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(54) Title: DEPLETING IMMUNOSUPPRESSIVE MONOCYTES WITHIN A MAMMAL

(57) Abstract: This document provides methods and materials involved in depleting immunosuppressive monocytes (e.g., CD14⁺/DR⁺ or CD14⁺/DR^{low} monocytes) within a mammal. For example, methods and materials involved in using a CD2 binding molecule (e.g., alefacept) to deplete immunosuppressive monocytes within a mammal (e.g., a human) are provided.



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DEPLETING IMMUNOSUPPRESSIVE MONOCYTES WITHIN A MAMMAL**CROSS- REFERENCE TO RELATED APPLICATIONS**

5 This application claims the benefit of priority to U.S. Provisional Application
Serial No. 61/241,227, filed September 10, 2009. The disclosure of the prior application
is considered part of (and is incorporated by reference in) the disclosure of this
application.

Statement as to Federally Sponsored Research

10 This invention was made with government support under CA097274 awarded by
National Institutes of Health. The government has certain rights in the invention.

BACKGROUND*1. Technical Field*

15 This document relates to methods and materials involved in depleting
immunosuppressive monocytes (e.g., CD14⁺/DR⁻ or CD14⁺/DR^{low} monocytes) within a
mammal. For example, this document relates to methods and materials involved in using
a CD2 binding molecule (e.g., alefacept) to deplete immunosuppressive monocytes
within a mammal (e.g., a human).

20

2. Background Information

Monocytes are a type of white blood cell that helps form a mammal's immune
system. Monocytes can function to replenish resident macrophages and dendritic cells
under normal states, and to move, in response to inflammation signals, quickly to sites of
25 infection in the tissues and differentiate into macrophages and dendritic cells to elicit an
immune response. Monocytes are usually identified in stained smears by their large
bilobate nucleus.

SUMMARY

30 This document provides methods and materials related to depleting
immunosuppressive monocytes (e.g., CD14⁺/DR⁻ or CD14⁺/DR^{low} monocytes) within a

mammal. For example, this document relates to methods and materials involved in using a CD2 binding molecule (e.g., alefacept) to deplete immunosuppressive monocytes within a mammal (e.g., a human). The methods and materials provided herein can be used to restore immune function in patients suffering from the presence of immunosuppressive monocytes such as cancer and sepsis patients having detectable levels of immunosuppressive monocytes (e.g., CD14⁺/DR⁻ or CD14⁺/DR^{low} monocytes).

In general, one aspect of this document features a method for improving immune function within a mammal. The method comprises, or consists essentially of, (a) identifying a mammal wherein greater than 0.5 percent of the mammal's peripheral blood mononuclear cells are immunosuppressive monocytes, and (b) administering a CD2 binding molecule to the mammal under conditions wherein the number of immunosuppressive monocytes present within the mammal is reduced, thereby improving immune function within the mammal. The mammal can be a human. The identifying step can comprise identifying a mammal wherein greater than 0.75 percent of the mammal's peripheral blood mononuclear cells are immunosuppressive monocytes. The identifying step can comprise identifying a mammal wherein greater than 1 percent of the mammal's peripheral blood mononuclear cells are immunosuppressive monocytes. The identifying step can comprise identifying a mammal wherein greater than 1.25 percent of the mammal's peripheral blood mononuclear cells are immunosuppressive monocytes. The immunosuppressive monocytes can be CD14⁺/HLA-DR^{neg} monocytes. The immunosuppressive monocytes can be CD14⁺/HLA-DR^{low} monocytes. The CD2 binding molecule can comprise an amino acid sequence from an LFA3 polypeptide fused to an amino acid sequence having the ability to bind to a polypeptide present on the immunosuppressive monocytes. The CD2 binding molecule can be alefacept. The alefacept can be administered in an amount between 0.1 and 0.4 mg/kg of body weight, at a frequency between once a month and twice a week, and for a duration between one week and one year. The number of immunosuppressive monocytes present within the mammal can be reduced by at least 25 percent. The number of immunosuppressive monocytes present within the mammal can be reduced by at least 50 percent. The number of immunosuppressive monocytes present within the mammal can be reduced by at least 75 percent. The number of immunosuppressive monocytes present within the

mammal can be reduced by at least 95 percent. The mammal can be a human with cancer. The cancer can be melanoma. The method further can comprise administering a cancer therapy to the mammal. The cancer therapy can be administered to the mammal after the number of immunosuppressive monocytes present within the mammal is
5 reduced. The cancer therapy can be administered to the mammal before the number of immunosuppressive monocytes present within the mammal is reduced. The cancer therapy can be administered to the mammal together with the CD2 binding molecule. The mammal can be a human with sepsis. The method further can comprise administering a sepsis therapy to the mammal. The sepsis therapy can be administered to
10 the mammal after the number of immunosuppressive monocytes present within the mammal is reduced. The sepsis therapy can be administered to the mammal before the number of immunosuppressive monocytes present within the mammal is reduced. The sepsis therapy can be administered to the mammal together with the CD2 binding molecule.

15 Unless otherwise defined, all technical and scientific terms used herein have the same meaning as commonly understood by one of ordinary skill in the art to which this invention pertains. Although methods and materials similar or equivalent to those described herein can be used to practice the invention, suitable methods and materials are described below. All publications, patent applications, patents, and other references
20 mentioned herein are incorporated by reference in their entirety. In case of conflict, the present specification, including definitions, will control. In addition, the materials, methods, and examples are illustrative only and not intended to be limiting.

The details of one or more embodiments of the invention are set forth in the accompanying drawings and the description below. Other features, objects, and
25 advantages of the invention will be apparent from the description and drawings, and from the claims.

DESCRIPTION OF THE DRAWINGS

Figure 1 contains flow cytometry plots of peripheral blood cells from two patients
30 who participated in the phase I/II trial of Ameveve[®] (also known as alefacept) for relapsed T-cell lymphoma. In the left plots, it can be seen that there are two populations

of CD14⁺ monocytes: HLA-DR^{pos} and HLA-DR^{neg}. After treatment with Ameveve[®], both patients had not only an anti-tumor response, but also a disappearance of the CD14⁺/HLA-DR^{neg} cell population.

Figure 2 is a schematic representation of a possible interaction between immunosuppressive monocytes and natural killer cells upon treatment with alefacept.

DETAILED DESCRIPTION

This document provides methods and materials related to depleting immunosuppressive monocytes (e.g., CD14⁺/DR⁻ or CD14⁺/DR^{low} monocytes) within a mammal. For example, this document provides methods and materials involved in using a CD2 binding molecule (e.g., alefacept) to deplete immunosuppressive monocytes within a mammal. The term “immunosuppressive monocytes” as used herein refers to monocytes that express CD14 and little or no MHC class II molecules (e.g., little or no HLA-DR molecules). In humans, human CD14⁺/DR⁻ monocytes and human CD14⁺/DR^{low} monocytes are examples of immunosuppressive monocytes.

The methods and materials provided herein can be used to deplete immunosuppressive monocytes in any type of mammal including, without limitation, mice, rats, dogs, cats, horses, cows, pigs, monkeys, and humans. Using the methods and materials provided herein to deplete immunosuppressive monocytes within a mammal can restore normal immune function within the mammal. For example, a human with cancer (e.g., melanoma) or sepsis who has detectable levels of immunosuppressive monocytes can be treated with a CD2 binding molecule (e.g., alefacept) to reduce the number of immunosuppressive monocytes within the human. Reducing the number of immunosuppressive monocytes within a mammal can allow the mammal to mount an effective immune response. For example, a mammal suffering from cancer or sepsis can be treated as described herein to reduce the number of immunosuppressive monocytes such that the mammal's immune system can, in the absence of detectable levels of immunosuppressive monocytes, mount an effective immune response against the cancer cells or infection.

In some cases, a CD2 binding molecule can be used as described herein to reduce the number of immunosuppressive monocytes such that a prior, concurrent, or subsequent

treatment approach (e.g., a vaccination approach, a chemotherapy approach, or an antibiotic approach) can be more effective than it would otherwise be in the absence of the depletion of the immunosuppressive monocytes via treatment with the CD2 binding molecule. For example, a cancer patient having detectable levels of immunosuppressive monocytes can be treated with a CD2 binding molecule as described herein to reduce the number of immunosuppressive monocytes. Once the number of immunosuppressive monocytes within the patient is reduced, the patient can be treated with an appropriate chemotherapy. Table 1 provides a list of treatments that can be used in combination with the immunosuppressive monocyte depletion methods provided herein to treat the indicated conditions.

Table 1. List of conditions and corresponding treatments that can be combined with the immunosuppressive monocyte depletion methods provided herein.

Condition	Treatment
Sepsis	Antibiotic treatment (e.g., vancomycin, cephalosporins, penicillins, aminoglycosides)
Solid Tumors (e.g., melanoma)	Tumor vaccine (e.g., polypeptide or cell-based vaccines); Chemotherapy
Hematologic malignancies (e.g., non-Hodgkin Lymphoma)	Tumor vaccine, Chemotherapy, Antibody-based immunotherapy

Any appropriate method can be used to assess the number of immunosuppressive monocytes present within a mammal. For example, flow cytometry techniques that include the use of anti-CD14 and anti-HLA-DR antibodies can be used as described herein to assess the number of immunosuppressive monocytes present within a human (e.g., present within a blood sample collected from the human).

As described herein, a CD2 binding molecule can be used to reduce the number of immunosuppressive monocytes within a mammal. The term "CD2 binding molecule" as used herein refers to a molecule that exhibits binding affinity (e.g., a K_d less than 1×10^{-4} , less than 1×10^{-5} , less than 1×10^{-6} , less than 1×10^{-7} , less than 1×10^{-8} , less than 1×10^{-9} , or less than 1×10^{-10} M) for a CD2 polypeptide. For example, a CD2 binding molecule can

have a binding affinity such that the K_d is between 5 μ M and 50 μ M (e.g., between 9 and 22 μ M). In the case of humans, a CD2 polypeptide can have the amino acid sequence set forth in GenBank[®] gi number 156071472 (accession number NP_001758) and can be encoded by the nucleic acid set forth in GenBank[®] gi number 156071471 (accession number NM_001767). Examples of CD2 binding molecules include, without limitation, anti-CD2 antibodies (e.g., humanized anti-CD2 antibodies, chimeric anti-CD2 antibodies, single chain anti-CD2 antibodies, monoclonal anti-CD2 antibodies, polyclonal anti-CD2 antibodies, and anti-CD2 antibody fragments), LFA3 polypeptides (e.g., a human LFA3 polypeptide), and LFA3 polypeptide fragments (e.g., a LFA3 fragment that includes the first domain of an LFA3 polypeptide). In the case of humans, a LFA3 polypeptide can have the amino acid sequence set forth in GenBank[®] gi number 4502677 (accession number NP_001770) and can be encoded by the nucleic acid set forth in GenBank[®] gi number 221316611 (accession number NM_001779).

In some cases, a CD2 binding molecule can be a fusion polypeptide that includes an anti-CD2 antibody, an LFA3 polypeptide, or an LFA3 polypeptide fragment fused to a polypeptide having the ability to bind (e.g., with a K_d less than 1×10^{-4} , less than 1×10^{-5} , less than 1×10^{-6} , less than 1×10^{-7} , less than 1×10^{-8} , less than 1×10^{-9} , less than 1×10^{-10} , less than 1×10^{-11} , or less than 1×10^{-12} M) to a polypeptide present on an immunosuppressive monocyte. Examples of polypeptides present on an immunosuppressive monocyte include, without limitation, CD16 polypeptides, CD14 polypeptides, CD11c polypeptides, and CD64 polypeptides. Examples of polypeptides having the ability to bind to a polypeptide present on an immunosuppressive monocyte include, without limitation, the constant region of an immunoglobulin (e.g., an Fc domain) and adhesion polypeptides (e.g., selectins). Table 2 provides a list of polypeptides present on immunosuppressive monocytes together with a corresponding polypeptide having the ability to bind to the listed polypeptide present on immunosuppressive monocytes.

Table 2. Polypeptides expressed by immunosuppressive monocytes and their corresponding binding partners.

Polypeptide expressed by immunosuppressive monocytes	Binding partner
CD16	Fc domain
CD64	Fc domain
CD11c	complement
B7-H1 (PD-L1)	PD-1 and B7-1
B7-H2	ICOS

In one embodiment, a CD2 binding molecule can be a fusion polypeptide having an LFA3 polypeptide fragment fused to an Fc domain. An example of such a CD2 binding molecule is alefacept or LFA-3/IgG1 fusion protein (LFA3TIP), which is described elsewhere (U.S. Patent No. 6,162,432 and Miller *et al.*, *J. Exp. Med.*, 178(1):211-222 (1993)). As described herein, humans containing immunosuppressive monocytes can be treated with a CD2 binding molecule such as alefacept under conditions that result in a reduction in the number of immunosuppressive monocytes present within the human (Figure 1). While not being limited to any particular mode of action, a CD2 binding molecule may function to facilitate the interaction of natural killer cells with immunosuppressive monocytes in a manner that results in the depletion of the immunosuppressive monocytes (Figure 2).

As described herein, a method for reducing the number of immunosuppressive monocytes within a mammal can include administering a CD2 binding molecule to a mammal under conditions that reduce the number of immunosuppressive monocytes within the mammal. In some cases, before administering a CD2 binding molecule (e.g., alefacept), a mammal can be assessed to determine whether or not the mammal contains immunosuppressive monocytes. For example, a method for reducing the number of immunosuppressive monocytes within a human can include (a) identifying a human having a detectable level of immunosuppressive monocytes (e.g., greater than 0.5 percent of peripheral blood mononuclear cells are immunosuppressive monocytes) and (b) administering a CD2 binding molecule to the identified human under conditions that reduce the number of immunosuppressive monocytes within the human. In some cases, a

detectable level of immunosuppressive monocytes can be a level such that greater than 0.75 percent (e.g., greater than 1, 1.5, 2, 2.5, 3, 3.5, 4, 4.5, or 5 percent) of peripheral blood mononuclear cells are immunosuppressive monocytes. The level of reduction can be a 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85, 90, 95, or more percent reduction.

5 Any appropriate method such as flow cytometry can be used to assess the number of immunosuppressive monocytes present within the mammal.

Any appropriate method can be used to administer a CD2 binding molecule described herein to a mammal. For example, a CD2 binding molecule (e.g., alefacept) can be administered via injection (e.g., subcutaneous injection, intramuscular injection, 10 intratumoral injection, intravenous injection, or intrathecal injection).

An effective amount of a CD2 binding molecule (e.g., alefacept) can be any amount that reduces (e.g., a 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85, 90, 95, or more percent reduction) the number of immunosuppressive monocytes present within the mammal without producing significant toxicity to the mammal. Typically, an effective 15 amount of a CD2 binding molecule such as alefacept can be from about 0.05 mg/kg of body weight to about 500 mg/kg of body weight (e.g., about 0.1 mg/kg, about 0.15 mg/kg, about 0.2 mg/kg, about 0.25 mg/kg, about 0.3 mg/kg, about 0.35 mg/kg, or about 0.4 mg/kg). If a particular mammal fails to respond to a particular amount, then the amount can be increased by, for example, two fold. After receiving this higher 20 concentration, the mammal can be monitored for both responsiveness to the treatment and toxicity symptoms, and adjustments made accordingly. The effective amount can remain constant or can be adjusted as a sliding scale or variable dose depending on the mammal's response to treatment. Various factors can influence the actual effective amount used for a particular application. For example, the frequency of administration, 25 duration of treatment, use of multiple treatment agents, route of administration, and the number of immunosuppressive monocytes present may require an increase or decrease in the actual effective amount administered.

The frequency of administration of a CD2 binding molecule (e.g., alefacept) can be any frequency that reduces (e.g., a 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85, 90, 30 95, or more percent reduction) the number of immunosuppressive monocytes present within the mammal without producing significant toxicity to the mammal. For example,

the frequency of administration can be from about once a day to about once every other month, or from about once a week to about six times a month, or from about once a month to about three times a year. The frequency of administration can remain constant or can be variable during the duration of treatment. For example, the frequency can be
5 once a week for eight weeks followed by once a month for ten months. A course of treatment with a CD2 binding molecule can include rest periods. For example, a CD2 binding molecule such as alefacept can be administered over a two month period followed by a two month rest period, and such a regimen can be repeated multiple times. As with the effective amount, various factors can influence the actual frequency of
10 administration used for a particular application. For example, the effective amount, duration of treatment, use of multiple treatment agents, route of administration, and the number of immunosuppressive monocytes present may require an increase or decrease in administration frequency.

An effective duration for administering a CD2 binding molecule (e.g., alefacept)
15 can be any duration that reduces (e.g., a 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85, 90, 95, or more percent reduction) the number of immunosuppressive monocytes present within the mammal without producing significant toxicity to the mammal. Thus, the effective duration can vary from several days to several weeks, months, or years. In general, the effective duration for the treatment of skin cancer can range in duration from
20 several weeks to several months. In some cases, an effective duration can be for as long as an individual mammal is alive. Multiple factors can influence the actual effective duration used for a particular treatment. For example, an effective duration can vary with the frequency of administration, effective amount, use of multiple treatment agents, route of administration, and the number of immunosuppressive monocytes present.

25 This document also provides compositions containing a CD2 binding molecule. Such compositions can be in any appropriate form. For example, a composition containing a CD2 binding molecule can be in the form of a solution or powder with or without a diluent to make an injectable suspension. A composition also can contain additional ingredients including, without limitation, pharmaceutically acceptable
30 vehicles. A pharmaceutically acceptable vehicle can be, for example, saline, water, lactic acid, and mannitol.

After administering a CD2 binding molecule or a composition containing a CD2 binding molecule to a mammal, the mammal can be monitored to determine whether or not the number of immunosuppressive monocytes present within the mammal was reduced. As described herein, flow cytometry can be used to assess the number of immunosuppressive monocytes present within a mammal.

The invention will be further described in the following examples, which do not limit the scope of the invention described in the claims.

EXAMPLES

Example 1 – Alefacept reduces the number of CD14⁺/HLA-DR^{neg} monocytes within patients

A phase I trial of intravenous Ameveve[®] (alefacept) was initiated to test Ameveve[®] as a single agent in three different cohorts of patients with lymphoma: 0.15 mg of Ameveve[®]/kilogram of body weight IV, 0.20 mg/kilogram IV, and 0.3 mg/kilogram IV. The doses were delivered weekly for eight weeks followed by an evaluation. If the patient responded or was stable, then the patient received one dose IV monthly for ten additional cycles for a total induction of one year. Patients were then observed, and when they progressed, they were reintroduced with eight weekly doses followed by another maintenance. The phase I study was completed with no dose limiting toxicity.

The presence and amounts of CD14⁺/HLA-DR^{neg} monocytes in patients with lymphoma were investigated. These cells were readily identified by flow cytometry, but they were not detected by a routine complete blood count. Briefly, flow cytometry was performed using fluorochrome-conjugated antibodies against CD14 and HLA-DR. CD14⁺/HLA-DR^{neg} monocytes exhibited very bright expression of CD16 when compared with an isotype control antibody.

The number of CD14⁺/HLA-DR^{neg} monocytes did not tend to alter the total monocyte count as determined from the complete blood count. In two patients enrolled in the clinical trial and treated with Ameveve[®], the CD14⁺/HLA-DR^{neg} monocytes that were present prior to Ameveve[®] therapy disappeared after Ameveve[®] therapy (Figure 1). In one of these patients, the CD14⁺/HLA-DR^{neg} monocytes reappeared at the time of

relapse after she had been off the treatment for several months. In the other patient, the CD14⁺/HLA-DR^{neg} monocytes remained absent, and the patient remained in remission from his cutaneous T-cell lymphoma. Both patients were treated in the 0.2 mg/kg IV cohort. One other patient was evaluated and had a reduction in CD14⁺/HLA-DR^{neg} monocytes that was significant, but not as striking as these two patients.

Example 2 – Clinical trial to confirm use of CD2 binding molecules to reduce the number of CD14⁺/HLA-DR^{neg} monocytes within patients

About 15 to 20 patients with advanced cancer who have no other reasonable options and have detectable CD14⁺/HLA-DR^{neg} monocytes in their blood by flow cytometry are enrolled. A multi-color flow cytometry panel is used to quantitate the immunosuppressive monocytes. Briefly, flow cytometry is performed using as described herein or using any combination of the following markers: CD14, CD16 (most are CD16⁺), HLA-DR, CD115, CX3CR1, CCR2, CD64, and CD32.

Eligibility criteria are advanced, incurable cancer, no other ongoing therapy, the presence of blood CD14⁺/HLA-DR^{neg} monocytes, and a willingness to visit the clinic weekly for blood tests. Patients are to receive weekly Ameveve[®] at a dose of 0.3 mg/kilogram IV. Patients are seen weekly and receive treatment as long as detectable suppressive monocytes remain in their blood up to eight weekly treatments. Patients are not to receive more than eight weekly treatments. The reason for this limit is that it is the length of time that induced patients in the completed trial with observed effects. If the suppressive monocytes disappear, then the patients are monitored weekly for four weeks followed by every other week for one month followed by monthly for six months to assess the duration of the induced reduction in blood CD14⁺/HLA-DR^{neg} monocytes.

OTHER EMBODIMENTS

It is to be understood that while the invention has been described in conjunction with the detailed description thereof, the foregoing description is intended to illustrate and not limit the scope of the invention, which is defined by the scope of the appended claims. Other aspects, advantages, and modifications are within the scope of the following claims.

WHAT IS CLAIMED IS:

1. A method for improving immune function within a mammal, wherein said method comprises:
 - (a) identifying a mammal wherein greater than 0.5 percent of the mammal's peripheral blood mononuclear cells are immunosuppressive monocytes, and
 - (b) administering a CD2 binding molecule to said mammal under conditions wherein the number of immunosuppressive monocytes present within said mammal is reduced, thereby improving immune function within said mammal.
2. The method of claim 1, wherein said mammal is a human.
3. The method of claim 1, wherein said identifying step comprises identifying a mammal wherein greater than 0.75 percent of the mammal's peripheral blood mononuclear cells are immunosuppressive monocytes.
4. The method of claim 1, wherein said identifying step comprises identifying a mammal wherein greater than 1 percent of the mammal's peripheral blood mononuclear cells are immunosuppressive monocytes.
5. The method of claim 1, wherein said identifying step comprises identifying a mammal wherein greater than 1.25 percent of the mammal's peripheral blood mononuclear cells are immunosuppressive monocytes.
6. The method of claim 1, wherein said immunosuppressive monocytes are CD14⁺/HLA-DR^{neg} monocytes.
7. The method of claim 1, wherein said immunosuppressive monocytes are CD14⁺/HLA-DR^{low} monocytes.

8. The method of claim 1, wherein said CD2 binding molecule comprises an amino acid sequence from an LFA3 polypeptide fused to an amino acid sequence having the ability to bind to a polypeptide present on said immunosuppressive monocytes.
9. The method of claim 1, wherein said CD2 binding molecule is alefacept.
10. The method of claim 9, wherein said alefacept is administered in an amount between 0.1 and 0.4 mg/kg of body weight, at a frequency between once a month and twice a week, and for a duration between one week and one year.
11. The method of claim 1, wherein said number of immunosuppressive monocytes present within said mammal is reduced by at least 25 percent.
12. The method of claim 1, wherein said number of immunosuppressive monocytes present within said mammal is reduced by at least 50 percent.
13. The method of claim 1, wherein said number of immunosuppressive monocytes present within said mammal is reduced by at least 75 percent.
14. The method of claim 1, wherein said number of immunosuppressive monocytes present within said mammal is reduced by at least 95 percent.
15. The method of claim 1, wherein said mammal is a human with cancer.
16. The method of claim 15, wherein said cancer is melanoma.
17. The method of claim 15, wherein said method further comprises administering a cancer therapy to said mammal.

18. The method of claim 17, wherein said cancer therapy is administered to said mammal after said number of immunosuppressive monocytes present within said mammal is reduced.

19. The method of claim 17, wherein said cancer therapy is administered to said mammal before said number of immunosuppressive monocytes present within said mammal is reduced.

20. The method of claim 17, wherein said cancer therapy is administered to said mammal together with said CD2 binding molecule.

21. The method of claim 1, wherein said mammal is a human with sepsis.

22. The method of claim 21, wherein said method further comprises administering a sepsis therapy to said mammal.

23. The method of claim 22, wherein said sepsis therapy is administered to said mammal after said number of immunosuppressive monocytes present within said mammal is reduced.

24. The method of claim 22, wherein said sepsis therapy is administered to said mammal before said number of immunosuppressive monocytes present within said mammal is reduced.

25. The method of claim 22, wherein said sepsis therapy is administered to said mammal together with said CD2 binding molecule.

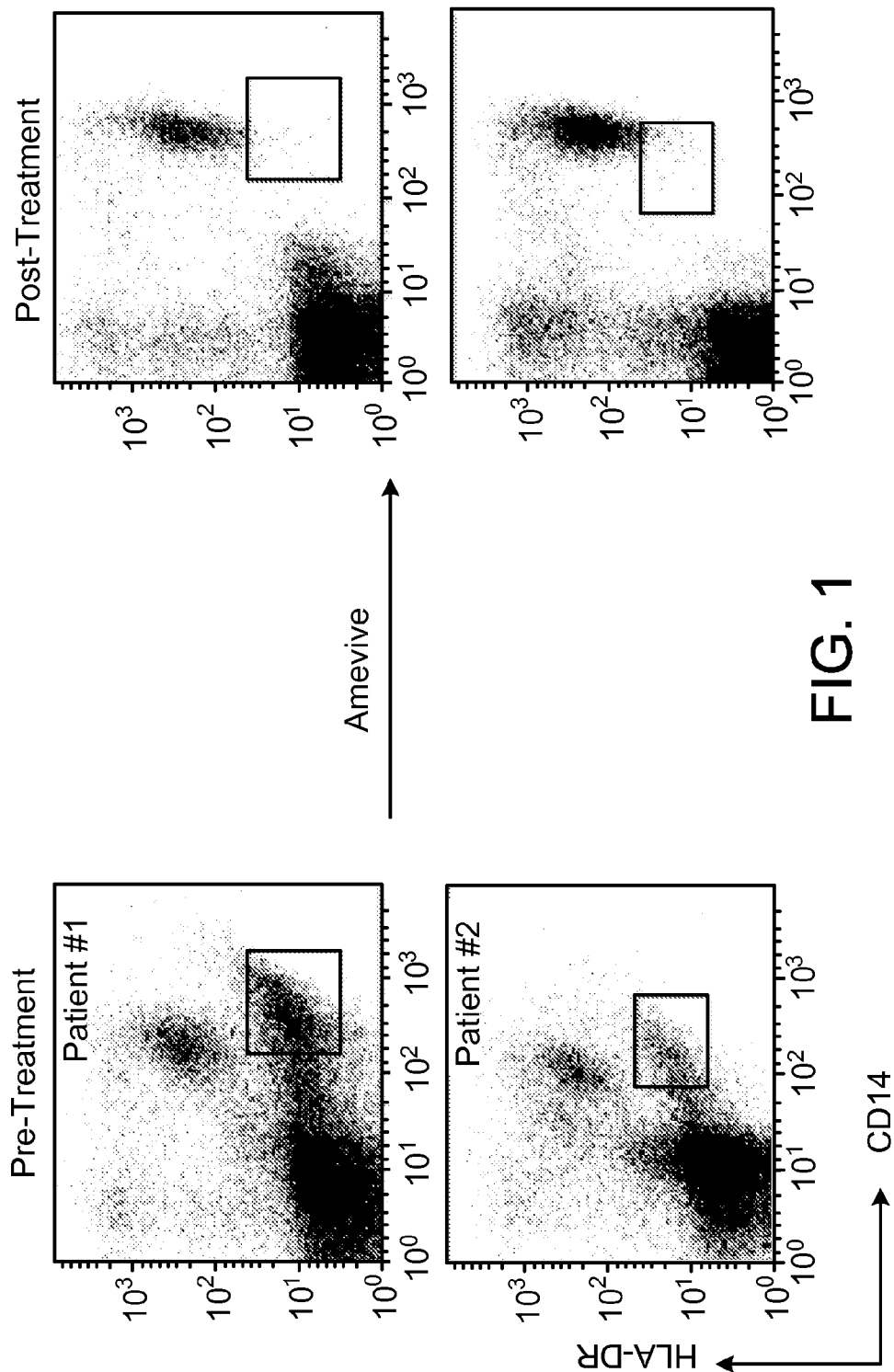


FIG. 1

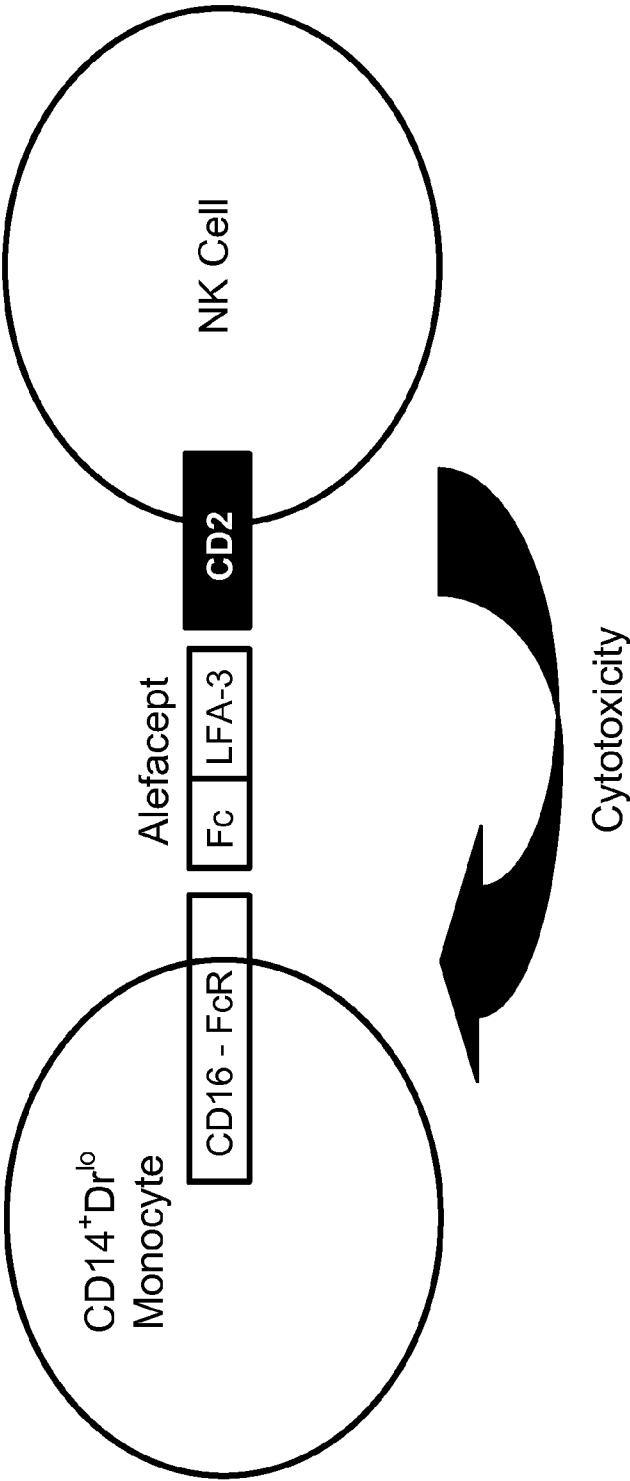


FIG. 2