

**MUTANT ANTI-CTLA-4 ANTIBODIES WITH IMPROVED IMMUNOTHERAPEUTIC
EFFECT BUT ATTENUATED ADVERSE EFFECTS**

FIELD OF THE INVENTION

[0001] This invention relates to mutant anti-CTLA-4 antibodies with improved anti-tumor activities but attenuated adverse effects, and methods of making and using such antibodies.

BACKGROUND OF THE INVENTION

[0002] Anti-CTLA-4 monoclonal antibodies (mAbs) confer cancer immunotherapeutic effects (CITE), but cause severe immunotherapy-related adverse events (irAE). Anti-CTLA-4 mAbs have shown CITE in mouse models and melanoma patients. A combination of the anti-PD-1 mAb Nivolumab and anti-CTLA-4 mAb Ipilimumab significantly increased objective response rates of advanced melanoma patients. Promising results also emerged from this combination therapy in advanced non-small cell lung carcinoma (NSCLC). Tentative evidence of clinical benefits was obtained when another anti-CTLA-4 mAb (Tremelimumab) was combined with Durvalumab, an anti-PD-L1 mAb in a phase II clinical trial.

[0003] A major obstacle to broader clinical use of anti-CTLA-4 mAbs, either alone or in combination, is severe adverse events (SAEs). The SAEs observed in the Ipilimumab (the first clinical anti-CTLA-4 mAb) trials led to the concept of immunotherapy-related adverse events (irAE). In particular, in combination therapy with Ipilimumab and Nivolumab (anti-PD-1), more than 50% patients developed grade 3 and grade 4 SAE. In NSCLC, Ipilimumab and Nivolumab combination therapy resulted in high response rates, although the grade 3 and 4 SAEs also occurred at high rates. Likewise, the combination of Durvalumab (anti-PD-L1) and Tremelimumab (anti-CTLA-4 mAb) demonstrated clinical activity in NSCLC, although grade 3 and 4 SAEs and patient drop-off rate were high, presumably due to unacceptable toxicity. Since a higher dose of anti-CTLA-4 mAb is associated with better clinical outcomes in both monotherapy and combination therapy, irAE not only prevents many patients from continuing on immunotherapy, but also limits the efficacy of CITE. Furthermore, high numbers of patients drop off with both anti-CTLA-4 mAbs, which is likely attributed to the failure to meet clinical endpoints in several clinical trials.

[0004] More recently, a head-to-head comparison of anti-PD-1 mAb Nivolumab and anti-CTLA-4 mAb Ipilimumab as adjuvant therapy for resected stage III and IV melanoma showed that Ipilimumab had lower CITE but higher irAE, further dimming the prospect of CTLA-4-targeting immunotherapy. However, Ipilimumab-treated patients who survived for three years showed no further decline in survival rate over a ten-year period. The remarkably sustained response highlights the exceptional benefit of targeting this molecule for immunotherapy, especially if irAE can be brought under control.

[0005] A fundamental question for the generation of safe and effective anti-CTLA-4 mAbs is whether CITE and irAE are intrinsically linked. The classical checkpoint blockade hypothesis stipulates that anti-CTLA-4 mAbs promote cancer immunity by blocking a negative signal of B7-CTLA-4 interactions to promote naïve T cell activation in the lymphoid organ. According to this model, therapeutic antibodies are antagonists that functionally inactivate CTLA-4-B7 interactions. Since genetic inactivation of CTLA-4 expression leads to autoimmune diseases in mouse and human, it is assumed that the irAE would be a necessary price for CITE. On the other hand, we demonstrated that rather than blocking B7-CTLA-4 interactions, the therapeutic effect of anti-mouse CTLA-4 mAbs requires antibody-mediated depletion of Treg specifically within tumor microenvironment. It is not relevant whether an antibody is capable of blocking B7-CTLA-4 interactions under physiological conditions for the induction of CITE. These studies raise the intriguing possibility that CITE can be achieved without irAE if one can achieve local Treg depletion without mimicking the genetic inactivation of CTLA-4 expression. Using mice that were either homozygous or heterozygous for a human allele, it was found that irAE required biallelic engagement, while CITE only required monoallelic engagement. These data suggest that irAE requires antagonizing CTLA-4 function; while CITE depends on an agonist activity of the antibodies.

SUMMARY OF THE INVENTION

[0006] Provided herein are methods of abrogating the antagonist activity of anti-CTLA-4 antibodies while preserving and improving on their Fc receptor agonist activity. Specifically disclosed are methods of increasing the sensitivity of antibody binding to acidic pH whereby the anti-CTLA-4 antibody demonstrates reduced binding to CTLA-4. A change, such as a reduction in an anti-CTLA-4 antibody binding activity, as described herein, may be the relative difference

between two different pH levels for a particular antibody composition. In one embodiment, binding to CTLA-4 is reduced at a pH that reflects the intracellular endosomal compartment. In a preferred embodiment, binding to CTLA-4 is reduced at an endosomal pH of 5.5 by more than 50% relative to binding at neutral pH (pH 7.0). Such a reduction may reach more than 75% at lysosomal pH 4.5 as compared to pH 7.0. The antibody-antigen complex preformed at pH 7.0 may dissociate under an acidic environment of pH 4.5-6.0. The reduction in binding may also be in comparison to a reference antibody which may be considerably less pH sensitive using the same standard. The reference antibody may be an antibody known in the art such as Ipilimumab or Tremelimumab. In the context of an engineered antibody, the changes may also be in comparison to a wild-type antibody which may be considerably less pH sensitive using the same standard.

[0007] In another aspect, provided herein are methods of identifying anti-CTLA-4 antibodies with improved anti-tumor efficacy and/or reduced toxicity, comprising testing or measuring the interaction between plate-coated CTLA-4 and soluble antibodies, at one more pHs in a range of 4.5 to 7.0, and selecting antibodies with increased pH sensitivity such that reduced binding is observed at acidic pH. In one embodiment, the pHs are 7.0 and 5.5. In other, they are 7.0 and 4.5, or 7.0, 5.5 and 4.5.

[0008] In another aspect, provided herein are methods of identifying anti-CTLA-4 antibodies with reduced toxicity by their effect on levels of cell surface CTLA-4. In a preferred embodiment the antibody may dissociate from CTLA-4 within a cell and allow CTLA-4 to recycle back to the cell surface, which can be determined based on minimal or no reduction in cell surface CTLA-4.

[0009] In another aspect, provided herein are methods of designing or modifying anti-CTLA-4 antibodies to improve the anti-tumor effect and/or reduce toxicity by increasing pH sensitivity, such that reduced binding to CTLA-4 is observed at acidic pH. Also provided are anti-CTLA-4 antibodies that exhibit these characteristics. In one embodiment, the antibodies may be designed by replacing one or more tyrosine residues within or near one or more CDR regions of the light and/or heavy chain variable regions of a wild-type anti-CTLA-4 antibody, such as Ipilimumab or Tremelimumab, with histidine residues. Mutant versions of the anti-CTLA-4 antibody, Tremelimumab or Ipilimumab, may be generated so that they have reduced binding to CTLA-4 at acidic pH relative to the wild-type antibodies.

[0010] In another aspect, provided herein are methods of identifying antibodies with improved anti-tumor efficacy using an ADCC reporter assay, wherein enhanced ADCC activity is used as a readout for anti-tumor activity.

[0011] Also provided herein are specific anti-CTLA-4 antibodies, antibody fragments thereof and compositions of the foregoing, with enhanced anti-tumor activity and/or reduced toxicity. The antibody may comprise a heavy chain comprising the sequence set forth in SEQ ID NO: 1, 3, 5, 6 or 8, and a light chain comprising the sequence set forth in SEQ ID NO: 2 or 4. The antibody may also comprise a heavy chain comprising the sequence set forth in one of SEQ ID NOS: 14-18, and a light chain comprising the sequence set forth in one of SEQ ID NOS: 10-12.

[0012] Further provided herein are methods of cancer immunotherapy or treating cancer, whereby an anti-CTLA-4 antibody composition described herein is used alone or in combination with one or more other anti-cancer therapies. In one aspect the other anti-cancer therapy is an immunotherapy. In another aspect the immunotherapy is an anti-PD-1 or anti-PD-L1 therapy. The immunotherapy may be Nivolumab, Durvalumab or Pembrolizumab. Also provided are uses of an antibody composition described herein in the manufacture of a medicament for treating cancer. The method of treating cancer may comprise administering a composition described herein to a subject in need of cancer treatment. The subject may be a human.

BRIEF DESCRIPTION OF THE DRAWINGS

[0013] FIG. 1A-B. pH-sensitivity of TremeIgG1 and its variants. His-hCTLA-4 (0.5 µg/ml) was coated in ELISA plates and different anti-CTLA-4 mAbs were added at 1 µg/ml in the buffer over a pH range of 4.5 to 7.0. pH indicated represents binding and washing conditions. Antibodies bound to CTLA-4 were measured using horse-radish peroxidase-labeled anti-human IgG antibodies.

[0014] FIG. 2. pH-sensitive binding dissociation of TremeIgG1 and its variants. As in Figure 1, except that a group in which the antibodies were bound to plate-bound CTLA-4 at pH 7.0, and then the plates were washed with buffers of indicated pH.

[0015] FIG. 3. The effect of anti-CTLA-4 antibodies on total CTLA-4 levels. CHO cells transfected with human CTLA-4 cDNA were incubated with anti-CTLA-4 antibodies for 4 hours at 37°C and the total amount of CTLA-4 in the cells was determined by Western blot of total cell

lysates. CTLA-4 down-regulation is induced by TremeIgG1 and mAb154 but much less so by other antibody variants.

[0016] FIG. 4. pH sensitivity of antibodies dissociated from CTLA-4 in live cells after endocytosis. 293T stable cell lines expressing hCTLA-4 were labeled with anti-CTLA-4 mAbs at 4°C for 30 min and, after washing out of the unbound antibodies, cells were transferred to 37°C for 1h. Antibody-bound surface CTLA-4 was captured by protein-G beads and detected by western blot using anti-CTLA-4 Antibody (H-126): sc-9094 (Santa Cruz biotechnology). FIG. 4A shows binding of the antibodies at 4°C and FIG. 4B shows the level of antibody remaining after incubation at 37°C. Engineered antibodies, especially AB156 and AB157, dissociate from CTLA-4 during antibody-induced Internalization at 37°C compared with mAb139 (TremeIgG1) or other variants with less pH sensitivity.

[0017] FIG. 5. Effect of anti-CTLA-4 antibodies on cell surface CTLA-4. Human CTLA-4-expressing CHO cells were treated with TremeIgG1 and its mutants for 2 hours at 37°C or 4°C. After washing out the unbound antibodies, surface CTLA-4 was detected by anti-hIgG (H+L)-alex488 for half an hour at 4°C and analyzed by flow cytometry. The data presented are the ratio of MFI for samples incubated at 37°C over that at 4°C, and have been normalized against the ratio of HL12, the means of which is defined as 1.0. Data shown are from three independent experiments, each include two samples per group.

[0018] FIG. 6. ADCC activity of TremeIgG1 and its pH sensitive variants. Data shown are Luminescence units emitted from reporter cells expressing FcγRIIIA. 293T cells expressing human CTLA-4 molecule are used as target cells.

[0019] FIG.7. Ab157 exhibits improved activity in the depletion of Tregs in the tumor microenvironment. MC38 bearing-Ctla4^{h/h} mice (n=9) were i.p. treated with either TremeIgG1 (AB139) or its pH sensitivity variant Ab157 (30ug/mouse) on day 14 after tumor inoculation. Selective depletion of Treg cells in the tumor microenvironment were determined by % Treg cells among CD4 T cells at 16 hours after antibody treatment. *P<0.05.

[0020] FIG. 8A-E. Immunotherapeutic effect of TremeIgG1 and its pH-sensitive variants. FIG. 8A. Diagram of the experimental design. FIGS. 8B-E. Tumor growth in mice receiving either IgG-Fc (FIG. 8B), TremeIgG1 (AB139; FIG. 8C), AB156 (FIG. 8D) or AB157 (FIG. 8E).

[0021] FIG. 9. pH sensitivity is associated with better safety of anti-human CTLA-4 antibodies when used in combination therapy with anti-PD-1. CTLA-4^{h/h} mice received combination

therapy of anti-PD-1 and one of the following anti-CTLA-4 antibodies: TremeIgG1 (AB139), AB156, AB157, AB158, AB159 on days 10, 13, 17 and 20 after birth at doses of 100 µg/mouse/injection. Safety is expressed in terms of survival over time. N=6. AB157 vs TremeIgG1, P=0.01; AB156 vs TremeIgG1, P=0.03.

[0022] FIG. 10. Survival analysis of data from two independent experiments showing better safety of a pH-sensitive variant anti-CTLA-4 antibody, AB157, in comparison with wide-type antibody TremeIgG1. TremeIgG1 (AB139) and AB157 were administered on days 10, 13, 17 and 20 after birth at doses of 100 µg/mouse/injection. Safety is expressed in terms of survival over time. Data are a summary of two independent experiments. A statistically significant difference was observed between the two treatment groups. N=15 for AB157 or hIgGFc control+anti-PD-1, N=16 for TremeIgG1+anti-PD-1. P<0.0001.

DETAILED DESCRIPTION

Definitions

[0023] As used herein, the term "antibody" refers to an immunoglobulin molecule that possesses a "variable region" antigen recognition site. The term "variable region" refers to a domain of the immunoglobulin that is distinct from a domains broadly shared by antibodies (such as an antibody Fc domain). The variable region comprises a "hypervariable region" whose residues are responsible for antigen binding. The hypervariable region comprises amino acid residues from a "Complementarity Determining Region" or "CDR" (i.e., typically at approximately residues 24-34 (L1), 50-56 (L2) and 89-97 (L3) in the light chain variable domain and at approximately residues 27-35 (H1), 50-65 (H2) and 95-102 (H3) in the heavy chain variable domain; ref. 44) and may comprise those residues from a "hypervariable loop" (i.e., residues 26-32 (L1), 50-52 (L2) and 91-96 (L3) in the light chain variable domain and 26-32 (H1), 53-55 (H2) and 96-101 (H3) in the heavy chain variable domain). "Framework Region" or "FR" residues are those variable domain residues other than the hypervariable region residues as herein defined. An antibody disclosed herein may be a monoclonal antibody, multi-specific antibody, human antibody, humanized antibody, synthetic antibody, chimeric antibody, camelized antibody, single chain antibody, disulfide-linked Fv (sdFv), intrabody, or an anti-idiotypic (anti-Id) antibody (including, e.g., anti-Id and anti-anti-Id antibodies to antibodies of the invention). In particular, the antibody may be an immunoglobulin molecule, such as IgG,

IgE, IgM, IgD, IgA or IgY, or be of a class, such as IgG₁, IgG₂, IgG₃, IgG₄, IgA₁ or IgA₂, or of a subclass.

[0024] As used herein, the term "antigen binding fragment" of an antibody refers to one or more portions of an antibody that contain the antibody's Complementarity Determining Regions ("CDRs") and optionally the framework residues that comprise the antibody's "variable region" antigen recognition site, and exhibit an ability to immunospecifically bind antigen. Such fragments include Fab', F(ab')₂, Fv, single chain (ScFv), and mutants thereof, naturally occurring variants, and fusion proteins comprising the antibody's "variable region" antigen recognition site and a heterologous protein (e.g., a toxin, an antigen recognition site for a different antigen, an enzyme, a receptor or receptor ligand, etc.). As used herein, the term "fragment" refers to a peptide or polypeptide comprising an amino acid sequence of at least 5 contiguous amino acid residues, at least 10 contiguous amino acid residues, at least 15 contiguous amino acid residues, at least 20 contiguous amino acid residues, at least 25 contiguous amino acid residues, at least 40 contiguous amino acid residues, at least 50 contiguous amino acid residues, at least 60 contiguous amino acid residues, at least 70 contiguous amino acid residues, at least 80 contiguous amino acid residues, at least 90 contiguous amino acid residues, at least 100 contiguous amino acid residues, at least 125 contiguous amino acid residues, at least 150 contiguous amino acid residues, at least 175 contiguous amino acid residues, at least 200 contiguous amino acid residues, or at least 250 contiguous amino acid residues.

[0025] Human, chimeric or humanized antibodies are particularly preferred for *in vivo* use in humans, however, murine antibodies or antibodies of other species may be advantageously employed for many uses (for example, *in vitro* or *in situ* detection assays, acute *in vivo* use, etc.).

[0026] A "chimeric antibody" is a molecule in which different portions of the antibody are derived from different immunoglobulin molecules such as antibodies having a variable region derived from a non-human antibody and a human immunoglobulin constant region. Chimeric antibodies comprising one or more CDRs from a non-human species and framework regions from a human immunoglobulin molecule can be produced using a variety of techniques known in the art including, for example, CDR-grafting (EP 239,400; International Publication No. WO 91/09967; and U.S. Pat. Nos. 5,225,539, 5,530,101, and 5,585,089), veneering or resurfacing (EP 592,106; EP 519,596;46-48), and chain shuffling (U.S. Pat. No. 5,565,332), the contents of all of which are incorporated herein by reference.

[0027] Antibodies described herein may be humanized antibodies. As used herein, the term "humanized antibody" refers to an immunoglobulin comprising a human framework region and one or more CDRs from a non-human (usually a mouse or rat) immunoglobulin. The non-human immunoglobulin providing the CDRs is called the "donor" and the human immunoglobulin providing the framework is called the "acceptor." Constant regions need not be present, but if they are, they must be substantially identical to human immunoglobulin constant regions, i.e., at least about 85-90%, preferably about 95% or more identical. Hence, all parts of a humanized immunoglobulin, except possibly the CDRs, are substantially identical to corresponding parts of natural human immunoglobulin sequences. A humanized antibody is an antibody comprising a humanized light chain and a humanized heavy chain immunoglobulin. For example, a humanized antibody would not encompass a typical chimeric antibody, because, e.g., the entire variable region of a chimeric antibody is non-human. The donor antibody is referred to as being "humanized," by the process of "humanization," because the resultant humanized antibody is expected to bind to the same antigen as the donor antibody that provides the CDRs. Humanized antibodies may be human immunoglobulins (recipient antibody) in which hypervariable region residues of the recipient are replaced by hypervariable region residues from a non-human species (donor antibody) such as mouse, rat, rabbit or a non-human primate having the desired specificity, affinity, and capacity. In some instances, Framework Region (FR) residues of the human immunoglobulin are replaced by corresponding non-human residues. Furthermore, humanized antibodies may comprise residues which are not found in the recipient antibody or in the donor antibody. These modifications may further refine antibody performance. The humanized antibody may comprise substantially all of at least one, and typically two, variable domains, in which all or substantially all of the hypervariable regions correspond to those of a non-human immunoglobulin and all or substantially all of the FRs are those of a human immunoglobulin sequence. The humanized antibody may optionally also comprise at least a portion of an immunoglobulin constant region (Fc), which may be that of a human immunoglobulin that immunospecifically binds to an Fc γ RIIB polypeptide, that has been altered by the introduction of one or more amino acid residue substitutions, deletions or additions (i.e., mutations).

1. Anti-CTLA-4 antibody compositions

[0028] Antibodies against human CTLA-4 protein, including Ipilimumab and Tremelimumab, have been shown to increase survival of cancer patients, either as the only immunotherapeutic agent or in combination with another therapeutic agent such as an anti-PD-1 antibody. However, the therapeutic effect is associated with significant adverse effects. There is a great need to develop novel anti-CTLA-4 antibodies to achieve better therapeutic effects or fewer autoimmune adverse effects. The inventors have discovered anti-CTLA-4 antibodies that, surprisingly, can be used to induce cancer rejection while also reducing autoimmune adverse effects associated with immunotherapy.

[0029] Provided herein are antibodies and antigen-binding fragments thereof, and compositions comprising the foregoing. The composition may be a pharmaceutical composition. The antibody may be an anti-CTLA-4 antibody. The antibody may be a monoclonal antibody, a human antibody, a chimeric antibody or a humanized antibody. The antibody may also be monospecific, bispecific, trispecific, or multispecific. The antibody may be detectably labeled, and may comprise a conjugated toxin, drug, receptor, enzyme, or receptor ligand.

[0030] Also provided herein is an antigen-binding fragment of an antibody that immunospecifically binds to CTLA-4, and in particular human CTLA-4, which may be expressed on the surface of a live cell at an endogenous or transfected concentration. The antigen-binding fragment may bind to CTLA-4, and the live cell may be a T cell.

[0031] In a particular embodiment, the anti-CTLA-4 antibody may efficiently induce Treg depletion and Fc receptor-dependent tumor rejection. In another embodiment, the anti-CTLA-4 antibody may dissociate from CTLA-4 under intracellular acidic pH indications, allowing CTLA-4 to recycle back to the cell surface.

[0032] Further provided herein are the design of novel anti-CTLA-4 antibodies, and ways to improve the efficacy or toxicity profile of existing anti-CTLA-4 antibodies, by incorporating the functional characteristics or attributes of the antibodies described herein.

[0033] The antibody may comprise a mutant form of an amino acid sequence of a known anti-CTLA-4 antibody, which may be Ipilimumab or Tremelimumab. In comparison to the wild-type antibody sequence, the mutant sequence may comprise one or more substitutions of tyrosine with histidine near or within one or more CDR1, CDR2, and CDR3 regions of at least one heavy or light chain. The anti-CTLA-4 antibody may comprise a heavy chain comprising the sequence set

forth in one of SEQ ID NOs: 1, 3, 5, 6 and 8, and a light chain comprising the sequence set forth in one of SEQ ID NOs: 2 and 4. In particular, the heavy chain may comprise the sequence set forth in SEQ ID NO: 6 and the light chain may comprise the sequence set forth in SEQ ID NO: 2. The heavy chain may also comprise the sequence set forth in one of SEQ ID NOs: 14-18 and the light chain may comprise the sequence set forth in one of SEQ ID NOs: 10-12.

2. Methods of Improving the Efficacy and Safety of Anti-CTLA-4 Antibody Compositions

[0034] Provided herein are methods of designing (mutating or engineering) or selecting antibody compositions that exhibit improved anti-tumor activity and/or safety. Specifically, the sensitivity of antibody binding at acidic pH may be increased, whereby the anti-CTLA-4 antibody demonstrates reduced binding to CTLA-4 at lower pH. In one embodiment, binding to CTLA-4 is reduced at a pH that reflects the endosomal compartment. In a preferred embodiment, binding to CTLA-4 is reduced at pH 5.5 relative to binding at neutral pH (pH 7.0). Such reduced binding at pH 5.5 may be 50% or more of the CTLA-4 binding observed at neutral pH. A change, such as a reduction or increase, in an anti-CTLA-4 antibody activity described herein, such as binding, may be in comparison to a reference or wild-type antibody. The reference antibody may be an antibody known in the art such as Ipilimumab or Tremelimumab. The change may also be relative between two different pH levels of a particular antibody composition described herein.

[0035] Anti-CTLA-4 antibodies may be identified with improved anti-tumor efficacy and/or reduced toxicity by testing the interaction between plate-coated CTLA-4 and soluble antibodies over a pH range of 4.5 to 7.0, and selecting antibodies with increased pH sensitivity such that reduced binding is observed at acidic pH.

[0036] Anti-CTLA-4 antibodies may be identified with reduced toxicity by their effect on the levels of cell surface CTLA-4. In a preferred embodiment the antibody dissociates from CTLA-4 within the cell and allow CTLA-4 to recycle back to the cell surface, which can be determined based on minimal or no reduction in cell surface CTLA-4, or a reduction in the amount of antibody-bound surface CTLA-4.

[0037] Provided herein are methods of designing or modifying anti-CTLA-4 antibodies to improve the anti-tumor effect and/or reduce toxicity by increasing pH sensitivity such that reduced binding to CTLA-4 is observed at acidic pH. In one embodiment, the antibodies are designed by replacing one or more tyrosine residues within or near the CDR regions of the light

and/or heavy chain variable regions of the antibody with histidine residues. The method may comprise generating mutant versions of the anti-CTLA-4 antibody Tremelimumab or Ipilimumab that display reduced binding to CTLA-4 at acidic pH.

[0038] Antibodies may be designed or modified for improved anti-tumor efficacy using an ADCC reporter assay, wherein enhanced ADCC activity is used as a readout for anti-tumor activity. In a preferred embodiment, to increase the anti-tumor activity, CTLA-4 targeting agents will selectively deplete Tregs in the tumor microenvironment. In a particular embodiment, the anti-CTLA-4 mAbs have increased Fc mediated Treg depleting activity. Treg depletion can occur by Fc mediated effector function such as antibody-dependent cell-mediated cytotoxicity (ADCC) or antibody-dependent cell-mediated phagocytosis (ADCP). The Fc mediated effector function can be introduced or enhanced by any method known in the art. In one example the antibody is as IgG1 isotype, which has increased effector function compared to other isotypes. The Fc mediated effector function can be further enhanced by mutation of the amino acid sequence of the Fc domain. For example, three mutations (S298A, E333A and K334A) can be introduced into the CH region of the Fc domain to increase ADCC activity. Antibodies used for ADCC mediated activity usually require some kind of modification in order to enhance their ADCC activity. There are a number of technologies available for this which typically involves engineering the antibody so that the oligosaccharides in the Fc region of the antibody do not have any fucose sugar units, which improves binding to the FcγIIIa receptor. When antibodies are afucosylated the effect is to increase antibody-dependent cellular cytotoxicity (ADCC). For example, Biowa's POTELLIGENT® technology uses a FUT8 gene knockout CHO cell line to produce 100% afucosylated antibodies. FUT8 is the only gene coding α1,6-Fucosyltransferase which catalyzes the transfer of Fucose from GDP-Fucose to GlcNAc in α1,6-linkage of complex-type oligosaccharide. Probiogen has developed a CHO line that is engineered to produce lower levels of fucosylated glycans on MAbs, although not through FUT knockout. Probiogen's system introduces a bacterial enzyme that redirects the de-novo fucose synthesis pathway towards a sugar-nucleotide that cannot be metabolized by the cell. As an alternative approach, Seattle Genetics has a proprietary feed system which will produce lower levels of fucosylated glycans on MAbs produced in CHO (and perhaps other) cell lines. Xencor has developed an XmAb Fc domain technology is designed to improve the immune system's elimination of tumor and other pathologic cells. This Fc domain has two amino acid changes, resulting in a 40-fold greater

affinity for FcγRIIIa. It also increases affinity for FcγRIIa, with potential for recruitment of other effector cells such as macrophages, which play a role in immunity by engulfing and digesting foreign material.

3. Methods of Treatment

[0039] The antibody compositions described herein, or antibodies designed based on the methods described herein, may be used to upregulate immune responses. Up-modulation of the immune system is particularly desirable in the treatment of cancers and chronic infections, and thus the antibody compositions described herein have utility in the treatment of such disorders. As used herein, the term "cancer" refers to a neoplasm or tumor resulting from abnormal uncontrolled growth of cells. "Cancer" explicitly includes leukemias and lymphomas. The term "cancer" also refers to a disease involving cells that have the potential to metastasize to distal sites.

[0040] An antibody composition described herein may be used in the manufacture of a medicament. The composition may also be administered to a subject in need of treatment. The subject may be a human. The subject may be in need of treatment of a disease or condition described herein.

[0041] Accordingly, the methods and compositions described herein may be useful in the treatment or prevention of one or more of a variety of cancers or other abnormal proliferative diseases, including (but not limited to) the following: carcinoma, including that of the bladder, breast, colon, kidney, liver, lung, ovary, pancreas, stomach, cervix, thyroid and skin; including squamous cell carcinoma; hematopoietic tumors of lymphoid lineage, including leukemia, acute lymphocytic leukemia, acute lymphoblastic leukemia, B-cell lymphoma, T-cell lymphoma, Burkett's lymphoma; hematopoietic tumors of myeloid lineage, including acute and chronic myelogenous leukemias and promyelocytic leukemia; tumors of mesenchymal origin, including fibrosarcoma and rhabdomyosarcoma; other tumors, including melanoma, seminoma, teratocarcinoma, neuroblastoma and glioma; tumors of the central and peripheral nervous system, including astrocytoma, neuroblastoma, glioma, and schwannomas; tumors of mesenchymal origin, including fibrosarcoma, rhabdomyosarcoma, and osteosarcoma; and other tumors, including melanoma, xeroderma pigmentosum, keratoactanthoma, seminoma, thyroid follicular cancer and teratocarcinoma. It is also contemplated that cancers caused by aberrations in apoptosis would also be treated by the methods and compositions of the invention. Such

cancers may include, but are not be limited to, follicular lymphomas, carcinomas with p53 mutations, hormone dependent tumors of the breast, prostate and ovary, and precancerous lesions such as familial adenomatous polyposis, and myelodysplastic syndromes. In specific embodiments, malignancy or dysproliferative changes (such as metaplasias and dysplasias), or hyperproliferative disorders, are treated or prevented by the methods and compositions of the invention in the ovary, bladder, breast, colon, lung, skin, pancreas, or uterus. In other specific embodiments, sarcoma, melanoma, or leukemia is treated or prevented by the methods and compositions of the invention.

[0042] The antibody compositions and antigen binding fragments thereof may be used with another anti-tumor therapy, which may be selected from but not limited to, current standard and experimental chemotherapies, hormonal therapies, biological therapies, immunotherapies, radiation therapies, and surgery. In some embodiments, a composition described herein may be administered in combination with a therapeutically or prophylactically effective amount of one or more agents, therapeutic antibodies or other agents known to those skilled in the art for the treatment or prevention of cancer, autoimmune disease, infectious disease or intoxication. Such agents include for example, any of the above-discussed biological response modifiers, cytotoxins, antimetabolites, alkylating agents, antibiotics, anti-mitotic agents, or immunotherapeutics.

[0043] The antibody compositions and antigen binding fragments thereof may be used with another anti-tumor immunotherapy. In such an embodiment, the composition is administered in combination with a molecule that disrupts or enhances alternative immunomodulatory pathways (such as TIM3, TIM4, OX40, CD40, GITR, 4-1-BB, B7-H1, PD-1, B7-H3, B7-H4, LIGHT, BTLA, ICOS, CD27 or LAG3) or modulates the activity of effector molecules such as cytokines (e.g., IL-4, IL-7, IL-10, IL-12, IL-15, IL-17, GF-beta, IFNg, Flt3, BLys) and chemokines (e.g., CCL21) in order to enhance the immunomodulatory effects. Specific embodiments include a bi-specific antibody comprising an anti-CTLA-4 antibody described herein or antigen binding fragment thereof, in combination with anti-PD-1 (pembrolizumab (Keytruda) or Nivolumab (Opdivo)), anti-B7-H1 (atezolizumab (Tecentriq) or durvalumab (Imfinzi)), anti-B7-H3, anti-B7-H4, anti-LIGHT, anti-LAG3, anti-TIM3, anti-TIM4 anti-CD40, anti-OX40, anti-GITR, anti-BTLA, anti-CD27, anti-ICOS or anti-4-1BB. In yet another embodiment, an antibody of the invention or antigen binding fragment thereof is administered in combination with a molecule

that activates different stages or aspects of the immune response in order to achieve a broader immune response, such as IDO inhibitors. In more preferred embodiment, the antibody compositions and antigen binding fragments thereof are combined with anti-PD-1 or anti-4-1BB antibodies, without exacerbating autoimmune side effects.

[0044] The composition described herein may comprise a bi-specific antibody that comprises an anti-CTLA-4 antibody bridged to an antibody that binds another immune stimulating molecule. Specific embodiments include a bi-specific antibody comprising the anti-CTLA-4 antibody compositions described herein and anti-PD-1, anti-B7-H1, anti-B7-H3, anti-B7-H4, anti-LIGHT, anti-LAG3, anti-TIM3, anti-TIM4 anti-CD40, anti-OX40, anti-GITR, anti-BTLA, anti-CD27, anti-ICOS or anti-4-1BB. Such antibodies may be used as a medicament, and may be used to treat cancer.

4. Production

[0045] The anti-CTLA-4 antibodies described herein and antigen binding fragments thereof may be prepared using a eukaryotic expression system. The expression system may entail expression from a vector in mammalian cells, such as Chinese Hamster Ovary (CHO) cells. The antibodies may also be produced from a stable cell line that expresses the antibody from a vector or a portion of a vector that has been integrated into the cellular genome.

[0046] The anti-CTLA-4 antibodies described herein and antigen binding fragments thereof can be purified using, for example, chromatographic methods such as affinity chromatography, ion exchange chromatography, hydrophobic interaction chromatography, DEAE ion exchange, gel filtration, and hydroxylapatite chromatography. In some embodiments, fusion proteins can be engineered to contain an additional domain containing an amino acid sequence that allows the polypeptides to be captured onto an affinity matrix. For example, the antibodies described herein comprising the Fc region of an immunoglobulin domain can be isolated from cell culture supernatant or a cytoplasmic extract using a protein A or protein G column. In addition, a tag such as c-myc, hemagglutinin, polyhistidine, or FlagTM (Kodak) can be used to aid antibody purification. Such tags can be inserted anywhere within the polypeptide sequence, including at either the carboxyl or amino terminus. Other fusions that can be useful include enzymes that aid in the detection of the polypeptide, such as alkaline phosphatase. Immunoaffinity chromatography also can be used to purify polypeptides.

5. Pharmaceutical Compositions

[0047] The invention further concerns a pharmaceutical composition comprising a therapeutically effective amount of any of the above-described anti-CTLA-4 antibody compositions or antigen binding fragments thereof, and a physiologically acceptable carrier or excipient. Preferably, compositions of the invention comprise a prophylactically or therapeutically effective amount of the anti-CTLA-4 antibody or its antigen binding fragment and a pharmaceutically acceptable carrier

[0048] In a specific embodiment, the term "pharmaceutically acceptable" means approved by a regulatory agency of the Federal or a state government or listed in the U.S. Pharmacopeia or other generally recognized pharmacopeia for use in animals, and more particularly in humans. The term "carrier" refers to a diluent, adjuvant (e.g., Freund's adjuvant (complete and incomplete), excipient, or vehicle with which the therapeutic is administered. Such pharmaceutical carriers may be sterile liquids, such as water and oils, including those of petroleum, animal, vegetable or synthetic origin, such as peanut oil, soybean oil, mineral oil, sesame oil and the like. Water is a preferred carrier when the pharmaceutical composition is administered intravenously. Saline solutions and aqueous dextrose and glycerol solutions can also be employed as liquid carriers, particularly for injectable solutions. Suitable pharmaceutical excipients include starch, glucose, lactose, sucrose, trehalose, gelatin, malt, rice, flour, chalk, silica gel, sodium stearate, glycerol monostearate, talc, sodium chloride, dried skim milk, glycerol, propylene, glycol, water, ethanol and the like. The composition, if desired, may also contain minor amounts of wetting or emulsifying agents, such as Poloxamer or polysorbate, or pH buffering agents. These compositions may take the form of solutions, suspensions, emulsion, tablets, pills, capsules, powders, sustained-release formulations and the like.

[0049] Generally, the ingredients of compositions of the invention may be supplied either separately or mixed together in unit dosage form, for example, as a dry lyophilized powder or water free concentrate in a hermetically sealed container such as an ampoule or sachette indicating the quantity of active agent. Where the composition is to be administered by infusion, it can be dispensed with an infusion bottle containing sterile pharmaceutical grade water or saline. Where the composition is administered by injection, an ampoule of sterile water for injection or saline may be provided so that the ingredients may be mixed prior to administration.

[0050] The compositions of the invention may be formulated as neutral or salt forms.

Pharmaceutically acceptable salts include, but are not limited to, those formed with anions such as those derived from hydrochloric, phosphoric, acetic, oxalic, tartaric acids, etc., and those formed with cations such as those derived from sodium, potassium, ammonium, calcium, ferric hydroxides, isopropylamine, triethylamine, 2-ethylamino ethanol, histidine, procaine, etc.

[0051] The anti-CTLA-4 antibody compositions described herein, or antigen binding fragments thereof, may also be formulated for lyophilization to allow long term storage, particularly at room temperature. Lyophilized formulations are particularly useful for subcutaneous administration.

6. Methods of Administration

[0052] Methods of administering the compositions described herein include, but are not limited to, parenteral administration (e.g., intradermal, intramuscular, intraperitoneal, intravenous and subcutaneous), epidural, and mucosal (e.g., intranasal and oral routes). In a specific embodiment, the antibodies of the invention are administered intramuscularly, intravenously, or subcutaneously. The compositions may be administered by any convenient route, for example, by infusion or bolus injection, by absorption through epithelial or mucocutaneous linings (e.g., oral mucosa, rectal and intestinal mucosa, etc.) and may be administered together with other biologically active agents. Administration can be systemic or local.

EXAMPLES

Example 1. Generation of Tremelimumab variants that lose binding activity at low pH.

[0053] Since genetic inactivation of CTLA-4 results in severe auto-inflammatory lymphoproliferative diseases, the inventors realized that antibodies that antagonize or cause degradation of CTLA-4 would be irAE prone. Given the fact that many antigen-antibody complexes can travel to lysosomes and get degraded, the inventors realized that antibodies that lost binding to CTLA-4 before the complex reached lysosomes would dissociate and allow recycling of the antigen and/or antibody molecules. Since the lysosomal compartment can have a pH of < 5.0, variants of Tremelimumab and Ipilimumab that would lose binding to CTLA-4 molecules at low pH were generated through site-directed mutagenesis of the VL and VH CDR regions. As histidine has a side chain with a pK of 5.97, antibodies incorporating histidine

residues are likely to have a charge change at around pH 5.5-6.0. To have maximal impact, mutations were made in the CDR regions of both Tremelimumab and Ipilimumab.

[0054] Eight antibodies comprising the light chain and heavy of either WT or mutant Tremelimumab variable regions were generated. Because Treg-depleting activity is important for tumor rejection, the human IgG2 constant region in Tremelimumab was replaced with that of IgG1, and the product is thereby referred as TremeIgG1 (AB139) and the mutant antibodies are referred to as TremeIgG1M (AB154-159). The composition and affinity of the antibodies are listed in Table 1.

Table 1. Tremelimumab variants: composition and affinities.

Antibody	Heavy Chain	Light Chain	K _D (M)
AB139 (TremeIgG1)	SEQ ID NO: 1	SEQ ID NO: 2	1.466E - 10
AB154	SEQ ID NO: 3	SEQ ID NO: 2	1.228E - 09
AB155	SEQ ID NO: 3	SEQ ID NO: 4	no binding
AB156	SEQ ID NO: 5	SEQ ID NO: 2	4.459E - 09
AB157	SEQ ID NO: 6	SEQ ID NO: 2	2.322E - 09
AB158	SEQ ID NO: 7	SEQ ID NO: 2	5.425E - 10
AB159	SEQ ID NO: 8	SEQ ID NO: 2	3.867E - 10

[0055] Using a similar approach mutants of the Ipilimumab parental heavy (SEQ ID NO: 13) and light (SEQ ID NO: 9) chains were generated. This resulted in the heavy chain mutants having SEQ ID NOS: 14-18 and the light chain mutants having SEQ ID NOS: 9-12. The sequences listed in SEQ ID NOS. 1-18 are examples, and additional mutations in the CDR regions or near the antigen binding sites of the antibodies can be made based the same principle.

[0056] In order to validate the approach, the activity of the Tremelimumab mutant antibodies was evaluated. To determine if the introduction of histidine to the CDR regions affects the pH sensitivity of the antibodies, the antibody binding to its antigen, polyhistidine-tagged CTLA-4, was measured over a pH range. The raw data are presented in FIG. 1A, while the normalized binding are shown in FIG. 1B. As a control, HL12, which is known to bind CTLA-4 in a pH-dependent manner, with reduced binding at low/acidic pH, was used. These data demonstrated that while TremeIgG1 binds to CTLA-4 at all pH tested, all mutants showed varying degrees of

pH sensitivity at acidic pH. Among them, Ab154, Ab158, and Ab159 were less sensitive than HL12, while Ab156 and Ab157 exhibited higher pH sensitivity. Importantly, at the pH found in late endosomes (pH5.5), HL12, Ab156 and Ab157 showed 50% or less binding relative to neutral pH (pH 7.0), while that of Ab158 and Ab159 still exhibit 75% or more binding compared to neutral pH. Moreover, the pH-dependence is not due to low antibody affinity at neutral pH, given that when compared with Ab158, Ab159 showed somewhat higher pH sensitivity despite higher affinity. Likewise, Ab157 exhibit higher affinity and higher pH-sensitivity, Ab155 did not bind to CTLA-4 and was excluded from this analysis.

[0057] Since the anti-CTLA-4 antibodies bound to CTLA-4 under neutral pH under physiological condition, and since the antibody-antigen complex traffics through a progressively acidic environment, pH sensitivity and dissociation were measured at different pHs. As shown in FIG. 2, pH sensitive antibodies identified by binding and washing at acidic and neutral pH also dissociate from CTLA-4 at acidic pH with similar ranking.

[0058] To dissociate antibody from the antigen within the acidic pH of endosomes, tyrosine (Y) was replaced with histidine in the CDRs of TremeIgG1. Histidine was introduced at varying numbers of five continuous Y residues in CDR3 and two continuous Y residues in CDR2. Variants with two or three continuous Y to H mutations (Ab157 and Ab156) in CDR3 exhibit more pH sensitivity than the single Y to H mutation (Ab 158) or the two Y to H mutations in CDR2 (Ab159). Ab156 and 157 start to release CTLA-4 at early endosome pH 6, and showed 50% or less binding at pH found in late endosome (pH 5.5). While Ab158 and Ab159 still exhibit 75% or more binding at pH 5.5.

[0059] His mutations were also introduced at Ser31, Tyr32 and Trp36 in the heavy chain variable CDR1 (Ab 154), or combinational mutations at Tyr32 and Asp34 in the light chain CDR1 (Ab155). Although comparable mutations have been reported to be essential for pH dependent antigen binding for other antibodies, they have not resulted in desirable pH-sensitivity of TremeIgG1: Ab154 exhibited only minor loss of CTLA-4 binding under pH 5.5, while Ab 155 exhibit no measurable binding to CTLA-4 in neutral pH. The data suggest that replacing multiple tyrosines with histidines in the tyrosine rich regions of CDRs represents a simple way to obtain pH-sensitive antibodies while preserving its binding to antigen under neutral pH.

Example 2. Identification of antibodies that do not reduce cell surface CTLA-4 levels.

[0060] To determine the effect of anti-CTLA-4 antibodies on total CTLA-4 levels, the Tremelimumab antibodies were incubated with CHO cells transfected with human CTLA-4 cDNA for 4 hours at 37°C. The total amounts of CTLA-4 in the cells were determined by Western blot of the total cell lysates. As shown in FIG. 3, a significant reduction of CTLA-4 was induced by WT TremelIgG1 and its variant Ab154. Much less reduction was induced by the other mutant antibodies.

[0061] To determine if the pH sensitivity of antibodies causes their dissociation from CTLA-4 in live cells, the antibodies were first incubated with two replicates of 293T cells stably expressing human CTLA-4 at 4°C. After 30 minutes an aliquot was switched to 37°C for 1 hour. The unbound antibodies were then washed away. After lysis with 1% Triton X 100, the anti-CTLA-4 antibodies were pulled down using protein G beads and detected by Western blot. As shown in FIG. 4A, a comparable amount of CTLA-4 protein was bound by antibodies Ab139, Ab154, Ab156-Ab159 at 4°C. After incubating at 37°C, much less CTLA-4 was associated with Ab156 and Ab157 when compared with Ab139 (TremelIgG1) or other variants with less pH sensitivity (FIG. 4B). Correspondingly, the amounts of total CTLA-4 in the cell lysate were higher in Mab156 and 157-treated cells. These data suggest that Ab156 and Ab157 dissociate from CTLA-4 when they reach inside the cells at 37°C.

[0062] To directly assess cell surface CTLA-4 levels following treatment of TremelIgG1 or its variants, CHO cells stably expressing CTLA-4 with TremelIgG1 (Ab139) or mutant antibodies Ab154 and Ab156-Ab159 were incubated either at 4°C (no down-regulation) or 37°C. The amounts of cell surface antibody-bound CTLA-4 were measured using anti-human CTLA-4 reagents. HL12 and Ipilimumab were included as controls. As shown in FIG.5, pre-incubation with TremelIgG1 at 37°C caused a major reduction of cell surface CTLA-4. A similar reduction was induced by Ab154 and by Ipilimumab. Remarkably, Ab156 and Ab157, much like the non-toxic HL12, did not reduce cell surface CTLA-4. A modest reduction was induced by Ab158 and Ab159. The reduction of cell surface CTLA-4 by antibodies correlates strongly with the pH-dependence of their binding to CTLA-4 molecules (FIG. 1). These data are consistent with the hypothesis that pH-sensitivity is a good indicator for antibody-mediated reduction of cell surface anti-CTLA-4 molecules.

Example 3. Increased antibody-dependent cell-mediated cytotoxicity (ADCC) and anti-tumor activities of pH-sensitive anti-CTLA-4 antibodies.

[0063] It has recently been demonstrated by the inventors and others that ADCC activity of anti-CTLA-4 antibodies is both necessary and sufficient to confer depletion of Treg and tumor rejection *in vivo* (16-18, 20). Therefore, it is of interest to assess the potential anti-tumor activity of anti-CTLA-4 antibodies using an *in vitro* reporter assay for ADCC activity. As shown in FIG. 6, while TremeIgG1 (Ab139) exhibits potent ADCC activity, two antibodies with the highest pH sensitivity showed even higher ADCC activity, especially at higher antibody doses.

[0064] The confirm if the ADCC reporter assay reflects selective Treg depletion in the tumor microenvironment. TremeIgG1 and Ab157 were injected into mice that received MC38 tumor cells at 14 days and had an average tumors of 7 mm in diameter. Sixteen hours later, the tumors were harvested and the % of Treg among CD4 T cells were determined by flow cytometry. As shown in FIG. 7, while TremeIgG1 was largely ineffective at this early time point, Ab157 caused significant reduction of Treg.

[0065] To test if the pH-sensitive antibodies are effective in causing tumor rejection, CTLA-4^{h/h} mice were subcutaneously injected with MC38 tumor cells. Seven days later, when the tumor sizes reached about 5 mm in diameter, mice were treated with a low dose of anti-CTLA-4 mAbs, including TremeIgG1 and its pH-sensitive variants, Ab156 and Ab157. Tumor growth or recurrence was observed for 6.5 weeks (Fig. 8A). As shown in FIG. 8B-E, after three injections, TremeIgG1 caused complete tumor rejection in 80% of the mice. Remarkably, 100% rejection was achieved by Ab156 and Ab157. These data demonstrate that increased pH sensitivity improves the anti-tumor effect of anti-CTLA-4 antibodies, perhaps by increasing ADCC activity.

Example 4. pH-sensitive TremeIgG1 variants are less toxic than the parent TremeIgG1 antibody.

[0066] To test the impact of pH sensitivity on the toxicity of TremeIgG1 variant antibodies, mice that received either control IgG1Fc, anti-PD-1+control IgG1Fc, anti-PD-1+TremeIgG1, anti-PD-1+Ab156, or Ab157, Ab158, Ab159, starting at day 10 after birth, at doses of 100 µg/mouse/injection x4 on days 10, 13, 17, and 20 were compared. The mice were observed for their survival. As shown in FIG. 9, while no mice receiving control IgG1Fc, or control IgG1Fc+anti-PD-1 died throughout the observation period, all but one mouse receiving TremeIgG1 died. In contrast, all but one mouse that received Ab157 survived the entire period.

Significant improvement of survival was observed when Ab157 was compared with TremeIgG1 ($P=0.01$). Significant improvement was also observed when Ab157 was used ($P=0.03$). While Ab158 and Ab159 also showed somewhat better survival when compared with TremeIgG1, the difference did not reach statistically significant levels. Nevertheless, there appears to be a strong correlation between pH sensitivity and safety. When data from two experiments involving 15 mice were combined, the improvement of safety in Ab157 over TremeIgG1 is even more clearcut (FIG.10). These data demonstrate that pH sensitivity maybe a good surrogate marker for safety of anti-CTLA-4 antibodies.

[0067] Taken together, it has been demonstrated that antibodies that retain binding to CTLA-4 at acidic pH cause reduction of cell surface CTLA-4 levels by targeting bound CTLA-4 for lysosomal degradation. As a result, these antibodies are functionally antagonist and inactivate CTLA-4 function. *In vivo*, such antibodies exhibit high toxicity when used in combination with anti-PD-1 antibodies. In contrast, those antibodies that lost binding to CTLA-4 at lower pH failed to reduce cell surface CTLA-4 by allowing CTLA-4 to recycle to the cell surface, and thus cannot act as agonist. Remarkably, despite their lower affinity, these antibodies appear more potent in ADCC activity and tumor rejection. These data demonstrate that increasing low pH sensitivity of anti-CTLA-4 antibodies as a novel approach to increase tumor therapeutic effect while attenuating their toxicity.

CLAIMS

1. An anti-CTLA-4 antibody comprising a heavy chain comprising the sequence set forth in SEQ ID NO: 5 or 6, and a light chain comprising the sequence set forth in SEQ ID NO: 2.
2. The anti-CTLA-4 antibody of claim 1, comprising the heavy chain comprising the sequence set forth in SEQ ID NO: 6.
3. The anti-CTLA-4 antibody of claim 1 comprising the heavy chain comprising the sequence set forth in SEQ ID NO: 5.
4. Use of the anti-CTLA-4 antibody of any one of the preceding claims in the manufacture of a medicament for cancer immunotherapy, wherein the anti-CTLA-4 antibody is to be used either alone or in combination with one or more other therapies.
5. The use of claim 4, wherein the other therapy is an antibody that binds to PD-1 or PD-L1.
6. The use of claim 5, wherein the anti-PD-1 antibody is Nivolumab or Pembrolizumab.
7. Use of an anti-CTLA-4 antibody of any one of claims 1-5 in the manufacture of a medicament for treating cancer.