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(54) **ANTICANCER VACCINE AND DIAGNOSTIC METHODS AND REAGENTS**

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(57) **ABSTRACT**

The invention provides a method of priming T cells against tumor antigens comprising by obtaining naïve CD4⁺ or CD8⁺ T cells from at least one healthy individual, obtaining at least one protein or peptide from at least one cancerous cell; obtaining antigen presenting cells (APCs), culturing the APCs with the at least one protein or peptide, and adding the T cells to the culture of the APCs. The primed T cells can then be employed to identify the antigens or therapeutically as prophylaxis or treatment for cancers.

The invention also provides cyclin molecules, and fragments derived from cyclin molecules, as tumor antigens. The invention provides a method for diagnosing a malignant or pre-malignant condition within a patient. The invention also provides a method for vaccinating a patient against malignancies comprising introducing a protein or peptide consisting essentially of all or an immunogenic fragment of a cyclin protein into the patient.

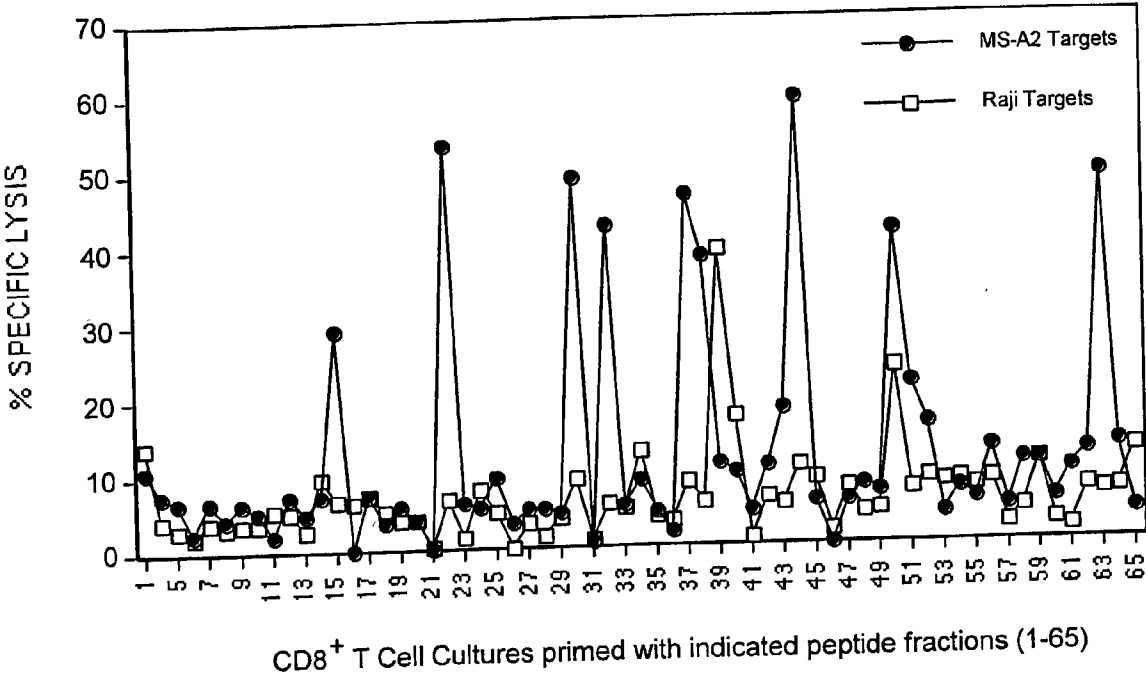


Figure 1

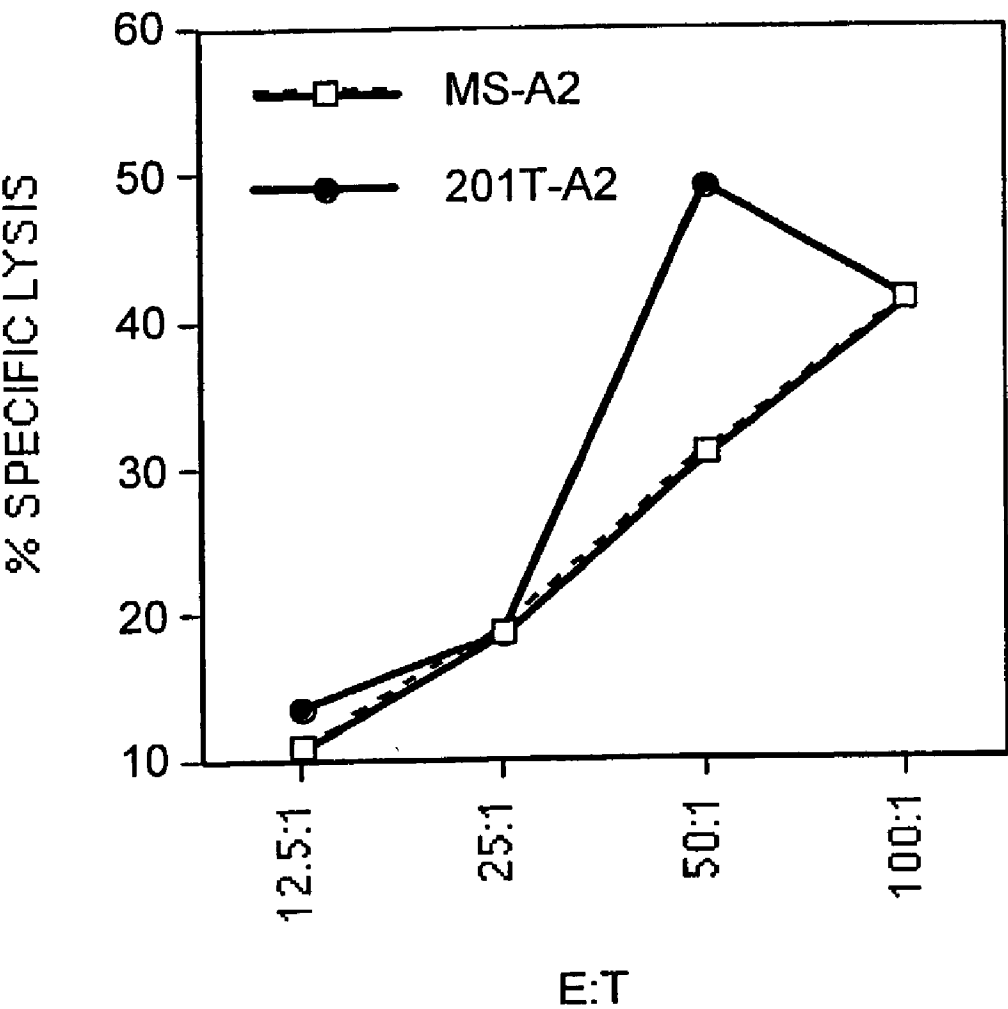


Figure 2

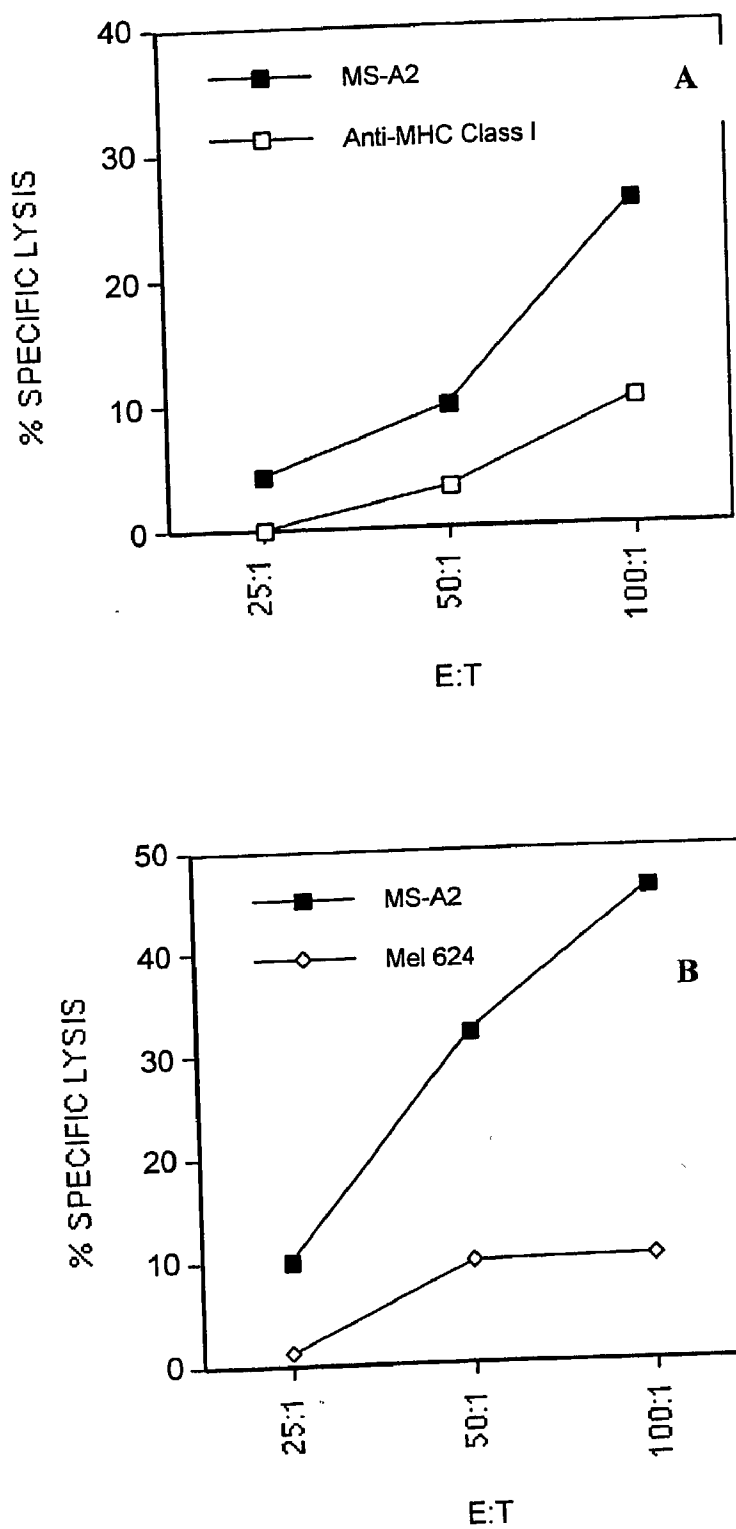


Figure 3

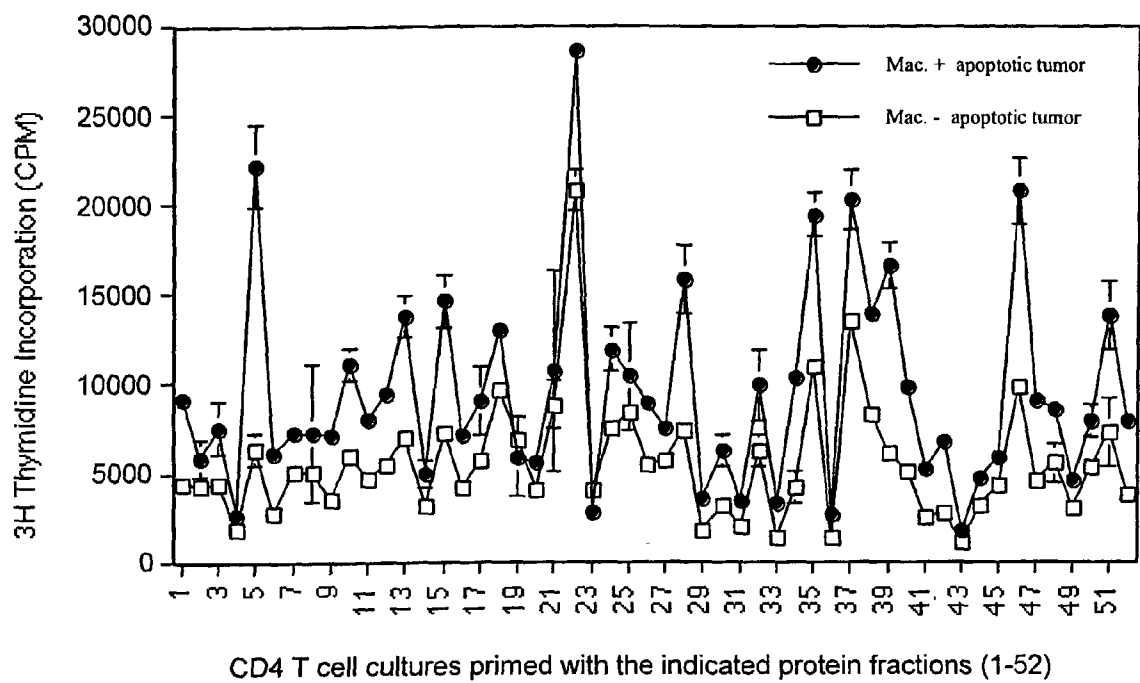


Figure 4

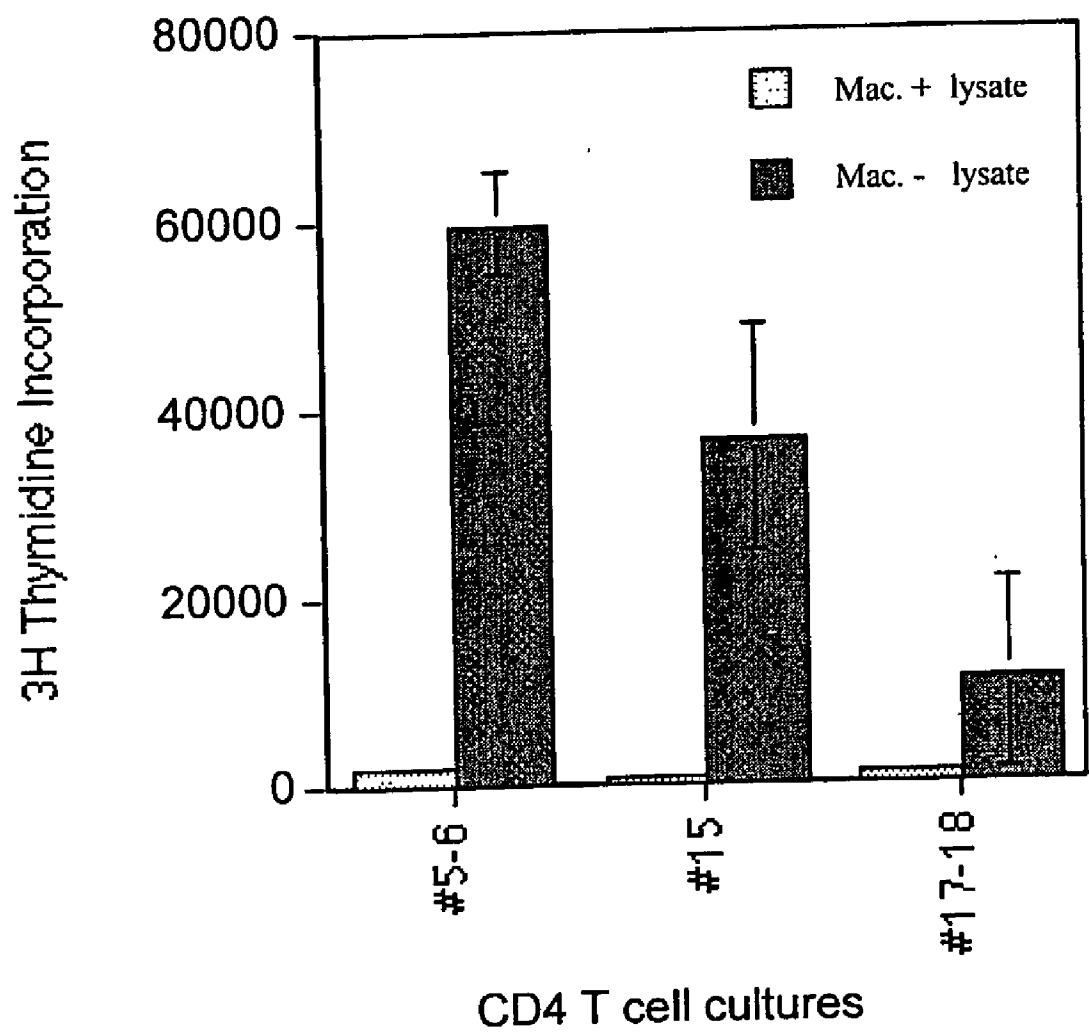


Figure 5

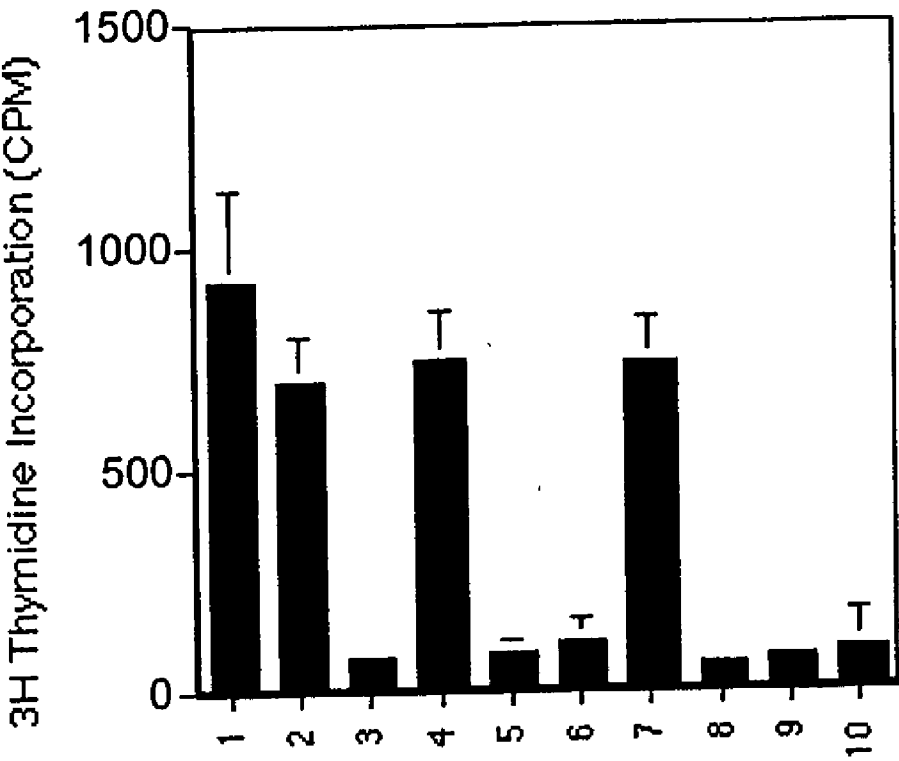


Figure 6

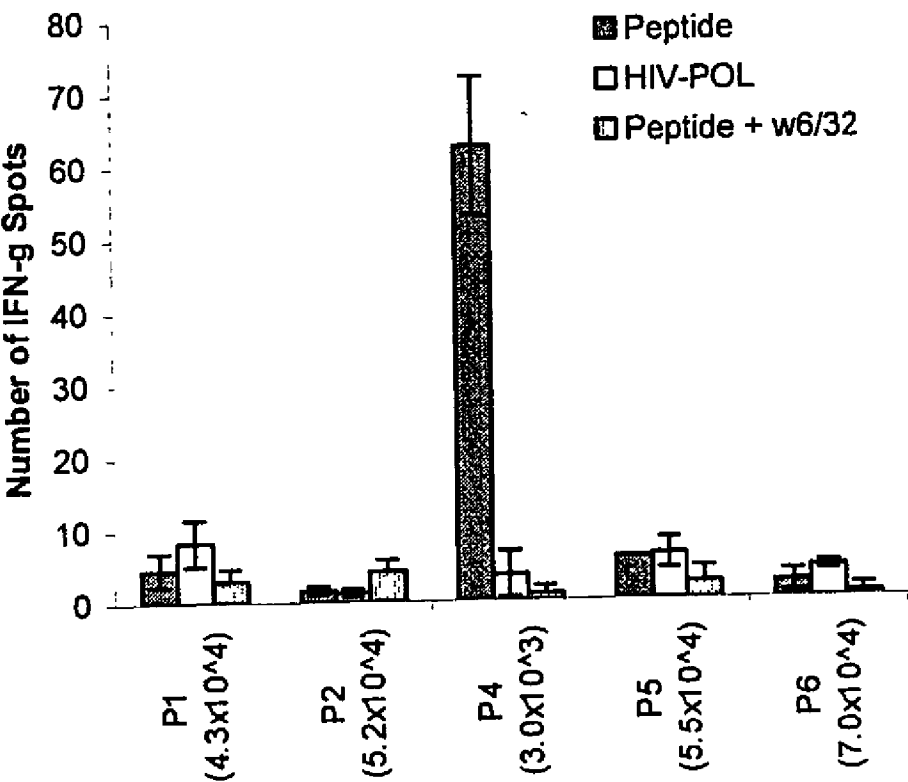


Figure 7

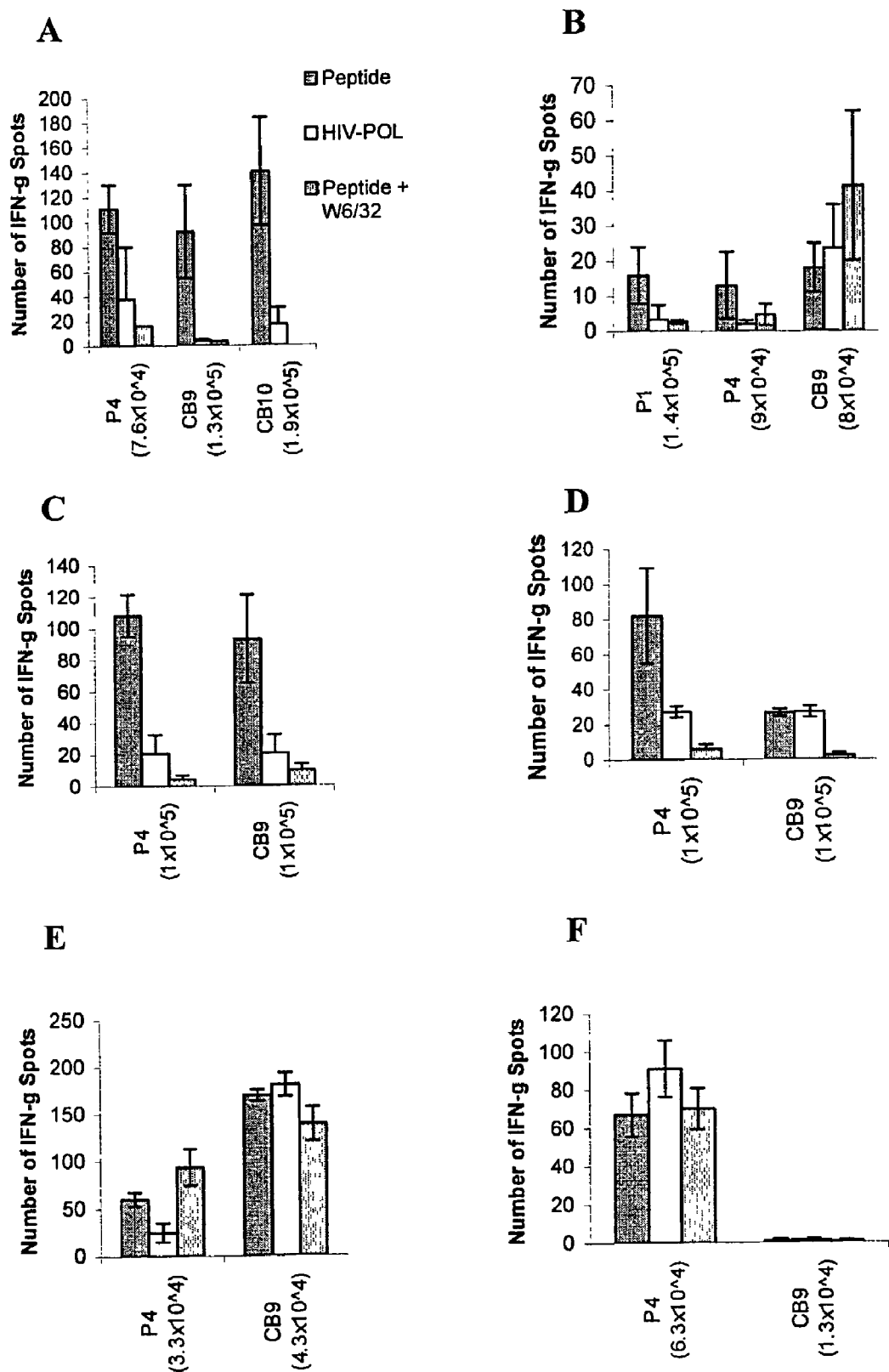


Figure 8

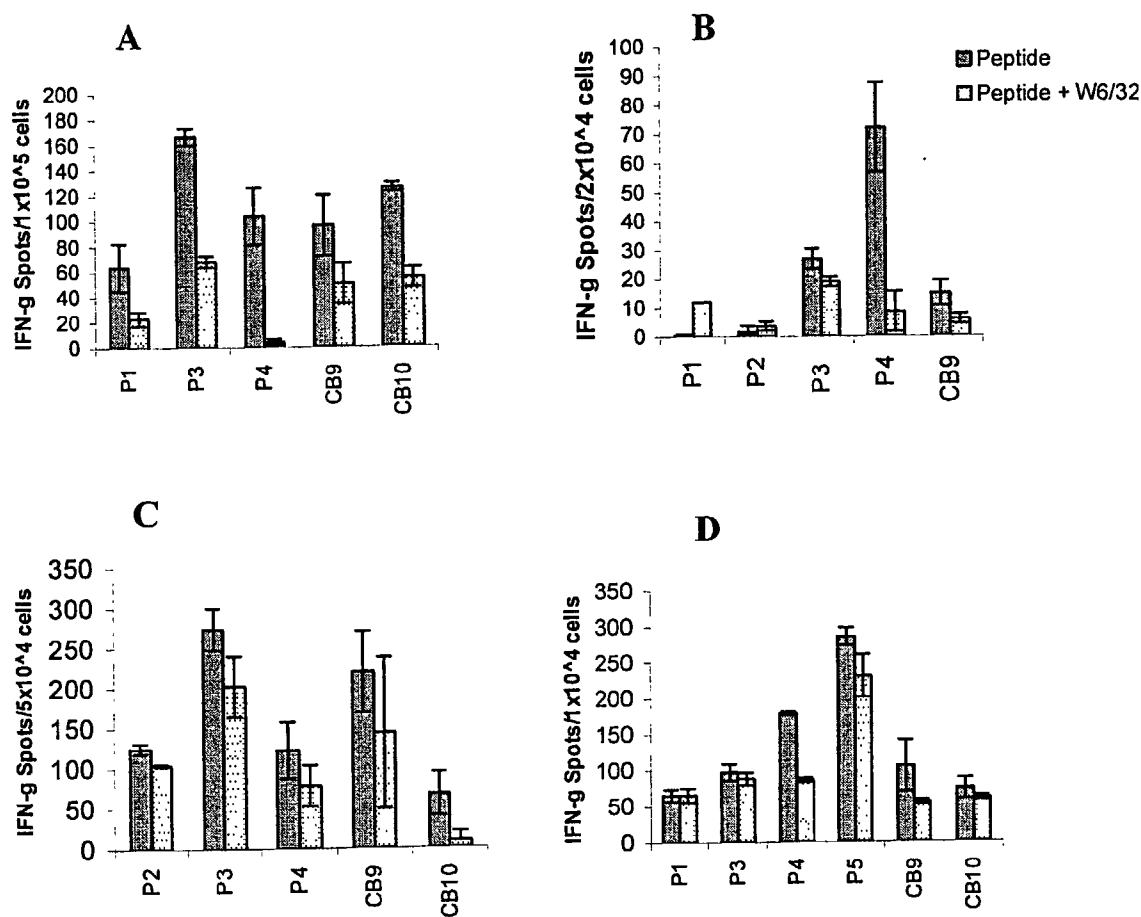


Figure 9

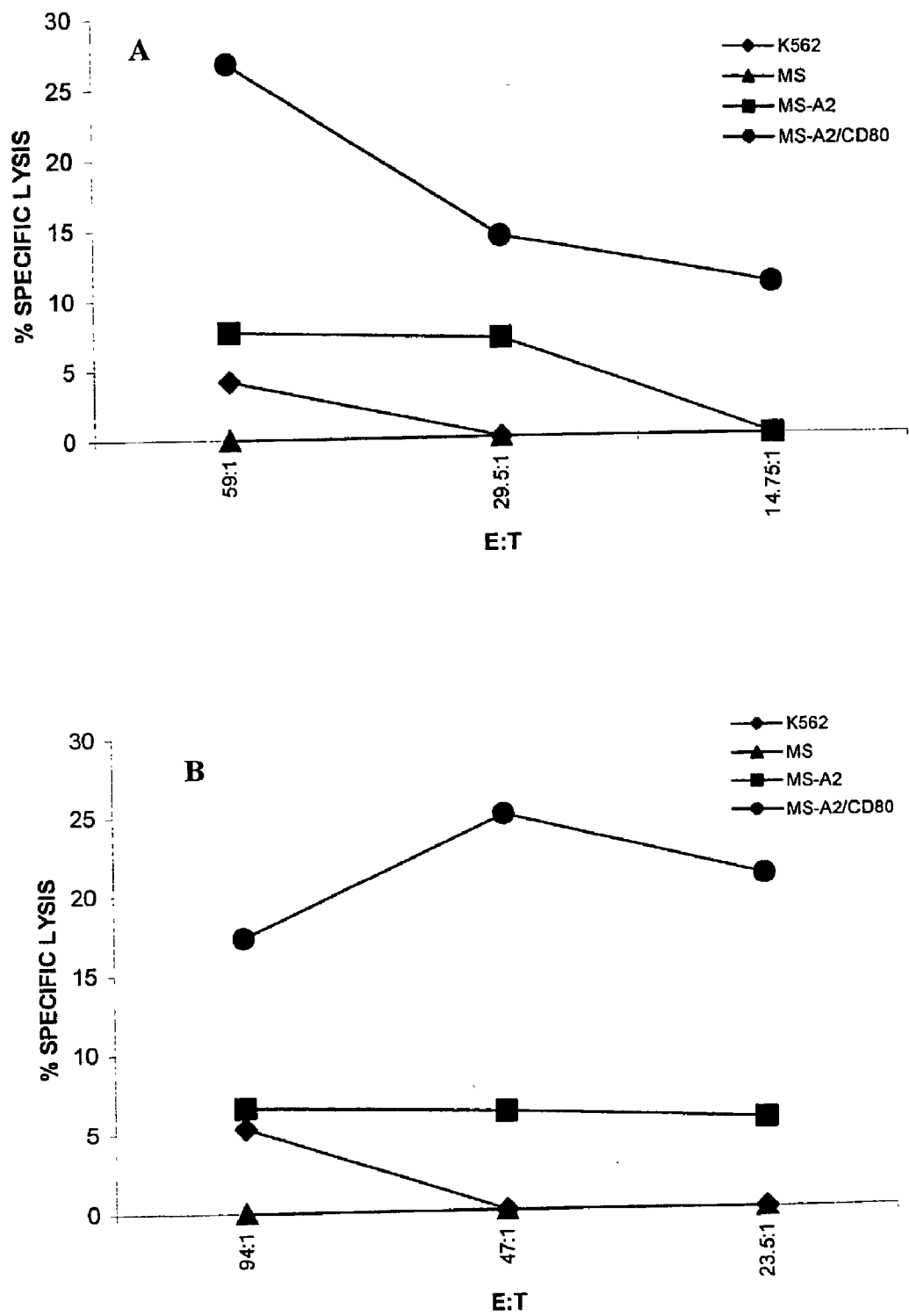


Figure 10

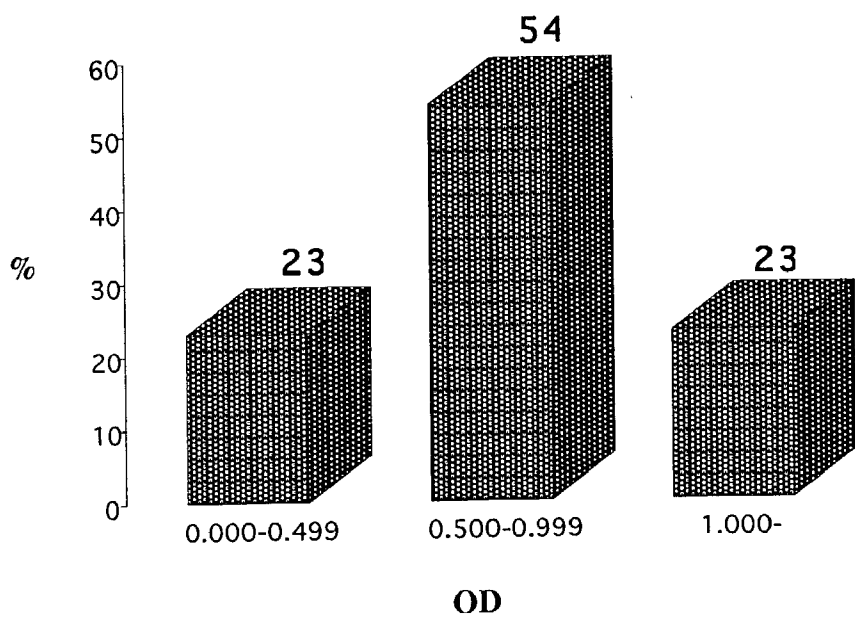


Figure 11

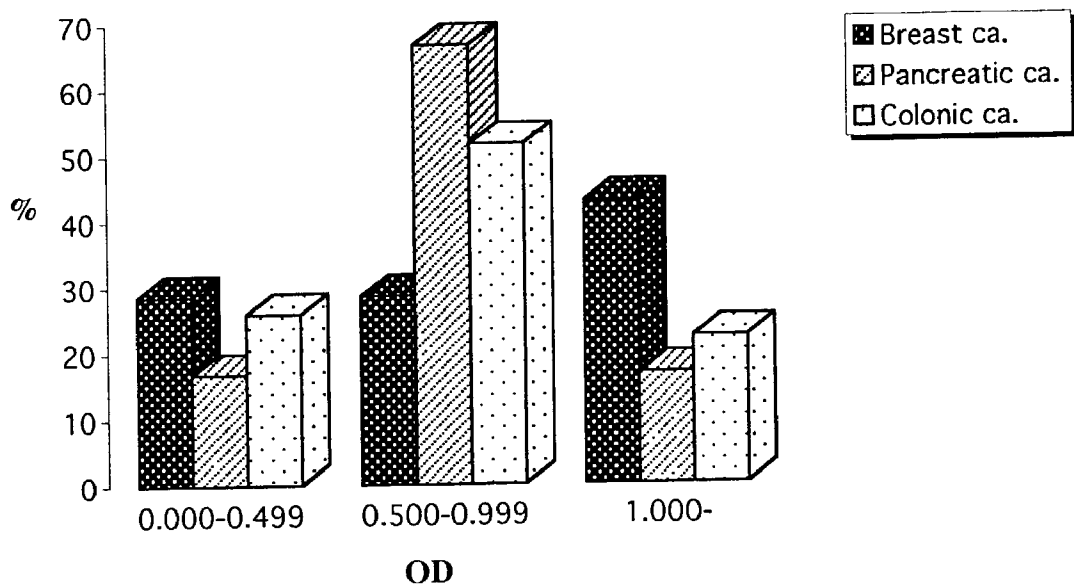


Figure 12

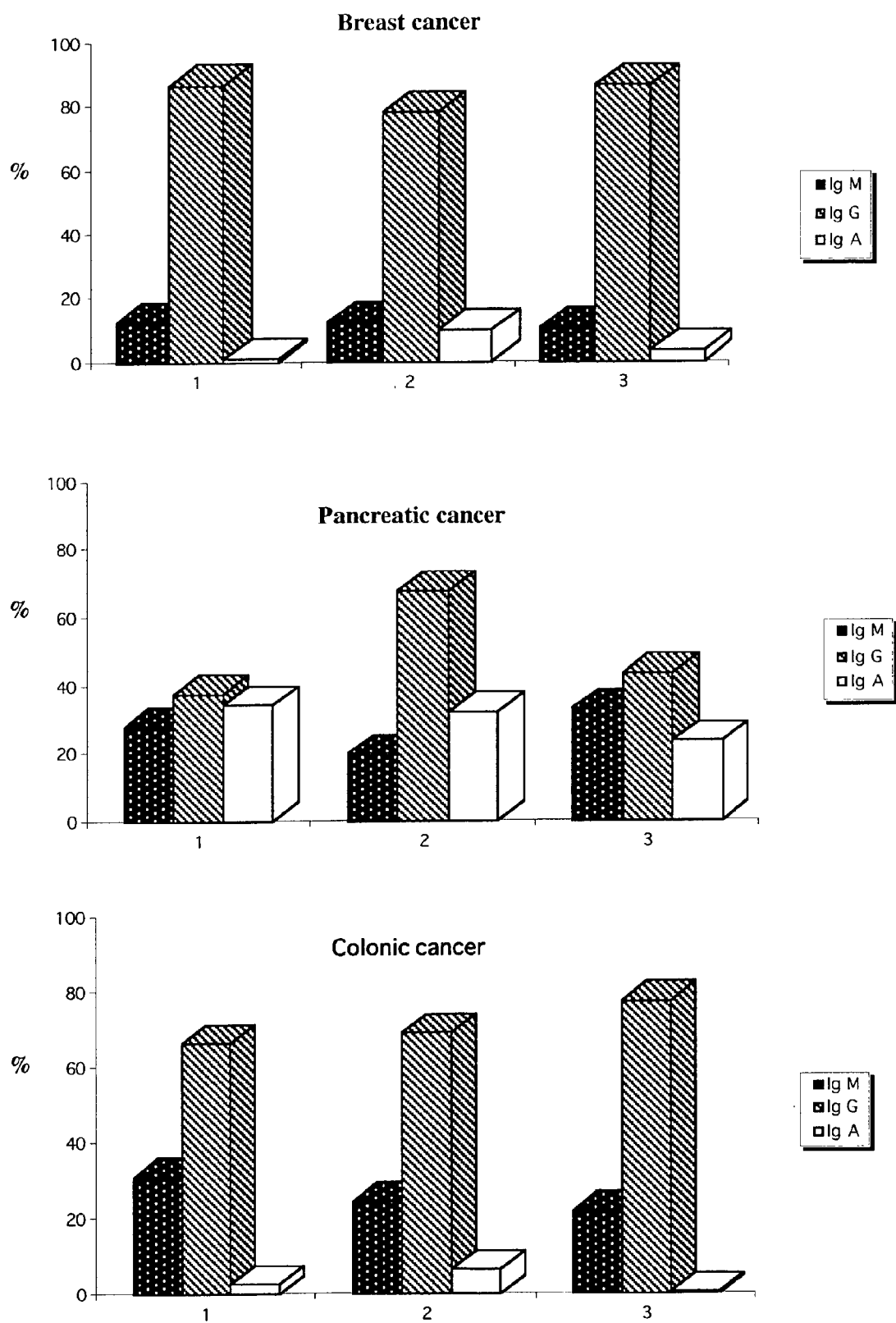
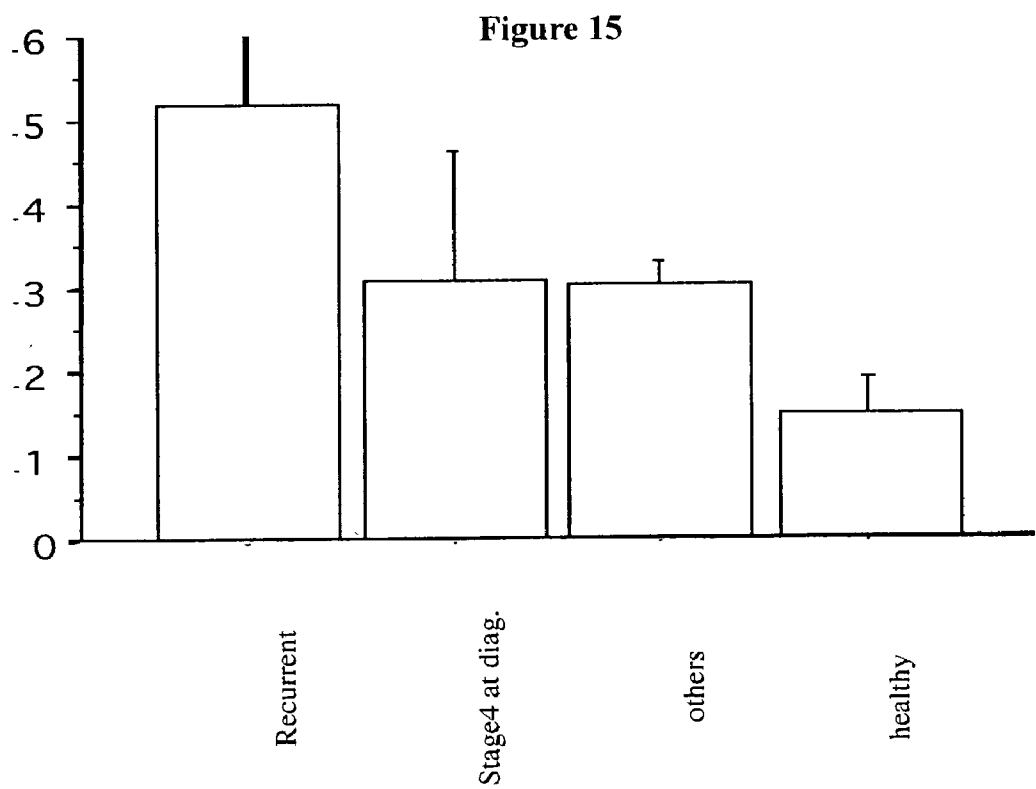
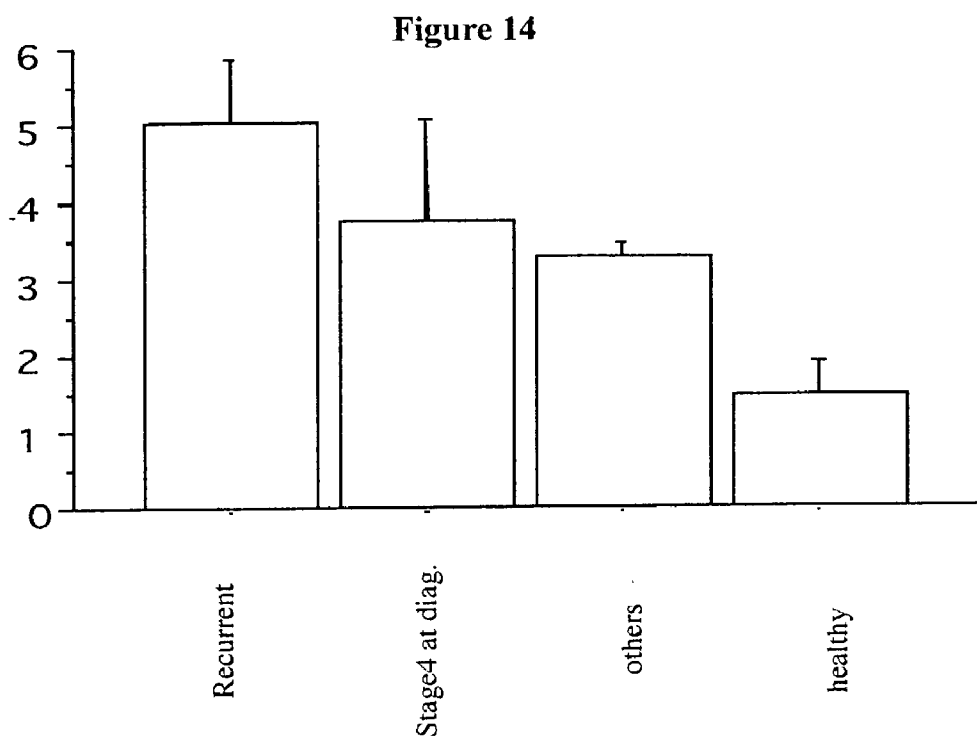


Figure 13



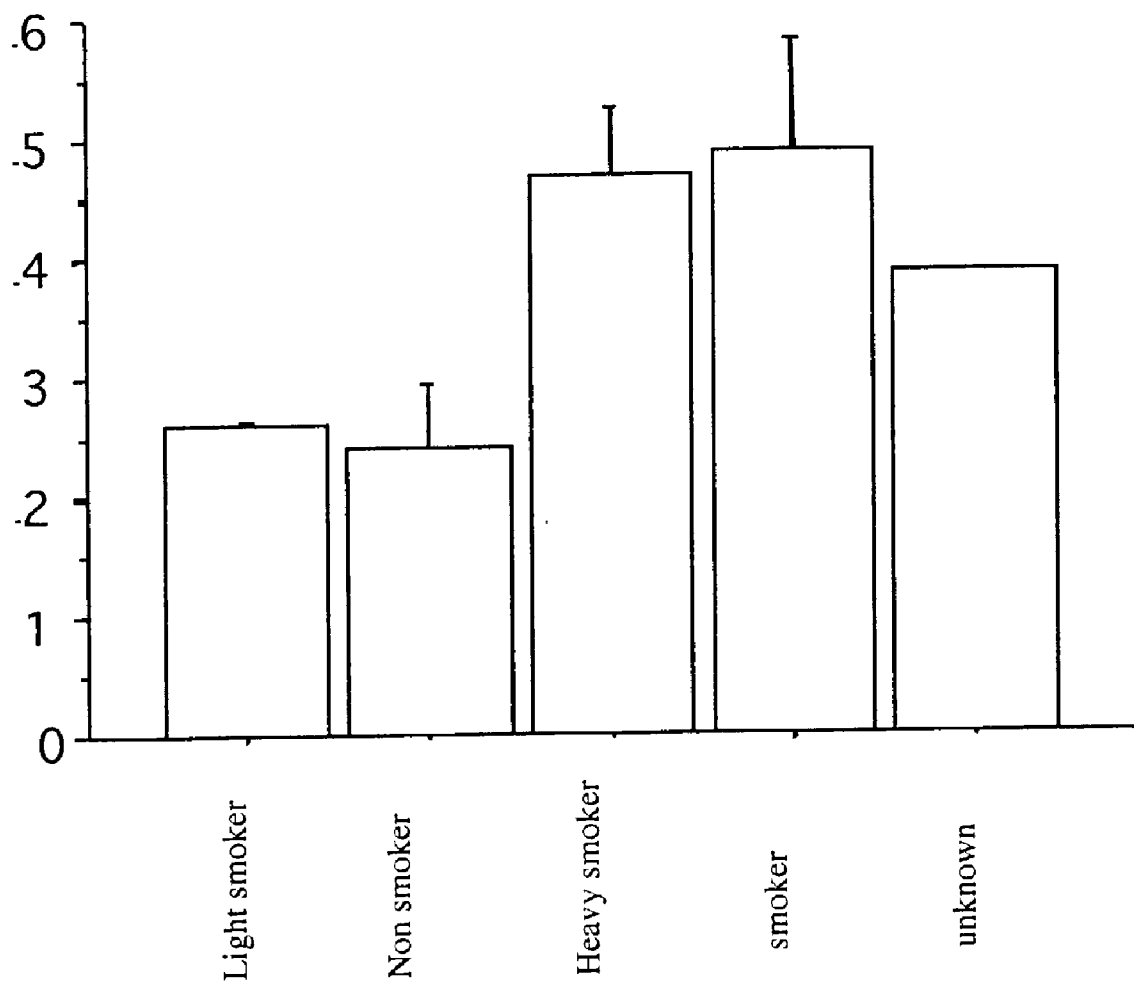


Figure 16

ANTICANCER VACCINE AND DIAGNOSTIC METHODS AND REAGENTS

STATEMENT REGARDING FEDERALLY SPONSORED RESEARCH AND DEVELOPMENT

[0001] This invention was made in part with Government support under grant number DAMD 17-9-1-7057 awarded by the United States Department of Defense and grant numbers 2R37 AI33993 and 5PO1CA 73743 awarded by the United States National Institutes of Health. The United States Government may have certain rights in this invention.

FIELD OF THE INVENTION

[0002] This invention pertains to methods and reagents for diagnosing and vaccinating against cancer.

BACKGROUND OF THE INVENTION

[0003] Successful immunotherapy against tumors relies in part on the discovery of tumor-specific antigens that are able to stimulate effective immune responses in the host. Several approaches have been developed over the years for the identification of such tumor-specific antigens. The "genetic approach" uses tumor cDNA libraries transfected into target cells expressing appropriate HLA molecules. The "peptide elution approach" uses peptides eluted from tumor HLA and loaded on target cells bearing the same HLA molecules. The "reverse immunology approach" uses peptide sequences derived from already known oncogenes or other putative tumor associated genes that contain desired HLA anchor motifs. All these approaches depend on the availability of tumor-specific T from cancer patients cell lines or clones derived from cancer patients used to recognize the new targets. Most recently, the SEREX approach has been used in which tumor cDNA expression libraries are screened with sera from cancer patients. Existing methods of identifying tumor antigens pose several concerns. For example, many such methods rely on T cells from cancer patients or use tumor cells as antigen presenting cells (APCs). However, T cells from cancer patients often are defective, and tumor cells are often poor APCs (Kiessling et al., *Springer Seminars in Immunopathology*, 18, 227-42 (1996); Ostrand-Rosenberg, *Cur. Opin. Immunol.*, 6, 722-27 (1994)).

[0004] Existing approaches have led to the identification of a panel of tumor antigens (Wang et al., *Immunol. Rev.* 170:, 85-100 (1999)), primarily in melanomas (Boel et al., *Immunity*, 2, 167-75 (1995); Gaugler et al., *J. Exp. Med.*, 179, 921-30 (1994); Herman et al., *Immunogenetics*, 43, 377-83 (1996); Traversari et al., *J. Exp. Med.*, 176, 1453-57 (1992); Van den Eynde et al., *J. Exp. Med.*, 182, 689-98 (1995); van der Bruggen et al., *Eur. J Immunol.*, 24, 3038-43 (1994); van der Bruggen et al., *Eur. J. Immunol.*, 24, 2134-40 (1994)). Very few tumor-specific antigens have been described in epithelial tumors, the best known being the Her-2/neu derived peptides (Disis et al., *Crit. Rev. Immunol.* 18, 37-45 (1998)) and the core peptides of the MUC-1 tandem repeat (Barratt-Boyes et al., *Cancer Immunology, Immunotherapy*, 43, 142-51 (1996)).

[0005] In light of the foregoing, there remains a need for an improved method for discovering tumor antigens and also for additional tumor antigens.

BRIEF SUMMARY OF THE INVENTION

[0006] The invention provides a method of priming T cells against tumor antigens comprising by obtaining naïve CD4⁺ or CD8⁺T cells from at least one healthy individual, obtaining at least one protein or peptide from at least one cancerous cell; obtaining antigen presenting cells (APCs), culturing the APCs with the protein(s) or peptide(s), and adding the T cells to the culture of the APCs. The primed T cells can then be employed to identify the antigens or used as prophylaxis or treatment for cancers.

[0007] The invention also provides cyclin molecules, and fragments derived from cyclin molecules, as tumor antigens. The invention provides a method for diagnosing a malignant or pre-malignant condition within a patient. The invention also provides a method for vaccinating a patient against malignancies comprising introducing a protein or peptide consisting essentially of all or an immunogenic fragment of a cyclin protein into the patient.

[0008] These and other aspects of the invention will become apparent upon reading the following detailed description in conjunction with the accompanying drawings.

BRIEF DESCRIPTION OF THE DRAWINGS

[0009] FIG. 1 shows the results of experiments identifying of 12 primed CD8⁺T cell cultures that recognized the original tumor, MS-A2, from which the tumor peptides were derived. The primed T cells were tested after the fourth restimulation. E:T ratio was at 100:1. The Raji cell line (A3, B15, C7) was a control for alloreactivity.

[0010] FIG. 2 presents the results of experiments in which CD8⁺T cells primed with peptide fraction # 32 from MS-A2 tumor recognized a shared tumor antigen on a lung tumor cell line, 201T-A2. CD8⁺T cells generated from priming to eluted peptides from Fraction # 32 were used in a CTL assay after the fifth restimulation.

[0011] FIG. 3 presents the results of experiments in which CD8⁺T cells primed with pooled peptide fractions recognized the original tumor and were HLA Class I-restricted. A) CD8⁺T cells primed with peptide fractions #41-46 recognized the original tumor, MS-A2 and were blocked by the anti-MHC Class I antibody, W6/32. B) CD8⁺T cells primed with peptide fractions #61-65 recognized the original tumor (MS-A2), and not an HLA-matched tumor, Mel 624.

[0012] FIG. 4 presents the results of experiments which identified of 12 primed CD4⁺T cell cultures that recognized the original tumor, MS, from which the proteins were obtained. The primed CD4⁺T cells were tested in a proliferation assay using macrophages loaded with UV-B induced apoptotic tumor (20:1=T:macrophages) after the second restimulation.

[0013] FIG. 5 presents the results of experiments in which CD4⁺T cell cultures primed with protein fractions recognize autologous macrophages loaded with tumor lysate. 2×10⁶ autologous macrophages were loaded with ~1.75×10⁸ cell equivalents of tumor lysate for 2 hours and used as stimulators of primed CD4⁺T cell cultures in a proliferation assay. T cell cultures were pooled as indicated. T cells were added at a T cell macrophage ratio of 10:1.

[0014] FIG. 6 presents the results of SDS PAGE and functional analysis of subfractions # 44.1-# 44.10 according

to which 33% of each sub-fraction was loaded onto 5×10^4 macrophages overnight and added to T cells primed to Fraction # 44 with a T:stimulator ratio of 1:1 for a 5-day proliferation assay.

[0015] FIG. 7 presents HLA Class I-restricted T cell response of a healthy donor to cyclin B1 peptides. CD8⁺T cells generated in vitro by priming to synthetic cyclin B1 peptides were used in an IFN- γ assay after the fourth restimulation. Number of T cells per well is indicated in parenthesis.

[0016] FIG. 8 presents HLA Class I-restricted T cell responses to cyclin B1 peptides in HLA-A2+ breast cancer patients. PBMCs from breast cancer patients were tested for recognition of cyclin B1 peptides after one in vitro stimulation (A, B, E, F) or no in vitro stimulation (C, D) in an IFN- γ assay. Number of T cells per well is indicated in parenthesis.

[0017] FIG. 9 presents HLA Class I-restricted T cell responses to cyclin B1 peptides in HLA-A2.1+SCCHN patients. PBMCs were tested for recognition of cyclin B1 peptides after one (A) or two in vitro stimulations (B, C, D) in an IFN- γ ELISPOT assay.

[0018] FIG. 10 presents the results of experiments that reveal that T cells from an HLA-A2.1+SCCHN patient restimulated to cyclin B1 peptides in vitro are able to kill the original tumor. T cells restimulated with A) P4, and B) CB9 for 5 days and tested in a CTL assay.

[0019] FIG. 11 presents data from experiments revealing the presence of cyclin B1 antibody in the sera of cancer patients.

[0020] FIG. 12 presents data from experiments revealing the presence of cyclin B1 antibody in the sera of cancer patients.

[0021] FIG. 13 presents data from experiments revealing the presence of cyclin B1 antibody in the sera of cancer patients.

[0022] FIG. 14 presents data concerning the expression of Cyclin B1 from lung cancer patients and five healthy individuals.

[0023] FIG. 15 presents data concerning the expression of Cyclin B1 from patients with adenocarcinomas.

[0024] FIG. 16 presents data concerning the expression of Cyclin B1 in cigarette smokers and non-smokers.

DETAILED DESCRIPTION OF THE INVENTION

[0025] In one embodiment, the invention provides a method of priming T cells (e.g., cytotoxic or helper cells) against tumor antigens. The method involves obtaining naïve CD4⁺ or CD8⁺T cells from at least one healthy individual, obtaining at least one protein or peptide from at least one cancerous cell, and obtaining APCs. The APCs then are cultured with the protein(s) or peptide(s) from the cancer cell(s). Following this period of culturing the APCs with the protein(s) or peptide(s) from the cancer cell(s), the T cells then are added to the culture, and they can be thus cultured for several weeks. Eventually, the T cells become primed against at least one protein(s) or peptide(s) from the cancer cell(s), e.g., they become cytotoxic to or activated by (e.g.,

to produce cytokines such as IFN- γ) tumor cells (or other cells) expressing or having such protein(s) or peptide(s). Where the method further comprises assessing the peptide sequence of the stimulatory molecules (e.g., the protein(s) or peptide(s)). The method can be used to identify the antigenic protein(s) or peptide(s).

[0026] In accordance with the method, naïve CD4⁺ or CD8⁺T cells are obtained from at least one healthy individual. In this context, "healthy" is taken to indicate an individual who has not been diagnosed with a malignant condition. The naïve CD4⁺ or CD8⁺T cells can be obtained from such a healthy individual by methods such as are known in the art or as set forth below in the Examples. Of course, using such methods, one of skill in the art is able to obtain a population of CD4⁺T cells, a population of CD8⁺T cells, or a mixed population, as desired.

[0027] Once the population of CD4⁺ or CD8⁺T cells is obtained, at least one protein or peptide is obtained from at least one cancerous cell, typically a tumor or cell line containing more than one (and potentially numerous) such cancer cells. While the protein(s) or peptide(s) can be obtained by any suitable method, it is desirable to employ certain methods depending on the type of T cell. In this regard, CD4⁺T cells typically respond more favorably to larger peptides or mature proteins, whereas CD8⁺tend to respond more favorably to shorter peptides. Thus, where the T cells are CD4⁺T cells, the protein(s) or peptide(s) preferably is/are obtained by a method that can extract large peptides or even whole proteins from the cell(s). According to one exemplary method, the cancerous cell(s) can be lysed to obtain a lysate from which the protein(s) or peptide(s) can be extracted. Of course, such extraction can produce a "whole protein" extract, representing all proteins separated from the rest of the lysate. However, if desired, a particular class of protein can be extracted (e.g., by size, gel motility, etc.) from the lysate. Conversely, where the T cells are CD8⁺T cells, the protein(s) or peptide(s) is/are obtained by a method that can extract smaller peptides from the cell(s). For example, the cancerous cell(s) can be treated to extract HLA class I molecules (which can include type A, B, C, or any allele of HLA class I molecules), which typically are complexed with processed peptides. Such proteins can be obtained from the cell(s) or tumor(s) by methods known in the art (see, e.g., Hunt et al., *Science*, 255, 1261-63 (1992); Henderson et al., *Science*, 255, 1264-66 (1992)). The HLA class I molecules then can be treated to release the complexed peptides, which then can be exposed to the CD8⁺T cells in accordance with the inventive method.

[0028] However obtained, the protein(s) or peptide(s) can be fractionated (e.g., using HPLC, and especially RP-HPLC), and even further sub-fractionated as desired, prior to exposure to the CD4⁺ or CD8⁺T cells. Fractionation (and if desired, sub-fractionation) facilitates identification of the antigen within the fraction of protein(s) or peptide(s), as described herein.

[0029] The APCs for use in the inventive method can be any kind of "professional" antigen presenting cell, such as B-cells, dendritic cells, lymphoid fibroblasts, Langerhans cells, macrophages, monocytes, peripheral blood fibrocytes, etc. However, dendritic cells are particularly adept at presenting antigens, and they can be generated in vitro by methods known in the art (see, e.g., Hiltbold et al., *Cancer*

Res., 58: 5066-70 (1998)). As such, preferably, the APCs are dendritic cells. In accordance with the inventive method, the APCs are cultured with the protein(s) or peptide(s) (or fraction or sub-fraction thereof) under conditions suitable for them to present the molecules (e.g., as an MHC I or II presented molecule). For example, with or following exposure to the protein(s) or peptide(s) (or fraction or sub-fraction thereof), the culture of APCs can be maintained in the presence of tumor necrosis factor α .

[0030] Following the initial incubation of the APCs with the protein(s) or peptide(s) (or fraction or sub-fraction thereof), the CD4⁺ or CD8⁺ T cells are added to the culture. Typically, the T cells are added to the culture of the APCs in the presence of one or more cytokines (e.g., IL-1b, IL-2, and IL-4, and IL-7), but this is not necessary in all applications. Moreover, the culture can be maintained over several weeks or months, over which period the culture conditions can be maintained or changed, as desired. In this regard, the T cell/APC culture can be restimulated, for example by introducing autologous macrophages, adding or changing the cytokine mixtures, adding additional protein(s) or peptide(s) (or fraction or sub-fraction thereof) or irradiated cancerous cells to the culture. Such cultures can be restimulated several times to enhance the degree to which the T-cells are primed, typically at intervals of from about 5 to about 15 days (e.g., from about 7 to about 10 days). Generally, more restimulation may be desired if the initial protein or peptide concentration is small.

[0031] Following this treatment, the CD4⁺ or CD8⁺ T-cells can be assayed to determine if they have been primed by any suitable method. For example, cytotoxic T-cells can be cultured with cells from which the protein(s) or peptide(s) (or fraction or sub-fraction thereof) was/were derived (e.g., the same tumor or cell line). The degree to which the T-cells inhibit proliferation of (or even kill) such cells is an indication that the T cells have become primed to be cytotoxic against such cells or tumors.

[0032] The primed CD4⁺ or CD8⁺ T-cells can be restimulated, such that a stable antigen-reactive T cell culture or T cell line can be maintained for extended periods in vitro. Therefore, T cells reactive to cancer cells can be generated rapidly in large numbers in vitro for various therapeutic and prophylactic applications. The antigen-reactive T cell culture or T cell line can be stored, and used to resupply cytotoxic T cells for long-term use. The primed T cells can be used in vitro, e.g., as part of a diagnostic process for identifying cancers. Alternatively, the primed cytotoxic or helper T cells can be introduced into a patient for prophylaxis or treatment of cancers.

[0033] For in vivo use, the invention provides a pharmaceutical composition comprising a therapeutically or prophylactically effective amount of primed T cells and a pharmaceutically acceptable carrier or excipient. Such a carrier includes but is not limited to culture medium with or without serum, buffered saline, dextrose, water, glycerol, ethanol, and combinations thereof. The composition, if desired, also can contain other excipients, such as wetting agents, emulsifying agents, pH buffering agents, and the like. The composition comprising the helper or cytotoxic cells can be introduced into the patients systemically, or locally (e.g., intratumorally). Such a method can be used alone or adjunctively in conjunction with other therapeutic regimens.

[0034] In another embodiment, the invention provides cyclin proteins and peptide fragments thereof as antigens, such as tumor antigens, and in particular of epithelial-associated tumors. The cyclin molecule can comprise or consist of a mature cyclin protein, such as cyclin A, D1, B 1, or E protein. Alternatively, the molecule can consist essentially of such a protein or an immunogenic peptide fragment thereof. In this regard, an antigenic cyclin peptide can represent a fragment of from about 5 to about 15 contiguous amino acids (e.g., from about 8 to about 12 contiguous amino acids, or even about 9 or 10 contiguous amino acids) of a wild-type human cyclin protein. Such peptides or full length proteins can include some variation from the native sequence, such as having anywhere from 0 to about 5 single amino acid substitutions relative to a wild-type sequence of about 10 amino acids. Exemplary antigenic cyclin-derived peptides are set forth here as SEQ ID NOs: 1-8:

[0035] SEQ ID NO: 1 AGYLMELCV

[0036] SEQ ID NO: 2 AGYLMELCM

[0037] SEQ ID NO: 3 AGYLMELCF

[0038] SEQ ID NO: 4 AGYLMELCC

[0039] SEQ ID NO: 5 AGYLMELCMA

[0040] SEQ ID NO: 6 AGYLMELCFA

[0041] SEQ ID NO: 7 AKYLMELTM

[0042] SEQ ID NO: 8 AKYLMELTML

[0043] Desirably, the cyclin peptides are able to stimulate (or prime) helper cells or cytotoxic cells (and preferably both types of cells) when presented to them by professional APCs, for example as described above. Such cytotoxic or helper cells can be employed as prophylaxis or treatment of tumors in vivo, such as epithelial tumors (e.g., breast cancer, basal or squamous cell carcinoma, melanoma, cutaneous lymphoma, etc.), particularly those exhibiting deregulated cyclin expression or overexpression of cyclin molecules. For example, activated cytotoxic T cells or helper cells can be introduced into a patient diagnosed with such malignant conditions, either systemically or intratumorally, for example as discussed above or in accordance with methods known in the art (see, e.g., U.S. Pat. No. 6,130,087). Because Cyclin B1 appears to be overexpressed in cells that turn off the function of the tumor suppressor protein p53 (Yu et al., *Mol. Immunol.*, 38(12-13), 981-87 (2002)), patients with p53-negative tumors would be particularly attractive candidates for treatment in accordance with the present invention.

[0044] The antigenic protein or peptide can be produced by any suitable method. For example, it can be synthesized using standard direct peptide synthesizing techniques (Bodanszky, *Principles of Peptide Synthesis* (Springer-Verlag, Heidelberg: 1984)), such as via solid-phase synthesis (see, e.g., Merrifield, *J. Am. Chem. Soc.*, 85, 2149-54 (1963); Barany et al., *Int. J. Peptide Protein Res.*, 30, 705-739 (1987); and U.S. Pat. No. 5,424,398). Alternatively, a gene encoding the desired protein or peptide can be subcloned into an appropriate expression vector using well-known molecular genetic techniques. The protein or peptide can then be produced by a host cell and isolated from the cell. Any appropriate expression vector (see, e.g., Pouwels et al.,

Cloning Vectors: A Laboratory Manual (Elsevier, N.Y.: 1985)) and corresponding suitable host cells can be employed for production of the desired protein or peptide. Expression hosts include, but are not limited to, bacterial species, mammalian or insect host cell systems including baculovirus systems (see, e.g., Luckow et al., *Bio/Technology*, 6, 47 (1988)), and established cell lines such 293, COS-7, C127, 3T3, CHO, HeLa, BHK, etc. Once isolated, protein or the peptide can be substantially purified by standard methods and formulated into a pharmaceutical composition (e.g., including a pharmacologically- or physiologically-compatible carrier), lyophilized, or otherwise employed or preserved.

[0045] Using such cyclin proteins, or peptides derived from cyclin proteins, the invention provides a method for vaccinating a patient against malignancies. The method can be used prophylactically or as a treatment for many types of cancer (e.g., cancers of bladder, bone, brain, breast, cervix, colon, epithelium, esophagus, head and neck, kidney, liver, lung, ovary, pancreas, prostate, skin, stomach, testicle, uterus, etc., and the various leukemias and lymphomas). Because Cyclin B1 appears to be overexpressed in cells that turn off the function of the tumor suppressor protein p53 (Yu et al., *Mol. Immunol.*, 38(12-13), 981-87 (2002)), patients with p53-negative tumors would be particularly attractive candidates for treatment in accordance with the present invention. Moreover, the vaccines can have the potential or capability to prevent cancer in individuals without cancer but who are or may become at risk of developing cancer.

[0046] In accordance with this aspect of the invention, a protein or peptide comprising or consisting essentially of all or an immunogenic fragment of a cyclin protein is introduced into a patient under conditions sufficient for the patient to develop an immune response to the protein or peptide. Desirably, the protein or peptide is a Cyclin B1 protein or immunogenic fragment thereof, as set forth herein. The immune response in the patient can help protect the patient against cancers that might develop in the future—i.e., after the vaccination in accordance with the inventive method. For patients diagnosed with cancer, the inventive method can augment the patient's ability to combat the cancer. In this regard, the inventive method can be employed alone or adjunctively with other anticancer treatments (e.g., radiation therapy, chemotherapy, etc.).

[0047] The protein or peptide can be introduced into a patient by any desired method. For example, it can be formulated into a pharmaceutical composition including, if desired, a physiologically-compatible buffered solution and injected into the patient (e.g., intradermally, subcutaneously, intramuscularly into the blood stream, or other suitable route). The administration to a patient of a vaccine in accordance with this invention for prophylaxis and/or treatment of cancer can take place before or after a surgical procedure to remove the cancer, before or after a chemotherapeutic procedure for the treatment of cancer, or before or after radiation therapy for the treatment of cancer and any combination thereof. In addition, the vaccine can be given together with adjuvants and/or immuno-modulators to boost the activity of the vaccine and the patient's response. Moreover, additional inoculations (e.g., "booster" inoculations) can be employed as desired. Following the inoculation(s), the patient's immune response to the antigen can be monitored, for example, by drawing blood from the patient

and assessing the presence of immunoglobulins reactive against the cyclin protein or peptide or for the presence of lymphocytes reactive against the protein or peptide.

[0048] In another embodiment, the invention provides a method for diagnosing a pre-malignant or malignant condition within a patient. In accordance with one aspect of the method, the patient can be assayed for the expression of a cyclin molecule (e.g., protein or peptide fragment thereof). For example, the method can be employed on biopsied tissue (e.g., lung tissue, lymph nodes, epidermal lesions, breast lesions, dysplastic nevi, colon or cervical polyps, warts, etc.) excised from the patient. The cells of such tissues can be fixed and immunoassayed for the expression of the desired cyclin molecule (e.g., cyclin A, D1, B1, E, etc.). Deregulated cyclin expression supports a diagnosis of a pre-malignant or malignant condition. For example, cytoplasmic staining of Cyclin B1, rather than nuclear staining, is indicative of malignant or pre-malignant cells within the biopsy. Over-expression of the cyclin molecule (e.g., high levels of expression relative to adjacent or control tissue) also can support a diagnosis of a malignant or pre-malignant condition.

[0049] In accordance with another aspect of the method, the patient can be assayed for immunoreactivity to cyclin molecules (such as cyclin A, D1, B1, E, etc.). Such reactivity can, for example, be humoral or cellular immunity, which can be assessed by measuring antibody molecules (e.g., immunoglobulins) in fluid (e.g., blood product) drawn from the patient. For example, the titer of anti-cyclin antibodies within the serum of a patient can be ascertained using any standard assay (e.g., ELISA). In other embodiments, immunoreactivity to the cyclin molecule(s) can be assessed by detecting the presence of T cells reactive to the cyclin molecule(s) in fluid or tissue drawn from the patient. The presence of immunoreactivity to the desired cyclin molecule (such as, for example, a noted elevation in the titer of anti-cyclin antibodies in comparison with a standardized baseline or in comparison with healthy patients) can support a diagnosis of a pre-malignant or malignant condition. Such a test can, for example, assist in the diagnosis of lung cancer, prostate cancer, breast cancer, as well as cancers associated with abnormal or absent p53. Of course, the inventive method of diagnosis, however carried out, can be employed alone or in conjunction with other diagnostic methods or in conjunction with the evaluation of other relevant information (such as genetic propensity, family history, identified risk factors, and the like). Thus, for example, the detection of elevated serum anti-cyclin antibody titer in a heavy, long-term smoker (a known risk factor for lung cancers), can serve as an early warning sign of an increase risk in that patient for developing lung cancer. Such a test also can help monitor cancer patients following treatment for the purpose of detecting recurrence, as elevation of anti-cyclin antibody titer correlates with the recurrence of some types of cancers (e.g., lung cancers, adenocarcinoma, etc.).

[0050] As discussed above, various aspects of the invention involve treatment of patients and in vivo application of reagents. Such patients typically are mammalian, and can be human. In light of the extensive conservation of the antigen among species, the patient can be selected from any mammalian species (e.g., feline, canine, bovine, porcine, equine, rodent, ungulate, primate, etc.). The patient can be a healthy individual or diseased. In this regard, the methods of pro-

phylaxis can be used to help guard healthy patients from subsequent development of cancers. Methods of treatment can be used to attenuate tumor growth or metastasis, and in some applications such methods can regress tumor growth or reduce tumor size. Indeed, in some applications, the inventive methods, alone or in conjunction with other therapeutic methods, can eliminate tumors or cancerous cells from a patient.

EXAMPLE 1

[0051] This example demonstrates the efficacy of the inventive method of priming T cells (e.g., cytotoxic or helper cells) against tumor antigens.

Materials and Methods

[0052] Cell lines. MS (A3, B7, B7, C7, C7; DR15, DQ6 homozygous) is a breast epithelial adenocarcinoma cell line derived from the metastasis of a breast cancer patient. This cell line does not express either MUC-1 or Her-2/neu, the two major epithelial tumor antigens. MS-A2 is the same cell line that was stably transfected with the HLA-A2.1 plasmid (Vega et al., *Proc. Nat. Acad. Sci.*, 86, 2688-92 (1989)) using the calcium phosphate precipitation method (Stratagene, La Jolla, Calif.). The B lymphoma cell line Raji (A3, B15, C7 homozygous; DR3, DR10, DQ1, DQ2) was purchased from the American Type Culture Collection (Manassas, Va.). The chronic myelogenous leukemia cell line K562 was also purchased from ATCC. The melanoma cell line Mel 624 is A2, A3, B7 homozygous. The lung tumor cell line, 201T is A10, A29, B15, B44, also was transfected with the HLA-A2.1 plasmid (designated 201T-A2). Naïve CD4⁺, CD8⁺T cells, dendritic cells, and macrophages were derived from a leukaphoresis product of a healthy platelet donor (A2, A29, B7, B44, C7, C7; DR15, DR7, DQ6, DQ2).

[0053] Antibodies. Mouse anti-human HLA-DR (L243), CD3 (Leu-4), CD4 (Leu-3a), CD8 (Leu-2a), and CD56 (Leu-19) were purchased from Becton Dickinson (San Jose, Calif.). Mouse anti-human CD45RO (UCHL1) and CD20 were purchased from DAKO (Carpinteria, Calif.). Goat anti-mouse IgG antibodies were obtained from Zymed Laboratories, Inc. (South San Francisco, Calif.). W6/32, a mouse anti-human MHC Class I antibody, was produced by the W/632 hybridoma obtained from ATCC (Manassas, Va.) and purified via a Protein A-Sepharose column (Sigma, St. Louis, Mo.) in the laboratory.

[0054] Isolation of tumor HLA Class I-bound peptides. Preparation of HLA Class I-associated peptides was similar to previously described methods (Hunt et al., *Science*, 255, 1261-63 (1992), Henderson et al., *Science*, 255, 1264-66 (1992)). MS-A2 tumor cells were grown in 10-chamber cell factories (Nalge Nunc, Naperville, Ill.), and expanded weekly until $>1.5 \times 10^{10}$ cells were obtained. The cells were washed three times in ice-cold PBS, pelleted and stored at -800°C . for later use. Detergent lysis buffer (1% CHAPS) and a cocktail of protease inhibitors (2 mM PMSF, 100 mM Iodoacetamide, 5 mg/ml Aprotinin, 10 mg/ml Leupeptin, 10 mg/ml Pepstatin A, 3 ng/ml EDTA, and 0.04% sodium azide) (Sigma, St. Louis, Mo.) were used to solubilize the cells at 4°C . for 1 hr. The cell lysate was spun at $100,000 \times g$ for 1 hour to remove insoluble proteins, and the supernatant was filtered through a 0.22 mm filter (Millipore, Bedford, Mass.) to further remove debris from the suspension.

The supernatant was then passed through a Protein A-Sepharose anti-class I (W6/32) column (BioRad, Hercules, Calif.) overnight. The column then was washed 30 times sequentially with low salt (150 mM NaCl, 20 mM Tris pH 8.0), high salt (1 M NaCl, 20 mM Tris pH 8.0), and Tris buffer (20 mM Tris pH 8.0). Class I molecules then were eluted from the column using 0.2N acetic acid, and peptides were extracted from the Class I molecules by boiling in 10% acetic acid for 5 minutes. The released peptides were further purified using 5 kD cut-off microconcentrators (Amicon, Bedford, Mass.), vacuum centrifuged to reduce the volume, and frozen at -800°C .

[0055] Fractionation of peptide extracts. The peptide extracts were fractionated by reverse phase HPLC on a Rainin HPLC separation system (Varian, Woburn, Mass.). The peptide extracts were concentrated to 150 ml via vacuum centrifugation, and injected into a Brownlee Aquapore (Applied Systems Inc., San Jose, Calif.) C18 column (column dimensions: 2.1 mm $\times$ 3 cm, pore size: 300 Å, particle size: 7 mm) on the HPLC. The peptides were eluted with a 65 minute trifluoroacetic acid/acetonitrile gradient [v/v 0-15% for 5 minutes, 15-60% for 50 minutes, and 60-100% for 10 minutes solvent B (60% acetonitrile in 0.085% TFA) in solvent A (De-ionized water in 0.1% TFA) with a flow rate of 200 ml/min]. Two hundred microliter fractions were collected at one minute intervals, concentrated via vacuum centrifugation to 40 ml, and divided into 4 aliquots, 3 for the use in T cell stimulation and 1 for mass spectrometry analysis.

[0056] Fractionation of protein extracts. $>1 \times 10^9$ MS tumor cells were lysed in detergent buffer, spun at $100,000 \times g$, and then filtered using a 0.22 mm filter as above. The supernatant was dialyzed overnight in Tris Buffered Saline pH 7.2 (TBS) (Sigma) to remove detergent. The protein extract was concentrated by vacuum centrifugation, and one-tenth of the extract ($\sim 1 \times 10^8$ cell equivalents) was fractionated by reverse-phase HPLC using a Phenomenex Jupiter C4 column (column dimensions: 4.6 mm $\times$ 150 mm, pore size: 300 Å, particle size: 7 mm) (Torrence, Calif.). The proteins were eluted with a 60 minute TFA/acetonitrile gradient (10-80% acetonitrile in 60 minutes) at a flow rate of 500 ml/min. Five hundred microliter fractions were collected at one minute intervals, concentrated by vacuum centrifugation to 100 ml, and divided into 4 aliquots each for later use. All solvents were HPLC grade and were obtained from VWR Scientific Products (West Chester, Pa.).

[0057] Sub-Fractionation of protein fractions. 25% of a specific protein fraction obtained from the primary fractionation was further sub-fractionated by reverse-phase HPLC using a Phenomenex Jupiter C4 column (column dimensions: 4.6 mm $\times$ 150 mm, pore size: 300 Å, particle size: 7 mm) (Torrence, Calif.). The proteins were eluted with a shallow gradient (55-62% acetonitrile in 10 minutes) at a flow rate of 500 ml/min, and fractions were collected at one minute intervals. The sub-fractions were then further concentrated by vacuum centrifugation, with 33% of the material loaded onto a 15% SDS-PAGE gel and visualized using a silver stain analysis kit (BioRad), and 33% was loaded onto macrophages and used in a proliferation assay.

[0058] Generation of dendritic cells (DCs) in vitro. DCs were cultured in vitro for 7 days as described previously (Hiltbold et al., *Cancer Res.*, 58, 5066-70 (1998)). PBMCs

from a healthy donor were isolated after centrifugation over Lymphocyte Separation Medium (Organon Teknika, Durham, N.C.) and washed extensively with PBS to eliminate residual platelets. The cells were plated in a T-75 flask for two hours in serum-free AIM-V (Life Technologies, Grand Island, N.Y.) medium, after which the non-adherent cells were removed and used as the source of naïve T cells. The adherent cells were treated with 1000 U/ml GM-CSF and 26 ng/ml IL-4 (Schering Plough, Kenilworth, N.J.) for 7 days in serum-free AIM-V (Life Technologies) medium supplemented with 2 mM L-glutamine and penicillin/streptomycin. DCs were fed with additional media and cytokines on Day 4 of culture, and purified on Day 7 by negative selection of contaminating T, B, and NK cells. The cells were stained with anti-CD3, -CD19, and -CD56 antibodies for 45 minutes in cold PBS and washed in PBS supplemented with 5% human AB serum (Gemini Products, Calabasas, Calif.). Magnetic DYNAL beads (Lake Success, N.Y.) coated with goat anti-mouse IgG were then added to the cells for 45 minutes, and the contaminating cells were removed by magnetic separation. Flow cytometry analysis of the remaining cells showed they were high HLA-DR+ and B7-2+.

[0059] Generation of naïve CD8⁺ and CD4⁺T cells. Non-adherent cells obtained after plastic adherence for DC isolation was used as the source of naïve CD8⁺ or naïve CD4⁺T cells. To purify naïve CD8⁺T cells, the cells were stained with anti-CD4, -CD20, CD56, and CD45RO antibodies for 45 minutes in cold PBS and washed in PBS with 5% HAB serum. Four 100-mm petri dishes (Nunc LabTek, Naperville, Ill.) were precoated with 10 mg/ml goat anti-mouse IgG antibodies (Zymed) in 0.05 M Tris, pH 9.5 at room temperature for 1 hr and washed with PBS. Cells were added to each plate and incubated at 40° C. for 1 hr. The non-adherent cells collected were the CD45RA+CD8⁺T cells. The same procedure was used for purifying naïve CD4⁺T cells, except that anti-CD8 antibodies are used instead. All T cell cultures were grown in RPMI medium (ICN, Costa Mesa, Calif.) supplemented with 10% human AB sera (Gemini Products), L-glutamine, and penicillin/streptomycin (Life Technologies).

[0060] Priming naïve CD8⁺T cells to tumor peptides. To prime naïve CD8⁺T cells, 2×10^4 dendritic cells were incubated for 2-4 hours first with 25% of each peptide containing RP-HPLC fraction (10 ml), and then overnight in the presence of 1000 U/ml TNF- α (Genzyme, Cambridge, Mass.) in 96-well U-bottom plates (Falcon, Franklin lakes, N.J.). 2×10^5 autologous naïve CD8⁺T cells were added the next day to the DCs in the presence of 2 ng/ml IL-1b (R & D Systems, Minneapolis, Minn.), 20 U/ml IL-2 (DuPont, Wilmington, Del.), and 26 ng/ml IL-4 (Schering Plough). The CD8⁺T cell cultures were fed every 3-4 days with 10 U/ml IL-2 and 13 ng/ml IL-4. In addition, 10 ng/ml IL-7 (Pharmingen, San Diego, Calif.) was included in the cytokine mixture after the 2nd restimulation. The CD8⁺T cell cultures were restimulated every 7-10 days using autologous macrophages (obtained by plastic adherence) loaded with the individual peptide fractions, until the third restimulation, where autologous macrophages loaded with irradiated (12,000 Rads) MS-A2 tumors (macrophages:tumor=1:5) were used as stimulators (T cells:loaded macrophages=10:1).

[0061] Priming naïve CD4⁺T cells to tumor proteins. To prime naïve CD4⁺T cells, dendritic cells were loaded with

25% of each protein fraction (~25 ml), and treated the same as described for CD8⁺T cell priming above. The CD4⁺T cell cultures were restimulated every 10-14 days using autologous macrophages loaded with the individual protein fractions (T cells:macrophages=10:1), and fed every 4-5 days with 10 U/ml IL-2 and 13 ng/ml IL-4, depending on growth kinetics. 10 ng/ml IL-7 (Pharmingen) was added to the CD4⁺T cell cultures after the second restimulation. For the third restimulation, MS tumor was irradiated for 7 minutes (2.18 J/cm²) using a Spectra Mini II UV-B irradiator (Daavlin, Bryan, Ohio) and loaded onto macrophages overnight (5:1=apoptotic tumor:macrophages) that were used as stimulators (T:loaded macrophages 10:1) the next day.

[0062] Cytotoxicity assays. $1-2 \times 10^6$ target cells were labeled with 50 mCi of Na²⁵¹CrO₄ (Amersham, Arlington Heights, Ill.) for 90 minutes at 37° C. The labeled cells were then washed three times and plated at 1×10^3 cells/well in a 96-well V-bottom plate (Costar, Cambridge, Mass.) with various numbers of effector T cells. In addition, a 50-fold excess of unlabeled K562 (5×10^4) was added to the wells for 15 minutes prior to the addition of T cells to prevent the detection of lymphokine-activated killer (LAK) activity in the assay. The plates were centrifuged and incubated for 4 hours at 37° C. All determinations were done in triplicate. Supernatants were harvested using a Skatron harvesting press (Skatron Instruments, Sterling, Va.) and counted on a Cobra II series auto gamma counting system (Packard, Meriden, Conn.). Maximum release was obtained by adding 50 ml of 1% Triton X-100 to the labeled target cells. Spontaneous release was obtained by incubating the labeled cells in the absence of T cells. Percent specific lysis was calculated from the following formula: % specific lysis = $100 \times (\text{experimental release} - \text{spontaneous release}) / (\text{maximum release} - \text{spontaneous release})$. In blocking experiments, anti-MHC Class I Ab (W6/32) was added to the labeled target cells for 30 minutes prior to the addition of the effector T cells.

[0063] Proliferation Assays. Autologous macrophages loaded with UV-induced apoptotic MS tumor cells (5:1=apoptotic tumor:macrophages) were seeded in round-bottom 96-well microplates (Costar, Cambridge, Mass.) with primed T cell cultures at a T cell:stimulator ratio of 20:1. For proliferation assays using tumor lysate, MS tumor cell lysate was generated as described previously, and 1.75×10^5 cell equivalents were loaded onto 2×10^6 autologous macrophages for 2 hours. T cells were added at a T cell:stimulator ratio of 10:1. For the proliferation assay using the sub-fractions of #44, 33% of the sub-fraction was loaded onto 5×10^4 macrophages overnight and added to T cells with a T:stimulator ratio of 1:1 the next day. The wells were pulsed with [³H]TdR (Amersham, Life Science) for the last 18 hours of the 5-day period, harvested by a Skatron semiautomatic cell harvester (Skatron Instruments), and counted on a Wallac 1205 beta plate scintillation counter (Gaithersburg, Md.). The results are expressed as mean values of triplicate determinations.

[0064] Mass spectrometry analysis. 25% of the RP-HPLC peptide fraction was concentrated by vacuum centrifugation to near dryness and resuspended in 5 ml of 0.1M acetic acid. One microliter of this material was loaded onto a microcapillary C18 column (150 mm $\times$ 75 mm i.d.), and eluted with a 20 minute linear gradient (v/v 0-80% solvent B (0.1 M acetic acid in 100% acetonitrile) in solvent A (De-ionized water in

0.1 M acetic acid). Flow rates for the nanospray probe (186 nl/min) was achieved by coupling the Rainin HPLC system with an Accurate microflow processor (LC Packings, San Francisco, Calif.) for flow splitting. The nanospray probe was operated at a voltage differential of +3.2 keV. The source temperature was maintained at 300° C. Mass spectra were obtained by scanning from 300-1500 every 3 seconds and summing individual spectra on a Fisons Quattro II triple quadrupole mass spectrometer (Micromass Inc., Loughborough, U.K.).

Results

[0065] Identification of HPLC fractions containing immunogenic tumor peptides. CD8⁺T cell cultures were primed and restimulated with HPLC fractions as described above. Due to the low amount of peptide, later restimulations were done using macrophages loaded with irradiated MS-A2 tumor cells. Monitoring the CD8⁺T cell cultures with an inverted microscope over four restimulations clearly showed that while there was T cell proliferation in all wells, several of the CD8⁺T cell cultures were expanding at a much higher rate, suggesting the presence of immunostimulatory peptides in the fractions used for priming in these wells. Most of the unstimulated CD8⁺T cell cultures reached senescence after 8 weeks in culture.

[0066] FIG. 1 shows the result of one priming experiment in which after the fourth restimulation, all the T cell cultures could be assayed for their ability to recognize the original tumor, MS-A2, from which the peptides were derived. Out of the 65 CD8⁺T cell cultures primed on the individual peptide fractions, 12 (Fractions 15, 22, 30, 32, 37, 38, 43, 44, 50, 51, 52, 63) exhibited strong cytotoxicity against the tumor. Since the PBL donor and the tumor were mismatched at the HLA-A3 allele, the Raji tumor cell line (which was matched only at the HLA-A3 allele with the PBL donor) also was used to ensure that the cytotoxic CD8⁺T cell cultures were not alloreactive. None of the cultures that killed MS-A2 tumor cells recognized the Raji targets.

[0067] The 12 cytotoxic CD8⁺T cell cultures also were tested for their ability to recognize another epithelial adenocarcinoma, a lung tumor, 201T-A2, to look for shared tumor antigens. As shown in FIG. 2, a CD8⁺T cell culture, primed with peptide fraction #32, recognized again the original tumor, and also the lung tumor. Since the lung tumor and the breast tumor shared only the HLA-A2.1 allele, this suggested that the peptide being recognized was a shared antigen restricted by HLA-A2.1.

[0068] To determine the extent of reproducibility of this approach, the acid extraction was repeated, as was the peptide fractionation and priming procedures. Several consecutive peptide fractions were pooled for two reasons: 1) to compensate for small shifts in fraction number between HPLC runs, and 2) to reduce the total number of T cell cultures in vitro, making the approach less labor intensive. Naive CD8⁺T cells were primed on pooled peptide fractions that were composed of the positive peptide fractions identified earlier as well as flanking peptide fractions. The patterns of T cell stimulation and expansion induced by the pooled peptide fractions were consistent with the patterns induced by the immunostimulatory peptide fractions observed in the previous priming. An example is shown in FIG. 3, in which primed CD8⁺T cell cultures were primed

to fractions 41-46 (FIG. 3A) and 61-65 (FIG. 3B), and generated specificity to the original tumor, MS-A2. This corresponded to immunostimulatory fraction #44 and fraction #63 from the previous run, respectively (FIG. 1). CD8⁺T cells primed on fractions 41-46 also were blocked by the MHC Class I antibody, W6/32 (FIG. 3A). Furthermore, the specific antigen was present in the epithelial tumor, and not in the perfectly HLA-matched melanoma, Mel 624 (FIG. 3B).

[0069] To evaluate the content of these 12 immunostimulatory fractions, they were analyzed by electrospray ionization nanospray mass spectrometry. A panel of peptide species (Table 1) conforming to mass-to-charge ratios of 700-1300 Daltons indicative of HLA Class I-binding peptides was employed. These results showed that peptides from HLA Class I molecules were extracted, and that there were immunostimulatory peptides in the HPLC fractions that were capable of stimulating naïve CD8⁺T cells to proliferate and

TABLE 1

Mass spectrometry analyses of immunostimulatory peptide fractions ^a	
Fraction #	m/z ^{b,c}
15	851.7, 879.8
22	921.3, 1061.4
30	717
32	717
37	None
38	921.3
43	949.2, 816
Fraction #	m/z
44	615.2, 1229.5, 942.3, 921.4, 1061.5
50	728.1, 949.2, 1256.5
51	949
52	949, 885.9
63	805.6

^aHPLC peptide fractions that tested positive in the CTL assay were analyzed by nanospray microcapillary HPLC mass spectrometry.
^bMass-to-charge ratio.
^cPeptide mass to charge ratios (m/z) conforming to peptides that bind HLA Class I molecules (700-1300 Daltons) were considered candidates for tumor antigens.

[0070] Identification of HPLC fractions containing immunogenic tumor proteins. CD4⁺T cell cultures were primed and restimulated, and by the third restimulation, macrophages loaded with apoptotic MS tumor cells were used to stimulate the CD4⁺T cell cultures. Similar to the CD8⁺T cell cultures, observation of the CD4⁺T cell cultures with an inverted microscope over five restimulations showed that not all the CD4⁺T cell cultures were growing equally well, suggesting that the CD4⁺T cells were responding to immunostimulatory proteins present in some of these fractions, and not in others. Most of the unstimulated CD4⁺T cell cultures reached senescence after 10 weeks in culture.

[0071] FIG. 4 shows the results of one priming experiment in which after the second restimulation, all the T cell cultures were tested for their ability to recognize the original tumor, MS, from which the proteins were obtained. Autologous macrophages were loaded with apoptotic tumor and used in a 5-day proliferation assay as stimulators of the primed CD4⁺T cell cultures. Out of the 52 CD4⁺T cell

cultures primed on the individual protein fractions, 14 (Fractions 5, 10, 11, 12, 13, 22, 28, 35, 37, 38, 39, 40, 46, 51) proliferated in response to macrophages loaded with apoptotic tumor. The CD4⁺T cell cultures also were tested for cytotoxicity against the original tumor via a CTL assay. None of the T cells tested killed the original tumor. Some of the positive CD4⁺T cell cultures were also tested for their ability to recognize autologous macrophages loaded with tumor lysate. As shown in **FIG. 5**, CD4⁺T cell cultures primed with protein fractions # 5-6 and # 15 were able to proliferate to macrophages loaded with tumor lysate, consistent with the results shown in **FIG. 4**.

[0072] To determine the content of the immunostimulatory protein fractions, the protein fractions were analyzed by SDS-PAGE and silver stain analysis. An example is shown in **FIG. 6**, representing the immunostimulatory protein fraction, Fraction #44, from another priming experiment. This fraction corresponds to Fraction #46 in the first priming experiment (**FIG. 4**), but it eluted later due to slight variations in HPLC fraction number between runs. Fraction #44 was sub-fractionated into 10 sub-fractions and analyzed for protein content and immunostimulatory capacity. As shown in **FIG. 6**, immunostimulatory capacity was detected in 4 of the 10 subfractions (#44.1, #44.2, #44.4, and #44.7). A silver stain analysis of the corresponding subfractions detected two bands at 17 & 19 kD in fraction 44.4.

EXAMPLE 2

[0073] This example demonstrates the identification of peptides derived from Cyclin B1 as epithelial tumor associated antigens. It also demonstrates overexpression and deregulated expression of Cyclin B1 in epithelial cancer cells.

Materials and Methods

[0074] Cells and Tumor Cell lines. MS-A2 is an HLA-A*0201+ transfected tumor cell line derived from a breast adenocarcinoma cell line, MS (Hiltbold et al., *Cell. Immunol.*, 194, 143-49 (1999)). MS-A2/CD80 is the MS-A2 cell line retrovirally-transduced with the CD80 gene obtained from Corixa Corporation, Seattle, Wash. The lung tumor cell line, 201T, is described above. PCI-13, is a head and neck tumor cell line (Yasumura et al., *Cancer Res.*, 53(6), 1461-68 (1993)). T cells, dendritic cells (DCs), and macrophages were derived from the peripheral blood of HLA-A*0201+ healthy donor and cancer patients under an IRB approved protocol and with signed informed consent.

[0075] Peptide Synthesis. All peptides used in this example were synthesized with F-moc chemistry using the 432A Synergy Peptide Synthesizer (Applied Biosystems, Foster City, Calif.). Peptides were purified by RP-HPLC to greater than 85% purity, and dissolved in DMSO and frozen until further use.

[0076] Antibodies. MA2.1, a mouse anti-human HLA-A2.1 antibody, was produced by the MA2.1 hybridoma; W6/32, a mouse anti-human MHC Class I antibody, was produced by the W6/32 hybridoma; both were obtained from the American Tissue Culture Collection (ATCC, Manassas, Va.). GNS-1, a mouse anti-human cyclin B1 antibody, was purchased from BD Pharmingen, Franklin Lakes, N.J.

[0077] Mass spectrometry (MS) Data Acquisition. Active first-dimension HPLC fractions were screened for peptide

content on a home-built Fourier transform mass spectrometer (FTMS), equipped with a nano-flow high performance liquid chromatography micro-electrospray ionization (nano-HPLC micro-ESI) interface (Martin et al., *Anal. Chem.* 72(18), 4266-74 (2000)). Nano-HPLC columns were constructed from 50 mm I.D. fused silica capillaries and packed with an 8 cm bed length of 5 mm diameter reversed phase beads. An integrated microESI emitter tip (~2 mm diameter) was located a few mm from the column bed. Typically, ~0.75 mL (corresponding to ~2.3×10⁸ cell equivalents or ~1.5%) of an active, first-dimension HPLC fraction was loaded onto a column and eluted directly into the mass spectrometer with a linear, 17 minute gradient of 0-70% acetonitrile in 0.1% acetic acid. Full scan mass spectra, over a mass-to-charge (m/z) range 300≤m/z≤2500, were acquired at a rate of approximately 1 scan/second.

[0078] Mass Spectrometry/Mass Spectrometry (MS/MS) Data Acquisition. Mass spectrometry/mass spectrometry (MS/MS) data were acquired on a Finnigan LCQ quadrupole ion trap mass spectrometer (Finnigan Corp., San Jose, Calif.), equipped with a nano-HPLC micro-ESI source as described above. Typically, ~1.5 mL (corresponding to ~4.5×10⁸ cell equivalents or ~3%) of an active, first-dimension HPLC fraction was loaded onto a column eluted directly into the mass spectrometer with a linear, 30 minute gradient of 0-30% acetonitrile in 0.1% acetic acid. Data dependent spectral acquisition (Shabanowitz et al., "Sequencing the Primordial Soup," pages 163-177 in "Mass Spectrometry in Biology and Medicine" A. L. Burlingame, S. A. Carr and M. A. Baldwin, editors. Humana Press (Totowa, N.J. 2000)) was performed as follows: A full scan mass spectrum (MS) was acquired over the range 300≤m/z≤2000. The instrument control computer then selected the top 5 most abundant ion species in the MS scan for subsequent MS/MS analysis over the next 5 scans. After acquiring MS/MS data on a particular ion species, its corresponding m/z value was excluded from consideration by the instrument control computer for a period equal to the observed chromatographic peak width (approximately 1.5 minutes for the data herein). This data acquisition procedure minimized redundancy and allowed MS/MS analysis on peptide species whose abundances spanned a wide dynamic range. After acquisition, tandem mass spectral data were searched using SEQUEST (Eng et al., *J. Am. Soc. Mass. Spectrom.* 5, 976-89 (1994)), an algorithm that matches uninterpreted MS/MS spectra to theoretical spectra for peptides generated from user-specified databases. All data were searched against non-redundant (nr) protein databases compiled at the National Center for Biotechnology Information (NCBI). In addition, manual (e.g. de novo) interpretation of MS/MS spectra was performed. Peptide sequence information obtained in this manner was compared to sequences in the nr protein database using the MS-TAG algorithm (Clauser et al., *Anal. Chem.*, 71(14), 2871-82 (1999)). Candidate peptide sequences were subsequently confirmed by comparison of their MS/MS spectra acquired for synthetic analogs.

[0079] HLA Class I stabilization assays. Peptide-induced stabilization of HLA-A2.1 molecules on T2 cells was done as previously described (Zeh et al., *Hum. Immunol.*, 39(2), 79-86 (1994)). 2×10⁵ T2 cells were incubated with 20 mg/ml of the indicated synthetic peptides in 3 mg/ml human B2m (Calbiochem, La Jolla, Calif.) for 18-20 hours at room temperature. The cells were then stained with the HLA-A2.1-specific antibody, MA2.1, for 45 minutes, washed with

FACS Buffer (PBS, 5% FBS, and 0.01% sodium azide), and stained with a secondary FITC-conjugated anti-IgG antibody (Biosource International, Camarillo, Calif.). The cells were fixed in 4% formaldehyde prior to flow cytometry analysis. The negative control consisted of T2 cells without peptide. The positive control consisted of T2 cells loaded with the Flu matrix peptide, GILGFVFTL. Flow cytometric analysis was done using a FACScan flow cytometer (Becton-Dickinson). Experimental results are depicted as X-Fold increase=(Mean Fluorescent Intensity of T2 cells loaded with peptide/Mean Fluorescent Intensity of T2 cells with no peptide). An X-Fold Increase of >1 indicates that the peptide binds to HLA-A2.1.

[0080] IFN- γ ELISPOT Assays. IFN- γ ELISPOT assays were conducted as previously described (Herr et al., *J. Immunol. Methods*, 191(2), 131-42 (1996)). Briefly, nitrocellulose plates (Millipore, Bedford, Mass.) were coated with the anti-IFN- γ capture mAb 1-D1K (MabTech, Stockholm, Sweden) overnight at 4° C. For assays using dendritic cells as APCs, DCs were loaded with 10 mg of the indicated peptides for 2-6 hrs, and mixed with autologous T cells at a DC:T ratio of 1:10 for 20 hours at 37° C. For assays using autologous PBMCs as APCs, PBMCs were irradiated at 3000 Rads, loaded with 10 mg of peptides for 4 hours, and mixed with autologous T cells at an APC:T ratio of 1:5 for 40 hours at 37° C. The T cells were seeded at 3×10^3 - 1×10^5 cells/well. All assays were done in serum-free AIM-V medium (Gibco Life Technologies, Grand Island, N.Y.). The plates were then washed in PBS+0.1% Tween and stained with anti-IFN- γ mAb 7-B6-1 (Mabtech) for 2 hours at 37° C. The plates were washed, and the avidin-peroxidase complex (Vectastain ABC Kit, Vector Laboratories) was added to the plates for 1 hour. The plates were then developed using AEC (Sigma) substrate, and spots were quantified microscopically with an inverted phase-contrast microscope (Carl Zeiss, Hallbergmoos, Germany) along with a computer-assisted image analysis system (KS ELISPOT). For HLA Class I blocking experiments, the W6/32 antibody was added to the APCs for 30-45 minutes prior to the incubation with the T cells.

[0081] Priming naive CD8⁺T cells from a healthy donor to cyclin B1 peptides in vitro. Naïve CD8⁺T cells and in vitro generated dendritic cells were purified as described above in Example 1. 2×10^4 dendritic cells were loaded overnight with 10 mg/well peptide in 96-well U-bottom plates (Falcon, Franklin lakes, N.J.) and mixed with 2×10^5 autologous naïve CD8⁺T cells the next day in the presence of 2 ng/ml IL-1b (R & D Systems, Minneapolis, Minn.), 20 U/ml IL-2 (DuPont, Wilmington, Del.), and 10 U/ml IL-4 (Schering Plough). Depending on growth kinetics, T cells were fed every 3-4 days with 10 U/ml IL-2 and 5 U/ml IL-4. T cells were restimulated every 7-10 days using peptide-loaded autologous macrophages.

[0082] Stimulating CD8⁺T cells from breast cancer and SCCHN patients with cyclin B1 peptides in vitro. PBMCs from cancer patients were X-irradiated at 3000 Rads, loaded with 10 mg of the indicated peptides for 2-4 hours, and mixed with autologous PBMCs in the presence of 20 U/ml IL-2 (DuPont). The T cell cultures were fed every 3-4 days with 10 U/ml IL-2, and restimulated every 10-12 days, if necessary, using peptide-loaded autologous irradiated PBMCs. All T cell cultures were grown in RPMI medium (ICN, Costa Mesa, Calif.) supplemented with 10% human

AB sera (Gemini Products, Calabasas, Calif.), L-glutamine, and penicillin/streptomycin (Life Technologies).

[0083] Cytotoxicity assays. $1-2 \times 10^6$ target cells were labeled with 50 mCi of Na²⁵¹CrO₄ (Amersham, Arlington Heights, Ill.) for 90 minutes at 37° C. The labeled cells were then washed three times and plated at 1×10^3 cells/well in a 96-well V-bottom plate (Costar, Cambridge, Mass.) with various numbers of effector T cells. In addition, a 50-fold excess of unlabeled K562 (5×10^4) was added to the wells for 30 minutes prior to the addition of T cells to minimize the detection of lymphokine-activated killer (LAK) activity in the assay. The plates were centrifuged and incubated for 4 hours at 37° C. All determinations were done in triplicate. Supernatants were harvested using a Skatron harvesting press (Skatron Instruments, Sterling, Va.) and counted on a Cobra II series auto gamma counting system (Packard, Meriden, Conn.). Maximum release was obtained by adding 50 ml of 1% Triton X-100 to the labeled target cells. Spontaneous release was obtained by incubating the labeled cells in the absence of T cells. Percent specific lysis was calculated from the following formula: % specific lysis = $100 \times (\text{experimental release} - \text{spontaneous release}) / (\text{maximum release} - \text{spontaneous release})$.

[0084] Immunohistochemical staining of cyclin B1 in tumor cell lines and in tumor sections. For tumor cell lines, the cells were left to adhere overnight on poly-lysine charged slides (Fisher Scientific) in the presence of RPMI+10% FBS (CELLGRO®, Media Tech, Inc., Herndon, Va.). The cells were then fixed for 15 minutes on ice with either 2% Triton-X or 50% Formalin/50% acetone, blocked with serum, and stained with the anti-cyclin B1 antibody, GNS-1 (BD-Pharmingen). The avidin-biotin peroxidase method was then applied according to manufacturer's instructions using the Vectastain ABC Elite™ staining kit (Vector Laboratories, Burlingame, Calif.). For SCCHN sections, formalin-fixed, paraffin-embedded tumor tissues were sectioned (3-5 mm), air-dried overnight at 37° C., deparaffinized and dehydrated and stained with the anti-human cyclin B1 antibody. The avidin-biotin peroxidase method was applied as above according to the instructions supplied by the manufacturer (DAKO Corporation, Carpinteria, Calif.).

Results

[0085] Identification of T cell stimulatory tumor-derived peptides. Peptides were acid-extracted from immunoaffinity purified HLA Class I molecules of an HLA-A*0201 epithelial tumor cell line, fractionated by RP-HPLC, and loaded onto dendritic cells to prime in vitro autologous naïve CD8⁺T cells from a healthy donor as described in Example 1. One analyzed RP-HPLC fraction whose peptides supported the growth of tumor-specific CTLs was analyzed by nano-HPLC micro ESI tandem mass spectrometry. Analysis of the resulting MS/MS data yielded 6 candidate peptide sequences that corresponded to the mass range expected for HLA Class I-associated peptides (700-1300 Da). The abundances of these candidates represented the majority of total ion current observed in the mass range of 700-1300 Da. Candidate peptide sequences were subsequently confirmed by comparison of their mass spectra acquired for synthetic analogs. All six peptides had related sequences, with four being 9 amino acids long, and two being 10 amino acids long (Table 2). The four 9-mers (P1-P4) were identical in the first eight amino acids and differed at the C-terminus, where the

amino acids were valine (SEQ ID NO: 1), methionine (SEQ ID NO: 2), phenylalanine (SEQ ID NO: 3), and cysteine (SEQ ID NO: 1). The two 10-mers, SEQ ID NOs: 5 and 6, were identical to SEQ ID NOs 2 and 3, respectively, except for an additional alanine at the C-terminus. When these sequences were entered into the protein database, they were found to be homologous to a human cyclin B1 sequence derived from HeLa cells. These sequences were also homologous to mouse and rat cyclin B1 (Table 2).

TABLE 2

Cyclin B1 sequences derived from the tumor and database bind to HLA-A2.1		
	Sequence ^a	HLA-A2.1 Binding ^b
Cyclin B1 peptides from the tumor		
SEQ ID NO:1	AGYLMELCV	1.60
SEQ ID NO:2	AGYLMELCM	1.48
SEQ ID NO:3	AGYLMELCF	1.42
SEQ ID NO:4	AGYLMELCC	1.61
SEQ ID NO:5	AGYLMELCMA	1.58
SEQ ID NO:6	AGYLMELCFA	2.08
Cyclin B1 peptides from the database		
Human cyclin B1 (SEQ ID NO:7)	AKYLMELTM	2.28
Human cyclin B1 (SEQ ID NO:8)	AKYLMELTML	2.25
Mouse cyclin B1	AKYLMELSML	—
Rat cyclin B1	AKYLMELSML	—

[0086] Peptides having sequences SEQ ID NOs: 1-8 were synthesized and tested for their ability to bind HLA-A2.1 using the T2 cell line and class I stabilization assay. Since leucine and isoleucine have identical masses and are not distinguished by low-energy MS/MS analysis, the peptides were synthesized with leucine at positions 4 and 7 to match leucine present at the same position in the HeLa cyclin B1 sequence, as well as in the mouse and rat cyclin B1 sequences. All the peptides bound to HLA-A2.1, with various affinities, as measured by increases in mean fluorescent intensity in anti-HLA-A2.1 staining of peptide-loaded T2 cells. The HeLa-derived cyclin B1 peptides also bound to HLA-A2.1. Affinities of the HeLa-derived cyclin B1 peptides were higher than that of all tumor-derived peptides, except SEQ ID NO: 6 (Table 2).

[0087] CD8⁺T cells from an HLA-A*0201 healthy donor can be primed to synthetic cyclin B1 peptide SEQ ID NO: 4. Since these peptides were derived from a first dimension HPLC fraction that primed tumor-specific CTLs from a HLA-A2.1+ donor, the cyclin B1 peptides were used to prime T cells from another HLA-A2.1+ donor. Naive CD8⁺T cells and autologous dendritic cells were loaded with the individual synthetic peptides (SEQ ID NOs: 1-6). No T cell responses were detected against the peptides in the absence of in vitro stimulation in this donor as well as another HLA-A2.1+ donor. However, after several rounds of restimulation, antigen-specific IFN-γ secretion by CD8⁺T cells in response to SEQ ID NO: 4 was detected, but not to other peptides (SEQ ID NOs: 1, 2, 5, or 6) or HIV-POL (ILKEPGSHV), which is known to bind HLA-A2.1 and serves here as the negative control (FIG. 7). The T cell response to SEQ ID NO: 4 was blocked using the anti-Class I antibody, W6/32, suggesting that the antigen-specific responses were HLA Class I-restricted. However, the T cells

that specifically recognized P4-loaded DCs were unable to kill the original tumor from which the peptides were derived. This was not unexpected considering that these T cells were primed with high concentrations of peptide (50 mM), and are thus expected to be of low affinity and incapable of recognizing the comparatively lower levels of the same HLA-peptide complexes on the tumor.

[0088] HLA Class I-restricted memory T cell responses against cyclin B1 peptides in HLA-A*0201 breast cancer patients. PBMCs from six breast cancer patients who had undergone surgery but no chemotherapy were tested for their ability to recognize the cyclin B1 peptides in an IFN-γ ELISPOT assay. Four out of the six HLA-A2+ breast cancer patients tested exhibited secondary responses against one or more of the cyclin B1 peptides (FIG. 8). Patient A exhibited strong HLA Class I-restricted secondary T cell responses to three of the three peptides tested, SEQ ID NOs: 4, 7, and 8, after only one in vitro stimulation. There was no recognition of the HIV-POL control peptide. Patient B appeared to have a weak secondary response to one of the three peptides tested, SEQ ID NO: 1, and only after two in vitro stimulations. This patient was later found to be HLA-A*0206, suggesting that, if the response is real, SEQ ID NO: 1 may also bind to HLA-A*0206.

[0089] Most interestingly, secondary responses were detected in the absence of any in vitro stimulation. Patient C showed peptide-specific HLA Class I-restricted T cell responses to two of two peptides tested, SEQ ID NOs: 4 and 7. Patient D showed strong HLA Class I-restricted T cell responses to P4 and lower responses against both the HIV-POL peptide and SEQ ID NO: 7. However, only the SEQ ID NO: 7 response was blocked by the anti-MHC Class I antibody, confirming antigen-specificity. Patients E and F did not respond to either of the two peptides tested, SEQ ID NOs: 4 and 7. No response was detected to any peptides in an HLA-A*0201 negative patient

[0090] HLA Class I-restricted memory T cell responses to cyclin B1 peptides in HLA-A*0201 SCCHN patients. PBMCs from five HLA-A*0201 SCCHN patients for their ability to respond to the cyclin B1 peptides was assessed in an IFN-γ ELISPOT assay. HLA Class I-restricted T cell responses to one or more of the cyclin B1 peptides were detected in four of the five patients tested (FIG. 9). Patient A exhibited HLA Class I-restricted T cell responses to five of eight peptides after only one in vitro stimulation. For two of these peptides, SEQ ID NOs: 4 and 7, peptide-specific T cells also were detected in the absence of any in vitro stimulation.

[0091] Patient B exhibited HLA Class I-restricted T cell responses to three of the five peptides (SEQ ID NOs: 3, 4, and 7), and not to the other two (SEQ ID NOs: 1 and 2). Patient C showed heightened T cell responses to all five peptides tested, but only responses against SEQ ID NOs: 2 and 8 could be blocked with anti-Class I antibody. Patient D had the same heightened T cell response that appeared specific for three of the six peptides tested, SEQ ID NOs: 4, 5, and 9. The fifth SCCHN patient failed to show a detectable response to any of the peptides even after three in vitro stimulations.

[0092] T cells sensitized to SEQ ID NOs: 4 and 7 in one SCCHN patient can lyse the tumor from which the peptides were derived. To determine whether T cells restimulated to

cyclin B1 peptides could lyse tumor, T cells from one SCCHN patient (Patient A, **FIG. 9**) were tested for their ability to kill the original tumor from which the peptides were derived (MS-A2), and the same tumor transduced with the CD80 gene (MS-A2/CD80) to provide "costimulation" for T cell activation. As shown in **FIG. 10A**, T cells that were sensitized to SEQ ID NO: 4 were able to lyse the MS-A2/CD80 tumor and to a lesser extent, MS-A2 tumor, but not the untransfected MS tumor or K562, which is a control for LAK activity. Similarly, in **FIG. 10B**, T cells sensitized to SEQ ID NO: 7 were able to lyse the MS-A2/CD80 tumor and not the other tumors.

[0093] Cyclin B1 protein is overexpressed in epithelial tumor cell lines. Cyclin B1 expression was assayed by immunohistochemistry in the original tumor cell line MS-A2 from where they were first isolated and identified. There was intense staining of cyclin B1 protein in the tumor cells, predominantly found in the cytoplasm. Similar intense cytoplasmic staining of cyclin B1 was observed in a human lung adenocarcinoma cell line 201T, also localized in the cytoplasm. No cyclin B1 staining was observed in normal cells, represented by primary cultures of human airway bronchioepithelial cells.

[0094] Cyclin B1 protein is overexpressed in SCCHN tumors. To ascertain that the intense staining of cyclin B1 observed in the tumor cell lines was not a result of a prolonged in vitro culture, a tumor cell line and tumor tissue sections obtained from the SCCHN patients whom had been analyzed for cyclin B1-specific T cell responses were examined. Intense cytoplasmic staining of cyclin B1 was observed in the tumor cell line PCI-13, which was derived from a tumor of the SCCHN Patient A described above. Very high expression of cyclin B1 in the cell line correlates with strong cyclin B1-specific T cell responses observed in this patient. Intense cytoplasmic cyclin B1 staining was also observed in the tumor samples of two other patients who exhibited cyclin B1-specific T cell responses (Patients C and D respectively). No cyclin B1 staining was detected in the normal mucosa surrounding the tumor. The tumor showed weak and diffuse cyclin B1 staining that was not convincingly positive. Patient B from whom the tumor was derived did have cyclin B1-specific T cell responses (**FIG. 9**). The same weak staining was seen in the tumor derived from a patient who did not exhibit any HLA Class I-restricted T cell responses against the cyclin B1 peptides.

EXAMPLE 3

[0095] This Example demonstrates that the presence of Cyclin B1 antibody production correlates with the presence of cancers in patients.

[0096] Purified recombinant human cyclin B1 protein was purified from recombinant baculovirus infected insect cells and used it in ELISA assays to screen patients' sera for antibody to Cyclin B1. 7 breast cancer patients were so screened, as were 17 pancreatic cancer patients and 27 colon cancer patients.

[0097] Of these patients, 23% had close to normal levels (negative) of anti-cyclin B1 antibody. However, 54% of these patients had low to intermediate titers of antibody and 23% had very high titers of antibody (see **FIG. 11**). In addition, all sera recognized, the purified protein of a correct molecular weight.

[0098] Moreover, the intermediate and high titers of anti-Cyclin B1 antibody were observed in all three types of cancers (**FIG. 12**). However the two of antibody varied depending on the type of cancer (**FIG. 13**). From breast cancer patients, the predominant isotype was observed to be IgG, while in pancreatic cancer the data suggest that IgA (mucosal immunity) were generated. Colon cancer patients generated predominantly IgG with some IgM.

EXAMPLE 4

[0099] This Example demonstrates that the titer of Cyclin B1 antibody correlates with the presence and recurrence of lung cancer.

[0100] Over 100 lung cancer patients were screened as reported in Example 3. Screening lung cancer patients without regard for tumor type revealed that patients with recurrent disease (n=5) exhibited a higher antibody titer than patients who were stage 4 (n=3) or other stages (n=33) at surgery (**FIG. 14**). Similar results were observed in patients with lung adenocarcinoma, in that patients with recurrent disease (n=6) exhibited a higher antibody level than patients who were stage 4 (n=4) or other stages (n=60) at surgery (**FIG. 15**).

[0101] These results indicate that assaying for the presence of Cyclin B1 antibodies can serve as a diagnostic tool in the detection of tumors and also tumor recurrence.

EXAMPLE 5

[0102] This Example demonstrates that the titer of Cyclin B1 antibody correlates with smoking activity, a known cancer risk.

[0103] The titer of Cyclin B1 antibody for light smokers (n=3) was similar to non smokers (n=8) having low or negative antibody titers to cyclin B1. Heavy smokers (n=9) and those identifying themselves as "smokers" smokers (n=4) demonstrated increased antibody titer, and one individual with unknown history exhibited heightened Cyclin B1 antibody titer (see **FIG. 16**). These results suggest that cyclin B1 may correlate with precancerous development, at least for lung cancer, and may serve as an early diagnostic tool for screening patients at risk of developing cancer.

[0104] All references, including publications, patent applications, and patents, cited herein are hereby incorporated by reference to the same extent as if each reference were individually and specifically indicated to be incorporated by reference and were set forth in its entirety herein.

[0105] The use of the terms "a" and "an" and "the" and similar referents in the context of describing the invention (especially in the context of the following claims) are to be construed to cover both the singular and the plural, unless otherwise indicated herein or clearly contradicted by context. Recitation of ranges of values herein are merely intended to serve as a shorthand method of referring individually to each separate value falling within the range, unless otherwise indicated herein, and each separate value is incorporated into the specification as if it were individually recited herein. All methods described herein can be performed in any suitable order unless otherwise indicated herein or otherwise clearly contradicted by context. The use of any and all examples, or exemplary language (e.g., "such as") provided herein, is intended merely to better illuminate

the invention and does not pose a limitation on the scope of the invention unless otherwise claimed. No language in the specification should be construed as indicating any non-claimed element as essential to the practice of the invention.

[0106] Preferred embodiments of this invention are described herein, including the best mode known to the inventors for carrying out the invention. Of course, variations of those preferred embodiments will become apparent to those of ordinary skill in the art upon reading the foregoing description. The inventors expect skilled artisans

to employ such variations as appropriate, and the inventors intend for the invention to be practiced otherwise than as specifically described herein. Accordingly, this invention includes all modifications and equivalents of the subject matter recited in the claims appended hereto as permitted by applicable law. Moreover, any combination of the above-described elements in all possible variations thereof is encompassed by the invention unless otherwise indicated herein or otherwise clearly contradicted by context.

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What is claimed is:

1. A method for diagnosing a malignant or pre-malignant condition within a patient comprising assaying for the expression of a cyclin molecule within the patient, whereby deregulated cyclin expression supports a diagnosis of a malignant or pre-malignant condition.

2. The method of claim 1, wherein the condition is diagnosed within a biopsy comprising tissue excised from the patient.

3. The method of claim 1, wherein the condition is lung cancer or precancer, breast cancer or precancer, pancreatic cancer or precancer, or colon cancer or precancer.

4. The method of claim 1, wherein the condition is a malignancy or premalignancy associated with altered or absent p53 production.

5. The method of claim 1, wherein the cyclin molecule is cyclin B1.

6. A method for diagnosing a malignant or pre-malignant condition within a patient comprising assaying for immunoreactivity to a cyclin molecule within the patient, whereby the presence of immunoreactivity supports a diagnosis of a malignant or pre-malignant condition.

7. The method of claim 6, where the immunoreactivity is humoral immunoreactivity.

8. The method of claim 6, where the immunoreactivity is cellular immunoreactivity.

9. The method of claim 6, comprising assaying for the serum titer of antibodies specific for a cyclin molecule within the patient, whereby elevated antibody titer expression supports a diagnosis of a malignant or pre-malignant condition.

10. The method of claim 9, wherein the assay is accomplished by ELISA.

11. The method of claim 6, wherein the condition is lung cancer or precancer, breast cancer or precancer, pancreatic cancer or precancer, or colon cancer or precancer.

12. The method of claim 6, wherein the condition is a malignancy or premalignancy associated with altered or absent p53 production.

13. The method of claim 6, wherein the cyclin molecule is cyclin B1.

14. A method for vaccinating a patient against malignancies comprising introducing a peptide consisting essentially of all or an immunogenic fragment of a cyclin protein into

a patient under conditions sufficient for the patient to develop an immune response to the cyclin protein.

15. The method of claim 14, wherein the peptide consists essentially of all or an immunogenic fragment of a cyclin A, D1, B1, or E protein.

16. The method of claim 14, wherein the peptide consists essentially of a mature cyclin B1 protein.

17. The method of claim 14, wherein the peptide consists essentially of a fragment of from about 5 to about 15 contiguous amino acids of a wild-type human cyclin B1 peptide and which has from 0 to about 5 single amino acid substitutions relative to the wild-type sequence.

18. The method of claim 14, wherein the peptide comprises an amino acid sequence as set forth in SEQ ID NOs: 1-8.

19. A method of priming T cells against tumor antigens comprising, obtaining naïve CD4⁺ or CD8⁺ T cells from at least one healthy individual, obtaining at least one protein or peptide from at least one cancerous cell; obtaining antigen presenting cells (APCs), culturing the APCs with the at least one protein or peptide, and adding the T cells to the culture of the APCs, whereby the T cells are primed against the at least one protein or peptide.

20. The method of claim 19, wherein the T cells are CD4⁺ T cells

21. The method of claim 19, wherein the at least one protein or peptide is obtained by lysing the cancerous cell to obtain a lysate and extracting the protein or peptide from the lysate.

22. The method of claim 19, wherein the T cells are CD8⁺ T cells.

23. The method of claim 19, wherein the at least one protein or peptide is obtained by extracting HLA class I molecules from the cancerous cell and eluting the protein or peptide from the extracted HLA class I molecules.

24. The method of claim 19, wherein the at least one protein or peptide is fractionated.

25. The method of claim 19, wherein the at least one protein or peptide is obtained from a tumor comprising the at least one cancerous cell.

26. The method of claim 19, wherein the APCs are dendritic cells.

27. The method of claim 26, wherein the dendritic cells are generated in vitro.

28. The method of claim 19, wherein the APCs are cultured with the at least one protein or peptide in the presence of tumor necrosis factor α .

29. The method of claim 19, wherein the T cells are added to the culture of the APCs in the presence of one or more cytokines.

30. The method of claim 29, wherein the cytokines are selected from the group of cytokines consisting of IL-1 β , IL-2, and IL-4, and IL-7.

31. The method of claim 19, wherein the T cell/APC culture is restimulated by introducing autologous macrophages, loaded with the at least one protein or peptide, or irradiated cancerous cells.

32. The method of claim 19, wherein the T cell/APC culture is restimulated more than one time at intervals of from about 7 to about 10 days.

33. A method of identifying tumor antigens comprising, obtaining naïve CD4⁺ or CD8⁺ T cells from at least one healthy individual, obtaining at least one protein or peptide from at least one cancerous cell; obtaining antigen presenting cells (APCs), culturing the APCs with the at least one protein or peptide, and adding the T cells to the culture of the APCs, whereby the T cells are primed against the at least one protein or peptide, and assessing the peptide sequence of the stimulatory molecules.

34. The method of claim 33, wherein the T cells are CD4⁺ T cells

35. The method of claim 33, wherein the at least one protein or peptide is obtained by lysing the cancerous cell to obtain a lysate and extracting the protein or peptide from the lysate.

36. The method of claim 33, wherein the T cells are CD8⁺ T cells.

37. The method of claim 33, wherein the at least one protein or peptide is obtained by extracting HLA class I molecules from the cancerous cell and eluting the protein or peptide from the extracted HLA class I molecules.

38. The method of claim 33, wherein the at least one protein or peptide is fractionated.

39. The method of claim 33, wherein the at least one protein or peptide is obtained from a tumor comprising the at least one cancerous cell.

40. The method of claim 33, wherein the APCs are dendritic cells.

41. The method of claim 41, wherein the dendritic cells are generated in vitro.

42. The method of claim 33, wherein the APCs are cultured with the at least one protein or peptide in the presence of tumor necrosis factor α .

43. The method of claim 33, wherein the T cells are added to the culture of the APCs in the presence of one or more cytokines.

44. The method of claim 43, wherein the cytokines are selected from the group of cytokines consisting of IL-1 β , IL-2, and IL-4, and IL-7.

45. The method of claim 33, wherein the T cell/APC culture is restimulated by introducing autologous macrophages, loaded with the at least one protein or peptide, or irradiated cancerous cells.

46. The method of claim 33, wherein the T cell/APC culture is restimulated more than one time at intervals of from about 7 to about 10 days.

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