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(54)Uses of IL-23 agonists and antagonists; related reagents (51)⁶ International Patent Classification(s) C07K 14/54 (2006.01)14/715 A61P 35/00 (2006.01) 20060101ALI2005100 CO7K 14/715 8BMEP 16/24 (2006.01) C07K 16/24 (2006.01) 20060101ALI2005100 **A61K** 38/00 (2006.01) 8BMEP **A61K** 39/00 (2006.01) 38/00 C07K 14/54 20060101ALN200510 CO7K 14/54 08BMEP A61K 20060101AFI2005100 39/00 8BMEP A61P 20060101ALN200510 35/00 08BMEP 20060101ALI2006052 C07K PCT/US2004/007198 1BMWO (21)Application No: (22) Application Date: 2004219625 2004 .03 .09 WIPO No: W004/081190 (87)(30)Priority Data Number (32) Date (31)(33)Country US 60/453,672 2003 .03 .10 20101223 (43)Publication Date : 2004 .09 .23 (71)Applicant(s) Schering Corporation (72)Inventor(s) Oft, Martin, McClanahan, Terrill K. (74)Agent/Attorney Griffith Hack, Level 29, Northpoint 100 Miller Street, North Sydney, NSW, 2060 (56)Related Art WO 2001/085790 A2 WO 2001/018051 A2 WO 2002/097048 A2 WO 2002/029060 A2

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(57) Abstract: Provided are methods of treatment for tumors. In particular, methods are provided for modulating activity of a cytokine molecule and its receptor.

USES OF IL-23 AGONISTS AND ANTAGONISTS; RELATED REAGENTS

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345:340-350).

FIELD OF THE INVENTION

[0001] The present invention concerns uses of mammalian cytokine molecules and related reagents. More specifically, the invention relates to identification of mammalian cytokine-like proteins and inhibitors thereof that can be used in the treatment of proliferative disorders.

BACKGROUND OF THE INVENTION

Cancers and tumors can be controlled or eradicated by the immune system. [0002] The immune system includes several types of lymphoid and myeloid cells, e.g., monocytes, macrophages, dendritic cells (DCs), eosinophils, T cells, B cells, and neutrophils. These lymphoid and myeloid cells produce secreted signaling proteins known as cytokines. The cytokines include, e.g., interleukin-10 (IL-10), interferon-gamma (IFNgamma), IL-12, and IL-23. Immune response includes inflammation, i.e., the accumulation of immune cells systemically or in a particular location of the body. In response to an infective agent or foreign substance, immune cells sccrete cytokines which, in turn, modulate immune cell proliferation, development, differentiation, or migration. Immune response can produce pathological consequences, e.g., when it involves excessive inflammation, as in the autoimmune disorders, whereas impaired immune response may result in cancer. Anti-tumor response by the immune system includes innate immunity, e.g., as mediated by macrophages, NK cells, and neutrophils, and adaptive immunity, e.g., as mediated by antigen presenting cells (APCs), T cells, and B cells (see, e.g., Abbas, et al. (eds.) (2000) Cellular and Molecular Immunology, W.B. Saunders Co., Philadelphia, PA; Oppenheim and Feldmann (eds.) (2001) Cytokine Reference, Academic Press, San Diego, CA; von Andrian and Mackay (2000) New Engl. J. Med. 343:1020-1034; Davidson and Diamond (2001) New Engl. J. Med.

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[0003] Methods of modulating immune response have been used in the treatment of cancers, e.g., melanoma. These methods include treatment with cytokines or anti-cytokine antibodies, such as IL-2, IL-12, tumor necrosis factor-alpha (TNFalpha), IFNgamma, granulocyte macrophage-colony stimulating factor (GM-CSF), and transforming growth factor (TGF). Where a cancer cell can produces a cytokine that enhance its own growth or its 5 own survival, an anti-cytokine antibody may be an appropriate therapeutic agent (see, e.g., Ramirez-Montagut, et al. (2003) Oncogene 22:3180-3187; Braun, et al. (2000) J. Immunol. 164:4025-4031; Shaw, et al. (1998) J. Immunol. 161:2817-2824; Coussens and Werb (2002) Nature 420:860-867; Baxevanis, et al. (2000) J. Immunol. 164:3902-3912; Shimizu, et al. 10 (1999) J. Immunol. 163:5211-5218; Belardelli and Ferrantini (2002) TRENDS Immunol. 23:201-208; Seki, et al. (2002) J. Immunol. 168:3484-3492; Casares, et al. (2003) J. Immunol. 171:5931-5939; Oft, et al. (2002) Nature Cell Biol. 4:487-494) [0004] Interleukin-23 (IL-23) is a heterodimeric cytokine comprised of two subunits, i.e., p19 and p40. The p19 subunit is structurally related to IL-6, granulocyte-colony 15 stimulating factor (G-CSF), and the p35 subunit of IL-12. The p40 subunit of IL-23 is also part of IL-12, a heterodimeric cytokine comprising p35 and p40. IL-23 mediates signaling by binding to a heterodimeric receptor, comprised of IL-23R and IL-12beta1. The IL-12beta1 subunit is shared by the IL-12 receptor, which is composed of IL-12bcta1 and IL-12bcta2. A number of early studies demonstrated that the physiological consequences of a genetic 20 deficiency in p40 (p40 knockout mouse; p40KO mouse; p40^{-/-} mouse) were different from, e.g., more severe or less severe, than those found in a p35KO mouse. Some of these results were eventually explained by the discovery of IL-23, and the finding that the p40KO prevents expression of both IL-12 and IL-23 (Oppmann, et al. (2000) Immunity 13:715-725; Wiekowski, et al. (2001) J. Immunol. 166:7563-7570; Parham, et al. (2002). J Immunol 168, 25 5699-708; Frucht (2002) Sci STKE 2002, E1-E3; Elkins, et al. (2002) Infection Immunity 70:1936-1948; Cua, et al. (2003) Nature 421:744-748). [0005] Present methods for treating cancer are not completely effective, and cytokines, such as IL-12 or IFNgamma produce toxic side effects (see, e.g., Naylor and Hadden (2003) Int. Immunopharmacol. 3:1205-1215; Fernandez, et al. (1999) J. Immunol. 30 162:609-617). The present invention addresses these problems by providing methods of using agonists and antagonists of IL-23.

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SUMMARY OF THE INVENTION

[0006] The present invention is based upon the discovery that an agonist or antagonist of IL-23 can modulate tumor growth.

- [0006A] The present invention provides items (1) to (24):
 - (1) A method for the treatment of tumors comprising contacting a tumor cell with an effective amount of an antagonist of IL-23, wherein the antagonist of IL-23 comprises:
 - (a) an antigen binding site of an antibody that specifically binds a polypeptide of p19 (SEQ ID NO: 2); or
 - (b) an anti-sense nucleic acid or small interference RNA (siRNA) that specifically binds a nucleic acid encoding p19 (SEQ ID NO: 1).
- (2) The use of an antagonist of IL-23 for the manufacture of a medicament for the treatment of tumors comprising tumor cells, wherein the antagonist of IL-23 comprises:
 - (a) an antigen binding site of an antibody that specifically binds a polypeptide of p19 (SEQ ID NO: 2); or
 - (b) an anti-sense nucleic acid or small interference RNA (siRNA) that specifically binds a nucleic acid encoding p19 (SEQ ID NO: 1).
- (3) The method of item (1) or use of item (2), wherein the antagonist of IL-23 inhibits or prevents tumor growth.
 - (4) The method of item (1) or use of item (2), wherein the tumor cells express IL-23 p19.
 - (5) The method of item (1) or use of item (2), wherein the antagonist comprises an antigen-binding site of an

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antibody.

- (6) The method of item (1) or use of item (2), wherein the antagonist comprises an anti-sense nucleic acid or small interference RNA (siRNA).
- (7) The method of item (1) or use of item (2), wherein the antagonist comprises a monoclonal antibody or a fragment thereof.

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- (8) The method or use of item (7), wherein the monoclonal antibody or fragment thereof is a humanized antibody or fragment thereof.
- 15 (9) The method or use of item (7), wherein the monoclonal antibody or fragment thereof is a Fab, Fv or F(ab')2 antibody fragment.
- (10) The method of item (1) or use of item (2), wherein the tumor cells are:
 - a. colon cancer cells;
 - b. ovarian cancer cells;
 - c. breast cancer cells; or
- d. melanoma cells.
- (11) A method for the treatment of a subject suffering from a cancer or tumor, comprising administering to the subject an effective amount of an antagonist of IL-23, wherein the antagonist of IL-23 comprises:
 - (a) an antigen-binding site of an antibody that specifcally binds a polypeptide of p19 (SEQ ID NO 2); or
- 35 (b) an anti-sense nucleic acid or small interference RNA (si RNA) that specifically binds a nucleic acid encoding p 19 (SEQ ID NO: 1).

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- (12) The use of an antagonist of IL-23 for the manufacture of a medicament for the treatment of a subject suffering from a cancer or tumor, wherein the antagonist of IL-23 comprises:
 - (a) an antigen-binding site of an antibody that specifically binds a polypeptide of p19 (SEQ ID NO 2); or
 - (b) an anti-sense nucleic acid or small interference RNA (si RNA) that specifically binds a nucleic acid encoding p 19 (SEQ ID NO: 1).
- (13) The method of item (11) or use of item (12), wherein the antagonist of IL-23 inhibits:
 - a) growth of the cancer or tumor;
 - b) cachexia
 - c) anorexia; or
- d) angiogenesis.
 - (14) The method of item (11) or use of item (12), wherein the antagonist comprises an antigen-binding site of an antibody.

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- (15) The method of item (11) or use of item (12), wherein the antagonist comprises an anti-sense nucleic acid or small interference RNA (siRNA).
- (16) The method or use of item (14), wherein the antagonist comprises a monoclonal antibody or a fragment thereof.
- (17) The method or use of item (16), wherein the monoclonal antibody or fragment thereof is a humanized antibody or fragment thereof.

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- (18) The method or use of item (16), wherein the monoclonal antibody or fragment thereof is a Fab, Fv or F(ab')2 antibody fragment.
- 5 (19) The method of item (11) or use of item (12), wherein the cancer or tumor is of the:
 - a) gastrointestinal tract;
 - b) respiratory tract;
 - c) reproductive system; or
 - d) endocrine system.
 - (20) The method of item (11) or use of item (12), wherein the cancer or tumor is:

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- (a) colon cancer;
- (b) ovarian cancer;
- (c) a melanoma; or
- (d) breast cancer.

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- (21) A method of determining whether tumor cells express IL-23 comprising contacting a sample from a subject with an antagonist of IL-23 which comprises:
- a) an antigen binding site of an antibody that specifically binds a polypeptide of p19 (SEQ ID NO 2); or
 - b) an anti-sense nucleic acid or small interference RNA (siRNA) that specifically binds a nucleic acid encoding p19 (SEQ ID NO: 1)
- (22) The method of item (21), wherein the antagonist comprises an anti-sense nucleic acid or small interference 35 RNA that specifically binds the polynucleotide of SEQ ID NO: 1.

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- (23) A kit when used for determining whether tumor cells express IL-23 comprising:
 - a) a compartment; and
 - b) an antagonist of IL23 which comprises (i) an antigen binding site of an antibody that specifically binds a polypeptide of p19 (SEQ ID Nos: 2) or (ii) an anti-sense nucleic acid or small interference RNA (si RNA) that specifically binds a nucleic acid encoding p19 (SEQ ID NO: 1).

(24) The kit of item 23, wherein the antagonist comprises an antibody that specifically binds to p19 (SEQ ID NO: 2).

[0007] Described herein is a method of modulating tumor growth comprising contacting a tumor cell with an effective amount of an agonist or antagonist of IL-23.

Also provided is the above method, wherein the antagonist of IL-23 inhibits or prevents tumor growth; as well as the above method wherein the tumor cell expresses IL-23.

Also described herein is the above method wherein the agonist or antagonist of IL-23 comprises a binding composition that specifically binds a polypeptide or nucleic acid of p19 (SEQ ID NOs: 1,2,3, or 4); or IL-23R (SEQ ID NOs: 5 or 6); or the above method wherein the binding composition comprises: an antigen-binding site of an antibody; an extracellular region of IL-23R (SEQ ID Nos: 5 or 6); a small molecule; an anti-sense nucleic acid or small interference RNA(siRNA); or a detectable label; and the above method wherein the binding composition comprises: a polyclonal antibody; a monoclonal antibody; a humanized antibody, or a fragment thereof; an Fab, Fv, or F(ab')₂ fragment; or a peptide mimetic of an antibody. Yet another embodiment provides a method of [8000] modulating tumor growth comprising contacting a tumor cell with an effective amount of an agonist or antagonist of

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IL-23; wherein the tymor cell is: a colon cancer cell; an ovarian cancer cell; a breast cancer cell; or a melanoma cell.

- [0009] Also described herein is a method of treating a subject suffering from a cancer or tumor comprising administering to the subject an effective amount of an agonist or antagonist of IL-23; and the above method wherein the antagonist of IL-23 inhibits: growth of the cancer or tumor; cachexia; anorexia; or angiogenesis.
- 10 Also provided is the above method wherein the antagonist of IL-23 comprises a binding composition that specifically binds a polypeptide or nucleic acid of: p19 (SEQ ID NOs: 1,2,3, or 4) or IL-23R (SEQ ID NOs: 5 or 6). Yet another embodiment provides the above method wherein the binding composition comprises: an antigen-binding site of an antibody; an extracellular region of IL-23R (SEQ ID NOs: 5 or 6); an anti-sense nucleic acid or small interference RNA (siRNA); a small molecule; or a detectable label; and
- 20 comprises: a polyclonal antibody; a monoclonal antibody; a

the above method wherein the binding composition

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- humanized antibody, or a fragment thereof; an Fab,Fv, or F(ab')₂ fragment; or a peptide mimetic of an antibody.
 [0010] Also described is the above method wherein the cancer or tumor is of the: gastrointestinal tract;
 respiratory tract; reproductive system; or endocrine system; as well as the above method wherein the cancer or tumor is: colon cancer; ovarian cancer; a melanoma; or breast cancer.
- [0011] Also described is a method of diagnosis of a

 cancer or tumor comprising contacting a sample from a
 subject with the binding composition of the above method,
 as well as the above method of diagnosis, wherein the
 binding composition comprises a nucleic acid probe or
 primer that specifically binds or hybridizes to the

 polynucleotide of SEQ ID NOs: 1, 2, or 5.
 - (0012) Also described herein is a kit for the diagnosis of a cancer or tumor comprising the binding composition of the above method and a compartment or instructions for use or disposal. Also provided is the above kit wherein the
- binding composition comprises an antibody that specifically binds to p19 (SEQ ID NOs: 1,2,3, or 4) or IL- 23R (SEQ ID NOs: 5 or 6).

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DETAILED DESCRIPTION

[0013] As used herein, including the appended claims, the singular forms of words such as "a," "an," and "the," include their corresponding plural references unless the context clearly dictates otherwise. All references cited herein are incorporated by reference to the same extent as if each individual publication, patent application, or patent, was specifically and individually indicated to be incorporated by reference.

I. Definitions.

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[0014] "Activation," "stimulation," and "treatment," as it applies to cells or to receptors, may have the same meaning, e.g., activation, stimulation, or treatment of a cell or receptor with a ligand, unless indicated otherwise by the context or explicitly. "Ligand" encompasses natural and synthetic ligands, e.g., cytokines, cytokine variants, analogues, muteins, and binding compositions derived from antibodies. "Ligand" also encompasses small molecules, e.g., peptide mimetics of cytokines and peptide mimetics of antibodies. "Activation" can refer to cell activation as regulated by internal mechanisms as well as by external or environmental factors. "Response," e.g., of a cell, tissue, organ, or organism, encompasses a change in biochemical or physiological behavior, e.g., concentration, density, adhesion, or migration within a biological compartment, rate of gene expression, or state of differentiation, where the change is correlated with activation, stimulation, or treatment, or with internal mechanisms such as genetic programming.

[0015] "Activity" of a molecule may describe or refer to the binding of the molecule to a ligand or to a receptor, to catalytic activity; to the ability to stimulate gene expression or cell signaling, differentiation, or maturation; to antigenic activity, to the modulation of activities of other molecules, and the like. "Activity" of a molecule may also refer to activity in modulating or maintaining cell-to-cell interactions, e.g., adhesion, or activity in maintaining a structure of a cell, e.g., cell membranes or cytoskeleton. "Activity" can also mean specific activity, e.g., [catalytic activity]/[mg protein], or [immunological activity]/[mg protein], concentration in a biological compartment, or the like. "Proliferative activity" encompasses an activity that promotes, that is necessary for, or that is specifically associated with, e.g., normal cell division, as well as cancer, tumors, dysplasia, cell transformation, metastasis, and angiogenesis.

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"Administration" and "treatment," as it applies to an animal, human, [0016]experimental subject, cell, tissue, organ, or biological fluid, refers to contact of an exogenous pharmaceutical, therapeutic, diagnostic agent, compound, or composition to the animal, human, subject, cell, tissue, organ, or biological fluid. "Administration" and "treatment" can refer, e.g., to therapeutic, placebo, pharmacokinetic, diagnostic, research, and experimental methods. "Treatment of a cell" encompasses contact of a reagent to the cell, as well as contact of a reagent to a fluid, where the fluid is in contact with the cell. "Administration" and "treatment" also means in vitro and ex vivo treatments, e.g., of a cell, by a reagent, diagnostic, binding composition, or by another cell. "Treatment," as it applies to a human, veterinary, or research subject, refers to therapeutic treatment, prophylactic or preventative measures, to research and diagnostic applications. "Treatment" as it applies to a human, veterinary, or research subject, or cell, tissue, or organ, encompasses contact of an IL-23 agonist or IL-23 antagonist to a human or animal subject, a cell, tissue, physiological compartment, or physiological fluid. "Treatment of a cell" also encompasses situations where the IL-23 agonist or IL-23 antagonist contacts IL-23 receptor (heterodimer of IL-23R and IL-12Rbeta1), e.g., in the fluid phase or colloidal phase, as well as situations where the agonist or antagonist contacts a fluid, e.g., where the fluid is in contact with a cell or receptor, but where it has not been demonstrated that the agonist or antagonist contacts the cell or receptor.

[0017] "Binding composition" refers to a molecule, small molecule, macromolecule, antibody, a fragment or analogue thereof, or soluble receptor, capable of binding to a target. "Binding composition" also may refer to a complex of molecules, e.g., a non-covalent complex, to an ionized molecule, and to a covalently or non-covalently modified molecule, e.g., modified by phosphorylation, acylation, cross-linking, cyclization, or limited cleavage, which is capable of binding to a target. "Binding composition" may also refer to a molecule in combination with a stabilizer, excipient, salt, buffer, solvent, or additive. "Binding" may be defined as an association of the binding composition with a target where the association results in reduction in the normal Brownian motion of the binding composition, in cases where the binding composition can be dissolved or suspended in solution.

[0018] "Cachexia" is a wasting syndrome involving loss of muscle (muscle wasting) and fat, resulting from a disorder in metabolism. Cachexia occurs in various cancers, chronic pulmonary obstructive disorder (COPD), advanced organ failure, and AIDS. "Cancer

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cachexia" is the cachexia that occurs with cancer. Cancer cachexia is characterized by, e.g., marked weight loss, anorexia, asthenia, and anemia. Anorexia is a disorder resulting from lack of motivation to eat, e.g., food aversion (see, e.g., MacDonald, et al. (2003) J. Am. Coll. Surg. 197:143-161; Rubin (2003) Proc. Natl. Acad. Sci. USA 100:5384-5389; Tisdale (2002) Nature Reviews Cancer 2:862-871; Argiles, et al. (2003) Drug Discovery Today 8:838-844; Lelli, et al. (2003) J. Chemother. 15:220-225; Argiles, et al. (2003) Curr. Opin. Clin. Nutr. Metab. Care 6:401-406).

[0019] "Conservatively modified variants" applies to both amino acid and nucleic acid sequences. With respect to particular nucleic acid sequences, conservatively modified variants refers to those nucleic acids which encode identical or essentially identical amino acid sequences or, where the nucleic acid does not encode an amino acid sequence, to essentially identical nucleic acid sequences. Because of the degeneracy of the genetic code, a large number of functionally identical nucleic acids may encode any given protein.

[0020] As to amino acid sequences, one of skill will recognize that an individual substitution to a nucleic acid, peptide, polypeptide, or protein sequence which substitutes an amino acid or a small percentage of amino acids in the encoded sequence for a conserved amino acid is a "conservatively modified variant." Conservative substitution tables providing functionally similar amino acids are well known in the art. An example of a conservative substitution is the exchange of an amino acid in one of the following groups for another amino acid of the same group (U.S. Pat. No. 5,767,063 issued to Lee, et al.; Kyte and Doolittle (1982) J. Mol. Biol. 157: 105-132):

- (1) Hydrophobic: Norleucine, Ile, Val, Leu, Phe, Cys, or Met;
- (2) Neutral hydrophilic: Cys, Ser, Thr;
- (3) Acidic: Asp, Glu;

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- (4) Basic: Asn, Gln, His, Lys, Arg;
 - (5) Residues that influence chain orientation: Gly, Pro;
 - (6) Aromatic: Trp, Tyr, Phe;
 - (7) Small amino acids: Gly, Ala, Ser.

[0021] "Effective amount" encompasses an amount sufficient to ameliorate or prevent a symptom or sign of the medical condition. Effective amount also means an amount sufficient to allow or facilitate diagnosis. An effective amount for a particular patient or veterinary subject may vary depending on factors such as the condition being treated, the

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overall health of the patient, the method route and dose of administration and the severity of side affects (see, e.g., U.S. Pat. No. 5,888,530 issued to Netti, et al.). An effective amount can be the maximal dose or dosing protocol that avoids significant side effects or toxic effects. The effect will result in an improvement of a diagnostic measure or parameter by at least 5%, usually by at least 10%, more usually at least 20%, most usually at least 30%, preferably at least 40%, more preferably at least 50%, most preferably at least 60%, ideally at least 70%, more ideally at least 80%, and most ideally at least 90%, where 100% is defined as the diagnostic parameter shown by a normal subject (see, e.g., Maynard, et al. (1996) A Handbook of SOPs for Good Clinical Practice, Interpharm Press, Boca Raton, FL; Dent (2001) Good Laboratory and Good Clinical Practice, Urch Publ., London, UK).

[0022] "Exogenous" refers to substances that are produced outside an organism, cell, or human body, depending on the context. "Endogenous" refers to substances that are produced within a cell, organism, or human body, depending on the context.

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[0023] "Immune condition" or "immune disorder" encompasses, e.g., pathological inflammation, an inflammatory disorder, and an autoimmune disorder or disease. "Immune condition" also refers to infections, persistent infections, and proliferative conditions, such as cancer, tumors, and angiogenesis, including infections, tumors, and cancers that resist irradication by the immune system. "Cancerous condition" includes, e.g., cancer, cancer cells, tumors, angiogenesis, and precancerous conditions such as dysplasia.

[0024] "Inflammatory disorder" means a disorder or pathological condition where the pathology results, in whole or in part, from, e.g., a change in number, change in rate of migration, or change in activation, of cells of the immune system. Cells of the immune system include, e.g., T cells, B cells, monocytes or macrophages, antigen presenting cells (APCs), dendritic cells, microglia, NK cells, NKT cells, neutrophils, eosinophils, mast cells, or any other cell specifically associated with the immunology, for example, cytokine-producing endothelial or epithelial cells.

[0025] "Inhibitors" and "antagonists" or "activators" and "agonists" refer to inhibitory or activating molecules, respectively, e.g., for the activation of, e.g., a ligand, receptor, cofactor, gene, cell, tissue, or organ. A modulator of, e.g., a gene, a receptor, a ligand, or a cell, is a molecule that alters an activity of the gene, receptor, ligand, or cell, where activity can be activated, inhibited, or altered in its regulatory properties. The modulator may act alone, or it may use a cofactor, e.g., a protein, metal ion, or small molecule. Inhibitors are

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compounds that decrease, block, prevent, delay activation, inactivate, desensitize, or down regulate, e.g., a gene, protein, ligand, receptor, or cell. Activators are compounds that increase, activate, facilitate, enhance activation, sensitize, or up regulate, e.g., a gene, protein, ligand, receptor, or cell. An inhibitor may also be defined as a composition that reduces, blocks, or inactivates a constitutive activity. An "agonist" is a compound that interacts with a target to cause or promote an increase in the activation of the target. An "antagonist" is a compound that opposes the actions of an agonist. An antagonist prevents, reduces, inhibits, or neutralizes the activity of an agonist. An antagonist can also prevent, inhibit, or reduce constitutive activity of a target, e.g., a target receptor, even where there is no identified agonist.

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[0026] To examine the extent of inhibition, for example, samples or assays comprising a given, e.g., protein, gene, cell, or organism, are treated with a potential activator or inhibitor and are compared to control samples without the inhibitor. Control samples, i.e., not treated with antagonist, are assigned a relative activity value of 100%. Inhibition is achieved when the activity value relative to the control is about 90% or less, typically 85% or less, more typically 80% or less, most typically 75% or less, generally 70% or less, more generally 65% or less, most generally 60% or less, typically 55% or less, usually 50% or less, more usually 45% or less, most usually 40% or less, preferably 35% or less, more preferably 30% or less, still more preferably 25% or less, and most preferably less than 25%. Activation is achieved when the activity value relative to the control is about 110%, generally at least 120%, more generally at least 140%, more generally at least 160%, often at least 180%, more often at least 2-fold, most often at least 2.5-fold, usually at least 5-fold, more usually at least 10-fold, preferably at least 20-fold, more preferably at least 40-fold, and most preferably over 40-fold higher.

[0027] Endpoints in activation or inhibition can be monitored as follows. Activation, inhibition, and response to treatment, e.g., of a cell, physiological fluid, tissue, organ, and animal or human subject, can be monitored by an endpoint. The endpoint may comprise a predetermined quantity or percentage of, e.g., an indicia of inflammation, oncogenicity, or cell degranulation or secretion, such as the release of a cytokine, toxic oxygen, or a protease. The endpoint may comprise, e.g., a predetermined quantity of ion flux or transport; cell migration; cell adhesion; cell proliferation; potential for metastasis; cell differentiation; and change in phenotype, e.g., change in expression of gene relating to inflammation, apoptosis,

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transformation, cell cycle, or metastasis (see, e.g., Knight (2000) Ann. Clin. Lab. Sci. 30:145-158; Hood and Cheresh (2002) Nature Rev. Cancer 2:91-100; Timme, et al. (2003) Curr. Drug Targets 4:251-261; Robbins and Itzkowitz (2002) Med. Clin. North Am. 86:1467-1495; Grady and Markowitz (2002) Annu. Rev. Genomics Hum. Genet. 3:101-128; Bauer, et al. (2001) Glia 36:235-243; Stanimirovic and Satoh (2000) Brain Pathol. 10:113-126).

[0028] An endpoint of inhibition is generally 75% of the control or less, preferably 50% of the control or less, more preferably 25% of the control or less, and most preferably 10% of the control or less. Generally, an endpoint of activation is at least 150% the control, preferably at least two times the control, more preferably at least four times the control, and most preferably at least 10 times the control.

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[0029] A composition that is "labeled" is detectable, either directly or indirectly, by spectroscopic, photochemical, biochemical, immunochemical, isotopic, or chemical methods. For example, useful labels include ³²P, ³³P, ³⁵S, ¹⁴C, ³H, ¹²⁵I, stable isotopes, fluorescent dyes, electron-dense reagents, substrates, epitope tags, or enzymes, e.g., as used in enzyme-linked immunoassays, or fluorettes (see, e.g., Rozinov and Nolan (1998) *Chem. Biol.* 5:713-728).

[0030] "Ligand" refers, e.g., to a small molecule, peptide, polypeptide, and membrane associated or membrane-bound molecule, or complex thereof, that can act as an agonist or antagonist of a receptor. "Ligand" also encompasses an agent that is not an agonist or antagonist, but that can bind to the receptor without significantly influencing its biological properties, e.g., signaling or adhesion. Moreover, "ligand" includes a membrane-bound ligand that has been changed, e.g., by chemical or recombinant methods, to a soluble version of the membrane-bound ligand. By convention, where a ligand is membrane-bound on a first cell, the receptor usually occurs on a second cell. The second cell may have the same or a different identity as the first cell. A ligand or receptor may be entirely intracellular, that is, it may reside in the cytosol, nucleus, or some other intracellular compartment. The ligand or receptor may change its location, e.g., from an intracellular compartment to the outer face of the plasma membrane. The complex of a ligand and receptor is termed a "ligand receptor complex." Where a ligand and receptor are involved in a signaling pathway, the ligand occurs at an upstream position and the receptor occurs at a downstream position of the signaling pathway.

[0031] "Small molecules" are provided for the treatment of physiology and disorders of tumors and cancers. "Small molecule" is defined as a molecule with a molecular weight

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that is less than 10 kD, typically less than 2 kD, and preferably less than 1 kD. Small molecules include, but are not limited to, inorganic molecules, organic molecules, organic molecules containing an inorganic component, molecules comprising a radioactive atom, synthetic molecules, peptide mimetics, and antibody mimetics. As a therapeutic, a small molecule may be more permeable to cells, less susceptible to degradation, and less apt to elicit an immune response than large molecules. Small molecules, such as peptide mimetics of antibodies and cytokines, as well as small molecule toxins are described (see, e.g., Casset, et al. (2003) Biochem. Biophys. Res. Commun. 307:198-205; Muyldermans (2001) J. Biotechnol. 74:277-302; Li (2000) Nat. Biotechnol. 18:1251-1256; Apostolopoulos, et al. (2002) Curr. Med. Chem. 9:411-420; Monfardini, et al. (2002) Curr. Pharm. Des. 8:2185-2199; Domingues, et al. (1999) Nat. Struct. Biol. 6:652-656; Sato and Sone (2003) Biochem. J. 371:603-608; U.S. Patent No. 6,326,482 issued to Stewart, et al).

[0032] "Specifically" or "selectively" binds, when referring to a ligand/receptor, antibody/antigen, or other binding pair, indicates a binding reaction which is determinative of the presence of the protein in a heterogeneous population of proteins and other biologics. Thus, under designated conditions, a specified ligand binds to a particular receptor and does not bind in a significant amount to other proteins present in the sample. The antibody, or binding composition derived from the antigen-binding site of an antibody, of the contemplated method binds to its antigen, or a variant or mutein thereof, with an affinity that is at least two fold greater, preferably at least 100-times greater, more preferably at least 20-times greater, and most preferably at least 100-times greater than the affinity with any other antibody, or binding composition derived thereof. In a preferred embodiment the antibody will have an affinity that is greater than about 10° liters/mol, as determined, e.g., by Scatchard analysis (Munsen, et al. (1980) Analyt. Biochem. 107:220-239).

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II. General.

[0033] Described herein are methods of using polypeptides, nucleic acids, variants, muteins, and mimetics of the IL-23 heterodimer, p19 subunit, p40 subunit, the IL-23 receptor heterodimer, IL-23R subunit, or IL-12Rbeta1 subunit. Also provided are methods for using a hyperkine, i.e., a fusion protein comprising, e.g., the p19 subunit linked to the p40 subunit, as well as nucleic acids encoding the hyperkine (see, e.g., SEQ ID NOs:10 or 11) (Oppmann, et al., supra; Fischer, et al. (1997) Nature Biotechnol. 15:142-145; Rakemann, et

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al. (1999) J. Biol. Chem. 274:1257-1266; and Peters, et al. (1998) J. Immunol. 161:3575-3581).

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[0034] Interleukin-23 (IL-23; a.k.a. IL-B30) is a heterodimeric cytokine composed of a novel p19 subunit (SEQ ID NOs: 2 or 4) and the p40 subunit (SEQ ID NOs: 8 or 9) of IL-12 (Oppmann, et al., supra). Like p35, p19 requires co-expression of p40 for biological activity (Wiekowski, et al., supra). The IL-23 receptor comprises a novel receptor subunit (IL-23R; SEQ ID NO: 6) that binds p19 and IL-12Rbeta1 (SEQ ID NO: 7) that binds p40 (see, e.g., Parham, et al. (2002) J. Immunol. 168:5699-5708). These two receptor subunits form the functional signaling complex and are expressed on CD4*CD45Rblo memory T cells as well as IFNgamma activated bone marrow macrophages (Parham, et al., supra).

[0035] Antibodies can be raised to various cytokine proteins, including individual, polymorphic, allelic, strain, or species variants, and fragments thereof, both in their naturally occurring (full-length) forms or in their recombinant forms (see, e.g., SEQ ID NO: 2, 4, 10, or 11). Additionally, antibodies can be raised to receptor proteins (see, e.g., SEQ ID NO: 6) in both their native (or active) forms or in their inactive, e.g., denatured, forms. Anti-idiotypic antibodies may also be used.

[0036] Administration of an IL-23 agonist, i.e., IL-23 or IL-23 hyperkine, can induce, e.g., proliferation of memory T cells, PHA blasts, CD45RO T cells, CD45RO T cells; enhance production of interferon-gamma (IFNgamma) by PHA blasts or CD45RO T cells. In contrast to IL-12, IL-23 preferentially stimulates memory as opposed to naïve T cell populations in both human and mouse. IL-23 activates a number of intracellular cell-signaling molecules, e.g., Jak2, Tyk2, Stat1, Stat2, Stat3, and Stat4. IL-12 activates this same group of molecules, but Stat4 response to IL-23 is relatively weak, while Stat4 response to IL-12 is strong (Oppmann, et al., supra; Parham, et al. (2002) J. Immunol. 168:5699-5708).

[0037] IL-12 and IL-23 engage similar signal transduction mechanisms. IL-23 engaging its receptor complex, activates Jak2, Tyk2, and Stat-1, -3, -4, and -5, as does IL-12. However Stat-4 activation is significantly weaker in response to IL-23 than IL-12. Also, in contrast to IL-12, the most prominent Stat induced by IL-23 is Stat-3 (see, e.g., Parham, et al., supra).

[0038] Administration of the p19 subunit of IL-23 can result in, e.g., stunted growth, infertility, and death of animals, as well as inflammatory infiltrates, e.g., in the gastrointestinal tract, lungs, skin, and liver, and epithelial cell hyperplasia, microcytic anemia,

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increased neutrophil count, increased serum TNFalpha; and increased expression of acute phase genes in liver; (Wiekowski, et al., supra). Enhanced IL-23 expression occured in immortalized not transformed epithelial cell lines. Thus, IL-23 may provide an early signal of tumor potential in vivo.

[0039] Other studies have demonstrated that IL-23 modulates immune response to infection (see, e.g., Pirhonen, et al. (2002) J. Immunol. 169:5673-5678; Broberg, et al. (2002) J. Interferon Cytokine Res. 22:641-651; Elkins, et al. (2002) Infection Immunity 70:1936-1948; Cooper, et al. (2002) J. Immunol. 168:1322-1327).

[0040] With respect to cancer, the presence of a relatively high amount of transcript in biopsied tissue from an individual indicates a predisposition for the development of the disease, or can provide a means for detecting the disease prior to the appearance of actual clinical symptoms. Gene expression data is useful tool in the diagnosis and treatment of diseases and pathological conditions (see, e.g., Li and Wong (2001) Genome Informatics 12:3-13; Lockhart, et al. (1996) Nature Biotechnol. 14:1675-1680; Homey, et al. (2000) J. Immunol. 164:3465-3470; Debets, et al. (2000) J. Immunol. 165:4950-4956).

III. Agonists, Antagonists, and Binding Compositions.

[0041] Described herein are methods of using agonists and antagonist of IL-23. An agonist of IL-23 encompasses, e.g., IL-23, an IL-23 variant, mutein, hyperkine, or peptide mimetic, agonistic antibodies to IL-23R, and nucleic acids encoding these agonists. Antagonists of IL-23 include, e.g., antibodies to IL-23, blocking antibodies to IL-23R, a soluble receptor based on the extracellular region of a subunit of the IL-23R, peptide mimetics thereto, and nucleic acids encoding these antagonists.

Described herein are methods of using agonists and antagonists of p19, the complex of p19 and p40, IL-23R, and the complex of IL-23R and IL-12Rbeta1, including binding compositions that specifically bind to proteins and protein complexes of p19, the complex of p19 and p40, IL-23R, and the complex of IL-23R and IL-12Rbeta1.

[0043] An IL-23 hyperkine encompasses, e.g., a fusion protein comprising the

polypeptide sequence of p19 and p40, where p19 and p40 occur in one continuous polypeptide chain. The sequences of p19 and p40 may be in either order. The fusion protein may contain a linker sequence, residing in between the sequences of p19 and p40, in one continuous polypeptide chain.

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Regions of increased antigenicity can be used for antibody generation.

Regions of increased antigenicity of human p19 occur, e.g., at amino acids 16-28; 57-87; 110-114; 136-154; and 182-186 of GenBank AAQ89442 (gi:37183284). Regions of increased antigenicity of human IL-23R occur, e.g., at amino acids 22-33; 57-63; 68-74; 101-112; 117-133; 164-177; 244-264; 294-302; 315-326; 347-354; 444-473; 510-530; and 554-558 of GenBank AAM44229 (gi: 21239252). Analysis was by a Parker plot using Vector NTI® Suite (Informax, Inc, Bethesda, MD).

Also described herein is an IL-23 antagonist that is a soluble receptor, i.e., comprising an extracellular region of IL-23R, e.g., amino acids 1-353 of GenBankAAM44229, or a fragment thereof, where the extracellular region or fragment thereof specifically binds to IL-23. Mouse IL-23R is GenBank NP_653131 (gi:21362353). Muteins and variants are contemplated, e.g., pegylation or mutagenesis to remove or replace deamidating Asn residues.

[0045] Monoclonal, polyclonal, and humanized antibodies can be prepared (see, e.g., Sheperd and Dean (eds.) (2000) Monoclonal Antibodies, Oxford Univ. Press, New York, NY; Kontermann and Dubel (eds.) (2001) Antibody Engineering, Springer-Verlag, New York; Harlow and Lane (1988) Antibodies A Laboratory Manual, Cold Spring Harbor Laboratory Press, Cold Spring Harbor, NY, pp. 139-243; Carpenter, et al. (2000) J. Immunol. 165:6205; He, et al. (1998) J. Immunol. 160:1029; Tang, et al. (1999) J. Biol. Chem. 274:27371-27378; Baca, et al. (1997) J. Biol. Chem. 272:10678-10684; Chothia, et al. (1989) Nature 342:877-883; Foote and Winter (1992) J. Mol. Biol. 224:487-499; U.S. Pat. No. 6,329,511 issued to Vasquez, et al.).

[0046] Purification of antigen is not necessary for the generation of antibodies. Immunization can be performed by DNA vector immunization, see, e.g., Wang, et al. (1997) Virology 228:278-284. Alternatively, animals can be immunized with cells bearing the antigen of interest. Splenocytes can then be isolated from the immunized animals, and the splenocytes can fused with a myeloma cell line to produce a hybridoma (Meyaard, et al. (1997) Immunity 7:283-290; Wright, et al. (2000) Immunity 13:233-242; Preston, et al. (1997) Eur. J. Immunol. 27:1911-1918). Resultant hybridomas can be screened for production of the desired antibody by functional assays or biological assays, that is, assays not dependent on possession of the purified antigen. Immunization with cells may prove superior for antibody generation than immunization with purified antigen (Kaithamana, et al. (1999) J. Immunol. 163:5157-5164).

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[0047] Antibody to antigen and ligand to receptor binding properties can be measured, e.g., by surface plasmon resonance (Karlsson, et al. (1991) J. Immunol. Methods 145:229-240; Neri, et al. (1997) Nat. Biotechnol. 15:1271-1275; Jonsson, et al. (1991) Biotechniques 11:620-627) or by competition ELISA (Friguet, et al. (1985) J. Immunol. Methods 77:305-319; Hubble (1997) Immunol. Today 18:305-306). Antibodies can be used for affinity purification to isolate the antibody's target antigen and associated bound proteins, see, e.g., Wilchek, et al. (1984) Meth. Enzymol. 104:3-55.

Antibodies will usually bind with at least a K_D of about 10⁻³ M, more usually at least 10⁻⁶ M, typically at least 10⁻⁷ M, more typically at least 10⁻⁸ M, preferably at least about 10⁻⁹ M, and more preferably at least 10⁻¹⁰ M, and most preferably at least 10⁻¹¹ M (see, e.g., Presta, et al. (2001) Thromb. Haemost. 85:379-389; Yang, et al. (2001) Crit. Rev. Oncol. Hematol. 38:17-23; Carnahan, et al. (2003) Clin. Cancer Res. (Suppl.) 9:3982s-3990s).

[10049] Soluble receptors comprising the extracellular domains of IL-23R or IL-12Rbeta1 receptor polypeptides are provided. Soluble receptors can be prepared and used

according to standard methods (see, e.g., Jones, et al. (2002) Biochim. Biophys. Acta 1592:251-263; Prudhomme, et al. (2001) Expert Opinion Biol. Ther. 1:359-373; Fernandez-Botran (1999) Crit. Rev. Clin. Lab Sci. 36:165-224).

V. Therapeutic Compositions, Methods.

20 [0050] Described herein is IL-23 and anti-IL-23R for use, e.g., in the treatment of proliferative conditions and disorders, including cancer, tumors, angiogenesis, cachexia, cancer cachexia, anorexia, and pre-cancerous disorders, e.g., dysplasia. Nucleic acids are also provided for these therapeutic uses, e.g., nucleic acids encoding IL-23 or IL-23R, or an antigenic fragment thereof. the corresponding anti-sense nucleic acids, and hybridization products thereof. Also described are compositions for siRNA interference (see, e.g., Arenz and Schepers (2003) Naturwissenschaften 90:345-359; Sazani and Kole (2003) J. Clin. Invest. 112:481-486; Pirollo, et al. (2003) Pharmacol. Therapeutics 99:55-77; Wang, et al. (2003) Antisense Nucl. Acid Drug Devel. 13:169-189).

[0051] To prepare pharmaceutical or sterile compositions including an agonist or antagonist of IL-23, the cytokine analogue or mutein, antibody thereto, or nucleic acid thereof, is admixed with a pharmaceutically acceptable carrier or excipient, see, e.g., Remington's Pharmaceutical Sciences and U.S. Pharmacopeia: National Formulary, Mack

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Publishing Company, Easton, PA (1984). Formulations of therapeutic and diagnostic agents may be prepared by mixing with physiologically acceptable carriers, excipients, or stabilizers in the form of, e.g., lyophilized powders, slurries, aqueous solutions or suspensions (see, e.g., Hardman, et al. (2001) Goodman and Gilman's The Pharmacological Basis of Therapeutics, McGraw-Hill, New York, NY; Gennaro (2000) Remington: The Science and Practice of Pharmacy, Lippincott, Williams, and Wilkins, New York, NY; Avis, et al. (cds.) (1993) Pharmaceutical Dosage Forms: Parenteral Medications, Marcel Dekker, NY; Lieberman, et al. (eds.) (1990) Pharmaceutical Dosage Forms: Tablets, Marcel Dekker, NY; Lieberman, et al. (eds.) (1990) Pharmaceutical Dosage Forms: Disperse Systems, Marcel Dekker, NY; Weiner and Kotkoskie (2000) Excipient Toxicity and Safety, Marcel Dekker, Inc., New York, NY).

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[0052] The route of administration is by, e.g., topical or cutaneous application, subcutaneous injection, injection or infusion by intravenous, intraperitoneal, intracerebral, intramuscular, intraocular, intraarterial, intracerebrospinal, intralesional, or pulmonary routes, or by sustained release systems or an implant. Gene transfer vectors, e.g., for the central nervous system, have been described (see, e.g., Cua, et al. (2001) J. Immunol. 166:602-608; Sidman et al. (1983) Biopolymers 22:547-556; Langer, et al. (1981) J. Biomed. Mater. Res. 15:167-277; Langer (1982) Chem. Tech. 12:98-105; Epstein, et al. (1985) Proc. Natl. Acad. Sci. USA 82:3688-3692; Hwang, et al. (1980) Proc. Natl. Acad. Sci. USA 77:4030-4034; U.S. Pat. Nos. 6,350466 and 6,316,024).

[0053] Selecting an administration regimen for a therapeutic depends on several factors, including the serum or tissue turnover rate of the entity, the level of symptoms, the immunogenicity of the entity, and the accessibility of the target cells in the biological matrix. Preferably, an administration regimen maximizes the amount of therapeutic delivered to the patient consistent with an acceptable level of side effects. Accordingly, the amount of biologic delivered depends in part on the particular entity and the severity of the condition being treated. Guidance in selecting appropriate doses of antibodies, cytokines, and small molecules are available (see, e.g., Wawrzynczak (1996) Antibody Therapy, Bios Scientific Pub. Ltd, Oxfordshire, UK; Kresina (ed.) (1991) Monoclonal Antibodies, Cytokines and Arthritis, Marcel Dekker, New York, NY; Bach (ed.) (1993) Monoclonal Antibodies and Peptide Therapy in Autoimmune Diseases, Marcel Dekker, New York, NY; Baert, et al. (2003) New Engl. J. Med. 348:601-608; Milgrom, et al. (1999) New Engl. J. Med. 341:1966-

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1973; Slamon, et al. (2001) New Engl. J. Med. 344:783-792; Beniaminovitz, et al. (2000) New Engl. J. Med. 342:613-619; Ghosh, et al. (2003) New Engl. J. Med. 348:24-32; Lipsky, et al. (2000) New Engl. J. Med. 343:1594-1602).

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[0054] Antibodies, antibody fragments, and cytokines can be provided by continuous infusion, or by doses at intervals of, e.g., one day, one week, or 1-7 times per week. Doses may be provided intravenously, subcutaneously, topically, orally, nasally, rectally, intramuscular, intracerebrally, intraspinally, or by inhalation. A preferred dose protocol is one involving the maximal dose or dose frequency that avoids significant undesirable side effects. A total weekly dose is generally at least 0.05 μ g/kg body weight, more generally at least $0.2 \mu g/kg$, most generally at least $0.5 \mu g/kg$, typically at least $1 \mu g/kg$, more typically at least 10 μg/kg, most typically at least 100 μg/kg, preferably at least 0.2 mg/kg, more preferably at least 1.0 mg/kg, most preferably at least 2.0 mg/kg, optimally at least 10 mg/kg, more optimally at least 25 mg/kg, and most optimally at least 50 mg/kg (see, e.g., Yang, et al. (2003) New Engl. J. Med. 349:427-434; Herold, et al. (2002) New Engl. J. Med. 346:1692-1698; Liu, et al. (1999) J. Neurol. Neurosurg. Psych. 67:451-456; Portielji, et al. (20003) Cancer Immunol. Immunother. 52:133-144). The desired dose of a small molecule therapeutic, e.g., a peptide mimetic, natural product, or organic chemical, is about the same as for an antibody or polypeptide, on a moles/kg basis.

[0055] An effective amount for a particular patient may vary depending on factors such as the condition being treated, the overall health of the patient, the method route and dose of administration and the severity of side affects (see, e.g., Maynard, et al. (1996) A Handbook of SOPs for Good Clinical Practice, Interpharm Press, Boca Raton, FL; Dent (2001) Good Laboratory and Good Clinical Practice, Urch Publ., London, UK).

[0056] Typical veterinary, experimental, or research subjects include monkeys, dogs, cats, rats, mice, rabbits, guinea pigs, horses, and humans.

[0057] Determination of the appropriate dose is made by the clinician, e.g., using parameters or factors known or suspected in the art to affect treatment or predicted to affect treatment. Generally, the dose begins with an amount somewhat less than the optimum dose and it is increased by small increments thereafter until the desired or optimum effect is achieved relative to any negative side effects. Important diagnostic measures include those of symptoms of, e.g., the inflammation or level of inflammatory cytokines produced.

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Preferably, a biologic that will be used is derived from the same species as the animal targeted for treatment, thereby minimizing a humoral response to the reagent.

[0058] Methods for co-administration or treatment with a second therapeutic agent, e.g., a cytokine, steroid, chemotherapeutic agent, antibiotic, or radiation, are well known in the art (see, e.g., Hardman, et al. (eds.) (2001) Goodman and Gilman's The Pharmacological Basis of Therapeutics, 10th ed., McGraw-Hill, New York, NY; Poole and Peterson (eds.) (2001) Pharmacotherapeutics for Advanced Practice: A Practical Approach, Lippincott, Williams & Wilkins, Phila., PA; Chabner and Longo (eds.) (2001) Cancer Chemotherapy and Biotherapy, Lippincott, Williams & Wilkins, Phila., PA). An effective amount of therapeutic will decrease the symptoms typically by at least 10%; usually by at least 20%; preferably at least about 30%; more preferably at least 40%, and most preferably by at least 50%.

V. Kits and Diagnostic Reagents.

[IL-23 proteins, fragments thereof, nucleic acids, and fragments thereof, in a diagnostic kit. Also provided are binding compositions, including antibodies or antibody fragments, for the detection of IL-23 and IL-23 receptor, and metabolites and breakdown products thereof. Typically, the kit will have a compartment containing either a p19 polypeptide, or an antigenic fragment thereof, a binding composition thereto, or a nucleic acid, e.g., a nucleic acid probe or primer. The nucleic acid probe or primer specifically hybridizes under stringent conditions to a nucleic acid encoding p19 or IL-23R.

[0060] The kit can comprise, e.g., a reagent and a compartment, a reagent and instructions for use, or a reagent with a compartment and instructions for use. The reagent can comprise p19, the complex of p19 and p40, 1L-23R, the complex of IL-23R and IL-12Rbeta1, or an antigenic fragment thereof, a binding composition, or a nucleic acid. A kit for determining the binding of a test compound, e.g., acquired from a biological sample or from a chemical library, can comprise a control compound, a labeled compound, and a method for separating free labeled compound from bound labeled compound.

[0061] Diagnostic assays can be used with biological matrices such as live cells, cell extracts, cell lysates, fixed cells, cell cultures, bodily fluids, or forensic samples. Conjugated antibodies useful for diagnostic or kit purposes, include antibodies coupled to dyes, isotopes,

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enzymes, and metals (see, e.g., Le Doussal, et al. (1991) New Engl. J. Med. 146:169-175; Gibellini, et al. (1998) J. Immunol. 160:3891-3898; Hsing and Bishop (1999) New Engl. J. Med. 162:2804-2811; Everts, et al. (2002) New Engl. J. Med. 168:883-889). Various assay formats exist, such as radioimmunoassays (RIA), ELISA, and lab on a chip (U.S. Pat. Nos. 6,176,962 and 6,517,234).

[0062] Also described herein are polypeptides and nucleic acids of IL-23 and IL-23R, fragments thereof, in a diagnostic kit, e.g., for the diagnosis of proliferative conditions, cancer, tumors, and precancerous disorders, e.g., dysplasia.

[0063] Also provided are binding compositions, including antibodies or antibody fragments, for the detection of p19, the complex of p19 and p40, IL-23R, the complex of IL-23R and IL-12Rbeta1, and metabolites and breakdown products thereof. Typically, the kit will have a compartment containing either a IL-23 or IL-23R polypeptide, or an antigenic fragment thereof, a binding composition thereto, or a nucleic acid, such as a nucleic acid probe, primer, or molecular beacon (see, e.g., Rajendran, et al. (2003) Nucleic Acids Res. 31:5700-5713; Cockerill (2003) Arch. Pathol. Lab. Med. 127:1112-1120; Zammatteo, et al. (2002) Biotech. Annu. Rev. 8:85-101; Klein (2002) Trends Mol. Med. 8:257-260).

[0064] A method of diagnosis can comprise contacting a sample from a subject, e.g., a test subject, with a binding composition that specifically binds to a polypeptide or nucleic acid of p19, the complex of p19 and p40, IL-23R, and the complex of IL-23R and IL-12Rbeta1. The method can further comprise contacting a sample from a control subject, normal subject, or normal tissue or fluid from the test subject, with the binding composition. Moreover, the method can additionally comprise comparing the specific binding of the composition to the test subject with the specific binding of the composition to the test subject, or normal tissue or fluid from the test subject. Expression or activity of a test sample or test subject can be compared with that from a control sample or control subject. A control sample can comprise, e.g., a sample of non-affected or non-inflamed tissue in a patient suffering from an immune disorder. Expression or activity from a control subject or control sample can be provided as a predetermined value, e.g., acquired from a statistically appropriate group of control subjects.

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VI. Uses.

[0065] Described herein are methods for using agonists and antagonists of IL-23 for the treatment and diagnosis of inflammatory disorders and conditions, e.g., neoplastic diseases, cancers, tumors, angiogenesis, precancerous conditions such as dysplasias, anorexia, cachexia, and cancer cachexia, by modulating immune response. Described herein are methods of treating or diagnosing a proliferative condition or disorder, e.g., cancer of the uterus, cervix, breast, prostate, testes, penis, gastrointestinal tract, e.g., esophagus, oropharynx, stomach, small or large intestines, colon, or rectum, kidney, renal cell, bladder, bone, bone marrow, skin, head or neck, skin, liver, gall bladder, heart, lung, pancreas, salivary gland, adrenal gland, thyroid, brain, ganglia, central nervous system (CNS) and peripheral nervous system (PNS), and immune system, e.g., spleen or thymus. Also described herein methods of treating, e.g., immunogenic tumors, non-immunogenetic tumors, dormant tumors, virus-induced cancers, e.g., epithelial cell cancers, endothelial cell cancers, squamous cell carcinomas, papillomavirus, adenocarcinomas, lymphomas, carcinomas, melanomas, leukemias, myelomas, sarcomas, teratocarcinomas, chemically-induced cancers, metastasis, and angiogenesis. The disclosure also contemplates reducing tolerance to a tumor cell or cancer cell antigen, e.g., by modulating activity of a regulatory T cell (Treg) (see, e.g., Ramirez-Montagut, et al. (2003) Oncogene 22:3180-3187; Sawaya, et al. (2003) New Engl. J. Med. 349:1501-1509; Farrar, et al. (1999) J. Immunol. 162:2842-2849; Le, et al. (2001) J. Immunol. 167:6765-6772; Cannistra and Niloff (1996) New Engl. J. Med. 334:1030-1038; Osborne (1998) New Engl. J. Med. 339:1609-1618; Lynch and Chapelle (2003) New Engl. J. Med. 348:919-932; Enzinger and Mayer (2003) New Engl. J. Med. 349:2241-2252; Forastiere, et al. (2001) New Engl. J. Med. 345:1890-1900; Izbicki, et al. (1997) New Engl. J. Med. 337:1188-1194; Holland, et al. (eds.) (1996) Cancer Medicine Encyclopedia of Cancer. 4th ed., Academic Press, San Diego, CA).

[0067] Also described herein are methods for treating a proliferative condition, cancer, tumor, or precancerous condition such as a dysplasia, with an agonist or antagonist of IL-23, with at least one additional therapeutic or diagnostic agent. The at least one additional therapeutic or diagnostic agent can be, e.g., a cytokine or cytokine antagonist, such as IL-12, interferon-alpha, or anti-epidermal growth factor receptor, doxorubicin, epirubicin, an anti-folate, e.g., methotrexate or fluoruracil, irinotecan, cyclophosphamide, radiotherapy, hormone

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or anti-hormone therapy, e.g., androgen, estrogen, anti-estrogen, flutamide, or diethylstilbestrol, surgery, tamoxifen, ifosfamide, mitolactol, an alkylating agent, e.g., melphalan or cis-platin, etoposide, vinorelbine, vinblastine, vindesine, a glucocorticoid, a histamine receptor antagonist, an angiogenesis inhibitor, radiation, a radiation sensitizer, anthracycline, vinca alkaloid, taxane, e.g., paclitaxel and docetaxel, a cell cycle inhibitor, e.g., a cyclin-dependent kinase inhibitor, a monoclonal antibody, a complex of monoclonal antibody and toxin, a T cell adjuvant, bone marrow transplant, or antigen presenting cells, e.g., dendritic cell therapy. Vaccines can be provided, e.g., as a soluble protein or as a nucleic acid encoding the protein (see, e.g., Le, et al., supra; Greco and Zellefsky (eds.) (2000) Radiotherapy of Prostate Cancer, Harwood Academic, Amsterdam; Shapiro and Recht (2001) New Engl. J. Med. 344:1997-2008; Hortobagyi (1998) New Engl. J. Med. 339:974-984; Catalona (1994) New Engl. J. Med. 331:996-1004; Naylor and Hadden (2003) Int. Immunopharmacol, 3:1205-1215; The Int. Adjuvant Lung Cancer Trial Collaborative Group (2004) New Engl. J. Med. 350:351-360; Slamon, et al. (2001) New Engl. J. Med. 344:783-792; Kudelka, et al. (1998) New Engl. J. Med. 338:991-992; van Netten, et al. (1996) New Engl. J. Med. 334:920-921).

Also described are methods for the treatment and diagnosis of anorexia and cachexia, including cancer cachexia. Cachexia is a wasting syndrome that occurs in a number of diseases, including cancer, e.g., cancer of the lung and upper gastrointestinal tract. Cachexia occurs in about half of all cancer patients. Diagnosis of cachexia is by a history of substantial weight loss, loss of appetite, and profound weakness, in the context of advanced disease, and muscle wasting (loss of lean body mass). Cytokines, e.g., IL-6, IL-1, TNFalpha, and IFNgamma, have been associated with cachexia (see, e.g., MacDonald, et al., supra; Rubin, supra; Tisdale, supra; Lelli, et al., supra; Argiles, et al., supra).

[0069] Also provided are methods of treating extramedullary hematopoiesis (EMH) of cancer. EMH is described (see, e.g., Rao, et al. (2003) Leuk. Lymphoma 44:715-718; Lane, et al. (2002) J. Cutan. Pathol. 29:608-612).

[0070] The gastrointestinal tract comprises, e.g., the lips, mouth, esophagus, stomach, small intestines, appendix, large intestines, colon, anus, and rectum. The respiratory tract comprises, e.g., the trachea, bronchioles, bronchi, lungs, alveoli. The reproductive system includes, e.g., the testes, penis, ovaries, uterus, fallopian tubes. The endocrine system

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includes, e.g., the pituitary, hypothalamus, pineal gland, thyroid gland, parathyroid, endocrine pancreas, islets, gonads, and adrenal gland.

[0071] The broad scope of this invention is best understood with reference to the following examples, which are not intended to limit the inventions to the specific embodiments.

[0072] All citations herein are incorporated herein by reference to the same extent as if each individual publication or patent application was specifically and individually indicated to be incorporated by reference.

[0073] Many modifications and variations of this invention can be made without departing from its spirit and scope, as will be apparent to those skilled in the art. The specific embodiments described herein are offered by way of example only, and the invention is to be limited by the terms of the appended claims, along with the full scope of equivalents to which such claims are entitled; and the invention is not to be limited by the specific embodiments that have been presented herein by way of example.

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EXAMPLES

General Methods.

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[0074] Standard methods in molecular biology are described (Maniatis, et al. (1982) Molecular Cloning, A Laboratory Manual, Cold Spring Harbor Laboratory Press, Cold Spring Harbor, NY; Sambrook and Russell (2001) Molecular Cloning, 3rd ed., Cold Spring Harbor Laboratory Press, Cold Spring Harbor, NY; Wu (1993) Recombinant DNA, Vol. 217, Academic Press, San Diego, CA). Standard methods also appear in Ausbel, et al. (2001) Current Protocols in Molecular Biology, Vols.1-4, John Wiley and Sons, Inc. New York, NY, which describes cloning in bacterial cells and DNA mutagenesis (Vol. 1), cloning in mammalian cells and yeast (Vol. 2), glycoconjugates and protein expression (Vol. 3), and bioinformatics (Vol. 4).

[0075]Methods for protein purification including immunoprecipitation, chromatography, electrophoresis, centrifugation, and crystallization are described (Coligan, et al. (2000) Current Protocols in Protein Science, Vol. 1, John Wiley and Sons, Inc., New York). Chemical analysis, chemical modification, post-translational modification, production of fusion proteins, glycosylation of proteins are described (see, e.g., Coligan, et al. (2000) Current Protocols in Protein Science, Vol. 2, John Wiley and Sons, Inc., New York; Ausubel, et al. (2001) Current Protocols in Molecular Biology, Vol. 3, John Wiley and Sons, Inc., NY, NY, pp. 16.0.5-16.22.17; Sigma-Aldrich, Co. (2001) Products for Life Science Research, St. Louis, MO; pp. 45-89; Amersham Pharmacia Biotech (2001) BioDirectory, Piscataway, N.J., pp. 384-391). Production, purification, and fragmentation of polyclonal and monoclonal antibodies is described (Coligan, et al. (2001) Current Protools in Immunology, Vol. 1, John Wiley and Sons, Inc., New York; Harlow and Lane (1999) Using Antibodies, Cold Spring Harbor Laboratory Press, Cold Spring Harbor, NY; Harlow and Lane, supra). Standard techniques for characterizing ligand/receptor interactions are available (see, e.g., Coligan, et al. (2001) Current Protools in Immunology, Vol. 4, John Wiley, Inc., New York). [0076] Methods for flow cytometry, including fluorescence activated cell sorting

(FACS), are available (see, e.g., Owens, et al. (1994) Flow Cytometry Principles for Clinical Laboratory Practice, John Wiley and Sons, Hoboken, NJ; Givan (2001) Flow Cytometry, 2nd ed.; Wiley-Liss, Hoboken, NJ; Shapiro (2003) Practical Flow Cytometry, John Wiley and Sons, Hoboken, NJ). Fluorescent reagents suitable for modifying nucleic acids, including

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nucleic acid primers and probes, polypeptides, and antibodies, for use, e.g., as diagnostic reagents, are available (Molecular Probes (2003) *Catalogue*, Molecular Probes, Inc., Eugene, OR; Sigma-Aldrich (2003) *Catalogue*, St. Louis, MO).

[0077] Standard methods of histology of the immune system are described (see, e.g., Muller-Harmelink (ed.) (1986) *Human Thymus: Histopathology and Pathology*, Springer Verlag, New York, NY; Hiatt, et al. (2000) *Color Atlas of Histology*, Lippincott, Williams, and Wilkins, Phila, PA; Louis, et al. (2002) *Basic Histology:Text and Atlas*, McGraw-Hill, New York, NY).

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[0078] Methods for the treatment and diagnosis of cancer are described (see, e.g., Alison (ed.) (2001) The Cancer Handbook, Grove's Dictionaries, Inc., St. Louis, MO; Oldham (ed.) (1998) Principles of Cancer Biotherapy, 3rd. ed., Kluwer Academic Publ., Hingham, MA; Thompson, et al. (eds.) (2001) Textbook of Melanoma, Martin Dunitz, Ltd., London, UK; Devita, et al. (eds.) (2001) Cancer: Principles and Practice of Oncology, 6th ed., Lippincott, Phila, PA; Holland, et al. (eds.) (2000) Holland-Frei Cancer Medicine, BC Decker, Phila., PA; Garrett and Sell (eds.) (1995) Cellular Cancer Markers, Humana Press, Totowa, NJ; MacKie (1996) Skin Cancer, 2rd ed., Mosby, St. Louis; Moertel (1994) New Engl. J. Med. 330:1136-1142; Engleman (2003) Semin. Oncol. 30(3 Suppl. 8):23-29; Mohr, et al. (2003) Onkologie 26:227-233).

[0079] Software packages and databases for determining, e.g., antigenic fragments, leader sequences, protein folding, functional domains, glycosylation sites, and sequence alignments, are available (see, e.g., GenBank, Vector NTF® Suite (Informax, Inc., Bethesda, MD); GCG Wisconsin Package (Accelrys, Inc., San Diego, CA); DeCypher® (TimeLogic Corp., Crystal Bay, Nevada); Menne, et al. (2000) Bioinformatics 16: 741-742; Menne, et al. (2000) Bioinformatics Applications Note 16:741-742: Wren, et al. (2002) Comput. Methods Programs Biomed. 68:177-181; von Heijne (1983) Eur. J. Biochem. 133:17-21; von Heijne (1986) Nucleic Acids Res. 14:4683-4690).

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II. Mice and Tumor Induction.

[0080] IL-23 p19 deficient mice were generated as described in Cua, et al., supra. Mice specifically lacking in IL-23 (p19KO mice; p19 knockout mice; p19 $^{-1/2}$ mice), p19 $^{-1/2}$ mice, and p19 $^{-1/2}$ wild-type control mice, had a B6/129 F2 background.

- 5 [0081] Skin tumors were chemically induced in either wild-type (wt) or IL-23 deficient mice (p19KO mice). Tumors were initiated using 50 micrograms of 7,12-dimethylbenz[a]anthracene (DMBA) followed by a promotion steps consisting of two treatments of 30 micrograms each of TPA per week (see, e.g., Oft, et al. (2002) Nat. Cell. Biol. 4:487-494).
- 10 [0082] With tumor studies with Ep2X1B1-nu/nu mice, tumors metastasize, while cachexia does not occur. The mice die, e.g., from extramedullary hematopoiesis (EMH).

 With tumor studies with Ep2XB1-Balb/c mice, tumor metastasis does not occur, apparently because of the intact immune system in these mice.
- 15 Expression of Subunits of p19 and IL-23R.

[0083] Expression of the p19 subunit of IL-23 and the IL-23R subunit of IL-23 receptor was elevated in a number of cancers, tumors, and cell lines, e.g., cancer of the gastrointestinal tract, reproductive tract, skin, and breast (Table 1).

Table 1. Expression of subunits of p19 and IL-23R by Taqman® analysis, relative to ubiquitin (1.0). The values are from diseased and adjacent normal tissues, where indicated.

ubiquitin (1.0). The valu		and adjacent normal tissu of human p19	ies, where indicated.	
	Expression			
normal colon, adjacent	4.8	colon stage I, adenocarcinoma	30.5	
normal colon,	·	colon stage II,		
adjacent	2.0	adenocarcinoma	73.4	
normal colon.		colon stage II,	18.1	
adjacent	0.8	adenocarcinoma		
normal colon,	0.21	colon stage III,	24.0	
adjacent	0.21	adenocarcinoma	34,0	
normal skin adjacent	2.2	human skin II	21.8	
normar skin adjacent		melanoma	21.0	
normal skin adjacent	6.7	human skin II	16.4	
	***	nodular melanoma		
normal skin adjacent	8.4	human skin II nodular melanoma	26.8	
		human skin II		
normal skin adjacent	9.3	superficial spreading	75.1	
normar siem aajasom		melanoma	73.1	
uterus adjacent	1.6	ovary papillary		
		serous	55.0	
		cystadenocarcinoma		
	1.9	ovary papillary	17.7	
ovary adjacent		serous		
		cystadenocarcinoma		
breast adjacent	8.2	breast IIB carcinoma,	32.0	
oreast adjacent		medullary		
breast adjacent	0.6	breast IIA carcinoma,	3.1	
		infiltrating duct		
breast adjacent	0.2	breast IIA carcinoma, infiltrating duct	3.9	
	Evaression of	human IL-23R		
	-			
monocyte/PBMC resting		10.0		
leukocytes leukemia SR cell line		415.8		
leukocytes leukemia K562 cell line		396.7		
leukocytes leukemia MOLT-4 cell line		0.0		
leukoćytes leukemia HL	leukocytes leukemia HL60 TB cell line		374.1	
		1		

[0084] RNA from tissues or cell pellets was extracted using RNeasy® columns (Qiagen, Valencia, CA) and treated with Dnase I (Promega, Madison, WI). cDNA were

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prepared and used as templates for quantitative real time PCR. cDNA (25 ng) was analysed for expression of a range of genes using GeneAmp® 5700 Sequence Detection System (Applied Biosystems, Foster City, CA). Analysis of cDNA samples from normal and tumor colon and ovary tissue was normalized to expression of the housekeeping gene, ubiquitin.

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IV. p19 Antagonists Prevent or Reduce Tumors.

[0085] Tumors induced by injected tumor cells or by chemical carcinogenesis, were eradicated or reduced in mice treated antagonists to IL-23, e.g., by treatment with anti-p19 antibody, or by genetic ablation of the p19 subunit (p19KO). p19 is a subunit of IL-23 only, while p40 is a subunit of both IL-23 and IL-12. In contrast, treatment with an IL-12, under some conditions, exacerbated tumors, i.e., resulted in an increase in tumor volume, relative to control mice.

[0086] Tumors in mice resulted in cancer, cancer cachexia, extramedullary hematopoiesis, and death. Treatment of tumor-bearing Balb/c mice with anti-p19 antibody resulted in a halt to increases in tumor volume, while treatment with anti-p40 antibody provoked weight gain of the animal, likely a reversal of cachexia, but an increase in tumor volume (Table 2).

Table 2. Tumor growth in Balb/c mice inoculated with Ep2 (a.k.a. XTb cells) cancer cells (ras-transformed mouse mammary cells).

Antibody treatment	Tumor size (mm²)		
	Day 1	Day 11	Day 21
Isotype antibody (8D5)	0 mm ³	225 mm³	500 mm ³
Anti-p19 antibody (29A2)	0	200	250
Anti-p40 antibody (C17.8)	0	250	1150

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[0087] Cancer death and cancer cachexia were induced in mice, where death and weight loss were prevented by anti-p40 antibody. Mice were injected with 1 x 10⁶ EpXT tumor cells (s.c.). Tumor bearing nude mice (Ep2XB1 nu/nu) died from lethal lung metastasis, with deaths occurring at from days 22-42 after the injection. Tumor bearing Exp2XB1 Balb/c mice died at about days 22-49 after the injection, where the BalbC/c mice died in absence of lung metastasis. Cachexia was indicated by the decrease in body weight occurring (prior to death). Progressive weight loss occurred, starting at about day 16. The

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initial weight, at day 1 was 22-23 grams, while the weight at death was in the range of 16-18 grams.

[0088] Antibody treatment was with C17.8 rat anti-p40 antibody (1 mg/week). With antibody treatment, the Ep2XB1-Balb/C mice (immunocompetant mice), survived until about day 64, after which deaths occurred until day 85. Anti-p40 antibody treatment also resulted in a maintenance of body weight (at about 17 grams) in half of the mice, with a progressive increase in body weight of the remaining mice, to a maximum, within the time frame of the experiment, of 22-23 grams. Thus, anti-p40 antibody resulted in improvement in health, according to survival time and regain of body weight, though anti-p40 could also result in a decline in health, as shown by an increase in tumor size (Table 2).

[0089] Cancer was chemically induced by treatment with DMBA (50 micrograms) and 2 x 30 micrograms tetradecanoylphorbol-13-acetate (TPA) per week (Gschwendt, *et al.*(1991) *Trends Biochem Sci.* 16:167-169). Chemical carcinogenesis treatments were applied to B6/129 wild type mice and to p19KO mice. Wild type mice readily developed tumors but the p19KO mice did not acquire tumors (Table 3).

Table 3. p19KO Mice Resist Chemical Carcinogenesis.

	Initiation with DMBA (50 micrograms); Promotion with TPA (2 x 30 micrograms/week for 13 weeks).		Initiation with DMBA (50 micrograms); Promotion with TPA (2 x 30 micrograms/week for 20 weeks).	
	First tumor occurrence (after TPA)	Tumor number per mouse	First tumor occurrence (after TPA)	Tumor number per mouse
B2/129 wild type mouse	8 weeks	11	8 weeks	8
p19KO mouse	None found in examined time frame.	0	None found in examined time frame.	0

[0090] Separate studies demonstrated that the p19KO prevented tumor formation ,while the p35KO exacerbated tumor formation (Table 4).

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Chem. 277:16547-16552).

Table 4. Influence of p19KO versus p35KO on chemical carcinogenesis.

	Average number of tumors per mouse	
C57/129 wild type	10.0	
p19KO (C57/129)	0.0	
C57B/6 wild type	4.5	
p35KO (C57/129)	11.0	

Tissue and cell expression of the subunits of IL-23 and subunits of IL-12 was determined, after carcinogen treatment. DMBA alone, TPA alone, and DMBA with TPA, induced expression of the p19 subunit of IL-23, these chemicals was applied to the mouse's back. For example, two days after treatment with DMBA resulted in an increase in p19 expression from 1.5 (untreated) to 6.3 (at t=2 days). Expression of p40 increased, but was relatively low in this time interval (0.1 untreated; 0.4 at t=2 days). Five hours after treatment with TPA resulted in an increase in p19 expression (2.5 control; 15.5 with TPA treatment), but relatively little change in p40 expression (2.0 control; 3.5 with TPA treatment). Five hours after treatment with DMBA plus TPA resulted in large increases in p19 expression (6.0 control; 32.0 DMBA + TPA), but moderate levels of p40 expression (2.0 control; 4.0 DMBA + TPA).

[0092] Response of human keratinocytes to, e.g., DMBA, TPA, and lipopolysaccharide (LPS), was also determined (Table 5). TPA specifically induced p19, with little or no induction of p40, the common subunit of IL-23 and IL-12. LPS induced p19, indicating a role in IL-23 in innate response. Toll-like receptors that bind LPS occur on keratinocytes (see, e.g., Song, et al. (2002) J. Invest. Dermatol. 119:424-432). Etoposide is an anti-cancer agent that inhibits topoisomerase II and induces apoptosis (see, e.g., Robertson, et al. (2000) J. Biol. Chem. 275:32438-32443; Karpinich, et al. (2000) J. Biol.

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Table 5. Response of Human Keratinocytes to Various Additives. N.D. means not detected.

detected.				
Additive	p19	p40	p35	EBI3 subunit of IL-27 (p28 + EBI3)
Control	1.1	N.D.	0.4	0.01
DMBA	1.0	N.D.	N.D.	N.D.
TPA	1.9	N.D.	0.2	1.25
LPS	4.45	0.05	0.35	0.25
Etoposide	2.5	0.4	1.75	0.6

[0093] Anti-p19 antibodies were tested for their effect on the 4T1 mouse breast cancer cell model. Mice were treated with control mIgG1 (27F11) antibody or with anti-p19 antibody (29A2). Tumor growth was monitored on days 1, 3, 4, 5, 6, 7, 8, 9, 10, and 11. Antibodies (1 mg/dose) were administered on days 2, 5, 8, and 10. On day 4, the tumor size of the control antibody treated mouse was about 175 mm³, while tumor size of the anti-p19 antibody treated mouse was about 135 mm³. Thus, anti-p19 antibody is effective in treating a model of breast cancer. After day 4, tumors in both groups grew at about the same rate, indicating that the antibody dose was not sufficient to counteract the IL-23 expressed by the tumor at later periods in time.

[0094] Histology of the Ep2 mouse breast cancer model demonstrated co-localization of IL-23R and NK cells, as determined by staining for p19, which resides bound to IL-23R, and by staining for CD49B, a marker for NK cells. This co-localization occurred in the central part of the tumor, i.e., in the necrotic region. Histology of the Ep2 mouse breast cancer also demonstrated co-localization of p19 and T cells. T cell location was determined by staining for CD3. This co-localization occurred at the peripheral part of the tumor.

V. Listing of Sequence Identifiers

20	[0095]	SEQ ID NO: 1 is human IL-23p19 nucleic acid sequence.
	[0100]	SEQ ID NO: 2 is human IL-23p19 amino acid sequence.
	[0101]	SEQ ID NO: 3 is mouse IL-23p19 nucleic acid sequence.
	[0102]	SEQ ID NO: 4 is mouse IL-23p19 amino acid sequence.
	[0103]	SEQ ID NO: 5 is human IL-23 receptor nucleic acid sequence.

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[0104]	SEQ ID NO: 6 is human IL-23 receptor amino acid sequence
[0105]	SEQ ID NO: 7 is human IL-12Rbeta1 amino acid sequence.
[0106]	SEQ ID NO: 8 is human IL-12 p40 amino acid sequence.
[0107]	SEQ ID NO: 9 is mouse IL-12 p40 amino acid sequence.
[0108]	SEQ ID NO: 10 is mouse IL-23 hyperkine
[0109]	SEO ID NO: 11 is human II -23 hyperking

[0110] All citations herein are incorporated herein by reference to the same extent as if each individual publication or patent application was specifically and individually indicated to be incorporated by reference.

Many modifications and variations of this invention can be made without departing from its spirit and scope, as will be apparent to those skilled in the art. The specific embodiments described herein are offered by way of example only, and the invention is to be limited by the terms of the appended claims, along with the full scope of equivalents to which such claims are entitled; and the invention is not to be limited by the specific embodiments that have been presented herein by way of example.

In the claims which follow and in the preceding description of the invention, except where the context requires otherwise due to express language or necessary implication, the word "comprise" or variations such as "comprises" or "comprising" is used in an inclusive sense, i.e. to specify the presence of the stated features but not to preclude the presence or addition of further features in various embodiments of the invention.

It is to be understood that a reference herein to a prior art document does not constitute an admission that the document forms part of the common general knowledge in the art in Australia or any other country.

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The claims defining the invention are as follows:

- A method for the treatment of tumors comprising contacting a tumor cell with an effective amount of an antagonist of IL-23, wherein the antagonist of IL-23 comprises:
 - (a) an antigen binding site of an antibody that specifically binds a polypeptide of p19 (SEQ ID NO: 2); or
 - (b) an anti-sense nucleic acid or small interference RNA (siRNA) that specifically binds a nucleic acid encoding p19 (SEQ ID NO: 1).
- 15 2. The use of an antagonist of IL-23 for the manufacture of a medicament for the treatment of tumors comprising tumor cells, wherein the antagonist of IL-23 comprises:
 - (a) an antigen binding site of an antibody that specifically binds a polypeptide of p19 (SEQ ID NO: 2); or
 - (b) an anti-sense nucleic acid or small interference RNA (siRNA) that specifically binds a nucleic acid encoding p19 (SEQ ID NO: 1).
 - 3. The method of claim 1 or use of claim 2, wherein the antagonist of IL-23 inhibits or prevents tumor growth.
- 4. The method of claim 1 or use of claim 2, wherein the tumor cells express IL-23 p19.
 - 5. The method of claim 1 or use of claim 2, wherein the antagonist comprises an antigen-binding site of an antibody.
 - 6. The method of claim 1 or use of claim 2, wherein the antagonist comprises an anti-sense nucleic acid or small

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interference RNA (siRNA).

- The method of claim 1 or use of claim 2, wherein the antagonist comprises a monoclonal antibody or a fragment thereof.
 - 8. The method or use of claim 7, wherein the monoclonal antibody or fragment thereof is a humanized antibody or fragment thereof.

9. The method or use of claim 7, wherein the monoclonal antibody or fragment thereof is a Fab, Fv or F(ab')2 antibody fragment.

- 15 10. The method of claim 1 or use of claim 2, wherein the tumor cells are:
 - a) colon cancer cells;
 - b) ovarian cancer cells;
 - c) breast cancer cells; or
 - d) melanoma cells.
- 11. A method for the treatment of a subject suffering from a cancer or tumor, comprising administering to the subject an effective amount of an antagonist of IL-23, wherein the antagonist of IL-23 comprises:
 - (a) an antigen-binding site of an antibody that specifcally binds a polypeptide of p19 (SEQ ID NO 2); or
 - (b) an anti-sense nucleic acid or small interference RNA (si RNA) that specifically binds a nucleic acid encoding p 19 (SEQ ID NO: 1).
- 35 12. The use of an antagonist of IL-23 for the manufacture of a medicament for the treatment of a subject suffering from a cancer or tumor, wherein the antagonist of IL-23

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comprises:

- (a) an antigen-binding site of an antibody that specifically binds a polypeptide of p19 (SEQ ID NO 2); or
- (b) an anti-sense nucleic acid or small interference RNA (si RNA) that specifically binds a nucleic acid encoding p 19 (SEQ ID NO: 1).
- 10 13. The method of claim 11 or use of claim 12, wherein the antagonist of IL-23 inhibits:
 - a) growth of the cancer or tumor;
 - b) cachexia
 - c) anorexia; or
 - d) angiogenesis.
- 14. The method of claim 11 or use of claim 12, wherein the antagonist comprises an antigen-binding site of an antibody.
 - 15. The method of claim 11 or use of claim 12, wherein the antagonist comprises an anti-sense nucleic acid or small interference RNA (siRNA).
 - 16. The method or use of claim 14, wherein the antagonist comprises a monoclonal antibody or a fragment thereof.
- 17. The method or use of claim 16, wherein the monoclonal antibody or fragment thereof is a humanized antibody or fragment thereof.
- 18. The method or use of claim 16, wherein the monoclonal antibody or fragment thereof is a Fab, Fv or F(ab')2 antibody fragment.
 - 19. The method of claim 11 or use of claim 12, wherein

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the cancer or tumor is of the:

- a) gastrointestinal tract;
- b) respiratory tract;
- c) reproductive system; or
- d) endocrine system.
- 20. The method of claim 11 or use of claim 12, wherein the cancer or tumor is:

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- a) colon cancer;
- b) ovarian cancer;
- c) a melanoma; or
- d) breast cancer.

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21. A method of determining whether tumor cells express IL-23 comprising contacting a sample from a subject with an antagonist of IL-23 which comprises:

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- an antigen binding site of an antibody that specifically binds a polypeptide of p19 (SEQ ID NO 2); or
- b) an anti-sense nucleic acid or small interference RNA (siRNA) that specifically binds a nucleic acid encoding p19 (SEQ ID NO: 1).

22. The method of claim 21, wherein the antagonist comprises an anti-sense nucleic acid or small interference
30 RNA that specifically binds the polynucleotide of SEQ ID

23. A kit when used for determining whether tumor cells express IL-23 comprising:

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NO: 1.

- a) a compartment; and
- b) an antagonist of IL23 which comprises (i)

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an antigen binding site of an antibody that specifically binds a polypeptide of p19 (SEQ ID Nos: 2) or (ii) an anti-sense nucleic acid or small interference RNA (si RNA) that specifically binds a nucleic acid encoding p19 (SEQ ID NO: 1).

24. The kit of claim 23, wherein the antagonist comprises an antibody that specifically binds to p19 (SEQ ID NO: 2).

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SEQUENCE LISTING

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tgc cag cag ctt tca cag aag ctc tgc aca ctg gcc tgg agt gca cat Cys Gln Gln Leu Ser Gln Lys Leu Cys Thr Leu Ala Trp Ser Ala His 15 20 25
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gga ctc agg gac aac agt cag ttc tgc ttg caa agg atc cac cag ggt 288 Gly Leu Arg Asp Asn Ser Gln Phe Cys Leu Gln Arg Ile His Gln Gly 60 65 70 75
ctg att ttt tat gag aag ctg cta gga tcg gat att ttc aca ggg gag 336 Leu Ile Phe Tyr Glu Lys Leu Leu Gly Ser Asp Ile Phe Thr Gly Glu 80 85 90
cet tet etg etc eet gat age eet gtg geg eag ett eat gee tee eta 384 Pro Ser Leu Leu Pro Asp Ser Pro Val Ala Gln Leu His Ala Ser Leu 1

-44-

ctg ggc ctc agc caa ctc ctg cag cct gag ggt cac cac tgg gag act Leu Gly Leu Ser Gln Leu Leu Gln Pro Glu Gly His His Trp Glu Thr 110 cag cag att cca age cte agt ccc age cag cca tgg cag cgt ctc ctt Gln Gln Ile Pro Ser Leu Ser Pro Ser Gln Pro Trp Gln Arg Leu Leu 125 130 135 480 ctc cgc ttc aaa atc ctt cgc agc ctc cag gcc ttt gtg gct gta gcc Leu Arg Phe Lys Ile Leu Arg Ser Leu Gln Ala Phe Val Ala Val Ala 140 gcc cgg gtc ttt gcc cat gga gca gca acc ctg agt ccc taa Ala Arg Val Phe Ala His Gly Ala Ala Thr Leu Ser Pro 160 165 570 <210> 2 <211> 189 <212> PRT <213> Homo sapiens <400> 2 Met Leu Gly Ser Arg Ala Val Met Leu Leu Leu Leu Pro Trp Thr -20 -15 -10Ala Gln Gly Arg Ala Val Pro Gly Gly Ser Ser Pro Ala Trp Thr Gln -5 10 Cys Gln Gln Leu Ser Gln Lys Leu Cys Thr Leu Ala Trp Ser Ala His 15 20 Pro Leu Val Gly His Met Asp Leu Arg Glu Glu Gly Asp Glu Glu Thr 30 35Thr Asn Asp Val Pro His Ile Gln Cys Gly Asp Gly Cys Asp Pro Gln 45 55 Gly Leu Arg Asp Asn Ser Gln Phe Cys Leu Gln Arg Ile Hìs Gln Gly 60 70 75Leu Ile Phe Tyr Glu Lys Leu Leu Gly Ser Asp Ile Phe Thr Gly Glu $80 \ \ 80 \ \ 85 \ \ \ 90$ Pro Ser Leu Leu Pro Asp Ser Pro Val Ala Gln Leu His Ala Ser Leu 95 $$ 100 $$ 105

Leu Gly Leu Ser Gln Leu Leu Gln Pro Glu Gly His His Trp Glu Thr 110 115 120

Gln Gln Ile Pro Ser Leu Ser Pro Ser Gln Pro Trp Gln Arg Leu Leu 125 $$ 130 $$ 135

Leu Arg Phe Lys Ile Leu Arg Ser Leu Gln Ala Phe Val Ala Val Ala 140 \$150\$

Ala Arg Val Phe Ala His Gly Ala Ala Thr Leu Ser Pro

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3

502

gct cta ctc cct gat agc ccc atg gag caa ctt cac acc tcc cta cta Ala Leu Leu Pro Asp Ser Pro Met Glu Gln Leu His Thr Ser Leu Leu 95

gga ctc agc caa ctc ctc cag cca gag gat cac ccc cgg gag acc caa Gly Leu Ser Gln Leu Leu Gln Pro Glu Asp His Pro Arg Glu Thr Gln 110 115 120 125	550
cag atg ccc agc ctg agt tct agt cag cag tgg cag cgc ccc ctt ctc Gln Met Pro Ser Leu Ser Ser Ser Gln Gln Trp Gln Arg Pro Leu Leu 130 135 140	598
cgt tcc aag atc ctt cga agc ctc cag gcc ttt ttg gcc ata gct gcc Arg Ser Lys Ile Leu Arg Ser Leu Gln Ala Phe Leu Ala Ile Ala Ala 145 150 155	646
cgg gtc ttt gcc cac gga gca gca act ctg act gag ccc tta gtg cca Arg Val Phe Ala His Gly Ala Ala Thr Leu Thr Glu Pro Leu Val Pro 160 165 170	694
aca got taaggatgoo caggttooca tggotaccat gataagacta atotatoago Thr Ala 175	750
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anaggggaac attatacttt cctgggtggc tcagggaaat gtgcagatgc acagtactcc	1110
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Cys Gln Gln Leu Ser Arg Asn Leu Cys Met Leu Ala Trp Asn Ala His 15 20 25	÷;
Ala Pro Ala Gly His Met Asn Leu Leu Arg Glu Glu Glu Asp Glu Glu 35 40	
Thr Lys Asn Asn Val Pro Arg Ile Gln Cys Glu Asp Gly Cys Asp Pro 45 55	

Gln Gly Leu Lys Asp Asn Ser Gln Phe Cys Leu Gln Arg Ile Arg Gln \$4\$

60					65					70					75		
Gly	Leu	Ala	Phe	Tyr 80	Lys	His	Leu	Leu	Asp 85	Ser	Asp	Ile	Phe	Lys 90	Gly		
Glu	Pro	Ala	Leu 95	Leu	Pro	Asp	Ser	Pro 100	Met	Glu	Gln	Leu	His 105	Thr	Ser		
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Thr	Gln 125	Gln	Met	Pro	Ser	Leu 130		Ser	Ser	Gln	Gln 135	Trp	Gln	Arg	Pro		
Leu 140	Leu	Arg	Ser	Lys	Ile 145	Leu	Arg	Ser	Leu	Gln 150	Ala	Phe	Leu	Ala	Ile 155		
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Val	Pro	Thr	Ala 175														
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	> π >	nat_r (188)			ı												
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						atc Ile										358
aat Asn	aaa Lys	aca Thr 60	aca Thr	gct Ala	cgg Arg	ctt Leu	tgg Trp 65	tat Tyr	aaa Lys	aac Asn	ttt Phe	ctg Leu 70	gaa Glu	cca Pro	cat His	406
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						aca Thr										646
agc Ser	tat Tyr 155	att Ile	aac Asn	atc Ile	tcc Ser	act Thr 160	gat Asp	tca Ser	tta Leu	caa Gln	ggt Gly 165	ggc Gly	aag Lys	aag Lys	tac Tyr	694
ttg Leu 170	gtt Val	tgg Trp	gtc Val	caa Gln	gca Ala 175	gca Ala	aac Asn	gca Ala	cta Leu	ggc Gly 180	atg Met	gaa Glu	gag Glu	tca Ser	aaa Lys 185	742
caa Gln	ctg Leu	caa Gln	att Ile	cac His 190	ctg Leu	gat Asp	gat Asp	ata Ile	gtg Val 195	ata Ile	cct Pro	tct Ser	gca Ala	gcc Ala 200	gtc Val	790
att Ile	tcc Ser	agg Arg	gct Ala 205	gag Glu	act Thr	ata Ile	aat Asn	gct Ala 210	aca Thr	gtg Val	ccc Pro	aag Lys	acc Thr 215	ata Ile	att Ile	838
tat Tyr	tgg Trp	gat Asp 220	agt Ser	caa Gln	aca Thr	aca Thr	att Ile 225	gaa Glu	aag Lys	gtt Val	tcc Ser	tgt Cys 230	gaa Glu	atg Met	aga Arg	886
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aat Asn 250	ttt Phe	aca Thr	tat Tyr	gtg Val	caa Gln 255	cag Gln	tca Ser	gaa Glu	ttc Phe	tac Tyr 260	ttg Leu	gag Glu	cca Pro	aac Asn	att Ile 265	982
						aga Arg										1030
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-49-

Gln	Pro	Trp	Ser 285	Ser	Pro	Phe	Phe	His 290		Thr	Pro	Glu	Thr 295	Val	Pro	
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								cac His							gga Gly	1174
gac Asp 330	att Ile	gga Gly	ctt Leu	tta Leu	ttg Leu 335	gga Gly	atg Met	atc Ile	gtc Val	ttt Phe 340	gct Ala	gtt Val	atg Met	ttg Leu	tca Ser 345	1222
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								cca Pro 370								1318
cct Pro	aat Asn	atg Met 380	aaa Lys	aac Asn	agc Ser	aat Asn	gtt Val 385	gtg Val	aaa Lys	atg Met	cta Leu	cag Gln 390	gaa Glu	aat. Asn	agt Ser	1366
								gag Glu								1414
								ttc Phe								1462
gac Asp	tac Tyr	aag Lys	aag Lys	gag Glu 430	aat Asn	aca Thr	gga Gly	ccc Pro	ctg Leu 435	gag Glu	aca Thr	aga Arg	gac Asp	tac Tyr 440	ccg Pro	1510
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cat His	ctc Leu 475	agc Ser	aat Asn	aat Asn	aat Asn	gaa Glu 480	att Ile	act Thr	tcc Ser	tta Leu	aca Thr 485	ctt Leu	aaa Lys	cca Pro	cca Pro	1654
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aat Asn	ttt Phe	gct Ala	ttt Phe	tct Ser 510	gtt Val	tca Ser	agt Ser	gtg Val	aat Asn 515	tca Ser	cta Leu	agc Ser	aac Asn	aca Thr 520	ata Ile	1750
ttt Phe	ctt Leu	gga Gly	gaa Glu 525	tta Leu	agc Ser	ctc Leu	ata Ile	tta Leu 530	aat Asn	caa Gln	gga Gly	gaa Glu	tgc Cys 535	agt Ser	tct Ser	1798
cct Pro	gac Asp	ata Ile	caa Gln	aac Asn	tca Ser	gta Val	gag Glu	gag Glu	gaa Glu 7	Thr	acc Thr	atg Met	ctt Leu	ttg Leu	gaa Clu	1846

-50-

```
540
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                                                        550
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Asn Asp Ser Pro Ser Glu Thr Ile Pro Glu Glu Thr Leu Leu Pro Asp
555 566
gaa ttt gtc tcc tgt ttg ggg atc gtg aat gag gag ttg cca tct att Glu Phe Val Ser Cys Leu Gly Ile Val Asn Glu Glu Leu Pro Ser Ile
                                                                                1942
aat act tat ttt cca caa aat att ttg gaa agc cac ttc aat agg att Asn Thr Tyr Phe Pro Gln Asn Ile Leu Glu Ser His Phe Asn Arg Ile 590 595 600
                                                                                1990
tca ctc ttg gaa aag tagagctgtg tggtcaaaat caatatgaga aagctgcctt Ser Leu Leu Glu Lys
                                                                                2045
              605
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gtaatcccag cactttggta ggctgaggtr ggtggatcac ctgaggtcag gagttcgagt
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                                                                                2859
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The 'Xaa' at location -21 stands for Gln, or His.
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-51-

-20 -15 -10

Leu Phe Ser Trp Cys His Gly Gly Ile Thr Asn Ile Asn Cys Ser Gly -5 1 1

Ser Ile Tyr Cys Gln Ala Ala Ile Lys Asn Cys Gln Pro Arg Lys Leu $30 \hspace{1cm} 35 \hspace{1cm} 40 \hspace{1cm}$

His Phe Tyr Lys Asn Gly Ile Lys Glu Arg Phe Gln $\overset{\cdot}{\text{Ile}}$ Thr Arg Ile 45

Asn Lys Thr Thr Ala Arg Leu Trp Tyr Lys Asn Phe Leu Glu Pro His 60

Ala Ser Met Tyr Cys Thr Ala Glu Cys Pro Lys His Phe Gln Glu Thr $75 \ \ 80 \ \ 85$

Leu Ile Cys Gly Lys Asp Ile Ser Ser Gly Tyr Pro Pro Asp Ile Pro 90 95 100 105

Asp Glu Val Thr Cys Val Ile Tyr Glu Tyr Ser Gly Asn Met Thr Cys 110 $$ 115 $$ 120

His Val Lys Ser Leu Glu Thr Glu Glu Glu Gln Gln Tyr Leu Thr Ser 140 145 150

Ser Tyr Ile Asn Ile Ser Thr Asp Ser Leu Gln Gly Gly Lys Lys Tyr 155 $\,$ 160 $\,$ 165

Leu Val Trp Val Gln Ala Ala As
n Ala Leu Gly Met Glu Glu Ser Lys 170 185 185

Gln Leu Gln Ile His Leu Asp Asp Ile Val Ile Pro Ser Ala Ala Val 190 195 195

Ile Ser Arg Ala Glu Thr Ile Asn Ala Thr Val Pro Lys Thr Ile Ile 205 210 215

Tyr Lys Ala Thr Thr Asn Gln Thr Trp Asn Val Lys Glu Phe Asp Thr 235 $$

Asn Phe Thr Tyr Val Gln Gln Ser Glu Phe Tyr Leu Glu Pro Asn Ile 250 255 260 265

 Lys
 Tyr
 Val
 Phe
 Gln
 Val
 Arg
 Cys
 Gln
 Glu
 Thr
 Gly
 Lys
 Arg
 Tyr
 Trp

 Gln
 Pro
 Trp
 Ser
 Ser
 Pro
 Phe
 Phe
 His
 Lys
 Thr
 Pro
 Glu
 Thr
 Val
 Pro

 Gln
 Val
 Thr
 Ser
 Lys
 Ala
 Phe
 Gln
 His
 Asp
 Thr
 Trp
 Asn
 Ser
 Gly
 Leu

 Thr
 Val
 Ala
 Ser
 Ile
 Ser
 Thr
 Gly
 His
 Leu
 Thr
 Trp
 Asn
 Asn
 Arg
 Gly
 Leu

 Asp
 Ile
 Ser
 Ile
 Ser
 Thr
 Gly
 His
 Leu
 Thr
 Ser
 Asn
 Arg
 Arg
 Arg
 Arg
 Ile
 Leu
 Leu
 His
 Pro
 Arg
 Arg
 Fr
 Glu
 Arg
 Arg
 Ile

Asp Tyr Lys Lys Glu Asn Thr Gly Pro Leu Glu Thr Arg Asp Tyr Pro 430 430

Met Ile Thr Glu Ile Lys Glu Ile Phe Ile Pro Glu His Lys Pro Thr 410 415415425

Gln Asn Ser Leu Phe Asp Asn Thr Thr Val Val Tyr Ile Fro Asp Leu 445 455

Asn Thr Gly Tyr Lys Pro Gln Ile Ser Asn Phe Leu Pro Glu Gly Ser 460 460

His Leu Ser Asn Asn Asn Glu Ile Thr Ser Leu Thr Leu Lys Pro Pro 475 480 485

Val Asp Ser Leu Asp Ser Gly Asn Asn Pro Arg Leu Gln Lys His Pro 490 $$ 495 $$ 500 $$ 505

1.0

Asn Phe Ala Phe Ser Val Ser Ser Val Asn Ser Leu Ser Asn Thr Ile 510 $$ 515 $$ 520

Phe Leu Gly Glu Leu Ser Leu Ile Leu Asn Gln Gly Glu Cys Ser Ser 525 530 535

Pro Asp Ile Gln Asn Ser Val Glu Glu Glu Thr Thr Met Leu Leu Glu 540 $$ 545 $$ 550

Asn Asp Ser Pro Ser Glu Thr Ile Pro Glu Glu Thr Leu Leu Pro Asp 555

Glu Phe Val Ser Cys Leu Gly Ile Val Asn Glu Glu Leu Pro Ser Ile 570 $$ 585 $$ 585 $$

Asn Thr Tyr Phe Pro Gln Asn Ile Leu Glu Ser His Phe Asn Arg Ile $590 \hspace{0.25in} 600$

Ser Leu Leu Glu Lys 605

<210> 7 <211> 862 <212> PRT

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Val Thr Val Lys Pro Ser His Val Ile Leu Leu Gly Ser Thr Val Asn 35 40

Ile Thr Cys Ser Leu Lys Pro Arg Gln Gly Cys Phe His Tyr Ser Arg 50 $\,$

Arg Asn Lys Leu Ile Leu Tyr Lys Phe Asp Arg Arg Ile Asn Phe His 65

His Gly His Ser Leu Asn Ser Gln Val Thr Gly Leu Pro Leu Gly Thr 95 90 95

Thr Leu Phe Val Cys Lys Leu Ala Cys Ile Asn Ser Asp Glu Ile Gln 100 $\,$ 105 $\,$ 110 $\,$

Ile Cys Gly Ala Glu Ile Phe Val Gly Val Ala Pro Glu Gl
n Pro Gl
n $\tt ll$

115 120 125

Asn Leu Ser Cys Ile Gln Lys Gly Glu Gln Gly Thr Val Ala Cys Thr 130 \$140\$

Trp Glu Arg Gly Arg Asp Thr His Leu Tyr Thr Glu Tyr Thr Leu Gln 145 \$150\$

Leu Ser Gly Pro Lys Asn Leu Thr Trp Gln Lys Gln Cys Lys Asp Ile 165 $$170\$

Tyr Cys Asp Tyr Leu Asp Phe Gly Ile Asn Leu Thr Pro Glu Ser Pro 180 $\,$ 180 $\,$

Glu Ser Asn Phe Thr Ala Lys Val Thr Ala Val Asn Ser Leu Gly Ser 195 200

Ser Ser Ser Leu Pro Ser Thr Phe Thr Phe Leu Asp Ile Val Arg Pro 210 $\,$ 215 $\,$

Leu Pro Pro Trp Asp Ile Arg Ile Lys Phe Gln Lys Ala Ser Val Ser 225 230

Arg Cys Thr Leu Tyr Trp Arg Asp Glu Gly Leu Val Leu Leu Asn Arg 245 250 255

Thr Lys Ala Lys Gly Arg His Asp Leu Leu Asp Leu Lys Pro Phe Thr 275 280 285

Glu Tyr Glu Phe Gln Ile Ser Ser Lys Leu His Leu Tyr Lys Gly Ser 290 \$300\$

Trp Ser Asp Trp Ser Glu Ser Leu Arg Ala Gln Thr Pro Glu Glu Glu 305 \$310 \$310 \$315

Fro Thr Gly Met Leu Asp Val Trp Tyr Met Lys Arg His Ile Asp Tyr 325 330 335

Ser Arg Gln Gln Ile Ser Leu Phe Trp Lys Asn Leu Ser Val Ser Glu $340 \ \ \,$ 345 $\ \ \,$ 350 $\ \ \,$

Ala Arg Gly Lys Ile Leu His Tyr Gln Val Thr Leu Gln Glu Leu Thr 355 $$360\$

Thr Val Ile Pro Arg Thr Gly Asn Trp Ala Val Ala Val Ser Ala Ala 385 \$390\$

Cys Glu Ala Gly Leu Leu Ala Pro Arg Gln Val Ser Ala As
n Ser Glu $420 \hspace{1.5cm} 425 \hspace{1.5cm} 430 \hspace{1.5cm}$

Gly Met Asp Asn Ile Leu Val Thr Trp Gln Pro Pro Arg Lys Asp Pro 435 440 440

Gly Asp Thr Gln Val Pro Leu Asn Trp Leu Arg Ser Arg Pro Tyr Asn 465 470470475

Val Ser Ala Leu Ile Ser Glu Asn Ile Lys Ser Tyr Ile Cys Tyr Glu 485 490 495

Ile Arg Val Tyr Ala Leu Ser Gly Asp Gln Gly Gly Cys ser ser Ile 500

Leu Gly Asn Ser Lys His Lys Ala Pro Leu Ser Gly Pro His Ile Asn 515 520 525

Ala Ile Thr Glu Glu Lys Gly Ser Ile Leu Ile Ser Trp Asn Ser Ile 530 \$530\$

Pro Val Gln Glu Ghr Met Gly Cys Leu Leu His Tyr Arg Ile Tyr Trp 545 550 555 560

Lys Glu Arg Asp Ser Asn Ser Gln Pro Gln Leu Cys Glu Ile Pro Tyr 565 575

Thr Tyr Val Leu Trp Met Thr Ala Leu Thr Ala Ala Gly Glu Ser Ser \$%\$ 595 \$600

His Gly Asn Glu Arg Glu Phe Cys Leu Gln Gly Lys Ala Asn Trp Met 610 $\,$ 620 $\,$

Ala Phe Val Ala Pro Ser Ile Cys Ile Ala Ile Ile Met Val Gly Ile 625 630630635

-56-

13

Phe Ser Thr His Tyr Phe Gln Gln Lys Val Phe Val Leu Leu Ala Ala 645 $\,$ 650 $\,$ 655

Leu Arg Pro Gln Trp Cys Ser Arg Glu Ile Pro Asp Pro Ala Asn Ser 660 665 670

Thr Cys Ala Lys Lys Tyr Pro Ile Ala Glu Glu Lys Thr Gln Leu Pro 675 680 685

Leu Val Ile Ser Glu Val Leu His Gln Val Thr Pro Val Phe Arg His 705 $710710715715710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710710$

Pro Pro Cys Ser Asn Trp Pro Gln Arg Glu Lys Gly Ile Gln Gly His $725 \hspace{1cm} 735$

Gln Ala Ser Glu Lys Asp Met Met His Ser Ala Ser Ser Pro Pro Pro 740 745

Pro Arg Ala Leu Gln Ala Glu Ser Arg Gln Leu Val Asp Leu Tyr Lys $755 \hspace{0.5cm} 760 \hspace{0.5cm} 760 \hspace{0.5cm} 765 \hspace{0.5cm}$

Val Leu Glu Ser Arg Gly Ser Asp Pro Lys Pro Glu Asn Pro Ala Cys 770 775 780

Pro Trp Thr Val Leu Pro Ala Gly Asp Leu Pro Thr His Asp Gly Tyr 785 790 795

Leu Pro Ser Asn Ile Asp Asp Leu Pro Ser His Glu Ala Pro Leu Ala 815

Asp Ser Leu Glu Glu Leu Glu Pro Gln His Ile Ser Leu Ser Val Phe 820 $\,$ 825 $\,$ 830

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Thr Leu Asp Gln Leu Lys Met Arg Cys Asp Ser Leu Met Leu 850 855 860

<210> 8

<211> 328 <212> PRT

<213> Homo sapiens

<400> 8

Met Cys His Gln Gln Leu Val Ile Ser Trp Phe Ser Leu Val Phe Leu $_{14}$

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Val	Glu	Leu 35	Asp	Trp	Tyr	Pro	Asp 40	Ala	Pro	Gly	Glu	Met 45	Val	Val	Leu	
Thr	Cys 50	Asp	Thr	Pro	Glu	Glu 55	Asp	Gly	Ile	Thr	Trp 60	Thr	Leu	Asp	Gln	
Ser 65	Ser	Glu	Val	Leu	Gly 70	Ser	Gly	Lys	Thr	Leu 75	Thr	Ile	Gln	Val	Lys 80	
Glu	Phe	Gly	Asp	Ala 85	Gly	Gln	Tyr	Thr	Сув 90	His	Lys	Gly	Gly	Glu 95	Val	
Leu	Ser	His	Ser 100	Leu	Leu	Leu	Leu	His 105	Ъуs	Lys	Glu	Asp	Gly 110	Ile	Trp	
Ser	Thr	Asp 115	Ile	Leu	Lys	Asp	Gln 120	Ъуs	Glu	Pro	Lys	Asn 125	Lys	Thr	Phe	
Leu	Arg 130	Сув	Glu	Ala	Lys	Asn 135	Tyr	Ser	Gly	Arg	Phe 140	Thr	Cys	Trp	Trp	
Leu 145	Thr	Thr	Ile	Ser	Thr 150	Asp	Leu	Thr	Phe	Ser 155	Val	Lys	ser	Ser	Arg 160	
Gly	Ser	Ser	Asp	Pro 165	Gln	Gly	Val	Thr	Сув 170	Gly	Ala	Ala	Thr	Leu 175	Ser	
Ala	Glu	Arg	Val 180	Arg	Gly	Asp	Asn	Lys 185	Glu	Tyr	Glu	Tyr	Ser 190	Val	Glu	
Cys	Gln	Glu 195	Asp	Ser	Ala	Cys	Pro 200	Ala	Ala	Glu	Glu	Ser 205	Leu	Pro	Ile	
3lu	Val 210	Met	Val	Asp	Ala	Val 215	His	Lys	Leu	Lys	Tyr 220	Glu	Asn	Tyr	Thr	2
Ser 225	Ser	Phe	Phe	Ile	Arg 230	Asp	Ile	Ile	Lys	Pro 235	Asp	Pro	Pro	Lys	Asn 240	-,
Leu	Gln	Leu	Lys	Pro 245	Leu	Lys	Asn	Ser	Arg 250	Gln	Val	Glu	Val	Ser 255	Trp	
Glu	Tyr	Pro	Asp 260	Thr	Trp	Ser	Thr	Pro 265	His 15		Tyr	Phe	Ser 270	Leu	Thr	

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Phe Cys Val Gln Val Gln Gly Lys Ser Lys Arg Glu Lys Lys Asp Arg 275 280 285

Val Phe Thr Asp Lys Thr Ser Ala Thr Val Ile Cys Arg Lys Asn Ala 290 $$ 295 $$ 300

Ser Ile Ser Val Arg Ala Gln Asp Arg Tyr Tyr Ser Ser Ser Trp Ser 305 310 315

Glu Trp Ala Ser Val Pro Cys Ser 325

<210> 9 <211> 335 <212> PRT <213> Mus musculus

Met Cys Pro Gln Lys Leu Thr Ile Ser Trp Phe Ala Ile Val Leu Leu 1 10 15

Val Ser Pro Leu Met Ala Met Trp Glu Leu Glu Lys Asp Val Tyr Val $20 \hspace{1cm} 25 \hspace{1cm} 30 \hspace{1cm}$

Val Glu Val Asp Trp Thr Pro Asp Ala Pro Gly Glu Thr Val Asn Leu 35

Thr Cys Asp Thr Pro Glu Glu Asp Asp Ile Thr Trp Thr Ser Asp Gln 50

Arg His Gly Val Ile Gly Ser Gly Lys Thr Leu Thr Ile Thr Val Lys 65 70 70 75

Glu Phe Leu Asp Ala Gly Gln Tyr Thr Cys His Lys Gly Gly Glu Thr $85 \\ 90 \\ 95$

Leu Ser His Ser His Leu Leu Leu Eis Lys Glu Asn Gly Ile Trp $100\,$

Ser Thr Glu Ile Leu Lys Asn Phe Lys Asn Lys Thr Phe Leu Lys Cys 115 120 125

Glu Ala Pro Asn Tyr Ser Gly Arg Phe Thr Cys Ser Trp Leu Val Gln 130 $\,$ 140 $\,$

Arg Asn Met Asp Leu Lys Phe Asn Ile Lys Ser Ser Ser Ser Pro 145 $\,$ 150 $\,$ 155 $\,$ 160

Asp Ser Arg Ala Val Thr Cys Gly Met Ala Ser Leu Ser Ala Glu Lys $_{165}$ $_{170}$ $_{175}$

Val Thr Leu Asp Gln Arg Asp Tyr Glu Lys Tyr Ser Val Ser Cys Gln 180 185 190

Glu Asp Val Thr Cys Pro Thr Ala Glu Glu Thr Leu Pro Ile Glu Leu 195 200 205

Ala Leu Glu Ala Arg Gln Gln Asn Lys Tyr Glu Asn Tyr Ser Thr Ser 210 215 220

Phe Phe Ile Arg Asp Ile Ile Lys Pro Asp Pro Pro Lys Asn Leu Gln 225 $$ 230 $$ 235 $$ 240

Met Lys Pro Leu Lys Asn Ser Gln Val Glu Val Ser Trp Glu Tyr Pro 245 250 255

Asp Ser Trp Ser Thr Pro His Ser Tyr Phe Ser Leu Lys Phe Phe Val $_{260}$ $_{260}$

Arg Ile Gln Arg Lys Lys Glu Lys Met Lys Glu Thr Glu Glu Gly Cys $275 \hspace{1cm} 280 \hspace{1cm}$

Asn Gln Lys Gly Ala Phe Leu Val Glu Lys Thr Ser Thr Glu Val Gln 290 300

Cys Lys Gly Gly Asn Val Cys Val Gln Ala Gln Asp Arg Tyr Tyr Asn 305 310310315

Ser Ser Cys Ser Lys Trp Ala Cys Val Pro Cys Arg Val Arg Ser 325 $$\rm 330$$

<210> 10 <211> 531 <212> PRT <213> Mus musculus

<400> 10

Met Ser Ala Leu Leu Ile Leu Ala Leu Val Gly Ala Ala Val Ala Asp 1 $$ 10 $$ 15

Tyr Lys Asp Asp Asp Lys Leu Met Trp Glu Leu Glu Lys Asp Val 20 25 30

Tyr Val Val Glu Val Asp Trp Thr Pro Asp Ala Pro Gly Glu Thr Val $_{\rm 35}$

Asn Leu Thr Cys Asp Thr Pro Glu Glu Asp Asp Ile Thr Trp Thr Ser 50

Asp Gln Arg His Gly Val Ile Gly Ser Gly Lys Thr Leu Thr Ile Thr 65 70 75 80

- Val Lys Glu Phe Leu Asp Ala Gly Gln Tyr Thr Cys His Lys Gly Gly 85 90 95
- Glu Thr Leu Ser His Ser His Leu Leu Leu His Lys Lys Glu Asn Gly 100 \$100\$
- Ile Trp Ser Thr Glu Ile Leu Lys Asn Phe Lys Asn Lys Thr Phe Leu $115 \\ 120 \\ 125$
- Lys Cys Glu Ala Pro Asn Tyr Ser Gly Arg Phe Thr Cys Ser Trp Leu 130 $\,$ 135 $\,$ 140
- Val Gln Arg Asn Met Asp Leu Lys Phe Asn Ile Lys Ser Ser Ser Ser 145 $$150\$
- Ser Pro Asp Ser Arg Ala Val Thr Cys Gly Met Ala Ser Leu Ser Ala 165 170 175
- Glu Lys Val Thr Leu Asp Gln Arg Asp Tyr Glu Lys Tyr Ser Val Ser 180 $$180\$
- Cys Gln Glu Asp Val Thr Cys Pro Thr Ala Glu Glu Thr Leu Pro Ile 195 200 205
- Glu Leu Ala Leu Glu Ala Arg Gln Gln Asn Lys Tyr Glu Asn Tyr Ser 210 215 220
- Thr Ser Phe Phe Ile Arg Asp Ile Ile Lys Pro Asp Pro Pro Lys Asp 225 230
- Leu Gln Met Lys Pro Leu Lys Asn Ser Gln Val Glu Val Ser Trp Glu 245 255
- Tyr Pro Asp Ser Trp Ser Thr Pro His Ser Tyr Phe Ser Leu Lys Phe $260 \\ 260 \\ 265 \\ 270 \\ 270$
- Phe Val Arg Ile Gln Arg Lys Lys Glu Lys Met Lys Glu Thr Glu Glu 275 280 285
- Gly Cys Asn Gln Lys Gly Ala Phe Leu Val Glu Lys Thr Ser Thr Glu 290 \$295\$
- Val Gln Cys Lys Gly Gly Asn Val Cys Val Gln Ala Gln Asp Arg Tyr 305 $$ 310 $$ 315 $$ 320

Tyr Asn Ser Ser Cys Ser Lys Trp Ala Cys Val Pro Cys Arg Val Arg 325 $$ 330 $$ 335

Ser Ser Arg Gly Gly Ser Gly Ser Gly Gly Ser Gly Gly Gly Ser 340 \$345

Lys Leu Leu Ala Val Pro Arg Ser Ser Ser Pro Asp Trp Ala Gln Cys 355

Gln Gln Leu Ser Arg Asn Leu Cys Met Leu Ala Trp Asn Ala His Ala 370 \$375\$

Pro Ala Gly His Met Asn Leu Leu Arg Glu Glu Glu Asp Glu Glu Thr 385 \$390\$

Lys Asn Asn Val Pro Arg Ile Gln Cys Glu Asp Gly Cys Asp Pro Gln 405 415

Gly Leu Lys Asp Asn Ser Gln Phe Cys Leu Gln Arg Ile Arg Gln Gly $420 \hspace{1cm} 425 \hspace{1cm} 430 \hspace{1cm}$

Leu Val Phe Tyr Lys His Leu Leu Asp Ser Asp Ile Phe Lys Gly Glu 435 445

Pro Ala Leu Leu Pro Asp Ser Pro Met Glu Gln Leu His Thr Ser Leu 450 455 460

Leu Gly Leu Ser Gln Leu Leu Gln Pro Glu Asp His Pro Arg Glu Thr 465 470 470 470 470 Asp His Pro Arg Glu Thr

Gln Gln Met Pro Ser Leu Ser Ser Ser Gln Gln Trp Gln Arg Pro Leu 485 490

Leu Arg Ser Lys Ile Leu Arg Ser Leu Gln Ala Phe Leu Ala Ile Ala 500 505 510

Ala Arg Val Phe Ala His Gly Ala Ala Thr Leu Thr Glu Pro Leu Val $515 \ \ 520 \ \ \ 525$

Pro Thr Ala 530

<210> 11 <211> 521 <212> PRT <213> Homo sapiens

<400> 11

Met Ser Ala Leu Leu Ile Leu Ala Leu Val Gly Ala Ala Val Ala Asp

1				5					10					15		
Tyr	Lys	Asp	Asp 20	Asp	Asp	Lys	Leu	Ile 25	Trp	Glu	Leu	Lys	Lys 30	Asp	Val	
Tyr	Val	Val 35	Glu	Leu	Asp	Trp	Tyr 40	Pro	Asp	Ala	Pro	Gly 45	Glu	Met	Val	
Val	Leu 50	Thr	Cys	Asp	Thr	Pro 55	Glu	Glu	Asp	Gly	Ile 60	Thr	Trp	Thr	Leu	
Asp 65	Gln	Ser	Ser	Glu	Val 70	Leu	Gly	Ser	Gly	Lys 75	Thr	Leu	Thr	Ile	Gln 80	
Val	Lys	Glu	Phe	Gly 85	Asp	Ala	Gly	Gln	Tyr 90	Thr	Cys	His	Lys	Gly 95	Gly	
Glu	Val	Leu	Ser 100	His	Ser	Leu	Leu	Leu 105	Leu	His	Lys	Lys	Glu 110	Asp	Gly	
Ile	Trp	Ser 115	Thr	Asp	Ile	Leu	Lys 120	Asp	Gln	Lys	Glu	Pro 125	Lys	Asn	Lys	
Thr	Phe 130	Leu	Arg	Cys	Glu	Ala 135	Lys	Asn	Tyr	Ser	Gly 140	Arg	Phe	Thr	Cys	
Trp 145	Trp	Leu	Thr	Thr	Ile 150	Ser	Thr	Asp	Leu	Thr 155	Phe	Ser	Val	Lys	Ser 160	
ser	Arg	Gly	Ser	Ser 165	Asp	Pro	Gln	Gly	Val 170	Thr	Сув	Gly		Ala 175	Thr	
Leu	Ser	Ala	Glu 180	Arg	Val	Arg	Gly	Asp 185	Asn	Lys	Glu	Tyr	Glu 190	Tyr	Ser	
Val	Glu	Сув 195	Gln	Glu	Asp	Ser	Ala 200	Cys	Pro	Ala	Ala	Glu 205	Glu	Ser	Leu	
Pro	Ile 210	Glu	Val	Met	Val	Asp 215	Ala	Val	His	Lys	Leu 220	Lys	Tyr	Glu	Asn	;
Tyr 225	Thr	Ser	Ser	Phe	Phe 230	Ile	Arg	qaA	Ile	Ile 235	Lys	Pro	Asp	Pro	Pro 240	
Asn	Asn	Leu	Gln	Leu 245	Lys	Pro	Leu	Lys	Asn 250	Ser	Arg	Gln	Val	Glu 255	Val	
Ser	Trp	Glu	Tyr 260	Pro	Asp	Thr	Trp	Ser 265	Thr 20		His	Ser	Tyr 270	Phe	Ser	

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Leu Thr Phe Cys Val Gln Val Gln Gly Lys Ser Lys Arg Glu Lys Lys 275 280 285

Asp Arg Val Phe Thr Asp Lys Thr Ser Ala Thr Val Ile Cys Arg Lys $290 \hspace{1cm} 295 \hspace{1cm} 300 \hspace{1cm}$

Asn Ala Ser Ile Ser Val Arg Ala Gln Asp Arg Tyr Tyr Ser Ser Ser 305 $$ 310 $$ 310 $$ 315 $$ 320

Trp Ser Glu Trp Ala Ser Val Pro Cys Ser Gly Ser Gly Ser Ser Arg 325 $$ 330 $$ 335

Gly Gly Ser Gly Ser Gly Gly Ser Gly Gly Gly Gly Ser Lys Leu Arg $340 \hspace{1.5cm} 345 \hspace{1.5cm} 350 \hspace{1.5cm}$

Ser Gln Lys Leu Cys Thr Leu Ala Trp Ser Ala His Pro Leu Val Gly $_{\rm 370}$

His Met Asp Leu Arg Glu Glu Gly Asp Glu Glu Thr Thr Asn Asp Val 385 $$390\$

As nSer Gln Phe Cys Leu Gln Arg Ile His Gln Gly Leu Ile Phe Tyr 420 425 430

Glu Lys Leu Leu Gly Ser Asp Ile Phe Thr Gly Glu Pro Ser Leu Leu 435 440 445

Gln Leu Leu Gln Pro Glu Gly His His Trp Glu Thr Gln Gln Ile Pro 465 470 470 475 480

Ser Leu Ser Pro Ser Gln Pro Trp Gln Arg Leu Leu Leu Arg Phe Lys 495 495

Ala His Gly Ala Ala Thr Leu Ser Pro 515 520

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