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(54) T CELL EPITOPES DERIVED FROM ALT A 1 OR ALT A 5 FOR THE TREATMENT OF ALTERNARIA ALTERNATA ALLERGY

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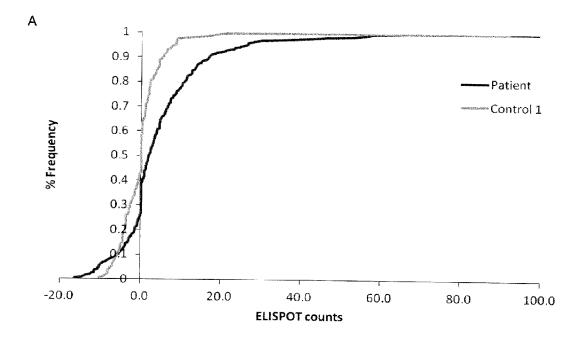
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(57) ABSTRACT

The application discloses peptides capable of preventing or treating fungal disease, including fungal allergy disease.



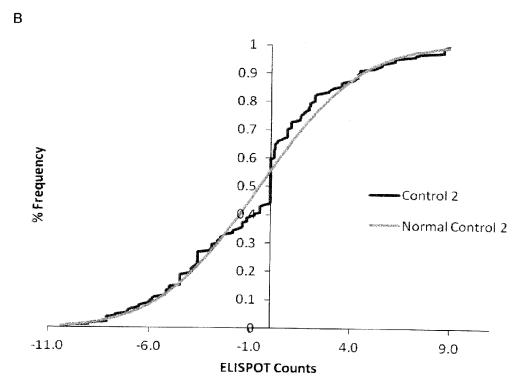
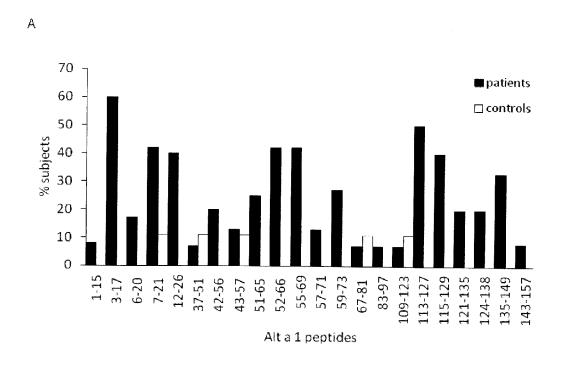


Figure 1



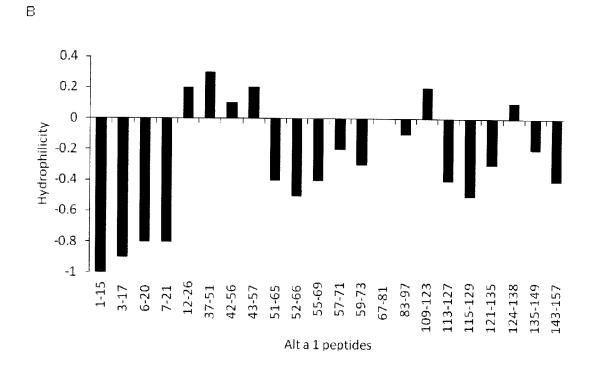


Figure 2

TABLE I. Patient Characteristics.

Characteristics patients	Control	<i>Alternaria</i> allergic
No. of patients	17	23
Age in years at study entry		
Median (range)	38 (23-61)	31 (18-43)
Mean <u>+</u> SD	39.6 <u>+</u> 11.4	29.7 ± 5.5
Male	11 (64.7%)	7 (30.4%)
Female	6 (35.3%)	16 (69.6%)
Family history	0 (0%)	13 (56.5%)
Atopic history		,,
Asthma	0 (0%)	19 (82.6%)
Rhinitis	3 (17.6%)	23 (100%)
Conjunctivitis	1 (5.9%)	12 (92.3%)
Sensitization		(, , , , , , , , , , , , , , , , , , ,
Dust mite	4 (23.5%)	15 (65.2%)
Pollen	5 (29.4%)	17 (73.9%)
Epithelium	1 (5.9%)	10 (43.4%)
Other fungi	0 (0%)	7 (30.4%)

Data is expressed as number of subjects and percentage (in parenthesis). Dust mite: Dermatophagoides pteronyssinus and/or Dermatophagoides farinae; Pollen: grass mix, communis wall pellitory (Parietaria judaica), mugworth (Artemisia vulgaris), olive pollen (Olea europea), prickly saltwort pollen (Salsola kali), London plane tree pollen (Platanus acerifolia), and/or Cypress (Cupressus arizonica); Epithelium: cat (Felis domesticus) and/or dog (Canis familiaris); Other fungi: Cladosporium herbarum, Aspergillus fumigatus, and/or Penicillium species.

Figure 3

TABLE II. Alta a 1peptide-HLA binding prediction and in vitro HLA binding assay with DRB1*0101, 0301, 0401, 0701, 1101, 1301,1501.

I ABLE II. Alta a 1 ₁	TABLE II. Alta a 1peptide-HLA binding prediction and III viiro HL	prediction and in viro nex binding assay with orbit offit, oddit, offit, fight, togit, togit,	.1001, 1001, 1001, 1001.
9mer / 15mer	ProPred prediction Ne	NetMHCIIpan prediction	DRB1in-vitro binding
1-9 (3-11) / 1-15	0101, 0301, 0401, 0701 , 1101, 1301,	0101, 0401, 0701, 1101, 1501	0101, 0401
	1501 (0101, 0401, 0701, 1101, 1501)		
6-14 / 3-17	0101, 1101, 1301	0101 , 0401, 0701, 1101, 1501	ND
9-17 / 6-20	0101, 1101, 1501	0101, 0401, 0701, 1101, 1501	0101, 0301, 0401, 1501
10-18 / 7-21	1101	0101 , 0401, 1101	0101, 0401, 1501
15-23 / 12-26	0101, 0301, 0401, 1101 , 1301	0101	0401
38-46 / 35-49	0401, 0701, 1101, 1301	0101, 1101, 1501	•
40-48 / 37-51	0101, 0301, 0401, 0701	1101, 1501	0101
45-53 / 42-56	•	•	QN
46-54 / 43-57	ı	•	ND
54-62 / 51-65	0101 , 0301, 0701 , 1101, 1501	0101 , 0401, 0701, 1101, 1501	0101, 0401

-igure 4

55-63 / 52-66	0401, 1101	0101 , 0701, 1101, 1501	0101, 0401
58-66 / 55-69	0301, 1101, 1301	,	0101, 0401
60-68 / 57-71	0301, 0401 , 0701, 1101, 1301	0101, 0401, 0701, 1301	0101, 0401
62-70 / 59-73	0701 , 1501	0101, 0701, 1301	0101, 0401
70-78 / 67-81	0401	0101, 0401, 0701	0401
86-94 / 83-97	0101, 0701	1	0101
106-114 / 103-117	0301, 0401, 1101, 1301	0101, 1101	
107-115 / 104-118	0301, 0401	0101	ı
112-120 / 109-123	0301, 0401	0301	0401
116-124 / 113-127	0101, 0301, 0401 , 0701, 1101	0101 , 0401 , 0701 , 1101, 1301, 1501	0101, 0401
118-126 / 115-129	0101, 0401 , 0701 , 1101	0101 , 0401 , 0701 , 1101, 1301, 1501	0101, 0401
124-132 / 121-135	1301, 1501	•	0401
127-135 / 124-138	0101	1	0101, 0401
138-146 / 135-149	0101, 0301, 0401, 1101, 1301	0101, 0701	0401

147-155 (148-156)/ 0101, **0401, 1101**, 1301 (

0101, 0401, 1101, 1301 (0301, 1101) 0101, 0401, 0701, 1101, 1501

0101,0401

143-157

ProPred, DRB1 alleles in bold represent high stringency prediction and DRB1 alleles not in bold represent low stringency prediction. For peptides and NetMHCIIpan was used to predict binding of the 15mer peptides to DRB1*0101, 0301, 0401, 0701, 1101, 1301, 1501. For Binding to DRB1 molecules was evaluated using the Prolmmune MHC binding assay. All cysteines were substituted with predication results, - indicates no alleles were predicted to bind to the peptide. For DRB1 binding assay results, - indicates no alleles Amino acid positions are indicated for each Alt a 1 peptide as described in the text. ProPred was used to predict binding of the 9mer valines and all methionines were substituted with leucines for the Prolmmune assay. ND indicates not determined. For epitope NetMHCIIpan, DRB1 alleles in bold represent strong binding predictions, and DRB1 alleles not in bold represent weak binding bound to peptide. predictions.

Figure 4 cont...

TABLE III. Alt a 1 peptide-HLA binding prediction to DRB1*0404, 0801, 1104, 1302.

9mer / 15mer	ProPred prediction	NetMHCIIpan prediction
1-9 (3-11) / 1-15	0404, 0801, 1104, 1302 (0404, 0801, 1104)	0404, 0801, 1104
6-14 / 3-17	0404, 0801, 1104	0404, 0801, 1104, 1302
9-17 / 6-20	1104	0404, 0801, 1104, 1302
10-18 / 7-21	0801	0801, 1104
15-23 / 12-26	0404, 0801, 1104 , 1302	,
38-46 / 35-49	0801, 1302	0801, 1104
40-48 / 37-51	1302	0801, 1104
45-53 / 42-56	0801	,

Figure 5

Figure 5 Cont...

46-54 / 43-57	0801	1
54-62 / 51-65	1302	1104, 1302
55-63 / 52-66	0404	1104, 1302
58-66 / 55-69	0801 , 1104, 1302	0801
60-68 / 57-71	0404, 0801 , 1302	0801
62-70 / 59-73	•	
70-78 / 67-81		•
86-94 / 83-97	1302	
106-114 / 103-117	0801, 1104, 1302	0801, 1104
107-115 / 104-118	0801	0801, 1104
112-120 / 109-123	•	ı
116-124 / 113-127	0404, 0801, 1104	0404, 0801, 1104, 1302
118-126 / 115-129	040 4, 0801 , 1104, 1302	0404 , 0801 , 1104, 1302
124-132 / 121-135	0801 , 1302	ı

	0404	0404, 0801 , 1104
ı	0404, 0801, 1104, 1302	0404 , 0801, 1104 , 1302 (0404, 0801, 1104)
127-135 / 124-138	138-146 / 135-149	147-155 (148-156) / 143-157

of the 9mer peptides and NetMHCIIpan was used to predict binding of the 15mer peptides to DRB1*0101, 0301, 0401, 0701, represent low stringency prediction. For NetMHCIIpan, DRB1 alleles in bold represent strong binding predictions, and DRB1 alleles not in bold represent weak binding predictions. For epitope predication results, - indicates no alleles were Amino acid positions are indicated for each Alt a 1 peptide as described in the text. ProPred was used to predict binding 1101, 1301, 1501. For ProPred, DRB1 alleles in bold represent high stringency prediction and DRB1 alleles not in bold predicted to bind to the peptide. For DRB1 binding assay results, - indicates no alleles bound to peptide.

Figure 5 Cont...

TABLE IV. ELISPOT counts of control subjects and Alternaria allergic patients exposed to Alt a 1 peptides.

	-	4	6	7-	12.	37.	42-	43.	51.	52.	7	57.	50-	67.	00	100	440	146	707	707	107	7.70
	15	17	50			51									97	123	127	129	135	138	133-	143- 157
ខ	0.0	0.0	0.0 0.0 1.0 0.0	0.0	3.1	0.0	0.0	0.0	5.1	6.2	0.0	0.0	0.0	1.5	0.0	0.5	1.0	0.0	0.0	1.0	1.0	4.1
CS	ۍ 8.	2.3	-2.9	-0.8 2.3 -2.9 4.4 -6.0 -8.1	-6.0	-∞.	-2.9	-8.1	-7.1 -	-4.0	-2.9	0.2	-1.9	-5.0 (0.2	-4.0	0.2	6.1-	-8.1	4.0	÷.	-4.0
ဗိ	2.9		ND 4.3 7.2	7.2	S	ND	ON -	S	7.2	. . .	1.5	Q N	ΝΩ	Ω	Ω	Ω	4.3	N Q	N N	N N	5.7	4.3
C7	0.0	9	0.0 0.0		S	9	N O N	S	0.0	0.0	0.0	ND	N N	N Q	N N	N	0.0	2	Q.	S	0.0	0.0
జ	4.4	8.9	4. 4.	4.4 8.9 4.4 91.8-0.8 20.7	-0.8	20.7	-6.0	17.0-4.	S	-5.2	0.7	2.2	2.2	-4.5	-6.7	-2.3	0.0	-4.5	-3.0	-5.2	-3.7	-1.5
C10		Ω	Q	ND ND ND 1.9 0.0	ر ق	0.0	0.0	0.0	QN	Q Q	N Q	0.0	0.0	0.0	0.0	0.0	Q Q	0.0	9.1	6.	Q.	Q
C11		-3.8	-5.2	-4.5 -3.8 -5.2 -5.8 -4.5 0.2	-4.5		-1.2 (0.2	3.5	-0.5	<u>7</u> 8	-6.5	-4.5	-5.2	-5.8	-7.2	4.5	4.5	-1.2	-6.5	-1.2	8.8
C13	3.5	6.2	6.2 1.5 2.2	2.2	-0.5 0.2		5.5	-0.5	-0.5	0.2	1.5	2.2	2.2	0.8	5.5	2.8	0.8	-0.5	0.2	3.5	6.2	0.2
C14		3.7	-2.3	-9.0 3.7 -2.3 1.7 -7.7 -9.0	-7.7	-9.0	- 10.3-3.0 -6.3	.3.0	6.3	-5.0	-0.3	-5.7	1.7	1.0	-7.0 (6.3	-5.0	-3.7	0	-7.7	89	3.0
C16	8	S	ON ON ON		-3.6 -3.6		-2.6 -	-3.6	Q Q	S Q	- Q					-3.6	9	0.2	-3.6	-3.6	g Q	QN QN
C17	C17 7.5 4.2 8.6 1.9 -2.5 -1.4	4.2	8.6	1.9	-2.5		8.6	8.6	-1.4	4.1-	-2.5 (0.8	0.8	13.18	9.8	18.6	0.8	4.1-	1.9	5.3	0.8	1.9

	1 1	ı						
P 2	10.6-9.9 -5.3 10.628.0-6.1 11.413.7-0.8 -11.4-4.6 14.4 -3.0 -1.5 13.7 -1.5	5 13.7 -1.5	6.6-	1.5	-11.4	0.0	-15.2	-11.4
P5	-0.6 9.3 -1.9 -3.0 1.2 -1.7 -8.7 -8.0 26.019.8 14.5 -1.0 -0.3 -4.0 -1.3 -5.3	.0 -1.3 -5.3	12.1	7.9	6.	-2.7	-3.0	1.0
P6	-0.1 0.5 1.2 1.7 -0.8 -1.5 -1.5 3.8 3.9 3.6 4.7 1.8 2.5 -0.2 4.5	2 4.5 -0.2	4.0	4.5	1.8	5.	0.7	3.6
Р7	-0.8 57,46,2 8.9 17.4-8.5 3.4 2.6 0.0 12.6 8.6 4.8 15.2 -6.3 4.1	3 4.1 4.8	99.1	65.6	-2.6	7.	13.7	[
P10	0 0.0 ND 0.0 0.0 10.00.0 0.0 0.0 0.0 0.0 0.0 0.0	0.0 1.4	0.0	0.0	2.9	0.0	0.0	0.0
P11	1 1.1 2.1 7.8 35.417.86.3 3.0 -0.6 10.45.1 44.4 13.4 2.5 2.7	7 2.3 3.0	16.4	11.7	9.8	2.1	23.1	-0.3
P12	2 1.4 ND 1.2 1.9 ND ND ND 3.3 11.3 1.9 ND ND ND	QN QN C	2.4	9	S	Q	2.9	1.2
P13	3 ND ND ND 9.5 0.0 0.0 0.0 ND ND 0.0 1.0 0.0	0.0 1.0	N N	1.0	0.0	0.0	N Q	S
P14	4 1.8 29.856.527.81.3 4.9 22.310.36.5 37.2 20.5 5.6 7.2 6.6	3 26.6 6.9	24.5	11.3	23.3	10.9	45.8	7.2
P15	5 ND ND ND 26.48.3 15.07.3 ND ND 15.010.21.6	5 -4.1 7.3	N N	9.2	16.9	16.9	9	g
P18	8 ND ND ND 6.7 0.0 0.0 0.0 ND ND 0.0 0.0 0.0	0.0 2.7 0.0	Q N	1.0	0.0	1.0	2	Q Q
P 19	3.5 12.510.212.124.68.7 55.516.75.9 -16.511.0 2.4	2.4 -9.4 10.3 -10.3 52.4		3.1	5.8	-10.7	-7.7	-9.5

Figure 6 cont...

P20	S	P20 ND ND ND 3.8 0.4	2	3.8		-3.8	-3.8 -6.3 ND	ON O		ND -2	-2.9 0.4	-0.4	-3.8	-3.8 -2.9	N Q	-3.8	0.4	2.9	S	
P21	4.5	P21 4.5 21.211.212.55.8 4.5	212.5	55.8		7.2 4	7.2 4.5 6.5	.5 13	8.	13.8 4.5 7.2	2 26	26.5 13.2 5.2	2 5.2	13.8	4.5	3.2	5.8	16.5	12.5 8.5	S
P22	4.7	P22 4.7 9.8 6.1 15.83.9 -5.0	15.8	33.9	-5.0 (3.2 (.9 1	3.53.6	1	1.3 -7	0 3.2 0.9 13.53.9 11.3 -7.2 6.9 0.2	0.2	-1.3	-1.3 -4.2	-0.5	18.7	6.1	-4.2	4.7	
P23	0.0	P23 0.0 12.6-3.9 12.6-2.3 -2.3 -5.5 8.6 0.0	9 12.6	3-2.3	-2.3 -	5.5	3.6 0	.0 -2.	3 -(0- 8.	-2.3 -0.8 -0.8 17.3 0.0 2.4	3 0.0	2.4	0.8	10.2	13.3	-3.1	-4.7	7.9	3.1

Counts represent the results of ELISPOT analysis in averaged background subtracted spot counts for each control subject (C) and *Alternaria* allergic patient (P) for each 15mer Alt a 1 peptide as indicated by sequence position. Spot counts are reported as spots per 1 x 10⁶ PBMC. ND indicates not determined.

Figure 6 Cont...

TABLE V. HLA typing of Alternaria allergic patients and controls.

	DRB1	*	DRB3/4/5*	/4/5*	DQA1*	*	DQB1*	*	DPB1*	*
ઇ	0701	1601	4*01	5*01	0102	0201	0202	0502	0201	1060
2	1301		3*02		0103		0603		0301	
ឌ	0701		4*01	4*01N	0201		0202		0401	0402
C 4	0301	1501	3*02	5*01	0102	0501	0201	0602	0401	
C5	0701	1501	4*01	5*01	0102	0201	0202	0502	0301	1401
90	0402	1104	3*02	4*01	0301	0501	0301	0302	0401	
C1	0102	1501	5*01		10	0102	0501	0602	0401	0402
83	0701	1301	3*01	4*01	0103	0201	0202	0603	0401	0402
රි	0701	1302	3*03	4*01	0102	0201	0202	0604	1001	1101
C10	0301	0408	3*01	4*01	03	0501	0201	0301	0401	
C11	0801	1101	3*02		0401	05	0301	0402	0201	0401
C12	0301	0101	3*01		01	0501	0201	0501	0301	0401
C13	0701	1302	3*01	4*01	0102	0201	0202	0604	1001	1101

Figure 7

C14	0103	0701	4*01		10	0201	0202	0501	0401 1101	1101
C15	0101	0301	3*02		01	0103	0501	0603	0401	
7	1101	1302	3*02	3*03	01	05	0301	0604	0401	
P2	0301	0701	3*01	4*01	0201	05	0202	0301	1101	1401
P5	0701	1101	3*02	4*01	0201	05	0202	0301	0401	1701
P6	0801	1101	3*02		0401	90	0301	0402	0401	1901
Ь7	0101 13	1301	3*01		01	0103	0501	0903	0401	
P8	0101	0701	4*01		10	0201	0202	0501	0401	1101
Ь3	0101	0701	4*01		01	0201	0202	0501	0201	0401
P10	0701	0801	4*01		0201	0401	0202	0402	0201	0401
P1	0701	1001	4*01		01	0201	0202	0501	0201	
P12	0701		4*01	4*01N	0201		0202	0303	0202	0301
P13	0701	1104	3*02	4*01	0201	05	0202	0301	0401	
P14	1301	0301	3*01		03	0501	0201	0302	0101	5401

Figure 7 Cont...

1101 1301 0804 1101 0301 0701	3*01 3*02 3*01	3*02 4*10N	0103 0401 0201	05 05 0501	0301	0603 0402 0303	0401	0402
0301 0701		4*10N 4*01	0201	0501	0201	0303	1701	
0701 1103	3*02	4*01	0201	05	0202	0301	0401 1101	

Figure 7 Cont...

*3-11 = P3-	SEQ ID NO:	Alt a 1 Peptide 15mer Sequence	Peptide Position in Alt a 1 9mers at P4-P12 except noted ProPred 9mer / 15mer	AG Code
P11	1	L QFTTIASLFAAAGL	1-9, 3-11* / 1-15	32.2.1
(1-9 = P1-P9)	2	FTTIASLFAAAGLAA	6-14 / 3-17	<u>L6-6</u>
(13-11-13)	3	IASLFAAAGLAAAP	9-17 / 6-20	<u>L6-8</u> L6-2
	4	ASLFAAAGLAAAAPL	10-18 / 7-21	
	5	AAGLAAAAPLESRQD	15-23 / 12-26	<u>L6-3</u>
	6	EGDYVWKISEFYGRK	38-46 / 35-49 [#]	33.2 34.2
	7	DYVWKISEFYGRKPE	40-48 / 37-51	34.2 34.3
	8	ISEFYGRKPEGTYYN	45-53 / 42-56	
	9	SEFYGRKPEGTYYNS	46-54 / 43-57	<u>L6-7</u>
	10	EGTYYNSLGFNIKAT	54-62 / 51-65	<u>L6-8</u> 35.2
	11	GTYYNSLGFNIKATN	55-63 / 52-66	ან.∠ L6-4
	12	YNSLGFNIKATNGGT	58-66 / 55-69	
	13	SLGFNIKATNGGTLD	60-68 / 57-71	35.3 35.4
	14	GFNIKATNGGTLDFT	62-70 / 59-73	35. 4 35.5
	15	GGTLDFT V SAQADKL	70-78 / 67-81	35.5 L10-1.0.1
	16	DHKWYS V GENSF L DF	86-94 / 83-97	L10-1.0.1
	17	RSGLLLKQKVSDDIT	106-114 / 103-117#	36.2
	18	SGLLLKQKVSDDITY	107-115 / 104-118#	30.2 L6-1
	19	KQKVSDDITYVATAT	112-120 / 109-123	L10-3
	20	SDDITYVATATLPNY	116-124 / 113-127	
	21	DITYVATATLENY V R	118-126 / 115-129	<u>37.2</u> 37.3.1
	22	TATLPNY V RAGGNGP	124-132 / 121-135	
	23	LPNYVRAGGNGPKDF	127-135 / 124-138	37.4.1
	24	PKDFV V QGVADAYIT	138-146 / 135-149	L6-5.0.1 38.2.1
** 147-155 =	24	FRD <u>I VVQGVADA</u> III	147-155, 148-156** /	30.2.1
P5-P13 (148-156 =	25	VADAYITLVTLPKSS	143-157	38.3
P6-P14)		V = Cys to Val		
		L = Met to Leu	*No EliSpot analysis	

Figure 8

Peptide Position in Alt a 5
9mers at P4-P12 except
Alt a 5 Peptide noted

SEQ ID
NO: 15mer Sequence ProPred 9mer / 15mer Code

26 AAYLLLGLGGNTSPS 8-16/5-19 L6-10

Figure 9

Degradation Reaction	ation in	Enhancing Sequences	Degradation Prevention by Conservative Replacement of Amino Acids	Conditions or causes associated with modifications	Products
		N-6 N-terminus	Cain at non N- terminus	base-catalyzed deamidation, more reactive than Gln. Main chain cleavage at low pH. PAA formation, much less than PGA formation	Cyclic imide intermediate, then to Asp or iso-aspartate analog. Main chain cleavage products.
no		Q-G Q-terminus	Asn at N- terminus	Base-catalyzed deamidation, less reactive than Asn. PGA formation inevitable, Gln much more reactive than Asn	Glutamine deamidation similar to asparagine. Pryroglutamic acid
Oxidation (pH5-7)			Leucine	Reactive Oxygen Species: superoxide, singlet oxygen, hydroxyl radical, peroxide. Photooxidation. Ascorbic Acid- Cu(II). DTT/Fe (III).	Sulfoxide then to sulfone derivatives
Oxidation			Lysine, Arginine	Metal-ion-catalyzed oxidation, phototcatalyzed	2-Oxo-Histidine
Oxidation (pH 5-7)			Valine	Metal-ion-catalyzed oxidation	Intra- intermolecular disulfide bonds (cystine)

N'-formylkynureine, 3- Hydroxykynurenine, Monohydroxyl derivatives 2,4,6,7	2-,3-,or 4- (tyrosine) hydroxyphenylalanine	3,4-dihydrophenylalanine or dityrosine cross-link	Hydroxyl radical oxidation by the hydroxyl radical of proline, cleavage on C-ter end of the residue	Cyclic imide then N or C cleavage. Cyclic imide intermediate, back to Asp or to iso-aspartate analog
Reactive Oxygen Species: superoxide, singlet oxygen, hydroxyl radical, peroxide. Photooxidation	Copper ion oxidize	Photo or radio-oxidize	Hydroxyl radical oxidize	Dehydration reaction at acidic pH. Asp to iso-Asp fairly reactive at neutral pH.
Phenylalanine, Tyrosine	Tryptophan, Tyrosine	Tryptophan, Phenylalanine	Valine	Glutamic Acid
				0 0 0,0,1,0
Oxidation	Oxidation	Oxidation	Oxidation	Hydrolysis Cyclization
<u>\$</u>	Phe (F)	34	P ₇₀	Asp (D)
Tryptophan	Phenylalanine	Tyrosine	Proline	Aspartate

PAA = poly(aspartic) acid PGA = poly(glutamic) acid

Figure 10 Cont...

DRB1 allele	% Frequency ²¹	Genbank Accession no.
*0701	14.85	P13761 (P13761.1; GI:122256)
*1501	14.51	P01911 (P01911.2; GI:166214928)
*0301	13.19	AAB24645 (AAB24645.1; GI:262372)
*0401	10.29	P13760 (P13760.1; GI:122253)
*0101	9.11	P04229 (P04229.2; GI:34395916)
*1101	5.69	P20039 (P20039.1; Gl:122254)
*1301	5.66	AAB24646 (AAB24646.1; GI:262373)
*1302	4.16	AAC02813 (AAC02813.1; GI:2231540)
*0404	3.95	P13760 (P13760.1; GI:122253)
*1104	2.79	P20039 (P20039.1; GI:122254)
*0801	2.26	Q30134 (Q30134.2; GI:34395492)
Sum	86.46	

Figure 11

MQFTTIASLFAAAGLAAAAPLESRQDTASCPVTTEGDYVWKISEFYGRKPEGTYYN SLGFNIKATNGGTLDFTCSAQADKLEDHKWYSCGENSFMDFSFDSDRSGLLLKQK VSDDITYVATATLPNYCRAGGNGPKDFVCQGVADAYITLVTLPKSS

Figure 12

MKHLAAYLLLGLGGNTSPSAADVKAVLESVGIEADSDRLDKLISELEGKDINELIASG SEKLASVPSGGAGGAAASGGAAAAGGSAQAEAAPEAAKEEEKEESDEDMGFGLF D

Figure 13

Mean EliSpot counts/1 x 10 ⁶ PBMC		
Patient	Background	Alt a 5 p5-19 (SEQ ID NO:26)
P7	1.25	7.1
P14	0	6.7
P23	0	9.2

Figure 14

T CELL EPITOPES DERIVED FROM ALT A 1 OR ALT A 5 FOR THE TREATMENT OF ALTERNARIA ALTERNATA ALLERGY

FIELD OF THE INVENTION

[0001] The present invention relates to peptides capable of preventing or treating fungal disease and particularly, although not exclusively, to peptides useful in the prevention or treatment of fungal allergy disease.

BACKGROUND TO THE INVENTION

[0002] Fungal allergy is a common condition that significantly compromises the quality of life of many patients (1, 2). Asthma and rhinitis are common clinical symptoms from exposure to fungal spores and there is increasing evidence of a connection between fungal allergy and the development and persistence of moderate to severe life-threatening asthma (3). Alternaria alternata is one of the most important fungi in respiratory allergic disease worldwide. Airborne exposure of A. alternata can first cause sensitization that may later result in the development of a fungal allergic disease. Surveys in Europe, USA, Australia and New Zealand have shown significant sensitization to A. alternata in allergic and general populations. In allergic asthmatic populations, sensitization rates for A. alternata can vary from 1.7 to 28.2% (4, 5). In a standardized general population, sensitization rates vary between 0.2 to 14.4% (6). In Spain, sensitization rates have been reported up to 18.3% in allergic populations (7). A. alternata is primarily found in outdoor environments particularly in soil, plants and air, but is also found in indoor environments such as house dust, carpets, and textiles (8).

[0003] The avoidance of spores, use of medications such as antihistamines to treat allergy symptoms, and/or use of extract immunotherapy are the only current options for alleviating symptoms induced by Alternaria allergy. Alternaria allergy has been successfully treated with fungal extract immunotherapy but requires long term administration and may have potential side effects including anaphylaxis (9-12). In addition, there may be some concern with treating patients with fungal extracts that contain potentially harmful, mutagenic mycotoxins (13). Therefore, efforts to develop an effective and safer immunotherapeutic approach to treat Alternaria allergy and perhaps other fungal allergies are needed. The use of peptides containing T cell epitopes of allergens of interest can be used for immunotherapy (14). Since these peptide fragments are small enough in length they do not cross-link allergen specific IgE on mast cells and basophils, but provide immunogenicity (15). It has been clearly demonstrated that peptides derived from the major allergens associated with specific allergies have been used for immunotherapy to desensitize patients allergic to cat (16) and bee venom (17).

[0004] A principal feature of MHC molecules is their allelic polymorphism, at least 707 class II molecules are known. MHC alleles have arisen under evolutionary pressure resulting in geographical diversity. Any poly-epitope vaccine targeting the whole population would need to bind a range of HLA molecules. MHC polymorphism thus greatly complicates epitope-based vaccine development, particularly in regard to population coverage (Doytchinova and Flower. J. Immunol. 2005. 174:7085-7095).

[0005] The Alt a 1 allergen from A. alternata is the major allergen in Alternaria allergic patients with Alt a 1 specific IgE found in >90% of allergic populations (7, 18) and thus provides a target for development of specific peptide immunotherapy.

[0006] Some peptides containing T cell epitopes are described in WO2012/038540.

SUMMARY OF THE INVENTION

[0007] The inventors have identified peptides and peptide combinations proposed to be useful in immunotherapy.

[0008] The peptides are preferably T-cell epitopes capable of binding human or animal HLA-DR molecules and stimulating an immune response. The peptides are preferably T-cell epitopes identified from Alternaria alternata proteins Alt a 1

[0009] Modified peptides are also provided in which the wild type fungal peptide epitope amino acid sequence has been modified but still retains its ability to stimulate an immune response.

[0010] Accordingly, the present invention provides therapeutic compositions and methods for treating disease conditions in humans and animals associated with an antigen specific immune response by the human or animal to an antigen such as a protein antigen, preferably Alt a 1 or Alt a 5.

[0011] In one aspect of the present invention a combination of peptides is provided, the combination being proposed as useful in a method of medical treatment, e.g. immunotherapy. [0012] The inventors have identified seven peptides which are T-cell epitopes identified from Alternaria alternata protein Alt a 1. The seven peptides form a pool or panel from which combinations of the seven peptides can be provided which activate T-cells in a significant proportion of the Alternaria sensitised human population (preferably the Alt a 1 sensitised population). As such, combinations of two or more of such peptides (or their variants and derivatives) can be provided, thereby providing a single immunotherapy treatment for a wide-range of the Alternaria sensitised patient population (preferably the Alt a 1 sensitised population). Combinations include two or more of the seven peptides (or a variant or derivative of a respective peptide) in any combination. In some embodiments no additional peptides beyond those of the pool of seven (optionally including their derivatives ad variants) are included. In some other embodiments an additional peptide(s) from outside the pool may be included in the combination.

[0013] As such, combinations contain at least two peptides, each of said at least two peptides selected from a different one of the numbered groups (i) to (vii) given below wherein a peptide consists of or comprises the amino acid sequence defined by the respective SEQ ID NO.

[0014] (i) SEQ ID NO: 2, SEQ ID NOs: 27-41

[0015] (ii) SEQ ID NO: 4, SEQ ID NOs: 42-56

[0016] (iii) SEQ ID NO: 5, SEQ ID NOs: 57-71

[0017] (iv) SEQ ID NO: 11, SEQ ID NOs: 72-86

[0018] (v) SEQ ID NO: 12, SEQ ID NOs: 87-101

[0019] (vi) SEQ ID NO: 20, SEQ ID NOs: 102-116 [0020] (vii) SEQ ID NO: 21, SEQ ID NOs: 117-139

[0021] In some embodiments the combination may contain three, four, five, six or seven peptides each said peptide selected from a different one of the numbered groups (i) to (vii). For example, a combination of at least two peptides may comprise one peptide from group (i) and one peptide from group (iv) In another example a combination of at least three peptides may comprise one peptide from group (i), one peptide from group (iii) and one peptide from group (vii).

[0022] The combinations may contain additional agents, carriers, diluents or excipients. An additional agent may be a further peptide from one of groups (i) to (vii) (e.g. so that two peptides from group (i) are present in the combination) or a peptide not included in one of groups (i) to (vii). For example, the combination may comprise 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29 or 30 peptides, in which at least two (optionally three, four, five, six or seven) of the peptides are selected from two (optionally three, four, five, six or seven respectively) different groups (i) to (vii) above.

[0023] In some embodiments a combination contains no more than three (preferably no more than two or one) peptide (s) from a numbered group above. In one embodiment a combination contains no more than one peptide from a numbered group above.

[0024] The combinations may have a maximum of any one of 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29 or 30 different peptides. Where there are 7 or less different peptides, each one may be selected from one of groups (i) to (vii).

[0025] In some preferred embodiments at least one of the peptides is selected from group (iii).

[0026] In some preferred embodiments at least one peptide is selected from group (iii) and at least one peptide is selected from group (i). As such, in some embodiments the combination may contain only two peptides selected from groups (i) to (vii), one selected from group (iii) and one from group (i). In some embodiments other peptides not from groups (i) to (vii) may optionally be included in the combination or the combination may exclude such other peptides.

[0027] In some preferred embodiments at least one peptide is selected from group (iii), at least one peptide is selected from group (ii) and at least one peptide is selected from group (iv). As such, in some embodiments the combination may contain only three peptides selected from groups (i) to (vii), one selected from group (iii), one from group (ii) and one from group (iv). In some embodiments other peptides not from groups (i) to (vii) may optionally be included in the combination or the combination may exclude such other peptides.

[0028] In some preferred embodiments at least one peptide is selected from group (iii), at least one peptide is selected from group (ii) and at least one peptide is selected from group (v). As such, in some embodiments the combination may contain only three peptides selected from groups (i) to (vii), one selected from group (iii), one from group (ii) and one from group (v). In some embodiments other peptides from groups (i) to (vii) may optionally be included in the combination. In some embodiments other peptides not from groups (i) to (vii) may optionally be included in the combination or the combination may exclude such other peptides.

[0029] In some preferred embodiments at least one peptide is selected from group (iii), at least one peptide is selected from group (ii) and at least one peptide is selected from group (vi). As such, in some embodiments the combination may contain only three peptides selected from groups (i) to (vii), one selected from group (iii), one from group (ii) and one from group (vi). In some embodiments other peptides from groups (i) to (vii) may optionally be included in the combination. In some embodiments other peptides not from groups (i) to (vii) may optionally be included in the combination or the combination may exclude such other peptides.

[0030] In some preferred embodiments at least one peptide is selected from group (iii), at least one peptide is selected from group (iv) and at least one peptide is selected from group (vii). As such, in some embodiments the combination may contain only three peptides selected from groups (i) to (vii), one selected from group (iii), one from group (iv) and one from group (vii). In some embodiments other peptides from groups (i) to (vii) may optionally be included in the combination. In some embodiments other peptides not from groups (i) to (vii) may optionally be included in the combination or the combination may exclude such other peptides.

[0031] In some preferred embodiments at least one peptide is selected from each of groups (i) to (vii). As such, in some embodiments the combination may contain only seven peptides. In some embodiments other peptides from groups (i) to (vii) may optionally be included in the combination. In some embodiments other peptides not from groups (i) to (vii) may optionally be included in the combination or the combination may exclude such other peptides.

[0032] In some preferred embodiments a combination of 2, 3 or 4 peptides is provided wherein at least one peptide is selected from two, three or four of groups (i), (ii), (iii) and (iv) respectively. As such, in some embodiments the combination may contain only 2, 3, or 4 peptides selected from one of groups (i) to (iv), a maximum of one selected from each said group. In some embodiments other peptides from groups (i) to (vii) may optionally be included in the combination. In some embodiments other peptides not from groups (i) to (vii) may optionally be included in the combination or the combination may exclude such other peptides.

[0033] In some embodiments a peptide from groups (v) and/or (vi) and/or (vii) is not included in the combination.

[0034] Additional peptides that may be included in a combination include any one of SEQ ID NOs 1, 3, 6-10, 13-19 and 22-25 (FIG. 8) or a peptide variant containing the 9mer core sequence (underlined in FIG. 8), or a peptide from group (b), (c) or (d).

[0035] The peptides combinations of the present invention may be provided in a number of ways. For example, single compositions may be provided containing all of the respective peptides of the combination. This may be in the form of a pharmaceutical composition or medicament. Alternatively, peptides of the combination may be divided into one or more separate compositions which are provided for use in combination in a method of medical treatment, e.g. by simultaneous, sequential or separate administration.

[0036] Accordingly, in one aspect of the present invention a composition or preparation is provided comprising at least two peptides, each of said at least two peptides selected From a different one of groups (i) to (vii) wherein a peptide consists of or comprises the amino acid sequence defined by the respective SEQ ID NO, and wherein each peptide has an amino acid length of from 8 to 50 amino acids

[0037] (i) SEQ ID NO: 2, SEQ ID NOs: 27-41

[0038] (ii) SEQ ID NO: 4, SEQ ID NOs: 42-56

[0039] (iii) SEQ ID NO: 5, SEQ ID NOs: 57-71

[0040] (iv) SEQ ID NO: 11, SEQ ID NOs: 72-86

[0041] (v) SEQ ID NO: 12, SEQ ID NOs: 87-101

[0042] (vi) SEQ ID NO: 20, SEQ ID NOs: 102-116 [0043] (vii) SEQ ID NO: 21, SEQ ID NOs: 117-139.

[0044] In some embodiments each peptide has a maximum length of 15 amino acids and a minimum length of 9 amino acids. In some embodiments the composition has at least one peptide from group (iii). In some embodiments the composi-

tion has at least one peptide from each of groups (iii) and (i). In some embodiments the composition has at least one peptide from each of groups (iii), (ii) and (iv). In some embodiments the composition has at least one peptide from each of groups (iii), (ii) and (v). In some embodiments the composition has at least one peptide from each of groups (iii), (ii) and (vi). In some embodiments the composition has at least one peptide from each of groups (iii), (iv) and (vii). In some embodiments the composition has at least three, four, five, six or seven peptides, wherein each peptide is from a different one of groups (i) to (vii). In some embodiments the composition has seven peptides, wherein each peptide is from a different one of groups (i) to (vii).

[0045] In another aspect of the present invention a peptide is provided for use in a method for the prevention or treatment of disease wherein the peptide is selected from one of groups (i) to (vii), the method comprising simultaneous, sequential or separate administration of at least two peptides, each of said at least two peptides selected from a different one of groups (i) to (vii), wherein each peptide consists of or comprises the amino acid sequence defined by the respective SEQ ID NO, and wherein each peptide has an amino acid length of from 8 to 50 amino acids

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[0046] (i) SEQ ID NO: 2, SEQ ID NOs: 27-41

[0047] (ii) SEQ ID NO: 4, SEQ ID NOs: 42-56

[0048] (iii) SEQ ID NO: 5, SEQ ID NOs: 57-71

[0049] (iv) SEQ ID NO: 11, SEQ ID NOs: 72-86

[0050] (v) SEQ ID NO: 12, SEQ ID NOs: 87-101

[0051] (vi) SEQ ID NO: 20, SEQ ID NOs: 102-116

[0052] (vii) SEQ ID NO: 21, SEQ ID NOs: 117-139.

[0053] In another aspect of the present invention the use of
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[0053] In another aspect of the present invention the use of a peptide in the manufacture of a medicament for the prevention or treatment of disease is provided wherein the peptide is selected from one of groups (i) to (vii), and the method of prevention or treatment comprises simultaneous, sequential or separate administration of at least two peptides, each of said at least two peptides selected from a different one of groups (i) to (vii), wherein each peptide consists of or comprises the amino acid sequence defined by the respective SEQ ID NO, and wherein each peptide has an amino acid length of from 8 to 50 amino acids

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[0054] (i) SEQ ID NO: 2, SEQ ID NOs: 27-41

[0055] (ii) SEQ ID NO: 4, SEQ ID NOs: 42-56

[0056] (iii) SEQ ID NO: 5, SEQ ID NOs: 57-71

[0057] (iv) SEQ ID NO: 11, SEQ ID NOs: 72-86

[0058] (v) SEQ ID NO: 12, SEQ ID NOs: 87-101

[0059] (vi) SEQ ID NO: 20, SEQ ID NOs: 102-116

[0060] (vii) SEQ ID NO: 21, SEQ ID NOs: 117-139.
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[0061] In another aspect of the present invention peptides are provided for use in a method for the prevention or treatment of disease, the method comprising simultaneous, sequential or separate administration of the peptides, wherein the peptides comprise at least two peptides, each of said at least two peptides selected from a different one of groups (i) to (vii) wherein a peptide consists of or comprises the amino acid sequence defined by the respective SEQ ID NO, and wherein each peptide has an amino acid length of from 8 to 50 amino acids

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[0062] (i) SEQ ID NO: 2, SEQ ID NOs: 27-41

[0063] (ii) SEQ ID NO: 4, SEQ ID NOs: 42-56

[0064] (iii) SEQ ID NO: 5, SEQ ID NOs: 57-71

[0065] (iv) SEQ ID NO: 11, SEQ ID NOs: 72-86

[0066] (v) SEQ ID NO: 12, SEQ ID NOs: 87-101

[0067] (vi) SEQ ID NO: 20, SEQ ID NOs: 102-116
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[0068] (vii) SEQ ID NO: 21, SEQ ID NOs: 117-139. [0069] In another aspect of the present invention the use of at least two peptides in the manufacture of a medicament for the prevention or treatment of disease is provided, wherein the peptides comprise at least two peptides, each of said at least two peptides selected from a different one of groups (i) to (vii) wherein a peptide consists of or comprises the amino acid sequence defined by the respective SEQ ID NO, and wherein each peptide has an amino acid length of from 8 to 50 amino acids

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[0070] (i) SEQ ID NO: 2, SEQ ID NOs: 27-41

[0071] (ii) SEQ ID NO: 4, SEQ ID NOs: 42-56

[0072] (iii) SEQ ID NO: 5, SEQ ID NOs: 57-71

[0073] (iv) SEQ ID NO: 11, SEQ ID NOs: 72-86

[0074] (v) SEQ ID NO: 12, SEQ ID NOs: 87-101

[0075] (vi) SEQ ID NO: 20, SEQ ID NOs: 102-116

[0076] (vii) SEQ ID NO: 21, SEQ ID NOs: 117-139.
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[0077] In another aspect of the present invention a method of treating or preventing a disease in a patient in need of treatment thereof is provided, the method comprising administering to the patient a therapeutically effective amount of at least two peptides, each of said at least two peptides selected from a different one of groups (i) to (vii) wherein a peptide consists of or comprises the amino acid sequence defined by the respective SEQ ID NO, and wherein each peptide has an amino acid length of from 8 to 50 amino acids

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[0078] (i) SEQ ID NO: 2, SEQ ID NOS: 27-41
[0079] (ii) SEQ ID NO: 4, SEQ ID NOS: 42-56
[0080] (iii) SEQ ID NO: 5, SEQ ID NOS: 57-71
[0081] (iv) SEQ ID NO: 11, SEQ ID NOS: 72-86
[0082] (v) SEQ ID NO: 12, SEQ ID NOS: 87-101
[0083] (vi) SEQ ID NO: 20, SEQ ID NOS: 102-116
[0084] (vii) SEQ ID NO: 21, SEQ ID NOS: 117-139.
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[0085] In some embodiments the or each peptide has a maximum length of 15 amino acids and a minimum length of 9 amino acids.

[0086] In some embodiments at least one peptide is from group (iii). In some embodiments at least one peptide is from each of groups (iii) and (i). In some embodiments at least one peptide is from each of groups (iii), (ii) and (iv). In some embodiments at least one peptide is from each of groups (iii), (ii) and (v). In some embodiments at least one peptide is from each of groups (iii), (ii) and (vi). In some embodiments at least one peptide is from each of groups (iii), (iv) and (vii).

[0087] In some embodiments at least three, four, five, six or seven peptides are administered, and each said peptide is preferably from a different one of groups (i) to (vii). In some embodiments seven peptides are administered, and each peptide is preferably from a different one of groups (i) to (vii).

[0088] In some embodiments at least two of the peptides are administered in a combined preparation. Optionally, this may be any one of at least three, four, five, six or seven of the peptides.

[0089] In some embodiments the disease is an allergic disease, optionally chosen from fungal allergy, fungal asthma, fungal infection, SAFS, ABPA, or Aspergillosis or an allergic disease caused by Alt a 1 or Alt a 5.

[0090] In another aspect of the present invention a method for the production of a pharmaceutical composition or medicament is provided, the method comprising providing at least two peptides (optionally one of at least three, four, five, six or seven), each of said at least two peptides (or three, four, five, six or seven) selected from a different one of groups (i) to (vii) wherein a peptide consists of or comprises the amino acid

sequence defined by the respective SEQ ID NO, and wherein each peptide has an amino acid length of from 8 to 50 amino acids

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[0091] (i) SEQ ID NO: 2, SEQ ID NOs: 27-41
[0092] (ii) SEQ ID NO: 4, SEQ ID NOs: 42-56
[0093] (iii) SEQ ID NO: 5, SEQ ID NOs: 57-71
[0094] (iv) SEQ ID NO: 11, SEQ ID NOs: 72-86
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[0095] (v) SEQ ID NO: 12, SEQ ID NOs: 87-101
[0096] (vi) SEQ ID NO: 20, SEQ ID NOs: 102-116
[0097] (vii) SEQ ID NO: 21, SEQ ID NOs: 117-139,

[0098] and mixing the at least two (or three, four, five, six or seven) peptides with a pharmaceutically acceptable carrier, adjuvant or diluent.

[0099] In another aspect of the present invention novel peptides are provided, which are T-cell epitopes identified from *Alternaria alternata* protein Alt a 1 and Alt a 5. Whilst these may be provided as part of the combinations described above, they may also be provided as isolated peptides, and provide the basis of an immunotherapy treatment as discrete single active agents.

[0100] Three such peptides have been identified from Alt a 1, being represented by groups:

```
[0101] (a) SEQ ID NO: 2, SEQ ID NOs: 27-41 [0102] (b) SEQ ID NO: 8, SEQ ID NOs: 140-154
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[0103] (c) SEQ ID NO: 9, SEQ ID NOs: 155-169

[0104] Optionally, Group (a) excludes one or more, or all, of SEQ ID NOs: 27, 28, 29, 30, 32, 34, 37, 40 and/or 41. Therefore, in some embodiments Group (a) comprises or consists of one or more, or all, of SEQ ID NOs: 2, 31, 33, 35, 36, 38 and 39.

[0105] One such peptide has been identified from Alt a 5, being represent by group:

[0106] (d) SEQ ID NO: 26, SEQ ID NOs: 170-184.

[0107] As such, in one aspect of the present invention a peptide is provided, the peptide being chosen from a peptide of group (a).

[0108] In another aspect of the present invention a peptide is provided, the peptide being chosen from a peptide of group (b).

[0109] In another aspect of the present invention a peptide is provided, the peptide being chosen from a peptide of group (c).

[0110] In another aspect of the present invention a peptide is provided, the peptide being chosen from a peptide of group (d).

[0111] Accordingly, in another aspect of the present invention a peptide is provided, the peptide consisting of or comprising the amino acid sequence of one of

```
[0112] (a) SEQ ID NO: 2, SEQ ID NOs: 31, 33, 35, 36, 38, 39
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[0113] (b) SEQ ID NO: 8, SEQ ID NOs: 140-154

[0114] (c) SEQ ID NO: 9, SEQ ID NOs: 155-169

[0115] (d) SEQ ID NO: 26, SEQ ID NOs: 170-184

[0116] or a peptide having a contiguous amino acid sequence having at least 70% sequence identity to the amino acid sequence of one of said SEQ ID NOs, wherein the peptide has an amino acid length of from 8 to 50 amino acids, wherein the peptide is not one of SEQ ID NOs: 27, 28, 29, 30, 32, 34, 37, 40 or 41

[0117] In some embodiments the degree of sequence identity is chosen from one of 80%, 85%, 90% or 95%.

[0118] In some embodiments the peptide has a maximum length of 15 amino acids and a minimum length of 9 amino acids.

[0119] In one aspect of the present invention a pharmaceutical composition or medicament is provided comprising a peptide as described above. In some embodiments pharmaceutical composition or medicament may further comprise a pharmaceutically acceptable carrier, adjuvant or diluent. In some embodiments the pharmaceutical composition or medicament is a vaccine.

[0120] In one aspect of the present invention the peptide, pharmaceutical composition or medicament is provided for use in the prevention or treatment of disease. In some embodiments the disease is an allergic disease, optionally chosen from fungal allergy, fungal asthma, fungal infection, SAFS, ABPA, Aspergillosis, or an allergic disease caused by or in which the patient is sensitised to *Alternaria alternata*, and/or to one or both of Alt a 1 or Alt a 5.

[0121] In another aspect of the present invention a method of treating or preventing disease in a patient in need of treatment thereof is provided, the method comprising administering to the patient a therapeutically effective amount of a peptide, pharmaceutical composition or medicament as described above.

[0122] In a further aspect of the present invention a method for the production of a pharmaceutical composition is provided, the method comprising providing a peptide as described above, and mixing the peptide with a pharmaceutically acceptable carrier, adjuvant or diluent.

[0123] In a further aspect of the present invention a nucleic acid encoding a peptide as described herein is provided.

[0124] In a further aspect of the present invention a cell having integrated in its genome a nucleic acid encoding a peptide as described herein operably linked to a transcription control nucleic acid sequence is provided.

[0125] In a further aspect of the present invention a nucleic acid expression vector having a said nucleic acid operably linked to a transcription control nucleic acid sequence is provided, wherein the vector is configured for expression of a peptide as described herein when transfected into a suitable cell. In a further aspect of the present invention a cell transfected with said nucleic acid expression vector is provided.

[0126] In a further aspect of the present invention a method of identifying a peptide that is capable of stimulating an immune response is provided, the method comprising the steps of:

[0127] (i) providing a candidate peptide having a contiguous amino acid sequence having at least 70% sequence identity to the amino acid sequence of one of: [0128] (a) SEQ ID NO: 2, SEQ ID NOs: 31, 33, 35, 36, 38, 39

[0129] (b) SEQ ID NO: 8, SEQ ID NOs: 140-154

[0130] (c) SEQ ID NO: 9, SEQ ID NOs: 155-169

[0131] (d) SEQ ID NO: 26, SEQ ID NOs: 170-184

[0132] (ii) testing the ability of the candidate peptide to induce an immune response.

[0133] The peptide is preferably not one of SEQ ID NOs: 27, 28, 29, 30, 32, 34, 37, 40 or 41.

[0134] In some embodiments step (i) comprises providing a peptide having the amino acid sequence of one of said SEQ ID NOs and chemically modifying the structure of the peptide to provide the candidate peptide. In some embodiments step (ii) comprises contacting the candidate peptide with a population of T cells in vitro and assaying T cell proliferation. Step (ii) may comprise monitoring for production of IL-4 and/or IFN γ .

[0135] Description

[0136] The inventors have conducted the first study to develop a specific peptide mixture for potential *Alternaria* immunotherapy. Whilst not wishing to be bound by theory, the inventors hypothesized that in silico prediction of specific T cell epitope binding cores combined with an in vitro MHC binding assay allows a rapid and precise method to identify and produce peptide immunotherapy candidates under conditions of limited patient cell numbers. For peptide confirmation the inventors tested the sensitivity of direct PBMC based IL-4 ELISPOT and the relation of ELISPOT results between disease groups vs. controls to determine peptide promiscuity and population coverage. This strategy produced an Alt a 1 peptide pool for potential peptide immunotherapy with high promiscuity and population coverage.

[0137] The inventors analyzed sample sparing methods for the prediction and validation of T-cell epitope containing peptides from the major *A. alternata* allergen Alt a 1, as well as for the *A. alternata* allergen Alt a 5, for generation of a peptide immunotherapy mixture of high patient population coverage.

[0138] T-cell epitopes were predicted using the ProPred algorithm. The results of T-cell epitope prediction using Pro-Pred were directly analyzed using an in vitro MHC binding assay followed by IL-4 ELISPOT of HLA typed *Alternaria* allergic patient and control peripheral blood mononuclear cells (PBMCs). Patient and control ELISPOT counts were processed and analyzed to derive cut-off values for peptide population coverage calculations and potential immunotherapy mix determinations.

[0139] Seven 15mer peptides were identified which activated T-cells in ≥40% of the *Alternaria* patient population. Various combinations of the 7 peptides could be recognized by >90% of the patient population and represent a potential pool for immunotherapy. T-cell stimulating activity was correlated with lower peptide hydrophilicity and solubility. Single residue changes to peptide N-termini were sufficient to improve solubility for the majority of insoluble peptides. Other residue substitutions introduced for oxidation stability did not preclude peptides from binding MHC or stimulating multiple subjects. Retrospective analysis showed that NetM-HCIIpan predicted peptides in the same four regions as Pro-Pred including the top 7 peptides from the study however, ProPred had a higher overall false positive rate for several alleles.

[0140] As such the inventors have been able to identify novel T-cell epitope-based Alt a 1 peptides and combinations of such peptides as candidates for a T-cell targeted fungal-specific immunotherapy for an HLA-diverse population.

[0141] The inventors were also able to identify a novel T-cell epitope-based Alt a 5 peptide as a candidate for a T-cell targeted fungal-specific immunotherapy for an HLA-diverse population.

[0142] In aspects of the present invention a peptide may consist of or comprises the primary amino acid sequence of a respective SEQ ID NO. As such, the amino acid sequence of the selected SEQ ID NO is preferably included in the peptide as a contiguous amino acid sequence.

[0143] In some aspects a peptide has at least 60% amino acid sequence identity to the primary amino acid sequence of a respective SEQ ID NO. More preferably, the degree of sequence identity is one of 65%, 70%, 75%, 80%, 85%, 87%, 90%, 91%, 92%, 93%, 94%, 95%, 96%, 97%, 98%, 99% or 100% identity.

[0144] The minimum epitope for HLA DR recognition may be any of 7-11 amino acids in length and is typically a 9-mer epitope. Improved binding may be afforded by including at least one, two or three amino acids at one or both ends of the minimum epitope. Accordingly, peptides are provided as part of the present invention having a core 9-mer amino acid sequence (e.g. SEQ ID NOs:41, 56, 71, 86, 101, 116, 131, 154, 169, 184) as well as an additional one, two, three, four, five, six (or more) amino acids of any type or combination at the N-terminal end, C-terminal end or at both the N- and C-terminal ends of the sequence. For example, a peptide may have a core amino acid sequence of any one of SEQ ID NOS: 41, 56, 71, 86, 101, 116, 131, 154, 169, 184 as well as an additional 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, amino acids at the N-terminal end, C-terminal end or at both the Nand C-terminal ends of the sequence.

[0145] The additional amino acids preferably correspond to amino acids from the parent protein amino acid sequence from which the peptide is derived, i.e. the wild-type amino acid sequence of the protein. For example, SEQ ID NOs: 41, 56, 71, 86, 101, 116, 131, 154, 169 are from the Alt a 1 protein (the position of the peptide in the Alt a 1 polypeptide is indicated in FIG. 8). The full length 157 amino acid Alt a 1 sequence can be found in the UniProt database under Accession No. P79085 (reproduced in FIG. 12). SEQ ID NO: 184 is from the Alt a 5 protein (the position of the peptide in the Alt a 5 polypeptide is indicated in FIG. 8). The full length 113 amino acid sequence of Alt a 5 sequence can be found in the UniProt database under Accession No. P42037 (reproduced in FIG. 13).

[0146] In some instances, addition of amino acids corresponding to those in the parent protein sequence in this way results in an unstable amino acid, e.g. cysteine (C), occurring at the N- and/or the C-terminal end of the peptide. In such cases, an unstable amino acid may be substituted by a more stable amino acid. For example, a C/V and/or M/L substitution may be made (see, for example, SEQ ID NOs: 120, 121, 123, 125, 126, 128, and 129).

[0147] A peptide may have a maximum length of 30 amino acids and a minimum length of 9 amino acids, or a maximum length of 20 amino acids and a minimum length of 11 amino acids, or a maximum length of 15 amino acids and a minimum length of 9 amino acids, or a maximum length of 11 amino acids and a minimum length of 8 amino acids, or a length of 9 or 15 amino acids. Each of the peptides specifically described herein is preferably capable of stimulating an immune response to Alt a 1 or Alt a 5 respectively.

[0148] In some embodiments a peptide has a contiguous amino acid sequence having at least 70% sequence identity to the amino acid sequence of a peptide selected from one of groups (i) to (vii), groups (a) to (c) or group (d), wherein the peptide has an amino acid length of from 8 to 50 amino acids.

[0149] The degree of sequence identity may be chosen from one of 80%, 85%, 90% or 95%. The peptide may have a maximum length of 30 amino acids and a minimum length of 9 amino acids, or a maximum length of 20 amino acids and a minimum length of 11 amino acids, or a maximum length of 15 amino acids and a minimum length of 9 amino acids, or a maximum length of 11 amino acids and a minimum length of 8 amino acids, or a length of 9 or 15 amino acids. The peptide is preferably capable of stimulating an immune response to Alt a 1 or Alt a 5 respectively.

[0150] In some embodiments a peptide is provided comprising the amino acid sequence of a peptide selected from

one of groups (i) to (vii), groups (a) to (c) or group (d) or a peptide having a contiguous amino acid sequence having at least 80% sequence identity to the amino acid sequence of a peptide selected from one of groups (i) to (vii), groups (a) to (c) or group (d), wherein the peptide has an amino acid length of from 8 to 50 amino acids.

[0151] In one aspect of the present invention a pharmaceutical composition is provided, the pharmaceutical composition comprising a peptide or peptide combination according to any of the aspects and embodiments described herein. The pharmaceutical composition may further comprise a pharmaceutically acceptable carrier, adjuvant or diluent. The pharmaceutical composition may be a vaccine.

[0152] In some aspects of the present invention the peptide (s) or peptide combination and/or pharmaceutical compositions are provided for use in the prevention or treatment of disease. The disease may be an allergic disease. The disease may be chosen from fungal allergy, fungal asthma, fungal infection, SAFS (Severe Asthma with Fungal Sensitisation [Denning et al. Eur. Respir. J. 2006. 27: 615-626]), ABPA (Allergic Bronchopulmonary Aspergillosis), or Aspergillosis. The disease may be an allergic disease caused by an *Alternaria alternata* protein allergen (preferably Alt a 1 or Alt a 5) or by infection of tissue by *Alternaria alternata*.

[0153] In another aspect of the present invention a method of treating or preventing disease in a patient in need of treatment thereof is provided, the method comprising administering to the patient a therapeutically effective amount of a peptide combination or peptide or pharmaceutical composition according to any one of the aspects and embodiments described herein.

[0154] In another aspect of the present invention a method for the production of a pharmaceutical composition is provided, the method comprising providing a peptide combination or peptide according to any one of the aspects and embodiments described herein, and mixing the peptide combination or peptide with a pharmaceutically acceptable carrier, adjuvant or diluent.

[0155] Methods for the production of a pharmaceutical composition comprising a peptide combination may comprise a step of mixing the two or more peptides to be contained in the pharmaceutical composition. This step may be undertaken prior to or after mixing of one or more of the peptides with a pharmaceutically acceptable carrier, adjuvant or diluent.

[0156] In another aspect of the present invention a nucleic acid, preferably an isolated and/or purified nucleic acid, encoding a peptide according to any one of the aspects and embodiments described herein is provided, although preferably a peptide selected from one of groups (a) to (c) or group (d). A cell is also provided, having integrated in its genome a nucleic acid encoding a peptide according to any one of the aspects and embodiments described herein (although preferably a peptide selected from one of groups (a) to (c) or group (d)) operably linked to a transcription control nucleic acid sequence. A nucleic acid expression vector is also provided having a nucleic acid encoding a peptide according to any one of the aspects and embodiments described herein (although preferably a peptide selected from one of groups (a) to (c) or group (d)) operably linked to a transcription control nucleic acid sequence, wherein the vector is configured for expression of a peptide according to any one of the aspects and embodiments described herein (although preferably a peptide selected from one of groups (a) to (c) or group (d)) when transfected into a suitable cell. Accordingly, a cell transfected with the nucleic acid expression vector is also provided.

[0157] In another aspect of the present invention a method of identifying a peptide that is capable of stimulating an immune response is provided, the method comprising the steps of:

[0158] (i) providing a candidate peptide having a contiguous amino acid sequence having at least 70% sequence identity to the amino acid sequence of a peptide selected from one of groups (a) to (c) or group (d), wherein the peptide has an amino acid length of from 8 to 50 amino acids, and

[0159] (ii) testing the ability of the candidate peptide to induce an immune response.

[0160] Step (i) may comprise providing a peptide having the sequence of a peptide selected from one of groups (a) to (c) or group (d) and chemically modifying the structure of the peptide to provide the candidate peptide. Step (ii) may comprise contacting the candidate peptide with a population of T cells in vitro and assaying T cell proliferation. Step (ii) may comprise or further comprise monitoring for production of IL-4 and/or IFNy.

[0161] In aspects and embodiments of the present invention a peptide is provided, the peptide comprising or consisting of one of SEQ ID NOs:2, 4, 5, 8, 9, 11, 12, 20, 21, 26, 27-184 set out below. In the sequences shown below, the 9-mer peptide of the corresponding sequence selected from one of SEQ ID NOs: 2, 4, 5, 8, 9, 11, 12, 20, 21, and 26 is shown in bold. As such, in embodiments of the present invention a peptide or Group of peptides may be chosen from one of:

Group (i)	or Group (a)
Peptide	SEQ ID NO:
FTT IASLFAAAG	27
TTIASLFAAAG	28
TIASLFAAAG	29
iaslfaaaglaa	30
IASLFAAAG LA	31
IASLFAAAGL	32
ftt iaslfaaag laa	2
FTT IASLFAAAG LA	33
FTT IASLFAAAG L	34
TTIASLFAAAGLAA	35
TT IASLFAAAG LA	36
TTIASLFAAAGL	37
T iaslfaaag laa	38
T IASLFAAAG LA	39
TIASLFAAAGL	40
IASLFAAAG	41

[0162] SEQ ID NOs:27-41 correspond to SEQ ID NO:2 in which one, two or three additional contiguous amino acids

from the Alt a 1 protein sequence are optionally incorporated at the N-terminus, C-terminus and both N- and C-terminus.

[0163] In some embodiments group (i) and/or group (a) excludes peptide(s) consisting of or comprising one of SEQ ID NOs: 27, 28, 29, 30, 32, 34, 37, 40 and/or 41 or a peptide(s) having an amino acid sequence that comprises the contiguous amino acid sequence of one of SEQ ID NOs 27, 28, 29, 30, 32, 34, 37, 40 or 41 as part of the amino acid sequence of the peptide.

[0164] As such, in some embodiments Group (i) or Group (a) may comprise peptides consisting of the amino acid sequence of SEQ ID NOs 2, 31, 33, 35, 36, 38 and 39.

Group (i.	i)
Peptide	SEQ ID NO:
ASL FAAAGLAAA	42
SLFAAAGLAAA	43
LFAAAGLAAA	44
FAAAGLAAAAPL	45
FAAAGLAAAAP	46
FAAAGLAAAA	47
ASL faaaglaaa apl	4
ASL faaaglaaa ap	48
ASL FAAAGLAAA A	49
SL FAAAGLAAA APL	50
SL FAAAGLAAA AP	51
SL FAAAGLAAA A	52
L FAAAGLAAA APL	53
L FAAAGLAAA AP	54
L faaaglaaa A	55
FAAAGLAAA	56

[0165] SEQ ID NOs:42-56 correspond to SEQ ID NO:4 in which one, two or three additional contiguous amino acids from the Alt a 1 protein sequence are optionally incorporated at the N-terminus, C-terminus and both N- and C-terminus.

Group	(iii)
Peptide	SEQ ID NO:
AAG laaaaples	57
AG LAAAAPLES	58
GLAAAAPLES	59
LAAAAPLES RQD	60
LAAAAPLES RQ	61
LAAAAPLES R	62
AAG LAAAAPLES RQD	5

-continued

Group	(iii)
Peptide	SEQ ID NO:
aag laaaaples ro	63
AAG laaaaples r	64
AG laaaaples RQD	65
AG laaaaples RQ	66
AG laaaaples R	67
G LAAAAPLES RQD	68
G laaaaples RQ	69
G laaaaples R	70
LAAAAPLES	71

[0166] SEQ ID NOs:57-71 correspond to SEQ ID NO:5 in which one, two or three additional contiguous amino acids from the Alt a 1 protein sequence are optionally incorporated at the N-terminus, C-terminus and both N- and C-terminus.

Group	(iv)	
Peptide	SEQ ID NO:	
GTY YNSLGFNIK	72	
TY YNSLGFNIK	73	
YYNSLGFNIK	74	
YNSLGFNIKATN	75	
YNSLGFNIKAT	76	
YNSLGFNIKA	77	
GTY YNSLGFNIK ATN	11	
GTY YNSLGFNIK AT	78	
GTY YNSLGFNIK A	79	
TY YNSLGFNIK ATN	80	
TY YNSLGFNIK AT	81	
TY YNSLGFNIK A	82	
Y YNSLGFNIK ATN	83	
Y ynslgfnik at	84	
Y ynslgfnik a	85	
YNSLGFNIK	86	

[0167] SEQ ID NOs:72-86 correspond to SEQ ID NO:11 in which one, two or three additional contiguous amino acids from the Alt a 1 protein sequence are optionally incorporated at the N-terminus, C-terminus and both N- and C-terminus.

Gro	oup (v)	
Peptide	SEQ ID NO:	
YNSLGFNIKATN	87	
NS LGFNIKATN	88	
S LGFNIKATN	89	
LGFNIKATN GGT	90	
LGFNIKATN GG	91	
LGFNIKATN G	92	
YNS LGFNIKATN GGT	12	
YNS LGFNIKATN GG	93	
Yns lgfnikatn g	94	
NS LGFNIKATN GGT	95	
NS LGFNIKATN GG	96	
NS LGFNIKATN G	97	
S lgfnikatn ggt	98	
S lgfnikatn gg	99	
S LGFNIKATN G	100	
LGFNIKATN	101	

[0168] SEQ ID NOs:87-101 correspond to SEQ ID NO:12 in which one, two or three additional contiguous amino acids from the Alt a 1 protein sequence are optionally incorporated at the N-terminus, C-terminus and both N- and C-terminus.

Group (vi)	
Peptide	SEQ ID NO:
SDDITYVATATL	102
DD ITYVATATL	103
DITYVATATL	104
ITYVATATLPNY	105
ITYVATATLPN	106
ITYVATATLP	107
SDD ITYVATATL PNY	20
SDD ITYVATATL PN	108
SDD ITYVATATL P	109
DD ITYVATATL PNY	110
DD ITYVATATL PN	111
DD ITYVATATL P	112
D ITYVATATL PNY	113
D ITYVATATL PN	114
D ITYVATATL P	115

-continued

	Group (vi)	
Peptide		SEQ ID NO:
ITYVATATL		116

[0169] SEQ ID NOs:102-116 correspond to SEQ ID NO:20 in which one, two or three additional contiguous amino acids from the Alt a 1 protein sequence are optionally incorporated at the N-terminus, C-terminus and both N- and C-terminus.

Group (vii)			
Peptide	SEQ ID NO:		
DIT YVATATLPN	117		
ITYVATATLPN	118		
TYVATATLPN	119		
yvatatlpn yvr	120*		
YVATATLPN YV	121*		
YVATATLPNY	122		
DIT yvatatlpn yvr	21*		
DIT YVATATLPN YV	123*		
DIT YVATATLPN Y	124		
IT yvatatlpn yvr	125*		
I T YVATATLPN YV	126*		
I T YVATATLPN Y	127		
T yvatatlpn yvr	128*		
T YVATATLPN YV	129*		
T YVATATLPN Y	130		
YVATATLPN	131		
YVATATLPN YCR	132		
YVATATLPN YC	133		
DIT yvatatlpn ycr	134		
DIT YVATATLPN YC	135		
I T YVATATLPN YCR	136		
I T YVATATLPN YC	137		
T YVATATLPN YCR	138		
T YVATATLPN YC	139		

[0170] SEQ ID NOs:117-139 correspond to SEQ ID NO:21 in which one, two or three additional contiguous amino acids from the Alt a 1 protein sequence are optionally incorporated at the N-terminus, C-terminus and both N- and C-terminus. SEQ ID NOS: 120, 121, 21, 123, 125, 126, 128, and 129 (indicated by (*)) are Cys/Val substitution variants of wild type SEQ ID NOS: 132-139. In some embodiments, SEQ ID NOS: 120, 121, 21, 123, 125, 126, 128, and 129 are preferred

compared to the respective corresponding sequence selected from one of SEQ ID NOs: 132-139.

Gr	coup (b)
Peptide	SEQ ID NO:
ISE FYGRKPEGT	140
SEFYGRKPEGT	141
EF YGRKPEGT	142
FYGRKPEGTYYN	143
FYGRKPEGTYY	144
FYGRKPEGTY	145
ISE FYGRKPEGT YYN	8
ISE fygrkpegt yy	146
ISE fygrkpegt y	147
SE FYGRKPEGT YYN	148
SE FYGRKPEGT YY	149
SE FYGRKPEGT Y	150
E FYGRKPEGT YYN	151
E fygrkpegt yy	152
E fygrkpegt y	153
FYGRKPEGT	154

[0171] SEQ ID NOs:140-154 correspond to SEQ ID NO:8 in which one, two or three additional contiguous amino acids from the Alt a 1 protein sequence are optionally incorporated at the N-terminus, C-terminus and both N- and C-terminus.

Gro	oup (c)
Peptide	SEQ ID NO:
SEFYGRKPEGTY	155
EF YGRKPEGTY	156
FYGRKPEGTY	157
YGRKPEGTY YNS	158
YGRKPEGTYYN	159
YGRKPEGTY Y	160
SEF YGRKPEGTY YNS	9
SEF YGRKPEGTY YN	161
SEF YGRKPEGTY Y	162
EF YGRKPEGTY YNS	163
EF YGRKPEGTY YN	164
EF YGRKPEGTY Y	165
F YGRKPEGTY YNS	166

-continued

	Group (c)
Peptide	SEQ ID NO:
F YGRKPEGTY YN	167
F YGRKPEGTY Y	168
YGRKPEGTY	169

[0172] SEQ ID NOs:155-169 correspond to SEQ ID NO:9 in which one, two or three additional contiguous amino acids from the Alt a 1 protein sequence are optionally incorporated at the N-terminus, C-terminus and both N- and C-terminus.

Group	(d)
Peptide	SEQ ID NO:
AAY lliglggnt	170
AY LLLGLGGNT	171
YLLLGLGGNT	172
LLLGLGGNT SPS	173
LLLGLGGNT SP	174
LLLGLGGNT S	175
AAY LLLGLGGNT SPS	26
AAY lliglggnt sp	176
AAY lliglggnt s	177
AY LLLGLGGNT SPS	178
AY LLLGLGGNT SP	179
AY lliglggnt s	180
Y LLLGLGGNT SPS	181
Y LLLGLGGNT SP	182
Y lllglggnt s	183
LLLGLGGNT	184

[0173] SEQ ID NOs:170-184 correspond to SEQ ID NO:26 in which one, two or three additional contiguous amino acids from the Alt a 5 protein sequence are optionally incorporated at the N-terminus, C-terminus and both N- and C-terminus.

[0174] The invention may optionally exclude peptides comprising or consisting of one or more of the following sequences, or peptides having a contiguous sequence of 7, 8 or 9 amino acids that has one of 90%, 91%, 92%, 93%, 94%, 95%, 96%, 97%, 98%, 99% or 100% sequence identity to one or more of the following sequences:

YYNSLGFNI	(SEQ	ID	NO:	185
LGFNIKATN	(SEQ	ID	NO:	101

(SEQ ID NO: 211)

(SEQ ID NO: 56)

(SEQ ID NO: 212)

(SEQ ID NO: 213)

(SEQ ID NO: 214)

(SEQ ID NO: 27)

(SEQ ID NO: 28)

(SEO ID NO: 29)

(SEQ ID NO: 30)

(SEQ ID NO: 32)

(SEQ ID NO: 34)

(SEQ ID NO: 37)

(SEQ ID NO: 40)

-continued FNIKATNGG	(SEQ	ID	NO:	186)
IKATNGGTL	(SEQ	ID	NO:	187)
ITYVATATL	(SEQ	ID	NO:	116)
VATATLPNY	(SEQ	ID	NO:	188)
YVATATLPN	(SEQ	ID	NO:	189)
YITLVTLPK	(SEQ	ID	NO:	190)
ITLVTLPKS	(SEQ	ID	NO:	191)
VYQKLKALA	(SEQ	ID	NO:	192)
YQKLKALAK	(SEQ	ID	NO:	193)
KLKALAKKT	(SEQ	ID	NO:	194)
LKALAKKTY	(SEQ	ID	NO:	195)
FGAGWGVMV	(SEQ	ID	NO:	196)
WGVMVSHRS	(SEQ	ID	NO:	197)
WGVLVSHRS	(SEQ	ID	NO:	198)
GVMVSHRSG	(SEQ	ID	NO:	199)
VMVSHRSGE	(SEQ	ID	NO:	200)
MVSHRSGET	(SEQ	ID	NO:	201)
YVWKISEFY	(SEQ	ID	NO:	202)
LLLKQKVSD	(SEQ	ID	NO:	203)
LLKQKVSDD	(SEQ	ID	NO:	204)
WLVAYFAA	(SEQ	ID	NO:	205)
WGRQILKS	(SEQ	ID	NO:	206)
WGRQIMKS	(SEQ	ID	NO:	207)
MQFTTIASL	(SEQ	ID	NO:	208)
FTTIASLFA	(SEQ	ID	NO:	209)
IASLFAAAG	(SEQ	ID	NO:	210)

[0175] In some embodiments a respective peptide comprises or consists of the amino acid sequence of one of SEQ ID NOs: 2, 4, 5, 8, 9, 11, 12, 20, 21, 26, 27-184 (optionally excluding one or more, or all, of SEQ ID NOs: 27, 28, 29, 30, 32, 34, 37, 40, 41). The amino acid sequence of the selected SEQ ID NO is preferably included in the peptide as a contiguous amino acid sequence.

-continued

LFAAAGLAA

FAAAGLAAA

WKISEFYGR

MKHLAAYLL

LKHLAAYLL

FTTIASLFAAAG

TTTASLFAAAG

TIASLEAAAG

IASLFAAAGLAA

IASLFAAAGL

FTTIASLFAAAGL

TTIASLFAAAGL

TIASLFAAAGL

[0176] In some embodiments a respective peptide has at least 60% amino acid sequence identity to one of SEQ ID NOs: 2, 4, 5, 8, 9, 11, 12, 20, 21, 26, 27-184 (optionally excluding one or more, or all, of SEQ ID NOs: 27, 28, 29, 30, 32, 34, 37, 40, 41). More preferably, the degree of sequence identity is one of 65%, 70%, 75%, 80%, 85%, 87%, 90%, 91%, 92%, 93%, 94%, 95%, 96%, 97%, 98%, 99% or 100% identity.

[0177] A peptide according to the present invention may have a maximum length of 50 amino acids and less than the full length of the corresponding protein allergen, i.e. Alt a 1 or Alt a 5. More preferably the maximum peptide length is one of 40 amino acids, 30 amino acids, or is chosen from one of 29, 28, 27, 26, 25, 24, 23, 22, 21, 20, 19, 18, 17, 16, 15, 14, 13, 12, 11, 10 or 9 amino acids. For example, a peptide may have a maximum length of one of 20 amino acids, 15 amino acids, 13 amino acids, 11 amino acids or 9 amino acids.

[0178] A peptide according to the present invention may have a minimum length of 7 amino acids. Preferably the minimum length is chosen from one of 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 or 20 amino acids. For example, a peptide may have a minimum length of one of 7, 8, 9, 10 or 11 amino acids.

[0179] A peptide according to the present invention may have any length between said minimum and maximum. Thus,

for example, a peptide may have a length of from 8 to 30, 10 to 25, 12 to 20, 9 to 15 amino acids, 8 to 11 amino acids, 9 to 11 amino acids, 9 to 13 amino acids or 9 to 14 amino acids. In particular, the peptide may have an amino acid length chosen from one of 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49 or 50 amino acids, such as 9, 11, 13 or 15 amino acids.

[0180] The present invention incorporates peptide derivatives and peptide mimetics of any one of SEQ ID NO.s: 2, 4, 5, 8, 9, 11, 12, 20, 21, 26, 27-184 (optionally excluding one or more, or all, of SEQ ID NOs: 27, 28, 29, 30, 32, 34, 37, 40, 41).

[0181] Peptide derivatives include variants of a given SEQ ID NO and may include naturally occurring allelic variants and synthetic variants which have substantial amino acid sequence identity to the peptide sequence as identified in the wild type full length protein allergen.

[0182] Peptide derivatives may include those peptides having at least 60% amino acid sequence identity to one of SEQ ID NOs: 2, 4, 5, 8, 9, 11, 12, 20, 21, 26, 27-184 (optionally excluding one or more, or all, of SEQ ID NOs: 27, 28, 29, 30, 32, 34, 37, 40, 41) and which are capable of stimulating an immune response.

[0183] Typically a peptide derivative shows similar or improved MHC binding compared to the parent sequence, e.g. one of SEQ ID NOS: 2, 4, 5, 8, 9, 11, 12, 20, 21, 26, 27-184 (optionally excluding one or more, or all, of SEQ ID NOS: 27, 28, 29, 30, 32, 34, 37, 40, 41). Preferably a peptide derivative shows promiscuous binding to MHC Class II molecules

[0184] Peptide derivatives may include peptides having at least one amino acid modification (e.g. addition, substitution, and/or deletion of one or more amino acids) compared to one of SEQ ID NOs: 2, 4, 5, 8, 9, 11, 12, 20, 21, 26, 27-184 (optionally excluding one or more, or all, of SEQ ID NOs: 27, 28, 29, 30, 32, 34, 37, 40, 41).

[0185] Peptide derivatives preferably differ from one of SEQ ID NOS: 2, 4, 5, 8, 9, 11, 12, 20, 21, 26, 27-184 (optionally excluding one or more, or all, of SEQ ID NOS: 27, 28, 29, 30, 32, 34, 37, 40, 41) by less than 5 amino acids. More preferably, the number of different amino acids is 4 amino acids or less, 3 amino acids or less, 2 amino acids or less or only 1 amino acid.

[0186] Peptide derivatives may arise through natural variations or polymorphisms which may exist between the members of a protein allergen family from which the peptide is derived. All such derivatives are included within the scope of the invention.

[0187] Peptide derivatives may result from natural or non-natural (e.g. synthetic) interventions leading to addition, replacement, deletion or modification of the amino acid sequence of one of SEQ ID NOs: 2, 4, 5, 8, 9, 11, 12, 20, 21, 26, 27-184 (optionally excluding one or more, or all, of SEQ ID NOs: 27, 28, 29, 30, 32, 34, 37, 40, 41).

[0188] Conservative replacements and modifications which may be found in such polymorphisms may be between amino acids within the following groups:

[0189] (i) alanine, serine, threonine;

[0190] (ii) glutamic acid and aspartic acid;

[0191] (iii) arginine and leucine;

[0192] (iv) asparagine and glutamine;

[0193] (v) isoleucine, leucine and valine;

[0194] (vi) phenylalanine, tyrosine and tryptophan;

[0195] (vii) methionine and leucine;

[0196] (viii) cysteine and valine.

[0197] Peptide derivatives may be peptide truncates of one or more of SEQ ID NOs: 2, 4, 5, 8, 9, 11, 12, 20, 21, 26, e.g. one or more of SEQ ID NOs: 27-184 (optionally excluding one or more, or all, of SEQ ID NOs: 27, 28, 29, 30, 32, 34, 37, 40, 41). A peptide truncate has the same amino acid sequence as one of SEQ ID NOs: 2, 4, 5, 8, 9, 11, 12, 20, 21, 26, 27-184 (optionally excluding one or more, or all, of SEQ ID NOs: 27, 28, 29, 30, 32, 34, 37, 40, 41) except for the deletion of one or more amino acids, 1, 2, 3, 4, or 5 amino acids may be deleted to provide a peptide truncate. A set of peptide truncates may be prepared in which 1, 2, 3, 4 or 5 amino acids are absent from either the C- or N-terminus of one of SEQ ID NOs: 2, 4, 5, 8, 9, 11, 12, 20, 21, 26, 27-184 (optionally excluding one or more, or all, of SEQ ID NOs: 27, 28, 29, 30, 32, 34, 37, 40, 41), e.g. one of SEQ ID NOs:27-184 to provide a set of up to 10 peptide truncates. Whilst peptide truncates may be prepared by removing the required number of amino acids from the C- or N-terminus it is preferred to directly synthesise the required shorter peptide in accordance with the amino acid sequence of the desired peptide truncate.

[0198] Peptide truncates can also be synthesised to have a sequence that corresponds to one of SEQ ID NOs: 2, 4, 5, 8, 9, 11, 12, 20, 21, 26, 27-184 (optionally excluding one or more, or all, of SEQ ID NOs: 27, 28, 29, 30, 32, 34, 37, 40, 41), e.g. one of SEQ ID NOs:27-184, where 1, 2, 3, 4 or 5 amino acids in internal positions in the peptide are deleted.

[0199] Peptide derivatives may also be provided by modifying one of SEQ ID NO.s: 2, 4, 5, 8, 9, 11, 12, 20, 21, 26, 27-184 (optionally excluding one or more, or all, of SEQ ID NOs: 27, 28, 29, 30, 32, 34, 37, 40, 41) to resist degradation of the peptide. FIG. 10 summarises modifications that may be made to the peptides to help resist peptide degradation and enhance peptide half-life in vitro and in vivo. These modifications may improve in vitro peptide stability and long-term storage. FIG. 10 also indicates enhancing sequences that may increase the rate of reaction of an adjacent or nearby amino acid.

[0200] Peptide derivatives may be provided by modifying one of SEQ ID NO.s: 2, 4, 5, 8, 9, 11, 12, 20, 21, 26, 27-184 (optionally excluding one or more, or all, of SEQ ID NOs: 27, 28, 29, 30, 32, 34, 37, 40, 41) for protease resistance, for example by inclusion of chemical blocks for exoproteases.

[0201] SEQ ID NOs: 120, 121, 21, 123, 125, 126, 128, and 129 are derivatives in that each peptide comprises an C/V substitution compared to the corresponding parent allergen sequence.

[0202] Peptide derivatives may also be provided by modifying one of SEQ ID NO.s: 2, 4, 5, 8, 9, 11, 12, 20, 21, 26, 27-184 (optionally excluding one or more, or all, of SEQ ID NOs: 27, 28, 29, 30, 32, 34, 37, 40, 41), to alter the immuno-modulatory properties of the peptide. These derivatives are sometimes referred to as altered peptide ligands (APLs) (25). APLs typically produce an altered immune response compared to the unaltered (e.g. wild type) peptide. For example, an APL may induce increased or decreased T cell activation, altered cytokine profile in activated T cells, and/or altered MHC binding compared to the unaltered peptide. Preferably an APL displays promiscuous binding of MHC molecules as described herein.

[0203] Peptide derivatives may be assayed for their ability to induce an immune response, e.g. T cell proliferation and/or

cytokine production in a T cell population, in order to identify a peptide pharmacophore representing the minimal or optimised peptide epitope capable of stimulating an immune response and that may be useful in therapy. The immune response induced by a peptide may be one or more of:

[0204] (i) in vitro T cell proliferation, e.g. as measured by peptide stimulation of bromodeoxyuridine or ³H-thymidine incorporation in in vitro cultured PBMC, and/or

[0205] (ii) secretion of cytokines, e.g. IFNγ and/or IL-4, by in vitro cultured PBMC or T cells, e.g. T helper cells, and/or

[0206] (iii) a Th1 or Th2 response (e.g. as measured by secretion of cytokines such as IFNγ or IL-4 respectively).

[0207] Peptide derivatives such as APLs may be screened for MHC binding, in particular for binding to HLA Class II molecules.

[0208] The invention includes a method of identifying a peptide derivative of one of SEQ ID NOs: 2, 4, 5, 8, 9, 11, 12, 20, 21, 26, 27-184 (optionally excluding one or more, or all, of SEQ ID NOs: 27, 28, 29, 30, 32, 34, 37, 40, 41) that is capable of stimulating an immune response. The method comprises the steps of (i) providing a candidate peptide derivative and (ii) testing the ability of the candidate peptide derivative to induce an immune response.

[0209] Part (i) may comprise synthesising the candidate peptide derivative, which may be a peptide mimetic or APL. Alternatively, part (i) may comprise chemically modifying the structure of one of SEQ ID NOs: 2, 4, 5, 8, 9, 11, 12, 20, 21, 26, 27-184 (optionally excluding one or more, or all, of SEQ ID NOs: 27, 28, 29, 30, 32, 34, 37, 40, 41) so as to produce a candidate peptide derivative. Part (i) may comprise synthesis of peptide truncates or derivatives. The candidate peptide derivative will preferably have at least 60% sequence identity to one of SEQ ID NOs: 2, 4, 5, 8, 9, 11, 12, 20, 21, 26, 27-184 (optionally excluding one or more, or all, of SEQ ID NOs: 27, 28, 29, 30, 32, 34, 37, 40, 41).

[0210] Chemical modification of one of SEQ ID NOs: 2, 4, 5, 8, 9, 11, 12, 20, 21, 26, 27-184 (optionally excluding one or more, or all, of SEQ ID NOs: 27, 28, 29, 30, 32, 34, 37, 40, 41) may, for example, comprise deletion of one or more amino acids, addition of one or more amino acids or chemical modification of one or more amino acid side chains.

[0211] Part (ii) may comprise screening a candidate peptide derivative for MHC binding, in particular for binding to HLA Class II molecules. Especially, part (ii) may comprise testing a candidate peptide derivative for promiscuous binding to MHC Class II molecules. In silico screening may be carried out using virtual HLA Class II matrices, such as the ProPred software described herein. An in vitro binding assay may be used to assess binding to HLA Class II molecules, such as the ProImmune Reveal® assay described herein.

[0212] Preferably a peptide derivative, e.g. an APL, is a promiscuous binder of MHC Class II alleles. Typically a promiscuous binding epitope binds over 50%, for example, at least 60% or at least 70%, of the HLA-DR alleles expressed by European Americans. The 11 most common alleles expressed by European Americans are shown in FIG. 11. Preferably a promiscuous binding epitope binds one of at least 2, 3, 4, 5, 6, 7, 8, 9, 10 or all 11 of the HLA-DR alleles in FIG. 11. In one aspect a peptide derivative may bind at least 2, 3, 4, 5, 6, 7, 8, 9, 10 or 11 of the alleles in FIG. 11 and also the HLA-DR allele *1401. The method may therefore comprise selecting a peptide that binds promiscuously.

[0213] Part (ii) may comprise contacting the candidate peptide derivative with a population of T cells and assaying T cell proliferation. Additionally, or alternatively, part (ii) may comprise contacting the candidate peptide derivative with a population of T cells and monitoring cytokine production, such as production of IFN γ and/or IL-4. The T cells are preferably T helper cells. The T cells may be provided as an in vitro culture of PBMC.

[0214] The method may further comprise the step of selecting one or more candidate peptide derivatives that stimulate T cell proliferation and detecting the production of cytokines in order to determine the induction of a Th1 or Th2 response. Preferably, the method comprises detection of IFN γ and/or IL-4. The method may further comprise selecting a peptide that induces a Th1 or Th2 response.

[0215] Methods according to the present invention may be performed in vitro or in vivo. The term "in vitro" is intended to encompass experiments with cells in culture whereas the term "in vivo" is intended to encompass experiments with intact multi-cellular organisms. Where the method is performed in vitro it may comprise a high throughput screening assay. Test compounds used in the method may be obtained from a synthetic combinatorial peptide library, or may be synthetic peptides or peptide mimetic molecules. Method steps (i) and (ii) are preferably performed in vitro, e.g. in cultured cells. Cells may be of any suitable cell type, e.g. mammalian, bacterial or fungal. Host cell(s) may be nonhuman, e.g. rabbit, guinea pig, rat, mouse or other rodent (including cells from any animal in the order Rodentia), cat, dog, pig, sheep, goat, cattle, horse, non-human primate or other non-human vertebrate organism; and/or non-human mammalian; and/or human. Suitable cells, e.g. PBMCs, may be obtained by taking a blood sample.

[0216] Part (ii) of the method may additionally comprise testing a candidate peptide derivative in animal models or patient populations for therapeutic effects on fungal allergy or fungal infection.

[0217] Peptides according to the present invention may be useful in the prevention or treatment of disease. In particular, peptides according to the present invention may be used to prepare pharmaceutical compositions. The pharmaceutical compositions may comprise medicaments or vaccines.

[0218] A pharmaceutical composition may be provided comprising a predetermined quantity of one or more peptides according to the present invention. Pharmaceutical compositions according to the present invention may be formulated for clinical use and may comprise a pharmaceutically acceptable carrier, diluent or adjuvant.

[0219] Pharmaceutical compositions of the invention are purified reproducible preparations which are suitable for human therapy. Preferred compositions of the invention comprise at least one isolated, purified peptide, free from all other polypeptides or contaminants, the peptide having a defined sequence of amino acid residues which comprises at least one T cell epitope of an antigen of interest.

[0220] As used herein, the term "isolated" refers to a peptide which is free of all other polypeptides, contaminants, starting reagents or other materials, and which is not conjugated to any other molecule.

[0221] A pharmaceutical composition of the invention is capable of down regulating an antigen specific immune response to an antigen of interest (e.g. Alt a 1 or Alt a 5) in a population of humans or animals subject to the antigen specific immune response such that disease symptoms are

reduced or eliminated, and/or the onset or progression of disease symptoms is prevented or slowed.

[0222] Compositions and methods of the invention may be used to treat sensitivity to protein allergens in humans such as allergies to fungi, particularly to *Alternaria* spp.

[0223] Accordingly, in a further aspect of the invention a peptide combination or peptide according to the present invention is provided for use in the prevention or treatment of disease.

[0224] In another aspect of the present invention a peptide combination or peptide according to the present invention is provided for use in a method of medical treatment. The medical treatment may comprise treatment of a disease, e.g. allergic disease.

[0225] In another aspect of the present invention the use of a combination of peptides or a peptide according to the present invention in the manufacture of a medicament for the prevention or treatment of disease is provided.

[0226] In another aspect of the present invention a method is provided for preventing or treating disease in a patient in need of treatment, the method comprising administering to the patient a therapeutically effective amount of a combination of peptides or peptide or pharmaceutical composition according to the present invention.

[0227] In accordance with the present invention methods are also provided for the production of pharmaceutically useful compositions, which may be based on a peptide combination, peptide or peptide derivative according to the present invention. In addition to the steps of the methods described herein, such methods of production may further comprise one or more steps selected from:

[0228] (a) identifying and/or characterising the structure of a selected peptide combination, peptide or peptide derivative;

[0229] (b) obtaining the peptide combination, peptide or peptide derivative;

[0230] (c) mixing the selected peptides;

[0231] (d) mixing the selected peptide(s) or peptide derivative(s) with a pharmaceutically acceptable carrier, adjuvant or diluent.

[0232] For example, a further aspect of the present invention relates to a method of formulating or producing a pharmaceutical composition for use in the treatment of disease, the method comprising identifying a combination of peptides, peptide or peptide derivative(s) in accordance with one or more of the methods described herein, and further comprising one or more of the steps of:

[0233] (i) identifying the peptide combination, peptide (s) or peptide derivative(s); and/or

[0234] (ii) formulating a pharmaceutical composition by mixing the selected peptide(s) or peptide derivative(s), with a pharmaceutically acceptable carrier, adjuvant or diluent.

[0235] As such, the method may comprise providing a peptide or peptides which peptide(s) comprise(s) the sequence of one of SEQ ID NOs: 2, 4, 5, 8, 9, 11, 12, 20, 21, 26, 27-184, and formulating a pharmaceutical composition by mixing the selected peptide(s) or peptide derivative(s) with a pharmaceutically acceptable carrier, adjuvant or diluent.

[0236] The peptide(s) or peptide derivative(s) may be present in the pharmaceutical composition in the form of a physiologically acceptable salt.

[0237] In some embodiments methods of medical treatment involve administering more than one peptide according

to the invention to the patient. Administering two, three or more peptides derived from a single allergen may be used to ensure that peptide epitopes that bind to a large number of HLA alleles are provided. For example, one may wish to ensure that the treatment includes administration of peptide epitopes derived from a given allergen that collectively bind to all 11 alleles of FIG. 11. Administration of multiple peptides may be simultaneous, separate or sequential and may form part of a combination therapy.

[0238] Accordingly, a pharmaceutical composition or medicament according to the invention may comprise more than one peptide of the invention. Such compositions and medicaments may contain more than one peptide and/or peptide derivative and/or peptide mimetic according to the invention, for example, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20 or more peptides, peptide derivatives and/or peptide mimetics.

[0239] In yet a further aspect of the present invention nucleic acids encoding peptides according to the present invention are provided, together with their complementary sequences. The nucleic acid may have a maximum length of 1000 nucleotides, more preferably one of 200, 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40, 30, 25 nucleotides. The nucleic acid may have a minimum length of 24 nucleotides, more preferably one of 27, 30, 35, 40, 45, 50, 55 or 60 nucleotides.

[0240] A nucleic acid vector having nucleic acid encoding a peptide of the present invention is also provided. The vector may be an expression vector, e.g. a plasmid, in which a nucleic acid sequence encoding a peptide of the present invention is operably linked to a suitable promoter and/or other regulatory sequence. A host cell transfected with such a vector is also provided.

[0241] In this specification the term "operably linked" may include the situation where a selected nucleotide sequence and regulatory or control nucleotide sequence are covalently linked in such a way as to place the expression of a nucleotide sequence under the influence or control of the regulatory sequence. Thus a regulatory or control sequence is operably linked to a selected nucleotide sequence if the regulatory sequence is capable of effecting transcription of a nucleotide sequence which forms part or all of the selected nucleotide sequence. Where appropriate, the resulting transcript may then be translated into a desired peptide.

[0242] The vector may be configured to enable transcription of mRNA encoding the peptide upon transfection into a suitable cell. Transcribed mRNA may then be translated by the cell such that the cell expresses the peptide.

[0243] A cell having a nucleic acid sequence encoding a peptide of the present invention operably linked to a suitable promoter and/or other transcription regulatory element or control sequence integrated in the genome of the cell is also provided.

[0244] Nucleic acids according to the invention may be single or double stranded and may be DNA or RNA.

[0245] Diseases or conditions that may be prevented or treated include allergic disease. Examples of allergic disease include asthma, allergic asthma, fungal asthma, SAFS, ABPA, allergic bronchopulmonary mycoses, allergic sinusitis, rhinitis, allergic rhinitis, hypersensitivity pneumonitis, atopic eczema. Other diseases or conditions that may be prevented or treated include fungal infection, Aspergillosis (e.g. invasive, non-invasive, chronic pulmonary, aspergilloma).

[0246] Peptide therapy may comprise the use of peptides according to the invention in the prevention/prophylaxis of disease or in the treatment of disease. As such, therapy may comprise relief or reduction of symptoms such as airway inflammation, difficulty in breathing, swelling, itchiness, allergic rhinitis, allergic sinusitis, eosinophilia, hypersensitivity to fungal allergens and/or spores. A reduction in asthmatic symptoms may be measured by conventional techniques, such as measuring peak flow, white blood cell count, patch testing.

[0247] Peptides according to the present invention may be useful as prophylactics for the prevention of allergy responses to fungal allergens, particularly allergens from *Alternaria alternata* such as Alt a 1 or Alt a 5.

[0248] Patients to be treated may be any animal or human. The patient may be a non-human mammal, but is more preferably a human. Subjects, individuals or patients to be treated may be male or female. In one aspect, patients are of a selected ethnicity, which may include one or more of (by birth or residence): (i) European, (ii) from a Member State of the European Union, (iii) North American, e.g. from USA and/or Canada. Patients to be treated may be European American and/or Caucasian.

[0249] Medicaments and pharmaceutical compositions according to aspects of the present invention may be formulated for administration by a number of routes, including intravenous, intradermal, intramuscular, oral and nasal. The medicaments and compositions may be formulated in fluid or solid form. Fluid formulations may be formulated for administration by injection to a selected region of the human or animal body. Pharmaceutical compositions may comprise peptides encapsulated in liposomes, e.g. formed from polyglycerol esters.

[0250] Administration of peptides or pharmaceutical compositions for therapeutic purposes is preferably in a "therapeutically effective amount", this being sufficient to show benefit to the individual. The actual amount administered, and rate and time-course of administration, will depend on the nature and severity of the disease being treated. Prescription of treatment, e.g. decisions on dosage etc, is within the responsibility of general practitioners and other medical doctors, and typically takes account of the disorder to be treated, the condition of the individual patient, the site of delivery, the method of administration and other factors known to practitioners. Examples of the techniques and protocols mentioned above can be found in Remington's Pharmaceutical Sciences, 20th Edition, 2000, pub. Lippincott, Williams & Wilkins.

[0251] A composition may be administered alone or in combination with other treatments, either simultaneously or sequentially, dependent upon the condition to be treated.

[0252] Efficacious peptide immunotherapy may require the repeat administration of a pharmaceutical composition according to the present invention. For example, a dosage regime comprising a series of injections of the pharmaceutical composition may be required in order to treat existing allergic disease symptoms and to provide a vaccination effect against future allergic disease caused by fungal allergens.

[0253] Peptides comprising or consisting of SEQ ID NOS: 2, 4, 5, 8, 9, 11, 12, 20, 21, 26, 27-184 (optionally excluding one or more, or all, of SEQ ID NOs: 27, 28, 29, 30, 32, 34, 37, 40, 41) are disclosed along with variants and derivatives thereof, including peptides having conservative alterations.

These peptides are each proposed for use in the treatment of fungal allergy, preferably allergic disease caused by *A. alternata*.

[0254] The peptides identified may be synthesised by standard techniques (e.g. using commercially available peptide synthesis services such as that provided by Invitrogen, Carlsbad, Calif., USA) and tested for use as a therapeutic or vaccine against fungal infection or fungal allergy.

[0255] Various methods of chemically synthesizing peptides are known in the art such as solid phase synthesis which has been fully or semi-automated on commercially available peptide synthesizers. Synthetically produced peptides may then be purified to homogeneity (i.e. at least 90%, more preferably at least 95% and even more preferably at least 97% purity), free from all other polypeptides and contaminants.

[0256] Peptide compositions may then be characterized by a variety of techniques well known to those of ordinary skill in the art such as mass spectroscopy, amino acid analysis and sequencing and HPLC.

[0257] Peptides useful in the methods of the present invention may also be produced using recombinant DNA techniques in a host cell transformed with a nucleic acid sequence coding for such peptide. When produced by recombinant techniques, host cells transformed with nucleic acid encoding the desired peptide are cultured in a medium suitable for the cells and isolated peptides can be purified from cell culture medium, host cells, or both using techniques known in the art for purifying peptides and proteins including ion-exchange chromatography, ultra filtration, electrophoresis or immunopurification with antibodies specific for the desired peptide. Peptides produced recombinantly may be isolated and purified to homogeneity, free of cellular material, other polypeptides or culture medium for use in accordance with the methods described above.

[0258] Pharmaceutical compositions of the invention should be sterile, stable under conditions of manufacture, storage, distribution and use and should be preserved against the contaminating action of microorganisms such as bacteria and fungi. A preferred means for manufacturing a pharmaceutical composition of the invention in order to maintain the integrity of the composition is to prepare the formulation of peptide and pharmaceutically acceptable carrier(s) such that the composition may be in the form of a lyophilized powder which is reconstituted in a pharmaceutically acceptable carrier, such as sterile water, just prior to use.

[0259] Biodegradable poly(D,L-lactic-co-glycolic) acid (PGLA) particles has been suggested for delivery of peptides for treatment of allergy (Scholl et al. Immunol. Allergy Clin. N. Am. 2006. 26:349-364.).

[0260] T-cell epitope validation can be performed by assaying peptide-induced proliferation of peripheral blood mononuclear cells (PBMC) obtained from subjects having fungal allergy or fungal infection and from control subjects not having fungal allergy or fungal infection. HLA-DR typing of subject PBMCs may also be performed to confirm the promiscuous binding nature of the peptides.

[0261] The status of the proliferated T helper cells may also be determined and used to assist in validation of peptides as therapeutic or vaccine candidates. Th1 cells participate in cell-mediated immunological responses. Th2 cells participate in antibody mediated immunity.

[0262] Th 1/Th 2 status can be determined by examining the cytokine profile of the proliferated cells (27). Production of interferon γ (IFN γ) and optionally one or more of interleukin

2 (IL-2), tumor necrosis factor β (TNF β) and granulocytemacrophage colony stimulating factor (GM-CSF) is indicative of Th1 status. Typically this indicates a non-allergic cellular immune response. Production of interleukin 4 (IL-4) and optionally one or more of interleukin 3 (IL-3), interleukin 5 (IL-5), interleukin 6 (IL-6), interleukin 10 (IL-10) and interleukin 13 (IL-13) is indicative of Th2 status. Often this is associated with an allergic Th2 response. Production of both IFN γ and IL-4 is indicative of Th0 status. Production of IL-10 is associated with a Treg non-allergic response. (27)

[0263] Th2 cells play an important role in the immunological processes of allergic asthma (11) and Th2 associated cytokines such as IL-4, IL-5, IL-9 and IL-13 are implicated in the development of allergen specific Th2 cells, IgE production, airway eosinophilia and airway hyper-responsiveness. Inhibition or suppression of allergen-specific Th2 cells and their cytokines provides a strategy for intervention.

[0264] Such inhibition or suppression may be achieved by selecting Th1 stimulating peptides leading to suppression of the Th2 response (11). Alternatively, Th2 stimulating peptides administered via different routes (oral, lymph node injection or intravenous) and by specific dose variation may be used to suppress an allergen induced Th2 response through a bystander effect. The bystander effect is defined as an influence on the immune response to a particular antigen(s) of interest by the immune response to other unrelated antigens, usually mediated by a local cytokine and cellular environment. The bystander effect can result in an amplification of an immune response (22) or a suppression of a response (23).

[0265] Low-dose T-cell epitope peptides from allergen proteins are proposed to cause antigen specific hypo-responsiveness associated with the induction of a suppressive population of CD4+ T cells, together with up regulation of surface CD5 levels on antigen-specific T cells (12). Intravenous injection of a single peptide induces a bystander suppression and thus can provide protection against a multicomponent allergen trigger (13).

[0266] Accordingly, in addition to assaying for T cell proliferation (e.g. based on Bromodeoxyuridine (BRdU) or 3H thymidine incorporation), cytokine assays' may be performed to detect secretion of one or more of IFN γ , IL-2, TNF β , GM-CSF, IL-4, IL-3, IL-5, IL-6, IL-10 and IL-13. Further assays to detect the presence of an IgE response and/or eosinophilia may also be performed.

[0267] Human T cell stimulating activity can be tested by culturing T cells obtained from an individual sensitive to a predetermined protein antigen with a peptide derived from the antigen and determining whether proliferation of T cells occurs in response to the peptide as measured, e.g., by cellular uptake of ³H thymidine. Stimulation indices for responses by T cells to peptides can be calculated as the maximum counts per minute (CPM) in response to a peptide divided by the control CPM. A T cell stimulation index (S.I.) equal to or greater than two times the background level is considered "positive". Positive results are used to calculate the mean stimulation index for each peptide for the group of peptides tested.

[0268] Preferred peptides have a mean T cell stimulation index of greater than or equal to 2.0. A peptide having a T cell stimulation index of greater than or equal to 2.0 is considered useful as a therapeutic agent. Preferred peptides have a mean T cell stimulation index of at least 2.5, more preferably at least 3.5, even more preferably at least 4.0, and most preferably at least 5.0.

[0269] The positivity index (P.I.) for a peptide is determined by multiplying the mean T cell stimulation index by the percent of individuals, in a population of individuals tested, sensitive to the antigen being tested (e.g., preferably at least 9 individuals, more preferably at least 16 individuals or more, more preferably at least 20 individuals or more, or even more preferably at least 30 individuals or more), who have T cells that respond to the peptide. The positivity index represents the strength of a T cell response to a peptide (S.I.) and the frequency of a T cell response to a peptide in a population of individuals sensitive to the antigen being tested. Preferred peptides may also have a positivity index (P.I.) of at least about 100, more preferably at least 150, even more preferably at least about 250.

[0270] Cytokine production may be analysed using any of the methods described herein. One such method employs an Enzyme-linked ImmunoSpot (ELISPOT) assay. The ELISPOT assay will allow the analysis of cells at the single cell level for cytokine production, and thus provides a method for determining the number of individual T cells secreting a cytokine after stimulation with a specific antigen or peptide (28). The ELISPOT assay typically uses two high-affinity cytokine-specific antibodies directed against different epitopes on the same cytokine molecule. Spots are generated with a colorimetric reaction in which soluble substrate is cleaved, leaving an insoluble precipitate at the site of the reaction. The spot represents a foot-print of the original cytokine producing cell.

[0271] The number of spots is a direct measurement of the frequency of cytokine-producing T cells.

[0272] The production of cytokines by T-cells in PMBC cell cultures in response to allergen indicates that stimulation has occurred and identification of the cytokine pattern allows a comparison of the type of cellular response.

[0273] Peptides selected through in vitro validation assays such as those described above may be tested in animal models or patient populations for therapeutic effects on fungal allergy or fungal infection, e.g. as described in Kheradmand et al (24). For example, a mouse model may be used, such as BALB/c(H2^d) mice. Patients or animals may receive a series of peptide formulations, e.g. by injection, and fungal infection or allergy symptoms and characteristics monitored. Such symptoms and characteristics may include airway inflammation, eosinophilia, rhinitis, cytokine secretion, Th1 or Th2 response status. Suitably, a control patient population receiving placebo formulations may be used to assess efficacy of the peptide formulation.

[0274] Simultaneous, Sequential or Separate Administration

[0275] In some aspects and embodiments of the present invention two or more peptides may be administered separately, either simultaneously or sequentially, or in a combined preparation.

[0276] Simultaneous administration refers to administration of the two or more peptides together, for example as a pharmaceutical composition containing both peptides, or immediately after each other and optionally via the same route of administration.

[0277] Sequential administration refers to administration of one of the peptides followed after a given time interval by separate administration of another (preferably different) peptide. It is not required that the two peptides are administered by the same route, although this is the case in some embodiments. The time interval may be any time interval.

[0278] Simultaneous or sequential administration is intended such that both peptides are delivered to the patient so that their independent actions on the patient may be exhibited in the same or an overlapping time frame. In some embodiments of sequential administration the time interval is selected such that the peptides are expected to be administered to the patient so as to allow for a combined, additive or synergistic effect of the two or more peptides.

[0279] Administration of peptides may be at substantially the same time, and may involve administration of a single pharmaceutical composition or medicament containing the two or more peptides. Where the peptides are given in separate pharmaceutical compositions the time interval between administrations may be any one of 5 minutes or less, 10 minutes or less, 15 minutes or less, 20 minutes or less, 25 minutes or less, 30 minutes or less, 45 minutes or less, 60 minutes or less, 90 minutes or less, 120 minutes or less, 180 minutes or less, 240 minutes or less, 300 minutes or less, 360 minutes or less, or 720 minutes or less, or 1 day or less, or 2 days or less.

[0280] Peptide Mimetics

[0281] The designing of mimetics to a known pharmaceutically active compound is a known approach to the development of pharmaceuticals based on a "lead" compound. This might be desirable where the active compound is difficult or expensive to synthesise or where it is unsuitable for a particular method of administration, e.g. some peptides may be unsuitable active agents for oral compositions as they tend to be quickly degraded by proteases in the alimentary canal. Mimetic design, synthesis and testing is generally used to avoid randomly screening large numbers of molecules for a target property.

[0282] There are several steps commonly taken in the design of a mimetic from a compound having a given target property. Firstly, the particular parts of the compound that are critical and/or important in determining the target property are determined. In the case of a peptide, this can be done by systematically varying the amino acid residues in the peptide, e.g. by substituting each residue in turn. These parts or residues constituting the active region of the compound are known as its "pharmacophore".

[0283] Once the pharmacophore has been found, its structure is modelled according to its physical properties, e.g. stereochemistry, bonding, size and/or charge, using data from a range of sources, e.g. spectroscopic techniques, X-ray diffraction data and NMR. Computational analysis, similarity mapping (which models the charge and/or volume of a pharmacophore, rather than the bonding between atoms) and other techniques can be used in this modelling process.

[0284] In a variant of this approach, the three-dimensional structure of the ligand and its binding partner are modelled. This can be especially useful where the ligand and/or binding partner change conformation on binding, allowing the model to take account of this in the design of the mimetic.

[0285] A template molecule is then selected onto which chemical groups which mimic the pharmacophore can be grafted. The template molecule and the chemical groups grafted on to it can conveniently be selected so that the mimetic is easy to synthesise, is likely to be pharmacologically acceptable, and does not degrade in vivo, while retaining the biological activity of the lead compound. The mimetic or mimetics found by this approach can then be screened to see whether they have the target property, or to what extent

they exhibit it. Further optimisation or modification can then be carried out to arrive at one or more final mimetics for in vivo or clinical testing.

[0286] With regard to the present invention, a peptide mimetic is one form of peptide derivative. A method of identifying a peptide derivative capable of stimulating an immune response may comprise the step of modifying the peptide structure to produce a peptide mimetic. This peptide mimetic may optionally be subject to testing in a T cell proliferation assay, and/or in cytokine secretion assays (e.g. assaying for IFN γ or IL-4 production). This process of modification of the peptide or peptide mimetic and testing may be repeated a number of times, as desired, until a peptide having the desired effect, or level of effect, on T cell proliferation and/or cytokine secretion is identified.

[0287] The modification steps employed may comprise truncating the peptide or peptide mimetic length (this may involve synthesising a peptide or peptide mimetic of shorter length), substitution of one or more amino acid residues or chemical groups, and/or chemically modifying the peptide or peptide mimetic to increase stability, resistance to degradation, transport across cell membranes and/or resistance to clearance from the body.

[0288] Altered Peptide Ligands (APLs)

[0289] Altered peptide ligands (APLs) are modified versions of peptide epitopes, with altered immunomodulatory properties (25).

[0290] A Th1-skewing APL has been reported, having a single 336N/A substitution compared to the wild type peptide epitope (implicated in allergic asthma) and which inhibits the allergic Th2 response in a mouse model of allergic asthma (11).

[0291] An APL of an immunodominant epitope of lipocalin allergen Bos d2 has also been reported which produces a Th1/Th0 response in vitro compared to the Th2/Th0 response induced by the wild type epitope (29). The T cell population induced by the APL are cross-reactive with the wild type epitope (29).

[0292] Changes in the residues flanking the core epitope of the immunodominant myelin basic protein (MBP) peptide 84-102 have been reported to alter both MHC binding and T cell activation, the latter independently of MHC binding (30). It is suggested that C-terminal basic residues may enhance processing and presentation of an epitope.

[0293] With regard to the present invention, an APL is one form of peptide derivative.

[0294] An APL typically induces an altered immune response compared to the unaltered (usually wild type) peptide.

[0295] Immunomodulatory properties that may be altered include one or more of:

[0296] T Cell Activation

[0297] T cell activation in response to the APL may be increased or decreased compared to the unmodified peptide. Activation may occur at a higher or lower dose of peptide. Some APLs are unable to originate T cell signalling and lead to an impairment of T cell activation (antagonist APLs). Some APLs elicit some but not all of the signals for full T cell activation (partial agonist APLs) (25).

[0298] Cytokine Profile

[0299] T cells activated by the peptide may secrete a different pattern of cytokines than T cells activated by the unmodified peptide. Thus, a modified peptide may induce a

different type of T cell response, e.g. Th1 in place of Th2, Treg in place of Th2, or Th1 in place of Treg.

[0300] MHC Binding

[0301] An APL may show altered MHC binding compared to the unmodified peptide. In the present case it is preferred that an APL shows similar or improved MHC binding compared to the unaltered peptide. In particular it is preferred that an APL is a promiscuous binder of MHC Class II alleles.

[0302] The T cells activated by the APL may be cross reactive with the unmodified or wild type epitope.

[0303] A method of identifying a peptide derivative capable of stimulating an immune response as described herein may comprise the step of modifying the peptide structure to produce an APL with altered immunomodulatory properties as described herein.

[0304] Modifying the peptide may comprise modifying, substituting, adding or deleting one or more amino acids. Modifications which may be found in peptide derivatives are described herein.

[0305] For example, modifying a peptide may comprise systematically altering one or more amino acids in the peptide, e.g. substituting each amino acid in turn. For example, an initial screen may use an alanine scan to prepare a set of peptide derivatives from a starting peptide, each derivative being substituted with an alanine at a single position (Janssen et al. J. Immunol. 2000. 164:580-588.).

[0306] Modifying a peptide may comprise adding 1, 2, or 3 (or more) amino acids at the N-terminal end, the C-terminal end, or at both N-terminal and the C-terminal end.

[0307] Modification may be at an amino acid within any of SEQ ID NOS:1-184. Alternatively, modification may be at an amino acid in a region flanking any of these sequences, such as the N-terminal and/or C-terminal 1, 2, 3, 4, 5 or 6 amino acids. For example, one or more additional amino acids may be added, substituted or chemically modified at the N-terminal and/or C-terminal region of an epitope. Preferably one or more basic amino acids is included at the C-terminal end of a peptide.

[0308] Binding core 9-mers of class II DR epitopes have a general pattern of amino acid side chains important in binding to the MHC and important for binding of the MHC/peptide complex to the T-cell receptor. For a typical peptide epitope, alterations of residues P1, P4, P6 or P9 can alter peptide binding strength to MHC alleles while alterations of P2, P3, P5, P7 and P8 can alter the interactions of MHC/peptide complex with T-cell receptors. Altering the strength of binding of the MHC/peptide complex to the T-cell receptor is known to have the ability to change the fate of the original T-cell receptor clone as to cytokine polarization and/or interact with structurally related T-cell receptor clones not induced by the original peptide.

[0309] Candidate APL(s) may be assessed for binding to MHC Class II molecules, in particular HLA Class II molecules such as HLA-DR alleles. Typically an APL is tested for binding to HLA DR alleles which occur at a frequency of at least 40% in the European-American population, for example at least 50%, 60%, 70%, 80% or 90% in the population. Preferably an APL is tested for binding to at least 2, 3, 4, 5, 6, 7, 8, 9, 10, or 11 of the alleles in FIG. 11 (and optionally also to the HLA DR *1401 allele).

[0310] Preferably an APL exhibits substantially similar or improved binding compared to the unaltered peptide. Preferably an APL shows promiscuous binding to HLA Class II molecules as described herein.

[0311] MHC binding may be assessed using in silico screening. Typically in silico screening, such as the ProPred software described herein, comprises use of virtual HLA Class II matrices. Additionally or alternatively, MHC binding may be assessed using an in vitro binding assay, such as the ProImmune REVEAL® assay described herein.

[0312] Candidate APL(s) may be subject to testing in a T cell proliferation assay, and/or in cytokine secretion assays (e.g. assaying for IFN γ or IL-4 production) to determine the nature of the T cell response to the APL. For example, epitope specific T-cell lines and clones can be isolated from sensitized allergic donors. An APL modified from the native sequence may cross-react with the original clones induced by the native peptide and/or it may induce new T-cell receptor clones. Using an original line or clone induced by the native epitope for testing with APLs allows precise characterization of proliferation/cytokine pattern changes on the original population of clones due to amino acid changes in the peptide. Specific APLs that exhibit the desired properties can be tested for effects on whole TCR populations from the targeted patient population.

[0313] APLs selected through in vitro validation assays such as those described above may be tested in animal models or patient populations for therapeutic effects on fungal allergy or fungal infection as described herein.

[0314] This process of modification of the peptide and testing may be repeated a number of times, as desired, until a peptide having the desired effect, or level of effect, on T cell proliferation and/or cytokine secretion is identified.

[0315] In one aspect a peptide derivative herein refers to an APL of any one of SEQ ID NOs: 2, 4, 5, 8, 9, 11, 12, 20, 21, 26, 27-184 (optionally excluding one or more, or all, of SEQ ID NOs: 27, 28, 29, 30, 32, 34, 37, 40, 41).

[0316] Peptide Solubility

[0317] For some applications it is desirable for the peptide to be soluble in a liquid, e.g. water, saline solution or another pharmaceutically acceptable liquid carrier. Some hydrophobic peptides may first be dissolved in DMSO or other solvents and diluted into aqueous solution. Where the hydrophobic character of the peptide prevents such an approach the peptide may be modified to improve solubility. Modification of the peptide may be achieved in several ways well known to one of skill in the art, including the following.

[0318] One type of modification involves alteration of the peptide amino acid sequence to provide a peptide derivative in which one or more hydrophobic amino acids are substituted with amino acids of moderate or low hydrophobicity or with charged or uncharged polar amino acids.

[0319] Another type of modification involves modification of the N- and/or C-terminal ends of the peptide. Peptide derivatives may be provided in which the N-terminus is free and charged (NH $_2$ —) or blocked with an acetyl group (AC—) or with Biotin. The C-terminus may also be free and charged (—COOH) or blocked (—CONH $_2$).

[0320] Another type of modification involves addition of one, two or three amino acids to the N- and/or C-terminus of the peptide to provide a longer peptide derivative. The additional amino acids may be any amino acids. In preferred embodiments the additional amino acids are chosen from the amino acids adjacent the N- or C-terminus of the peptide sequence as found in the protein amino acid sequence from which the peptide is derived. However, these may be modified to increase solubility.

[0321] Following modification to provide a peptide derivative the peptide derivative would be tested for retention of biological activity and for improvement in solubility.

[0322] Sequence Identity

[0323] Aspects of the invention concern compounds which are isolated peptides/polypeptides comprising an amino acid sequence having a sequence identity of at least 60% with a given sequence. Alternatively, this identity may be any one of 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99 or 100% sequence identity.

[0324] Percentage (%) sequence identity is defined as the percentage of amino acid residues in a candidate sequence that are identical with residues in the given listed sequence (referred to by the SEQ ID NO.) after aligning the sequences and introducing gaps if necessary, to achieve the maximum sequence identity, and not considering any conservative substitutions as part of the sequence identity. Sequence identity is preferably calculated over the entire length of the respective sequences.

[0325] Alignment for purposes of determining percent amino acid sequence identity can be achieved in various ways known to a person of skill in the art, for instance, using publicly available computer software such as ClustalW 1.82. T-coffee or Megalign (DNASTAR) software. When using such software, the default parameters, e.g. for gap penalty and extension penalty, are preferably used. The default parameters of ClustalW 1.82 are: Protein Gap Open Penalty=10.0, Protein Gap Extension Penalty=0.2, Protein matrix=Gonnet, Protein/DNA ENDGAP=-1, Protein/DNA GAPDIST=4.

[0326] Identity of nucleic acid sequences may be determined in a similar manner involving aligning the sequences and introducing gaps if necessary, to achieve the maximum sequence identity, and calculating sequence identity over the entire length of the respective sequences.

[0327] The invention includes the combination of the aspects and preferred features described except where such a combination is clearly impermissible or expressly avoided.

[0328] The section headings used herein are for organizational purposes only and are not to be construed as limiting the subject matter described.

[0329] Aspects and embodiments of the present invention will now be illustrated, by way of example, with reference to the accompanying figures. Further aspects and embodiments will be apparent to those skilled in the art. All documents mentioned in this text are incorporated herein by reference.

BRIEF DESCRIPTION OF THE FIGURES

[0330] Embodiments and experiments illustrating the principles of the invention will now be discussed with reference to the accompanying figures in which:

[0331] FIG. 1. Cumulative distribution plot of background subtracted spot counts in % frequency. A, Control subjects (Control 1) and *Alternaria* allergic patients (Patient) total ELISPOT count distributions. B, Control 1 distribution with outliers removed (Control 2) and the normalized distribution of control counts with outliers removed (Normal Control 2). [0332] FIG. 2. Charts showing response of control and patient populations to Alt a 1 peptides and corresponding Alt a 1 peptide hydrophilicity. A, Percent population response of control subject and *Alternaria* allergic patient populations with >9 IL-4 ELISPOT counts for each Alt a 1 peptide. B, Theoretical hydrophilicity of each Alt a 1 peptide.

[0333] FIG. 3. Table I: Patient Characteristics.

[0334] FIG. 4. TABLE II: Alt a 1 peptide-HLA binding prediction and in vitro HLA binding assay with DRB1*0101, 0301, 0401, 0701, 1101, 1301,1501.

[0335] FIG. 5. TABLE III: Alt a 1 peptide-HLA binding prediction to DRB1*0404, 0801, 1104, 1302.

[0336] FIG. 6. TABLE IV. ELISPOT counts of control subjects and *Alternaria* allergic patients exposed to Alt a 1 peptides

[0337] FIG. 7. TABLE V. HLA typing of *Alternaria* allergic patients and controls.

[0338] FIG. 8. Table showing Alt a 1 peptide 15mer sequences.

 $[0\bar{3}39]$ FIG. 9. Table showing Alt a 5 peptide 15mer sequence.

[0340] FIG. 10. Table of conservative amino acid modifications indicating amino acid modifications that may be made to peptides of the invention in order to increase peptide resistance to degradation.

[0341] FIG. 11. Table of top 11 DRB1 alleles used in Pro-Pred search. Alleles are shown by percentage population frequency present in European Americans.

[0342] FIG. 12. Amino acid sequence of Alt a 1 (UniProt Accession No. P79085).

[0343] FIG. 13. Amino acid sequence of Alt a 5 (UniProt Accession No. P42037).

[0344] FIG. 14. Table showing results of ELISPOT counts of *Alternaria* allergic patients exposed to Alt a 5 peptide SEQ ID NO:26.

EXAMPLES

Example 1

Characterization and Selection of T-Cell Epitopes of the Major *Alternaria alternata* Allergen Alt a 1 for Peptide Immunotherapy

[0345] Methods

[0346] Subjects

[0347] Twenty three Alternaria allergic patients and 17 controls were recruited from the University of Barcelona allergy clinic (Barcelona, Spain). Alternaria patients were skin-prick test (SPT) positive to *Alternaria* extract (Diater). Controls were SPT negative to Alternaria and other fungi. Nasal provocation testing (NPT) with Alternaria extract was used to diagnose Alternaria specific allergic rhinitis as measured by acoustic rhinometry. The challenge was considered positive if the nasal challenge with the diluent was negative and the volume between the 2^{nd} and 5^{th} cm sections of the nose decreased >25% after the Alternaria challenge (20). All of the Alternaria allergic patients were NPT positive while all the control subjects were NPT negative. Subject histories were obtained and the results of further SPT are summarized in Table I. All of the *Alternaria* allergic patients were also positive for other aeroallergens including dust mite, pollen, epithelium derived from cat and/or dog, and/or other fungi such as Cladosporium herbarum, Aspergillus fumigatus, and/ or Penicillium species. The presence of IgE to the A. alternata major allergen Alt a 1 was determined using ImmunoCAP and/or ImmunoCAP ISAC (Phadia) assay.

[0348] Epitope Prediction and Peptide Synthesis

[0349] The computational servers harboring ProPred and NetMHCIIpan 2.1 software packages were used to predict Alt a 1 peptides that promiscuously bind to multiple DRB1 alleles (21, 22). ProPred binding predictions were at a stringency

threshold level 3 (default) and level 10 while NetMHCIIpan binding predictions used the default parameters for weak and strong binders. Predictions were obtained to the 11 most frequent DRB1 alleles found in the North American population of European descent (23): DRB1*0101, *0301, *0401, *0404, *0701, *0801, *1101, *1104, *1301, *1302, and *1501. NetMHCIIpan 2.2 was used for prediction of Alt a 1 peptides binding to DQB1 alleles using default parameters for weak and strong binders (24, 25). The 15mer peptides were subsequently synthesized by NEO-Peptide (Cambridge, Mass.) as an acetate salt with free N and C termini at a purity of >95% and were used to test validation of the prediction models. For synthesized peptides, cysteine residues were substituted with valine residues and/or methionine residues were substituted with leucine residues.

[0350] HLA Typing

[0351] DNA was isolated from 17 patients and 15 controls from whole blood or PBMCs with a Gene Elute Blood Genomic kit (Sigma). HLA typing of DRB1 to a four digit resolution was performed by the Histocompatibility and Immunogenetics Laboratory at Manchester Royal Infirmary (Manchester, United Kingdom).

[0352] MHC-Peptide Binding Assay

The MHC restriction of peptides from ProPred prediction were evaluated using the REVEAL Class II binding assay and Quick Check Stability Assay performed by ProImmune (Oxford, United Kingdom). In the REVEAL cell free in vitro assay, the binding of a peptide to an HLA molecule is determined by its ability to stabilize a MHC class II-peptide complex. Each MHC class II-peptide binding was scored relative to a validated proprietary T cell epitope control peptide. The score was determined as the percentage of the signal generated by the test peptide versus the level for the positive control peptide and reflects the on-rate properties of peptide. The off-rate properties of the peptide were determined by the Quick Check Stability Assay which measured the amount of peptide bound at time zero and time 24 hours at 37° C. The two signals were used to estimate a half-life which was multiplied by the REVEAL score and divided by 100 to yield the combined stability index. A stability index ≥1.0 was considered positive for MHC binding.

[0354] PBMC Collection and Preparation

[0355] Peripheral blood was obtained by venipuncture from *Alternaria* allergic patients and non-sensitized controls. Peripheral blood mononuclear cells (PBMCs) were isolated from heparinized blood by standard Ficoll density gradient centrifugation. PBMCs were washed with CTL (Cellular Technology Limited, Cleveland, Ohio, USA) wash medium containing RPMI-1640 with L-glutamine (Lonza, Basel, Switzerland) before being counted by haemocytometer using trypan blue stain (Sigma). PBMCs (10 million/ml) were resuspended in CTL-Cryo ABC serum-free freezing medium according to the manufacturer's protocol before being frozen overnight at -80° C. and transferred to and stored in liquid nitrogen until time of use.

[0356] IL-4 ELISPOT Analysis

[0357] Enzyme-linked immunospot assay (ELISPOT) analysis was performed utilizing 16 *Alternaria* patients and 11 controls. For an individual peptide the number of *Alternaria* patients tested ranged between 10-15 and the number of control subjects ranged between 7-9. Ten *Alternaria* patients were fully tested with all 22 peptides. For ELISPOT, the BD ELISPOT Human IL-4 Set (BD Biosciences, San Diego, Calif., USA) was used to analyze IL-4 production by human

PBMCs. Plates were coated overnight at 4° C. with IL-4 capture antibody (BD Biosciences) and then washed 3 times with Dulbecco's Phosphate Buffer Saline (DPBS, Sigma). Plates were blocked with 1% BSA (Sigma) in PBS for 2 h at room temperature and washed 3 times with DPBS. Cryopreserved Alternaria patient and control subject PBMCs were thawed rapidly, washed, counted, and resuspended in CTL Test Medium supplemented with 2 mM L-glutamine (Sigma) and used at a concentration of 300,000 cells/well contained in 100 µl. Peptides were dissolved in DMSO to 50 mg/ml then diluted to 2 mg/ml with sterile H₂O and stored at -20° C. Prior to use, thawed peptides were diluted 1/100 in CTL Test medium supplemented with 2 mM L-glutamine and $100\,\mu l$ was added to appropriate patient and control wells for a final peptide concentration of 10 µg/ml and a final DMSO concentration of 2.86 mM. 100 µl of CTL Test medium supplemented with 2 mM L-glutamine and 2.86 mM DMSO was added to patient and control subject no-peptide cell background control wells. Positive control wells contained 200,000 cells/well plus 5 μg/ml phytohemagglutinin (PHA) (Sigma) in a total of 200 μl. After incubation at 37° C., 5% CO₂ for 48 h, the cells were removed by washing 3 times with PBS and 4 times with PBS containing 0.05% Tween-20 (PBST). Biotinylated detection antibody was added and plates were kept at 4° C. overnight. After the wells were washed 3 times with PBST, Streptavidin-Horse Radish Peroxidase (HRP) conjugate provided in the BD ELISPOT Human IL-4 kit was added. After 1 hour at room temperature in the dark, wells were washed 2 times each with PBST and PBS alone and developed for 20-40 min with 3-amino-9-ethylcarbazole (AEC, BD Biosciences). The reaction was stopped by washing the wells with deionized water. The plates were dried and analyzed on the ImmunoSpot UV Core ELISPOT Plate Reader (Cellular Technology Limited).

[0358] Statistical Analysis

[0359] The two-independent sample Wilcoxon rank sum test was used for statistical analysis of ELISPOT data (26). A one-sided control<patient p-value was determined except for peptides 7-21 and 143-157 where a one-sided patient >control p-value was calculated. Outlier identification using g=1.5 and g=2.2 was performed as described (27). For correlation analysis the Pearson product moment correlation was used with a two-sided p-value.

[0360] Peptide Solubility

[0361] The theoretical average peptide hydrophilicity was calculated using the Hopp and Woods scale (28). For solubility determination, peptides were dissolved in sterile pure water at 50mg/ml (pH=7), mixed, centrifuged and the presence of a pellet indicated insolubility. Insoluble peptides were sequentially diluted and tested down to 2.5mg/ml or until solubility was observed. Peptides not fully dissolved at 2.5mg/ml were considered insoluble in this study.

[0362] Results

[0363] T-Cell Epitope Prediction of Alt a 1 Using ProPred Algorithm Server Output

[0364] The Barcelona *A. alternata* allergic patient population used in this study showed a 96% IgE sensitization to Alt a 1 which confirmed the use of this allergen as a target for T-cell epitope prediction and immunotherapy development. Analysis of the complete Alt a 1 sequence including the signal peptide (total 157 amino acids) using ProPred with 11 DRB1 alleles as theoretical binding targets produced 27 potential T-cell epitope 9mers designated by sequence position in Alt a 1 (Tables II & III). Seventeen 9mers had at least one prediction at the higher stringency level and ten 9mers only at the

low stringency level. The 7 highest North American-European population frequency DRB1 alleles accounted for 25 of 27 predictions while the addition of the next 4 alleles only produced two additional predictions. Predicted promiscuity of the peptides spanned the full range from 1 to 11 alleles. Twenty-three predicted 9mer epitopes were extended from their C and N termini using flanking Alt a 1 sequence and positioned at p4/p12 within 15mers. Two additional 15mers, located at the N and C termini of Alt a 1 were designed; peptide p1-15 includes the sequences of 9mer peptides p1-9 and p3-11 at positions p1/p9 and p3/p11 respectively and peptide p143-157 which includes the sequences of the 9mer peptides p147-155 and p148-156 at positions p5/p13 and p6/p14, respectively. Considering patient and control cell availability it was decided to proceed with the 25 ProPred derived 15mers for further analysis. Five of these peptides, p67-81, p115-129, p121-135, p124-138 and p135-149 contained a single cysteine residue, one peptide, p1-15, contained a single methionine residue and one peptide, p83-97, contained both a cysteine and methionine residue. Cysteine is subject to oxidation and disulfide bond formation under relatively mild conditions (29) which along with cysteinylation (30) can interfere with peptide MHC binding and activation of T cells by exogenous class II T-cell epitope peptides. Cysteine was substituted with valine as it has similar biochemical properties and has been reported to enhance peptide stability without changing immunological properties (31). Methionine is also sensitive to oxidation and was replaced with biochemically similar leucine to protect against oxidative destabilization (32).

[0365] In vitro MHC Binding Assay and ProPred Prediction Evaluation

[0366] To confirm ProPred predictions and to validate peptides for continued analysis using IL-4 ELISPOT, an in vitro MHC-peptide binding assay was used to measure binding of 22/25 15mers (excluding p3-17, 42-56, and 43-57) to the 7 DRB1 alleles which accounted for the majority of the Pro-Pred predictions (Table II). For ProPred confirmation, the data showed combined high and low stringency binding prediction rates of 82% (9/11) for allele *0101 and 77% (10/13) rate for allele *0401, with significant false negative rates of 46% (5/11) and 78% (7/9), respectively. High stringency binding prediction rates were accurate for alleles *0301 (none predicted) and *1501 (none predicted), while inaccurate with low stringency positive binding prediction rates of 0% (0/10) and 25% (1/4), respectively. Both alleles *0301 and *1501 had low false negative rates of 8% (1/12) and 6% (1/18), respectively. ProPred was inaccurate at both high and low stringency for the three remaining alleles with a 0% binding prediction rate for *0701 (0/9), *1101 (0/14) and *1301 (0/7) but also yielding 0% false negative rates at 0/13, 0/8 and 0/14, respectively. Of the peptides tested for MHC binding, results showed 1 peptide bound 4 alleles, 1 peptide bound 3 alleles, 10 peptides bound 2 alleles, 7 peptides bound 1 allele and 3 peptides bound 0 alleles. The ProPred prediction method used had an overall one DRB1 allele minimum binding prediction rate of 86.4%. The oxidation stabilizing substitutions did not preclude peptide/MHC binding as all 7 of the substituted peptides bound one or two DRB1 alleles. To conserve patient and control cells, the three non-binding peptides, p35-49, p103-117 and p104-118 were dropped from further analysis leaving a total of twenty-two 15mers for IL-4 ELISPOT analysis.

[0367] ELISPOT Data Analysis

[0368] Two methods were evaluated to interpret the IL-4 ELISPOT spot count data. In order to account for assay variability and/or peptide responses found in the control population for quantification of Alternaria allergy specific responses, no-peptide cell background means were subtracted from corresponding control and Alternaria patient peptide means (Table IV) and subjected to hypothesis testing Seven peptides showed statistical significance (p<0.05); p12-26, p51-65, p52-66, p55-69, p59-73, p113-127, and p115-129. However, examination of the data showed that this form of analysis can be insensitive to isolated positive responses and it does not provide any guidance for positive cut-off value determination for peptide/population promiscuity calculations and target population coverage analysis. Since Alternaria negative control group data was available, an empirical approach was used for positive response cut-off determination by plotting the actual cumulative distribution frequencies of the background subtracted control data for each peptide and control subject revealing a non-normal distribution termed control 1 (FIG. 1A); μ =0.29, σ =8.05, median=0.0. However, \approx 43% of the control data is at or below 0 spot counts and ≈42% of the data is at or higher than 0 spot counts and the outlier labeling rule identified 4 (g=1.5) to 5 (g=2.2) outliers indicating a potential underlying normal distribution. Cumulative frequencies of background subtracted Alternaria allergic patient data for each peptide and patient showed a nonnormal distribution more skewed to the right (FIG. 1A); μ =5. 14, σ =12.79, median=2.0 with \approx 27% of the patient data at or below 0 spot counts and \approx 61% at or higher than 0 spot counts. Removal of the 5 outliers from the control 1 data produced a more normal distribution termed control 2 (FIG. 1B); $\mu=-0$. 55, σ =3.93, median =0.0 with deviation in the midsection due to increased 0 counts which comprise ≈16% of the data points. Control 2 data was normalized to model a normal distribution and is termed Normal Control 2 (FIG. 1B). Positive assay cut-off was set at >9.0 spot counts, which was greater than the last control 2 data point and between 2 and 3 standard deviations above the control 2 mean. The five control 1 population peptide counts >9.0 derived from two control subjects were designated as positive responses to peptide. One subject (C8) was IgE positive to two types of pollen with spot counts of 17, 21 and 91.8, while the other subject (C17) was negative for measurable atopy with spot counts of 13.1 and 18.6.

[0369] Peptide to Patient Response and Therapeutic Population Coverage

[0370] A total of 71 Alternaria patient spots >9 were identified and the % patient response for each peptide was calculated (FIG. 2A). All 22 peptides showed reactivity in at least one patient with a percent tested population response range of 7-60%. The data showed the most promiscuous peptides were concentrated in 4 regions of Alt a 1. Region 1 includes the signal peptide and mature protein N-terminus, region 2 spans residues 51-73, region 3 spans residues 113-129 and region 4 is near the N-terminus including residues 135-149. Sixteen peptides could be considered "promiscuous" by stimulating >8% of their populations, while the top seven of this group (p115-129, p12-26, p55-69, p52-66, p7-21, p113-127, p3-17) showed ≥40% patient reactivity. We then identified subsets of peptides from the ≥40% set that could stimulate the majority of the potential patient population from the 10 patients who were tested with all 22 peptides. These patients showed a wide variation in peptide reactivity. One patient (P6) of this

group, who showed detectible IgE reactivity to Alt a 1, was not reactive to any Alt a 1 peptides while one other patient (P2) reacted to 2 peptides, four patients (P5, P19, P22, P23) reacted to 5 peptides, one patient (P7) reacted to 8 peptides, two patients (P11, P21) reacted to 9 peptides, and one patient (P14) reacted to 13 peptides. Using the peptide reaction data corresponding to each individual patient, p12-26 paired with p3-17 would cover 9/10 or 90% of the fully tested patients with at least one reactive peptide. Combinations of p12-26 with 2 other peptides will also cover 90% of the population including: p7-21/p52-66, p7-21/p55-69, p7-21/p113-127 and p52-66/p115-129. Thus, these top seven promiscuous peptides can serve as a pool for peptide immunotherapy in this population and perhaps beyond.

[0371] Peptide Hydrophilicity and % Patient Reactivity [0372] Predicted peptide hydrophilicity was plotted and compared to % patient reactivity (FIG. 2B). A Pearson product moment correlation was computed to assess the relationship between peptide hydrophilicity and patient reactivity to peptide. There was a negative correlation between the two variables of r=-0.42, p=0.05, n=22 for all 22 peptides assayed by ELISPOT. Removal of peptides p1-15 and p143-157 increased the negative correlation to r=-0.64, p=0.003, n=20. Thus for the Alt a 1 peptides, decreases in hydrophilicity were correlated with increases in patient reactivity. It is also notable that the peptides which showed no in vitro binding to any DRB1 allele; p35-49, p103-117, and p104-118 were hydrophilic with hydrophilicity calculated at 0.3, 0.4 and 0.1, respectively.

[0373] Peptide Solubility

[0374] Of the 22 peptides synthesized for ELISPOT analysis, 12 were soluble and 10 were insoluble in H₂O. The insoluble peptides included p1-15, p3-17, p6-20, p7-21, p51-65, p52-66, p55-69, p113-127, p135-149, and p143-157. As expected, solubility was broadly associated with predicted hydrophilicity; peptides ≤-0.8 were insoluble, peptides ≥-0.1 were soluble, while peptide solubility was variable in the intermediate range. As hydrophilicity was negatively correlated with % patient reactivity, it is not surprising that 5 of the 7 peptides with ≥40% patient reactivity were insoluble. It is of possible interest to produce and assay water soluble peptides for use in immunotherapy or diagnostics, therefore a subset of 6 insoluble peptides were modified by single aminoacid changes at or near the N-terminus and then retested for solubility. The following modified peptides with calculated hydrophilicity were soluble in H_2O : p51-65:G52S (-0.3), p55-69:Y55A (-0.3), Y55S (-0.2), Y55E (0.0), p143-157: V143S(-0.3), V143E(-0.1), and p52-66:G52S(-0.5). The following modified peptides were insoluble in H₂O: p51-65: G52E (-0.2), p55-69:Y55V (-0.3), p113-127:S113E (-0.2), p135-149:P135S (-0.2), P135E (0.0), p143-157:V143A (-0. 3), and p52-66:G52E (-0.3). While most of the substitutions increased the calculated hydrophilicity of the peptides it was not necessarily associated with improvement in solubility nor was there any pattern in the residues used for substitutions. However, out of 14 modified peptides tested, 7 showed improved solubility while of the 6 original insoluble peptides targeted for modification, 4 peptides had at least one soluble variant.

[0375] Comparison of Population DRB1 Typing Data, Peptide in vitro Binding and Patient Reactivity

[0376] To facilitate the determination of the potential patient DRB1 alleles involved in patient reactivity to peptides, the population percentage of patient and control sub-

jects either homo- or heterozygous for each DRB1 allele was determined (Table V) and compared to the in vitro DRB1 binding data (Table II) and patient peptide reactivity (Table IV). The results of the DRB1 binding assays showed that the majority of the peptides bound to the *0101 and *0401 allele proteins. However, none of patient population was bearing the *0401 allele while 18% had the *0101 allele. Of the ELISPOT tested patients, one heterozygous for the *0101 allele (P7) was reactive to five *0101 binding peptides. For the remaining alleles, one patient (P14) who was heterozygous for the *0301 allele was reactive to a single *0301 binding peptide. No other concurrences were present between reactive patient DRB1 alleles and peptides with matching DRB1 binding. The remaining relevant DRB1 alleles in the patient population were *0701 at 65%, *1101 at 29% and *1301 at 18%. However, the DRB1 binding assay showed no positive peptides for these three alleles. While the possibility exists for technical issues with the binding assay, it is more likely that the peptides are binding MHC molecules from other class II loci. DQB1 typing was performed to determine if other HLA loci are potential participants in the peptide presentation (Table V). DQB1 typing showed 2 alleles of interest; *0202 was the most abundant in both patients and control populations while *0301 was present in 47% of the patients but only 20% of the controls. Binding predictions using NetMHCII 2.2 server could be obtained for a limited number of DQB1 alleles. Binding predictions of Alt a 1 peptides to DQA1*0501-DQB1*0301 included strong binders in region 1 and weak binders for regions 2, 3 and 4 suggesting that significant peptide presentation could occur through loci other than DRB1.

[0377] Retrospective Analysis of NetMHCIIpan-2.1 Server Epitope Prediction Algorithm Output and MHC Binding Assay Results

[0378] For a comparison of ProPred results with a prediction server based on a different method, NetMHCIIpan-2.1 was used to calculate default level weak and strong binding predictions to the 11 most common DRB1 alleles for all 143 15mers present in the complete Alt a 1 sequence. Evaluation of allele specific NetMHCIIpan binding predictions utilizing the in vitro binding results for the 22 15mers (Table II) revealed combined strong and weak binding prediction rates of 63% (10/16) for allele *0101(<ProPred), and a 100% (9/9) rate for allele *0401, (>ProPred) and similar to ProPred with significant false negative rates of 67% (4/6) and 62% (8/13) respectively. The strong binding prediction rate was accurate for alleles *0301 (none predicted) and *1501 (none predicted) which was similar to ProPred's high stringency predictions but was more accurate than ProPred for allele *1301 (none predicted). The weak binding prediction of one false positive for *0301 was also more accurate than the ProPred low stringency prediction but similar to ProPred with poor weak binding prediction for allele *1301 and *1501 at 0% (0/4) and 11% (1/9), respectively. All three alleles *0301, *1301 and *1501 had low false negative rates of 5% (1/21) 0% (0/18) and 7% (1/15), respectively. Like ProPred, NetM-HCIIpan was inaccurate at both weak and strong binding prediction for the two remaining alleles with a 0% binding prediction rate for *0701 (0/11) and *1101 (0/11) but also yielded 0% false negative rates at 0/11 and, 0/11 respectively. In conclusion, NetMHCIIpan had lower false positive rates compared to ProPred for two alleles but was similar to ProPred in other binding predictions and most importantly for the two alleles responsible for the vast majority of the positive in vitro binding results.

[0379] Retrospective Analysis of ProPred/NetMHCIIpan Prediction and Peptide Response Results

[0380] NetMHCIIpan using the same 11 DRB1 alleles as ProPred predicted in Alt a 1 a total of 27 strong binders to at least one allele, of which 2 were ranked as strong binders only while the remaining 25 were also ranked as weak binders for other alleles. An additional 53 peptides were ranked as weak binders only, bringing to a total of 80 unique peptides ranked as binders. The strong binders were distributed primarily in the same 4 high reactivity regions identified with ELISPOT analysis of ProPred predictions. For the 25 ProPred derived 15mers used in this study (Tables II & III), NetMHCIIpan predicted 10 peptides as strong binders for at least one allele, 9 peptides as weak binders only and 6 peptides were not predicted at all. For the seven ELISPOT assayed peptides with a ≥40% patient response, NetMHCIIpan predicted 5 peptides as strong and weak binders to multiple alleles while the remaining two peptides only had one weak prediction each from all 11 DRB1 alleles. Similar results were seen with ProPred predictions for the same 7 peptides with 5 peptides predicted at high stringency and 2 peptides with only 2 or 3 low stringency predictions. The clearest reactivity prediction failure of ProPred/NetMHCIIpan were peptides p1-15 and p143-157 both of which had high stringency/strong binding predictions to multiple alleles but only stimulated one patient each. It is notable that these peptides were the first possible N-terminal and last possible C-terminal 15mer peptides. A Pearson product moment correlation was computed to assess the relationship between predicted peptide promiscuity and patient reactivity to peptide. Positive Pearson correlations between the totaled number of predictions per peptide of ProPred/NetMHCIIpan for 11 alleles and % patient response per matching peptide for all 22 ELISPOT peptides were r=0. 29, n=22, p=0.18 for ProPred and r=0.34, n=22, p=0.12 Net-MHCIIpan. Removal of peptides p1-15 and p143-157 increased the correlation to r=0.48, n=20, p=0.03 for ProPred and r=0.51, n=20, p=0.02 for NetMHCIIpan. Thus for the Alt a 1 peptides, increases in predicted peptide promiscuity were correlated with increases in patient reactivity.

[0381] Discussion

[0382] Early therapeutic design strategies for peptide immunotherapy for allergy were not typically focused on the identification and specific use of relevant T-cell epitopes. These strategies utilized long peptides/fragments (>20 residues) partially or completely covering the target allergen or smaller (<20 residue) partially overlapping peptides covering the entire allergen (17, 33, 34, 35). For a T-cell epitope based strategy, a direct approach to completely screen even a small allergen such as Alt a 1 would require 143 15mer peptides and thus more economical screening strategies have been reported (36, 37). A strategy utilizing a set of 15mers overlapping every five residues would limit an Alt a 1 screen to ≈29 peptides, however our results showed large differences in patient reactivity by shifts of one residue, so while this method may identify regions of reactivity, additional regional peptide mapping would be required to produce an optimized peptide mix, incurring further expense and increased patient sampling. The production of T-cell lines by expansion with whole allergen or peptide can provide a source of cells for further analysis and has been shown to be effective in T-cell epitope identification and can yield population coverage data (19). However, this method will not provide an accurate quantitation of specific memory T-cell populations for determination of clinically relevant peptide reactivity for peptide immunotherapy development and differential activation could also alter count proportions between peptides.

[0383] For the rapeutic development our study tested the combination of in silico epitope prediction and in-vitro MHC binding with direct PBMC peptide stimulation measured with the very sensitive cytokine specific ELISPOT assay. The potential advantages of in silico prediction has been described (38, 39, 40) and this approach has been utilized in a number of allergen T-cell epitope identification projects including peptide immunotherapy development (19, 35, 41, 42, 43). Currently available T-cell epitope prediction servers for Class II binders are primarily based on three different methodologies; quantitative matrices including the original TEPITOPE DRB1 virtual pocket profile matrix as used in ProPred (44), support vector machines such as MHC2Pred, and binding data driven methods, including NetMHCIIpan which uses artificial neural networks for peptide/MHC binding affinity based prediction for DRB1 alleles (38, 40). Analysis has shown several software packages including NetMHCIIpan outperforming ProPred (38), and indeed, our study showed ProPred with a higher false positive prediction rate for several alleles compared to NetMHCIIpan, however, this had little effect on the overall similar predictive ability of ProPred and NetMHCIIpan for our peptide set due to the pooling of a large number of alleles to enhance promiscuous epitope prediction. ProPred was suitable for our study as it predicted in total our target of 20-30 peptides spanning multiple regions in Alt a 1 and produced a set of highly reactivity peptides in Alternaria patients, but it is highly probable that the NetMHCIIpan strong binder predictions would produce a comparably sized high coverage peptide mix. In addition, unlike ProPred which only reports the top 10% binding predictions (38), the NetM-HCIIpan method allows complete predictive mapping of the entire allergen, defines binding regions for expanded analysis, predicts more binders than ProPred for larger scale mapping projects, predicts more DRB1 alleles and is more accurate for certain specific allele predictions. A recently upgraded server based on the TEPITOPE matrices, TEPITOPEpan, claims a significant increase in DRB1 allele coverage and overall performance, although second to Net-MHCIIpan overall, TEPITOPEpan was superior in binding core recognition (45). Our analysis also confirms that ProPred and NetMHCIIpan, while both exclusively DRB1 prediction servers, are sufficient to generate promiscuous multi-loci class II epitopes.

[0384] In our study we utilized the cytokine specific ELISPOT assay to measure Th2 T-cells induction by peptides as the ³H-tritium incorporation method is not a specific indicator of a Th1 or Th2 phenotype. The ELISPOT technique has emerged as a primary tool in the clinical monitoring of vaccine trials and other forms of immunotherapy (46). ELISPOT based clinical assays for the measurement of INF-y from Th1 CD4+ and CD8+ T-cells activated by specific well-characterized peptides have lead standardization efforts in assay optimization to lower signal-to-noise ratio and to improve data analysis (47). Data analysis theory has centered on developing criteria for identifying positive immune responses from ELISPOT data by comparison of peptide containing wells to media only (no peptide) control wells using empirical rules such as certain fold changes above control or statistical evaluations (48, 49). Recent recommendations for comparison of peptide and non-peptide wells favor statistical analysis using various parametric and non-parametric hypothesis testing procedures as well as rigorous data rejection criteria which may be difficult to apply in situations with limited cell numbers and sub-optimized assays with multiple peptides. In our study, which included the use of serum-free media and standardized procedures for the preparation of frozen PBMC, the use of well-characterized disease and control populations with positive response cut-off determinations allowed clear interpretation of IL-4 ELISPOT data for a CD4+/Th2 T-cell epitope discovery project.

[0385] While our study is the first report of a potential pool of Alt a 1 peptides for high population coverage peptide immunotherapy, a previous study by Oseroff et al. (19) tested 7 Alternaria peptides using epitope prediction and IL-5 and INF-γ ELISPOT with an allergic population and reported 6 peptides as IL-5 positive. Three of the peptides were identical 15mers to peptides tested in our study, including p1-15 reported as negative to both cytokines, p6-20 reported positive for IL-5 only and p143-157 also positive for IL-5 only. These results provide confirmation of the low level of patient reactivity for the N-terminus peptide p1-15 despite its highly promiscuous MHC binding prediction and in-vitro MHC binding. They also reported 4 additional Alt a 1 peptides, 3 of which were both positive in atopic subjects for IL-5 and INF-y production indicating a possible mixed Th1-Th2 response for some peptides. One potential complication of this analysis was the use of T cells expanded for 14 days with allergen extract and IL-2 in which the polarization of naïve T cells could be skewed via bystander effects from polarized memory T cells. It has been shown that limited N-terminal degradation of an exogenous Class II peptide by dendritic cells blocked MHC binding but was preventable by N-terminal modification (50), although typical short time frame PBMC based ELISPOT assays do not generate monocyte derived dendritic cells. This observation suggests a possible mechanism for the poor reactivity of select peptides such as p1-15 and p143-157 in our study. However, it may be more likely that the N and C-terminal positions of p1-15 and p143-157 in the intact Alt a 1 allergen may promote sequence loss due to endolytic degradation of the whole allergen prior to or during processing by antigen presenting cells resulting in a lack of presentation of intact versions of these peptides to T-cells.

[0386] The extent of CD4+ T-cell reactivity to Alternaria allergen derived Class II T-cell epitopes in normal non-allergic subjects is largely unknown. Extensive Th1 T-cell activation after exposure to Aspergillus fumigatus whole antigens has been observed in a majority of normal subjects (51). Similarly, ELISPOT assays measuring both Th1 and Th2 activation showed that whole A. fumigatus allergens also extensively activated Th1 CD4+ and CD8+ T-cells (52). Both of these results have been interpreted as active innate defense to prevent invasion by an opportunistic pathogenic fungus. While A. alternata can be an opportunistic pathogen in immunosuppressed patients in rare occasions (53), it is primarily associated with allergic disease so the presence in our study control population of atopic and non-atopic subjects with IL-4 T-cell reactivity to Alta a 1 but without Alternaria allergy could be interpreted as an ongoing response to Alt a 1 exposure but balanced by peripheral tolerance blocking production of IgE to Alt a 1. Oseroff et al. (19) assayed predicted T-cell peptides from multiple fungal allergens and showed overall polarization of the A. fumigatus T cell responses to Th1 while *Alternaria* showed polarization to Th2. A feature of the epitope prediction software servers was the high number of predicted epitopes present in the signal peptide of the Alt a 1 secreted protein. Analysis of five predicted Class II DRB1 binding peptides derived fully or partially from the epitope dense signal sequence of Alt a 1 produced a wide range of responses demonstrating sequence and allergic disease specificity. The N-terminus of the Alt a 1 allergen harbors a predicted signal peptide (predicted to be cleaved between amino acid residues 19-20 by Signal P 3.0) that is most likely cleaved in the fungus and may be retained in the endoplasmic reticulum or secreted during the spore germination process. T-cell activation by signal sequences via Class II MHC has been previously reported in cockroach, peanut and Alt a 1 allergens (42, 43, 19) Similar findings have been reported for Class I epitopes present in signal peptides (54), however, while standard mechanisms for the processing of self or viral proteins could account for signal peptide derived epitope loading onto class I molecules, presentation of exogenous signal peptide derived epitopes by class II molecules may require a dynamic interaction with antigen presenting cells (APCs) and Alternaria spores or hyphae, possibly related to the degradation stability of cleaved signal peptides (55) or the presence of Alt a 1 pre-protein isoforms and the kinetics of phagosome digestion of spores/germinating spores and hyphal fragments (56. These observations also suggest that the use in models and assays of processed mature versions of secreted allergens for sensitization or T-cell stimulation may result in less accurate descriptions of the allergic process under study. More work will be required in the future to determine the localization of this signal sequence portion of Alt a 1 within the fungus itself or following the secretion process.

[0387] While a small sample size, HLA typing showed more than a doubling in the frequency of DQB1 allele *0301 in Alternaria allergic patients compared to the controls. The DQB1 *0301 allele is one of several *03 alleles which have been reported as risk factors for allergic fungal rhinosinusitis (AFRS) (57). Patients with AFRS usually have a history of atopy and allergic rhinitis as do all of the Alternaria allergic patients in our study group. AFS is typically associated with the isolation of a number of fungal species from the allergic mucin most commonly A. fumigatus and dematiaceous species including A. alternata with no evidence of invasive disease (58). An association of Alternaria allergy and the DQB1*03 alleles suggests a possible genetic predisposing mechanism of initial induction of fungal atopy and rhinitis by Alt a 1 and expansion via epitope spread leading to sensitization to other fungal species through conserved allergens followed by development of sinusitis in a subset of patients. Further investigation will be required to validate the aspects of this proposed mechanism.

[0388] Despite wide variations in individual patient T-cell reactivity, a core group of seven peptides accounted for the majority of the reactivity, it is possible for as few as 2 of these peptides to be recognized by 9/10 *Alternaria* allergy subjects. As the presentation of these promiscuous peptides likely occurs through multiple alleles from 2 or more loci (HLA DR, DQ and DP), the potential exists for broad coverage between geographical populations. For example, while the Barcelona population showed some differences, the 7 highest frequency DRB1 alleles and the 5 highest DQB1 alleles from the North American European American population also contained the top 5 and 3 alleles, respectively, of the Barcelona population.

[0389] Of interest for potential peptide immunotherapy is the presence of some patients non-responsive to Alt 1 peptides who nevertheless have significant levels of IgE to the Alt a 1 allergen. Similar findings have been reported in a multiallergen study of cockroach allergic patients following screening with large numbers of predicted T-cell epitope peptides (42). While potential reactivity in such negative patients to additional untested peptides cannot be ruled out in these cases, a large heterogeneity of patient/peptide responses is evident and points to multiple pathways of CD4+ T-cell activation leading to specific IgE production possibly linked to MHC restriction and/or a temporal evolution of the allergic responses. Also of interest for peptide immunotherapy development would be any disconnection between T-cell epitope reactivity and IgE to the corresponding allergen as well as the lack of a dominant allergen for population coverage, thereby necessitating multi-allergen peptide mixtures all leading to increased development time, expense and sampling ethical concerns (42). However, in our study of Alt a 1, the impact of the above issues has been minimal and more similar to Fel d 1 for cat allergy. Alt a 1 appears to be an excellent candidate for a single allergen based T-cell epitope peptide immunotherapy for treatment of Alternaria allergy.

[0390] Peptides identified during screening and used in animal models may be soluble and stable in the typical DMSO solutions used in such projects, but may possess chemical and physical properties that lead to formulation issues in preparation for clinical trials. These properties include oxidation of sensitive amino acids such as cysteine and methionine and peptide aggregation due to disulfide bond formation. The use of excipients such as antioxidants and reducing agents is one option for these formulation and delivery issues (59) and has been used to prevent peptide aggregation due to disulfide bond formation in a Fel d 1 based peptide immunotherapy treatment for cat allergy (35). Another option is substitution of sensitive residues with similar but oxidation resistant residues, for cysteine replacement this includes the structural analog serine (29, 37) and in our study the chemical analog valine, both of which have shown to allow retention of immunological activity but simplify formulation and delivery.

[0391] In regard to other peptide physical properties, a potential disadvantage of epitope prediction methods would be the introduction of bias due to limitations of the underlying data. It has been noted, and is consistent with our study, that the current methods tend to predict peptides of low hydrophilicity (38), the presence of which can impact therapeutic formulation and delivery. While aqueous soluble peptides may simplify formulation for parenteral administration, low hydrophilicity peptides could open up alternative delivery routes and systems (60). Also, our study showed that single N-terminal residue substitutions can improve solubility of many T-cell epitope containing peptides. This approach and solubility screening of peptides mixes with approved formulation excipents should be able to reduce peptide solubility issues.

[0392] Another concern for peptide immunotherapy is potential B-cell epitopes present within peptides which can cross-link IgE leading to immediate hypersensitivity reactions, although this can be tested prior to administration, the induction of treatment induced peptide specific IgE is still an issue. While most B-cell epitopes are conformational (discontinuous), linear (continuous) epitopes are also found and can range from 3-38 amino acids in length with the majority

≤21 amino acids (61). Natural class II peptides have been shown to range from 7-25 amino acids (62) with the most abundant species ranging from 14-21 amino acids (63) and could potentially function as linear B-cell epitopes. A clinical trial of a Fel d 1 based peptide immunotherapy using two 27mer peptides in escalating doses up 750 ug was associated with primarily late phase adverse events but 15% of patients developed IgE to these peptides during the course of treatment (34). It is possible that these longer peptides could form conformational epitopes so the potential for IgE reactivity to linear epitopes present in shorter peptides remains unclear. However, next generation Fel d 1 peptide immunotherapy utilizing shorter 13-17mer peptides and a lower dose has a much improved safety record (35). Screening of peptides used for immunotherapy with linear B-cell epitope prediction servers may offer some insight (64). Peptide length may also influence peptide reactivity as residues added to the 9mer class II binding core peptide have been positively correlated with an increase in predicted MHC-peptide binding affinity with the potential maximum reached at 18-20 residues (65), however, affinity gains decrease sequentially. In addition, N and C-terminus peptide flanking regions outside the core class II 9mer have been shown to have considerable influence on binding of specific T-cell receptors with the peptide-MHC complex (66, 67). The addition of N and C-terminus peptide flanking regions of three residues each appears sufficient to account for the required T-cell receptor peptide-MHC binding affinity. In our study, short 15mer peptides were chosen to minimize the risk of potential B-cell epitopes, retain near optimal affinity, provide defined high specificity, and to reduce treatment production costs.

[0393] Peptide immunotherapy has been reported to be safe and effective for the treatment of specific allergies. Our results demonstrate the potential of the T-cell epitopes derived from the Alt a 1 allergen for development into specific therapeutics for the treatment of fungal allergy patient populations. We also have shown the effectiveness of T-cell class II epitope prediction and the IL-4 ELISPOT assay for peptide immunotherapy discovery projects. Filamentous fungi and their unique and conserved allergens represent exciting targets for new types of immunotherapy.

Example 2

Characterization and Selection of a Novel T-Cell Epitope of the Major *Alternaria alternata* Allergen Alt a 5 for Peptide Immunotherapy

[0394] The methodology described above in respect of Example 1 was applied to the *Alternaria alternata* antigen Alt a 5. This resulted in identification of the novel T-cell epitope p8-16/5-19 (FIG. 9).

[0395] Three *Alternaria* patients exposed to a number of individual peptides from several Alt a allergens were fully tested with the peptide p5-19 (SEQ ID NO:26; FIG. 9) in accordance with the materials and methods described for Example 1 above. The peptide was active in all 3 patients, see results in FIG. 14.

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Thr Tyr Tyr Asn Ser Leu Gly Phe Asn Ile Lys
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Tyr Tyr Asn Ser Leu Gly Phe Asn Ile Lys
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Tyr Asn Ser Leu Gly Phe Asn Ile Lys Ala Thr Asn
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Ser Leu Gly Phe Asn Ile Lys Ala Thr Asn
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Tyr Asn Ser Leu Gly Phe Asn Ile Lys Ala Thr Asn Gly
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Ser Leu Gly Phe Asn Ile Lys Ala Thr Asn Gly Gly
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Ser Asp Asp Ile Thr Tyr Val Ala Thr Ala Thr Leu
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<213> ORGANISM: Alternaria alternata
<400> SEQUENCE: 103
Asp Asp Ile Thr Tyr Val Ala Thr Ala Thr Leu
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Asp Ile Thr Tyr Val Ala Thr Ala Thr Leu
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1 5
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Ile Thr Tyr Val Ala Thr Ala Thr Leu Pro
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<213> ORGANISM: Alternaria alternata
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<400> SEQUENCE: 117
Asp Ile Thr Tyr Val Ala Thr Ala Thr Leu Pro Asn
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<213> ORGANISM: Alternaria alternata
<400> SEQUENCE: 118
Ile Thr Tyr Val Ala Thr Ala Thr Leu Pro Asn
<210> SEQ ID NO 119
<211> LENGTH: 10
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<400> SEQUENCE: 119
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<212> TYPE: PRT
<213 > ORGANISM: Artificial sequence
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<210> SEQ ID NO 121
<211> LENGTH: 11
<212> TYPE: PRT
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Tyr Val Ala Thr Ala Thr Leu Pro Asn Tyr Val
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Tyr Val Ala Thr Ala Thr Leu Pro Asn Tyr
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Asp Ile Thr Tyr Val Ala Thr Ala Thr Leu Pro Asn Tyr Val
<210> SEQ ID NO 124
<211> LENGTH: 13
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<213> ORGANISM: Alternaria alternata
<400> SEQUENCE: 124
Asp Ile Thr Tyr Val Ala Thr Ala Thr Leu Pro Asn Tyr
1 5
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<212> TYPE: PRT
<213> ORGANISM: Artificial sequence
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Ile Thr Tyr Val Ala Thr Ala Thr Leu Pro Asn Tyr
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<211> LENGTH: 13
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Tyr Val Ala Thr Ala Thr Leu Pro Asn Tyr Cys Arg
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Tyr Val Ala Thr Ala Thr Leu Pro Asn Tyr Cys
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<213> ORGANISM: Alternaria alternata
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Asp Ile Thr Tyr Val Ala Thr Ala Thr Leu Pro Asn Tyr Cys Arg
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<212> TYPE: PRT
<213> ORGANISM: Alternaria alternata
<400> SEQUENCE: 135
Asp Ile Thr Tyr Val Ala Thr Ala Thr Leu Pro Asn Tyr Cys
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<213 > ORGANISM: Alternaria alternata
<400> SEQUENCE: 136
Ile Thr Tyr Val Ala Thr Ala Thr Leu Pro Asn Tyr Cys Arg
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5
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<400> SEOUENCE: 137
Ile Thr Tyr Val Ala Thr Ala Thr Leu Pro Asn Tyr Cys
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<400> SEQUENCE: 138
Thr Tyr Val Ala Thr Ala Thr Leu Pro Asn Tyr Cys Arg
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Thr Tyr Val Ala Thr Ala Thr Leu Pro Asn Tyr Cys
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Ile Ser Glu Phe Tyr Gly Arg Lys Pro Glu Gly Thr
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<212> TYPE: PRT
<213> ORGANISM: Alternaria alternata
<400> SEQUENCE: 141
Ser Glu Phe Tyr Gly Arg Lys Pro Glu Gly Thr
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<212> TYPE: PRT
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<400> SEQUENCE: 142
Glu Phe Tyr Gly Arg Lys Pro Glu Gly Thr
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Ile Ser Glu Phe Tyr Gly Arg Lys Pro Glu Gly Thr Tyr
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<400> SEQUENCE: 148
Ser Glu Phe Tyr Gly Arg Lys Pro Glu Gly Thr Tyr Tyr Asn
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Ser Glu Phe Tyr Gly Arg Lys Pro Glu Gly Thr Tyr Tyr
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Ser Glu Phe Tyr Gly Arg Lys Pro Glu Gly Thr Tyr 1 \phantom{\bigg|} 5 \phantom{\bigg|} 10
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Glu Phe Tyr Gly Arg Lys Pro Glu Gly Thr Tyr Tyr Asn
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Glu Phe Tyr Gly Arg Lys Pro Glu Gly Thr Tyr Tyr
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Glu Phe Tyr Gly Arg Lys Pro Glu Gly Thr Tyr
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Phe Tyr Gly Arg Lys Pro Glu Gly Thr
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<400> SEQUENCE: 156
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<400> SEQUENCE: 157
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Tyr Gly Arg Lys Pro Glu Gly Thr Tyr Tyr Asn Ser
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Tyr Gly Arg Lys Pro Glu Gly Thr Tyr Tyr Asn
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Tyr Gly Arg Lys Pro Glu Gly Thr Tyr Tyr
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Ser Glu Phe Tyr Gly Arg Lys Pro Glu Gly Thr Tyr Tyr Asn
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<400> SEQUENCE: 163
Glu Phe Tyr Gly Arg Lys Pro Glu Gly Thr Tyr Tyr Asn Ser
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<213> ORGANISM: Alternaria alternata
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Glu Phe Tyr Gly Arg Lys Pro Glu Gly Thr Tyr Tyr
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Phe Tyr Gly Arg Lys Pro Glu Gly Thr Tyr Tyr Asn Ser
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Phe Tyr Gly Arg Lys Pro Glu Gly Thr Tyr Tyr Asn
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<211> LENGTH: 11
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Tyr Gly Arg Lys Pro Glu Gly Thr Tyr
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Ala Ala Tyr Leu Leu Gly Leu Gly Gly Asn Thr
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Ala Tyr Leu Leu Gly Leu Gly Gly Asn Thr
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Tyr Leu Leu Gly Leu Gly Gly Asn Thr
              5
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Leu Leu Gly Leu Gly Gly Asn Thr Ser Pro Ser
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Leu Leu Gly Leu Gly Gly Asn Thr Ser Pro
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Leu Leu Gly Leu Gly Gly Asn Thr Ser
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Ala Ala Tyr Leu Leu Gly Leu Gly Gly Asn Thr Ser
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<213 > ORGANISM: Alternaria alternata
<400> SEQUENCE: 178
Ala Tyr Leu Leu Gly Leu Gly Gly Asn Thr Ser Pro Ser
              5
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Ala Tyr Leu Leu Gly Leu Gly Gly Asn Thr Ser Pro
1 5
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Ala Tyr Leu Leu Gly Leu Gly Gly Asn Thr Ser
1 5
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Tyr Leu Leu Gly Leu Gly Gly Asn Thr Ser Pro Ser
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Tyr Leu Leu Gly Leu Gly Gly Asn Thr Ser Pro
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<400> SEQUENCE: 183
Tyr Leu Leu Gly Leu Gly Gly Asn Thr Ser
<210> SEQ ID NO 184
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Leu Leu Gly Leu Gly Gly Asn Thr
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Phe Asn Ile Lys Ala Thr Asn Gly Gly
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<400> SEQUENCE: 187
Ile Lys Ala Thr Asn Gly Gly Thr Leu
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<400> SEQUENCE: 188
Val Ala Thr Ala Thr Leu Pro Asn Tyr
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Tyr Val Ala Thr Ala Thr Leu Pro Asn
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<210> SEQ ID NO 190
<211> LENGTH: 9
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<213> ORGANISM: Alternaria alternata
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Tyr Ile Thr Leu Val Thr Leu Pro Lys
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<210> SEQ ID NO 191
<211> LENGTH: 9
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<213> ORGANISM: Alternaria alternata
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Ile Thr Leu Val Thr Leu Pro Lys Ser
<210> SEQ ID NO 192
<211> LENGTH: 9
<212> TYPE: PRT
<213> ORGANISM: Artificial sequence
<220> FEATURE:
<223> OTHER INFORMATION: Synthetic sequence: Peptide derivative
<400> SEQUENCE: 192
Val Tyr Gln Lys Leu Lys Ala Leu Ala
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<210> SEQ ID NO 193
<211> LENGTH: 9
<212> TYPE: PRT
<213> ORGANISM: Artificial sequence
<220> FEATURE:
<223> OTHER INFORMATION: Synthetic sequence: Peptide derivative
<400> SEQUENCE: 193
Tyr Gln Lys Leu Lys Ala Leu Ala Lys
<210> SEQ ID NO 194
<211> LENGTH: 9
<212> TYPE: PRT
<213> ORGANISM: Artificial sequence
<220> FEATURE:
<223> OTHER INFORMATION: Synthetic sequence: Peptide derivative
<400> SEQUENCE: 194
Lys Leu Lys Ala Leu Ala Lys Lys Thr
<210> SEQ ID NO 195
<211> LENGTH: 9
<212> TYPE: PRT
<213> ORGANISM: Artificial sequence
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<223> OTHER INFORMATION: Synthetic sequence: Peptide derivative
<400> SEQUENCE: 195
Leu Lys Ala Leu Ala Lys Lys Thr Tyr
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<211> LENGTH: 9
<212> TYPE: PRT
<213 > ORGANISM: Artificial sequence
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<211> LENGTH: 9
<212> TYPE: PRT
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Trp Gly Val Met Val Ser His Arg Ser
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<213 > ORGANISM: Artificial sequence
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<212> TYPE: PRT
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<400> SEQUENCE: 203
Leu Leu Lys Gln Lys Val Ser Asp
<210> SEQ ID NO 204
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Leu Leu Lys Gln Lys Val Ser Asp Asp
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Val Val Leu Val Ala Tyr Phe Ala Ala
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<210> SEQ ID NO 208
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<213 > ORGANISM: Alternaria alternata
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<211> LENGTH: 9
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<213> ORGANISM: Alternaria alternata
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<211> LENGTH: 9
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Leu Lys His Leu Ala Ala Tyr Leu Leu
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<211> LENGTH: 266
<212> TYPE: PRT
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Glu Leu Gly Arg	Pro Asp Ala 85	Glu Tyr Trp 90	Asn Ser Gln	Lys Asp Ile 95
Leu Glu Gln Ala	Arg Ala Ala	Val Asp Thr 105	Tyr Cys Arg	His Asn Tyr 110
Gly Val Val Glu 115	Ser Phe Thr	Val Gln Arg 120	Arg Val Gln 125	Pro Lys Val
Thr Val Tyr Pro 130	Ser Lys Thr 135	Gln Pro Leu	Gln His His 140	Asn Leu Leu
Val Cys Ser Val 145	Ser Gly Phe 150	Tyr Pro Gly	Ser Ile Glu 155	Val Arg Trp 160
Phe Leu Asn Gly	Gln Glu Glu 165	Lys Ala Gly 170	Met Val Ser	Thr Gly Leu 175
Ile Gln Asn Gly	Asp Trp Thr	Phe Gln Thr 185	Leu Val Met	Leu Glu Thr 190
Val Pro Arg Ser 195	Gly Glu Val	Tyr Thr Cys 200	Gln Val Glu 205	His Pro Ser
Val Thr Ser Pro 210	Leu Thr Val 215	Glu Trp Arg	Ala Arg Ser 220	Glu Ser Ala
Gln Ser Lys Met 225	Leu Ser Gly 230	Val Gly Gly	Phe Val Leu 235	Gly Leu Leu 240
Phe Leu Gly Ala	Gly Leu Phe 245	Ile Tyr Phe 250	Arg Asn Gln	Lys Gly His 255
Ser Gly Leu Gln 260	Pro Thr Gly	Phe Leu Ser 265		
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Arg Pro Arg Phe 35	Leu Glu Gln	Val Lys His 40	Glu Cys His 45	Phe Phe Asn
Gly Thr Glu Arg	-	Leu Asp Arg	Tyr Phe Tyr	His Gln Glu
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Glu Tyr Val Arg 65		Asp Val Gly	Glu Tyr Arg 75	Ala Val Thr 80

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Leu	Glu	Gln	Lys 100	Arg	Ala	Ala	Val	Asp 105	Thr	Tyr	CAa	Arg	His 110	Asn	Tyr
Gly	Val	Gly 115	Glu	Ser	Phe	Thr	Val 120	Gln	Arg	Arg	Val	Tyr 125	Pro	Glu	Val
Thr	Val 130	Tyr	Pro	Ala	Lys	Thr 135	Gln	Pro	Leu	Gln	His 140	His	Asn	Leu	Leu
Val 145	Cys	Ser	Val	Asn	Gly 150	Phe	Tyr	Pro	Gly	Ser 155	Ile	Glu	Val	Arg	Trp 160
Phe	Arg	Asn	Gly	Gln 165	Glu	Glu	Lys	Thr	Gly 170	Val	Val	Ser	Thr	Gly 175	Leu
Ile	Gln	Asn	Gly 180	Asp	Trp	Thr	Phe	Gln 185	Thr	Leu	Val	Met	Leu 190	Glu	Thr
Val	Pro	Arg 195	Ser	Gly	Glu	Val	Tyr 200	Thr	Cys	Gln	Val	Glu 205	His	Pro	Ser
Leu	Thr 210	Ser	Pro	Leu	Thr	Val 215	Glu	Trp	Arg	Ala	Arg 220	Ser	Glu	Ser	Ala
Gln 225	Ser	Lys	Met	Leu	Ser 230	Gly	Val	Gly	Gly	Phe 235	Val	Leu	Gly	Leu	Leu 240
Phe	Leu	Gly	Ala	Gly 245	Leu	Phe	Ile	Tyr	Phe 250	Arg	Asn	Gln	Lys	Gly 255	His
Ser	Gly	Leu	Gln 260	Pro	Thr	Gly	Phe	Leu 265	Ser						
)> SE L> LE														
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Ile	Gln	Asn	Gly 180	Asp	Trp	Thr	Phe	Gln 185	Thr	Leu	Val	Met	Leu 190	Glu	Thr
Val	Pro	Arg 195	Ser	Gly	Glu	Val	Tyr 200	Thr	Cys	Gln	Val	Glu 205	His	Pro	Ser
Val	Thr 210	Ser	Pro	Leu	Thr	Val 215	Glu	Trp	Arg	Ala	Arg 220	Ser	Glu	Ser	Ala
Gln 225	Ser	Lys	Met	Leu	Ser 230	Gly	Val	Gly	Gly	Phe 235	Val	Leu	Gly	Leu	Leu 240
Phe	Leu	Gly	Ala	Gly 245	Leu	Phe	Ile	Tyr	Phe 250	Arg	Asn	Gln	Lys	Gly 255	His
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Val	Thr	Leu	Met 20	Val	Leu	Ser	Ser	Pro 25	Leu	Ala	Leu	Ala	Gly 30	Asp	Thr
Arg	Pro	Arg 35	Phe	Leu	Glu	Tyr	Ser 40	Thr	Ser	Glu	Cys	His 45	Phe	Phe	Asn
Gly	Thr 50	Glu	Arg	Val	Arg	Phe 55	Leu	Asp	Arg	Tyr	Phe 60	Tyr	Asn	Gln	Glu
Glu 65	Tyr	Val	Arg	Phe	Asp 70	Ser	Asp	Val	Gly	Glu 75	Phe	Arg	Ala	Val	Thr 80
Glu	Leu	Gly	Arg	Pro 85	Asp	Glu	Glu	Tyr	Trp 90	Asn	Ser	Gln	Lys	Asp 95	Phe
Leu	Glu	Aap	Arg 100	Arg	Ala	Ala	Val	Asp 105	Thr	Tyr	СЛа	Arg	His 110	Asn	Tyr
Gly	Val	Gly 115	Glu	Ser	Phe	Thr	Val 120	Gln	Arg	Arg	Val	His 125	Pro	Lys	Val
Thr	Val 130	Tyr	Pro	Ser	Lys	Thr 135	Gln	Pro	Leu	Gln	His 140	His	Asn	Leu	Leu
Val 145	CAa	Ser	Val	Ser	Gly 150	Phe	Tyr	Pro	Gly	Ser 155	Ile	Glu	Val	Arg	Trp 160
Phe	Arg	Asn	Gly	Gln 165	Glu	Glu	ГЛа	Thr	Gly 170	Val	Val	Ser	Thr	Gly 175	Leu
Ile	His	Asn	Gly 180	Asp	Trp	Thr	Phe	Gln 185	Thr	Leu	Val	Met	Leu 190	Glu	Thr
Val	Pro	Arg 195	Ser	Gly	Glu	Val	Tyr 200	Thr	Cys	Gln	Val	Glu 205	His	Pro	Ser
Val	Thr 210	Ser	Pro	Leu	Thr	Val 215	Glu	Trp	Arg	Ala	Arg 220	Ser	Glu	Ser	Ala
Gln 225	Ser	Lys	Met	Leu	Ser 230	Gly	Val	Gly	Gly	Phe 235	Val	Leu	Gly	Leu	Leu 240
Phe	Leu	Gly	Ala	Gly 245	Leu	Phe	Ile	Tyr	Phe 250	Arg	Asn	Gln	Lys	Gly 255	His
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<210> SEQ ID NO 221

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

Val Thr Leu Met Val Leu Ser Ser Pro Leu Ala Leu Ala Gly Asp Thr 20 25 30

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Ser Asp Asp Ile Thr Tyr Val Ala Thr Ala Thr Leu Pro Asn Tyr Cys 120 Arg Ala Gly Gly Asn Gly Pro Lys Asp Phe Val Cys Gln Gly Val Ala Asp Ala Tyr Ile Thr Leu Val Thr Leu Pro Lys Ser Ser <210> SEQ ID NO 225 <211> LENGTH: 113 <212> TYPE: PRT <213> ORGANISM: Alternaria alternata <400> SEQUENCE: 225 Met Lys His Leu Ala Ala Tyr Leu Leu Leu Gly Leu Gly Gly Asn Thr 1 $$ 5 $$ 10 $$ 15 Ser Pro Ser Ala Ala Asp Val Lys Ala Val Leu Glu Ser Val Gly Ile $20 \hspace{1cm} 25 \hspace{1cm} 30 \hspace{1cm}$ Glu Ala Asp Ser Asp Arg Leu Asp Lys Leu Ile Ser Glu Leu Glu Gly Lys Asp Ile Asn Glu Leu Ile Ala Ser Gly Ser Glu Lys Leu Ala Ser 55 Ala Ala Gly Gly Ser Ala Gln Ala Glu Ala Ala Pro Glu Ala Ala Lys Glu Glu Glu Lys Glu Glu Ser Asp Glu Asp Met Gly Phe Gly Leu Phe 105 Asp <210> SEQ ID NO 226 <211> LENGTH: 157 <212> TYPE: PRT <213> ORGANISM: Alternaria alternata <400> SEQUENCE: 226 Met Gln Phe Thr Thr Ile Ala Ser Leu Phe Ala Ala Ala Gly Leu Ala Ala Ala Ala Pro Leu Glu Ser Arg Gln Asp Thr Ala Ser Cys Pro Val Thr Thr Glu Gly Asp Tyr Val Trp Lys Ile Ser Glu Phe Tyr Gly Arg Lys Pro Glu Gly Thr Tyr Tyr Asn Ser Leu Gly Phe Asn Ile Lys Ala 50 $\,$ 55 $\,$ 60 $\,$ Thr Asn Gly Gly Thr Leu Asp Phe Thr Cys Ser Ala Gln Ala Asp Lys Leu Glu Asp His Lys Trp Tyr Ser Cys Gly Glu Asn Ser Phe Met Asp Phe Ser Phe Asp Ser Asp Arg Ser Gly Leu Leu Leu Lys Gln Lys Val Ser Asp Asp Ile Thr Tyr Val Ala Thr Ala Thr Leu Pro Asn Tyr Cys 120 Arg Ala Gly Gly Asn Gly Pro Lys Asp Phe Val Cys Gln Gly Val Ala 135

- 1. A composition comprising at least two peptides, each of said at least two peptides selected from a different one of groups (i) to (vii) wherein a peptide consists of or comprises the amino acid sequence defined by the respective SEQ ID NO, and wherein each peptide has an amino acid length of from 8 to 50 amino acids
 - (i) SEQ ID NO: 2, SEQ ID NOs: 27-41
 - (v) SEQ ID NO: 4, SEQ ID NOs: 42-56
 - (Hi) SEQ ID NO: 5, SEQ ID NOs: 57-71
 - (iv) SEQ ID NO: 1, SEQ ID NOs: 72-86
 - (v) SEQ ID NO: 12, SEQ ID NOs: 87-101
 - (vi) SEQ ID NO: 20, SEQ ID NOs: 102-16
 - (vii) SEQ ID NO: 21, SEQ ID NOs: 117-139.
 - 2. The composition of claim 1 which is selected from:
 - (a) the composition of claim 1 wherein each peptide has a maximum length of 15 amino acids and a minimum length of 9 amino acids,
 - (b) the composition of claim 1 having at least one peptide from group (iii),
 - (c) the composition of claim 1 having at least one peptide from each of groups (iii) and (i),
 - (d) the composition of claim 1 having at least one peptide from each of groups (iii), (ii) and (iv),
 - (e) the composition of claim 1 having at least one peptide from each of groups (iii), (ii) and (v),
 - (f) the composition of claim 1 having at least one peptide from each of groups (iii), (ii) and (vi),
 - (g) the composition of claim 1 having at least one peptide from each of groups (iii), (iv) and (vii),
 - (h) the composition of claim 1 having at least three, four, five, six or seven peptides, wherein each peptide is from a different one of groups (i) to (vii), and

- (i) the composition of claim 1 having seven peptides, wherein each peptide is from a different one of groups (i) to (vii).
- **3-10**. (canceled)
- 11. A method for treatment of disease comprising
- simultaneous, sequential or separate administration of at least two peptides selected from one of groups (i) to (vii), each of said at least two peptides selected from a different one of groups (i) to (vii), wherein each peptide consists of or comprises the amino acid sequence defined by the respective SEQ ID NO, and wherein each peptide has an amino acid length of from 8 to 50 amino acids, wherein groups (i) to (vii) are:
- (i) SEQ ID NO: 2, SEQ ID NOs: 27-41,
- (ii) SEQ ID NO: 4, SEQ ID NOs: 42-56,
- (iii) SEQ ID NO: 5, SEQ ID NOs: 57-71,
- (iv) SEQ ID NO: 11, SEQ ID NOs: 72-86,
- (v) SEQ ID NO: 12, SEQ ID NOs: 87-101,
- (vi) SEQ ID NO: 20, SEQ ID NOs: 102-116, and
- (vii) SEQ ID NO: 20, SEQ ID NOs: 102-110, and (vii) SEQ ID NO: 21, SEQ ID NOs: 117-139.
- 12. (canceled)
- 13. The method of claim 11 in which at least one of:
- (a) each peptide has a maximum length of 15 amino acids and a minimum length of 9 amino acids,
- (b) at least one peptide is from group (iii),
- (c) at least one peptide is from each of groups (iii) and (i),
- (d) at least one peptide is from each of groups (iii), (ii) and (iv),
- (e) at least one peptide is from each of groups (iii), (ii) and (v),
- (f) at least one peptide is from each of groups (iii), (ii) and (vi),

- (g) at least one peptide is from each of groups (iii), (iv) and (vii),
- (h) at least three, four, five, six or seven peptides are administered, and wherein each said peptide is from a different one of groups (i) to (vii),
- (i) seven peptides are administered, and wherein each peptide is from a different one of groups (i) to (vii),
- (j) at least two of the peptides are administered in a combined preparation, or
- (k) the disease is an allergic disease, optionally chosen from fungal allergy, fungal asthma, fungal infection, SAFS, ABPA, Aspergillosis or an allergic disease caused by or in which the patient is sensitised to Alternaria alternata and/or to one or both of Alt a 1 or Alt a 5.

14-23. (canceled)

- **24**. A method for the production of a pharmaceutical composition or medicament, the method comprising
- mixing the composition of claim 1 with a pharmaceutically acceptable carrier, adjuvant or diluent.
- **25**. A peptide consisting of or comprising the amino acid sequence of one of:
 - (a) SEQ ID NO: 2, SEQ ID NOs: 31, 33, 35, 36, 38, 39,
 - (b) SEQ ID NO: 8, SEQ ID NOs: 140-54,
 - (c) SEQ ID NO: 9, SEQ ID NOs: 155-169,
 - (d) SEQ ID NO: 26, SEQ ID NOs: 170-184,
 - or a peptide having a contiguous amino acid sequence having at least 70%, 80%, 85%, 90% or 95% sequence identity to the amino acid sequence of one of said SEQ ID NOs, wherein the peptide has an amino acid length of from 8 to 50 amino acids, wherein the peptide is not one of SEQ ID NOs: 27, 28, 29, 30, 32, 34, 37, 40 or 41.
 - 26. (canceled)
- 27. The peptide of claim 25 having a maximum length of 15 amino acids and a minimum length of 9 amino acids.
- **28**. A pharmaceutical composition comprising the peptide of claims **25**; and a pharmaceutically acceptable carrier, adjuvant or diluent.
 - 29-32. (canceled)
- 33. A method of treating or preventing disease in a patient in need of treatment thereof, the method comprising administering to the patient a therapeutically effective amount of the pharmaceutical composition of claim 28.
 - 34. (canceled)
 - 35. A nucleic acid encoding the peptide of claim 25.

- **36**. A cell having integrated in its genome the nucleic acid of claim **35** operably linked to a transcription control nucleic acid sequence.
- 37. A nucleic acid expression vector comprising the nucleic acid of claim 35 operably linked to a transcription control nucleic acid sequence, wherein the vector is configured for expression of the encoded peptide when transfected into a suitable cell.
- **38**. A cell transfected with the nucleic acid expression vector of claim **37**.
- **39**. A method of identifying a peptide that is capable of stimulating an immune response, the method comprising the steps of:
 - providing a candidate peptide having a contiguous amino acid sequence having at least 70% sequence identity to the amino acid sequence of one of:
 - (a) SEQ ID NO: 2, SEQ ID NOs: 31, 33, 35, 36, 38, 39,
 - (b) SEQ ID NO: 8, SEQ ID NOs: 140-154,
 - (c) SEQ ID NO: 9, SEQ ID NOs: 155-169, or
 - (d) SEQ ID NO: 26, SEQ ID NOs: 170-184,
 - and wherein the peptide is optionally not one of SEQ ID NOs: 27, 28, 29, 30, 32, 34, 37, 40 or 41; and
 - (ii) testing an ability of the candidate peptide to induce an immune response.
- **40**. The method of claim **39** wherein step (i) comprises providing a peptide having the amino acid sequence of one of said SEQ ID NOs and chemically modifying the peptide to provide the candidate peptide.
 - 41. The method of claim 39 wherein either one or both of: step (i) comprises providing a peptide having the amino acid sequence of one of said SEQ ID NOs and chemically modifying the peptide to provide the candidate peptide, and
 - step (ii) comprises contacting the candidate peptide with a population of T cells in vitro and assaying T cell proliferation.
 - 42. The method of claim 39 wherein either one or both of: step (i) comprises providing a peptide having the amino acid sequence of one of said SEQ ID NOs and chemically modifying the peptide to provide the candidate peptide, and
 - step (ii) comprises monitoring for production of IL-4 and/ or IFNy.

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