



(51) International Patent Classification:

A61K 39/00 (2006.01) C07K 16/28 (2006.01)

A61P 35/00 (2006.01)

TR), OAPI (BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, KM, ML, MR, NE, SN, TD, TG).

(21) International Application Number:

PCT/US2018/039825

(22) International Filing Date:

27 June 2018 (27.06.2018)

(25) Filing Language:

English

(26) Publication Language:

English

(30) Priority Data:

62/525,465 27 June 2017 (27.06.2017) US

62/633,899 22 February 2018 (22.02.2018) US

(71) Applicant: NOVARTIS AG [CH/CH]; Lichtstrasse 35, 4056 Basel (CH).

(72) Inventors; and

(71) Applicants (for US only): STEIN, Andrew, Marc [US/US]; c/o Novartis Institutes for BioMedical Research, Inc., 250 Massachusetts Avenue, Cambridge, MA 02139 (US). XU, Jian [US/US]; c/o Novartis Institutes for Bio-Medical Research, Inc., 250 Massachusetts Avenue, Cambridge, MA 02139 (US). MANENTI, Luigi [IT/US]; c/o Novartis Pharmaceuticals Corporation, One Health Plaza, East Hanover, NJ 07936 (US). SABATOS-PEYTON, Catherine, Anne [US/US]; c/o Novartis Institutes for Bio-Medical Research, Inc., 250 Massachusetts Avenue, Cambridge, MA 02139 (US).

(74) Agent: LU, David et al.; Lando & Anastasi, LLP, Riverfront Office Park, One Main Street, Suite 1100, Cambridge, MA 02142 (US).

(81) Designated States (unless otherwise indicated, for every kind of national protection available): AE, AG, AL, AM, AO, AT, AU, AZ, BA, BB, BG, BH, BN, BR, BW, BY, BZ, CA, CH, CL, CN, CO, CR, CU, CZ, DE, DJ, DK, DM, DO, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IR, IS, JO, JP, KE, KG, KH, KN, KP, KR, KW, KZ, LA, LC, LK, LR, LS, LU, LY, MA, MD, ME, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PA, PE, PG, PH, PL, PT, QA, RO, RS, RU, RW, SA, SC, SD, SE, SG, SK, SL, SM, ST, SV, SY, TH, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW.

(84) Designated States (unless otherwise indicated, for every kind of regional protection available): ARIPO (BW, GH, GM, KE, LR, LS, MW, MZ, NA, RW, SD, SL, ST, SZ, TZ, UG, ZM, ZW), Eurasian (AM, AZ, BY, KG, KZ, RU, TJ, TM), European (AL, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HR, HU, IE, IS, IT, LT, LU, LV, MC, MK, MT, NL, NO, PL, PT, RO, RS, SE, SI, SK, SM,

Declarations under Rule 4.17:

— as to applicant's entitlement to apply for and be granted a patent (Rule 4.17(ii))

— as to the applicant's entitlement to claim the priority of the earlier application (Rule 4.17(iii))

Published:

— with international search report (Art. 21(3))

— with sequence listing part of description (Rule 5.2(a))

(54) Title: DOSAGE REGIMENS FOR ANTI-TIM-3 ANTIBODIES AND USES THEREOF

(57) Abstract: Antibody molecules that specifically bind to TIM-3 are disclosed. The antibody molecules can be used to treat or prevent cancerous or infectious conditions and disorders.



WO 2019/006007 A1

DOSAGE REGIMENS FOR ANTI-TIM-3 ANTIBODIES AND USES THEREOF

CROSS REFERENCE TO RELATED APPLICATIONS

This application claims the benefit of U.S. Provisional Application No. 62/525,465, filed June 27, 2017, and U.S. Provisional Application No. 62/633,899, filed February 22, 2018. The contents of the aforementioned applications are hereby incorporated by reference in their entirety.

SEQUENCE LISTING

The instant application contains a Sequence Listing which has been submitted electronically in ASCII format and is hereby incorporated by reference in its entirety. Said ASCII copy, created on, June 27, 2018, is named C2160-7018WO_SL.txt, and is 233,933 bytes in size.

BACKGROUND

Activation of naive CD4⁺ T helper cells results in the development of at least two distinct effector populations, Th1 cells and Th2 cells. *See* US 7,470,428, Mosmann T R *et al.* (1986) *J Immunol* 136:2348-57; Mosmann T R *et al.* (1996) *Immunol Today* 17:138-46; Abbas A K *et al.* (1996) *Nature* 383:787-793. Th1 cells produce cytokines (*e.g.*, interferon gamma, interleukin-2, tumor necrosis factor alpha, and lymphotoxin) which are commonly associated with cell-mediated immune responses against intracellular pathogens, delayed-type hypersensitivity reactions (Sher A *et al.* (1992) *Annu Rev Immunol* 10:385-409), and induction of organ-specific autoimmune diseases (Liblau R S *et al.* (1995) *Immunol Today* 16:34-38). Th2 cells produce cytokines (*e.g.*, IL-4, IL-10, and IL-13) that are crucial for control of extracellular helminthic infections and promote atopic and allergic diseases (Sher A *et al.* (1992) *Annu Rev Immunol* 10:385-409). In addition to their distinct roles in disease, the Th1 and Th2 cells cross-regulate each other's expansion and functions. Thus, preferential induction of Th2 cells inhibits autoimmune diseases (Kuchroo V K *et al.* (1995) *Cell* 80:707-18; Nicholson L B *et al.* (1995) *Immunity* 3:397-405), and predominant induction of Th1 cells can regulate induction of asthma, atopy and allergies (Lack G *et al.* (1994) *J Immunol* 152:2546-54; Hofstra C L *et al.* (1998) *J Immunol* 161:5054-60).

TIM-3 is a transmembrane receptor protein that is expressed, *e.g.*, on Th1 (T helper 1) CD4⁺ cells and cytotoxic CD8⁺ T cells that secrete IFN- γ . TIM-3 is generally not expressed on naïve T cells but rather upregulated on activated, effector T cells. TIM-3 has a role in regulating immunity and tolerance *in vivo* (*see* Hastings *et al.*, *Eur J Immunol.* 2009; 39(9):2492-501). Therefore, the need exists for novel therapeutic approaches that regulate TIM-3 functions and the functions of TIM-3 expressing cells, including dosage regimens and formulations for anti-TIM-3 antibody molecules to treat diseases, such as cancer.

SUMMARY

Disclosed herein, at least in part, are antibody molecules (*e.g.*, humanized antibody molecules) that bind to T-cell immunoglobulin domain and mucin domain 3 (TIM-3) with high affinity and specificity. Pharmaceutical compositions and dose formulations comprising the anti-TIM-3 antibody molecules are also provided. The anti-TIM-3 antibody molecules disclosed herein can be used (alone or in combination with other therapeutic agents, procedures, or modalities) to treat or prevent disorders, such as cancerous disorders (*e.g.*, solid tumors and hematological cancers), as well as infectious diseases (*e.g.*, chronic infectious disorders or sepsis). Thus, methods, including dosage regimens, for treating various disorders using the anti-TIM-3 antibody molecules are disclosed herein. In certain embodiments, the anti-TIM-3 antibody molecule is administered or used at a flat or fixed dose.

Accordingly, in one aspect, the disclosure features a method of treating (*e.g.*, inhibiting, reducing, ameliorating, or preventing) a disorder, *e.g.*, a hyperproliferative condition or disorder (*e.g.*, a cancer) in a subject. The method includes administering to the subject an anti-TIM-3 antibody molecule, *e.g.*, an anti-TIM-3 antibody molecule described herein, at a dose of about 10 mg to about 50 mg, about 50 mg to about 100 mg, about 200 mg to about 300 mg, about 500 mg to about 1000 mg, or about 1000 mg to about 1500 mg, once every two or every four weeks.

In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 10 mg to about 50 mg once every two or once every four weeks. In other embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 50 mg to about 100 mg once every two or four weeks. In other embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 200 mg to about 300 mg once every two or every four weeks. In other embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 500 mg to about 1000 mg once every two or four weeks. In other embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 1000 mg to about 1500 mg once every two or every four weeks.

In some embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 5 mg to about 50 mg, *e.g.*, about 8 mg to about 40 mg, about 10 mg to about 30 mg, about 15 mg to about 35 mg, about 15 mg to about 25 mg, about 5 mg to about 25 mg, about 25 mg to about 50 mg, *e.g.*, about 5 mg, about 10 mg, about 15 mg, about 20 mg, about 25 mg, about 30 mg, about 35 mg, or about 40 mg, once every two weeks. In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 10 mg to about 30 mg, *e.g.*, about 20 mg, once every two weeks.

In some embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 50 mg to about 100 mg, *e.g.*, about 60 mg to about 100 mg, about 70 mg to about 90 mg, about 75 mg to about 85 mg, about 50 mg to about 60 mg, about 50 mg to about 80 mg, about 80 mg to about 100 mg, about 60 mg to about 100 mg, *e.g.*, about 50 mg, about 60 mg, about 70 mg, about 80 mg, about 90 mg, or about 100 mg, once every two weeks. In certain embodiments, the anti-TIM-3 antibody

molecule is administered at a dose of about 60 mg to about 100 mg, *e.g.*, about 80 mg, once every two weeks.

In other embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 50 mg to about 100 mg, *e.g.*, about 60 mg to about 100 mg, about 70 mg to about 90 mg, about 75 mg to about 85 mg, about 50 mg to about 60 mg, about 50 mg to about 80 mg, about 80 mg to about 100 mg, about 60 mg to about 100 mg, *e.g.*, about 50 mg, about 60 mg, about 70 mg, about 80 mg, about 90 mg, or about 100 mg, once every four weeks. In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 60 mg to about 100 mg, *e.g.*, about 80 mg, once every four weeks.

In some embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 200 mg to about 300 mg, *e.g.*, about 200 mg to about 280 mg, about 200 mg to about 250 mg, about 210 mg to about 270 mg, about 220 mg to about 260 mg, about 230 mg to about 250 mg, about 200 mg to about 220 mg, about 200 mg to about 240 mg, about 200 mg to about 260 mg, about 200 mg to about 280 mg, about 280 to about 300 mg, about 260 to about 300 mg, about 240 to about 300 mg, about 220 to about 300 mg, *e.g.*, about 200 mg, about 240 mg, about 260 mg, about 280 mg, or about 300 mg, once every two weeks. In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 220 mg to about 260 mg, *e.g.*, about 240 mg, once every two weeks.

In some embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 200 mg to about 300 mg, *e.g.*, about 200 mg to about 280 mg, about 200 mg to about 250 mg, about 210 mg to about 270 mg, about 220 mg to about 260 mg, about 230 mg to about 250 mg, about 200 mg to about 220 mg, about 200 mg to about 240 mg, about 200 mg to about 260 mg, about 200 mg to about 280 mg, about 280 to about 300 mg, about 260 to about 300 mg, about 240 to about 300 mg, about 220 to about 300 mg, *e.g.*, about 200 mg, about 240 mg, about 260 mg, about 280 mg, or about 300 mg, once every four weeks. In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 220 mg to about 260 mg, *e.g.*, about 240 mg, once every four weeks.

In some embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 500 mg to about 1000 mg, *e.g.*, about 600 mg to about 1000 mg, about 700 mg to about 900 mg, about 750 mg to about 850 mg, about 500 mg to about 600 mg, about 500 mg to about 800 mg, about 800 mg to about 1000 mg, about 600 mg to about 1000 mg, *e.g.*, about 500 mg, about 600 mg, about 700 mg, about 800 mg, about 900 mg, or about 1000 mg, once every two weeks. In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 600 mg to about 1000 mg, *e.g.*, about 800 mg, once every two weeks.

In some embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 500 mg to about 1000 mg, *e.g.*, about 600 mg to about 1000 mg, about 700 mg to about 900 mg, about 750 mg to about 850 mg, about 500 mg to about 600 mg, about 500 mg to about 800 mg, about 800 mg to about 1000 mg, about 600 mg to about 1000 mg, *e.g.*, about 500 mg, about 600 mg, about 700 mg, about 800 mg, about 900 mg, or about 1000 mg, once every four weeks. In certain embodiments,

the anti-TIM-3 antibody molecule is administered at a dose of about 600 mg to about 1000 mg, *e.g.*, about 800 mg, once every four weeks.

In some embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 1000 mg to about 1500 mg, *e.g.*, about 1000 mg to about 1400 mg, about 1100 mg to about 1300 mg, about 1000 mg to about 1200 mg, about 1000 mg to about 1400 mg, about 1300 mg to about 1500 mg, about 1100 mg to about 1500 mg, about 1200 mg to about 1400 mg, about 1000 mg to about 1300 mg, about 1100 mg to about 1400 mg, about 1200 mg to about 1500 mg, *e.g.*, about 1000 mg, about 1100 mg, about 1200 mg, about 1300 mg, about 1400 mg, or about 1500 mg, once every two weeks. In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 1100 mg to about 1300 mg, *e.g.*, about 1200 mg, once every two weeks.

In some embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 1000 mg to about 1500 mg, *e.g.*, about 1000 mg to about 1400 mg, about 1100 mg to about 1300 mg, about 1000 mg to about 1200 mg, about 1000 mg to about 1400 mg, about 1300 mg to about 1500 mg, about 1100 mg to about 1500 mg, about 1200 mg to about 1400 mg, about 1000 mg to about 1300 mg, about 1100 mg to about 1400 mg, about 1200 mg to about 1500 mg, *e.g.*, about 1000 mg, about 1100 mg, about 1200 mg, about 1300 mg, about 1400 mg, or about 1500 mg, once every four weeks. In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 1100 mg to about 1300 mg, *e.g.*, about 1200 mg, once every four weeks.

In some embodiments, the disorder is a cancer, *e.g.*, a cancer described herein. In certain embodiments, the cancer is a solid tumor. In some embodiments, the cancer is an ovarian cancer. In other embodiments, the cancer is a lung cancer, *e.g.*, a small cell lung cancer (SCLC) or a non-small cell lung cancer (NSCLC). In other embodiments, the cancer is a mesothelioma. In other embodiments, the cancer is a skin cancer, *e.g.*, a Merkel cell carcinoma or a melanoma. In other embodiments, the cancer is a kidney cancer, *e.g.*, a renal cell carcinoma (RCC). In other embodiments, the cancer is a bladder cancer. In other embodiments, the cancer is a soft tissue sarcoma, *e.g.*, a hemangiopericytoma (HPC). In other embodiments, the cancer is a bone cancer, *e.g.*, a bone sarcoma. In other embodiments, the cancer is a colorectal cancer. In other embodiments, the cancer is a pancreatic cancer. In other embodiments, the cancer is a nasopharyngeal cancer. In other embodiments, the cancer is a breast cancer. In other embodiments, the cancer is a duodenal cancer. In other embodiments, the cancer is an endometrial cancer. In other embodiments, the cancer is an adenocarcinoma, *e.g.*, an unknown adenocarcinoma. In other embodiments, the cancer is a liver cancer, *e.g.*, a hepatocellular carcinoma. In other embodiments, the cancer is a cholangiocarcinoma. In other embodiments, the cancer is a sarcoma. In certain embodiments, the cancer is a myelodysplastic syndrome (MDS) (*e.g.*, a high risk MDS).

In certain embodiments, the cancer is a hematological cancer. In some embodiments, the cancer is a leukemia (*e.g.*, an acute myeloid leukemia (AML), *e.g.*, a relapsed or refractory AML or a

de novo AML). In some embodiments, the cancer is a lymphoma. In some embodiments, the cancer is a myeloma.

In other embodiments, the cancer is an MSI-high cancer. In some embodiments, the cancer is a metastatic cancer. In other embodiments, the cancer is an advanced cancer. In other embodiments, the cancer is a relapsed or refractory cancer.

In some embodiments, the anti-TIM-3 antibody molecule is administered by injection (*e.g.*, intravenously or subcutaneously) at a dose (*e.g.*, a flat dose) of about 10 mg to about 30 mg (*e.g.*, about 20 mg), about 50 mg to about 100 mg (*e.g.*, about 80 mg), about 200 mg to about 300 mg (*e.g.*, about 240 mg), about 500 mg to about 1000 mg (*e.g.*, about 800 mg), or about 1000 mg to about 1500 mg (*e.g.*, about 1200 mg). The dosing schedule (*e.g.*, flat dosing schedule) can vary from *e.g.*, once two weeks to once every four weeks. In one embodiment, the anti-TIM-3 antibody molecule is administered intravenously at a dose from about 10 mg to about 30 mg (*e.g.*, about 20 mg) once every two weeks or once every four weeks. In one embodiment, the anti-TIM-3 antibody molecule is administered intravenously at a dose from about 60 mg to 100 mg (*e.g.*, about 80 mg) once every two weeks or once every four weeks. In one embodiment, the anti-TIM-3 antibody molecule is administered intravenously at a dose from about 200 mg to about 300 mg (*e.g.*, about 240 mg) once every two weeks or once every four weeks. In one embodiment, the anti-TIM-3 antibody molecule is administered intravenously at a dose from about 500 mg to about 1000 mg (*e.g.*, about 800 mg) once every two weeks or once every four weeks. In one embodiment, the anti-TIM-3 antibody molecule is administered intravenously at a dose from about 1000 mg to about 1500 mg (*e.g.*, about 1200 mg) once every two weeks or once every four weeks.

In one embodiment, the anti-TIM-3 antibody molecule is administered intravenously at a dose of about 20 mg once every two weeks or once every four weeks to treat a cancer disclosed herein. In one embodiment, the anti-TIM-3 antibody molecule is administered intravenously at a dose of about 80 mg once every two weeks or once every four weeks to treat a cancer disclosed herein. In one embodiment, the anti-TIM-3 antibody molecule is administered intravenously at a dose of about 240 mg once every two weeks or once every four weeks to treat a cancer disclosed herein. In one embodiment, the anti-TIM-3 antibody molecule is administered intravenously at a dose of about 800 mg once every two weeks or once every four weeks to treat a cancer disclosed herein. In one embodiment, the anti-TIM-3 antibody molecule is administered intravenously at a dose of about 1200 mg once every two weeks or once every four weeks to treat a cancer disclosed herein.

In one embodiment, the method further comprises administering to the subject a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule described herein) or a PD-L1 inhibitor (*e.g.*, an anti-PD-L1 antibody molecule described herein). In certain embodiments, the subject is administered with an anti-PD-1 antibody molecule at a dose of about 200 mg to about 500 mg, *e.g.*, about 200 mg to about 300 mg or about 300 mg to about 500 mg, once every four weeks or once every eight weeks. In some embodiments, the subject is administered with an anti-PD-1 antibody molecule at a dose of

about 240 mg once every four weeks. In other embodiments, the subject is administered with an anti-PD-1 antibody molecule at a dose of about 400 mg once every four weeks. In some embodiments, the subject is administered with an anti-PD-1 antibody molecule at a dose of about 400 mg once every eight weeks.

5 In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 10 mg to about 50 mg (*e.g.*, about 20 mg) once every two weeks and the PD-1 inhibitor is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every eight weeks. In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 10 mg to about 50 mg (*e.g.*, 20 mg) once every two weeks and the PD-1 inhibitor is administered at a dose of
10 about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks. In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 60 mg to about 100 mg (*e.g.*, about 80 mg) once every two weeks and the PD-1 inhibitor is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks. In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 200 mg to about 300 mg (*e.g.*, about 240 mg)
15 once every two weeks and the PD-1 inhibitor is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks. In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 500 mg to about 1000 mg (*e.g.*, about 800 mg) once every two weeks and the PD-1 inhibitor is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks.

20 In one embodiment, the method further comprises administering to the subject a hypomethylating agent (*e.g.*, decitabine). In some embodiments, the subject is administered the hypomethylating agent or decitabine at a dose of about 10 mg/m² to about 60 mg/m², *e.g.*, about 10 mg/m² to about 50 mg/m² or about 10 mg/m² to about 30 mg/m² (*e.g.*, about 20 mg/m²) every four weeks. In certain embodiments, the subject is administered the hypomethylating agent or decitabine
25 at a dose of about 20 mg/m² every four weeks, *e.g.*, on days 1-5.

 In one embodiment, the method comprises administering to the subject an anti-TIM-3 antibody molecule (*e.g.*, an anti-TIM-3 antibody molecule described herein) and a hypomethylating agent (*e.g.*, decitabine). In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 60 mg to about 100 mg (*e.g.*, about 80 mg) once every two weeks and the
30 hypomethylating agent (*e.g.*, decitabine) is administered at a dose of about 10 mg/m² to about 30 mg/m² (*e.g.*, about 20 mg/m²) every four weeks. In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 200 mg to about 300 mg (*e.g.*, about 240 mg) once every two weeks and the hypomethylating agent (*e.g.*, decitabine) is administered at a dose of about 10 mg/m² to about 30 mg/m² (*e.g.*, about 20 mg/m²) every four weeks. In certain embodiments, the anti-
35 TIM-3 antibody molecule is administered at a dose of about 500 mg to about 1000 mg (*e.g.*, about 800 mg) once every two weeks and the hypomethylating agent (*e.g.*, decitabine) is administered at a dose of about 10 mg/m² to about 30 mg/m² (*e.g.*, about 20 mg/m²) every four weeks. In certain

embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 1000 mg to 1500 mg (*e.g.*, about 1200 mg) once every two weeks and the hypomethylating agent (*e.g.*, decitabine) is administered at a dose of about 10 mg/m² to about 30 mg/m² (*e.g.*, about 20 mg/m²) every four weeks.

In one embodiment, the method comprises administering to the subject an anti-TIM-3 antibody molecule (*e.g.*, an anti-TIM-3 antibody molecule described herein), a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule described herein), and a hypomethylating agent (*e.g.*, decitabine). In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 10 mg to about 50 mg (*e.g.*, about 20 mg) once every two weeks, the PD-1 inhibitor is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every eight weeks, and the hypomethylating agent (*e.g.*, decitabine) is administered at a dose of about 10 mg/m² to about 30 mg/m² (*e.g.*, about 20 mg/m²) every four weeks. In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 10 mg to about 50 mg (*e.g.*, about 20 mg) once every two weeks, the PD-1 inhibitor is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks, and the hypomethylating agent (*e.g.*, decitabine) is administered at a dose of about 10 mg/m² to about 30 mg/m² (*e.g.*, about 20 mg/m²) every four weeks. In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 60 mg to about 100 mg (*e.g.*, about 80 mg) once every two weeks, the PD-1 inhibitor is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks, and the hypomethylating agent (*e.g.*, decitabine) is administered at a dose of about 10 mg/m² to about 30 mg/m² (*e.g.*, about 20 mg/m²) every four weeks. In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 200 mg to about 300 mg (*e.g.*, about 240 mg) once every two weeks, the PD-1 inhibitor is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks, and the hypomethylating agent (*e.g.*, decitabine) is administered at a dose of about 10 mg/m² to about 30 mg/m² (*e.g.*, about 20 mg/m²) every four weeks. In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 500 mg to about 1000 mg (*e.g.*, about 800 mg) once every two weeks, the PD-1 inhibitor is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks, and the hypomethylating agent (*e.g.*, decitabine) is administered at a dose of about 10 mg/m² to about 30 mg/m² (*e.g.*, about 20 mg/m²) every four weeks.

In certain embodiments, the anti-TIM-3 antibody molecule, or the combination comprising the anti-TIM-3 antibody molecule, is used to treat an acute myeloid leukemia (AML) or a myelodysplastic syndrome (MDS), *e.g.*, in accordance with a dosing schedule described herein.

In certain embodiments, the subject has not been treated with a PD-1 or PD-L1 therapy prior to receiving the anti-TIM-3 antibody molecule. In other embodiments, the subject has been treated with a with a PD-1 or PD-L1 therapy prior to receiving the anti-TIM-3 antibody molecule.

In other embodiments, the subject has, or is identified as having, TIM-3 expression in tumor-infiltrating lymphocytes (TILs).

In another aspect, the disclosure features a method of reducing an activity (*e.g.*, growth, survival, or viability, or all), of a hyperproliferative (*e.g.*, a cancer) cell. The method includes contacting the cell with an anti-TIM-3 antibody molecule, *e.g.*, an anti-TIM-3 antibody molecule described herein. The method can be performed in a subject, *e.g.*, as part of a therapeutic protocol,
5 *e.g.*, at a dose of about 10 mg to about 50 mg (*e.g.*, about 20 mg), about 50 mg to about 100 mg (*e.g.*, about 80 mg), about 200 mg to about 300 mg (*e.g.*, about 240 mg), about 500 mg to about 1000 mg (*e.g.*, about 800 mg), or about 1000 mg to about 1500 mg (*e.g.*, about 1200 mg) of an anti-TIM-3 antibody molecule once every two weeks or once every four weeks.

In certain embodiments, the dose is about 10 mg to about 50 mg (*e.g.*, about 20 mg) of an
10 anti-TIM-3 antibody molecule once every two weeks or once every four weeks. In certain embodiments, the dose is about 50 mg to 100 mg (*e.g.*, about 80 mg) of an anti-TIM-3 antibody molecule once every two weeks or once every four weeks. In other embodiments, the dose is about 200 mg to about 300 mg (*e.g.*, about 240 mg) of an anti-TIM-3 antibody molecule once every two weeks or once every four weeks. In other embodiments, the dose is about 500 mg to about 1000 mg
15 (*e.g.*, about 800 mg) of an anti-TIM-3 antibody molecule once every two weeks or once every four weeks. In other embodiments, the dose is about 1000 mg to about 1500 mg (*e.g.*, about 1200 mg) of an anti-TIM-3 antibody molecule once every two weeks or once every four weeks. In certain embodiments, the dose is about 20 mg of an anti-TIM-3 antibody molecule once every two weeks. In certain embodiments, the dose is about 80 mg of an anti-TIM-3 antibody molecule once every two
20 weeks. In other embodiments, the dose is about 240 mg of an anti-TIM-3 antibody molecule once every two weeks. In other embodiments, the dose is about 800 mg of an anti-TIM-3 antibody molecule once every two weeks. In other embodiments, the dose is about 1200 mg of an anti-TIM-3 antibody molecule once every two weeks. In certain embodiments, the dose is about 80 mg of an anti-TIM-3 antibody molecule once every four weeks. In other embodiments, the dose is about 240
25 mg of an anti-TIM-3 antibody molecule once every four weeks. In other embodiments, the dose is about 800 mg of an anti-TIM-3 antibody molecule once every four weeks. In other embodiments, the dose is about 1200 mg of an anti-TIM-3 antibody molecule once every four weeks.

The cancer cell can be, *e.g.*, a cell from a cancer described herein, such as a solid tumor or a hematological cancer, *e.g.*, an ovarian cancer, a lung cancer (*e.g.*, a small cell lung cancer (SCLC) or a
30 non-small cell lung cancer (NSCLC)), a mesothelioma, a skin cancer (*e.g.*, a Merkel cell carcinoma (MCC) or a melanoma), a kidney cancer (*e.g.*, a renal cell carcinoma), a bladder cancer, a soft tissue sarcoma (*e.g.*, a hemangiopericytoma (HPC)), a bone cancer (*e.g.*, a bone sarcoma), a colorectal cancer, a pancreatic cancer, a nasopharyngeal cancer, a breast cancer, a duodenal cancer, an endometrial cancer, an adenocarcinoma (an unknown adenocarcinoma), a liver cancer (*e.g.*, a
35 hepatocellular carcinoma), a cholangiocarcinoma, a sarcoma, a myelodysplastic syndrome (MDS) (*e.g.*, a high risk MDS), a leukemia (*e.g.*, an acute myeloid leukemia (AML), *e.g.*, a relapsed or refractory AML or a *de novo* AML), a lymphoma, or a myeloma.

In some embodiments, the cancer is an ovarian cancer. In other embodiments, the cancer is a lung cancer, *e.g.*, a small cell lung cancer (SCLC) or a non-small cell lung cancer (NSCLC). In other embodiments, the cancer is a mesothelioma. In other embodiments, the cancer is a skin cancer, *e.g.*, a Merkel cell carcinoma or a melanoma. In other embodiments, the cancer is a kidney cancer, *e.g.*, a renal cell carcinoma. In other embodiments, the cancer is a bladder cancer. In other embodiments, the cancer is a soft tissue sarcoma, *e.g.*, a hemangiopericytoma (HPC). In other embodiments, the cancer is a bone cancer, *e.g.*, a bone sarcoma. In other embodiments, the cancer is a colorectal cancer. In other embodiments, the cancer is a pancreatic cancer. In other embodiments, the cancer is a nasopharyngeal cancer. In other embodiments, the cancer is a breast cancer. In other embodiments, the cancer is a duodenal cancer. In other embodiments, the cancer is an endometrial cancer. In other embodiments, the cancer is an adenocarcinoma, *e.g.*, an unknown adenocarcinoma. In other embodiments, the cancer is a liver cancer, *e.g.*, a hepatocellular carcinoma. In other embodiments, the cancer is a cholangiocarcinoma. In other embodiments, the cancer is a sarcoma. In certain embodiments, the cancer is a myelodysplastic syndrome (MDS) (*e.g.*, a high risk MDS). In other embodiments, the cancer is a leukemia (*e.g.*, an acute myeloid leukemia (AML), *e.g.*, a relapsed or refractory AML or a *de novo* AML). In other embodiments, the cancer is a lymphoma. In other embodiments, the cancer is a myeloma. In other embodiments, the cancer is an MSI-high cancer. In some embodiments, the cancer is a metastatic cancer. In other embodiments, the cancer is an advanced cancer. In other embodiments, the cancer is a relapsed or refractory cancer.

In certain embodiments of the methods disclosed herein, the method further includes determining the level of TIM-3 expression in tumor infiltrating lymphocytes (TILs) in the subject. In other embodiments, the level of TIM-3 expression is determined in a sample (*e.g.*, a tumor biopsy) acquired from the subject (*e.g.*, using immunohistochemistry). In certain embodiments, responsive to a detectable level, or an elevated level, of TIM-3 in the subject, the anti-TIM-3 antibody molecule is administered. The detection steps can also be used, *e.g.*, to monitor the effectiveness of a therapeutic agent described herein. For example, the detection step can be used to monitor the effectiveness of the anti-TIM-3 antibody molecule.

In another aspect, the disclosure features a composition (*e.g.*, one or more compositions or dosage forms), that includes an anti-TIM-3 antibody molecule (*e.g.*, an anti-TIM-3 antibody molecule as described herein). Formulations, *e.g.*, dosage formulations, and kits, *e.g.*, therapeutic kits, that include an anti-TIM-3 antibody molecule (*e.g.*, an anti-TIM-3 antibody molecule as described herein), are also described herein. In certain embodiments, the composition or formulation comprises about 10 mg to about 50 mg (*e.g.*, about 20 mg), about 60 mg to about 100 mg (*e.g.*, about 80 mg), about 200 mg to about 300 mg (*e.g.*, about 240 mg), about 500 mg to about 1000 mg (*e.g.*, about 800 mg), or about 1000 mg to about 1500 mg (*e.g.*, about 1200 mg) of an anti-TIM-3 antibody molecule (*e.g.*,

an anti-TIM-3 antibody molecule as described herein). In some embodiments, the composition or formulation is administered or used once every two weeks or once every four weeks. In some embodiments, the composition or formulation comprises about 20 mg, about 80 mg, about 240 mg, or about 1200 mg of an anti-TIM-3 antibody molecule (*e.g.*, an anti-TIM-3 antibody molecule as described herein), and is administered or used once every two weeks or once every four weeks. In certain embodiments, the composition or formulation is used to treat a cancer, *e.g.*, a cancer disclosed herein.

Additional features or embodiments of the methods, compositions, dosage formulations, and kits described herein include one or more of the following.

Antibody Molecules to TIM-3

In one embodiment, the anti-TIM-3 antibody molecule comprises at least one, two, three, four, five or six complementarity determining regions (CDRs) (or collectively all of the CDRs) from a heavy and light chain variable region comprising an amino acid sequence shown in **Table 7** (*e.g.*, from the heavy and light chain variable region sequences of ABTIM3-hum11 or ABTIM3-hum03 disclosed in **Table 7**), or encoded by a nucleotide sequence shown in **Table 7**. In some embodiments, the CDRs are according to the Kabat definition (*e.g.*, as set out in **Table 7**). In some embodiments, the CDRs are according to the Chothia definition (*e.g.*, as set out in **Table 7**). In one embodiment, one or more of the CDRs (or collectively all of the CDRs) have one, two, three, four, five, six or more changes, *e.g.*, amino acid substitutions (*e.g.*, conservative amino acid substitutions) or deletions, relative to an amino acid sequence shown in **Table 7**, or encoded by a nucleotide sequence shown in **Table 7**.

In one embodiment, the anti-TIM-3 antibody molecule comprises a heavy chain variable region (VH) comprising a VHCDR1 amino acid sequence of SEQ ID NO: 801, a VHCDR2 amino acid sequence of SEQ ID NO: 802, and a VHCDR3 amino acid sequence of SEQ ID NO: 803; and a light chain variable region (VL) comprising a VLCDR1 amino acid sequence of SEQ ID NO: 810, a VLCDR2 amino acid sequence of SEQ ID NO: 811, and a VLCDR3 amino acid sequence of SEQ ID NO: 812, each disclosed in **Table 7**. In one embodiment, the anti-TIM-3 antibody molecule comprises a heavy chain variable region (VH) comprising a VHCDR1 amino acid sequence of SEQ ID NO: 801, a VHCDR2 amino acid sequence of SEQ ID NO: 820, and a VHCDR3 amino acid sequence of SEQ ID NO: 803; and a light chain variable region (VL) comprising a VLCDR1 amino acid sequence of SEQ ID NO: 810, a VLCDR2 amino acid sequence of SEQ ID NO: 811, and a VLCDR3 amino acid sequence of SEQ ID NO: 812, each disclosed in **Table 7**.

In one embodiment, the anti-TIM-3 antibody molecule comprises a VH comprising the amino acid sequence of SEQ ID NO: 806, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 806. In one embodiment, the anti-TIM-3 antibody molecule

comprises a VL comprising the amino acid sequence of SEQ ID NO: 816, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 816. In one embodiment, the anti-TIM-3 antibody molecule comprises a VH comprising the amino acid sequence of SEQ ID NO: 822, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 822. In one embodiment, the anti-TIM-3 antibody molecule comprises a VL comprising the amino acid sequence of SEQ ID NO: 826, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 826. In one embodiment, the anti-TIM-3 antibody molecule comprises a VH comprising the amino acid sequence of SEQ ID NO: 806 and a VL comprising the amino acid sequence of SEQ ID NO: 816. In one embodiment, the anti-TIM-3 antibody molecule comprises a VH comprising the amino acid sequence of SEQ ID NO: 822 and a VL comprising the amino acid sequence of SEQ ID NO: 826.

In one embodiment, the antibody molecule comprises a VH encoded by the nucleotide sequence of SEQ ID NO: 807, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 807. In one embodiment, the antibody molecule comprises a VL encoded by the nucleotide sequence of SEQ ID NO: 817, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 817. In one embodiment, the antibody molecule comprises a VH encoded by the nucleotide sequence of SEQ ID NO: 823, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 823. In one embodiment, the antibody molecule comprises a VL encoded by the nucleotide sequence of SEQ ID NO: 827, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 827. In one embodiment, the antibody molecule comprises a VH encoded by the nucleotide sequence of SEQ ID NO: 807 and a VL encoded by the nucleotide sequence of SEQ ID NO: 817. In one embodiment, the antibody molecule comprises a VH encoded by the nucleotide sequence of SEQ ID NO: 823 and a VL encoded by the nucleotide sequence of SEQ ID NO: 827.

In one embodiment, the anti-TIM-3 antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 808, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 808. In one embodiment, the anti-TIM-3 antibody molecule comprises a light chain comprising the amino acid sequence of SEQ ID NO: 818, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 818. In one embodiment, the anti-TIM-3 antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 824, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 824. In one embodiment, the anti-TIM-3 antibody molecule comprises a light chain comprising the amino acid sequence of SEQ ID NO: 828, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 828. In one embodiment, the anti-TIM-3 antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 808 and a light chain comprising the amino acid sequence of SEQ ID NO: 818. In one embodiment, the

anti-TIM-3 antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 824 and a light chain comprising the amino acid sequence of SEQ ID NO: 828.

In one embodiment, the antibody molecule comprises a heavy chain encoded by the nucleotide sequence of SEQ ID NO: 809, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 809. In one embodiment, the antibody molecule comprises a light chain encoded by the nucleotide sequence of SEQ ID NO: 819, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 819. In one embodiment, the antibody molecule comprises a heavy chain encoded by the nucleotide sequence of SEQ ID NO: 825, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 825. In one embodiment, the antibody molecule comprises a light chain encoded by the nucleotide sequence of SEQ ID NO: 829, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 829. In one embodiment, the antibody molecule comprises a heavy chain encoded by the nucleotide sequence of SEQ ID NO: 809 and a light chain encoded by the nucleotide sequence of SEQ ID NO: 819. In one embodiment, the antibody molecule comprises a heavy chain encoded by the nucleotide sequence of SEQ ID NO: 825 and a light chain encoded by the nucleotide sequence of SEQ ID NO: 829.

Other Exemplary TIM-3 Inhibitors

In one embodiment, the anti-TIM-3 antibody molecule is TSR-022 (AnaptysBio/Tesaro). In one embodiment, the anti-TIM-3 antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of TSR-022. In one embodiment, the anti-TIM-3 antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of APE5137 or APE5121, *e.g.*, as disclosed in **Table 8**. APE5137, APE5121, and other anti-TIM-3 antibodies are disclosed in WO 2016/161270, incorporated by reference in its entirety.

In one embodiment, the anti-TIM-3 antibody molecule is the antibody clone F38-2E2. In one embodiment, the anti-TIM-3 antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of F38-2E2.

Further known anti-TIM-3 antibodies include those described, *e.g.*, in WO 2016/111947, WO 2016/071448, WO 2016/144803, US 8,552,156, US 8,841,418, and US 9,163,087, incorporated by reference in their entirety.

In one embodiment, the anti-TIM-3 antibody is an antibody that competes for binding with, and/or binds to the same epitope on TIM-3 as, one of the anti-TIM-3 antibodies described herein.

Formulations

The anti-TIM-3 antibody molecules described herein can be formulated into a formulation (e.g., a dose formulation or dosage form) suitable for administration (e.g., intravenous administration) to a subject as described herein. The formulation described herein can be a liquid formulation, a lyophilized formulation, or a reconstituted formulation.

In certain embodiments, the formulation is a liquid formulation. In some embodiments, the formulation (e.g., liquid formulation) comprises an anti-TIM-3 antibody molecule (e.g., an anti-TIM-3 antibody molecule described herein) and a buffering agent.

In some embodiments, the formulation (e.g., liquid formulation) comprises an anti-TIM-3 antibody molecule present at a concentration of 25 mg/mL to 250 mg/mL, e.g., 50 mg/mL to 200 mg/mL, 60 mg/mL to 180 mg/mL, 70 mg/mL to 150 mg/mL, 80 mg/mL to 120 mg/mL, 90 mg/mL to 110 mg/mL, 50 mg/mL to 150 mg/mL, 50 mg/mL to 100 mg/mL, 150 mg/mL to 200 mg/mL, or 100 mg/mL to 200 mg/mL, e.g., 50 mg/mL, 60 mg/mL, 70 mg/mL, 80 mg/mL, 90 mg/mL, 100 mg/mL, 110 mg/mL, 120 mg/mL, 130 mg/mL, 140 mg/mL, or 150 mg/mL. In certain embodiments, the anti-TIM-3 antibody molecule is present at a concentration of 80 mg/mL to 120 mg/mL, e.g., 100 mg/mL.

In some embodiments, the formulation (e.g., liquid formulation) comprises a buffering agent comprising histidine (e.g., a histidine buffer). In certain embodiments, the buffering agent (e.g., histidine buffer) is present at a concentration of 1 mM to 100 mM, e.g., 2 mM to 50 mM, 5 mM to 40 mM, 10 mM to 30 mM, 15 to 25 mM, 5 mM to 40 mM, 5 mM to 30 mM, 5 mM to 20 mM, 5 mM to 10 mM, 40 mM to 50 mM, 30 mM to 50 mM, 20 mM to 50 mM, 10 mM to 50 mM, or 5 mM to 50 mM, e.g., 2 mM, 5 mM, 10 mM, 15 mM, 20 mM, 25 mM, 30 mM, 35 mM, 40 mM, 45 mM, or 50 mM. In some embodiments, the buffering agent (e.g., histidine buffer) is present at a concentration of 15 mM to 25 mM, e.g., 20 mM. In other embodiments, the buffering agent (e.g., a histidine buffer) or the formulation has a pH of 4 to 7, e.g., 5 to 6, e.g., 5, 5.5, or 6. In some embodiments, the buffering agent (e.g., histidine buffer) or the formulation has a pH of 5 to 6, e.g., 5.5. In certain embodiments, the buffering agent comprises a histidine buffer at a concentration of 15 mM to 25 mM (e.g., 20 mM) and has a pH of 5 to 6 (e.g., 5.5). In certain embodiments, the buffering agent comprises histidine and histidine-HCl.

In some embodiments, the formulation (e.g., liquid formulation) comprises an anti-TIM-3 antibody molecule present at a concentration of 80 to 120 mg/mL, e.g., 100 mg/mL; and a buffering agent that comprises a histidine buffer at a concentration of 15 mM to 25 mM (e.g., 20 mM), at a pH of 5 to 6 (e.g., 5.5).

In some embodiments, the formulation (e.g., liquid formulation) further comprises a carbohydrate. In certain embodiments, the carbohydrate is sucrose. In some embodiments, the carbohydrate (e.g., sucrose) is present at a concentration of 50 mM to 500 mM, e.g., 100 mM to 400 mM, 150 mM to 300 mM, 180 mM to 250 mM, 200 mM to 240 mM, 210 mM to 230 mM, 100 mM to 300 mM, 100 mM to 250 mM, 100 mM to 200 mM, 100 mM to 150 mM, 300 mM to 400 mM, 200

mM to 400 mM, or 100 mM to 400 mM, *e.g.*, 100 mM, 150 mM, 180 mM, 200 mM, 220 mM, 250 mM, 300 mM, 350 mM, or 400 mM. In some embodiments, the formulation comprises a carbohydrate or sucrose present at a concentration of 200 mM to 250 mM, *e.g.*, 220 mM.

In some embodiments, the formulation (*e.g.*, liquid formulation) comprises an anti-TIM-3
5 antibody molecule present at a concentration of 80 to 120 mg/mL, *e.g.*, 100 mg/mL; a buffering agent that comprises a histidine buffer at a concentration of 15 mM to 25 mM (*e.g.*, 20 mM); and a carbohydrate or sucrose present at a concentration of 200 mM to 250 mM, *e.g.*, 220 mM, at a pH of 5 to 6 (*e.g.*, 5.5).

In some embodiments, the formulation (*e.g.*, liquid formulation) further comprises a
10 surfactant. In certain embodiments, the surfactant is polysorbate 20. In some embodiments, the surfactant or polysorbate 20 is present at a concentration of 0.005 % to 0.1% (w/w), *e.g.*, 0.01% to 0.08%, 0.02% to 0.06%, 0.03% to 0.05%, 0.01% to 0.06%, 0.01% to 0.05%, 0.01% to 0.03%, 0.06% to 0.08%, 0.04% to 0.08%, or 0.02% to 0.08% (w/w), *e.g.*, 0.01%, 0.02%, 0.03%, 0.04%, 0.05%, 0.06%, 0.07%, 0.08%, 0.09%, or 0.1% (w/w). In some embodiments, the formulation comprises a
15 surfactant or polysorbate 20 present at a concentration of 0.03% to 0.05%, *e.g.*, 0.04% (w/w).

In some embodiments, the formulation (*e.g.*, liquid formulation) comprises an anti-TIM-3 antibody molecule present at a concentration of 80 to 120 mg/mL, *e.g.*, 100 mg/mL; a buffering agent that comprises a histidine buffer at a concentration of 15 mM to 25 mM (*e.g.*, 20 mM); a carbohydrate or sucrose present at a concentration of 200 mM to 250 mM, *e.g.*, 220 mM; and a surfactant or
20 polysorbate 20 present at a concentration of 0.03% to 0.05%, *e.g.*, 0.04% (w/w), at a pH of 5 to 6 (*e.g.*, 5.5).

In some embodiments, the formulation (*e.g.*, liquid formulation) comprises an anti-TIM-3 antibody molecule present at a concentration of 100 mg/mL; a buffering agent that comprises a histidine buffer (*e.g.*, histidine/histidine-HCL) at a concentration of 20 mM); a carbohydrate or
25 sucrose present at a concentration of 220 mM; and a surfactant or polysorbate 20 present at a concentration of 0.04% (w/w), at a pH of 5 to 6 (*e.g.*, 5.5).

A formulation described herein can be stored in a container. The container used for any of the formulations described herein can include, *e.g.*, a vial, and optionally, a stopper, a cap, or both. In certain embodiments, the vial is a glass vial, *e.g.*, a 6R white glass vial. In other embodiments, the
30 stopper is a rubber stopper, *e.g.*, a grey rubber stopper. In other embodiments, the cap is a flip-off cap, *e.g.*, an aluminum flip-off cap. In some embodiments, the container comprises a 6R white glass vial, a grey rubber stopper, and an aluminum flip-off cap. In some embodiments, the container (*e.g.*, vial) is for a single-use container. In certain embodiments, 25 mg/mL to 250 mg/mL, *e.g.*, 50 mg/mL to 200 mg/mL, 60 mg/mL to 180 mg/mL, 70 mg/mL to 150 mg/mL, 80 mg/mL to 120 mg/mL, 90
35 mg/mL to 110 mg/mL, 50 mg/mL to 150 mg/mL, 50 mg/mL to 100 mg/mL, 150 mg/mL to 200 mg/mL, or 100 mg/mL to 200 mg/mL, *e.g.*, 50 mg/mL, 60 mg/mL, 70 mg/mL, 80 mg/mL, 90 mg/mL,

100 mg/mL, 110 mg/mL, 120 mg/mL, 130 mg/mL, 140 mg/mL, or 150 mg/mL, of the anti-TIM-3 antibody molecule, is present in the container (*e.g.*, vial).

In another aspect, the disclosure features therapeutic kits that include the anti-TIM-3 antibody molecules, compositions, or formulations described herein, and instructions for use, *e.g.*, in
5 accordance with dosage regimens described herein.

Therapeutic Use

The anti-TIM-3 antibody molecules described herein can inhibit, reduce, or neutralize one or more activities of TIM-3, resulting in blockade or reduction of an immune checkpoint. Thus, the anti-
10 TIM-3 antibody molecules described herein can be used to treat or prevent disorders (*e.g.*, cancer), where enhancing an immune response in a subject is desired.

Accordingly, in another aspect, a method of modulating an immune response in a subject is provided. The method comprises administering to the subject an anti-TIM-3 antibody molecule described herein in accordance with a dosage regimen described herein, alone or in combination with
15 one or more therapeutic agents, procedures, or modalities, such that the immune response in the subject is modulated. In one embodiment, the antibody molecule enhances, stimulates or increases the immune response in the subject. The subject can be a mammal, *e.g.*, a primate, preferably a higher primate, *e.g.*, a human (*e.g.*, a patient having, or at risk of having, a disorder described herein). In one embodiment, the subject is in need of enhancing an immune response. In one embodiment, the
20 subject has, or is at risk of, having a disorder described herein, *e.g.*, a cancer or an infectious disorder as described herein. In certain embodiments, the subject is, or is at risk of being, immunocompromised. For example, the subject is undergoing or has undergone a chemotherapeutic treatment and/or radiation therapy. Alternatively, or in combination, the subject is, or is at risk of being, immunocompromised as a result of an infection.

25 In one aspect, a method of treating (*e.g.*, one or more of reducing, inhibiting, or delaying progression) a cancer or a tumor in a subject is provided. The method comprises administering to the subject an anti-TIM-3 antibody molecule described herein in accordance with a dosage regimen described herein, alone or in combination with one or more therapeutic agents, procedures, or modalities.

30 In certain embodiments, the cancer treated with the anti-TIM-3 antibody molecule, includes but is not limited to, a solid tumor, a hematological cancer (*e.g.*, leukemia, lymphoma, myeloma, *e.g.*, multiple myeloma), and a metastatic lesion. In one embodiment, the cancer is a solid tumor. Examples of solid tumors include malignancies, *e.g.*, sarcomas and carcinomas, *e.g.*, adenocarcinomas of the various organ systems, such as those affecting the lung, breast, ovarian, lymphoid,
35 gastrointestinal (*e.g.*, colon), anal, genitals and genitourinary tract (*e.g.*, renal, urothelial, bladder cells, prostate), pharynx, CNS (*e.g.*, brain, neural or glial cells), head and neck, skin (*e.g.*, melanoma), and pancreas, as well as adenocarcinomas which include malignancies such as colon cancers, rectal cancer,

renal cancer (*e.g.*, renal-cell carcinoma (clear cell or non-clear cell renal cell carcinoma), liver cancer, lung cancer (*e.g.*, non-small cell lung cancer (squamous or non-squamous non-small cell lung cancer)), cancer of the small intestine and cancer of the esophagus. The cancer may be at an early, intermediate, late stage or metastatic cancer.

5 In one embodiment, the cancer is chosen from a lung cancer (*e.g.*, a non-small cell lung cancer (NSCLC) (*e.g.*, a NSCLC with squamous and/or non-squamous histology, or a NSCLC adenocarcinoma), or a small cell lung cancer (SCLC)), a skin cancer (*e.g.*, a Merkel cell carcinoma or a melanoma (*e.g.*, an advanced melanoma)), an ovarian cancer, a mesothelioma, a bladder cancer, a soft tissue sarcoma (*e.g.*, a hemangiopericytoma (HPC)), a bone cancer (a bone sarcoma), a kidney
10 cancer (*e.g.*, a renal cancer (*e.g.*, a renal cell carcinoma)), a liver cancer (*e.g.*, a hepatocellular carcinoma), a cholangiocarcinoma, a sarcoma, a myelodysplastic syndrome (MDS), a prostate cancer, a breast cancer (*e.g.*, a breast cancer that does not express one, two or all of estrogen receptor, progesterone receptor, or Her2/neu, *e.g.*, a triple negative breast cancer), a colorectal cancer, a nasopharyngeal cancer, a duodenal cancer, an endometrial cancer, a pancreatic cancer, a head and
15 neck cancer (*e.g.*, head and neck squamous cell carcinoma (HNSCC)), an anal cancer, a gastro-esophageal cancer, a thyroid cancer (*e.g.*, anaplastic thyroid carcinoma), a cervical cancer, a neuroendocrine tumor (NET) (*e.g.*, an atypical pulmonary carcinoid tumor), a lymphoproliferative disease (*e.g.*, a post-transplant lymphoproliferative disease), a lymphoma (*e.g.*, T-cell lymphoma, B-cell lymphoma, or a non-Hodgkin lymphoma), a myeloma (*e.g.*, a multiple myeloma), or a leukemia
20 (*e.g.*, a myeloid leukemia or a lymphoid leukemia).

In certain embodiments, the cancer is a solid tumor. In some embodiments, the cancer is an ovarian cancer. In other embodiments, the cancer is a lung cancer, *e.g.*, a small cell lung cancer (SCLC) or a non-small cell lung cancer (NSCLC). In other embodiments, the cancer is a mesothelioma. In other embodiments, the cancer is a skin cancer, *e.g.*, a Merkel cell carcinoma or a
25 melanoma. In other embodiments, the cancer is a kidney cancer, *e.g.*, a renal cell carcinoma (RCC). In other embodiments, the cancer is a bladder cancer. In other embodiments, the cancer is a soft tissue sarcoma, *e.g.*, a hemangiopericytoma (HPC). In other embodiments, the cancer is a bone cancer, *e.g.*, a bone sarcoma. In other embodiments, the cancer is a colorectal cancer. In other embodiments, the cancer is a pancreatic cancer. In other embodiments, the cancer is a
30 nasopharyngeal cancer. In other embodiments, the cancer is a breast cancer. In other embodiments, the cancer is a duodenal cancer. In other embodiments, the cancer is an endometrial cancer. In other embodiments, the cancer is an adenocarcinoma, *e.g.*, an unknown adenocarcinoma. In other embodiments, the cancer is a liver cancer, *e.g.*, a hepatocellular carcinoma. In other embodiments, the cancer is a cholangiocarcinoma. In other embodiments, the cancer is a sarcoma. In certain
35 embodiments, the cancer is a myelodysplastic syndrome (MDS) (*e.g.*, a high risk MDS).

In certain embodiments, the cancer is a hematological cancer. In some embodiments, the cancer is a leukemia (*e.g.*, an acute myeloid leukemia (AML), *e.g.*, a relapsed or refractory AML or a

de novo AML). In some embodiments, the cancer is a lymphoma. In some embodiments, the cancer is a myeloma.

In another embodiment, the cancer is chosen from a carcinoma (*e.g.*, advanced or metastatic carcinoma), melanoma or a lung carcinoma, *e.g.*, a non-small cell lung carcinoma. In one
 5 embodiment, the cancer is a lung cancer, *e.g.*, a non-small cell lung cancer or small cell lung cancer. In some embodiments, the non-small cell lung cancer is a stage I (*e.g.*, stage Ia or Ib), stage II (*e.g.*, stage IIa or IIb), stage III (*e.g.*, stage IIIa or IIIb), or stage IV, non-small cell lung cancer. In one embodiment, the cancer is a melanoma, *e.g.*, an advanced melanoma. In one embodiment, the cancer is an advanced or unresectable melanoma that does not respond to other therapies. In other
 10 embodiments, the cancer is a melanoma with a BRAF mutation (*e.g.*, a BRAF V600 mutation). In another embodiment, the cancer is a hepatocarcinoma, *e.g.*, an advanced hepatocarcinoma, with or without a viral infection, *e.g.*, a chronic viral hepatitis. In another embodiment, the cancer is a prostate cancer, *e.g.*, an advanced prostate cancer. In yet another embodiment, the cancer is a myeloma, *e.g.*, multiple myeloma. In yet another embodiment, the cancer is a renal cancer, *e.g.*, a
 15 renal cell carcinoma (RCC) (*e.g.*, a metastatic RCC, a non-clear cell renal cell carcinoma (nccRCC), or clear cell renal cell carcinoma (CCRCC)).

In one embodiment, the cancer microenvironment has an elevated level of TIM-3 expression. In one embodiment, the cancer microenvironment has an elevated level of PD-L1 expression. Alternatively, or in combination, the cancer microenvironment can have increased IFN γ and/or CD8
 20 expression.

In some embodiments, the subject has, or is identified as having, a tumor that has one or more of high PD-L1 level or expression, or as being Tumor Infiltrating Lymphocyte (TIL)+ (*e.g.*, as having an increased number of TILs), or both. In certain embodiments, the subject has, or is identified as having, a tumor that has high PD-L1 level or expression and that is TIL+. In some embodiments, the
 25 methods described herein further include identifying a subject based on having a tumor that has one or more of high PD-L1 level or expression, or as being TIL+, or both. In certain embodiments, the methods described herein further include identifying a subject based on having a tumor that has high PD-L1 level or expression and as being TIL+. In some embodiments, tumors that are TIL+ are positive for CD8 and IFN γ . In some embodiments, the subject has, or is identified as having, a high
 30 percentage of cells that are positive for one, two or more of PD-L1, CD8, and/or IFN γ . In certain embodiments, the subject has or is identified as having a high percentage of cells that are positive for all of PD-L1, CD8, and IFN γ .

In some embodiments, the methods described herein further include identifying a subject based on having a high percentage of cells that are positive for one, two or more of PD-L1, CD8,
 35 and/or IFN γ . In certain embodiments, the methods described herein further include identifying a subject based on having a high percentage of cells that are positive for all of PD-L1, CD8, and IFN γ . In some embodiments, the subject has, or is identified as having, one, two or more of PD-L1, CD8,

and/or IFN γ , and one or more of a lung cancer, *e.g.*, squamous cell lung cancer or lung adenocarcinoma (*e.g.*, an NSCLC); a head and neck cancer; a squamous cell cervical cancer; a stomach cancer; an esophageal cancer; a thyroid cancer (*e.g.*, anaplastic thyroid carcinoma); a skin cancer (*e.g.*, a Merkel cell carcinoma or a melanoma), a breast cancer (*e.g.*, an NTBC), and/or a nasopharyngeal cancer (NPC). In certain embodiments, the methods described herein further describe identifying a subject based on having one, two or more of PD-L1, CD8, and/or IFN γ , and one or more of a lung cancer, *e.g.*, squamous cell lung cancer or lung adenocarcinoma (*e.g.*, an NSCLC); a head and neck cancer; a squamous cell cervical cancer; a stomach cancer; a thyroid cancer (*e.g.*, anaplastic thyroid carcinoma); a skin cancer (*e.g.*, a Merkel cell carcinoma or a melanoma), an neuroendocrine tumor, a breast cancer (*e.g.*, an NTBC), and/or a nasopharyngeal cancer.

Methods, compositions, and formulations disclosed herein are useful for treating metastatic lesions associated with the aforementioned cancers.

In a further aspect, the disclosure provides a method of treating an infectious disease (*e.g.*, an infectious disease described herein) in a subject, comprising administering to the subject an anti-TIM-3 antibody molecule described herein in accordance with a dosage regimen described herein.

Still further, the invention provides a method of enhancing an immune response to an antigen in a subject, comprising administering to the subject: (i) the antigen; and (ii) an anti-TIM-3 antibody molecule described herein, in accordance with a dosage regimen described herein, such that an immune response to the antigen in the subject is enhanced. The antigen can be, for example, a tumor antigen, a viral antigen, a bacterial antigen or an antigen from a pathogen.

The anti-TIM-3 antibody molecule described herein can be administered to the subject systemically (*e.g.*, orally, parenterally, subcutaneously, intravenously, rectally, intramuscularly, intraperitoneally, intranasally, transdermally, or by inhalation or intracavitary installation), topically, or by application to mucous membranes, such as the nose, throat and bronchial tubes. In certain embodiments, the anti-TIM-3 antibody molecule is administered intravenously at a flat dose described herein.

Combination Therapies

The anti-TIM-3 antibody molecules described herein can be used in combination with other therapeutic agents, procedures or modalities.

In one embodiment, the methods described herein include administering to the subject a combination comprising an anti-TIM-3 antibody molecule described herein, in combination with a therapeutic agent, procedure, or modality, in an amount effective to treat or prevent a disorder. In certain embodiments, the anti-TIM-3 antibody molecule is administered or used in accordance with a dosage regimen described herein. In other embodiments, the antibody molecule is administered or used as a composition or formulation described herein.

The anti-TIM-3 antibody molecule and the therapeutic agent, procedure, or modality can be administered or used simultaneously or sequentially in any order. Any combination and sequence of the anti-TIM-3 antibody molecule and the therapeutic agent, procedure, or modality (*e.g.*, as described herein) can be used. The antibody molecule and/or the therapeutic agent, procedure or modality can be administered or used during periods of active disorder, or during a period of remission or less active disease. The antibody molecule can be administered before, concurrently with, or after the treatment with the therapeutic agent, procedure or modality.

In certain embodiments, the anti-TIM-3 antibody molecule described herein is administered in combination with one or more of other antibody molecules, chemotherapy, other anti-cancer therapy (*e.g.*, targeted anti-cancer therapies, gene therapy, viral therapy, RNA therapy bone marrow transplantation, nanotherapy, or oncolytic drugs), cytotoxic agents, immune-based therapies (*e.g.*, cytokines or cell-based immune therapies), surgical procedures (*e.g.*, lumpectomy or mastectomy) or radiation procedures, or a combination of any of the foregoing. The additional therapy may be in the form of adjuvant or neoadjuvant therapy. In some embodiments, the additional therapy is an enzymatic inhibitor (*e.g.*, a small molecule enzymatic inhibitor) or a metastatic inhibitor. Exemplary cytotoxic agents that can be administered in combination with include antimicrotubule agents, topoisomerase inhibitors, anti-metabolites, mitotic inhibitors, alkylating agents, anthracyclines, vinca alkaloids, intercalating agents, agents capable of interfering with a signal transduction pathway, agents that promote apoptosis, proteasome inhibitors, and radiation (*e.g.*, local or whole body irradiation (*e.g.*, gamma irradiation)). In other embodiments, the additional therapy is surgery or radiation, or a combination thereof. In other embodiments, the additional therapy is a therapy targeting one or more of PI3K/AKT/mTOR pathway, an HSP90 inhibitor, or a tubulin inhibitor.

Alternatively, or in combination with the aforesaid combinations, the anti-TIM-3 antibody described herein can be administered or used in combination with, one or more of: an immunomodulator (*e.g.*, an activator of a costimulatory molecule or an inhibitor of an inhibitory molecule, *e.g.*, an immune checkpoint molecule); a vaccine, *e.g.*, a therapeutic cancer vaccine; or other forms of cellular immunotherapy.

In certain embodiments, the anti-TIM-3 molecule described herein is administered or used in combination with a modulator of a costimulatory molecule or an inhibitory molecule, *e.g.*, a co-inhibitory ligand or receptor.

In one embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with a modulator, *e.g.*, agonist, of a costimulatory molecule. In one embodiment, the agonist of the costimulatory molecule is chosen from an agonist (*e.g.*, an agonistic antibody or antigen-binding fragment thereof, or a soluble fusion) of OX40, CD2, CD27, CDS, ICAM-1, LFA-1 (CD11a/CD18), ICOS (CD278), 4-1BB (CD137), GITR, CD30, CD40, BAFFR, HVEM, CD7, LIGHT, NKG2C, SLAMF7, NKp80, CD160, B7-H3 or CD83 ligand.

In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with a GITR agonist, *e.g.*, an anti-GITR antibody molecule.

In one embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with an inhibitor of an inhibitory (or immune checkpoint) molecule chosen from PD-L1, PD-L2, CTLA-4, TIM-3, LAG-3, CEACAM (*e.g.*, CEACAM-1, CEACAM-3, and/or CEACAM-5), VISTA, BTLA, TIGIT, LAIR1, CD160, 2B4 and/or TGF beta. In one embodiment, the inhibitor is a soluble ligand (*e.g.*, a CTLA-4-Ig), or an antibody or antibody fragment that binds to PD-1, LAG-3, PD-L1, PD-L2, or CTLA-4.

In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with a PD-1 inhibitor, *e.g.*, an anti-PD-1 antibody molecule. In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with a LAG-3 inhibitor, *e.g.*, an anti-LAG-3 antibody molecule. In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with a PD-L1 inhibitor, *e.g.*, an anti-PD-L1 antibody molecule.

In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule) and a LAG-3 inhibitor (*e.g.*, an anti-LAG-3 antibody molecule). In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with a PD-1 inhibitor (*e.g.*, an anti-PD-1 antibody molecule) and a PD-L1 inhibitor (*e.g.*, an anti-PD-L1 antibody molecule). In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with a LAG-3 inhibitor (*e.g.*, an anti-LAG-3 antibody molecule) and a PD-L1 inhibitor (*e.g.*, an anti-PD-L1 antibody molecule).

In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with a CEACAM inhibitor (*e.g.*, CEACAM-1, CEACAM-3, and/or CEACAM-5 inhibitor), *e.g.*, an anti-CEACAM antibody molecule. In another embodiment, the anti-TIM-3 antibody molecule is administered or used in combination with a CEACAM-1 inhibitor, *e.g.*, an anti-CEACAM-1 antibody molecule. In another embodiment, the anti-TIM-3 antibody molecule is administered or used in combination with a CEACAM-3 inhibitor, *e.g.*, an anti-CEACAM-3 antibody molecule. In another embodiment, the anti-PD-1 antibody molecule is administered or used in combination with a CEACAM-5 inhibitor, *e.g.*, an anti-CEACAM-5 antibody molecule.

The combination of antibody molecules disclosed herein can be administered separately, *e.g.*, as separate antibody molecules, or linked, *e.g.*, as a bispecific or trispecific antibody molecule. In one embodiment, a bispecific antibody that includes an anti-TIM-3 antibody molecule and an anti-PD-1, anti-CEACAM (*e.g.*, anti-CEACAM-1, CEACAM-3, and/or anti-CEACAM-5), anti-PD-L1, or anti-LAG-3 antibody molecule, is administered. In certain embodiments, the combination of antibodies disclosed herein is used to treat a cancer, *e.g.*, a cancer as described herein (*e.g.*, a solid tumor or a hematologic malignancy).

In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with an anti-PD-1 antibody molecule, *e.g.*, nivolumab, optionally, further in combination with a VEGF inhibitor (*e.g.*, bevacizumab), an interferon gamma, a CD27 agonist (*e.g.*, varlilumab), an IDO inhibitor (*e.g.*, epacadostat), a CTLA-4 inhibitor (*e.g.*, ipilimumab), an CSF1R inhibitor (*e.g.*, cabiralizumab), an OX40 agonist (*e.g.*, BMS 986178), or a KIR inhibitor (*e.g.*, lirilumab), or any combination thereof.

In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with an anti-PD-1 antibody molecule, *e.g.*, pembrolizumab, optionally, further in combination with a chemotherapy (*e.g.*, carboplatin, paclitaxel, doxorubicin, gemcitabine, cisplatin, or azacitidine), a DNMT inhibitor (*e.g.*, guadecitabine), a receptor tyrosine kinase inhibitor (*e.g.*, nintedanib), a CSF1R inhibitor (*e.g.*, pexidartinib or ARRY-382), a BTK inhibitor (*e.g.*, acalabrutinib), a PARP inhibitor (*e.g.*, niraparib), an IDO inhibitor (*e.g.*, epacadostat), an immunoconjugate targeting FOLR1 (*e.g.*, mirvetuximab soravtansine), a B7-H3 inhibitor (*e.g.*, enoblituzumab), or any combination thereof.

In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with an anti-PD-L1 antibody molecule, *e.g.*, atezolizumab, optionally, further in combination with an ANG2/VEGF inhibitor (*e.g.*, vanucizumab), a CSF1R inhibitor (*e.g.*, emactuzumab), a chemotherapy (*e.g.*, doxorubicin or a platinum-based chemotherapy, optionally, further in combination with a VEGF inhibitor (*e.g.*, bevacizumab)), or any combination thereof.

In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with an anti-PD-L1 antibody molecule, *e.g.*, durvalumab, optionally, further in combination with a CTLA-4 inhibitor (*e.g.*, tremelimumab), a chemotherapy (*e.g.*, carboplatin, paclitaxel, or azacitidine), a PARP inhibitor (*e.g.*, olaparib), a VEGF inhibitor (*e.g.*, cediranib), a cancer vaccine (*e.g.*, multi-epitope anti-folate receptor peptide vaccine TPIV 200), a TLR8 agonist (*e.g.*, motolimod), or any combination thereof.

In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with an anti-PD-L1 antibody molecule, *e.g.*, avelumab, optionally, further in combination with a chemotherapy (*e.g.*, carboplatin, paclitaxel, or doxorubicin), an HDAC inhibitor (*e.g.*, entinostat), a FAK inhibitor (*e.g.*, defactinib), or any combination thereof.

In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with a TLR8 agonist (*e.g.*, motolimod), a chemotherapeutic agent (*e.g.*, doxorubicin, paclitaxel, carboplatin, bleomycin, etoposide, docetaxel, or dasatinib), an OX40 agonist (*e.g.*, BMS 986178 or INCAGN-1949), a CSF1R inhibitor (*e.g.*, emactuzumab or pexidartinib), a VEGF inhibitor (*e.g.*, bevacizumab), an NKG2 inhibitor (*e.g.*, monalizumab), a B7-H3 inhibitor (*e.g.*, enoblituzumab), a CTLA-4 inhibitor (*e.g.*, ipilimumab), a recombinant interleukin-10 (*e.g.*, pegylated recombinant human interleukin-10 AM0010), a CD40 agonist (*e.g.*, RG-7876), an ANG2/VEGF inhibitor (*e.g.*, vanucizumab), a molecule targeting both B7-H3 and CD3 (*e.g.*, MGD-009), a PD-

L1/VISTA inhibitor (*e.g.*, CA-170), an IDO inhibitor (*e.g.*, epacadostat), a vaccine (*e.g.*, ANZ-207, DPX-Survivac, CDX1401, or bi-shRNA-furin/GMCSF-expressing autologous tumor cell vaccine (VIGIL®)), a CEACAM inhibitor (*e.g.*, MK-6018), a PARP inhibitor (*e.g.*, olaparib or BGB-290), a hormone (*e.g.*, leuporelin), a MIF inhibitor (*e.g.*, imalumab), or any combination thereof.

5 In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with a CTLA-4 inhibitor, *e.g.*, an anti-CTLA-4 antibody molecule (*e.g.*, ipilimumab).

In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with an anti-PD-L1 antibody molecule (*e.g.*, avelumab).

10 In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with an anti-PD-L1 antibody molecule, *e.g.*, avelumab, optionally, further in combination with a localized radiation therapy, a recombinant interferon beta, a MCPyV TAg-specific polyclonal autologous CD8-positive T cell vaccine, or a combination thereof.

In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or
15 used in combination with a genetically engineered oncolytic virus (*e.g.*, Talimogene laherparepvec), optionally, further in combination with a radiation therapy.

In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with an anti-PD-1 antibody molecule (*e.g.*, nivolumab) and/or an anti-CTLA-4 antibody molecule (*e.g.*, ipilimumab), optionally, further in combination with a radiation therapy (*e.g.*,
20 stereotactic body radiation therapy (SBRT)).

In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with an anti-PD-1 antibody molecule (*e.g.*, nivolumab) in combination with a genetically engineered oncolytic virus (*e.g.*, Talimogene laherparepvec).

In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or
25 used in combination with an anti-PD-L1 antibody molecule (*e.g.*, atezolizumab) and a VEGF inhibitor (*e.g.*, an anti-VEGF antibody molecule, *e.g.*, bevacizumab).

In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with an anti-PD-L1 antibody molecule (*e.g.*, durvalumab) in combination with an immunostimulant (*e.g.*, poly ICLC), optionally, further in combination with a CTLA-4 inhibitor, *e.g.*,
30 an anti-CTLA-4 antibody molecule (*e.g.*, tremelimumab).

In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with an anti-PD-1 antibody molecule, *e.g.*, nivolumab, optionally, further in combination with a chemotherapeutic agent, an interferon gamma, a CTLA-4 inhibitor (*e.g.*, ipilimumab), an antibody-drug conjugate (*e.g.*, rovalpituzumab tesirine), a CXCR4 inhibitor (*e.g.*,
35 ulocuplumab), an OX40 agonist (*e.g.*, BMS 986178), or any combination thereof.

In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with an anti-PD-1 antibody molecule, *e.g.*, pembrolizumab, optionally, further in

combination with a chemotherapeutic agent (*e.g.*, a platinum-based chemotherapeutic agent, paclitaxel, etoposide, or irinotecan), a fusion protein (*e.g.*, DEC-205/NY-ESO-1 fusion protein CDX-1401), a radiation therapy, or any combination thereof.

In other embodiments, the anti-TIM-3 antibody molecule is administered or used in combination with a hypomethylating agent (*e.g.*, decitabine), optionally, further in combination with a PD-1 inhibitor (*e.g.*, a PD-1 inhibitor described herein), *e.g.*, an anti-PD-1 antibody molecule (*e.g.*, an anti-PD-1 antibody molecule), *e.g.*, PDR001. In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with an anti-PD-L1 antibody molecule, *e.g.*, atezolizumab, optionally, further in combination with a chemotherapeutic agent (*e.g.*, carboplatin or etoposide), an interferon gamma, a CTLA-4 inhibitor (*e.g.*, ipilimumab), an antibody-drug conjugate (*e.g.*, rovalpituzumab tesirine), a CXCR4 inhibitor (*e.g.*, ulocuplumab), an OX40 agonist (*e.g.*, BMS 986178), or any combination thereof.

In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with an anti-PD-L1 antibody molecule, *e.g.*, durvalumab, optionally, in combination with a CTLA-4 inhibitor (*e.g.*, tremelimumab), a chemotherapeutic agent (*e.g.*, carboplatin or etoposide), a PARP inhibitor (*e.g.*, olaparib), a radiation therapy, or any combination thereof. In another embodiment, the anti-TIM-3 antibody molecule described herein is administered or used in combination with an OX40 agonist (*e.g.*, BMS 986178), a CTLA-4 inhibitor (*e.g.*, ipilimumab), or both.

In other embodiments, the anti-TIM-3 antibody molecule is administered or used in combination with a cytokine. The cytokine can be administered as a fusion molecule to the anti-TIM-3 antibody molecule, or as separate compositions. In other embodiments, the anti-TIM-3 antibody molecule is administered or used in combination with one, two, three or more cytokines, *e.g.*, as a fusion molecule or as separate compositions. In one embodiment, the cytokine is an interleukin (IL) chosen from one, two, three or more of IL-1, IL-2, IL-12, IL-15 or IL-21. In one embodiment, a bispecific antibody molecule has a first binding specificity to a first target (*e.g.*, to TIM-3), a second binding specificity to a second target (*e.g.*, PD-1, LAG-3, or PD-L1), and is optionally linked to an interleukin (*e.g.*, IL-12) domain *e.g.*, full length IL-12 or a portion thereof. In certain embodiments, the combination of anti-TIM-3 antibody molecule and the cytokine described herein is used to treat a cancer, *e.g.*, a cancer as described herein (*e.g.*, a solid tumor).

In other embodiments, the anti-TIM-3 antibody molecule is administered or used in combination with an antibody specific against an HLA C, *e.g.*, an antibody specific to Killer-cell Immunoglobulin-like Receptors (also referred to herein as an “anti-KIR antibody”). In certain embodiments, the combination of anti-TIM-3 antibody molecule and anti-KIR antibody is used to treat a cancer, *e.g.*, a cancer as described herein (*e.g.*, a solid tumor, *e.g.*, an advanced solid tumor).

In other embodiments, the anti-TIM-3 antibody molecule is administered or used in combination with a cellular immunotherapy (*e.g.*, PROVENGE® (*e.g.*, Sipuleucel-T)), and optionally

in combination with cyclophosphamide. In certain embodiments, the combination of anti-TIM-3 antibody molecule, PROVENGE® and/or cyclophosphamide is used to treat a cancer, *e.g.*, a cancer as described herein (*e.g.*, a prostate cancer, *e.g.*, an advanced prostate cancer).

In other embodiments, the anti-TIM-3 antibody molecule is administered or used in
 5 combination with a vaccine, *e.g.*, a cancer vaccine, (*e.g.*, a dendritic cell renal carcinoma (DC-RCC) vaccine). In one embodiment, the vaccine is peptide-based, DNA-based, RNA-based, or antigen-based, or a combination thereof. In embodiments, the vaccine comprises one or more peptides, nucleic acids (*e.g.*, DNA or RNA), antigens, or a combination thereof. In certain embodiments, the combination of anti-TIM-3 antibody molecule and the DC-RCC vaccine is used to treat a cancer, *e.g.*,
 10 a cancer as described herein (*e.g.*, a renal carcinoma, *e.g.*, metastatic renal cell carcinoma (RCC) or clear cell renal cell carcinoma (CCRCC)).

In other embodiments, the anti-TIM-3 antibody molecule is administered or used in combination with an adjuvant.

In other embodiments, the anti-TIM-3 antibody molecule is administered or used in
 15 combination with chemotherapy, and/or immunotherapy. For example, the anti-TIM-3 antibody molecule can be used to treat a myeloma, alone or in combination with one or more of: chemotherapy or other anti-cancer agents (*e.g.*, thalidomide analogs, *e.g.*, lenalidomide), an anti-PD-1 antibody molecule, tumor antigen-pulsed dendritic cells, fusions (*e.g.*, electrofusions) of tumor cells and dendritic cells, or vaccination with immunoglobulin idiotype produced by malignant plasma cells. In
 20 other embodiments, the anti-TIM-3 antibody molecule is administered or used in combination with an anti-PD-1 antibody molecule to treat a myeloma, *e.g.*, a multiple myeloma.

In other embodiments, the anti-TIM-3 antibody molecule is administered or used in combination with chemotherapy to treat a lung cancer, *e.g.*, non-small cell lung cancer. In other
 25 embodiments, the anti-TIM-3 antibody molecule is administered or used with standard lung, *e.g.*, NSCLC, chemotherapy, *e.g.*, platinum doublet therapy, to treat lung cancer. In other embodiments, the anti-TIM-3 antibody molecule is administered or used in combination with an indoleamine-pyrrrole 2,3-dioxygenase (IDO) inhibitor (*e.g.*, (4E)-4-[(3-chloro-4-fluoroanilino)-nitrosomethylidene]-1,2,5-oxadiazol-3-amine (also known as INCB24360), indoximod (1-methyl-D-tryptophan), α -cyclohexyl-5H-Imidazo[5,1-a]isoindole-5-ethanol (also known as NLG919), etc.) in a
 30 subject with advanced or metastatic cancer (*e.g.*, a patient with metastatic and recurrent NSCL cancer).

In yet other embodiments, In other embodiments, the anti-TIM-3 antibody molecule is administered or used in combination with one or more of: an immune-based strategy (*e.g.*, interleukin-2 or interferon- α), a targeting agent (*e.g.*, a VEGF inhibitor such as a monoclonal antibody to VEGF);
 35 a VEGF tyrosine kinase inhibitor such as sunitinib, sorafenib, axitinib and pazopanib; an RNAi inhibitor; or an inhibitor of a downstream mediator of VEGF signaling, *e.g.*, an inhibitor of the mammalian target of rapamycin (mTOR), *e.g.*, everolimus and temsirolimus. Any of such

combinations can be used to treat a renal cancer, *e.g.*, renal cell carcinoma (RCC) (*e.g.*, clear cell renal cell carcinoma (CCRCC) or a non-clear cell renal cell carcinoma (nccRCC) or metastatic RCC, or a liver cancer (*e.g.*, a hepatocellular carcinoma).

In other embodiments, the anti-TIM-3 antibody molecule is administered or used in combination with a MEK inhibitor (*e.g.*, a MEK inhibitor as described herein). In some embodiments, the combination of the anti-TIM-3 antibody molecule and the MEK inhibitor is used to treat a cancer (*e.g.*, a cancer described herein). In some embodiments, the cancer treated with the combination is chosen from a melanoma, a colorectal cancer, a non-small cell lung cancer, an ovarian cancer, a breast cancer, a prostate cancer, a pancreatic cancer, a hematological malignancy or a renal cell carcinoma. In certain embodiments, the cancer includes a BRAF mutation (*e.g.*, a BRAF V600E mutation), a BRAF wildtype, a KRAS wildtype or an activating KRAS mutation. The cancer may be at an early, intermediate or late stage.

In other embodiments, the anti-TIM-3 antibody molecule is administered or used in combination with one, two or all of oxaliplatin, leucovorin or 5-FU (*e.g.*, a FOLFOX co-treatment). Alternatively or in combination, combination further includes a VEGF inhibitor (*e.g.*, a VEGF inhibitor as disclosed herein). In some embodiments, the combination of the anti-TIM-3 antibody molecule, the FOLFOX co-treatment, and the VEGF inhibitor is used to treat a cancer (*e.g.*, a cancer described herein). In some embodiments, the cancer treated with the combination is chosen from a melanoma, a colorectal cancer, a non-small cell lung cancer, an ovarian cancer, a breast cancer, a prostate cancer, a pancreatic cancer, a hematological malignancy or a renal cell carcinoma. The cancer may be at an early, intermediate or late stage.

In other embodiments, the anti-TIM-3 antibody molecule is administered or used with a tyrosine kinase inhibitor (*e.g.*, axitinib) to treat renal cell carcinoma and other solid tumors.

In other embodiments, the anti-TIM-3 antibody molecule is administered or used with a 4-1BB receptor targeting agent (*e.g.*, an antibody that stimulates signaling through 4-1BB (CD-137), *e.g.*, PF-2566). In other embodiments, the anti-TIM-3 antibody molecule is administered or used in combination with a tyrosine kinase inhibitor (*e.g.*, axitinib) and a 4-1BB receptor targeting agent.

The anti-TIM-3 antibody molecule can be bound to a substance, *e.g.*, a cytotoxic agent or moiety (*e.g.*, a therapeutic drug; a compound emitting radiation; molecules of plant, fungal, or bacterial origin; or a biological protein (*e.g.*, a protein toxin) or particle (*e.g.*, a recombinant viral particle, *e.g.*, via a viral coat protein). For example, the antibody can be coupled to a radioactive isotope such as an α -, β -, or γ -emitter, or a β - and γ -emitter.

Immunomodulators

The anti-TIM-3 antibody molecules described herein can be used in combination with one or more immunomodulators.

In certain embodiments, the immunomodulator is an inhibitor of an immune checkpoint molecule. In one embodiment, the immunomodulator is an inhibitor of PD-1, PD-L1, PD-L2, CTLA-4, LAG-3, CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), VISTA, BTLA, TIGIT, LAIR1, CD160, 2B4 and/or TGF beta. In one embodiment, the inhibitor of an immune checkpoint molecule inhibits PD-1, PD-L1, LAG-3, CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), CTLA-4, or any combination thereof.

Inhibition of an inhibitory molecule can be performed at the DNA, RNA or protein level. In embodiments, an inhibitory nucleic acid (*e.g.*, a dsRNA, siRNA or shRNA), can be used to inhibit expression of an inhibitory molecule. In other embodiments, the inhibitor of an inhibitory signal is, a polypeptide *e.g.*, a soluble ligand (*e.g.*, PD-1-Ig or CTLA-4 Ig), or an antibody molecule that binds to the inhibitory molecule; *e.g.*, an antibody molecule that binds to PD-1, PD-L1, PD-L2, CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), CTLA-4, LAG-3, VISTA, BTLA, TIGIT, LAIR1, CD160, 2B4 and/or TGF beta, or a combination thereof.

In certain embodiments, the anti-TIM-3 antibody molecule is in the form of a bispecific or multispecific antibody molecule. In one embodiment, the bispecific antibody molecule has a first binding specificity to TIM-3 and a second binding specificity, *e.g.*, a second binding specificity to, PD-1, PD-L1, CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), LAG-3, or PD-L2. In one embodiment, the bispecific antibody molecule binds to (i) PD-1 or PD-L1 (ii) and TIM-3. In another embodiment, the bispecific antibody molecule binds to TIM-3 and LAG-3. In another embodiment, the bispecific antibody molecule binds to TIM-3 and CEACAM (*e.g.*, CEACAM-1, -3 and/or -5). In another embodiment, the bispecific antibody molecule binds to TIM-3 and CEACAM-1. In still another embodiment, the bispecific antibody molecule binds to TIM-3 and CEACAM-3. In yet another embodiment, the bispecific antibody molecule binds to TIM-3 and CEACAM-5.

In other embodiments, the anti-TIM-3 antibody molecule is used in combination with a bispecific or multispecific antibody molecule. In another embodiment, the bispecific antibody molecule binds to PD-1 or PD-L1. In yet another embodiment, the bispecific antibody molecule binds to PD-1 and PD-L2. In another embodiment, the bispecific antibody molecule binds to CEACAM (*e.g.*, CEACAM-1, -3 and/or -5) and LAG-3.

Any combination of the aforesaid molecules can be made in a multispecific antibody molecule, *e.g.*, a trispecific antibody that includes a first binding specificity to TIM-3, and a second and third binding specificities to two or more of: PD-1, PD-L1, CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), LAG-3, or PD-L2.

In certain embodiments, the immunomodulator is an inhibitor of PD-1, *e.g.*, human PD-1. In another embodiment, the immunomodulator is an inhibitor of PD-L1, *e.g.*, human PD-L1. In one embodiment, the inhibitor of PD-1 or PD-L1 is an antibody molecule to PD-1 or PD-L1 (*e.g.*, an anti-PD-1 or anti-PD-L1 antibody molecule as described herein).

The combination of the PD-1 or PD-L1 inhibitor with the anti-TIM-3 antibody molecule can further include one or more additional immunomodulators, *e.g.*, in combination with an inhibitor of

LAG-3, CEACAM (*e.g.*, CEACAM-1, -3 and/or -5) or CTLA-4. In one embodiment, the inhibitor of PD-1 or PD-L1 (*e.g.*, the anti-PD-1 or PD-L1 antibody molecule) is administered in combination with the anti-TIM-3 antibody molecule and a LAG-3 inhibitor (*e.g.*, an anti-LAG-3 antibody molecule). In another embodiment, the inhibitor of PD-1 or PD-L1 (*e.g.*, the anti-PD-1 or PD-L1 antibody molecule) is administered in combination with the anti-TIM-3 antibody molecule and a CEACAM inhibitor (*e.g.*, CEACAM-1, -3 and/or -5 inhibitor), *e.g.*, an anti-CEACAM antibody molecule. In another embodiment, the inhibitor of PD-1 or PD-L1 (*e.g.*, the anti-PD-1 or PD-L1 antibody molecule) is administered in combination with the anti-TIM-3 antibody molecule and a CEACAM-1 inhibitor (*e.g.*, an anti-CEACAM-1 antibody molecule). In another embodiment, the inhibitor of PD-1 or PD-L1 (*e.g.*, the anti-PD-1 or PD-L1 antibody molecule) is administered in combination with the anti-TIM-3 antibody molecule and a CEACAM-5 inhibitor (*e.g.*, an anti-CEACAM-5 antibody molecule). In yet other embodiments, the inhibitor of PD-1 or PD-L1 (*e.g.*, the anti-PD-1 or PD-L1 antibody molecule) is administered in combination with the anti-TIM-3 antibody molecule, a LAG-3 inhibitor (*e.g.*, an anti-LAG-3 antibody molecule), and a TIM-3 inhibitor (*e.g.*, an anti-TIM-3 antibody molecule). Other combinations of immunomodulators with the anti-TIM-3 antibody molecule and a PD-1 inhibitor (*e.g.*, one or more of PD-L2, CTLA-4, LAG-3, CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), VISTA, BTLA, TIGIT, LAIR1, CD160, 2B4 and/or TGF beta) are also within the present invention. Any of the antibody molecules known in the art or disclosed herein can be used in the aforesaid combinations of inhibitors of checkpoint molecule.

In other embodiments, the immunomodulator is an inhibitor of CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), *e.g.*, human CEACAM (*e.g.*, CEACAM-1, -3 and/or -5). In one embodiment, the immunomodulator is an inhibitor of CEACAM-1, *e.g.*, human CEACAM-1. In another embodiment, the immunomodulator is an inhibitor of CEACAM-3, *e.g.*, human CEACAM-3. In another embodiment, the immunomodulator is an inhibitor of CEACAM-5, *e.g.*, human CEACAM-5. In one embodiment, the inhibitor of CEACAM (*e.g.*, CEACAM-1, -3 and/or -5) is an antibody molecule to CEACAM (*e.g.*, CEACAM-1, -3 and/or -5). The combination of the CEACAM (*e.g.*, CEACAM-1, -3 and/or -5) inhibitor and the anti-TIM-3 antibody molecule can further include one or more additional immunomodulators, *e.g.*, in combination with an inhibitor of LAG-3, PD-1, PD-L1 or CTLA-4.

In other embodiments, the immunomodulator is an inhibitor of LAG-3, *e.g.*, human LAG-3. In one embodiment, the inhibitor of LAG-3 is an antibody molecule to LAG-3. The combination of the LAG-3 inhibitor and the anti-TIM-3 antibody molecule can further include one or more additional immunomodulators, *e.g.*, in combination with an inhibitor of CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), PD-1, PD-L1 or CTLA-4.

In certain embodiments, the immunomodulator used in the combinations disclosed herein (*e.g.*, in combination with a therapeutic agent chosen from an antigen-presentation combination) is an activator or agonist of a costimulatory molecule. In one embodiment, the agonist of the costimulatory

molecule is chosen from an agonist (*e.g.*, an agonistic antibody or antigen-binding fragment thereof, or a soluble fusion) of OX40, CD2, CD27, CD28, CDS, ICAM-1, LFA-1 (CD11a/CD18), ICOS (CD278), 4-1BB (CD137), GITR, CD30, CD40, BAFFR, HVEM, CD7, LIGHT, NKG2C, SLAMF7, NKp80, CD160, B7-H3, or CD83 ligand.

5 In other embodiments, the immunomodulator is a GITR agonist. In one embodiment, the GITR agonist is an antibody molecule to GITR. The anti-GITR antibody molecule and the anti-TIM-3 antibody molecule may be in the form of separate antibody composition, or as a bispecific antibody molecule. The combination of the GITR agonist with the anti-TIM-3 antibody molecule can further include one or more additional immunomodulators, *e.g.*, in combination with an inhibitor of PD-1, PD-L1, CTLA-4, CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), or LAG-3. In some embodiments, the anti-GITR antibody molecule is a bispecific antibody that binds to GITR and PD-1, PD-L1, CTLA-4, CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), or LAG-3. In other embodiments, a GITR agonist can be administered in combination with one or more additional activators of costimulatory molecules, *e.g.*, an agonist of OX40, CD2, CD27, CD28, CDS, ICAM-1, LFA-1 (CD11a/CD18), ICOS (CD278), 4-1BB (CD137), CD30, CD40, BAFFR, HVEM, CD7, LIGHT, NKG2C, SLAMF7, NKp80, CD160, B7-H3, or CD83 ligand.

In other embodiments, the immunomodulator is an OX40 agonist. In one embodiment, the OX40 agonist is an antibody molecule to OX40. The OX40 antibody molecule and the anti-TIM-3 antibody molecule may be in the form of separate antibody composition, or as a bispecific antibody molecule. The combination of the OX40 agonist with the anti-TIM-3 antibody molecule can further include one or more additional immunomodulators, *e.g.*, in combination with an inhibitor of PD-1, PD-L1, CTLA-4, CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), or LAG-3. In some embodiments, the anti-OX40 antibody molecule is a bispecific antibody that binds to OX40 and PD-1, PD-L1, CTLA-4, CEACAM (*e.g.*, CEACAM-1, -3 and/or -5), or LAG-3. In other embodiments, the OX40 agonist can be administered in combination with other costimulatory molecule, *e.g.*, an agonist of GITR, CD2, CD27, CD28, CDS, ICAM-1, LFA-1 (CD11a/CD18), ICOS (CD278), 4-1BB (CD137), CD30, CD40, BAFFR, HVEM, CD7, LIGHT, NKG2C, SLAMF7, NKp80, CD160, B7-H3, or CD83 ligand.

It is noted that only exemplary combinations of inhibitors of checkpoint inhibitors or agonists of costimulatory molecules are provided herein. Additional combinations of these agents are within the scope of the present invention.

Biomarkers

In certain embodiments, any of the methods disclosed herein further includes evaluating or monitoring the effectiveness of a therapy (*e.g.*, a monotherapy or a combination therapy) described herein, in a subject (*e.g.*, a subject having a cancer, *e.g.*, a cancer described herein). The method includes acquiring a value of effectiveness to the therapy, wherein said value is indicative of the effectiveness of the therapy.

In embodiments, the value of effectiveness to the therapy comprises a measure of one, two, three, four, five, six, seven, eight, nine or more (*e.g.*, all) of the following:

- (i) a parameter of a tumor infiltrating lymphocyte (TIL) phenotype;
- (ii) a parameter of a myeloid cell population;
- 5 (iii) a parameter of a surface expression marker;
- (iv) a parameter of a biomarker of an immunologic response;
- (v) a parameter of a systemic cytokine modulation;
- (vi) a parameter of circulating free DNA (cfDNA);
- (vii) a parameter of systemic immune-modulation;
- 10 (viii) a parameter of microbiome;
- (ix) a parameter of a marker of activation in a circulating immune cell; or
- (x) a parameter of a circulating cytokine.

In some embodiments, the parameter of a TIL phenotype comprises the level or activity of one, two, three, four or more (*e.g.*, all) of Hematoxylin and eosin (H&E) staining for TIL counts, CD8, FOXP3, CD4, or CD3, in the subject, *e.g.*, in a sample from the subject (*e.g.*, a tumor sample).

In some embodiments, the parameter of a myeloid cell population comprises the level or activity of one or both of CD68 or CD163, in the subject, *e.g.*, in a sample from the subject (*e.g.*, a tumor sample).

In some embodiments, the parameter of a surface expression marker comprises the level or activity of one, two, three or more (*e.g.*, all) of TIM-3, PD-1, PD-L1, or LAG-3, in the subject, *e.g.*, in a sample from the subject (*e.g.*, a tumor sample). In certain embodiments, the level of TIM-3, PD-1, PD-L1, or LAG-3 is determined by immunohistochemistry (IHC). In certain embodiments, the level of TIM-3 is determined.

In some embodiments, the parameter of a biomarker of an immunologic response comprises the level or sequence of one or more nucleic acid-based markers, in the subject, *e.g.*, in a sample from the subject (*e.g.*, a tumor sample).

In some embodiments, the parameter of systemic cytokine modulation comprises the level or activity of one, two, three, four, five, six, seven, eight, or more (*e.g.*, all) of IL-18, IFN- γ , ITAC (CXCL11), IL-6, IL-10, IL-4, IL-17, IL-15, or TGF-beta, in the subject, *e.g.*, in a sample from the subject (*e.g.*, a blood sample, *e.g.*, a plasma sample).

In some embodiments, the parameter of cfDNA comprises the sequence or level of one or more circulating tumor DNA (cfDNA) molecules, in the subject, *e.g.*, in a sample from the subject (*e.g.*, a blood sample, *e.g.*, a plasma sample).

In some embodiments, the parameter of systemic immune-modulation comprises phenotypic characterization of an activated immune cell, *e.g.*, a CD3-expressing cell, a CD8-expressing cell, or both, in the subject, *e.g.*, in a sample from the subject (*e.g.*, a blood sample, *e.g.*, a PBMC sample).

In some embodiments, the parameter of microbiome comprises the sequence or expression level of one or more genes in the microbiome, in the subject, *e.g.*, in a sample from the subject (*e.g.*, a stool sample).

5 In some embodiments, the parameter of a marker of activation in a circulating immune cell comprises the level or activity of one, two, three, four, five or more (*e.g.*, all) of circulating CD8+, HLA-DR+Ki67+, T cells, IFN- γ , IL-18, or CXCL11 (IFN- γ induced CCK) expressing cells, in a sample (*e.g.*, a blood sample, *e.g.*, a plasma sample).

In some embodiments, the parameter of a circulating cytokine comprises the level or activity of IL-6, in the subject, *e.g.*, in a sample from the subject (*e.g.*, a blood sample, *e.g.*, a plasma sample).

10 In some embodiments of any of the methods disclosed herein, the therapy comprises a combination of an anti-TIM-3 antibody molecule described herein and a second inhibitor of an immune checkpoint molecule, *e.g.*, an inhibitor of PD-1 (*e.g.*, an anti-PD-1 antibody molecule) or an inhibitor of PD-L1 (*e.g.*, an anti-PD-L1 antibody molecule).

15 In some embodiments of any of the methods disclosed herein, the measure of one or more of (i)-(x) is obtained from a sample acquired from the subject. In some embodiments, the sample is chosen from a tumor sample, a blood sample (*e.g.*, a plasma sample or a PBMC sample), or a stool sample.

In some embodiments of any of the methods disclosed herein, the subject is evaluated prior to receiving, during, or after receiving, the therapy.

20 In some embodiments of any of the methods disclosed herein, the measure of one or more of (i)-(x) evaluates a profile for one or more of gene expression, flow cytometry or protein expression.

In some embodiments of any of the methods disclosed herein, the presence of an increased level or activity of one, two, three, four, five, or more (*e.g.*, all) of circulating CD8+, HLA-DR+Ki67+, T cells, IFN- γ , IL-18, or CXCL11 (IFN- γ induced CCK) expressing cells, and/or the presence of an
25 decreased level or activity of IL-6, in the subject or sample, is a positive predictor of the effectiveness of the therapy.

Alternatively, or in combination with the methods disclosed herein, responsive to said value, performing one, two, three, four or more (*e.g.*, all) of:

- 30 (i) administering to the subject the therapy;
(ii) administered an altered dosing of the therapy;
(iii) altering the schedule or time course of the therapy;
(iv) administering to the subject an additional agent (*e.g.*, a therapeutic agent described herein)
in combination with the therapy; or
(v) administering to the subject an alternative therapy.

35

Additional Embodiments

In certain embodiments, any of the methods disclosed herein further includes identifying in a subject or a sample (*e.g.*, a subject's sample comprising cancer cells and/or immune cells such as TILs) the presence of TIM-3, thereby providing a value for TIM-3. The method can further include
5 comparing the TIM-3 value to a reference value, *e.g.*, a control value. If the TIM-3 value is greater than the reference value, *e.g.*, the control value, administering a therapeutically effective amount of an anti-TIM-3 antibody molecule described herein to the subject, and optionally, in combination with a second therapeutic agent, procedure, or modality described herein, thereby treating a cancer.

In other embodiments, any of the methods disclosed herein further includes identifying in a
10 subject or a sample (*e.g.*, a subject's sample comprising cancer cells and/or immune cells such as TILs) the presence of PD-L1, thereby providing a value for PD-L1. The method can further include comparing the PD-L1 value to a reference value, *e.g.*, a control value. If the PD-L1 value is greater than the reference value, *e.g.*, the control value, administering a therapeutically effective amount of an anti-TIM-3 antibody molecule described herein to the subject, and optionally, in combination with a
15 second therapeutic agent, procedure, or modality described herein, thereby treating a cancer.

In other embodiments, any of the methods disclosed herein further includes identifying in a subject or a sample (*e.g.*, a subject's sample comprising cancer cells and optionally immune cells such as TILs) the presence of one, two or all of PD-L1, CD8, or IFN- γ , thereby providing a value for one, two or all of PD-L1, CD8, and IFN- γ . The method can further include comparing the PD-L1, CD8,
20 and/or IFN- γ values to a reference value, *e.g.*, a control value. If the PD-L1, CD8, and/or IFN- γ values are greater than the reference value, *e.g.*, the control values, administering a therapeutically effective amount of an anti-TIM-3 antibody molecule described herein to the subject, and optionally, in combination with a second therapeutic agent, procedure, or modality described herein, thereby treating a cancer.

The subject may have a cancer described herein, such as a solid tumor or a hematological cancer, *e.g.*, an ovarian cancer, a lung cancer (*e.g.*, a small cell lung cancer (SCLC) or a non-small cell lung cancer (NSCLC)), a mesothelioma, a skin cancer (*e.g.*, a Merkel cell carcinoma (MCC) or a melanoma), a kidney cancer (*e.g.*, a renal cell carcinoma), a bladder cancer, a soft tissue sarcoma (*e.g.*, a hemangiopericytoma (HPC)), a bone cancer (*e.g.*, a bone sarcoma), a colorectal cancer, a
30 pancreatic cancer, a nasopharyngeal cancer, a breast cancer, a duodenal cancer, an endometrial cancer, an adenocarcinoma (an unknown adenocarcinoma), a liver cancer (*e.g.*, a hepatocellular carcinoma), a cholangiocarcinoma, a sarcoma, a myelodysplastic syndrome (MDS) (*e.g.*, a high risk MDS), a leukemia (*e.g.*, an acute myeloid leukemia (AML), *e.g.*, a relapsed or refractory AML or a *de novo* AML), a lymphoma, or a myeloma.

All publications, patent applications, patents, and other references mentioned herein are incorporated by reference in their entirety.

Other features, objects, and advantages of the invention will be apparent from the description and drawings, and from the claims.

DETAILED DESCRIPTION

5 TIM-3 is constitutively expressed on multiple innate immune cells, *e.g.*, myeloid cells. The expression is induced on activated and regulatory T cells. The ligands for TIM-3 include, *e.g.*, PtdSer, CEACAM1, HMGB1, and Galectin-9. Anti-TIM-3 blockade can restore activity of effector cells, reduce suppressor activity of Tregs, and enhance anti-PD-1/PD-L1 antitumor and antiviral activity. Without wishing to be bound by theory, it is believed that in certain embodiments, an anti-
10 TIM-3 antibody molecule described herein can block the TIM-3/PtdSer interaction, increase inflammatory cytokine secretion from myeloid cells, enhance an *in vitro* MLR response, restore function to dysfunctional CD8+ T cells, and deprogram potent intratumoral Tregs, tumor-associated dendritic cells, and myeloid derived suppressor cells in combination with PD-1 blockade.

Accordingly, disclosed herein are, at least in part, are antibody molecules (*e.g.*, humanized
15 antibody molecules) that TIM-3 with high affinity and specificity. Pharmaceutical compositions and dose formulations comprising the anti-TIM-3 antibody molecules are also provided. The anti-TIM-3 antibody molecules disclosed herein can be used (alone or in combination with other therapeutic agents, procedures, or modalities) to treat or prevent disorders, such as cancerous disorders (*e.g.*, solid tumors and hematological cancers), as well as infectious diseases (*e.g.*, chronic infectious disorders or
20 sepsis). Thus, methods, including dosage regimens, for treating various disorders using the anti-TIM-3 antibody molecules are disclosed herein. In certain embodiments, the anti-TIM-3 antibody molecule is administered or used at a flat or fixed dose.

Definitions

25 Additional terms are defined below and throughout the application.

As used herein, the articles “a” and “an” refer to one or to more than one (*e.g.*, to at least one) of the grammatical object of the article.

The term “or” is used herein to mean, and is used interchangeably with, the term “and/or,” unless context clearly indicates otherwise.

30 “About” and “approximately” shall generally mean an acceptable degree of error for the quantity measured given the nature or precision of the measurements. Exemplary degrees of error are within 20 percent (%), typically, within 10%, and more typically, within 5% of a given value or range of values.

By “a combination” or “in combination with,” it is not intended to imply that the therapy or
35 the therapeutic agents must be administered at the same time and/or formulated for delivery together, although these methods of delivery are within the scope described herein. The therapeutic agents in the combination can be administered concurrently with, prior to, or subsequent to, one or more other

additional therapies or therapeutic agents. The therapeutic agents or therapeutic protocol can be administered in any order. In general, each agent will be administered at a dose and/or on a time schedule determined for that agent. In will further be appreciated that the additional therapeutic agent utilized in this combination may be administered together in a single composition or administered
5 separately in different compositions. In general, it is expected that additional therapeutic agents utilized in combination be utilized at levels that do not exceed the levels at which they are utilized individually. In some embodiments, the levels utilized in combination will be lower than those utilized individually.

In embodiments, the additional therapeutic agent is administered at a therapeutic or lower-
10 than therapeutic dose. In certain embodiments, the concentration of the second therapeutic agent that is required to achieve inhibition, *e.g.*, growth inhibition, is lower when the second therapeutic agent is administered in combination with the first therapeutic agent, *e.g.*, the anti-TIM-3 antibody molecule, than when the second therapeutic agent is administered individually. In certain embodiments, the concentration of the first therapeutic agent that is required to achieve inhibition, *e.g.*, growth
15 inhibition, is lower when the first therapeutic agent is administered in combination with the second therapeutic agent than when the first therapeutic agent is administered individually. In certain embodiments, in a combination therapy, the concentration of the second therapeutic agent that is required to achieve inhibition, *e.g.*, growth inhibition, is lower than the therapeutic dose of the second therapeutic agent as a monotherapy, *e.g.*, 10-20%, 20-30%, 30-40%, 40-50%, 50-60%, 60-70%, 70-
20 80%, or 80-90% lower. In certain embodiments, in a combination therapy, the concentration of the first therapeutic agent that is required to achieve inhibition, *e.g.*, growth inhibition, is lower than the therapeutic dose of the first therapeutic agent as a monotherapy, *e.g.*, 10-20%, 20-30%, 30-40%, 40-50%, 50-60%, 60-70%, 70-80%, or 80-90% lower.

The term “inhibition,” “inhibitor,” or “antagonist” includes a reduction in a certain parameter,
25 *e.g.*, an activity, of a given molecule, *e.g.*, an immune checkpoint inhibitor. For example, inhibition of an activity, *e.g.*, a PD-1 or PD-L1 activity, of at least 5%, 10%, 20%, 30%, 40% or more is included by this term. Thus, inhibition need not be 100%.

The term “activation,” “activator,” or “agonist” includes an increase in a certain parameter, *e.g.*, an activity, of a given molecule, *e.g.*, a costimulatory molecule. For example, increase of an
30 activity, *e.g.*, a costimulatory activity, of at least 5%, 10%, 25%, 50%, 75% or more is included by this term.

The term “anti-cancer effect” refers to a biological effect which can be manifested by various means, including but not limited to, *e.g.*, a decrease in tumor volume, a decrease in the number of cancer cells, a decrease in the number of metastases, an increase in life expectancy, decrease in cancer
35 cell proliferation, decrease in cancer cell survival, or amelioration of various physiological symptoms associated with the cancerous condition. An “anti-cancer effect” can also be manifested by the ability

of the peptides, polynucleotides, cells and antibodies in prevention of the occurrence of cancer in the first place.

The term “anti-tumor effect” refers to a biological effect which can be manifested by various means, including but not limited to, *e.g.*, a decrease in tumor volume, a decrease in the number of tumor cells, a decrease in tumor cell proliferation, or a decrease in tumor cell survival.

The term “cancer” refers to a disease characterized by the rapid and uncontrolled growth of aberrant cells. Cancer cells can spread locally or through the bloodstream and lymphatic system to other parts of the body. Examples of various cancers are described herein and include but are not limited to, solid tumors, *e.g.*, lung cancer, breast cancer, prostate cancer, ovarian cancer, cervical cancer, skin cancer, pancreatic cancer, colorectal cancer, renal cancer, liver cancer, and brain cancer, and hematologic malignancies, *e.g.*, lymphoma and leukemia, and the like. The terms “tumor” and “cancer” are used interchangeably herein, *e.g.*, both terms encompass solid and liquid, *e.g.*, diffuse or circulating, tumors. As used herein, the term “cancer” or “tumor” includes premalignant, as well as malignant cancers and tumors.

The term “antigen presenting cell” or “APC” refers to an immune system cell such as an accessory cell (*e.g.*, a B-cell, a dendritic cell, and the like) that displays a foreign antigen complexed with major histocompatibility complexes (MHC’s) on its surface. T-cells may recognize these complexes using their T-cell receptors (TCRs). APCs process antigens and present them to T-cells.

The term “costimulatory molecule” refers to the cognate binding partner on a T cell that specifically binds with a costimulatory ligand, thereby mediating a costimulatory response by the T cell, such as, but not limited to, proliferation. Costimulatory molecules are cell surface molecules other than antigen receptors or their ligands that are required for an efficient immune response. Costimulatory molecules include, but are not limited to, an MHC class I molecule, TNF receptor proteins, Immunoglobulin-like proteins, cytokine receptors, integrins, signalling lymphocytic activation molecules (SLAM proteins), activating NK cell receptors, BTLA, a Toll ligand receptor, OX40, CD2, CD7, CD27, CD28, CD30, CD40, CDS, ICAM-1, LFA-1 (CD11a/CD18), 4-1BB (CD137), B7-H3, CDS, ICAM-1, ICOS (CD278), GITR, BAFFR, LIGHT, HVEM (LIGHTR), KIRDS2, SLAMF7, NKp80 (KLRF1), NKp44, NKp30, NKp46, CD19, CD4, CD8alpha, CD8beta, IL2R beta, IL2R gamma, IL7R alpha, ITGA4, VLA1, CD49a, ITGA4, IA4, CD49D, ITGA6, VLA-6, CD49f, ITGAD, CD11d, ITGAE, CD103, ITGAL, CD11a, LFA-1, ITGAM, CD11b, ITGAX, CD11c, ITGB1, CD29, ITGB2, CD18, LFA-1, ITGB7, NKG2D, NKG2C, TNFR2, TRANCE/RANKL, DNAM1 (CD226), SLAMF4 (CD244, 2B4), CD84, CD96 (Tactile), CEACAM1, CRTAM, Ly9 (CD229), CD160 (BY55), PSGL1, CD100 (SEMA4D), CD69, SLAMF6 (NTB-A,

Ly108), SLAM (SLAMF1, CD150, IPO-3), BLAME (SLAMF8), SELPLG (CD162), LTBR, LAT, GADS, SLP-76, PAG/Cbp, CD19a, and a ligand that specifically binds with CD83.

“Immune effector cell,” or “effector cell” as that term is used herein, refers to a cell that is involved in an immune response, *e.g.*, in the promotion of an immune effector response. Examples of immune effector cells include T cells, *e.g.*, alpha/beta T cells and gamma/delta T cells, B cells, natural killer (NK) cells, natural killer T (NKT) cells, mast cells, and myeloid-derived phagocytes.

“Immune effector” or “effector” “function” or “response,” as that term is used herein, refers to function or response, *e.g.*, of an immune effector cell, that enhances or promotes an immune attack of a target cell. *E.g.*, an immune effector function or response refers a property of a T or NK cell that promotes killing or the inhibition of growth or proliferation, of a target cell. In the case of a T cell, primary stimulation and co-stimulation are examples of immune effector function or response.

The term “effector function” refers to a specialized function of a cell. Effector function of a T cell, for example, may be cytolytic activity or helper activity including the secretion of cytokines.

As used herein, the terms “treat,” “treatment” and “treating” refer to the reduction or amelioration of the progression, severity and/or duration of a disorder, *e.g.*, a proliferative disorder, or the amelioration of one or more symptoms (preferably, one or more discernible symptoms) of the disorder resulting from the administration of one or more therapies. In specific embodiments, the terms “treat,” “treatment” and “treating” refer to the amelioration of at least one measurable physical parameter of a proliferative disorder, such as growth of a tumor, not necessarily discernible by the patient. In other embodiments the terms “treat,” “treatment” and “treating” refer to the inhibition of the progression of a proliferative disorder, either physically by, *e.g.*, stabilization of a discernible symptom, physiologically by, *e.g.*, stabilization of a physical parameter, or both. In other embodiments the terms “treat,” “treatment” and “treating” refer to the reduction or stabilization of tumor size or cancerous cell count.

The compositions, formulations, and methods of the present invention encompass polypeptides and nucleic acids having the sequences specified, or sequences substantially identical or similar thereto, *e.g.*, sequences at least 85%, 90%, 95% identical or higher to the sequence specified. In the context of an amino acid sequence, the term “substantially identical” is used herein to refer to a first amino acid that contains a sufficient or minimum number of amino acid residues that are i) identical to, or ii) conservative substitutions of aligned amino acid residues in a second amino acid sequence such that the first and second amino acid sequences can have a common structural domain and/or common functional activity. For example, amino acid sequences that contain a common structural domain having at least about 85%, 90%, 91%, 92%, 93%, 94%, 95%, 96%, 97%, 98% or 99% identity to a reference sequence, *e.g.*, a sequence provided herein.

In the context of nucleotide sequence, the term “substantially identical” is used herein to refer to a first nucleic acid sequence that contains a sufficient or minimum number of nucleotides that are identical to aligned nucleotides in a second nucleic acid sequence such that the first and second

nucleotide sequences encode a polypeptide having common functional activity, or encode a common structural polypeptide domain or a common functional polypeptide activity. For example, nucleotide sequences having at least about 85%, 90%, 91%, 92%, 93%, 94%, 95%, 96%, 97%, 98% or 99% identity to a reference sequence, *e.g.*, a sequence provided herein.

5 The term “functional variant” refers to polypeptides that have a substantially identical amino acid sequence to the naturally-occurring sequence, or are encoded by a substantially identical nucleotide sequence, and are capable of having one or more activities of the naturally-occurring sequence.

10 Calculations of homology or sequence identity between sequences (the terms are used interchangeably herein) are performed as follows.

 To determine the percent identity of two amino acid sequences, or of two nucleic acid sequences, the sequences are aligned for optimal comparison purposes (*e.g.*, gaps can be introduced in one or both of a first and a second amino acid or nucleic acid sequence for optimal alignment and non-homologous sequences can be disregarded for comparison purposes). In a preferred embodiment, 15 the length of a reference sequence aligned for comparison purposes is at least 30%, preferably at least 40%, more preferably at least 50%, 60%, and even more preferably at least 70%, 80%, 90%, 100% of the length of the reference sequence. The amino acid residues or nucleotides at corresponding amino acid positions or nucleotide positions are then compared. When a position in the first sequence is occupied by the same amino acid residue or nucleotide as the corresponding position in the second 20 sequence, then the molecules are identical at that position (as used herein amino acid or nucleic acid “identity” is equivalent to amino acid or nucleic acid “homology”).

 The percent identity between the two sequences is a function of the number of identical positions shared by the sequences, taking into account the number of gaps, and the length of each gap, which need to be introduced for optimal alignment of the two sequences.

25 The comparison of sequences and determination of percent identity between two sequences can be accomplished using a mathematical algorithm. In a preferred embodiment, the percent identity between two amino acid sequences is determined using the Needleman and Wunsch ((1970) *J. Mol. Biol.* 48:444-453) algorithm which has been incorporated into the GAP program in the GCG software package (available at www.gcg.com), using either a Blossum 62 matrix or a PAM250 matrix, and a 30 gap weight of 16, 14, 12, 10, 8, 6, or 4 and a length weight of 1, 2, 3, 4, 5, or 6. In yet another preferred embodiment, the percent identity between two nucleotide sequences is determined using the GAP program in the GCG software package (available at www.gcg.com), using a NWSgapdna.CMP matrix and a gap weight of 40, 50, 60, 70, or 80 and a length weight of 1, 2, 3, 4, 5, or 6. A particularly preferred set of parameters (and the one that should be used unless otherwise specified) 35 are a Blossum 62 scoring matrix with a gap penalty of 12, a gap extend penalty of 4, and a frameshift gap penalty of 5.

The percent identity between two amino acid or nucleotide sequences can be determined using the algorithm of E. Meyers and W. Miller ((1989) *CABIOS*, 4:11-17) which has been incorporated into the ALIGN program (version 2.0), using a PAM120 weight residue table, a gap length penalty of 12 and a gap penalty of 4.

5 The nucleic acid and protein sequences described herein can be used as a "query sequence" to perform a search against public databases, for example, to identify other family members or related sequences. Such searches can be performed using the NBLAST and XBLAST programs (version 2.0) of Altschul, *et al.* (1990) *J. Mol. Biol.* 215:403-10. BLAST nucleotide searches can be performed with the NBLAST program, score = 100, wordlength = 12 to obtain nucleotide sequences homologous
10 to a nucleic acid (SEQ ID NO: 1) molecules of the invention. BLAST protein searches can be performed with the XBLAST program, score = 50, wordlength = 3 to obtain amino acid sequences homologous to protein molecules of the invention. To obtain gapped alignments for comparison purposes, Gapped BLAST can be utilized as described in Altschul *et al.*, (1997) *Nucleic Acids Res.* 25:3389-3402. When utilizing BLAST and Gapped BLAST programs, the default parameters of the
15 respective programs (*e.g.*, XBLAST and NBLAST) can be used. See www.ncbi.nlm.nih.gov.

As used herein, the term "hybridizes under low stringency, medium stringency, high stringency, or very high stringency conditions" describes conditions for hybridization and washing. Guidance for performing hybridization reactions can be found in *Current Protocols in Molecular Biology*, John Wiley & Sons, N.Y. (1989), 6.3.1-6.3.6, which is incorporated by reference. Aqueous
20 and nonaqueous methods are described in that reference and either can be used. Specific hybridization conditions referred to herein are as follows: 1) low stringency hybridization conditions in 6X sodium chloride/sodium citrate (SSC) at about 45°C, followed by two washes in 0.2X SSC, 0.1% SDS at least at 50°C (the temperature of the washes can be increased to 55°C for low stringency conditions); 2) medium stringency hybridization conditions in 6X SSC at about 45°C, followed by
25 one or more washes in 0.2X SSC, 0.1% SDS at 60°C; 3) high stringency hybridization conditions in 6X SSC at about 45°C, followed by one or more washes in 0.2X SSC, 0.1% SDS at 65°C; and preferably 4) very high stringency hybridization conditions are 0.5M sodium phosphate, 7% SDS at 65°C, followed by one or more washes at 0.2X SSC, 1% SDS at 65°C. Very high stringency conditions (4) are the preferred conditions and the ones that should be used unless otherwise specified.

30 It is understood that the molecules of the present invention may have additional conservative or non-essential amino acid substitutions, which do not have a substantial effect on their functions.

The term "amino acid" is intended to embrace all molecules, whether natural or synthetic, which include both an amino functionality and an acid functionality and capable of being included in a polymer of naturally-occurring amino acids. Exemplary amino acids include naturally-occurring
35 amino acids; analogs, derivatives and congeners thereof; amino acid analogs having variant side

chains; and all stereoisomers of any of any of the foregoing. As used herein the term "amino acid" includes both the D- or L- optical isomers and peptidomimetics.

A "conservative amino acid substitution" is one in which the amino acid residue is replaced with an amino acid residue having a similar side chain. Families of amino acid residues having similar side chains have been defined in the art. These families include amino acids with basic side chains (*e.g.*, lysine, arginine, histidine), acidic side chains (*e.g.*, aspartic acid, glutamic acid), uncharged polar side chains (*e.g.*, glycine, asparagine, glutamine, serine, threonine, tyrosine, cysteine), nonpolar side chains (*e.g.*, alanine, valine, leucine, isoleucine, proline, phenylalanine, methionine, tryptophan), beta-branched side chains (*e.g.*, threonine, valine, isoleucine) and aromatic side chains (*e.g.*, tyrosine, phenylalanine, tryptophan, histidine).

The terms "polypeptide," "peptide" and "protein" (if single chain) are used interchangeably herein to refer to polymers of amino acids of any length. The polymer may be linear or branched, it may comprise modified amino acids, and it may be interrupted by non-amino acids. The terms also encompass an amino acid polymer that has been modified; for example, disulfide bond formation, glycosylation, lipidation, acetylation, phosphorylation, or any other manipulation, such as conjugation with a labeling component. The polypeptide can be isolated from natural sources, can be a produced by recombinant techniques from a eukaryotic or prokaryotic host, or can be a product of synthetic procedures.

The terms "nucleic acid," "nucleic acid sequence," "nucleotide sequence," or "polynucleotide sequence," and "polynucleotide" are used interchangeably. They refer to a polymeric form of nucleotides of any length, either deoxyribonucleotides or ribonucleotides, or analogs thereof. The polynucleotide may be either single-stranded or double-stranded, and if single-stranded may be the coding strand or non-coding (antisense) strand. A polynucleotide may comprise modified nucleotides, such as methylated nucleotides and nucleotide analogs. The sequence of nucleotides may be interrupted by non-nucleotide components. A polynucleotide may be further modified after polymerization, such as by conjugation with a labeling component. The nucleic acid may be a recombinant polynucleotide, or a polynucleotide of genomic, cDNA, semisynthetic, or synthetic origin which either does not occur in nature or is linked to another polynucleotide in a nonnatural arrangement.

The term "isolated," as used herein, refers to material that is removed from its original or native environment (*e.g.*, the natural environment if it is naturally occurring). For example, a naturally-occurring polynucleotide or polypeptide present in a living animal is not isolated, but the same polynucleotide or polypeptide, separated by human intervention from some or all of the co-existing materials in the natural system, is isolated. Such polynucleotides could be part of a vector and/or such polynucleotides or polypeptides could be part of a composition, and still be isolated in that such vector or composition is not part of the environment in which it is found in nature.

Various aspects of the invention are described in further detail below. Additional definitions are set out throughout the specification.

Dosage Regimens

5 The anti-TIM-3 antibody molecules described herein can be administered according to a dosage regimen described herein to treat (*e.g.*, inhibit, reduce, ameliorate, or prevent) a disorder, *e.g.*, a hyperproliferative condition or disorder (*e.g.*, a cancer) in a subject. In certain embodiments, the anti-TIM-3 antibody molecule is administered to the subject at a dose of about 10 mg to about 2000 mg or about 20 mg to about 2000 mg, *e.g.*, once every two, three, four, six, or eight weeks.

10 In some embodiments, the anti-TIM-3 antibody molecule is administered at a dose that binds, *e.g.*, saturates, soluble TIM-3 in the subject. In some embodiments, the anti-TIM-3 antibody molecule is administered at a dose that results in at least 50%, 60%, 70%, 80%, 90%, 95%, or 98% binding, *e.g.*, saturation, of soluble TIM-3 in the subject, *e.g.*, within 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, or 12 weeks of administration.

15 In some embodiments, the anti-TIM-3 antibody molecule is administered at a dose that results in at least 50%, 60%, 70%, 80%, 90%, 95%, or 98% binding, *e.g.*, occupancy, of TIM-3 in a tumor in the subject, *e.g.*, within 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, or 12 weeks of administration.

In other embodiments, the anti-TIM-3 antibody molecule is administered at a dose that results in at least 50%, 60%, 70%, 80%, 90%, 95%, or 98% binding, *e.g.*, saturation, of soluble TIM-3 in the
20 subject; and that results in at least 50%, 60%, 70%, 80%, 90%, 95%, or 98% binding, *e.g.*, occupancy, of TIM-3 in a tumor in the subject. In embodiments, the saturation and/or occupancy occurs, *e.g.*, within 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, or 12 weeks of administration.

In some embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 10 mg to about 1800 mg, about 15 mg to about 1600 mg, about 20 mg to about 1400 mg, about 25 mg
25 to about 1200 mg, about 40 mg to about 1800 mg, about 60 mg to about 1600 mg, about 80 mg to about 1400 mg, about 100 mg to about 1200 mg, about 120 mg to about 1000 mg, about 140 mg to about 800 mg, about 160 mg to about 600 mg, about 180 mg to about 400 mg, about 200 mg to about 300 mg, about 220 mg to about 260 mg, about 40 mg to about 1600 mg, about 40 mg to about 1200 mg, 40 mg to about 1000 mg, 40 mg to about 800 mg, about 40 mg to about 600 mg, about 40 mg to
30 about 400 mg, about 40 mg to about 200 mg, about 40 mg to about 100 mg, about 40 mg to about 80 mg, about 1600 mg to about 1800 mg, about 1200 mg to about 1800 mg, about 1000 mg to about 1800 mg, about 800 mg to about 1800 mg, about 600 mg to about 1800 mg, about 400 mg to about 1800 mg, about 200 mg to about 1800 mg, about 100 mg to about 1800 mg, or about 80 to about 1800 mg, *e.g.*, once every two, three, or four weeks.

35 In some embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 10 mg to about 1800 mg, about 15 mg to about 1600 mg, about 20 mg to about 1400 mg, about 25 mg to about 1200 mg, about 40 mg to about 1800 mg, about 60 mg to about 1600 mg, about 80 mg to

about 1400 mg, about 100 mg to about 1200 mg, about 120 mg to about 1000 mg, about 140 mg to about 800 mg, about 160 mg to about 600 mg, about 180 mg to about 400 mg, about 200 mg to about 300 mg, about 220 mg to about 260 mg, about 40 mg to about 1600 mg, about 40 mg to about 1200 mg, 40 mg to about 1000 mg, 40 mg to about 800 mg, about 40 mg to about 600 mg, about 40 mg to about 400 mg, about 40 mg to about 200 mg, about 40 mg to about 100 mg, about 40 mg to about 80 mg, about 1600 mg to about 1800 mg, about 1200 mg to about 1800 mg, about 1000 mg to about 1800 mg, about 800 mg to about 1800 mg, about 600 mg to about 1800 mg, about 400 mg to about 1800 mg, about 200 mg to about 1800 mg, about 100 mg to about 1800 mg, or about 80 to about 1800 mg, *e.g.*, once every two weeks.

In some embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 10 mg to about 100 mg, 15 mg to about 95 mg, about 20 mg to about 90 mg, about 10 mg to about 80 mg, about 15 mg to about 75 mg, or about 10 mg to about 50 mg, *e.g.*, about 20 mg, *e.g.*, once every two or four weeks. In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 10 mg to about 50 mg, *e.g.*, about 20 mg, once every two weeks. In other embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 10 mg to about 50 mg, *e.g.*, about 20 mg, once every four weeks.

In some embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 40 mg to about 120 mg, 60 mg to about 100 mg, about 70 mg to about 90 mg, about 60 mg to about 80 mg, about 80 mg to about 100 mg, *e.g.*, about 60 mg, about 70 mg, about 80 mg, about 90 mg, or about 100 mg, *e.g.*, once every two or four weeks. In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 60 mg to about 100 mg, *e.g.*, about 80 mg, once every two weeks. In other embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 60 mg to about 100 mg, *e.g.*, about 80 mg, once every four weeks.

In some embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 200 mg to about 300 mg, about 220 mg to about 280 mg, about 230 mg and 250 mg, about 200 mg to about 240 mg, about 240 mg to about 260 mg, *e.g.*, about 200 mg, about 220 mg, about 240 mg, about 260 mg, about 280 mg, or about 300 mg, *e.g.*, once every two or four weeks. In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 220 mg to about 260 mg, *e.g.*, about 240 mg, once every two weeks. In other embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 220 mg to about 260 mg, *e.g.*, about 240 mg, once every four weeks.

In some embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 500 mg to about 1000 mg, about 550 mg to about 950 mg, about 600 mg to about 900 mg, about 650 mg to about 925, about 700 mg to about 900 mg, *e.g.*, about 700 mg, about 725 mg, about 750 mg, about 800 mg, about 825 mg, about 850 mg, or about 900 mg, *e.g.*, once every two or four weeks. In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 700 mg to about 900 mg, *e.g.*, about 800 mg, once every two weeks. In other embodiments, the anti-TIM-3

antibody molecule is administered at a dose of about 700 mg to about 900 mg, *e.g.*, about 800 mg, once every four weeks.

In some embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 900 mg to about 1500 mg, about 1000 mg to about 1400 mg, about 1100 mg and 1300 mg, about 1000 mg to about 1200, about 1200 mg to about 1400 mg, *e.g.*, about 1000 mg, about 1100 mg, about 1200 mg, about 1300 mg, about 1400 mg, or about 1500 mg, *e.g.*, once every two, three, or four weeks. In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 1000 mg to about 1400 mg, *e.g.*, about 1200 mg, once every two weeks. In other embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 1000 mg to about 1400 mg, *e.g.*, about 1200 mg, once every four weeks.

In some embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 20 mg to about 1200 mg, about 80 mg to about 800 mg, about 20 mg to about 800 mg, about 20 mg to about 240 mg, about 20 mg to about 80 mg, about 800 mg to about 1200 mg, about 240 mg to about 1200 mg, about 80 mg to about 1200 mg, about 80 to about 240 mg, about 240 mg to about 800 mg, once every two or four weeks.

In some embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 2000 mg or less, about 1900 mg or less, about 1800 mg or less, about 1700 mg or less, about 1600 mg or less, about 1500 mg or less, about 1400 mg or less, about 1300 mg or less, about 1200 mg or less, about 1100 mg or less, about 1000 mg or less, about 900 mg or less, about 800 mg or less, about 700 mg or less, about 600 mg or less, about 500 mg or less, about 400 mg or less, about 300 mg or less, about 250 mg or less, about 200 mg or less, about 150 mg or less, about 100 mg or less, about 50 mg or less, or about 25 mg or less, once every two or four weeks.

In some embodiments, the disorder is a cancer, *e.g.*, a cancer described herein. In certain embodiments, the cancer is a solid tumor. In some embodiments, the cancer is an ovarian cancer. In other embodiments, the cancer is a lung cancer, *e.g.*, a small cell lung cancer (SCLC) or a non-small cell lung cancer (NSCLC). In other embodiments, the cancer is a mesothelioma. In other embodiments, the cancer is a skin cancer, *e.g.*, a Merkel cell carcinoma or a melanoma. In other embodiments, the cancer is a kidney cancer, *e.g.*, a renal cell carcinoma. In other embodiments, the cancer is a bladder cancer. In other embodiments, the cancer is a soft tissue sarcoma, *e.g.*, a hemangiopericytoma (HPC). In other embodiments, the cancer is a bone cancer, *e.g.*, a bone sarcoma. In other embodiments, the cancer is a colorectal cancer. In other embodiments, the cancer is a pancreatic cancer. In other embodiments, the cancer is a nasopharyngeal cancer. In other embodiments, the cancer is a breast cancer. In other embodiments, the cancer is a duodenal cancer. In other embodiments, the cancer is an endometrial cancer. In other embodiments, the cancer is an adenocarcinoma, *e.g.*, an unknown adenocarcinoma. In other embodiments, the cancer is a liver cancer, *e.g.*, a hepatocellular carcinoma. In other embodiments, the cancer is a cholangiocarcinoma. In other embodiments, the cancer is a sarcoma. In certain embodiments, the cancer is a

myelodysplastic syndrome (MDS) (*e.g.*, a high risk MDS). In other embodiments, the cancer is a leukemia (*e.g.*, an acute myeloid leukemia (AML), *e.g.*, a relapsed or refractory AML or a *de novo* AML). In other embodiments, the cancer is a lymphoma. In other embodiments, the cancer is a myeloma. In other embodiments, the cancer is an MSI-high cancer. In some embodiments, the cancer is a metastatic cancer. In other embodiments, the cancer is an advanced cancer. In other
 5 embodiments, the cancer is a relapsed or refractory cancer.

In one embodiment, the cancer is a Merkel cell carcinoma. In other embodiments, the cancer is a melanoma. In other embodiments, the cancer is a breast cancer, *e.g.*, a triple negative breast cancer (TNBC) or a HER2-negative breast cancer. In other embodiments, the cancer is a renal cell
 10 carcinoma (*e.g.*, a clear cell renal cell carcinoma (CCRCC) or a non-clear cell renal cell carcinoma (nccRCC)). In other embodiments, the cancer is a thyroid cancer, *e.g.*, an anaplastic thyroid carcinoma (ATC). In other embodiments, the cancer is a neuroendocrine tumor (NET), *e.g.*, an atypical pulmonary carcinoid tumor or an NET in pancreas, gastrointestinal (GI) tract, or lung. In certain embodiments, the cancer is a non-small cell lung cancer (NSCLC) (*e.g.*, a squamous NSCLC
 15 or a non-squamous NSCLC). In certain embodiments, the cancer is a fallopian tube cancer. In certain embodiments, the cancer is a microsatellite instability-high colorectal cancer (MSI-high CRC) or a microsatellite stable colorectal cancer (MSS CRC).

In some embodiments, the anti-TIM-3 antibody molecule is administered in combination with an anti-PD-1 antibody molecule (*e.g.*, an anti-PD-1 antibody molecule described herein). The anti-
 20 PD-1 antibody molecule can be administered with or without a hypomethylating agent (*e.g.*, decitabine). In certain embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks or about 200 mg to about 400 mg (*e.g.*, about 300 mg) once every three weeks. In some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every
 25 four weeks. In some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 200 mg to about 400 mg (*e.g.*, about 300 mg) once every three weeks. In some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every eight weeks.

In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about
 30 200 mg to 300 mg (*e.g.*, about 240 mg) once every four weeks and the anti-PD-1 antibody molecule is administered at a dose of about 200 mg to about 300 mg (*e.g.*, about 240 mg) once every four weeks. In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 200 mg to 300 mg (*e.g.*, about 240 mg) once every four weeks and the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks.
 35 In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 500 mg to 1000 mg (*e.g.*, about 800 mg) once every four weeks and the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks.

In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 1000 mg to 1500 mg (*e.g.*, about 1200 mg) once every four weeks and the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks.

5 In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 10 mg to about 50 mg (*e.g.*, about 20 mg) once every two weeks and the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every eight weeks.

10 In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 10 mg to about 50 mg (*e.g.*, about 20 mg) once every two weeks and the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks.

15 In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 50 mg to about 100 mg (*e.g.*, about 80 mg) once every two weeks and the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks.

In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 200 mg to about 300 mg (*e.g.*, about 240 mg) once every two weeks and the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks.

20 In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 500 mg to about 1000 mg (*e.g.*, about 800 mg) once every two weeks and the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks.

25 In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 10 mg to 30 mg (*e.g.*, about 20 mg) once every two weeks and the anti-PD-1 antibody molecule is administered at a dose of about 50 mg to about 100 mg (*e.g.*, about 80 mg) once every two weeks.

In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 50 mg to 100 mg (*e.g.*, about 80 mg) once every two weeks and the anti-PD-1 antibody molecule is administered at a dose of about 50 mg to about 100 mg (*e.g.*, about 80 mg) once every two weeks. In
30 certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 50 mg to 100 mg (*e.g.*, about 80 mg) once every four weeks and the anti-PD-1 antibody molecule is administered at a dose of about 50 mg to about 100 mg (*e.g.*, about 80 mg) once every four weeks.

In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 200 mg to 300 mg (*e.g.*, about 240 mg) once every two weeks and the anti-PD-1 antibody molecule is administered at a dose of about 50 mg to about 100 mg (*e.g.*, about 80 mg) once every two weeks. In
35 certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 200 mg to

300 mg (*e.g.*, about 240 mg) once every four weeks and the anti-PD-1 antibody molecule is administered at a dose of about 50 mg to about 100 mg (*e.g.*, about 80 mg) once every four weeks.

In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 200 mg to 300 mg (*e.g.*, about 240 mg) once every two weeks and the anti-PD-1 antibody molecule is administered at a dose of about 200 mg to about 300 mg (*e.g.*, about 240 mg) once every two weeks.

In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 500 mg to 1000 mg (*e.g.*, about 800 mg) once every two weeks and the anti-PD-1 antibody molecule is administered at a dose of about 50 mg to about 100 mg (*e.g.*, about 80 mg) once every two weeks.

In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 500 mg to 1000 mg (*e.g.*, about 800 mg) once every two weeks and the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 240 mg) once every two weeks.

In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 200 mg to 300 mg (*e.g.*, about 240 mg) once every four weeks and the anti-PD-1 antibody molecule is administered at a dose of about 200 mg to about 300 mg (*e.g.*, about 240 mg) once every four weeks.

In some embodiments, the anti-TIM-3 antibody molecule is administered in combination with a hypomethylating agent. In certain embodiments, the hypomethylating agent is decitabine. In other embodiments, the hypomethylating agent is azacitidine.

In some embodiments, the anti-TIM-3 antibody molecule is administered in combination with decitabine (5-aza-2'-deoxycytidine). In certain embodiments, decitabine is administered at a dose of about 5 mg/m² to about 60 mg/m², *e.g.*, 10 mg/m² to about 50 mg/m², 15 mg/m² to about 40 mg/m², about 20 mg/m² to about 30 mg/m², about 10 mg/m² to about 30 mg/m², about 15 mg/m² to about 25 mg/m², about 10 mg/m² to about 20 mg/m², about 20 mg/m² to about 30 mg/m², about 30 mg/m² to about 40 mg/m², about 40 mg/m² to about 50 mg/m², or about 50 mg/m² to about 60 mg/m², *e.g.*, every two weeks, every four weeks, every six weeks, or every eight weeks. For example, decitabine can be administered on one or more days of a 28-day cycle.

In some embodiments, decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks. In some embodiments, decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1 and 2. In some embodiments, decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1-3. In some embodiments, decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1-4. In some embodiments, decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1-5. In some embodiments, decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1-6. In some

embodiments, decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1-7.

In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 50 mg to about 100 mg (*e.g.*, about 80 mg) once every two weeks and decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1-5.

In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 200 mg to about 300 mg (*e.g.*, about 240 mg) once every two weeks and decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1-5.

In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 500 mg to about 1000 mg (*e.g.*, about 800 mg) once every two weeks and decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1-5.

In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 1000 mg to 1500 mg (*e.g.*, about 1200 mg) once every two weeks and decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1-5.

In some embodiments, the anti-TIM-3 antibody molecule is administered in combination with an anti-PD-1 antibody molecule (*e.g.*, an anti-PD-1 antibody molecule described herein) and decitabine (5-aza-2'-deoxycytidine). In some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks and decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) once every four weeks. In some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks and decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1 and 2. In some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks and decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1-3. In some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks and decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1-4. In some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks and decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1-5. In

some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks and decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1-6. In some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks and decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1-7.

In some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every eight weeks and decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) once every four weeks. In some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every eight weeks and decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1 and 2. In some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every eight weeks and decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1-3. In some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every eight weeks and decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1-4. In some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every eight weeks and decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1-5. In some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every eight weeks and decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1-6. In some embodiments, the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every eight weeks and decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1-7.

In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 10 mg to about 30 mg (*e.g.*, about 20 mg) once every two weeks, the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every eight weeks, and decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1-5.

In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 10 mg to about 30 mg (*e.g.*, about 20 mg) once every two weeks, the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks, and decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1-5.

In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 50 mg to about 100 mg (*e.g.*, about 80 mg) once every two weeks, the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks, and decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1-5.

In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 200 mg to about 300 mg (*e.g.*, about 240 mg) once every two weeks, the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks, and decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1-5.

In certain embodiments, the anti-TIM-3 antibody molecule is administered at a dose of about 500 mg to about 1000 mg (*e.g.*, about 800 mg) once every two weeks, the anti-PD-1 antibody molecule is administered at a dose of about 300 mg to about 500 mg (*e.g.*, about 400 mg) once every four weeks, and decitabine is administered at a dose of about 10 mg/m² to about 60 mg/m² (*e.g.*, about 10 mg/m² to about 30 mg/m² or about 20 mg/m²) every four weeks, *e.g.*, on days 1-5.

In certain embodiments, the anti-TIM-3 antibody molecule is ABTIM3-hum11 and the anti-PD-1 antibody molecule is PDR001. In certain embodiments, the anti-TIM-3 antibody molecule is ABTIM3-hum03 and the anti-PD-1 antibody molecule is PDR001.

In certain embodiments, the anti-TIM-3 antibody molecule is ABTIM3-hum11 and the hypomethylating agent is decitabine. In certain embodiments, the anti-TIM-3 antibody molecule is ABTIM3-hum03 and the hypomethylating agent is decitabine.

In certain embodiments, the anti-TIM-3 antibody molecule is ABTIM3-hum11, the anti-PD-1 antibody molecule is PDR001, and the hypomethylating agent is decitabine. In certain embodiments, the anti-TIM-3 antibody molecule is ABTIM3-hum03, the anti-PD-1 antibody molecule is PDR001, and the hypomethylating agent is decitabine.

Antibody Molecules

Disclosed herein methods, compositions, and formulations that include an antibody molecule that binds to a mammalian, *e.g.*, human, TIM-3. For example, the antibody molecule binds specifically to an epitope, *e.g.*, linear or conformational epitope, (*e.g.*, an epitope as described herein) on TIM-3.

As used herein, the term “antibody molecule” refers to a protein, *e.g.*, an immunoglobulin chain or fragment thereof, comprising at least one immunoglobulin variable domain sequence. The term “antibody molecule” includes, for example, a monoclonal antibody (including a full length antibody which has an immunoglobulin Fc region). In an embodiment, an antibody molecule
5 comprises a full length antibody, or a full length immunoglobulin chain. In an embodiment, an antibody molecule comprises an antigen binding or functional fragment of a full length antibody, or a full length immunoglobulin chain. In an embodiment, an antibody molecule is a multispecific antibody molecule, *e.g.*, it comprises a plurality of immunoglobulin variable domain sequences, wherein a first immunoglobulin variable domain sequence of the plurality has binding specificity for a
10 first epitope and a second immunoglobulin variable domain sequence of the plurality has binding specificity for a second epitope. In an embodiment, a multispecific antibody molecule is a bispecific antibody molecule.

In an embodiment, an antibody molecule is a monospecific antibody molecule and binds a single epitope. For example, a monospecific antibody molecule can have a plurality of
15 immunoglobulin variable domain sequences, each of which binds the same epitope.

In an embodiment, an antibody molecule is a multispecific antibody molecule, *e.g.*, it comprises a plurality of immunoglobulin variable domains sequences, wherein a first immunoglobulin variable domain sequence of the plurality has binding specificity for a first epitope and a second immunoglobulin variable domain sequence of the plurality has binding specificity for a second
20 epitope. In an embodiment, the first and second epitopes are on the same antigen, *e.g.*, the same protein (or subunit of a multimeric protein). In an embodiment, the first and second epitopes overlap. In an embodiment, the first and second epitopes do not overlap. In an embodiment, the first and second epitopes are on different antigens, *e.g.*, the different proteins (or different subunits of a multimeric protein). In an embodiment, a multispecific antibody molecule comprises a third, fourth
25 or fifth immunoglobulin variable domain. In an embodiment, a multispecific antibody molecule is a bispecific antibody molecule, a trispecific antibody molecule, or tetraspecific antibody molecule,

In an embodiment, a multispecific antibody molecule is a bispecific antibody molecule. A bispecific antibody has specificity for no more than two antigens. A bispecific antibody molecule is characterized by a first immunoglobulin variable domain sequence which has binding specificity for a
30 first epitope and a second immunoglobulin variable domain sequence that has binding specificity for a second epitope. In an embodiment, the first and second epitopes are on the same antigen, *e.g.*, the same protein (or subunit of a multimeric protein). In an embodiment, the first and second epitopes overlap. In an embodiment the first and second epitopes do not overlap. In an embodiment, the first and second epitopes are on different antigens, *e.g.*, the different proteins (or different subunits of a
35 multimeric protein). In an embodiment, a bispecific antibody molecule comprises a heavy chain variable domain sequence and a light chain variable domain sequence which have binding specificity for a first epitope and a heavy chain variable domain sequence and a light chain variable domain

sequence which have binding specificity for a second epitope. In an embodiment, a bispecific antibody molecule comprises a half antibody having binding specificity for a first epitope and a half antibody having binding specificity for a second epitope. In an embodiment, a bispecific antibody molecule comprises a half antibody, or fragment thereof, having binding specificity for a first epitope and a half antibody, or fragment thereof, having binding specificity for a second epitope. In an embodiment, a bispecific antibody molecule comprises a scFv, or fragment thereof, have binding specificity for a first epitope and a scFv, or fragment thereof, have binding specificity for a second epitope. In an embodiment, the first epitope is located on TIM-3 and the second epitope is located on a PD-1, LAG-3, CEACAM (*e.g.*, CEACAM-1 and/or CEACAM-5), PD-L1, or PD-L2.

Protocols for generating multi-specific (*e.g.*, bispecific or trispecific) or heterodimeric antibody molecules are known in the art; including but not limited to, for example, the “knob in a hole” approach described in, *e.g.*, US 5,731,168; the electrostatic steering Fc pairing as described in, *e.g.*, WO 09/089004, WO 06/106905 and WO 2010/129304; Strand Exchange Engineered Domains (SEED) heterodimer formation as described in, *e.g.*, WO 07/110205; Fab arm exchange as described in, *e.g.*, WO 08/119353, WO 2011/131746, and WO 2013/060867; double antibody conjugate, *e.g.*, by antibody cross-linking to generate a bi-specific structure using a heterobifunctional reagent having an amine-reactive group and a sulfhydryl reactive group as described in, *e.g.*, US 4,433,059; bispecific antibody determinants generated by recombining half antibodies (heavy-light chain pairs or Fabs) from different antibodies through cycle of reduction and oxidation of disulfide bonds between the two heavy chains, as described in, *e.g.*, US 4,444,878; trifunctional antibodies, *e.g.*, three Fab' fragments cross-linked through sulfhydryl reactive groups, as described in, *e.g.*, US 5,273,743; biosynthetic binding proteins, *e.g.*, pair of scFvs cross-linked through C-terminal tails preferably through disulfide or amine-reactive chemical cross-linking, as described in, *e.g.*, US 5,534,254; bifunctional antibodies, *e.g.*, Fab fragments with different binding specificities dimerized through leucine zippers (*e.g.*, c-fos and c-jun) that have replaced the constant domain, as described in, *e.g.*, US 5,582,996; bispecific and oligospecific mono-and oligovalent receptors, *e.g.*, VH-CH1 regions of two antibodies (two Fab fragments) linked through a polypeptide spacer between the CH1 region of one antibody and the VH region of the other antibody typically with associated light chains, as described in, *e.g.*, US 5,591,828; bispecific DNA-antibody conjugates, *e.g.*, crosslinking of antibodies or Fab fragments through a double stranded piece of DNA, as described in, *e.g.*, US 5,635,602; bispecific fusion proteins, *e.g.*, an expression construct containing two scFvs with a hydrophilic helical peptide linker between them and a full constant region, as described in, *e.g.*, US 5,637,481; multivalent and multispecific binding proteins, *e.g.*, dimer of polypeptides having first domain with binding region of Ig heavy chain variable region, and second domain with binding region of Ig light chain variable region, generally termed diabodies (higher order structures are also disclosed creating bispecific, trispecific, or tetraspecific molecules, as described in, *e.g.*, US 5,837,242; minibody constructs with linked VL and VH chains further connected with peptide spacers to an antibody hinge region and

CH3 region, which can be dimerized to form bispecific/multivalent molecules, as described in, *e.g.*, US 5,837,821; VH and VL domains linked with a short peptide linker (*e.g.*, 5 or 10 amino acids) or no linker at all in either orientation, which can form dimers to form bispecific diabodies; trimers and tetramers, as described in, *e.g.*, US 5,844,094; String of VH domains (or VL domains in family members) connected by peptide linkages with crosslinkable groups at the C-terminus further associated with VL domains to form a series of FVs (or scFvs), as described in, *e.g.*, US 5,864,019; and single chain binding polypeptides with both a VH and a VL domain linked through a peptide linker are combined into multivalent structures through non-covalent or chemical crosslinking to form, *e.g.*, homobivalent, heterobivalent, trivalent, and tetravalent structures using both scFV or diabody type format, as described in, *e.g.*, US 5,869,620. Additional exemplary multispecific and bispecific molecules and methods of making the same are found, for example, in US 5,910,573, US 5,932,448, US 5,959,083, US 5,989,830, US 6,005,079, US 6,239,259, US 6,294,353, US 6,333,396, US 6,476,198, US 6,511,663, US 6,670,453, US 6,743,896, US 6,809,185, US 6,833,441, US 7,129,330, US 7,183,076, US 7,521,056, US 7,527,787, US 7,534,866, US 7,612,181, US 2002/004587A1, US 2002/076406A1, US 2002/103345A1, US 2003/207346A1, US 2003/211078A1, US 2004/219643A1, US 2004/220388A1, US 2004/242847A1, US 2005/003403A1, US 2005/004352A1, US 2005/069552A1, US 2005/079170A1, US 2005/100543A1, US 2005/136049A1, US 2005/136051A1, US 2005/163782A1, US 2005/266425A1, US 2006/083747A1, US 2006/120960A1, US 2006/204493A1, US 2006/263367A1, US 2007/004909A1, US 2007/087381A1, US 2007/128150A1, US 2007/141049A1, US 2007/154901A1, US 2007/274985A1, US 2008/050370A1, US 2008/069820A1, US 2008/152645A1, US 2008/171855A1, US 2008/241884A1, US 2008/254512A1, US 2008/260738A1, US 2009/130106A1, US 2009/148905A1, US 2009/155275A1, US 2009/162359A1, US 2009/162360A1, US 2009/175851A1, US 2009/175867A1, US 2009/232811A1, US 2009/234105A1, US 2009/263392A1, US 2009/274649A1, EP 346087A2, WO 00/06605A2, WO 02/072635A2, WO 04/081051A1, WO 06/020258A2, WO 2007/044887A2, WO 2007/095338A2, WO 2007/137760A2, WO 2008/119353A1, WO 2009/021754A2, WO 2009/068630A1, WO 91/03493A1, WO 93/23537A1, WO 94/09131A1, WO 94/12625A2, WO 95/09917A1, WO 96/37621A2, WO 99/64460A1. The contents of the above-referenced applications are incorporated herein by reference in their entireties.

In other embodiments, the anti-TIM-3 antibody molecule (*e.g.*, a monospecific, bispecific, or multispecific antibody molecule) is covalently linked, *e.g.*, fused, to another partner *e.g.*, a protein *e.g.*, one, two or more cytokines, *e.g.*, as a fusion molecule for example a fusion protein. In other embodiments, the fusion molecule comprises one or more proteins, *e.g.*, one, two or more cytokines. In one embodiment, the cytokine is an interleukin (IL) chosen from one, two, three or more of IL-1, IL-2, IL-12, IL-15 or IL-21. In one embodiment, a bispecific antibody molecule has a first binding specificity to a first target (*e.g.*, to PD-1), a second binding specificity to a second target (*e.g.*, LAG-3

or TIM-3), and is optionally linked to an interleukin (*e.g.*, IL-12) domain *e.g.*, full length IL-12 or a portion thereof.

A “fusion protein” and a “fusion polypeptide” refer to a polypeptide having at least two portions covalently linked together, where each of the portions is a polypeptide having a different property. The property may be a biological property, such as activity *in vitro* or *in vivo*. The property can also be simple chemical or physical property, such as binding to a target molecule, catalysis of a reaction, etc. The two portions can be linked directly by a single peptide bond or through a peptide linker, but are in reading frame with each other.

In an embodiment, an antibody molecule comprises a diabody, and a single-chain molecule, as well as an antigen-binding fragment of an antibody (*e.g.*, Fab, F(ab')₂, and Fv). For example, an antibody molecule can include a heavy (H) chain variable domain sequence (abbreviated herein as VH), and a light (L) chain variable domain sequence (abbreviated herein as VL). In an embodiment an antibody molecule comprises or consists of a heavy chain and a light chain (referred to herein as a half antibody). In another example, an antibody molecule includes two heavy (H) chain variable domain sequences and two light (L) chain variable domain sequence, thereby forming two antigen binding sites, such as Fab, Fab', F(ab')₂, Fc, Fd, Fd', Fv, single chain antibodies (scFv for example), single variable domain antibodies, diabodies (Dab) (bivalent and bispecific), and chimeric (*e.g.*, humanized) antibodies, which may be produced by the modification of whole antibodies or those synthesized *de novo* using recombinant DNA technologies. These functional antibody fragments retain the ability to selectively bind with their respective antigen or receptor. Antibodies and antibody fragments can be from any class of antibodies including, but not limited to, IgG, IgA, IgM, IgD, and IgE, and from any subclass (*e.g.*, IgG1, IgG2, IgG3, and IgG4) of antibodies. The preparation of antibody molecules can be monoclonal or polyclonal. An antibody molecule can also be a human, humanized, CDR-grafted, or *in vitro* generated antibody. The antibody can have a heavy chain constant region chosen from, *e.g.*, IgG1, IgG2, IgG3, or IgG4. The antibody can also have a light chain chosen from, *e.g.*, kappa or lambda. The term “immunoglobulin” (Ig) is used interchangeably with the term “antibody” herein.

Examples of antigen-binding fragments of an antibody molecule include: (i) a Fab fragment, a monovalent fragment consisting of the VL, VH, CL and CH1 domains; (ii) a F(ab')₂ fragment, a bivalent fragment comprising two Fab fragments linked by a disulfide bridge at the hinge region; (iii) a Fd fragment consisting of the VH and CH1 domains; (iv) a Fv fragment consisting of the VL and VH domains of a single arm of an antibody, (v) a diabody (dAb) fragment, which consists of a VH domain; (vi) a camelid or camelized variable domain; (vii) a single chain Fv (scFv), *see e.g.*, Bird *et al.* (1988) *Science* 242:423-426; and Huston *et al.* (1988) *Proc. Natl. Acad. Sci. USA* 85:5879-5883; (viii) a single domain antibody. These antibody fragments are obtained using conventional techniques known to those with skill in the art, and the fragments are screened for utility in the same manner as are intact antibodies.

The term “antibody” includes intact molecules as well as functional fragments thereof. Constant regions of the antibodies can be altered, *e.g.*, mutated, to modify the properties of the antibody (*e.g.*, to increase or decrease one or more of: Fc receptor binding, antibody glycosylation, the number of cysteine residues, effector cell function, or complement function).

Antibody molecules can also be single domain antibodies. Single domain antibodies can include antibodies whose complementary determining regions are part of a single domain polypeptide. Examples include, but are not limited to, heavy chain antibodies, antibodies naturally devoid of light chains, single domain antibodies derived from conventional 4-chain antibodies, engineered antibodies and single domain scaffolds other than those derived from antibodies. Single domain antibodies may be any of the art, or any future single domain antibodies. Single domain antibodies may be derived from any species including, but not limited to mouse, human, camel, llama, fish, shark, goat, rabbit, and bovine. According to another aspect of the invention, a single domain antibody is a naturally occurring single domain antibody known as heavy chain antibody devoid of light chains. Such single domain antibodies are disclosed in WO 94/04678, for example. For clarity reasons, this variable domain derived from a heavy chain antibody naturally devoid of light chain is known herein as a VHH or nanobody to distinguish it from the conventional VH of four chain immunoglobulins. Such a VHH molecule can be derived from antibodies raised in *Camelidae* species, for example in camel, llama, dromedary, alpaca and guanaco. Other species besides *Camelidae* may produce heavy chain antibodies naturally devoid of light chain; such VHHs are within the scope of the invention.

The VH and VL regions can be subdivided into regions of hypervariability, termed “complementarity determining regions” (CDR), interspersed with regions that are more conserved, termed “framework regions” (FR or FW).

The extent of the framework region and CDRs has been precisely defined by a number of methods (*see*, Kabat, E. A., *et al.* (1991) Sequences of Proteins of Immunological Interest, Fifth Edition, U.S. Department of Health and Human Services, NIH Publication No. 91-3242; Chothia, C. *et al.* (1987) *J. Mol. Biol.* 196:901-917; and the AbM definition used by Oxford Molecular’s AbM antibody modeling software. *See*, generally, *e.g.*, *Protein Sequence and Structure Analysis of Antibody Variable Domains*. In: Antibody Engineering Lab Manual (Ed.: Duebel, S. and Kontermann, R., Springer-Verlag, Heidelberg).

The terms “complementarity determining region,” and “CDR,” as used herein refer to the sequences of amino acids within antibody variable regions which confer antigen specificity and binding affinity. In general, there are three CDRs in each heavy chain variable region (HCDR1, HCDR2, and HCDR3) and three CDRs in each light chain variable region (LCDR1, LCDR2, and LCDR3).

The precise amino acid sequence boundaries of a given CDR can be determined using any of a number of well-known schemes, including those described by Kabat *et al.* (1991), “Sequences of Proteins of Immunological Interest,” 5th Ed. Public Health Service, National Institutes of Health,

Bethesda, MD (“Kabat” numbering scheme), Al-Lazikani *et al.*, (1997) *JMB* 273,927-948 (“Chothia” numbering scheme). As used herein, the CDRs defined according the “Chothia” number scheme are also sometimes referred to as “hypervariable loops.”

For example, under Kabat, the CDR amino acid residues in the heavy chain variable domain (VH) are numbered 31-35 (HCDR1), 50-65 (HCDR2), and 95-102 (HCDR3); and the CDR amino acid residues in the light chain variable domain (VL) are numbered 24-34 (LCDR1), 50-56 (LCDR2), and 89-97 (LCDR3). Under Chothia the CDR amino acids in the VH are numbered 26-32 (HCDR1), 52-56 (HCDR2), and 95-102 (HCDR3); and the amino acid residues in VL are numbered 26-32 (LCDR1), 50-52 (LCDR2), and 91-96 (LCDR3). By combining the CDR definitions of both Kabat and Chothia, the CDRs consist of amino acid residues 26-35 (HCDR1), 50-65 (HCDR2), and 95-102 (HCDR3) in human VH and amino acid residues 24-34 (LCDR1), 50-56 (LCDR2), and 89-97 (LCDR3) in human VL.

Generally, unless specifically indicated, the anti-PD-1 antibody molecules can include any combination of one or more Kabat CDRs and/or Chothia hypervariable loops, *e.g.*, described in Table 1. In one embodiment, the following definitions are used for the anti-PD-1 antibody molecules described in Table 1: HCDR1 according to the combined CDR definitions of both Kabat and Chothia, and HCCDRs 2-3 and LCCDRs 1-3 according the CDR definition of Kabat. Under all definitions, each VH and VL typically includes three CDRs and four FRs, arranged from amino-terminus to carboxy-terminus in the following order: FR1, CDR1, FR2, CDR2, FR3, CDR3, FR4.

As used herein, an “immunoglobulin variable domain sequence” refers to an amino acid sequence which can form the structure of an immunoglobulin variable domain. For example, the sequence may include all or part of the amino acid sequence of a naturally-occurring variable domain. For example, the sequence may or may not include one, two, or more N- or C-terminal amino acids, or may include other alterations that are compatible with formation of the protein structure.

The term “antigen-binding site” refers to the part of an antibody molecule that comprises determinants that form an interface that binds to the PD-1 polypeptide, or an epitope thereof. With respect to proteins (or protein mimetics), the antigen-binding site typically includes one or more loops (of at least four amino acids or amino acid mimics) that form an interface that binds to the PD-1 polypeptide. Typically, the antigen-binding site of an antibody molecule includes at least one or two CDRs and/or hypervariable loops, or more typically at least three, four, five or six CDRs and/or hypervariable loops.

The terms “compete” or “cross-compete” are used interchangeably herein to refer to the ability of an antibody molecule to interfere with binding of an anti-PD-1 antibody molecule, *e.g.*, an anti-PD-1 antibody molecule provided herein, to a target, *e.g.*, human PD-1. The interference with binding can be direct or indirect (*e.g.*, through an allosteric modulation of the antibody molecule or the target). The extent to which an antibody molecule is able to interfere with the binding of another antibody molecule to the target, and therefore whether it can be said to compete, can be determined

using a competition binding assay, for example, a FACS assay, an ELISA or BIACORE assay. In some embodiments, a competition binding assay is a quantitative competition assay. In some embodiments, a first anti-TIM-3 antibody molecule is said to compete for binding to the target with a second anti-TIM-3 antibody molecule when the binding of the first antibody molecule to the target is reduced by 10% or more, *e.g.*, 20% or more, 30% or more, 40% or more, 50% or more, 55% or more, 60% or more, 65% or more, 70% or more, 75% or more, 80% or more, 85% or more, 90% or more, 95% or more, 98% or more, 99% or more in a competition binding assay (*e.g.*, a competition assay described herein).

The terms “monoclonal antibody” or “monoclonal antibody composition” as used herein refer to a preparation of antibody molecules of single molecular composition. A monoclonal antibody composition displays a single binding specificity and affinity for a particular epitope. A monoclonal antibody can be made by hybridoma technology or by methods that do not use hybridoma technology (*e.g.*, recombinant methods).

An “effectively human” protein is a protein that does not evoke a neutralizing antibody response, *e.g.*, the human anti-murine antibody (HAMA) response. HAMA can be problematic in a number of circumstances, *e.g.*, if the antibody molecule is administered repeatedly, *e.g.*, in treatment of a chronic or recurrent disease condition. A HAMA response can make repeated antibody administration potentially ineffective because of an increased antibody clearance from the serum (*see e.g.*, Saleh *et al.*, *Cancer Immunol. Immunother.* 32:180-190 (1990)) and also because of potential allergic reactions (*see e.g.*, LoBuglio *et al.*, *Hybridoma*, 5:5117-5123 (1986)).

The antibody molecule can be a polyclonal or a monoclonal antibody. In other embodiments, the antibody can be recombinantly produced, *e.g.*, produced by phage display or by combinatorial methods.

Phage display and combinatorial methods for generating antibodies are known in the art (as described in, *e.g.*, Ladner *et al.* U.S. Patent No. 5,223,409; Kang *et al.* International Publication No. WO 92/18619; Dower *et al.* International Publication No. WO 91/17271; Winter *et al.* International Publication WO 92/20791; Markland *et al.* International Publication No. WO 92/15679; Breitling *et al.* International Publication WO 93/01288; McCafferty *et al.* International Publication No. WO 92/01047; Garrard *et al.* International Publication No. WO 92/09690; Ladner *et al.* International Publication No. WO 90/02809; Fuchs *et al.* (1991) *Bio/Technology* 9:1370-1372; Hay *et al.* (1992) *Hum Antibody Hybridomas* 3:81-85; Huse *et al.* (1989) *Science* 246:1275-1281; Griffiths *et al.* (1993) *EMBO J* 12:725-734; Hawkins *et al.* (1992) *J Mol Biol* 226:889-896; Clackson *et al.* (1991) *Nature* 352:624-628; Gram *et al.* (1992) *PNAS* 89:3576-3580; Garrard *et al.* (1991) *Bio/Technology* 9:1373-1377; Hoogenboom *et al.* (1991) *Nuc Acid Res* 19:4133-4137; and Barbas *et al.* (1991) *PNAS* 88:7978-7982, the contents of all of which are incorporated by reference herein).

In one embodiment, the antibody is a fully human antibody (*e.g.*, an antibody made in a mouse which has been genetically engineered to produce an antibody from a human immunoglobulin

sequence), or a non-human antibody, *e.g.*, a rodent (mouse or rat), goat, primate (*e.g.*, monkey), camel antibody. Preferably, the non-human antibody is a rodent (mouse or rat antibody). Methods of producing rodent antibodies are known in the art.

Human monoclonal antibodies can be generated using transgenic mice carrying the human immunoglobulin genes rather than the mouse system. Splenocytes from these transgenic mice immunized with the antigen of interest are used to produce hybridomas that secrete human mAbs with specific affinities for epitopes from a human protein (*see, e.g.*, Wood *et al.* International Application WO 91/00906, Kuchlerlapati *et al.* PCT publication WO 91/10741; Lonberg *et al.* International Application WO 92/03918; Kay *et al.* International Application 92/03917; Lonberg, N. *et al.* 1994 *Nature* 368:856-859; Green, L.L. *et al.* 1994 *Nature Genet.* 7:13-21; Morrison, S.L. *et al.* 1994 *Proc. Natl. Acad. Sci. USA* 81:6851-6855; Bruggeman *et al.* 1993 *Year Immunol* 7:33-40; Tuaillon *et al.* 1993 *PNAS* 90:3720-3724; Bruggeman *et al.* 1991 *Eur J Immunol* 21:1323-1326).

An antibody can be one in which the variable region, or a portion thereof, *e.g.*, the CDRs, are generated in a non-human organism, *e.g.*, a rat or mouse. Chimeric, CDR-grafted, and humanized antibodies are within the invention. Antibodies generated in a non-human organism, *e.g.*, a rat or mouse, and then modified, *e.g.*, in the variable framework or constant region, to decrease antigenicity in a human are within the invention.

Chimeric antibodies can be produced by recombinant DNA techniques known in the art (*see* Robinson *et al.*, International Patent Publication PCT/US86/02269; Akira, *et al.*, European Patent Application 184,187; Taniguchi, M., European Patent Application 171,496; Morrison *et al.*, European Patent Application 173,494; Neuberger *et al.*, International Application WO 86/01533; Cabilly *et al.* U.S. Patent No. 4,816,567; Cabilly *et al.*, European Patent Application 125,023; Better *et al.* (1988 *Science* 240:1041-1043); Liu *et al.* (1987) *PNAS* 84:3439-3443; Liu *et al.*, 1987, *J. Immunol.* 139:3521-3526; Sun *et al.* (1987) *PNAS* 84:214-218; Nishimura *et al.*, 1987, *Canc. Res.* 47:999-1005; Wood *et al.* (1985) *Nature* 314:446-449; and Shaw *et al.*, 1988, *J. Natl Cancer Inst.* 80:1553-1559).

A humanized or CDR-grafted antibody will have at least one or two but generally all three recipient CDRs (of heavy and or light immunoglobulin chains) replaced with a donor CDR. The antibody may be replaced with at least a portion of a non-human CDR or only some of the CDRs may be replaced with non-human CDRs. It is only necessary to replace the number of CDRs required for binding of the humanized antibody to PD-1. Preferably, the donor will be a rodent antibody, *e.g.*, a rat or mouse antibody, and the recipient will be a human framework or a human consensus framework. Typically, the immunoglobulin providing the CDRs is called the "donor" and the immunoglobulin providing the framework is called the "acceptor." In one embodiment, the donor immunoglobulin is a non-human (*e.g.*, rodent). The acceptor framework is a naturally-occurring (*e.g.*, a human) framework or a consensus framework, or a sequence about 85% or higher, preferably 90%, 95%, 99% or higher identical thereto.

As used herein, the term “consensus sequence” refers to the sequence formed from the most frequently occurring amino acids (or nucleotides) in a family of related sequences (*see e.g.*, Winnaker, From Genes to Clones (Verlagsgesellschaft, Weinheim, Germany 1987). In a family of proteins, each position in the consensus sequence is occupied by the amino acid occurring most frequently at that position in the family. If two amino acids occur equally frequently, either can be included in the consensus sequence. A “consensus framework” refers to the framework region in the consensus immunoglobulin sequence.

An antibody can be humanized by methods known in the art (*see e.g.*, Morrison, S. L., 1985, *Science* 229:1202-1207, by Oi *et al.*, 1986, *BioTechniques* 4:214, and by Queen *et al.* US 5,585,089, US 5,693,761 and US 5,693,762, the contents of all of which are hereby incorporated by reference).

Humanized or CDR-grafted antibodies can be produced by CDR-grafting or CDR substitution, wherein one, two, or all CDRs of an immunoglobulin chain can be replaced. *See e.g.*, U.S. Patent 5,225,539; Jones *et al.* 1986 *Nature* 321:552-525; Verhoeyan *et al.* 1988 *Science* 239:1534; Beidler *et al.* 1988 *J. Immunol.* 141:4053-4060; Winter US 5,225,539, the contents of all of which are hereby expressly incorporated by reference. Winter describes a CDR-grafting method which may be used to prepare the humanized antibodies of the present invention (UK Patent Application GB 2188638A, filed on March 26, 1987; Winter US 5,225,539), the contents of which is expressly incorporated by reference.

Also within the scope of the invention are humanized antibodies in which specific amino acids have been substituted, deleted or added. Criteria for selecting amino acids from the donor are described in US 5,585,089, *e.g.*, columns 12-16 of US 5,585,089, *e.g.*, columns 12-16 of US 5,585,089, the contents of which are hereby incorporated by reference. Other techniques for humanizing antibodies are described in Padlan *et al.* EP 519596 A1, published on December 23, 1992.

The antibody molecule can be a single chain antibody. A single-chain antibody (scFV) may be engineered (*see*, for example, Colcher, D. *et al.* (1999) *Ann N Y Acad Sci* 880:263-80; and Reiter, Y. (1996) *Clin Cancer Res* 2:245-52). The single chain antibody can be dimerized or multimerized to generate multivalent antibodies having specificities for different epitopes of the same target protein.

In yet other embodiments, the antibody molecule has a heavy chain constant region chosen from, *e.g.*, the heavy chain constant regions of IgG1, IgG2, IgG3, IgG4, IgM, IgA1, IgA2, IgD, and IgE; particularly, chosen from, *e.g.*, the (*e.g.*, human) heavy chain constant regions of IgG1, IgG2, IgG3, and IgG4. In another embodiment, the antibody molecule has a light chain constant region chosen from, *e.g.*, the (*e.g.*, human) light chain constant regions of kappa or lambda. The constant region can be altered, *e.g.*, mutated, to modify the properties of the antibody (*e.g.*, to increase or decrease one or more of: Fc receptor binding, antibody glycosylation, the number of cysteine residues, effector cell function, and/or complement function). In one embodiment the antibody has: effector function; and can fix complement. In other embodiments the antibody does not; recruit effector cells; or fix complement. In another embodiment, the antibody has reduced or no ability to bind an Fc

receptor. For example, it is a isotype or subtype, fragment or other mutant, which does not support binding to an Fc receptor, *e.g.*, it has a mutagenized or deleted Fc receptor binding region.

Methods for altering an antibody constant region are known in the art. Antibodies with altered function, *e.g.* altered affinity for an effector ligand, such as FcR on a cell, or the C1 component of complement can be produced by replacing at least one amino acid residue in the constant portion of the antibody with a different residue (*see e.g.*, EP 388,151 A1, U.S. Pat. No. 5,624,821 and U.S. Pat. No. 5,648,260, the contents of all of which are hereby incorporated by reference). Similar type of alterations could be described which if applied to the murine, or other species immunoglobulin would reduce or eliminate these functions.

An antibody molecule can be derivatized or linked to another functional molecule (*e.g.*, another peptide or protein). As used herein, a "derivatized" antibody molecule is one that has been modified. Methods of derivatization include but are not limited to the addition of a fluorescent moiety, a radionucleotide, a toxin, an enzyme or an affinity ligand such as biotin. Accordingly, the antibody molecules of the invention are intended to include derivatized and otherwise modified forms of the antibodies described herein, including immunoadhesion molecules. For example, an antibody molecule can be functionally linked (by chemical coupling, genetic fusion, noncovalent association or otherwise) to one or more other molecular entities, such as another antibody (*e.g.*, a bispecific antibody or a diabody), a detectable agent, a cytotoxic agent, a pharmaceutical agent, and/or a protein or peptide that can mediate association of the antibody or antibody portion with another molecule (such as a streptavidin core region or a polyhistidine tag).

One type of derivatized antibody molecule is produced by crosslinking two or more antibodies (of the same type or of different types, *e.g.*, to create bispecific antibodies). Suitable crosslinkers include those that are heterobifunctional, having two distinctly reactive groups separated by an appropriate spacer (*e.g.*, m-maleimidobenzoyl-N-hydroxysuccinimide ester) or homobifunctional (*e.g.*, disuccinimidyl suberate). Such linkers are available from Pierce Chemical Company, Rockford, Ill.

Useful detectable agents with which an antibody molecule of the invention may be derivatized (or labeled) to include fluorescent compounds, various enzymes, prosthetic groups, luminescent materials, bioluminescent materials, fluorescent emitting metal atoms, *e.g.*, europium (Eu), and other anthanides, and radioactive materials (described below). Exemplary fluorescent detectable agents include fluorescein, fluorescein isothiocyanate, rhodamine, 5dimethylamine-1-naphthalenesulfonyl chloride, phycoerythrin and the like. An antibody may also be derivatized with detectable enzymes, such as alkaline phosphatase, horseradish peroxidase, β -galactosidase, acetylcholinesterase, glucose oxidase and the like. When an antibody is derivatized with a detectable enzyme, it is detected by adding additional reagents that the enzyme uses to produce a detectable reaction product. For example, when the detectable agent horseradish peroxidase is present, the addition of hydrogen peroxide and diaminobenzidine leads to a colored reaction product, which is

detectable. An antibody molecule may also be derivatized with a prosthetic group (*e.g.*, streptavidin/biotin and avidin/biotin). For example, an antibody may be derivatized with biotin, and detected through indirect measurement of avidin or streptavidin binding. Examples of suitable fluorescent materials include umbelliferone, fluorescein, fluorescein isothiocyanate, rhodamine, dichlorotriazinylamine fluorescein, dansyl chloride or phycoerythrin; an example of a luminescent material includes luminol; and examples of bioluminescent materials include luciferase, luciferin, and aequorin.

Labeled antibody molecule can be used, for example, diagnostically and/or experimentally in a number of contexts, including (i) to isolate a predetermined antigen by standard techniques, such as affinity chromatography or immunoprecipitation; (ii) to detect a predetermined antigen (*e.g.*, in a cellular lysate or cell supernatant) in order to evaluate the abundance and pattern of expression of the protein; (iii) to monitor protein levels in tissue as part of a clinical testing procedure, *e.g.*, to determine the efficacy of a given treatment regimen.

An antibody molecules may be conjugated to another molecular entity, typically a label or a therapeutic (*e.g.*, a cytotoxic or cytostatic) agent or moiety. Radioactive isotopes can be used in diagnostic or therapeutic applications.

The invention provides radiolabeled antibody molecules and methods of labeling the same. In one embodiment, a method of labeling an antibody molecule is disclosed. The method includes contacting an antibody molecule, with a chelating agent, to thereby produce a conjugated antibody.

As is discussed above, the antibody molecule can be conjugated to a therapeutic agent. Therapeutically active radioisotopes have already been mentioned. Examples of other therapeutic agents include taxol, cytochalasin B, gramicidin D, ethidium bromide, emetine, mitomycin, etoposide, teniposide, vincristine, vinblastine, colchicine, doxorubicin, daunorubicin, dihydroxy anthracin dione, mitoxantrone, mithramycin, actinomycin D, 1-dehydrotestosterone, glucocorticoids, procaine, tetracaine, lidocaine, propranolol, puromycin, maytansinoids, *e.g.*, maytansinol (*see, e.g.*, U.S. Pat. No. 5,208,020), CC-1065 (*see, e.g.*, U.S. Pat. Nos. 5,475,092, 5,585,499, 5,846, 545) and analogs or homologs thereof. Therapeutic agents include, but are not limited to, antimetabolites (*e.g.*, methotrexate, 6-mercaptopurine, 6-thioguanine, cytarabine, 5-fluorouracil decarbazine), alkylating agents (*e.g.*, mechlorethamine, thioepa chlorambucil, CC-1065, melphalan, carmustine (BSNU) and lomustine (CCNU), cyclophosphamide, busulfan, dibromomannitol, streptozotocin, mitomycin C, and cis-dichlorodiamine platinum (II) (DDP) cisplatin), anthracyclines (*e.g.*, daunorubicin (formerly daunomycin) and doxorubicin), antibiotics (*e.g.*, dactinomycin (formerly actinomycin), bleomycin, mithramycin, and anthramycin (AMC)), and anti-mitotic agents (*e.g.*, vincristine, vinblastine, taxol and maytansinoids).

In one aspect, the disclosure provides a method of providing a target binding molecule that specifically binds to a target disclosed herein, *e.g.*, TIM-3. For example, the target binding molecule is an antibody molecule. The method includes: providing a target protein that comprises at least a

portion of non-human protein, the portion being homologous to (at least 70, 75, 80, 85, 87, 90, 92, 94, 95, 96, 97, 98% identical to) a corresponding portion of a human target protein, but differing by at least one amino acid (*e.g.*, at least one, two, three, four, five, six, seven, eight, or nine amino acids); obtaining an antibody molecule that specifically binds to the antigen; and evaluating efficacy of the binding agent in modulating activity of the target protein. The method can further include administering the binding agent (*e.g.*, antibody molecule) or a derivative (*e.g.*, a humanized antibody molecule) to a human subject.

This disclosure provides an isolated nucleic acid molecule encoding the above antibody molecule, vectors and host cells thereof. The nucleic acid molecule includes but is not limited to RNA, genomic DNA and cDNA.

Exemplary Anti-TIM-3 Antibody Molecules

In one embodiment, the anti-TIM-3 antibody molecule is disclosed in US 2015/0218274, published on August 6, 2015, entitled "Antibody Molecules to TIM-3 and Uses Thereof," incorporated by reference in its entirety.

In one embodiment, the anti-TIM-3 antibody molecule comprises at least one, two, three, four, five or six complementarity determining regions (CDRs) (or collectively all of the CDRs) from a heavy and light chain variable region comprising an amino acid sequence shown in **Table 7** (*e.g.*, from the heavy and light chain variable region sequences of ABTIM3-hum11 or ABTIM3-hum03 disclosed in **Table 7**), or encoded by a nucleotide sequence shown in **Table 7**. In some embodiments, the CDRs are according to the Kabat definition (*e.g.*, as set out in **Table 7**). In some embodiments, the CDRs are according to the Chothia definition (*e.g.*, as set out in **Table 7**). In one embodiment, one or more of the CDRs (or collectively all of the CDRs) have one, two, three, four, five, six or more changes, *e.g.*, amino acid substitutions (*e.g.*, conservative amino acid substitutions) or deletions, relative to an amino acid sequence shown in **Table 7**, or encoded by a nucleotide sequence shown in **Table 7**.

In one embodiment, the anti-TIM-3 antibody molecule comprises a heavy chain variable region (VH) comprising a VHCDR1 amino acid sequence of SEQ ID NO: 801, a VHCDR2 amino acid sequence of SEQ ID NO: 802, and a VHCDR3 amino acid sequence of SEQ ID NO: 803; and a light chain variable region (VL) comprising a VLCDR1 amino acid sequence of SEQ ID NO: 810, a VLCDR2 amino acid sequence of SEQ ID NO: 811, and a VLCDR3 amino acid sequence of SEQ ID NO: 812, each disclosed in **Table 7**. In one embodiment, the anti-TIM-3 antibody molecule comprises a heavy chain variable region (VH) comprising a VHCDR1 amino acid sequence of SEQ ID NO: 801, a VHCDR2 amino acid sequence of SEQ ID NO: 820, and a VHCDR3 amino acid sequence of SEQ ID NO: 803; and a light chain variable region (VL) comprising a VLCDR1 amino acid sequence of SEQ ID NO: 810, a VLCDR2 amino acid sequence of SEQ ID NO: 811, and a VLCDR3 amino acid sequence of SEQ ID NO: 812, each disclosed in **Table 7**.

In one embodiment, the anti-TIM-3 antibody molecule comprises a VH comprising the amino acid sequence of SEQ ID NO: 806, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 806. In one embodiment, the anti-TIM-3 antibody molecule comprises a VL comprising the amino acid sequence of SEQ ID NO: 816, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 816. In one embodiment, the anti-TIM-3 antibody molecule comprises a VH comprising the amino acid sequence of SEQ ID NO: 822, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 822. In one embodiment, the anti-TIM-3 antibody molecule comprises a VL comprising the amino acid sequence of SEQ ID NO: 826, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 826. In one embodiment, the anti-TIM-3 antibody molecule comprises a VH comprising the amino acid sequence of SEQ ID NO: 806 and a VL comprising the amino acid sequence of SEQ ID NO: 816. In one embodiment, the anti-TIM-3 antibody molecule comprises a VH comprising the amino acid sequence of SEQ ID NO: 822 and a VL comprising the amino acid sequence of SEQ ID NO: 826.

In one embodiment, the antibody molecule comprises a VH encoded by the nucleotide sequence of SEQ ID NO: 807, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 807. In one embodiment, the antibody molecule comprises a VL encoded by the nucleotide sequence of SEQ ID NO: 817, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 817. In one embodiment, the antibody molecule comprises a VH encoded by the nucleotide sequence of SEQ ID NO: 823, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 823. In one embodiment, the antibody molecule comprises a VL encoded by the nucleotide sequence of SEQ ID NO: 827, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 827. In one embodiment, the antibody molecule comprises a VH encoded by the nucleotide sequence of SEQ ID NO: 807 and a VL encoded by the nucleotide sequence of SEQ ID NO: 817. In one embodiment, the antibody molecule comprises a VH encoded by the nucleotide sequence of SEQ ID NO: 823 and a VL encoded by the nucleotide sequence of SEQ ID NO: 827.

In one embodiment, the anti-TIM-3 antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 808, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 808. In one embodiment, the anti-TIM-3 antibody molecule comprises a light chain comprising the amino acid sequence of SEQ ID NO: 818, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 818. In one embodiment, the anti-TIM-3 antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 824, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 824. In one embodiment, the anti-TIM-3 antibody molecule comprises a light chain comprising the amino acid sequence of SEQ ID NO: 828, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 828. In one embodiment, the anti-TIM-3

antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 808 and a light chain comprising the amino acid sequence of SEQ ID NO: 818. In one embodiment, the anti-TIM-3 antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 824 and a light chain comprising the amino acid sequence of SEQ ID NO: 828.

- 5 In one embodiment, the antibody molecule comprises a heavy chain encoded by the nucleotide sequence of SEQ ID NO: 809, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 809. In one embodiment, the antibody molecule comprises a light chain encoded by the nucleotide sequence of SEQ ID NO: 819, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 819. In one embodiment, the antibody molecule comprises a heavy chain encoded by the nucleotide sequence of SEQ ID NO: 825, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 825. In one embodiment, the antibody molecule comprises a light chain encoded by the nucleotide sequence of SEQ ID NO: 829, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 829. In one embodiment, the antibody molecule comprises a heavy chain encoded by the nucleotide sequence of SEQ ID NO: 809 and a light chain encoded by the nucleotide sequence of SEQ ID NO: 819. In one embodiment, the antibody molecule comprises a heavy chain encoded by the nucleotide sequence of SEQ ID NO: 825 and a light chain encoded by the nucleotide sequence of SEQ ID NO: 829.

- 15 The antibody molecules described herein can be made by vectors, host cells, and methods described in US 2015/0218274, incorporated by reference in its entirety.

Table 7. Amino acid and nucleotide sequences of exemplary anti-TIM-3 antibody molecules

ABTIM3-hum11		
SEQ ID NO: 801 (Kabat)	HCDR1	SYNMH
SEQ ID NO: 802 (Kabat)	HCDR2	DIYPGNGDTSYNQKFKG
SEQ ID NO: 803 (Kabat)	HCDR3	VGGAFPM DY
SEQ ID NO: 804 (Chothia)	HCDR1	GYTFTSY
SEQ ID NO: 805 (Chothia)	HCDR2	YPGNGD
SEQ ID NO: 803 (Chothia)	HCDR3	VGGAFPM DY
SEQ ID NO: 806	VH	QVQLVQSGAEVKKPGSSVKVSKASGYTFTSYNMHWVRQAPG QGLEWMGDIYPGNGDTSYNQKFKGRVTITADKSTSTVYMELSS LRSEDTAVYYCARVGGAFPM DYWGQGT TTVTVSS
SEQ ID NO: 807	DNA VH	CAGGTGCAGCTGGTGCAGTCAGGCGCCGAAGTGAAGAAACC CGGCTCTAGCGTGAAAGTTTCTTGTAAGCTAGTGGCTACAC CTTCACTAGCTATAATATGCACTGGGTTCGCCAGGCCCCAGG GCAAGGCCTCGAGTGGATGGGCGATATCTACCCCGGGAACGG CGACACTAGTTATAATCAGAAGTTTAAGGGTAGAGTCACTAT CACCGCCGATAAGTCTACTAGCACCGTCTATATGGAACCTAG TTCCCTGAGGTCTGAGGACACCGCCGTCTACTACTGCGCTAG AGTGGGCGGAGCCTTCCCTATGGACTACTGGGGTCAAGGCAC TACCGTGACCGTGTCTAGC
SEQ ID NO: 808	Heavy chain	QVQLVQSGAEVKKPGSSVKVSKASGYTFTSYNMHWVRQAPG QGLEWMGDIYPGNGDTSYNQKFKGRVTITADKSTSTVYMELSS LRSEDTAVYYCARVGGAFPM DYWGQGT TTVTVSSASTKGPSVFP LAPCSRSTSESTAALGCLVKDYFPEPVT VSWNSGALTSGVHTFP

		AVLQSSGLYSLSSVVTVPSSSLGKTYTCNVDHKPSNTKVDKRV ESKYGPPCPPCPAPEFLGGPSVFLFPPKPKDTLMISRTPEVTCVTVV DVSQEDPEVQFNWYVDGVEVHNAKTKPREEQFNSTYRVVSVLT VLHQDWLNGKEYKCKVSNKGLPSSIEKTISKAKGQPREPQVYTL PPSQEEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTP PVLDSGDSFFLYSRLTVDKSRWQEGNVFSCSVMHLEALHNHYTQ KSLSLSLG
SEQ ID NO: 809	DNA heavy chain	CAGGTGCAGCTGGTGCAGTCAGGCGCCGAAGTGAAGAAACC CGGCTCTAGCGTGAAAGTTTCTTGTAAGCTAGTGGCTACAC CTTCACTAGCTATAATATGCACTGGGTTCGCCAGGCCCCAGG GCAAGGCCTCGAGTGGATGGGCGATATCTACCCCGGGAACGG CGACACTAGTTATAATCAGAAGTTTAAGGGTAGAGTCACTAT CACCGCCGATAAGTCTACTAGCACCGTCTATATGGAAGTGA TTCCCTGAGGTCTGAGGACACCGCCGTCTACTACTGCGCTAG AGTGGGCGGAGCCTTCCCTATGGACTACTGGGTCAAGGCAC TACCGTGACCGTGTCTAGCGCTAGCACTAAGGGCCCGTCCGT GTTCCCCCTGGCACCTTGTAGCCGGAGCACTAGCGAATCCAC CGCTGCCCTCGGCTGCCTGGTCAAGGATTACTTCCCGGAGCC CGTGACCGTGTCTGGAACAGCGGAGCCCTGACCTCCGGAGT GCACACCTTCCCGCTGTGCTGCAGAGCTCCGGGCTGTACTC GCTGTCTCGTGGTGCACGGTGCCTTCATCTAGCCTGGGTACC AAGACCTACACTTGCAACGTGGACCACAAGCCTTCCAACACT AAGGTGGACAAGCGCGTCGAATCGAAGTACGGCCACCGTG CCCGCCTTGTCCCGCGCCGGAGTTCCTCGGCGGTCCCTCGGT TTTCTGTTCCCAACGAAGCCCAAGGACACTTTGATGATTTCCC GCACCCCTGAAGTGACATGCGTGGTCTGGACGTGTACAGG AAGATCCGGAGGTGCAGTTCAATTGGTACGTGGATGGCGTCG AGGTGCACAACGCCAAAACCAAGCCGAGGGAGGAGCAGTTC AACTCCACTTACCGCGTCTGTCTCGTGTGCTGACGGTGTGCATC AGGACTGGCTGAACGGGAAGGAGTACAAGTGCAAAGTGTCC AACAAGGGACTTCCTAGCTCAATCGAAAAGACCATCTCGAAA GCCAAGGGACAGCCCCGGGAACCCCAAGTGTATACCTGCCA CCGAGCCAGGAAGAAATGACTAAGAACCAAGTCTCATTGACT TGCCTTGTGAAGGGCTTCTACCCATCGGATATCGCCGTGGAA TGGGAGTCCAACGGCCAGCCGGAACCAACTACAGACACCAC CCCTCCGGTGTCTGGACTCAGACGGATCCTTCTCTCTACTCG CGGCTGACCGTGGATAAGAGCAGATGGCAGGAGGGAAATGT GTTCACTGTCTGTGATGCATGAAGCCCTGCACAACCACTA CACTCAGAAGTCCCTGTCCCTCTCCCTGGGA
SEQ ID NO: 810 (Kabat)	LCDR1	RASESVEYYGTSLMQ
SEQ ID NO: 811 (Kabat)	LCDR2	AASNVES
SEQ ID NO: 812 (Kabat)	LCDR3	QQRKDPST
SEQ ID NO: 813 (Chothia)	LCDR1	SESVEYYGTS
SEQ ID NO: 814 (Chothia)	LCDR2	AAS
SEQ ID NO: 815 (Chothia)	LCDR3	SRKDPS
SEQ ID NO: 816	VL	AIQLTQSPSSLSASVGDRTITCRASESVEYYGTSMLQWYQQKP GKAPKLLIYAASNVESGVPSRFSGSGSGTDFTLTISLQPEDFATY FCQQSRKDPSTFGGGTKVEIK
SEQ ID NO: 817	DNA VL	GCTATTCACTGACTCAGTCACCTAGTAGCTGAGCGCTAGT GTGGGCGATAGAGTGACTATCACCTGTAGAGCTAGTGAATCA GTCGAGTACTACGGCACTAGCCTGATGCAGTGGTATCAGCAG AAGCCCGGGAAGGCCCTAAGCTGCTGATCTACGCCGCTCT AACGTGGAATCAGGCGTGCCCTCTAGGTTTACGGTAGCGGT AGTGGCACCGACTTCACCTGACTATCTCTAGCCTGCAGCCC GAGGACTTCGCTACCTACTTCTGTGACGAGTCTAGGAAGGAC CCTAGCACCTTCGGCGGAGGCACTAAGGTGAGATTAAG
SEQ ID NO: 818	Light chain	AIQLTQSPSSLSASVGDRTITCRASESVEYYGTSMLQWYQQKP GKAPKLLIYAASNVESGVPSRFSGSGSGTDFTLTISLQPEDFATY FCQQSRKDPSTFGGGTKVEIKRTVAAPSVFIFPPSDEQLKSGTAS

		VVCLLNNFYPREAKVQWKVDNALQSGNSQESVTEQDSKDSTYS LSSTLTLSKADYEKHKVYACEVTHQGLSSPVTKSFNRGEC
SEQ ID NO: 819	DNA light chain	GCTATTTCAGCTGACTCAGTCACCTAGTAGCCTGAGCGCTAGT GTGGGCGATAGAGTGAATCACTACCTGTAGAGCTAGTGAATCA GTCGAGTACTACGGCACTAGCCTGATGCAGTGGTATCAGCAG AAGCCCCGGGAAAGCCCCCTAAGCTGCTGATCTACGCCGCCTCT AACGTGGAATCAGGCGTGCCCTCTAGGTTTAGCGGTAGCGGT AGTGGCACCAGCTTCACCCTGACTATCTCTAGCCTGCAGCCC GAGGACTTCGCTACCTACTTCTGTACGAGTCTAGGAAGGAC CCTAGCACCTTCGGCGGAGGCACTAAGGTCGAGATTAAGCGT ACGGTGCGCCGCTCCAGCGTGTTTCATCTTCCCCCCCAGCGAC GAGCAGCTGAAGAGCGGCACCGCCAGCGTGGTGTGCCTGCTG AACAACTTCTACCCCCGGGAGGCCAAGGTGCAGTGGAAGGTG GACAACGCCCTGCAGAGCGGCAACAGCCAGGAGAGCGTCAC CGAGCAGGACAGCAAGGACTCCACCTACAGCCTGAGCAGCA CCCTGACCCTGAGCAAGGCCGACTACGAGAAGCATAAGGTGT ACGCCTGCGAGGTGACCCACCAGGGCCTGTCCAGCCCCGTGA CCAAGAGCTTCAACAGGGGCGAGTGC
ABTIM3-hum03		
SEQ ID NO: 801 (Kabat)	HCDR1	SYNMH
SEQ ID NO: 820 (Kabat)	HCDR2	DIYPGQGDTSYNQKFKG
SEQ ID NO: 803 (Kabat)	HCDR3	VGGAFPM DY
SEQ ID NO: 804 (Chothia)	HCDR1	GYTFTSY
SEQ ID NO: 821 (Chothia)	HCDR2	YPGQGD
SEQ ID NO: 803 (Chothia)	HCDR3	VGGAFPM DY
SEQ ID NO: 822	VH	QVQLVQSGAEVKKPGASVKVSCKASGYTFTSYNMHWVRQAPG QGLEWIGDIYPGQGDTSYNQKFKGRATMTADKSTSTVYME LSS LRSEDTAVYYCARVGGAFPM DYWGQGLTVTVSS
SEQ ID NO: 823	DNA VH	CAGGTGCAGCTGGTGCAGTCAGGCGCCGAAGTGAAGAAACC CGGCGCTAGTGTGAAAGTTAGCTGTAAAGCTAGTGGCTATAC TTTCACTTCTTATAATATGCACTGGGTCCGCCAGGCCCCAGGT CAAGGCCTCGAGTGGATCGGCGATATCTACCCCGGTCAAGGC GAACTTCTTATAATCAGAAAGTTTAAGGGTAGAGCTACTATG ACCGCCGATAAGTCTACTTCTACCGTCTATATGGAAGTGAAGT CCCTGAGGTCTGAGGACACCGCCGTCTACTACTGCGCTAGAG TGGGCGGAGCCTTCCCAATGGACTACTGGGGTCAAGGCACCC TGGTCACCGTGTCTAGC
SEQ ID NO: 824	Heavy chain	QVQLVQSGAEVKKPGASVKVSCKASGYTFTSYNMHWVRQAPG QGLEWIGDIYPGQGDTSYNQKFKGRATMTADKSTSTVYME LSS LRSEDTAVYYCARVGGAFPM DYWGQGLTVTVSSASTKGPSVFP LAPCSRSTSESTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFP AVLQSSGLYSLSSVTVPSSSLGKTKYTCNVDPKPKDNLKDRV ESKYGPPCPPCPAPEFLGGPSVFLFPPKPKDTLMISRTPEVTCV VV DVSQEDPEVQFNWYVDGVEVHNAKTKPREEQFNSTYRVSVLT VLHQDWLNGKEYKCKVSNKGLPSSIEKTIKAKGQPREPQVYTL PPSQEEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTP PVLDSGDGSFFLYSRLTVDKSRWQEGNVFSCSVMH EALHNHYTQ KSLSLSLG
SEQ ID NO: 825	DNA heavy chain	CAGGTGCAGCTGGTGCAGTCAGGCGCCGAAGTGAAGAAACC CGGCGCTAGTGTGAAAGTTAGCTGTAAAGCTAGTGGCTATAC TTTCACTTCTTATAATATGCACTGGGTCCGCCAGGCCCCAGGT CAAGGCCTCGAGTGGATCGGCGATATCTACCCCGGTCAAGGC GAACTTCTTATAATCAGAAAGTTTAAGGGTAGAGCTACTATG ACCGCCGATAAGTCTACTTCTACCGTCTATATGGAAGTGAAGT CCCTGAGGTCTGAGGACACCGCCGTCTACTACTGCGCTAGAG TGGGCGGAGCCTTCCCAATGGACTACTGGGGTCAAGGCACCC TGGTCACCGTGTCTAGCGCTAGCACTAAGGGCCCCGTCCGTGT TCCCCCTGGCACCTTGTAGCCGGAGCACTAGCGAATCCACCG CTGCCCTCGGCTGCCTGGTCAAGGATTACTTCCCGGAGCCCCGT

		GACCGTGTCTGGAACAGCGGAGCCCTGACCTCCGGAGTGCA CACCTTCCCCGCTGTGCTGCAGAGCTCCGGGCTGTACTCGCTG TCGTGGTGGTCACGGTGCCTTCATCTAGCCTGGGTACCAAG ACCTACACTTGCAACGTGGACCACAAGCCTTCCAACACTAAG GTGGACAAGCGCGTCGAATCGAAGTACGGCCACCGTGCCCG CCTTGTCCCGCGCCGGAGTTCCTCGGCGGTCCCTCGGTCTTTC TGTTCCACCGAAGCCCAAGGACACTTTGATGATTTCCCGCA CCCCTGAAGTGACATGCGTGGTCTGTTGACGTGTCACAGGAAG ATCCGGAGGTGCAGTTCAATTGGTACGTGGATGGCGTCGAGG TGCACAACGCCAAAACCAAGCCGAGGGAGGAGCAGTTCAAC TCCACTTACCGCGTCGTGTCCGTGCTGACGGTGTGTCATCAGG ACTGGCTGAACGGGAAGGAGTACAAGTGCAAAGTGTCCAAC AAGGGACTTCCTAGCTCAATCGAAAAGACCATCTCGAAAGCC AAGGGACAGCCCCGGGAACCCCAAGTGTATACCCTGCCACCG AGCCAGGAAGAAATGACTAAGAACCAAGTCTCATTGACTTGC CTTGTGAAGGGCTTCTACCCATCGGATATCGCCGTGGAATGG GAGTCCAACGGCCAGCCGGAACAACACTACAAGACCACCCC TCCGGTGTGACTCAGACGGATCCTTCTTCTCTACTCGCGG CTGACCGTGGATAAGAGCAGATGGCAGGAGGGAAATGTGTT CAGCTGTCTGTGATGCATGAAGCCCTGCACAACCACTACAC TCAGAAGTCCCTGTCCCTCTCCCTGGGA
SEQ ID NO: 810 (Kabat)	LCDR1	RASESVEYYGTSMLQ
SEQ ID NO: 811 (Kabat)	LCDR2	AASNVES
SEQ ID NO: 812 (Kabat)	LCDR3	QQRKDPST
SEQ ID NO: 813 (Chothia)	LCDR1	SESVEYYGTSL
SEQ ID NO: 814 (Chothia)	LCDR2	AAS
SEQ ID NO: 815 (Chothia)	LCDR3	SRKDPS
SEQ ID NO: 826	VL	DIVLTQSPDSLAVSLGERATINCRASESVEYYGTSMLQWYQQK PQPPKLLIYAASNVESGVPDRFSGSGSDFTLTITSLQAEDVAV YYCQQSRKDPSTFGGGTKVEIK
SEQ ID NO: 827	DNA VL	GATATCGTCCTGACTCAGTCACCCGATAGCCTGGCCGTCAGC CTGGGCGAGCGGGCTACTATTAAGTGTAGAGCTAGTGAATCA GTCGAGTACTACGGCACTAGCCTGATGCAGTGGTATCAGCAG AAGCCCGGTCAACCCCTAAGCTGCTGATCTACGCCGCCTCT AACGTGGAATCAGGCGTGCCCGATAGGTTAGCGGTAGCGGT AGTGGCACCGACTTCACCTGACTATTAGTAGCCTGCAGGCC GAGGACGTGGCCGTCTACTACTGTCAGCAGTCTAGGAAGGAC CCTAGCACCTTCGGCGGAGGCACTAAGGTCGAGATTAAG
SEQ ID NO: 828	Light chain	DIVLTQSPDSLAVSLGERATINCRASESVEYYGTSMLQWYQQK PQPPKLLIYAASNVESGVPDRFSGSGSDFTLTITSLQAEDVAV YYCQQSRKDPSTFGGGTKVEIKRTVAAPSVFIFPPSDEQLKSGTA SVVCLLNFPYPREAKVQWKVDNALQSGNSQESVTEQDSKDY SLSTLTLSKADYEKHKVYACEVTHQGLSPVTKSFNRGEC
SEQ ID NO: 829	DNA light chain	GATATCGTCCTGACTCAGTCACCCGATAGCCTGGCCGTCAGC CTGGGCGAGCGGGCTACTATTAAGTGTAGAGCTAGTGAATCA GTCGAGTACTACGGCACTAGCCTGATGCAGTGGTATCAGCAG AAGCCCGGTCAACCCCTAAGCTGCTGATCTACGCCGCCTCT AACGTGGAATCAGGCGTGCCCGATAGGTTAGCGGTAGCGGT AGTGGCACCGACTTCACCTGACTATTAGTAGCCTGCAGGCC GAGGACGTGGCCGTCTACTACTGTCAGCAGTCTAGGAAGGAC CCTAGCACCTTCGGCGGAGGCACTAAGGTCGAGATTAAGCGT ACGGTGGCCGCTCCAGCGTGTTCATCTTCCCCCAGCGAC GAGCAGCTGAAGAGCGGCACCGCCAGCGTGGTGTGCTGCTG AACAACCTTACCCCCGGGAGGCCAAGGTGCAGTGGAAGGTG GACAACGCCCTGCAGAGCGGCAACAGCCAGGAGAGCGTCAC CGAGCAGGACAGCAAGGACTCCACCTACAGCCTGAGCAGCA CCCTGACCTGAGCAAGGCCGACTACGAGAAGCATAAGGTGT ACGCCTGCGAGGTGACCCACCAGGGCCTGTCCAGCCCCGTGA CCAAGAGCTTCAACAGGGGCGAGTGC

In one embodiment, the anti-TIM-3 antibody molecule includes at least one or two heavy chain variable domain (optionally including a constant region), at least one or two light chain variable domain (optionally including a constant region), or both, comprising the amino acid sequence of

5 ABTIM3, ABTIM3-hum01, ABTIM3-hum02, ABTIM3-hum03, ABTIM3-hum04, ABTIM3-hum05, ABTIM3-hum06, ABTIM3-hum07, ABTIM3-hum08, ABTIM3-hum09, ABTIM3-hum10, ABTIM3-hum11, ABTIM3-hum12, ABTIM3-hum13, ABTIM3-hum14, ABTIM3-hum15, ABTIM3-hum16, ABTIM3-hum17, ABTIM3-hum18, ABTIM3-hum19, ABTIM3-hum20, ABTIM3-hum21, ABTIM3-hum22, ABTIM3-hum23; or as described in Tables 1-4 of US 2015/0218274; or encoded by the

10 nucleotide sequence in Tables 1-4; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequences. The anti-TIM-3 antibody molecule, optionally, comprises a leader sequence from a heavy chain, a light chain, or both, as shown in US 2015/0218274; or a sequence substantially identical thereto.

In yet another embodiment, the anti-TIM-3 antibody molecule includes at least one, two, or

15 three complementarity determining regions (CDRs) from a heavy chain variable region and/or a light chain variable region of an antibody described herein, *e.g.*, an antibody chosen from any of ABTIM3, ABTIM3-hum01, ABTIM3-hum02, ABTIM3-hum03, ABTIM3-hum04, ABTIM3-hum05, ABTIM3-hum06, ABTIM3-hum07, ABTIM3-hum08, ABTIM3-hum09, ABTIM3-hum10, ABTIM3-hum11, ABTIM3-hum12, ABTIM3-hum13, ABTIM3-hum14, ABTIM3-hum15, ABTIM3-hum16, ABTIM3-

20 hum17, ABTIM3-hum18, ABTIM3-hum19, ABTIM3-hum20, ABTIM3-hum21, ABTIM3-hum22, ABTIM3-hum23; or as described in Tables 1-4 of US 2015/0218274; or encoded by the nucleotide sequence in Tables 1-4; or a sequence substantially identical (*e.g.*, at least 80%, 85%, 90%, 92%, 95%, 97%, 98%, 99% or higher identical) to any of the aforesaid sequences.

In yet another embodiment, the anti-TIM-3 antibody molecule includes at least one, two, or

25 three CDRs (or collectively all of the CDRs) from a heavy chain variable region comprising an amino acid sequence shown in Tables 1-4 of US 2015/0218274, or encoded by a nucleotide sequence shown in Tables 1-4. In one embodiment, one or more of the CDRs (or collectively all of the CDRs) have one, two, three, four, five, six or more changes, *e.g.*, amino acid substitutions or deletions, relative to the amino acid sequence shown in Tables 1-4, or encoded by a nucleotide sequence shown in Table 1-

30 4.

In yet another embodiment, the anti-TIM-3 antibody molecule includes at least one, two, or three CDRs (or collectively all of the CDRs) from a light chain variable region comprising an amino acid sequence shown in Tables 1-4 of US 2015/0218274, or encoded by a nucleotide sequence shown in Tables 1-4. In one embodiment, one or more of the CDRs (or collectively all of the CDRs) have

35 one, two, three, four, five, six or more changes, *e.g.*, amino acid substitutions or deletions, relative to the amino acid sequence shown in Tables 1-4, or encoded by a nucleotide sequence shown in Tables

1-4. In certain embodiments, the anti-TIM-3 antibody molecule includes a substitution in a light chain CDR, *e.g.*, one or more substitutions in a CDR1, CDR2 and/or CDR3 of the light chain.

In another embodiment, the anti-TIM-3 antibody molecule includes at least one, two, three, four, five or six CDRs (or collectively all of the CDRs) from a heavy and light chain variable region comprising an amino acid sequence shown in Tables 1-4 of US 2015/0218274, or encoded by a nucleotide sequence shown in Tables 1-4. In one embodiment, one or more of the CDRs (or collectively all of the CDRs) have one, two, three, four, five, six or more changes, *e.g.*, amino acid substitutions or deletions, relative to the amino acid sequence shown in Tables 1-4, or encoded by a nucleotide sequence shown in Tables 1-4.

Other Exemplary Anti-TIM-3 Antibody Molecules

In one embodiment, the anti-TIM-3 antibody molecule is TSR-022 (AnaptysBio/Tesaro). In one embodiment, the anti-TIM-3 antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of TSR-022. In one embodiment, the anti-TIM-3 antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of APE5137 or APE5121, *e.g.*, as disclosed in **Table 8**. APE5137, APE5121, and other anti-TIM-3 antibodies are disclosed in WO 2016/161270, incorporated by reference in its entirety.

In one embodiment, the anti-TIM-3 antibody molecule is the antibody clone F38-2E2. In one embodiment, the anti-TIM-3 antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of F38-2E2.

Further known anti-TIM-3 antibodies include those described, *e.g.*, in WO 2016/111947, WO 2016/071448, WO 2016/144803, US 8,552,156, US 8,841,418, and US 9,163,087, incorporated by reference in their entirety.

In one embodiment, the anti-TIM-3 antibody is an antibody that competes for binding with, and/or binds to the same epitope on TIM-3 as, one of the anti-TIM-3 antibodies described herein.

Table 8. Amino acid sequences of other exemplary anti-TIM-3 antibody molecules

APE5137		
SEQ ID NO: 830	VH	EVQLLESGGGLVQPGGSLRLSCAASGFTFSSYDMSWVRQAPGKGLDWVS TISGGGTYYTYQDSVKGRFTISRDNKNTLYLQMNSLRAEDTAVYYCASMD YWQGTTVTVSSA
SEQ ID NO: 831	VL	DIQMTQSPSSLSASVGDRVTITCRASQSIRRYLNWYHQPGKAPKLLIYGAS TLQSGVPSRFSGSGSGTDFTLTISLQPEDFAVYYCQQSHSAPLTFGGGKVE IKR
APE5121		

SEQ ID NO: 832	VH	EVQVLESGGGLVQPGGSLRLYCVASGFTFSGSYAMSWVRQAPGKGLEWVS AISGSGGSTYYADSVKGRFTISRDN SKNTLYLQMNSLRAEDTAVYYCAKKY YVGPADYWGQGTLLTVSSG
SEQ ID NO: 833	VL	DIVMTQSPDSLAVSLGERATINCKSSQSVLYSSNNKNYLAWYQHKPGQPPK LLIWASTRESGVDPDRFSGSGSGTDFTLTISSLQAEDVAVYYCQYYSSPLTF GGGTKIEVK

PD-1 Inhibitors

In certain embodiments, the anti-TIM-3 antibody molecule described herein is administered in combination with a PD-1 inhibitor. In some embodiments, the PD-1 inhibitor is chosen from PDR001 (Novartis), Nivolumab (Bristol-Myers Squibb), Pembrolizumab (Merck & Co), Pidilizumab (CureTech), MEDI0680 (Medimmune), REGN2810 (Regeneron), TSR-042 (Tesar), PF-06801591 (Pfizer), BGB-A317 (Beigene), BGB-108 (Beigene), INCSHR1210 (Incyte), or AMP-224 (Amplimmune).

Exemplary PD-1 Inhibitors

In one embodiment, the PD-1 inhibitor is an anti-PD-1 antibody molecule. In one embodiment, the PD-1 inhibitor is an anti-PD-1 antibody molecule as described in US 2015/0210769, published on July 30, 2015, entitled "Antibody Molecules to PD-1 and Uses Thereof," incorporated by reference in its entirety.

In one embodiment, the anti-PD-1 antibody molecule comprises at least one, two, three, four, five or six complementarity determining regions (CDRs) (or collectively all of the CDRs) from a heavy and light chain variable region comprising an amino acid sequence shown in **Table 1** (*e.g.*, from the heavy and light chain variable region sequences of BAP049-Clone-E or BAP049-Clone-B disclosed in **Table 1**), or encoded by a nucleotide sequence shown in **Table 1**. In some embodiments, the CDRs are according to the Kabat definition (*e.g.*, as set out in **Table 1**). In some embodiments, the CDRs are according to the Chothia definition (*e.g.*, as set out in **Table 1**). In some embodiments, the CDRs are according to the combined CDR definitions of both Kabat and Chothia (*e.g.*, as set out in **Table 1**). In one embodiment, the combination of Kabat and Chothia CDR of VH CDR1 comprises the amino acid sequence GYTFTTYWMH (SEQ ID NO: 541). In one embodiment, one or more of the CDRs (or collectively all of the CDRs) have one, two, three, four, five, six or more changes, *e.g.*, amino acid substitutions (*e.g.*, conservative amino acid substitutions) or deletions, relative to an amino acid sequence shown in **Table 1**, or encoded by a nucleotide sequence shown in **Table 1**.

In one embodiment, the anti-PD-1 antibody molecule comprises a heavy chain variable region (VH) comprising a VHCDR1 amino acid sequence of SEQ ID NO: 501, a VHCDR2 amino acid sequence of SEQ ID NO: 502, and a VHCDR3 amino acid sequence of SEQ ID NO: 503; and a light chain variable region (VL) comprising a VLCDR1 amino acid sequence of SEQ ID NO: 510, a

VLCDR2 amino acid sequence of SEQ ID NO: 511, and a VLCDR3 amino acid sequence of SEQ ID NO: 512, each disclosed in **Table 1**.

In one embodiment, the antibody molecule comprises a VH comprising a VHCDR1 encoded by the nucleotide sequence of SEQ ID NO: 524, a VHCDR2 encoded by the nucleotide sequence of
5 SEQ ID NO: 525, and a VHCDR3 encoded by the nucleotide sequence of SEQ ID NO: 526; and a VL comprising a VLCDR1 encoded by the nucleotide sequence of SEQ ID NO: 529, a VLCDR2 encoded by the nucleotide sequence of SEQ ID NO: 530, and a VLCDR3 encoded by the nucleotide sequence of SEQ ID NO: 531, each disclosed in **Table 1**.

In one embodiment, the anti-PD-1 antibody molecule comprises a VH comprising the amino
10 acid sequence of SEQ ID NO: 506, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 506. In one embodiment, the anti-PD-1 antibody molecule comprises a VL comprising the amino acid sequence of SEQ ID NO: 520, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 520. In one embodiment, the anti-PD-1 antibody molecule comprises a VL comprising the amino acid sequence of SEQ ID NO:
15 516, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 516. In one embodiment, the anti-PD-1 antibody molecule comprises a VH comprising the amino acid sequence of SEQ ID NO: 506 and a VL comprising the amino acid sequence of SEQ ID NO: 520. In one embodiment, the anti-PD-1 antibody molecule comprises a VH comprising the amino acid sequence of SEQ ID NO: 506 and a VL comprising the amino acid sequence of SEQ ID NO:
20 516.

In one embodiment, the antibody molecule comprises a VH encoded by the nucleotide sequence of SEQ ID NO: 507, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 507. In one embodiment, the antibody molecule comprises a VL encoded by the nucleotide sequence of SEQ ID NO: 521 or 517, or a nucleotide sequence at least 85%, 90%,
25 95%, or 99% identical or higher to SEQ ID NO: 521 or 517. In one embodiment, the antibody molecule comprises a VH encoded by the nucleotide sequence of SEQ ID NO: 507 and a VL encoded by the nucleotide sequence of SEQ ID NO: 521 or 517.

In one embodiment, the anti-PD-1 antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 508, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 508. In one embodiment, the anti-PD-1 antibody molecule
30 comprises a light chain comprising the amino acid sequence of SEQ ID NO: 522, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 522. In one embodiment, the anti-PD-1 antibody molecule comprises a light chain comprising the amino acid sequence of SEQ ID NO: 518, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or
35 higher to SEQ ID NO: 518. In one embodiment, the anti-PD-1 antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 508 and a light chain comprising the amino acid sequence of SEQ ID NO: 522. In one embodiment, the anti-PD-1 antibody molecule

comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 508 and a light chain comprising the amino acid sequence of SEQ ID NO: 518.

In one embodiment, the antibody molecule comprises a heavy chain encoded by the nucleotide sequence of SEQ ID NO: 509, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 509. In one embodiment, the antibody molecule comprises a light chain encoded by the nucleotide sequence of SEQ ID NO: 523 or 519, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 523 or 519. In one embodiment, the antibody molecule comprises a heavy chain encoded by the nucleotide sequence of SEQ ID NO: 509 and a light chain encoded by the nucleotide sequence of SEQ ID NO: 523 or 519.

The antibody molecules described herein can be made by vectors, host cells, and methods described in US 2015/0210769, incorporated by reference in its entirety.

Table 1. Amino acid and nucleotide sequences of exemplary anti-PD-1 antibody molecules

BAP049-Clone-B HC		
SEQ ID NO: 501 (Kabat)	HCDR1	TYWMH
SEQ ID NO: 502 (Kabat)	HCDR2	NIYPGTGGSNFDEKFKN
SEQ ID NO: 503 (Kabat)	HCDR3	WTTGTGAY
SEQ ID NO: 504 (Chothia)	HCDR1	GYTFTTY
SEQ ID NO: 505 (Chothia)	HCDR2	YPGTGG
SEQ ID NO: 503 (Chothia)	HCDR3	WTTGTGAY
SEQ ID NO: 506	VH	EVQLVQSGAEVKKPGESLRISCKGSGYTFTTYWMHWVRQATGQG LEWMGNIYPGTGGSNFDEKFKNRVTITADKSTSTAYMELSSLRSE DTAVYYCTRWTGTGAYWGQGTITVTVSS
SEQ ID NO: 507	DNA VH	GAGGTGCAGCTGGTGCAGTCAGGCGCCGAAGTGAAGAAGCCCCG GCGAGTCACTGAGAATTAGCTGTAAAGGTTTCAGGCTACACCTT CACTACCTACTGGATGCACTGGGTCCGCCAGGCTACCGGTCAA GGCCTCGAGTGGATGGGTAAATATCTACCCCGGCACCGGCGGCT CTAACTTCGACGAGAAGTTTAAGAATAGAGTGACTATCACCGC CGATAAGTCTACTAGCACCGCCTATATGGAAGTGTCTAGCCTGA GATCAGAGGACACCGCCGTCTACTACTGCACTAGGTGGACTAC CGGCACAGGCGCCTACTGGGGTCAAGGCACTACCGTGACCGTG TCTAGC
SEQ ID NO: 508	Heavy chain	EVQLVQSGAEVKKPGESLRISCKGSGYTFTTYWMHWVRQATGQG LEWMGNIYPGTGGSNFDEKFKNRVTITADKSTSTAYMELSSLRSE DTAVYYCTRWTGTGAYWGQGTITVTVSSASTKGPSVFPLAPCSRS TSESTAALGCLVKDYFPEPTVSWNSGALTSGVHTFPAVLQSSGL YSLSSVVTVPSSSLGKTYTCNVDPKPSNTKVDKRVESKYGPCCPP CPAPEFLGGPSVFLFPPKPKDTLMISRTPEVTCVVVDVSDPEVQF NWYVDGVEVHNAKTKPREEQFNSTYRVVSVLTVLHQDWLNGKE YKCKVSNKGLPSSIEKTIKAKGQPREPQVYTLPPSQEEMTKNQVS LTCLVKGFYPSDIAVEWESNGQPENNYKTTTPVLDSDGSFFLYSRL TVDKSRWQEGNVFSCSVMEALHNHYTQKSLSLSLG

SEQ ID NO: 509	DNA heavy chain	GAGGTGCAGCTGGTGCAGTCAGGCGCCGAAGTGAAGAAGCCCCGCGAGTCACTGAGAATTAGCTGTAAAGGTTTCAGGCTACACCTTCACTACCTACTGGATGCACTGGGTCCGCCAGGCTACCGGTCAA GGCCTCGAGTGGATGGGTAATATCTACCCCGGCACCGGCGGCTCTAACTTCGACGAGAAGTTTAAGAATAGAGTGACTATCACCGCGATAAGTCTACTAGCACCGCCTATATGGAACTGTCTAGCCTGAGATCAGAGGACACCGCCGTCTACTACTGCACTAGGTGGACTACCGGCACAGGCGCCTACTGGGGTCAAGGCACTACCGTGACCGTGTCTAGCGCTAGCACTAAGGGCCCCGTCCGTGTTCCCCCTGGCACC TTGTAGCCGGAGCACTAGCGAATCCACCGCTGCCCTCGGCTGCC TGGTCAAGGATTACTTCCCGGAGCCCGTGACCGTGTCTTGGAAC AGCGGAGCCCTGACCTCCGGAGTGACACACCTTCCCCGCTGTGCT GCAGAGCTCCGGGCTGTACTCGCTGTCGTCCGTGGTACGGTGCCTTCATCTAGCCTGGGTACCAAGACCTACACTTGCAACGTGGAC CACAAGCCTTCCAACACTAAGGTGGACAAGCGCGTCGAATCGA AGTACGGCCACCGTGCCCGCCTTGTCCCGCGCCGGAGTTCCTC GCGGTCCCTCGGTCTTTCTGTTCACCGAAGCCCAAGGACAC TTTGATGATTTCCCGCACCCCTGAAGTGACATGCGTGGTTCGTGG ACGTGTACAGGAAGATCCGGAGGTGCAGTTCAATTGGTACGT GGATGGCGTCGAGGTGCACAACGCCAAAACCAAGCCGAGGGA GGAGCAGTTCAACTCCACTTACCGCGTCGTGTCCGTGCTGACGG TGCTGCATCAGGACTGGCTGAACGGGAAGGAGTACAAGTGCAA AGTGTCCAACAAGGGACTTCCTAGCTCAATCGAAAAGACCATC TCGAAAGCCAAGGGACAGCCCCGGGAACCCCAAGTGTATACCC TGCCACCGAGCCAGGAAGAAATGACTAAGAACCAAGTCTCATT GACTTGCCCTTGTGAAGGGCTTCTACCCATCGGATATCGCCGTGG AATGGGAGTCCAACGGCCAGCCGGAACCAACTACAAGACCA CCCCTCCGGTGTGACTCAGACGGATCCTTCTTCCTCTACTCG CGGCTGACCGTGGATAAGAGCAGATGGCAGGAGGGAAATGTGT TCAGCTGTTCTGTGATGCATGAAGCCCTGCACAACCACTACACT CAGAAGTCCCTGTCCCTCTCCCTGGGA
BAP049-Clone-B LC		
SEQ ID NO: 510 (Kabat)	LCDR1	KSSQSLDSDGNQKNFLT
SEQ ID NO: 511 (Kabat)	LCDR2	WASTRES
SEQ ID NO: 512 (Kabat)	LCDR3	QNDYSYPYT
SEQ ID NO: 513 (Chothia)	LCDR1	SQSLDSDGNQKNF
SEQ ID NO: 514 (Chothia)	LCDR2	WAS
SEQ ID NO: 515 (Chothia)	LCDR3	DYSYPY
SEQ ID NO: 516	VL	EIVLTQSPATLSLSPGERATLSCKSSQSLDSDGNQKNFLTWYQQKPGKAPKLLIYWASTRESGVPSRFSGSGSGTDFTFTISSLPEDIATYYCQNDYSYPYTFGQGTKVEIK
SEQ ID NO: 517	DNA VL	GAGATCGTCTGACTCAGTCACCCGCTACCCCTGAGCCTGAGCCC TGCGAGCGGGCTACACTGAGCTGTAAATCTAGTCAGTCACTG CTGGATAGCGGTAATCAGAAGAACTTCCTGACCTGGTATCAGC AGAAGCCCGGTAAAGCCCTAAGCTGCTGATCTACTGGGCCTC TACTAGAGAATCAGGCGTGCCCTCTAGGTTTAGCGGTAGCGGT AGTGGCACCGACTTCACCTTCACTATCTCTAGCCTGCAGCCCGA GGATATCGCTACCTACTACTGTGACAACGACTATAGCTACCCCT

		ACACCTTCGGTCAAGGCACTAAGGTCGAGATTAAG
SEQ ID NO: 518	Light chain	EIVLTQSPATLSLSPGERATLSCKSSQSLDSGNQKNFLTWYQQKP GKAPKLLIYWASTRESGVPSRFSGSGSGTDFTFTISSLPEDIATYY CQNDYSYPYTFGQGTKVEIKRTVAAPSVFIFPPSDEQLKSGTASVV CLLNNFYPREAKVQWKVDNALQSGNSQESVTEQDSKSTYLSST LTLSKADYEKHKVYACEVTHQGLSSPVTKSFNRGEC
SEQ ID NO: 519	DNA light chain	GAGATCGTCCTGACTCAGTCACCCGCTACCCTGAGCCTGAGCCC TGGCGAGCGGGCTACACTGAGCTGTAAATCTAGTCAGTCACTG CTGGATAGCGGTAATCAGAAGAACTTCCTGACCTGGTATCAGC AGAAGCCCGGTAAAGCCCCCTAAGCTGCTGATCTACTGGGCCTC TACTAGAGAATCAGGCGTGCCCTCTAGGTTTAGCGGTAGCGGT AGTGGCACCGACTTCACCTTCACTATCTCTAGCCTGCAGCCCGA GGATATCGCTACCTACTACTGTGACAACGACTATAGCTACCCCT ACACCTTCGGTCAAGGCACTAAGGTCGAGATTAAGCGTACGGT GGCCGCTCCCAGCGTGTTTCATCTTCCCCCCCAGCGACGAGCAGC TGAAGAGCGGCACCGCCAGCGTGGTGTGCCTGCTGAACAACTT CTACCCCGGGAGGCCAAGGTGCAGTGGAAGGTGGACAACGCC CTGCAGAGCGGCAACAGCCAGGAGAGCGTCACCGAGCAGGAC AGCAAGGACTCCACCTACAGCCTGAGCAGCACCCCTGACCCTGA GCAAGGCCGACTACGAGAAGCATAAGGTGTACGCCTGCGAGGT GACCCACAGGGCCTGTCCAGCCCCGTGACCAAGAGCTTCAAC AGGGGCGAGTGTC
BAP049-Clone-E HC		
SEQ ID NO: 501 (Kabat)	HCDR1	TYWMH
SEQ ID NO: 502 (Kabat)	HCDR2	NIYPGTGGSNFDEKFKN
SEQ ID NO: 503 (Kabat)	HCDR3	WTTGTGAY
SEQ ID NO: 504 (Chothia)	HCDR1	GYTFTTY
SEQ ID NO: 505 (Chothia)	HCDR2	YPGTGG
SEQ ID NO: 503 (Chothia)	HCDR3	WTTGTGAY
SEQ ID NO: 506	VH	EVQLVQSGAEVKKPGESLRISCKGSGYTFTTYWMHWVRQATGQG LEWMGNIYPGTGGSNFDEKFKNRVTITADKSTSTAYMELSSLRSE DTAVYYCTRWTTGTGAYWGQGTITVTVSS
SEQ ID NO: 507	DNA VH	GAGGTGCAGCTGGTGCAGTCAGGCGCCGAAGTGAAGAAGCCCC GCGAGTCACTGAGAATTAGCTGTAAAGGTTCAAGCTACACCTT CACTACCTACTGGATGCACTGGGTCCGCCAGGCTACCGGTCAA GGCCTCGAGTGGATGGGTAATATCTACCCCGGCACCGGCGGCT CTAACTTCGACGAGAAGTTTAAGAATAGAGTGACTATCACCGC CGATAAGTCTACTAGCACCGCCTATATGGAAGTGTCTAGCCTGA GATCAGAGGACACCGCCGTCTACTACTGCACTAGGTGGACTAC CGGCACAGGCGCCTACTGGGGTCAAGGCACTACCGTGACCGTG TCTAGC
SEQ ID NO: 508	Heavy chain	EVQLVQSGAEVKKPGESLRISCKGSGYTFTTYWMHWVRQATGQG LEWMGNIYPGTGGSNFDEKFKNRVTITADKSTSTAYMELSSLRSE DTAVYYCTRWTTGTGAYWGQGTITVTVSSASTKGPSVFPLAPCSR TSESTAALGCLVKDYFPEPTVSWNSGALTSGVHTFPAVLQSSGL YSLSSVTVPSSSLGKTYTCNVDPKPSNTKVDKRVESKYGPCCPP CPAPEFLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVVSQEDPEVQF NWYVDGVEVHNAKTKPREEQFNSTYRVVSVLTVLHQDWLNGKE

		YKCKVSNKGLPSSIEKTISKAKGQPREPQVYTLPPSQEEMTKNQVS LTCLVKGFYPSDIAVEWESNGQPENNYKTPPVLDSDGSFFLY SRL TVDKSRWQEGNVFSCSV MHEALHNHYTQKSLSL SLG
SEQ ID NO: 509	DNA heavy chain	GAGGTGCAGCTGGTGCAGTCAGGCGCCGAAGTGAAGAAGCCCCG GCGAGTCACTGAGAATTAGCTGTAAAGGTT CAGGCTACACCTT CACTACCTACTGGATGCACTGGGTCCGCCAGGCTACCGGTCAA GGCCTCGAGTGGATGGGTAATATCTACCCCGGCACCGGCGGCT CTAACTTCGACGAGAAGTTTAAGAATAGAGTGACTATCACCGC CGATAAGTCTACTAGCACCGCCTATATGGAAGTGTCTAGCCTGA GATCAGAGGACACCGCCGTCTACTACTGCAGTGGTGGACTAC CGGCACAGGCGCCTACTGGGGTCAAGGCACTACCGTGACCGTG TCTAGCGCTAGCACTAAGGGCCCCGTCCGTGTTCCCCCTGGCACC TTGTAGCCGGAGCACTAGCGAATCCACCGCTGCCCTCGGCTGCC TGGTCAAGGATTACTTCCCGGAGCCCGTGACCGTGTCTGGAAC AGCGGAGCCCTGACCTCCGGAGTGACACACCTTCCCCGTGTGCT GCAGAGCTCCGGGCTGTACTCGCTGTCTCGTGGTTCACGGTGC CTTCATCTAGCCTGGGTACCAAGACCTACACTTGCAACGTGGAC CACAAGCCTTCCAACACTAAGGTGGACAAGCGCGTCGAATCGA AGTACGGCCCCACCGTGCCCGCCTTGTCCCGCGCCGGAGTTCCTC GGCGGTCCCTCGGTCTTTCTGTTCACCGAAGCCCAAGGACAC TTTGATGATTTCCCGCACCCCTGAAGTGACATGCGTGGTCTGG ACGTGTACAGGAAGATCCGGAGGTGCAGTTCAATTGGTACGT GGATGGCGTCGAGGTGCACAACGCCAAAACCAAGCCGAGGGA GGAGCAGTTCAACTCCACTTACCGCGTCGTGTCCGTGCTGACGG TGCTGCATCAGGACTGGCTGAACGGGAAGGAGTACAAGTGCAA AGTGTCCAACAAGGGACTTCCTAGCTCAATCGAAAAGACCATC TCGAAAGCCAAGGGACAGCCCCGGGAACCCCAAGTGTATACCC TGCCACCGAGCCAGGAAGAAATGACTAAGAACCAAGTCTCATT GACTTGCCCTTGTGAAGGGCTTCTACCCATCGGATATCGCCGTGG AATGGGAGTCCAACGGCCAGCCGGAACCAACTACAAGACCA CCCCTCCGGTGTCTGGACTCAGACGGATCCTTCTTCCTCTACTCG CGGCTGACCGTGGATAAGAGCAGATGGCAGGAGGGAAATGTGT TCAGCTGTTCTGTGATGCATGAAGCCCTGCACAACCACTACACT CAGAAGTCCCTGTCCCTCTCCCTGGGA
BAP049-Clone-E LC		
SEQ ID NO: 510 (Kabat)	LCDR1	KSSQSLD SG NQKNFLT
SEQ ID NO: 511 (Kabat)	LCDR2	WASTRES
SEQ ID NO: 512 (Kabat)	LCDR3	QNDYSYPYT
SEQ ID NO: 513 (Chothia)	LCDR1	SQSLD SG NQKNF
SEQ ID NO: 514 (Chothia)	LCDR2	WAS
SEQ ID NO: 515 (Chothia)	LCDR3	DYSYPY
SEQ ID NO: 520	VL	EIVLTQSPATLSLSPGERATLSCKSSQSLD SG NQKNFLT WYQKP GQAPRLLIYWASTRESGVPSRFSGSGDFTFTISSLEAEDAATYY CQNDYSYPYTFGQGTKVEIK
SEQ ID NO: 521	DNA VL	GAGATCGTCTGACTCAGTCACCCGCTACCCTGAGCCTGAGCCC TGGCGAGCGGGCTACACTGAGCTGTAAATCTAGTCAGTCACTG CTGGATAGCGGTAATCAGAAGAACTTCCTGACCTGGTATCAGC AGAAGCCCGGTCAAGCCCTAGACTGCTGATCTACTGGGCCTCT

		ACTAGAGAATCAGGCGTGCCCTCTAGGTTTAGCGGTAGCGGTA GTGGCACCGACTTCACCTTCACTATCTCTAGCCTGGAAGCCGAG GACGCCGCTACCTACTACTGTCAGAACGACTATAGCTACCCCTA CACCTTCGGTCAAGGCACTAAGGTCGAGATTAAG
SEQ ID NO: 522	Light chain	EIVLTQSPATLSLSPGERATLSCKSSQSLDSGNQKNFLTWYQKP GQAPRLLIYWASTRESGVPSRFSGSGSGTDFTFITISLEAEDAATYY CQNDYSYPYTFGQGTKVEIKRTVAAPSVFIFPPSDEQLKSGTASVV CLLNNFYPREAKVQWKVDNALQSGNSQESVTEQDSKSTYLSST LTLSKADYEKHKVYACEVTHQGLSSPVTKSFNRGEC
SEQ ID NO: 523	DNA light chain	GAGATCGTCTGACTCAGTCACCCGCTACCCCTGAGCCTGAGCCC TGGCGAGCGGGCTACACTGAGCTGTAAATCTAGTCAGTCACTG CTGGATAGCGGTAATCAGAAGAACTTCCTGACCTGGTATCAGC AGAAGCCCCGGTCAAGCCCCCTAGACTGCTGATCTACTGGGCCTCT ACTAGAGAATCAGGCGTGCCCTCTAGGTTTAGCGGTAGCGGTA GTGGCACCGACTTCACCTTCACTATCTCTAGCCTGGAAGCCGAG GACGCCGCTACCTACTACTGTCAGAACGACTATAGCTACCCCTA CACCTTCGGTCAAGGCACTAAGGTCGAGATTAAGCGTACGGTG GCCGCTCCCAGCGTGTTTCATCTTCCCCCCCAGCGACGAGCAGCT GAAGAGCGGCACCGCCAGCGTGGTGTGCCTGCTGAACAACCTTC TACCCCCGGGAGGCCAAGGTGCAGTGGAAGGTGGACAACGCCC TGCAGAGCGGCAACAGCCAGGAGAGCGTCACCGAGCAGGACA GCAAGGACTCCACCTACAGCCTGAGCAGCACCTGACCCTGAG CAAGGCCGACTACGAGAAGCATAAGGTGTACGCCTGCGAGGTG ACCCACCAGGGCCTGTCCAGCCCCGTGACCAAGAGCTTCAACA GGGGCGAGTGC
BAP049-Clone-B HC		
SEQ ID NO: 524 (Kabat)	HCDR1	ACCTACTGGATGCAC
SEQ ID NO: 525 (Kabat)	HCDR2	AATATCTACCCCGGCACCGGCGGCTCTAACTTCGACGAGAAGT TTAAGAAT
SEQ ID NO: 526 (Kabat)	HCDR3	TGGA CTACCGGCACAGGCGCCTAC
SEQ ID NO: 527 (Chothia)	HCDR1	GGCTACACCTTCACTACCTAC
SEQ ID NO: 528 (Chothia)	HCDR2	TACCCCGGCACCGGCGGC
SEQ ID NO: 526 (Chothia)	HCDR3	TGGA CTACCGGCACAGGCGCCTAC
BAP049-Clone-B LC		
SEQ ID NO: 529 (Kabat)	LCDR1	AAATCTAGTCAGTCACTGCTGGATAGCGGTAATCAGAAGAACT TCCTGACC
SEQ ID NO: 530 (Kabat)	LCDR2	TGGGCCTCTACTAGAGAATCA
SEQ ID NO: 531 (Kabat)	LCDR3	CAGAACGACTATAGCTACCCCTACACC
SEQ ID NO: 532 (Chothia)	LCDR1	AGTCAGTCACTGCTGGATAGCGGTAATCAGAAGAACTTC
SEQ ID NO: 533 (Chothia)	LCDR2	TGGGCCTCT
SEQ ID NO: 534 (Chothia)	LCDR3	GACTATAGCTACCCCTAC
BAP049-Clone-E HC		
SEQ ID NO: 524 (Kabat)	HCDR1	ACCTACTGGATGCAC
SEQ ID NO: 525 (Kabat)	HCDR2	AATATCTACCCCGGCACCGGCGGCTCTAACTTCGACGAGAAGT

		TTAAGAAT
SEQ ID NO: 526 (Kabat)	HCDR3	TGGACTACCGGCACAGGCGCCTAC
SEQ ID NO: 527 (Chothia)	HCDR1	GGCTACACCTTCACTACCTAC
SEQ ID NO: 528 (Chothia)	HCDR2	TACCCCGGCACCGGCGGC
SEQ ID NO: 526 (Chothia)	HCDR3	TGGACTACCGGCACAGGCGCCTAC
BAP049-Clone-E LC		
SEQ ID NO: 529 (Kabat)	LCDR1	AAATCTAGTCAGTCACTGCTGGATAGCGGTAATCAGAAGAACT TCCTGACC
SEQ ID NO: 530 (Kabat)	LCDR2	TGGGCCTCTACTAGAGAATCA
SEQ ID NO: 531 (Kabat)	LCDR3	CAGAACGACTATAGCTACCCCTACACC
SEQ ID NO: 532 (Chothia)	LCDR1	AGTCAGTCACTGCTGGATAGCGGTAATCAGAAGAACTTC
SEQ ID NO: 533 (Chothia)	LCDR2	TGGGCCTCT
SEQ ID NO: 534 (Chothia)	LCDR3	GACTATAGCTACCCCTAC

Other Exemplary PD-1 Inhibitors

In one embodiment, the anti-PD-1 antibody molecule is Nivolumab (Bristol-Myers Squibb), also known as MDX-1106, MDX-1106-04, ONO-4538, BMS-936558, or OPDIVO®. Nivolumab (clone 5C4) and other anti-PD-1 antibodies are disclosed in US 8,008,449 and WO 2006/121168, incorporated by reference in their entirety. In one embodiment, the anti-PD-1 antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of Nivolumab, *e.g.*, as disclosed in Table 2.

In one embodiment, the anti-PD-1 antibody molecule is Pembrolizumab (Merck & Co), also known as Lambrolizumab, MK-3475, MK03475, SCH-900475, or KEYTRUDA®. Pembrolizumab and other anti-PD-1 antibodies are disclosed in Hamid, O. *et al.* (2013) *New England Journal of Medicine* 369 (2): 134–44, US 8,354,509, and WO 2009/114335, incorporated by reference in their entirety. In one embodiment, the anti-PD-1 antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of Pembrolizumab, *e.g.*, as disclosed in Table 2.

In one embodiment, the anti-PD-1 antibody molecule is Pidilizumab (CureTech), also known as CT-011. Pidilizumab and other anti-PD-1 antibodies are disclosed in Rosenblatt, J. *et al.* (2011) *J Immunotherapy* 34(5): 409-18, US 7,695,715, US 7,332,582, and US 8,686,119, incorporated by reference in their entirety. In one embodiment, the anti-PD-1 antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain

variable region sequence, or the heavy chain or light chain sequence of Pidilizumab, *e.g.*, as disclosed in Table 2.

In one embodiment, the anti-PD-1 antibody molecule is MEDI0680 (Medimmune), also known as AMP-514. MEDI0680 and other anti-PD-1 antibodies are disclosed in US 9,205,148 and WO 2012/145493, incorporated by reference in their entirety. In one embodiment, the anti-PD-1 antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of MEDI0680.

In one embodiment, the anti-PD-1 antibody molecule is REGN2810 (Regeneron). In one embodiment, the anti-PD-1 antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of REGN2810.

In one embodiment, the anti-PD-1 antibody molecule is PF-06801591 (Pfizer). In one embodiment, the anti-PD-1 antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of PF-06801591.

In one embodiment, the anti-PD-1 antibody molecule is BGB-A317 or BGB-108 (Beigene). In one embodiment, the anti-PD-1 antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of BGB-A317 or BGB-108.

In one embodiment, the anti-PD-1 antibody molecule is INCSHR1210 (Incyte), also known as INCSHR01210 or SHR-1210. In one embodiment, the anti-PD-1 antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of INCSHR1210.

In one embodiment, the anti-PD-1 antibody molecule is TSR-042 (Tesaro), also known as ANB011. In one embodiment, the anti-PD-1 antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of TSR-042.

Further known anti-PD-1 antibodies include those described, *e.g.*, in WO 2015/112800, WO 2016/092419, WO 2015/085847, WO 2014/179664, WO 2014/194302, WO 2014/209804, WO 2015/200119, US 8,735,553, US 7,488,802, US 8,927,697, US 8,993,731, and US 9,102,727, incorporated by reference in their entirety.

In one embodiment, the anti-PD-1 antibody is an antibody that competes for binding with, and/or binds to the same epitope on PD-1 as, one of the anti-PD-1 antibodies described herein.

In one embodiment, the PD-1 inhibitor is a peptide that inhibits the PD-1 signaling pathway, *e.g.*, as described in US 8,907,053, incorporated by reference in its entirety. In one embodiment, the PD-1 inhibitor is an immunoadhesin (*e.g.*, an immunoadhesin comprising an extracellular or PD-1

binding portion of PD-L1 or PD-L2 fused to a constant region (*e.g.*, an Fc region of an immunoglobulin sequence). In one embodiment, the PD-1 inhibitor is AMP-224 (B7-DCIg (Amplimmune), *e.g.*, disclosed in WO 2010/027827 and WO 2011/066342, incorporated by reference in their entirety).

5

Table 2. Amino acid sequences of other exemplary anti-PD-1 antibody molecules

Nivolumab		
SEQ ID NO: 535	Heavy chain	QVQLVESGGGVVQPGRSLRLDCKASGITFSNSGMHWVRQAPGKGLEWVAV IWYDGSKRYYADSVKGRFTISRDN SKNTLFLQMNSLRAEDTAVYYCATND DYWGQGT LVT VSSASTKGPSVFPLAPCSRSTSESTAALGCLVKDYFPEPVT SWNSGALTSGVHTFPAVLQSSGLYSLSSVTVPSSSLGKTKYTCNV DHKPSN TKVDKR VESKYGPCCPPCPAPEFLGGPSVFLFPPKPKDTLMISRTPEVTCVVV DVSQEDPEVQFNWYVDGVEVHNAKTKPREEQFNSTYRVVSVLTVLHQDW LNGKEYKCKVSNKGLPSSIEKTISKAKGQPREPQVYTLPPSQEEMTKNQVSL TCLVKGFYPSDIAVEWESNGQPENNYKTPPVLDSDGSFFLYSRLTVDKSR WQEGNVFSCSVMEALHNHYTQKSLSLGLK
SEQ ID NO: 536	Light chain	EIVLTQSPATLSLSPGERATLSCRASQSVSSYLAWYQQKPGQAPRLIYDASN RATGIPARFSGSGSGTDFTLTISLEPEDFAVYYCQSSNWPRTFGQGTKVEI KRTVAAPS VFIFPPSDEQLKSGTASVCLLNNFYPREAKVQWKVDNALQSG NSQESVTEQDSKDYSLSSSTLTLSKADYEKHKVYACEVTHQGLSSPVTKSF NRGEC
Pembrolizumab		
SEQ ID NO: 537	Heavy chain	QVQLVQSGVEVKKPGASVKVSCASGYTFTNYYMYWVRQAPGQGLEWM GGINPSNGGTNFNEKFKNRVLT TDSSTTAYMELKSLQFDDTAVYYCARR DYRFDMGFDYWGQGT TTVTVSSASTKGPSVFPLAPCSRSTSESTAALGCLVK DYFPEPVT VSWNSGALTSGVHTFPAVLQSSGLYSLSSVTVPSSSLGKTKYT CNVDHKPSNTKVDKR VESKYGPCCPPCPAPEFLGGPSVFLFPPKPKDTLMISR TPEVTCVVVDVSQEDPEVQFNWYVDGVEVHNAKTKPREEQFNSTYRVVSV LTVLHQDWLNGKEYKCKVSNKGLPSSIEKTISKAKGQPREPQVYTLPPSQEE MTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTPPVLDSDGSFFLYS RLTVDKSRWQEGNVFSCSVMEALHNHYTQKSLSLGLK
SEQ ID NO: 538	Light chain	EIVLTQSPATLSLSPGERATLSCRASKGVSTSGYSYLHWYQQKPGQAPRLI YLASYLESVGP ARFSGSGSGTDFTLTISLEPEDFAVYYCQHSRDLPLTFGGG TKVEIKRTVAAPS VFIFPPSDEQLKSGTASVCLLNNFYPREAKVQWKVDNA LQSGNSQESVTEQDSKDYSLSSSTLTLSKADYEKHKVYACEVTHQGLSSPV TKSFNRGEC
Pidilizumab		
SEQ ID NO: 539	Heavy chain	QVQLVQSGSELKKPGASVKISCKASGYTFTNYGMNWVRQAPGQLQWMG WINTDSGESTYAEFFKGRFVFLDTSVNTAYLQITSLTAEDTGMVFCVRVGY DALDYWGQGT LVT VSSASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEP VT VSWNSGALTSGVHTFPAVLQSSGLYSLSSVTVPSSSLGKQTYICNVNHK PSNTKVDKR VEPKSCDKTHTCPPCPAPELLGGPSVFLFPPKPKDTLMISRTPE VTCVVVDVSHEDPEVKFNWYVDGVEVHNAKTKPREEQYNSTYRVVSVLT VLHQDWLNGKEYKCKVSNKALPAPIEKTISKAKGQPREPQVYTLPPSREEM TKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTPPVLDSDGSFFLYSKL TVDKSRWQQGNVFSCSVMEALHNHYTQKSLSLSPGK
SEQ ID NO: 540	Light chain	EIVLTQSPSSLSASVGRVTITCSARSSVSYMHWFQKPGKAPKLWIYRTSN LASGVPSRFSGSGSGTSYCLTINSIQPEDFATYYCQQRSSFLTFGGGTKEIK RTVAAPS VFIFPPSDEQLKSGTASVCLLNNFYPREAKVQWKVDNALQSGN

		SQESVTEQDSKDYSLSTLTLSKADYEKHKVYACEVTHQGLSSPVTKSFN RGEK
--	--	---

PD-L1 Inhibitors

In certain embodiments, the anti-TIM-3 antibody molecule described herein is administered in combination with a PD-L1 inhibitor. In some embodiments, the PD-L1 inhibitor is chosen from

5 FAZ053 (Novartis), Atezolizumab (Genentech/Roche), Avelumab (Merck Serono and Pfizer), Durvalumab (MedImmune/AstraZeneca), or BMS-936559 (Bristol-Myers Squibb).

Exemplary PD-L1 Inhibitors

In one embodiment, the PD-L1 inhibitor is an anti-PD-L1 antibody molecule. In one

10 embodiment, the PD-L1 inhibitor is an anti-PD-L1 antibody molecule as disclosed in US 2016/0108123, published on April 21, 2016, entitled "Antibody Molecules to PD-L1 and Uses Thereof," incorporated by reference in its entirety.

In one embodiment, the anti-PD-L1 antibody molecule comprises at least one, two, three, four, five or six complementarity determining regions (CDRs) (or collectively all of the CDRs) from a

15 heavy and light chain variable region comprising an amino acid sequence shown in **Table 3** (*e.g.*, from the heavy and light chain variable region sequences of BAP058-Clone O or BAP058-Clone N disclosed in **Table 3**), or encoded by a nucleotide sequence shown in **Table 3**. In some embodiments, the CDRs are according to the Kabat definition (*e.g.*, as set out in **Table 3**). In some embodiments, the CDRs are according to the Chothia definition (*e.g.*, as set out in **Table 3**). In some embodiments,

20 the CDRs are according to the combined CDR definitions of both Kabat and Chothia (*e.g.*, as set out in **Table 3**). In one embodiment, the combination of Kabat and Chothia CDR of VH CDR1 comprises the amino acid sequence GYTFTSYWMY (SEQ ID NO: 647). In one embodiment, one or more of the CDRs (or collectively all of the CDRs) have one, two, three, four, five, six or more changes, *e.g.*, amino acid substitutions (*e.g.*, conservative amino acid substitutions) or deletions,

25 relative to an amino acid sequence shown in **Table 3**, or encoded by a nucleotide sequence shown in **Table 3**.

In one embodiment, the anti-PD-L1 antibody molecule comprises a heavy chain variable region (VH) comprising a VHCDR1 amino acid sequence of SEQ ID NO: 601, a VHCDR2 amino acid sequence of SEQ ID NO: 602, and a VHCDR3 amino acid sequence of SEQ ID NO: 603; and a

30 light chain variable region (VL) comprising a VLCDR1 amino acid sequence of SEQ ID NO: 609, a VLCDR2 amino acid sequence of SEQ ID NO: 610, and a VLCDR3 amino acid sequence of SEQ ID NO: 611, each disclosed in **Table 3**.

In one embodiment, the anti-PD-L1 antibody molecule comprises a VH comprising a VHCDR1 encoded by the nucleotide sequence of SEQ ID NO: 628, a VHCDR2 encoded by the

35 nucleotide sequence of SEQ ID NO: 629, and a VHCDR3 encoded by the nucleotide sequence of

SEQ ID NO: 630; and a VL comprising a VLCDR1 encoded by the nucleotide sequence of SEQ ID NO: 633, a VLCDR2 encoded by the nucleotide sequence of SEQ ID NO: 634, and a VLCDR3 encoded by the nucleotide sequence of SEQ ID NO: 635, each disclosed in **Table 3**.

In one embodiment, the anti-PD-L1 antibody molecule comprises a VH comprising the amino acid sequence of SEQ ID NO: 606, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 606. In one embodiment, the anti-PD-L1 antibody molecule comprises a VL comprising the amino acid sequence of SEQ ID NO: 616, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 616. In one embodiment, the anti-PD-L1 antibody molecule comprises a VH comprising the amino acid sequence of SEQ ID NO: 620, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 620. In one embodiment, the anti-PD-L1 antibody molecule comprises a VL comprising the amino acid sequence of SEQ ID NO: 624, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 624. In one embodiment, the anti-PD-L1 antibody molecule comprises a VH comprising the amino acid sequence of SEQ ID NO: 606 and a VL comprising the amino acid sequence of SEQ ID NO: 616. In one embodiment, the anti-PD-L1 antibody molecule comprises a VH comprising the amino acid sequence of SEQ ID NO: 620 and a VL comprising the amino acid sequence of SEQ ID NO: 624.

In one embodiment, the antibody molecule comprises a VH encoded by the nucleotide sequence of SEQ ID NO: 607, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 607. In one embodiment, the antibody molecule comprises a VL encoded by the nucleotide sequence of SEQ ID NO: 617, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 617. In one embodiment, the antibody molecule comprises a VH encoded by the nucleotide sequence of SEQ ID NO: 621, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 621. In one embodiment, the antibody molecule comprises a VL encoded by the nucleotide sequence of SEQ ID NO: 625, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 625. In one embodiment, the antibody molecule comprises a VH encoded by the nucleotide sequence of SEQ ID NO: 607 and a VL encoded by the nucleotide sequence of SEQ ID NO: 617. In one embodiment, the antibody molecule comprises a VH encoded by the nucleotide sequence of SEQ ID NO: 621 and a VL encoded by the nucleotide sequence of SEQ ID NO: 625.

In one embodiment, the anti-PD-L1 antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 608, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 608. In one embodiment, the anti-PD-L1 antibody molecule comprises a light chain comprising the amino acid sequence of SEQ ID NO: 618, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 618. In one embodiment, the anti-PD-L1 antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 622, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or

higher to SEQ ID NO: 622. In one embodiment, the anti-PD-L1 antibody molecule comprises a light chain comprising the amino acid sequence of SEQ ID NO: 626, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 626. In one embodiment, the anti-PD-L1 antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 608 and a light chain comprising the amino acid sequence of SEQ ID NO: 618. In one embodiment, the anti-PD-L1 antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 622 and a light chain comprising the amino acid sequence of SEQ ID NO: 626.

In one embodiment, the antibody molecule comprises a heavy chain encoded by the nucleotide sequence of SEQ ID NO: 615, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 615. In one embodiment, the antibody molecule comprises a light chain encoded by the nucleotide sequence of SEQ ID NO: 619, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 619. In one embodiment, the antibody molecule comprises a heavy chain encoded by the nucleotide sequence of SEQ ID NO: 623, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 623. In one embodiment, the antibody molecule comprises a light chain encoded by the nucleotide sequence of SEQ ID NO: 627, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 627. In one embodiment, the antibody molecule comprises a heavy chain encoded by the nucleotide sequence of SEQ ID NO: 615 and a light chain encoded by the nucleotide sequence of SEQ ID NO: 619. In one embodiment, the antibody molecule comprises a heavy chain encoded by the nucleotide sequence of SEQ ID NO: 623 and a light chain encoded by the nucleotide sequence of SEQ ID NO: 627.

The antibody molecules described herein can be made by vectors, host cells, and methods described in US 2016/0108123, incorporated by reference in its entirety.

Table 3. Amino acid and nucleotide sequences of exemplary anti-PD-L1 antibody molecules

BAP058-Clone O HC		
SEQ ID NO: 601 (Kabat)	HCDR1	SYWMY
SEQ ID NO: 602 (Kabat)	HCDR2	RIDPNSGSTKYNEKFKN
SEQ ID NO: 603 (Kabat)	HCDR3	DYRKGLYAMDY
SEQ ID NO: 604 (Chothia)	HCDR1	GYTFTSY
SEQ ID NO: 605 (Chothia)	HCDR2	DPNSGS
SEQ ID NO: 603 (Chothia)	HCDR3	DYRKGLYAMDY
SEQ ID NO: 606	VH	EVQLVQSGAEVKKPGATVKISCKVSGYTFTSYWMYWVRQARGQ RLEWIGRIDPNSGSTKYNEKFKNRFTISRDN SKNTLYLQMNSLRA EDTAVYYCARDYRKGLYAMDYWGQGTTVTVSS
SEQ ID NO: 607	DNA VH	GAAGTGCAGCTGGTGCAGTCAGGCGCCGAAGTGAAGAAACCC GGCGCTACCGTGAAGATTAGCTGTAAAGTCTCAGGCTACACCT TCACTAGCTACTGGATGTACTGGGTCCGACAGGCTAGAGGGCA AAGACTGGAGTGGATCGGTAGAATCGACCCTAATAGCGGCTC

		TACTAAGTATAACGAGAAGTTTAAGAATAGGTTCACTATTAGT AGGGATAACTCTAAGAACACCCTGTACCTGCAGATGAATAGC CTGAGAGCCGAGGACACCGCCGTCTACTACTGCGCTAGAGACT ATAGAAAGGGCCTGTACGCTATGGACTACTGGGGTCAAGGCA CTACCGTGACCGTGCTTCA
SEQ ID NO: 608	Heavy chain	EVQLVQSGAEVKKPGATVKISCKVSGYTFTSYWMYWVRQARGQ RLEWIGRIDPNSGSTKYNEKFKNRFITSRDNSKNTLYLQMNSLRA EDTAVYYCARDYRKGLYAMDYWGQGTITVTVSSASTKGPSVFPL APCSRSTSESTAALGCLVKDYFPEPTVSWNSGALTSGVHTFPAV LQSSGLYSLSSVTVPSSSLGTYTCNVDPKPSNTKVDKRVESK YGPCCPPCPAPEFLGGPSVFLFPPKPKDTLMISRTPEVTCVVDVVS QEDPEVQFNWYVDGVEVHNAKTKPREEQFNSTYRVVSVLTVHL QDWLNKGEYKCKVSNKGLPSSIEKTISKAKGQPREPQVYTLPPSQ EEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTTPVLD SDGSFFLYSRLTVDKSRWQEGNVFSCSVMEALHNHYTQKSLSL SLG
SEQ ID NO: 615	DNA heavy chain	GAAGTGCAGCTGGTGCAGTCAGGCGCCGAAGTGAAGAAACCC GGCGCTACCGTGAAGATTAGCTGTAAAGTCTCAGGCTACACCT TCACTAGCTACTGGATGTACTGGGTCCGACAGGCTAGAGGGCA AAGACTGGAGTGGATCGGTAGAATCGACCCTAATAGCGGCTC TACTAAGTATAACGAGAAGTTTAAGAATAGGTTCACTATTAGT AGGGATAACTCTAAGAACACCCTGTACCTGCAGATGAATAGC CTGAGAGCCGAGGACACCGCCGTCTACTACTGCGCTAGAGACT ATAGAAAGGGCCTGTACGCTATGGACTACTGGGGTCAAGGCA CTACCGTGACCGTGTCTTCAGCTAGCACTAAGGGCCCGTCCGT GTTCCCCCTGGCACCTTGTAGCCGGAGCACTAGCGAATCCACC GCTGCCCTCGGCTGCCTGGTCAAGGATTACTTCCCGGAGCCCG TGACCGTGTCTGGAACAGCGGAGCCCTGACCTCCGGAGTGCA CACCTTCCCCGCTGTGCTGCAGAGCTCCGGGCTGTACTCGCTG TCGTCGGTGGTCACGGTGCCTTCATCTAGCCTGGGTACCAAGA CCTACACTTGCAACGTGGACCACAAGCCTTCCAACACTAAGGT GGACAAGCGCGTCGAATCGAAGTACGGCCACCGTGCCCGCC TTGTCCCGCGCCGAGTTCTCTCGGCGGTCCCTCGGTCTTTCTGT TCCCACCGAAGCCCAAGGACACTTTGATGATTTCCCGCACCCC TGAAGTGACATGCGTGGTTCGTGGACGTGTCACAGGAAGATCC GGAGGTGCAGTTCAATTGGTACGTGGATGGCGTCGAGGTGCA CAACGCCAAAACCAAGCCGAGGGAGGAGCAGTTCAACTCCAC TTACCGCGTCGTGTCCGTGCTGACGGTGTGTCATCAGGACTGG CTGAACGGGAAGGAGTACAAGTGCAAAGTGTCCAACAAGGGA CTTCCTAGCTCAATCGAAAAGACCATCTCGAAAGCCAAGGGA CAGCCCCGGGAACCCCAAGTGTATACCTGCCACCGAGCCAG GAAGAAATGACTAAGAACCAAGTCTCATTGACTTGCTTGTGA AGGGCTTCTACCCATCGGATATCGCCGTGGAATGGGAGTCCAA CGGCCAGCCGGAACAACTACAAGACCACCCCTCCGGTGTCT GGACTCAGACGGATCCTTCTCTCTACTCGCGGCTGACCGTG GATAAGAGCAGATGGCAGGAGGGAATGTGTTCAGCTGTTCT GTGATGCATGAAGCCCTGCACAACCACTACACTCAGAAGTCCC TGTCCCTCTCCCTGGGA
BAP058-Clone O LC		
SEQ ID NO: 609 (Kabat)	LCDR1	KASQDVGTA
SEQ ID NO: 610 (Kabat)	LCDR2	WASTRHT
SEQ ID NO: 611(Kabat)	LCDR3	QQYNSYPLT
SEQ ID NO: 612 (Chothia)	LCDR1	SQDVGTA
SEQ ID NO: 613 (Chothia)	LCDR2	WAS
SEQ ID NO: 614 (Chothia)	LCDR3	YNSYPL

SEQ ID NO: 616	VL	AIQLTQSPSSLSASVGDRTITCKASQDVGTA VAWYLQKPGQSPQ LLIYWASTRHTGVPSRFSGSGSGTDFTFTISSLEAEDAATYYCQQY NSYPLTFGQGQTKVEIK
SEQ ID NO: 617	DNA VL	GCTATTCAGCTGACTCAGTCACCTAGTAGCCTGAGCGCTAGTG TGGGCGATAGAGTGACTATCACCTGTAAAGCCTCTCAGGACGT GGGCACCGCCGTGGCCTGGTATCTGCAGAAGCCTGGTCAATCA CCTCAGCTGCTGATCTACTGGGCCTCTACTAGACACACCGGCG TGCCCTCTAGGTTTAGCGGTAGCGGTAGTGGCACCGACTTCAC CTTCACTATCTCTTCACTGGAAGCCGAGGACGCCGCTACCTAC TACTGTCAGCAGTATAATAGCTACCCCTGACCTTCGGTCAAG GCACTAAGGTCGAGATTAAG
SEQ ID NO: 618	Light chain	AIQLTQSPSSLSASVGDRTITCKASQDVGTA VAWYLQKPGQSPQ LLIYWASTRHTGVPSRFSGSGSGTDFTFTISSLEAEDAATYYCQQY NSYPLTFGQGQTKVEIKRTVAAPSVFIFPPSDEQLKSGTASVVCLLN NFYPREAKVQWKVDNALQSGNSQESVTEQDSKSTYLSSTLT SKADYEKHKVYACEVTHQGLSSPVTKSFNRGEC
SEQ ID NO: 619	DNA light chain	GCTATTCAGCTGACTCAGTCACCTAGTAGCCTGAGCGCTAGTG TGGGCGATAGAGTGACTATCACCTGTAAAGCCTCTCAGGACGT GGGCACCGCCGTGGCCTGGTATCTGCAGAAGCCTGGTCAATCA CCTCAGCTGCTGATCTACTGGGCCTCTACTAGACACACCGGCG TGCCCTCTAGGTTTAGCGGTAGCGGTAGTGGCACCGACTTCAC CTTCACTATCTCTTCACTGGAAGCCGAGGACGCCGCTACCTAC TACTGTCAGCAGTATAATAGCTACCCCTGACCTTCGGTCAAG GCACTAAGGTCGAGATTAAGCGTACGGTGGCCGCTCCAGCGT GTTTCATCTTCCCCCCCAGCGACGAGCAGCTGAAGACCGGCACC GCCAGCGTGGTGTGCCTGCTGAACAACCTTCTACCCCGGGAGG CCAAGGTGCAGTGGAAGGTGGACAACGCCCTGCAGAGCGGCA ACAGCCAGGAGAGCGTCACCGAGCAGGACAGCAAGGACTCCA CCTACAGCCTGAGCAGCACCTGACCCTGAGCAAGGCCGACT ACGAGAAGCATAAGGTGTACGCCTGCGAGGTGACCCACCAGG GCCTGTCCAGCCCCGTGACCAAGAGCTTCAACAGGGGCGAGT GC
BAP058-Clone N HC		
SEQ ID NO: 601 (Kabat)	HCDR1	SYWMY
SEQ ID NO: 602 (Kabat)	HCDR2	RIDPNSGSTKYNEKFKN
SEQ ID NO: 603 (Kabat)	HCDR3	DYRKGLYAMDY
SEQ ID NO: 604 (Chothia)	HCDR1	GYTFTSY
SEQ ID NO: 605 (Chothia)	HCDR2	DPNSGS
SEQ ID NO: 603 (Chothia)	HCDR3	DYRKGLYAMDY
SEQ ID NO: 620	VH	EVQLVQSGAEVKKPGATVKISCKVSGYTFTSYWMYWVRQATGQ GLEWMGRIDPNSGSTKYNEKFKNRVTITADKSTSTAYMELSSLRS EDTAVYYCARDYRKGLYAMDYWGQGTITVTVSS
SEQ ID NO: 621	DNA VH	GAAGTGCAGCTGGTGCAGTCAGGCGCCGAAGTGAAGAAACCC GGCGCTACCGTGAAGATTAGCTGTAAAGTCTCAGGCTACACCT TACTAGCTACTGGATGTACTGGGTCCGACAGGCTACCGGTCA AGGCCTGGAGTGGATGGGTAGAATCGACCCTAATAGCGGCTC TACTAAGTATAACGAGAAGTTTAAAGAATAGAGTGAATATCACC GCCGATAAGTCTACTAGCACCGCCTATATGGAAGTGTCTAGCC TGAGATCAGAGGACACCGCCGTCTACTACTGCGCTAGAGACTA TAGAAAGGGCCTGTACGCTATGGACTACTGGGGTCAAGGCAC TACCGTGACCGTGTCTTCA
SEQ ID NO: 622	Heavy chain	EVQLVQSGAEVKKPGATVKISCKVSGYTFTSYWMYWVRQATGQ GLEWMGRIDPNSGSTKYNEKFKNRVTITADKSTSTAYMELSSLRS EDTAVYYCARDYRKGLYAMDYWGQGTITVTVSSASTKGPSVFPL APCSRSTSESTAALGCLVKDYFPEPVTVSWNSGALTSGVHTFPAV

		LQSSGLYSLSSVVTVPSSSLGTKTYTCNVDPKPSNTKVDRKVESK YGPCCPPCPAPEFLGGPSVFLFPPKPKDTLMISRTPEVTCVVVDVS QEDPEVQFNWYVDGVEVHNAKTKPREEQFNSTYRVVSVLTVLH QDWLNGKEYKCKVSNKGLPSSIEKTISKAKGQPREPQVYTLPPSQ EEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTTPVLD SDGSFFLYSRLTVDKSRWQEGNVFSCSVMEALHNHYTQKSLSL SLG
SEQ ID NO: 623	DNA heavy chain	GAAGTGCAGCTGGTGCAGTCAGGCGCCGAAGTGAAGAAACCC GGCGCTACCGTGAAGATTAGCTGTAAAGTCTCAGGCTACACCT TCACTAGCTACTGGATGTACTGGGTCCGACAGGCTACCGGTCA AGGCCTGGAGTGGATGGGTAGAATCGACCCTAATAGCGGCTC TACTAAGTATAACGAGAAGTTTAAGAATAGAGTGAATCACC GCCGATAAGTCTACTAGCACCGCCTATATGGAAGTGTCTAGCC TGAGATCAGAGGACACCGCCGTCTACTACTGCGCTAGAGACTA TAGAAAGGGCCTGTACGCTATGGACTACTGGGCTCAAGGCAC TACCGTGACCGTGTCTTCAGCTAGCACTAAGGGCCCCGTCCGTG TTCCCCCTGGCACCTTGTAGCCGGAGCACTAGCGAATCCACCG CTGCCCTCGGCTGCCTGGTCAAGGATTACTTCCCGAGCCCCGT GACCGTGTCTTGAACAGCGGAGCCCTGACCTCCGGAGTGCA CACCTTCCCCGCTGTGCTGCAGAGCTCCGGGCTGTACTCGCTG TCGTCGGTGGTCACGGTGCCTTCATCTAGCCTGGGTACCAAGA CCTACACTTGCAACGTGGACCACAAGCCTTCCAACACTAAGGT GGACAAGCGCGTCGAATCGAAGTACGGCCACCGTGCCCGCC TTGTCCCGCGCCGAGTTCCTCGGCGGTCCCTCGGTCTTTCTGT TCCCACCGAAGCCCAAGGACACTTTGATGATTTCCTCCGACCCC TGAAGTGACATGCGTGGTTCGTGGACGTGTACAGGAAGATCC GGAGGTGCAGTTCAATTGGTACGTGGATGGCGTCGAGGTGCA CAACGCCAAAACCAAGCCGAGGGAGGAGCAGTTCAACTCCAC TTACCGCGTCGTGTCCGTGCTGACGGTGTGCTGCATCAGGACTGG CTGAACGGGAAGGAGTACAAGTGCAAAGTGTCCAACAAGGGA CTTCCTAGCTCAATCGAAAAGACCATCTCGAAAGCCAAGGGA CAGCCCCGGGAACCCCAAGTGTATACCTGCCACCGAGCCAG GAAGAAATGACTAAGAACCAAGTCTCATTGACTTGCCTTGTGA AGGGCTTCTACCCATCGGATATCGCCGTGGAATGGGAGTCCAA CGGCCAGCCGGAACCAACTACAAGACACCCCTCCGGTGTCT GGACTCAGACGGATCCTTCTTCTCTACTCGCGGCTGACCGTG GATAAGAGCAGATGGCAGGAGGGAATGTGTTTCAGCTGTTCT GTGATGCATGAAGCCCTGCACAACCACTACACTCAGAAGTCCC TGTCCTCTCCCTGGGA
BAP058-Clone N LC		
SEQ ID NO: 609 (Kabat)	LCDR1	KASQDVGTAVA
SEQ ID NO: 610 (Kabat)	LCDR2	WASTRHT
SEQ ID NO: 611(Kabat)	LCDR3	QQYNSYPLT
SEQ ID NO: 612 (Chothia)	LCDR1	SQDVGT
SEQ ID NO: 613 (Chothia)	LCDR2	WAS
SEQ ID NO: 614 (Chothia)	LCDR3	YNSYPL
SEQ ID NO: 624	VL	DVVMTQSPLSLPVTLGQPASISCKASQDVGTAVAWYQQKPGQAP RLLIYWASTRHTGVPSRFSGSGSGTEFTLTISLQPDFFATYYCQQ YNSYPLTFGQGTKVEIK
SEQ ID NO: 625	DNA VL	GACGTGCTGATGACTCAGTCACCCCTGAGCCTGCCCCGTGACCC TGGGGCAGCCCCGCTCTATTAGCTGTAAAGCCTCTCAGGACGT GGGCACCGCCGTGGCCTGGTATCAGCAGAAGCCAGGGCAAGC CCCTAGACTGCTGATCTACTGGGCCTCTACTAGACACACCGGC GTGCCCTCTAGGTTTAGCGGTAGCGGTAGTGGCACCGAGTTCA CCCTGACTATCTTCACTGCAGCCCCGACGACTTCGCTACCTAC

		TACTGTCAGCAGTATAATAGCTACCCCCTGACCTTCGGTCAAG GCACTAAGGTTCGAGATTAAG
SEQ ID NO: 626	Light chain	DVVMTQSPSLPVTLGQPASISCKASQDVGTAVAWYQQKPGQAP RLLIYWASTRHTGVPSRFSGSGSGTEFTLTISSLQPDDEFATYYCQQ YNSYPLTFGQGTKVEIKRTVAAPSVFIFPPSDEQLKSGTASVVCLL NNFYPREAKVQWKVDNALQSGNSQESVTEQDSKSTYLSSTLT LSKADYEKHKVYACEVTHQGLSSPVTKSFNRGEC
SEQ ID NO: 627	DNA light chain	GACGTCGTGATGACTCAGTCACCCCTGAGCCTGCCCCTGACCC TGGGGCAGCCCCGCTCTATTAGCTGTAAAGCCTCTCAGGACGT GGGCACCGCCGTGGCCTGGTATCAGCAGAAGCCAGGGCAAGC CCCTAGACTGCTGATCTACTGGGCCTCTACTAGACACACCGGC GTGCCCTCTAGGTTTAGCGGTAGCGGTAGTGGCACCGAGTTCA CCCTGACTATCTTCACTGCAGCCCGACGACTTCGCTACCTAC TACTGTCAGCAGTATAATAGCTACCCCCTGACCTTCGGTCAAG GCACTAAGGTTCGAGATTAAGCGTACGGTGGCCGCTCCCAGCGT GTTTCATCTTCCCCCCCCAGCGACGAGCAGCTGAAGAGCGGCACC GCCAGCGTGGTGTGCCTGCTGAACAACCTTCTACCCCCGGGAGG CCAAGGTGCAGTGGAAGGTGGACAACGCCCTGCAGAGCGGCA ACAGCCAGGAGAGCGTCACCGAGCAGGACAGCAAGGACTCCA CCTACAGCCTGAGCAGCACCCCTGACCCTGAGCAAGGCCGACT ACGAGAAGCATAAGGTGTACGCTGCGAGGTGACCCACCAGG GCCTGTCCAGCCCCGTGACCAAGAGCTTCAACAGGGGCGAGT GC
BAP058-Clone O HC		
SEQ ID NO: 628 (Kabat)	HCDR1	AGCTACTGGATGTAC
SEQ ID NO: 629 (Kabat)	HCDR2	AGAATCGACCCTAATAGCGGCTCTACTAAGTATAACGAGAAG TTTAAGAAT
SEQ ID NO: 630 (Kabat)	HCDR3	GACTATAGAAAGGGCCTGTACGCTATGGACTAC
SEQ ID NO: 631 (Chothia)	HCDR1	GGCTACACCTTCACTAGCTAC
SEQ ID NO: 632 (Chothia)	HCDR2	GACCCTAATAGCGGCTCT
SEQ ID NO: 630 (Chothia)	HCDR3	GACTATAGAAAGGGCCTGTACGCTATGGACTAC
BAP058-Clone O LC		
SEQ ID NO: 633 (Kabat)	LCDR1	AAAGCCTCTCAGGACGTGGGCACCGCCGTGGCC
SEQ ID NO: 634 (Kabat)	LCDR2	TGGGCCTCTACTAGACACACC
SEQ ID NO: 635 (Kabat)	LCDR3	CAGCAGTATAATAGCTACCCCCTGACC
SEQ ID NO: 636 (Chothia)	LCDR1	TCTCAGGACGTGGGCACCGCC
SEQ ID NO: 637 (Chothia)	LCDR2	TGGGCCTCT
SEQ ID NO: 638 (Chothia)	LCDR3	TATAATAGCTACCCCCTG
BAP058-Clone N HC		
SEQ ID NO: 628 (Kabat)	HCDR1	AGCTACTGGATGTAC
SEQ ID NO: 629 (Kabat)	HCDR2	AGAATCGACCCTAATAGCGGCTCTACTAAGTATAACGAGAAG TTTAAGAAT
SEQ ID NO: 630 (Kabat)	HCDR3	GACTATAGAAAGGGCCTGTACGCTATGGACTAC
SEQ ID NO: 631 (Chothia)	HCDR1	GGCTACACCTTCACTAGCTAC
SEQ ID NO: 632 (Chothia)	HCDR2	GACCCTAATAGCGGCTCT
SEQ ID NO: 630 (Chothia)	HCDR3	GACTATAGAAAGGGCCTGTACGCTATGGACTAC

BAP058-Clone N LC		
SEQ ID NO: 633 (Kabat)	LCDR1	AAAGCCTCTCAGGACGTGGGCACCGCCGTGGCC
SEQ ID NO: 634 (Kabat)	LCDR2	TGGGCCTCTACTAGACACACC
SEQ ID NO: 635 (Kabat)	LCDR3	CAGCAGTATAATAGCTACCCCCTGACC
SEQ ID NO: 636 (Chothia)	LCDR1	TCTCAGGACGTGGGCACCGCC
SEQ ID NO: 637 (Chothia)	LCDR2	TGGGCCTCT
SEQ ID NO: 638 (Chothia)	LCDR3	TATAATAGCTACCCCCTG

Other Exemplary PD-L1 Inhibitors

In one embodiment, the anti-PD-L1 antibody molecule is Atezolizumab (Genentech/Roche), also known as MPDL3280A, RG7446, RO5541267, YW243.55.S70, or TECENTRIQ™.

5 Atezolizumab and other anti-PD-L1 antibodies are disclosed in US 8,217,149, incorporated by reference in its entirety. In one embodiment, the anti-PD-L1 antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of Atezolizumab, *e.g.*, as disclosed in **Table 4**.

10 In one embodiment, the anti-PD-L1 antibody molecule is Avelumab (Merck Serono and Pfizer), also known as MSB0010718C. Avelumab and other anti-PD-L1 antibodies are disclosed in WO 2013/079174, incorporated by reference in its entirety. In one embodiment, the anti-PD-L1 antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain
15 sequence of Avelumab, *e.g.*, as disclosed in **Table 4**.

In one embodiment, the anti-PD-L1 antibody molecule is Durvalumab (MedImmune/AstraZeneca), also known as MEDI4736. Durvalumab and other anti-PD-L1 antibodies are disclosed in US 8,779,108, incorporated by reference in its entirety. In one
20 embodiment, the anti-PD-L1 antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of Durvalumab, *e.g.*, as disclosed in **Table 4**.

In one embodiment, the anti-PD-L1 antibody molecule is BMS-936559 (Bristol-Myers Squibb), also known as MDX-1105 or 12A4. BMS-936559 and other anti-PD-L1 antibodies are disclosed in US 7,943,743 and WO 2015/081158, incorporated by reference in their entirety. In one
25 embodiment, the anti-PD-L1 antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of BMS-936559, *e.g.*, as disclosed in **Table 4**.

Further known anti-PD-L1 antibodies include those described, *e.g.*, in WO 2015/181342, WO 2014/100079, WO 2016/000619, WO 2014/022758, WO 2014/055897, WO 2015/061668, WO

2013/079174, WO 2012/145493, WO 2015/112805, WO 2015/109124, WO 2015/195163, US 8,168,179, US 8,552,154, US 8,460,927, and US 9,175,082, incorporated by reference in their entirety.

- In one embodiment, the anti-PD-L1 antibody is an antibody that competes for binding with, and/or binds to the same epitope on PD-L1 as, one of the anti-PD-L1 antibodies described herein.

Table 4. Amino acid sequences of other exemplary anti-PD-L1 antibody molecules

Atezolizumab		
SEQ ID NO: 639	Heavy chain	EVQLVESGGGLVQPGGSLRLSCAASGFTFSDSWIHVVRQAPGKGLEWVVAWI SPYGGSTYYADSVKGRFTISADTSKNTAYLQMNSLRAEDTAVYYCARRHWP GGFDYWGQGTLLTVSSASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEP VTVSWNSGALTSGVHTFPAVLQSSGLYSLSSVTVTPSSSLGTQTYICNVNHKP SNTKVDKKVEPKSCDKTHTCPPCPAPELLGGPSVFLFPPKPKDTLMISRTPEVT CVVVDVSHEDPEVKFNWYVDGVEVHNAKTKPREEQYASTYRVVSVLTVLH QDWLNGKEYKCKVSNKALPAPIEKTISKAKGQPREPQVYTLPPSREEMTKNQ VSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPVLDSDGSFFLYSKLTVDKS RWQQGNVFSCSVMEALHNHYTQKSLSLSPGK
SEQ ID NO: 640	Light chain	DIQMTQSPSSLSASVGDRVTITCRASQDVSTAVAWYQQKPGKAPKLLIYSASF LYSGVPSRFSGSGSGTDFTLTISLQPEDFATYYCQQYLYHPATFGQGTKVEIK RTVAAPSVFIFPPSDEQLKSGTASVVCLLNNFYPREAKVQWKVDNALQSGNS QESVTEQDSKSTYSLSTLTLSKADYEKHKVYACEVTHQGLSPVTKSFNR GEC
Avelumab		
SEQ ID NO: 641	Heavy chain	EVQLLESGGGLVQPGGSLRLSCAASGFTFSSYIMMWVRQAPGKGLEWVSSII PSGGITFYADTVKGRFTISRDNKNTLYLQMNSLRAEDTAVYYCARIKLTGV TTVDYWGQGTLLTVSSASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEP VTVSWNSGALTSGVHTFPAVLQSSGLYSLSSVTVTPSSSLGTQTYICNVNHKP SNTKVDKKVEPKSCDKTHTCPPCPAPELLGGPSVFLFPPKPKDTLMISRTPEVT CVVVDVSHEDPEVKFNWYVDGVEVHNAKTKPREEQYNSTYRVVSVLTVLH QDWLNGKEYKCKVSNKALPAPIEKTISKAKGQPREPQVYTLPPSRDELTKNQ VSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPVLDSDGSFFLYSKLTVDKS RWQQGNVFSCSVMEALHNHYTQKSLSLSPGK
SEQ ID NO: 642	Light chain	QSALTQPASVSGSPGQSITISCTGTSSDVGGYNYVSWYQQHPGKAPKLMIID VSNRPSGVSNRFSKSGNTASLTISGLQAEDEADYYCYYTSSSTRVFGTGT KVTVLGQPKANPTVTLFPPSSEELQANKATLVCLISDFYPGAVTVAWKADGS PVKAGVETTKPSKQSNKYAASSYLSLTPEQWKSHRSYSCQVTHEGSTVEKT VAPTECS
Durvalumab		
SEQ ID NO: 643	Heavy chain	EVQLVESGGGLVQPGGSLRLSCAASGFTFSRYWMSWVRQAPGKGLEWVANI KQDGSEKYYVDSVKGRFTISRDNKNSLYLQMNSLRAEDTAVYYCAREGG WFGELAFDYWGQGTLLTVSSASTKGPSVFPLAPSSKSTSGGTAALGCLVKDY FPEPVTVSWNSGALTSGVHTFPAVLQSSGLYSLSSVTVTPSSSLGTQTYICNV NHKPSNTKVDKRVEPKSCDKTHTCPPCPAPEFEGGPSVFLFPPKPKDTLMISR TPEVTCVVVDVSHEDPEVKFNWYVDGVEVHNAKTKPREEQYNSTYRVVSV LTVLHQDWLNGKEYKCKVSNKALPASIEKTISKAKGQPREPQVYTLPPSREE MTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPVLDSDGSFFLYSK LTVDKSRWQQGNVFSCSVMEALHNHYTQKSLSLSPGK
SEQ ID NO: 644	Light	EIVLTQSPGTLSPGERATLSCRASQRVSSSYLAWYQQKPGQAPRLLIYDAS

	chain	SRATGIPDRFSGSGSGTDFTLTISRLEPEDFAVYYCQQYGSLPWTFGQGKVEIKRTVAAPSVFIFPPSDEQLKSGTASVVCLLNNFYPREAKVQWKVDNALQSGNSQESVTEQDSKDSTYSLSSTLTLSKADYEKHKVYACEVTHQGLSSPVTKSFNRGEC
BMS-936559		
SEQ ID NO: 645	VH	QVQLVQSGAEVKKPGSSVKVSCKTSGDTFSTYAIWVRQAPGQGLEWMGGIIPFGKAHYAQKFQGRVTITADESTSTAYMELSSLRSEDTAVYFCARKFHFVSGSPFGMDVWGQGTTVTVSS
SEQ ID NO: 646	VL	EIVLTQSPATLSLSPGERATLSCRASQSVSSYLAWYQQKPGQAPRLLIYDASNRATGIPARFSGSGSGTDFTLTISLEPEDFAVYYCQQRSNWPTFGQGKVEIK

LAG-3 Inhibitors

In certain embodiments, the anti-TIM-3 antibody molecule described herein is administered in combination with a LAG-3 inhibitor. In some embodiments, the LAG-3 inhibitor is chosen from LAG525 (Novartis), BMS-986016 (Bristol-Myers Squibb), or TSR-033 (Tesaro).

Exemplary LAG-3 Inhibitors

In one embodiment, the LAG-3 inhibitor is an anti-LAG-3 antibody molecule. In one embodiment, the LAG-3 inhibitor is an anti-LAG-3 antibody molecule as disclosed in US 2015/0259420, published on September 17, 2015, entitled “Antibody Molecules to LAG-3 and Uses Thereof,” incorporated by reference in its entirety.

In one embodiment, the anti-LAG-3 antibody molecule comprises at least one, two, three, four, five or six complementarity determining regions (CDRs) (or collectively all of the CDRs) from a heavy and light chain variable region comprising an amino acid sequence shown in **Table 5** (*e.g.*, from the heavy and light chain variable region sequences of BAP050-Clone I or BAP050-Clone J disclosed in **Table 5**), or encoded by a nucleotide sequence shown in **Table 5**. In some embodiments, the CDRs are according to the Kabat definition (*e.g.*, as set out in **Table 5**). In some embodiments, the CDRs are according to the Chothia definition (*e.g.*, as set out in **Table 5**). In some embodiments, the CDRs are according to the combined CDR definitions of both Kabat and Chothia (*e.g.*, as set out in **Table 5**). In one embodiment, the combination of Kabat and Chothia CDR of VH CDR1 comprises the amino acid sequence GFTLTNYGMN (SEQ ID NO: 766). In one embodiment, one or more of the CDRs (or collectively all of the CDRs) have one, two, three, four, five, six or more changes, *e.g.*, amino acid substitutions (*e.g.*, conservative amino acid substitutions) or deletions, relative to an amino acid sequence shown in **Table 5**, or encoded by a nucleotide sequence shown in **Table 5**.

In one embodiment, the anti-LAG-3 antibody molecule comprises a heavy chain variable region (VH) comprising a VHCDR1 amino acid sequence of SEQ ID NO: 701, a VHCDR2 amino acid sequence of SEQ ID NO: 702, and a VHCDR3 amino acid sequence of SEQ ID NO: 703; and a light chain variable region (VL) comprising a VLCDR1 amino acid sequence of SEQ ID NO: 710, a

VLCDR2 amino acid sequence of SEQ ID NO: 711, and a VLCDR3 amino acid sequence of SEQ ID NO: 712, each disclosed in **Table 5**.

In one embodiment, the anti-LAG-3 antibody molecule comprises a VH comprising a VHCDR1 encoded by the nucleotide sequence of SEQ ID NO: 736 or 737, a VHCDR2 encoded by the nucleotide sequence of SEQ ID NO: 738 or 739, and a VHCDR3 encoded by the nucleotide sequence of SEQ ID NO: 740 or 741; and a VL comprising a VLCDR1 encoded by the nucleotide sequence of SEQ ID NO: 746 or 747, a VLCDR2 encoded by the nucleotide sequence of SEQ ID NO: 748 or 749, and a VLCDR3 encoded by the nucleotide sequence of SEQ ID NO: 750 or 751, each disclosed in **Table 5**. In one embodiment, the anti-LAG-3 antibody molecule comprises a VH comprising a VHCDR1 encoded by the nucleotide sequence of SEQ ID NO: 758 or 737, a VHCDR2 encoded by the nucleotide sequence of SEQ ID NO: 759 or 739, and a VHCDR3 encoded by the nucleotide sequence of SEQ ID NO: 760 or 741; and a VL comprising a VLCDR1 encoded by the nucleotide sequence of SEQ ID NO: 746 or 747, a VLCDR2 encoded by the nucleotide sequence of SEQ ID NO: 748 or 749, and a VLCDR3 encoded by the nucleotide sequence of SEQ ID NO: 750 or 751, each disclosed in **Table 5**.

In one embodiment, the anti-LAG-3 antibody molecule comprises a VH comprising the amino acid sequence of SEQ ID NO: 706, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 706. In one embodiment, the anti-LAG-3 antibody molecule comprises a VL comprising the amino acid sequence of SEQ ID NO: 718, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 718. In one embodiment, the anti-LAG-3 antibody molecule comprises a VH comprising the amino acid sequence of SEQ ID NO: 724, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 724. In one embodiment, the anti-LAG-3 antibody molecule comprises a VL comprising the amino acid sequence of SEQ ID NO: 730, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 730. In one embodiment, the anti-LAG-3 antibody molecule comprises a VH comprising the amino acid sequence of SEQ ID NO: 706 and a VL comprising the amino acid sequence of SEQ ID NO: 718. In one embodiment, the anti-LAG-3 antibody molecule comprises a VH comprising the amino acid sequence of SEQ ID NO: 724 and a VL comprising the amino acid sequence of SEQ ID NO: 730.

In one embodiment, the antibody molecule comprises a VH encoded by the nucleotide sequence of SEQ ID NO: 707 or 708, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 707 or 708. In one embodiment, the antibody molecule comprises a VL encoded by the nucleotide sequence of SEQ ID NO: 719 or 720, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 719 or 720. In one embodiment, the antibody molecule comprises a VH encoded by the nucleotide sequence of SEQ ID NO: 725 or 726, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 725 or 726. In one embodiment, the antibody molecule comprises a VL encoded by the nucleotide sequence

of SEQ ID NO: 731 or 732, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 731 or 732. In one embodiment, the antibody molecule comprises a VH encoded by the nucleotide sequence of SEQ ID NO: 707 or 708 and a VL encoded by the nucleotide sequence of SEQ ID NO: 719 or 720. In one embodiment, the antibody molecule comprises a VH
5 encoded by the nucleotide sequence of SEQ ID NO: 725 or 726 and a VL encoded by the nucleotide sequence of SEQ ID NO: 731 or 732.

In one embodiment, the anti-LAG-3 antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 709, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 709. In one embodiment, the anti-LAG-3 antibody molecule
10 comprises a light chain comprising the amino acid sequence of SEQ ID NO: 721, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 721. In one embodiment, the anti-LAG-3 antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 727, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 727. In one embodiment, the anti-LAG-3 antibody molecule comprises a light
15 chain comprising the amino acid sequence of SEQ ID NO: 733, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 733. In one embodiment, the anti-LAG-3 antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 709 and a light chain comprising the amino acid sequence of SEQ ID NO: 721. In one embodiment, the anti-LAG-3 antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ
20 ID NO: 727 and a light chain comprising the amino acid sequence of SEQ ID NO: 733.

In one embodiment, the antibody molecule comprises a heavy chain encoded by the nucleotide sequence of SEQ ID NO: 716 or 717, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 716 or 717. In one embodiment, the antibody molecule comprises a light chain encoded by the nucleotide sequence of SEQ ID NO: 722 or 723, or a
25 nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 722 or 723. In one embodiment, the antibody molecule comprises a heavy chain encoded by the nucleotide sequence of SEQ ID NO: 728 or 729, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 728 or 729. In one embodiment, the antibody molecule comprises a light chain encoded by the nucleotide sequence of SEQ ID NO: 734 or 735, or a nucleotide sequence
30 at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 734 or 735. In one embodiment, the antibody molecule comprises a heavy chain encoded by the nucleotide sequence of SEQ ID NO: 716 or 717 and a light chain encoded by the nucleotide sequence of SEQ ID NO: 722 or 723. In one embodiment, the antibody molecule comprises a heavy chain encoded by the nucleotide sequence of SEQ ID NO: 728 or 729 and a light chain encoded by the nucleotide sequence of SEQ ID NO: 734 or
35 735.

The antibody molecules described herein can be made by vectors, host cells, and methods described in US 2015/0259420, incorporated by reference in its entirety.

Table 5. Amino acid and nucleotide sequences of exemplary anti-LAG-3 antibody molecules

BAP050-Clone I HC		
SEQ ID NO: 701 (Kabat)	HCDR1	NYGMN
SEQ ID NO: 702 (Kabat)	HCDR2	WINTDTGEPTYADDFKG
SEQ ID NO: 703 (Kabat)	HCDR3	NPPYYYGTNNAEAMDY
SEQ ID NO: 704 (Chothia)	HCDR1	GFTLTNY
SEQ ID NO: 705 (Chothia)	HCDR2	NTDTGE
SEQ ID NO: 703 (Chothia)	HCDR3	NPPYYYGTNNAEAMDY
SEQ ID NO: 706	VH	QVQLVQSGAEVKKPGASVKVSCKASGFTLTNYGMNWVRQARGQ RLEWIGWINTDTGEPTYADDFKGRFVFLDTSVSTAYLQISSLKAE DTAVYYCARNPPYYYGTNNAEAMDYWGQGTITVTVSS
SEQ ID NO: 707	DNA VH	CAAGTGCAGCTGGTGCAGTCGGGAGCCGAAGTGAAGAAGCCTG GAGCCTCGGTGAAGGTGTCGTGCAAGGCATCCGGATTACACCT CACCAATTACGGGATGAACTGGGTCAGACAGGCCCGGGGTCAA CGGCTGGAGTGGATCGGATGGATTAACACCGACACCGGGGAGC CTACCTACGCGGACGATTTCAGGGACGGTTCGTGTTCTCCCTC GACACCTCCGTGTCCACCGCCTACCTCCAAATCTCCTCACTGAA AGCGGAGGACACCGCCGTGTACTATTGCGCGAGGAACCCGCCC TACTACTACGGAACCAACAACGCCGAAGCCATGGACTACTGGG GCCAGGGCACCCTGTGACTGTGTCCAGC
SEQ ID NO: 708	DNA VH	CAGGTGCAGCTGGTGCAGTCTGGCGCCGAAGTGAAGAAACCTG GCGCCTCCGTGAAGGTGTCCTGCAAGGCCTCTGGCTTACACCTG ACCAACTACGGCATGAACTGGGTGCGACAGGCCAGGGGCCAGC GGCTGGAATGGATCGGCTGGATCAACACCGACACCGGCGAGCC TACCTACGCCGACGACTTCAAGGGCAGATTCTGTGTTCTCCCTGG ACACCTCCGTGTCCACCGCCTACCTGCAGATCTCCAGCCTGAAG GCCGAGGATACCGCCGTGTACTACTGCGCCCGGAACCCCTT ACTACTACGGCACCAACAACGCCGAGGCCATGGACTATTGGGG CCAGGGCACCACCGTGACCGTGTCTCT
SEQ ID NO: 709	Heavy chain	QVQLVQSGAEVKKPGASVKVSCKASGFTLTNYGMNWVRQARGQ RLEWIGWINTDTGEPTYADDFKGRFVFLDTSVSTAYLQISSLKAE DTAVYYCARNPPYYYGTNNAEAMDYWGQGTITVTVSSASTKGPS VFPLAPCSRSTSESTAALGCLVKDYFPEPVTVSWNSGALTSGVHTF PAVLQSSGLYSLSSVTVPSSSLGKTYTCNVDPKPSNTKVDKRV ESKYGPPCPPPAPEFLGGPSVFLFPPKPKDTLMISRTPEVTCVVD VSQEDPEVQFNWYVDGVEVHNAKTKPREEQFNSTYRVVSVLTVL HQDWLNGKEYKCKVSNKGLPSSIEKTISKAKGQPREPQVYTLPPS QEEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTTPVLD SDGSFFLYSRLTVDKSRWQEGNVFSCSVMEALHNHYTQKSLSLS LG
SEQ ID NO: 716	DNA heavy chain	CAAGTGCAGCTGGTGCAGTCGGGAGCCGAAGTGAAGAAGCCTG GAGCCTCGGTGAAGGTGTCGTGCAAGGCATCCGGATTACACCT CACCAATTACGGGATGAACTGGGTCAGACAGGCCCGGGGTCAA CGGCTGGAGTGGATCGGATGGATTAACACCGACACCGGGGAGC CTACCTACGCGGACGATTTCAGGGACGGTTCGTGTTCTCCCTC GACACCTCCGTGTCCACCGCCTACCTCCAAATCTCCTCACTGAA

	AGCGGAGGACACCGCCGTGTA CTATTGCGCGAGGAACCCGCC TACTACTACGGAACCAACAACGCCGAAGCCATGGACTACTGGG GCCAGGGCACCAGTGTGACTGTGTCCAGCGCTCCACTAAGGG CCCGTCCGTGTTCCCCCTGGCACCTTGTAGCCGGAGCACTAGCG AATCCACCGCTGCCCTCGGCTGCCTGGTCAAGGATTACTTCCCG GAGCCCGTGACCGTGTCTGGAACAGCGGAGCCCTGACCTCCG GAGTGCACACCTTCCCCGCTGTGCTGCAGAGCTCCGGGCTGTAC TCGCTGTCGTGCGGTGGTCACGGTGCCTTCATCTAGCCTGGGTAC CAAGACCTACACTTGCAACGTGGACCACAAGCCTTCCAACACT AAGGTGGACAAGCGCGTCGAATCGAAGTACGGCCCAACGTGCC CGCCTTGTCCCGCGCCGGAGTTCTCGGCGGTCCCTCGGTCTTT CTGTTCCCAACGAAGCCCAAGGACACTTTGATGATTTCCCGCAC CCCTGAAGTGACATGCGTGGTCTGGACGTGTACAGGAAGAT CCGGAGGTGCAGTTCAATTGGTACGTGGATGGCGTCGAGGTGC ACAACGCCAAAACCAAGCCGAGGGAGGAGCAGTTCAACTCCAC TTACCGCGTCTGTGTCCTGTGCTGACGGTGTGCATCAGGACTGGC TGAACGGGAAGGAGTACAAGTGCAAAGTGTCCAACAAGGGAC TTCCTAGCTCAATCGAAAAGACCATCTCGAAAGCCAAGGGACA GCCCCGGGAACCCCAAGTGTATACCCTGCCACCGAGCCAGGAA GAAATGACTAAGAACCAAGTCTCATTGACTTGCCTTGTGAAGG GCTTCTACCCATCGGATATCGCCGTGGAATGGGAGTCCAACGG CCAGCCGGAACAACTACAAGACCACCCCTCCGGTGTCTGGAC TCAGACGGATCCTTCTTCCTCTACTCGCGGTGACCGTGGATAA GAGCAGATGGCAGGAGGGAATGTGTTTCAGCTGTTCTGTGATG CATGAAGCCCTGCACAACCACTACACTCAGAAGTCCCTGTCCCT CTCCCTGGGA
SEQ ID NO: 717	DNA heavy chain CAGGTGCAGCTGGTGCAGTCTGGCGCCGAAGTGAAGAAACCTG GCGCCTCCGTGAAGGTGTCTGCAAGGCCTCTGGCTTACCCCTG ACCAACTACGGCATGAACTGGGTGCGACAGGCCAGGGGCCAGC GGCTGGAATGGATCGGCTGGATCAACACCGACACCGGCGAGCC TACCTACGCCGACGACTTCAAGGGCAGATTCTGTGTTCTCCCTGG ACACCTCCGTGTCCACCGCCTACCTGCAGATCTCCAGCCTGAAG GCCGAGGATACCGCCGTGTACTACTGCGCCCGGAACCCCCCTT ACTACTACGGCACCAACAACGCCGAGGCCATGGACTATTGGGG CCAGGGCACCAACCGTGACCGTGTCTCTGCTTCTACCAAGGGGC CCAGCGTGTTCCTCCCTGGCCCCCTGCTCCAGAAGCACCAGCGA GAGCACAGCCGCCCTGGGCTGCCTGGTGAAGGACTACTTCCCC GAGCCCGTGACCGTGTCTGGAACAGCGGAGCCCTGACCAGCG GCGTGCACACCTTCCCCGCCGTGCTGCAGAGCAGCGGCCTGTA CAGCCTGAGCAGCGTGGTGACCGTGCCCAGCAGCAGCCTGGGC ACCAAGACCTACACCTGTAACGTGGACCACAAGCCCAGCAACA CCAAGGTGGACAAGAGGGTGGAGAGCAAGTACGGCCCAACCT GCCCCCCTGCCAGCCCCCGAGTTCTGGGCGGACCCAGCGT GTTCTGTTCCTCCCAAGCCCAAGGACACCCTGATGATCAGCA GAACCCCCGAGGTGACCTGTGTGGTGGTGGACGTGTCCCAGGA GGACCCCGAGGTCCAGTTCAACTGGTACGTGGACGGCGTGGAG GTGCACAACGCCAAGACCAAGCCCAGAGAGGAGCAGTTTAACA GCACCTACCGGGTGGTGTCCGTGCTGACCGTGTCTGCACCAGGA CTGGCTGAACGGCAAAGAGTACAAGTGTAAGGTCTCCAACAAG GGCCTGCCAAGCAGCATCGAAAAGACCATCAGCAAGGCCAAG GGCCAGCCTAGAGAGCCCCAGGTCTACACCCTGCCACCCAGCC AAGAGGAGATGACCAAGAACCAGGTGTCCCTGACCTGTCTGGT

		GAAGGGCTTCTACCCAAGCGACATCGCCGTGGAGTGGGAGAGC AACGGCCAGCCCGAGAACAACACTACAAGACCACCCCCCAGTGC TGGACAGCGACGGCAGCTTCTTCCTGTACAGCAGGCTGACCGT GGACAAGTCCAGATGGCAGGAGGGCAACGTCTTTAGCTGCTCC GTGATGCACGAGGCCCTGCACAACCACTACACCCAGAAGAGCC TGAGCCTGTCCCTGGGC
BAP050-Clone I LC		
SEQ ID NO: 710 (Kabat)	LCDR1	SSSQDISNYLN
SEQ ID NO: 711 (Kabat)	LCDR2	YTSTLHL
SEQ ID NO: 712 (Kabat)	LCDR3	QYYNLPWT
SEQ ID NO: 713 (Chothia)	LCDR1	SQDISNY
SEQ ID NO: 714 (Chothia)	LCDR2	YTS
SEQ ID NO: 715 (Chothia)	LCDR3	YYNLPW
SEQ ID NO: 718	VL	DIQMTQSPSSLSASVGDRTITCSSSQDISNYLNWYLQKPGQSPQL LIYYTSTLHLGVPSRFSGSGSGTEFTLTISLQPDFFATYYCQYYN LPWTFGQGTKVEIK
SEQ ID NO: 719	DNA VL	GATATTCAGATGACTCAGTCACCTAGTAGCCTGAGCGCTAGTGT GGGCGATAGAGTGACTATCACCTGTAGCTCTAGTCAGGATATCT CTAACTACCTGAACTGGTATCTGCAGAAGCCCGGTCAATCACCT CAGCTGCTGATCTACTACCTAGCACCTGCACCTGGGCGTGCC CTCTAGGTTTAGCGGTAGCGGTAGTGGCACCGAGTTCACCTGA CTATCTCTAGCCTGCAGCCCGACGACTTCGCTACCTACTACTGT CAGCAGTACTATAACCTGCCCTGGACCTTCGGTCAAGGCACTA AGGTCGAGATTAAG
SEQ ID NO: 720	DNA VL	GACATCCAGATGACCCAGTCCCCCTCCAGCCTGTCTGCTTCCGT GGGCGACAGAGTGACCATCACCTGTTCCCTCCAGCCAGGACATC TCCAACCTACCTGAACTGGTATCTGCAGAAGCCCGGCCAGTCCCC TCAGCTGCTGATCTACTACCTCCACCCTGCACCTGGGCGTGCC CCTCCAGATTTTCCGGCTCTGGCTCTGGCACCGAGTTTACCCTG ACCATCAGCTCCCTGCAGCCCGACGACTTCGCCACCTACTACTG CCAGCAGTACTACAACCTGCCCTGGACCTTCGGCCAGGGCACC AAGGTGGAATCAAG
SEQ ID NO: 721	Light chain	DIQMTQSPSSLSASVGDRTITCSSSQDISNYLNWYLQKPGQSPQL LIYYTSTLHLGVPSRFSGSGSGTEFTLTISLQPDFFATYYCQYYN LPWTFGQGTKVEIKRTVAAPSVFIFPPSDEQLKSGTASVVCLLNNF YPREAKVQWKVDNALQSGNSQESVTEQDSKDSSTLSLTLSKA DYEKHKVYACEVTHQGLSPVTKSFNRGEC
SEQ ID NO: 722	DNA light chain	GATATTCAGATGACTCAGTCACCTAGTAGCCTGAGCGCTAGTGT GGGCGATAGAGTGACTATCACCTGTAGCTCTAGTCAGGATATCT CTAACTACCTGAACTGGTATCTGCAGAAGCCCGGTCAATCACCT CAGCTGCTGATCTACTACCTAGCACCTGCACCTGGGCGTGCC CTCTAGGTTTAGCGGTAGCGGTAGTGGCACCGAGTTCACCTGA CTATCTCTAGCCTGCAGCCCGACGACTTCGCTACCTACTACTGT CAGCAGTACTATAACCTGCCCTGGACCTTCGGTCAAGGCACTA AGGTCGAGATTAAGCGTACGGTGGCCGCTCCAGCGTGTTTCAT CTCCCCCCCCAGCGACGAGCAGCTGAAGAGCGGCACCGCCAGC GTGGTGTGCTGCTGAACAACCTTACCCCCGGGAGGCCAAGG TGCAGTGGAAGGTGGACAACGCCCTGCAGAGCGGCAACAGCCA

		GGAGAGCGTCACCGAGCAGGACAGCAAGGACTCCACCTACAGC CTGAGCAGCACCCCTGACCCTGAGCAAGGCCGACTACGAGAAGC ATAAGGTGTACGCCTGCGAGGTGACCCACCAGGGCCTGTCCAG CCCCGTGACCAAGAGCTTCAACAGGGGCGAGTGC
SEQ ID NO: 723	DNA light chain	GACATCCAGATGACCCAGTCCCCCTCCAGCCTGTCTGCTTCCGT GGGCGACAGAGTGACCATCACCTGTTCTCCAGCCAGGACATC TCCAACCTACCTGAACTGGTATCTGCAGAAGCCCGGCCAGTCCCC TCAGCTGCTGATCTACTACACCTCCACCCTGCACCTGGGCGTGC CCTCCAGATTTTCCGGCTCTGGCTCTGGCACCGAGTTTACCCTG ACCATCAGCTCCCTGCAGCCCCGACGACTTCGCCACCTACTACTG CCAGCAGTACTACAACCTGCCCTGGACCTTCGGCCAGGGCACC AAGGTGGAAATCAAGCGTACGGTGGCCGCTCCCAGCGTGTTCA TCTTCCCCCAAGCGACGAGCAGCTGAAGAGCGGCACCGCCAG CGTGGTGTGTCTGCTGAACAATTCTACCCAGGGAGGCCAAG GTGCAGTGGAAAGGTGGACAACGCCCTGCAGAGCGGCAACAGCC AGGAGAGCGTCACCGAGCAGGACAGCAAGGACTCCACCTACA GCCTGAGCAGCACCCCTGACCCTGAGCAAGGCCGACTACGAGAA GCACAAGGTGTACGCCTGTGAGGTGACCCACCAGGGCCTGTCC AGCCCCGTGACCAAGAGCTTCAACAGGGGCGAGTGC
BAP050-Clone J HC		
SEQ ID NO: 701 (Kabat)	HCDR1	NYGMN
SEQ ID NO: 702 (Kabat)	HCDR2	WINTDTGEPTYADDFKG
SEQ ID NO: 703 (Kabat)	HCDR3	NPPYYYGTNNAEAMDY
SEQ ID NO: 704 (Chothia)	HCDR1	GFILTNY
SEQ ID NO: 705 (Chothia)	HCDR2	NTDTGE
SEQ ID NO: 703 (Chothia)	HCDR3	NPPYYYGTNNAEAMDY
SEQ ID NO: 724	VH	QVQLVQSGAEVKKPGASVKVSCKASGFTLTNYGMNWVRQAPGQ GLEWMGWINTDTGEPTYADDFKGRFVSLDTSVSTAYLQISSLKA EDTAVYYCARNPPYYYGTNNAEAMDYWGQGTTVTVSS
SEQ ID NO: 725	DNA VH	CAGGTGCAGCTGGTGCAGTCAGGCGCCGAAGTGAAGAAACCCG GCGCTAGTGTGAAAGTCAGCTGTAAAGCTAGTGGCTTCACCCT GACTAACTACGGGATGAACTGGGTCCGCCAGGCCCCAGGTCAA GGCCTCGAGTGATGGGCTGGATTAACACCGACACCGGCGAGC CTACCTACGCCGACGACTTTAAGGGCAGATTCTGTGTTAGCCTG GACACTAGTGTGTCTACCGCCTACCTGCAGATCTCTAGCCTGAA GGCCGAGGACACCGCCGTCTACTACTGCGCTAGAAACCCCCC TACTACTACGGCACTAACAACGCCGAGGCTATGGACTACTGGG GTCAAGGCACTACCGTGACCGTGTCTAGC
SEQ ID NO: 726	DNA VH	CAGGTGCAGCTGGTGCAGTCTGGCGCCGAAGTGAAGAAACCTG GCGCCTCCGTGAAGGTGTCCTGCAAGGCCTCTGGCTTCACCCTG ACCAACTACGGCATGAACTGGGTGCGACAGGCCCTGGACAGG GCCTGGAATGGATGGGCTGGATCAACACCGACACCGGCGAGCC TACCTACGCCGACGACTTCAAGGGCAGATTCTGTGTTCTCCCTGG ACACCTCCGTGTCCACCGCCTACCTGCAGATCTCCAGCCTGAAG GCCGAGGATACCGCCGTGTACTACTGCGCCCGGAACCCCCCTT ACTACTACGGCACCAACAACGCCGAGGCCATGGACTATTGGGG CCAGGGCACCACCGTGACCGTGTCTCT
SEQ ID NO: 727	Heavy	QVQLVQSGAEVKKPGASVKVSCKASGFTLTNYGMNWVRQAPGQ

	chain	GLEWMGWINTDTGEPTYADDFKGRFVFSLDTSVSTAYLQISSLKA EDTAVYYCARNPPYYYGTNNAEAMDYWGQTTTVTVSSASTKGP SVFPLAPCSRSTSESTAALGCLVKDYFPEPVTVSWSNGALTSGVHT FPAVLQSSGLYSLSSVTVPSSSLGKTYTCNVDPKPSNTKVDKRV ESKYGPPCPPCPAPEFLGGPSVFLFPPKPKDTLMISRTPEVTCVVVD VSQEDPEVQFNWYVDGVEVHNAKTKPREEQFNSTYRVVSVLTVL HQDWLNGKEYKCKVSNKGLPSSIEKTISKAKGQPREPQVYTLPPS QEEMTKNQVSLTCLVKGFYPSDIAVEWESNGQPENNYKTTPPVLD SDGSFFLYSRLTVDKSRWQEGNVFSCSVMEALHNHYTQKSLSLS LG
SEQ ID NO: 728	DNA heavy chain	CAGGTGCAGCTGGTGCAGTCAGGCGCCGAAGTGAAGAAACCCG GCGCTAGTGTGAAAGTCAGCTGTAAAGCTAGTGGCTTACCCT GACTAACTACGGGATGAACTGGGTCCGCCAGGCCCCAGGTCAA GGCCTCGAGTGGATGGGCTGGATTAAACACCGACACCGGCGAGC CTACCTACGCCGACGACTTTAAGGGCAGATTCTGTGTTTAGCCTG GACACTAGTGTGTCTACCGCTACCTGCAGATCTCTAGCCTGAA GGCCGAGGACACCGCCGTCTACTACTGCGCTAGAAACCCCCC TACTACTACGGCACTAACAACGCCGAGGCTATGGACTACTGGG GTCAAGGCACTACCGTGACCGTGTCTAGCGCTAGCACTAAGGG CCCGTCCGTGTTCCCCCTGGCACCTTGTAGCCGGAGCACTAGCG AATCCACCGCTGCCCTCGGCTGCCTGGTCAAGGATTACTTCCCG GAGCCCGTGACCGTGTCTGGAACAGCGGAGCCCTGACCTCCG GAGTGCACACCTTCCCCGCTGTGCTGCAGAGCTCCGGGCTGTAC TCGCTGTCTCGGTGGTCACGGTGCCTTCATCTAGCCTGGGTAC CAAGACCTACACTTGCAACGTGGACCACAAGCCTTCCAACACT AAGGTGGACAAGCGCGTCGAATCGAAGTACGGCCCACCGTGCC CGCCTTGTCCCGCGCCGGAGTTCCTCGGCGGTCCCTCGGTCTTT CTGTTCCCACCGAAGCCCAAGGACACTTTGATGATTTCCCGCAC CCCTGAAGTGACATGCGTGGTCTGTGGACGTGTACAGGAAGAT CCGGAGGTGCAGTTCAATTGGTACGTGGATGGCGTCGAGGTGC ACAACGCCAAAACCAAGCCGAGGGAGGAGCAGTTCAACTCCAC TTACCGCGTCTGTGTCCTGTGACGGTGTCTGCATCAGGACTGGC TGAACGGGAAGGAGTACAAGTGCAAAGTGTCCAACAAGGGAC TTCCTAGCTCAATCGAAAAGACCATCTCGAAAGCCAAGGGACA GCCCCGGGAACCCCAAGTGTATACCCTGCCACCGAGCCAGGAA GAAATGACTAAGAACCAAGTCTCATTGACTTGCCTTGTGAAGG GCTTCTACCCATCGGATATCGCCGTGGAATGGGAGTCCAACGG CCAGCCGGAACCAACTACAAGACCACCCCTCCGGTGTCTGGAC TCAGACGGATCCTTCTCCTCTACTCGCGGTGACCGTGGATAA GAGCAGATGGCAGGAGGGAAATGTGTTTACGCTGTTCTGTGATG CATGAAGCCCTGCACAACCACTACACTCAGAAGTCCCTGTCCCT CTCCCTGGGA
SEQ ID NO: 729	DNA heavy chain	CAGGTGCAGCTGGTGCAGTCTGGCGCCGAAGTGAAGAAACCTG GCGCCTCCGTGAAGGTGTCTGCAAGGCCTCTGGCTTACCCTG ACCAACTACGGCATGAACTGGGTGCGACAGGCCCCCTGGACAGG GCCTGGAATGGATGGGCTGGATCAACACCGACACCGGCGAGCC TACCTACGCCGACGACTTCAAGGGCAGATTCTGTGTTCTCCCTGG ACACCTCCGTGTCCACCGCCTACCTGCAGATCTCCAGCCTGAAG GCCGAGGATACCGCCGTGTACTACTGCGCCCGGAACCCCCCTT ACTACTACGGCACCAACAACGCCGAGGCCATGGACTATTGGGG CCAGGGCACCACCGTGACCGTGTCTCTGCTTCTACCAAGGGGC CCAGCGTGTTCCTCCCTGGCCCCCTGTCTCAGAAGCACCAGCGA

		GAGCACAGCCGCCCTGGGCTGCCTGGTGAAGGACTACTTCCCC GAGCCCGTGACCGTGTCTGGAACAGCGGAGCCCTGACCAGCG GCGTGCACACCTTCCCCGCCGTGCTGCAGAGCAGCGGCCTGTA CAGCCTGAGCAGCGTGGTGACCGTGCCAGCAGCAGCCTGGGC ACCAAGACCTACACCTGTAACGTGGACCACAAGCCCAGCAACA CCAAGGTGGACAAGAGGGTGGAGAGCAAGTACGGCCCACCCT GCCCCCCTGCCAGCCCCCGAGTTCCTGGGCGGACCCAGCGT GTTCTGTTCCCCCCAAGCCCAAGGACACCCTGATGATCAGCA GAACCCCGAGGTGACCTGTGTGGTGGTGGACGTGTCCCAGGA GGACCCCGAGGTCCAGTTCAACTGGTACGTGGACGGCGTGGAG GTGCACAACGCCAAGACCAAGCCCAGAGAGGAGCAGTTTAACA GCACCTACCGGGTGGTGTCCGTGCTGACCGTGCTGCACCAGGA CTGGCTGAACGGCAAAGAGTACAAGTGTAAGGTCTCCAACAAG GGCCTGCCAAGCAGCATCGAAAAGACCATCAGCAAGGCCAAG GGCCAGCCTAGAGAGCCCCAGGTCTACACCCTGCCACCCAGCC AAGAGGAGATGACCAAGAACCAGGTGTCCCTGACCTGTCTGGT GAAGGGCTTCTACCCAAGCGACATCGCCGTGGAGTGGGAGAGC AACGGCCAGCCCGAGAACAATAAGACCACCCCCCAGTGC TGGACAGCGACGGCAGCTTCTTCTGTACAGCAGGCTGACCGT GGACAAGTCCAGATGGCAGGAGGGCAACGTCTTTAGCTGCTCC GTGATGCACGAGGCCCTGCACAACCACTACACCCAGAAGAGCC TGAGCCTGTCCCTGGGC
BAP050-Clone J LC		
SEQ ID NO: 710 (Kabat)	LCDR1	SSSQDISNYLN
SEQ ID NO: 711 (Kabat)	LCDR2	YTSTLHL
SEQ ID NO: 712 (Kabat)	LCDR3	QYYNLPWT
SEQ ID NO: 713 (Chothia)	LCDR1	SQDISNY
SEQ ID NO: 714 (Chothia)	LCDR2	YTS
SEQ ID NO: 715 (Chothia)	LCDR3	YYNLPW
SEQ ID NO: 730	VL	DIQMTQSPSSLSASVGDRTITCSSSQDISNYLNWYQQKPGKAPKL LIYYTSTLHLGIPPRFSGSYGTDFTLTINNIESEDAAYYFCQQYYN LPWTFGQGTKVEIK
SEQ ID NO: 731	DNA VL	GATATTCAGATGACTCAGTCACCTAGTAGCCTGAGCGCTAGTGT GGGCGATAGAGTGACTATCACCTGTAGCTCTAGTCAGGATATCT CTAACTACCTGAACTGGTATCAGCAGAAGCCCGGTAAAGCCCC TAAGCTGCTGATCTACTACACTAGCACCTGCACCTGGGAATCC CCCCTAGGTTTAGCGGTAGCGGTACGGCACCGACTTCACCCCTG ACTATTAACAATATCGAGTCAGAGGACGCCGCTACTACTTCTG TCAGCAGTACTATAACCTGCCCTGGACCTTCGGTCAAGGCACTA AGGTCGAGATTAAG
SEQ ID NO: 732	DNA VL	GACATCCAGATGACCCAGTCCCCCTCCAGCCTGTCTGCTTCCGT GGGCGACAGAGTGACCATCACCTGTTCTCCAGCCAGGACATC TCCAATACTGAACTGGTATCAGCAGAAGCCCGGCAAGGCC CCAAGCTGCTGATCTACTACACCTCCACCCTGCACCTGGGCATC CCCCCTAGATTCTCCGGCTCTGGCTACGGCACCGACTTCACCC GACCATCAACAACATCGAGTCCGAGGACGCCGCTACTACTTC TGCCAGCAGTACTACAACCTGCCCTGGACCTTCGGCCAGGGCA CCAAGGTGGAAATCAAG

SEQ ID NO: 733	Light chain	DIQMTQSPSSLSASVGDRTITCSSSQDISNYLNWYQQKPGKAPKL LIYYTSTLHLGIPPRFSGSYGTDFTLTINNIESEDAAYYFCQQYYN LPWTFGQGTKVEIKRTVAAPSVFIFPPSDEQLKSGTASVVCLLNNF YPREAKVQWKVDNALQSGNSQESVTEQDSKDYSLSTLTLTKA DYEKHKVYACEVTHQGLSSPVTKSFNRGEC
SEQ ID NO: 734	DNA light chain	GATATTCAGATGACTCAGTCACCTAGTAGCCTGAGCGCTAGTGT GGGCGATAGAGTGACTATCACCTGTAGCTCTAGTCAGGATATCT CTAACTACCTGAACTGGTATCAGCAGAAGCCCGGTAAAGCCCC TAAGCTGCTGATCTACTACACTAGCACCTGCACCTGGGAATCC CCCCTAGGTTTAGCGGTAGCGGTACGGCACCGACTTCACCTGT ACTATTAACAATATCGAGTCAGAGGACGCCGCTACTACTTCTG TCAGCAGTACTATAACCTGCCCTGGACCTTCGGTCAAGGCACTA AGGTCGAGATTAAGCGTACGGTGGCCGCTCCCAGCGTGTTTCAT CTCCCCCCCCAGCGACGAGCAGCTGAAGAGCGGCACCGCCAGC GTGGTGTGCCTGCTGAACAACCTTCTACCCCCGGGAGGCCAAGG TGCAGTGGAAGGTGGACAACGCCCTGCAGAGCGGCAACAGCCA GGAGAGCGTCACCGAGCAGGACAGCAAGGACTCCACCTACAGC CTGAGCAGCACCTGACCCTGAGCAAGGCCGACTACGAGAAGC ATAAGGTGTACGCCTGCGAGGTGACCCACCAGGGCCTGTCCAG CCCCGTGACCAAGAGCTTCAACAGGGGCGAGTGC
SEQ ID NO: 735	DNA light chain	GACATCCAGATGACCCAGTCCCCCTCCAGCCTGTCTGCTTCCGT GGGCGACAGAGTGACCATCACCTGTTCTCCAGCCAGGACATC TCCAACTACCTGAACTGGTATCAGCAGAAGCCCGGCAAGGCCC CCAAGCTGCTGATCTACTACACCTCCACCCTGCACCTGGGCATC CCCCCTAGATTCTCCGGCTCTGGCTACGGCACCGACTTCACCT GACCATCAACAACATCGAGTCCGAGGACGCCGCTACTACTTC TGCCAGCAGTACTACAACCTGCCCTGGACCTTCGGCCAGGGCA CCAAGGTGGAATCAAGCGTACGGTGGCCGCTCCCAGCGTGTT CATCTTCCCCCAAGCGACGAGCAGCTGAAGAGCGGCACCGCC AGCGTGGTGTGTCTGCTGAACAACCTTCTACCCAGGGAGGCCA AGGTGCAGTGGAAGGTGGACAACGCCCTGCAGAGCGGCAACA GCCAGGAGAGCGTCACCGAGCAGGACAGCAAGGACTCCACCTA CAGCCTGAGCAGCACCTGACCCTGAGCAAGGCCGACTACGAG AAGCACAAGGTGTACGCCTGTGAGGTGACCCACCAGGGCCTGT CCAGCCCCGTGACCAAGAGCTTCAACAGGGGCGAGTGC
BAP050-Clone 1 HC		
SEQ ID NO: 736 (Kabat)	HCDR1	AATTACGGGATGAAC
SEQ ID NO: 737 (Kabat)	HCDR1	AACTACGGCATGAAC
SEQ ID NO: 738 (Kabat)	HCDR2	TGGATTAACACCGACACCGGGGAGCCTACCTACGCGGACGATT TCAAGGGA
SEQ ID NO: 739 (Kabat)	HCDR2	TGGATCAACACCGACACCGGCGAGCCTACCTACGCCGACGACT TCAAGGGC
SEQ ID NO: 740 (Kabat)	HCDR3	AACCCGCCCTACTACTACGGAACCAACAACGCCGAAGCCATGG ACTAC
SEQ ID NO: 741 (Kabat)	HCDR3	AACCCCCCTTACTACTACGGCACCAACAACGCCGAGGCCATGG ACTAT
SEQ ID NO: 742 (Chothia)	HCDR1	GGATTACACCTCACCAATTAC
SEQ ID NO: 743 (Chothia)	HCDR1	GGCTTACACCTGACCAACTAC
SEQ ID NO: 744	HCDR2	AACACCGACACCGGGGAG

(Chothia)		
SEQ ID NO: 745 (Chothia)	HCDR2	AACACCGACACCGGCGAG
SEQ ID NO: 740 (Chothia)	HCDR3	AACCCGCCCTACTACTACGGAACCAACAACGCCGAAGCCATGG ACTAC
SEQ ID NO: 741 (Chothia)	HCDR3	AACCCCCCTTACTACTACGGCACCAACAACGCCGAGGCCATGG ACTAT
BAP050-Clone I LC		
SEQ ID NO: 746 (Kabat)	LCDR1	AGCTCTAGTCAGGATATCTCTAACTACCTGAAC
SEQ ID NO: 747 (Kabat)	LCDR1	TCCTCCAGCCAGGACATCTCCAACCTACCTGAAC
SEQ ID NO: 748 (Kabat)	LCDR2	TACACTAGCACCTGCACCTG
SEQ ID NO: 749 (Kabat)	LCDR2	TACACCTCCACCCTGCACCTG
SEQ ID NO: 750 (Kabat)	LCDR3	CAGCAGTACTATAACCTGCCCTGGACC
SEQ ID NO: 751 (Kabat)	LCDR3	CAGCAGTACTACAACCTGCCCTGGACC
SEQ ID NO: 752 (Chothia)	LCDR1	AGTCAGGATATCTCTAACTAC
SEQ ID NO: 753 (Chothia)	LCDR1	AGCCAGGACATCTCCAACCTAC
SEQ ID NO: 754 (Chothia)	LCDR2	TACACTAGC
SEQ ID NO: 755 (Chothia)	LCDR2	TACACCTCC
SEQ ID NO: 756 (Chothia)	LCDR3	TACTATAACCTGCCCTGG
SEQ ID NO: 757 (Chothia)	LCDR3	TACTACAACCTGCCCTGG
BAP050-Clone J HC		
SEQ ID NO: 758 (Kabat)	HCDR1	AACTACGGGATGAAC
SEQ ID NO: 737 (Kabat)	HCDR1	AACTACGGCATGAAC
SEQ ID NO: 759 (Kabat)	HCDR2	TGGATTAACACCGACACCGGCGAGCCTACCTACGCCGACGACT TTAAGGGC
SEQ ID NO: 739 (Kabat)	HCDR2	TGGATCAACACCGACACCGGCGAGCCTACCTACGCCGACGACT TCAAGGGC
SEQ ID NO: 760 (Kabat)	HCDR3	AACCCCCCTTACTACTACGGCACTAACAACGCCGAGGCTATGG ACTAC
SEQ ID NO: 741 (Kabat)	HCDR3	AACCCCCCTTACTACTACGGCACCAACAACGCCGAGGCCATGG ACTAT
SEQ ID NO: 761 (Chothia)	HCDR1	GGCTTCACCCTGACTAACTAC
SEQ ID NO: 743 (Chothia)	HCDR1	GGCTTCACCCTGACCAACTAC
SEQ ID NO: 744 (Chothia)	HCDR2	AACACCGACACCGGGGAG
SEQ ID NO: 745 (Chothia)	HCDR2	AACACCGACACCGGCGAG
SEQ ID NO: 760 (Chothia)	HCDR3	AACCCCCCTTACTACTACGGCACTAACAACGCCGAGGCTATGG ACTAC
SEQ ID NO: 741 (Chothia)	HCDR3	AACCCCCCTTACTACTACGGCACCAACAACGCCGAGGCCATGG ACTAT

BAP050-Clone J LC		
SEQ ID NO: 746 (Kabat)	LCDR1	AGCTCTAGTCAGGATATCTCTAACTACCTGAAC
SEQ ID NO: 747 (Kabat)	LCDR1	TCCTCCAGCCAGGACATCTCCAACCTACCTGAAC
SEQ ID NO: 748 (Kabat)	LCDR2	TACACTAGCACCTGCACCTG
SEQ ID NO: 749 (Kabat)	LCDR2	TACACCTCCACCCTGCACCTG
SEQ ID NO: 750 (Kabat)	LCDR3	CAGCAGTACTATAACCTGCCCTGGACC
SEQ ID NO: 751 (Kabat)	LCDR3	CAGCAGTACTACAACCTGCCCTGGACC
SEQ ID NO: 752 (Chothia)	LCDR1	AGTCAGGATATCTCTAACTAC
SEQ ID NO: 753 (Chothia)	LCDR1	AGCCAGGACATCTCCAACCTAC
SEQ ID NO: 754 (Chothia)	LCDR2	TACACTAGC
SEQ ID NO: 755 (Chothia)	LCDR2	TACACCTCC
SEQ ID NO: 756 (Chothia)	LCDR3	TACTATAACCTGCCCTGG
SEQ ID NO: 757 (Chothia)	LCDR3	TACTACAACCTGCCCTGG

Other Exemplary LAG-3 Inhibitors

In one embodiment, the anti-LAG-3 antibody molecule is BMS-986016 (Bristol-Myers Squibb), also known as BMS986016. BMS-986016 and other anti-LAG-3 antibodies are disclosed in
5 WO 2015/116539 and US 9,505,839, incorporated by reference in their entirety. In one embodiment, the anti-LAG-3 antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of BMS-986016, *e.g.*, as disclosed in **Table 6**.

In one embodiment, the anti-LAG-3 antibody molecule is TSR-033 (Tesar). In one
10 embodiment, the anti-LAG-3 antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of TSR-033.

In one embodiment, the anti-LAG-3 antibody molecule is IMP731 or GSK2831781 (GSK and Prima BioMed). IMP731 and other anti-LAG-3 antibodies are disclosed in WO 2008/132601 and US
15 9,244,059, incorporated by reference in their entirety. In one embodiment, the anti-LAG-3 antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of IMP731, *e.g.*, as disclosed in **Table 6**. In one embodiment, the anti-LAG-3 antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy
20 chain or light chain variable region sequence, or the heavy chain or light chain sequence of GSK2831781.

In one embodiment, the anti-LAG-3 antibody molecule is IMP761 (Prima BioMed). In one embodiment, the anti-LAG-3 antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of IMP761.

5 Further known anti-LAG-3 antibodies include those described, *e.g.*, in WO 2008/132601, WO 2010/019570, WO 2014/140180, WO 2015/116539, WO 2015/200119, WO 2016/028672, US 9,244,059, US 9,505,839, incorporated by reference in their entirety.

In one embodiment, the anti-LAG-3 antibody is an antibody that competes for binding with, and/or binds to the same epitope on LAG-3 as, one of the anti-LAG-3 antibodies described herein.

10 In one embodiment, the anti-LAG-3 inhibitor is a soluble LAG-3 protein, *e.g.*, IMP321 (Prima BioMed), *e.g.*, as disclosed in WO 2009/044273, incorporated by reference in its entirety.

Table 6. Amino acid sequences of other exemplary anti-LAG-3 antibody molecules

BMS-986016		
SEQ ID NO: 762	Heavy chain	QVQLQQWGAGLLKPSETLSLTCAVYGGSFSDYYWNWIRQPPGKGLE WIGEINHRGSTNSNP SLKSRVTLSDTSKNQFSLKLRVTAADTAVYYC AFGYSDYEYNWFDPWGQGT LVT VSSASTKGPSVFPLAPCSRSTSESTA ALGCLVKDYFPEPVT VSWNSGALTSGVHTFPAVLQSSGLYSLSSVTV PSSSLGTKTYTCNV DHKPSNTKVDKR VESKYGPPCPPCPAPEFLGGPSV FLFPPKPKDTLMISRTPEVTCV VVDV SQEDPEVQFNWYVDGVEVHNA KTKPREEQFNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKGLPSSIEKT ISKAKGQPREPQVYTLPPS QEEMTKNQVSLTCLVKGFYPSDIAVEWES NGQPENNYKTTPPVLDSDGSFFLYSRLTVDKSRWQEGNVFSCSV MHE ALHNHYTQKSLSLGLGK
SEQ ID NO: 763	Light chain	EIVLTQSPATLSLSPGERATLSCRASQSISSYLAWYQQKPGQAPRLLIYD ASN RATGIPARFSGSGSGTDFLT ISSLEPEDFAVYYCQQR SNWPLTFG QGTNLEIKRTVAAPSVFIFPPSDEQLKSGTASVVC LLNNFYPREAKVQW KVDNALQSGNSQESVTEQDSKDYSLSSSTLTLSKADYEKHKVYACE VTHQGLSSPVTKSFNRGEC
IMP731		
SEQ ID NO: 764	Heavy chain	QVQLKESGPGLVAPSQSL SITCTVSGFSLTAYGVN WVRQPPGKGLEWL GMIWDDGSTDYNSALKSRLSISKDNSKSQVFLKMNSLQTDDTARYYC AREGDVAFDYWGQGTTLTVSSASTKGPSVFPLAPSSKSTSGGTAALGC LVKDYFPEPVT VSWNSGALTSGVHTFPAVLQSSGLYSLSSVTV PSSL GTQTYICNVNHKPSNTKVDKKVEPKSCDKTHTCPPCPAPELLGGPSVF LFPPKPKDTLMISRTPEVTCV VVDV SHEDPEVKFNWYVDGVEVHNAK TKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTI SKAKGQPREPQVYTLPPSRDELTKNQVSLTCLVKGFYPSDIAVEWESN GQPENNYKTTPPVLDSDGSFFLYSKLTVDKSRWQQGNV FSCSV MHEA LHNHYTQKSLSLSPGK
SEQ ID NO: 765	Light chain	DIVMTQSPSSLAIVSGQKVTMSCKSSQSLN GSNQKNYLAWYQQKPG QSPKLLVYFASTRDSGVPDRFIGSGSGTDFLT ISSVQAEDLADYFCLQ HFGTPPTFGGGTKLEIKRTVAAPSVFIFPPSDEQLKSGTASVVC LLNNFY PREAKVQWKVDNALQSGNSQESVTEQDSKDYSLSSSTLTLSKADYE KHKVYACEVTHQGLSSPVTKSFNRGEC

GITR Agonists

In certain embodiments, the anti-TIM-3 antibody molecule described herein is administered in combination with a GITR agonist. In some embodiments, the GITR agonist is GWN323 (NVS), BMS-986156, MK-4166 or MK-1248 (Merck), TRX518 (Leap Therapeutics), INCAGN1876
 5 (Incyte/Agenus), AMG 228 (Amgen) or INBRX-110 (Inhibrx).

Exemplary GITR Agonists

In one embodiment, the GITR agonist is an anti-GITR antibody molecule. In one embodiment, the GITR agonist is an anti-GITR antibody molecule as described in WO 2016/057846,
 10 published on April 14, 2016, entitled "Compositions and Methods of Use for Augmented Immune Response and Cancer Therapy," incorporated by reference in its entirety.

In one embodiment, the anti-GITR antibody molecule comprises at least one, two, three, four, five or six complementarity determining regions (CDRs) (or collectively all of the CDRs) from a heavy and light chain variable region comprising an amino acid sequence shown in **Table 9** (*e.g.*,
 15 from the heavy and light chain variable region sequences of MAB7 disclosed in **Table 9**), or encoded by a nucleotide sequence shown in **Table 9**. In some embodiments, the CDRs are according to the Kabat definition (*e.g.*, as set out in **Table 9**). In some embodiments, the CDRs are according to the Chothia definition (*e.g.*, as set out in **Table 9**). In one embodiment, one or more of the CDRs (or collectively all of the CDRs) have one, two, three, four, five, six or more changes, *e.g.*, amino acid
 20 substitutions (*e.g.*, conservative amino acid substitutions) or deletions, relative to an amino acid sequence shown in **Table 9**, or encoded by a nucleotide sequence shown in **Table 9**.

In one embodiment, the anti-GITR antibody molecule comprises a heavy chain variable region (VH) comprising a VHCDR1 amino acid sequence of SEQ ID NO: 909, a VHCDR2 amino acid sequence of SEQ ID NO: 911, and a VHCDR3 amino acid sequence of SEQ ID NO: 913; and a
 25 light chain variable region (VL) comprising a VLCDR1 amino acid sequence of SEQ ID NO: 914, a VLCDR2 amino acid sequence of SEQ ID NO: 916, and a VLCDR3 amino acid sequence of SEQ ID NO: 918, each disclosed in **Table 9**.

In one embodiment, the anti-GITR antibody molecule comprises a VH comprising the amino acid sequence of SEQ ID NO: 901, or an amino acid sequence at least 85%, 90%, 95%, or 99%
 30 identical or higher to SEQ ID NO: 901. In one embodiment, the anti-GITR antibody molecule comprises a VL comprising the amino acid sequence of SEQ ID NO: 902, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 902. In one embodiment, the anti-GITR antibody molecule comprises a VH comprising the amino acid sequence of SEQ ID NO: 901 and a VL comprising the amino acid sequence of SEQ ID NO: 902.

35 In one embodiment, the antibody molecule comprises a VH encoded by the nucleotide sequence of SEQ ID NO: 905, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 905. In one embodiment, the antibody molecule comprises a VL encoded by

the nucleotide sequence of SEQ ID NO: 906, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 906. In one embodiment, the antibody molecule comprises a VH encoded by the nucleotide sequence of SEQ ID NO: 905 and a VL encoded by the nucleotide sequence of SEQ ID NO: 906.

- 5 In one embodiment, the anti-GITR antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 903, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 903. In one embodiment, the anti-GITR antibody molecule comprises a light chain comprising the amino acid sequence of SEQ ID NO: 904, or an amino acid sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 904. In one
- 10 embodiment, the anti-GITR antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 903 and a light chain comprising the amino acid sequence of SEQ ID NO: 904.

- 15 In one embodiment, the antibody molecule comprises a heavy chain encoded by the nucleotide sequence of SEQ ID NO: 907, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 907. In one embodiment, the antibody molecule comprises a light chain encoded by the nucleotide sequence of SEQ ID NO: 908, or a nucleotide sequence at least 85%, 90%, 95%, or 99% identical or higher to SEQ ID NO: 908. In one embodiment, the antibody molecule comprises a heavy chain encoded by the nucleotide sequence of SEQ ID NO: 907 and a light chain encoded by the nucleotide sequence of SEQ ID NO: 908.

- 20 The antibody molecules described herein can be made by vectors, host cells, and methods described in WO 2016/057846, incorporated by reference in its entirety.

Table 9: Amino acid and nucleotide sequences of exemplary anti-GITR antibody molecule

MAB7		
SEQ ID NO: 901	VH	EVQLVESGGGLVQSGGSLRLSCAASGFSLSYGV DWVRQAP GKGLEWVGVIWGGGGTY YASSLMGRFTISRDN SKNTLYLQ MNSLRAEDTAVYYCARHAYGHDGGFAMDYWGQGT LTVTS S
SEQ ID NO: 902	VL	EIVMTQSPATLSVSPGERATLSCRASESVSSNVAWYQQRPGQ APRLLIYGASN RATGIPARFSGSGSGTDFTLTISRLEPEDFAVY YCGQSYSPFTFGQGTKLEIK
SEQ ID NO: 903	Heavy Chain	EVQLVESGGGLVQSGGSLRLSCAASGFSLSYGV DWVRQAP GKGLEWVGVIWGGGGTY YASSLMGRFTISRDN SKNTLYLQ MNSLRAEDTAVYYCARHAYGHDGGFAMDYWGQGT LTVTS SASTKGPSVFPLAPSSKSTSGGTAALGCLVKDYFPEPVT VSW NSGALTSGVHTFPAVLQSSGLYSLSSVTVPSSSLGTQTYICN VNHKPSNTKVDKRVEPKSCDKTHTCPPCPAPELLGGPSVFLF PPKPKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEV HNAKTKPREEQYNSTYRVVSVLTVLHQDWLNGKEYKCKV S NKALPAPIEK TISKAKGQPREPQVYTLPPSREEMTKNQVSLT C LVKGFYPSDIAVEWESNGQPENNYKTPPVLDSDGSFFLYSK LTVDKSRWQQGNVFC SVMHEALHNHYTQKSLSLSPGK

SEQ ID NO: 904	Light Chain	EIVMTQSPATLSVSPGERATLSCRASESVSSNVAWYQQRPGQ APRLLIYGASNRATGIPARFSGSGSGTDFTLTISRLEPEDFAVY YCGQSYSYPTFGQGTKEIKRTVAAPSVFIFPPSDEQLKSGT ASVVCLLNNFYPREAKVQWKVDNALQSGNSQESVTEQDSK DSTYLSSTLTLSKADYEKHKVYACEVTHQGLSSPVTKSFNR GEC
SEQ ID NO: 905	DNA VH	GAGGTGCAGCTGGTGGAATCTGGCGGCGGACTGGTGCAG TCCGGCGGCTCTCTGAGACTGTCTTGCGCTGCCTCCGGCTT CTCCCTGTCCTCTTACGGCGTGGACTGGGTGCGACAGGCC CCTGGCAAGGGCCTGGAATGGGTGGGAGTGATCTGGGGC GGAGGCGGCACCTACTACGCCTCTTCCCTGATGGGCCGGT TCACCATCTCCCGGACAACCTCCAAGAACACCCTGTACCT GCAGATGAACTCCCTGCGGGCCGAGGACACCGCCGTGTAC TACTGCGCCAGACACGCCTACGGCCACGACGGCGGCTTCG CCATGGATTATTGGGGCCAGGGCACCTGGTGACAGTGTC CTCC
SEQ ID NO: 906	DNA VL	GAGATCGTGATGACCCAGTCCCCCGCCACCCTGTCTGTGT CTCCCGCGAGAGAGCCACCCTGAGCTGCAGAGCCTCCGA GTCCGTGTCTCCAACGTGGCCTGGTATCAGCAGAGACCT GGTCAGGCCCTCGGCTGCTGATCTACGGCGCCTCTAACC GGGCCACCGCATCCCTGCCAGATTCTCCGGCTCCGGCAG CGGCACCGACTTCACCCTGACCATCTCCCGGCTGGAACCC GAGGACTTCGCCGTGTACTACTGCGGCCAGTCTACTCAT ACCCCTTACCTTCGGCCAGGGCACCAAGCTGGAAATCAA G
SEQ ID NO: 907	DNA Heavy Chain	GAGGTGCAGCTGGTGGAATCTGGCGGCGGACTGGTGCAG TCCGGCGGCTCTCTGAGACTGTCTTGCGCTGCCTCCGGCTT CTCCCTGTCCTCTTACGGCGTGGACTGGGTGCGACAGGCC CCTGGCAAGGGCCTGGAATGGGTGGGAGTGATCTGGGGC GGAGGCGGCACCTACTACGCCTCTTCCCTGATGGGCCGGT TCACCATCTCCCGGACAACCTCCAAGAACACCCTGTACCT GCAGATGAACTCCCTGCGGGCCGAGGACACCGCCGTGTAC TACTGCGCCAGACACGCCTACGGCCACGACGGCGGCTTCG CCATGGATTATTGGGGCCAGGGCACCTGGTGACAGTGTC CTCCGCTAGCACCAAGGGCCCAAGTGTGTTTCCCCTGGCC CCCAGCAGCAAGTCTACTTCCGGCGGAAGTGTGCCCTGG GTTGCCTGGTGAAGGACTACTTCCCCGAGCCCGTGACAGT GTCCTGGAAGTCTGGGGCTCTGACTTCCGGCGTGACACCC TCCCCCGCGTGCTGCAGAGCAGCGGCCTGTACAGCCTGA GCAGCGTGGTGACAGTGCCCTCCAGCTCTCTGGGAACCCA GACCTATATCTGCAACGTGAACCACAAGCCAGCAACACC AAGGTGGACAAGAGAGTGGAGCCCCAAGAGCTGCGACAAG ACCCACACCTGCCCCCCTGCCAGCTCCAGAACTGCTGG GAGGGCCTTCCGTGTTCCCTGTTCCCCCACAAGCCCAAGGA CACCTGATGATCAGCAGGACCCCGAGGTGACCTGCGTG GTGGTGAGCGTGTCCACGAGGACCCAGAGGTGAAGTTC AACTGGTACGTGGACGGCGTGGAGGTGCACAACGCCAAG ACCAAGCCCAGAGAGGAGCAGTACAACAGCACCTACAGG GTGGTGTCCGTGCTGACCGTGCTGCACCAGGACTGGCTGA ACGGCAAAGAATAACAAGTGCAAAGTCTCCAACAAGGCC TGCCAGCCCCAATCGAAAAGACAATCAGCAAGGCCAAGG GCCAGCCACGGGAGCCCCAGGTGTACACCTGCCCCCGAG CCGGGAGGAGATGACCAAGAACCAGGTGTCCCTGACCTG TCTGGTGAAGGGCTTCTACCCAGCGATATCGCCGTGGAG TGGGAGAGCAACGGCCAGCCCGAGAACAACTACAAGACC ACCCCCCAAGTGTGGACAGCGACGGCAGCTTCTTCCTGT ACAGCAAGCTGACCGTGGACAAGTCCAGGTGGCAGCAGG GCAACGTGTTACGCTGCAGCGTGATGCACGAGGCCCTGCA CAACCACTACACCCAGAAGTCCCTGAGCCTGAGCCCCGGC AAG

SEQ ID NO: 908	DNA Light Chain	GAGATCGTGATGACCCAGTCCCCGCCACCCTGTCTGTGT CTCCCGGCGAGAGAGCCACCCTGAGCTGCAGAGCCTCCGA GTCCGTGTCTCTCAACGTGGCCTGGTATCAGCAGAGACCT GGTCAGGCCCCCTCGGCTGCTGATCTACGGCGCCTCTAACC GGGCCACCGGCATCCCTGCCAGATTCTCCGGCTCCGGCAG CGGCACCGACTTCACCCTGACCATCTCCCGGCTGGAACCC GAGGACTTCGCCGTGTACTACTGCGGCCAGTCCTACTCAT ACCCCTTCACCTTCGGCCAGGGCACCAAGCTGGAAATCAA GCGTACGGTGGCCGCTCCCAGCGTGTTCATCTTCCCCCCC AGCGACGAGCAGCTGAAGAGCGGCACCGCCAGCGTGGTG TGCCTGCTGAACAACTTCTACCCCCGGGAGGCCAAGGTGC AGTGAAGGTGGACAACGCCCTGCAGAGCGGCAACAGCC AGGAGAGCGTCACCGAGCAGGACAGCAAGGACTCCACCT ACAGCCTGAGCAGCACCTGACCCTGAGCAAGGCCGACT ACGAGAAGCATAAGGTGTACGCCTGCGAGGTGACCCACC AGGGCCTGTCCAGCCCCGTGACCAAGAGCTTCAACAGGG GCGAGTGC
SEQ ID NO: 909 (KABAT)	HCDR1	SYGVD
SEQ ID NO: 910 (CHOTHIA)	HCDR1	GFSLSSY
SEQ ID NO: 911 (KABAT)	HCDR2	VIWGGGGTYTYASSLMG
SEQ ID NO: 912 (CHOTHIA)	HCDR2	WGGGG
SEQ ID NO: 913 (KABAT)	HCDR3	HAYGHDGGFAMDY
SEQ ID NO: 913 (CHOTHIA)	HCDR3	HAYGHDGGFAMDY
SEQ ID NO: 914 (KABAT)	LCDR1	RASESVSSNVA
SEQ ID NO: 915 (CHOTHIA)	LCDR1	SESVSSN
SEQ ID NO: 916 (KABAT)	LCDR2	GASNRAT
SEQ ID NO: 917 (CHOTHIA)	LCDR2	GAS
SEQ ID NO: 918 (KABAT)	LCDR3	GQSYSPFT
SEQ ID NO: 919 (CHOTHIA)	LCDR3	SYSYPF

Other Exemplary GITR Agonists

In one embodiment, the anti-GITR antibody molecule is BMS-986156 (Bristol-Myers Squibb), also known as BMS 986156 or BMS986156. BMS-986156 and other anti-GITR antibodies are disclosed, *e.g.*, in US 9,228,016 and WO 2016/196792, incorporated by reference in their entirety. In one embodiment, the anti-GITR antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of BMS-986156, *e.g.*, as disclosed in **Table 10**.

In one embodiment, the anti-GITR antibody molecule is MK-4166 or MK-1248 (Merck). MK-4166, MK-1248, and other anti-GITR antibodies are disclosed, *e.g.*, in US 8,709,424, WO 2011/028683, WO 2015/026684, and Mahne *et al. Cancer Res.* 2017; 77(5):1108-1118, incorporated by reference in their entirety. In one embodiment, the anti-GITR antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of MK-4166 or MK-1248.

In one embodiment, the anti-GITR antibody molecule is TRX518 (Leap Therapeutics). TRX518 and other anti-GITR antibodies are disclosed, *e.g.*, in US 7,812,135, US 8,388,967, US 9,028,823, WO 2006/105021, and Ponte J *et al. (2010) Clinical Immunology*; 135:S96, incorporated by reference in their entirety. In one embodiment, the anti-GITR antibody molecule comprises one or

more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of TRX518.

In one embodiment, the anti-GITR antibody molecule is INCAGN1876 (Incyte/Agenus).

INCAGN1876 and other anti-GITR antibodies are disclosed, *e.g.*, in US 2015/0368349 and WO

5 2015/184099, incorporated by reference in their entirety. In one embodiment, the anti-GITR antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of INCAGN1876.

In one embodiment, the anti-GITR antibody molecule is AMG 228 (Amgen). AMG 228 and
10 other anti-GITR antibodies are disclosed, *e.g.*, in US 9,464,139 and WO 2015/031667, incorporated by reference in their entirety. In one embodiment, the anti-GITR antibody molecule comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of AMG 228.

In one embodiment, the anti-GITR antibody molecule is INBRX-110 (Inhibrx). INBRX-110
15 and other anti-GITR antibodies are disclosed, *e.g.*, in US 2017/0022284 and WO 2017/015623, incorporated by reference in their entirety. In one embodiment, the GITR agonist comprises one or more of the CDR sequences (or collectively all of the CDR sequences), the heavy chain or light chain variable region sequence, or the heavy chain or light chain sequence of INBRX-110.

In one embodiment, the GITR agonist (*e.g.*, a fusion protein) is MEDI 1873 (MedImmune),
20 also known as MEDI1873. MEDI 1873 and other GITR agonists are disclosed, *e.g.*, in US 2017/0073386, WO 2017/025610, and Ross *et al. Cancer Res* 2016; 76(14 Suppl): Abstract nr 561, incorporated by reference in their entirety. In one embodiment, the GITR agonist comprises one or more of an IgG Fc domain, a functional multimerization domain, and a receptor binding domain of a glucocorticoid-induced TNF receptor ligand (GITRL) of MEDI 1873.

25 Further known GITR agonists (*e.g.*, anti-GITR antibodies) include those described, *e.g.*, in WO 2016/054638, incorporated by reference in its entirety.

In one embodiment, the anti-GITR antibody is an antibody that competes for binding with, and/or binds to the same epitope on GITR as, one of the anti-GITR antibodies described herein.

In one embodiment, the GITR agonist is a peptide that activates the GITR signaling pathway.

30 In one embodiment, the GITR agonist is an immunoadhesin binding fragment (*e.g.*, an immunoadhesin binding fragment comprising an extracellular or GITR binding portion of GITRL) fused to a constant region (*e.g.*, an Fc region of an immunoglobulin sequence).

Table 10: Amino acid sequence of other exemplary anti-GITR antibody molecules

BMS-986156		
SEQ ID NO: 920	VH	QVQLVESGGGVVQPGRSLRLSCAASGFTFSSYGMHWVRQAPGKGL EWVAVIWIYEGSNKYYADSVKGRFTISRDNKNTLYLQMNSLRAED TAVYYCARGGSMVRGDYYYGMDVWGQGTITVTVSS

SEQ ID NO: 921	VL	AIQLTQSPSSLSASVGDRVITTCRASQGISSALAWYQQKPGKAPKLLI YDASSLESQVPSRFSGSGSGTDFTLTISLQPEDFATYYCQQFNSYPY TFGGQGTKLEIK
----------------	----	---

IL15/IL-15Ra complexes

In certain embodiments, the anti-TIM-3 antibody molecule described herein is administered in combination with an IL-15/IL-15Ra complex. In some embodiments, the IL-15/IL-15Ra complex is chosen from NIZ985 (Novartis), ATL-803 (Altor) or CYP0150 (Cytune).

Exemplary IL-15/IL-15Ra complexes

In one embodiment, the IL-15/IL-15Ra complex comprises human IL-15 complexed with a soluble form of human IL-15Ra. The complex may comprise IL-15 covalently or noncovalently bound to a soluble form of IL-15Ra. In a particular embodiment, the human IL-15 is noncovalently bonded to a soluble form of IL-15Ra. In a particular embodiment, the human IL-15 of the composition comprises an amino acid sequence of SEQ ID NO: 1001 in **Table 11** and the soluble form of human IL-15Ra comprises an amino acid sequence of SEQ ID NO:1002 in **Table 11**, as described in WO 2014/066527, incorporated by reference in its entirety. The molecules described herein can be made by vectors, host cells, and methods described in WO 2007/084342, incorporated by reference in its entirety.

Table 11. Amino acid and nucleotide sequences of exemplary IL-15/IL-15Ra complexes

NIZ985		
SEQ ID NO: 1001	Human IL-15	NWVNVISDLKKIEDLIQSMHIDATLYTESDVHPCKVTAMKCFLEL QVISLESGDASIHTVENLILANNSLSSNGNVTESGCKECELEEKNI KEFLQSFVHIVQMFINTS
SEQ ID NO: 1002	Human Soluble IL-15Ra	ITCPPMMSVEHADIWVKSYSLSRERYICNSGFKRKAGTSSLTECVLN KATNV AHWTPSLKCI RDPALVHQRPA PPTVTTAGVTPQPESLSPSG KEPAASSPSSNNTAATTAIVPGSQLMPKSPSTGTTEISSHESHGTPS QTTAKNWELTASASHQPPGVYPQG

Other Exemplary IL-15/IL-15Ra Complexes

In one embodiment, the IL-15/IL-15Ra complex is ALT-803, an IL-15/IL-15Ra Fc fusion protein (IL-15N72D:IL-15RaSu/Fc soluble complex). ALT-803 is disclosed in WO 2008/143794, incorporated by reference in its entirety. In one embodiment, the IL-15/IL-15Ra Fc fusion protein comprises the sequences as disclosed in **Table 12**.

In one embodiment, the IL-15/IL-15Ra complex comprises IL-15 fused to the sushi domain of IL-15Ra (CYP0150, Cytune). The sushi domain of IL-15Ra refers to a domain beginning at the first cysteine residue after the signal peptide of IL-15Ra, and ending at the fourth cysteine residue after said signal peptide. The complex of IL-15 fused to the sushi domain of IL-15Ra is disclosed in WO 2007/04606 and WO 2012/175222, incorporated by reference in their entirety. In one

embodiment, the IL-15/IL-15Ra sushi domain fusion comprises the sequences as disclosed in Table 12.

Table 12. Amino acid sequences of other exemplary IL-15/IL-15Ra complexes

ALT-803 (Altor)		
SEQ ID NO: 1003	IL-15N72D	NWVNVISDLKKIEDLIQSMHIDATLYTESDVHPSCKVTAMKCFLEL QVISLESGDASIHDTVENLILANDSLSSNGNVTESGCKECEEELEEKNI KEFLQSFVHIVQMFINIS
SEQ ID NO: 1004	IL-15RaSu/ Fc	ITCPPPMSVEHADIWVKSYSLSYRERYICNSGFKRKAGTSSLTECVLN KATNVAHWTPSLKCIKREPKSCDKTHTCPPCPAPPELLGGPSVFLFPPK PKDTLMISRTPEVTCVVDVSHEDPEVKFNWYVDGVEVHNAKTKPR EEQYNSTYRVVSVLTVLHQDWLNGKEYKCKVSNKALPAPIEKTISKA KGQPREPQVYTLPPSRDELTKNQVSLTCLVKGFYPSDIAVEWESNGQ PENNYKTTTPVLDSDGGSFFLYSKLTVDKSRWQQGNVFCSCVMHEAL HNHYTQKSLSLSPGK
IL-15 / IL-15Ra sushi domain fusion (Cytune)		
SEQ ID NO:1005	Human IL-15	NWVNVISDLKKIEDLIQSMHIDATLYTESDVHPSCKVTAMKCFLEL QVISLESGDASIHDTVENLILANNSLSSNGNVTESGCKECEEELEKNI KEFLQSFVHIVQMFINIS Where X is E or K
SEQ ID NO:1006	Human IL- 15Ra sushi and hinge domains	ITCPPPMSVEHADIWVKSYSLSYRERYICNSGFKRKAGTSSLTECVLN KATNVAHWTPSLKCIKDPALVHQRPAAP

5

Pharmaceutical Compositions, Formulations, and Kits

In another aspect, the disclosure provides compositions, *e.g.*, pharmaceutically acceptable compositions, which include an anti-TIM-3 antibody molecule described herein, formulated together with a pharmaceutically acceptable carrier. As used herein, “pharmaceutically acceptable carrier” includes any and all solvents, dispersion media, isotonic and absorption delaying agents, and the like that are physiologically compatible. The carrier can be suitable for intravenous, intramuscular, subcutaneous, parenteral, rectal, spinal or epidermal administration (*e.g.* by injection or infusion).

The compositions described herein may be in a variety of forms. These include, for example, liquid, semi-solid and solid dosage forms, such as liquid solutions (*e.g.*, injectable and infusible solutions), dispersions or suspensions, liposomes and suppositories. The preferred form depends on the intended mode of administration and therapeutic application. Typical preferred compositions are in the form of injectable or infusible solutions. The preferred mode of administration is parenteral (*e.g.*, intravenous, subcutaneous, intraperitoneal, intramuscular). In a preferred embodiment, the antibody is administered by intravenous infusion or injection. In another preferred embodiment, the antibody is administered by intramuscular or subcutaneous injection.

The phrases “parenteral administration” and “administered parenterally” as used herein means modes of administration other than enteral and topical administration, usually by injection, and includes, without limitation, intravenous, intramuscular, intraarterial, intrathecal, intracapsular,

intraorbital, intracardiac, intradermal, intraperitoneal, transtracheal, subcutaneous, subcuticular, intraarticular, subcapsular, subarachnoid, intraspinal, epidural and intrasternal injection and infusion.

Therapeutic compositions typically should be sterile and stable under the conditions of manufacture and storage. The composition can be formulated as a solution, microemulsion, dispersion, liposome, or other ordered structure suitable to high antibody concentration. Sterile injectable solutions can be prepared by incorporating the active compound (*e.g.*, antibody or antibody portion) in the required amount in an appropriate solvent with one or a combination of ingredients enumerated above, as required, followed by filtered sterilization. Generally, dispersions are prepared by incorporating the active compound into a sterile vehicle that contains a basic dispersion medium and the required other ingredients from those enumerated above. In the case of sterile powders for the preparation of sterile injectable solutions, the preferred methods of preparation are vacuum drying and freeze-drying that yields a powder of the active ingredient plus any additional desired ingredient from a previously sterile-filtered solution thereof. The proper fluidity of a solution can be maintained, for example, by the use of a coating such as lecithin, by the maintenance of the required particle size in the case of dispersion and by the use of surfactants. Prolonged absorption of injectable compositions can be brought about by including in the composition an agent that delays absorption, for example, monostearate salts and gelatin.

An anti-TIM-3 antibody molecule or a composition described herein can be formulated into a formulation (*e.g.*, a dose formulation or dosage form) suitable for administration (*e.g.*, intravenous administration) to a subject as described herein. The formulation described herein can be a liquid formulation, a lyophilized formulation, or a reconstituted formulation.

In certain embodiments, the formulation is a liquid formulation. In some embodiments, the formulation (*e.g.*, liquid formulation) comprises an anti-TIM-3 antibody molecule (*e.g.*, an anti-TIM-3 antibody molecule described herein) and a buffering agent.

In some embodiments, the formulation (*e.g.*, liquid formulation) comprises an anti-TIM-3 antibody molecule present at a concentration of 25 mg/mL to 250 mg/mL, *e.g.*, 50 mg/mL to 200 mg/mL, 60 mg/mL to 180 mg/mL, 70 mg/mL to 150 mg/mL, 80 mg/mL to 120 mg/mL, 90 mg/mL to 110 mg/mL, 50 mg/mL to 150 mg/mL, 50 mg/mL to 100 mg/mL, 150 mg/mL to 200 mg/mL, or 100 mg/mL to 200 mg/mL, *e.g.*, 50 mg/mL, 60 mg/mL, 70 mg/mL, 80 mg/mL, 90 mg/mL, 100 mg/mL, 110 mg/mL, 120 mg/mL, 130 mg/mL, 140 mg/mL, or 150 mg/mL. In certain embodiments, the anti-TIM-3 antibody molecule is present at a concentration of 80 mg/mL to 120 mg/mL, *e.g.*, 100 mg/mL.

In some embodiments, the formulation (*e.g.*, liquid formulation) comprises a buffering agent comprising histidine (*e.g.*, a histidine buffer). In certain embodiments, the buffering agent (*e.g.*, histidine buffer) is present at a concentration of 1 mM to 100 mM, *e.g.*, 2 mM to 50 mM, 5 mM to 40 mM, 10 mM to 30 mM, 15 to 25 mM, 5 mM to 40 mM, 5 mM to 30 mM, 5 mM to 20 mM, 5 mM to 10 mM, 40 mM to 50 mM, 30 mM to 50 mM, 20 mM to 50 mM, 10 mM to 50 mM, or 5 mM to 50 mM, *e.g.*, 2 mM, 5 mM, 10 mM, 15 mM, 20 mM, 25 mM, 30 mM, 35 mM, 40 mM, 45 mM, or 50

mM. In some embodiments, the buffering agent (*e.g.*, histidine buffer) is present at a concentration of 15 mM to 25 mM, *e.g.*, 20 mM. In other embodiments, the buffering agent (*e.g.*, a histidine buffer) has a pH of 4 to 7, *e.g.*, 5 to 6, *e.g.*, 5, 5.5, or 6. In some embodiments, the buffering agent (*e.g.*, histidine buffer) has a pH of 5 to 6, *e.g.*, 5.5. In certain embodiments, the buffering agent comprises a histidine buffer at a concentration of 15 mM to 25 mM (*e.g.*, 20 mM) and has a pH of 5 to 6 (*e.g.*, 5.5). In certain embodiments, the buffering agent comprises histidine and histidine-HCl.

In some embodiments, the formulation (*e.g.*, liquid formulation) comprises an anti-TIM-3 antibody molecule present at a concentration of 80 to 120 mg/mL, *e.g.*, 100 mg/mL; and a buffering agent that comprises a histidine buffer at a concentration of 15 mM to 25 mM (*e.g.*, 20 mM) and has a pH of 5 to 6 (*e.g.*, 5.5).

In some embodiments, the formulation (*e.g.*, liquid formulation) further comprises a carbohydrate. In certain embodiments, the carbohydrate is sucrose. In some embodiments, the carbohydrate (*e.g.*, sucrose) is present at a concentration of 50 mM to 500 mM, *e.g.*, 100 mM to 400 mM, 150 mM to 300 mM, 180 mM to 250 mM, 200 mM to 240 mM, 210 mM to 230 mM, 100 mM to 300 mM, 100 mM to 250 mM, 100 mM to 200 mM, 100 mM to 150 mM, 300 mM to 400 mM, 200 mM to 400 mM, or 100 mM to 400 mM, *e.g.*, 100 mM, 150 mM, 180 mM, 200 mM, 220 mM, 250 mM, 300 mM, 350 mM, or 400 mM. In some embodiments, the formulation comprises a carbohydrate or sucrose present at a concentration of 200 mM to 250 mM, *e.g.*, 220 mM.

In some embodiments, the formulation (*e.g.*, liquid formulation) comprises an anti-TIM-3 antibody molecule present at a concentration of 80 to 120 mg/mL, *e.g.*, 100 mg/mL; a buffering agent that comprises a histidine buffer at a concentration of 15 mM to 25 mM (*e.g.*, 20 mM) and has a pH of 5 to 6 (*e.g.*, 5.5); and a carbohydrate or sucrose present at a concentration of 200 mM to 250 mM, *e.g.*, 220 mM.

In some embodiments, the formulation (*e.g.*, liquid formulation) further comprises a surfactant. In certain embodiments, the surfactant is polysorbate 20. In some embodiments, the surfactant or polysorbate 20 is present at a concentration of 0.005 % to 0.1% (w/w), *e.g.*, 0.01% to 0.08%, 0.02% to 0.06%, 0.03% to 0.05%, 0.01% to 0.06%, 0.01% to 0.05%, 0.01% to 0.03%, 0.06% to 0.08%, 0.04% to 0.08%, or 0.02% to 0.08% (w/w), *e.g.*, 0.01%, 0.02%, 0.03%, 0.04%, 0.05%, 0.06%, 0.07%, 0.08%, 0.09%, or 0.1% (w/w). In some embodiments, the formulation comprises a surfactant or polysorbate 20 present at a concentration of 0.03% to 0.05%, *e.g.*, 0.04% (w/w).

In some embodiments, the formulation (*e.g.*, liquid formulation) comprises an anti-TIM-3 antibody molecule present at a concentration of 80 to 120 mg/mL, *e.g.*, 100 mg/mL; a buffering agent that comprises a histidine buffer at a concentration of 15 mM to 25 mM (*e.g.*, 20 mM) and has a pH of 5 to 6 (*e.g.*, 5.5); a carbohydrate or sucrose present at a concentration of 200 mM to 250 mM, *e.g.*, 220 mM; and a surfactant or polysorbate 20 present at a concentration of 0.03% to 0.05%, *e.g.*, 0.04% (w/w).

In some embodiments, the formulation (*e.g.*, liquid formulation) comprises an anti-TIM-3 antibody molecule present at a concentration of 100 mg/mL; a buffering agent that comprises a histidine buffer (*e.g.*, histidine/histidine-HCL) at a concentration of 20 mM) and has a pH of 5.5; a carbohydrate or sucrose present at a concentration of 220 mM; and a surfactant or polysorbate 20 present at a concentration of 0.04% (w/w).

In some embodiments, the liquid formulation is prepared by diluting a formulation comprising an anti-TIM-3 antibody molecule described herein. For example, a drug substance formulation can be diluted with a solution comprising one or more excipients (*e.g.*, concentrated excipients). In some embodiments, the solution comprises one, two, or all of histidine, sucrose, or polysorbate 20. In certain embodiments, the solution comprises the same excipient(s) as the drug substance formulation. Exemplary excipients include, but are not limited to, an amino acid (*e.g.*, histidine), a carbohydrate (*e.g.*, sucrose), or a surfactant (*e.g.*, polysorbate 20). In certain embodiments, the liquid formulation is not a reconstituted lyophilized formulation. In other embodiments, the liquid formulation is a reconstituted lyophilized formulation. In some embodiments, the formulation is stored as a liquid. In other embodiments, the formulation is prepared as a liquid and then is dried, *e.g.*, by lyophilization or spray-drying, prior to storage.

In certain embodiments, 0.5 mL to 10 mL (*e.g.*, 0.5 mL to 8 mL, 1 mL to 6 mL, or 2 mL to 5 mL, *e.g.*, 1 mL, 1.2 mL, 1.5 mL, 2 mL, 3 mL, 4 mL, 4.5 mL, or 5 mL) of the liquid formulation is filled per container (*e.g.*, vial). In other embodiments, the liquid formulation is filled into a container (*e.g.*, vial) such that an extractable volume of at least 1 mL (*e.g.*, at least 1.2 mL, at least 1.5 mL, at least 2 mL, at least 3 mL, at least 4 mL, or at least 5 mL) of the liquid formulation can be withdrawn per container (*e.g.*, vial). In certain embodiments, the liquid formulation is extracted from the container (*e.g.*, vial) without diluting at a clinical site. In certain embodiments, the liquid formulation is diluted from a drug substance formulation and extracted from the container (*e.g.*, vial) at a clinical site. In certain embodiments, the formulation (*e.g.*, liquid formulation) is injected to an infusion bag, *e.g.*, within 1 hour (*e.g.*, within 45 minutes, 30 minutes, or 15 minutes) before the infusion starts to the patient.

A formulation described herein can be stored in a container. The container used for any of the formulations described herein can include, *e.g.*, a vial, and optionally, a stopper, a cap, or both. In certain embodiments, the vial is a glass vial, *e.g.*, a 6R white glass vial. In other embodiments, the stopper is a rubber stopper, *e.g.*, a grey rubber stopper. In other embodiments, the cap is a flip-off cap, *e.g.*, an aluminum flip-off cap. In some embodiments, the container comprises a 6R white glass vial, a grey rubber stopper, and an aluminum flip-off cap. In some embodiments, the container (*e.g.*, vial) is for a single-use container. In certain embodiments, 25 mg/mL to 250 mg/mL, *e.g.*, 50 mg/mL to 200 mg/mL, 60 mg/mL to 180 mg/mL, 70 mg/mL to 150 mg/mL, 80 mg/mL to 120 mg/mL, 90 mg/mL to 110 mg/mL, 50 mg/mL to 150 mg/mL, 50 mg/mL to 100 mg/mL, 150 mg/mL to 200 mg/mL, or 100 mg/mL to 200 mg/mL, *e.g.*, 50 mg/mL, 60 mg/mL, 70 mg/mL, 80 mg/mL, 90 mg/mL,

100 mg/mL, 110 mg/mL, 120 mg/mL, 130 mg/mL, 140 mg/mL, or 150 mg/mL, of the anti-TIM-3 antibody molecule, is present in the container (*e.g.*, vial).

In some embodiments, the formulation is a lyophilized formulation. In certain embodiments, the lyophilized formulation is lyophilized or dried from a liquid formulation comprising an anti-TIM-3 antibody molecule described herein. For example, 1 to 5 mL, *e.g.*, 1 to 2 mL, of a liquid formulation can be filled per container (*e.g.*, vial) and lyophilized.

In some embodiments, the formulation is a reconstituted formulation. In certain embodiments, the reconstituted formulation is reconstituted from a lyophilized formulation comprising an anti-TIM-3 antibody molecule described herein. For example, a reconstituted formulation can be prepared by dissolving a lyophilized formulation in a diluent such that the protein is dispersed in the reconstituted formulation. In some embodiments, the lyophilized formulation is reconstituted with 1 mL to 5 mL, *e.g.*, 1 mL to 2 mL, *e.g.*, 1.2 mL, of water or buffer for injection. In certain embodiments, the lyophilized formulation is reconstituted with 1 mL to 2 mL of water for injection, *e.g.*, at a clinical site.

In some embodiments, the reconstituted formulation comprises an anti-TIM-3 antibody molecule (*e.g.*, an anti-TIM-3 antibody molecule described herein) and a buffering agent.

In some embodiments, the reconstituted formulation comprises an anti-TIM-3 antibody molecule present at a concentration of 25 mg/mL to 250 mg/mL, *e.g.*, 50 mg/mL to 200 mg/mL, 60 mg/mL to 180 mg/mL, 70 mg/mL to 150 mg/mL, 80 mg/mL to 120 mg/mL, 90 mg/mL to 110 mg/mL, 50 mg/mL to 150 mg/mL, 50 mg/mL to 100 mg/mL, 150 mg/mL to 200 mg/mL, or 100 mg/mL to 200 mg/mL, *e.g.*, 50 mg/mL, 60 mg/mL, 70 mg/mL, 80 mg/mL, 90 mg/mL, 100 mg/mL, 110 mg/mL, 120 mg/mL, 130 mg/mL, 140 mg/mL, or 150 mg/mL. In certain embodiments, the anti-TIM-3 antibody molecule is present at a concentration of 80 mg/mL to 120 mg/mL, *e.g.*, 100 mg/mL.

In some embodiments, the reconstituted formulation comprises a buffering agent comprising histidine (*e.g.*, a histidine buffer). In certain embodiments, the buffering agent (*e.g.*, histidine buffer) is present at a concentration of 1 mM to 100 mM, *e.g.*, 2 mM to 50 mM, 5 mM to 40 mM, 10 mM to 30 mM, 15 to 25 mM, 5 mM to 40 mM, 5 mM to 30 mM, 5 mM to 20 mM, 5 mM to 10 mM, 40 mM to 50 mM, 30 mM to 50 mM, 20 mM to 50 mM, 10 mM to 50 mM, or 5 mM to 50 mM, *e.g.*, 2 mM, 5 mM, 10 mM, 15 mM, 20 mM, 25 mM, 30 mM, 35 mM, 40 mM, 45 mM, or 50 mM. In some embodiments, the buffering agent (*e.g.*, histidine buffer) is present at a concentration of 15 mM to 25 mM, *e.g.*, 20 mM. In other embodiments, the buffering agent (*e.g.*, a histidine buffer) has a pH of 4 to 7, *e.g.*, 5 to 6, *e.g.*, 5, 5.5, or 6. In some embodiments, the buffering agent (*e.g.*, histidine buffer) has a pH of 5 to 6, *e.g.*, 5.5. In certain embodiments, the buffering agent comprises a histidine buffer at a concentration of 15 mM to 25 mM (*e.g.*, 20 mM) and has a pH of 5 to 6 (*e.g.*, 5.5). In certain embodiments, the buffering agent comprises histidine and histidine-HCl.

In some embodiments, the reconstituted formulation comprises an anti-TIM-3 antibody molecule present at a concentration of 80 to 120 mg/mL, *e.g.*, 100 mg/mL; and a buffering agent that

comprises a histidine buffer at a concentration of 15 mM to 25 mM (*e.g.*, 20 mM) and has a pH of 5 to 6 (*e.g.*, 5.5).

In some embodiments, the reconstituted formulation further comprises a carbohydrate. In certain embodiments, the carbohydrate is sucrose. In some embodiments, the carbohydrate (*e.g.*, sucrose) is present at a concentration of 50 mM to 500 mM, *e.g.*, 100 mM to 400 mM, 150 mM to 300 mM, 180 mM to 250 mM, 200 mM to 240 mM, 210 mM to 230 mM, 100 mM to 300 mM, 100 mM to 250 mM, 100 mM to 200 mM, 100 mM to 150 mM, 300 mM to 400 mM, 200 mM to 400 mM, or 100 mM to 400 mM, *e.g.*, 100 mM, 150 mM, 180 mM, 200 mM, 220 mM, 250 mM, 300 mM, 350 mM, or 400 mM. In some embodiments, the formulation comprises a carbohydrate or sucrose present at a concentration of 200 mM to 250 mM, *e.g.*, 220 mM.

In some embodiments, the reconstituted formulation comprises an anti-TIM-3 antibody molecule present at a concentration of 80 to 120 mg/mL, *e.g.*, 100 mg/mL; a buffering agent that comprises a histidine buffer at a concentration of 15 mM to 25 mM (*e.g.*, 20 mM) and has a pH of 5 to 6 (*e.g.*, 5.5); and a carbohydrate or sucrose present at a concentration of 200 mM to 250 mM, *e.g.*, 220 mM.

In some embodiments, the reconstituted formulation further comprises a surfactant. In certain embodiments, the surfactant is polysorbate 20. In some embodiments, the surfactant or polysorbate 20 is present at a concentration of 0.005 % to 0.1% (w/w), *e.g.*, 0.01% to 0.08%, 0.02% to 0.06%, 0.03% to 0.05%, 0.01% to 0.06%, 0.01% to 0.05%, 0.01% to 0.03%, 0.06% to 0.08%, 0.04% to 0.08%, or 0.02% to 0.08% (w/w), *e.g.*, 0.01%, 0.02%, 0.03%, 0.04%, 0.05%, 0.06%, 0.07%, 0.08%, 0.09%, or 0.1% (w/w). In some embodiments, the formulation comprises a surfactant or polysorbate 20 present at a concentration of 0.03% to 0.05%, *e.g.*, 0.04% (w/w).

In some embodiments, the reconstituted formulation comprises an anti-TIM-3 antibody molecule present at a concentration of 80 to 120 mg/mL, *e.g.*, 100 mg/mL; a buffering agent that comprises a histidine buffer at a concentration of 15 mM to 25 mM (*e.g.*, 20 mM) and has a pH of 5 to 6 (*e.g.*, 5.5); a carbohydrate or sucrose present at a concentration of 200 mM to 250 mM, *e.g.*, 220 mM; and a surfactant or polysorbate 20 present at a concentration of 0.03% to 0.05%, *e.g.*, 0.04% (w/w).

In some embodiments, the reconstituted formulation comprises an anti-TIM-3 antibody molecule present at a concentration of 100 mg/mL; a buffering agent that comprises a histidine buffer (*e.g.*, histidine/histidine-HCL) at a concentration of 20 mM) and has a pH of 5.5; a carbohydrate or sucrose present at a concentration of 220 mM; and a surfactant or polysorbate 20 present at a concentration of 0.04% (w/w).

In some embodiments, the formulation is reconstituted such that an extractable volume of at least 1 mL (*e.g.*, at least 1.2 mL, 1.5 mL, 2 mL, 2.5 mL, or 3 mL) of the reconstituted formulation can be withdrawn from the container (*e.g.*, vial) containing the reconstituted formulation. In certain embodiments, the formulation is reconstituted and/or extracted from the container (*e.g.*, vial) at a

clinical site. In certain embodiments, the formulation (*e.g.*, reconstituted formulation) is injected to an infusion bag, *e.g.*, within 1 hour (*e.g.*, within 45 minutes, 30 minutes, or 15 minutes) before the infusion starts to the patient.

Other exemplary buffering agents that can be used in the formulation described herein include, but are not limited to, an arginine buffer, a citrate buffer, or a phosphate buffer. Other exemplary carbohydrates that can be used in the formulation described herein include, but are not limited to, trehalose, mannitol, sorbitol, or a combination thereof. The formulation described herein may also contain a tonicity agent, *e.g.*, sodium chloride, and/or a stabilizing agent, *e.g.*, an amino acid (*e.g.*, glycine, arginine, methionine, or a combination thereof).

The antibody molecules can be administered by a variety of methods known in the art, although for many therapeutic applications, the preferred route/mode of administration is intravenous injection or infusion. For example, the antibody molecules can be administered by intravenous infusion at a rate of more than 20 mg/min, *e.g.*, 20-40 mg/min, and typically greater than or equal to 40 mg/min to reach a dose of about 35 to 440 mg/m², typically about 70 to 310 mg/m², and more typically, about 110 to 130 mg/m². In embodiments, the antibody molecules can be administered by intravenous infusion at a rate of less than 10mg/min; preferably less than or equal to 5 mg/min to reach a dose of about 1 to 100 mg/m², preferably about 5 to 50 mg/m², about 7 to 25 mg/m² and more preferably, about 10 mg/m². As will be appreciated by the skilled artisan, the route and/or mode of administration will vary depending upon the desired results. In certain embodiments, the active compound may be prepared with a carrier that will protect the compound against rapid release, such as a controlled release formulation, including implants, transdermal patches, and microencapsulated delivery systems. Biodegradable, biocompatible polymers can be used, such as ethylene vinyl acetate, polyanhydrides, polyglycolic acid, collagen, polyorthoesters, and polylactic acid. Many methods for the preparation of such formulations are patented or generally known to those skilled in the art. *See, e.g., Sustained and Controlled Release Drug Delivery Systems*, J. R. Robinson, ed., Marcel Dekker, Inc., New York, 1978.

In certain embodiments, an antibody molecule can be orally administered, for example, with an inert diluent or an assimilable edible carrier. The compound (and other ingredients, if desired) may also be enclosed in a hard or soft shell gelatin capsule, compressed into tablets, or incorporated directly into the subject's diet. For oral therapeutic administration, the compounds may be incorporated with excipients and used in the form of ingestible tablets, buccal tablets, troches, capsules, elixirs, suspensions, syrups, wafers, and the like. To administer a compound of the invention by other than parenteral administration, it may be necessary to coat the compound with, or co-administer the compound with, a material to prevent its inactivation. Therapeutic compositions can also be administered with medical devices known in the art.

Dosage regimens are adjusted to provide the optimum desired response (*e.g.*, a therapeutic response). For example, a single bolus may be administered, several divided doses may be

administered over time or the dose may be proportionally reduced or increased as indicated by the exigencies of the therapeutic situation. It is especially advantageous to formulate parenteral compositions in dosage unit form for ease of administration and uniformity of dosage. Dosage unit form as used herein refers to physically discrete units suited as unitary dosages for the subjects to be treated; each unit contains a predetermined quantity of active compound calculated to produce the desired therapeutic effect in association with the required pharmaceutical carrier. The specification for the dosage unit forms of the invention are dictated by and directly dependent on (a) the unique characteristics of the active compound and the particular therapeutic effect to be achieved, and (b) the limitations inherent in the art of compounding such an active compound for the treatment of sensitivity in individuals.

An exemplary, non-limiting range for a therapeutically or prophylactically effective amount of an antibody molecule is 50 mg to 1500 mg, typically 80 mg to 1200 mg. In certain embodiments, the anti-TIM-3 antibody molecule is administered by injection (*e.g.*, subcutaneously or intravenously) at a dose (*e.g.*, a flat dose) of about 60 mg to about 100 mg (*e.g.*, about 80 mg), about 200 mg to about 300 mg (*e.g.*, about 240 mg), or about 1000 mg to about 1500 mg (*e.g.*, about 1200 mg). The dosing schedule (*e.g.*, flat dosing schedule) can vary from *e.g.*, once a week to once every 2, 3, 4, 5, or 6 weeks. In one embodiment, the anti-TIM-3 antibody molecule is administered at a dose from about 60 mg to 100 mg (*e.g.*, about 80 mg) once every two weeks or once every four weeks. In one embodiment, the anti-TIM-3 antibody molecule is administered at a dose from about 200 mg to about 300 mg (*e.g.*, about 240 mg) once every two weeks or once every four weeks. In one embodiment, the anti-TIM-3 antibody molecule is administered at a dose from about 1000 mg to about 1500 mg (*e.g.*, about 1200 mg) once every two weeks or once every four weeks. In one embodiment, the anti-TIM-3 antibody molecule is administered at a dose about 80 mg once every four weeks. In one embodiment, the anti-TIM-3 antibody molecule is administered at a dose about 240 mg once every four weeks. In one embodiment, the anti-TIM-3 antibody molecule is administered at a dose about 1200 mg once every four weeks. While not wishing to be bound by theory, in some embodiments, flat or fixed dosing can be beneficial to patients, for example, to save drug supply and to reduce pharmacy errors.

The antibody molecule can be administered by intravenous infusion at a rate of more than 20 mg/min, *e.g.*, 20-40 mg/min, and typically greater than or equal to 40 mg/min to reach a dose of about 35 to 440 mg/m², typically about 70 to 310 mg/m², and more typically, about 110 to 130 mg/m². In embodiments, the infusion rate of about 110 to 130 mg/m² achieves a level of about 3 mg/kg. In other embodiments, the antibody molecule can be administered by intravenous infusion at a rate of less than 10 mg/min, *e.g.*, less than or equal to 5 mg/min to reach a dose of about 1 to 100 mg/m², *e.g.*, about 5 to 50 mg/m², about 7 to 25 mg/m², or, about 10 mg/m². In some embodiments, the antibody is infused over a period of about 30 min. It is to be noted that dosage values may vary with the type and severity of the condition to be alleviated. It is to be further understood that for any particular subject, specific

dosage regimens should be adjusted over time according to the individual need and the professional judgment of the person administering or supervising the administration of the compositions, and that dosage ranges set forth herein are exemplary only and are not intended to limit the scope or practice of the claimed composition.

5 The pharmaceutical compositions of the invention may include a "therapeutically effective amount" or a "prophylactically effective amount" of an antibody or antibody portion of the invention. A "therapeutically effective amount" refers to an amount effective, at dosages and for periods of time necessary, to achieve the desired therapeutic result. A therapeutically effective amount of the modified antibody or antibody fragment may vary according to factors such as the disease state, age, sex, and weight of the individual, and the ability of the antibody or antibody portion to elicit a desired response in the individual. A therapeutically effective amount is also one in which any toxic or detrimental effects of the modified antibody or antibody fragment is outweighed by the therapeutically beneficial effects. A "therapeutically effective dosage" preferably inhibits a measurable parameter, *e.g.*, tumor growth rate by at least about 20%, more preferably by at least about 40%, even more preferably by at least about 60%, and still more preferably by at least about 80% relative to untreated subjects. The ability of a compound to inhibit a measurable parameter, *e.g.*, cancer, can be evaluated in an animal model system predictive of efficacy in human tumors. Alternatively, this property of a composition can be evaluated by examining the ability of the compound to inhibit, such inhibition *in vitro* by assays known to the skilled practitioner.

20 A "prophylactically effective amount" refers to an amount effective, at dosages and for periods of time necessary, to achieve the desired prophylactic result. Typically, since a prophylactic dose is used in subjects prior to or at an earlier stage of disease, the prophylactically effective amount will be less than the therapeutically effective amount.

Also within the scope of the disclosure is a kit comprising an anti-TIM-3 antibody molecule, composition, or formulation described herein. The kit can include one or more other elements including: instructions for use (*e.g.*, in accordance a dosage regimen described herein); other reagents, *e.g.*, a label, a therapeutic agent, or an agent useful for chelating, or otherwise coupling, an antibody to a label or therapeutic agent, or a radioprotective composition; devices or other materials for preparing the antibody for administration; pharmaceutically acceptable carriers; and devices or other materials for administration to a subject.

Use of Anti-TIM-3 Antibody Molecules

The anti-TIM-3 antibody molecules described herein can be used to modify an immune response in a subject. In some embodiments, the immune response is enhanced, stimulated or up-regulated. In certain embodiments, the immune response is inhibited, reduced, or down-regulated. For example, these antibody molecules can be administered to cells in culture, *e.g. in vitro* or *ex vivo*,

or in a subject, *e.g.*, *in vivo*, to treat, prevent, and/or diagnose a variety of disorders, such as cancers, immune disorders, and infectious diseases.

As used herein, the term “subject” is intended to include human and non-human animals. In some embodiments, the subject is a human subject, *e.g.*, a human patient having a disorder or condition characterized by abnormal TIM-3 functioning. Generally, the subject has at least some TIM-3 protein, including the TIM-3 epitope that is bound by the antibody molecule, *e.g.*, a high enough level of the protein and epitope to support antibody binding to TIM-3. The term “non-human animals” includes mammals and non-mammals, such as non-human primates. In some embodiments, the subject is a human. In some embodiments, the subject is a human patient in need of enhancement of an immune response. The methods and compositions described herein are suitable for treating human patients having a disorder that can be treated by modulating (*e.g.*, augmenting or inhibiting) an immune response. In certain embodiments, the patient has or is at risk of having a disorder described herein, *e.g.*, an acute myeloid leukemia (AML) or a myelodysplastic syndrome (MDS). In certain embodiments, the patient is not suitable for a standard therapeutic regimen with established benefit in patients with AML or MDS.

In certain embodiments, the anti-TIM-3 antibody molecule is used in combination with a PD-1 inhibitor. AML/MDS typically co-overexpress PD-1 and TIM-3, which cooperate to inhibit immune recognition by cytotoxic T cells (Kikushige *et al.* (2010) *Cell Stem Cell*; 7(6): 708-717, incorporated by reference in its entirety). Without wishing to be bound by theory, it is believed that in certain embodiments, concurrent blockade of TIM-3 and PD-1 can promote greater activation of T-cells than either therapy alone and synergistically inhibit tumor growth in experimental cancer models (Sakuishi *et al.* (2010) *J Exp Med*; 207(10): 2187-94; Ngiow *et al.* (2011) *Cancer Res*; 71(10): 3540-51; Anderson (2014) *Cancer Immunol Res*; 2(5):393-8; each of which is incorporated by reference in its entirety).

Alternatively or in combination, in other embodiments, the anti-TIM-3 antibody molecule is used in combination with a hypomethylating agent (*e.g.*, decitabine). Hypomethylating agents can induce increased expression of PD-1, PD-L1, PD-L2, and/or CTLA-4, which supports the use of checkpoint inhibitors to decrease an immunosuppressive tumor microenvironment (Yang *et al.* (2014) *Leukemia*; 28(6):1280-8; Orskov *et al.* (2015) *Oncotarget*; 6(11):9612-26; each of which is incorporated by reference in its entirety). Without wishing to be bound by theory, it is believed that in some embodiments decitabine play a role in anti-tumor immunity by increasing the activity of NK cells (Sohlberg *et al.* (2015) *Oncotarget*; 6(33):34178-90, incorporated by reference in its entirety).

In certain embodiments, the subject has not been treated with a PD-1/PD-L1 therapy prior to receiving the anti-TIM-3 antibody molecule. In other embodiments, the subject has been treated with a with a PD-1/PD-L1 therapy prior to receiving the anti-TIM-3 antibody molecule. In certain embodiments, the subject has been identified as having TIM-3 expression in tumor infiltrating

lymphocytes. In other embodiments, the subject does not have detectable level of TIM-3 expression in tumor infiltrating lymphocytes.

Methods of Treating Cancer

In one aspect, the disclosure relates to treatment of a subject *in vivo* using an anti-TIM-3 antibody molecule (*e.g.*, an anti-TIM-3 antibody molecule described herein), or a composition or formulation comprising an anti-TIM-3 antibody molecule (*e.g.*, a composition or formulation described herein) such that growth of cancerous tumors is inhibited or reduced.

In certain embodiments, the anti-TIM-3 antibody molecule is administered in an amount effective to treat a cancer or a metastatic lesion thereof. In some embodiments, the anti-TIM-3 antibody molecule is administered at a dose from about 10 mg to about 2000 mg or about 20 mg to about 2000 mg once every two, three, or four weeks. For example, the anti-TIM-3 antibody molecule can be administered at a dose from about 10 mg to about 50 mg, about 50 mg to about 200 mg, about 200 mg to about 500 mg, about 500 mg to about 1000 mg, or about 500 mg to about 1500 mg, once every two weeks or once every four weeks. In one embodiment, the anti-TIM-3 antibody molecule is administered at a dose from about 10 mg to 30 mg (*e.g.*, about 20 mg) once every two weeks. In one embodiment, the anti-TIM-3 antibody molecule is administered at a dose from about 60 mg to 100 mg (*e.g.*, about 80 mg) once every two weeks or four weeks. In one embodiment, the anti-TIM-3 antibody molecule is administered at a dose from about 200 mg to about 300 mg (*e.g.*, about 240 mg) once every two weeks or four weeks. In one embodiment, the anti-TIM-3 antibody molecule is administered at a dose from about 500 mg to about 1000 mg (*e.g.*, about 800 mg) once every two weeks or four weeks. In one embodiment, the anti-TIM-3 antibody molecule is administered at a dose from about 1000 mg to about 1500 mg (*e.g.*, about 1200 mg) once every two weeks or four weeks. In certain embodiments, the anti-TIM-3 antibody molecule is administered once every two weeks. In other embodiments, the anti-TIM-3 antibody molecule is administered once every four weeks.

An anti-TIM-3 antibody, or a composition or formulation comprising an anti-TIM-3 antibody molecule, may be used alone to inhibit the growth of cancerous tumors. Alternatively, an anti-LAG-3 antibody, or a composition or formulation comprising an anti-TIM-3 antibody molecule, may be used in combination with one or more of: a standard of care treatment (*e.g.*, for cancers or infectious disorders), another antibody or antigen-binding fragment thereof, an immunomodulator (*e.g.*, an activator of a costimulatory molecule or an inhibitor of an inhibitory molecule); a vaccine, *e.g.*, a therapeutic cancer vaccine; or other forms of cellular immunotherapy, as described herein.

Accordingly, in one embodiment, the disclosure provides a method of inhibiting growth of tumor cells in a subject, comprising administering to the subject a therapeutically effective amount of an anti-TIM-3 antibody molecule described herein, *e.g.*, in accordance with a dosage regimen described herein. In an embodiment, the anti-TIM-3 antibody molecule is administered in the form of a composition or formulation described herein.

In one embodiment, the method is suitable for the treatment of cancer *in vivo*. To achieve antigen-specific enhancement of immunity, the anti-TIM-3 antibody molecule can be administered together with an antigen of interest. When an anti-TIM-3 antibody is administered in combination with one or more agents, the combination can be administered in either order or simultaneously.

5 In another aspect, a method of treating a subject, *e.g.*, reducing or ameliorating, a hyperproliferative condition or disorder (*e.g.*, a cancer), *e.g.*, solid tumor, a hematological cancer, soft tissue tumor, or a metastatic lesion, in a subject is provided. The method includes administering to the subject an anti-TIM-3 antibody molecule, or a composition or formulation comprising an anti-TIM-3 antibody molecule, as disclosed herein, in accordance with a dosage regimen disclosed herein.

10 As used herein, the term “cancer” is meant to include all types of cancerous growths or oncogenic processes, metastatic tissues or malignantly transformed cells, tissues, or organs, irrespective of histopathological type or stage of invasiveness. Examples of cancerous disorders include, but are not limited to, solid tumors, hematological cancers, soft tissue tumors, and metastatic lesions. Examples of solid tumors include malignancies, *e.g.*, sarcomas, and carcinomas (including
15 adenocarcinomas and squamous cell carcinomas), of the various organ systems, such as those affecting liver, lung, breast, lymphoid, gastrointestinal (*e.g.*, colon), genitourinary tract (*e.g.*, renal, urothelial, bladder cells), prostate, CNS (*e.g.*, brain, neural or glial cells), skin, pancreas, and pharynx. Adenocarcinomas include malignancies such as most colon cancers, rectal cancer, renal-cell carcinoma, liver cancer, non-small cell carcinoma of the lung, cancer of the small intestine and cancer
20 of the esophagus. Squamous cell carcinomas include malignancies, *e.g.*, in the lung, esophagus, skin, head and neck region, oral cavity, anus, and cervix. In one embodiment, the cancer is a melanoma, *e.g.*, an advanced stage melanoma. Metastatic lesions of the aforementioned cancers can also be treated or prevented using the methods and compositions of the invention.

Exemplary cancers whose growth can be inhibited using the antibodies molecules,
25 compositions, or formulations, as disclosed herein, include cancers typically responsive to immunotherapy. Non-limiting examples of typical cancers for treatment include melanoma (*e.g.*, metastatic malignant melanoma), renal cancer (*e.g.*, clear cell carcinoma), prostate cancer (*e.g.*, hormone refractory prostate adenocarcinoma), breast cancer, colon cancer and lung cancer (*e.g.*, non-small cell lung cancer). Additionally, refractory or recurrent malignancies can be treated using the
30 antibody molecules described herein.

Examples of other cancers that can be treated include, but are not limited to, basal cell carcinoma, biliary tract cancer; bladder cancer; bone cancer; brain and CNS cancer; primary CNS lymphoma; neoplasm of the central nervous system (CNS); breast cancer; cervical cancer; choriocarcinoma; colon and rectum cancer; connective tissue cancer; cancer of the digestive system;
35 endometrial cancer; esophageal cancer; eye cancer; cancer of the head and neck; gastric cancer; intra-epithelial neoplasm; kidney cancer; larynx cancer; leukemia (including acute myeloid leukemia, chronic myeloid leukemia, acute lymphoblastic leukemia, chronic lymphocytic leukemia, chronic or

acute leukemia); liver cancer; lung cancer (*e.g.*, small cell and non-small cell); lymphoma including Hodgkin's and non-Hodgkin's lymphoma; lymphocytic lymphoma; melanoma, *e.g.*, cutaneous or intraocular malignant melanoma; myeloma; neuroblastoma; oral cavity cancer (*e.g.*, lip, tongue, mouth, and pharynx); ovarian cancer; pancreatic cancer; prostate cancer; retinoblastoma;

5 rhabdomyosarcoma; rectal cancer; cancer of the respiratory system; sarcoma; skin cancer; stomach cancer; testicular cancer; thyroid cancer; uterine cancer; cancer of the urinary system, hepatocarcinoma, cancer of the anal region, carcinoma of the fallopian tubes, carcinoma of the vagina, carcinoma of the vulva, cancer of the small intestine, cancer of the endocrine system, cancer of the parathyroid gland, cancer of the adrenal gland, sarcoma of soft tissue, cancer of the urethra, cancer of

10 the penis, solid tumors of childhood, spinal axis tumor, brain stem glioma, pituitary adenoma, Kaposi's sarcoma, epidermoid cancer, squamous cell cancer, T-cell lymphoma, environmentally induced cancers including those induced by asbestos, as well as other carcinomas and sarcomas, and combinations of said cancers.

In some embodiments, the disorder is a cancer, *e.g.*, a cancer described herein. In certain

15 embodiments, the cancer is a solid tumor. In some embodiments, the cancer is an ovarian cancer. In other embodiments, the cancer is a lung cancer, *e.g.*, a small cell lung cancer (SCLC) or a non-small cell lung cancer (NSCLC). In other embodiments, the cancer is a mesothelioma. In other embodiments, the cancer is a skin cancer, *e.g.*, a Merkel cell carcinoma or a melanoma. In other embodiments, the cancer is a kidney cancer, *e.g.*, a renal cell carcinoma. In other embodiments, the

20 cancer is a bladder cancer. In other embodiments, the cancer is a soft tissue sarcoma, *e.g.*, a hemangiopericytoma (HPC). In other embodiments, the cancer is a bone cancer, *e.g.*, a bone sarcoma. In other embodiments, the cancer is a colorectal cancer. In other embodiments, the cancer is a pancreatic cancer. In other embodiments, the cancer is a nasopharyngeal cancer. In other

25 embodiments, the cancer is a breast cancer. In other embodiments, the cancer is a duodenal cancer. In other embodiments, the cancer is an endometrial cancer. In other embodiments, the cancer is an adenocarcinoma, *e.g.*, an unknown adenocarcinoma. In other embodiments, the cancer is a liver cancer, *e.g.*, a hepatocellular carcinoma. In other embodiments, the cancer is a cholangiocarcinoma. In other embodiments, the cancer is a sarcoma. In certain embodiments, the cancer is a myelodysplastic syndrome (MDS) (*e.g.*, a high risk MDS). In other embodiments, the cancer is a

30 leukemia (*e.g.*, an acute myeloid leukemia (AML), *e.g.*, a relapsed or refractory AML or a *de novo* AML). In other embodiments, the cancer is a lymphoma. In other embodiments, the cancer is a myeloma. In other embodiments, the cancer is an MSI-high cancer. In some embodiments, the cancer is a metastatic cancer. In other embodiments, the cancer is an advanced cancer. In other

embodiments, the cancer is a relapsed or refractory cancer.

35 In one embodiment, the cancer is a Merkel cell carcinoma. In other embodiments, the cancer is a melanoma. In other embodiments, the cancer is a breast cancer, *e.g.*, a triple negative breast cancer (TNBC) or a HER2-negative breast cancer. In other embodiments, the cancer is a renal cell

carcinoma (*e.g.*, a clear cell renal cell carcinoma (CCRCC) or a non-clear cell renal cell carcinoma (nccRCC)). In other embodiments, the cancer is a thyroid cancer, *e.g.*, an anaplastic thyroid carcinoma (ATC). In other embodiments, the cancer is a neuroendocrine tumor (NET), *e.g.*, an atypical pulmonary carcinoid tumor or an NET in pancreas, gastrointestinal (GI) tract, or lung. In certain embodiments, the cancer is a non-small cell lung cancer (NSCLC) (*e.g.*, a squamous NSCLC or a non-squamous NSCLC). In certain embodiments, the cancer is a fallopian tube cancer. In certain embodiments, the cancer is a microsatellite instability-high colorectal cancer (MSI-high CRC) or a microsatellite stable colorectal cancer (MSS CRC).

In other embodiments, the cancer is a hematological malignancy or cancer including but is not limited to a leukemia or a lymphoma. For example, an anti-TIM-3 antibody molecule can be used to treat cancers and malignancies including, but not limited to, *e.g.*, an acute leukemia, *e.g.*, B-cell acute lymphoid leukemia (“BALL”), T-cell acute lymphoid leukemia (“TALL”), acute lymphoid leukemia (ALL); a chronic leukemia, *e.g.*, chronic myelogenous leukemia (CML), chronic lymphocytic leukemia (CLL); an additional hematologic cancer or hematologic condition, *e.g.*, B cell prolymphocytic leukemia, blastic plasmacytoid dendritic cell neoplasm, Burkitt’s lymphoma, diffuse large B cell lymphoma, Follicular lymphoma, Hairy cell leukemia, small cell- or a large cell-follicular lymphoma, malignant lymphoproliferative conditions, MALT lymphoma, mantle cell lymphoma, Marginal zone lymphoma, multiple myeloma, myelodysplasia and myelodysplastic syndrome, non-Hodgkin’s lymphoma, plasmablastic lymphoma, plasmacytoid dendritic cell neoplasm, Waldenström macroglobulinemia, and “preleukemia” which are a diverse collection of hematological conditions united by ineffective production (or dysplasia) of myeloid blood cells, and the like.

As used herein, the term “subject” is intended to include human and non-human animals. In some embodiments, the subject is a human subject, *e.g.*, a human patient having a disorder or condition characterized by abnormal TIM-3 functioning. Generally, the subject has at least some TIM-3 protein, including the TIM-3 epitope that is bound by the antibody molecule, *e.g.*, a high enough level of the protein and epitope to support antibody binding to TIM-3. The term “non-human animals” includes mammals and non-mammals, such as non-human primates. In some embodiments, the subject is a human. In some embodiments, the subject is a human patient in need of enhancement of an immune response. The methods and compositions described herein are suitable for treating human patients having a disorder that can be treated by modulating (*e.g.*, augmenting or inhibiting) an immune response.

In certain embodiments, the cancer is an ovarian cancer. Without wishing to be bound by theory, it is believed that in some embodiments, ovarian tumor infiltrating regulatory T cells (Tregs) are more immunosuppressive than those isolated from peripheral blood in a TIM-3 dependent matter (Bu *et al. Tumour Biol.* 2016; 37(3):3949-56). TIM-3 is upregulated on FoxP3+ Tregs in tumor infiltrating lymphocytes (TILs) from patients with ovarian carcinoma (Yan *et al. PLoS One.* 2013; 8(3):e58006).

In some embodiments, the anti-TIM-3 antibody molecule, or the composition or formulation comprising the anti-TIM-3 antibody, is administered as a single agent to treat an ovarian cancer. In other embodiments, the anti-TIM-3 antibody molecule, or the composition or formulation comprising the anti-TIM-3 antibody, is administered in combination with a second therapeutic agent or modality, *e.g.*, a PD-1 inhibitor or a PD-L1 inhibitor, to treat an ovarian cancer. In some embodiments, the PD-1 inhibitor is an anti-PD-1 antibody molecule, *e.g.*, an anti-PD-1 antibody described herein. In some embodiments, the PD-L1 inhibitor is an anti-PD-L1 antibody molecule, *e.g.*, an anti-PD-L1 antibody molecule described herein.

In some embodiments, the second therapeutic agent or modality comprises an anti-PD-1 antibody molecule, *e.g.*, nivolumab, optionally, in combination with a VEGF inhibitor (*e.g.*, bevacizumab), an interferon gamma, a CD27 agonist (*e.g.*, varlilumab), an IDO inhibitor (*e.g.*, epacadostat), a CTLA-4 inhibitor (*e.g.*, ipilimumab), an CSF1R inhibitor (*e.g.*, cabiralizumab), an OX40 agonist (*e.g.*, BMS 986178), or a KIR inhibitor (*e.g.*, lirilumab), or any combination thereof.

In some embodiments, the second therapeutic agent or modality comprises an anti-PD-1 antibody molecule, *e.g.*, pembrolizumab, optionally, in combination with a chemotherapy (*e.g.*, carboplatin, paclitaxel, doxorubicin, gemcitabine, cisplatin, or azacitidine), a DNMT inhibitor (*e.g.*, guadecitabine), a receptor tyrosine kinase inhibitor (*e.g.*, nintedanib), a CSF1R inhibitor (*e.g.*, pexidartinib or ARRY-382), a BTK inhibitor (*e.g.*, acalabrutinib), a PARP inhibitor (*e.g.*, niraparib), an IDO inhibitor (*e.g.*, epacadostat), an immunoconjugate targeting FOLR1 (*e.g.*, mirvetuximab soravtansine), a B7-H3 inhibitor (*e.g.*, enoblituzumab), a hypomethylating agent (*e.g.*, decitabine or azacitidine), or any combination thereof.

In some embodiments, the second therapeutic agent or modality comprises a hypomethylating agent. In some embodiments, the second therapeutic agent or modality comprises decitabine. In some embodiments, the second therapeutic agent or modality comprises azacitidine.

In some embodiments, the second therapeutic agent or modality comprises an anti-PD-L1 antibody molecule, *e.g.*, atezolizumab, optionally, in combination with an ANG2/VEGF inhibitor (*e.g.*, vanucizumab), a CSF1R inhibitor (*e.g.*, emactuzumab), a chemotherapy (*e.g.*, doxorubicin or a platinum-based chemotherapy, optionally, further in combination with a VEGF inhibitor (*e.g.*, bevacizumab)), or any combination thereof.

In some embodiments, the second therapeutic agent or modality comprises an anti-PD-L1 antibody molecule, *e.g.*, durvalumab, optionally, in combination with a CTLA-4 inhibitor (*e.g.*, tremelimumab), a chemotherapy (*e.g.*, carboplatin, paclitaxel, or azacitidine), a PARP inhibitor (*e.g.*, olaparib), a VEGF inhibitor (*e.g.*, cediranib), a cancer vaccine (*e.g.*, multi-epitope anti-folate receptor peptide vaccine TPIV 200), a TLR8 agonist (*e.g.*, motolimod), or any combination thereof.

In some embodiments, the second therapeutic agent or modality comprises an anti-PD-L1 antibody molecule, *e.g.*, avelumab, optionally, in combination with a chemotherapy (*e.g.*, carboplatin,

paclitaxel, or doxorubicin), an HDAC inhibitor (*e.g.*, entinostat), a FAK inhibitor (*e.g.*, defactinib), or any combination thereof.

In some embodiments, the second therapeutic agent or modality comprises a TLR8 agonist (*e.g.*, motolimod), a chemotherapeutic agent (*e.g.*, doxorubicin, paclitaxel, carboplatin, bleomycin, etoposide, docetaxel, or dasatinib), an OX40 agonist (*e.g.*, BMS 986178 or INCAGN-1949), a CSF1R inhibitor (*e.g.*, emactuzumab or pexidartinib), a VEGF inhibitor (*e.g.*, bevacizumab), an NKG2 inhibitor (*e.g.*, monalizumab), a B7-H3 inhibitor (*e.g.*, enoblituzumab), a CTLA-4 inhibitor (*e.g.*, ipilimumab), a recombinant interleukin-10 (*e.g.*, pegylated recombinant human interleukin-10 AM0010), a CD40 agonist (*e.g.*, RG-7876), an ANG2/VEGF inhibitor (*e.g.*, vanucizumab), a molecule targeting both B7-H3 and CD3 (*e.g.*, MGD-009), a PD-L1/VISTA inhibitor (*e.g.*, CA-170), an IDO inhibitor (*e.g.*, epacadostat), a vaccine (*e.g.*, ANZ-207, DPX-Survivac, CDX1401, or bi-shRNA-furin/GMCSF-expressing autologous tumor cell vaccine (VIGIL®)), a CEACAM inhibitor (*e.g.*, MK-6018), a PARP inhibitor (*e.g.*, olaparib or BGB-290), a hormone (*e.g.*, leuporelin), a MIF inhibitor (*e.g.*, imalumab), or any combination thereof.

In certain embodiments, the cancer is a Merkel cell carcinoma (MCC). Without wishing to be bound by theory, it is believed that in some embodiments, Merkel polyomavirus-specific T cells fluctuate with Merkel cell carcinoma burden and express therapeutically targetable PD-1 and TIM-3 exhaustion markers (Afanasiev *et al*, *Clin Cancer Res.* 2013; 19(19):5351-60). TIM-3 is co-expressed with PD-1 in Merkel cell carcinoma tumor infiltrating lymphocytes (Paul Nghiem, *Clin Can Res.* 2017). Preclinical data from peripheral blood mononuclear cells (PBMCs) from a single Merkel cell carcinoma patient showed that blocking of TIM-3 in an *ex vivo* antigen-specific stimulation assay enhances IFN- γ secretion more significantly than PD-1 blockade or PD-1/TIM-3 co-blockade (Afanasiev *et al*, *Clin Cancer Res.* 2013; 19(19):5351-60).

In some embodiments, the Merkel cell carcinoma is a metastatic Merkel cell carcinoma (mMCC). In other embodiments, the mMCC is an MHC class 1 upregulated mMCC. In other embodiments, the Merkel cell carcinoma is a locally advanced Merkel cell carcinoma.

In some embodiments, the anti-TIM-3 antibody molecule, or the composition or formulation comprising the anti-TIM-3 antibody, is administered as a single agent to treat a Merkel cell carcinoma. In other embodiments, the anti-TIM-3 antibody molecule, or the composition or formulation comprising the anti-TIM-3 antibody, is administered in combination with a second therapeutic agent or modality, *e.g.*, a PD-1 inhibitor or a PD-L1 inhibitor, to treat a Merkel cell carcinoma. In some embodiments, the PD-1 inhibitor is an anti-PD-1 antibody molecule, *e.g.*, an anti-PD-1 antibody described herein. In some embodiments, the PD-L1 inhibitor is an anti-PD-L1 antibody molecule, *e.g.*, an anti-PD-L1 antibody molecule described herein.

In some embodiments, the second therapeutic agent or modality comprises a CTLA-4 inhibitor, *e.g.*, an anti-CTLA-4 antibody molecule (*e.g.*, ipilimumab), *e.g.*, to treat a Merkel cell carcinoma after resection. In some embodiments, the second therapeutic agent or modality comprises

an anti-PD-L1 antibody molecule (*e.g.*, avelumab), *e.g.*, to treat a metastatic Merkel cell carcinoma (mMCC). In some embodiments, the second therapeutic agent or modality comprises an anti-PD-L1 antibody molecule, *e.g.*, avelumab, optionally, in combination with a localized radiation therapy, a recombinant interferon beta, a MCPyV TAg-specific polyclonal autologous CD8-positive T cell vaccine, or a combination thereof, *e.g.*, to treat an MHC class 1 upregulated mMCC. In some

5 embodiments, the second therapeutic agent or modality comprises a genetically engineered oncolytic virus (*e.g.*, Talimogene laherparepvec), optionally, in combination with a radiation therapy, *e.g.*, to treat an mMCC. In some embodiments, the second therapeutic agent or modality comprises an anti-PD-1 antibody molecule (*e.g.*, nivolumab) and/or an anti-CTLA-4 antibody molecule (*e.g.*,

10 ipilimumab), optionally, in combination with a radiation therapy (*e.g.*, stereotactic body radiation therapy (SBRT)), *e.g.*, to treat an mMCC. In some embodiments, the second therapeutic agent or modality comprises an anti-PD-1 antibody molecule (*e.g.*, nivolumab) in combination with a genetically engineered oncolytic virus (*e.g.*, Talimogene laherparepvec), *e.g.*, to treat an mMCC. In some embodiments, the second therapeutic agent or modality comprises an anti-PD-L1 antibody

15 molecule (*e.g.*, atezolizumab) and a VEGF inhibitor (*e.g.*, an anti-VEGF antibody molecule, *e.g.*, bevacizumab), *e.g.*, to treat a locally advanced MCC or mMCC. In some embodiments, the second therapeutic agent or modality comprises an anti-PD-L1 antibody molecule (*e.g.*, durvalumab) in combination with an immunostimulant (*e.g.*, poly ICLC), optionally, further in combination with a CTLA-4 inhibitor, *e.g.*, an anti-CTLA-4 antibody molecule (*e.g.*, tremelimumab), *e.g.*, to treat an

20 mMCC.

In certain embodiments, the cancer is a small cell lung cancer (SCLC). Without wishing to be bound by theory, it is believed that in some embodiments, TIM-3 is expressed in small cell lung cancer. Immunohistochemistry (IHC) on 105 SCLC FFPE biopsies shows TIM-3 expression in 57/96 (59%) samples (Rivalland *et al*, Small cell lung cancer: the immune microenvironment and prognostic

25 impact of checkpoint expression, ASCO 2017).

In some embodiments, the anti-TIM-3 antibody molecule, or the composition or formulation comprising the anti-TIM-3 antibody, is administered as a single agent to treat a small cell lung cancer. In other embodiments, the anti-TIM-3 antibody molecule, or the composition or formulation comprising the anti-TIM-3 antibody, is administered in combination with a second therapeutic agent

30 or modality, *e.g.*, a PD-1 inhibitor or a PD-L1 inhibitor, to treat a small cell lung cancer. In some embodiments, the PD-1 inhibitor is an anti-PD-1 antibody molecule, *e.g.*, an anti-PD-1 antibody described herein. In some embodiments, the PD-L1 inhibitor is an anti-PD-L1 antibody molecule, *e.g.*, an anti-PD-L1 antibody molecule described herein.

In some embodiments, the small cell lung cancer is an extensive stage small cell lung cancer (ES-SCLC). In some embodiments, the small cell lung cancer is a limited stage small cell lung cancer (LS-SCLC)

35

In some embodiments, the second therapeutic agent or modality comprises an anti-PD-1 antibody molecule, *e.g.*, nivolumab, optionally, in combination with a chemotherapeutic agent, an interferon gamma, a CTLA-4 inhibitor (*e.g.*, ipilimumab), an antibody-drug conjugate (*e.g.*, rovalpituzumab tesirine), a CXCR4 inhibitor (*e.g.*, ulocuplumab), an OX40 agonist (*e.g.*, BMS 986178), or any combination thereof.

In some embodiments, the second therapeutic agent or modality comprises an anti-PD-1 antibody molecule, *e.g.*, pembrolizumab, optionally, in combination with a chemotherapeutic agent (*e.g.*, a platinum-based chemotherapeutic agent, paclitaxel, etoposide, or irinotecan), a fusion protein (*e.g.*, DEC-205/NY-ESO-1 fusion protein CDX-1401), a radiation therapy, or any combination thereof.

In some embodiments, the second therapeutic agent or modality comprises an anti-PD-L1 antibody molecule, *e.g.*, atezolizumab, optionally, in combination with a chemotherapeutic agent (*e.g.*, carboplatin or etoposide), an interferon gamma, a CTLA-4 inhibitor (*e.g.*, ipilimumab), an antibody-drug conjugate (*e.g.*, rovalpituzumab tesirine), a CXCR4 inhibitor (*e.g.*, ulocuplumab), an OX40 agonist (*e.g.*, BMS 986178), or any combination thereof.

In some embodiments, the second therapeutic agent or modality comprises an anti-PD-L1 antibody molecule, *e.g.*, durvalumab, optionally, in combination with a CTLA-4 inhibitor (*e.g.*, tremelimumab), a chemotherapeutic agent (*e.g.*, carboplatin or etoposide), a PARP inhibitor (*e.g.*, olaparib), a radiation therapy, or any combination thereof.

In some embodiments, the second therapeutic agent or modality comprises an OX40 agonist (*e.g.*, BMS 986178), a CTLA-4 inhibitor (*e.g.*, ipilimumab), or both.

In certain embodiments, the cancer is a mesothelioma. In some embodiments, the anti-TIM-3 antibody molecule, or the composition or formulation comprising the anti-TIM-3 antibody, is administered as a single agent to treat a mesothelioma. In other embodiments, the anti-TIM-3 antibody molecule, or the composition or formulation comprising the anti-TIM-3 antibody, is administered in combination with a second therapeutic agent or modality, *e.g.*, a PD-1 inhibitor or a PD-L1 inhibitor, to treat a mesothelioma. In some embodiments, the PD-1 inhibitor is an anti-PD-1 antibody molecule, *e.g.*, an anti-PD-1 antibody described herein. In some embodiments, the PD-L1 inhibitor is an anti-PD-L1 antibody molecule, *e.g.*, an anti-PD-L1 antibody molecule described herein.

Methods and compositions disclosed herein are useful for treating metastatic lesions associated with the aforementioned cancers.

In some embodiments, the method further comprises determining whether a tumor sample is positive for one or more of PD-L1, CD8, and IFN- γ , and if the tumor sample is positive for one or more, *e.g.*, two, or all three, of the markers, then administering to the patient a therapeutically effective amount of an anti-TIM-3 antibody molecule, optionally in combination with one or more other immunomodulators or anti-cancer agents, as described herein.

In some embodiments, the anti-TIM-3 antibody molecule is used to treat a cancer that expresses TIM-3. TIM-3-expressing cancers include, *e.g.*, cervical cancer (Cao *et al.*, *PLoS One*. 2013;8(1):e53834), lung cancer (Zhuang *et al.*, *Am J Clin Pathol*. 2012;137(6):978-985) (*e.g.*, non-small cell lung cancer), acute myeloid leukemia (Kikushige *et al.*, *Cell Stem Cell*. 2010 Dec 3;7(6):708-17), diffuse large B cell lymphoma, melanoma (Fourcade *et al.*, *JEM*, 2010; 207 (10): 2175), renal cancer (*e.g.*, renal cell carcinoma (RCC), *e.g.*, kidney clear cell carcinoma, kidney papillary cell carcinoma, or metastatic renal cell carcinoma), squamous cell carcinoma, esophageal squamous cell carcinoma, nasopharyngeal carcinoma, colorectal cancer, breast cancer (*e.g.*, a breast cancer that does not express one, two or all of estrogen receptor, progesterone receptor, or Her2/neu, *e.g.*, a triple negative breast cancer), mesothelioma, hepatocellular carcinoma, and ovarian cancer. The TIM-3-expressing cancer may be a metastatic cancer.

In other embodiments, the anti-TIM-3 antibody molecule is used to treat a cancer that is characterized by macrophage activity or high expression of macrophage cell markers. In an embodiment, the anti-TIM-3 antibody molecule is used to treat a cancer that is characterized by high expression of one or more of the following macrophage cell markers: LILRB4 (macrophage inhibitory receptor), CD14, CD16, CD68, MSR1, SIGLEC1, TREM2, CD163, ITGAX, ITGAM, CD11b, or CD11c. Examples of such cancers include, but are not limited to, diffuse large B-cell lymphoma, glioblastoma multiforme, kidney renal clear cell carcinoma, pancreatic adenocarcinoma, sarcoma, liver hepatocellular carcinoma, lung adenocarcinoma, kidney renal papillary cell carcinoma, skin cutaneous melanoma, brain lower grade glioma, lung squamous cell carcinoma, ovarian serous cystadenocarcinoma, head and neck squamous cell carcinoma, breast invasive carcinoma, acute myeloid leukemia, cervical squamous cell carcinoma, endocervical adenocarcinoma, uterine carcinoma, colorectal cancer, uterine corpus endometrial carcinoma, thyroid carcinoma, bladder urothelial carcinoma, adrenocortical carcinoma, kidney chromophobe, and prostate adenocarcinoma.

The combination therapies described herein can include a composition of the present invention co-formulated with, and/or co-administered with, one or more additional therapeutic agents, *e.g.*, one or more anti-cancer agents, cytotoxic or cytostatic agents, hormone treatment, vaccines, and/or other immunotherapies. In other embodiments, the antibody molecules are administered in combination with other therapeutic treatment modalities, including surgery, radiation, cryosurgery, and/or thermotherapy. Such combination therapies may advantageously utilize lower dosages of the administered therapeutic agents, thus avoiding possible toxicities or complications associated with the various monotherapies.

The methods, compositions and combinations described herein (*e.g.*, anti-TIM-3 antibodies and methods of using them) can be used in combination with other agents or therapeutic modalities, *e.g.*, a second therapeutic agent chosen from one or more of the agents listed in Table 6 of WO 2017/019897, the content of which is incorporated by reference in its entirety. In one embodiment, the methods described herein include administering to the subject an anti-TIM-3 antibody molecule as

described in WO2017/019897 (optionally in combination with one or more inhibitors of PD-1, PD-L1, LAG-3, CEACAM (*e.g.*, CEACAM-1 and/or CEACAM-5), or CTLA-4)), further include administration of a second therapeutic agent chosen from one or more of the agents listed in Table 6 of WO 2017/019897, in an amount effective to treat or prevent a disorder, *e.g.*, a disorder as described herein, *e.g.*, a cancer. When administered in combination, the anti-TIM-3 antibody molecule, the additional agent (*e.g.*, second or third agent), or all, can be administered in an amount or dose that is higher, lower or the same than the amount or dosage of each agent used individually, *e.g.*, as a monotherapy. In certain embodiments, the administered amount or dosage of the anti-TIM-3 antibody, the additional agent (*e.g.*, second or third agent), or all, is lower (*e.g.*, at least 20%, at least 30%, at least 40%, or at least 50%) than the amount or dosage of each agent used individually, *e.g.*, as a monotherapy. In other embodiments, the amount or dosage of the anti-TIM-3 antibody, the additional agent (*e.g.*, second or third agent), or all, that results in a desired effect (*e.g.*, treatment of cancer) is lower (*e.g.*, at least 20%, at least 30%, at least 40%, or at least 50% lower).

In other embodiments, the additional therapeutic agent is chosen from one or more of the agents listed in Table 6 of WO 2017/019897. In some embodiments, the additional therapeutic agent is chosen from one or more of: 1) a protein kinase C (PKC) inhibitor; 2) a heat shock protein 90 (HSP90) inhibitor; 3) an inhibitor of a phosphoinositide 3-kinase (PI3K) and/or target of rapamycin (mTOR); 4) an inhibitor of cytochrome P450 (*e.g.*, a CYP17 inhibitor or a 17 α -Hydroxylase/C17-20 Lyase inhibitor); 5) an iron chelating agent; 6) an aromatase inhibitor; 7) an inhibitor of p53, *e.g.*, an inhibitor of a p53/Mdm2 interaction; 8) an apoptosis inducer; 9) an angiogenesis inhibitor; 10) an aldosterone synthase inhibitor; 11) a smoothened (SMO) receptor inhibitor; 12) a prolactin receptor (PRLR) inhibitor; 13) a Wnt signaling inhibitor; 14) a CDK4/6 inhibitor; 15) a fibroblast growth factor receptor 2 (FGFR2)/fibroblast growth factor receptor 4 (FGFR4) inhibitor; 16) an inhibitor of macrophage colony-stimulating factor (M-CSF); 17) an inhibitor of one or more of c-KIT, histamine release, Flt3 (*e.g.*, FLK2/STK1) or PKC; 18) an inhibitor of one or more of VEGFR-2 (*e.g.*, FLK-1/KDR), PDGFR β , c-KIT or Raf kinase C; 19) a somatostatin agonist and/or a growth hormone release inhibitor; 20) an anaplastic lymphoma kinase (ALK) inhibitor; 21) an insulin-like growth factor 1 receptor (IGF-1R) inhibitor; 22) a P-Glycoprotein 1 inhibitor; 23) a vascular endothelial growth factor receptor (VEGFR) inhibitor; 24) a BCR-ABL kinase inhibitor; 25) an FGFR inhibitor; 26) an inhibitor of CYP11B2; 27) a HDM2 inhibitor, *e.g.*, an inhibitor of the HDM2-p53 interaction; 28) an inhibitor of a tyrosine kinase; 29) an inhibitor of c-MET; 30) an inhibitor of JAK; 31) an inhibitor of DAC; 32) an inhibitor of 11 β -hydroxylase; 33) an inhibitor of IAP; 34) an inhibitor of PIM kinase; 35) an inhibitor of Porcupine; 36) an inhibitor of BRAF, *e.g.*, BRAF V600E or wild-type BRAF; 37) an inhibitor of HER3; 38) an inhibitor of MEK; or 39) an inhibitor of a lipid kinase, *e.g.*, as described in Table 6 of WO 2017/019897.

Additional embodiments of combination therapies comprising an anti-TIM-3 antibody molecule described herein are described in WO2017/019897, which is incorporated by reference in its entirety.

5 **Methods of Treating Infectious Diseases**

Disclosed herein are methods of treating infectious diseases using an anti-TIM-3 antibody molecule (*e.g.*, an anti-TIM-3 antibody molecule described herein), or a composition or formulation comprising an anti-TIM-3 antibody molecule (*e.g.*, a composition or formulation described herein). In certain embodiments, the antibody molecule, composition, or formulation is administered to a
10 subject in accordance with a dosage regimen described herein.

In certain embodiments, the anti-TIM-3 antibody molecule is administered in an amount effective to treat an infectious disease or a symptom thereof. In some embodiments, the anti-TIM-3 antibody molecule is administered at a dose from about 10 mg to about 2000 mg or about 20 mg to about 2000 mg once every two, three, or four weeks. For example, the anti-TIM-3 antibody molecule
15 can be administered at a dose from about 10 mg to about 50 mg, about 50 mg to about 200 mg, about 200 mg to about 500 mg, or about 500 mg to about 1500 mg, once every two weeks or once every four weeks. In one embodiment, the anti-TIM-3 antibody molecule is administered at a dose from about 10 mg to 30 mg (*e.g.*, about 20 mg) once every two weeks. In one embodiment, the anti-TIM-3 antibody molecule is administered at a dose from about 60 mg to 100 mg (*e.g.*, about 80 mg) once
20 every two weeks or four weeks. In one embodiment, the anti-TIM-3 antibody molecule is administered at a dose from about 200 mg to about 300 mg (*e.g.*, about 240 mg) once every two weeks or four weeks. In one embodiment, the anti-TIM-3 antibody molecule is administered at a dose from about 1000 mg to about 1500 mg (*e.g.*, about 1200 mg) once every two weeks or four weeks. In certain embodiments, the anti-TIM-3 antibody molecule is administered once every two weeks. In
25 other embodiments, the anti-TIM-3 antibody molecule is administered once every four weeks.

Certain methods described herein are used to treat subjects that have been exposed to particular toxins or pathogens. Without wishing to be bound by theory, it is believed that in some embodiments, anti-TIM-3 antibodies can stimulate NK cell mediated killing of target cells and can enhances IFN-gamma secretion and proliferation of CD4+ T cells. Accordingly, in certain
30 embodiments, the anti-TIM-3 antibody molecules, compositions, and formulations described herein are suitable for use in stimulating an immune response against an infectious agent. Accordingly, another aspect of the invention provides a method of treating an infectious disease in a subject comprising administering to the subject an anti-TIM-3 antibody molecule, or a composition or formulation comprising an anti-TIM-3 antibody molecule, *e.g.*, in accordance with a dosage regimen
35 described herein, such that the subject is treated for the infectious disease. In the treatment of infection (*e.g.*, acute and/or chronic), administration of the anti-TIM-3 antibody molecules can be combined with conventional treatments in addition to or in lieu of stimulating natural host immune

defenses to infection. Natural host immune defenses to infection include, but are not limited to inflammation, fever, antibody-mediated host defense, T-lymphocyte-mediated host defenses, including lymphokine secretion and cytotoxic T-cells (especially during viral infection), complement mediated lysis and opsonization (facilitated phagocytosis), and phagocytosis. The ability of the anti-TIM-3 antibody molecules to reactivate dysfunctional T-cells would be useful to treat chronic infections, in particular those in which cell-mediated immunity is important for complete recovery.

Similar to its application to tumors as discussed in the previous section, the anti-TIM-3 antibody molecules, compositions, and formulations described herein can be used alone, or in combination with a second therapeutic agent or modality, or as an adjuvant, in combination with a vaccine, to stimulate an immune response to a pathogen or toxin. Examples of pathogens for which this therapeutic approach may be particularly useful, include pathogens for which there is currently no effective vaccine, or pathogens for which conventional vaccines are less than completely effective. These include, but are not limited to HIV, Hepatitis (A, B, & C), Influenza, Herpes, Giardia, Malaria, Leishmania, *Staphylococcus aureus*, *Pseudomonas aeruginosa*. Anti-TIM-3 antibody molecule therapy is also useful against established infections by agents such as HIV that present altered antigens over the course of the infections.

Accordingly, in some embodiments, an anti-TIM-3 antibody molecule, composition, or formulation described herein is used to treat a subject that has an infection or is at risk of having an infection. An infection refers to, *e.g.*, a disease or condition attributable to the presence in a host of a foreign organism or agent that reproduces within the host. Infections typically involve breach of a normal mucosal or other tissue barrier by an infectious organism or agent. A subject that has an infection is a subject having objectively measurable infectious organisms or agents present in the subject's body. A subject at risk of having an infection is a subject that is predisposed to develop an infection. Such a subject can include, for example, a subject with a known or suspected exposure to an infectious organism or agent. A subject at risk of having an infection also can include a subject with a condition associated with impaired ability to mount an immune response to an infectious organism or agent, *e.g.*, a subject with a congenital or acquired immunodeficiency, a subject undergoing radiation therapy or chemotherapy, a subject with a burn injury, a subject with a traumatic injury, a subject undergoing surgery or other invasive medical or dental procedure.

Infections are broadly classified as bacterial, viral, fungal, or parasitic based on the category of infectious organism or agent involved. Other less common types of infection include, *e.g.*, infections involving rickettsiae, mycoplasmas, and agents causing scrapie, bovine spongiform encephalopathy (BSE), and prion diseases (*e.g.*, kuru and Creutzfeldt-Jacob disease). Examples of bacteria, viruses, fungi, and parasites which cause infection are well known in the art. An infection can be acute, sub-acute, chronic, or latent, and it can be localized or systemic. Furthermore, an infection can be predominantly intracellular or extracellular during at least one phase of the infectious organism's or agent's life cycle in the host.

Viruses

In certain embodiments, the anti-TIM-3 antibody molecule, composition, or formulation described herein is used to treat a viral infection or a disease associated with a virus.

5 Examples of viruses that have been found to cause infections in humans include but are not limited to: Retroviridae (*e.g.*, human immunodeficiency viruses, such as HIV-1 (also referred to as HTLV-III), HIV-2, LAV or HTLV-III/LAV, or HIV-III, and other isolates, such as HIV-LP; Picornaviridae (*e.g.*, polio viruses, hepatitis A virus; enteroviruses, human Coxsackie viruses, rhinoviruses, echoviruses); Calciviridae (*e.g.*, strains that cause gastroenteritis); Togaviridae (*e.g.*,
10 equine encephalitis viruses, rubella viruses); Flaviviridae (*e.g.*, dengue viruses, encephalitis viruses, yellow fever viruses); Coronaviridae (*e.g.*, coronaviruses); Rhabdoviridae (*e.g.*, vesicular stomatitis viruses, rabies viruses); Filoviridae (*e.g.*, ebola viruses); Paramyxoviridae (*e.g.*, parainfluenza viruses, mumps virus, measles virus, respiratory syncytial virus); Orthomyxoviridae (*e.g.*, influenza viruses);
15 Bungaviridae (*e.g.*, Hantaan viruses, bunga viruses, phleboviruses and Nairo viruses); Arena viridae (hemorrhagic fever viruses); Reoviridae (*e.g.*, reoviruses, orbiviruses and rotaviruses); Birnaviridae; Hepadnaviridae (Hepatitis B virus); Parvoviridae (parvoviruses); Papovaviridae (papilloma viruses, polyoma viruses); Adenoviridae (most adenoviruses); Herpesviridae (herpes simplex virus (HSV) 1 and 2, varicella zoster virus, cytomegalovirus (CMV), herpes virus; Poxviridae (variola viruses, vaccinia viruses, pox viruses); and Iridoviridae (*e.g.*, African swine fever virus); and unclassified
20 viruses (*e.g.*, the etiological agents of Spongiform encephalopathies, the agent of delta hepatitis (thought to be a defective satellite of hepatitis B virus), the agents of non-A, non-B hepatitis (class 1=enterally transmitted; class 2=parenterally transmitted (*i.e.*, Hepatitis C); Norwalk and related viruses, and astroviruses). Some examples of pathogenic viruses causing infections treatable by methods herein include HIV, hepatitis (A, B, or C), herpes virus (*e.g.*, VZV, HSV-1, HAV-6, HSV-II,
25 and CMV, Epstein Barr virus), adenovirus, influenza virus, flaviviruses, echovirus, rhinovirus, coxsackie virus, coronavirus, respiratory syncytial virus, mumps virus, rotavirus, measles virus, rubella virus, parvovirus, vaccinia virus, HTLV virus, dengue virus, papillomavirus, molluscum virus, poliovirus, rabies virus, JC virus and arboviral encephalitis virus.

For infections resulting from viral causes, the anti-TIM-3 antibody molecules can be
30 combined by application simultaneous with, prior to or subsequent to application of standard therapies for treating viral infections. Such standard therapies vary depending upon type of virus, although in almost all cases, administration of human serum containing antibodies (*e.g.*, IgA, IgG) specific to the virus can be effective.

Some examples of pathogenic viruses causing infections treatable by methods include HIV,
35 hepatitis (A, B, or C), herpes virus (*e.g.*, VZV, HSV-1, HAV-6, HSV-II, and CMV, Epstein Barr virus), adenovirus, influenza virus, flaviviruses, echovirus, rhinovirus, coxsackie virus, coronavirus, respiratory syncytial virus, mumps virus, rotavirus, measles virus, rubella virus, parvovirus, vaccinia

virus, HTLV virus, dengue virus, papillomavirus, molluscum virus, poliovirus, rabies virus, JC virus, arboviral encephalitis virus, and ebolaviruses (*e.g.*, BDBV, EBOV, RESTV, SUDV and TAFV).

In one embodiment, the infection is an influenza infection. Influenza infection can result in fever, cough, myalgia, headache and malaise, which often occur in seasonal epidemics. Influenza is also associated with a number of postinfectious disorders, such as encephalitis, myopericarditis, Goodpasture's syndrome, and Reye's syndrome. Influenza infection also suppresses normal pulmonary antibacterial defenses, such that patients recovering from influenza have an increased risk of developing bacterial pneumonia. Influenza viral surface proteins show marked antigenic variation, resulting from mutation and recombination. Thus, cytolytic T lymphocytes are the host's primary vehicle for the elimination of virus after infection. Influenza is classified into three primary types: A, B and C. Influenza A is unique in that it infects both humans and many other animals (*e.g.*, pigs, horses, birds and seals) and is the principal cause of pandemic influenza. Also, when a cell is infected by two different influenza A strains, the segmented RNA genomes of two parental virus types mix during replication to create a hybrid replicant, resulting in new epidemic strains. Influenza B does not replicate in animals and thus has less genetic variation and influenza C has only a single serotype.

Most conventional therapies are palliatives of the symptoms resulting from infection, while the host's immune response actually clears the disease. However, certain strains (*e.g.*, influenza A) can cause more serious illness and death. Influenza A may be treated both clinically and prophylactically by the administration of the cyclic amines inhibitors amantadine and rimantadine, which inhibit viral replication. However, the clinical utility of these drugs is limited due to the relatively high incidence of adverse reactions, their narrow anti-viral spectrum (influenza A only), and the propensity of the virus to become resistant. The administration of serum IgG antibody to the major influenza surface proteins, hemagglutinin and neuraminidase can prevent pulmonary infection, whereas mucosal IgA is required to prevent infection of the upper respiratory tract and trachea. The most effective current treatment for influenza is vaccination with the administration of virus inactivated with formalin or β -propiolactone.

In another embodiment, the infection is a hepatitis infection, *e.g.*, a Hepatitis B or C infection.

Hepatitis B virus (HB-V) is the most infectious known bloodborne pathogen. It is a major cause of acute and chronic hepatitis and hepatic carcinoma, as well as life-long, chronic infection.

Following infection, the virus replicates in hepatocytes, which also then shed the surface antigen HBsAg. The detection of excessive levels of HBsAg in serum is used a standard method for diagnosing a hepatitis B infection. An acute infection may resolve or it can develop into a chronic persistent infection. Current treatments for chronic HBV include α -interferon, which increases the expression of class I human leukocyte antigen (HLA) on the surface of hepatocytes, thereby facilitating their recognition by cytotoxic T lymphocytes. Additionally, the nucleoside analogs ganciclovir, famciclovir and lamivudine have also shown some efficacy in the treatment of HBV infection in clinical trials. Additional treatments for HBV include pegylated α -interferon, adenovir,

entecavir and telbivudine. While passive immunity can be conferred through parental administration of anti-HBsAg serum antibodies, vaccination with inactivated or recombinant HBsAg also confers resistance to infection. The anti-TIM-3 antibody molecules may be combined with conventional treatments for hepatitis B infections for therapeutic advantage.

5 Hepatitis C virus (HC-V) infection may lead to a chronic form of hepatitis, resulting in cirrosis. While symptoms are similar to infections resulting from Hepatitis B, in distinct contrast to HB-V, infected hosts can be asymptomatic for 10-20 years. The anti-TIM-3 antibody molecule can be administered as a monotherapy, or combined with the standard of care for hepatitis C infection. For example, the anti-TIM-3 antibody molecule can be administered with one or more of SOVALDI®
10 (sofosbuvir), OLYSIO™ (simeprevir), plus ribavirin or pegylated interferon. Although regimens that include INCIVEK™ (telaprevir) or VICTRELIS™ (boceprevir) plus ribavirin and pegylated interferon are also approved, they are associated with increased side effects and longer duration of treatment and are therefore not considered preferred regimens.

Conventional treatment for HC-V infection includes the administration of a combination of α -
15 interferon and ribavirin. A promising potential therapy for HC-V infection is the protease inhibitor telaprevir (VX-960). Additional treatments include: anti-PD-1 antibody (MDX-1106, Medarex), bavituximab (an antibody that binds anionic phospholipid phosphatidylserine in a B2-glycoprotein I dependent manner, Peregrine Pharmaceuticals), anti-HPV viral coat protein E2 antibody(ies) (*e.g.*, ATL 6865–Ab68+Ab65, XTL Pharmaceuticals) and CIVACIR® (polyclonal anti-HCV human
20 immune globulin). The anti-PD-L1 antibodies of the invention may be combined with one or more of these treatments for hepatitis C infections for therapeutic advantage. Protease, polymerase and NS5A inhibitors which may be used in combination with the anti-TIM-3 antibody molecules to specifically treat Hepatitis C infection include those described in US 2013/0045202, incorporated herein by reference.

25 In another embodiment, the infection is a measles virus. After an incubation of 9-11 days, hosts infected with the measles virus develop fever, cough, coryza and conjunctivitis. Within 1-2 days, an erythematous, maculopapular rash develop, which quickly spreads over the entire body. Because infection also suppresses cellular immunity, the host is at greater risk for developing bacterial superinfections, including otitis media, pneumonia and postinfectious encephalomyelitis. Acute
30 infection is associated with significant morbidity and mortality, especially in malnourished adolescents.

Treatment for measles includes the passive administration of pooled human IgG, which can prevent infection in non-immune subjects, even if given up to one week after exposure. However, prior immunization with live, attenuated virus is the most effective treatment and prevents disease in
35 more than 95% of those immunized. As there is one serotype of this virus, a single immunization or infection typically results in protection for life from subsequent infection.

5

10

15

20

25

35

molecules may be combined with conventional treatments for cytomegalovirus infections for therapeutic advantage.

In another embodiment, the infection is Epstein-Barr virus (EBV). EBV can establish persistent and latent infections and primarily attacks B cells. Infection with EBV results in the clinical condition of infectious mononucleosis, which includes fever, sore throat, often with exudate, generalized lymphadenopathy and splenomegaly. Hepatitis is also present, which can develop into jaundice.

While typical treatments for EBV infections are palliative of symptoms, EBV is associated with the development of certain cancers such as Burkitt's lymphoma and nasopharyngeal cancer. Thus, clearance of viral infection before these complications result would be of great benefit. The anti-TIM-3 antibody molecules may be combined with conventional treatments for Epstein-Barr virus infections for therapeutic advantage.

In another embodiment, the infection is Herpes simplex virus (HSV). HSV is transmitted by direct contact with an infected host. A direct infection may be asymptomatic, but typically result in blisters containing infectious particles. The disease manifests as cycles of active periods of disease, in which lesions appear and disappear as the viral latently infect the nerve ganglion for subsequent outbreaks. Lesions may be on the face, genitals, eyes and/or hands. In some case, an infection can also cause encephalitis.

Treatments for herpes infections are directed primarily to resolving the symptomatic outbreaks, and include systemic antiviral medicines such as: acyclovir (*e.g.*, Zovirax®), valaciclovir, famciclovir, penciclovir, and topical medications such as docosanol (ABREVA®), tromantadine and zilactin. The clearance of latent infections of herpes would be of great clinical benefit. The anti-TIM-3 antibody molecules may be combined with conventional treatments for herpes virus infections for therapeutic advantage.

In another embodiment, the infection is Human T-lymphotrophic virus (HTLV-1, HTLV-2). HTLV is transmitted via sexual contact, breast feeding or exposure to contaminated blood. The virus activates a subset of T_H cells called Th1 cells, resulting in their overproliferation and overproduction of Th1 related cytokines (*e.g.*, IFN- γ and TNF- α). This in turn results in a suppression of Th2 lymphocytes and reduction of Th2 cytokine production (*e.g.*, IL-4, IL-5, IL-10 and IL-13), causing a reduction in the ability of an infected host to mount an adequate immune response to invading organisms requiring a Th2-dependent response for clearance (*e.g.*, parasitic infections, production of mucosal and humoral antibodies).

HTLV infections cause lead to opportunistic infections resulting in bronchiectasis, dermatitis and superinfections with *Staphylococcus spp.* and *Strongyloides spp.* resulting in death from polymicrobial sepsis. HTLV infection can also lead directly to adult T-cell leukemia/lymphoma and progressive demyelinating upper motor neuron disease known as HAM/TSP. The clearance of HTLV

latent infections would be of great clinical benefit. The anti-TIM-3 antibody molecules may be combined with conventional treatments for HTLV infections for therapeutic advantage.

In another embodiment, the infection is Human papilloma virus (HPV). HPV primarily affects keratinocytes and occurs in two forms: cutaneous and genital. Transmission is believed to occur through direct contact and/or sexual activity. Both cutaneous and genital HPV infection, can result in warts and latent infections and sometimes recurring infections, which are controlled by host immunity which controls the symptoms and blocks the appearance of warts, but leaves the host capable of transmitting the infection to others.

Infection with HPV can also lead to certain cancers, such as cervical, anal, vulvar, penile and oropharyngeal cancer. There are no known cures for HPV infection, but current treatment is topical application of Imiquimod, which stimulates the immune system to attack the affected area. The clearance of HPV latent infections would be of great clinical benefit. The anti-TIM-3 antibodies of the invention may be combined with conventional treatments for HPV infections for therapeutic advantage.

In another embodiment, the infection is Ebola virus (EBOV). EBOV is one of five known viruses within the Ebolavirus genus. EBOV causes severe and often fatal hemorrhagic fever in humans and mammals, known as Ebola virus disease (EVD). Transmission occurs through contact with blood, secretions, organs, or other bodily fluids of infected patients. Currently, there is no proven treatment or vaccine.

Bacteria

In certain embodiments, the anti-TIM-3 antibody molecule, composition, or formulation described herein is used to treat a bacterial infection or a disease associated with a bacterium.

Bacteria include both Gram negative and Gram positive bacteria. Examples of Gram positive bacteria include, but are not limited to *Pasteurella* species, *Staphylococci* species, and *Streptococcus* species. Examples of Gram negative bacteria include, but are not limited to, *Escherichia coli*, *Pseudomonas* species, and *Salmonella* species. Specific examples of infectious bacteria include but are not limited to: *Helicobacter pylori*, *Borrelia burgdorferi*, *Legionella pneumophila*, *Mycobacteria* spp. (e.g., *M. tuberculosis*, *M. avium*, *M. intracellulare*, *M. kansasii*, *M. goodii*), *Staphylococcus aureus*, *Neisseria gonorrhoeae*, *Neisseria meningitidis*, *Listeria monocytogenes*, *Streptococcus pyogenes* (Group A *Streptococcus*), *Streptococcus agalactiae* (Group B *Streptococcus*), *Streptococcus (viridans group)*, *Streptococcus faecalis*, *Streptococcus bovis*, *Streptococcus (anaerobic spp.)*, *Streptococcus pneumoniae*, pathogenic *Campylobacter* spp., *Enterococcus* spp., *Haemophilus influenzae*, *Bacillus anthracis*, *Corynebacterium diphtheriae*, *Corynebacterium* spp., *Erysipelothrix rhusiopathiae*, *Clostridium perfringens*, *Clostridium tetani*, *Enterobacter aerogenes*, *Klebsiella pneumoniae*, *Pasteurella multocida*, *Bacteroides* spp., *Fusobacterium nucleatum*, *Streptobacillus moniliformis*, *Treponema pallidum*, *Treponema pertenue*, *Leptospira*, *Mycobacterium leprae*,

Rickettsia, and *Actinomyces israelii*. Some examples of pathogenic bacteria causing infections treatable by methods herein include *chlamydia*, *rickettsial bacteria*, *mycobacteria*, *staphylococci*, *streptococci*, *pneumococci*, *meningococci* and *conococci*, *klebsiella*, *proteus*, *serratia*, *pseudomonas*, *legionella*, *diphtheria*, *salmonella*, *bacilli*, *cholera*, *tetanus*, *botulism*, *anthrax*, *plague*,
 5 *leptospirosis*, and *Lymes disease bacteria*.

Some examples of pathogenic bacteria causing infections treatable by methods of the invention include syphilis, *chlamydia*, *rickettsial bacteria*, *mycobacteria*, *staphylococci*, *streptococci*, *pneumococci*, *meningococci* and *conococci*, *klebsiella*, *proteus*, *serratia*, *pseudomonas*, *legionella*, *diphtheria*, *salmonella*, *bacilli*, *cholera*, *tetanus*, *botulism*, *anthrax*, *plague*, *leptospirosis*, and *Lymes*
 10 *disease bacteria*. The anti-TIM-3 antibody molecules can be used in combination with existing treatment modalities for the aforesaid infections. For example, Treatments for syphilis include penicillin (*e.g.*, penicillin G.), tetracycline, doxycycline, ceftriaxone and azithromycin.

Lyme disease, caused by *Borrelia burgdorferi* is transmitted into humans through tick bites. The disease manifests initially as a localized rash, followed by flu-like symptoms including malaise,
 15 fever, headache, stiff neck and arthralgias. Later manifestations can include migratory and polyarticular arthritis, neurologic and cardiac involvement with cranial nerve palsies and radiculopathy, myocarditis and arrhythmias. Some cases of Lyme disease become persistent, resulting in irreversible damage analogous to tertiary syphilis. Current therapy for Lyme disease includes primarily the administration of antibiotics. Antibiotic-resistant strains may be treated with
 20 hydroxychloroquine or methotrexate. Antibiotic refractory patients with neuropathic pain can be treated with gabapentin. Minocycline may be helpful in late/chronic Lyme disease with neurological or other inflammatory manifestations.

Other forms of borreliosis, such as those resulting from *B. recurrentis*, *B. hermsii*, *B. turicatae*, *B. parikeri*, *B. hispanica*, *B. duttonii* and *B. persica*, as well leptospirosis (*E.g.*, *L. interrogans*),
 25 typically resolve spontaneously unless blood titers reach concentrations to cause intrahepatic obstruction.

Fungi and Parasites

In certain embodiments, the anti-TIM-3 antibody molecule, composition, or formulation
 30 described herein is used to treat a fungal or parasitic infection or a disease associated with a fungus or a parasite.

Examples of fungi include: *Aspergillus spp.*, *Blastomyces dermatitidis*, *Candida albicans*, *other Candida spp.*, *Coccidioides immitis*, *Cryptococcus neoformans*, *Histoplasma capsulatum*, *Chlamydia trachomatis*, *Nocardia spp.*, *Pneumocystis carinii*. Some examples of pathogenic fungi
 35 causing infections treatable by methods herein include *Candida* (*albicans*, *krusei*, *glabrata*, *tropicalis*, etc.), *Cryptococcus neoformans*, *Aspergillus* (*fumigatus*, *niger*, etc.), Genus *Mucorales* (*mucor*,

absidia, rhizopus), *Sporothrix schenckii*, *Blastomyces dermatitidis*, *Paracoccidioides brasiliensis*, *Coccidioides immitis* and *Histoplasma capsulatum*.

Parasites include but are not limited to blood-borne and/or tissues parasites such as *Babesia microti*, *Babesia divergens*, *Entamoeba histolytica*, *Giardia lamblia*, *Leishmania tropica*, *Leishmania* spp., *Leishmania braziliensis*, *Leishmania donovani*, *Plasmodium falciparum*, *Plasmodium malariae*, *Plasmodium ovale*, *Plasmodium vivax*, and *Toxoplasma gondii*, *Trypanosoma gambiense* and *Trypanosoma rhodesiense* (African sleeping sickness), *Trypanosoma cruzi* (Chagas' disease), and *Toxoplasma gondii*, flat worms, round worms. Some examples of pathogenic parasites causing infections treatable by methods herein include *Entamoeba histolytica*, *Balantidium coli*, *Naegleria fowleri*, *Acanthamoeba* sp., *Giardia lamblia*, *Cryptosporidium* sp., *Pneumocystis carinii*, *Plasmodium vivax*, *Babesia microti*, *Trypanosoma brucei*, *Trypanosoma cruzi*, *Leishmania donovani*, *Toxoplasma gondii*, and *Nippostrongylus brasiliensis*.

Some examples of pathogenic fungi causing infections treatable by methods of the invention include *Candida* (*albicans*, *krusei*, *glabrata*, *tropicalis*, etc.), *Cryptococcus neoformans*, *Aspergillus* (*fumigatus*, *niger*, etc.), Genus *Mucorales* (*mucor*, *absidia*, *rhizopus*), *Sporothrix schenckii*, *Blastomyces dermatitidis*, *Paracoccidioides brasiliensis*, *Coccidioides immitis* and *Histoplasma capsulatum*.

Some examples of pathogenic parasites causing infections treatable by methods described herein include *Entamoeba histolytica*, *Balantidium coli*, *Naegleria fowleri*, *Acanthamoeba* sp., *Giardia lamblia*, *Cryptosporidium* sp., *Pneumocystis carinii*, *Plasmodium vivax*, *Babesia microti*, *Trypanosoma brucei*, *Trypanosoma cruzi*, *Leishmania donovani*, *Toxoplasma gondii*, and *Nippostrongylus brasiliensis*.

Nucleic Acids

The anti-TIM-3 antibody molecules described herein can be encoded by nucleic acids described herein. The nucleic acids can be used to produce the anti-TIM-3 antibody molecules described herein.

In certain embodiments, the nucleic acid comprises nucleotide sequences that encode heavy and light chain variable regions and CDRs of the anti-TIM-3 antibody molecules, as described herein. For example, the present disclosure features a first and second nucleic acid encoding heavy and light chain variable regions, respectively, of an anti-TIM-3 antibody molecule chosen from one or more of the antibody molecules disclosed herein, e.g., an antibody of Tables 1-4 of US 2015/0218274. The nucleic acid can comprise a nucleotide sequence encoding any one of the amino acid sequences in the tables herein, or a sequence substantially identical thereto (e.g., a sequence at least about 85%, 90%, 95%, 99% or more identical thereto, or which differs by no more than 3, 6, 15, 30, or 45 nucleotides from the sequences provided in Tables 1-4. For example, disclosed herein is a first and second nucleic acid encoding heavy and light chain variable regions, respectively, of an anti-TIM-3 antibody

molecule chosen from one or more of, *e.g.*, any of ABTIM3, ABTIM3-hum01, ABTIM3-hum02, ABTIM3-hum03, ABTIM3-hum04, ABTIM3-hum05, ABTIM3-hum06, ABTIM3-hum07, ABTIM3-hum08, ABTIM3-hum09, ABTIM3-hum10, ABTIM3-hum11, ABTIM3-hum12, ABTIM3-hum13, ABTIM3-hum14, ABTIM3-hum15, ABTIM3-hum16, ABTIM3-hum17, ABTIM3-hum18, ABTIM3-hum19, ABTIM3-hum20, ABTIM3-hum21, ABTIM3-hum22, ABTIM3-hum23, as summarized in Tables 1-4, or a sequence substantially identical thereto.

In certain embodiments, the nucleic acid can comprise a nucleotide sequence encoding at least one, two, or three CDRs from a heavy chain variable region having an amino acid sequence as set forth in Tables 1-4, or a sequence substantially homologous thereto (*e.g.*, a sequence at least about 85%, 90%, 95%, 99% or more identical thereto, and/or having one or more substitutions, *e.g.*, conserved substitutions). In some embodiments, the nucleic acid can comprise a nucleotide sequence encoding at least one, two, or three CDRs from a light chain variable region having an amino acid sequence as set forth in Tables 1-4, or a sequence substantially homologous thereto (*e.g.*, a sequence at least about 85%, 90%, 95%, 99% or more identical thereto, and/or having one or more substitutions, *e.g.*, conserved substitutions). In some embodiments, the nucleic acid can comprise a nucleotide sequence encoding at least one, two, three, four, five, or six CDRs from heavy and light chain variable regions having an amino acid sequence as set forth in Tables 1-4, or a sequence substantially homologous thereto (*e.g.*, a sequence at least about 85%, 90%, 95%, 99% or more identical thereto, and/or having one or more substitutions, *e.g.*, conserved substitutions).

In certain embodiments, the nucleic acid can comprise a nucleotide sequence encoding at least one, two, or three CDRs from a heavy chain variable region having the nucleotide sequence as set forth in Tables 1-4, a sequence substantially homologous thereto (*e.g.*, a sequence at least about 85%, 90%, 95%, 99% or more identical thereto, and/or capable of hybridizing under the stringency conditions described herein). In some embodiments, the nucleic acid can comprise a nucleotide sequence encoding at least one, two, or three CDRs from a light chain variable region having the nucleotide sequence as set forth in Tables 1-4, or a sequence substantially homologous thereto (*e.g.*, a sequence at least about 85%, 90%, 95%, 99% or more identical thereto, and/or capable of hybridizing under the stringency conditions described herein). In certain embodiments, the nucleic acid can comprise a nucleotide sequence encoding at least one, two, three, four, five, or six CDRs from heavy and light chain variable regions having the nucleotide sequence as set forth in Tables 1-4, or a sequence substantially homologous thereto (*e.g.*, a sequence at least about 85%, 90%, 95%, 99% or more identical thereto, and/or capable of hybridizing under the stringency conditions described herein). The nucleic acids disclosed herein include deoxyribonucleotides or ribonucleotides, or analogs thereof. The polynucleotide may be either single-stranded or double-stranded, and if single-stranded may be the coding strand or non-coding (antisense) strand. A polynucleotide may comprise modified nucleotides, such as methylated nucleotides and nucleotide analogs. The sequence of nucleotides may be interrupted by non-nucleotide components. A polynucleotide may be further modified after

polymerization, such as by conjugation with a labeling component. The nucleic acid may be a recombinant polynucleotide, or a polynucleotide of genomic, cDNA, semisynthetic, or synthetic origin which either does not occur in nature or is linked to another polynucleotide in a nonnatural arrangement.

5 In certain embodiments, the nucleotide sequence that encodes the anti-TIM-3 antibody molecule is codon optimized.

 In some embodiments, nucleic acids comprising nucleotide sequences that encode heavy and light chain variable regions and CDRs of the anti-TIM-3 antibody molecules, as described herein, are disclosed. For example, the disclosure provides a first and second nucleic acid encoding heavy and
10 light chain variable regions, respectively, of an anti-TIM-3 antibody molecule according to Tables 1-4 or a sequence substantially identical thereto. For example, the nucleic acid can comprise a nucleotide sequence encoding an anti-TIM-3 antibody molecule according to Table 1-4, or a sequence substantially identical to that nucleotide sequence (*e.g.*, a sequence at least about 85%, 90%, 95%, 99% or more identical thereto, or which differs by no more than 3, 6, 15, 30, or 45 nucleotides from the
15 aforementioned nucleotide sequence. .

 In certain embodiments, the nucleic acid can comprise a nucleotide sequence encoding at least one, two, or three CDRs, or hypervariable loops, from a heavy chain variable region having an amino acid sequence as set forth in Tables 1-4, or a sequence substantially homologous thereto (*e.g.*, a sequence at least about 85%, 90%, 95%, 99% or more identical thereto, and/or having one, two, three
20 or more substitutions, insertions or deletions, *e.g.*, conserved substitutions).

 In certain embodiments, the nucleic acid can comprise a nucleotide sequence encoding at least one, two, or three CDRs, or hypervariable loops, from a light chain variable region having an amino acid sequence as set forth in Tables 1-4, or a sequence substantially homologous thereto (*e.g.*, a sequence at least about 85%, 90%, 95%, 99% or more identical thereto, and/or having one, two, three
25 or more substitutions, insertions or deletions, *e.g.*, conserved substitutions).

 In some embodiments, the nucleic acid can comprise a nucleotide sequence encoding at least one, two, three, four, five, or six CDRs, or hypervariable loops, from heavy and light chain variable regions having an amino acid sequence as set forth in Table 1-4, or a sequence substantially homologous thereto (*e.g.*, a sequence at least about 85%, 90%, 95%, 99% or more identical thereto, and/or having one, two, three or more substitutions, insertions or deletions, *e.g.*, conserved
30 substitutions).

 In some embodiments, the anti-TIM-3 antibody molecule is isolated or recombinant.

 In some aspects, the application features host cells and vectors containing the nucleic acids described herein. The nucleic acids may be present in a single vector or separate vectors present in
35 the same host cell or separate host cell, as described in more detail herein.

Vectors and Host Cells

The anti-TIM-3 antibody molecules described herein can be produced using host cells and vectors containing the nucleic acids described herein. The nucleic acids may be present in a single vector or separate vectors present in the same host cell or separate host cell.

5 In one embodiment, the vectors comprise nucleotides encoding an antibody molecule described herein. In one embodiment, the vectors comprise the nucleotide sequences described herein. The vectors include, but are not limited to, a virus, plasmid, cosmid, lambda phage or a yeast artificial chromosome (YAC).

10 Numerous vector systems can be employed. For example, one class of vectors utilizes DNA elements which are derived from animal viruses such as, for example, bovine papilloma virus, polyoma virus, adenovirus, vaccinia virus, baculovirus, retroviruses (Rous Sarcoma Virus, MMTV or MOMLV) or SV40 virus. Another class of vectors utilizes RNA elements derived from RNA viruses such as Semliki Forest virus, Eastern Equine Encephalitis virus and Flaviviruses.

15 Additionally, cells which have stably integrated the DNA into their chromosomes may be selected by introducing one or more markers which allow for the selection of transfected host cells. The marker may provide, for example, prototrophy to an auxotrophic host, biocide resistance (*e.g.*, antibiotics), or resistance to heavy metals such as copper, or the like. The selectable marker gene can be either directly linked to the DNA sequences to be expressed, or introduced into the same cell by cotransformation. Additional elements may also be needed for optimal synthesis of mRNA. These
20 elements may include splice signals, as well as transcriptional promoters, enhancers, and termination signals.

Once the expression vector or DNA sequence containing the constructs has been prepared for expression, the expression vectors may be transfected or introduced into an appropriate host cell. Various techniques may be employed to achieve this, such as, for example, protoplast fusion, calcium
25 phosphate precipitation, electroporation, retroviral transduction, viral transfection, gene gun, lipid based transfection or other conventional techniques. In the case of protoplast fusion, the cells are grown in media and screened for the appropriate activity. Methods and conditions for culturing the resulting transfected cells and for recovering the antibody molecule produced are known to those skilled in the art, and may be varied or optimized depending upon the specific expression vector and
30 mammalian host cell employed, based upon the present description.

In certain embodiments, the host cell comprises a nucleic acid encoding an anti-TIM-3 antibody molecule described herein. In other embodiments, the host cell is genetically engineered to comprise a nucleic acid encoding the anti-TIM-3 antibody molecule.

In one embodiment, the host cell is genetically engineered by using an expression cassette.
35 The phrase “expression cassette,” refers to nucleotide sequences, which are capable of affecting expression of a gene in hosts compatible with such sequences. Such cassettes may include a promoter, an open reading frame with or without introns, and a termination signal. Additional factors

necessary or helpful in effecting expression may also be used, such as, for example, an inducible promoter. In certain embodiments, the host cell comprises a vector described herein.

The cell can be, but is not limited to, a eukaryotic cell, a bacterial cell, an insect cell, or a human cell. Suitable eukaryotic cells include, but are not limited to, Vero cells, HeLa cells, COS cells, 5 CHO cells, HEK293 cells, BHK cells and MDCKII cells. Suitable insect cells include, but are not limited to, Sf9 cells.

In some embodiments, the host cell is a eukaryotic cell, *e.g.*, a mammalian cell, an insect cell, a yeast cell, or a prokaryotic cell, *e.g.*, *E. coli*. For example, the mammalian cell can be a cultured cell or a cell line. Exemplary mammalian cells include lymphocytic cell lines (*e.g.*, NSO), Chinese 10 hamster ovary cells (CHO), COS cells, oocyte cells, and cells from a transgenic animal, *e.g.*, mammary epithelial cell.

INCORPORATION BY REFERENCE

All publications, patents, and Accession numbers mentioned herein are hereby incorporated by reference in their entirety as if each individual publication or patent was specifically and individually indicated to be incorporated by reference.

5

EQUIVALENTS

While specific embodiments of the subject invention have been discussed, the above specification is illustrative and not restrictive. Many variations of the invention will become apparent to those skilled in the art upon review of this specification and the claims below. The full scope of the invention should be determined by reference to the claims, along with their full scope of equivalents, and the specification, along with such variations.

10

What is claimed is:

1. An anti-TIM-3 antibody molecule for use at a dose of about 10 mg to about 30 mg, about 50 mg to about 100 mg, about 200 mg to about 250 mg, about 500 mg to about 1000 mg, or about 1000 mg to about 1500 mg, once every two weeks or once every four weeks, in treating a cancer in a subject,

wherein the anti-TIM-3 antibody molecule comprises: a heavy chain variable region (VH) comprising a VHCDR1 amino acid sequence of SEQ ID NO: 801, a VHCDR2 amino acid sequence of SEQ ID NO: 802 or 820, and a VHCDR3 amino acid sequence of SEQ ID NO: 803; and a light chain variable region (VL) comprising a VLCDR1 amino acid sequence of SEQ ID NO: 810, a VLCDR2 amino acid sequence of SEQ ID NO: 811, and a VLCDR3 amino acid sequence of SEQ ID NO: 812.

2. A method of treating a cancer in a subject, the method comprising administering to the subject an anti-TIM-3 antibody molecule at a dose of about 10 mg to about 30 mg, about 50 mg to about 100 mg, about 200 mg to about 250 mg, about 500 mg to about 1000 mg, or about 1000 mg to about 1500 mg, once every two weeks or once every four weeks,

wherein the anti-TIM-3 antibody molecule comprises: a heavy chain variable region (VH) comprising a VHCDR1 amino acid sequence of SEQ ID NO: 801, a VHCDR2 amino acid sequence of SEQ ID NO: 802 or 820, and a VHCDR3 amino acid sequence of SEQ ID NO: 803; and a light chain variable region (VL) comprising a VLCDR1 amino acid sequence of SEQ ID NO: 810, a VLCDR2 amino acid sequence of SEQ ID NO: 811, and a VLCDR3 amino acid sequence of SEQ ID NO: 812.

3. The antibody molecule for use of claim 1, or the method of claim 2, wherein the anti-TIM-3 antibody molecule is used at a dose of about 10 mg to about 30 mg once every two weeks to four weeks.

4. The antibody molecule for use of claim 1, or the method of claim 2, wherein the anti-TIM-3 antibody molecule is used at a dose of about 50 mg to about 100 mg once every two weeks to four weeks.

5. The antibody molecule for use of claim 1, or the method of claim 2, wherein the anti-TIM-3 antibody molecule is used at a dose of about 200 mg to about 250 mg once every two weeks to four weeks.

6. The antibody molecule for use of claim 1, or the method of claim 2, wherein the anti-TIM-3 antibody molecule is used at a dose of about 500 mg to about 1000 mg once every two weeks to four weeks.

7. The antibody molecule for use of claim 1, or the method of claim 2, wherein the anti-TIM-3 antibody molecule is used at a dose of about 1000 mg to about 1500 mg once every two weeks to four weeks.

8. The antibody molecule for use of any of claims 1 or 3-7, or the method of any of claims 2-7, wherein the antibody molecule comprises a VH comprising a VHCDR1 amino acid sequence of SEQ ID NO: 801, a VHCDR2 amino acid sequence of SEQ ID NO: 802, and a VHCDR3 amino acid sequence of SEQ ID NO: 803; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 810, a VLCDR2 amino acid sequence of SEQ ID NO: 811, and a VLCDR3 amino acid sequence of SEQ ID NO: 812.

9. The antibody molecule for use of any of claims 1 or 3-8, or the method of any of claims 2-8, wherein the antibody molecule comprises a VH comprising the amino acid sequence of SEQ ID NO: 806 and a VL comprising the amino acid sequence of SEQ ID NO: 816.

10. The antibody molecule for use of any of claims 1 or 3-9, or the method of any of claims 2-9, wherein the antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 808 and a light chain comprising the amino acid sequence of SEQ ID NO: 818.

11. The antibody molecule for use of any of claims 1 or 3-7, or the method of any of claims 2-7, wherein the antibody molecule comprises a VH comprising a VHCDR1 amino acid sequence of SEQ ID NO: 801, a VHCDR2 amino acid sequence of SEQ ID NO: 820, and a VHCDR3 amino acid sequence of SEQ ID NO: 803; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 810, a VLCDR2 amino acid sequence of SEQ ID NO: 811, and a VLCDR3 amino acid sequence of SEQ ID NO: 812.

12. The antibody molecule for use of any of claims 1, 3-7, or 11, or the method of any of claims 2-7 or 11, wherein the antibody molecule comprises a VH comprising the amino acid sequence of SEQ ID NO: 822 and a VL comprising the amino acid sequence of SEQ ID NO: 826.

13. The antibody molecule for use of any of claims 1, 3-7, 11, or 12, or the method of any of claims 2-7, 11, or 12, wherein the antibody molecule comprises a heavy chain comprising the

amino acid sequence of SEQ ID NO: 824 and a light chain comprising the amino acid sequence of SEQ ID NO: 828.

14. The antibody molecule for use of any of claims 1 or 3-13, or the method of any of claims 2-12, wherein the cancer is a solid tumor or a hematological cancer.

15. The antibody molecule for use of any of claims 1 or 3-14, or the method of any of claims 2-14, wherein the cancer is chosen from an ovarian cancer, a lung cancer, a mesothelioma, a skin cancer, a kidney cancer, a bladder cancer, a soft tissue sarcoma, a bone cancer, a colorectal cancer, a pancreatic cancer, a nasopharyngeal cancer, a breast cancer, a duodenal cancer, an endometrial cancer, an adenocarcinoma, a liver cancer, a cholangiocarcinoma, a myelodysplastic syndrome (MDS), a sarcoma, a leukemia, or a metastatic lesion of the cancer.

16. The antibody molecule for use of claim 15, or the method of claim 15, wherein the lung cancer is a small cell lung cancer (SCLC) or a non-small cell lung cancer (NSCLC).

17. The antibody molecule for use of claim 15, or the method of claim 15, wherein the skin cancer is a Merkel cell carcinoma (MCC) or a melanoma.

18. The antibody molecule for use of claim 15, or the method of claim 15, wherein the kidney cancer is a renal cell carcinoma.

19. The antibody molecule for use of claim 15, or the method of claim 15, wherein the soft tissue sarcoma is a hemangiopericytoma (HPC).

20. The antibody molecule for use of claim 15, or the method of claim 15, wherein the bone cancer is a bone carcinoma.

21. The antibody molecule for use of claim 15, or the method of claim 15, wherein the liver cancer is a hepatocellular carcinoma.

22. The antibody molecule for use of claim 15, or the method of claim 15, wherein the leukemia is an acute myeloid leukemia (AML).

23. The antibody molecule for use of any of claims 1 or 3-22, or the method of any of claims 2-22, wherein the cancer is an MSI-high cancer.

24. The antibody molecule for use of any of claims 1 or 3-23, or the method of any of claims 2-23, wherein the anti-TIM-3 antibody molecule is used in combination with a second therapeutic agent or modality.

25. The antibody molecule for use of any of claims 1 or 3-24, or the method of any of claims 2-24, wherein the anti-TIM-3 antibody molecule is used in combination with a PD-1 inhibitor.

26. The antibody molecule for use of claim 25, or the method of claim 25, wherein the PD-1 inhibitor is chosen from PDR001, nivolumab, pembrolizumab, pidilizumab, MEDI0680, REGN2810, PF-06801591, BGB-A317, INCHR1210, TSR-042, or AMP-224.

27. The antibody molecule for use of claim 25 or 26, or the method of claim 25 or 26, wherein the PD-1 inhibitor is used at a dose of about 300 mg once every three weeks, about 400 mg once every four weeks, or about 400 mg once every eight weeks.

28. The antibody molecule for use of any of claims 1 or 3-27, or the method of any of claims 2-27, wherein the anti-TIM-3 antibody molecule is used in combination with a hypomethylating agent.

29. The antibody molecule for use of claim 28, or the method of claim 28, wherein the hypomethylating agent is decitabine.

30. The antibody molecule for use of claim 28 or 29, or the method of claim 28 or 29, wherein the hypomethylating agent is used at a dose of about 10 mg/m² to about 30 mg/m² every four weeks.

31. The antibody molecule for use of any of claims 1 or 3-30, or the method of any of claims 2-30, wherein the anti-TIM-3 antibody molecule is used to treat an acute myeloid leukemia (AML) or a myelodysplastic syndrome (MDS).

32. The antibody molecule for use of any of claims 1 or 3-31, or the method of any of claims 2-31, wherein the anti-TIM-3 antibody molecule is used in combination with a PD-L1 inhibitor.

33. The antibody molecule for use of claim 32, or the method of claim 32, wherein the PD-L1 inhibitor is chosen from FAZ053, atezolizumab, avelumab, durvalumab, or BMS-936559.

34. The antibody molecule for use of any of claims 1 or 3-33, or the method of any of claims 2-33, wherein the anti-TIM-3 antibody molecule is used to treat an ovarian cancer.

35. The antibody molecule for use of claim 34, or the method of claim 34, wherein the anti-TIM-3 antibody molecule is used in combination with an anti-PD-1 antibody molecule, and optionally, further in combination with one or more of: a VEGF inhibitor, an interferon gamma, a CD27 agonist, an IDO inhibitor, a CTLA-4 inhibitor, an CSF1R inhibitor, an OX40 agonist, or a KIR inhibitor, a chemotherapy, a DNMT inhibitor, a receptor tyrosine kinase inhibitor, a BTK inhibitor, a PARP inhibitor, an immunoconjugate targeting FOLR1, or a B7-H3 inhibitor.

36. The antibody molecule for use of claim 34 or 35, or the method of claim 34 or 35, wherein the anti-TIM-3 antibody molecule is used in combination with an anti-PD-L1 antibody molecule, and optionally, further in combination with one or more of: an ANG2/VEGF inhibitor, a CSF1R inhibitor, a chemotherapy, a CTLA-4 inhibitor, a PARP inhibitor, a VEGF inhibitor, a cancer vaccine, a TLR8 agonist, an HDAC inhibitor, or a FAK inhibitor.

37. The antibody molecule for use of any of claims 34-36, or the method of any of claims 34-36, wherein the anti-TIM-3 antibody molecule is used in combination with one or more of: a TLR8 agonist, a chemotherapeutic agent, an OX40 agonist, a CSF1R inhibitor, a VEGF inhibitor, an NKG2 inhibitor, a B7-H3 inhibitor, a CTLA-4 inhibitor, a recombinant interleukin-10, a CD40 agonist, an ANG2/VEGF inhibitor, a molecule targeting both B7-H3 and CD3, a PD-L1/VISTA inhibitor, an IDO inhibitor, a vaccine, a CEACAM inhibitor, a PARP inhibitor, a hormone, or a MIF inhibitor.

38. The antibody molecule for use of any of claims 1 or 3-33, or the method of any of claims 2-33, wherein the anti-TIM-3 antibody molecule is used to treat a Merkel cell carcinoma.

39. The antibody molecule for use of claim 38, or the method of claim 38, wherein the anti-TIM-3 antibody molecule is used in combination with an anti-PD-1 antibody molecule.

40. The antibody molecule for use of claim 38 or 39, or the method of claim 38 or 39, wherein the anti-TIM-3 antibody molecule is used in combination with an anti-CTLA-4 antibody molecule.

41. The antibody molecule for use of any of claims 38-40, or the method of any of claims 38-40, wherein the anti-TIM-3 antibody molecule is used in combination with an anti-PD-L1 antibody molecule, optionally, further in combination with one or more of: a localized radiation therapy, a

recombinant interferon beta, a MCPyV TAg-specific polyclonal autologous CD8-positive T cell vaccine, a VEGF inhibitor, or an immunostimulant.

42. The antibody molecule for use of any of claim 38-41, or the method of any of claims 38-41, wherein the anti-TIM-3 antibody molecule is used in combination with a genetically engineered oncolytic virus or a radiation therapy.

43. The antibody molecule for use of any of claims 1 or 3-33, or the method of any of claims 2-33, wherein the anti-TIM-3 antibody molecule is used to treat a small cell lung cancer (SCLC).

44. The antibody molecule for use of claim 43, or the method of claim 43, wherein the anti-TIM-3 antibody molecule is used in combination with an anti-PD-1 antibody molecule, optionally, in combination with one or more of: a chemotherapeutic agent, an interferon gamma, a CTLA-4 inhibitor, an antibody-drug conjugate, a CXCR4 inhibitor, an OX40 agonist, a fusion protein, or a radiation therapy.

45. The antibody molecule for use of claim 43 or 44, or the method of claim 43 or 44, wherein the anti-TIM-3 antibody molecule is used in combination with an anti-PD-L1 antibody molecule, optionally, in combination with one or more of: a chemotherapeutic agent, an interferon gamma, a CTLA-4 inhibitor, an antibody-drug conjugate, a CXCR4 inhibitor, an OX40 agonist, a PARP inhibitor, or a radiation therapy.

46. The antibody molecule for use of any of claims 43-45, or the method of any of claims 43-45, wherein the anti-TIM-3 antibody molecule is used in combination with an OX40 agonist, a CTLA-4 inhibitor, or both.

47. The antibody molecule for use of any of claims 1 or 3-33, or the method of any of claims 2-33, wherein the anti-TIM-3 antibody molecule is used to treat a mesothelioma.

48. The antibody molecule for use of claim 47, or the method of claim 47, wherein the anti-TIM-3 antibody molecule is used in combination with an anti-PD-1 antibody molecule, an anti-PD-L1 antibody molecule, or both.

49. The antibody molecule for use of any of claims 1 or 3-48, or the method of any of claims 2-48, wherein the subject has, or is identified as having, TIM-3 expression in tumor-infiltrating lymphocytes (TILs).

50. The antibody molecule for use of any of claims 1 or 3-49, or the method of any of claims 2-49, wherein the subject has, or is identified as having, a cancer that expresses PD-L1.

51. A pharmaceutical composition or dose formulation comprising an anti-TIM-3 antibody molecule for use at a dose of about 10 mg to about 30 mg, 50 mg to about 100 mg, about 200 mg to about 250 mg, about 500 mg to about 1000 mg, or about 1000 mg to about 1500 mg, once every two weeks or once every four weeks,

wherein the anti-TIM-3 antibody molecule comprises: a heavy chain variable region (VH) comprising a VHCDR1 amino acid sequence of SEQ ID NO: 801, a VHCDR2 amino acid sequence of SEQ ID NO: 802 or 820, and a VHCDR3 amino acid sequence of SEQ ID NO: 803; and a light chain variable region (VL) comprising a VLCDR1 amino acid sequence of SEQ ID NO: 810, a VLCDR2 amino acid sequence of SEQ ID NO: 811, and a VLCDR3 amino acid sequence of SEQ ID NO: 812.

52. The pharmaceutical composition or dose formulation of claim 51, wherein the dose is about 50 mg to about 100 mg once every two weeks or once every four weeks.

53. The pharmaceutical composition or dose formulation of claim 51, wherein the dose is about 200 mg to about 250 mg once every two weeks or once every four weeks.

54. The pharmaceutical composition or dose formulation of claim 51, wherein the dose is about 500 mg to about 1000 mg once every two weeks or once every four weeks.

55. The pharmaceutical composition or dose formulation of claim 51, wherein the dose is about 1000 mg to about 1500 mg once every two weeks or once every four weeks.

56. The pharmaceutical composition or dose formulation of any of claims 51-55, wherein the antibody molecule comprises a VH comprising a VHCDR1 amino acid sequence of SEQ ID NO: 801, a VHCDR2 amino acid sequence of SEQ ID NO: 802, and a VHCDR3 amino acid sequence of SEQ ID NO: 803; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 810, a VLCDR2 amino acid sequence of SEQ ID NO: 811, and a VLCDR3 amino acid sequence of SEQ ID NO: 812.

57. The pharmaceutical composition or dose formulation of any of claims 51-56, wherein the antibody molecule comprises a VH comprising the amino acid sequence of SEQ ID NO: 806 and a VL comprising the amino acid sequence of SEQ ID NO: 816.

58. The pharmaceutical composition or dose formulation of any of claims 51-57, wherein the antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 808 and a light chain comprising the amino acid sequence of SEQ ID NO: 818.

59. The pharmaceutical composition or dose formulation of any of claims 51-55, wherein the antibody molecule comprises a VH comprising a VHCDR1 amino acid sequence of SEQ ID NO: 801, a VHCDR2 amino acid sequence of SEQ ID NO: 820, and a VHCDR3 amino acid sequence of SEQ ID NO: 803; and a VL comprising a VLCDR1 amino acid sequence of SEQ ID NO: 810, a VLCDR2 amino acid sequence of SEQ ID NO: 811, and a VLCDR3 amino acid sequence of SEQ ID NO: 812.

60. The pharmaceutical composition or dose formulation of any of claims 51-55 or 59, wherein the antibody molecule comprises a VH comprising the amino acid sequence of SEQ ID NO: 822 and a VL comprising the amino acid sequence of SEQ ID NO: 826.

61. The pharmaceutical composition or dose formulation of any of claims 51-55, 59, or 60, wherein the antibody molecule comprises a heavy chain comprising the amino acid sequence of SEQ ID NO: 824 and a light chain comprising the amino acid sequence of SEQ ID NO: 828.

62. The pharmaceutical composition or dose formulation of any of claims 51-61 for use to treat a cancer.

63. The pharmaceutical composition or dose formulation of claim 62, wherein the cancer is a solid tumor or a hematological cancer.

64. The pharmaceutical composition or dose formulation of claim 62 or 63, wherein the cancer is chosen from an ovarian cancer, a lung cancer, a mesothelioma, a skin cancer, a kidney cancer, a bladder cancer, a soft tissue sarcoma, a bone cancer, a colorectal cancer, a pancreatic cancer, a nasopharyngeal cancer, a breast cancer, a duodenal cancer, an endometrial cancer, an adenocarcinoma, a liver cancer, a cholangiocarcinoma, a myelodysplastic syndrome (MDS), a sarcoma, a leukemia, or a metastatic lesion of the cancer.

INTERNATIONAL SEARCH REPORT

International application No
PCT/US2018/039825

A. CLASSIFICATION OF SUBJECT MATTER
INV. A61K39/00 A61P35/00 C07K16/28
ADD.

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

A61K A61P C07K

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)

EPO-Internal, BIOSIS, EMBASE, WPI Data

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	WO 2017/019897 A1 (NOVARTIS AG [CH]; DANA-FARBER CANCER INST INC [US]; CHILDREN'S MEDICAL) 2 February 2017 (2017-02-02) abstract, p. 2 line 9 - p. 60 line 16, Examples 1-11, claims 1-50 and SEQ ID NOs 52, 64, 54, 106, 84, 20, 34 and 90 -----	1-64
X	WO 2015/117002 A1 (NOVARTIS AG [CH]; CHILDRENS MEDICAL CENTER [US]; DANA FARBER CANCER IN) 6 August 2015 (2015-08-06) abstract, p. 2 line 9 - p. 43 line 7, Tables 4 and 6, examples 1-11, claims 1-165 and SEQ ID NOs 52, 64, 54, 106, 84, 20, 34 and 90 -----	1-64
A	WO 2016/161270 A1 (ANAPTYSBIO INC [US]) 6 October 2016 (2016-10-06) the whole document -----	1-64



Further documents are listed in the continuation of Box C.



See patent family annex.

* Special categories of cited documents :

"A" document defining the general state of the art which is not considered to be of particular relevance

"E" earlier application or patent but published on or after the international filing date

"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)

"O" document referring to an oral disclosure, use, exhibition or other means

"P" document published prior to the international filing date but later than the priority date claimed

"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention

"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone

"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art

"&" document member of the same patent family

Date of the actual completion of the international search

21 September 2018

Date of mailing of the international search report

04/10/2018

Name and mailing address of the ISA/

European Patent Office, P.B. 5818 Patentlaan 2
NL - 2280 HV Rijswijk
Tel. (+31-70) 340-2040,
Fax: (+31-70) 340-3016

Authorized officer

Hermann, Patrice

INTERNATIONAL SEARCH REPORT

Information on patent family members

International application No

PCT/US2018/039825

Patent document cited in search report	Publication date	Patent family member(s)	Publication date
WO 2017019897	A1	02-02-2017	EP 3316902 A1 09-05-2018 US 2018207273 A1 26-07-2018 WO 2017019897 A1 02-02-2017
WO 2015117002	A1	06-08-2015	AU 2015210750 A1 21-07-2016 BR 112016016436 A2 12-12-2017 CA 2936863 A1 06-08-2015 CL 2016001716 A1 09-06-2017 CN 106132991 A 16-11-2016 CR 20160347 A 10-03-2017 CU 20160118 A7 02-02-2017 EA 201691556 A1 30-12-2016 EP 3099717 A1 07-12-2016 JP 2017511687 A 27-04-2017 KR 20160113272 A 28-09-2016 PE 03302017 A1 21-04-2017 PH 12016501482 A1 22-08-2016 SG 11201605627T A 30-08-2016 TW 201612193 A 01-04-2016 US 2015218274 A1 06-08-2015 US 2017190777 A1 06-07-2017 US 2017198041 A1 13-07-2017 UY 35973 A 31-08-2015 WO 2015117002 A1 06-08-2015
WO 2016161270	A1	06-10-2016	AU 2016242964 A1 09-11-2017 BR 112017021040 A2 24-07-2018 CA 2981520 A1 06-10-2016 CN 107847589 A 27-03-2018 EA 201792184 A1 30-04-2018 EP 3277321 A1 07-02-2018 JP 2018512138 A 17-05-2018 KR 20170133458 A 05-12-2017 SG 11201707705U A 30-10-2017 US 2018127500 A1 10-05-2018 WO 2016161270 A1 06-10-2016