

(12) PATENT
(19) AUSTRALIAN PATENT OFFICE

(11) Application No. **AU 199867610 B2**
(10) Patent No. **728325**

(54) Title
Immunotherapy of B-cell malignancies using anti-CD22 antibodies

(51)⁷ International Patent Classification(s)
A61K 039/395

(21) Application No: **199867610**

(22) Application Date: **1998.03.17**

(87) WIPO No: **WO98/42378**

(30) Priority Data

(31) Number	(32) Date	(33) Country
60/041506	1997.03.24	US

(43) Publication Date : **1998.10.20**

(43) Publication Journal Date : **1998.12.03**

(44) Accepted Journal Date : **2001.01.04**

(71) Applicant(s)
Immunomedics, Inc.

(72) Inventor(s)
David M Goldenberg

(74) Agent/Attorney
FISHER ADAMS KELLY,GPO Box 1413,BRISBANE QLD 4001



INT

(51) International Patent Classification ⁶ : A61K 39/395 // (A61K 39/395, 31:00, 38:19)		A1	(11) International Publication Number: WO 98/42378
			(43) International Publication Date: 1 October 1998 (01.10.98)
(21) International Application Number: PCT/US98/05075		(81) Designated States: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GE, GM, GW, HU, ID, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZW, ARIPO patent (GH, GM, KE, LS, MW, SD, SZ, UG, ZW), Eurasian patent (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM), European patent (AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG).	
(22) International Filing Date: 17 March 1998 (17.03.98)			
(30) Priority Data: 60/041,506 24 March 1997 (24.03.97) US			
(63) Related by Continuation (CON) or Continuation-in-Part (CIP) to Earlier Application US 60/041,506 (CON) Filed on 24 March 1997 (24.03.97)			
(71) Applicant (for all designated States except US): IMMUNOMEDICS, INC. [US/US]; 300 American Road, Morris Plains, NJ 07950 (US).		Published <i>With international search report.</i> <i>Before the expiration of the time limit for amending the claims and to be republished in the event of the receipt of amendments.</i>	
(72) Inventor; and (75) Inventor/Applicant (for US only): GOLDENBERG, David, M. [US/US]; 30 Pleasant Valley Road, Mendham, NJ 07945 (US).			
(74) Agents: SAXE, Bernhard, D. et al.; Foley & Lardner, Suite 500, 3000 K Street, N.W., Washington, DC 20007-5109 (US).			
(54) Title: IMMUNOTHERAPY OF B-CELL MALIGNANCIES USING ANTI-CD22 ANTIBODIES			
(57) Abstract <p>B-Cell malignancies, such as the B-cell subtype of non-Hodgkin's lymphoma and chronic lymphocytic leukemia, are significant contributors to cancer mortality. The response of B-cell malignancies to various forms of treatment is mixed. Traditional methods of treating B-cell malignancies, including chemotherapy and radiotherapy, have limited utility due to toxic side effects. Immunotherapy with anti-CD20 antibodies have also provided limited success. The use of antibodies that bind with the CD22 antigen, however, provides an effective means to treat B-cell malignancies such as indolent and aggressive forms of B-cell lymphomas, and acute and chronic forms of lymphatic leukemias. Moreover, immunotherapy with anti-CD22 antibodies requires comparatively low doses of antibody protein, and can be used effectively in multimodal therapies.</p>			



**IMMUNOTHERAPY OF B-CELL MALIGNANCIES
USING ANTI-CD22 ANTIBODIES**

BACKGROUND OF THE INVENTION

5 **1. Field of the Invention**

The present invention relates to immunotherapeutic methods for treating B-cell malignancies. In particular, this invention is directed to methods for treating B-cell malignancies by administering comparatively low doses of antibody that binds to the CD22 antigen. The present invention also is directed to multimodal therapeutic methods in which anti-CD22 administration is supplemented with chemotherapy, or by administration of therapeutic proteins, such as immunoconjugates and antibody fusion proteins.

2. Background

B-Cell lymphomas, such as the B-cell subtype of non-Hodgkin's lymphoma, are significant contributors to cancer mortality. The response of B-cell malignancies to various forms of treatment is mixed. For example, in cases in which adequate clinical staging of non-Hodgkin's lymphoma is possible, field radiation therapy can provide satisfactory treatment. Still, about one-half of the patients die from the disease. Devesa et al., *J. Nat'l Cancer Inst.* 79:701 (1987).

The majority of chronic lymphocytic leukemias are of B-cell lineage. Freedman, *Hematol. Oncol. Clin. North Am.* 4:405 (1990). This type of B-cell malignancy is the most common leukemia in the Western world. Goodman et al., *Leukemia and Lymphoma* 22:1 (1996). The natural history of chronic lymphocytic leukemia falls into several phases. In the early phase, chronic lymphocytic leukemia is an indolent disease, characterized by the accumulation of small mature functionally-incompetent

malignant B-cells having a lengthened life span. Eventually, the doubling time of the malignant B-cells decreases and patients become increasingly symptomatic. While treatment can provide symptomatic relief, the overall survival of the patients is only minimally affected. The late stages of chronic lymphocytic leukemia are characterized by significant anemia and/or thrombocytopenia. At this point, the median survival is less than two years. Foon et al., *Annals Int. Medicine* 113:525 (1990). Due to the very low rate of cellular proliferation, chronic lymphocytic leukemia is resistant to treatment.

Traditional methods of treating B-cell malignancies, including chemotherapy and radiotherapy, have limited utility due to toxic side effects. The use of monoclonal antibodies to direct radionuclides, toxins, or other therapeutic agents offers the possibility that such agents can be delivered selectively to tumor sites, thus limiting toxicity to normal tissues.

Antibodies against the CD20 antigen have been investigated for the therapy of B-cell lymphomas. For example, a chimeric anti-CD20 antibody, designated as "IDEC-C2B8," has activity against B-cell lymphomas when provided as unconjugated antibodies at repeated injections of doses exceeding 500 mg per injection. Maloney et al., *Blood* 84:2457 (1994); Longo, *Curr. Opin. Oncol.* 8:353 (1996). About 50 percent of non-Hodgkin's patients, having the low-grade indolent form, treated with this regimen showed responses. Therapeutic responses have also been obtained using ¹³¹I-labeled B1 anti-CD-20 murine monoclonal antibody when provided as repeated doses exceeding 600 mg per injection. Kaminski et al., *N. Engl. J. Med.* 329:459 (1993); Press et al., *N. Engl. J. Med.* 329:1219 (1993); Press et al., *Lancet* 346:336 (1995). However, these antibodies, whether provided as unconjugated forms or radiolabeled forms, have not shown objective responses in patients with the

more prevalent and lethal form of B-cell lymphoma, the intermediate or aggressive type.

Therefore, a need exists to develop an immunotherapy for B-cell malignancies that allows repeated
5 administration of comparatively low doses of an antibody, and that is not limited by the necessity of adding a toxic agent for achieving a therapeutic response of significant duration.

SUMMARY OF THE INVENTION

10 Accordingly, it is an object of the present invention to provide a method for treating B-cell malignancies using comparatively low doses of anti-CD22 antibodies.

It is a further object of this invention to provide multimodal methods for treatment of B-cell malignancies
15 in which low doses of anti-CD22 antibodies are supplemented with the administration of a therapeutic protein, such as an immunoconjugate or antibody fusion protein, or by a chemotherapeutic regimen.

These and other objects are achieved, in accordance
20 with one embodiment of the present invention, by the provision of a method of treating a B-cell malignancy, comprising the step of administering to a subject having a B-cell malignancy an anti-CD22 antibody and a pharmaceutically acceptable carrier.

25

DETAILED DESCRIPTION

1. Overview

As discussed above, anti-CD20 antibodies, whether unconjugated or labeled with a therapeutic radionuclide, have failed to provide objective responses in patients
30 with intermediate or aggressive forms of B-cell lymphoma. Surprisingly, clinical studies with patients having non-Hodgkin's lymphoma (both indolent and aggressive forms) or acute lymphatic leukemia have demonstrated that

relatively low doses (i.e., 20 - 100 mg protein per dose) of unconjugated murine or humanized anti-CD22 antibody, designated as either "EPB-2" or "LL2," can induce partial or complete remissions lasting up to 24 months. This, despite the fact that such patients are often in relapse after multiple courses of aggressive chemotherapy, and even after bone marrow grafting. The positive results with unconjugated anti-CD22 antibody are particularly surprising in advanced patients with the aggressive (intermediate) form of non-Hodgkin's lymphoma and in chronic and acute lymphatic leukemia, since unconjugated or radiolabeled anti-CD20 antibodies have failed to show such effects, particularly at low protein doses. Moreover, the positive results with anti-CD22 antibodies are unexpected in view of the statement by Freedman, Hematol. Oncol. Clin. North Am. 4:405 (1990), that chronic lymphocytic leukemias of the B-cell type do not generally express CD22.

2. Definitions

In the description that follows, a number of terms are used extensively. The following definitions are provided to facilitate understanding of the invention.

A structural gene is a DNA sequence that is transcribed into messenger RNA (mRNA) which is then translated into a sequence of amino acids characteristic of a specific polypeptide.

A promoter is a DNA sequence that directs the transcription of a structural gene. Typically, a promoter is located in the 5' region of a gene, proximal to the transcriptional start site of a structural gene. If a promoter is an inducible promoter, then the rate of transcription increases in response to an inducing agent. In contrast, the rate of transcription is not regulated by an inducing agent if the promoter is a constitutive promoter.

An isolated DNA molecule is a fragment of DNA that is not integrated in the genomic DNA of an organism. For example, a cloned antibody gene is a DNA fragment that has been separated from the genomic DNA of a mammalian cell. Another example of an isolated DNA molecule is a chemically-synthesized DNA molecule that is not integrated in the genomic DNA of an organism.

An enhancer is a DNA regulatory element that can increase the efficiency of transcription, regardless of the distance or orientation of the enhancer relative to the start site of transcription.

Complementary DNA (cDNA) is a single-stranded DNA molecule that is formed from an mRNA template by the enzyme reverse transcriptase. Typically, a primer complementary to portions of mRNA is employed for the initiation of reverse transcription. Those skilled in the art also use the term "cDNA" to refer to a double-stranded DNA molecule consisting of such a single-stranded DNA molecule and its complementary DNA strand.

The term expression refers to the biosynthesis of a gene product. For example, in the case of a structural gene, expression involves transcription of the structural gene into mRNA and the translation of mRNA into one or more polypeptides.

A cloning vector is a DNA molecule, such as a plasmid, cosmid, or bacteriophage, that has the capability of replicating autonomously in a host cell. Cloning vectors typically contain one or a small number of restriction endonuclease recognition sites at which foreign DNA sequences can be inserted in a determinable fashion without loss of an essential biological function of the vector, as well as a marker gene that is suitable for use in the identification and selection of cells transformed with the cloning vector. Marker genes typically include genes that provide tetracycline resistance or ampicillin resistance.

An expression vector is a DNA molecule comprising a gene that is expressed in a host cell. Typically, gene

expression is placed under the control of certain regulatory elements, including constitutive or inducible promoters, tissue-specific regulatory elements, and enhancers. Such a gene is said to be "operably linked to" the regulatory elements.

A recombinant host may be any prokaryotic or eukaryotic cell that contains either a cloning vector or expression vector. This term also includes those prokaryotic or eukaryotic cells that have been genetically engineered to contain the cloned gene(s) in the chromosome or genome of the host cell.

An antibody fragment is a portion of an antibody such as $F(ab')_2$, $F(ab)_2$, Fab' , Fab , and the like. Regardless of structure, an antibody fragment binds with the same antigen that is recognized by the intact antibody. For example, an anti-CD22 monoclonal antibody fragment binds with an epitope of CD22.

The term "antibody fragment" also includes any synthetic or genetically engineered protein that acts like an antibody by binding to a specific antigen to form a complex. For example, antibody fragments include isolated fragments consisting of the light chain variable region, "Fv" fragments consisting of the variable regions of the heavy and light chains, recombinant single chain polypeptide molecules in which light and heavy variable regions are connected by a peptide linker ("sFv proteins"), and minimal recognition units consisting of the amino acid residues that mimic the hypervariable region.

A chimeric antibody is a recombinant protein that contains the variable domains and complementary determining regions derived from a rodent antibody, while the remainder of the antibody molecule is derived from a human antibody.

Humanized antibodies are recombinant proteins in which murine complementarity determining regions of a monoclonal antibody have been transferred from heavy and

light variable chains of the murine immunoglobulin into a human variable domain.

As used herein, a therapeutic agent is a molecule or atom which is conjugated to an antibody moiety to produce a conjugate which is useful for therapy. Examples of therapeutic agents include drugs, toxins, immunomodulators, chelators, boron compounds, photoactive agents or dyes, and radioisotopes.

A naked antibody is an entire antibody, as opposed to an antibody fragment, which is not conjugated with a therapeutic agent. Naked antibodies include both polyclonal and monoclonal antibodies, as well as certain recombinant antibodies, such as chimeric and humanized antibodies.

As used herein, the term antibody component includes both an entire antibody and an antibody fragment.

An immunoconjugate is a conjugate of an antibody component with a therapeutic agent.

As used herein, the term antibody fusion protein refers to a recombinant molecule that comprises an antibody component and a therapeutic agent. Examples of therapeutic agents suitable for such fusion proteins include immunomodulators ("antibody-immunomodulator fusion protein") and toxins ("antibody-toxin fusion protein").

3. Production of Anti-CD22 Monoclonal Antibodies, Humanized Antibodies, Primate Antibodies and Human Antibodies

Rodent monoclonal antibodies to CD22 can be obtained by methods known to those skilled in the art. See generally, for example, Kohler and Milstein, *Nature* 256:495 (1975), and Coligan et al. (eds.), *CURRENT PROTOCOLS IN IMMUNOLOGY*, VOL. 1, pages 2.5.1-2.6.7 (John Wiley & Sons 1991) ["Coligan"]. Briefly, monoclonal antibodies can be obtained by injecting mice with a composition comprising CD22, verifying the presence of antibody production by removing a serum sample, removing

the spleen to obtain B-lymphocytes, fusing the B-lymphocytes with myeloma cells to produce hybridomas, cloning the hybridomas, selecting positive clones which produce anti-CD22 antibodies, culturing the clones that
5 produce antibodies to the antigen, and isolating the antibodies from the hybridoma cultures.

Monoclonal antibodies can be isolated and purified from hybridoma cultures by a variety of well-established techniques. Such isolation techniques include affinity
10 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. Also, see Baines et al., "Purification of Immunoglobulin G (IgG)," in METHODS IN MOLECULAR BIOLOGY,
15 VOL. 10, pages 79-104 (The Humana Press, Inc. 1992).

Suitable amounts of the well-characterized CD22 antigen for production of antibodies can be obtained using standard techniques. As an example, CD22 can be immunoprecipitated from B-lymphocyte protein using the
20 deposited antibodies described by Tedder et al., U.S. patent No. 5,484,892 (1996).

Alternatively, CD22 protein can be obtained from transfected cultured cells that overproduce CD22. Expression vectors that comprise DNA molecules encoding
25 CD22 proteins can be constructed using published CD22 nucleotide sequences. See, for example, Wilson et al., *J. Exp. Med.* 173:137 (1991); Wilson et al., *J. Immunol.* 150:5013 (1993). As an illustration, DNA molecules encoding CD22 can be obtained by synthesizing DNA
30 molecules using mutually priming long oligonucleotides. See, for example, Ausubel et al., (eds.), CURRENT PROTOCOLS IN MOLECULAR BIOLOGY, pages 8.2.8 to 8.2.13 (1990) ["Ausubel"]. Also, see Wosnick et al., *Gene* 60:115 (1987); and Ausubel et al. (eds.), SHORT PROTOCOLS
35 IN MOLECULAR BIOLOGY, 3rd Edition, pages 8-8 to 8-9 (John Wiley & Sons, Inc. 1995). Established techniques using the polymerase chain reaction provide the ability to synthesize genes as large as 1.8 kilobases in length.

Adang et al., *Plant Molec. Biol.* 21:1131 (1993); Bambot et al., *PCR Methods and Applications* 2:266 (1993); Dillon et al., "Use of the Polymerase Chain Reaction for the Rapid Construction of Synthetic Genes," in *METHODS IN MOLECULAR BIOLOGY*, Vol. 15: PCR PROTOCOLS: CURRENT METHODS AND APPLICATIONS, White (ed.), pages 263-268, (Humana Press, Inc. 1993).

In a variation of this approach, anti-CD22 monoclonal antibody can be obtained by fusing myeloma cells with spleen cells from mice immunized with a murine pre-B cell line stably transfected with CD22 cDNA. See Tedder et al., U.S. patent No. 5,484,892 (1996).

One example of a suitable murine anti-CD22 monoclonal antibody is the LL2 (formerly EPB-2) monoclonal antibody, which was produced against human Raji cells derived from a Burkitt lymphoma. Pawlak-Byczkowska et al., *Cancer Res.* 49:4568 (1989). This monoclonal antibody has an IgG_{2a} isotype, and the antibody is rapidly internalized into lymphoma cells. Shih et al, *Int. J. Cancer* 56:538 (1994). Immunostaining and in vivo radioimmunodetection studies have demonstrated the excellent sensitivity of LL2 in detecting B-cell lymphomas. Pawlak-Byczkowska et al., *Cancer Res.* 49:4568 (1989); Murthy et al., *Eur. J. Nucl. Med.* 19:394 (1992). Moreover, ^{99m}Tc-labeled LL2-Fab' fragments have been shown to be useful in following upstaging of B-cell lymphomas, while ¹³¹I-labeled intact LL2 and labeled LL2 F(ab')₂ fragments have been used to target lymphoma sites and to induce therapeutic responses. Murthy et al., *Eur. J. Nucl. Med.* 19:394 (1992); Mills et al., *Proc. Am. Assoc. Cancer Res.* 34:479 (1993) [Abstract 2857]; Baum et al., *Cancer* 73 (Suppl. 3):896 (1994); Goldenberg et al., *J. Clin. Oncol.* 9:548 (1991). Furthermore, Fab' LL2 fragments conjugated with a derivative of *Pseudomonas* exotoxin has been shown to induce complete remissions for measurable human lymphoma xenografts growing in nude mice. Kreitman et al., *Cancer Res.* 53:819 (1993).

In an additional embodiment, an antibody of the present invention is a chimeric antibody in which the variable regions of a human antibody have been replaced by the variable regions of a rodent anti-CD22 antibody.

5 The advantages of chimeric antibodies include decreased immunogenicity and increased *in vivo* stability.

Techniques for constructing chimeric antibodies are well-known to those of skill in the art. As an example, Leung et al., *Hybridoma* 13:469 (1994), describe how they
10 produced an LL2 chimera by combining DNA sequences encoding the V_L and V_H domains of LL2 monoclonal antibody with respective human κ and IgG₁ constant region domains. This publication also provides the nucleotide sequences of the LL2 light and heavy chain variable regions, V_L and
15 V_H, respectively.

In another embodiment, an antibody of the present invention is a subhuman primate antibody. General techniques for raising therapeutically useful antibodies in baboons may be found, for example, in Goldenberg et
20 al., international patent publication No. WO 91/11465 (1991), and in Losman et al., *Int. J. Cancer* 46: 310 (1990).

In yet another embodiment, an antibody of the present invention is a "humanized" monoclonal antibody. That is,
25 mouse complementarity determining regions are transferred from heavy and light variable chains of the mouse immunoglobulin into a human variable domain, followed by the replacement of some human residues in the framework regions of their murine counterparts. Humanized
30 monoclonal antibodies in accordance with this invention are suitable for use in therapeutic methods. General techniques for cloning murine immunoglobulin variable domains are described, for example, by the publication of Orlandi et al., *Proc. Nat'l Acad. Sci. USA* 86: 3833
35 (1989). Techniques for producing humanized monoclonal antibodies are described, for example, by Jones et al., *Nature* 321:522 (1986), Riechmann et al., *Nature* 332:323 (1988), Verhoeyen et al., *Science* 239:1534 (1988), Carter

et al., *Proc. Nat'l Acad. Sci. USA* 89:4285 (1992), Sandhu, *Crit. Rev. Biotech.* 12:437 (1992), and Singer et al., *J. Immun.* 150:2844 (1993). The publication of Leung et al., *Mol. Immunol.* 32:1413 (1995), describes the construction of humanized LL2 antibody.

In another embodiment, an antibody of the present invention is a human monoclonal antibody. Such antibodies are obtained from transgenic mice that have been "engineered" to produce specific human antibodies in response to antigenic challenge. In this technique, elements of the human heavy and light chain locus are introduced into strains of mice derived from embryonic stem cell lines that contain targeted disruptions of the endogenous heavy chain and light chain loci. The transgenic mice can synthesize human antibodies specific for human antigens, and the mice can be used to produce human antibody-secreting hybridomas. Methods for obtaining human antibodies from transgenic mice are described by Green et al., *Nature Genet.* 7:13 (1994), Lonberg et al., *Nature* 368:856 (1994), and Taylor et al., *Int. Immun.* 6:579 (1994).

4. Production of Antibody Fragments

The present invention contemplates the use of fragments of anti-CD22 antibodies or other therapeutically useful antibodies. Antibody fragments can be prepared by proteolytic hydrolysis of an antibody or by expression in *E. coli* of the DNA coding for the fragment.

Antibody fragments can be obtained 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, and optionally a blocking group for the sulfhydryl groups resulting from cleavage of disulfide linkages, to produce 3.5S Fab' monovalent fragments. Alternatively, an

enzymatic cleavage using pepsin produces two monovalent Fab fragments and an Fc fragment directly. These methods are described, for example, by Goldenberg, U.S. patent Nos. 4,036,945 and 4,331,647 and references contained therein. Also, see Nisonoff et al., *Arch Biochem. Biophys.* 89:230 (1960); Porter, *Biochem. J.* 73:119 (1959), Edelman et al., in *METHODS IN ENZYMOLOGY VOL. 1*, page 422 (Academic Press 1967), and Coligan at pages 2.8.1-2.8.10 and 2.10.-2.10.4.

Other methods of cleaving antibodies, such as separation of heavy chains to form monovalent light-heavy chain fragments, further cleavage of fragments, or other enzymatic, chemical or genetic techniques may also be used, so long as the fragments bind to the antigen that is recognized by the intact antibody.

For example, Fv fragments comprise an association of V_H and V_L chains. This association can be noncovalent, as described in Inbar et al., *Proc. Nat'l Acad. Sci. USA* 69:2659 (1972). Alternatively, the variable chains can be linked by an intermolecular disulfide bond or cross-linked by chemicals such as glutaraldehyde. See, for example, Sandhu, *supra*.

Preferably, the Fv fragments comprise V_H and V_L chains which are connected by a peptide linker. These single-chain antigen binding proteins (sFv) 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 sFvs are described, for example, by Whitlow et al., *Methods: A Companion to Methods in Enzymology* 2:97 (1991). Also see Bird et al., *Science* 242:423 (1988), Ladner et al., U.S. Patent No. 4,946,778, Pack et al., *Bio/Technology* 11:1271 (1993), and Sandhu, *supra*.

Another form of an antibody fragment is a peptide coding for a single complementarity-determining region (CDR). 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.), pages 166-179 (Cambridge University Press 1995); and Ward et al., "Genetic Manipulation and Expression of Antibodies," in *MONOCLONAL ANTIBODIES: PRINCIPLES AND APPLICATIONS*, Birch et al., (eds.), pages 137-185 (Wiley-Liss, Inc. 1995).

5. Preparation of Immunoconjugates

The present invention contemplates the use of "naked" anti-CD22 antibodies, as well as the use of immunoconjugates to effect treatment of B-cell malignancies. Such immunoconjugates can be prepared by indirectly conjugating a therapeutic agent to an antibody component. General techniques are described in Shih et al., *Int. J. Cancer* 41:832-839 (1988); Shih et al., *Int. J. Cancer* 46:1101-1106 (1990); and Shih et al., U.S. patent No. 5,057,313. The general method involves reacting an antibody component having an oxidized carbohydrate portion with a carrier polymer that has at least one free amine function and that is loaded with a plurality of drug, toxin, chelator, boron addends, or other therapeutic agent. This reaction results in an initial Schiff base (imine) linkage, which can be stabilized by reduction to a secondary amine to form the final conjugate.

The carrier polymer is preferably an aminodextran or polypeptide of at least 50 amino acid residues, although

other substantially equivalent polymer carriers can also be used. Preferably, the final immunoconjugate is soluble in an aqueous solution, such as mammalian serum, for ease of administration and effective targeting for use in therapy. Thus, solubilizing functions on the carrier polymer will enhance the serum solubility of the final immunoconjugate. In particular, an aminodextran will be preferred.

The process for preparing an immunoconjugate with an aminodextran carrier typically begins with a dextran polymer, advantageously a dextran of average molecular weight of about 10,000 - 100,000. The dextran is reacted with an oxidizing agent to effect a controlled oxidation of a portion of its carbohydrate rings to generate aldehyde groups. The oxidation is conveniently effected with glycolytic chemical reagents such as NaIO_4 , according to conventional procedures.

The oxidized dextran is then reacted with a polyamine, preferably a diamine, and more preferably, a mono- or polyhydroxy diamine. Suitable amines include ethylene diamine, propylene diamine, or other like polymethylene diamines, diethylene triamine or like polyamines, 1,3-diamino-2-hydroxypropane, or other like hydroxylated diamines or polyamines, and the like. An excess of the amine relative to the aldehyde groups of the dextran is used to insure substantially complete conversion of the aldehyde functions to Schiff base groups.

A reducing agent, such as NaBH_4 , NaBH_3CN or the like, is used to effect reductive stabilization of the resultant Schiff base intermediate. The resultant adduct can be purified by passage through a conventional sizing column to remove cross-linked dextrans.

Other conventional methods of derivatizing a dextran to introduce amine functions can also be used, e.g., reaction with cyanogen bromide, followed by reaction with a diamine.

The aminodextran is then reacted with a derivative of the particular drug, toxin, chelator, immunomodulator, boron addend, or other therapeutic agent to be loaded, in an activated form, preferably, a carboxyl-activated derivative, prepared by conventional means, e.g., using dicyclohexylcarbodiimide (DCC) or a water soluble variant thereof, to form an intermediate adduct.

Alternatively, polypeptide toxins such as pokeweed antiviral protein or ricin A-chain, and the like, can be coupled to aminodextran by glutaraldehyde condensation or by reaction of activated carboxyl groups on the protein with amines on the aminodextran.

Chelators for radiometals or magnetic resonance enhancers are well-known in the art. Typical are derivatives of ethylenediaminetetraacetic acid (EDTA) and diethylenetriaminepentaacetic acid (DTPA). These chelators typically have groups on the side chain by which the chelator can be attached to a carrier. Such groups include, e.g., benzylisothiocyanate, by which the DTPA or EDTA can be coupled to the amine group of a carrier. Alternatively, carboxyl groups or amine groups on a chelator can be coupled to a carrier by activation or prior derivatization and then coupling, all by well-known means.

Boron addends, such as carboranes, can be attached to antibody components by conventional methods. For example, carboranes can be prepared with carboxyl functions on pendant side chains, as is well known in the art. Attachment of such carboranes to a carrier, e.g., aminodextran, can be achieved by activation of the carboxyl groups of the carboranes and condensation with amines on the carrier to produce an intermediate conjugate. Such intermediate conjugates are then attached to antibody components to produce therapeutically useful immunoconjugates, as described below.

A polypeptide carrier can be used instead of aminodextran, but the polypeptide carrier must have at

least 50 amino acid residues in the chain, preferably 100-5000 amino acid residues. At least some of the amino acids should be lysine residues or glutamate or aspartate residues. The pendant amines of lysine residues and pendant carboxylates of glutamine and aspartate are convenient for attaching a drug, toxin, immunomodulator, chelator, boron addend or other therapeutic agent. Examples of suitable polypeptide carriers include polylysine, polyglutamic acid, polyaspartic acid, copolymers thereof, and mixed polymers of these amino acids and others, e.g., serines, to confer desirable solubility properties on the resultant loaded carrier and immunoconjugate.

Conjugation of the intermediate conjugate with the antibody component is effected by oxidizing the carbohydrate portion of the antibody component and reacting the resulting aldehyde (and ketone) carbonyls with amine groups remaining on the carrier after loading with a drug, toxin, chelator, immunomodulator, boron addend, or other therapeutic agent. Alternatively, an intermediate conjugate can be attached to an oxidized antibody component via amine groups that have been introduced in the intermediate conjugate after loading with the therapeutic agent. Oxidation is conveniently effected either chemically, e.g., with NaIO_4 or other glycolytic reagent, or enzymatically, e.g., with neuraminidase and galactose oxidase. In the case of an aminodextran carrier, not all of the amines of the aminodextran are typically used for loading a therapeutic agent. The remaining amines of aminodextran condense with the oxidized antibody component to form Schiff base adducts, which are then reductively stabilized, normally with a borohydride reducing agent.

Analogous procedures are used to produce other immunoconjugates according to the invention. Loaded polypeptide carriers preferably have free lysine residues remaining for condensation with the oxidized carbohydrate portion of an antibody component. Carboxyls on the

polypeptide carrier can, if necessary, be converted to amines by, e.g., activation with DCC and reaction with an excess of a diamine.

5 The final immunoconjugate is purified using conventional techniques, such as sizing chromatography on Sephacryl S-300.

Alternatively, immunoconjugates can be prepared by directly conjugating an antibody component with a therapeutic agent. The general procedure is analogous to
10 the indirect method of conjugation except that a therapeutic agent is directly attached to an oxidized antibody component.

It will be appreciated that other therapeutic agents can be substituted for the chelators described herein.
15 Those of skill in the art will be able to devise conjugation schemes without undue experimentation.

As a further illustration, a therapeutic agent can be attached at the hinge region of a reduced antibody component via disulfide bond formation. For example, the
20 tetanus toxoid peptides can be constructed with a single cysteine residue that is used to attach the peptide to an antibody component. As an alternative, such peptides can be attached to the antibody component using a heterobifunctional cross-linker, such as *N*-succinyl 3-(2-pyridyldithio)propionate (SPDP). Yu et al., *Int. J. Cancer* 56:244 (1994). General techniques for such
25 conjugation are well-known in the art. See, for example, Wong, *CHEMISTRY OF PROTEIN CONJUGATION AND CROSS-LINKING* (CRC Press 1991); Upeslacis et al., "Modification of
30 Antibodies by Chemical Methods," in *MONOCLONAL ANTIBODIES: PRINCIPLES AND APPLICATIONS*, Birch et al. (eds.), pages 187-230 (Wiley-Liss, Inc. 1995); Price, "Production and Characterization of Synthetic Peptide-Derived Antibodies," in *MONOCLONAL ANTIBODIES: PRODUCTION, ENGINEERING AND CLINICAL APPLICATION*, Ritter
35 et al. (eds.), pages 60-84 (Cambridge University Press 1995).

As described above, carbohydrate moieties in the Fc region of an antibody can be used to conjugate a therapeutic agent. However, the Fc region is absent if an antibody fragment is used as the antibody component of the immunoconjugate. Nevertheless, it is possible to introduce a carbohydrate moiety into the light chain variable region of an antibody or antibody fragment. See, for example, Leung et al., *J. Immunol.* 154:5919 (1995); Hansen et al., U.S. patent No. 5,443,953 (1995). The engineered carbohydrate moiety is then used to attach a therapeutic agent.

In addition, those of skill in the art will recognize numerous possible variations of the conjugation methods. For example, the carbohydrate moiety can be used to attach polyethyleneglycol in order to extend the half-life of an intact antibody, or antigen-binding fragment thereof, in blood, lymph, or other extracellular fluids. Moreover, it is possible to construct a "divalent immunoconjugate" by attaching therapeutic agents to a carbohydrate moiety and to a free sulfhydryl group. Such a free sulfhydryl group may be located in the hinge region of the antibody component.

6. Therapeutic Use of Anti-CD22 Antibodies in Simple and Multimodal Regimens

The present invention contemplates the use of naked anti-CD22 antibodies as the primary therapeutic composition for treatment of B-cell malignancies. Such a composition can contain polyclonal anti-CD22 antibodies or monoclonal anti-CD22 antibodies.

In addition, a therapeutic composition of the present invention can contain a mixture of monoclonal anti-CD22 antibodies directed to different, non-blocking CD22 epitopes. Monoclonal antibody cross-inhibition studies have identified five epitopes on CD22, designated as epitopes A-E. See, for example, Schwartz-Albiez et al., "The Carbohydrate Moiety of the CD22 Antigen Can Be Modulated by Inhibitors of the Glycosylation Pathway," in

LEUKOCYTE TYPING IV. WHITE CELL DIFFERENTIATION ANTIGENS, Knapp et al. (eds.), p. 65 (Oxford University Press 1989). As an illustration, the LL2 antibody binds with epitope B. Stein et al., *Cancer Immunol. Immunother.* 37:293 (1993). Accordingly, the present invention contemplates therapeutic compositions comprising a mixture of monoclonal anti-CD22 antibodies that bind at least two CD22 epitopes. For example, such a mixture can contain monoclonal antibodies that bind with at least two CD22 epitopes selected from the group consisting of epitope A, epitope B, epitope C, epitope D and epitope E.

Methods for determining the binding specificity of an anti-CD22 antibody are well-known to those of skill in the art. General methods are provided, for example, by Mole, "Epitope Mapping," in *METHODS IN MOLECULAR BIOLOGY, VOLUME 10: IMMUNOCHEMICAL PROTOCOLS*, Manson (ed.), pages 105-116 (The Humana Press, Inc. 1992). More specifically, competitive blocking assays to determine CD22 epitope specificity are described by Stein et al., *Cancer Immunol. Immunother.* 37:293 (1993), and by Tedder et al., U.S. patent No. 5,484,892 (1996).

The Tedder patent also describes the production of CD22 mutants which lack one or more immunoglobulin-like domains. These mutant proteins were used to determine that immunoglobulin-like domains 1, 2, 3, and 4 correspond with epitopes A, D, B, and C, respectively. Thus, CD22 epitope specificity can also be identified by binding a test antibody with a panel of CD22 proteins lacking particular immunoglobulin-like domain.

Although naked anti-CD22 antibodies are the primary therapeutic composition for treatment of B-cell malignancies, the efficacy of such anti-CD22 antibody therapy can be enhanced by supplementing naked antibodies with immunoconjugates and other forms of supplemental therapy described herein. In such multimodal regimens, the supplemental therapeutic compositions can be administered before, concurrently or after administration of naked anti-CD22 antibodies.

Preferred immunoconjugates include radiolabeled antibody components and conjugates of an anti-CD22 antibody component and an immunomodulator. The therapeutic compositions described herein are particularly useful for treatment of indolent forms of B-cell lymphomas, aggressive forms of B-cell lymphomas, chronic lymphatic leukemias, and acute lymphatic leukemias. For example, anti-CD22 antibody components and immunoconjugates can be used to treat both indolent and aggressive forms of non-Hodgkin's lymphoma.

A radiolabeled immunoconjugate may comprise an α -emitting radioisotope, a β -emitting radioisotope, a γ -emitting radioisotope, an Auger electron emitter, a neutron capturing agent that emits α -particles or a radioisotope that decays by electron capture. Suitable radioisotopes include ^{198}Au , ^{32}P , ^{125}I , ^{131}I , ^{90}Y , ^{186}Re , ^{188}Re , ^{67}Cu , ^{211}At , and the like.

As discussed above, a radioisotope can be attached to an antibody component directly or indirectly, via a chelating agent. For example, ^{67}Cu , considered one of the more promising radioisotopes for radioimmunotherapy due to its 61.5 hour half-life and abundant supply of beta particles and gamma rays, can be conjugated to an antibody component using the chelating agent, p-bromoacetamido-benzyl-tetraethylaminetetraacetic acid (TETA). Chase, "Medical Applications of Radioisotopes," in REMINGTON'S PHARMACEUTICAL SCIENCES, 18th Edition, Gennaro et al. (eds.), pages 624-652 (Mack Publishing Co. 1990). Alternatively, ^{90}Y , which emits an energetic beta particle, can be coupled to an antibody component using diethylenetriaminepentaacetic acid (DTPA). Moreover, a method for the direct radiolabeling of the antibody component with ^{131}I is described by Stein et al., *Antibody Immunoconj. Radiopharm.* 4: 703 (1991).

Alternatively, boron addends such as carboranes can be attached to antibody components, as discussed above.

In addition, therapeutic immunoconjugates can comprise an immunomodulator moiety. As used herein, the

term "immunomodulator" includes cytokines, stem cell growth factors, lymphotoxins, such as tumor necrosis factor (TNF), and hematopoietic factors, such as interleukins (e.g., interleukin-1 (IL-1), IL-2, IL-3, IL-6, IL-10 and IL-12), colony stimulating factors (e.g., granulocyte-colony stimulating factor (G-CSF) and granulocyte macrophage-colony stimulating factor (GM-CSF)), interferons (e.g., interferons- α , - β and - γ), the stem cell growth factor designated "S1 factor," erythropoietin and thrombopoietin. Examples of suitable immunomodulator moieties include IL-2, IL-6, IL-10, IL-12, interferon- γ , TNF- α , and the like.

A related form of therapeutic protein is a fusion protein comprising an antibody moiety and an immunomodulator moiety. Useful antibody moieties include antibody components that bind with CD19, CD20 or CD22.

Methods of making antibody-immunomodulator fusion proteins are known to those of skill in the art. For example, antibody fusion proteins comprising an interleukin-2 moiety are described by Boleti et al., *Ann. Oncol.* 6:945 (1995), Nicolet et al., *Cancer Gene Ther.* 2:161 (1995), Becker et al., *Proc. Nat'l Acad. Sci. USA* 93:7826 (1996), Hank et al., *Clin. Cancer Res.* 2:1951 (1996), and Hu et al., *Cancer Res.* 56:4998 (1996). In addition, Yang et al., *Hum. Antibodies Hybridomas* 6:129 (1995), describe a fusion protein that includes an F(ab')₂ fragment and a tumor necrosis factor alpha moiety. Moreover, the therapeutic use of an hLL2-IL-2 fusion protein is illustrated by Example 3 of the present application.

Such immunoconjugates and antibody-immunomodulator fusion proteins provide a means to deliver an immunomodulator to a target cell and are particularly useful against tumor cells. The cytotoxic effects of immunomodulators are well known to those of skill in the art. See, for example, Klegerman et al., "Lymphokines and Monokines," in *BIOTECHNOLOGY AND PHARMACY*, Pessuto et al. (eds.), pages 53-70 (Chapman & Hall 1993). As an

illustration, interferons can inhibit cell proliferation by inducing increased expression of class I histocompatibility antigens on the surface of various cells and thus, enhance the rate of destruction of cells by cytotoxic T lymphocytes. Furthermore, tumor necrosis factors, such as TNF- α , are believed to produce cytotoxic effects by inducing DNA fragmentation.

Moreover, therapeutically useful immunoconjugates can be prepared in which an antibody component is conjugated to a toxin or a chemotherapeutic drug. Illustrative of toxins which are suitably employed in the preparation of such conjugates are ricin, abrin, ribonuclease, DNase I, *Staphylococcal* enterotoxin-A, pokeweed antiviral protein, gelonin, diphtherin toxin, *Pseudomonas* exotoxin, and *Pseudomonas* endotoxin. See, for example, Pastan et al., *Cell* 47:641 (1986), and Goldenberg, *CA - A Cancer Journal for Clinicians* 44:43 (1994). Other suitable toxins are known to those of skill in the art.

An alternative approach to introducing the combination of therapeutic antibody and toxin is provided by antibody-toxin fusion proteins. An antibody-toxin fusion protein is a fusion protein that comprises an antibody moiety and a toxin moiety. Useful antibody moieties include antibody components that bind with CD19, CD20 or CD22. Methods for making antibody-toxin fusion proteins are known to those of skill in the art. For example, antibody-*Pseudomonas* exotoxin A fusion proteins have been described by Chaudhary et al., *Nature* 339:394 (1989), Brinkmann et al., *Proc. Nat'l Acad. Sci. USA* 88:8616 (1991), Batra et al., *Proc. Nat'l Acad. Sci. USA* 89:5867 (1992), Friedman et al., *J. Immunol.* 150:3054 (1993), Wels et al., *Int. J. Can.* 60:137 (1995), Fominaya et al., *J. Biol. Chem.* 271:10560 (1996), Kuan et al., *Biochemistry* 35:2872 (1996), and Schmidt et al., *Int. J. Can.* 65:538 (1996). Antibody-toxin fusion proteins containing a diphtheria toxin moiety have been described by Kreitman et al., *Leukemia* 7:553 (1993), Nicholls et al., *J. Biol. Chem.* 268:5302 (1993), Thompson et al., *J.*

Biol. Chem. 270:28037 (1995), and Vallera et al., Blood 88:2342 (1996). Deonarain et al., Tumor Targeting 1:177 (1995), have described an antibody-toxin fusion protein having an RNase moiety, while Linardou et al., Cell Biophys. 24-25:243 (1994), produced an antibody-toxin fusion protein comprising a DNase I component. Gelonin was used as the toxin moiety in the antibody-toxin fusion protein of Wang et al., Abstracts of the 209th ACS National Meeting, Anaheim, CA, 2-6 April, 1995, Part 1, BIOT005. As a further example, Dohlsten et al., Proc. Nat'l Acad. Sci. USA 91:8945 (1994), reported an antibody-toxin fusion protein comprising Staphylococcal enterotoxin-A.

Useful cancer chemotherapeutic drugs for the preparation of immunoconjugates include nitrogen mustards, alkyl sulfonates, nitrosoureas, triazines, folic acid analogs, pyrimidine analogs, purine analogs, antibiotics, epipodophyllotoxins, platinum coordination complexes, hormones, and the like. Suitable chemotherapeutic agents are described in REMINGTON'S PHARMACEUTICAL SCIENCES, 19th Ed. (Mack Publishing Co. 1995), and in GOODMAN AND GILMAN'S THE PHARMACOLOGICAL BASIS OF THERAPEUTICS, 7th Ed. (MacMillan Publishing Co. 1985). Other suitable chemotherapeutic agents, such as experimental drugs, are known to those of skill in the art.

In addition, therapeutically useful immunoconjugates can be obtained by conjugating photoactive agents or dyes to an antibody composite. Fluorescent and other chromogens, or dyes, such as porphyrins sensitive to visible light, have been used to detect and to treat lesions by directing the suitable light to the lesion. In therapy, this has been termed photoradiation, phototherapy, or photodynamic therapy (Jori et al. (eds.), PHOTODYNAMIC THERAPY OF TUMORS AND OTHER DISEASES (Libreria Progetto 1985); van den Bergh, Chem. Britain 22:430 (1986)). Moreover, monoclonal antibodies have been coupled with photoactivated dyes for achieving

phototherapy. Mew et al., *J. Immunol.* 130:1473 (1983);
 idem., *Cancer Res.* 45:4380 (1985); Oseroff et al., *Proc.*
Natl. Acad. Sci. USA 83:8744 (1986); idem., *Photochem.*
Photobiol. 46:83 (1987); Hasan et al., *Prog. Clin. Biol.*
 5 *Res.* 288:471 (1989); Tatsuta et al., *Lasers Surg. Med.*
 9:422 (1989); Pelegrin et al., *Cancer* 67:2529 (1991).
 However, these earlier studies did not include use of
 endoscopic therapy applications, especially with the use
 of antibody fragments or subfragments. Thus, the present
 10 invention contemplates the therapeutic use of
 immunoconjugates comprising photoactive agents or dyes.

Multimodal therapies of the present invention further
 include immunotherapy with naked anti-CD22 antibodies
 supplemented with administration of anti-CD19 and/or anti-
 15 CD20 antibodies in the form of naked antibodies or as
 immunoconjugates. Anti-CD19 and anti-CD20 antibodies are
 known to those of skill in the art. See, for example,
 Ghetie et al., *Cancer Res.* 48:2610 (1988); Hekman et al.,
Cancer Immunol. Immunother. 32:364 (1991); Kaminski et
 20 al., *N. Engl. J. Med.* 329:459 (1993); Press et al., *N.*
Engl. J. Med. 329:1219 (1993); Maloney et al., *Blood*
 84:2457 (1994); Press et al., *Lancet* 346:336 (1995);
 Longo, *Curr. Opin. Oncol.* 8:353 (1996).

In another form of multimodal therapy, subjects
 25 receive naked anti-CD22 antibodies and standard cancer
 chemotherapy. For example, "CVB" (1.5 g/m²
 cyclophosphamide, 200-400 mg/m² etoposide, and 150-200
 mg/m² carmustine) is a regimen used to treat non-
 Hodgkin's lymphoma. Patti et al., *Eur. J. Haematol.* 51:
 30 18 (1993). Other suitable combination chemotherapeutic
 regimens are well-known to those of skill in the art.
 See, for example, Freedman et al., "Non-Hodgkin's
 Lymphomas," in *CANCER MEDICINE, VOLUME 2, 3rd Edition*,
 Holland et al. (eds.), pages 2028-2068 (Lea & Febiger
 35 1993). As an illustration, first generation
 chemotherapeutic regimens for treatment of intermediate-
 grade non-Hodgkin's lymphoma include C-MOPP
 (cyclophosphamide, vincristine, procarbazine and



prednisone) and CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone). A useful second generation chemotherapeutic regimen is m-BACOD (methotrexate, bleomycin, doxorubicin, cyclophosphamide, vincristine, 5 dexamethasone and leucovorin), while a suitable third generation regimen is MACOP-B (methotrexate, doxorubicin, cyclophosphamide, vincristine, prednisone, bleomycin and leucovorin). Additional useful drugs include phenyl butyrate and brostatin-1.

10 In general, the dosage of administered anti-CD22 antibodies, anti-CD22 antibody components, immunoconjugates, and fusion proteins will vary depending upon such factors as the patient's age, weight, height, sex, general medical condition and previous medical 15 history. Typically, it is desirable to provide the recipient with a dosage of antibody component, immunoconjugate or fusion protein which is in the range of from about 1 pg/kg to 10 mg/kg (amount of agent/body weight of patient), although a lower or higher dosage 20 also may be administered as circumstances dictate.

Administration of antibody components, immunoconjugates or fusion proteins to a patient can be intravenous, intraarterial, intraperitoneal, intramuscular, subcutaneous, intrapleural, intrathecal, 25 by perfusion through a regional catheter, or by direct intralesional injection. When administering therapeutic proteins by injection, the administration may be by continuous infusion or by single or multiple boluses.

Those of skill in the art are aware that intravenous 30 injection provides a useful mode of administration due to the thoroughness of the circulation in rapidly distributing antibodies. Intravenous administration, however, is subject to limitation by a vascular barrier comprising endothelial cells of the vasculature and the subendothelial matrix. Still, the vascular barrier is a 35 more notable problem for the uptake of therapeutic antibodies by solid tumors. Lymphomas have relatively high blood flow rates, contributing to effective antibody

delivery. Intralymphatic routes of administration, such as subcutaneous or intramuscular injection, or by catheterization of lymphatic vessels, also provide a useful means of treating lymphomas.

5 Preferably, naked anti-CD22 antibodies are administered at low protein doses, such as 20 to 100 milligrams protein per dose, given once, or repeatedly, parenterally. Alternatively, naked anti-CD22 antibodies are administered in doses of 30 to 90 milligrams protein
10 per dose, or 40 to 80 milligrams protein per dose, or 50 to 70 milligrams protein per dose.

As described above, the present invention also contemplates therapeutic methods in which naked anti-CD22 antibody components are supplemented with immunoconjugate
15 or fusion protein administration. In one variation, naked anti-CD22 antibodies are administered with low-dose radiolabeled anti-CD22 antibodies or fragments. As a second alternative, naked anti-CD22 antibodies are administered with low-dose radiolabeled anti-CD22-
20 cytokine immunoconjugates. As a third alternative, naked anti-CD22 antibodies are administered with anti-CD22-cytokine immunoconjugates that are not radiolabeled. With regard to "low doses" of ¹³¹I-labeled immunoconjugates, a preferable dosage is in the range of
25 15 to 40 mCi, while the most preferable range is 20 to 30 mCi. In contrast, a preferred dosage of ⁹⁰Y-labeled immunoconjugates is in the range from 10 to 30 mCi, while the most preferable range is 10 to 20 mCi. Preferred antibody components include antibodies and fragments
30 derived from LL2 antibodies, including murine LL2 monoclonal antibody, chimeric LL2 antibody, and humanized LL2 antibody.

Immunoconjugates having a boron addend-loaded carrier for thermal neutron activation therapy will normally be
35 effected in similar ways. However, it will be advantageous to wait until non-targeted immunoconjugate clears before neutron irradiation is performed. Clearance can be accelerated using an antibody that binds

to the immunoconjugate. See U.S. patent No. 4,624,846 for a description of this general principle.

5 The anti-CD22 antibody components, immunoconjugates, and fusion proteins of the present invention can be formulated according to known methods to prepare pharmaceutically useful compositions, whereby the therapeutic proteins are combined in a mixture with a pharmaceutically acceptable carrier. A composition is said to be a "pharmaceutically acceptable carrier" if its
10 administration can be tolerated by a recipient patient. Sterile phosphate-buffered saline is one example of a pharmaceutically acceptable carrier. Other suitable carriers are well-known to those in the art. See, for example, REMINGTON'S PHARMACEUTICAL SCIENCES, 19th Ed.
15 (1995).

For purposes of therapy, antibody components (or immunoconjugates/fusion proteins) and a pharmaceutically acceptable carrier are administered to a patient in a therapeutically effective amount. A combination of an
20 antibody component, optionally with an immunoconjugate/fusion protein, and a pharmaceutically acceptable carrier is said to be administered in a "therapeutically effective amount" if the amount administered is physiologically significant. An agent is
25 physiologically significant if its presence results in a detectable change in the physiology of a recipient patient. In the present context, an agent is physiologically significant if its presence results in the inhibition of the growth of target tumor cells.

30 Additional pharmaceutical methods may be employed to control the duration of action of an antibody component, immunoconjugate or fusion protein in a therapeutic application. Control release preparations can be prepared through the use of polymers to complex or adsorb
35 the antibody component, immunoconjugate or fusion protein. For example, biocompatible polymers include matrices of poly(ethylene-co-vinyl acetate) and matrices of a polyanhydride copolymer of a stearic acid dimer and

sebacic acid. Sherwood et al., *Bio/Technology* 10:1446 (1992). The rate of release of an antibody component (or immunoconjugate) from such a matrix depends upon the molecular weight of the protein, the amount of antibody component/immunoconjugate/fusion protein within the matrix, and the size of dispersed particles. Saltzman et al., *Biophys. J.* 55:163 (1989); Sherwood et al., *supra*. Other solid dosage forms are described in REMINGTON'S PHARMACEUTICAL SCIENCES, 19th ed. (1995).

The present invention also contemplates a method of treatment in which immunomodulators are administered to prevent, mitigate or reverse radiation-induced or drug-induced toxicity of normal cells, and especially hematopoietic cells. Adjunct immunomodulator therapy allows the administration of higher doses of cytotoxic agents due to increased tolerance of the recipient mammal. Moreover, adjunct immunomodulator therapy can prevent, palliate, or reverse dose-limiting marrow toxicity. Examples of suitable immunomodulators for adjunct therapy include G-CSF, GM-CSF, thrombopoietin, IL-1, IL-3, IL-12, and the like. The method of adjunct immunomodulator therapy is disclosed by Goldenberg, U.S. patent No. 5,120,525.

For example, recombinant IL-2 may be administered intravenously as a bolus at 6×10^5 IU/kg or as a continuous infusion at a dose of 18×10^6 IU/m²/d. Weiss et al., *J. Clin. Oncol.* 10:275 (1992). Alternatively, recombinant IL-2 may be administered subcutaneously at a dose of 12×10^6 IU. Vogelzang et al., *J. Clin. Oncol.* 11:1809 (1993). Moreover, INF- γ may be administered subcutaneously at a dose of 1.5×10^6 U. Lienard et al., *J. Clin. Oncol.* 10:52 (1992). Furthermore, Nadeau et al., *J. Pharmacol. Exp. Ther.* 274:78 (1995), have shown that a single intravenous dose of recombinant IL-12 (42.5 μ g/kilogram) elevated IFN- γ levels in rhesus monkeys.

Suitable IL-2 formulations include PROLEUKIN (Chiron Corp./Cetus Oncology Corp.; Emeryville, CA) and TECELEUKIN (Hoffmann-La Roche, Inc.; Nutley, NJ).

ACTIMMUNE (Genentech, Inc.; South San Francisco, CA) is a suitable INF- γ preparation.

5 The present invention, thus generally described, will be understood more readily by reference to the following examples, which are provided by way of illustration and are not intended to be limiting of the present invention.

EXAMPLE 1

Treatment of a Patient with Relapsed Intermediate Grade Non-Hodgkin's Lymphoma

10 A patient with intermediate grade non-Hodgkin's lymphoma has failed prior aggressive chemotherapy, consisting of CHOP x 6, which led to a complete remission for five months, another course of CHOP x 6, resulting in progression, D-MOPP x 2, resulting in stable disease for
15 six months, and CVB with peripheral stem cell transplantation, which led to a partial remission for four months. The patient presents with recurrent lymphoma in the chest and in a neck lymph node, both measurable by computerized tomography and palpation,
20 respectively.

 The patient is infused with 50 mg of humanized LL2 monoclonal antibody on days 2, 5, 9, 12 of two successive weeks with no adverse effects noted. Three weeks later, palpation of the neck node enlargement shows a measurable
25 decrease of about 60%, while a repeat computerized tomography scan of the chest shows a marked, 70% reduction in tumor. Follow-up measurements made at ten weeks post therapy shows no evidence of the disease in the neck or the chest. Since new disease is not detected
30 elsewhere, the patient is considered to be in complete remission. Follow-up studies every 10-12 weeks confirms a complete remission for at least 16 months post therapy.

EXAMPLE 2***Treatment of a Patient With Diffuse Large Cell Aggressive Lymphoma With CHOP and hLL2***

A patient presents with diffuse large cell aggressive lymphoma, and is diagnosed to have a poor prognosis, having bulky disease in the abdomen, numerous other sites of extranodal disease, and elevated serum lactate dehydrogenase (LDH). The patient is placed on CHOP, and after three cycles of therapy, a partial response is observed with resolution of numerous sites of extranodal disease outside the abdomen. However, the bulky disease in the abdomen continues to increase in volume, and the serum LDH remains elevated.

Upon initiation of the third cycle of CHOP, the patient is infused with 50 mg of humanized LL2 monoclonal antibody on days 2, 5, 9 and 12. This therapeutic regimen of hLL2 is repeated concomitantly with four more cycles of CHOP. During therapy, the serum LDH level falls to within the normal range. One month after the third cycle of CHOP and hLL2, a computerized tomography scan of the bulky tumor in the abdomen shows over a 90% shrinkage of the mass. Follow-up studies every 10-12 weeks confirms a complete remission for over nine months post-therapy.

25

EXAMPLE 3***Treatment of a Patient with Relapsed, Aggressive Large Cell Lymphoma With hLL2 and hLL2-IL2***

A patient with diffuse large cell aggressive lymphoma responded to first line (CHOP) and second line (m-BACOD) chemotherapy, but fails third line chemotherapy (MACOP-B). After completion of third line chemotherapy, the patient has diffuse disease in the bone marrow, massive splenomegaly, and numerous sites of enlarged lymph nodes that could be palpitated. The patient is then infused with 50 mg of humanized LL2 on days 2, 5, 9 and 12. This

regimen is repeated every other week for four weeks. The bone marrow disease progressively responds to the hLL2 treatment, and the size of the nodes also decreases. However, many nodes can still be palpitated, and little decrease is observed in spleen size.

While therapy with hLL2 continues every two weeks, the patient also receives 10 mg of hLL2-IL2 fusion protein. After the first treatment, there is a profound decrease in the size of the spleen, and after the second treatment with hLL2/hLL2-IL2, the nodes are not palpable, and the spleen has decreased further in size. No progression of the disease is observed for over six months.

Although the foregoing refers to particular preferred embodiments, it will be understood that the present invention is not so limited. It will occur to those of ordinary skill in the art that various modifications may be made to the disclosed embodiments and that such modifications are intended to be within the scope of the present invention, which is defined by the following claims.

All publications and patent applications mentioned in this specification are indicative of the level of skill of those in the art to which the invention pertains. All publications and patent applications are herein incorporated by reference to the same extent as if each individual publication or patent application were specifically and individually indicated to be incorporated by reference in its entirety.

What is claimed is:

1. Use of at least one entire anti-CD22 antibody that is not conjugated to a therapeutic agent, in the preparation of a medicament for use in a method of treating a B-cell malignancy, wherein, in said method, a subject having a B-cell malignancy is administered a therapeutically effective amount of the entire anti-CD22 antibody that is not conjugated to a therapeutic agent.

2. Use of at least one entire anti-CD22 antibody that is not conjugated to a therapeutic agent, in treating a B-cell malignancy.

3. A method for treating a B-cell malignancy, comprising the step of administering to a subject having a B-cell malignancy a therapeutic composition comprising a pharmaceutically acceptable carrier and at least one entire anti-CD22 antibody that is not conjugated to a therapeutic agent.

4. The use of claim 1 or 2, or the method of claim 3, wherein said anti-CD22 antibody is parenterally administered in a dosage of 20 to 100 milligrams protein per dose.

5. The use of claim 1 or 2, or the method of claim 3, wherein a subject receives anti-CD22 antibody as repeated parenteral dosages of 20 to 100 milligrams protein per dose.

6. The use of claim 1 or 2, or the method of claim 3, wherein said anti-CD22 antibody is selected from the group consisting of subhuman primate antibody, murine monoclonal antibody, chimeric antibody, and humanized antibody.

7. The use of claim 1 or 2, or the method of claim 3, wherein said anti-CD22 antibody is the LL2 antibody.

8. The use of claim 1 or 2, or the method of claim 3, wherein said B-cell malignancy is selected from the group



AMENDED SHEET
IPEA/EP

consisting of indolent forms of B-cell lymphomas, aggressive forms of B-cell lymphomas, chronic lymphatic leukemias, and acute lymphatic leukemias.

9. The use of claim 1 or 2, or the method of claim 3, wherein said B-cell malignancy is a non-Hodgkin's lymphoma.

10. The method of claim 3, wherein said therapeutic composition comprises at least two monoclonal antibodies that bind with distinct CD22 epitopes, wherein said CD22 epitopes are selected from the group consisting of epitope A, epitope B, epitope C, epitope D and epitope E.

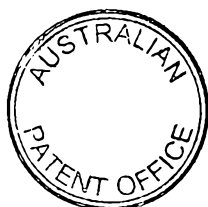
11. The method of claim 3, further comprising the step of administering a therapeutic protein or chemotherapeutic treatment, wherein said therapeutic protein is selected from the group consisting of antibody, immunoconjugate, antibody-immunomodulator fusion protein and antibody-toxin fusion protein.

12. The method of claim 11, wherein said therapeutic protein or said chemotherapeutic treatment is administered prior to the administration of said anti-CD22 antibody.

13. The method of claim 11, wherein said therapeutic protein or said chemotherapeutic treatment is administered concurrently with the administration of said anti-CD22 antibody.

14. The method of claim 11, wherein said therapeutic protein or said chemotherapeutic treatment is administered after the administration of said anti-CD22 antibody.

15. The method of claim 11, wherein said chemotherapeutic treatment consists of the administration of at least one drug selected from the group consisting of cyclophosphamide, etoposide, vincristine, procarbazine, prednisone, carmustine, doxorubicin,



AMENDED SHEET
IPEA/EP

methotrexate, bleomycin, dexamethasone, phenyl butyrate, brostatin-1 and leucovorin.

16. The method of claim 11, wherein said therapeutic protein is either an entire anti-CD19 antibody that is not conjugated to a therapeutic agent or an entire anti-CD20 antibody that is not conjugated to a therapeutic agent.

17. The method of claim 11, wherein said therapeutic protein is a radiolabeled immunoconjugate.

18. The method of claim 17, wherein said radiolabeled immunoconjugate comprises a radionuclide selected from the group consisting of ^{198}Au , ^{32}P , ^{125}I , ^{131}I , ^{90}Y , ^{186}Re , ^{188}Re , ^{67}Cu , and ^{211}At .

19. The method of claim 18, wherein said radiolabeled immunoconjugate comprises an antibody or antibody fragment that binds an antigen selected from the group consisting of CD19, CD20 and CD22.

20. The method of claim 19, wherein said radiolabeled immunoconjugate is a radiolabeled anti-CD22 immunoconjugate.

21. The method of claim 20, wherein said radiolabeled anti-CD22 immunoconjugate further comprises a cytokine moiety, wherein said cytokine moiety is selected from the group consisting of interleukin-1 (IL-1), IL-2, IL-3, IL-6, IL-10, IL-12, interferon- α , interferon- β , and interferon- γ .

22. The method of claim 11, wherein said therapeutic protein is an immunoconjugate or antibody-toxin fusion protein that comprises a toxin selected from the group consisting of ricin, abrin, ribonuclease, DNase I, *Staphylococcal* enterotoxin-A, pokeweed antiviral protein, gelonin, diphtherin toxin, *Pseudomonas* exotoxin, and *Pseudomonas* endotoxin.



AMENDED SHEET
IPEA/EP

23. The method of claim 22, wherein said immunoconjugate or said antibody-toxin fusion protein comprises an antibody or antibody fragment that binds an antigen selected from the group consisting of CD19, CD20 and CD22.

24. The method of claim 11, wherein said therapeutic protein is an immunoconjugate or a fusion protein, wherein said immunoconjugate or fusion protein comprises an immunomodulator moiety selected from the group consisting of interleukin-1 (IL-1), IL-2, IL-3, IL-6 and IL-10, IL-12, interferon- α , interferon- β , interferon- γ , granulocyte-colony stimulating factor, granulocyte macrophage-colony stimulating factor and lymphotoxin.

25. The method of claim 24, wherein said immunoconjugate or said antibody-immunomodulator fusion protein binds an antigen selected from the group consisting of CD19, CD20 and CD22.

26. A method for treating a B-cell malignancy as claimed in claim 3, wherein said therapeutic composition comprises a combination of at least one entire anti-CD22 antibody that is not conjugated to a therapeutic agent and an anti-CD19 antibody, a combination of at least one entire anti-CD22 antibody that is not conjugated to a therapeutic agent and an anti-CD20 antibody, or a combination of at least one entire anti-CD22 antibody that is not conjugated to a therapeutic agent, an anti-CD19 antibody and an anti-CD20 antibody.

27. The method of claim 26, wherein said anti-CD19 antibody is an entire anti-CD19 antibody that is not conjugated to a therapeutic agent.

28. The method of claim 26, wherein said anti-CD20 antibody is an entire anti-CD20 antibody that is not conjugated to a therapeutic agent.



AMENDED SHEET
IPEA/EP

29. The method of claim 17, wherein said radiolabeled anti-CD22 immunoconjugate further comprises a colony stimulating factor, wherein said colony stimulating factor is selected from the group consisting of granulocyte-colony stimulating factor (G-CSF) and granulocyte macrophage-colony stimulating factor (GM-CSF).

30. The use of claim 1 or 2, where said anti-CD22 antibody has the antigen-binding specificity of the LL2 antibody.

31. The use of claim 1 or 2, wherein said at least one entire anti-CD22 antibody comprises at least two monoclonal antibodies that bind with distinct CD22 epitopes, wherein said CD22 epitopes are selected from the group consisting of epitope A epitope B, epitope C, epitope D and epitope E.

32. The use of claim 1 or 2, wherein said B-cell malignancy is selected from the group consisting of indolent forms of B-cell lymphomas, aggressive forms of B-cell lymphomas, chronic lymphatic leukemias, and acute lymphatic leukemias.

33. The use of claim 1 or 2, further comprising the step of administering a therapeutic protein or chemotherapeutic treatment, wherein said therapeutic protein is selected from the group consisting of antibody, immunoconjugate, antibody-immunomodulator fusion protein and antibody-toxin fusion protein.

34. The use of claim 33, wherein said therapeutic protein is either an anti-CD19 antibody or an CD20 antibody.

35. The use of claim 34, wherein said anti-CD19 antibody is an entire anti-CD19 antibody that is not conjugated to a therapeutic agent and said anti-CD20 antibody is an entire CD20 antibody that is not conjugated to a therapeutic agent.



36. The use of claim 33, wherein said therapeutic protein is a combination of at least one anti-CD19 antibody and at least one anti-CD20 antibody.

37. The use of claim 36, wherein said anti-CD19 antibody is an entire anti-CD19 antibody that is not conjugated to a therapeutic agent and said anti-CD20 antibody is an entire CD20 antibody that is not conjugated to a therapeutic agent.

38. The use of claim 33, wherein said therapeutic protein is an immunoconjugate or a fusion protein, wherein said immunoconjugate or fusion protein comprises an immunomodulator moiety selected from the group consisting of interleukin-1 (IL-1), IL-2, IL-3, IL-6 and IL-10, IL-12, interferon- α , interferon- β , interferon- γ , granulocyte-colony stimulating factor, granulocyte macrophage-colony stimulating factor and lymphotoxin.

39. The use of claim 33, wherein said immunoconjugate comprises a colony stimulating factor selected from the group consisting of granulocyte-colony stimulating factor (G-CSF) and granulocyte macrophage-colony stimulating factor (GM-CSF).



AMENDED SHEET
IPEA/EP

40. A method for treating B-cell malignancy, comprising administering to a human subject having a B-cell malignancy a therapeutic composition consisting essentially of a pharmaceutically acceptable carrier and at least one naked anti-CD22 antibody.

5 41. The method of claim 40, wherein said naked anti-CD22 antibody is parenterally administered in a dosage of 20 to 100 milligrams protein per dose.

42. The method of claim 40, wherein said subject receives naked anti-CD22 antibody as repeated parenteral dosages of 20 to 100 milligrams protein per dose.

10 43. The method of claim 40, wherein said naked anti-CD22 antibody is selected from the group consisting of subhuman primate antibody, murine monoclonal antibody, chimeric antibody, and humanized antibody.

44. The method of claim 43, wherein said naked anti-CD22 antibody is the LL2 antibody.

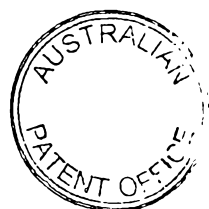
15 45. The method of claim 40, wherein said therapeutic composition comprises at least two monoclonal antibodies that bind with distinct CD22 epitopes, wherein said CD22 epitopes are selected from the group consisting of epitope A, epitope B, epitope C, epitope D and epitope E.

20 46. The method of claim 40, wherein said B-cell malignancy is selected from the group consisting of indolent forms of B-cell lymphomas, aggressive forms of B-cell lymphomas, chronic lymphatic leukemias, and acute lymphatic leukemias.

25 47. The method of claim 46, wherein said B-cell lymphoma is a non-Hodgkin's lymphoma.

48. The method of claim 40, further comprising administering a therapeutic protein or chemotherapeutic treatment, wherein said therapeutic protein is selected from the group consisting of antibody, immunoconjugate, antibody-immunomodulator fusion protein and antibody-toxin fusion protein.

30 49. The method of claim 48, wherein said therapeutic protein or said chemotherapeutic treatment is administered prior to the administration of



said naked anti-CD22 antibody.

50. The method of claim 48, wherein said therapeutic protein or said chemotherapeutic treatment is administered concurrently with the administration of said naked anti-CD22 antibody.

5 51. The method of claim 48, wherein said therapeutic protein or said chemotherapeutic treatment is administered after the administration of said naked anti-CD22 antibody.

52. The method of claim 48, wherein said chemotherapeutic treatment consists of the administration of at least one drug selected from the group
10 consisting of cyclophosphamide, etoposide, vincristine, procarbazine, prednisone, carmustine, doxorubicin, methotrexate, bleomycin, dexamethasone, phenyl butyrate, brostatin-1 and leucovorin.

53. The method of claim 48, wherein said therapeutic protein is either a naked anti-CD19 antibody or a naked anti-CD20 antibody.

15 54. The method of claim 40, wherein the therapeutic composition further comprises a cytokine moiety, wherein said cytokine moiety is selected from the group consisting of interleukin-1 (IL-1), IL-2, IL-3, IL-6, IL-10, IL-12, interferon- α , interferon- β , and interferon- γ .

20 55. The method of claim 48, wherein said therapeutic protein is an immunoconjugate or antibody-toxin fusion protein that comprises a toxin selected from the group consisting of ricin, abrin, ribonuclease, Dnase I, *Staphylococcal* enterotoxin-A, pokeweed antiviral protein, gelonin, diphtherin toxin, *Pseudomonas* exotoxin, and *Pseudomonas* endotoxin.

25 56. The method of claim 55, wherein said immunoconjugate or said antibody-toxin fusion protein comprises an antibody or antibody fragment that binds an antigen selected from the group consisting of CD19, CD20, and CD22.

30 57. The method of claim 48, wherein said therapeutic protein is an immunoconjugate or a fusion protein, wherein said immunoconjugate or fusion protein comprises an immunomodulator moiety selected from the group consisting of interleukin-1 (IL-1), IL-2, IL-3, IL-6, IL-10, IL-12,



interferon- α , interferon- β , interferon- γ , granulocyte-colony stimulating factor, granulocyte macrophage-colony stimulating factor and lymphotoxin.

58. The method of claim 57, wherein said immunoconjugate or said antibody-immunomodulator fusion protein binds an antigen selected from the group consisting of CD19, CD20 and CD22.

59. A method for treating a B-cell malignancy as claimed in claim 40, wherein said therapeutic composition comprises a combination of at least one naked anti-CD22 antibody and an anti-CD19 antibody, a combination of at least one naked anti-CD22 antibody and an anti-CD20 antibody, or a combination of at least one naked anti-CD22 antibody, and anti-CD19 antibody and an anti-CD20 antibody.

60. The method of claim 59, wherein said anti-CD19 antibody is a naked anti-CD19 antibody.

61. The method of claim 59, wherein said anti-CD20 antibody is a naked anti-CD20 antibody.

62. The method of claim 40, wherein said therapeutic composition further comprises a colony-stimulating factor, wherein said colony stimulating factor is selected from the group consisting of granulocyte-colony stimulating factor (G-CSF) and granulocyte macrophage-colony stimulating factor (GM-CSF).

63. The method of claim 40, wherein said anti-CD22 antibody is a human antibody.

