementary strands and then annealing them. For the production of longer genes, synthetic genes (double-stranded) are assembled in modular form from single-stranded fragments that are from 20 to 100 nucleotides in length. For reviews on polynucleotide synthesis, see, for example, Glick and Pasternak, "Molecular Biotechnology, Principles and Applications of Recombinant DNA", ASM Press, 1994 ; Itakura, K., et al., Annu. Rev. Biochem. 53:323, 1984; and Climie, S., et al., Proc. Nat'l Acad. Sci. USA 87:633, 1990.

SMALL MOLECULE INHIBITORS

[0258] In some embodiments, MASP-2 inhibitory agents are small molecule inhibitors including natural and synthetic substances that have a low molecular weight, such as for example, peptides, peptidomimetics and nonpeptide inhibitors (including oligonucleotides and organic compounds). Small molecule inhibitors of MASP-2 can be generated based on the molecular structure of the variable regions of the anti-MASP-2 antibodies.

[0259] Small molecule inhibitors may also be designed and generated based on the MASP-2 crystal structure using computational drug design (Kuntz I.D., et al., Science 257:1078, 1992). The crystal structure of rat MASP-2 has been described (Feinberg, H., et al., EMBO J. 22:2348-2359, 2003). Using the method described by Kuntz et al., the MASP-2 crystal structure coordinates are used as an input for a computer program such as DOCK, which outputs a list of small molecule structures that are expected to bind to MASP-2. Use of such computer programs is well known to one of skill in the art. For example, the crystal structure of the HIV-1 protease inhibitor was used to identify unique nonpeptide ligands that are HIV-1 protease inhibitors by evaluating the fit of compounds found in the Cambridge Crystallographic database to the binding site of the enzyme using the program DOCK (Kuntz, I.D., et al., J. Mol. Biol. 161:269-288, 1982; DesJarlais, R.L., et al., PNAS 87:6644-6648, 1990).

[0260] The list of small molecule structures that are identified by a computational method as potential MASP-2 inhibitors are screened using a MASP-2 binding assay such as described in Example 7. The small molecules that are found to bind to MASP-2 are then assayed in a functional assay such as described in Example 2 to determine if they inhibit MASP-2-dependent complement activation.

MASP-2 SOLUBLE RECEPTORS

[0261] Other suitable MASP-2 inhibitory agents are believed to include MASP-2 soluble receptors, which may be produced using techniques known to those of ordinary skill in the art.

EXPRESSION INHIBITORS OF MASP-2

[0262] In another embodiment of this aspect of the invention, the MASP-2 inhibitory agent is a MASP-2 expression inhibitor capable of inhibiting MASP-2-dependent complement activation. In the practice of this aspect of the invention, representative

MASP-2 expression inhibitors include MASP-2 antisense nucleic acid molecules (such as antisense mRNA, antisense DNA or antisense oligonucleotides), MASP-2 ribozymes and MASP-2 RNAi molecules.

[0263] Anti-sense RNA and DNA molecules act to directly block the translation of MASP-2 mRNA by hybridizing to MASP-2 mRNA and preventing translation of MASP-2 protein. An antisense nucleic acid molecule may be constructed in a number of different ways provided that it is capable of interfering with the expression of MASP-2. For example, an antisense nucleic acid molecule can be constructed by inverting the coding region (or a portion thereof) of MASP-2 cDNA (SEQ ID NO:4) relative to its normal orientation for transcription to allow for the transcription of its complement.

[0264] The antisense nucleic acid molecule is usually substantially identical to at least a portion of the target gene or genes. The nucleic acid, however, need not be perfectly identical to inhibit expression. Generally, higher homology can be used to compensate for the use of a shorter antisense nucleic acid molecule. The minimal percent identity is typically greater than about 65%, but a higher percent identity may exert a more effective repression of expression of the endogenous sequence. Substantially greater percent identity of more than about 80% typically is preferred, though about 95% to absolute identity is typically most preferred.

[0265] The antisense nucleic acid molecule need not have the same intron or exon pattern as the target gene, and non-coding segments of the target gene may be equally effective in achieving antisense suppression of target gene expression as coding segments. A DNA sequence of at least about 8 or so nucleotides may be used as the antisense nucleic acid molecule, although a' longer sequence is preferable. In the present invention, a representative example of a useful inhibitory agent of MASP-2 is an antisense MASP-2 nucleic acid molecule which is at least ninety percent identical to the complement of the MASP-2 cDNA consisting of the nucleic acid sequence set forth in SEQ ID NO:4. The nucleic acid sequence set forth in SEQ ID NO:4 encodes the MASP-2 protein consisting of the amino acid sequence set forth in SEQ ID NO:5.

[0266] The targeting of antisense oligonucleotides to bind MASP-2 mRNA is another mechanism that may be used to reduce the level of MASP-2 protein synthesis. For example, the synthesis of polygalacturonase and the muscarine type 2 acetylcholine receptor is inhibited by antisense oligonucleotides directed to their respective mRNA sequences (U.S. Patent No. 5,739,119 to Cheng, and U.S. Patent No.5,759,829 to Shewmaker). Furthermore, examples of antisense inhibition have been demonstrated with the nuclear protein cyclin, the multiple drug resistance gene (MDG1), ICAM-1, E-selectin, STK-1, striatal GABA_A receptor and human EGF (see, e.g., U.S. Patent No. 5,801,154 to Baracchini; U.S. Patent No. 5,789,573 to Baker; U.S. Patent No. 5,718,709 to Considine; and U.S. Patent No. 5,610,288 to Reubenstein).

[0267] A system has been described that allows one of ordinary skill to determine which oligonucleotides are useful in the methods described herein, which involves probing for suitable sites in the target mRNA using Rnase H cleavage as an indicator for accessibility of sequences within the transcripts. Scherr, M., et al., Nucleic Acids Res. 26:5079-5085, 1998; Lloyd, et al., Nucleic Acids Res. 29:3665-3673, 2001. A mixture of antisense oligonucleotides that are complementary to certain regions of the MASP-2 transcript is added to cell extracts expressing MASP-2, such as hepatocytes, and hybridized in order to create an RNaseH vulnerable site. This method can be combined with computer-assisted sequence selection that can predict optimal sequence selection for antisense compositions based upon their relative ability to form dimers, hairpins, or other secondary structures that would reduce or prohibit specific binding to the target mRNA in a host cell. These secondary structure analysis and target site selection considerations may be performed using the OLIGO primer analysis software (Rychlik, I., 1997) and the BLASTN 2.0.5 algorithm software (Altschul, S.F., et al., Nucl. Acids Res. 25:3389-3402, 1997). The antisense compounds directed towards the target sequence preferably comprise from about 8 to about 50 nucleotides in length. Antisense oligonucleotides comprising from about 9 to about 35 or so nucleotides are particularly preferred. The inventors contemplate all oligonucleotide compositions in the range of 9 to 35 nucleotides (i.e., those of 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, or 35 or so bases in length) are highly preferred for the practice of antisense oligonucleotide-based methods of the invention. Highly preferred target regions of the MASP-2 mRNA are those that are at or near the AUG translation initiation codon, and those sequences that are substantially complementary to 5' regions of the mRNA, e.g., between the -10 and +10 regions of the MASP-2 gene nucleotide sequence (SEQ ID NO:4). Exemplary MASP-2 expression inhibitors are provided in TABLE 4.

TABLE 4: EXEMPLARY EXPRESSION INHIBITORS OF MASP-2

SEQ ID NO:30 (nucleotides 22-680 of SEQ ID NO:4)	Nucleic acid sequence of MASP-2 cDNA (SEQ ID NO:4) encoding CUBIEGF

SEQ ID NO:30 (nucleotides 22-680 of SEQ ID NO:4)	Nucleic acid sequence of MASP-2 cDNA (SEQ ID NO:4) encoding CUBIEGF
SEQ ID NO:31 5'CGGGCACACCATGAGGCTGCTG ACCCTCCTGGGC3	Nucleotides 12-45 of SEQ ID NO:4 including the MASP-2 translation start site (sense)
SEQ ID NO:32 5'GACATTACCTTCCGCTCCGACTC CAACGAGAAG3'	Nucleotides 361-396 of SEQ ID NO:4 encoding a region comprising the MASP-2 MBL binding site (sense)
SEQ ID NO:33 5'AGCAGCCCTGAATACCCACGGCC GTATCCCAA3'	Nucleotides 610-642 of SEQ ID NO:4 encoding a region comprising the CUBII domain

[0268] As noted above, the term "oligonucleotide" as used herein refers to an oligomer or polymer of ribonucleic acid (RNA) or deoxyribonucleic acid (DNA) or mimetics thereof. This term also covers those oligonucleobases composed of naturally occurring nucleotides, sugars and covalent internucleoside (backbone) linkages as well as oligonucleotides having non-naturally occurring modifications. These modifications allow one to introduce certain desirable properties that are not offered through naturally occurring oligonucleotides, such as reduced toxic properties, increased stability against nuclease degradation and enhanced cellular uptake. In illustrative embodiments, the antisense compounds of the invention differ from native DNA by the modification of the phosphodiester backbone to extend the life of the antisense oligonucleotide in which the phosphate substituents are replaced by phosphorothioates. Likewise, one or both ends of the oligonucleotide may be substituted by one or more acridine derivatives that intercalate between adjacent basepairs within a strand of nucleic acid.

[0269] Another alternative to antisense is the use of "RNA interference" (RNAi). Double-stranded RNAs (dsRNAs) can provoke gene silencing in mammals *in vivo*. The natural function of RNAi and co-suppression appears to be protection of the genome against invasion by mobile genetic elements such as retrotransposons and viruses that produce aberrant RNA or dsRNA in the host cell when they become active (see, e.g., Jensen, J., et al., Nat. Genet. 21:209-12, 1999). The double-stranded RNA molecule may be prepared by synthesizing two RNA strands capable of forming a double-stranded RNA molecule, each having a length from about 19 to 25 (e.g., 19-23 nucleotides). For example, a dsRNA molecule useful in the methods of the invention may comprise the RNA corresponding to a sequence and its complement listed in TABLE 4. Preferably, at least one strand of RNA has a 3' overhang from 1-5 nucleotides. The synthesized RNA strands are combined under conditions that form a double-stranded molecule. The RNA sequence may comprise at least an 8 nucleotide portion of SEQ ID NO:4 with a total length of 25 nucleotides or less. The design of siRNA sequences for a given target is within the ordinary skill of one in the art. Commercial services are available that design siRNA sequence and guarantee at least 70% knockdown of expression (Qiagen, Valencia, Calif).

[0270] The dsRNA may be administered as a pharmaceutical composition and carried out by known methods, wherein a nucleic acid is introduced into a desired target cell. Commonly used gene transfer methods include calcium phosphate, DEAE-dextran, electroporation, microinjection and viral methods. Such methods are taught in Ausubel et al., Current Protocols in Molecular Biology, John Wiley & Sons, Inc., 1993.

[0271] Ribozymes can also be utilized to decrease the amount and/or biological activity of MASP-2, such as ribozymes that target MASP-2 mRNA. Ribozymes are catalytic RNA molecules that can cleave nucleic acid molecules having a sequence that is completely or partially homologous to the sequence of the ribozyme. It is possible to design ribozyme transgenes that encode RNA ribozymes that specifically pair with a target RNA and cleave the phosphodiester backbone at a specific location, thereby functionally inactivating the target RNA. In carrying out this cleavage, the ribozyme is not itself altered, and is thus capable of recycling and cleaving other molecules. The inclusion of ribozyme sequences within antisense RNAs confers RNA-cleaving activity upon them, thereby increasing the activity of the antisense constructs.

[0272] Ribozymes useful in the practice of the invention typically comprise a hybridizing region of at least about nine nucleotides, which is complementary in nucleotide sequence to at least part of the target MASP-2 mRNA, and a catalytic region that is adapted to cleave the target MASP-2 mRNA (see generally, EPA No. 0 321 201; WO88/04300; Haseloff, J., et al., Nature 334:585-591, 1988; Fedor, M.J., et al., Proc. Natl. Acad. Sci. USA 87:1668-1672, 1990; Cech, T.R., et al., Ann. Rev. Biochem. 55:599-629,

1986).

[0273] Ribozymes can either be targeted directly to cells in the form of RNA oligonucleotides incorporating ribozyme sequences, or introduced into the cell as an expression vector encoding the desired ribozymal RNA. Ribozymes may be used and applied in much the same way as described for antisense polynucleotides.

[0274] Anti-sense RNA and DNA, ribozymes and RNAi molecules useful in the methods described herein may be prepared by any method known in the art for the synthesis of DNA and RNA molecules. These include techniques for chemically synthesizing oligodeoxyribonucleotides and oligoribonucleotides well known in the art, such as for example solid phase phosphoramidite chemical synthesis. Alternatively, RNA molecules may be generated by *in vitro* and *in vivo* transcription of DNA sequences encoding the antisense RNA molecule. Such DNA sequences may be incorporated into a wide variety of vectors that incorporate suitable RNA polymerase promoters such as the T7 or SP6 polymerase promoters. Alternatively, antisense cDNA constructs that synthesize antisense RNA constitutively or inducibly, depending on the promoter used, can be introduced stably into cell lines.

[0275] Various well known modifications of the DNA molecules may be introduced as a means of increasing stability and half-life. Useful modifications include, but are not limited to, the addition of flanking sequences of ribonucleotides or deoxyribonucleotides to the 5' and/or 3' ends of the molecule or the use of phosphorothioate or 2' O-methyl rather than phosphodiesterase linkages within the oligodeoxyribonucleotide backbone.

V. PHARMACEUTICAL COMPOSITIONS AND DELIVERY METHODS DOSING

[0276] In another aspect, the invention provides compositions for inhibiting the adverse effects of MASP-2-dependent complement activation comprising a therapeutically effective amount of a specified MASP-2 inhibitory agent and a pharmaceutically acceptable carrier. The MASP-2 inhibitory agents can be administered to a subject in need thereof, at therapeutically effective doses to treat or ameliorate conditions associated with MASP-2-dependent complement activation. A therapeutically effective dose refers to the amount of the MASP-2 inhibitory agent sufficient to result in amelioration of symptoms of the condition.

[0277] Toxicity and therapeutic efficacy of MASP-2 inhibitory agents can be determined by standard pharmaceutical procedures employing experimental animal models, such as the murine MASP-2 $-/-$ mouse model expressing the human MASP-2 transgene described in Example 3. Using such animal models, the NOAEL (no observed adverse effect level) and the MED (the minimally effective dose) can be determined using standard methods. The dose ratio between NOAEL and MED effects is the therapeutic ratio, which is expressed as the ratio NOAEL/MED. MASP-2 inhibitory agents that exhibit large therapeutic ratios or indices are most preferred. The data obtained from the cell culture assays and animal studies can be used in formulating a range of dosages for use in humans. The dosage of the MASP-2 inhibitory agent preferably lies within a range of circulating concentrations that include the MED with little or no toxicity. The dosage may vary within this range depending upon the dosage form employed and the route of administration utilized.

[0278] For any compound formulation, the therapeutically effective dose can be estimated using animal models. For example, a dose may be formulated in an animal model to achieve a circulating plasma concentration range that includes the MED. Quantitative levels of the MASP-2 inhibitory agent in plasma may also be measured, for example, by high performance liquid chromatography.

[0279] In addition to toxicity studies, effective dosage may also be estimated based on the amount of MASP-2 protein present in a living subject and the binding affinity of the MASP-2 inhibitory agent. It has been shown that MASP-2 levels in normal human subjects is present in serum in low levels in the range of 500 ng/ml, and MASP-2 levels in a particular subject can be determined using a quantitative assay for MASP-2 described in Moller-Kristensen M., et al., J. Immunol. Methods 282:159-167, 2003.

[0280] Generally, the dosage of administered compositions comprising MASP-2 inhibitory agents varies depending on such factors as the subject's age, weight, height, sex, general medical condition, and previous medical history. As an illustration, MASP-2 inhibitory agents, such as anti-MASP-2 antibodies, can be administered in dosage ranges from about 0.010 to 10.0 mg/kg, preferably 0.010 to 1.0 mg/kg, more preferably 0.010 to 0.1 mg/kg of the subject body weight. In some embodiments the composition comprises a combination of anti-MASP-2 antibodies and MASP-2 inhibitory peptides.

[0281] Therapeutic efficacy of MASP-2 inhibitory compositions and methods of the present invention in a given subject, and appropriate dosages, can be determined in accordance with complement assays well known to those of skill in the art.

Complement generates numerous specific products. During the last decade, sensitive and specific assays have been developed and are available commercially for most of these activation products, including the small activation fragments C3a, C4a, and C5a and the large activation fragments iC3b, C4d, Bb, and sC5b-9. Most of these assays utilize monoclonal antibodies that react with new antigens (neoantigens) exposed on the fragment, but not on the native proteins from which they are formed, making these assays very simple and specific. Most rely on ELISA technology, although radioimmunoassay is still sometimes used for C3a and C5a. These latter assays measure both the unprocessed fragments and their 'desArg' fragments, which are the major forms found in the circulation. Unprocessed fragments and C5a_{desArg} are rapidly cleared by binding to cell surface receptors and are hence present in very low concentrations, whereas C3a_{desArg} does not bind to cells and accumulates in plasma. Measurement of C3a provides a sensitive, pathway-independent indicator of complement activation. Alternative pathway activation can be assessed by measuring the Bb fragment. Detection of the fluid-phase product of membrane attack pathway activation, sC5b-9, provides evidence that complement is being activated to completion. Because both the lectin and classical pathways generate the same activation products, C4a and C4d, measurement of these two fragments does not provide any information about which of these two pathways has generated the activation products.

ADDITIONAL AGENTS

[0282] The compositions and methods comprising MASP-2 inhibitory agents may optionally comprise one or more additional therapeutic agents, which may augment the activity of the MASP-2 inhibitory agent or that provide related therapeutic functions in an additive or synergistic fashion. For example, one or more MASP-2 inhibitory agents may be administered in combination with one or more anti-inflammatory and/or analgesic agents. The inclusion and selection of additional agent(s) will be determined to achieve a desired therapeutic result. Suitable anti-inflammatory and/or analgesic agents include: serotonin receptor antagonists; serotonin receptor agonists; histamine receptor antagonists; bradykinin receptor antagonists; kallikrein inhibitors; tachykinin receptor antagonists, including neurokinin₁ and neurokinin₂ receptor subtype antagonists; calcitonin gene-related peptide (CGRP) receptor antagonists; interleukin receptor antagonists; inhibitors of enzymes active in the synthetic pathway for arachidonic acid metabolites, including phospholipase inhibitors, including PLA₂ isoform inhibitors and PLC_γ isoform inhibitors, cyclooxygenase (COX) inhibitors (which may be either COX-1, COX-2, or nonselective COX-1 and -2 inhibitors), lipooxygenase inhibitors; prostanoicd receptor antagonists including eicosanoid EP-1 and EP-4 receptor subtype antagonists and thromboxane receptor subtype antagonists; leukotriene receptor antagonists including leukotriene B₄ receptor subtype antagonists and leukotriene D₄ receptor subtype antagonists; opioid receptor agonists, including μ-opioid, δ-opioid, and κ-opioid receptor subtype agonists; purinoceptor agonists and antagonists including P_{2X} receptor antagonists and P_{2Y} receptor agonists; adenosine triphosphate (ATP)-sensitive potassium channel openers; MAP kinase inhibitors; nicotinic acetylcholine inhibitors; and alpha adrenergic receptor agonists (including alpha-1, alpha-2, and nonselective alpha-1 and 2 agonists).

[0283] When used in the prevention or treatment of restenosis, the MASP-2 inhibitory agent of the present invention may be combined with one or more anti-restenosis agents for concomitant administration. Suitable anti-restenosis agents include: antiplatelet agents including: thrombin inhibitors and receptor antagonists, adenosine diphosphate (ADP) receptor antagonists (also known as purinoceptor₁ receptor antagonists), thromboxane inhibitors and receptor antagonists and platelet membrane glycoprotein receptor antagonists; inhibitors of cell adhesion molecules, including selectin inhibitors and integrin inhibitors; anti-chemotactic agents; interleukin receptor antagonists; and intracellular signaling inhibitors including: protein kinase C (PKC) inhibitors and protein tyrosine phosphatases, modulators of intracellular protein tyrosine kinase inhibitors, inhibitors of src homology₂ (SH₂) domains, and calcium channel antagonists.

[0284] The MASP-2 inhibitory agents of the present invention may also be administered in combination with one or more other complement inhibitors. No complement inhibitors are currently approved for use in humans, however some pharmacological agents have been shown to block complement *in vivo*. Many of these agents are also toxic or are only partial inhibitors (Asghar, S.S., Pharmacol. Rev. 36:223-44, 1984), and use of these has been limited to use as research tools. K76COOH and nafamstat mesilate are two agents that have shown some effectiveness in animal models of transplantation (Miyagawa, S., et al., Transplant Proc. 24:483-484, 1992). Low molecular weight heparins have also been shown to be effective in regulating complement activity (Edens, R.E., et al., Complement Today, pp. 96-120, Basel: Karger, 1993). It is believed that these small molecule inhibitors may be useful as agents to use in combination with the MASP-2 inhibitory agents of the present invention.

[0285] Other naturally occurring complement inhibitors may be useful in combination with the MASP-2 inhibitory agents of the present invention. Biological inhibitors of complement include soluble complement factor 1 (sCR1). This is a naturally-occurring inhibitor that can be found on the outer membrane of human cells. Other membrane inhibitors include DAF, MCP, and CD59. Recombinant forms have been tested for their anti-complement activity *in vitro* and *in vivo*. sCR1 has been shown to be effective

in xenotransplantation, wherein the complement system (both alternative and classical) provides the trigger for a hyperactive rejection syndrome within minutes of perfusing blood through the newly transplanted organ (Platt J.L., et al., *Immunol. Today* 11:450-6, 1990; Marino I.R., et al., *Transplant Proc.* 1071:6, 1990; Johnstone, P.S., et al., *Transplantation* 54:573-6, 1992). The use of sCR1 protects and extends the survival time of the transplanted organ, implicating the complement pathway in the pathogenesis of organ survival (Leventhal, J.R. et al., *Transplantation* 55:857-66, 1993; Pruitt, S.K., et al., *Transplantation* 57:363-70, 1994).

[0286] Suitable additional complement inhibitors for use in combination with the compositions of the present invention also include, by way of example, MoAbs such as those being developed by Alexion Pharmaceuticals, Inc., New Haven, Connecticut, and anti-properdin MoAbs.

[0287] When used in the treatment of arthritides (e.g., osteoarthritis and rheumatoid arthritis), the MASP-2 inhibitory agent of the present invention may be combined with one or more chondroprotective agents, which may include one or more promoters of cartilage anabolism and/or one or more inhibitors of cartilage catabolism, and suitably both an anabolic agent and a catabolic inhibitory agent, for concomitant administration. Suitable anabolic promoting chondroprotective agents include interleukin (IL) receptor agonists including IL-4, IL-10, IL-13, rhIL-4, rhIL-10 and rhIL-13, and chimeric IL-4, IL-10, or IL-13; Transforming growth factor- β superfamily agonists, including TGF- β , TGF- β 1, TGF- β 2, TGF- β 3, bone morphogenic proteins including BMP-2, BMP-4, BMP-5, BMP-6, BMP-7 (OP-1), and OP-2/BMP-8, growth-differentiation factors including GDF-5, GDF-6 and GDF-7, recombinant TGF- β s and BMPs, and chimeric TGF- β s and BMPs; insulin-like growth factors including IGF-1; and fibroblast growth factors including bFGF. Suitable catabolic inhibitory chondroprotective agents include Interleukin-1 (IL-1) receptor antagonists (IL-1ra), including soluble human IL-1 receptors (shuIL-1R), rshuIL-1R, rhIL-1ra, anti-IL1-antibody, AF11567, and AF12198; Tumor Necrosis Factor (TNF) Receptor Antagonists (TNF- α), including soluble receptors including sTNFR1 and sTNFRII, recombinant TNF soluble receptors, and chimeric TNF soluble receptors including chimeric rhTNFR:Fc, Fc fusion soluble receptors and anti-TNF antibodies; cyclooxygenase-2 (COX-2 specific) inhibitors, including DuP 697, SC-58451, celecoxib, rofecoxib, nimesulide, diclofenac, meloxicam, piroxicam, NS-398, RS-57067, SC-57666, SC-58125, flosulide, etodolac, L-745,337 and DFU-T-614; Mitogen-activated protein kinase (MAPK) inhibitors, including inhibitors of ERK1, ERK2, SAPK1, SAPK2a, SAPK2b, SAPK2d, SAPK3, including SB 203580, SB 203580 iodo, SB202190, SB 242235, SB 220025, RWJ 67657, RWJ 68354, FR 133605, L-167307, PD 98059, PD 169316; inhibitors of nuclear factor kappa B (NF κ B), including caffeic acid phenylethyl ester (CAPE), DM-CAPE, SN-50 peptide, hymenialdisine and pyrrolidone dithiocarbamate; nitric oxide synthase (NOS) inhibitors, including N^G-monomethyl-L-arginine, 1400W, diphenyleneiodium, S-methyl isothiourea, S-(aminoethyl) isothiourea, L-N^G-(1-iminoethyl)lysine, 1,3-PBITU, 2-ethyl-2-thiopseudourea, aminoguanidine, N^ω-nitro-L-arginine, and N^ω-nitro-L-arginine methyl ester, inhibitors of matrix metalloproteinases (MMPs), including inhibitors of MMP-1, MMP-2, MMP-3, MMP-7, MMP-8, MMP-9, MMP-10, MMP-11, MMP-12, MMP-13, MMP-14 and MMP-15, and including U-24522, minocycline, 4-Abz-Gly-Pro-D-Leu-D-Ala-NHOH, Ac-Arg-Cys-Gly-Val-Pro-Asp-NH₂, rhuman TIMP1, rhuman TIMP2, and phosphoramidon; cell adhesion molecules, including integrin agonists and antagonists including α V β 3 MoAb LM 609 and echistatin; anti-chemotactic agents including F-Met-Leu-Phe receptors, IL-8 receptors, MCP-1 receptors and MIP1-l/RANTES receptors; intracellular signaling inhibitors, including (a) protein kinase inhibitors, including both (i) protein kinase C (PKC) inhibitors (isozyme) including calphostin C, G-6203 and GF 109203X, and (ii) protein tyrosine kinase inhibitors; (b) modulators of intracellular protein tyrosine phosphatases (PTPases); and (c) inhibitors of SH2 domains (src Homology2 domains).

[0288] For some applications, it may be beneficial to administer the MASP-2 inhibitory agents of the present invention in combination with a spasm inhibitory agent. For example, for urogenital applications, it may be beneficial to include at least one smooth muscle spasm inhibitory agent and/or at least one anti-inflammation agent, and for vascular procedures it may be useful to include at least one vasospasm inhibitor and/or at least one anti-inflammation agent and/or at least one anti-restenosis agent. Suitable examples of spasm inhibitory agents include: serotonin₂ receptor subtype antagonists; tachykinin receptor antagonists; nitric oxide donors; ATP-sensitive potassium channel openers; calcium channel antagonists; and endothelin receptor antagonists.

PHARMACEUTICAL CARRIERS AND DELIVERY VEHICLES

[0289] In general, the MASP-2 inhibitory agent compositions of the present invention, combined with any other selected therapeutic agents, are suitably contained in a pharmaceutically acceptable carrier. The carrier is non-toxic, biocompatible and is selected so as not to detrimentally affect the biological activity of the MASP-2 inhibitory agent (and any other therapeutic agents combined therewith). Exemplary pharmaceutically acceptable carriers for peptides are described in U.S. Patent No. 5,211,657 to Yamada. The anti-MASP-2 antibodies and inhibitory peptides useful in the invention may be formulated into preparations in solid, semi-solid, gel, liquid or gaseous forms such as tablets, capsules, powders, granules, ointments, solutions, depositories, inhalants

and injections allowing for oral, parenteral or surgical administration. The invention also contemplates local administration of the compositions by coating medical devices and the like.

[0290] Suitable carriers for parenteral delivery via injectable, infusion or irrigation and topical delivery include distilled water, physiological phosphate-buffered saline, normal or lactated Ringer's solutions, dextrose solution, Hank's solution, or propanediol. In addition, sterile, fixed oils may be employed as a solvent or suspending medium. For this purpose any biocompatible oil may be employed including synthetic mono- or diglycerides. In addition, fatty acids such as oleic acid find use in the preparation of injectables. The carrier and agent may be compounded as a liquid, suspension, polymerizable or non-polymerizable gel, paste or salve.

[0291] The carrier may also comprise a delivery vehicle to sustain (i.e., extend, delay or regulate) the delivery of the agent(s) or to enhance the delivery, uptake, stability or pharmacokinetics of the therapeutic agent(s). Such a delivery vehicle may include, by way of non-limiting example, microparticles, microspheres, nanospheres or nanoparticles composed of proteins, liposomes, carbohydrates, synthetic organic compounds, inorganic compounds, polymeric or copolymeric hydrogels and polymeric micelles. Suitable hydrogel and micelle delivery systems include the PEO:PHB:PEO copolymers and copolymer/cyclodextrin complexes disclosed in WO 2004/009664 A2 and the PEO and PEO/cyclodextrin complexes disclosed in US 2002/0019369 A1. Such hydrogels may be injected locally at the site of intended action, or subcutaneously or intramuscularly to form a sustained release depot.

[0292] For intra-articular delivery, the MASP-2 inhibitory agent may be carried in above-described liquid or gel carriers that are injectable, above-described sustained-release delivery vehicles that are injectable, or a hyaluronic acid or hyaluronic acid derivative.

[0293] For oral administration of non-peptidergic agents, the MASP-2 inhibitory agent may be carried in an inert filler or diluent such as sucrose, cornstarch, or cellulose.

[0294] For topical administration, the MASP-2 inhibitory agent may be carried in ointment, lotion, cream, gel, drop, suppository, spray, liquid or powder, or in gel or microcapsular delivery systems via a transdermal patch.

[0295] Various nasal and pulmonary delivery systems, including aerosols, metered-dose inhalers, dry powder inhalers, and nebulizers, are being developed and may suitably be adapted for delivery of the present invention in an aerosol, inhalant, or nebulized delivery vehicle, respectively.

[0296] For intrathecal (IT) or intracerebroventricular (ICV) delivery, appropriately sterile delivery systems (e.g., liquids; gels, suspensions, etc.) can be used to administer the present invention.

[0297] The compositions of the present invention may also include biocompatible excipients, such as dispersing or wetting agents, suspending agents, diluents, buffers, penetration enhancers, emulsifiers, binders, thickeners, flavouring agents (for oral administration).

PHARMACEUTICAL CARRIERS FOR ANTIBODIES AND PEPTIDES

[0298] More specifically with respect to anti-MASP-2 antibodies and inhibitory peptides, exemplary formulations can be parenterally administered as injectable dosages of a solution or suspension of the compound in a physiologically acceptable diluent with a pharmaceutical carrier that can be a sterile liquid such as water, oils, saline, glycerol or ethanol. Additionally, auxiliary substances such as wetting or emulsifying agents, surfactants, pH buffering substances and the like can be present in compositions comprising anti-MASP-2 antibodies and inhibitory peptides. Additional components of pharmaceutical compositions include petroleum (such as of animal, vegetable or synthetic origin), for example, soybean oil and mineral oil. In general, glycols such as propylene glycol or polyethylene glycol are preferred liquid carriers for injectable solutions.

[0299] The anti-MASP-2 antibodies and inhibitory peptides can also be administered in the form of a depot injection or implant preparation that can be formulated in such a manner as to permit a sustained or pulsatile release of the active agents.

PHARMACEUTICALLY ACCEPTABLE CARRIERS FOR EXPRESSION INHIBITORS

[0300] More specifically with respect to expression inhibitors useful in the methods of the invention, compositions are provided that comprise an expression inhibitor as described above and a pharmaceutically acceptable carrier or diluent. The composition may further comprise a colloidal dispersion system.

[0301] Pharmaceutical compositions that include expression inhibitors may include, but are not limited to, solutions, emulsions, and liposome-containing formulations. These compositions may be generated from a variety of components that include, but are not limited to, preformed liquids, self-emulsifying solids and self-emulsifying semisolids. The preparation of such compositions typically involves combining the expression inhibitor with one or more of the following: buffers, antioxidants, low molecular weight polypeptides, proteins, amino acids, carbohydrates including glucose, sucrose or dextrans, chelating agents such as EDTA, glutathione and other stabilizers and excipients. Neutral buffered saline or saline mixed with non-specific serum albumin are examples of suitable diluents.

[0302] In some embodiments, the compositions may be prepared and formulated as emulsions which are typically heterogeneous systems of one liquid dispersed in another in the form of droplets (see, Idson, in *Pharmaceutical Dosage Forms*, Vol. 1, Rieger and Banker (eds.), Marcek Dekker, Inc., N.Y., 1988). Examples of naturally occurring emulsifiers used in emulsion formulations include acacia, beeswax, lanolin, lecithin and phosphatides.

[0303] In one embodiment, compositions including nucleic acids can be formulated as microemulsions. A microemulsion, as used herein refers to a system of water, oil, and amphiphile, which is a single optically isotropic and thermodynamically stable liquid solution (see Rosoff in *Pharmaceutical Dosage Forms*, Vol. 1). The method of the invention may also use liposomes for the transfer and delivery of antisense oligonucleotides to the desired site.

[0304] Pharmaceutical compositions and formulations of expression inhibitors for topical administration may include transdermal patches, ointments, lotions, creams, gels, drops, suppositories, sprays, liquids and powders. Conventional pharmaceutical carriers, as well as aqueous, powder or oily bases and thickeners and the like may be used.

MODES OF ADMINISTRATION

[0305] The pharmaceutical compositions comprising MASP-2 inhibitory agents may be administered in a number of ways depending on whether a local or systemic mode of administration is most appropriate for the condition being treated. Additionally, as described herein above with respect to extracorporeal reperfusion procedures, MASP-2 inhibitory agents can be administered via introduction of the compositions of the present invention to recirculating blood or plasma. Further, the compositions of the present invention can be delivered by coating or incorporating the compositions on or into an implantable medical device.

SYSTEMIC DELIVERY

[0306] As used herein, the terms "systemic delivery" and "systemic administration" are intended to include but are not limited to oral and parenteral routes including intramuscular (IM), subcutaneous, intravenous (IV), intra-arterial, inhalational, sublingual, buccal, topical, transdermal, nasal, rectal, vaginal and other routes of administration that effectively result in dispersement of the delivered agent to a single or multiple sites of intended therapeutic action. Preferred routes of systemic delivery for the present compositions include intravenous, intramuscular, subcutaneous and inhalational. It will be appreciated that the exact systemic administration route for selected agents utilized in particular compositions of the present invention will be determined in part to account for the agent's susceptibility to metabolic transformation pathways associated with a given route of administration. For example, peptidergic agents may be most suitably administered by routes other than oral.

[0307] MASP-2 inhibitory antibodies and polypeptides can be delivered into a subject in need thereof by any suitable means. Methods of delivery of MASP-2 antibodies and polypeptides include administration by oral, pulmonary, parenteral (e.g., intramuscular, intraperitoneal, intravenous (IV) or subcutaneous injection), inhalation (such as via a fine powder formulation), transdermal, nasal, vaginal, rectal, or sublingual routes of administration, and can be formulated in dosage forms appropriate for each route of administration.

[0308] By way of representative example, MASP-2 inhibitory antibodies and peptides can be introduced into a living body by application to a bodily membrane capable of absorbing the polypeptides, for example the nasal, gastrointestinal and rectal membranes. The polypeptides are typically applied to the absorptive membrane in conjunction with a permeation enhancer. (See, e.g., Lee, V.H.L., *Crit. Rev. Ther. Drug Carrier Sys.* 5:69, 1988 ; Lee, V.H.L., *J. Controlled Release* 13:213, 1990; Lee, V.H.L., Ed.,

Peptide and Protein Drug Delivery, Marcel Dekker, New York (1991); DeBoer, A.G., et al., J. Controlled Release, 13:241, 1990.) For example, STDHF is a synthetic derivative of fusidic acid, a steroidal surfactant that is similar in structure to the bile salts, and has been used as a permeation enhancer for nasal delivery. (Lee, W.A., Biopharm. 22, Nov./Dec. 1990.)

[0309] The MASP-2 inhibitory antibodies and polypeptides may be introduced in association with another molecule, such as a lipid, to protect the polypeptides from enzymatic degradation. For example, the covalent attachment of polymers, especially polyethylene glycol (PEG), has been used to protect certain proteins from enzymatic hydrolysis in the body and thus prolong half-life (Fuertges, F., et al., J. Controlled Release 11:139, 1990). Many polymer systems have been reported for protein delivery (Bae, Y.H., et al., J. Controlled Release 9:271, 1989; Hori, R., et al., Pharm. Res. 6:813, 1989; Yamakawa, I., et al., J. Pharm. Sci. 79:505, 1990; Yoshihiro, I., et al., J. Controlled Release 10:195, 1989; Asano, M., et al., J. Controlled Release 9:111, 1989; Rosenblatt, J., et al., J. Controlled Release 9:195, 1989; Makino, K., J. Controlled Release 12:235, 1990; Takakura, Y., et al., J. Pharm. Sci. 78:117, 1989; Takakura, Y., et al., J. Pharm. Sci. 78:219, 1989).

[0310] Recently, liposomes have been developed with improved serum stability and circulation half-times (see, e.g., U.S. Patent No. 5,741,516 to Webb). Furthermore, various methods of liposome and liposome-like preparations as potential drug carriers have been reviewed (see, e.g., U.S. Patent No. 5,567,434 to Szoka; U.S. Patent No. 5,552,157 to Yagi; U.S. Patent No. 5,565,213 to Nakamori; U.S. Patent No. 5,738,868 to Shinkarenko; and U.S. Patent No. 5,795,587 to Gao).

[0311] For transdermal applications, the MASP-2 inhibitory antibodies and polypeptides may be combined with other suitable ingredients, such as carriers and/or adjuvants. There are no limitations on the nature of such other ingredients, except that they must be pharmaceutically acceptable for their intended administration, and cannot degrade the activity of the active ingredients of the composition. Examples of suitable vehicles include ointments, creams, gels, or suspensions, with or without purified collagen. The MASP-2 inhibitory antibodies and polypeptides may also be impregnated into transdermal patches, plasters, and bandages, preferably in liquid or semi-liquid form.

[0312] The compositions for use in the present invention may be systemically administered on a periodic basis at intervals determined to maintain a desired level of therapeutic effect. For example, compositions may be administered, such as by subcutaneous injection, every two to four weeks or at less frequent intervals. The dosage regimen will be determined by the physician considering various factors that may influence the action of the combination of agents. These factors will include the extent of progress of the condition being treated, the patient's age, sex and weight, and other clinical factors. The dosage for each individual agent will vary as a function of the MASP-2 inhibitory agent that is included in the composition, as well as the presence and nature of any drug delivery vehicle (e.g., a sustained release delivery vehicle). In addition, the dosage quantity may be adjusted to account for variation in the frequency of administration and the pharmacokinetic behavior of the delivered agent(s).

LOCAL DELIVERY

[0313] As used herein, the term "local" encompasses application of a drug in or around a site of intended localized action, and may include for example topical delivery to the skin or other affected tissues, ophthalmic delivery, intrathecal (IT), intracerebroventricular (ICV), intra-articular, intracavity, intracranial or intravesicular administration, placement or irrigation. Local administration may be preferred to enable administration of a lower dose, to avoid systemic side effects, and for more accurate control of the timing of delivery and concentration of the active agents at the site of local delivery. Local administration provides a known concentration at the target site, regardless of interpatient variability in metabolism, blood flow, etc. Improved dosage control is also provided by the direct mode of delivery.

[0314] Local delivery of a MASP-2 inhibitory agent may be achieved in the context of surgical methods for treating a disease or condition, such as for example during procedures such as arterial bypass surgery, atherectomy, laser procedures, ultrasonic procedures, balloon angioplasty and stent placement. For example, a MASP-2 inhibitor can be administered to a subject in conjunction with a balloon angioplasty procedure. A balloon angioplasty procedure involves inserting a catheter having a deflated balloon into an artery. The deflated balloon is positioned in proximity to the atherosclerotic plaque and is inflated such that the plaque is compressed against the vascular wall. As a result, the balloon surface is in contact with the layer of vascular endothelial cells on the surface of the blood vessel. The MASP-2 inhibitory agent may be attached to the balloon angioplasty catheter in a manner that permits release of the agent at the site of the atherosclerotic plaque. The agent may be attached to the balloon catheter in accordance with standard procedures known in the art. For example, the agent may be stored in a compartment of the balloon catheter until the balloon is inflated, at which point it is released into the local environment. Alternatively, the agent may be impregnated on the balloon surface, such that it contacts the cells of the arterial wall as the balloon is inflated. The agent may

also be delivered in a perforated balloon catheter such as those disclosed in Flugelman, M.Y., et al., *Circulation* 85:1110-1117, 1992. See also published PCT Application WO 95/23161 for an exemplary procedure for attaching a therapeutic protein to a balloon angioplasty catheter. Likewise, the MASP-2 inhibitory agent may be included in a gel or polymeric coating applied to a stent, or may be incorporated into the material of the stent, such that the stent elutes the MASP-2 inhibitory agent after vascular placement.

[0315] MASP-2 inhibitory compositions used in the treatment of arthritides and other musculoskeletal disorders may be locally delivered by intra-articular injection. Such compositions may suitably include a sustained release delivery vehicle. As a further example of instances in which local delivery may be desired, MASP-2 inhibitory compositions used in the treatment of urogenital conditions may be suitably instilled intravesically or within another urogenital structure.

COATINGS ON A MEDICAL DEVICE

[0316] MASP-2 inhibitory agents such as antibodies and inhibitory peptides may be immobilized onto (or within) a surface of an implantable or attachable medical device. The modified surface will typically be in contact with living tissue after implantation into an animal body. By "implantable or attachable medical device" is intended any device that is implanted into, or attached to, tissue of an animal body, during the normal operation of the device (e.g., stents and implantable drug delivery devices). Such implantable or attachable medical devices can be made from, for example, nitrocellulose, diazocellulose, glass, polystyrene, polyvinylchloride, polypropylene, polyethylene, dextran, Sepharose, agar, starch, nylon, stainless steel, titanium and biodegradable and/or biocompatible polymers. Linkage of the protein to a device can be accomplished by any technique that does not destroy the biological activity of the linked protein, for example by attaching one or both of the N- C-terminal residues of the protein to the device. Attachment may also be made at one or more internal sites in the protein. Multiple attachments (both internal and at the ends of the protein) may also be used. A surface of an implantable or attachable medical device can be modified to include functional groups (e.g., carboxyl, amide, amino, ether, hydroxyl, cyano, nitrido, sulfanamido, acetylinic, epoxide, silanic, anhydric, succinimic, azido) for protein immobilization thereto. Coupling chemistries include, but are not limited to, the formation of esters, ethers, amides, azido and sulfanamido derivatives, cyanate and other linkages to the functional groups available on MASP-2 antibodies or inhibitory peptides. MASP-2 antibodies or inhibitory fragments can also be attached non-covalently by the addition of an affinity tag sequence to the protein, such as GST (D.B. Smith and K.S. Johnson, *Gene* 67:31, 1988), polyhistidines (E. Hochuli et al., *J. Chromatog.* 411:77, 1987), or biotin. Such affinity tags may be used for the reversible attachment of the protein to a device.

[0317] Proteins can also be covalently attached to the surface of a device body, for example, by covalent activation of the surface of the medical device. By way of representative example, matricellular protein(s) can be attached to the device body by any of the following pairs of reactive groups (one member of the pair being present on the surface of the device body, and the other member of the pair being present on the matricellular protein(s)): hydroxyl/carboxylic acid to yield an ester linkage; hydroxyl/anhydride to yield an ester linkage; hydroxyl/isocyanate to yield a urethane linkage. A surface of a device body that does not possess useful reactive groups can be treated with radio-frequency discharge plasma (RFGD) etching to generate reactive groups in order to allow deposition of matricellular protein(s) (e.g., treatment with oxygen plasma to introduce oxygen-containing groups; treatment with propyl amino plasma to introduce amine groups).

[0318] MASP-2 inhibitory agents comprising nucleic acid molecules such as antisense, RNAi- or DNA-encoding peptide inhibitors can be embedded in porous matrices attached to a device body. Representative porous matrices useful for making the surface layer are those prepared from tendon or dermal collagen, as may be obtained from a variety of commercial sources (e.g., Sigma and Collagen Corporation), or collagen matrices prepared as described in U.S. Patent Nos. 4,394,370 to Jefferies and 4,975,527 to Koezuka. One collagenous material is termed UltraFiber™ and is obtainable from Norian Corp. (Mountain View, California).

[0319] Certain polymeric matrices may also be employed if desired, and include acrylic ester polymers and lactic acid polymers, as disclosed, for example, in U.S. Patent Nos. 4,526,909 to Urist and 4,563,489 to Urist. Particular examples of useful polymers are those of orthoesters, anhydrides, propylene-cofumarates, or a polymer of one or more α -hydroxy carboxylic acid monomers, (e.g., α -hydroxy acetic acid (glycolic acid) and/or α -hydroxy propionic acid (lactic acid)).

TREATMENT REGIMENS

[0320] In prophylactic applications, the pharmaceutical compositions are administered to a subject susceptible to, or otherwise at risk of, a condition associated with MASP-2-dependent complement activation in an amount sufficient to eliminate or reduce the

risk of developing symptoms of the condition. In therapeutic applications, the pharmaceutical compositions are administered to a subject suspected of, or already suffering from, a condition associated with MASP-2-dependent complement activation in a therapeutically effective amount sufficient to relieve, or at least partially reduce, the symptoms of the condition. In both prophylactic and therapeutic regimens, compositions comprising MASP-2 inhibitory agents may be administered in several dosages until a sufficient therapeutic outcome has been achieved in the subject. Application of the MASP-2 inhibitory compositions of the present invention may be carried out by a single administration of the composition, or a limited sequence of administrations, for treatment of an acute condition, e.g., reperfusion injury or other traumatic injury. Alternatively, the composition may be administered at periodic intervals over an extended period of time for treatment of chronic conditions, e.g., arthritides or psoriasis.

[0321] The compositions for use of the present invention may be used to inhibit inflammation and related processes that typically result from diagnostic and therapeutic medical and surgical procedures. To inhibit such processes, the MASP-2 inhibitory composition of the present invention may be applied periprocedurally. As used herein "periprocedurally" refers to administration of the inhibitory composition preprocedurally and/or intraprocedurally and/or postprocedurally, i.e., before the procedure, before and during the procedure, before and after the procedure, before, during and after the procedure, during the procedure, during and after the procedure, or after the procedure. Periprocedural application may be carried out by local administration of the composition to the surgical or procedural site, such as by injection or continuous or intermittent irrigation of the site or by systemic administration. Suitable methods for local perioperative delivery of MASP-2 inhibitory agent solutions are disclosed in US Patent Nos. 6,420,432 to Demopoulos and 6,645,168 to Demopoulos. Suitable methods for local delivery of chondroprotective compositions including MASP-2 inhibitory agent(s) are disclosed in International PCT Patent Application WO 01/07067 A2. Suitable methods and compositions for targeted systemic delivery of chondroprotective compositions including MASP-2 inhibitory agent(s) are disclosed in International PCT Patent Application WO 03/063799 A2.

VI. EXAMPLES

[0322] The following examples merely illustrate the best mode now contemplated for practicing the invention, but should not be construed to limit the invention.

EXAMPLE 1

[0323] This example describes the generation of a mouse strain deficient in MASP-2 (MASP-2^{-/-}) but sufficient of MAP19 (MAP19^{+/+}).

[0324] Materials and Methods: The targeting vector pKO-NTKV 1901 was designed to disrupt the three exons coding for the C-terminal end of murine MASP-2, including the exon that encodes the serine protease domain, as shown in FIGURE 4. PKO-NTKV 1901 was used to transfect the murine ES cell line E14.1a (SV129 Ola). Neomycin-resistant and Thymidine Kinase-sensitive clones were selected. 600 ES clones were screened and, of these, four different clones were identified and verified by southern blot to contain the expected selective targeting and recombination event as shown in FIGURE 4. Chimeras were generated from these four positive clones by embryo transfer. The chimeras were then backcrossed in the genetic background C57/BL6 to create transgenic males. The transgenic males were crossed with females to generate F1s with 50% of the offspring showing heterozygosity for the disrupted MASP-2 gene. The heterozygous mice were intercrossed to generate homozygous MASP-2 deficient offspring, resulting in heterozygous and wild-type mice in the ratio of 1:2:1, respectively.

[0325] Results and Phenotype: The resulting homozygous MASP-2^{-/-} deficient mice were found to be viable and fertile and were verified to be MASP-2 deficient by southern blot to confirm the correct targeting event, by Northern blot to confirm the absence of MASP-2 mRNA, and by Western blot to confirm the absence of MASP-2 protein (data not shown). The presence of MAP19 mRNA and the absence of MASP-2 mRNA were further confirmed using time-resolved RT-PCR on a LightCycler machine. The MASP-2^{-/-} mice do continue to express MAP19, MASP-1, and MASP-3 mRNA and protein as expected (data not shown). The presence and abundance of mRNA in the MASP-2^{-/-} mice for Properdin, Factor B, Factor D, C4, C2, and C3 was assessed by LightCycler analysis and found to be identical to that of the wild-type littermate controls (data not shown). The plasma from homozygous MASP-2^{-/-} mice is totally deficient of lectin-pathway-mediated complement activation and alternative pathway complement activation as further described in Example 2.

[0326] Generation of a MASP-2^{-/-} strain on a pure C57BL6 Background: The MASP-2^{-/-} mice are back-crossed with a pure C57BL6 line for nine generations prior to use of the MASP-2^{-/-} strain as an experimental animal model.

EXAMPLE 2

[0327] This example demonstrates that MASP-2 is required for complement activation via the alternative and the lectin pathway.

Methods and Materials:

[0328] Lectin pathway specific C4 Cleavage Assay: A C4 cleavage assay has been described by Petersen, et al., J. Immunol. Methods 257:107 (2001) that measures lectin pathway activation resulting from lipoteichoic acid (LTA) from *S. aureus*, which binds L-ficolin. The assay described in Example 11 was adapted to measure lectin pathway activation via MBL by coating the plate with LPS and mannan or zymosan prior to adding serum from MASP-2 ^{-/-} mice as described below. The assay was also modified to remove the possibility of C4 cleavage due to the classical pathway. This was achieved by using a sample dilution buffer containing 1 M NaCl, which permits high affinity binding of lectin pathway recognition components to their ligands but prevents activation of endogenous C4, thereby excluding the participation of the classical pathway by dissociating the C1 complex. Briefly described, in the modified assay serum samples (diluted in high salt (1 M NaCl) buffer) are added to ligand-coated plates, followed by the addition of a constant amount of purified C4 in a buffer with a physiological concentration of salt. Bound recognition complexes containing MASP-2 cleave the C4, resulting in C4b deposition.

Assay Methods:

[0329]

1. 1) Nunc Maxisorb microtiter plates (Maxisorb, Nunc, Cat. No. 442404, Fisher Scientific) were coated with 1µg/ml mannan (M7504 Sigma) or any other ligand (e.g., such as those listed below) diluted in coating buffer (15 mM Na₂CO₃, 35 mM NaHCO₃, pH 9.6).

The following reagents were used in the assay:

1. a. mannan (1µg/well mannan (M7504 Sigma) in 100µl coating buffer);
 2. b. zymosan (1µg/well zymosan (Sigma) in 100µl coating buffer);
 3. c. LTA (1µg/well in 100µl coating buffer or 2µg/well in 20µl methanol)
 4. d. 1µg of the H-ficolin specific Mab 4H5 in coating buffer
 5. e. PSA from *Aerococcus viridans* (2µg/well in 100µl coating buffer)
 6. f. 100µl/well of formalin-fixed *S. aureus* DSM20233 (OD₅₅₀=0.5) in coating buffer.
2. 2) The plates were incubated overnight at 4°C.
 3. 3) After overnight incubation, the residual protein binding sites were saturated by incubated the plates with 0.1% HSA-TBS blocking buffer (0.1% (w/v) HSA in 10 mM Tris-CL, 140 mM NaCl, 1.5 mM NaN₃, pH 7.4) for 1-3 hours, then washing the plates 3X with TBS/tween/Ca²⁺ (TBS with 0.05% Tween 20 and 5 mM CaCl₂, 1 mM MgCl₂, pH 7.4).
 4. 4) Serum samples to be tested were diluted in MBL-binding buffer (1 M NaCl) and the diluted samples were added to the plates and incubated overnight at 4°C. Wells receiving buffer only were used as negative controls.
 5. 5) Following incubation overnight at 4°C, the plates were washed 3X with TBS/tween/Ca²⁺. Human C4 (100µl/well of 1µg/ml diluted in BBS (4 mM barbital, 145 mM NaCl, 2 mM CaCl₂, 1 mM MgCl₂, pH 7.4)) was then added to the plates and incubated for 90 minutes at 37°C. The plates were washed again 3X with TBS/tween/Ca²⁺.
 6. 6) C4b deposition was detected with an alkaline phosphatase-conjugated chicken anti-human C4c (diluted 1:1000 in TBS/tween/Ca²⁺), which was added to the plates and incubated for 90 minutes at room temperature. The plates were then washed again 3X with TBS/tween/Ca²⁺.
 7. 7) Alkaline phosphatase was detected by adding 100µl of *p*-nitrophenyl phosphate substrate solution, incubating at room temperature for 20 minutes, and reading the OD₄₀₅ in a microtiter plate reader.

[0330] Results: FIGURES 6A-B show the amount of C4b deposition on mannan (FIGURE 6A) and zymosan (FIGURE 6B) in serum dilutions from MASP-2^{+/+} (crosses), MASP-2^{-/-} (closed circles) and MASP-2^{-/-} (closed triangles). FIGURE 6C shows the relative C4 convertase activity on plates coated with zymosan (white bars) or mannan (shaded bars) from MASP-2^{-/-} mice (n=5) and MASP-2^{-/-} mice (n=4) relative to wild-type mice (n=5) based on measuring the amount of C4b deposition normalized to wild-

type serum. The error bars represent the standard deviation. As shown in FIGURES 6A-C, plasma from MASP-2^{-/-} mice is totally deficient in lectin-pathway-mediated complement activation on mannan and on zymosan coated plates. These results clearly demonstrate that MASP-2, but not MASP-1 or MASP-3, is the effector component of the lectin pathway.

C3b deposition assay:

[0331]

1. 1) Nunc Maxisorb microtiter plates (Maxisorb, Nunc, cat. No. 442404, Fisher Scientific) are coated with 1 µg/well mannan (M7504 Sigma) or any other ligand diluted in coating buffer (15 mM Na₂CO₃, 35 mM NaHCO₃ pH 9.6) and incubated overnight at 4°C.
2. 2) Residual protein binding sites are saturated by incubating the plate with 0.1 % HSA-TBS blocking buffer (0.1 % (w/v) HSA in 10 mM Tris-CL, 140 mM NaCl, 1.5 mM NaN₃, pH 7.4) for 1-3 hours.
3. 3) Plates are washed in TBS/tw/Ca⁺⁺ (TBS with 0.05% Tween 20 and 5 mM CaCl₂) and diluted BBS is added to serum samples (4 mM barbital, 145 mM NaCl, 2 mM CaCl₂, 1 mM MgCl₂, pH 7.4). Wells receiving only buffer are used as negative controls. A control set of serum samples obtained from wild-type or MASP-2^{-/-} mice are C1q depleted prior to use in the assay. C1q-depleted mouse serum was prepared using protein-A-coupled Dynabeads (Dynal Biotech, Oslo, Norway) coated with rabbit anti-human C1q IgG (Dako, Glostrup, Denmark), according to the supplier's instructions.
4. 4) Following incubation overnight at 4°C, and another wash with TBS/tw/ Ca⁺⁺, converted and bound C3 is detected with a polyclonal anti-human-C3c Antibody (Dako A 062) diluted in TBS/tw/ Ca⁺⁺ at 1:1000). The secondary antibody is goat anti-rabbit IgG (whole molecule) conjugated to alkaline-phosphatase (Sigma Immunochemicals A-3812) diluted 1:10,000 in TBS/tw/Ca⁺⁺. The presence of alternative complement pathway (AP) is determined by addition of 100 µl substrate solution (Sigma Fast p-Nitrophenyl Phosphate tablet sets, Sigma) and incubation at room temperature. Hydrolysis is monitored quantitatively by measuring the absorption at 405 nm in a microtiter plate reader. A standard curve is prepared for each analysis using serial dilutions of plasma/serum samples.

[0332] Results: The results shown in FIGURES 7A and 7B are from pooled serum from several mice. The crosses represent MASP-2^{+/+} serum, the filled circles represent C1q depleted MASP-2^{+/+} serum, the open squares represent MASP-2^{-/-} serum and the open triangles represent C1q depleted MASP-2^{-/-} serum. As shown in FIGURES 7A-B, serum from MASP-2^{-/-} mice tested in a C3b deposition assay results in very low levels of C3 activation on mannan (FIGURE 7A) and on zymosan (FIGURE 7B) coated plates. This result clearly demonstrates that MASP-2 is required to contribute the initial C3b generation from C3 to initiate the alternative complement pathway. This is a surprising result in view of the widely accepted view that complement factors C3, factor B, factor D and properdin form an independent functional alternative pathway in which C3 can undergo a spontaneous conformational change to a "C3b-like" form which then generates a fluid phase convertase iC3Bb and deposits C3b molecules on activation surfaces such as zymosan.

Recombinant MASP-2 reconstitutes Lectin Pathway-Dependent C4 Activation in serum from the MASP-2^{-/-} mice

[0333] In order to establish that the absence of MASP-2 was the direct cause of the loss of lectin pathway-dependent C4 activation in the MASP-2^{-/-} mice, the effect of adding recombinant MASP-2 protein to serum samples was examined in the C4 cleavage assay described above. Functionally active murine MASP-2 and catalytically inactive murine MASP-2A (in which the active-site serine residue in the serine protease domain was substituted for the alanine residue) recombinant proteins were produced and purified as described below in Example 5. Pooled serum from 4 MASP-2^{-/-} mice was pre-incubated with increasing protein concentrations of recombinant murine MASP-2 or inactive recombinant murine MASP-2A and C4 convertase activity was assayed as described above.

[0334] Results: As shown in FIGURE 8, the addition of functionally active murine recombinant MASP-2 protein (shown as open triangles) to serum obtained from the MASP-2^{-/-} mice restored lectin pathway-dependent C4 activation in a protein concentration dependent manner, whereas the catalytically inactive murine MASP-2A protein (shown as stars) did not restore C4 activation. The results shown in FIGURE 8 are normalized to the C4 activation observed with pooled wild-type mouse serum (shown as a dotted line).

EXAMPLE 3

[0335] This example describes the generation of a transgenic mouse strain that is murine MASP-2^{-/-}, Map19^{+/+} and that expresses a human MASP-2 transgene (a murine MASP-2 knock-out and a human MASP-2 knock-in).

[0336] Materials and Methods: A minigene encoding human MASP-2 called "mini hMASP-2" (SEQ ID NO:49) as shown in FIGURE 5 was constructed which includes the promoter region of the human *MASP 2* gene, including the first 3 exons (exon 1 to exon 3) followed by the cDNA sequence that represents the coding sequence of the following 8 exons, thereby encoding the full-length MASP-2 protein driven by its endogenous promoter. The mini hMASP-2 construct was injected into fertilized eggs of MASP-2^{-/-} in order to replace the deficient murine *MASP 2* gene by transgenically expressed human MASP-2.

EXAMPLE 4

[0337] This example describes the isolation of human MASP-2 protein in proenzyme form from human serum.

[0338] Method of human MASP-2 isolation: A method for isolating MASP-2 from human serum has been described in Matsushita et al., J. Immunol. 165:2637-2642, 2000. Briefly, human serum is passed through a yeast mannan-Sepharose column using a 10 mM imidazole buffer (pH 6.0) containing 0.2 M NaCl, 20 mM CaCl₂, 0.2 mM NPGB, 20 μM p-APMSF, and 2% mannitol. The MASP-1 and MASP-2 proenzymes complex with MBL and elute with the above buffer containing 0.3 M mannose. To separate proenzymes MASP-1 and MASP-2 from MBL, preparations containing the complex are applied to anti-MBL-Sepharose and then MASPs are eluted with imidazole buffer containing 20 mM EDTA and 1 M NaCl. Finally, proenzymes MASP-1 and MASP-2 are separated from each other by passing through anti-MASP-1-Sepharose in the same buffer as used for the anti-MBL-Sepharose. MASP-2 is recovered in the effluents, whereas MASP-1 is eluted with 0.1 M glycine buffer (pH 2.2).

EXAMPLE 5

[0339] This example describes the recombinant expression and protein production of recombinant full-length human, rat and murine MASP-2, MASP-2 derived polypeptides, and catalytically inactivated mutant forms of MASP-2

Expression of Full-length human, murine and rat MASP-2:

[0340] The full length cDNA sequence of human MASP-2 (SEQ ID NO: 4) was also subcloned into the mammalian expression vector pCI-Neo (Promega), which drives eukaryotic expression under the control of the CMV enhancer/promoter region (described in Kaufman R.J. et al., Nucleic Acids Research 19:4485-90, 1991; Kaufman, Methods in Enzymology, 185:537-66 (1991)). The full length mouse cDNA (SEQ ID NO:50) and rat MASP-2 cDNA (SEQ ID NO:53) were each subcloned into the pED expression vector. The MASP-2 expression vectors were then transfected into the adherent Chinese hamster ovary cell line DXB1 using the standard calcium phosphate transfection procedure described in Maniatis et al., 1989. Cells transfected with these constructs grew very slowly, implying that the encoded protease is cytotoxic.

[0341] In another approach, the minigene construct (SEQ ID NO:49) containing the human cDNA of MASP-2 driven by its endogenous promoter is transiently transfected into Chinese hamster ovary cells (CHO). The human MASP-2 protein is secreted into the culture media and isolated as described below.

Expression of Full-length catalytically inactive MASP-2:

[0342] Rationale: MASP-2 is activated by autocatalytic cleavage after the recognition subcomponents MBL or ficolins (either L-ficolin, H-ficolin or M-ficolin) bind to their respective carbohydrate pattern. Autocatalytic cleavage resulting in activation of MASP-2 often occurs during the isolation procedure of MASP-2 from serum, or during the purification following recombinant expression. In order to obtain a more stable protein preparation for use as an antigen, a catalytically inactive form of MASP-2, designed as MASP-2A was created by replacing the serine residue that is present in the catalytic triad of the protease domain with an alanine

residue in rat (SEQ ID NO:55 Ser617 to Ala617); in mouse (SEQ ID NO:52 Ser617 to Ala617); or in human (SEQ ID NO:3 Ser618 to Ala618).

[0343] In order to generate catalytically inactive human and murine MASP-2A proteins, site-directed mutagenesis was carried out using the oligonucleotides shown in TABLE 5. The oligonucleotides in TABLE 5 were designed to anneal to the region of the human and murine cDNA encoding the enzymatically active serine and oligonucleotide contain a mismatch in order to change the serine codon into an alanine codon. For example, PCR oligonucleotides SEQ ID NOS:56-59 were used in combination with human MASP-2 cDNA (SEQ ID NO:4) to amplify the region from the start codon to the enzymatically active serine and from the serine to the stop codon to generate the complete open reading from of the mutated MASP-2A containing the Ser618 to Ala618 mutation. The PCR products were purified after agarose gel electrophoresis and band preparation and single adenosine overlaps were generated using a standard tailing procedure. The adenosine tailed MASP-2A was then cloned into the pGEM-T easy vector, transformed into *E. coli*.

[0344] A catalytically inactive rat MASP-2A protein was generated by kinasing and annealing SEQ ID NO:64 and SEQ ID NO:65 by combining these two oligonucleotides in equal molar amounts, heating at 100°C for 2 minutes and slowly cooling to room temperature. The resulting annealed fragment has Pst1 and Xba1 compatible ends and was inserted in place of the Pst1-Xba1 fragment of the wild-type rat MASP-2 cDNA (SEQ ID NO:53) to generate rat MASP-2A.

5' GAGGTGACGCGAGGAGGGGCATTAGTGTTT 3' (SEQ ID NO:64)

5' CTAGAAACACTAATGCCCCTCCTGCGTCACCTCTGCA 3' (SEQ ID NO:65)

[0345] The human, murine and rat MASP-2A were each further subcloned into either of the mammalian expression vectors pED or pCI-Neo and transfected into the Chinese Hamster ovary cell line DXB1 as described below.

[0346] In another approach, a catalytically inactive form of MASP-2 is constructed using the method described in Chen et al., J. Biol. Chem., 276(28):25894-25902, 2001. Briefly, the plasmid containing the full-length human MASP-2 cDNA (described in Thiel et al., Nature 386:506, 1997) is digested with *Xho*I and *Eco*R1 and the MASP-2 cDNA (described herein as SEQ ID NO:4) is cloned into the corresponding restriction sites of the pFastBac1 baculovirus transfer vector (Life Technologies, NY). The MASP-2 serine protease active site at Ser618 is then altered to Ala618 by substituting the double-stranded oligonucleotides encoding the peptide region amino acid 610-625 (SEQ ID NO: 13) with the native region amino acids 610 to 625 to create a MASP-2 full length polypeptide with an inactive protease domain. Construction of Expression Plasmids Containing Polypeptide Regions Derived from Human Masp-2.

[0347] The following constructs are produced using the MASP-2 signal peptide (residues 1-15 of SEQ ID NO:5) to secrete various domains of MASP-2. A construct expressing the human MASP-2 CUB1 domain (SEQ ID NO:8) is made by PCR amplifying the region encoding residues 1-121 of MASP-2 (SEQ ID NO:6) (corresponding to the N-terminal CUB1 domain). A construct expressing the human MASP-2 CUBIEGF domain (SEQ ID NO:9) is made by PCR amplifying the region encoding residues 1-166 of MASP-2 (SEQ ID NO:6) (corresponding to the N-terminal CUB1EGF domain). A construct expressing the human MASP-2 CUBIEGFCUBII domain (SEQ ID NO:10) is made by PCR amplifying the region encoding residues 1-293 of MASP-2 (SEQ ID NO:6) (corresponding to the N-terminal CUBIEGFCUBII domain). The above mentioned domains are amplified by PCR using VentR polymerase and pBS-MASP-2 as a template, according to established PCR methods. The 5' primer sequence of the sense primer (5'-CGGGATCCATGAGGCTGCTGACCCCTC-3' SEQ ID NO:34) introduces a *Bam*HI restriction site (underlined) at the 5' end of the PCR products. Antisense primers for each of the MASP-2 domains, shown below in TABLE 5, are designed to introduce a stop codon (boldface) followed by an *Eco*RI site (underlined) at the end of each PCR product. Once amplified, the DNA fragments are digested with *Bam*HI and *Eco*RI and cloned into the corresponding sites of the pFastBac1 vector. The resulting constructs are characterized by restriction mapping and confirmed by dsDNA sequencing.

TABLE 5: MASP-2 PCR PRIMERS

MASP-2 domain	5' PCR Primer	3' PCR Primer
SEQ ID NO:8 CUBI (aa 1-121 of SEQ ID NO:6)	5'CGGGATCCATGA GGCTGCTGACCCCT C-3' (SEQ ID NO:34)	5'GGAATTCCTAGGCTGCAT A (SEQ ID NO:35)

MASP-2 domain	5' PCR Primer	3' PCR Primer
SEQ ID NO:9 CUBIEGF (aa 1-166 of SEQ ID NO:6)	5'CGGGATCCATGA GGCTGCTGACCCT C-3' (SEQ ID NO:34)	5'GGAATTCCTACAGGGCGC T-3' (SEQ ID NO:36)
SEQ ID NO: 10 CUBIEGFCUBII (aa 1-293 of SEQ ID NO:6)	5'CGGGATCCATGA GGCTGCTGACCCT C-3' (SEQ ID NO:34)	5'GGAATTCCTAGTAGTGGA T 3' (SEQ ID NO:37)
SEQ ID NO:4 human MASP-2	5'ATGAGGCTGCTG ACCCTCCTGGGCC TTC 3' (SEQ ID NO: 56) hMASP-2_forward	5'TTAAAATCACTAATTATG TTCTCGATC 3' (SEQ ID NO: 59) hMASP-2_reverse
SEQ ID NO:4 human MASP-2 cDNA	5'CAGAGGTGACGC AGGAGGGGCAC 3' (SEQ ID NO: 58) hMASP-2_ala_forwar d	5'GTGCCCCTCCTGCGTCAC CTCTG 3' (SEQ ID NO: 57) hMASP-2_ala_reverse
SEQ ID NO:50 Murine MASP-2 cDNA	5'ATGAGGCTACTC ATCTTCCTGG3' (SEQ ID NO: 60) mMASP-2_forward	5'TTAGAAATTACTTATTAT GTTCTCAATCC3' (SEQ ID NO: 63) mMASP-2_reverse
SEQ NO:50 Murine MASP-2 cDNA	5'CCCCCCTGCGT CACCTCTGCAG3' (SEQ ID NO: 62) mMASP-2_ala_forwa rd	5'CTGCAGAGGTGACGCAG GGGGGG 3' (SEQ ID NO: 61) mMASP-2_ala_reverse

Recombinant eukaryotic expression of MASP-2 and protein production of enzymatically inactive mouse, rat, and human MASP-2A

[0348] The MASP-2 and MASP-2A expression constructs described above were transfected into DXB 1 cells using the standard calcium phosphate transfection procedure (Maniatis et al., 1989). MASP-2A was produced in serum-free medium to ensure that preparations were not contaminated with other serum proteins. Media was harvested from confluent cells every second day (four times in total). The level of recombinant MASP-2A averaged approximately 1.5 mg/liter of culture medium for each of the three species.

[0349] MASP-2A protein purification: The MASP-2A (Ser-Ala mutant described above) was purified by affinity chromatography on MBP-A-agarose columns. This strategy enabled rapid purification without the use of extraneous tags. MASP-2A (100-200 ml of medium diluted with an equal volume of loading buffer (50 mM Tris-Cl, pH 7.5, containing 150 mM NaCl and 25 mM CaCl₂) was loaded onto an MBP-agarose affinity column (4 ml) pre-equilibrated with 10 ml of loading buffer. Following washing with a further 10 ml of loading buffer, protein was eluted in 1 ml fractions with 50 mM Tris-Cl, pH 7.5, containing 1.25 M NaCl and 10 mM EDTA. Fractions containing the MASP-2A were identified by SDS-polyacrylamide gel electrophoresis. Where necessary, MASP-2A was purified further by ion-exchange chromatography on a MonoQ column (HR 5/5). Protein was dialysed with 50 mM Tris-Cl pH 7.5, containing 50 mM NaCl and loaded onto the column equilibrated in the same buffer. Following washing, bound MASP-2A was eluted with a 0.05-1 M NaCl gradient over 10 ml.

[0350] Results: Yields of 0.25-0.5 mg of MASP-2A protein were obtained from 200 ml of medium. The molecular mass of 77.5

kDa determined by MALDI-MS is greater than the calculated value of the unmodified polypeptide (73.5 kDa) due to glycosylation. Attachment of glycans at each of the *N*-glycosylation sites accounts for the observed mass. MASP-2A migrates as a single band on SDS-polyacrylamide gels, demonstrating that it is not proteolytically processed during biosynthesis. The weight-average molecular mass determined by equilibrium ultracentrifugation is in agreement with the calculated value for homodimers of the glycosylated polypeptide.

PRODUCTION OF RECOMBINANT HUMAN MASP-2 POLYPEPTIDES

[0351] Another method for producing recombinant MASP-2 and MASP2A derived polypeptides is described in Thielens, N.M., et al., J. Immunol. 166:5068-5077, 2001. Briefly, the *Spodoptera frugiperda* insect cells (Ready-Plaque Sf9 cells obtained from Novagen, Madison, WI) are grown and maintained in Sf900II serum-free medium (Life Technologies) supplemented with 50 IU/ml penicillin and 50 mg/ml streptomycin (Life Technologies). The *Trichoplusia ni* (High Five) insect cells (provided by Jadwiga Chroboczek, Institut de Biologie Structurale, Grenoble, France) are maintained in TC100 medium (Life Technologies) containing 10% FCS (Dominique Dutscher, Brumath, France) supplemented with 50 IU/ml penicillin and 50 mg/ml streptomycin. Recombinant baculoviruses are generated using the Bac-to-Bac system (Life Technologies). The bacmid DNA is purified using the Qiagen midiprep purification system (Qiagen) and is used to transfect Sf9 insect cells using cellfectin in Sf900 II SFM medium (Life Technologies) as described in the manufacturer's protocol. Recombinant virus particles are collected 4 days later, titrated by virus plaque assay, and amplified as described by King and Possee, in The Baculovirus Expression System: A Laboratory Guide, Chapman and Hall Ltd., London, pp. 111-114, 1992.

[0352] High Five cells (1.75×10^7 cells/175-cm² tissue culture flask) are infected with the recombinant viruses containing MASP-2 polypeptides at a multiplicity of infection of 2 in Sf900 II SFM medium at 28°C for 96 h. The supernatants are collected by centrifugation and diisopropyl phosphorofluoridate is added to a final concentration of 1 mM.

[0353] The MASP-2 polypeptides are secreted in the culture medium. The culture supernatants are dialyzed against 50 mM NaCl, 1 mM CaCl₂, 50 mM triethanolamine hydrochloride, pH 8.1, and loaded at 1.5 ml/min onto a Q-Sepharose Fast Flow column (Amersham Pharmacia Biotech) (2.8 x 12 cm) equilibrated in the same buffer. Elution is conducted by applying a 1.2 liter linear gradient to 350 mM NaCl in the same buffer. Fractions containing the recombinant MASP-2 polypeptides are identified by Western blot analysis, precipitated by addition of (NH₄)₂SO₄ to 60% (w/v), and left overnight at 4°C. The pellets are resuspended in 145 mM NaCl, 1 mM CaCl₂, 50 mM triethanolamine hydrochloride, pH 7.4, and applied onto a TSK G3000 SWG column (7.5 x 600 mm) (Tosohhaas, Montgomeryville, PA) equilibrated in the same buffer. The purified polypeptides are then concentrated to 0.3 mg/ml by ultrafiltration on Microsep microconcentrators (m.w. cut-off = 10,000) (Filtron, Karlstein, Germany).

EXAMPLE 6

[0354] This example describes a method of producing polyclonal antibodies against MASP-2 polypeptides.

Materials and Methods:

[0355] MASP-2 Antigens: Polyclonal anti-human MASP-2 antiserum is produced by immunizing rabbits with the following isolated MASP-2 polypeptides: human MASP-2 (SEQ ID NO:6) isolated from serum as described in Example 4; recombinant human MASP-2 (SEQ ID NO:6), MASP-2A containing the inactive protease domain (SEQ ID NO: 13), as described in Examples 4-5; and recombinant CUBI (SEQ ID NO:8), CUBEGFI (SEQ ID NO:9), and CUBEGFCUBII (SEQ ID NO:10) expressed as described above in Example 5.

[0356] Polyclonal antibodies: Six-week old Rabbits, primed with BCG (bacillus Calmette-Guerin vaccine) are immunized by injecting 100 µg of MASP-2 polypeptide at 100 µg/ml in sterile saline solution. Injections are done every 4 weeks, with antibody titer monitored by ELISA assay as described in Example 7. Culture supernatants are collected for antibody purification by protein A affinity chromatography.

EXAMPLE 7

[0357] This example describes a method for producing murine monoclonal antibodies against rat or human MASP-2 polypeptides.

Materials and Methods:

[0358] Male A/J mice (Harlan, Houston, Tex.), 8-12 weeks old, are injected subcutaneously with 100 µg human or rat rMASP-2 or rMASP-2A polypeptides (made as described in Example 4 or Example 5) in complete Freund's adjuvant (Difco Laboratories, Detroit, Mich.) in 200 µl of phosphate buffered saline (PBS) pH 7.4. At two-week intervals the mice are twice injected subcutaneously with 50 µg of human or rat rMASP-2 or rMASP-2A polypeptide in incomplete Freund's adjuvant. On the fourth week the mice are injected with 50 µg of human or rat rMASP-2 or rMASP-2A polypeptide in PBS and are fused 4 days later.

[0359] For each fusion, single cell suspensions are prepared from the spleen of an immunized mouse and used for fusion with Sp2/0 myeloma cells. 5×10^8 of the Sp2/0 and 5×10^8 spleen cells are fused in a medium containing 50% polyethylene glycol (M.W. 1450) (Kodak, Rochester, N.Y.) and 5% dimethylsulfoxide (Sigma Chemical Co., St. Louis, Mo.). The cells are then adjusted to a concentration of 1.5×10^5 spleen cells per 200 µl of the suspension in Iscove medium (Gibco, Grand Island, N.Y.), supplemented with 10% fetal bovine serum, 100 units/ml of penicillin, 100 µg/ml of streptomycin, 0.1 mM hypoxanthine, 0.4 µM aminopterin and 16 µM thymidine. Two hundred microliters of the cell suspension are added to each well of about twenty 96-well microculture plates. After about ten days culture supernatants are withdrawn for screening for reactivity with purified factor MASP-2 in an ELISA assay.

[0360] ELISA Assay: Wells of Immulon 2 (Dynatech Laboratories, Chantilly, Va.) microtest plates are coated by adding 50 µl of purified hMASP-2 at 50 ng/ml or rat rMASP-2 (or rMASP-2A) overnight at room temperature. The low concentration of MASP-2 for coating enables the selection of high-affinity antibodies. After the coating solution is removed by flicking the plate, 200 µl of BLOTTO (non-fat dry milk) in PBS is added to each well for one hour to block the non-specific sites. An hour later, the wells are then washed with a buffer PBST (PBS containing 0.05% Tween 20). Fifty microliters of culture supernatants from each fusion well is collected and mixed with 50 µl of BLOTTO and then added to the individual wells of the microtest plates. After one hour of incubation, the wells are washed with PBST. The bound murine antibodies are then detected by reaction with horseradish peroxidase (HRP) conjugated goat anti-mouse IgG (Fc specific) (Jackson ImmunoResearch Laboratories, West Grove, Pa.) and diluted at 1:2,000 in BLOTTO. Peroxidase substrate solution containing 0.1% 3,3',5,5'-tetramethyl benzidine (Sigma, St. Louis, Mo.) and 0.0003% hydrogen peroxide (Sigma) is added to the wells for color development for 30 minutes. The reaction is terminated by addition of 50 µl of 2M H₂SO₄ per well. The Optical Density at 450 nm of the reaction mixture is read with a BioTek ELISA Reader (BioTek Instruments, Winooski, Vt.).

MASP-2 Binding Assay:

[0361] Culture supernatants that test positive in the MASP-2 ELISA assay described above can be tested in a binding assay to determine the binding affinity the MASP-2 inhibitory agents have for MASP-2. A similar assay can also be used to determine if the inhibitory agents bind to other antigens in the complement system.

[0362] Polystyrene microtiter plate wells (96-well medium binding plates, Corning Costar, Cambridge, MA) are coated with MASP-2 (20 ng/100 µl/well, Advanced Research Technology, San Diego, CA) in phosphate-buffered saline (PBS) pH 7.4 overnight at 4°C. After aspirating the MASP-2 solution, wells are blocked with PBS containing 1% bovine serum albumin (BSA; Sigma Chemical) for 2 h at room temperature. Wells without MASP-2 coating serve as the background controls. Aliquots of hybridoma supernatants or purified anti-MASP-2 MoAbs, at varying concentrations in blocking solution, are added to the wells. Following a 2 h incubation at room temperature, the wells are extensively rinsed with PBS. MASP-2-bound anti-MASP-2 MoAb is detected by the addition of peroxidase-conjugated goat anti-mouse IgG (Sigma Chemical) in blocking solution, which is allowed to incubate for 1h at room temperature. The plate is rinsed again thoroughly with PBS, and 100 µl of 3,3',5,5'-tetramethyl benzidine (TMB) substrate (Kirkegaard and Perry Laboratories, Gaithersburg, MD) is added. The reaction of TMB is quenched by the addition of 100 µl of 1M phosphoric acid, and the plate is read at 450 nm in a microplate reader (SPECTRA MAX 250, Molecular Devices, Sunnyvale, CA).

[0363] The culture supernatants from the positive wells are then tested for the ability to inhibit complement activation in a functional assay such as the C4 cleavage assay as described in Example 2. The cells in positive wells are then cloned by limiting dilution. The MoAbs are tested again for reactivity with hMASP-2 in an ELISA assay as described above. The selected

hybridomas are grown in spinner flasks and the spent culture supernatant collected for antibody purification by protein A affinity chromatography.

EXAMPLE 8

[0364] This example describes the generation of a MASP-2^{-/-} knockout mouse expressing human MASP-2 for use as a model in which to screen for MASP-2 inhibitory agents.

[0365] Materials and Methods: A MASP-2^{-/-} mouse as described in Example 1 and a MASP-2^{-/-} mouse expressing a human MASP-2 transgene construct (human MASP-2 knock-in) as described in Example 3 are crossed, and progeny that are murine MASP-2^{-/-}, murine MASP-2^{+/+}, human MASP-2^{+/+} are used to identify human MASP-2 inhibitory agents.

[0366] Such animal models can be used as test substrates for the identification and efficacy of MASP-2 inhibitory agents such as human anti-MASP-2 antibodies, MASP-2 inhibitory peptides and nonpeptides, and compositions comprising MASP-2 inhibitory agents. For example, the animal model is exposed to a compound or agent that is known to trigger MASP-2-dependent complement activation, and a MASP-2 inhibitory agent is administered to the animal model at a sufficient time and concentration to elicit a reduction of disease symptoms in the exposed animal.

[0367] In addition, the murine MASP-2^{-/-}, MASP-2^{+/+}, human MASP-2^{+/+} mice may be used to generate cell lines containing one or more cell types involved in a MASP-2-associated disease which can be used as a cell culture model for that disorder. The generation of continuous cell lines from transgenic animals is well known in the art, for example see Small, J.A., et al., Mol. Cell Biol., 5:642-48, 1985.

EXAMPLE 9

[0368] This example describes a method of producing human antibodies against human MASP-2 in a MASP-2 knockout mouse that expresses human MASP-2 and human immunoglobulins.

Materials and Methods:

[0369] A MASP-2^{-/-} mouse was generated as described in Example 1. A mouse was then constructed that expresses human MASP-2 as described in Example 3. A homozygous MASP-2^{-/-} mouse and a MASP-2^{-/-} mouse expressing human MASP-2 are each crossed with a mouse derived from an embryonic stem cell line engineered to contain targeted disruptions of the endogenous immunoglobulin heavy chain and light chain loci and expression of at least a segment of the human immunoglobulin locus. Preferably, the segment of the human immunoglobulin locus includes unrearranged sequences of heavy and light chain components. Both inactivation of endogenous immunoglobulin genes and introduction of exogenous immunoglobulin genes can be achieved by targeted homologous recombination. The transgenic mammals resulting from this process are capable of functionally rearranging the immunoglobulin component sequences and expressing a repertoire of antibodies of various isotypes encoded by human immunoglobulin genes, without expressing endogenous immunoglobulin genes. The production and properties of mammals having these properties is described, for example see Thomson, A.D., Nature 148:1547-1553, 1994, and Sloane, B.F., Nature Biotechnology 14:826, 1996. Genetically engineered strains of mice in which the mouse antibody genes are inactivated and functionally replaced with human antibody genes is commercially available (e.g., XenoMouse®, available from Abgenix, Fremont CA). The resulting offspring mice are capable of producing human MoAb against human MASP-2 that are suitable for use in human therapy.

EXAMPLE 10

[0370] This example describes the generation and production of humanized murine anti-MASP-2 antibodies and antibody fragments.

[0371] A murine anti-MASP-2 monoclonal antibody is generated in Male A/J mice as described in Example 7. The murine antibody is then humanized as described below to reduce its immunogenicity by replacing the murine constant regions with their

human counterparts to generate a chimeric IgG and Fab fragment of the antibody, which is useful for inhibiting the adverse effects of MASP-2-dependent complement activation in human subjects in accordance with the present invention.

1. **1. Cloning of anti-MASP-2 variable region genes from murine hybridoma cells.** Total RNA is isolated from the hybridoma cells secreting anti-MASP-2 MoAb (obtained as described in Example 7) using RNAzol following the manufacturer's protocol (Biotech, Houston, Tex.). First strand cDNA is synthesized from the total RNA using oligo dT as the primer. PCR is performed using the immunoglobulin constant C region-derived 3' primers and degenerate primer sets derived from the leader peptide or the first framework region of murine V_H or V_g genes as the 5' primers. Anchored PCR is carried out as described by Chen and Platsucas (Chen, P.F., Scand J. Immunol. 35:539-549, 1992). For cloning the V_K gene, double-stranded cDNA is prepared using a NotI-MAK1 primer (5'-TGCGGCCGCTGTAGGTGCTGCTTT-3' SEQ ID NO:38). Annealed adaptors AD1 (5'-GGAATTCACCTCGTTATTCTCGGA-3' SEQ ID NO:39) and AD2 (5'-TCCGAGAATAACGAGTG-3' SEQ ID NO:40) are ligated to both 5' and 3' termini of the double-stranded cDNA. Adaptors at the 3' ends are removed by NotI digestion. The digested product is then used as the template in PCR with the AD1 oligonucleotide as the 5' primer and MAK2 (5'-CATTGAAAGCTTTGGGGTAGAAGTTGTTC-3' SEQ ID NO:41) as the 3' primer. DNA fragments of approximately 500 bp are cloned into pUC19. Several clones are selected for sequence analysis to verify that the cloned sequence encompasses the expected murine immunoglobulin constant region. The NotI-MAK1 and MAK2 oligonucleotides are derived from the V_K region and are 182 and 84 bp, respectively, downstream from the first base pair of the C kappa gene. Clones are chosen that include the complete V_K and leader peptide.

For cloning the V_H gene, double-stranded cDNA is prepared using the NotI MAG1 primer (5'-CGCGGCCGAGCTGCTCAGAGTGTAGA-3' SEQ ID NO:42). Annealed adaptors AD1 and AD2 are ligated to both 5' and 3' termini of the double-stranded cDNA. Adaptors at the 3' ends are removed by NotI digestion. The digested product are used as the template in PCR with the AD1 oligonucleotide and MAG2 (5'-CGGTAAGCTTCACTGGCTCAGGGAATA-3' SEQ ID NO:43) as primers. DNA fragments of 500 to 600 bp in length are cloned into pUC19. The NotI-MAG1 and MAG2 oligonucleotides are derived from the murine C_γ7.1 region, and are 180 and 93 bp, respectively, downstream from the first bp of the murine C_γ7.1 gene. Clones are chosen that encompass the complete V_H and leader peptide.

2. **2. Construction of Expression Vectors for Chimeric MASP-2 IgG and Fab.** The cloned V_H and V_K genes described above are used as templates in a PCR reaction to add the Kozak consensus sequence to the 5' end and the splice donor to the 3' end of the nucleotide sequence. After the sequences are analyzed to confirm the absence of PCR errors, the V_H and V_K genes are inserted into expression vector cassettes containing human C_γ1 and C_κ respectively, to give pSV2neoV_H-huC_γ1 and pSV2neoV_H-huC_κ. CsCl gradient-purified plasmid DNAs of the heavy- and light-chain vectors are used to transfect COS cells by electroporation. After 48 hours, the culture supernatant is tested by ELISA to confirm the presence of approximately 200 ng/ml of chimeric IgG. The cells are harvested and total RNA is prepared. First strand cDNA is synthesized from the total RNA using oligo dT as the primer. This cDNA is used as the template in PCR to generate the Fd and kappa DNA fragments. For the Fd gene, PCR is carried out using 5'-AAGAAGCTTGCCGCCACCATGGATTGGCTGTGGAAGT-3' (SEQ ID NO:44) as the 5' primer and a CH1-derived 3' primer (5'-CGGGATCCTCAAACCTTTCTGTCCACCTTGG-3' SEQ ID NO:45). The DNA sequence is confirmed to contain the complete V_H and the CH1 domain of human IgG1. After digestion with the proper enzymes, the Fd DNA fragments are inserted at the HindIII and BamHI restriction sites of the expression vector cassette pSV2dhfr-TUS to give pSV2dhfrFd. The pSV2 plasmid is commercially available and consists of DNA segments from various sources: pBR322 DNA (thin line) contains the pBR322 origin of DNA replication (pBR ori) and the lactamase ampicillin resistance gene (Amp); SV40 DNA, represented by wider hatching and marked, contains the SV40 origin of DNA replication (SV40 ori), early promoter (5' to the dhfr and neo genes), and polyadenylation signal (3' to the dhfr and neo genes). The SV40-derived polyadenylation signal (pA) is also placed at the 3' end of the Fd gene.

For the kappa gene, PCR is carried out using 5'-AAGAAAGCTTGCCGCCACCATGTTCTCACTAGCTCT-3' (SEQ ID NO:46) as the 5' primer and a C_κ-derived 3' primer (5'-CGGGATCCTTCTCCCTTAACACTCT-3' SEQ ID NO:47). DNA sequence is confirmed to contain the complete V_K and human C_κ regions. After digestion with proper restriction enzymes, the kappa DNA fragments are inserted at the HindIII and BamHI restriction sites of the expression vector cassette pSV2neo-TUS to give pSV2neoK. The expression of both Fd and kappa genes are driven by the HCMV-derived enhancer and promoter elements. Since the Fd gene does not include the cysteine amino acid residue involved in the inter-chain disulfide bond, this recombinant chimeric Fab contains non-covalently linked heavy- and light-chains. This chimeric Fab is designated as cFab.

To obtain recombinant Fab with an inter-heavy and light chain disulfide bond, the above Fd gene may be extended to include the coding sequence for additional 9 amino acids (EPKSCDKTH SEQ ID NO:48) from the hinge region of human IgG1. The BstEI-BamHI DNA segment encoding 30 amino acids at the 3' end of the Fd gene may be replaced with DNA segments encoding the extended Fd, resulting in pSV2dhfrFd/9aa.

3. **3. Expression and Purification of Chimeric Anti-MASP-2 IgG**

To generate cell lines secreting chimeric anti-MASP-2 IgG, NSO cells are transfected with purified plasmid DNAs of pSV2neoV_H-huC.γ1 and pSV2neoV_H-huC kappa by electroporation. Transfected cells are selected in the presence of 0.7 mg/ml G418. Cells are grown in a 250 ml spinner flask using serum-containing medium.

Culture supernatant of 100 ml spinner culture is loaded on a 10-ml PROSEP-A column (Bioprocessing, Inc., Princeton, N.J.). The column is washed with 10 bed volumes of PBS. The bound antibody is eluted with 50 mM citrate buffer, pH 3.0. Equal volume of 1 M Hepes, pH 8.0 is added to the fraction containing the purified antibody to adjust the pH to 7.0. Residual salts are removed by buffer exchange with PBS by Millipore membrane ultrafiltration (M.W. cut-off: 3,000). The protein concentration of the purified antibody is determined by the BCA method (Pierce).

4. 4. Expression and purification of chimeric anti-MASP-2 Fab

To generate cell lines secreting chimeric anti-MASP-2 Fab, CHO cells are transfected with purified plasmid DNAs of pSV2dhfrFd (or pSV2dhfrFd/9aa) and pSV2neokappa, by electroporation. Transfected cells are selected in the presence of G418 and methotrexate. Selected cell lines are amplified in increasing concentrations of methotrexate. Cells are single-cell subcloned by limiting dilution. High-producing single-cell subcloned cell lines are then grown in 100 ml spinner culture using serum-free medium.

Chimeric anti-MASP-2 Fab is purified by affinity chromatography using a mouse anti-idiotypic MoAb to the MASP-2 MoAb. An anti-idiotypic MASP-2 MoAb can be made by immunizing mice with a murine anti-MASP-2 MoAb conjugated with keyhole limpet hemocyanin (KLH) and screening for specific MoAb binding that can be competed with human MASP-2. For purification, 100 ml of supernatant from spinner cultures of CHO cells producing cFab or cFab/9aa are loaded onto the affinity column coupled with an anti-idiotypic MASP-2 MoAb. The column is then washed thoroughly with PBS before the bound Fab is eluted with 50 mM diethylamine, pH 11.5. Residual salts are removed by buffer exchange as described above. The protein concentration of the purified Fab is determined by the BCA method (Pierce).

The ability of the chimeric MASP-2 IgG, cFab, and cFab/9aa to inhibit MASP-2-dependent complement pathways may be determined by using the inhibitory assays described in Example 2.

EXAMPLE 11

[0372] This example describes an *in vitro* C4 cleavage assay used as a functional screen to identify MASP-2 inhibitory agents capable of blocking MASP-2-dependent complement activation via L-ficolin/P35, H-ficolin, M-ficolin or mannan.

[0373] C4 Cleavage Assay: A C4 cleavage assay has been described by Petersen, S.V., et al., J. Immunol. Methods 257:107, 2001, which measures lectin pathway activation resulting from lipoteichoic acid (LTA) from *S. aureus* which binds L-ficolin.

[0374] Reagents: Formalin-fixed *S. aureus* (DSM20233) is prepared as follows: bacteria is grown overnight at 37°C in tryptic soy blood medium, washed three times with PBS, then fixed for 1 h at room temperature in PBS/0.5% formalin, and washed a further three times with PBS, before being resuspended in coating buffer (15 mM Na₂CO₃, 35 mM NaHCO₃, pH 9.6).

[0375] Assay: The wells of a Nunc MaxiSorb microtiter plate (Nalgene Nunc International, Rochester, NY) are coated with: 100 µl of formalin-fixed *S. aureus* DSM20233 (OD₅₅₀ = 0.5) in coating buffer with 1 µg of L-ficolin in coating buffer. After overnight incubation, wells are blocked with 0.1% human serum albumin (HSA) in TBS (10 mM Tris-HCl, 140 mM NaCl, pH 7.4), then are washed with TBS containing 0.05% Tween 20 and 5 mM CaCl₂ (wash buffer). Human serum samples are diluted in 20 mM Tris-HCl, 1 M NaCl, 10 mM CaCl₂, 0.05% Triton X-100, 0.1% HSA, pH 7.4, which prevents activation of endogenous C4 and dissociates the C1 complex (composed of C1q, C1r and C1s). MASP-2 inhibitory agents, including anti-MASP-2 MoAbs and inhibitory peptides are added to the serum samples in varying concentrations. The diluted samples are added to the plate and incubated overnight at 4°C. After 24 hours, the plates are washed thoroughly with wash buffer, then 0.1 µg of purified human C4 (obtained as described in Dodds, A.W., Methods Enzymol. 223:46, 1993) in 100 µl of 4 mM barbitol, 145 mM NaCl, 2 mM CaCl₂, 1 mM MgCl₂, pH 7.4 is added to each well. After 1.5 h at 37°C, the plates are washed again and C4b deposition is detected using alkaline phosphatase-conjugated chicken anti-human C4c (obtained from Immunsytem, Uppsala, Sweden) and measured using the colorimetric substrate p-nitrophenyl phosphate.

[0376] C4 Assay on mannan: The assay described above is adapted to measure lectin pathway activation via MBL by coating the plate with LSP and mannan prior to adding serum mixed with various MASP-2 inhibitory agents.

[0377] C4 assay on H-ficolin (Hakata Ag): The assay described above is adapted to measure lectin pathway activation via H-ficolin by coating the plate with LPS and H-ficolin prior to adding serum mixed with various MASP-2 inhibitory agents.

EXAMPLE 12

[0378] The following assay demonstrates the presence of classical pathway activation in wild-type and MASP-2^{-/-} mice.

[0379] Methods: Immune complexes were generated *in situ* by coating microtiter plates (Maxisorb, Nunc, cat. No. 442404, Fisher Scientific) with 0.1% human serum albumin in 10 mM Tris, 140 mM NaCl, pH 7.4 for 1 hours at room temperature followed by overnight incubation at 4°C with sheep anti whole serum antiserum (Scottish Antibody Production Unit, Carlisle, Scotland) diluted 1:1000 in TBS/tween/Ca²⁺. Serum samples were obtained from wild-type and MASP-2^{-/-} mice and added to the coated plates. Control samples were prepared in which C1q was depleted from wild-type and MASP-2^{-/-} serum samples. C1q-depleted mouse serum was prepared using protein-A-coupled Dynabeads (Dyna Beads, Oslo, Norway) coated with rabbit anti-human C1q IgG (Dako, Glostrup, Denmark), according to the supplier's instructions. The plates were incubated for 90 minutes at 37°C. Bound C3b was detected with a polyclonal anti-human-C3c Antibody (Dako A 062) diluted in TBS/tw/ Ca⁺⁺ at 1:1000. The secondary antibody is goat anti-rabbit IgG.

[0380] Results: FIGURE 9 shows the relative C3b deposition levels on plates coated with IgG in wild-type serum, MASP-2^{-/-} serum, C1q-depleted wild-type and C1q-depleted MASP-2^{-/-} serum. These results demonstrate that the classical pathway is intact in the MASP-2^{-/-} mouse strain.

EXAMPLE 13

[0381] The following assay is used to test whether a MASP-2 inhibitory agent blocks the classical pathway by analyzing the effect of a MASP-2 inhibitory agent under conditions in which the classical pathway is initiated by immune complexes.

[0382] Methods: To test the effect of a MASP-2 inhibitory agent on conditions of complement activation where the classical pathway is initiated by immune complexes, triplicate 50 µl samples containing 90% NHS are incubated at 37°C in the presence of 10 µg/ml immune complex (IC) or PBS, and parallel triplicate samples (+/-IC) are also included which contain 200 nM anti-properdin monoclonal antibody during the 37°C incubation. After a two hour incubation at 37°C, 13 mM EDTA is added to all samples to stop further complement activation and the samples are immediately cooled to 5°C. The samples are then stored at -70°C prior to being assayed for complement activation products (C3a and sC5b-9) using ELISA kits (Quidel, Catalog Nos. A015 and A009) following the manufacturer's instructions.

EXAMPLE 14

[0383] This example demonstrates that the lectin-dependent MASP-2 complement activation system is activated in the ischemia/reperfusion phase following abdominal aortic aneurysm repair.

[0384] Experimental Rationale and Design: Patients undergoing abdominal aortic aneurysm (AAA) repair are subject to an ischemia-reperfusion injury, which is largely mediated by complement activation. We investigated the role of the MASP-2-dependent lectin pathway of complement activation in ischemia-reperfusion injury in patients undergoing AAA repair. The consumption of mannan-binding lectin (MBL) in serum was used to measure the amount of MASP-2-dependent lectin pathway activation that occurred during reperfusion.

[0385] Patient Serum Sample Isolation: A total of 23 patients undergoing elective infrarenal AAA repair and 8 control patients undergoing major abdominal surgery were included in this study.

[0386] For the patients undergoing AAA repair, systemic blood samples were taken from each patient's radial artery (via an arterial line) at four defined time points during the procedure: time point 1: induction of anaesthesia; time point 2: just prior to aortic clamping; time point 3: just prior to aortic clamp removal; and time point 4: during reperfusion.

[0387] For the control patients undergoing major abdominal surgery, systemic blood samples were taken at induction of anaesthesia and at two hours after the start of the procedure.

[0388] Assay for levels of MBL: Each patient plasma sample was assayed for levels of mannan-binding lectin (MBL) using ELISA techniques.

[0389] Results: The results of this study are shown in FIGURE 10, which presents a graph showing the mean percentage change in MBL levels (y axis) at each of the various time points (x axis). Starting values for MBL are 100%, with relative decreases shown thereafter. As shown in FIGURE 10, AAA patients (n=23) show a significant decrease in plasma MBL levels, averaging an approximate 41% decrease at time of ischemia/reperfusion following AAA. In contrast, in control patients (n=8) undergoing major abdominal surgery only a minor consumption of MBL was observed in the plasma samples.

[0390] The data presented provides a strong indication that the MASP-2-dependent lectin pathway of the complement system is activated in the ischemia/reperfusion phase following AAA repair. The decrease in MBL levels appears to be associated with ischaemia-reperfusion injury because the MBL levels drop significantly and rapidly when the clamped major vessel is reperfused after the end of the operation. In contrast, control sera of patients undergoing major abdominal surgery without a major ischemia-reperfusion insult only show a slight decrease in MBL plasma levels. In view of the well-established contribution of complement activation in reperfusion injury, we conclude that activation of the MASP-2-dependent lectin pathway on ischemic endothelial cells is a major factor in the pathology of ischemia/reperfusion injury. Therefore, a specific transient blockade or reduction in the MASP-2-dependent lectin pathway of complement activation would be expected to have a significant beneficial therapeutic impact to improve the outcome of clinical procedures and diseases that involve a transient ischemic insult, e.g., myocardial infarction, gut infarction, burns, transplantation and stroke.

EXAMPLE 15

[0391] This example describes the use of the MASP-2^{-/-} strain as an animal model for testing MASP-2 inhibitory agents useful to treat Rheumatoid Arthritis.

[0392] Background and Rationale: Murine Arthritis Model: K/BxN T cell receptor (TCR) transgenic (tg) mice, is a recently developed model of inflammatory arthritis (Kouskoff, V., et al., Cell 87:811-822, 1996; Korganow, A.S., et al., Immunity 10:451-461, 1999; Matsumoto, I., et al., Science 286:1732-1735, 1999; Maccioni M. et al., J. Exp. Med. 195(8):1071-1077, 2002). The K/BxN mice spontaneously develop an autoimmune disease with most of the clinical, histological and immunological features of RA in humans (Ji, H., et al., Immunity 16:157-168, 2002). The murine disorder is joint specific, but is initiated then perpetuated by T, then B cell autoreactivity to glucose-6-phosphate isomerase ("GPI"), a ubiquitously expressed antigen. Further, transfer of serum (or purified anti-GPI Igs) from arthritic K/BxN mice into healthy animals provokes arthritis within several days. It has also been shown that polyclonal anti-GPI antibodies or a pool of anti-GPI monoclonal antibodies of the IgG1 isotype induce arthritis when injected into healthy recipients (Maccioni et al., 2002). The murine model is relevant to human RA, because serum from RA patients has also been found to contain anti-GPI antibodies, which is not found in normal individuals. A C5-deficient mouse was tested in this system and found to block the development of arthritis (Ji, H., et al., 2002, *supra*). There was also strong inhibition of arthritis in C3 null mice, implicating the alternative pathway, however, MBP-A null mice did develop arthritis. In mice however, the presence of MBP-C may compensate for the loss of MBP-A.

[0393] Based on the observations described herein that MASP-2 plays an essential role in the initiation of both the lectin and alternative pathways, the K/BxN arthritic model is useful to screen for MASP-2 inhibitory agents that are effective for use as a therapeutic agents to treat RA.

[0394] Methods: Serum from arthritic K/BxN mice is obtained at 60 days of age, pooled and injected (150-200 µl i.p.) into MASP-2^{-/-} recipients (obtained as described in Example 1); and control littermates with or without MASP-2 inhibitory agents (MoAb, inhibitory peptides and the like as described herein) at days 0 and 2. A group of normal mice are also pretreated with a MASP-2 inhibitory agent for two days prior to receiving the injection of serum. A further group of mice receive an injection of serum at day 0, followed by a MASP-2 inhibitory agent at day 6. A clinical index is evaluated over time with one point scored for each affected paw, ½ point scored for a paw with only mild swelling. Ankle thickness is also measured by a caliper (thickness is defined as the difference from day 0 measurement).

EXAMPLE 16

[0395] This example describes an assay for inhibition of complement-mediated tissue damage in an *ex vivo* model of rabbit hearts perfused with human plasma.

[0396] Background and Rationale: Activation of the complement system contributes to hyperacute rejection of xenografts. Previous studies have shown that hyperacute rejection can occur in the absence of anti-donor antibodies via activation of the alternative pathway (Johnston, P.S., et al., Transplant Proc. 23:877-879, 1991).

[0397] Methods: To determine whether isolated anti-MASP-2 inhibitory agents such as anti-MASP-2 antibodies obtained as described in Example 7 are able to inhibit complement pathway in tissue damage, the anti-MASP-2 MoAbs and antibody fragments may be tested using an ex vivo model in which isolated rabbit hearts are perfused with diluted human plasma. This model was previously shown to cause damage to the rabbit myocardium due to the activation of the alternative complement pathway (Gralinski, M.R., et al., Immunopharmacology 34:79-88, 1996).

EXAMPLE 17

[0398] This example describes an assay that measures neutrophil activation which is useful as a measure of an effective dose of a MASP-2 inhibitory agent for the treatment of conditions associated with the lectin-dependent pathway in accordance with the methods of the invention.

[0399] Methods: A method for measuring neutrophil elastase has been described in Gupta-Bansal, R., et al., Molecular Immunol. 37:191-201, 2000. Briefly, the complex of elastase and serum α_1 -antitrypsin is measured with a two-site sandwich assay that utilizes antibodies against both elastase and α_1 -antitrypsin. Polystyrene microtiter plates are coated with a 1:500 dilution of anti-human elastase antibody (The Binding Site, Birmingham, UK) in PBS overnight at 4°C. After aspirating the antibody solution, wells are blocked with PBS containing 0.4% HAS for 2 h at room temperature. Aliquots (100 μ l) of plasma samples that are treated with or without a MASP-2 inhibitory agent are added to the wells. Following a 2 h incubation at room temperature, the wells are extensively rinsed with PBS. Bound elastase- α_1 -antitrypsin complex is detected by the addition of a 1:500 dilution of peroxidase conjugated- α_1 -antitrypsin antibody in blocking solution that is allowed to incubate for 1 h at room temperature. After washing the plate with PBS, 100 μ l aliquots of TMB substrate are added. The reaction of TMB is quenched by the addition of 100 μ l of phosphoric acid, and the plate is read at 450 nm in a microplate reader.

EXAMPLE 18

[0400] This example describes an animal model for testing MASP-2 inhibitory agents useful to treat myocardial ischemia/reperfusion.

[0401] Methods: A myocardial ischemia-reperfusion model has been described by Vakeva et al., Circulation 97:2259-2267, 1998, and Jordan et al., Circulation 104(12):1413-1418, 2001. The described model may be modified for use in MASP-2^{-/-} and MASP-2^{+/-} mice as follows. Briefly, adult male mice are anesthetized. Jugular vein and trachea are cannulated and ventilation is maintained with 100% oxygen with a rodent ventilator adjusted to maintain exhaled CO₂ between 3.5% and 5%. A left thoracotomy is performed and a suture is placed 3 to 4 mm from the origin of the left coronary artery. Five minutes before ischemia, animals are given a MASP-2 inhibitory agent, such as anti-MASP-2 antibodies (e.g., in a dosage range of between .01 to 10 mg/kg). Ischemia is then initiated by tightening the suture around the coronary artery and maintained for 30 minutes, followed by four hours of reperfusion. Sham-operated animals are prepared identically without tightening the suture.

[0402] Analysis of Complement C3 Deposition: After reperfusion, samples for immunohistochemistry are obtained from the central region of the left ventricle, fixed and frozen at -80°C until processed. Tissue sections are incubated with an HRP-conjugated goat anti-rat C3 antibody. Tissue sections are analyzed for the presence of C3 staining in the presence of anti-MASP-2 inhibitory agents as compared with sham-operated control animals and MASP-2^{-/-} animals to identify MASP-2 inhibitory agents that reduce C3 deposition *in vivo*.

EXAMPLE 19

[0403] This example describes the use of the MASP-2^{-/-} strain as an animal model for testing MASP-2 inhibitory agents for the ability to protect transplanted tissue from ischemia/reperfusion injury.

[0404] Background/Rationale: It is known that ischemia/reperfusion injury occurs in a donor organ during transplantation. The extent of tissue damage is related to the length of ischemia and is mediated by complement, as demonstrated in various models of ischemia and through the use of complement inhibiting agents such as soluble receptor type 1 (CR1) (Weisman et al., Science 249:146-151, 1990; Mulligan et al., J. Immunol. 148:1479-1486, 1992; Pratt et al., Am. J. Path. 163(4):1457-1465, 2003). An animal model for transplantation has been described by Pratt et al., Am. J. Path. 163(4):1457-1465, which may be modified for use with the MASP-2^{-/-} mouse model and/or for use as a MASP-2^{+/+} model system in which to screen MASP-2 inhibitory agents for the ability to protect transplanted tissue from ischemia/reperfusion injury. The flushing of the donor kidney with perfusion fluid prior to transplantation provides an opportunity to introduce anti-MASP-2 inhibitory agents into the donor kidney.

[0405] Methods: MASP-2^{-/-} and/or MASP-2^{+/+} mice are anesthetized. The left donor kidney is dissected and the aorta is ligated cephalad and caudad to the renal artery. A portex tube catheter (Portex Ltd, Hythe, UK) is inserted between the ligatures and the kidney is perfused with 5 ml of Soltran Kidney Perfusion Solution (Baxter Health Care, UK) containing MASP-2 inhibitory agents such as anti-MASP-2 monoclonal antibodies (in a dosage range of from .01 mg/kg to 10 mg/kg) for a period of at least 5 minutes. Renal transplantation is then performed and the mice are monitored over time.

[0406] Analysis of Transplant Recipients: Kidney transplants are harvested at various time intervals and tissue sections are analyzed using anti-C3 to determine the extent of C3 deposition.

EXAMPLE 20

[0407] This example describes the use of a collagen-induced arthritis (CIA) animal model for testing MASP-2 inhibitory agents useful to treat rheumatoid arthritis (RA).

[0408] Background and Rationale: Collagen-induced arthritis (CIA) represents an autoimmune polyarthritis inducible in susceptible strains of rodents and primates after immunization with native type II collagen and is recognized as a relevant model for human rheumatoid arthritis (RA) (see Courtney et al., Nature 283: 666 (1980); Trentham et al., J. Exp. Med. 146: 857 (1977)). Both RA and CIA are characterized by joint inflammation, pannus formation and cartilage and bone erosion. The CIA susceptible murine strain DBA/1LacJ is a developed model of CIA in which mice develop clinically severe arthritis after immunization with Bovine type II collagen (Wang et al., J. Immunol. 164: 4340-4347 (2000)). A C5-deficient mouse strain was crossed with DBA/1LacJ and the resulting strain was found to be resistant to the development of CIA arthritis (Wang et al., 2000, *supra*).

[0409] Based on the observations described herein that MASP-2 plays an essential role in the initiation of both the lectin and alternative pathways, the CIA arthritic model is useful to screen for MASP-2 inhibitory agents that are effective for use as therapeutic agents to treat RA.

[0410] Methods: A MASP-2^{-/-} mouse is generated as described in Example 1. The MASP-2^{-/-} mouse is then crossed with a mouse derived from the DBA/1LacJ strain (The Jackson Laboratory). F1 and subsequent offspring are intercrossed to produce homozygous MASP-2^{-/-} in the DBA/1LacJ line.

[0411] Collagen immunization is carried out as described in Wang et al., 2000, *supra*. Briefly, wild-type DBA/1LacJ mice and MASP-2^{-/-} DBA/1LacJ mice are immunized with Bovine type II collagen (BCII) or mouse type II collagen (MCII) (obtained from Elastin Products, Owensville, MO), dissolved in 0.01 M acetic acid at a concentration of 4 mg/ml. Each mouse is injected intradermally at the base of the tail with 200 ug CII and 100 ug mycobacteria. Mice are re-immunized after 21 days and are examined daily for the appearance of arthritis. An arthritic index is evaluated over time with respect to the severity of arthritis in each affected paw.

[0412] MASP-2 inhibitory agents are screened in the wild-type DBA/1LacJ CIA mice by injecting a MASP-2 inhibitory agent such as anti-MASP-2 monoclonal antibodies (in a dosage range of from .01 mg/kg to 10 mg/kg) at the time of collagen immunization, either systemically, or locally at one or more joints and an arthritic index is evaluated over time as described above. Anti-hMASP-2 monoclonal antibodies as therapeutic agents can be easily evaluated in a MASP-2^{-/-}, hMASP-2^{+/+} knock-in DBA/1LacJ CIA mouse model.

EXAMPLE 21

[0413] This example describes the use of a (NZB/W) F₁ animal model for testing MASP-2 inhibitory agents useful to treat

immune-complex mediated glomerulonephritis.

[0414] Background and Rationale: New Zealand black x New Zealand white (NZB/W) F1 mice spontaneously develop an autoimmune syndrome with notable similarities to human immune-complex mediated glomerulonephritis. The NZB/W F1 mice invariably succumb to glomerulonephritis by 12 months of age. As discussed above, it has been demonstrated that complement activation plays a significant role in the pathogenesis of immune-complex mediated glomerulonephritis. It has been further shown that the administration of an anti-C5 MoAb in the NZB/W F1 mouse model resulted in significant amelioration of the course of glomerulonephritis (Wang et al., Proc. Natl. Acad. Sci. 93: 8563-8568 (1996)). Based on the observations described herein that MASP-2 plays an essential role in the initiation of both the lectin and alternative pathways, the NZB/W F1 animal model is useful to screen for MASP-2 inhibitory agents that are effective for use as therapeutic agents to treat glomerulonephritis.

[0415] Methods: A MASP-2^{-/-} mouse is generated as described in Example 1. The MASP-2^{-/-} mouse is then separately crossed with a mouse derived both from the NZB and the NZW strains (The Jackson Laboratory). F1 and subsequent offspring are intercrossed to produce homozygous MASP-2^{-/-} in both the NZB and NZW genetic backgrounds. To determine the role of MASP-2 in the pathogenesis of glomerulonephritis in this model, the development of this disease in F1 individuals resulting from crosses of either wild-type NZB x NZW mice or MASP-2^{-/-}NZB x MASP-2^{-/-}NZW mice are compared. At weekly intervals urine samples will be collected from the MASP-2^{+/+} and MASP-2^{-/-} F1 mice and urine protein levels monitored for the presence of anti-DNA antibodies (as described in Wang et al., 1996, *supra*). Histopathological analysis of the kidneys is also carried out to monitor the amount of mesangial matrix deposition and development of glomerulonephritis.

[0416] The NZB/W F1 animal model is also useful to screen for MASP-2 inhibitory agents that are effective for use as therapeutic agents to treat glomerulonephritis. At 18 weeks of age, wild-type NZB/W F1 mice are injected intraperitoneally with anti-MASP-2 inhibitory agents, such as anti-MASP-2 monoclonal antibodies (in a dosage range of from .01 mg/kg to 10 mg/kg) at a frequency of weekly or biweekly. The above-mentioned histopathological and biochemical markers of glomerulonephritis are used to evaluate disease development in the mice and to identify useful MASP-2 inhibitory agents for the treatment of this disease.

EXAMPLE 22

[0417] This example describes the use of a tubing loop as a model for testing MASP-2 inhibitory agents useful to prevent tissue damage resulting from extracorporeal circulation (ECC) such as a cardiopulmonary bypass (CPB) circuit.

[0418] Background and Rationale: As discussed above, patients undergoing ECC during CPB suffer a systemic inflammatory reaction, which is partly caused by exposure of blood to the artificial surfaces of the extracorporeal circuit, but also by surface-independent factors like surgical trauma and ischemia-reperfusion injury (Butler, J., et al., Ann. Thorac. Surg. 55:552-9, 1993; Edmunds, L.H., Ant. Thorac. Surg. 66(Suppl):S12-6, 1998; Asimakopoulos, G., Perfusion 14:269-77, 1999). It has further been shown that the alternative complement pathway plays a predominant role in complement activation in CPB circuits, resulting from the interaction of blood with the artificial surfaces of the CPB circuits (see Kirklin et al., 1983, 1986, discussed *supra*). Therefore, based on the observations described herein that MASP-2 plays an essential role in the initiation of both the lectin and alternative pathways, the tubing loop model is useful to screen for MASP-2 inhibitory agents that are effective for use as therapeutic agents to prevent or treat an extracorporeal exposure-triggered inflammatory reaction.

[0419] Methods: A modification of a previously described tubing loop model for cardiopulmonary bypass circuits is utilized (see Gong et al., J. Clinical Immunol. 16(4):222-229 (1996)) as described in Gupta-Bansal et al., Molecular Immunol. 37:191-201 (2000). Briefly, blood is freshly collected from a healthy subject in a 7 ml vacutainer tube (containing 7 units of heparin per ml of whole blood). Polyethylene tubing similar to what is used during CPB procedures (e.g., I.D. 2.92 mm; O.D. 3.73 mm, length: 45 cm) is filled with 1 ml of blood and closed into a loop with a short piece of silicone tubing. A control tubing containing heparinized blood with 10 mM EDTA was included in the study as a background control. Sample and control tubings were rotated vertically in a water bath for 1 hour at 37°C. After incubation, the blood samples were transferred into 1.7 ml microfuge tubes containing EDTA, resulting in a final concentration of 20 mM EDTA. The samples were centrifuged and the plasma was collected. MASP-2 inhibitory agents, such as anti-MASP-2 antibodies are added to the heparinized blood immediately before rotation. The plasma samples are then subjected to assays to measure the concentration C3a and soluble C5b-9 as described in Gupta-Bansal et al., 2000, *supra*.

EXAMPLE 23

[0420] This example describes the use of a rodent caecal ligation and puncture (CLP) model system for testing MASP-2 inhibitory agents useful to treat sepsis or a condition resulting from sepsis, including severe sepsis, septic shock, acute respiratory distress syndrome resulting from sepsis and systemic inflammatory response syndrome.

[0421] Background and Rationale: As discussed above, complement activation has been shown in numerous studies to have a major role in the pathogenesis of sepsis (see Bone, R.C., *Annals. Internal. Med.* 115:457-469, 1991). The CLP rodent model is a recognized model that mimics the clinical course of sepsis in humans and is considered to be a reasonable surrogate model for sepsis in humans (see Ward, P., *Nature Review Immunology* Vol 4: 133-142 (2004)). A recent study has shown that treatment of CLP animals with anti-C5a antibodies resulted in reduced bacteremia and greatly improved survival Huber-Lang et al., *J. of Immunol.* 169: 3223-3231 (2002). Therefore, based on the observations described herein that MASP-2 plays an essential role in the initiation of both the lectin and alternative pathways, the CLP rodent model is useful to screen for MASP-2 inhibitory agents that are effective for use as therapeutic agents to prevent or treat sepsis or a condition resulting from sepsis.

[0422] Methods: The CLP model is adapted from the model described in Huber-Lang et al., 2004, *supra* as follows. MASP-2^{-/-} and MASP-2^{+/+} animals are anesthetized. A 2 cm midline abdominal incision is made and the cecum is tightly ligated below the ileocecal valve, avoiding bowel obstruction. The cecum is then punctured through and through with a 21-gauge needle. The abdominal incision was then closed in layers with silk suture and skin clips (Ethicon, Summerville, NJ). Immediately after CLP, animals receive an injection of a MASP-2 inhibitory agent such as anti-MASP-2 monoclonal antibodies (in a dosage range of from .01 mg/kg to 10 mg/kg). Anti-hMASP-2 monoclonal antibodies as therapeutic agents can be easily evaluated in a MASP-2^{-/-}, hMASP-2^{+/+} knock-in CLP mouse model. The plasma of the mice are then analyzed for levels of complement-derived anaphylatoxins and respiratory burst using the assays described in Huber-Lang et al., 2004, *supra*.

EXAMPLE 24

[0423] This example describes the identification of high affinity anti-MASP-2 Fab2 antibody fragments that block MASP-2 activity.

[0424] Background and rationale: MASP-2 is a complex protein with many separate functional domains, including: binding site(s) for MBL and ficolins, a serine protease catalytic site, a binding site for proteolytic substrate C2, a binding site for proteolytic substrate C4, a MASP-2 cleavage site for autoactivation of MASP-2 zymogen, and two Ca⁺⁺ binding sites. Fab2 antibody fragments were identified that bind with high affinity to MASP-2, and the identified Fab2 fragments were tested in a functional assay to determine if they were able to block MASP-2 functional activity.

[0425] To block MASP-2 functional activity, an antibody or Fab2 antibody fragment must bind and interfere with a structural epitope on MASP-2 that is required for MASP-2 functional activity. Therefore, many or all of the high affinity binding anti-MASP-2 Fab2s may not inhibit MASP-2 functional activity unless they bind to structural epitopes on MASP-2 that are directly involved in MASP-2 functional activity.

[0426] A functional assay that measures inhibition of lectin pathway C3 convertase formation was used to evaluate the "blocking activity" of anti-MASP-2 Fab2s. It is known that the primary physiological role of MASP-2 in the lectin pathway is to generate the next functional component of the lectin-mediated complement pathway, namely the lectin pathway C3 convertase. The lectin pathway C3 convertase is a critical enzymatic complex (C4bC2a) that proteolytically cleaves C3 into C3a and C3b. MASP-2 is not a structural component of the lectin pathway C3 convertase (C4bC2a); however, MASP-2 functional activity is required in order to generate the two protein components (C4b, C2a) that comprise the lectin pathway C3 convertase. Furthermore, all of the separate functional activities of MASP-2 listed above appear to be required in order for MASP-2 to generate the lectin pathway C3 convertase. For these reasons, a preferred assay to use in evaluating the "blocking activity" of anti-MASP-2 Fab2s is believed to be a functional assay that measures inhibition of lectin pathway C3 convertase formation.

[0427] Generation of High Affinity Fab2s: A phage display library of human variable light and heavy chain antibody sequences and automated antibody selection technology for identifying Fab2s that react with selected ligands of interest was used to create high affinity Fab2s to rat MASP-2 protein (SEQ ID NO:55). A known amount of rat MASP-2 (~1 mg, >85% pure) protein was utilized for antibody screening. Three rounds of amplification were utilized for selection of the antibodies with the best affinity. Approximately 250 different hits expressing antibody fragments were picked for ELISA screening. High affinity hits were subsequently sequenced to determine uniqueness of the different antibodies.

[0428] Fifty unique anti-MASP-2 antibodies were purified and 250 µg of each purified Fab2 antibody was used for characterization of MASP-2 binding affinity and complement pathway functional testing, as described in more detail below.

Assays used to Evaluate the Inhibitory (blocking) Activity of Anti-MASP-2 Fab2s

1. Assay to Measure Inhibition of Formation of Lectin Pathway C3 Convertase:

[0429] Background: The lectin pathway C3 convertase is the enzymatic complex (C4bC2a) that proteolytically cleaves C3 into the two potent proinflammatory fragments, anaphylatoxin C3a and opsonic C3b. Formation of C3 convertase appears to be a key step in the lectin pathway in terms of mediating inflammation. MASP-2 is not a structural component of the lectin pathway C3 convertase (C4bC2a); therefore anti-MASP-2 antibodies (or Fab2) will not directly inhibit activity of preexisting C3 convertase. However, MASP-2 serine protease activity is required in order to generate the two protein components (C4b, C2a) that comprise the lectin pathway C3 convertase. Therefore, anti-MASP-2 Fab2 which inhibit MASP-2 functional activity (i.e., blocking anti-MASP-2 Fab2) will inhibit *de novo* formation of lectin pathway C3 convertase. C3 contains an unusual and highly reactive thioester group as part of its structure. Upon cleavage of C3 by C3 convertase in this assay, the thioester group on C3b can form a covalent bond with hydroxyl or amino groups on macromolecules immobilized on the bottom of the plastic wells via ester or amide linkages, thus facilitating detection of C3b in the ELISA assay.

[0430] Yeast mannan is a known activator of the lectin pathway. In the following method to measure formation of C3 convertase, plastic wells coated with mannan were incubated for 30 min at 37°C with diluted rat serum to activate the lectin pathway. The wells were then washed and assayed for C3b immobilized onto the wells using standard ELISA methods. The amount of C3b generated in this assay is a direct reflection of the *de novo* formation of lectin pathway C3 convertase. Anti-MASP-2 Fab2s at selected concentrations were tested in this assay for their ability to inhibit C3 convertase formation and consequent C3b generation.

Methods:

[0431] 96-well Costar Medium Binding plates were incubated overnight at 5°C with mannan diluted in 50 mM carbonate buffer, pH 9.5 at 1 µg/50 µl/well. After overnight incubation, each well was washed three times with 200 µl PBS. The wells were then blocked with 100 µl/well of 1% bovine serum albumin in PBS and incubated for one hour at room temperature with gentle mixing. Each well was then washed three times with 200 µl of PBS. The anti-MASP-2 Fab2 samples were diluted to selected concentrations in Ca⁺⁺ and Mg⁺⁺ containing GVB buffer (4.0 mM barbital, 141 mM NaCl, 1.0 mM MgCl₂), 2.0 mM CaCl₂, 0.1% gelatin, pH 7.4) at 5°C. A 0.5% rat serum was added to the above samples at 5°C and 100 µl was transferred to each well. Plates were covered and incubated for 30 minutes in a 37°C waterbath to allow complement activation. The reaction was stopped by transferring the plates from the 37°C waterbath to a container containing an ice-water mix. Each well was washed five times with 200 µl with PBS-Tween 20 (0.05% Tween 20 in PBS), then washed two times with 200 µl PBS. A 100 µl/well of 1:10,000 dilution of the primary antibody (rabbit anti-human C3c, DAKO A0062) was added in PBS containing 2.0 mg/ml bovine serum albumin and incubated 1 hr at room temperature with gentle mixing. Each well was washed 5 x 200 µl PBS. 100 µl/well of 1:10,000 dilution of the secondary antibody (peroxidase-conjugated goat anti-rabbit IgG, American Qualex A102PU) was added in PBS containing 2.0 mg/ml bovine serum albumin and incubated for one hour at room temperature on a shaker with gentle mixing. Each well was washed five times with 200 µl with PBS. 100 µl/well of the peroxidase substrate TMB (Kirkegaard & Perry Laboratories) was added and incubated at room temperature for 10 min. The peroxidase reaction was stopped by adding 100 µl/well of 1.0 M H₃PO₄ and the OD₄₅₀ was measured.

2. Assay to Measure Inhibition of MASP-2-dependent C4 Cleavage

[0432] Background: The serine protease activity of MASP-2 is highly specific and only two protein substrates for MASP-2 have been identified; C2 and C4. Cleavage of C4 generates C4a and C4b. Anti-MASP-2 Fab2 may bind to structural epitopes on MASP-2 that are directly involved in C4 cleavage (e.g., MASP-2 binding site for C4; MASP-2 serine protease catalytic site) and thereby inhibit the C4 cleavage functional activity of MASP-2.

[0433] Yeast mannan is a known activator of the lectin pathway. In the following method to measure the C4 cleavage activity of MASP-2, plastic wells coated with mannan were incubated for 30 minutes at 37°C with diluted rat serum to activate the lectin pathway. Since the primary antibody used in this ELISA assay only recognizes human C4, the diluted rat serum was also supplemented with human C4 (1.0 µg/ml). The wells were then washed and assayed for human C4b immobilized onto the wells

using standard ELISA methods. The amount of C4b generated in this assay is a measure of MASP-2 dependent C4 cleavage activity. Anti-MASP-2 Fab2 at selected concentrations were tested in this assay for their ability to inhibit C4 cleavage.

[0434] Methods: 96-well Costar Medium Binding plates were incubated overnight at 5 C with mannan diluted in 50 mM carbonate buffer, pH 9.5 at 1.0 µg/50 µl/well. Each well was washed 3X with 200 µl PBS. The wells were then blocked with 100 µl/well of 1% bovine serum albumin in PBS and incubated for one hour at room temperature with gentle mixing. Each well was washed 3X with 200 µl of PBS. Anti-MASP-2 Fab2 samples were diluted to selected concentrations in Ca^{++} and Mg^{++} containing GVB buffer (4.0 mM barbitol, 141 mM NaCl, 1.0 mM MgCl_2 , 2.0 mM CaCl_2 , 0.1% gelatin, pH 7.4) at 5 C. 1.0 µg/ml human C4 (Quidel) was also included in these samples. 0.5% rat serum was added to the above samples at 5 C and 100 µl was transferred to each well. The plates were covered and incubated for 30 min in a 37 C waterbath to allow complement activation. The reaction was stopped by transferring the plates from the 37 C waterbath to a container containing an ice-water mix. Each well was washed 5 x 200 µl with PBS-Tween 20 (0.05% Tween 20 in PBS), then each well was washed with 2X with 200 µl PBS. 100 µl/well of 1:700 dilution of biotin-conjugated chicken anti-human C4c (Immunosystem AB, Uppsala, Sweden) was added in PBS containing 2.0 mg/ml bovine serum albumin (BSA) and incubated one hour at room temperature with gentle mixing. Each well was washed 5 x 200 µl PBS. 100 µl/well of 0.1 µg/ml of peroxidase-conjugated streptavidin (Pierce Chemical #21126) was added in PBS containing 2.0 mg/ml BSA and incubated for one hour at room temperature on a shaker with gentle mixing. Each well was washed 5 x 200 µl with PBS. 100 µl/well of the peroxidase substrate TMB (Kirkegaard & Perry Laboratories) was added and incubated at room temperature for 16 min. The peroxidase reaction was stopped by adding 100 µl/well of 1.0 M H_3PO_4 and the OD_{450} was measured.

3. Binding Assay of anti-rat MASP-2 Fab2 to 'Native' rat MASP-2

[0435] Background: MASP-2 is usually present in plasma as a MASP-2 dimer complex that also includes specific lectin molecules (mannose-binding protein (MBL) and ficolins). Therefore, if one is interested in studying the binding of anti-MASP-2 Fab2 to the physiologically relevant form of MASP-2, it is important to develop a binding assay in which the interaction between the Fab2 and 'native' MASP-2 in plasma is used, rather than purified recombinant MASP-2. In this binding assay the 'native' MASP-2-MBL complex from 10% rat serum was first immobilized onto mannan-coated wells. The binding affinity of various anti-MASP-2 Fab2s to the immobilized 'native' MASP-2 was then studied using a standard ELISA methodology.

[0436] Methods: 96-well Costar High Binding plates were incubated overnight at 5°C with mannan diluted in 50 mM carbonate buffer, pH 9.5 at 1 µg/50 µl/well. Each well was washed 3X with 200 µl PBS. The wells were blocked with 100 µl/well of 0.5% nonfat dry milk in PBST (PBS with 0.05% Tween 20) and incubated for one hour at room temperature with gentle mixing. Each well was washed 3X with 200 µl of TBS/Tween/ Ca^{++} Wash Buffer (Tris-buffered saline, 0.05% Tween 20, containing 5.0 mM CaCl_2 , pH 7.4. 10% rat serum in High Salt Binding Buffer (20 mM Tris, 1.0 M NaCl, 10 mM CaCl_2 , 0.05% Triton-X100, 0.1% (w/v) bovine serum albumin, pH 7.4) was prepared on ice. 100 µl/well was added and incubated overnight at 5°C. Wells were washed 3X with 200 µl of TBS/Tween/ Ca^{++} Wash Buffer. Wells were then washed 2X with 200 µl PBS. 100 µl/well of selected concentration of anti-MASP-2 Fab2 diluted in Ca^{++} and Mg^{++} containing GVB Buffer (4.0 mM barbitol, 141 mM NaCl, 1.0 mM MgCl_2 , 2.0 mM CaCl_2 , 0.1% gelatin, pH 7.4) was added and incubated for one hour at room temperature with gentle mixing. Each well was washed 5 x 200 µl PBS. 100 µl/well of HRP-conjugated goat anti-Fab2 (Biogenesis Cat No 0500-0099) diluted 1:5000 in 2.0 mg/ml bovine serum albumin in PBS was added and incubated for one hour at room temperature with gentle mixing. Each well was washed 5 x 200 µl PBS. 100 µl/well of the peroxidase substrate TMB (Kirkegaard & Perry Laboratories) was added and incubated at room temperature for 70 min. The peroxidase reaction was stopped by adding 100 µl/well of 1.0 M H_3PO_4 and OD_{450} was measured.

RESULTS:

[0437] Approximately 250 different Fab2s that reacted with high affinity to the rat MASP-2 protein were picked for ELISA screening. These high affinity Fab2s were sequenced to determine the uniqueness of the different antibodies, and 50 unique anti-MASP-2 antibodies were purified for further analysis. 250 µg of each purified Fab2 antibody was used for characterization of MASP-2 binding affinity and complement pathway functional testing. The results of this analysis is shown below in TABLE 6.

TABLE 6: ANTI-MASP-2 FAB2 THAT BLOCK LECTIN PATHWAY COMPLEMENT ACTIVATION

Fab2 antibody #	C3 Convertase (IC_{50} (nM))	K_d	C4 Cleavage IC_{50} (nM)
88	0.32	4.1	ND

Fab2 antibody #	C3 Convertase (IC ₅₀ (nM))	K _d	C4 Cleavage IC ₅₀ (nM)
41	0.35	0.30	0.81
11	0.46	0.86	<2 nM
86	0.53	1.4	ND
81	0.54	2.0	ND
66	0.92	4.5	ND
57	0.95	3.6	<2 nM
40	1.1	7.2	0.68
58	1.3	2.6	ND
60	1.6	3.1	ND
52	1.6	5.8	<2 nM
63	2.0	6.6	ND
49	2.8	8.5	<2 nM
89	3.0	2.5	ND
71	3.0	10.5	ND
87	6.0	2.5	ND
67	10.0	7.7	ND

[0438] As shown above in TABLE 6, of the 50 anti-MASP-2 Fab2s tested, seventeen Fab2s were identified as MASP-2 blocking Fab2 that potentially inhibit C3 convertase formation with IC₅₀ equal to or less than 10 nM Fab2s (a 34% positive hit rate). Eight of the seventeen Fab2s identified have IC₅₀s in the subnanomolar range. Furthermore, all seventeen of the MASP-2 blocking Fab2s shown in TABLE 6 gave essentially complete inhibition of C3 convertase formation in the lectin pathway C3 convertase assay. FIGURE 11A graphically illustrates the results of the C3 convertase formation assay for Fab2 antibody #11, which is representative of the other Fab2 antibodies tested, the results of which are shown in TABLE 6. This is an important consideration, since it is theoretically possible that a "blocking" Fab2 may only fractionally inhibit MASP-2 function even when each MASP-2 molecule is bound by the Fab2.

[0439] Although mannan is a known activator of the lectin pathway, it is theoretically possible that the presence of anti-mannan antibodies in the rat serum might also activate the classical pathway and generate C3b via the classical pathway C3 convertase. However, each of the seventeen blocking anti-MASP-2 Fab2s listed in this example potentially inhibits C3b generation (>95 %), thus demonstrating the specificity of this assay for lectin pathway C3 convertase.

[0440] Binding assays were also performed with all seventeen of the blocking Fab2s in order to calculate an apparent K_d for each. The results of the binding assays of anti-rat MASP-2 Fab2s to native rat MASP-2 for six of the blocking Fab2s are also shown in TABLE 6. FIGURE 11B graphically illustrates the results of a binding assay with the Fab2 antibody #11. Similar binding assays were also carried out for the other Fab2s, the results of which are shown in TABLE 6. In general, the apparent K_ds obtained for binding of each of the six Fab2s to 'native' MASP-2 corresponds reasonably well with the IC₅₀ for the Fab2 in the C3 convertase functional assay. There is evidence that MASP-2 undergoes a conformational change from an 'inactive' to an 'active' form upon activation of its protease activity (Feinberg et al., EMBO J 22:2348-59 (2003); Gal et al., J. Biol. Chem. 280:33435-44 (2005)). In the normal rat plasma used in the C3 convertase formation assay, MASP-2 is present primarily in the 'inactive' zymogen conformation. In contrast, in the binding assay, MASP-2 is present as part of a complex with MBL bound to immobilized mannan; therefore, the MASP-2 would be in the 'active' conformation (Petersen et al., J. Immunol Methods 257:107-16, 2001). Consequently, one would not necessarily expect an exact correspondence between the IC₅₀ and K_d for each of the seventeen blocking Fab2 tested in these two functional assays since in each assay the Fab2 would be binding a different conformational form of MASP-2. Never-the-less, with the exception of Fab2 #88, there appears to be a reasonably close correspondence between the IC₅₀ and apparent K_d for each of the other sixteen Fab2 tested in the two assays (see TABLE 6).

[0441] Several of the blocking Fab2s were evaluated for inhibition of MASP-2 mediated cleavage of C4. FIGURE 11C graphically illustrates the results of a C4 cleavage assay, showing inhibition with Fab2 #41, with an IC₅₀=0.81 nM (see TABLE 6). As shown in FIGURE 12, all of the Fab2s tested were found to inhibit C4 cleavage with IC₅₀s similar to those obtained in the C3 convertase

assay (see TABLE 6).

[0442] Although mannan is a known activator of the lectin pathway, it is theoretically possible that the presence of anti-mannan antibodies in the rat serum might also activate the classical pathway and thereby generate C4b by C1s-mediated cleavage of C4. However, several anti-MASP-2 Fab2s have been identified which potently inhibit C4b generation (>95 %), thus demonstrating the specificity of this assay for MASP-2 mediated C4 cleavage. C4, like C3, contains an unusual and highly reactive thioester group as part of its structure. Upon cleavage of C4 by MASP-2 in this assay, the thioester group on C4b can form a covalent bond with hydroxyl or amino groups on macromolecules immobilized on the bottom of the plastic wells *via* ester or amide linkages, thus facilitating detection of C4b in the ELISA assay.

these studies clearly demonstrate the creation of high affinity FAB2s to rat MASP-2 protein that functionally block both C4 and C3 convertase activity, thereby preventing lectin pathway activation.

EXAMPLE 25

[0443] This Example describes the epitope mapping for several of the blocking anti-rat MASP-2 Fab2 antibodies that were generated as described in Example 24.

Methods:

[0444] As shown in FIGURE 13, the following proteins, all with N-terminal 6X His tags were expressed in CHO cells using the pED4 **vector**:

rat MASP-2A, a full length MASP-2 protein, inactivated by altering the serine at the active center to alanine (S613A);

rat MASP-2K, a full-length MASP-2 protein altered to reduce autoactivation (R424K);

CUBI-II, an N-terminal fragment of rat MASP-2 that contains the CUBI, EGF-like and CUBII domains only; and

CUBI/EGF-like, an N-terminal fragment of rat MASP-2 that contains the CUBI and EGF-like domains only.

[0445] These proteins were purified from culture supernatants by nickel-affinity chromatography, as previously described (Chen et al., J. Biol. Chem. 276:25894-02 (2001)).

[0446] A C-terminal polypeptide (CCPII-SP), containing CCPII and the serine protease domain of rat MASP-2, was expressed in *E. coli* as a thioredoxin fusion protein using pTrxFus (Invitrogen). Protein was purified from cell lysates using Thiobond affinity resin. The thioredoxin fusion partner was expressed from empty pTrxFus as a negative control.

[0447] All recombinant proteins were dialyzed into TBS buffer and their concentrations determined by measuring the OD at 280 nm.

DOT BLOT ANALYSIS:

[0448] Serial dilutions of the five recombinant MASP-2 polypeptides described above and shown in FIGURE 13 (and the thioredoxin polypeptide as a negative control for CCPII-serine protease polypeptide) were spotted onto a nitrocellulose membrane. The amount of protein spotted ranged from 100 ng to 6.4 pg, in five-fold steps. In later experiments, the amount of protein spotted ranged from 50 ng down to 16 pg, again in five-fold steps. Membranes were blocked with 5% skimmed milk powder in TBS (blocking buffer) then incubated with 1.0 µg/ml anti-MASP-2 Fab2s in blocking buffer (containing 5.0 mM Ca²⁺). Bound Fab2s were detected using HRP-conjugated anti-human Fab (AbD/Serotec; diluted 1/10,000) and an ECL detection kit (Amersham). One membrane was incubated with polyclonal rabbit-anti human MASP-2 Ab (described in Stover et al., J Immunol 163:6848-59 (1999)) as a positive control. In this case, bound Ab was detected using HRP-conjugated goat anti-rabbit IgG (Dako; diluted 1/2,000).

MASP-2 Binding Assay

[0449] ELISA plates were coated with 1.0 µg/well of recombinant MASP-2A or CUBI-II polypeptide in carbonate buffer (pH 9.0) overnight at 4°C. Wells were blocked with 1% BSA in TBS, then serial dilutions of the anti-MASP-2 Fab2s were added in TBS containing 5.0 mM Ca²⁺. The plates were incubated for one hour at RT. After washing three times with TBS/tween/Ca²⁺, HRP-conjugated anti-human Fab (AbD/Serotec) diluted 1/10,000 in TBS/ Ca²⁺ was added and the plates incubated for a further one hour at RT. Bound antibody was detected using a TMB peroxidase substrate kit (Biorad).

RESULTS:

[0450] Results of the dot blot analysis demonstrating the reactivity of the Fab2s with various MASP-2 polypeptides are provided below in TABLE 7. The numerical values provided in TABLE 7 indicate the amount of spotted protein required to give approximately half-maximal signal strength. As shown, all of the polypeptides (with the exception of the thioredoxin fusion partner alone) were recognized by the positive control Ab (polyclonal anti-human MASP-2 sera, raised in rabbits).

TABLE 7: REACTIVITY WITH VARIOUS RECOMBINANT RAT MASP-2 POLYPEPTIDES ON DOT BLOTS

Fab2 Antibody #	MASP-2A	CUBI-II	CUBI/EGF-like	CCPII-SP	Thioredoxin
40	0.16 ng	NR	NR	0.8 ng	NR
41	0.16 ng	NR	NR	0.8 ng	NR
11	0.16 ng	NR	NR	0.8 ng	NR
49	0.16 ng	NR	NR	>20 ng	NR
52	0.16 ng	NR	NR	0.8 ng	NR
57	0.032 ng	NR	NR	NR	NR
58	0.4 ng	NR	NR	2.0 ng	NR
60	0.4 ng	0.4 ng	NR	NR	NR
63	0.4 ng	NR	NR	2.0 ng	NR
66	0.4 ng	NR	NR	2.0 ng	NR
67	0.4 ng	NR	NR	2.0ng	NR
71	0.4 ng	NR	NR	2.0 ng	NR
81	0.4 ng	NR	NR	2.0 ng	NR
86	0.4 ng	NR	NR	10 ng	NR
87	0.4 ng	NR	NR	2.0 ng	NR
Positive Control	<0.032 ng	0.16 ng	0.16 ng	<0.032 ng	NR

NR = No reaction. The positive control antibody is polyclonal anti-human MASP-2 sera, raised in rabbits.

[0451] All of the Fab2s reacted with MASP-2A as well as MASP-2K (data not shown). The majority of the Fab2s recognized the CCPII-SP polypeptide but not the N-terminal fragments. The two exceptions are Fab2 #60 and Fab2 #57. Fab2 #60 recognizes MASP-2A and the CUBI-II fragment, but not the CUBI/EGF-like polypeptide or the CCPII-SP polypeptide, suggesting it binds to an epitope in CUBI, or spanning the CUBI and the EGF-like domain. Fab2 # 57 recognizes MASP-2A but not any of the MASP-2 fragments tested, perhaps indicating that this Fab2 recognizes an epitope in CCP1. Fab2 #40 and #49 bound only to complete MASP-2A. In the ELISA binding assay shown in FIGURE 14, Fab2 #60 also bound to the CUBI-II polypeptide, albeit with a slightly lower apparent affinity.

[0452] These finding demonstrate the identification of unique blocking Fab2s to multiple regions of the MASP-2 protein

EXAMPLE 26

[0453] This example describes the analysis of MASP-2^{-/-} mice in a Murine Renal Ischemia/Reperfusion Model.

[0454] Background/Rationale: Ischemia-Reperfusion (I/R) injury in kidney at body temperature has relevance in a number of clinical conditions, including hypovolaemic shock, renal artery occlusion and cross-clamping procedures.

[0455] Kidney ischemia-reperfusion (I/R) is an important cause of acute renal failure, associated with a mortality rate of up to 50% (Levy et al., JAMA 275:1489-94, 1996; Thadhani et al., N. Engl. J. Med. 334:1448-60, 1996). Post-transplant renal failure is a common and threatening complication after renal transplantation (Nicholson et al., Kidney Int. 58:2585-91, 2000). Effective treatment for renal I/R injury is currently not available and hemodialysis is the only treatment available. The pathophysiology of renal I/R injury is complicated. Recent studies have shown that the lectin pathway of complement activation may have an important role in the pathogenesis of renal I/R injury (deVries et al., Am. J. Path. 165:1677-88, 2004).

Methods:

[0456] A MASP-2(-/-) mouse was generated as described in Example 1 and backcrossed for at least 10 generations with C57B1/6. Six male MASP-2(-/-) and six wildtype (+/+) mice weighing between 22-25 g were administered an intraperitoneal injection of Hypnovel (6.64 mg/kg; Roche products Ltd. Welwyn Garden City, UK), and subsequently anaesthetized by inhalation of isoflurane (Abbott Laboratories Ltd., Kent, UK). Isoflurane was chosen because it is a mild inhalation anaesthetic with minimal liver toxicity; the concentrations are produced accurately and the animal recovers rapidly, even after prolonged anaesthesia. Hypnovel was administered because it produces a condition of neuroleptanalgesia in the animal and means that less isoflurane needs to be administered. A warm pad was placed beneath the animal in order to maintain a constant body temperature. Next, a midline abdominal incision was performed and the body cavity held open using a pair of retractors. Connective tissue was cleared above and below the renal vein and artery of both right and left kidneys, and the renal pedicle was clamped via the application of microaneurysm clamps for a period of 55 minutes. This period of ischemia was based initially on a previous study performed in this laboratory (Zhou et al., J. Clin. Invest. 105:1363-71 (2000)). In addition, a standard ischemic time of 55 minutes was chosen following ischemic titration and it was found that 55 minutes gave consistent injury that was also reversible, with low mortality, less than 5%. After occlusion, 0.4 ml of warm saline (37°C) was placed in the abdominal cavity and then the abdomen was closed for the period of ischemia. Following removal of the microaneurysm clamps, the kidneys were observed until color change, an indication of blood re-flow to the kidneys. A further 0.4 ml of warm saline was placed in the abdominal cavity and the opening was sutured, whereupon animals were returned to their cages. Tail blood samples were taken at 24 hours after removing the clamps, and at 48 hours the mice were sacrificed and an additional blood sample was collected.

[0457] Assessment of Renal Injury: Renal function was assessed at 24 and 48 hours after reperfusion in six male MASP-2(-/-) and six WT (+/+) mice. Blood creatinine measurement was determined by mass spectrometry, which provides a reproducible index of renal function (sensitivity < 1.0 µmol/L). FIGURE 15 graphically illustrates the blood urea nitrogen clearance for wildtype C57B1/6 controls and MASP-2 (-/-) at 24 hours and 48 hours after reperfusion. As shown in FIGURE 15, MASP-2(-/-) mice displayed a significant reduction in the amount of blood urea at 24 and 48 hours, in comparison to wildtype control mice, indicating a protective functional effect from renal damage in the ischemia reperfusion injury model.

[0458] Overall, increased blood urea was seen in both the WT (+/+) and MASP-2 (-/-) mice at 24 and 48 hours following the surgical procedure and ischemic insult. Levels of blood urea in a non-ischemic WT (+/+) surgery animal was separately determined to be 5.8 mmol/L. In addition to the data presented in FIGURE 15, one MASP-2 (-/-) animal showed nearly complete protection from the ischemic insult, with values of 6.8 and 9.6 mmol/L at 24 and 48 hours, respectively. This animal was excluded from the group analysis as a potential outlier, wherein no ischemic injury may have been present. Therefore, the final analysis shown in FIGURE 15 included 5 MASP-2(-/-) mice and 6 WT (+/+) mice and a statistically significant reduction in blood urea was seen at 24 and 48 hours in the MASP-2 (-/-) mice (Student t-test $p < 0.05$). These findings indicate inhibition of MASP-2 activity would be expected to have a protective or therapeutic effect from renal damage due to ischemic injury.

EXAMPLE 27

[0459] This example describes the analysis of MASP-2(-/-) mice in a Mouse Myocardial Ischemia/Reperfusion Model.

Background/Rationale:

[0460] The mannose-binding lectin (MBL) is a circulating molecule that initiates complement activation in an immune complex-independent fashion, in response to a wide range of carbohydrate structures. These structures can be components of infectious

agents or altered endogenous carbohydrate moieties particularly within necrotic, oncotic or apoptotic cells. These forms of cell death occur in reperfused myocardium where the activation of complement likely extends injury beyond the boundary that exists at the moment when ischemia is terminated by reperfusion. Although there is compelling evidence that complement activation aggravates myocardial reperfusion, the mechanism of such activation is not well understood and inhibition of all known pathways is likely to have intolerable adverse effects. A recent study suggests that activation may involve the MBL, rather than classical pathway or alternative amplification loop (as defined in the present invention), since infarction was reduced in MBL(A/C)-, but not Clq-, null mice (Walsh M.C. et al., *Jour of Immunol.* 175:541-546 (2005)). However, although encouraging, these mice still harbor circulating components, such as Ficolin A, capable of activating complement through the lectin pathway.

[0461] This study investigated MASP-2(-/-) mice versus wild type (+/+) controls to determine if the MASP-2(-/-) would be less sensitive to myocardial ischemia and reperfusion injury. MASP-2(-/-) mice were subjected to regional ischemia and infarct size was compared to their wild type littermates.

[0462] Methods: The following protocol was based on a procedure for inducing ischemia/reperfusion injury previously described by Marber et al., *J. Clin Invest.* 95:1446-1456 (1995)).

[0463] A MASP-2(-/-) mouse was generated as described in Example 1 and backcrossed for at least 10 generations with C57B1/6. Seven MASP-2 (-/-) mice and seven wildtype (+/+) mice were anesthetized with ketamine/medetomidine (100 mg/kg and 0.2 mg/kg respectively) and placed supine on a thermostatically controlled heating pad to maintain rectal temperature at 37 ± 0.3°C. The mice were intubated under direct vision and ventilated with room air at a respiratory rate of 110/min and a tidal volume of 225µl/min (Ventilator - Hugo Sachs Elektronik MiniVent Type 845, Germany).

[0464] Fur hair was shaved and an anterolateral skin incision made from the left axilla to the processus xiphoideus. The pectoralis major muscle was dissected, cut at its sternal margin and moved into the axillary pit. The pectoralis minor muscle was cut at its cranial margin and moved caudally. The muscle was later used as a muscle flap covering the heart during coronary artery occlusion. Muscles of the 5th intercostal space and the pleura parietalis were penetrated with tweezers at a point slightly medial to the margin of the left lung, thus avoiding damage of the lung or the heart. After penetration of the pleura the tweezers were carefully directed beyond the pleura towards the sternum without touching the heart, and pleura and intercostal muscles were dissected with a battery driven cauterizer (Harvard Apparatus, UK). Special care was exercised in avoiding any bleeding. Using the same technique, the thoracotomy was extended to the mid axillary line. After cutting the 4th rib at its sternal margin the intercostal space was widened until the whole heart exposed from base to apex. With two small artery forceps the pericardium was opened and a pericardial cradle fashioned to move the heart slightly anterior. The left anterior descending coronary artery (LAD) was exposed and a 8-0 monofilament suture with a round needle was then passed under the LAD. The site of ligation of the LAD lies just caudal of the tip of the left atrium, about 1/4 along the line running from the atrioventricular crest to the apex of the left ventricle.

[0465] All experiments were carried out in a blinded manner, with the investigator being unaware of the genotype of each animal. After completion of instrumentation and surgical procedures, mice were allowed a 15 min equilibration period. Mice then underwent 30 min of coronary artery occlusion with 120 min of reperfusion time.

Coronary artery occlusion and reperfusion model

[0466] Coronary artery occlusion was achieved using the hanging weight system as previously described (Eckle et al., *Am J Physiol Heart Circ Physiol* 291:H2533-H2540, 2006). Both ends of the monofilament ligature were passed through a 2 mm long piece of a polythene PE-10 tube and attached to a length of 5-0 suture using cyanoacrylate glue. The suture was then directed over two horizontally mounted movable metal rods, and masses of 1 g each were attached to both ends of the suture. By elevation of the rods, the masses were suspended and the suture placed under controlled tension to occlude the LAD with a defined and constant pressure. LAD occlusion was verified by paleness of the area at risk, turning color of the LAD perfusion zone from bright red to violet, indicating cessation of blood flow. Reperfusion was achieved by lowering the rods until the masses lay on the operating pad and the tension of the ligature was relieved. Reperfusion was verified by the same three criteria used to verify occlusion. Mice were excluded from further analysis if all three criteria were not met at either start of coronary artery occlusion or within 15 min of reperfusion, respectively. During coronary artery occlusion, temperature and humidity of the heart surface were maintained by covering the heart with the pectoralis minor muscle flap and by sealing the thoracotomy with a 0.9% saline wet gauze.

Measurement of myocardial infarct size:

[0467] Infarct size (INF) and area at risk (AAR) were determined by planimetry. After i.v. injection of 500 I.U. heparin the LAD was re-occluded and 300µl 5% (w/vol) Evans Blue (Sigma-Aldrich, Poole, UK) was slowly injected into the jugular vein to delineate the area at risk (AAR). This causes dye to enter the non-ischemic region of the left ventricle and leaves the ischemic AAR unstained. After mice had been euthanized by cervical dislocation, the heart was rapidly removed. The heart was cooled on ice and mounted in a block of 5% agarose and then cut into 8 transverse slices of 800µm thickness. All slices were incubated at 37° C for 20 min with 3% 2,3,5-triphenyltetrazolium chloride (Sigma Aldrich, Poole, UK) dissolved in 0.1 M Na₂HPO₄/NaH₂PO₄ buffer adjusted to pH 7.4. Slices were fixed overnight in 10% formaldehyde. Slices were placed between two cover slips and sides of each slice were digitally imaged using a high-resolution optical scanner. The digital images were then analyzed using SigmaScan software (SPSS, US). The size of infarcted area (pale), left ventricle (LV) area at risk (red) and normally perfused LV zone (blue) were outlined in each section by identification of their color appearance and color borders. Areas were quantified on both sides of each slice and averaged by an investigator. Infarct size was calculated as a % of risk zone for each animal.

[0468] RESULTS: The size of infarcted area (pale), LV area at risk (red) and normally perfused LV zone (blue) were outlined in each section by identification of their color appearance and color borders. Areas were quantified on both sides of each slice and averaged by an investigator. Infarct size was calculated as a % of risk zone for each animal. FIGURE 16A shows the evaluation of seven WT (+/+) mice and seven MASP-2 (-/-) mice for the determination of their infarct size after undergoing the coronary artery occlusion and reperfusion technique described above. As shown in FIGURE 16A, MASP-2 (-/-) mice displayed a statistically significant reduction ($p < 0.05$) in the infarct size versus the wildtype (+/+) mice, indicating a protective myocardial effect from damage in the ischemia reperfusion injury model. FIGURE 16B shows the distribution of the individual animals tested, indicating a clear protective effect for the MASP-2 (-/-) mice.

EXAMPLE 28

[0469] This example describes the results of MASP-2-/- in a Murine Macular Degeneration Model.

[0470] Background/Rationale: Age-related macular degeneration (AMD) is the leading cause of blindness after age 55 in the industrialized world. AMD occurs in two major forms: neovascular (wet) AMD and atrophic (dry) AMD. The neovascular (wet) form accounts for 90% of severe visual loss associated with AMD, even though only ~20% of individuals with AMD develop the wet form. Clinical hallmarks of AMD include multiple drusen, geographic atrophy, and choroidal neovascularization (CNV). In December, 2004, the FDA approved Macugen (pegaptanib), a new class of ophthalmic drugs to specifically target and block the effects of vascular endothelial growth factor (VEGF), for treatment of the wet (neovascular) form of AMD (Ng et al., Nat Rev. Drug Discov 5:123-32 (2006)). Although Macugen represents a promising new therapeutic option for a subgroup of AMD patients, there remains a pressing need to develop additional treatments for this complex disease. Multiple, independent lines of investigation implicate a central role for complement activation in the pathogenesis of AMD. The pathogenesis of choroidal neovascularization (CNV), the most serious form of AMD, may involve activation of complement pathways.

[0471] Over twenty-five years ago, Ryan described a laser-induced injury model of CNV in animals (Ryan, S.J., Tr. Am. Opth. Soc. LXXVII:707-745, 1979). The model was initially developed using rhesus monkeys, however, the same technology has since been used to develop similar models of CNV in a variety of research animals, including the mouse (Tobe et al., Am. J. Pathol. 153:1641-46, 1998). In this model, laser photocoagulation is used to break Bruch's membrane, an act which results in the formation of CNV-like membranes. The laser-induced model captures many of the important features of the human condition (for a recent review, see Ambati et al., Survey Ophthalmology 48:257-293, 2003). The laser-induced mouse model is now well established, and is used as an experimental basis in a large, and ever increasing, number of research projects. It is generally accepted that the laser-induced model shares enough biological similarity with CNV in humans that preclinical studies of pathogenesis and drug inhibition using this model are relevant to CNV in humans.

Methods:

[0472] A MASP-2-/- mouse was generated as described in Example 1 and backcrossed for 10 generations with C57B1/6. The current study compared the results when MASP-2 (-/-) and MASP-2 (+/+) male mice were evaluated in the course of laser-induced CNV, an accelerated model of neovascular AMD focusing on the volume of laser-induced CNV by scanning laser confocal microscopy as a measure of tissue injury and determination of levels of VEGF, a potent angiogenic factor implicated in CNV, in the retinal pigment epithelium (RPE)/choroids by ELISA after laser injury.

[0473] Induction of choroidal neovascularization (CNV): Laser photocoagulation (532 nm, 200 mW, 100 ms, 75µm; Oculight GL, Iridex, Mountain View, CA) was performed on both eyes of each animal on day zero by a single individual masked to drug group assignment. Laser spots were applied in a standardized fashion around the optic nerve, using a slit lamp delivery system and a coverslip as a contact lens. The morphologic end point of the laser injury was the appearance of a cavitation bubble, a sign thought to correlate with the disruption of Bruch's membrane. The detailed methods and endpoints that were evaluated are as follows.

[0474] Fluorescein Angiography: Fluorescein angiography was performed with a camera and imaging system (TRC 50 1A camera; ImageNet 2.01 system; Topcon, Paramus, NJ) at 1 week after laser photocoagulation. The photographs were captured with a 20-D lens in contact with the fundus camera lens after intraperitoneal injection of 0.1 ml of 2.5% fluorescein sodium. A retina expert not involved in the laser photocoagulation or angiography evaluated the fluorescein angiograms at a single sitting in masked fashion.

[0475] Volume of choroidal neovascularization (CNV): One week after laser injury, eyes were enucleated and fixed with 4% paraformaldehyde for 30 min at 4°C. Eye cups were obtained by removing anterior segments and were washed three times in PBS, followed by dehydration and rehydration through a methanol series. After blocking twice with buffer (PBS containing 1% bovine serum albumin and 0.5% Triton X-100) for 30 minutes at room temperature, eye cups were incubated overnight at 4°C with 0.5% FITC-isolectin B4 (Vector Laboratories, Burlingame, CA), diluted with PBS containing 0.2% BSA and 0.1% Triton X-100, which binds terminal β -D-galactose residues on the surface of endothelial cells and selectively labels the murine vasculature. After two washings with PBS containing 0.1% Triton X-100, the neurosensory retina was gently detached and severed from the optic nerve. Four relaxing radial incisions were made, and the remaining RPE-choroid-sclera complex was flatmounted in antifade medium (Immu-Mount Vectashield Mounting Medium; Vector Laboratories) and cover-slipped.

[0476] Flatmounts were examined with a scanning laser confocal microscope (TCS SP; Leica, Heidelberg, Germany). Vessels were visualized by exciting with blue argon wavelength (488 nm) and capturing emission between 515 and 545 nm. A 40X oil-immersion objective was used for all imaging studies. Horizontal optical sections (1µm step) were obtained from the surface of the RPE-choroid-sclera complex. The deepest focal plane in which the surrounding choroidal vascular network connecting to the lesion could be identified was judged to be the floor of the lesion. Any vessel in the laser-targeted area and superficial to this reference plane was judged as CNV. Images of each section were digitally stored. The area of CNV-related fluorescence was measured by computerized image analysis with the microscope software (TCS SP; Leica). The summation of whole fluorescent area in each horizontal section was used as an index for the volume of CNV. Imaging was performed by an operator masked to treatment group assignment.

[0477] Because the probability of each laser lesion developing CNV is influenced by the group to which it belongs (mouse, eye, and laser spot), the mean lesion volumes were compared using a linear mixed model with a split plot repeated-measures design. The whole plot factor was the genetic group to which the animal belongs, whereas the split plot factor was the eye. Statistical significance was determined at the 0.05 level. *Post hoc* comparisons of means were constructed with a Bonferroni adjustment for multiple comparisons.

[0478] VEGF ELISA. At three days after injury by 12 laser spots, the RPE-choroid complex was sonicated in lysis buffer (20 mM imidazole HCl, 10 mM KCl, 1 mM MgCl₂, 10 mM EGTA, 1% Triton X-100, 10 mM NaF, 1 mM Na molybdate, and 1 mM EDTA with protease inhibitor) on ice for 15 min. VEGF protein levels in the supernatant were determined by an ELISA kit (R&D Systems, Minneapolis, MN) that recognizes all splice variants, at 450 to 570 nm (Emax; Molecular Devices, Sunnyvale, CA), and normalized to total protein. Duplicate measurements were performed in a masked fashion by an operator not involved in photocoagulation, imaging, or angiography. VEGF numbers were represented as the mean $\pm$ SEM of at least three independent experiments and compared using the Mann-Whitney U test. The null hypothesis was rejected at $P < 0.05$.

RESULTS:

Assessment of VEGF Levels:

[0479] FIGURE 17A graphically illustrates the VEGF protein levels in RPE-choroid complex isolated from C57B16 wildtype and MASP-2(-/-) mice at day zero. As shown in FIGURE 17A, the assessment of VEGF levels indicate a decrease in baseline levels for VEGF in the MASP-2 (-/-) mice versus the C57bl wildtype control mice. FIGURE 17B graphically illustrates VEGF protein levels

measured at day three following laser induced injury. As shown in FIGURE 17B VEGF levels were significantly increased in the wildtype (+/+) mice three days following laser induced injury, consistent with published studies (Nozaki et al., Proc. Natl. Acad. Sci. USA 103:2328-33 (2006)). However, surprisingly very low levels of VEGF were seen in the MASP-2 (-/-) mice.

Assessment of choroidal neovascularization (CNV):

[0480] In addition to the reduction in VEGF levels following laser induced macular degeneration, CNV area was determined before and after laser injury. FIGURE 18 graphically illustrates the CNV volume measured in C57bl wildtype mice and MASP-2(-/-) mice at day seven following laser induced injury. As shown in FIGURE 18, the MASP-2 (-/-) mice displayed about a 30% reduction in the CNV area following laser induced damage at day seven in comparison to the wildtype control mice.

[0481] These findings indicate a reduction in VEGF and CNV as seen in the MASP (-/-) mice versus the wildtype (+/+) control and that blockade of MASP-2 with an inhibitor would have a preventive or therapeutic effect in the treatment of macular degeneration.

EXAMPLE 29

[0482] This example describes the results of MASP-2(-/-) in a Murine Monoclonal Antibody Induced Rheumatoid Arthritis Model

[0483] Background/Rationale: The most commonly used animal model for rheumatoid arthritis (RA) is the collagen-induced arthritis (CIA) (for recent review, see Linton and Morgan, Mol. Immunol. 36:905-14, 1999). Collagen type II (CII) is one of the major constituents of the articular matrix proteins and immunization with native CII in adjuvant induces autoimmune polyarthritis by a cross-reactive autoimmune response to CII in joint cartilage. As in RA, susceptibility to CIA is linked to the expression of certain class II MHC alleles. Some strains of mice, including the C57B1/6 strain, are resistant to classic CIA because they lack an appropriate MHC haplotype and therefore do not generate high anti-CII antibody titers. However, it has been found that consistent arthritis can be induced in all strains of mice by the *i.v.* or *i.p.* administration into mice of a cocktail of four specific monoclonal antibodies against type II collagen. These arthritogenic monoclonal antibodies are commercially available (Chondrex, Inc., Redmond, WA). This passive transfer model of CIA has been used successfully in a number of recent published reports using the C57B1/6 mouse strain (Kagari et al., J. Immunol. 169:1459-66, 2002; Kato et al., J. Rheumatol. 30:247-55, 2003; Banda et al, J. Immunol. 177:1904-12, 2006). The following study compared the sensitivity of wild type (+/+) (WT) and MASP-2 (-/-) mice, both sharing the C57B1/6 genetic background, to development of arthritis using the passive transfer model of CIA.

Methods:

[0484] Animals: A MASP-2(-/-) mouse was generated as described in Example 1 and backcrossed for 10 generations with C57B1/6. Fourteen male and female C57BL/6 wild type mice that were seven to eight weeks old at the time of antibody injection and ten male and female MASP-2(-/-) and wildtype (+/+) C57B1/6 mice that were seven to eight weeks old at time of antibody injection were used in this study. Twenty mice were injected with a monoclonal antibody cocktail to obtain 20 solid responders (two groups of ten). The animals (ten/group) were housed with five animals/cage, and were acclimated for five to seven days prior to initiating the study.

[0485] Mice were injected intravenously with a monoclonal antibody cocktail (Chondrex, Redmond WA) (5 mg) on day 0 and day 1. The test agent was a monoclonal antibody + LPS from Chondrex. On day 2, mice were dosed ip with LPS. Mice were weighed on days 0, 2, 4, 6, 8, 10, 12 and prior to termination on day 14. On day 14 the mice were anesthetized with isoflurane and bled terminally for serum. After blood collection, the mice were euthanized, with removal of both fore and hind limbs with knees, which were placed into formalin for future processing.

Treatment Groups:

[0486]

Group 1 (control): 4 mice of strain C57/BL/6 WT (+/+);

Group 2 (test): 10 mice of strain C57/BL/6 WT (+/+) (received mAb cocktail plus LPS); and

Group 3 (test): 10 mice of strain C57/BL/MASP-2KO/6Ai (-/-) (received mAb cocktail plus LPS)

[0487] Clinical arthritic scores were assessed daily using the following scoring system: 0 = normal; 1= 1 hind or fore paw joint affected; 2= 2 hind or fore paw joints affected; 3= 3 hind or fore paw joints affected; 4= moderate (erythema and moderate swelling, or 4 digit joints affected); 5= severe (diffuse erythema and severe swelling entire paw, unable to flex digits)

Results:

[0488] FIGURE 19 shows the group data plotted for the mean daily clinical arthritis score for up to two weeks. No clinical arthritis score was seen in the control group that did not receive the CoL2 MoAb treatment. The MASP (-/-) mice had a lower clinical arthritis score from day 9 to day 14. The overall clinical arthritis score with area under the curve analysis (AUC) indicated a 21% reduction in the MASP-2 (-/-) group versus the WT (+/+) mice. However, C57B16 mouse background as discussed previously did not provide for a robust overall arthritis clinical score. Due to the small incidence rate and group size, while positively trending, the data provided only trends ($p = 0.1$) and was not statistically significant at the $p < 0.05$ level. Additional animals in the treatment groups would be necessary to show statistical significance. Due to the reduced incidence of arthritis, the affected paw scores were evaluated for severity. No single incidence of a clinical arthritis score of greater than 3 was seen in any of the MASP-2 (-/-) mice, which was seen in 30% of the WT (+/+) mice, further suggesting that (1) the severity of the arthritis may be related to complement pathway activation and (2) that blockade of MASP-2 may have a beneficial effect in arthritis.

EXAMPLE 30

[0489] This Example demonstrates that Small Mannose-Binding Lectin-Associated Protein (Map 19 or sMAP) is an inhibitor of MASP-2 dependent complement activation.

Background/Rationale:

Abstract:

[0490] Mannose-binding lectin (MBL) and ficolins are pattern recognition proteins acting in innate immunity and trigger the activation of the lectin complement pathway through MBL-associated serine proteases (MASPs). Upon activation of the lectin pathway, MASP-2 cleaves C4 and C2. Small MBL-associated protein (sMAP), a truncated form of MASP-2, is also associated with MBL/ficolin-MASP complexes. To clarify the role of sMAP, we have generated sMAP-deficient (*sMAP*^{-/-}) mice by targeted disruption of the sMAP-specific exon. Because of the gene disruption, the expression level of MASP-2 was also decreased in *sMAP*^{-/-} mice. When recombinant sMAP (rsMAP) and recombinant MASP-2 (rMASP-2) reconstituted the MBL-MASP-sMAP complex in deficient serum, the binding of these recombinants to MBL was competitive, and the C4 cleavage activity of the MBL-MASP-sMAP complex was restored by the addition of rMASP-2, whereas the addition of rsMAP attenuated the activity. Therefore, MASP-2 is essential for the activation of C4 and sMAP plays a regulatory role in the activation of the lectin pathway.

Introduction:

[0491] The complement system mediates a chain reaction of proteolysis and assembly of protein complexes, playing a major role in biodefense as a part of both the innate and adaptive immune systems. The mammalian complement system consists of three activation pathways, the classical pathway, alternative pathway, and lectin pathway (Fujita, Nat. Rev. Immunol. 2: 346-353 (2002); Walport, N Engl J Med 344: 1058-1066 (2001)). The lectin pathway provides the primary line of defense against invading pathogens. The pathogen recognition components of this pathway, mannose-binding lectin (MBL) and ficolins, bind to arrays of carbohydrates on the surfaces of bacteria, viruses, and parasites and activate MBL-associated serum proteases (MASPs) to trigger a downstream reaction cascade. The importance of the lectin pathway for innate immune defense is underlined by a number of clinical studies linking a deficiency of MBL with increased susceptibility to a variety of infectious diseases, particularly in

early childhood before the adaptive immune system is established (Jack et al., *Immunol Rev* 180: 86-99 (2001); Neth et al. *Infect Immun* 68: 688-693 (2000); Summerfield et al., *Lancet* 345: 886-889 (1995); Super et al., *Lancet* 2: 1236-1239 (1989)). However, the lectin pathway also contributes to the undesired activation of complement, which is involved in inflammation and tissue damage in a number of pathological conditions, including ischemia/perfusion injury in the heart and kidneys (de Vries et al., *Am J Pathol* 165: 1677-1688 (2004); Fiane et al., *Circulation* 108: 849-856 (2003); Jordan et al., *Circulation* 104: 1413-1418 (2001); Walsh et al., *J Immunol* 175: 541-546 (2005)).

[0492] As mentioned above, the lectin pathway involves carbohydrate recognition by MBL and ficolins (Fujita et al, *Immunol Rev* 198: 185-202 (2004); Holmskov et al, *Annu Rev Immunol* 21: 547-578 (2003); Matsushita and Fujita, *Immunobiology* 205: 490-497 (2002) and these lectins form complexes with MASP-1 (Matsushita and Fujita, *J Exp Med* 176: 1497-1502 (1992); Sato et al, *Int Immunol* 6: 665-669 (1994); Takada et al, *Biochem Biophys Res Commun* 196: 1003-1009 (1993), MASP-2 (Thiel et al, *Nature* 386: 506-510 (1997), MASP-3 (Dahl et al, *Immunity* 15: 127-135 (2001), and a truncated protein of MASP-2 (small MBL-associated protein; sMAP or MAP19) (Stover et al, *J Immunol* 162: 3481-3490 (1999); Takahashi et al, *Int Immunol* 11: 8590863 (1999). The MASP family members consist of six domains; two C1r/C1s/Uegf/bone morphogenetic protein (CUB) domains, an epidermal growth factor (EGF)-like domain, two complement control protein (CCP) or short consensus repeats (SCR) domains, and a serine protease domain (Matsushita et al, *Curr Opin Immunol* 10: 29-35 (1998). MASP-2 and sMAP are generated by alternative splicing from a single structural gene, and sMAP consists of the first CUB (CUB1) domain, the EGF-like domain and an extra 4 amino acids at the C-terminal end encoded by a sMAP-specific exon. MASP-1 and MASP-3 are also generated from a single gene by alternative splicing (Schwaebble et al, *Immunobiology* 205: 455-466 (2002). When MBL and ficolins bind to carbohydrates on the surface of microbes, the proenzyme form of MASP is cleaved between the second CCP and the protease domain, resulting in the active form consisting of two polypeptides, called heavy (H)- and light (L)-chains, and thus acquiring proteolytic activities against complement components. Accumulated evidence shows that MASP-2 cleaves C4 and C2 (Matsushita et al, *J. Immunol* 165: 2637-2642 (2000) which leads to the formation of the C3 convertase (C4bC2a). We proposed that MASP-1 cleaves C3 directly and subsequently activates the amplification loop (Matsushita and Fujita, *Immunobiology* 194: 443-448 (1995), but this function is controversial (Ambrus et al, *J. Immunol* 170: 1374-1382 (2003). Although MASP-3 also contains a serine protease domain in the L-chain and exhibits its proteolytic activity against a synthetic substrate (Zundel et al, *J Immunol* 172: 4342-4350 (2004), its physiological substrates have not been identified. The function of sMAP lacking the serine protease domain remains unknown.

[0493] In the present study, to clarify the role of sMAP in activation of the lectin complement pathway, we have disrupted the sMAP-specific exon that encodes 4 amino acid residues (EQSL) at the C-terminal end of sMAP, and generated *sMAP*^{-/-} mice. We report here for the first time the ability of sMAP to down-regulate activation of the lectin pathway.

Materials and Methods

Mice

[0494] A targeting vector was constructed containing exon 1-4 and part of exon 6 of the 129/Sv mouse *MASP-2* gene and a neomycin resistance gene cassette instead of exon 5 (Figure 20A). A *DT-A* gene was inserted into the 3' end of the vector and three *lox p* sites were inserted to perform conditional targeting to remove the neomycin cassette and promoter region in the future. The targeting vector was electroporated into 129/Sv ES cells. The targeted ES clones were microinjected into C57BL/6J blastocysts which were implanted into uteri of foster ICR mothers. Male chimeric mice were mated with female C57BL/6J mice to produce heterozygous (+/-) mice. Heterozygous (+/-) mice were screened by Southern blot analysis of tail DNA digested with *BamH*I using the probe indicated in Figure 20A. Southern blot analysis showed 6.5-kbp and 11-kbp bands in DNA from heterozygous (+/-) mice (Figure 20B). Heterozygous (+/-) mice were backcrossed with C57BL/6J mice. To obtain homozygous (-/-) mice, heterozygous (+/-) mice were intercrossed. Homozygous (-/-) mice (C57BL/6J background) were identified by PCR-based genotyping of tail DNA. PCR analysis was performed using a mixture of exon 4-specific and *neo* gene-specific sense primers and an exon 6-specific antisense primer. DNA from homozygous (-/-) mice yielded a single 1.8-kbp band (Figure 20C). In all experiments, 8 to 12 week old mice were used according to the guidelines for animal experimentation of Fukushima Medical University.

Northern blot analysis

[0495] Poly(A)⁺ RNA (1 µg) from wild-type (+/+) and homozygous (-/-) mouse livers was separated by electrophoresis, transferred to a nylon membrane, and hybridized with a 32P-labeled cDNA probe specific for sMAP, MASP-2 H-chain, MASP-2 L-chain, or the *neo* gene. The same membrane was stripped and rehybridized with a probe specific for glyceraldehyde-3-phosphate dehydrogenase (GAPDH).

Quantitative RT-PCR

[0496] Real-time PCR was performed with the LightCycler System (Roche Diagnostics). cDNAs synthesized from 60 ng of poly(A)⁺ RNA from wild-type (+/+) and homozygous (-/-) mouse livers were used as templates for real-time PCR and cDNA fragments of MASP-2 H- and L-chains and sMAP were amplified and monitored.

Immunoblotting

[0497] The sample was electrophoresed on 10 or 12% SDS-polyacrylamide gels under reducing conditions and proteins were transferred to polyvinylidene difluoride (PVDF) membranes. Proteins on the membranes were detected with anti-MASP-1 antiserum raised against the L-chain of MASP-1 or with anti-MASP-2/sMAP antiserum raised against the peptide from the H-chain of MASP-2.

Detection of MASPs and sMAP in the MBL-MASP-sMAP complex

[0498] Mouse serum (20 µl) was added to 480 µl of TBS-Ca²⁺ buffer (20 mM Tris-HCl, pH 7.4, 0.15 M NaCl, and 5 mM CaCl₂) containing 0.1% (w/v) BSA (TBS-Ca²⁺/BSA) and incubated with 40 µl of 50% mannan-agarose gel slurry (Sigma-Aldrich, St. Louis, MO) in TBS-Ca²⁺/BSA buffer at 4°C for 30 min. After incubation each gel was washed with TBS-Ca²⁺ buffer and the sampling buffer for SDS-PAGE was added to the gel. The gel was boiled and the supernatant was subjected to SDS-PAGE, followed by immunoblotting to detect MASP-1, MASP-2, and sMAP in the MBL complex.

C4 deposition assay

[0499] Mouse serum was diluted with TBS-Ca²⁺/BSA buffer up to 100 µl. The diluted sample was added to mannan-coated microtiter wells and incubated at room temperature for 30 min. The wells were washed with the chilled washing buffer (TBS-Ca²⁺ buffer containing 0.05% (v/v) Tween 20). After the washing, human C4 was added to each well and incubated on ice for 30 min. The wells were washed with the chilled washing buffer and HRP-conjugated anti-human C4 polyclonal antibody (Biogenesis, Poole, England) was added to each well. Following incubation at 3°C for 30 min, the wells were washed with the washing buffer and 3,3',5,5'-tetramethylbenzidine (TMB) solution was added to each well. After developing, 1 M H₃PO₄ was added and the absorbance was measured at 450 nm.

C3 deposition assay

[0500] Mouse serum was diluted with BBS buffer (4 mM barbital, 145 mM NaCl, 2 mM CaCl₂, and 1 mM MgCl₂, pH 7.4) containing 0.1% (w/v) HSA up to 100 µl. The diluted sample was added to mannan-coated microtiter wells and incubated at 37°C for 1 h. The wells were washed with the washing buffer. After the washing, HRP-conjugated anti-human C3c polyclonal antibody (Dako, Glostrup, Denmark) was added to each well. Following incubation at room temperature for 1 h, the wells were washed with the washing buffer and TMB solution was added to each well. The color was measured as described above.

Recombinants

[0501] Recombinant mouse sMAP (rsMAP), rMASP-2, and the inactive mouse MASP-2 mutant (MASP-2i) whose active-site serine residue in the serine protease domain was substituted for the alanine residue were prepared as described previously (Iwaki and Fujita, 2005).

Reconstitution of the MBL-MASP-sMAP complex

[0502] Homozygous (-/-) mouse serum (20 μ l) and various amounts of MASP-2i and/or rsMAP were incubated in a total volume of 40 μ l in TBS-Ca²⁺ buffer on ice overnight. The mixture was incubated with mannan-agarose gel slurry, and MASP-2i and rsMAP in the MBL-MASP complex bound to the gel were detected as described in "*Detection of MASPs and sMAP in the MBL-MASP-sMAP complex*".

Reconstitution of the C4 deposition activity

[0503] Homozygous (-/-) mouse serum (0.5 μ l) and various amounts of rMASP-2 and/or rsMAP were incubated in a total volume of 20 μ l in TBS-Ca²⁺ on ice overnight. The mixture was diluted with 80 μ l of TBS-Ca²⁺/BSA buffer and added to mannan-coated wells. All subsequent procedures were performed as described in "*C4 deposition assay*".

Results

[0504] FIGURE 20: Targeted disruption of the *sMAP* gene. **(A)** Partial restriction maps of the *MASP-2/sMAP* gene, the targeting vector, and the targeted allele. The *sMAP*-specific exon (exon 5) was replaced with a *neo* gene cassette. **(B)** Southern blot analysis of genomic DNA from offspring derived from mating male chimeric mice with female C57BL/6J mice. Tail DNA was digested with *Bam*HI and hybridized with the probe depicted in **(A)**. A 11-kbp band was derived from the wild-type allele, and a 6.5-kbp band from the targeted allele. **(C)** PCR genotyping analysis. Tail DNA was analyzed using a mixture of exon 4-specific and *neo* gene-specific sense primers and an exon 6-specific antisense primer. A 2.5-kbp band was obtained from wild-type allele, a 1.8-kb band from the targeted allele.

[0505] FIGURE 21: The expression of *sMAP* and *MASP-2* mRNAs in homozygous (-/-) mice. **(A)** Northern blot analysis. Poly(A)⁺ RNAs from wild-type (+/+) and homozygous (-/-) mouse livers was electrophoresed, transferred to a nylon membrane, and hybridized with a 32P-labeled probe specific for *sMAP*, *MASP-2* H-chain, *MASP-2* L-chain, or the *neo* gene. A specific band for *neo* (2.2 kb) was observed in homozygous (-/-) mice. **(B)** Quantitative RT-PCR. *MASP-2* H- and L-chains and *sMAP* cDNA fragments were amplified by real-time PCR in a LightCycler instrument (Roche Diagnostics). cDNAs synthesized from poly(A)⁺ RNAs from wild-type (+/+) and homozygous (-/-) mouse livers were used as templates. The data shown are the means of two experiments.

[0506] FIGURE 22: Deficiency of *MASP-2* in homozygous (-/-) mouse serum. **(A)** Immunoblotting of *MASP-2* and *sMAP* in mouse serum. Wild-type (+/+) or homozygous (-/-) mouse serum (2 μ l) was subjected to immunoblotting and detected with anti-MASP-2/*sMAP* antiserum. **(B)** Detection of MASPs and *sMAP* in the MBL-MASP-sMAP complex. Mouse serum was incubated with mannan-agarose gel and *sMAP*, *MASP-1*, and *MASP-2* in the MBL complex bound to the gel were detected as described in *Materials and Methods*.

[0507] FIGURE 23: Decreased cleavage of C4 and C3 in homozygous (-/-) mouse serum. **(A)** Deposition of C4 on mannan-coated wells. Mouse serum was diluted 2-fold and incubated in mannan-coated wells at room temperature for 30 min. After the washing of the wells, human C4 was added to each well and incubated on ice for 30 min. The amount of human C4 deposited on the wells was measured using HRP-conjugated anti-human C4 polyclonal antibody. **(B)** Deposition of C3 on mannan-coated wells. Diluted mouse serum was added to mannan-coated wells and incubated at 37°C for 1 h. The deposition of endogenous C3 on the wells was detected with HRP-conjugated anti-human C3c polyclonal antibody.

[0508] FIGURE 24: Competitive binding of *sMAP* and *MASP-2* to MBL. **(A)** Reconstitution of the MBL-MASP-sMAP complex in homozygous (-/-) mouse serum. *MASP-2*i and/or rsMAP (4 μ g) were incubated with homozygous (-/-) mouse serum (20 μ l). The mixture was further incubated with mannan-agarose gel, and rsMAP and *MASP-2*i in the fraction bound to the gel were detected by immunoblotting. **(B)** Various amounts of *MASP-2*i (0-5 μ g) and a constant amount of rsMAP (5 μ g) were incubated with homozygous (-/-) mouse serum (20 μ l) and further incubated with mannan-agarose gel. **(C)** A constant amount of *MASP-2*i (0.5 μ g) and various amounts of rsMAP (0-20 μ g) were incubated with homozygous (-/-) mouse serum (20 μ l). **(D)** Various amounts of rsMAP (0-20 μ g) was incubated with wild-type (+/+) mouse serum (20 μ l).

[0509] FIGURE 25: Restoration of the C4 deposition activity by addition of rMASP-2. Various amounts of rsMAP (0-5 μ g) **(A)** or

rMASP-2 (0-1.5 µg) **(B)** were incubated with 0.5 µl of homozygous (-/-) mouse serum in a total volume of 20 µl in TBS-Ca²⁺ buffer on ice overnight. Then the mixture was diluted with 80 µl of TBS-Ca²⁺/BSA buffer and added to mannan-coated wells and the amount of C4 deposited on the wells was measured.

[0510] FIGURE 26: Reduction of the C4 deposition activity by addition of sMAP. **(A)** rMASP-2 (1 µg) and various amounts of rsMAP (0-0.5 µg) were incubated with 0.5 µl of homozygous (-/-) mouse serum. The mixture was added to mannan-coated wells and the amount of C4 deposited on the wells was measured. **(B)** rsMAP (0-0.7 µg) was incubated with wild-type serum (0.5 µl) and the amount of C4 deposited on mannan-coated wells was measured.

RESULTS:

The Expression of sMAP and MASP-2 in homozygous (-/-) mice

[0511] To clarify the role of sMAP *in vivo*, we established a gene targeted mouse which lacks sMAP. A targeting vector was constructed to replace the specific exon for sMAP (exon 5) with a neomycin resistance gene cassette (Figure 20A). Positive ES clones were injected into C57BL/6 blastocysts, and the founder chimeras bred with C57BL/6J females. Southern blot analysis of tail DNA from agouti-color pups showed a germinal transmission of the targeted allele (Figure 20B). Heterozygous (+/-) mice were screened by Southern blot analysis of tail DNA digested with *Bam*HI using the probe indicated in Figure 20A. Southern blot analysis showed 6.5-kbp and 11-kbp bands in DNA from heterozygous (+/-) mice (Figure 20B). Heterozygous (+/-) mice were backcrossed with C57BL/6J mice. To obtain homozygous (-/-) mice, heterozygous (+/-) mice were intercrossed. Homozygous (-/-) mice (C57BL/6J background) were identified by PCR based genotyping of tail DNA, yielding a single 1.8-kbp band (Figure 20C).

[0512] Homozygous (-/-) mice developed normally and showed no significant difference in body weight from wild-type (+/+) mice. There were no morphological differences between them either. In a Northern blot analysis, the probe specific for sMAP detected a single 0.9-kb band in wild-type (+/+) mice, whereas no specific bands were detected in homozygous (-/-) mice (Figure 21A). When the probe specific for MASP-2 H- or L-chain was used, several specific bands were detected in wild-type (+/+) mice as reported previously (Stover et al, 1999) and the H-chain-specific probe also detected the sMAP specific-band. However, in homozygous (-/-) mice the corresponding bands were very weak and several extra bands were detected. We also performed a quantitative RT-PCR analysis to check the expression levels of sMAP and MASP-2 mRNAs. In homozygous (-/-) mice, the expression of sMAP mRNA was completely abolished and that of MASP-2 was also decreased markedly: it was quantitated as about 2% of that of wild-type (+/+) mice in both H- and L-chains by real-time PCR (Figure 21B). Furthermore, we examined the expression of MASP-2 at the protein level. Both sMAP and MASP-2 were undetectable in homozygous (-/-) mouse serum by immunoblotting (Figure 22A). After the incubation of homozygous (-/-) mouse serum with mannan-agarose gel, both sMAP and MASP-2 were not detectable in the fraction bound to the gels, although MASP-1 was detected in the complex (Figure 22B).

Clearing activities of C4 and C3 through the lectin pathway in homozygous (-/-) mouse serum

[0513] When homozygous (-/-) mouse serum was incubated in mannan-coated wells, the amount of human C4 deposited on the wells was about 20% of that in normal serum at dilutions ranging from 1/400 to 1/50 (Figure 23A). We also examined the C3 deposition activity of the lectin pathway in homozygous (-/-) mouse serum. The mouse serum was added to mannan-coated wells and the amount of endogenous C3 deposited on the wells was measured. The amount was decreased in the deficient serum and was 21% of that in normal serum at a dilution of 1/10 (Figure 23B).

Reconstitution of the MBL-MASP-sMAP complex in homozygous (-/-) mouse serum

[0514] When recombinant mouse sMAP (rsMAP) or the inactive mouse MASP-2 mutant (MASP-2i) was added to homozygous (-/-) mouse serum, both recombinants were able to bind to MBL (Figure 24A, lanes 3 and 4). When rsMAP and MASP-2i were simultaneously incubated with the serum (Figure 24A, lane 5), both recombinants were detected in the MBL-MASP-sMAP complex. However the amount of sMAP bound to the complex was less than that when only rsMAP was incubated with the serum. Then we further investigated the competitive binding of sMAP and MASP-2 to MBL. A constant amount of rsMAP and various amounts of MASP-2i were added to the deficient serum. The binding of rsMAP decreased in a dose-dependent manner with increasing amounts of MASP-2i (Figure 24B). Inversely, the amount of MASP-2i bound to MBL decreased by the addition of

rsMAP (Figure 24C). When rsMAP was added to wild-type serum, the binding both of endogenous sMAP and of MASP-2 to MBL decreased in a dose-dependent manner (Figure 24D).

Reconstitution of C4 deposition activity in homozygous (-/-) mouse serum

[0515] We performed a reconstitution experiment of the deposition of C4 on mannan-coated wells using recombinants. When rsMAP was added to the deficient serum, the amount of C4 deposited actually decreased to basal levels in a dose-dependent manner (Figure 25A). When rMASP-2 was added to the serum, the amount of C4 was restored by up to 46% of that of wild-type serum in a dose-dependent manner and reached a plateau (Figure 25B). Next, we investigated the effect of sMAP on the C4 deposition. When a constant amount of rMASP-2 and various amounts of rsMAP were added to the deficient serum, the amount of C4 deposited decreased with the addition of rsMAP in a dose-dependent manner (Figure 26A) and the addition of rsMAP to wild-type serum also decreased the amount of C4 deposited (Figure 26B), suggesting that sMAP plays a regulatory role in the activation of the lectin pathway.

Discussion

[0516] We have generated *sMAP*^{-/-} mice through targeted disruption of the sMAP-specific exon. The expression level of MASP-2 was also extremely decreased at both the mRNA and protein levels in these mice (Figures 21 and 22). A Northern blot analysis with a MASP-2 probe showed only extra bands in poly(A)⁺ RNA from *sMAP*^{-/-} mice, suggesting that the normal splicing of the *MASP-2* gene was altered by the targeting of the *sMAP* gene and therefore, the expression level of MASP-2 was markedly decreased. As a result, the cleavage of C4 by the MBL-MASP complex in the deficient serum was decreased by about 80% compared to that in the normal serum (Figure 23A). In the reconstitution experiments, the C4 cleavage activity was restored by addition of rMASP-2 but not rsMAP (Figure 25). The reduction in the deposition of C4 observed in the deficient serum should be caused by the deficiency of MASP-2 in the MBL-MASP complex (Figure 22B). Therefore, it is clear that MASP-2 is essential for the activation of C4 by the MBL-MASP complex. However, addition of rMASP-2 did not completely restore the cleavage activity and the deposition of C4 reached a plateau. As reported previously (Cseh et al, J Immunol 169: 5735-5743 (2002); Iwaki and Fujita, J Endotoxin Res 11: 47-50 (2005), most rMASP-2 was converted to the active form by autoactivation during the purification procedures and some lost its protease activity. Since the active or inactive state of MASP-2 has no significant influence on its association with MBL (Zundel et al, J Immunol 172: 4342-4350 (2004), it is possible that rMASP-2 which has lost its protease activity binds to MBL and competitively prevents the association of the active form, thereby resulting in an incomplete restoration of C4 deposition. The C3 cleavage activity of the lectin pathway was also attenuated in the deficient serum (Figure 23B). The decline in the amount of C3 deposited is probably due to the very low level of activity of the C3 convertase, which consists of C4b and C2a fragments generated by MASP-2.

[0517] MASP and sMAP each associated as homodimers and formed complexes with MBL or L-ficolin through their N-terminal CUB and EGF-like domains (Chen and Wallis, J Biol Chem 276: 25894-25902 (2001); Cseh et al, J Immunol 169: 5735-5743 (2002); Thielens et al, J Immunol 166: 5068-5077 (2001); Zundel et al, J Immunol 172: 4342-4350 (2004)). The crystal structures of sMAP and the CUB1-EGF-CUB2 segment of MASP-2 reveal their homodimeric structure (Feinberg et al, EMBO J 22: 2348-2359 (2003); Gregory et al, J Biol Chem 278: 32157-32164 (2003)). The collagen-like domain of MBL is involved in associating with MASPs (Wallis and Cheng, J Immunol 163: 4953-4959 (1999); Wallis and Drickamer, J Biol Chem 279: 14065-14073 (1999) and some mutations introduced into the domain have decreased the binding of MBL to the CUB1-EGF-CUB2 segments of MASP-1 and MASP-2 (Wallis and Dodd, J Biol Chem 275: 30962-30969 (2000)). The binding sites for MASP-2 and for MASP-1/3 overlap but are not identical (Wallis et al, J Biol Chem 279: 14065-13073 (2004)). Although the sMAP-binding site of MBL has not been identified yet, the binding sites for sMAP and MASP-2 are probably identical, because the CUB1-EGF region is the same in sMAP and MASP-2. Thus, it is reasonable that sMAP and MASP-2 compete with each other to bind MBL in the reconstitution of the MBL-MASP-sMAP complex (Figure 24). The affinity of sMAP for MBL is lower than that of MASP-2 (Cseh et al, J Immunol 169: 5735-5743 (2002); Thielens et al, J Immunol 166: 5068-5077 (2001)). The concentration of sMAP in mouse serum has not been determined. As shown in Figure 22A, however, the amount of sMAP in the wild-type serum is much greater than that of MASP-2. Therefore sMAP is able to occupy the MASP-2/sMAP binding site and prevent MASP-2 from binding to MBL and consequently the C4 cleavage activity of the MBL-MASP complex is reduced. The regulatory mechanism of sMAP in the lectin pathway remains to be investigated. It is still unknown whether sMAP plays its regulatory role before or after complement activation. sMAP may prevent inadvertent activation of the MBL-MASP complex before microbial infection or suppress overactivation of the lectin pathway once activated. There is another potential regulator in the lectin pathway. MASP-3 is also a competitor of MASP-2 in binding to MBL and down-regulates the C4 and C2 cleavage activity of MASP-2 (Dahl et al, Immunity 15: 127-135 (2001)). Although the interaction between sMAP and MASP-3 has not been investigated, it is possible that they are able to down-regulate

activation of the lectin pathway cooperatively.

[0518] In this report we have demonstrated that sMAP and MASP-2 compete to bind MBL and sMAP has the ability to down-regulate the lectin pathway, which is activated by the MBL-MASP complex. It is reasonable that sMAP also regulates another route of the lectin pathway activated by the ficolin-MASP complex. MASP-2 and sMAP are also compete to bind mouse ficolin A and down-regulate the C4 cleavage activity of the ficolin A-MASP complex (Y Endo et al, in preparation). A study of *MBL* null mice was recently reported (Shi et al, *J Exp Med* 199: 1379-1390 (2004)). *MBL* null mice have no C4 cleavage activity in the MBL lectin pathway and are susceptible to *Staphylococcus aureus* infections. In the present study, *sMAP*^{-/-} mice, which are also deficient in MASP-2, showed reductions in C3 cleavage activity besides C4 cleavage activity in the lectin pathway. Because of their impaired opsonizing activity, the sMAP-deficient mice may be susceptible to bacterial infections. Further investigation of the sMAP-deficient mice will clarify the function of the lectin pathway in protection against infectious diseases.

[0519] Another important finding is that the addition of rsMAP to normal serum results in a reduction in the activation of C4 (Figure 26B). The lectin pathway has been also demonstrated to regulate inflammation and tissue damage in several organs (de Vries et al, *Am J Pathol* 165: 1677-1688 (2004); Fiane et al, *Circulation* 108: 849-856 (2003); Jordan et al, *Circulation* 104: 1413-1418 (2001); Walsh et al, *J Immunol* 175: 541-546 (2005)). In MBL-deficient patients undergoing treatment for a thoracic abdominal aortic aneurysm, complement was not activated and levels of proinflammatory markers were reduced following surgery (Fiane et al, *Circulation* 108: 849-856 (2003)). Accumulated evidences have demonstrated the potential pathophysiologic role of MBL during conditions of ischemia and reperfusion in a variety of vascular beds. Therefore, the specific blockade of MBL or inhibition of the lectin complement pathway may represent a therapeutically relevant strategy for the prevention of ischemia/perfusion-associated damage. Thus, it is possible that sMAP is one of the candidates for such an inhibitor, since it acts as an attenuator of the lectin pathway's activation.

EXAMPLE 31

[0520] This Example demonstrates that MASP-2 is responsible for the C4 bypass activation of C3.

[0521] Background/Rationale: Most recently, it has been shown that inhibiting the alternate pathway protects the kidney from ischemic acute failure (Thurman et al., *J. Immunol* 170: 1517-1523 (2003)). The data described herein imply that the lectin pathway instructs alternate pathway-activation, which in turn amplifies complement activation synergistically. We hypothesise that transient inhibition of the lectin pathway may also affect alternate pathway-activation and thus improve the long-term outcome in organ transplantation as limiting complement-mediated graft damage and inflammation, and may moderate the unwanted induction of an adaptive immune response against the graft and reduce the risk of secondary graft rejection through the adaptive immune system. This is supported by recent clinical data showing that a partially impaired lectin pathway, resulting from inherited MBL deficiencies (present in about 30% of the human population), is associated with increased renal allograft survival in humans (Berger, *Am J Transplant* 5: 1361-1366 (2005)).

[0522] The involvement of complement components C3 and C4 in ischemia-reperfusion (I/R) injury was well established in models of transient intestinal and muscular ischemia using gene targeted mouse strains (Weiser et al., *J Exp Med* 183: 2342-2348 (1996); Williams et al. *J Appl Physiol* 86: 938-42, (1999)). It is well established that C3 has a prominent role in renal I/R injury and secondary graft rejection (Zhou et al., *J Clin Invest* 105: 1363-1371 (2000); Pratt et al., *Nat Med* 8: 582-587 (2002); Farrar, et al., *Am J. Pathol* 164: 133-141 (2004)). It was therefore surprising that a phenotype for C4 deficiency was not observed in the published models of mouse kidney allograft rejection (Lin, 2005 *In Press*). A subsequent analysis of sera and plasma of these C4 deficient mice, however, indicated that these mice retain a residual functional activity showing LP-dependent cleavage of C3 and further downstream activation of complement (see FIGURE 27C).

[0523] The existence of a functional C4-bypass (and C2-bypass) is a phenomenon previously described (but not fully characterised) by several investigators (Miller et al., *Proc Natl Acad Sci* 72: 418-22 (1975); Knutzen Steuer et al., *J Immunol* 143(7): 2256-61 (1989); Wagner et al., *J Immunol* 163: 3549-3558 (1999) and relates to the alternative pathway-independent C3-turnover in C4 (and C2) deficient sera.

[0524] Methods: Effects of the lectin pathway and the classical pathway on C3 deposition. Mouse plasma (with EGTA/ Mg²⁺ as anticoagulant) was diluted and re-calcified in 4.0 mM barbitol, 145 mM NaCl, 2.0 mM CaCl₂, 1.0 mM MgCl₂, pH 7.4, then added to microtitre plates coated with mannan (as shown in FIGURE 27A and 27C) or zymosan (as shown in FIGURE 27B), and incubated for 90 min at 37°C. The plates were washed 3 times with 10 mM Tris-Cl, 140 mM NaCl, 5.0 mM CaCl₂, 0.05% Tween 20, pH 7.4 then C3b deposition was measured using an anti-mouse C3c antibody.

[0525] Results: The results shown in FIGURE 27A-C are representative of 3 independent experiments. When using the same sera in wells coated with immunoglobulin complexes instead of mannan or zymosan, C3b deposition and Factor B cleavage are seen in WT (+/+) mouse sera and pooled MASP-2(-/-) sera, but not in Clq depleted sera (data not shown). This indicates that alternative pathway activation can be restored in MASP-2/- sera when the initial C3b is provided *via* CP activity. FIGURE 27C depicts the surprising finding that C3 can efficiently be activated in a lectin pathway-dependant fashion in C4 (-/-) deficient plasma. This "C4 bypass" is abolished by the inhibition of lectin pathway-activation through preincubation of plasma with soluble mannan or mannose.

[0526] It can be seen that C3b deposition on mannan and zymosan is severely compromised in MASP-2 (-/-) deficient mice, even under experimental conditions that according to many previously published papers on alternative pathway activation should be permissive for all three pathways. As shown in FIGURE 27A-C, MASP-2 (-/-) deficient mouse plasma does not activate C4 via the lectin pathway and does not cleave C3, neither via the lectin pathway nor the alternative pathway. We therefore hypothesise that MASP-2 is required in this C4-bypass. Further progress in the identification of components likely to be involved in the lectin pathway-dependent C4-bypass was most recently reported by Prof. Teizo Fujita. Plasma of C4 deficient mice crossed with Fujita's MASP-1/3 deficient mouse strain loses the residual capacity of C4 deficient plasma to cleave C3 via the lectin pathway. This was restored by adding recombinant MASP-1 to the combined C4 and MASP-1/3 deficient plasma (Takahashi, Mol Immunol 43: 153 (2006), suggesting that MASP-1 is involved in the formation of lectin pathway-derived complexes that cleave C3 in absence of C4 (recombinant MASP-1 does not cleave C3, but it cleaves C2; Rossi et al., J Biol Chem 276: 40880-7 (2001); Chen et al., J Biol Chem 279: 26058-65 (2004). We observed that MASP-2 is required for this bypass to be formed.

[0527] Although more functional and quantitative parameters and histology are required to consolidate this pilot study, its preliminary results lend strong support to the hypothesis that complement activation via the lectin pathway contributes significantly to the pathophysiology of renal I/R injury, as MASP-2/- mice show a much quicker recovery of renal functions.

SEQUENCE LISTING

[0528]

<110> Schwaeble, H.W.
Stover, C.M.
Tedford, C. E.
Parent, J.B.
Fujita, T.

<120> METHODS FOR TREATING CONDITIONS ASSOCIATED WITH MASP-2 DEPENDENT COMPLEMENT ACTIVATION

<130> OMER-1-29200

<150> US 11/645,359

<151> 2006-12-22

<150> US 60/788,876

<151> 2006-04-03

<150> US 60/578,847

<151> 2004-06-10

<150> US 11/150,883

<151> 2005-06-09

<160> 65

<170> PatentIn version 3.2

<210> 1

<211> 725

<212> DNA

<213> Homo sapien

<220>

<221> CDS

<222> (27)..(584)

<400> 1

```

ggccaggcca gctggacggg cacacc atg agg ctg ctg acc ctc ctg ggc ctt      53
                        Met Arg Leu Leu Thr Leu Leu Gly Leu
                        1      5

ctg tgt ggc tgc gtg gcc acc ccc ttg ggc ccg aag tgg cct gaa cct      101
Leu Cys Gly Ser Val Ala Thr Pro Leu Gly Pro Lys Trp Pro Glu Pro
10      15      20      25

gtg ttc ggg cgc ctg gca tcc ccc ggc ttt cca ggg gag tat gcc aat      149
Val Phe Gly Arg Leu Ala Ser Pro Gly Phe Pro Gly Glu Tyr Ala Asn
30      35      40

gac cag gag cgg cgc tgg acc ctg act gca ccc ccc ggc tac cgc ctg      197
Asp Gln Glu Arg Arg Trp Thr Leu Thr Ala Pro Pro Gly Tyr Arg Leu
45      50      55

cgc ctc tac ttc acc cac ttc gac ctg gag ctc tcc cac ctc tgc gag      245
Arg Leu Tyr Phe Thr His Phe Asp Leu Glu Leu Ser His Leu Cys Glu
60      65      70

tac gac ttc gtc aag ctg agc tgc ggg gcc aag gtg ctg gcc acg ctg      293
Tyr Asp Phe Val Lys Leu Ser Ser Gly Ala Lys Val Leu Ala Thr Leu
75      80      85

tgc ggg cag gag agc aca gac acg gag cgg gcc cct ggc aag gac act      341
Cys Gly Gln Glu Ser Thr Asp Thr Glu Arg Ala Pro Gly Lys Asp Thr
90      95      100      105

ttc tac tgc ctg ggc tcc agc ctg gac att acc ttc cgc tcc gac tac      389
Phe Tyr Ser Leu Gly Ser Ser Leu Asp Ile Thr Phe Arg Ser Asp Tyr
110      115      120

tcc aac gag aag ccg ttc acg ggg ttc gag gcc ttc tat gca gcc gag      437
Ser Asn Glu Lys Pro Phe Thr Gly Phe Glu Ala Phe Tyr Ala Ala Glu
125      130      135

gac att gac gag tgc cag gtg gcc ccg gga gag gcg ccc acc tgc gac      485
Asp Ile Asp Glu Cys Gln Val Ala Pro Gly Glu Ala Pro Thr Cys Asp
140      145      150

cac cac tgc cac aac cac ctg ggc ggt ttc tac tgc tcc tgc cgc gca      533
His His Cys His Asn His Leu Gly Gly Phe Tyr Cys Ser Cys Arg Ala
155      160      165

ggc tac gtc ctg cac cgt aac aag cgc acc tgc tca gag cag agc ctc      581
Gly Tyr Val Leu His Arg Asn Lys Arg Thr Cys Ser Glu Gln Ser Leu
170      175      180      185

tag cctccccctgg agctccggcc tgcccagcag gtcagaagcc agagccagcc      634

tgctggcctc agctccgggt tgggctgaga tggctgtgcc ccaactccca ttcacccacc      694

atggacccaa taataaacct ggccccaccc c      725

```

<210> 2

<211> 185

<212> PRT

<213> Homo sapien

<400> 2

```

Met Arg Leu Leu Thr Leu Leu Gly Leu Leu Cys Gly Ser Val Ala Thr      1
1      5      10      15

Pro Leu Gly Pro Lys Trp Pro Glu Pro Val Phe Gly Arg Leu Ala Ser      20
20      25      30

Pro Gly Phe Pro Gly Glu Tyr Ala Asn Asp Gln Glu Arg Arg Trp Thr      35
35      40      45

Leu Thr Ala Pro Pro Gly Tyr Arg Leu Arg Leu Tyr Phe Thr His Phe      50
50      55      60

Asp Leu Glu Leu Ser His Leu Cys Glu Tyr Asp Phe Val Lys Leu Ser      65
65      70      75      80

Ser Gly Ala Lys Val Leu Ala Thr Leu Cys Gly Gln Glu Ser Thr Asp      85
85      90      95

```

Thr Glu Arg Ala Pro Gly Lys Asp Thr Phe Tyr Ser Leu Gly Ser Ser
 100 105 110
 Leu Asp Ile Thr Phe Arg Ser Asp Tyr Ser Asn Glu Lys Pro Phe Thr
 115 120 125
 Gly Phe Glu Ala Phe Tyr Ala Ala Glu Asp Ile Asp Glu Cys Gln Val
 130 135 140
 Ala Pro Gly Glu Ala Pro Thr Cys Asp His His Cys His Asn His Leu
 145 150 155 160
 Gly Gly Phe Tyr Cys Ser Cys Arg Ala Gly Tyr Val Leu His Arg Asn
 165 170 175
 Lys Arg Thr Cys Ser Glu Gln Ser Leu
 180 185

<210> 3

<211> 170

<212> PRT

<213> Homo sapien

<400> 3

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

<210> 4

<211> 2460

<212> DNA

<213> Homo sapien

<220>

<221> CDS

<222> (22)..(2082)

<400> 4

ggccagctgg acggggcacac c atg agg ctg ctg acc ctc ctg ggc ctt ctg Met Arg Leu Leu Thr Leu Leu Gly Leu Leu 1 5 10	51
tgt ggc tcg gtg gcc acc ccc ttg ggc ccg aag tgg cct gaa cct gtg Cys Gly Ser Val Ala Thr Pro Leu Gly Pro Lys Trp Pro Glu Pro Val 15 20 25	99
ttc ggg cgc ctg gca tcc ccc ggc ttt cca ggg gag tat gcc aat gac Phe Gly Arg Leu Ala Ser Pro Gly Phe Pro Gly Glu Tyr Ala Asn Asp 30 35 40	147
cag gag cgg cgc tgg acc ctg act gca ccc ccc ggc tac cgc ctg cgc Gln Glu Arg Arg Trp Thr Leu Thr Ala Pro Pro Gly Tyr Arg Leu Arg 45 50 55	195
ctc tac ttc acc cac ttc gac ctg gag ctc tcc cac ctc tgc gag tac Leu Tyr Phe Thr His Phe Asp Leu Glu Leu Ser His Leu Cys Glu Tyr 60 65 70	243
gac ttc gtc aag ctg agc tgc ggg gcc aag gtg ctg gcc acg ctg tgc Asp Phe Val Lys Leu Ser Ser Gly Ala Lys Val Leu Ala Thr Leu Cys 75 80 85 90	291
ggg cag gag agc aca gac acg gag cgg gcc cct ggc aag gac act ttc Gly Gln Glu Ser Thr Asp Thr Glu Arg Ala Pro Gly Lys Asp Thr Phe 95 100 105	339
tac tcg ctg ggc tcc agc ctg gac att acc ttc cgc tcc gac tac tcc Tyr Ser Leu Gly Ser Ser Leu Asp Ile Thr Phe Arg Ser Asp Tyr Ser 110 115 120	387
aac gag aag ccg ttc acg ggg ttc gag gcc ttc tat gca gcc gag gac Asn Glu Lys Pro Phe Thr Gly Phe Glu Ala Phe Tyr Ala Ala Glu Asp 125 130 135	435
att gac gag tgc cag gtg gcc ccg gga gag gcg ccc acc tgc gac cac Ile Asp Glu Cys Gln Val Ala Pro Gly Glu Ala Pro Thr Cys Asp His 140 145 150	483
cac tgc cac aac cac ctg ggc ggt ttc tac tgc tcc tgc cgc gca ggc His Cys His Asn His Leu Gly Gly Phe Tyr Cys Ser Cys Arg Ala Gly 155 160 165 170	531
tac gtc ctg cac cgt aac aag cgc acc tgc tca gcc ctg tgc tcc ggc Tyr Val Leu His Arg Asn Lys Arg Thr Cys Ser Ala Leu Cys Ser Gly 175 180 185	579
cag gtc ttc acc cag agg tct ggg gag ctc agc agc cct gaa tac cca Gln Val Phe Thr Gln Arg Ser Gly Glu Leu Ser Ser Pro Glu Tyr Pro 190 195 200	627
cgg ccg tat ccc aaa ctc tcc agt tgc act tac agc atc agc ctg gag Arg Pro Tyr Pro Lys Leu Ser Ser Cys Thr Tyr Ser Ile Ser Leu Glu 205 210 215	675
gag ggg ttc agt gtc att ctg gac ttt gtg gag tcc ttc gat gtg gag Glu Gly Phe Ser Val Ile Leu Asp Phe Val Glu Ser Phe Asp Val Glu 220 225 230	723
aca cac cct gaa acc ctg tgt ccc tac gac ttt ctc aag att caa aca Thr His Pro Glu Thr Leu Cys Pro Tyr Asp Phe Leu Lys Ile Gln Thr 235 240 245 250	771
gac aga gaa gaa cat ggc cca ttc tgt ggg aag aca ttg ccc cac agg Asp Arg Glu Glu His Gly Pro Phe Cys Gly Lys Thr Leu Pro His Arg 255 260 265	819
att gaa aca aaa agc aac acg gtg acc atc acc ttt gtc aca gat gaa Ile Glu Thr Lys Ser Asn Thr Val Thr Ile Thr Phe Val Thr Asp Glu 270 275 280	867
tca gga gac cac aca ggc tgg aag atc cac tac acg agc aca gcg cag Ser Gly Asp His Thr Gly Trp Lys Ile His Tyr Thr Ser Thr Ala Gln 285 290 295	915
cct tgc cct tat ccg atg gcg cca cct aat ggc cac gtt tca cct gtg Pro Cys Pro Tyr Pro Met Ala Pro Pro Asn Gly His Val Ser Pro Val 300 305 310	963
caa gcc aaa tac atc ctg aaa gac agc ttc tcc atc ttt tgc gag act Gln Ala Lys Tyr Ile Leu Lys Asp Ser Phe Ser Ile Phe Cys Glu Thr 315 320 325 330	1011
ggc tat gag ctt ctg caa ggt cac ttg ccc ctg aaa tcc ttt act gca Gly Tyr Glu Leu Leu Gln Gly His Leu Pro Leu Lys Ser Phe Thr Ala 335 340 345	1059
gtt tgt cag aaa gat gga tct tgg gac cgg cca atg ccc gcg tgc agc Val Cys Gln Lys Asp Gly Ser Trp Arg Pro Met Pro Ala Cys Ser 350 355 360	1107
att gtt gac tgt ggc cct cct gat gat cta ccc agt ggc cga gtg gag Ile Val Asp Cys Gly Pro Pro Asp Asp Leu Pro Ser Gly Arg Val Glu 365 370 375	1155
tac atc aca ggt cct gga gtg acc acc tac aaa gct gtg att cag tac Tyr Ile Thr Gly Pro Gly Val Thr Thr Tyr Lys Ala Val Ile Gln Tyr 380 385 390	1203
agc tgt gaa gag acc ttc tac aca atg aaa gtg aat gat ggt aaa tat Ser Cys Glu Glu Thr Phe Thr Thr Met Lys Val Asn Asp Gly Lys Tyr 395 400 405 410	1251

gtg tgt gag gct gat gga ttc tgg acg agc tcc aaa gga gaa aaa tca Val Cys Glu Ala Asp Gly Phe Trp Thr Ser Ser Lys Gly Glu Lys Ser 415 420 425	1299
ctc cca gtc tgt gag cct gtt tgt gga cta tca gcc cgc aca aca gga Leu Pro Val Cys Glu Pro Val Cys Gly Leu Ser Ala Arg Thr Thr Gly 430 435 440	1347
ggg cgt ata tat gga ggg caa aag gca aaa cct ggt gat ttt cct tgg Gly Arg Ile Tyr Gly Gly Gln Lys Ala Lys Pro Gly Asp Phe Pro Trp 445 450 455	1395
caa gtc ctg ata tta ggt gga acc aca gca gca ggt gca ctt tta tat Gln Val Leu Ile Leu Gly Thr Thr Ala Ala Gly Ala Leu Leu Tyr 460 465 470	1443
gac aac tgg gtc cta aca gct gct cat gcc gtc tat gag caa aaa cat Asp Asn Trp Val Leu Thr Ala Ala His Ala Val Tyr Glu Gln Lys His 475 480 485 490	1491
gat gca tcc gcc ctg gac att cga atg ggc acc ctg aaa aga cta tca Asp Ala Ser Ala Leu Asp Ile Arg Met Gly Thr Leu Lys Arg Leu Ser 495 500 505	1539
cct cat tat aca caa gcc tgg tct gaa gct gtt ttt ata cat gaa ggt Pro His Tyr Thr Gln Ala Trp Ser Ser Ala Val Phe Ile His Glu Gly 510 515 520	1587
tat act cat gat gct ggc ttt gac aat gac ata gca ctg att aaa ttg Tyr Thr His Asp Ala Gly Phe Asp Asn Asp Ile Ala Leu Ile Lys Leu 525 530 535	1635
aat aac aaa gtt gta atc aat agc aac atc acg cct att tgt ctg cca Asn Asn Lys Val Val Ile Asn Ser Asn Ile Thr Pro Ile Cys Leu Pro 540 545 550	1683
aga aaa gaa gct gaa tcc ttt atg agg aca gat gac att gga act gca Arg Lys Glu Ala Glu Ser Phe Met Arg Thr Asp Asp Ile Gly Thr Ala 555 560 565 570	1731
tct gga tgg gga tta acc caa agg ggt ttt ctt gct aga aat cta atg Ser Gly Trp Gly Leu Thr Gln Arg Gly Phe Leu Ala Arg Asn Leu Met 575 580 585	1779
tat gtc gac ata ccg att gtt gac cat caa aaa tgt act gct gca tat Tyr Val Asp Ile Pro Ile Val Asp His Gln Lys Cys Thr Ala Ala Tyr 590 595 600	1827
gaa aag cca ccc tat cca agg gga agt gta act gct aac atg ctt tgt Glu Lys Pro Pro Tyr Pro Arg Gly Ser Val Thr Ala Asn Met Leu Cys 605 610 615	1875
gct ggc tta gaa agt ggg ggc aag gac agc tgc aga ggt gac agc gga Ala Gly Leu Glu Ser Gly Gly Lys Asp Ser Cys Arg Gly Asp Ser Gly 620 625 630	1923
ggg gca ctg gtg ttt cta gat agt gaa aca gag agg tgg ttt gtg gga Gly Ala Leu Val Phe Leu Asp Ser Glu Thr Glu Arg Trp Phe Val Gly 635 640 645 650	1971
gga ata gtg tcc tgg ggt tcc atg aat tgt ggg gaa gca ggt cag tat Gly Ile Val Trp Gly Ser Met Asn Cys Gly Glu Ala Gly Gln Tyr 655 660 665	2019
gga gtc tac aca aaa gtt att aac tat att ccc tgg atc gag aac ata Gly Val Tyr Thr Lys Val Ile Asn Tyr Ile Pro Trp Ile Glu Asn Ile 670 675 680	2067
att agt gat ttt taa ctgctgtgc tgcagtcagg gattcttcat ttttagaaat Ile Ser Asp Phe 685	2122
gcctgtgaag accttggcag cgacgtggct cgagaagcat tcatcattac tgtggacatg	2182
gcagttgttg ctccacccaa aaaaacagac tccaggtgag gctgctgtca tttctccact	2242
tgccagttta attccagcct tacccattga ctcaagggga cataaaccac gagagtgaca	2302
gtcatctttg cccaccaggt gtaatgtcac tgctcaaatt acatttcatt accttaaaaa	2362
gccagtcctct tttcatactg gctgttggca tttctgtaaa ctgcctgtcc atgctctttg	2422
tttttaaact tgttcttatt gaaaaaaaa aaaaaaaaa	2460

<210> 5

<211> 686

<212> PRT

<213> Homo sapien

<400> 5

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

Val Thr Thr Tyr Lys Ala Val Ile Gln Tyr Ser Cys Glu Glu Thr Phe
 385 390 395 400
 Tyr Thr Met Lys Val Asn Asp Gly Lys Tyr Val Cys Glu Ala Asp Gly
 405 410 415
 Phe Trp Thr Ser Ser Lys Gly Glu Lys Ser Leu Pro Val Cys Glu Pro
 420 425 430
 Val Cys Gly Leu Ser Ala Arg Thr Thr Gly Gly Arg Ile Tyr Gly Gly
 435 440 445
 Gln Lys Ala Lys Pro Gly Asp Phe Pro Trp Gln Val Leu Ile Leu Gly
 450 455 460
 Gly Thr Thr Ala Ala Gly Ala Leu Leu Tyr Asp Asn Trp Val Leu Thr
 465 470 475 480
 Ala Ala His Ala Val Tyr Glu Gln Lys His Asp Ala Ser Ala Leu Asp
 485 490 495
 Ile Arg Met Gly Thr Leu Lys Arg Leu Ser Pro His Tyr Thr Gln Ala
 500 505 510
 Trp Ser Glu Ala Val Phe Ile His Glu Gly Tyr Thr His Asp Ala Gly
 515 520 525
 Phe Asp Asn Asp Ile Ala Leu Ile Lys Leu Asn Asn Lys Val Val Ile
 530 535 540
 Asn Ser Asn Ile Thr Pro Ile Cys Leu Pro Arg Lys Glu Ala Glu Ser
 545 550 555 560
 Phe Met Arg Thr Asp Asp Ile Gly Thr Ala Ser Gly Trp Gly Leu Thr
 565 570 575
 Gln Arg Gly Phe Leu Ala Arg Asn Leu Met Tyr Val Asp Ile Pro Ile
 580 585 590
 Val Asp His Gln Lys Cys Thr Ala Ala Tyr Glu Lys Pro Pro Tyr Pro
 595 600 605
 Arg Gly Ser Val Thr Ala Asn Met Leu Cys Ala Gly Leu Glu Ser Gly
 610 615 620
 Gly Lys Asp Ser Cys Arg Gly Asp Ser Gly Gly Ala Leu Val Phe Leu
 625 630 635 640
 Asp Ser Glu Thr Glu Arg Trp Phe Val Gly Gly Ile Val Ser Trp Gly
 645 650 655
 Ser Met Asn Cys Gly Glu Ala Gly Gln Tyr Gly Val Tyr Thr Lys Val
 660 665 670
 Ile Asn Tyr Ile Pro Trp Ile Glu Asn Ile Ile Ser Asp Phe
 675 680 685

<210> 6

<211> 671

<212> PRT

<213> Homo sapien

<400> 6

Thr Pro Leu Gly Pro Lys Trp Pro Glu Pro Val Phe Gly Arg Leu Ala
 1 5 10 15
 Ser Pro Gly Phe Pro Gly Glu Tyr Ala Asn Asp Gln Glu Arg Arg Trp
 20 25 30
 Thr Leu Thr Ala Pro Pro Gly Tyr Arg Leu Arg Leu Tyr Phe Thr His
 35 40 45
 Phe Asp Leu Glu Leu Ser His Leu Cys Glu Tyr Asp Phe Val Lys Leu
 50 55 60
 Ser Ser Gly Ala Lys Val Leu Ala Thr Leu Cys Gly Gln Glu Ser Thr
 65 70 75 80
 Asp Thr Glu Arg Ala Pro Gly Lys Asp Thr Phe Tyr Ser Leu Gly Ser
 85 90 95
 Ser Leu Asp Ile Thr Phe Arg Ser Asp Tyr Ser Asn Glu Lys Pro Phe
 100 105 110
 Thr Gly Phe Glu Ala Phe Tyr Ala Ala Glu Asp Ile Asp Glu Cys Gln
 115 120 125
 Val Ala Pro Gly Glu Ala Pro Thr Cys Asp His His Cys His Asn His
 130 135 140
 Leu Gly Gly Phe Tyr Cys Ser Cys Arg Ala Gly Tyr Val Leu His Arg
 145 150 155 160
 Asn Lys Arg Thr Cys Ser Ala Leu Cys Ser Gly Gln Val Phe Thr Gln
 165 170 175
 Arg Ser Gly Glu Leu Ser Ser Pro Glu Tyr Pro Arg Pro Tyr Pro Lys
 180 185 190
 Leu Ser Ser Cys Thr Tyr Ser Ile Ser Leu Glu Glu Gly Phe Ser Val
 195 200 205
 Ile Leu Asp Phe Val Glu Ser Phe Asp Val Glu Thr His Pro Glu Thr
 210 215 220
 Leu Cys Pro Tyr Asp Phe Leu Lys Ile Gln Thr Asp Arg Glu Glu His
 225 230 235 240
 Gly Pro Phe Cys Gly Lys Thr Leu Pro His Arg Ile Glu Thr Lys Ser
 245 250 255
 Asn Thr Val Thr Ile Thr Phe Val Thr Asp Glu Ser Gly Asp His Thr
 260 265 270
 Gly Trp Lys Ile His Tyr Thr Ser Thr Ala Gln Pro Cys Pro Tyr Pro
 275 280 285
 Met Ala Pro Pro Asn Gly His Val Ser Pro Val Gln Ala Lys Tyr Ile
 290 295 300
 Leu Lys Asp Ser Phe Ser Ile Phe Cys Glu Thr Gly Tyr Glu Leu Leu
 305 310 315 320
 Gln Gly His Leu Pro Leu Lys Ser Phe Thr Ala Val Cys Gln Lys Asp
 325 330 335
 Gly Ser Trp Asp Arg Pro Met Pro Ala Cys Ser Ile Val Asp Cys Gly
 340 345 350
 Pro Pro Asp Asp Leu Pro Ser Gly Arg Val Glu Tyr Ile Thr Gly Pro
 355 360 365
 Gly Val Thr Thr Tyr Lys Ala Val Ile Gln Tyr Ser Cys Glu Glu Thr
 370 375 380
 Phe Tyr Thr Met Lys Val Asn Asp Gly Lys Tyr Val Cys Glu Ala Asp
 385 390 395 400
 Gly Phe Trp Thr Ser Ser Lys Gly Glu Lys Ser Leu Pro Val Cys Glu
 405 410 415
 Pro Val Cys Gly Leu Ser Ala Arg Thr Thr Gly Gly Arg Ile Tyr Gly
 420 425 430

Gly Gln Lys Ala Lys Pro Gly Asp Phe Pro Trp Gln Val Leu Ile Leu
 435 440 445
 Gly Gly Thr Thr Ala Ala Gly Ala Leu Leu Tyr Asp Asn Trp Val Leu
 450 455 460
 Thr Ala Ala His Ala Val Tyr Glu Gln Lys His Asp Ala Ser Ala Leu
 465 470 475 480
 Asp Ile Arg Met Gly Thr Leu Lys Arg Leu Ser Pro His Tyr Thr Gln
 485 490 495
 Ala Trp Ser Glu Ala Val Phe Ile His Glu Gly Tyr Thr His Asp Ala
 500 505 510
 Gly Phe Asp Asn Asp Ile Ala Leu Ile Lys Leu Asn Asn Lys Val Val
 515 520 525
 Ile Asn Ser Asn Ile Thr Pro Ile Cys Leu Pro Arg Lys Glu Ala Glu
 530 535 540
 Ser Phe Met Arg Thr Asp Asp Ile Gly Thr Ala Ser Gly Trp Gly Leu
 545 550 555 560
 Thr Gln Arg Gly Phe Leu Ala Arg Asn Leu Met Tyr Val Asp Ile Pro
 565 570 575
 Ile Val Asp His Gln Lys Cys Thr Ala Ala Tyr Glu Lys Pro Pro Tyr
 580 585 590
 Pro Arg Gly Ser Val Thr Ala Asn Met Leu Cys Ala Gly Leu Glu Ser
 595 600 605
 Gly Gly Lys Asp Ser Cys Arg Gly Asp Ser Gly Gly Ala Leu Val Phe
 610 615 620
 Leu Asp Ser Glu Thr Glu Arg Trp Phe Val Gly Gly Ile Val Ser Trp
 625 630 635 640
 Gly Ser Met Asn Cys Gly Glu Ala Gly Gln Tyr Gly Val Tyr Thr Lys
 645 650 655
 Val Ile Asn Tyr Ile Pro Trp Ile Glu Asn Ile Ile Ser Asp Phe
 660 665 670

<210> 7

<211> 4900

<212> DNA

<213> Homo sapien

<400> 7

ctgtcctgc	ctgcctggaa	ctctgagcag	gctggagtc	tgagtcgat	tcccagaatc	60
ccagagtcag	ggaggctggg	ggcaggggca	ggtcactgga	caaacagatc	aaaggtgaga	120
ccagcgtagg	actgcagacc	agccagggcc	agctggacgg	gcacaccatg	aggtagggtg	180
gcgccacagc	ctccctgcag	ggtgtgggg	gggagcacag	gcctgggcct	caccgcccct	240
gccctgccca	taggctgctg	accctcctgg	gccttctgtg	tggtcgggtg	gccaccccct	300
taggcccga	gtggcctgaa	ctgtgttctg	ggcgcttggc	atcccccggc	tttccagggg	360
agtatgcaa	tgaccaggag	cggcgtgga	ccctgactgc	accccccggc	taccgcctgc	420
gcctctactt	caccacttc	gacctggagc	tctcccacct	ctgcgagtac	gacttcgtca	480
aggtgccgtc	agacgggagg	gctgggggtt	ctcaggggtc	gggggtcccc	aaggagtagc	540
cagggttcag	ggacacctg	gagcaggggc	caggcttggc	caggagggag	atcaggcctg	600
ggtcttgcc	tcactccctg	tgacacctga	ccccacagct	gagctcgggg	gccaagggtc	660
tggtccagct	gtgcgggcag	gagagcacag	acacggagcg	ggcccttggc	aaggacactt	720
tctactcgct	gggtccagc	ctggacatta	ccttcgctc	cgactactcc	aacgagaagc	780
cgttcacggg	gttcgagggc	ttctatgcag	ccgaggggtg	gccaagaggg	gtcctgcaac	840
atctcagtct	gcgcagctgg	ctgtgggggt	aactctgtct	taggccaggc	agccctgcct	900
tcagtttccc	cacttttccc	agggcagggg	agaggcctct	ggcctgacat	catccacaat	960
gcaaagacca	aaacagccgt	gacctccatt	cacatgggct	gagtccaac	tctgagccag	1020
ggatctgagg	acagcatcgc	ctcaagtgac	gcagggactg	gccgggcgcg	gcagctcacg	1080
cctgtaattc	cagcactttg	ggaggccgag	gctggcttga	taatttgagg	gtcaggagtt	1140
caaggccagc	cagggaaca	cggtgaaact	ctatctccac	taaaactaca	aaaattagct	1200
gggcgtggtg	gtgcgcacct	ggaatcccag	ctactaggga	ggctgaggca	ggagaattgc	1260
ttgaacctgc	gaggtggagg	ctgcagtga	cagagattgc	accactacac	tccacctggg	1320
cgacagacta	gactccgtct	caaaaaacaa	aaaacaaaa	ccacgcaggg	ccgagggccc	1380
atttacaagc	tgacaaagtg	ggccctgcc	gcgggagcgc	tgaggatgt	ttgattttca	1440
gateccagtc	cctgcagaga	ccaactgtgt	gacctctggc	aagtggctca	atttctctgc	1500
tccttagaag	ctgctgcaag	ggttcagcgc	tgtagccccg	ccccctgggt	ttgattgact	1560
cccctcatta	gctgggtgac	ctcgcccgga	cactgaaact	ccactgggtt	taacagaggt	1620
gatgtttgca	tctttctccc	agcgtgctg	ggagcttgca	gcgaccctag	gcctgtaagg	1680
tgattggccc	ggcaccagtc	ccgcacccta	gacaggacct	aggcctcctc	tgaggteccac	1740

```

tctgagggtca tggatctcct gggaggagtc caggctggat cccgctctt tccctcctga 1800
cgccctgcct gggcctgcct ctccccaga cattgacgag tgccagggtg ccccgaggaga 1860
ggcgccacc tgcgaccacc actgccacaa ccacctgggc ggtttctact gctcctgccg 1920
cgcaggctac gtcctgcacc gtaacaagcg cacctgtca ggtgaggag gctgcctggg 1980
ccccaacgca cctctcctg ggatacccg ggctcctcag ggccattgct gctctgccca 2040
ggggtgcgga gggcctgggc ctggacactg ggtgcttcta ggccctgctg cctccagctc 2100
cccttctcag cctgcttcc cctctcagca gccaggctca tcagtgcac cctgccctag 2160
cactgagact aattctaaca tcccactgtg tacctggttc cacctgggct ctgggaaccc 2220
ctcatgtagc caggggagag tcggggatc tacctcggtt ccttggaactg ggttcctggt 2280
ccctgcactg ggggacgggc cagtgtctg gggcgtgggc agccccacc tgggcgctg 2340
acctgctcc cccgactcg tttctctct cggggtctct ccttgctct ctgatctctc 2400
ttccagagca gagcctctag cctccccctg agtcccgct gccagcagg tcagaagcca 2460
gagccaggct gctggcctca gctccgggtt gggctgagat gctgtgccc aactccatt 2520
caccacccat ggaccaata ataacctgg cccacccca cctgctgccg cgtgtctctg 2580
gggtgggagg gtcgggaggc ggtggggcgc gctcctctc gcctaccctc ctcacagcct 2640
catgaacccc aggtctgtgg gagcctctc catggggcca cagggtcctt ggcctacccc 2700
cctgttttga agatggggca ctgaggcccg agaggggtaa ggcctcgtc gaggccagg 2760
ccccagaggc tgagccaga gtaacttga accacccca ttcagggtct ggcctggagg 2820
agcctgacct acagaggaga caccctggga gatattcatt gaggggtaat ctggtcccc 2880
gcaaatccag gggtgattcc cactgcccc taggcacagc cagtggaag aaggcaggca 2940
atgttggggc tcctcacttc ctagggcct cacaactcaa atgccccca ctgcagctgg 3000
gggtgggggtg gtggtatggg atggggacca agccttcctt gaaggataga gccagccca 3060
acacccgcc cgtggcagc agcatcacgt gttccagcga ggaaggagag caccagactc 3120
agtcatgac actgttgct tgaacttcca agaacagccc cagggaagg gtcaaacag 3180
gggaaagggg gtgatgagag atccttctc cggatgttcc tccaggaacc agggggctgg 3240
ctggtcttgg ctgggttcgg gtaggagacc catgatgaat aaacttgga atcactgggg 3300
tggctgtaag ggaatttagg ggagctccga aggggccctt aggctcgagg agatgctcct 3360
ctcttttccc gaattcccag ggacccagga gagtgtccct tcttctctt cctgtgtgtc 3420
catccacccc cgccccgc cctggcagag ctggtggaac tcagtgtct agccctacc 3480
ctggggttgc gactctggct caggacacca ccacgtccc tgggggtgtg agtgagggcc 3540
tgtgcgtcc atcccgagt ctgctgttt cagctaaagc ctcaaagcaa gagaacccc 3600
ctctctaagc gggccctcag ccatcgggtg ggtcgtttg tttctgggta ggcctcaggg 3660

```

gctggccacc tgcaggggccc agcccaaccc agggatgcag atgtcccagc cacatccctg 3720
 tcccagtttc ctgctcccca aggcacccac cctgctgttg gtgcgagggc tgatagaggg 3780
 cacgccaagt cactcccttg cccttccctc cttccagccc tgtgctccgg ccaggctctc 3840
 acccagaggt ctgggggagct cagcagccct gaatacccac ggccgtatcc caaactctcc 3900
 agttgcactt acagcatcag cctggaggag gggttcagtg tcattctgga ctttgtggag 3960
 tccttcgatg tggagacaca cctgaaacc ctgtgtccct acgactttct caaggctctg 4020
 ctctggggcc cctcatcttg tcccagatcc tccccctca gcccagctgc accccctact 4080
 tcctgcagca tggccccac cagttcccg tcacctcgg tgacccacc tcttcagggtg 4140
 ctctatggag gtcaaggctg gggcttcgag tacaagtgtg ggaggcagag tggggagggg 4200
 caccacaatc catggccttg gttggcctca ttggctgtcc ctgaaatgct gaggagggtg 4260
 gttacttccc tccgccagg ccagaccag gcagctgctc cccagcttcc atgagcttct 4320
 ttctcagatt caaacagaca gagaagaaca tggccattc tgtgggaaga cattgcccc 4380
 caggattgaa acaaaaagca acacggtgac catcacctt gtcacagatg aatcaggaga 4440
 ccacacaggc tggaagatcc actacacgag cacagtgagc aagtgggctc agatccttg 4500
 tggaagcgca gagctgcctc tctctggagt gcaaggagct gtagagtgtg gggctcttct 4560
 gggcaggact aggaaggagc accagggtta gtggtgctga ggtctgagc agcagcttct 4620
 aaggggaagc acccgtgcc tctcagcag caccagcat cttaccact cattcttcaa 4680
 ccaccattc acccatcact catcttttac ccaccaccc ttgcccactc atccttctgt 4740
 cctcatcct tccaaccatt catcaatcac ccaccatcc atccttgcc acacaacct 4800
 ccaccattc ttctacctac ccatcctatc catccatcct tctatcagca tccttctacc 4860
 acccatcctt cgttcggta tccatcatca tccatccatc 4900

<210> 8

<211> 136

<212> PRT

<213> Homo sapien

<400> 8

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

<210> 9

<211> 181

<212> PRT

<213> Homo sapien

<400> 9

Met Arg Leu Leu Thr Leu Leu Gly Leu Leu Cys Gly Ser Val Ala Thr
1 5 10 15

Pro Leu Gly Pro Lys Trp Pro Glu Pro Val Phe Gly Arg Leu Ala Ser
20 25 30

Pro Gly Phe Pro Gly Glu Tyr Ala Asn Asp Gln Glu Arg Arg Trp Thr
35 40 45

Leu Thr Ala Pro Pro Gly Tyr Arg Leu Arg Leu Tyr Phe Thr His Phe
50 55 60

Asp Leu Glu Leu Ser His Leu Cys Glu Tyr Asp Phe Val Lys Leu Ser
65 70 75 80

Ser Gly Ala Lys Val Leu Ala Thr Leu Cys Gly Gln Glu Ser Thr Asp
85 90 95

Thr Glu Arg Ala Pro Gly Lys Asp Thr Phe Tyr Ser Leu Gly Ser Ser
100 105 110

Leu Asp Ile Thr Phe Arg Ser Asp Tyr Ser Asn Glu Lys Pro Phe Thr
115 120 125

Gly Phe Glu Ala Phe Tyr Ala Ala Glu Asp Ile Asp Glu Cys Gln Val
130 135 140

Ala Pro Gly Glu Ala Pro Thr Cys Asp His His Cys His Asn His Leu
145 150 155 160

Gly Gly Phe Tyr Cys Ser Cys Arg Ala Gly Tyr Val Leu His Arg Asn
165 170 175

Lys Arg Thr Cys Ser
180

<210> 10

<211> 293

<212> PRT

<213> Homo sapien

<400> 10

Met Arg Leu Leu Thr Leu Leu Gly Leu Leu Cys Gly Ser Val Ala Thr
1 5 10 15

Pro Leu Gly Pro Lys Trp Pro Glu Pro Val Phe Gly Arg Leu Ala Ser
20 25 30

Pro Gly Phe Pro Gly Glu Tyr Ala Asn Asp Gln Glu Arg Arg Trp Thr
35 40 45

Leu Thr Ala Pro Pro Gly Tyr Arg Leu Arg Leu Tyr Phe Thr His Phe
50 55 60

Asp Leu Glu Leu Ser His Leu Cys Glu Tyr Asp Phe Val Lys Leu Ser
65 70 75 80

Ser Gly Ala Lys Val Leu Ala Thr Leu Cys Gly Gln Glu Ser Thr Asp
85 90 95

Thr Glu Arg Ala Pro Gly Lys Asp Thr Phe Tyr Ser Leu Gly Ser Ser
100 105 110

Leu Asp Ile Thr Phe Arg Ser Asp Tyr Ser Asn Glu Lys Pro Phe Thr
115 120 125

Gly Phe Glu Ala Phe Tyr Ala Ala Glu Asp Ile Asp Glu Cys Gln Val
130 135 140

Ala Pro Gly Glu Ala Pro Thr Cys Asp His His Cys His Asn His Leu
145 150 155 160

Gly Gly Phe Tyr Cys Ser Cys Arg Ala Gly Tyr Val Leu His Arg Asn
165 170 175
Lys Arg Thr Cys Ser Ala Leu Cys Ser Gly Gln Val Phe Thr Gln Arg
180 185 190
Ser Gly Glu Leu Ser Ser Pro Glu Tyr Pro Arg Pro Tyr Pro Lys Leu
195 200 205
Ser Ser Cys Thr Tyr Ser Ile Ser Leu Glu Glu Gly Phe Ser Val Ile
210 215 220
Leu Asp Phe Val Glu Ser Phe Asp Val Glu Thr His Pro Glu Thr Leu
225 230 235 240
Cys Pro Tyr Asp Phe Leu Lys Ile Gln Thr Asp Arg Glu Glu His Gly
245 250 255
Pro Phe Cys Gly Lys Thr Leu Pro His Arg Ile Glu Thr Lys Ser Asn
260 265 270
Thr Val Thr Ile Thr Phe Val Thr Asp Glu Ser Gly Asp His Thr Gly
275 280 285
Trp Lys Ile His Tyr
290

<210> 11

<211> 41

<212> PRT

<213> Homo sapien

<400> 11

Glu Asp Ile Asp Glu Cys Gln Val Ala Pro Gly Glu Ala Pro Thr Cys
1 5 10 15

Asp His His Cys His Asn His Leu Gly Gly Phe Tyr Cys Ser Cys Arg
20 25 30

Ala Gly Tyr Val Leu His Arg Asn Lys
35 40

<210> 12

<211> 242

<212> PRT

<213> Homo sapien

<400> 12

Ile Tyr Gly Gly Gln Lys Ala Lys Pro Gly Asp Phe Pro Trp Gln Val
10 15 20 25 30 35 40

1 5 10 15
 Leu Ile Leu Gly Thr Thr Ala Ala Gly Ala Leu Leu Tyr Asp Asn
 20 25 30
 Trp Val Leu Thr Ala Ala His Ala Val Tyr Glu Gln Lys His Asp Ala
 35 40 45
 Ser Ala Leu Asp Ile Arg Met Gly Thr Leu Lys Arg Leu Ser Pro His
 50 55 60
 Tyr Thr Gln Ala Trp Ser Glu Ala Val Phe Ile His Glu Gly Tyr Thr
 65 70 75 80
 His Asp Ala Gly Phe Asp Asn Asp Ile Ala Leu Ile Lys Leu Asn Asn
 85 90
 Lys Val Val Ile Asn Ser Asn Ile Thr Pro Ile Cys Leu Pro Arg Lys
 100 105 110
 Glu Ala Glu Ser Phe Met Arg Thr Asp Asp Ile Gly Thr Ala Ser Gly
 115 120 125
 Trp Gly Leu Thr Gln Arg Gly Phe Leu Ala Arg Asn Leu Met Tyr Val
 130 135 140
 Asp Ile Pro Ile Val Asp His Gln Lys Cys Thr Ala Ala Tyr Glu Lys
 145 150 155 160
 Pro Pro Tyr Pro Arg Gly Ser Val Thr Ala Asn Met Leu Cys Ala Gly
 165 170 175
 Leu Glu Ser Gly Gly Lys Asp Ser Cys Arg Gly Asp Ser Gly Gly Ala
 180 185 190
 Leu Val Phe Leu Asp Ser Glu Thr Glu Arg Trp Phe Val Gly Gly Ile
 195 200 205
 Val Ser Trp Gly Ser Met Asn Cys Gly Glu Ala Gly Gln Tyr Gly Val
 210 215 220
 Tyr Thr Lys Val Ile Asn Tyr Ile Pro Trp Ile Glu Asn Ile Ile Ser
 225 230 235 240

Asp Phe

<210> 13

<211> 16

<212> PRT

<213> Artificial Sequence

<220>

<223> Synthetic peptide

<400> 13

Gly Lys Asp Ser Cys Arg Gly Asp Ala Gly Gly Ala Leu Val Phe Leu
 1 5 10 15

<210> 14

<211> 15

<212> PRT

<213> Artificial Sequence

<220>

<223> Synthetic peptide

<400> 14

Thr Pro Leu Gly Pro Lys Trp Pro Glu Pro Val Phe Gly Arg Leu
 1 5 10 15

<210> 15

<211> 43

<212> PRT

<213> Artificial Sequence

<220>

<223> Synthetic peptide

<400> 15

Thr Ala Pro Pro Gly Tyr Arg Leu Arg Leu Tyr Phe Thr His Phe Asp
1 5 10 15

Leu Glu Leu Ser His Leu Cys Glu Tyr Asp Phe Val Lys Leu Ser Ser
20 25 30

Gly Ala Lys Val Leu Ala Thr Leu Cys Gly Gln
35 40

<210> 16

<211> 8

<212> PRT

<213> Artificial

<220>

<223> Synthetic peptide

<400> 16

Thr Phe Arg Ser Asp Tyr Ser Asn
1 5

<210> 17

<211> 25

<212> PRT

<213> Artificial Sequence

<220>

<223> Synthetic peptide

<400> 17

Phe Tyr Ser Leu Gly Ser Ser Leu Asp Ile Thr Phe Arg Ser Asp Tyr
1 5 10 15

Ser Asn Glu Lys Pro Phe Thr Gly Phe
20 25

<210> 18

<211> 9

<212> PRT

<213> Artificial

<220>

<223> Synthetic peptide

<400> 18

Ile Asp Glu Cys Gln Val Ala Pro Gly
1 5

<210> 19

<211> 25

<212> PRT

<213> Artificial Sequence

<220>

<223> Synthetic peptide

<400> 19

Ala Asn Met Leu Cys Ala Gly Leu Glu Ser Gly Gly Lys Asp Ser Cys
1 5 10 15

Arg Gly Asp Ser Gly Gly Ala Leu Val
20 25

<210> 20

<211> 960
 <212> DNA
 <213> Homo sapien

<220>
 <221> CDS
 <222> (51)..(797)

<400> 20
 attaactgag attaaccttc cctgagtttt ctcacaccaa ggtgaggacc atg tcc 56

Met Ser
1

ctg ttt cca tca ctc cct ctc ctt ctc ctg agt atg gtg gca gcg tct 104
 Leu Phe Pro Ser Leu Pro Leu Leu Leu Ser Met Val Ala Ala Ser
5 10 15

tac tca gaa act gtg acc tgt gag gat gcc caa aag acc tgc cct gca 152
 Tyr Ser Glu Thr Val Thr Cys Glu Asp Ala Gln Lys Thr Cys Pro Ala
20 25 30

gtg att gcc tgt agc tct cca ggc atc aac ggc ttc cca ggc aaa gat 200
 Val Ile Ala Cys Ser Ser Pro Gly Ile Asn Gly Phe Pro Gly Lys Asp
35 40 45 50

ggg cgt gat ggc acc aag gga gaa aag ggg gaa cca ggc caa ggg ctc 248
 Gly Arg Asp Gly Thr Lys Gly Glu Lys Gly Glu Pro Gly Gln Gly Leu
55 60 65

aga ggc tta cag ggc ccc cct gga aag ttg ggg cct cca gga aat cca 296
 Arg Gly Leu Gln Gly Pro Pro Gly Lys Leu Gly Pro Pro Gly Asn Pro
70 75 80

ggg cct tct ggg tca cca gga cca aag ggc caa aaa gga gac cct gga 344
 Gly Pro Ser Gly Ser Pro Gly Pro Lys Gly Gln Lys Asp Pro Gly
85 90 95

aaa agt ccg gat ggt gat agt agc ctg gct gcc tca gaa aga aaa gct 392
 Lys Ser Pro Asp Gly Asp Ser Ser Leu Ala Ala Ser Glu Arg Lys Ala
100 105 110

ctg caa aca gaa atg gca cgt atc aaa aag tgg ctc acc ttc tct ctg 440
 Leu Gln Thr Glu Met Ala Arg Ile Lys Lys Trp Leu Thr Phe Ser Leu
115 120 125 130

ggc aaa caa gtt ggg aac aag ttc ttc ctg acc aat ggt gaa ata atg 488
 Gly Lys Gln Val Gly Asn Lys Phe Phe Leu Thr Asn Gly Glu Ile Met
135 140 145

acc ttt gaa aaa gtg aag gcc ttg tgt gtc aag ttc cag gcc tct gtg 536
 Thr Phe Glu Lys Val Lys Ala Leu Cys Val Lys Phe Gln Ala Ser Val
150 155 160

gcc acc ccc agg aat gct gca gag aat gga gcc att cag aat ctc atc 584
 Ala Thr Pro Arg Asn Ala Ala Glu Asn Gly Ala Ile Gln Asn Leu Ile
165 170 175

aag gag gaa gcc ttc ctg ggc atc act gat gag aag aca gaa ggg cag 632
 Lys Glu Glu Ala Phe Leu Gly Ile Thr Asp Glu Lys Thr Glu Gly Gln
180 185 190

ttt gtg gat ctg aca gga aat aga ctg acc tac aca aac tgg aac gag 680
 Phe Val Asp Leu Thr Gly Asn Arg Leu Thr Tyr Thr Asn Trp Asn Glu
195 200 205 210

ggt gaa ccc aac aat gct ggt tct gat gaa gat tgt gta ttg cta ctg 728
 Gly Glu Pro Asn Asn Ala Gly Ser Asp Glu Asp Cys Val Leu Leu Leu
215 220 225

aaa aat ggc cag tgg aat gac gtc ccc tgc tcc acc tcc cat ctg gcc 776
 Lys Asn Gly Gln Trp Asn Asp Val Pro Cys Ser Thr Ser His Leu Ala
230 235 240

gtc tgt gag ttc cct atc tga agggtcatat cactcaggcc ctccttgtct 827
 Val Cys Glu Phe Pro Ile
245

ttttactgca acccacaggc ccacagtatg cttgaaaaga taaattatat caatttcctc 887
 atatccagta ttgttccttt tgtgggcaat cactaaaaat gatcactaac agcaccaaca 947
 aagcaataat agt 960

<210> 21
 <211> 248
 <212> PRT
 <213> Homo sapien

<400> 21

Met Ser Leu Phe Pro Ser Leu Pro Leu Leu Leu Ser Met Val Ala
 1 5 10 15
 Ala Ser Tyr Ser Glu Thr Val Thr Cys Glu Asp Ala Gln Lys Thr Cys
 20 25 30
 Pro Ala Val Ile Ala Cys Ser Ser Pro Gly Ile Asn Gly Phe Pro Gly
 35 40 45
 Lys Asp Gly Arg Asp Gly Thr Lys Gly Glu Lys Gly Glu Pro Gly Gln
 50 55 60
 Gly Leu Arg Gly Leu Gln Gly Pro Pro Gly Lys Leu Gly Pro Pro Gly
 65 70 75 80
 Asn Pro Gly Pro Ser Gly Ser Pro Gly Pro Lys Gly Gln Lys Gly Asp
 85 90 95
 Pro Gly Lys Ser Pro Asp Gly Asp Ser Ser Leu Ala Ala Ser Glu Arg
 100 105 110
 Lys Ala Leu Gln Thr Glu Met Ala Arg Ile Lys Lys Trp Leu Thr Phe
 115 120 125
 Ser Leu Gly Lys Gln Val Gly Asn Lys Phe Phe Leu Thr Asn Gly Glu
 130 135 140
 Ile Met Thr Phe Glu Lys Val Lys Ala Leu Cys Val Lys Phe Gln Ala
 145 150 155 160
 Ser Val Ala Thr Pro Arg Asn Ala Ala Glu Asn Gly Ala Ile Gln Asn
 165 170 175
 Leu Ile Lys Glu Glu Ala Phe Leu Gly Ile Thr Asp Glu Lys Thr Glu
 180 185 190
 Gly Gln Phe Val Asp Leu Thr Gly Asn Arg Leu Thr Tyr Thr Asn Trp
 195 200 205
 Asn Glu Gly Glu Pro Asn Asn Ala Gly Ser Asp Glu Asp Cys Val Leu
 210 215 220
 Leu Leu Lys Asn Gly Gln Trp Asn Asp Val Pro Cys Ser Thr Ser His
 225 230 235 240
 Leu Ala Val Cys Glu Phe Pro Ile
 245

<210> 22

<211> 6

<212> PRT

<213> Artificial Sequence

<220>

<223> Synthetic peptide consensus sequence

<220>

<221> MISC_FEATURE

<222> (1) .. (1)

<223> Wherein X at position 1 represents hydroxyproline

<220>

<221> MISC_FEATURE

<222> (4)..(4)

<223> wherein X at position 4 represents hydrophobic residue

<400> 22

Xaa Gly Lys Xaa Gly Pro
 1 5

<210> 23

<211> 5

<212> PRT

<213> Artificial Sequence

<220>

<223> Synthetic peptide

<220>

<221> MISC_FEATURE

<222> (1) .. (1)

<223> Wherein X represents hydroxyproline

<400> 23

Xaa Gly Lys Leu Gly
1 5

<210> 24

<211> 16

<212> PRT

<213> Artificial Sequence

<220>

<223> Synthetic peptide

<220>

<221> MISC_FEATURE

<222> (9)..(15)

<223> Wherein X at positions 9 and 15 represents hydroxyproline

<400> 24

Gly Leu Arg Gly Leu Gln Gly Pro Xaa Gly Lys Leu Gly Pro Xaa Gly
1 5 10 15

<210> 25

<211> 27

<212> PRT

<213> Artificial Sequence

<220>

<223> Synthetic peptide

<220>

<221> MISC_FEATURE

<222> (3)..(27)

<223> wherein X at positions 3, 6, 15, 21, 24, 27 represents hydroxyproline

<400> 25

Gly Pro Xaa Gly Pro Xaa Gly Leu Arg Gly Leu Gln Gly Pro Xaa Gly
1 5 10 15

Lys Leu Gly Pro Xaa Gly Pro Xaa Gly Pro Xaa
20 25

<210> 26

<211> 53

<212> PRT

<213> Artificial Sequence

<220>

<223> Synthetic peptide

<220>

<221> misc_feature

<222> (26)..(26)

<223> Xaa can be any naturally occurring amino acid

<220>

<221> misc_feature
 <222> (32)..(32)
 <223> Xaa can be any naturally occurring amino acid

 <220>
 <221> misc_feature
 <222> (35)..(35)
 <223> Xaa can be any naturally occurring amino acid

 <220>
 <221> misc_feature
 <222> (41)..(41)
 <223> Xaa can be any naturally occurring amino acid

 <220>
 <221> misc_feature
 <222> (50)..(50)
 <223> Xaa can be any naturally occurring amino acid

 <400> 26
 Gly Lys Asp Gly Arg Asp Gly Thr Lys Gly Glu Lys Gly Glu Pro Gly
 1 5 10 15

 Gln Gly Leu Arg Gly Leu Gln Gly Pro Xaa Gly Lys Leu Gly Pro Xaa
 20 25 30

 Gly Asn Xaa Gly Pro Ser Gly Ser Xaa Gly Pro Lys Gly Gln Lys Gly
 35 40 45

 Asp Xaa Gly Lys Ser
 50

 <210> 27
 <211> 33
 <212> PRT
 <213> Artificial Sequence

 <220>
 <223> Synthetic peptide

 <220>
 <221> MISC_FEATURE
 <222> (3)..(33)
 <223> wherein X at positions 3, 6, 12, 18, 21, 30, 33 represents hydroxyproline

 <400> 27
 Gly Ala Xaa Gly Ser Xaa Gly Glu Lys Gly Ala Xaa Gly Pro Gln Gly
 1 5 10 15

 Pro Xaa Gly Pro Xaa Gly Lys Met Gly Pro Lys Gly Glu Xaa Gly Asp
 20 25 30

 Xaa

 <210> 28
 <211> 45
 <212> PRT
 <213> Artificial Sequence

 <220>
 <223> Synthetic peptide

 <220>
 <221> MISC_FEATURE
 <222> (3)..(45)
 <223> wherein X at positions 3, 6, 9, 27, 30, 36, 42, 45 represents hydroxyproline

<400> 28

Gly Cys Xaa Gly Leu Xaa Gly Ala Xaa Gly Asp Lys Gly Glu Ala Gly
 1 5 10 15

Thr Asn Gly Lys Arg Gly Glu Arg Gly Pro Xaa Gly Pro Xaa Gly Lys
 20 25 30

Ala Gly Pro Xaa Gly Pro Asn Gly Ala Xaa Gly Glu Xaa
 35 40 45

<210> 29

<211> 24

<212> PRT

<213> Artificial Sequence

<220>

<223> Synthetic peptide

<400> 29

Leu Gln Arg Ala Leu Glu Ile Leu Pro Asn Arg Val Thr Ile Lys Ala
 1 5 10 15

Asn Arg Pro Phe Leu Val Phe Ile
 20

<210> 30

<211> 559

<212> DNA

<213> Homo sapien

<400> 30

atgaggctgc tgacctctct gggccttctg tgtggctcgg tggccacccc cttgggcccg 60
 aagtggcctg aacctgtgtt cgggcgcctg gcatcccccg gctttccagg ggagtatgcc 120
 aatgaccagg agcggcgctg gacctgact gcaccccccg gctaccgcct gcgcctctac 180
 ttacccact tcgacctgga gctctccac ctctgcgagt acgacttcgt caagctgagc 240
 tcggggggcca aggtgctggc cagcctgtgc gggcaggaga gcacagacac ggagcggggc 300

cctggcaagg acattttcta ctgcctgggc tccagcctgg acattacctt ccgctccgac 360
 tactccaacg agaagcgtt caggggttc gaggccttct atgcagccga ggacattgac 420
 gagtgccagg tggccccggg agaggcggcc acctgcgacc accactgccca caaccacctg 480
 ggcggtttct actgctcctg ccgcgcaggc tacgtcctgc accgtaacaa gcgcacctgc 540
 tcagccctgt gctccgggc 559

<210> 31

<211> 34

<212> DNA

<213> Artificial Sequence

<220>

<223> Synthetic oligo

<400> 31

cgggcacacc atgaggctgc tgacctctct gggc 34

<210> 32

<211> 33

<212> DNA

<213> Artificial Sequence

<220>

<223> Synthetic oligo

<400> 32

gacattacct tccgctcoga ctccaacgag aag 33

<210> 33
 <211> 33
 <212> DNA
 <213> Artificial Sequence

 <220>
 <223> Synthetic oligo

 <400> 33
 agcagccctg aatacccaag gccgtatccc aaa 33

 <210> 34
 <211> 26
 <212> DNA
 <213> Artificial Sequence

 <220>
 <223> Synthetic oligo

 <400> 34
 cgggatccat gaggtgctg accctc 26

 <210> 35
 <211> 19
 <212> DNA
 <213> Artificial Sequence

 <220>
 <223> Synthetic oligo

 <400> 35
 ggaattccta ggctgcata 19

 <210> 36
 <211> 19
 <212> DNA
 <213> Artificial Sequence

 <220>
 <223> Synthetic oligo

 <400> 36
 ggaattccta cagggcgct 19

 <210> 37
 <211> 19
 <212> DNA
 <213> Artificial Sequence

 <220>
 <223> Synthetic oligo

 <400> 37
 ggaattccta gtagtgat 19

 <210> 38
 <211> 25
 <212> DNA
 <213> Artificial Sequence

 <220>
 <223> Synthetic oligo

<400> 38
tgcggccgct gtaggtgctg tcttt 25

<210> 39
<211> 23
<212> DNA
<213> Artificial Sequence

<220>
<223> Synthetic oligo

<400> 39
ggaattcact cgttattctc gga 23

<210> 40
<211> 17
<212> DNA
<213> Artificial Sequence

<220>
<223> Synthetic oligo

<400> 40 17
tccgagaata acgagtg 17

<210> 41
<211> 29
<212> DNA
<213> Artificial Sequence

<220>
<223> Synthetic oligo

<400> 41
cattgaaagc ttggggtag aagttgtc 29

<210> 42
<211> 27
<212> DNA
<213> Artificial Sequence

<220>
<223> Synthetic oligo

<400> 42
cgcgcccgca gctgctcaga gtgtaga 27

<210> 43
<211> 28
<212> DNA
<213> Artificial Sequence

<220>
<223> Synthetic oligo

<400> 43
cggtaagctt cactggctca gggaaata 28

<210> 44
<211> 37
<212> DNA
<213> Artificial Sequence

<220>

<223> Synthetic oligo

<400> 44

aagaagcttg ccgccaccat ggattggctg tggact 37

<210> 45

<211> 31

<212> DNA

<213> Artificial Sequence

<220>

<223> Synthetic oligo

<400> 45

cgggatcctc aaacttctt gtccaccttg g 31

<210> 46

<211> 36

<212> DNA

<213> Artificial Sequence

<220>

<223> Synthetic oligo

<400> 46

aagaaagctt gccgccacca tgtctcact agctct 36

<210> 47

<211> 26

<212> DNA

<213> Artificial Sequence

<220>

<223> Synthetic oligo

<400> 47

cgggatcctt ctccctctaa cactct 26

<210> 48

<211> 9

<212> PRT

<213> Artificial Sequence

<220>

<223> Synthetic peptide

<400> 48

Glu Pro Lys Ser Cys Asp Lys Thr His

1 5

<210> 49

<211> 4960

<212> DNA

<213> Homo Sapien

<400> 49

```

cgggacgtgg tggcgcatgc ctgtaatccc agctactcgg gaggctgagg caggagaatt 60
gctcgaaccc cggaggcaga ggtttggtgg ctcacacctg taatcccagc actttgcgag 120
gctgaggcag gtgcatcgct ttggctcagg agttcaagac cagcctgggc aacacaggga 180
gacccccatc tctacaaaaa acaaaaaaaa atataaaggg gataaaaaaa aaaaaaagac 240
aagacatgaa tccatgagga cagagtgtgg aagagggaagc agcagcctca aagttctgga 300
agctggaaga acagataaac aggtgtgaaa taactgcctg gaaagcaact tctttttttt 360
tttttttttt ttgagggtgg agtctcactc tgtcgtccag gctggagtgc agtggtgcga 420
tctcgatca ctgcaacctc cgcctcccag gctcaagcaa ttctctgcc tcagcctccc 480

gagtagctgg gattataagt gcgcgctgcc acacctggat gatttttgta ttttagtag 540
agatgggatt tcaccatgtt ggtcaggctg gttcctcaact cccaacctcg tgatccaccc 600
accttgccct cccaaagtgc tgggattaca ggtataagcc accgagccca gccaaaagcg 660
acttctaagc ctgcaaggga atcgggaatt ggtggcacca ggtccttctg acagggttta 720
agaaattagc cagcctgagg ctgggcacgg tggctcacac ctgtaatccc agcactttgg 780
gaggctaagg caggtggatc acctgagggc aggagttaa gaccagcctg accaacatgg 840
agaaacccca tccctaccaa aaataaaaaa ttagccaggt gtggtggtgc tcgcctgtaa 900
tcccagctac ttgggaggct gaggtgggag gattgcttga acacaggaag tagaggctgc 960
agtgcgtat gattgcagca ctgcactgaa gccggggcaa cagaacaaga tccaaaaaaa 1020
agggaggggg gaggggcaga gccaggattt gttccaggc tgttgttacc taggtccgac 1080
tcttgctcc cagagcagcc tgtcctgcct gcctggaact ctgagcaggc tggagtcatg 1140
gagtcgattc ccagaaatcc agagtcaggg aggtgggggg caggggcagg tcaactggaca 1200
aacagatcaa aggtgagacc agcgtagggc tgcagaccag gccaggccag ctggacgggc 1260
acaccatgag gtaggtgggc gccacagcc tccctgcagg gtgtgggggt ggagcacagg 1320
cctgggccct caccgccctt gccttgccca taggctgctg accctcctgg gccttctgtg 1380
tggctcgggt gccaccccct tggggccgaa gtggcctgaa cctgtgttcg ggcgcctggc 1440
atccccggc tttccagggg agtatgccaa tgaccaggag cggcgctgga ccctgactgc 1500
acccccggc taccgcctgt gcctctactt caccacttc gacctggagc tctcccact 1560
ctgcgagtac gacttcgtca aggtgccgtc aggacgggag ggctgggggt tctcagggtc 1620
gggggggtccc caaggagtag ccagggttca gggacacctg ggagcagggg ccaggcttgg 1680
ccaggaggga gatcaggcct gggctctgcc ttcactccct gtgacacctg accccacagc 1740
tgagctcggg ggccaagggt ctggccacgc tgtgcgggca ggagagcaca gacacggagc 1800
ggggcccttg caaggacact ttctactcgc tgggctccag cctggacatt accttccgct 1860
ccgactactc caacgagaag ccgttcacgg ggttcgaggc cttctatgca gccgagggtg 1920
agccaagagg ggtcctgcaa catctcagtc tgcgcagctg gctgtggggg taactctgtc 1980
ttaggccagg cagccctgcc ttcagtttcc ccaccttcc cagggcaggg gagaggctc 2040
tggcctgaca tcatcccaa tgcaaagacc aaaacagccg tgacctccat tcacatgggc 2100
tgagtgccaa ctctgagcca gggatctgag gacagcatcg cctcaagtga cgcagggact 2160
ggccgggctc agcagctcac gcctgtaatt ccagcacttt gggaggccga ggctggctga 2220
tcatttgagg tcaggagtgc aaggccagcc agggcaacac ggtgaaactc tatctccact 2280
aaaaactaca aaattagctg ggcgtgggtg tgcgcacctg gaatcccagc tactagggag 2340
gctgaggcag gagaattgct tgaacctgcg aggtggaggc tgcagtgaac agagattgca 2400

```

```

ccactacact ccagcctggg cgacagagct agactccgtc tcaaaaaaca aaaaacaaaa 2460
acgacgcagg gggcgagggc cccatttaca gctgacaaag tggggccctg ccagcgggag 2520
cgctgccagg atgttttgatt tcagatccca gtccctgcag agaccaactg tgtgacctct 2580
ggcaagtggc tcaatttctc tgctccttag gaagctgctg caagggttca gcgctgtagc 2640
ccccccccct gggtttgatt gactcccctc attagctggg tgacctcggg ccggacactg 2700
aaactccac tggtttaaca gaggtgatgt ttgcatcttt ctcccagcgc tgcctgggagc 2760
ttgcagcgac cctaggcctg taagtgatgt gggccggcac cagtcccga cctagacag 2820
gacgaggcct cctctgaggt ccactctgag gtcatggatc tcctgggagg agtccaggct 2880
ggatccccgc tctttccctc ctgacggcct gcctggccct gcctctcccc cagacattga 2940
cgagtgcag gtggccccgg gagaggcgcc cactgcgac caccactgcc acaaccacct 3000
gggcggttct tactgctcct gccgcgcagg ctacgtcctg caccgtaaca agcgcacctg 3060
ctcagccctg tgcctcggcc aggtcttcac ccagaggtct ggggagctca gcagccctga 3120
ataccacagg ccgtatccca aactctccag ttgcacttac agcatcagcc tggaggaggg 3180
gttcagtgtc attctggact ttgtggagtc cttcgatgtg gagacacacc ctgaaaccct 3240
gtgtccctac gactttctca agattcaaac agacagagaa gaacatggcc cattctgtgg 3300
gaagacattg cccacagga ttgaaacaaa aagcaacacg gtgacctca cttttgtcac 3360
agatgaatca ggagaccaca caggctggaa gatccactac acgagcacag cgcacgcttg 3420
cccttatccg atggcgccac ctaatggcca cgtttcacct gtgcaagcca aatacatcct 3480
gaaagacagc tcttccatct ttgctgagac tggctatgag cttctgcaag gtcacttgcc 3540
cctgaaatcc tttactgcag ttgtcgagaa agatggatct tgggaccggc caatgccgc 3600
gtgcagcatt gttgactgtg gccctcctga tgatctaccc agtggccgag tggagtacat 3660
cacaggcct ggagtgacca cctacaaagc tgtgattcag tacagctgtg aagagacctt 3720
ctacacaatg aaagtgaatg atggtaaata tgtgtgtgag gctgatggat tctggacgag 3780
ctccaaagga gaaaatcac tcccagtctg tgagcctgtt tgtggactat cagccgcac 3840
aacaggaggg cgtatatatg gagggcaaaa ggcaaacct ggtgattttc cttggcaagt 3900
cctgatatta ggtggaacca cagcagcagg tgcactttta tatgacaact gggtcctaac 3960
agctgctcat gccgtctatg agcaaaaaca tgatgcaccc gccctggaca ttcgaatggg 4020
cacctgaaa agactatcac ctattatac acaagcctgg tctgaagctg tttttataca 4080
tgaaggttat actcatgatg ctggctttga caatgacata gcactgatta aattgaataa 4140
caaagttgta atcaatagca acatcacgcc tatttgtctg ccaagaaaag aagctgaatc 4200
ctttatgagg acagatgaca ttggaactgc atctggatgg ggattaaccc aaaggggttt 4260

tcttctaga aatctaattg atgtcgacat accgattggt gaccatcaaa aatgtactgc 4320
tgcatatgaa aagccaccct atccaagggg aagtgtact gctaacatgc tttgtgctgg 4380
cttagaaagt gggggcaagg acagctgcag aggtgacagc ggaggggcac tgggttttct 4440
agatagttaa acagagaggt ggtttgtggg aggaatagtg tcctgggggt ccatgaattg 4500
tggggaagca ggtcagtatg gagtctacac aaaagttatt aactatattc cctggatcga 4560
gaacataatt agtgattttt aacttgcgtg tctgcagtca aggattcttc atttttagaa 4620
atgcctgtga agaccttggc agcgacgtgg ctcgagaagc attcatcatt actgtggaca 4680
tggcagttgt tgctccacc aaaaaaacag actccagggt aggtgctgtg catttctcca 4740
cttgccagtt taattccagc cttaccatt gactcaaggg gacataaacc acgagagtga 4800
cagtcattct tgcccacca gtgtaatgtc actgctcaaa ttacatttca ttaccttaaa 4860
aagccagtct cttttcatac tggctgttgg catttctgta aactgcctgt ccatgctctt 4920
tgtttttaa cttgttctta ttgaaaaaa aaaaaaaaaa 4960

```

<210> 50

<211> 2090

<212> DNA

<213> Murine MASP-2 CDS

<220>

<221> CDS

<222> (33)..(2090)

<400> 50

ggcgcctggac tgcagagcta tgggtggcaca cc atg agg cta ctc atc ttc ctg	53
Met Arg Leu Leu Ile Phe Leu	
1 5	
ggt ctg ctg tgg agt ttg gtg gcc aca ctt ctg ggt tca aag tgg cct	101
Gly Leu Leu Trp Ser Leu Val Ala Thr Leu Leu Gly Ser Lys Trp Pro	
10 15 20	
gaa cct gta ttc ggg cgc ctg gtg tcc cct ggc ttc cca gag aag tat	149
Glu Pro Val Phe Gly Arg Leu Val Ser Pro Gly Phe Pro Glu Lys Tyr	
25 30 35	
gct gac cat caa gat cga tcc tgg aca ctg act gca ccc cct ggc tac	197
Ala Asp His Gln Asp Arg Ser Trp Thr Leu Thr Ala Pro Pro Gly Tyr	
40 45 50 55	
cgc ctg cgc ctc tac ttc acc cac ttt gac ctg gaa ctc tct tac cgc	245
Arg Leu Arg Leu Phe Thr His Phe Asp Leu Glu Leu Ser Tyr Arg	
60 65 70	
tgc gag tat gac ttt gtc aag ttg agc tca ggg acc aag gtg ctg gcc	293
Cys Glu Tyr Phe Val Lys Leu Ser Thr Gly Thr Lys Val Leu Ala	
75 80 85	
aca ctg tgt ggg cag gag agt aca gac act gag cag gca cct ggc aat	341
Thr Leu Cys Gly Gln Glu Ser Thr Asp Thr Glu Gln Ala Pro Gly Asn	
90 95 100	
gac acc ttc tac tca ctg ggt ccc agc cta aag gtc acc ttc cac tcc	389
Asp Thr Phe Tyr Ser Leu Gly Pro Ser Leu Lys Val Thr Phe His Ser	
105 110 115	
gac tac tcc aat gag aag ccg ttc aca ggg ttt gag gcc ttc tat gca	437
Asp Tyr Ser Asn Glu Lys Pro Phe Thr Gly Phe Glu Ala Phe Tyr Ala	
120 125 130 135	
gcg gag gat gtg gat gaa tgc aga gtg tct ctg gga gac tca gtc cct	485
Ala Glu Asp Val Asp Glu Cys Arg Val Ser Leu Gly Asp Ser Val Pro	
140 145 150	
tgt gac cat tat tgc cac aac tac ttg ggc ggc tac tat tgc tcc tgc	533
Cys Asp His Tyr Cys His Asn Tyr Leu Gly Gly Tyr Tyr Cys Ser Cys	
155 160 165	
aga gcg ggc tac att ctc cac cag aac aag cac acg tgc tca gcc ctt	581
Arg Ala Gly Tyr Ile Leu His Gln Asn Lys His Thr Cys Ser Ala Leu	
170 175 180	
tgt tca ggc cag gtg ttc aca gga aga tct ggg tat ctc agt agc cct	629
Cys Ser Gly Gln Val Phe Thr Gly Arg Ser Gly Tyr Leu Ser Ser Pro	
185 190 195	
gag tac ccg cag cca tac ccc aag ctc tcc agc tgc acc tac agc atc	677
Glu Tyr Pro Gln Pro Tyr Pro Lys Leu Ser Ser Cys Thr Tyr Ser Ile	
200 205 210 215	
cgc ctg gag gac ggc ttc agt gtc atc ctg gac ttc gtg gag tcc ttc	725
Arg Leu Glu Asp Gly Phe Ser Val Ile Leu Asp Phe Val Glu Ser Phe	
220 225 230	
gat gtg gag acg cac cct gaa gcc cag tgc ccc tat gac tcc ctc aag	773
Asp Val Glu Thr His Pro Glu Ala Gln Cys Pro Tyr Asp Ser Leu Lys	
235 240 245	
att caa aca gac aag ggg gaa cac ggc cca ttt tgt ggg aag acg ctg	821
Ile Gln Thr Asp Lys Gly Glu His Gly Pro Phe Cys Gly Lys Thr Leu	
250 255 260	
cct ccc agg att gaa act gac agc cac aag gtg acc atc acc ttt gcc	869
Pro Pro Arg Ile Glu Thr Asp Ser His Lys Val Thr Ile Thr Phe Ala	
265 270 275	
act gac gag tcg ggg aac cac aca ggc tgg aag ata cac tac aca agc	917
Thr Asp Glu Ser Gly Asn His Thr Gly Trp Lys Ile His Tyr Thr Ser	
280 285 290 295	
aca gca cgg ccc tgc cct gat cca acg gcg cca cct aat ggc agc att	965
Thr Ala Arg Pro Cys Pro Asp Pro Thr Ala Pro Pro Asn Gly Ser Ile	
300 305 310	
tca cct gtg caa gcc acg tat gtg ctg aag gac agg ttt tct gtc ttc	1013
Ser Pro Val Gln Ala Thr Tyr Val Leu Lys Asp Arg Phe Ser Val Phe	
315 320 325	
tgc aag aca ggc ttc gag ctt ctg caa ggt tct gtc ccc ctg aaa tca	1061
Cys Lys Thr Gly Phe Glu Leu Leu Gln Gly Ser Val Pro Leu Lys Ser	
330 335 340	
ttc act gct gtc tgt cag aaa gat gga tct tgg gac cgg ccg atg cca	1109
Phe Thr Ala Val Cys Gln Lys Asp Gly Ser Trp Asp Arg Pro Met Pro	

345	350	355	
gag tgc agc att att gat tgt ggc cct ccc gat gac cta ccc aat ggc Glu Cys Ser Ile Ile Asp Cys Gly Pro Pro Asp Asp Leu Pro Asn Gly 360 365 375			1157
cat gtg gac tat atc aca ggc cct caa gtg act acc tac aaa gct gtg His Val Asp Tyr Ile Thr Gly Pro Gln Val Thr Thr Tyr Lys Ala Val 380 385 390			1205
att cag tac agc tgt gaa gag act ttc tac aca atg agc agc aat ggt Ile Gln Tyr Ser Cys Glu Glu Thr Phe Tyr Thr Met Ser Ser Asn Gly 395 400 405			1253
aaa tat gtg tgt gag gct gat gga ttc tgg acg agc tcc aaa gga gaa Lys Tyr Val Cys Glu Ala Asp Gly Phe Trp Thr Ser Ser Lys Gly Glu 410 415 420			1301
aaa ctg ccc ccg gtt tgt gag cct gtt tgt ggg ctg tcc aca cac act Lys Leu Pro Pro Val Cys Glu Pro Val Cys Gly Leu Ser Thr His Thr 425 430 435			1349
ata gga gga cgc ata gtt gga ggg cag cct gca aag cct ggt gac ttt Ile Gly Gly Arg Ile Val Gly Gly Gln Pro Ala Lys Pro Gly Asp Phe 440 445 450 455			1397
cct tgg caa gtc ttg ttg ctg ggt caa act aca gca gca gca ggt gca Pro Trp Gln Val Leu Leu Leu Gly Gln Thr Thr Ala Ala Ala Thr Ala 460 465 470			1445
ctt ata cat gac aat tgg gtc cta aca gcc gct cat gct gta tat gag Leu Ile His Asp Asn Trp Val Leu Thr Ala Ala His Ala Val Tyr Glu 475 480 485			1493
aaa aga atg gca gcg tcc tcc ctg aac atc cga atg ggc atc ctg aaa Lys Arg Met Ala Ala Ser Ser Leu Asn Ile Arg Met Gly Ile Leu Lys 490 495 500			1541
agg ctg tca cct cat tac act caa gcc tgg ccc gag gaa atc ttt ata Arg Leu Ser Pro His Tyr Thr Gln Ala Trp Pro Glu Glu Ile Phe Ile 505 510 515			1589
cat gaa ggc tac act cac ggt gct ggt ttt gac aat gat ata gca ttg His Glu Gly Tyr Thr His Gly Ala Gly Phe Asp Asn Asp Ile Ala Leu 520 525 530 535			1637
att aaa ctg aag aac aaa gtc aca atc aac gga agc atc atg cct gtt Ile Lys Leu Lys Asn Lys Val Thr Ile Asn Gly Ser Ile Met Pro Val 540 545 550			1685
tgc cta ccg cga aaa gaa gct gca tcc tta atg aga aca gac ttc act Cys Leu Pro Arg Lys Glu Ala Ala Ser Leu Met Arg Thr Asp Phe Thr 555 560 565			1733
gga act gtg gct ggc tgg ggg tta acc cag aag ggg ctt ctt gct aga Gly Thr Val Ala Gly Trp Gly Leu Thr Gln Lys Gly Leu Leu Ala Arg 570 575 580			1781
aac cta atg ttt gtg gac ata cca att gct gac cac caa aaa tgt acc Asn Leu Met Phe Val Asp Ile Pro Ile Ala Asp His Gln Lys Cys Thr 585 590 595			1829
acc gtg tat gaa aag ctg tat cca gga gta aga gta agc gct aac atg			1877
Thr Val Tyr Glu Lys Leu Tyr Pro Gly Val Arg Val Ser Ala Asn Met 600 605 610 615			
ctc tgt gct ggc tta gag act ggt ggc aag gac agc tgc aga ggt gac Leu Cys Ala Gly Leu Glu Thr Gly Gly Lys Asp Ser Cys Arg Gly Asp 620 625 630			1925
agt ggg ggg gca tta gtg ttt cta gat aat gag aca cag cga tgg ttt Ser Gly Gly Ala Leu Val Phe Leu Asp Asn Glu Thr Gln Arg Trp Phe 635 640 645			1973
gtg gga gga ata gtt tcc tgg ggt tcc att aat tgt ggg gcg gca ggc Val Gly Gly Ile Val Ser Trp Gly Ser Ile Asn Cys Gly Ala Ala Gly 650 655 660			2021
cag tat ggg gtc tac aca aaa gtc atc aac tat att ccc tgg aat gag Gln Tyr Gly Val Tyr Thr Lys Val Ile Asn Tyr Ile Pro Trp Asn Glu 665 670 675			2069
aac ata ata agt aat ttc taa Asn Ile Ile Ser Asn Phe 680 685			2090

<210> 51

<211> 685

<212> PRT

<213> Murine MASP-2 CDS

<400> 51

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

Val Thr Thr Tyr Lys Ala Val Ile Gln Tyr Ser Cys Glu Glu Thr Phe
 385 390 395 400
 Tyr Thr Met Ser Ser Asn Gly Lys Tyr Val Cys Glu Ala Asp Gly Phe
 405 410 415
 Trp Thr Ser Ser Lys Gly Glu Lys Leu Pro Pro Val Cys Glu Pro Val
 420 425 430
 Cys Gly Leu Ser Thr His Thr Ile Gly Gly Arg Ile Val Gly Gly Gln
 435 440 445
 Pro Ala Lys Pro Gly Asp Phe Pro Trp Gln Val Leu Leu Leu Gly Gln
 450 455 460
 Thr Thr Ala Ala Ala Gly Ala Leu Ile His Asp Asn Trp Val Leu Thr
 465 470 475 480
 Ala Ala His Ala Val Tyr Glu Lys Arg Met Ala Ala Ser Ser Leu Asn
 485 490 495
 Ile Arg Met Gly Ile Leu Lys Arg Leu Ser Pro His Tyr Thr Gln Ala
 500 505 510
 Trp Pro Glu Glu Ile Phe Ile His Glu Gly Tyr Thr His Gly Ala Gly
 515 520 525
 Phe Asp Asn Asp Ile Ala Leu Ile Lys Leu Lys Asn Lys Val Thr Ile
 530 535 540
 Asn Gly Ser Ile Met Pro Val Cys Leu Pro Arg Lys Glu Ala Ala Ser
 545 550 555 560
 Leu Met Arg Thr Asp Phe Thr Gly Thr Val Ala Gly Trp Gly Leu Thr
 565 570 575
 Gln Lys Gly Leu Leu Ala Arg Asn Leu Met Phe Val Asp Ile Pro Ile
 580 585 590
 Ala Asp His Gln Lys Cys Thr Thr Val Tyr Glu Lys Leu Tyr Pro Gly
 595 600 605
 Val Arg Val Ser Ala Asn Met Leu Cys Ala Gly Leu Glu Thr Gly Gly
 610 615 620
 Lys Asp Ser Cys Arg Gly Asp Ser Gly Gly Ala Leu Val Phe Leu Asp
 625 630 635 640
 Asn Glu Thr Gln Arg Trp Phe Val Gly Gly Ile Val Ser Trp Gly Ser
 645 650 655
 Ile Asn Cys Gly Ala Ala Gly Gln Tyr Gly Val Tyr Thr Lys Val Ile
 660 665 670
 Asn Tyr Ile Pro Trp Asn Glu Asn Ile Ile Ser Asn Phe
 675 680 685

<210> 52

<211> 670

<212> PRT

<213> Murine MASP-2 mature protein

<400> 52

Thr Leu Leu Gly Ser Lys Trp Pro Glu Pro Val Phe Gly Arg Leu Val
 1 5 10 15
 Ser Pro Gly Phe Pro Glu Lys Tyr Ala Asp His Gln Asp Arg Ser Trp
 20 25 30
 Thr Leu Thr Ala Pro Pro Gly Tyr Arg Leu Arg Leu Tyr Phe Thr His
 35 40 45
 Phe Asp Leu Glu Leu Ser Tyr Arg Cys Glu Tyr Asp Phe Val Lys Leu
 50 55 60
 Ser Ser Gly Thr Lys Val Leu Ala Thr Leu Cys Gly Gln Glu Ser Thr
 65 70 75 80
 Asp Thr Glu Gln Ala Pro Gly Asn Asp Thr Phe Tyr Ser Leu Gly Pro
 85 90 95
 Ser Leu Lys Val Thr Phe His Ser Asp Tyr Ser Asn Glu Lys Pro Phe
 100 105 110
 Thr Gly Phe Glu Ala Phe Tyr Ala Ala Glu Asp Val Asp Glu Cys Arg
 115 120 125
 Val Ser Leu Gly Asp Ser Val Pro Cys Asp His Tyr Cys His Asn Tyr
 130 135 140
 Leu Gly Gly Tyr Tyr Cys Ser Cys Arg Ala Gly Tyr Ile Leu His Gln
 145 150 155 160
 Asn Lys His Thr Cys Ser Ala Leu Cys Ser Gly Gln Val Phe Thr Gly
 165 170 175
 Arg Ser Gly Tyr Leu Ser Ser Pro Glu Tyr Pro Gln Pro Tyr Pro Lys
 180 185 190
 Leu Ser Ser Cys Thr Tyr Ser Ile Arg Leu Glu Asp Gly Phe Ser Val
 195 200 205
 Ile Leu Asp Phe Val Glu Ser Phe Asp Val Glu Thr His Pro Glu Ala
 210 215 220
 Gln Cys Pro Tyr Asp Ser Leu Lys Ile Gln Thr Asp Lys Gly Glu His
 225 230 235 240
 Gly Pro Phe Cys Gly Lys Thr Leu Pro Pro Arg Ile Glu Thr Asp Ser
 245 250 255
 His Lys Val Thr Ile Thr Phe Ala Thr Asp Glu Ser Gly Asn His Thr
 260 265 270
 Gly Trp Lys Ile His Tyr Thr Ser Thr Ala Arg Pro Cys Pro Asp Pro
 275 280 285
 Thr Ala Pro Pro Asn Gly Ser Ile Ser Pro Val Gln Ala Thr Tyr Val
 290 295 300
 Leu Lys Asp Arg Phe Ser Val Phe Cys Lys Thr Gly Phe Glu Leu Leu
 305 310 315 320
 Gln Gly Ser Val Pro Leu Lys Ser Phe Thr Ala Val Cys Gln Lys Asp
 325 330 335
 Gly Ser Trp Asp Arg Pro Met Pro Glu Cys Ser Ile Ile Asp Cys Gly
 340 345 350
 Pro Pro Asp Asp Leu Pro Asn Gly His Val Asp Tyr Ile Thr Gly Pro
 355 360 365
 Gln Val Thr Thr Tyr Lys Ala Val Ile Gln Tyr Ser Cys Glu Glu Thr
 370 375 380
 Phe Tyr Thr Met Ser Ser Asn Gly Lys Tyr Val Cys Glu Ala Asp Gly
 385 390 395 400
 Phe Trp Thr Ser Ser Lys Gly Glu Lys Leu Pro Pro Val Cys Glu Pro
 405 410 415
 Val Cys Gly Leu Ser Thr His Thr Ile Gly Gly Arg Ile Val Gly Gly
 420 425 430 435

420 425 430
 Gln Pro Ala Lys Pro Gly Asp Phe Pro Trp Gln Val Leu Leu Leu Gly
 435 440 445
 Gln Thr Thr Ala Ala Ala Gly Ala Leu Ile His Asp Asn Trp Val Leu
 450 455 460
 Thr Ala Ala His Ala Val Tyr Glu Lys Arg Met Ala Ala Ser Ser Leu
 465 470 475 480
 Asn Ile Arg Met Gly Ile Leu Lys Arg Leu Ser Pro His Tyr Thr Gln
 485 490 495
 Ala Trp Pro Glu Glu Ile Phe Ile His Glu Gly Tyr Thr His Gly Ala
 500 505 510
 Gly Phe Asp Asn Asp Ile Ala Leu Ile Lys Leu Lys Asn Lys Val Thr
 515 520 525
 Ile Asn Gly Ser Ile Met Pro Val Cys Leu Pro Arg Lys Glu Ala Ala
 530 535 540
 Ser Leu Met Arg Thr Asp Phe Thr Gly Thr Val Ala Gly Trp Gly Leu
 545 550 555 560
 Thr Gln Lys Gly Leu Leu Ala Arg Asn Leu Met Phe Val Asp Ile Pro
 565 570 575
 Ile Ala Asp His Gln Lys Cys Thr Thr Val Tyr Glu Lys Leu Tyr Pro
 580 585 590
 Gly Val Arg Val Ser Ala Asn Met Leu Cys Ala Gly Leu Glu Thr Gly
 595 600 605
 Gly Lys Asp Ser Cys Arg Gly Asp Ser Gly Gly Ala Leu Val Phe Leu
 610 615 620
 Asp Asn Glu Thr Gln Arg Trp Phe Val Gly Gly Ile Val Ser Trp Gly
 625 630 635 640
 Ser Ile Asn Cys Gly Ala Ala Gly Gln Tyr Gly Val Tyr Thr Lys Val
 645 650 655
 Ile Asn Tyr Ile Pro Trp Asn Glu Asn Ile Ile Ser Asn Phe
 660 665 670

<210> 53

<211> 2091

<212> DNA

<213> Rat MASP-2 CDS

<220>

<221> CDS

<222> (10)..(2067)

<400> 53

tggcacaca atg agg cta ctg atc gtc ctg ggt ctg ctt tgg agt ttg gtg	51
Met Arg Leu Leu Ile Val Leu Gly Leu Leu Trp Ser Leu Val	
1 5 10	
gcc aca ctt ttg ggc tcc aag tgg cct gag cct gta ttc ggg cgc ctg	99
Ala Thr Leu Leu Gly Ser Lys Trp Pro Glu Pro Val Phe Gly Arg Leu	
15 20 25 30	
gtg tcc ctg gcc ttc cca gag aag tat ggc aac cat cag gat cga tcc	147
Val Ser Leu Ala Phe Pro Glu Lys Tyr Gly Asn His Gln Asp Arg Ser	
35 40 45	
tgg acg ctg act gca ccc cct ggc ttc cgc ctg cgc ctc tac ttc acc	195
Trp Thr Leu Thr Ala Pro Pro Gly Phe Arg Leu Arg Leu Tyr Phe Thr	
50 55 60	
cac ttc aac ctg gaa ctc tct tac cgc tgc gag tat gac ttt gtc aag	243
His Phe Asn Leu Glu Leu Ser Tyr Arg Cys Glu Tyr Asp Phe Val Lys	
65 70 75	
ttg acc tca ggg acc aag gtg cta gcc acg ctg tgt ggg cag gag agt	291
Leu Thr Ser Gly Thr Lys Val Leu Ala Thr Leu Cys Gly Gln Glu Ser	
80 85 90	
aca gat act gag cgg gca cct ggc aat gac acc ttc tac tca ctg ggt	339
Thr Asp Thr Glu Arg Ala Pro Gly Asn Asp Thr Phe Tyr Ser Leu Gly	
95 100 105 110	
ccc agc cta aag gtc acc ttc cac tcc gac tac tcc aat gag aag cca	387
Pro Ser Leu Lys Val Thr Phe His Ser Asp Tyr Ser Asn Glu Lys Pro	
115 120 125	
ttc aca gga ttt gag gcc ttc tat gca gcg gag gat gtg gat gaa tgc	435
Phe Thr Gly Phe Glu Ala Phe Tyr Ala Ala Glu Asp Val Asp Glu Cys	
130 135 140	
aga aca tcc ctg gga gac tca gtc cct tgt gac cat tat tgc cac aac	483
Arg Thr Ser Leu Gly Asp Ser Val Pro Cys Asp His Tyr Cys His Asn	
145 150 155	
tac ctg ggc ggc tac tac tgc tcc tgc cga gtg ggc tac att ctg cac	531
Tyr Leu Gly Gly Tyr Tyr Cys Ser Cys Arg Val Gly Tyr Ile Leu His	
160 165 170	
cag aac aag cat acc tgc tca gcc ctt tgt tca ggc cag gtg ttc act	579
Gln Asn Lys His Thr Cys Ser Ala Leu Cys Ser Gly Gln Val Phe Thr	
175 180 185 190	
ggg agg tct ggc ttt ctc agt agc cct gag tac cca cag cca tac ccc	627
Gly Arg Ser Gly Phe Leu Ser Ser Pro Glu Tyr Pro Gln Pro Tyr Pro	
195 200 205	

aaa ctc tcc agc tgc gcc tac aac atc cgc ctg gag gaa ggc ttc agt Lys Leu Ser Ser Cys Ala Tyr Asn Ile Arg Leu Glu Glu Gly Phe Ser	675
atc acc ctg gac ttc gtg gag tcc ttt gat gtg gag atg cac cct gaa Ile Thr Leu Asp Phe Val Glu Ser Phe Asp Val Glu Met His Pro Glu	723
gcc cag tgc ccc tac gac tcc aag att caa aca gac aag agg gaa Ala Gln Cys Pro Tyr Asp Ser Leu Lys Ile Gln Thr Asp Lys Arg Glu	771
tac ggc ccg ttt tgt ggg aag acg ctg ccc ccc agg att gaa act gac Tyr Gly Pro Phe Cys Gly Lys Thr Leu Pro Pro Arg Ile Glu Thr Asp	819
agc aac aag gtg acc att acc ttt acc acc gac gag tca ggg aac cac Ser Asn Lys Val Thr Ile Thr Phe Thr Thr Asp Glu Ser Gly Asn His	867
aca ggc tgg aag ata cac tac aca agc aca gca cag ccc tgc cct gat Thr Gly Trp Lys Ile His Tyr Thr Ser Thr Ala Gln Pro Cys Pro Asp	915
cca acg gcg cca cct aat ggt cac att tca cct gtg caa gcc acg tat Pro Thr Ala Pro Pro Asn Gly Ile Ser Pro Val Gln Ala Thr Tyr	963
gtc ctg aag gac agc ttt tct gtc ttc tgc aag act ggc ttc gag ctt Val Leu Lys Asp Ser Phe Ser Val Phe Cys Lys Thr Gly Phe Glu Leu	1011
ctg caa ggt tct gtc ccc ctg aag tca ttc act gct gtc tgt cag aaa Leu Gln Gly Ser Val Pro Leu Lys Ser Phe Thr Ala Val Cys Gln Lys	1059
gat gga tct tgg gac ccg ccg ata cca gag tgc agc att att gac tgt Asp Gly Ser Trp Asp Arg Pro Ile Pro Glu Cys Ser Ile Ile Asp Cys	1107
ggc cct ccc gat gac cta ccc aat ggc cac gtg gac tat atc aca ggc Gly Pro Pro Asp Asp Leu Pro Asn Gly His Val Asp Tyr Ile Thr Gly	1155
cct gaa gtg acc acc tac aaa gct gtg att cag tac agc tgt gaa gag Pro Glu Val Thr Thr Tyr Lys Ala Val Ile Gln Tyr Ser Cys Glu Glu	1203
act ttc tac aca atg agc agc aat ggt aaa tat gtg tgt gag gct gat Thr Phe Tyr Thr Met Ser Ser Asn Gly Lys Tyr Val Cys Glu Ala Asp	1251
gga ttc tgg acg agc tcc aaa gga gaa aaa tcc ctc ccg gtt tgc aag Gly Phe Trp Thr Ser Ser Lys Gly Glu Lys Ser Leu Pro Val Cys Lys	1299
cct gtc tgt gga ctg tcc aca cac act tca gga ggc cgt ata att gga Pro Val Cys Gly Leu Ser Thr His Thr Ser Gly Gly Arg Ile Ile Gly	1347
gga cag cct gca aag cct ggt gac ttt cct tgg caa gtc ttg tta ctg Gly Gln Pro Ala Lys Pro Gly Asp Phe Pro Trp Gln Val Leu Leu Leu	1395

```

ggt gaa act aca gca gca ggt gct ctt ata cat gac gac tgg gtc cta 1443
Gly Glu Thr Thr Ala Ala Gly Ala Leu Ile His Asp Asp Trp Val Leu
465 470 475

aca gcg gct cat gct gta tat ggg aaa aca gag gcg atg tcc tcc ctg 1491
Thr Ala Ala His Ala Val Tyr Gly Lys Thr Glu Ala Met Ser Ser Leu
480 485 490

gac atc cgc atg ggc atc ctc aaa agg ctc tcc ctc att tac act caa 1539
Asp Ile Arg Met Gly Ile Leu Lys Arg Leu Ser Leu Ile Tyr Thr Gln
495 500 505

gcc tgg cca gag gct gtc ttt atc cat gaa ggc tac act cac gga gct 1587
Ala Trp Pro Glu Ala Val Phe Ile His Glu Gly Tyr Thr His Gly Ala
515 520 525

ggt ttt gac aat gat ata gca ctg att aaa ctc aag aac aaa gtc aca 1635
Gly Phe Asp Asn Asp Ile Ala Leu Ile Lys Leu Lys Asn Lys Val Thr
530 535 540

atc aac aga aac atc atg ccg att tgt cta cca aga aaa gaa gct gca 1683
Ile Asn Arg Asn Ile Met Pro Ile Cys Leu Pro Arg Lys Glu Ala Ala
545 550 555

tcc tta atg aaa aca gac ttc gtt gga act gtg gct ggc tgg ggg tta 1731
Ser Leu Met Lys Thr Asp Phe Val Gly Thr Val Ala Gly Trp Gly Leu
560 565 570

acc cag aag ggg ttt ctt gct aga aac cta atg ttt gtg gac ata cca 1779
Thr Gln Lys Gly Phe Leu Ala Arg Asn Leu Met Phe Val Asp Ile Pro
575 580 585

att gtt gac cac caa aaa tgt gct act gcg tat aca aag cag ccc tac 1827
Ile Val Asp His Gln Lys Cys Ala Thr Ala Tyr Thr Lys Gln Pro Tyr
595 600 605

cca gga gca aaa gtg act gtt aac atg ctc tgt gct ggc cta gac cgc 1875
Pro Gly Ala Lys Val Thr Val Asn Met Leu Cys Ala Gly Leu Asp Arg
610 615 620

ggt ggc aag gac agc tgc aga ggt gac agc gga ggg gca tta gtg ttt 1923
Gly Gly Lys Asp Ser Cys Arg Gly Asp Ser Gly Gly Ala Leu Val Phe
625 630 635

cta gac aat gaa aca cag aga tgg ttt gtg gga gga ata gtt tcc tgg 1971
Leu Asp Asn Glu Thr Gln Arg Trp Phe Val Gly Gly Ile Val Ser Trp
640 645 650

ggt tct att aac tgt ggg ggg tca gaa cag tat ggg gtc tac acg aaa 2019
Gly Ser Ile Asn Cys Gly Gly Ser Glu Gln Tyr Gly Val Tyr Thr Lys
655 660 665

gtc acg aac tat att ccc tgg att gag aac ata ata aat aat ttc taa 2067
Val Thr Asn Tyr Ile Pro Trp Ile Glu Asn Ile Ile Asn Asn Phe
675 680 685

tttgcaaaaa aaaaaaaaaa aaaa 2091

```

<210> 54

<211> 685

<212> PRT

<213> Rat MASP-2 CDS

<400> 54

Met Arg Leu Leu Ile Val Leu Gly Leu Leu Trp Ser Leu Val Ala Thr
 1 5 10 15
 Leu Leu Gly Ser Lys Trp Pro Glu Pro Val Phe Gly Arg Leu Val Ser
 20 25 30
 Leu Ala Phe Pro Glu Lys Tyr Gly Asn His Gln Asp Arg Ser Trp Thr
 35 40 45
 Leu Thr Ala Pro Pro Gly Phe Arg Leu Arg Leu Tyr Phe Thr His Phe
 50 55 60
 Asn Leu Glu Leu Ser Tyr Arg Cys Glu Tyr Asp Phe Val Lys Leu Thr
 65 70 75 80
 Ser Gly Thr Lys Val Leu Ala Thr Leu Cys Gly Gln Glu Ser Thr Asp
 85 90 95
 Thr Glu Arg Ala Pro Gly Asn Asp Thr Phe Tyr Ser Leu Gly Pro Ser
 100 105 110
 Leu Lys Val Thr Phe His Ser Asp Tyr Ser Asn Glu Lys Pro Phe Thr
 115 120 125
 Gly Phe Glu Ala Phe Tyr Ala Ala Glu Asp Val Asp Glu Cys Arg Thr
 130 135 140
 Ser Leu Gly Asp Ser Val Pro Cys Asp His Tyr Cys His Asn Tyr Leu
 145 150 155 160
 Gly Gly Tyr Tyr Cys Ser Cys Arg Val Gly Tyr Ile Leu His Gln Asn
 165 170 175
 Lys His Thr Cys Ser Ala Leu Cys Ser Gly Gln Val Phe Thr Gly Arg
 180 185 190
 Ser Gly Phe Leu Ser Ser Pro Glu Tyr Pro Gln Pro Tyr Pro Lys Leu
 195 200 205
 Ser Ser Cys Ala Tyr Asn Ile Arg Leu Glu Glu Gly Phe Ser Ile Thr
 210 215 220
 Leu Asp Phe Val Glu Ser Phe Asp Val Glu Met His Pro Glu Ala Gln
 225 230 235 240

Cys Pro Tyr Asp Ser₂₄₅ Leu Lys Ile Gln Thr₂₅₀ Asp Lys Arg Glu Tyr₂₅₅ Gly
 Pro Phe Cys Gly₂₆₀ Lys Thr Leu Pro Pro₂₆₅ Arg Ile Glu Thr Asp₂₇₀ Ser Asn
 Lys Val Thr₂₇₅ Ile Thr Phe Thr Thr₂₈₀ Asp Glu Ser Gly Asn₂₈₅ His Thr Gly
 Trp Lys₂₉₀ Ile His Tyr Thr Ser₂₉₅ Thr Ala Gln Pro Cys₃₀₀ Pro Asp Pro Thr
 Ala₃₀₅ Pro Pro Asn Gly His₃₁₀ Ile Ser Pro Val Gln₃₁₅ Ala Thr Tyr Val Leu₃₂₀
 Lys Asp Ser Phe Ser₃₂₅ Val Phe Cys Lys Thr₃₃₀ Gly Phe Glu Leu Leu₃₃₅ Gln
 Gly Ser Val Pro₃₄₀ Leu Lys Ser Phe Thr₃₄₅ Ala Val Cys Gln Lys₃₅₀ Asp Gly
 Ser Trp Asp₃₅₅ Arg Pro Ile Pro Glu₃₆₀ Cys Ser Ile Ile Asp₃₆₅ Cys Gly Pro
 Pro Asp₃₇₀ Asp Leu Pro Asn Gly₃₇₅ His Val Asp Tyr Ile₃₈₀ Thr Gly Pro Glu
 Val₃₈₅ Thr Thr Tyr Lys Ala Val Ile Gln Tyr Ser₃₉₅ Cys Glu Glu Thr Phe₄₀₀
 Tyr Thr Met Ser Ser₄₀₅ Asn Gly Lys Tyr Val₄₁₀ Cys Glu Ala Asp Gly₄₁₅ Phe
 Trp Thr Ser Ser₄₂₀ Lys Gly Glu Lys Ser₄₂₅ Leu Pro Val Cys Lys₄₃₀ Pro Val
 Cys Gly Leu Ser Thr His Thr Ser₄₄₀ Gly Gly Arg Ile Ile₄₄₅ Gly Gly Gln
 Pro Ala Lys Pro Gly Asp Phe₄₅₅ Pro Trp Gln Val Leu Leu Leu Gly Glu
 Thr Thr Ala Ala Gly Ala₄₇₀ Leu Ile His Asp Asp₄₇₅ Trp Val Leu Thr Ala₄₈₀
 Ala His Ala Val Tyr₄₈₅ Gly Lys Thr Glu Ala Met Ser Ser Leu Asp Ile₄₉₅

Arg Met Gly Ile Leu Lys Arg Leu Ser Leu Ile Tyr Thr Gln Ala Trp
500 505 510

Pro Glu Ala Val Phe Ile His Glu Gly Tyr Thr His Gly Ala Gly Phe
515 520 525

Asp Asn Asp Ile Ala Leu Ile Lys Leu Lys Asn Lys Val Thr Ile Asn
530 535 540

Arg Asn Ile Met Pro Ile Cys Leu Pro Arg Lys Glu Ala Ala Ser Leu
545 550 555 560

Met Lys Thr Asp Phe Val Gly Thr Val Ala Gly Trp Gly Leu Thr Gln
565 570 575

Lys Gly Phe Leu Ala Arg Asn Leu Met Phe Val Asp Ile Pro Ile Val
580 585 590

Asp His Gln Lys Cys Ala Thr Ala Tyr Thr Lys Gln Pro Tyr Pro Gly
595 600 605

Ala Lys Val Thr Val Asn Met Leu Cys Ala Gly Leu Asp Arg Gly Gly
610 615 620

Lys Asp Ser Cys Arg Gly Asp Ser Gly Gly Ala Leu Val Phe Leu Asp
625 630 635 640

Asn Glu Thr Gln Arg Trp Phe Val Gly Gly Ile Val Ser Trp Gly Ser
645 650 655

Ile Asn Cys Gly Gly Ser Glu Gln Tyr Gly Val Tyr Thr Lys Val Thr
660 665 670

Asn Tyr Ile Pro Trp Ile Glu Asn Ile Ile Asn Asn Phe
675 680 685

<210> 55

<211> 670

<212> PRT

<213> Rat MASP-2 mature protein

<400> 55

Thr Leu Leu Gly Ser Lys Trp Pro Glu Pro Val Phe Gly Arg Leu Val
1 5 10 15

Ser Leu Ala Phe Pro Glu Lys Tyr Gly Asn His Gln Asp Arg Ser Trp
20 25 30

Thr Leu Thr Ala Pro Pro Gly Phe Arg Leu Arg Leu Tyr Phe Thr His
 35 40 45
 Phe Asn Leu Glu Leu Ser Tyr Arg Cys Glu Tyr Asp Phe Val Lys Leu
 50 55 60
 Thr Ser Gly Thr Lys Val Leu Ala Thr Leu Cys Gly Gln Glu Ser Thr
 65 70 75 80
 Asp Thr Glu Arg Ala Pro Gly Asn Asp Thr Phe Tyr Ser Leu Gly Pro
 85 90 95
 Ser Leu Lys Val Thr Phe His Ser Asp Tyr Ser Asn Glu Lys Pro Phe
 100 105 110
 Thr Gly Phe Glu Ala Phe Tyr Ala Ala Glu Asp Val Asp Glu Cys Arg
 115 120 125
 Thr Ser Leu Gly Asp Ser Val Pro Cys Asp His Tyr Cys His Asn Tyr
 130 135 140
 Leu Gly Gly Tyr Tyr Cys Ser Cys Arg Val Gly Tyr Ile Leu His Gln
 145 150 155 160
 Asn Lys His Thr Cys Ser Ala Leu Cys Ser Gly Gln Val Phe Thr Gly
 165 170 175
 Arg Ser Gly Phe Leu Ser Ser Pro Glu Tyr Pro Gln Pro Tyr Pro Lys
 180 185 190
 Leu Ser Ser Cys Ala Tyr Asn Ile Arg Leu Glu Glu Gly Phe Ser Ile
 195 200 205
 Thr Leu Asp Phe Val Glu Ser Phe Asp Val Glu Met His Pro Glu Ala
 210 215 220
 Gln Cys Pro Tyr Asp Ser Leu Lys Ile Gln Thr Asp Lys Arg Glu Tyr
 225 230 235 240
 Gly Pro Phe Cys Gly Lys Thr Leu Pro Pro Arg Ile Glu Thr Asp Ser
 245 250 255
 Asn Lys Val Thr Ile Thr Phe Thr Thr Asp Glu Ser Gly Asn His Thr
 260 265 270
 Gly Trp Lys Ile His Tyr Thr Ser Thr Ala Gln Pro Cys Pro Asp Pro

275 280 285
 Thr Ala Pro Pro Asn Gly His Ile Ser Pro Val Gln Ala Thr Tyr Val
 290 295 300
 Leu Lys Asp Ser Phe Ser Val Phe Cys Lys Thr Gly Phe Glu Leu Leu
 305 310 315 320
 Gln Gly Ser Val Pro Leu Lys Ser Phe Thr Ala Val Cys Gln Lys Asp
 325 330 335
 Gly Ser Trp Asp Arg Pro Ile Pro Glu Cys Ser Ile Ile Asp Cys Gly
 340 345 350
 Pro Pro Asp Asp Leu Pro Asn Gly His Val Asp Tyr Ile Thr Gly Pro
 355 360 365
 Glu Val Thr Thr Tyr Lys Ala Val Ile Gln Tyr Ser Cys Glu Glu Thr
 370 375 380
 Phe Tyr Thr Met Ser Ser Asn Gly Lys Tyr Val Cys Glu Ala Asp Gly
 385 390 395 400
 Phe Trp Thr Ser Ser Lys Gly Glu Lys Ser Leu Pro Val Cys Lys Pro
 405 410 415
 Val Cys Gly Leu Ser Thr His Thr Ser Gly Gly Arg Ile Ile Gly Gly
 420 425 430
 Gln Pro Ala Lys Pro Gly Asp Phe Pro Trp Gln Val Leu Leu Leu Gly
 435 440 445
 Glu Thr Thr Ala Ala Gly Ala Leu Ile His Asp Asp Trp Val Leu Thr
 450 455 460
 Ala Ala His Ala Val Tyr Gly Lys Thr Glu Ala Met Ser Ser Leu Asp
 465 470 475 480
 Ile Arg Met Gly Ile Leu Lys Arg Leu Ser Leu Ile Tyr Thr Gln Ala
 485 490 495
 Trp Pro Glu Ala Val Phe Ile His Glu Gly Tyr Thr His Gly Ala Gly
 500 505 510
 Phe Asp Asn Asp Ile Ala Leu Ile Lys Leu Lys Asn Lys Val Thr Ile
 515 520 525
 Asn Arg Asn Ile Met Pro Ile Cys Leu Pro Arg Lys Glu Ala Ala Ser
 530 535 540
 Leu Met Lys Thr Asp Phe Val Gly Thr Val Ala Gly Trp Gly Leu Thr
 545 550 555 560
 Gln Lys Gly Phe Leu Ala Arg Asn Leu Met Phe Val Asp Ile Pro Ile
 565 570 575
 Val Asp His Gln Lys Cys Ala Thr Ala Tyr Thr Lys Gln Pro Tyr Pro
 580 585 590
 Gly Ala Lys Val Thr Val Asn Met Leu Cys Ala Gly Leu Asp Arg Gly
 595 600 605
 Gly Lys Asp Ser Cys Arg Gly Asp Ser Gly Gly Ala Leu Val Phe Leu
 610 615 620
 Asp Asn Glu Thr Gln Arg Trp Phe Val Gly Gly Ile Val Ser Trp Gly
 625 630 635 640
 Ser Ile Asn Cys Gly Gly Ser Glu Gln Tyr Gly Val Tyr Thr Lys Val
 645 650 655
 Thr Asn Tyr Ile Pro Trp Ile Glu Asn Ile Ile Asn Asn Phe
 660 665 670

<210> 56

<211> 28

<212> DNA

<213> Artificial Sequence

<220>

<223> Homo Sapien MASP-2 PCR primer

<400> 56
atgaggctgc tgacctcct gggccttc 28

<210> 57
<211> 23
<212> DNA
<213> Artificial Sequence

<220>

<223> Homo Sapien MASP-2 PCR primer

<400> 57
gtgccccctcc tgcgtcacct ctg 23

<210> 58
<211> 23
<212> DNA
<213> Artificial Sequence

<220>

<223> Homo Sapien MASP-2 PCR primer

<400> 58
cagaggtgac gcaggagggg cac 23

<210> 59
<211> 27
<212> DNA
<213> Artificial Sequence

<220>

<223> Homo Sapien MASP-2 PCR primer

<400> 59
ttaaatacac taattatgt ctcgatc 27

<210> 60
<211> 22
<212> DNA
<213> Artificial Sequence

<220>

<223> Murine MASP-2 PCR primer

<400> 60
atgaggctac tcattctct gg 22

<210> 61
<211> 23
<212> DNA
<213> Artificial Sequence

<220>

<223> Murine MASP-2 PCR primer

<400> 61
ctgcagaggt gacgcagggg ggg 23

<210> 62

<211> 23
 <212> DNA
 <213> Artificial Sequence

 <220>
 <223> Murine MASP-2 PCR primer

 <400> 62
 cccccctgc gtcacctgt cag 23

 <210> 63
 <211> 29
 <212> DNA
 <213> Artificial Sequence

 <220>
 <223> Murine MASP-2 PCR primer

 <400> 63
 ttagaaatta cttattatgt tctcaatcc 29

 <210> 64
 <211> 29
 <212> DNA
 <213> Artificial Sequence

 <220>
 <223> oligonucleotide from rat MASP-2

 <400> 64
 gaggtgacgc aggaggggca ttagtggtt 29

 <210> 65
 <211> 37
 <212> DNA
 <213> Artificial Sequence

 <220>
 <223> oligonucleotide from rat MASP-2

 <400> 65
 ctagaaacac taatgccct cctgcgtcac ctctgca 37

REFERENCES CITED IN THE DESCRIPTION

This list of references cited by the applicant is for the reader's convenience only. It does not form part of the European patent document. Even though great care has been taken in compiling the references, errors or omissions cannot be excluded and the EPO disclaims all liability in this regard.

Patent documents cited in the description

- [WO2005123128A \[0019\]](#)
- [US6492332B \[0092\]](#)
- [US20040072809A1 \[0201\]](#)
- [WO2004106384A \[0212\] \[0212\]](#)
- [WO9111465A \[0217\]](#)

- [US4816567A \[0218\] \[0224\]](#)
- [US5693762A \[0227\]](#)
- [US4331647A \[0232\]](#)
- [US4946778A \[0234\] \[0235\]](#)
- [US5223409A \[0235\]](#)
- [US5403484A \[0235\]](#)
- [US5571698A \[0235\]](#)
- [US6649592B \[0239\]](#)
- [US5739119A \[0266\]](#)
- [US5759829A \[0266\]](#)
- [US5801154A \[0266\]](#)
- [US5789573A \[0266\]](#)
- [US5718709A \[0266\]](#)
- [US5610288A \[0266\]](#)
- [EP0321201A \[0272\]](#)
- [WO8804300A \[0272\]](#)
- [US5211657A \[0289\]](#)
- [WO2004009664A2 \[0291\]](#)
- [US20020019369A1 \[0291\]](#)
- [US5741516A \[0310\]](#)
- [US5567434A \[0310\]](#)
- [US5552157A \[0310\]](#)
- [US5565213A \[0310\]](#)
- [US5738868A \[0310\]](#)
- [US5796587A \[0310\]](#)
- [WO9523161A \[0314\]](#)
- [US4394370A \[0318\]](#)
- [US4975527A \[0318\]](#)
- [US4526909A \[0319\]](#)
- [US4563488A \[0319\]](#)
- [US6420432B \[0321\]](#)
- [US6645168B \[0321\]](#)
- [WO0107067A2 \[0321\]](#)
- [WO03063799A2 \[0321\]](#)
- [US11645359B \[0528\]](#)
- [US6078887B \[0528\]](#)
- [US60578847B \[0528\]](#)
- [US11150883B \[0528\]](#)

Non-patent literature cited in the description

- **M.K. LISZEWSKI**, **J.P. ATKINSON** Fundamental Immunology Raven Press, Ltd. 1993 0000 [0002]
- **K.R. KALLI et al.** Springer Semin. Immunopathol., 1994, vol. 15, 417-431 [0002]
- **B.P. MORGAN** Eur. J. Clinical Investig., 1994, vol. 24, 219-228 [0002]
- **J. LU et al.** Biochim. Biophys. Acta, 2002, vol. 1572, 387-400 [0006]
- **HOLMSKOV et al.** Annu. Rev. Immunol., 2003, vol. 21, 547-578 [0006]
- **TEH et al.** Immunology, 2000, vol. 101, 225-232 [0006]
- **K. IKEDA et al.** J. Biol. Chem., 1987, vol. 262, 7451-7454 [0006]
- **WEIS, W.I. et al.** Nature, 1992, vol. 360, 127-134 [0006]
- **LEE, R.T. et al.** Archiv. Biochem. Biophys., 1992, vol. 299, 129-136 [0006]
- **MAYNARD, Y. et al.** J. Biol. Chem., 1982, vol. 257, 3788-3794 [0006]
- **LYNCH, N.J. et al.** J. Immunol., 2004, vol. 172, 1198-1202 [0007]
- **KUHLMAN, M. et al.** J. Exp. Med., 1989, vol. 169, 1733- [0007]
- **MATSUSHITA, M. et al.** J. Biol. Chem., 1996, vol. 271, 2448-54 [0007]

- **JI, Y.H. et al.**J. Immunol., 1993, vol. 150, 571-578 [0008]
- **THIEL, S. et al.**Nature, 1997, vol. 386, 506-510 [0008]
- **VORUP-JENSEN, T. et al.**J. Immunol., 2000, vol. 165, 2093-2100 [0008]
- **AMBRUS, G. et al.**J. Immunol., 2003, vol. 170, 1374-1382 [0008]
- **DAHL, M.R. et al.**Immunity, 2001, vol. 15, 127-35 [0008] [0011]
- **SIM, R.B. et al.**Biochem. Soc. Trans., 2000, vol. 28, 545- [0009]
- **STENGAARD-PEDERSEN, K. et al.**New Eng. J. Med., 2003, vol. 349, 554-560 [0009]
- **STOVER, C.M.**J. Immunol., 1999, vol. 162, 3481-90 [0010]
- **TAKAHASHI, M. et al.**Int. Immunol., 1999, vol. 11, 859-863 [0010]
- **SCHWAEBLE, W. et al.**Immunobiology, 2002, vol. 205, 455-466 [0010]
- **THIEL, S. et al.**J. Immunol., 2000, vol. 165, 878-887 [0011]
- **MATSUSHITA, M. et al.**J. Immunol., 2002, vol. 168, 3502-3506 [0011] [0210] [0243] [0243]
- **KILPATRICK, D.C.**Biochim. Biophys. Acta, 2002, vol. 1572, 401-413 [0012]
- **COLLARD, C.D. et al.**Am. J. Pathol., 2000, vol. 156, 1549-1556 [0013]
- **JORDAN, J.E. et al.**Circulation, 2001, vol. 104, 1413-1418 [0013]
- **COLLARD, C.D. et al.**Am. J. Pathol., 2001, vol. 159, 1045-1054 [0013]
- **RIEDERMANN, N.C. et al.**Am. J. Pathol., 2003, vol. 162, 363-367 [0013]
- **LACHMANN, P.J. et al.**Springer Semin. Immunopathol., 1984, vol. 7, 143-162 [0015] [0066]
- **PANGBURN, M.K. et al.**J. Exp. Med., 1981, vol. 154, 856-867 [0015]
- **PILLEMER, L. et al.**J. Exp. Med., 1956, vol. 103, 1-13 [0066]
- **LEPOW, I.H.**J. Immunol., 1980, vol. 125, 471-478 [0066]
- **VAN DIJK, H. et al.**J. Immunol. Methods, 1985, vol. 85, 233-243 [0066]
- **PANGBURN, M.K.**Methods in Enzymol., 1988, vol. 162, 639-653 [0066]
- **LISZEWSKI, M.K.J.P. ATKINSON**Fundamental ImmunologyRaven Press, Ltd.19930000 [0069]
- **SCHWEINIE, J.E. et al.**J. Clin. Invest., 1989, vol. 84, 1821-1829 [0069]
- **MOLLER-KRISTENSEN, M. et al.**J. Immunol Methods, 2003, vol. 282, 159-167 [0072]
- **HILL, J.H. et al.**J. Exp. Med., 1971, vol. 133, 885-900 [0074]
- **MAROKO, P.R. et al.**J. Clin. Invest., 1978, vol. 61, 661-670 [0074]
- **STEIN, S.H. et al.**Miner Electrolyte Metab., 1985, vol. 11, 256-61 [0074]
- **WEISMAN, H.F. et al.**Science, 1990, vol. 249, 146-51 [0074]
- **BUERKE, M. et al.**Circulation, 1995, vol. 91, 393-402 [0075]
- **WEISER, M.R. et al.**J. Exp. Med., 1996, vol. 183, 2343-48 [0075] [0077]
- **AUSTEN, W.G. JR. et al.**Surgery, 1999, vol. 126, 343-48 [0076]
- **REHRIG, S. et al.**J. Immunol., 2001, vol. 167, 5921-27 [0076]
- **KYRIAKIDES, C. et al.**Am. J. Physiol. Cell Physiol, 2001, vol. 281, C244-30 [0076]
- **AMSTERDAM, E.A. et al.**Am. J. Physiol. Heart Circ. Physiol, 1995, vol. 268, H448-57 [0076]
- **VAKEVA, A. et al.**Circulation, 1998, vol. 97, 2259-67 [0076]
- **ZHOU, W. et al.**J. Clin. Invest., 2000, vol. 105, 1363-71 [0077]
- **STAHL, G. et al.**Am. J. Pathol., 2003, vol. 162, 449-55 [0077]
- **WILLIAMS, J.P. et al.**J. Appl. Physiol., 1999, vol. 86, 938-42 [0077]
- **JORDAN, J.E. et al.**Circulation, 2001, vol. 104, 1413-18 [0078]
- **COLLARD, C.D. et al.**Am. J. Pathol., 2000, vol. 156, 1549-56 [0078]
- **FLEMING, S.D. et al.**J. Immunol., 2002, vol. 169, 2126-33 [0078]
- **REID, R.R. et al.**J. Immunol., 2002, vol. 169, 5433-40 [0079]
- **MAHAFFEY, K.W. et al.**Circulation, 2003, vol. 108, 1176-83 [0079]
- **WALSH et al.**J. Immunol., 2005, vol. 175, 541-46 [0080]
- **HART et al.**J. Immunol., 2005, vol. 174, 6373-80 [0081]
- **DE VRIES et al.**Am. J. Path., 2004, vol. 165, 1677-88 [0082]
- **NICULESCU, F. et al.**Mol. Immunol., 1999, vol. 36, 949-5510-12 [0084] [0086]
- **RUS, H.G. et al.**Immunol. Lett., 1989, vol. 20, 305-310 [0084]
- **TORZEWSKI, M. et al.**Arterioscler. Thromb. Vasc. Biol., 1998, vol. 18, 369-378 [0084]
- **HANSSON, G.K. et al.**Acta Pathol. Microbiol. Immunol. Scand. (A), 1984, vol. 92, 429-35 [0084]
- **VLAICU, R. et al.**Atherosclerosis, 1985, vol. 57, 163-77 [0084]
- **TASKINEN S. et al.**Biochem. J., 2002, vol. 367, 403-12 [0084]
- **SEIFER, P.S. et al.**Lab Invest., 1989, vol. 60, 747-54 [0084]
- **BHAKDI, S. et al.**Arterioscler. Thromb. Vasc. Biol., 1999, vol. 19, 2348-54 [0085]
- **TORZEWSKI, J. et al.**Arterioscler. Thromb. Vasc. Biol., 1998, vol. 18, 1386-92 [0085]
- **WITZTUM, J.L.**Lancet, 1994, vol. 344, 793-95 [0085]

- SEIFERT P.S. et al. J. Exp. Med., 1990, vol. 172, 547-57 [0085]
- CAMPBELL L.A. et al. J. Infect. Dis., 1995, vol. 172, 585-8 [0085]
- SEIFERT, P.S. et al. Mol. Immunol., 1987, vol. 24, 1303-08 [0085]
- TORZEWSKI J. et al. Arterioscler. Thromb. Vasc. Biol., 1996, vol. 18, 673-77 [0086]
- YASOJIMA, K. et al. Arterioscler. Thromb. Vasc. Biol., 2001, vol. 21, 1214-19 [0086]
- GEERTINGER P. et al. Acta. Pathol. Microbiol. Scand., 1970, vol. 78, 284-88 [0087]
- GEERTINGER, P. et al. Artery, 1977, vol. 1, 177-84 [0087]
- SCHMIEDT, W. et al. Arterioscl. Thromb. Vasc. Biol., 1998, vol. 18, 1790-1795 [0087]
- SAITO, E. et al. J. Drug Dev., 1990, vol. 3, 147-54 [0087]
- PATEL, S. et al. Biochem. Biophys. Res. Commun., 2001, vol. 286, 164-70 [0087]
- BUONO, C. et al. Circulation, 2002, vol. 105, 3025-31 [0087]
- SEIFERT, P.S. et al. Atherosclerosis, 1988, vol. 73, 91-104 [0089]
- WEISMAN, H.F. Science, 1990, vol. 249, 146-51 [0089]
- TADA, T. et al. Virchows Arch, 1997, vol. 430, 327-332 [0089]
- KAWANA, S. et al. Arch. Dermatol. Res., 1990, vol. 282, 183-7 [0090]
- ENDO, M. et al. Am J. Kidney Dis., 2000, vol. 35, 401-7 [0090]
- CINES, D.B. et al. J. Clin. Invest., 1984, vol. 73, 611-25 [0090]
- TOMOOKA, K. Fukuoka Igaku Zasshi, 1989, vol. 80, 456-66 [0090]
- TRIPATHY, N.K. et al. J. Rheumatol., 2001, vol. 28, 805-8 [0090]
- ZWAKA, T.P. et al. Am. J. Pathol., 2002, vol. 161, 2449-57 [0091]
- KOLIOS, G. et al. Hepato-Gastroenterology, 1998, vol. 45, 1601-9 [0094]
- ELMGREEN, J. Dan. Med. Bull., 1986, vol. 33, 222- [0094]
- HALSTENSEN, T.S. et al. Immunol. Res., 1991, vol. 10, 485-92 [0095]
- HALSTENSEN, T.S. et al. Gastroenterology, 1990, vol. 98, 1264- [0095]
- KOHL, J. Mol. Immunol., 2001, vol. 38, 175- [0095]
- KITANO, A. et al. Dis. Colon Rectum, 1992, vol. 35, 560- [0095]
- KITANO, A. et al. Clin. Exp. Immunol., 1993, vol. 94, 348-53 [0095]
- WOODRUFF, T.M. et al. J. Immunol., 2003, vol. 171, 5514-20 [0096]
- LIN, F. et al. J. Immunol., 2004, vol. 172, 3836-41 [0096]
- WARE, I. et al. N. Engl. J. Med., 2000, vol. 342, 1334-49 [0098]
- SEEGER, W. et al. Blood, 1990, vol. 76, 1438-44 [0098]
- XIAO, F. et al. J. Appl. Physiol., 1997, vol. 82, 1459-65 [0098]
- MARC, M.M. et al. Am. J. Respir. Cell Mol. Biol., 2004, [0098]
- KRUG, N. et al. Am. J. Respir. Crit. Care Med., 2001, vol. 164, 1841-43 [0098]
- KALLURI, R. et al. J. Am. Soc. Nephrol., 1997, vol. 8, 1795-800 [0098]
- KONDO, C. et al. Clin. Exp. Immunol., 2001, vol. 124, 323-9 [0098]
- STANLEY, T.P. Emerging Therapeutic Targets, 1998, vol. 2, 1-16 [0099]
- HAMMERSCHMIDT, D.F. et al. Lancet, 1980, vol. 1, 947-49 [0099]
- SOLOMKIN, J.S. et al. J. Surgery, 1985, vol. 97, 668-78 [0099]
- TILL, G.O. et al. Am. J. Pathol., 1987, vol. 129, 44-53 [0100]
- WARD, P.A. Am. J. Pathol., 1996, vol. 149, 1081-86 [0100]
- MULLIGAN, M.S. et al. J. Clin. Invest., 1996, vol. 98, 503-512 [0100]
- MULLIGAN, M.S. YE H et al. J. Immunol., 1992, vol. 148, 1479-85 [0100]
- HETLAND, G. et al. Scand. J. Immunol., 1986, vol. 24, 603-8 [0100]
- ROTHMAN, B.I. et al. J. Immunol., 1990, vol. 145, 592-98 [0100]
- HUMBLE, A.A. et al. Nature, 2002, vol. 406, 998-01 [0101]
- VAN DE GRAF, E.A. et al. J. Immunol. Methods, 1992, vol. 147, 241-50 [0101]
- KARP, C.L. et al. Nat. Immunol., 2000, vol. 1, 221-26 [0101]
- BAUTSCH, W. et al. J. Immunol., 2000, vol. 165, 5401-5 [0101]
- DROUIN, S.M. et al. J. Immunol., 2002, vol. 169, 5926-33 [0101]
- WALTERS, D.M. et al. Am. J. Respir. Cell Mol. Biol., 2002, vol. 27, 413-18 [0101]
- HOGABOAM, C.M. et al. J. Leukoc. Biol., 2004, vol. 75, 805-14 [0101]
- DROUIN et al. J. Immunol., 2001, vol. 167, 4141-45 [0103]
- TAUBE et al. Am. J. Respir. Crit. Care Med., 2003, vol. 168, 1333-41 [0103]
- HUMBLE et al. Nature, 2000, vol. 406, 998-1001 [0103]
- DROUIN et al. J. Immunol., 2002, vol. 169, 5926-33 [0103]
- BAUTSCH et al. J. Immunol., 2000, vol. 165, 5401-05 [0103]

- ABE et al.J. Immunol., 2001, vol. 167, 4651-60 [0104]
- PENG et al.J. Clin. Invest., 2005, vol. 115, 1590-1600 [0104]
- BAELDER et al.J. Immunol., 2005, vol. 174, 783-89 [0104]
- HOGABOAM et al.J. Leukocyte Biol., 2004, vol. 75, 805-814 [0105]
- KAUR et al.Clin. Experimental Immunol., 2006, vol. 143, 414-19 [0106]
- CRADDOCK, P.R. et al.N. Engl. J. Med., 1977, vol. 296, 769-74 [0108]
- CHENOWETH, D.E. Ann. N.Y. Acad. Sci., 1987, vol. 516, 306-313 [0108]
- HUGLI, T.E. Complement, 1986, vol. 3, 111-127 [0108]
- CHEUNG, A.K.J. Am. Soc. Nephrol., 1990, vol. 1, 150-161 [0108]
- JOHNSON, R.J. Nephrol. Dial. Transplant, 1994, vol. 9, 36-45 [0108]
- HAKIM, R.M. Kidney Int., 1993, vol. 44, 484-494 [0108]
- KIRKLIN, J.K. et al.J. Thorac. Cardiovasc. Surg., 1983, vol. 86, 845-57 [0109] [0110]
- VALLHONRAT, H. et al.ASAIO J., 1999, vol. 45, 113-4 [0109]
- WACHTFOGEL, Y.T. et al.Blood, 1989, vol. 73, 468-471 [0109] [0110]
- BUTLER, J. et al. Ann. Thorac. Surg., 1993, vol. 55, 552-9 [0110] [0418]
- EDMUNDS, L.H. Ann. Thorac. Surg., 1998, vol. 66, 12-6 [0110]
- ASIMAKOPOULOS, G. Perfusion, 1999, vol. 14, 269-77 [0110] [0418]
- FITCH, J. et al. Circulation, 1999, vol. 100, 252499-2506 [0110]
- WAN, S. et al. Chest, 1997, vol. 112, 676-692 [0110]
- CHENOWETH, K. et al. N. Engl. J. Med., 1981, vol. 304, 497-503 [0110]
- P. HASLAM et al. Anaesthesia, 1980, vol. 25, 22-26 [0110]
- J.K. KIRKLIN et al.J. Thorac. Cardiovasc. Surg., 1983, vol. 86, 845-857 [0110]
- MOORE, F.D. et al. Ann. Surg, 1988, vol. 208, 95-103 [0110]
- J. STEINBERG et al.J. Thorac. Cardiovasc. Surg, 1993, vol. 106, 1901-1918 [0110]
- KIRKLIN, J.K. et al. Ann. Thorac. Surg., 1986, vol. 41, 193-199 [0110]
- VALLHONRAT H. et al.ASAIO J., 1999, vol. 45, 113-4 [0110]
- HAEFFNER-CAVAILLON, N. et al.J. Immunol., 1987, vol. 139, 794-9 [0111]
- FLETCHER, M.P. et al. Am. J. Physiol, 1993, vol. 265, H1750-61 [0111]
- RINDER, C.S. et al.J. Clin. Invest., 1995, vol. 96, 1564-72 [0111]
- RINDER, C.S. et al. Circulation, 1999, vol. 100, 553-8 [0111] [0112]
- SCHINDLER, R. et al. Blood, 1990, vol. 76, 1631-8 [0111]
- CRUICKSHANK, A.M. et al. Clin Sci., 1990, vol. 79, 161-5 [0111]
- KAWAMURA, T. et al. Can. J. Anaesth., 1993, vol. 40, 1016-21 [0111]
- STEINBERG, J.B. et al.J. Thorac. Cardiovasc. Surg., 1993, vol. 106, 1008-1 [0111]
- FINN, A. et al.J. Thorac. Cardiovasc. Surg., 1993, vol. 105, 234-41 [0111]
- ASHRAF, S.S. et al.J. Cardiothorac. Vasc. Anesth., 1997, vol. 11, 718-22 [0111]
- RINDER, C. et al. Cardiovasc Pharmacol., 1996, vol. 27, 16-12 [0111]
- EVANGELISTA, V. et al. Blood, 1999, vol. 93, 876-85 [0111]
- KINKADE, J.M., JR. et al. Biochem. Biophys. Res. Commun., 1983, vol. 114, 296-303 [0111]
- LAMB, N.J. et al. Crit. Care Med., 1999, vol. 27, 1738-44 [0111]
- FUJIE, K. et al. Eur. J. Pharmacol., 1999, vol. 374, 117-25 [0111]
- RINDER, C.S. et al.J. Thorac. Cardiovasc. Surg., 1999, vol. 118, 460-6 [0111]
- FOREMAN, K.E. et al.J. Clin. Invest., 1994, vol. 94, 1147-55 [0111]
- EVANGELISTA, V. Blood, 1999, [0111]
- FOREMAN, K.E. J. Clin. Invest., 1994, [0111]
- LENTSCH, A.B. et al.J. Pathol., 2000, vol. 190, 343-8 [0111]
- CHAI, P.J. et al. Circulation, 2000, vol. 101, 541-6 [0112]
- FITCH, J.C.K. et al. Circulation, 1999, vol. 100, 3499-506 [0112]
- NILSSON, B. et al. Blood, 1998, vol. 92, 1661-7 [0112]
- FUNG, M. et al.J. Thoracic Cardiovasc. Surg., 2001, vol. 122, 113-22 [0112]
- VERRIER, E.D. et al. JAMA, 2004, vol. 291, 2319-27 [0113]
- LINTON, S.M. et al. Molec. Immunol., 1999, vol. 36, 905-14 [0115]
- MOLLNES, T.E. et al. Arthritis Rheum., 1986, vol. 29, 1359-64 [0115]
- KEMP, P.A. et al.J. Clin. Lab. Immunol., 1992, vol. 37, 147-62 [0115]
- MOLINA, H. Current Opinion in Rheumatol., 2002, vol. 14, 492-497 [0115]
- RUMFELD, W.R. et al. Br. J. Rheumatol., 1986, vol. 25, 266-70 [0115]
- SANDERS, M.E. et al.J. Immunol., 1987, vol. 138, 2095-9 [0115]
- MORGAN, B.P. et al. Clin. Exp. Immunol, 1988, vol. 73, 473-478 [0116]

- **AUDA, G. et al.** *Rheumatol. Int.*, 1990, vol. 10, 185-189 [0116]
- **RUMFELD, W.R. et al.** *Br. J. Rheumatol.*, 1986, vol. 25, 266-270 [0116]
- **MAKINDE, V.A. et al.** *Ann. Rheum. Dis.*, 1989, vol. 48, 302-306 [0116]
- **BRODEUR, J.P. et al.** *Arthritis Rheumatism*, 1991, vol. 34, 1531-1537 [0116]
- **EL-GHOBAREY, A.F. et al.** *J. Rheumatology*, 1980, vol. 7, 453-460 [0116]
- **AGARWAL, A. et al.** *Rheumatology*, 2000, vol. 39, 189-192 [0116]
- **MORGAN, K. et al.** *Arthritis Rheumat.*, 1981, vol. 24, 1356-1362 [0117]
- **VAN LENT, P.L. et al.** *Am. J. Pathol.*, 1992, vol. 140, 1451-1461 [0117]
- **GOODFELLOW, R.M. et al.** *Clin. Exp. Immunol.*, 1997, vol. 110, 45-52 [0117]
- **GOODFELLOW, R.M. et al.** *Clin Exp. Immunol.*, 2000, vol. 119, 210-216 [0117]
- **COURTENAY, J.S. et al.** *Nature*, 1980, vol. 283, 666-68 [0118]
- **BANDA et al.** *J. of Immunol.*, 2003, vol. 171, 2109-2115 [0118]
- **MYERS, L.K. et al.** *Life Sciences*, 1997, vol. 61, 1861-78 [0118]
- **CINADER, B. et al.** *J. Exp. Med.*, 1964, vol. 120, 897-902 [0118]
- **WANG, Y. et al.** *J. Immunol.*, 2000, vol. 164, 4340-4347 [0118]
- **WANG, Y. et al.** *Proc. Natl. Acad. Sci. USA*, 1995, vol. 92, 8955-59 [0119]
- **KORGANOW, A.S. et al.** *Immunity*, 1999, vol. 10, 451-461 [0119] [0392]
- **JI, H. et al.** *Immunity*, 2002, vol. 16, 157-68 [0119]
- **GRANT, E.P. et al.** *J. Exp. Med.*, 2002, vol. 196, 1461-1471 [0119]
- **MALHOTRA et al.** *Nat. Med.*, 1995, vol. 1, 237-243 [0121]
- **CUCHACOVICH et al.** *J. Rheumatol.*, 1996, vol. 23, 44-51 [0121]
- **RUDD et al.** *Trends Biotechnology*, 2004, vol. 22, 524-30 [0121]
- **GARRED et al.** *J. Rheumatol.*, 2000, vol. 27, 26-34 [0121]
- **ABRAMSON, S.B. et al.** *Hospital Practice*, 1998, vol. 33, 107-122 [0122]
- **MANZI, S. et al.** *Arthrit. Rheumat.*, 1996, vol. 39, 1178-1188 [0122]
- **BUYON, J.P. et al.** *Arthritis Rheum.*, 1992, vol. 35, 55-61 [0122]
- **SEELLEN, M.A. et al.** *Clin Exp. Immunol.*, 2003, vol. 134, 335-343 [0122]
- **PICKERING, M.C. et al.** *Adv. Immunol.*, 2000, vol. 76, 227-324 [0123]
- **KOHLER, P.F. et al.** *Am. J. Med.*, 1974, vol. 56, 406-11 [0124]
- **MEVORARCH, D. et al.** *J. Exp. Med.*, 1998, vol. 188, 2313-2320 [0124]
- **BOTTO, M. et al.** *Nat. Genet.*, 1998, vol. 19, 56-59 [0124]
- **BOTTO, M.** *Arthritis Res.*, 2001, vol. 3, 201-10 [0124]
- **WANG Y. et al.** *Proc. Natl. Acad. Sci. USA*, 1996, vol. 93, 8563-8 [0125]
- **RAVIRAJAN, C.T. et al.** *Rheumatology*, 2004, vol. 43, 442-7 [0125]
- **WATANABE, H. et al.** *J. Immunol.*, 2000, vol. 164, 786-794 [0125]
- **STRAND, V.** *Lupus*, 2001, vol. 10, 216-221 [0125]
- **CORNELIODONES** *Ann. Neurol.*, 1984, vol. 16, 694-701 [0126]
- **SPULERENGEL, A.G.** *Neurology*, 1998, vol. 50, 41-46 [0126]
- **PORTER et al.** *Hum. Mol. Genet.*, 2002, vol. 11, 263-72 [0126]
- **LIU et al.** *Nat. Genet.*, 1998, vol. 20, 31-6 [0127]
- **SPULERENGEL** *Neurology*, 1998, vol. 50, 41-46 [0127]
- **WENZEL et al.** *J. Immunol.*, 2005, vol. 175, 6219-25 [0127]
- **CONNOLLY et al.** *J. Neuroimmunol.*, 2002, vol. 127, 80-7 [0127]
- **ENDO, M. et al.** *Clin. Nephrology*, 2001, vol. 55, 185-191 [0129] [0134]
- **KERJASHKI, D.** *Arch B Cell Pathol.*, 1990, vol. 58, 253-71 [0129]
- **BRECHLEY, P.E. et al.** *Kidney Int.*, 1992, vol. 41, 933-7 [0129]
- **SALANT, D.J. et al.** *Kidney Int.*, 1989, vol. 35, 976-84 [0129]
- **BARTLOW, B.G. et al.** *Kidney Int.*, 1979, vol. 15, 294-300 [0129]
- **MERI, S. et al.** *J. Exp. Med.*, 1992, vol. 175, 939-50 [0129]
- **OHSAWA, I. et al.** *Clin Immunol.*, 2001, vol. 101, 59-66 [0129]
- **GATENBY, P.A.** *Autoimmunity*, 1991, vol. 11, 61-6 [0129]
- **ENDO, M. et al.** *Am. J. Kidney Dis.*, 2000, vol. 35, 401-407 [0129] [0134]
- **KAHN, T.N. et al.** *Histopath.*, 1995, vol. 26, 351-6 [0130]
- **ALEXOPOULOS, A. et al.** *Nephrol. Dial. Transplant*, 1995, vol. 10, 1166-1172 [0130]
- **KON, S.P. et al.** *Kidney Int.*, 1995, vol. 48, 1953-58 [0130]
- **LEHTO, T. et al.** *Kidney Int.*, 1995, vol. 47, 1403-11 [0130]
- **BRANDT, J. et al.** *Kidney Int.*, 1996, vol. 49, 335-343 [0131]

- SCANDRETT, A.L. et al. *Am. J. Physiol.*, 1995, vol. 268, F256-F265 [0131]
- COUSER, W.G. et al. *J. Am. Soc. Nephrol.*, 1995, vol. 5, 1888-94 [0131]
- AULT, B.H. *Nephrol.*, 2000, vol. 14, 1045-1053 [0132]
- LEVY, M. et al. *Kidney Int.*, 1986, vol. 30, 949-56 [0132]
- PICKERING, M.C. et al. *Nat. Genet.*, 2002, vol. 31, 424-8 [0132]
- JANSEN, J.H. et al. *Kidney Int.*, 1998, vol. 53, 331-49 [0132]
- WALPORT, M.J. DAVIES et al. *Ann. N.Y. Acad. Sci.*, 1997, vol. 815, 267-81 [0132]
- TROUW, L.A. et al. *Mol. Immunol.*, 2001, vol. 38, 199-206 [0133]
- SPITZER, R.E. et al. *Clin. Immunol. Immunopathol.*, 1992, vol. 64, 177-83 [0133]
- DAHA, M.R. et al. *J. Immunol.*, 1976, vol. 116, 1-7 [0133]
- DAHA, M.R. et al. *J. Immunol.*, 1980, vol. 125, 2051-2054 [0133]
- HALBWACHS, L. et al. *J. Clin. Invest.*, 1980, vol. 65, 1249-56 [0133]
- HOVATH, L. et al. *Clin. Exp. Rheumatol.*, 2001, vol. 19, 667-72 [0133]
- SIEGERT, C. et al. *J. Rheumatol.*, 1991, vol. 18, 230-34 [0133]
- SIEGERT, C. et al. *Clin. Exp. Rheumatol.*, 1992, vol. 10, 19-23 [0133]
- COREMANS, I.E. et al. *Am. J. Kidney Dis.*, 1995, vol. 26, 595-601 [0133]
- MANNICK, M. et al. *Arthritis Rheumatol.*, 1997, vol. 40, 1504-11 [0133]
- SIEGERT, C.E. et al. *Clin. Immunol. Immunopathol.*, 1993, vol. 67, 204-9 [0133]
- OHSAWA, I. et al. *Clin. Immunol.*, 2001, vol. 101, 59-66 [0134]
- TERUI, T. *Tahoku J. Exp. Med.*, 2000, vol. 190, 239-248 [0138]
- TERUI, T. *Exp. Dermatol.*, 2000, vol. 9, 1-10 [0138]
- TAKEMATSU, H. et al. *Dermatologica*, 1990, vol. 181, 289-292 [0140]
- OHKONOHCHI, K. et al. *Dermatologica*, 1989, vol. 179, 30-34 [0141]
- BALDWIN, W.M. et al. *Springer Semin Immunopathol.*, 2003, vol. 25, 181-197 [0145]
- NICKELEIT, V. et al. *J. Am. Soc. Nephrol.*, 2002, vol. 13, 242-251 [0147]
- NICKELEIT, V. et al. *Nephrol. Dial. Transplant*, 2003, vol. 18, 2232-2239 [0147]
- SALERNO, C.T. et al. *Xenotransplantation*, 2002, vol. 9, 125-134 [0150]
- WANG, H. et al. *Transplantation*, 1999, vol. 68, 1643-1651 [0151]
- MORGAN, B.P. et al. *Immunology Today*, 1996, vol. 17, 10461-466 [0156]
- BARUM, S.R. *Immunologic Research*, 2002, vol. 26, 7-13 [0156]
- KACZOROWSKI et al. *J. Cereb. Blood Flow Metab.*, 1995, vol. 15, 860-864 [0157]
- GRONBLAD, M. et al. *Spine*, 2003, vol. 28, 2114-118 [0157]
- PRINEAS, J.W. et al. *Lab Invest.*, 1978, vol. 38, 409-421 [0158]
- RYBERG, B.J. *Neurol. Sci.*, 1982, vol. 54, 239-261 [0158]
- GASQUE, P. et al. *Immunopharmacology*, 2000, vol. 49, 171-186 [0158]
- BARNUM, S.R. et al. *Inflammatory events in neurodegeneration* Prominent Press 2001 10000139-156 [0158]
- BARNUM *Immunologic Research*, 2002, vol. 26, 7-13 [0158]
- NATAF et al. *J. Immunology*, 2000, vol. 165, 5867-5873 [0158]
- PIDDELESDEN et al. *J. Neuroimmunol.*, 1997, [0159]
- MCGEER et al. *Res. Immunol.*, 1992, vol. 143, 621-630 [0160]
- ROGERS et al. *Res. Immunol.*, 1992, vol. 143, 624-630 [0160]
- SHEN, Y. et al. *Brain Research*, 1997, vol. 769, 391-395 [0160]
- SHEN, Y. et al. *Neurosci. Letters*, 2001, vol. 305, 3165-168 [0160]
- SHEN, Y. et al. *Progress in Neurobiology*, 2003, vol. 70, 463-472 [0161]
- CZLONKOWSKA, A. et al. *Med. Sci. Monit.*, 2002, vol. 8, 165-177 [0162]
- BONE, R.C. *Annals. Internal. Med.*, 1991, vol. 115, 457-469 [0165]
- BONE, R.C. et al. *Crit. Care Med.*, 1992, vol. 20, 724-726 [0165]
- HAENEY, M.R. et al. *Antimicrobial Chemotherapy*, 1998, vol. 41, 41-6 [0166]
- MARTIN, G.S. et al. *N. Eng. J. Med.*, 2003, vol. 348, 1546-54 [0166]
- FEARON, D.T. et al. *N. Engl. J. Med.*, 1975, vol. 292, 937-400 [0167]
- JOINER, K.A. et al. *Ann. Rev. Immunol.*, 1984, vol. 2, 461-2 [0167]
- SCHUMACHER, W.A. et al. *Agents Actions*, 1991, vol. 34, 345-349 [0168]
- SHIN, H.S. et al. *Science*, 1968, vol. 162, 361-363 [0168]
- VOGT, W. *Complement*, 1986, vol. 3, 177-86 [0168]
- HAMMERSCHMIDT, D.E. et al. *Lancet*, 1980, vol. 1, 947-949 [0168]
- SLOTMAN, G.T. et al. *Surgery*, 1986, vol. 99, 744-50 [0168]
- HACK, C.E. et al. *Am. J. Med.*, 1989, vol. 86, 20-26 [0168]
- HSEUH, W. et al. *Immunol.*, 1990, vol. 70, 309-14 [0168]

- CZERMAK, B.J. et al. Nat. Med., 1999, vol. 5, 788-792 [0169]
- HUBER-LANG, M.S. et al. FASEB J., 2002, vol. 16, 1567-74 [0169]
- RIEDEMANN, N.C. et al. J. Clin. Invest., 2002, vol. 110, 101-8 [0169]
- HANGEN, D.H. et al. J. Surg. Res., 1989, vol. 46, 195-9 [0169]
- STEVENS, J.H. et al. J. Clin. Invest., 1986, vol. 77, 1812-16 [0169]
- NAKAE, H. et al. Res. Commun. Chem. Pathol. Pharmacol., 1994, vol. 84, 189-95 [0169]
- NAKAE et al. Surg. Today, 1996, vol. 26, 225-29 [0169]
- BENGTSON, A. et al. Arch. Surg., 1988, vol. 123, 645-649 [0169]
- HUBER-LANG, M.S. et al. J. Immunol., 2002, vol. 169, 3223-31 [0169]
- RIEDEMANN, N.C. et al. Immunity, 2003, vol. 19, 193-202 [0169]
- LAUDES, I.J. et al. Am. J. Pathol., 2002, vol. 160, 1867-75 [0169]
- DICKNEITE, G. Behring Ins. Mitt., 1993, vol. 93, 299-305 [0169]
- NETH, O. et al. Infect. Immun., 2000, vol. 68, 688- [0170]
- MORATH, S. et al. J. Exp. Med., 2002, vol. 195, 1635- [0170]
- MORATH, S. et al. Infect. Immun., 2002, vol. 70, 938- [0170]
- LYNCH, N.J. et al. J. Immunol., 2004, vol. 172, 1198-02 [0170]
- POLOTSKY, V.Y. et al. Infect. Immun., 1996, vol. 64, 380- [0170]
- HOLM-BENTZEN, M. et al. J. Urol., 1987, vol. 138, 503-507 [0172] [0173]
- CRUZ et al. Biol. Reprod., 1996, vol. 54, 1217-1228 [0172]
- XU, C. et al. Science, 2000, vol. 287, 498-507 [0172] [0172] [0174]
- HAEGER, M. Int. J. Gynecol. Obstet., 1993, vol. 43, 113-127 [0172] [0175]
- MATTILA, J. et al. Eur. Urol., 1983, vol. 9, 350-352 [0173]
- HELIN, H. et al. Clin. Immunol. Immunopathol., 1987, vol. 43, 88-96 [0173]
- HAEGER et al. Obstet. Gynecol., 1991, vol. 78, 46- [0175]
- HAEGER et al. Obstet. Gynecol., 1989, vol. 73, 551- [0175]
- D'CRUZ, O.J. et al. J. Immunol., 1990, vol. 144, 3841-3848 [0176]
- D'CRUZ, O.J. et al. J. Immunol., 1991, vol. 146, 611-620 [0176]
- ALEXANDER, N.J. Fertil. Steril., 1984, vol. 41, 433-439 [0176]
- D'CRUZ, O.J. et al. Biol. Reprod., 1996, vol. 54, 1217-1228 [0176]
- ZHANG et al. Diabetes, 2002, vol. 51, 3499-3504 [0179]
- GERL et al. Investigative Ophthalmology and Visual Science, 2000, vol. 43, 1104-08 [0180]
- NICOLOFF et al. Clin. Dev. Immunol., 2004, vol. 11, 61-66 [0181]
- KOTNIK et al. Croat. Med. J., 2003, vol. 44, 707-11 [0181]
- CARAHER et al. J. Endocrinol., 1999, vol. 162, 143-53 [0181]
- HANSEN et al. J. Clin. Endocrinol. Metab., 2003, vol. 88, 4857-61 [0182]
- HANSEN et al. Diabetes, 2004, vol. 53, 1570-76 [0182]
- HOVIND et al. Diabetes, 2005, vol. 54, 1523-27 [0182]
- HANSEN et al. Arch. Intern. Med., 2006, vol. 166, 2007-13 [0182]
- NICULESCU, F. et al. Am. J. Pathol., 1992, vol. 140, 1039-1043 [0184] [0185]
- CECIC, I. et al. Cancer Lett., 2002, vol. 183, 43-51 [0187]
- VAN DER KOLK, L.E. et al. Br. J. Haematol., 2001, vol. 115, 807-811 [0188]
- BLANCHIN, S. et al. Exp. Eye Res., 2001, vol. 73, 6887-96 [0190]
- FRANCIS, K. et al. FASEB J., 2003, vol. 17, 2266-2268 [0190] [0191]
- HANSEN, T.K. Endocrinology, 2003, vol. 144, 125422-9 [0190] [0192]
- HAGEMAN, G.S. et al. Prog. Retin. Eye Res., 2001, vol. 20, 705-732 [0195]
- KLEIN, R.J. et al. Science, 2005, vol. 308, 362-364 [0196]
- HAINES et al. Science, 2005, vol. 308, 362-364 [0196]
- EDWARDS et al. Science, 2005, vol. 308, 263-264 [0196]
- D.W. SCHULTZ et al. Hum. Mol. Genet., 2003, vol. 12, 3315- [0196]
- JOHNSON, L.V. et al. Exp. Eye Res., 2001, vol. 73, 887-896 [0197]
- HAGEMAN et al. Progress Retinal Eye Res., 2001, vol. 20, 705-32 [0198]
- MULLINS et al. FASEB J., 2000, vol. 14, 835-846 [0198]
- JOHNSON et al. Exp. Eye Res., 2000, vol. 70, 441-449 [0198]
- BORA et al. J. Immunol., 2005, vol. 174, 491-7 [0199]
- NOZAKI et al. Proc. Natl. Acad. Sci. U.S.A., 2006, vol. 103, 2328-33 [0200]
- SAKURAI et al. Invest. Ophthalmol. Vis. Sci., 2003, vol. 44, 3578-85 [0200]
- ESPINOSA-HEIDMANN et al. Invest. Ophthalmol. Vis. Sci., 2003, vol. 44, 3586-92 [0200]

- IKEDA, K. et al. J. Biol. Chem., 1987, vol. 262, 7451-7454 [0210] [0243]
- MATSUSHITA, M. et al. J. Exp. Med., 2000, vol. 176, 1497-2284 [0210] [0243]
- THIELENS, N.M. et al. J. Immunol., 2001, vol. 166, 5068- [0210]
- WALLIS, R. et al. J. Biol. Chem., 2000, vol. 275, 30962-30969 [0210]
- PETERSON, S.V. et al. Mol. Immunol., 2000, vol. 37, 803-811 [0212]
- MOLLER-KRISTENSEN, M. et al. J. of Immunol. Methods, 2003, vol. 282, 159-167 [0212] [0212]
- PETERSON, S.V. et al. Mol. Immunol., 1998, vol. 35, 409- [0212]
- HARLOW Antibodies: A Laboratory Manual Cold Spring Harbor Laboratory 19880000 [0213]
- JOLLIFFE et al. Int'l Rev. Immunol., vol. 10, 241-250 [0214]
- RODRIGUES et al. J. Immunol., 1998, vol. 151, 6954-6961 [0214]
- RAVETCH, J.V. et al. Annu. Rev. Immunol., 1991, vol. 9, 457-492 [0214]
- ISAACS, J.D. et al. J. Immunol., 1992, vol. 148, 3062-3071 [0214]
- WINKEL, J.G. et al. Immunol. Today, 1993, vol. 14, 215-221 [0214]
- VAUGHAN, T.J. et al. Nature Biotechnol., 1998, vol. 16, 535-539 [0214]
- Production of Polyclonal Antisera GREEN et al. Immunochemical Protocols 105- [0217]
- LOSMAN, M.J. et al. Int. J. Cancer, 1990, vol. 46, 310- [0217]
- KOHLER, G. et al. Nature, 1975, vol. 256, 495- [0218]
- CLACKSON, T. et al. Nature, 1991, vol. 352, 624-628 [0218]
- MARKS, J.D. et al. J. Mol. Biol., 1991, vol. 222, 581-597 [0218]
- Current Protocols in Immunology John Wiley & Sons 19910000 vol. 1, 2.5.1-2.6.7 [0219]
- GREEN, L.L. et al. Nature Genet., 1994, vol. 7, 13- [0220]
- LONBERG, N. et al. Nature, 1994, vol. 368, 856- [0220]
- TAYLOR, L.D. et al. Int. Immun., 1994, vol. 6, 579- [0220]
- Purification of Immunoglobulin G (IgG) BAINES et al. Methods in Molecular Biology The Humana Press, Inc. 19920000 vol. 10, 79-104 [0221]
- HARLOWLAND Antibodies: A Laboratory Manual Cold Spring Harbor Laboratory Press 19880000 [0222]
- SCATCHARD, A. NY Acad. Sci., 1949, vol. 51, 660-672 [0223]
- MORRISON, S.L. et al. Proc. Nat'l Acad. Sci. USA, 1984, vol. 81, 6851-6855 [0224]
- JONES, P.T. et al. Nature, 1986, vol. 321, 522-525 [0225]
- REICHMANN, L. et al. Nature, 1988, vol. 332, 323-329 [0225]
- PRESTA Curr. Op. Struct. Biol., 1992, vol. 2, 593-596 [0225]
- JONES, P.T. et al. Nature, 1986, vol. 321, 522- [0227]
- CARTER, P. et al. Proc. Nat'l. Acad. Sci. USA, 1992, vol. 89, 4285- [0227]
- SANDHU, J.S. Crit. Rev. Biotech., 1992, vol. 12, 437- [0227]
- SINGER, I.I. et al. J. Immun., 1993, vol. 150, 2844- [0227]
- Antibody Engineering Protocols Humana Press, Inc. 19950000 [0227]
- Engineering Therapeutic Antibodies KELLEY et al. Protein Engineering: Principles and Practice John Wiley & Sons, Inc. 19960000 399-434 [0227]
- GREENSPAN, N.S. et al. FASEB J., 1993, vol. 7, 437- [0229]
- CLARK, W.R. The Experimental Foundations of Modern Immunology Wiley & Sons, Inc. 19860000 [0231]
- NISONOFF, A. et al. Arch. Biochem. Biophys., 1960, vol. 89, 230- [0232]
- PORTER, R.R. Biochem. J., 1959, vol. 73, 119- [0232]
- EDELMAN et al. Methods in Enzymology Academic Press 19670000 vol. 1, 422- [0232]
- MARIANI, M. et al. Mol. Immunol., 1991, vol. 28, 69-71 [0233]
- WHITLOW et al. Methods: A Companion to Methods in Enzymology, 1991, vol. 2, 97- [0234]
- BIRD et al. Science, 1988, vol. 242, 423- [0234]
- PACK, P. et al. Bio/Technology, 1993, vol. 11, 1271- [0234]
- KAY et al. Phage Display of Peptides and Proteins Academic Press, Inc. 19960000 [0235]
- LARRICK et al. Methods: A Companion to Methods in Enzymology, 1991, vol. 2, 106- [0236]
- Genetic Manipulation of Monoclonal Antibodies COURTENAY-LUCK et al. Monoclonal Antibodies: Production, Engineering and Clinical Application Cambridge University Press 19950000 166- [0236]
- Genetic Manipulation and Expression of Antibodies WARD et al. Monoclonal Antibodies: Principles and Applications Wiley-Liss, Inc. 19950000 137- [0236]
- OHMAN, E.M. et al. European Heart J., 1995, vol. 16, 50-55 [0239]
- MURAYAMA, O. et al. J. Biochem., 1996, vol. 120, 445-51 [0239]
- ZHANG, L. et al. J. Biol. Chem., 1996, vol. 271, 4729953-57 [0239]
- JACKSON, D.Y. et al. J. Med. Chem., 1997, vol. 40, 3359-68 [0239]
- IWAKI et al. J. Immunol., 2006, vol. 177, 8626-8632 [0242]

- ENDO Y. et al. Immunogenetics, 2005, vol. 57, 837-844 [0242]
- MATSUSHITA, M. et al. J. Immunol., 2000, vol. 164, 2281- [0243]
- WALLIS, R. et al. J. Biol. Chem., 2004, vol. 279, 14065- [0244] [0244]
- GLOVER, G.I. et al. Mol. Immunol., 1988, vol. 25, 1261- [0246]
- SHEA, K.J. Molecular Imprinting of Synthetic Network Polymers: The De Novo synthesis of Macromolecular Binding and Catalytic Sites TRIP, 1994, vol. 2, 5 [0252]
- MERRIFIELD J. Amer. Chem. Soc., 1963, vol. 85, 2149-2154 [0254]
- BODANSZKY, M. et al. Peptide Synthesis John Wiley & Sons 1976 0000 [0254]
- GLICKPASTERNAK Molecular Biotechnology, Principles and Applications of Recombinant DNA ASM Press 1994 0000 [0257]
- ITAKURA, K. et al. Annu. Rev. Biochem., 1984, vol. 53, 323- [0257]
- CLIMIE, S. et al. Proc. Nat'l Acad. Sci. USA, 1990, vol. 87, 633- [0257]
- KUNTZ I.D. et al. Science, 1992, vol. 257, 1078- [0259]
- FEINBERG, H. et al. EMBO J., 2003, vol. 22, 2348-2359 [0259]
- KUNTZ, I.D. et al. J. Mol. Biol., 1982, vol. 161, 269-288 [0259]
- DESJARLAIS, R.L. et al. PNAS, 1990, vol. 87, 6644-6648 [0259]
- SCHERR, M. et al. Nucleic Acids Res., 1998, vol. 26, 5079-5085 [0267]
- LLOYD et al. Nucleic Acids Res., 2001, vol. 29, 3665-3673 [0267]
- ALTSCHUL, S.F. et al. Nucl. Acids Res., 1997, vol. 25, 3389-3402 [0267]
- JENSEN, J. et al. Nat. Genet., 1999, vol. 21, 209-12 [0269]
- AUSUBEL et al. Current Protocols in Molecular Biology John Wiley & Sons, Inc. 1993 0000 [0270]
- HASELOFF, J. et al. Nature, 1988, vol. 334, 585-591 [0272]
- FEDOR, M.J. et al. Proc. Natl. Acad. Sci. USA, 1990, vol. 87, 1668-1672 [0272]
- CECH, T.R. et al. Ann. Rev. Biochem., 1986, vol. 55, 599-629 [0272]
- MOLLER-KRISTENSEN M. et al. J. Immunol. Methods, 2003, vol. 282, 159-167 [0279]
- ASGHAR, S.S. Pharmacol. Rev., 1984, vol. 36, 223-44 [0284]
- MIYAGAWA, S. et al. Transplant Proc., 1992, vol. 24, 483-484 [0284]
- EDENS, R.E. et al. Complement Today Basel: Karger 1993 0000 96-120 [0284]
- PLATT J.L. et al. Immunol. Today, 1990, vol. 11, 450-6 [0285]
- MARINO IR. et al. Transplant Proc., 1990, vol. 1071, 6- [0285]
- JOHNSTONE, P.S. et al. Transplantation, 1992, vol. 54, 573-6 [0285]
- LEVENTHAL, J.R. et al. Transplantation, 1993, vol. 55, 857-66 [0285]
- PRUITT, S.K. et al. Transplantation, 1994, vol. 57, 363-70 [0285]
- IDSON Pharmaceutical Dosage Forms Marcek Dekker, Inc. 1988 0000 vol. 1, [0302]
- ROSOFF Pharmaceutical Dosage Forms, vol. 1, [0303]
- LEE, V.H.L. Crit. Rev. Ther. Drug Carrier Sys., 1988, vol. 5, 69- [0308]
- LEE, V.H.L. J. Controlled Release, 1990, vol. 13, 213- [0308]
- Peptide and Protein Drug Delivery Marcel Dekker 1991 0000 [0308]
- DEBOER, A.G. et al. J. Controlled Release, 1990, vol. 13, 241- [0308]
- LEE, W.A. Biopharm, 1990, vol. 22, [0308]
- FUERTGES, F. et al. J. Controlled Release, 1990, vol. 11, 139- [0309]
- BAE, Y.H. et al. J. Controlled Release, 1989, vol. 9, 271- [0309]
- HORI, R. et al. Pharm. Res., 1989, vol. 6, 813- [0309]
- YAMAKAWA, I. et al. J. Pharm. Sci., 1990, vol. 79, 505- [0309]
- YOSHIHIRO, I. et al. J. Controlled Release, 1989, vol. 10, 195- [0309]
- ASANO, M. et al. J. Controlled Release, 1989, vol. 9, 111- [0309]
- ROSENBLATT, J. et al. J. Controlled Release, 1989, vol. 9, 195- [0309]
- MAKINO, K.J. Controlled Release, 1990, vol. 12, 235- [0309]
- TAKAKURA, Y. et al. J. Pharm. Sci., 1989, vol. 78, 117- [0309]
- TAKAKURA, Y. et al. J. Pharm. Sci., 1989, vol. 78, 219- [0309]
- FLUGELMAN, M.Y. et al. Circulation, 1992, vol. 85, 1110-1117 [0314]
- D.B. SMITH K.S. JOHNSON Gene, 1988, vol. 67, 31- [0316]
- E. HOCHULI et al. J. Chromatog., 1987, vol. 411, 77- [0316]
- PETERSEN et al. J. Immunol. Methods, 2001, vol. 257, 107- [0328]
- MATSUSHITA et al. J. Immunol., 2000, vol. 165, 2637-2642 [0338]
- KAUFMAN R.J. et al. Nucleic Acids Research, 1991, vol. 19, 4485-90 [0340]
- KAUFMAN Methods in Enzymology, 1991, vol. 185, 537-66 [0340]
- CHEN et al. J. Biol. Chem., 2001, vol. 276, 2825894-25902 [0346]

- THIEL et al. Nature, 1997, vol. 386, 506- [\[0346\]](#)
- THIELENS, N.M. et al. J. Immunol., 2001, vol. 166, 5068-5077 [\[0351\]](#)
- KINGPOSSE The Baculovirus Expression System: A Laboratory Guide Chapman and Hall Ltd. 1992 0000111-114 [\[0351\]](#)
- SMALL, J.A. et al. Mol. Cell Biol., 1985, vol. 5, 642-48 [\[0367\]](#)
- THOMSON, A.D. Nature, 1994, vol. 148, 1547-1553 [\[0369\]](#)
- SLOANE, B.F. Nature Biotechnology, 1996, vol. 14, 826- [\[0369\]](#)
- CHEN, P.F. Scand J. Immunol., 1992, vol. 35, 539-549 [\[0371\]](#)
- PETERSEN, S.V. et al. J. Immunol. Methods, 2001, vol. 257, 107- [\[0373\]](#)
- DODDS, A.W. Methods Enzymol, 1993, vol. 223, 46- [\[0375\]](#)
- KOUSKOFF, V. et al. Cell, 1996, vol. 87, 811-822 [\[0392\]](#)
- MATSUMOTO, I. et al. Science, 1999, vol. 286, 1732-1735 [\[0392\]](#)
- MACCIONI M. et al. J. Exp. Med., 2002, vol. 195, 81071-1077 [\[0392\]](#)
- JI, H. et al. Immunity, 2002, vol. 16, 157-168 [\[0392\]](#)
- JOHNSTON, P.S. et al. Transplant Proc., 1991, vol. 23, 877-879 [\[0396\]](#)
- GRALINSKI, M.R. et al. Immunopharmacology, 1996, vol. 34, 79-88 [\[0397\]](#)
- GUPTA-BANSAL, R. et al. Molecular Immunol., 2000, vol. 37, 191-201 [\[0399\]](#)
- VAKEVA et al. Circulation, 1998, vol. 97, 2259-2267 [\[0401\]](#)
- JORDAN et al. Circulation, 2001, vol. 104, 121413-1418 [\[0401\]](#)
- WEISMAN et al. Science, 1990, vol. 249, 146-151 [\[0404\]](#)
- MULLIGAN et al. J. Immunol., 1992, vol. 148, 1479-1486 [\[0404\]](#)
- PRATT et al. Am. J. Path., 2003, vol. 163, 41457-1465 [\[0404\]](#)
- PRATT et al. Am. J. Path., vol. 163, 41457-1465 [\[0404\]](#)
- COURTNEY et al. Nature, 1980, vol. 283, 666- [\[0408\]](#)
- TRENTAN et al. J. Exp. Med., 1977, vol. 146, 857- [\[0408\]](#)
- WANG et al. J. Immunol., 2000, vol. 164, 4340-4347 [\[0408\]](#)
- WANG et al. Proc. Natl. Acad. Sci., 1996, vol. 93, 8563-8568 [\[0414\]](#)
- EDMUNDS, L.H. Ant. Thorac. Surg., 1998, vol. 66, 12-6 [\[0418\]](#)
- GONG et al. J. Clinical Immunol., 1996, vol. 16, 4222-229 [\[0419\]](#)
- GUPTA-BANSAL et al. Molecular Immunol., 2000, vol. 37, 191-201 [\[0419\]](#)
- BONE, R.C. Annuals. Internal. Med., 1991, vol. 115, 457-469 [\[0421\]](#)
- WARD, P. Nature Review Immunology, 2004, vol. 4, 133-142 [\[0421\]](#)
- HUBER-LANG et al. J. of Immunol., 2002, vol. 169, 3223-3231 [\[0421\]](#)
- FEINBERG et al. EMBO J, 2003, vol. 22, 2348-59 [\[0440\]](#)
- GAL et al. J. Biol. Chem., 2005, vol. 280, 33435-44 [\[0440\]](#)
- PETERSEN et al. J. Immunol Methods, 2001, vol. 257, 107-16 [\[0440\]](#)
- CHEN et al. J. Biol. Chem., 2001, vol. 276, 25894-02 [\[0445\]](#)
- STOVER et al. J Immunol, 1999, vol. 163, 6848-59 [\[0446\]](#)
- LEVY et al. JAMA, 1996, vol. 275, 1489-94 [\[0455\]](#)
- THADHANI et al. N. Engl. J. Med., 1996, vol. 334, 1448-60 [\[0455\]](#)
- NICHOLSON et al. Kidney Int., 2000, vol. 58, 2585-91 [\[0455\]](#)
- DEVRIES et al. Am. J. Path., 2004, vol. 165, 1677-88 [\[0455\]](#)
- ZHOU et al. J. Clin. Invest., 2000, vol. 105, 1363-71 [\[0456\]](#)
- WALSH M.C. et al. Jour of Immunol., 2005, vol. 175, 541-546 [\[0460\]](#)
- MARBER et al. J. Clin Invest., 1995, vol. 95, 1446-1456 [\[0462\]](#)
- ECKLE et al. Am J Physiol Heart Circ Physiol, 2006, vol. 291, H2533-H2540 [\[0466\]](#)
- NG et al. Nat Rev. Drug Discov, 2006, vol. 5, 123-32 [\[0470\]](#)
- RYAN, S.J. Tr. Am. Opth. Soc., 1979, vol. LXXVII, 707-745 [\[0471\]](#)
- TOBE et al. Am. J. Pathol., 1998, vol. 153, 1641-46 [\[0471\]](#)
- AMBATI et al. Survey Ophthalmology, 2003, vol. 48, 257-293 [\[0471\]](#)
- NOZAKI et al. Proc. Natl. Acad. Sci. USA, 2006, vol. 103, 2328-33 [\[0479\]](#)
- LINTONMORGAN Mol. Immunol., 1999, vol. 36, 905-14 [\[0483\]](#)
- KAGARI et al. J. Immunol, 2002, vol. 169, 1459-66 [\[0483\]](#)
- KATO et al. J. Rheumatol., 2003, vol. 30, 247-55 [\[0483\]](#)
- BANDA et al. J. Immunol., 2006, vol. 177, 1904-12 [\[0483\]](#)
- FUJITA Nat. Rev. Immunol., 2002, vol. 2, 346-353 [\[0491\]](#)
- WALPORT N Engl J Med, 2001, vol. 344, 1058-1066 [\[0491\]](#)
- JACK et al. Immunol Rev, 2001, vol. 180, 86-99 [\[0491\]](#)
- NETH et al. Infect Immun, 2000, vol. 68, 688-693 [\[0491\]](#)

- SUMMERFIELD et al. Lancet, 1995, vol. 345, 886-889 [0491]
- SUPER et al. Lancet, 1989, vol. 2, 1236-1239 [0491]
- DE VRIES et al. Am J Pathol, 2004, vol. 165, 1677-1688 [0491] [0519]
- FIANE et al. Circulation, 2003, vol. 108, 849-856 [0491] [0519] [0519]
- JORDAN et al. Circulation, 2001, vol. 104, 1413-1418 [0491] [0519]
- WALSH et al. J Immunol, 2005, vol. 175, 541-546 [0491] [0519]
- FUJITA et al. Immunol Rev, 2004, vol. 198, 185-202 [0492]
- HOLMSKOV et al. Annu Rev Immunol, 2003, vol. 21, 547-578 [0492]
- MATSUSHITAFUJITA Immunobiology, 2002, vol. 205, 490-497 [0492]
- MATSUSHITAFUJITAJ Exp Med, 1992, vol. 176, 1497-1502 [0492]
- SATO et al. Int Immunol, 1994, vol. 6, 665-669 [0492]
- TAKADA et al. Biochem Biophys Res Commun, 1993, vol. 196, 1003-1009 [0492]
- THIEL et al. Nature, 1997, vol. 386, 506-510 [0492]
- DAHL et al. Immunity, 2001, vol. 15, 127-135 [0492] [0517]
- STOVER et al. J Immunol, 1999, vol. 162, 3481-3490 [0492]
- TAKAHASHI et al. Int Immunol, 1999, vol. 11, 8590863- [0492]
- MATSUSHITA et al. Curr Opin Immunol, 1998, vol. 10, 29-35 [0492]
- SCHWAEBLE et al. Immunobiology, 2002, vol. 205, 455-466 [0492]
- MATSUSHITA et al. J. Immunol, 2000, vol. 165, 2637-2642 [0492]
- MATSUSHITAFUJITA Immunobiology, 1995, vol. 194, 443-448 [0492]
- AMBRUS et al. J. Immunol, 2003, vol. 170, 1374-1382 [0492]
- ZUNDEL et al. J Immunol, 2004, vol. 172, 4342-4350 [0492] [0516] [0517]
- CSEH et al. J Immunol, 2002, vol. 169, 5735-5743 [0516] [0517] [0517]
- IWAKIFUJITAJ Endotoxin Res, 2005, vol. 11, 47-50 [0516]
- CHENWALLISJ Biol Chem, 2001, vol. 276, 25894-25902 [0517]
- THIELENS et al. J Immunol, 2001, vol. 166, 5068-5077 [0517] [0517]
- FEINBERG et al. EMBO J, 2003, vol. 22, 2348-2359 [0517]
- GREGORY et al. J Biol Chem, 2003, vol. 278, 32157-32164 [0517]
- WALLISCHENGJ Immunol, 1999, vol. 163, 4953-4959 [0517]
- WALLISDRICKAMERJ Biol Chem, 1999, vol. 279, 14065-14073 [0517]
- WALLISDODDJ Biol Chem, 2000, vol. 275, 30962-30969 [0517]
- WALLIS et al. J Biol Chem, 2004, vol. 279, 14065-13073 [0517]
- SHI et al. J Exp Med, 2004, vol. 199, 1379-1390 [0519]
- THURMAN et al. J. Immunol, 2003, vol. 170, 1517-1523 [0521]
- BERGERAm J Transplant, 2005, vol. 5, 1361-1366 [0521]
- WEISER et al. J Exp Med, 1996, vol. 183, 2342-2348 [0522]
- WILLIAMS et al. J Appl Physiol, 1999, vol. 86, 938-42 [0522]
- ZHOU et al. J Clin Invest, 2000, vol. 105, 1363-1371 [0522]
- PRATT et al. Nat Med, 2002, vol. 8, 582-587 [0522]
- FARRAR et al. Am J. Pathol, 2004, vol. 164, 133-141 [0522]
- MILLER et al. Proc Natl Acad Sci, 1975, vol. 72, 418-22 [0523]
- KNUTZEN STEUER et al. J Immunol, 1989, vol. 143, 72256-61 [0523]
- WAGNER et al. J Immunol, 1999, vol. 163, 3549-3558 [0523]
- TAKAHASHIMol Immunol, 2006, vol. 43, 153- [0526]
- ROSSI et al. J Biol Chem, 2001, vol. 276, 40880-7 [0526]
- CHEN et al. J Biol Chem, 2004, vol. 279, 26058-65 [0526]

Patentkrav

1. MASP-2-inhiberingsmiddel til anvendelse som et lægemiddel, som selektivt
inhiberer MASP-2-afhængig komplementaktivering samtidig med at efterlade C1q-
5 afhængig klassisk komplementaktivering funktionelt intakt, hvilket middel er et
antistof eller fragment deraf som binder til fuld længde MASP-2-polypeptid, men
som ikke binder til et N-terminal MASP-2-fragment bestående af CUBI-EGF-CUBII-
domænerne og ikke binder til et C-terminal MASP-2-fragment bestående af CCP-II-
SP-domænerne.
- 10 2. Midlet til anvendelse ifølge krav 1, hvor antistoffet er et monoklonalt antistof
eller fragment deraf.
3. Midlet til anvendelse ifølge krav 1, hvor antistoffet eller fragmentet deraf er
15 polyklonalt, eller et rekombinant antistof, eller hvor antistoffet har reduceret
effektorfunktion, eller hvor antistoffet er et kimerisk, humaniseret eller humant
antistof, eller hvor antistoffet er fremstillet i et MASP-2-deficient transgent ikke-
humant dyr
- 20 4. Farmaceutisk sammensætning til inhibering af MASP-2-afhængig
komplementaktivering omfattende en terapeutisk effektiv mængde af et MASP-2-
inhiberingsmiddel som fremsat til anvendelse i et hvilket som helst af kravene 1 til
3 og en farmaceutisk acceptabel bærer.
- 25 5. MASP-2-inhiberingsmiddel som fremsat i krav 1 eller 2 til anvendelse i
inhibering af effekterne af MASP-2-afhængig komplementaktivering i et individ
med behov derfor; hvor individet lider af en MASP-2-afhængig komplement-
medieret tilstand valgt fra:
- 30 (i) en iskæmisk-reperfusionsskade, hvor iskæmisk-reperfusionsskaden er
associeret med aortaaneurisme-reparation, kardiopulmonær bypass,
vaskulær reanastomose i forbindelse med organtransplantationer og/eller
ekstremitet/finger-replantation, slagtilfælde, myokardieinfarkt, og
hæmodynamisk genoplivning efter chok og/eller kirurgiske
fremgangsmåder;
- 35 (ii) reumatoid arthritis;

(iii) aldersrelateret makulær degeneration.

6. Farmaceutisk sammensætning som fremsat i krav 4 til anvendelse i behandling af aldersrelateret makulær degeneration.

5

7. Farmaceutisk sammensætning som fremsat i krav 4 til anvendelse i behandling af rheumatoid arthritis.

8. Farmaceutisk sammensætning som fremsat i krav 4 til anvendelse i behandling af en iskæmisk-reperfusionsskade associeret med aortaaneurisme.

10

9. Farmaceutisk sammensætning som fremsat i krav 4 til anvendelse i behandling af en iskæmisk-reperfusionsskade associeret med kardiopulmonær bypass.

10. Farmaceutisk sammensætning som fremsat i krav 4 til anvendelse i behandling af en iskæmisk-reperfusionsskade associeret med vaskulær reanastomose i forbindelse med organtransplantationer og/eller ekstremitet/finger-replantation.

15

11. Farmaceutisk sammensætning som fremsat i krav 4 til anvendelse i behandling af en iskæmisk-reperfusionsskade associeret med slagtilfælde.

20

12. Farmaceutisk sammensætning som fremsat i krav 4 til anvendelse i behandling af en iskæmisk-reperfusionsskade associeret med akut lungeskade.

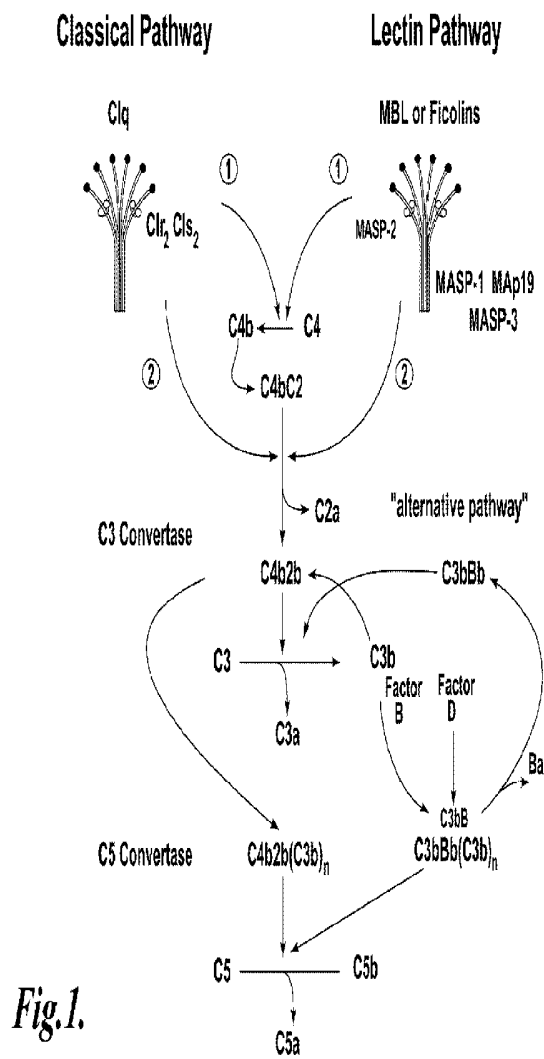
25

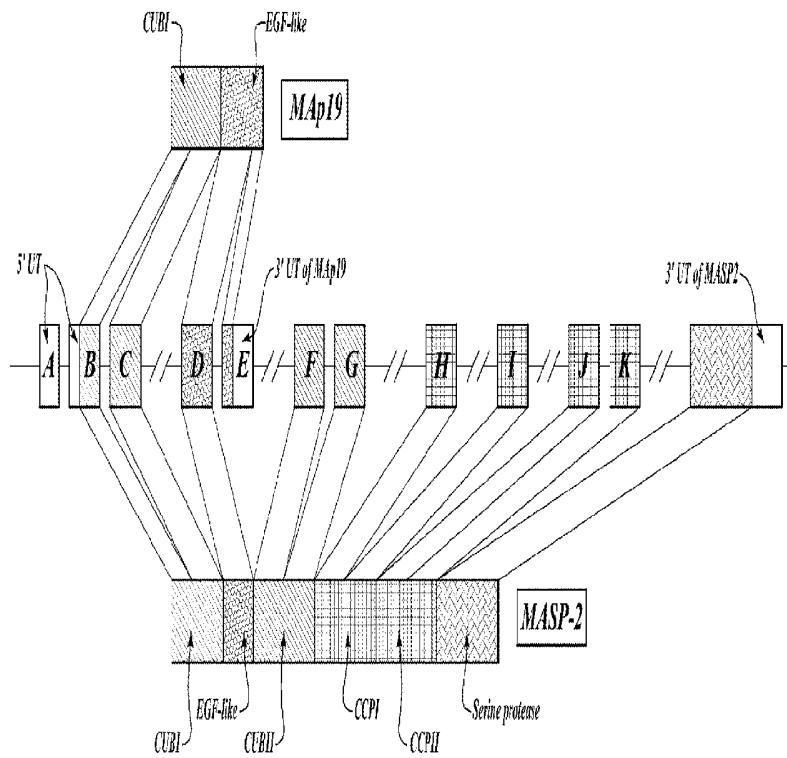
13. Farmaceutisk sammensætning som fremsat i krav 4 til anvendelse i behandling af en iskæmisk-reperfusionsskade associeret med myokardieinfarkt.

14. Farmaceutisk sammensætning som fremsat i krav 4 til anvendelse i behandling af en iskæmisk-reperfusionsskade associeret med hæmodynamisk genoplivning efter chok og/eller kirurgiske fremgangsmåder.

30

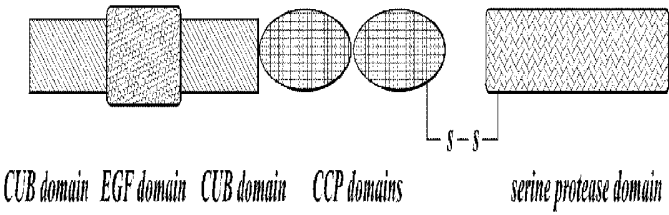
DRAWINGS



*Fig.2.*

Clb/Cls/MASP-1/MASP-2/MASP-3

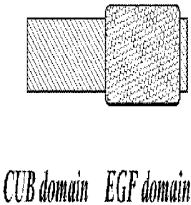
Fig.3A.



Map19

EQSL

Fig.3B.



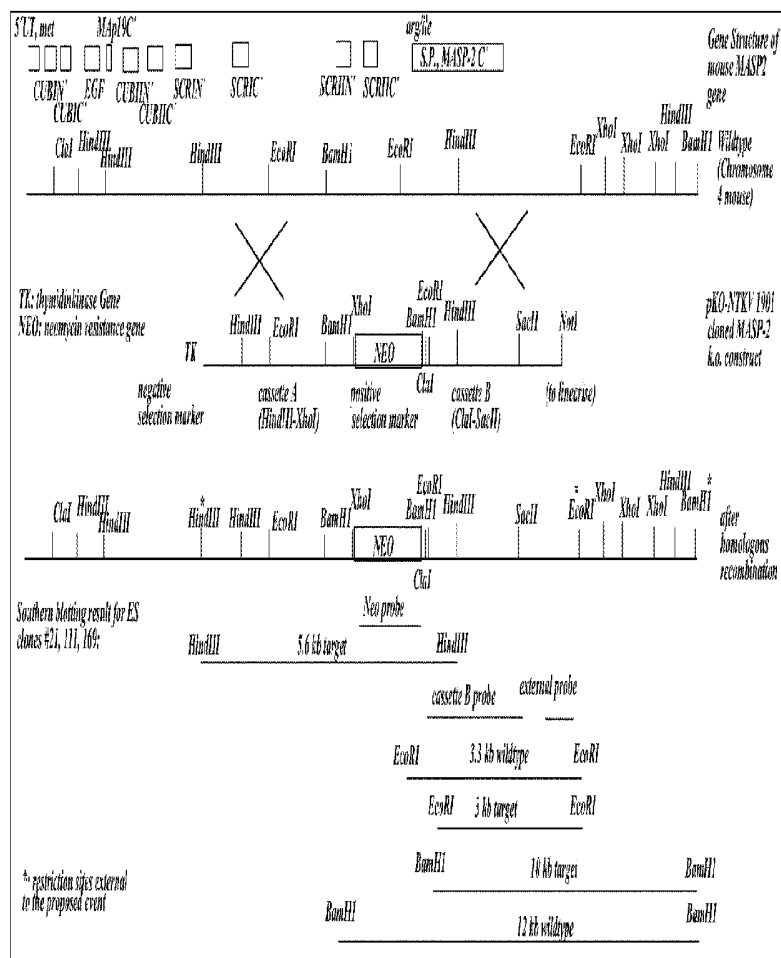


Fig.4.

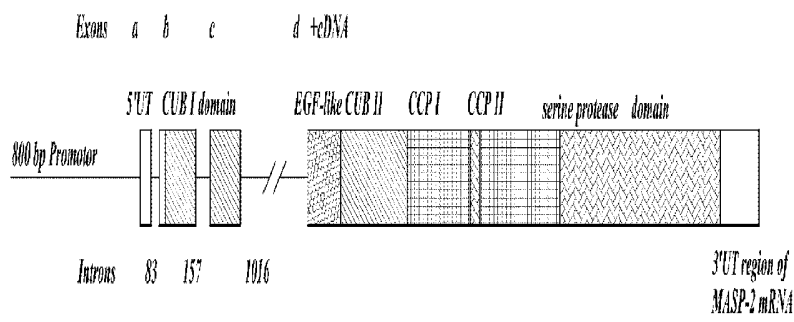
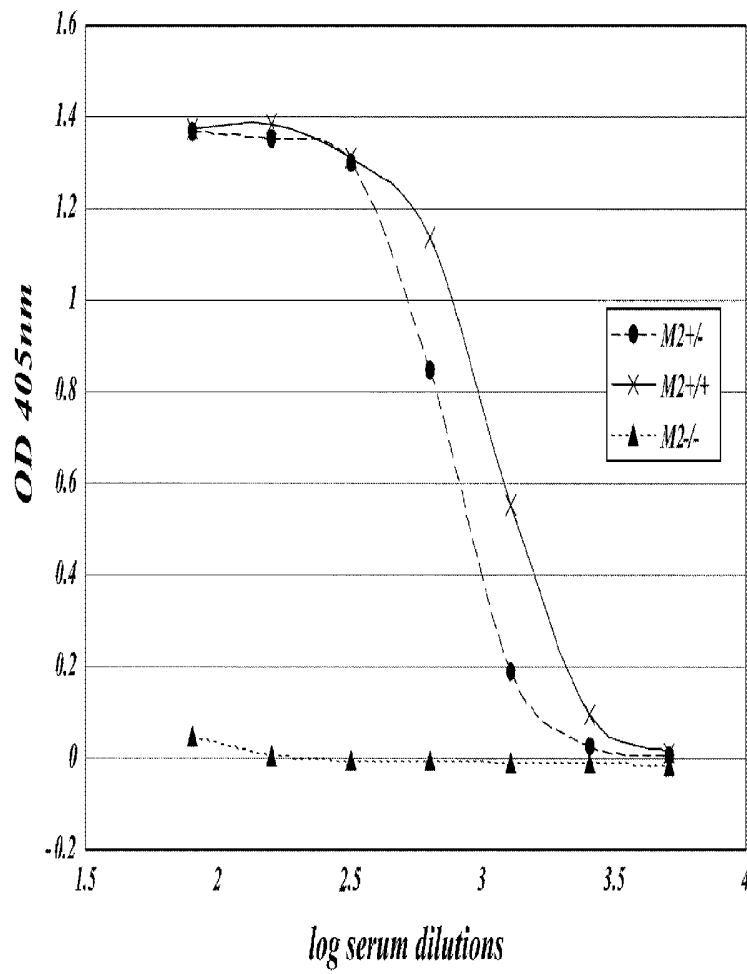
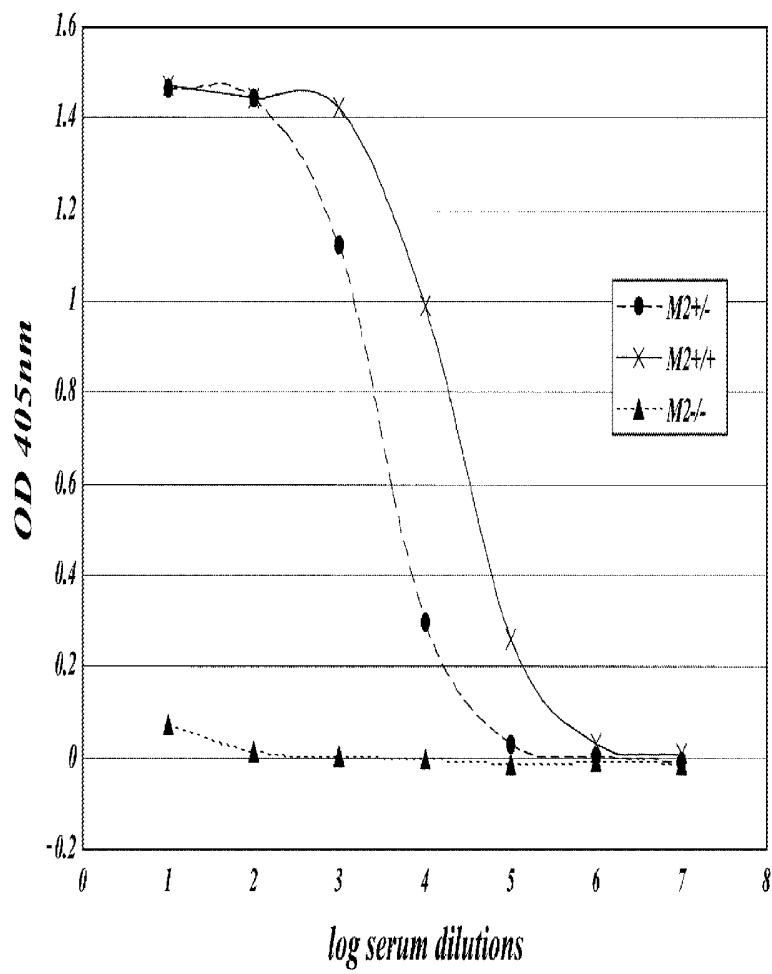
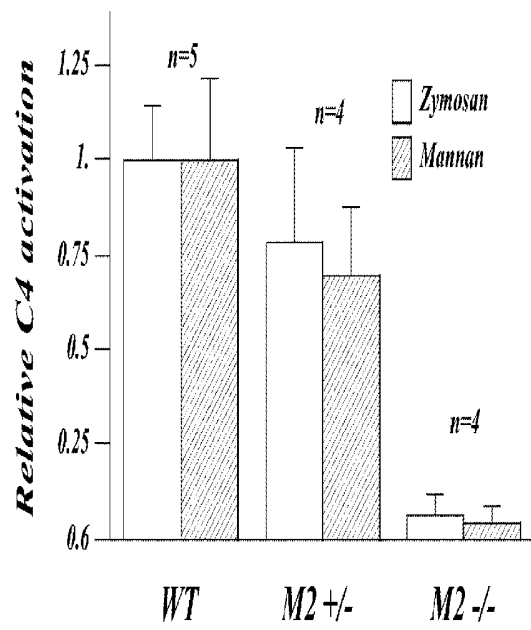


Fig.5.

*Fig.6A.*

*Fig.6B.*

*Fig.6C.*

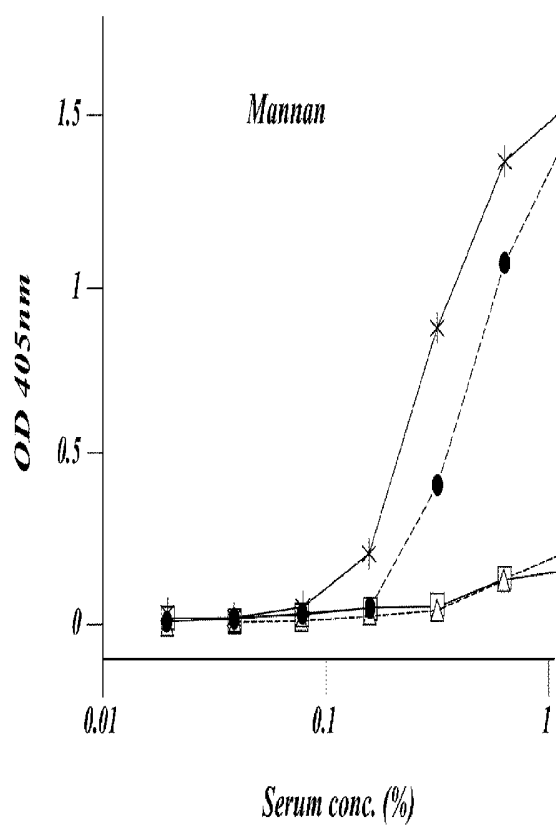
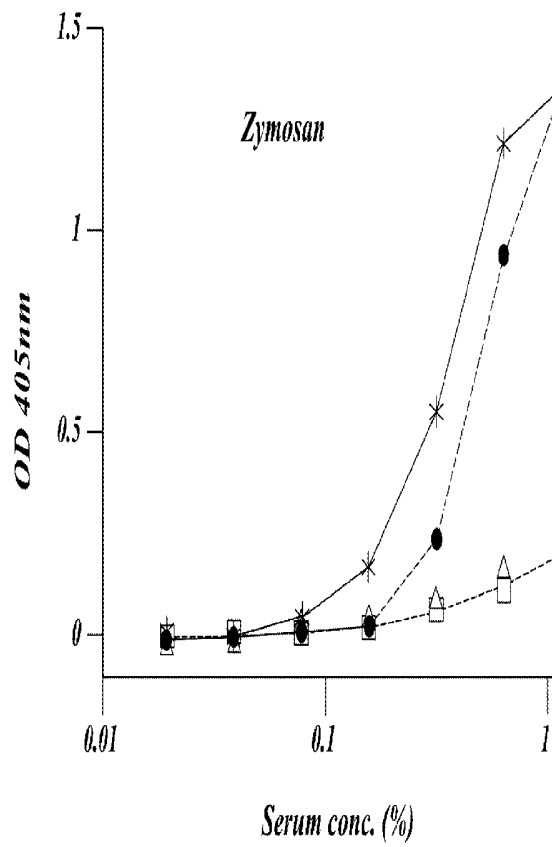


Fig.7A.

*Fig. 7B.*

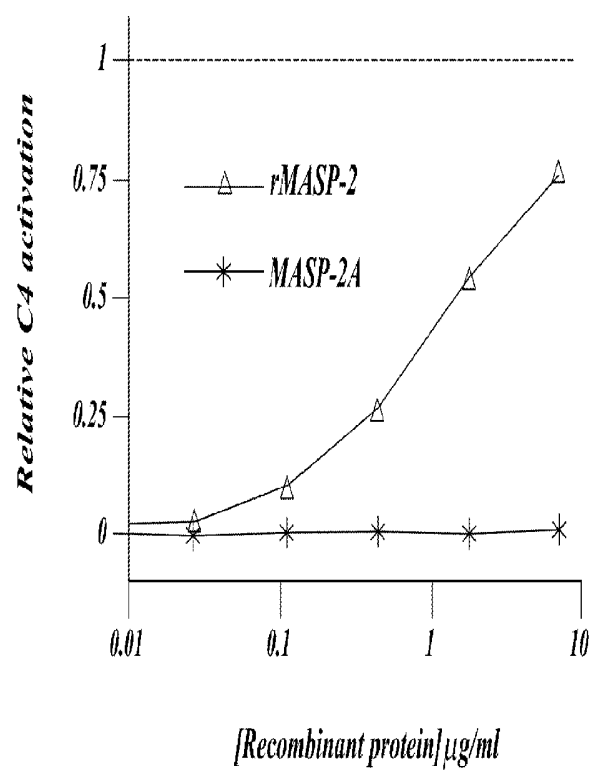
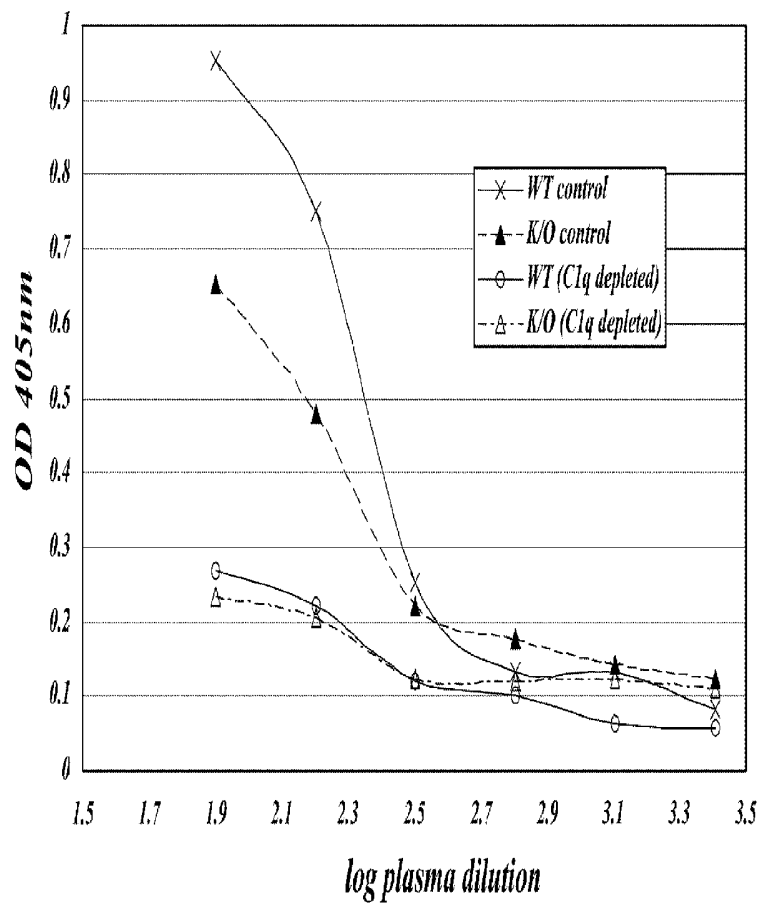
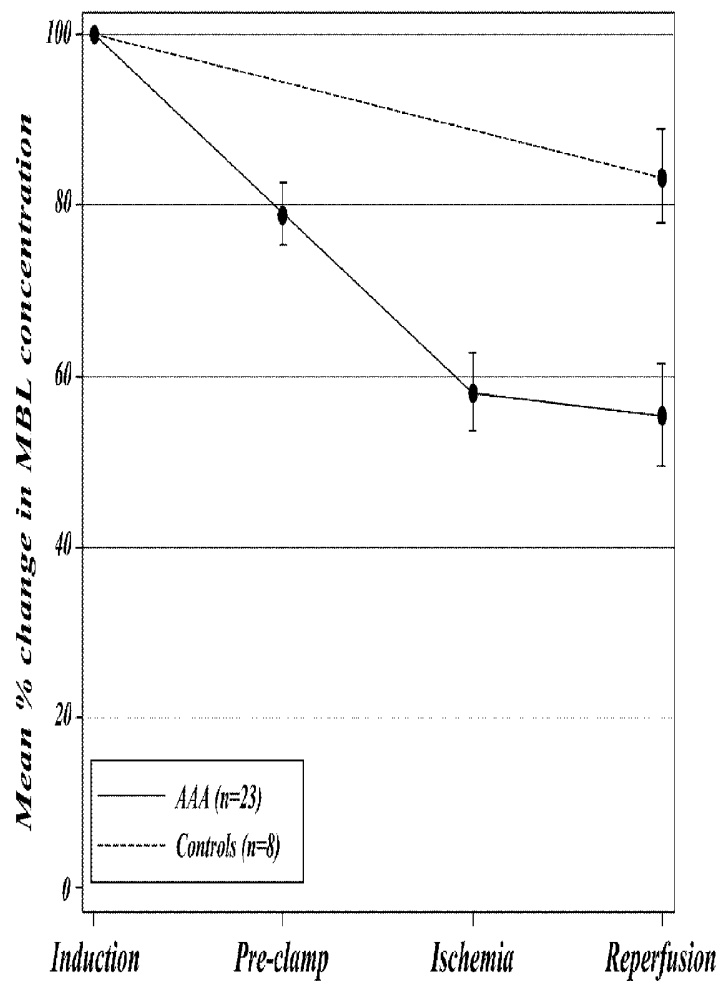


Fig.8.

*Fig.9.*

*Fig.10.*

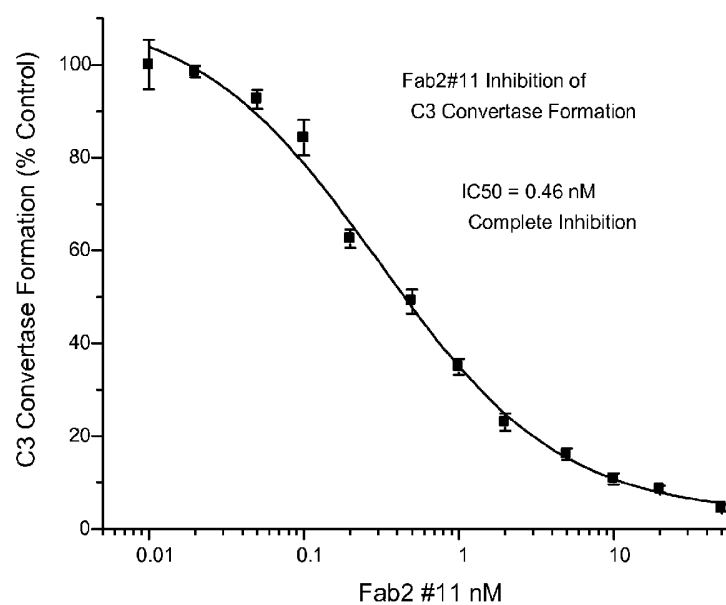


Fig.11A.

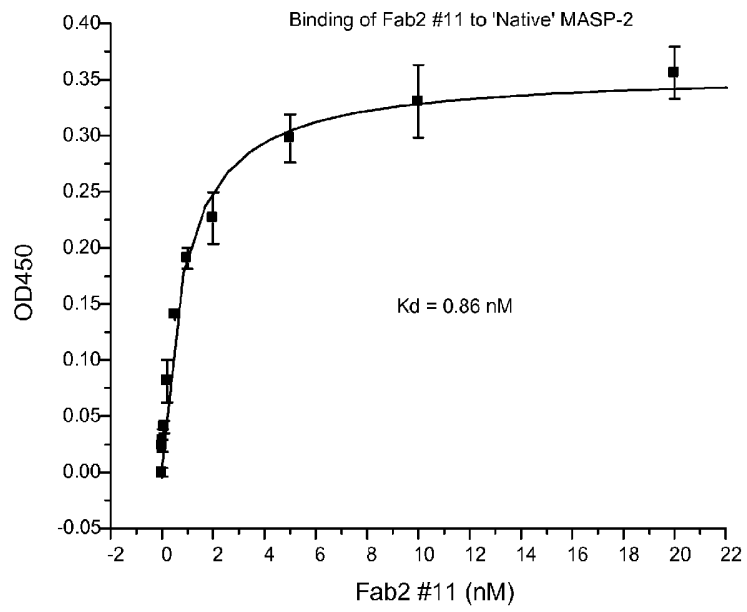


Fig.11B.

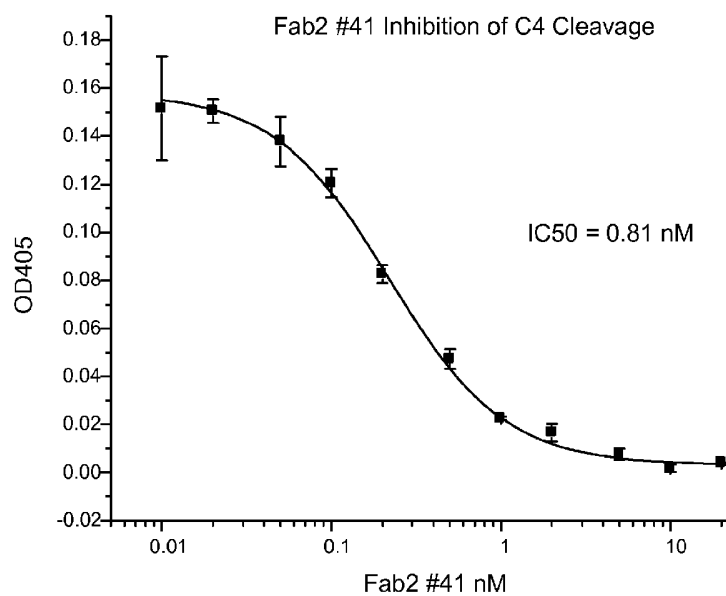


Fig.11C.

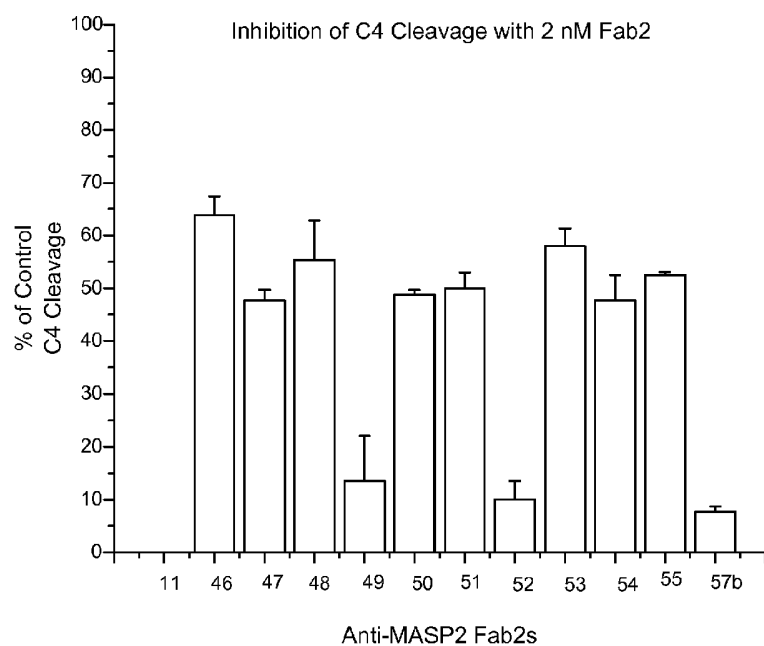


Fig.12.

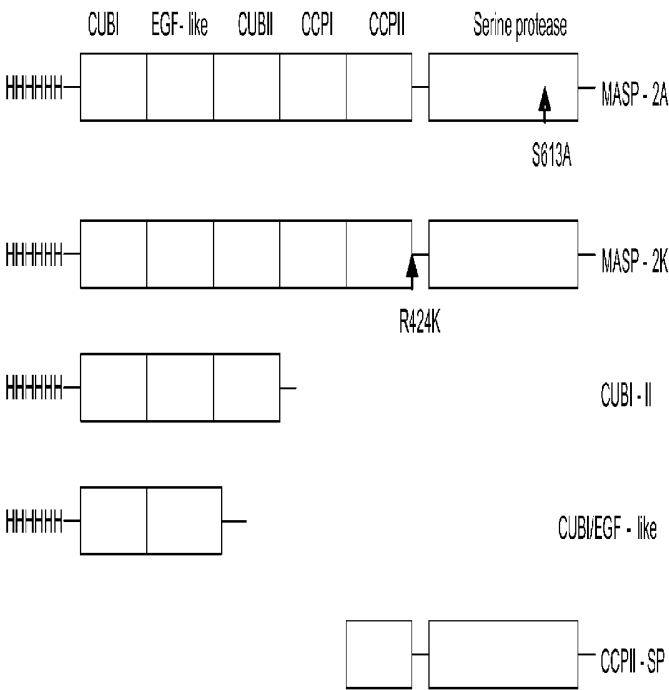


Fig.13.

Binding of AbD Ab #40 & #60 to rat MASP2
polypeptides

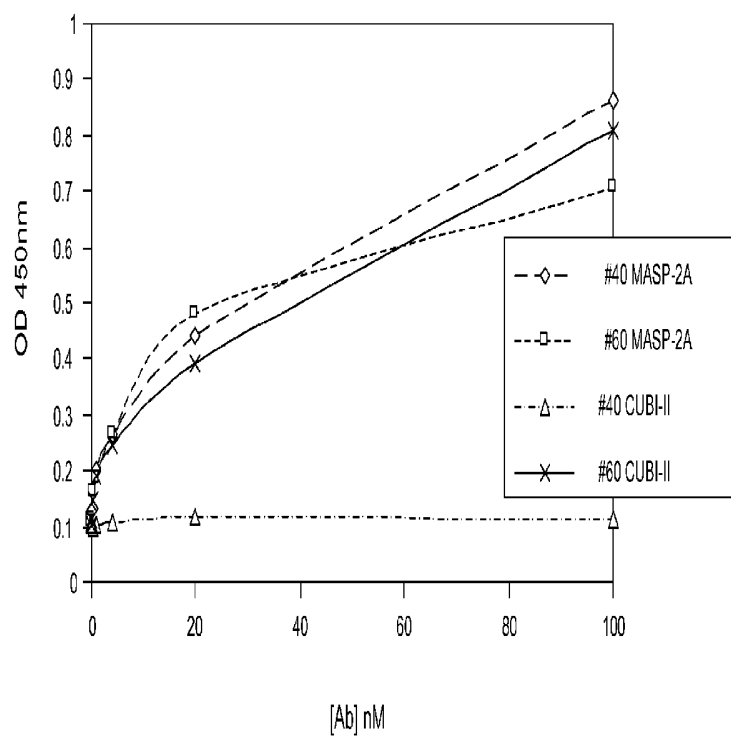
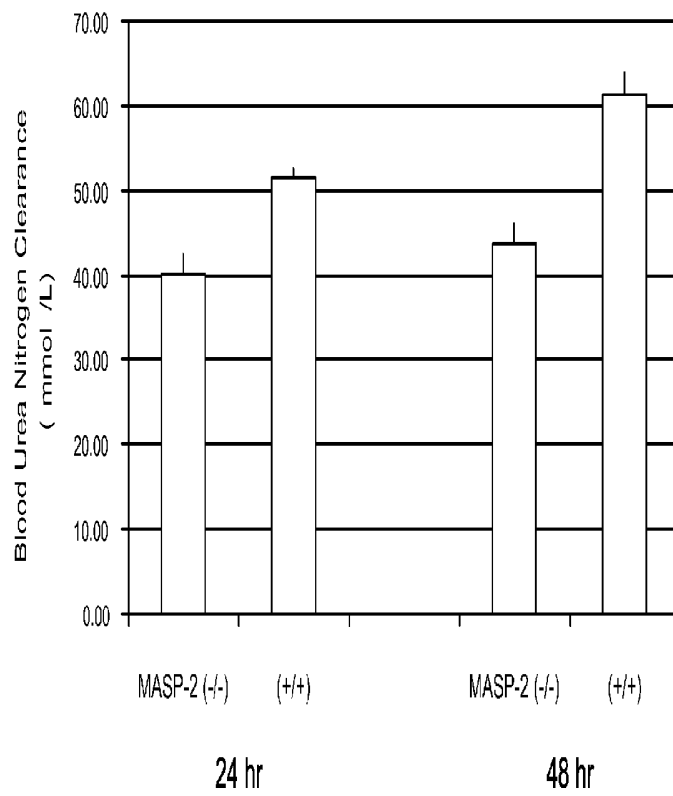


Fig.14.

*Fig.15.*

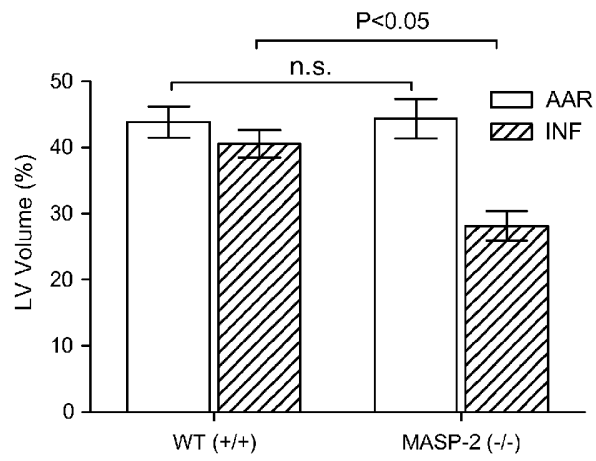


Fig.16A.

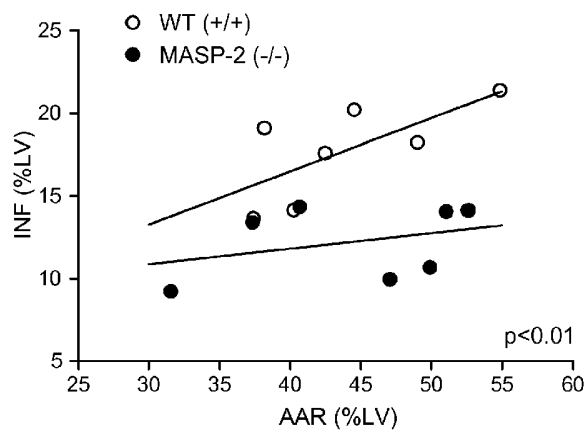


Fig.16B.

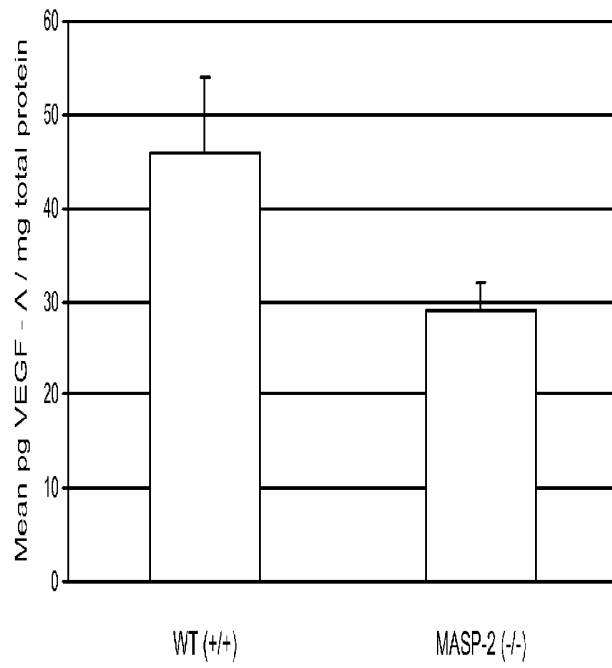


Fig.17A.

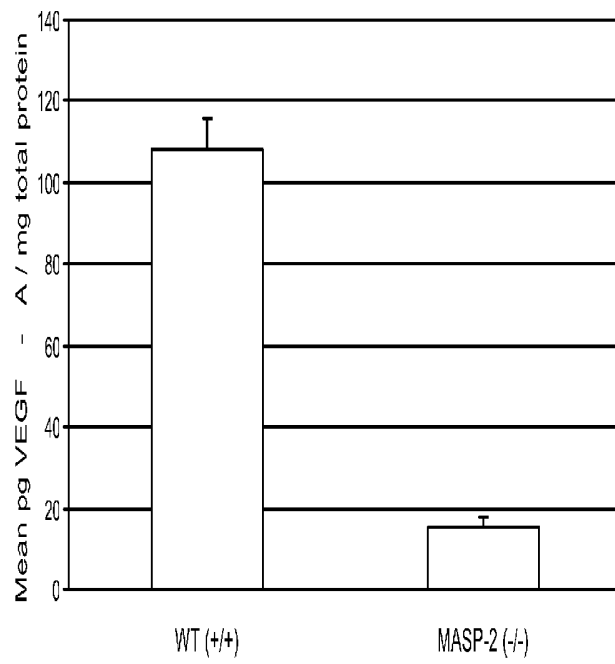
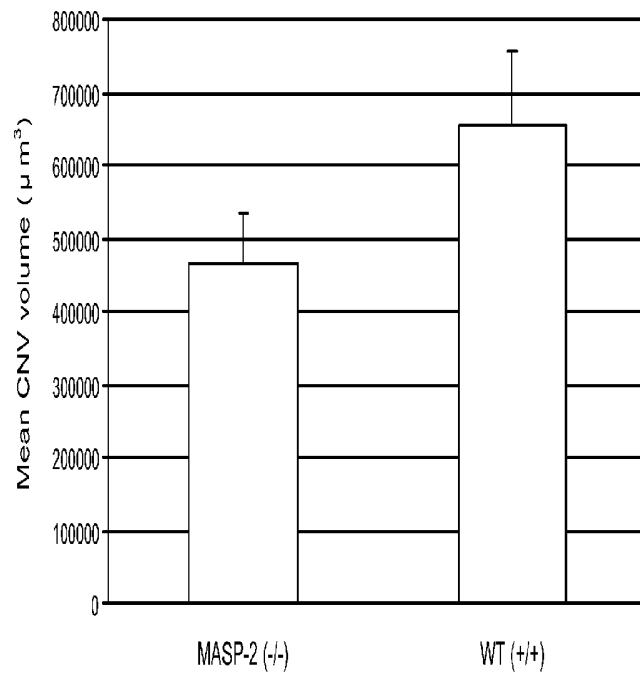
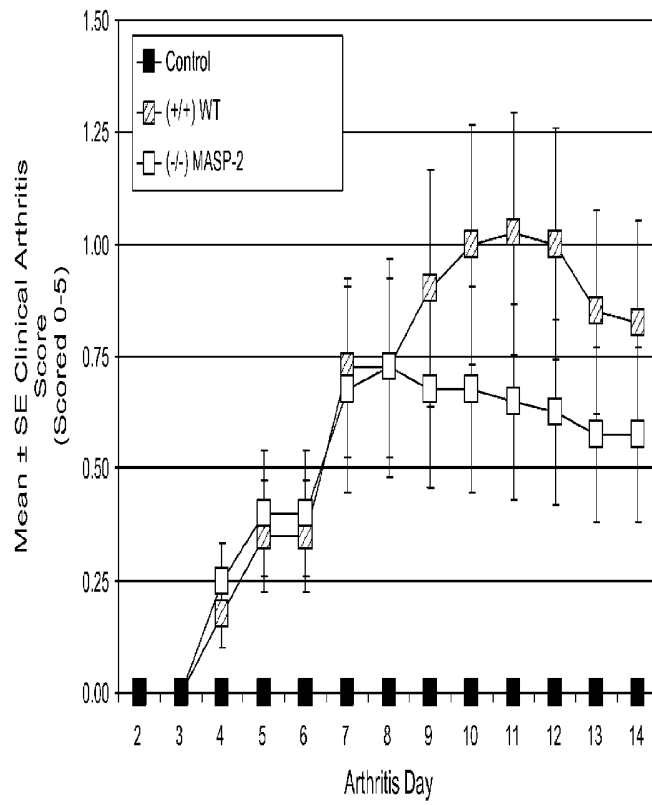


Fig.17B.

*Fig.18.*

*Fig.19.*

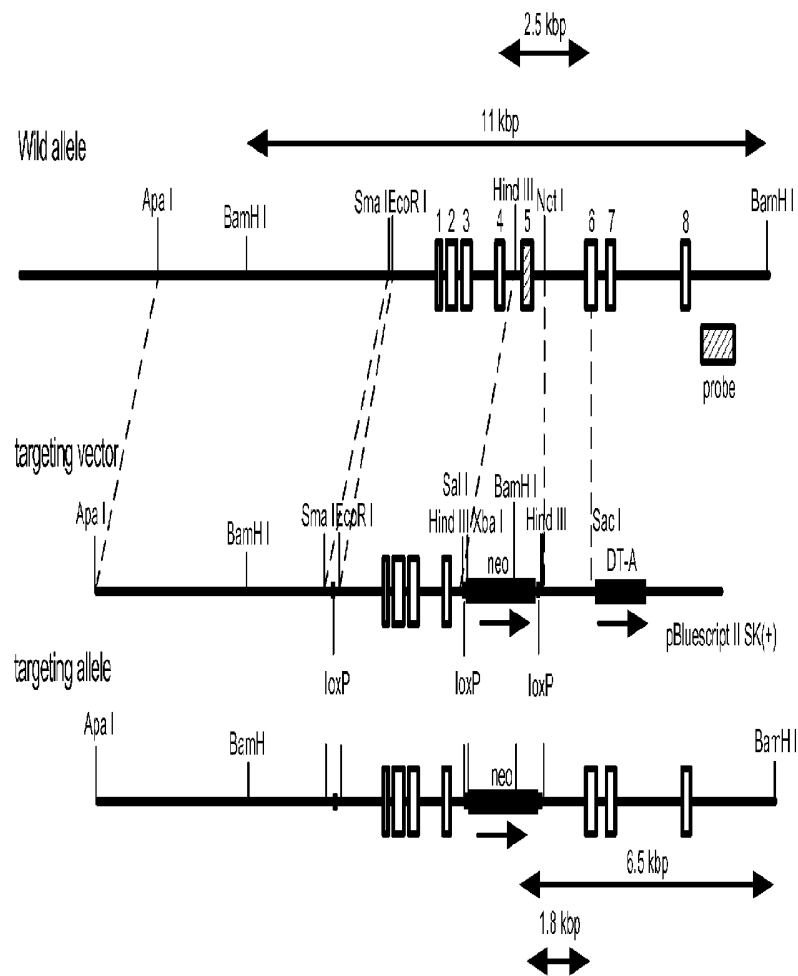
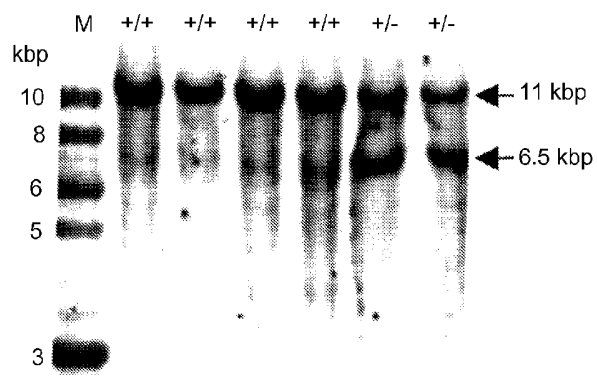
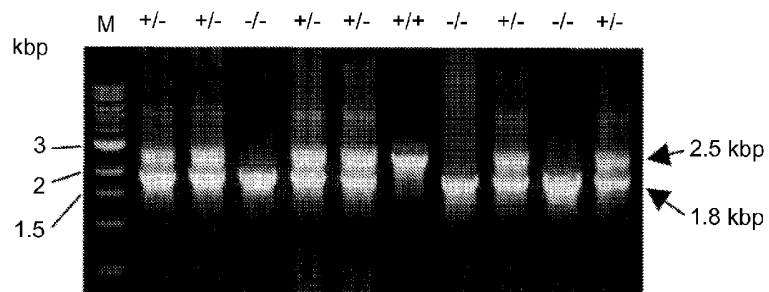
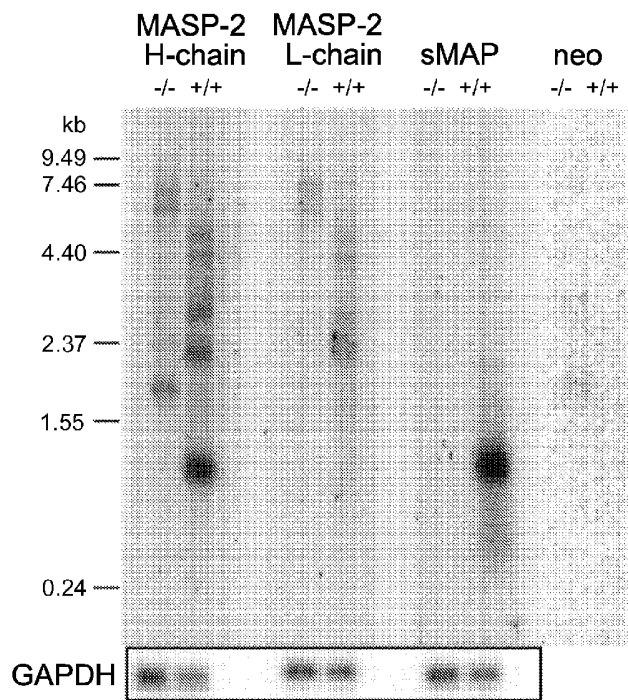
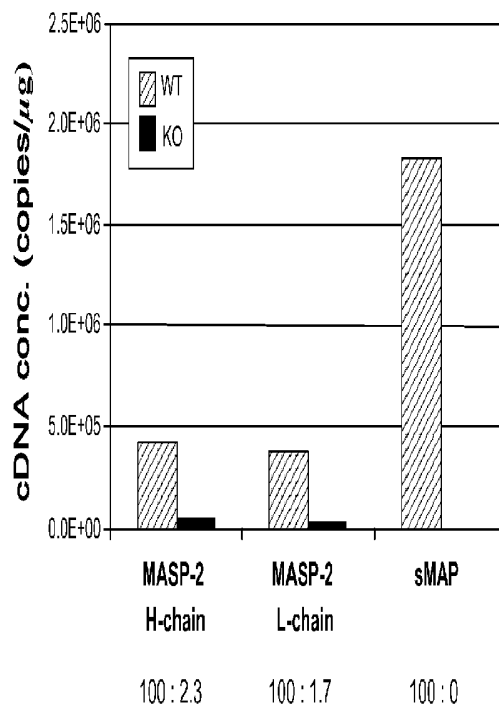


Fig.20A.

*Fig.20B.**Fig.20C.*

*Fig.21A.*

*Fig.21B.*

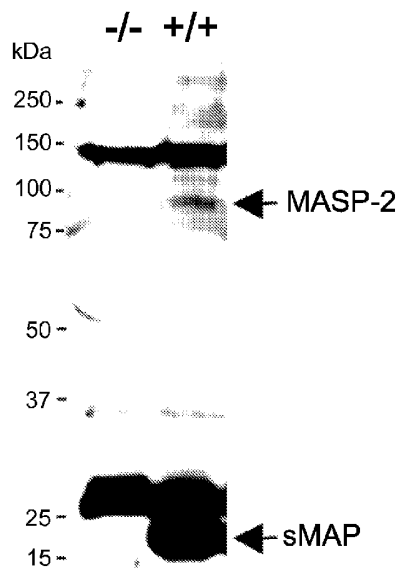


Fig.22A.

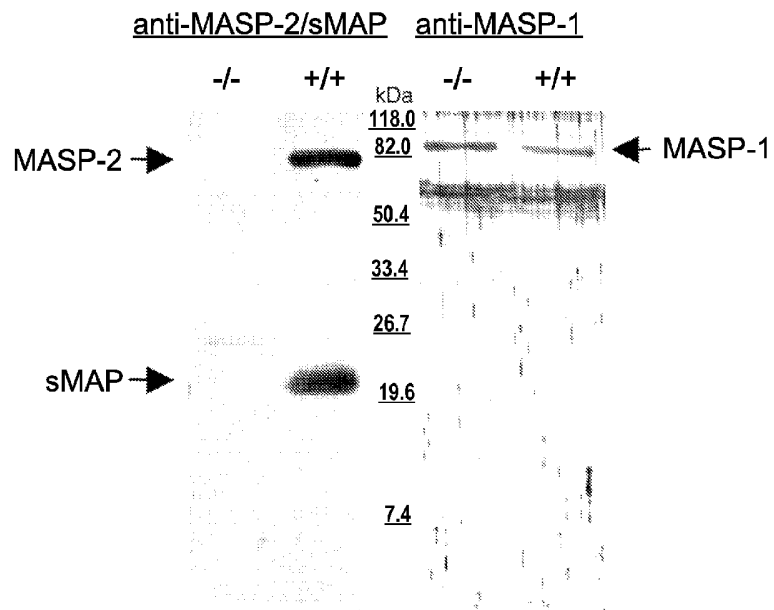


Fig.22B.

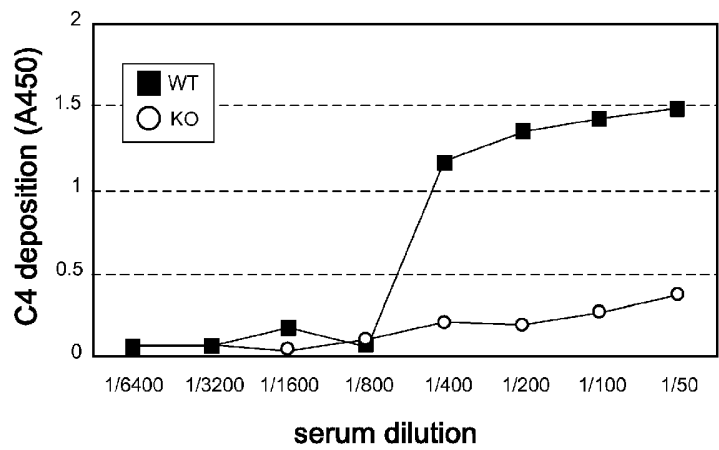


Fig.23A.

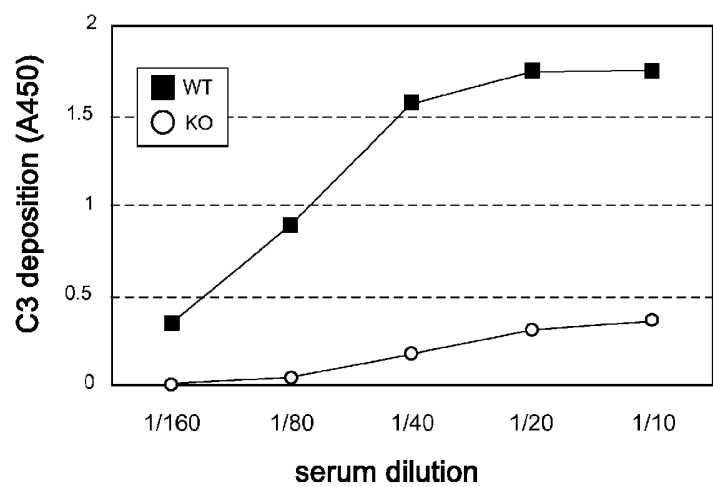


Fig.23B.

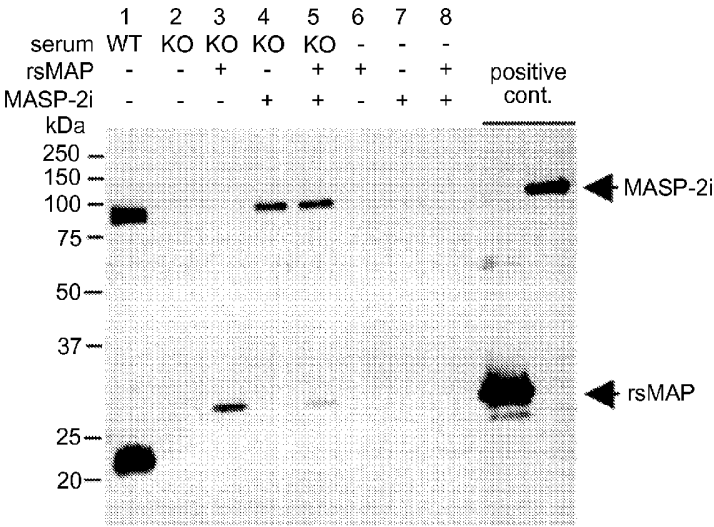


Fig.24A.

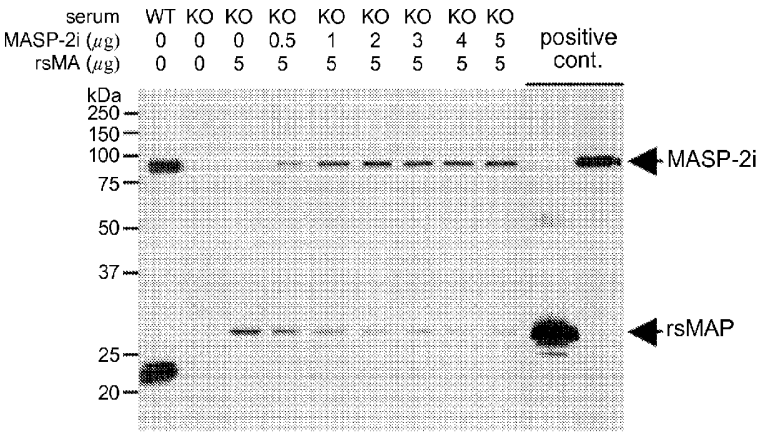


Fig.24B.

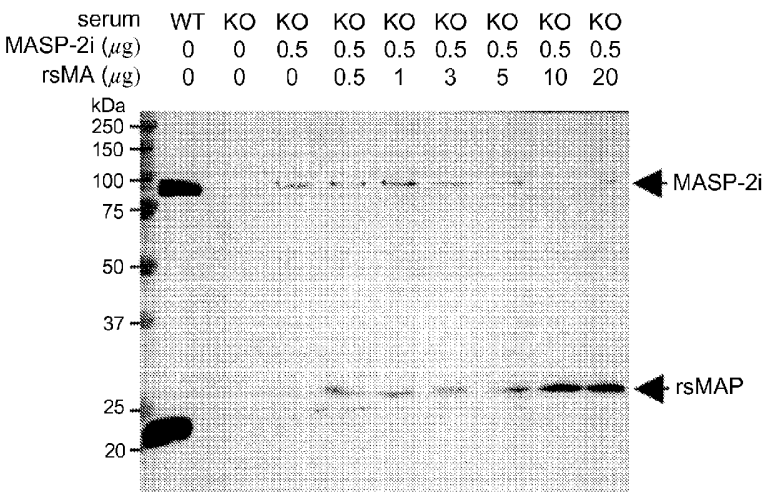


Fig.24C.

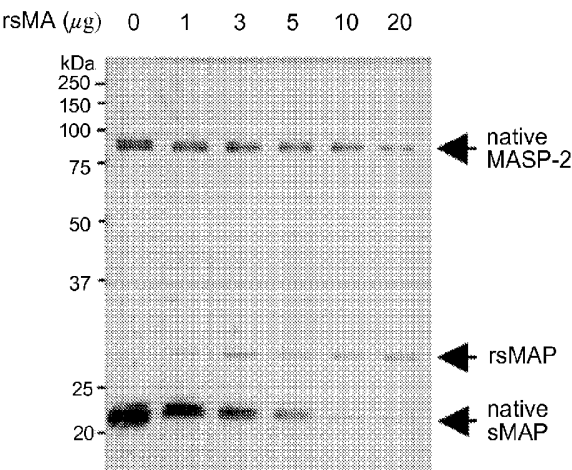


Fig.24D.

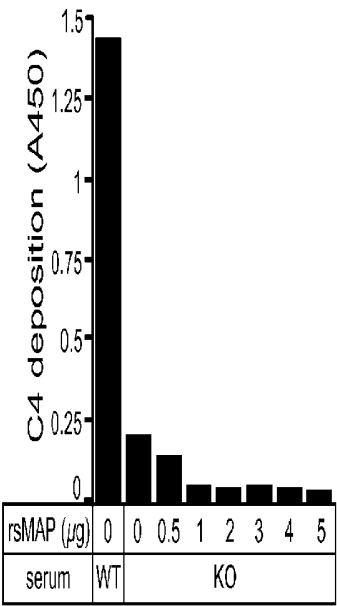


Fig.25A.

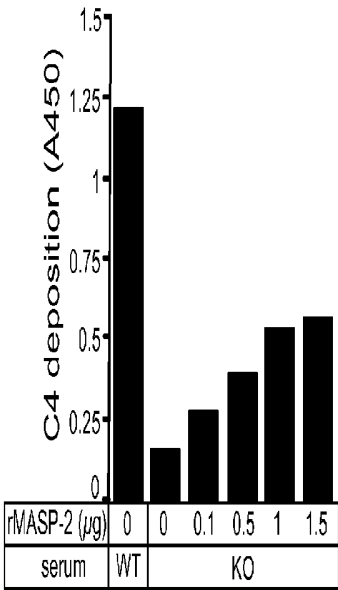


Fig.25B.

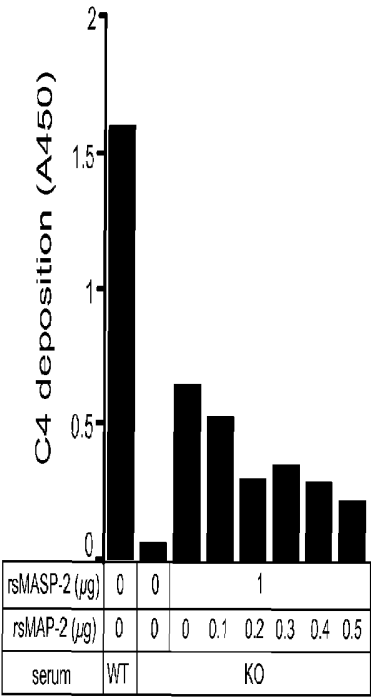


Fig.26A.

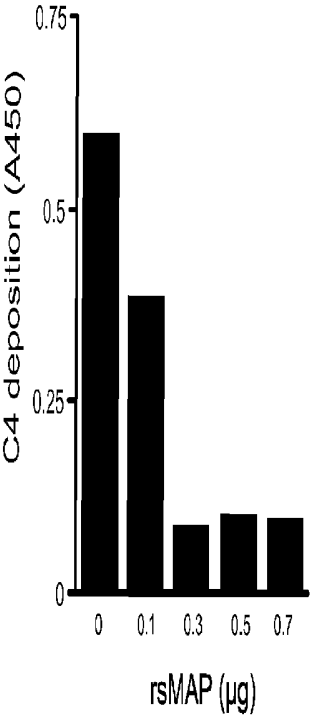
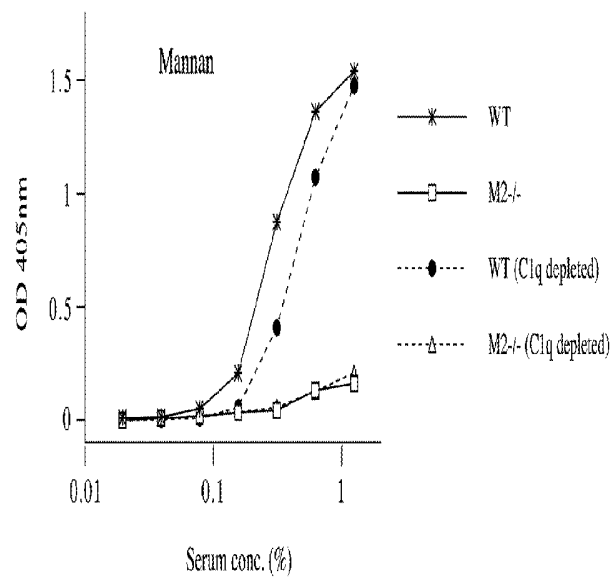
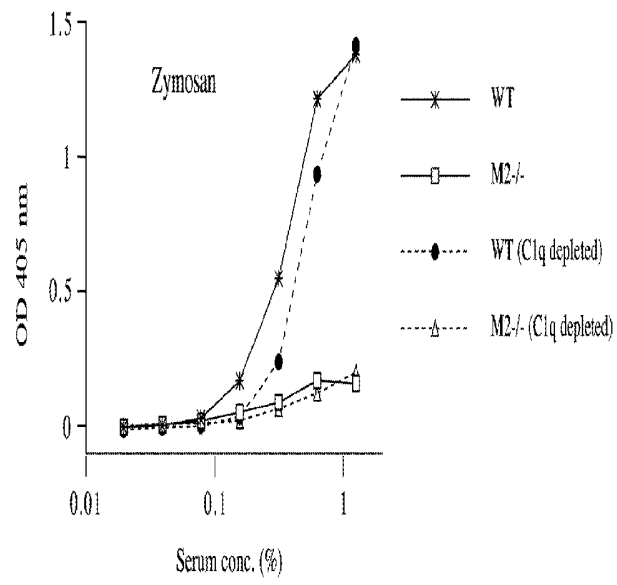
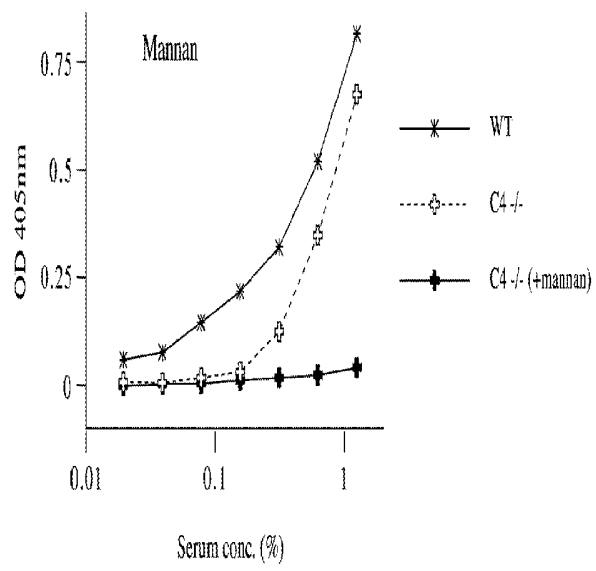


Fig.26B.

*Fig.27A.*

*Fig.27B.*

*Fig.27C.*