



(11) **EP 1 379 625 B1**

(12) **EUROPEAN PATENT SPECIFICATION**

(45) Date of publication and mention
of the grant of the patent:
30.06.2010 Bulletin 2010/26

(51) Int Cl.:
C12N 5/07 (2010.01) **A61K 35/14** (2006.01)
G01N 33/50 (2006.01) **A61P 37/06** (2006.01)
A61P 37/04 (2006.01)

(21) Application number: **02727397.8**

(86) International application number:
PCT/EP2002/002671

(22) Date of filing: **12.03.2002**

(87) International publication number:
WO 2002/072799 (19.09.2002 Gazette 2002/38)

(54) **CD4+CD25+ REGULATORY T CELLS FROM HUMAN BLOOD**

CD4+CD25+ REGULATORISCHE T-ZELLEN AUS MENSCHLICHEM BLUT

LYMPHOCYTES T CD4+CD25+ REGULATEURS ISSUS DE SANG HUMAIN

(84) Designated Contracting States:
**AT BE CH CY DE DK ES FI FR GB GR IE IT LI LU
MC NL PT SE TR**

(56) References cited:
**WO-A-00/42856 WO-A-93/02108
WO-A-98/56417**

(30) Priority: **12.03.2001 EP 01106033**

(43) Date of publication of application:
14.01.2004 Bulletin 2004/03

(73) Proprietor: **Argos Therapeutics, Inc.**
Durham, NC 27704 (US)

(72) Inventors:
• **SCHULER, Gerold**
91080 Spardorf (DE)
• **DIECKMANN, Detlef**
91080 Uttenreuth (DE)

(74) Representative: **von Kreisler Selting Werner**
Deichmannhaus am Dom
Bahnhofsvorplatz 1
50667 Köln (DE)

- **JONULEIT H. ET AL.:** "Induction of interleukin-10 producing nonproliferative CD4+ cells with regulatory properties by repetitive stimulation with allogeneic immature human dendritic cells." J. EXP. MED., vol. 192, no. 9, 2000, pages 1213-1222, XP002174069
- **DE JONG R. ET AL.:** "Differential effect of TGF-beta1 on the activation of human anive and memory CD4+ T lymphocytes." INTERNATIONAL IMMUNOLOGY, vol. 6, no. 4, 1994, pages 631-638, XP000604735
- **TAKAHASHI T. ET AL.:** "Immunologic self-tolerance maintained by CD4+CD25+ regulatory T cells constitutively expressing cytotoxic T lymphocyte-associated antigen 4." J. EXP. MED., vol. 192, no. 2, 2000, pages 303-309, XP002174070
- **SHIMIZU J. ET AL.:** "Induction of tumor immunity by removing CD25+CD4+ T cells : a common basis between tumor immunity and autoimmunity." J. IMMUNOL., vol. 163, no. 10, 1999, pages 5211-5218, XP002174071
- **Statement by Pr. Dr. Jonuleit**

Note: Within nine months of the publication of the mention of the grant of the European patent in the European Patent Bulletin, any person may give notice to the European Patent Office of opposition to that patent, in accordance with the Implementing Regulations. Notice of opposition shall not be deemed to have been filed until the opposition fee has been paid. (Art. 99(1) European Patent Convention).

Description

[0001] The present invention provides suppressive and/or regulative human CD4⁺CD25⁺ T cells, a method for expanding same, and the use of the suppressive and/or regulative human CD4⁺CD25⁺ T cells and of the corresponding expanded T cells as regulatory agent.

Background of the Invention

[0002] Immunological self-tolerance is critical for the prevention of autoimmunity and maintenance of immune homeostasis. The ability of the immune system to discriminate between self and non-self is controlled by mechanisms of central and peripheral tolerance. Central tolerance involves deletion of self-reactive T lymphocytes in the thymus at an early stage of development (Rocha, B. and von Boehmer, H., Science 251:1225-1228 (1991); Kisielow, P. et al., Nature 333:742-746 (1988)). Several mechanisms of peripheral tolerance have been described, including T cell anergy and ignorance (Rocha, B. and von Boehmer, H., Science 251:1225-1228 (1991); Kisielow, P. et al., Nature, 333:742-746 (1988); Schwartz, R. H., Science 248:1349-1356 (1990); Miller, J. F. A. P. and Heath, W. R., Immunol. Rev. 133:131-150 (1993)). Studies ongoing for more than a decade in rodents have provided firm evidence for the existence of a unique CD4⁺CD25⁺ population of "professional" regulatory/suppressor T cells that actively and dominantly prevent both the activation as well as the effector function of autoreactive T cells that have escaped other mechanisms of tolerance (Sakaguchi, S. et al., J. Immunol. 155:1151-1164 (1995); Takahashi, T. et al., Int. Immunol. 10:1969-1980 (1998); Itoh, M. et al., J. Immunol. 162:5317-5326 (1999)). The elimination or inactivation of these cells resulted in severe autoimmune disease, and was also found to enhance immune responses to alloantigens and even tumors (Sakaguchi, S. et al., J. Immunol. 155:1151-1164 (1995); Itoh, M. et al., J. Immunol. 162:5317-5326 (1999); Shimizu, J. et al., J. Immunol. 163:5211-5218 (1999)). Recent studies revealed that the CD4⁺CD25⁺ regulatory T cells constitute a rather homogenous population (Thornton, A. M., Shevach, E. M., J. Immunol. 164:183-190 (2000)), are derived from the thymus (Itoh, M. et al., J. Immunol. 162:5317-5326 (1999)), are naturally non-proliferative (i.e. anergic) to stimulation via the TCR, but require activation via their TCR to become suppressive and to inhibit the proliferation of CD4⁺ or CD8⁺ T cells. Once activated, however, their regulatory/suppressor function was completely antigen-nonspecific, cytokine-independent yet cell contact dependent (Thornton, A. M., Shevach, E. M., J. Immunol. 164:183-190 (2000)). The exact mechanisms of suppression, notably the cell surface and/or short-range soluble molecules involved in the T-T interaction, have yet to be characterized. New *in vitro* data suggest that the CD4⁺CD25⁺ T cells inhibit the proliferation of responders by inhibiting their IL-2 production (Thornton, A. M., Shevach, E. M., J. Exp. Med. 188:287-296 (1998)). Recent *in vivo* studies suggest that the function of CD4⁺CD25⁺ T cells is crucially dependent on signaling via the CTLA-4/CD152 molecule which was found to be constitutively expressed on CD4⁺CD25⁺ T cells (Read, S. et al., J. Exp. Med. 192:295-302 (2000); Salomon, B. et al., Immunity 12:431-440 (2000); Takahashi, T. T. et al., J. Exp. Med. 192:303-310 (2000)).

[0003] Although it has been evident for years that in rodents the CD4⁺CD25⁺ T cell population constitutes a unique lineage of "professional" regulatory/suppressor T cells which are crucial for the prevention of spontaneous autoimmune disease (Sakaguchi, S. et al., J. Immunol. 155:1151-1164 (1995)), it is unknown to date, whether CD4⁺4T cells exhibiting similar functional properties are naturally occurring in man. The removal and/or functional impairment of these cells *in vivo* in mice e.g. by anti-CD25 and/or anti-CTLA-4 mAb treatment of animals induces various spontaneous autoimmune diseases AND rejection of tumors. The mechanism is that removal/impairment of these cells removes their negative control of autoreactive T cells so that these T cells become active. If one gives back the CD4⁺CD25⁺ T cells by adoptive transfer into these animals regulation is restored and autoimmunity/tumor rejection is stopped.

[0004] As set forth above, it is totally unknown to date whether CD4⁺ T cells exhibiting similar functional properties are naturally present in man. The preparation of human T cells with regulatory properties, which are, however, no CD4⁺CD25⁺ T cells is known in the art. E. g. Jonuleit, H. et al., J. Exp. Med 192:1213-1222 (2000) describe the induction of regulatory T cells from human naïve T cells by repetitive stimulation with immature dendritic cells. Most of this work was done with T cells from cord blood which is the richest source of truly naïve T cells. It is to be noted that CD4⁺CD25⁺ T cells are constitutively detectable in the human blood from early time points on. The subject of Jonuleit et al. is not a naturally occurring population. De Jong, P. et al., Int. Immunol. 6:631-638 (1994) describe the effect of TGF-β1 on naïve and memory CD4⁺ T cells. A differential effect is shown, with stimulatory effect on primarily activated CD45 RA⁺ CD4⁺ T cells. Proliferation of CD45 RO⁺ CD4⁺ T cells or secondary stimulated CD45 RO⁺ cells is suppressed. In the case of CD45 RA⁺ T cells TGF-β leads to an increased mean of fluorescence of CD25. The effects described here solely relate to proliferation of T cells. A regulatory capacity of naïve TGF-β treated T cells is not shown.

[0005] Surprisingly it was now found that CD4⁺CD25⁺, primarily CD45RO⁺ T cells (mean 6% of CD4⁺ T cells), hereinafter shortly referred to as "CD4⁺CD25⁺ T cells", are present in human blood, in particular the peripheral blood of adult healthy volunteers. In the past T cells exhibiting the phenotype (i.e., suppressive/regulatory CD4⁺CD25⁺ T cells) have been known for years but they were misinterpreted to be conventional memory cells (Kanegane, H. et al., Int. Immunol., 3: 1349-1356 (1991); Taka, K. et al., Immunol. 72:15-19 (1990); Jackson, A. L. et al., Clin. Immunol. Immunopathol. 54:

126-133 (1990)). In contrast to previous reports the human CD4⁺CD25⁺ T cells are not conventional memory cells but rather regulatory cells exhibiting functional properties identical to their rodent counterparts. CTLA-4 (CD152), for example, which is essential for the *in vivo* suppressive activity of CD4⁺CD25⁺ T cells, was constitutively expressed, and remained strongly upregulated after stimulation. The cells were non-proliferative to stimulation via their TCR, but the anergic state was partially reversed by IL-2 and IL-15. Upon stimulation with allogeneic (but not syngeneic) mature dendritic cells or plate-bound anti CD3 + anti-CD28 the CD4⁺CD25⁺ T cells released IL-10, and in coculture experiments suppressed the activation and proliferation of CD4⁺ and CD8⁺ T cells. Suppression proved IL-10 independent, yet contact dependent as in the mouse. The identification of regulatory CD4⁺CD25⁺ T cells has important implications for the study of tolerance in man, notably in the context of autoimmunity, transplantation, and cancer.

Summary of the Invention

[0006] The present invention provides

(1) a pharmaceutical composition comprising

- (a) suppressive and/or regulative human CD4⁺ CD25⁺ CTLA-4⁺ T cells that are non-proliferative to stimulations via their TCR, but the anergic state being partially reversed by IL-2 and IL-15;
- (b) expanded human CD4⁺ CD25⁺ CTLA-4⁺ T cells that are obtainable by a method comprising stimulating the cells of (a) with a T cell stimulating agent or with antigen-presenting cells *ex vivo*;
- (c) fixated CD4⁺ CD25⁺ CTLA-4⁺ T cells that are obtained by *ex vivo* treatment of expanded human CD4⁺CD25⁺ CTLA-4⁺T cells of (b) with para-formaldehyde; or
- (d) CD4⁺ CD25⁺ CTLA-4⁺ T cells having a particular desired antigen-specific T cell receptor that are obtainable by activating/stimulating/expanding the CD4⁺ CD25⁺ CTLA-4⁺ T cells of (a) with antigen presenting cells selected from immature or mature dendritic cells (DC) presenting said antigen *in vitro* or by utilizing a ligand/antibody to a particular T cell receptor expressed on (subsets of) CD4⁺ CD25⁺ CTLA-4⁺ regulatory T cells, or a MHC-peptide complex binding to a particular T cell receptor on (subsets of) CD4⁺ CD25⁺ CTLA-4⁺ T cells, or by transfection of a T cell receptor of desired antigen specificity into the *ex vivo* isolated or expanded T cells of (a) or (b);

(2) suppressive and/or regulative human CD4⁺ CD25⁺ CTLA-4⁺ T cells, expanded human CD4⁺ CD25⁺ CTLA-4⁺ T cells, fixated CD4⁺ CD25⁺ CTLA-4⁺ T cells, or CD4⁺ CD25⁺ CTLA-4⁺ T cells having a particular desired antigen-specific T cell receptor as defined in (1) above for use in adoptive transfer therapy, for use in treating autoimmune diseases, or for use in preventing/treating transplantation reactions including graft versus host disease and graft rejections;

(3) the use of suppressive and/or regulative human CD4⁺ CD25⁺ CTLA-4⁺ T cells, expanded human CD4⁺ CD25⁺ CTLA-4⁺ T cells, fixated CD4⁺ CD25⁺ CTLA-4⁺ T cells, or CD4⁺ CD25⁺ CTLA-4⁺ T cells having a particular desired antigen-specific T cell receptor as defined in (1) above for preparing a regulatory medicament, a medicament for adoptive transfer therapy, a medicament for treating autoimmune diseases, or a medicament for preventing/treating transplantation reactions including graft versus host disease and graft rejections;

(4) a method for expanding suppressive and/or regulative human CD4⁺ CD25⁺ CTLA-4⁺ T cells, said cells being non-proliferative to stimulations via their TCR, but the anergic state being partially reversed by IL-2 and IL-15, which method comprises *ex vivo* stimulating the cells with a T cell stimulating agent or with antigen-presenting cells, together with IL-2 and/or IL-15.

(5) a method to identify, monitor and/or remove suppressive and/or regulative human CD4⁺ CD25⁺ CTLA-4⁺ T cells, which are non-proliferative to stimulations via their TCR, but the anergic state being partially reversed by IL-2 and IL-15, from human blood and other tissues *ex vivo*, which method comprises:

- (a) utilizing agents/ligands specifically binding to the CD4 and, CD25, and/or CTLA-4 (CD152) entities on the T cells; and/or
- (b) utilizing immunoadsorption methods; and/or
- (c) utilizing a stimulating agent as defined in (4) above or antigen presenting cells as defined in (4) above;

(6) the use of suppressive and/or regulative human CD4⁺ CD25⁺ CTLA-4⁺ T cells, expanded human CD4⁺ CD25⁺ CTLA-4⁺ T cells, or fixated CD4⁺ CD25⁺ CTLA-4⁺ T cells as defined in (1) above:

- (a) in *ex vivo* assays that will allow to identify other growth and/or functionality modifying (inhibitory/enhancing) /apoptotic or anti-apoptotic factors;
- (b) for *ex vivo* identifying molecules expressed by the CD4⁺ CD25⁺ CTLA-4⁺ T cells including identification of

novel molecules on said cells, or if presenting molecules which are deemed pharmaceutically active; or
(c) for *ex vivo* identifying precursor cells or progeny of the regulatory CD4⁺ CD25⁺ CTLA-4⁺ T cells;

(7) an *ex-vivo* method for preparing CD4⁺ CD25⁺ CTLA-4⁺ T cells with a particular desired antigen-specific T cell receptor which comprises:

(a) activating/stimulating/expanding the suppressive and/or regulative CD4⁺ CD25⁺ CTLA-4⁺ T cells as defined in (1) above with antigen presenting cells selected from immature or mature dendritic cells (DC) presenting said antigen *in vitro*; or

(b) utilizing a ligand/antibody to a particular T cell receptor expressed on (subsets of) CD4⁺ CD25⁺ CTLA-4⁺ regulatory T cells, or a MHC-peptide complex binding to a particular T cell receptor on (subsets of) CD4⁺ CD25⁺ CTLA-4⁺ T cells; and

(8) CD4⁺ CD25⁺ CTLA-4⁺ T cells having a particular desired antigen-specific T cell receptor and being obtainable by the method of claims 15 or 16, or by transfection of a T cell receptor of desired antigen specificity into *ex vivo* isolated or expanded T cells.

Short Description of the Figures

[0007]

Figure 1 shows that CD4⁺CD25⁺ T cells exhibit distinct phenotypical differences as compared to CD4⁺CD25⁻ T cells. Figure 2 shows that CD4⁺CD25⁺ T cells are nonproliferative/anergic to both allogeneic and polyclonal stimulation, which is partially reversed by the addition of IL-2 and/or IL-15, but not by neutralizing anti IL-10 antibodies.

Figure 3 shows that CD4⁺CD25⁺ T cells, if stimulated via the TCR, suppress the activation of CD4⁺ and CD8⁺ T cells in a cell contact- and dose-dependent manner.

Figure 4 shows that the cytokine profiles of CD4⁺CD25⁺ and CD4⁺CD25⁻ T cells are different.

Figure 5 shows that activated and fixated CD4⁺CD25⁺ cells still exhibit regulatory capacity.

Detailed Description of the Invention

[0008] The embodiments (1) to (8) of the invention are hereinafter described in more detail:

(A) The phenotypical characterization of the human CD4⁺CD25⁺ T cells now allows the identification, monitoring (e.g. by FACS), isolation and removal of these cells from human blood and other tissues *ex vivo* (hereinafter occasionally referred to as "*in vitro*") or *in vivo*. This isolation or removal can be achieved by contacting the human blood or other tissues with suitable agents *ex vivo*. Suitable agents are in particular anti-CD4, anti-CD25 and anti-CTL-A4 (CD154) antibodies.

(B) The CD4⁺CD25⁺ T cells can be expanded *ex vivo* by stimulation of the cells by treatment with suitable T cell stimulating agents or with antigen presenting cells (hereinafter shortly referred to as "APCs"). Suitable T cell stimulating agents suitable for the methods of (4) and (5) above include, but are not limited to, compositions comprising

- (a) anti-CD3 and/or anti-CD28 ligands/monoclonal antibodies (mAb) including superagonistic antibodies;
- (b) a ligand/antibody to T cell receptors on the surface of CD4⁺CD25⁺ T cells or to T cell receptor components; or
- (c) MHC-peptide complexes binding to the T cell receptors expressed on the surface of regulatory T cells; or
- (d) PMA (as well as other phorbol ester) + ionomycin (or other calcium ionophores).

"Ligand" or "ligands" in accordance with the present invention relates to all kinds of compounds capable of binding to specific molecules (including polynucleotides and polypeptides such as cell receptors, CD25 and CTL-A4). A preferred ligand is a monoclonal antibody or a fragment thereof. The terms "ligand" and "antibody" are used interchangeably throughout the application text.

Suitable APCs include autologous or non-autologous or artificial antigen-presenting cells (e.g. dendritic cells (for the preparation of dendritic cells see e.g. WO 93/20185, WO 97/29182 and EP-A-0 922 758), etc.). Said T cell stimulating agents and antigen-presenting cells can be used together with IL-2 or IL-15 or a combination thereof. Finally, other methods for polyclonal or oligoclonal (e.g. by superantigens) T cell stimulation are also applicable (anti-CD3 and/or anti-CD28 ligands/antigens including superagonistic antibodies; PMA + ionomycin). These stim-

ulating agents or antigen presenting cells may be used for the expansion in amounts well-known for a person skilled in the art.

(C) The CD4⁺CD25⁺ T cells or expanded CD4⁺CD25⁺ T cells as defined in (1) above can be used in assays that will allow to identify other growth and/or functionally modifying (inhibitory/enhancing)/(apoptotic or anti-apoptotic) factors that can be used *in vitro* or *in vivo* (e.g. to stimulate or to remove or functionally disturb the CD4⁺CD25⁺ T cells). These T cells are also suitable for identifying molecules expressed by the CD4⁺CD25⁺ T cells by methods such as but not restricted to mAb generation, proteomics, DNA chip analysis, subtractive hybridization (in particular (a) identification of "novel", i.e., hitherto unknown, molecules, or (b) if these molecules are suitable pharmaceutical target structures, to therewith develop novel stimulating, inhibiting or apoptosis-inducing medicaments, for "switching on" or "switching off" of CD4⁺CD25⁺ T cells *in vitro* and *in vivo*) and for identifying precursor cells or progeny of the regulatory CD4⁺CD25⁺ T cells.

(D) The CD4⁺CD25⁺ T cells or expanded CD4⁺CD25⁺ T cells as defined in (1) above can be used in adoptive transfer therapy, i.e. inject/infuse back into the patients enriched/expanded autologous or non-autologous regulatory T cells to prevent or treat any immune reactions that are too strong and/or pathogenic, i.e. to treat autoimmunity in its broadest sense (including but not limited to classical autoimmune diseases such as lupus erythematosus, rheumatoid arthritis, multiple sclerosis, pemphigus vulgaris or thyroiditis as well as diseases that have at least some autoimmune aspect in their pathogenesis such as vitiligo, atopic dermatitis, psoriasis vulgaris, etc.). Also to prevent/treat transplantation reactions such as GVHD (graft versus host disease) and graft rejections.

(E) The CD4⁺CD25⁺ T cells or expanded CD4⁺CD25⁺ T cells as defined in (1) above (as well as the expansion method defined in (4) above, the pharmaceutical composition of (1) above and the use of (3) and (6) above can be used in conjunction with immature or mature dendritic cells (DC) (or other antigen presenting cells including artificial ones) that are or are not pulsed/loaded/fed with tissue or any other antigen (defined or undefined) in order to activate/stimulate/expand the CD4⁺CD25⁺ T cells *in vitro* or *in vivo*, to generate/expand CD4⁺CD25⁺ T cells with a particular desired antigen-specific TCR (T cell receptor). Examples of defined antigens are autoantigens (e.g. desmoglein 3 in the case of pemphigus vulgaris, melanA or tyrosinase in case of vitiligo; thyroglobulin in case of thyroiditis) or foreign antigens (e.g. pathogen-derived antigens such as Hepatitis C, etc.) or alloantigens/transplantation antigens. Examples of undefined antigens are tissue or cell-derived antigens (eg in the form of necrotic or apoptotic cells or tissue derived RNA or hybrids between cells of interest and dendritic cells/antigen presenting cells or other forms of delivery of undefined antigens into dendritic cells or other antigen presenting cells) or pathogen-derived antigens. Autologous or non-autologous CD4⁺CD25⁺ T cells and/or dendritic cells can be used.

(F) In another preferred embodiment of the invention the expanded (i.e. activated) CD4⁺CD25⁺ T cells as defined in (1) above (and also the other T cells as defined in (1) above) may be fixated. Such fixated T cells can be obtained by *ex vivo* treatment of the (expanded) T cells with a suitable fixation agent including, but not limited to, paraformaldehyde, etc. Preferably the fixation is performed by suspending the cells in a 0.5 to 5% (w/w) aqueous paraformaldehyde solution, most preferably in an about 2% (w/w) paraformaldehyde solution, for 15 min to 3 h, most preferably for 1 h, followed by appropriate washing steps.

(G) The CD4⁺CD25⁺ T cells utilized in the medicament of (3) above can be autologous or non-autologous regulatory T cells. In case of non-autologous regulatory T cells it is preferred that the T cells are fixated as mentioned in (F) above.

(H) The pharmaceutical composition of (1) above, the medicament of (3) above, and the T cells utilized in the methods of (5) and (6) above may contain further ingredients such as pharmaceutically/diagnostically suitable carriers, solvents, diluents and additives known to the person skilled in the art. The concentration of these ingredients are to be adapted for respective purpose by the person skilled in the art.

[0009] The concept of suppressor or immunoregulatory T cells has been revitalized during the past few years by the better delineation of several regulatory cell types in rodents, the mutual relationship of which is not yet finally defined. The so-called Tr1 and Th3 cells mediate bystander suppression - without need for direct cell contact - by the secretion of high levels of IL-10 and TGF- β , respectively (Groux, H. et al., Nature 389:737-742 (1997); Fukaura, H. et al., J. Clin. Invest. 98:70-77 (1996)). The best characterized and apparently most important regulatory T cell population identified so far are the CD4⁺CD25⁺ T cells. They occur naturally in rodents (representing about 10% of CD4⁺ cells in lymphoid organs), are characterized by constitutive expression of CD25 (IL-2R- α), and are clearly of crucial importance for maintaining tolerance and preventing autoimmune disease *in vivo*. Surprisingly, a cell population exhibiting equivalent properties has not been described in humans to date. Here we have demonstrated, that the CD4⁺CD25⁺ T cells in human

blood that previously had been considered to represent conventional memory T cells (Kanegane, H. et al., *Int. Immunol.* 3:1349-1356 (1991); Taka, K. et al., *Immunol.*, 72:15-19 (1990); Jackson, A. L. et al., *Clin. Immunol. Immunopathol.* 54:126-133 (1990)) in fact appear to be the exact human counterpart of the unique CD4⁺CD25⁺ regulatory T cells that have been known and studied for many years in rodents. We were able to isolate the CD4⁺CD25⁺ T cells from adult blood in sizeable quantities (average 6% of CD4⁺ T cells) so that a detailed study and comparison to CD4⁺CD25⁻ T cells could be undertaken. It turned out that the human cells share the key phenotypical and functional features with the murine CD4⁺CD25⁺ immunoregulatory T cells. The most interesting and previously unidentified phenotypical feature was that the CTLA-4 molecule (CD152) was already constitutively expressed (at high levels intracellularly, and at low levels at the surface) by the human CD4⁺CD25⁺ T cells, was further upregulated after stimulation via the TCR and maintained at high surface levels for at least a week thereafter (in sharp contrast to CD4⁺CD25⁻ T cells that expressed CTLA-4 de novo upon stimulation, and only very transiently as described (Thompson, C. B., Allison, J. P., *Immunity*, 7:445-450 (1998); Chambers, C. A. et al., *Immunol. Rev.* 153:27-46 (1996)). The expression pattern of CTLA-4 by CD4⁺CD25⁺ already supported their relationship to the murine CD4⁺CD25⁺ regulatory T cells as these cells constitutively express CTLA-4 as a molecule essential for their *in vivo* suppressive activity (Read, S. et al., *J. Exp. Med.* 192:295-302 (2000); Salomon, B. et al., *Immunity*, 12:431-440 (2000)). Like their murine counterparts the human CD4⁺CD25⁺ T cells showed almost no proliferation upon stimulation, neither in response to polyclonal activation by plate-bound anti CD3 + anti CD28 nor following (even repetitive) stimulation with the most potent natural immunostimulatory cells, i.e. mature (allogeneic) DC. When these stimuli were combined with high doses of IL-2 (500 U/ml) anergy was partially reversed as described in the mouse (Thornton, A. M., Shevach, E. M., *J. Immunol.*, 164:183-190 (2000)). A novel finding was that IL-15 at high doses (50-100ng/ml) induced comparable proliferation, and that the combined action of IL-2 and IL-15 even at lower doses (10 U/ml and 10 ng/ml, respectively) had a strong synergistic action and induced vigorous proliferation. This might prove important, as expansion of CD4⁺CD25⁺ T cells is vital for potential therapeutic applications and cloning of these cells for further more detailed studies (including mechanistic and molecular ones). Of interest was that neutralizing anti IL-10 mAb failed to promote proliferation indicating that the release of IL-10 by these cells was not causing anergy in an autocrine fashion. In coculture experiments the CD4⁺CD25⁺ T cells displayed another key feature in that they suppressed yet only upon activation via their own TCR the proliferation of CD25⁻CD4⁺ or CD8⁺ T cells in a contact- and dose-dependent, yet cytokine-independent manner. Our *ex vivo* system has not allowed us to investigate whether the suppression is completely antigen-nonspecific as has recently been shown in the mouse by taking advantage of TCR transgenic mice (Thornton, A. M., Shevach, E. M., *J. Immunol.*, 164:183-190 (2000)). Respective mechanistic studies might be possible, however, by employing our IL-2 + IL-15 approach for the expansion of these cells.

[0010] It is most remarkable that a recent report has shown that T cells with regulatory properties and a phenotype virtually identical to the CD4⁺CD25⁺ T cells we have isolated *ex vivo* from human blood can be generated *in vitro* by repetitive stimulation of human naive T cells with immature DC (Jonuleit, H. et al., *J. Exp. Med.*, 192:1213-1222 (2000)). In the mouse CD4⁺CD25⁺ regulatory T cell populations are continuously generated in the thymus (Itoh, M. et al., *J. Immunol.* 162:5317-5326 (1999)), yet the maintenance of regulatory T cells in the periphery requires the presence of tissue-specific antigens and IL-2 (25, 26). Based on the two supplementary findings (Jonuleit, H. et al., *J. Exp. Med.*, 192:1213-1222 (2000)) it is certainly tempting to speculate, that immature DC that have sampled peripheral tissues via the uptake of apoptotic antibodies (Steinman, R. M. et al., *J. Exp. Med.*, 191:411-416 (2000); Roncarolo, M. G. et al., *J. Exp. Med.* 193:F5-F9 (2001)), and present universal or tissue-specific autoantigens, are responsible for the survival and possibly slight proliferation of thymic regulatory T cell emigrants. It is believed that the survival of the *ex vivo* isolated CD4⁺CD25⁺ regulatory T cells can be promoted by interaction with immature DC, and that the recently reported "generation" of CD4⁺CD25⁺ T cells from naïve T cells by immature DC *in vitro* (Jonuleit, H. et al., *J. Exp. Med.*, 192:1213-1222 (2000)) possibly rather represents maintenance of survival of preexisting CD4⁺CD25⁺ in the initial inoculum. It is also of note that it was found that interaction of *ex vivo* isolated human CD4⁺CD25⁺ T cells with syngeneic mature DC was insufficient to activate their suppressive properties while allogeneic mature DC were potent inducers of regulation. This observation again suggests testable hypotheses. For example, will immature in contrast to mature syngeneic DC activate CD4⁺CD25⁺ T cells (suggesting that they carry some specific ligand for interaction), or will they do so only after ingestion of apoptotic bodies (suggesting that presentation of autoantigens is required)? Furthermore, can mature DC that present nominal recall antigens (e.g. influenza proteins/peptides) stimulate T cells both in the CD4⁺CD25⁻ T cell population and the CD4⁺CD25⁺ T suggesting that besides autoantigens also the recognition of foreign antigens could trigger regulation at inflammatory sites.

[0011] In summary, it was shown that a sizeable population (~ 6%) of CD4⁺CD25⁻ T cells exists in the peripheral blood of normal human adults that in contrast to previous belief do not represent conventional memory but rather regulatory T cells equivalent to the unique population of CD4⁺CD25⁺ "professional" suppressor/regulatory T cells that have been studied for years in rodents. The identification and characterization of the human CD4⁺CD25⁺ regulatory T cells will now allow for their monitoring in various disease states, and has important implications for understanding and treating autoimmunity, graft rejection, and cancer.

[0012] The invention is further explained by the following figures and examples which, however, are not intended to

limit the invention:

Figures

[0013]

Figure 1: CD4⁺CD25⁺ T Cells exhibits distinct phenotypical differences to CD4⁺CD25⁻ T Cells. CD4⁺ T cells were isolated from PBMC by negative MACS sorting, yielding highly purified untouched CD4⁺ T cells. These cells were labeled with anti CD25 magnetic beads and sorted.

(A): Sorting resulted in virtually pure CD25⁺ T cells. A representative result out of 20 independent standardized experiments is shown.

(B): The phenotype of CD4⁺CD25⁺, CD4⁺CD25⁻ and activated CD4⁺CD25⁻ T cells was analyzed as described in Materials & Methods. In addition, CD4⁺CD25⁻ T cells were activated with immobilized anti CD3 + soluble anti CD28. After activation cells were labeled with anti CD25 magnetic beads and sorted. Results were similar in 5 independent experiments.

(C): CD4⁺CD25⁺ and CD4⁺CD25⁻ T cells were stained with anti CTLA-4 antibody at 37°C for 2-h. Staining was performed *ex vivo* and at different time points after activation with immobilized anti CD3 + soluble anti CD28. One representative result of 4 independent experiments is shown.

Figure 2: CD4⁺CD25⁺ T cells are nonproliferative/anergic to both allogeneic and polyclonal stimulation, which is partially reversed by the addition of IL-2 and/or IL-15, but not by neutralizing anti IL-10 antibodies.

(A): CD4⁺CD25⁺ and CD4⁺CD25⁻ T cells were isolated from adult blood by MACS sorting as in Fig. 1. 1×10^5 T cells/96 well were stimulated with different numbers of mature allogeneic DC. Proliferation of T cells (triplicate cultures) was determined by [³H]Tdr incorporation. Results were similar in 6 independent experiments.

(B): Whole CD4⁺, CD4⁺CD25⁺ and CD4⁺CD25⁻ T cells were treated as described in (A). Proliferation in triplicate cultures was determined by [³H]Tdr incorporation (representative result of 5 independent experiments).

(C): MACS sorted CD4⁺CD25⁺ and CD4⁺CD25⁻ T cells were primed and restimulated every week with mature allogeneic DC from the same donor (DC:T cell ratio of 1:20). Proliferation (1×10^5 T cells/96 well) was determined by [³H]Tdr incorporation. Similar results were obtained in 3 independent experiments.

(D): CD4⁺CD25⁺ and CD4⁺CD25⁻ T cells were stimulated with immobilized anti CD3 (10 µg/ml) and soluble anti CD28 (10 µg/ml) [upper panels] or with mature allogeneic DC [lower panels] as described in (A). 500 U/ml IL-2, 100 ng/ml IL-15, a mixture of 10 U/ml IL-2 + 1 ng/ml IL-15 or 10 µg/ml anti IL-10 were added at the onset of culture. [³H]Tdr incorporation was measured after 5 days of culture. One of 3 independent experiments is shown. The addition of IL-2 and/or IL-15 in the absence of a polyclonal or allogeneic T cell stimulus did not induce significant proliferation in the CD25⁺ or CD25⁻ T cell subset (data not shown).

Figure 3: CD4⁺CD25⁺ T Cells if stimulated via the TCR suppress the activation of CD4⁺ and CD8⁺ T Cells in a cell contact- and dose-dependent manner.

(A, B): MACS sorted total CD4⁺ (A) and CD8⁺ (B) T cells (10^5 T cells/ 96 well) were added to CD4⁺CD25⁺ T cells at the ratios indicated, and stimulated with allogeneic DC at a DC/CD4⁺ or CD8⁺ T cells ratio of 1:20. Proliferation was determined by [³H]Tdr incorporation after 5 days. One of 5 independent experiments is shown.

(C): DC and CD4⁺CD25⁺ T cells were generated/ isolated from the same donor (donor I). In addition, whole CD4⁺ T cells and CD4⁺CD25⁺ T cells were isolated from another donor (donor II). 10^5 whole CD4⁺ T cells/96 well were cultured with 5×10^3 DC/well (i.e. DC:T ratio = 1:20; results were comparable at a DC:T ratio of 1:100, not shown). CD4⁺CD25⁺ T cells from donor I and donor II were then added, respectively. Proliferation was determined by [³H]Tdr incorporation after 5 days of culture. Results representative of 3 independent experiments are shown as mean cpm of triplicate cultures.

(D): Whole CD4⁺ T cells or CD4⁺CD25⁺ T cells were (10^5 T cells/ 96 well) stimulated with 5×10^3 allogeneic mature DC (DC:T ratio = 1:20) (upper 2 panels). In addition, whole CD4⁺ T cells were cocultured with CD4⁺CD25⁺ T cells at a ratio of 1:1 (10^5 T cells/ 96 well each) and stimulated with allogeneic DC again at a DC:T ratio of 1:20 in the presence or absence of 10 µg/ml anti IL-10, 2 µg/ml TGF-beta, 500 U/ml IL-2, 50 ng/ml IL-15 or a mixture of 10 U/ml IL-2, 1 ng/ml IL-15. In a parallel Transwell approach the CD4⁺CD25⁺ T cells were stimulated with allogeneic DC (DC/ T cell ratio of 1:20) in a Transwell chamber, and whole CD4⁺ T cell responders were put into the well together with allogeneic DC again at a DC:T ratio of 1:20. Proliferation after 5 days of culture was determined by [³H]Tdr incorporation. One of four representative experiments is shown.

Figure 4: Different cytokine profiles of CD4⁺CD25⁺ and CD4⁺CD25⁻ T cells.

(A): MACS sorted CD4⁺CD25⁺ and CD4⁺CD25⁻ T cells were stimulated with PMA (20 ng/ml) and A23187 Ca²⁺ ionophore (500 µg/ml) for 6 h. Monensin (2 µM) was added for the last 5 h. Staining of CD3 surface expression was performed. Cells were washed, fixed, permeabilised and stained for detection of intracellular cytokines using FITC- or PE-conjugated specific antibodies. One of 5 independent experiments with similar results is shown. Results were identical when T cells were stimulated with platebound anti-CD3 + soluble anti-CD28 AB (not shown).

(B): CD4⁺CD25⁺ and CD4⁺CD25⁻ T cells were activated with platebound anti CD3 + soluble anti CD28. After 48 h of culture analysis of RNA expression was performed by RNase Protection assay.

(C): Cytokines in the supernatant were measured by ELISA (one of 5 independent experiments is shown).

Material and Methods

[0014] Culture Medium: RPMI 1640 (Bio Whittaker) supplemented with 1% heat-inactivated autologous plasma, 20 µg/ml gentamicin (Merck) and 2 mM glutamine (Bio Whittaker) was used for the generation of dendritic cells (DC), X-VIVO-20 (Bio Whittaker) supplemented with 1% heat-inactivated single donor human serum, 20 µg/ml gentamicin (Merck) and 2 mM glutamine (Bio Whittaker) for T cell culture.

[0015] Cytokines: All cytokines used in this study were recombinant human proteins. Final concentrations were: GM-CSF 1,000 U/ml (Leukomax[™]; Novartis), IL-4 800 U/ml (Sandoz), IL-2 (Proleukin; Chiron Corp.) and IL-15 (PeproTech) were used at the concentrations indicated; for DC maturation we used a cocktail consisting of IL-1β 2 ng/ml (Sigma); IL-6 1000 U/ml (Sandoz); TNF-α 10 ng/ml (Bender, Vienna), and PGE₂ 1 µg/ml (Sigma).

[0016] Antibodies: For immunostaining PE- and FITC- conjugated Antibodies (Ab) (all from BD Pharmingen) against CD3, CD4, CD5, CD8, CD14, CD19, CD25, CD28, CD45 RA, CD45 RO, CD56, CD62L, CD80, CD83, CD86, CD95, CD95L, CD122, CD152, CD154, HLA-DR, and respective mouse and rat isotype controls were employed. Ab used for intracellular cytokine staining were FITC- and PE-conjugated anti IL-2 (MQ1-17H12), anti IL-4 (8D4-8), anti IL-10 (JES3-19F1) and anti IFN-γ (4S.B3), all from BD Pharmingen. Unconjugated anti IL-10 (JES3-19F1) (Pharmingen) and anti TGF-β (R&D Systems) were used for neutralization experiments, anti CD3 (UCHT1) and anti CD28 (CD28.2) for polyclonal activation of T cells.

[0017] Cytokine Assays: T cells were stimulated with allogeneic DC or with platebound anti CD3 (10 µg/ml) + soluble anti CD28 (10 µg/ml) in X-VIVO-20 + 1% serum. Cytokine analysis was performed at different time points by analysis of supernatants with commercially available ELISA kits for human IL-2, IL-4, IL-10, IFN-γ and TGF-β (BD Pharmingen). For analysis of intracellular cytokine production T cells were either stimulated with PMA 20 ng/ml and Ca²⁺ ionophore A23187 500 µg/ml (both from SIGMA) for 6 hours or with platebound anti-CD3 and soluble anti-CD28 Ab for 6 hours. Monensin, 2 µM (SIGMA) was added for the last 4 hours of culture. Cells were collected, washed, fixed and saponine permeabilized (Fix/perm solution, BD Pharmingen) and stained with cytokine specific Ab or isotype. For cytokine mRNA analysis T cells were stimulated with platebound anti CD3 and soluble anti CD28 Ab. Cells were analyzed by RNase Protection assay template sets (BD Pharmingen).

[0018] Cell isolation and DC Generation: DC were generated from buffy coats or leukapheresis products (both obtained from the Department of Transfusion medicine from healthy donors after informed consent was given) as described (18,19). In brief, PBMCs were isolated by Ficoll density gradient centrifugation. Monocytes were isolated by plastic adherence and cultured in RPMI Medium, supplemented with IL-4 and GM-CSF. At day 6 a maturation cocktail (IL-1β, IL-6, PGE₂ and TNFα) was added. At day 7 nonadherent cells were harvested and constituted mature DC that were > 90 % double positive for costimulatory molecules (CD80, CD86) and CD83.

[0019] CD4⁺ T cells were isolated from PBMC with a negative CD4⁺ T cell isolation kit (Miltenyi Biotech). CD4⁺CD25⁺ T cells were isolated from the pure, untouched CD4⁺ T cells using CD25 Microbeads (Miltenyi Biotech). Isolation of CD8⁺ T cells was performed using a negative CD8⁺ T cell isolation kit (Miltenyi Biotech). Purity was assessed by FACS.

[0020] Flow Cytometric Analysis: For immunofluorescence staining cells were washed, stained for 20 min at 4°C with optimal dilution of each Ab. Cells were washed again and analyzed by flow cytometry (FACS Scan[™] and CELLQuest[™] software; Becton Dickinson). For analysis of cell surface CD152 expression, cells were stained with the appropriate antibody for 2 hours at 37°C.

[0021] Proliferation Assays: To assess proliferation of different CD4⁺ subtypes 10⁵ sorted T cells were incubated in X-VIVO-20 with different numbers of DC or different concentrations of platebound anti CD3 + soluble anti CD28 in 96-well plates. For assessment of regulatory properties 10⁵ bulk CD4⁺ T cells were cultured with 5 x 10³ (in some experiments also with 1 x 10³) DC in 96-well plates. Purified CD4⁺CD25⁺ or CD4⁺CD25⁻ T cells were added at different concentrations. After 4 - 5 days of culture [3H]Tdr (37 KBq/well) was added for additional 16 h. Proliferation was measured using a liquid scintillation counter.

[0022] Transwell Experiments: Transwell experiments were performed in 24-well plates. 10⁶ bulk CD4⁺ T cells were

stimulated with 5×10^3 DC. In addition, 10^6 CD4⁺CD25⁺ or CD4⁺CD25⁻ T cells were either added directly to the culture or were placed in Transwell chambers (Millicell, 0.4 μ m; Millipore). After 5 days of coculture T cells were transferred to 96-well plates (10^5 cells/well) in triplicates. Proliferation was measured after 16 h pulse with [3H]Tdr using a liquid scintillation counter.

Examples

Example 1: CD4⁺CD25⁺ T cells show a reduced proliferative response to both allogeneic and polyclonal stimulation.

[0023] A low proliferative potential is highly characteristic of the well characterized regulatory CD25⁺CD4⁺ T cells in the murine system (Sakaguchi S. et al., J. Immunol., 155:1151-1164 (1995)). To analyze the proliferative capacity of human CD4⁺ subpopulations CD4⁺ T cells were magnetically sorted for their expression of CD25. By using a MACS CD4 negative selection kit and afterwards a positive selection for CD25 a more than 95% pure population of CD4⁺CD25⁺ T cells was obtained (Fig. 1A). These cells comprised around 6% (2,8 - 17,2%, n = 20) of peripheral CD4⁺ T cells in the blood of the healthy adults we studied.

[0024] Mature DC are known as the most powerful antigen presenting cells (Bancherau, J., Steinman, R. M., Nature, 392:245-252 (1998)). Nevertheless, the CD4⁺CD25⁺ T cells exhibited virtually no proliferative response when stimulated *in vitro* with fully mature allogeneic DC in sharp contrast to the CD4⁺CD25⁻ T cells (Fig. 2A, B) or the whole CD4⁺ population (Fig. 2B). Interestingly, the CD4⁺ population depleted of CD25⁺ T cells showed a higher proliferation when stimulated with allogeneic DC compared to the whole CD4⁺ population (Fig. 2B).

[0025] It was next determined whether the CD4⁺CD25⁺ T cells would possibly only proliferate upon repetitive stimulation by mature DC. After restimulation the proliferative response of CD25⁻ T cells increased somewhat, whereas the response of CD25⁺ T cells remained very low (Fig. 2C). Priming and restimulation by allogeneic mature DC resulted in a 30-to 50-fold expansion of the CD25⁻ population after two rounds of restimulation. In contrast, there was no significant increase of the CD25⁺ population (data not shown). A slightly (~10%) decreased absolute number of CD4⁺CD25⁺ T cells was harvested as compared to the initial inoculum after the repetitive stimulation in the apparent absence of significant apoptosis or necrosis (data not shown).

[0026] The exceedingly low proliferative response of CD4⁺CD25⁺ T cells was also apparent when these cell populations were polyclonally stimulated with platebound anti CD3 + soluble anti CD28 (Fig. 2D). To test whether the T cell growth factors IL-2 and IL-15 could affect the proliferative potential various doses were added to CD4⁺CD25⁺ and CD4⁺CD25⁻ T cells that were stimulated either with immobilized anti CD3 + soluble anti CD28 (Fig. 2D, upper panels) or with mature allogeneic DC (Fig. 2D, lower panels). A series of pilot experiments revealed that IL-2 enhanced the proliferation of CD25⁺ T cells only at high doses (100-1000 U/ml). IL-15 had a similar effect, again only at very high doses of 50-100 ng/ml. When both cytokines were mixed, they had strong synergistic effects and doses of 10 U/ml IL-2 plus 10ng/ml IL-15 were sufficient to promote the proliferation of CD4⁺CD25⁺ T cells. The addition of IL-2 and/or IL-15 in the absence of a polyclonal or allogeneic T cell stimulus did not induce significant proliferation in the CD25⁺ or CD25⁻ T cell subset (data not shown).

Example 2: CD4⁺CD25⁺ T Cells exhibit distinct phenotypical differences to CD4⁺CD25⁻ T Cells.

[0027] To further characterize the CD25⁺CD4⁺ T cell population, the expression of various surface molecules on CD4⁺CD25⁺, CD4⁺CD25⁻ was compared with that on stimulated CD4⁺CD25⁻ T cells (Fig. 1B). All three populations showed homogenous expression of CD3 and CD4. No contaminating cells such as monocytes, B cells, CD8⁺ T cells or NK cells could be observed by FACS analysis (data not shown). Without prior stimulation, i.e. *ex vivo* the CD25⁺ population already expressed high levels of intracellular, and low levels of cell surface CTLA-4 (CD152). *Ex vivo* isolated CD4⁺CD25⁺ T cells furthermore constitutively expressed CD122 (IL-2R beta chain), HLA-DR (~ 50%) and consisted primarily (~ 80%) of CD45RO cells resembling a memory T cell phenotype. In sharp contrast, the *ex vivo* isolated CD4⁺CD25⁻ T cells did not express CTLA-4 (neither intracellularly nor on the surface), CD122, or HLA-DR, and more cells expressed CD45RA rather than CD45RO. Following activation with plate bound anti-CD3 + soluble anti-CD28, however, most CD4⁺CD25⁻ became strongly CD25⁺ (the level of CD25 expression was about 1 log higher, compared to the CD4⁺CD25⁺ T cells, data not shown), and displayed high levels of HLA DR and CD122 (again about 1 log higher compared to CD4⁺CD25⁺ T cells) as to be expected. In addition, both intracellular and surface CTLA-4 was upregulated within 24-48 h yet quickly downregulated thereafter (Fig. 1C) as expected. The kinetics of CTLA-4/CD152 expression proved strikingly different when CD4⁺CD25⁺ T cells were stimulated. These cells also upregulated their (constitutively already present albeit low) CD152 surface expression, yet the strong expression of CD152 remained constant for a period of more than 1 week (Fig. 1C). Staining with several other mAb such as anti CD28, CD62L, CD69, CD95, CD95L, CD154 (CD40L) did not reveal reproducible and significant differences between CD4⁺CD25⁺ and CD4⁺CD25⁻ T cells.

Examples 3: CD4⁺CD25⁺ T Cells if stimulated via the TCR suppress the activation of CD4⁺ and CD8⁺ T Cells in a cell contact- and dose-dependent manner.

[0028] To analyze the putative regulatory properties of CD25⁺ T cells coculture experiments were performed. In a first series of tests we isolated from a particular donor both the total CD4⁺ population and the CD25⁺ and CD25⁻ fractions. Whole CD4⁺ T cells were then mixed with CD4⁺CD25⁺ or CD4⁺CD25⁻ T cell subpopulations at indicated ratios, and stimulated with allogeneic mature DC (Fig. 3A). CD4⁺CD25⁺ T cells significantly inhibited the proliferation of whole CD4⁺ T cells, and at a 1:1 ratio virtually blocked it (cpm then represented the background levels of CD25⁺ T cell proliferation, see Fig. 2A-D). The addition of CD25⁻ T cells instead of CD25⁺ T cells slightly enhanced proliferation (not shown). As CD4⁺CD25⁻ rapidly expressed CD25 and CD122, i.e. both chains of the IL-2R, upon polyclonal (see Fig. 1B) as well stimulation by allogeneic DC (data not shown) this finding indicated that the suppressive activity of the CD4⁺CD25⁺ T cell subset was not simply due to consumption or passive adsorption of IL-2 via their IL-2R. CD4⁺CD25⁺ T cells exerted also a suppressive activity on whole CD8⁺ T cells albeit downregulation was less intense (Fig. 3B).

[0029] In a further set of experiments it was determined whether activation of CD4⁺CD25⁺ T cells by syngeneic DC was sufficient for induction of their regulatory properties. To this end mature DC and CD4⁺CD25⁺ T cells were generated/isolated from the same donor (donor I). In addition, whole CD4⁺ T cells as well as the CD4⁺CD25⁺ T cell subset were isolated from another donor (donor II). The whole CD4⁺ T cells (donor II) were then stimulated with allogeneic mature DC (donor I) in the absence (Fig. 3C, CD4⁺ only) or presence of various numbers of CD4⁺CD25⁺ T cells isolated from either donor I or donor II (Fig. 3C). Whole CD4⁺ T cells from donor II proliferated vigorously as expected when stimulated with allogeneic, donor I-derived DC (Fig. 3C, CD4⁺ only). In the presence of donor I-derived CD4⁺CD25⁺ T cells (i.e. syngeneic to the DC used) the proliferation (i.e. alloreactivity) of whole donor II-derived CD4⁺ T cells was not suppressed at all (Fig. 3C). Potent suppression occurred, however, when donor II-derived CD4⁺CD25⁺ T cells (i.e. allogeneic to the DC used) were added (Fig. 3C). Suppression was also observed in experiments where DC, whole CD4⁺ T cells, and CD4⁺CD25⁺ T cells were derived from three different donors. These data indicated that TCR-mediated activation of CD4⁺CD25⁺ T cells was required to let them exert their regulatory function, and that syngeneic DC were insufficient to induce their suppressive activity.

[0030] Next, Transwell chamber experiments were performed to investigate, whether the regulatory function of the CD4⁺CD25⁺ T cells was mediated primarily by soluble factors or required cell-cell contact (Fig. 3D). As shown in Fig. 3D the CD4⁺CD25⁺ T cells suppress proliferation of whole CD4⁺ T cells almost completely in the presence of allogeneic DC. Separation of the two populations in Transwell chambers virtually abolished their suppressive effect. These observations suggested that direct cell contact is essential for the inhibitory capacity of CD4⁺CD25⁺ T cells, as the semipermeable membrane of Transwell chambers allows free passage of soluble factors, but excludes direct cell contact. The Transwell experiments also confirmed that consumption of IL-2 by CD4⁺CD25⁺ T cells was not the mechanism responsible for suppression.

[0031] Despite the obvious requirement for close interaction between regulatory and responding cells neither a targeting of the antigen-presenting DC or a role of soluble factors was excluded by the Transwell experiments. Therefore, a plate-bound anti-CD3 Ab (in combination with soluble anti CD28 Ab) was also employed as an antigen presenting cell-independent and polyclonal T cell stimulus. Whole CD4⁺ T cells alone showed strong proliferation upon this stimulation. As mentioned above (Fig. 2D) CD4⁺CD25⁺ T cells did not proliferate. In coculture of both populations, there was at least a 75% reduction at a 1:1 ratio compared to control (data not shown). These data suggested, that regulation does not primarily occur via modulation of APC function. Neutralizing antibodies to the cytokines IL-10 and TGF- β (critical for the suppressive activities of the so-called Tr1 and Th3, respectively (Groux, H. et al., Nature, 389:737-742 (1997); Fukaura, H. et al., J. Clin. Invest., 98:70-77 (1996)) did not abolish the regulatory activity of the CD4⁺CD25⁺ T cells demonstrating that these cytokines played no major suppressive role at least in the assays we looked at. The addition of IL-2 and/or IL-15 to cocultures at the high doses that promote the proliferation of CD4⁺CD25⁺ T cells (see Fig. 2D) reduced their inhibitory effects. The suppressive activity was, however, likely not abolished as the significant proliferation of the CD4⁺CD25⁺ T cells has to be taken into account when interpreting the data (Fig. 3D).

Example 4: CD4⁺CD25⁺ T Cells predominantly secrete IL-10.

[0032] To analyze and compare the cytokine profiles freshly sorted CD4⁺CD25⁺ and CD4⁺CD25⁻ T cells were activated with plate-bound anti CD3 + anti CD28. Supernatants were then analyzed by ELISA, and RNA expression was studied by RNase protection assays. In addition, intracellular cytokine staining was performed to determine the percentage of cells releasing a certain cytokine. As shown in Fig. 4 CD4⁺CD25⁻ T cells predominantly secreted IFN- γ and IL-2, with little secretion of IL-10 and IL-4, resembling a Th1 like profile. CD4⁺CD25⁺ T cells on the other hand predominantly produced IL-10 and only low levels of IL-2, IL-4 and IFN- γ , resembling Tr1 cells. Comparison of both subpopulations at the RNA level revealed, that CD25⁺ T cells express more IL-10, less IFN- γ and similar levels of IL-2 mRNA compared to CD25⁻ T cells. IL-1 receptor antagonist (IL-1Ra) mRNA was found predominantly in CD4⁺CD25⁺ T cells, while significant

IL-1 β mRNA levels were only present in CD4⁺CD25⁻ T cells. TGF- β was expressed at similarly low levels in both cell types.

Example 5: Activated and afterwards fixated CD4⁺CD25⁺ T cells still exhibit regulatory capacity.

[0033] CD4⁺CD25⁻ and CD4⁺CD25⁺ T cells were isolated from whole CD4⁺ T cells from adult blood by MACS[®] sorting as described. CD4⁺CD25⁺ T cells were divided into three parts. One fraction was activated with 10 μ g/ml platebound anti-CD3 and 10 μ g/ml soluble anti-CD28 antibodies overnight. Next day this fraction and one part of the non activated CD4⁺CD25⁺ T cells were fixed with 2% formaldehyde for 1 hour. The third part was left untreated. Cells were washed three times.

[0034] Unfixed CD4⁺CD25⁺ and CD4⁺CD25⁻ T cells alone and CD4⁺CD25⁺ T cells of each fraction, mixed at a 1:1 ratio with CD4⁺CD25⁻ T cells, were activated with immobilized anti-CD3 and soluble anti-CD28. After 5 days proliferation was measured by [³H]Tdr incorporation. A representative of 5 independent experiments is shown in Fig. 5 where the symbols represent the following:

CD4 ⁺ CD25 ⁻	unfixed CD4 ⁺ CD25 ⁻ cells
CD4 ⁺ CD25 ⁺	unfixed CD4 ⁺ CD25 ⁺ cells
Reg. 1:1	unfixed CD4 ⁺ CD25 ⁺ and CD4 ⁺ CD25 ⁻ T cells at a 1:1 ratio
Reg.1:1	
CD25 ⁺ stim fix	activated fixed CD4 ⁺ CD25 ⁺ T cells and unfixed CD4 ⁺ CD25 ⁻ T cells at a 1:1 ratio
Rev.1:1	
CD25 ⁺ fix	non activated fixed CD4 ⁺ CD25 ⁺ T cells and unfixed CD4 ⁺ CD25 ⁻ T cells at a 1:1 ratio

Claims

1. A pharmaceutical composition comprising

- (a) suppressive and/or regulative human CD4⁺ CD25⁺ CTLA-4⁺ T cells that are non-proliferative to stimulations via their TCR, but the anergic state being partially reversed by IL-2 and IL-15;
- (b) expanded human CD4⁺ CD25⁺ CTLA-4⁺ T cells that are obtainable by a method comprising stimulating the cells of (a) with a T cell stimulating agent or with antigen-presenting cells *ex vivo*;
- (c) fixated CD4⁺ CD25⁺ CTLA-4⁺ T cells that are obtained by *ex vivo* treatment of expanded human CD4⁺CD25⁺ CTLA-4⁺T cells of (b) with para-formaldehyde; or
- (d) CD4⁺ CD25⁺ CTLA-4⁺ T cells having a particular desired antigen-specific T cell receptor that are obtainable by activating/stimulating/expanding the CD4⁺ CD25⁺ CTLA-4⁺ T cells of (a) with antigen presenting cells selected from immature or mature dendritic cells (DC) presenting said antigen *in vitro* or by utilizing a ligand/antibody to a particular T cell receptor expressed on (subsets of) CD4⁺ CD25⁺ CTLA-4⁺ regulatory T cells, or a MHC-peptide complex binding to a particular T cell receptor, on (subsets of) CD4⁺ CD25⁺ CTLA-4⁺ T cells, or by transfection of a T cell receptor of desired antigen specificity into the *ex vivo* isolated or expanded T cells of (a) or (b).

2. The pharmaceutical composition of claim 1, wherein said suppressive and/or regulative human CD4⁺ CD25⁺ CTLA-4⁺ T cells are isolated from human peripheral blood.

3. The pharmaceutical composition of claim 1 or 2, which is suitable for adoptive transfer therapy, for treating autoimmune diseases, graft versus host disease and graft rejections.

4. Suppressive and/or regulative human CD4⁺ CD25⁺ CTLA-4⁺ T cells, expanded human CD4⁺ CD25⁺ CTLA-4⁺ T cells, fixated CD4⁺ CD25⁺ CTLA-4⁺ T cells, or CD4⁺ CD25⁺ CTLA-4⁺ T cells having a particular desired antigen-specific T cell receptor as defined in claim 1 or 2 for use in adoptive transfer therapy, for use in treating autoimmune diseases, or for use in preventing/treating transplantation reactions including graft versus host disease and graft rejections.

5. Use of suppressive and/or regulative human CD4⁺ CD25⁺ CTLA-4⁺ T cells, expanded human CD4⁺ CD25⁺ CTLA-4⁺ T cells, fixated CD4⁺ CD25⁺ CTLA-4⁺ T cells, or CD4⁺ CD25⁺ CTLA-4⁺ T cells having a particular desired antigen-specific T cell receptor as defined in claim 1 or 2 for preparing a regulatory medicament, a medicament for adoptive transfer therapy, a medicament for treating autoimmune diseases, or a medicament for preventing/treating trans-

plantation reactions including graft versus host disease and graft rejections.

6. The use of claim 5, wherein the medicament for adoptive transfer therapy is suitable of being injected/infused back into the patients enriched/expanded autologous or non-autologous regulatory CD4⁺ CD25⁺ CTLA-4⁺ T cells to prevent or treat immune reactions that are too strong and/or pathogenic, or to prevent/treat transplantation reactions including graft versus host disease and graft rejections.
7. A method for expanding suppressive and/or regulative human CD4⁺ CD25⁺ CTLA-4⁺ T cells, said cells being non-proliferative to stimulations via their TCR, but the anergic state being partially reversed by IL-2 and IL-15, which method comprises *ex vivo* stimulating the cells with a T cell stimulating agent or with antigen-presenting cells together with IL-2 and/or IL-15.
8. The method of claim 7, wherein the T cell stimulating agent is a composition comprising:
 - (a) anti-CD3 and/or anti-CD28 ligands/monoclonal antibodies;
 - (b) a ligand/antibody to T cell receptors on the surface of CD4⁺ CD25⁺ CTLA-4⁺ T cells or to T cell receptor components; or
 - (c) MHC-peptide complexes binding to the T cell receptors expressed on the surface of regulatory T cells; or
 - (d) a phorbol ester and a calcium ionophor.
9. The method of claim 8, wherein the T-cell stimulating agent is a composition comprising superagonistic antibodies.
10. The method of claim 7, wherein the antigen-presenting cells are selected from autologous cells, non-autologous cells, and artificial antigen-presenting cells.
11. The method of claim 10, wherein the antigen-presenting cells are dendritic cells.
12. A method to identify, monitor and/or remove suppressive and/or regulative human CD4⁺ CD25⁺ CTLA-4⁺ T cells, which are non-proliferative to stimulations via their TCR, but the anergic state being partially reversed by IL-2 and IL-15, from human blood and other tissues *ex vivo*, which method comprises:
 - (a) utilizing agents/ligands specifically binding to the CD4 and, CD25, and/or CTLA-4 (CD152) entities on the T cells; and/or
 - (b) utilizing immunoadsorption methods; and/or
 - (c) utilizing a stimulating agent as defined in claim 8 or 9 or antigen presenting cells as defined in claim 10 or 11.
13. The method of claim 12, wherein said method comprises utilizing agents specifically binding to the CD4 and CD25 and/or CTLA-4 entities on the T cells, wherein said agents are anti-CD4 antibodies, anti-CD25 antibodies, and/or anti-CTLA-4 antibodies.
14. Use of suppressive and/or regulative human CD4⁺ CD25⁺ CTLA-4⁺ T cells, expanded human CD4⁺ CD25⁺ CTLA-4⁺ T cells, or fixated CD4⁺ CD25⁺ CTLA-4⁺ T cells as defined in claim 1 or 2:
 - (a) in *ex vivo* assays that will allow to identify other growth and/or functionality modifying (inhibitory/enhancing) /apoptotic or anti-apoptotic factors;
 - (b) for *ex vivo* identifying molecules expressed by the CD4⁺ CD25⁺ CTLA-4⁺ T cells including identification of novel molecules on said cells, or if presenting molecules which are deemed pharmaceutically active; or
 - (c) for *ex vivo* identifying precursor cells or progeny of the regulatory CD4⁺ CD25⁺ CTLA-4⁺ T cells.
15. An *ex-vivo* method for preparing CD4⁺ CD25⁺ CTLA-4⁺ T cells with a particular desired antigen-specific T cell receptor which comprises:
 - (a) activating/stimulating/expanding the suppressive and/or regulative CD4⁺ CD25⁺ CTLA-4⁺ T cells as defined in claim 1 with antigen presenting cells selected from immature or mature dendritic cells (DC) presenting said antigen *in vitro*; or
 - (b) utilizing a ligand/antibody to a particular T cell receptor expressed on (subsets of) CD4⁺ CD25⁺ CTLA-4⁺ regulatory T cells, or a MHC-peptide complex binding to a particular T cell receptor on (subsets of) CD4⁺ CD25⁺ CTLA-4⁺ T cells.

16. The method of claim 15, wherein the antigen-presenting cells are pulsed/loaded/fed with tissue or any defined or undefined antigens, wherein

(a) the defined antigens are autoantigens (including desmoglein 3 in the case of pemphigus vulgaris, melanA or tyrosinase in case of vitiligo; thyroglobulin in case of thyroiditis), foreign antigens (including pathogen-derived antigens such as Hepatitis C), or alloantigens/transplantation antigens; and

(b) the undefined antigens are tissue or cell-derived antigens (including antigens which are in the form of necrotic or apoptotic cells or tissue derived RNA or hybrids between cells of interest and dendritic cells/antigen presenting cells, other forms of delivery of undefined antigens into dendritic cells or other antigen presenting cells) or pathogen-derived antigens.

17. CD4⁺ CD25⁺ CTLA-4⁺ T cells having a particular desired antigen-specific T cell receptor and being obtainable by the method of claims 15 or 16, or by transfection of a T cell receptor of desired antigen specificity into ex vivo isolated or expanded T cells.

Patentansprüche

1. Pharmazeutische Zusammensetzung, umfassend:

(a) suppressive und/oder regulative humane CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen, die nicht proliferativ gegenüber Stimulationen über ihren TCR reagieren, wobei der anerge Zustand jedoch durch IL-2 und IL-15 teilweise revertiert wird;

(b) expandierte humane CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen, die durch ein Verfahren erhältlich sind, das das Stimulieren der Zellen von (a) mit einem T-Zell-Stimulationsmittel oder mit antigen-präsentierenden Zellen ex vivo umfasst;

(c) fixierte CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen, die durch ex-vivo-Behandlung von expandierten humanen CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen von (b) mit Paraformaldehyd erhalten werden; oder

(d) CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen mit einem bestimmten erwünschten antigenspezifischen T-Zell-Rezeptor, die erhältlich sind durch Aktivieren/Stimulieren/Expandieren der CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen von (a) mit antigenpräsentierenden Zellen, welche aus unreifen oder reifen dendritischen Zellen (DC) ausgewählt sind, die das Antigen präsentieren, in vitro oder durch Verwendung eines Liganden/Antikörpers gegen einen bestimmten T-Zell-Rezeptor, der auf (Teilmengen von) CD4⁺-CD25⁺-CTLA-4⁺ regulatorischen T-Zellen exprimiert wird, oder eines MHC-Peptid-Komplexes, der an einen bestimmten T-Zell-Rezeptor auf (Teilmengen von) CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen bindet, oder durch Transfektion der ex vivo isolierten oder expandierten T-Zellen von (a) oder (b) mit einem T-Zell-Rezeptor mit der gewünschten Antigenspezifität.

2. Pharmazeutische Zusammensetzung gemäß Anspruch 1, wobei die suppressiven und/oder regulativen humanen CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen aus humanem peripheren Blut isoliert werden.

3. Pharmazeutische Zusammensetzung gemäß Anspruch 1 oder 2, die für die adoptive Transfertherapie, für die Behandlung von Autoimmunkrankheiten, Graft-versus-Host-Reaktion und Transplantatsabstoßungen geeignet ist.

4. Suppressiven und/oder regulativen humanen CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen, expandierte humane CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen, fixierte CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen oder CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen mit einem bestimmten erwünschten antigenspezifischen T-Zell-Rezeptor, wie sie in Anspruch 1 oder 2 definiert sind, zur Verwendung in der adoptiven Transfertherapie, zur Verwendung bei der Behandlung von Autoimmunkrankheiten oder zur Verwendung bei der Prävention/Behandlung von Transplantationsreaktionen einschließlich Graft-versus-Host-Reaktion und Transplantatsabstoßungen.

5. Verwendung von suppressiven und/oder regulativen humanen CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen, expandierten humanen CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen, fixierten CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen oder CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen mit einem bestimmten erwünschten antigenspezifischen T-Zell-Rezeptor, wie sie in Anspruch 1 oder 2 definiert sind, zur Herstellung eines regulatorischen Medikaments, eines Medikaments für die adoptive Transfertherapie, eines Medikaments für die Behandlung von Autoimmunkrankheiten oder eines Medikaments für die Prävention/Behandlung von Transplantationsreaktionen einschließlich Graft-versus-Host-Reaktion und Transplantatsabstoßungen.

6. Verwendung gemäß Anspruch 5, wobei das Medikament für die adoptive Transfertherapie geeignet ist, zurück in die Patienten injiziert/infundiert zu werden, und angereicherte/expandierte autologe oder nichtautologe regulatorische CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen zur Prävention oder Behandlung von Immunreaktionen, die zu stark und/oder pathogen sind, oder zur Prävention/Behandlung von Transplantationsreaktionen einschließlich Graft-versus-Host-Reaktion und Transplantatsabstoßungen umfasst.
5
7. Verfahren zum Expandieren von suppressiven und/oder regulativen humanen CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen, wobei die Zellen nicht proliferativ gegenüber Stimulationen über ihren TCR reagieren, der anerge Zustand jedoch durch IL-2 und IL-15 teilweise revertiert wird, wobei das Verfahren das Stimulieren der Zellen ex vivo mit einem T-Zell-Stimulationsmittel oder mit antigenpräsentierenden Zellen zusammen mit IL-2 und/oder IL-15 umfasst.
10
8. Verfahren gemäß Anspruch 7, wobei das T-Zell-Stimulationsmittel eine Zusammensetzung ist, die Folgendes umfasst:
15
 - (a) Anti-CD3- und/oder Anti-CD28-Liganden/monoklonale Antikörper;
 - (b) einen Liganden/Antikörper gegen T-Zell-Rezeptoren auf der Oberfläche von CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen oder gegen T-Zell-Rezeptorkomponenten; oder
 - (c) MHC-Peptid-Komplexe, die an die T-Zell-Rezeptoren binden, welche auf der Oberfläche von regulatorischen T-Zellen exprimiert werden; oder
 - 20 (d) einen Phorbolster und ein Calcium-Ionophor.
9. Verfahren gemäß Anspruch 8, wobei das T-Zell-Stimulationsmittel eine Zusammensetzung ist, die superagonistische Antikörper umfasst.
- 25 10. Verfahren gemäß Anspruch 7, wobei die antigenpräsentierenden Zellen aus autologen Zellen, nichtautologen Zellen und künstlichen antigenpräsentierenden Zellen ausgewählt sind.
11. Verfahren gemäß Anspruch 10, wobei die antigenpräsentierenden Zellen dendritische Zellen sind.
- 30 12. Verfahren zum Identifizieren, Überwachen und/oder Entfernen von suppressiven und/oder regulativen humanen CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen, die nicht proliferativ gegenüber Stimulationen über ihren TCR reagieren, wobei der anerge Zustand jedoch durch IL-2 und IL-15 teilweise revertiert wird, aus humanem Blut und anderen Geweben ex vivo, wobei das Verfahren Folgendes umfasst:
35
 - (a) Verwenden von Agentien/Liganden, die spezifisch an die CD4- und CD25- und/oder CTLA-4(CD152)-Einheiten auf den T-Zellen binden; und/oder
 - (b) Verwenden von Immunadsorptionsverfahren; und/oder
 - (c) Verwenden eines Stimulationsmittels, wie es in Anspruch 8 oder 9 definiert ist, oder von antigenpräsentierenden Zellen, wie sie in Anspruch 10 oder 11 definiert sind.
40
13. Verfahren gemäß Anspruch 12, wobei das Verfahren das Verwenden von Agentien umfasst, die spezifisch an die CD4- und CD25- und/oder CTLA-4-Einheiten auf den T-Zellen binden, wobei die Agentien Anti-CD4-Antikörper, Anti-CD25-Antikörper und/oder Anti-CTLA-4-Antikörper sind.
- 45 14. Verwendung von suppressiven und/oder regulativen humanen CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen, expandierten humanen CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen oder fixierten CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen, wie sie in Anspruch 1 oder 2 definiert sind:
50
 - (a) in ex-vivo-Assays, die es ermöglichen, andere wachstums- und/oder funktionalitätsmodifizierende (-inhibitorische/-verstärkende)/apoptotische oder antiapoptotische Faktoren zu identifizieren;
 - (b) zum ex-vivo-Identifizieren von Molekülen, die von den CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen exprimiert werden, einschließlich der Identifikation von neuen Molekülen auf diesen Zellen, oder ob sie Moleküle präsentieren, die als pharmazeutisch aktiv angesehen werden; oder
 - 55 (c) zum ex-vivo-Identifizieren von Vorläuferzellen oder Nachkommen der regulatorischen CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen.
15. Ex-vivo-Verfahren zur Herstellung von CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen mit einem bestimmten erwünschten antigenspezifischen T-Zell-Rezeptor, umfassend:

(a) Aktivieren/Stimulieren/Expandieren der suppressiven und/oder regulativen CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen, wie sie in Anspruch 1 definiert sind, mit antigenpräsentierenden Zellen, welche aus unreifen oder reifen dendritischen Zellen (DC) ausgewählt sind, die das Antigen präsentieren, *in vitro*; oder
(b) Verwendung eines Liganden/Antikörpers gegen einen bestimmten T-Zell-Rezeptor, der auf (Teilmengen von) CD4⁺-CD25⁺-CTLA-4⁺-regulatorischen T-Zellen exprimiert wird, oder eines MHC-Peptid-Komplexes, der an einen bestimmten T-Zell-Rezeptor auf (Teilmengen von) CD4⁺ CD25⁺ CTLA-4⁺ T-Zellen bindet.

16. Verfahren gemäß Anspruch 15, wobei die antigenpräsentierenden Zellen mit Gewebe oder irgendwelchen definierten oder undefinierten Antigenen gepulst/beladen/gefüttert werden, wobei

(a) die definierten Antigene Autoantigene (einschließlich Desmoglein 3 im Falle von Pemphigus vulgaris, melanA oder Tyrosinase im Falle von Vitiligo, Thyreoglobulin im Falle von Thyreoiditis), Fremdagene (einschließlich von Krankheitserregern abgeleiteter Antigene, wie Hepatitis C) oder Alloantigene/Transplantationsantigene sind; und

(b) die undefinierten Antigene von Gewebe oder Zellen abgeleitete Antigene (einschließlich Antigenen, die in Form von nekrotischen oder apoptotischen Zellen oder von Gewebe abgeleiteter RNA oder Hybriden zwischen interessierenden Zellen und dendritischen Zellen/antigenpräsentierenden Zellen vorliegen, anderen Formen der Einschleusung von undefinierten Antigenen in dendritische Zellen oder andere antigenpräsentierende Zellen) oder von Krankheitserregern abgeleitete Antigene sind.

17. CD4⁺-CD25⁺-CTLA-4⁺-T-Zellen mit einem bestimmten erwünschten antigenspezifischen T-Zell-Rezeptor, die nach dem Verfahren der Ansprüche 15 oder 16 oder durch Transfektion von *ex vivo* isolierten oder expandierten T-Zellen mit einem T-Zell-Rezeptor mit der gewünschten Antigenspezifität erhältlich sind.

Revendications

1. Composition pharmaceutique comprenant

(a) des cellules T CD4⁺ CD25⁺ CTLA-4⁺ humaines suppressives et/ou régulatrices, non prolifératives lorsqu'elles sont stimulées via leur récepteur des cellules T mais dont l'état d'anergie est partiellement inversé par IL-2 et IL-15 ;

(b) des cellules T CD4⁺ CD25⁺ CTLA-4⁺ humaines expansées que l'on peut obtenir par un procédé comprenant la stimulation des cellules de (a) au moyen d'un agent stimulant les cellules T ou de cellules présentant l'antigène *ex vivo* ;

(c) des cellules T CD4⁺ CD25⁺ CTLA-4⁺ fixées qui sont obtenues par un traitement *ex vivo* au paraformaldéhyde des cellules T CD4⁺ CD25⁺ CTLA-4⁺ humaines expansées de (b) ; ou

(d) des cellules T CD4⁺ CD25⁺ CTLA-4⁺ ayant un récepteur des cellules T particulier, spécifique de l'antigène souhaité, que l'on peut obtenir en activant / en stimulant / en expansant les cellules T CD4⁺ CD25⁺ CTLA-4⁺ de (a) au moyen de cellules présentant l'antigène sélectionnées parmi des cellules dendritiques (CD) immatures ou matures présentant ledit antigène *in vitro*, ou en utilisant un ligand/anticorps dirigé contre un récepteur des cellules T particulier exprimé dans des (sous-populations de) cellules T régulatrices CD4⁺ CD25⁺ CTLA-4⁺ ou un complexe CMH-peptide se liant à un récepteur des cellules T particulier dans des (sous-populations de) cellules T régulatrices CD4⁺ CD25⁺ CTLA-4⁺ ou encore en transfectant un récepteur des cellules T ayant la spécificité d'antigène voulue dans les cellules T isolées ou expansées *ex vivo* de (a) ou (b).

2. Composition pharmaceutique selon la revendication 1, dans laquelle lesdites cellules T CD4⁺ CD25⁺ CTLA-4⁺ humaines suppressives et/ou régulatrices sont isolées à partir de sang périphérique humain.

3. Composition pharmaceutique selon la revendication 1 ou 2, adaptée à la thérapie de transfert adoptif destinée à traiter des maladies auto-immunes, des maladies du greffon contre l'hôte et des rejets de greffes.

4. Cellules T CD4⁺ CD25⁺ CTLA-4⁺ humaines suppressives et/ou régulatrices, cellules T CD4⁺ CD25⁺ CTLA-4⁺ humaines expansées, cellules T CD4⁺ CD25⁺ CTLA-4⁺ fixées ou cellules T CD4⁺ CD25⁺ CTLA-4⁺ ayant un récepteur des cellules T particulier, spécifique de l'antigène souhaité, telles que définies dans la revendication 1 ou 2 et destinées à être utilisées dans la thérapie de transfert adoptif, pour traiter des maladies auto-immunes ou pour prévenir / traiter des réactions de transplantation parmi lesquelles les maladies du greffon contre l'hôte et les rejets de greffes.

5. Utilisation de cellules T CD4⁺ CD25⁺ CTLA-4⁺ humaines suppressives et/ou régulatrices, de cellules T CD4⁺ CD25⁺ CTLA-4⁺ humaines expansées, des cellules T CD4⁺ CD25⁺ CTLA-4⁺ fixées ou de cellules T CD4⁺ CD25⁺ CTLA-4⁺ ayant un récepteur des cellules T particulier, spécifique de l'antigène souhaité, telles que définies dans la revendication 1 ou 2 pour préparer un médicament régulateur, un médicament destiné à la thérapie de transfert adoptif, un médicament pour traiter des maladies auto-immunes ou un médicament pour prévenir / traiter les réactions de transplantation parmi lesquelles les maladies du greffon contre l'hôte et les rejets de greffes.
6. Utilisation selon la revendication 5, dans laquelle le médicament pour la thérapie de transfert adoptif est approprié pour être réinjecté / reperfusé dans des cellules T CD4⁺ CD25⁺ CTLA-4⁺ régulatrices autologues ou non autologues, enrichies / expansées des patients pour prévenir ou pour traiter des réactions immunitaires excessives et/ou pathogènes, ou pour prévenir / traiter des réactions de transplantation parmi lesquelles les maladies du greffon contre l'hôte et les rejets de greffes.
7. Procédé d'expansion de cellules T CD4⁺ CD25⁺ CTLA-4⁺ humaines suppressives et/ou régulatrices, lesdites cellules étant non prolifératives lorsqu'elles sont stimulées via leur récepteur des cellules T mais leur état d'anergie étant partiellement inversé par IL-2 et IL-15, ledit procédé comprenant la stimulation *ex vivo* des cellules au moyen d'un agent stimulant les cellules T ou de cellules présentant l'antigène, conjointement avec IL-2 et/ou IL-15.
8. Procédé selon la revendication 7, dans lequel l'agent stimulant les cellules T est une composition comprenant :
 - (a) des anticorps monoclonaux/ ligands anti-CD3 et/ou anti-CD28 ;
 - (b) un ligand/anticorps dirigé contre les récepteurs des cellules T en surface des cellules T CD4⁺ CD25⁺ CTLA-4⁺ ou contre des constituants des récepteurs des cellules T ; ou
 - (c) des complexes CMH-peptide se liant aux récepteurs des cellules T exprimés en surface des cellules T régulatrices ; ou
 - (d) un ester de phorbol et un ionophore calcique.
9. Procédé selon la revendication 8, dans lequel l'agent stimulant les cellules T est une composition comprenant des anticorps superagonistes.
10. Procédé selon la revendication 7, dans lequel les cellules présentant l'antigène sont sélectionnées parmi des cellules autologues, des cellules non autologues et des cellules présentant l'antigène de synthèse.
11. Procédé selon la revendication 10, dans lequel les cellules présentant l'antigène sont des cellules dendritiques.
12. Procédé pour identifier, surveiller et /ou éliminer des cellules T CD4⁺ CD25⁺ CTLA-4⁺ humaines suppressives et/ou régulatrices, non prolifératives lorsqu'elles sont stimulées via leur récepteur des cellules T mais dont l'état d'anergie est partiellement inversé par IL-2 et IL-15, à partir de sang humain et d'autres tissus *ex vivo*, lequel procédé comprend les étapes consistant à :
 - (a) utiliser des agents/ligands se liant spécifiquement aux entités CD4 et CD25 et/ou CTLA-4 (CD 152) sur les cellules T ; et/ou
 - (b) utiliser des méthodes d'immunoadsorption ; et/ou
 - (c) utiliser un agent stimulant tel que défini dans la revendication 8 ou 9, ou des cellules présentant l'antigène telles que définies dans la revendication 10 ou 11.
13. Procédé selon la revendication 12, ledit procédé comprenant l'utilisation d'agents se liant spécifiquement aux entités CD4 et CD25 et/ou CTLA-4 sur les cellules T, lesdits agents étant des anticorps anti-CD4, des anticorps anti-CD25 et/ou des anticorps anti-CTLA-4.
14. Utilisation de cellules T CD4⁺ CD25⁺ CTLA-4⁺ humaines suppressives et/ou régulatrices, de cellules T CD4⁺ CD25⁺ CTLA-4⁺ humaines expansées ou de cellules T CD4⁺ CD25⁺ CTLA-4⁺ fixées telles que définies dans la revendication 1 ou 2 :
 - (a) dans des analyses *ex vivo* qui permettront d'identifier d'autres facteurs apoptotiques ou anti-apoptotiques/modifiant (inhibant / favorisant) la fonction et/ou la croissance ;
 - (b) pour l'identification *ex vivo* de molécules exprimées par des cellules T CD4⁺ CD25⁺ CTLA-4⁺, y compris l'identification de nouvelles molécules sur lesdites cellules, ou, le cas échéant, de molécules réputées actives

sur le plan pharmaceutique ; ou

(c) pour l'identification *ex vivo* de cellules précurseurs ou de descendance des cellules T CD4⁺ CD25⁺ CTLA-4⁺ régulatrices.

- 5 **15.** Procédé *ex vivo* de préparation de cellules T CD4⁺ CD25⁺ CTLA-4⁺ avec un récepteur des cellules T particulier, spécifique de l'antigène souhaité comprenant :

- 10 (a) l'activation/la stimulation/l'expansion des cellules T CD4⁺ CD25⁺ CTLA-4⁺ suppressives et/ou régulatrices telles que définies dans la revendication 1, au moyen de cellules présentant l'antigène sélectionnées parmi des cellules dendritiques (CD) immatures ou matures présentant ledit antigène *in vitro* ; ou
 (b) en utilisant un ligand/anticorps dirigé contre un récepteur des cellules T particulier exprimé dans des (sous-populations de) cellules T régulatrices CD4⁺ CD25⁺ CTLA-4⁺ ou un complexe CMH-peptide se liant à un récepteur des cellules T particulier dans des (sous-populations de) cellules T CD4⁺ CD25⁺ CTLA-4⁺.

- 15 **16.** Procédé selon la revendication 15, dans lequel les cellules présentant l'antigène sont pulsées / chargées / alimentées avec des tissus ou tous autres antigènes définis ou indéfinis, dans lequel

- 20 (a) les antigènes définis sont des autoantigènes (parmi lesquels la desmoglérine 3 dans le cas du pemphigus vulgaire, melanA ou la tyrosinase dans le cas du vitiligo ; la thyroglobuline dans le cas de la thyroïdite), des antigènes étrangers (parmi lesquels des antigènes dérivés d'agents pathogènes tels que l'hépatite C), ou des alloantigènes/ antigènes de transplantation ; et
 (b) les antigènes indéfinis sont des antigènes dérivés de tissus ou de cellules (parmi lesquels des antigènes se présentant sous forme de cellules nécrotiques ou apoptotiques ou d'ARN d'origine tissulaire ou d'hybrides issus de cellules intéressantes et de cellules dendritiques/ cellules présentant l'antigène, ou sont d'autres formes
 25 de délivrance d'antigènes indéfinis dans des cellules dendritiques ou d'autres cellules présentant l'antigène), ou des antigènes dérivés d'agents pathogènes.

- 30 **17.** Cellules T CD4⁺ CD25⁺ CTLA-4⁺ ayant un récepteur des cellules T particulier, spécifique de l'antigène souhaité, que l'on peut obtenir par le procédé selon la revendication 15 ou 16, ou par la transfection d'un récepteur des cellules T ayant la spécificité d'antigène voulue dans des cellules T isolées ou expansées *ex vivo*.

35

40

45

50

55

Fig. 1A

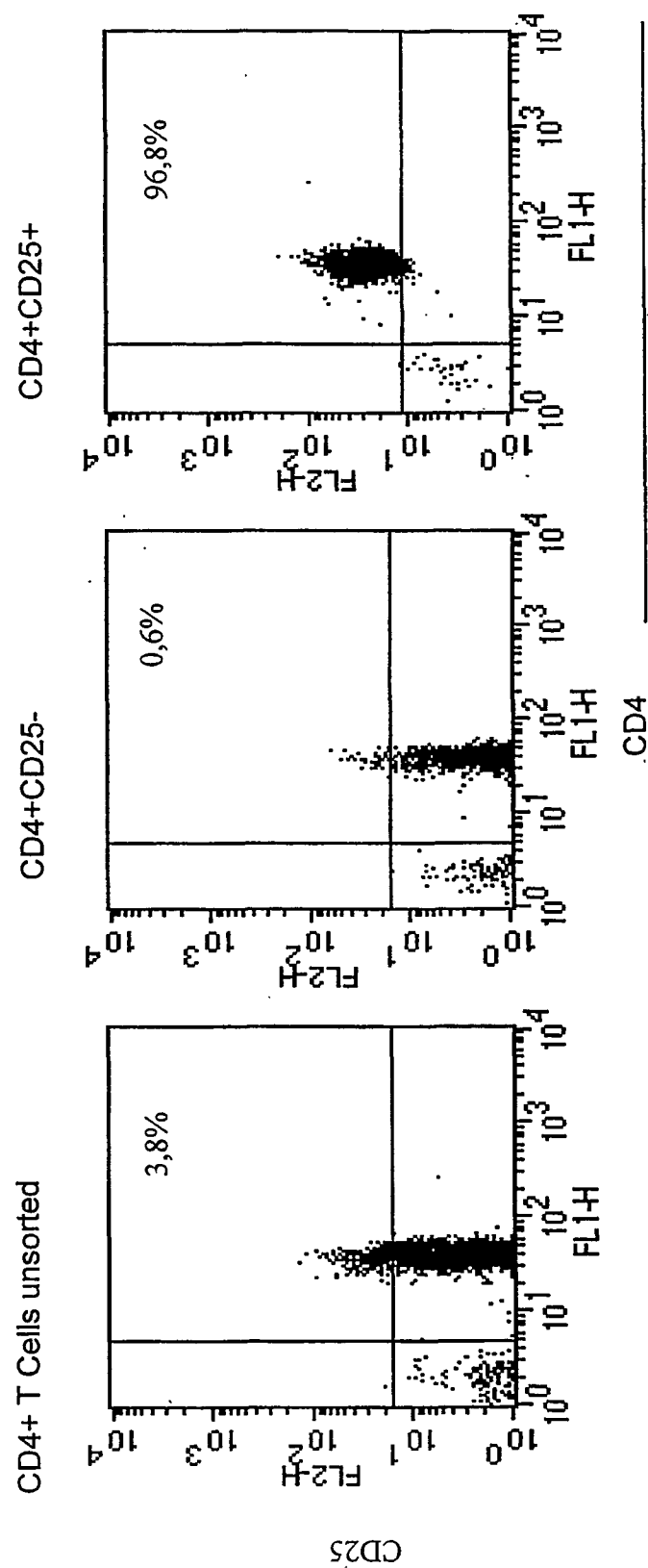


Fig. 1B

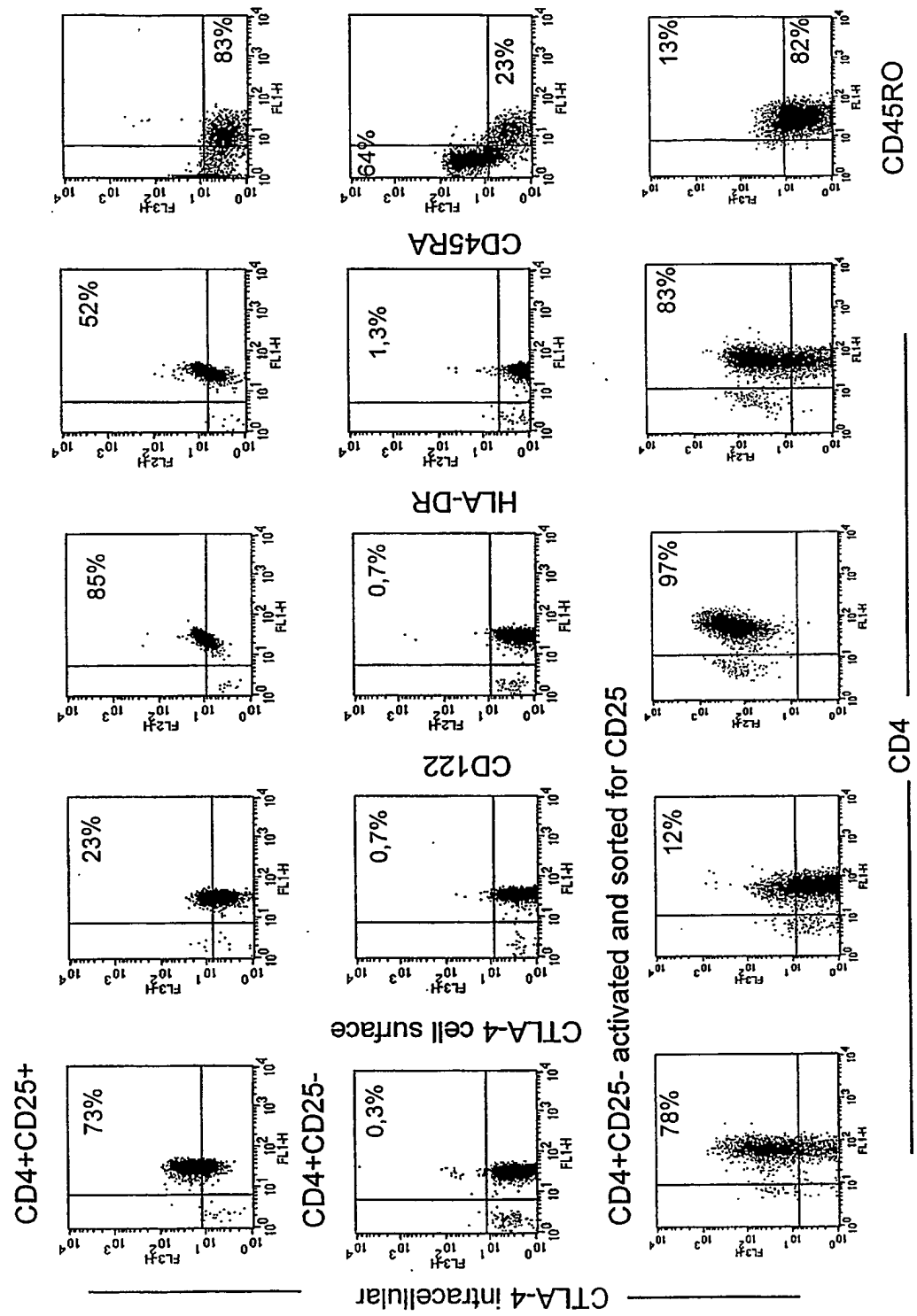


Fig. 1C

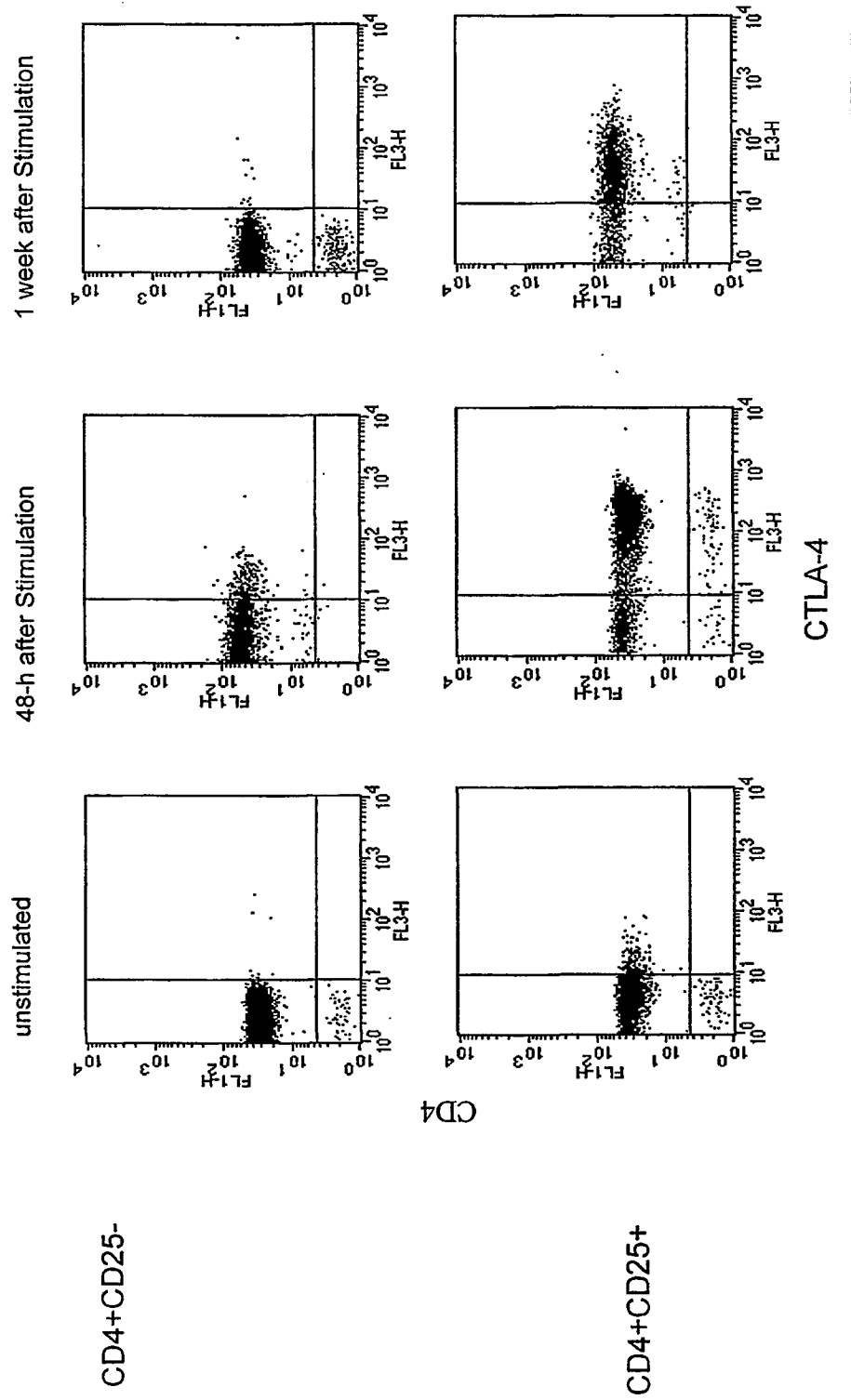


Fig. 2A

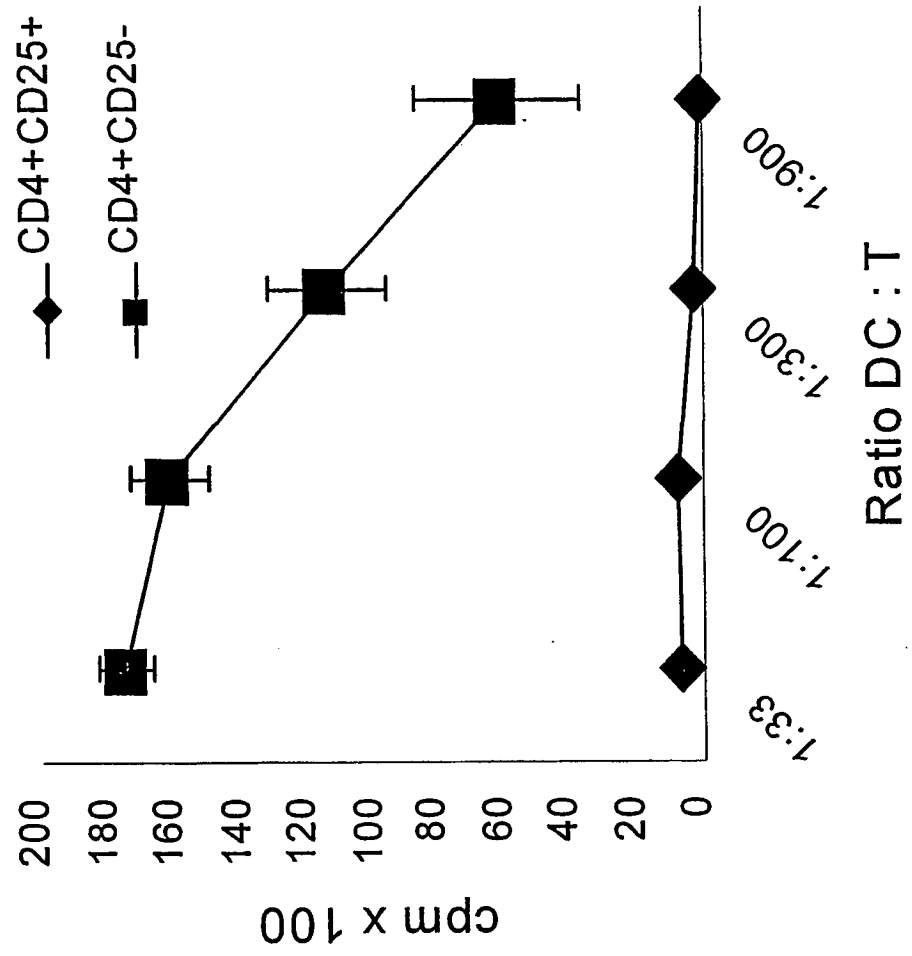


Fig. 2B

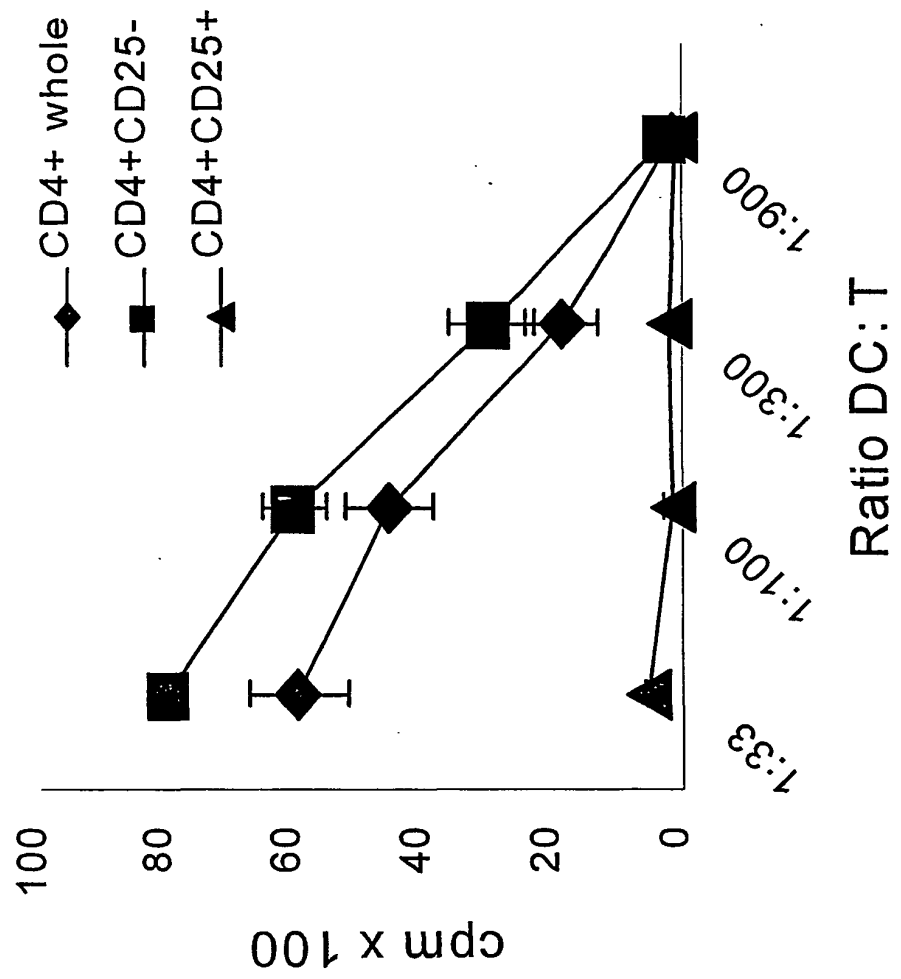


Fig. 2C

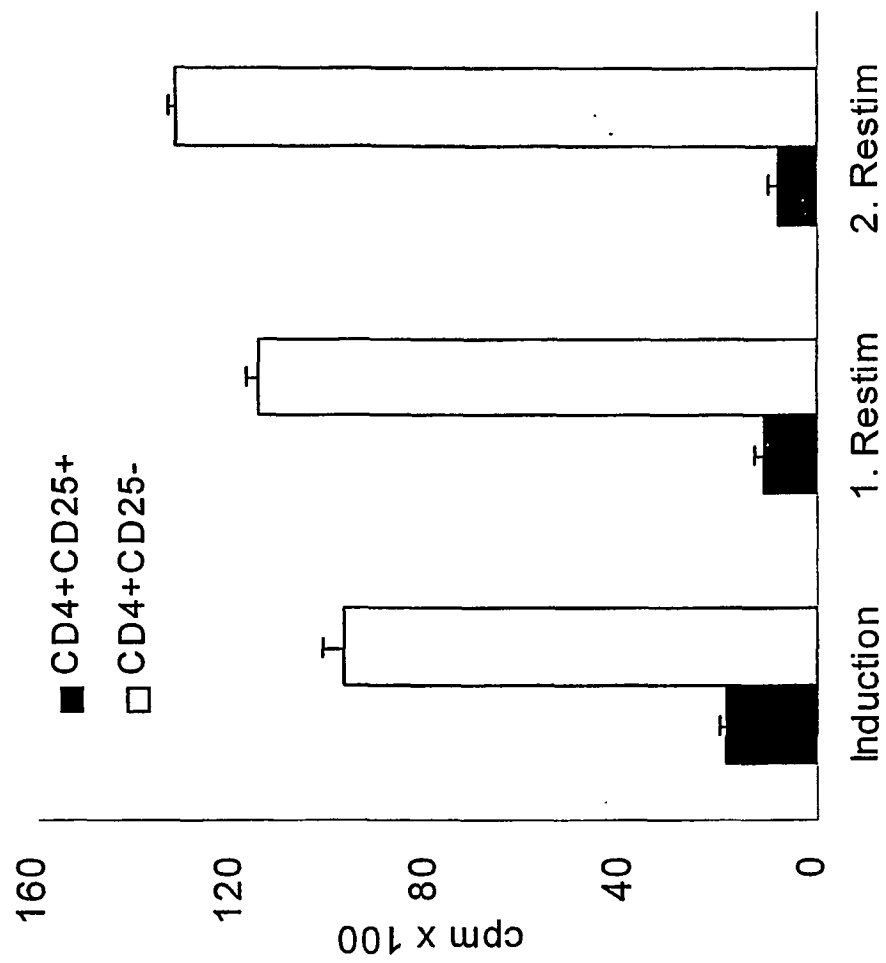


Fig. 2D

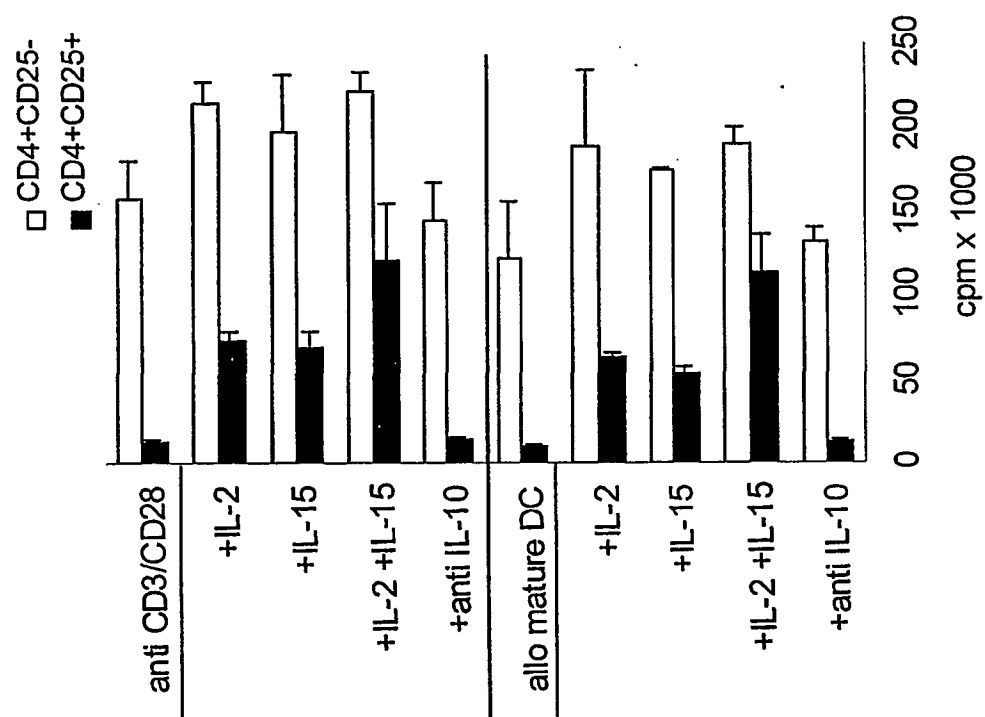


Fig. 3A

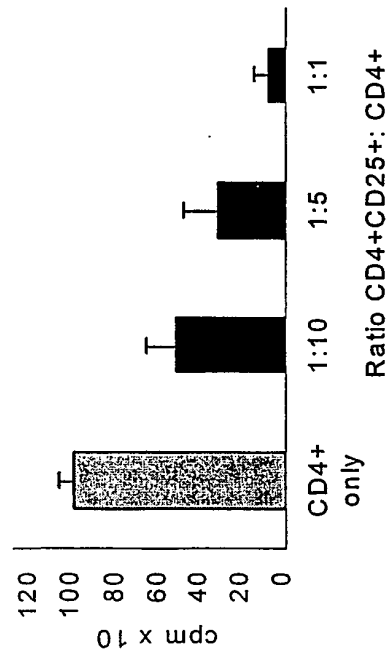


Fig. 3B

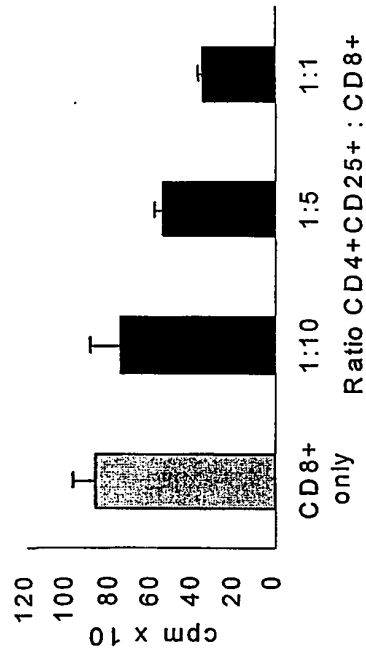


Fig. 3C

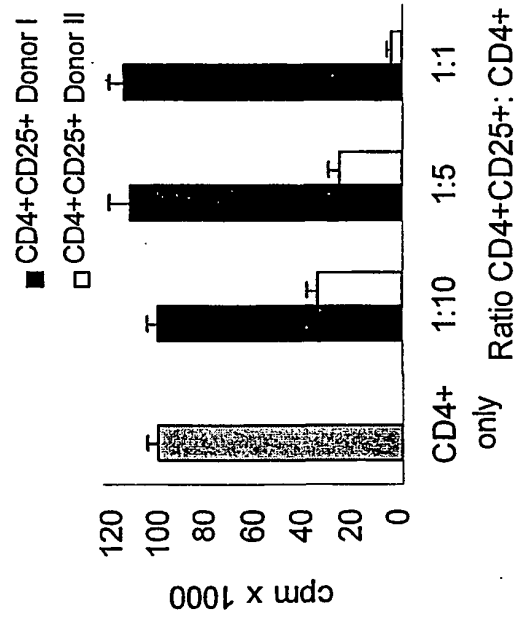


Fig. 3D

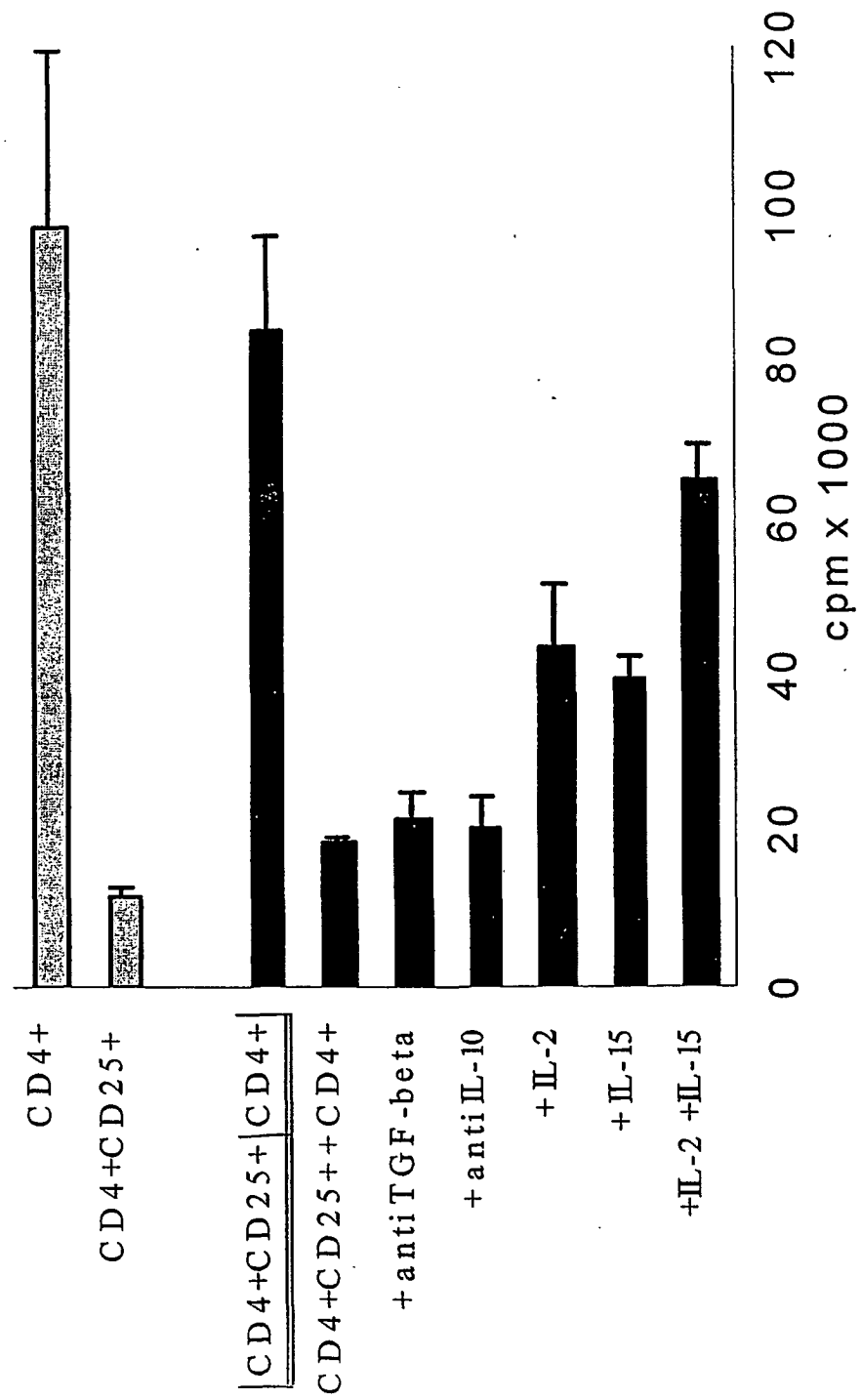


Fig. 4A

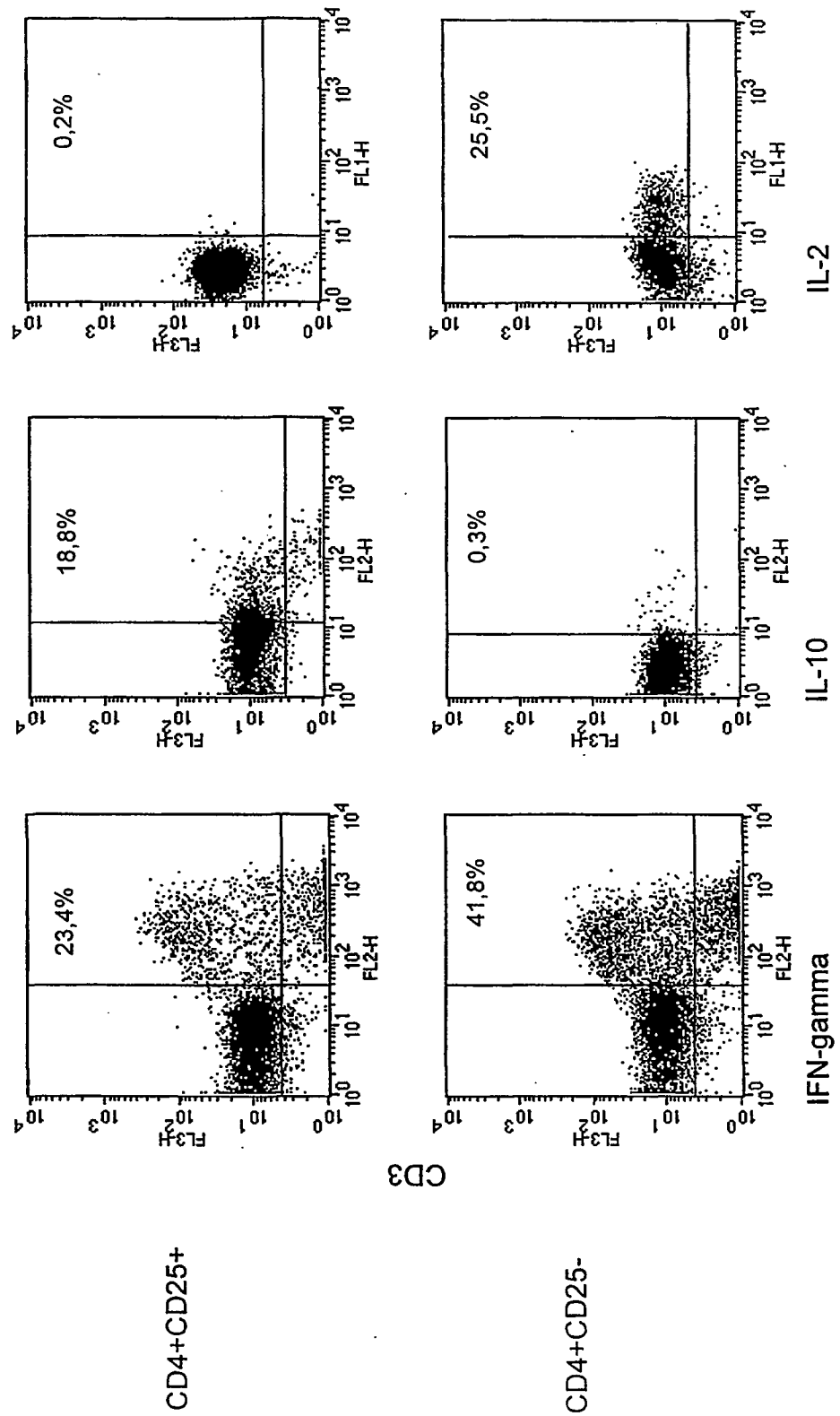


Fig. 4B

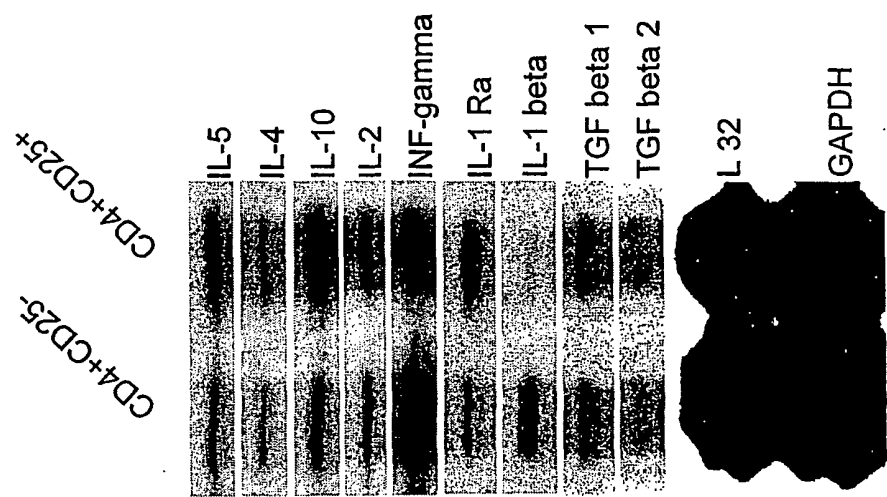


Fig. 4C

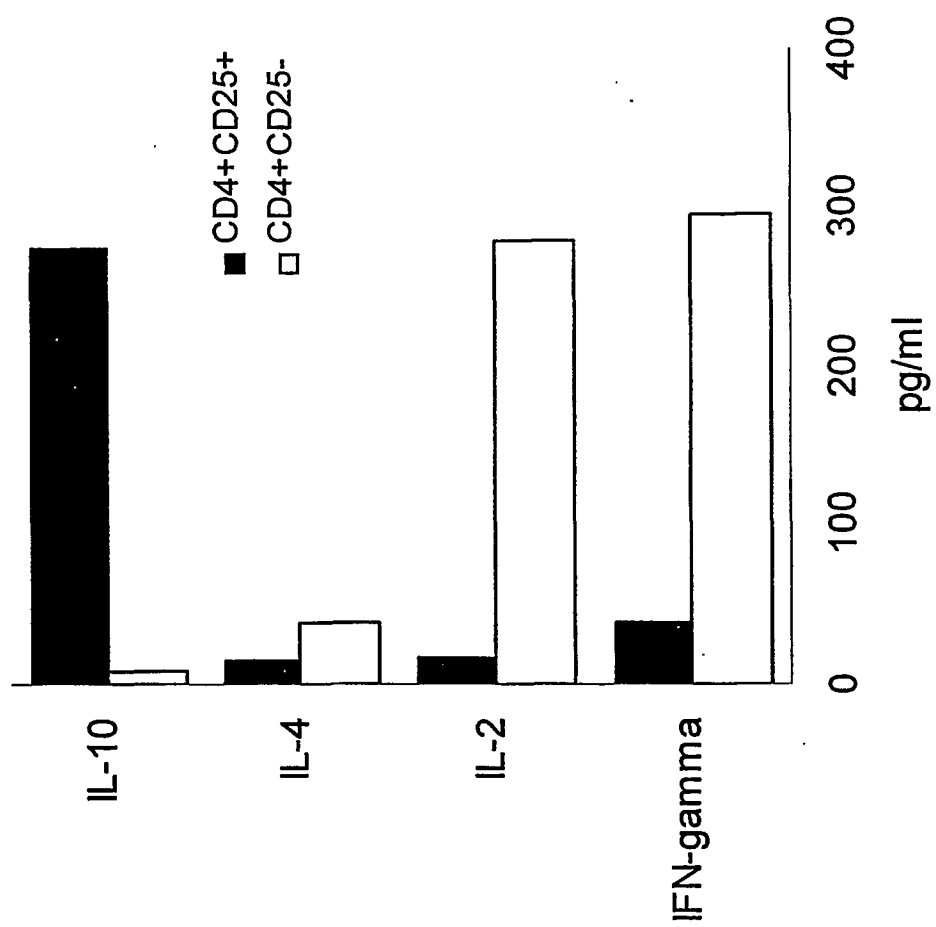
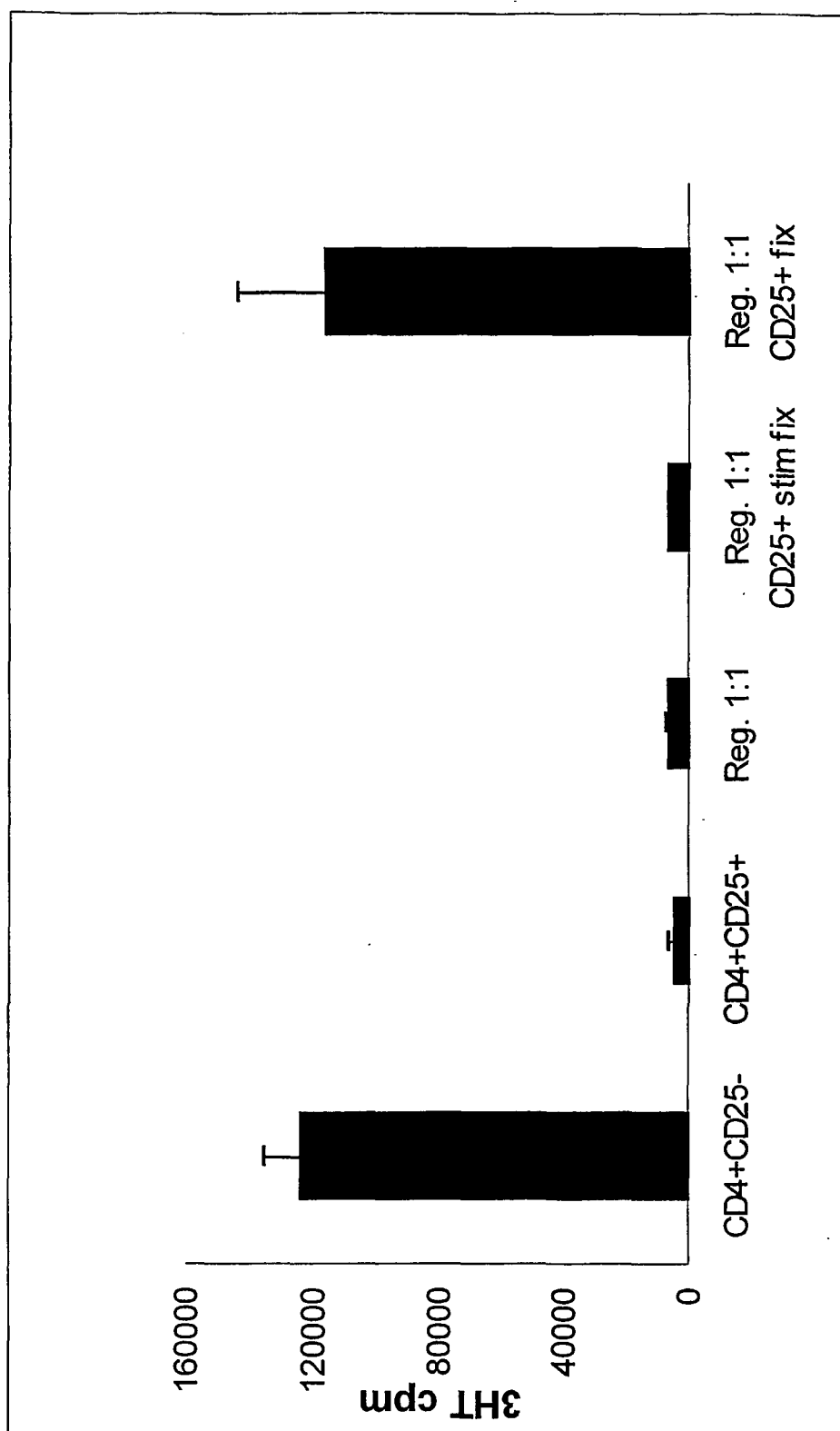


Fig. 5



REFERENCES CITED IN THE DESCRIPTION

This list of references cited by the applicant is for the reader's convenience only. It does not form part of the European patent document. Even though great care has been taken in compiling the references, errors or omissions cannot be excluded and the EPO disclaims all liability in this regard.

Patent documents cited in the description

- WO 9320185 A [0008]
- WO 9729182 A [0008]
- EP 0922758 A [0008]

Non-patent literature cited in the description

- Rocha, B. ; von Boehmer, H. *Science*, 1991, vol. 251, 1225-1228 [0002]
- Kisielow, P. et al. *Nature*, 1988, vol. 333, 742-746 [0002]
- Schwartz, R. H. *Science*, 1990, vol. 248, 1349-1356 [0002]
- Miller, J. F. A. P. ; Heath, W. R. *Immunol. Rev.*, 1993, vol. 133, 131-150 [0002]
- Sakaguchi, S. et al. *J. Immunol.*, 1995, vol. 155, 1151-1164 [0002] [0003]
- Takahashi, T. et al. *Int. Immunol.*, 1998, vol. 10, 1969-1980 [0002]
- Itoh, M. et al. *J. Immunol.*, 1999, vol. 162, 5317-5326 [0002] [0010]
- Shimizu, J. et al. *J. Immunol.*, 1999, vol. 163, 5211-5218 [0002]
- Thornton, A. M. ; Shevach, E. M. *J. Immunol.*, 2000, vol. 164, 183-190 [0002] [0009]
- Thornton, A. M. ; Shevach, E. M. *J. Exp. Med.*, 1998, vol. 188, 287-296 [0002]
- Read, S. et al. *J. Exp. Med.*, 2000, vol. 192, 295-302 [0002] [0009]
- Salomon, B. et al. *Immunity*, 2000, vol. 12, 431-440 [0002] [0009]
- Takahashi, T. T. et al. *J. Exp. Med.*, 2000, vol. 192, 303-310 [0002]
- Jonuleit, H. et al. *J. Exp. Med.*, 2000, vol. 192, 1213-1222 [0004]
- De Jong, P. et al. *Int. Immunol.*, 1994, vol. 6, 631-638 [0004]
- Kanegane, H. et al. *Int. Immunol.*, 1991, vol. 3, 1349-1356 [0005] [0009]
- Taka, K. et al. *Immunol.*, 1990, vol. 72, 15-19 [0005] [0009]
- Jackson, A. L. et al. *Clin. Immunol. Immunopathol.*, 1990, vol. 54, 126-133 [0005] [0009]
- Groux, H. et al. *Nature*, 1997, vol. 389, 737-742 [0009] [0031]
- Fukaura, H. et al. *J. Clin. Invest.*, 1996, vol. 98, 70-77 [0009] [0031]
- Thompson, C. B. ; Allison, J. P. *Immunity*, 1998, vol. 7, 445-450 [0009]
- Chambers, C. A. et al. *Immunol. Rev.*, 1996, vol. 153, 27-46 [0009]
- Jonuleit, H. et al. *J. Exp. Med.*, 2000, vol. 192, 1213-1222 [0010]
- Steinman, R. M. et al. *J. Exp. Med.*, 2000, vol. 191, 411-416 [0010]
- Roncarolo, M. G. et al. *J. Exp. Med.*, 2001, vol. 193, F5-F9 [0010]
- Sakaguchi S. et al. *J. Immunol.*, 1995, vol. 155, 1151-1164 [0023]
- Bancherau, J. ; Steinman, R. M. *Nature*, 1998, vol. 392, 245-252 [0024]

专利名称(译)	来自人血液的CD4 + CD25 +调节性t细胞		
公开(公告)号	EP1379625B1	公开(公告)日	2010-06-30
申请号	EP2002727397	申请日	2002-03-12
[标]申请(专利权)人(译)	MERIX BIOSCI		
申请(专利权)人(译)	MERIX BIOSCIENCE INC.		
当前申请(专利权)人(译)	ARGOS THERAPEUTICS , INC.		
[标]发明人	SCHULER GEROLD DIECKMANN DETLEF		
发明人	SCHULER, GEROLD DIECKMANN, DETLEF		
IPC分类号	C12N5/07 A61K35/14 G01N33/50 A61P37/06 A61P37/04 A61K35/12 A61K35/17 A61P37/00 C12N5/0783 C12Q1/02 G01N33/15 G01N33/53		
CPC分类号	G01N33/5002 A61K35/17 A61K2035/122 A61K2035/124 C12N5/0636 C12N2500/14 C12N2501/01 C12N2501/23 C12N2501/51 C12N2501/515 G01N33/505 G01N2333/70596		
代理机构(译)	VON克莱斯勒SELTING WERNER		
优先权	2001106033 2001-03-12 EP		
其他公开文献	EP1379625A1		
外部链接	Espacenet		

摘要(译)

本发明提供抑制性和/或调节性人CD4 + CD25 + T细胞，扩增其的方法，以及抑制性和/或调节性人CD4 + CD25 + T细胞和扩增的T细胞作为调节剂的用途。

Fig. 1A

