



(86) Date de dépôt PCT/PCT Filing Date: 2005/10/21
 (87) Date publication PCT/PCT Publication Date: 2007/01/04
 (85) Entrée phase nationale/National Entry: 2007/04/20
 (86) N° demande PCT/PCT Application No.: US 2005/037734
 (87) N° publication PCT/PCT Publication No.: 2007/001422
 (30) Priorités/Priorities: 2004/10/22 (US60/620,726);
 2005/02/10 (US60/651,512); 2005/03/07 (US60/658,572);
 2005/03/18 (US60/662,944); 2005/09/06 (US60/713,712)

(51) Cl.Int./Int.Cl. *A61K 39/395* (2006.01),
C07K 16/40 (2006.01)
 (71) Demandeur/Applicant:
 MEDIMMUNE, INC., US
 (72) Inventeurs/Inventors:
 WU, HERREN, US;
 ALLAN, CHRISTIAN B., US;
 GAO, CHANGSHOU, US;
 AN, LING-LING, US;
 KIENER, PETER, US;
 MAO, SU-YAU, US;
 COYLE, ANTHONY, US
 (74) Agent: SMART & BIGGAR

(54) Titre : ANTICORPS D'AFFINITE ELEVEE CONTRE LA HMGB1 ET PROCEDES D'UTILISATION
 (54) Title: HIGH AFFINITY ANTIBODIES AGAINST HMGB1 AND METHODS OF USE THEREOF

(57) **Abrégé/Abstract:**

Compositions and methods are disclosed for inhibiting the release of a proinflammatory cytokine from a vertebrate cell, and for inhibiting an inflammatory cytokine cascade in a patient. The compositions comprise, for example, high affinity antibodies that specifically bind HMG1 and antigenic fragments thereof. The high affinity antibodies of the present invention and pharmaceutical compositions comprising the same are useful for many purposes, for example, as therapeutics against a wide range of inflammatory diseases and disorders such as sepsis, rheumatoid arthritis, peritonitis, Crohn's disease, reperfusion injury, septicemia, endotoxic shock, cystic fibrosis, endocarditis, psoriasis, psoriatic arthritis, arthritis, anaphylactic shock, organ ischemia, reperfusion injury, and allograft rejection. In addition, the high affinity antibodies of the present inventions are useful as diagnostic antibodies.

(12) INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

(19) World Intellectual Property Organization
International Bureau



(43) International Publication Date
4 January 2007 (04.01.2007)

PCT

(10) International Publication Number
WO 2007/001422 A2

(51) International Patent Classification:
A61K 39/395 (2006.01) C07K 16/40 (2006.01)

MD 20879 (US). COYLE, Anthony [GB/US]; 1155 23rd Street, Washington, DC 20037 (US).

(21) International Application Number:
PCT/US2005/037734

(74) Agents: ALBAN, Patrick, Scott et al.; MedImmune, Inc., One MedImmune Way, Gaithersburg, MD 20878 (US).

(22) International Filing Date: 21 October 2005 (21.10.2005)

(81) Designated States (unless otherwise indicated, for every kind of national protection available): AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, LY, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SM, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW.

(25) Filing Language: English

(26) Publication Language: English

(30) Priority Data:
60/620,726 22 October 2004 (22.10.2004) US
60/651,512 10 February 2005 (10.02.2005) US
60/658,572 7 March 2005 (07.03.2005) US
60/662,944 18 March 2005 (18.03.2005) US
60/713,712 6 September 2005 (06.09.2005) US

(71) Applicant (for all designated States except US): MEDIMMUNE, INC. [US/US]; One MedImmune Way, Gaithersburg, MD 20878 (US).

(72) Inventors; and

(75) Inventors/Applicants (for US only): WU, Herren [US/US]; 14405 Harvest Moon Road, Boyds, MD 20841 (US). ALLAN, Christian, B. [US/US]; 4401 Gregg Road, Brookeville, MD 20833 (US). GAO, Changshou [CN/US]; 10822 Maplecrest Lane, Potomac, MD 20854 (US). AN, Ling-Ling [US/US]; 14405 Harvest Moon Road, Boyds, MD 20841 (US). KIENER, Peter [US/US]; 14017 Gorky Drive, Potomac, MD 20854 (US). MAO, Su-Yau [CN/US]; 7101 Cypress Hill Drive, Gaithersburg,

(84) Designated States (unless otherwise indicated, for every kind of regional protection available): ARIPO (BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW), Eurasian (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM), European (AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR), OAPI (BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG).

Published:

— without international search report and to be republished upon receipt of that report

For two-letter codes and other abbreviations, refer to the "Guidance Notes on Codes and Abbreviations" appearing at the beginning of each regular issue of the PCT Gazette.

(54) Title: HIGH AFFINITY ANTIBODIES AGAINST HMGB1 AND METHODS OF USE THEREOF

(57) Abstract: Compositions and methods are disclosed for inhibiting the release of a proinflammatory cytokine from a vertebrate cell, and for inhibiting an inflammatory cytokine cascade in a patient. The compositions comprise, for example, high affinity antibodies that specifically bind HMG1 and antigenic fragments thereof. The high affinity antibodies of the present invention and pharmaceutical compositions comprising the same are useful for many purposes, for example, as therapeutics against a wide range of inflammatory diseases and disorders such as sepsis, rheumatoid arthritis, peritonitis, Crohn's disease, reperfusion injury, septicemia, endotoxic shock, cystic fibrosis, endocarditis, psoriasis, psoriatic arthritis, arthritis, anaphylactic shock, organ ischemia, reperfusion injury, and allograft rejection. In addition, the high affinity antibodies of the present inventions are useful as diagnostic antibodies.

WO 2007/001422 A2

DEMANDE OU BREVET VOLUMINEUX

LA PRÉSENTE PARTIE DE CETTE DEMANDE OU CE BREVET COMPREND PLUS D'UN TOME.

CECI EST LE TOME 1 DE 2
CONTENANT LES PAGES 1 À 121

NOTE : Pour les tomes additionels, veuillez contacter le Bureau canadien des brevets

JUMBO APPLICATIONS/PATENTS

THIS SECTION OF THE APPLICATION/PATENT CONTAINS MORE THAN ONE VOLUME

THIS IS VOLUME 1 OF 2
CONTAINING PAGES 1 TO 121

NOTE: For additional volumes, please contact the Canadian Patent Office

NOM DU FICHER / FILE NAME :

NOTE POUR LE TOME / VOLUME NOTE:

High Affinity Antibodies Against HMGB1 and Methods of Use Thereof

1. Background of the Invention

[0001] Inflammation is often induced by proinflammatory cytokines, such as tumor
5 necrosis factor (TNF), interleukin (IL)-1 α , IL-1 β , IL-6, platelet-activating factor (PAF),
macrophage migration inhibitory factor (MIF), and other compounds. These
proinflammatory cytokines are produced by several different cell types, most importantly
immune cells (for example, monocytes, macrophages and neutrophils), but also non-immune
cells such as fibroblasts, osteoblasts, smooth muscle cells, epithelial cells, and neurons.
10 These proinflammatory cytokines contribute to various disorders during the early stages of an
inflammatory cytokine cascade.

[0002] Inflammatory cytokine cascades contribute to deleterious characteristics,
including inflammation and apoptosis, of numerous disorders. Included are chronic and acute
disorders characterized by both localized and systemic reactions, including, without
15 limitation, diseases involving the gastrointestinal tract and associated tissues (such as
appendicitis, peptic, gastric and duodenal ulcers, peritonitis, pancreatitis, ulcerative,
pseudomembranous, acute and ischemic colitis, diverticulitis, epiglottitis, achalasia,
cholangitis, cholecystitis, coeliac disease, hepatitis, Crohn's disease, enteritis, and Whipple's
disease); systemic or local inflammatory diseases and conditions (such as asthma, allergy,
20 anaphylactic shock, immune complex disease, organ ischemia, reperfusion injury, organ
necrosis, hay fever, sepsis, septicemia, endotoxic shock, cachexia, hyperpyrexia, eosinophilic
granuloma, granulomatosis, and sarcoidosis); diseases involving the urogenital system and
associated tissues (such as septic abortion, epididymitis, vaginitis, prostatitis, and urethritis);
diseases involving the respiratory system and associated tissues (such as bronchitis,
25 emphysema, rhinitis, cystic fibrosis, pneumonitis, COPD, adult respiratory distress syndrome,
pneumoultramicroscopic silico-volcanoconiosis, alveolitis, bronchiolitis, pharyngitis,
pleurisy, and sinusitis); diseases arising from infection by various viruses (such as influenza,
respiratory syncytial virus, HIV, hepatitis B virus, hepatitis C virus and herpes), bacteria
(such as disseminated bacteremia, Dengue fever), fungi (such as candidiasis) and protozoal
30 and multicellular parasites (such as malaria, filariasis, amebiasis, and hydatid cysts);
dermatological diseases and conditions of the skin (such as psoriasis, burns, dermatitis,
dermatomyositis, sunburn, urticaria warts, and wheals); diseases involving the cardiovascular

system and associated tissues (such as vasulitis, angiitis, endocarditis, arteritis, atherosclerosis, thrombophlebitis, pericarditis, congestive heart failure, myocarditis, myocardial ischemia, periarteritis nodosa, restenosis and rheumatic fever); diseases involving the central or peripheral nervous system and associated tissues (such as
5 Alzheimer's disease, meningitis, encephalitis, multiple sclerosis, cerebral infarction, cerebral embolism, Guillame-Barre syndrome, neuritis, neuralgia, spinal cord injury, paralysis, and uveitis); diseases of the bones, joints, muscles and connective tissues (such as the various arthritides and arthralgias, osteomyelitis, fasciitis, Paget's disease, gout, periodontal disease, rheumatoid arthritis, and synovitis); other autoimmune and inflammatory disorders (such as
10 myasthenia gravis, thryoiditis, systemic lupus erythematosus, Goodpasture's syndrome, Behcets's syndrome, allograft rejection, graft-versus-host disease, Type I diabetes, ankylosing spondylitis, Berger's disease, Type I diabetes, ankylosing spondylitis, Berger's disease, and Retier's syndrome); as well as various cancers, tumors and proliferative disorders (such as Hodgkins disease); and, in any case the inflammatory or immune host
15 response to any primary disease.

[0003] The early proinflammatory cytokines (*e.g.*, TNF, IL-1, etc.) mediate inflammation, and induce the late release of high mobility group protein 1 (HMG1) (also known as HMG-1, HMG1, and HMGB1), a protein that accumulates in serum and mediates delayed lethality and further induction of early proinflammatory cytokines.

20 [0004] HMG1 was first identified as the founding member of a family of DNA-binding proteins termed high mobility group (HMG) that are critical for DNA structure and stability. It was identified nearly 40 years ago as a ubiquitously expressed nuclear protein that binds double-stranded DNA without sequence specificity.

[0005] HMG1 binding bends DNA to promote formation and stability of
25 nucleoprotein complexes that facilitates gene transcription of, for example, glucocorticoid receptors and RAG recombinase. The HMG1 molecule has three domains: two DNA binding motifs termed HMG A and HMG B boxes, and an acidic carboxyl terminus. The two HMG boxes are highly conserved 80 amino acid, L-shaped domains. HMG boxes are also expressed in other transcription factors including the RNA polymerase I transcription factor
30 human upstream-binding factor and lymphoid-specific factor.

[0006] Recently, it has been found that the HMG A box serves as a competitive inhibitor of HMG proinflammatory action, and the HMG B box has the predominant

proinflammatory activity of HMG (*See, e.g.*, US20040005316). HMG1 has been demonstrated to be a long-searched-for nuclear danger signal passively released by necrotic, as opposed to apoptotic cells that will induce inflammation. It has also been shown that HMG1 can be actively secreted by stimulated macrophages or monocytes in a process
5 requiring acetylation of the molecule, which enables translocation from the nucleus to secretory lysosomes and results in the secretion of an acetylated form of HMG1. *See*, PCT/IB2003/005718. Thus, HMG1 passively released from necrotic cells and HMGB1 actively secreted by inflammatory cells are molecularly different.

[0007] Further, HMG1 has been implicated as a cytokine mediator of delayed
10 lethality in endotoxemia. *See, e.g.*, U.S. patents 6,468,533 and 6,448,223. More specifically, it is been demonstrated that bacterial endotoxin (lipopolysaccharide (LPS)) activates monocytes/macrophages to release HMG1 as a late response to activation, resulting in elevated serum HMG1 levels that are toxic. Antibodies against HMG1 have been shown to prevent lethality of endotoxin even when antibody administration is delayed until after the
15 early cytokine response. Like other proinflammatory cytokines, HMG1 is a potent activator of monocytes. Intratracheal application of HMG1 causes acute lung injury, and anti-HMG1 antibodies protect against endotoxin-induced lung edema. In addition, serum HMG1 levels are elevated in critically ill patients with sepsis or hemorrhagic shock, and levels are significantly higher in non-survivors as compared to survivors.

[0008] Extracellular HMG1 acts as a potent mediator of the inflammatory cascade by
20 signaling via the Receptor for Advanced Glycated End-products (RAGE) and via members of the Toll-like receptor (TLR) family. *See, e.g.*, U.S. patent publication no. US20040053841.

[0009] High mobility group protein 2 (HMG2) (also known as HMGB2 and HMG-2) is a close relative of HMG1 that likely originated from gene duplication. It is present in many
25 cell types and shares many if not all of the biochemical properties of HMG1 (Bustin, 1999, *Mol. Cell. Biol.* 19, 5237-46 and Thomas et al., 2001, *Trends Biochem. Sci.* 26, 167-74). Although HMG2 is less abundant and has a more restricted distribution than HMG1 in adult mouse tissues, it is relatively abundant in the lymphoid organs, testis and lung where it may also play a role as a mediator of inflammation. Like HMG1, HMG2 is also a significant
30 target antigen of autoantibodies (*e.g.*, perinuclear anti-neutrophil cytoplasmic antibodies) in a number of autoimmune diseases including, systemic rheumatic diseases (Uesugi et al., 1998, *J Rheumatol.* 25:703-9), ulcerative colitis (Sobajima et al., 1998, *Clin Exp Immunol.* 111:402-

7) and juvenile idiopathic arthritis (Witte mann et al., 1990, *Arthritis Rheum.* 33:1378-83; Rosenberg et al., 2000, *J Rheumatol.* 27, 2489-93).

[0010] Given the fact that antibodies that bind to HMG1 and polypeptide fragments thereof (*e.g.*, HMG A and HMG B box) have been shown modulate the activity of HMG1 (5 *e.g.*, proinflammatory activity), and the fact that modulating HMG1 activity in humans may have profound therapeutic uses for many diseases and disorders, there is a need in the art to identify antibodies that specifically bind HMG1 and polypeptide fragments thereof that have high affinity for HMG1 and low immunogenicity. Similarly, molecules that modulate the activity of HMG2 (*e.g.*, antibodies that specifically bind HMG2 and polypeptide fragments) 10 may also be useful therapeutics for a number of diseases and disorders.

2. Summary of the Invention

[0011] The present invention is based in part on the discovery of high affinity antibodies that specifically bind HMG1 (also referred herein as "HMGB1") and antigenic 15 fragments thereof. The high affinity antibodies of the present invention and pharmaceutical compositions comprising the same are useful for many purposes, for example, as therapeutics against a wide range of inflammatory diseases and disorders such as sepsis, rheumatoid arthritis, peritonitis, Crohn's disease, reperfusion injury, septicemia, endotoxic shock, cystic fibrosis, endocarditis, psoriasis, arthritis (*e.g.*, psoriatic arthritis), anaphylactic shock, organ 20 ischemia, reperfusion injury, spinal cord injury and allograft rejection. In addition, the high affinity antibodies of the present invention are useful for diagnostic applications.

[0012] In one embodiment of the present invention, the high affinity antibodies of the invention specifically bind a polypeptide comprising, or alternatively consisting of (or consisting essentially of) an HMG1 polypeptide of a human or other animal, *e.g.*, mammals 25 and invertebrates. In a specific embodiment, the high affinity antibodies of the present invention specifically bind a polypeptide comprising or alternatively consisting of a human HMG1 polypeptide (SEQ ID NO:1 or SEQ ID NO:2). Full-length HMG1 polypeptides of human and other animals are well known in the art (*see, e.g.*, US20040005316; 6,468,533 and 6,448,223).

30 **Human HMGB1 amino acid sequence (GenBank Acc. No. NP_002119)**

MGKGDPPKPRGKMSSYAFFVQTCREEHKKKHPDASVNFSEFSKCSERWK
TMSAKEKGFEDMAKADKARYEREMKTYIP PKGETKKKFKDPNAPKRPPS
AFFLFCSEYRPKIKGEHPGLSIGDVAKKLGEMWNNTAADDKQPYEKKA

LKEKYEKDIAAYRAKGGKPDAAKKGVVKAEKSKKKKEEEDEEDEEDEE
EDEEDEDEE DDDDE (SEQ ID NO:1)

Human HMGB1 amino acid sequence (GenBank ACC. NO. AAA64970)

5 MGKGDPPKPTGKMSSYAFFVQTCREEHKKKHPDASVNFSEFSKKCSERWK
TMSAKEKGGKFEDMAKADKARYEREMKTYIPPKGETKKKFKDPNAPKRLPS
AFFLFCSEYRPKIKGEHPGLSIGDVAKKLGEMWNNTAADDKQPYEKKA
LKEKYEKDIAAYRAKGGKPDAAKKGVVKAEKSKKKKEEEDEEDEEDEE
EDEEDEE DDDDE (SEQ ID NO:2)

10

[0013] In another embodiment of the present invention, the high affinity antibodies of the invention specifically bind a polypeptide comprising, or alternatively consisting of (or consisting essentially of) an HMG2 (also referred to herein as "HMGB2") polypeptide of a human or other animal, *e.g.*, mammals and invertebrates. In still another embodiment, the high affinity antibodies of the present invention specifically bind a polypeptide comprising or alternatively consisting of a human HMG2 polypeptide (SEQ ID NO:21). Full-length HMG2 polypeptides of human and other animals are well known in the art. *See, e.g.*, Majumdar et al., 1991, *Nucleic Acids Res.* 19:6643; Shirakawa et al., 1992, *J Biol Chem* 267:6641-6645.

Human HMGB2 amino acid sequence (GenBank Acc. No. AAA58659)

20 MGKGDPPNKPRGKMSSYAFFVQTCREEHKKKHPDSSVNFSEFSKKCSERWKTMSAK
EKSKFEDMAKSDKARYDREMKNYVPPKGDKKGGKKKDPNAPKRPPSAFFLFCSEHRP
KIKSEHPGLSIGDTAKKLGEMWSEQSAKDKQPYEQKAAKLKEKYEKDIAAYRAKGGK
SEAGKKGPGRPTGSKKKNEPEDEEEEEEEDEEDEE DDDDE (SEQ ID NO:21)

25 [0014] In another embodiment of the present invention, the high affinity antibodies of the present invention specifically bind a polypeptide comprising, or alternatively consisting of (or consisting essentially of) either a HMG1 A box or HMG1 B box of a mammal (or other animals), preferably of a human HMG1 polypeptide. The amino acid sequences of HMG1 A box and HMG1 B box polypeptides of humans and other animals are highly conserved and are well known in the art (*see, e.g.*, US20040005316; 6,468,533; 6,448,223, and US20040053841).

Human HMGB1 A box (SEQ ID NO:3)

PTGKMSSYAFFVQTCREEHKKKHPDASVNFSEFSKKCSERWKTMSAKEKGGKFEDMA
KADKARYEREMKTYIPPKGET

35 **Human HMGB1 B box (SEQ ID NO:4)**

FKDPNAPKRLPSAFFLFCSEYRPKIKGEHPGLSIGDVAKKLGEM
WNNTAADDKQPYEKKAALKEKYEKDIAAY

[0015] In still another embodiment of the present invention, the high affinity antibodies of the present invention specifically bind a polypeptide comprising, or

alternatively consisting of (or consisting essentially of) either a HMG2 A box or HMG2 B box of a mammal (or other animals), preferably of a human HMG2 polypeptide. The amino acid sequences of HMG box polypeptides of humans and other animals are highly conserved and are well known in the art. *See, e.g.,* Jantzen et al., 1990, *Nature* 344:830-6; Kolodrubetz
 5 1990, *Nucleic Acids Res.* 18:5565; Laudet et al., 1993, *Nucleic Acids Res.* 21:2493-501 and Thomas et al., 2001, *Trends Biochem Sci.* 26:167-74.

Human HMGB2 A box (SEQ ID NO:22)

PRGKMSSYAFFVQTCREEHKKKHPDSSVNFAEFSKKCSERWKTMSAKEKSKFEDMA
 KSDKARYDREMKNYVPPKGDK

10 **Human HMGB2 B box (SEQ ID NO:23)**

KKKDPNAPKRPPSAFFLFCSEHRPKIKSEHPGLSIGDTAKKLGEMWSEQSAKDKQPY
 EQKAAKLKEKYEKDIAAY

[0016] Also encompassed by the present invention are antibodies which specifically bind to an epitope comprising, or alternatively consisting of (or consisting essentially of)
 15 amino acid residues derived from both the A box and B box of HMG1 and/or HMG2. An epitope derived from amino acid residues derived from both the A box B box may be a linear polypeptide derived from the junction of the A and B boxes or may result from the three dimensional confirmation of a polypeptide comprising amino acid residues from both the A and B boxes.

20 [0017] In another embodiment of the present invention, the high affinity antibodies of the present invention specifically bind an antigenic HMGB1 polypeptide fragment comprising, or alternatively consisting of (or consisting essentially of) a polypeptide fragment of human HMGB1 (or other animals).

[0018] In another embodiment of the present invention, the high affinity antibodies of
 25 the present invention specifically bind an antigenic HMGB2 polypeptide fragment comprising, or alternatively consisting of (or consisting essentially of) a polypeptide fragment of human HMGB2 (or other animals).

[0019] It is specifically contemplated that the high affinity antibodies of the present invention may specifically bind acetylated and/or non-acetylated HMG1 and antigenic
 30 fragments thereof. It is also specifically contemplated that the high affinity antibodies of the invention may be able to distinguish between the two forms. It is also contemplated that the high affinity antibodies of the present invention may specifically bind acetylated and/or non-acetylated HMG2 and antigenic fragments thereof. It is also specifically contemplated that

the high affinity antibodies of the invention may be able to distinguish between the two forms.

[0020] In a specific embodiment of the present invention, antibodies that specifically bind HMG1 and antigenic fragments thereof are humanized or human antibodies. In another specific embodiment of the present invention, antibodies that specifically bind HMG2 and antigenic fragments thereof are humanized or human antibodies.

[0021] Another embodiment of present invention are antibodies that specifically bind HMG1 and antigenic fragments thereof with a dissociation constant or K_d (k_{off}/k_{on}) of less than 10^{-5} M, or of less than 10^{-6} M, or of less than 10^{-7} M, or of less than 10^{-8} M, or of less than 10^{-9} M, or of less than 10^{-10} M, or of less than 10^{-11} M, or of less than 10^{-12} M, or of less than 10^{-13} M.

[0022] Still another embodiment of present invention are antibodies that specifically bind HMG2 and antigenic fragments thereof with a dissociation constant or K_d (k_{off}/k_{on}) of less than 10^{-5} M, or of less than 10^{-6} M, or of less than 10^{-7} M, or of less than 10^{-8} M, or of less than 10^{-9} M, or of less than 10^{-10} M, or of less than 10^{-11} M, or of less than 10^{-12} M, or of less than 10^{-13} M.

[0023] In another embodiment, the antibody of the invention binds to HMG1 and/or antigenic fragments thereof with a K_{off} of less than $1 \times 10^{-3} s^{-1}$, or less than $3 \times 10^{-3} s^{-1}$. In other embodiments, the antibody binds to HMG1 and antigenic fragments thereof with a K_{off} of less than $10^{-3} s^{-1}$, less than $5 \times 10^{-3} s^{-1}$, less than $10^{-4} s^{-1}$, less than $5 \times 10^{-4} s^{-1}$, less than $10^{-5} s^{-1}$, less than $5 \times 10^{-5} s^{-1}$, less than $10^{-6} s^{-1}$, less than $5 \times 10^{-6} s^{-1}$, less than $10^{-7} s^{-1}$, less than $5 \times 10^{-7} s^{-1}$, less than $10^{-8} s^{-1}$, less than $5 \times 10^{-8} s^{-1}$, less than $10^{-9} s^{-1}$, less than $5 \times 10^{-9} s^{-1}$, or less than $10^{-10} s^{-1}$.

[0024] In yet another embodiment, the antibody of the invention binds to HMG2 and/or antigenic fragments thereof with a K_{off} of less than $1 \times 10^{-3} s^{-1}$, or less than $3 \times 10^{-3} s^{-1}$. In other embodiments, the antibody binds to HMG2 and antigenic fragments thereof with a K_{off} of less than $10^{-3} s^{-1}$, less than $5 \times 10^{-3} s^{-1}$, less than $10^{-4} s^{-1}$, less than $5 \times 10^{-4} s^{-1}$, less than $10^{-5} s^{-1}$, less than $5 \times 10^{-5} s^{-1}$, less than $10^{-6} s^{-1}$, less than $5 \times 10^{-6} s^{-1}$, less than $10^{-7} s^{-1}$, less than $5 \times 10^{-7} s^{-1}$, less than $10^{-8} s^{-1}$, less than $5 \times 10^{-8} s^{-1}$, less than $10^{-9} s^{-1}$, less than $5 \times 10^{-9} s^{-1}$, or less than $10^{-10} s^{-1}$.

[0025] In another embodiment, the antibody of the invention binds to HMG1 and/or antigenic fragments thereof with an association rate constant or k_{on} rate of at least $10^5 M^{-1} s^{-1}$, at least $5 \times 10^5 M^{-1} s^{-1}$, at least $10^6 M^{-1} s^{-1}$, at least $5 \times 10^6 M^{-1} s^{-1}$, at least $10^7 M^{-1} s^{-1}$, at least $5 \times 10^7 M^{-1} s^{-1}$, or at least $10^8 M^{-1} s^{-1}$, or at least $10^9 M^{-1} s^{-1}$.

[0026] In another embodiment, the antibody of the invention binds to HMG2 and/or antigenic fragments thereof with an association rate constant or k_{on} rate of at least $10^5 M^{-1}s^{-1}$, at least $5 \times 10^5 M^{-1}s^{-1}$, at least $10^6 M^{-1}s^{-1}$, at least $5 \times 10^6 M^{-1}s^{-1}$, at least $10^7 M^{-1}s^{-1}$, at least $5 \times 10^7 M^{-1}s^{-1}$, or at least $10^8 M^{-1}s^{-1}$, or at least $10^9 M^{-1}s^{-1}$.

5 [0027] It is contemplated that the high affinity antibodies of the invention may specifically bind to HMG1 and not bind to HMG2 or may specifically bind to HMG2 and not bind to HMG1. It is further contemplated that the high affinity antibodies of the invention may specifically bind to both HMG1 and to HMG2 (e.g., an antibody that specifically recognized an epitope that is present in both HMG1 and HMG2). It is contemplated that the high affinities antibodies of the invention may specifically bind either HMG1 or HMG2 and cross-react with HMG2 or HMG1, respectively. It is further contemplated that the high affinity antibodies of the invention bind HMG1 and HMG2 with either the same or different binding affinities.

[0028] The high affinity antibodies of the invention include, but are not limited to, 15 synthetic antibodies, monoclonal antibodies, recombinantly produced antibodies, intrabodies, multispecific antibodies (including bi-specific antibodies), human antibodies, humanized antibodies, chimeric antibodies, synthetic antibodies, single-chain Fvs (scFv), Fab fragments, F(ab') fragments, disulfide-linked Fvs (sdFv) (including bi-specific sdFvs), and anti-idiotypic (anti-Id) antibodies, and epitope-binding fragments of any of the above.

20 [0029] An additional nonexclusive embodiment of the present invention includes high affinity antibodies of the invention that have certain preferred biochemical characteristics such as a particular isoelectric point (pI) or melting temperature (T_m).

[0030] In one embodiment, the high affinity antibodies of the present invention have a pI ranging from 5.5 to 9.5.

25 [0031] In one embodiment, the high affinity antibodies of the present invention have a T_m ranging from about $65^\circ C$ to about $120^\circ C$.

[0032] Specific embodiments of the invention also include particular antibodies (and fragments thereof) that specifically bind HMG1 with high affinity which have been deposited with the American Type Culture Collection (10801 University Boulevard, Manassas, Va. 30 20110-2209) and assigned ATCC Deposit Nos. PTA-6142 (Deposited August 4, 2004), PTA-6143 (Deposited August 4, 2004), PTA-6259 (Deposited October 19, 2004) and PTA-6258 (Deposited October 19, 2004) (also referred to herein as "S2", "S6", "S16", and "G4").

respectively). These deposits will be maintained under the terms of the Budapest Treaty on the International Recognition of the Deposit of Microorganisms for the Purposes of Patent Procedure. Since the strain referred to is being maintained under the terms of the Budapest Treaty, it will be made available to a patent office signatory to the Budapest Treaty.

5 **[0033]** Other specific embodiments of the invention also include particular antibodies (and fragments thereof) that specifically bind HMG1 with high affinity and comprise at least one of the variable regions disclosed herein (*see, e.g.*, Figure 2A-J and SEQ ID NOS.: 5-20, 24-27, and 30-73). Antibodies having at least one, at least two, at least three, at least four at least five or at least 6 of the CDRs of the antibodies disclosed herein are specific
10 embodiments of the invention (*see, e.g.*, Figure 2A-J CDRs underlined and SEQ ID NOS: 74-103). Antibodies having at least one, at least two, at least three, at least four, at least five, or all six of the CDRs of the deposited antibodies are specific embodiments of the invention. Isolated polynucleotides that encode these antibodies (and fragments thereof) are also contemplated embodiments of the invention.

15 **[0034]** Further, any antibody that specifically binds the same epitope (*e.g.*, epitopes within the HMG1 peptides 91-169 or 150-183) as the anti-HMG1 antibodies disclosed herein are included within the invention. In a specific embodiment, an antibody that specifically binds the same epitope as the deposited antibodies are included within the invention. It is specifically contemplated that these antibodies will bind the same epitope as the deposited
20 antibodies with at least equal affinity, or better affinity, or less affinity. Isolated polynucleotides that encode these antibodies (and fragments thereof) are also specific embodiments of the invention.

[0035] Isolated polynucleotides that encode any of the high affinity antibodies of the invention are included as embodiments of the invention.

25 **[0036]** In other embodiments, the invention is directed to compositions, *e.g.*, pharmaceutical compositions, comprising the high affinity antibodies of the present invention in a pharmaceutically acceptable excipient.

[0037] In a specific embodiment, compositions comprise high affinity antibodies of the invention that specifically bind to an A box of HMG1 (*e.g.*, an epitope within SEQ ID
30 NOS: 3). In another specific embodiment, compositions comprise high affinity antibodies of the invention that specifically bind to a B box of HMG1 (*e.g.*, an epitope within SEQ ID NOS: 4, 28, 29). In still another specific embodiment, compositions comprise high affinity

antibodies of the invention that specifically bind to an epitope derived from both the A box and B box of HMG1 and/or HMG2. It is also contemplated that compositions of the invention may comprise a combination of high affinity antibodies of the invention, for example a combination of antibodies that specifically bind to an A box and antibodies that specifically bind a B box.

[0038] Compositions of the invention can comprise the high affinity antibodies of the present invention alone or in combination with other active therapeutic molecules and/or adjuvants such as steroids, other anti-inflammatory molecules, or other antibody therapeutics. More specifically, the compositions of the invention can comprise an antagonist of an early sepsis mediator. The antagonist of an early sepsis mediator is in one embodiment, an antagonist of a cytokine selected from the group consisting of TNF, IL-1 α , IL-1 β , MIF and IL-6.

[0039] In another embodiment of the present invention, the compositions described herein can inhibit a condition mediated or characterized by activation of an inflammatory cytokine cascade including both acute and chronic inflammatory conditions.

[0040] In still another embodiment of the present invention, the compositions described herein are more protective (by at least 10% or at least 15 %, or at least 20 %, or at least 30 %, or at least 40%, or at least 50 %, or at least 60%, or at least 70 %, or at least 80%, or at least 90%) than a control composition in an animal CLP sepsis model (*e.g.*, mouse or piglet CLP model).

[0041] In yet another embodiment of the present invention, the compositions described herein are more protective (by at least 10% or at least 15 %, or at least 20 %, or at least 30 %, or at least 40%, or at least 50 %, or at least 60%, or at least 70 %, or at least 80%, or at least 90%) than a control composition in an animal arthritis model (*e.g.*, rat AIA, mouse passive or active CIA models).

[0042] In still another embodiment of the present invention, the compositions described herein reduce bone loss and/or cartilage damage (by at least 10% or at least 15 %, or at least 20 %, or at least 30 %, or at least 40%, or at least 50 %, or at least 60%, or at least 70 %, or at least 80%, or at least 90%) more than a control composition in an animal arthritis model (*e.g.*, rat AIA, mouse passive or active CIA models).

[0043] In still another embodiment of the present invention, the compositions described herein reduce bone loss and/or cartilage damage (by at least 10% or at least 15 %, or at least 20 %, or at least 30 %, or at least 40%, or at least 50 %, or at least 60%, or at least 70 %, or at least 80%, or at least 90%) more than a control composition in an animal arthritis model (*e.g.*, rat AIA, mouse passive or active CIA models).

or at least 20 %, or at least 30 %, or at least 40%, or at least 50 %, or at least 60%, or at least 70 %, or at least 80%, or at least 90%) more than a control composition in humans.

[0044] In another embodiment of the present invention, the compositions described herein are more protective (by at least 10% or at least 15 %, or at least 20 %, or at least 30 %, or at least 40%, or at least 50 %, or at least 60%, or at least 70 %, or at least 80%, or at least 90%) than Renbrel® (with or without methotrexate) in a rodent arthritis model.

[0045] In still another embodiment of the present invention, the compositions described herein are more protective (by at least 10% or at least 15 %, or at least 20 %, or at least 30 %, or at least 40%, or at least 50 %, or at least 60%, or at least 70 %, or at least 80%, or at least 90%) than Enbrel® (with or without methotrexate) in humans.

[0046] In yet another embodiment of the present invention, the compositions described herein are more protective (by at least 10% or at least 15 %, or at least 20 %, or at least 30 %, or at least 40%, or at least 50 %, or at least 60%, or at least 70 %, or at least 80%, or at least 90%) than a control composition in a mouse peritonitis model.

[0047] Other contemplated embodiments of the present invention include methods of treating or preventing arthritis, *e.g.*, rheumatoid arthritis, osteoclast-mediated diseases, or other inflammatory diseases of the joints comprising administering an antibody composition described herein.

[0048] In another embodiment, the present invention includes methods of treating or preventing arthritis, *e.g.*, rheumatoid arthritis, osteoclast-mediated diseases, or other inflammatory diseases comprising administering any antibody (or antibody composition) that specifically binds HMG1 or antigenic fragment thereof (*e.g.*, HMG B box) irregardless of the binding affinity of the antibody.

[0049] In another embodiment, the present invention includes methods of treating or preventing arthritis, *e.g.*, rheumatoid arthritis, osteoclast-mediated diseases, or other inflammatory diseases comprising administering any antibody (or antibody composition) that specifically binds HMG2 or antigenic fragment thereof (*e.g.*, HMG B box) irregardless of the binding affinity of the antibody.

[0050] In another embodiment, the present invention includes methods of treating or preventing arthritis, *e.g.*, rheumatoid arthritis, osteoclast-mediated diseases, or other inflammatory diseases comprising administering a combination of antibodies (or antibody

composition) that specifically bind HMG1 and/or HMG2 or antigenic fragment thereof (*e.g.*, HMG B box) irregardless of the binding affinity of the antibody.

[0051] In still another embodiment of the present invention, the compositions described herein ameliorate the severity of spinal cord injury (SCI) (by at least 10%, or at least 15 %, or at least 20 %, or at least 30 %, or at least 40%, or at least 50 %, or at least 60%, or at least 70 %, or at least 80%, or at least 90%) more than a control composition in a human or a rodent SCI model.

[0052] In other specific embodiments, the invention is directed to methods of administering and using compositions and antibodies or the invention to treat and prevent a wide range of inflammatory conditions including both chronic and acute conditions, such as appendicitis, peptic, gastric and duodenal ulcers, peritonitis, pancreatitis, ulcerative, pseudomembranous, acute and ischemic colitis, diverticulitis, epiglottitis, achalasia, cholangitis, cholecystitis, hepatitis, Crohn's disease, enteritis, Whipple's disease, asthma, allergy, anaphylactic shock, immune complex disease, organ ischemia, reperfusion injury, organ necrosis, hay fever, sepsis, septicemia, endotoxic shock, cachexia, hyperpyrexia, eosinophilic granuloma, granulomatosis, sarcoidosis, septic abortion, epididymitis, vaginitis, prostatitis, urethritis, bronchitis, emphysema, rhinitis, cystic fibrosis, pneumonitis, pneumoultramicroscopic silicovolcanoconiosis, alveolitis, bronchiolitis, pharyngitis, pleurisy, sinusitis, influenza, respiratory syncytial virus infection, herpes infection, HIV infection, hepatitis B virus infection, hepatitis C virus infection, disseminated bacteremia, Dengue fever, candidiasis, malaria, filariasis, amebiasis, hydatid cysts, burns, dermatitis, dermatomyositis, sunburn, urticaria, warts, wheals, vasculitis, angiitis, endocarditis, arteritis, atherosclerosis, thrombophlebitis, pericarditis, myocarditis, myocardial ischemia, periarteritis nodosa, rheumatic fever, Alzheimer's disease, coeliac disease, congestive heart failure, restenosis, COPD adult respiratory distress syndrome, meningitis, encephalitis, multiple sclerosis, cerebral infarction, cerebral embolism, Guillame-Barre syndrome, neuritis, neuralgia, spinal cord injury, paralysis, uveitis, arthritides, arthralgias, osteomyelitis, fasciitis, Paget's disease, gout, periodontal disease, rheumatoid arthritis, synovitis, myasthenia gravis, thyroiditis, systemic lupus erythematosus, Goodpasture's syndrome, Behcets's syndrome, allograft rejection, graft-versus-host disease, Type I diabetes, ankylosing spondylitis, Berger's disease, Type I diabetes, ankylosing spondylitis, Berger's disease, Retier's syndrome, and Hodgkins disease.

[0053] The present invention is also directed to a method of inhibiting release of a proinflammatory cytokine from a mammalian cell. The method comprises treating the cell with an antibody or antibody composition of the present invention in an amount sufficient to inhibit release of the proinflammatory cytokine from the cell. In these embodiments, the cell is any cell capable of releasing a proinflammatory cytokine including but not limited to, peripheral blood monocytes and macrophages. In addition, the proinflammatory cytokine may be selected from the group consisting of TNF, IL-1 α , IL-1 β , MIF and IL-6. In a specific embodiment, the cell is a macrophage and the proinflammatory cytokine is selected from the group consisting of TNF, IL-1 α , IL-1 β , MIF and IL-6. In one embodiment, the methods are used to treat a cell in a patient suffering from, or at risk for, a condition characterized by activation of the inflammatory cytokine cascade. Specific conditions are enumerated herein.

[0054] In related embodiments, the present invention is directed to a method of treating a condition in a patient characterized by activation of an inflammatory cytokine cascade. The method comprises administering to the patient an antibody or an antibody composition of the present invention. Specific conditions have already been enumerated.

3. Brief Description of the Drawings

[0055] Figure 1. Alignment of human HMG1 and HMG2. A Box is indicated by the solid underline; B Box is indicated by the dashed underline.

[0056] Figure 2. The Nucleotide and Corresponding Amino acid sequence of the variable regions of the heavy (V_H) and the light chains (V_L) of the Human anti-HMG1 antibodies of the invention. Underlined: CDRs (Kabat definition). A) S2 V_L (SEQ ID NO.: 5-6); B) S2 V_H (SEQ ID NO.: 7-8); C) S6 V_L (SEQ ID NO.: 9-10); D) S6 V_H (SEQ ID NO.: 11-12); E) S16 V_L (SEQ ID NO.: 13-14); F) S16 V_H (SEQ ID NO.: 15-16); G) G4 V_L (SEQ ID NO.: 17-18); H) G4 V_H (SEQ ID NO.: 19-20); I) E11 V_L (SEQ ID NO.: 24-25); and J) E11 V_H (SEQ ID NO.: 26-27). SEQ ID NOS. refer to the amino acid and nucleotide sequences, see Table 3 for more detail.

[0057] Figure 3. Physical Characteristics of Human anti-HMB1 Antibodies A) Isoelectric focusing (IEF) analysis of a panel of human anti-HMB1 antibodies indicates that there is a wide range of pI values (*e.g.*, ~7.77 to ~9.24) for the different human anti-HMG1 antibodies. B) Differential scanning calorimetry (DSC) analysis of a panel of human anti-HMG1 antibodies indicates that there is a wide range of T_m values (*e.g.*, ~66°C to ~90°C) for

the different human anti-HMG1 antibodies. C) Graphical representation of the IEF and DSC analysis indicates that there is not a direct correlation between pI and Tm values.

[0058] Figure 4. Binding Kinetics and Specificity of Human anti-HMG1 Antibodies. Panel A) The binding curves from an HMG1 capture ELISA for several of the human anti-HMG1 antibodies demonstrating that the antibodies have differing affinities for E. coli produced recombinant HMG1. Panel B) The binding curves from an HMG1 capture ELISA for several human anti-HMG1 antibodies comparing the capture of recombinant HMG1 (left) and native nuclear HMG1 (right) indicate that S16 and G4 bind both forms of HMG1 while S2, S6 and S10 bind better to recombinant HMG1 than to native nuclear HMG1. Panel C) The binding curves from an HMG1 capture ELISA for several human anti-HMG1 antibodies comparing the capture of native nuclear, necrotic and activated HMG1 indicate that S6 and to a lesser extent G4 bind with differing affinities to the various forms while S16 does not. Panel D) The binding curves from capture ELISA assays performed for several human anti-HMG1 antibodies comparing two different capture formats, immobilized antibody (squares) and immobilized HMG1 (triangles), indicate that E11 and to a lesser extent S17 have a higher affinity for soluble HMG1 while G2, G4, G9 and G12 showed little difference in binding to immobilized or soluble HMG1. Panel E) ELISA data showing the relative binding affinity of several human anti-HMG1 antibodies for HMG1 and HMG2 indicated that most of the antibodies tested (G2, G4, G9, G12, S3, G20, G34, G35, S2, S6, S10, S14 and S17) are specific for HMG1 while S12 and S16 exhibit some binding to both HMG1 and HMG2 and E11 appears to have a higher binding affinity for HMG2 in this assay. The data from these assays and others not shown are summarized in Table 1.

[0059] Figure 5. HMG1 B Box Epitope Mapping Studies. The binding curves from HMG1 B Box peptide ELISAs for several human anti-HMG1 antibodies are shown. The curves indicate that S12, S16 and G4 bind to HMG1 peptide 91-169 (Panel A). S12 also binds to HMG1 peptide 150-183 (Panel B). The remaining antibodies tested (S2, S6, S10, G2 and G9) do not bind either of the HMG1 B Box peptides tested in this assay.

[0060] Figure 6. Many Human anti-HMG1 Antibodies Inhibit HMG1 Stimulated Cytokine Release From Human PBMCs. Representative dose response curves of recombinant HMG1 stimulated IL-1B, IL-6 and TNF-a release inhibition activity for several human anti-HMG1 antibodies (G9, S14, G20, S2, S6 and S17) are shown in Panel A. The results were plotted both as pg/ml of cytokine released (top graphs) and as percent inhibition

(bottom graphs). Dose response curves of recombinant HMG1 stimulated IL-6 release inhibition for several additional human anti-HMG1 antibodies (G4, S6, S16 and S6+S16) and for a RAGE-Fc fusion protein are shown in Panel B. Representative dose response curves of native activated HMG1 stimulated IL-6 cytokine release inhibition for E11, S13, S16, S17, G4, G9, S6, RAGE-Fc and A box fusion proteins are shown in Panel C. The IC₅₀ values calculated from these data and other data not shown are summarized in Table 1.

[0061] Figure 7. Several Human anti-HMG1 Antibodies Inhibit HMG1 Stimulated Cytokine Gene Expression In Mouse Macrophages (mMØ). The relative gene expression of IL-1 β (left) or TNF-a (right) are shown for mouse macrophages treated with buffer, recombinant HMG1 (E-HMGB1) alone, and the combination of E-HMGB1 plus a human isotype control (HuIgG), human anti-HMG1 antibodies (E11, G2, G4, S6 and oligoclonal) as well as mouse and human RAGE -Fc fusion proteins. E11, G2, G4 and oligoclonal as well as both RAGE-Fc fusion proteins robustly inhibited IL-1 β expression. G2 and the mouse RAGE-Fc fusion protein robustly inhibited TNF-a expression. These data and other data not shown are summarized in Table 1.

[0062] Figure 8. A Subset of Human anti-HMG1 Antibodies Block the Binding of recombinant HMG1 to RAGE. An ELISA based binding assay was used to measure the binding of HMG1 to a RAGE-Ig fusion. The percent inhibition for a number of human anti-HMG1 antibodies is shown. G2, G4, S10, S16, S2 and S6 show significant ability to block the binding of HMG1 to RAGE while E11, G12, G16, G20, G34, G9, oligoclonal, S12, S14 and S17 do not. These data and other data not shown are summarized in Table 1.

[0063] Figure 9. TLR4 Activation Is Partially Blocked by E11. HMG1 induced TLR4 activation was measured using a cell based luciferase reporter system. The total luciferase activity for cells treated with media alone, recombinant HMG1 (rHMGB) alone and the combination of rHMGB plus S2, E11, S6, G4, S14 or polyclonal antibody is shown. E11 showed significant ability to block HMG1 induced TLR4 activation. These data and other data not shown are summarized in Table 1.

[0064] Figure 10. Inhibition of Recombinant HMG1 to Thp-1 Cells. Representative dose response curves showing inhibition of recombinant HMG1 binding to Thp-1 cells by E11, G2 and a RAGE-Fc fusion protein are shown. The IC₅₀ values calculated from these data and other data not shown are summarized in Table 1.

[0065] Figure 11. Human Anti-HMG1 Antibodies Are Protective in a Mouse CLP Model of Sepsis. Show are representative survival curves from the mouse CLP model of sepsis comparing treatment with either human anti-HMG1 antibodies or a human isotype control antibody (R3-47). G4 (Panels A and B), S16 (Panels A and D), S6 (Panel C), E11 and the oligoclonal (both Panel D) anti-HMG1 antibodies are able to improve survival by up to 60%.

[0066] Figure 12. HMG1 Levels are Upregulated in Several Models of Inflammatory Disease. The level of HMG1 present in fore paws harvested at day 10 from untreated passive CIA mice was seen to increase by at least 10 fold over that present in normal mice (panel A). The relative gene expression level of HMGB1, RAGE, TLR2, TLR4 and TLR9 was seen to rise in the hind paws (right) while only HMGB1, RAGE and TLR2 were seen to increase in the fore paws (left) of joints from untreated active CIA mice (both Panel B). The relative gene expression level of IL-1b, IL-6 and TNF-a was seen to rise in both the hind (plot) and fore paws (plot) of joints from untreated active CIA mice (both Panel C). The rise in HMGB1 levels in the ankle joints of AIA rats (upper right) correlates with both the increase in paw inflammation score (upper left) and the decrease in relative weight (lower left)(all Panel D). The levels of HMBG1, IL-1B and TNF-a present in the serum of animals challenged with *S. aureus* are seen to rise (Panel E) with HMGB1 levels increasing constantly from 2 hr post challenge, TNF-a showing an early peak at 2 hours which drops to near baseline by about 7 hours and a second peak at about 12 hours while IL-6 peaking at about 2 hours and then increasing slowly. HMGB1 levels in BAL fluid from ALI mice increase to over 16 ng/ml within 50 hr post LPS administration with the most dramatic rise starting at about 26 hrs (left) correlating with the maximum increase in the total number of cells seen in BAL fluid (right) (both Panel F). The levels of HMBG1 (top left) and IL-6 (bottom left) present in ankle joints of AIA rats after treatment with PBS, human isotype control (HuIgG), the anti-HMG1 antibody G4, the HMG1 A-box-Fc fusion protein, Methyltrexate (MTX), MTX + HuIgG, MTX + Renbrel, and MTX + G4. Also shown are the levels of TNF-a (top right) present in the ankle joints of AIA rats after treatment with HuIgG, G4, or MTX+HuIgG. Both G4 alone and MTX + HuIgG or MTX + Renbrel show a reduction in the levels of HMG1, IL-6 and TNF-a, however, the combination of MTX + G4 shows the most striking reduction. These data correlate with the reduction seen in the paw inflammation scores for the various treatments (see Figure 16B).

[0067] Figure 13. Human Anti-HMG1 Antibodies Are Protective in a Passive CIA Mouse Model of Arthritis. Panel A shows the paw inflammation scores over time for passive CIA mice treated with MTX and Renbrel (top left), the human anti-HMG1 antibodies S6 (top right) and G16 (bottom left) and the HMG1 A-Box-Fc fusion protein (lower right). Both the
5 MTX/Renbrel combination and the S6 antibody reduced clinical scores with S6 having a more dramatic effect in this model. Plots of the bone (upper left), cartilage (upper right) and inflammation (lower left) scores obtained by histological examination for both fore and hind paws (panel B) or fore paws alone (panel C) are shown. Panel D shows the body weight index over time for mice treated with MTX and Renbrel (top left), the human anti-HMG1
10 antibodies S6 (top right) and G16 (bottom left) and the HMG1 A-Box-Fc fusion protein (lower right). As was seen for the clinical scores, both the MTX/Renbrel combination and S6 show protection with S6 showing better efficacy.

[0068] Figure 14. Human Anti-HMG1 Antibodies Are Protective in a Passive CIA Mouse Model of Arthritis. Experiment 2 (Panel A) the paw inflammation scores over time
15 for passive CIA mice treated with PBS, Renbrel or G4 (right) and for treatment with PBS, G4 or an isotype control antibody (left). Experiment 3 (Panel B)) the paw inflammation scores over time for passive CIA mice treated with with PBS, G4 or an isotype control antibody. The clinical scores for normal mice were also tracked and plotted for both studies. Both experiments demonstrate that the G4 human anti-HMG1 antibody is able to protect against
20 inflammation in this model. In Experiment 2, G4 demonstrated better efficacy than Renbrel.

[0069] Figure 15. Human Anti-HMG1 Antibodies Are Protective in a Active CIA Mouse Model of Arthritis. The paw inflammation scores over time for active CIA mice treated with PBS, an isotype control antibody or G4 (left graph) and for active CIA mice treated with PBS or Renbrel (right graph) are shown in panel A. The relative body weight
25 plotted over time for the isotype control and G4 antibody treatment groups is shown in panel B. Also plotted on all panels are the scores for PBS treated and normal mice. The G4 human anti-HMG1 antibody showed better protection against both inflammation and weight loss in this model than Renbrel.

[0070] Figure 16. Human Anti-HMG1 Antibodies Are Protective in an AIA Rat
30 Model of Arthritis. Paw inflammation scores were plotted over time for AIA rats treated with PBS, an isotype control antibody or G4 (left) and for CIA mice treated with PBS or Renbrel (right) (both Panel A, also see Panel B) demonstrated that the G4 anti-HMG1 antibody is able

to reduce paw inflammation scores by about 35% over the PBS control while Renbrel alone only reduced paw inflammation by 25% over the PBS control in this model (Panel A). The paw inflammation scores were plotted over time for AIA rats treat with combinations of methotrexate and a second reagent (isotype control, G4 or Renbrel) (Panel 16B)

5 demonstrated that combination of MTX and G4 was even more effective than both G4 alone and the MTX/Renbrel combination. Treatment with MTX and G4 reduced the paw inflammation scores to near normal (Panel B). Also shown are the paw inflammation scores for treatment with an HMG1 A-box-Fc fusion protein which was less effective then G4 alone.

10 [0071] Figure 17. Human Anti-HMG1 Antibodies Are Protective in a Mouse Model of Peritonitis. The percent survival over a 96 hour time course in mice challenged with heat inactivated *S. aureus* to induce peritonitis shows that G4 improves survival by nearly 30% over mice treated with either PBS or an isotype control (R347) (Panel A). Antibody was administered at time -30 minutes (star) *S. aureus* challenge was administered at time 0 minutes (triangle).

15 [0072] Figure 18. Human Anti-HMG1 Antibodies Are Protective in a Mouse Model of Acute Lung Injury (ALI). Total cells recovered in BAL fluid from ALI mice treated with either G4 or E11 were reduced nearly 40% as compared to mice treated with either an isotype control antibody (R347). Treatment with an HMG1 A-box-Fc fusion protein only reduced total cells recovered by 23%.

20 [0073] Figure 19. HMG1 Staining Patterns in Human Brain Tissue of Multiple Sclerosis (MS) Specimens A) background staining of an MS Plaque with Activated Microglia using 1 µg/ml Isotype Control, B) specific HMGB1 staining of the cytoplasm of the microglia and the interstitia of an MS Plaque with Activated Microglia using 1 µg/ml G16, and C) the reduced staining seen in an MS Plaque-with demyelination, few activated microglia and
25 numerous lymphocytes using 1 µg/ml G16.

4. Brief Description of the Tables

[0074] Table 1– Antibody Characteristics and Deposit Info

[0075] Table 2 – Families of Conservative Amino Acid Substitutions

30 [0076] Table 3 – Legend for Sequence Listing

[0077] Table 4 – Legend for Passive CIA mouse model treatment protocol

[0078] Table 5 – Legend for AIA Rat model treatment protocol

[0079] Table 6 – Legend for Peritonitis model treatment protocol

5. Detailed Description of the Invention

5 [0080] The present invention is based in part of the discovery of antibodies that specifically bind HMG1 (also referred to herein as “HMGB1”) and antigenic fragments thereof which exhibit certain biochemical, binding, and functional characteristics. The antibodies that specifically bind HMG1 are specifically referred to herein as “high affinity antibodies of the invention,” “high affinity antibodies” and are also encompassed by the more
10 expansive terms “antibodies of the invention,” “anti-HMG1 antibodies” and simply “HMG antibodies,” as well as like terms. The present invention is also based in part by the discovery of antibodies that bind both HMG1 and HMG2.

[0081] The biochemical characteristics of the antibodies of the invention include but are not limited to, isoelectric point (pI) and melting temperature (T_m). The binding
15 characteristics of the antibodies of the invention include, but are not limited to, binding specificity, dissociation constant (K_d), epitope, ability to distinguish between various forms and/or preparations of HMG1 (*e.g.*, recombinant, native, acetylated) and ability to bind soluble and/or immobilized antigen. The functional characteristics of the antibodies of the present invention include, but are not limited to, inhibition of HMG1-induced cytokine
20 release, inhibition of HMG1 binding to one or more receptor, inhibition of HMG1 binding to the cell surface and protection in one or more model of inflammatory disease (*e.g.*, sepsis, arthritis, acute lung injury, peritonitis).

[0082] The antibodies of the invention and compositions comprising the same are useful for many purposes, for example, as therapeutics against a wide range of chronic and
25 acute inflammatory diseases and disorders including, but not limited to, sepsis, rheumatoid arthritis, peritonitis, Crohn’s disease, reperfusion injury, septicemia, endotoxic shock, cystic fibrosis, endocarditis, psoriasis, arthritis (*e.g.*, psoriatic arthritis), anaphylactic shock, organ ischemia, reperfusion injury, spinal cord injury and allograft rejection.

[0083] In addition, the high affinity antibodies of the present invention are useful for
30 diagnostic applications. Antibodies of the present invention may be used, for example, but not limited to, to purify, detect, and target the HMG1 and/or HMG2 polypeptides of the present invention, including both *in vitro* and *in vivo* diagnostic and therapeutic methods. For

example, the antibodies have use in immunoassays for qualitatively and quantitatively measuring levels of the HMG1 and/or HMG2 polypeptides of the present invention in biological samples. *See, e.g., Harlow et al., Antibodies: A Laboratory Manual, (Cold Spring Harbor Laboratory Press, 2nd ed. 1988).*

5

5.1 Antibodies of the Invention

[0084] High affinity antibodies or fragments thereof that “specifically bind to HMG1 and antigenic fragments thereof” as used herein refers to, for example, high affinity antibodies or fragments thereof that specifically bind to an HMG1 polypeptide or a fragment of an HMG1 polypeptide (*e.g., HMG1 A box and HMG1 B Box*) or an epitope of an HMG1 polypeptide (as determined by immunoassays well known in the art for assaying specific antibody-antigen binding) and do not specifically bind to other polypeptides. In one embodiment, high affinity antibodies or fragments that specifically bind to an HMG1 polypeptide or fragment thereof do not non-specifically cross-react with other antigens (*e.g.,* 10 binding cannot be competed away with a non-HMG1 protein, *e.g., BSA*). The present invention also encompasses high affinity antibodies or fragments thereof that specifically bind to an HMG2 polypeptide or fragment of an HMG2 polypeptide (*e.g. HMG2 A box and HMG2 B Box*) or an antigenic fragment of an HMG2 polypeptide.

[0085] It will be recognized by one skilled in the art that HMG1 and HMG2 while 20 being distinct proteins do have regions of homology (*see, Figure 1*). Accordingly, it is contemplated that high affinity antibodies or fragments thereof may specifically bind to HMG1 and antigenic fragments thereof and not bind to HMG2 or antigenic fragments thereof. It is further contemplated that high affinity antibodies or fragments thereof may specifically bind to HMG2 and antigenic fragments thereof and not bind to HMG1 or 25 antigenic fragments thereof. It is further contemplated that the high affinity antibodies of the invention may specifically bind an epitope that is common to both HMG1 and to HMG2. A common epitope may be identical in both HMG1 and HMG2, in such a case the amino acid sequence comprising the epitope is identical in HMG1 and HMG2. Accordingly, the high affinity antibodies of the invention may specifically bind to both HMG1 and to HMG2 (*e.g.,* 30 an antibody that specifically recognized a identical epitope that is present in both HMG1 and HMG2). Alternatively, a common epitope may be similar in both HMG1 and HMG2. For example, a similar epitope may share significant homology (*e.g., 60%-99% identity*) and/or

adopt a similar three dimensional conformation between between HMG1 and HMG2 such that a high affinity antibody of the present invention will cross-react with the shared epitope. Accordingly, the high affinities antibodies of the invention may specifically bind either HMG1 or HMG2 and cross-react with HMG2 or HMG1, respectively. A high affinity
5 antibody of the present invention may have differing affinities for a similar epitope present on HMG1 and HMG2. Accordingly, it is further contemplated that the high affinity antibodies of the invention bind HMG1 and HMG2 with either the same or different binding affinities. In a specific embodiment, high affinity antibodies or fragments thereof specifically bind HMG1 and/or HMG2 over other antigens.

10 [0086] In one embodiment, the high affinity antibodies of the present invention specifically bind a polypeptide comprising, or alternatively consisting of (or consisting essentially of) an A box of HMG1 and/or HMG2 (*e.g.*, SEQ ID NOS. 3 and 22, respectively).

[0087] In another embodiment, the high affinity antibodies of the present invention
15 specifically bind a polypeptide comprising, or alternatively consisting of (or consisting essentially of) a B box of HMG1 and/or HMG2 (*e.g.*, SEQ ID NOS. 4 and 23, respectively).

[0088] Also encompassed by the present invention are antibodies which specifically bind to an epitope comprising, or alternatively consisting of (or consisting essentially of) amino acid residues derived from both the A box and B box of HMG1 and/or HMG2. An
20 epitope derived from amino acid residues derived from both the A box B box may be a linear polypeptide derived from the junction of the A and B boxes or may result from the three dimensional confirmation of a polypeptide comprising amino acid residues from both the A and B boxes.

[0089] The present invention also specifically encompasses antibodies with multiple
25 specificities (*e.g.*, an antibody with specificity for two or more discrete antigens (reviewed in Cao et al., 2003, *Adv Drug Deliv Rev* 55:171; Hudson et al., 2003, *Nat Med* 1:129)). For example, bispecific antibodies contain two different binding specificities fused together. In the simplest case a bispecific antibody would bind to two adjacent epitopes on a single target antigen, such an antibody would not cross-react with other antigens (as described *supra*).
30 Alternatively, bispecific antibodies can bind to two different antigens, such an antibody specifically binds to two different molecules (*e.g.*, HMG1 and HMG2) but not to other

unrelated molecules (*e.g.*, BSA). In addition, an antibody that specifically binds HMG1 and/or HMG2 may cross-react with related HMG proteins.

[0090] The term HMG1 and/or HMG2 “fragments” described herein include an HMG1 and/or HMG2 peptide or polypeptide comprising, or alternatively consisting of (or
5 consisting essentially of) an amino acid sequence of at least 5 contiguous amino acid residues, at least 10 contiguous amino acid residues, at least 15 contiguous amino acid residues, at least 20 contiguous amino acid residues, at least 25 contiguous amino acid residues, at least 40 contiguous amino acid residues, at least 50 contiguous amino acid residues, at least 60 contiguous amino residues, at least 70 contiguous amino acid residues, at
10 least contiguous 80 amino acid residues, at least contiguous 90 amino acid residues, at least contiguous 100 amino acid residues, at least contiguous 125 amino acid residues, at least 150 contiguous amino acid residues, at least contiguous 175 amino acid residues, at least contiguous 200 amino acid residues, or at least contiguous 250 amino acid residues of the amino acid sequence of HMG1 and/or HMG2 polypeptide (*e.g.*, human HMG1 and/or
15 HMG2).

[0091] The term HMG1 and/or HMG2 “fragments” described herein also specifically include polypeptides comprising, or alternatively consisting of (or consisting essentially of) an amino acid sequence of at least 5 contiguous amino acid residues, at least 10 contiguous amino acid residues, at least 15 contiguous amino acid residues, at least 20 contiguous amino
20 acid residues, at least 25 contiguous amino acid residues, at least 40 contiguous amino acid residues, at least 50 contiguous amino acid residues, at least 60 contiguous amino residues, at least 70 contiguous amino acid residues, or at least contiguous 80 amino acid residues of an HMG A (*e.g.*, a human HMG1 and/or HMG2 A box) box or an HMG B (*e.g.*, a human HMG1 and/or HMG2 B box) box.

[0092] “High affinity antibodies” (also referred to herein as “high affinity antibodies of the invention,” “high affinity antibodies,” and are also encompassed by the more expansive terms “antibodies of the invention” and simply “HMG antibodies”) of the invention include, but are not limited to, synthetic antibodies, monoclonal antibodies, recombinantly produced antibodies, intrabodies, multispecific antibodies (including bi-
30 specific antibodies), human antibodies, humanized antibodies, chimeric antibodies, synthetic antibodies, single-chain Fvs (scFv), Fab fragments, F(ab’) fragments, disulfide-linked Fvs (sdFv) (including bi-specific sdFvs), and anti-idiotypic (anti-Id) antibodies, and epitope-

binding fragments of any of the above. The antibodies of the present invention may be monospecific, bispecific, trispecific or of greater multispecificity. Multispecific antibodies may be specific for different epitopes of a polypeptide of the present invention or may be specific for both a polypeptide of the present invention as well as for a heterologous epitope, such as a heterologous polypeptide or solid support material. *See, e.g.*, PCT publications WO 93/17715; WO 92/08802; WO91/00360; WO 92/05793; Tutt, et al., *J. Immunol.* 147:60-69 (1991); U.S. Pat. Nos. 4,474,893; 4,714,681; 4,925,648; 5,573,920; 5,601,819; Kostelny et al., *J. Immunol.* 148:1547-1553 (1992).

[0093] Multispecific antibodies have binding specificities for at least two different antigens. While such molecules normally will only bind two antigens (*i.e.* bispecific antibodies, BsAbs), antibodies with additional specificities such as trispecific antibodies are encompassed by the instant invention. Examples of BsAbs include without limitation those with one arm directed against an HMG1 and/or HMG2 epitope and the other arm directed against any other antigen. Methods for making bispecific antibodies are known in the art. Traditional production of full-length bispecific antibodies is based on the coexpression of two immunoglobulin heavy chain-light chain pairs, where the two chains have different specificities (Millstein et al., 1983, *Nature*, 305:537-539). Because of the random assortment of immunoglobulin heavy and light chains, these hybridomas (quadromas) produce a potential mixture of different antibody molecules, of which only one has the correct bispecific structure. Purification of the correct molecule, which is usually done by affinity chromatography steps, is rather cumbersome, and the product yields are low. Similar procedures are disclosed in WO 93/08829, and in Traunecker et al., 1991, *EMBO J.*, 10:3655-3659. A more directed approach is the generation of a Di-diabody a tetravalent bispecific antibody. Methods for producing a Di-diabody are known in the art (see *e.g.*, Lu et al., 2003, *J Immunol Methods* 279:219-32; Marvin et al., 2005, *Acta Pharmacologica Sinica* 26:649).

[0094] According to a different approach, antibody variable domains with the desired binding specificities (antibody-antigen combining sites) are fused to immunoglobulin constant domain sequences. The fusion preferably is with an immunoglobulin heavy chain constant domain, comprising at least part of the hinge, CH2, and CH3 regions. It is preferred to have the first heavy-chain constant region (CH1) containing the site necessary for light chain binding, present in at least one of the fusions. DNAs encoding the immunoglobulin heavy chain fusions and, if desired, the immunoglobulin light chain, are inserted into separate expression vectors, and are co-transfected into a suitable host organism. This provides for

great flexibility in adjusting the mutual proportions of the three polypeptide fragments in embodiments when unequal ratios of the three polypeptide chains used in the construction provide the optimum yields. It is, however, possible to insert the coding sequences for two or all three polypeptide chains in one expression vector when, the expression of at least two
5 polypeptide chains in equal ratios results in high yields or when the ratios are of no particular significance.

[0095] In one embodiment of this approach, the bispecific antibodies are composed of a hybrid immunoglobulin heavy chain with a first binding specificity in one arm (e.g., an HMG1 and/or HMG2 epitope such as the A-box, B-box), and a hybrid immunoglobulin
10 heavy chain-light chain pair (providing a second binding specificity) in the other arm. It was found that this asymmetric structure facilitates the separation of the desired bispecific compound from unwanted immunoglobulin chain combinations, as the presence of an immunoglobulin light chain in only one half of the bispecific molecule provides for a facile way of separation. This approach is disclosed in WO 94/04690. For further details of
15 generating bispecific antibodies see, for example, Suresh et al., 1986, *Methods in Enzymology*, 121:210. According to another approach described in WO96/27011, a pair of antibody molecules can be engineered to maximize the percentage of heterodimers which are recovered from recombinant cell culture. The preferred interface comprises at least a part of the CH3 domain of an antibody constant domain. In this method, one or more small amino
20 acid side chains from the interface of the first antibody molecule are replaced with larger side chains (e.g. tyrosine or tryptophan). Compensatory "cavities" of identical or similar size to the large side chain(s) are created on the interface of the second antibody molecule by replacing large amino acid side chains with smaller ones (e.g. alanine or threonine). This provides a mechanism for increasing the yield of the heterodimer over other unwanted end-
25 products such as homodimers.

[0096] Bispecific antibodies include cross-linked or "heteroconjugate" antibodies. For example, one of the antibodies in the heteroconjugate can be coupled to avidin, the other to biotin. Such antibodies have, for example, been proposed to target immune system cells to unwanted cells (U.S. Pat. No. 4,676,980), and for treatment of HIV infection (WO 91/00360,
30 WO 92/200373, and EP 03089) Heteroconjugate antibodies may be made using any convenient cross-linking methods. Suitable cross-linking agents are well known in the art, and are disclosed in U.S. Pat. No. 4,676,980, along with a number of cross-linking techniques.

[0097] Antibodies with more than two valencies incorporating at least one hinge modification of the invention are contemplated. For example, trispecific antibodies can be prepared. See, e.g., Tutt et al. J. Immunol. 147: 60 (1991).

[0098] Other antibodies specifically contemplated are "oligoclonal" antibodies. As used herein, the term "oligoclonal" antibodies" refers to a predetermined mixture of distinct monoclonal antibodies. Methods for generating oligoclonal antibodies are known in the art. See, e.g., "Examples Section", example 1, PCT publication WO 95/20401; U.S. Pat. Nos. 5,789,208 and 6,335,163. In certain embodiments, oligoclonal antibodies consist of a predetermined mixture of antibodies against one or more epitopes are generated in a single cell. In other embodiments, oligoclonal antibodies comprise a plurality of heavy chains capable of pairing with a common light chain to generate antibodies with multiple specificities (e.g., PCT publication WO 04/009618). Oligoclonal antibodies are particularly useful when it is desired to target multiple epitopes on a single target molecule (e.g., HMG1). Those skilled in the art will know or can determine what type of antibody or mixture of antibodies is applicable for an intended purpose and desired need. In particular, antibodies of the present invention include immunoglobulin molecules and immunologically active portions of immunoglobulin molecules, *i.e.*, molecules that contain an antigen binding site that specifically binds to an HMG1 antigen (e.g., one or more complementarity determining regions (CDRs) of an anti-HMG1 antibody). It is also specifically contemplated that the antibodies of the present invention include immunoglobulin molecules and immunologically active portions of immunoglobulin molecules, *i.e.*, molecules that contain an antigen binding site that specifically binds to an HMG2 antigen (e.g., one or more complementarity determining regions (CDRs) of an anti-HMG2 antibody). The immunoglobulin molecules of the invention can be of any type (e.g., IgG, IgE, IgM, IgD, IgA and IgY), class (e.g., IgG1, IgG2, IgG3, IgG4, IgA1 and IgA2) or subclass of immunoglobulin molecule. Immunoglobulins may have both a heavy and light chain. An array of IgG, IgE, IgM, IgD, IgA, and IgY heavy chains may be paired with a light chain of the kappa or lambda forms.

[0099] The antibodies of the invention also encompass immunoglobulin molecules and immunologically active fragments of immunoglobulin molecules, *i.e.*, molecules that contain an antigen binding site, these fragments may or may not be fused to another immunoglobulin domain including but not limited to, an Fc region or fragment thereof. As outlined herein, the terms "antibody" and "antibodies" include the antibodies which specifically bind HMG1 and/or HMG2 described herein, full length antibodies and Fc

variants thereof comprising Fc regions, or fragments thereof, comprising at least one novel amino acid residue described herein fused to an immunologically active fragment of an immunoglobulin or to other proteins as described herein. Such variant Fc fusions include but are not limited to, scFv-Fc fusions, variable region (*e.g.*, VL and VH) –Fc fusions, scFv-
5 scFv-Fc fusions. Immunoglobulin molecules can be of any type (*e.g.*, IgG, IgE, IgM, IgD, IgA and IgY), class (*e.g.*, IgG1, IgG2, IgG3, IgG4, IgA1 and IgA2) or subclass.

[0100] Antibodies of the present invention also encompass antibodies that have half-lives (*e.g.*, serum half-lives) in a mammal, (*e.g.*, a human), of greater than 5 days, greater than 10 days, greater than 15 days, greater than 20 days, greater than 25 days, greater than 30
10 days, greater than 35 days, greater than 40 days, greater than 45 days, greater than 2 months, greater than 3 months, greater than 4 months, or greater than 5 months. The increased half-lives of the antibodies of the present invention in a mammal, (*e.g.*, a human), results in a higher serum titer of said antibodies or antibody fragments in the mammal, and thus, reduces the frequency of the administration of said antibodies or antibody fragments and/or reduces
15 the concentration of said antibodies or antibody fragments to be administered. Antibodies having increased *in vivo* half-lives can be generated by techniques known to those of skill in the art. For example, antibodies with increased *in vivo* half-lives can be generated by modifying (*e.g.*, substituting, deleting or adding) amino acid residues identified as involved in the interaction between the Fc domain and the FcRn receptor (see, *e.g.*, International
20 Publication Nos. WO 97/34631; WO 04/029207; U.S. 6,737,056 and U.S. Patent Publication No. 2003/0190311 and discussed in more detail below).

[0101] In one embodiment, the antibodies of the invention may comprise modifications/substitutions and/or novel amino acids within their Fc domains such as, for example, those disclosed in Ghetie et al., 1997, Nat Biotech. 15:637-40; Duncan et al, 1988,
25 Nature 332:563-564; Lund et al., 1991, J. Immunol 147:2657-2662; Lund et al, 1992, Mol Immunol 29:53-59; Alegre et al, 1994, Transplantation 57:1537-1543; Hutchins et al., 1995, Proc Natl. Acad Sci U S A 92:11980-11984; Jefferis et al, 1995, Immunol Lett. 44:111-117; Lund et al., 1995, Faseb J 9:115-119; Jefferis et al, 1996, Immunol Lett 54:101-104; Lund et al, 1996, J Immunol 157:4963-4969; Armour et al., 1999, Eur J Immunol 29:2613-2624;
30 Idusogie et al, 2000, J Immunol 164:4178-4184; Reddy et al, 2000, J Immunol 164:1925-1933; Xu et al., 2000, Cell Immunol 200:16-26; Idusogie et al, 2001, J Immunol 166:2571-2575; Shields et al., 2001, J Biol Chem 276:6591-6604; Jefferis et al, 2002, Immunol Lett 82:57-65; Presta et al., 2002, Biochem Soc Trans 30:487-490); U.S. Patent Nos. 5,624,821;

5 5,885,573; 5,677,425; 6,165,745; 6,277,375; 5,869,046; 6,121,022; 5,624,821; 5,648,260;
6,194,551; 6,737,056; 6,821,505; 6,277,375; U.S. Patent Application Nos. 10/370,749 and
PCT Publications WO 94/2935; WO 99/58572; WO 00/42072; WO 02/060919, WO
04/029207. Other modifications/substitutions of the Fc domain will be readily apparent to
one skilled in the art.

[0102] Antibodies of the invention comprising modifications/substitutions and/or novel
amino acid residues in their Fc regions can be generated by numerous methods well known to
one skilled in the art. Non-limiting examples include, isolating antibody coding regions (e.g.,
from hybridoma) and making one or more desired substitutions in the Fc region of the
10 isolated antibody coding region. Alternatively, the variable regions of an antibody of the
invention may be subcloned into a vector encoding an Fc region comprising one or
modifications/substitutions and/or novel amino acid residues.

[0103] Antibodies of the invention may also be modified to alter glycosylation, again
to alter one or more functional properties of the antibody.

15 [0104] In one embodiment, the glycosylation of the antibodies of the invention is
modified. For example, an aglycosylated antibody can be made (*i.e.*, the antibody lacks
glycosylation). Glycosylation can be altered to, for example, increase the affinity of the
antibody for a target antigen. Such carbohydrate modifications can be accomplished by, for
example, altering one or more sites of glycosylation within the antibody sequence. For
20 example, one or more amino acid substitutions can be made that result in elimination of one
or more variable region framework glycosylation sites to thereby eliminate glycosylation at
that site. Such aglycosylation may increase the affinity of the antibody for antigen. Such an
approach is described in further detail in U.S. Patent Nos. 5,714,350 and 6,350,861.

[0105] Additionally or alternatively, an antibody of the invention can be made that
25 has an altered type of glycosylation, such as a hypofucosylated antibody having reduced
amounts of fucosyl residues or an antibody having increased bisecting GlcNAc structures.
Such altered glycosylation patterns have been demonstrated to increase the ADCC ability of
antibodies. Such carbohydrate modifications can be accomplished by, for example,
expressing the antibody in a host cell with altered glycosylation machinery. Cells with
30 altered glycosylation machinery have been described in the art and can be used as host cells
in which to express recombinant antibodies of the invention to thereby produce an antibody
with altered glycosylation. See, for example, Shields, R.L. *et al.* (2002) *J. Biol. Chem.*

277:26733-26740; Umana *et al.* (1999) *Nat. Biotech.* 17:176-1, as well as, European Patent No: EP 1,176,195; PCT Publications WO 03/035835; WO 99/54342.

[0106] As discussed in more detail below, the antibodies of the present invention may be used either alone or in combination with other compositions. The antibodies may further
5 be recombinantly fused to a heterologous polypeptide at the N- or C-terminus or chemically conjugated (including covalent and non-covalent conjugations) to polypeptides or other compositions. For example, antibodies of the present invention may be recombinantly fused or conjugated to molecules useful as labels in detection assays and effector molecules such as heterologous polypeptides, drugs, radionuclides, or toxins. *See, e.g.*, PCT publications WO
10 92/08495; WO 91/14438; WO 89/12624; U.S. Pat. No. 5,314,995; and EP 396,387.

[0107] The antibodies of the invention include derivatives that are modified, *i.e.*, by the covalent attachment of any type of molecule to the antibody such that covalent attachment does not prevent the antibody from binding an HMG1 and/or HMG2 polypeptide or fragment thereof and/or generating a desired response. For example, but not by way of limitation, the
15 antibody derivatives include antibodies that have been modified, *e.g.*, by glycosylation, acetylation, pegylation, phosphorylation, amidation, derivatization by known protecting/blocking groups, proteolytic cleavage, linkage to a cellular ligand or other protein, etc. Any of numerous chemical modifications may be carried out by known techniques, including, but not limited to specific chemical cleavage, acetylation, formylation, metabolic
20 synthesis of tunicamycin, etc. Additionally, the derivative may contain one or more non-classical amino acids. See below, Section 5.5 entitled "Antibody Derivatives and Conjugates."

[0108] Antibodies of the present invention may also be described or specified in terms of their cross-reactivity. Antibodies that do not bind any other analog, ortholog, or
25 homolog of a polypeptide of the present invention are included. Antibodies that bind polypeptides (and polypeptide fragments) with at least 95%, at least 90%, at least 85%, at least 80%, at least 75%, at least 70%, at least 65%, at least 60%, at least 55%, and at least 50% identity (as calculated using methods known in the art and described herein) to a human HMG1 polypeptide (*e.g.*, a human HMG1 A box or B box) of the present invention are also
30 included in the present invention. In specific embodiments, antibodies of the present invention cross-react with murine, rat and/or rabbit homologs of human HMG1 proteins and the corresponding epitopes thereof. Also encompassed by the present invention are

antibodies that bind polypeptides (and polypeptide fragments) with at least 95%, at least 90%, at least 85%, at least 80%, at least 75%, at least 70%, at least 65%, at least 60%, at least 55%, and at least 50% identity (as calculated using methods known in the art and described herein) to a human HMG2 polypeptide (*e.g.*, a human HMG2 A box or B box). It is further contemplated that antibodies that bind to a human HMG2 polypeptide or fragment thereof may cross-react with murine, rat and/or rabbit homologs of human HMG1 proteins and the corresponding epitopes thereof.

[0109] Antibodies that do not bind polypeptides with less than 95%, less than 90%, less than 85%, less than 80%, less than 75%, less than 70%, less than 65%, less than 60%, less than 55%, and less than 50% identity (as calculated using methods known in the art and described herein) to an HMG1 and/or HMG2 polypeptide of the present invention are also included in the present invention.

[0110] In one embodiment, antibodies or fragments thereof that specifically bind to an HMG1 polypeptide or fragment thereof prevent/antagonize/inhibit one or more of the following: HMGB1 binding to RAGE, HMGB1 binding to one or more Toll-like receptor (*e.g.*, TLR2 and TLR4), HMGB1 binding to a cell surface (*e.g.*, a THP-1 cell), HMG1-mediated release of proinflammatory cytokines, HMG1-mediated inflammation, HMG1-mediated sepsis, HMG1-mediated inflammation (*e.g.*, of joints), and HMG1-mediated arthritis. These activities may be assayed by one or many known methods in the art. *See, e.g.*, US20040005316, 6,468,533 and 6,448,223, and Section 6 entitled "Examples" *infra*.

[0111] The term "inhibitory concentration 50%" (abbreviated as "IC₅₀") represents the concentration of an inhibitor (*e.g.*, an antibody of the invention) that is required for 50% inhibition of a given activity of the molecule the inhibitor targets (*e.g.*, HMG1). It will be understood by one in the art that a lower IC₅₀ value corresponds to a more potent inhibitor.

In one embodiment, the antibodies of the invention inhibit HMG1-mediated release of proinflammatory cytokines with an IC₅₀ of less than 5000 ng/ml, or of less than 4000 ng/ml, or of less than 3000 ng/ml, or of less than 2000 ng/ml, or of less than 1000 ng/ml, or of less than 500 ng/ml, or of less than 250 ng/ml, or of less than 100 ng/ml, or of less than 50 ng/ml, or of less than 10 ng/ml, or of less than 5 ng/ml. In another embodiment, the antibodies of the invention inhibit HMG1-mediated release of proinflammatory cytokines with an IC₅₀ of less than 1000 nM, or of less than 500 nM, or of less than 250 nM, or of less than 100 nM, or

of less than 50 nM, or of less than 25 nM, or of less than 10 nM, or of less than 5 nM, or of less than 0.25 nM, or of less than 0.1 nM, or of less than 0.01 nM.

[0112] In one embodiment, the antibodies of the invention prevent/antagonize/inhibit the binding of HMG1 to RAGE, but does not substantially affect the binding of HMG1 to one or more of the Toll-like receptors (e.g., TLR2 and TLR4). In another embodiment, the antibodies of the invention prevent/antagonize/inhibit the binding of HMG1 to one or more of the Toll-like receptors (e.g., TLR2 and TLR4), but does not substantially affect the binding of HMG1 to RAGE. In still another embodiment, the antibodies of the invention prevent/antagonize/inhibit the binding of HMG1 to RAGE and inhibit the binding of HMG1 to one or more of the Toll-like receptors (e.g., TLR2 and TLR4). These activities may be assayed by one or many known methods in the art. *See, e.g.*, US20040005316, 6,468,533 and 6,448,223, and Section 6 entitled "Examples" *infra*.

[0113] In a specific embodiment, the antibodies of the invention inhibit the binding of HMG1 to RAGE by at least about 10%, or by at least about 20%, or by at least about 30%, or by at least about 40%, or by at least about 50%, or by at least about 60%, or by at least about 70%, or by at least about 80%, or by at least about 90%, or by about 100%. In another specific embodiment, the antibodies of the invention inhibit the binding of HMG1 to one or more of the Toll-like receptors (e.g., TLR2 and TLR4) by at least 10%, or by at least 20%, or by at least 30%, or by at least 40%, or by at least 50%, or by at least 60%, or by at least 70%, or by at least 80%, or by at least 90%, or by 100%. In another specific embodiment, the antibodies of the invention inhibit the binding of HMG1 to RAGE by at least 10%, or by at least 20%, or by at least 30%, or by at least 40%, or by at least 50%, or by at least 60%, or by at least 70%, or by at least 80%, or by at least 90%, or by 100%. In another specific embodiment, the antibodies of the invention inhibit the binding of HMG1 to one or more of the Toll-like receptors (e.g., TLR2 and TLR4) by at least 10%, or by at least 20%, or by at least 30%, or by at least 40%, or by at least 50%, or by at least 60%, or by at least 70%, or by at least 80%, or by at least 90%, or by 100%.

[0114] As demonstrated herein, antibodies may discriminate between the same polypeptide isolated from different sources. Without wishing to be bound by any particular theory, a polypeptide of similar or identical amino acid sequence isolated from different sources may be distinguished by a number of differences including but not limited to, posttranslational modifications (e.g., phosphorylation, acetylation, methylation,

glycosylation, etc.), alterations in overall structure (*e.g.*, changes in disulfide bonding and/or folding) and differences in any other molecules that the polypeptide may be associated with (*e.g.*, salts, additional subunits such as polynucleotides and/or other polypeptides). In one embodiment, the antibodies of the invention specifically bind HMG1 recombinantly produced in *E. coli* with the same or higher affinity than native HMG1 (*e.g.*, isolated from a mammalian cell or tissue). In another embodiment, the antibodies of the invention bind native HMG1 (*e.g.*, isolated from a mammalian cell or tissue) with the same or higher affinity than recombinant HMG1 produced in *E. coli*. In still another embodiment, the antibodies of the invention will bind one or more forms of native HMG1 including, but not limited to, nuclear HMG1 (*e.g.*, isolated from cells by freeze thaw), released HMG1 (*e.g.*, isolated from the supernatant of necrotic cells) and activated HMG1 (*e.g.*, isolated from stimulated cells, such as LPS stimulated cells). In yet another embodiment, the antibodies of the invention will not bind one or more forms of native HMG1 including, but not limited to, nuclear HMG1 (*e.g.*, isolated from cells by freeze thaw), released HMG1 (*e.g.*, isolated from the supernatant of necrotic cells) and activated HMG1 (*e.g.*, isolated from stimulated cells, such as LPS stimulated cells). Specific methods for obtaining native and recombinant HMG1 are disclosed herein (see Example 2, *infra*).

[0115] In one embodiment, the antibodies of the invention specifically bind to soluble HMG1 and/or HMG2. In another embodiment, the antibodies of the invention specifically bind to immobilized HMG1 and/or HMG2. In still another embodiment, the antibodies of the invention specifically bind to both soluble and insoluble HMG1 and/or HMG2.

[0116] As described above, HMG1 and HMG2 are known polynucleotide (*i.e.* DNA and RNA) binding proteins. In one embodiment, the antibodies of the invention bind to HMG1 and/or HMG2 wherein said HMG1 and/or HMG2 is bound to a polynucleotide molecule. In another embodiment, the antibodies of the invention prevent/antagonize/inhibit one or more of the following: HMGB1 binding to RAGE, HMGB1 binding to one or more Toll-like receptor (*e.g.*, TLR2 and TLR4), HMGB1 binding to a cell surface (*e.g.*, a THP-1 cell), HMG1-mediated release of proinflammatory cytokines, HMG1-mediated inflammation, HMG1-mediated sepsis, HMG1-mediated inflammation (*e.g.*, of joints), and HMG1-mediated arthritis, wherein said HMG1 is bound to a polynucleotide. In specific embodiments, the polynucleotide molecule is one that promotes an inflammatory response (*e.g.*, a polynucleotide derived from a microorganism or a necrotic cell).

[0117] In a specific embodiment, the antibodies of the invention bind acetylated HMG1 with a higher affinity than non-acetylated HMG1. In another specific embodiment, the antibodies of the invention bind non-acetylated HMG1 with a higher affinity than acetylated HMG1. In still another specific embodiment, the antibodies of the invention prevent bind both acetylated and non-acetylated HMG1 with substantially the same affinity.

[0118] In another embodiment, the high affinity antibodies of the invention specifically bind a polypeptide comprising, or alternatively consisting of (or consisting essentially of) an HMG1 polypeptide or an antigenic fragment thereof of a human or other animal, *e.g.*, mammals and invertebrates. In a specific embodiment, the high affinity antibodies of the present invention specifically bind a polypeptide comprising, or alternatively consisting of (or consisting essentially of) a human HMG1 polypeptide (SEQ ID NO:1 or 2). HMG1 polypeptides of human and other animals are well known in the art (*see, e.g.*, US20040005316, 6,468,533 and 6,448,223).

[0119] In a embodiment, the high affinity antibodies of the invention specifically bind a polypeptide comprising, or alternatively consisting of (or consisting essentially of) an HMG1 polypeptide having at least 60% identity, or at least 70% identity, or at least 80% identity, at least 85% identity, at least 90% identity, at least 95% identity, or at least at least 97% identity, or at least 99% identity, or 100% identity to the human HMG1 polypeptide of SEQ ID NO:1 or 2.

[0120] In another embodiment, the high affinity antibodies of the present invention specifically bind a polypeptide comprising, or alternatively consisting of (or consisting essentially of) a polypeptide having at least 60% identity, or at least 70% identity, or at least 80% identity, or at least 85% identity, or at least 90% identity, or at least 95% identity, or at least at least 97% identity, or at least 99% identity, or 100% identity to the human HMG1 A box polypeptide of SEQ ID NO:3.

[0121] In yet another embodiment, the high affinity antibodies of the present invention specifically bind a polypeptide comprising, or alternatively consisting of (or consisting essentially of) a polypeptide having at least 60% identity, or at least 70% identity, or at least 80% identity, or at least 85% identity, or at least 90% identity, or at least 95% identity, or at least at least 97% identity, or at least 99% identity, or 100% identity to the human HMG1 B box polypeptide of SEQ ID NO:4 and/or SEQ ID NO: 28 and/or SEQ ID NO:29.

[0122] In another embodiment, the high affinity antibodies of the invention specifically bind a polypeptide comprising, or alternatively consisting of (or consisting essentially of) an HMG2 polypeptide or an antigenic fragment thereof of a human or other animal, *e.g.*, mammals and invertebrates. In a specific embodiment, the high affinity antibodies of the present invention specifically bind a polypeptide comprising, or alternatively consisting of (or consisting essentially of) a human HMG2 polypeptide (SEQ ID NO:21). HMG2 polypeptides of human and other animals are well known in the art. *See, e.g.*, Jantzen et al., 1990, *Nature* 344:830-6; Kolodrubetz 1990, *Nucleic Acids Res.* 18:5565; Laudet et al., 1993, *Nucleic Acids Res.* 21:2493-501 and Thomas et al., 2001, *Trends Biochem Sci.* 26:167-74.

[0123] In one embodiment, the high affinity antibodies of the invention specifically bind a polypeptide comprising, or alternatively consisting of (or consisting essentially of) an HMG2 polypeptide having at least 60% identity, or at least 70% identity, or at least 80% identity, at least 85% identity, at least 90% identity, at least 95% identity, or at least at least 97% identity, or at least 99% identity, or 100% identity to the human HMG2 polypeptide of SEQ ID NO:21.

[0124] In another embodiment, the high affinity antibodies of the present invention specifically bind a polypeptide comprising, or alternatively consisting of (or consisting essentially of) a polypeptide having at least 60% identity, or at least 70% identity, or at least 80% identity, or at least 85% identity, or at least 90% identity, or at least 95% identity, or at least at least 97% identity, or at least 99% identity, or 100% identity to the human HMG2 A box polypeptide of SEQ ID NO:22.

[0125] In yet another embodiment, the high affinity antibodies of the present invention specifically bind a polypeptide comprising, or alternatively consisting of (or consisting essentially of) a polypeptide having at least 60% identity, or at least 70% identity, or at least 80% identity, or at least 85% identity, or at least 90% identity, or at least 95% identity, or at least at least 97% identity, or at least 99% identity, or 100% identity to the human HMG2 B box polypeptide of SEQ ID NO:23.

[0126] The percent identity of two amino acid sequences (or two nucleic acid sequences) can be determined, for example, by aligning the sequences for optimal comparison purposes (*e.g.*, gaps can be introduced in the sequence of a first sequence). The amino acids or nucleotides at corresponding positions are then compared, and the percent

identity between the two sequences is a function of the number of identical positions shared by the sequences (i.e., % identity = # of identical positions/total # of positions x 100). The actual comparison of the two sequences can be accomplished by well-known methods, for example, using a mathematical algorithm. A specific, non-limiting example of such a
5 mathematical algorithm is described in Karlin *et al.*, Proc. Natl. Acad. Sci. USA, 90:5873-5877 (1993). Such an algorithm is incorporated into the BLASTN and BLASTX programs (version 2.2) as described in Schaffer *et al.*, Nucleic Acids Res., 29:2994-3005 (2001). When utilizing BLAST and Gapped BLAST programs, the default parameters of the respective programs (e.g., BLASTN) can be used. See <http://www.ncbi.nlm.nih.gov>, as available on
10 April 10, 2002. In one embodiment, the database searched is a non-redundant (NR) database, and parameters for sequence comparison can be set at: no filters; Expect value of 10; Word Size of 3; the Matrix is BLOSUM62; and Gap Costs have an Existence of 11 and an Extension of 1.

[0127] Another, non-limiting example of a mathematical algorithm utilized for the
15 comparison of sequences is the algorithm of Myers and Miller, CABIOS (1989). Such an algorithm is incorporated into the ALIGN program (version 2.0), which is part of the GCG (Accelrys) sequence alignment software package. When utilizing the ALIGN program for comparing amino acid sequences, a PAM120 weight residue table, a gap length penalty of 12, and a gap penalty of 4 can be used. Additional algorithms for sequence analysis are known in
20 the art and include ADVANCE and ADAM as described in Torellis and Robotti, Comput. Appl. Biosci., 10: 3-5 (1994); and FASTA described in Pearson and Lipman, Proc. Natl. Acad. Sci USA, 85: 2444-8 (1988).

[0128] In another embodiment, the percent identity between two amino acid
25 sequences can be accomplished using the GAP program in the GCG software package (available at <http://www.accelrys.com>, as available on August 31, 2001) using either a Blossom 63 matrix or a PAM250 matrix, and a gap weight of 12, 10, 8, 6, or 4 and a length weight of 2, 3, or 4. In yet another embodiment, the percent identity between two nucleic acid sequences can be accomplished using the GAP program in the GCG software package (available at <http://www.cgc.com>), using a gap weight of 50 and a length weight of 3.

30 [0129] Another embodiment of present invention are antibodies that specifically bind HMG1 and antigenic fragments thereof with a dissociation constant or K_d (k_{off}/k_{on}) of less than 10^{-5} M, or of less than 10^{-6} M, or of less than 10^{-7} M, or of less than 10^{-8} M, or of less

than 10^{-9} M, or of less than 10^{-10} M, or of less than 10^{-11} M, or of less than 10^{-12} M, or of less than 10^{-13} M, or of less than 5×10^{-13} M, or of less than 10^{-14} M, less than 5×10^{-14} M, or of less than 10^{-15} M, or of less than 5×10^{-15} M. In still another embodiment, an antibody of the invention that specifically binds HMG1 and antigenic fragments thereof has a dissociation constant or K_d (k_{off}/k_{on}) of between about 10^{-7} M and about 10^{-8} M, between about 10^{-8} M and about 10^{-9} M, between about 10^{-9} M and about 10^{-10} M, between about 10^{-10} M and about 10^{-11} M, between about 10^{-11} M and about 10^{-12} M, between about 10^{-12} M and about 10^{-13} M, between about 10^{-13} M and about 10^{-14} M. In still another embodiment, an antibody of the invention that specifically binds HMG1 and antigenic fragments thereof has a dissociation constant or K_d (k_{off}/k_{on}) of between 10^{-7} M and 10^{-8} M, between 10^{-8} M and 10^{-9} M, between 10^{-9} M and 10^{-10} M, between 10^{-10} M and 10^{-11} M, between 10^{-11} M and 10^{-12} M, between 10^{-12} M and 10^{-13} M, between 10^{-13} M and 10^{-14} M.

[0130] Another embodiment of present invention are antibodies that specifically bind HMG2 and antigenic fragments thereof with a dissociation constant or K_d (k_{off}/k_{on}) of less than 10^{-5} M, or of less than 10^{-6} M, or of less than 10^{-7} M, or of less than 10^{-8} M, or of less than 10^{-9} M, or of less than 10^{-10} M, or of less than 10^{-11} M, or of less than 10^{-12} M, or of less than 10^{-13} M, or of less than 5×10^{-13} M, or of less than 10^{-14} M, less than 5×10^{-14} M, or of less than 10^{-15} M, or of less than 5×10^{-15} M. In still another embodiment, an antibody of the invention that specifically binds HMG2 and antigenic fragments thereof has a dissociation constant or K_d (k_{off}/k_{on}) of between about 10^{-7} M and about 10^{-8} M, between about 10^{-8} M and about 10^{-9} M, between about 10^{-9} M and about 10^{-10} M, between about 10^{-10} M and about 10^{-11} M, between about 10^{-11} M and about 10^{-12} M, between about 10^{-12} M and about 10^{-13} M, between about 10^{-13} M and about 10^{-14} M. In still another embodiment, an antibody of the invention that specifically binds HMG2 and antigenic fragments thereof has a dissociation constant or K_d (k_{off}/k_{on}) of between 10^{-7} M and 10^{-8} M, between 10^{-8} M and 10^{-9} M, between 10^{-9} M and 10^{-10} M, between 10^{-10} M and 10^{-11} M, between 10^{-11} M and 10^{-12} M, between 10^{-12} M and 10^{-13} M, between 10^{-13} M and 10^{-14} M.

[0131] It is well known in the art that the equilibrium dissociation constant (K_d) is defined as k_{off}/k_{on} . It is generally understood that a binding molecule (*e.g.*, and antibody) with a low K_d (*i.e.*, high affinity) is preferable to a binding molecule (*e.g.*, and antibody) with a high K_d (*i.e.*, low affinity). However, in some instances the value of the k_{on} or k_{off} may be more relevant than the value of the K_d . One skilled in the art can determine which kinetic

parameter is most important for a given antibody application. In certain embodiments, the antibodies of the invention have a lower K_d for one antigen than for others.

[0132] In another embodiment, the antibody binds to HMG1 and antigenic fragments thereof with a k_{off} of less than $1 \times 10^{-3} \text{ s}^{-1}$, or of less than $3 \times 10^{-3} \text{ s}^{-1}$. In other embodiments, the antibody binds to HMG1 and antigenic fragments thereof with a k_{off} of less than 10^{-3} s^{-1} , less than $5 \times 10^{-3} \text{ s}^{-1}$, less than 10^{-4} s^{-1} , less than $5 \times 10^{-4} \text{ s}^{-1}$, less than 10^{-5} s^{-1} , less than $5 \times 10^{-5} \text{ s}^{-1}$, less than 10^{-6} s^{-1} , less than $5 \times 10^{-6} \text{ s}^{-1}$, less than 10^{-7} s^{-1} , less than $5 \times 10^{-7} \text{ s}^{-1}$, less than 10^{-8} s^{-1} , less than $5 \times 10^{-8} \text{ s}^{-1}$, less than 10^{-9} s^{-1} , less than $5 \times 10^{-9} \text{ s}^{-1}$, or less than 10^{-10} s^{-1} .

[0133] In another embodiment, the antibody binds to HMG2 and antigenic fragments thereof with a k_{off} of less than $1 \times 10^{-3} \text{ s}^{-1}$, or of less than $3 \times 10^{-3} \text{ s}^{-1}$. In other embodiments, the antibody binds to HMG2 and antigenic fragments thereof with a K_{off} of less than 10^{-3} s^{-1} , less than $5 \times 10^{-3} \text{ s}^{-1}$, less than 10^{-4} s^{-1} , less than $5 \times 10^{-4} \text{ s}^{-1}$, less than 10^{-5} s^{-1} , less than $5 \times 10^{-5} \text{ s}^{-1}$, less than 10^{-6} s^{-1} , less than $5 \times 10^{-6} \text{ s}^{-1}$, less than 10^{-7} s^{-1} , less than $5 \times 10^{-7} \text{ s}^{-1}$, less than 10^{-8} s^{-1} , less than $5 \times 10^{-8} \text{ s}^{-1}$, less than 10^{-9} s^{-1} , less than $5 \times 10^{-9} \text{ s}^{-1}$, or less than 10^{-10} s^{-1} .

[0134] In another embodiment, the antibody of the invention binds to HMG1 and/or antigenic fragments thereof with an association rate constant or k_{on} rate of at least $10^5 \text{ M}^{-1} \text{ s}^{-1}$, at least $5 \times 10^5 \text{ M}^{-1} \text{ s}^{-1}$, at least $10^6 \text{ M}^{-1} \text{ s}^{-1}$, at least $5 \times 10^6 \text{ M}^{-1} \text{ s}^{-1}$, at least $10^7 \text{ M}^{-1} \text{ s}^{-1}$, at least $5 \times 10^7 \text{ M}^{-1} \text{ s}^{-1}$, or at least $10^8 \text{ M}^{-1} \text{ s}^{-1}$, or at least $10^9 \text{ M}^{-1} \text{ s}^{-1}$.

[0135] In another embodiment, the antibody of the invention binds to HMG2 and/or antigenic fragments thereof with an association rate constant or k_{on} rate of at least $10^5 \text{ M}^{-1} \text{ s}^{-1}$, at least $5 \times 10^5 \text{ M}^{-1} \text{ s}^{-1}$, at least $10^6 \text{ M}^{-1} \text{ s}^{-1}$, at least $5 \times 10^6 \text{ M}^{-1} \text{ s}^{-1}$, at least $10^7 \text{ M}^{-1} \text{ s}^{-1}$, at least $5 \times 10^7 \text{ M}^{-1} \text{ s}^{-1}$, or at least $10^8 \text{ M}^{-1} \text{ s}^{-1}$, or at least $10^9 \text{ M}^{-1} \text{ s}^{-1}$.

[0136] Antibodies like all polypeptides have an Isoelectric Point (pI), which is generally defined as the pH at which a polypeptide carries no net charge. It is known in the art that protein solubility is typically lowest when the pH of the solution is equal to the isoelectric point (pI) of the protein. As used herein the pI value is defined as the pI of the predominant charge form. The pI of a protein may be determined by a variety of methods including but not limited to, isoelectric focusing and various computer algorithms (see, e.g., Bjellqvist *et al.*, 1993, *Electrophoresis* 14:1023). In addition, the thermal melting temperatures (T_m) of the Fab domain of an antibody, can be a good indicator of the thermal stability of an antibody and may further provide an indication of the shelf-life. A lower T_m indicates more aggregation/less stability, whereas a higher T_m indicates less aggregation/

more stability. Thus, in certain embodiments antibodies having higher T_m are preferable. T_m of a protein domain (*e.g.*, a Fab domain) can be measured using any standard method known in the art, for example, by differential scanning calorimetry (see, *e.g.*, Vermeer et al., 2000, *Biophys. J.* 78:394-404; Vermeer et al., 2000, *Biophys. J.* 79: 2150-2154).

5 [0137] Accordingly, an additional nonexclusive embodiment of the present invention includes high affinity antibodies of the invention that have certain preferred biochemical characteristics such as a particular isoelectric point (pI) or melting temperature (T_m).

 [0138] More specifically, in one embodiment, the high affinity antibodies of the present invention have a pI ranging from 5.5 to 9.5. In still another specific embodiment, the
10 high affinity antibodies of the present invention have a pI that ranges from about 5.5 to about 6.0, or about 6.0 to about 6.5, or about 6.5 to about 7.0, or about 7.0 to about 7.5, or about 7.5 to about 8.0, or about 8.0 to about 8.5, or about 8.5 to about 9.0, or about 9.0 to about 9.5. In other specific embodiments, the high affinity antibodies of the present invention have a pI that ranges from 5.5-6.0, or 6.0 to 6.5, or 6.5 to 7.0, or 7.0-7.5, or 7.5-8.0, or 8.0-8.5, or 8.5-
15 9.0, or 9.0-9.5. Even more specifically, the high affinity antibodies of the present invention have a pI of at least 5.5, or at least 6.0, or at least 6.3, or at least 6.5, or at least 6.7, or at least 6.9, or at least 7.1, or at least 7.3, or at least 7.5, or at least 7.7, or at least 7.9, or at least 8.1, or at least 8.3, or at least 8.5, or at least 8.7, or at least 8.9, or at least 9.1, or at least 9.3, or at least 9.5. In other specific embodiments, the high affinity antibodies of the present invention
20 have a pI of at least about 5.5, or at least about 6.0, or at least about 6.3, or at least about 6.5, or at least about 6.7, or at least about 6.9, or at least about 7.1, or at least about 7.3, or at least about 7.5, or at least about 7.7, or at least about 7.9, or at least about 8.1, or at least about 8.3, or at least about 8.5, or at least about 8.7, or at least about 8.9, or at least about 9.1, or at least about 9.3, or at least about 9.5.

25 [0139] It is possible to optimize solubility by altering the number and location of ionizable residues in the antibody to adjust the pI. For example the pI of a polypeptide can be manipulated by making the appropriate amino acid substitutions (*e.g.*, by substituting a charged amino acid such as a lysine, for an uncharged residue such as alanine). Without wishing to be bound by any particular theory, amino acid substitutions of an antibody that
30 result in changes of the pI of said antibody may improve solubility and/or the stability of the antibody. One skilled in the art would understand which amino acid substitutions would be most appropriate for a particular antibody to achieve a desired pI. In one embodiment, a

substitution is generated in an antibody of the invention to alter the pI. It is specifically contemplated that the substitution(s) of the Fc region that result in altered binding to FcγR (described *supra*) may also result in a change in the pI. In another embodiment, substitution(s) of the Fc region are specifically chosen to effect both the desired alteration in FcγR binding and any desired change in pI.

[0140] In one embodiment, the high affinity antibodies of the present invention have a T_m ranging from 65°C to 120°C. In specific embodiments, the high affinity antibodies of the present invention have a T_m ranging from about 75°C to about 120°C, or about 75°C to about 85°C, or about 85°C to about 95°C, or about 95°C to about 105°C, or about 105°C to about 115°C, or about 115°C to about 120°C. In other specific embodiments, the high affinity antibodies of the present invention have a T_m ranging from 75°C to 120°C, or 75°C to 85°C, or 85°C to 95°C, or 95°C to 105°C, or 105°C to 115°C, or 115°C to 120°C. In still other specific embodiments, the high affinity antibodies of the present invention have a T_m of at least about 65°C, or at least about 70°C, or at least about 75°C, or at least about 80°C, or at least about 85°C, or at least about 90°C, or at least about 95°C, or at least about 100°C, or at least about 105°C, or at least about 110°C, or at least about 115°C, or at least about 120°C. In yet other specific embodiments, the high affinity antibodies of the present invention have a T_m of at least 65°C, or at least 70°C, or at least 75°C, or at least 80°C, or at least 85°C, or at least 90°C, or at least 95°C, or at least 100°C, or at least 105°C, or at least 110°C, or at least 115°C, or at least 120°C.

[0141] In a specific embodiment, the high affinity antibodies of the invention or fragments thereof are human or humanized antibodies.

[0142] In one embodiment, the invention also include particular antibodies (and fragments thereof) that specifically bind HMG1 with high affinity. In particular are the anti-HMG1 antibodies referred to here as “S2”, “S4”, “S16” and “G4” which have been deposited with the American Type Culture Collection (ATCC, 10801 University Boulevard, Manassas, Va. 20110-2209) and assigned ATCC Deposit Nos. PTA-6142, PTA-6143, PTA-6259 and PTA-6258, respectively. These deposits will be maintained under the terms of the Budapest Treaty on the International Recognition of the Deposit of Microorganisms for the Purposes of Patent Procedure. Since the strain referred to is being maintained under the terms of the Budapest Treaty, it will be made available to a patent office signatory to the Budapest Treaty.

[0143] In another embodiment, the invention includes antibodies that specifically bind HMG1 and/or HMG2 which comprise one or more of the variable regions disclosed herein (see Figure 2A-J, SEQ ID NOS.: 5-20, 24-27 and 30-73).

[0144] The present invention also encompasses variants of G2, G4, G9, G12, G16, G20, G34, G35, S2, S6, S10, S12, S14, S16, S17 and E11 (see Figure 2A-J, SEQ ID NOS.: 5-20, 24-27 and 30-73) comprising one or more amino acid residue substitutions in the variable light (V_L) domain and/or variable heavy (V_H) domain. The present invention also encompasses variants of G2, G4, G9, G12, G16, G20, G34, G35, S2, S6, S10, S12, S14, S16, S17 and E11 (see Figure 2A-J, SEQ ID NOS.: 5-20, 24-27 and 30-73) with one or more additional amino acid residue substitutions in one or more V_L CDRs and/or one or more V_H CDRs. The antibody generated by introducing substitutions in the V_H domain, V_H CDRs, V_L domain and/or V_L CDRs of G2, G4, G9, G12, G16, G20, G34, G35, S2, S6, S10, S12, S14, S16, S17 and E11 (see Figure 2A-J, SEQ ID NOS.: 5-20, 24-27 and 30-73) can be tested *in vitro* and *in vivo*, for example, for its ability to bind to HMG1 and/or HMG2 (by, *e.g.*, immunoassays including, but not limited to ELISAs and BIAcore), or for its ability to inhibit HMG1-induced cytokine release, prevent, treat, manage or ameliorate inflammatory disease or one or more symptoms thereof.

[0145] It will be understood that the complementarity determining regions (CDRs) residue numbers referred to herein are those of Kabat et al. (1991, NIH Publication 91-3242, National Technical Information Service, Springfield, VA). Specifically, residues 24-34 (CDR1), 50-56 (CDR2) and 89-97 (CDR3) in the light chain variable domain and 31-35 (CDR1), 50-65 (CDR2) and 95-102 (CDR3) in the heavy chain variable domain. Note that CDRs vary considerably from antibody to antibody (and by definition will not exhibit homology with the Kabat consensus sequences). Maximal alignment of framework residues frequently requires the insertion of "spacer" residues in the numbering system, to be used for the Fv region. It will be understood that the CDRs referred to herein are those of Kabat et al. *supra*. In addition, the identity of certain individual residues at any given Kabat site number may vary from antibody chain to antibody chain due to interspecies or allelic divergence.

[0146] In other embodiments, the invention includes antibodies having least one, at least two, at least three, at least four, at least five, or at least six of the CDRs disclosed herein (*see, e.g.*, Figure 2A-J, CDRs indicated by underline). In still other embodiments, the present invention encompasses an antibody that specifically binds HMG1 and/or HMG2 comprising

a V_H CDR having the amino acid sequence of any of the V_H CDRs listed in Table 3 and/or derived from the heavy chain variable region of any of the antibody heavy chain variable regions listed in Table 3. In another specific embodiment, the present invention encompasses an antibody that specifically binds HMG1 and/or HMG2 comprising a V_L CDR having the amino acid sequence of any of the V_L CDRs listed in Table 3 and/or derived from the light chain variable region of any of the antibody light chain variable regions listed in Table 3.

[0147] The present invention encompasses antibodies that specifically bind to HMG1 and/or HMG2, comprising derivatives of the V_H domains, V_H CDRs, V_L domains, or V_L CDRs described herein that specifically bind to HMG1 and/or HMG2. Standard techniques known to those of skill in the art can be used to introduce mutations (*e.g.*, additions, deletions, and/or substitutions) in the nucleotide sequence encoding an antibody of the invention, including, for example, site-directed mutagenesis and PCR-mediated mutagenesis are routinely used to generate amino acid substitutions. In one embodiment, the V_H and/or V_L CDRs derivatives include less than 25 amino acid substitutions, less than 20 amino acid substitutions, less than 15 amino acid substitutions, less than 10 amino acid substitutions, less than 5 amino acid substitutions, less than 4 amino acid substitutions, less than 3 amino acid substitutions, or less than 2 amino acid substitutions in the relative to the original V_H and/or V_L CDRs. In another embodiment, the V_H and/or V_L CDRs derivatives have conservative amino acid substitutions (*e.g.* supra) are made at one or more predicted non-essential amino acid residues (*i.e.*, amino acid residues which are not critical for the antibody to specifically bind to HMG1 and/or HMG2). Alternatively, mutations can be introduced randomly along all or part of the V_H and/or V_L CDR coding sequence, such as by saturation mutagenesis, and the resultant mutants can be screened for biological activity to identify mutants that retain activity. Following mutagenesis, the encoded antibody can be expressed and the activity of the antibody can be determined.

[0148] The present invention also encompasses antibodies that specifically bind to HMG1 and/or HMG2 or a fragment thereof, said antibodies comprising an amino acid sequence of a variable heavy chain and/or variable light chain that is at least 45%, at least 50%, at least 55%, at least 60%, at least 65%, at least 70%, at least 75%, at least 80%, at least 85%, at least 90%, at least 95%, or at least 99% identical to the amino acid sequence of the variable heavy chain and/or light chain of G2, G4, G9, G12, G16, G20, G34, G35, S2, S6, S10, S12, S14, S16, S17 and E11 (see Figure 2A-J, SEQ ID NOS.: 5-20, 24-27 and 30-73). The present invention also encompasses antibodies that specifically bind to HMG1 and/or

HMG2 or a fragment thereof, said antibodies comprising an amino acid sequence of a variable heavy chain and/or variable light chain that is at least about 45%, at least about 50%, at least about 55%, at least about 60%, at least about 65%, at least about 70%, at least about 75%, at least about 80%, at least about 85%, at least about 90%, at least about 95%, or at least about 99% identical to the amino acid sequence of the variable heavy chain and/or light chain of G2, G4, G9, G12, G16, G20, G34, G35, S2, S6, S10, S12, S14, S16, S17 and E11 (see Figure 2A-J, SEQ ID NOS.: 5-20, 24-27 and 30-73).

[0149] The present invention further encompasses antibodies that specifically bind to HMG1 and/or HMG2 or a fragment thereof, said antibodies or antibody fragments comprising an amino acid sequence of one or more CDRs that is at least 45%, at least 50%, at least 55%, at least 60%, at least 65%, at least 70%, at least 75%, at least 80%, at least 85%, at least 90%, at least 95%, or at least 99% identical to the amino acid sequence of one or more CDRs of G2, G4, G9, G12, G16, G20, G34, G35, S2, S6, S10, S12, S14, S16, S17 and E11 (see Figure 2A-J, SEQ ID NOS.: 5-20, 24-27 and 30-73). The present invention further encompasses antibodies that specifically bind to HMG1 and/or HMG2 or a fragment thereof, said antibodies or antibody fragments comprising an amino acid sequence of one or more CDRs that is at least about 45%, at least about 50%, at least about 55%, at least about 60%, at least about 65%, at least about 70%, at least about 75%, at least about 80%, at least about 85%, at least about 90%, at least about 95%, or at least about 99% identical to the amino acid sequence of one or more CDRs of G2, G4, G9, G12, G16, G20, G34, G35, S2, S6, S10, S12, S14, S16, S17 and E11 (see Figure 2A-J, SEQ ID NOS.: 5-20, 24-27 and 30-73). The determination of percent identity of two amino acid sequences can be determined by any method known to one skilled in the art, including BLAST protein searches.

[0150] The present invention also encompasses antibodies that specifically bind to HMG1 and/or HMG2 or fragments thereof, where said antibodies are encoded by a nucleotide sequence that hybridizes to the nucleotide sequence of G2, G4, G9, G12, G16, G20, G34, G35, S2, S6, S10, S12, S14, S16, S17 and E11 (see Figure 2A-J, SEQ ID NOS.: 5-20, 24-27 and 30-73) under stringent conditions. In another embodiment, the invention encompasses antibodies that specifically bind to HMG1 and/or HMG2 or a fragment thereof, said antibodies comprising one or more CDRs encoded by a nucleotide sequence that hybridizes under stringent conditions to the nucleotide sequence of one or more CDRs of G2, G4, G9, G12, G16, G20, G34, G35, S2, S6, S10, S12, S14, S16, S17 and E11 (see Figure 2A-J, SEQ ID NOS.: 5-20, 24-27 and 30-73). Stringent hybridization conditions include, but are

not limited to, hybridization to filter-bound DNA in 6X sodium chloride/sodium citrate (SSC) at about 45°C followed by one or more washes in 0.2X SSC/0.1% SDS at about 50-65°C, highly stringent conditions such as hybridization to filter-bound DNA in 6X SSC at about 45°C followed by one or more washes in 0.1X SSC/0.2% SDS at about 60°C, or any other
5 stringent hybridization conditions known to those skilled in the art (see, for example, Ausubel, F.M. et al., eds. 1989 Current Protocols in Molecular Biology, vol. 1, Green Publishing Associates, Inc. and John Wiley and Sons, Inc., NY at pages 6.3.1 to 6.3.6 and 2.10.3).

[0151] Antibodies having at least one, at least two, at least three, at least four, at least
10 five, or all six of the CDRs of the deposited antibodies are specific embodiments of the invention. Isolated polynucleotides that encode these antibodies (and fragments thereof) are also specific embodiments of the invention. The binding and functional characteristics for “S2”, “S4”, “S16” and “G4” as well as several other specific anti-HMG1 antibodies of the invention are listed in Table 1.

15

Table 1 – Characteristics and Deposit Information for anti-HMG1 antibodies^a

IgG	ATCC #	K _d (mM) ^b	Competes for HMG1 Binding ^b	P ^c	T _m ^d	Binds Native HMG1 ^e			Binds to HMG2 ^e	<i>In vitro</i> Inhibition of HMG1: ^f			
						Nuclear	Released	Activated		Range Biding	mMØ activation	TLR4 Activation	Thp-1 Binding
G2		101		7.78	67.1	-	-	-	-	~75%	+	-	73.30
G4	PTA-6258	30	G9, S2, S6	8.12	72.1	++	++	++	-	~80%	+/-	-	
G9		125		9.01	77.9				-	-			
G12		73		8.6	78.8				-	-			
G16		22							-	-			
G20		114		7.8	71.2	-	-	-	-	~25%	-	+	
G34		67	S2	~8.7	~75				-	~20%			
G35		242		8.61	69				-				
S2	PTA-6142	36	G4, G9, S6	8.53	79.2				-	~38		-	
S6	PTA-6143	39	G4, G9, S2	8.81	76.3	-	+	-	-	~40%	-	-	
S10		54		8.76	75.3				-	~45%			
S12		n.d.		8.73	66.9				+	-		-	
S14		205		8.62	70.7				-	-		-	
S16	PTA-6259	23		8.11	71.4	++	++	++	+	~45%	-	-	
S17		331		8.7	90.0	-	-	-	-	-	-	+/-	
E11		n.d.		8.92	66.3	+	+/-		+	-	+	+	48.10

^aNo value indicates that the assay was not performed or has not yet been determined

^bDetermined via BLAcore analysis using recombinant HMG1 (see Examples section, Example 1), note: the K_d for E11 and S12 have not yet been determined by BLAcore.

^cDetermined via isoelectric focusing gel electrophoresis (see Examples section, Example 1)

^dDetermined via differential scanning calorimetry (see Examples section, Example 1)

IgG	IC ₅₀ ^g					IC ₅₀ nM IL-6 Native HMGB	<i>in vivo</i> ^h					
	IL-12	IL-1β	TNF-α	IL-6	NO		CLP	CIA passive	CIA active	AIA	<i>S. aureus</i>	ALI
G2	1262	5029	1347	0.9941		-	60%	0%				
G4	715	5015	5510	0.8997		-	60%	36%	34%	30%	27%	40%
G9		211.4	247.7	0.246		-						
G12	2788	5908	796.5	1.119								
G16				1.061	21974							
G20		400.4	598.2	0.6521	20380	-						
G34				0.8580								
G35				0.5635								
S2		220	64.16	0.1628			15%					
S6		23.15	18.24	0.1739	4152	-	35-50%	60%				
S10	1132	2593	874.7	0.3235								
S12				1.669								
S14		67.78	66.18	0.1914								
S16	1237	6051	1441	0.5597		38.89	60-75%	0%		0%		
S17		80.89		0.1623	41745	11.47						
E11				1.221	101321	1.733	35%	0%		8%	37%	

Table 1- Continued

^f Relative inhibition indicated for mMØ and TLR4, IC₅₀ (nM) indicated for Thp-1 binding (see Examples section, Example 4)

^g Determined by cytokine release inhibition analysis using recombinant HMGB1 (see Examples section, Example 3) IC₅₀ values for IL-6 are listed as nM the rest are listed as ng/ml

^h Percent protection is calculated by subtracting the isotype control (see Examples section, Examples 5-11).

[0152] Another embodiment of the present invention includes the introduction of conservative amino acid substitutions in any portion of an anti-HMG1 antibody of interest, described *supra* (see table 1). It is well known in the art that "conservative amino acid substitution" refers to amino acid substitutions that substitute functionally-equivalent amino acids. Conservative amino acid changes result in silent changes in the amino acid sequence of the resulting peptide. For example, one or more amino acids of a similar polarity act as functional equivalents and result in a silent alteration within the amino acid sequence of the peptide. Substitutions that are charge neutral and which replace a residue with a smaller residue may also be considered "conservative substitutions" even if the residues are in different groups (e.g., replacement of phenylalanine with the smaller isoleucine). Families of amino acid residues having similar side chains have been defined in the art. Several families of conservative amino acid substitutions are shown in Table 2.

Table 2: Families of Conservative Amino Acid Substitutions

<u>Family</u>	<u>Amino Acids</u>
non-polar	Trp, Phe, Met, Leu, Ile, Val, Ala, Pro
uncharged polar	Gly, Ser, Thr, Asn, Gln, Tyr, Cys
acidic/negatively charged	Asp, Glu
basic/positively charged	Arg, Lys, His
Beta-branched	Thr, Val, Ile
residues that influence chain orientation	Gly, Pro
aromatic	Trp, Tyr, Phe, His

[0153] The term "conservative amino acid substitution" also refers to the use of amino acid analogs or variants. Guidance concerning how to make phenotypically silent amino acid substitutions is provided in Bowie et al., "Deciphering the Message in Protein Sequences: Tolerance to Amino Acid Substitutions," (1990, Science 247:1306-1310).

5.2 Methods of Generating and Screening Antibodies of the Invention

[0154] High affinity antibodies or fragments that specifically bind to an HMG1 polypeptide can be identified, for example, by immunoassays, BIAcore, or other techniques known to those of skill in the art.

[0155] The antibodies of the present invention may be generated by any suitable method known in the art. Polyclonal antibodies to an antigen-of-interest can be produced by

various procedures well known in the art. For example, an HMG1 polypeptide of the invention can be administered to various host animals including, but not limited to, rabbits, mice, rats, etc. to induce the production of sera containing polyclonal antibodies specific for the antigen. Various adjuvants may be used to increase the immunological response,
5 depending on the host species, and include but are not limited to, Freund's (complete and incomplete), mineral gels such as aluminum hydroxide, surface active substances such as lysolecithin, pluronic polyols, polyanions, peptides, oil emulsions, keyhole limpet hemocyanins, dinitrophenol, and potentially useful human adjuvants such as BCG (bacille Calmette-Guerin) and *Corynebacterium parvum*. Such adjuvants are also well known in the
10 art.

[0156] Monoclonal antibodies can be prepared using a wide variety of techniques known in the art including the use of hybridoma, recombinant, and phage display technologies, or a combination thereof. For example, monoclonal antibodies can be produced using hybridoma techniques including those known in the art and taught, for example, in
15 Harlow et al., *Antibodies: A Laboratory Manual*, (Cold Spring Harbor Laboratory Press, 2nd ed. 1988); Hammerling, et al., in: *Monoclonal Antibodies and T-Cell Hybridomas* 563-681 (Elsevier, N.Y., 1981). The term "monoclonal antibody" as used herein is not limited to antibodies produced through hybridoma technology. The term "monoclonal antibody" refers to an antibody that is derived from a single clone, including any eukaryotic, prokaryotic, or
20 phage clone, and not the method by which it is produced.

[0157] A "monoclonal antibody" may comprise, or alternatively consist of, two proteins, *i.e.*, a heavy and a light chain.

[0158] Methods for producing and screening for specific antibodies using hybridoma technology are routine and well known in the art. In a non-limiting example, mice can be
25 immunized with a polypeptide of the invention or a cell expressing such peptide. Once an immune response is detected, *e.g.*, antibodies specific for the antigen are detected in the mouse serum, the mouse spleen is harvested and splenocytes isolated. The splenocytes are then fused by well-known techniques to any suitable myeloma cells, for example cells from cell line SP20 available from the ATCC. Hybridomas are selected and cloned by limited
30 dilution. The hybridoma clones are then assayed by methods known in the art for cells that secrete antibodies capable of binding a polypeptide of the invention. Ascites fluid, which

generally contains high levels of antibodies, can be generated by immunizing mice with positive hybridoma clones.

[0159] Accordingly, the present invention provides methods of generating monoclonal antibodies as well as antibodies produced by the method comprising culturing a hybridoma cell secreting an antibody of the invention wherein, preferably, the hybridoma is generated by fusing splenocytes isolated from a mouse immunized with an antigen of the invention with myeloma cells and then screening the hybridomas resulting from the fusion for hybridoma clones that secrete an antibody able to bind a polypeptide of the invention.

[0160] Antibody fragments which recognize specific epitopes may be generated by known techniques. For example, Fab and F(ab')₂ fragments of the invention may be produced by proteolytic cleavage of immunoglobulin molecules, using enzymes such as papain (to produce Fab fragments) or pepsin (to produce F(ab')₂ fragments). F(ab')₂ fragments contain the variable region, the light chain constant region and the CH1 domain of the heavy chain.

[0161] The antibodies of the present invention can also be generated using various phage display methods known in the art. In phage display methods, functional antibody domains are displayed on the surface of phage particles which carry the polynucleotide sequences encoding them. In a particular embodiment, such phage can be utilized to display antigen-binding domains expressed from a repertoire or combinatorial antibody library (*e.g.*, human or murine). Phage expressing an antigen binding domain that binds the antigen of interest can be selected or identified with antigen, *e.g.*, using labeled antigen or antigen bound or captured to a solid surface or bead. Phage used in these methods are typically filamentous phage including fd and M13 binding domains expressed from phage with Fab, Fv or disulfide stabilized Fv antibody domains recombinantly fused to either the phage gene III or gene VIII protein. Examples of phage display methods that can be used to make the antibodies of the present invention include those disclosed in Brinkman et al., *J. Immunol. Methods* 182:41-50 (1995); Ames et al., *J. Immunol. Methods* 184:177-186 (1995); Kettleborough et al., *Eur. J. Immunol.* 24:952-958 (1994); Persic et al., *Gene* 187 9-18 (1997); Burton et al., *Advances in Immunology* 57:191-280 (1994); PCT application No. PCT/GB91/01134; PCT publications WO 90/02809; WO 91/10737; WO 92/01047; WO 92/18619; WO 93/11236; WO 95/15982; WO 95/20401; and U.S. Pat. Nos. 5,698,426; 5,223,409; 5,403,484; 5,580,717; 5,427,908;

5,750,753; 5,821,047; 5,571,698; 5,427,908; 5,516,637; 5,780,225; 5,658,727; 5,733,743 and 5,969,108.

[0162] As described in the above references, after phage selection, the antibody coding regions from the phage can be isolated and used to generate whole antibodies, including human antibodies, or any other desired antigen binding fragment, and expressed in any desired host, including mammalian cells, insect cells, plant cells, yeast, and bacteria, *e.g.*, as described in detail below. For example, techniques to recombinantly produce Fab, Fab' and F(ab')₂ fragments can also be employed using methods known in the art such as those disclosed in PCT publication WO 92/22324; Mullinax et al., *BioTechniques* 12(6):864-869 (1992); and Sawai et al., *AJRI* 34:26-34 (1995); and Better et al., *Science* 240:1041-1043 (1988).

[0163] Examples of techniques which can be used to produce single-chain Fvs and antibodies include those described in U.S. Pat. Nos. 4,946,778 and 5,258,498; Huston et al., *Methods in Enzymology* 203:46-88 (1991); Shu et al., *PNAS* 90:7995-7999 (1993); and Skerra et al., *Science* 240:1038-1040 (1988).

[0164] For some uses, including *in vivo* use of antibodies in humans and *in vitro* detection assays, it may be preferable to use chimeric, humanized, or human antibodies. A chimeric antibody is a molecule in which different portions of the antibody are derived from different animal species, such as antibodies having a variable region derived from a murine monoclonal antibody and a human immunoglobulin constant region. Methods for producing chimeric antibodies are known in the art. *See, e.g.*, Morrison, *Science* 229:1202 (1985); Oi et al., *BioTechniques* 4:214 (1986); Gillies et al., (1989) *J. Immunol. Methods* 125:191-202; U.S. Pat. Nos. 5,807,715; 4,816,567; and 4,816,397. Humanized antibodies are antibody molecules from non-human species antibody that bind the desired antigen having one or more complementarity determining regions (CDRs) from the non-human species and a framework region from a human immunoglobulin molecule. Often, framework residues in the human framework regions will be substituted with the corresponding residue from the CDR donor antibody to alter, preferably improve, antigen binding. These framework substitutions are identified by methods well known in the art, *e.g.*, by modeling of the interactions of the CDR and framework residues to identify framework residues important for antigen binding and sequence comparison to identify unusual framework residues at particular positions. (*See, e.g.*, Queen et al., U.S. Pat. No. 5,585,089; Riechmann et al., *Nature* 332:323 (1988)).

Antibodies can be humanized using a variety of techniques known in the art including, for example, CDR-grafting (EP 239,400; PCT publication WO 91/09967; U.S. Pat. Nos. 5,225,539; 5,530,101; and 5,585,089), veneering or resurfacing (EP 592,106; EP 519,596; Padlan, *Molecular Immunology* 28(4/5):489-498 (1991); Studnicka et al., *Protein Engineering* 7(6):805-814 (1994); Roguska. et al., *PNAS* 91:969-973 (1994)), and chain shuffling (U.S. Pat. No. 5,565,332).

[0165] Completely human antibodies are particularly desirable for therapeutic treatment of human patients. Human antibodies can be made by a variety of methods known in the art including phage display methods described above using antibody libraries derived from human immunoglobulin sequences. See also, U.S. Pat. Nos. 4,444,887 and 4,716,111; and PCT publications WO 98/46645, WO 98/50433, WO 98/24893, WO 98/16654, WO 96/34096, WO 96/33735, and WO 91/10741.

[0166] Human antibodies can also be produced using transgenic mice which are incapable of expressing functional endogenous immunoglobulins, but which can express human immunoglobulin genes. For example, the human heavy and light chain immunoglobulin gene complexes may be introduced randomly or by homologous recombination into mouse embryonic stem cells. Alternatively, the human variable region, constant region, and diversity region may be introduced into mouse embryonic stem cells in addition to the human heavy and light chain genes. The mouse heavy and light chain immunoglobulin genes may be rendered non-functional separately or simultaneously with the introduction of human immunoglobulin loci by homologous recombination. In particular, homozygous deletion of the JH region prevents endogenous antibody production. The modified embryonic stem cells are expanded and microinjected into blastocysts to produce chimeric mice. The chimeric mice are then bred to produce homozygous offspring which express human antibodies. The transgenic mice are immunized in the normal fashion with a selected antigen, e.g., all or a portion of a polypeptide of the invention. Monoclonal antibodies directed against the antigen can be obtained from the immunized, transgenic mice using conventional hybridoma technology. The human immunoglobulin transgenes harbored by the transgenic mice rearrange during B cell differentiation, and subsequently undergo class switching and somatic mutation. Thus, using such a technique, it is possible to produce therapeutically useful IgG, IgA, IgM and IgE antibodies. For an overview of this technology for producing human antibodies, see Lonberg and Huszar, *Int. Rev. Immunol.* 13:65-93 (1995). For a detailed discussion of this technology for producing human antibodies and

human monoclonal antibodies and protocols for producing such antibodies, *see, e.g.*, PCT publications WO 98/24893; WO 92/01047; WO 96/34096; WO 96/33735; European Patent No. 0 598 877; U.S. Pat. Nos. 5,413,923; 5,625,126; 5,633,425; 5,569,825; 5,661,016; 5,545,806; 5,814,318; 5,885,793; 5,916,771; and 5,939,598. In addition, companies such as
5 Abgenix, Inc. (Freemont, Calif.) and Genpharm (San Jose, Calif.) can be engaged to provide human antibodies directed against a selected antigen using technology similar to that described above.

[0167] Completely human antibodies which recognize a selected epitope can be generated using a technique referred to as "guided selection." In this approach a selected
10 non-human monoclonal antibody, *e.g.*, a mouse antibody, is used to guide the selection of a completely human antibody recognizing the same epitope. (Jespers et al., *Bio/technology* 12:899-903 (1988)).

[0168] Further, antibodies to the polypeptides of the invention can, in turn, be utilized to generate anti-idiotypic antibodies that "mimic" polypeptides of the invention using
15 techniques well known to those skilled in the art (See, *e.g.*, Greenspan & Bona, *FASEB J.* 7(5):437-444; (1989) and Nissinoff, *J. Immunol.* 147(8):2429-2438 (1991)). For example, antibodies which bind to and competitively inhibit polypeptide multimerization and/or binding of a polypeptide of the invention to a ligand can be used to generate anti-idiotypes that "mimic" the polypeptide multimerization and/or binding domain and, as a consequence,
20 bind to and neutralize polypeptide and/or its ligand. Such neutralizing anti-idiotypes or Fab fragments of such anti-idiotypes can be used in therapeutic regimens to neutralize polypeptide ligand. For example, such anti-idiotypic antibodies can be used to bind a polypeptide of the invention and/or to bind its ligands/receptors, and thereby block its biological activity.

[0169] If the antibody is used therapeutically in *in vivo* applications, the antibody is preferably modified to make it less immunogenic in the individual. For example, if the individual is human the antibody is preferably "humanized"; where the complementarity determining region(s) of the antibody is transplanted into a human antibody (for example, as described in Jones et al., *Nature* 321:522-525, 1986; and Tempest et al., *Biotechnology*
30 9:266-273, 1991).

[0170] Phage display technology can also be utilized to select antibody genes with binding activities towards the polypeptide either from repertoires of PCR amplified v-genes

of lymphocytes from humans screened for possessing anti-B box antibodies or from naive libraries (McCafferty et al., *Nature* 348:552-554, 1990; and Marks, et al., *Biotechnology* 10:779-783, 1992). The affinity of these antibodies can also be improved by chain shuffling (Clackson et al., *Nature* 352: 624-628, 1991).

5 [0171] The choice of polypeptide to be used for the generation can be readily determined by one skilled in the art. Polypeptides may be chosen such that the antibody generated will not significantly cross-react or specifically bind to another member of the HMG protein family. Alternatively, polypeptides which share a large degree of homology between two or more members of the HMG protein family may be used for the generation of
10 an antibody that can specifically bind (*i.e.*, cross-react) with multiple members of the HMG protein family (*e.g.*, HMG1 and HMG2).

5.3 Polynucleotides Encoding Antibodies

15 [0172] The invention further provides polynucleotides comprising a nucleotide sequence encoding a high affinity antibody of the invention and fragments thereof. The invention also encompasses polynucleotides that hybridize under stringent or lower stringency hybridization conditions, *e.g.*, as defined herein, to polynucleotides that encode an antibody that specifically binds to an HMG1 and/or HMG2 polypeptide of the invention (*e.g.* SEQ ID NO: 1 or 2 or fragments thereof). In a particular embodiment, a polynucleotide of
20 the invention encodes an antibody that binds to a polypeptide having the amino acid sequence of SEQ ID NO:1 or 2. In another embodiment, a polynucleotide of the invention encodes an antibody which binds specifically to a polypeptide having the amino acid sequence of SEQ ID NO:3. In another preferred embodiment, a polynucleotide of the invention encodes an antibody which binds specifically to a polypeptide having the amino acid sequence of SEQ
25 ID NO:4. In another embodiment, a polynucleotide of the invention encodes an antibody which binds a polypeptide having the amino acid sequence of SEQ ID NO:21. In still another embodiment, a polynucleotide of the invention encodes an antibody which binds a polypeptide having the amino acid sequence of SEQ ID NO:22. In yet another embodiment, a polynucleotide of the invention encodes an antibody which binds a polypeptide having the
30 amino acid sequence of SEQ ID NO:23. In still other embodiments, a polynucleotide of the invention encodes an antibody which binds a polypeptide having the amino acid sequence of SEQ ID NO:28 and/or 29.

[0173] By "stringent hybridization conditions" is intended overnight incubation at 42.degree. C. in a solution comprising: 50% formamide, 5.times.SSC (750 mM NaCl, 75 mM trisodium citrate), 50 mM sodium phosphate (pH 7.6), 5.times. Denhardt's solution, 10% dextran sulfate, and 20 .mu.g/ml denatured, sheared salmon sperm DNA, followed by
5 washing the filters in 0.1.times.SSC at about 65.degree. C.

[0174] The polynucleotides may be obtained, and the nucleotide sequence of the polynucleotides determined, by any method known in the art. For example, if the nucleotide sequence of the antibody is known, a polynucleotide encoding the antibody may be assembled from chemically synthesized oligonucleotides (*e.g.*, as described in Kutmeier et al., *BioTechniques* 17:242 (1994)), which, briefly, involves the synthesis of overlapping oligonucleotides containing portions of the sequence encoding the antibody, annealing and ligating of those oligonucleotides, and then amplification of the ligated oligonucleotides by PCR.
10

[0175] Alternatively, a polynucleotide encoding an antibody may be generated from nucleic acid from a suitable source. If a clone containing a nucleic acid encoding a particular antibody is not available, but the sequence of the antibody molecule is known, a nucleic acid encoding the immunoglobulin may be chemically synthesized or obtained from a suitable source (*e.g.*, an antibody cDNA library, or a cDNA library generated from, or nucleic acid, preferably polyA+RNA, isolated from, any tissue or cells expressing the antibody, such as hybridoma cells selected to express an antibody of the invention) by PCR amplification using synthetic primers hybridizable to the 3' and 5' ends of the sequence or by cloning using an oligonucleotide probe specific for the particular gene sequence to identify, *e.g.*, a cDNA clone from a cDNA library that encodes the antibody. Amplified nucleic acids generated by PCR may then be cloned into replicable cloning vectors using any method well known in the art.
15
20
25

[0176] Once the nucleotide sequence and corresponding amino acid sequence of the antibody is determined, the nucleotide sequence of the antibody may be manipulated using methods well known in the art for the manipulation of nucleotide sequences, *e.g.*, recombinant DNA techniques, site directed mutagenesis, PCR, etc. (see, for example, the techniques described in Sambrook et al., 1990, *Molecular Cloning, A Laboratory Manual*, 2d Ed., Cold Spring Harbor Laboratory, Cold Spring Harbor, N.Y. and Ausubel et al., eds., 1998, *Current Protocols in Molecular Biology*, John Wiley & Sons, NY), to generate
30

antibodies having a different amino acid sequence, for example to create amino acid substitutions, deletions, and/or insertions.

5 [0177] In a specific embodiment, the amino acid sequence of the heavy and/or light chain variable domains of the antibodies of the invention may be inspected to identify the sequences of the complementarity determining regions (CDRs) by methods that are well known in the art, *e.g.*, by comparison to known amino acid sequences of other heavy and light chain variable regions to determine the regions of sequence hypervariability. Using routine recombinant DNA techniques, one or more of the CDRs may be inserted within framework regions, *e.g.*, into human framework regions to humanize a non-human antibody, 10 as described *supra*. The framework regions may be naturally occurring or consensus framework regions, and preferably human framework regions (see, *e.g.*, Chothia et al., *J. Mol. Biol.* 278: 457-479 (1998) for a listing of human framework regions). Preferably, the polynucleotide generated by the combination of the framework regions and CDRs encodes an antibody that specifically binds a polypeptide of the invention.

15 [0178] Preferably, as discussed *supra*, one or more amino acid substitutions may be made within the framework regions, and, preferably, the amino acid substitutions improve binding of the antibody to its antigen. Additionally, such methods may be used to make amino acid substitutions or deletions of one or more variable region cysteine residues participating in an intrachain disulfide bond to generate antibody molecules lacking one or 20 more intrachain disulfide bonds. Other alterations to the polynucleotide are encompassed by the present invention and within the skill of the art.

[0179] In addition, techniques developed for the production of "chimeric antibodies" (Morrison et al., *Proc. Natl. Acad. Sci.* 81:851-855 (1984); Neuberger et al., *Nature* 312:604-608 (1984); Takeda et al., *Nature* 314:452-454 (1985)) by splicing genes from a mouse 25 antibody molecule of appropriate antigen specificity together with genes from a human antibody molecule of appropriate biological activity can be used. As described *supra*, a chimeric antibody is a molecule in which different portions are derived from different animal species, such as those having a variable region derived from a murine mAb and a human immunoglobulin constant region, *e.g.*, humanized antibodies.

30 [0180] Alternatively, techniques described for the production of single chain antibodies (U.S. Pat. No. 4,946,778; Bird, *Science* 242:423-42 (1988); Huston et al., *Proc. Natl. Acad. Sci. USA* 85:5879-5883 (1988); and Ward et al., *Nature* 334:544-54 (1989)) can

be adapted to produce single chain antibodies. Single chain antibodies are formed by linking the heavy and light chain fragments of the Fv region via an amino acid bridge, resulting in a single chain polypeptide. Techniques for the assembly of functional Fv fragments in *E. coli* may also be used (Skerra et al., *Science* 242:1038-1041 (1988)).

5

5.4 Methods of Producing Antibodies

[0181] The antibodies of the invention can be produced by any method known in the art for the synthesis of antibodies, in particular, by chemical synthesis or preferably, by recombinant expression techniques.

10 [0182] Recombinant expression of an antibody of the invention, or fragment, derivative or analog thereof, (*e.g.*, a heavy or light chain of an antibody of the invention or a single chain antibody of the invention), requires construction of an expression vector containing a polynucleotide that encodes the antibody. Once a polynucleotide encoding an antibody molecule or a heavy or light chain of an antibody, or portion thereof (preferably
15 containing the heavy or light chain variable domain), of the invention has been obtained, the vector for the production of the antibody molecule may be produced by recombinant DNA technology using techniques well known in the art. Thus, methods for preparing a protein by expressing a polynucleotide containing an antibody encoding nucleotide sequence are described herein. Methods which are well known to those skilled in the art can be used to
20 construct expression vectors containing antibody coding sequences and appropriate transcriptional and translational control signals. These methods include, for example, *in vitro* recombinant DNA techniques, synthetic techniques, and *in vivo* genetic recombination. The invention, thus, provides replicable vectors comprising a nucleotide sequence encoding an antibody molecule of the invention, or a heavy or light chain thereof, or a heavy or light chain
25 variable domain, operably linked to a promoter. Such vectors may include the nucleotide sequence encoding the constant region of the antibody molecule (see, *e.g.*, PCT Publication WO 86/05807; PCT Publication WO 89/01036; and U.S. Pat. No. 5,122,464) and the variable domain of the antibody may be cloned into such a vector for expression of the entire heavy or light chain.

30 [0183] The expression vector is transferred to a host cell by conventional techniques and the transfected cells are then cultured by conventional techniques to produce an antibody of the invention. Thus, the invention includes host cells containing a polynucleotide

encoding an antibody of the invention, or a heavy or light chain thereof, or a single chain antibody of the invention, operably linked to a heterologous promoter. In preferred embodiments for the expression of double-chained antibodies, vectors encoding both the heavy and light chains may be co-expressed in the host cell for expression of the entire immunoglobulin molecule, as detailed below.

[0184] A variety of host-expression vector systems may be utilized to express the antibody molecules of the invention. Such host-expression systems represent vehicles by which the coding sequences of interest may be produced and subsequently purified, but also represent cells which may, when transformed or transfected with the appropriate nucleotide coding sequences, express an antibody molecule of the invention in situ. These include but are not limited to microorganisms such as bacteria (*e.g.*, *E. coli*, *B. subtilis*) transformed with recombinant bacteriophage DNA, plasmid DNA or cosmid DNA expression vectors containing antibody coding sequences; yeast (*e.g.*, *Saccharomyces*, *Pichia*) transformed with recombinant yeast expression vectors containing antibody coding sequences; insect cell systems infected with recombinant virus expression vectors (*e.g.*, baculovirus) containing antibody coding sequences; plant cell systems infected with recombinant virus expression vectors (*e.g.*, cauliflower mosaic virus, CaMV; tobacco mosaic virus, TMV) or transformed with recombinant plasmid expression vectors (*e.g.*, Ti plasmid) containing antibody coding sequences; or mammalian cell systems (*e.g.*, COS, CHO, BHK, 293, NS0, 3T3, PerC6 cells) harboring recombinant expression constructs containing promoters derived from the genome of mammalian cells (*e.g.*, metallothionein promoter) or from mammalian viruses (*e.g.*, the adenovirus late promoter; the vaccinia virus 7.5K promoter). Preferably, bacterial cells such as *Escherichia coli*, and more preferably, eukaryotic cells, especially for the expression of whole recombinant antibody molecule, are used for the expression of a recombinant antibody molecule. For example, mammalian cells such as Chinese hamster ovary cells (CHO), in conjunction with a vector such as the major intermediate early gene promoter element from human cytomegalovirus is an effective expression system for antibodies (Foecking et al., *Gene* 45:101 (1986); Cockett et al., *Bio/Technology* 8:2 (1990)). Also see, *e.g.*, U.S. patents 5827739, 5879936, 5981216, and 5658759.

[0185] In bacterial systems, a number of expression vectors may be advantageously selected depending upon the use intended for the antibody molecule being expressed. For example, when a large quantity of such a protein is to be produced, for the generation of pharmaceutical compositions of an antibody molecule, vectors which direct the expression of

high levels of fusion protein products that are readily purified may be desirable. Such vectors include, but are not limited, to the *E. coli* expression vector pUR278 (Ruther et al., *EMBO J.* 2:1791 (1983)), in which the antibody coding sequence may be ligated individually into the vector in frame with the lacZ coding region so that a fusion protein is produced; pIN vectors
5 (Inouye & Inouye, *Nucleic Acids Res.* 13:3101-3109 (1985); Van Heeke & Schuster, *J. Biol. Chem.* 24:5503-5509 (1989)); and the like. pGEX vectors may also be used to express foreign polypeptides as fusion proteins with glutathione S-transferase (GST). In general, such fusion proteins are soluble and can easily be purified from lysed cells by adsorption and binding to matrix glutathione-agarose beads followed by elution in the presence of free glutathione. The
10 pGEX vectors are designed to include thrombin or factor Xa protease cleavage sites so that the cloned target gene product can be released from the GST moiety.

[0186] In an insect system, *Autographa californica* nuclear polyhedrosis virus (AcNPV) is used as a vector to express foreign genes. The virus grows in *Spodoptera frugiperda* cells. The antibody coding sequence may be cloned individually into non-
15 essential regions (for example the polyhedrin gene) of the virus and placed under control of an AcNPV promoter (for example the polyhedrin promoter).

[0187] In mammalian host cells, a number of viral-based expression systems may be utilized. In cases where an adenovirus is used as an expression vector, the antibody coding sequence of interest may be ligated to an adenovirus transcription/translation control
20 complex, e.g., the late promoter and tripartite leader sequence. This chimeric gene may then be inserted in the adenovirus genome by in vitro or in vivo recombination. Insertion in a non-essential region of the viral genome (e.g., region E1 or E3) will result in a recombinant virus that is viable and capable of expressing the antibody molecule in infected hosts (e.g., see Logan & Shenk, *Proc. Natl. Acad. Sci. USA* 81:355-359 (1984)). Specific initiation signals
25 may also be required for efficient translation of inserted antibody coding sequences. These signals include the ATG initiation codon and adjacent sequences. Furthermore, the initiation codon must be in phase with the reading frame of the desired coding sequence to ensure translation of the entire insert. These exogenous translational control signals and initiation codons can be of a variety of origins, both natural and synthetic. The efficiency of expression
30 may be enhanced by the inclusion of appropriate transcription enhancer elements, transcription terminators, etc. (see Bittner et al., *Methods in Enzymol.* 153:51-544 (1987)).

[0188] In addition, a host cell strain may be chosen which modulates the expression of the inserted sequences, or modifies and processes the gene product in the specific fashion desired. Such modifications (*e.g.*, glycosylation) and processing (*e.g.*, cleavage) of protein products may be important for the function of the protein. Different host cells have
5 characteristic and specific mechanisms for the post-translational processing and modification of proteins and gene products. Appropriate cell lines or host systems can be chosen to ensure the correct modification and processing of the foreign protein expressed. To this end, eukaryotic host cells which possess the cellular machinery for proper processing of the primary transcript, glycosylation, and phosphorylation of the gene product may be used. Such
10 mammalian host cells include but are not limited to CHO, VERO, BHK, HeLa, COS, MDCK, 293, 3T3, W138, NS0, Per.C6 and in particular, breast cancer cell lines such as, for example, BT483, Hs578T, HTB2, BT20 and T47D, and normal mammary gland cell lines such as, for example, CRL7030 and Hs578Bst.

[0189] For long-term, high-yield production of recombinant proteins, stable
15 expression is preferred. For example, cell lines which stably express the antibody molecule may be engineered. Rather than using expression vectors which contain viral origins of replication, host cells can be transformed with DNA controlled by appropriate expression control elements (*e.g.*, promoter, enhancer, sequences, transcription terminators, polyadenylation sites, etc.), and a selectable marker. Following the introduction of the
20 foreign DNA, engineered cells may be allowed to grow for 1-2 days in an enriched media, and then are switched to a selective media. The selectable marker in the recombinant plasmid confers resistance to the selection and allows cells to stably integrate the plasmid into their chromosomes and grow to form foci which in turn can be cloned and expanded into cell lines. This method may advantageously be used to engineer cell lines which express the antibody
25 molecule. Such engineered cell lines may be particularly useful in screening and evaluation of compounds that interact directly or indirectly with the antibody molecule.

[0190] A number of selection systems may be used, including but not limited to the herpes simplex virus thymidine kinase (Wigler et al., *Cell* 11:223 (1977)), hypoxanthine-guanine phosphoribosyltransferase (Szybalska & Szybalski, *Proc. Natl. Acad. Sci. USA*
30 48:202 (1992)), and adenine phosphoribosyltransferase (Lowy et al., *Cell* 22:817 (1980)) genes can be employed in tk-, hgpvt- or apvt-cells, respectively. Also, antimetabolite resistance can be used as the basis of selection for the following genes: dhfr, which confers resistance to methotrexate (Wigler et al., *Proc Natl. Acad. Sci. USA* 77:357 (1980); O'Hare et

al., *Proc. Natl. Acad. Sci. USA* 78:1527 (1981)); gpt, which confers resistance to mycophenolic acid (Mulligan & Berg, *Proc. Natl. Acad. Sci. USA* 78:2072 (1981)); neo, which confers resistance to the aminoglycoside G-418 *Clinical Pharmacy* 12:488-505; Wu and Wu, *Biotherapy* 3:87-95 (1991); Tolstoshev, *Ann. Rev. Pharmacol. Toxicol.* 32:573-596
5 (1993); Mulligan, *Science* 260:926-932 (1993); and Morgan and Anderson, *Ann. Rev. Biochem.* 62:191-217 (1993); May, 1993, *TIB TECH* 11(5):155-215); and hygro, which confers resistance to hygromycin (Santerre et al., *Gene* 30:147 (1984)). Methods commonly known in the art of recombinant DNA technology may be routinely applied to select the desired recombinant clone, and such methods are described, for example, in Ausubel et al.
10 (eds.), *Current Protocols in Molecular Biology*, John Wiley & Sons, NY (1993); Kriegler, *Gene Transfer and Expression, A Laboratory Manual*, Stockton Press, NY (1990); and in Chapters 12 and 13, Dracopoli et al. (eds), *Current Protocols in Human Genetics*, John Wiley & Sons, NY (1994); Colberre-Garapin et al., *J. Mol. Biol.* 150:1 (1981).

[0191] The expression levels of an antibody molecule can be increased by vector
15 amplification (for a review, see Bebbington and Hentschel, *The use of vectors based on gene amplification for the expression of cloned genes in mammalian cells in DNA cloning*, Vol. 3. (Academic Press, New York, 1987)). When a marker in the vector system expressing antibody is amplifiable, increase in the level of inhibitor present in culture of host cell will increase the number of copies of the marker gene. Since the amplified region is associated
20 with the antibody gene, production of the antibody will also increase (Crouse et al., *Mol. Cell. Biol.* 3:257 (1983)).

[0192] The host cell may be co-transfected with two expression vectors of the invention, the first vector encoding a heavy chain derived polypeptide and the second vector encoding a light chain derived polypeptide. The two vectors may contain identical selectable
25 markers which enable equal expression of heavy and light chain polypeptides. Alternatively, a single vector may be used which encodes, and is capable of expressing, both heavy and light chain polypeptides. In such situations, the light chain should be placed before the heavy chain to avoid an excess of toxic free heavy chain (Proudfoot, *Nature* 322:562 (1986); Kohler, *Proc. Natl. Acad. Sci. USA* 77:2197 (1980)). The coding sequences for the heavy
30 and light chains may comprise cDNA or genomic DNA.

[0193] Once an antibody molecule of the invention has been produced by an animal, chemically synthesized, or recombinantly expressed, it may be purified by any method

known in the art for purification of an immunoglobulin molecule, for example, by chromatography (*e.g.*, ion exchange, affinity, particularly by affinity for the specific antigen after Protein A, and sizing column chromatography), centrifugation, differential solubility, or by any other standard technique for the purification of proteins. In addition, the antibodies of
5 the present invention or fragments thereof can be fused to heterologous polypeptide sequences described herein or otherwise known in the art, to facilitate purification.

[0194] Moreover, the antibodies or fragments thereof of the present invention can be fused to marker sequences, such as a peptide to facilitate purification. In certain embodiments, the marker amino acid sequence is a hexa-histidine peptide, such as the tag
10 provided in a pQE vector (QIAGEN, Inc., 9259 Eton Avenue, Chatsworth, Calif., 91311), among others, many of which are commercially available. As described in Gentz et al., *Proc. Natl. Acad. Sci. USA* 86:821-824 (1989), for instance, hexa-histidine provides for convenient purification of the fusion protein. Other peptide tags useful for purification include, but are not limited to, the "HA" tag, which corresponds to an epitope derived from the influenza
15 hemagglutinin protein (Wilson et al., *Cell* 37:767 (1984)) and the "flag" tag.

5.5 Antibody Conjugates and Derivatives

[0195] The antibodies of the invention include derivatives that are modified (*e.g.*, by the covalent attachment of any type of molecule to the antibody). For example, but not by
20 way of limitation, the antibody derivatives include antibodies that have been modified, *e.g.*, by glycosylation, acetylation, pegylation, phosphorylation, amidation, derivatization by known protecting/blocking groups, proteolytic cleavage, linkage to a cellular ligand or other protein, etc. Any of numerous chemical modifications may be carried out by known techniques, including, but not limited to, specific chemical cleavage, acetylation, formylation,
25 metabolic synthesis of tunicamycin, etc. Additionally, the derivative may contain one or more non-classical amino acids.

[0196] Antibodies or fragments thereof with increased *in vivo* half-lives can be generated by attaching to said antibodies or antibody fragments polymer molecules such as high molecular weight polyethyleneglycol (PEG). PEG can be attached to said antibodies or
30 antibody fragments with or without a multifunctional linker either through site-specific conjugation of the PEG to the N- or C- terminus of said antibodies or antibody fragments or via epsilon-amino groups present on lysine residues. Linear or branched polymer

derivatization that results in minimal loss of biological activity will be used. The degree of conjugation will be closely monitored by SDS-PAGE and mass spectrometry to ensure proper conjugation of PEG molecules to the antibodies. Unreacted PEG can be separated from antibody-PEG conjugates by, *e.g.*, size exclusion or ion-exchange chromatography.

5 [0197] Further, antibodies can be conjugated to albumin in order to make the antibody or antibody fragment more stable *in vivo* or have a longer half life *in vivo*. The techniques are well known in the art, see *e.g.*, International Publication Nos. WO 93/15199, WO 93/15200, and WO 01/77137; and European Patent No. EP 413, 622. The present invention encompasses the use of antibodies or fragments thereof conjugated or fused to one
10 or more moieties, including but not limited to, peptides, polypeptides, proteins, fusion proteins, nucleic acid molecules, small molecules, mimetic agents, synthetic drugs, inorganic molecules, and organic molecules.

[0198] In one embodiment, the present invention encompasses the use of antibodies or fragments thereof recombinantly fused or chemically conjugated (including both covalent
15 and non-covalent conjugations) to a heterologous protein or polypeptide (or fragment thereof, specifically to a polypeptide of at least 10, at least 20, at least 30, at least 40, at least 50, at least 60, at least 70, at least 80, at least 90 or at least 100 amino acids) to generate fusion proteins. In another embodiment, the present invention encompasses the use of antibodies or fragments thereof recombinantly fused or chemically conjugated (including both covalent and
20 non-covalent conjugations) to a heterologous protein or polypeptide (or fragment thereof, specifically to a polypeptide of at least about 10, at least about 20, at least about 30, at least about 40, at least about 50, at least about 60, at least about 70, at least about 80, at least about 90 or at least about 100 amino acids) to generate fusion proteins. The fusion does not necessarily need to be direct, but may occur through linker sequences. For example,
25 antibodies may be used to target heterologous polypeptides to particular cell types, either *in vitro* or *in vivo*, by fusing or conjugating the antibodies to antibodies specific for particular cell surface receptors. Antibodies fused or conjugated to heterologous polypeptides may also be used in *in vitro* immunoassays and purification methods using methods known in the art. See *e.g.*, International publication No. WO 93/21232; European Patent No. EP 439,095;
30 Naramura et al., 1994, Immunol. Lett. 39:91-99; U.S. Patent No. 5,474,981; Gillies et al., 1992, PNAS 89:1428-1432; and Fell et al., 1991, J. Immunol. 146:2446-2452.

[0199] The present invention further includes formulations comprising heterologous proteins, peptides or polypeptides fused or conjugated to antibody fragments. For example, the heterologous polypeptides may be fused or conjugated to a Fab fragment, Fd fragment, Fv fragment, F(ab)2 fragment, a VH domain, a VL domain, a VH CDR, a VL CDR, or fragment
5 thereof. Methods for fusing or conjugating polypeptides to antibody portions are well known in the art. See, *e.g.*, U.S. Patent Nos. 5,336,603, 5,622,929, 5,359,046, 5,349,053, 5,447,851, and 5,112,946; European Patent Nos. EP 307,434 and EP 367,166; International publication Nos. WO 96/04388 and WO 91/06570; Ashkenazi et al., 1991, Proc. Natl. Acad. Sci. USA 88: 10535-10539; Zheng et al., 1995, J. Immunol. 154:5590-5600; and Vil et al., 1992, Proc.
10 Natl. Acad. Sci. USA 89:11337- 11341.

[0200] Additional fusion proteins, *e.g.*, of antibodies that specifically bind HMG1 and/or HMG2 or fragments thereof (*e.g.*, supra), may be generated through the techniques of gene-shuffling, motif-shuffling, exon-shuffling, and/or codon-shuffling (collectively referred to as "DNA shuffling"). DNA shuffling may be employed to alter the activities of antibodies
15 of the invention or fragments thereof (*e.g.*, antibodies or fragments thereof with higher affinities and lower dissociation rates). See, generally, U.S. Patent Nos. 5,605,793; 5,811,238; 5,830,721; 5,834,252; and 5,837,458, and Patten et al., 1997, Curr. Opinion Biotechnol. 8:724-33; Harayama, 1998, Trends Biotechnol. 16(2): 76-82; Hansson, et al., 1999, J. Mol. Biol. 287:265-76; and Lorenzo and Blasco, 1998, Biotechniques 24(2): 308-
20 313. Antibodies or fragments thereof, or the encoded antibodies or fragments thereof, may be altered by being subjected to random mutagenesis by error-prone PCR, random nucleotide insertion or other methods prior to recombination. One or more portions of a polynucleotide encoding an antibody or antibody fragment, which portions specifically bind to a C/CLP may be recombined with one or more components, motifs, sections, parts, domains, fragments,
25 etc. of one or more heterologous molecules.

[0201] Moreover, the antibodies of the invention or fragments thereof can be fused to marker sequences, such as a peptide to facilitate purification. In certain embodiments, the marker amino acid sequence is a hexa-histidine peptide, such as the tag provided in a pQE vector (QIAGEN, Inc., 9259 Eton Avenue, Chatsworth, CA, 91311), among others, many of
30 which are commercially available. As described in Gentz et al., 1989, Proc. Natl. Acad. Sci. USA 86:821-824, for instance, hexa-histidine provides for convenient purification of the fusion protein. Other peptide tags useful for purification include, but are not limited to, the

hemagglutinin "HA" tag, which corresponds to an epitope derived from the influenza hemagglutinin protein (Wilson et al., 1984, Cell 37:767) and the "flag" tag.

[0202] The present invention further encompasses antibodies or fragments thereof conjugated to a diagnostic or therapeutic agent. The antibodies can be used diagnostically to, for example, monitor the development or progression of a tumor as part of a clinical testing procedure to, *e.g.*, determine the efficacy of a given treatment regimen. Detection can be facilitated by coupling the antibody to a detectable substance. Examples of detectable substances include various enzymes, prosthetic groups, fluorescent materials, luminescent materials, bioluminescent materials, radioactive materials, positron emitting metals using various positron emission tomographies, and nonradioactive paramagnetic metal ions. The detectable substance may be coupled or conjugated either directly to the antibody (or fragment thereof) or indirectly, through an intermediate (such as, for example, a linker known in the art) using techniques known in the art. See, for example, U.S. Pat. No. 4,741,900 for metal ions which can be conjugated to antibodies for use as diagnostics according to the present invention. Examples of suitable enzymes include horseradish peroxidase, alkaline phosphatase, beta-galactosidase, or acetylcholinesterase; examples of suitable prosthetic group complexes include streptavidin/biotin and avidin/biotin; examples of suitable fluorescent materials include umbelliferone, fluorescein, fluorescein isothiocyanate, rhodamine, dichlorotriazinylamine fluorescein, dansyl chloride or phycoerythrin; an example of a luminescent material includes luminol; examples of bioluminescent materials include luciferase, luciferin, and aequorin; and examples of suitable radioactive material include but are not limited to, ^{125}I , ^{131}I , ^{111}In or ^{99}Tc , in addition positron emitting metals using various positron emission tomographies, nonradioactive paramagnetic metal ions, and molecules that are radiolabelled or conjugated to specific radioisotopes can be conjugated to the antibodies of the invention.

[0203] Further, an antibody of the invention or fragment thereof may be conjugated to a therapeutic moiety such as a cytotoxin, *e.g.*, a cytostatic or cytotoxic agent, a therapeutic agent or a radioactive metal ion, *e.g.*, alpha-emitters such as, for example, ^{213}Bi . A cytotoxin or cytotoxic agent includes any agent that is detrimental to cells. Examples include paclitaxol, cytochalasin B, gramicidin D, ethidium bromide, emetine, mitomycin, etoposide, teniposide, vincristine, vinblastine, colchicin, doxorubicin, daunorubicin, dihydroxy anthracin dione, mitoxantrone, mithramycin, actinomycin D, 1-dehydrotestosterone, glucocorticoids, procaine, tetracaine, lidocaine, propranolol, and puromycin and analogs or

homologs thereof. Therapeutic agents include, but are not limited to, antimetabolites (*e.g.*, methotrexate, 6-mercaptopurine, 6-thioguanine, cytarabine, 5-fluorouracil decarbazine), alkylating agents (*e.g.*, mechlorethamine, thioepa chlorambucil, melphalan, carmustine (BSNU) and lomustine (CCNU), cyclophosphamide, busulfan, dibromomannitol, streptozotocin, mitomycin C, and cis-dichlorodiamine platinum(II) (DDP) cisplatin), anthracyclines (*e.g.*, daunorubicin (formerly daunomycin) and doxorubicin), antibiotics (*e.g.*, dactinomycin (formerly actinomycin), bleomycin, mithramycin, and anthramycin (AMC)), and anti-mitotic agents (*e.g.*, vincristine and vinblastine). A more extensive list of therapeutic moieties can be found in PCT publications WO 03/075957/

10 **[0204]** The conjugates of the invention can be used for modifying a given biological response, the therapeutic agent or drug moiety is not to be construed as limited to classical chemical therapeutic agents. For example, the drug moiety may be a protein or polypeptide possessing a desired biological activity. Such proteins may include, for example, a toxin such as abrin, ricin A, pseudomonas exotoxin, or diphtheria toxin; a protein such as tumor necrosis factor, alpha-interferon, beta-interferon, nerve growth factor, platelet derived growth factor, tissue plasminogen activator, an apoptotic agent, *e.g.*, TNF-alpha, TNF-beta, AIM I (See, International Publication No. WO 97/33899), AIM II (See, International Publication No. WO 97/34911), Fas Ligand (Takahashi et al., *Int. Immunol.*, 6:1567-1574 (1994)), VEGI (See, International Publication No. WO 99/23105), CD40 Ligand, a thrombotic agent or an anti-angiogenic agent, *e.g.*, angiostatin or endostatin; or, biological response modifiers such as, for example, lymphokines, interleukin-1 ("IL-1"), interleukin-2 ("IL-2"), interleukin-6 ("IL-6"), granulocyte macrophage colony stimulating factor ("GM-CSF"), granulocyte colony stimulating factor ("G-CSF"), or other growth factors.

25 **[0205]** Antibodies may also be attached to solid supports, which are particularly useful for immunoassays or purification of the target antigen. Such solid supports include, but are not limited to, glass, cellulose, polyacrylamide, nylon, polystyrene, polyvinyl chloride or polypropylene.

30 **[0206]** Techniques for conjugating such therapeutic moiety to antibodies are well known, see, *e.g.*, Amon et al., "Monoclonal Antibodies For Immunotargeting Of Drugs In Cancer Therapy", in *Monoclonal Antibodies And Cancer Therapy*, Reisfeld et al. (eds.), pp. 243-56 (Alan R. Liss, Inc. 1985); Hellstrom et al., "Antibodies For Drug Delivery", in *Controlled Drug Delivery* (2nd Ed.), Robinson et al. (eds.), pp. 623-53 (Marcel Dekker, Inc.

1987); Thorpe, "Antibody Carriers Of Cytotoxic Agents In Cancer Therapy: A Review", in Monoclonal Antibodies '84: Biological And Clinical Applications, Pinchera et al. (eds.), pp. 475-506 (1985); "Analysis, Results, And Future Prospective Of The Therapeutic Use Of Radiolabeled Antibody in Cancer Therapy", in Monoclonal Antibodies For Cancer Detection
5 And Therapy, Baldwin et al. (eds.), pp. 303-16 (Academic Press 1985), and Thorpe et al., "The Preparation And Cytotoxic Properties Of Antibody-Toxin Conjugates", *Immunol. Rev.* 62:119-58 (1982).

[0207] The antibodies of the invention can be conjugated to other polypeptides. Methods for fusing or conjugating antibodies to polypeptide moieties are known in the art.
10 See, e.g., U.S. 5,336,603; 5,622,929; 5,359,046; 5,349,053; 5,447,851, and 5,112,946; EP 307,434; EP 367,166; PCT Publications WO 96/04388 and WO 91/06570; Ashkenazi et al., 1991, PNAS USA 88:10535; Zheng et al., 1995, J Immunol 154:5590; and Vil et al., 1992, PNAS USA 89:11337. The fusion of an antibody to a moiety does not necessarily need to be direct, but may occur through linker sequences. Such linker molecules are commonly known
15 in the art and described in Denardo et al., 1998, Clin Cancer Res 4:2483; Peterson et al., 1999, Bioconjug Chem 10:553; Zimmerman et al., 1999, Nucl Med Biol 26:943; Garnett, 2002, Adv Drug Deliv Rev 53:171

[0208] Alternatively, an antibody can be conjugated to a second antibody to form an antibody heteroconjugate as described by Segal in U.S. Pat. No. 4,676,980.

20 [0209] An antibody, with or without a therapeutic moiety conjugated to it, administered alone or in combination with cytotoxic factor(s) and/or cytokine(s) can be used as a therapeutic.

5.6 Assays for Antibody Binding and Activity

25 [0210] The antibodies of the invention may be assayed for specific (*i.e.*, immunospecific) binding by any method known in the art. The immunoassays which can be used, include but are not limited to, competitive and non-competitive assay systems using techniques such as western blots, radioimmunoassays, ELISA (enzyme linked immunosorbent assay), "sandwich" immunoassays, immunoprecipitation assays, precipitin
30 reactions, gel diffusion precipitin reactions, immunodiffusion assays, agglutination assays, complement-fixation assays, immunoradiometric assays, fluorescent immunoassays, protein A immunoassays, to name but a few. Such assays are routine and well known in the art (see,

e.g., Ausubel et al, eds, 1994, Current Protocols in Molecular Biology, Vol. 1, John Wiley & Sons, Inc., New York). Exemplary immunoassays are described briefly below (but are not intended by way of limitation).

[0211] Immunoprecipitation protocols generally comprise lysing a population of cells
5 in a lysis buffer such as RIPA buffer (1% NP-40 or Triton X-100, 1% sodium deoxycholate,
0.1% SDS, 0.15 M NaCl, 0.01 M sodium phosphate at pH 7.2, 1% Trasyolol) supplemented
with protein phosphatase and/or protease inhibitors (*e.g.*, EDTA, PMSF, aprotinin, sodium
vanadate), adding the antibody of interest to the cell lysate, incubating for a period of time
(*e.g.*, 1-4 hours) at 4.degree. C., adding protein A and/or protein G sepharose beads to the cell
10 lysate, incubating for about an hour or more at 4.degree. C., washing the beads in lysis buffer
and resuspending the beads in SDS/sample buffer. The ability of the antibody of interest to
immunoprecipitate a particular antigen can be assessed by, *e.g.*, western blot analysis. One of
skill in the art would be knowledgeable as to the parameters that can be modified to increase
the binding of the antibody to an antigen and decrease the background (*e.g.*, pre-clearing the
15 cell lysate with sepharose beads). For further discussion regarding immunoprecipitation
protocols see, *e.g.*, Ausubel et al, eds, 1994, Current Protocols in Molecular Biology, Vol. 1,
John Wiley & Sons, Inc., New York at 10.16.1.

[0212] Western blot analysis generally comprises preparing protein samples,
electrophoresis of the protein samples in a polyacrylamide gel (*e.g.*, 8%-20% SDS-PAGE
20 depending on the molecular weight of the antigen), transferring the protein sample from the
polyacrylamide gel to a membrane such as nitrocellulose, PVDF or nylon, blocking the
membrane in blocking solution (*e.g.*, PBS with 3% BSA or non-fat milk), washing the
membrane in washing buffer (*e.g.*, PBS-Tween 20), blocking the membrane with primary
antibody (the antibody of interest) diluted in blocking buffer, washing the membrane in
25 washing buffer, blocking the membrane with a secondary antibody (which recognizes the
primary antibody, *e.g.*, an anti-human antibody) conjugated to an enzymatic substrate (*e.g.*,
horseradish peroxidase or alkaline phosphatase) or radioactive molecule (*e.g.*, ³²P or ¹²⁵I)
diluted in blocking buffer, washing the membrane in wash buffer, and detecting the presence
of the antigen. One of skill in the art would be knowledgeable as to the parameters that can
30 be modified to increase the signal detected and to reduce the background noise. For further
discussion regarding western blot protocols see, *e.g.*, Ausubel et al, eds, 1994, Current
Protocols in Molecular Biology, Vol. 1, John Wiley & Sons, Inc., New York at 10.8.1.

[0213] ELISAs comprise preparing antigen, coating the well of a 96 well microtiter plate with the antigen, adding the antibody of interest conjugated to a detectable compound such as an enzymatic substrate (*e.g.*, horseradish peroxidase or alkaline phosphatase) to the well and incubating for a period of time, and detecting the presence of the antigen. In
5 ELISAs the antibody of interest does not have to be conjugated to a detectable compound; instead, a second antibody (which recognizes the antibody of interest) conjugated to a detectable compound may be added to the well. Further, instead of coating the well with the antigen, the antibody may be coated to the well. In this case, a second antibody conjugated to a detectable compound may be added following the addition of the antigen of interest to the
10 coated well. One of skill in the art would be knowledgeable as to the parameters that can be modified to increase the signal detected as well as other variations of ELISAs known in the art. For further discussion regarding ELISAs see, *e.g.*, Ausubel et al, eds, 1994, Current Protocols in Molecular Biology, Vol. 1, John Wiley & Sons, Inc., New York at 11.2.1.

[0214] The binding affinity and other binding properties (*e.g.*, off-rate of an
15 antibody-antigen interaction) of an antibody to an antigen may be determined by a variety of *in vitro* assay methods well known in the art including for example, equilibrium methods (*e.g.*, enzyme-linked immunoabsorbent assay (ELISA; or radioimmunoassay (RIA)), or kinetics (*e.g.*, BIACORE® analysis), and other methods such as indirect binding assays, competitive binding assays fluorescence resonance energy transfer (FRET), gel
20 electrophoresis and chromatography (*e.g.*, gel filtration). These and other methods may utilize a label on one or more of the components being examined and/or employ a variety of detection methods including but not limited to chromogenic, fluorescent, luminescent, or isotopic labels. A detailed description of binding affinities and kinetics can be found in Paul, W.E., ed., Fundamental Immunology, 4th Ed., Lippincott-Raven, Philadelphia (1999), which
25 focuses on antibody-immunogen interactions. One example of a competitive binding assay is a radioimmunoassay comprising the incubation of labeled antigen with the antibody of interest in the presence of increasing amounts of unlabeled antigen, and the detection of the antibody bound to the labeled antigen. The affinity of the antibody of interest for a particular antigen and the binding off-rates can be determined from the data by scatchard plot analysis.
30 Competition with a second antibody can also be determined using radioimmunoassays. In this case, the antigen is incubated with antibody of interest conjugated to a labeled compound in the presence of increasing amounts of an unlabeled second antibody. Other specific methods are disclosed herein, see Examples 2-4, *infra*.

[0215] The antibodies of the invention may be assayed for biological activity by any method known in the art.

[0216] The protocols and formulations of the invention are preferably tested *in vitro*, and then *in vivo*, for the desired therapeutic or prophylactic activity, prior to use in humans.

5 For example, *in vitro* assays which can be used to determine whether administration of a specific therapeutic protocol formulation or combination therapy of the invention is indicated, include *in vitro* cell culture assays in which a patient tissue sample is grown in culture, and exposed to or otherwise contacted with a formulation of the invention, and the effect of such a formulation upon the tissue sample is observed. The tissue sample can be obtained by
10 biopsy from the patient. This test allows the identification of the therapeutically most effective prophylactic or therapeutic agent(s) for each individual patient. In various specific embodiments, *in vitro* assays can be carried out with representative cells of cell types involved in an autoimmune disorder, an inflammatory disorder, a disorder associated with aberrant expression and/or activity of HMG1 and/or HMG2, to determine if a formulation of
15 the invention has a desired effect upon such cell types. For example, a lower level of HMG1 and/or HMG2 and/or proinflammatory cytokines produced by the contacted cells indicates that the composition of the invention may be effective to treat the condition in the patient. Alternatively, instead of culturing cells from a patient, a formulation of the invention may be screened using cells which can be stimulated by HMG1 and/or HMG2 such as for example
20 peripheral blood mononuclear cells (PBMCs), THP-1 cells or Macrophages (MØs). Many assays standard in the art can be used to assess cytokine production including ELISA assays, realtime PCR and other methods well known in the art. Specific methods are also disclosed herein (see Examples 2 and 6, *infra*).

[0217] Prophylactic or therapeutic agents can be tested in suitable animal model
25 systems prior to testing in humans, including but not limited to in rats, mice, chicken, cows, monkeys, rabbits, hamsters, etc.

[0218] The principle animal models for known in the art and widely used are known and described in the art as described above. In addition, specific animal models for sepsis (see Example 5), peritonitis (see Example 10) and arthritis (see Examples 7-9) are disclosed
30 herein.

[0219] Further, any assays known to those skilled in the art can be used to evaluate the prophylactic and/or therapeutic utility of the combinatorial therapies disclosed herein for treatment or prevention of inflammatory disease.

5 **5.7 Antibodies, Antibody Compositions of the Invention and Therapeutic and/or Prophylactic Administration Thereof**

[0220] The present invention encompasses anti-HMG1 antibodies as disclosed herein and is also directed to antibody compositions referred to herein as “antibody compositions of the invention,” “compositions of the invention” or more simply as “compositions”. In certain
10 embodiments, the compositions of the invention comprise an antibody of the invention in a pharmaceutically acceptable excipient. As used herein, the term "pharmaceutically-acceptable carrier" means a chemical composition with which an antibody of the invention may be combined and which, following the combination, can be used to administer the antibody of the invention to a subject. These antibody compositions are also referred to
15 herein as “pharmaceutical compositions”. In other embodiments, the compositions of the present invention.

[0221] The present further includes methods for treating a condition characterized by activation of the inflammatory cytokine cascade, including both acute and chronic
inflammatory conditions, comprising administering a therapeutically effective amount of an
20 antibody or pharmaceutical composition of the invention. Chronic inflammatory conditions are characterized by an inflammatory response of prolonged duration - weeks, months, or even indefinitely which results in tissue damage that is often permanent. Chronic inflammatory conditions include but are not limited to, arthritis (*e.g.* rheumatoid arthritis), inflammatory
bowel disease (*e.g.*, ulcerative colitis and Crohn's disease), cholecystitis. Acute inflammatory
25 conditions are usually characterized by a sudden onset of symptoms including, increased vascular permeability, oedema, systemic fever often resulting in tissue necrosis and may result in death. Acute inflammatory conditions include but are not limited to, sepsis (*e.g.*,
due to microbial infection), hypersensitivity reactions, tissue necrosis and appendicitis. The
condition can be one where the inflammatory cytokine cascade causes a systemic reaction,
30 such as with endotoxic shock. Alternatively, the condition can be mediated by a localized inflammatory cytokine cascade, as in rheumatoid arthritis.

[0222] In one embodiment, compositions of the invention comprise high affinity antibodies that specifically bind to an A box of HMG1 (*e.g.*, an epitope within SEQ ID NOS: 4, 28, 29). In another embodiment, compositions comprise high affinity antibodies of the invention that specifically bind to a B box of HMG1 (*e.g.*, an epitope within SEQ ID NOS: 4). In still another embodiment, compositions of the invention comprise high affinity antibodies that specifically bind to an A box of HMG2 (*e.g.*, an epitope within SEQ ID NOS: 22). In another embodiment, compositions comprise high affinity antibodies of the invention that specifically bind to a B box of HMG2 (*e.g.*, an epitope within SEQ ID NOS: 23).

[0223] As described above, HMG1 signaling is mediated, at least in part, via the RAGE and via members of the TLR family of proteins. Both the A box and B box likely play a role in receptor binding and signaling. Without wishing to be bound by any particular theory it is therefore contemplated that a combination of antibodies (or other antagonists) which specifically bind the A box and antibodies (or other antagonists) which specifically bind the B box would effectively block HMG1 binding to RAGE and/or TLR proteins. Accordingly, compositions of the invention may comprise a combination of high affinity antibodies of the invention (or other HMGB1 antibodies or antagonists), for example, but not by way of limitation, a combination of antibodies that specifically bind to an HMG1 A box and antibodies that specifically bind a HMG1 B box, or a combination of antibodies that specifically bind to an HMG2 A box and antibodies that specifically bind a HMG2 B box. In a specific embodiment, compositions comprise high affinity antibodies of the invention that specifically bind to an epitope derived from both the A box and B box of HMG1 (*e.g.*, an epitope which spans the junction between the A and B box).

[0224] Compositions of the invention can comprise the high affinity antibodies of the present invention alone or in combination with other active therapeutic molecules and/or adjuvants such as steroids, other anti-inflammatory molecules, or other antibody therapeutics. More specifically, the compositions of the invention can comprise an antagonist of an early sepsis mediator. The antagonist of an early sepsis mediator is in one embodiment, an antagonist of a cytokine selected from the group consisting of TNF, IL-1 α , IL-1 β , MIF and IL-6. In a specific embodiment, the antagonist of an early sepsis mediator is an antibody to TNF or MIF, or an IL-1 receptor antagonist.

[0225] In one embodiment the pharmaceutical compositions of the invention are pyrogen-free formulations which are substantially free of endotoxins and/or related pyrogenic

substances. Endotoxins include toxins that are confined inside a microorganism and are released only when the microorganisms are broken down or die. Pyrogenic substances also include fever-inducing, thermostable substances (glycoproteins) from the outer membrane of bacteria and other microorganisms. Both of these substances can cause fever, hypotension and shock if administered to humans. Due to the potential harmful effects, even low amounts of endotoxins must be removed from intravenously administered pharmaceutical drug solutions. The Food & Drug Administration ("FDA") has set an upper limit of 5 endotoxin units (EU) per dose per kilogram body weight in a single one hour period for intravenous drug applications (The United States Pharmacopeial Convention, Pharmacopeial Forum 26 (1):223 (2000)). When therapeutic proteins are administered in amounts of several hundred or thousand milligrams per kilogram body weight, as can be the case with monoclonal antibodies, even trace amounts of harmful and dangerous endotoxin must be removed. In certain specific embodiments, the endotoxin and pyrogen levels in the composition are less than 10 EU/mg, or less than 5 EU/mg, or less than 1 EU/mg, or less than 0.1 EU/mg, or less than 0.01 EU/mg, or less than 0.001 EU/mg.

[0226] When used for in vivo administration, the compositions described herein should be sterile. This is readily accomplished, for example, by filtration through sterile filtration membranes or by other means well known in the art. Sterile compositions for injection can be formulated according to conventional pharmaceutical practice as described in Remington's Pharmaceutical Sciences (18th ed, Mack Publishing Company, Easton, PA, 1990). Compositions comprising antibodies, such as those disclosed herein, ordinarily will be stored in lyophilized form or in solution. It is contemplated that sterile compositions comprising antibodies of the invention are placed into a container having a sterile access port, for example, an intravenous solution bag or vial having an adapter that allows retrieval of the formulation, such as a stopper pierceable by a hypodermic injection needle.

[0227] In one embodiment of the present invention, the compositions described herein can inhibit a condition mediated or characterized by activation of an inflammatory cytokine cascade including both acute and chronic inflammatory conditions. In a specific embodiment, the compositions described herein are useful for the treatment of an acute inflammatory condition (*e.g.*, sepsis). In another specific embodiment, the compositions described herein are useful for the treatment of a chronic inflammatory condition (*e.g.*, rheumatoid arthritis). In yet another embodiment, the compositions described herein are useful for the treatment of both acute and chronic inflammatory conditions.

[0228] It is contemplated that the compositions of the invention will be protective when administered to a subject having an inflammatory condition mediated or characterized by activation of an inflammatory cytokine cascade. The protection conferred by a composition of the invention may be measured by methods well known in the art. Methods used to determine how protective a composition of the invention is will vary depending on the condition being treated and/or prevented and the measurements be examined. For example, in a rodent model of arthritis a comparison of the paw inflammation scores of animals treated with a composition of the invention and animals treated with an appropriate control composition may be used to determine how protective a composition of the invention is. In a CLP model of sepsis a comparison of the survival of animals treated with a composition of the invention and animals treated with an appropriate control composition may be used to determine protection conferred by antibody treatment. Generally, treatment with a composition of the invention will be compared to certain control treatments. For example, a control treatment may comprise a control antibody or may comprise only excipient. In some cases the control may be the standard of care (or an appropriate surrogate molecule) for treatment of a disease such as for example methotrexate or anti-TNFs (*e.g.*, Enbrel, Humira) for treatment of arthritis. In some cases the control may be a negative control (*e.g.*, PBS). When the control represents the standard of care the composition of the invention may be administered either alone or in combination with the standard of care treatment and the level of protection for each group compared. The choice of control will depend on factors including condition being treated and/or prevented and the measurements be examined and can be readily determined by one of skill in the art. Specific examples of methods to determine the protection conferred by a composition of the invention are provided herein (see Examples 7-11, *infra*)

[0229] In another embodiment of the present invention, the compositions described herein are more protective (by at least 10% or at least 15 %, or at least 20 %, or at least 30 %, or at least 40%, or at least 50 %, or at least 60%, or at least 70 %, or at least 80%, or at least 90%) than a control composition, in an animal CLP sepsis model. In a specific embodiment, the compositions described herein are more protective (by at least 10% or at least 15 %, or at least 20 %, or at least 30 %, or at least 40%, or at least 50 %, or at least 60%, or at least 70 %, or at least 80%, or at least 90%) than a control composition, in an animal CLP sepsis model selected from the group comprising, a mouse CLP model and a piglet CLP model. In another specific embodiment, the animal CLP model is the mouse CLP model.

[0230] In still another embodiment of the present invention, the compositions described herein are more protective (by at least 10% or at least 15 %, or at least 20 %, or at least 30 %, or at least 40%, or at least 50 %, or at least 60%, or at least 70 %, or at least 80%, or at least 90%) than a control composition, in a mouse collagen-induced arthritis model. In a specific embodiment, the mouse collagen-induced arthritis model is the passive collagen-induced arthritis model. In another specific embodiment, the mouse collagen-induced arthritis model is the active collagen-induced arthritis model.

[0231] In yet another embodiment of the present invention, the compositions described herein are more protective (by at least 10% or at least 15 %, or at least 20 %, or at least 30 %, or at least 40%, or at least 50 %, or at least 60%, or at least 70 %, or at least 80%, or at least 90%) than Renbrel® (with or without methotrexate) in a mouse collagen-induced arthritis model. In a specific embodiment, the mouse collagen-induced arthritis model is the passive collagen-induced arthritis model. In another specific embodiment, the mouse collagen-induced arthritis model is the active collagen-induced arthritis model.

[0232] In still another embodiment of the present invention, the compositions described herein reduce bone loss and/or cartilage damage (by at least 10% or at least 15 %, or at least 20 %, or at least 30 %, or at least 40%, or at least 50 %, or at least 60%, or at least 70 %, or at least 80%, or at least 90%) more than a control composition in a mouse collagen-induced arthritis model. In a specific embodiment, the mouse collagen-induced arthritis model is the passive collagen-induced arthritis model. In another specific embodiment, the mouse collagen-induced arthritis model is the active collagen-induced arthritis model.

[0233] In other embodiments, the compositions described herein are more protective (by at least 10% or at least 15 %, or at least 20 %, or at least 30 %, or at least 40%, or at least 50 %, or at least 60%, or at least 70 %, or at least 80%, or at least 90%) than a control composition in a rat adjuvant-induced arthritis model.

[0234] In still other embodiments of the present invention, the compositions described herein are more protective (by at least 10% or at least 15 %, or at least 20 %, or at least 30 %, or at least 40%, or at least 50 %, or at least 60%, or at least 70 %, or at least 80%, or at least 90%) than Renbrel® (with or without methotrexate) in a rat adjuvant-induced arthritis model.

[0235] In yet other embodiments of the present invention, the compositions described herein reduce bone loss and/or cartilage damage (by at least 10% or at least 15 %, or at least

20 %, or at least 30 %, or at least 40%, or at least 50 %, or at least 60%, or at least 70 %, or at least 80%, or at least 90%) more than a control composition in a rat adjuvant-induced arthritis model.

[0236] In another embodiment of the present invention, the compositions described
5 herein are more protective (by at least 10% or at least 15 %, or at least 20 %, or at least 30 %, or at least 40%, or at least 50 %, or at least 60%, or at least 70 %, or at least 80%, or at least 90%) than Enbrel® (with or without methotrexate) in humans.

[0237] In yet another embodiment of the present invention, the compositions
10 described herein are more protective (by at least 10% or at least 15 %, or at least 20 %, or at least 30 %, or at least 40%, or at least 50 %, or at least 60%, or at least 70 %, or at least 80%, or at least 90%) than a control composition in a mouse peritonitis model.

[0238] In still another embodiment of the present invention, the compositions
15 described herein ameliorate the severity of spinal cord injury (SCI) (by at least 10%, or at least 15 %, or at least 20 %, or at least 30 %, or at least 40%, or at least 50 %, or at least 60%, or at least 70 %, or at least 80%, or at least 90%) more than a control composition in a human or in a rodent SCI model.

[0239] In still another embodiment of the present invention, the compositions
20 described herein ameliorate the severity of acute lung injury (ALI) (by at least 10%, or at least 15 %, or at least 20 %, or at least 30 %, or at least 40%, or at least 50 %, or at least 60%, or at least 70 %, or at least 80%, or at least 90%) more than a control composition in a human or in a rodent ALI model.

[0240] The present invention is also directed to a method of inhibiting release of a
25 proinflammatory cytokine from a mammalian cell. The method comprises treating the cell with an antibody or antibody composition of the present invention in an amount sufficient to inhibit release of the proinflammatory cytokine from the cell. In these embodiments, the cell is preferably a macrophage. In certain embodiments, the proinflammatory cytokine is selected from the group consisting of TNF, IL-1 α , IL-1 β , MIF and IL-6. In other
embodiments, the cell is a macrophage and the proinflammatory cytokine is selected from the group consisting of TNF, IL-1 α , IL-1 β , MIF and IL-6. In still other embodiments, the cell is
30 a PBMC and the proinflammatory cytokine is selected from the group consisting of TNF, IL-1 α , IL-1 β , MIF and IL-6. In one embodiment the methods treat a cell in a patient suffering

from, or at risk for, a condition characterized by activation of the inflammatory cytokine cascade. Specific conditions are enumerated herein.

[0241] The present invention is also directed to a method of the inhibiting release of HMG1 and/or HMG2 from a mammalian cell. The method comprises treating the cell with
5 an antibody or antibody composition of the present invention in an amount sufficient to inhibit release of HMG1 and/or HMG2 from the cell. The methods preferably treat a cell in a patient suffering from, or at risk for, a condition characterized by activation of the inflammatory cytokine cascade. Preferred conditions are enumerated herein.

[0242] Methods to determine the inhibition of cytokines, HMG1 and/or HMG2
10 release can be determined by numerous methods well known in the art such as those described above and disclosed herein (see Examples 2-11, *infra*).

[0243] As used herein, a “therapeutically effective amount,” an “amount sufficient” and like terms refers to that amount of the therapeutic agent, e.g., an HMG1 antibody composition of the invention, sufficient to treat or manage a disease or disorder mediated by
15 HMG1 and/or HMG2. A therapeutically effective amount may refer to the amount of therapeutic agent sufficient to delay or minimize the onset of the disease, e.g., delay or minimize the severity of a disease. A therapeutically effective amount may also refer to the amount of the therapeutic agent that provides a therapeutic benefit in the treatment or management of an inflammatory disorder. Further, a therapeutically effective amount with
20 respect to a pharmaceutical composition of the invention means that amount of therapeutic agent alone, or in combination with other therapies, that provides a therapeutic benefit in the treatment or management a disease, e.g., an inflammatory disease.

[0244] The present invention further provides methods of preventing, managing, treating or ameliorating an inflammatory disorder or one or more symptoms thereof, said
25 methods comprising administering to a subject in need thereof an antibody composition of the invention and/or one or more therapies. Any agent or therapy which is known to be useful, or which has been used or is currently being used for the prevention, management, treatment or amelioration of an inflammatory disorder or one or more symptoms thereof can be used in combination with an antibody composition of the invention. Examples of such
30 agents include, but are not limited to, immunomodulatory agents, an anti-angiogenic agents, anti-inflammatory agents and TNF-.alpha. antagonists.

[0245] Nonlimiting examples of conditions which can be usefully treated using the antibody compositions, *i.e.*, pharmaceutical compositions of the present invention include those conditions enumerated in the background section of this specification and below. Preferably, the condition is appendicitis, peptic, gastric or duodenal ulcers, peritonitis, 5 pancreatitis, ulcerative, pseudomembranous, acute or ischemic colitis, diverticulitis, epiglottitis, achalasia, cholangitis, cholecystitis, hepatitis, Crohn's disease, enteritis, Whipple's disease, asthma, allergy, anaphylactic shock, immune complex disease, organ ischemia, reperfusion injury, organ necrosis, hay fever, sepsis, septicemia, endotoxic shock, cachexia, hyperpyrexia, eosinophilic granuloma, granulomatosis, sarcoidosis, septic abortion, 10 epididymitis, vaginitis, prostatitis, urethritis, bronchitis, emphysema, COPD, rhinitis, cystic fibrosis, pneumonitis, pneumoultramicroscopic silicovolcanoconiosis, alveolitis, bronchiolitis, pharyngitis, pleurisy, sinusitis, influenza, respiratory syncytial virus infection, herpes infection, HIV infection, hepatitis B virus infection, hepatitis C virus infection, disseminated bacteremia, Dengue fever, candidiasis, malaria, filariasis, amebiasis, hydatid cysts, burns, 15 dermatitis, dermatomyositis, sunburn, urticaria, warts, wheals, vasculitis, angiitis, endocarditis, arteritis, atherosclerosis, restenosis, thrombophlebitis, pericarditis, myocarditis, myocardial ischemia, periarteritis nodosa, rheumatic fever, Alzheimer's disease, coeliac disease, congestive heart failure, adult respiratory distress syndrome, meningitis, encephalitis, multiple sclerosis, cerebral infarction, cerebral embolism, Guillame-Barre syndrome, neuritis, 20 neuralgia, spinal cord injury, paralysis, uveitis, arthritides, arthralgias, osteomyelitis, fasciitis, Paget's disease, gout, periodontal disease, rheumatoid arthritis, synovitis, myasthenia gravis, thyroiditis, systemic lupus erythematosus, Goodpasture's syndrome, Behcets's syndrome, allograft rejection, graft-versus-host disease, Type I diabetes, ankylosing spondylitis, Berger's disease, Type I diabetes, ankylosing spondylitis, Retier's syndrome, or Hodgkins 25 disease. In more preferred embodiments, the condition is appendicitis, peptic, gastric or duodenal ulcers, peritonitis, pancreatitis, ulcerative, pseudomembranous, acute or ischemic colitis, hepatitis, Crohn's disease, asthma, allergy, anaphylactic shock, organ ischemia, reperfusion injury, organ necrosis, hay fever, sepsis, septicemia, endotoxic shock, cachexia, septic abortion, disseminated bacteremia, burns, Alzheimer's disease, coeliac disease, 30 congestive heart failure, adult respiratory distress syndrome, cerebral infarction, cerebral embolism, spinal cord injury, paralysis, allograft rejection or graft-versus-host disease.

[0246] In a preferred embodiment, the invention is directed to methods of administering and using compositions and antibodies or the invention to treat and/or prevent

a condition selected from the group consisting of appendicitis, peptic, gastric and duodenal ulcers, peritonitis, pancreatitis, ulcerative, pseudomembranous, acute and ischemic colitis, hepatitis, Crohn's disease, asthma, allergy, anaphylactic shock, rheumatoid arthritis, organ ischemia, reperfusion injury, organ necrosis, hay fever, sepsis, septicemia, endotoxic shock, cachexia, septic abortion, disseminated bacteremia, burns, Alzheimer's disease, coeliac disease, congestive heart failure, adult respiratory distress syndrome, cerebral infarction, cerebral embolism, spinal cord injury, paralysis, allograft rejection and graft-versus-host disease. In the most preferred embodiments, the condition is endotoxic shock or allograft rejection. Where the condition is allograft rejection, the composition may advantageously also include an immunosuppressant that is used to inhibit allograft rejection, such as cyclosporin.

[0247] A specific preferred embodiment of the invention is directed to methods of administering and using compositions and antibodies of the invention to treat and/or prevent sepsis and arthritis (*e.g.*, RA, psoriatic arthritis, juvenile rheumatoid arthritis). In addition, a specific preferred embodiment of the invention is directed to methods of administering and using compositions and antibodies of the invention to treat and prevent psoriasis and ankylosing spondylitis.

[0248] Another specific preferred embodiment of the invention is directed to methods of administering and using compositions and antibodies of the invention to treat and prevent restenosis, vascular diseases, and cardiovascular disease.

[0249] Yet another specific preferred embodiment of the invention is directed to methods of administering and using compositions and antibodies of the invention to treat and prevent tissue damage and to promote tissue repair and regeneration.

[0250] As discussed *supra*, any agent or therapy which is known to be useful, or which has been used or is currently being used for the prevention, management, treatment or amelioration of an inflammatory disorder or one or more symptoms thereof can be used in combination with an antibody composition of the invention. Specific examples of immunomodulatory agents which can be administered in combination with an antibody composition of the invention to a subject with an inflammatory disorder include, but are not limited to, methotrexate, leflunomide, cyclophosphamide, cytoxan, Immuran, cyclosporine A, minocycline, azathioprine, antibiotics (*e.g.*, FK506 (tacrolimus)), methylprednisolone (MP), corticosteroids, steroids, mycophenolate mofetil, rapamycin (sirolimus), mizoribine,

deoxyspergualin, brequinar, malononitriloamindes (*e.g.*, leflunamide), anti-T cell receptor antibodies (*e.g.*, anti-CD4 antibodies (*e.g.*, cM-T412 (Boeringer), IDEC-CE9.1.RTM. (IDEC and SKB), mAB 4162W94, Orthoclone and OKTcdr4a (Janssen-Cilag)), anti-CD3 antibodies (*e.g.*, Nuvion (Product Design Labs), OKT3 (Johnson & Johnson)) anti-CD20 antibodies (*e.g.*,
5 Rituxan (IDEC & Genentech, U.S. and International Patent Publications US2004/0202658, WO00/67796) and derivatives there of, HuMax-CD20 (GenMab and Medarex, U.S. Patent Publication 2004/0167319)), anti-CD19 antibodies (*see, e.g.*, U.S. and international Patent Publications US20020041847, US20030133930 and WO 05/012493), anti-CD5 antibodies (*e.g.*, an anti-CD5 ricin-linked immunoconjugate), anti-CD7 antibodies (*e.g.*, CHH-380
10 (Novartis)), anti-CD8 antibodies, anti-CD40 ligand monoclonal antibodies (*e.g.*, IDEC-131 (IDEC)), anti-CD52 antibodies (*e.g.*, CAMPATH 1H (Ilex)), anti-CD2 antibodies (*e.g.*, MEDI-507 (MedImmune, Inc., International Publication Nos. WO 02/098370 and WO 02/069904), anti-CD11a antibodies (*e.g.*, Xanelim (Genentech)), and anti-B7 antibodies (*e.g.*, IDEC-114) (IDEC)); anti-cytokine receptor antibodies (*e.g.*, anti-IFN receptor antibodies,
15 anti-IL-2 receptor antibodies (*e.g.*, Zenapax (Protein Design Labs)), anti-IL-4 receptor antibodies, anti-IL-6 receptor antibodies, anti-IL-10 receptor antibodies, and anti-IL-12 receptor antibodies), anti-cytokine antibodies (*e.g.*, anti-IFN antibodies, anti-TNF-.alpha. antibodies, anti-IL-.beta. antibodies, anti-IL-6 antibodies, anti-IL-8 antibodies (*e.g.*, ABX-IL-8 (Abgenix)), and anti-IL-12 antibodies)); anti-CD22 antibodies (*e.g.*, non-ligand blocking
20 antibodies such as Epratuzumab (Immunomedics) and ligand blocking antibodies (*e.g.*, U.S. Patent Publications 2004/0001828 and 2003/0202975)); CTLA4-immunoglobulin; LFA-3TIP (Biogen, International Publication No. WO 93/08656 and U.S. Pat. No. 6,162,432); soluble cytokine receptors (*e.g.*, the extracellular domain of a TNF-.alpha. receptor or a fragment thereof, the extracellular domain of an IL-1.beta. receptor or a fragment thereof, and the
25 extracellular domain of an IL-6 receptor or a fragment thereof); cytokines or fragments thereof (*e.g.*, interleukin (IL)-2, IL-3, IL-4, IL-5, IL-6, IL-7, IL-8, IL-9, IL-10, IL-11, IL-12, IL-15, TNF-.alpha., TNF-.beta., interferon (IFN)-.alpha., IFN-.beta., IFN-.gamma., and GM-CSF); and anti-cytokine antibodies (*e.g.*, anti-IL-2 antibodies, anti-IL-4 antibodies, anti-IL-6 antibodies, anti-IL-10 antibodies, anti-IL-12 antibodies, anti-IL-15 antibodies, anti-TNF-.alpha. antibodies, and anti-IFN-.gamma. antibodies).
30

[0251] Non-limiting examples of anti-angiogenic agents which can be administered in combination with an antibody composition of the invention to a subject with an inflammatory disorder include Vitaxin® (MedImmune) or other anti-alpha v beta3 antibodies (*e.g.*,

CNTO95 (Centacor)), endostatin, angiostatin, apomigren, anti-angiogenic antithrombin III, the 29 kDa N-terminal and a 40 kDa C-terminal proteolytic fragments of fibronectin, a uPA receptor antagonist, the 16 kDa proteolytic fragment of prolactin, the 7.8 kDa proteolytic fragment of platelet factor-4, the anti-angiogenic 24 amino acid fragment of platelet factor-4, the anti-angiogenic factor designated 13.40, the anti-angiogenic 22 amino acid peptide fragment of thrombospondin I, the anti-angiogenic 20 amino acid peptide fragment of SPARC, RGD and NGR containing peptides, the small anti-angiogenic peptides of laminin, fibronectin, procollagen and EGF, acid fibroblast growth factor (aFGF) antagonists, basic fibroblast growth factor (bFGF) antagonists, vascular endothelial growth factor (VEGF) antagonists, VEGF receptor (VEGFR) antagonists (*e.g.*, anti-VEGFR antibodies), and Avastin ®.

[0252] Non-limiting examples of TNF- α antagonists which can be administered in combination with an antibody composition of the invention to a subject with an inflammatory disorder include proteins, polypeptides, peptides, fusion proteins, antibodies (*e.g.*, human, humanized, chimeric, monoclonal, polyclonal, Fvs, ScFvs, Fab fragments, F(ab)₂ fragments, and antigen-binding fragments thereof) such as antibodies that immunospecifically bind to TNF- α , nucleic acid molecules (*e.g.*, antisense molecules or triple helices), organic molecules, inorganic molecules, and small molecules that blocks, reduces, inhibits or neutralizes the function, activity and/or expression of TNF- α . In various embodiments, a TNF- α antagonist reduces the function, activity and/or expression of TNF- α by at least 10%, at least 15%, at least 20%, at least 25%, at least 30%, at least 35%, at least 40%, at least 45%, at least 50%, at least 55%, at least 60%, at least 65%, at least 70%, at least 75%, at least 80%, at least 85%, at least 90%, at least 95% or at least 99% relative to a control such as phosphate buffered saline (PBS). Examples of antibodies that immunospecifically bind to TNF- α include, but are not limited to, infliximab (REMICADE.TM.; Centacor), D2E7 (Abbott Laboratories/Knoll Pharmaceuticals Co., Mt. Olive, N.J.), CDP571 which is also known as HUMICADE.TM. and CDP-870 (both of Celltech/Pharmacia, Slough, U.K.), and TN3-19.12 (Williams et al., 1994, *Proc. Natl. Acad. Sci. USA* 91: 2762-2766; Thorbecke et al., 1992, *Proc. Natl. Acad. Sci. USA* 89:7375-7379). The present invention also encompasses the use of antibodies that immunospecifically bind to TNF- α disclosed in the following U.S. patents in the compositions and methods of the invention: U.S. Pat. Nos. 5,136,021; 5,147,638; 5,223,395; 5,231,024; 5,334,380; 5,360,716; 5,426,181; 5,436,154; 5,610,279; 5,644,034; 5,656,272; 5,658,746; 5,698,195;

5,736,138; 5,741,488; 5,808,029; 5,919,452; 5,958,412; 5,959,087; 5,968,741; 5,994,510; 6,036,978; 6,114,517; and 6,171,787. Examples of soluble TNF-.alpha. receptors include, but are not limited to, sTNF-R1 (Amgen), etanercept (ENBREL™; Immunex) and its rat homolog RENBREL™, soluble inhibitors of TNF-.alpha. derived from TNFrI, TNFrII
5 (Kohno et al., 1990, *Proc. Natl. Acad. Sci. USA* 87:8331-8335), and TNF-.alpha. Inh (Seckinger et al., 1990, *Proc. Natl. Acad. Sci. USA* 87:5188-5192).

[0253] Other TNF-.alpha. antagonists encompassed by the invention include, but are not limited to, IL-10, which is known to block TNF-.alpha. production via interferon .gamma.-activated macrophages (Oswald et al. 1992, *Proc. Natl. Acad. Sci. USA* 89:8676-
10 8680), TNFR-IgG (Ashkenazi et al., 1991, *Proc. Natl. Acad. Sci. USA* 88:10535-10539), the murine product TBP-1 (Serono/Yeda), the vaccine CytoTAb (Protherics), antisense molecule 104838 (ISIS), the peptide RDP-58 (SangStat), thalidomide (Celgene), CDC-801 (Celgene), DPC-333 (Dupont), VX-745 (Vertex), AGIX-4207 (AtheroGenics), ITF-2357 (Italfarmaco), NPI-13021-31 (Nereus), SCIO-469 (Scios), TACE targeter (Immunix/AHP),
15 CLX-120500 (Calyx), Thiazolopyrim (Dynavax), auranofin (Ridaura) (SmithKline Beecham Pharmaceuticals), quinacrine (mepacrine dichlorohydrate), tenidap (Enablex), Melanin (Large Scale Biological), and anti-p38 MAPK agents by Uriach.

[0254] Non-limiting examples of anti-inflammatory agents which can be administered in combination with an antibody composition of the invention to a subject with an
20 inflammatory disorder include non-steroidal anti-inflammatory drugs (NSAIDs), steroidal anti-inflammatory drugs, beta-agonists, anticholinergic agents, and methyl xanthines. Examples of NSAIDs include, but are not limited to, aspirin, ibuprofen, celecoxib (CELEBREX.TM.), diclofenac (VOLTAREN.TM.), etodolac (LODINE.TM.), fenoprofen (NALFON.TM.), indomethacin (INDOCIN.TM.), ketoralac (TORADOL.TM.), oxaprozin
25 (DAYPRO.TM.), nabumentone (RELAFEN.TM.), sulindac (CLINORIL.TM.), tolmentin (TOLECTIN.TM.), rofecoxib (VIOXX.TM.), naproxen (ALEVE.TM., NAPROSYN.TM.), ketoprofen (ACTRON.TM.) and nabumetone (RELAFEN.TM.). Such NSAIDs function by inhibiting a cyclooxygenase enzyme (e.g., COX-1 and/or COX-2). Examples of steroidal anti-inflammatory drugs include, but are not limited to, glucocorticoids, dexamethasone
30 (DECADRON.TM.), cortisone, hydrocortisone, prednisone (DELTASONE.TM.), prednisolone, triamcinolone, azulfidine, and eicosanoids such as prostaglandins, thromboxanes, and leukotrienes.

[0255] In specific embodiments, patients with osteoarthritis are administered a prophylactically or therapeutically effective amount of an antibody composition of the invention in combination with other agents or therapies useful for osteoarthritis prevention, treatment, management or amelioration including but not limited to: analgesics (non-limiting examples are acetaminophen, in a dose up to 4000 mg/d; phenacetin; and tramadol, in a daily dose in the range of 200 to 300 mg); NSAIDs (non-limiting examples include but not limited to, aspirin, diflunisal, diclofenac, etodolac, fenamates, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, methylsalicylate, nebumetone, naproxin, oxaprazin, phenylbutazone, piroxicam, sulindac, and tolmetin. Low dose NSAIDs are preferred, *e.g.*, ibuprofen at 1200 mg/d, naproxen at 500 mg/d. A gastroprotective agent, *e.g.*, misoprostol, famotidine or omeprazole, is preferred to use concurrently with a NSAID); nonacetylated salicylates including but not limited to salsalate; cyclooxygenase (Cox)-2-specific inhibitors (CSIs), including but not limited to, celecoxib and rofecoxib; intra- or periarticular injection of a depot glucocorticoid preparation; intra-articular injection of hyaluronic acid; capsaicin cream; copious irrigation of the osteoarthritis knee to flush out fibrin, cartilage shards and other debris; and joint replacement surgery. The antibody compositions of the invention can also be used in combination with other nonpharmacologic measures in prevention, treatment, management and amelioration of osteoarthritis including but not limited to: reduction of joint loading (non-limiting examples are correction of poor posture, support for excessive lumbar lordosis, avoid excessive loading of the involved joint, avoid prolonged standing, kneeling and squatting); application of heat to the affected joint; aerobic exercise and other physical therapies.

[0256] In specific embodiments, patients with rheumatoid arthritis are administered a prophylactically or therapeutically effective amount of an antibody composition of the invention in combination with other agents or therapies useful in prevention, treatment, management and amelioration of rheumatoid arthritis including but not limited to: NSAIDs (non-limiting examples include but not limited to, aspirin, diflunisal, diclofenac, etodolac, fenamates, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, methylsalicylate, nebumetone, naproxin, oxaprazin, phenylbutazone, piroxicam, sulindac, and tolmetin.); analgesics (non-limiting examples are acetaminophen, phenacetin and tramadol); CSIs including but not limited to, celecoxib and rofecoxib; glucocorticoids (preferably low-dose oral glucocorticoids, *e.g.*, <7.5 mg/d prednisone, or monthly pulses with high-dose glucocorticoids, or intraarticular glucocorticoids); disease-modifying antirheumatic drugs.

(DMARDs) including but not limited to, methotrexate (preferably given intermittent low dose, e.g., 7.5-30 mg once weekly), gold compounds (e.g., gold salts), D-penicillamine, the antimalarials (e.g., chloroquine), and sulfasalazine; TNF- α neutralizing agents including but not limited to, etanercept and infliximab; immunosuppressive and cytotoxic agents
5 (examples include but not limited to, azathioprine, leflunomide, cyclosporine, and cyclophosphamide), and surgery (examples include but not limited to, arthroplasties, total joint replacement, reconstructive hand surgery, open or arthroscopic synovectomy, and early tenosynovectomy of the wrist). The antibody compositions of the invention may also be used in combination with other measures in prevention, treatment, management and amelioration
10 of the rheumatoid arthritis including but not limited to: rest, splinting to reduce unwanted motion of inflamed joint, exercise, used of a variety of orthotic and assistive devices, and other physical therapies. The antibody compositions of the invention may also be used in combination with some nontraditional approaches in prevention, treatment, management and amelioration of rheumatoid arthritis including but not limited to, diets (e.g., substituting
15 omega-3 fatty acids such as eicosapentaenoic acid found in certain fish oils for dietary omega-6 essential fatty acids found in meat), vaccines, hormones and topical preparations.

[0257] In specific embodiments, patients with chronic obstructive pulmonary disease (COPD) are administered a prophylactically or therapeutically effective amount of an antibody composition of the invention alone or in combination with other agents or therapies
20 useful in prevention, treatment, management and amelioration of COPD including, but not limited to: bronchodilators including but not limited to, short- and long- acting β_2 -adrenergic agonists (examples of short-acting β_2 agonist include but not limited to, albuterol, pirbuterol, terbutaline, and metaproterenol; examples of long-acting β_2 agonist include but not limited to, oral sustained-release albuterol and inhaled salmeterol),
25 anticholinergics (examples include but not limited to ipratropium bromide), and theophylline and its derivatives (therapeutic range for theophylline is preferably 10-20 $\mu\text{g/mL}$); glucocorticoids; exogenous α_1 AT (e.g., α_1 AT derived from pooled human plasma administered intravenously in a weekly dose of 60 mg/kg); oxygen; lung transplantation; lung volume reduction surgery; endotracheal intubation, ventilation support;
30 yearly influenza vaccine and pneumococcal vaccination with 23-valent polysaccharide; exercise; and smoking cessation.

[0258] In specific embodiments, patients with pulmonary fibrosis are administered a prophylactically or therapeutically effective amount of an antibody composition of the

invention alone or in combination with an effective amount of one or more other agents useful for pulmonary fibrosis therapy including but not limited to: oxygen; corticosteroids (a non-limiting example is to administer daily prednisone beginning at 1-1.5 mg/kg/d (up to 100 mg/d) for six weeks and tapering slowly over 3-6 months to a minimum maintenance dose of 0.25 mg/kg/d); cytotoxic drugs (non-limiting examples are cyclophosphamide at 100-120 mg orally once daily, and azathioprine at 3 mg/kg up to 200 mg orally once daily); bronchodilators (non-limiting examples are short- and long- acting .beta..sub.2-adrenergic agonists, anticholinergics, and theophylline and its derivatives); and antihistamines (non-limiting examples are diphenhydramine and doxylamine).

10 [0259] In specific embodiment, patients with SCI are administered prophylactically or therapeutically effective amount of an antibody composition of the invention alone or in combination with an effective amount of one or more other agents useful for SCI therapy including but not limited to: glucocorticoid steroids (a non-limiting example is to administer methylprednisolone 30 mg/kg bolus over 15 minutes and an infusion of methylprednisolone at 5.4 mg/kg/h for 23 hours beginning 45 minutes after the bolus), neuroprotectors (*e.g.*, minocyclin), regeneration therapies (*e.g.*, stem cell treatments, hydrogels), weak electrical fields (*e.g.*, extraspinal oscillating field stimulator implantable medical device).

[0260] In specific embodiments, patients with asthma are administered a prophylactically or therapeutically effective amount of an antibody composition of the invention alone or in combination with an effective amount of one or more other agents useful for asthma therapy including but not limited to: adrenergic stimulants (examples include but not limited to, catecholamines, *e.g.*, epinephrine, isoproterenol, and isoetharine; resorcinols, *e.g.*, metaproterenol, terbutaline, and fenoterol; and saligenins, *e.g.*, salbutamol. Inhalation is the preferred route of administration for adrenergic stimulants); methylxanthines including but not limited to theophylline and its various salts; anticholinergics including but not limited to, atropine sulfate, atropine methylnitrate, and ipratropium bromide; glucocorticoids (examples including but not limited to systemic or oral steroids, and inhaled glucocorticoids); mast cell stabilizing agents (examples include but not limited to, cromolyn sodium and nedocromil sodium); leukotriene modifiers (examples include but not limited to, Zileuton, zafirlukast and montelukast); immunosuppressant agents (examples include but not limited to, methotrexate and gold salts); and mucolytic agents (examples include but not limited to acetylcysteine).

[0261] The invention provides methods of treatment, inhibition and prophylaxis by administration to a subject of an effective amount of a compound or pharmaceutical composition of the invention, preferably an antibody of the invention. In a preferred embodiment, the compound is substantially purified (*e.g.*, substantially free from substances that limit its effect or produce undesired side effects). The subject is preferably an animal, including but not limited to animals such as cows, pigs, horses, chickens, cats, dogs, etc., and is preferably a mammal, and most preferably human.

[0262] Formulations and methods of administration that can be employed when the compound comprises a nucleic acid or an immunoglobulin are described above; additional appropriate formulations and routes of administration can be selected from among those described herein below.

[0263] Various delivery systems are known and can be used to administer a compound of the invention, *e.g.*, encapsulation in liposomes, microparticles, microcapsules, recombinant cells capable of expressing the compound, receptor-mediated endocytosis (see, *e.g.*, Wu and Wu, *J. Biol. Chem.* 262:4429-4432 (1987)), construction of a nucleic acid as part of a retroviral or other vector, etc. Methods of introduction include but are not limited to intradermal, intramuscular, intraperitoneal, intravenous, subcutaneous, intranasal, epidural, and oral routes. The compounds or compositions may be administered by any convenient route, for example by infusion or bolus injection, by absorption through epithelial or mucocutaneous linings (*e.g.*, oral mucosa, rectal and intestinal mucosa, etc.) and may be administered together with other biologically active agents. Administration can be systemic or local. In addition, it may be desirable to introduce the pharmaceutical compounds or compositions of the invention into the central nervous system by any suitable route, including intraventricular and intrathecal injection; intraventricular injection may be facilitated by an intraventricular catheter, for example, attached to a reservoir, such as an Ommaya reservoir. Pulmonary administration can also be employed, *e.g.*, by use of an inhaler or nebulizer, and formulation with an aerosolizing agent.

[0264] In a specific embodiment, it may be desirable to administer the pharmaceutical compounds or compositions of the invention locally to the area in need of treatment; this may be achieved by, for example, and not by way of limitation, local infusion during surgery, topical application, *e.g.*, in conjunction with a wound dressing after surgery, by injection, by means of a catheter, by means of a suppository, or by means of an implant, said implant being

of a porous, non-porous, or gelatinous material, including membranes, such as sialastic membranes, or fibers. Preferably, when administering a protein, including an antibody, of the invention, care must be taken to use materials to which the protein does not absorb.

[0265] In another embodiment, the compound or composition can be delivered in a vesicle, in particular a liposome (see Langer, *Science* 249:1527-1533 (1990); Treat et al., in *Liposomes in the Therapy of Infectious Disease and Cancer*, Lopez-Berestein and Fidler (eds.), Liss, New York, pp. 353-365 (1989); Lopez-Berestein, *ibid.*, pp. 317-327; see generally *ibid.*)

[0266] In yet another embodiment, the compound or composition can be delivered in a controlled release system. In one embodiment, a pump may be used (see Langer, *supra*; Sefton, 1987, *CRC Crit. Ref. Biomed. Eng.* 14:201; Buchwald et al., 1980, *Surgery* 88:507; Saudek et al., 1989, *N. Engl. J. Med.* 321:574). In another embodiment, polymeric materials can be used (see *Medical Applications of Controlled Release*, Langer and Wise (eds.), CRC Press, Boca Raton, Fla. (1974); *Controlled Drug Bioavailability, Drug Product Design and Performance*, Smolen and Ball (eds.), Wiley, New York (1984); Ranger and Peppas, J., 1983, *Macromol. Sci. Rev. Macromol. Chem.* 23:61; see also Levy et al., 1985, *Science* 228:190; During et al., 1989, *Ann. Neurol.* 25:351; Howard et al., 1989, *J. Neurosurg.* 71:105). In yet another embodiment, a controlled release system can be placed in proximity of the therapeutic target, *i.e.*, the brain, thus requiring only a fraction of the systemic dose (see, *e.g.*, Goodson, in *Medical Applications of Controlled Release*, *supra*, vol. 2, pp. 115-138 (1984)). Other controlled release systems are discussed in the review by Langer (1990, *Science* 249:1527-1533).

[0267] In a specific embodiment where the compound of the invention is a nucleic acid encoding a protein, the nucleic acid can be administered in vivo to promote expression of its encoded protein, by constructing it as part of an appropriate nucleic acid expression vector and administering it so that it becomes intracellular, *e.g.*, by use of a retroviral vector (see U.S. Pat. No. 4,980,286), or by direct injection, or by use of microparticle bombardment (*e.g.*, a gene gun; Biolistic, Dupont), or coating with lipids or cell-surface receptors or transfecting agents, or by administering it in linkage to a homeobox-like peptide which is known to enter the nucleus (see *e.g.*, Joliot et al., 1991, *Proc. Natl. Acad. Sci. USA* 88:1864-1868), etc. Alternatively, a nucleic acid can be introduced intracellularly and incorporated within host cell DNA for expression, by homologous recombination.

[0268] The present invention also provides pharmaceutical compositions. Such compositions comprise a therapeutically effective amount of a compound, and a pharmaceutically acceptable carrier. In a specific embodiment, the term "pharmaceutically acceptable" means approved by a regulatory agency of the Federal or a state government or listed in the U.S. Pharmacopeia or other generally recognized pharmacopeia for use in animals, and more particularly in humans. The term "carrier" refers to a diluent, adjuvant, excipient, or vehicle with which the therapeutic is administered. Such pharmaceutical carriers can be sterile liquids, such as water and oils, including those of petroleum, animal, vegetable or synthetic origin, such as peanut oil, soybean oil, mineral oil, sesame oil and the like. Water is a preferred carrier when the pharmaceutical composition is administered intravenously. Saline solutions and aqueous dextrose and glycerol solutions can also be employed as liquid carriers, particularly for injectable solutions. Suitable pharmaceutical excipients include starch, glucose, lactose, sucrose, gelatin, malt, rice, flour, chalk, silica gel, sodium stearate, glycerol monostearate, talc, sodium chloride, dried skim milk, glycerol, propylene, glycol, water, ethanol and the like. The composition, if desired, can also contain minor amounts of wetting or emulsifying agents, or pH buffering agents. These compositions can take the form of solutions, suspensions, emulsion, tablets, pills, capsules, powders, sustained-release formulations and the like. The composition can be formulated as a suppository, with traditional binders and carriers such as triglycerides. Oral formulation can include standard carriers such as pharmaceutical grades of mannitol, lactose, starch, magnesium stearate, sodium saccharine, cellulose, magnesium carbonate, etc. Examples of suitable pharmaceutical carriers are described in "Remington's Pharmaceutical Sciences" by E. W. Martin. Such compositions will contain a therapeutically effective amount of the compound, preferably in purified form, together with a suitable amount of carrier so as to provide the form for proper administration to the patient. The formulation should suit the mode of administration.

[0269] In a preferred embodiment, the composition is formulated in accordance with routine procedures as a pharmaceutical composition adapted for intravenous administration to human beings. Typically, compositions for intravenous administration are solutions in sterile isotonic aqueous buffer. Where necessary, the composition may also include a solubilizing agent and a local anesthetic such as lignocaine to ease pain at the site of the injection. Generally, the ingredients are supplied either separately or mixed together in unit dosage form, for example, as a dry lyophilized powder or water free concentrate in a hermetically

sealed container such as an ampoule or sachette indicating the quantity of active agent.

Where the composition is to be administered by infusion, it can be dispensed with an infusion bottle containing sterile pharmaceutical grade water or saline. Where the composition is administered by injection, an ampoule of sterile water for injection or saline can be provided so that the ingredients may be mixed prior to administration.

[0270] The compounds of the invention can be formulated as neutral or salt forms. Pharmaceutically acceptable salts include those formed with anions such as those derived from hydrochloric, phosphoric, acetic, oxalic, tartaric acids, etc., and those formed with cations such as those derived from sodium, potassium, ammonium, calcium, ferric hydroxides, isopropylamine, triethylamine, 2-ethylamino ethanol, histidine, procaine, etc.

[0271] The amount of the compound of the invention which will be effective in the treatment, inhibition and prevention of a disease or disorder associated with aberrant expression and/or activity of a polypeptide of the invention can be determined by standard clinical techniques. In addition, in vitro assays may optionally be employed to help identify optimal dosage ranges. The precise dose to be employed in the formulation will also depend on the route of administration, and the seriousness of the disease or disorder, and should be decided according to the judgment of the practitioner and each patient's circumstances. Effective doses may be extrapolated from dose-response curves derived from in vitro or animal model test systems.

[0272] For antibodies, the dosage administered to a patient is typically 0.1 mg/kg to 100 mg/kg of the patient's body weight. Preferably, the dosage administered to a patient is between 0.1 mg/kg and 20 mg/kg of the patient's body weight, more preferably 1 mg/kg to 10 mg/kg of the patient's body weight. Generally, human antibodies have a longer half-life within the human body than antibodies from other species due to the immune response to the foreign polypeptides. Thus, lower dosages of human antibodies and less frequent administration is often possible. Further, the dosage and frequency of administration of antibodies of the invention may be reduced by enhancing uptake and tissue penetration (*e.g.*, into the brain) of the antibodies by modifications such as, for example, lipidation.

[0273] The invention also provides a pharmaceutical pack or kit comprising one or more containers filled with one or more of the ingredients of the pharmaceutical compositions of the invention. Optionally associated with such container(s) can be a notice in the form prescribed by a governmental agency regulating the manufacture, use or sale of

pharmaceuticals or biological products, which notice reflects approval by the agency of manufacture, use or sale for human administration.

[0274] The excipient included with the polypeptide in these compositions is chosen based on the expected route of administration of the composition in therapeutic applications. 5 The route of administration of the composition depends on the condition to be treated. For example, intravenous injection may be preferred for treatment of a systemic disorder such as endotoxic shock, and oral administration may be preferred to treat a gastrointestinal disorder such as a gastric ulcer. The route of administration and the dosage of the composition to be administered can be determined by the skilled artisan without undue experimentation in 10 conjunction with standard dose-response studies. Relevant circumstances to be considered in making those determinations include the condition or conditions to be treated, the choice of composition to be administered, the age, weight, and response of the individual patient, and the severity of the patient's symptoms. Thus, depending on the condition, the antibody composition can be administered orally, parenterally, intranasally, vaginally, rectally, 15 lingually, sublingually, buccally, intrabuccally and transdermally to the patient.

[0275] Accordingly, compositions designed for oral, lingual, sublingual, buccal and intrabuccal administration can be made without undue experimentation by means well known in the art, for example, with an inert diluent or with an edible carrier. The compositions may be enclosed in gelatin capsules or compressed into tablets. For the purpose of oral 20 therapeutic administration, the pharmaceutical compositions of the present invention may be incorporated with excipients and used in the form of tablets, troches, capsules, elixirs, suspensions, syrups, wafers, chewing gums and the like.

[0276] Tablets, pills, capsules, troches and the like may also contain binders, recipients, disintegrating agent, lubricants, sweetening agents, and flavoring agents. Some 25 examples of binders include microcrystalline cellulose, gum tragacanth or gelatin. Examples of excipients include starch or lactose. Some examples of disintegrating agents include alginic acid, corn starch and the like. Examples of lubricants include magnesium stearate or potassium stearate. An example of a glidant is colloidal silicon dioxide. Some examples of sweetening agents include sucrose, saccharin and the like. Examples of flavoring agents 30 include peppermint, methyl salicylate, orange flavoring and the like. Materials used in preparing these various compositions should be pharmaceutically pure and non-toxic in the amounts used.

[0277] The compositions of the present invention can easily be administered parenterally such as, for example, by intravenous, intramuscular, intrathecal or subcutaneous injection. Parenteral administration can be accomplished by incorporating the antibody compositions of the present invention into a solution or suspension. Such solutions or suspensions may also include sterile diluents such as water for injection, saline solution, fixed oils, polyethylene glycols, glycerine, propylene glycol or other synthetic solvents. Parenteral formulations may also include antibacterial agents such as, for example, benzyl alcohol or methyl parabens, antioxidants such as, for example, ascorbic acid or sodium bisulfite and chelating agents such as EDTA. Buffers such as acetates, citrates or phosphates and agents for the adjustment of tonicity such as sodium chloride or dextrose may also be added. The parenteral preparation can be enclosed in ampules, disposable syringes or multiple dose vials made of glass or plastic.

[0278] Rectal administration includes administering the pharmaceutical compositions into the rectum or large intestine. This can be accomplished using suppositories or enemas. Suppository formulations can easily be made by methods known in the art. For example, suppository formulations can be prepared by heating glycerin to about 120C, dissolving the antibody composition in the glycerin, mixing the heated glycerin after which purified water may be added, and pouring the hot mixture into a suppository mold.

[0279] Transdermal administration includes percutaneous absorption of the composition through the skin. Transdermal formulations include patches, ointments, creams, gels, salves and the like.

[0280] The antibody compositions described herein can also include an antagonist of an early sepsis mediator. As used herein, an early sepsis mediator is a proinflammatory cytokine that is released from cells soon (*i.e.*, within 30-60 min.) after induction of an inflammatory cytokine cascade (*e.g.*, exposure to LPS). Nonlimiting examples of these cytokines are TNF, IL-1 α , IL-1 β , IL-6, PAF, and MIF. Also included as early sepsis mediators are receptors for these cytokines (for example, tumor necrosis factor receptor type 1) and enzymes required for production of these cytokines, for example, interleukin-1 β converting enzyme). Antagonists of any early sepsis mediator, now known or later discovered, can be useful for these embodiments by further inhibiting an inflammatory cytokine cascade.

[0281] Nonlimiting examples of antagonists of early sepsis mediators are antisense compounds that bind to the mRNA of the early sepsis mediator, preventing its expression (see, e.g., Ojwang et al., 1997, *Biochemistry* 36:6033-6045; Pampfer et al., 1995, *Biol. Reprod.* 52:1316-1326; U.S. Patent No. 6,228,642; Yahata et al., 1996, *Antisense Nucleic Acid Drug Dev.* 6:55-61; and Taylor et al., 1998, *Antisense Nucleic Acid Drug Dev.* 8:199-205), ribozymes that specifically cleave the mRNA of the early sepsis mediator (see, e.g., Leavitt et al., 2000, *Antisense Nucleic Acid Drug Dev.* 10: 409-414; Kisich et al., 1999; and Hendrix et al., 1996, *Biochem. J.* 314: 655-661), and antibodies that bind to the early sepsis mediator and inhibit their action (see, e.g., Kam and Targan, 2000, *Expert Opin. Pharmacother.* 1: 615-622; Nagahira et al., 1999, *J. Immunol. Methods* 222, 83-92; Lavine et al., 1998, *J. Cereb. Blood Flow Metab.* 18: 52-58; and Holmes et al., 2000, *Hybridoma* 19: 363-367). Any antagonist of an early sepsis mediator, now known or later discovered, is envisioned as within the scope of the invention. The skilled artisan can determine the amount of early sepsis mediator to use in these compositions for inhibiting any particular inflammatory cytokine cascade without undue experimentation with routine dose-response studies.

5.8 Diagnostics and Imaging

[0282] Labeled antibodies, and derivatives and analogs thereof, which specifically bind to a polypeptide of interest can be used for diagnostic purposes to detect, diagnose, or monitor diseases and/or disorders associated with the aberrant expression and/or activity of a polypeptide of the invention. The invention provides for the detection of aberrant expression of a polypeptide of interest, comprising (a) assaying the expression of the polypeptide of interest in cells or body fluid of an individual using one or more antibodies specific to the polypeptide interest and (b) comparing the level of gene expression with a standard gene expression level, whereby an increase or decrease in the assayed polypeptide gene expression level compared to the standard expression level is indicative of aberrant expression.

[0283] The invention provides a diagnostic assay for diagnosing a disorder, comprising (a) assaying the expression of the polypeptide of interest in cells or body fluid of an individual using one or more antibodies specific to the polypeptide interest and (b) comparing the level of gene expression with a standard gene expression level, whereby an

increase or decrease in the assayed polypeptide gene expression level compared to the standard expression level is indicative of a particular disorder.

[0284] Antibodies of the invention can be used to assay protein levels in a biological sample using classical immunohistological methods known to those of skill in the art (*e.g.*,
5 see Jalkanen, et al., 1985, *J. Cell. Biol.* 101:976-985; Jalkanen, et al., 1987, *J. Cell. Biol.* 105:3087-3096). Other antibody-based methods useful for detecting protein gene expression include immunoassays, such as the enzyme linked immunosorbent assay (ELISA) and the radioimmunoassay (RIA).

[0285] Techniques known in the art may be applied to label antibodies of the
10 invention. Such techniques include, but are not limited to, the use of bifunctional conjugating agents (see *e.g.*, U.S. Pat. Nos. 5,756,065; 5,714,631; 5,696,239; 5,652,361; 5,505,931; 5,489,425; 5,435,990; 5,428,139; 5,342,604; 5,274,119; 4,994,560; and 5,808,003).

[0286] One embodiment of the invention is the detection and diagnosis of a disease or
15 disorder associated with aberrant expression of a polypeptide of interest in an animal, preferably a mammal and most preferably a human. In one embodiment, diagnosis comprises: (a) administering (for example, parenterally, subcutaneously, or intraperitoneally) to a subject an effective amount of a labeled molecule which specifically binds to the polypeptide of interest; (b) waiting for a time interval following the administering for
20 permitting the labeled molecule to preferentially concentrate at sites in the subject where the polypeptide is expressed (and for unbound labeled molecule to be cleared to background level); (c) determining background level; and (d) detecting the labeled molecule in the subject, such that detection of labeled molecule above the background level indicates that the subject has a particular disease or disorder associated with aberrant expression of the polypeptide of interest. Background level can be determined by various methods including,
25 comparing the amount of labeled molecule detected to a standard value previously determined for a particular system.

[0287] Also as described herein, antibodies of the invention may be used to treat,
diagnose, or prognose an individual having sepsis, rheumatoid arthritis, peritonitis, Crohn's
disease, reperfusion injury, septicemia, endotoxic shock, cystic fibrosis, endocarditis,
30 psoriasis, psoriatic arthritis, arthritis, anaphylactic shock, organ ischemia, reperfusion injury, and allograft rejection.

[0288] It will be understood in the art that the size of the subject and the imaging system used will determine the quantity of imaging moiety needed to produce diagnostic images. In the case of a radioisotope moiety, for a human subject, the quantity of radioactivity injected will normally range from about 5 to 20 millicuries of ⁹⁹Tc. The labeled antibody or antibody fragment will then preferentially accumulate at the location of cells which contain the specific protein. In vivo tumor imaging is described in S. W. Burchiel et al., "Immunopharmacokinetics of Radiolabeled Antibodies and Their Fragments." (Chapter 13 in Tumor Imaging: The Radiochemical Detection of Cancer, S. W. Burchiel and B. A. Rhodes, eds., Masson Publishing Inc. (1982).

[0289] Depending on several variables, including the type of label used and the mode of administration, the time interval following the administration for permitting the labeled molecule to preferentially concentrate at sites in the subject and for unbound labeled molecule to be cleared to background level is 6 to 48 hours or 6 to 24 hours or 6 to 12 hours. In another embodiment the time interval following administration is 5 to 20 days or 5 to 10 days.

[0290] In an embodiment, monitoring of the disease or disorder is carried out by repeating the method for diagnosing the disease or disorder, for example, one month after initial diagnosis, six months after initial diagnosis, one year after initial diagnosis, etc.

[0291] Presence of the labeled molecule can be detected in the patient using methods known in the art for in vivo scanning. These methods depend upon the type of label used. Skilled artisans will be able to determine the appropriate method for detecting a particular label. Methods and devices that may be used in the diagnostic methods of the invention include, but are not limited to, computed tomography (CT), whole body scan such as position emission tomography (PET), magnetic resonance imaging (MRI), and sonography.

[0292] In a specific embodiment, the molecule is labeled with a radioisotope and is detected in the patient using a radiation responsive surgical instrument (Thurston et al., U.S. Pat. No. 5,441,050). In another embodiment, the molecule is labeled with a fluorescent compound and is detected in the patient using a fluorescence responsive scanning instrument. In another embodiment, the molecule is labeled with a positron emitting metal and is detected in the patient using positron emission-tomography. In yet another embodiment, the molecule is labeled with a paramagnetic label and is detected in a patient using magnetic resonance imaging (MRI).

Table 3: Legend for Sequence Listing

SEQ ID NO:	DESCRIPTION ^a	SEQ ID NO:	DESCRIPTION ^a
1	Human HMG1 aa Acc. # NP-002119	53	Anti HMG1 antibody G34 V _H nt
2	Human HMG1 aa Acc, # AAA64970	54	Anti HMG1 antibody G35 V _L aa
3	Human HMG1 A box aa	55	Anti HMG1 antibody G35 V _L nt
4	Human HMG1 B box aa	56	Anti HMG1 antibody G35 V _H aa
5	Anti HMG1 antibody S2 V _L aa	57	Anti HMG1 antibody G35 V _H nt
6	Anti HMG1 antibody S2 V _L nt	58	Anti HMG1 antibody S10 V _L aa
7	Anti HMG1 antibody S2 V _H aa	59	Anti HMG1 antibody S10 V _L nt
8	Anti HMG1 antibody S2 V _H nt	60	Anti HMG1 antibody S10 V _H aa
9	Anti HMG1 antibody S6 V _L aa	61	Anti HMG1 antibody S10 V _H nt
10	Anti HMG1 antibody S6 V _L nt	62	Anti HMG1 antibody S12 V _L aa
11	Anti HMG1 antibody S6 V _H aa	63	Anti HMG1 antibody S12 V _L nt
12	Anti HMG1 antibody S6 V _H nt	64	Anti HMG1 antibody S12 V _H aa
13	Anti HMG1 antibody S16 V _L aa	65	Anti HMG1 antibody S12 V _H nt
14	Anti HMG1 antibody S16 V _L nt	66	Anti HMG1 antibody S14 V _L aa
15	Anti HMG1 antibody S16 V _H aa	67	Anti HMG1 antibody S14 V _L nt
16	Anti HMG1 antibody S16 V _H nt	68	Anti HMG1 antibody S14 V _H aa
17	Anti HMG1 antibody G4 V _L aa	69	Anti HMG1 antibody S14 V _H nt
18	Anti HMG1 antibody G4 V _L nt	70	Anti HMG1 antibody S17 V _L aa
19	Anti HMG1 antibody G4 V _H aa	71	Anti HMG1 antibody S17 V _L nt
20	Anti HMG1 antibody G4 V _H nt	72	Anti HMG1 antibody S17 V _H aa
21	Human HMG2 aa	73	Anti HMG1 antibody S17 V _H nt
22	Human HMG2 A box aa	74	S2 V _L CDR1 aa
23	Human HMG2 B box aa	75	S2 V _L CDR2 aa
24	Anti HMG1 antibody E11 V _L aa	76	S2 V _L CDR3 aa
25	Anti HMG1 antibody E11 V _L nt	77	S2 V _H CDR1 aa
26	Anti HMG1 antibody E11 V _H aa	78	S2 V _H CDR2 aa
27	Anti HMG1 antibody E11 V _H nt	79	S2 V _H CDR3 aa
28	HMG1 B-box peptide aa 91-169	80	S6 V _L CDR1 aa
29	HMG1 B-box peptide aa 150-183	81	S6 V _L CDR2 aa
30	Anti HMG1 antibody G2 V _L aa	82	S6 V _L CDR3 aa
31	Anti HMG1 antibody G2 V _L nt	83	S6 V _H CDR1 aa
32	Anti HMG1 antibody G2 V _H aa	84	S6 V _H CDR2 aa
33	Anti HMG1 antibody G2 V _H nt	85	S6 V _H CDR3 aa
34	Anti HMG1 antibody G9 V _L aa	86	S16 V _L CDR1 aa
35	Anti HMG1 antibody G9 V _L nt	87	S16 V _L CDR2 aa
36	Anti HMG1 antibody G9 V _H aa	88	S16 V _L CDR3 aa
37	Anti HMG1 antibody G9 V _H nt	89	S16 V _H CDR1 aa
38	Anti HMG1 antibody G12 V _L aa	90	S16 V _H CDR2 aa
39	Anti HMG1 antibody G12 V _L nt	91	S16 V _H CDR3 aa
40	Anti HMG1 antibody G12 V _H aa	92	G4 V _L CDR1 aa
41	Anti HMG1 antibody G12 V _H nt	93	G4 V _L CDR2 aa
42	Anti HMG1 antibody G16 V _L aa	94	G4 V _L CDR3 aa
43	Anti HMG1 antibody G16 V _L nt	95	G4 V _H CDR1 aa
44	Anti HMG1 antibody G16 V _H aa	96	G4 V _H CDR2 aa
45	Anti HMG1 antibody G16 V _H nt	97	G4V _H CDR3 aa
46	Anti HMG1 antibody G20 V _L aa	98	E11 V _L CDR1 aa
47	Anti HMG1 antibody G20 V _L nt	99	E11 V _L CDR2 aa
48	Anti HMG1 antibody G20 V _H aa	100	E11 V _L CDR3 aa
49	Anti HMG1 antibody G20 V _H nt	101	E11 V _H CDR1 aa
50	Anti HMG1 antibody G34 V _L aa	102	E11 V _H CDR2 aa
51	Anti HMG1 antibody G34 V _L nt	103	E11 V _H CDR3 aa
52	Anti HMG1 antibody G34 V _H aa		

^anucleotide sequences are designated "nt" amino acid sequences are designated "aa"

6. Examples

[0293] The invention is now described with reference to the following examples. These examples are provided for the purpose of illustration only and the invention should in no way be construed as being limited to these examples but rather should be construed to encompass any and all variations which become evident as a result of the teachings provided herein.

6.1 Example 1.

Development and Physical Characterization of Human anti-HMG1 Antibodies

[0294] A large panel of human anti-HMG1 antibodies were isolated from a naïve human Fab phage display library by several rounds of panning against human HMG1 (SEQ ID NO: 1 and 2, also see Figure 1). The clones were then sequenced to eliminate duplicate clones and the Fab fragments were subcloned into an expression vector for the production of full length IgG. The nucleotide and corresponding amino acid sequences of the variable regions of the light and heavy chains of several antibody clones (G2, G4, G9, G12, G16, G20, G34, G35, S2, S6, S10, S12, S14, S16, S17 and E11) are provided in the sequence listing (see Table 3 for specific SEQ ID NOS.). Figure 2 represents the variable regions of the heavy and light chains of several antibody clones (S2, S6, S16 and G4) that have been deposited with the American Type Culture Collection (deposit numbers PTA-6142, PTA-6143, PTA-6259 and PTA-6258, respectively). Also shown in Figure 2 are the variable regions heavy and light chains of the anti-HMG1 antibody E11. The CDRs for each antibody depicted in Figure 2 are underlined and provided in the sequence listing (see Table 3 for specific SEQ ID NOS.). The resulting full length antibodies were purified and their physical characteristics were determined as described below. As summarized in Table 1, these analysis show that the human anti-HMG1 antibodies developed exhibit a wide range of characteristics.

6.1.1 Materials and Methods

[0295] Isolation of Human anti-HMG1 Antibodies: A human Fab phage display library (Dyax, Cambridge, MA) was screened by three rounds of panning as follows: **Day 1.** I) Coat an immunotube with full length HMGB-1 at 20 µg/ml in 0.1 M Carbonate buffer (pH 9.6). Leave it in 4⁰C for overnight. **Day 2.** I) Using 100 fold of phage as library size. Add 1/5 volume of PEG 6000 (20%). Leave on ice for 1h. Spin at 14000 rpm for 10 min. Resuspend in PBS (pH 7.4) to precipitate phage library. II) Both the antigen-coated immunotube and the phage are blocked with 2% milk/PBS. The immunotube is then rinsed

with PBS 2X. and the phage are transferred to the immunotube and mixed by rotating for 30 min and then allow to incubate for an additional 1.5 hrs stationary. III) The immunotube is washed with PBST (PBS + 0.1% Tween 20) 10-20 times then PBS 10-20 times and the phage are eluted with 1 ml of 100 mM triethylamine. Eluted phage are neutralized with 0.5 ml of 1
5 M Tris-HCl (pH 7.5). IV) 1 volume of eluted neutralized phage are mixed with 5 volumes of log phase TG1 and 4 volume of 2YT. Incubate at 37 °C for 30 min (water bath). The infected cells are harvested by centrifugation and resuspended in 2YT and plated on 2YT agar with carbenicillin and 2% glucose.

[0296] Expression of Human anti-HMG1 Oligoclonal and Monoclonal Antibodies:

10 The plasmid was extracted from several pools of bacterium after 3rd round panning. The Fab gene fragments were then excised from the plasmid and inserted into the IgG expression vector under the control of CMV promoter. The plasmid of IgG expression vector with Fab fragment was transient transfected into 293H cells and the oligoclonal antibodies were purified from grow medium by passing it through protein A column. Each pool of
15 oligoclonal antibodies was tested for reactivity to HMG1. Those pools testing positive were further screen to identify individual positive clones.

[0297] Isoelectric Focusing Gel Electrophoresis: Isoelectric points were determined using a Pharmacia Biotech Multiphor 2 electrophoresis system with a multi temp 3 refrigerated bath recirculation unit and an EPS 3501 XL power supply. Pre-cast ampholine
20 gels (Amersham Biosciences, pI range 2.5-10) were loaded with 5 µg of protein. Broad range pI marker standards (Amersham, pI range 3-10, 8 µL) were used to determine relative pI for the Mabs. Electrophoresis was performed at 1500 V, 50 mA for 105 minutes.. The gel was fixed using a Sigma fixing solution (5x) diluted with purified water to 1x. Staining was performed overnight at room temperature using Simply Blue stain (Invitrogen). Destaining
25 was carried out with a solution that consisted of 25% ethanol, 8% acetic acid and 67% purified water. Isoelectric points were determined using a Bio-Rad Densitometer relative to calibration curves of the standards.

[0298] Differential Scanning Calorimetry: Thermal melting temperatures (T_m) were measured with a VP-DSC (MicroCal, LLC) using a scan rate of 1.0 °C/min and a temperature
30 range of 25 –120 °C. A filter period of 8 seconds was used along with a 5 minute pre-scan thermostating. Samples were prepared by dialysis into 25 mM Histidine-HCl, pH 6 using Pierce dialysis cups (3.5 kD). Average Mab concentrations were 50 µg/mL as determined by

A₂₈₀. Melting temperatures were determined following manufacturer procedures using Origin software supplied with the system. Briefly, multiple baselines were run with buffer in both the sample and reference cell to establish thermal equilibrium. After the baseline was subtracted from the sample thermogram, the data were concentration normalized and fitted
5 using the deconvolution function.

6.1.2 Results

[0299] Over 35 individual Fab clones were isolated from a single phage display library, 18 of which were converted into full length IgG1 and purified from transient transfections. The subsequent analysis of these clones demonstrate that they have a wide
10 range of characteristics. For example, they exhibit dissociation constants (K_d) between a high of about 330 nM to a low of just 22 nM (summarized in Table 1). The T_m values, which can give an indication of stability, range from a low of just about 70°C to a high of about 90°C (Figures 3B and 3C). pI values, which can give an indication of solubility of an antibody, also showed a wide range with the antibodies having pI values from 7.8 – 9.0 (Figures 3A
15 and 3C). Antibodies with various characteristics have been screened in a number of *in vitro* and *in vivo* studies (see below) to determine the most desirable combination of characteristics. In addition, a large number of other clones are available for further screening.

6.2 Example 2

Kinetic Analysis of Human anti-HMG1 Antibodies

[0300] The binding kinetics and specificity of several human anti-HMG1 antibodies was examined using a variety of techniques. In addition, several peptides were used in epitope mapping studies. As summarized in Table 1, these analysis show that the human anti-HMG1 antibodies have differing binding kinetics and specificity. In addition, the data indicate that the anti-HMG1 antibodies bind to a variety of epitopes including the HMG1 B-
25 Box and A-Box.

6.2.1 Materials and Methods

[0301] Production/ Isolation of Recombinant HMG1: Recombinant HMG1 is purified from *E. coli* as a calmodulin binding protein (CBP) fusion protein (CBP is fused to N-terminal end of HMGB1). *E. coli* expressing CBP-HMG1 are induced for 2-3 hours and the
30 protein is release by microfluidization in 25 mM Tris-HCl, 150 mM NaCl, 2 mM CaCl₂, pH 8.0. The lysed cells are centrifuged at 125,000xg for 1 hour, the filtered supernatant is applied to a calmodulin column in the presence of CaCl₂. The column is washed with 2-2.5

column volumes of lysis buffer and then with a linear gradient to 50 mM Tris, 400 mM NaCl, 2 mM CaCl₂, pH 8.0 in 5 column volumes and the protein is eluted with 100 mM Tris, 400 mM NaCl, 5 mM EGTA, pH 8.0. A TritonX114 extraction is used to remove endotoxin. TX-114 is used at a final concentration of 2% and is incubated at 4C for 30 minutes, moved
5 to 37°C for 30 minutes and centrifuged to separate the phases. The protein is extracted twice.

[0302] Preparation of Three forms of Native HMGI: Nuclear HMGI is prepared from 293H (ATCC number CRL-1573, human kidney, epithelial) cells grown in DMEM with 10% FBS according to protocol from ATCC. Cells were harvested at 80% confluence by the
10 addition of Trypsin/EDTA for less than 1 min at RT. Cell were recovered at once in PBS by gentle flushing of the flask followed by centrifugation at 1100 rpm for 3 min. Cells were washed twice with PBS and transferred to 2ml eppendorf tube at a final concentration about 2 to 5 x 10⁷ /ml in PBS and then frozen in liquid nitrogen for 2 minutes followed by a 5-10 minute thaw in water bath at RT. The freeze thaw process was repeated two more times. The
15 lysed cells were centrifuged at 13,000 rpm and the supernatant was removed to a new sterile tube and stored at -70 to -80°C. The amount of supernatant used is based on cell concentration of supernatant prior to freeze thaw.

[0303] Released HMGI is prepared from the conditioned media of necrotic 293H cells. 293H cells were grown in DMEM medium with 10% FBS for 10 days without
20 changing the medium. The medium is harvested from the flask and centrifuged at 3000 rpm for 10 minutes, the supernatant was then passed through a 0.2 um filter and placed into a dialyze bag and dialyzed against concentration solution (PIERCE). The concentration solution was changed as needed until the volume of the media was reduced about ten fold. The concentrated medium was then dialyzed against PBS (pH 7.2). The concentration of
25 HMGB1 present in the concentrated sample was determined by a sandwich ELISA (see below) using a purified HMGB1 as a standard.

[0304] Activated HMGI is prepared from THP-1 (ATCC number TIB-202, human monocyte) cells grown in RPMI1640 (Cat# 03-0078DJ) with 10% FBS, 0.05 mM 2-mercaptoethanol according to protocol from ATCC. Cells were treated with LPS at a final
30 concentration of 0.5 ug/ml overnight (14 to 16 hour) when they reached about 4 x 10⁵ cells/ml. Cells were collected by centrifugation at 1,100 rpm x 3 min and washed three times with PBS to completely remove media containing LPS and transferred to 2ml eppendorf

tube at a final concentration about 2 to 5×10^7 /ml in PBS and then frozen in liquid nitrogen for 2 minutes followed by a 5-10 minute thaw in water bath at RT. The freeze thaw process was repeated two more times. The lysed cells were centrifuged at 13, 000 rpm and the supernatant was removed to a new sterile tube and stored at -70 to -80°C . The amount of
5 supernatant used is based on cell concentration of supernatant prior to freeze thaw.

[0305] HMG1 Binding Affinity via BIAcore Analysis: All experiments were performed on a BIAcore 3000 instrument (BIAcore, Inc., Piscataway, NJ). Briefly, each mAb was immobilized to a CM5 sensor chip using a standard amine coupling chemistry. Separately a reference (control) flow cell was also prepared. Two-fold, serial dilutions of
10 HMG1 in instrument buffer were sequentially injected at a slow flow rate over the individual mAb and reference flow-cell surfaces. Following the binding and dissociation of HMG1, the mAbs surfaces were regenerated with a brief pulse of 1M NaCl-50mM NaOH. At the end of each experiment, the binding curves were evaluated using a steady-state model available through the BIAevaluation software supplied by BIAcore, Inc. (Piscataway, NJ). The K_d
15 values determined from these studies are listed in Table 1.

[0306] Direct ELISA(immobilized HMG1): Individual wells of a 96-well immunoplate (EIA/RIA plate, High binding, Costar) were coated with HMGB-1 at $5 \mu\text{g/ml}$ in PBS at 4°C overnight. The plate was then blocked with 4% milk powder dissolved in PBS at 37°C for 1 hour. The blocking solution was removed and replaced with human anti-HMG1
20 antibodies at various concentrations (see Figure 4A). The plate was then washed (ELX-405 Plate washer, BIO-TEK) and secondary antibody (anti-human IgG-HRP, PIERCE) was added at a final concentration of 1:125,000 at 37°C for 1 hour. HRP activity was detected with Sureblue HRP substrate (KPL). Plates were read at 450 nm using a Kinetic Microplate Reader (Molecular Devices). The data are summarized in Table 1 and representative binding
25 curves are shown in Figures 4A and D.

[0307] Sandwich ELISA (soluble HMG1): Immunoplates (EIA/RIA plate, High binding, Costar) were coated with anti human IgG Fc at $10 \mu\text{g/ml}$ in PBS (pH 7.2) and incubated at 4°C overnight. The coating reagent was removed and the plates were rinsed briefly with PBS. The plates were then blocked with 4% milk for 1 hour at 37°C . and rinsed
30 with PBS. The anti-HMG1 antibodies were diluted in 4% milk. For serial dilutions, the antibodies were used at a starting concentration of $20 \mu\text{g/ml}$. The diluted anti-HMG1 antibodies were then added into plate and incubated for 1 hr at 37°C . The plate was then

washed 10 times with PBST (PBS/0.1% tween 20) and incubate with antigen (HMGB1, 2 $\mu\text{g/ml}$; or 0.7 $\mu\text{g/ml}$ for native HMGB1) in 4% milk and incubated at 37 $^{\circ}\text{C}$ for 1 h. The plate was then wash 10 times and incubated with mouse anti-HMGB1, 1 $\mu\text{g/ml}$ in 4% milk at 37 $^{\circ}\text{C}$ for 1 h. The plate was washed 10 times and incubated with anti-mouse IgG-HRP at 1:1000 at 37 $^{\circ}\text{C}$ for 1 h. The plate was then washed and developed. HRP activity was detected with Sureblue HRP substrate (KPL). Plates were read at 450 nm using a Kinetic Microplate Reader (Molecular Devices). The data are summarized in Table 1 and representative binding curves are shown in Figures 4B-D.

[0308] *Antibody HMGB1 Binding Competition via BIAcore Analysis*: All experiments were performed on a BIAcore 3000 instrument (BIAcore, Inc., Piscataway, NJ). The HMGB-1 protein was immobilized onto a CM5 sensor using a standard amine coupling chemistry protocol, as described in the BIAcore Handbook (BIAcore, Inc., Piscataway, NJ). Briefly, the CM5 surface subject to the NHS/EDC activation. After activation a HMGB-1 was injected over the surface at a concentration of 100nM or 200nM (in 10mM NaOAc, pH4) to a surface density of between 1100 and 1200 RU's. Following this, unreacted sites on the sensor chip surface were "capped" with an injection of 1M ethanolamine. For reference purposes, a blank flow cell was also prepared, utilizing this same procedure that was used to immobilize HMGB-1, but without any ligand.

[0309] MAbs G2, G4, G9, S6 and Synagis were prepared at 1 μM and 2 μM . All mAb solutions were prepared in HBS-EP buffer (BIAcore, Inc., Piscataway, NJ). Each cycle started with a 100 μL injection of the first mAb, injected at 1 μM , followed by a second 100 μL injection of a 1:1 mixture of two, 2X concentration mAbs, such that the final concentration of each component mAb in the mixture is equivalent to the first injection. Following each injection cycle, the HMGB-1 surfaces were regenerated with a 1 min pulse of 10mM HCl.

[0310] Once the entire set had been collected, the maximum RU responses for each mAb after each injection cycle was recorded. These were then used to calculate an average response level for each mAb. This average binding response was then used to calculate the percent each mAb bound to the HMGB-1 surface following it's saturation with the first mAb. Taken together, these binding/blocking patterns were used to determine if the mAbs bound to sites which unrelated or related sites on HMGB-1. These data are summarized in Table 1.

[0311] Binding to HMG1 vs. HMG2: Ultra high-binding ELISA plates (ThermoLab systems, #3855) were coated with either 5ug/mL of Calf thymus HMGB1 or HMGB2 diluted in 10mM Phosphate buffered saline (PBS), pH 7.2 and incubate overnight at 4 degrees. The plates were washed twice with Ca and Mg free PBS and 100 microliters of anti-HMGB1 antibody diluted in 10mM PBS, pH 7.2+1% bovine serum albumin (BSA) to a final concentration of 10ug/mL was added to each well and the plates were incubated 1 hour at room temperature. The wells were washed three times with 100 µl of PBS, pH 7.2. HRP labeled goat-anti-human IgG Kappa-chain (KPL, #14-10-10) and goat-anti-human IgG Lambda-chain (KPL, #14-10-11) were diluted in 10mM PBS+1% BSA 1:1000 and 100 µl were added to each well and incubated for 1 hour at room temperature. The wells were then washed three times with 100 µl of PBS, pH 7.2. OPD substrate (Pierce chemical company, #34006) was prepared following the manufacturers instructions and 100 µl of prepared substrate was added to each well and the plates incubated at room temperature in the dark for 20-30 minutes. The reaction was stopped with the addition of 100 µl of 2M H₂SO₄, and the plates read on a plate reader at a wavelength of 490nm. The OD values for a number of antibodies are shown in Figure 4E and summarized in Table 1.

[0312] HMG1 B Box Peptide Mapping: Individual wells of a 96-well immunoplate (EIA/RIA plate, High binding, Costar) were coated with HMG1 B Box peptide amino acids 91-169 (Figure 5A) or amino acids 150-183 (Figure 5B) at 10 µg/ml in PBS at 4°C overnight. The plate was then blocked with 4% milk powder dissolved in PBS at 37°C for 1 hour. The blocking solution was removed and replaced with human anti-HMG1 antibodies at various concentrations (see Figures 5A-B). The plate was then washed (ELX-405 Plate washer, BIO-TEK) and secondary antibody (anti-human IgG-HRP, PIERCE) was added at a final concentration of 1:125,000 at 37°C for 1 hour. HRP activity was detected with Sureblue HRP substrate (KPL). Plates were read at 450 nm using a Kinetic Microplate Reader (Molecular Devices).

6.2.2 Results

[0313] ELISA studies demonstrated that most of the antibodies examined bind to immobilized rHMG1 (Figure 4A). While most antibodies bound to both immobilized and soluble rHMG1 E11, G34 and G20 were seen to bind better to soluble rHMG1 while S10, S12, S16 and G16 bound slightly better to immobilized rHMG1 in this assay (Figure 4D and data not shown). Many of the antibodies tested show some preference for binding either

rHMG1 or one or more forms of the native HMG1 (summarized in Table 1, also see Figures 4B-C). For example S16 binds both recombinant and native HMG1 while G4 binds better to native nuclear HMG1 and S2, S6 and S10 all show better binding to rHMG1 (Figure 4B). Interestingly, while S6 doesn't bind well to any native form of HMG1 it does bind show
5 some binding of released HMG1 (Figure 4C, top left). S16 and G4 show little difference in binding to the various native forms of HMG1 (Figure 4C, top right and bottom left). In addition the antibodies were tested for cross reactivity to the highly related HMG2 protein. E11, S12 and S16 all showed some binding to HMG2. Interestingly, E11 appears to bind better to HMG2 than to HMG1 when the antigen is immobilized, the conditions used here.

10 [0314] BIAcore Analysis of nearly all of the antibodies was used to determine the K_d of each antibody for recombinant HMG1 (rHMG1, see Table 1). Analysis of several antibodies (G4, G9, S2 and S6) by BIAcore competition assays showed that these anti-HMBG1 antibodies appear to bind to either the same site or sites that are highly related perhaps overlapping (see Table 1).

15 [0315] Peptide mapping studies were done on several of the anti-HMG1 antibodies (S2, S6, S10, G2, G4, G9, S12 and S16) to examine binding to HMG1 B Box. As shown in Figures 9A-B, G4, S12 and S16 bind to HMG1 peptide 91-169 (Figure 5A) while only S12 binds to HMG1 peptide 150-183 (Figure 5B). In addition, it was found that E11 recognizes the HMG1 A-Box (data not shown).

20 [0316] In summary, the human anti-HMG1 antibodies isolated show a wide variety of binding characteristics with some binding all forms of HMG1 (*e.g.*, S16) and others discriminating between recombinant and native forms (*e.g.*, S10 and S2). They also bind a number of different epitopes include the A- and B-boxes. Several human anti-HMG1 antibodies were selected for use in a number of addition *in vitro* and *in vivo* experiments (see
25 below).

6.3 Example 3.

Anti-HMGB1 Antibodies Inhibit Cytokine Release From Human PBMC's

[0317] The ability of a panel of human anti-HMG1 antibodies to inhibit HMG1 induced cytokine release from human peripheral blood mononuclear cells (PBMCs) was
30 determined. The effect on the following cytokines were examined, IL-12, IL-1 β , TNF- α , and IL-6. A number of anti-HMG1 antibodies are capable of inhibiting the release of one or more of these cytokines induced by HMG1. In addition, it was determined that HMG1 can

stimulate the release of NO and that antibodies against HMG1 can inhibit this release. The ability of several human anti-HMG1 antibodies to reduce HMG1 induced cytokine gene expression in mouse macrophages was also demonstrated.

6.3.1 Materials and Methods

5 [0318] Inhibition of Cytokine Release: Human peripheral blood mononuclear cells (PBMCs) were isolated from the peripheral blood of healthy volunteers by a density gradient centrifugation. Freshly drawn heparinized whole blood was mixed with two volume of PBS. The diluted blood was gently layered on the surface of Histopaque-1077 (Sigma-Aldrich) and centrifuged at 400x g, at RT for 30 minute. PBMCs were collected from the interface
10 between the plasma and the density gradient solution. After washing in PBS 3x, the purified PBMCs were resuspended in RPMI-1640 medium (GIBCO BRL) containing 100 U/ml penicillin, 100 µg/ml streptomycin and 50 µM β-mercaptoethanol. 1×10^5 of cells was added in each well of 96-well cell culture plates.

[0319] The PBMCs were incubated for two hours at 37°C with 5% CO₂.
15 recombinant HMG1, at 4 µg/ml, or native activated HMG1 from 2.4×10^5 LPS stimulated THP-1 cells, and different concentrations of human anti-HMGB-1 monoclonal antibodies, a RAGE-Fc fusion protein or an HMG1 A-box-Fc fusion protein were added into each well. The culture media was supplemented with 8 U/ml (1 µg/ml) Polymyxin B sulphate (Sigma-Aldrich) to inhibit potential endotoxin. PBMCs from the same donor without stimulation with
20 HMG1 were used as controls. The cell-free culture media were harvested after 14 hours and stored at -20°C.

[0320] The culture media were analyzed for inflammatory cytokines using Beadlyte human multi-cytokine flex kit from Upstate by Luminex100 (Luminex Corp.). Proinflammatory cytokines TNF-α, IL-6, IL-1 β and IL-12 (p40) were measured for cells
25 stimulated with recombinant HMG1. In addition, TNF-α, IL-6, IL-1 β and IL-8 were measured for cells stimulated with native activated HMG1.

[0321] Cytokine release data is presented as mean of triplicates ± standard deviations. IC₅₀ for anti-HMGB1 monoclonal antibody is defined as the concentration of antibody required yielding one-half maximal inhibition of the cytokine release from PBMCs
30 stimulated by HMGB1. It was calculated by PRISM program.

[0322] Inhibition of NO Release: Macrophages employed in the NO assay included RAW cells (mouse macrophage cell line), as well as bone marrow-derived macrophages

(mBMMf) obtained from C57BL/6 mice. The mBMMf were used after maturing for 3 days in culture in the presence of M-CSF ("fresh mBMMf"). Cells were plated at 10^5 cells/well into 96-well plates and stimulated with HMG1 over night in 100 μ l of serum-free α -medium. HMGB-1 (5 μ g/ml) and LPS (1 μ g/ml) were used as positive controls to stimulate NO
5 production by the macrophages at various concentrations; dose dependent response observed with these stimuli. Antibodies were tested at a molar ration of 4:1 against HMG1. The next day plates are spun at 1500 rpm for 5 min and the supernatant is harvested. To another 96-well plate the following components are mixed, A50 μ l of stimulated supernatant and standards (diluted in α -medium), 25 μ l of NADH, 25 μ l of Nitrate Reductase, 50 μ l of Griess
10 Reagent I and the plate is incubated for 30 min. at 37°C. Then 50 μ l of Griess Reagent II is added to each well and the plate is incubated for 10 minutes at room temp. The absorbance of each well is read at 540 nm and the values of Nitrate are calculated against a standard curve.

[0323] Taqman Analysis of Mouse Macrophages (mMØ) Stimulated with HMG1:
15 Mouse bone marrow was harvested by rinsing the femurs of normal C57BL/6 mice. The isolated bone marrow cells were then cultured in Dulbecco's modified Eagle's medium (DMEM) supplemented with 10% fetal bovine serum (FBS) and 50 ng/ml M-CSF for 24 h, nonadherent cells were collected and grown for 6 days in complete DMEM supplemented with 10% FBS and 50 ng/ml M-CSF in T-75 flasks (1×10^7 cells/15 ml/flask). On day 6,
20 adherent cells were harvested and reseeded with 5 ng/ml MCSF in α -MEM containing 10%FBS in 96-well plates (1×10^5 cells/200 μ l/well) overnight.

[0324] The culture medium was replaced with α -MEM and incubated for 2 hours before stimulation to starve cells. HMGB1 (recombinant CBP-HMGB1 fusion protein generated from *E. coli* at 10 μ g/ml), mouse-RAGE-Fc or human-RAGE-Fc fusion protein
25 were pre-mixed with various blocking reagents at 100 μ g/ml in α -MEM for 20 min at RT, then 100 μ l of the mixtures was added to the cells and incubated at 37°C for 2 hours. The supernatant was then removed, and the RNA was extracted using Ambion's MagMAX™-96 Total RNA Isolation Kit. All of the recovered RNA were used in a reverse transcriptase (RT)
30 reaction with SuperScript™ III and oligo(dT) primer (Invitrogen) for synthesis of cDNA. 1 μ l or 2 μ l of the resulting cDNA was used for real time quantitative PCR analysis (TaqMan) using ABI Prism 7700 or 7000.

6.3.2 Results

[0325] Representative HMG1-induced cytokine release titration curves for several antibodies are shown in Figure 6A-B. IC₅₀ values were calculated for each antibody examined (see Table 1). A few antibodies were also tested for their ability to block native activated HMG1 (from LPS stimulated THP-1 cells, see above). E11, S16 and S17 along with the RAGE-Fc fusion protein were able to block IL-6 released induced by native activated HMG1 while S6, S13, G4 and G9 were less effective (Figure 6C). The results of these studies and numerous other studies for which the data are not shown are summarized in Table 1. It is apparent that several antibodies are capable of inhibiting cytokine release at low antibody concentrations. Of the antibodies thus far examined, S6 is among the best inhibitor of IL-1 β , TNF- α , IL-6 and NO release while G4 is the best inhibitor of IL-12. Note that not all antibodies have been examined for the ability to inhibit the release of all cytokines. A few antibodies were also examined for their ability to inhibit rHMG1-induced cytokine gene expression in isolated mouse macrophages (mM \emptyset). E11, G2 and G4 were able to significantly reduce HMG1-induced IL-1 β gene expression (Figure 7, left and Table 1)). G2 was also able to significantly reduce HMG1-induced TNF- α gene expression (Figure 7, right and Table 1). Several antibodies were chosen for further analysis to determine their effect on HMG1 binding to cell surface receptors.

6.4 Example 4

20 **Anti-HMG1 Antibodies Block HMG1 Binding to Cell Surface Receptors**

[0326] Both RAGE and TLR4 have been identified as putative receptors for HMG1. To demonstrate that human anti-HMG1 antibodies are capable of blocking the interaction of HMG1 with one or more of these putative receptors, several of the human anti-HMG1 antibodies were assayed for their ability to block HMG1 binding to a RAGE-Fc fusion in an ELISA assay (Figure 8) and/or for their ability to block HMG1-induced activation of TLR4 in a cell reporter system (Figure 9). In addition, the ability of the human anti-HMG1 antibodies to specifically block the binding of HMG1 to the cell surface of THP-1 cells was also demonstrated (Figure 10).

6.4.1 Materials and Methods

30 [0327] HMG1 binding to THP-1 Cells: Recombinant rat HMGB-1 was labeled using Eu-labelling Kit from PerkinElmer. Molar ratio of HMGB-1 to Eu is 1:5. THP-1 were cultured as the protocol from ATCC. Cells were harvested and suspended at concentration 1

x 10⁶ /ml in assay buffer containing 1x DELFIA L*R binding buffer (PerkinElmer), 50% of DELFIA stabilizer (PerkinElmer) and 0.05% of sodium azide. 100 µl of cells (1 x 10⁵) was added into wells in 96 well cell culture plate. The plate was incubated with gentle shaking at 4 °C for one hour. 100 µl of assay buffer containing 2 nM of Europium-labeled HMGB-1
5 mixed with various concentrations (333, 166.5, 83.25, 41.6, 20.8, 10.4 and 5.2 nM) of human anti-HMGB1 antibodies E11 or G2 or soluble human RAGE-Fc, were added into each wells respectively. After one hour incubation with gentle shaking at 4 °C , the cells were washed four times with 1x L*R wash buffer (PerkinElmer) by centrifuging at 1200 rpm x 5min. 200 µl of enhancement solution was added into each well to dissociate and enhance Eu
10 fluorescence at 615 nm. The fluorescence was measured with Wallac Victor Fluorometer. Assay was performed in triplicate and human antibody R3-47 was used the negative isotype control.

[0328] HMGB1 binding to RAGE-Ig by ELISA: 50 µl/well of RAGE-Fc fusion protein at 5 µg/ml in PBS was added to each well of an ELISA plate and incubated overnight at 4°C.
15 The plate was then blocked with 200 µl of 5% milk at 37°C for 1hr and washed 3x with PBS/Tween. 50 µl/well of diluted HMGB1 solution. For dose curves, HMGB1 concentrations started at 4ug/ml in PBS. For antibody blocking the HMGB1 was preincubated in another plate with human anti-HMGB1 antibodies or buffer, then transferred to the RAGE-coated plate. The plates were then incubated at room temperature for 2 hours and
20 washed 3x. To detect any HMGB1 bound to the immobilized RAGE-Fc a mixture of biotinylated mouse anti-HMGB1 mAbs (10D4, 4H11, 3E10 and 5C12) each at 1ug/ml, total Ab: 4ug/ml, were added to each well and the plate was incubated for 1 hour at room temperature. The plate was then washed and Streptavidin-HRP was added to each well and incubated 15 min. The plate was then washed 3X and blotted dry. 100 µl of TMB developing
25 agent was added and the plate read at 650 nm. Values were calculated as percent of inhibition with HMGB1 alone equal to 0% inhibition. The data in Figure 9 and summarized in Table 1 represent the average of two separate experiments.

[0329] TLR4 Activation Assay: HuTLR4 and CD14 stably expressed 293 cells (Invitrogen) were seeded in a 96 well plate at 2x10⁴/well in 100 µl of DMEM with 10% FCS
30 overnight. Cells were then transfected with NF-κB/Luc (Stratagene) luciferase reporter construct as indicated by the kit for 24 hr. A mixture of HMGB1 and anti-HMGB1 was

added to cells at 100 μ l/well overnight. The luciferase activity was then measured to reflect TLR4 activation (Promega).

6.4.2 Results

[0330] These studies demonstrate that several of the antibodies tested inhibited HMG1 binding to RAGE by at least 35% (*e.g.*, G2, G4, S10, S16, S2 and S6), two of the antibodies tested, G2 and G4, inhibited binding by nearly 75% under the conditions tested (Figure 8, and Table 2). Several antibodies did not inhibit RAGE binding (*e.g.*, G9, G12, G16, S14, etc, see Table 1). E11 and G20 were able to inhibit HMG1 activation of TLR4 (Figure 9 and Table 1). In addition, both E11 and G2 human anti-HMG1 antibodies block the binding of HMG1 to THP-1 cells (Figure 10 and Table 1). Of the antibodies tested in both assays thus far, none have shown the ability to block both RAGE binding and TLR4 activation. However, E11 was able to block TLR4 activation and HMG1 binding to THP-1 cells. Several antibodies were chosen for further analysis to demonstrate their effect on inflammatory responses *in vivo* (see below).

15 Example 5.

Anti-HMG1 Antibodies Inhibit Sepsis in the Cecal Ligation and Puncture (CLP) Model

[0331] To demonstrate that human anti-HMG1 antibodies can inhibit lethality in sepsis, we established sepsis in mice and monitored the survival rates for several antibody treatment protocols. Mice were subjected to cecal ligation and puncture (CLP), a well characterized model of sepsis caused by perforating a surgically-created cecal diverticulum, that leads to polymicrobial peritonitis and sepsis (Fink and Heard, *supra*; Wichmann et al., *supra*; and Remick et al., *supra*). The survival rates for mice treated with several human anti-HMG1 antibodies was compared to mice treated with isotype control antibodies. Several human anti-HMG1 antibodies demonstrated significant protection in the CLP model including G4, S6 and S16 (Figure 11A-D and Table 1).

6.4.3 Materials and Methods

[0332] Anti-HMGB1 in Sepsis: To establish live intra-abdominal infection and sepsis, Balb/C mice (9-11 per group) were subjected to the CLP procedure as described previously (Fink and Heard, 1990, *J Surg Res* 49:186-196; Wichmann et al., 1996, *J Surg Res* 65, 109-114). After anesthesia with an intramuscular injection of ketamine (75 mg/kg, Fort Dodge Laboratories, Fort Dodge, IA) and xylazine (20 mg/kg, Boehringer Ingelheim), a 15-mm midline incision was made to expose the cecum. After ligation 5.0 mm from the tip, the cecal

stump was punctured once with a 22-gauge needle, and small amount of stool (1-mm length) was extruded. The cecum was placed back into its normal intra-abdominal position, and the wound was closed with two layers of running suture. All animals received saline-solution (0.9% s.c., 20 ml/kg of body weight) resuscitation, and a single dose of antibiotic (0.5 mg of imipenem per mouse in 200 μ l of sterile saline injected s.c.) (Primaxin, Merck) 30 min after surgery.

[0333] Anti-HMG1 antibodies or isotype control antibodies (50 μ g/mouse in a 200 μ l volume), were administered intraperitoneally at 24 and 48 hours, post surgery. In certain follow up experiments anti-HMG1 antibodies or isotype control antibodies (8 mg/kg) were administered intraperitoneally at 24 hours, post surgery (Figure 11C-D). These experiments were blinded - the surgeons randomized the cages, and the encoded antibodies were dosed by another investigator. The survival of the mice was monitored twice daily for a total of 14 days. The survival curves for several representative experiments where the antibodies were delivered at 50 μ g/mouse at times 24 and 48 are shown in Figures 11A and 11B. The survival curve generated by combining several representative experiments where the antibodies were delivered at 8 mg/kg 24 hours post surgery is shown in Figure 11C. Several additional antibodies and the oligoclonal antibody pool were tested at 8 mg/kg administered 24 hours post surgery (Figure 11D).

6.4.4 Results

[0334] These studies demonstrate that the passive immunization of critically ill septic mice with human anti-HMG1 antibodies was protective. In particular the human anti-HMG1 antibodies S6, S16, E11 and G4 were protective in the CLP model (see Figure 11A-D). In several studies the survival rates at day 9 were better than those at day 14 (Figure 11B). This difference in longer term survival rate is likely due to the reduced half life of the human antibodies in the mouse system. However, for the majority of animals treatment with human anti-HMG1 antibodies did not merely delay death but rather, conferred complete protection from lethal sepsis. The anti-HMG1 antibody S6 has been most extensively studied in this model and has reproducibly provided at least 30% protection in numerous experiments (representative cumulative data is represented in Figure 11C).

6.5 Example 6.

HMG1 is Upregulated in Animal Models of Several Inflammatory Conditions

[0335] Serum HMG1 levels have been shown to increase during sepsis/septic shock, in humans. We examined the level of HMG1 protein and/or gene expression in a number of different animal models of inflammatory disease including several arthritis models, acute lung injury and peritonitis. In all models thus far examined we found that HMG1 levels rise with disease progression. In addition, we found that the levels of several cytokines and/or putative HMG1 receptor molecules also rise.

6.5.1 Materials and Methods

[0336] Induction of Inflammatory Disease: Please see below for detailed description for the methods used for the induction of each disease model. The levels of HMG1 and the various cytokines were examined in untreated animals in which disease had been induced and compared to normal animals.

[0337] HMG1 Levels in the Passive CIA Mouse: The front paws of normal or passive CIA mice were collected at day 10, snap frozen in liquid nitrogen and stored at -80°C until assayed. Joint sample and lysis buffer was added to impact-resistant 2 ml tubes pre-filled with specialized lysing matrix A particles (Q biogene). The joint was homogenized with a FastPrep® homogenizer then centrifuged. The supernatant was collected and the HMG1 level was determined by ELISA using MesoScale technology (Meso Scale Discovery). The data shown in Figure 12A are the average of five paws in each group.

[0338] Taqman Analysis of the Active CIA Mouse: The front and hind paws of normal or active CIA mice were collected at day 35, snap frozen in liquid nitrogen and stored at -80°C until assayed. Joint sample and lysis buffer was added to impact-resistant 2 ml tubes pre-filled with specialized lysing matrix A particles (Q biogene). The joint was homogenized with a FastPrep® homogenizer and RNA was prepared from the homogenate using Qiagen's RNase mini kit or RNA STAT-60 according to the manufacture's instructions. All of the recovered RNA was used in a reverse transcriptase reaction with SuperScript™ III and oligo(dT) primer (Invitrogen) for the synthesis of cDNA. 1 μl or 2 μl of the cDNA were used for real time quantitative PCR analysis (TaqMan) using an ABI Prism 7700 or 7000. The relative gene expression of HMGB1 and several putative receptor molecules, RAGE, TLR2, TLR4 and TLR9 were examined in both the hind and front paws separately (Figure 12B). The relative gene expression of several cytokines, IL-1b, IL-6 and TNF-a, were also determined in both the hind and front paws separately (Figure 12C). The gene expression of each molecule in the normal mouse was set to 1, and the relative gene

expression of each molecule is plotted. The numbers under each molecule indicate the values.

[0339] HMGI Levels in the AIA Rat: The hind paws of AIA rats were harvested at day 0, 5, 10, 15 and 20 snap frozen in liquid nitrogen and stored at -80°C until assayed. The AIA joints were processed and assayed using the same protocol as was used for the passive CIA Mouse above. The level of HMGI present in the joint homogenate is plotted over time in Figure 12D (upper right graph). Two key indicators of disease progression, joint inflammation and weight loss are also plotted (upper left and lower left graphs, respectively).

[0340] HMGI and Cytokine Levels in Mouse Sera After *S. Aureus* challenge: Serum from mice challenged with *S. aureus* was collected at 2, 8, and 12 hours post challenge. The levels of HMGI, IL-1b and TNF-a were determined by ELISA using MesoScale technology (Meso Scale Discovery). The levels of HMGI, IL-1b and TNF-a are plotted over time (Figure 12E). Note the different scales used for HMGI and the cytokines (right and left axes, respectively). Mice challenged with galactosamine alone or receiving no challenge did not show a similar increase in HMGI or cytokines (data not shown).

[0341] HMGI Levels in the BAL fluid of the ALI Mouse: BAL fluid from mice challenged with either PBS (control) or LPS (lung injury) were harvested at the indicated times after challenge and the level of HMGI was determined by MesoScale ELISA. The level of HMGI is plotted over time (Figure 12F, left plot). The total cell count present, an indicator of disease progression, is plotted over time as well (Figure 12F, right plot).

[0342] HMGI Levels in the AIA Rat Post Treatment: The hind paws of AIA rats after treatment (see Experiment 9, below) were processed as above and the levels of HMGI, IL-6 and TNF-a were determined by MesoScale ELISA..

[0343] MesoScale ELISA: Briefly, plates were pre-coated with capture antibodies for HMGB1 or cytokines (e.g., IL-1b, TNF-a, IL-6, etc) and blocked with MSD blocker buffer (MSD, Cat#R93AA-1) for 1 hour. Standards (diluted in appropriate sample buffer, for example, normal mouse BAL fluid, serum or joint homogenate) and samples were added to the plate in 20ul volumes. 20ul of a mixture of primary and detection antibodies were added to each well and allowed to incubate at room temperature while shaking for 4 hours. Plates were then washed, read buffer (MSD, Cat #R92TD-2) added and read on Sector Imager 6000. For HMGI detection primary antibody was Affinity Rabbit anti-HMGB1 polyclonal antibody

(Becton Dickinson Biosciences, Cat # 556528) and detection antibody was goat anti-rabbit MSD detection antibody (MSD, Cat # R32AB-1).

6.5.2 Results

[0344] Three arthritis models were examined. In each model HMG1 levels in the joint were seen to rise concurrently with disease progression. In the passive CIA mouse, the level of HMG1 increased about 10 fold by day ten (Figure 12A) when extensive joint inflammation is seen (see below and Figure 13A). In the active CIA mouse the level of HMG1, several cytokine and several receptors known to be involved in inflammatory disease were also seen to rise concurrent with disease progression (Figures 12B-C and 15A). The RAGE receptor showed about a 2-fold increase in both the front and hind paws, the TLR2 and TLR4 receptors showed a modest 2 and 3 fold increase, respectively, in the front paws and a more dramatic 19 and 17 fold increase, respectively, in the hind paws. TLR9 levels only increased in the hind paws (7 fold). The expression levels of the cytokines IL-1b, IL-6 and TNF-a showed a similar trend increasing by 39, 145 and 7 fold, respectively in the front paws and by a more dramatic 247, 361 and 76 fold, respectively in the hind paws. In the AIA rat model HMG1 levels in the joint homogenates rose from undetectable levels to over 200 ng/ml by day 15 when joint inflammation was the most severe (compare Figure 12D, left and right graphs). When inflammation decreased at about day 20, a corresponding decrease in HMG1 levels was also seen.

[0345] Two other disease models were also examined. Figure 12E shows the consistent rise in HMG1 levels over time starting at about 2 hours post challenge in the *S. aureus* model of peritonitis. The levels of TNF-a and IL-6 rise sharply immediately after challenge, with the level of TNF-a peaking at 2 hours, dropping and then rising again at about 9 hour post challenge. IL-6 levels peak at about 2 hours and then generally hold steady with only a slight increase after that. In an mouse model of acute lung injury HMG1 levels in BAL fluid were seen to rise from undetectable levels to over 1500 ng/ml by 48 hour post LPS challenge (Figure 12F, left graph). This rise in HMG1 levels correlates with the increase in cellular infiltrate (total cell numbers) present in the BAL fluid from LPS challenged mice (compare Figure 12F left and right graphs). HMG levels were undetectable in the BAL fluid from mice challenged with PBS buffer (Figure 12F left graph). These studies indicate that the level of HMG1 increases with disease progression in a number of inflammatory disease models including three arthritis models an acute lung injury model and a peritonitis model.

Several human anti-HMG1 antibodies were chosen for further study in these models to demonstrate that anti-HMG1 antibodies are useful in other inflammatory diseases associated with an increase in HMG1 levels.

[0346] We also examined the levels of HMG1, IL-6 and TNF- α in the joints of AIA rats after treatment with either PBS, a human isotype control (HuIgG), G4, A-box-Fc fusion and methotrexate (MTX) in combination with either HuIgG or Renbrel or G4. Figure 12 G shows the level of HMG1 (top left) and IL-6 (bottom left) after each treatment. Treatment with HuIgG or A-box-Fc did not significantly reduce the levels of HMG1 or IL-6. G4 alone, and MTX in combination with either HuIgG or Renbrel showed similar reductions in the levels of HMG1 and IL-6 however, the combination of MTX and G4 reduced the levels to normal. G4 also significantly reduced the level of TNF- α although MTX + HuIgG showed more of a reduction for this cytokine (Figure 12G, top right).

6.6 Example 7.

15 **Anti-HMG1 Antibodies Inhibit The Severity of Disease Progression in the Passive Collagen-Induced Arthritis (CIA) Mouse Model**

[0347] To demonstrate that a human antibody against HMG1 was a useful therapeutic we tested a panel of human anti-HMG1 antibodies to treat collagen-induced arthritis in a passive mouse model. For this series of experiments we utilized a prevention model in which treatment is initiated prior to the onset of clinical arthritis. In this study we directly compared the efficacy of anti-HMG1 antibodies with that of known treatment protocols, either Renbrel (an accepted Enbrel™ surrogate molecule for use in rodent model systems) alone or the combination of Renbrel™ and methyltrexate (MTX).

[0348] We demonstrate here, for the first time, that an antibody against HMG1 demonstrated efficacy in a prevention in a passive CIA mouse RA model. In fact, the anti-HMG1 antibody G4 was shown to be more effective than Renbrel alone while the anti-HMG1 antibody S6 was more effective than even MTX/Renbrel therapy in reducing paw inflammation and in reducing bone loss and cartilage damage.

6.6.1 Materials and Methods

[0349] Induction of Passive Collagen Induced Arthritis (CIA): To establish an arthritis model six-eight week old male DBA/1J mice (Jackson Labs, Bar Harbor, Maine) were used. Generally 5-8 mice per group are used, On day 0, mice were immunized with 2 mg/mouse of anti-collagen mAb cocktail (Chemicon # ECM1100, 10 mg/ml) intravenously,

midfoot=3, digits=4 (clinical score=10 units) We would repeat this for each paw and sum the scores. Mice are euthanized at day 14, or sooner if total clinical score reaches 40 and a histological evaluation of joints is performed.

[0351] *Histology*: Hind-limb tibiotalus joints from each animal were evaluated and scored for histologic changes as described in Badger et al., 2001, *Arthritis & Rheumatism* 44:128-37. Briefly, animals were sacrificed on day 32 and the hind legs were fixed in formaline and decalcified in Cal-Rite (Richard-Allen Scientific, Kalamazoo, MI). The paws were then removed from the legs at the distal tibial diaphysis. After routine processing, the samples were embedded and coronal sections were cut in the plane midway through the tibiotalus and talartarsal joints. Sections were stained with Safranin O and counterstained with fast Green (data not shown).

[0352] The histological characteristic of the bone and articular cartilage/periarticular soft tissue were scored separately by a blinded observer (Figures 13B and 13C). The bone was graded as follows: 0=normal, 1=subperiosteal fibrosis with periosteal woven bone formation, 2=Marrow inflammation, endosteal and trabecular bone resorption, 3=extensive inflammation, 4=marrow replaced by granulation tissue, little trabecular bone remaining, extensive obliteration of cortical contours. The cartilage/synovium was graded as follows: 0=normal, 1=mild lymphocytic inflammation in synovium and surrounding tissues, 2=synovial fibrosis and edema, partial lymphocytic infiltration of the joint space, minor pannus erosion of the cartilage, 3=extensive infiltration of joint space, peripheral and subchondral cartilage erosion, extensive fibrosis of soft tissue with regional necrotic liquifaction.

6.6.2 Results

[0353] Several experiments were performed to demonstrate that treatment with HMG1 antibodies could prevent or reduce disease severity in the passive CIA mouse model. In experiment 1 mice were treated with anti-HMG1 antibody S6 or G16 (0.2 mg/mouse) starting on day 3 after mice had been injected with LPS. Mice received a total of 6 doses over a thirteen day period. At the same time control mice received either human mAb (0.2 mg/mouse). A final group received a combination therapy of MTX (0.2 mg/mouse, 4 doses over a twelve day period) and Renbrel (0.2 mg/mouse, 2 doses over a ten day period). The development of arthritis was assessed daily after the initial treatment. The graphs in Figure 13A shows the paw inflammation scores for each of the treatment groups over the course of

the study. Figure 13B shows the total histological scores for bone, cartilage and inflammation for the prevention model of CIA. It is important to note that in this model the fore paws are a more predictable indicator of disease state as the hind paws can be variably affected. Figure 13C is the histological scores for bone, cartilage and inflammation for just the fore paws alone. The administration of human IgG had no effect on the development of arthritis. However, the anti-HMG1 S6 antibody treated animals have greatly reduced bone, cartilage and total inflammation scores compared to the control animals. Strikingly, the animals treated with the anti-HMG1 S6 antibody did significantly better than those treated with the MTX/Renbrel combination therapy (Figure 13B and 13C).

10 [0354] Another clinical feature of disease progression is weight loss. The relative body weight scores for the control animal show a net decrease during the course of the study. Although the clinical scores for the mice treated with anti-HMG1 S6 antibody showed significant protection, this group of animals also showed a net decrease in bodyweight. However the anti-HMG1 S6 antibody treated animals did not lose as much as the control group. The MTX/Renbrel treated animals also showed a net decrease in bodyweight early in the study however they had caught up with untreated animals by the end (Figure 13D). These results demonstrate that anti-HMG1 antibodies can effectively protect against joint damage and other symptoms when administered prior to the onset of disease. In particular, these results indicate that anti-HMG1 S6 antibody treatment had a profound effect in diminishing the disease severity in CIA mice. It should be noted that this experiment may not be representative of the protective effect of S6 in an arthritis model. While anti-HMG1 S6 antibody treatment has repeatedly shown excellent protection in the mouse CLP model of sepsis (see Example 5 above) the results have been more variable in arthritis models. This variability may reflect differences in antibody preparations, the animal models, antibody pharmacokinetics and other similar parameters.

25 [0355] In experiments 2 and 3 mice were treated with the anti-HMG1 antibody G4 (10 mg/kg) starting on day 3 after mice had been injected with LPS. Mice received a total of 6 doses over a thirteen day period in experiment 2 and a total of 4 doses over the same time period in experiment 3. At the same time control mice received either human mAb (10 mg/kg) or PBS. In experiment 2 final group received Renbrel (dosing was the same as for G4). The development of arthritis was assessed daily after the initial treatment. The graphs in Figure 14A-B shows the paw inflammation scores over the course of the study. It is clear from experiment 2 (Figure 14A) that the anti-HMB1 antibody G4 is more effective than

Renbrel alone at reducing paw inflammation (right panel). The data from experiment 3 (Figure 14B) show that the anti-HMB1 antibody G4 can be administered less frequently as still paw inflammation. The G4 antibody repeatedly provided significant protection in this and several other models of arthritis (see Examples 8 and 9 below).

5 6.7 Example 8.

Anti-HMG1 Antibodies Inhibit The Severity of Disease Progression in the Active Collagen-Induced Arthritis (CIA) Mouse Model

[0356] To demonstrate that a human antibody against HMG1 was a useful therapeutic we tested a panel of anti-HMG1 antibodies to treat active collagen-induced arthritis in a mouse model. For this series of experiments we utilized a prevention model in which treatment is initiated prior to the onset of clinical arthritis. In this study we compared the efficacy of anti-HMG1 antibodies with that of Renbrel.

[0357] We demonstrate here, for the first time, that an antibody against HMG1 demonstrated efficacy in reducing paw inflammation and weight loss in an active CIA mouse RA model. In fact, the anti-HMG1 antibody G4 was shown to be more effective than Renbrel alone in reducing paw inflammation.

6.7.1 Materials and Methods

[0358] Induction of Active Collagen Induced Arthritis (CIA): Six-eight week old male DBA/1J mice (Jackson Labs, Bar Harbor, Maine) were used. On day 0, isoflurane anesthetized animals were given an intradermal injection, at base of tail, of 200 µg bovine Type II collagen (CII) dissolved in 50 µl 0.1 N acetic acid and emulsified with an equal volume of complete Freund's adjuvant (Chondrex, Redmond, WA). Three weeks later on day 21 they were given a second similar intradermal injection of 100 µg of CII dissolved in 25 µl 0.1N acetic acid and emulsified with an equal volume of incomplete Freund's adjuvant (Difco, Detroit, MI).

[0359] Monitoring Disease: Beginning at day 14 all animals were observed daily to assess the status of the disease in their paws, which was done by assigning a qualitative clinical score to each of the paws. Every day, each animal has its 4 paws scored according to its state of clinical disease. The scoring is done by two observers, with at least one blinded. In addition, each mouse is weighed, to follow body weight changes, at the same time the paws are scored.

Grading scales for the ankle/wrist/midfoot/forfoot are as follows:

0=Normal

2=severe swelling

1=definite swelling

3=maximally severe swelling and non-weight bearing

The grading scale for the 4 lateral digits of each paw are graded as involved or not involved, i.e., 1 or 0. For example, a maximally involved left rear paw would be scored: ankle=3, midfoot=3, digits=4 (clinical score=10 units) We would repeat this for each paw and sum the scores. Mice are euthanized at day 36, or sooner if total clinical score reaches 40 and a histological evaluation of joints is performed.

6.7.2 Results

[0360] We examined whether treatment with human anti-HMG1 antibodies could prevent or reduce disease severity CIA in an active CIA model. Mice were treated with either anti-HMG1 antibody G4, an isotype control antibody or Renbrel at 10 mg/kg, every three days starting on day 21. The development of arthritis was assessed daily. The graphs in Figure 15A show the paw inflammation scores for each of the treatment groups over the course of the study. The administration of human IgG had no effect on the development of arthritis. However, the anti-HMG1 G4 antibody treated animals have greatly reduced inflammation scores compared to the control animals. Strikingly, the animals treated with the anti-HMG1 G4 antibody did significantly better than those treated with Renbrel therapy (Figure 15 compare left and right panels).

[0361] Another clinical feature of disease progression in this model is weight loss. The relative body weight scores for the control animal show a net decrease during the course of the study. Although the clinical scores for the mice treated with anti-HMG1 G4 antibody showed significant protection, this group of animals also showed a net decrease in bodyweight. However the anti-HMG1 G4 antibody treated animals did not lose as much as the control group. These results demonstrate that anti-HMG1 antibodies can effectively protect against joint damage and other symptoms when administered prior to the onset of disease. In particular, these results indicate that anti-HMG1 G4 antibody treatment had a profound effect in diminishing the disease severity in the active CIA mouse model.

6.8 Example 9.

Anti-HMG1 Antibodies Inhibit The Severity of Disease Progression in the Adjuvant-Induced Arthritis (AIA) Rat Model

[0362] We further tested the human anti-HMG1 antibody G4 in the Adjuvant-Induced Arthritis (AIA) Rat Model. For this series of experiments we utilized a prevention

model in which treatment is initiated prior to the onset of clinical arthritis. In this study we compared the efficacy of anti-HMG1 antibodies with that of Renbrel.

[0363] We demonstrate here, for the first time, that an antibody against HMG1 (G4) demonstrated efficacy in reducing paw inflammation in the AIA Rat RA model. In fact, the anti-HMG1 antibody G4 was shown to be more effective than Renbrel alone in reducing paw inflammation. An approximately 34% reduction in clinical scores was seen for the anti-HMG1 G4 animals while only an approximately 11% reduction was seen for the Renbrel treated animals. In addition we demonstrate that the combination of methotrexate and G4 was more effective at reducing paw inflammation scores than a combination of methotrexate and Renbrel.

6.8.1 Materials and Methods

[0364] Induction of Adjuvant Induced Arthritis (AIA): Six-eight week old female DA rats (Harlan) were used. On day 0, isoflurane anesthetized animals were given an intradermal injection, at base of tail, 0.75 mg of mycobacterium butyricum (Difco #0640-33-7) mixed in 100 μ l incomplete Freund's adjuvant (Difco, Detroit, MI). The following treatments were administered as shown in Table 5.

Table 5. Treatment Groups for AIA Rat Model

Group No.	Test Material	Dose	Total Animals
1	Normal		6
2	PBS		6
3	HuIgG (R3-47)	10 mg/kg	6
4	MTX+HuIgG (R3-47)	0.8 mg/kg MTX 10 mg/kg HuIgG	6
5	Renbrel Alone	2.5 mg/kg	6
6	MTX+Renbrel	0.8 mg/kg MTX 2.5 mg/kg Renbrel	6
7	Anti-HMGB1 (G4)	10 mg/kg	6
8	MTX + Anti-HMGB1mAb (G4)	0.8 mg/kg MTX 10 mg/kg G4	6
9	A-Box/Fc	10 mg/kg	6

[0365] The human anti-HMG1 antibody G4, the A-box-Fc fusion and the huIgG isotype control were administered at 10 mg/kg, every 3 days, day 0-15. Methotrexate was

administered at 0.8 mg/kg, every 6 days, day 0-15 and Renbrel was administered at either 2.5 mg/kg every two days, day 0-15 for treatment group 5 or at 4 mg/kg, every 3 days, day 0-15 for treatment group 6.

[0367] *Monitoring Disease:* Beginning at day 6 all animals were observed daily to assess the status of the disease in their paws, which was done by assigning a qualitative clinical score to each of the paws. Every day, each animal has its 4 paws scored according to its state of clinical disease. The scoring is done by two observers, with at least one blinded. In addition, each mouse is weighed, to follow body weight changes, at the same time the paws are scored.

10 Grading scales for the ankle/wrist/midfoot/forfoot are as follows:

0=normal	1=barely perceptible swelling
2=definite swelling but not severe	3=severe swelling
4=maximally severe swelling and non weight bearing	

The joints of the 4 lateral digits of each paw are graded as involved or not involved, i.e., 1 or 0. For example, a maximally involved left rear paw would be scored: ankles=4, midfoot=4, MTP=4, PIP=4, DIP=4 (20 units). We would repeat this for each paw and sum the scores. Rats are euthanized at day 21, or sooner if total clinical score reaches 80 and a histological evaluation of joints is performed.

6.8.2 Results

20 [0368] We determined that the human anti-HMG1 antibody G4 could prevent or reduce the severity of AIA in rats. AIA rats were treated with either PBS, anti-HMG1 antibody G4, an isotype control antibody (HuIgG) at 10 mg/kg, every three days or Renbrel at 2.5 mg./kg, every two days starting on day 21. In addition, AIA rats were treated with methotrexate in combination with several other therapies including Renbrel, G4 or HuIgG.

25 AIA rats were also treated with an HMG1 A-box-Fc fusion protein. The development of arthritis was assessed daily. The graphs in Figure 16A show the paw inflammation scores for each of the antibody or Renbrel alone treatment groups as well as the PBS and normal control groups over the course of the study. The administration of human IgG had no effect on the development of arthritis. However, the anti-HMG1 G4 antibody treated animals have greatly

30 reduced inflammation scores compared to the control animals. Strikingly, the animals treated with the anti-HMG1 G4 antibody did significantly better than those treated with Renbrel therapy alone (Figure 16A compare left and right panels). An approximately 30%

reduction in clinical scores was seen for the anti-HMG1 G4 animals while only an approximately 25% reduction was seen for the Renbrel treated animals.

[0369] The graphs in Figure 16B show the paw inflammation scores over time for the combination therapy treatment groups for comparison the antibody alone and HMG1 A-box-
 5 Fc fusion protein treatment groups are also included. The A-Box-Fc fusion protein alone reduced inflammation scores but was less effective than G4 alone. The combination of and Renbrel reduced inflammation scores compared to G4 alone. The MTX was likely the largest contributor to this reduction as the combination of MTX and the HuIgG control antibody showed a similar reduction in inflammation as the MTX/Renbrel combination. However, the
 10 combination of MTX and G4 was even more effective than even the MTX/Renbrel combination, reducing inflammation scores to nearly normal. The reduction in paw inflammation scores seen for the various treatment groups correlated with a reduction in the levels of HMG1, IL-6 and TNF- α seen in the joint of AIA rats (see Figure 12G).

6.9 Example 10

15 **Anti-HMG1 Antibodies Improve Survival in the *S. aureus* Mouse Model of Peritonitis**

[0370] We also tested several human anti-HMG1 antibody in a severe mouse model of peritonitis where the serum levels of HMG1 were seen to rise (see above). Here we demonstrate that treatment with a human anti-HMG1 antibody improves survival by nearly 30% over controls.

20 **6.9.1 Materials and Methods**

[0371] Induction of Peritonitis: Four-six week old female BALB/c mice were used. An initial study with mice challenged i.p. with heat inactivated *S. aureus* premixed with galactosamine demonstrated that the LD₁₀₀ was between 1×10^7 and 1×10^9 cells (data not shown). For determination of HMG1 levels on day 0 approximately 10^9 heat inactivated *S.*
 25 *aureus* (strain 8325-4) cells premixed with 20 mg of galactosamine or galactosamine alone in a 200 μ l volume of PBS was administered i.p. A third group of animals was not challenged. Animals were euthanized at 2, 8, and 12 hours after challenge by CO₂ inhalation and blood was collected by cardiac puncture. For the antibody treatment studies on day 0 approximately 10^9 heat inactivated *S. aureus* (strain 8325-4) cells premixed with 20 mg of
 30 galactosamine were administered i.p. in a 200 μ l volume and the following treatments were administered i.p. in a 100 μ l volume 30 minutes prior to challenge as shown in Table 6.

Table 6. Treatment Groups for Peritonitis Model

Group No.	Test Material	Dose 1xLD ₁₀₀	Dose Galactosamine	Treatment	Treatment Time	Total Animals
A	S. aureus	1×10 ⁹	20 mg	none		30
B	none	none	20 mg	none		15
C	none	none	none	none		7
1	S. aureus	1×10 ⁹	20 mg	PBS	-30 mins.	10
2	S. aureus	1×10 ⁹	20 mg	R347 200ug	-30 mins.	10
3	S. aureus	1×10 ⁹	20 mg	G4-12-3 200ug	-30 mins.	10

[0372] Monitoring Disease: Starting on day 1 and continuing through day 14 the animals were observed daily for signs of morbidity (severely decreased mobility, ruffled fur, and/or loss of > 20% of highest body weight) and mortality. The animals were also weighed 2x weekly. Animals showing signs of significant morbidity were euthanized. On day 15 all surviving animals were euthanized (euthanized sooner if significant morbidity observed).

6.9.2 Results

[0373] Human anti-HMG1 antibodies were also tested in a severe gram-positive bacterium induced septicemia model in which mice were challenged with a lethal dose of heat inactivated *S. aureus*. In this model none of the mice treated with either PBS or the antibody isotype control (R347) survived. In contrast 27% of the mice treated with the human antibody against HMG1 G4 survived (Figure 17) and 8% of the mice treated with E11 survived (data not shown). Differences in mortality were seen as early as 24 hours after treatment and continued over the course of the study. These data support the CLP studies (see above) and indicate that human anti-HMG1 antibodies are useful for the treatment of sepsis induced by a wide range of pathogenic organisms.

6.10 Example 11

Anti-HMG1 Antibodies Reduce Cellular Infiltration Associated with Acute Lung Injury

[0374] Two human anti-HMG1 antibodies, were tested in the lipopolysaccharide (LPS) induced acute lung injury (ALI) mouse model. Here we demonstrate for the first time that treatment with a human anti-HMG1 antibody reduces total cellular infiltration by approximately 40% compared to controls (Figure 18).

6.10.1 Materials and Methods

[0375] Induction of LPS-induced ALI: LPS (*E. coli* strain 0111:B4...Sigma, St. Louis, MO) was administered intranasally to isoflurane (Baxter Pharmaceuticals, Deerfield, IL)

anesthetized adult BALB/c mice on day 1 at a dose of 5-10ug per mouse in 50-100 μ l. For determination of HMG1 levels animals were euthanized by CO₂ asphyxiation at 4, 8, 24, 32 and 48 hours post LPS administration, and BronchoAlveolar Lavage (BAL) and other samples collected for protein analysis and histopathology. For treatment protocols 24 hours post LPS dosing, anti-HMGB1 antibodies, HMG1 A-box Fc fusion or controls were administered intraperitoneally (i.p.) at a dose of 10 mg/kg in 100ul volumes. On day 3 (48h post LPS dosing), animals were euthanized by CO₂ asphyxiation and samples (BALs, blood, and lungs) collected for analysis.

[0376] *BAL Sample Collection*: lungs were flushed three times with ~0.8ml Phosphate buffered saline (PBS, pH 7.2, GIBCO, Rockville, MD) using a syringe with a catheter tubing. BAL samples collected were centrifuged at 1,200rpm for 10min at 4C, supernatant collected and stored at -80C for protein (eg. HMGB1) quantitation, and cells in pellet were resuspended and transferred to cytoslides, fixed, GIEMSA stained, and BAL cellularity determined visually with the aid of a microscope.

6.10.2 Results

[0377] Human anti-HMG1 antibodies were tested in an acute lung injury model induced by intranasal administration of LPS. In this model the HMG1 A-box, a known competitive inhibitor of HMG proinflammatory action, only reduced infiltration by about 23% compared to controls. In contrast G4 and E11 were seen to reduce the total cellular infiltrate present in the BAL fluid by 37%-40% compared to controls, demonstrating that anti-HMG1 antibodies are useful for the treatment of acute lung injury.

6.11 Example 12.

HMGB1 Staining Patterns in Multiple Sclerosis (MS) Plaques

[0378] HMGB staining patterns were examined in MS plaques from human brain tissue using the G16 human anti-HMGB antibody. Plaques with demyelination and numerous activated microglia as well as plaques with predominantly demyelination, few activated microglia and numerous lymphocytes were examined. Figure 19A shows the low level of background staining in Plaques with demyelination and numerous activated microglia using an isotype control antibody. HMGB1 was detected in the cytoplasm of microglia by human mAb G16 in human brain tissue from MS patients. Plaques with demyelination and numerous activated microglia show extensive staining in the cytoplasm of microglia and in the interstitial of the demyelination (Figure 19B). In contrast, plaques with

predominantly demyelination, few activated microglia and numerous lymphocytes showed little or no staining (Figure 19C) when probed with the human mAb G16. These results reinforce the critical role of HMGB1 as an extracellular modulator of inflammation, and indicate that HMGB1 is likely involved in the inflammatory process of MS.

5 **[0379]** While the foregoing invention has been described in some detail for purposes of clarity and understanding, it will be clear to one skilled in the art from a reading of this disclosure that various changes in form and detail can be made without departing from the true scope of the invention. For example, all the techniques and apparatus described above may be used in various combinations. All publications, patents, patent applications, or other
10 documents cited in this application are incorporated by reference in their entirety for all purposes to the same extent as if each individual publication, patent, patent application, or other document were individually indicated to be incorporated by reference for all purposes. In addition, U.S. Provisional Patent Application Nos.: 60/620,726 filed October 22, 2004; 60/651,512 filed February 10, 2005; 60/658,572 filed March 7, 2005; 60/662,944 filed March
15 18,2005 and 60/713,712 filed September 6, 2005, are incorporated by reference in their entirety for all purposes.

DEMANDE OU BREVET VOLUMINEUX

LA PRÉSENTE PARTIE DE CETTE DEMANDE OU CE BREVET COMPREND PLUS D'UN TOME.

CECI EST LE TOME 1 DE 2
CONTENANT LES PAGES 1 À 121

NOTE : Pour les tomes additionels, veuillez contacter le Bureau canadien des brevets

JUMBO APPLICATIONS/PATENTS

THIS SECTION OF THE APPLICATION/PATENT CONTAINS MORE THAN ONE VOLUME

THIS IS VOLUME 1 OF 2
CONTAINING PAGES 1 TO 121

NOTE: For additional volumes, please contact the Canadian Patent Office

NOM DU FICHER / FILE NAME :

NOTE POUR LE TOME / VOLUME NOTE:

We claim:

1. An isolated antibody that specifically binds a human HMGB1 polypeptide or antigenic
5 fragment thereof, wherein said antibody binds said human HMGB1 polypeptide or
antigenic fragment thereof with a dissociation constant (K_d) of equal to or less than 39
nM.
2. The antibody claim 1, wherein said antibody binds said human HMGB1 polypeptide or
10 antigenic fragment thereof with a dissociation constant (K_d) between 22 nM and 39 nM.
3. The antibody of claim 1, wherein said antibody specifically binds a polypeptide
comprising the human HMGB1 B box.
- 15 4. The antibody of claim 1, wherein said antibody specifically binds a polypeptide
consisting of the human HMGB1 B box.
5. The antibody of claim 3, wherein said human HMGB1 B box is selected from the group
consisting of: SEQ ID NO:3; SEQ ID NO:28; and SEQ ID NO:29.
- 20 6. The antibody of claim 1, wherein said antibody specifically binds a polypeptide
consisting essentially of the human HMGB1 A box of SEQ ID NO:4.
7. The antibody of claim 1, wherein said antibody specifically binds a polypeptide
25 consisting of the human HMGB1 A box of SEQ ID NO:4.
8. The antibody of claim 1, wherein said antibody is a selected from the group consisting of:
a monoclonal antibody, a humanized antibody; a chimeric antibody; a single-chain Fv
30 (scFv); an Fab fragment; an F(ab') fragment; an intrabody; and a synthetic antibody.
9. The antibody of claim 1, 2, 3, 4, 5, 6, 7, or 8 wherein said antibody is a human antibody
or an antigenic binding fragment thereof.

10. The antibody of claim 1, wherein said antibody has a pI of between 6.5 and 9.5.
11. The antibody of claim 1, wherein said antibody has a T_m of between 65 degrees Celsius
5 and 95 degrees Celsius.
12. The antibody of claim 9, wherein said antibody inhibits the release of a proinflammatory cytokine from a vertebrate cell treated with high mobility group (HMG) protein.
- 10 13. The antibody of claim 1, wherein said antibody when administered to a mouse is at least 30% protective in a mouse CLP sepsis model.
14. The antibody of claim 1, wherein said antibody when administered to a rodent is at least
15 30% protective in at least one rodent arthritis model.
15. The antibody of claim 14, wherein the rodent arthritis model is selected from the group consisting of the mouse passive collagen-induced arthritis model, the mouse active collagen-induced arthritis model and the rat adjuvant-induced arthritis model.
- 20 16. The antibody of claim 1, wherein said antibody when administered to a mouse is at least 30% protective in a mouse peritonitis model.
17. A method of producing the antibody of claim 1.
- 25 18. An antibody composition comprising the antibody of claim 1.
19. A method for treating a condition characterized by activation of the inflammatory cytokine cascade, comprising administering a therapeutically effective amount of at least one antibody of claim 1.
- 30 20. A method for treating rheumatoid arthritis comprising administering a therapeutically effective amount of at least one antibody of claim 9.

21. A method of diagnosing, prognosing or monitoring the efficacy of therapy for a condition characterized by activation of the inflammatory cytokine cascade, comprising: a) contacting a biological sample with the antibody of claim 1 under conditions for appropriate antibody-HMGB binding; and b) detecting bound HMGB in said biological sample.
- 5
22. An antibody selected from the group of deposited antibodies consisting of: S2, S6, S16, and G4.
- 10 23. An antibody that binds the same epitope as a deposited antibody of claim 22, wherein said deposited antibody has equal or greater affinity for an HMG1 polypeptide.

1/54

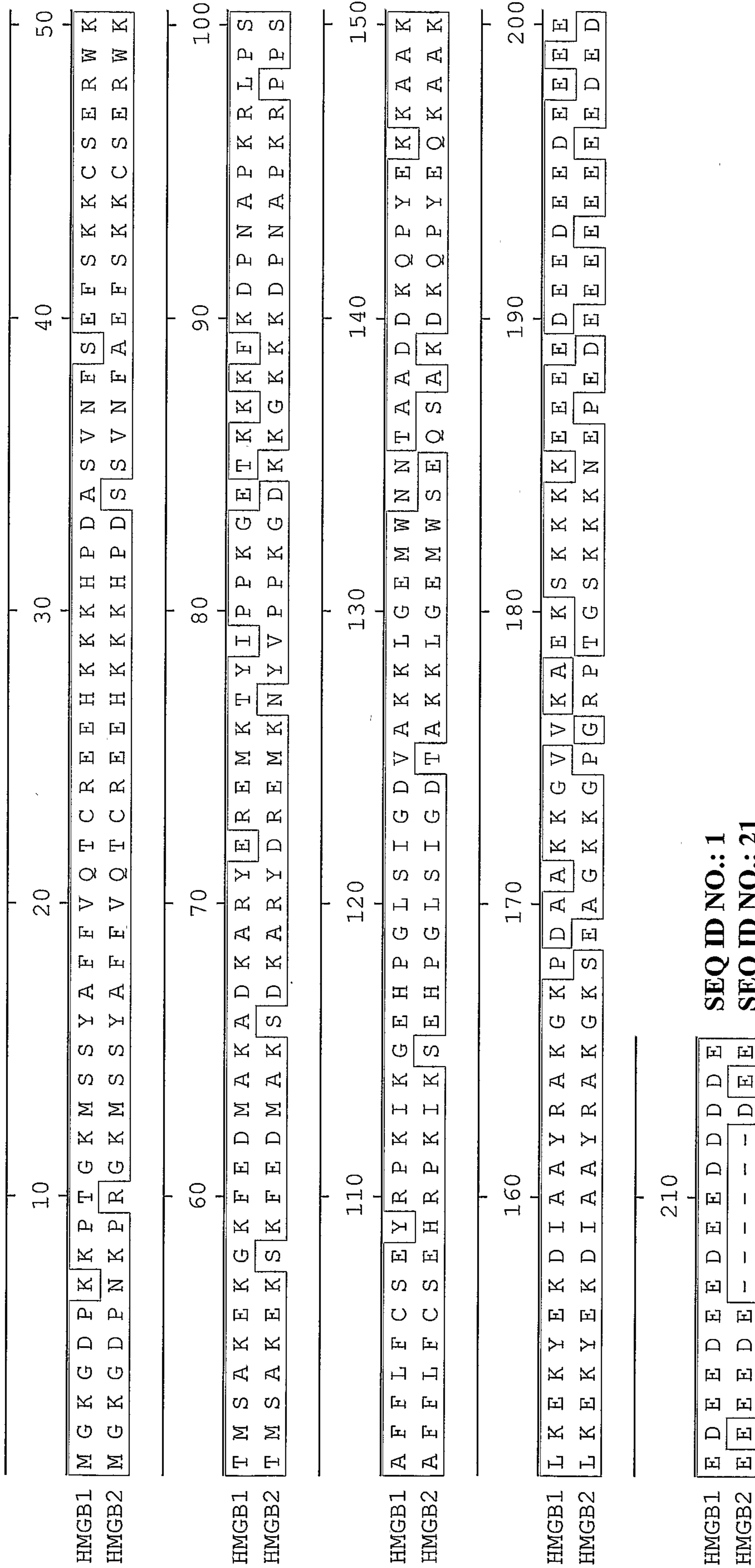


Fig. 1

2/54

SEQ ID NO:

6 GCACAAGACATCCAGATGACCCAGTCTCCAGACTCCCTGGCTGTGTCTCTGGCCGAGAGGGCCACCATCAACTGCAAGTCCAGCC 85

5 A Q D I Q M T Q S P D S L A V S L G E R A T I N C K S S CDR1 170

AGAGTGTTTATACAGCTCCAACAATAAGAACTACTTAGCTTGGTACCAGCAGAAACCAGGACAGCCTCCTAAGCTGCTCATTTA

Q S V L Y S S N K N Y L A W Y Q Q K P G Q P K L L I Y CDR2 255

CTGGGCATCTACCCGGGAATCCGGGTCCTGACCGATTTCAGTGGCAGCGGGTCTGGGACAGATTTCACTCTCACCATCAGCAGC

W A S T R E S G V P D R F S G S G S G T D F T L T I S S CDR3 340

CTGCAGGCTGAAGATGTGGCAGTTTATTACTGTACGCAATATTATAGTACTCCTCGGACGTTCCGGCCCAAGGGACCAAGGTGGAAA

L O A E D V A V Y Y C Q Q Y Y S T P R T F G Q G T K V E

TCAA 345

I K

Fig. 2A

3/54

SEQ ID NO:

8 GAAGTTCAATTGTTAGAGTCTGGTGGCGGCTCTTGTTCAGCCCTGGTGGTCTTTACGTCITTTCTTGCGCTGCTTCCGGATTCACTTTCTCTCT 90

7 E V Q L L E S G G L V Q P G G S L R L S C A A S G F T F S
 GGTACATGATGGTTTGGGTTCCGCCAAGCTCCTGGTAAAGGTTTGGAGTGGGTTTCTCGTATCTCTCCCTTCTGGTGGCCAGACTGGTTAT 180

G Y M M V W V R Q A P G K G L E W V S R I S P S G G Q T G Y
 CDR1

GCTGACTCCGTTAAAGGTCGCTTCACTATCTCTAGAGACAACTCTAAGAATACTCTCTACTTGCAGATGAACAGCTTAAGGGCTGAGGAC 270

A D S V K G R F T I S R D N S K N T L Y L Q M N S L R A E D
 CDR2

ACGGCCGTGATTACTGTGCGAGAGAAGAGGGTGGGAGCTACGGGGCTTTTGATATCTGGGGCCAAGGGACAA TGGTCACCGTCTCAAGC 360

T A V Y Y C A R E E G G S Y G A F D I W G Q G T M V T V S S
 CDR3

Fig. 2B

4/54

SEQ ID NO:
 10 GCACAAGACATCCAGATGACCCAGTCTCCATCCCTGCTGTGATCTGTAGGAGACAGAGTACCATCACTTGCCGGGCAAGTCAGAGC 90
 9 A Q D I Q M T Q S P S S L S A S V G D R V T I T C R A S Q S
 Extra
 ATTAGCAGCTATTTAAATTGGTATCAGCAGAAACCAGGGAAAGCCCTAAACTCCTGATCTATGCTGCATCCAGTTTGCAAAGTGGGGTC 180
 I S S Y L N W Y Q Q K P G K A P K L L I Y A A S S L Q S G V
 CDR1
 CCCTCAAGGTTTCAGTGGCAGTGGATCTGGGACAGATTTCACTCTCACCATCAGCAGTCTGCAACCTGAAGATTTTGCAACTTACTACTGT 270
 P S R F S G S G T D F T L T I S S L Q P E D F A T Y Y C
 CAACAGAGTTACAGTACCCCTCGGACGTTTCGGCCCAAGGGACCAAGGTGGAAATCAAA 357
 Q Q S Y S T P R T F G Q G T K V E I K
 CDR3

Fig. 2C

5/54

SEQ ID NO: 12 GAAGTTCAATTGTAGAGTCTGGTGGCGGCTTTGTTTCAGCCCTGGTGGTCTTTACGTCCTTTCTTGCGCTGCTTCCGGATTCACCTTTCTCT 90

11 E V Q L L E S G G L V Q P G G S L R L S C A A S G F T F S
 TGGTACGATATGCTTGGGTTCCGCAAGCTCCCTGGTAAAGGTTTGGAGTGGGTTTCTCGTATCTCTCCTTCTGGTGGCTATACATATGTAT 180

W Y D M S W V R Q A P G K G L E W V S R I S P S G G Y T M Y
 CDR1

GCTGACTCCGTTAAAGGTCGCTTCACTATCTCTAGAGACAACCTCTAAGAACTCTCTACTTGCAGATGAACAGCTTAAGGGCTGAGGAC 270

A D S V K G R F T I S R D N S K N T L Y L Q M N S L R A E D
 CDR2

ACGGCCGTGATTACTGTGCGAGACTCGAGGTGGAGCTACTTCGGGGGTACGGCTTTTGATATCTGGGGCCAAAGGGACAATGGTCACC 360

T A V Y Y C A R L E V G A T S G G T A F D I W G Q G T M V T
 CDR3

GTCTCAAGC 369

V S S

Fig. 2D

6/54

SEQ ID NO:
 14 GCACAAGACATCCAGATGACCCAGTCTCCAGACACCCCTGTCTTGTCTCCAGGGGAAAGAGCCACCCTCTCCTGCAGGGCCAGTCAGAGTGTTAACAGCA 100
 13 A Q D I O M T Q S P D T L S L S P G E R A T L S C R A S Q S V N S
 Extra CDR1
 GGA ACTTAGCCTGGTACCAGCAGAAACCTGGCCAGGCTCCAGGCTCGTCATCTATGGTGCATCCACCAGGGCCACTGGCATCCCCAGACAGGTTTCAGTGG 200
 R N L A W Y Q Q K P G Q A P R L L I Y G A S T R A T G I P D R F S G
 CDR1 CDR2
 CAGTGTATCTGGGACAGAAATTCACCTCTCACCATCAGCAGCCTGCAGCCTGATGATTTTGGCAACTTATTACTGCCAGCAATATAACAGTTATTTCACTTTT 300
 S V S G T E F T L T I S S L Q P D D F A T Y Y C Q Q Y N S Y F T F
 CDR3
 GGCAGGGGACCAAGCTGGAGATCAAA 327
 G Q G T K L E I K

6

Fig. 2E

7/54

SEQ ID NO:

16 GAAGTTCAATTGTAGAGTCTGGTGGCGGCTTTGTTTCAGCCCTGGTGGTCTTTACGTCTTTCTTGGCGCTGCTTCCGGATTCACTTTCTCT 90

15 E V Q L L E S G G L V Q P G G S L R L S C A A S G F T F S
 TGGTACTCTATGCTTTGGGTTCCGCAAGCTCCTGGTAAAGGTTTGGAGTGGGTTTCTTATATCTCTCCTTCTGGTGGCTTTACTAATTAT 180

W Y S M L W V R Q A P G K G L E W V S Y I S P S G G F T N Y
 CDR1

GCTGACTCCGTTAAGGTCGCTTCACTATCTCTAGAGACAACCTCTAAGAACTCTCTACTTGCAGATGAACAGCTTAAGGGCTGAGGAC 270

A D S V K G R F T I S R D N S K N T L Y L Q M N S L R A E D
 CDR2

ACGGCCGTGATTACTGTGGAGGTGGGACTAACACAGTGGCTGGTACTATGACCCACTGGGGCCAGGGCACCCCTGGTCAACCGTCTCAAGC 360

T A V Y Y C A R W D Y N S G W Y Y D H W G Q G T L V T V S S
 CDR3

Fig. 2F

8/54

SEQ ID NO:

18 GCACAAGACATCCAGATGACCCAGTCTCCAGGCACCCCTGTCTTGTCTCCAGGGGAAGGAGCCACCCCTCTCCTGCAGGGCCAGTCAGAGTGTTAGCAGCA 100

17 A Q D I Q M T Q S P G T L S L S P G E G A T L S C R A S Q S V S S
 Extra CDR1

CCTACTTAGCCTGGTACCAGCAGAAACC TGGCCAGGCTCCAGGCTCCTCATCTATGAAGCGTCCAAGAGGGCCACAGGCCACCCAGCCAGGTTTCAGTGG 200

T Y L A W Y Q Q K P G Q A P R L L I Y E A S K R A T G T P A R F S G
 CDR1 CDR2

CAGTGGGTCTGGGACAGACTTCACTCTCAGCATCAGCAGCCTAGAGCCTGAAGATTTTGCAGTTTATTACTGT CAGCACCGTCAACAAC TGGCCTCCACAG 300

S G S G T D F T L S I S S L E P E D F A V Y Y C Q H R H N W P P Q
 CDR3

TGGACGTTCGGCCAAGGGACCAAGGTGGAGGTCAA 336

W T F G O G T K V E V K
 CDR3

Fig. 2G

9/54

SEQ ID NO:
 20 GAAGTTCAATTGTTAGAGTCTGGTGGCGGCTCTTGTTTCAGCCCTGGTGGTTCTTTACGCTTTTTCGGCTGCTTCCGGATT 80
 19 E V Q L L E S G G L V Q P G G S L R L S C A A S G F
 CACTTCTCTGGTACGATATGACTTGGGTTCCGCAAGCTCCCTGGTAAGGTTTGGAGTGGGTTCTTCCATCTCCTCCTT 160
 T F S W Y D M T W V R Q A P G K G L E W V S I S P
 CDR1
 CTGGTGGCTATACTAAGTATGCTGACTCCGTTAAAGGTCGCTTCACTATCTCTAGAGACAACCTCTAAGAATACTCTCTAC 240
 S G G Y T K Y A D S V K G R F T I S R D N S K N T L Y
 CDR2
 TTGCAGATGAACAGCTTAAGGGCTGAGGACACAGCCGTTACTGTACCCACAGAAATCTACGATTACCTGGACGCTCTG 320
 L Q M N S L R A E D T A V Y Y C T T E F Y D Y L D V W
 CDR3
 GGGCAAGGGACCACCGTCAACCGTCTCAAGC 351
 G K G T T V T V S S

Fig. 2H

10/54

SEQ ID NO:
 25 GCACAAGACATCCAGATGACCCAGTCTCCAGGCACCCCTGTTGTCTCCAGGGGAAAGAGCCACCCTCTCCTGCAGGGCCAGTCAGAGT 90
 24 A Q D I Q M T Q S P G T L S L S P G E R A T L S C R A S Q S
 Extra CDR1
 GTTAGGAACTTCTTGGCCCTGGTACCAGCAGAAACCTGGCCAGGCTCCATATATGGTGCATCCAGGAGGGCCAGTGGC 180
 V R S N F L A W Y Q Q K P G Q A P R L L I Y G A S R R A S G
 CDR2
 ATCCAGACAGGTTTCAGTGGCAGTGGGTTTGGGGCAGACTTCACCTCAGCATCAGCAGACTGGAGCCTGAAGATTTCGCAGTGTATTAC 270
 I P D R F S G S G F G A D F T L S I S R L E P E D F A V Y Y
 TGTCCAGCAGTATGGTAGCTCACCCAACACTTTGGCCAGGGTCCAAAGTGGAGATCAAA
 C Q Q Y G S S P N T F G Q G S K V E I K
 CDR3

Fig. 2I

11/54

SEQ ID NO:
27 GAAGTCAATTGTTAGAGTCTGGTGGCGGCTTGTTCAGCCCTGGTGGTTCTTTACGGTCTTTCTTGGCGTCTCCGGATTCACCTTCTCT
90
26 E V Q L L E S G G L V Q P G S L R L S C A A S G F T F S
CGTTACCAGATGAATTGGGTTCCGCCAAGCTCCCTGGTAAAGGTTGGAGTGGTTCTTCTATCTCCTCTCTGGTGGCCATCACTTAT
180
R Y Q M N W V R Q A P G K G L E W V S S I S P S G G H T H Y
CDR1
CDR2
GCTGACTCCGTTAAAGGTCGCTTCACTATCTCTAGAGACAACCTAAGAATACTCTACTTGCAGATGAACAGCTTAAGGGCTGAGGAC
270
A D S V K G R F T I S R D N S K N T L Y L Q M N S L R A E D
CDR2
ACGGCCGTGTAATTACTGTGCGAAAGATGGACGACAGGGTAAATAAGTACGGTTGACCACCTGGGGCCAGGGAACCCCTGGTCAACCCTCA
360
T A V Y Y C A K D G R Q G K I S T V D H W G Q G T L V T V S
CDR3
AGC
S

Fig. 2J

12/54

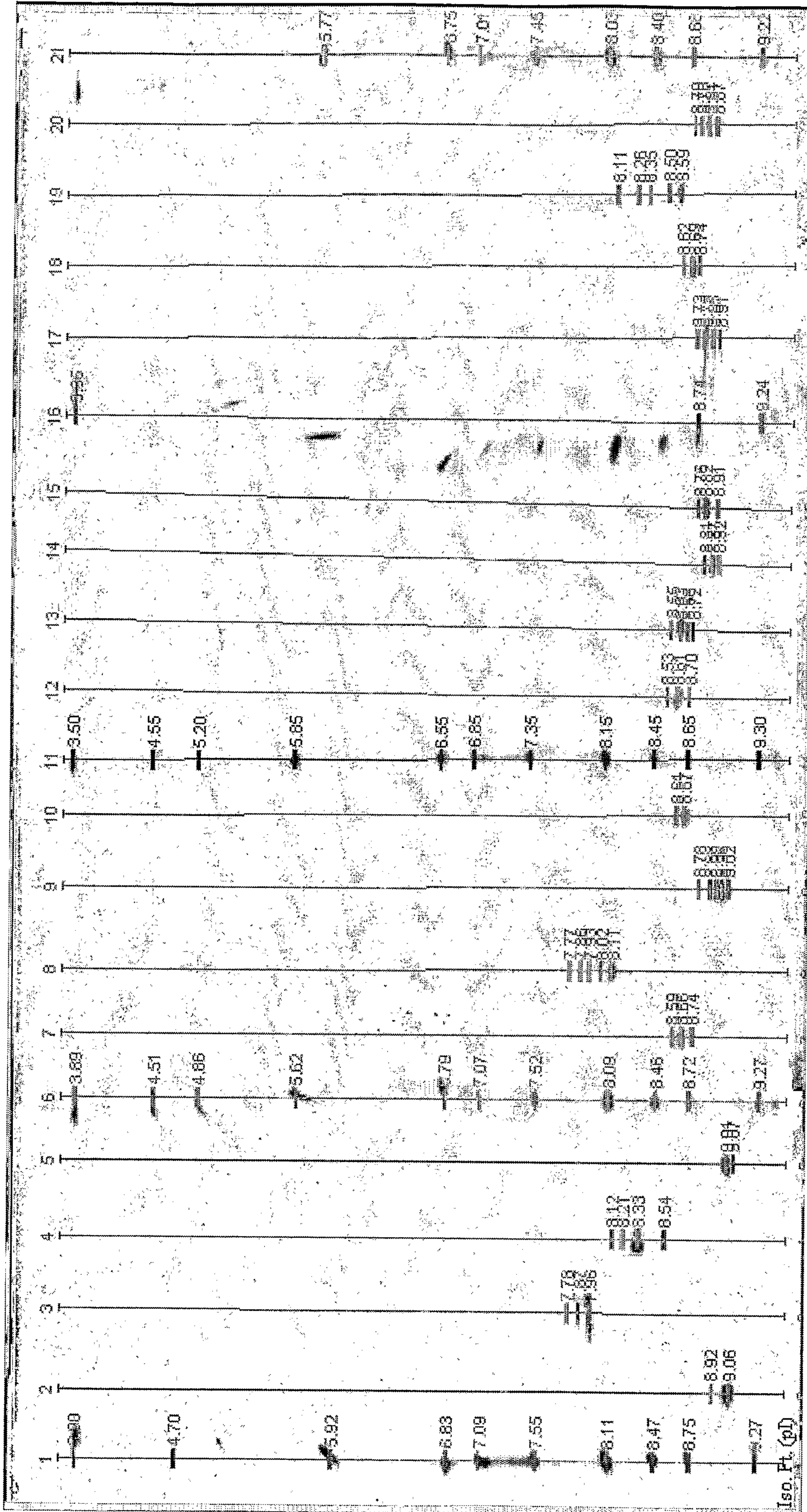
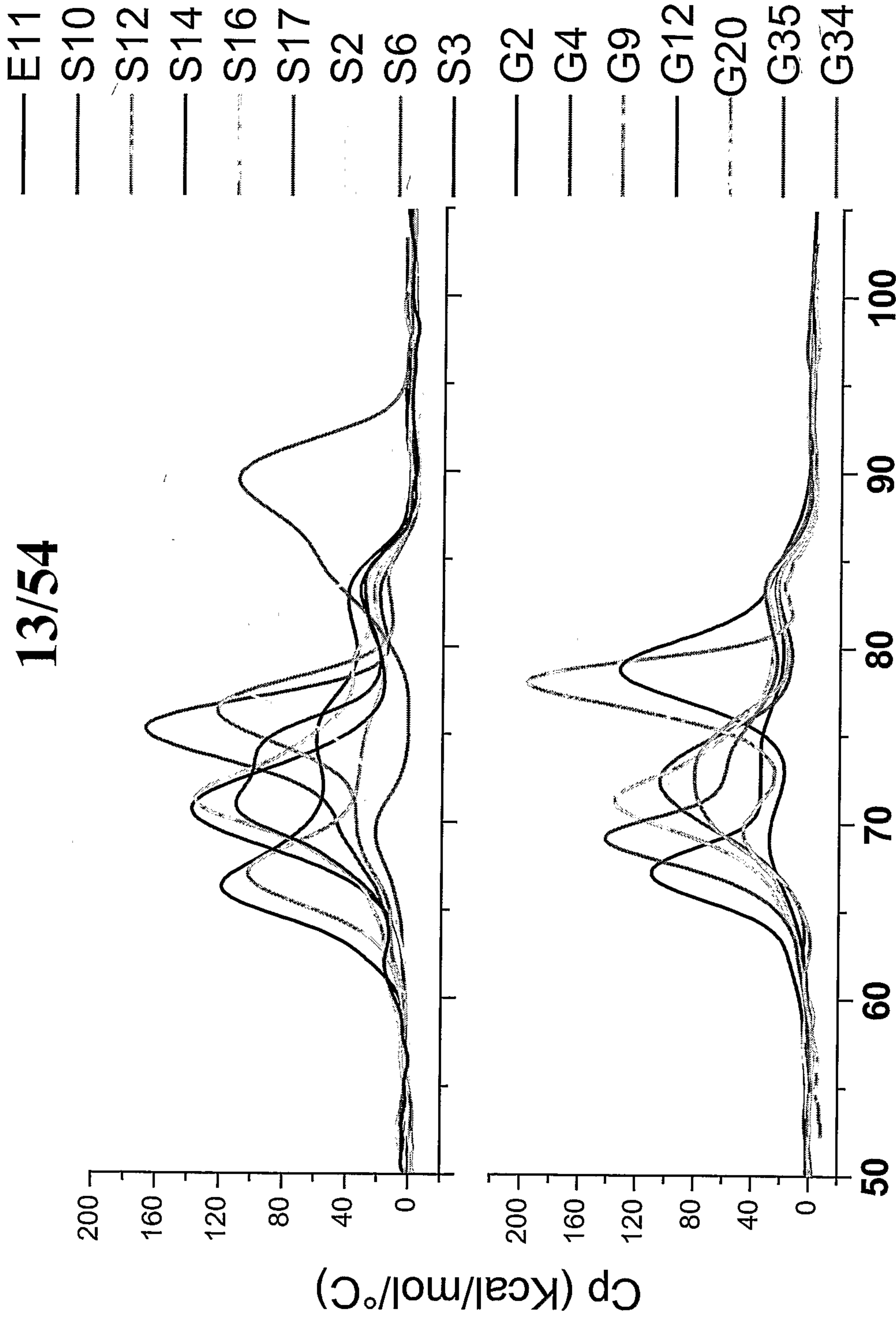


Fig. 3A

13/54



HIMGB1overlay.opj

Temperature (°C)

Fig. 3B

14/54

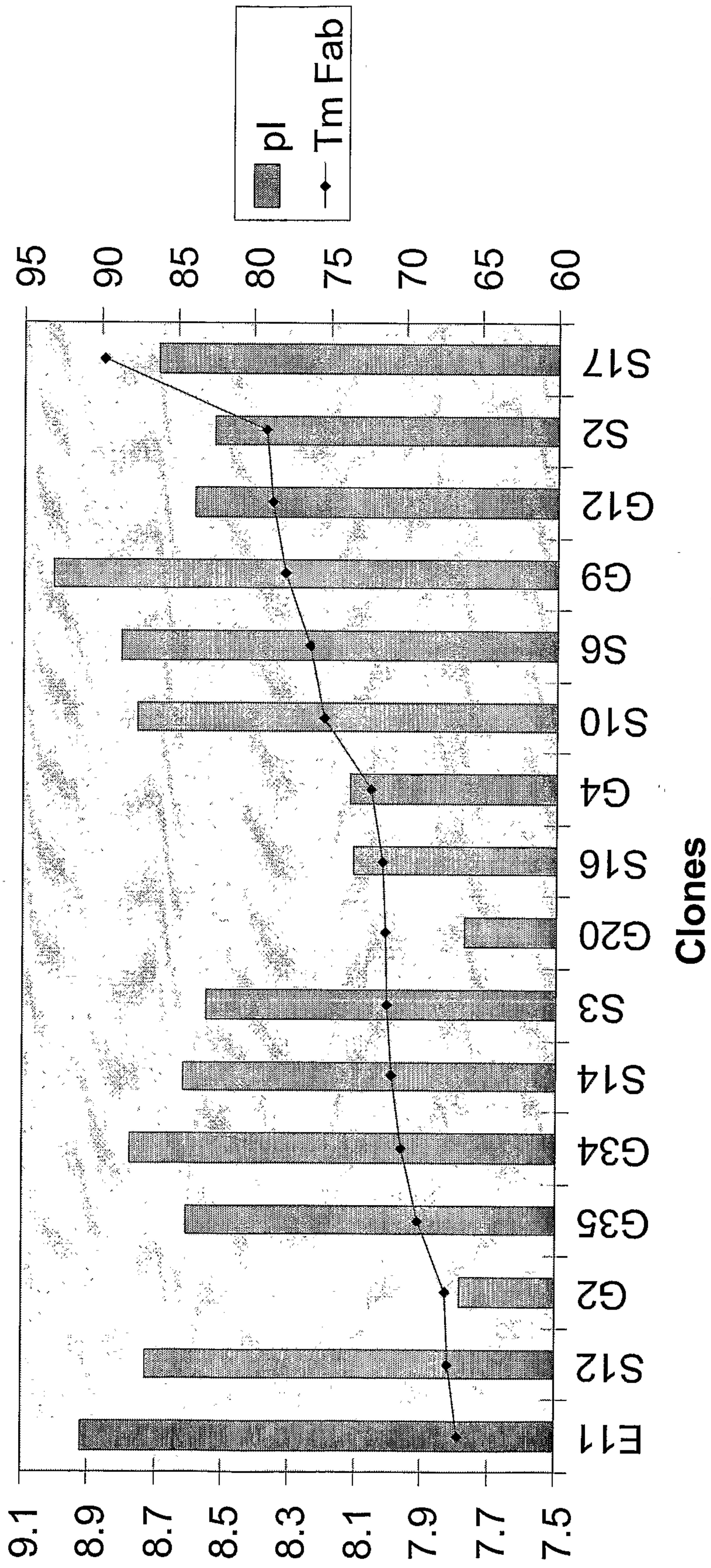


Fig. 3C

15/54

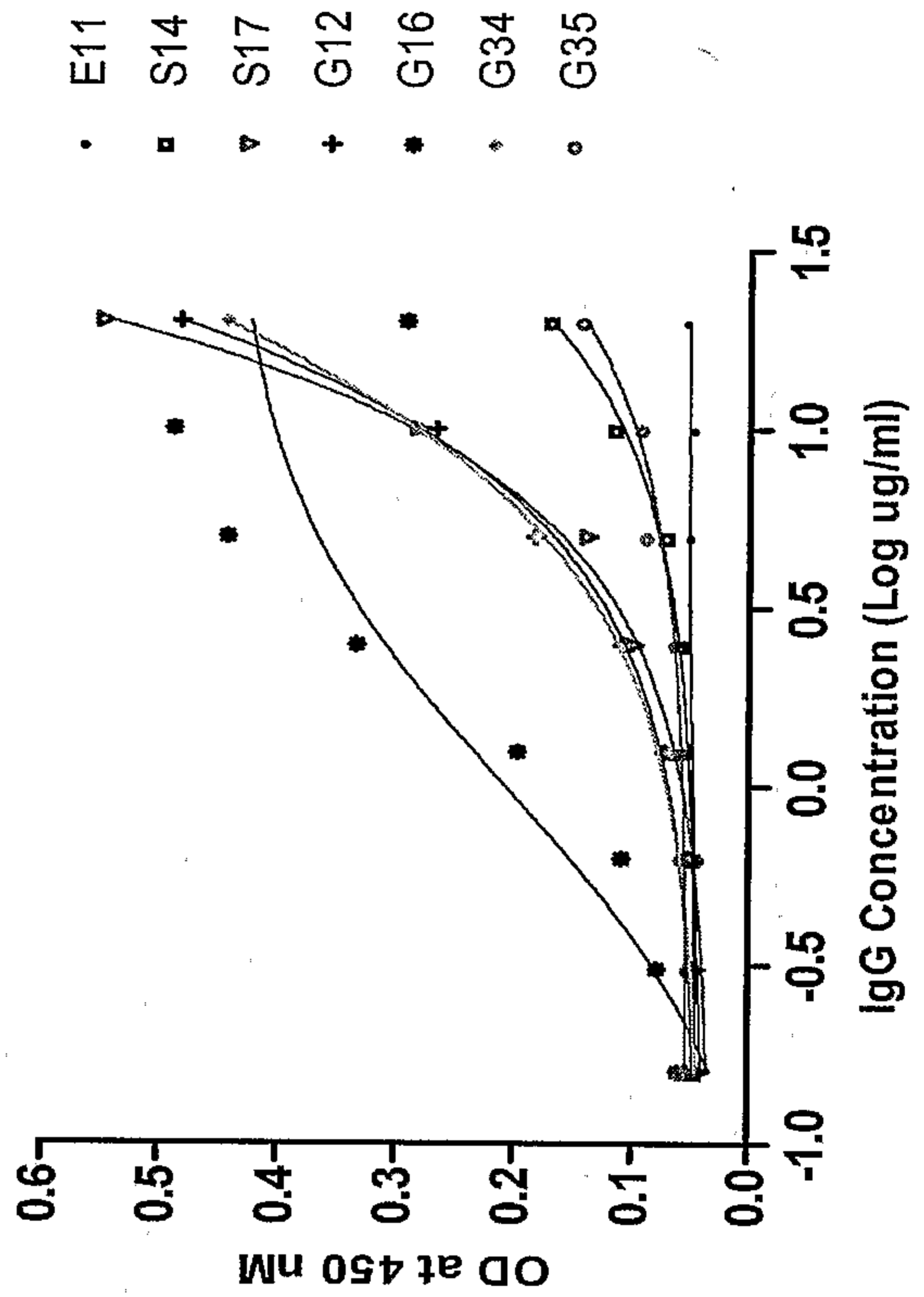
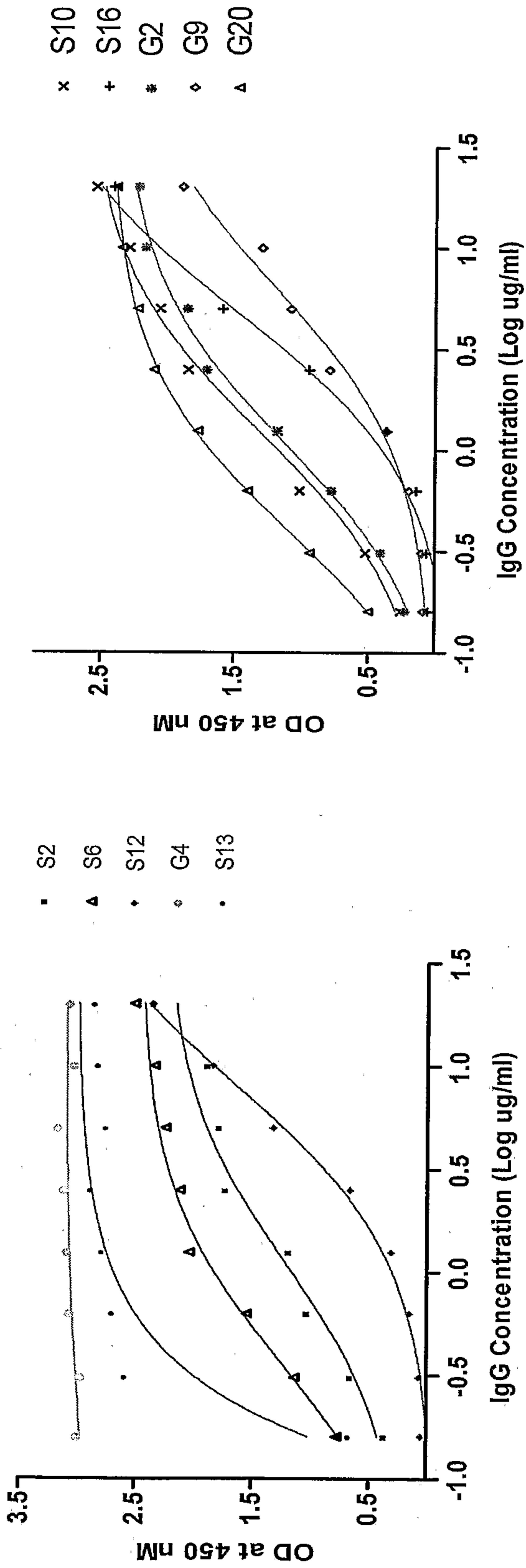


Fig. 4A

16/54

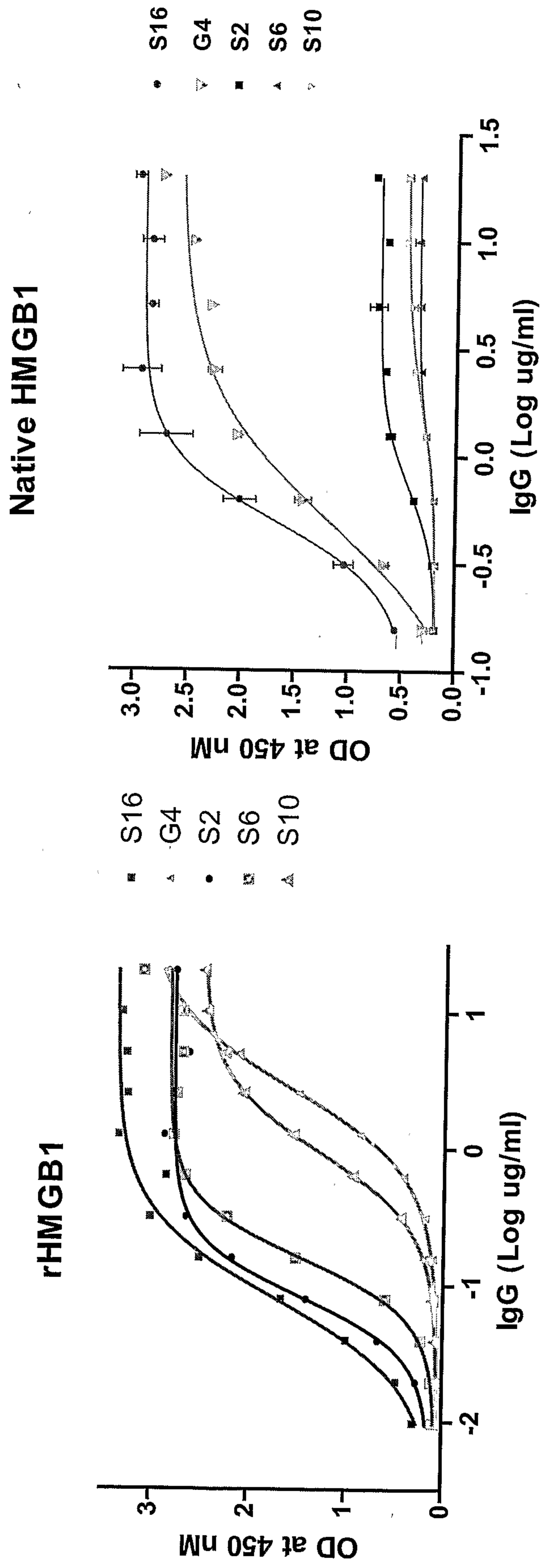


Fig. 4B

17/54

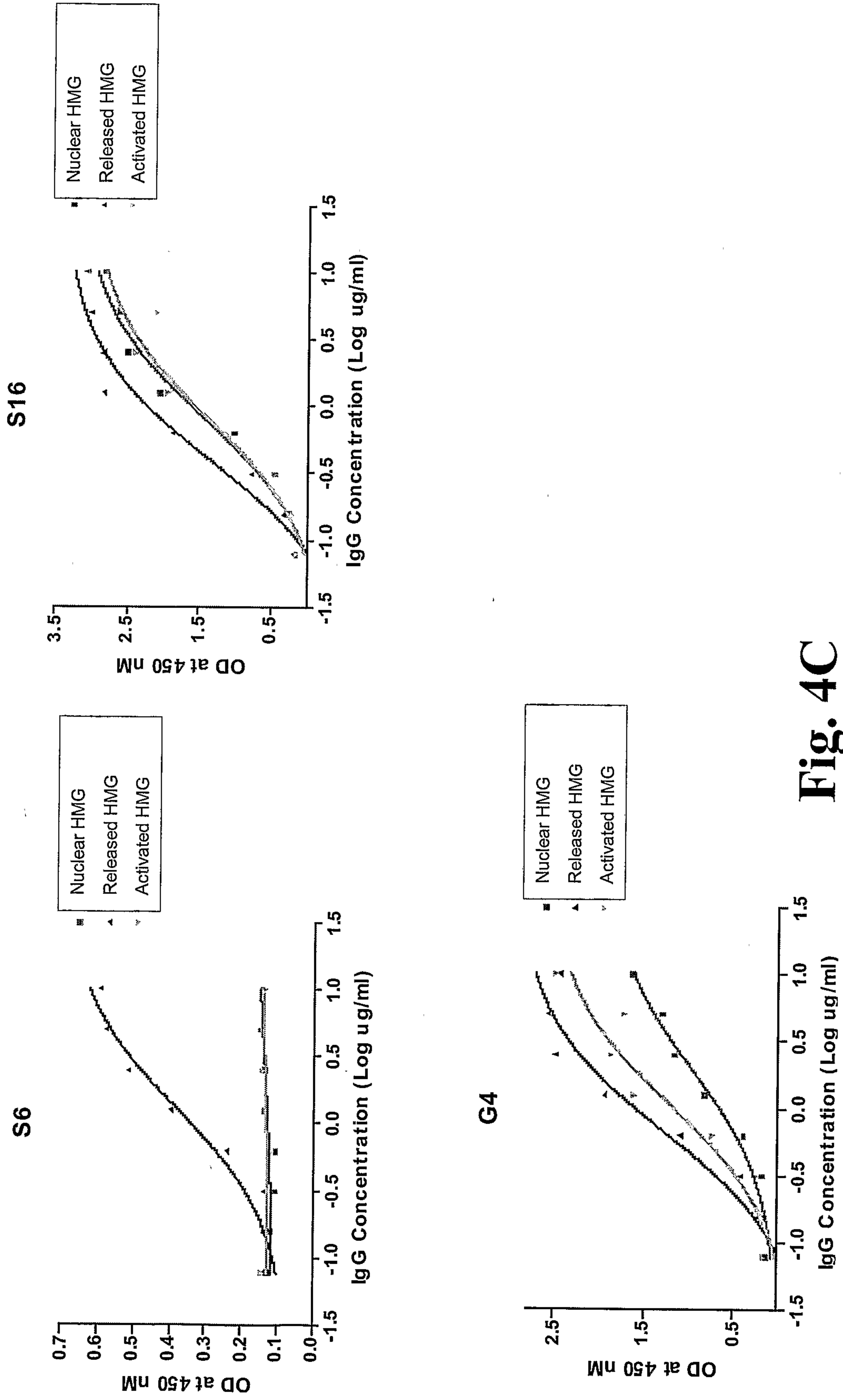


Fig. 4C

18/54

■ Soluble HMG1/Captured Antibody
▲ Captured HMG1/Soluble Antibody

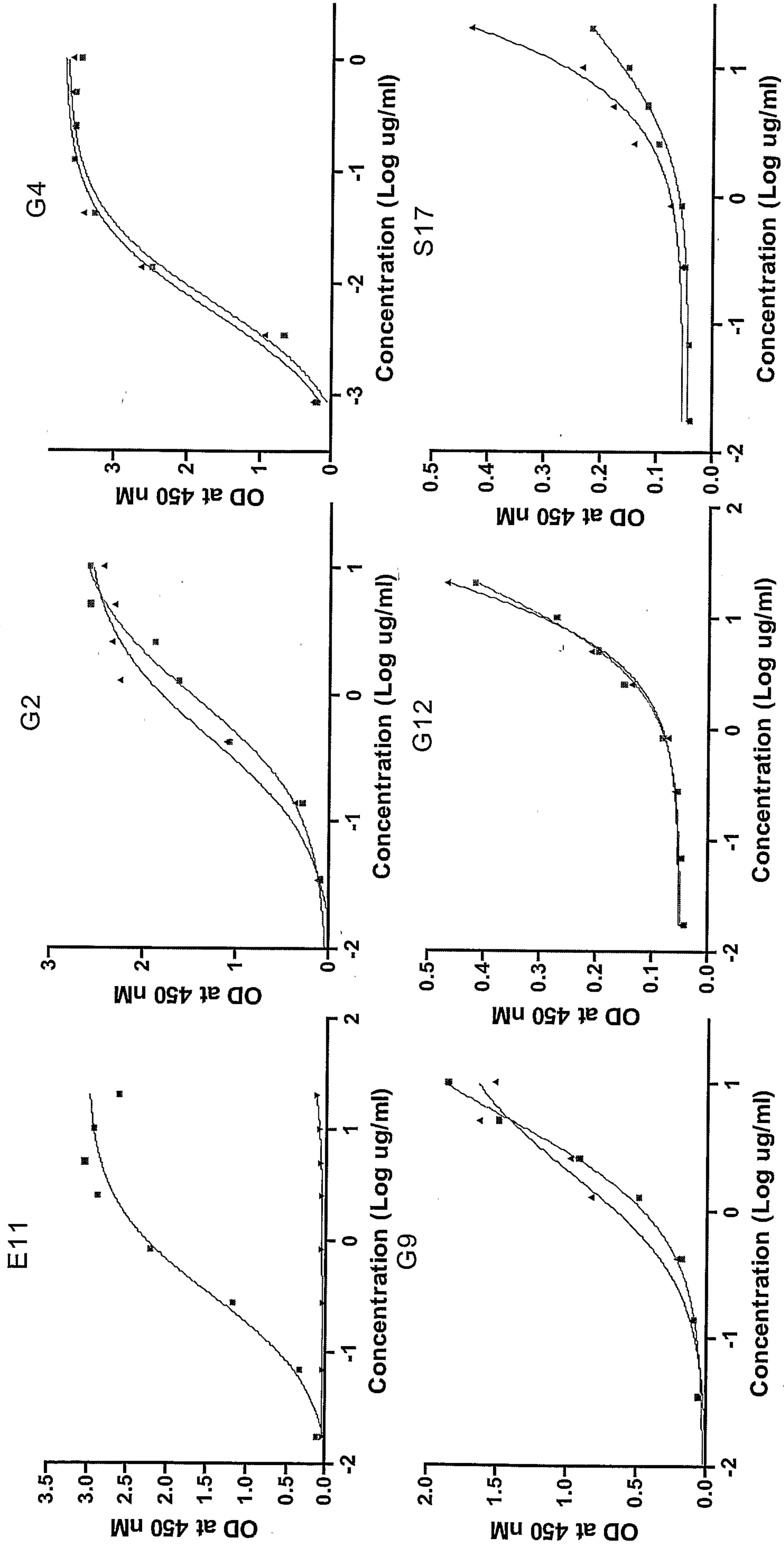


Fig. 4D

19/54

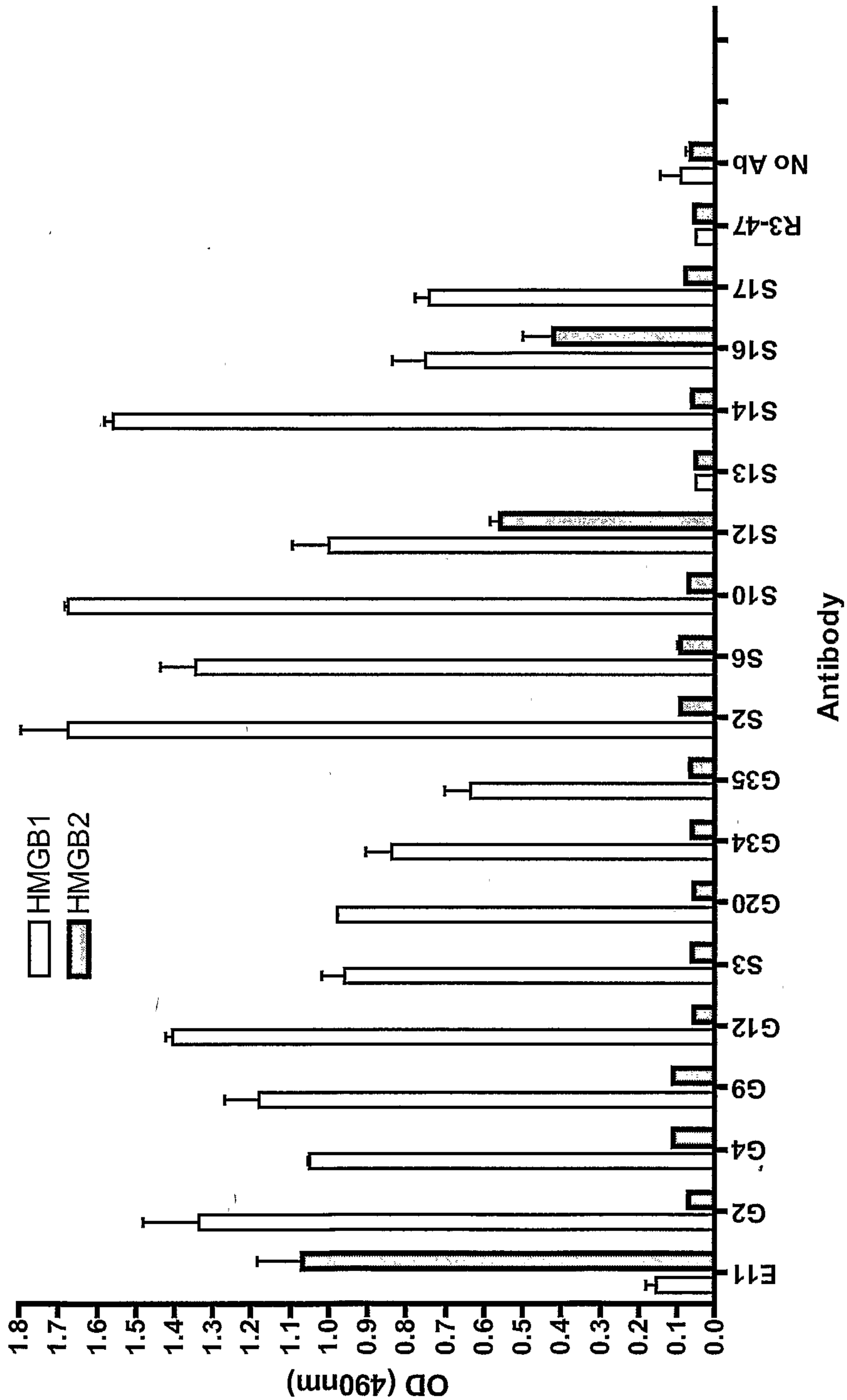


Fig. 4E

20/54

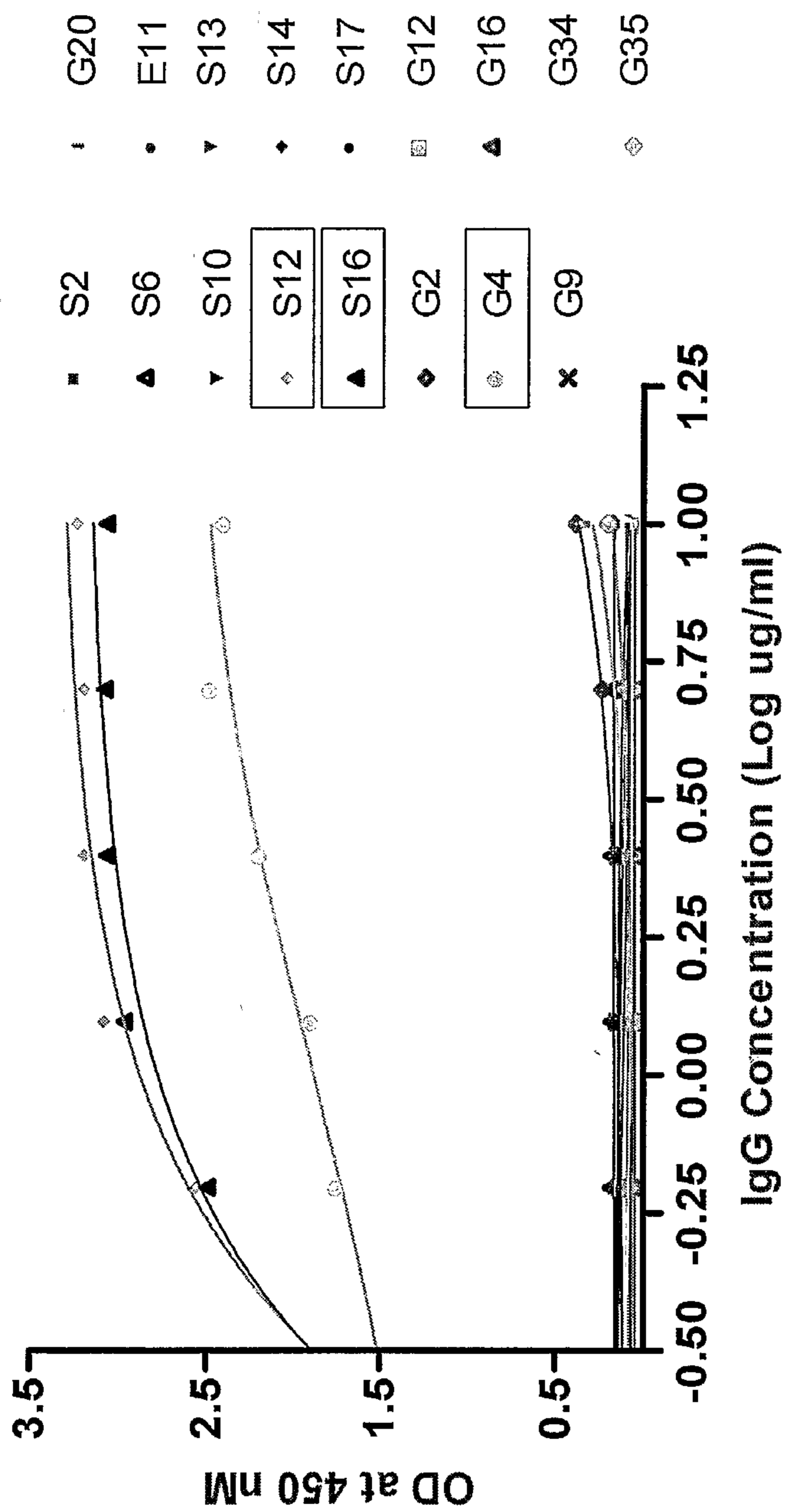


Fig. 5A

21/54

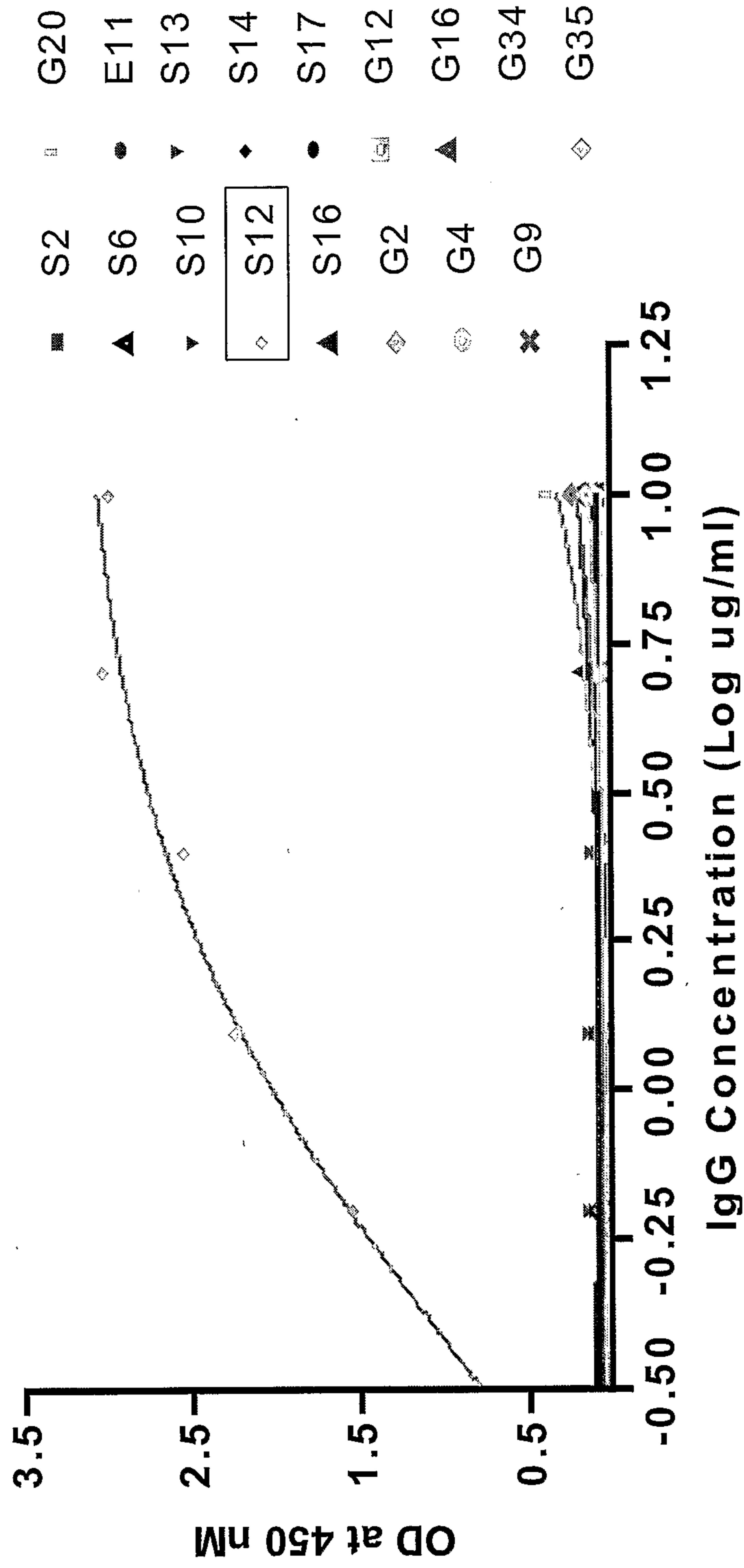


Fig. 5B

22/54

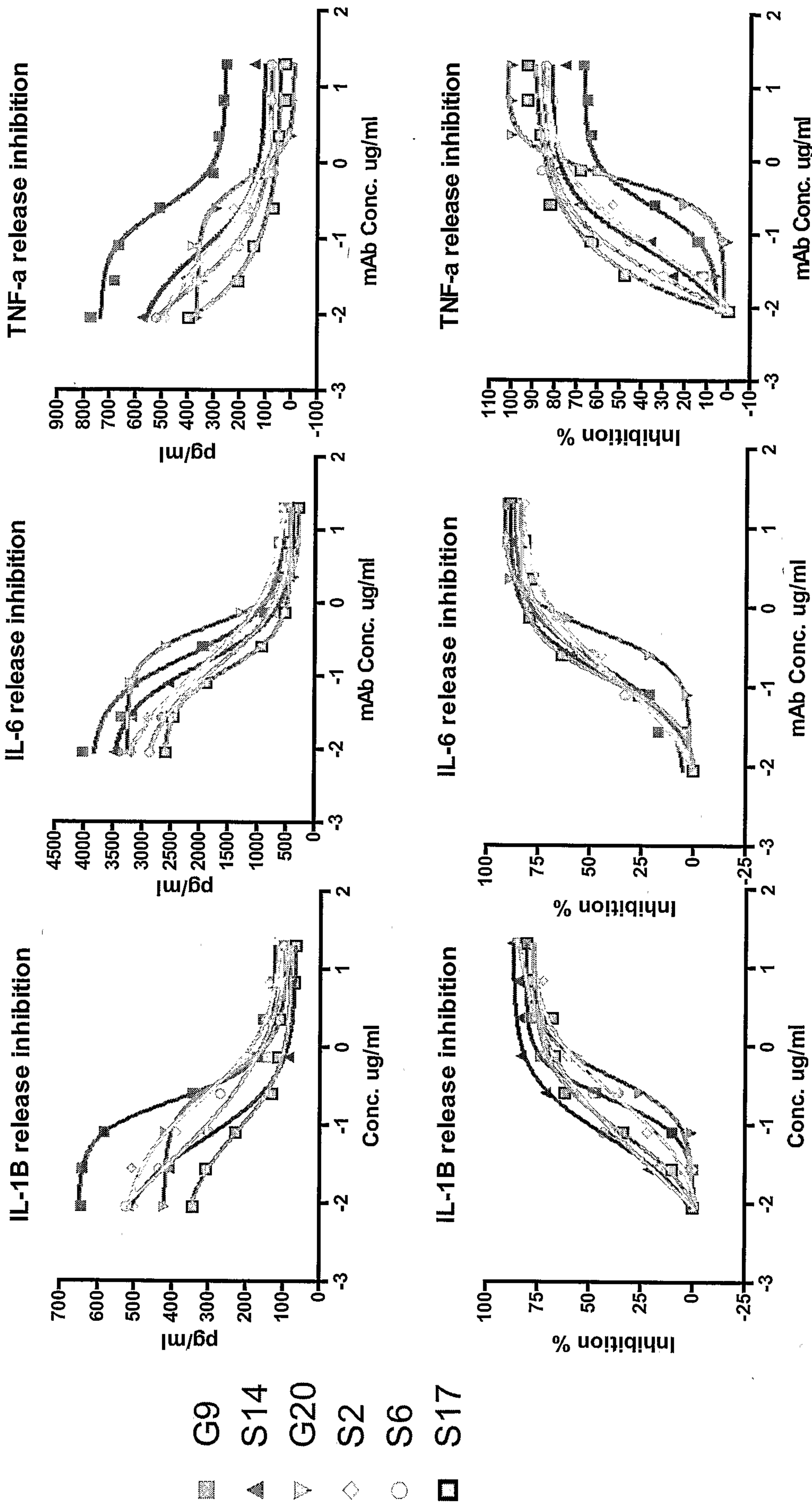


Fig. 6A

23/54

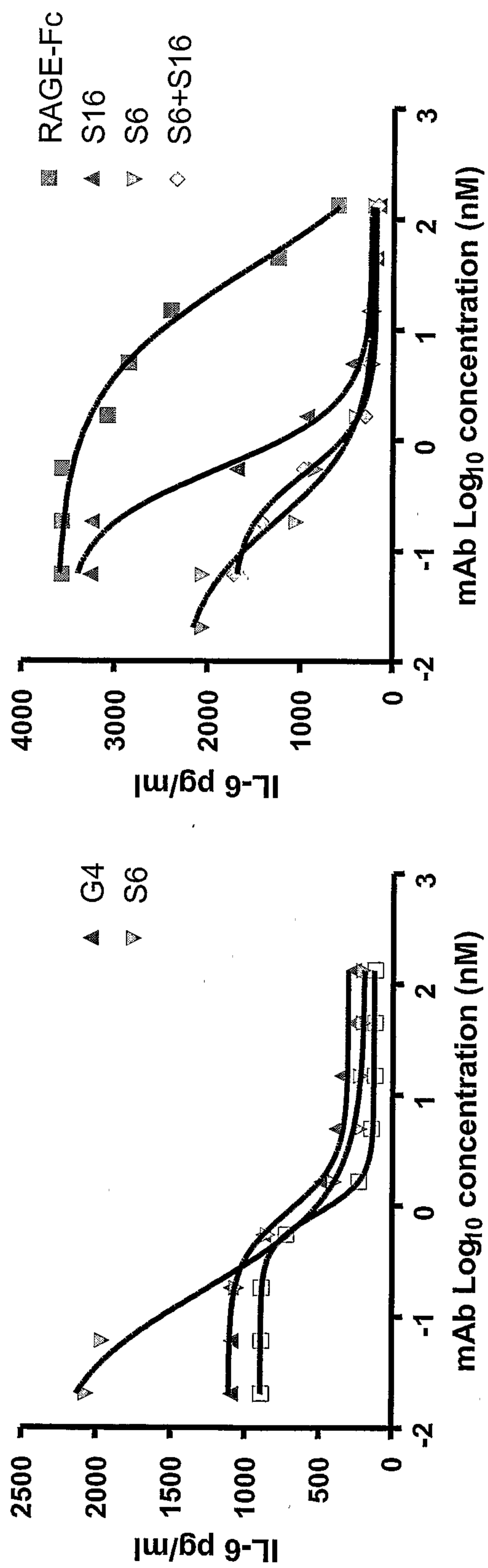


Fig. 6B

24/54

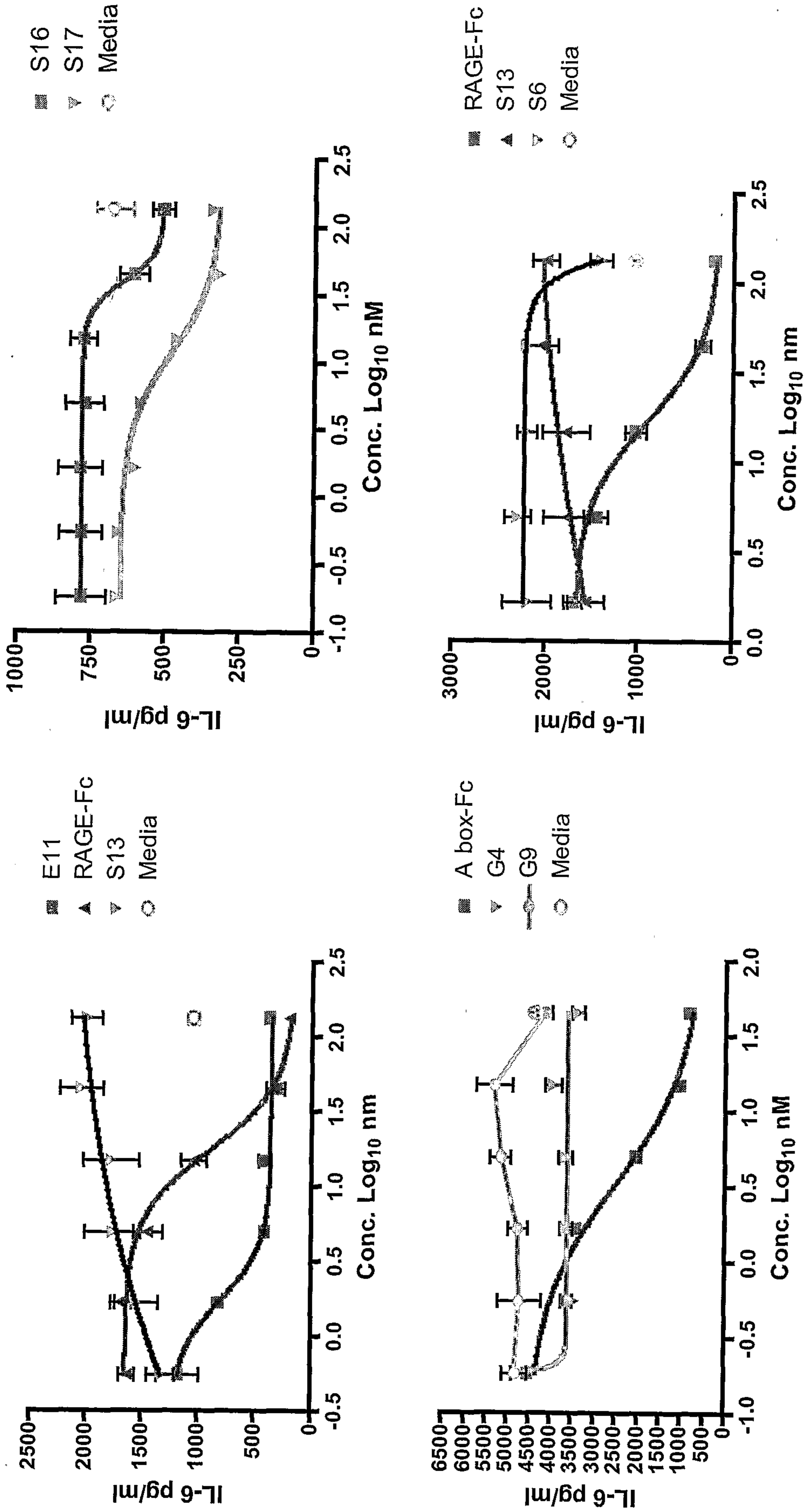


Fig. 6C

25/54

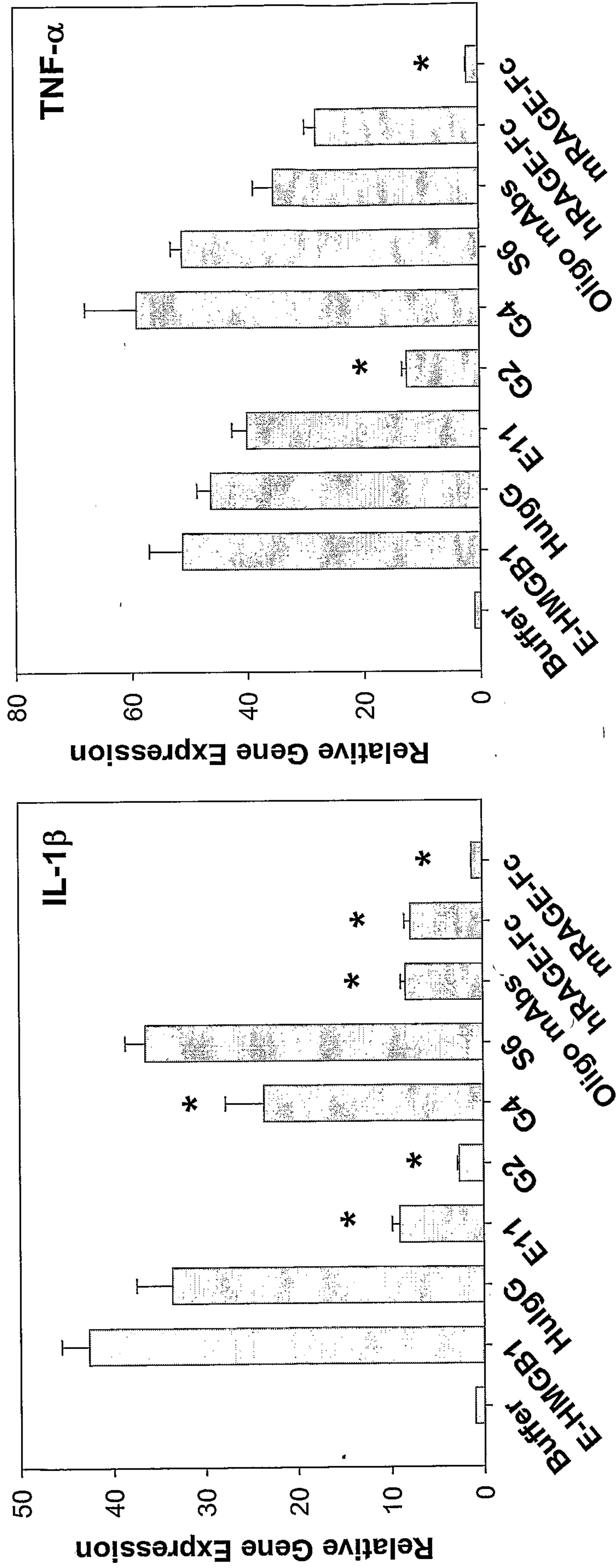


Fig. 7

26/54

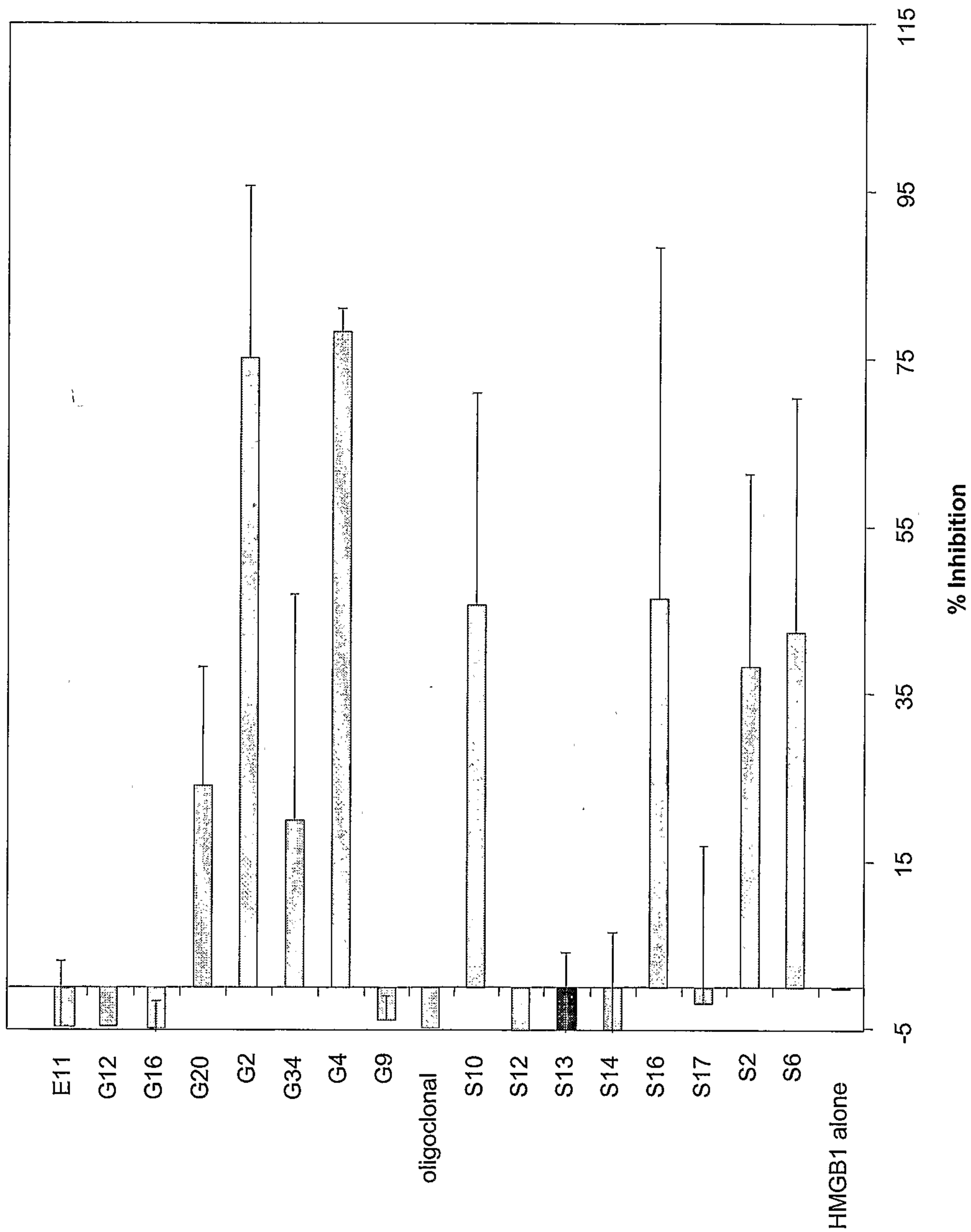


Fig. 8

27/54

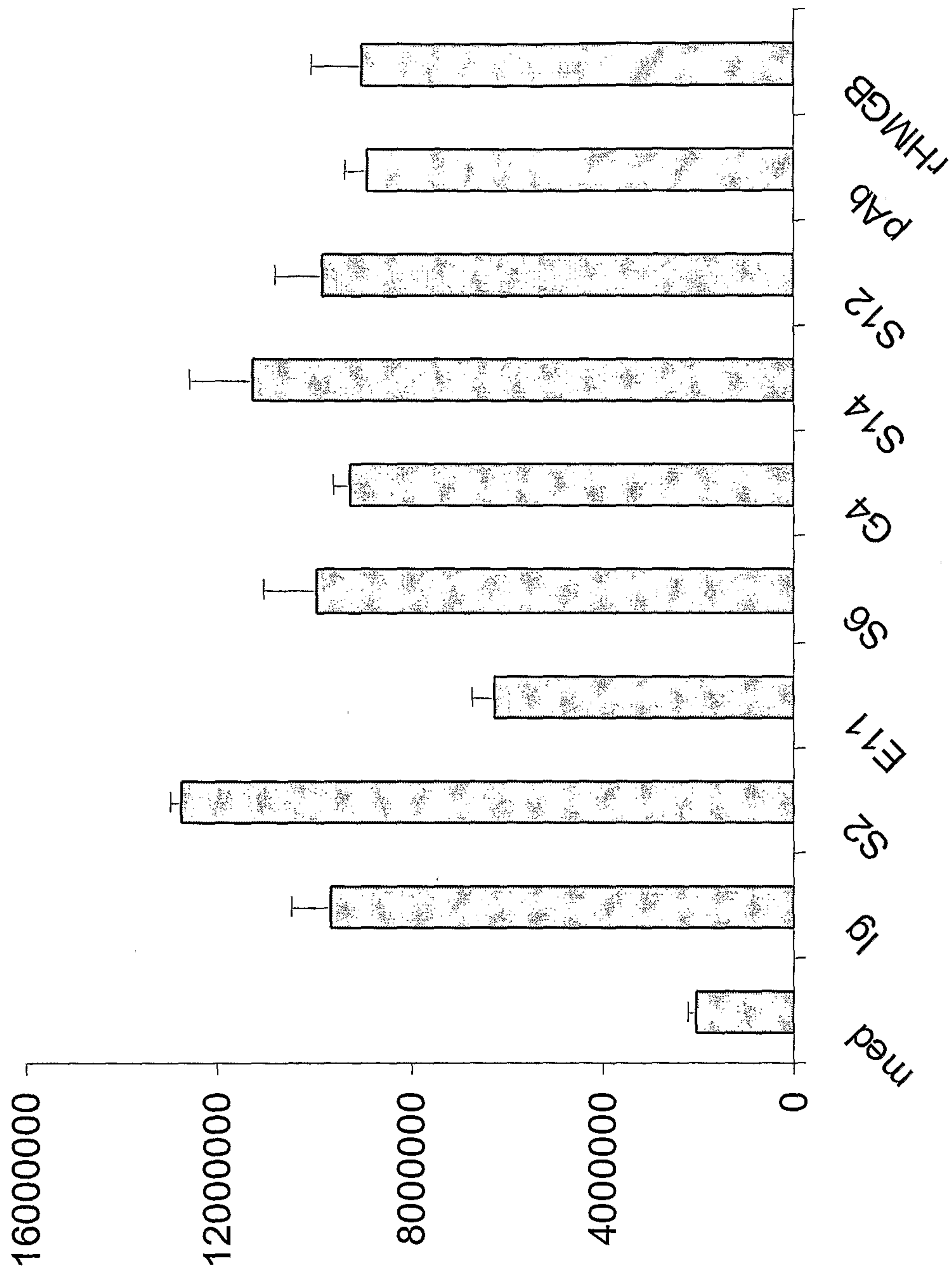


Fig. 9

28/54

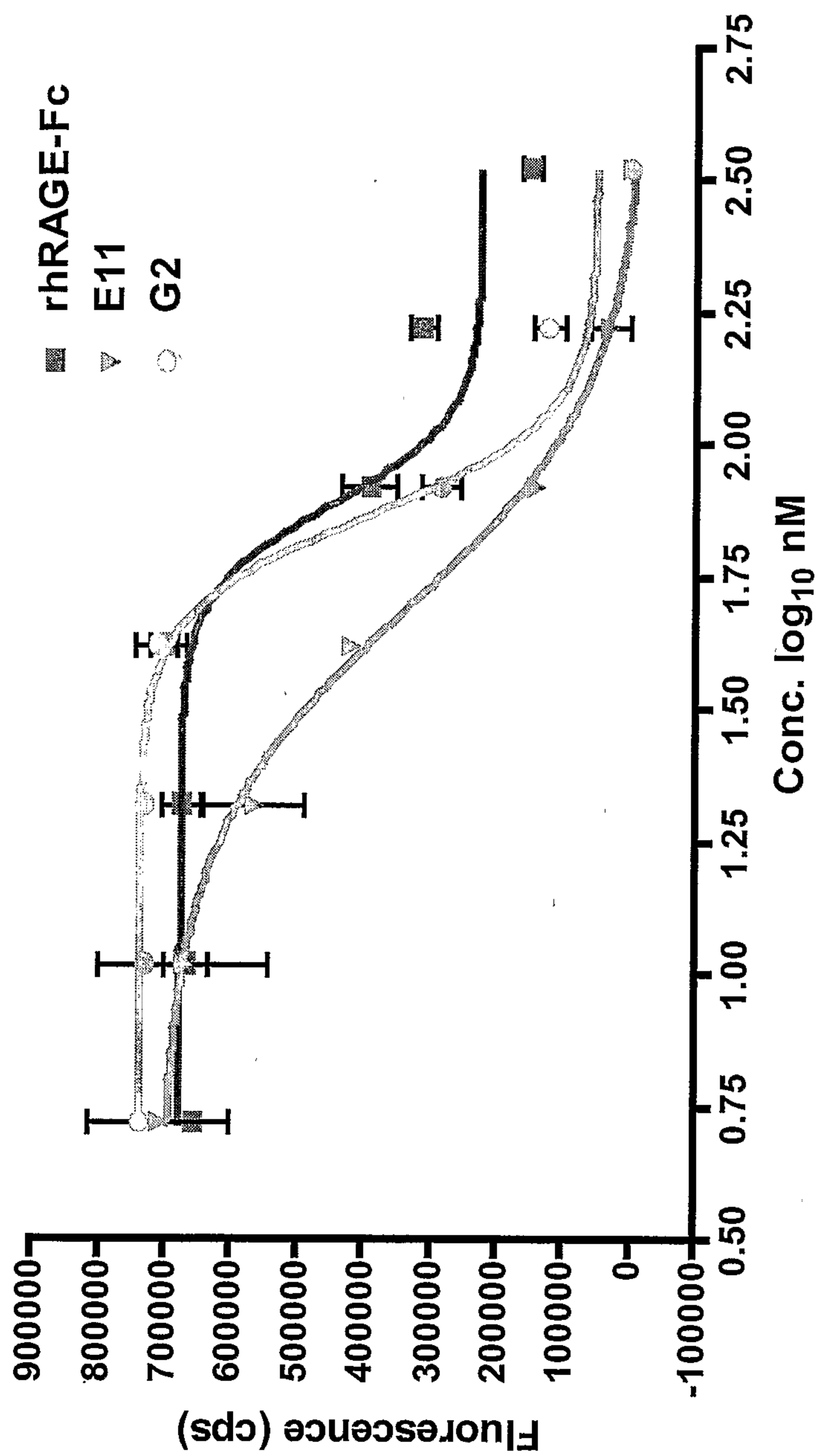


Fig. 10

29/54

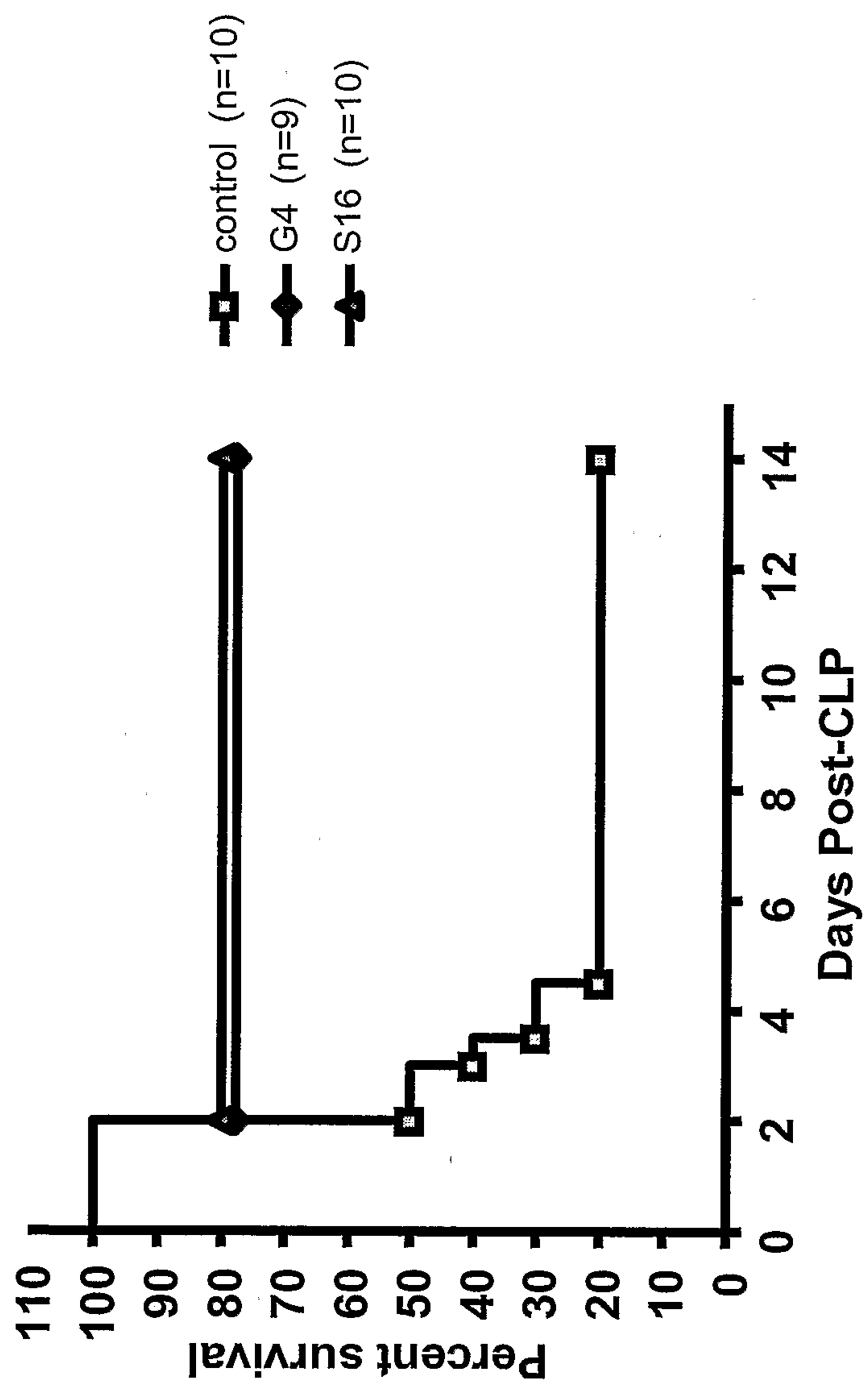


Fig. 11A

30/54

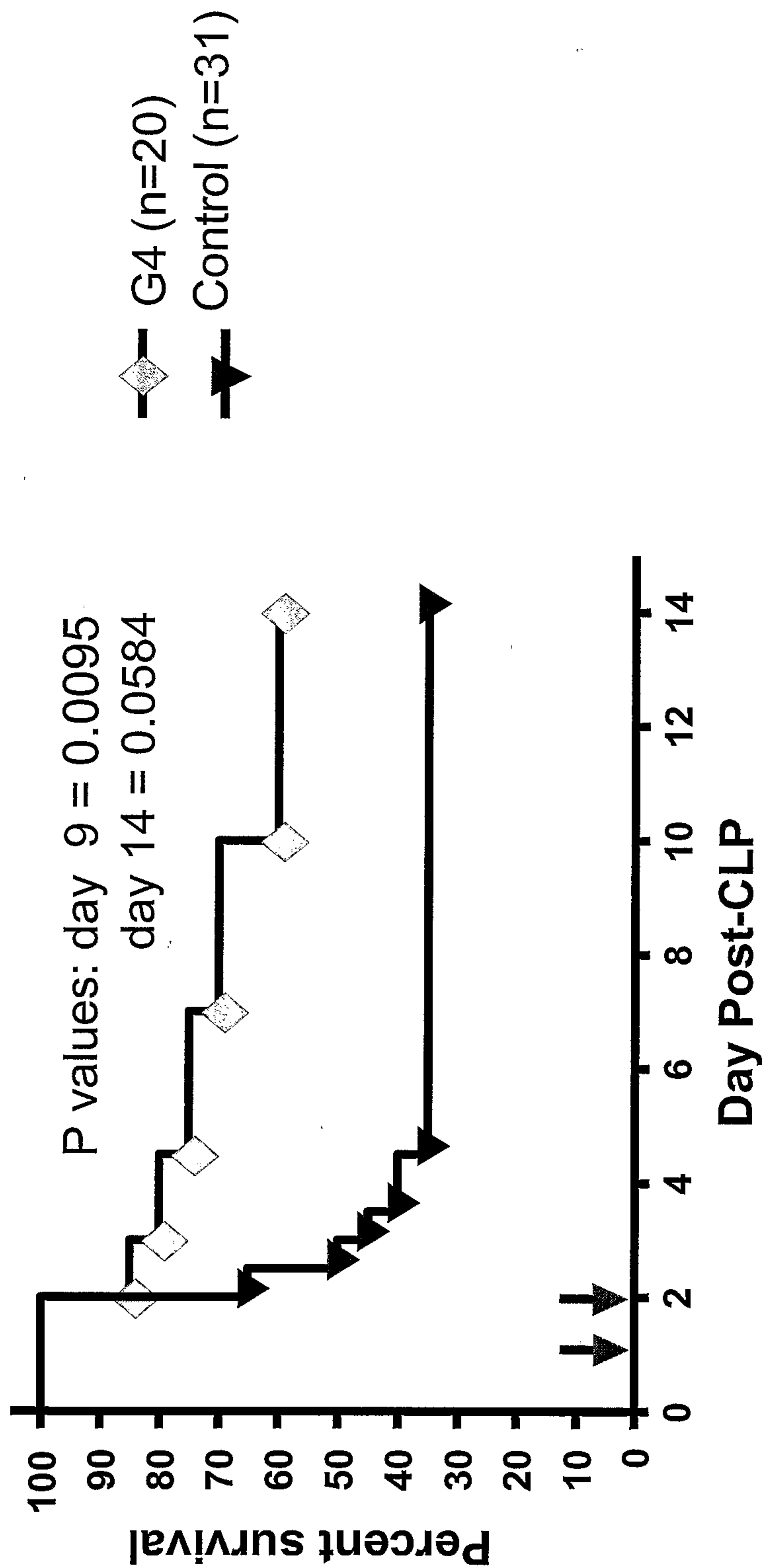


Fig. 11B

31/54

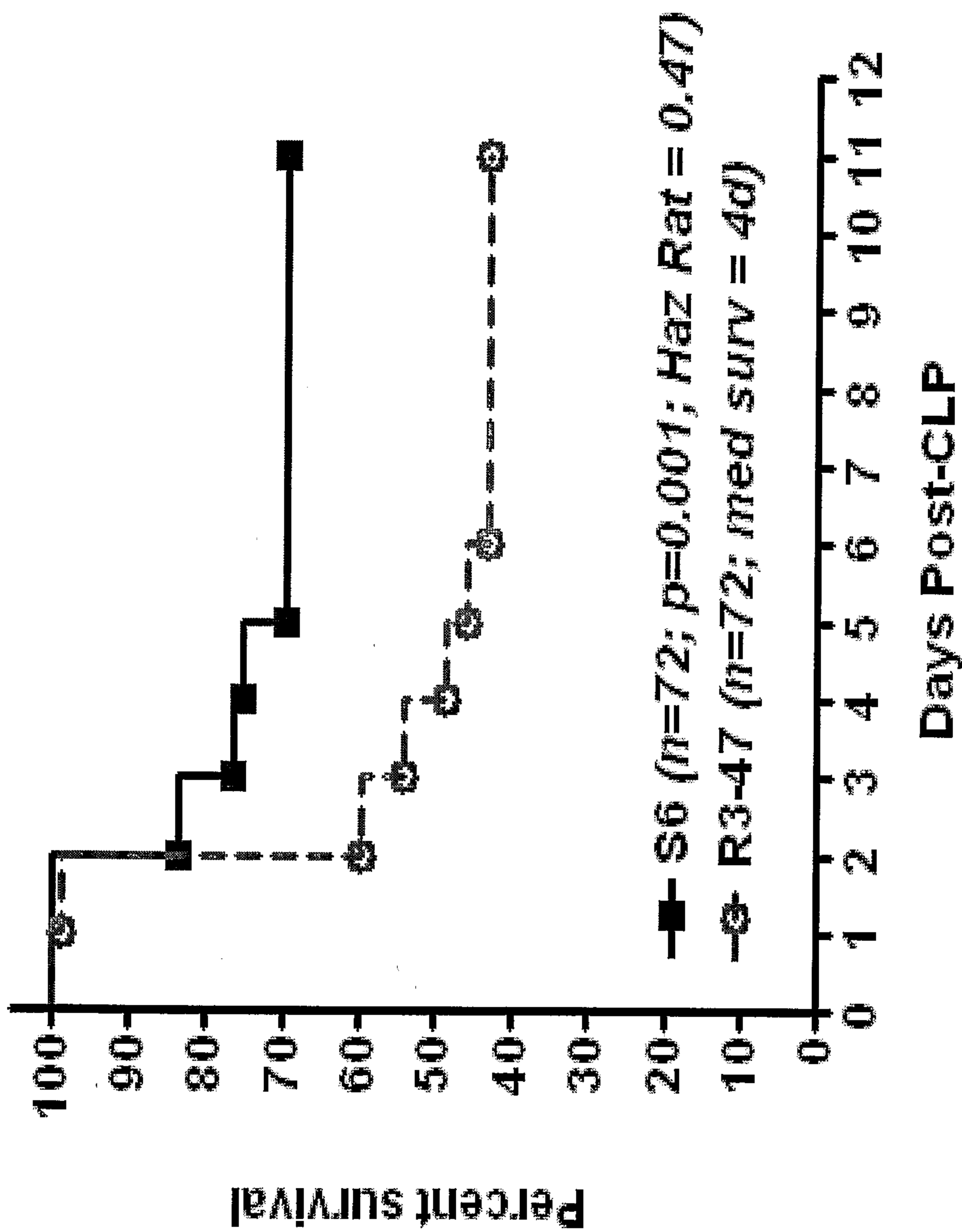


Fig. 11C

32/54

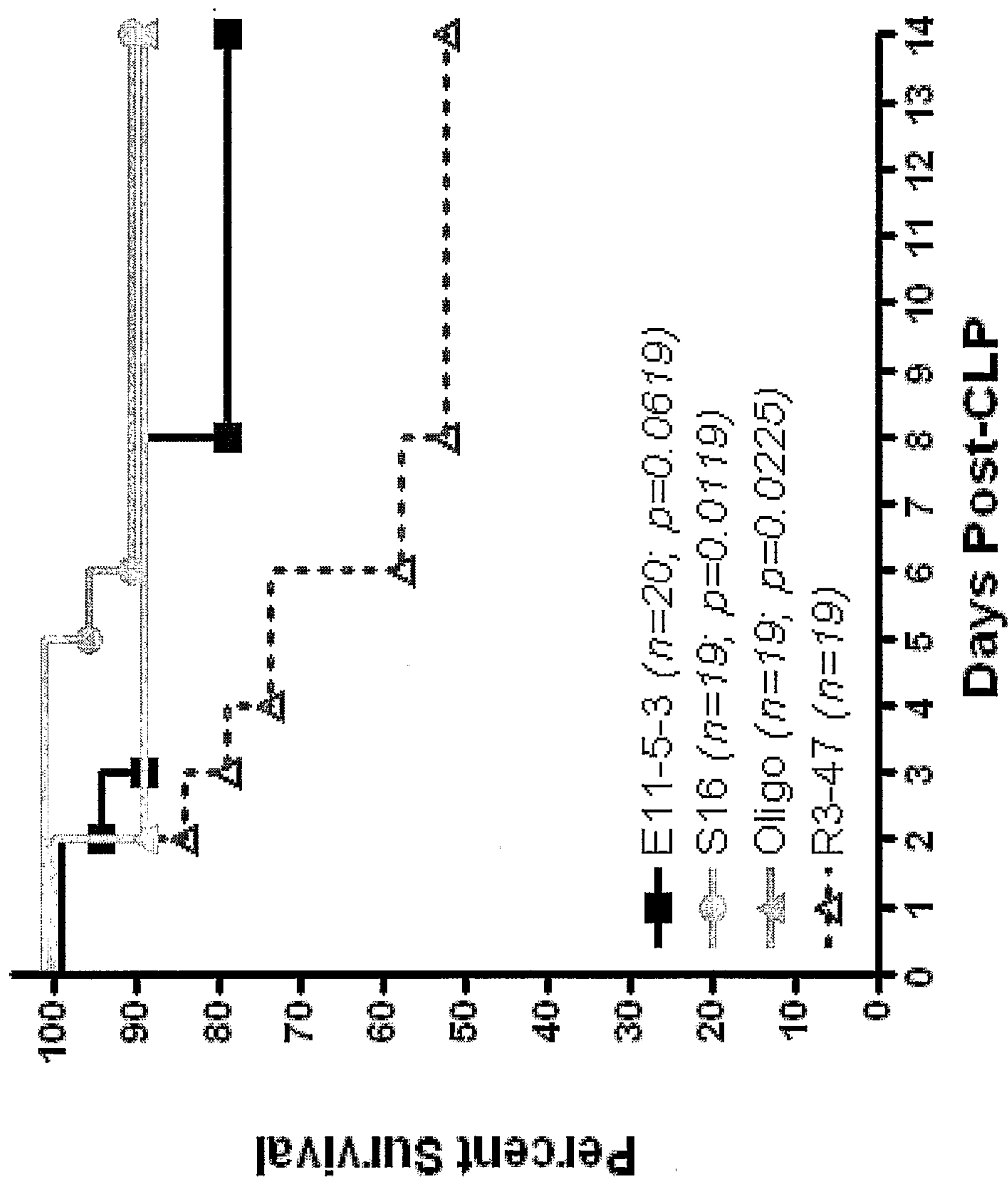


Fig. 11D

33/54

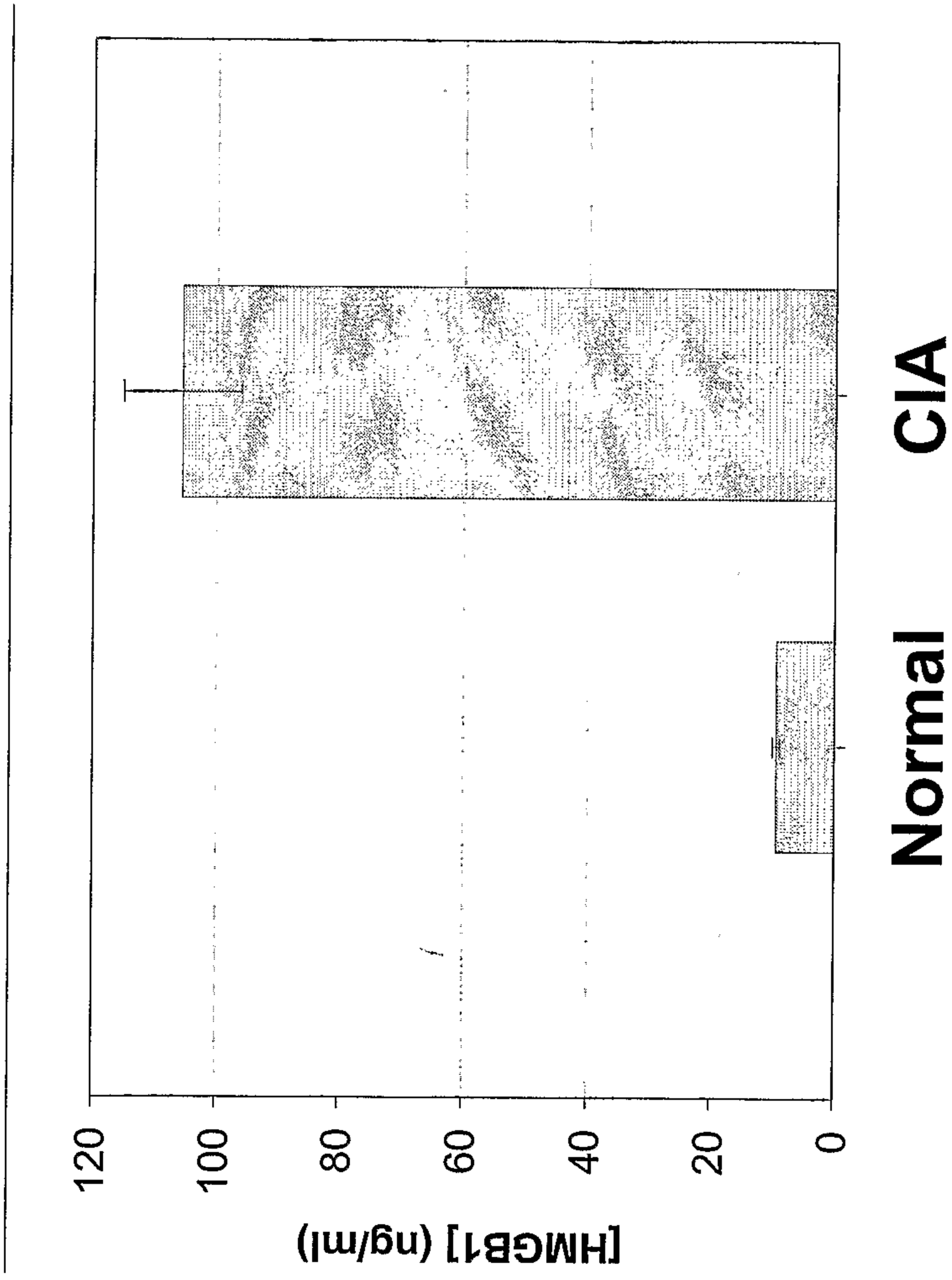


Fig. 12A

34/54

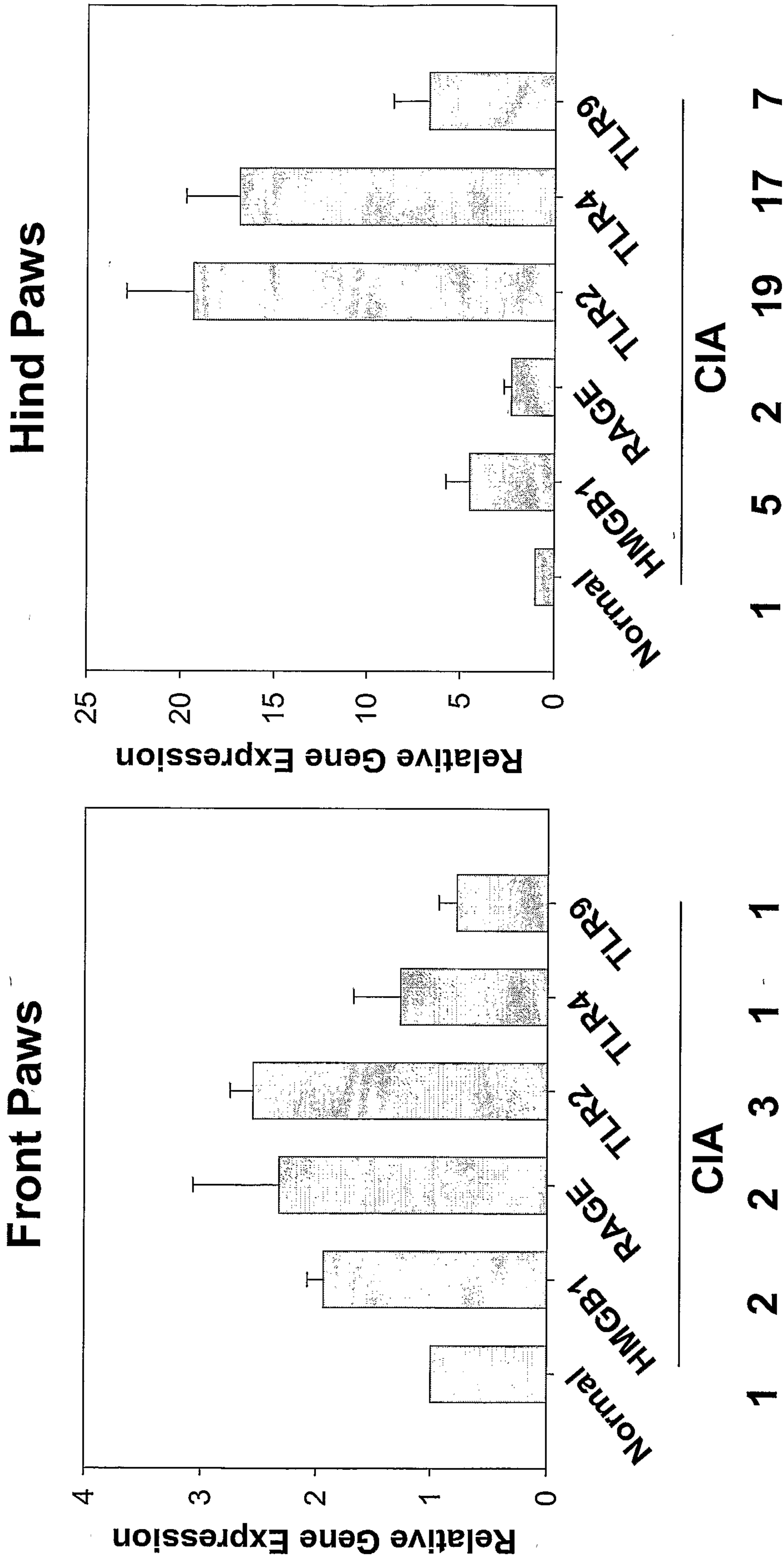


Fig. 12B

35/54

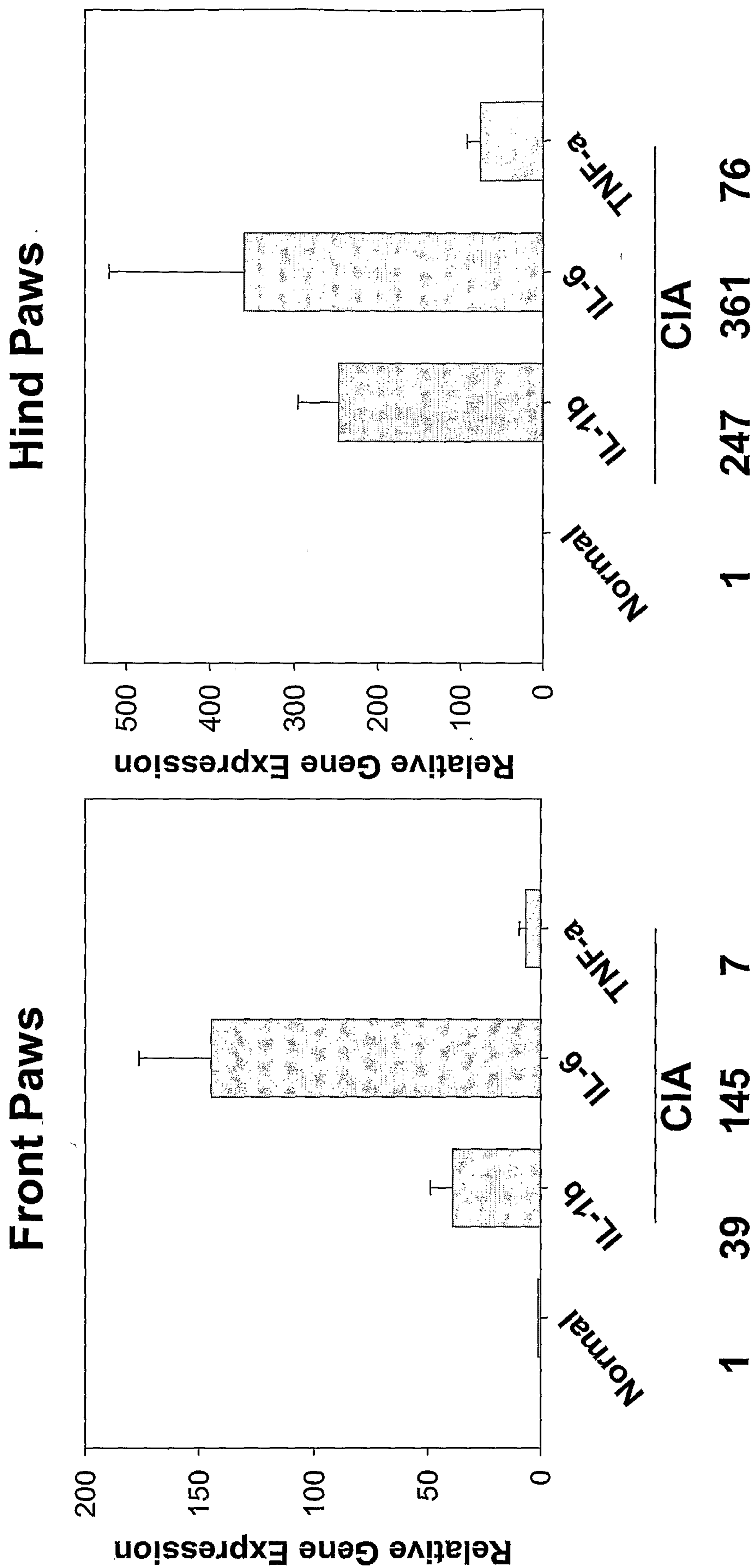


Fig. 12C

36/54

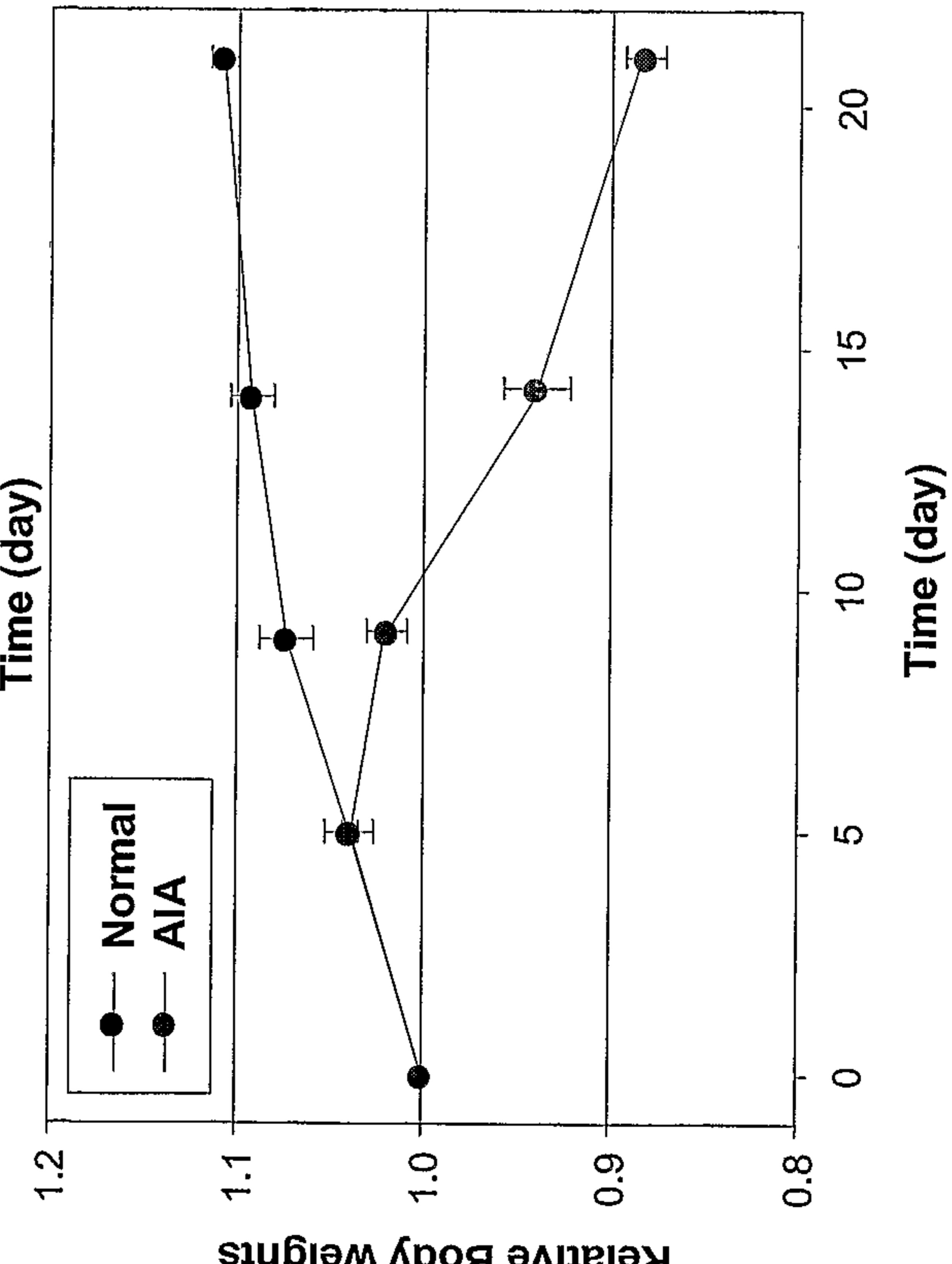
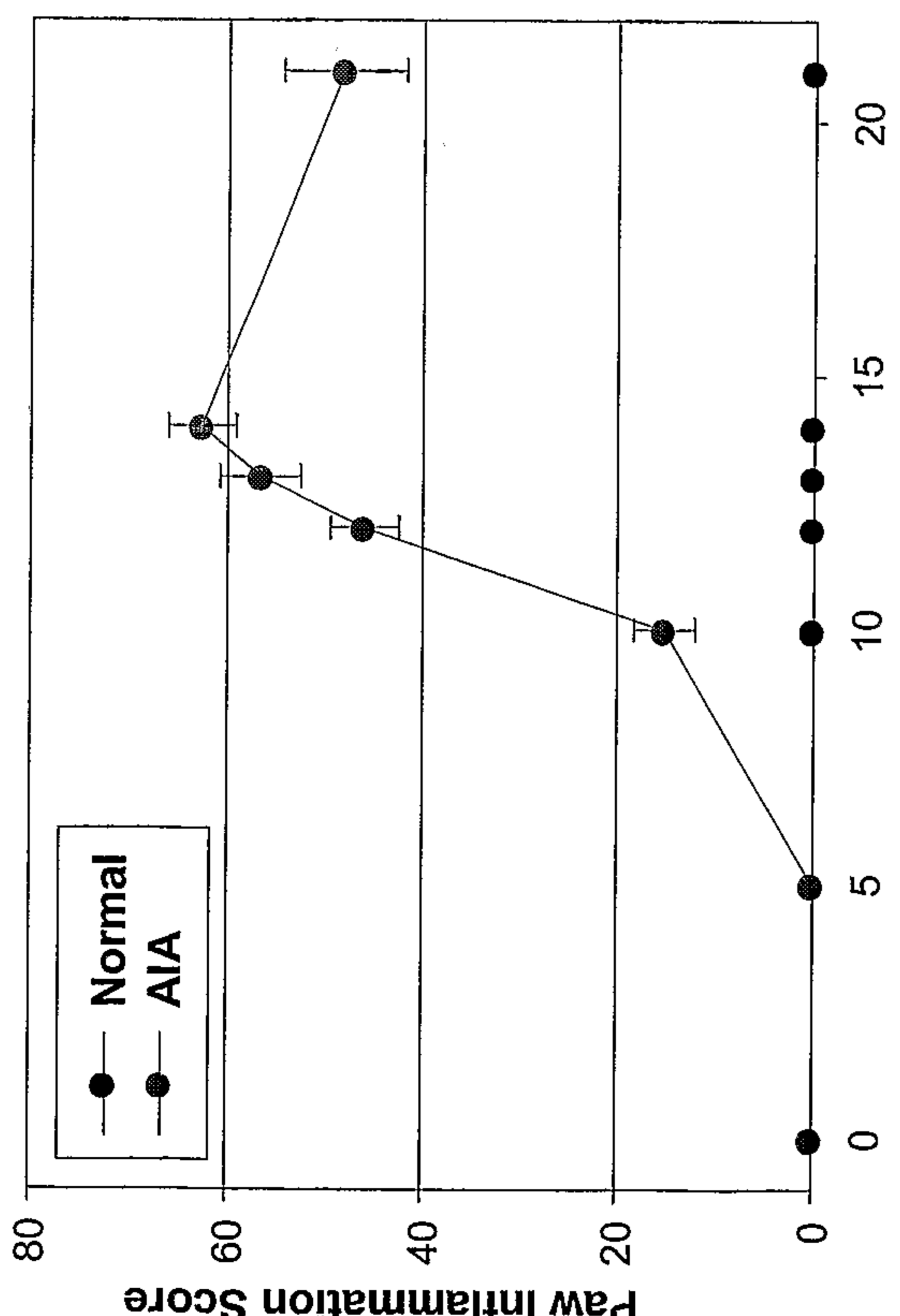
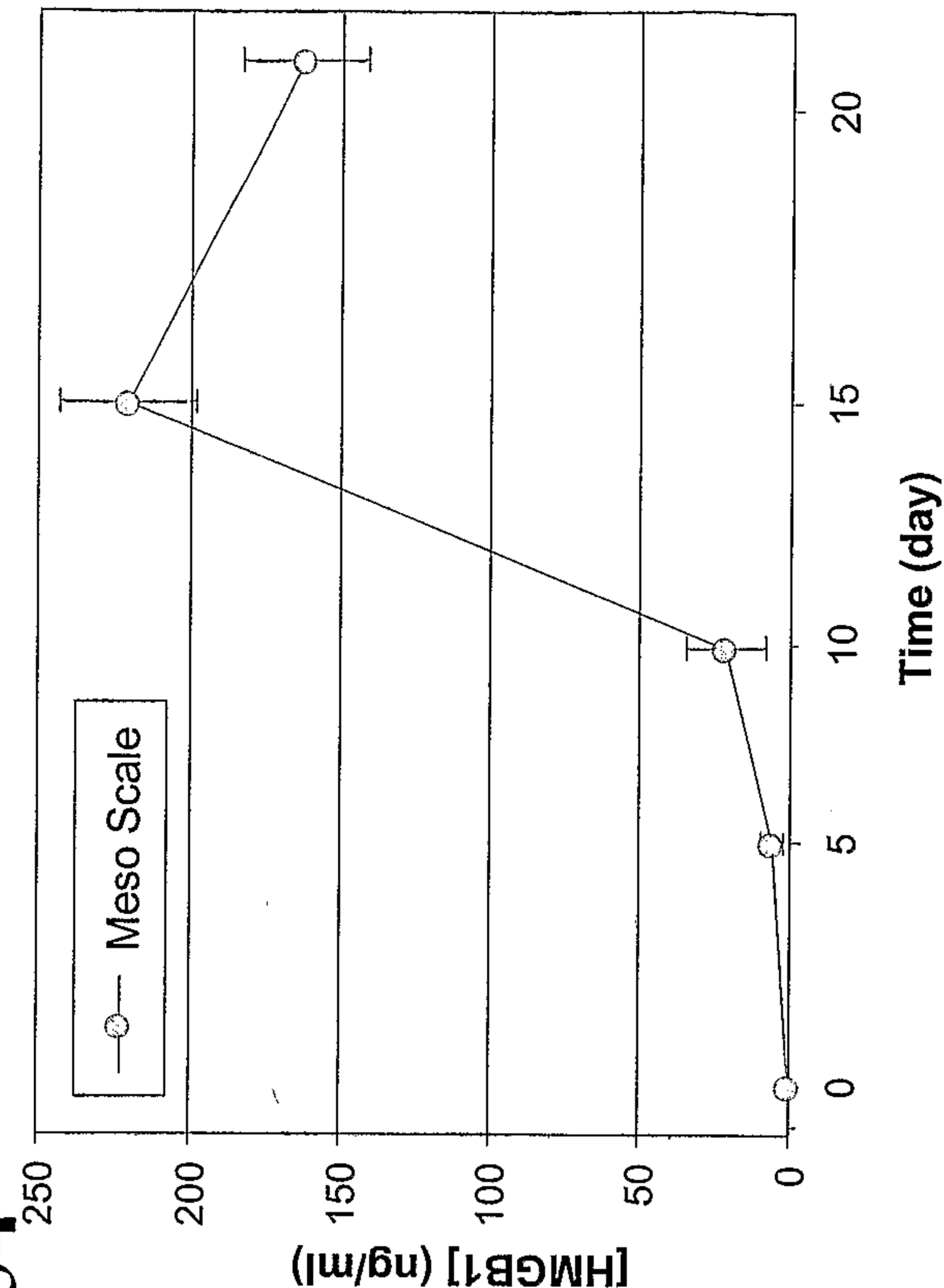


Fig. 12D

37/54

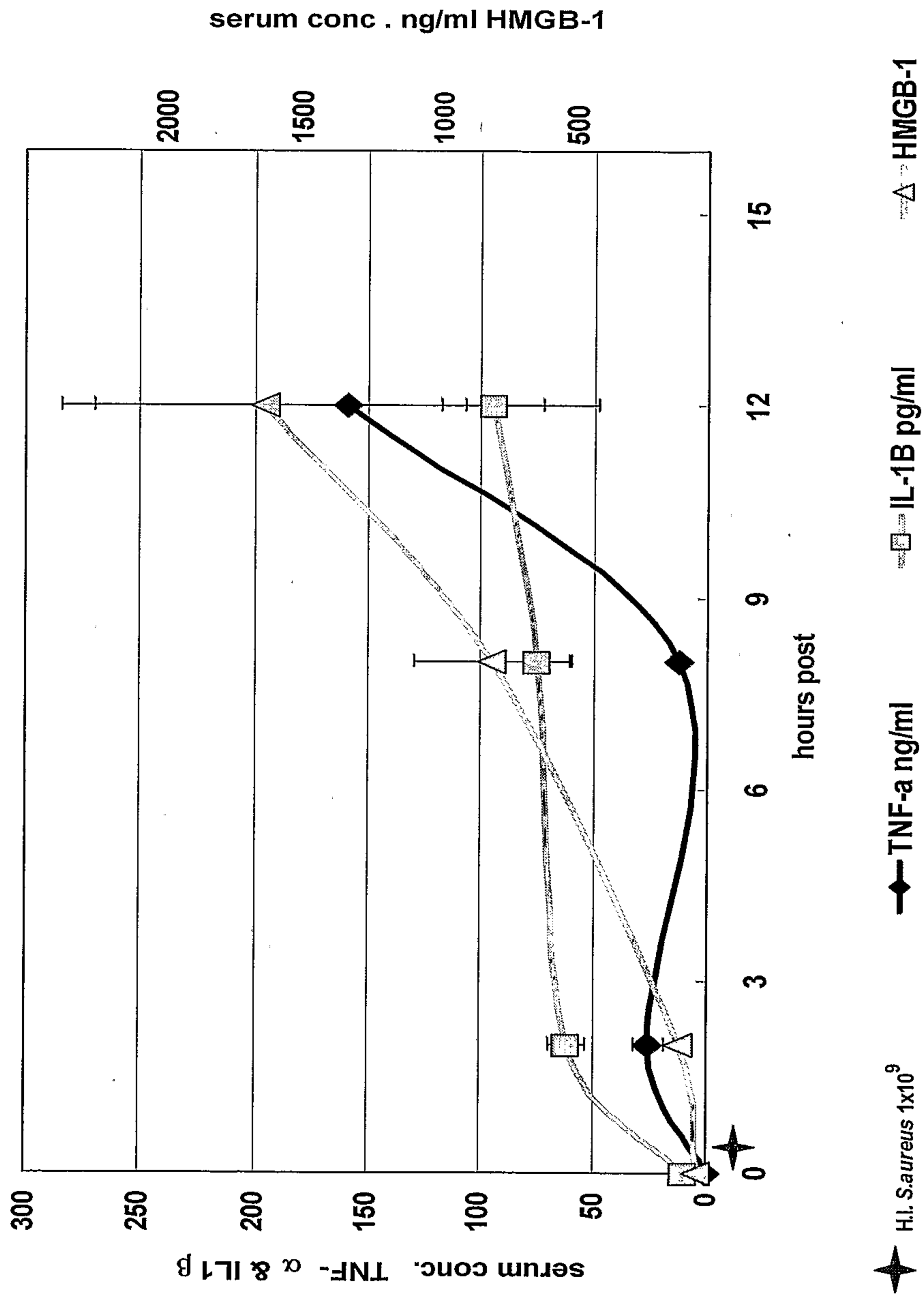


Fig. 12E

38/54

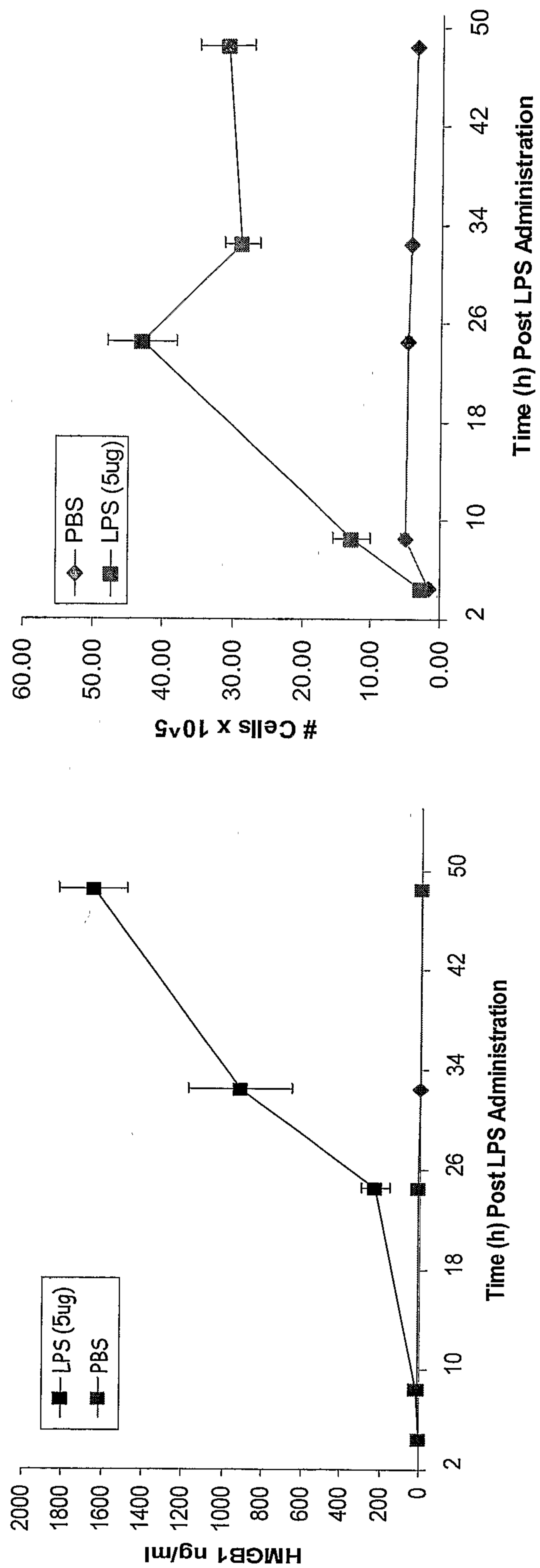


Fig. 12F

39/54

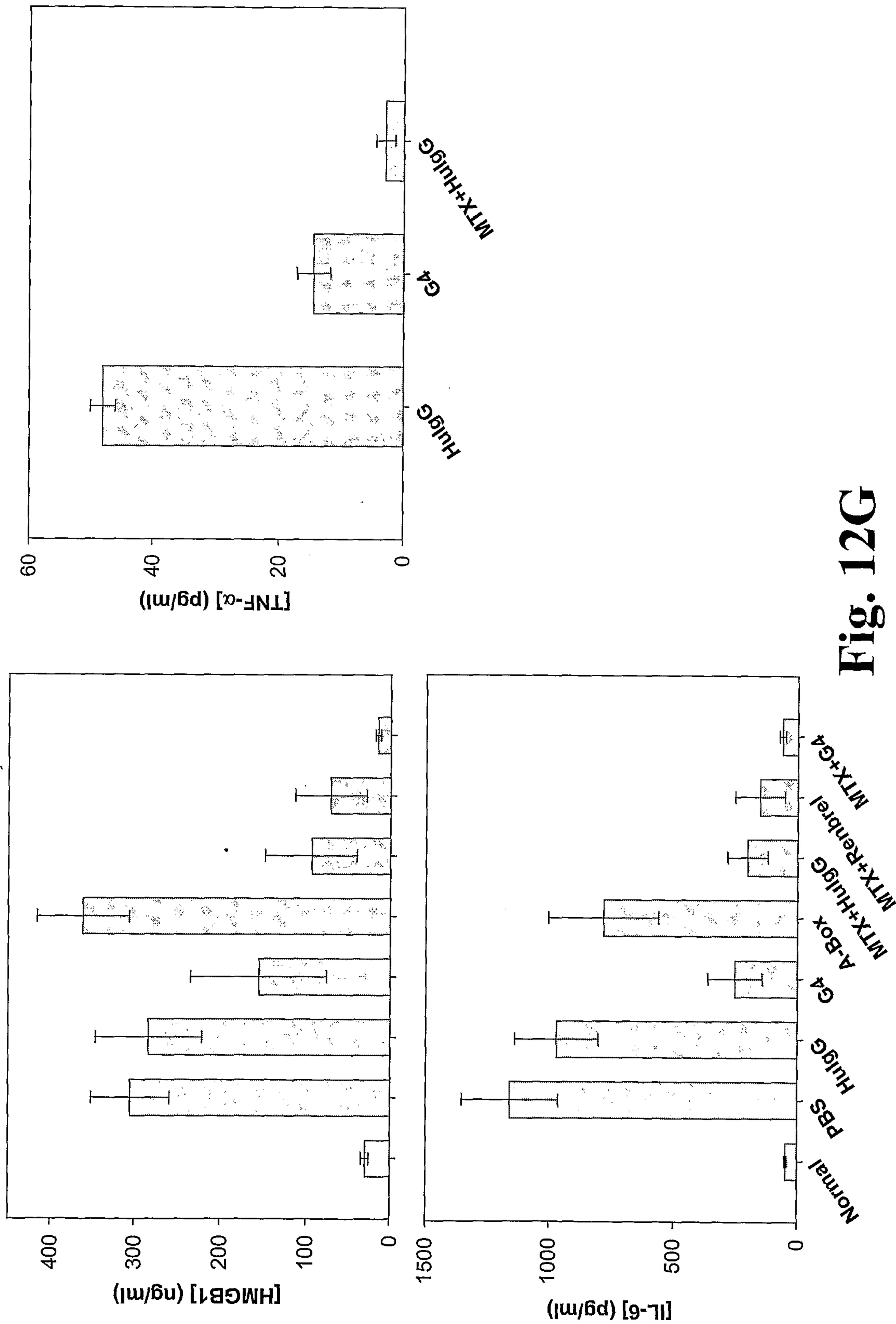


Fig. 12G

40/54

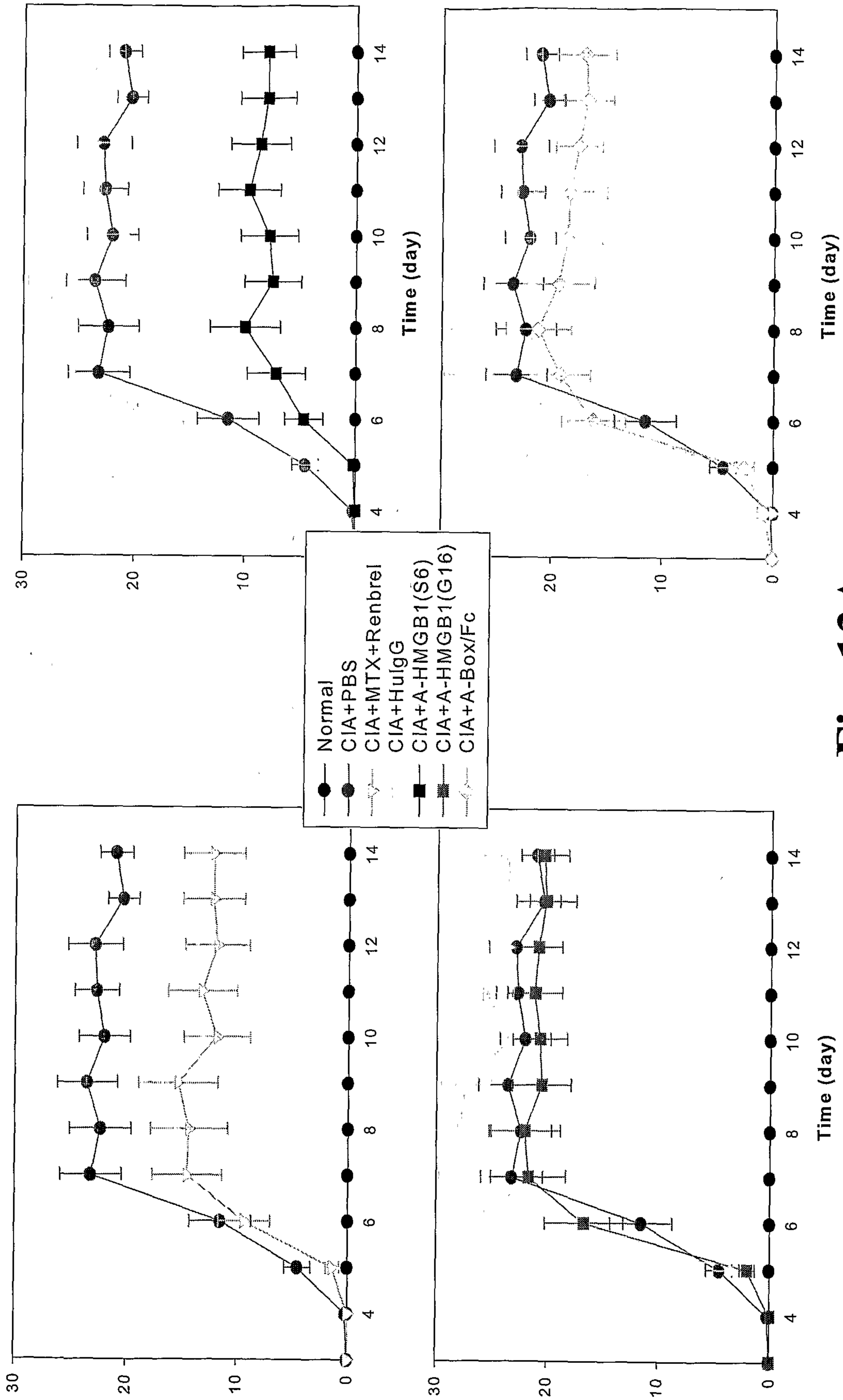


Fig. 13A

41/54

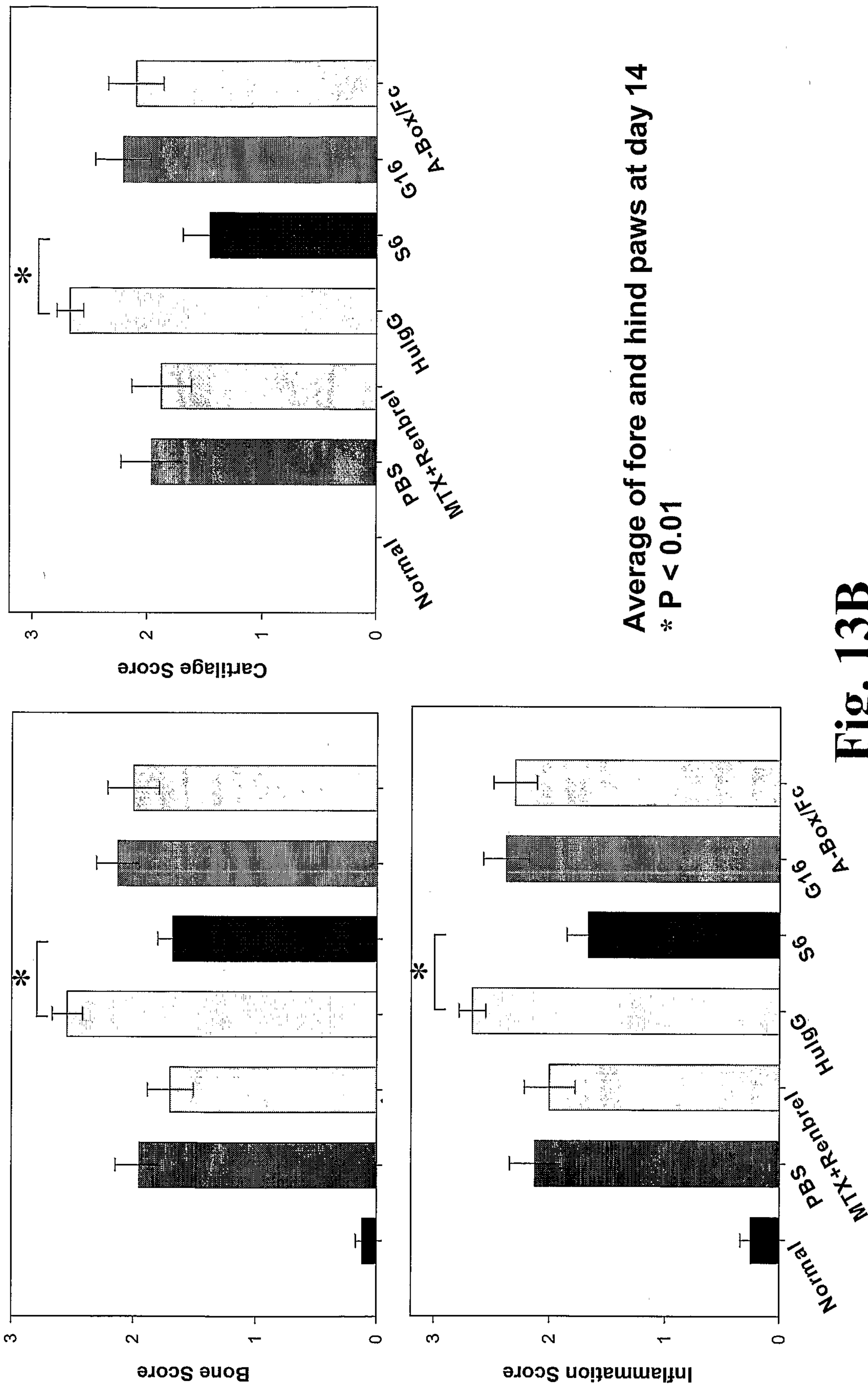


Fig. 13B

42/54

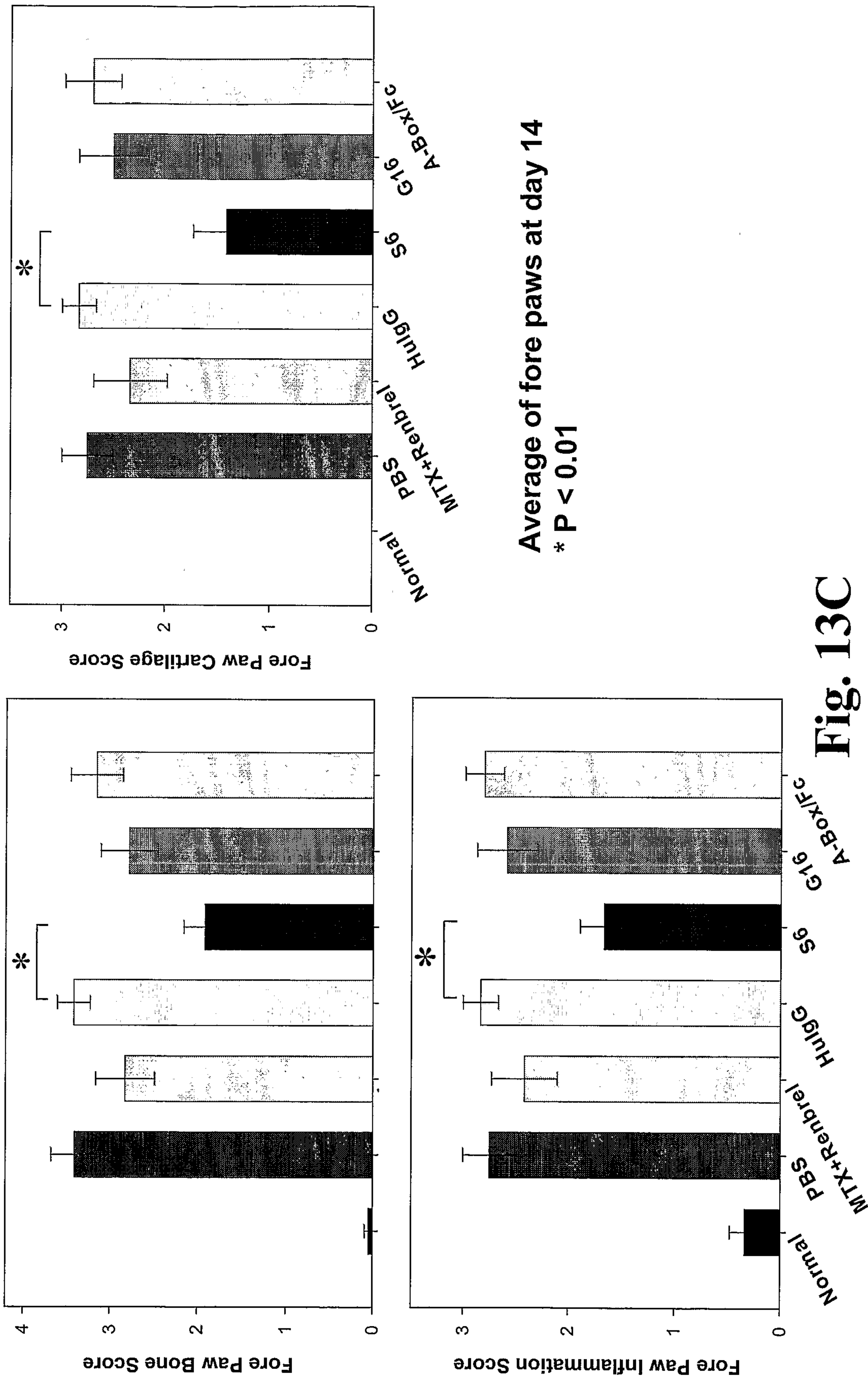


Fig. 13C

43/54

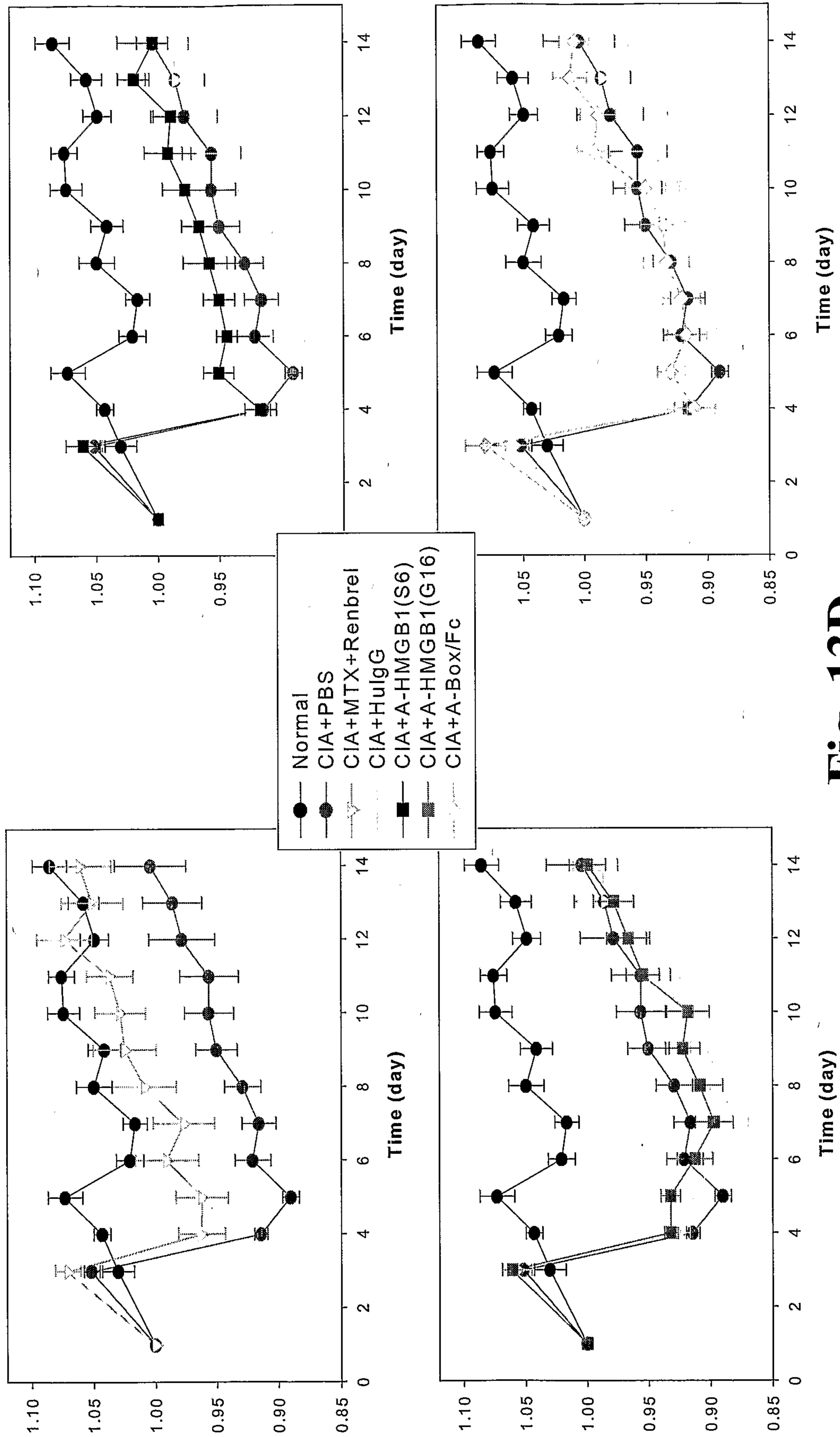


Fig. 13D

44/54

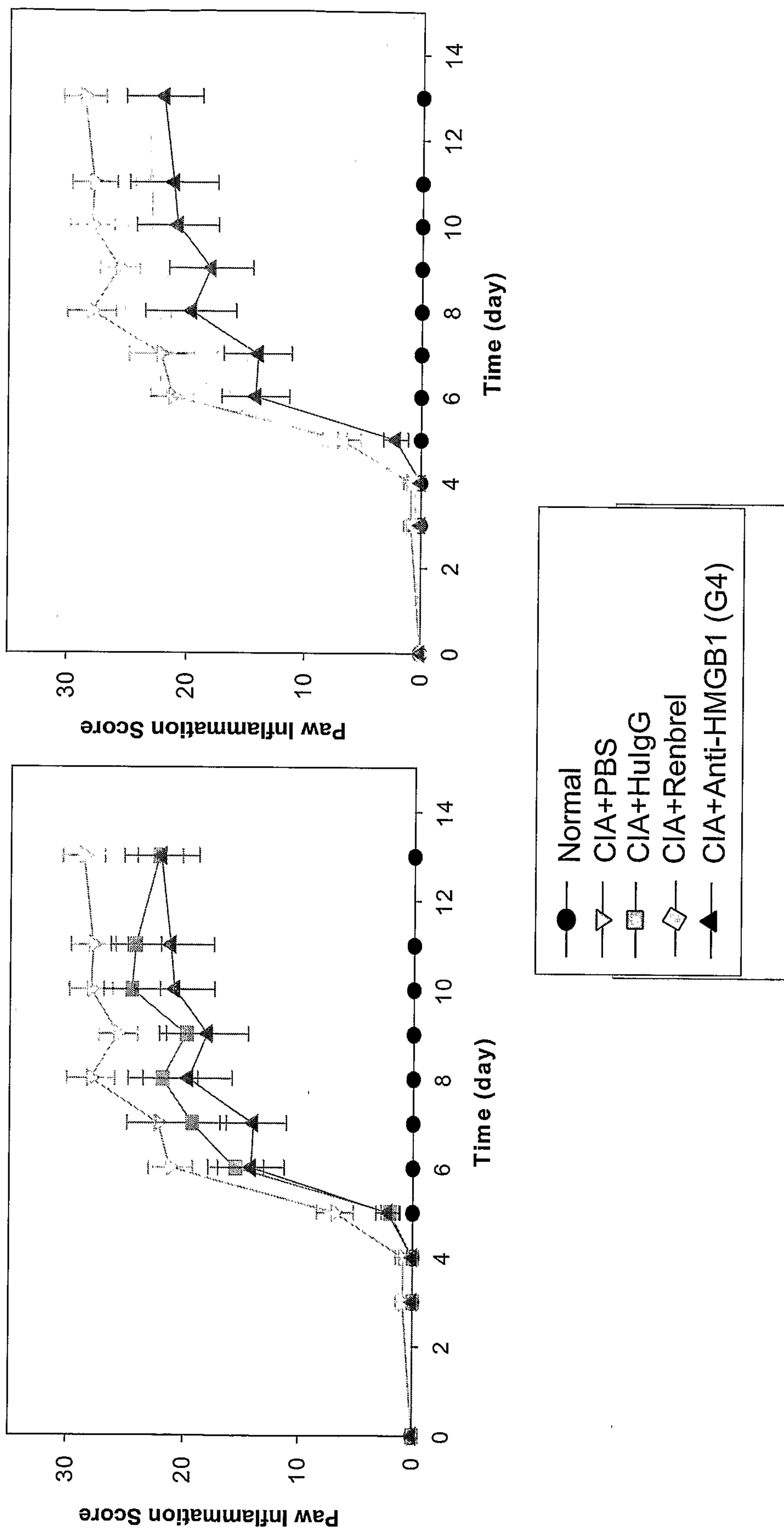


Fig. 14A

45/54

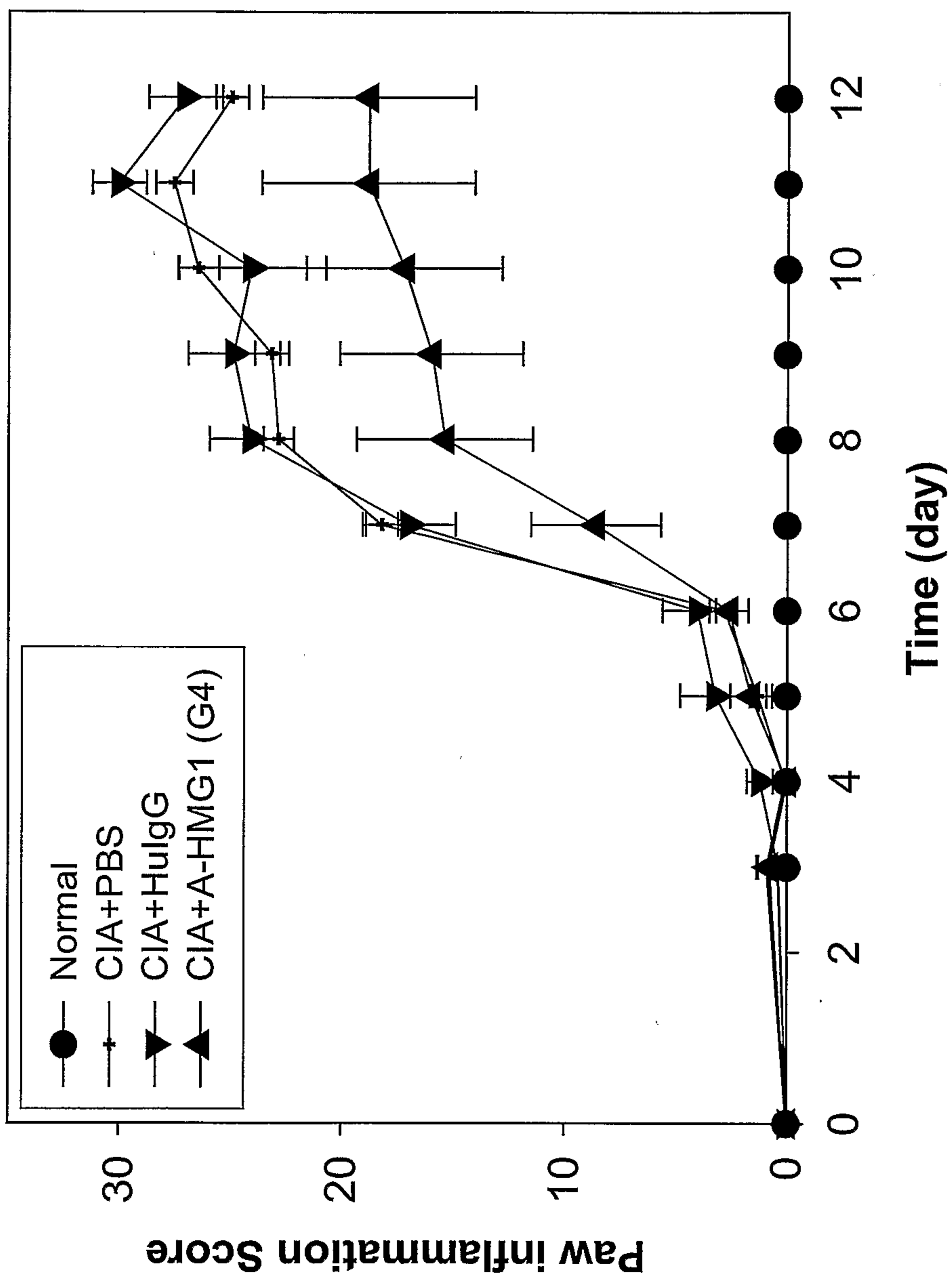


Fig. 14B

46/54

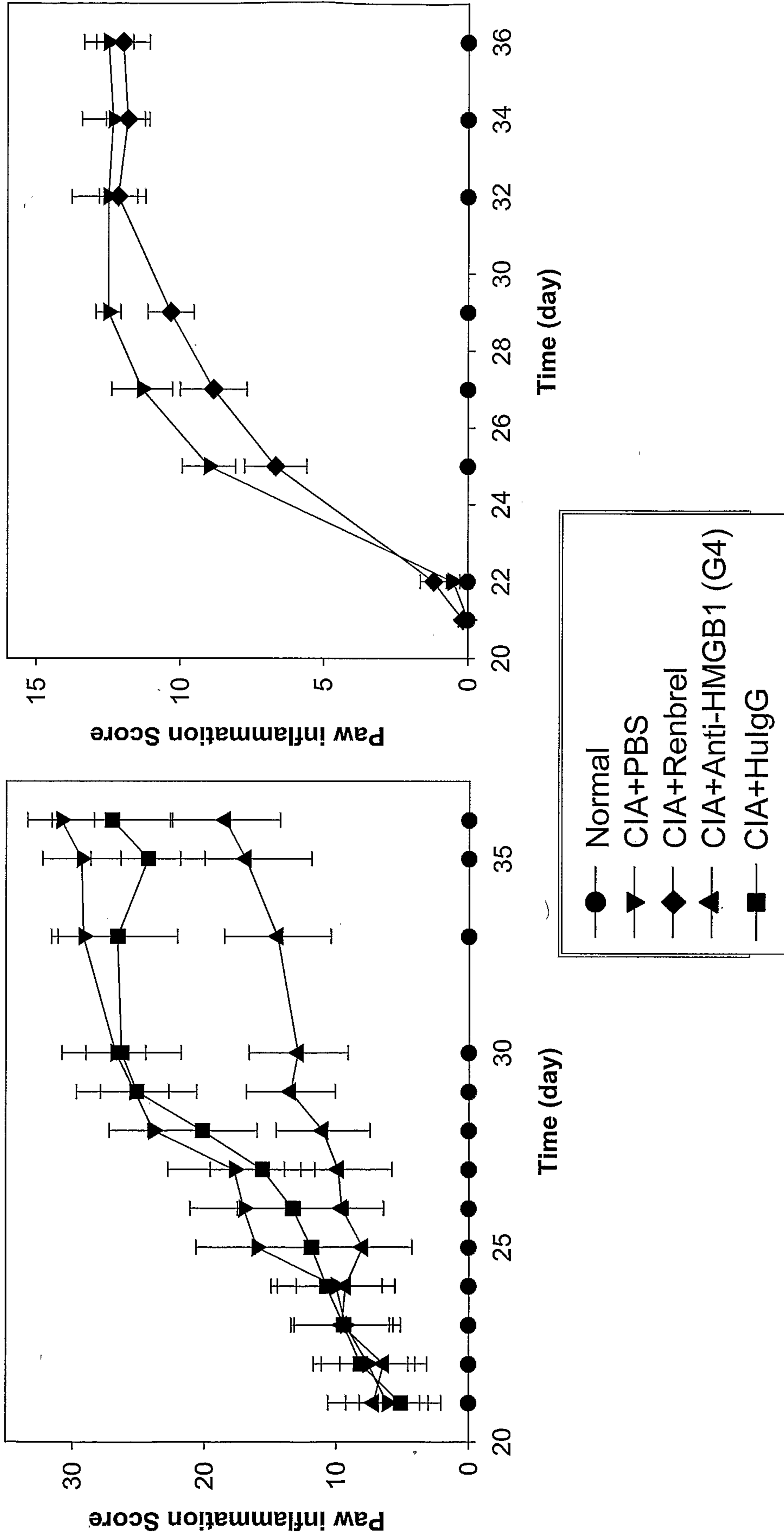


Fig. 15A

47/54

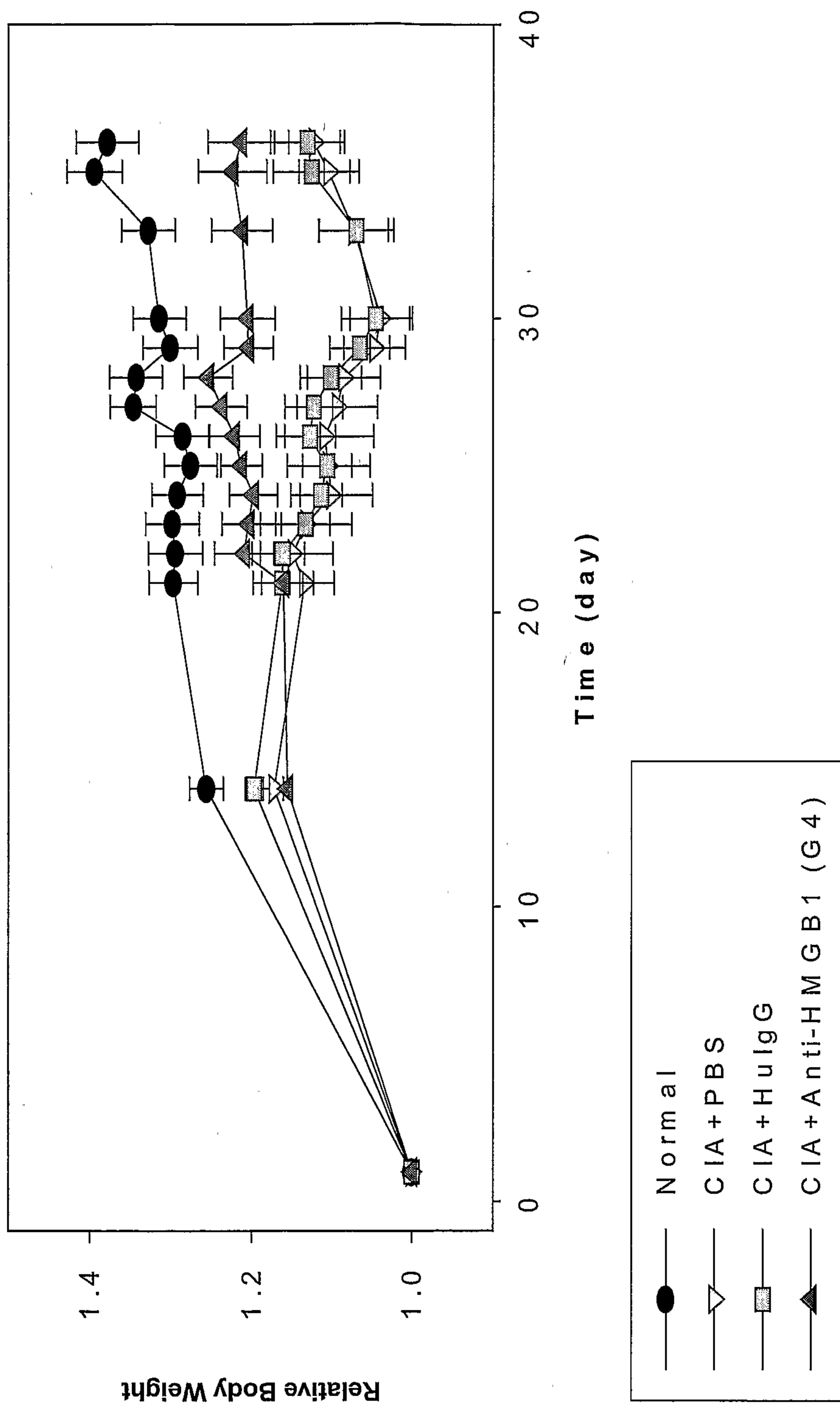


Fig. 15B

48/54

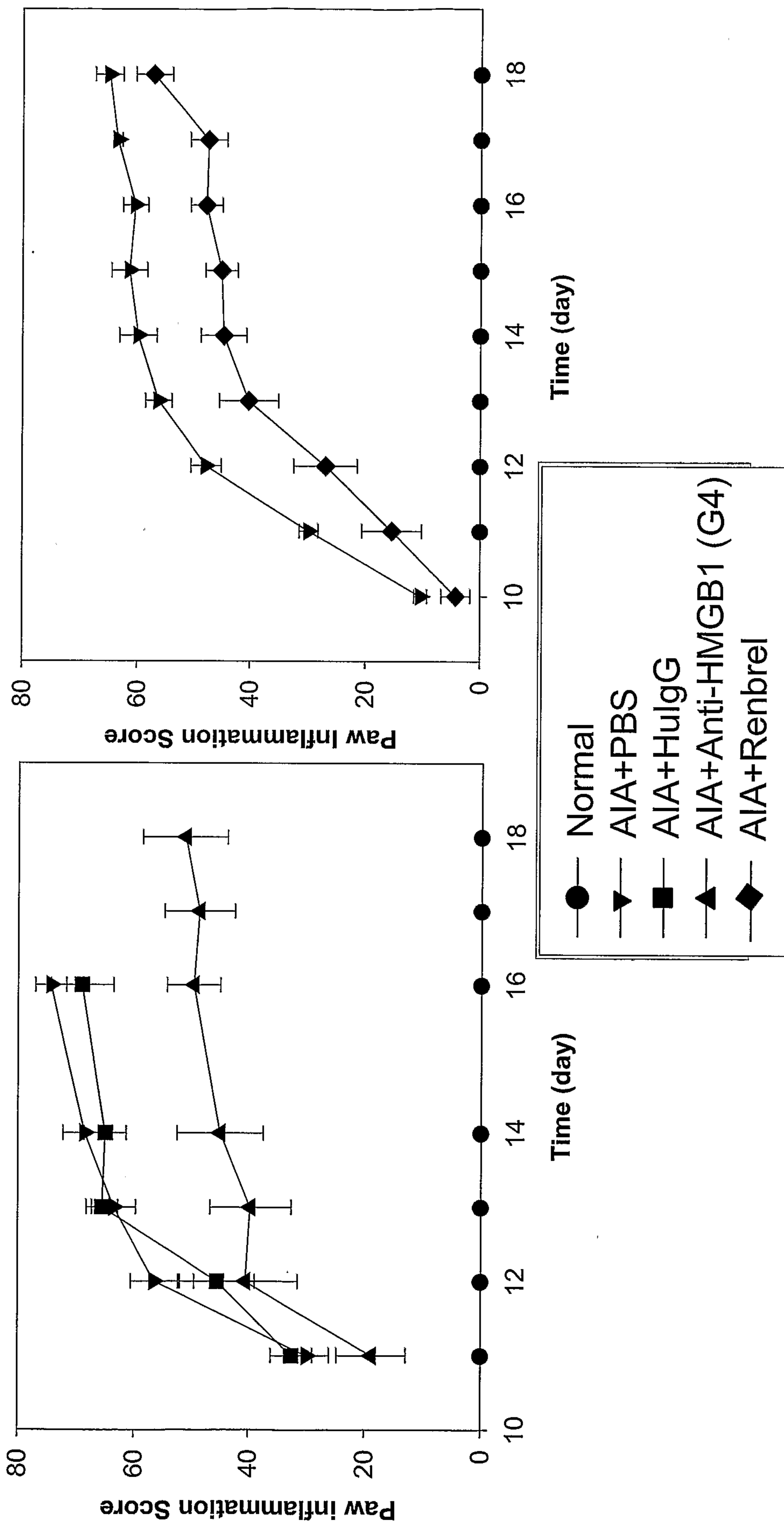


Fig. 16A

49/54

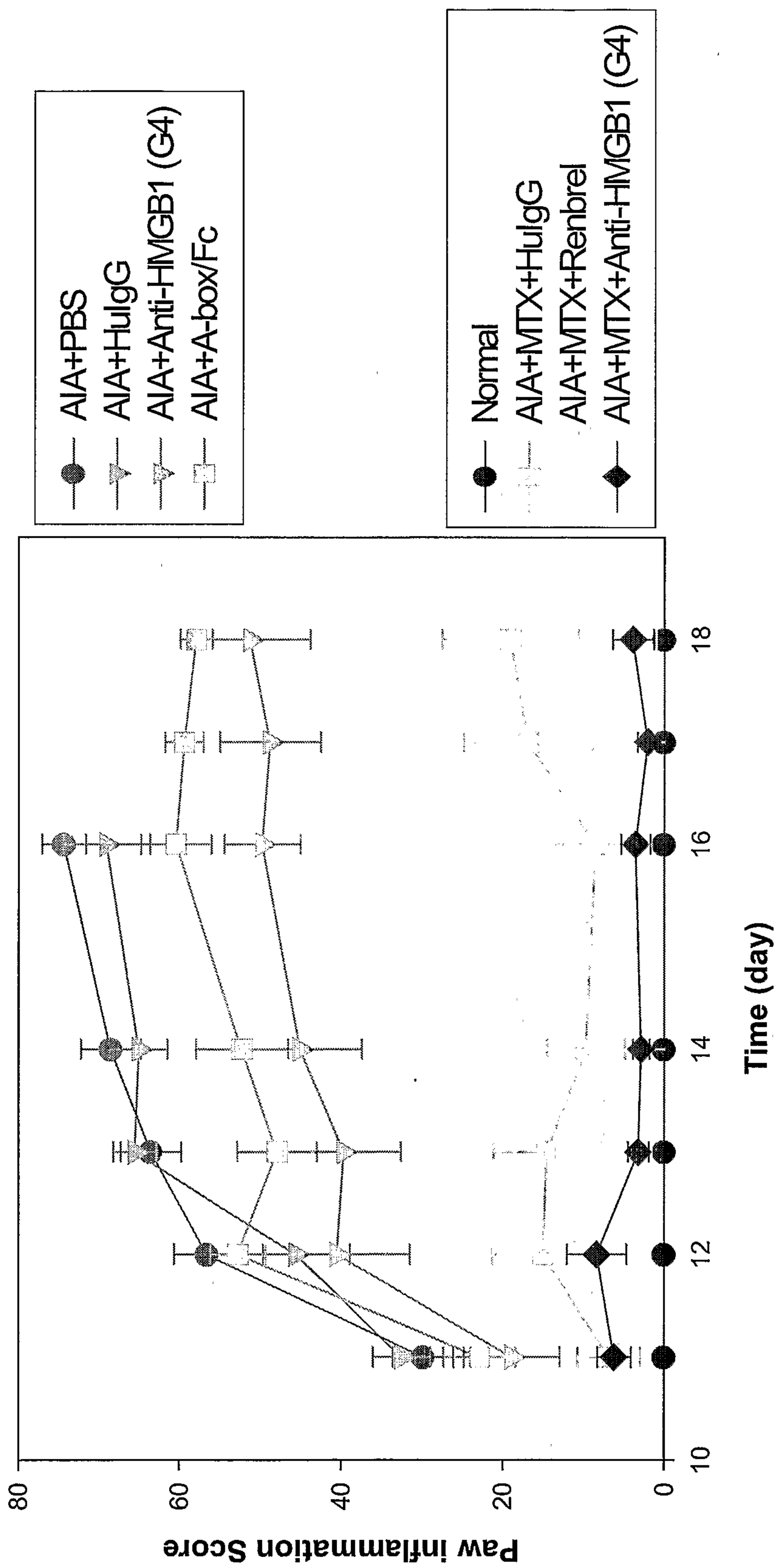


Fig. 16B

50/54

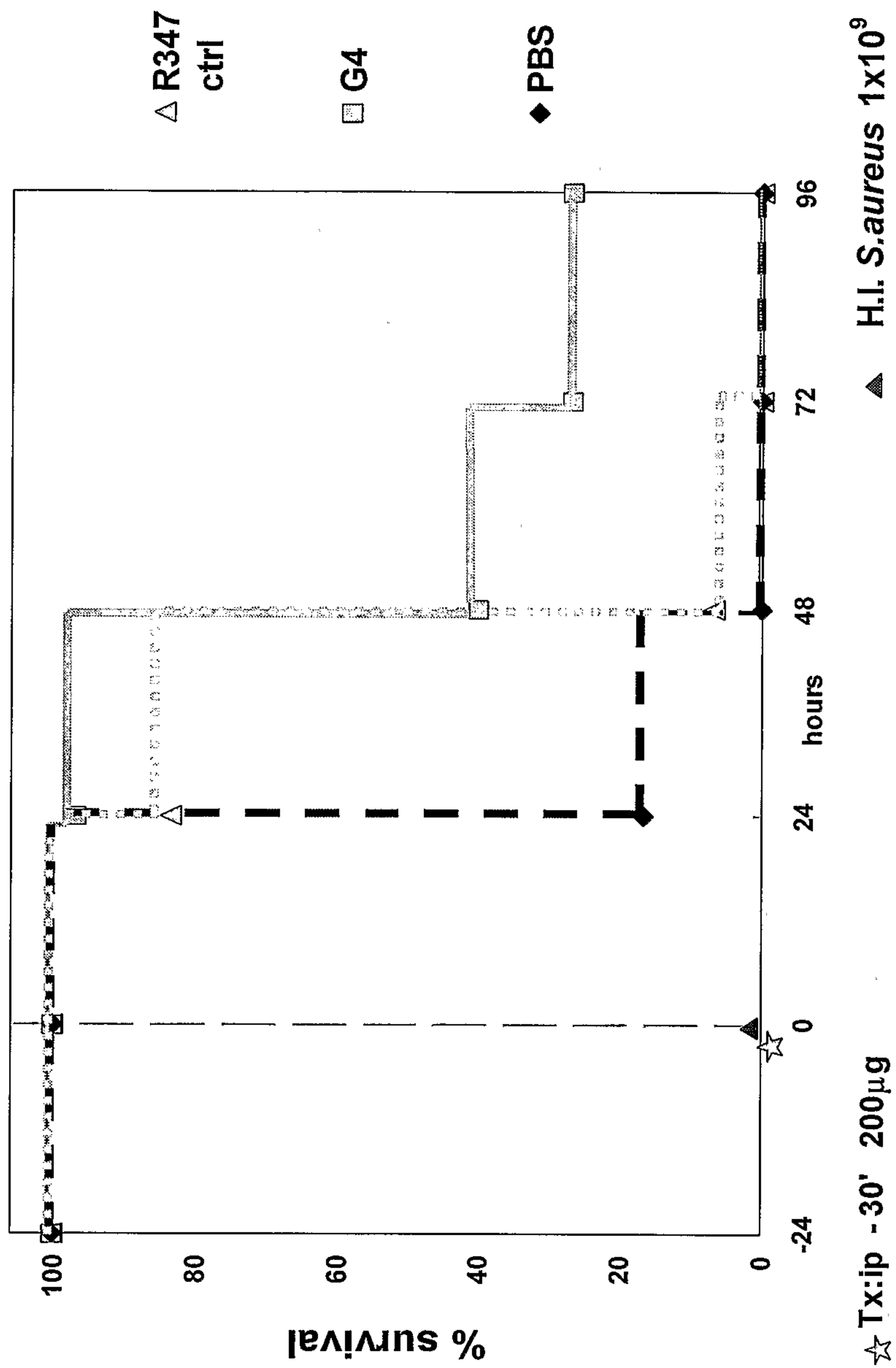


Fig. 17

51/54

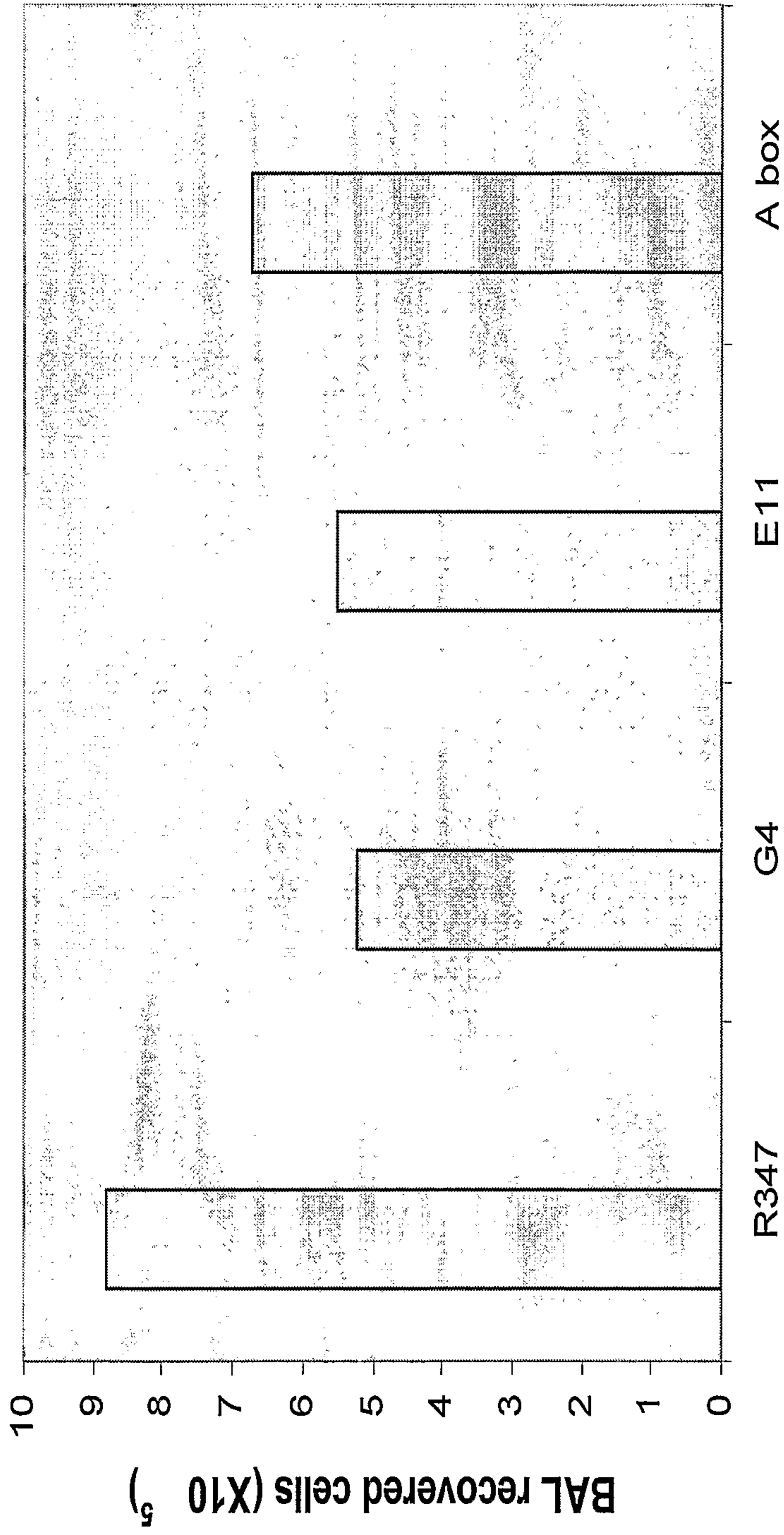


Fig. 18

52/54



50um

Fig. 19A

53/54

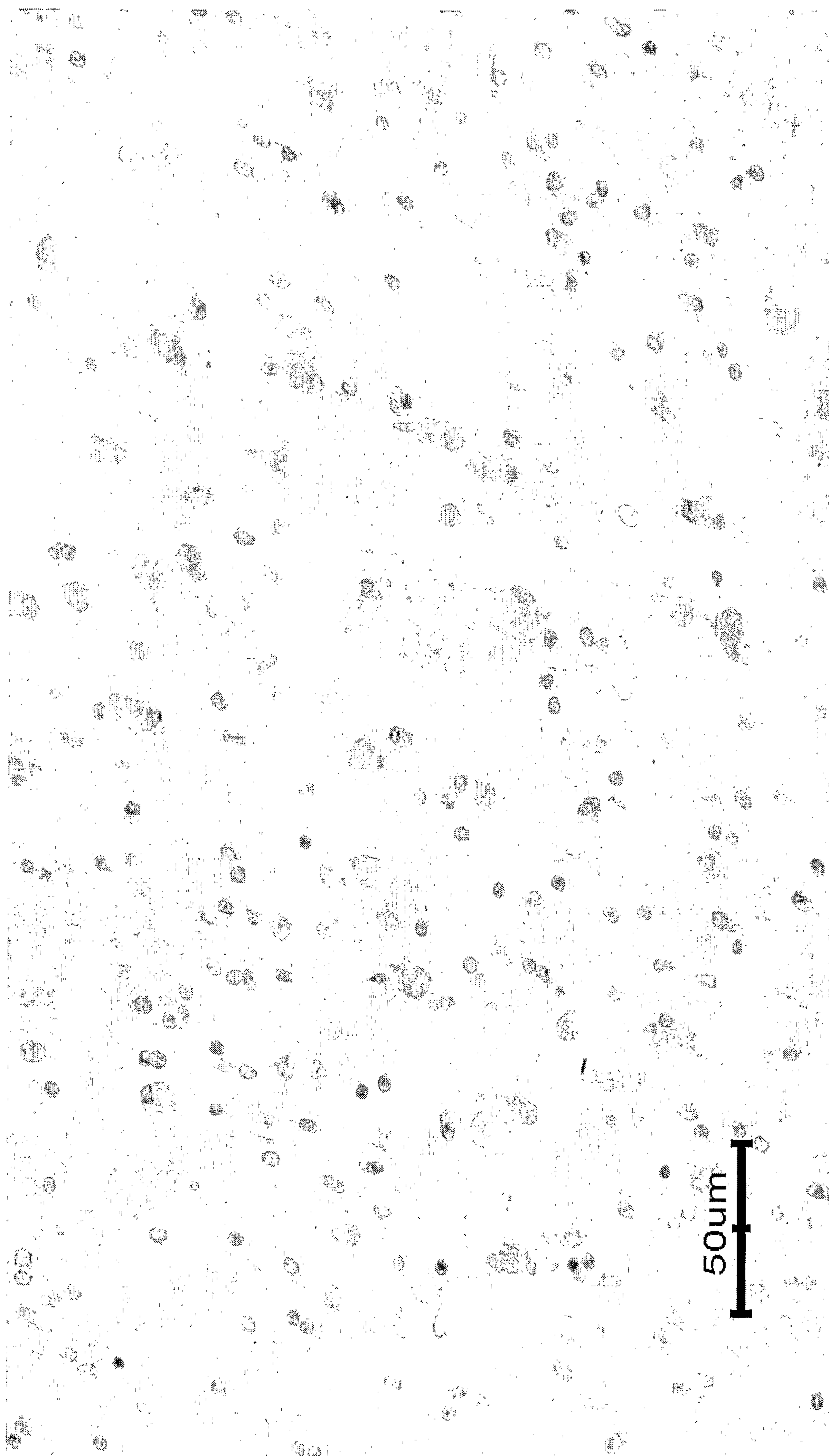
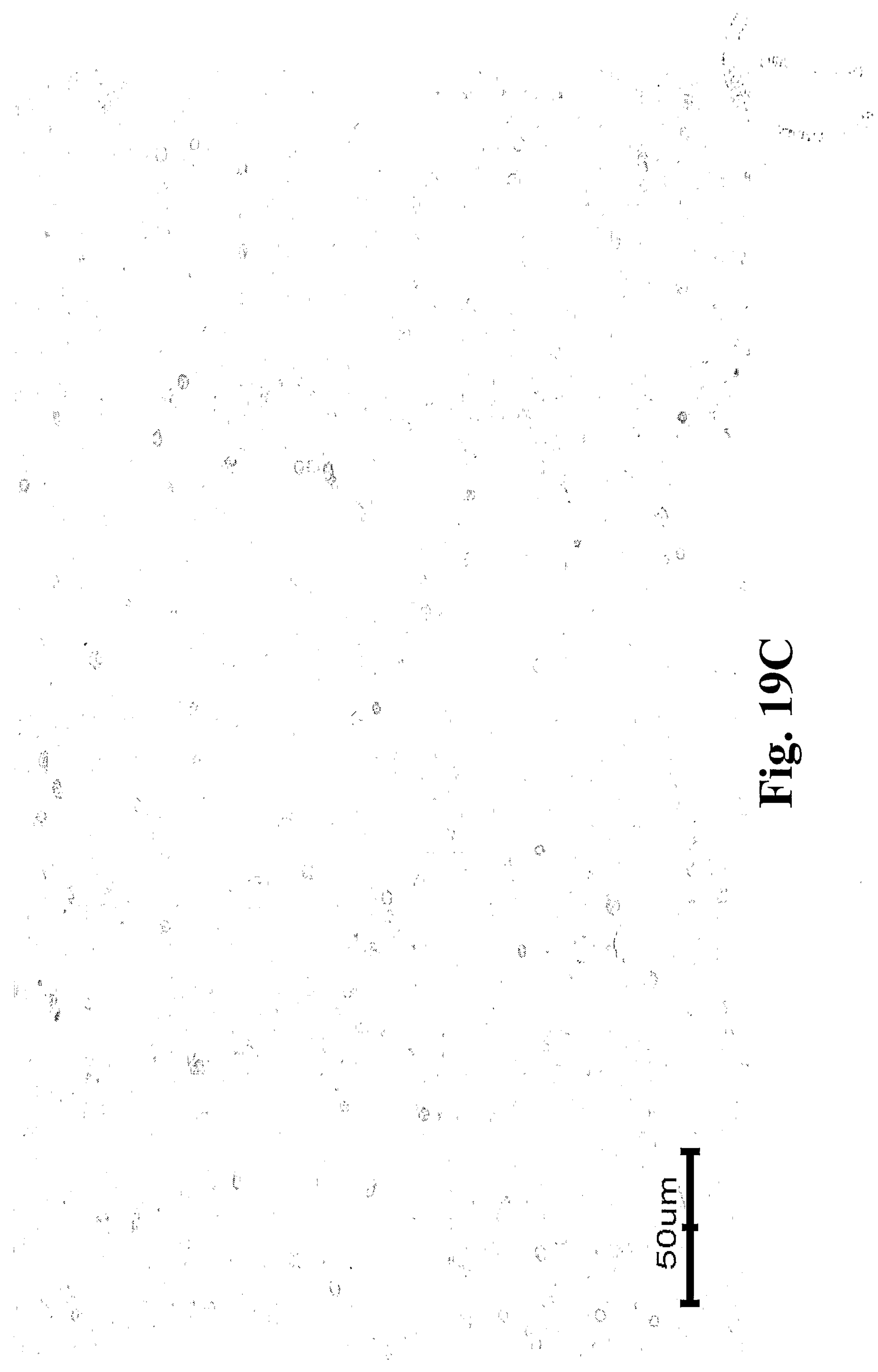


Fig. 19B

54/54



50um

Fig. 19C