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Combinations of tumor-associated antigens for the treatment of various types of cancers

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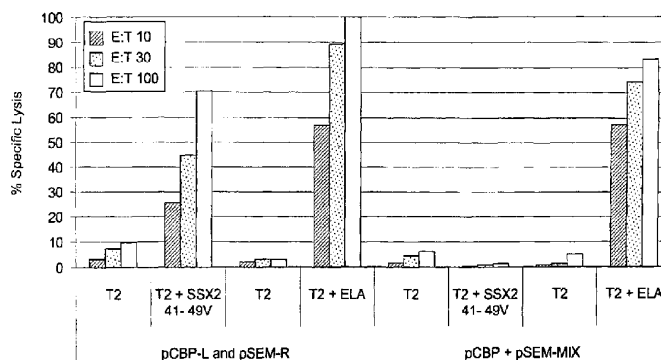
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(54) Title: COMBINATIONS OF TUMOR-ASSOCIATED ANTIGENS FOR THE TREATMENT OF VARIOUS TYPES OF CANCERS



(57) Abstract: Disclosed herein are methods and compositions for inducing an immune response against various combinations of tumor-associated antigens, which can promote effective immunologic intervention in pathogenic processes. Embodiments of the invention disclosed herein are directed to the use of effective combinations of TuAAs for the immunotherapy of patients with various types of cancer. Both immunogenic compositions for inducing an immune response to these combinations of antigens and methods for their use are disclosed.



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COMBINATIONS OF TUMOR-ASSOCIATED ANTIGENS IN COMPOSITIONS FOR VARIOUS TYPES OF CANCERS

Background of the Invention

Field of the Invention

[0001] Disclosed herein are methods and compositions for inducing an immune response against various combinations of tumor-associated antigens, which can promote effective immunologic intervention in pathogenic processes.

Description of the Related Art

[0002] The American Cancer Society has estimated that over one million people get cancer each year, and that approximately one out of every two American men and one out of every three American women will have some type of cancer at some point during their lifetime.

[0003] Cancer generally develops when cells in a part of the body begin to grow out of control. Although there are many kinds of cancer, they usually start because of out-of-control growth of abnormal cells.

[0004] Normal body cells grow, divide, and die in an orderly fashion. Cancer cells are different in that they continue to grow and divide. Instead of dying, they outlive normal cells and continue to form new abnormal cells.

[0005] Usual treatment options for cancer include surgery, radiation therapy, and chemotherapy. A fourth branch of treatment is developing, which is referred to as immunotherapy. Immunotherapies attempt to help the immune system recognize cancer cells, and/or to strengthen a response against cancer cells in order to destroy the cancer. Immunotherapies include active and passive immunotherapies. Active immunotherapies attempt to stimulate the body's own immune system to fight the disease. Passive immunotherapies generally do not rely on the body to attack the disease; instead, they use immune system components (such as antibodies) created outside of the body.

[0006] Despite the various types of treatments, a continuing need exists for additional treatment options.

Summary of the Invention

[0007] Embodiments of the invention disclosed herein are directed to the use of effective combinations of TuAAs for the immunotherapy of patients with various types of

cancer. Both immunogenic compositions for inducing an immune response to these combinations of antigens and methods for their use are disclosed.

[0008] Some embodiments relate to methods of treating neoplastic diseases. The methods can include the step of immunizing a patient against, for example, PRAME and at least one other tumor associated antigen. To immunize a patient against an antigen such as, for example, PRAME, means to administer to the patient some portion of the antigen, or some other immunogenic agent, that is capable of inducing a specific immune response directed to the antigen. Accordingly, in some embodiments, immunizing against PRAME can include administering a complete and intact PRAME antigen to the patient, while in other embodiments it can include administering one or more epitopes, one or more epitope clusters, one or more fragments, and the like, of PRAME, and/or administering, for example, a nucleic acid encoding any of the foregoing epitope(s), cluster(s), fragment(s), and the like. Although PRAME is used in an exemplary way for convenience in this discussion, the principle is applicable to any antigen against which a patient may be immunized.

[0009] One embodiment relates to methods of treating ovarian or colorectal cancer. The methods can include the step of immunizing a patient against, for example, PRAME and at least one other tumor associated antigen. In some embodiments the tumor associated antigen can include, for example, SSX-2, NY-ESO-1, PSMA, and the like. Preferably, the methods can include immunizing against PRAME, NY-ESO-1 and SSX-2, for example. More preferably, the methods can include immunization against PRAME, NY-ESO-1, SSX-2, and PSMA, for example. The method can further include the step of immunizing against at least one antigen associated with tumor neovasculature. The antigen associated with tumor neovasculature can be, for example, PSMA, VEGFR2, and Tie-2. In a preferred embodiment, the methods can induce a cytolytic T cell response.

[0010] In one embodiment, a method of inducing a cytolytic T-cell response in the treatment of ovarian or colorectal cancer is disclosed. The method can include, for example, the step of immunizing a patient against PRAME and at least one of the tumor-associated antigens. In some embodiments, the tumor-associated antigen can be, for example, SSX-2, NY-ESO-1, PSMA, and the like. For example, the method can include immunization against PRAME, NY-ESO-1, and SSX-2. The method can further include immunization against PSMA. The method can further include the step of immunizing against at least one antigen associated with tumor neovasculature. The antigen associated with tumor neovasculature can be, for example, PSMA, VEGFR2, and Tie-2.

[0011] Other embodiments relate to methods of treating pancreatic cancer. The methods can include the step of immunizing against, for example, PSMA and at least one other tumor-associated antigen. The tumor-associated antigen can be, for example, SSX-2 and NY-ESO-1. Preferably, the methods can include immunizing against PSMA, NY-ESO-1, and SSX-2. The method can further include the step of immunizing against at least one antigen associated with tumor neovasculature. The antigen associated with tumor neovasculature can be, for example, VEGFR2 and Tie-2. In a preferred embodiment, the methods can induce a cytolytic T cell response.

[0012] Further, in one embodiment, a method of inducing a cytolytic T-cell response in the treatment of pancreatic cancer is disclosed. The method can include, for example, the step of immunizing a patient against PSMA and at least one of the tumor-associated antigens. In some embodiments, the tumor-associated antigen can be, for example, SSX-2, NY-ESO-1, and the like. For example, the method can include immunization against PSMA, NY-ESO-1, and SSX-2. The method can further include the step of immunizing against at least one antigen associated with tumor neovasculature. The antigen associated with tumor neovasculature can be, for example, VEGFR2 and Tie-2.

[0013] Still other embodiments relate to methods of treating non-small cell lung cancer. The methods can include the step of immunizing a patient against, for example, PSMA and at least one other tumor associated antigen. For example, the tumor-associated antigen can be MAGE-3, SSX-2, NY-ESO-1, and the like. Preferably, the methods can include immunizing against PSMA, NY-ESO-1 and SSX-2. More preferably, the methods can include immunization against PSMA, NY-ESO-1, SSX-2, and MAGE-3, for example. The method can further include the step of immunizing against at least one antigen associated with tumor neovasculature. The antigen associated with tumor neovasculature can be, for example, VEGFR2 and Tie-2. In a preferred embodiment, the methods can induce a cytolytic T cell response.

[0014] In a further embodiment, a method of inducing a cytolytic T-cell response in the treatment of non-small cell lung cancer is disclosed. The method can include, for example, the step of immunizing a patient against PSMA and at least one of tumor-associated antigen. The tumor-associated antigen can be, for example, MAGE-3, SSX-2, NY-ESO-1, and the like. For example, the method can include immunization against PSMA, NY-ESO-1, and SSX-2. The method can further include immunization against PSMA, NY-ESO-1, SSX-2, and MAGE-3. The method can further include the step of immunizing against at least one antigen

associated with tumor neovasculature. The antigen associated with tumor neovasculature can be, for example, VEGFR2 and Tie-2.

[0015] Alternative embodiments relate to methods of treating renal cell carcinoma. The methods can include the step of immunizing a patient against, for example, PSMA and at least one other tumor associated antigen. The tumor-associated antigen can be, for example, PRAME, SSX-2, and the like. Preferably, the methods can include immunizing against PSMA, PRAME, and SSX-2, for example. The method can further include the step of immunizing against at least one antigen associated with tumor neovasculature. The antigen associated with tumor neovasculature can be, for example, VEGFR2 and Tie-2. In a preferred embodiment, the methods can induce a cytolytic T cell response.

[0016] Further, in one embodiment, a method of inducing a cytolytic T-cell response in the treatment of renal cell carcinoma is disclosed. The method can include, for example, the step of immunizing a patient against PSMA and at least one other tumor-associated antigen. In some embodiments, the tumor-associated antigen can be PRAME, SSX-2, and the like. For example, the method can include immunization against PSMA, PRAME, and SSX-2. The method can further include the step of immunizing against at least one antigen associated with tumor neovasculature. The antigen associated with tumor neovasculature can be, for example, VEGFR2 and Tie-2.

[0017] Some embodiments relate to methods of treating melanoma. The methods can include the step of immunizing a patient against, for example, at least one tumor-associated antigen selected from each of two groups. The first group can include, for example, tyrosinase, Melan-A, and the like. The second group can include, for example, SSX-2, NY-ESO-1, and the like. Preferably, the method can include immunizing against Melan-A, SSX-2, and NY-ESO. More preferably, the method can include immunization against Melan-A, SSX-2, and tyrosinase, for example. The method can further include the step of immunizing against at least one antigen associated with tumor neovasculature. The antigen associated with tumor neovasculature can be, for example, PSMA, VEGFR2, and Tie-2. In a preferred embodiment, the methods can induce a cytolytic T cell response.

[0018] In one embodiment, a method of inducing a cytolytic T-cell response in the treatment of melanoma is disclosed. The method can include, for example, the step of immunizing a patient against at least one tumor-associated antigen selected from each of two groups. The first group can include, for example, tyrosinase, Melan-A, and the like. The second group can include, for example, SSX-2, NY-ESO-1, and the like. For example, the method can include immunization against Melan-A, SSX-2, and NY-ESO. Alternatively, the

method can include, for example, immunization against Melan-A, SSX-2, and tyrosinase. The method can further include the step of immunizing against at least one antigen associated with tumor neovasculature. The antigen associated with tumor neovasculature can be, for example, PSMA, VEGFR2, and Tie-2.

[0019] Some embodiments relate to the use of a composition comprising, for example, PRAME and at least one other tumor associated antigen, in the preparation of a medicament for the treatment of treating ovarian or colorectal cancer. In some embodiments the tumor associated antigen can include, for example, SSX-2, NY-ESO-1, PSMA, and the like. Preferably, the tumor-associated antigens can be NY-ESO-1 and SSX-2, for example. More preferably, the tumor-associated antigens can be NY-ESO-1, SSX-2, and PSMA, for example. The method can further include the step of immunizing against at least one antigen associated with tumor neovasculature. The antigen associated with tumor neovasculature can be, for example, PSMA, VEGFR2, and Tie-2. In a preferred embodiment, the medicament can induce a cytolytic T cell response.

[0020] Other embodiments relate to the use of a composition comprising, for example, PSMA and at least one other tumor-associated antigen in the preparation of medicament for the treatment of pancreatic cancer. The tumor-associated antigen can be, for example, SSX-2 and NY-ESO-1. Preferably, the medicament comprises PSMA, NY-ESO-1, and SSX-2. The method can further include the step of immunizing against at least one antigen associated with tumor neovasculature. The antigen associated with tumor neovasculature can be, for example, VEGFR2 and Tie-2. In a preferred embodiment, the medicament can induce a cytolytic T cell response.

[0021] Still other embodiments relate to the use of a composition comprising PSMA and at least one other tumor associated antigen in the preparation of a medicament for the treatment of non-small cell lung cancer. In some embodiments, the tumor-associated antigen can be MAGE-3, SSX-2, NY-ESO-1, and the like. Preferably, the composition comprises PSMA, NY-ESO-1 and SSX-2. More preferably, the composition comprises PSMA, NY-ESO-1, SSX-2, and MAGE-3, for example. The method can further include the step of immunizing against at least one antigen associated with tumor neovasculature. The antigen associated with tumor neovasculature can be, for example, VEGFR2 and Tie-2. In a preferred embodiment, the medicament can induce a cytolytic T cell response.

[0022] Alternative embodiments relate to the use of a composition comprising PSMA and at least one other tumor associated antigen in the preparation of a medicament for the treatment of renal cell carcinoma. The tumor-associated antigen can be, for example,

PRAME, SSX-2, and the like. Preferably, the composition comprises PSMA, PRAME, and SSX-2, for example. The method can further include the step of immunizing against at least one antigen associated with tumor neovasculature. The antigen associated with tumor neovasculature can be, for example, VEGFR2 and Tie-2. In a preferred embodiment, the medicament can induce a cytolytic T cell response.

[0023] Still other embodiments relate to the use of a composition comprising at least one tumor-associated antigen selected from each of two groups in the preparation of a medicament for the treatment of melanoma. The first group can include, for example, tyrosinase, Melan-A, and the like. The second group can include, for example, SSX-2, NY-ESO-1, and the like. Preferably, the composition comprises Melan-A, SSX-2, and NY-ESO. More preferably, the composition comprises Melan-A, SSX-2, and tyrosinase, for example. The method can further include the step of immunizing against at least one antigen associated with tumor neovasculature. The antigen associated with tumor neovasculature can be, for example, PSMA, VEGFR2, and Tie-2. In a preferred embodiment, the medicament can induce a cytolytic T cell response.

[0024] Other embodiments relate to immunogenic compositions for the treatment of or for inducing a T cell response against ovarian or colorectal cancer, for example. The compositions can include, for example, individually or in combination, 1) whole antigens, 2) fragments of antigens, 3) epitope clusters derived from antigens, 4) epitopes derived from antigens, 5) nucleic acids encoding any of 1 to 4, and the like; wherein the antigens can include PRAME and a tumor-associated antigen, including, for example, SSX-2, NY-ESO-1, PSMA, and the like. The compositions can further include at least one antigen associated with tumor neovasculature. The antigen associated with tumor neovasculature can be, for example, PSMA, VEGFR2 and Tie-2.

[0025] Still other embodiments relate to immunogenic compositions for the treatment of or for inducing a T cell response against pancreatic cancer. The compositions can include, for example, individually or in combination, 1) whole antigens, 2) fragments of antigens, 3) epitope clusters derived from antigens, 4) epitopes derived from antigens, or 5) nucleic acids encoding any of 1 to 4; wherein the antigens can include PSMA and at least one tumor-associated antigen. In a preferred embodiment, the tumor-associated antigen can be selected from SSX-2 and NY-ESO-1, for example. The compositions can further include at least one antigen associated with tumor neovasculature. The antigen associated with tumor neovasculature can be, for example, VEGFR2 and Tie-2.

[0026] Alternative embodiments relate to immunogenic compositions for the treatment of or for inducing a T cell response against non-small cell lung cancer. The compositions can include, for example, individually or in combination, 1) whole antigens, 2) fragments of antigens, 3) epitope clusters derived from antigens, 4) epitopes derived from antigens, or 5) nucleic acids encoding any of 1 to 4; wherein the antigens can include PSMA and at least one tumor-associated antigen, including, for example, MAGE-3, SSX-2 and NY-ESO-1. The compositions can further include at least one antigen associated with tumor neovasculature. The antigen associated with tumor neovasculature can be, for example, VEGFR2 and Tie-2.

[0027] Some embodiments relate to immunogenic compositions for the treatment of or for inducing a T cell response against renal cell carcinoma. The compositions can include, for example, individually or in combination, 1) whole antigens, 2) fragments of antigens, 3) epitope clusters derived from antigens, 4) epitopes derived from antigens, or 5) nucleic acids encoding any of 1 to 4; wherein the antigens can include PSMA and at least one tumor-associated antigen. In a preferred embodiment the tumor associated antigen can be PRAME or SSX-2. The compositions can further include at least one antigen associated with tumor neovasculature. The antigen associated with tumor neovasculature can be, for example, VEGFR2 and Tie-2.

[0028] Still other embodiments relate to an immunogenic composition for the treatment of or for inducing a T cell response against melanoma. The composition can include, for example, individually or in combination, 1) whole antigens, 2) fragments of antigens, 3) epitope clusters derived from antigens, 4) epitopes derived from antigens, or 5) nucleic acids encoding any of 1 to 4; wherein the antigens can be selected from each of two groups; wherein the first group includes, for example, tyrosinase and melan-A; and wherein the second group includes SSX-2 and NY-ESO-1, and the like. The compositions can further include at least one antigen associated with tumor neovasculature. The antigen associated with tumor neovasculature can be, for example, PSMA, VEGFR2 and Tie-2.

[0029] Further embodiments relate to compositions and methods for inducing a CTL response using combinations of tumor-associated antigens, including fragments of tumor-associated antigens, clusters and epitopes. The compositions can include nucleic acid constructs, for example, a single construct that encodes all of the desired antigens. In other embodiments a single construct encodes a single antigen, while in other embodiments one construct can have a combination of epitopes with similar immunogenicity and another construct can have epitopes with similar immunogenicity.

[0030] Still other embodiments relate to methods of designing and preparing immunogenic compositions, which methods can include the steps of determining the presence of one or more antigens on a tumor type, and obtaining the one or more antigens for inclusion in a composition that induces CTL.

Brief Description of the Drawings

[0031] Figure 1 shows the schedule of immunization with two plasmid (pCBP expressing SSX2 41-49 and pSEM expressing Melan A).

[0032] Figure 2 is a bar graph that shows CTL activity obtained using the protocol in Figure 1.

[0033] Figure 3 shows the schedule of immunization of an entrain-and-amplify immunization protocol using plasmids and peptides representing two epitopes.

[0034] Figure 4 is a table showing *in vivo* clearance of epitope-pulsed cells in mice immunized according to the protocol of Figure 3.

[0035] Figure 5 shows the preferred immunization protocols for inducing multivalent responses.

Detailed Description of the Preferred Embodiment

[0036] The frequency of expression of many tumor-associated antigens (TuAAs) in various types of cancers is known. However, the frequency of appearance of some antigens, and especially certain combinations of TuAAs in various types of cancers has not been reported. Accurate measurement of the presence of TuAAs in tumor tissues aids in determining which TuAAs will be useful for the treatment of a particular type of cancer.

[0037] Many attempts to develop active immunotherapies for cancer have utilized a single antigen. This can be problematic for two distinct reasons. Firstly, the expression of any particular TuAA in cancer can be mosaic with the antigen expression ranging from high in some cells within a tumor mass to completely absent in others. Moreover, the TuAA may be expressed in some lesions but not others. By directing an immune response against more than a single antigen, if properly selected, the number of tumor cells that can be recognized can be maximized. Secondly, it has been observed in some cases that tumors lose expression of a TuAA following immunization, giving rise to a resistant population. If the immune response is directed against more than one TuAA it becomes much more difficult for a resistant tumor to arise because it must then simultaneously lose expression of each of the antigens in order to escape. Thus, in treating cancer with immunotherapy, it can be advantageous to use a combination of TuAAs both due to more complete coverage of the population of tumor cells,

and because there will be less chance of tumor escape through antigen loss of expression of the TuAAs, provided the tumor is positive for at least two of the TuAAs used.

Definitions:

[0038] Unless otherwise clear from the context of the use of a term herein, the following listed terms shall generally have the indicated meanings for purposes of this description.

[0039] PROFESSIONAL ANTIGEN-PRESENTING CELL (pAPC) – a cell that possesses T cell costimulatory molecules and is able to induce a T cell response. Well characterized pAPCs include dendritic cells, B cells, and macrophages.

[0040] PERIPHERAL CELL – a cell that is not a pAPC.

[0041] HOUSEKEEPING PROTEASOME – a proteasome normally active in peripheral cells, and generally not present or not strongly active in pAPCs.

[0042] IMMUNOPROTEASOME – a proteasome normally active in pAPCs; the immunoproteasome is also active in some peripheral cells in infected tissues or following exposure to interferon.

[0043] EPITOPE – a molecule or substance capable of stimulating an immune response. In preferred embodiments, epitopes according to this definition include but are not necessarily limited to a polypeptide and a nucleic acid encoding a polypeptide, wherein the polypeptide is capable of stimulating an immune response. In other preferred embodiments, epitopes according to this definition include but are not necessarily limited to peptides presented on the surface of cells, the peptides being non-covalently bound to the binding cleft of class I MHC, such that they can interact with T cell receptors (TCR). Epitopes presented by class I MHC may be in immature or mature form. “Mature” refers to an MHC epitope in distinction to any precursor (“immature”) that may include or consist essentially of a housekeeping epitope, but also includes other sequences in a primary translation product that are removed by processing, including without limitation, alone or in any combination, proteasomal digestion, N-terminal trimming, or the action of exogenous enzymatic activities. Thus, a mature epitope may be provided embedded in a somewhat longer polypeptide, the immunological potential of which is due, at least in part, to the embedded epitope; likewise, the mature epitope can be provided in its ultimate form that can bind in the MHC binding cleft to be recognized by TCR.

[0044] MHC EPITOPE – a polypeptide having a known or predicted binding affinity for a mammalian class I or class II major histocompatibility complex (MHC) molecule.

[0045] HOUSEKEEPING EPITOPE – In a preferred embodiment, a housekeeping epitope is defined as a polypeptide fragment that is an MHC epitope, and that is displayed on a cell in which housekeeping proteasomes are predominantly active. In another preferred embodiment, a housekeeping epitope is defined as a polypeptide containing a housekeeping epitope according to the foregoing definition, that is flanked by one to several additional amino acids. In another preferred embodiment, a housekeeping epitope is defined as a nucleic acid that encodes a housekeeping epitope according to the foregoing definitions. Exemplary housekeeping epitopes are provided in U.S. Application Nos. 10/117,937, filed on April 4, 2002 (Pub. No. 20030220239 A1), and 10/657,022, and in PCT Application No. PCT/US2003/027706 (Pub. No. WO04022709A2), filed 9/5/2003; and U.S. Provisional Application Nos. 60/282,211, filed on April 6, 2001; 60/337,017, filed on November 7, 2001; 60/363210 filed 3/7/02; and 60/409,123, filed on September 5, 2002. Each of the listed applications is entitled EPITOPE SEQUENCES.

[0046] IMMUNE EPITOPE – In a preferred embodiment, an immune epitope is defined as a polypeptide fragment that is an MHC epitope, and that is displayed on a cell in which immunoproteasomes are predominantly active. In another preferred embodiment, an immune epitope is defined as a polypeptide containing an immune epitope according to the foregoing definition, that is flanked by one to several additional amino acids. In another preferred embodiment, an immune epitope is defined as a polypeptide including an epitope cluster sequence, having at least two polypeptide sequences having a known or predicted affinity for a class I MHC. In yet another preferred embodiment, an immune epitope is defined as a nucleic acid that encodes an immune epitope according to any of the foregoing definitions.

[0047] TARGET CELL – In a preferred embodiment, a target cells is a cell associated with a pathogenic condition that can be acted upon by the components of the immune system, for example, a cell infected with a virus or other intracellular parasite, or a neoplastic cell. In another embodiment, a target cell is a cell to be targeted by the vaccines and methods of the invention. Examples of target cells according to this definition include but are not necessarily limited to: a neoplastic cell and a cell harboring an intracellular parasite, such as, for example, a virus, a bacterium, or a protozoan. Target cells can also include cells that are targeted by CTL as a part of an assay to determine or confirm proper epitope liberation and processing by a cell expressing immunoproteasome, to determine T cell specificity or immunogenicity for a desired epitope. Such cells can be transformed to express the liberation sequence, or the cells can simply be pulsed with peptide/epitope.

[0048] TARGET-ASSOCIATED ANTIGEN (TAA) – a protein or polypeptide present in a target cell.

[0049] TUMOR-ASSOCIATED ANTIGENS (TAA) – a TAA, wherein the target cell is a neoplastic cell.

[0050] HLA EPILOPE – a polypeptide having a known or predicted binding affinity for a human class I or class II HLA complex molecule.

[0051] ANTIBODY – a natural immunoglobulin (Ig), poly- or monoclonal, or any molecule composed in whole or in part of an Ig binding domain, whether derived biochemically, or by use of recombinant DNA, or by any other means. Examples include *inter alia*, F(ab), single chain Fv, and Ig variable region-phage coat protein fusions.

[0052] SUBSTANTIAL SIMILARITY – this term is used to refer to sequences that differ from a reference sequence in an inconsequential way as judged by examination of the sequence. Nucleic acid sequences encoding the same amino acid sequence are substantially similar despite differences in degenerate positions or minor differences in length or composition of any non-coding regions. Amino acid sequences differing only by conservative substitution or minor length variations are substantially similar. Additionally, amino acid sequences comprising housekeeping epitopes that differ in the number of N-terminal flanking residues, or immune epitopes and epitope clusters that differ in the number of flanking residues at either terminus, are substantially similar. Nucleic acids that encode substantially similar amino acid sequences are themselves also substantially similar.

[0053] FUNCTIONAL SIMILARITY – this term is used to refer to sequences that differ from a reference sequence in an inconsequential way as judged by examination of a biological or biochemical property, although the sequences may not be substantially similar. For example, two nucleic acids can be useful as hybridization probes for the same sequence but encode differing amino acid sequences. Two peptides that induce cross-reactive CTL responses are functionally similar even if they differ by non-conservative amino acid substitutions (and thus may not be within the substantial similarity definition). Pairs of antibodies, or TCRs, that recognize the same epitope can be functionally similar to each other despite whatever structural differences exist. Testing for functional similarity of immunogenicity can be conducted by immunizing with the “altered” antigen and testing the ability of an elicited response, including but not limited to an antibody response, a CTL response, cytokine production, and the like, to recognize the target antigen. Accordingly, two sequences may be designed to differ in certain respects while retaining the same function. Such designed

sequence variants of disclosed or claimed sequences are among the embodiments of the present invention.

[0054] **EXPRESSION CASSETTE** – a polynucleotide sequence encoding a polypeptide, operably linked to a promoter and other transcription and translation control elements, including but not limited to enhancers, termination codons, internal ribosome entry sites, and polyadenylation sites. The cassette can also include sequences that facilitate moving it from one host molecule to another.

[0055] **EMBEDDED EPITOPE** – in some embodiments, an embedded epitope is an epitope that is wholly contained within a longer polypeptide; in other embodiments, the term also can include an epitope in which only the N-terminus or the C-terminus is embedded such that the epitope is not wholly in an interior position with respect to the longer polypeptide.

[0056] **MATURE EPITOPE** – a peptide with no additional sequence beyond that present when the epitope is bound in the MHC peptide-binding cleft.

[0057] **EPITOPE CLUSTER** – a polypeptide, or a nucleic acid sequence encoding it, that is a segment of a protein sequence, including a native protein sequence, comprising two or more known or predicted epitopes with binding affinity for a shared MHC restriction element. In preferred embodiments, the density of epitopes within the cluster is greater than the density of all known or predicted epitopes with binding affinity for the shared MHC restriction element within the complete protein sequence. Epitope clusters are disclosed and more fully defined in U.S. Patent Application No. 09/561,571 entitled EPITOPE CLUSTERS.

[0058] **LIBERATION SEQUENCE** – a designed or engineered sequence comprising or encoding a housekeeping epitope embedded in a larger sequence that provides a context allowing the housekeeping epitope to be liberated by processing activities including, for example, immunoproteasome activity, N terminal trimming, and/or other processes or activities, alone or in any combination.

[0059] **CTLp** – CTL precursors are T cells that can be induced to exhibit cytolytic activity. Secondary *in vitro* lytic activity, by which CTLp are generally observed, can arise from any combination of naïve, effector, and memory CTL *in vivo*.

[0060] **MEMORY T CELL** – A T cell, regardless of its location in the body, that has been previously activated by antigen, but is in a quiescent physiologic state requiring re-exposure to antigen in order to gain effector function. Phenotypically they are generally CD62L⁺ CD44^{hi} CD107 α IG α LN- γ LT β TNF- α and is in G0 of the cell cycle.

[0061] **EFFECTOR T CELL** – A T cell that, upon encountering antigen, readily exhibits effector function. Effector T cells are generally capable of exiting the

lymphatic system and entering the immunological periphery. Phenotypically they are generally CD62L⁺ CD44^{hi} CD107a⁺ IGNg⁺ LTb⁺ TNF-a⁺ and actively cycling.

[0062] EFFECTOR FUNCTION – Generally, T cell activation generally, including acquisition of cytolytic activity and/or cytokine secretion.

[0063] INDUCING a T cell response – Includes in many embodiments the process of generating a T cell response from naïve, or in some contexts, quiescent cells; activating T cells.

[0064] AMPLIFYING a T cell response – Includes in many embodiments the process or increasing the number of cells, the number of activated cells, the level of activity, rate of proliferation, or similar parameter of T cells involved in a specific response.

[0065] ENTRAINMENT – Includes in many embodiments an induction that confers particular stability on the immune profile of the induced lineage of T cells.

[0066] TOLL-LIKE RECEPTOR (TLR) – Toll-like receptors (TLRs) are a family of pattern recognition receptors that are activated by specific components of microbes and certain host molecules. As part of the innate immune system, they contribute to the first line of defense against many pathogens, but also play a role in adaptive immunity.

[0067] TOLL-LIKE RECEPTOR (TLR) LIGAND – Any molecule capable of binding and activating a toll-like receptor. Examples include, without limitation: poly IC A synthetic, double-stranded RNA known for inducing interferon. The polymer is made of one strand each of polyinosinic acid and polycytidylic acid, double-stranded RNA, unmethylated CpG oligodeoxyribonucleotide or other immunostimulatory sequences (ISSs), lipopolysaccharide (LPS), β -glucans, and imidazoquinolines, as well as derivatives and analogues thereof.

[0068] IMMUNOPOTENTIATING ADJUVANTS – Adjuvants that activate pAPC or T cells including, for example: TLR ligands, endocytic-Pattern Recognition Receptor (PRR) ligands, quillaja saponins, tucaresol, cytokines, and the like. Some preferred adjuvants are disclosed in Marciani, D.J. *Drug Discovery Today* 8:934-943, 2003.

[0069] IMMUNOSTIMULATORY SEQUENCE (ISS) – Generally an oligodeoxyribonucleotide containing an unmethylated CpG sequence. The CpG may also be embedded in bacterially produced DNA, particularly plasmids. Further embodiments include various analogues; among preferred embodiments are molecules with one or more phosphorothioate bonds or non-physiologic bases.

[0070] VACCINE – In preferred embodiments a vaccine can be an immunogenic composition providing or aiding in prevention of disease. In other embodiments, a vaccine is a

composition that can provide or aid in a cure of a disease. In others, a vaccine composition can provide or aid in amelioration of a disease. Further embodiments of a vaccine immunogenic composition can be used as therapeutic and/or prophylactic agents.

[0071] IMMUNIZATION – a process to induce partial or complete protection against a disease. Alternatively, a process to induce or amplify an immune system response to an antigen. In the second definition it can connote a protective immune response, particularly proinflammatory or active immunity, but can also include a regulatory response. Thus in some embodiments immunization is distinguished from tolerization (a process by which the immune system avoids producing proinflammatory or active immunity) while in other embodiments this term includes tolerization.

[0072] ENCODE – an open-ended term such that a nucleic acid encoding a particular amino acid sequence can consist of codons specifying that (poly)peptide, but can also comprise additional sequences either translatable, or for the control of transcription, translation, or replication, or to facilitate manipulation of some host nucleic acid construct.

[0073] COVERAGE – the fraction or proportion of tumor cells expressing a particular TuAA or at least one TuAA from a set of selected TuAAs.

[0074] REDUNDANCY – the degree to which a population of tumor cells, or some subset of them, express more than one of a selected set of TuAAs.

Tumor Associated Antigens

[0075] Examples of TuAAs useful in embodiments disclosed herein include tyrosinase (SEQ. ID NO. 1), melan-A, (SEQ. ID NO. 2), SSX-2, (SEQ. ID NO.3), PSMA (prostate-specific membrane antigen) (SEQ. ID NO. 4), MAGE-1, (SEQ. ID NO. 5), MAGE-3 (SEQ. ID NO. 6), NY-ESO-1, (SEQ. ID NO. 7), PRAME, (SEQ. ID NO.8), and Her2/Neu (SEQ. ID NO. 9). The natural coding sequences for these nine proteins, or any segments within them, can be determined from their cDNA or complete coding (cds) sequences, SEQ. ID NOS. 10-18, respectively.

Table 1. SEQ. ID NOS.

SEQ. ID NO.	IDENTITY	ACCESSION NUMBER**
1	Tyrosinase protein	P14679
2	Melan-A protein	Q16655
3	SSX-2 protein	NP_003138
4	PSMA protein	NP_004467
5	MAGE-1 protein	P43355
6	MAGE-3 protein	P43357
7	NY-ESO-1 protein	P78358

8	PRAME protein	NP_006106
9	Her2/Neu protein	P04626
10	Tyrosinase cDNA	NM_000372
11	Melan-A cDNA	U06452
12	SSX-2 cDNA	NM_003147
13	PSMA cDNA	NM_004476
14	MAGE-1 cds	M77481
15	MAGE-3 cds	U03735
16	NY-ESO-1 cDNA	U87459
17	PRAME cDNA	NM_006115
18	Her2/Neu cDNA	M11730

**All accession numbers used here and throughout can be accessed through the NCBI databases, for example, through the Entrez seek and retrieval system on the world wide web.

[0076] Tyrosinase is a melanin biosynthetic enzyme that is considered one of the most specific markers of melanocytic differentiation. Tyrosinase is expressed in few cell types, primarily in melanocytes, and high levels are often found in melanomas. The usefulness of tyrosinase as a TuAA is taught in U.S. Patent 5,747,271 entitled "METHOD FOR IDENTIFYING INDIVIDUALS SUFFERING FROM A CELLULAR ABNORMALITY SOME OF WHOSE ABNORMAL CELLS PRESENT COMPLEXES OF HLA-A2/TYROSINASE DERIVED PEPTIDES, AND METHODS FOR TREATING SAID INDIVIDUALS".

[0077] GP100, also known as PMel17, also is a melanin biosynthetic protein expressed at high levels in melanomas. GP100 as a TuAA is disclosed in U.S. Patent 5,844,075 entitled "MELANOMA ANTIGENS AND THEIR USE IN DIAGNOSTIC AND THERAPEUTIC METHODS,".

[0078] Melan-A, also called MART-1 (Melanoma Antigen Recognized by T cells), is another melanin biosynthetic protein expressed at high levels in melanomas. The usefulness of Melan-A/MART-1 as a TuAA is taught in U.S. Patent Nos. 5,874,560 and 5,994,523 both entitled "MELANOMA ANTIGENS AND THEIR USE IN DIAGNOSTIC AND THERAPEUTIC METHODS," as well as U.S. Patent No. 5,620,886, entitled "ISOLATED NUCLEIC ACID SEQUENCE CODING FOR A TUMOR REJECTION ANTIGEN PRECURSOR PROCESSED TO AT LEAST ONE TUMOR REJECTION ANTIGEN PRESENTED BY HLA-A2".

[0079] SSX-2, also know as Hom-Mel-40, is a member of a family of highly conserved cancer-testis antigens (Gure, A.O. et al. *Int. J. Cancer* 72:965-971, 1997). Its identification as a TuAA is taught in U.S. Patent 6,025,191 entitled "ISOLATED NUCLEIC

ACID MOLECULES WHICH ENCODE A MELANOMA SPECIFIC ANTIGEN AND USES THEREOF,". Cancer-testis antigens are found in a variety of tumors, but are generally absent from normal adult tissues except testis. Expression of different members of the SSX family has been found in various tumor cell lines. Due to the high degree of sequence identity among SSX family members, similar epitopes from more than one member of the family will be generated and able to bind to an MHC molecule, so that some vaccines directed against one member of this family can cross-react and be effective against other members of this family.

[0080] MAGE-1 (melanoma-associated antigen-1), MAGE-2 (melanoma-associated antigen-2), and MAGE-3 (melanoma-associated antigen-3) are members of another family of cancer-testis antigens originally discovered in melanoma but found in a variety of tumors. The identification of MAGE proteins as TuAAs is taught in U.S. Patent 5,342,774 entitled NUCLEOTIDE SEQUENCE ENCODING THE TUMOR REJECTION ANTIGEN PRECURSOR, MAGE-1, and in numerous subsequent patents. Currently there are 17 entries for (human) MAGE in the SWISS Protein database. There is extensive similarity among these proteins, such that in many cases, an epitope from one can induce a cross-reactive response to other members of the family. A few members of the MAGE family have not been observed in tumors, most notably MAGE-H1 and MAGE-D1, which are expressed in testes and brain, and bone marrow stromal cells, respectively. The possibility of cross-reactivity on normal tissue is ameliorated by the fact that they are among the least similar to the other MAGE proteins.

[0081] GAGE-1 is a member of the GAGE family of cancer testis antigens (Van den Eynde, B., et al., *J. Exp. Med.* 182: 689-698, 1995; U.S. Patent Nos. 5,610,013; 5,648,226; 5,858,689; 6,013,481; and 6,069,001). The PubGene database currently lists 12 distinct accessible members, some of which are synonymously known as PAGE or XAGE. GAGE-1 through GAGE-8 have a very high degree of sequence identity, so most epitopes can be shared among multiple members of the family.

[0082] BAGE is a cancer-testis antigen commonly expressed in melanoma, particularly metastatic melanoma, as well as in carcinomas of the lung, breast, bladder, and squamous cells of the head and neck. Its usefulness as a TuAA is taught in U.S. Patent Nos. 5,683,88 entitled "TUMOR REJECTION ANTIGENS WHICH CORRESPOND TO AMINO ACID SEQUENCES IN TUMOR REJECTION ANTIGEN PRECURSOR BAGE, AND USES THEREOF" and 5,571,711 entitled "ISOLATED NUCLEIC ACID MOLECULES CODING FOR BAGE TUMOR REJECTION ANTIGEN PRECURSORS," each.

[0083] NY-ESO-1, also known as CTAG-1 (Cancer-Testis Antigen-1) and CAG-3 (Cancer Antigen-3), is a cancer-testis antigen found in a wide variety of tumors. NY-ESO-1 as

a TuAA is disclosed in U.S. Patent 5,804,381 entitled ISOLATED NUCLEIC ACID MOLECULE ENCODING AN ESOPHAGEAL CANCER ASSOCIATED ANTIGEN, THE ANTIGEN ITSELF, AND USES THEREOF. A paralogous locus encoding antigens with extensive sequence identity, LAGE-1a/s and LAGE-1b/L, has been disclosed in publicly available assemblies of the human genome, and has been concluded to arise through alternate splicing. Additionally, CT-2 (or CTAG-2, Cancer-Testis Antigen-2) appears to be either an allele, a mutant, or a sequencing discrepancy of LAGE-1b/L. Due to the extensive sequence identity, many epitopes from NY-ESO-1 can also induce immunity to tumors expressing these other antigens. See Figure 1. NY-ESO-1 and LAGE are virtually identical through amino acid 70. From amino acid 71 through 134 the longest run of identity between the two proteins is 6 residues, but potentially cross-reactive sequences are present. From amino acid 135 through 180, NY-ESO and LAGE-1a/s are identical except for a single residue, but LAGE-1b/L is unrelated due to the alternate splice. The CAMEL and LAGE-2 antigens appear to derive from the LAGE-1 mRNA, but from alternate reading frames, thus giving rise to unrelated protein sequences. More recently, GenBank Accession AF277315.5, Homo sapiens chromosome X clone RP5-865E18, RP5-1087L19, complete sequence, reports three independent loci in this region which are labeled as LAGE1 (corresponding to CTAG-2 in the genome assemblies), LAGE2-A and LAGE2-B (both corresponding to CTAG-1 in the genome assemblies).

[0084] PRAME, also known as MAPE, DAGE, and OIP4, was originally observed as a melanoma antigen. Subsequently, it has been recognized as a cancer-testis (CT) antigen, but unlike many CT antigens, such as, MAGE, GAGE and BAGE, PRAME is expressed in acute myeloid leukemias. PRAME is a member of the MAPE family, which consists largely of hypothetical proteins with which it shares limited sequence similarity. The usefulness of PRAME as a TuAA is taught in U.S. Patent 5,830,753 entitled "ISOLATED NUCLEIC ACID MOLECULES CODING FOR TUMOR REJECTION ANTIGEN PRECURSOR DAGE AND USES THEREOF,".

[0085] PSMA (prostate-specific membranes antigen), a TuAA described in U.S. Patent 5,538,866 entitled "PROSTATE-SPECIFIC MEMBRANES ANTIGEN", is expressed by normal prostate epithelium and, at a higher level, in prostatic cancer. It has also been found in the neovasculature of non-prostatic tumors. PSMA can thus form the basis for vaccines directed to both prostate cancer and to the neovasculature of other tumors. This later concept is more fully described in a provisional U.S. Patent Application No. 60/274,063 entitled "ANTI-NEOVASCULAR VACCINES FOR CANCER," filed March 7, 2001, and U.S. Application No. 10/094,699 (Pub. No. 20030046714 A1), filed on March 7, 2002, entitled

“ANTI-NEOVASCULAR PREPARATIONS FOR CANCER,”. Briefly, as tumors grow they recruit ingrowth of new blood vessels. This is understood to be necessary to sustain growth as the centers of unvascularized tumors are generally necrotic and angiogenesis inhibitors have been reported to cause tumor regression. Such new blood vessels, or neovasculature, express antigens not found in established vessels, and thus can be specifically targeted. By inducing CTL against neovascular antigens the vessels can be disrupted, interrupting the flow of nutrients to, and removal of wastes from, tumors, leading to regression.

[0086] Alternate splicing of the PSMA mRNA leads to a protein with an apparent start at Met₅₈, thereby deleting the putative membrane anchor region of PSMA as described in U.S. Patent 5,935,818 entitled “ISOLATED NUCLEIC ACID MOLECULE ENCODING ALTERNATIVELY SPLICED PROSTATE-SPECIFIC MEMBRANES ANTIGEN AND USES THEREOF,”. A protein termed PSMA-like protein, Genbank accession number AF261715, is nearly identical to amino acids 309-750 of PSMA, but has a different expression profile. Thus the most preferred epitopes are those with an N-terminus located from amino acid 58 to 308.

[0087] PSA, prostate specific antigen, is a peptidase of the kallikrein family and a differentiation antigen of the prostate. Expression in breast tissue has also been reported. Alternate names include gamma-seminoprotein, kallikrein 3, seminogelase, seminin, and P-30 antigen. PSA has a high degree of sequence identity with the various alternate splicing products prostatic/glandular kallikrein-1 and -2, as well as kallikrein 4, which is also expressed in prostate and breast tissue. Other kallikreins generally share less sequence identity and have different expression profiles. Nonetheless, cross-reactivity that might be provoked by any particular epitope, along with the likelihood that that epitope would be liberated by processing in non-target tissues (most generally by the housekeeping proteasome), should be considered in designing a vaccine.

[0088] PSCA, prostate stem cell antigen, and also known as SCAH-2, is a differentiation antigen preferentially expressed in prostate epithelial cells, and overexpressed in prostate cancers. Lower level expression is seen in some normal tissues including neuroendocrine cells of the digestive tract and collecting ducts of the kidney. PSCA is described in U.S. Patent 5,856,136 entitled “HUMAN STEM CELL ANTIGENS,”.

[0089] Synaptonemal complex protein 1 (SCP-1), also known as HOM-TES-14, is a meiosis-associated protein and also a cancer-testis antigen (Tureci, O., et al. Proc. Natl. Acad. Sci. USA 95:5211-5216, 1998). As a cancer antigen its expression is not cell-cycle regulated and it is found frequently in gliomas, breast, renal cell, and ovarian carcinomas. It

has some similarity to myosins, but with few enough identities that cross-reactive epitopes are not an immediate prospect.

[0090] The ED-B domain of fibronectin is also a potential target. Fibronectin is subject to developmentally regulated alternative splicing, with the ED-B domain being encoded by a single exon that is used primarily in oncofetal tissues (Matsuura, H. and S. Hakomori *Proc. Natl. Acad. Sci. USA* 82:6517-6521, 1985; Carnemolla, B. et al. *J. Cell Biol.* 108:1139-1148, 1989; Loridon-Rosa, B. et al. *Cancer Res.* 50:1608-1612, 1990; Nicolo, G. et al. *Cell Differ. Dev.* 32:401-408, 1990; Borsi, L. et al. *Exp. Cell Res.* 199:98-105, 1992; Oyama, F. et al. *Cancer Res.* 53:2005-2011, 1993; Mandel, U. et al. *APMIS* 102:695-702, 1994; Farnoud, M.R. et al. *Int. J. Cancer* 61:27-34, 1995; Pujuguet, P. et al. *Am. J. Pathol.* 148:579-592, 1996; Gabler, U. et al. *Heart* 75:358-362, 1996; Chevalier, X. *Br. J. Rheumatol.* 35:407-415, 1996; Midulla, M. *Cancer Res.* 60:164-169, 2000).

[0091] The ED-B domain is also expressed in fibronectin of the neovasculature (Kaczmarek, J. et al. *Int. J. Cancer* 59:11-16, 1994; Castellani, P. et al. *Int. J. Cancer* 59:612-618, 1994; Neri, D. et al. *Nat. Biotech.* 15:1271-1275, 1997; Karelina, T.V. and A.Z. Eisen *Cancer Detect. Prev.* 22:438-444, 1998; Tarli, L. et al. *Blood* 94:192-198, 1999; Castellani, P. et al. *Acta Neurochir. (Wien)* 142:277-282, 2000). As an oncofetal domain, the ED-B domain is commonly found in the fibronectin expressed by neoplastic cells in addition to being expressed by the neovasculature. Thus, CTL-inducing vaccines targeting the ED-B domain can exhibit two mechanisms of action: direct lysis of tumor cells, and disruption of the tumor's blood supply through destruction of the tumor-associated neovasculature. As CTL activity can decay rapidly after withdrawal of vaccine, interference with normal angiogenesis can be minimal. The design and testing of vaccines targeted to neovasculature is described in Provisional U.S. Patent Application No. 60/274,063 entitled "ANTI-NEOVASCULATURE VACCINES FOR CANCER," filed on March 7, 2001, and in U.S. Patent Application No. 10/094,699, (Pub. No. 20030046714 A1), entitled "ANTI-NEOVASCULATURE PREPARATIONS FOR CANCER," filed on March 7, 2002. A tumor cell line is disclosed in Provisional U.S. Application No. 60/363,131, filed on March 7, 2002, entitled "HLA-TRANSGENIC MURINE TUMOR CELL LINE,".

[0092] Carcinoembryonic antigen (CEA) is a paradigmatic oncofetal protein first described in 1965 (Gold and Freedman, *J. Exp. Med.* 121: 439-462, 1965. Fuller references can be found in the Online Medelian Inheritance in Man; record *114890. It has officially been renamed carcinoembryonic antigen-related cell adhesion molecule 5 (CEACAM5). Its expression is most strongly associated with adenocarcinomas of the epithelial lining of the

digestive tract and in fetal colon. CEA is a member of the immunoglobulin supergene family and the defining member of the CEA subfamily.

[0093] Survivin, also known as Baculoviral IAP Repeat-Containing Protein 5 (BIRC5), is another protein with an oncofetal pattern of expression. It is a member of the inhibitor of apoptosis protein (IAP) gene family. It is widely over-expressed in cancers (Ambrosini, G. et al., *Nat. Med.* 3:917-921, 1997; Velculescu V.E. et al., *Nat. Genet.* 23:387-388, 1999) and its function as an inhibitor of apoptosis is believed to contribute to the malignant phenotype.

[0094] HER2/NEU is an oncogene related to the epidermal growth factor receptor (van de Vijver, et al., *New Eng. J. Med.* 319:1239-1245, 1988), and apparently identical to the c-ERBB2 oncogene (Di Fiore, et al., *Science* 237: 178-182, 1987). The over-expression of ERBB2 has been implicated in the neoplastic transformation of prostate cancer. As with HER2, it is amplified and over-expressed in 25-30% of breast cancers among other tumors where expression level is correlated with the aggressiveness of the tumor (Slamon, et al., *New Eng. J. Med.* 344:783-792, 2001). A more detailed description is available in the Online Medelian Inheritance in Man; record *164870.

[0095] Further examples of tumor-associated antigens include MelanA (MART-I), gp100 (Pmel 17), tyrosinase, TRP-1, TRP-2, MAGE-1, MAGE-3, BAGE, GAGE-1, GAGE-2, p15(58), CEA, RAGE, NY-ESO (LAGE), SCP-1, Hom/Mel-40, PRAME, p53, H-Ras, HER-2/neu, BCR-ABL, E2A-PRL, H4-RET, IGH-IGK, MYL-RAR, Epstein Barr virus antigens, EBNA, human papillomavirus (HPV) antigens E6 and E7, TSP-180, MAGE-4, MAGE-5, MAGE-6, p185erbB2, p180crbB-3, c-met, nm-23H1, PSA, TAG-72-4, CA 19-9, CA 72-4, CAM 17.1, NuMa, K-ras, β -Catenin, CDK4, Mum-1, p16, TAGE, PSMA, PSCA, CT7, telomerase, 43-9F, 5T4, 791Tgp72, alpha-fetoprotein, β -HCG, BCA225, BTAA, CA 125, CA 15-3 (CA 27.29\BCAA), CA 195, CA 242, CA-50, CAM43, CD68\KP1, CO-029, FGF-5, G250, Ga733 (EpCAM), HTgp-175, M344, MA-50, MG7-Ag, MOV18, NB/70K, NY-CO-1, RCAS1, SDCCAG16, TA-90 (Mac-2 binding protein\cyclophilin C-associated protein), TAAL6, TAG72, TLP, TPS, and the like.

[0096] Additional tumor-associated antigens are described in Chen, YT, "Identification of human tumor antigens by serological expression cloning: an online review on SEREX" *Cancer Immun.* 2004 [updated 2004 Mar 10; cited 2004 Apr 1] at world wide web cancerimmunotherapy.org/SEREX/; and Renkvist, N. et al., "A listing of tumor antigens recognized by T cells," *Cancer Immunology Immunotherapy*, 50:3-15 (2001).

[0097] Table 2, adapted from Scanlan et al., "The cancer/testis genes: Review, standardization, and commentary," *Cancer Immunity* 4:1 (January 23, 2004), provides a listing of CT Antigens. Table 3 provides the frequency of mRNA expression in various tumor types for the CT antigens in Table 2. Scanlan et al., "The cancer/testis genes: Review, standardization, and commentary," *Cancer Immunity* 4:1 (January 23, 2004).

Table 2
Listing of CT genes

CT Identifier	Transcript/Transcript family	Family Members/CT Identifier (Synonyms)
CT1	MAGEA	MAGEA1/CT1.1, MAGEA2/CT1.2, MAGEA3/CT1.3, MAGEA4/CT1.4, MAGEA5/CT1.5, MAGEA6/CT1.6, MAGEA7/CT1.7, MAGEA8/CT1.8, MAGEA9/CT.9, MAGEA10/CT1.10, MAGEA11/CT1.11, MAGEA12/CT1.12
CT2	BAGE	BAGE/CT2.1, BAGE2/CT2.2, BAGE3/CT2.3, BAGE4/CT2.4, BAGE5/CT2.5
CT3	MAGEB	MAGEB1/CT3.1, MAGEB2/CT3.2, MAGEB5/CT3.3, MAGEB6/CT3.4
CT4	GAGE1	GAGE1/CT4.1, GAGE2/CT4.2, GAGE3/CT4.3, GAGE4/CT4.4, GAGE5/CT4.5, GAGE6/CT4.6, GAGE7/CT4.7, GAGE8/CT4.8
CT5	SSX	SSX1/CT5.1, SSX2/CT5.2a, SSX2/CT5.2b, SSX3/CT5.3, SSX4/CT5.4
CT6	NY-ESO-1	NY-ESO-1/CT6.1, LAGE-1a/CT6.2a, LAGE-1b/CT6.2b
CT7	MAGEC1	MAGEC1/CT7.1, MAGEC3/CT7.2
CT8	SYCP1	SYCP1/CT8

CT9	BRDT	BRDT/CT9
CT10	MAGEE1	MAGEE1/CT10
CT11	CTp11/SPANX	SPANXA1/CT11.1, SPANXB1/CT11.2, SPANXC/CT11.3, SPANXD/CT11.4
CT12	XAGE-1/GAGED	XAGE-1a/CT12.1a, XAGE-1b/CT12.1b, XAGE- 1c/CT12.1c, XAGE-1d/CT12.1d, XAGE-2/CT12.2, XAGE-3a/CT12.3a, XAGE-3b/CT12.3b, XAGE- 4/CT12.4
CT13	HAGE	HAGE/CT13
CT14	SAGE	SAGE/CT14
CT15	ADAM2	ADAM2/CT15
CT16	PAGE-5	PAGE-5/CT16.1, CT16.2
CT17	LIP1	LIP1/CT17
CT18	NA88	NA88/CT12
CT19	IL13RA1	IL13RA1/CT19
CT20	TSP50	TSP50/CT20
CT21	CTAGE-1	CTAGE-1/CT21.1, CTAGE-2/CT21.2
CT22	SPA17	SPA17/CT22
CT23	OY-TES-1	OY-TES-1/CT23
CT24	CSAGE	CSAGE/CT24.1, TRAG3/CT24.2
CT25	MMA1/DSCR8	MMA-1a/CT25.1a, MMA-1b/CT25.1b

CT26	CAGE	CAGE/CT26
CT27	BORIS	BORIS/CT27
CT28	HOM-TES-85	HOM-TES-85/CT28
CT29	AF15q14/ D40	D40/CT29
CT30	E2F-like/HCA661	HCA661/CT30
CT31	PLU-1	PLU-1/CT31
CT32	LDHC	LDHC/CT32
CT33	MORC	MORC/CT33
CT34	SGY-1	SGY-1/CT34
CT35	SPO11	SPO11/CT35
CT36	TPX1	TPX-1/CT36
CT37	NY-SAR-35	NY-SAR-35/CT37
CT38	FTHL17	FTHL17/CT38
CT39	NXF2	NXF2/CT39
CT40	TAF7L	TAF7L/CT40
CT41	TDRD1	TDRD1/CT41.1, NY-CO-45/CT41.2
CT42	TEX15	TEX15/CT42
CT43	FATE	FATE/CT43
CT44	TPTE	TPTE/CT44

---	PRAME	(MAPE, DAGE)
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Table 3.

CT Family (Member)	Frequency (%) of Expression in Tumor Type																Ref
	Blad	Bm	Brst	Col	Eso	Gas	H/N	Liver	Leuk/ Lymph	Lung (NSCLC)	Mel	Ov	Pancr	Pros	Renal	Sarc	
MAGEA1/CT1.1	22	-	18	2	53	29	28	80	0	49	48	28	-	15	0	14	44
BAGE1/CT2.1	15	-	10	0	-	-	8	-	0	4	26	15	-	0	0	6	44
MAGEB1/CT3.1	0	0	17	0	-	0	0	-	0	14	22	-	-	0	0	9	45
GAGE1/CT4.1	12	-	9	0	-	-	19	38 ^t	1	19	28	31	-	10	0	25	44
SSX2/CT5.2	44	6	7	12	-	-	35	9 ^a	36	16	35	-	-	40	5	50	46
NY-ESO-1/CT6.1	80	0	30	0	-	0	-	29	0	17	34	25	0	25	9	0	8
MAGEC1/CT7.1	44	-	30	10	-	-	36	-	-	33	70	-	-	-	-	60	20
SYCP1/CT8	-	47	20	0	-	7	-	28 ^b	0	7	14	0	-	0	8	0	9
BRD7/CT9	0	-	0	0	8	-	8	-	-	25	0	-	-	-	0	-	16
MAGEE1/CT10	44	-	38	0	-	-	36	-	-	24	50	-	-	-	-	0	12
SPANXC/CT11.3	9	-	25	22	0	-	-	-	-	33	70	-	0	-	-	-	14

XAGE-1a/CT12.1a	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HAGE/CT13	24	37	5	31	27	-	-	20	9	32	17	-	-	22	6	20	13	-	-
SAGE/CT14	12	0	5	0	20	-	17	-	4	22	4	-	-	0	5	5	13	-	-
ADAM2/CT15	-	-	0	0	-	-	-	-	-	0	0	0	-	-	12	-	17	-	-
PAGE-5/CT16	-	-	5	11	-	-	-	-	-	39	22	0	-	-	44	-	17	-	-
LIP1/CT17	-	-	5	0	-	-	-	-	-	0	0	0	-	-	25	-	17	-	-
NAB8/CT18	-	-	-	-	-	-	-	-	-	-	11	-	-	-	-	-	48	-	-
TSP50/CT20	-	-	28	-	-	-	-	-	-	-	-	-	-	-	-	-	49	-	-
CTAGE-1/CT21.1	-	-	-	-	-	-	-	-	35	-	-	-	-	-	-	-	50	-	-
SPA17/CT22	-	-	-	-	-	-	-	-	26	-	-	-	-	-	-	-	51	-	-
OYTES1/CT23	28	-	40	15	-	0	-	40	-	20	-	-	-	-	0	-	52	-	-
MMA1a/CT25.1a	-	-	0	0	0	-	-	-	-	40	26	-	0	-	-	18	15	-	-
CAGE/CT26	-	-	-	-	-	89	-	-	-	100	-	-	-	-	-	-	53	-	-
HONTES85/CT28	-	35	0	10	-	-	-	19	-	28	36	32	-	0	-	-	54	-	-

D40/CT29	-	20	-	13	-	0	-	-	-	41	-	36	27	-	-	-	55
HCA661/CT30	0	-	-	-	-	0	0	29	-	-	-	20	-	-	-	-	56
PLU-1/CT31	-	-	86	-	-	-	-	-	-	-	-	-	-	-	-	-	27
LDHC/CT32	-	-	35	15	-	-	-	-	-	47	-	44	42	-	37	57	16
NORC/CT33	-	-	0	0	-	-	-	-	-	18	-	18	14	-	0	0	18
SGY-1/CT34	-	-	20	0	-	-	-	-	-	12	-	25	57	-	12	0	18
SPO11/CT35	-	-	0	0	-	-	-	-	-	0	-	6	0	-	0	0	18
1PX1/CT36	-	-	15	0	-	-	-	-	-	-	-	6	14	-	37	14	18
NYSAR35/CT37	42	-	23	0	8	-	-	-	-	17	-	6	8	-	-	0	57
FTHL17/CT38	22	-	14	0	0	-	-	10	-	25	0	0	-	-	0	0	53
NXF2/CT39	19	-	0	11	12	-	5	-	-	15	55	-	-	-	14	0	58
TA7L/CT40	10	-	0	0	0	-	10	-	-	9	21	-	-	-	0	0	58
TDRD1/CT41.1	28	-	37	0	10	-	22	-	-	5	5	0	-	-	38	0	58
TEX15/CT42	21	-	0	0	20	-	11	-	-	21	27	-	-	-	12	33	58

FATE/CT43	-	-	-	21	-	7	-	66	-	0	-	-	-	-	-	-	19
TPTE/CT44	-	-	-	0	-	0	-	39	-	36	-	-	-	-	-	-	13

^aAbbreviations: Blad, bladder; Bm, brain; Brst, breast; Col, colon; Gas, gastric; H/N, head and neck; Leuk, leukemia; Lymph, lymphoma; NSCLC, non-small cell lung carcinoma; Mel, melanoma; Ov, ovarian; Pancr, pancreatic; Pros, prostate; Sarc, sarcoma; Ref, reference. ^bReference 59.

[0098] Additional antigens associated with tumor neovasculature are VEGFR2 (vascular endothelial growth factor receptor 2) described in U.S. Patent No. 6,342,221; and Tie-2, an endothelium specific receptor tyrosine kinase which is described in WO9943801.

[0099] One of skill in the art will appreciate that any other antigen or protein associated with vascular cells can be a target for the immunogenic compositions, including those that are presently known and those yet to be identified.

Compositions

[0100] Immunogenic compositions, including, for example, vaccines, can be prepared using whole antigen or an epitopic peptide. Peptide immunogens can be readily prepared using standard peptide synthesis means known in the art, for example. Immunogens can be prepared commercially by one of numerous companies that do chemical synthesis. An example such a company is American Peptides, Inc., where the distributor is CLINALFA AG (Laufelfingen, Switzerland). The antigens or immunogens can be prepared in accordance with GMP standards and purity can be assessed by analytical HPLC. The product can be characterized by amino-acid analysis and tested for sterility and the absence of pyrogens.

[0101] An antigen may be delivered to an animal's system either directly or indirectly. For example, a polypeptide may be delivered directly as the polypeptide, or it may be delivered indirectly, for example, using a DNA construct or vector, or a recombinant virus that codes for the desired antigen. Any vector driving expression in a professional antigen presenting cell can be suitable for this purpose. In indirect delivery, the antigen is expressed in the cell, then presented by the MHC Class I on the surface of the cell to stimulate a CTL response. Expression of a secreted form of the antigen can be useful to induce an antibody response recognizing antigens that are membrane proteins.

[0102] In a preferred embodiment, an encoded antigen can be delivered in the form of a naked plasmid expression vector. Particularly useful constructs are disclosed in U.S. Patent Application No. 09/561,572, entitled "EXPRESSION VECTORS ENCODING EPITOPES OF TARGET-ASSOCIATED ANTIGENS," U.S. Patent Application No. 10/292,413 (Pub. No. 20030228634 A1), entitled "EXPRESSION VECTORS ENCODING EPITOPES OF TARGET-ASSOCIATED ANTIGENS AND METHODS FOR THEIR DESIGN," U.S. Patent Application No. 10/225,568 (Pub No. 2003-0138808); PCT Application No. PCT/US2003/026231 (Pub. No. WO 2004/018666); U.S. Patent No. 6,709,844, entitled AVOIDANCE OF UNDESIRABLE REPLICATION INTERMEDIATES IN PLASMID PROPAGATION, and in U.S. Patent Application No. 10/026,066 (Pub. No. 20030215425 A1), entitled EPITOPE SYNCHRONIZATION IN ANTIGEN PRESENTING

CELLS. Additional methodology, compositions, peptides, and peptide analogues are disclosed in U.S. Provisional Application No. __/__, (Attorney Docket MANNK.038PR), filed on the same date as the instant application, entitled "SSX-2 PEPTIDE ANALOGS;". Further methodology, compositions, peptides, and peptide analogues are disclosed in U.S. Provisional Application No. __/__, (Attorney Docket MANNK.039PR), filed on the same date as the instant application, entitled "NY-ESO PEPTIDE ANALOGS;". The feasibility of and general procedures related to the use of naked DNA for immunization are described in U.S. Patent No. 5,589,466, entitled "INDUCTION OF A PROTECTIVE IMMUNE RESPONSE IN A MAMMAL BY INJECTING A DNA SEQUENCE" and in U.S. Patent No. 5,679,647, entitled "METHODS AND DEVICES FOR IMMUNIZING A HOST AGAINST TUMOR-ASSOCIATED ANTIGENS THROUGH ADMINISTRATIONS OF NAKED POLYNUCLEOTIDES WHICH ENCODE TUMOR-ASSOCIATED ANTIGENIC PEPTIDES;". The former teaches only intramuscular or intradermal injection while the latter teaches only administration to skin or mucosa.

[0103] In a preferred embodiment, the antigen can be administered directly to the lymphatic system. Intranodal administration for the generation of CTL is taught in U.S. Patent Application Nos. 09/380,534 and 09/776,232 (Pub. No.20020007173 A1), and in PCT Application No. PCTUS98/14289 (Pub. No. WO9902183A2) each entitled "A METHOD OF INDUCING A CTL RESPONSE;". Single bolus injection intra lymph node (i.ln.) required only 0.1% of the dose required in order to obtain a similar level of CTL response by intramuscular (i.m.) injection. Therefore a protective response can be established against systemic viral infection with a single bolus delivered i.ln., but not with a dose nearing the practical limit delivered i.m. Repeated bolus injections i.m. failed to establish a protective response against a peripheral virus infection or transplanted tumor, whereas lower doses administered i.ln. were completely effective. Particularly useful intranodal immunization protocols are taught in Provisional U.S. Patent Application No. 60/479,393, entitled "METHODS TO CONTROL MAGNITUDE AND QUALITY THE MHC CLASS I-RESTRICTED IMMUNE RESPONSE;". and in U.S. Patent Application No. __/____ entitled "METHODS TO ELICIT, ENHANCE AND SUSTAIN IMMUNE RESPONSES AGAINST MHC CLASS I-RESTRICTED EPITOPES, FOR PROPHYLACTIC OR THERAPEUTIC PURPOSE" (Attorney Docket No. MANNK.034A) (Pub. No. _____), filed on date even with the instant Application.

[0104] A class of epitopes that can be advantageous in anti-cancer immunogenic compositions are housekeeping epitopes. These are produced through the action of the

housekeeping (or standard) proteasome. Housekeeping epitopes can be liberated from the translation product of expression vectors through proteolytic processing by the immunoproteasome of professional antigen presenting cells (pAPC). In one embodiment of the invention, sequences flanking the housekeeping epitope(s) can be altered to promote cleavage by the immunoproteasome at the desired location(s). Housekeeping epitopes, their uses, and identification are described in U.S. Patent Application Nos. 09/560,465 filed on April 28, 2000, and U.S. Patent Application No. 10/026,066 (Pub. No. 20030215425 A1), filed on December 7, 2001, entitled "EPI TOPE SYNCHRONIZATION IN ANTIGEN PRESENTING CELLS," and U.S. Patent Application No. 09/561,074, filed on April 28, 2000, entitled "METHOD OF EPI TOPE DISCOVERY,".

[0105] Examples of housekeeping epitopes are disclosed in Provisional U.S. Patent Applications Nos. 60/282,211, filed on April 6, 2001; 60/337,017, filed on November 7, 2001; 60/363210 filed March 7, 2002; and 60/409,123, filed on September 5, 2002; U.S. Patent Application No. 10/117,937 (Publication No. 20030220239A1), filed on April 4, 2002; and U.S. Patent Application No. 10/657,022, and PCT Application No. PCT/US2003/027706 (Pub. No. WO04022709A2) both entitled EPI TOPE SEQUENCES.

[0106] In other embodiments of the invention, the housekeeping epitope(s) can be flanked by arbitrary sequences or by sequences incorporating residues known to be favored in immunoproteasome cleavage sites. As used herein the term "arbitrary sequences" refers to sequences chosen without reference to the native sequence context of the epitope, their ability to promote processing, or immunological function. In further embodiments of the invention multiple epitopes can be arrayed head-to-tail. These arrays can be made up entirely of housekeeping epitopes. Likewise, the arrays can include alternating housekeeping and immune epitopes. Alternatively, the arrays can include housekeeping epitopes flanked by immune epitopes, whether complete or distally truncated. Further, the arrays can be of any other similar arrangement. There is no restriction on placing a housekeeping epitope at the terminal positions of the array. The vectors can additionally contain authentic protein coding sequences or segments thereof containing epitope clusters as a source of immune epitopes. The term "authentic" refers to natural protein sequences.

[0107] Epitope clusters and their uses are described in U.S. Patent Application Nos. 09/561,571, entitled "EPI TOPE CLUSTERS," filed on April 28, 2000; 10/005,905, entitled "EPI TOPE SYNCHRONIZATION IN ANTIGEN PRESENTING CELLS," filed on November 7, 2001; and 10/026,066, filed on December 7, 2001, also entitled "EPI TOPE SYNCHRONIZATION IN ANTIGEN PRESENTING CELLS,".

[0108] In another embodiment of the invention an encoded antigen can be delivered in the form of a viral vector. A wide array of viruses with modified genomes adapted to express interposed reading frames but often no, or at least a reduced number of, viral proteins are known in the art, including without limitation, retroviruses including lentiviruses, adenoviruses, parvoviruses including adeno-associated virus, herpesviruses, and poxviruses including vaccinia virus. Such viral vectors facilitate delivery of the nucleic acid component into the cell allowing for expression. A subset of these vectors, such as retroviruses and parvoviruses, promote integration of their nucleic acid component into the host genome, whereas others do not.

[0109] Bacteria can also serve as vectors, that is they can be used to deliver a nucleic acid molecule capable of causing expression of an antigen. For example, a strain of *Listeria monocytogenes* has been devised that effects its own lysis upon entering the cytosol of macrophages (its normal target), thereby releasing plasmid from which antigen is subsequently expressed (Dietrich, G. et al., *Biotechnology* 16:181-185, 1998). *Shigella flexneri* and *Escherichia coli* have been similarly used (Sizemore, D.R. et al., *Science* 270:299-302, 1995, and Courvalin, P. et al., *Life Sci.* 318:1207-1212, 1995, respectively.).

[0110] The use of microbial vectors for nucleic acid delivery can be complicated by the immune reactions the vectors themselves provoke. When prolonged or repeated administration is required, antibody elicited by the earlier treatment can prevent useful quantities of the vector from ever reaching its intended host. However, by direct administration into a lymph node, for example, the combination of proximity to host cells and the much reduced effective dose makes it possible to administer a dose capable of evading or overwhelming an existing antibody titer.

[0111] The word vector has been used, here and elsewhere, in reference to several modalities and variously modified (e.g., expression vector, viral vector, delivery vector, etc.). The underlying principle is that a nucleic acid capable of causing expression of an antigen, rather than the antigen itself, ultimately arrives in an APC. Unless modified, explicitly or by local context, the term vector as used herein is intended to encompass all such possibilities.

[0112] The techniques discussed above are distinct from the approach of modifying the microbial genome, including extra-chromosomal DNA, such that the antigen is produced as a component of the microbe, which is then itself administered as the immunogen. Examples of microbes used in the genomic modification approach include viruses, bacteria, fungi, and protazoa. In embodiments of the invention described herein, the compositions, including the vaccines, can include the already synthesized antigen or a nucleic acid capable of

causing an APC to express the antigen *in vivo*. In alternative embodiments, combinations of these two techniques are used. For example, one embodiment contemplates the use of a virus vector as discussed above that also incorporates a target epitope into a capsid or envelope protein.

[0113] Antigens may be used alone or may be delivered in combination with other antigens or with other compounds such as cytokines. Cytokines that are known to enhance immune stimulation of CTL responses, include, for example, GM-CSF, IL-12, IL-2, TNF, IFN, IL-18, IL-3, IL-4, IL-8, IL-9, IL-13, IL-10, IL-14, IL-15, G-CSF, IFN alpha, IFN beta, IFN gamma, TGF alpha, TGF beta, and the like. Cytokines are known in the art and are readily available in the literature or commercially. Many animal and human tumors have been shown to produce cytokines, such as IL-4, IL-10, TGF-B, that are potent modulators of the immune response and that protect tumors from immune-mediated destruction. The production of IL-4, IL-10 or TGF-B by tumors may achieve this protective effect by suppressing the induction of cellular immunity, including the elaboration of CTL responses. Alternatively, cytokines that support CTL responses can be exogenously added to help in the balance between induction of anti-tumor cell mediated and non-tumor-destructive humoral responses. Several such exogenous cytokines show utility in experimental mouse vaccination models which are known to enhance CTL responses, including GM-CSF, IFN and IL-2. An example of an effective exogenous cytokine that may be used is GM-CSF. GM-CSF is reported to enhance the expression of the so called "co-stimulatory" molecules, such as B7-1 or B7-2 on antigen presenting cells (APC). These co-stimulatory molecules are important players in the variety of interactions that occur during stimulation of CTL by APC. Moreover, GM-CSF is known to induce activation of APCs and to facilitate growth and differentiation of APCs, thereby making these APCs important CTL stimulating cells available both in greater numbers and potency.

Delivery of the Antigen

[0114] While not wanting to be bound by any particular theory, it is thought that T cells do not have a functional memory that is long-lived. Antibody-mediated B-cell memory, on the other hand, appears to have a long-lived effector memory. Thus, delivering an antigen that induces a CTL response is most preferably done over time to keep the patient's immune system appropriately stimulated to attack the target cells. In one approach the presence of antigen is maintained virtually continuously within the lymphatic system to maintain effector CTL function as disclosed in U.S. Patent Application No. 09/776,232 (Pub. No.20020007173 A1), entitled "A METHOD OF INDUCING A CTL RESPONSE," which is hereby expressly

incorporated by reference. In another approach T cell memory is repeatedly induced, and re-amplified and reactivated as described in Provisional U.S. Patent Application No. 60/479,393, entitled "METHODS TO CONTROL MAGNITUDE AND QUALITY THE MHC CLASS I-RESTRICTED IMMUNE RESPONSE," and in U.S. Patent Application No. ____/____ entitled "METHODS TO ELICIT, ENHANCE AND SUSTAIN IMMUNE RESPONSES AGAINST MHC CLASS I-RESTRICTED EPITOPES, FOR PROPHYLACTIC OR THERAPEUTIC PURPOSE" (Attorney Docket No. MANNK.034A) (Pub. No. _____), filed on date even with the instant Application. While it has been suggested that antigens and adjuvants can be prepared as biodegradable microspheres or liposomes, none of these preparations have thus far provided a CTL response that is useful for attacking cancer cells or pathogens on a long term basis. Preferably, delivery of the antigen is sustained over the desired period of time at a level sufficient to maintain the antigen level to obtain the desired response. In one embodiment, a reservoir having fluid antigen composition can be used to deliver the antigen such that it reaches the animal's lymphatic system. While much of the following discussion focuses on the use of infusion to deliver the antigen it is also possible to use bolus injections directly into the lymphatic system, the number and frequency of which will depend on the persistence of antigen conferred by the particular form and formulation of antigen used.

[0115] Ultimately antigen finds its way into the lymphatic system in order to most efficiently stimulate CTL. Delivery of antigen can involve infusion into various compartments of the body, including but not limited to subcutaneous, intravenous, intraperitoneal and intralymphatic, the latter being preferred. While each of these points of infusion results in antigen uptake into the lymphatic system, the relative amounts of antigen needed to induce a beneficial CTL response varies according to the site of infusion. In general, direct infusion of antigen into the lymph system is deemed to be the most efficient means of inducing a CTL response, however, any delivery route may be used. Pump systems are capable of delivering material quantities of antigen in a range that is suitable for inducing a CTL response through delivery to all compartments of the body. CTL stimulation following delivery of antigen via the various routes will vary depending on the properties of different antigens, including factors that influence antigen behavior in the body and its rate of equilibration to (or longevity in) the lymph, such as antigen stability in the body fluid, solubility of antigen in body fluid, binding affinity for HLA and potency as a stimulator of CTL.

[0116] In a preferred embodiment, introduction of the antigen is done as directly as possible to the lymphatic system to avoid the destruction of the antigen by metabolism in the

body. When introduction of a fluid antigen composition occurs subcutaneously, larger quantities of antigen are needed to assure enough antigen reaches the lymphatic system. Such subcutaneous injection is contemplated by the invention disclosed herein, depending on factors such as cost, stability of the antigen, how quickly the antigen gets to the lymph system, how well it equilibrates with the lymph, and other factors that the attending doctor or specialist will recognize. Subcutaneous delivery generally can require 100 to 1000 times more antigen than direct delivery to the lymph system. It is preferable, therefore, that the antigen composition is introduced through a device for local administration to the lymphatic system, *e.g.*, the spleen, a lymph node, or a lymph vessel. The device for local administration can be positioned outside the patient or implanted into the patient. In either case, the device can have a reservoir to hold the fluid antigen-containing composition, a pump to transfer the composition, and a transmission channel leading from the reservoir to be directed to the preferred region of administration in the patient's body. In either case it is preferably portable.

[0117] For the device positioned outside the patient's body (the external device), there are numerous devices used for delivering insulin to diabetic patients that are useful in delivering antigen according to the embodiments described herein. Generally these devices can be comprised of a reservoir for holding the antigen composition (instead of insulin), a programmable pump to pump the composition out of the reservoir, a transmission channel or line for transmitting the composition, and a means to introduce the composition into the animal's body to ultimately reach the lymphatic system.

[0118] Preferably, the reservoir for the antigen composition should be large enough for delivery of the desired amount of antigen over time and easily refillable or replaceable without requiring the user to reinsert the means for introducing the antigen composition to the lymph system.

[0119] In preparing the antigen compositions of embodiments of the invention disclosed herein, a composition (preferably aqueous) can be prepared to be compatible with the lymph system and physiologically acceptable to the animal being treated. Relevant considerations include, for example, the physicochemical properties of the antigen, such as the isoelectric point, molecular weight, glycosylation or other post-translational modification, and overall amino acid composition. These properties along with any known behavior of the drug in different solutions (*e.g.*, different buffers, cofactors, etc.) as well as its *in vivo* behavior can help guide the choice of formulation components. One parameter that impacts all the major degradation pathways is the solution pH. Thus, the initial formulations also assess the pH dependence of the degradation reactions and the mechanism for degradation, which can often

be determined from the pH dependence to determine the stability of the protein in each solution. Rapid screening methods usually involve the use of accelerated stability at elevated temperatures (e.g., 40° C) using techniques known in the art.

[0120] In general the antigen compositions useful in embodiments described herein can be suitable for parenteral injection, in very small quantities. As such a composition should be free of contamination and have a pH compatible with the lymphatic system. However, because very small quantities of the antigenic composition will be delivered it need not be the same pH as blood or lymph, and it need not be aqueous-based. The preferable pH range that is compatible is from about 6.7 - 7.3 and can be prepared using water for injection to meet USP specifications (see Remington: The Science and Practice of Pharmacy, Nineteenth Edition; Chapters 86-88). For antigens that are less soluble, a suitable cosolvent or surfactant may be used, such as dimethyl sulfoxide (DMSO) or PLURONIC brand surfactants. Generally, a standard saline solution that is buffered with a physiologically acceptable weak acid and its base conjugate, e.g., a phosphate or citrate buffering system, will be the basis of the antigen composition. In some cases, a small amount of an antioxidant may be useful to stabilize the composition and prevent oxidation. Factors to consider in preparing the antigen compositions may be found in the 1994 American Chemical Society book entitled "Formulation and Delivery of Proteins and Peptides" (Acs Symposium Series, No. 567) by Jeffery L. Cleland and Robert Langer (Editor).

[0121] For nucleic acid encoded antigens similar considerations can apply, although the variety of physico-chemical properties encountered with polypeptides is absent, so that acceptable formulations will have nearly universal applicability. As seen in Examples 6-10, plasmid DNA in standard phosphate buffered saline (PBS) is an acceptable and effective formulation. In some embodiments of the invention, DNA is administered continuously or intermittently at short intervals, from a reservoir worn on, or implanted in, the patient's body. It is preferable that the DNA be maintained in a soluble, stable form at or near body temperature over a period of time measured minimally in days. In such applications where the formulated nucleic acid will be delivered from a reservoir over a period of several days or longer, the stability of the nucleic acid at room or body temperature for that period of time, as well as its continued sterility, take on increased importance. The addition of bacteriostatic agents (e.g., benzyl or ethyl alcohol) and chelating agents (e.g. EDTA) is useful toward these ends. Formulations containing about 0.5-2 % ethyl alcohol, 0.25-0.5mM EDTA generally perform well. Such formulations are also appropriate for bolus injections.

[0122] Generally the amount of the antigen in the antigen composition will vary from patient to patient and from antigen to antigen, depending on such factors as the activity of the antigen in inducing a response and the flow rate of the lymph through the patient's system. In general the antigen composition may be delivered at a rate of from about 1 to about 500 microliters/hour or about 24 to about 12000 microliters/day. The concentration of the antigen is such that about 0.1 micrograms to about 10,000 micrograms of the antigen will be delivered during 24 hours. The flow rate is based on the knowledge that each minute approximately about 100 to about 1000 microliters of lymph fluid flows through an adult inguinal lymph node. The objective is to maximize local concentration of vaccine formulation in the lymph system. A certain amount of empirical investigation on patients will be necessary to determine the most efficacious level of infusion for a given vaccine preparation in humans.

[0123] To introduce the antigen composition into the lymphatic system of the patient the composition is preferably directed to a lymph vessel, lymph node, the spleen, or other appropriate portion of the lymph system. Preferably, the composition is directed to a lymph node such as an inguinal or axillary node by inserting a catheter or needle to the node and maintaining the catheter or needle throughout the delivery. Suitable needles or catheters are available made of metal or plastic (e.g., polyurethane, polyvinyl chloride [PVC], TEFLON, polyethylene, and the like). In inserting the catheter or needle into the inguinal node for example, the inguinal node is punctured under ultrasonographic control using a Vialon™ Insyte-W™ cannula and catheter of 24G3/4 (Becton Dickinson, USA) which is fixed using Tegaderm™ transparent dressing (Tegaderm™ 1624, 3M, St. Paul, MN 55144, USA). This procedure is generally done by an experienced radiologist. The location of the catheter tip inside the inguinal lymph node is confirmed by injection of a minimal volume of saline, which immediately and visibly increases the size of the lymph node. The latter procedure allows confirmation that the tip is inside the node. This procedure can be performed to ensure that the tip does not slip out of the lymph node and can be repeated on various days after implantation of the catheter. In the event that the tip does slip out of location inside the lymph node, a new catheter can be implanted.

Formulation and Treatment protocol

[0124] There are several approaches to utilizing the combination of TuAAs with DNA vaccines. A first approach is to include all the antigens or epitopes from all the antigens in a given combination into a single DNA expression vector. This approach has the advantages of simplicity for manufacturing and administration to patients. However, in some instances, epitope competition can limit the usefulness of this approach. That is, it is possible that only

the most immunogenic epitope will elicit an immune response when a vaccine with several epitopes representing all TuAAs in the combination is given to patients. It is also more difficult to design and construct a DNA vaccine in which all epitopes are expressed at high efficiencies. Nevertheless, because the procedure for treating patients is simple and uniform within each type of cancer, the cost is likely to be lower than for the other approaches described below.

[0125] An alternate approach is to include only one antigen or epitopes of one antigen in a DNA expression vector. This approach has the advantages of simplicity in designing and constructing the DNA vector, flexibility, and customized administration to patients. If a large number of individual TuAA vaccines are available, then one can customize treatment for each individual patient based on the TuAA expression profile of his or her tumor. For example, if the standard combination for treating a given type of cancer is TuAA A, B, and C (where A, B, and C designate different tumor associated antigens), but a patient's tumor expresses TuAA A, C, and Z (but not B), then the patient can be treated with separate vaccines for each of A, C, and Z. It is expected that this flexibility and customizability will improve the success rate of immunotherapy because antigen redundancy can be achieved for each patient. However, the procedure of treating the patient may be more complex. For example, delivery using this approach may include a sequential administration scheme (one antigen at a time), or injection into multiple, anatomically separate sites of the patient at about the same time.

[0126] Still another approach is to combine epitopes from multiple TuAAs that have similar immunogenicity into a DNA expression vector (more than one vector may be used for some combinations). This approach can have some of the advantages of the above two approaches but also can suffer from the disadvantages of the previous two.

[0127] A profile of the antigen expression of a particular tumor can be used to determine which antigen or combination of antigens to use. Exemplary methodology is found in U.S. Provisional Application No. __/__, (Attorney Docket: MANNK.035PR2), filed on even date herewith, entitled "COMBINATIONS OF TUMOR-ASSOCIATED ANTIGENS IN DIAGNOSTICS FOR VARIOUS TYPES OF CANCERS;".

[0128] Patients that can benefit from such methods of immunization can be recruited using methods to define their MHC protein expression profile and general level of immune responsiveness. In addition, their level of immunity can be monitored using standard techniques in conjunction with access to peripheral blood. Finally, treatment protocols can be adjusted based on the responsiveness to induction or amplification phases and variation in antigen expression. For example, repeated entrainment doses preferably can be administered

until a detectable response is obtained, and then administering the amplifying peptide dose(s), rather than amplifying after some set number of entrainment doses. Similarly, scheduled amplifying or maintenance doses of peptide can be discontinued if their effectiveness wanes, antigen-specific regulatory T cell numbers rise, or some other evidence of tolerization is observed, and further entrainment can be administered before resuming amplification with the peptide. The integration of diagnostic techniques to assess and monitor immune responsiveness with methods of immunization is discussed more fully in Provisional U.S. Patent Application No. (Atty. Docket No. MANNK.040PR), entitled IMPROVED EFFICACY OF ACTIVE IMMUNOTHERAPY BY INTEGRATING DIAGNOSTIC WITH THERAPEUTIC METHODS, which was filed on date even with the present application.

[0129] Many variations and alternative elements of the invention have been disclosed. Still further variations and alternate elements will be apparent to one of skill in the art. Various embodiments of the invention can specifically include or exclude any of these variation or elements.

[0130] The following examples are for illustrative purposes only and are not intended to limit the scope of the embodiments in any way.

Examples

TuAA analysis and selection of combinations

[0131] The presence of TuAAs was measured by Real-Time PCR (RT-PCR). Briefly, total RNA was isolated from tumor specimens by standard methods and cDNA was made with standard reverse transcription procedures. Complementary DNA (cDNA) was amplified with specially designed, gene specific, primers that anneal only to cDNA but not genomic DNA. TuAA expression patterns of 12 ovarian and 7 colorectal tumor specimens were analyzed by RT-PCR. The results are summarized in the Table 4 below.

Table 4

	Total #	PRAME	NY-ESO-1	SSX-2	PSMA	MAGE1	MAGE3
Ovarian	12	12	5	6	6	4	3
Colorectal	7	5	1	2	5	0	1

Example 1Ovarian Cancer

[0132] In the case of ovarian cancer, all samples analyzed were positive for PRAME. Thus the inclusion of PRAME in the combination improves coverage of the cases with ovarian cancer.

[0133] In order to achieve antigen redundancy and improve coverage in a large population, combinations of other antigens were considered in addition to PRAME. SSX-2 as well as PSMA were present in 6 of the 12 cases individually, but the combination of SSX-2 and PSMA provided coverage in 9 of 12 cases. Although NY-ESO-1 and SSX-2 were only present in 5 and 6 of the 12 cases, respectively, either NYESO-1 or SSX-2 was detected in 7 of the 12 cases.

[0134] Thus, the combination of PRAME, SSX-2, and PSMA or PRAME, NY-ESO-1, and SSX-2 provided preferable coverage and redundancy compared to the combination of PRAME and PSMA or the combination of PRAME and SSX-2. The combination of PRAME, SSX-2, and PSMA provided excellent coverage of cases and good antigen redundancy because the majority of ovarian tumor samples analyzed had at least two of the four TuAA in the combination present. The combination of PRAME, SSX-2, PSMA, and NY-ESO-1 provided more preferred antigen redundancy, and thus, lower possibility of tumor escape.

Example 2Colorectal cancer

[0135] In the case of colorectal cancer, PRAME and PSMA were each detected in 5 of the 7 samples analyzed. In 6 of the 7 cases, either PRAME or PSMA was detected. Although SSX-2 was only detected in 2 of 7 cases, both SSX-2-PRAME and SSX2-PSMA combinations increased coverage to 6 of 7. Similarly, although NYESO-1 was detected in only 1 of 7 cases, the combination of NY-ESO-1-PRAME as well as the NYESO-1-PSMA combination increased coverage to 6 of 7. The addition of SSX-2 or NYESO-1 to the PRAME and PSMA combination improved coverage to 7 of 7. Thus, the combination of PRAME, PSMA, and NYESO-1, or the combination of PRAME, PSMA, and SSX-2 provided good coverage of cases and redundancy of antigens for a majority of patients. The combination of PRAME, PSMA, NY-ESO-1, and SSX-2 provided further redundancy.

Example 3Pancreatic Cancer

[0136] In pancreatic cancer specimens, the presence of NYESO-1 and SSX-2 was detected in 40% and 20% of the specimens, respectively. PSMA and over-expression of HER2/neu were reported to be present in 100% and 21% of pancreatic tumors, respectively (Chang SS et al, Cancer Res 1999, 59:3192; Safran H et al, Am J Clin Oncol. 2001, 24:496). Although over-expression of HER2/neu may render the cancer tissue a preferred target, thus providing some specificity for immunotherapy, low level expression of HER2/neu in normal tissues remains a concern. Thus, the combination of NYESO-1, SSX-2, and PSMA provides excellent coverage and some redundancy for treating pancreatic cancer.

Example 4Non-small cell lung cancer

[0137] For non-small cell lung cancer, the reported presence of NYESO-1, SSX-2, MAGE-3, BAGE, over-expression of Her2/neu, and PSMA was 21, 15, 60, 6, 16, and 100%, respectively (Scanlan MJ et al, Cancer Lett 2000, 150:155; Chang SS et al, Cancer Res 1999, 59:3192; Selvaggi G et al, Cancer 2002, 94:2669). Thus, the combination of NYESO-1, SSX-2, MAGE-3, and PSMA provides coverage and antigen redundancy for the immunotherapy of non-small cell lung cancer.

Example 5Renal cell carcinoma

[0138] For renal cell carcinoma, SSX-2, PSMA and PRAME were detected with frequencies of 5, 100 and 40%, respectively (Sahin, U et al, Clin Cancer Res. 2000, 6:3916; Chang SS et al, Urology 2001, 57:801; Neumann E et al, Cancer Res. 1998, 58:4090). Thus, the combination of PSMA and PRAME provides excellent coverage and redundancy for renal cell carcinoma. Adding SSX-2 to the combination of PSMA and PRAME improves redundancy.

Example 6Melanoma

[0139] For melanoma, Melan A, Tyrosinase, NYESO-1, and SSX-2 were reported to be present in 92, 92, 41, and 35% of tumor specimens, respectively (Fetsch PA, et al, Cancer 1999, 87:37; Fetsch PA, et al, Cancer 2000, 90:252; Schultz-Thater E et al, Br J Cancer 2000, 83:204; Sahin, U et al, Clin Cancer Res. 2000, 6:3916). Therefore, the combination of Melan A, Tyrosinase, NYESO-1, and SSX-2 provides excellent coverage and antigen redundancy for the immunotherapy of melanoma. Significant redundancy is achieved using tyrosinase and

melan-A together, or by combining NY-ESO-1 and SSX-2 with either of tyrosinase or melan-A.

Example 7

Schedule of immunization with plasmids expressing epitopes from two antigens

[0140] Two groups of HHD mice (n=4) were immunized via intra lymph node injection with either pSEM expressing Melan-A₂₆₋₃₅A27L (ELA) and pCBP expressing SSX-2₄₁₋₄₉ as a mixture; or with pSEM in the left inguinal lymph node and pCBP in the right inguinal lymph node, twice, at day 0 and 4 as shown in Figure 1. The amount of the plasmid was 25µg/plasmid/dose. Two weeks later, the animals were sacrificed, and cytotoxicity was measured against T2 cells pulsed or not with peptide.

Example 8

Co-administration of different vectors carrying distinct antigens

[0141] The animals immunized as described in Example 7, were sacrificed and splenocytes from each group pooled and stimulated with the two peptides (ELA or SSX-2₄₁₋₄₉) in parallel. The cytotoxicity was measured by incubation with Cr⁵¹-tagged, peptide loaded T2 target cells. Data in Figure 2 show mean of specific cytotoxicity (n=4/group) against various target cells.

[0142] The results show that use of plasmid mixture interferes with the response elicited by pCBP plasmid; however, segregating the two plasmids relative to site of administration rescues the activity of pCBP. Thus, the co-administration of different vectors carrying distinct antigens can result in establishment of a hierarchy with regard to immunogenicity. Vector segregation can rescue the immunogenicity of the less dominant component, resulting in a multivalent response.

Example 9

Rescue of Multivalent Response by Addition of Peptide Boost Steps

[0143] Four groups of HHD mice (n=6) were immunized via intra lymph node injection with either pSEM and pCBP as a mixture; or with pSEM in the left inguinal lymph node and pCBP in the right inguinal lymph node, twice, at day 0 and 4 as shown in Figure 3. As a control, mice were immunized with either pSEM or pCBP plasmid. The amount of the plasmid was 25µg/plasmid/dose. Two weeks later, the animals were boosted with melan A and/or SSX-2 peptides, mirroring the plasmid immunization dose and combination. Two weeks later, the animals were challenged with splenocytes stained with CFSE and loaded or not with Melan A or SSX-2 peptide, for evaluation of *in vivo* cytotoxicity.

Example 10Peptide amplification rescues the immunogenicity of the less dominant epitope

[0144] Mice were immunized as described in Example 9 and challenged with HHD littermate splenocytes coated with ELA or SSX-2 peptide, employing a triple peak CFSE *in vivo* cytotoxicity assay that allows the assessment of the specific lysis of two antigen targets simultaneously. Equal numbers of control-CFSE^{lo}, SSX-2₄₁₋₄₉-CFSE^{med}, and ELA-CFSE^{hi} cells were intravenously infused into immunized mice and 18 hours later the mice were sacrificed and target cell elimination was measured in the spleen (Figure 4) by CFSE fluorescence using a flow cytometry. Figure 4 shows the percent specific lysis of the SSX2 and Melan-A antigen targets from individual mice, as well as the mean and SEM for each group.

[0145] The results show that immunizing the animals with a mixture of the two vaccines comprising plasmids followed by peptides generated immunity to both antigens and resulted in the highest immune response, representing an average SSX-2 percent specific lysis in the spleen of 30+/-11, and an average Melan-A percent specific lysis of 97+/-1.

Example 11Clinical practice for entrain-and-amplify immunization

[0146] The data in figures 2 and 4 suggest two scenarios for achieving a strong multivalent response in the clinic, shown in Figure 5. In the first scenario (A), use of peptides for boosting restores multivalent immune responses even if plasmids and peptides are used as mixtures. In the second scenario (B), segregation of plasmid and peptide components respectively, allows induction of multivalent immune responses.

[0147] Throughout this specification and the claims which follow, unless the context requires otherwise, the word "comprise", and variations such as "comprises" and "comprising", will be understood to imply the inclusion of a stated integer or step or group of integers or steps but not the exclusion of any other integer or step or group of integers or steps.

[0148] The reference in this specification to any prior publication (or information derived from it), or to any matter which is known, is not, and should not be taken as an acknowledgment or admission or any form of suggestion that that prior publication (or information derived from it) or known matter forms part of the common general knowledge in the field of endeavour to which this specification relates.

Example 12Antigen sequences

[0147] Below are sequences of the antigens listed in Table 1.

SEQ. ID NO. 1

SIZE: 529 aa

DEFINITION Tyrosinase precursor

ACCESSION NO.: P14679

mllavlyc11	wsfqtasagh	pracyssknl	mekeccppws	gdrspcgqls
grgscqnill	snaplqpqfp	ftgvddresw	psvfynrtcq	csgnfmqfnc
gnckfgfwgp	ncterrllvr	rnifdlsape	kdkffayltl	akhtissdyv
ipigtyggmk	ngstpmfndi	niydlfvwmh	yyvsmdallg	gseiwrddif
aheapaf1pw	hrlfllrweq	eiqkltgden	ftipywdwrd	aekcdictde
ymggqghptnp	nllspasffs	swqivcsrle	eynshqslcn	gtpegplrrn
pgnhdkstrtp	rlpssadvef	cls1tqyesg	smdkaanfsf	rntlegfasp
ltgiadasqs	smhna1hiyn	ngtmsqvqgs	andpifllhh	afvdsifeqw
lrrhrplqev	ypanapigh	nresymvpfi	plyrngdffi	sskd1gydys
ylqdsdpdsf	qdyiksyleq	asriwswllg	aamvgav1ta	llaglvsl1c
rhkrkqlpee	kqpllmeked	yhslyqshl		

SEQ. ID NO. 2

SIZE: 118 aa

DEFINITION Melanoma antigen recognized by T-cells 1 (MART-1)
(Melan-A protein)

ACCESSION NO.: Q16655

mpredahfiy	gypkkghghs	yttaeaaagi	giltvilgvl	lligcwyvrr
rngyzalmdk	slhvg1qcal	trrcpgegfd	hrdskvslqe	kncepvpvna
ppayeklsae	qspppyyp			

SEQ. ID NO. 3

SIZE: 223 aa

DEFINITION: synovial sarcoma, X breakpoint 2 isoform a;
sarcoma, synovial, X-chromosome-related 2; SSX2 protein [Homo
sapiens].

ACCESSION NO.: NP_003138

mngddafarr	ptvgaqipek	iqkafddiak	yfskeewekm	kasekifyvy
mkrkyeamtk	lgfkatlppf	mcnkraedfq	gndldndpnr	gnqverpqmt
fgrlqgispk	impk1paeeg	ndseevpeas	gpqndgkelc	ppgkpttsek
ihersgnrea	qekeerrgta	hrwssqnthn	igrfslstsm	gavhgtpkti
thnrdpkggg	mpgptdcvre	nsw		

SEQ. ID NO. 4

SIZE: 750 aa

DEFINITION folate hydrolase (prostate-specific membrane antigen) [Homo sapiens].

ACCESSION NO.: NP_004467

```

mwlllhetds  avatarrprw  lcagalvlag  gffllgflfg  wfikssneat
nitpkhnmka  fldelkaeni  kkflynftqi  phlagteqnf  qlakqigsqw
kefgldsvel  ahydvlisyp  nkthpnysii  inedgneifn  tslefppppg
yenvsdivvp  fsafspqgmp  egdlvyvnya  rtedffkler  dmkinccgki
viarygkvfr  gnkvknaqla  gkgvilydsd  padyfapgvk  sydpdgnlpg
ggvqrgniln  lngagdpitp  gypaneyayr  rglaeavglp  sipvhpigyy
daqkllekmg  gsappdsswr  gskvpynvg  pgftgnfstq  kvkmhihstn
evtrlynvig  tlrqavepdr  yvilgghrds  wvfggidpqs  gaavvheivr
sfgtlkkegw  rprtilfas  wdaefgllg  stewaeensr  llqergvayi
nadssiegnv  tlrvdctplm  yslvhnltke  lkspdegfeg  kslyeswtkk
spspcfsgmp  risklgsgnd  fevffqrlgi  asgrarytkn  wetnkfsqyp
lyhsvyetye  lvekyfpmf  kyhltvaqvr  ggmvfelans  ivlpfdcrdy
avvlrkyadk  iysismkhpq  emktyvsfdd  slfsavknft  eiaskfserl
qdfdksnpiv  lrmmdqlmf  lerafidplg  lpdprpfyrhv  iyapsshnky
agesfpgiyd  alfdieskvd  pskawgevr  qiyvaafvtg  aaatlseva

```

SEQ. ID NO. 5

SIZE: 309 aa

DEFINITION Melanoma-associated antigen 1 (MAGE-1 antigen) (Antigen MZ2-E).

ACCESSION NO.: P43355

```

mslegrslhc  kpeealeaqq  ealglvcvqa  atssssplvl  gtleevptag
stdppqspqg  asafpttinf  trqrpsqegs  ssreeegpst  scileslfra
vitkkvadlv  gflllkyrar  epvtkaemle  sviknykhcf  peifgkases
lqlvfqidvk  eadptghsyv  lvtclglisyd  gllgdnqimp  ktgfliivlv
miameggchap  eeiweelsv  mevydgrehs  aygeprklit  qdlvqekyle
yrqvpdsdpa  ryeflwgpra  laetsyvkvl  eyvikvsarv  rfffpplrea
alreeeegv

```

SEQ. ID NO. 6

SIZE: 314 aa

DEFINITION Melanoma-associated antigen 3 (MAGE-3 antigen) (Antigen MZ2-D).

ACCESSION NO.: P43357

```

mplegrsqhc  kpeeglearg  ealglvgaga  pateeqeaa  ssstlvevtl
gevpaaespd  ppqspqgass  lpttmnyplw  sqsyedssnq  eeegpstfpd
lesefqaals  rkvaelvhl  llkyrarepv  tkaemlgsvv  gnwqyffpvi
fskassslql  vfgielmevd  pighlyifat  clglisydgl  gdnqimpkag
lliivlaila  regdcapeek  iweelsvlev  fegredsilg  dpkkiltghf
vqenyleyrq  vpgsdpace  flwgpralve  tsyvkvlh  vkisggphis
ypplhewvlr  egee

```


SEQ. ID NO. 7

SIZE: 180 aa

DEFINITION Cancer/testis antigen 1 (Autoimmunogenic cancer/testis antigen NY-ESO-1).

ACCESSION NO.: P78358

mgaegrgtgg	stgdadgpgg	pgipdpgpgn	aggggeagat	ggrgprgaga
araspgggga	prgphggaas	glingccrcga	rgpesrllef	ylampfatpm
eaelarrsla	qdapplpvpg	vllkeftvsg	niltirltaa	dhrqlqlsis
sclqlslm	witqcflpvf	laqppsggrr		

SEQ. ID NO. 8

SIZE: 509 aa

DEFINITION preferentially expressed antigen in melanoma; melanoma antigen preferentially expressed in tumors; Opa-interacting protein OIP4; preferentially expressed antigen of melanoma (Homo sapiens).

ACCESSION NO.: NP_006106

merrrlwgsi	qsryismsvw	tsprrlvela	gqslkdeal	aiaalellpr
elfpplfmaa	fdgrhsqtlk	amvqawpftc	lplgvlmkqg	hlhletfkav
ldgldvllaq	evrprwrklq	vldlrknshq	dfwtvwsgrn	aslysfpepe
aaqpmtkkrk	vdglsteaeq	pfipvevlvd	lflkegacde	lfsylikvkv
rkknvrlcc	kkklkfampm	qdikmilkmv	qldsiedlev	tctwklptla
kfspylgqmi	nlrrlllshi	hassysispek	eeqyiaqfts	qflslqclqa
lyvdsiffllr	grldqllrhv	mpletlsit	ncrlsegdvm	hlsqspvsq
lsvlslsgvm	ltdvspeplq	allerasatl	qdlvfdecgi	tddqllallp
slshcsqllt	lsfygnsisi	salqslqlghl	iglsnlthvl	ypvplesyed
ihgtlhlrl	aylharlrel	lcelgrpsmv	wlsanpcphc	gdrtfydp
ilcpfmpn				

SEQ. ID NO. 9

SIZE: 1255 aa3

DEFINITION Receptor protein-tyrosine kinase erbB-2 precursor (p185erbB2) (NEU proto-oncogene) (C-erbB-2) (Tyrosine kinase-type cell surface receptor HER2) (MLN 19).

ACCESSION NO.: P04626

melaalcrwg	lllallppga	astqvctgtd	mklrlpaspe	thldmlrhly
ggcqvvggnl	eltylptnas	lsflqdiqev	ggyvliahnq	vrqvpqlrlr
ivrqtqlfed	nyalavldng	dplnnttpvt	gaspgglrel	qlrslteilk
ggvliqrnpq	leyqdtllwk	difhkmnqla	ltlidtnrsr	achpcspmk
gsrwcgesse	dcqsltrtvc	aggcarckgp	lptdccheqc	aagctgpkhs
dclaclhfnh	sgicelhcpa	lvtyntdtfe	smnpnpegrt	fgascvtacp
ynylstdvgs	ctlvcpnlhq	evtaedgtqr	ceksckpcar	vcyglgmehl
revravtsan	iqefagckki	fgslaflpes	fdgdpasnta	plqpeqlqv
etleeitgyl	yisawpdslp	dlsvfqnlqv	irgrilhnqa	ysltlqglgi
swlgrlslre	lgsglalaih	nthlcfvntv	pwdqlfrnph	qallhtanrp
edecvgegla	chqlcarghc	wpggptqcvn	csqflrgqec	veecrvlggl
preyvnarhc	lpchpecqpq	ngsvtcfqpe	adqcvacahy	kdppfcvarc
psgvkpdlsy	mpiwkfpdee	gacqpcpinc	thscvldddk	gcpaegrasp
ltsiisavvg	illvvvlqvv	fgilikrrqg	kirkytmrrl	lgetelvepl
tpsgampnqa	qmrilketel	rkvkvlgsa	fgtvykigi	pdgenvkipv
aikvlrents	pkankeilde	ayvmagvgsp	yvsrligicl	tstvtqlvtql

```

mpygclddhv   renrgrlgsq   dllnwcmqia   kgmsyledvr   lvhrdlaarn
vlvkspnhvk   itdfglarl1   dideteyhad   ggkvpikwma   lesilrrrft
hqsdswwsygv   tvwelmtfga   kpydgipare   ipdllekger   lppppictid
vymimvkcwm   idsecrprfr   elvsefsrma   rdpqrfvviq   nedlgpaspl
dstfyrslle   dddmgdlvda   eeylvpgqgf   fcpdpaggag   gmvhhrhrss
strsgggdlt   lglepseee   prsplapseg   agsdvfgdl   gmgaaqglqs
lpthdpsplq   ryledptvpl   psetdgyvap   ltcsppgpeyv   nqpdvrrppp
spregplpaa   rpagatlerp   ktlspgkngv   vkdvfafgga   venpeyltpq
ggaapqphpp   pafspafdn1   yywdqdppe   gappstfkgt   ptaenpeylg
ldvpv

```

SEQ. ID NO. 10

SIZE: 2384 bp

DEFINITION: Homo sapiens tyrosinase (oculocutaneous albinism IA) (TYR), mRNA.

ACCESSION NO.: NM_000372

```

tattgagttc   ttcaaacatt   gtagcctctt   tatggtctct   gagaaataac
taacctaaac   ccataatctt   taataacttc   taaaactttt   taataagaga
agctctattc   ctgacactac   ctctcatttg   caaggtcaaa   tcatcattag
ttttgtagtc   tattaactgg   gtttgcttag   gtcaggcatt   attattacta
accttattgt   taatattcta   accataagaa   ttaactatt   aatggtgaat
agagtttttc   actttaacat   aggcctatcc   caactggtgg   atacgagcca
attcgaagaa   aaagtcagtc   atgtgctttt   cagaggatga   aagcttaaga
taaagactaa   aagtgtttga   tgctggaggt   gggagtggtg   ttatataggt
ctcagccaag   acatgtgata   atcaactgtg   tagtagctgg   aaagagaaat
ctgtgactcc   aattagccag   ttctgcaga   ccttgtaggg   actagaggaa
gaatgctcct   ggctgttttg   tactgcctgc   tgtggagttt   ccagacctcc
gctggccatt   ccctagagc   ctgtgtctcc   tctaagaacc   tgatggagaa
ggaatgctgt   ccaccgtgga   gcggggacag   gagtccctgt   ggccagcttt
caggcagagg   ttctgtcag   aatatccttc   tgtccaatgc   accacttggg
ctccaatttc   ccttcacagg   ggtggatgac   cgggagtcgt   ggccctccgt
cttttataat   aggacctgcc   agtgcctggg   caacttcatg   ggattcaact
gtggaaactg   caagtttggc   ttttggggac   caaactgcac   agagagacga
ctcttggtga   gaagaaacat   cttcgatttg   agtgccccag   agaaggacaa
attttttgcc   tacctcactt   tagcaaagca   taccatcagc   tcagactatg
tcatccccat   agggacctat   ggccaaatga   aaaatggatc   aacacccatg
tttaacgaca   tcaatattta   tgacctcttt   gtctggatgc   attattatgt
gtcaatggat   gcactgcttg   ggggatctga   aatctggaga   gacattgatt
ttgcccataga   agcaccagct   tttctgcctt   ggcatagact   cttcttggtg
cgggtgggaac   aagaaatcca   gaagctgaca   ggagatgaaa   acttcactat
tccatattgg   gactggcggg   atgcagaaaa   gtgtgacatt   tgcacagatg
agtacatggg   aggtcagcac   cccacaaatc   ctaacttact   cagoccagca
tcattcttct   cctcttgcca   gattgtctgt   agccgatttg   aggagtacaa
cagccatcag   tctttatgca   atggaaacgc   cgagggaact   tlacggcgta
atcctggaaa   ccatgacaaa   tccagaacct   caaggctccc   ctcttcagct
gatgtagaat   tttgcctgag   tttgacccaa   tatgaatctg   gttccatgga
taaagctgcc   aatttcagct   ttagaaatag   actggaagga   tttgctagtc
cacttactgg   gatagcggat   gcctctcaaa   gcagcatgca   caatgccttg
cacatctata   tgaatggaac   aatgtcccag   gtacagggat   ctgccaacga
tctatcttcc   cttcttcacc   atgcatttgt   tgacagtatt   tttgagcagt
ggctccgaag   gcacgcctct   cttcaagaag   tttatccaga   agccaatgca
cccattggac   ataacgggga   atcctacatg   gtccctttta   taccactgta
cagaaatggg   gatttcttta   tttcatccaa   agatctgggc   tatgactata
gctatctaca   agattcagac   ccagactctt   tccaagacta   cattaagtc

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tatttggaa	aagcgagtcg	gatctgggtca	tggctccttg	ggcgggcgat
ggtagggg	gtcctcactg	ccctgctggc	agggcttggt	agcttgctgt
gtcgtcaca	gagaaagcag	cttcctgaag	aaaagcagcc	actcctcatg
gagaagagg	attaccacag	cttgatcag	agccatttat	aaaaggctta
ggcaatagag	tagggccaaa	aagcctgacc	tcactctaac	tcaaagtaat
gtccagggtc	ccagagaata	tctgctggta	ttttctgtta	aagaccatct
gcaaaattgt	aacctaatat	aaagtgtagc	cttcttccaa	ctcaggtaga
acacacctgt	ctttgtcttg	ctgttttcac	tcagcccttt	taacattttc
ccctaagccc	atatgtctaa	ggaaaggatg	ctatttggtta	atgagggaact
gttatttgta	tgtgaattaa	agtgccttta	tttt	

SEQ. ID NO. 11

SIZE: 1524 bp

DEFINITION Human melanoma antigen recognized by T-cells (MART-1) mRNA.

ACCESSION NO.: U06452

agcagacaga	ggactctcat	taaggaaggt	gtcctgtgcc	ctgacctac
aagatgccaa	gagaagatgc	tcacttcac	tatgggtacc	ccaagaaggg
gcacggccac	tcttacacca	cggtgaaga	ggcgcgtggg	atcggtatcc
tgacagtgat	cctgggagtc	ttactgtctca	tcggctgttg	gtattgtaga
agacgaaatg	gatacagagc	cttgatggat	aaaagtcttc	atgttggcac
tcaatgtgccc	ttacaagaa	gatgccaca	agaagggttt	gatcatcggg
acagcaaaagt	gtctcttcaa	gagaaaaact	gtgaacctgt	ggttcccaat
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aatcataaag	gatcagagat	tctg		

SEQ. ID NO. 12

SIZE: 1466 bp

DEFINITION Homo sapiens synovial sarcoma, X breakpoint 2 (SSX2), transcript variant 1, mRNA.

ACCESSION NO.: NM_003147

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SEQ. ID NO. 13

SIZE: 2653 bp

DEFINITION Homo sapiens folate hydrolase (prostate-specific membrane antigen) 1 (FOLH1), mRNA.

ACCESSION NO.: NM_004476

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SEQ. ID NO. 14

SIZE: 2420 bp

DEFINITION Human antigen (MAGE-1) gene, complete cds.

ACCESSION NO.: M77481

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SEQ. ID NO. 15

SIZE: 4204 bp DNA linear PRI 07-APR-1994
 DEFINITION Human MAGE-3 antigen (MAGE-3) gene, complete cds.
 ACCESSION NO.: U03735

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SEQ. ID NO. 16

SIZE: 752 bp

DEFINITION Human autoimmunogenic cancer/testis antigen NY-ESO-1 mRNA, complete cds.

ACCESSION NO.: U87459

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SEQ. ID NO. 17

SIZE: 2148 bp

DEFINITION Homo sapiens preferentially expressed antigen in melanoma (PRAMB), mRNA.

ACCESSION NO.: NM_006115

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SEQ. ID NO. 18

SIZE: 4530 bp

DEFINITION Human tyrosine kinase-type receptor (HER2) mRNA, complete cds.

ACCESSION NO.: M11730

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THE CLAIMS DEFINING THE INVENTION ARE AS FOLLOWS:

1. Use of an immunogenic composition which immunizes against PRAME and at least one other tumor-associated antigen for the manufacture of a medicament for the treatment of ovarian or colorectal cancer, wherein the at least one other tumor-associated antigen is selected from the group consisting of SSX-2, NY-ESO-1, and PSMA.
2. Use of claim 1, wherein the at least one other tumor-associated antigen comprises NY-ESO-1 and SSX-2.
3. Use of claim 1, wherein the at least one other tumor-associated antigen comprises NY-ESO-1, SSX-2, and PSMA.
4. Use of claim 1, wherein a cytolytic T cell response is induced.
5. Use of claim 1, wherein the medicament further comprises at least one antigen associated with tumor neovasculature.
6. Use of claim 5, wherein the antigen associated with tumor neovasculature is selected from the group consisting of PSMA, VEGFR2, and Tie-2.
7. An immunogenic composition for use in the treatment of ovarian or colorectal cancer comprising the antigen PRAME and at least one other tumor-associated antigen, wherein each antigen is 1) a whole antigen, 2) a fragment of an antigen, 3) an epitope cluster derived from an antigen, 4) an epitope derived from an antigen, or 5) a nucleic acid encoding any of 1) to 4), wherein the at least one other tumor-associated antigen is selected from the group consisting of SSX-2, NY-ESO-1 and PSMA.
8. The composition of claim 7, further comprising at least one antigen associated with tumor neovasculature.
9. The composition of claim 8, wherein the antigen associated with tumor neovasculature is selected from the group consisting of PSMA, VEGFR2, and Tie-2.
10. A kit used for the treatment of ovarian or colorectal cancer comprising, separately or in combination, the antigen PRAME and at least one other tumor-associated antigen, wherein each antigen is 1) a whole antigen, 2) a fragment of an antigen, 3) an epitope cluster derived from an antigen, 4) an epitope derived from an antigen, or 5) a nucleic acid encoding any of 1) to 4), wherein the at least one other tumor-associated antigen is selected from the group consisting of SSX-2, NY-ESO-1 and PSMA.
11. The kit of claim 10, further comprising at least one antigen associated with tumor neovasculature.
12. The kit of claim 11, wherein the antigen associated with tumor neovasculature is selected from the group consisting of PSMA, VEGFR2, and Tie-2.

13. A method of treating ovarian or colorectal cancer in a subject in need thereof, the method comprising immunizing the subject against PRAME and at least one other tumor-associated antigen, wherein the at least one other tumor-associated antigen is selected from the group consisting of SSX-2, NY-ESO-1, and PSMA.

14. Method of claim 13, wherein the at least one other tumor-associated antigen comprises NY-ESO-1 and SSX-2.

15. Method of claim 13, wherein the at least one other tumor-associated antigen comprises NY-ESO-1, SSX-2, and PSMA.

16. Method of claim 13, wherein a cytolytic T cell response is induced.

17. Method of claim 13, further comprising immunizing the subject against at least one antigen associated with tumor neovasculature.

18. Method of claim 17, wherein the antigen associated with tumor neovasculature is selected from the group consisting of PSMA, VEGFR2, and Tie-2.

19. Use of any one of claims 1-6, immunogenic composition of any one of claims 7-9, kit of any one of claims 10-12, or method of any one of claims 13-18, substantially as herein before described with reference to the figures and/or examples.

Schedule of immunization

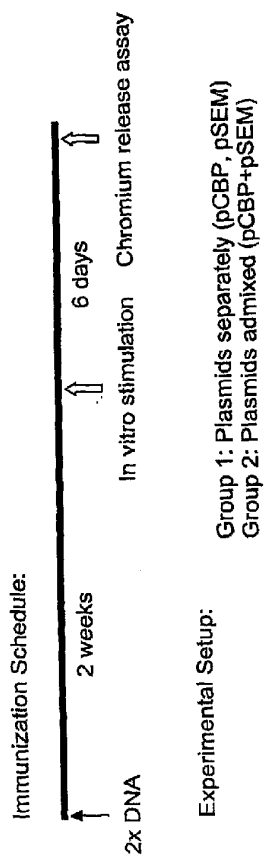


FIG. 1

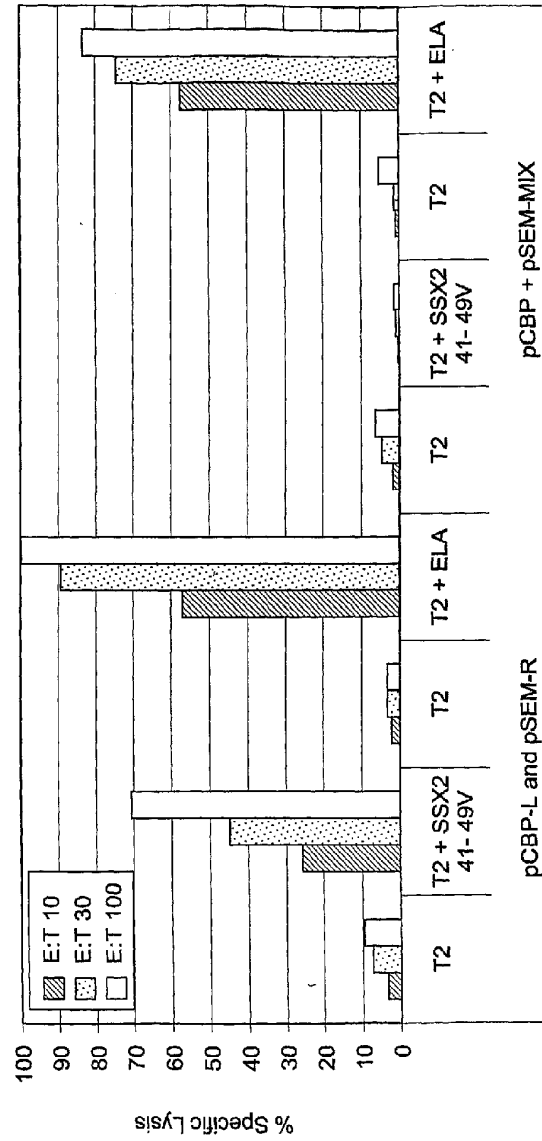


FIG. 2

SUBSTITUTE SHEET (RULE 26)

Schedule of immunization

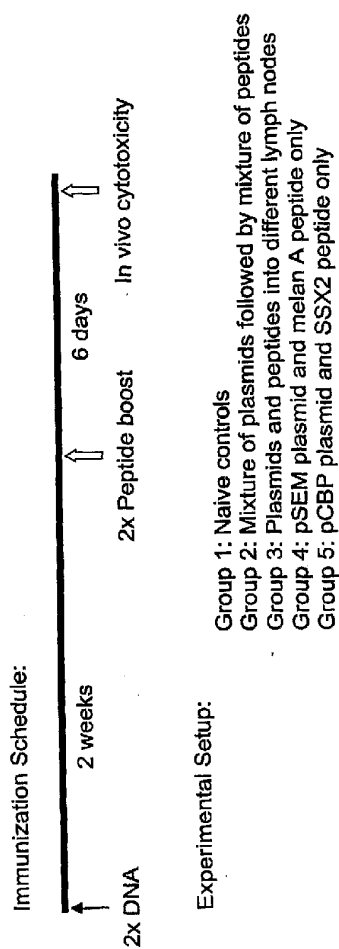


FIG. 3

4 / 5

Peptide boost rescues the immunogenicity of a less dominant epitope even when the vectors and peptides respectively, are used as a mixture.

Animal #	Spleen Treatment	Specific Lysis (%)	
		SSX2	Melan A
#3505	Control	Control	Control
#3473	Control	6	4
#3481	Control	8	6
#3951	Control	Control	Control
#3474	Control	-4	-8
#3513	Control	-3	-4
	Mean	2	-1
	SEM	4	4
#3125	pSEM + pCBP	71	95
#3075	pSEM + pCBP	26	93
#3088	pSEM + pCBP	10	94
#3081	pSEM + pCBP	22	100
#3078	pSEM + pCBP	44	100
#3102	pSEM + pCBP	9	100
	Mean	30	97
	SEM	11	1
#3076	L=pSEM, R=pCBP	16	37
#3112	L=pSEM, R=pCBP	15	88
#3068	L=pSEM, R=pCBP	7	93
#3051	L=pSEM, R=pCBP	46	100
#3146	L=pSEM, R=pCBP	4	100
#3103	L=pSEM, R=pCBP	13	100
	Mean	17	86
	SEM	7	11
#3111	pSEM	3	57
#3036	pSEM	6	94
#3052	pSEM	-1	95
#3067	pSEM		5
#3049	pSEM	1	100
#3039	pSEM		38
	Mean	2	65
	SEM	1	17
#3069	pCBP	26	-3
#3037	pCBP	15	3
#3042	pCBP	6	7
#3070	pCBP	11	11
#3046	pCBP	18	17
#3053	pCBP	33	15
	Mean	18	8
	SEM	4	3

FIG. 4

SUBSTITUTE SHEET (RULE 26)

Schedule of immunization

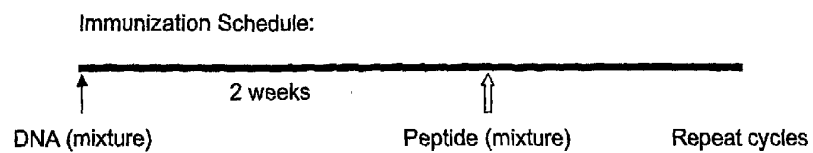


FIG. 5A

Schedule of immunization

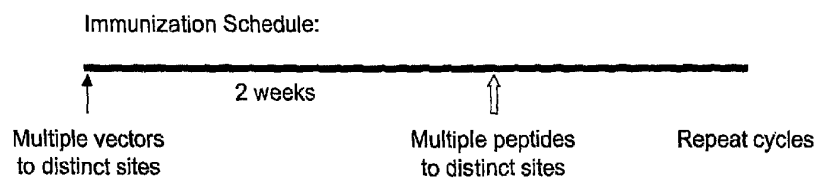


FIG. 5B

SEQUENCE LISTING

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<120> COMBINATIONS OF TUMOR-ASSOCIATED
ANTIGENS IN COMPOSITIONS FOR VARIOUS TYPES OF CANCERS

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Lys Glu Cys Cys Pro Pro Trp Ser Gly Asp Arg Ser Pro Cys Gly Gln
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Leu Ser Gly Arg Gly Ser Cys Gln Asn Ile Leu Leu Ser Asn Ala Pro
 50           55           60
Leu Gly Pro Gln Phe Pro Phe Thr Gly Val Asp Asp Arg Glu Ser Trp
 65           70           75           80
Pro Ser Val Phe Tyr Asn Arg Thr Cys Gln Cys Ser Gly Asn Phe Met
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Gly Phe Asn Cys Gly Asn Cys Lys Phe Gly Phe Trp Gly Pro Asn Cys
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210           215           220

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 Tyr Met Asn Gly Thr Met Ser Gln Val Gln Gly Ser Ala Asn Asp Pro
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 Ala Thr Leu Pro Pro Phe Met Cys Asn Lys Arg Ala Glu Asp Phe Gln
 65 70 75 80
 Gly Asn Asp Leu Asp Asn Asp Pro Asn Arg Gly Asn Gln Val Glu Arg
 85 90 95
 Pro Gln Met Thr Phe Gly Arg Leu Gln Gly Ile Ser Pro Lys Ile Met
 100 105 110
 Pro Lys Lys Pro Ala Glu Glu Gly Asn Asp Ser Glu Glu Val Pro Glu
 115 120 125
 Ala Ser Gly Pro Gln Asn Asp Gly Lys Glu Leu Cys Pro Pro Gly Lys
 130 135 140
 Pro Thr Thr Ser Glu Lys Ile His Glu Arg Ser Gly Asn Arg Glu Ala
 145 150 155 160
 Gln Glu Lys Glu Glu Arg Arg Gly Thr Ala His Arg Trp Ser Ser Gln
 165 170 175
 Asn Thr His Asn Ile Gly Arg Phe Ser Leu Ser Thr Ser Met Gly Ala
 180 185 190
 Val His Gly Thr Pro Lys Thr Ile Thr His Asn Arg Asp Pro Lys Gly
 195 200 205
 Gly Asn Met Pro Gly Pro Thr Asp Cys Val Arg Glu Asn Ser Trp
 210 215 220

<210> 4
 <211> 750
 <212> PRT
 <213> Folate Hydrolase

<400> 4
 Met Trp Asn Leu Leu His Glu Thr Asp Ser Ala Val Ala Thr Ala Arg
 1 5 10 15

Arg Pro Arg Trp Leu Cys Ala Gly Ala Leu Val Leu Ala Gly Gly Phe
 20 25 30
 Phe Leu Leu Gly Phe Leu Phe Gly Trp Phe Ile Lys Ser Ser Asn Glu
 35 40 45
 Ala Thr Asn Ile Thr Pro Lys His Asn Met Lys Ala Phe Leu Asp Glu
 50 55 60
 Leu Lys Ala Glu Asn Ile Lys Lys Phe Leu Tyr Asn Phe Thr Gln Ile
 65 70 75 80
 Pro His Leu Ala Gly Thr Glu Gln Asn Phe Gln Leu Ala Lys Gln Ile
 85 90 95
 Gln Ser Gln Trp Lys Glu Phe Gly Leu Asp Ser Val Glu Leu Ala His
 100 105 110
 Tyr Asp Val Leu Leu Ser Tyr Pro Asn Lys Thr His Pro Asn Tyr Ile
 115 120 125
 Ser Ile Ile Asn Glu Asp Gly Asn Glu Ile Phe Asn Thr Ser Leu Phe
 130 135 140
 Glu Pro Pro Pro Pro Gly Tyr Glu Asn Val Ser Asp Ile Val Pro Pro
 145 150 155 160
 Phe Ser Ala Phe Ser Pro Gln Gly Met Pro Glu Gly Asp Leu Val Tyr
 165 170 175
 Val Asn Tyr Ala Arg Thr Glu Asp Phe Phe Lys Leu Glu Arg Asp Met
 180 185 190
 Lys Ile Asn Cys Ser Gly Lys Ile Val Ile Ala Arg Tyr Gly Lys Val
 195 200 205
 Phe Arg Gly Asn Lys Val Lys Asn Ala Gln Leu Ala Gly Ala Lys Gly
 210 215 220
 Val Ile Leu Tyr Ser Asp Pro Ala Asp Tyr Phe Ala Pro Gly Val Lys
 225 230 235 240
 Ser Tyr Pro Asp Gly Trp Asn Leu Pro Gly Gly Gly Val Gln Arg Gly
 245 250 255
 Asn Ile Leu Asn Leu Asn Gly Ala Gly Asp Pro Leu Thr Pro Gly Tyr
 260 265 270
 Pro Ala Asn Glu Tyr Ala Tyr Arg Arg Gly Ile Ala Glu Ala Val Gly
 275 280 285
 Leu Pro Ser Ile Pro Val His Pro Ile Gly Tyr Tyr Asp Ala Gln Lys
 290 295 300
 Leu Leu Glu Lys Met Gly Gly Ser Ala Pro Pro Asp Ser Ser Trp Arg
 305 310 315 320
 Gly Ser Leu Lys Val Pro Tyr Asn Val Gly Pro Gly Phe Thr Gly Asn
 325 330 335
 Phe Ser Thr Gln Lys Val Lys Met His Ile His Ser Thr Asn Glu Val
 340 345 350
 Thr Arg Ile Tyr Asn Val Ile Gly Thr Leu Arg Gly Ala Val Glu Pro
 355 360 365
 Asp Arg Tyr Val Ile Leu Gly Gly His Arg Asp Ser Trp Val Phe Gly
 370 375 380
 Gly Ile Asp Pro Gln Ser Gly Ala Ala Val Val His Glu Ile Val Arg
 385 390 395 400
 Ser Phe Gly Thr Leu Lys Lys Glu Gly Trp Arg Pro Arg Arg Thr Ile
 405 410 415
 Leu Phe Ala Ser Trp Asp Ala Glu Glu Phe Gly Leu Leu Gly Ser Thr
 420 425 430
 Glu Trp Ala Glu Glu Asn Ser Arg Leu Leu Gln Glu Arg Gly Val Ala
 435 440 445
 Tyr Ile Asn Ala Asp Ser Ser Ile Glu Gly Asn Tyr Thr Leu Arg Val

```

450          455          460
Asp Cys Thr Pro Leu Met Tyr Ser Leu Val His Asn Leu Thr Lys Glu
465          470          475          480
Leu Lys Ser Pro Asp Glu Gly Phe Glu Gly Lys Ser Leu Tyr Glu Ser
          485          490          495
Trp Thr Lys Lys Ser Pro Ser Pro Glu Phe Ser Gly Met Pro Arg Ile
          500          505          510
Ser Lys Leu Gly Ser Gly Asn Asp Phe Glu Val Phe Phe Gln Arg Leu
          515          520          525
Gly Ile Ala Ser Gly Arg Ala Arg Tyr Thr Lys Asn Trp Glu Thr Asn
          530          535          540
Lys Phe Ser Gly Tyr Pro Leu Tyr His Ser Val Tyr Glu Thr Tyr Glu
          545          550          555          560
Leu Val Glu Lys Phe Tyr Asp Pro Met Phe Lys Tyr His Leu Thr Val
          565          570          575
Ala Gln Val Arg Gly Gly Met Val Phe Glu Leu Ala Asn Ser Ile Val
          580          585          590
Leu Pro Phe Asp Cys Arg Asp Tyr Ala Val Val Leu Arg Lys Tyr Ala
          595          600          605
Asp Lys Ile Tyr Ser Ile Ser Met Lys His Pro Gln Glu Met Lys Thr
          610          615          620
Tyr Ser Val Ser Phe Asp Ser Leu Phe Ser Ala Val Lys Asn Phe Thr
          625          630          635          640
Glu Ile Ala Ser Lys Phe Ser Glu Arg Leu Gln Asp Phe Asp Lys Ser
          645          650          655
Asn Pro Ile Val Leu Arg Met Met Asn Asp Gln Leu Met Phe Leu Glu
          660          665          670
Arg Ala Phe Ile Asp Pro Leu Gly Leu Pro Asp Arg Pro Phe Tyr Arg
          675          680          685
His Val Ile Tyr Ala Pro Ser Ser His Asn Lys Tyr Ala Gly Glu Ser
          690          695          700
Phe Pro Gly Ile Tyr Asp Ala Leu Phe Asp Ile Glu Ser Lys Val Asp
          705          710          715          720
Pro Ser Lys Ala Trp Gly Glu Val Lys Arg Gln Ile Tyr Val Ala Ala
          725          730          735
Phe Thr Val Gln Ala Ala Ala Glu Thr Leu Ser Glu Val Ala
          740          745          750

```

<210> 5
 <211> 309
 <212> PRT
 <213> MAGE-1

```

<400> 5
Met Ser Leu Glu Gln Arg Ser Leu His Cys Lys Pro Glu Glu Ala Leu
1          5          10          15
Glu Ala Gln Gln Glu Ala Leu Gly Leu Val Cys Val Gln Ala Ala Thr
20          25          30
Ser Ser Ser Ser Pro Leu Val Leu Gly Thr Leu Glu Glu Val Pro Thr
35          40          45
Ala Gly Ser Thr Asp Pro Pro Gln Ser Pro Gln Gly Ala Ser Ala Phe
50          55          60
Pro Thr Thr Ile Asn Phe Thr Arg Gln Arg Gln Pro Ser Glu Gly Ser
65          70          75          80

```

Ser Ser Arg Glu Glu Gly Pro Ser Thr Ser Cys Ile Leu Glu Ser
 85 90 95
 Leu Phe Arg Ala Val Ile Thr Lys Lys Val Ala Asp Leu Val Gly Phe
 100 105 110
 Leu Leu Leu Lys Tyr Arg Ala Arg Glu Pro Val Thr Lys Ala Glu Met
 115 120 125
 Leu Glu Ser Val Ile Lys Asn Tyr Lys His Cys Phe Pro Glu Ile Phe
 130 135 140
 Gly Lys Ala Ser Glu Ser Leu Gln Leu Val Phe Gly Ile Asp Val Lys
 145 150 155 160
 Glu Ala Asp Pro Thr Gly His Ser Tyr Val Leu Val Thr Cys Leu Gly
 165 170 175
 Leu Ser Tyr Asp Gly Leu Leu Gly Asp Asn Gln Ile Met Pro Lys Thr
 180 185 190
 Gly Phe Leu Ile Ile Val Leu Val Met Ile Ala Met Glu Gly Gly His
 195 200 205
 Ala Pro Glu Glu Glu Ile Trp Glu Glu Leu Ser Val Met Glu Val Tyr
 210 215 220
 Asp Gly Arg Glu His Ser Ala Tyr Gly Glu Pro Arg Lys Leu Leu Thr
 225 230 235 240
 Gln Asp Leu Val Gln Glu Lys Tyr Leu Glu Tyr Arg Gln Val Pro Asp
 245 250 255
 Ser Asp Pro Ala Arg Tyr Glu Phe Leu Trp Gly Pro Arg Ala Leu Ala
 260 265 270
 Glu Thr Ser Tyr Val Lys Val Leu Glu Tyr Val Ile Lys Val Ser Ala
 275 280 285
 Arg Val Arg Phe Phe Phe Pro Ser Leu Arg Glu Ala Ala Leu Arg Glu
 290 295 300
 Glu Glu Glu Gly Val
 305

<210> 6
 <211> 314
 <212> PRT
 <213> MAGE-3

<400> 6
 Met Pro Leu Glu Gln Arg Ser Gln His Cys Lys Pro Glu Glu Gly Leu
 1 5 10 15
 Glu Ala Arg Gly Glu Ala Leu Gly Leu Val Gly Ala Gln Ala Pro Ala
 20 25 30
 Thr Glu Glu Gln Glu Ala Ala Ser Ser Ser Ser Thr Leu Val Glu Val
 35 40 45
 Thr Leu Gly Glu Val Pro Ala Ala Glu Ser Pro Asp Pro Pro Gln Ser
 50 55 60
 Pro Gln Gly Ala Ser Ser Leu Pro Thr Thr Met Asn Tyr Pro Leu Trp
 65 70 75 80
 Ser Gln Ser Tyr Glu Asp Ser Ser Asn Gln Glu Glu Gly Pro Ser
 85 90 95
 Thr Phe Pro Asp Leu Glu Ser Glu Phe Gln Ala Ala Leu Ser Arg Lys
 100 105 110
 Val Ala Glu Leu Val His Phe Leu Leu Leu Lys Tyr Arg Ala Arg Glu
 115 120 125
 Pro Val Thr Lys Ala Glu Met Leu Gly Ser Val Val Gly Asn Trp Gln


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130          135          140
Tyr Phe Phe Pro Val Ile Phe Ser Lys Ala Ser Ser Ser Leu Gln Leu
145          150          155          160
Val Phe Gly Ile Glu Leu Met Glu Val Asp Pro Ile Gly His Leu Tyr
          165          170          175
Ile Phe Ala Thr Cys Leu Gly Leu Ser Tyr Asp Gly Leu Leu Gly Asp
          180          185          190
Asn Gln Ile Met Pro Lys Ala Gly Leu Leu Ile Ile Val Leu Ala Ile
          195          200          205
Ile Ala Arg Glu Gly Asp Cys Ala Pro Glu Glu Lys Ile Trp Glu Glu
          210          215          220
Leu Ser Val Leu Glu Val Phe Glu Gly Arg Glu Asp Ser Ile Leu Gly
          225          230          235          240
Asp Pro Lys Lys Leu Leu Thr Gln His Phe Val Gln Glu Asn Tyr Leu
          245          250          255
Glu Tyr Arg Gln Val Pro Gly Ser Asp Pro Ala Cys Tyr Glu Phe Leu
          260          265          270
Trp Gly Pro Arg Ala Leu Val Glu Thr Ser Tyr Val Lys Val Leu His
          275          280          285
His Met Val Lys Ile Ser Gly Gly Pro His Ile Ser Tyr Pro Pro Leu
          290          295          300
His Glu Trp Val Leu Arg Glu Gly Glu Glu
305          310

```

<210> 7
 <211> 180
 <212> PRT
 <213> Autoimmunogenic Cancer

```

<400> 7
Met Gln Ala Glu Gly Arg Gly Thr Gly Gly Ser Thr Gly Asp Ala Asp
1      5      10      15
Gly Pro Gly Gly Pro Gly Ile Pro Asp Gly Pro Gly Gly Asn Ala Gly
20     25     30
Gly Pro Gly Glu Ala Gly Ala Thr Gly Gly Arg Gly Pro Arg Gly Ala
35     40     45
Gly Ala Ala Arg Ala Ser Gly Pro Gly Gly Gly Ala Pro Arg Gly Pro
50     55     60
His Gly Gly Ala Ala Ser Gly Leu Asn Gly Cys Cys Arg Cys Gly Ala
65     70     75     80
Arg Gly Pro Glu Ser Arg Leu Leu Glu Phe Tyr Leu Ala Met Pro Phe
85     90     95
Ala Thr Pro Met Glu Ala Glu Leu Ala Arg Arg Ser Leu Ala Gln Asp
100    105    110
Ala Pro Pro Leu Pro Val Pro Gly Val Leu Leu Lys Glu Phe Thr Val
115    120    125
Ser Gly Asn Ile Leu Thr Ile Arg Leu Thr Ala Ala Asp His Arg Gln
130    135    140
Leu Gln Leu Ser Ile Ser Ser Cys Leu Gln Gln Leu Ser Leu Leu Met
145    150    155    160
Trp Ile Thr Gln Cys Phe Leu Pro Val Phe Leu Ala Gln Pro Pro Ser
165    170    175
Gly Gln Arg Arg
180

```

<210> 8
 <211> 509
 <212> PRT
 <213> Preferentially expressed antigen in melanoma

<400> 8
 Met Glu Arg Arg Arg Leu Trp Gly Ser Ile Gln Ser Arg Tyr Ile Ser
 1 5 10 15
 Met Ser Val Trp Thr Ser Pro Arg Arg Leu Val Glu Leu Ala Gly Gln
 20 25 30
 Ser Leu Leu Lys Asp Glu Ala Leu Ala Ile Ala Ala Leu Glu Leu Leu
 35 40 45
 Pro Arg Glu Leu Phe Pro Pro Leu Phe Met Ala Ala Phe Asp Gly Arg
 50 55 60
 His Ser Gln Thr Leu Lys Ala Met Val Gln Ala Trp Pro Phe Thr Cys
 65 70 75 80
 Leu Pro Leu Gly Val Leu Met Lys Gly Gln His Leu His Leu Glu Thr
 85 90 95
 Phe Lys Ala Val Leu Asp Gly Leu Asp Val Leu Leu Ala Gln Glu Val
 100 105 110
 Arg Pro Arg Arg Trp Lys Leu Gln Val Leu Asp Leu Arg Lys Asn Ser
 115 120 125
 His Gln Asp Phe Trp Thr Val Trp Ser Gly Asn Arg Ala Ser Leu Tyr
 130 135 140
 Ser Phe Pro Glu Pro Glu Ala Ala Gln Pro Met Thr Lys Lys Arg Lys
 145 150 155 160
 Val Asp Gly Leu Ser Thr Glu Ala Glu Gln Pro Phe Ile Pro Val Glu
 165 170 175
 Val Leu Val Asp Leu Phe Leu Lys Glu Gly Ala Cys Asp Glu Leu Phe
 180 185 190
 Ser Tyr Leu Ile Glu Lys Val Lys Arg Lys Lys Asn Val Leu Arg Leu
 195 200 205
 Cys Cys Lys Lys Leu Lys Ile Phe Ala Met Pro Met Gln Asp Ile Lys
 210 215 220
 Met Ile Leu Lys Met Val Gln Leu Asp Ser Ile Glu Asp Leu Glu Val
 225 230 235 240
 Thr Cys Thr Trp Lys Leu Pro Thr Leu Ala Lys Phe Ser Pro Tyr Leu
 245 250 255
 Gly Gln Met Ile Asn Leu Arg Arg Leu Leu Ser His Ile His Ala
 260 265 270
 Ser Ser Tyr Ile Ser Pro Glu Lys Glu Glu Tyr Ile Ala Gln Phe
 275 280 285
 Thr Ser Gln Phe Leu Ser Leu Gln Cys Leu Gln Ala Leu Tyr Val Asp
 290 295 300
 Ser Leu Phe Phe Leu Arg Gly Arg Leu Asp Gln Leu Leu Arg His Val
 305 310 315 320
 Met Asn Pro Leu Glu Thr Leu Ser Ile Thr Asn Cys Arg Leu Ser Glu
 325 330 335
 Gly Asp Val Met His Leu Ser Gln Ser Pro Ser Val Ser Gln Leu Ser
 340 345 350
 Val Leu Ser Leu Ser Gly Val Met Leu Thr Asp Val Ser Pro Glu Pro
 355 360 365
 Leu Gln Ala Leu Leu Glu Arg Ala Ser Ala Thr Leu Gln Asp Leu Val

```

370          375          380
Phe Asp Glu Cys Gly Ile Thr Asp Asp Gln Leu Leu Ala Leu Leu Pro
385          390          395          400
Ser Leu Ser His Cys Ser Gln Leu Thr Thr Leu Ser Phe Tyr Gly Asn
          405          410          415
Ser Ile Ser Ile Ser Ala Leu Gln Ser Leu Leu Gln His Leu Ile Gly
          420          425          430
Leu Ser Asn Leu Thr His Val Leu Tyr Pro Val Pro Leu Glu Ser Tyr
          435          440          445
Glu Asp Ile His Gly Thr Leu His Leu Glu Arg Leu Ala Tyr Leu His
          450          455          460
Ala Arg Leu Arg Glu Leu Leu Cys Glu Leu Gly Arg Pro Ser Met Val
          465          470          475          480
Trp Leu Ser Ala Asn Pro Cys Pro His Cys Gly Asp Arg Thr Phe Tyr
          485          490          495
Asp Pro Glu Pro Ile Leu Cys Pro Cys Phe Met Pro Asn
          500          505

```

<210> 9

<211> 1255

<212> PRT

<213> Receptor protein-tyrosine kinase

<400> 9

```

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

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Ala Ala Gly Cys Thr Gly Pro Lys His Ser Asp Cys Leu Ala Cys Leu
 245 250 255
 His Phe Asn His Ser Gly Ile Cys Glu Leu His Cys Pro Ala Leu Val
 260 265 270
 Thr Tyr Asn Thr Asp Thr Phe Glu Ser Met Pro Asn Pro Glu Gly Arg
 275 280 285
 Tyr Thr Phe Gly Ala Ser Cys Val Thr Ala Cys Pro Tyr Asn Tyr Leu
 290 295 300
 Ser Thr Asp Val Gly Ser Cys Thr Leu Val Cys Pro Leu His Asn Gln
 305 310 315 320
 Glu Val Thr Ala Glu Asp Gly Thr Gln Arg Cys Glu Lys Cys Ser Lys
 325 330 335
 Pro Cys Ala Arg Val Cys Tyr Gly Leu Gly Met Glu His Leu Arg Glu
 340 345 350
 Val Arg Ala Val Thr Ser Ala Asn Ile Gln Glu Phe Ala Gly Cys Lys
 355 360 365
 Lys Ile Phe Gly Ser Leu Ala Phe Leu Pro Glu Ser Phe Asp Gly Asp
 370 375 380
 Pro Ala Ser Asn Thr Ala Pro Leu Gln Pro Glu Gln Leu Gln Val Phe
 385 390 395 400
 Glu Thr Leu Glu Glu Ile Thr Gly Tyr Leu Tyr Ile Ser Ala Trp Pro
 405 410 415
 Asp Ser Leu Pro Asp Leu Ser Val Phe Gln Asn Leu Gln Val Ile Arg
 420 425 430
 Gly Arg Ile Leu His Asn Gly Ala Tyr Ser Leu Thr Leu Gln Gly Leu
 435 440 445
 Gly Ile Ser Trp Leu Gly Leu Arg Ser Leu Arg Glu Leu Gly Ser Gly
 450 455 460
 Leu Ala Leu Ile His His Asn Thr His Leu Cys Phe Val His Thr Val
 465 470 475 480
 Pro Trp Asp Gln Leu Phe Arg Asn Pro His Gln Ala Leu Leu His Thr
 485 490 495
 Ala Asn Arg Pro Glu Asp Glu Cys Val Gly Glu Gly Leu Ala Cys His
 500 505 510
 Gln Leu Cys Ala Arg Gly His Cys Trp Gly Pro Gly Pro Thr Gln Cys
 515 520 525
 Val Asn Cys Ser Gln Phe Leu Arg Gly Gln Glu Cys Val Glu Glu Cys
 530 535 540
 Arg Val Leu Gln Gly Leu Pro Arg Glu Tyr Val Asn Ala Arg His Cys
 545 550 555 560
 Leu Pro Cys His Pro Glu Cys Gln Pro Gln Asn Gly Ser Val Thr Cys
 565 570 575
 Phe Gly Pro Glu Ala Asp Gln Cys Val Ala Cys Ala His Tyr Lys Asp
 580 585 590
 Pro Pro Phe Cys Val Ala Arg Cys Pro Ser Gly Val Lys Pro Asp Leu
 595 600 605
 Ser Tyr Met Pro Ile Trp Lys Phe Pro Asp Glu Glu Gly Ala Cys Gln
 610 615 620
 Pro Cys Pro Ile Asn Cys Thr His Ser Cys Val Asp Leu Asp Asp Lys
 625 630 635 640
 Gly Cys Pro Ala Glu Gln Arg Ala Ser Pro Leu Thr Ser Ile Ile Ser
 645 650 655
 Ala Val Val Gly Ile Leu Leu Val Val Val Leu Gly Val Val Phe Gly
 660 665 670
 Ile Leu Ile Lys Arg Arg Gln Gln Lys Ile Arg Lys Tyr Thr Met Arg

```

        675                680                685
Arg Leu Leu Gln Glu Thr Glu Leu Val Glu Pro Leu Thr Pro Ser Gly
690                695                700
Ala Met Pro Asn Gln Ala Gln Met Arg Ile Leu Lys Glu Thr Glu Leu
705                710                715                720
Arg Lys Val Lys Val Leu Gly Ser Gly Ala Phe Gly Thr Val Tyr Lys
725                730                735
Gly Ile Trp Ile Pro Asp Gly Glu Asn Val Lys Ile Pro Val Ala Ile
740                745                750
Lys Val Leu Arg Glu Asn Thr Ser Pro Lys Ala Asn Lys Glu Ile Leu
755                760                765
Asp Glu Ala Tyr Val Met Ala Gly Val Gly Ser Pro Tyr Val Ser Arg
770                775                780
Leu Leu Gly Ile Cys Leu Thr Ser Thr Val Gln Leu Val Thr Gln Leu
785                790                795                800
Met Pro Tyr Gly Cys Leu Leu Asp His Val Arg Glu Asn Arg Gly Arg
805                810                815
Leu Gly Ser Gln Asp Leu Leu Asn Trp Cys Met Gln Ile Ala Lys Gly
820                825                830
Met Ser Tyr Leu Glu Asp Val Arg Leu Val His Arg Asp Leu Ala Ala
835                840                845
Arg Asn Val Leu Val Lys Ser Pro Asn His Val Lys Ile Thr Asp Phe
850                855                860
Gly Leu Ala Arg Leu Leu Asp Ile Asp Glu Thr Glu Tyr His Ala Asp
865                870                875                880
Gly Gly Lys Val Pro Ile Lys Trp Met Ala Leu Glu Ser Ile Leu Arg
885                890                895
Arg Arg Phe Thr His Gln Ser Asp Val Trp Ser Tyr Gly Val Thr Val
900                905                910
Trp Glu Leu Met Thr Phe Gly Ala Lys Pro Tyr Asp Gly Ile Pro Ala
915                920                925
Arg Glu Ile Pro Asp Leu Leu Glu Lys Gly Glu Arg Leu Pro Gln Pro
930                935                940
Pro Ile Cys Thr Ile Asp Val Tyr Met Ile Met Val Lys Cys Trp Met
945                950                955                960
Ile Asp Ser Glu Cys Arg Pro Arg Phe Arg Glu Leu Val Ser Glu Phe
965                970                975
Ser Arg Met Ala Arg Asp Pro Gln Arg Phe Val Val Ile Gln Asn Glu
980                985                990
Asp Leu Gly Pro Ala Ser Pro Leu Asp Ser Thr Phe Tyr Arg Ser Leu
995                1000                1005
Leu Glu Asp Asp Asp Met Gly Asp Leu Val Asp Ala Glu Tyr Leu
1010                1015                1020
Val Pro Gln Gln Gly Phe Phe Cys Pro Asp Pro Ala Pro Gly Ala Gly
1025                1030                1035                1040
Gly Met Val His His Arg His Arg Ser Ser Ser Thr Arg Ser Gly Gly
1045                1050                1055
Gly Asp Leu Thr Leu Gly Leu Glu Pro Ser Glu Glu Glu Ala Pro Arg
1060                1065                1070
Ser Pro Leu Ala Pro Ser Glu Gly Ala Gly Ser Asp Val Phe Asp Gly
1075                1080                1085
Asp Leu Gly Met Gly Ala Ala Lys Gly Leu Gln Ser Leu Pro Thr His
1090                1095                1100
Asp Pro Ser Pro Leu Gln Arg Tyr Ser Glu Asp Pro Thr Val Pro Leu
1105                1110                1115                1120

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Pro Ser Glu Thr Asp Gly Tyr Val Ala Pro Leu Thr Cys Ser Pro Gln
 1125 1130 1135
 Pro Glu Tyr Val Asn Gln Pro Asp Val Arg Pro Gln Pro Pro Ser Pro
 1140 1145 1150
 Arg Glu Gly Pro Leu Pro Ala Ala Arg Pro Ala Gly Ala Thr Leu Glu
 1155 1160 1165
 Arg Pro Lys Thr Leu Ser Pro Gly Lys Asn Gly Val Val Lys Asp Val
 1170 1175 1180
 Phe Ala Phe Gly Gly Ala Val Glu Asn Pro Glu Tyr Leu Thr Pro Gln
 1185 1190 1195 1200
 Gly Gly Ala Ala Pro Gln Pro His Pro Pro Pro Ala Phe Ser Pro Ala
 1205 1210 1215
 Phe Asp Asn Leu Tyr Tyr Trp Asp Gln Asp Pro Pro Glu Arg Gly Ala
 1220 1225 1230
 Pro Pro Ser Thr Phe Lys Gly Thr Pro Thr Ala Glu Asn Pro Glu Tyr
 1235 1240 1245
 Leu Gly Leu Asp Val Pro Val
 1250 1255

<210> 10
 <211> 2384
 <212> DNA
 <213> Homo sapiens

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 ctctcatttg caaggtcaaa tcatcattag tttttagtgc tattaactgg gtttgccttag 180
 gtcaggcatt attattacta accttattgt taatattcta accataagaa ttaaaactatt 240
 aatgggtgaat agagttttct accttaacat aggcctatcc cactgggtggg atacgagcca 300
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 ttctctgtcag aatatacttc tgcacaatgc accacttggg cctcaatttc ccttcacagg 720
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 caacttcatg ggattcaact gtggaaactg caagtgttgc ttttggggac caaactgcac 840
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 attttttgcc taccctcaett tagcaaaagca taccatcagc tcagactatg tcatcccat 960
 agggacctat ggccaaatga aaatggatc aacacctatg ttttaacgaca tcaatattta 1020
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 aatctggaga gacattgatt ttgcccatag agcaccagct tttctgcctt ggcatagact 1140
 cttctgttg cggtgggaac aagaaatcca gaagctgaca ggagatgaaa acttcactat 1200
 tccatattgg gactggcggt atgcagaaaa gtgtgacatt tgcacagatg agtacatggg 1260
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 cgaggagact ttacggcgta atcctggaaa ccatgacaaa tccagaaccc caaggctccc 1440
 ctcttcagct gatgtagaat tttgcctgag tttgacccaa tatgaatctg gttccatgga 1500
 taaagctgcc aatttcagct ttagaaatac actggaagga tttgctagtc cacttactgg 1560
 gatagcggat gcctctcaaa gcagcatgca caatgccttg cacatctata tgaatggaac 1620
 aatgtcccag gtacagggat ctgccaacga tccatcttc cttcttcacc atgcatttgt 1680
 tgacagtatt tttgagcagt ggtccgaag gcacctcct cttcaagaag tttatccaga 1740

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agccaatgca cccattggac ataaccggga atccatcatg gtccctttta taccactgta 1800
cagaaaatggg gattttcttta tttcatccaa agatctgggc tatgactata gctatctaca 1860
agattcagac ccagactctt ttcaagacta cattaagtcc tatttggaac aagcgagtcg 1920
gatctgggca tggctccttg gggcggcgat ggtaggggcc gtccctcactg ccctgctggc 1980
agggcttggt agcttgctgt gtcgtcacia gagaaagcag ctctctgaag aaaagcagcc 2040
actctcatg gagaaagagg attaccacag cttgtatcag agccatttat aaaaggctta 2100
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ccagagaata tctgctggta tttttctgta aagaccattt gcaaaattgt aacctaatat 2220
aaagtgtagc cttcttccaa ctccaggtaga acacacctgt cttgtctctg ctgtttttcac 2280
tcagcccttt taacattttt ccttaagccc atatgtctaa ggaaaggatg ctatttggtta 2340
atgaggaact gttatttgta tgtgaattaa agtgccttta tttt 2384

```

<210> 11

<211> 1524

<212> DNA

<213> Human melanoma antigen recognized by T-cells (MARA

<400> 11

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agcagacaga ggactctcat taaggaaagg gtccctgtgcc ctgaccctac aagatgcca 60
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<210> 12

<211> 1466

<212> DNA

<213> Homo sapiens synovial sarcoma, X breakpoint 2 (SSA

<400> 12

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<210> 13

<211> 2653

<212> DNA

<213> Homo sapiens folate hydrolase (prostate-specific A

<400> 13

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<210> 14

<211> 2420

<212> DNA

<213> Human antigen (MAGE-1) gene, complete cds

<400> 14

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<210> 15

<211> 4204

<212> DNA

<213> Human MAGE-3 antigen (MAGE-3) gene, complete cds

<400> 15

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<210> 16

<211> 752

<212> DNA

<213> Human autoimmunogenic cancer/testis antigen NY-ESs

<400> 16

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<210> 17
 <211> 2148
 <212> DNA
 <213> Homo sapiens preferentially expressed antigen in A

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