



(12) **United States Patent**
Asimakopoulos et al.

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(54) **VERSIKINE FOR INDUCING AND POTENTIATING AN IMMUNE RESPONSE**

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A61K 39/39 (2006.01)
C07K 14/47 (2006.01)
A61K 39/00 (2006.01)

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CPC **A61K 39/39** (2013.01); **C07K 14/4725** (2013.01); **A61K 2039/55516** (2013.01); **A61K 2039/572** (2013.01); **C07K 2319/00** (2013.01)

(58) **Field of Classification Search**
None
See application file for complete search history.

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(57) **ABSTRACT**

Disclosed are methods, kits, polypeptides, and pharmaceutical compositions for inducing an immune response in a subject, which may include a T-cell mediated immune response. The methods comprise administering to the subject, or to explanted cells of the subject, a pharmaceutical composition comprising an effective amount of versikine or a variant of versikine that induces the T-cell mediated immune response. The methods, kits, polypeptides, and pharmaceutical compositions may be used, in particular, to treat a subject having a cell proliferative disease or disorder.

6 Claims, 24 Drawing Sheets

Specification includes a Sequence Listing.

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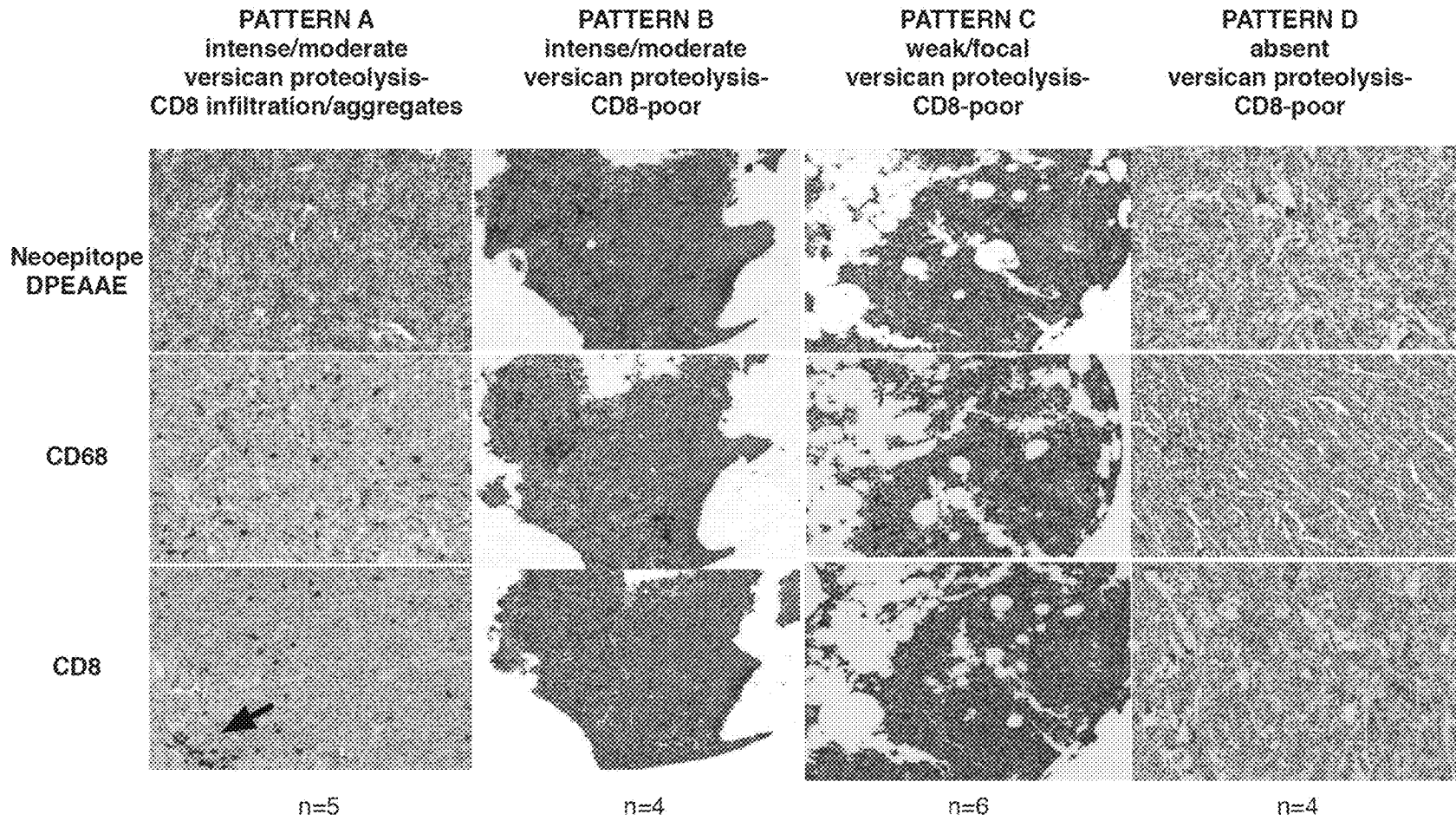
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Figure 1



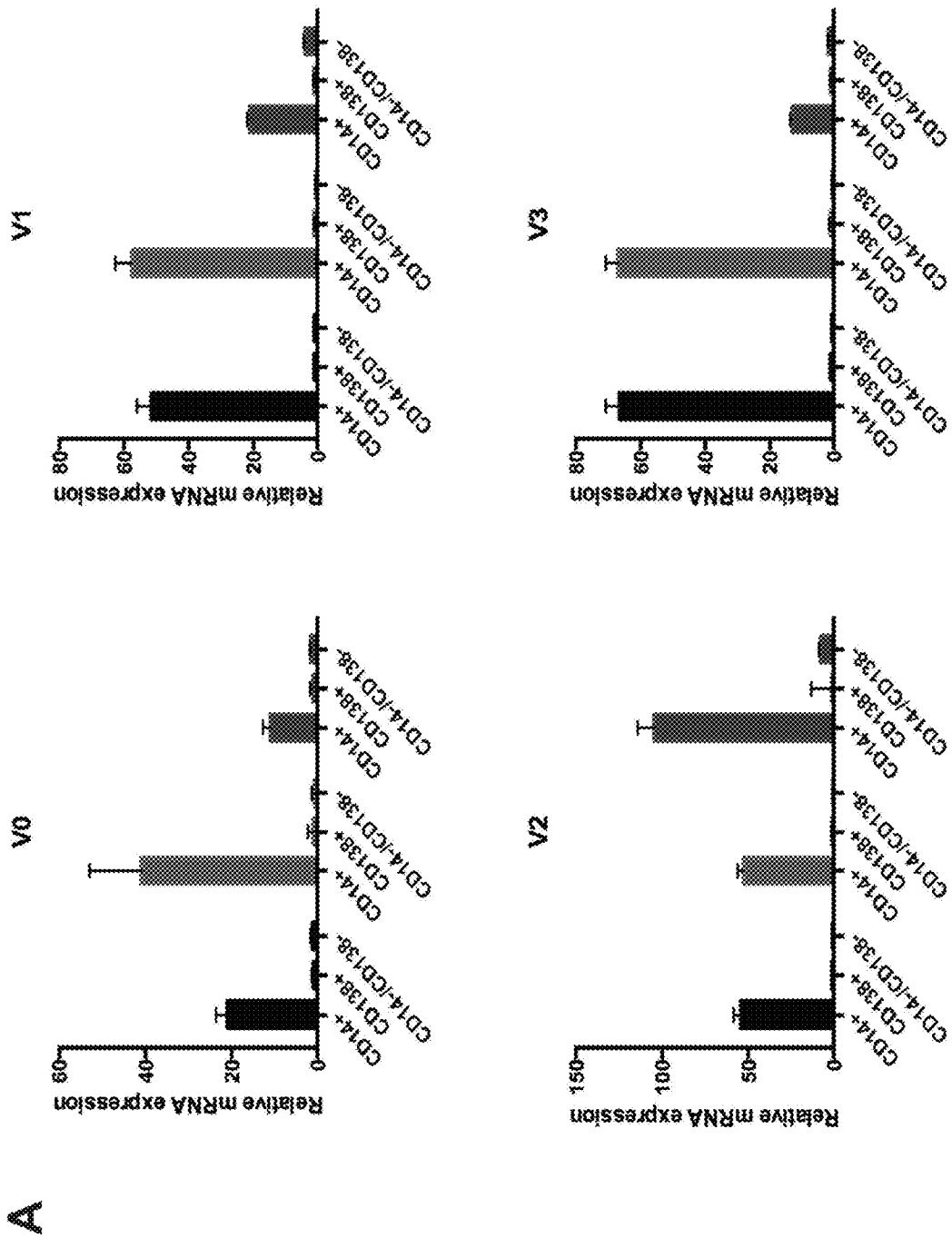
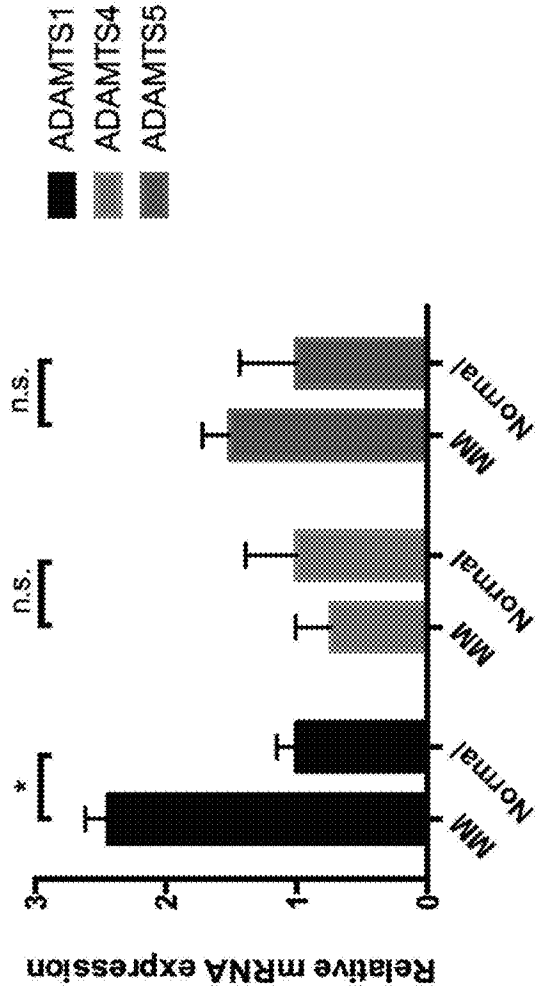


Figure 2

Figure 2

B



C

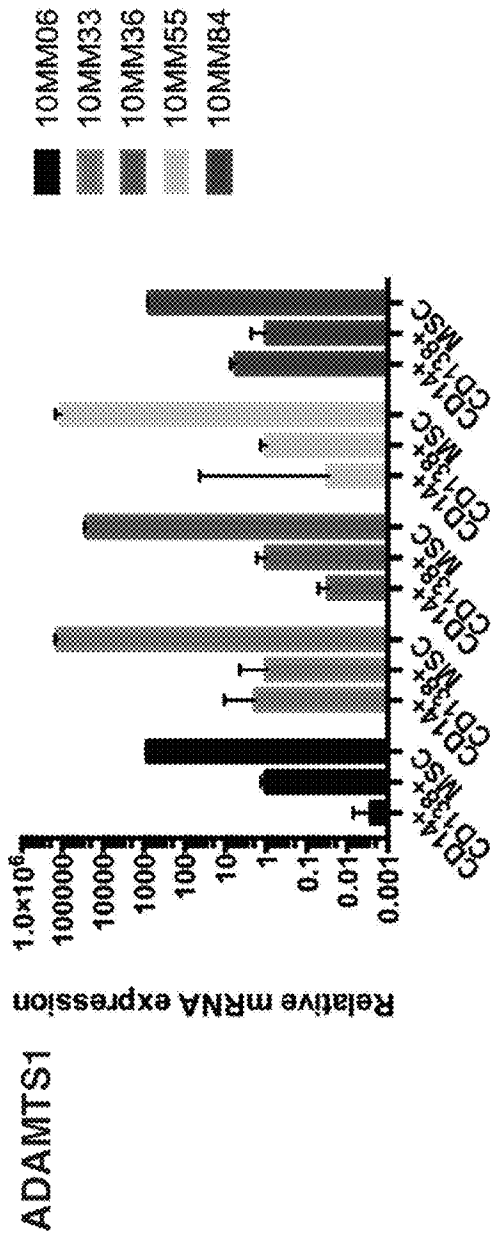


Figure 3

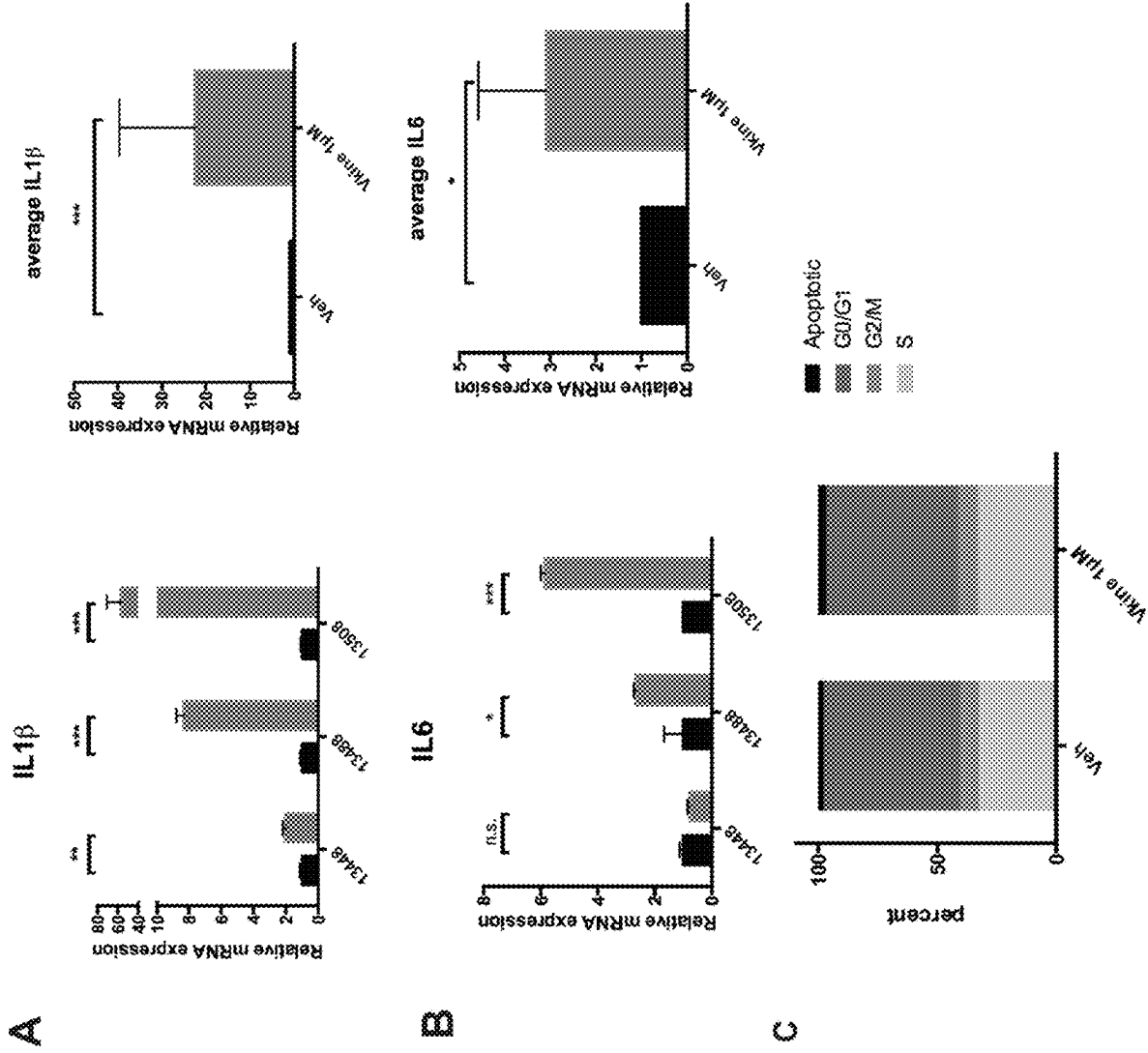


Figure 4

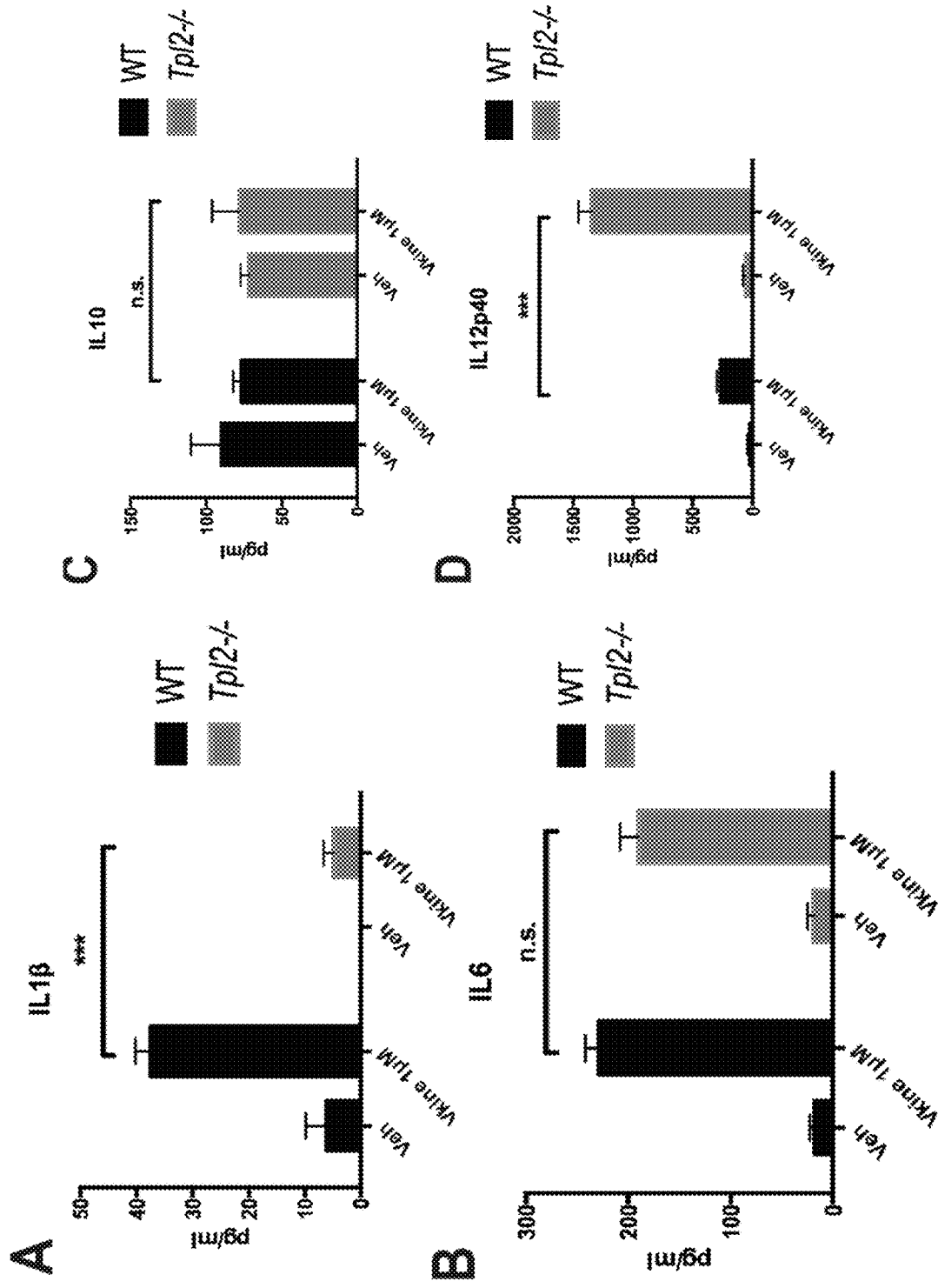


Figure 4

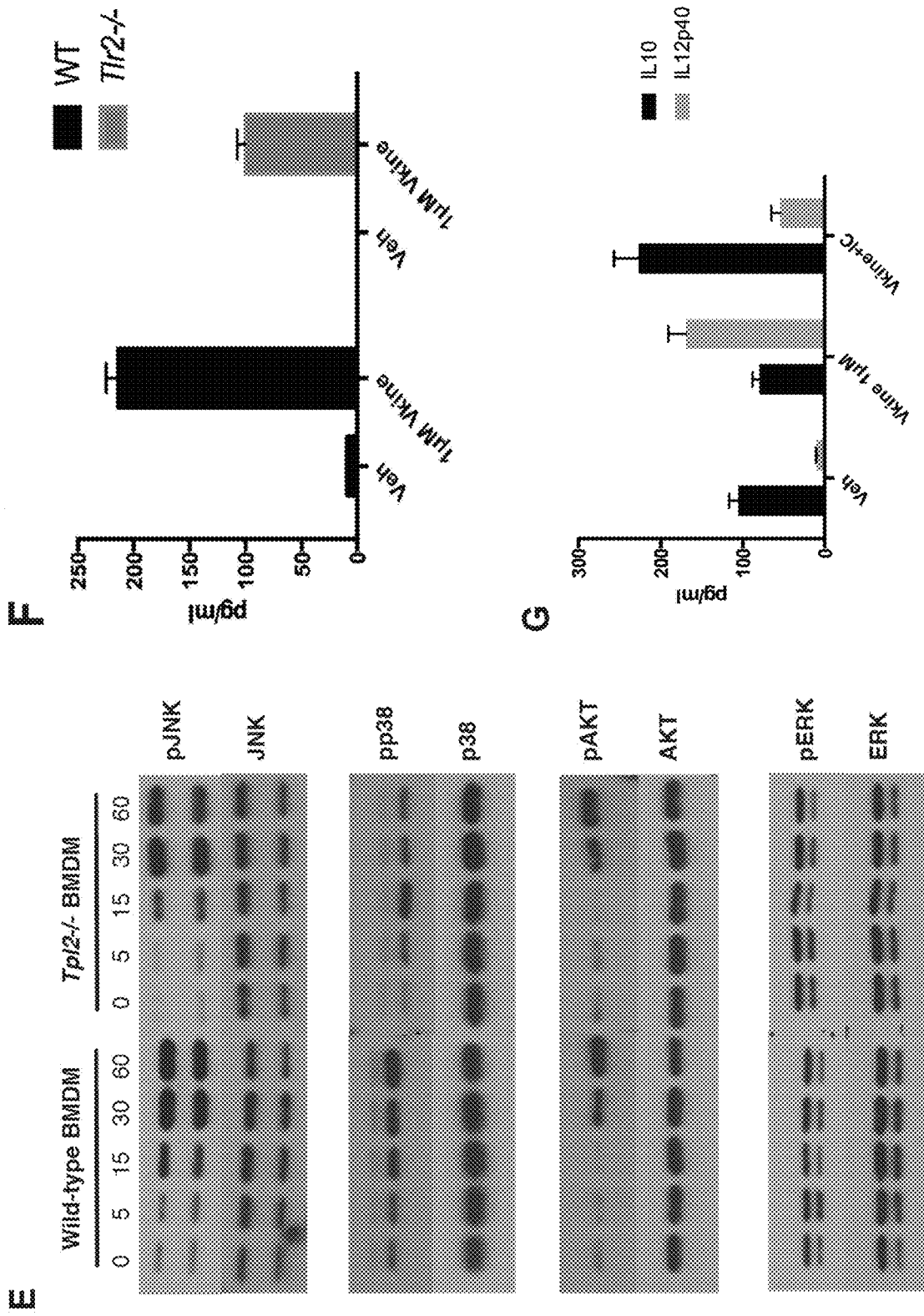


Figure 5

A

Genes	Log ² fold
TNFAIP8L2-SCNM1	2.771
VCAN	1.629
MX1	1.560
IFI44L	1.481
IFI44	1.447
THBD	1.393
IFITM1	1.392
TRIM22	1.342
CCL2	1.295
LOC154092	1.293
IL8	1.281
MMP9	1.271
XAF1	1.243
IFIT1	1.214
ZNF618	1.198
GLIS3	1.140
MX2	1.102
IFI6	1.092
PLAU	1.010
OAS3	0.887
OAS2	0.534
PARP14	0.485
STAT1	0.436

B

Genes (1-20)	Log ² fold	Genes (20-40)	Log ² fold
VCAN	3.074	PCDHGA9	1.150
MTHFS	2.723	CCL7	1.140
SIGLEC1	1.719	COL6A2	1.113
IFI44L	1.637	LIF	1.080
PLVAP	1.624	SIGLEC11	1.077
ISG15	1.587	CMPK2	1.076
ICAM5	1.583	ANGPTL6	1.069
RSAD2	1.541	ASRGL1	1.038
IFI44	1.460	FCGBP	1.020
OASL	1.454	LRRC18	1.011
TRIM22	1.432	COLEC12	1.011
ABHD8	1.367	C9	1.008
CD14	1.351	GAA	1.002
MAP1S	1.333	EBI3	1.151
IFIT1	1.323	NBPF11	-8.617
PHLDA2	1.312	ARL2-SNX15	-4.327
MMRN2	1.295	AGPHD1	-1.194
CCL2	1.277	MPDZ	-1.180
MMP9	1.249		
MX1	1.205		
ABCA1	1.174		
IFITM1	1.171		

Figure 5

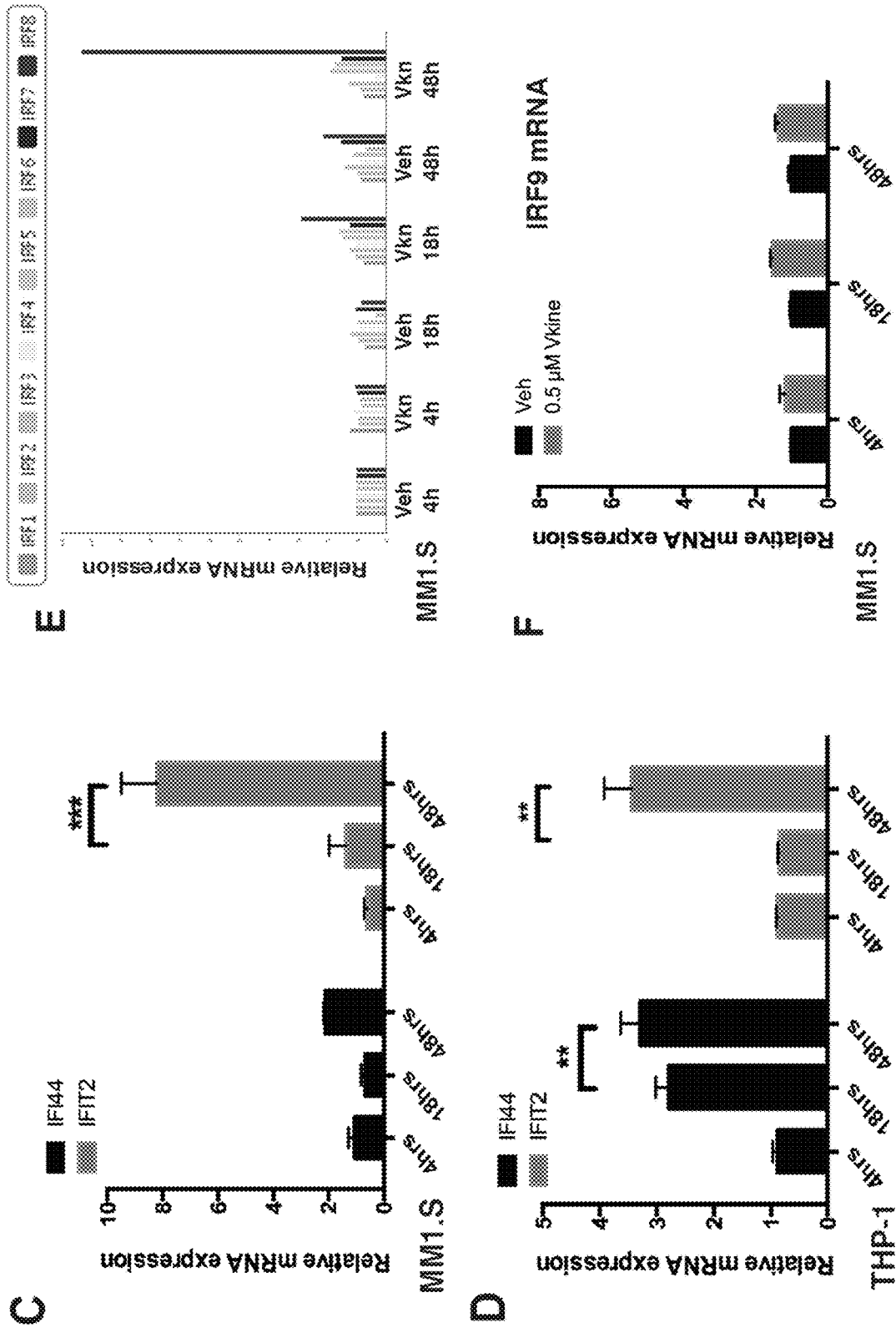
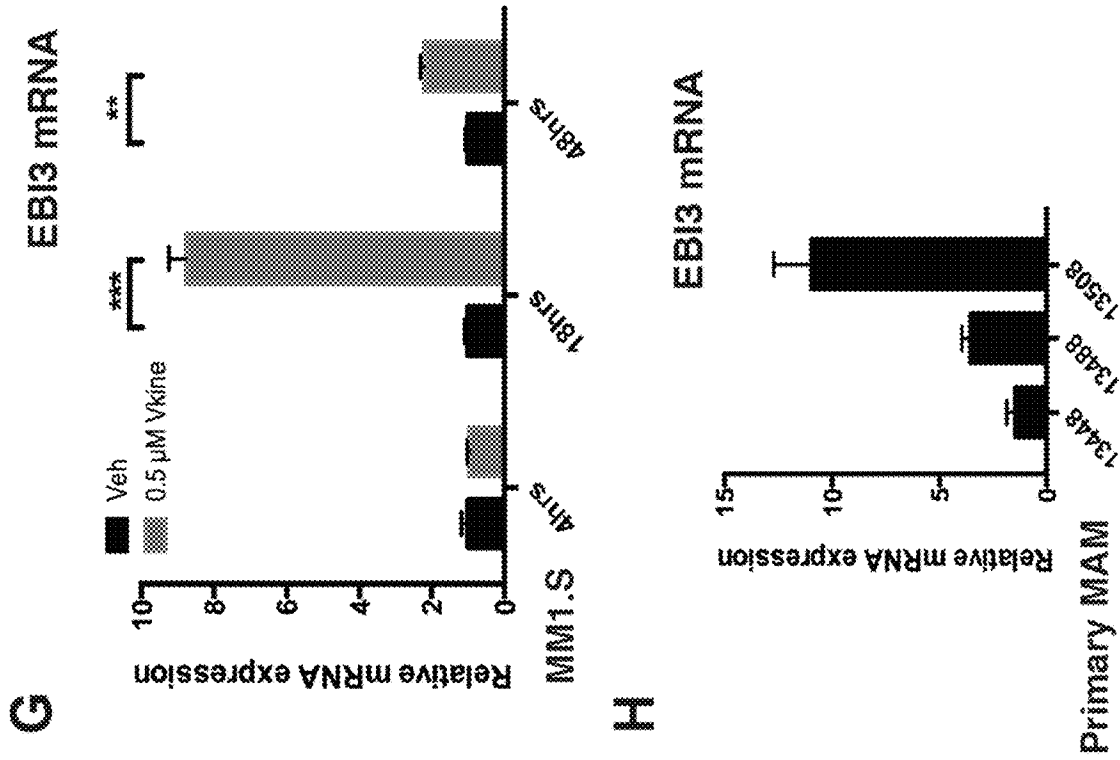


Figure 5



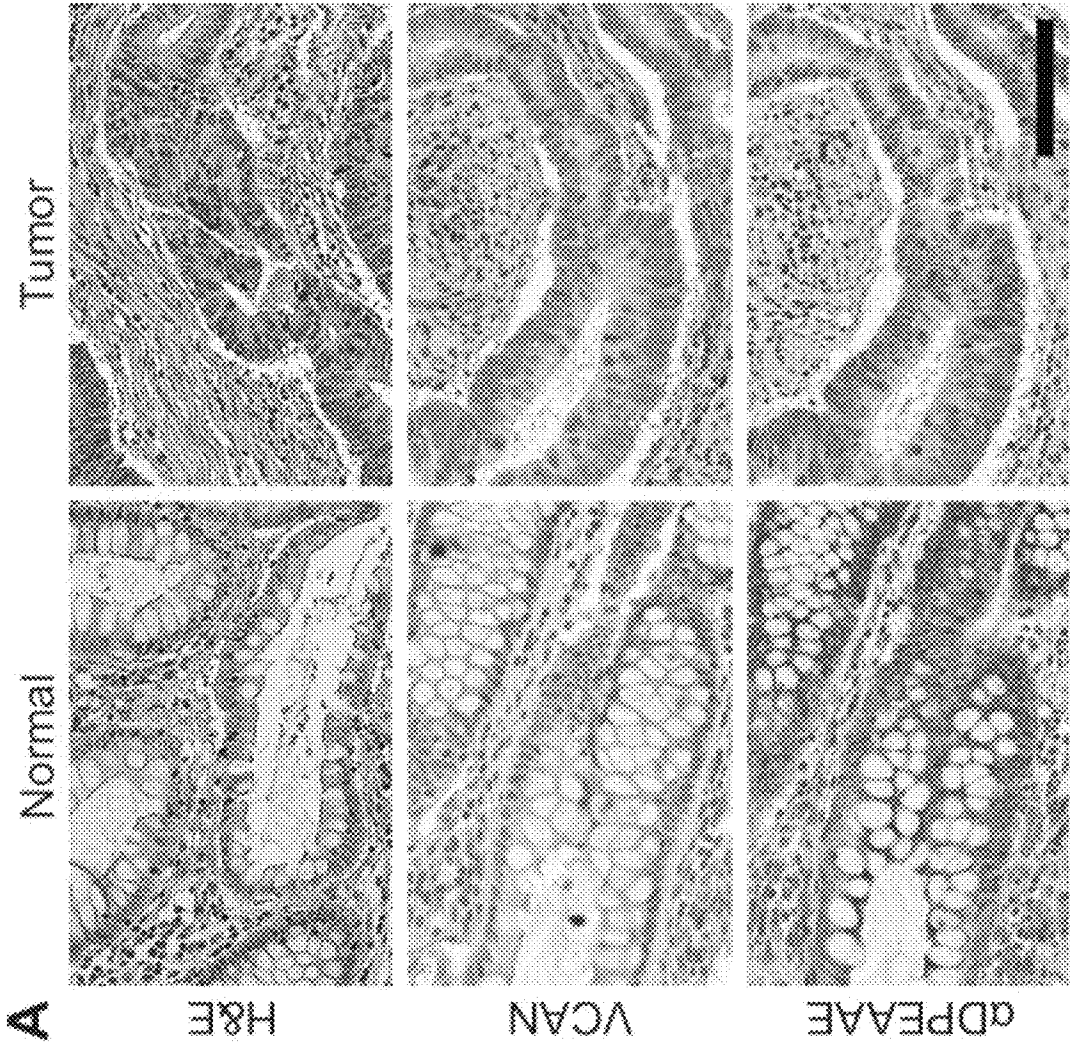
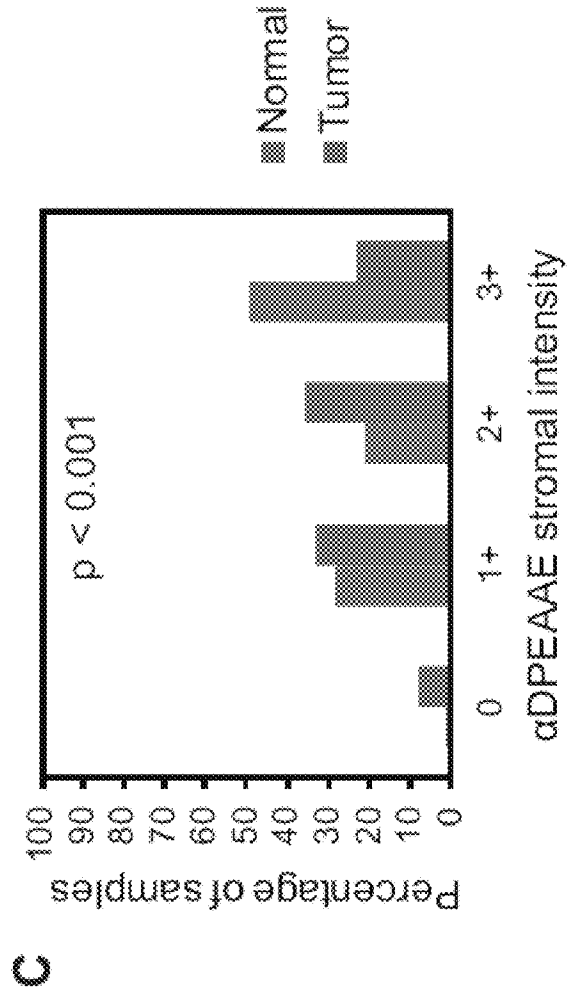
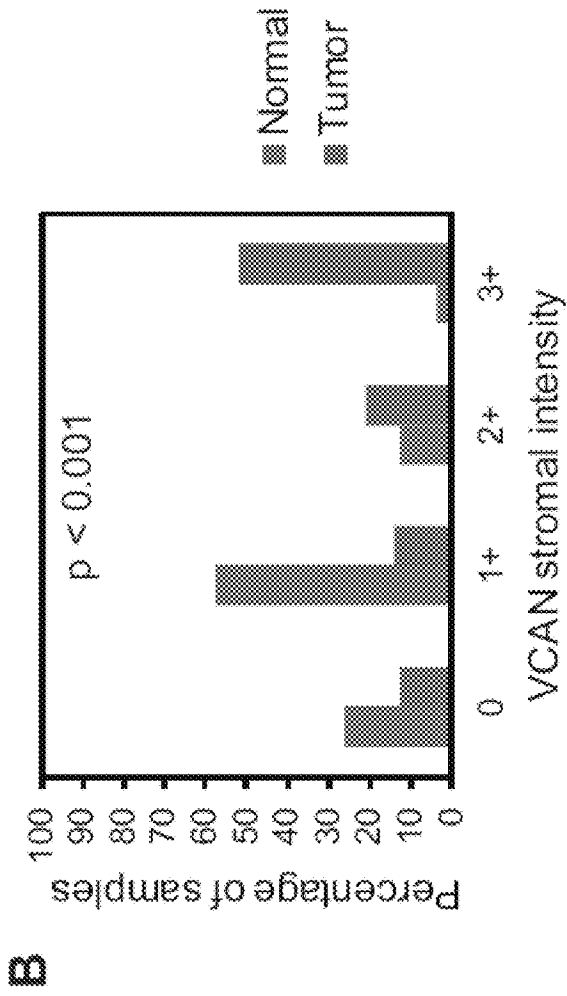


Figure 6

Figure 6



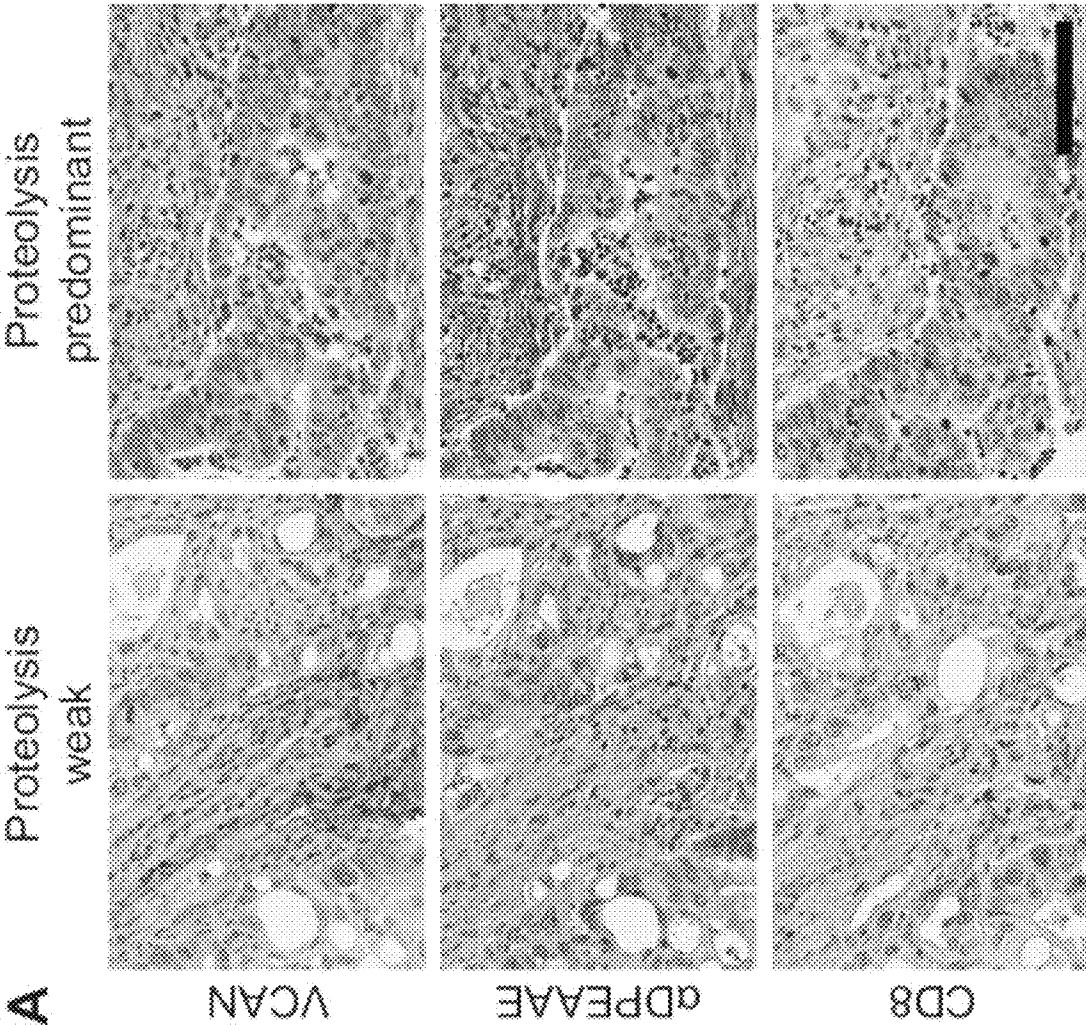


Figure 7

Figure 7

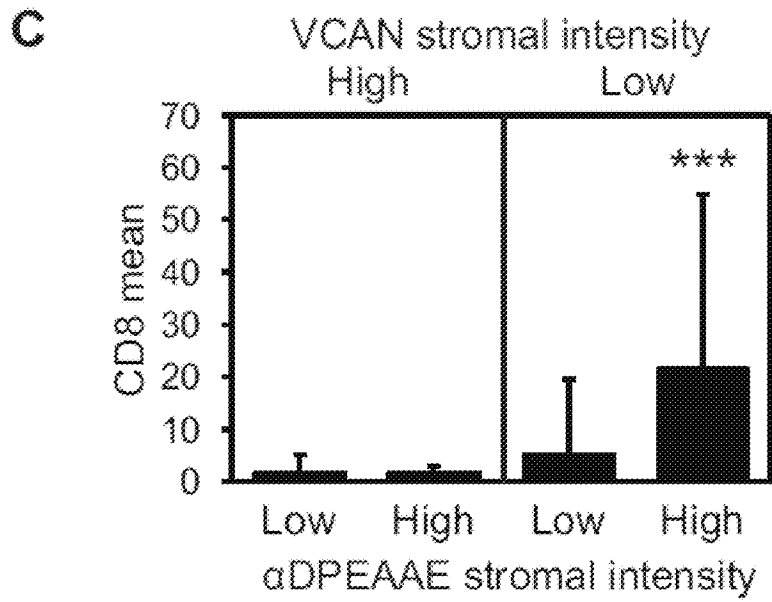
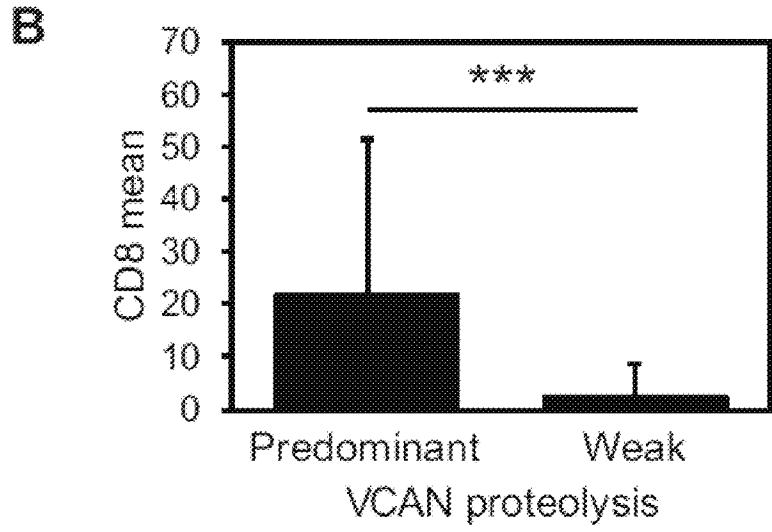


Figure 8

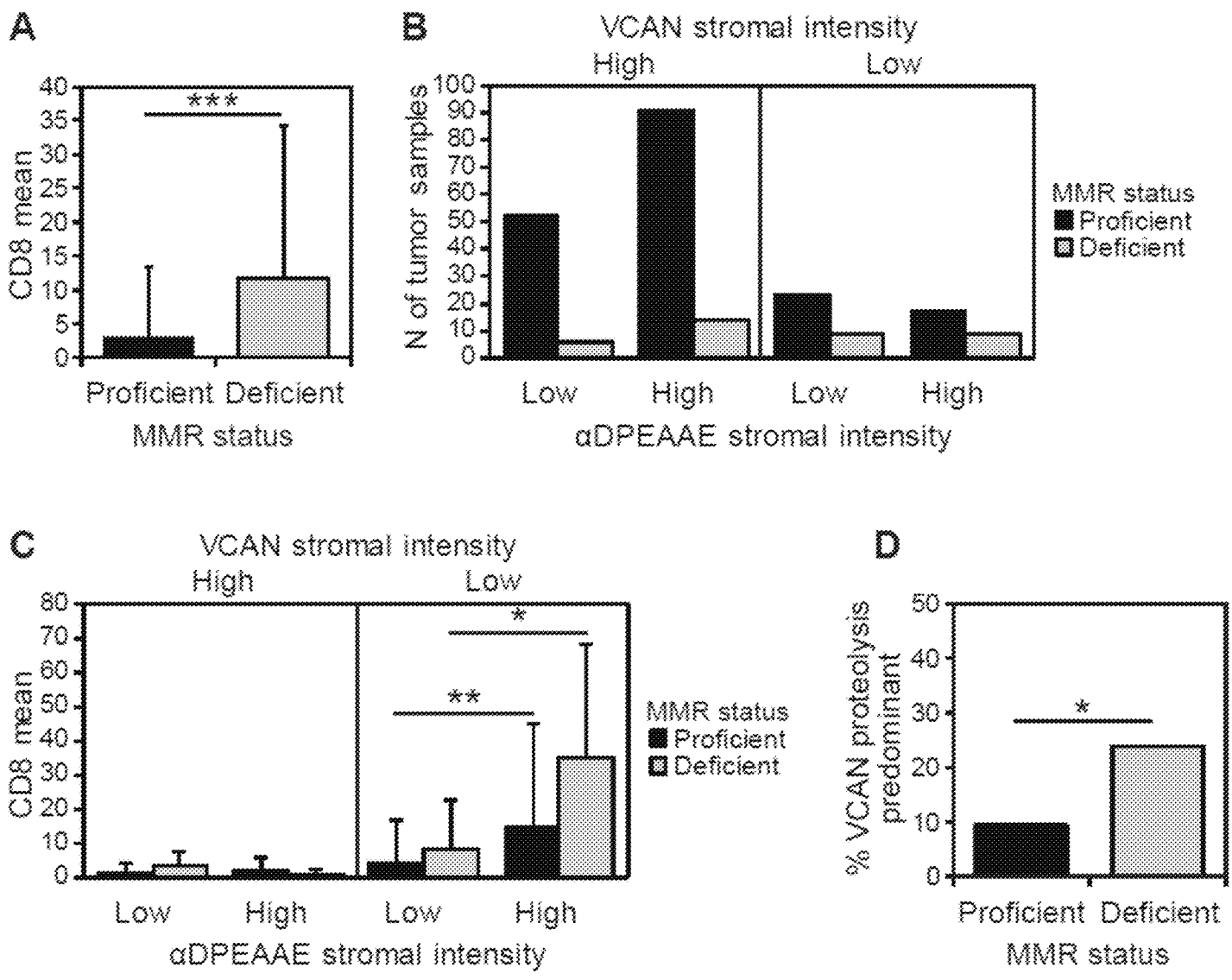


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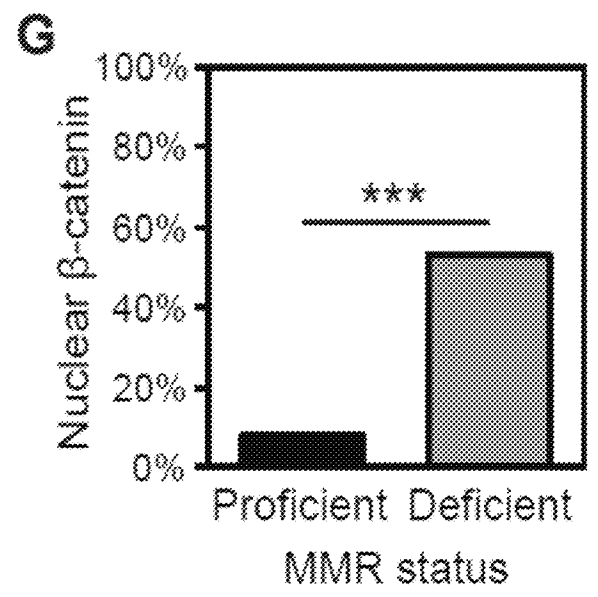
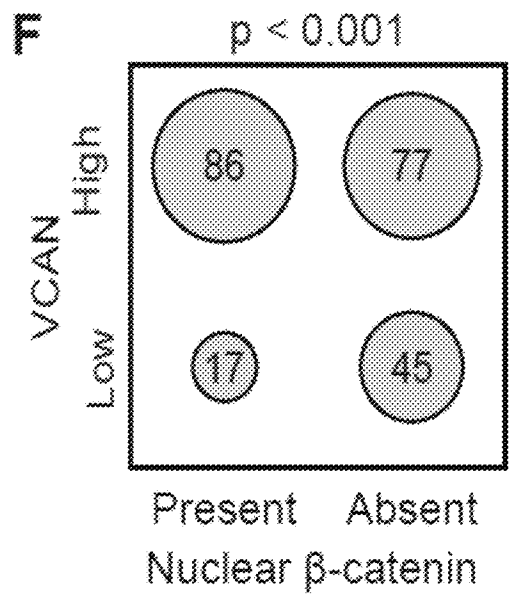
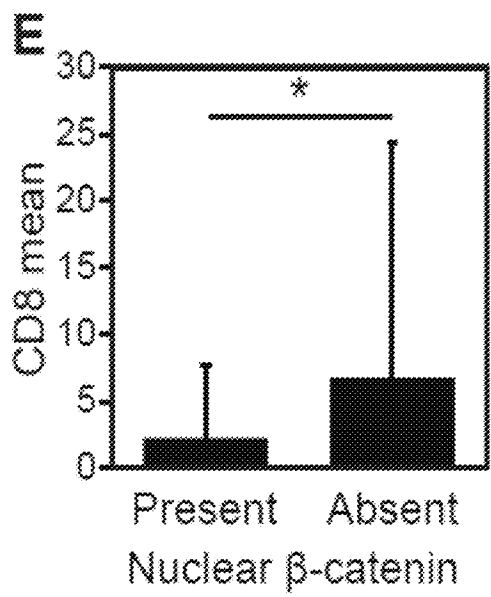


Figure 9

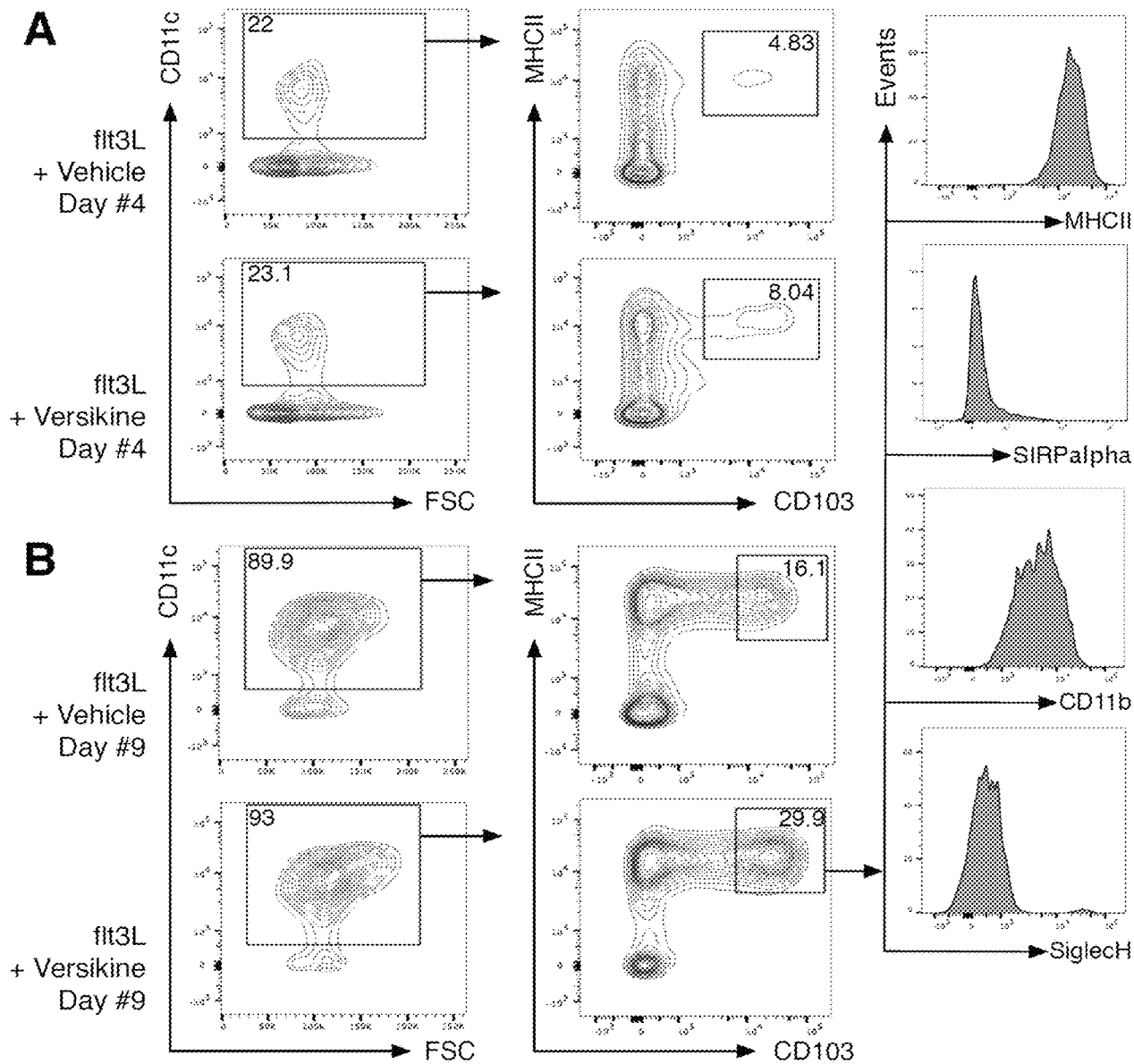
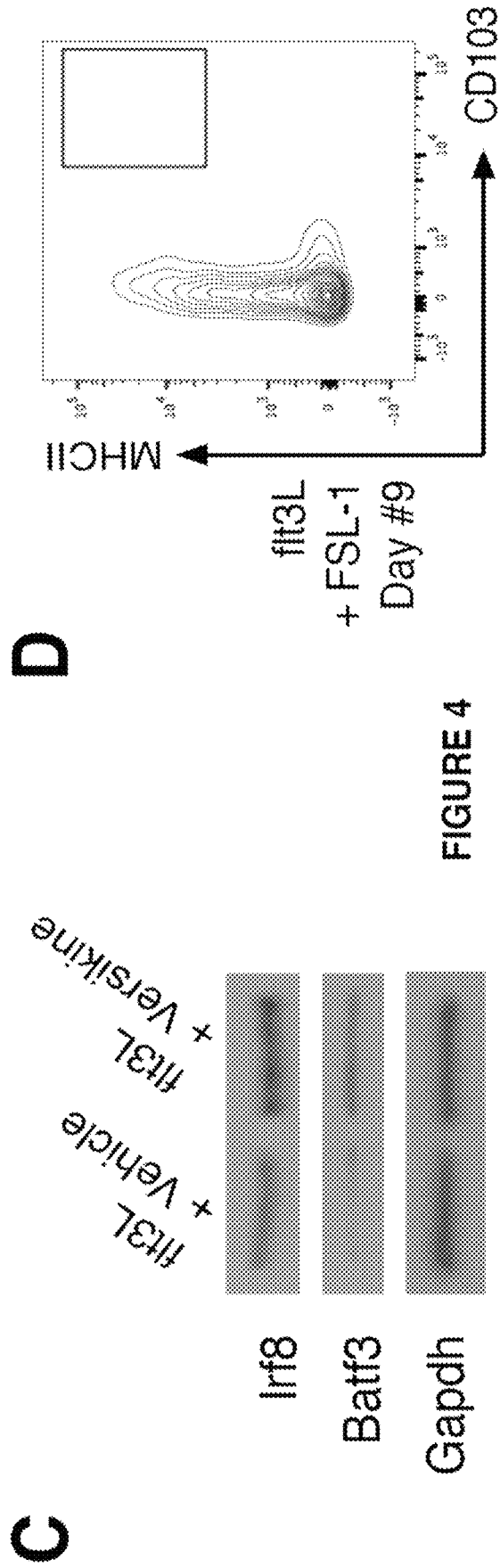


Figure 9



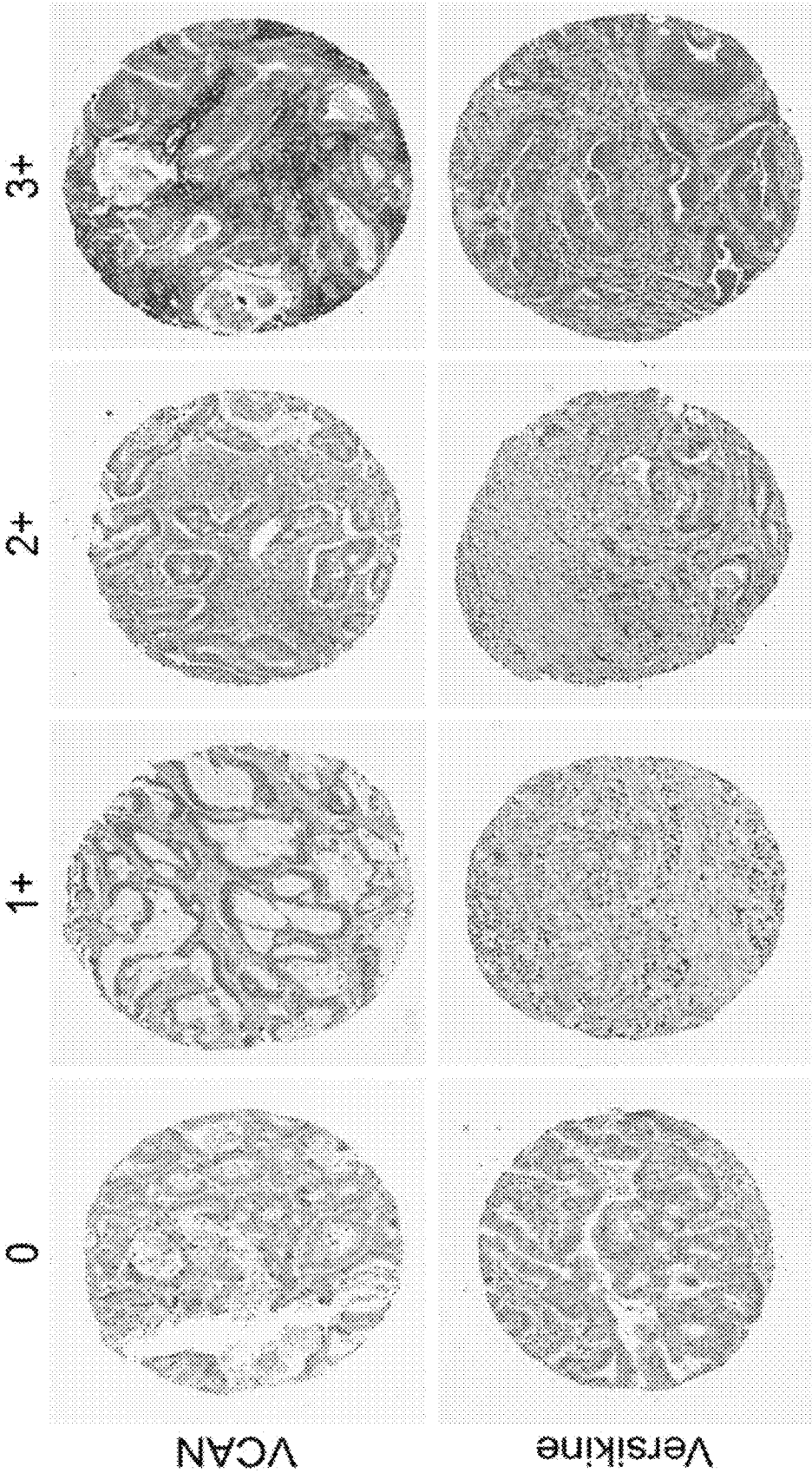


Figure 10

Figure 11

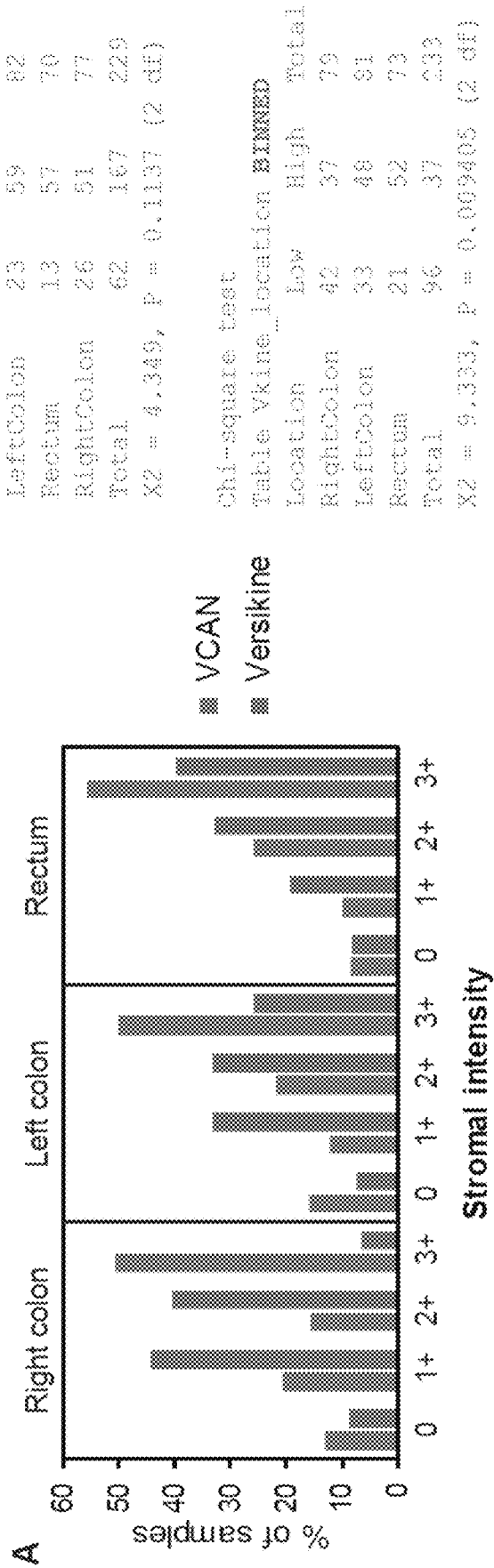
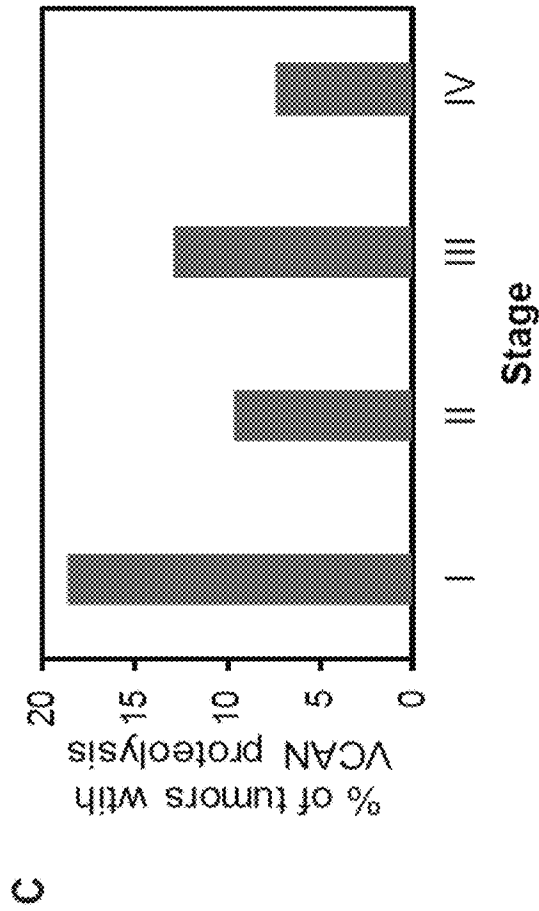


Figure 11



Figure 11

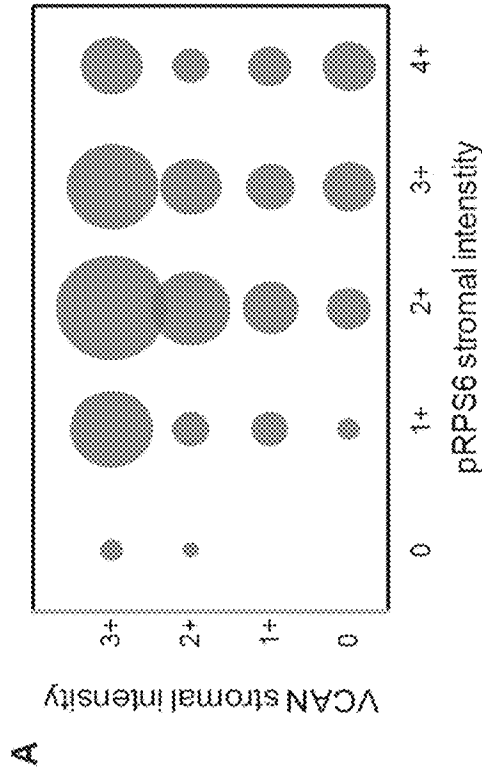


Chi-square test
Table VCANProt_v_stage
SimpleStage

SimpleStage	No	Yes	Total
I	48	11	59
II	47	5	52
III	54	8	62
IV	50	4	54
Total	199	28	227

X2 = 3.759, P = 0.2887 (3 df)

Figure 12

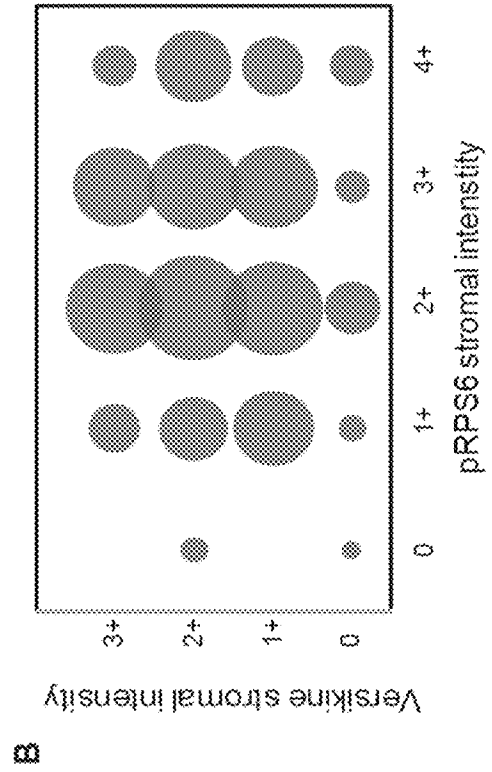


Chi-square test

Table VCANstromalintensity_v_pR6

VCANstromalintensity	pR6_0	pR6_1	pR6_2	pR6_3	pR6_4	Total
0	0	2	7	10	10	29
1	0	5	10	9	7	31
2	1	5	23	14	5	48
3	2	25	46	31	14	118
Total	3	37	86	64	36	226

X2 = 17.87, P = 0.1196 (12 df)



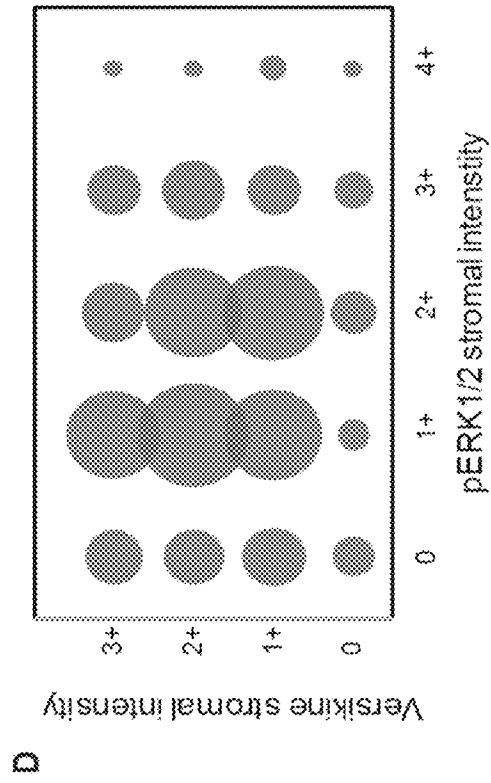
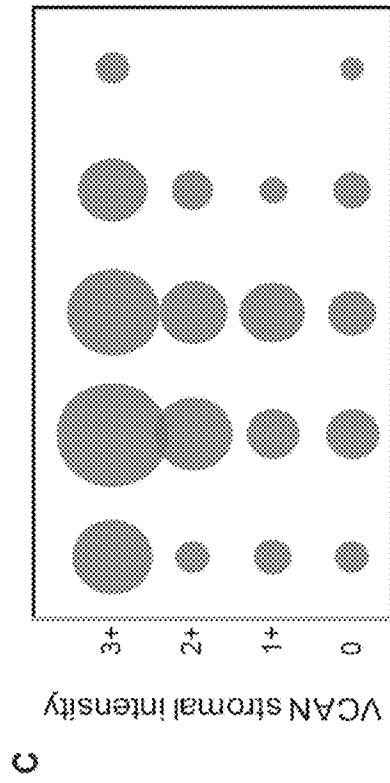
Chi-square test

Table Versikine_pR6

Versikine	pR6_0	pR6_1	pR6_2	pR6_3	pR6_4	Total
0	1	2	6	3	5	17
1	0	17	26	20	10	73
2	2	12	32	22	15	83
3	0	7	24	18	5	54
Total	3	38	90	63	35	229

X2 = 13.19, P = 0.341 (12 df)

Figure 12



Chi-square test
Table Vcan_ERK

Vcan	ERK_0	ERK_1	ERK_2	ERK_3	ERK_4	Total
0	4	10	8	5	2	29
1	5	10	15	3	0	33
2	4	22	16	6	0	48
3	22	45	30	17	4	118
Total	35	87	59	31	6	231

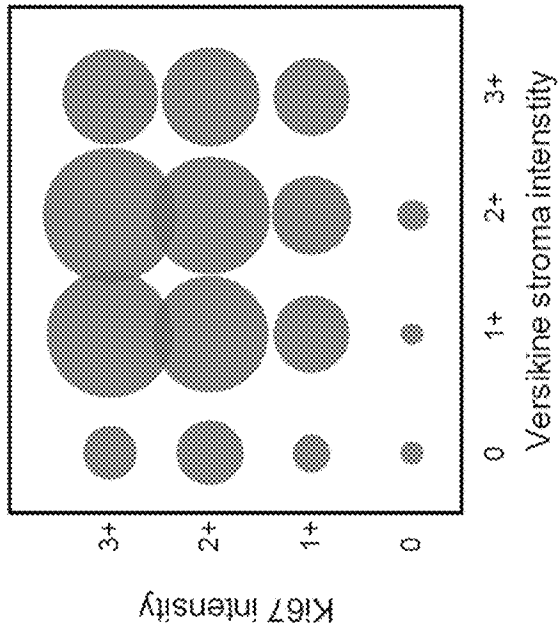
$\chi^2 = 12.71, P = 0.3901$ (12 df)

Chi-square test
Table Vkinse_PERK

Vkinsestromalintensity	PERK0	PERK1	PERK2	PERK3	PERK4	Total
0	5	3	6	4	1	19
1	11	27	28	6	2	76
2	10	35	26	11	1	83
3	9	24	11	6	1	53
Total	35	89	71	31	6	231

$\chi^2 = 11.23, P = 0.5095$ (12 df)

Figure 13



Chi-square test

Table Vki67_Ki67

Vki67	Ki67_0	Ki67_1	Ki67_2	Ki67_3	Total
0	3	12	20	19	54
1	1	12	28	33	74
2	2	13	29	37	81
3	0	12	20	19	51
Total	4	40	86	95	225

X2 = 5.419, P = 0.7964 (9 df)

VERSIKINE FOR INDUCING AND POTENTIATING AN IMMUNE RESPONSE

CROSS-REFERENCE TO RELATED PATENT APPLICATIONS

The present application claims the benefit of priority under 35 U.S.C. § 119(e) to U.S. Provisional Application No. 62/437,418, filed on Dec. 21, 2016, and to U.S. Provisional Application No. 62/343,414, filed on May 31, 2016, and to U.S. Provisional Application No. 62/305,761, filed on Mar. 9, 2016, the contents of which are incorporated herein by reference in their entireties.

BACKGROUND

The field of the invention relates to methods and compositions for inducing and/or potentiating an immune response. In particular, the field of the invention relates to methods and compositions that utilize and/or include versikine for inducing and/or potentiating a T-cell mediated immune response.

Versican, also known by the synonyms PG-M and CSPG2, was identified first in the culture of labeled fibroblasts. (See Coster et al., (1979)). Versican is a chondroitin sulfate (CS) proteoglycan that belongs to a family of hyaluronan (HA) binding proteins. The human versican gene is located on chromosome 5q and contains 15 exons. The versican glycoprotein comprises three major functional domains including: an N-terminal globular domain that mediates HA binding via two linking sub-domains, one or two alternatively spliced glycosaminoglycan (GAG) attachment domains referred to as GAG α and GAG β , and a C-terminal G3 domain. (See Zimmermann et al., (1989)). Five different splice variants result in five different versican isoforms referred to as V0, V1, V2, V3, and V4. (See Dours-Zimmermann, et al., (1994)). Versican V0 contains both GAG α and GAG β attachment exons and is the largest isoform, containing up to 23 CS chains; versican V1 contains only exon 8 and has up to 15 CS chains; versican V2 contains only exon 7 and has up to 8 GAG attachment sites; versican V3 does not contain either large exon and thus lacks CS chains; versican V4 has a truncated GAG β domain from utilization of a cryptic splice site in exon 8 and 5 predicted CS attachment sites. (See id.; see also, Kischel et al., 2010).

Versican has been shown to bind to Toll-like receptor-2 (TLR2) receptor complexes on tumor-infiltrating myeloid cells and regulate inflammatory cytokine production (Kim et al., 2009), promote tolerogenic polarization of antigen-presenting cells (Tang et al., 2015), and promote the mesenchymal-epithelial transition in the carcinoma metastatic niche (Gao et al., 2012). Versican is proteolytically cleaved by ADAMTS-type proteases in a highly-regulated manner that involves CS chains. A cleavage product generated by disruption of a Glu-Ala bond at position 441 of versican's V1 isoform, has been previously termed versikine (Nandadasa et al., 2014). Versikine has been shown to be bioactive in development (McCulloch et al., 2009). However, the roles of versican proteolysis and/or versikine in immunomodulation remain unknown.

SUMMARY

Disclosed are methods and compositions for inducing and/or potentiating an immune response. The present inventors have determined that versikine can be administered in order to induce and/or potentiate, in particular, a T-cell mediated immune response, which may be characterized by

a T-cell inflamed phenotype. As such, the inventors have determined that versikine can be administered to potentiate T-cell activating immunotherapies, including chimeric antigen receptor (CAR) T-cell therapies, tumor infiltrating lymphocyte (TIL) therapies, and other cellular therapies utilized for treating cell proliferative diseases or disorders. The inventors also have determined that versikine can be administered to potentiate other therapies utilized for treating cell proliferative diseases or disorders whose efficacy is linked to a T-cell inflamed phenotype, including, but not limited to, conventional chemotherapies, targeted therapies, oncolytic viral therapies, and radiotherapy.

The disclosed methods include methods for inducing an immune response in a subject in need thereof. The immune response induced and/or potentiated by the disclosed methods may include a T-cell mediated immune response, optionally characterized by a type 1 interferon signature (i.e., a type 1 interferon expression profile), expression of chemokines that attract T-cells (e.g., CCL2), expression of T-cell specific transcripts, and expression of macrophage-activation markers. The disclosed methods may include administering to the subject in need thereof a pharmaceutical composition comprising an effective amount of versikine or a variant thereof that induces the T-cell mediated immune response. The pharmaceutical composition may be administered by any suitable route including, for example, systemically or by injecting the pharmaceutical composition directly into tissue (e.g., tumor tissue).

The disclosed methods also may include administering the pharmaceutical composition comprising an effective amount of versikine or a variant thereof that induces and/or potentiates a T-cell mediated immune response to explanted cells from a subject, for example, in a method in which the explanted cells are treated with the pharmaceutical composition *ex vivo*. The explanted cells thus treated may then be administered back to the subject, for example, by re-infusion. The explanted cells may include immune cells (e.g., T-cells or dendritic cells), which optionally are treated, contacted, or primed with an antigen (e.g., a tumor antigen), either before, concurrently with, or after treatment with the pharmaceutical composition comprising an effective amount of versikine or a variant thereof. The explanted cells may include tumor cells.

The disclosed methods include methods for treating cell proliferative diseases and disorders such as cancers in a subject by administering to the subject a pharmaceutical composition comprising an effective amount of versikine or a variant thereof that induces and/or potentiates a T-cell mediated immune response. As such, cancers treated by the disclosed methods may include cancers that are characterized by an impaired T-cell mediated immune response, and in particular, an impaired T-cell inflamed phenotype. As an example, the disclosed methods may include methods of administering versikine or a variant thereof to a subject having a non-T-cell inflamed tumor. In the disclosed methods for treating cancer in a subject, the methods further may include administering to the subject cancer therapy before, concurrently with, or after administering the pharmaceutical composition comprising versikine or the variant thereof. Suitable cancer therapies may include, but are not limited to, administering chemotherapeutic agents.

Also disclosed are methods for determining whether a subject will benefit from a method that includes administering to the subject a pharmaceutical composition comprising an effective amount of versikine or a variant thereof that induces and/or potentiates a T-cell mediated immune response. The methods may include determining the con-

centration of versikine in a biological sample from the subject (e.g., a blood product), and if the determined level is determined to be below a selected baseline, then administering the pharmaceutical composition comprising versikine or the variant thereof that induces and/or potentiates a T-cell mediated immune response.

Also disclosed are kits comprising components that optionally may be utilized to perform the methods disclosed herein. The kits may include one or more of (a) versikine or a variant thereof, where the versikine or the variant thereof optionally is provided as a pharmaceutical composition; and (b) a reagent for detecting the concentration of versikine in a biological sample (e.g., an anti-versikine antibody which optionally is labelled with a detectable label).

Also disclosed are isolated polypeptides which may include non-naturally occurring isolated polypeptides. The isolated polypeptides typically exhibit one or more biological activities associated with versikine, which include, but are not limited to, inducing and/or potentiating a T-cell mediated immune response. The isolated polypeptides may be formulated as a pharmaceutical composition, which preferably comprises an effective amount of the polypeptides for inducing and/or potentiating a T-cell mediated immune response in a subject in need thereof. The isolated polypeptides may be fused and/or conjugated to other therapeutic polypeptides, including but not limited to, therapeutic antibodies, therapeutic bi-specific antibodies, and/or therapeutic ligands.

Also disclosed are isolated polynucleotides encoded any of the isolated polypeptides disclosed herein. The isolated polynucleotide may be present in vectors for replication of the polynucleotides or for expression of the encoded polypeptides, for example, where the polynucleotides are operably linked to a promoter. Also disclosed are isolated cells that comprise the isolated polynucleotides, particular the isolated polynucleotides as present in the disclosed vectors. Also disclosed are methods for expressing the encoded polypeptides, which methods include culturing the isolated cells as disclosed herein.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1. CD8+ aggregate infiltration in myeloma bone marrows with active versican proteolysis. Staining of bone marrow biopsies with antibodies against neopeptide DPEAAE generated by V1-versican cleavage at Glu⁴⁴¹-Ala⁴⁴², macrophage marker CD68 and T-cell marker CD8. Four patterns of staining were observed in 19 informative punches, as shown. Arrow points at a CD8+ lymphocytic aggregate (>5 CD8+ cells in cluster). CD8-“poor” pattern refers to single CD8+ cells (occasionally doublets) sparsely distributed within tumor.

FIG. 2. Cellular origin of versican and versican-degrading proteases in the myeloma microenvironment. A. Isoform-specific primers detected expression of versican isoforms by MAM (CD14+) but not myeloma tumor cells (CD138+) or myeloma BM-MSC isolated from the cases indicated. B. Relative expression of ADAMTS1, ADAMTS4, and ADAMTS5 mRNA in myeloma bone marrow stromal cells (BM-MSC) compared to normal BM-MSC. C. ADAMTS1 mRNA was robustly expressed in BM-MSC (note logarithmic scale). * p<0.05.

FIG. 3. Versikine stimulates inflammatory cytokine production by primary MAM. A. and B. Freshly explanted MAM were exposed to 1 μM versikine for 12 hours. Relative expression of IL6 and IL1β transcripts is shown. C. MM1.S myeloma cells were exposed to 1 μM versikine

overnight and labeled with BrdU for 30 minutes prior to analysis. Anti-BrdU/PI FACS analysis was employed to determine the relative proportion of cells in each phase of the cell cycle. * p<0.05; ** p<0.01; *** p<0.001.

FIG. 4. Tpl2 and Tlr2 are implicated in versikine signaling. Tpl2^{-/-} bone-marrow-derived macrophages (BMDM) were treated with 1 μM versikine and cytokine concentrations were measured in the culture supernatant at 12 hours post-exposure. A., IL1β; B., IL6; C., IL10; D, IL12p40. E. Signaling mediators induced by versikine stimulation of BMDM were evaluated. BMDM were collected following stimulation with versikine at designed timepoints (each number reflects minutes) and subjected to immunoblot analysis with the antibodies shown. F. Tlr2^{-/-} BMDM were stimulated by versikine for 12 hours and IL6 protein was measured in the supernatant. G. Versikine modulates macrophage polarization. BMDM were exposed to versikine alone (A) or versikine+OVA/anti-OVA immune complexes (IC), as previously described (Edwards et al., 2006). Versikine exposure resulted in M1-like phenotype (IL12^{hi}, IL10^{lo}) in the absence of concurrent Fcγ ligation. Versikine+IC promoted macrophage polarization towards an M2b-like, immunoregulatory phenotype (IL12^{lo}, IL10^{hi}). ***p<0.001.

FIG. 5. Versikine induces upregulation of IRF8 and interferon-stimulated-genes (ISG). A. RNA-seq analysis of MM1.S myeloma cells exposed to versikine-producing macrophages for 48 h. Only 23 genes were differentially expressed and all were upregulated. 13 of 23 upregulated genes were interferon-stimulated-genes (ISG, highlighted yellow). VCAN gene transcription changes are highlighted in blue. B. RNA-seq analysis of THP-1 cells expressing versikine following co-culture with MM1.S cells for 48 hours. Genes shown were differentially expressed at least 2-fold (log² fold change > or equal to 1 for overexpressed, < or equal to 1 for underexpressed) with a threshold false discovery rate (FDR) of 0.05. ISGs are highlighted in yellow; VCAN gene transcription changes are highlighted in blue; EBI3 transcription changes are highlighted in grey (FDR for EBI3 was 0.053). C and D. MM1.S and THP-1-derived macrophage co-cultures were exposed to 0.5 μM of purified versikine for 4, 18 or 48 hours. RNA was collected from each cell type and analyzed by RT-PCR using an interferon signaling RT-PCR array (see Materials and Methods). Representative ISG transcription is shown for MM1.S (FIG. 5C) and THP-1 cells (FIG. 5D). E. Interferon regulatory factor (IRF) transcription in MM1.S cells following treatment with versikine (Vkn) versus vehicle (Veh). Expression is normalized to Veh-only levels at 4 h. F. IRF9 mRNA levels in MM1.S cells co-cultured with macrophages and treated with versikine and compared to vehicle-only control at each timepoint. G. EBI3 transcription in MM1.S cells co-cultured with macrophages and treated with versikine (grey bars) or vehicle (black bars) for designated time-lengths. H. RT-PCR analysis for EBI3 transcripts in patient-derived, freshly-explanted MAM treated with 0.5 μM versikine for 12 hours. Relative expression is normalized to vehicle-only control (=1). * p<0.05; ** p<0.01; *** p<0.001.

FIG. 6. VCAN accumulation and processing in colorectal cancer. A tissue microarray containing matched cores from colorectal cancers and the tumor-associated normal colon was stained for total VCAN and αDPEAAE, a neopeptide generated from VCAN cleavage at Glu⁴⁴¹-Ala⁴⁴² (V1-enumeration) (A). VCAN staining was observed variably within the stroma of CRCs, however overall an increase in the intensity of VCAN staining was observed in the tumor tissues compared to the normal colon (Chi-square test,

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$p < 0.001$, A and B). VCAN proteolysis, as determined by α DPEAAE staining, was extensive in the stroma of normal tissue and markedly reduced in numerous CRCs (Chi-square test, $p < 0.001$, A and C). Scale bar in A=100 μ m.

FIG. 7. Robust CD8+ T-cell infiltration in "VCAN proteolysis-predominant" tumors. Colorectal cancers were classified as "VCAN proteolysis-predominant" if their staining for total VCAN was weak ($\leq 1+$) and staining for versican proteolysis was strong (α DPEAAE intensity $\geq 2+$). Tumors that did not meet those criteria were classified as "proteolysis-weak" (A). Given the immunoregulatory properties of VCAN and the immunostimulatory properties of its proteolytic product, versikine, CD8+ T-cell infiltration was assessed comparing VCAN proteolysis-predominant cancers versus proteolysis-weak cancers. Proteolysis-predominant tumors display 10-fold higher CD8 scores on average than proteolysis-weak tumors (Wilcoxon rank sum test, $p < 0.001$; B). CD8+ T-cell infiltration is greatest in cancers with intensive VCAN proteolysis and low total VCAN (Wilcoxon rank sum test, $p < 0.001$, C). Scale bar in A=100 μ m.

FIG. 8. Impact of VCAN proteolysis on CD8+ T-cell infiltration in MMR proficient and deficient cancers. Identification of cases within the TMA with MMR deficiency was performed by IHC analysis for MLH1, MSH2, PMS2 and MSH6. Loss of staining for any of these proteins confirmed MMR deficiency. Non-tumor cells were utilized as an internal control. Increased CD8+ T-cell infiltration in dMMR cancers was confirmed in the TMA CRC cores with a mean of 11.7 CD8+ T-cells per HPF in dMMR tumors compared to 3.1 per HPF in pMMR (Wilcoxon rank sum test, $p < 0.001$; A). The intensity of staining for both VCAN and α DPEAAE varied across both dMMR and pMMR cancers with a trend toward more intense VCAN stromal staining in pMMR cancers (B). In both pMMR and dMMR cancers, the VCAN proteolysis predominant cancers had the greatest infiltration of CD8+ T-cells (Wilcoxon rank sum test, dMMR $p = 0.031$, pMMR $p = 0.006$; C). Comparing the VCAN proteolysis-predominant tumors, the dMMR cancers had increased CD8+ T-cell infiltration compared to the pMMR cancers (Wilcoxon rank sum test, $p = 0.04$; C). The proportion of VCAN proteolysis predominant tumors varies depending on the MMR status with this being more common in dMMR tumors (Wilcoxon rank sum test, $p = 0.01$; D). Truncating mutations in APC are commonly encountered in CRC and activation of WNT signaling has demonstrated immunoregulatory properties (20). To examine the impact of activation of WNT signaling, IHC staining for β -catenin was performed and the presence of nuclear localization of β -catenin was assessed. Those tumors with nuclear β -catenin had a significant reduction in CD8+ T-cell infiltration (Wilcoxon rank sum test, $p = 0.01$; E). In addition, those tumors with nuclear localization of β -catenin had a higher rate of intense staining for VCAN (Chi-square test, $p < 0.001$; F). Nuclear β -catenin was more common in the pMMR cancers (8 vs. 53%, Chi-square test, $p < 0.001$, G).

FIG. 9. Versikine, a product of VCAN proteolysis, promotes CD103+CD11c^{hi}MHCII^{hi} DC generation from flt3L-mobilized bone marrow progenitors. A. Bone marrow (BM) from C57BL/6J animals was isolated and cultured in the presence of 200 ng/mL flt3L for 9 days, as previously described (19). At conclusion of culture, a mixture of DC precursors and mature DC is obtained in this well-characterized system. Addition of versikine (1 mM) at D#0, alongside flt3L, resulted in reproducible expansion of CD103+CD11c^{hi}MHCII^{hi} DC (at least 5 independent experiments). Although the total number of CD11c+ cells

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was similar between vehicle- and versikine-supplemented cultures, there was a consistent skewing towards CD103+ differentiation, measurable at both earlier culture timepoints (4 days, A) and later culture timepoints (9 days, B). CD103+ MHCII^{hi} cells were SIRP^{lo}, CD11b^{lo-int} and SiglecH^{lo} confirming their identity as CD103+ conventional DC (cDC) (B). Versikine-supplemented flt3L-mobilized BM cultures demonstrate increased expression of the CD103+DC terminal selector, Irf8, as well as transcription factor Batf3 (C). Intact VCAN acts through TLR2/6 heterodimers. Addition of the TLR2/6 ligand, FSL-1, to flt3L-supplemented cultures results in a disadvantage to CD103+MHCII^{hi} expansion, suggesting that versikine acts through mechanisms distinct from intact VCAN (D).

FIG. 10. VCAN and α DPEAAE staining intensity scoring. The normal colon tissue and CRCs on the TMA were stained for VCAN and α DPEAAE. The staining intensity of each core was categorized as 0 for no staining, 1 for low/weak staining, 2 for moderate staining and 3 for strong/intense staining.

FIG. 11. VCAN and α DPEAAE staining across tumor locations and stages. There was no correlation between total VCAN staining and location of primary tumor (A). Increased α DPEAAE staining was observed in the rectum compared to the left or right colon (Chi-square test, $p = 0.009$; A). Despite a greater staining for α DPEAAE being identified within the rectum, there was no significant correlation between the VCAN proteolysis-predominant classification and tumor location (Chi-square test, $p = 0.96$; B). A trend toward an increased prevalence staining for the VCAN proteolysis-predominant classification was seen in colon cancers of earlier stage, albeit not statistically significant (Chi-square test, $p = 0.28$; C).

FIG. 12. Association of VCAN and α DPEAAE staining with phosphorylation of RPS6 and ERK1/2. There was not a significant correlation between stromal intensity of VCAN or α DPEAAE staining and phosphorylation of RPS6 (A and B) or phosphorylation of ERK1/2 (C and D).

FIG. 13. α DPEAAE stromal intensity and cellular proliferation. Ki67 was staining was categorized by the percent of cells with nuclear staining for Ki67. No correlation was identified between α DPEAAE staining and the percent of Ki67 positive nuclei (Chi-square test, $p = 0.9$).

DETAILED DESCRIPTION

The present invention is described herein using several definitions, as set forth below and throughout the application.

Definitions

Unless otherwise specified or indicated by context, the terms "a", "an", and "the" mean "one or more." For example, "a polypeptide" should be interpreted to mean "one or more polypeptides."

As used herein, "about," "approximately," "substantially," and "significantly" will be understood by persons of ordinary skill in the art and will vary to some extent on the context in which they are used. If there are uses of these terms which are not clear to persons of ordinary skill in the art given the context in which they are used, "about" and "approximately" will mean plus or minus $\leq 10\%$ of the particular term and "substantially" and "significantly" will mean plus or minus $\geq 10\%$ of the particular term.

As used herein, the terms "include" and "including" have the same meaning as the terms "comprise" and "compris-

ing.” The terms “comprise” and “comprising” should be interpreted as being “open” transitional terms that permit the inclusion of additional components further to those components recited in the claims. The terms “consist” and “consisting of” should be interpreted as being “closed” transitional terms that do not permit the inclusion of additional components other than the components recited in the claims. The term “consisting essentially of” should be interpreted to be partially closed and allowing the inclusion only of additional components that do not fundamentally alter the nature of the claimed subject matter.

As used herein, a “subject” may be interchangeable with “patient” or “individual” and means an animal, which may be a human or non-human animal, in need of treatment. Non-human animals may include dogs, cats, horses, cows, pigs, sheep, and the like.

A “subject in need thereof” may include a patient having a disease, disorder, or condition that is characterized by the lack of, or by a deficient or impaired T-cell mediated immune response, which may include, but is not limited to a T-cell response characterized as a T-cell inflamed phenotype. A T-cell inflamed phenotype may include, but is not limited to a type 1 interferon signature (i.e., a type 1 interferon expression profile), expression of chemokines that attract T-cells such as T_{regs} (i.e., FoxP3⁺ cells) or CD8⁺ T-cells into tumor sites (e.g., CCL2, CCL3, CCL4, CCL5, CCL22, CXCL9, ad CXCL10), expression of T-cell specific transcripts, and/or expression of macrophage-activation markers. Diseases characterized by the lack of, or by a deficient or impaired T-cell mediated immune response, may include but are not limited to cell proliferative diseases and disorders (e.g., cancer).

A “subject in need thereof” may include a subject having a cell proliferative disease or disorder such as cancer. Cancer types may include, but are not limited to adenocarcinoma, leukemia, lymphoma, melanoma, myeloma, sarcoma, and teratocarcinoma. Cancer types may include, but are not limited to cancers of the adrenal gland, bladder, blood, bone, bone marrow, brain, breast, cervix, gall bladder, ganglia, gastrointestinal tract, heart, kidney, liver, lung, muscle, ovary, pancreas, parathyroid, prostate, skin, testis, thymus, and uterus. A “subject in need thereof” may include a subject having a cancer that is characterized by a non-T-cell inflamed tumor microenvironment. (See Gajewski, “The Next Hurdle in Cancer Immunotherapy: Overcoming the Non-T-Cell-Inflamed Microenvironment,” *Seminars in Oncology*, Vol. 42, No. 4, August 2015, pp 663-671, the content of which is incorporated herein by reference in its entirety).

Reference is made herein to polypeptides and pharmaceutical compositions comprising polypeptides such as versikine and variants of versikine. An exemplary polypeptide may comprise the amino acid sequence of any of SEQ ID NOs:1-27, or may comprises an amino acid sequence having at least about 80%, 90%, 95%, 96%, 97%, 98%, or 99% sequence identity to any of SEQ ID NOs:1-27. Variant polypeptides may include polypeptides having one or more amino acid substitutions, deletions, additions and/or amino acid insertions relative to a reference polypeptide. Also disclosed are nucleic acid molecules that encode the disclosed polypeptide (e.g., polynucleotides that encode the polypeptide of any of SEQ ID NOs:1-27 or variants thereof).

SEQ ID NOs:1-27 provide amino acid sequences as follows: SEQ ID NO:1—full length versican V1 including signal peptide sequence (i.e., aa 1-2339); SEQ ID NO:2—full length versican V1 minus signal peptide sequence (i.e., aa 21-2339); SEQ ID NO:3—full length versican V1 minus

signal peptide sequence, plus N-terminal methionine; SEQ ID NO:4—non-versikine sequence of versican V1 (i.e., aa 442-2339); SEQ ID NO:5—full length versican including signal peptide sequence (i.e., aa 1-441); SEQ ID NO:6—full length versikine minus signal peptide sequence (i.e., aa 21-441); SEQ ID NO:7—full length versikine minus signal peptide sequence, plus N-terminal methionine; SEQ ID NO:8—Ig-like domain of versikine including signal peptide sequence (i.e., aa 1-146); SEQ ID NO:9—Ig-like domain of versikine minus signal peptide sequence (i.e., aa 21-146); SEQ ID NO:10—Ig-like domain of versikine minus signal peptide sequence, plus N-terminal methionine; SEQ ID NO:11—Linker domain 1 of versikine (i.e., aa 150-245); SEQ ID NO:12—Linker domain 1 of versikine plus N-terminal methionine; SEQ ID NO:13—Linker domain 2 of versikine (i.e., aa 251-347); SEQ ID NO:14—Linker domain 2 of versikine plus N-terminal methionine; SEQ ID NO:15—Portion of GAG- β domain in versikine (i.e., aa 349-441); SEQ ID NO:16—N-terminal portion of versikine including signal peptide sequence, Ig-like domain, and Linker domain 1 (i.e., aa 1-245); SEQ ID NO:17—N-terminal portion of versikine including Ig-like domain and Linker domain 1 (i.e., aa 21-245); SEQ ID NO:18—N-terminal portion of versikine including Ig-like domain and Linker domain 1 plus N-terminal methionine; SEQ ID NO:19—N-terminal portion of versikine including signal peptide sequence, Ig-like domain, Linker domain 1, and Linker domain 2 (i.e., aa 1-347); SEQ ID NO:20—N-terminal portion of versikine including Ig-like domain, Linker domain 1, and Linker domain 2 (i.e., aa 21-347); SEQ ID NO:21—N-terminal portion of versikine including Ig-like domain, Linker domain 1, and Linker domain 2, plus N-terminal methionine; SEQ ID NO:22—Internal portion of versikine including Linker domain 1 and Linker domain 2 (i.e., aa 150-347); SEQ ID NO:23—Internal portion of versikine including Linker domain 1 and Linker domain 2, plus N-terminal methionine (i.e., aa 150-347); SEQ ID NO:24—C-terminal portion of versikine including Linker domain 1, Linker domain 2, and portion of Gag- β domain (i.e., aa 150-441); SEQ ID NO:25—C-terminal portion of versikine including Linker domain 1, Linker domain 2, and portion of Gag- β domain, plus N-terminal methionine; SEQ ID NO:26—C-terminal portion of versikine including Linker domain 2 and portion of Gag- β domain (i.e., aa 251-441); SEQ ID NO:27—C-terminal portion of versikine including Linker domain 2 and portion of Gag- β domain, plus N-terminal methionine.

The disclosed versikine polypeptides or variant polypeptide preferably exhibit one or more biological activities that include inducing and/or potentiating a T-cell mediated immune response, and in particular, inducing and/or potentiating a T-cell inflamed phenotype. A T-cell inflamed phenotype may be characterized by a number of criteria, including but not limited to a type 1 interferon signature (i.e., a type 1 interferon expression profile), expression of chemokines that attract T-cells such as Tregs (i.e., FoxP3⁺ cells) or CD8⁺ T-cells into tumor sites (e.g., CCL2, CCL3, CCL4, CCL5, CCL22, CXCL9, ad CXCL10), expression of T-cell specific transcripts, and/or expression of macrophage-activation markers. (See, e.g., Gajewski, “The Next Hurdle in Cancer Immunotherapy: Overcoming the Non-T-Cell-Inflamed Tumor Microenvironment, *Seminars in Oncology*, Vol. 42, No. 4, August 2015, pp. 663-671; Zitvogel et al., “Type 1 interferons in anticancer immunity,” *Nature Reviews*, Vol. 15, July 2015, pp. 405-414; and Harlin et al., “Chemokine Expression in Melanoma Metastases Associated with CD8⁺ T-cell Recruitment,” *Cancer Res.* 2009 Apr.

1; 69(7)). A type 1 interferon signature can be used to characterize a number of diseases and disorders, including cell proliferative diseases and disorders as well as other diseases and disorder. (See, e.g., Gajewski, "The Next Hurdle in Cancer Immunotherapy: Overcoming the Non-T-Cell-Inflamed Tumor Microenvironment, *Seminars in Oncology*, Vol. 42, No. 4, August 2015, pp. 663-671; Zitvogel et al., "Type 1 interferons in anticancer immunity," *Nature Reviews*, Vol. 15, July 2015, pp. 405-414 Häupl et al., "The type 1 interferon signature: facts, fads and fallacies," *Ann. Rheum Dis* 2011; 70:A24; Ronnblom et al., "The interferon signature in autoimmune diseases," *Curr Opin. Rheumatol.* 2013 March; 25(2):248-53; Ferreira et al., "A type 1 interferon transcriptional signature precedes autoimmunity in children genetically at risk for type 1 diabetes," *Diabetes*, 2014 July; 63(7):2538-50; Cornabella et al., "A type 1 interferon signature in monocytes is associated with poor response to interferon-beta in multiple sclerosis," *Brain* 2009 December; 132(Pt 12):3353-65; the contents of which are incorporated herein by reference in their entireties).

The disclosed polynucleotides encoding the disclosed polypeptides may be present in a replication vector and/or expression vector. Suitable vectors may include bacterial, plant, fungal, insect, or animal host cell replication and/or expression vectors that express the disclosed versikine polypeptides or variants thereof. Vectors may be used to transform appropriate host cells (e.g., *E. coli*). The transformed host cell may be cultivated or fermented such that the polypeptide is expressed constitutively or after adding a reagent that induces expression (e.g., via an inducible promoter). Expression vectors as contemplated herein may include control sequences that modulate expression of the encoded polypeptide. Expression control sequences may include constitutive or inducible promoters (e.g., T3, T7, Lac, trp, or phoA), ribosome binding sites, or transcription terminators.

The vectors disclosed herein may be utilized to transform host cells. Suitable host cells include bacterial, plant, fungal, insect, or animal host cell. Suitable bacteria include, but are not limited to: Gram-negative bacteria such as *Escherichia* species (e.g., *E. coli*), other Gram-negative bacteria, (e.g., *Pseudomonas* sp., such as *Pseudomonas aeruginosa*, or *Caulobacter* sp., such as *Caulobacter crescentus*), or Gram-positive bacteria (e.g., *Bacillus* sp., in particular *Bacillus subtilis*). Suitable fungal cells may include yeast (e.g., *Saccharomyces cerevisiae*).

Also disclosed are methods for expressing, preparing, isolating, separating, or purifying the disclosed versikine polypeptides or variants thereof. In some embodiments, the methods may be utilized to produce the versikine polypeptides as disclosed herein. The steps of the methods may include: (i) cultivating or fermenting a transformed host cell (e.g., a bacterial host cell as contemplated herein) which comprises an expression vector (as contemplated herein) which in turn comprises a nucleic acid molecule encoding the disclosed versikine polypeptides or variants thereof (as contemplated herein), wherein cultivation occurs under conditions which cause expression of the versikine polypeptides; and (ii) isolating, separating, or purifying the versikine polypeptide. The transformed bacteria may be cultivated or fermented using methods known in the art in order to express the versikine polypeptide. An exemplary isolation, separation, or purification method may include one or more of the following steps: a cell disruption step, a clarification step (e.g., via centrifugation or filtration), a chromatographic separation step, a dialysis step, and a precipitation step.

The terms "nucleic acid" and "nucleic acid sequence" refer to a nucleotide, oligonucleotide, polynucleotide (which terms may be used interchangeably), or any fragment thereof. These phrases also refer to DNA or RNA of genomic or synthetic origin (which may be single-stranded or double-stranded and may represent the sense or the antisense strand).

The terms "amino acid" and "amino acid sequence" refer to an oligopeptide, peptide, polypeptide, or protein sequence (which terms may be used interchangeably), or a fragment of any of these, and to naturally occurring or synthetic molecules. Where "amino acid sequence" is recited to refer to a sequence of a naturally occurring protein molecule, "amino acid sequence" and like terms are not meant to limit the amino acid sequence to the complete native amino acid sequence associated with the recited protein molecule.

The amino acid sequences contemplated herein may include conservative amino acid substitutions relative to a reference amino acid sequence. For example, a variant versikine polypeptide may include conservative amino acid substitutions relative to the natural versikine polypeptide. "Conservative amino acid substitutions" are those substitutions that are predicted to interfere least with the properties of the reference polypeptide. In other words, conservative amino acid substitutions substantially conserve the structure and the function of the reference protein. Conservative amino acid substitutions may include:

Original Residue	Conservative Substitutions
Ala	Gly, Ser
Arg	His, Lys
Asn	Asp, Gln, His
Asp	Asn, Glu
Cys	Ala, Ser
Gln	Asn, Glu, His
Glu	Asp, Gln, His
Gly	Ala
His	Asn, Arg, Gln, Glu
Ile	Leu, Val
Leu	Ile, Val
Lys	Arg, Gln, Glu
Met	Leu, Ile
Phe	His, Met, Leu, Trp, Tyr
Ser	Cys, Thr
Thr	Ser, Val
Trp	Phe, Tyr
Tyr	His, Phe, Trp
Val	Ile, Leu, Thr

Conservative amino acid substitutions generally maintain (a) the structure of the polypeptide backbone in the area of the substitution, for example, as a beta sheet or alpha helical conformation, (b) the charge or hydrophobicity of the molecule at the site of the substitution, and/or (c) the bulk of the side chain.

A "deletion" refers to a change in the amino acid or nucleotide sequence that results in the absence of one or more amino acid residues or nucleotides relative to a reference sequence. A deletion removes at least 1, 2, 3, 4, 5, 10, 20, 50, 100, or 200 amino acids residues or nucleotides. A deletion may include an internal deletion or a terminal deletion (e.g., an N-terminal truncation or a C-terminal truncation of a reference polypeptide or a 5'-terminal or 3'-terminal truncation of a reference polynucleotide).

A "fragment" is a portion of an amino acid sequence or a polynucleotide which is identical in sequence to but shorter in length than a reference sequence. A fragment may comprise up to the entire length of the reference sequence, minus

at least one nucleotide/amino acid residue. For example, a fragment may comprise from 5 to 1000 contiguous nucleotides or contiguous amino acid residues of a reference polynucleotide or reference polypeptide, respectively. In some embodiments, a fragment may comprise at least (or no more than) 5, 10, 15, 20, 25, 30, 40, 50, 60, 70, 80, 90, 100, 150, 250, or 500 contiguous nucleotides or contiguous amino acid residues of a reference polynucleotide or reference polypeptide, respectively. A fragment may comprise a range of contiguous nucleotides or contiguous amino acid residues of a reference polynucleotide or reference polypeptide, respectively, bounded by endpoints selected from any of 5, 10, 15, 20, 25, 30, 40, 50, 60, 70, 80, 90, 100, 150, 250, or 500 contiguous nucleotides or contiguous amino acid residues, respectively (e.g., a peptide fragment having 100-150 contiguous amino acid residues of a reference polypeptide). Fragments may be preferentially selected from certain regions of a molecule. The term "at least a fragment" encompasses the full length polynucleotide or full length polypeptide.

Fusion proteins also are contemplated herein. A "versikine fusion protein" refers to a protein formed by the fusion (e.g., genetic fusion) of at least one molecule of versikine (or a fragment or variant thereof) to at least one molecule of a heterologous protein (or fragment or variant thereof), which may include a therapeutic protein. A versikine fusion protein comprises at least a fragment or variant of the heterologous protein and at least a fragment or variant of versikine, which are associated with one another, preferably by genetic fusion (i.e., the versikine fusion protein is generated by translation of a nucleic acid in which a polynucleotide encoding all or a portion of the heterologous protein is joined in-frame with a polynucleotide encoding all or a portion of versikine or a fragment or variant thereof). The heterologous protein and versikine protein, once part of the versikine fusion protein, may each be referred to herein as a "portion", "region" or "moiety" of the versikine fusion protein (e.g., a "heterologous protein portion" or a "versikine protein portion").

Conjugate proteins also are contemplated herein. A "versikine conjugate protein" refers to a protein formed by the conjugation (i.e., covalently bonding) of at least one molecule of versikine (or a fragment or variant thereof) to at least one molecule of a heterologous protein (or fragment or variant thereof), which may include a therapeutic protein. A versikine conjugate protein comprises at least a fragment or variant of the heterologous protein and at least a fragment or variant of versikine, which are associated with one another by covalent bonding. The heterologous protein and versikine protein, once part of the versikine conjugate protein, may each be referred to herein as a "portion," "region" or "moiety" of the versikine conjugate protein (e.g., "a heterologous protein portion" or a "versikine protein portion").

Suitable heterologous proteins for the contemplated versikine fusion protein and versikine conjugate proteins may include therapeutic antibodies or antigen-binding fragments thereof. Suitable antibodies may include, but are not limited to, antibodies that bind to the protein CD20 (e.g., rituximab or an antigen-binding fragments thereof that binds the protein CD20), antibodies that bind to the protein CD38 (e.g., daratumumab or an antigen-binding fragment thereof that binds the protein CD38), antibodies that bind to the protein CD30 (e.g., brentuximab or an antigen-binding fragment thereof that binds the protein CD30), antibodies that bind to the protein CD19 (e.g., blinatumomab or an antigen-binding fragment thereof that binds the protein CD19), antibodies that bind to the protein CD40 (e.g., ipilimumab or an antigen-binding fragment thereof that

binds CD40), antibodies that bind to the protein PD-1 (e.g., nivolumab or an antigen-binding fragment thereof that binds PD-1). Suitable heterologous proteins may also include ligands for receptor present on T-cells and immunoadhesins (e.g., immunoadhesins that target any of CD20, CD38, CD30, CD19, CD40, and/or PD-1).

A "full length" polynucleotide sequence is one containing at least a translation initiation codon (e.g., methionine) followed by an open reading frame and a translation termination codon. A "full length" polynucleotide sequence encodes a "full length" polypeptide sequence.

"Homology" refers to sequence similarity or, interchangeably, sequence identity, between two or more polynucleotide sequences or two or more polypeptide sequences. Homology, sequence similarity, and percentage sequence identity may be determined using methods in the art and described herein.

The phrases "percent identity" and "% identity," as applied to polypeptide sequences, refer to the percentage of residue matches between at least two polypeptide sequences aligned using a standardized algorithm. Methods of polypeptide sequence alignment are well-known. Some alignment methods take into account conservative amino acid substitutions. Such conservative substitutions, explained in more detail above, generally preserve the charge and hydrophobicity at the site of substitution, thus preserving the structure (and therefore function) of the polypeptide. Percent identity for amino acid sequences may be determined as understood in the art. (See, e.g., U.S. Pat. No. 7,396,664, which is incorporated herein by reference in its entirety). A suite of commonly used and freely available sequence comparison algorithms is provided by the National Center for Biotechnology Information (NCBI) Basic Local Alignment Search Tool (BLAST) (Altschul, S. F. et al. (1990) *J. Mol. Biol.* 215:403-410), which is available from several sources, including the NCBI, Bethesda, Md., at its website. The BLAST software suite includes various sequence analysis programs including "blastp," that is used to align a known amino acid sequence with other amino acid sequences from a variety of databases.

Percent identity may be measured over the length of an entire defined polypeptide sequence, for example, as defined by a particular SEQ ID number, or may be measured over a shorter length, for example, over the length of a fragment taken from a larger, defined polypeptide sequence, for instance, a fragment of at least 15, at least 20, at least 30, at least 40, at least 50, at least 70 or at least 150 contiguous residues. Such lengths are exemplary only, and it is understood that any fragment length supported by the sequences shown herein, in the tables, figures or Sequence Listing, may be used to describe a length over which percentage identity may be measured.

A "variant" of a particular polypeptide sequence is defined as a polypeptide sequence having at least 50% sequence identity to the particular polypeptide sequence over a certain length of one of the polypeptide sequences using blastp with the "BLAST 2 Sequences" tool available at the National Center for Biotechnology Information's website. (See Tatiana A. Tatusova, Thomas L. Madden (1999), "Blast 2 sequences—a new tool for comparing protein and nucleotide sequences", *FEMS Microbiol Lett.* 174:247-250). Such a pair of polypeptides may show, for example, at least 60%, at least 70%, at least 80%, at least 90%, at least 91%, at least 92%, at least 93%, at least 94%, at least 95%, at least 96%, at least 97%, at least 98%, or at least 99% or greater sequence identity over a certain defined length of one of the polypeptides. A "variant" may have

substantially the same functional activity as a reference polypeptide. For example, a variant of versikine may exhibit or more biological activities associated with versikine, including inducing of a type 1 interferon signature.

The disclosed polypeptides may be modified so as to comprise an amino acid sequence or modified amino acids, such that the disclosed polypeptides cannot be said to be naturally occurring. In some embodiments, the disclosed polypeptides are modified and the modification is selected from the group consisting of acylation, acetylation, formylation, lipoylation, myristoylation, palmitoylation, alkylation, isoprenylation, prenylation, and amidation. An amino acid in the disclosed polypeptides may be thusly modified, but in particular, the modifications may be present at the N-terminus and/or C-terminus of the polypeptides (e.g., N-terminal acylation or acetylation, and/or C-terminal amidation). The modifications may enhance the stability of the polypeptides and/or make the polypeptides resistant to proteolysis.

The terms “percent identity” and “% identity,” as applied to polynucleotide sequences, refer to the percentage of residue matches between at least two polynucleotide sequences aligned using a standardized algorithm. Such an algorithm may insert, in a standardized and reproducible way, gaps in the sequences being compared in order to optimize alignment between two sequences, and therefore achieve a more meaningful comparison of the two sequences. Percent identity for a nucleic acid sequence may be determined as understood in the art. (See, e.g., U.S. Pat. No. 7,396,664, which is incorporated herein by reference in its entirety). A suite of commonly used and freely available sequence comparison algorithms is provided by the National Center for Biotechnology Information (NCBI) Basic Local Alignment Search Tool (BLAST) (Altschul, S. F. et al. (1990) *J. Mol. Biol.* 215:403-410), which is available from several sources, including the NCBI, Bethesda, Md., at its website. The BLAST software suite includes various sequence analysis programs including “blastn,” that is used to align a known polynucleotide sequence with other polynucleotide sequences from a variety of databases. Also available is a tool called “BLAST 2 Sequences” that is used for direct pairwise comparison of two nucleotide sequences. “BLAST 2 Sequences” can be accessed and used interactively at the NCBI website. The “BLAST 2 Sequences” tool can be used for both blastn and blastp (discussed below).

Percent identity may be measured over the length of an entire defined polynucleotide sequence, for example, as defined by a particular SEQ ID number, or may be measured over a shorter length, for example, over the length of a fragment taken from a larger, defined sequence, for instance, a fragment of at least 20, at least 30, at least 40, at least 50, at least 70, at least 100, or at least 200 contiguous nucleotides. Such lengths are exemplary only, and it is understood that any fragment length supported by the sequences shown herein, in the tables, figures, or Sequence Listing, may be used to describe a length over which percentage identity may be measured.

A “variant,” “mutant,” or “derivative” of a particular nucleic acid sequence may be defined as a nucleic acid sequence having at least 50% sequence identity to the particular nucleic acid sequence over a certain length of one of the nucleic acid sequences using blastn with the “BLAST 2 Sequences” tool available at the National Center for Biotechnology Information’s website. (See Tatiana A. Tatusova, Thomas L. Madden (1999), “Blast 2 sequences—a new tool for comparing protein and nucleotide sequences”, *FEMS Microbiol Lett.* 174:247-250). Such a pair of nucleic

acids may show, for example, at least 60%, at least 70%, at least 80%, at least 85%, at least 90%, at least 91%, at least 92%, at least 93%, at least 94%, at least 95%, at least 96%, at least 97%, at least 98%, or at least 99% or greater sequence identity over a certain defined length.

Nucleic acid sequences that do not show a high degree of identity may nevertheless encode similar amino acid sequences due to the degeneracy of the genetic code. It is understood that changes in a nucleic acid sequence can be made using this degeneracy to produce multiple nucleic acid sequences that all encode substantially the same protein.

The words “insertion” and “addition” refer to changes in an amino acid or nucleotide sequence resulting in the addition of one or more amino acid residues or nucleotides, respectively. An insertion or addition may refer to 1, 2, 3, 4, 5, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100, 150, or 200 amino acid residues or nucleotides.

“Operably linked” refers to the situation in which a first nucleic acid sequence is placed in a functional relationship with a second nucleic acid sequence. For instance, a promoter is operably linked to a coding sequence if the promoter affects the transcription or expression of the coding sequence. Operably linked DNA sequences may be in close proximity or contiguous and, where necessary to join two protein coding regions, in the same reading frame.

A “recombinant nucleic acid” is a sequence that is not naturally occurring or has a sequence that is made by an artificial combination of two or more otherwise separated segments of sequence. This artificial combination is often accomplished by chemical synthesis or, more commonly, by the artificial manipulation of isolated segments of nucleic acids, e.g., by genetic engineering techniques such as those described in Sambrook, J. et al. (1989) *Molecular Cloning: A Laboratory Manual*, 2nd ed., vol. 1 3, Cold Spring Harbor Press, Plainview N.Y. The term recombinant includes nucleic acids that have been altered solely by addition, substitution, or deletion of a portion of the nucleic acid. Frequently, a recombinant nucleic acid may include a nucleic acid sequence operably linked to a promoter sequence. Such a recombinant nucleic acid may be part of a vector that is used, for example, to transform a cell.

“Substantially isolated or purified” nucleic acid or amino acid sequences are contemplated herein. The term “substantially isolated or purified” refers to nucleic acid or amino acid sequences that are removed from their natural environment, and are at least 60% free, preferably at least 75% free, and more preferably at least 90% free, even more preferably at least 95% free from other components with which they are naturally associated.

“Transformation” describes a process by which exogenous DNA is introduced into a recipient cell. Transformation may occur under natural or artificial conditions according to various methods well known in the art, and may rely on any known method for the insertion of foreign nucleic acid sequences into a prokaryotic or eukaryotic host cell. The method for transformation is selected based on the type of host cell being transformed and may include, but is not limited to, bacteriophage or viral infection, electroporation, heat shock, lipofection, and particle bombardment. The term “transformed cells” includes stably transformed cells in which the inserted DNA is capable of replication either as an autonomously replicating plasmid or as part of the host chromosome, as well as transiently transformed cells which express the inserted DNA or RNA for limited periods of time.

A “composition comprising a given polypeptide” and a “composition comprising a given polynucleotide” refer

broadly to any composition containing the given polynucleotide or amino acid sequence. The composition may comprise a dry formulation or an aqueous solution. The compositions may be stored in any suitable form including, but not limited to, freeze-dried form and may be associated with a stabilizing agent such as a carbohydrate. The compositions may be aqueous solution containing salts (e.g., NaCl), detergents (e.g., sodium dodecyl sulfate; SDS), and other components (e.g., Denhardt's solution, dry milk, salmon sperm DNA, and the like).

As used herein, "potentiating" or "enhancing" an immune response means increasing the magnitude and/or the breadth of the immune response. For example, the number of cells that recognize a particular epitope may be increased ("magnitude") and/or the numbers of epitopes that are recognized may be increased ("breadth"). Preferably, a 5-fold, or more preferably a 10-fold or greater, enhancement in an immune response may be obtained by administering the polypeptides and pharmaceutical compositions disclosed herein. In some embodiments, potentiating or enhancing an immune response means overcoming a non-T-cell-inflamed tumor microenvironment in a subject having cancer (e.g., by increasing the number of T-cells that are infiltrating the tumor, by increasing the number of cells that are exhibiting a type 1 interferon signature, and/or by increasing the number of cells that are expressing macrophage-activation markers).

The disclosed pharmaceutical composition may comprise the disclosed versikine polypeptides and variants at any suitable dose. Suitable doses may include, but are not limited to, about 0.01 µg/dose, about 0.05 µg/dose, about 0.1 µg/dose, about 0.5 µg/dose, about 1 µg/dose, about 2 µg/dose, about 3 µg/dose, about 4 µg/dose, about 5 µg/dose, about 10 µg/dose, about 15 µg/dose, about 20 µg/dose, about 25 µg/dose, about 30 µg/dose, about 35 µg/dose, about 40 µg/dose, about 45 µg/dose, about 50 µg/dose, about 100 µg/dose, about 200 µg/dose, about 500 µg/dose, or about 1000 µg/dose. Suitable doses may be within dose ranges bounded by any of about 0.01 µg/dose, about 0.05 µg/dose, about 0.1 µg/dose, about 0.5 µg/dose, about 1 µg/dose, about 2 µg/dose, about 3 µg/dose, about 4 µg/dose, about 5 µg/dose, about 10 µg/dose, about 15 µg/dose, about 20 µg/dose, about 25 µg/dose, about 30 µg/dose, about 35 µg/dose, about 40 µg/dose, about 45 µg/dose, about 50 µg/dose, about 100 µg/dose, about 200 µg/dose, about 500 µg/dose, or about 1000 µg/dose (e.g., about 50 µg/dose to about 100 µg/dose).

The disclosed versikine polypeptides and variants may be administered at any suitable dose level. In some embodiments, a subject in need thereof is administered a versikine polypeptide or variant thereof at a dose level of from about 1 ng/kg up to about 2000 ng/kg. In some embodiments, the versikine polypeptide or variant thereof is administered to the subject in need thereof at a dose level of at least about 1 ng/kg, 2 ng/kg, 5 ng/kg, 10 ng/kg, 20 ng/kg, 50 ng/kg, 100 ng/kg, 200 ng/kg, 500 ng/kg, 1000 ng/kg or 2000 ng/kg. In other embodiments, the versikine polypeptide or variant thereof is administered to the subject in need thereof at a dose level of less than about 2000 ng/kg, 1000 ng/kg, 500 ng/kg, 200 ng/kg, 100 ng/kg, 50 ng/kg, 20 ng/kg, 10 ng/kg, 5 ng/kg, 2 ng/kg, or 1 ng/kg. In further embodiments, the versikine polypeptide or variant thereof is administered to a subject in need thereof within a dose level range bounded by any 1 ng/kg, 2 ng/kg, 5 ng/kg, 10 ng/kg, 20 ng/kg, 50 ng/kg, 100 ng/kg, 200 ng/kg, 500 ng/kg, 1000 ng/kg or 2000 ng/kg (e.g., a dose level range of 100 ng/kg to 200 ng/kg).

The disclosed versikine polypeptides and variants may be administered under any suitable dosing regimen. Suitable dosing regimens may include, but are not limited to, daily regimens (e.g., 1 dose/day for 1, 2, 3, 4, 5, 6, 7 or more days), twice daily regimens (e.g., 2 doses/day for 1, 2, 3, 4, 5, 6, 7 or more days), and thrice daily regimens (e.g., 3 doses/day for 1, 2, 3, 4, 5, 6, 7 or more days). Suitable regimens also may include dosing every other day, 3 times/week, once a week, for 1, 2, 3, 4, or more weeks.

The disclosed versikine polypeptides and variants (or pharmaceutical compositions comprising the disclosed versikine polypeptides and variant) may be administered to a subject in need thereof by any suitable route. In some embodiments, the disclosed versikine polypeptides and variant are administered to a subject in need thereof via an injectable delivery route selected from the group consisting of intradermal, intramuscular, intraperitoneal, intravenous, subcutaneous, intratumorally, or epidural routes. In another embodiment, the disclosed versikine polypeptides and variant are administered to a subject near a site of a tumor or cancer. The disclosed versikine polypeptides and variants may be administered to cells or tissue that has been explanted from a subject. For example, the explanted cells or tissue may be contacted or treated with the disclosed versikine polypeptides and variants *ex vivo*, and after treatment/contact, the explanted cells or tissue may be administered to the patient, for example, but re-infusion and/or transplant.

Use of Versikine and Variants Thereof in Treatment Methods

Disclosed are methods and compositions for inducing and/or potentiating an immune response. The present inventors have determined that versikine can be administered in order to induce and or potentiate a T-cell mediated immune response, which may be characterized as a T-cell inflamed phenotype. As such, the inventors have determined that versikine may be administered to potentiate T-cell activating immunotherapies.

The disclosed methods include methods for inducing and/or potentiating an immune response in a subject in need thereof, including a T-cell mediated immune response. The disclosed methods may include administering to the subject in need thereof a pharmaceutical composition comprising an effective amount of versikine or a variant thereof that induces and/or potentiates the T-cell mediated immune response. The pharmaceutical composition may be administered by any suitable route including, for example, systemically (e.g., intravenously) or by injecting the pharmaceutical composition directly into tissue (e.g., tumor tissue).

In some embodiments, the T-cell mediated immune response induced and/or potentiated in the disclosed methods may be characterized by a type 1 interferon signature (i.e., type 1 interferon expression profile). As such, in the disclosed methods versikine or a variant thereof may be administered in order to induce and/or potentiate expression of one or more genes whose expression is observed to be induced by type 1 interferon. In some embodiments, the enhanced expression is observed relative to a baseline or control of one or more genes encoding any of IF16, MX1, XAF1, IFITM1, OAS3, IFI44L, TRIM22, STAT1, IFI44, CCL2, MX2, IFIT1, OAS2, SIGLEC1, TTSAD2, OASL, SIGLEC11, IFITM1, and ISG15. Expression may be measured and assessed by methods known in the art, including methods for detecting mRNA (e.g., via RT-PCR) and methods for detecting encoded proteins (e.g., via immunoassay).

The disclosed versikine polypeptides and variants may be administered in order to induce production of other cytok-

ines. In some embodiments, the disclosed versikine polypeptides and variants may be administered in order to induce or enhance production of IL1 β , IL6, or both (e.g., by macrophages). Induction or enhanced production of cytokines may be measured and assessed by methods known in the art (e.g., via immunoassays or via assays that measure biological activity of the cytokines).

The disclosed versikine polypeptides and variants may be administered in order to induce expression of other proteins. In some embodiments, the disclosed versikine polypeptides and variants may be administered in order to induce expression of one or more of EBI3, IRF8, and IL12p40. Expression may be measured and assessed by methods known in the art, including methods for detecting mRNA (e.g., via RT-PCR) and methods for detecting encoded proteins (e.g., via immunoassay).

The disclosed versikine polypeptides and variants may be administered in order to induce phosphorylation of other proteins. In some embodiments, the disclosed versikine polypeptides and variants may be administered to induce phosphorylation of one or more of JNK, p38-MAPK, and AKT.

The disclosed methods include administering versikine polypeptides to a subject in need thereof and also administering variants of versikine to a subject in need thereof. Typically, the variants exhibit one or more biological activities associated with versikine, such as induction of a T-cell mediated immune response. In some embodiments, the versikine polypeptide or variant thereof comprises, consists essentially of, or consists of the amino acid sequence of any of SEQ ID NOs:1-27 or an amino acid sequence having a least about 80%, 85%, 90%, 95%, 96%, 97%, 98%, or 99% sequence identity to any of SEQ ID NOs:1-27.

The disclosed versikine polypeptides and variants thereof optionally comprise an N-terminal methionine which optionally may not be present in naturally occurring versikine. In some embodiments, the disclosed versikine polypeptides and variants thereof may comprise, consist essentially of, or consist of the amino acid sequence of any of SEQ ID NOs:3-27 or an amino acid sequence having a least about 80%, 85%, 90%, 95%, 96%, 97%, 98%, or 99% sequence to any of SEQ ID NOs:3-27, wherein the versikine polypeptides or variants thereof comprise a non-naturally occurring N-terminal methionine. Exemplary polypeptides include polypeptides comprising, consisting essentially of, or consisting of the amino acid sequence of any of SEQ ID NOs:3, 7, 10, 12, 14, 18, 21, 23, 25 and 27.

The disclosed versikine polypeptides and variants thereof may comprise, consist essentially of, or consist of a fragment of a reference polypeptide. In some embodiments, the disclosed versikine polypeptides and variants thereof comprise, consist essentially of, or consist of a fragment of any of SEQ ID NOs:1-27. In some embodiments, the disclosed versikine polypeptides and variants thereof do not comprise the amino acid sequence of SEQ ID NOs:4 or 8-27. In embodiments where the versikine polypeptides and variants thereof comprise a fragment of a reference polypeptide that does not include the naturally occurring N-terminal methionine, the versikine polypeptides and variants thereof may be modified to include a non-naturally occurring N-terminal methionine.

The disclosed versikine polypeptides and variants thereof may comprise post-translational modifications or may lack post-translation modifications. In some embodiments, the disclosed versikine polypeptides and variants thereof do not have any chondroitin sulfate side chains. In other embodiments, the disclosed versikine polypeptides and variants

thereof include one or more amino acid modifications selected from the group consisting of acylation (e.g., N-terminal acylation), acetylation (e.g., N-terminal acetylation), formylation, lipoylation, myristoylation, palmitoylation, alkylation, isoprenylation, prenylation, pegylation, and amidation (e.g., C-terminal amidation).

The disclosed versikine polypeptides and variants thereof may be modified to replace a natural amino acid residue by an unnatural amino acid. Unnatural amino acids may include, but are not limited to an amino acid having a D-configuration, an N-methyl- α -amino acid, a non-proteogenic constrained amino acid, or a β -amino acid.

The disclosed versikine polypeptides and variants thereof may be modified in order to increase the stability of the versikine polypeptides and variants thereof in plasma. For example, the disclosed peptides may be modified in order to make the versikine polypeptides and variants thereof resistant to peptidases. The disclosed versikine polypeptides and variants thereof may be modified to replace an amide bond between two amino acids with a non-amide bond. For example, the carbonyl moiety of the amide bond can be replaced by CH₂ (i.e., to provide a reduced amino bond: —CH₂-NH—). Other suitable non-amide replacement bonds for the amide bond may include, but are not limited to: an endothiopeptide, —C(S)—NH, a phosphonamide, —P(O)OH—NH—, the NH-amide bond can be exchanged by O (depsipeptide, —CO—O—), S (thioester, —CO—S—) or CH₂ (ketomethylene, —CO—CH₂—). The peptide bond can also be modified as follows: retro-inverso bond (—NH—CO—), methylene-oxy bond (—CH₂—), thiomethylene bond (—CH₂—S—), carbabond (—CH₂—CH₂—), hydroxyethylene bond (—CHOH—CH₂—) and so on, for example, to increase plasma stability of the versikine polypeptides and variants thereof (notably towards endopeptidases).

The disclosed versikine polypeptides and variants thereof may include a non-naturally occurring N-terminal and/or C-terminal modification. For example, the N-terminal of the disclosed versikine polypeptides and variants thereof may be modified to include a N-acylation or a N-pyroglytamate modification (e.g., as a blocking modification). The C-terminal end of the disclosed versikine polypeptides and variants thereof may be modified to include a C-amidation.

The disclosed versikine polypeptides and variants thereof may include an N-terminal esterification (e.g., a phosphoester modification) or a pegylation modification, for example, to enhance plasma stability (e.g. resistance to exopeptidases) and/or to reduce immunogenicity.

The disclosed versikine polypeptides and variants thereof may be fused to additional functional polypeptide domains. In some embodiments, the disclosed versikine polypeptides and variants thereof are fused to an antibody or an antigen-binding domain thereof (e.g., one or more scFv or other antigen-binding domains). Optionally, the antigen-binding domain binds to an epitope of a tumor antigen and the versikine/antigen-binding fusion polypeptide is administered to a subject having a cancer for which the tumor antigen is associated in order to target the versikine/antigen-binding fusion polypeptide to the subject's tumor.

The disclosed versikine polypeptides and variants thereof may be conjugated to a resin or a solid support. For example, the disclosed versikine polypeptides and variants thereof may be conjugated via their N-terminus and/or C-terminus to a solid support, either directly or via a linking moiety that conjugates the peptides to the resin or the solid support. Solid supports may include microparticles or nanoparticles such as polymeric microparticles or polymeric nanoparticles

comprising a biodegradable polymer (e.g., poly(lactic-co-glycolic acid) (PLGA) polylactic acid, and poly(caprolactone)).

The disclosed versikine polypeptides and variants thereof may be formulated as a pharmaceutical composition for use in the methods disclosed herein. Typically, the pharmaceutical compositions contemplated herein will comprise an effective amount of a versikine polypeptide or variant thereof for inducing a T-cell mediated immune response in a subject after the pharmaceutical composition is administered to the subject or in cells or tissues explanted from the subject after the cells or tissues are contacted with the pharmaceutical composition.

The disclosed methods also may include administering the pharmaceutical composition comprising an effective amount of versikine or a variant thereof that induces a T-cell mediated immune response to explanted cells from a subject, for example, in a method in which the explanted cells are treated with the pharmaceutical composition *ex vivo*. The explanted cells thus treated may then be administered back to the subject, for example, by re-infusion. The explanted cells may include immune cells (e.g., T-cells or dendritic cells), which optionally are treated, contacted, or primed with an antigen (e.g., a tumor antigen), either before, concurrently with, or after treatment with the pharmaceutical composition comprising an effective amount of versikine or a variant thereof. The explanted cells may include tumor cells.

The disclosed methods include methods for treating cell proliferative diseases and disorders such as cancers in a subject by administering to the subject a pharmaceutical composition comprising an effective amount of versikine or a variant thereof that induces a T-cell mediated immune response. As such, cancers treated by the disclosed methods may include cancers that are characterized the absence of, or by a defective or impaired T-cell mediated response (e.g., cancers that are characterized the absence of, or by a defective T-cell inflamed phenotype). Cancers treated by the presently disclosed methods may include tissue type cancers selected from, but not limited to adenocarcinoma, leukemia, lymphoma, melanoma, myeloma, sarcoma, and teratocarcinoma. Cancers treated by the presently disclosed methods may include organ type cancers selected from, but not limited to the adrenal gland, bladder, blood, bone, bone marrow, brain, breast, cervix, gall bladder, ganglia, gastrointestinal tract, heart, kidney, liver, lung, muscle, ovary, pancreas, parathyroid, prostate, skin, testis, thymus, and uterus. In particular, a subject in need thereof may include a subject having a hematological malignancy, including but not limited to myeloma.

In the disclosed methods for treating cancer in a subject, the methods further may include administering to the subject cancer therapy before, concurrently with, or after administering the pharmaceutical composition comprising versikine or the variant thereof. Suitable cancer therapies may include, but are not limited to, administering chemotherapeutic agents. Suitable chemotherapeutic agents for administration in the disclosed methods may include, but are not limited to Abitrexate, Adcetris, Ambochlorin, Aredia (Pamidronate Disodium), Arranon, Asparaginase Erwinia chrysanthemi, Becenum (Carmustine), Beleodaq, Belinostat, Bendamustine Hydrochloride, Bexxar, BiCNU (Carmustine), Bleomoxane, Bleomycin, Blinatumomab, Blincyto, Bortezomib, Brentuximab Vedotin, Carfilzomib, Carmubris (Carmustine), Carmustine, Cerubidine, Chlorambucil, Clafen (Cyclophosphamide), Clofarex, Clolar, Cyclophosphamide, Cytarabine, Cytarabine Liposome, Cytosar-U, Cytosan (Cy-

clophosphamide), Daratumumab, Darzalex (Daratumumab), Dasatinib, Daunorubicine Hydrochloride, Denileukin Diftitox, DepoCyt, Dexamethasone, Docetaxel, Doxil (Doxorubicin Hydrochloride Liposome), Doxorubicin Hydrochloride Liposome, Dox-SL (Doxorubicin Hydrochloride Liposome), Elotuzumab, Emlipiti (Elotuzumab), Epirubicin, Erwinaze, Estramustine, Etoposide, Evacet (Doxorubicin Hydrochloride Liposome), Farydak (Panobinostat), Folex, Folex PFS, Folutyn, Ibrutumomab Tiuxetan, Ibrutinib, Iclusig, Idarubicin, Idelalisib, Imatinib Mesylate, Imbruvica, Intron A, Irinotecan, Istodax, Ixabepilone, Ixazomib Citrate, Kyprolis (Carfilzomib), Lenalidomide, Leukeran, Linfofizin, LipoDox (Doxorubicin Hydrochloride Liposome), Marqibo, Mechlorethamine Hydrochloride, Mercaptopurine, Methotrexate, Methotrexate LPF, Mexate, Mexate-AQ, Mitoxantrone, Mozobil (Plerixafor), Mustargen, Nelarabine, Neosar (Cyclophosphamide), Ninlaro (Ixazomib Citrate), Oncaspar, Ontak, Paclitaxel, Pamidronate Disodium, Panobinostat, Pegaspargase, Plerixafor, Pomalidomide, Pomalyst (Pomalidomide), Ponatinib Hydrochloride, Pralatrexate, Prednisone, Purinethol, Purixan, Recombinant Interferon Alfa-2b, Revlimid (Lenalidomide), Rituxanab, Romidepsin, Rubidomycin, Sprycel, Synovir (Thalidomide), Tarabiune PFS, Teniposide, Thalidomide, Thalomid (Thalidomide), Topotecan, Tositumomab, Treanda, Velban, Velcade (Bortezomib), Vinblastine Sulfate, Vincasar PGS, Vincristine Sulfate, Vincristine Sulfate Liposome, Vinorelbine, Vorinostat, Zevalin, Zoledronic Acid, Zolinza, Zometa (Zoledronic Acid), and Zydelig.

Other suitable cancer therapies that may be administered before, concurrently with, or after administering the pharmaceutical composition comprising versikine or the variant thereof may include therapies in which oncolytic viruses are administered, therapies in which immunomodulatory drugs are administered, therapies in which anthracyclines are administered, and therapies in which check-point blockers are administered. Other suitable cancer therapies that may be administered before, concurrently with, or after administering the pharmaceutical composition comprising versikine or the variant thereof may include therapies in which chimeric antigen receptor (CAR) T-cells are administered, therapies in which tumor infiltrating lymphocyte (TIL) are administered. Other suitable cancer therapies that may be administered before, concurrently with, or after administering the pharmaceutical composition comprising versikine or the variant thereof may include radiation therapy.

Also disclosed are methods for determining whether a subject will benefit from a method that includes administering to the subject a pharmaceutical composition comprising an effective amount of versikine or a variant thereof that induces a T-cell mediated immune response. The methods may include determining the concentration of versikine in a biological sample from the subject (e.g., a blood product), and if the determined level is determined to be below a selected baseline, then administering the pharmaceutical composition comprising versikine or the variant thereof. Suitable blood products as biological samples may include blood itself, plasma, and serum. Suitable tissue samples as biological samples may include biopsies, for example, from a tumor. Immunoassays as known in the art may be utilized to determine the concentration of versikine in the biological sample.

Also disclosed are kits comprising components that optionally may be utilized to perform the methods disclosed herein. The kits may include one or more of (a) versikine or a variant thereof, where the versikine or the variant thereof

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optionally is provided as a pharmaceutical composition; and (b) a reagent for detecting the concentration of versikine in a biological sample (e.g., an anti-versikine antibody which optionally is labelled with a detectable label). The kit optionally may include implements for administering the versikine or variant thereof (e.g., a syringe/needle type implement). The kit optionally may include an immunoassay for detecting versikine in a biological sample, for example, where the reagent for detecting the concentration of versikine in a biological sample is an anti-versikine antibody. The anti-versikine antibody may be labelled, or optionally, the kit may include a labelled secondary antibody that binds to the anti-versikine antibody, which functions as the primary antibody. Suitable labels may include fluorescent labels, chemiluminescent labels, enzyme labels, radio labels, and the like.

Also disclosed are isolated polynucleotides encoded any of the versikine polypeptides and variants disclosed herein. The isolated polynucleotide may be present in vectors for replication of the polynucleotides or for expression of the encoded polypeptides, for example, where the polynucleotides are operably linked to a promoter, which optionally may be an inducible promoter. Also disclosed are isolated cells that comprise the isolated polynucleotides, particular the isolated polynucleotides as present in the disclosed vectors. Isolated cells that comprise vectors for expression of the encoded versikine polypeptides and variants may be cultured in methods in order to produce the encoded versikine polypeptides and variants.

ILLUSTRATIVE EMBODIMENTS

The following embodiments are illustrative and are not intended to limit the scope of the claimed subject matter.

Embodiment 1

A method for inducing and/or potentiating a T-cell mediated immune response in a subject in need thereof, the method comprising administering to the subject or to explanted cells of the subject a pharmaceutical composition comprising an effective amount of versikine or a variant thereof that induces and/or potentiates the T-cell mediated immune response.

Embodiment 2

The method of embodiment 1, wherein the T-cell mediated immune response is characterized by a type 1 interferon signature.

Embodiment 3

The method of embodiment 2, wherein the type 1 interferon signature is characterized by increased expression of one or more of IL1 β , IL6, EB13, IRF8, IL12p40, IF16, MX1, XAF1, IFITM1, OAS3, IFI44L, TRIM22, STAT1, IFI44, CCL2, MX2, IFIT1, OAS2, SIGLEC1, TTSAD2, OASL, SIGLEC11, IFITM1, and ISG15.

Embodiment 4

The method of embodiment 2 or 3, wherein the type 1 interferon signature is characterized by increased phosphorylation of one or more of JNK, p38-MAPK, and AKT.

Embodiment 5

The method of any of the foregoing embodiments, wherein the variant comprises the amino acid sequence of

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any of SEQ ID NOs:1-27 or an amino acid sequence having a least about 80% sequence identity to any of SEQ ID NOs:1-27.

Embodiment 6

The method of any of the foregoing embodiments, wherein the variant comprises an N-terminal methionine.

Embodiment 7

The method of any of the foregoing embodiments, wherein the variant comprises a fragment of any of SEQ ID NOs:1-27.

Embodiment 8

The method of any of the foregoing embodiments, wherein the variant does not comprise the amino acid sequence of SEQ ID NOs:4 or 8-27.

Embodiment 9

The method of any of the foregoing embodiments, wherein the variant does not have any chondroitin sulfate side chains.

Embodiment 10

The method of any of the foregoing embodiments, wherein the variant has one or more amino acid modifications selected from the group consisting of acylation (e.g., N-terminal acylation), acetylation (e.g., N-terminal acetylation), formylation, lipoylation, myristoylation, palmitoylation, alkylation, isoprenylation, prenylation, and amidation (e.g., C-terminal amidation).

Embodiment 11

The method of any of the foregoing embodiments, wherein the variant comprises a fused antigen-binding domain.

Embodiment 12

The method of embodiment 11, wherein the antigen-binding domain binds to an epitope of a tumor antigen.

Embodiment 13

The method of any of the foregoing embodiments, wherein administering comprising intravenously administering to the subject the pharmaceutical composition comprising an effective amount of versikine or a variant thereof.

Embodiment 14

The method of any of the foregoing embodiments, wherein administering comprising injecting locally into tissue of the subject the pharmaceutical composition comprising an effective amount of versikine or a variant thereof.

Embodiment 15

The method of embodiment 14, wherein the tissue is a tumor.

Embodiment 16

The method of any of the foregoing embodiments, wherein administering comprises treating explanted cells of

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the subject with the pharmaceutical composition comprising an effective amount of versikine or a variant thereof, and administering the treated explanted cells to the subject.

Embodiment 17

The method of embodiment 16, wherein the explanted cells comprise T-cells or dendritic cells.

Embodiment 18

The method of embodiments 16 or 17, further comprising contacting the explanted cells with an antigen prior to administering the treated cells to the subject.

Embodiment 19

The method of any of the foregoing embodiments, further comprising administering an antigen to the subject before, concurrently with, or after administering the pharmaceutical composition comprising versikine or the variant thereof to the subject.

Embodiment 20

The method of embodiment 18 or 19, wherein the antigen is a tumor antigen.

Embodiment 21

The method of any of the foregoing embodiments, wherein the subject has a cell proliferative disease or disorder such as cancer.

Embodiment 22

The method of embodiment 21, wherein the cancer is selected from the group consisting of adenocarcinoma, leukemia, lymphoma, melanoma, myeloma, sarcoma, and teratocarcinoma.

Embodiment 23

The method of embodiment 21, wherein the cancer is selected from cancers of the adrenal gland, bladder, blood, bone, bone marrow, brain, breast, cervix, gall bladder, ganglia, gastrointestinal tract, heart, kidney, liver, lung, muscle, ovary, pancreas, parathyroid, prostate, skin, testis, thymus, and uterus.

Embodiment 24

The method of any of the foregoing embodiments, wherein the subject has a hematological malignancy.

Embodiment 25

The method of any of the foregoing embodiments, wherein the subject has myeloma.

Embodiment 26

The method of any of embodiments 21-25, further comprising administering to the subject cancer therapy before, concurrently with, or after administering the pharmaceutical composition comprising versikine or the variant thereof.

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Embodiment 27

The method of embodiment 26, wherein the cancer therapy comprises administering a chemotherapeutic agent.

Embodiment 28

The method of embodiment 27, wherein the chemotherapeutic agent is selected from a group consisting of Abitrexate, Adcetris, Ambochlorin, Aredia (Pamidronate Disodium), Arranon, Asparaginase Erwinia chrysanthemi, Becenun (Carmustine), Beleodaq, Belinostat, Bendamustine Hydrochloride, Bexxar, BiCNU (Carmustine), Bleomoxane, Bleomycin, Blinatumomab, Blincyto, Bortezomib, Brentuximab Vedotin, Carfilzomib, Carmubris (Carmustine), Carmustine, Cerubidine, Chlorambucil, Clafen (Cyclophosphamide), Clofarex, Clolar, Cyclophosphamide, Cytarabine, Cytarabine Liposome, Cytosar-U, Cytoxan (Cyclophosphamide), Daratumumab, Darzalex (Daratumumab), Dasatinib, Daunorubicine Hydrochloride, Denileukin Diftitox, DepoCyt, Dexamethasone, Docetaxel, Doxil (Doxorubicin Hydrochloride Liposome), Doxorubicin Hydrochloride Liposome, Dox-SL (Doxorubicin Hydrochloride Liposome), Elotuzumab, Empliciti (Elotuzumab), Epirubicin, Erwinaze, Estramustine, Etoposide, Evacet (Doxorubicin Hydrochloride Liposome), Farydak (Panobinostat), Folex, Folex PFS, Folutyn, Ibrutumomab Tiuxetan, Ibrutinib, Iclusig, Idarubicin, Idelalisib, Imatinib Mesylate, Imbruvica, Intron A, Irinotecan, Istodax, Ixabepilone, Ixazomib Citrate, Kyprolis (Carfilzomib), Lenalidomide, Leukeran, Linfolizin, LipoDox (Doxorubicin Hydrochloride Liposome), Marjibo, Mechlorethamine Hydrochloride, Mercaptopurine, Methotrexate, Methotrexate LPF, Mexate, Mexate-AQ, Mitoxantrone, Mozobil (Plerixafor), Mustargen, Nelarabine, Neosar (Cyclophosphamide), Ninlaro (Ixazomib Citrate), Oncaspar, Ontak, Paclitaxel, Pamidronate Disodium, Panobinostat, Pegaspargase, Plerixafor, Pomalidomide, Pomalyst (Pomalidomide), Ponatinib Hydrochloride, Pralatrexate, Prednisone, Purinethol, Purixan, Recombinant Interferon Alfa-2b, Revlimid (Lenalidomide), Rituxanab, Romidepsin, Rubidomycin, Sprycel, Synovir (Thalidomide), Tarabiune PFS, Teniposide, Thalidomide, Thalomid (Thalidomide), Topotecan, Tositumomab, Treanda, Velban, Velcade (Bortezomib), Vinblastine Sulfate, Vincasar PGS, Vincristine Sulfate, Vincristine Sulfate Liposome, Vinorelbine, Vorinostat, Zevalin, Zoledronic Acid, Zolinza, Zometa (Zoledronic Acid), and Zydlig.

Embodiment 29

The method of embodiment 26, wherein the cancer therapy comprises one or more of therapies in which oncolytic viruses are administered, therapies in which immunomodulatory drugs are administered, therapies in which anthracyclines are administered, and therapies in which check-point blockers are administered.

Embodiment 30

The method of embodiment 26, wherein the cancer therapy comprises one or more of therapies in which chimeric antigen receptor (CAR) T-cells are administered, and therapies in which tumor infiltrating lymphocyte (TIL) are administered.

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Embodiment 31

The method of embodiment 26, wherein the cancer therapy comprises radiation therapy.

Embodiment 32

The method of any of the foregoing embodiments, further comprising, before administering the pharmaceutical composition comprising versikine or the variant thereof, determining the concentration of versikine in a biological sample from the subject.

Embodiment 33

The method of embodiment 32, wherein the biological sample is blood or a blood product.

Embodiment 34

The method of embodiment 32, wherein the biological sample is tissue.

Embodiment 35

The method of embodiment 34, wherein the tissue is obtained from a tumor.

Embodiment 36

A kit, which optionally may be used to perform any of the foregoing methods, the kit comprising one or more of: (a) versikine or a variant thereof, wherein the versikine or the variant thereof optionally is provided as a pharmaceutical composition; and (b) a reagent for detecting the concentration of versikine in a biological sample (e.g., an anti-versikine antibody which optionally is labelled with a detectable label).

Embodiment 37

An isolated polypeptide comprising, consisting essentially of, or consisting of the amino acid sequence of any of SEQ ID NOs:3-27 or an amino acid sequence having a least about 80% sequence identity to any of SEQ ID NOs:3-27, wherein the polypeptide comprises a non-naturally occurring N-terminal methionine and the polypeptide induces expression of an interferon type 1 signature.

Embodiment 38

The isolated polypeptide of embodiment 37 comprising, consisting essentially of, or consisting of the amino acid sequence of any of SEQ ID NOs:3, 7, 10, 12, 14, 18, 21, 23, 25 and 27.

Embodiment 39

The isolated polypeptide of embodiment 37 or 38 comprising, consisting essentially of, or consisting of a fragment of any of SEQ ID NOs:1-27.

Embodiment 40

The isolated polypeptide of any of embodiments 37-39, wherein the polypeptide does not comprise the amino acid sequence of SEQ ID NOs:4 or 8-27.

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Embodiment 41

The isolated polypeptide of any of embodiments 37-40, wherein the polypeptide does not have any chondroitin sulfate side chains.

Embodiment 42

The isolated polypeptide of any of embodiments 37-41, wherein the polypeptide has one or more amino acid modifications selected from the group consisting of acylation (e.g., N-terminal acylation), acetylation (e.g., N-terminal acetylation), formylation, lipoylation, myristoylation, palmitoylation, alkylation, isoprenylation, prenylation, and amidation (e.g., C-terminal amidation).

Embodiment 43

The isolated polypeptide of any of embodiments 37-42, wherein the polypeptide comprises a fused antigen-binding domain.

Embodiment 44

The isolated polypeptide of embodiment 43, wherein the antigen-binding domain binds to an epitope of a tumor antigen.

Embodiment 45

A pharmaceutical composition comprising an effective amount of any of the polypeptides of embodiments 37-44 for inducing expression of an interferon type 1 signature in a subject in need thereof.

Embodiment 46

An isolated polynucleotide encoding the isolated polypeptide of any of embodiments 37-44.

Embodiment 47

An expression vector comprising the isolated polynucleotide of embodiment 46 operably linked to a promoter.

Embodiment 48

An isolated cell comprising the expression vector of embodiment 47.

Embodiment 49

An anti-tumor vaccine comprising versikine, optionally wherein the vaccine stimulates and/or activates dendritic cells.

Embodiment 50

A method for treating a subject having a cell proliferative disease or disorder such as cancer or at risk for developing a cell proliferative disease or disorder such as cancer, the method comprising administered to the subject a pharma-

ceutical composition comprising versikine, optionally, wherein the pharmaceutical composition is an anti-tumor vaccine.

Embodiment 51

A method comprising detecting versican proteolysis in a biological sample comprising cancer cells.

Embodiment 52

The method of embodiment 51, wherein detecting versican proteolysis comprises detecting a fragment of versikine.

EXAMPLES

The following Examples are illustrative and are not intended to limit the scope of the claimed subject matter.

Example 1—Immunoregulatory Roles of Versican Proteolysis in the Myeloma Microenvironment

Reference is made to the manuscript: Hope et al., “Immunoregulatory Roles of Versican Proteolysis in the Myeloma Microenvironment,” *Blood*. 2016 Aug. 4; 128(5):680, which is incorporated herein by reference in its entirety.

Abstract

Myeloma immunosurveillance remains incompletely understood. We have demonstrated proteolytic processing of the matrix proteoglycan, versican, in myeloma tumors. Whereas intact versican exerts tolerogenic activities through Toll-like receptor (TLR)-2 binding, the immunoregulatory consequences of versican proteolysis remain unknown. Here we show that human myeloma tumors displaying CD8+ aggregates underwent versican proteolysis at a site predicted to generate a glucosaminoglycan-bereft N-terminal fragment, versikine. Myeloma-associated macrophages (MAM), but not tumor cells, produced V1-versican, the precursor to versikine, whereas stromal cell-derived ADAMTS1 was the most robustly expressed versican-degrading protease. Purified versikine induced early expression of inflammatory cytokines IL1 β and IL6 by freshly-explanted MAM. We show that versikine signals through pathways both dependent and independent of Tp12 kinase, a key regulator of NF κ B1-mediated MAPK activation in macrophages. Unlike intact versican, versikine-induced IL6 production was partially independent of Tlr2. Versikine stimulated expression of type I-interferon (IFN)-stimulated genes in a model of macrophage-myeloma cell crosstalk without detectable type-I or -III interferon induction. Our data suggest that versikine, generated by ADAMTS proteolysis, constitutes a novel bioactive damage-associated-molecular-pattern (DAMP) that may promote T-cell-inflammation and modulate the tolerogenic consequences of intact versican accumulation. Therapeutic versikine administration may potentiate anti-cancer T-cell-activating immunotherapies.

Introduction

Myeloma is a tumor of plasma cells which are terminally differentiated B lymphocytes that produce antibody (Palumbo and Anderson, 2011). Myeloma plasma cells typically live within the bone marrow microenvironment (“canonical” myeloma niche). However malignant plasma cells can often thrive in extramedullary sites and soft tissues (“non-canonical” niche).

We have hypothesized that infiltrating myeloid cells may exert crucial trophic and immunoregulatory functions in both “canonical” and “non-canonical” niches, in part

through their regulation of extracellular matrix composition and remodeling (Asimakopoulos et al., 2013). We and others have previously demonstrated that versican, a chondroitin-sulfate large matrix proteoglycan, accumulates in myeloma lesions and have hypothesized that versican may contribute to the regulation of their inflammatory milieu (Gupta et al., 2015; Hope et al., 2014). Versican has crucial, non-redundant significance in embryonic development (Nandadasa et al., 2014) and emerging roles in cancer inflammation, immunoregulation and metastasis (Gao et al., 2012; Kim et al., 2009; Ricciardelli et al., 2009; Wight et al., 2014). Versican promotes tolerogenic polarization of antigen-presenting cells through TLR2 (Tang et al., 2015). Versican is proteolytically cleaved by ADAMTS-type proteases in a highly-regulated manner (Nandadasa et al., 2014). A cleavage product generated by proteolysis of the Glu⁴⁴¹-Ala⁴⁴² bond within the versican V1 isoform, has been termed versikine (Nandadasa et al., 2014). Versikine has been shown to be bioactive (proapoptotic) during interdigital web regression in the mouse embryo (McCulloch et al., 2009); however, the roles of versican proteolysis and/or versikine in tumor immunomodulation or progression remain unknown.

Results and Discussion

Myeloma Tumors Displaying CD8+ Aggregates Undergo Versican Proteolysis.

Because versican exerts tolerogenic activities in the tumor microenvironment, we hypothesized that versican proteolysis may promote “T-cell inflammation”. We stained myeloma bone marrow biopsy specimens with antibodies against a versican neoepitope (DPEAAE⁴⁴¹) generated by Glu⁴⁴¹-Ala⁴⁴² cleavage of V1-versican (corresponding to Glu¹⁴²⁸ in V0-versican). Consecutive sections were stained for CD68, an immunohistochemical marker for tissue-resident macrophages and CD8, a marker of cytotoxic T cells. We observed four patterns of staining in 19 core biopsies arrayed on a UW myeloma tissue array as well as a commercially-obtained myeloma tissue array (FIG. 1). Myeloma tumors displaying CD8+ aggregates (n=5 out of 19) (Gerard et al., 2013) demonstrated intense/moderate versican proteolysis, as detected by the anti-DPEAAE antibody.

All Four Versican Isoforms are Expressed by CD14+ Monocytic Cells in the Myeloma Microenvironment.

Versican has been variably reported to be expressed by tumor cells or the microenvironment in carcinomas, however its cellular origin in the myeloma niche is unknown. We carried out RT-PCR using versican isoform-specific primers in paired CD138+ malignant plasma cells, CD14+ monocytic cells and bone-marrow stromal cells (BM-MSc) from 3 patients with newly-diagnosed myeloma. We found that CD14+ monocytic cells were the predominant versican producers. Moreover, all four isoforms were expressed by myeloma CD14+ cells (FIG. 2A). This was somewhat surprising, given the reported tissue-specific distribution of certain versican isoforms (e.g., V2 in neural tissue). Importantly, V1-versican, the precursor to versikine, was expressed robustly by myeloma-associated CD14+ monocytic cells. We next determined the relative expression of mRNAs for ADAMTS proteases that may degrade versican in the myeloma microenvironment, i.e., ADAMTS-1, -4, -5, -15, -19 and -20 (Nandadasa et al., 2014). We readily detected ADAMTS1, ADAMTS4 and ADAMTS5 mRNA expression in mononuclear cell lysate from myeloma bone marrow whereas ADAMTS15, ADAMTS19 and ADAMTS20 mRNAs were undetectable (data not shown). A previous report showed low expression of ADAMTS proteases in components of the myeloma microenvironment with the exception of bone marrow-derived mesenchymal

stromal cells (BM-MSC) (Bret et al., 2011). Therefore, we compared expression levels for ADAMTS1, ADAMTS4 and ADAMTS5 between myeloma and BM-MSC from normal donors and found that ADAMTS1 was expressed at higher levels by myeloma-derived BM-MSC (FIG. 2B). Within the myeloma microenvironment, BM-MSC expressed much higher levels of ADAMTS1 message than either tumor cells or macrophages (FIG. 2C).

Versikine Stimulates Inflammatory Cytokine Production by Primary MAM but does not have a Direct Impact on Tumor Cell Turnover.

To determine whether versican degradation products possessed immunoregulatory activity, we exposed freshly explanted primary myeloma CD14+ cells to recombinant purified human versikine (1 μ M) overnight. Addition of versikine to primary CD14+ cells resulted in induction of inflammatory cytokines IL1 β and IL6 (FIG. 3A/B). These data demonstrate that versican chondroitin-sulfate side chains are unnecessary for inflammatory cytokine production, since they are not present on versikine. To determine whether versikine has direct effects on tumor cell turnover in a cell-autonomous fashion, we treated MM1.S human myeloma cells as well as primary bone marrow-derived myeloma cells with recombinant versikine. There was no discernible effect on cell cycle profiles of MM1.S myeloma cells treated with 1 μ M versikine (FIG. 3C). Similarly, primary bone marrow-derived, CD138+ myeloma plasma cells did not show detectable changes in cell cycle progression following versikine treatment (not shown). We conclude that versikine does not directly impact on cell cycle progression of human myeloma cells. Our results do not exclude non-cell-autonomous effects on cell cycle progression of myeloma cells through the actions of versikine-induced growth factors, such as IL6.

Versikine Signals Through Tpl2-Dependent and Independent Pathways and May Dispense of Tlr2 for IL6 Production.

Versican stimulates TLR2 complexes to promote immunomodulatory cytokine production (Kim et al., 2009). Signaling downstream of TLRs engages the MAP3K Tpl2 (Cot, MAP3K8), a master regulator of macrophage activation and cytokine production in response to TLR or TNF-like stimuli (Hope et al., 2014; Vougioukalaki et al., 2011). Tpl2 loss in primary bone-marrow-derived macrophages (BMDM) abrogated IL1 β production in response to purified versikine (FIG. 4A). However, Tpl2 deletion in macrophages did not significantly affect versikine-induced IL6 (FIG. 4B). Interestingly, versikine did not induce IL10 production (FIG. 4C) and Tpl2 was a negative regulator of IL12p40 production in response to versikine (FIG. 4D), similar to TLR agonists (Jensen et al., 2015).

Our results indicate that versikine may control cytokine production in both a Tpl2-dependent and a Tpl2-independent manner. To define the signaling cascades induced by versikine, we exposed BMDM to 1 μ M purified versikine and collected cell lysate at sequential timepoints post-exposure. Versikine stimulation of wild-type BMDM rapidly induced JNK, p38-MAPK and AKT phosphorylation (FIG. 4E). JNK and AKT phosphorylation were independent of Tpl2 status, whereas Tpl2 loss affected p38-MAPK phosphorylation (FIG. 4E).

Intact versican is thought to signal through TLR2 (Tang et al., 2015). To determine whether versikine-induced IL6 required TLR2, we exposed wild-type and Tlr2-/- BMDM to TLR2 agonist Pam2CSK3 as well as versikine. Whereas Tlr2-/- BMDM showed a complete IL6 production defect in response to Pam2CSK3 (data not shown), they were still

able to produce IL6 in response to versikine, albeit at 50% levels compared to WT-BMDM (FIG. 4F). These data demonstrate that versikine signaling pathways may not overlap entirely with those activated by intact versican.

Versikine Modulates Macrophage Polarization.

Addition of versikine to BMDM induced expression of Th1-type cytokine IL12p40 (FIG. 4G). Concurrent Fc γ receptor ligation through addition of ovalbumin (OVA)/anti-OVA immune complexes promoted IL10 production and induced macrophage polarization towards an immunoregulatory M2b phenotype (Th12^{lo}-IL10^{hi}) (Edwards et al., 2006). Therefore, versikine can act as an endogenous damage-associated molecular pattern (DAMP) that may modulate macrophage polarization in response to extracellular cues.

Versikine Induces Type-I-Interferon-Regulated Genes in a Model of Macrophage-Myeloma Cell Crosstalk.

Our data suggested that versican proteolysis results in the generation of versikine, a bioactive fragment that may act as a DAMP in the myeloma microenvironment. We then characterized the effects of versikine expression in a model of myeloma-macrophage crosstalk. Human THP-1 monocytic cells can be induced to generate macrophages that provide a functional platform to study macrophage regulation, including polarization by defined stimuli (Genin et al., 2015). We introduced a versikine-expressing plasmid into THP-1 cells prior to macrophage differentiation. Macrophages transfected with versikine-plasmid or empty-vector control, were co-cultured with human myeloma MM1.S cells for 48 hours. RNA-seq analysis was performed on each cell type after 48 h co-culture. Remarkably, only 23 genes were differentially expressed in MM1.S cells exposed to versikine-secreting macrophages versus control and all 23 genes were overexpressed (FIG. 5A). Of the 23 genes, 13 genes were interferon-stimulated-genes (ISG), suggesting that versikine exposure induced a type I-interferon signature in myeloma cells. Differentially expressed genes did not include those coding for type I- or III-interferons. Interestingly, VCAN transcription was itself induced, suggesting a positive autoregulatory loop responding to cleaved versican. THP-1 macrophages expressing versikine demonstrated differential regulation of 39 genes (4 downregulated, 35 upregulated) when a cutoff of 2-fold expression change was used with a false discovery rate (FDR) threshold of 0.05. 12 upregulated genes defined a type-I-interferon signature (FIG. 5B), again without overt transcription changes in type I or III-interferon genes.

We subsequently treated myeloma-macrophage co-cultures with recombinant versikine. RNA was extracted from each cell type at defined timepoints and subjected to analysis using a parallel RT-PCR array platform focusing on interferon signaling (Human Interferons and Receptors array; see Materials and Methods). As shown in FIG. 5C, 0.5 μ M versikine induced upregulation of ISGs in MM1.S myeloma cells as well as THP-1 macrophages (FIG. 5D). IRF8 expression was upregulated at 18 and 48 hours in MM1.S cells (FIG. 5E), whereas IRF9 expression remained relatively constant (FIG. 5F). Interestingly, IRF8 was upregulated in MM1.S cells only in the presence of co-cultured macrophages (data not shown). Irf8 expression in transplanted tumor cells has been shown to be inducible through an I127-dependent mechanism (Mattei et al., 2012). We observed upregulation of the IL27 subunit, EB13, in tumor cells and in primary MAM treated with versikine (FIGS. 5G and 5H).

Versican has been proposed to promote immunosuppression and tolerance in tumor microenvironments through a

TLR2-dependent mechanism (Tang et al., 2015). We previously reported versican proteolysis in myeloma bone marrow tissue (Hope et al., 2014). We hypothesized that the regulated degradation of versican by ADAMTS-type versicanases may modulate its tolerogenic potential by controlling versican bioavailability, disrupting its extracellular matrix networks and/or by generating novel bioactive fragments. Myeloma marrows with CD8 aggregates showed active versican proteolysis. Interestingly, only 5 out of 19 myeloma marrows showed evidence of CD8 infiltration/aggregates. This low preponderance of CD8-infiltrated myeloma tumors is consistent with the reported failure of checkpoint inhibition as monotherapy in myeloma (Suen et al., 2015). Macrophages, on the other hand, were abundant in all biopsies.

We report that versikine, a product of versican proteolysis, possesses immunoregulatory activities that may promote "T-cell-inflammation" (Gajewski, 2015; Zitvogel et al., 2015). The induction of IRF8 transcription in response to versikine is particularly intriguing and could provide a mechanistic link to ISG upregulation. IRF8 is a transcription factor with central non-redundant roles in dendritic cell development and maturation as well as homeostasis of myeloid-derived suppressor cells (Merad et al., 2013; Waight et al., 2013). IRF8 and IL27 can operate in a regulatory loop (Mattei et al., 2012). IL27 subunit EB13 was induced by versikine. Ebi3^{-/-} animals are prone to impaired anti-tumor T cell responses and accelerated tumor growth (Liu et al., 2015). Taken together, our results suggest that versikine may antagonize the tolerogenic actions of intact versican and thus, may provide a novel anti-tumor strategy. The findings also suggest that, in addition to small leucine-rich proteoglycans, previously shown to act as DAMPs (Schaefer, 2014), fragments of large aggregating proteoglycans may have the capacity to stimulate innate immunity and provide a bridge to adaptive immunity.

Materials and Methods

Patient Sample Collection and Processing.

Bone marrow aspirates were collected with informed consent under a University of Wisconsin IRB-approved protocol (HO07403). Mononuclear cells were separated using Ficoll-Hypaque 1.073 (GE Healthcare Bio-sciences, Piscataway, N.J., USA) and were immune-magnetically sorted using anti-CD138 or anti-CD14 microbeads (Miltenyi Biotec, Auburn, Calif., USA). Purity was over 90% for both CD14⁺ and CD138⁺ fractions. For mesenchymal stromal cells, the CD138⁻/CD14⁻ double-negative fraction was plated in aMEM supplemented with 10% FBS (Hyclone, Logan, Utah, USA). Attached cells were harvested and passaged using TrypLE (Invitrogen, Carlsbad, Calif., USA) until reaching passage 4.

Versikine Production, Purification and Analysis.

Methods for expression and purification of recombinant versikine from mammalian cells have been previously published (Foulcer et al., 2015; Foulcer et al., 2014, the contents of which are incorporated herein by reference in their entirety). In brief, a plasmid vector for expression of human versikine (residues 1-441 of the V1 isoform) with a C-terminal myc-His6 tag was transfected into CHO-K1 cells. Serum-free medium was collected from stably transfected cells and combined with Ni-NTA agarose. Bound versikine was sequentially washed with 4 M Guanidine-HCl and 500 mM NaCl and eluted with 250 mM imidazole. Purified versikine was extensively dialysed into phosphate buffered saline. Purified versican was characterized by Coomassie Brilliant Blue staining and LC-MS/MS at the Lerner Research Institute Proteomics Core to identify asso-

ciated bioactive proteins and by fluorophore-assisted carbohydrate electrophoresis (FACE) for co-purifying hyaluronan (at the Lerner Research Institute Program of Excellences in Glycobiology Glycomics Core). Presence of hyaluronan was ruled out by FACE and by solid phase binding assay and size exclusion chromatography.

Each versikine aliquot used in this study tested negative for endotoxin contamination using ToxinSensor Gel Clot kit (Genscript, sensitivity limit 0.25 endotoxin units (EU)/mL) (roughly equivalent to 25-50 pg/mL). The ultra-sensitive Chromogenic LAL Endotoxin Assay Kit (Genscript) was used to obtain a quantitative determination of the endotoxin concentration in versikine stock: it was determined to be 0.1 EU/mL (roughly equivalent to 10-20 pg endotoxin/mL prior to 1/10 dilution in versikine-treated wells). To definitively exclude the possibility of spurious endotoxin-mediated transcriptional changes, we exposed THP-1 macrophages to graded endotoxin concentrations, 10 ng/mL, 1 ng/mL and each of 500/250/100/75/50/25/10/5/1 pg/mL for 12 hours. RNA was isolated and EB13 transcripts by RT-PCR were compared to a zero-endotoxin control. EB13 transcriptional induction was not observed at endotoxin concentrations equal or less than 100 pg/mL.

Mice and Primary Cell Culture.

C57BL/6/J, Tpl2^{-/-} (Dumitru et al., 2000), Tlr2^{-/-} (Jax stock #004650) mice were housed, cared for, and used in accordance with the *Guide for Care and Use of Laboratory Animals* (NIH Publication 86-23) under an IACUC-approved protocol (M2395). Bone marrow was extracted from spine and long bones as previously described. BMDM were derived and cultured as previously described (Hope et al., 2014).

Cell and Tissue Culture.

MM1.S cells were generously provided by Dr. Constantine Mitsiades (Dana-Farber Cancer Institute, Boston, Mass.). THP-1 (ATCC® TIB-202™) cells were maintained in tissue culture according to ATCC protocols. Cell culture was carried out in complete RPMI 1640 media supplemented with 10% fetal bovine serum (HyClone), a standard antibiotic/antimycotic solution (Life Technologies, 35050-061), and GlutaMax (Mediatech, 30-004-CI). In co-cultures shown in FIG. 5, the ratio of THP-1 macrophages: MM1.S cells were 5:1 for RNA-seq experiments and 1:1 for recombinant versikine experiments.

RNA Extraction and Real-Time RT-PCR.

RT-PCR was performed using Applied Biosystems® StepOnePlus™ with accompanying software and Power SYBR® Green (Applied Biosystems® No. 4309155). Primer sequences are listed in Supplementary Methods. Human Interferon and Receptor RT²-Profiler PCR array was obtained from Qiagen (PAHS-064Z). Relative expression was determined by $\Delta\Delta C_t$ calculation. All RT-PCR protocols were performed in accordance with MIQE standards.

Immunohistochemistry.

The University of Wisconsin myeloma tissue microarray (TMA) has been previously reported (Hope et al., 2014). A second myeloma TMA was purchased from US Biomax (catalog no. T291b). Slides were deparaffinized using standard xylene/ethanol methods followed by antigen retrieval in citrate (DPEAAE and CD68 detection) or EDTA buffer (CD8 detection). Primary antibodies are listed in the Supplementary File.

Immunoblot Analysis.

Whole cell lysates were prepared by boiling cells in Laemmli Sample buffer (Bio-Rad) supplemented with 100 mM DTT for 10 minutes at a final concentration of 10⁷ cells/ml. Protein was quantified using Bradford assay

reagent (BioRad). 10^5 cells or 20 μ g protein was resolved by SDS-PAGE and transferred to Immobilon-P PVDF membrane (Millipore). Primary antibodies are listed in the Supplementary File.

Cell Cycle Analysis.

Cells were harvested after exposure to BrdU for 30 minutes. Cells were washed in PBS, fixed and permeabilized in 70% ethanol and stained with anti-BrdU-FITC and propidium iodide per standard protocols. Flow cytometry was carried out on FACSCalibur analyzer (Becton Dickinson). FlowJo software was used for flow data analysis.

Cytokine Measurement.

Cytokine levels were measured in culture supernatant using the bead-based Bio-Plex system (Bio-Rad).

RNA-Seq and Data Analysis.

Total RNA submitted to the University of Wisconsin-Madison Biotechnology Center was verified for purity and integrity via the NanoDrop2000 Spectrophotometer and Agilent 2100 BioAnalyzer, respectively. Samples that met the Illumina sample input guidelines were prepared according to the TruSeq® Stranded Total RNA Sample Preparation Guide (Rev. E) using the Illumina® TruSeq® Stranded Total RNA Sample Preparation kits (Illumina Inc., San Diego, Calif., USA) with minor modifications. For each library preparation, μ g of total RNA was ribosomally reduced as directed. Ribosomally depleted. RNA samples were purified by paramagnetic beads (AgencourtRNA Clean XP beads, Beckman Coulter, Indianapolis Ind., USA). Subsequently, each rRNA-depleted sample was fragmented using divalent cations under elevated temperature. The fragmented RNA was synthesized into double-stranded cDNA using SuperScript II Reverse Transcriptase (Invitrogen, Carlsbad, Calif., USA) and random primers for first strand cDNA synthesis followed by second strand synthesis using DNA Polymerase I and RNase H for removal of mRNA. Double-stranded cDNA was purified by paramagnetic beads (Agencourt AMPure XP beads, Beckman Coulter). The cDNA products were incubated with Klenow DNA Polymerase to add an 'A' base (Adenine) to the 3' end of the blunt DNA fragments. DNA fragments were ligated to Illumina adapters, which have a single 'T' base (Thymine) overhang at their 3' end. The adapter-ligated DNA products were purified by paramagnetic beads. Adapter ligated DNA was amplified in a Linker Mediated PCR reaction (LM-PCR) for 10 cycles using Phusion™ DNA Polymerase and Illumina's PE genomic DNA primer set and then purified by paramagnetic beads. Quality and quantity of the finished libraries were assessed using an Agilent DNA1000 chip (Agilent Technologies, Inc., Santa Clara, Calif., USA) and Qubit® dsDNA HS Assay Kit (Invitrogen, Carlsbad, Calif., USA), respectively. Libraries were standardized to 2 μ M. Cluster generation was performed using standard Cluster Kits (v3) and the Illumina Cluster Station. Single 100 bp sequencing was performed, using standard SBS chemistry (v3) on an Illumina HiSeq2000 sequencer. Images were analyzed using the standard Illumina Pipeline, version 1.8.2. The RNA-seq reads were trimmed and filtered to remove contaminant and low quality bases prior to the analysis. Filtered reads were aligned to the reference genome using open source software STAR followed by RSEM (Li et al., 2010) for reads assignment and expression estimation. We used EdgeR (Robinson et al., 2010) to compare differential expression (DE) between conditions/treatment. The DE gene list can be obtained by filtering result by FDR value and relative fold changes.

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Example 2—Versican Proteolysis Predicts Robust CD8+ T-Cell Infiltration in Human Mismatch Repair-Proficient and -Deficient Colorectal Cancers: Mechanistic Implications

Abstract

Colorectal cancer (CRC) originates within immunologically complex microenvironments. To date the benefits of immunotherapy have been modest except in neoantigen-laden mismatch repair (MMR)-deficient tumors. Approaches to enhance tumor-infiltrating lymphocytes in the tumor bed may substantially augment clinical immunotherapy responses. We recently reported that proteolysis of the tolerogenic matrix proteoglycan versican (VCAN), in myeloma tumors, generates a bioactive fragment, versikine, with putative immunostimulatory activities. Here we report that VCAN proteolysis strongly correlated with CD8+ T-cell infiltration in CRC. Tumors displaying active VCAN proteolysis and low total VCAN were associated with robust (10-fold) CD8+ T-cell infiltration. The correlation between VCAN proteolysis and CD8+ T-cell infiltration was maintained in MMR-proficient and -deficient CRCs. Tumor-intrinsic WNT pathway activation was associated with CD8+ T-cell exclusion and correlated with VCAN accumulation. VCAN proteolytic fragment, versikine, promoted the generation of CD103+CD11c^{hi}MHCII^{hi} conventional dendritic cells (cDC) from flt3L-mobilized primary bone marrow-derived cultures, suggesting that versican proteolysis in the tumor microenvironment may favor differentiation of tumor-seeding DC precursors towards IRF8-expressing CD103+DC, endowed with enhanced tumor antigen presentation capacity. Our findings indicate that VCAN proteolysis may shape CRC immune contexture and provide a rationale for testing VCAN proteolysis as a predictive and/or prognostic immune biomarker.

Significance

This study identifies VCAN proteolysis as a potential key regulator of CD8+ T-cell infiltration in colorectal cancer. Further studies are warranted to determine the role of VCAN proteolysis as an immune biomarker. In addition, therapeutic

manipulation of the VCAN-versikine axis may augment immunotherapy efficacy against CRC.

Introduction

CRC is the second leading cause of cancer-related mortality in the United States (1). The 5-year survival rate for patients with metastatic disease is unacceptably low (12%), generating an impetus for rapid progress to improve outcomes. Recent advances in cancer immunotherapy have only marginally impacted outcomes in CRC (2, 3). The noteworthy exception includes patients with mismatch repair-deficient (dMMR) tumors where genetic instability generates an expanded neo-antigenic repertoire (4). In dMMR cancers, treatment with the anti-PD1 antibodies pembrolizumab and nivolumab result in deep and prolonged therapeutic responses for a large proportion of patients (2, 4, 5). Unfortunately, not all patients with dMMR CRCs respond to these agents indicating that other regulatory factors play a key role in the response of CRCs to checkpoint blockade. In addition, an effective means to utilize immunology agents for mismatch repair proficient (pMMR) CRCs, which encompass greater than 95% of all metastatic CRCs, has yet to be identified.

The presence of infiltrating lymphocytes (TILs) is linked to favorable clinical outcomes and increased response rates to immune checkpoint inhibition (5, 6). Thus, TIL infiltration possesses both prognostic and predictive biomarker utility. However, at a mechanistic level, the tumor-cell autonomous and non-autonomous networks controlling immune infiltration into the tumor bed are mostly unknown. Approaches to enhance TIL entry/activation could have a major impact on immunotherapy efficacy.

We recently demonstrated that versican (VCAN), a large matrix proteoglycan with immunoregulatory activity, accumulates in the extracellular matrix of multiple myeloma tumors (7). VCAN contributes to cancerous and non-cancerous inflammation by promoting leukocyte-derived elaboration of inflammatory mediators (8-13) but also immunodeficiency through dendritic cell (DC) dysfunction (14). Interestingly, we also detected in situ VCAN proteolysis in a pattern consistent with the activities of a disintegrin and metalloproteinase with thrombospondin motifs (ADAMTS)-type proteases (15). Whereas tumor-associated macrophages produce all known VCAN isoforms, tumor-associated mesenchymal stromal cells secrete ADAMTS proteases that cleave VCAN. We hypothesized that VCAN proteolysis serves to generate bioactive fragments. Indeed, we demonstrated a fragment containing VCAN's N-terminal 441 amino acids, "versikine" (16), elicits a transcriptional program that is predicted to promote immunogenicity, and thus, antagonize the tolerogenic actions of its parent, intact VCAN (15). However, it is unclear whether VCAN-dependent immunoregulatory mechanisms are operative in non-myeloma, or indeed non-hematopoietic, settings. We chose to investigate CRC because both myeloma and CRC are driven by chronic inflammatory networks (17) and because better understanding of CRC immunosurveillance mechanisms will likely result in improved outcomes for large patient populations. Here we demonstrate that VCAN proteolysis correlates with CD8+ T-cell infiltration in CRC, regardless of mismatch-repair status and provide mechanistic implications. These results provide strong rationale for investigation of VCAN processing in immunotherapy prognostication and therapy across several solid and liquid tumor types.

Materials and Methods

Colorectal Cancer (CRC) Tissue Microarray (TMA).

A CRC TMA was created through the University of Wisconsin Carbone Cancer Center Translational Science Biocore Biobank. This TMA contains samples from 122 subjects with colorectal cancer across all stages. For each subject, the TMA contains 2 cores from the primary tumor and 1 core of tumor-associated normal tissue. The tumors utilized in the TMA were selected for their location and stage, such that an equal distribution of right, left and rectal tumors and stage I through IV cancers are present.

Immunohistochemical (IHC) Methods and Antibodies.

Unstained 4-5 μ m-thick TMA sections were deparaffinized and rehydrated using standard methods. Antigen retrieval was carried out in EDTA buffer (CD8 detection) or citrate (all others). The slides were treated with chondroitinase ABC prior to staining with the total VCAN antibody (18). Primary antibodies included total VCAN (HPA004726, Sigma, St. Louis, Mo.), α DPEAAE (PA1-1748A, Thermo Fisher, Waltham, Mass.), CD8 (c4-0085-80, Ebioscience, San Diego, Calif., USA), phosphorylated ERK 1/2 (Thr202/Tyr204, 4370, Cell Signaling Technology, Danvers, Mass.), phosphorylated ribosomal protein S6 (RPS6) (Ser235/236, 4858, Cell Signaling Technology), and CTNNB1 (β -catenin, 8480, Cell Signaling Technology). The α DPEAAE neopeptide antibody has been previously validated (18).

Scoring and Analysis of Staining Patterns.

Cytoplasmic and membrane staining of the epithelium and stroma was scored for each core sample by a pathologist (K.A.M.) blinded to clinical parameters. Stained slides were examined using an Olympus BX43 microscope with attached Olympus DP73 digital camera (Olympus Corp, Waltham, Mass.). Epithelium and stroma were evaluated separately for total VCAN and α DPEAAE staining. Immunostaining for VCAN, α DPEAAE, phosphorylated ERK1/2, and phosphorylated RPS6 was assessed by scoring staining intensity (0 for no staining, 1 for low/weak staining, 2 for moderate staining and 3 for strong/intense staining) and the percentage of cells staining positive (0 for no staining, 1 for >0-10%, 2 for 11-50%, 3 for 51-75% and 4 for >75% staining; FIG. 10). For CD8+ detection, the number of tumor infiltrating lymphocytes (TILs) per high-power field (HPF) within the malignant epithelium was calculated using a single area at 400 \times magnification (ocular 10 \times with an objective of 40 \times). Nuclear localization of β -catenin was recorded as present or absent. Tissue cores that were missing, damaged, contained staining artifacts, or had uncertain histology were excluded from the analysis.

Mismatch Repair (MMR) Analyses.

MMR status was determined by IHC for MLH1, MSH6, MSH2, and PMS2. The following prediluted primary antibodies were utilized: MLH1 ((M1) mouse monoclonal, Ventana Medical Systems, Inc, Tucson, Ariz.), MSH6 ((44) mouse monoclonal, Ventana Medical Systems, Inc), MSH2 ((G219-1129) mouse monoclonal, Ventana Medical Systems, Inc), and PMS2 ((EPR3947) rabbit monoclonal, Ventana Medical Systems, Inc). Staining was performed on a BenchMark ULTRA automated slide staining system and detected using the Opitview DAB IHC detection kit. Absence of staining for these proteins was scored by independent pathology review (K.A.M.). Tumor infiltrating leukocytes were utilized as an internal control.

KI67 Proliferation Index.

Immunofluorescence was performed by placing the TMA slides into a humidity chamber after slides were deparaffinized and rehydrated. Slides were blocked with 5% bovine serum albumin in Tris Buffered Saline (TBS) with 0.05%

Tween 20 for one hour at room temperature. Slides were then washed in TBS. The KI67 primary antibody (#11882 (Alexa Fluor 488 conjugate), Cell Signaling Technology) was diluted in PBS and incubated overnight at 4° C. overnight. After incubation, coverslips were washed in TBS and mounted using Prolong Gold DAPI mounting media (#P36931, Invitrogen, Carlsbad, Calif.) and sealed. TMA cores were classified based on the number of KI67 positive nuclei per core.

Generation of Recombinant Versikine.

Recombinant versikine was purified from mammalian cells and endotoxin-tested as previously described (15).

Bone Marrow Harvesting, flt3L-Mobilized Cultures and Flow Cytometry.

Bone marrow (BM) cells were harvested from C57BL/6J mice under IACUC-approved protocol M005476. Total BM cells were cultured for 9 days in the presence of 200 ng/mL flt3L, as previously described (19) with the addition of 1 mM recombinant versikine or vehicle at the beginning of culture. Harvested cells were resuspended in FACS buffer (PBS pH7.4, 2 mM EDTA, 0.5% BSA). Cell viability was established by Trypan Blue exclusion and 2×10^6 live cells were stained the following antibodies: anti-CD11c (N418-PE-Cy7, Tonbo); anti-CD103 (2E7-PE, Biolegend); anti-MHCII (M5/114.152-AlexaFluor 700, Biolegend), anti-SiglecH (551-PerCP-Cy5.5, Biolegend); anti-CD11b (P84-FITC, Biolegend) for 30 minutes on 4° C. Cells were washed and analyzed on a BD LSR II instrument-viability was assessed by DAPI staining. The instrument was calibrated daily according to manufacturer's protocol using the BD FACS Diva (v.6) Cytometer Setting & Tracking software application. Flow cytometry data was analyzed by FlowJo version 9.7.6 software (Tree Star, Ashland, Oreg.).

Immunoblot Analysis.

Whole cell lysates were prepared by boiling cells in Laemmli Sample buffer (Bio-Rad) supplemented with 100 mM DTT for 10 minutes at a final concentration of 10^7 cells/ml. 10^5 cells or 20 µg protein was resolved by SDS-PAGE and transferred to Immobilon-P PVDF membrane (Millipore). Membranes were blocked in 5% Milk in TBS-T [25 mM Tris-HCl (pH 7.4), 0.13M NaCl, 2.7 mM KCl]. Primary antibodies [anti-IRF8 (Cell Signaling Technologies, D20D8), anti-Batf3 (LSBio, B12B125)] were diluted in 5% Milk-TBST and membranes were incubated overnight at 4° C. Secondary antibody-HRP-conjugates as well as anti-GAPDH-HRP conjugate (Genscript A00192) incubations were carried out for 1 hour at room temperature. Signal detection was achieved using Amersham ECL Plus chemiluminescent solution (GE Healthcare). Blots were developed on Classic Blue Autoradiography Flim BX (MidSci).

Statistical Analyses.

Descriptive statistics were utilized to present the data including mean+standard deviation. Wilcoxon rank sum and chi-square analyses were utilized where noted. A p-value of <0.05 is considered statistically significant.

Results

VCAN Accumulation and Proteolysis in Normal and Malignant Colorectal Tissue.

The University of Wisconsin CRC TMA consists of 122 cases with matched cores from colorectal cancer and tumor-associated normal colon tissues. We stained the TMA with antibodies raised against a neoepitope (α DPEAAE) generated through VCAN cleavage at the Glu⁴⁴¹-Ala⁴⁴² bond of the V1-VCAN isoform (16). DPEAAE constitutes the C-terminal end of the bioactive VCAN fragment, versikine. Serial tissue TMA sections were stained with an antibody recognizing the immunoglobulin-like domain at VCAN's N-ter-

minal end. The latter would be expected to recognize all intact VCAN isoforms (total VCAN). Although its immunogen sequences are also included within cleaved VCAN, detection of cleaved/mobilized VCAN appears far less sensitive with the latter antibody. Intense total VCAN staining was observed in tumor stroma (FIGS. 6A and 6B). By contrast, highest intensity staining for the α DPEAAE neoepitope (2+, 3+) was detected within normal stroma and only variably within tumor stroma (Chi-square test, $p < 0.001$; FIGS. 6A and 6C; FIG. 10).

There was no correlation between total VCAN staining and location of primary tumor (left/right colon, rectum) (FIG. 11). Increased α DPEAAE staining was observed in the rectum compared to the colon (Chi-square test, $p = 0.009$). To determine whether VCAN processing correlated with tumor location, tumors were classified according to the degree of VCAN accumulation and processing in their stroma. Tumors were classified as "VCAN proteolysis-predominant" if their staining for total VCAN staining intensity was $\leq 1+$ and staining for VCAN proteolysis (α DPEAAE antibody) was ≥ 2 . Conversely, tumors were classified as "proteolysis-weak" if intact VCAN staining intensity was $> 1+$ or α DPEAAE intensity was $< 2+$. Despite a greater staining for α DPEAAE neoepitope being identified within the rectum, there was no significant correlation between the VCAN proteolysis-predominant classification and tumor location (Chi-square test, $p = 0.96$; FIG. 11B).

"VCAN Proteolysis-Predominant" Tumors Show Robust CD8+ T-Cell Infiltration.

Given the immunosuppressive properties of VCAN and immunostimulatory properties of its proteolytic product, versikine (15), we hypothesized that VCAN proteolysis-predominant tumors are primed for immune infiltration. To determine whether VCAN processing correlated with CD8+ T-cell infiltration, the TMA was stained for the effector T-cell marker, CD8, and correlated with the VCAN proteolysis classification. We detected a statistically significant correlation between proteolysis-predominant status and CD8+ T-cell infiltration. CD8+ scores in "proteolysis-predominant" tumors were on average 10-fold higher than "proteolysis-weak" tumors (mean of 22 CD8+ T-cells per HPF versus 2, respectively; Wilcoxon rank sum test, $p < 0.001$; FIG. 7A-B).

CD8+ T-cell infiltration was highest in tumors that displayed intense VCAN proteolysis together with low amounts of total VCAN (FIG. 7C). This finding suggests that low VCAN accumulation may not adequately promote T-cell infiltration unless VCAN is actively processed to generate proteolytic fragments. This observation is consistent with our hypothesis that VCAN proteolysis generates bioactive fragments with novel activities. Conversely, in tumors with high total VCAN, CD8+ T-cell infiltration may be impeded through an unfavorable stoichiometry between intact VCAN and VCAN fragments. In summary, these data suggest that VCAN proteolytic fragments are not mere markers of VCAN turnover but are endowed with important novel immunomodulatory activities. We have previously elucidated the immunoregulatory role of the VCAN fragment, versikine (15).

Since tumors with greater degrees of CD8+ T-cell infiltration are known to result in a better prognosis, the association between VCAN proteolysis and tumor stage was assessed. A trend toward an increased prevalence of staining for the VCAN proteolysis-predominant classification was seen in colon cancers of earlier stage, albeit not statistically significant (Chi-square test, $p = 0.28$; FIG. 11C).

CD8+ T-Cell Infiltration Correlates with VCAN Proteolysis Regardless of MMR Status.

dMMR is observed in 15% of localized CRCs and 3-4% of metastatic cases (2, 4, 5). MLH1 and MSH2 are the most commonly lost MMR proteins. These proteins can be lost secondary to somatic or germline mutations or epigenetic silencing. dMMR status has been associated with an improved prognosis and increased response to immune checkpoint blockade (2, 4, 5). Since dMMR is one of the strongest predictors of CD8+ T-cell infiltration, we next examined the potential for a correlation between VCAN proteolysis and MMR status. IHC staining for the MMR proteins MLH1, MSH2, PMS2 and MSH6 was performed to determine MMR status. Consistent with prior reports, CD8+ T-cell infiltration was increased in dMMR tumors (Wilcoxon rank sum test, $p < 0.001$; FIG. 8A). MMR status was then correlated with VCAN and α DPEAAE staining. We observed all potential staining combinations in both pMMR and dMMR cancers (FIG. 8B). A trend towards increased intensity of VCAN staining in pMMR cancers was observed. No significant differences were observed in the proportions of tumors staining for VCAN and α DPEAAE across dMMR cancers (FIG. 8B). The correlation between VCAN proteolysis and CD8+ T-cell infiltration was maintained in both pMMR and dMMR (FIG. 8C). In both pMMR and dMMR, those tumors staining for the VCAN proteolysis-predominant classification had the greatest degree of CD8+ T-cell infiltration (Wilcoxon rank sum tests: pMMR $p = 0.006$; dMMR $p = 0.03$). Among the VCAN proteolysis-predominant tumors there was a greater degree of CD8+ T cell infiltration in the dMMR cancers compared to pMMR cancers (35 versus 14.8 TILs per HPF, Wilcoxon rank sum test, $p = 0.04$).

The VCAN Proteolysis Predominant Phenotype is More Common in dMMR Cancers.

Since the VCAN proteolysis predominant phenotype predicts CD8+ T-cell infiltration in both dMMR and pMMR cancers the prevalence of this phenotype was examined. Of the dMMR tumor samples, 25% possessed the VCAN proteolysis predominant phenotype, while this was observed in only 10% of pMMR samples (FIG. 3D, Wilcoxon rank sum test, $p = 0.01$). In addition, another 25% of dMMR cancers demonstrated 1+ or less staining for both total VCAN and α DPEAAE, while this was observed in an additional 14% of pMMR cancers.

CD8+ T-Cell Exclusion is Associated with WNT Pathway Activation in Tumor Cells.

In a recent report by the Gajewski group (20), WNT signaling activation in melanoma tumor cells correlated with CD8 T-cell exclusion. Because activation of WNT signaling is a frequent molecular event in CRC secondary to the presence of truncating mutations in APC or activation mutations in CTNNB1 (21), we investigated whether analogous mechanisms operated in CRC. Indeed, we detected a statistically significant negative correlation between nuclear CTNNB1 (β -catenin, a marker of active WNT signaling) and CD8+ T-cell infiltration in CRC (Wilcoxon rank sum test, $p = 0.014$; FIG. 8E). In addition, VCAN accumulation correlated with the presence of nuclear β -catenin (Chi-square test, $p < 0.001$, FIG. 8F) and was more common in the pMMR cancers (8 vs. 53%, respectively, Chi-square test, $p < 0.001$, FIG. 8G).

VCAN Accumulation and/or Proteolysis is not Associated with Tumor-Intrinsic Activation of the MAPK and PI3K Pathways, Nor with KI67 Index in CRC.

We investigated a potential correlation between MAPK pathway activation in tumor cells (detected through ERK1/2

phosphorylation), PI3K pathway activation (detected through RPS6 phosphorylation) or tumor cell proliferation (as measured through KI67 staining). The results are shown in FIGS. 12 and 13. There was no correlation between activation of these key oncogenic pathways and/or KI67 index with VCAN processing.

Versikine Promotes the Generation of CD103+ cDC from flt3L-Mobilized Primary Bone Marrow Cultures.

Versican proteolysis may impact on tumor immune contexture through regulation of intact versican bioavailability and/or the generation of novel bioactive fragments. We have previously shown that versikine, a fragment generated through versican proteolysis at the Glu⁴⁴⁰-Ala⁴⁴¹ bond, activates an IRF8-dependent transcriptional program in cultured myeloid cells (15). IRF8 is a terminal selector for CD8a/CD103+ cDC (22), a DC subset with crucial roles in T-cell-mediated immunosurveillance (20, 23, 24).

Flt3L-mobilized BM cultures have long provided a faithful ex vivo model of DC differentiation (19). Addition of recombinant versikine at the onset of culture (together with flt3L) consistently and reproducibly promoted expansion of the CD103+CD11c+MHCII^{hi} DC subset at both early and late culture timepoints (FIG. 9A/B). These cells were SIRP^{lo}, CD11b^{lo-int} and SiglecH^{lo} confirming their identity as CD103+ conventional DC (cDC). There was no difference in the prevalence of SiglecH^{hi} cells at Day 4 (data not shown). Versikine-treated cultures displayed increased expression of Irf8 and Batf3, both essential transcription factors for cDC1 development (FIG. 9C). By contrast, addition of the TLR2/6 ligand, FSL-1 (Pam2CGDPKHPKSF) conferred a disadvantage to CD103+DC development (FIG. 9D). Because intact VCAN is thought to act through TLR2/6 heterodimers (13), these results suggest that versikine may signal through pathways other than those triggered by intact VCAN. Taken together, our data suggest that tumor-seeding, bone-marrow-derived DC precursors may preferentially develop into immunogenic CD103+ DC in tumor microenvironments undergoing active VCAN proteolysis.

Discussion

Colorectal cancer remains a challenging problem of public health proportions. Recent advances in immunotherapy of solid tumors previously thought to be non-immunogenic, such as lung cancer, raised hopes that CRC patients might also benefit. However, CRC responses to novel immunotherapy modalities have been modest at best, with the exception of a small number of patients with mismatch repair-deficient CRC. Future challenges include the selection of patients most likely to respond (through the identification and validation of novel predictive biomarkers) as well as the devising and testing of innovative combinatorial immunotherapy regimens that augment efficacy with acceptable toxicity. CD8+ T-cell infiltration has been associated with an improved prognosis and response to immune checkpoint blockade, especially in the setting of dMMR. However, the mechanisms regulating immune cell infiltration are largely yet to be determined.

We report here the strong association between VCAN proteolysis and CD8+ T-cell infiltration. At a mechanistic level, proteolysis of intact VCAN can be postulated to produce three alternative consequences, not mutually exclusive: Firstly, proteolysis may regulate the amount and bioavailability of tolerogenic intact VCAN at the tumor site and the resultant degree of DC dysfunction (14). Secondly, proteolysis may disrupt VCAN's complex interactions with other immunoregulatory matrix components, such as hyaluronan or tenascin C (25). Thirdly, VCAN proteolysis generates fragments with novel activities. We recently

showed that versikine, a bioactive fragment generated through VCAN proteolysis, elicits an IRF8-dependent type-I interferon transcriptional program as well as IL12 but not IL10 production from myeloid cells (15). These actions are predicted to enhance immunogenicity and tumor “sensing” by the immune system. Indeed, in a small myeloma panel, VCAN proteolysis was necessary, albeit not sufficient, for CD8+ T-cell infiltration (15). In this manuscript we demonstrate that versikine promotes generation of CD103+ CD11c^{hi}MHCII^{hi} conventional DC from flt3L-mobilized BM progenitors. The data support a model in which DC precursors seeding tumor sites undergoing active versican proteolysis may preferentially differentiate towards CD103+ DC implicated in T-cell mediated immunosurveillance and response to immunotherapies (20, 23, 24).

We observed intense VCAN proteolysis in normal colonic epithelium. The colon constitutes an immunologically active microenvironment that has evolved to cope with the continuous exposure to exogenous antigens provided by food processing as well as intestinal microbiota. The implications of this regulation are profound and bear significance well beyond the confines of the gastrointestinal tract. Importantly, a correlation between the composition of intestinal flora and degree of response to anti-tumor immunotherapy is established and beginning to be clinically exploited (26-28). The mechanisms accounting for the regulation and “fine-tuning” of immune responses in normal colonic epithelium are poorly understood (29). It is tempting to associate VCAN processing, and the resultant generation of bioactive immunoregulatory fragments, with homeostatic DC maturation in normal colon. Because the effects of intestinal microbiota on anti-tumor immunity are thought to be regulated at the level of DCs, we hypothesize that VCAN proteolysis may collaborate with the microbiome to influence immune priming against distally-located tumors. Alternatively or additionally, versican proteolysis may specifically shape the immunological milieu of the normal epithelium located adjacent to the “expanding rim” of colonic cancers.

Moreover, VCAN accumulation and turnover may impact on the local immunoregulation of several types of solid tumors that arise in normally “sterile” sites. For example, in prostate tissue, immunosuppressive signaling from TGFβ increases expression of VCAN, reduces expression of VCAN-cleaving ADAMTS proteases and enhances expression of ADAMTS metalloproteinase inhibitor, TIMP-3 (30). Interestingly, prostate cancer constitutes another common type of solid tumor that has yet to benefit from the recent advances in immunotherapy (31). It is intriguing to hypothesize that the VCAN-versikine axis may regulate immune infiltration across a wide spectrum of solid tumors.

Our data confirm and extend previous findings regarding the mechanisms regulating T-cell infiltration or exclusion from the tumor site. In particular, we confirm previous observations implicating melanoma-intrinsic WNT signaling in T-cell exclusion and extend these findings to CRC (20). Mechanistic analyses in melanoma suggested that WNT signaling acts through CCL4 to regulate tumor infiltration by Batf3-lineage DC (CD103+DC in peripheral tissues). Our data raise the testable hypothesis that WNT signaling enhances VCAN accumulation in the tumor microenvironment, potentially through the recruitment of immunosuppressive, VCAN-producing, macrophages. VCAN promotes DC dysfunction through Toll-like receptor-2 (TLR2) signaling (14). It is tempting to speculate that tumor-intrinsic WNT signaling radically remodels the myeloid immune contexture of the tumor through inhibition of immunogenic, Batf3-expressing DC together with recruit-

ment of immunosuppressive, VCAN-producing, macrophages. We are currently testing these hypotheses.

The data presented in this manuscript suggest that VCAN processing may influence the balance between tolerogenic and immunogenic inflammation in common solid tumors. Further to our earlier work (15), corroborating evidence has lately come from different angles. A recent paper suggested a link between VCAN turnover and anti-viral T-cell responses in mice (32). We speculate the analogous mechanisms may operate during innate immune sensing of tumors (33). VCAN-producing, immunosuppressive macrophages were shown to expand post-therapy in myeloma and inhibit T-cell proliferation (34). The abundance of VCAN in CRCs is likely regulated both at the transcriptional level through WNT signaling and post-translationally, through ADAMTS proteases encoded by loci that are epigenetically regulated upon CRC progression (35). The data provide a rationale for investigating VCAN proteolysis as a novel immune biomarker in solid tumor settings. Moreover, therapeutic manipulation of the VCAN-versikine axis through targeted proteolysis of VCAN or administration of recombinant proteolytic fragment, versikine, could be clinically tested for synergy with modern immunotherapy modalities against CRC regardless of mismatch repair status.

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In the foregoing description, it will be readily apparent to one skilled in the art that varying substitutions and modifications may be made to the invention disclosed herein without departing from the scope and spirit of the invention. The invention illustratively described herein suitably may be practiced in the absence of any element or elements, limitation or limitations which is not specifically disclosed herein. The terms and expressions which have been employed are used as terms of description and not of limitation, and there is no intention that in the use of such terms and expressions of excluding any equivalents of the features shown and described or portions thereof, but it is recognized that various modifications are possible within the scope of the invention. Thus, it should be understood that although the present invention has been illustrated by specific embodiments and optional features, modification and/or variation of the concepts herein disclosed may be resorted to by those skilled in the art, and that such modifications and variations are considered to be within the scope of this invention.

Citations to a number of references are made herein. All of the cited references are incorporated by reference herein in their entireties. In the event that there is an inconsistency between a definition of a term in the specification as compared to a definition of the term in a cited reference, the term should be interpreted based on the definition in the specification.

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Glu Ser Tyr Thr Thr Leu Pro Glu Ala Thr Glu Lys Ser His Phe
 1205 1210 1215

Phe Leu Ala Thr Ala Leu Val Thr Glu Ser Ile Pro Ala Glu His
 1220 1225 1230

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Val	Val	Thr	Asp	Ser	Pro	Ile	Lys	Lys	Glu	Glu	Ser	Thr	Lys	His
1235						1240					1245			
Phe	Pro	Lys	Gly	Met	Arg	Pro	Thr	Ile	Gln	Glu	Ser	Asp	Thr	Glu
1250						1255					1260			
Leu	Leu	Phe	Ser	Gly	Leu	Gly	Ser	Gly	Glu	Glu	Val	Leu	Pro	Thr
1265						1270					1275			
Leu	Pro	Thr	Glu	Ser	Val	Asn	Phe	Thr	Glu	Val	Glu	Gln	Ile	Asn
1280						1285					1290			
Asn	Thr	Leu	Tyr	Pro	His	Thr	Ser	Gln	Val	Glu	Ser	Thr	Ser	Ser
1295						1300					1305			
Asp	Lys	Ile	Glu	Asp	Phe	Asn	Arg	Met	Glu	Asn	Val	Ala	Lys	Glu
1310						1315					1320			
Val	Gly	Pro	Leu	Val	Ser	Gln	Thr	Asp	Ile	Phe	Glu	Gly	Ser	Gly
1325						1330					1335			
Ser	Val	Thr	Ser	Thr	Thr	Leu	Ile	Glu	Ile	Leu	Ser	Asp	Thr	Gly
1340						1345					1350			
Ala	Glu	Gly	Pro	Thr	Val	Ala	Pro	Leu	Pro	Phe	Ser	Thr	Asp	Ile
1355						1360					1365			
Gly	His	Pro	Gln	Asn	Gln	Thr	Val	Arg	Trp	Ala	Glu	Glu	Ile	Gln
1370						1375					1380			
Thr	Ser	Arg	Pro	Gln	Thr	Ile	Thr	Glu	Gln	Asp	Ser	Asn	Lys	Asn
1385						1390					1395			
Ser	Ser	Thr	Ala	Glu	Ile	Asn	Glu	Thr	Thr	Thr	Ser	Ser	Thr	Asp
1400						1405					1410			
Phe	Leu	Ala	Arg	Ala	Tyr	Gly	Phe	Glu	Met	Ala	Lys	Glu	Phe	Val
1415						1420					1425			
Thr	Ser	Ala	Pro	Lys	Pro	Ser	Asp	Leu	Tyr	Tyr	Glu	Pro	Ser	Gly
1430						1435					1440			
Glu	Gly	Ser	Gly	Glu	Val	Asp	Ile	Val	Asp	Ser	Phe	His	Thr	Ser
1445						1450					1455			
Ala	Thr	Thr	Gln	Ala	Thr	Arg	Gln	Glu	Ser	Ser	Thr	Thr	Phe	Val
1460						1465					1470			
Ser	Asp	Gly	Ser	Leu	Glu	Lys	His	Pro	Glu	Val	Pro	Ser	Ala	Lys
1475						1480					1485			
Ala	Val	Thr	Ala	Asp	Gly	Phe	Pro	Thr	Val	Ser	Val	Met	Leu	Pro
1490						1495					1500			
Leu	His	Ser	Glu	Gln	Asn	Lys	Ser	Ser	Pro	Asp	Pro	Thr	Ser	Thr
1505						1510					1515			
Leu	Ser	Asn	Thr	Val	Ser	Tyr	Glu	Arg	Ser	Thr	Asp	Gly	Ser	Phe
1520						1525					1530			
Gln	Asp	Arg	Phe	Arg	Glu	Phe	Glu	Asp	Ser	Thr	Leu	Lys	Pro	Asn
1535						1540					1545			
Arg	Lys	Lys	Pro	Thr	Glu	Asn	Ile	Ile	Ile	Asp	Leu	Asp	Lys	Glu
1550						1555					1560			
Asp	Lys	Asp	Leu	Ile	Leu	Thr	Ile	Thr	Glu	Ser	Thr	Ile	Leu	Glu
1565						1570					1575			
Ile	Leu	Pro	Glu	Leu	Thr	Ser	Asp	Lys	Asn	Thr	Ile	Ile	Asp	Ile
1580						1585					1590			
Asp	His	Thr	Lys	Pro	Val	Tyr	Glu	Asp	Ile	Leu	Gly	Met	Gln	Thr
1595						1600					1605			
Asp	Ile	Asp	Thr	Glu	Val	Pro	Ser	Glu	Pro	His	Asp	Ser	Asn	Asp
1610						1615					1620			

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Glu	Ser	Asn	Asp	Asp	Ser	Thr	Gln	Val	Gln	Glu	Ile	Tyr	Glu	Ala
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Ala	Val	Asn	Leu	Ser	Leu	Thr	Glu	Glu	Thr	Phe	Glu	Gly	Ser	Ala
1640						1645					1650			
Asp	Val	Leu	Ala	Ser	Tyr	Thr	Gln	Ala	Thr	His	Asp	Glu	Ser	Met
1655						1660					1665			
Thr	Tyr	Glu	Asp	Arg	Ser	Gln	Leu	Asp	His	Met	Gly	Phe	His	Phe
1670						1675					1680			
Thr	Thr	Gly	Ile	Pro	Ala	Pro	Ser	Thr	Glu	Thr	Glu	Leu	Asp	Val
1685						1690					1695			
Leu	Leu	Pro	Thr	Ala	Thr	Ser	Leu	Pro	Ile	Pro	Arg	Lys	Ser	Ala
1700						1705					1710			
Thr	Val	Ile	Pro	Glu	Ile	Glu	Gly	Ile	Lys	Ala	Glu	Ala	Lys	Ala
1715						1720					1725			
Leu	Asp	Asp	Met	Phe	Glu	Ser	Ser	Thr	Leu	Ser	Asp	Gly	Gln	Ala
1730						1735					1740			
Ile	Ala	Asp	Gln	Ser	Glu	Ile	Ile	Pro	Thr	Leu	Gly	Gln	Phe	Glu
1745						1750					1755			
Arg	Thr	Gln	Glu	Glu	Tyr	Glu	Asp	Lys	Lys	His	Ala	Gly	Pro	Ser
1760						1765					1770			
Phe	Gln	Pro	Glu	Phe	Ser	Ser	Gly	Ala	Glu	Glu	Ala	Leu	Val	Asp
1775						1780					1785			
His	Thr	Pro	Tyr	Leu	Ser	Ile	Ala	Thr	Thr	His	Leu	Met	Asp	Gln
1790						1795					1800			
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Tyr	Tyr	Thr	Asp	Thr	Thr	Leu	Ala	Val	Ser	Thr	Phe	Ala	Lys	Leu
1820						1825					1830			
Ser	Ser	Gln	Thr	Pro	Ser	Ser	Pro	Leu	Thr	Ile	Tyr	Ser	Gly	Ser
1835						1840					1845			
Glu	Ala	Ser	Gly	His	Thr	Glu	Ile	Pro	Gln	Pro	Ser	Ala	Leu	Pro
1850						1855					1860			
Gly	Ile	Asp	Val	Gly	Ser	Ser	Val	Met	Ser	Pro	Gln	Asp	Ser	Phe
1865						1870					1875			
Lys	Glu	Ile	His	Val	Asn	Ile	Glu	Ala	Thr	Phe	Lys	Pro	Ser	Ser
1880						1885					1890			
Glu	Glu	Tyr	Leu	His	Ile	Thr	Glu	Pro	Pro	Ser	Leu	Ser	Pro	Asp
1895						1900					1905			
Thr	Lys	Leu	Glu	Pro	Ser	Glu	Asp	Asp	Gly	Lys	Pro	Glu	Leu	Leu
1910						1915					1920			
Glu	Glu	Met	Glu	Ala	Ser	Pro	Thr	Glu	Leu	Ile	Ala	Val	Glu	Gly
1925						1930					1935			
Thr	Glu	Ile	Leu	Gln	Asp	Phe	Gln	Asn	Lys	Thr	Asp	Gly	Gln	Val
1940						1945					1950			
Ser	Gly	Glu	Ala	Ile	Lys	Met	Phe	Pro	Thr	Ile	Lys	Thr	Pro	Glu
1955						1960					1965			
Ala	Gly	Thr	Val	Ile	Thr	Thr	Ala	Asp	Glu	Ile	Glu	Leu	Glu	Gly
1970						1975					1980			
Ala	Thr	Gln	Trp	Pro	His	Ser	Thr	Ser	Ala	Ser	Ala	Thr	Tyr	Gly
1985						1990					1995			
Val	Glu	Ala	Gly	Val	Val	Pro	Trp	Leu	Ser	Pro	Gln	Thr	Ser	Glu
2000						2005					2010			

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Arg	Pro	Thr	Leu	Ser	Ser	Ser	Pro	Glu	Ile	Asn	Pro	Glu	Thr	Gln
2015						2020					2025			
Ala	Ala	Leu	Ile	Arg	Gly	Gln	Asp	Ser	Thr	Ile	Ala	Ala	Ser	Glu
2030						2035					2040			
Gln	Gln	Val	Ala	Ala	Arg	Ile	Leu	Asp	Ser	Asn	Asp	Gln	Ala	Thr
2045						2050					2055			
Val	Asn	Pro	Val	Glu	Phe	Asn	Thr	Glu	Val	Ala	Thr	Pro	Pro	Phe
2060						2065					2070			
Ser	Leu	Leu	Glu	Thr	Ser	Asn	Glu	Thr	Asp	Phe	Leu	Ile	Gly	Ile
2075						2080					2085			
Asn	Glu	Glu	Ser	Val	Glu	Gly	Thr	Ala	Ile	Tyr	Leu	Pro	Gly	Pro
2090						2095					2100			
Asp	Arg	Cys	Lys	Met	Asn	Pro	Cys	Leu	Asn	Gly	Gly	Thr	Cys	Tyr
2105						2110					2115			
Pro	Thr	Glu	Thr	Ser	Tyr	Val	Cys	Thr	Cys	Val	Pro	Gly	Tyr	Ser
2120						2125					2130			
Gly	Asp	Gln	Cys	Glu	Leu	Asp	Phe	Asp	Glu	Cys	His	Ser	Asn	Pro
2135						2140					2145			
Cys	Arg	Asn	Gly	Ala	Thr	Cys	Val	Asp	Gly	Phe	Asn	Thr	Phe	Arg
2150						2155					2160			
Cys	Leu	Cys	Leu	Pro	Ser	Tyr	Val	Gly	Ala	Leu	Cys	Glu	Gln	Asp
2165						2170					2175			
Thr	Glu	Thr	Cys	Asp	Tyr	Gly	Trp	His	Lys	Phe	Gln	Gly	Gln	Cys
2180						2185					2190			
Tyr	Lys	Tyr	Phe	Ala	His	Arg	Arg	Thr	Trp	Asp	Ala	Ala	Glu	Arg
2195						2200					2205			
Glu	Cys	Arg	Leu	Gln	Gly	Ala	His	Leu	Thr	Ser	Ile	Leu	Ser	His
2210						2215					2220			
Glu	Glu	Gln	Met	Phe	Val	Asn	Arg	Val	Gly	His	Asp	Tyr	Gln	Trp
2225						2230					2235			
Ile	Gly	Leu	Asn	Asp	Lys	Met	Phe	Glu	His	Asp	Phe	Arg	Trp	Thr
2240						2245					2250			
Asp	Gly	Ser	Thr	Leu	Gln	Tyr	Glu	Asn	Trp	Arg	Pro	Asn	Gln	Pro
2255						2260					2265			
Asp	Ser	Phe	Phe	Ser	Ala	Gly	Glu	Asp	Cys	Val	Val	Ile	Ile	Trp
2270						2275					2280			
His	Glu	Asn	Gly	Gln	Trp	Asn	Asp	Val	Pro	Cys	Asn	Tyr	His	Leu
2285						2290					2295			
Thr	Tyr	Thr	Cys	Lys	Lys	Gly	Thr	Val	Ala	Cys	Gly	Gln	Pro	Pro
2300						2305					2310			
Val	Val	Glu	Asn	Ala	Lys	Thr	Phe	Gly	Lys	Met	Lys	Pro	Arg	Tyr
2315						2320					2325			
Glu	Ile	Asn	Ser	Leu	Ile	Arg	Tyr	His	Cys	Lys	Asp	Gly	Phe	Ile
2330						2335					2340			
Gln	Arg	His	Leu	Pro	Thr	Ile	Arg	Cys	Leu	Gly	Asn	Gly	Arg	Trp
2345						2350					2355			
Ala	Ile	Pro	Lys	Ile	Thr	Cys	Met	Asn	Pro	Ser	Ala	Tyr	Gln	Arg
2360						2365					2370			
Thr	Tyr	Ser	Met	Lys	Tyr	Phe	Lys	Asn	Ser	Ser	Ser	Ala	Lys	Asp
2375						2380					2385			

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Asn Ser Ile Asn Thr Ser Lys His Asp His Arg Trp Ser Arg Arg
 2390 2395 2400

Trp Gln Glu Ser Arg Arg
 2405

<210> SEQ ID NO 2
 <211> LENGTH: 2389
 <212> TYPE: PRT
 <213> ORGANISM: Homo sapiens

<400> SEQUENCE: 2

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

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Glu Thr Asp Pro Val His Asp Leu Met Ala Glu Ile Leu Pro Glu Phe
 355 360 365
 Pro Asp Ile Ile Glu Ile Asp Leu Tyr His Ser Glu Glu Asn Glu Glu
 370 375 380
 Glu Glu Glu Glu Cys Ala Asn Ala Thr Asp Val Thr Thr Thr Pro Ser
 385 390 395 400
 Val Gln Tyr Ile Asn Gly Lys His Leu Val Thr Thr Val Pro Lys Asp
 405 410 415
 Pro Glu Ala Ala Glu Ala Arg Arg Gly Gln Phe Glu Ser Val Ala Pro
 420 425 430
 Ser Gln Asn Phe Ser Asp Ser Ser Glu Ser Asp Thr His Pro Phe Val
 435 440 445
 Ile Ala Lys Thr Glu Leu Ser Thr Ala Val Gln Pro Asn Glu Ser Thr
 450 455 460
 Glu Thr Thr Glu Ser Leu Glu Val Thr Trp Lys Pro Glu Thr Tyr Pro
 465 470 475 480
 Glu Thr Ser Glu His Phe Ser Gly Gly Glu Pro Asp Val Phe Pro Thr
 485 490 495
 Val Pro Phe His Glu Glu Phe Glu Ser Gly Thr Ala Lys Lys Gly Ala
 500 505 510
 Glu Ser Val Thr Glu Arg Asp Thr Glu Val Gly His Gln Ala His Glu
 515 520 525
 His Thr Glu Pro Val Ser Leu Phe Pro Glu Glu Ser Ser Gly Glu Ile
 530 535 540
 Ala Ile Asp Gln Glu Ser Gln Lys Ile Ala Phe Ala Arg Ala Thr Glu
 545 550 555 560
 Val Thr Phe Gly Glu Glu Val Glu Lys Ser Thr Ser Val Thr Tyr Thr
 565 570 575
 Pro Thr Ile Val Pro Ser Ser Ala Ser Ala Tyr Val Ser Glu Glu Glu
 580 585 590
 Ala Val Thr Leu Ile Gly Asn Pro Trp Pro Asp Asp Leu Leu Ser Thr
 595 600 605
 Lys Glu Ser Trp Val Glu Ala Thr Pro Arg Gln Val Val Glu Leu Ser
 610 615 620
 Gly Ser Ser Ser Ile Pro Ile Thr Glu Gly Ser Gly Glu Ala Glu Glu
 625 630 635 640
 Asp Glu Asp Thr Met Phe Thr Met Val Thr Asp Leu Ser Gln Arg Asn
 645 650 655
 Thr Thr Asp Thr Leu Ile Thr Leu Asp Thr Ser Arg Ile Ile Thr Glu
 660 665 670
 Ser Phe Phe Glu Val Pro Ala Thr Thr Ile Tyr Pro Val Ser Glu Gln
 675 680 685
 Pro Ser Ala Lys Val Val Pro Thr Lys Phe Val Ser Glu Thr Asp Thr
 690 695 700
 Ser Glu Trp Ile Ser Ser Thr Thr Val Glu Glu Lys Lys Arg Lys Glu
 705 710 715 720
 Glu Glu Gly Thr Thr Gly Thr Ala Ser Thr Phe Glu Val Tyr Ser Ser
 725 730 735
 Thr Gln Arg Ser Asp Gln Leu Ile Leu Pro Phe Glu Leu Glu Ser Pro
 740 745 750
 Asn Val Ala Thr Ser Ser Asp Ser Gly Thr Arg Lys Ser Phe Met Ser
 755 760 765

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Leu Thr Thr Pro Thr Gln Ser Glu Arg Glu Met Thr Asp Ser Thr Pro
 770 775 780

Val Phe Thr Glu Thr Asn Thr Leu Glu Asn Leu Gly Ala Gln Thr Thr
 785 790 795 800

Glu His Ser Ser Ile His Gln Pro Gly Val Gln Glu Gly Leu Thr Thr
 805 810 815

Leu Pro Arg Ser Pro Ala Ser Val Phe Met Glu Gln Gly Ser Gly Glu
 820 825 830

Ala Ala Ala Asp Pro Glu Thr Thr Thr Val Ser Ser Phe Ser Leu Asn
 835 840 845

Val Glu Tyr Ala Ile Gln Ala Glu Lys Glu Val Ala Gly Thr Leu Ser
 850 855 860

Pro His Val Glu Thr Thr Phe Ser Thr Glu Pro Thr Gly Leu Val Leu
 865 870 875 880

Ser Thr Val Met Asp Arg Val Val Ala Glu Asn Ile Thr Gln Thr Ser
 885 890 895

Arg Glu Ile Val Ile Ser Glu Arg Leu Gly Glu Pro Asn Tyr Gly Ala
 900 905 910

Glu Ile Arg Gly Phe Ser Thr Gly Phe Pro Leu Glu Glu Asp Phe Ser
 915 920 925

Gly Asp Phe Arg Glu Tyr Ser Thr Val Ser His Pro Ile Ala Lys Glu
 930 935 940

Glu Thr Val Met Met Glu Gly Ser Gly Asp Ala Ala Phe Arg Asp Thr
 945 950 955 960

Gln Thr Ser Pro Ser Thr Val Pro Thr Ser Val His Ile Ser His Ile
 965 970 975

Ser Asp Ser Glu Gly Pro Ser Ser Thr Met Val Ser Thr Ser Ala Phe
 980 985 990

Pro Trp Glu Glu Phe Thr Ser Ser Ala Glu Gly Ser Gly Glu Gln Leu
 995 1000 1005

Val Thr Val Ser Ser Ser Val Val Pro Val Leu Pro Ser Ala Val
 1010 1015 1020

Gln Lys Phe Ser Gly Thr Ala Ser Ser Ile Ile Asp Glu Gly Leu
 1025 1030 1035

Gly Glu Val Gly Thr Val Asn Glu Ile Asp Arg Arg Ser Thr Ile
 1040 1045 1050

Leu Pro Thr Ala Glu Val Glu Gly Thr Lys Ala Pro Val Glu Lys
 1055 1060 1065

Glu Glu Val Lys Val Ser Gly Thr Val Ser Thr Asn Phe Pro Gln
 1070 1075 1080

Thr Ile Glu Pro Ala Lys Leu Trp Ser Arg Gln Glu Val Asn Pro
 1085 1090 1095

Val Arg Gln Glu Ile Glu Ser Glu Thr Thr Ser Glu Glu Gln Ile
 1100 1105 1110

Gln Glu Glu Lys Ser Phe Glu Ser Pro Gln Asn Ser Pro Ala Thr
 1115 1120 1125

Glu Gln Thr Ile Phe Asp Ser Gln Thr Phe Thr Glu Thr Glu Leu
 1130 1135 1140

Lys Thr Thr Asp Tyr Ser Val Leu Thr Thr Lys Lys Thr Tyr Ser
 1145 1150 1155

Asp Asp Lys Glu Met Lys Glu Glu Asp Thr Ser Leu Val Asn Met
 1160 1165 1170

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Ser	Thr	Pro	Asp	Pro	Asp	Ala	Asn	Gly	Leu	Glu	Ser	Tyr	Thr	Thr	1175	1180	1185
Leu	Pro	Glu	Ala	Thr	Glu	Lys	Ser	His	Phe	Phe	Leu	Ala	Thr	Ala	1190	1195	1200
Leu	Val	Thr	Glu	Ser	Ile	Pro	Ala	Glu	His	Val	Val	Thr	Asp	Ser	1205	1210	1215
Pro	Ile	Lys	Lys	Glu	Glu	Ser	Thr	Lys	His	Phe	Pro	Lys	Gly	Met	1220	1225	1230
Arg	Pro	Thr	Ile	Gln	Glu	Ser	Asp	Thr	Glu	Leu	Leu	Phe	Ser	Gly	1235	1240	1245
Leu	Gly	Ser	Gly	Glu	Glu	Val	Leu	Pro	Thr	Leu	Pro	Thr	Glu	Ser	1250	1255	1260
Val	Asn	Phe	Thr	Glu	Val	Glu	Gln	Ile	Asn	Asn	Thr	Leu	Tyr	Pro	1265	1270	1275
His	Thr	Ser	Gln	Val	Glu	Ser	Thr	Ser	Ser	Asp	Lys	Ile	Glu	Asp	1280	1285	1290
Phe	Asn	Arg	Met	Glu	Asn	Val	Ala	Lys	Glu	Val	Gly	Pro	Leu	Val	1295	1300	1305
Ser	Gln	Thr	Asp	Ile	Phe	Glu	Gly	Ser	Gly	Ser	Val	Thr	Ser	Thr	1310	1315	1320
Thr	Leu	Ile	Glu	Ile	Leu	Ser	Asp	Thr	Gly	Ala	Glu	Gly	Pro	Thr	1325	1330	1335
Val	Ala	Pro	Leu	Pro	Phe	Ser	Thr	Asp	Ile	Gly	His	Pro	Gln	Asn	1340	1345	1350
Gln	Thr	Val	Arg	Trp	Ala	Glu	Glu	Ile	Gln	Thr	Ser	Arg	Pro	Gln	1355	1360	1365
Thr	Ile	Thr	Glu	Gln	Asp	Ser	Asn	Lys	Asn	Ser	Ser	Thr	Ala	Glu	1370	1375	1380
Ile	Asn	Glu	Thr	Thr	Thr	Ser	Ser	Thr	Asp	Phe	Leu	Ala	Arg	Ala	1385	1390	1395
Tyr	Gly	Phe	Glu	Met	Ala	Lys	Glu	Phe	Val	Thr	Ser	Ala	Pro	Lys	1400	1405	1410
Pro	Ser	Asp	Leu	Tyr	Tyr	Glu	Pro	Ser	Gly	Glu	Gly	Ser	Gly	Glu	1415	1420	1425
Val	Asp	Ile	Val	Asp	Ser	Phe	His	Thr	Ser	Ala	Thr	Thr	Gln	Ala	1430	1435	1440
Thr	Arg	Gln	Glu	Ser	Ser	Thr	Thr	Phe	Val	Ser	Asp	Gly	Ser	Leu	1445	1450	1455
Glu	Lys	His	Pro	Glu	Val	Pro	Ser	Ala	Lys	Ala	Val	Thr	Ala	Asp	1460	1465	1470
Gly	Phe	Pro	Thr	Val	Ser	Val	Met	Leu	Pro	Leu	His	Ser	Glu	Gln	1475	1480	1485
Asn	Lys	Ser	Ser	Pro	Asp	Pro	Thr	Ser	Thr	Leu	Ser	Asn	Thr	Val	1490	1495	1500
Ser	Tyr	Glu	Arg	Ser	Thr	Asp	Gly	Ser	Phe	Gln	Asp	Arg	Phe	Arg	1505	1510	1515
Glu	Phe	Glu	Asp	Ser	Thr	Leu	Lys	Pro	Asn	Arg	Lys	Lys	Pro	Thr	1520	1525	1530
Glu	Asn	Ile	Ile	Ile	Asp	Leu	Asp	Lys	Glu	Asp	Lys	Asp	Leu	Ile	1535	1540	1545
Leu	Thr	Ile	Thr	Glu	Ser	Thr	Ile	Leu	Glu	Ile	Leu	Pro	Glu	Leu	1550	1555	1560

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Thr	Ser	Asp	Lys	Asn	Thr	Ile	Ile	Asp	Ile	Asp	His	Thr	Lys	Pro
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1580						1585					1590			
Val	Pro	Ser	Glu	Pro	His	Asp	Ser	Asn	Asp	Glu	Ser	Asn	Asp	Asp
1595						1600					1605			
Ser	Thr	Gln	Val	Gln	Glu	Ile	Tyr	Glu	Ala	Ala	Val	Asn	Leu	Ser
1610						1615					1620			
Leu	Thr	Glu	Glu	Thr	Phe	Glu	Gly	Ser	Ala	Asp	Val	Leu	Ala	Ser
1625						1630					1635			
Tyr	Thr	Gln	Ala	Thr	His	Asp	Glu	Ser	Met	Thr	Tyr	Glu	Asp	Arg
1640						1645					1650			
Ser	Gln	Leu	Asp	His	Met	Gly	Phe	His	Phe	Thr	Thr	Gly	Ile	Pro
1655						1660					1665			
Ala	Pro	Ser	Thr	Glu	Thr	Glu	Leu	Asp	Val	Leu	Leu	Pro	Thr	Ala
1670						1675					1680			
Thr	Ser	Leu	Pro	Ile	Pro	Arg	Lys	Ser	Ala	Thr	Val	Ile	Pro	Glu
1685						1690					1695			
Ile	Glu	Gly	Ile	Lys	Ala	Glu	Ala	Lys	Ala	Leu	Asp	Asp	Met	Phe
1700						1705					1710			
Glu	Ser	Ser	Thr	Leu	Ser	Asp	Gly	Gln	Ala	Ile	Ala	Asp	Gln	Ser
1715						1720					1725			
Glu	Ile	Ile	Pro	Thr	Leu	Gly	Gln	Phe	Glu	Arg	Thr	Gln	Glu	Glu
1730						1735					1740			
Tyr	Glu	Asp	Lys	Lys	His	Ala	Gly	Pro	Ser	Phe	Gln	Pro	Glu	Phe
1745						1750					1755			
Ser	Ser	Gly	Ala	Glu	Glu	Ala	Leu	Val	Asp	His	Thr	Pro	Tyr	Leu
1760						1765					1770			
Ser	Ile	Ala	Thr	Thr	His	Leu	Met	Asp	Gln	Ser	Val	Thr	Glu	Val
1775						1780					1785			
Pro	Asp	Val	Met	Glu	Gly	Ser	Asn	Pro	Pro	Tyr	Tyr	Thr	Asp	Thr
1790						1795					1800			
Thr	Leu	Ala	Val	Ser	Thr	Phe	Ala	Lys	Leu	Ser	Ser	Gln	Thr	Pro
1805						1810					1815			
Ser	Ser	Pro	Leu	Thr	Ile	Tyr	Ser	Gly	Ser	Glu	Ala	Ser	Gly	His
1820						1825					1830			
Thr	Glu	Ile	Pro	Gln	Pro	Ser	Ala	Leu	Pro	Gly	Ile	Asp	Val	Gly
1835						1840					1845			
Ser	Ser	Val	Met	Ser	Pro	Gln	Asp	Ser	Phe	Lys	Glu	Ile	His	Val
1850						1855					1860			
Asn	Ile	Glu	Ala	Thr	Phe	Lys	Pro	Ser	Ser	Glu	Glu	Tyr	Leu	His
1865						1870					1875			
Ile	Thr	Glu	Pro	Pro	Ser	Leu	Ser	Pro	Asp	Thr	Lys	Leu	Glu	Pro
1880						1885					1890			
Ser	Glu	Asp	Asp	Gly	Lys	Pro	Glu	Leu	Leu	Glu	Glu	Met	Glu	Ala
1895						1900					1905			
Ser	Pro	Thr	Glu	Leu	Ile	Ala	Val	Glu	Gly	Thr	Glu	Ile	Leu	Gln
1910						1915					1920			
Asp	Phe	Gln	Asn	Lys	Thr	Asp	Gly	Gln	Val	Ser	Gly	Glu	Ala	Ile
1925						1930					1935			
Lys	Met	Phe	Pro	Thr	Ile	Lys	Thr	Pro	Glu	Ala	Gly	Thr	Val	Ile
1940						1945					1950			

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Thr	Thr	Ala	Asp	Glu	Ile	Glu	Leu	Glu	Gly	Ala	Thr	Gln	Trp	Pro
1955						1960					1965			
His	Ser	Thr	Ser	Ala	Ser	Ala	Thr	Tyr	Gly	Val	Glu	Ala	Gly	Val
1970						1975					1980			
Val	Pro	Trp	Leu	Ser	Pro	Gln	Thr	Ser	Glu	Arg	Pro	Thr	Leu	Ser
1985						1990					1995			
Ser	Ser	Pro	Glu	Ile	Asn	Pro	Glu	Thr	Gln	Ala	Ala	Leu	Ile	Arg
2000						2005					2010			
Gly	Gln	Asp	Ser	Thr	Ile	Ala	Ala	Ser	Glu	Gln	Gln	Val	Ala	Ala
2015						2020					2025			
Arg	Ile	Leu	Asp	Ser	Asn	Asp	Gln	Ala	Thr	Val	Asn	Pro	Val	Glu
2030						2035					2040			
Phe	Asn	Thr	Glu	Val	Ala	Thr	Pro	Pro	Phe	Ser	Leu	Leu	Glu	Thr
2045						2050					2055			
Ser	Asn	Glu	Thr	Asp	Phe	Leu	Ile	Gly	Ile	Asn	Glu	Glu	Ser	Val
2060						2065					2070			
Glu	Gly	Thr	Ala	Ile	Tyr	Leu	Pro	Gly	Pro	Asp	Arg	Cys	Lys	Met
2075						2080					2085			
Asn	Pro	Cys	Leu	Asn	Gly	Gly	Thr	Cys	Tyr	Pro	Thr	Glu	Thr	Ser
2090						2095					2100			
Tyr	Val	Cys	Thr	Cys	Val	Pro	Gly	Tyr	Ser	Gly	Asp	Gln	Cys	Glu
2105						2110					2115			
Leu	Asp	Phe	Asp	Glu	Cys	His	Ser	Asn	Pro	Cys	Arg	Asn	Gly	Ala
2120						2125					2130			
Thr	Cys	Val	Asp	Gly	Phe	Asn	Thr	Phe	Arg	Cys	Leu	Cys	Leu	Pro
2135						2140					2145			
Ser	Tyr	Val	Gly	Ala	Leu	Cys	Glu	Gln	Asp	Thr	Glu	Thr	Cys	Asp
2150						2155					2160			
Tyr	Gly	Trp	His	Lys	Phe	Gln	Gly	Gln	Cys	Tyr	Lys	Tyr	Phe	Ala
2165						2170					2175			
His	Arg	Arg	Thr	Trp	Asp	Ala	Ala	Glu	Arg	Glu	Cys	Arg	Leu	Gln
2180						2185					2190			
Gly	Ala	His	Leu	Thr	Ser	Ile	Leu	Ser	His	Glu	Glu	Gln	Met	Phe
2195						2200					2205			
Val	Asn	Arg	Val	Gly	His	Asp	Tyr	Gln	Trp	Ile	Gly	Leu	Asn	Asp
2210						2215					2220			
Lys	Met	Phe	Glu	His	Asp	Phe	Arg	Trp	Thr	Asp	Gly	Ser	Thr	Leu
2225						2230					2235			
Gln	Tyr	Glu	Asn	Trp	Arg	Pro	Asn	Gln	Pro	Asp	Ser	Phe	Phe	Ser
2240						2245					2250			
Ala	Gly	Glu	Asp	Cys	Val	Val	Ile	Ile	Trp	His	Glu	Asn	Gly	Gln
2255						2260					2265			
Trp	Asn	Asp	Val	Pro	Cys	Asn	Tyr	His	Leu	Thr	Tyr	Thr	Cys	Lys
2270						2275					2280			
Lys	Gly	Thr	Val	Ala	Cys	Gly	Gln	Pro	Pro	Val	Val	Glu	Asn	Ala
2285						2290					2295			
Lys	Thr	Phe	Gly	Lys	Met	Lys	Pro	Arg	Tyr	Glu	Ile	Asn	Ser	Leu
2300						2305					2310			
Ile	Arg	Tyr	His	Cys	Lys	Asp	Gly	Phe	Ile	Gln	Arg	His	Leu	Pro
2315						2320					2325			
Thr	Ile	Arg	Cys	Leu	Gly	Asn	Gly	Arg	Trp	Ala	Ile	Pro	Lys	Ile
2330						2335					2340			

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 Thr Cys Met Asn Pro Ser Ala Tyr Gln Arg Thr Tyr Ser Met Lys
 2345 2350 2355

 Tyr Phe Lys Asn Ser Ser Ser Ala Lys Asp Asn Ser Ile Asn Thr
 2360 2365 2370

 Ser Lys His Asp His Arg Trp Ser Arg Arg Trp Gln Glu Ser Arg
 2375 2380 2385

Arg

<210> SEQ ID NO 3

<211> LENGTH: 2390

<212> TYPE: PRT

<213> ORGANISM: Artificial

<220> FEATURE:

<223> OTHER INFORMATION: Full length human versican (V1) (minus signal peptide, plus N-terminal methionine)

<400> SEQUENCE: 3

 Met Leu His Lys Val Lys Val Gly Lys Ser Pro Pro Val Arg Gly Ser
 1 5 10 15

 Leu Ser Gly Lys Val Ser Leu Pro Cys His Phe Ser Thr Met Pro Thr
 20 25 30

 Leu Pro Pro Ser Tyr Asn Thr Ser Glu Phe Leu Arg Ile Lys Trp Ser
 35 40 45

 Lys Ile Glu Val Asp Lys Asn Gly Lys Asp Leu Lys Glu Thr Thr Val
 50 55 60

 Leu Val Ala Gln Asn Gly Asn Ile Lys Ile Gly Gln Asp Tyr Lys Gly
 65 70 75 80

 Arg Val Ser Val Pro Thr His Pro Glu Ala Val Gly Asp Ala Ser Leu
 85 90 95

 Thr Val Val Lys Leu Leu Ala Ser Asp Ala Gly Leu Tyr Arg Cys Asp
 100 105 110

 Val Met Tyr Gly Ile Glu Asp Thr Gln Asp Thr Val Ser Leu Thr Val
 115 120 125

 Asp Gly Val Val Phe His Tyr Arg Ala Ala Thr Ser Arg Tyr Thr Leu
 130 135 140

 Asn Phe Glu Ala Ala Gln Lys Ala Cys Leu Asp Val Gly Ala Val Ile
 145 150 155 160

 Ala Thr Pro Glu Gln Leu Phe Ala Ala Tyr Glu Asp Gly Phe Glu Gln
 165 170 175

 Cys Asp Ala Gly Trp Leu Ala Asp Gln Thr Val Arg Tyr Pro Ile Arg
 180 185 190

 Ala Pro Arg Val Gly Cys Tyr Gly Asp Lys Met Gly Lys Ala Gly Val
 195 200 205

 Arg Thr Tyr Gly Phe Arg Ser Pro Gln Glu Thr Tyr Asp Val Tyr Cys
 210 215 220

 Tyr Val Asp His Leu Asp Gly Asp Val Phe His Leu Thr Val Pro Ser
 225 230 235 240

 Lys Phe Thr Phe Glu Glu Ala Ala Lys Glu Cys Glu Asn Gln Asp Ala
 245 250 255

 Arg Leu Ala Thr Val Gly Glu Leu Gln Ala Ala Trp Arg Asn Gly Phe
 260 265 270

 Asp Gln Cys Asp Tyr Gly Trp Leu Ser Asp Ala Ser Val Arg His Pro
 275 280 285

 Val Thr Val Ala Arg Ala Gln Cys Gly Gly Gly Leu Leu Gly Val Arg
 290 295 300

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Thr Leu Tyr Arg Phe Glu Asn Gln Thr Gly Phe Pro Pro Pro Asp Ser
 305 310 315 320
 Arg Phe Asp Ala Tyr Cys Phe Lys Arg Arg Met Ser Asp Leu Ser Val
 325 330 335
 Ile Gly His Pro Ile Asp Ser Glu Ser Lys Glu Asp Glu Pro Cys Ser
 340 345 350
 Glu Glu Thr Asp Pro Val His Asp Leu Met Ala Glu Ile Leu Pro Glu
 355 360 365
 Phe Pro Asp Ile Ile Glu Ile Asp Leu Tyr His Ser Glu Glu Asn Glu
 370 375 380
 Glu Glu Glu Glu Glu Cys Ala Asn Ala Thr Asp Val Thr Thr Thr Pro
 385 390 395 400
 Ser Val Gln Tyr Ile Asn Gly Lys His Leu Val Thr Thr Val Pro Lys
 405 410 415
 Asp Pro Glu Ala Ala Glu Ala Arg Arg Gly Gln Phe Glu Ser Val Ala
 420 425 430
 Pro Ser Gln Asn Phe Ser Asp Ser Ser Glu Ser Asp Thr His Pro Phe
 435 440 445
 Val Ile Ala Lys Thr Glu Leu Ser Thr Ala Val Gln Pro Asn Glu Ser
 450 455 460
 Thr Glu Thr Thr Glu Ser Leu Glu Val Thr Trp Lys Pro Glu Thr Tyr
 465 470 475 480
 Pro Glu Thr Ser Glu His Phe Ser Gly Gly Glu Pro Asp Val Phe Pro
 485 490 495
 Thr Val Pro Phe His Glu Glu Phe Glu Ser Gly Thr Ala Lys Lys Gly
 500 505 510
 Ala Glu Ser Val Thr Glu Arg Asp Thr Glu Val Gly His Gln Ala His
 515 520 525
 Glu His Thr Glu Pro Val Ser Leu Phe Pro Glu Glu Ser Ser Gly Glu
 530 535 540
 Ile Ala Ile Asp Gln Glu Ser Gln Lys Ile Ala Phe Ala Arg Ala Thr
 545 550 555 560
 Glu Val Thr Phe Gly Glu Glu Val Glu Lys Ser Thr Ser Val Thr Tyr
 565 570 575
 Thr Pro Thr Ile Val Pro Ser Ser Ala Ser Ala Tyr Val Ser Glu Glu
 580 585 590
 Glu Ala Val Thr Leu Ile Gly Asn Pro Trp Pro Asp Asp Leu Leu Ser
 595 600 605
 Thr Lys Glu Ser Trp Val Glu Ala Thr Pro Arg Gln Val Val Glu Leu
 610 615 620
 Ser Gly Ser Ser Ser Ile Pro Ile Thr Glu Gly Ser Gly Glu Ala Glu
 625 630 635 640
 Glu Asp Glu Asp Thr Met Phe Thr Met Val Thr Asp Leu Ser Gln Arg
 645 650 655
 Asn Thr Thr Asp Thr Leu Ile Thr Leu Asp Thr Ser Arg Ile Ile Thr
 660 665 670
 Glu Ser Phe Phe Glu Val Pro Ala Thr Thr Ile Tyr Pro Val Ser Glu
 675 680 685
 Gln Pro Ser Ala Lys Val Val Pro Thr Lys Phe Val Ser Glu Thr Asp
 690 695 700
 Thr Ser Glu Trp Ile Ser Ser Thr Thr Val Glu Glu Lys Lys Arg Lys
 705 710 715 720

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Glu	Glu	Glu	Gly	Thr	Thr	Gly	Thr	Ala	Ser	Thr	Phe	Glu	Val	Tyr	Ser
				725					730					735	
Ser	Thr	Gln	Arg	Ser	Asp	Gln	Leu	Ile	Leu	Pro	Phe	Glu	Leu	Glu	Ser
		740					745					750			
Pro	Asn	Val	Ala	Thr	Ser	Ser	Asp	Ser	Gly	Thr	Arg	Lys	Ser	Phe	Met
		755					760					765			
Ser	Leu	Thr	Thr	Pro	Thr	Gln	Ser	Glu	Arg	Glu	Met	Thr	Asp	Ser	Thr
	770					775					780				
Pro	Val	Phe	Thr	Glu	Thr	Asn	Thr	Leu	Glu	Asn	Leu	Gly	Ala	Gln	Thr
	785				790					795					800
Thr	Glu	His	Ser	Ser	Ile	His	Gln	Pro	Gly	Val	Gln	Glu	Gly	Leu	Thr
			805						810					815	
Thr	Leu	Pro	Arg	Ser	Pro	Ala	Ser	Val	Phe	Met	Glu	Gln	Gly	Ser	Gly
			820					825					830		
Glu	Ala	Ala	Ala	Asp	Pro	Glu	Thr	Thr	Thr	Val	Ser	Ser	Phe	Ser	Leu
		835					840					845			
Asn	Val	Glu	Tyr	Ala	Ile	Gln	Ala	Glu	Lys	Glu	Val	Ala	Gly	Thr	Leu
	850					855					860				
Ser	Pro	His	Val	Glu	Thr	Thr	Phe	Ser	Thr	Glu	Pro	Thr	Gly	Leu	Val
	865				870					875					880
Leu	Ser	Thr	Val	Met	Asp	Arg	Val	Val	Ala	Glu	Asn	Ile	Thr	Gln	Thr
				885					890					895	
Ser	Arg	Glu	Ile	Val	Ile	Ser	Glu	Arg	Leu	Gly	Glu	Pro	Asn	Tyr	Gly
		900						905					910		
Ala	Glu	Ile	Arg	Gly	Phe	Ser	Thr	Gly	Phe	Pro	Leu	Glu	Glu	Asp	Phe
		915					920					925			
Ser	Gly	Asp	Phe	Arg	Glu	Tyr	Ser	Thr	Val	Ser	His	Pro	Ile	Ala	Lys
	930					935					940				
Glu	Glu	Thr	Val	Met	Met	Glu	Gly	Ser	Gly	Asp	Ala	Ala	Phe	Arg	Asp
	945				950					955					960
Thr	Gln	Thr	Ser	Pro	Ser	Thr	Val	Pro	Thr	Ser	Val	His	Ile	Ser	His
			965					970					975		
Ile	Ser	Asp	Ser	Glu	Gly	Pro	Ser	Ser	Thr	Met	Val	Ser	Thr	Ser	Ala
			980					985					990		
Phe	Pro	Trp	Glu	Glu	Phe	Thr	Ser	Ser	Ala	Glu	Gly	Ser	Gly	Glu	Gln
			995					1000					1005		
Leu	Val	Thr	Val	Ser	Ser	Ser	Val	Val	Pro	Val	Leu	Pro	Ser	Ala	
	1010						1015					1020			
Val	Gln	Lys	Phe	Ser	Gly	Thr	Ala	Ser	Ser	Ile	Ile	Asp	Glu	Gly	
	1025						1030					1035			
Leu	Gly	Glu	Val	Gly	Thr	Val	Asn	Glu	Ile	Asp	Arg	Arg	Ser	Thr	
	1040						1045					1050			
Ile	Leu	Pro	Thr	Ala	Glu	Val	Glu	Gly	Thr	Lys	Ala	Pro	Val	Glu	
	1055						1060					1065			
Lys	Glu	Glu	Val	Lys	Val	Ser	Gly	Thr	Val	Ser	Thr	Asn	Phe	Pro	
	1070					1075					1080				
Gln	Thr	Ile	Glu	Pro	Ala	Lys	Leu	Trp	Ser	Arg	Gln	Glu	Val	Asn	
	1085					1090						1095			
Pro	Val	Arg	Gln	Glu	Ile	Glu	Ser	Glu	Thr	Thr	Ser	Glu	Glu	Gln	
	1100					1105						1110			
Ile	Gln	Glu	Glu	Lys	Ser	Phe	Glu	Ser	Pro	Gln	Asn	Ser	Pro	Ala	
	1115					1120						1125			

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Thr	Glu	Gln	Thr	Ile	Phe	Asp	Ser	Gln	Thr	Phe	Thr	Glu	Thr	Glu
1130						1135					1140			
Leu	Lys	Thr	Thr	Asp	Tyr	Ser	Val	Leu	Thr	Thr	Lys	Lys	Thr	Tyr
1145						1150					1155			
Ser	Asp	Asp	Lys	Glu	Met	Lys	Glu	Glu	Asp	Thr	Ser	Leu	Val	Asn
1160						1165					1170			
Met	Ser	Thr	Pro	Asp	Pro	Asp	Ala	Asn	Gly	Leu	Glu	Ser	Tyr	Thr
1175						1180					1185			
Thr	Leu	Pro	Glu	Ala	Thr	Glu	Lys	Ser	His	Phe	Phe	Leu	Ala	Thr
1190						1195					1200			
Ala	Leu	Val	Thr	Glu	Ser	Ile	Pro	Ala	Glu	His	Val	Val	Thr	Asp
1205						1210					1215			
Ser	Pro	Ile	Lys	Lys	Glu	Glu	Ser	Thr	Lys	His	Phe	Pro	Lys	Gly
1220						1225					1230			
Met	Arg	Pro	Thr	Ile	Gln	Glu	Ser	Asp	Thr	Glu	Leu	Leu	Phe	Ser
1235						1240					1245			
Gly	Leu	Gly	Ser	Gly	Glu	Glu	Val	Leu	Pro	Thr	Leu	Pro	Thr	Glu
1250						1255					1260			
Ser	Val	Asn	Phe	Thr	Glu	Val	Glu	Gln	Ile	Asn	Asn	Thr	Leu	Tyr
1265						1270					1275			
Pro	His	Thr	Ser	Gln	Val	Glu	Ser	Thr	Ser	Ser	Asp	Lys	Ile	Glu
1280						1285					1290			
Asp	Phe	Asn	Arg	Met	Glu	Asn	Val	Ala	Lys	Glu	Val	Gly	Pro	Leu
1295						1300					1305			
Val	Ser	Gln	Thr	Asp	Ile	Phe	Glu	Gly	Ser	Gly	Ser	Val	Thr	Ser
1310						1315					1320			
Thr	Thr	Leu	Ile	Glu	Ile	Leu	Ser	Asp	Thr	Gly	Ala	Glu	Gly	Pro
1325						1330					1335			
Thr	Val	Ala	Pro	Leu	Pro	Phe	Ser	Thr	Asp	Ile	Gly	His	Pro	Gln
1340						1345					1350			
Asn	Gln	Thr	Val	Arg	Trp	Ala	Glu	Glu	Ile	Gln	Thr	Ser	Arg	Pro
1355						1360					1365			
Gln	Thr	Ile	Thr	Glu	Gln	Asp	Ser	Asn	Lys	Asn	Ser	Ser	Thr	Ala
1370						1375					1380			
Glu	Ile	Asn	Glu	Thr	Thr	Thr	Ser	Ser	Thr	Asp	Phe	Leu	Ala	Arg
1385						1390					1395			
Ala	Tyr	Gly	Phe	Glu	Met	Ala	Lys	Glu	Phe	Val	Thr	Ser	Ala	Pro
1400						1405					1410			
Lys	Pro	Ser	Asp	Leu	Tyr	Tyr	Glu	Pro	Ser	Gly	Glu	Gly	Ser	Gly
1415						1420					1425			
Glu	Val	Asp	Ile	Val	Asp	Ser	Phe	His	Thr	Ser	Ala	Thr	Thr	Gln
1430						1435					1440			
Ala	Thr	Arg	Gln	Glu	Ser	Ser	Thr	Thr	Phe	Val	Ser	Asp	Gly	Ser
1445						1450					1455			
Leu	Glu	Lys	His	Pro	Glu	Val	Pro	Ser	Ala	Lys	Ala	Val	Thr	Ala
1460						1465					1470			
Asp	Gly	Phe	Pro	Thr	Val	Ser	Val	Met	Leu	Pro	Leu	His	Ser	Glu
1475						1480					1485			
Gln	Asn	Lys	Ser	Ser	Pro	Asp	Pro	Thr	Ser	Thr	Leu	Ser	Asn	Thr
1490						1495					1500			
Val	Ser	Tyr	Glu	Arg	Ser	Thr	Asp	Gly	Ser	Phe	Gln	Asp	Arg	Phe
1505						1510					1515			

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Arg 1520	Glu	Phe	Glu	Asp	Ser	Thr	Leu	Lys	Pro	Asn	Arg 1530	Lys	Lys	Pro
Thr 1535	Glu	Asn	Ile	Ile	Ile	Asp	Leu	Asp	Lys	Glu	Asp 1545	Lys	Asp	Leu
Ile 1550	Leu	Thr	Ile	Thr	Glu	Ser	Thr	Ile	Leu	Glu	Ile 1560	Leu	Pro	Glu
Leu 1565	Thr	Ser	Asp	Lys	Asn	Thr	Ile	Ile	Asp	Ile	Asp 1575	His	Thr	Lys
Pro 1580	Val	Tyr	Glu	Asp	Ile	Leu	Gly	Met	Gln	Thr	Asp 1590	Ile	Asp	Thr
Glu 1595	Val	Pro	Ser	Glu	Pro	His	Asp	Ser	Asn	Asp	Glu 1605	Ser	Asn	Asp
Asp 1610	Ser	Thr	Gln	Val	Gln	Glu	Ile	Tyr	Glu	Ala	Ala 1620	Val	Asn	Leu
Ser 1625	Leu	Thr	Glu	Glu	Thr	Phe	Glu	Gly	Ser	Ala	Asp 1635	Val	Leu	Ala
Ser 1640	Tyr	Thr	Gln	Ala	Thr	His	Asp	Glu	Ser	Met	Thr 1650	Tyr	Glu	Asp
Arg 1655	Ser	Gln	Leu	Asp	His	Met	Gly	Phe	His	Phe	Thr 1665	Thr	Gly	Ile
Pro 1670	Ala	Pro	Ser	Thr	Glu	Thr	Glu	Leu	Asp	Val	Leu 1680	Leu	Pro	Thr
Ala 1685	Thr	Ser	Leu	Pro	Ile	Pro	Arg	Lys	Ser	Ala	Thr 1695	Val	Ile	Pro
Glu 1700	Ile	Glu	Gly	Ile	Lys	Ala	Glu	Ala	Lys	Ala	Leu 1710	Asp	Asp	Met
Phe 1715	Glu	Ser	Ser	Thr	Leu	Ser	Asp	Gly	Gln	Ala	Ile 1725	Ala	Asp	Gln
Ser 1730	Glu	Ile	Ile	Pro	Thr	Leu	Gly	Gln	Phe	Glu	Arg 1740	Thr	Gln	Glu
Glu 1745	Tyr	Glu	Asp	Lys	Lys	His	Ala	Gly	Pro	Ser	Phe 1755	Gln	Pro	Glu
Phe 1760	Ser	Ser	Gly	Ala	Glu	Glu	Ala	Leu	Val	Asp	His 1770	Thr	Pro	Tyr
Leu 1775	Ser	Ile	Ala	Thr	Thr	His	Leu	Met	Asp	Gln	Ser 1785	Val	Thr	Glu
Val 1790	Pro	Asp	Val	Met	Glu	Gly	Ser	Asn	Pro	Pro	Tyr 1800	Tyr	Thr	Asp
Thr 1805	Thr	Leu	Ala	Val	Ser	Thr	Phe	Ala	Lys	Leu	Ser 1815	Ser	Gln	Thr
Pro 1820	Ser	Ser	Pro	Leu	Thr	Ile	Tyr	Ser	Gly	Ser	Glu 1830	Ala	Ser	Gly
His 1835	Thr	Glu	Ile	Pro	Gln	Pro	Ser	Ala	Leu	Pro	Gly 1845	Ile	Asp	Val
Gly 1850	Ser	Ser	Val	Met	Ser	Pro	Gln	Asp	Ser	Phe	Lys 1860	Glu	Ile	His
Val 1865	Asn	Ile	Glu	Ala	Thr	Phe	Lys	Pro	Ser	Ser	Glu 1875	Glu	Tyr	Leu
His 1880	Ile	Thr	Glu	Pro	Pro	Ser	Leu	Ser	Pro	Asp	Thr 1890	Lys	Leu	Glu
Pro 1895	Ser	Glu	Asp	Asp	Gly	Lys	Pro	Glu	Leu	Leu	Glu 1905	Glu	Met	Glu

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Ala Ser 1910	Pro Thr	Glu Leu	Ile 1915	Ala Val	Glu Gly	Thr 1920	Glu Ile Leu
Gln Asp 1925	Phe Gln	Asn Lys	Thr 1930	Asp Gly	Gln Val	Ser 1935	Gly Glu Ala
Ile Lys 1940	Met Phe	Pro Thr	Ile 1945	Lys Thr	Pro Glu	Ala 1950	Gly Thr Val
Ile Thr 1955	Thr Ala	Asp Glu	Ile 1960	Glu Leu	Glu Gly	Ala 1965	Thr Gln Trp
Pro His 1970	Ser Thr	Ser Ala	Ser 1975	Ala Thr	Tyr Gly	Val 1980	Glu Ala Gly
Val Val 1985	Pro Trp	Leu Ser	Pro 1990	Gln Thr	Ser Glu	Arg 1995	Pro Thr Leu
Ser Ser 2000	Ser Pro	Glu Ile	Asn 2005	Pro Glu	Thr Gln	Ala 2010	Ala Leu Ile
Arg Gly 2015	Gln Asp	Ser Thr	Ile 2020	Ala Ala	Ser Glu	Gln 2025	Gln Val Ala
Ala Arg 2030	Ile Leu	Asp Ser	Asn 2035	Asp Gln	Ala Thr	Val 2040	Asn Pro Val
Glu Phe 2045	Asn Thr	Glu Val	Ala 2050	Thr Pro	Pro Phe	Ser 2055	Leu Leu Glu
Thr Ser 2060	Asn Glu	Thr Asp	Phe 2065	Leu Ile	Gly Ile	Asn 2070	Glu Glu Ser
Val Glu 2075	Gly Thr	Ala Ile	Tyr 2080	Leu Pro	Gly Pro	Asp 2085	Arg Cys Lys
Met Asn 2090	Pro Cys	Leu Asn	Gly 2095	Gly Thr	Cys Tyr	Pro 2100	Thr Glu Thr
Ser Tyr 2105	Val Cys	Thr Cys	Val 2110	Pro Gly	Tyr Ser	Gly 2115	Asp Gln Cys
Glu Leu 2120	Asp Phe	Asp Glu	Cys 2125	His Ser	Asn Pro	Cys 2130	Arg Asn Gly
Ala Thr 2135	Cys Val	Asp Gly	Phe 2140	Asn Thr	Phe Arg	Cys 2145	Leu Cys Leu
Pro Ser 2150	Tyr Val	Gly Ala	Leu 2155	Cys Glu	Gln Asp	Thr 2160	Glu Thr Cys
Asp Tyr 2165	Gly Trp	His Lys	Phe 2170	Gln Gly	Gln Cys	Tyr 2175	Lys Tyr Phe
Ala His 2180	Arg Arg	Thr Trp	Asp 2185	Ala Ala	Glu Arg	Glu 2190	Cys Arg Leu
Gln Gly 2195	Ala His	Leu Thr	Ser 2200	Ile Leu	Ser His	Glu 2205	Glu Gln Met
Phe Val 2210	Asn Arg	Val Gly	His 2215	Asp Tyr	Gln Trp	Ile 2220	Gly Leu Asn
Asp Lys 2225	Met Phe	Glu His	Asp 2230	Phe Arg	Trp Thr	Asp 2235	Gly Ser Thr
Leu Gln 2240	Tyr Glu	Asn Trp	Arg 2245	Pro Asn	Gln Pro	Asp 2250	Ser Phe Phe
Ser Ala 2255	Gly Glu	Asp Cys	Val 2260	Val Ile	Ile Trp	His 2265	Glu Asn Gly
Gln Trp 2270	Asn Asp	Val Pro	Cys 2275	Asn Tyr	His Leu	Thr 2280	Tyr Thr Cys
Lys Lys 2285	Gly Thr	Val Ala	Cys 2290	Gly Gln	Pro Pro	Val 2295	Val Glu Asn

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Ala Lys Thr Phe Gly Lys Met Lys Pro Arg Tyr Glu Ile Asn Ser
 2300 2305 2310

Leu Ile Arg Tyr His Cys Lys Asp Gly Phe Ile Gln Arg His Leu
 2315 2320 2325

Pro Thr Ile Arg Cys Leu Gly Asn Gly Arg Trp Ala Ile Pro Lys
 2330 2335 2340

Ile Thr Cys Met Asn Pro Ser Ala Tyr Gln Arg Thr Tyr Ser Met
 2345 2350 2355

Lys Tyr Phe Lys Asn Ser Ser Ser Ala Lys Asp Asn Ser Ile Asn
 2360 2365 2370

Thr Ser Lys His Asp His Arg Trp Ser Arg Arg Trp Gln Glu Ser
 2375 2380 2385

Arg Arg
 2390

<210> SEQ ID NO 4
 <211> LENGTH: 1968
 <212> TYPE: PRT
 <213> ORGANISM: Homo sapiens

<400> SEQUENCE: 4

Ala Arg Arg Gly Gln Phe Glu Ser Val Ala Pro Ser Gln Asn Phe Ser
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Asp Ser Ser Glu Ser Asp Thr His Pro Phe Val Ile Ala Lys Thr Glu
 20 25 30

Leu Ser Thr Ala Val Gln Pro Asn Glu Ser Thr Glu Thr Thr Glu Ser
 35 40 45

Leu Glu Val Thr Trp Lys Pro Glu Thr Tyr Pro Glu Thr Ser Glu His
 50 55 60

Phe Ser Gly Gly Glu Pro Asp Val Phe Pro Thr Val Pro Phe His Glu
 65 70 75 80

Glu Phe Glu Ser Gly Thr Ala Lys Lys Gly Ala Glu Ser Val Thr Glu
 85 90 95

Arg Asp Thr Glu Val Gly His Gln Ala His Glu His Thr Glu Pro Val
 100 105 110

Ser Leu Phe Pro Glu Glu Ser Ser Gly Glu Ile Ala Ile Asp Gln Glu
 115 120 125

Ser Gln Lys Ile Ala Phe Ala Arg Ala Thr Glu Val Thr Phe Gly Glu
 130 135 140

Glu Val Glu Lys Ser Thr Ser Val Thr Tyr Thr Pro Thr Ile Val Pro
 145 150 155 160

Ser Ser Ala Ser Ala Tyr Val Ser Glu Glu Glu Ala Val Thr Leu Ile
 165 170 175

Gly Asn Pro Trp Pro Asp Asp Leu Leu Ser Thr Lys Glu Ser Trp Val
 180 185 190

Glu Ala Thr Pro Arg Gln Val Val Glu Leu Ser Gly Ser Ser Ser Ile
 195 200 205

Pro Ile Thr Glu Gly Ser Gly Glu Ala Glu Glu Asp Glu Asp Thr Met
 210 215 220

Phe Thr Met Val Thr Asp Leu Ser Gln Arg Asn Thr Thr Asp Thr Leu
 225 230 235 240

Ile Thr Leu Asp Thr Ser Arg Ile Ile Thr Glu Ser Phe Phe Glu Val
 245 250 255

Pro Ala Thr Thr Ile Tyr Pro Val Ser Glu Gln Pro Ser Ala Lys Val
 260 265 270

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Val Pro Thr Lys Phe Val Ser Glu Thr Asp Thr Ser Glu Trp Ile Ser
 275 280 285

Ser Thr Thr Val Glu Glu Lys Lys Arg Lys Glu Glu Glu Gly Thr Thr
 290 295 300

Gly Thr Ala Ser Thr Phe Glu Val Tyr Ser Ser Thr Gln Arg Ser Asp
 305 310 315 320

Gln Leu Ile Leu Pro Phe Glu Leu Glu Ser Pro Asn Val Ala Thr Ser
 325 330 335

Ser Asp Ser Gly Thr Arg Lys Ser Phe Met Ser Leu Thr Thr Pro Thr
 340 345 350

Gln Ser Glu Arg Glu Met Thr Asp Ser Thr Pro Val Phe Thr Glu Thr
 355 360 365

Asn Thr Leu Glu Asn Leu Gly Ala Gln Thr Thr Glu His Ser Ser Ile
 370 375 380

His Gln Pro Gly Val Gln Glu Gly Leu Thr Thr Leu Pro Arg Ser Pro
 385 390 395 400

Ala Ser Val Phe Met Glu Gln Gly Ser Gly Glu Ala Ala Ala Asp Pro
 405 410 415

Glu Thr Thr Thr Val Ser Ser Phe Ser Leu Asn Val Glu Tyr Ala Ile
 420 425 430

Gln Ala Glu Lys Glu Val Ala Gly Thr Leu Ser Pro His Val Glu Thr
 435 440 445

Thr Phe Ser Thr Glu Pro Thr Gly Leu Val Leu Ser Thr Val Met Asp
 450 455 460

Arg Val Val Ala Glu Asn Ile Thr Gln Thr Ser Arg Glu Ile Val Ile
 465 470 475 480

Ser Glu Arg Leu Gly Glu Pro Asn Tyr Gly Ala Glu Ile Arg Gly Phe
 485 490 495

Ser Thr Gly Phe Pro Leu Glu Glu Asp Phe Ser Gly Asp Phe Arg Glu
 500 505 510

Tyr Ser Thr Val Ser His Pro Ile Ala Lys Glu Glu Thr Val Met Met
 515 520 525

Glu Gly Ser Gly Asp Ala Ala Phe Arg Asp Thr Gln Thr Ser Pro Ser
 530 535 540

Thr Val Pro Thr Ser Val His Ile Ser His Ile Ser Asp Ser Glu Gly
 545 550 555 560

Pro Ser Ser Thr Met Val Ser Thr Ser Ala Phe Pro Trp Glu Glu Phe
 565 570 575

Thr Ser Ser Ala Glu Gly Ser Gly Glu Gln Leu Val Thr Val Ser Ser
 580 585 590

Ser Val Val Pro Val Leu Pro Ser Ala Val Gln Lys Phe Ser Gly Thr
 595 600 605

Ala Ser Ser Ile Ile Asp Glu Gly Leu Gly Glu Val Gly Thr Val Asn
 610 615 620

Glu Ile Asp Arg Arg Ser Thr Ile Leu Pro Thr Ala Glu Val Glu Gly
 625 630 635 640

Thr Lys Ala Pro Val Glu Lys Glu Glu Val Lys Val Ser Gly Thr Val
 645 650 655

Ser Thr Asn Phe Pro Gln Thr Ile Glu Pro Ala Lys Leu Trp Ser Arg
 660 665 670

Gln Glu Val Asn Pro Val Arg Gln Glu Ile Glu Ser Glu Thr Thr Ser
 675 680 685

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

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Phe	Glu	Asp	Ser	Thr	Leu	Lys	Pro	Asn	Arg	Lys	Lys	Pro	Thr	Glu
1100						1105					1110			
Asn	Ile	Ile	Ile	Asp	Leu	Asp	Lys	Glu	Asp	Lys	Asp	Leu	Ile	Leu
1115						1120					1125			
Thr	Ile	Thr	Glu	Ser	Thr	Ile	Leu	Glu	Ile	Leu	Pro	Glu	Leu	Thr
1130						1135					1140			
Ser	Asp	Lys	Asn	Thr	Ile	Ile	Asp	Ile	Asp	His	Thr	Lys	Pro	Val
1145						1150					1155			
Tyr	Glu	Asp	Ile	Leu	Gly	Met	Gln	Thr	Asp	Ile	Asp	Thr	Glu	Val
1160						1165					1170			
Pro	Ser	Glu	Pro	His	Asp	Ser	Asn	Asp	Glu	Ser	Asn	Asp	Asp	Ser
1175						1180					1185			
Thr	Gln	Val	Gln	Glu	Ile	Tyr	Glu	Ala	Ala	Val	Asn	Leu	Ser	Leu
1190						1195					1200			
Thr	Glu	Glu	Thr	Phe	Glu	Gly	Ser	Ala	Asp	Val	Leu	Ala	Ser	Tyr
1205						1210					1215			
Thr	Gln	Ala	Thr	His	Asp	Glu	Ser	Met	Thr	Tyr	Glu	Asp	Arg	Ser
1220						1225					1230			
Gln	Leu	Asp	His	Met	Gly	Phe	His	Phe	Thr	Thr	Gly	Ile	Pro	Ala
1235						1240					1245			
Pro	Ser	Thr	Glu	Thr	Glu	Leu	Asp	Val	Leu	Leu	Pro	Thr	Ala	Thr
1250						1255					1260			
Ser	Leu	Pro	Ile	Pro	Arg	Lys	Ser	Ala	Thr	Val	Ile	Pro	Glu	Ile
1265						1270					1275			
Glu	Gly	Ile	Lys	Ala	Glu	Ala	Lys	Ala	Leu	Asp	Asp	Met	Phe	Glu
1280						1285					1290			
Ser	Ser	Thr	Leu	Ser	Asp	Gly	Gln	Ala	Ile	Ala	Asp	Gln	Ser	Glu
1295						1300					1305			
Ile	Ile	Pro	Thr	Leu	Gly	Gln	Phe	Glu	Arg	Thr	Gln	Glu	Glu	Tyr
1310						1315					1320			
Glu	Asp	Lys	Lys	His	Ala	Gly	Pro	Ser	Phe	Gln	Pro	Glu	Phe	Ser
1325						1330					1335			
Ser	Gly	Ala	Glu	Glu	Ala	Leu	Val	Asp	His	Thr	Pro	Tyr	Leu	Ser
1340						1345					1350			
Ile	Ala	Thr	Thr	His	Leu	Met	Asp	Gln	Ser	Val	Thr	Glu	Val	Pro
1355						1360					1365			
Asp	Val	Met	Glu	Gly	Ser	Asn	Pro	Pro	Tyr	Tyr	Thr	Asp	Thr	Thr
1370						1375					1380			
Leu	Ala	Val	Ser	Thr	Phe	Ala	Lys	Leu	Ser	Ser	Gln	Thr	Pro	Ser
1385						1390					1395			
Ser	Pro	Leu	Thr	Ile	Tyr	Ser	Gly	Ser	Glu	Ala	Ser	Gly	His	Thr
1400						1405					1410			
Glu	Ile	Pro	Gln	Pro	Ser	Ala	Leu	Pro	Gly	Ile	Asp	Val	Gly	Ser
1415						1420					1425			
Ser	Val	Met	Ser	Pro	Gln	Asp	Ser	Phe	Lys	Glu	Ile	His	Val	Asn
1430						1435					1440			
Ile	Glu	Ala	Thr	Phe	Lys	Pro	Ser	Ser	Glu	Glu	Tyr	Leu	His	Ile
1445						1450					1455			
Thr	Glu	Pro	Pro	Ser	Leu	Ser	Pro	Asp	Thr	Lys	Leu	Glu	Pro	Ser
1460						1465					1470			
Glu	Asp	Asp	Gly	Lys	Pro	Glu	Leu	Leu	Glu	Glu	Met	Glu	Ala	Ser
1475						1480					1485			

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Pro Thr	Glu Leu	Ile Ala	Val	Glu Gly	Thr Glu	Ile	Leu Gln	Asp	
1490			1495			1500			
Phe Gln	Asn Lys	Thr Asp	Gly	Gln Val	Ser Gly	Glu	Ala Ile	Lys	
1505			1510			1515			
Met Phe	Pro Thr	Ile Lys	Thr	Pro Glu	Ala Gly	Thr	Val Ile	Thr	
1520			1525			1530			
Thr Ala	Asp Glu	Ile Glu	Leu	Glu Gly	Ala Thr	Gln	Trp Pro	His	
1535			1540			1545			
Ser Thr	Ser Ala	Ser Ala	Thr	Tyr Gly	Val Glu	Ala	Gly Val	Val	
1550			1555			1560			
Pro Trp	Leu Ser	Pro Gln	Thr	Ser Glu	Arg Pro	Thr	Leu Ser	Ser	
1565			1570			1575			
Ser Pro	Glu Ile	Asn Pro	Glu	Thr Gln	Ala Ala	Leu	Ile Arg	Gly	
1580			1585			1590			
Gln Asp	Ser Thr	Ile Ala	Ala	Ser Glu	Gln Gln	Val	Ala Ala	Arg	
1595			1600			1605			
Ile Leu	Asp Ser	Asn Asp	Gln	Ala Thr	Val Asn	Pro	Val Glu	Phe	
1610			1615			1620			
Asn Thr	Glu Val	Ala Thr	Pro	Pro Phe	Ser Leu	Leu	Glu Thr	Ser	
1625			1630			1635			
Asn Glu	Thr Asp	Phe Leu	Ile	Gly Ile	Asn Glu	Glu	Ser Val	Glu	
1640			1645			1650			
Gly Thr	Ala Ile	Tyr Leu	Pro	Gly Pro	Asp Arg	Cys	Lys Met	Asn	
1655			1660			1665			
Pro Cys	Leu Asn	Gly Gly	Thr	Cys Tyr	Pro Thr	Glu	Thr Ser	Tyr	
1670			1675			1680			
Val Cys	Thr Cys	Val Pro	Gly	Tyr Ser	Gly Asp	Gln	Cys Glu	Leu	
1685			1690			1695			
Asp Phe	Asp Glu	Cys His	Ser	Asn Pro	Cys Arg	Asn	Gly Ala	Thr	
1700			1705			1710			
Cys Val	Asp Gly	Phe Asn	Thr	Phe Arg	Cys Leu	Cys	Leu Pro	Ser	
1715			1720			1725			
Tyr Val	Gly Ala	Leu Cys	Glu	Gln Asp	Thr Glu	Thr	Cys Asp	Tyr	
1730			1735			1740			
Gly Trp	His Lys	Phe Gln	Gly	Gln Cys	Tyr Lys	Tyr	Phe Ala	His	
1745			1750			1755			
Arg Arg	Thr Trp	Asp Ala	Ala	Glu Arg	Glu Cys	Arg	Leu Gln	Gly	
1760			1765			1770			
Ala His	Leu Thr	Ser Ile	Leu	Ser His	Glu Glu	Gln	Met Phe	Val	
1775			1780			1785			
Asn Arg	Val Gly	His Asp	Tyr	Gln Trp	Ile Gly	Leu	Asn Asp	Lys	
1790			1795			1800			
Met Phe	Glu His	Asp Phe	Arg	Trp Thr	Asp Gly	Ser	Thr Leu	Gln	
1805			1810			1815			
Tyr Glu	Asn Trp	Arg Pro	Asn	Gln Pro	Asp Ser	Phe	Phe Ser	Ala	
1820			1825			1830			
Gly Glu	Asp Cys	Val Val	Ile	Ile Trp	His Glu	Asn	Gly Gln	Trp	
1835			1840			1845			
Asn Asp	Val Pro	Cys Asn	Tyr	His Leu	Thr Tyr	Thr	Cys Lys	Lys	
1850			1855			1860			
Gly Thr	Val Ala	Cys Gly	Gln	Pro Pro	Val Val	Glu	Asn Ala	Lys	
1865			1870			1875			

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Thr Phe Gly Lys Met Lys Pro Arg Tyr Glu Ile Asn Ser Leu Ile
1880                               1885                               1890

Arg Tyr His Cys Lys Asp Gly Phe Ile Gln Arg His Leu Pro Thr
1895                               1900                               1905

Ile Arg Cys Leu Gly Asn Gly Arg Trp Ala Ile Pro Lys Ile Thr
1910                               1915                               1920

Cys Met Asn Pro Ser Ala Tyr Gln Arg Thr Tyr Ser Met Lys Tyr
1925                               1930                               1935

Phe Lys Asn Ser Ser Ser Ala Lys Asp Asn Ser Ile Asn Thr Ser
1940                               1945                               1950

Lys His Asp His Arg Trp Ser Arg Arg Trp Gln Glu Ser Arg Arg
1955                               1960                               1965

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<210> SEQ ID NO 5
<211> LENGTH: 441
<212> TYPE: PRT
<213> ORGANISM: Homo sapiens

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<400> SEQUENCE: 5

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Met Phe Ile Asn Ile Lys Ser Ile Leu Trp Met Cys Ser Thr Leu Ile
1      5      10      15

Val Thr His Ala Leu His Lys Val Lys Val Gly Lys Ser Pro Pro Val
20     25     30

Arg Gly Ser Leu Ser Gly Lys Val Ser Leu Pro Cys His Phe Ser Thr
35     40     45

Met Pro Thr Leu Pro Pro Ser Tyr Asn Thr Ser Glu Phe Leu Arg Ile
50     55     60

Lys Trp Ser Lys Ile Glu Val Asp Lys Asn Gly Lys Asp Leu Lys Glu
65     70     75     80

Thr Thr Val Leu Val Ala Gln Asn Gly Asn Ile Lys Ile Gly Gln Asp
85     90     95

Tyr Lys Gly Arg Val Ser Val Pro Thr His Pro Glu Ala Val Gly Asp
100    105    110

Ala Ser Leu Thr Val Val Lys Leu Leu Ala Ser Asp Ala Gly Leu Tyr
115    120    125

Arg Cys Asp Val Met Tyr Gly Ile Glu Asp Thr Gln Asp Thr Val Ser
130    135    140

Leu Thr Val Asp Gly Val Val Phe His Tyr Arg Ala Ala Thr Ser Arg
145    150    155    160

Tyr Thr Leu Asn Phe Glu Ala Ala Gln Lys Ala Cys Leu Asp Val Gly
165    170    175

Ala Val Ile Ala Thr Pro Glu Gln Leu Phe Ala Ala Tyr Glu Asp Gly
180    185    190

Phe Glu Gln Cys Asp Ala Gly Trp Leu Ala Asp Gln Thr Val Arg Tyr
195    200    205

Pro Ile Arg Ala Pro Arg Val Gly Cys Tyr Gly Asp Lys Met Gly Lys
210    215    220

Ala Gly Val Arg Thr Tyr Gly Phe Arg Ser Pro Gln Glu Thr Tyr Asp
225    230    235    240

Val Tyr Cys Tyr Val Asp His Leu Asp Gly Asp Val Phe His Leu Thr
245    250    255

Val Pro Ser Lys Phe Thr Phe Glu Glu Ala Ala Lys Glu Cys Glu Asn
260    265    270

Gln Asp Ala Arg Leu Ala Thr Val Gly Glu Leu Gln Ala Ala Trp Arg
275    280    285

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Asn Gly Phe Asp Gln Cys Asp Tyr Gly Trp Leu Ser Asp Ala Ser Val
 290                               295                300

Arg His Pro Val Thr Val Ala Arg Ala Gln Cys Gly Gly Gly Leu Leu
 305                               310                315                320

Gly Val Arg Thr Leu Tyr Arg Phe Glu Asn Gln Thr Gly Phe Pro Pro
                               325                330                335

Pro Asp Ser Arg Phe Asp Ala Tyr Cys Phe Lys Arg Arg Met Ser Asp
                               340                345                350

Leu Ser Val Ile Gly His Pro Ile Asp Ser Glu Ser Lys Glu Asp Glu
                               355                360                365

Pro Cys Ser Glu Glu Thr Asp Pro Val His Asp Leu Met Ala Glu Ile
                               370                375                380

Leu Pro Glu Phe Pro Asp Ile Ile Glu Ile Asp Leu Tyr His Ser Glu
 385                               390                395                400

Glu Asn Glu Glu Glu Glu Glu Cys Ala Asn Ala Thr Asp Val Thr
                               405                410                415

Thr Thr Pro Ser Val Gln Tyr Ile Asn Gly Lys His Leu Val Thr Thr
                               420                425                430

Val Pro Lys Asp Pro Glu Ala Ala Glu
                               435                440

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<210> SEQ ID NO 6
<211> LENGTH: 421
<212> TYPE: PRT
<213> ORGANISM: Homo sapiens

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<400> SEQUENCE: 6

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Leu His Lys Val Lys Val Gly Lys Ser Pro Pro Val Arg Gly Ser Leu
 1                               5                10                15

Ser Gly Lys Val Ser Leu Pro Cys His Phe Ser Thr Met Pro Thr Leu
 20                               25                30

Pro Pro Ser Tyr Asn Thr Ser Glu Phe Leu Arg Ile Lys Trp Ser Lys
 35                               40                45

Ile Glu Val Asp Lys Asn Gly Lys Asp Leu Lys Glu Thr Thr Val Leu
 50                               55                60

Val Ala Gln Asn Gly Asn Ile Lys Ile Gly Gln Asp Tyr Lys Gly Arg
 65                               70                75                80

Val Ser Val Pro Thr His Pro Glu Ala Val Gly Asp Ala Ser Leu Thr
 85                               90                95

Val Val Lys Leu Leu Ala Ser Asp Ala Gly Leu Tyr Arg Cys Asp Val
 100                              105                110

Met Tyr Gly Ile Glu Asp Thr Gln Asp Thr Val Ser Leu Thr Val Asp
 115                              120                125

Gly Val Val Phe His Tyr Arg Ala Ala Thr Ser Arg Tyr Thr Leu Asn
 130                              135                140

Phe Glu Ala Ala Gln Lys Ala Cys Leu Asp Val Gly Ala Val Ile Ala
 145                              150                155                160

Thr Pro Glu Gln Leu Phe Ala Ala Tyr Glu Asp Gly Phe Glu Gln Cys
 165                              170                175

Asp Ala Gly Trp Leu Ala Asp Gln Thr Val Arg Tyr Pro Ile Arg Ala
 180                              185                190

Pro Arg Val Gly Cys Tyr Gly Asp Lys Met Gly Lys Ala Gly Val Arg
 195                              200                205

Thr Tyr Gly Phe Arg Ser Pro Gln Glu Thr Tyr Asp Val Tyr Cys Tyr
 210                              215                220

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Val Asp His Leu Asp Gly Asp Val Phe His Leu Thr Val Pro Ser Lys
 225 230 235 240
 Phe Thr Phe Glu Glu Ala Ala Lys Glu Cys Glu Asn Gln Asp Ala Arg
 245 250 255
 Leu Ala Thr Val Gly Glu Leu Gln Ala Ala Trp Arg Asn Gly Phe Asp
 260 265 270
 Gln Cys Asp Tyr Gly Trp Leu Ser Asp Ala Ser Val Arg His Pro Val
 275 280 285
 Thr Val Ala Arg Ala Gln Cys Gly Gly Gly Leu Leu Gly Val Arg Thr
 290 295 300
 Leu Tyr Arg Phe Glu Asn Gln Thr Gly Phe Pro Pro Asp Ser Arg
 305 310 315 320
 Phe Asp Ala Tyr Cys Phe Lys Arg Arg Met Ser Asp Leu Ser Val Ile
 325 330 335
 Gly His Pro Ile Asp Ser Glu Ser Lys Glu Asp Glu Pro Cys Ser Glu
 340 345 350
 Glu Thr Asp Pro Val His Asp Leu Met Ala Glu Ile Leu Pro Glu Phe
 355 360 365
 Pro Asp Ile Ile Glu Ile Asp Leu Tyr His Ser Glu Glu Asn Glu Glu
 370 375 380
 Glu Glu Glu Glu Cys Ala Asn Ala Thr Asp Val Thr Thr Thr Pro Ser
 385 390 395 400
 Val Gln Tyr Ile Asn Gly Lys His Leu Val Thr Thr Val Pro Lys Asp
 405 410 415
 Pro Glu Ala Ala Glu
 420

<210> SEQ ID NO 7
 <211> LENGTH: 422
 <212> TYPE: PRT
 <213> ORGANISM: Artificial
 <220> FEATURE:
 <223> OTHER INFORMATION: Full length human versikine (minus signal
 peptide, plus N-terminal methionine)
 <400> SEQUENCE: 7

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

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Ala Thr Pro Glu Gln Leu Phe Ala Ala Tyr Glu Asp Gly Phe Glu Gln
 165 170 175

Cys Asp Ala Gly Trp Leu Ala Asp Gln Thr Val Arg Tyr Pro Ile Arg
 180 185 190

Ala Pro Arg Val Gly Cys Tyr Gly Asp Lys Met Gly Lys Ala Gly Val
 195 200 205

Arg Thr Tyr Gly Phe Arg Ser Pro Gln Glu Thr Tyr Asp Val Tyr Cys
 210 215 220

Tyr Val Asp His Leu Asp Gly Asp Val Phe His Leu Thr Val Pro Ser
 225 230 235 240

Lys Phe Thr Phe Glu Glu Ala Ala Lys Glu Cys Glu Asn Gln Asp Ala
 245 250 255

Arg Leu Ala Thr Val Gly Glu Leu Gln Ala Ala Trp Arg Asn Gly Phe
 260 265 270

Asp Gln Cys Asp Tyr Gly Trp Leu Ser Asp Ala Ser Val Arg His Pro
 275 280 285

Val Thr Val Ala Arg Ala Gln Cys Gly Gly Gly Leu Leu Gly Val Arg
 290 295 300

Thr Leu Tyr Arg Phe Glu Asn Gln Thr Gly Phe Pro Pro Pro Asp Ser
 305 310 315 320

Arg Phe Asp Ala Tyr Cys Phe Lys Arg Arg Met Ser Asp Leu Ser Val
 325 330 335

Ile Gly His Pro Ile Asp Ser Glu Ser Lys Glu Asp Glu Pro Cys Ser
 340 345 350

Glu Glu Thr Asp Pro Val His Asp Leu Met Ala Glu Ile Leu Pro Glu
 355 360 365

Phe Pro Asp Ile Ile Glu Ile Asp Leu Tyr His Ser Glu Glu Asn Glu
 370 375 380

Glu Glu Glu Glu Glu Cys Ala Asn Ala Thr Asp Val Thr Thr Thr Pro
 385 390 395 400

Ser Val Gln Tyr Ile Asn Gly Lys His Leu Val Thr Thr Val Pro Lys
 405 410 415

Asp Pro Glu Ala Ala Glu
 420

<210> SEQ ID NO 8
 <211> LENGTH: 146
 <212> TYPE: PRT
 <213> ORGANISM: Homo sapiens

<400> SEQUENCE: 8

Met Phe Ile Asn Ile Lys Ser Ile Leu Trp Met Cys Ser Thr Leu Ile
 1 5 10 15

Val Thr His Ala Leu His Lys Val Lys Val Gly Lys Ser Pro Pro Val
 20 25 30

Arg Gly Ser Leu Ser Gly Lys Val Ser Leu Pro Cys His Phe Ser Thr
 35 40 45

Met Pro Thr Leu Pro Pro Ser Tyr Asn Thr Ser Glu Phe Leu Arg Ile
 50 55 60

Lys Trp Ser Lys Ile Glu Val Asp Lys Asn Gly Lys Asp Leu Lys Glu
 65 70 75 80

Thr Thr Val Leu Val Ala Gln Asn Gly Asn Ile Lys Ile Gly Gln Asp
 85 90 95

Tyr Lys Gly Arg Val Ser Val Pro Thr His Pro Glu Ala Val Gly Asp
 100 105 110

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Ala Ser Leu Thr Val Val Lys Leu Leu Ala Ser Asp Ala Gly Leu Tyr
115 120 125

Arg Cys Asp Val Met Tyr Gly Ile Glu Asp Thr Gln Asp Thr Val Ser
130 135 140

Leu Thr
145

<210> SEQ ID NO 9
<211> LENGTH: 126
<212> TYPE: PRT
<213> ORGANISM: Homo sapiens

<400> SEQUENCE: 9

Leu His Lys Val Lys Val Gly Lys Ser Pro Pro Val Arg Gly Ser Leu
1 5 10 15

Ser Gly Lys Val Ser Leu Pro Cys His Phe Ser Thr Met Pro Thr Leu
20 25 30

Pro Pro Ser Tyr Asn Thr Ser Glu Phe Leu Arg Ile Lys Trp Ser Lys
35 40 45

Ile Glu Val Asp Lys Asn Gly Lys Asp Leu Lys Glu Thr Thr Val Leu
50 55 60

Val Ala Gln Asn Gly Asn Ile Lys Ile Gly Gln Asp Tyr Lys Gly Arg
65 70 75 80

Val Ser Val Pro Thr His Pro Glu Ala Val Gly Asp Ala Ser Leu Thr
85 90 95

Val Val Lys Leu Leu Ala Ser Asp Ala Gly Leu Tyr Arg Cys Asp Val
100 105 110

Met Tyr Gly Ile Glu Asp Thr Gln Asp Thr Val Ser Leu Thr
115 120 125

<210> SEQ ID NO 10
<211> LENGTH: 127
<212> TYPE: PRT
<213> ORGANISM: Artificial
<220> FEATURE:
<223> OTHER INFORMATION: Ig-like domain of human versikine (minus signal
peptide, plus N-terminal methionine)

<400> SEQUENCE: 10

Met Leu His Lys Val Lys Val Gly Lys Ser Pro Pro Val Arg Gly Ser
1 5 10 15

Leu Ser Gly Lys Val Ser Leu Pro Cys His Phe Ser Thr Met Pro Thr
20 25 30

Leu Pro Pro Ser Tyr Asn Thr Ser Glu Phe Leu Arg Ile Lys Trp Ser
35 40 45

Lys Ile Glu Val Asp Lys Asn Gly Lys Asp Leu Lys Glu Thr Thr Val
50 55 60

Leu Val Ala Gln Asn Gly Asn Ile Lys Ile Gly Gln Asp Tyr Lys Gly
65 70 75 80

Arg Val Ser Val Pro Thr His Pro Glu Ala Val Gly Asp Ala Ser Leu
85 90 95

Thr Val Val Lys Leu Leu Ala Ser Asp Ala Gly Leu Tyr Arg Cys Asp
100 105 110

Val Met Tyr Gly Ile Glu Asp Thr Gln Asp Thr Val Ser Leu Thr
115 120 125

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<210> SEQ ID NO 11
 <211> LENGTH: 96
 <212> TYPE: PRT
 <213> ORGANISM: Homo sapiens

<400> SEQUENCE: 11

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Val Val Phe His Tyr Arg Ala Ala Thr Ser Arg Tyr Thr Leu Asn Phe
 1          5          10          15
Glu Ala Ala Gln Lys Ala Cys Leu Asp Val Gly Ala Val Ile Ala Thr
      20          25          30
Pro Glu Gln Leu Phe Ala Ala Tyr Glu Asp Gly Phe Glu Gln Cys Asp
      35          40          45
Ala Gly Trp Leu Ala Asp Gln Thr Val Arg Tyr Pro Ile Arg Ala Pro
      50          55          60
Arg Val Gly Cys Tyr Gly Asp Lys Met Gly Lys Ala Gly Val Arg Thr
 65          70          75          80
Tyr Gly Phe Arg Ser Pro Gln Glu Thr Tyr Asp Val Tyr Cys Tyr Val
      85          90          95

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<210> SEQ ID NO 12
 <211> LENGTH: 97
 <212> TYPE: PRT
 <213> ORGANISM: Artificial
 <220> FEATURE:
 <223> OTHER INFORMATION: Linker domain 1 of human versikine (plus N-terminal methionine)

<400> SEQUENCE: 12

```

Met Val Val Phe His Tyr Arg Ala Ala Thr Ser Arg Tyr Thr Leu Asn
 1          5          10          15
Phe Glu Ala Ala Gln Lys Ala Cys Leu Asp Val Gly Ala Val Ile Ala
      20          25          30
Thr Pro Glu Gln Leu Phe Ala Ala Tyr Glu Asp Gly Phe Glu Gln Cys
      35          40          45
Asp Ala Gly Trp Leu Ala Asp Gln Thr Val Arg Tyr Pro Ile Arg Ala
      50          55          60
Pro Arg Val Gly Cys Tyr Gly Asp Lys Met Gly Lys Ala Gly Val Arg
 65          70          75          80
Thr Tyr Gly Phe Arg Ser Pro Gln Glu Thr Tyr Asp Val Tyr Cys Tyr
      85          90          95

```

Val

<210> SEQ ID NO 13
 <211> LENGTH: 97
 <212> TYPE: PRT
 <213> ORGANISM: Homo sapiens

<400> SEQUENCE: 13

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

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-continued

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Met Pro Thr Leu Pro Pro Ser Tyr Asn Thr Ser Glu Phe Leu Arg Ile
 50                                     55                                     60

Lys Trp Ser Lys Ile Glu Val Asp Lys Asn Gly Lys Asp Leu Lys Glu
 65                                     70                                     75                                     80

Thr Thr Val Leu Val Ala Gln Asn Gly Asn Ile Lys Ile Gly Gln Asp
                                     85                                     90                                     95

Tyr Lys Gly Arg Val Ser Val Pro Thr His Pro Glu Ala Val Gly Asp
                                     100                                    105                                    110

Ala Ser Leu Thr Val Val Lys Leu Leu Ala Ser Asp Ala Gly Leu Tyr
                                     115                                    120                                    125

Arg Cys Asp Val Met Tyr Gly Ile Glu Asp Thr Gln Asp Thr Val Ser
                                     130                                    135                                    140

Leu Thr Val Asp Gly Val Val Phe His Tyr Arg Ala Ala Thr Ser Arg
 145                                     150                                     155                                     160

Tyr Thr Leu Asn Phe Glu Ala Ala Gln Lys Ala Cys Leu Asp Val Gly
                                     165                                    170                                    175

Ala Val Ile Ala Thr Pro Glu Gln Leu Phe Ala Ala Tyr Glu Asp Gly
                                     180                                    185                                    190

Phe Glu Gln Cys Asp Ala Gly Trp Leu Ala Asp Gln Thr Val Arg Tyr
                                     195                                    200                                    205

Pro Ile Arg Ala Pro Arg Val Gly Cys Tyr Gly Asp Lys Met Gly Lys
 210                                     215                                    220

Ala Gly Val Arg Thr Tyr Gly Phe Arg Ser Pro Gln Glu Thr Tyr Asp
 225                                     230                                    235                                    240

Val Tyr Cys Tyr Val
                                     245

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<210> SEQ ID NO 17
<211> LENGTH: 225
<212> TYPE: PRT
<213> ORGANISM: Homo sapiens

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<400> SEQUENCE: 17

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Leu His Lys Val Lys Val Gly Lys Ser Pro Pro Val Arg Gly Ser Leu
 1                                     5                                     10                                     15

Ser Gly Lys Val Ser Leu Pro Cys His Phe Ser Thr Met Pro Thr Leu
 20                                     25                                     30

Pro Pro Ser Tyr Asn Thr Ser Glu Phe Leu Arg Ile Lys Trp Ser Lys
 35                                     40                                     45

Ile Glu Val Asp Lys Asn Gly Lys Asp Leu Lys Glu Thr Thr Val Leu
 50                                     55                                     60

Val Ala Gln Asn Gly Asn Ile Lys Ile Gly Gln Asp Tyr Lys Gly Arg
 65                                     70                                     75                                     80

Val Ser Val Pro Thr His Pro Glu Ala Val Gly Asp Ala Ser Leu Thr
 85                                     90                                     95

Val Val Lys Leu Leu Ala Ser Asp Ala Gly Leu Tyr Arg Cys Asp Val
 100                                    105                                    110

Met Tyr Gly Ile Glu Asp Thr Gln Asp Thr Val Ser Leu Thr Val Asp
 115                                    120                                    125

Gly Val Val Phe His Tyr Arg Ala Ala Thr Ser Arg Tyr Thr Leu Asn
 130                                    135                                    140

Phe Glu Ala Ala Gln Lys Ala Cys Leu Asp Val Gly Ala Val Ile Ala
 145                                    150                                    155                                    160

Thr Pro Glu Gln Leu Phe Ala Ala Tyr Glu Asp Gly Phe Glu Gln Cys
 165                                    170                                    175

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-continued

Asp Ala Gly Trp Leu Ala Asp Gln Thr Val Arg Tyr Pro Ile Arg Ala
 180 185 190

Pro Arg Val Gly Cys Tyr Gly Asp Lys Met Gly Lys Ala Gly Val Arg
 195 200 205

Thr Tyr Gly Phe Arg Ser Pro Gln Glu Thr Tyr Asp Val Tyr Cys Tyr
 210 215 220

Val
 225

<210> SEQ ID NO 18
 <211> LENGTH: 226
 <212> TYPE: PRT
 <213> ORGANISM: Artificial
 <220> FEATURE:
 <223> OTHER INFORMATION: N-terminal portion of human versikine including
 Ig-like domain and Linker domain 1 (minus signal peptide, plus N-
 terminal methionine)

<400> SEQUENCE: 18

Met Leu His Lys Val Lys Val Gly Lys Ser Pro Pro Val Arg Gly Ser
 1 5 10 15

Leu Ser Gly Lys Val Ser Leu Pro Cys His Phe Ser Thr Met Pro Thr
 20 25 30

Leu Pro Pro Ser Tyr Asn Thr Ser Glu Phe Leu Arg Ile Lys Trp Ser
 35 40 45

Lys Ile Glu Val Asp Lys Asn Gly Lys Asp Leu Lys Glu Thr Thr Val
 50 55 60

Leu Val Ala Gln Asn Gly Asn Ile Lys Ile Gly Gln Asp Tyr Lys Gly
 65 70 75 80

Arg Val Ser Val Pro Thr His Pro Glu Ala Val Gly Asp Ala Ser Leu
 85 90 95

Thr Val Val Lys Leu Leu Ala Ser Asp Ala Gly Leu Tyr Arg Cys Asp
 100 105 110

Val Met Tyr Gly Ile Glu Asp Thr Gln Asp Thr Val Ser Leu Thr Val
 115 120 125

Asp Gly Val Val Phe His Tyr Arg Ala Ala Thr Ser Arg Tyr Thr Leu
 130 135 140

Asn Phe Glu Ala Ala Gln Lys Ala Cys Leu Asp Val Gly Ala Val Ile
 145 150 155 160

Ala Thr Pro Glu Gln Leu Phe Ala Ala Tyr Glu Asp Gly Phe Glu Gln
 165 170 175

Cys Asp Ala Gly Trp Leu Ala Asp Gln Thr Val Arg Tyr Pro Ile Arg
 180 185 190

Ala Pro Arg Val Gly Cys Tyr Gly Asp Lys Met Gly Lys Ala Gly Val
 195 200 205

Arg Thr Tyr Gly Phe Arg Ser Pro Gln Glu Thr Tyr Asp Val Tyr Cys
 210 215 220

Tyr Val
 225

<210> SEQ ID NO 19
 <211> LENGTH: 348
 <212> TYPE: PRT
 <213> ORGANISM: Homo sapiens

-continued

<400> SEQUENCE: 19

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

<210> SEQ ID NO 20

<211> LENGTH: 328

<212> TYPE: PRT

<213> ORGANISM: Homo sapiens

-continued

<400> SEQUENCE: 20

```

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

```

<210> SEQ ID NO 21

<211> LENGTH: 329

<212> TYPE: PRT

<213> ORGANISM: Artificial

<220> FEATURE:

<223> OTHER INFORMATION: N-terminal portion of human versikine including Ig-like domain, Linker domain 1, and Linker domain 2 (minus signal peptide, plus N-terminal methionine)

-continued

<400> SEQUENCE: 21

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

<210> SEQ ID NO 22

<211> LENGTH: 198

<212> TYPE: PRT

<213> ORGANISM: Homo sapiens

<400> SEQUENCE: 22

Val Val Phe His Tyr Arg Ala Ala Thr Ser Arg Tyr Thr Leu Asn Phe
 1 5 10 15
 Glu Ala Ala Gln Lys Ala Cys Leu Asp Val Gly Ala Val Ile Ala Thr
 20 25 30

-continued

Pro Glu Gln Leu Phe Ala Ala Tyr Glu Asp Gly Phe Glu Gln Cys Asp
 35 40 45
 Ala Gly Trp Leu Ala Asp Gln Thr Val Arg Tyr Pro Ile Arg Ala Pro
 50 55 60
 Arg Val Gly Cys Tyr Gly Asp Lys Met Gly Lys Ala Gly Val Arg Thr
 65 70 75 80
 Tyr Gly Phe Arg Ser Pro Gln Glu Thr Tyr Asp Val Tyr Cys Tyr Val
 85 90 95
 Asp His Leu Asp Gly Asp Val Phe His Leu Thr Val Pro Ser Lys Phe
 100 105 110
 Thr Phe Glu Glu Ala Ala Lys Glu Cys Glu Asn Gln Asp Ala Arg Leu
 115 120 125
 Ala Thr Val Gly Glu Leu Gln Ala Ala Trp Arg Asn Gly Phe Asp Gln
 130 135 140
 Cys Asp Tyr Gly Trp Leu Ser Asp Ala Ser Val Arg His Pro Val Thr
 145 150 155 160
 Val Ala Arg Ala Gln Cys Gly Gly Gly Leu Leu Gly Val Arg Thr Leu
 165 170 175
 Tyr Arg Phe Glu Asn Gln Thr Gly Phe Pro Pro Pro Asp Ser Arg Phe
 180 185 190
 Asp Ala Tyr Cys Phe Lys
 195

<210> SEQ ID NO 23

<211> LENGTH: 199

<212> TYPE: PRT

<213> ORGANISM: Artificial

<220> FEATURE:

<223> OTHER INFORMATION: Internal portion of human versikine including
 Linker domain 1 and Linker domain 2 (plus N-terminal methionine)

<400> SEQUENCE: 23

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

-continued

Leu Tyr Arg Phe Glu Asn Gln Thr Gly Phe Pro Pro Pro Asp Ser Arg
 180 185 190

Phe Asp Ala Tyr Cys Phe Lys
 195

<210> SEQ ID NO 24
 <211> LENGTH: 292
 <212> TYPE: PRT
 <213> ORGANISM: Homo sapiens

<400> SEQUENCE: 24

Val Val Phe His Tyr Arg Ala Ala Thr Ser Arg Tyr Thr Leu Asn Phe
 1 5 10 15

Glu Ala Ala Gln Lys Ala Cys Leu Asp Val Gly Ala Val Ile Ala Thr
 20 25 30

Pro Glu Gln Leu Phe Ala Ala Tyr Glu Asp Gly Phe Glu Gln Cys Asp
 35 40 45

Ala Gly Trp Leu Ala Asp Gln Thr Val Arg Tyr Pro Ile Arg Ala Pro
 50 55 60

Arg Val Gly Cys Tyr Gly Asp Lys Met Gly Lys Ala Gly Val Arg Thr
 65 70 75 80

Tyr Gly Phe Arg Ser Pro Gln Glu Thr Tyr Asp Val Tyr Cys Tyr Val
 85 90 95

Asp His Leu Asp Gly Asp Val Phe His Leu Thr Val Pro Ser Lys Phe
 100 105 110

Thr Phe Glu Glu Ala Ala Lys Glu Cys Glu Asn Gln Asp Ala Arg Leu
 115 120 125

Ala Thr Val Gly Glu Leu Gln Ala Ala Trp Arg Asn Gly Phe Asp Gln
 130 135 140

Cys Asp Tyr Gly Trp Leu Ser Asp Ala Ser Val Arg His Pro Val Thr
 145 150 155 160

Val Ala Arg Ala Gln Cys Gly Gly Gly Leu Leu Gly Val Arg Thr Leu
 165 170 175

Tyr Arg Phe Glu Asn Gln Thr Gly Phe Pro Pro Pro Asp Ser Arg Phe
 180 185 190

Asp Ala Tyr Cys Phe Lys Arg Arg Met Ser Asp Leu Ser Val Ile Gly
 195 200 205

His Pro Ile Asp Ser Glu Ser Lys Glu Asp Glu Pro Cys Ser Glu Glu
 210 215 220

Thr Asp Pro Val His Asp Leu Met Ala Glu Ile Leu Pro Glu Phe Pro
 225 230 235 240

Asp Ile Ile Glu Ile Asp Leu Tyr His Ser Glu Glu Asn Glu Glu Glu
 245 250 255

Glu Glu Glu Cys Ala Asn Ala Thr Asp Val Thr Thr Thr Pro Ser Val
 260 265 270

Gln Tyr Ile Asn Gly Lys His Leu Val Thr Thr Val Pro Lys Asp Pro
 275 280 285

Glu Ala Ala Glu
 290

<210> SEQ ID NO 25
 <211> LENGTH: 293
 <212> TYPE: PRT
 <213> ORGANISM: Artificial

-continued

<220> FEATURE:

<223> OTHER INFORMATION: C-terminal portion of human versikine including
 Linker domain 1, Linker domain 2, and portion of Gag-beta domain
 (plus N-terminal methionine)

<400> SEQUENCE: 25

```

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

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<210> SEQ ID NO 26

<211> LENGTH: 191

<212> TYPE: PRT

<213> ORGANISM: Homo sapiens

<400> SEQUENCE: 26

```

Asp Val Phe His Leu Thr Val Pro Ser Lys Phe Thr Phe Glu Glu Ala
 1           5           10           15
Ala Lys Glu Cys Glu Asn Gln Asp Ala Arg Leu Ala Thr Val Gly Glu
 20           25           30

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-continued

Leu Gln Ala Ala Trp Arg Asn Gly Phe Asp Gln Cys Asp Tyr Gly Trp
 35 40 45
 Leu Ser Asp Ala Ser Val Arg His Pro Val Thr Val Ala Arg Ala Gln
 50 55 60
 Cys Gly Gly Gly Leu Leu Gly Val Arg Thr Leu Tyr Arg Phe Glu Asn
 65 70 75 80
 Gln Thr Gly Phe Pro Pro Pro Asp Ser Arg Phe Asp Ala Tyr Cys Phe
 85 90 95
 Lys Arg Arg Met Ser Asp Leu Ser Val Ile Gly His Pro Ile Asp Ser
 100 105 110
 Glu Ser Lys Glu Asp Glu Pro Cys Ser Glu Glu Thr Asp Pro Val His
 115 120 125
 Asp Leu Met Ala Glu Ile Leu Pro Glu Phe Pro Asp Ile Ile Glu Ile
 130 135 140
 Asp Leu Tyr His Ser Glu Glu Asn Glu Glu Glu Glu Glu Cys Ala
 145 150 155 160
 Asn Ala Thr Asp Val Thr Thr Thr Pro Ser Val Gln Tyr Ile Asn Gly
 165 170 175
 Lys His Leu Val Thr Thr Val Pro Lys Asp Pro Glu Ala Ala Glu
 180 185 190

<210> SEQ ID NO 27

<211> LENGTH: 192

<212> TYPE: PRT

<213> ORGANISM: Artificial

<220> FEATURE:

<223> OTHER INFORMATION: C-terminal portion of human versikine including
 Linker domain 2 and portion of Gag-beta domain (plus N-terminal
 methionine)

<400> SEQUENCE: 27

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

We claim:

1. A method for inducing and/or potentiating a T-cell mediated immune response in a subject in need thereof, the method comprising administering to the subject a pharmaceutical composition comprising an effective amount of a molecule comprising a versican fragment or variant thereof, wherein the versican fragment or variant thereof consists of the amino acid sequence of SEQ ID NO: 5, SEQ ID NO:6, or SEQ ID NO: 7; and wherein the molecule induces and/or potentiates the T-cell mediated immune response.

2. The method of claim 1, wherein the molecule does not have any chondroitin sulfate side chains.

3. The method of claim 1, wherein administering comprises injecting locally into tumor tissue of the subject the pharmaceutical composition comprising an effective amount of the molecule.

4. A method for inducing and/or potentiating a T-cell mediated immune response in a subject in need thereof,

wherein the subject has a cell proliferative disease or disorder, the method comprising administering to the subject a pharmaceutical composition comprising an effective amount of a molecule comprising a versican fragment or variant thereof, wherein the versican fragment or variant thereof consists of the amino acid sequence of SEQ ID NO: 5, SEQ ID NO:6, or SEQ ID NO: 7; and wherein the molecule induces and/or potentiates the T-cell mediated immune response.

5. The method of claim 4, wherein the molecule does not have any chondroitin sulfate side chains.

6. The method of claim 4, wherein administering comprises injecting locally into tumor tissue of the subject the pharmaceutical composition comprising an effective amount of the molecule.

* * * * *