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(54) MFAP4 BINDING ANTIBODIES BLOCKING THE INTERACTION BETWEEN MFAP4 AND INTEGRIN RECEPTORS

MFAP4-BINDENDE ANTIKÖRPER ZUR BLOCKIERUNG DER INTERAKTION ZWISCHEN MFAP4 UND INTEGRINREZEPTOREN

ANTICORPS LIANT MFAP4 QUI BLOQUENT L'INTERACTION ENTRE MFAP4 ET LES RÉCEPTEURS D'INTÉGRINE

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Description**FIELD OF THE INVENTION**

5 **[0001]** The invention relates generally to medicine and the use of antibodies. The present invention specifically relates to antibodies, in particular monoclonal, that bind human Microfibrillar-associated protein 4 (MFAP4).

BACKGROUND OF THE INVENTION

10 **[0002]** Vascular smooth muscle cell activation (VSMC) and phenotypical switch is critical to remodeling processes in vasculoproliferative disorders such as vein graft intimal hyperplasia, restenosis after endovascular interventions, cardiac transplant arteriopathy, pulmonary hypertension and additional obstructive diseases atherosclerosis and restenosis after percutaneous coronary intervention operations (1-5). The initiating events in the cellular activation are triggered by per-
15 tubations of the vessel wall and migratory and proliferative activity of VSMCs are key events in the pathologies and the interplay between the extracellular matrix (ECM) and integrins are essential in the control of hyperplasia. Outward remodeling processes may partly reduce the lumen loss, and are involving matrix breakdown by matrix metalloproteinases (MMPs) and result in increments of matrix breakdown products in the circulation.

[0003] MFAP4 is a 36 kDa glycoprotein composed of a short N-terminal region that contains a potential integrin binding RGD motif followed by a fibrinogen related domain (FReD). The protein forms a homo-oligomeric structure under native
20 conditions (6-8). FReDs are found in a diverse group of human proteins involved in different functions such as coagulation, angiogenesis, tissue growth and remodelling, and innate immunity (9).

[0004] Studies of MFAP4 or the bovine homologue MAGP-36 has been undertaken since 1989 (10). MAGP-36/MFAP4 was first identified as a protein with tenascin resemblance in the amino acid composition and localized to ECM in arteries
25 (7, 11-14). MAGP-36 was following demonstrated with direct interaction with ECM fibers including elastin, collagen, or calvasculin (11-13, 15). The interaction between MAGP-36 and cellular integrin receptors was demonstrated using inhibition by RGD containing peptides of human aortic smooth muscle cells in attachment to immobilized MAGP-36 (12). All RGD dependent integrins may potentially interact with this RGD site, however integrins $\alpha_V\beta_{3/5}$ are highly relevant for investigation of vascular remodeling. Integrins $\alpha_V\beta_{3/5}$, are known to induce VSMC responses both *in vivo* and *in vitro*
30 (16, 17) and may be upregulated during restenosis (18-25). The integrin $\alpha_V\beta_{3/5}$ -dimer is expressed in the media in normal arteries (26), yet highly upregulated very early after injury (27, 28).

[0005] MFAP4 may be categorized as a *matricellular protein* due to the localization to matrix fibrils and interactions with smooth muscle cells. Other members of the matricellular family include e.g. tenascin-C; TSP-2 and -4, tenascin-X,
35 and integrin $\alpha_V\beta_{3/5}$ ligands osteopontin, vitronectin, and periostin. Characteristically for such molecules, is that they are not essential for tissue homeostasis, whereas loss of the proteins is associated with a wide range of alterations in the remodeling tissues (29-31).

[0006] Besides the localization of MFAP4 in the vessels a soluble form of MFAP4 is present in broncho-alveolar-lavage and in serum (7, 32). Recent proteomic studies have shown MFAP4 to be upregulated in both liver fibrosis (32) and in
40 lung tissue from patients with pulmonary arterial hypertension (33) suggesting that the expression or the turnover of the protein may reflect remodelling processes in diverse tissues.

[0007] Detailed mechanisms of progression of arteriosclerosis from pathogenesis to advanced disease are not sufficiently clarified. In addition, detailed mechanisms of vascular remodeling are also unknown. Although there are some reports describing relationships between angiotensin II receptor antagonists and vascular remodeling the effects of calcium channel blockers on pathological changes in arteriosclerosis and vascular damage as well as their mechanisms
45 are little known. Furthermore, since percutaneous coronary intervention (PCI) including percutaneous transluminal coronary angioplasty (PTCA) and stent implantation have low invasiveness, they occupy the central position in current therapeutic strategies against ischemic heart diseases. However, restenosis appearing within several months after surgery in 30-45% patients undergoing these surgical procedures is a major problem. As for the mechanisms of restenosis following PCI, decreases in the diameters of whole vessels in the late period after PCI (that is, remodeling) are considered
50 important, in addition to hyperplasia and hypertrophy of neointima caused by proliferation of smooth muscle cells and accumulation of extracellular matrix, which is produced by the smooth muscle cells. Under these circumstances, development of new medicaments that can effectively prevent restenosis of vessels following PCI is needed. Nevertheless, no medicaments with high efficacy have so far been developed.

[0008] Zhao et al (56) discloses human microfibril-associated protein 4 (MFAP4). Zhao et al further discloses that the N-terminus of the protein bears an Arg-Gly-Asp (RGD) sequence that serves as the ligand motif for the cell surface
55 receptor integrin.

[0009] VASSILEV T.L. et al. (57) discloses antibodies against ligands to integrins, where the antibodies are against the RGD se-quence, resulting in lack of ligand activation of the integrins

[0010] KOKUBO T. et al. (58) discloses that the blockade of the integrin $\alpha_V\beta_3$ by antagonists being either a blocking

antibody to $\alpha v\beta 3$ or a $\alpha v\beta 3$ -blocking RGD peptide reduced neointima by 70%. KOKUBO T. et al mentions vitronectin, fibronectin, osteopontin, fibrinogen and von Willebrand factor as ligands to $\alpha v\beta 3$

[0011] Meanwhile, these prior art documents do not identify a specific receptor for the integrin MFAP4 or antibodies directed to MFAP4 thereby inhibiting the known functions of the integrin receptor. Based on the prior art it could not be predicted that MFAP4 had an effect.

SUMMARY OF THE INVENTION

[0012] The subject of the present invention is to provide medicaments, in particular antibodies, for the prevention (the terms "prevention" or "prophylaxis" as used herein include the delaying of the onset of a disease or condition) and/or treatment of cardiovascular proliferative diseases. More concretely, it is the subject of the present invention to provide medicaments, in particular antibodies, to prevent or to inhibit the proliferation or migration of vascular smooth muscles and neointima formation in blood vessels. An additional subject of the present invention is to provide medicaments, in particular antibodies, to prevent or to inhibit inflammatory infiltration and airway remodeling in allergic asthma. Also the prevention or treatment of vascular eye disorders, such as AMD and DR, are contemplated by the inventors.

[0013] Based on MFAP4's integrin binding properties and its predominant expression in arteries the present inventors have undertaken the analysis of the role of MFAP4 in arterial remodelling. The inventors have surprisingly found that MFAP4 is synthesized by vascular smooth muscle cells and is a positive regulator of the cellular growth and migration dependent on integrin αV - $\beta 3/5$ ligation. By construction of *mfap4*^{-/-} mice and following analysis of these mice in an artery ligation model the inventors observed that activation, proliferation and migration of medial smooth muscle cell were delayed and dysregulated and outward remodelling of the vessel was blunted.

[0014] In one aspect, the present invention relates to an antibody which specifically blocks the integrin interacting motif in human microfibrillar-associated protein 4 (MFAP4) and, said antibody having a light chain variable region comprising the amino acid sequence of SEQ ID NO 1, and a heavy chain variable region comprising the amino acid sequence of SEQ ID NO 3 for use as a medicament.

[0015] In one aspect of the present invention these antibodies are used to block the interaction between MFAP4 and integrin receptors in order to treat, curatively or preventively, cardiovascular proliferative diseases, such as vein graft intimal hyperplasia, restenosis after endovascular interventions, cardiac transplant arteriopathy, pulmonary hypertension and additional obstructive diseases atherosclerosis and restenosis after percutaneous coronary intervention operations.

[0016] In another aspect of the present invention these antibodies are used to block the interaction between MFAP4 and integrin receptors in order to treat, curatively or preventively, allergic asthma.

[0017] Specifically the present invention provides an antibody, which specifically blocks the integrin interacting motif in MFAP4 of human MFAP4. Preferably the antibody is selected from isolated polyclonal antiserum, a preparation of purified polyclonal antibodies, or a preparation containing one or more monoclonal antibodies.

[0018] Preferred antibodies of the present invention or present disclosure have the following amino-acid sequence in the light chain variable regions

SEQ ID NO 1 (HG-HYB 7-5)

DIVMTQSTAL MAASPGKVT ITCSVSSSIS SSNLHWYQQK SETSPKSWIY
GTSNLASGVP GRFSGSGSGT SYSLTISSVE AEDAATYYCQ QWSSYPLTFG GGTKLEIK

[0019] Preferred antibodies of the present invention or present disclosure have the following amino-acid sequence in the heavy chain variable regions

SEQ ID NO 3 (HG-HYB 7-5)

EVQLQQSGPE LVKPGASVKL SCKTSGYTFT SYDMNWVKQR PGQGLEWIGW
IFPRDGSTKF NEKFKGKATL TVDTSSTTAY MELHSLTSED SAVYFCARAE
IFFDYGFDYW GQGTTTLTVSS

[0020] Preferred antibodies of the present invention or present disclosure have the following DNA sequence in the light chain variable regions

SEQ ID NO 5 (HG-HYB 7-5)

cDNA level for light chain variable region

5
10
GACATTGTGATGACCCAGTCTACAGCACTCATGGCTGCATCTCCAGGGGAGAAGGT
CACCATCACCTGCAGTGTGAGCTCAAGTATAAGTTCCAGCAACTTGCAGTGGTACCA
GCAGAAGTCAGAAATCCCCCAAATCCTGGATTTATGGCACATCCAACCTGGCTTCTG
GAGTCCCTGGTTCGCTTTCAGTGGCAGTGGATCTGGGACCTCTTATTCTCTACAATCA
GCAGCGTGGAGGCTGAAGATGCTGCCCTATTACTGTCAACAGTGGAGTAGTTACCCA
CTGACGTTTCGGTGGAGGCACCAAGCTGGAAATCAA

[0021] Preferred antibodies of the present invention or present disclosure have the following DNA sequence in the heavy chain variable regions

SEQ ID NO 7 (HG-HYB 7-5)

cDNA level for heavy chain variable region

15
20
25
GAGGTGCAGCTGCAGCAGTCAGGACCTGAGCTGGTGAAGCCTGGGGCTTCAGTGAA
GTTGTCCTGCAAGACTTCTGGCTACACCTTCACAAGCTACGATATGAACTGGGTGAA
ACAGAGGCCTGGACGGACTTGAGTGGATTGGTTGGATTTTTCTAGAGATGGTAGTA
CTAAGTTCAATGAGAAGTTCAAGGGCAAGGCCACATTGACTGTAGACACATCCTCCA
CCACAGCGTACATGGAAGTCCACAGCTACATCTGAGGACTCTGCGGTCTATTTCTGT
GCAAGAGCGGAGATCTTCTTTGATTACGGCTTTGACTACTGGGGCCAAGGCACCACT
CTCACAGTCTCCTCA

[0022] Further antibodies of the present disclosure may have the following amino-acid sequence in the heavy chain variable regions or homologues thereof:

30 SEQ ID NO 9 (HYBR7_1_H-2_M13_F_B01.seq)

35
LPEVQLEESGADLVKPGT SVKLSCKASGFTFTSYWMHWWKQRP GQGLEWIGVIHPNSG
NTKYNEKFRSEATLTVDKSSNTAYIQLSSLTSEDSAVYYCAREMWN YGNSWYFDVWGT
GTTVTVSSAKTTPPSVYS

SEQ ID NO 10 (HYBR7_1_H-7_M13_F_G01.seq)

40
45
LPQVKLEESGADLVKPGT SVKLSCKASGFTFTSYWMHWWKQRP GQGLEWIGVIHPNSG
NTKYNEKFRSEATLTVDKSSNTAYIQLSSLTSEDSAVYYCAREMWN YGNSWYFDVWGT
GTTVTVSSAKTTPPSVYS

SEQ ID NO 11 (HYBR7_1_H-9_M13_F_A02.seq)

50
LPEVQLEESGADLVKPGT SVKLSCKASGFTFTSYWMHWWKQRP GQGLEWIGVIHPNSG
NTKYNEKFRSEATLTVDKSSNTAYIQLSSLTSEDSAVYYCAREMWN YGNSWYFDVWGT
GTTVTVSSAKTTPPSVYS

[0023] These further sequences may have the following amino-acid sequence in the light chain variable regions or homologues thereof:

55 SEQ ID NO 12 (HYBR7_1_L-2_M13_F_F02.seq)

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DIVLTQTPASLAVSLGQRATISYRASKSVSTSGYSYMHWNQQKPGQPPELLIYLVSNLES
GVPARFSGSGSGTDFTLNIHPVEEEDAATYYCQHIRELTRSEGGPSWK*NGLMLHQLYP

5 SEQ ID NO 13 (HYBR7_1_L-4_M13_F_H02.seq)

DIVLTQTPASLAVSLGQRATISYRASKSVSTSGYSYMHWNQQKPGQPPELLIYLVSNLES
GVPARFSGSGSGTDFTLNIHPVEEEDAATYYCQHIRELTRSEGGPSWK*NGLMLHQLYP

10 SEQ ID NO 14 (HYBR7_1_L-6_M13_F_B03.seq)

DIVITQTPASLAVSLGQRATISYRASKSVSTSGYSYMHWNQQKPGQPPELLIYLVSNLES
GVPARFSGSGSGTDFTLNIHPVEEEDAATYYCQHIRELTRSEGGPSWK*NGLMLHQLYP

15

[0024] These further sequences may have the following DNA sequence in the heavy chain variable regions or homologues thereof:

20 SEQ ID NO 15 (HYBR7_1_H-2_M13_F_B01.seq)
cDNA level for heavy chain variable region

25 CTTCCGGAGGTACAGCTGGAGGAGTCAGGGGCTGACCTGGTAAAGCCTGGGACTTC
AGTGAAATTGTCCTGCAAGGCTTCTGGCTTCACTTTCACCAGCTACTGGATGCACTG
GGTGAAGCAGAGGCCTGGACAAGGCCTTGAGTGGATTGGAGTGATTCATCCTAACA
GTGGTAATACTAAGTACAATGAAAAATTCAGGAGTGAGGCCACACTGACAGTAGACA
30 AGTCCTCCAACACAGCCTACATACTCAGCAGCCTGACATCTGAGGACTCTGCGG
TCTATTACTGTGCAAGAGAGATGTGGAACACGGTAATAGCTGGTATTTGATGTCTG
GGGCACAGGGACCACGGTCACCGTCTCCTCAGCCAAAACGACACCCCCATCTGTCT
35 ATTCC

SEQ ID NO 16 (HYBR7_1_H-7_M13_F_G01.seq)
cDNA level for heavy chain variable region

40 CTTCCGCAAGTCAAGCTGGAGGAGTCAGGGGCTGACCTGGTAAAGCCTGGGACTTC
AGTGAAATTGTCCTGCAAGGCTTCTGGCTTCACTTTCACCAGCTACTGGATGCACTG
GGTGAAGCAGAGGCCTGGACAAGGCCTTGAGTGGATTGGAGTGATTCATCCTAACA
45 GTGGTAATACTAAGTACAATGAAAAATTCAGGAGTGAGGCCACACTGACAGTAGACA
AGTCCTCCAACACAGCCTACATACTCAGCAGCCTGACATCTGAGGACTCTGCGG
TCTATTACTGTGCAAGAGAGATGTGGAACACGGTAATAGCTGGTATTTGATGTCTG
50 GGGCACAGGGACCACGGTCACCGTCTCCTCAGCCAAAACGACACCCCCATCTGTCT
ATTCC

SEQ ID NO 17 (HYBR7_1_H-9_M13_F_A02.seq)
cDNA level for heavy chain variable region

55

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CTTCCGGAAGTACAGCTGGAGGAGTCAGGGGCTGACCTGGTAAAGCCTGGGACTTC
AGTCAAATTGTCCTGCAAGGCTTCTGGCTTCACTTTCACCAGCTACTGGATGCACTG
5 GGTGAAGCAGAGGCCTGGACAAGGCCTTGAGTGGATTGGAGTGATTCATCCTAACA
GTGGTAATACTAAGTACAATGAAAAATTCAGGAGTGAGGCCACACTGACAGTAGACA
AGTCCTCCAACACAGCCTACATACAACCTCAGCAGCCTGACATCTGAGGACTCTGCGG
10 TCTATTACTGTGCAAGAGAGATGTGGAACCTACGGTAATAGCTGGTATTTGATGTCTG
GGGCACAGGGACCACGGTCACCGTCTCCTCAGCCAAAACGACACCCCCATCTGTCT
ATTCC

15 [0025] These further sequences may have the following DNA sequence in the light chain variable regions or homologues thereof:

20 SEQ ID NO 18 (HYBR7_1_L-2_M13_F_F02.seq)
cDNA level for light chain variable region

CTTCCGAGGTACAGCTGGAGGAGTCAGGGGCTGACCTGGTAAAGCCTGGGACTTC
AGTCAAATTGTCCTGCAAGGCTTCTGGCTTCACTTTCACCAGCTACTGGATGCACTG
25 GGTGAAGCAGAGGCCTGGACAAGGCCTTGAGTGGATTGGAGTGATTCATCCTAACA
GTGGTAATACTAAGTACAATGAAAAATTCAGGAGTGAGGCCACACTGACAGTAGACA
AGTCCTCCAACACAGCCTACATACAACCTCAGCAGCCTGACATCTGAGGACTCTGCGG
30 TCTATTACTGTGCAAGAGAGATGTGGAACCTACGGTAATAGCTGGTATTTGATGTCTG
GGGCACAGGGACCACGGTCACCGTCTCCTCAGCCAAAACGACACCCCCATCTGTCT
ATTCC

35 SEQ ID NO 19 (HYBR7_1_L-4_M13_F_H02.seq)
cDNA level for light chain variable region

CTTCCGCAAGTCAAGCTGGAGGAGTCAGGGGCTGACCTGGTAAAGCCTGGGACTTC
AGTCAAATTGTCCTGCAAGGCTTCTGGCTTCACTTTCACCAGCTACTGGATGCACTG
40 GGTGAAGCAGAGGCCTGGACAAGGCCTTGAGTGGATTGGAGTGATTCATCCTAACA
GTGGTAATACTAAGTACAATGAAAAATTCAGGAGTGAGGCCACACTGACAGTAGACA
45 AGTCCTCCAACACAGCCTACATACAACCTCAGCAGCCTGACATCTGAGGACTCTGCGG
TCTATTACTGTGCAAGAGAGATGTGGAACCTACGGTAATAGCTGGTATTTGATGTCTG
GGGCACAGGGACCACGGTCACCGTCTCCTCAGCCAAAACGACACCCCCATCTGTCT
50 ATTCC

55 SEQ ID NO 20 (HYBR7_1_L-6_M13_F_B03.seq)
cDNA level for light chain variable region

CTTCCGGAAGTACAGCTGGAGGAGTCAGGGGCTGACCTGGTAAAGCCTGGGACTTC
AGTGAAATTGTCCTGCAAGGCTTCTGGCTTCACTTTCACCAGCTACTGGATGCACTG
5 GGTGAAGCAGAGGCCTGGACAAGGCCTTGAGTGGATTGGAGTGATTCATCCTAACA
GTGGTAATACTAAGTACAATGAAAAATTCAGGAGTGAGGCCACACTGACAGTAGACA
AGTCCTCCAACACAGCCTACATACTCAGCAGCCTGACATCTGAGGACTCTGCGG
10 TCTATTACTGTGCAAGAGAGATGTGGAACACGGTAATAGCTGGTATTTGATGTCTG
GGGCACAGGGACCACGGTCACCGTCTCCTCAGCCAAAACGACACCCCCATCTGTCT
ATTCC

15 **[0026]** Additional antibodies of the present disclosure may have the following amino-acid sequence in the heavy chain variable regions or homologues thereof:

SEQ ID NO 21 (HYBR7_6_H-1_M13_F_A04.seq)

20 LPEVQLEESG PGLVAPSQSL SITCTVSGFSLTRYGVHWVRQPPGKGLEWLGVIWTAGNT
NYNSALMSRLSISKDNSKTQVFLKMNSLQTDDTAMYYCARD DPSMAYWGQGT SVTVSS
AKTTPPSVYS

25 SEQ ID NO 22 (HYBR7_6_H-2_M13_F_B04.seq)

30 LPQVQLEQSG PGLVAPSQSL SITCTVSGFSLTRYGVHWVRQPPGKGLEWLGVIWTAGN
TNNSALMSRLSISKDNSKTQVFLKMNSLQTDDTAMYYCARD DPSMAYWGQGT SVTVS
SAKTPPSVYS

35 SEQ ID NO 23 (HYBR7_6_H-3_M13_F_C04.seq)

40 LPQVKLQQSG PGLVAPSQSL SITCTVSGFSLTRYGVHWVRQPPGKGLEWLGVIWTAGN
TNNSALMSRLSISKDNSKTQVFLKMNSLQTDDTAMYYCARD DPSMAYWGQGT SVTVS
SAKTPPSVYS

[0027] These additional antibodies of the present disclosure may have the following amino-acid sequence in the light chain variable regions or homologues thereof:

45 SEQ ID NO 24 (HYBR7_6_L-1_M13_F_E05.seq)

50 DIVLTQTAIMSVSPG EKVTITCSASSSVSYMHWFQQKPGTSPKLWIYSTSNLASGVPAR
FSGSGSGTSYSLTISRTEAEDAATYYCQQRSSYPYTFGGG TKLEIKRADAAPT VST

SEQ ID NO 25 (HYBR7_6_L-2_M13_F_F05.seq)

55 DIVLTQTAIMSVSPG EKVTITCSASSSVSYMHWFQQKPGTSPKLWIYSTSNLASGVPAR
FSGSGSGTSYSLTISRTEAEDAATYYCQQRSSYPYTFGGG TKLEIKRADAAPT VST

SEQ ID NO 26 (HYBR7_6_L-3_M13_F_G05.seq)

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DIVLTQTPAIMSVSPGKVTITCSASSSVSYMHWFQQKPGTSPKLWIYSTSNLASGVPAR
FSGSGSGTSYSLTISRTEAEDAATYYCQQRSSYPYTFGGGKLEIKRADAAPT VST

5 **[0028]** These additional sequences may have the following DNA sequence in the heavy chain variable regions or homologues thereof:

10 SEQ ID NO 27 (HYBR7_6_H-1_M13_F_A04.seq)
cDNA level for heavy chain variable region

15 CTTCCGGAGGTGCAGCTGGAGGAGTCAGGACCTGGCCTGGTGGCGCCCTCACAGA
GCCTGTCCATCACTTGCAGTGTCTCTGGATTTTCATTAACCAGATATGGTGTACTG
GGTTCGCCAGCCTCCAGGAAAGGGTCTGGAGTGGCTGGGAGTAATCTGGACTGCTG
20 GAAACACAAATTATAATTCGGCTCTCATGTCCAGACTGAGCATCAGCAAAGACAAC
CAAGACCCAAGTTTTCTTAAAAATGAACAGTCTCCAACTGATGACACAGCCATGTAC
TACTGTGCCAGAGATGATCCCTCTATGGCCTACTGGGGTCAAGGAACCTCAGTCACC
GTCTCCTCAGCCAAAACGACACCCCCATCTGTCTATTCC

25 SEQ ID NO 28 (HYBR7_6_H-2_M13_F_B04.seq)
cDNA level for heavy chain variable region

30 CTTCCGCAAGTACAGCTGGAGCAGTCAGGACCTGGCCTGGTGGCGCCCTCACAGAG
CCTGTCCATCACTTGCAGTGTCTCTGGATTTTCATTAACCAGATATGGTGTACTG
GTTTCGCCAGCCTCCAGGAAAGGGTCTGGAGTGGCTGGGAGTAATCTGGACTGCTGG
AAACACAAATTATAATTCGGCTCTCATGTCCAGACTGAGCATCAGCAAAGACAAC
35 AAGACCCAAGTTTTCTTAAAAATGAACAGTCTCCAACTGATGACACAGCCATGTACT
ACTGTGCCAGAGATGATCCCTCTATGGCCTACTGGGGTCAAGGAACCTCAGTCACCG
TCTCCTCAGCCAAAACGACACCCCCATCTGTCTATTCC

40 SEQ ID NO 29 (HYBR7_6_H-3_M13_F_C04.seq)
cDNA level for heavy chain variable region

45 CTTCCGCAGGTAAGCTGCAGCAGTCTGGACCTGGCCTGGTGGCGCCCTCACAGAG
CCTGTCCATCACTTGCAGTGTCTCTGGATTTTCATTAACCAGATATGGTGTACTG
GTTTCGCCAGCCTCCAGGAAAGGGTCTGGAGTGGCTGGGAGTAATCTGGACTGCTGG
AAACACAAATTATAATTCGGCTCTCATGTCCAGACTGAGCATCAGCAAAGACAAC
50 AAGACCCAAGTTTTCTTAAAAATGAACAGTCTCCAACTGATGACACAGCCATGTACT
ACTGTGCCAGAGATGATCCCTCTATGGCCTACTGGGGTCAAGGAACCTCAGTCACCG
TCTCCTCAGCCAAAACGACACCCCCATCTGTCTATTCC

55 **[0029]** These additional sequences may have the following DNA sequence in the light chain variable regions or homologues thereof:

SEQ ID NO 30 (HYBR7_6_L-1_M13_F_E05.seq)
cDNA level for light chain variable region

5 GGGACATTGTGCTGACCCAAACTCCAGCAATCATGTCTGTATCTCCAGGGGAGAAGG
TCACCATAACCTGTAGTGCCAGCTCAAGTGTAAGTTACATGCACTGGTTCCAGCAGA
AGCCAGGCACTTCTCCCAAACCTCTGGATTTATAGCACATCCAACCTGGCTTCTGGAG
10 TCCCTGCTCGCTTCAGTGGCAGTGGATCTGGGACCTCTTACTCTCTCACAATCAGCC
GAACGGAGGCTGAAGATGCTGCCACTTATTACTGCCAACAAAGGAGTAGTTACCCGT
ACACGTTCCGAGGGGGGACCAAGCTGGAAATAAAACGGGCTGATGCTGCACCAACT
GTATCCACC

15 SEQ ID NO 31 (HYBR7_6_L-2_M13_F_F05.seq)
cDNA level for light chain variable region

20 GGGATATTGTGCTCACACAAACTCCAGCAATCATGTCTGTATCTCCAGGGGAGAAGG
TCACCATAACCTGTAGTGCCAGCTCAAGTGTAAGTTACATGCACTGGTTCCAGCAGA
AGCCAGGCACTTCTCCCAAACCTCTGGATTTATAGCACATCCAACCTGGCTTCTGGAG
TCCCTGCTCGCTTCAGTGGCAGTGGATCTGGGACCTCTTACTCTCTCACAATCAGCC
GAACGGAGGCTGAAGATGCTGCCACTTATTACTGCCAACAAAGGAGTAGTTACCCGT
25 ACACGTTCCGAGGGGGGACCAAGCTGGAAATAAAACGGGCTGATGCTGCACCAACT
GTATCCACC

30 SEQ ID NO 32 (HYBR7_6_L-3_M13-F-G05.seq)
cDNA level for light chain variable region

35 GGGACATTGTGCTCACACAGACTCCAGCAATCATGTCTGTATCTCCAGGGGAGAAGG
TCACCATAACCTGTAGTGCCAGCTCAAGTGTAAGTTACATGCACTGGTTCCAGCAGA
AGCCAGGCACTTCTCCCAAACCTCTGGATTTATAGCACATCCAACCTGGCTTCTGGAG
TCCCTGCTCGCTTCAGTGGCAGTGGATCTGGGACCTCTTACTCTCTCACAATCAGCC
GAACGGAGGCTGAAGATGCTGCCACTTATTACTGCCAACAAAGGAGTAGTTACCCGT
40 ACACGTTCCGAGGGGGGACCAAGCTGGAAATAAAACGGGCTGATGCTGCACCAACT
GTATCCACC

[0030] The monoclonal antibodies may be coupled to a detectable label or a substance having toxic or therapeutic activity.

45 [0031] The present disclosure also provides a method of making a hybridoma cell line producing a monoclonal antibody that blocks the integrin interacting motif in MFAP4 of human microfibrillar-associated protein 4 (MFAP4) comprising:

- (a) providing suitable animal for raising monoclonal antibody against human MFAP4, such as a MFAP4 knockout mouse;
- 50 (b) injecting the animal with human MFAP4; and
- (c) obtaining hybridoma cells from the mouse wherein the hybridoma cells produce a monoclonal antibody against human MFAP4, said monoclonal blocks the integrin interacting motif in MFAP4 of human microfibrillar-associated protein 4 (MFAP4).

55 **DESCRIPTION OF THE FIGURES**

[0032]

Figure 1 shows Immunohistochemical detection of MFAP4 in sections from a human vein with smooth muscle cell hyperplasia. MFAP4 and α -SMA were visualized by immunostaining, and elastin was visualized using Weigert's elastin stain. Upper panel, original magnification 25X. Lower panel, original magnification 1000X.

5 Figure 2 shows MFAP4 is expressed in elastic vessels, regulated MFAP4 synthesis is found in VSMCs, and secreted MFAP4 binds ECM fibrils in the vessel wall. Immunohistochemical staining of (A) human mammary artery and (B) mouse aorta with a monoclonal anti-MFAP4 antibody (HG Hyb 7-14). Brown indicates positive staining. Arrowheads indicate the lamina elastica interna as well as elastic structures in media and arrows indicate the intervening VSMCs. fHAoSMCs grown in media supporting either proliferation (C) or differentiation (D) stained with FITC-labelled anti-MFAP4-antibodies (HG Hyb 7-14) and DAPI. (E) Semiquantitative Western Blotting analysis of MFAP4 from fHAoSMC lysates, which differentiate from the synthesizing/proliferating phenotype to the contractile/differentiating phenotype in a time series using α -SMA as a marker for induction of the contractile/differentiating phenotype. The amount of loaded protein was normalized to GAPDH. (F) The concentration of MFAP4 in cell culture media from the same experiment as in (E) measured by ELISA. (G) Pull-down of rMFAP4 by collagen type 1 or by elastin in the presence of calcium or EDTA. After pull-down of the insoluble fibrils and centrifugation the supernatants were analysed for MFAP4 by ELISA. Data are means from experimental duplicates and representative of at least three independent experiments.

20 Figure 3 shows identification of integrin receptors for MFAP4. (A) Silverstained elution profile for human placenta membrane proteins purified using an rMFAP4 coupled matrix. The double bands around 100 kDa labelled with and asterisk represent potentially eluted integrins. (B) Immunodetection of integrins eluted in fractions 6-9 from (A) by Western Blotting using anti-integrin α_V , β_1 , β_3 , or β_5 specific antibodies. (C) FACS analysis of fHAoSMCs using FITC-labelled anti-integrin α_V , β_1 , β_3 , β_5 or isotype control (iso) specific antibodies. (D) Adhesion assay assessing attachment of fluorescently labelled fHAoSMCs onto various concentrations of immobilized BSA, laminin, rMFAP4, or fibronectin, respectively. (E) Adhesion assay assessing attachment of fHAoSMCs onto one fixed concentration of immobilized rMFAP4 in competition with integrin inhibitory RGD-containing peptide or DRG-containing control peptide, respectively. (F) Adhesion assay assessing attachment of fHAoSMCs onto one fixed concentration of immobilized rMFAP4 in competition with integrin-blocking antibodies specifically directed against integrins β_1 , α_V , $\alpha_V\beta_3$, or $\alpha_V\beta_5$, respectively. Data points are means+SEM from experimental triplicates and representative for at least two independent experiments.

30 Figure 4 shows MFAP4 induced VSMC migration and proliferation is inhibited by MFAP4 blocking anti-bodies *in vitro*. (A) fHAoSMCs were seeded in poly-D-lysine (PDL, negative control), or rMFAP4 coated micro-well plates with a central rounded area blocked by a cell stopper. The number of fluorescently labelled cells was counted within this central area of the well (depicted) twenty hrs after removal of the cell stoppers and \pm the anti-MFAP4 antibodies HG-HYB 7-5 (7-5), HG-HYB 7-14 (7-14), HG-HYB 7-18 (7-18), or isotype control antibodies (iso) in order to quantitate cellular migration. (B) Cell counts from the migrations assay were performed using no coating (blank), PDL-, rMFAP4-, or fibronectin-coating and (C) using rMFAP4 coating in the presence of antibodies. The data are representative for 3 individual experiments, with observations made in quadruplicates. The data (B and C) are means + SEM obtained from two of these experiments. (D-E) The colourimetric MTT-assay was used to quantitate fHAoSMC proliferation. (D) fHAoSMCs were seeded in tissue culture wells with no coating (blank), rMFAP4-coating, or fibronectin-coating and + (black) or - (grey) PDGF-BB treatment 48 hrs after seeding. (E) fHAoSMCs were seeded in tissue culture wells with rMFAP4-coating \pm PDGF-BB treatment after preincubation with anti-MFAP4 antibodies. Data are means+SEM measured in triplicates and representative for at least two different experiments.

45 Figure 5 shows generation of MFAP4 deficient mice. (A) The MFAP4 gene product is transcribed from 6 exons on chromosome 17. The mature protein comprises an N-terminal region including one free sulfhydryl-group and an RGD integrin binding sequence. (B) The *wild-type* *mfap4* allele was used to produce the targeting vector. The targeting vector was designed to exclude a region of 1.5 kb of the non-coding 5' region and the first three exons of the *mfap4* gene by exclusion of a EcoRI fragment and replacing it with the PGKneo expression cassette. The lower diagram illustrates the mutated allele. (C) Duplex PCR analysis on genomic DNA from *wild-type* and gene-deleted mouse tails. (D) RT-PCR analysis of *mfap4* and *GAPDH* gene transcription from *wild-type* and gene deleted mouse pulmonary tissue. (E) Quantitative ELISA on 2-fold dilutions of serum from *mfap4*^{+/+} and *mfap4*^{-/-} mice compared to rMFAP4. (F) Immunohistochemical analysis on arterial tissue from *mfap4*^{+/+} and *mfap4*^{-/-} mice developed with anti-MFAP4 antibody (HG-HYB 7-14).

55 Figure 6 shows MFAP4 accelerates neointima formation and outward remodelling of the arterial wall. (A) The left common carotid artery was ligated at the bifurcation in both *mfap4*^{+/+} (+/+) and *mfap4*^{-/-} (-/-) mice and the right

common carotid artery was used as unligated control. At day 14 or day 28 after ligation the vessels were dissected, fixed and obtained sections were elastin stained. The shown sections are obtained 1.5 mm distal to the bifurcation/ligation. (B) Morphometric analyses of cross sectional vessel areas were performed in unligated control carotid arteries and in the ligated carotid arteries 14 (n = 6 mice/group) or 28 (n = 3-6 mice/group) days after ligation. The ratios between the neointimal areas and the medial areas are depicted in the bottom panel. EEL = External elastic lamina. Black = *mfap4*^{-/-} mice, white = *mfap4*^{+/+} mice. Data are means + SEM.

Figure 7 shows proliferation and apoptosis of vascular cells and infiltration of inflammatory cells are decreased in *mfap4*^{-/-} mice compared to *mfap4*^{+/+} mice in accordance with decreased neointima formation. (A) The MFAP4 levels, the proliferative marker Ki-67, the apoptosis marker caspase 3, and the neutrophil marker CD45 were analysed using immunohistochemical analysis on carotid arterial sections from *mfap4*^{-/-} (-/-) and *mfap4*^{+/+} mice (+/+). The shown sections are obtained 1.5 mm distal to the bifurcation/ligation in mice terminated 14 days after ligation. The MFAP4 stained unligated sections are obtained from the contralateral control carotid artery. (B) The relative *mfap4* mRNA expression was quantified in carotid artery samples obtained 48 hours, 8 days, or 14 days after the ligation from both control vessels and ligated *mfap4*^{+/+} vessels. Black = control, white = ligated. (C) Quantification of proliferating cells, apoptotic cells, and inflammatory cells were performed by counting the total numbers of stained cells in the media and in the neointima from sections obtained 1.5 mm distal to the bifurcation/ligation in mice terminated 14 or 28 days after ligation. Black = *mfap4*^{-/-} mice, white = *mfap4*^{+/+} mice. (D) The relative expression of integrin β_3 and MMP9 mRNA was quantified in control carotid arteries or ligated carotid arteries obtained 48 hours or 8 days after the ligation was performed. Black = *mfap4*^{-/-} mice, white = *mfap4*^{+/+} mice. Data are means + SEM from n = 3-7 mice/group.

Figure 8 shows allergic airway inflammation is attenuated in *mfap4*^{-/-} mice. (A-C) Cellular infiltration into the BAL. Total cell count (A) as well as specific eosinophil (B) and neutrophil (C) numbers were lowered in *mfap4*^{-/-} mice. (D-E) Histological analysis of lung parenchyma. (D) Epithelial thickness of small airways. (E) PAS (upper panel) and H-E (lower panel) stain of lungs from *mfap4*^{-/-} (left) and *mfap4*^{+/+} (right) mice.

Figure 9 shows MFAP4-deficient mice that are partially protected from airway remodelling and AHR, but exhibit increased tracheal contractility. Morphometric analysis of smooth muscle/myofibroblast layer thickness in OVA (A) or HDM-treated mice (B) as evaluated by alpha-smooth muscle actin immunostaining. Quantification of the fibrotic response was performed by morphometric analysis of peribronchial collagen deposition (C) or measuring hydroxyproline content in lung homogenates (D). (E-F) AHR in response to nebulized methacholine challenge is dampened in MFAP4-deficient animals. (G) Central airway resistance measurement as a surrogate for tracheal stiffness. (H) KCl-induced tracheal ring contractility measurements. *p<0.05, **p<0.01, ***p<0.001 as indicated by Student's t-test or ANOVA.

Figure 10 shows cellular infiltration in BAL after allergen treatment is lowered in MFAP4-deficient mice. Quantification of total BAL cells (A, B) and eosinophils (C, D) from both OVA (A, C) and HDM models (B, D) is shown. Chronic HDM exposure results in increased soluble MFAP4 content in BAL (E) and serum (F). MFAP4 is localized to the bronchial basal membrane by immunohistochemistry using monoclonal antibodies. *p<0.05, **p<0.01, ***p<0.001 as indicated by Student's t-test or ANOVA.

DETAILED DESCRIPTION OF THE INVENTION

MFAP4 crosslinks VSMCs to ECM fibrils and induces cellular migration and proliferation through integrin $\alpha_V\beta_3/\beta_5$ ligation

[0033] In order to elucidate the presence of MFAP4 in human vascular tissue with pathological remodeling processes sections from a human vein with intimal hyperplasia were obtained from a patient with lower extremity PAD that underwent surgical reconstitution following bypass surgery induced restenosis. The neointima appeared with inhomogenous staining for MFAP4. The most intense MFAP4 staining was localized closest to the outer periphery of the vessel. A similar staining pattern was found for both α -smooth muscle actin (α -SMA) and elastin. MFAP4 staining appeared to colocalize with the elastic fibers, whereas the α -SMA staining was intracellular (Figure 1). Immunostaining detected dispersed integrin $\alpha_V\beta_3$ staining throughout the neointimal area with highest intensity in capillary endothelium. Few intervening CD45-positive inflammatory cells were also observed.

[0034] Following the inventors demonstrated a high intense immunohistochemical staining for MFAP4 and localization to elastic fibers within the normal human mammary artery (Figure 2A) and mouse aorta (Figure 2B). A similar staining pattern was found throughout all investigated peripheral muscularized blood vessels from a human organ multi-block.

MFAP4 synthesis and secretion from fHAoSMC's were observed using cytoimmunohistochemistry (Figure 2C, 2D), Western Blotting (Figure 2E) and by enzyme-linked immunosorbent assay (ELISA) quantification in the cell culture supernatant. Moreover, both cellular associated (Figure 2C-E) and secreted (Figure 2F) MFAP4 was increased several fold in parallel with the known marker of differentiation α -SMA during > 100 hrs shift from a proliferative phenotype and into a contractile phenotype in the culture. Pull-down experiments were used to detect direct interaction between recombinant MFAP4 (rMFAP4) and collagen or elastin in a Ca^{2+} -dependent manner (Figure 2G) suggesting that the binding takes place through the conserved S1-binding site in the FReD.

[0035] To identify relevant MFAP4 binding integrins, human placenta membrane proteins were affinity purified on immobilized rMFAP4. Proteins, which might correspond to integrins according to molecular weight, were eluted from the column and integrin monomers α_V , β_1 , β_3 , and β_5 were detected specifically in the collected fractions (Figure 3A and B). Similar results were obtained using fluorescence-activated cell sorting (FACS) analysis of fHAoSMC (Figure 3C). A cellular adhesion assay following demonstrated that calcein AM fluorogenic dye labeled fHAoSMCs attached to rMFAP4, fibronectin, and laminin and failed to adhere to bovine serum albumin (BSA) (Figure 3D). The synthetic peptide GRGDSP completely inhibited cellular attachment of to rMFAP4, whereas the control peptide SDGRG showed no significant inhibition (Figure 3E). Anti-integrin α_V and anti-integrin $\alpha_V\beta_3$ antibodies completely blocked the cellular adhesion to rMFAP4, while anti-integrin $\alpha_V\beta_5$ antibodies showed a small but significant reduction in adhesion. In contrast, anti-integrin β_1 had no effect on the cellular adhesion to rMFAP4 (Figure 3F). The integrins were detectable through all tested cell culture conditions. Yet, integrin α_V and integrin β_5 were coordinately expressed with MFAP4 while integrin β_3 expression was diminished when fHAoSMCs differentiated from the proliferating to the contractile phenotype.

Monoclonal anti-MFAP4 antibodies block VSMC interaction with MFAP4

[0036] Monoclonal anti-MFAP4 antibodies were raised in *mfap4*^{-/-} mice because the mouse MFAP4 homologue has very high sequence similarity to certain regions within the human protein. ELISA based assays demonstrated that produced antibodies with reactivity against MFAP4; anti-MFAP4 HG-Hyb 7-14 and 7-18 antibodies clearly bind double (AGA) and triple (AAA) RGD mutated rMFAP4 in the chinese hamster ovary (CHO) cell culture supernatant. In contrast, the rMFAP4 detection signals were reduced for the point-mutated proteins when the HG-Hyb 7-5 was used as capture antibody suggesting that HG-Hyb 7-5 binds to an epitope covering the RGD sequence in rMFAP4. HG-HYB 7-5 and HG-HYB 7-14 both prohibited the cellular adhesion to rMFAP4. This latter observation suggests that HG-HYB 7-14 may bind at close proximity to the RGD site. It was further observed that focal adhesions and cellular stress fibers (vinculin and F-actin, respectively) formed within 20 hrs of exposure to either fibronectin or rMFAP4, but not with poly-D-lysine. Inhibition of focal adhesion and stress fiber formation was observed when fHAoSMCs were incubated with the blocking antibodies.

Cellular migration and proliferation of VSMCs are induced by MFAP4 and inhibited by MFAP4 blocking antibodies

[0037] The fHAoSMC migration was increased almost 2-fold towards immobilized rMFAP4 (Figure 4A and B). Incubation with HG-HYB 7-5 or 7-14 antibodies reduced the numbers of migrating cells significantly while no effect was seen when using the non-blocking HG-HYB 7-18 antibody or the isotype control (Figure 4A and C).

[0038] The effect of rMFAP4 on proliferating fHAoSMC was further assessed using a Thiazoyl blue tetra-zolium bromide (MTT)-assay. The cells were allowed to proliferate for 48 hrs, either in the presence or absence of 5 ng/mL platelet-derived growth factor-BB (PDGF-BB) and the proliferation was significantly induced when cells were seeded onto either rMFAP4 or fibronectin (Figure 4D). Microplates coated with rMFAP4 were following blocked with anti-MFAP4 antibodies before seeded with fHAoSMC. HG-HYB 7-5 and 7-14 both lead to a significant reduction of cellular proliferation to a non-PDGF-BB treated level (Figure 4E) in parallel with integrin $\alpha_V\beta_3$ blocking antibodies (data not shown).

Generation and characterization of MFAP4 deficient mice

[0039] The MFAP4 gene comprises 6 exons coding for the globular FReD and a short N-terminal sequence with a free cysteinyl-group for disulphide bridging of dimers (Figure 5A). *Mfap4*^{-/-} mice were generated on the C/J7 background using insertion of a neomycin cassette into the *mfap4* gene replacing exon 1-3 coding for the RGD containing N-terminal domain and a part of the FReD (Figure 5B). Deletion was confirmed by Southern Blotting analysis. Additional genotyping by PCR confirmed the presence of a 300 bp gene-deficient fragment and a 224 bp *wild-type* fragment present in *mfap4*^{-/-} and *mfap4*^{+/+} derived mice (Figure 5C). Moreover, RT-PCR analysis using pulmonary tissue lysate demonstrated the lack of *mfap4* transcription in the *mfap4*^{-/-} mice (Figure 5D). Homozygous *mfap4*^{-/-} mice were viable, bred with normal Mendelian frequencies, and appeared indistinguishable from *wild-type* littermates. Serum samples were obtained from mice in the 10th generation. Parallelism was observed between the recombinant mouse MFAP4 and the *wild-type* ELISA signal (Figure 5E). MFAP4 was absent from the *mfap4*^{-/-} circulation and immunohistochemical analysis demonstrated

a clear lack of detectable signals from *mfap4*^{-/-} mouse tissue.

[0040] A role for MFAP4 in the assembly of microfibrils is previously suggested (34) but the elastic laminae in the arteries appeared with smooth organized lamellar sheets suggesting that the integrity of the vessel wall was preserved. The unchallenged *mfap4*^{-/-} mice appeared with normal heart rate, normal blood pressure, normal circulating cell numbers, and normal blood lipid levels. The resting mean arterial blood pressure (MAP) obtained using chronic indwelling catheters placed in the femoral artery and vein was stable and averaged 98.8 ± 2.7 mmHg and the heart rate (HR) 664 ± 18 bpm in *wild-type* animals. In *mfap4*^{-/-} mice MAP averaged 105.5 ± 3.6 mmHg and the HR 661 ± 13 bpm. Phenylephrine caused a significant increase in MAP (149.5 ± 5.1 mmHg and 153.1 ± 4.2 mmHg) and a corresponding decrease in HR; 442 ± 40 bpm and 428 ± 27 bpm, in *mfap4*^{+/+} and *mfap4*^{-/-} mice respectively. There was no significant difference between genotypes either at basal levels or at increased blood pressure.

Decreased vessel diameter and neointima formation in *mfap4*^{-/-} mice after carotid artery ligation is associated with reduced VSMC proliferation and infiltration with CD45 positive cells

[0041] A ligated carotid artery will undergo initial outward remodeling, followed by vessel shrinkage and neointima formation, resulting in narrowing of the lumen (35). The remodeling responses 14 days and 28 days were compared after left carotid arterial ligation in *mfap4*^{+/+} and *mfap4*^{-/-} littermates of the C57BL/6N strain in order to examine whether the lack of MFAP4 affected the arterial response to ligation. Transverse sections were obtained 0.5, 1.0, and 1.5 mm proximal to the ligature/bifurcation and at corresponding locations in the contralateral vessel and stained with Verhoeff-van Gieson elastin staining (Figure 6A). Neointimal growth appeared delayed in the *mfap4*^{-/-} mice, with very limited or no formation after 14 days, but with neointimal areas comparable to *mfap4*^{+/+} after 28 days (Figure 6B). Furthermore, the external elastic lamina (EEL) of the ligated *mfap4*^{-/-} vessel was significantly decreased compared to the *mfap4*^{+/+} vessel (Figure 6B). Thus, at day 28 the lumen in *mfap4*^{-/-} vessels was significantly decreased. No apparent differences in the vessel diameter or in the lumen diameter were observed in the contralateral control arteries.

[0042] A corresponding lack of outward arterial remodeling was observed 14 days after ligation with MFAP4 deficiency in the BALB/c background. Neointimal areas appeared decreased in the *mfap4*^{-/-} mice, however morphometric analysis was not attempted due to rich neovascularization of the neointimal areas in both *mfap4*^{-/-} and *mfap4*^{+/+} BALB/c mice.

[0043] Immunostaining of the ligated *mfap4*^{+/+} C57BL/6N vessels revealed that MFAP4 localized to medial (most intense) as well as to neointimal cells (Figure 7A). There was no apparent difference in MFAP4 immunohistochemical staining intensity between ligated and unligated vessels. RT-qPCR analyses of MFAP4 expression were further performed in unligated vessels, and vessels ligated for 48 hrs, 8 days, or 14 days. RT-qPCR analyses did not support significant MFAP4 regulation within this period (Figure 7B). Highly intense immunostaining for α -SMA was likewise found in the media.

[0044] MFAP4 deficiency significantly reduced Ki-67, caspase 3, and CD45 stained cells. Ki-67 stained proliferating cells were predominantly found in the neointimal area compared to the medial area (approximately 3:1 in the *mfap4*^{+/+} vessel) (Figure 7A), and there were no or few detectable Ki-67-stained cells in the *mfap4*^{-/-} vessels at day 14 compared to *mfap4*^{+/+} vessels (1.25 ± 0.48 (SEM) cells/section versus 45.7 ± 24.0 (SEM) Ki-67-stained cells/section, respectively (Figure 7C). Likewise, MFAP4 deficiency reduced the level of caspase 3 positive apoptotic cells and null cells were detected in the ligated *mfap4*^{-/-} vessel by day 14 (Figure 7C). MFAP4 deficiency further decreased the number of CD45⁺ cells in the vessel wall significantly. The counted number was on average 33.5 ± 10.0 (SEM) cells/section in the *mfap4*^{+/+} vessels and 2.75 ± 1.80 (SEM) cells/section after 14 days (Figure 7C).

[0045] RT-qPCR analyses of integrin β_3 and MMP9 were performed in control vessels and vessels ligated for 48 hrs or 8 days (for MMP9). The data did not support early or basal gene regulation of integrin β_3 . In contrast, the data supported that the arterial ligation lead to significant induction of the MMP9 gene product and that MFAP4 deficiency reduced the expression. This reduction was evident 48 hrs after ligation, but disappeared during the prolonged healing response (8 days) (Figure 7D).

Deficiency of MFAP4 alleviates allergic inflammation in murine acute model of asthma

[0046] To examine whether MFAP4 contributes to allergic asthma, *mfap4*^{+/+} and *mfap4*^{-/-} littermates of the BALB/c strain were subjected to acute ovalbumin (OVA)-induced allergic airway disease. Leukocyte infiltration was checked in bronchoalveolar lavage (BAL), and lung tissue was evaluated for signs of inflammation and airway remodeling.

[0047] OVA-treated *mfap4*^{-/-} mice exhibited significantly attenuated infiltration of neutrophils and eosinophils into the airway lumen. Moreover, analysis of histological stainings revealed more prominent parenchymal inflammation and more pronounced early airway remodeling events in WT mice, such as increased epithelial thickness and goblet cell hyperplasia.

DATA INTERPRETATION

[0048] One mechanistic role for MFAP4 is in integrin $\alpha_V\beta_{3/5}$ activation of VSMC adhesion, migration, and proliferation. In line with this, MFAP4 deficiency delayed neointima formation after flow-cessation induced vascular injury. Yet, the lack of MFAP4 additionally reduced arterial outward remodeling and consequentially resulted in overall accelerated lumen reduction. Other roles for MFAP4 are as positive modulator of airway inflammation and airway remodeling. However, the mechanisms behind these functions remain hypothetical.

[0049] Well known integrin $\alpha_V\beta_{3/5}$ agonists often appear highly upregulated during vascular injury. In contrast to this, high vascular expression levels of MFAP4 were evident before injury and during healing responses suggesting that MFAP4 represent a novel integrin ligand with constitutive tissue expression. The systemic variation in MFAP4 levels in symptomatic obstructive PAD may thus primarily result from increased turnover of ECM.

[0050] *In vitro* data generated in this study identifies VSMCs as sites of synthesis for MFAP4. The localization of human MFAP4 to VSMCs combined with the observation that MFAP4 binds the ECM fibrils supported a role for MFAP4 in maintaining homeostatic functions in the vessel wall as known for other matricellular proteins and/or integrin $\alpha_V\beta_3$ ligands like osteopontin and vitronectin (29, 36, 37).

[0051] The presence of integrin receptors for MFAP4 in the VSMCs was following characterized. The utilised fetal cell line had a relatively high expression of integrin $\alpha_V\beta_3$ and therefore may represent partly dedifferentiated cells as commonly observed in ligated or otherwise injured arteries. An alternatively tested adult HAOsMC line predominantly expressed integrin $\alpha_V\beta_{3/5}$ and interacted with MFAP4 through this receptor (data not shown). The almost complete disruption of cellular adhesion onto immobilized MFAP4 with blocking antibodies strongly indicates that integrin $\alpha_V\beta_3$ is the dominating MFAP4 interaction partner in the present investigations.

[0052] The relatively high level of MFAP4 in the diseased as well as in the normal artery separates the expressional regulation of MFAP4 from the common transient high expression of matricellular proteins and well-known integrin $\alpha_V\beta_{3/5}$ ligands and suggests that MFAP4 mediated cellular effects primarily are regulated by other means than expression.

[0053] The data further demonstrated that MFAP4 induced functional distribution of integrins in focal adhesion sites as well as cellular migration, and proliferation. Such *in vitro* observations are well known for integrin $\alpha_V\beta_3$ ligands osteopontin and vitronectin (38, 39). The inventors observed reversal of the MFAP4 induced cellular effects in the presence of MFAP4 blocking antibodies and the observations indicated that growth factors like PDGF may determine the effect of MFAP4 induced integrin activation.

[0054] In order to study the effects of MFAP4 on VSMC biology *in vivo* the mouse *mfap4* gene was inactivated. Histological examinations of tissues including arteries, skin and lung from unchallenged *mfap4*^{-/-} mice showed a normal gross appearance up till at least 3 months of age. The mean blood pressure did not differ between *wild-type*, and homozygous *mfap4*^{-/-} mice when measured through catheterization. Blood pressure responses to phenylephrine infusions were normal in homozygous *mfap4*^{-/-} mice, indicating that the *mfap4* gene deficiency did not alter the intrinsic pharmacological properties of smooth muscle cells in mice. Thus, no relevant cardiovascular phenotype was found in the unchallenged *mfap4*^{-/-} mice. These observations supported that MFAP4 is not essential for survival or normal cardiovascular development like for many other matricellular proteins including the integrin $\alpha_V\beta_3$ ligand osteopontin (30). In comparison, genetic ablation of integrin α_V is demonstrated to be lethal (40) and integrin β_3 deficiency resulted in prolonged bleeding and decreased fetal survival (41) showing the roles of the integrins in a multitude of processes and in various cell types.

[0055] *Mfap4*^{-/-} mice underwent ligation of the left carotid artery in order to stop the blood flow and thereby causing the vessel to shrink in the luminal area due to the neointima formation and additional arterial remodeling (35). During the next 14 days, the EEL of the ligated vessels in *mfap4*^{-/-} mice was reduced when compared to the unligated control vessels, without prominent acquisition of intimal mass. Intravascular ultrasound has previously confirmed the presence of both outward and constricting remodeling after angioplasty suggesting that an increase in the total EEL confined area is adaptive, whereas a decrease in the EEL area contributes to restenosis with occlusion of the lumen (42). As the *mfap4*^{-/-} mice did not appear with prominent outward arterial remodeling, neither 14 nor 28 days after ligation, the delayed neointima formation ultimately resulted in a narrowing of the lumen 28 days after ligation. The effects appeared to be intrinsic consequences of the *mfap4*^{-/-} phenotype and were detectable between mouse strains with two different genetic backgrounds (C57BL/6N and BALB/c). Reduced carotid neointima formation is previously observed in integrin β_3 deficiency (43) and with experiments performed using gene-deficiency for the integrin $\alpha_V\beta_3$ ligand vitronectin (44) or osteopontin inhibition experiments (45) where the gene deficiency appeared protective.

[0056] MFAP4 overexpression was recently demonstrated to preserve MMP (collagenase degrading MMP1 and elastolytic MMP12) activity after photodamaging of skin, and was suggested to affect the synthesis of these MMPs (34). MMP9 deficiency is demonstrated to reduce the VSMC migration and neointima formation in both endovascular denudation and carotid ligation experiments (46, 47). A vein-graft model has further demonstrated that the expansive vessel remodelling may be induced in MMP9 deficient mice due to compensatory upregulation of MMP2 (48). The inventors' observations on MMP9 expression indicated that MFAP4 deficiency reduces the synthesis of this enzyme. The transient

and early reduction of the MMP9 transcription was not associated to outer vessel diameter expansion in the present studies, which rather showed constrictive remodeling with MFAP4 deficiency. These data suggests that unrecognized extracellular proteases in addition to MMP9 may be reduced by MFAP4 deficiency.

5 [0057] As known for integrin $\alpha_V\beta_3$ -blocking antibodies (17) and other integrin $\alpha_V\beta_3$ antagonists (45) the MFAP4 blocking antibodies may be anticipated to target vasculoproliferative processes including VSMC driven restenosis and neovascularization. One putative advantage with MFAP4 blocking antibodies could be the selective inhibition of cellular integrins engaged in complexes with MFAP4, and the possible reduction of side effects from the integrin inhibition. Moreover, prophylactic anti-MFAP4 treatment could be initiated prior to an expected vascular damage due to the constitutive presence of MFAP4 in the vessels. However, such treatment may require relatively high amounts of antibody, unless applied topically. Moreover, although concern has existed regarding the safety of long-term systemic administration of integrin $\alpha_V\beta_3$ antagonists, including inhibition of wound healing and promotion of paradoxical cancerous activity (49) recent evidence has lessened this concern. Integrin $\alpha_V\beta_3$ antagonism appears with an acceptable level of adverse effects (50-52), and sustained systemic exposure with integrin $\alpha_V\beta_3$ - or $\alpha_V\beta_5$ -blocking antibodies did not inhibit wound healing in monkeys and humans (53, 54).

15 [0058] In summary, the results of this study show that MFAP4 plays a surprisingly multifaceted role in the vascular stenotic responses by promoting protective outward vessel remodeling but also the cellular growth and migration leading to hyperplasia. MFAP4 is constitutively expressed and thus has the potential to serve as prophylactic therapeutic target for inhibition of VSMC growth and migration. Additional obtained results show that absence of MFAP4 attenuates OVA-induced allergic airway disease. It indicates that MFAP4 may serve as a therapeutic target in the treatment of allergic
20 asthma.

Production and purification of wild-type rMFAP4 and RGD mutants

25 [0059] *Wild-type* rMFAP4 and different genetically modified versions of the protein was performed as previously described (7).

Production of anti-MFAP4 monoclonal antibodies

30 [0060] C57BL/6/N MFAP4 deficient mice were immunized for the production of monoclonal antibodies (HG HYB 7-5, 7-14, and 7-18) against rMFAP4.

Immunohistochemical analysis

35 [0061] Freeze sections from a human vein with intimal hyperplasia was obtained from the Vascular Research Unit, Viborg Hospital. Formalin fixed normal human tissue was obtained from the tissue bank at the Department of Pathology, Odense University Hospital (Odense, Denmark). The local ethical committee in Odense approved the use of the human tissue sections (Ref. No. VF20050070). Mouse tissue was obtained from *mfap4*^{-/-} or *mfap4*^{+/+} mice. Utilised antibodies included; anti-MFAP4 (HG-HYB 7-14), fluorescein isothiocyanate (FITC)-anti-MFAP4 (HG-HYB 7-14), anti- α -SMA (Dako #M0851), FITC-anti- α -SMA (Sigma, clone 1A4), anti-integrin $\alpha_V\beta_3$ (Santa Cruz #SC-7312), anti-human CD45 (Roche #760-4279), anti-mouse CD45 (BD pharmingen, clone 30-F11), anti-Ki-67 (Dako, clone MIB-1), anti-caspase-3 (Cell Signaling #9664), and anti-FITC antibody (P5100, Dako).

Ligand binding studies

45 [0062] Insoluble type I collagen from bovine Achilles tendon and insoluble elastin from bovine aorta were supplied by Sigma (St. Louis, MO, USA) and Elastin Products Company, Inc. (Owensville, MO, USA), respectively. Five milligram of collagen or elastin was hydrated overnight in 10 mM tris buffered saline (TBS) 0.05% (w/w) TWEEN 20, and 5 mM CaCl₂ (TBS/Tw-Ca²⁺) or 10 mM Ethylenediaminetetraacetic acid (EDTA) (TBS/Tw-EDTA) at 4°C and mixed with rMFAP4 in TBS/Tw-Ca²⁺ or TBS/Tw-EDTA. After incubation at room temperature for 1 h, the water phase was recovered by
50 centrifugation and analyzed by ELISA.

Detection of MFAP4 by ELISA

55 [0063] Sandwich ELISA assays were performed in 96-well Maxisorb Microplates (Nunc) essentially as described in Molleken et al. 2009 (32).

Statistical Methods

[0064] Statistical significance between groups in *in vitro* and *in vivo* experiments was assessed by one-way or (paired or unpaired) two-way ANOVA with Bonferroni adjusted t-tests when relevant. Data were analyzed using GraphPad Prism 5. P < 0.05 was considered statistically significant.

fHAoSMC cultures

[0065] Cells were grown at 37°C in 5% CO₂ humidified incubator (Hera cell, Heraeus). fHAoSMC's or adult cells (Cell application, inc.) derived from normal human tunica intima and media of either fetal or adult aorta, were cultured in a *smooth muscle cell growth medium* (Cell application, inc), or when allowed to differentiate in a *smooth muscle cell differentiating medium* (Cell application, inc.). Cells were used in passages 3-7.

Immunofluorescence microscopy

[0066] Fixed and permeabilized cells were stained for 1 h at room temperature using 10 µg/ml FITC-anti-MFAP4 in phosphate buffered saline (PBS)/BSA containing 0.2% saponin (w/w).

Cell adhesion assay

[0067] Black 96-well Maxisorp FluoroNunc™ microtiter plates (Nunc) were basically coated as above. In blocking experiments well were further incubated with 20 µg/mL of MFAP4 blocking antibodies HG-HYB 7-5, 7-14 or 7-18 or fHAoSMCs were pre-incubated with either 25-100 µg/mL synthetic GRGDS or SDGRG peptides (Sigma-Aldrich) or 10 µg/mL anti-integrin antibodies; anti-integrin α_V , monoclonal mouse anti-human antibody clone L230 (Alexis Biochemicals); anti-integrin β_1 , monoclonal mouse anti-human antibody clone P4C10 (Millipore); anti-integrin α_V/β_5 , monoclonal mouse anti-human antibody clone P1F6 (Santa Cruz Biotechnologies); anti-integrin α_V/β_3 , monoclonal mouse anti-human antibody clone LM609 (Millipore); monoclonal mouse anti-fibrinogen C domain-containing protein 1 (anti-FIBCD1) antibody clone 12-5 (control antibody produced in-house (55)). A Vybrant™ cell adhesion assay kit (Molecular Probes, Invitrogen) was used.

Cell migration assay

[0068] The migration assay was performed using the Oris™ Migration Assembly Kit (Platypus Technologies Madison, WI) with coating as above. fHAoSMCs were serum-starved before the addition of 0.5% (w/w) fetal calf serum and 5 ng/ml PDGF-BB allowing cell migration.

[0069] Some well were incubated with anti-MFAP4 antibody clones. Migrated cells were detected using 4',6-diamidino-2-phenylindole (DAPI) solution (Invitrogen).

Cell proliferation assay

[0070] fHAoSMCs were serum starved before seeding onto immobilized rMFAP4 or fibronectin. Blocking experiments were performed by incubating the protein coated wells with 20 µg/mL anti-MFAP4 antibodies, or by preincubating suspended fHAoSMCs with anti-integrin antibody in the presence of 0.3% (w/w) fetal calf serum \pm 5 ng/mL recombinant human PDGF-BB. The number of viable cells was following determined using an MTT-assay.

SDS-PAGE and Western Blotting

[0071] SDS-PAGE and Western Blotting were performed using standard methods. Primary antibodies included; anti-av (CD51), monoclonal mouse IgG clone 21 (BD Biosciences); anti- β_1 , monoclonal mouse IgG clone BV7 (abcam); anti- β_3 , polyclonal goat IgG clone C-20 (Santa Cruz Biotechnology); anti- β_5 , polyclonal rabbit IgG clone H-96 (Santa Cruz Biotechnology); anti-MFAP4, monoclonal HG-HYB 7-5; Anti-Glyceraldehyde-3-phosphate dehydrogenase (GAPDH), monoclonal mouse IgG clone 6C5 (Santa Cruz Biotechnology); anti- α -SMA, monoclonal mouse IgG clone 1A4 (Sigma-Aldrich). Secondary antibodies included: horseradish peroxidase (HRP)-labelled donkey anti-goat immunoglobulin (Santa Cruz Biotechnology), goat anti-rabbit immunoglobulin HRP-labelled (Dako), and rabbit anti-mouse immunoglobulin HRP-labelled (Dako).

FACS analysis

5 [0072] Pelleted FHAoSMCs were resuspended with relevant primary anti-integrin antibodies described under "cell adhesion assay" or isotype matched anti-chicken ovalbumin (The State Serum Institute, Copenhagen) and polyclonal anti-mouse FITC-conjugated goat F(ab')₂ (Dako) as secondary antibody. Cells were analyzed using a Becton Dickinson (BD) Flow Cytometry FACScan™ (BD Biosciences) and BD Cell quest™ Software (BD Biosciences).

Generation of MFAP4 deficient mice

10 [0073] A targeting vector was constructed to delete genomic regions encompassing the core promoter region, exons 1, 2 and a part of 3 for elimination of the MFAP4 transcription. A neomycin expression cassette was ligated into the targeting vector. CJ7 embryonic stem cells were electroporated with the linearized targeting vector. Chimeric mice with the targeted ES cell clones were developed and their descendants were backcrossed to C57Bl/6N and BALB/c (Charles River Laboratories International) for 11 generations and maintained as heterozygotes.

Carotid artery ligation model

15 [0074] All mouse experiments were performed under a license obtained from The National Animal Experiments Inspectorate who also approved the study (ref.no. 2012-15-2934-00095). The arterial ligation model was essentially performed as described in Kumar and Lindner 1997 (35).

OVA-induced allergic asthma model

20 [0075] MFAP4 WT and KO mice were sensitized intraperitoneally with 20 ug OVA with 2 mg alum in 200 ul PBS on days 0 and 7. One week later mice were challenged intranasally with 20 ug OVA in 50 ul PBS during three consecutive days. 2 mg alum in PBS and PBS only served as controls for sensitization and challenge, respectively.

Bronchoalveolar lavage

25 [0076] Anaesthetized animals were sacrificed 24 h after final challenge. The trachea was cannulated, and BAL was collected by washing the airway lumen four times with 0,5 ml PBS. Cells were cytospun at 200 g for 5 min. and subsequently stained with Hemacolor (Merck). Differential cell count was performed based on morphological criteria.

Lung histology

30 [0077] Lungs were excised, inflated with 10% formalin and processed for histology. The level of parenchymal inflammation was assessed on slides stained with hematoxylin-eosin (H-E). Periodic acid-Schiff (PAS) staining was used to visualise mucus-producing goblet cells. Epithelial thickness was measured using ImageJ software. All analyses were performed in a blinded manner.

RT-qPCR

35 [0078] Total RNA was from ligated and unligated carotid arteries was processed using standard methods. Relative expression was assessed using TaqMan® assays (Applied Biosystems by Life Technologies); *mfp4*: Mm00840681_m1; integrin β_3 (*Itgb3*): Mm004439980_m1; *MMP9*: Mm00442991_m1; TATA-binding protein (*TBP*) (endogenous control1): Mm00446973_m1; *GAPDH* (endogenous control2): Mm99999915_g1.

Microfibrillar Associated Protein 4 (MFAP4) as modulator of the ASM-dependent asthmatic remodelling.

40 [0079] The present inventors originally identified MFAP4 from lung washings [56] and subsequently localized the protein to various elastic tissues [57]. MFAP4 is synthesized by and secreted from smooth muscle cells and is localized on the elastic fibres in the interalveolar septum and in elastic lamina of pulmonary arteries of chronically inflamed lung tissue [58]. MFAP4 is a polymeric protein formed from 66 kDa protein dimers [56]. The C-terminal fibrinogen-like domain is responsible for elastin and collagen binding, whereas the N-terminal region includes an RGD sequence responsible for interactions with integrin receptors [62]. Proteome analysis of fibrotic liver tissue coupled with our measurements of serum MFAP4 revealed that MFAP4 serves as systemic marker for the fibrotic stages [63].

45 [0080] The inventors have produced MFAP4-deficient mice (*mfp4*^{-/-}). High expression in the vascular compartment and intense staining for MFAP4 in the vessel wall elastic fibres [64] has prompted us to investigate vascular remodelling

in mfap4^{-/-} mice. Using the carotid ligation model we have clear evidence that smooth muscle cell neointima formation and vascular smooth muscle cell (VSMC) proliferation are substantially reduced in the gene deficient mice. The present inventors could explain the observation through the interaction between MFAP4 and integrins and have further demonstrated that VSMC migration and proliferation is significantly increased by MFAP4 and may be reversed using our in house produced MFAP4-blocking antibodies.

[0081] The putative role of MFAP4 in asthma is unknown. However, our characterization of MFAP4 as an integrin ligand, mediator of smooth muscle cell proliferation, adhesion and migration and the high pulmonary expression of MFAP4 clearly suggest us to investigate its potential role in the asthma pathogenesis.

[0082] The inventors divided female Balb/c mice into 2*4 groups 1) mfap4^{+/+} saline, 2) mfap4^{+/+} house dust mite extract inhalation for seven weeks or ovalbumin sensitization and challenge for three weeks (HDM or OVA), 3) mfap4^{-/-} saline, and 4) mfap4^{-/-} HDM or OVA. Morphometric analysis of the peribronchiolar smooth muscle layer showed increased ASM layer thickness in mfap4^{+/+} relative to mfap4^{-/-} (Figure 9A-B). Likewise, the collagen (Trichrome)-stained area per μm of basal membrane or the total hydroxyproline content was increased in the mfap4^{+/+} mice (Figure 9C-D). The central airway resistance was increased with allergic asthma but to a significantly higher degree in mfap4^{-/-} relative to mfap4^{+/+} and there was likewise a tendency for increased metacholine induced airway hyperreactivity (Figure 9E-G). Moreover, the KCl-induced contraction force in the isolated tracheas measured after allergen treatment was increased in MFAP4-deficient mice (Figure 9H). The bronchoalveolar lavage (BAL) infiltration was significantly higher in OVA-treated mfap4^{+/+} mice relative to mfap4^{-/-} mice, and the same tendency was found in HDM-treated animals (Figure 10A-B). Infiltrating cells in lung tissue as well as in BAL consisted primarily of eosinophils, whose numbers were significantly increased in mfap4^{+/+} BAL relative to mfap4^{-/-} (Figure 10C-D). MFAP4 levels measured by ELISA as previously described [64] in BAL and serum showed that allergic asthma results in increased MFAP4 levels in these body fluids (Figure 10E-F). MFAP4 was located to the basal layer of the bronchi (Figure 10G) and did not appear with visually detectable disease induced changes in expression at that location.

[0083] The inventors have contemplated a study based on Perkins et al., 2011 [66] and their own experience with similar assays using vascular smooth muscle cells. The following four prophetic experiments will detail the study.

MFAP4-dependent integrin modulation of ASM phenotype in vitro and ex vivo:

[0084] Primary human bronchial smooth muscle cells will be used as well as smooth muscle cells isolated from wildtype and mfap4^{-/-} mouse tracheas[66]. The present inventors will conclusively identify the specific integrin/s interacting with MFAP4 in the ASM. Affinity purification of MFAP4 ligands on MFAP4 coupled to Sepharose 4B will be performed using an array of relevant monoclonal anti-integrin antibodies. Moreover, the present inventors will immunoprecipitate ASM cell lysates with MFAP4 antibodies and analyse by Western Blotting with the relevant integrin antibodies.

The role of MFAP4 and MFAP4-blocking antibodies in ASM proliferation and migration:

[0085] The present inventors will test MFAP4-dependent modulation of ASM adhesion, proliferation and migration. To test if MFAP4 treatment leads to conversion of quiescent ASM into a more adhesive or proliferative state, recombinant MFAP4 will be coated onto the tissue culture surface and/or platelet derived growth factor (PDGF) will be added into the culture medium and the proliferating fraction of cells will be estimated by colorimetric assay (MTT assay). The migratory response will be examined using similar cell culture conditions in a two-dimensional migration assay (Oris Cell Migration Assembly Kit, Platypus Technologies). The integrin dependency in all assays will be tested using relevant integrin blocking antibodies and anti-MFAP4 blocking antibodies.

The role for MFAP4 in eosinophil chemotaxis:

[0086] To test potential MFAP4-dependent eosinophil migration, the present inventors will isolate eosinophils from mfap4^{-/-} (control) and mfap4^{+/+} mice sensitized and challenged with allergen from the lungs. The chemotactic response to increased concentrations of MFAP4 will be checked by Transwell assay.

[0087] Moreover, primary human bronchial smooth muscle cells will be grown on MFAP4-coated plates or in the presence of soluble MFAP4, and the production of eosinophil chemoattractants CCL11, CCL24 and CCL5 will be analysed by qPCR and/or ELISA.

The role of MFAP4 in airway contraction force development:

[0088] The present inventors will measure isometric tension in tracheal rings from mfap4^{-/-} (control) and mfap4^{+/+} animals in the presence of MFAP4-blocking antibodies. Tracheas will be isolated from animals and single open-ring, epithelium-denuded preparations will be mounted in organ baths. The tissue will be preincubated with antibodies and

precontracted with KCl and following maximal relaxation will be established by the addition of isoproterenol. Stepwise increasing concentrations of KCl or methacholine will be included to measure maximal tension. According to the outcome of analysis the experiment will be repeated on isolated bronchi from freshly resected cancer patient lung tissue in collaborative effort with thorax surgeon Peter Licht, Odense University Hospital.

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SEQUENCE LISTING

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Trp Ile Gly Val Ile His Pro Asn Ser Gly Asn Thr Lys Tyr Asn Glu
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Lys Phe Arg Ser Glu Ala Thr Leu Thr Val Asp Lys Ser Ser Asn Thr
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Ala Tyr Ile Gln Leu Ser Ser Leu Thr Ser Glu Asp Ser Ala Val Tyr
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Tyr Cys Ala Arg Glu Met Trp Asn Tyr Gly Asn Ser Trp Tyr Phe Asp
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EP 2 948 472 B1

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 Gly Tyr Ser Tyr Met His Trp Asn Gln Gln Lys Pro Gly Gln Pro Pro
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Leu Met Ser Arg Leu Ser Ile Ser Lys Asp Asn Ser Lys Thr Gln Val
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Phe Leu Lys Met Asn Ser Leu Gln Thr Asp Asp Thr Ala Met Tyr Tyr
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 Ser Thr Ser Asn Leu Ala Ser Gly Val Pro Ala Arg Phe Ser Gly Ser
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His Trp Phe Gln Gln Lys Pro Gly Thr Ser Pro Lys Leu Trp Ile Tyr
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Ser Thr Ser Asn Leu Ala Ser Gly Val Pro Ala Arg Phe Ser Gly Ser
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Gly Ser Gly Thr Ser Tyr Ser Leu Thr Ile Ser Arg Thr Glu Ala Glu
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Asp Ala Ala Thr Tyr Tyr Cys Gln Gln Arg Ser Ser Tyr Pro Tyr Thr
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Claims

25

1. An antibody which specifically blocks the integrin interacting motif in human microfibrillar-associated protein 4 (MFAP4) and, said antibody having a light chain variable region comprising the amino acid sequence of SEQ ID NO 1, and a heavy chain variable region comprising the amino acid sequence of SEQ ID NO 3 for use as a medicament.

30

2. The antibody for use of claim 1, coupled to a detectable label or a substance having toxic or therapeutic activity.

3. The antibody for use according to claims 1 or 2 in the prevention or treatment of allergic asthma and vascular eye disorders.

35

4. The antibody for use according to claim 3, wherein the vascular eye disorders are caused by neointima formation in blood vessels.

5. The antibody for use according to claim 3 in the prevention or treatment of allergic asthma.

40

6. The antibody for use according to claim 3 wherein the vascular eye disorder is AMD.

7. The antibody for use according to claim 3 wherein the vascular eye disorder is DR.

45

8. The antibody for use according to any of the preceding claims, wherein the antibody is selected from the group consisting of an isolated polyclonal antiserum, a preparation of purified polyclonal antibodies, and a preparation containing one or more monoclonal antibodies.

9. The antibody for use according to any of the preceding claims, wherein the antibody is monoclonal.

50

Patentansprüche

1. Antikörper, der spezifisch das Integrin-interagierende Motiv in Human Microfibrillar-Associated Protein 4 (MFAP4) blockiert, und wobei der Antikörper eine variable Region der leichten Kette, umfassend die Aminosäuresequenz aus SEQ ID NO 1, und eine variable Region der schweren Kette, umfassend die Aminosäuresequenz aus SEQ ID NO 3, zur Verwendung als Medikament aufweist.

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2. Antikörper zur Verwendung nach Anspruch 1, gekoppelt an einen nachweisbaren Marker oder eine Substanz mit toxischer oder therapeutischer Aktivität.
- 5 3. Antikörper zur Verwendung nach Anspruch 1 oder 2 bei der Vorbeugung oder Behandlung von allergischem Asthma und vaskulären Augenerkrankungen.
4. Antikörper zur Verwendung nach Anspruch 3, wobei die vaskulären Augenerkrankungen durch Neointimabildung in Blutgefäßen verursacht werden.
- 10 5. Antikörper zur Verwendung nach Anspruch 3 bei der Vorbeugung oder Behandlung von allergischem Asthma.
6. Antikörper zur Verwendung nach Anspruch 3, wobei es sich bei der vaskulären Augenerkrankung um AMD handelt.
7. Antikörper zur Verwendung nach Anspruch 3, wobei es sich bei der vaskulären Augenerkrankung um DR handelt.
- 15 8. Antikörper zur Verwendung nach einem der vorhergehenden Ansprüche, wobei der Antikörper aus der Gruppe bestehend aus einem isolierten polyklonalen Antiserum, einer Zubereitung aus gereinigten polyklonalen Antikörpern und einer Zubereitung, die einen oder mehrere monoklonale Antikörper enthält, ausgewählt ist.
- 20 9. Antikörper zur Verwendung nach einem der vorhergehenden Ansprüche, wobei der Antikörper monoklonal ist.

Revendications

- 25 1. Anticorps qui bloque spécifiquement le motif d'interaction avec les intégrines dans la protéine humaine associée aux microfibrilles 4 (MFAP4) et, ledit anticorps ayant une région variable de chaîne légère comprenant la séquence d'acides aminés de la SEQ ID NO 1, et une région variable de chaîne lourde comprenant la séquence d'acides aminés de la SEQ ID NO 3 destiné à être utilisée comme un médicament.
- 30 2. Anticorps destiné à l'utilisation de la revendication 1, couplé à un marqueur détectable ou une substance ayant une activité toxique ou thérapeutique.
3. Anticorps destiné à l'utilisation selon les revendications 1 ou 2 dans la prévention ou le traitement de l'asthme allergique et des troubles oculaires vasculaires.
- 35 4. Anticorps destiné à l'utilisation selon la revendication 3, dans lequel les troubles oculaires vasculaires sont causés par la formation de néointima dans les vaisseaux sanguins.
5. Anticorps destiné à l'utilisation selon la revendication 3 dans la prévention ou le traitement de l'asthme allergique.
- 40 6. Anticorps destiné à l'utilisation selon la revendication 3, dans lequel le trouble oculaire vasculaire est la dégénérescence maculaire sénile.
7. Anticorps destiné à l'utilisation selon la revendication 3, dans lequel le trouble oculaire vasculaire est la rétinopathie diabétique.
- 45 8. Anticorps destiné à l'utilisation selon l'une quelconque des revendications précédentes, dans lequel l'anticorps est sélectionné parmi le groupe constitué par un antiserum polyclonal isolé, une préparation d'anticorps polyclonaux purifiés, et une préparation contenant un ou plusieurs anticorps monoclonaux.
- 50 9. Anticorps destiné à l'utilisation selon l'une quelconque des revendications précédentes, dans lequel l'anticorps est monoclonal.

55

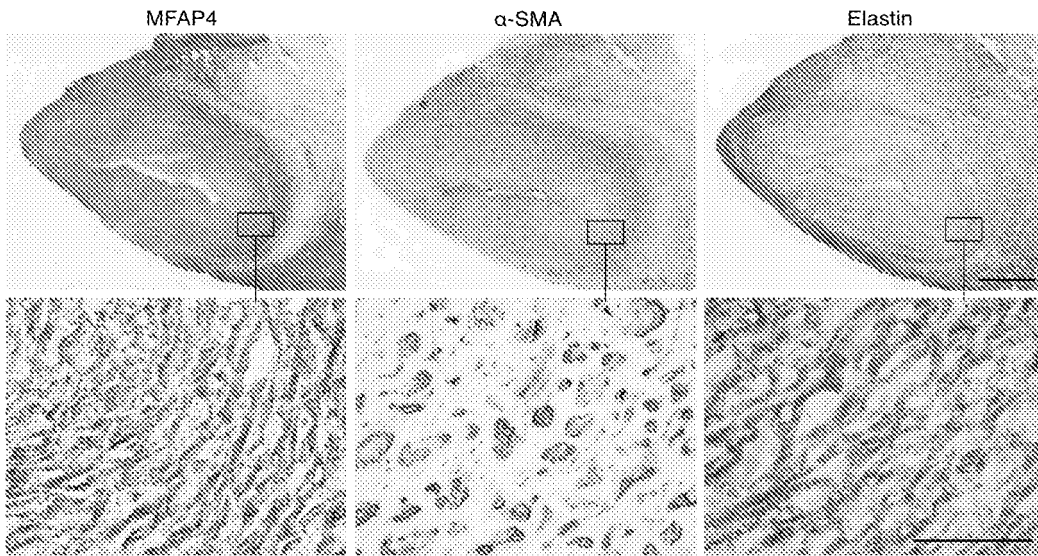


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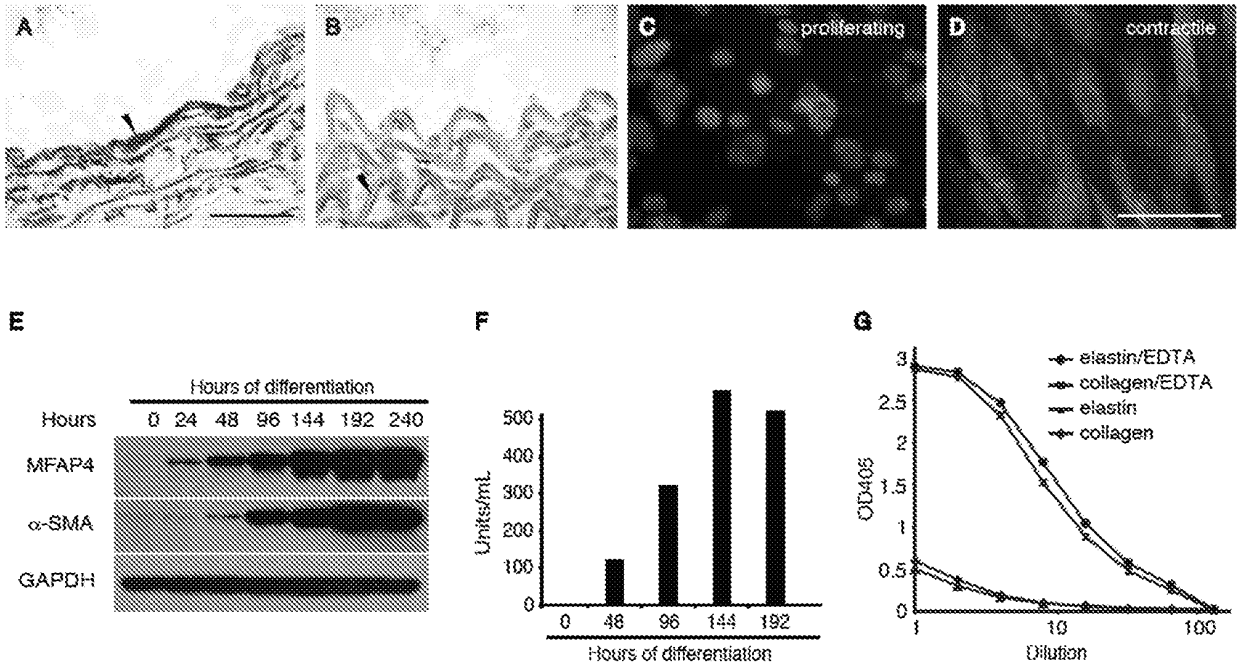


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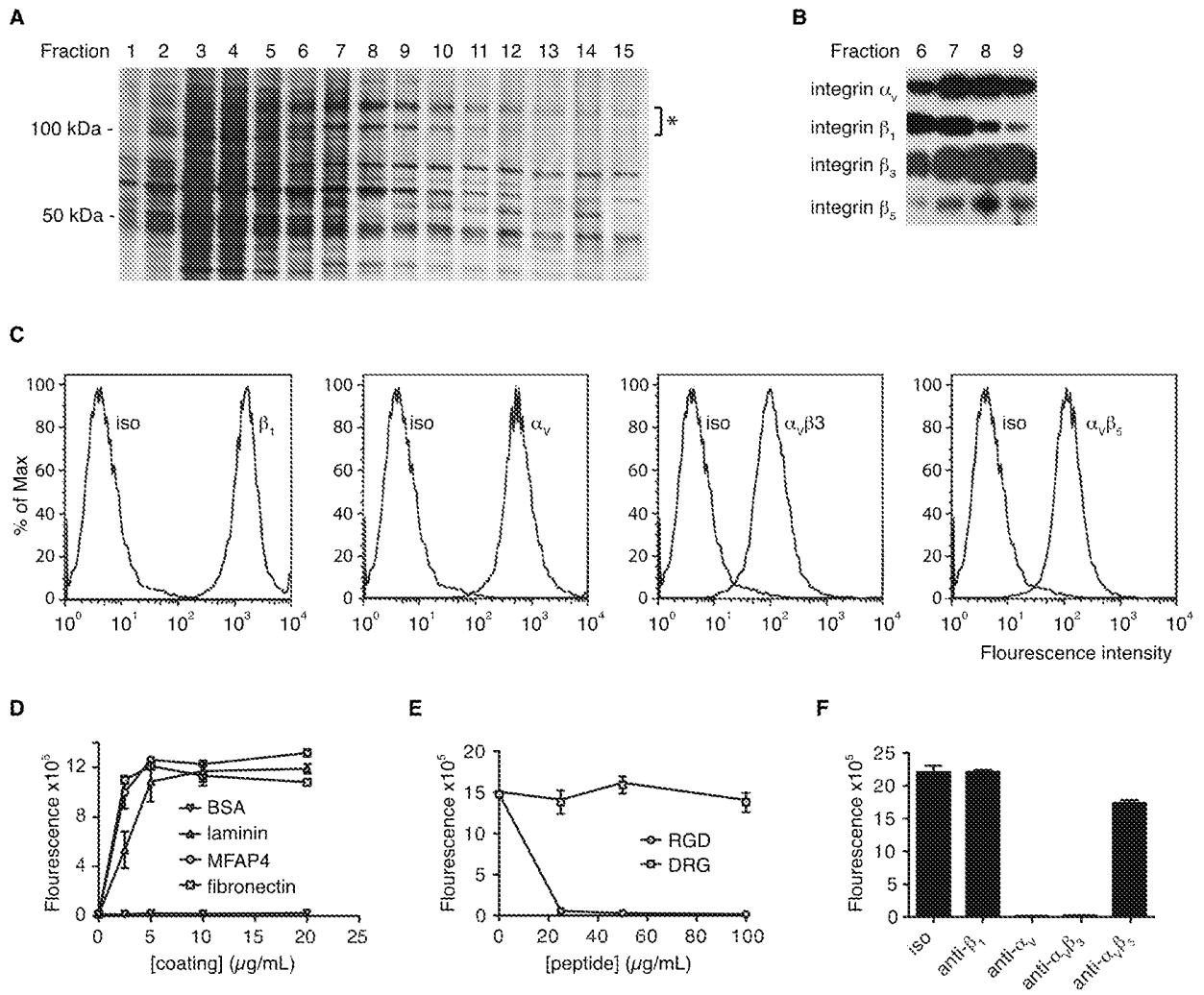
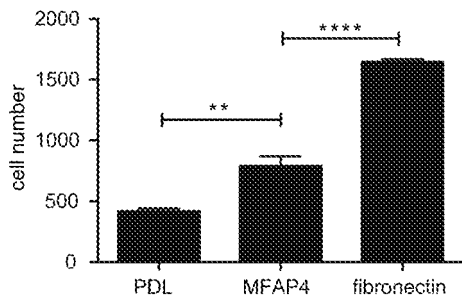
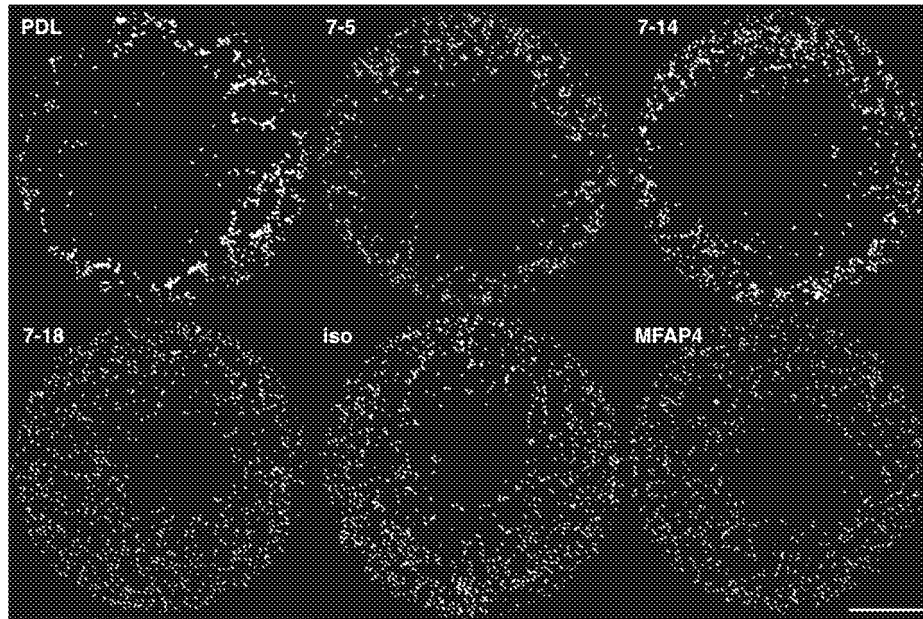
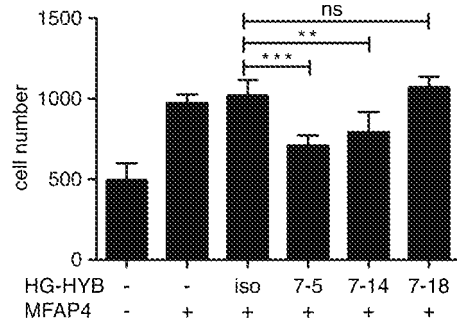


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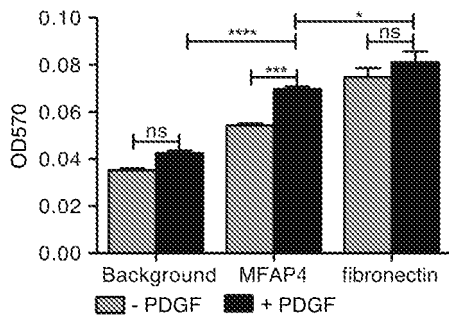
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C



D



E

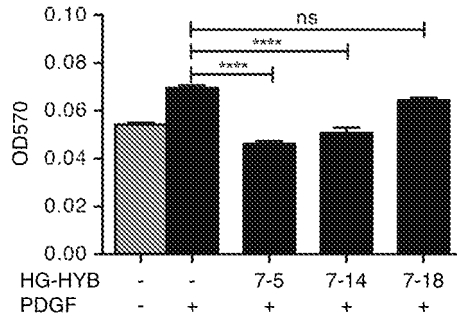


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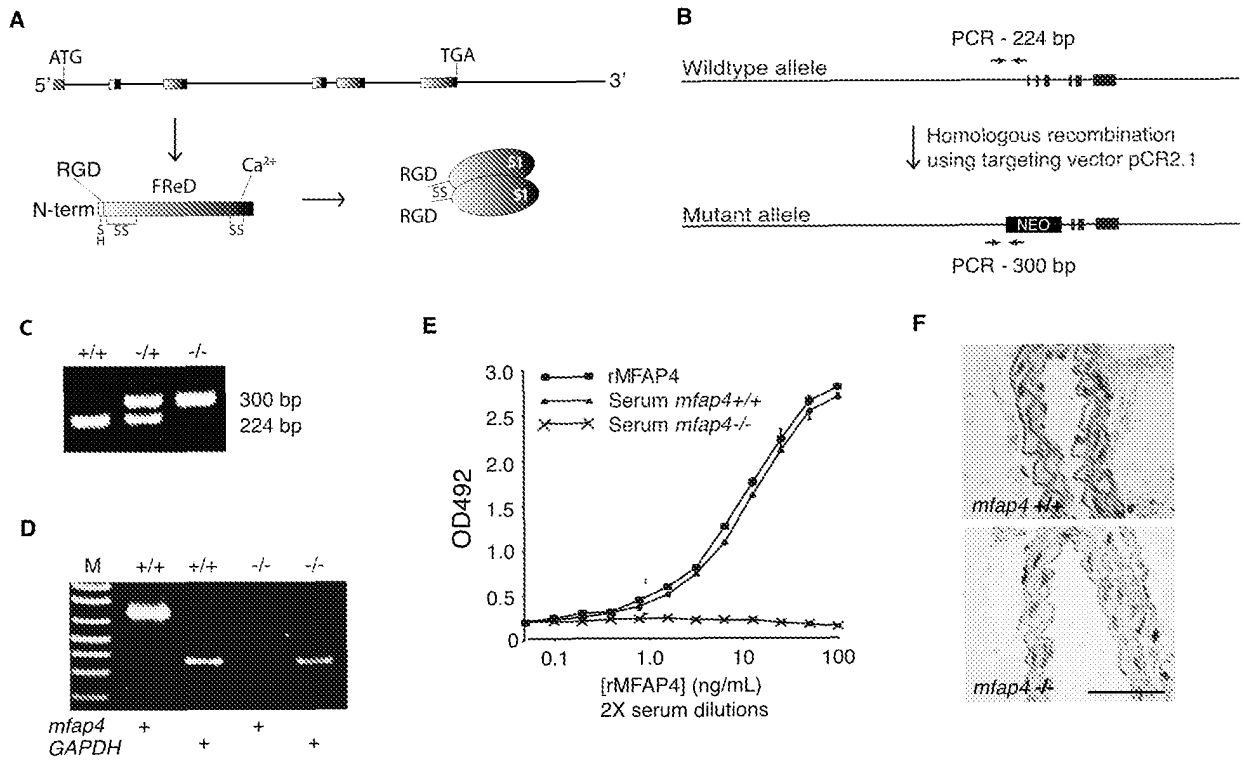


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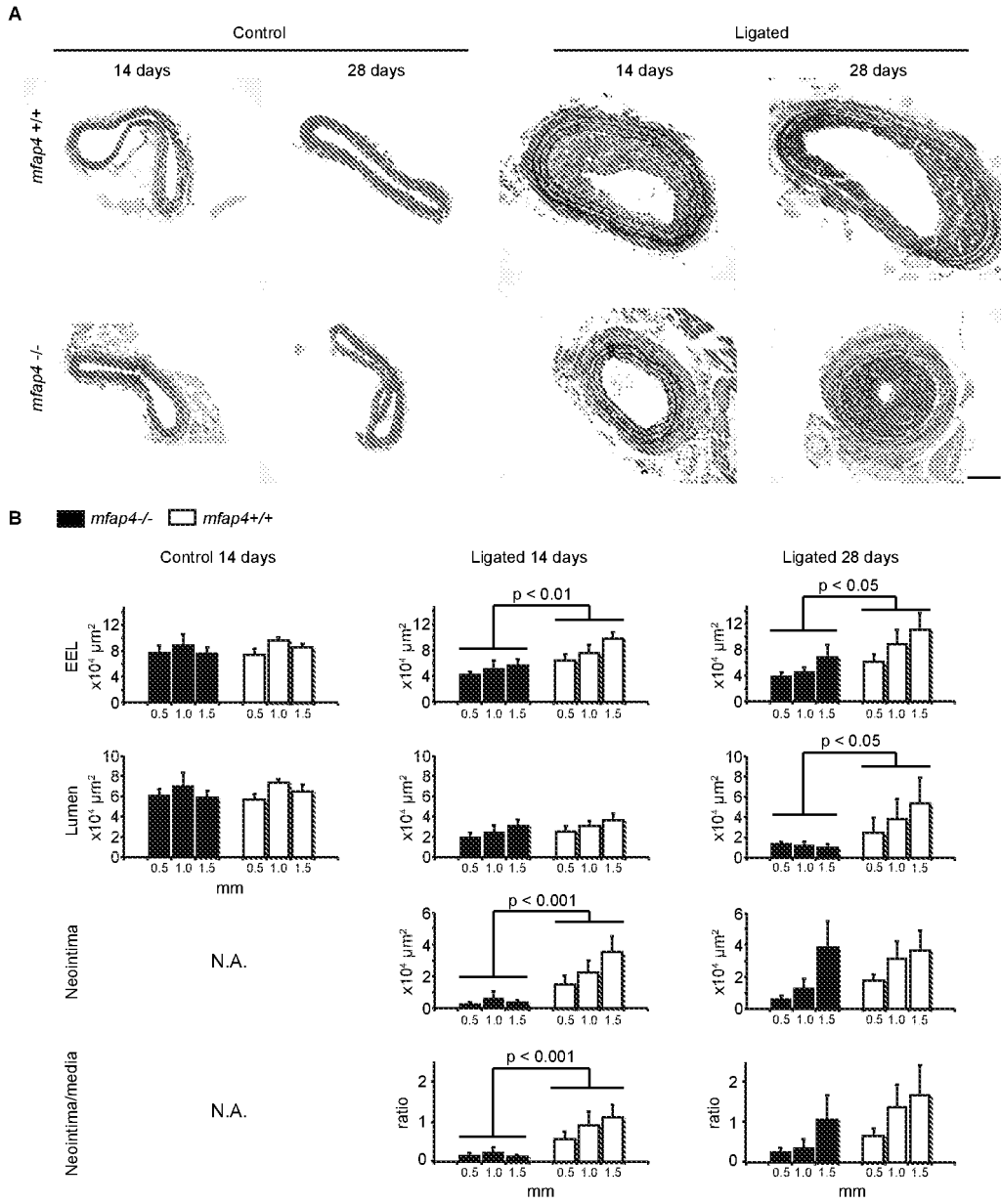


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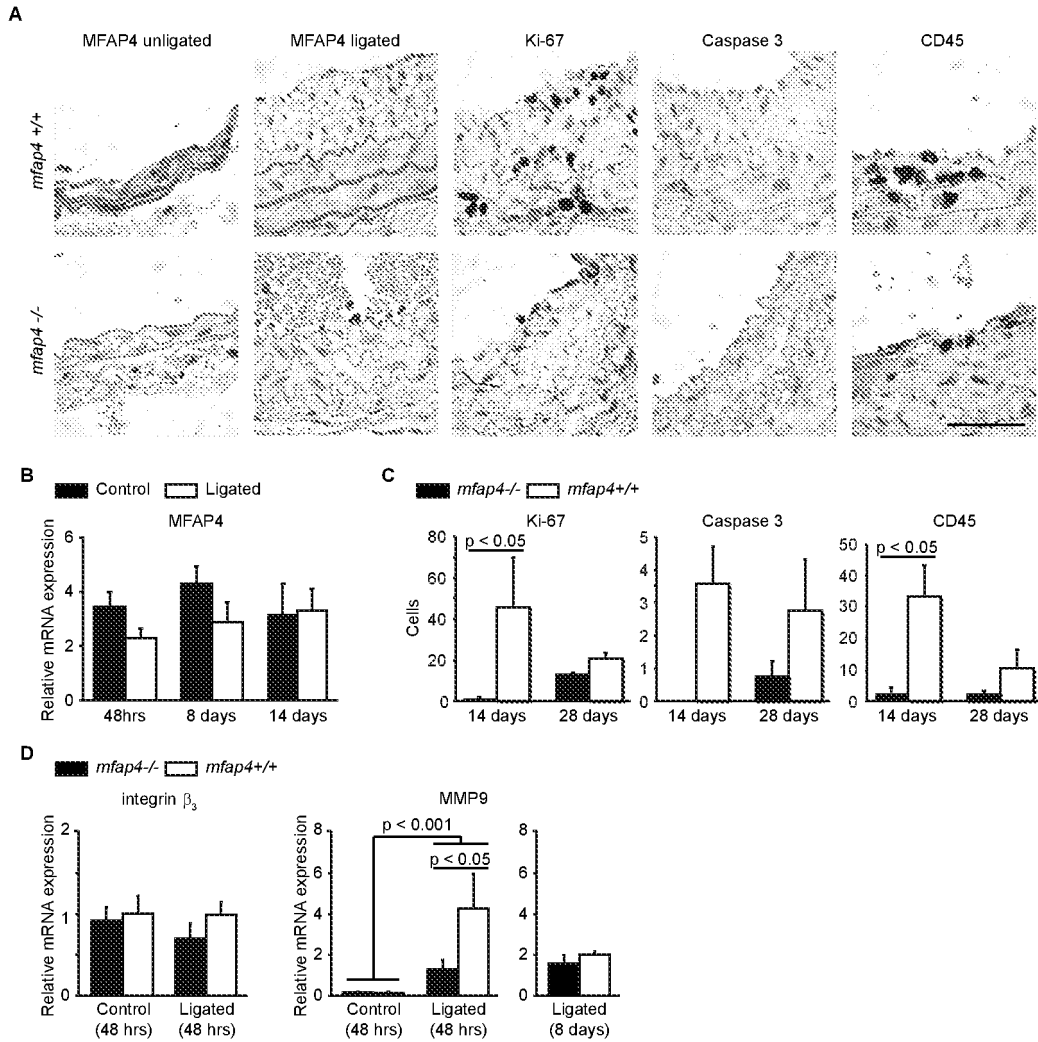


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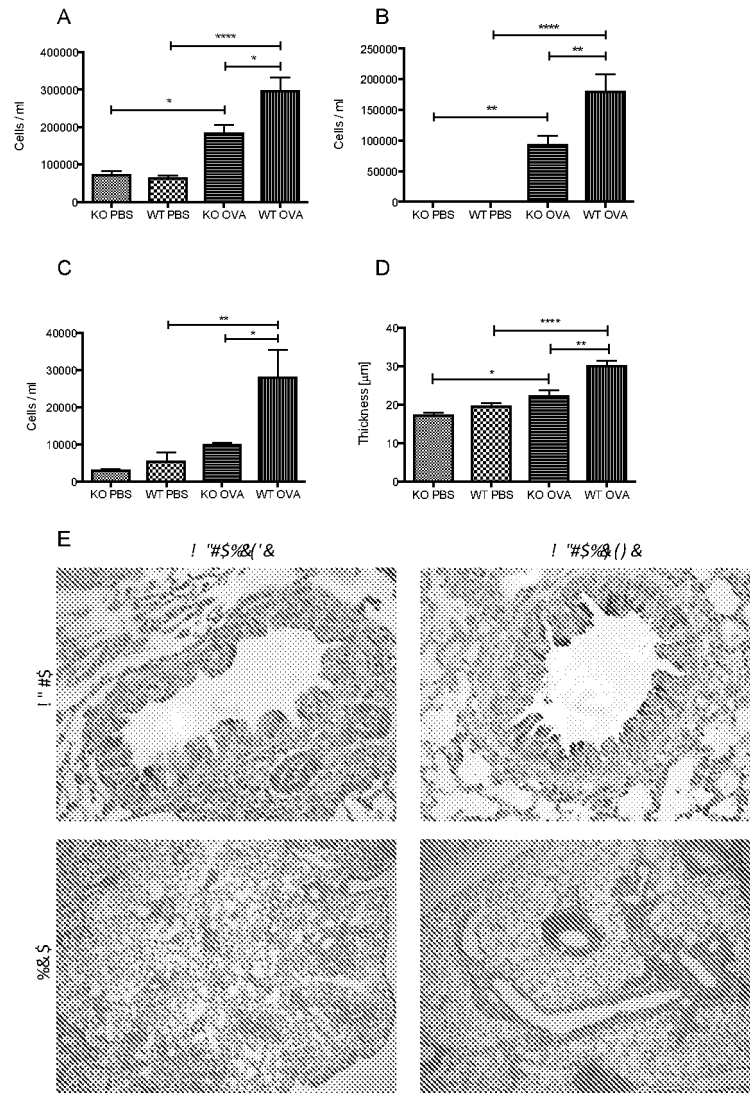


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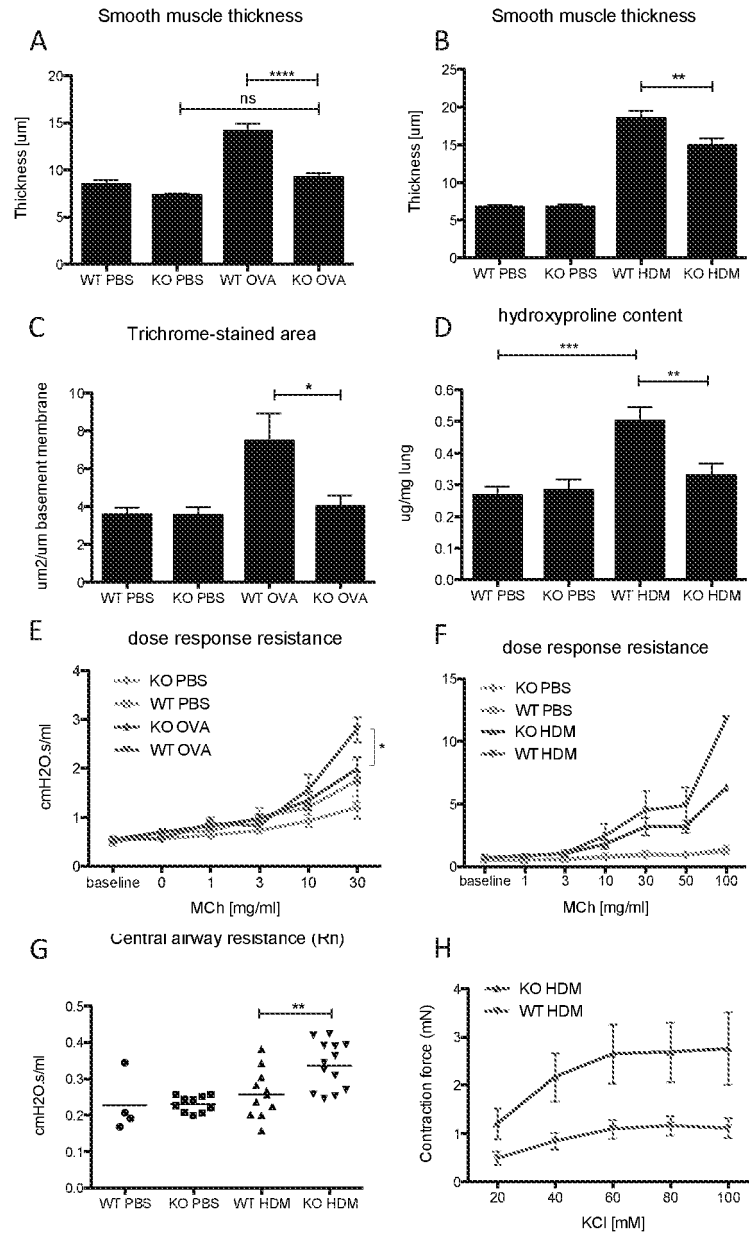


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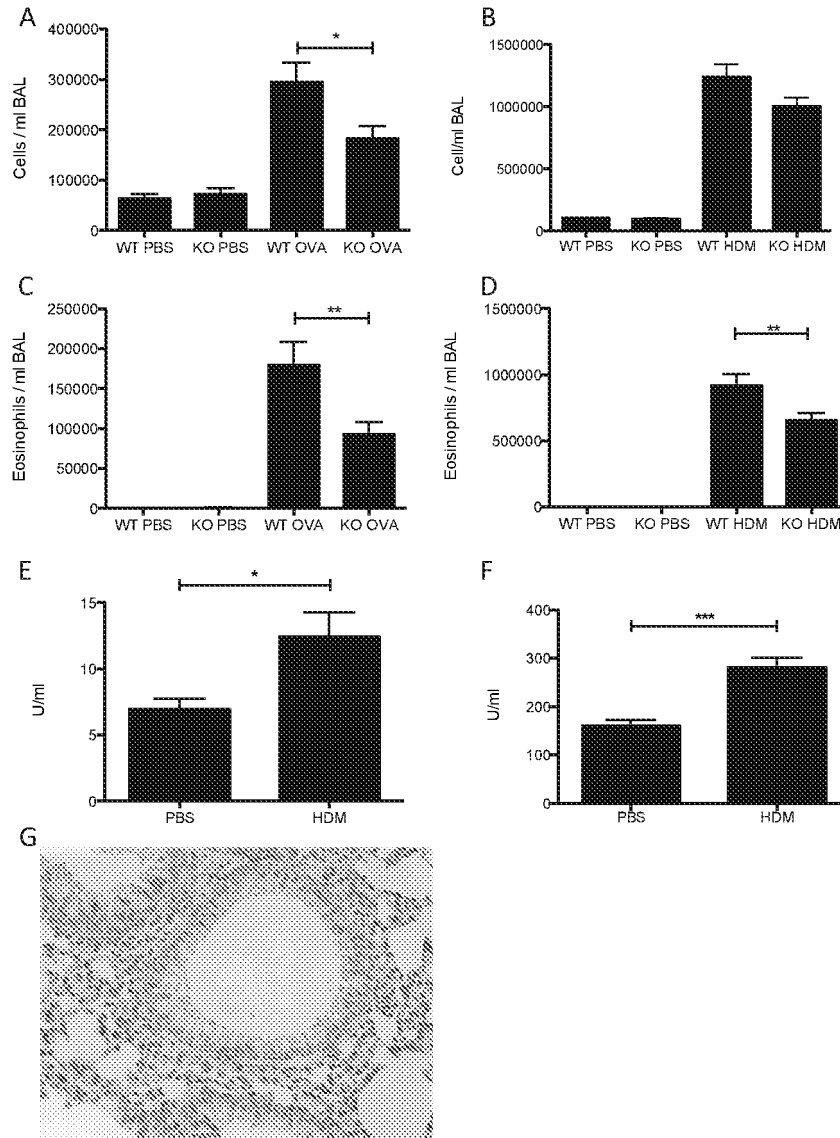


Figure 10

REFERENCES CITED IN THE DESCRIPTION

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