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(54) COMBINATION THERAPY USING ACTIVE **IMMUNOTHERAPY**

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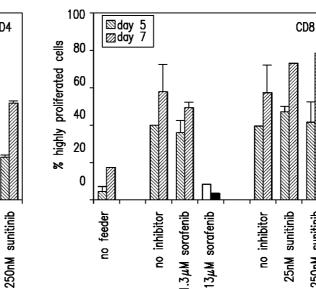
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	A61K 39/00	(2006.01)
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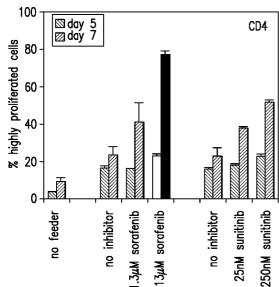
(52) U.S. Cl. 424/185.1; 424/277.1

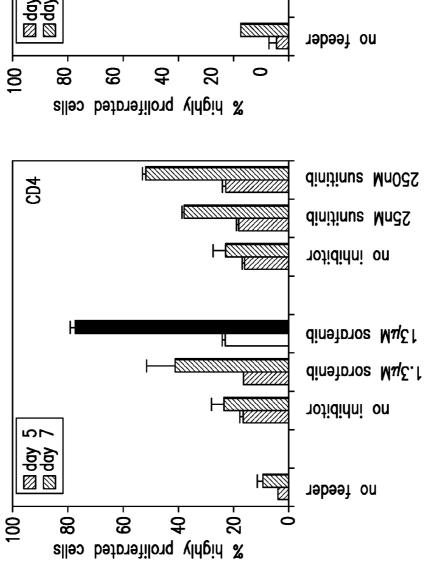
ABSTRACT (57)

The present invention relates to methods of treating cancer in a mammal comprising administering to the mammal a combination therapy comprising a vaccine and a multi-kinase inhibitor, wherein the vaccine comprises an isolated tumor associated peptide having the ability to bind to a molecule of the human major histocompatibility complex (MHC) class-I or class-II. Preferably the multi-kinase inhibitor is sunitinib malate and/or sorafenib tosylate or a pharmaceutically acceptable salt thereof.

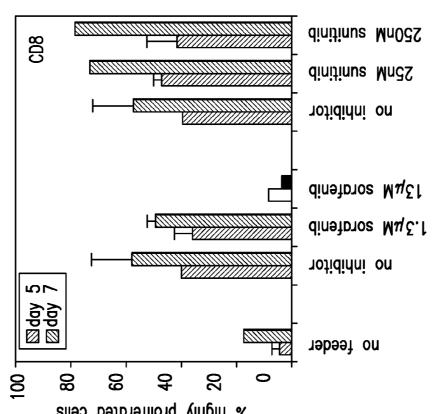
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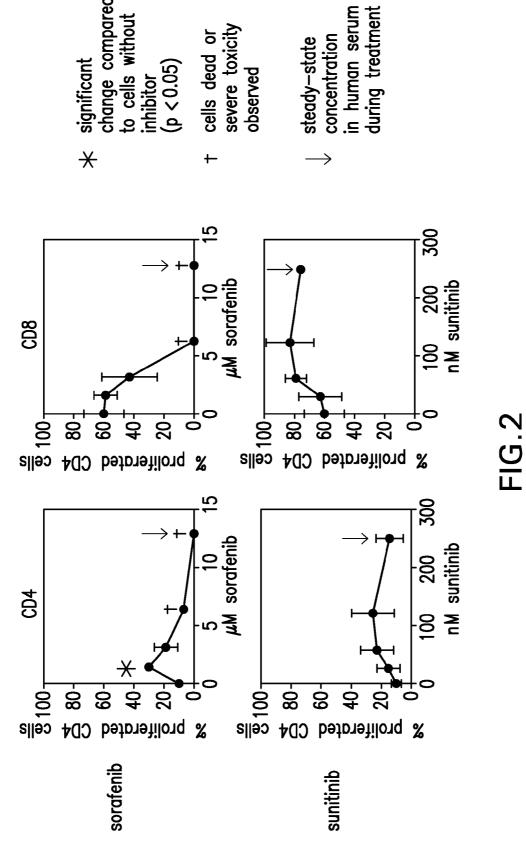


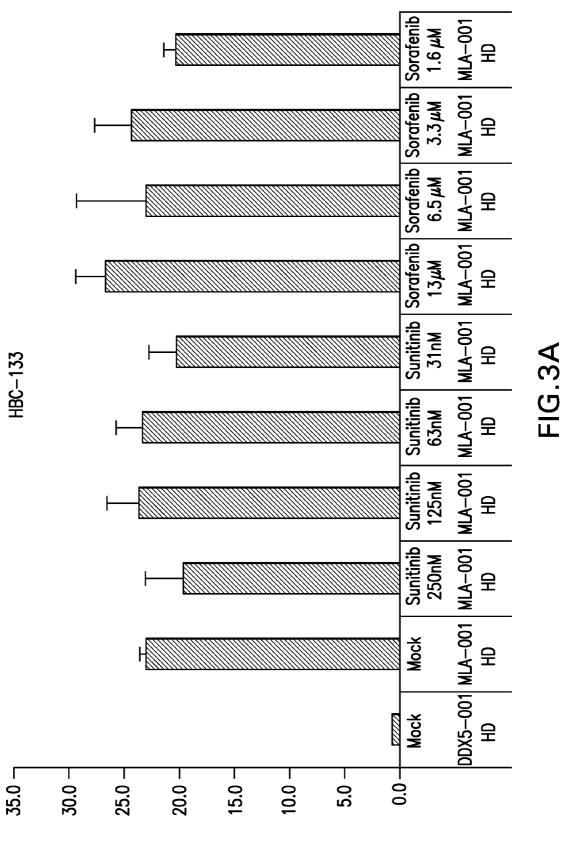




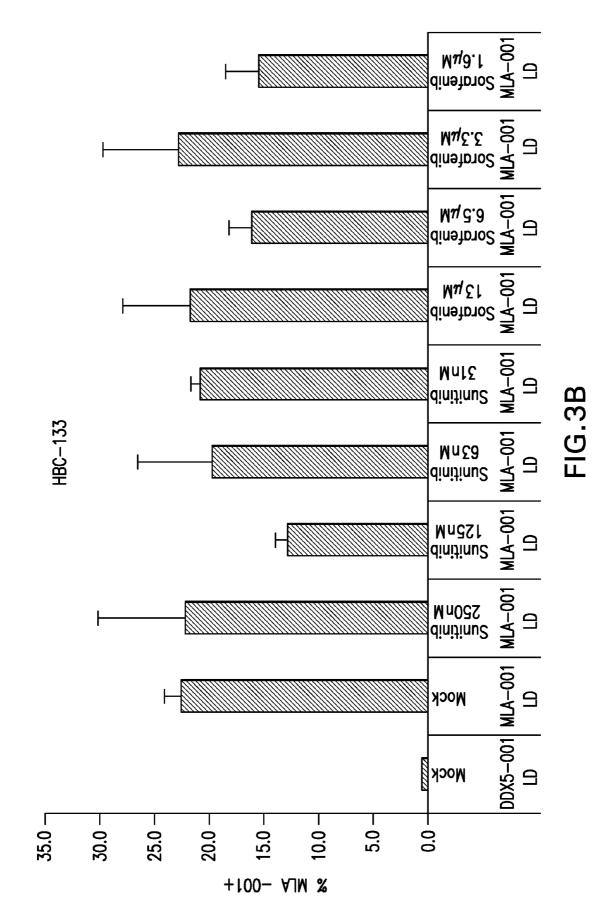


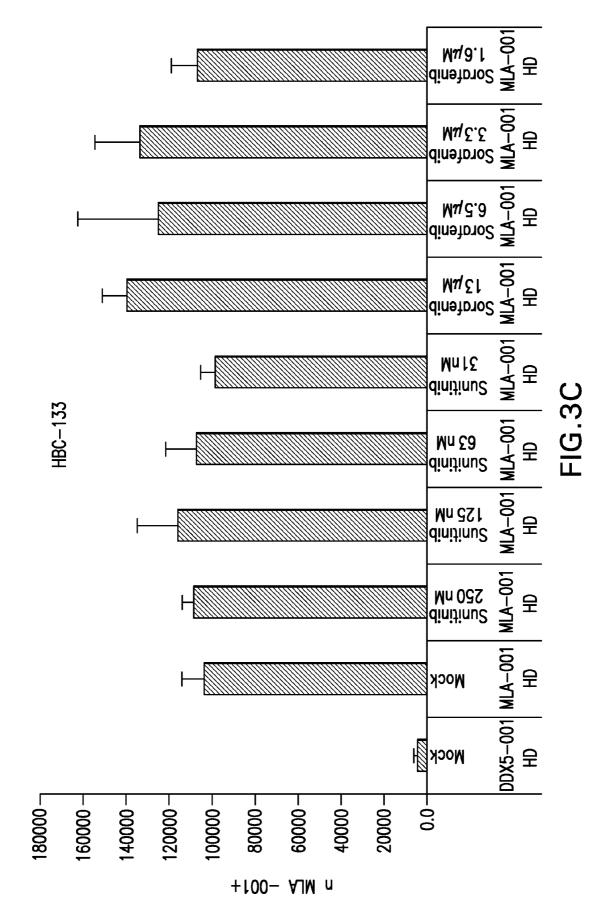


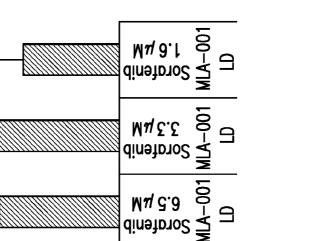












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Sunitinib

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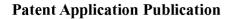
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FIG.3D

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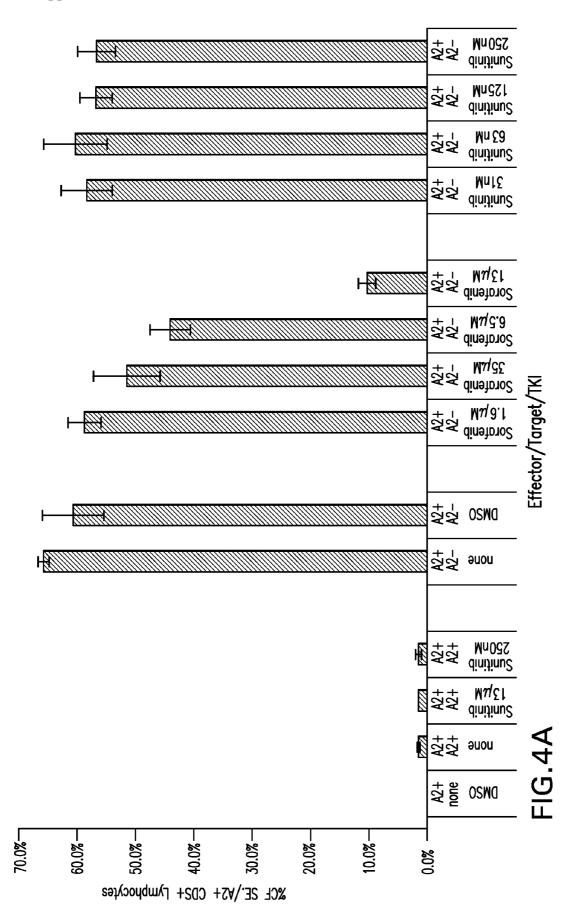
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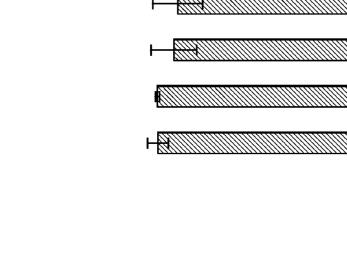
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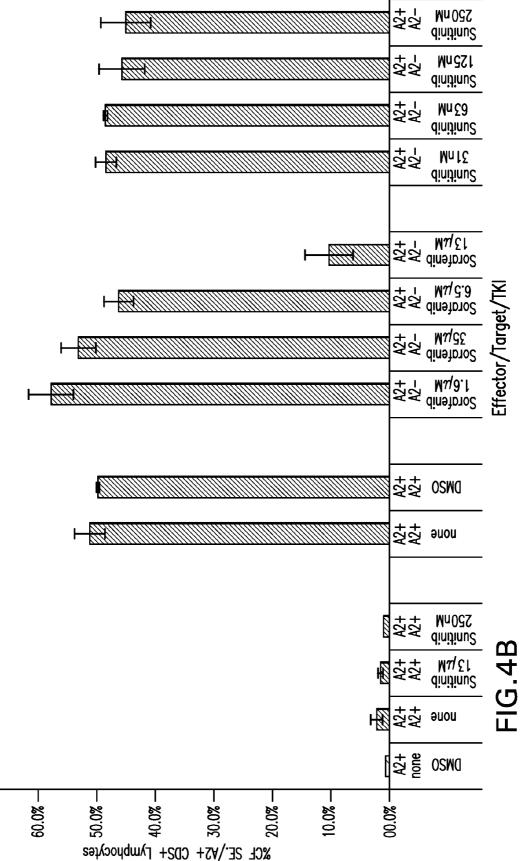


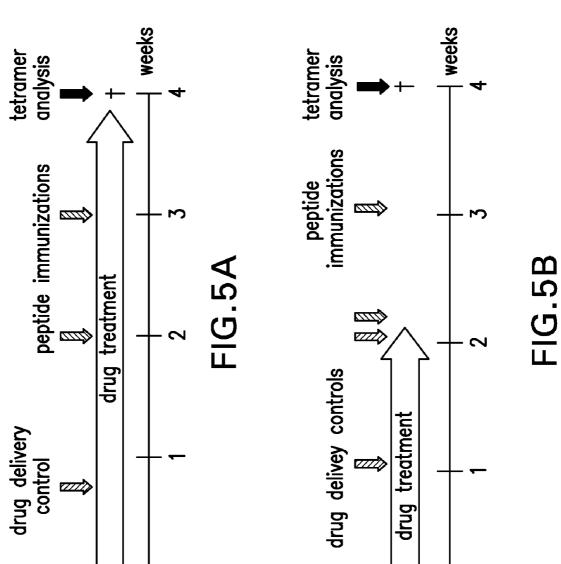


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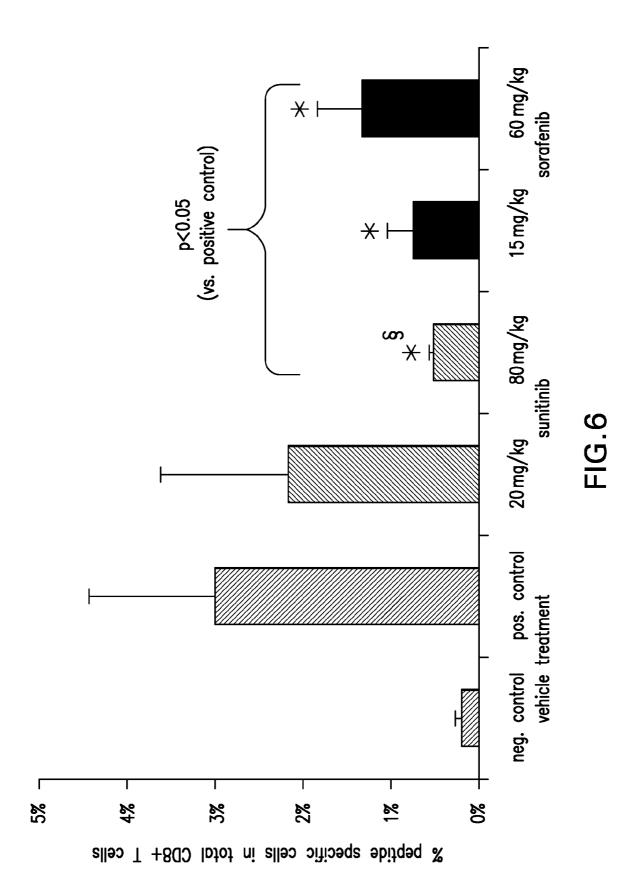




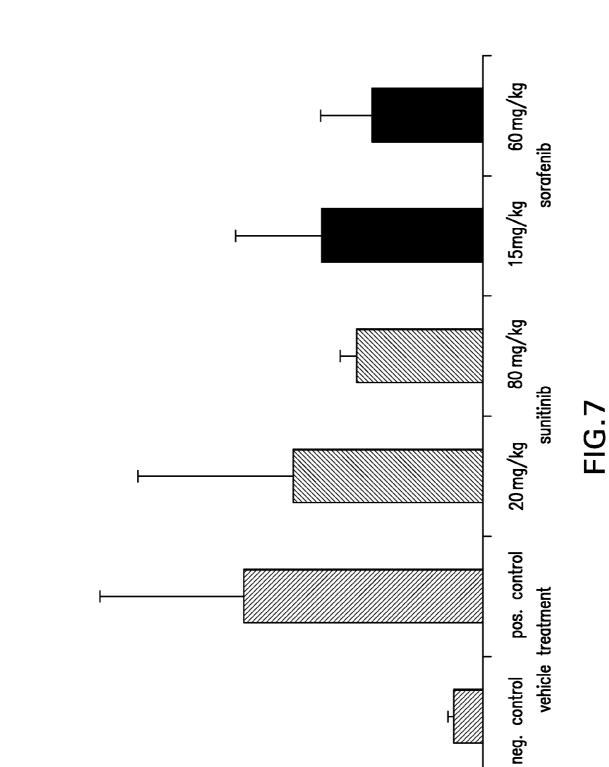


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Patent Application Publication



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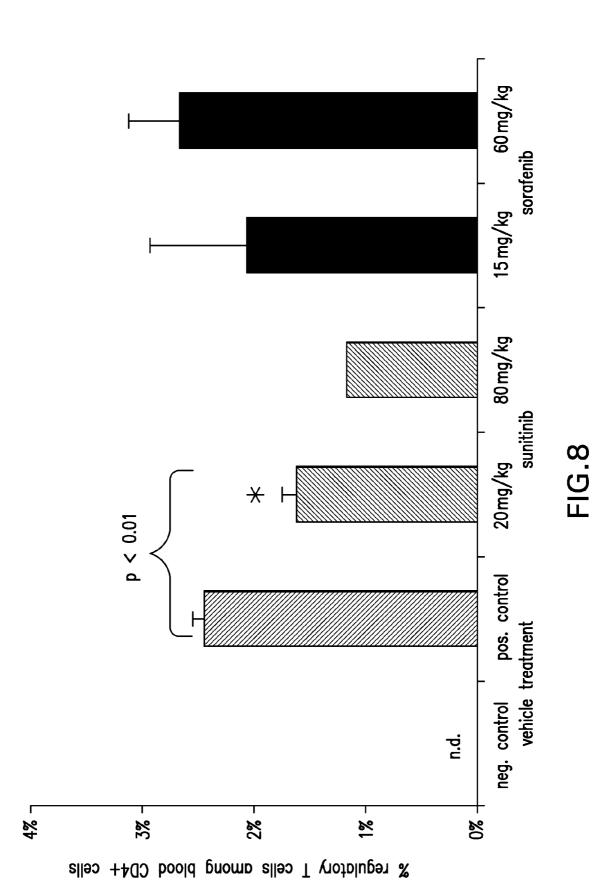
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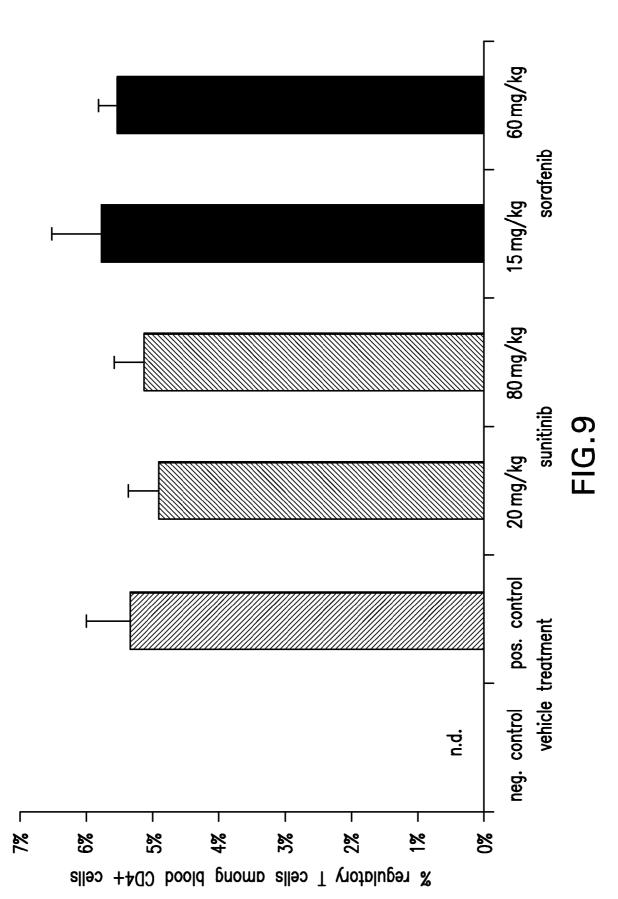
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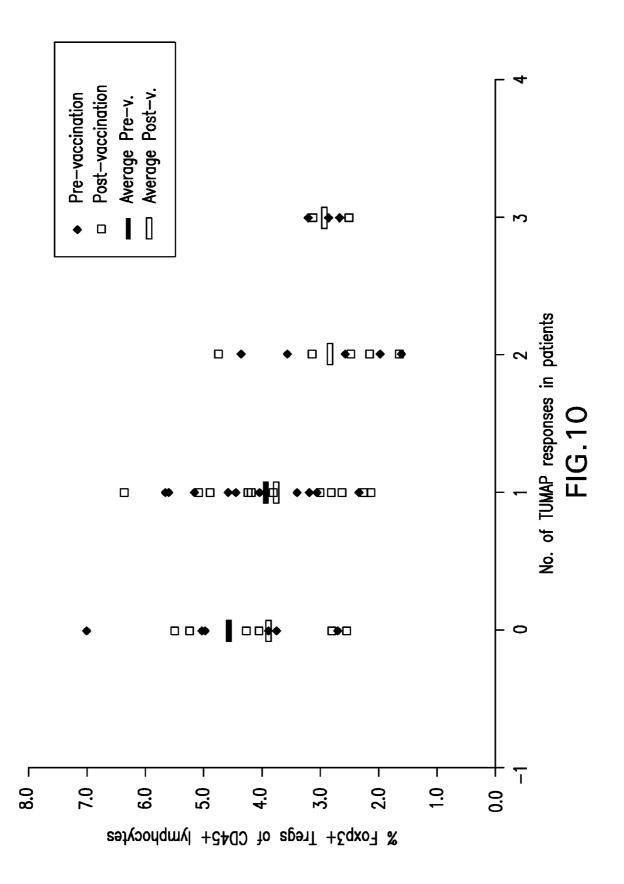
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SEQ. ID No:	PEPTIDE	SEQUENCE	GENE SYMBOL
24	C20-001	ALSNLEVTL	C20orf42
25	NOX-001	ILAPVILYI	NOX1
26	PCN-001	KLMDLDVEQL	PCNA
27	PCN-002	SMSADVPLV	PCNA
28	TOP-001	KIFDEILVNA	TOP2A, TOP2B
29	TOP-002	AAFVEELDKV	TOP2B
30	CEA-009	VLLLVHNLPQHLFG	CEACAM5
31	TGFBI-001	ALFVRLLALA	TGFBI
32	TGFBI-006	GDKLEVSLKNNVVS	TGFBI
33	TGFBI-007	GKKLRVFVYRNSLCIENS	TGFBI
34	TGFBI-008	LKNNVVSVNKEPVAEPD	TGFBI
35		KNNVVSVNKEPVAEPD	TGFBI
36		KNNVVSVNKEPVA	TGFBI
37		LKNNVVSVNKEPVA	TGFBI
38	TGFBI-009	NGVIHYIDELLIPDS	TGFBI
39		GVIHYIDELLIPDSA	TGFBI
40	TGFBI-010	LNRILGDPEALRDL	TGFBI
41	TGFBI-004	TPPIDAHTRNLLRNH	TGFBI
42	PTP-001	ALTTLMHQL	PTPRZ1
43	GAL-001	SLDPSSPQV	GAL3ST1
44	CHI-001	SLWAGVVVL	CHI3L2
4 5	JAK-001	KLTDIQIEL	JAKMIP2
46	AKR-001	YLIHFPVSV	AKR1C1, AKR1C2
47	FN1-001	IVDDITYNV	FN1
48	EGFR-002	GAVRFSNNPALCNVES	EGFR
49		AVRFSNNPALCNVES	EGFR
50		AVRFSNNPALCNVE	EGFR
51	EGFR-005	NPTTYQMDVNPEGKYS	EGFR
52	EGFR-006	FKKIKVLGSGAFG	EGFR
53	CHI3L1-001	TTLIKEMKAEFIKEAQPG	CHI3L1
54		TLIKEMKAEFIKEAQPG	CHI3L1
55		TTLIKEMKAEFIKEA	CHI3L1
56		TLIKEMKAEFIKEA	CHI3L1
57		IKEMKAEFIKEAQPG	CHI3L1
58	011171 4 007		CHI3L1
59	CHI3L1-007	VKSKVQYLKDRQLAG	CHI3L1
60	CHI3L1-008	SRRTFIKSVPPFLRT	CHI3L1
61	DCA-001	KLGDFGLATW	DCAMKL2
62	KCN-001	SLFDQVVKV	KCNJ10
63	GPM-001	ALLSEVIQL	GPM6B

seq. Id no:	Peptide ID	Sequence	Gene Symbol	Function	binds to MHC
24	C20-001	ALSNLEVTL	C20orf42	implicated in linking actin cytoskeleton to ECM	HLA-A*02
25	NOX-001	ILAPVILY	NOX1	NADPH oxidase	HLA-A*02
64	0DC-001	ILDQKINEV	0DC1	Ornithine decarboxylase	HLA-A*02
26	PCN-001	KLMDLDVEQL	PCNA	DNA polymerase delta auxiliary protein	HLA-A*02
31	TGFBI-001	ALFVRLLALA	TGFBI	transforming growth factor, beta-induced	HLA-A*02
28	T0P-001	KIFDEILVNA	TOP2A/TOP2B	Topoisomerase	HLA-A*02
41	TGFBI-004	TPPIDAHTRNLLRNH	TGFBI	transforming growth factor, beta-induced	HLA-DR
seq. Id no:	Peptide ID	Sequence	Gene Symbol	Function	binds to MHC
65	CEA-006	SPQYSWRINGIPQQHT	CEACAM5	Carcinoembryonic antigen	HLA-DR
4	CCN-001	LLGATCMFV	CCND1	Cyclin D1	HLA-A*02
6	MUC-001	STAPPVHNV	MUC1	Mucin 1	HLA-A*02
80	MMP-001	SQQDIKGIQKLYGKRS	MMP7	Metalloproteinase 7	HLA-DR
1136	CEA-005	YLSGADLNL	CEACAM5	variant of CEA peptide	HLA-A*02
7	MET-001	YUPVITSI	MET	met proto-oncogene	HLA-A*02

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HLA-A*02

control peptide CEA petide

CEACAM5

 FLPSDFFPSV

 YLSGANLNL

(HBV-001) CEA-005

1135

SEQ. ID NO:	Sequence	Position/Gene symbol	Acc. No.
Sequ	enences of NCH359	· · ·	
1138	VPDSSGPERIL	78-88 HNRPK	NP_002131.2
1139	GLAPSIRTK	1510–1518 TNC	NP_002151.1
1140	RLFEHPLYR	149–157 FAM20C	NP_064608.1
1141	TPSEPHPVL	381–389 HGRG8	NP_057342.1
1142	QIFVKTLTGK	2–11 RPS27A	AAH01392.1
1143	SLMHSFILK	44–52 DNCL2A	NP_054902.1
1144	YPHLHNAEL	127–135 S0X9	NP_000337.1
1145	RLFVGSIPK	244-252 SYNCRIP	NP_006363
1146	RVFPDKYGYSF	233–242 TIA1	NP_071320.1
1147	SLYKKLEIK	554-562 SLC9A2	NP_003039.2
1148	HPVSDHEATL	216–225 HLA–C	NP_002108
1149	LPTRVDFSL	46-54 Symbol does not	BAC87610
		exist; Gene type: unnamed	
1150	KSFGSAQEFAW	protein product 386–396 COPB2	NP_004757
1151	SPSTSRTPLL	1026–1035 EGFR	NP_005219.2
1152	STFDSPAHW	1149–1157 EGFR	NP_005219.2
1153	APEEHPVLL	97–105 ACTB	NP_001092.1
1154	RQITQVYGF	117–125 PPP6C	NP_002712.1
1155	KVSDYILQH	1046-1054 ASTN2	NP_054729.3
1156	KLLPSWLK	2–10 DTR	NP_001936.1
1157	gvlkkvirh	23–31 TNC	NP_002151.1

FIG.13A

SEQ. ID NO:	Sequence	Position/Gene symbol	Acc. No.
1158	KLFDHAVSKF	40-49	NP_004449.1
1159	ITVLTKPLPV	ACSL4 112-121	NP_002839.1
1160	HPVHPDIKL	PTPRO 130-138	NP_057250.1
1161	IPRAALLPLL	PIAS1 3-12 PRSS11	NP_002766.1
1162	ATNRITVTW	254–262 PIASY	NP_056981.2
1163	KIADRFLLY	29–37 LMO4	NP_006760.1
Seque	, nces of NCH359		
1164	DHDPVDKIVL	150-159	NP_002128.1
1165	DHHQEVIGF	HNRPA2B1 165-173 C90RF10	NP_055427.2
1166	IHDLDNISF	188–196 PSMB2	NP_002785.1
1167	DHINDIIKI	834-842 IQGAP1	NP_003861.1
1168	DHMRFISEL	355–363 CYFIP1	NP_055423.1
1169	THSLPVVVI	456-464 STAT3	NP_003141.2
1170	MPVGPDAILRY	929–939 BAT3	NP_004630.2
1171	RLDDAIHVL	406–414 TCF12	NP_003196.1
1172	QHEGTVNIF	1953–1961 PTPRZ1	NP_002842.1
1173	ETVNIWTHF	48–56 PAQR6	NP_940798
1174	VHILDTETF	195–203 KLHDC2	NP_055130.1
1175	QTPDFTPTKY	607–616 ZHX3	NP_055850.1
1176	RHVEVFELL	133–141 MPDZ	NP_003820.1
66	TTIDIGVKY	136–144 CNN3	NP_001830.1
1177	DLIEHFSQF	113–121 HNRPA0	NP_006796.1
1178	ETVWRLEEF	65-73 HLA-DRA	NP_061984
	FIG	.13B	

SEQ. ID NO:	Sequence	Position/Gene symbol	Acc. No.
1179	DVLESVNLL	176-184 AP2M1	NP_004059.2
1180	IHDDFVTTF	466–474 AEBP1	NP_001120.2
67	IHIPINNII	57-65 Sec61G	NP_055117.1
1181	IHLIDPNTL	281-289 CGI-07	NP_057022.2
1182	IHVIGGNDV	1016-1024 KIAA1268	XP_291055.1
1183	KAFQKIVVL	291–299 BZW1	NP_055485.2
68	YQDLLNVKL	349-357 GFAP	NP_002046.1
1184	GHYEVAELL	728-736 TNKS	NP_003738.1
69	LvvypwtqRF	33-42 HBB	NP_000509.1
70	MHLRQYELL	386-393 GNAS	NP_000507.1
71	EAIEQILKY	149-157 FLJ10539	NP_060600.1
72	DVAEGDLIEHF	108-118 HNRPA0	NP_006796.1
73	DVLQKIKY	191-198 EPS8L1	NP_060199.2
74	DSFPMEIRQY	24-33 STAT1	NP_009330.1
75	DVISNIETF	281-289 SOX9	NP_0003??.1
76	DVIRLIMQY	9-17 SMU-1	NP_060695.1
77	DVIERVIQY	792-800 IDN3	NP_056199.1
78	DVIAQGIGKL	53-62 RPLP2	NP_000995.1
79	DVFNEKGWNY	94–103 PBEF1	NP_005737.1
80	Thldsvtki	254-262 C6.1A	NP_077308.1
81	DVAGIIADY	294-302 KIAA1238	XP_048675.4
82	TAAPFPFHL	536-544 TBX2	NP_005985.2

FIG.13C

SEQ. ID NO:	Sequence	Position/Gene symbol	Acc. No.
83	DTLDKVFTY	86-94 ACSL3	NP_004448.2
84	DTISPTLGF	42-50	NP_001658.1
85	DTGILDSIGRF	ARL2 35–45	NP_002376.1
86	vvypwtqrf	MBP 34-42	NP_000509.1
87	EVVAGIKEYF	HBB 128–137	NP_006783.2
88	SSVPGVRLL	MORF4 72-80	NP_003371.1
89	SWDAIGISRF	VIM 364-374	BAC86883.1
90	EVIPPMKEF	FLJ45273 115-123	NP_002484.1
91	EVIPPYYSY	NDUFB6 152-160	NP_057698.2
92	EVNGLISMY	TTRAP 284-292	NP_004238.2
93	EVIDLMIKEY	U5-116KD 57-66	NP_060758.1
94	EVVAGIKEY	PHF10 128-136	NP_006783.2
95	EVFPLAMNY	MORF4 76-84	NP_444284.1
96	EWERVLTF	CCND1 28-36	NP_036302.1
97	SHSPFGLDSF	FBX022 1251-1260	NP_057688.2
98	FGVDRAILY	JMJD1B 457-465	NP_002201.1
99	SHSDYLLTI	ITGAV 76–84	NP_003868.1
100	SHLDYDITL	SOCS2 511-519 KIAA0794	XP_087353.5
101	SHFVSDVVI	63-71 6NB2L1	NP_006089.1
102	EVTELLARY	155–163 POLR2E	NP_002686.2
103	ETADTLMGLRY	425–435 GFPT1	NP_002047.1
104	EHAHLIWL	662–670 ABCB9	NP_062570.1

FIG.13D

SEQ. ID NO:	Sequence	Position/Gene symbol	Acc. No.
105	EHSLVIDTL	53–61 PFDN2	NP_036526.2
106	EIAEAYLGY	129–137 HSPA1A	NP_005336.2
107	EIYGGSDSRF	42–51 SF3B1	NP_036565.1
108	ELIAKIPNF	73–81	NP_003002.1
109	Eviknfiqy	SET 50–58	NP_057175.1
110	ETADTLLALRY	EIF3S6IP 426-436	NP_005101.1
111	EWSEPFRSF	GFPT2 581-590	NP_002799.3
112	ETFDAGLQAF	PSMD2 2019-2028	NP_003118.1
113	SHSQLMQLI	SPTAN1 164-172	NP_008933.2
114	ETVRELTEF	ADRM1 255–263	NP_006229.1
115	EVAATEIKM	PPARD 10-18	NP_005959.2
116	EVAAVLLHF	HNRPM 214-222	NP_006535.1
117	EVFDKTYQF	SEC10L1 132-140	NP_149103.1
118	ELVKRILNF	C6orf153 174–182	NP_003463.1
119	AHDDGRWSL	DEK 95–103	NP_003079.1
120	SVVSVISRF	FSCN1 4-12	NP_001335.1
121	SVVELINHY	DAD1 132-140	NP_003620.2
122	SVVDLINHY	PIK3R3 397-405	NP_005018.1
123	AHVDLIEKL	PIK3R2 51–59	NP_066951.1
124	FHNELLTQL	POLR2L 97–105	NP_006331.1
125	SVIEAVAHF	BAIAP2 812-820	NP_056070.1
126	GHFEKPLFL	C6orf133 149-157 NTE	NP_006693.2

FIG.13E

SEQ. ID NO:	Sequence	Position/Gene symbol	Acc. No.
127	GHDASQITL	273-281	NP_057481.2
128	SAVDFIRTL	TH1L 293–301 STK17A	NP_004751.1
129	ISTPVIRTF	989–997 C9orf10	NP_055427.2
130	gvieklltsy	28–37 D1S155E	AAH32446
131	SHDLTLVNL	395-403 KIAA1706	NP_085139.1
Sequer	ice of JY		
11	FPSLREAAL	294-302 MAGEA1	NP_004979.2
Sequer	nce of RCC075		
132	SIFKQPVTK	250-258 MBD2	NP_0039??.1
133	KPNANRIAL	139–147 LGALS3	NP_002297.1
134	KLYEMILKR	174–182 ARL7	NP_005728.2
135	SLFSRLFGK	7–15 ARF4	NP_001651.1
136	KLFDKLLEY	309-317 API5	NP_006586.1
137	SLFPNSPKWTSK	96–107 MMP7	NP_002414.1
138	LESLDQLEL	29-37 BAG2	NP_004273.1
139	VVNKVPLTGK	101-110 MGC17943	NP_689474.1
140	Svydsvlqk	4470-4478 SYNE1	NP_149062.1
141	SVYVLVRQK	39-47 MLSTD2	NP_115604.1
142	ileniqrnk	557-565 ERCC2	NP_000391.1
1 4 3	GSYNKVFLAK	146–155 PSMD8	NP_002803.1
1 44	TESGLNVTL	6-14 PCBP1	NP_006187.1
1 4 5	TEHGVEVVL	612–620 SH2D3C	NP_005480.1
146	TEARFGAQL	327–335 KRT19	NP_002267.2

FIG.13F

SEQ. ID NO:	Sequence	Position/Gene symbol	Acc. No.
147	TLADILLYY	114-122	NP_004271.1
148	LVFPSEIVGK	EEF1E1 133-142	NP_001002.1
149	VLFGKALNPK	RPS7 709-718	NP_003777.2
150	RPELVRPAL	ABCC3 91-99	NP_003730.4
151	VPNQKRLTLL	AKR1C3 576-585	NP_004449.1
152	QLYWSHPRK	ACSL4 5–13	NP_001023.1
153	SVYVYKVLK	RPS29 39-47	NP_059141.1
154	Reklqeeml	H2BFS 186–194	NP_003371.1
155	RVFSGLVSTGLK	VIM	
156	KPRDVSSVEL	415-426 EEF2	NP_001952.1
157	NEFPEPIKL	1939–1948 SPTBN1	NP_003119.1
158	KTYGEIFEK	184-192 RAB7	NP_004628.4
159	RILFFNTPK	106-114 NDUFC2	NP_004540.1
160	RVFPWFSVK	196-204 PSMD8	NP_002803.1
		1764-1772 MLL	NP_005924.1
161	SEVQDRVML	54-62 CGI-127	NP_057145.1
162	SLWDRLIFH	410-418 ACSL1	NP_0019?6.2
163	KVYNIQIRY	468-476 LCP2	NP_005556.1
164	RLLEMILNK	171–179 AKR1C2	NP_001345.1
165	SEDKKNIIL	41–49 CFL1	NP_005498.1
166	YEELVRMVL	106-114 MYL6	NP_524147.1
167	GEITGEVHM	1758–1766 FLNB	NP_001448.1
168	IVAGSLITK	183–191 FNBP3	AAH11788

FIG.13G

SEQ. ID NO:	Sequence	Position/Gene symbol	Acc. No.
169	APRIITGPAPVL	225-236	NP_006766.1
12	GLASFKSFLK	QKI 74-83 RGS5	NP_003608.1
170	FPNSPKWTSK	98–107 MMP7	NP_002414.1
171	FVIETARQL	49–57 C14orf4	NP_078772.1
172	IEVDGKQVEL	46-55 RHOA	NP_001655.1
173	GELTGEVRM	1776–1786 FLNC	NP_001449.1
174	GESDDSILRL	63–72 RPS21	NP_001015.1
175	GEGDFLAEGGGV	23–34 FGA	NP_000499.1
176	DNFPQSL	690-696 CACNA1C	NP_000710.3
177	GLTDVILYH	269-277 SYNCRIP	NP_006363.3
178	AALVASGVALY	247–257 P2RY11	NP_002557.2
179	AEIRHVLVTL	107–116 MYL6	NP_066299.2
180	AEPEEVEVL	10–18 PGR1	NP_150638.1
181	AIIDHIFASK	256–265 KIS	NP_787062
182	ALLDGSNVVFK	48–58 HKE2	NP_055075.1
183	amldtvvfk	302–310 PSMD14	NP_005796.1
1185	APARLFALL	2-10 SDC4	NP_002990.2
184	avnahsnilk	248–257	NP_006830
185	APRPGVLLL	8–16 ELN	NP_000492
186	EAFPLRVID	749-757 MAN2A2	NP_006113.1
187	GVADKILKK	211-219 NMI	NP_004679.1
188	AVFPKPFVEK	189–198 KIAA0377	NP_055474.2

FIG.13H

SEQ. ID NO:	Sequence	Position/Gene symbol	Acc. No.
189	WYYVGGILTK	258-267 UGT8	NP_003351.2
190	HLEDIVRQK	1751–1759 TRIP12	XP_3761??.1
191	VTLTLVILSY	207–216 L0C390323	XP_372460.1
192	SLLSLVTGLK	reading frame +3 Symbol does not exist; Gene type: expressed sequence tag	CD105815
193	QTYVGITEK	687–695 U5–200KD	NP_054733.2
194	HEDKIRWL	210–218 EHD2	NP_055416.2
195	QISIPFLLK	208–216 C9orf88	AAH1979
196	GLMGFIVYK	29-37 C14orf2	NP_004885.1
197	FADQEVRSL	950-958 PIK3C2A	NP_002636.1
198	IVALILSTK	147-155 ATP6V0C	NP_001685.1
199	GTYAPAEVPK	22-31 AKR1C1	NP_001344.2
200	GTMTGMLYK	161–169 TIMM23	NP_006318.1
201	SLAEILLKK	439-447 IP08	NP_006381.1
202	Kltyiyiqk	Reading frame +1 Symbol does not exist; Gene type: expressed sequence tag	AA295205
203	KLLNYAPLEK	58–67 POLR2L	NP_055427
204	GTLPHPLQR	182-190 SCNN1A	NP_001029.1
205	Glyeffrak	680-688 CHERP	NP_006378.2
206	KEPEINTTL	226-234 FLJ34588	NP_689939.1
207	HASDRIIAL	330-338 TKT	NP_001055.1

FIG.131

seq. Id no:	Sequence	Position/Gene symbol	Acc. No.
Sequ	ences of RCC098		
208	RPTLWAAAL	5-13	NP_000589.1
		IGFBP3	
209	APSPRPLSL	11-19	NP_778148.1
210	ASDFITKMDY	C19orf28 362-371	NP_000168.1
210		GSN	
211	EERVINEEY	13–21	NP_005601.1
040		RBBP4	
212	ATGSWDSFLK	328-337	NP_002065.1
213	RMFDMGFEY	GNB1 411-419	NP_031398.2
210		DDX42	
214	APLLRWVL	265-272	NP_002124.1
0.15		HMOX1	
215	ALRPSTSRSLY	43-53	NP_003371.1
216	RQIPYTMMK	VIM 225-233	NP_0026??.1
210		SLC25A3	
217	AETHIVLLF	267-275	NP_115497.3
		DKFZp564K142	
218	RVHAYIISY	305-313	NP_055416.2
219	AVIVLVENFYK	EHD2 11-21	NP_525127.1
215		S100A16	
220	SEELLREHY	61-69	NP_002504.2
		NME3	
221	RADGNFLLY	368-376	XP_047214.6
1186	SEFTGWKY	KIAA0930 83–91	NP_037364.1
1100		PDCD6	NF_037304.1
222	SIDRTVMYY	389-397	NP_000332.1
		SLC3A1	
223	ETDLLDIRSEY	463-473	NP_001148.1
224	ESYEALPQH	ANXA11 397-405	NP_001370.1
224		DNMT1	
225	SEEEIREAF	82-90	NP_001734.1
		CALM2	
226	KVMQQNLVY	329-337	NP_006362.1
227	DEKSIITY	CRTAP 262–269	
<i>LL1</i>		SPTBN1	NP_003119.1
228	EEIEGFRY	421-428	NP_061955.1
-		DDX56	

FIG.13J

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SEQ. ID NO:	Sequence	Position/Gene symbol	Acc. No.
229	MENLFINRF	186–194 ALOX5	NP_000689.1
230	MEKIWHHTF	82-90 ACTB	NP_001092.1
231	MEHAMETMMF	5-14 S100A10	NP_002957.1
232	EEIFNLKF	353–542 GTF2I	NP_001509.2
233	LVLMVLYLI	153–161 PIGM	NP_660150.1
234	EELQQKVSY	285-293 STAT3	NP_003141.2
235	LRVAPEEHPVL	94-104 ACTB	NP_001092.1
236	DGHLFQVEY	13-21 PSMA7	NP_002783.1
237	LAELAHREY	14-22 OGT	NP_003596.2
238	NEADVHGIYF	651-660 CP	NP_000087.1
239	KVFQEPLFY	114–122 CTSL	NP_001903.1
240	GVLAWVKEK	171–179 NK4	NP_004212.3
241		738-746 KIAA0746	NP_056002.1
242 243	HEMIILKL	3489-3496 KIAA1554	XP_290768.3
243 244	HLDLGILYY	443-451 C9orf3 160-170	NP_116212.3
245	ITDSAGHILY	162-170 DPAGT1 76-85	NP_001373.2 NP_00681?.2
246	HTDDPLTWDY	70-03 TMP21 267-276	NP_060898.1
14	IARNLTQQL	HCA66 313-321	NP_001113.2
247	IDQTALAVY	ADFP 1087–1095	NP_003282.1
248	LEDWIERY	TPP2 41-49	NP_068758.2
249	QIASFILLR	FKBP10 316-324	
250	DEHYILTF	HIMAP4 550-557	NP_078862.2
		OSBPL9	

FIG.13K

seq. Id no:	Sequence	Position/Gene symbol	Acc. No.
251	DEIGLPKIFY	124-133	NP_003861.1
252	DEIVRINGY	IQGAP1 132-140	NP_005700.1
253	DEKLLYDTF	USH1C 112-120	NP_005841.1
254	RIIEETLALK	SF3B4 9-18	NP_005722.1
255	GTDELRLLY	ARPC2 107-115	NP_112483.1
256	DELEIIEGMKF	FLJ12525 209–219	NP_002147.2
257	QVDPLSALKY	HSPD1 649-658	NP_037387.2
258	DELHYLEVY	MKLN1 72-80	NP_060676.2
259	EEFELLGKAY	VPS35 81-90	NP_003743.1
260	QLEDGRTLSDY	EIF3S8 49-59	NP_061828.1
261	DEFLWREQF	UBB 42-50	NP_061871.1
262	DEMLSRGF	FBXW5 185-192	NP_001407.1
263	DEPLLKHWEF	EIF4A1 196-205	NP_061984.1
264	PSRDSLPLPV	HLA-DRA 418-427	NP_056412.2
265	NLRETNLDSLP	GPSM1 422-432	NP_003371.1
266	DEVKFLTVL	VIM 191-199	NP_001144.1
267	NEVEKTMEY	ANXA4 440-4848	NP_114130.3
268	DEVQVVRGHY	RSHL2 53-62	NP_000978.1
269	DEWLKPELF	RPL26 296-304	NP_057038.1
270	DEYSLVREL	CGI-26 125-133	NP_006280.2
271	NEFEATQKL	TLN1 343-351	NP_005375.1
272	DELQQPLEL	NFIL3 704-712 STAT2	NP_005410.1

FIG.13L

SEQ. ID NO:	Sequence	Position/Gene symbol	Acc. No.
273	DVVMTQSPLSL	20-30	S40322
274	SEREAIEVF	IGKV@ 358—366 GBP2	NP_004111
275	RYFYHQEEY	21–29	CAA09468
276	TSALPIIQK	HLA-DRB1 63-71	NP_001113.2
277	RVQEAVESMVK	ADFP 8-18	AAH14975
278	TVMELVKIIYK	FLJ14668 237–247	NP_057111.1
279	RLLQKVLAY	LACTB2 103–111	BAA91493
280	RIHFPLATY	FLJ10211 264-272 K-ALPHA-1	NP_006073
281	VGGLKNTLVHRL	279–290 FLJ31579	NP_695000.1
282	QAQADSLTVY	679–688 PCDHBS	AAP97251.1
283	VLDPYLLKY	34-42	NP_057053.1
284	IFSPPFPLFY	MRPS17 83-92	AAK08108.1
285	TELLLKEGF	FKSG63 260-268	NP_055205.1
286	GLFEVGAGWIGK	SND1 235-246	NP_000405.1
287	YEYKFGFEL	HSD17B4 97–105 TYAND	NP_0006463.2
288	WPLWRLVSL	TXNIP 2-10	NP_001702.1
289	YIDEQFERY	BGN 121-129	NP_004395.1
290	YLDEKLALLNA	NEDD5 897-907	NP_003924.2
291	DEHLITFF	BAIAP3 1248-1255	NP_054733.2
292	DDFHIYVY	U5-200KD 234-241	NP_006708
293	APRTVLLLL	SPIN 5-13	AAL30417.1
294	APRTVALTALL	HLA-A, -B or -C 9-19	NP_002112
295	FTDVNSILRY	HLA-DPB1 58-67 EPRS	AAH58921

FIG.13M

SEQ. ID NO:	Sequence	Position/Gene symbol	Acc. No.
296	YSEEECRQY	61-69 GNAI2	NP_002061.1
297	YSEKIVDMY	134–142 MYH11	NP_002465.1
298	YTDLLRLFEY	68-77 PPP1CB	NP_002700.1
299	YVDPQFLTY	341-349 PJA1	NP_071763.2
300	HERTFLLEY	96-104 SNX6	NP_067072.2
1205	SSVPGVRLLQDSVDFSL	72-88 VIM	NP_003371.1
301	SLLTSSKGQLQK	369-380 ADFP	NP_001113.2
302	SPRENILVSL	281–290 SCD	NP_005054.2
303	DEVDIKSRAAY	18-28 FT0	XP_051200.4
304	TSPSQSLFY	154–162 SLC11A1	AAH41787.1
305	YTETEPYHNY	392-401 LOC124245	NP_653205.2
306	SSVPGVRLLQDSVDF	72–86 VIM	NP_003371.1
307	Valispkdi	Reading frame -1 Symbol does not exist; Gene type: expressed sequence tag	AC079587.4
308	STDKAEYTFY	332–341 RBPSUH	NP_005340.2
309	VTEIFRQAF	250–258 GARNL1	BAA74907.1
310	SVLSPLLNK	380–388 EPS8	NP_004438.2
Seque	nces of RCC100		
311	RAFSSLGLLK	615-624 UMOD	NP_003352.1
312	FSKLRPLISK	243–252 PGBD3	NP_736609.1
313	RTFTWLVGK	353–361 MYO1C	NP_203693.2
314	KVANIILSY	1273–1281 FLJ21439	NP_079413.2

FIG.13N

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SEQ. ID NO:	Sequence	Position/Gene symbol	Acc. No.
315	TMLARLASA	21-29 CSPG4	NP_001888.1
316	HELPLPHSV	39–47 EPAS1	NP_001421.2
Sequ	ence of RCC103		
317	AVQRTLLEK	177–185	NP_002405.1
318	ETRPAGDGTFQKW	CD99 256-268 HLA-A	NP_002107
319	AVLSILPAIFQK	392–403	XP_084530.5
320	EIAGHIMEF	KIAA0033 848–856	NP_055491.1
321	ELIRTINGW	PUM1 131-139 BAX	NP_004315.1
322	EVFPLKVFGY	45-54	AAH29439
323	ATPTSPIRVK	ZNF258 856-865 FLNA	NP_001447.1
324	AVLYQPLFDK	107–116	NP_004528.1
325	ewdfiqski	NAP1L1 451-460 PPM1G	NP_817092
326	AVQEFGLARFK	142–152	NP_037369.1
327	EAIQDLWQW	PX19 282-290 NPM1	NP_002511.1
328	GVIRSLMAF	60-68	NP_036558.2
329	HIISGTCASW	SF3B3 241-250 TXNIP	NP_006463.2
330	gvidvitktw	261-270	NP_110407.2
331	gvidlifek	MFTC 600-608 EIF4G1	NP_004944.2
332	GVCHIFASF	29-37	NP_005608.1
333	GTYVSSVPR	RPS14 242-250 HLA-DOA	NP_002110.1
334	GTAGLLEQWLK	329–339 DC12	NP_064572.1
335	HVITGLLEHY	133-142 SCRN2	NP_612364.1

FIG.130

seq. Id no:	Sequence	Position/Gene symbol	Acc. No.
336	GTADELVLHSW	176–186 LYPLAL1	NP_620149.1
337	EIKEVILEF	873–881 VPS13C	NP_060154
338	EEASLLHQF	741-749 SPTBN1	NP_003119.1
339	KLFIGGLSF	15-23 HNRPA1	NP_002127.1
340	DWPAVRKW	134–142 MASA	NP_067027.1
341	DVTGVVRQW	200–208 TGFB1	NP_000651.1
342	DVKDYIQEY	2500–2508 KIAA1554	XP_290768.3
343	DVIDNDSWRLW	207–217 PAICS	NP_006443.1
344	DVFSSKGMTRW	90-100 RASSF6	NP_803876.1
345	DTVKKIESF	3197–3205 RANBP2	NP_006258.2
346	DLPSNHVIDRW	211–221 SKB1	NP_006100.2
347	DLIGHIVEF	726-734 PUM2	NP_056132.1
348	DKESQLEAY	106-114 LOC284680	NP_872387.1
349	EVIKLKGYTSW	240-250 LDHA	NP_005557.1
350	GSSDVIIHR	519–527 KIAA1542	XP_290536.2
351	GTLDYILQR	158–166 FT0	XP_051200.4
352	EVDKRVHMTW	326-335 PSMD13	NP_002808.2
353	SVPYFLFQHW	197–206 SOAT1	NP_003092.3
354	Sveeistlvqk	93–103 MRPL43	NP_115488.2
355	STFQQMWISK	352–361 ACTA2	NP_001604.1
356	TTIPHALLTW	1533–1542 BIG1	NP_006412.1
357	SAFLLLGLFK	419–428 TAPBP	NP_003181.3

FIG.13P

SEQ. ID NO:	Sequence	Position/Gene symbol	Acc. No.
358	NIGDEALIGRW	637-647 MAGED4	NP_110428.2
35 9	TVAFVPISGW	187–196 EEF1A1	NP_001393.1
360	ETVNLRSLGF	1930–1939 AIM1	XP_166300.3
361	MPKFSMPGF	72-80 AHNAK	BAC87652.1
362	EVMEIMSRF	98–106 POLH	NP_006493.1
363	EVMDVFLRF	695–703 CSGIcA–T	XP_376724.1
364	RLQEALNLF	265–273 GNAS	NP_000507.1
365	ETIDWKVFESW	174–184 CD74	NP_004346.1
366	ELMEHGVVSW	39–48 ELMO3	NP_078988.1
367	ASVAWAVLK	2–10	NP_387504.1
368	SVSPVVHVR	CASPR3 73-81 LOC92906	NP_612403.2
369	HVVDRDTEAW	27-36 FLJ35220	NP_775898.2
370	ETITGLRVW	6493–6501 NEB	NP_004534.1
371	RQLEDILSTY	77–86	NP_787048.1
372	AIAQAESLRYK	DKFZp451J0118 98–108 RPS3	NP_000996.2
373	GVLQLGNIVFK	345-355 MYH9	NP_002464.1
374	EVINALKQTW	489-498	NP_006448.1
375	STAAFFLLR	LIM 407-415 SLC37A4	NP_001458.1
376	DIYNFPIHAF	177–186 LOC84549	NP_115898.2
377	TVVERMLSNW	1398–1407 PLXNB2	BAA21571.1
378	TKPWFASQIPF	210–220 L0C345778	XP_293971.3

FIG.13Q

SEQ. ID NO:	Sequence	Position/Gene symbol	Acc. No.
S	Sequences of RCC112		
379	GRVDFAYKF	111-119	NP_004418.2
380	GRDLTDYLM	PHC2 182-190	NP_001605.1
381	GRISITGVGF	ACTG1 101-110	NP_612501.3
382	GRIVTLISF	MGC21644 262-270	NP_068779.1
383	GRLDLQYAKL	MCL1 622-631	NP_000436.1
384	GRTNLIVNY	PLEC1 18-26	NP_001410.2
385	RYFDTAVSR	ELAVL1 5–13	AAC17722
386	GRMVQVHEL	HLA-A,-B or -C 170-178	NP_006355.2
387	FLDASGAKLDY	SEC23A 53-63	NP_055485.2
388	ATDYHVRVY	BZW1 348-356	NP_073600.2
389	ARLPWAGQL	FAD104 624-632	NP_065385.2
390	YGMPRQIL	PBXIP1 192–199	NP_003555.1
391	GRLLVATTF	TAGLN2 385-393	NP_002152.1
392	AGGDWFTSR	IARS 136-144	NP_055040.2
393	GRAPISNPGM	PPP2R1A 179-188	NP_002937
394	GRMENLASYR	RPA2 308-317	NP_005389
395	VLPKSRVEL	PPP1R3C 89–97	BAA81787
396	DAKIRIFDL	HLA-DOA 28-36	NP_006004.1
397	GRAMVARLGL	RPL10 2-11 CD24	NP_037362.1
398	FIDASRLVY	612-620 CTNNA1	NP_001894.1
399	DPMKARVVL	21–29 SRP9	NP_003124.1

FIG.13R

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SEQ. ID NO:	Sequence	Position/Gene symbol	Acc. No.
400	FRFDPQFAL	77-85	XP_371812
401	DTDHYFLRY	HLA-DQA1 165-173 PIGT	NP_057021.2
402	Ellirklpf	60–68 HIST3H3	NP_003484.1
403	EAFVRHIL	142-149 MYL6	NP_066299.2
404	RYFDTAMSR	5-13 HLA-A,-B or -C	AAB48498.1
405	GRVFIISKY	416-424 FLJ31657	NP_689971
406	TFRPAAMLVER	154–164 LAMB2	NP_002283.2
407	YLLEKSRAI	257–265 MYH9	NP_002464.1
408	LSDLGKLSY	353–361 MYST1	NP_115564.1
409	VTDSIRDEY	258–266 DNM1L	NP_005681.1
410	LTDRELEEY	567–575 ADD1	NP_001110.2
411	LTDRGVMSY	252–260 IRF3	NP_001562.1
412	KGLSVFLNR	527-535 GPNMB	NP_002501.1
413	VTDNRAFGY	128-136 DAB2	NP_001334.1
414	STDVSDLLHQY	257-267 PSMB8	NP_004150.1
415	RSLPFFSAR	135-143 TRAPPC1	NP_067033.1
416	YRFMGTEAY	378-386 SLC3A1	NP_000332.1
417	MPLLRQEEL	394-402 EHD2	NP_055416.2
418	VTEIDQDKY	2380-2388 FLNA	NP_001447.1
419	MRHLGAFLF	1-9 TCN2	NP_000346.2
420	TTEESLRNYY	20-29 HNRPA2B1	NP_002128.1
421	MRTSYLLLF	1-9 DEFB1	NP_005209.1
422	TVDQVKDLY	882-890 CP	NP_000087.1

FIG.13S

SEQ. ID NO:	Sequence	Position/Gene symbol	Acc. No.
423	MRYVASYLL	1-9 RPLP2	NP_000995.1
424	VGLIRNLAL	511-519 CTNNB1	NP_001895.1
42 5	GRLDAVLQR	317–325 PML	NP_002666.1
426	LLDQGQLNKY	421-430 CLTC	NP_004850.1
4 27	NRFAGFGIGL	98–107 L0C91137	NP_620128.1
428	KRLGTLVVTY	305–314 GBP4	NP_443173.2
429	KRGDVIYIL	319-327 SCAP2	NP_003921.2
430	SRFDIPLGL	50AP2 1103-1111 PCF11	NP_056969.2
431	STDPSVLGKY	101–110 HES1	NP_005515.1
432	SRFLKSDLF	130–138 RGS10	NP_002916.1
433	VQKPSYYVR	211–219 ADFP	NP_001113.2
434	SRISLPLPNF	409-418	NP_003371.1
435	LRSGLPLLL	VIM 231-239 MADHIP	NP_004790.1
436	SFKDYIQER	330–338 ETS2	NP_005230.1
437	HTQGPVDGSLY	104-114	NP_073585.6
438	STDKFKTDFY	TENS1 271-280 COPS6	NP_006824.2
Seq	uences of RCC115		
439	GSHSMRYFF	25-33 HLA-A	NP_002107
440	GSHSMRYFFT	25–34 HLA–A	NP_002107
441	GSHSMRYFH	25–33 HLA–B	137515
442	AAILGMHNL	пца-в 135-143 тморз	NP_055362.1
443	KLDPTKTTL	275–283 NDRG1	NP_006087.2

FIG.13T

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SEQ. ID NO:	Sequence	Position/Gene symbol	Acc. No.				
444	FVHDLVLYL	783–791	NP_001826.1				
445	FVHDLVL	CLTCL1 783-789	NP_001826.1				
		CLTCL1					
446	VLIPKLPQL	134-142	NP_644809.1				
447	NEITIPVTF	ORMDL3 177-185	NP_001531.1				
		HSPB1					
448	YLADFLLTK	255-263 SLC17A3	NP_006623.1				
449	YLIPLLERL	139-147	NP_004388.1				
450	NEVVTREY	DDX6 18-25	NP_000984.1				
+50		RPL31	NF_000304.1				
451	DEFKIGELF	145-153	NP_008835				
452	IQRTPKIQVYS	PRKDC 21-31	NP_004039.1				
752		B2M					
453	LTGPVMPVR	150-158	NP_000968.2				
454	AVAIKAMAK	RPL13 146-154	NP_001961.1				
	7 TAY 111 TAY 114W 11 T	EIF5A					
455	FVQMMTAK	142-149	NP_008819.1				
456	ATDPNILGR	CALM1 4111-4119	NP_008835.5				
		PRKDC	_				
457	LLLLSIVIL	212-220 EDG1	NP_001391.2				
458	KLPNFGFWF	376–385	NP_005745.1				
450		G3BP					
459	KLSEIDVAL	174-182 EFHD1	NP_079478.1				
10	LAALPHSCL	5-13	NP_003608.1				
460	YSIITPNILRL	RGS5 26-36	NP_000055.1				
TUU		C3	NF_000055.1				
461	ALPSRILLWK	2-11	NP_115724.1				
462	VKGFYPSDIAVE	MGC3047 247-258	AAB59393.1				
		IGHG2					
463	FLLDLSRSV	92-100 GPR31	NP_005290.1				
464	IIYKGGTSR	545-553	NP_000168.1				
465		GSN 3-11	44041057				
400 400	IVADHVASY	MHC class II	AAC41957				
I		1	I I				
	ΓI	9.130	FIG.13U				

SEQ. ID NO.	Sequence	Position/Gene symbol	Acc. No.
466	EVGGEALGRLL	23-33	NP_000509.1
107		HBB	
467	RTGPPMGSRF	175–184	NP_071496.1
400		WBSCR1	
468	RQIQESVTF	1305–1313	NP_001139.2
400		ANK2	
469	RVAPEEHPV	95-103	NP_001092.1
470		ACTB	
470	TLADLLALR	1433–1441	NP_003768.1
474		DNAH11	
471	RVAPEEHPVLLT	95-106	NP_001902.1
470		ACTB	
472	TLADIIARL	1487-1495	XP_370756.2
477		KIAA1305	
473	RWEDGSPLNF	142–151 KLPC1	NP_005801.2
474		KLRG1	
474	YEVSQLKD	468-475 CNDP2	NP_060705.1
475		663-672	
475	YRDIPELQGF	AACS	NP_076417
476	YVDGTQFVRF	51-60	BAA04965
4/0	TVDGTQFVKF		DAA04900
477	SLLDEFYKL	HLA-A,-B or -C 184-192	ND 005990 7
4//	SLLVEFINL	M11S1	NP_005889.3
478	HGIDPTGTY	28-36	NP_006078.2
470	TODETOTI	TUBB5	NF_000070.2
479	SLDKFLASVSTVL	125–137	NP_000549.1
4/9	SEDKLEASASIAE	HBA1	NF_000349.1
480	SIGERDLIFH	289-298	NP_003911.1
100		TIMELESS	
481	SITSVFITK	1788–1796	NP_003487.1
101		TRRAP	
482	FGEHLLESDLF	28-38	NP_001876.1
TUL		CRYAB	
483	FLDPIKAYL	76-84	NP_056049.3
TUU		GPR116	
484	FLADPSAFVAA	268-278	NP_000993.1
IUT		RPLPO	
485	ITAPPSRVL	20-28	NP_005054.2
100		SCD	
486	VLDELKNMKC	170–179	NP_055191.1
TUV		CYFIP2	
487	LLGPRLVLA	23-31	NP_006818.2
107		TMP21	
488	IIMPHNIYL	251-259	NP_000569.2
100		SLC11A1	

FIG.13V

SEQ. ID NO:	Sequence	Position/Gene symbol	Acc. No.
489	LVRMVLNG	144–151	NP_034990
490	RLYGPSSVSF	MYL6 133-142 SERPINH1	NP_001226.2
491	FEAPIKLVF	236–244 HM13	NP_110416.1
492	IQPGAVKVY	1472–1480 C3	NP_000055.1
493	VLAEVPTQL	501-509 CPNE1	NP_003906.1
494	IMRAGMSSL	521–529 CCT6A	NP_001753.1
495	VSFSSGLKGMSL	96–107 ATP5A1	NP_004037.1
496	ILNPDNSFEIL	241–251 CANX	NP_001737.1
497	VALEFALHL	344-352 CABLES1	NP_612384.1
498	TVAVPLVGK	22-30 MGC3067	NP_077271.1
499	TLSDLRVYL	121–129 C200rf139	NP_542763.1
500	TLIDIMTRF	35–43 HK1	NP_000179.1
Se	quences of RCC116		
501	HDFPRALIF	64-72 CG018	AAH22188
502	GSHSMRYF	25-32 HLA-A,-B or -C	BAA04965
503	Slmdhtipev	289–298 SDCBP	NP_005616.1
504	SGVHTFPAVLQ	155—165 Ig heavy chain	AA022172
505	Flvtvihtl	1065–1073 PLXNC1	NP_005752.1
506	TDGKVFQF	24-31 RPL24	NP_000977.1
507	YDLLRNTNF	246-254 DYRK1A	NP_001387.2
508	ILYPKTLFL	138–146 PPP3CA	NP_000935.1
509	MRYVASYL	1-8 RPLP2	NP_000995.1
510	FIWENIHTL	3725–3733 BPAG1	NP_056363.2

FIG.13W

SEQ. ID NO:	Sequence	Position/Gene symbol	Acc. No.		
511	RELPAWVSF	125-133 MBC2	NP_057107.1		
512	QDLNRIFPL	81-89	NP_002718.2		
513	RDSIVAEL	PRG1 97-104	NP_009194.2		
514	ADVLKVEVF	COPE 130–138 ITGB4BP	NP_002203.1		
1187	YDSIIYRM	335-342 ATP6AP2	NP_005756.2		
515	AMNPVEHPF	203–211 RPL8	NP_000964.1		
516	SELIRNVTL	126–134 U5–116KD	NP_004238.2		
517	QDVARVLGF	117–125 PNMA1	NP_006020.3		
518	SDHIHIIAL	215–223 OTUB1	NP_060140.1		
519	ADSLRLQQL	781–789 SPTAN1	NP_003118.1		
520	LLDIRSEY	466-473 ANXA11	NP_001148.1		
521	VLFGLLREV	663–671 DHX38	NP_054722.2		
522	VAVGRALYY	510–518 DDB1	NP_001914.2		
523	MRFLAATFL	1-9 NPC2	NP_006423.1		
524	YTDPEVFKY	398–406 PTGIS	NP_000952.1		
525	HDFLKYDFF	232–240 SURF4	NP_149351.1		
526	AIDQLHLEY	525-533 ACTN4	NP_004915.2		
527	SDLERVTSL	316-324 FLJ21616	NP_078843.2		
528	TLLPLRVFL	128–136 FLJ90013	NP_699196.1		
529	YSIITPNILR	26-35 C3	NP_000055.1		
530	FELQRNFQL	19–27 ING4	NP_057246.2		
531	LDLQRNYIF	186-194 UNQ3030	NP_940967.1		
532	RRLDPIPQL	56-64 MGC8721	NP_057211.4		
	FIG.13X				

SEQ. ID NO.	Sequence	Position/Gene symbol	Acc. No.
533	SLPIKESEIIDF	85-96	NP_002943.2
000		RPS2	
534	TELLRYYML	292-300	NP_055241.1
		SNX5	
676		054 067	
535	FIYHGEVPQA	254-263 MHC2TA	NP_000237.1
536	AEMLRSISF	217-225	NP_001315.1
		CSTF1	
537	RLQEDPPVGV	15-24	NP_003328.1
530		UBE2B	
538	AELERAAAL	465-473	NP_689813.1
539	YTDKIDRY	FLJ35453 107-114	NP_003262.1
553		TM4SF7	
540	FLLPDVIRI	329-337	NP_060671.2
		TBC1D13	
541	VELPHINLL	169-177	NP_060536.2
542	VMLDVPIRL	FLJ10349 725–733	NP_004832.1
J4Z	VMLDVFIKL	RASAL2	NF_0040J2.1
543	SLLENLEKI	209-216	NP_112604.1
		HNRPC	
544	YADPVNAHY	226-234	NP_005147.3
F 4 F		ROD1	
545	AELLRGLSL	165–173 FBXL5	NP_036293.1
546	TTEVHPELY	51-59	NP_057050.1
510		SDBCAG84	
547	RETNLDSLP	424-432	NP_003371.1
		VIM	
548	ELEDSTLRY	543-551	NP_000436.1
•	I	I PLEC1	I I
Seq	uences of RCC130		
549	FLDIYIFL	84-91	XP_372703.1
		LOC390875	
550	TYTDRVFFL	1282-1290	BAA21571.1
654		PLXNB2	
551	SPHLANYFYF	147-156 Symbol does not	BAC87422
		exist; Gene type:	
		unnamed protein	
		product	
552	SPRLPVGGF	1921-1929	XP_376178.1
		TRIP12	

FIG.13Y

SEQ. ID NO:	Sequence	Position/Gene symbol	Acc. No.
553	KLLDKVQAYS	9–18 GJA1	NP_000156.1
554	AYQHLFYLL	955–963 1QGAP3	NP_839943.2
555	KYILLMDIIA	148–157 TBX3	NP_005987.2
556	RYSSMAASF	82-90 MAP17	NP_005755.1
557	SPRAAEPVQL	397-406 CA9	NP_001207.1
558	IYTSSVNRL	535-543 COPB2	NP_004757.1
559	LYPQFMFHL	576-584 SEC23A	NP_006355.2
560	Ryiptaaaf	415-423 SEC61A1	NP_037468.1
561	Eyvkkipv	237–245 EIF2S3	NP_001406.1
562	SRVEAVYVL	13-21 PADI2	NP_031391.1
563	MPRGVVVTL	851-859 HECTD1	NP_056197.1
564	LPKPPGRGV	341–349 FBXL6	NP_036294.1
565	RLWGEPVNL	1665–1673 USP9X	NP_004643.2
566	RLLDVLAPL	14-22 COL18A1	NP_569712.1
567	LYILSSHDI	474–482 FBX024	NP_277041.1
568	TPMGPGRTV	235-243 LGALS8	NP_006490.3
569	GPPGTGKTDVAVQI	823-836 AQR	NP_055506.1
570	NEIEDTFRQF	46–55 ATP6V1F	NP_004222.2
571	EEIDLRSVGW	315-324 UNC93B1	NP_112192.2
572	KYQKGFSLW	245–253 TRAM1	NP_055109.1
573	vypdgirhi	519–527 SF3B3	NP_036558.2
574	KFIDTTSKF	366–374 RPL3L	NP_005052.1
575	FLDILNTLI	1729–1737 DNAH8	NP_001362.1

FIG.13Z-1

SEQ. ID NO:	Sequence	Position/Gene symbol	Acc. No.
576	KYITQGQLLQF	200–210	NP_068586.1
577	KYLSVQGQLF	ELOVL5 344-353	NP_055156.1
578	Ryfdepvel	MTCH1 355-363 ARFGAP3	NP_055385.2
579	KYDEIFYNL	452-460 EHD2	NP_055416.2
580	Syiehifei	61-69 PEA15	NP_003759.1
581	KFIDPIYQVW	572–581 RRN3	NP_060897.2
582	LGYTEGALLAL	1370–1380 PCDH15	NP_149045.2
583	KYPSPFFVF	2–10 DHX9	NP_085077.1
584	EYPDRIMNTF	158–167 TUBB4	NP_006077.1
585	VYISEHEHF	107–115 CLPTM1	NP_001285.1
586	KYFLKPEVL	167–176 KIAA1363	NP_065843.2
Sequ	ence of JY		
15	GPALGRSFL	78-86 TNFSF7	NP_001243.1
Sequ	ences of the control pe	ptides	
20	ELAGIGILTV	26–35 MLANA (modified A27–	NP_005502.1
587	ILKEPVHGV	>L) 896–904 pol	NP_057849.4
588	GILGFVFTL	58–66 Symbol does not exist; Gene type:	S14616
589	nlvpmvatv	matrix protein M1 495—503 Symbol does not exist; Gene type: pp65	P06725

FIG.13Z-2

SEQ. ID NO:	Sequence	Position/Gene symbol	Acc. No.
590	LLDFVRFMGV	284—293 Symbol does not exist; Gene type: EBNA—6 nuclear protein	P03204
591	GLCTLVAML	259—267 Symbol does not exist; Gene type: Immediate—early transactivator	NP_039857.1
592	CLGGLLTMV	294–302 Symbol does not exist; Gene type: latent membrane	AAB59844.1
593	APRTVALTA	protein 2 9–17 HLA–DPB1	NP_002112

FIG.13Z-3

SEQ. ID NO:	Sequence	Position/Gene type	Acc. No.
594	AAFPGASLY	63—71 DAZ associated protein 2	NM_014764
595	AELATRALP	137-145 junction placoglobin	NM_002230
596	AFFAERLYY	397-405 annexin A7	NM_001156
597	ALATLIHQV	26–34 COP9 constitutive photomorphogenic homolog subunit 7A (Arabidopsis)	NM_016319
598	ALAVIITSY	318–326 ATPase, H+ transporting, lysosomal (vacuolar proton pump) membrane sector associated protein M8–9	NM_005765
599	ALQEMVHQV	806-814 enhancer of filamentation 1	NM_006403
600	ALRDVRQQY	268–276 vimentin	NM_003380
601	AQNAVRLHY	481—489 catenin (cadherin—associated protein), beta 1. 88kDa	NM_001904
602	AQPGFFDRF	1006-1014 collagen, type VI, alpha 2 (COL6A2), transcript variant 2C2	NM_001849
603	AVCEVALDY	2260–2268 spectrin, beta, non-erythrocytic 1	NM_003128
604	AVLGAVVAV	161–169 Cw1 antigen	M12679
605	DAILEELSA	154–162 hypothetical protein FLJ11749	NM_024591
606	EEHPTLLTEA	101—110 actin, alpha 2, smooth muscle, aorta	NM_001613

FIG.14A

SEQ. ID NO:	Sequence	Position/Gene type	Acc. No.
607	EEMPQVHTP	715—723 MCM3 minichromosome maintenance	NM_002388
608	EENFAVEA	deficient 3 (S. cerevisiae) 348-355 vimentin	NM_003380
609	EENKLIYTP	56-64	NM_012106
610	FAEGFVRAL	binder of Arl Two 110–118 v-jun sarcoma virus 17 oncogene	NM_002228
611	FFGETSHNY	homolog (avian 235–243	NM_018834
612	FLPHMAYTY	matrin 3 931—939	NM_014795
613	GEPRFISVGY	zinc finger homeobox 1b 42-51 major histocompatibility complex,	Z46810
614	GLATDVQTV	class I, C 55-63 proteasome (prosome, macropain)	NM_002795
615	GLNDETYGY	subunit, beta type, 3 161—169 ATPase, Na+/K+ transporting, beta 1	NM_001677
616	GQEFIRVGY	polypeptide 103-111	NM_018154
617	GQFPGHNEF	anti-silencing function 1B 76-84 CDC42 effector protein (Rho GTPase	NM_006449
618	GQPWVSVTV	binding) 3 121-129	AC005912
619	GYLHDFLKY	FLJ00063 254–262 mortality factor 4 like 2	NM_012286

FIG.14B

SEQ. ID NO:	Sequence	Position/Gene type	Acc. No.
620	Hqitvlhvy	137—145 homolog of yeast long chain polyunsaturated fatty acid elongation	NM_021814
621	hvidvkfly	enzyme 2 163–171 damage—specific DNA binding protein 1, 127kDa	NM_001923
622	HVNDLFLQY	484-492 KIAA1005	AB023222
623	IAMATVTAL	249–257 aldolase A, fructose-bisphosphate	NM_000034
624	IGIDLGTTY	7—15 heat shock 70kDa protein 1A	NM_005345
625	ILHDDEVTV	15–23	NM_001003
626	IQKESTLHL	ribsomal protein, large, P1 61—69 ubiquitin A—52 residue ribosomal	NM_003333
627	ISRELYEY	protein fusion product 1 70–77 clone MGC:39264 IMAGE:5087938	BC022821
628	KLHGVNINV	59-67 RNA binding motif protein 4	NM_002896
629	KQMEQVAQF	89–97 transgelin	NM_003186
630	KVADMALHY	296—304 chaperonin containing TCP1, subunit 8 (theta)	NM_006585
631	LEEDSAREI	68–76 LOC204689	XM_119113
632	LLAERDLYL	576–584 transglutaminase 2 (C polypeptide, protein-glutamine-gamma- glutamyltransferase)	NM_004613

FIG.14C

SEQ. ID NO:	Sequence	Position/Gene type	Acc. No.
633	LLDEEISRV	44-52	AB067800
		RNA binding protein HQK-7	
634	LLYPTEITV	830-838	NM_002204
		integrin, alpha 3 (antigen CD49C,	_
		alpha 3 subunit of VLĂ—3 receptor)	
635	LMDHTIPEV	290–298	NM_005625
		syndecan binding protein	
636	LQHPDVAAY	229-237	NM_001903
		catenin (cadherin-associated protein),	
		alpha 1, 102kDa	
637	MEDIKILIA	632-640	NM_001530
		hypoxia—inducible factor 1, alpha	
		subunit (basic helix—loop—helix	
		transcription factor)	
638	MEENFAVEA	347-355	NM_00380
070		vimentin	
639	MQKEITAL	313–320	NM_001101
640		actin, beta	NIM 000107
640	NEDLRSWTA	151–159	NM_002127
		HLA-G histocompatibility antigen,	
641	NEIKDSVVA	class I, G 673–681	NM_001961
041		eukaryotic translation elongation factor	NM_001901
642	NVTQVRAFY	439-447	NM_001752
		catalase	
1188	NYIDKVRFL	116-124	NM_003380
		vimentin	
1189	PTQELGLPAY	392-401	NM_017827
		seryl—tRNA synthetase 2	

FIG.14D

SEQ. ID NO:	Sequence	Position/Gene type	Acc. No.
643	QEQSFVIRA	422-430 integrin, beta 2 (antigen CD18 (p95), lymphocyte function-associated	NM_000211
644	QQKLSRLQY	antigen 1; macrophage antigen 1 (mac- 1) beta subunit) 636-644 integrin, alpha 3 (antigen CD49C,	NM_002204
645	QVAEIVSKY	alpha 3 subunit of VLA-3 receptor) 217-225 integrin, alpha V (vitronectin receptor,	NM_002210
646	Rehapflva	alpha polypeptide antigen CD51) 30-38 transport-secretion protein 2.2	XM_208570
647	RLAAAAAQSVY	5–15	NM_000581
648	RLASYLDKV	glutathione peroxidase l 90—98 keratin 19	Y00503
649	RNADVFLKY	1020-1028	NM_007118
650	RQGFVPAAY	triple functional domain (PTPRF interacting) 1012-1020 spectrin, alpha, non-erythrocytic 1	NM_003127
651	RVIEEAKTAF	(alpha-fodrin) 198-207 heme oxygenase (decycling) 1	NM_002133
652	RVQPKVTVY	89–97	AF450316
653	RVYPEVTVY	MHC class II antigen 123–131 MHC HLA-DRB1*0411	L42143
654	SDHHIYL	218–224 aldolase A, fructose—biphosphate	NM_000034

FIG.14E

SEQ. ID NO:	Sequence	Position/Gene type	Acc. No.	
655	SHAILEALA	204—212 F—box and leucine—rich repeat protein 8	NM_018378	S
656	SISGVTAAY	728-736 IQ motif containing GTPase activating	NM_003870	S
657	SPVYVGRV	protein 1 216—223 transglutaminase 2 (C polypeptide, protein—glutamine—gamma—	NM_004613	S
658	SQFGTVTRF	glutamyltransferase) 66—74 MK167 (FHA domain) interacting	NM_032390	S
659	SWNNHSYLY	nucleolar phosphoprotein 156—164	NM_000821	S
660	TFMDHVLRY	gamma—glutamyl carboxylase 700—708 ATP citrate lyase	NM_001096	S
661	TLADLVHHV	378–386 transformation/transcription_domain—	NM_003496	S
662	TLGALTVIDV	associated protein 1336—1345 hypothetical protein DKFZp434N074	NM_017539	S
663	TQMPDPKTF	46-54	NM_016096	S
664	VEHPSLTSP	HSPC038 protein 170—178 HLA—DR beta gene, exon 2	M15374	S
665	VEPDHFKVA	204-212 lectin, galactoside-binding, soluble, 3	NM_002306	S
666	VEREVEQV	(galectin 3) 64-71 EST reading frame +2	A1278671	S
667	vfigtgatga Tly	20—32 NADH dehydrogenase (ubiquinone) 1 alpha subcomplex, 4, 9kDa	NM_002489	S

FIG.14F

SEQ. ID NO:	Sequence	Position/Gene type	Acc. No.
68	VLREIAEEY	822–830 high density lipoprotein binding	NM_005336
669	VLSLLSSVAL	protein (vigilin) 27–36 LOC153339	XM_098362
670	VLYDRVLKY	484–492 signal recognition particle 68kDa	NM_014230
671	VMDSKIVQV	432-440	NM_012316
672	VQRTLMAL	karyopherin alpha 6 (importin alpha 7) 126—133 transgolin	NM_003186
673	YFEYIEENKY	transgelin 238—247 heterogeneous nuclear ribonucleoprotein U (scaffold	NM_004501
674	YIFKERESF	attachment factor A) 303—311 CGI—18 protein	NM_015947
675	YVYEYPSRY	164–172 enhancer of filamentation 1	NM_006403
676	YYRYPTGESY	354—363 6—phosphofructo—2—kinase/fructose—2,6— biphosphatase 3	NM_004566
677	YYSNKAYQY	230–238 human immune associatd nucleotide 2	NM_024711
678	SSLPTQLFK	5–13 insulin–like growth factor 1	NM_000618
679	ATFPDTLYTY	702—710 integrin, alpha 6	NM_000210
680	SIFDGRVVAK	107–116	NM_019026
681	FRFENVNGY	putative membrane protein 32—40 asparagine synthetase	NM_001673

FIG.14G

SEQ. ID NO:	Sequence	Position/Gene type	Acc. No.
682	QRYGFSAVGF	82–91	NM_016321
683	ARLSLTYERL	Rh type C glycoprotein 307—316 ATPase, H+ transporting, lysosomal	NM_001183
684	GRYQVSWSL	interacting protein 1 84—92	NM_006280
685	KRFDDKYTL	signal sequence receptor, delta 61-69	NM_014572
686	TRWNKIVLK	KIAA0102 37-45	NM_024292
687	LRFDGALNV	ubiquitin–like 5 242–250 tubula claba 2	NM_006001
688	ARFSGNLLV	tubulin, alpha 2 310—318 protein transport protein SEC61 alpha	NM_013336
689	NRIKFVIKR	subunit isoform 1 491–499 general transcription factor II I	NM_001518
690	GRVFIIKSY	general transcription factor II, I 410-418	NM_016258
691	SRFGNAFHL	high-glucose-regulated protein 8 538-546 PRP8 pre-mRNA processing factor 8	NM_006445
692	GRTGGSWFK	homolog (yeast) 26-34 ATPase, Na+/K+ transporting, beta 1 polypeptide	NM_001677

FIG.14H

		Position/	
SEQ. ID NO:	Sequence	Gene symbol i	Acc.No. ⁱⁱ
16	NPPSMVAAGSVVAAV	198-212 CCND1	P24385
17	SHYFKIIEDLRAQI	126-139 KRT18	P05783
693	SGTQFVCETVIRSL	644-657 M17S2	Q14596
694	SGTQFVCETVIRSLT	644-658 M17S2	Q14596
695	LKPAFKKDGSTTAGN	260-274 ACAA1	P09110
696	RDLTDYMKILTERGYS	183-199 ACTG1	P02571
697	TDYLMKILTERGYS	186-199 ACTG1	P02571
698	TDYLMKILTERGYSFT	186-201 ACTG1	P02571
699	WISKQEYDESGPSIVHRKCF	356-375 ACTG1	P02571
700	YPEEAYIADLDAKSGAS	247-263 ACLY	P53396
701	EGRSFLAFPTLRAYHTL	1378-1394 AGRN	XP_372195
702	GRSFLAFPTLRAYHT	1379-1393 AGRN	XP_372195
703	GRSFLAFPTLRAYHTL	1379-1394 Agrn	XP_372195
704	ISRAQFVPLPVSVSVE	185-200 AHSG	P12763
705	SPDLPKLKPDPNTLCDEF	133–150 ALB	P02769
706	APGKGILAADESTGSIA	24-40 Aldoa	P04075
707	DVPKWISIMTERSVPHLQ	208-225 ANXA2	P07355
708	VPKWISIMTERSVPH	209-223 ANXA2	P07355
709	SASYKADTVAKVQG	1848-1861 APOB	P04114
710	IWYTGDRTVMGRIA	257-271 ATP1A1	P05023

FIG.15A

SEQ. ID NO:	Sequence	Position/ Gene symbol ⁱ	Acc.No. ⁱⁱ
711	IWYTGDRTVMGRIAT	257-272 ATP1A1	P05023
712	FYLLYYTEFTPTEKDEY	82-98 B2M	P61769
713	FYLLYYTEFTPTEKDEYA	82-99 B2M	P61769
714	LLYYTEFTPTEK	84-95 B2M	P61769
715	LLYYTEFTPTEKD	84-96 B2M	P61769
716	LLYYTEFTPTEKDE	84-97 B2M	P61769
717	LLYYTEFTPTEKDEYA	84-99 B2M	P61769
718	YLLYYTEFTPTEK	83-95 B2M	P61769
719	YLLYYTEFTPTEKDE	83-97 B2M	P61769
720	YLLYYTEFTPTEKDEY	83-98 B2M	P61769
721	YLLYYTEFTPTEKDEYA	83-99 B2M	P61769
722	YTEFTPTEKDEY	87–98 B2M	P61769
723	YYTEFTPTEKDEY	86-98 B2M	P61769
724	TGKTPGAEIDFKYALIGTAVGVA	74-96 C10orf128	XP_378226
725	TEEFEVTKTAVAHRPG	138-153 C19orf10	NP_061980
726	RGYMEIEQSVKSFK	173-186 C5orf15	NP_064584
727	IPWFVSDTTIHDFN	285-298 C6orf211	NP_078849
728	IAYDVTYSLACVR	306-318 CCR7	P32248
729	NIAYDVTYSLACVR	305-318 CCR7	P32248
730	SLMVTNDGATILKN	60-73 CCT2	P78371

seq. Id no:	Sequence	Position/ Gene symbol ⁱ	Acc.No.ii
731	ATQYFADRDMFCAGRVP	299-315 CCT7	Q99832
732	VATQYFADRDMFCAGRVP	298-315 CCT7	Q99832
733	GPKPLFRRMSSLVGP	26-40 MS4A1	P11836
734	GPKPLFRRMSSLVGPT	26-41 MS4A1	P11836
735	GPKPLFRRMSSLVGPTQS	26-43 MS4A1	P11836
736	SGPKPLFRRMSSLVGPTQS	25-43 MS4A1	P11836
737	SGPKPLFRRMSSLVGPTQSF	25-44 MS4A1	P11836
738	RDMFTLEDTL	140-149 CD38	P28907
739	RDMFTLEDTLLG	140-151 CD38	P28907
740	RDMFTLEDTLLGYLAD	140-155 CD38	P28907
741	VQRDMFTLEDTL	138-149 CD38	P28907
742	SPGEPQIIFCRSEAAHQG	389-406 PTPRC	P08575
743	SPGEPQIIFCRSEAAHQGVI	389-408 PTPRC	P08575
744	ATPLLMQALPMGALPQGP	110-127 CD74	P04233
745	GHLKIMHDAIGFR	160-172 CLN5	075503
746	LGHLKIMHDAIGFR	159-172 CLN5	075503
747	NPPLFALDKDAPLRY	47-61 CLSTN3	Q9BQT9
748	LEKIVLDNSVFSEHRN	1008-1023 CLTCL1	P53675
749	GQRRFNLQKNFVGKVA	177-192 COCH	043405
750	IGQRRFNLQKNFVGKVAL	176–193 COCH	043405

FIG.15C

seq. Id no:	Sequence	Position/ Gene symboli	Acc.No. ⁱⁱ
1190	RRFNLQKNFVGKVA	179-192 COCH	043405
1191	VPGTYKITASARGYN	836-850 CPD	075976
751	LAKWVAIQSVSAWPE	22-36 CNDP2	Q96KP4
752	VARFAAAATQQQTA	404-417 CPNE3	075131
753	WGALATISTLEAVR	68-81 CREG	NP_003842
754	VGVPYRITVTAVSASG	385-400 IL27RA	NP_004834
755	VPYRITVTAVSASG	387-400 IL27RA	NP_004834
756	DHNFVKAINAIQKSW	171–185 CTSC	P53634
757	KKVVVYLQKLDTAYDDLG	62-79 CTSC	P53634
758	KYDHNFVKAINAIQKSWT	169-186 CTSC	P53634
759	SGMDYWIVKNSWGTGWG	418–434 CTSC	P53634
760	YDHNFVKAINAIQK	170–183 CTSC	P53634
761	YDHNFVKAINAIQKSWT	170-186 CTSC	P53634
762	IFSFYLSRDPDAQPG	228-242 CTSD	P07339
763	LSRDPDAQPGGE	233-244 CTSD	P07339
764	GKEYWLVKNSWGHN	290-303 CTSS	P25774
765	KNLKFVMLHNLEHSM	54-68 CTSS	P25774
766	TTAFQYIIDNKGID	186–199 CTSS	P25774
767	GTEYWIVRNSWGEPW	253–267 CTSZ	Q9UBR2
768	GYLPNQLFRTF	730-740 DDX1	Q92499

FIG.15D

SEQ. ID NO:	Sequence	Position/ Gene symbol ⁱ	Acc.No.ii
769	IRFWDSGKVKEM	367–379 DHX34	Q14147
770	MEKYNIEKDIAAYIK	29–43 Dic2	NP_542408
771	LPFGAQSTQRGHTE	114-127 DPP7	Q9UHL4
772	SKYYVTIIDAPGHRD	83-97 EEF1A1	P04720
773	IEKFEKEAAEMGKG	39-52 EEF1A2	Q05639
774	IEKFEKEAAEMGKGS	39-53 EEF1A2	Q05639
775	IEKFEKEAAEMGKGSF	39-54 EEF1A2	Q05639
776	TIEKFEKEAAEMGKGSF	38-54 EEF1A2	Q05639
777	DIDAIFKDLSIRSVR	57-71 WBSCR1	Q15057
778	GVPLYRHIADLAGN	126-139 ENO1	P06733
779	GVPLYRHIADLAGNSEV	126-142 ENO1	P06733
780	IKEKYGKDATNVGDEG	195-210 ENO1	P06733
781	IKEKYGKDATNVGDEGG	195-211 ENO1	P06733
782	KEKYGKDATNVGDEGG	196-211 ENO1	P06733
783	VIKEKYGKDATNVGDEGG	194-211 ENO1	P06733
784	VPLYRHIADLAGN	127-139 ENO1	P06733
785	VPLYRHIADLAGNSE	127-141 ENO1	P06733
786	VPLYRHIADLAGNSEV	127-142 ENO1	P06733
787	VPLYRHIADLAGNSEVI	127-143 ENO1	P06733
788	LLQKLILWRVL	305-315 FLJ32752	NP_653267

FIG.15E

SEQ. ID NO:	Sequence	Position/ Gene symbol i	Acc.No. ⁱⁱ
789	LQNIIPASTGAAKAVG	202-217 GAPD	P04406
790	EPIEQKFVSISDLLVPK	374–390 GDI2	P50395
791	AIFLFVDKTVPQSS	75-88 GABARAPL2	P60520
792	AIFLFVDKTVPQSSL	75-89 GABARAPL2	P60520
793	AIFLFVDKTVPQSSLT	75-90 GABARAPL2	P60520
794	FVDKTVPQSSL	79-89 GABARAPL2	P60520
795	LPSEKAIFLFVDKTVPQSSLT	70-90 GABARAPL2	P60520
796	KVNLLKIKTELCKKEV	1035-1050 GLG1	Q92896
797	LGKWCSEKTETGQE	643-656 GLG1	Q92896
798	VNLLKIKTELCKKEV	1036-1050 GLG1	Q92896
799	GNYRIESVLSSSG	166-178 GM2A	P17900
800	GNYRIESVLSSSGK	166-179 GM2A	P17900
801	LGCIKIAASLKGI	181-193 GM2A	P17900
802	RLGCIKIAASLKGI	180-193 GM2A	P17900
803	TGNYRIESVLSSSG	165-178 GM2A	P17900
804	TGNYRIESVLSSSGK	165-179 GM2A	P17900
805	TGNYRIESVLSSSGKR	165-180 GM2A	P17900
806	TTGNYRIESVLSSSG	164-178 GM2A	P17900
807	TTGNYRIESVLSSSGK	164-179 GM2A	17900
808	VTRAFVAARTFAQGL	211-225 GPC4	075487

FIG.15F

SEQ. ID NO:	Sequence	Position/ Gene symboli	Acc.No.ii
809	DIFERIASEASRL	68-80 HIST1H2BL	Q99880
810	DIFERIASEASRLA	68-81 HIST1H2BL	Q99880
811	DIFERIASEASRLAH	68-82 HIST1H2BL	Q99880
812	DIFERIASEASRLAHY	68-83 HIST1H2BL	Q99880
813	VNDIFERIASEASRLAHYN	66 -84 HIST1H2BL	Q99880
814	DDTQFVRFDSDAASQR	53-68 HLA-A	CAA73716
815	DDTQFVRFDSDAASQRME	53-70 HLA-A	CAA73716
816	DDTQFVRFDSDAASQRMEP	53-71 HLA-A	CAA73716
817	DDTQFVRFDSDAASQRMEPR	53-72 Hla-a	CAA73716
818	DTEFVRFDSDAASQRME	54-70 Hla-a	CAA73716
819	DTEFVRFDSDAASQRMEP	54-71 Hla-a	CAA73716
820	DTQFVRFDSDAASQ	54-67 Hla-a	CAA73716
821	DTQFVRFDSDAASQR	54-68 HLA-A	CAA73716
822	DTQFVRFDSDAASQRM	54-69 HLA-A	CAA73716
823	DTQFVRFDSDAASQRME	54-70 HLA-A	CAA73716
824	DTQFVRFDSDAASQRMEP	54-71 HLA-A	CAA73716
825	DTQFVRFDSDAASQRMEPRAP	54-74 HLA-A	CAA73716
826	FVRFDSDAASQR	57-68 HLA-A	CAA73716
827	FVRFDSDAASQRME	57-70 HLA-A	CAA73716
828	KHKWEAAHVAEQLR	168-181 HLA-A	CAA73716

seq. Id no:	Sequence	Position/ Gene symbol ⁱ	Acc.No.ii
829	QFVRFDSDAASQRME	56-70 HLA-A	CAA73716
830	TQFVRFDSDAASQ	55-67 HLA-A	CAA73716
831	TQFVRFDSDAASQR	55-68 HLA-A	CAA73716
832	TTKHKWEAAHVAEQLR	166-181 HLA-A	CAA73716
833	VDDTEFVREDSDAASQR	52-68 HLA-A	CAA73716
834	VDDTQFVRFDSDAASQRMEPRAPW	52-75 HLA-A	CAA73716
835	VDDTQFVRFDSDAASQRMEPRAPWIE	52-77 HLA-A	CAA73716
836	DLSSWTAADTAAQIT	153–167 HLA–B	P30481
837	DLSSWTAADTAAQITQ	153-168 HLA-B	P30481
838	DLSSWTAADTAAQITQRKW	153–171 HLA-B	P30481
839	DLSSWTAADTAAQITQRKWEAARVA	153-177 HLA-B	P30481
840	DTLFVRFDSDATSPRKEPRAP	54-74 HLA-B	P30481
841	EDLSSWTAADTAAQIT	152-167 HLA-B	P30481
842	EDLSSWTAADTAAQITQR	152-169 HLA-B	P30481
843	EDLSSWTAADTAAQITQRKW	152-171 HLA-B	P30481
844	EDLSSWTAADTAAQITQRKWE	152-172 HLA-B	P30481
845	EDLSSWTAADTAAQITQRK WEAARVA	152-177 HLA-B	P30481
846	GPEYWDRETQISKTNJ	80-94 HLA-B	P30481
847	KDYIALNEDLSSWTA	145-159 HLA-B	P30481
848	LNEDLSSWTAADTAAQITQRKWE	150-172 HLA-B	P30481

		Position/	
SEQ. ID NO:	Sequence	Gene symbol	Acc.No. ⁱⁱ
849	LRWEPSSQSTVPIVGIVAG	296-314 HLA-B	P30481
850	LSSWTAADTAAEITERKWE	154—172 HLA—B	P30481
851	LSSWTAADTAAQITQR	154-169 HLA-B	P30481
852	LSSWTAADTAAQITQRKW	154–171 HLA–B	P30481
853	LSSWTAADTAAQITQRKWE	154–172 HLA–B	P30481
854	NEDLSSWTAADTAAQITQRK	151–171 HLA–B	P30481
855	TLFVRFDSDATSP	55-67 HLA-B	P30481
856	VDDTLFVRFDSDATSPRKEPRAP	52-74 HLA-B	Q9TNN7
857	DDTQFVQFDSDAASPR	53-68 HLA-C	Q9TNN7
858	DGKDYIALNEDLRSWT	143-158 HLA-C	Q9TNN7
859	DGKDYIALNEDLRSWTA	143-159 HLA-C	Q9TNN7
860	DGKDYIALNEDLRSWTAA	143-160 HLA-C	Q9TNN7
861	DTQFVQFDSDAASPR	54-68 HLA-C	Q9TNN7
862	DTQFVQFDSDAASPRG	54-69 HLA-C	Q9TNN7
863	DTQFVQFDSDAASPRGEPR	54-72 HLA-C	Q9TNN7
864	DTQFVQFDSDAASPRGEPRAP	54-74 HLA-C	Q9TNN7
865	DYIALNEDLRSWTA	146-159 HLA-C	Q9TNN7
866	FVQFDSDAASPRGEP	54-71 HLA-C	Q9TNN7
867	GKDYIALNEDLRSWT	144-158 HLA-C	Q9TNN7
868	GRLLRGYNQFAYDGK	131-145 HLA-C	Q9TNN7

FIG.15I

		Position/	
SEQ. ID NO:	Sequence	Gene symbol i	Acc.No.ii
869	KDYIALNEDLRSW	145-157 HLA-C	Q9TNN7
870	TQFVQFDSDAASPR	55–68 HLA–C	Q9TNN7
871	TQFVQFDSDAASPRGEPR	55-72 HLA-C	Q9TNN7
872	VDDTQFVQFDSDAASPRGEPR	52-72 HLA-C	Q9TNN7
873	VDDTQFVQFDSDAASPRGEPRAP	52-74 HLA-C	Q9TNN7
874	YVDDTQFVQFDSDAASPRGEPRAP	51 -74 HLA-C	Q9TNN7
875	FGPTFVSAVDGLSFQ	167–181 HLA–DMA	CAA54170
876	NREEFVRFDSDVGEFR	24-39 HLA-DPB1	AAA36255
877	REEFVRFDSDVGEFR	25-39 HLA-DPB1	AAA36255
878	DVEVYRAVTPLGPPD	35-49 HLA-DQB1	CAA71450
879	AQGALANIAVDKANLEI	81-97 HLA-DRA	P01903
880	IQAEFYLNPDQSGEF	33-47 HLA-DRA	P01903
881	GAGLFIYFRNQKGHS	243-257 HLA-DRB1	P13760
882	HQEEYVRFDSDVGEYR	62-77 HLA-DRB1	P13760
883	HQEEYVRFDSDVGEYRA	62-78 HLA-DRB1	P13760
884	HQEEYVRFDSDVGEYRAV	62-79 HLA-DRB1	P13760
885	QEEYVRFDSDVGEYR	63-77 HLA-DRB1	P13760
886	YVRFDSDVGEY	66-76 HLA-DRB1	P13760
887	DLRSWTAVDTAAQISEQ	150-166 HLA-E	P13747
888	LRSWTAVDTAAQIS	151–164 HLA–E	P13747

FIG.15J

seq. Id no:	Sequence	Position/ Gene symbol ⁱ	Acc.No.ii
889	LRSWTAVDTAAQISEQ	151-166 HLA-E	P13747
890	VDDTQFVRFDSDSACPRMEP	52-71 HLA-G	P17693
891	YVDDTQFVRFDSDSACPRMEPRAP	51-74 HLA-G	P17693
892	AIPFVIEKAVRSSIY	146-160 HPCL2	Q9UJ83
893	AIPFVIEKAVRSSIYG	146-161 HPCL2	Q9UJ83
894	NVLRIINEPTAAAIAY	168-183 HSPA1B	P08107
895	RIINEPTAAAIA	171-182 HSPA1B	P08107
896	RIINEPTAAAIAYG	171-184 HSPA1B	P08107
897	VLRIINEPTAAAIA	169-182 HSPA1B	P08107
898	VLRIINEPTAAAIAY	169-183 HSPA1B	P08107
899	VLRIINEPTAAAIAYG	169-184 HSPA1B	P08107
900	VMRIINEPTAAAIAYG	195-210 HSPA5	P11021
901	VPTKKSQIFSTASDNQPTVT	443-462 HSPA5	P11021
902	GERAMTKDNNLLGRFE	447-462 HSPA6	P17066
903	ERAMTKDNNLLGKFEL	446-461 HSPA8	P11142
904	GERAMTKDNNLLGKFE	445-460 HSPA8	P11142
905	GERAMTKDNNLLGKFEL	445-461 HSPA8	P11142
906	GILNVSAVDKSTGKE	484-498 HSPA8	P11142
907	RAMTKDNNLLGKFE	447-460 HSPA8	P11142
908	IPIIIHPIDRSVD	109-121 MTP18	NP_057582

SEQ. ID NO:	Sequence	Position/ Gene symbol ⁱ	Acc.No.ii
909	DRKMVGDVTGAQAY	65-78 IFITM1	P13164
910	DRKMVGDVTGAQAYA	65-79 IFITM1	P13164
911	LGFIAFAYSVKSRD	52-65 IFITM1	P13164
912	LITFLCDRDAGVGFP	726-740 IGF2R	P11717
913	LITFLCDRDAGVGFPE	726-741 IGF2R	P11717
914	KNTLYLQMNSLKTEDTA	29-45 IGH@	AAM87802
915	NTLYLQMINSLKTEDT	30-44 IGH@	AAM87802
916	NTLYLQMNSLKTEDTA	30-45 IGH@	AAM87802
917	TLYLQMINSLKTED	31-43 IGH@	AAM87802
918	TLYLQMNSLKTEDT	31-44 IGH@	AAM87802
919	TLYLQMNSLKTEDTA	31-45 IGH@	AAM87802
920	YLQMINSLKTEDT	33-43 IGH@	AAM87802
921	ESGPTTYKVTSTLTIKESDWL	171–191 IGHM	P01871
922	GPTTYKVTSTLTIK	173—186 IGHM	P01871
923	GPTTYKVTSTLTIKE	173-187 IGHM	P01871
924	SGPTTYKVTSTLTIK	172—186 IGHM	P01871
925	SGPTTYKVTSTLTIKESDWL	172—191 IGHM	P01871
926	EPRRYGSAAALPS	68-80 IGHMBP2	P38935
927	HKSYSCQVTHEGSTV	81-95 IGLC1	P01842
928	HKSYSCQVTHEGSTVE	81-96 IGLC1	P01842

FIG.15M

seq. Id no:	Sequence	Position/ Gene symboli	Acc.No. ⁱⁱ
929	KSHKSYSCQVTHEGSTVE	79–96 IGLC1	P01842
930	KSYSCQVTHEGST	82-94 IGLC1	P01842
931	KSYSCQVTHEGSTV	82-95 IGLC1	P01842
932	KSYSCQVTHEGSTVE	82-96 IGLC1	P01842
933	KSYSCQVTHEGSTVEK	82-97 IGLC1	P01842
934	SHKSYSCQVTHEGST	80-94 IGLC1	P01842
935	SHKSYSCQVTHEGSTV	80-95 IGLC1	P01842
936	SHKSYSCQVTHEGSTVE	80-96 IGLC1	P01842
937	SHKSYSCQVTHEGSTVEKT	80-98 IGLC1	P01842
938	TPEQWKSHKSYSCQVTHEGSTVE	74–96 IGLC1	P01842
939	IEVWVEAENALGKVT	194-208 IL6ST	P40189
940	YPSHSF IGEESVAAGEK	62-78 IMPA1	P29218
941	DTGSYRAQISTKTSAK	103-118 SLAMF6	CAC59749
942	FSQFLGDPVEKAAQ	411-424 KIAA0494	075071
943	LPSSYEEALSLPSKTP	236-250 Laptm5	Q13571
944	LPSYEEALSLPSKTPE	236-251 Laptm5	Q13571
945	LPSYEEALSLPSKTPEG	236-252 Laptm5	Q13571
946	WLPSYEEALSLPSKTPE	234-251 Laptm5	Q13571
947	GVPKDYTGEDVTPQN	98-112 LGMN	Q99538
948	VPKDYTGEDVTPQN	99-112 LGMN	Q99538

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seq. Id no:	Sequence	Position/ Gene symbol ⁱ	Acc.No. ⁱⁱ
949	DVRKLYWLMKSSLNGDN	902-918 LNPEP	Q9UIQ6
950	KPTICSDQDNYCVT	37-50 LY6E	Q16553
951	LKPTICSDQDNYCVT	36-50 LY6E	Q16553
952	HPPELLFSASLPALG	559-573 MAN2B1	000754
953	VDYFLNVATAQGRYY	292-306 MAN2B1	000754
954	TPISEVYESEKDEDGFL	92-108 MAP1LC3B	Q9GZQ8
955	TPISEVYESEKDEDGFLY	92-109 MAP1LC3B	Q9GZQ8
956	SPDRVYINYYDMNAAN	90-105 MIF	P14174
957	VPDGFLSELTQQLAQ	14-28 MIF	P14174
958	DGRTFYIDHNSKITQ	541-555 NEDD4L	NP_056092
959	GPVGVFEWEAFARGT	337-351 PGK1	P00558
960	RVVMRVDFNVPMKN	17-30 PGK1	P00558
961	SPDDKYIYVADILAHEIH	228-245 PON2	Q15165
962	LPGLAKQPSFRQYSG	38-52 PPGB	P10619
963	VSFELFADKVPKTAEN	19-34 PPIA	P05092
964	GPSYWCQNTETAAQ	498-511 PSAP	P07602
965	VPGFADDPTELACRV	417-431 PTGFRN	Q9P2B2
966	GALLVYDITSRETYN	83-97 RAB4A	P20338
967	LIPSYIRDSTVAVVV	78–92 RAB6B	Q9NRW1
968	FPEPIKLDKNDRAKASA	186-202 RAB7	P51149

seq. Id no:	Sequence	Position/ Gene symbol ⁱ	Acc.No. ⁱⁱ
969	AFFTLARDIKAKMD	161-174 RAB8A	P61006
970	NAFFTLARDIKAKMD	160-174 RAB8A	P61006
971	LLQQISQHQEHF	313-324 RAD23B	P54727
972	TEQFTAMRDLYMKN	61-74 RAP1A	P10113
973	IPSVF IGESSANSLKD	145-160 RNF13	043567
974	ADRDTYRRSAVPPGAD	122-137 RPS10	P46783
975	DRDTYRRSAVPPGAD	123-137 RPS10	P46783
976	RDTYRRSAVPPGAD	124-137 RPS10	P46783
977	LPPNWKYESSTASA	134-147 RPS13	P62277
978	RTFHRAASSAAQGAF	308-326 SCAMP2	015127
979	SRTFHRAASSAAQGA	309-325 SCAMP2	015127
980	SSRTFHRAASSAAQGA	310-325 SCAMP2	015127
981	SSRTFHRAASSAAQGAF	310-326 SCAMP2	015127
982	YGSYSTQASAAAAT	83-96 SCAMP3	014828
983	YGSYSTQASAAAATA	83-97 SCAMP3	014828
984	YGSYSTQASAAAATAE	83-98 SCAMP3	014828
985	VPMYIGEISPTALR	162-175 SLC2A14	NP_703150
986	ISIYSSERSVLQ	519-530 SEMA7A	075326
987	VAAVF I AQL SQQSL DF VK	396-413 SLC1A5	Q15758
988	TGALYRIGDLQAFQGHG	120-136 SLC3A2	P08195

seq. Id no:	Sequence	Position/ Gene symbol ⁱ	Acc.No.ii
989	DYYKGEESNSSANK	150-163 NAPB	Q9H115
990	KPGIYRSNMDGSAAY	899-913 SORL1	Q92673
991	RHPINEYYIADASEDQVF	343-360 SORL1	Q92673
992	NPRKFNLDATELSIR	74-88 STX6	Q43752
993	NPRKFNLDATELSIRK	74-89 STX6	Q43752
994	NPRKFNLDATELSIRKA	74–90 STX6	Q43752
995	GPP IGSFTL IDSEVSQL	88—104 unnamed protein product	BAD18470
996	NPKDVLVGADSVRAAITF	134-151 SYNGR2	043760
997	HKGEIRGASTPFQFR	107-121 TAX1BP1	NP_006015
998	DVAFVKDQTVIQ	555-566 TF	Q29443
999	FVKDQTVIQNTD	558-569 TF	Q29443
1000	GDVAFVKDQTVIQ	554-566 TF	Q29443
1001	GDVAFVKDQTVIQNTD	554-569 TF	Q29443
1002	CPSDWKTDSTCRMVT	353-367 TFRC	P02786
1003	CPSDWKTDSTCRMVTS	353-368 TFRC	P02786
1004	CPSDWKTDSTCRMVTSE	353-369 TFRC	P02786
1005	FTYINLDKAVLGTSN	479-493 TFRC	P02786
1006	YVAYSKAATVTGKL	219-232 TFRC	P02786
1007	EIIHKALIDRNIQ	62-74 TNFAIP3	P21580

SEQ. ID NO:	Sequence	Position/ Gene symbol ⁱ	Acc.No.ii
1008	GPLSWYSDPGLAGVS	105–119 TNFSF9	P41273
1009	LKPEFVDIINAKQ	236-248 TPI1	P60174
1010	GSSYGSETSIPAAAH	811-825 TTYH3	XP_166523
1011	AKFWEVISDEHGIDPT	18-33 TUBB1	P07437
1012	EPYNATLSVHQL	181–192 TUBB5	P05218
1013	EPYNATLSVHQLVE	181-194 TUBB5	P05218
1014	DYNIQKESTLHLVLR	58-72 UBA52	P02248
1015	SDYNIQKESTLHLV	57-70 UBA52	P02248
1016	DKGAFRIEINFPAEYPFKPP	47-66 UBE2L3	P51966
1017	KGAFRIEINFPAEYPFKPP	48-66 UBE2L3	P51966
1018	NPPYDKGAFRIEINFPAEYPFKPP	43-66 UBE2L3	P51966
1019	PPYDKGAFRIEINFPAEYPFKPP	44-66 UBE2L3	P51966
1020	NPDTLSAMSNPRAMQ	447-461 UBQLN1	Q9UMX0
1021	QLIYIPLPDEKSRVA	640-654 VCP	P55072
1022	AAKYQLDPTASISA	248-261 VDAC2	P45880
1023	DPDPEDFADEQSLVGRF I	478-495 VPS35	Q96QK1
1024	APSGFYIASGDVSGKL	67-82 WDR1	075083
1025	APSGFYIASGDVSGKLR	67-83 WDR1	075083
1026	RASWRIISSIEQKEE	57-71 YWHAE	NP_006752

i:According to HUGO gene nomenclature ii:Accession Number according to Entrez Protein Database (NCBI)

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	SYFPETIHI Score		35	26	19	27	19	24	7 24		26	33	23	30	30			2		24		25	32	32	32	25	28	
	Position S		247-262	132-148	121-136	91-105	163-175	80-92	1243-1257	1125-1145	303-319	239-253	40-57	389-408	343-358	27-39	1930-1944	2134-214	1749-1764	659-674	1908-1919	76-92	61-74	153-169	60-75	166-181	169–184	
	Acc. Nr. F		002414	-426359	-426359	NP_001784	NP_001784	001822	NP_001846	N P_000080	_001900		NP_001911	NP_004096	NP_058634	_001961	002017	002017	NP_002017	002017	997640	-004855	808760	NP_000512	254280	000589	000589	
ences aligned according to the motif of HLA-DRB1*0101.	Gene Symbol		MMP7 NP	CDC42 NP	CDC42 NP_		CDH3 NF	CLU	COL15A1 NF		CTSD NP_	CTSZ NP.	DCN	EFEMP1 NF	EFEMP2 NF	EIF5A NP_	FN1 NP	FN1 NP	FN1 NF	FN1 NP_		CDF15 NP_	H2AFJ NP_	HEXB NF	HIST3H2A NP_	IGFBP3 NP	ICFBP3 NP	
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FIG.16B

Internal Sequence ID	Antigen	Sequence	SEQ. ID NO:
IMAMMP- 001	Matrix Metalloproteinase 7	SQDDIKGIQKLYGKRS	8
IMA-ADF- 002	Adipophilin	VMAGDIYSV	2
IMA-ADF- 001	Adipophilin	SVASTITGV] 1
IMA-APO- 001	Apolipoprotein L1	ALADGVQKV	3
IMA-CCN- 001	Cyclin D1	LLGATCMFV	4
IMA-GUC- 001	GUCY1A3	SVFAGVVGV	5
IMA-K67-001	KIAA0367	ALFDGDPHL	6
IMA-MET- 001	c-met proto-oncogene	YVDPVITSI	7
IMA-MUC- 001	MUC1	STAPPVHNV	9
IMA-RGS- 001	RGS-5	LAALPHSCL	10
IMA-HBV- 001	HBV	FLPSDFFPSV	1135

FIG.17

SEQ.ID NO:	Sequence	Position/Gene	Acc. No.
	Patient RCC01 HLA-A*02		
7	YVDPVITSI	654–662 met proto-oncogen	J02958
1	SVASTITGV	129—137 adipose differentiation—related protein	X97324
1075	ALLNIKVKL	365—373 keratin 18	M26326
6	ALFDGDPHL	1-9 KIAA0367	AB002365
1076	RLLDYVVNI	679—687 hypothetical protein FLJ20004	AB040951
1077	ALANGIEEV	101—109 apolipoprotein L, 3	AY014906
1078	QLIDKVWQL	593—601 SEC14 (S. cerevisiae)—like 1	D67029
1079	ALSDLEITL	389-397 mitogen inducible 2	Z24725
1080	ILDTGTIQL	174–182 kidney and liver—specific gen	AB013094
1081	SLLGGDVVSV	27—36 delta sleep inducing peptide, immunoreactor	AF153603
1082	FLDGNELTL	167—175 chloride intracellular channel 1	U93205
1083	NLLPKLHIV	179—187 chloride intracellular channel 1	U93205
1084	ALASHLIEA	507—515 EH—domain containing 2	AF181263
1085	SLYGGTITI	296—304 hypothetical protein FLJ11189	AK000697

FIG.18A

SEQ. ID NO:	Sequence	Position/Gene	Acc. No.
1086	FLLDKKIGV	218—226 chaperonin containing TCP1, subunit 2 (beta)	AF026166
11 9 2	FLDGNEMTL	178—186 chloride intracellular channel 4	AF097330
1087	AIVDKVPSV	147—155 coat—protein gamma—cop	AF100756
1088	DVASVIVTKL	241—250 signal recognition particle 54kD	U51920
1089	LASVSTVL	130—137 hemoglobin, alpha 2	AF230076
1090	VMAPRTLVL	3-11 HLA-A	
1091	LLFDRPMHV	267-275 hnRNP M	L03532
1092	MTSALPIIQK	62—71 adipose differentiation—related protein	X97324
1093	MAGDIYSVFR	349—358 adipose differentiation—related protein	X97324
1094	ETIPLTAEKL	115—124 cyclin D1/PRAD1	X59798
1095	DVMVGPFKLR	934—943 Akinase (PRKA) anchor protein 2	AJ303079
1096	TIIDILTKR	64-72 annexin A1	X05908
1097	TIVNILTNR	55—63 annexin A2	BC001388
1098	TIIDIITHR	385—393 annexin A6	J03578

FIG.18B

SEQ. ID NO:	Sequence	Position/Gene	Acc. No.
680	SIFDGRVVAK	107—116 putative membrane protein	AB020980
1099	STIEYVIQR	115—123 Sec23 (S. cerevisiae) homolog B	BC005032
1100	ELIKPPTILR	132—141 adaptor—related protein complex 3	AF092092
1101	EIAMATVTALR	248—258 aldolase A, fructose—biphosphate	X12447
1102	ETIGEILKK	95–103 MRRNPK	BC000355
1103	SLADIMAKR	86-94 ribosomal protein L24	BC000690
1104	EEIAFLKKL	229–237 vimentin	M14144
1105	DEAAFLERL	92—100 caldesmon 1	M64110
1106	DEMKVLVL	545—522 spectrin, beta, non—erythrocytic 1	M96803
1107	DEVKFLTV	191—198 annexin A 4	M82809
1108	NENSLFKSL	935-943 clathrin, heavy polypeptide (Hc)	D21260
1109	DEFKVVVV	373—380 coat protein, gamma—cop	AF100756
1110	EEVKLIKKM	137–145 ferritin, light polypeptide	M11147
1111	DEVKLPAKL polyr	158—166 merase I and transcript release factor	AF312393

FIG.18C

SEQ. ID NO:	Sequence	Position/Gene	Acc. No.
1112	TERELKVAY	637—645 hypothetical protein FLJ20004	AB040951
1113	NEFSLKGVDF	86−95 ets−1	J04101
1114	NEQDLGIQY	169—177 catenin alpha 1	D13866
1115	EERIVELF	306—313 signal transducer and activator of transcription 3	BC000627
1116	EEIREAFRVF	84—93 calmodulin 3	J04046
1117	DEYIYRHFF	344–352 cell cycle progression 8 protein	AF011794
1118	DELELHQRF	308—316 adenovirus 5 E1A binding protein	X86098
1119	SEVKFTVTF	80—88 galectin 2	M87842
1120	IETIINTF	12—19 calgranulin B	M26311
1121	KENPLQFKF	61—69/72—80 villin 2 (ezrin)/(radixin)	J05021/ L02320
1122	DEVRTLTY	41—48 hnRNP methyltransferase, S. cerevisiae—like 2	Y10807
1123	GEAVVNRVF	43—51 large multifunctional protease 2, LMP2	Z14977
1124	EEVLIPDQKY	385—394 F—box and leucine—rich repeat protein 3A	AF126028
1125	DEGRLY	163—171 sterol O—acyltransferase 1	L21934

FIG.18D

SEQ. ID NO:	Sequence	Position/Gene	Acc. No.
1126	DEVELIHF	838—845 chromatin—specific transcription elongation	AF152961
1127	VEVLLNYAY	factor 83-91 NS 1-binding protein	AF205218
1128	TENDIRVMF	120—128 CUG triplet repeat, RNA—binding protein 1	AF267534
1129	LEGLTVVY	62—69 coatomer protein complex subunit zeta 1	AF151878
1130	NELPTVAF	192—199 hypothetical protein	AK001475
1131	EEFGQAFSF	77–85 MHC, class II, DP alpha 1	X03100
1132	VEAIFSKY	33–40 hnRNP C (C1/C2)	M29063
1133	DERTFHIFY	277—285 myosin, heavy polypeptide 10, non—muscle	M69181
1193	TEKVLAAVY	206—214 aldolase B, fructose—bisphosphate	K01177
1194	VESPLSVSF	159—167 hypothetical protein FLJ22318	AK025971
1195	SEAGSHTLQW	MHC-I	
1134	DEGKVIRF	56—63 EST reading frame—1	BF431469
	Patient RCC13 HLA-A*02		
1196	ALAAVVTEV	frameshift, DDX3 reading frame +2	AF061337
1197	TLIEDILGV	209—217 transient receptor protein 4 associated protein	AL132825

FIG.18E

COMBINATION THERAPY USING ACTIVE IMMUNOTHERAPY

RELATED APPLICATIONS

[0001] This application is based on, and claims priority to, U.S. provisional application 60/908,012, which was filed on Mar. 26, 2007, and the entire contents of the provisional application are incorporated by reference in its entirety.

BACKGROUND OF THE INVENTION

[0002] Although there have been great improvements in the diagnosis and treatment of cancer, many people die from cancer each year, and their deaths are typically due to metastases and cancers that are resistant to conventional therapies.

[0003] Most drug-mediated cancer therapies rely on chemotherapeutical agents, i.e. cytotoxic agents, selective for dividing cells. These agents are usually administered at or near maximum tolerated doses resulting in frequent dramatic toxicities that compromise the quality of life and have a severe effect on the immune response. However, such drugs almost inevitably do not kill all of the cancer cells in the patient since some of them acquire a resistance against the particular drug.

[0004] Anticancer drugs in general are more effective when used in combination. In particular, combination therapy is desirable in order to avoid an overlap of major toxicities, mechanism of action and resistance mechanism(s). The major advantages of combining chemotherapeutic drugs are that it may promote additive or possible synergistic effects through biochemical interactions and may also decrease the emergence of resistance in early tumor cells which would have been otherwise responsive to initial chemotherapy with a single agent. An example of the use of biochemical interactions in selecting drug combinations is demonstrated by the administration of leucovorin to increase the binding of an active intracellular metabolite of 5-fluorouracil to its target, thymidylate synthase, thus increasing its cytotoxic effects.

[0005] Various combination and treatment schemes were developed to overcome the developing drug resistance of cancer cells so that nowadays numerous combinations, mainly of conventional cytotoxic drugs, are used in current treatments. An extensive review of current medical practices may be found in "Oncologic Therapies" edited by E. E. Vokes and H. M. Golomb, published by Springer.

Kinase Inhibitors in Combination with Chemotherapeutics of Other Classes

[0006] Several references describe combinations of Sunitinib malate with other agents. For example, U.S. Patent Publication No. 2003-0216410 describes combinations of sunitinib malate with cyclooxygenase inhibitors. U.S. Patent Publication No. 2004-0152759 describes combinations of sunitinib malate with several agents, such as CPT-11 (topoisomerase inhibitor irinotecan, CamptosarTM), the cytosceletal disrupter docetaxel and 5-fluorouracil (5-FU). However, no combinations with active immunotherapy are disclosed.

Kinase Inhibitors in Combination with Non-Specific Immunotherapy

[0007] Non-specific immunotherapy usually relies on molecule such as cytokines and interleukins to activate the immune system of a recipient in a non-specific manner so that an already present but weak immune response of the patient may be enhanced to reach beneficial levels. The rational behind this kind of treatment is the fact that tumor cells usually do not express MHC II and costimulators, which means that they usually do not activate helper T cells and no immune response ensues. Cytokine/interleukin treatment attempts to by-pass the need for helper T cells by providing cytokines for T cell growth and activation. Trials currently are under way to determine whether a combination of the TKI Genistein with interleukin-2 may be beneficial (Phase II Pilot Study of Genistein and High-Dose Interleukin-2 in Patients With Metastatic Malignant Melanoma or Renal Clear Cell Carcinoma NCT00276835).

[0008] While chemotherapeutics and their combinations are the mainstay of the majority of antitumor drug treatment strategies, other classes of drugs are being developed. They include specific active and passive immunotherapies. Additional combination therapies and treatment regimens encompassing these novel specific immunotherapies for the treatment of neoplastic cell growth, such as cancers are being developed.

Antigen-Specific Vaccination in Combination with Non-Specific Immunotherapy

[0009] Cytokines generally stimulate proliferation or differentiation of cells of the hematopoietic lineage or participate in the immune and inflammatory response mechanisms of the body. The interleukins are a family of cytokines that mediate immunological responses. Central to an immune response is the T cell, which produces many cytokines and plays a role in adaptive immunity to antigens. Cytokines produced by the T cell have been classified as type 1 and type 2 (Kelso, A. Immun. Cell Biol. 76:300-317, 1998). Type 1 cytokines include IL-2, IFN- γ , LT- α , and are involved in inflammatory responses, viral immunity, intracellular parasite immunity and allograft rejection. Type 2 cytokines include IL4, IL-5, IL-6, IL-10 and IL-13, and are involved in humoral responses, helminth immunity and allergic response. Shared cytokines between Type 1 and 2 include IL-3, GM-CSF and TNF- α . There is some evidence to suggest that Type 1 and Type 2 producing T cell populations preferentially migrate into different types of inflamed tissue. Cytokines such as GM-CSF are often used in lower doses as adjuvants in vaccination therapy.

[0010] Vaccination with tumor cells genetically engineered to produce interleukin (IL)-2 provides another strategy to enhance antitumor immune responses (Koppenhagen F J et al., Clin Cancer Res. 1998 (8): 1881-1886).

Conventional Chemotherapeutics in Combination with Active Immunotherapy

[0011] Machiels et al. observed that cyclophosphamide, paclitaxel, and doxorubicin, when given in a defined sequence either before or after the whole-cell vaccine and by a different route of administration with a GM-CSF-secreting, neu-expressing whole-cell vaccine, enhanced the vaccine's potential to delay tumor growth in neu transgenic mice. In addition, it was shown that these drugs mediate their effects by enhancing the efficacy of the vaccine rather than via a direct cytolytic effect on cancer cells. Furthermore, paclitaxel and cyclophosphamide appear to amplify the T helper 1 neuspecific T-cell response. These findings suggest that the combined treatment with immune-modulating doses of DNA interfering chemotherapy and the GM-CSF-secreting neu vaccine can overcome immune tolerance and induce an antigen-specific antitumor immune response (Machiels et al. Cancer Res 2001 May 1; 61(9):3689-97).

[0012] Another study (C J Wheeler et al, Clin Cancer Res, 2004, Aug. 15, Clinical Responsiveness of Glioblastoma Multiforme to Chemotherapy after Vaccination) suggested that chemotherapy synergizes with previous therapeutic vaccination to generate a uniquely effective treatment that slows Globlastoma Multiforme (GBM) progression and significantly extends patient survival relative to individual therapies. Tumors treated with dendritic cell therapy were highly sensitive to subsequent chemotherapy suggesting that the vaccine either primes' the cell-death machinery or fundamentally alters the genetic or structural makeup of the tumor cells.

[0013] US2006-051354 suggests the use immunomodulator chemotherapeutic agents as adjuvants for vaccines. The inventors found that paclitaxel triggers the induction of MCP-1, a chemokine known to recruit dendritic cells (APC) at the injection site, a critical event for the induction of immune responses and therefore proposed to enhance immunogenicity of a vaccine by combining directly low-dose immunomodulator chemotherapeutic agents with the vaccine in one single administration. However, no combination treatment with therapeutical anti-neoplastic doses of a chemotherapeutic was disclosed.

[0014] Virtually all chemotherapeutics, including kinase inhibitors cause depression of the immune system when used in therapeutical doses, often by paralysing the bone marrow and leading to a decrease of white blood cells, red blood cells and platelets. Depending on their target, some monoclonal antibodies used in cancer therapy also have a detrimental effect on the immune system.

[0015] Thus, it was surprising to find, that small molecules, kinase inhibitors and antibodies that lead to a suppressed immune system do not prevent the desired immune response when used in combination with active immunotherapy.

SUMMARY OF THE INVENTION

[0016] The present invention provides a method of treating a neoplastic disorder in a mammal wherein the mammal, preferably human, is administered an active immunotherapy and at least one additional therapeutic agent.

[0017] In certain preferred embodiments, the active immunotherapy comprises a vaccine, which is preferably comprised of at least one protein, nucleic acid or fragment thereof, a peptide, cells or cellular extracts.

[0018] The additional therapeutic agent is selected from the group consisting of an immunoactive small molecule, an antibody, a kinase inhibitor or a combination thereof.

[0019] The kinase inhibitor is preferably a multi-kinase inhibitor and/or a tyrosine kinase inhibitor. The multi-kinase inhibitor and/or a tyrosine kinase inhibitor is preferably sunitinib malate and/or sorafenib tosylate or a pharmaceutically acceptable salt thereof.

[0020] In one embodiment, the active immunotherapy comprises administering to the mammal at least one vaccine and the therapeutic agent comprises administering a multi-kinase inhibitor and/or a tyrosine kinase inhibitor.

[0021] In other embodiments, the active immunotherapy comprises administering to the mammal at least one immunogenic peptide and the additional therapeutic agent comprises administering to the mammal a multi-kinase inhibitor and/or a tyrosine kinase inhibitor, preferably of the sunitinib and/or sorafenib type or a pharmaceutically acceptable salt or derivative thereof.

[0022] The methods of the invention may be used as a sole treatment or in an adjuvant or a neoadjuvant or a palliative therapy setting.

[0023] The active immunotherapy and the additional therapeutic agent may be administered simultaneously, sequentially or separately. The active immunotherapy may administered subcutaneously, intravenously, intradermally, intratumorally, intranuscularly, or intranasal. The therapeutic agent may be administered subcutaneously, intra-venously, intradermally, intramuscularly, orally, or intranasal.

[0024] In some embodiments, the routes of administration of the active immunotherapy and the route of administration of the additional therapeutic agent are different, and in other embodiments the routes of administration are the same. The active immunotherapy may be administered prior to and/or concurrently with the additional therapeutic agent.

[0025] In certain preferred embodiments, the present invention provides a method of treating cancer (preferably renal cancer) in a mammal comprising administering to the mammal a combination therapy comprising a vaccine and a multi-kinase inhibitor, wherein the vaccine comprises an isolated tumor associated peptide having the ability to bind to a molecule of the human major histocompatibility complex (MHC) class-I or class-II.

[0026] Preferably the multi-kinase inhibitor is sunitinib malate and/or sorafenib tosylate or a pharmaceutically acceptable salt thereof. In a preferred embodiment, the vaccine comprises the following peptides: SEQ ID NO: 1 (SVASTITGV); SEQ ID NO: 2 (VMAGDIYSV); SEQ ID NO: 3 (ALADGVQKV); SEQ ID NO: 4 (LLGATCMFV); SEQ ID NO: 5 (SVFAGVVGV); SEQ ID NO: 6 (ALFDGD-PHL); SEQ ID NO: 7 (YVDPVITSI); SEQ ID NO: 8 (SQD-DIKGIQKLYGKRS); SEQ ID NO: 9 (STAPPVHNV); and SEQ ID NO: 10 (LAALPHSCL).

[0027] In another embodiment the vaccine comprises at least one peptide selected from the group consisting of SEQ ID NO: 1 (SVASTITGV); SEQ ID NO: 2 (VMAGDIYSV); SEQ ID NO: 3 (ALADGVQKV); SEQ ID NO: 4 (LLGATC-MFV); SEQ ID NO: 5 (SVFAGVVGV); SEQ ID NO: 6 (ALFDGDPHL); SEQ ID NO: 7 (YVDPVITSI); SEQ ID NO: 8 (SQDDIKGIQKLYGKRS); SEQ ID NO: 9 (STAP-PVHNV); and SEO ID NO: (LAALPHSCL).

[0028] In another embodiment, the vaccine comprises SEQ ID NO: 7 (YVDPVITSI); SEQ ID NO: 8 (SQDDIKGIQK-LYGKRS) and SEQ ID NO: 9 (STAPPVHNV).

BRIEF DESCRIPTION OF THE FIGURES

[0029] FIG. 1 depicts the percentage of highly-proliferated, CFSE-labeled C57BL/6 cells after 5 and 7 days allogenic stimulation with irradiated BALB/c splenocytes. CD4+ (left) and CD8+ (right) T-cells were analyzed separately. Means of duplicates with error bars representing half of the distance between measured values. Cells treated with 13 μ M Sorafenib showed different morphology in flow cytometry, therefore the measured values are not comparable with the other treatment groups.

[0030] FIG. **2** depicts the proliferation of CD4 and CD8 cells in the presence of different concentrations of Sorafenib or Sunitinib. Means of triplicates with standard deviations are shown. Cells with 6.5 or 13 μ M Sorafenib showed severe changes in morphology due to toxic effects of the drug.

[0031] FIG. **3** shows the influence of Sorafenib and Subitinib on artificial APC mediated priming of human CD8+ T-cells. Readout was always HLA-tetramers for the antigen MLA-001 either by counting % Tetramer+ among CD8+ lymphocytes (upper panel) or by counting absolute number of Tetramer+ cells per well (lower panel). Shown are mean (filled bars) and standard deviation (error bars) of triplicate wells. Cells were stimulated with either high density pMHC (left panel) or low density pMHC (right panel) with antigens MLA-001 or negative control antigen DDX5-001 as indicated. Final concentrations of TKIs in wells at timepoint of stimulation and medium exchange as indicated (Sorafenib or Sunitinib). Mock represents the DMSO control for TKIs.

[0032] FIG. 4 shows the percentage of highly-proliferative, CFSE-labeled HLA-A*0201+ PBMCs after seven days allogenic stimulation with irradiated HLA-A*0201-PBMCs. CD4+ (upper panel) and CD8+ (lower panel) HLA-A2*0201+ cells were analyzed separately. Means of triplicate with error bars representing standard deviation. Labeling of horizontal axis (upper-, middle-, and lower label) represent effector cells, target cells and TKIS present, respectively. This figure shows that in the absence of target cells, or when autologous target cells were added, only baseline proliferation of effector cells was observed, which did not increase by the addition of sorafenib or sunitinib. In the presence of HLA-mismatched target cells, a prominent proliferation of CD8+ and CD4+ (presumably allo-reactive) effector cells could be detected. This proliferation did not change significantly in the presence of solvent (DMSO). However, increasing concentrations of sorafenib, but not sunitib, dramatically suppressed proliferation of CD8+ and CD4+ effector cells in this mixed lymphocyte reaction (MLR). Although absolute cell numbers were not determined, sufficient cells could be found in flow cytometry from all samples containing effector cells.

[0033] FIG. **5** is a schematic representation of the treatment schedules for combination treatment of mice. A. Treatment schedule with continuous TKI treatment during vaccination. B. Treatment schedule with vaccination after discontinuation of TKI treatment.

[0034] FIG. **6**: OVA-001 specific T-cells in total CD8+ T-cells after 2 cycles of peptide immunizations during tyrosine kinase inhibitor treatment. Means with standard deviations are shown (n=6; n=4 for 15 mg/kg bw Sunitinib; n=2 for 80 mg/kg bw Sorafenib). *=significant reduced number of tetramer-positive cells (p<0.05 with unpaired, heteroscedastic student's t-test). =toxic effects observed for this dosage: bad general condition, shrunken spleens, yellow discolored claws.

[0035] FIG. 7: OVA-001 specific T-cells in total CD8+ T-cells after 2 cycles of peptide immunization and tyrosine kinase inhibitor treatment stopped 48 h before first immunization. Mean values with standard deviations are shown (n=6).

[0036] FIG. **8** shows the number of CD25+ cells among blood CD4+ cells after 4 weeks treatment with indicated tyrosine kinase inhibitor doses. The group of mice treated with 80 mg/kg body weight might not be directly comparable to the other groups due to the general toxicity observed for this treatment.

[0037] FIG. 9 shows the number of CD25+ cells among blood CD4+ cells after 2 weeks treatment with indicated tyrosine kinase inhibitor doses followed by 2 weeks recovery without treatment. Mean values with standard deviations are shown (n=3).

[0038] FIG. **10** shows the correlation of number of T-cell responses with frequency of regulatory T cells. Shown on the vertical axis are % of Foxp3+/CD45+ lymphocytes of tested pre- and post-vaccination timepoints (among 27 T-cell response evaluable patients). On the horizontal axis, the number of vaccine induced TUMAP responses per patient is indicated. Dot symbols represent individual patient samples and dashes represent averages. For two patient groups, averages of pre- and post-vaccination samples are overlaid and hence only one symbol is visible.

[0039] FIGS. **11**A-B provides a list of tumor associated antigens that are useful in the combination therapy of the present invention.

[0040] FIG. **12** provides a list of tumor associated antigens that are useful in the combination therapy of the present invention.

[0041] FIGS. **13**A-U provides a list of tumor associated antigens that are useful in the combination therapy of the present invention.

[0042] FIGS. **14**A-H provide a list of tumor associated antigens that are useful in the combination therapy of the present invention.

[0043] FIGS. **15**A-P provide a list of tumor associated antigens that are useful in the combination therapy of the present invention.

[0044] FIG. **16** provides a list of tumor associated antigens that are useful in the combination therapy of the present invention.

[0045] FIG. **17** provides a list of tumor associated antigens that are useful in the combination therapy of the present invention.

[0046] FIGS. **18**A-D provide a list of tumor associated antigens that are useful in the combination therapy of the present invention.

DETAILED DESCRIPTION OF THE INVENTION

[0047] The current invention refers to a method of treating a neoplastic disorder comprising administering to a mammal an active immunotherapy and at least one additional therapeutic agent selected from the group consisting of an immunoactive small molecule, an antibody, a kinase inhibitor or a combination thereof. The method of the present invention may be used in an adjuvant or a neoadjuvant or a palliative therapy setting or as a sole treatment. The active immunotherapy and the at least one additional therapeutic agent may target the same and/or different molecules and/or pathways in a neoplastic cell.

[0048] As used herein the term "adjuvant" therapy refers to treatment after surgical resection of the primary tumor. As used herein, the term "neoadjuvant therapy" refers to treatment prior to the surgical resection of a primary malignant tumor while "palliative" therapy is intended to relieve symptoms but is not expected to be a cure.

[0049] The term "neoplastic disorder" generally refers to one of a group of more than 100 diseases caused by the abnormal growth of cells that can spread to adjoining tissues or other parts of the body. In cancer this growth is uncontrolled and cells can form a solid tumor, in which the cancer cells are massed together, or exists as dispersed cells, as in leukemia. Normal cells divide (reproduce) until maturation is attained and then only as necessary for replacement of damaged or dead cells. Neoplastic cells are referred to as "malignant," if they divide endlessly, eventually crowding out nearby cells and spreading to other parts of the body. The tendency of cancer cells to spread from one organ to another or from one part of the body to another distinguishes them from benign tumor cells, which overgrow but do not spread to other organs or parts of the body. Malignant cancer cells eventually metastasize and spread to other parts of the body via the bloodstream or lymphatic system, where they can multiply and form new tumors. Benign neoplastic disorders are, for example, but not limited to psosiaris, uterine leiomyoma, melanocytic nevi, restinosis, and benign prostatic hyperplasia. Malignant neoplasias are, for example, cancer of the buccal cavity and pharynx, cancer of the digestive tract, cancer of the colon, rectum, and anus, cancer of the respiratory tract, breast cancer, cancer of the cervix uteri, vagina, and vulva, cancer of the uterine corpus and ovary, cancer of the male genital tract, cancer of the urinary tract, cancer of the bone and soft tissue, kaposi sarcoma, melanoma of the skin, eye melanoma, non-melanoma eye cancer, cancer of the brain and central nervous system, cancer of the thyroid and other endocrine glands, Hodgkin's Lymphoma, Non-Hodgkin's Lymphoma, and myeloma. Most preferably the neoplastic disorder treated by the method of the current invention is renal cancer, colorectal cancer, lung cancer, breast cancer, pancreatic cancer, prostate cancer, gastric cancer, GIST or Glioblastoma or a combination of one or more of the foregoing cancers.

[0050] "mammal" includes any mammal able to respond to active immunotherapy with an immune reaction. Preferred mammals include, but are not limited to humans, sport and pet animals, such as cats, dogs, horses, experimental animals such as e.g. rats, rabbits, mice, and livestock. Most preferably the mammal is a human.

[0051] In a preferred embodiment at least one additional therapeutic agent may be an immunoactive small molecule, an antibody, or a kinase inhibitor or a combination thereof.

[0052] Within the context of this invention, an immunoactive small molecule is a small molecule that may act synergistically with active immunotherapy approaches, in particular peptide-based therapeutic vaccines. Small molecules may, for example, act in such a way by:

- [0053] reducing regulatory T cells in the periphery and in the tumor lesions
- **[0054]** by improving activation of professional APCs and/or helper and/or killer T cells and/or
- **[0055]** by biasing the immune response towards a TH1type immune response (cytokine profile including e.g. IFN-gammma, IL-2 upregulation).

[0056] In preferred embodiments of the present invention the immunoactive small molecule is 1-MT, ABH, AMD3100, AZD2171, BEC, celebrex, CP-547632, CPA-7, cyclophosphamide, JSI-124, loxoribine, LY580276, NCX-4016, nor-NOHA, pazopanib, rofecoxib, S-27609, SB-505124, SD-208, Sildenafil, Tadalafil, Vardenafil, XL-999, and ZD2171.

[0057] The antibody may be a monoclonal or a polyclonal antibody or a fragment thereof, preferably a monoclonal antibody. Humanized and/or chimeric antibodies are included. The antibody may be conjugated or non-conjugated and may be directed at any target antigen of interest, in particular tumor-associated antigens. Examples of antibodies therapeutically active against neoplasia include, but are not limited to, anti-cancer antibodies such as 1D09C3, Abciximab, Alemtu-zumab, Apolizumab, Avastin, Basiliximab, Bevacizumab, Cantuzumab, Cetuximab, Dacliximab, Eculizumab, Epratu-zumab, Gemtuzumab Ozogamicin, Ibritumomab Tiuxetan,

Infliximab, Labetuzumab, Mapatumumab, Matuzumab, Mepolizumab, Muromonab-Cd3, Nimotuzumab, Oregovomab, Palivizumab, Panitumumab, Panorex, Pertuzumab, Rituximab, Tositumomab, and Trastuzumab. Preferred therapeutic antibodies for use in the method of the present invention include anti-CD20 antibodies (e.g., RituxanTM, BexxarTM, ZevalinTM), anti-Her2/neu antibodies (e.g., HerceptinTM), anti-CD33 antibodies (e.g., MylotargTM), anti-CD52 antibodies (e.g., CampathTM), anti-CD22 antibodies, anti-CD25 antibodies, anti-CTLA-4 antibodies, anti-EGF-R antibodies (e.g. ErbituxTM), anti-VEGF antibodies (e.g. AvastinTM, VEGF Trap) anti-HLA-DR10β antibodies, anti-MUC1 antibodies, anti-CD40 antibodies (e.g. CP-870,893), anti-Treg cell antibodies (e.g. MDX-010, CP-675,206), anti-GITR antibodies, anti-CCL22 antibodies, and the like.

[0058] An antibody as contemplated herein includes any antibody specific to any region of a protein involved in the abnormal growth, differentiation, duplication, angiogenesis, metastasis, apoptosis and/or invasion of cells and the like.

[0059] The additional therapeutic agent of the invention is preferably a kinase inhibitor. Protein kinases are a family of enzymes that catalyse the phosphorylation of specific residues in proteins. In general, protein kinases fall into several groups; those that preferentially phosphorylate serine and/or threonine residues, those which preferentially phosphorylate tyrosine residues and those that phosphorylate both tyrosine and Ser/Thr residues. Protein kinases are key elements in signal transduction pathways responsible for transducing extracellular signals, including the action of cytokines on their receptors, to the nuclei, triggering various biological events. The many roles of protein kinases in normal cell physiology include cell cycle control and cell growth, differentiation, apoptosis, cell mobility and mitogenesis. Kinases such as c-Src, c-Abl, mitogen activated protein (MAP) kinase, phosphotidylinositol-3-kinase (PI3K) AKT, and the epidermal growth factor (EGF) receptor are commonly activated in cancer cells, and are known to contribute to tumorigenesis. Many of these occur in the same signaling pathway. For example, HER-kinase family members (HER1EGFR, HER3, and HER4) transmit signals through MAP kinase and PI3 kinase to promote cell proliferation. Logically, a number of kinase inhibitors are currently being developed for anticancer therapy, in particular tyrosine kinase inhibitors (TKIs): cyclin-dependent kinase inhibitors, aurora kinase inhibitors, cell cycle checkpoint inhibitors, epidermal growth factor receptor (EGFR) inhibitors, FMS-like tyrosine kinase inhibitors, platelet-derived growth factor receptor (PDGFR) inhibitors, kinase insert domain inhibitors, inhibitors targeting the PI3K/Akt/mTOR pathway, inhibitors targeting the Ras-Raf-MEK-ERK (ERK) pathway, vascular endothelial growth factor receptor (VEGFR) kinase inhibitors, c-kit inhibitors and serine/threonine kinase inhibitors.

[0060] Kinase inhibitors useful in the method of the present invention include, but are not limited to, Lapatinib, AZD 2171, ET18OCH₃, Indirubin-3'-oxime, NSC-154020, PD 169316, Quercetin, Roscovitine, Triciribine, ZD 1839, 5-Iodotubercidin, Adaphostin, Aloisine, Alsterpaullone, Aminogenistein, API-2, Apigenin, Arctigenin, ARRY-334543, Axitinib (AG-013736), AY-22989, AZD 2171. Bisindolylmaleimide IX, CCI-779, Chelerythrine, DMPQ, DRB, Edelfosine, ENMD-981693, Erbstatin analog, Erlotinib, Fasudil, Gefitinib (ZD1839), H-7, H-8, H-89, HA-100, HA-1004, HA-1077, HA-1100, Hydroxyfasudil, Kenpaullone, KN-62, KY12420, LFM-A13, Luteolin, LY294002, LY-294002, Mallotoxin, ML-9, MLN608, NSC-226080, NSC-231634, NSC-664704, NSC-680410, NU6102, Olomoucine, Oxindole I, PD 153035, PD 98059, Phloridzin, Piceatannol, Picropodophyllin, PKI, PP1, PP2, PTK787/ZK222584, PTK787/ZK-222584, Purvalanol A, Rapamune, Rapamycin, Ro 31-8220, Rottlerin, SB202190, SB203580, Sirolimus, SL327, SP600125, Staurosporine, STI-571, SU1498, SU4312, SU5416, SU5416 (Semaxanib), SU6656, SU6668, syk inhibitor, TBB, TCN, Tyrphostin AG 1024, Tyrphostin AG 490, Tyrphostin AG 825, Tyrphostin AG 957, U0126, W-7, Wortmannin, Y-27632, Zactima (ZD6474), ZM 252868. Recently approved TKIs for cancer therapy include, for example, Sorafenib and Sunitinib.

[0061] KIs currently under clinical investigation for use in anti-cancer therapies and/or novel indications are, for example, MK0457, VX-680, ZD6474, MLN8054, AZD2171, SNS-032, PTK787/ZK222584, Sorafinib (BAY43-9006), SU5416, SU6668 AMG706, Zactima (ZD6474), MP-412, Dasatinib, CEP-701, (Lestaurtinib), XL647, XL999, Tykerb, (Lapatinib), MLN518, (formerly known as CT53518), PKC412, ST1571, AMN107, AEE 788, OSI-930, OSI-817, Sunitinib maleate (Sutent SU11248), Vatalanib (PTK787/ZK 222584), SNS-032, SNS-314 and Axitinib (AG-013736). Gefitinib and Erlotinib are two orally available EGFR-TKIs.

[0062] Thus, in a preferred embodiment of the present invention, the kinase inhibitor is a tyrosine kinase inhibitor, preferably a multi-kinase inhibitor. Within the context of this invention a multi-kinase inhibitor is an inhibitor that acts on more than one specific kinase. Multi-kinase inhibitors include the so-called DGF out-binders, such as imatinib, sorafenib, lapatinib, BIRB-796 and AZD-1152; other multi-kinase inhibitors are AMG706, Zactima (ZD6474), MP-412, sorafenib (BAY 43-9006), dasatinib, CEP-701 (lestaurtinib), XL647, XL999, Tykerb (lapatinib), MLN518, (formerly known as CT53518), PKC412, ST1571, AEE 788, OSI-930, OSI-817, Sutent (sunitinib maleate), axitinib (AG-013736), erlotinib, gefitinib, axitinib, temsirolismus and nilotinib (AMN107).

[0063] Most preferred are Sunitinib and/or Sorafenib or a pharmaceutically acceptable salt or derivative, such as for example a malate or a tosylate thereof. The term "derivative" refers to a chemical modification still retaining kinase inhibitory function of the parent molecule. Examples for derivatives are disclosed e.g. in the patent applications mentioned below.

[0064] Sunitinib targets multiple receptor tyrosine kinase inhibitors, including PDGFR, KIT and VEGFR, and is a potent and selective anti-angiogenesis agent. Sunitinib or its L-malate salt is also referred to as SU11248, SU011248, Sunitinib malate (USAN/WHO designation) or SUTENTM (L-malate salt).

[0065] The compound, its synthesis, and particular polymorphs are described in U.S. Pat. No. 6,573,293, U.S. Patent Publication Nos. 2003-0229229, 2003-0069298 and 2005-0059824, and in J. M. Manley, M. J. Kalman, B. G. Conway, C. C. Ball, J. L Havens and R. Vaidyanathan, "Early Amidation Approach to 3-[(4-amido)pyrrol-2-yl]-2-indolinones," J. Org. Chew. 68, 6447-6450 (2003). Preferred formulations of Sunitinib and its L-malate salt are described in PCT Publication No. WO 2004/024127. Preferred dosing regimens are described in U.S. patent application Ser. No. 10/991,244 pub-

lished as U.S. Patent Publication No. 2005-0182122. The disclosures of these references are incorporated herein by reference in their entireties.

[0066] Sorafenib, is also a multi-kinase inhibitor, also known as BAY 43-9006. Sorafenib is a substituted omega carboxy diphenyl urea that inhibits RAF-1 activation, and thereby decreases RAF-1 dependent phosphorylation of MEK-1 and ERK-1, as described in US Patent Application No. 2003-0125359A1, WO 03/047523A2, and Wilhelm et al., Current Pharmaceutical Design, 8:2255-2257 (2002), each of which is herein incorporated by reference in its entirety, particularly in parts pertinent to its structure and properties, methods for making and using it, and other related molecules. Its chemical name is 4-(4-{3-[4-Chloro-3-(trif-luoromethyl)phenyl]ureido}phenoxy)-N-methylpyrid-ine-

2-carboxamide. A variety of derivatives have been produced. Among these are fluorinated derivatives described in US Patent Application 2005-0038080A1 and WO 2005/ 009961A2, which are herein incorporated by reference in their entireties, particularly as to these and other pharmaceutically active diphenyl urea compounds.

[0067] Currently different nonspecific immunotherapies are used to stimulate the immune system to improve or induce an immune response against neoplastic cells. Nonspecific immunotherapy refers to therapies that can stimulate the immune system by using a substance that activates or enhances immune cell function regardless of their antigen specificity. Nonspecific immunotherapies known in the art include, for example, Bacille Calmette-Guerin (BCG) therapy, cytokine therapy, cell therapy etc.

[0068] Antigen-specific immunotherapy refers to either adoptive transfer or vaccination. Adoptive transfer means the direct transfer of the actual components of the immune system that are already capable of producing a specific immune response, such as, for example, T cells or dendritic cells into the recipient. For example, isolated antigen-specific T cells from a cancer patient are expanded to large numbers in vitro, and re-infused back into the patient. Vaccination on the other hand involves the administration of one or more particular antigen(s) to induce a specific immune response by the host (patient).

[0069] An active immunotherapy of the invention may be any immunotherapy that stimulates the intrinsic immune system of the recipient, non-specifically, antigen-specifically and/or multi-targeted. Preferably the active immunotherapy is a multi-targeted, antigen-specific immunotherapy.

[0070] In a preferred embodiment the method of the invention comprises an active immunotherapy, whereby at least one vaccine is administered to the mammal.

[0071] In whole-cell vaccines, the tumor cell itself is used to provide the broadest set of tumor-related antigens. The tumor cells in the composition should contain antigens that are also present in the tumor to be treated, so that the immune response elicited against the antigens in the composition is effected against the tumor. Generally, the cells are recovered from tumors, suspended in a preservation medium and frozen until used for the vaccine preparation. When needed, the cells are thawed, and then stored at temperatures ranging from about 0° C. (on ice) to room temperature until administration. Immunotherapy approaches using unmodified intact tumor cells prepared from tumors taken from the patient, i.e., autologous tumor cells, have been described in the literature (see,

e.g., Berd et al., Cancer Research 1986; 46:2572-2577; Hoover et al., Cancer 1985; 55: 1236-1243; and U.S. Pat. No. 5,484,596).

[0072] Alternative vaccine compositions based on disrupted cells have also been suggested including, e.g., tumor membranes (see, e.g., Levin et al., In: Human Tumors in Short Term Culture Techniques and Clinical Applications, P. P. Dendy, Ed., 1976, Academic Press, London, pp. 277-280) or tumor peptides extracted from tumors (see, e.g., U.S. Pat. No. 5,550,214 and U.S. Pat. No. 5,487,556).

[0073] The tumor cells can also be modified in some manner to alter or increase the immune response (see, e.g., Hostetler et al., Cancer Research 1989, 49:1207-1213, and Muller et al., Anticancer Research 1991; 1 1:925-930). Further examples for modifications and preparation methods are, for example, provided by US patent application 2007-0014775, 2006-0165668, 2002-0085997 or 2003-0170756.

[0074] One particular form of tumor cell modification that has a pronounced effect on immunotherapy is coupling of a hapten to the tumor cells. Such haptenized vaccines are described, for example, in WO 96/40173, WO 00/09140, and U.S. Pat. No. 6,333,028. Transducing the tumor with genes so that the tumor cell may act like an antigen-presenting cell (Antonia S J et al. Phase I trial of a B7-1 (CD80) gene modified autologous tumor cell vaccine in combination with systemic interleukin-2 in patients with metastatic renal cell carcinoma. J Urol. 2002; 167:1995-2000) or may attract and stimulate local antigen-presenting cells (Simons et al. Bioactivity of autologous irradiated renal cell carcinoma vaccines generated by ex vivo granulocyte-macrophage colony-stimulating factor gene transfer. Cancer Res. 1997; 57:1537-1546) are two approaches.

[0075] A person skilled in the art will be able to determine the type of vaccine compositions and antigen modification suitable for a certain type and stage of tumor and/or the individual patient without undue experimentation using the general knowledge of the art and the references and suggestions disclosed in the present application.

[0076] In another embodiment the cell based vaccine employs non-tumor cells. The cells used for vaccination are antigen presenting cells (APCs), which may be isolated from the patient. These are loaded or pulsed with a tumor antigen ex vivo. The transfer of these pulsed APCs into the patient elicits a significant tumor-specific immune response that attacks the tumor cells. Currently, there are three different methods for pulsing or loading APCs. First, growing APCs in the presence of a tumor-associated protein; second, using genetic engineering techniques to introduce the gene that codes for a tumor-associated protein into APCs, and third, pulsing APCs with fragments (peptides) isolated from a tumor antigen or synthetic peptides.

[0077] The main advantage of APC-based vaccination is that dendritic cells (DCs) produce all the molecules required for eliciting an immune response, unlike other forms of cancer immunotherapy where adjuvants and co-stimulatory molecules are required to boost the ensuing immune response. The potency of DCs as vehicles for delivering antigen and achieving a tumor-specific immune response has been demonstrated in a number of clinical trials.

[0078] Thus, in a preferred embodiment of the present invention the method employs a vaccine that comprises cells or cellular extracts, preferably tumors cells or extracts thereof, which were derived from the same or a different mammal as the one to be treated by the inventive method. The cells are, for example, modified or unmodified tumor cells or APCs loaded or transfected with tumor antigen(s). The tumor antigen that is loaded or transfected includes the same proteins, nucleic acids and/or peptides that may be employed for direct vaccination (see below). The cells may also be T cells for adoptive transfer.

[0079] A trimolecular complex consisting of the components of T-cell-antigen receptor, an MHC (Major Histocompatibility Complex) molecule and the ligand thereof, which is a peptide fragment derived from a protein, plays a central role in the regulation of the specific (adaptive) immune response. [0080] MHC class I and class II molecules (or the corresponding human molecules, the Human Leukocyte Antigene receptors, HLAs) are peptide receptors that allow the binding of millions of different ligands, with stringent specificity. The binding specifically provided by allele-specific peptide-binding motifs that have the following specificity criteria: the peptides have a defined length, which in the MHC class I haplotypes vary generally from eight to ten amino acids, while class II molecules bind peptides from a length of thirteen amino acids and above. Typically, two of the amino acid positions are so-called "anchors" which can only be occupied by a single amino acid or by amino acid groups with closely related physico-chemical properties defined by their side chains. The exact position of the anchor amino acids in the peptide and the requirements made on their properties vary with the MHC alleles. The C-terminus of the peptide ligands is frequently an aliphatic or a charged group. Examples for such peptide ligands, motifs, variants, as well as examples for extensions on the N- and/or C-terminal sides can be derived from public databases (Rammensee et al. SYFPEITHI: database for MHC ligands and peptide motifs. Immunogenetics 1999, 50, 213-219.

[0081] Inside the cell, regular, degenerate and foreign gene products, e.g. viral proteins or tumor antigens, are broken down into small peptides. Peptides arising in the cytosol can be trimmed by cytosolic peptidases, as well as by proteolytic enzymes residing in the ER (after transfer of precursors into the ER through TAP). Peptides with a length of, on average, 8 to 10 amino acid residues fulfilling the binding requirements of the binding groove of expressed HLA alleles can then be presented by the respective HLA receptors on the cell surface. Some of those peptides constitute potential ligands for MHC molecules. Binding of the ligands to the MHC molecules provides the prerequisite for peptide presentation by MHCmolecules and the triggering of a cellular immune response. Thus, the introduction of a peptide may trigger an immune response. Since the immunogenic epitopes of a vast amount of proteins are known, protein fragments or synthetic peptides containing one or more epitopes may also be employed as vaccines.

[0082] In a preferred embodiment the method of the present invention employs a vaccine that comprises at least one protein, nucleic acid and/or fragment thereof derived from a tumor associated antigen (TAA) or cancer antigen. A TAA or cancer antigen is defined as an antigen that is selectively or abundantly expressed in cancer cells. See for example, the following applications directed to certain tumor associated peptides that bind to MHC-molecules useful in a vaccine and/or vaccines per se: 10/999,264 (filed Nov. 28, 2004) (claiming the peptide YVDPVITSI (SEQ ID NO: 1)); 11/848, 062 (filed Aug. 30, 2007) (claiming the peptide SVASTITGV (SEQ ID NO:2); 10/999,364 (Filed Aug. 30, 2007) (claiming the peptide ALFDGDPHL (SEQ ID NO:4) and others shown

in FIG. 18)); 60/953,161 (filed Jul. 31, 2007) (claiming various peptides such as TGBI-001 and NOX-001 and others shown in FIG. 11); 60/953,109 (filed Jul. 31, 2007) (claiming various pharmaceutical compositions comprising peptides shown in FIG. 12); 11/596,802 (filed Nov. 17, 2006) (claiming various peptides shown in FIG. 13 and specifically the peptides FPSLREAAL, LAALPHSCL, GLASFKSFLK; SLLTSSKQLQK, IARNLTQQL and GPALGRSFL); 10/549,718 (filed Sep. 16, 2005) (claiming various peptides shown in FIG. 14); 11/664,627 (filed Apr. 2, 2007) (claiming various peptides shown in FIG. 15 and specifically the peptides NPPSMVAAGSVVAAV and SHYFKIIEDLRAQI); U.S. Pat. No. 7,087,712 (issued Aug. 8, 2006) (claiming the MUC-1 peptide STAPPVHNV); 11/414,897 (filed May 1, 2006) (claiming the MUC-1 peptide LLLLTVLTV); 11/912, 668 (filed Oct. 25, 2007) (claiming the peptides LLAARAIVAI and ALCNTDSPL); 11/912,670 (filed Oct. 25, 2007) (claiming various peptides shown in FIG. 16); and 12/065,725 (filed Mar. 4, 2008) (claiming various peptides shown in FIG. 17), all of which are herein incorporated by reference in their entirety.

[0083] The main advantage of a peptide-based vaccine is that it provides a method for monitoring a specific immune response for a particular antigen and thus allows the evaluation of the efficacy of vaccination. Other advantages include the bypassing of the need for antigen-presenting cells to process a whole cell before presenting the antigen to the immune system. In addition, administration of a peptide antigen does not carry the risk of introducing dangerous substances into the patient, unlike other vaccines that rely on tumor cells.

[0084] The protein, or fragment thereof or peptide may also be generated within the recipient mammal by introducing a nucleic acid encoding the peptide. The nucleic acid may be DNA, cDNA, PNA, CNA, RNA or a combination thereof. Methods for designing and introducing such a nucleic acid are well known in the art. An overview is provided by e.g. S. Pascolo: Vaccination with messenger RNA Methods Mol Med 2006, 127; 23-40; R. Stan, J D Wolchok and A D Cohen, DNA vaccines against cancer Hematol Oncol Clin North Am 2006, 3; 613-636 or A Mahdavi and B J Monk Recent advances in human papillomavirus vaccines Curr Oncol Rep 2006, 6, 465-472. Polynucleotide vaccines are easy to prepare, but the mode of action of these vectors in inducing an immune response is not fully understood. Suitable vectors and delivery systems include viral DNA and/or RNA, such as systems based on adenovirus, vaccinia virus, retroviruses, herpes virus, adeno-associated virus or hybrids containing elements of more than one virus. Non-viral delivery systems include cationic lipids and cationic polymers and are well known in the art of DNA delivery. Physical delivery, such as via a "gene-gun," may also be used. The peptide or peptide encoded by the nucleic acid may be a fusion protein, for example with an epitope from tetanus toxoid, which stimulates CD4+ T cells. Clinical trials using polynucleotide vaccines in cancer have been reported (e.g. Restifo and Rosenberg, Developing recombinant and synthetic vaccines for the treatment of melanoma. Curr

[0085] Opin Oncol. 1999 (1): 50-57).

[0086] A person skilled in the art will readily be able to determine the type of molecule for vaccination purposes, compositions suitable for a certain type and stage of tumor and/or the individual patient, as well as respective antigen modifications and/or delivery vehicles to enhance the immune response without undue experimentation using the

general knowledge of the art and the references and suggestions disclosed in the present application.

[0087] Most preferably, the vaccine employed in the method of the invention comprises at least one peptide. Such a peptide comprises, for example, an epitope of a TAA, preferably an epitope that is capable of binding to a MHC molecule and generated in vivo by a tumor cell. Epitopes with these characteristics can be identified by methods described in WO03/100432, WO2005/076009, WO03/102023, WO2004/085461, WO2005/116051, U.S. Pat. No. 7,087,712, EP 04 013 790.3, WO2006/037421, WO2006/114307, EP 05 019 254.1, and EP 05 019 255.8, which are hereby incorporated by reference in their entireties.

[0088] In a particularly preferred embodiment the vaccine contains at least one of the peptides disclosed in EP 05 019 255.8, namely the peptides provided below:

Peptide Code	SEQ ID NO	Peptide Sequence
ADF-001	1	SVASTITGV
ADF-002	2	VMAGDIYSV
APO-001	3	ALADGVQKV
CCN-001	4	LLGATCMFV
GUC-001	5	SVFAGVVGV
K67-001	6	ALFDGDPHL
MET-001	7	YVDPVITSI
MMP-001	8	SQDDIKGIQKLYGKRS
MUC-001	9	STAPPVHNV
RGS-001	10	LAALPHSCL

In another embodiment, the vaccine contains one or more proteins containing at least one of the peptides mentioned above or one or more nucleic acids encoding at least one of the peptides mentioned above.

[0089] In another preferred embodiment, the vaccine contains at least one peptide selected from the group consisting of MET-001 (YVDPVITSI) (SEQ ID NO:7), MMP-001 (SQD-DIKGIQKLYGKRS) (SEQ ID NO:8), and MUC-001 (STAPPVHNV) (SEQ ID NO:9) or one or more proteins containing at least one of the peptides selected from MET-001 (YVDPVITSI) (SEQ ID NO:7), MMP-001 (SQDDIKGIQK-LYGKRS) (SEQ ID NO:8), and MUC-001 (STAPPVHNV) (SEQ ID NO:9) or one or more nucleic acids encoding at least one of the peptides MET-001 (YVDPVITSI) (SEQ ID NO:7), MMP-001 (SQDDIKGIQKLYGKRS) (SEQ ID NO:8), and MUC-001(STAPPVHNV) (SEQ ID NO:9).

[0090] In one aspect, the vaccine comprises at least one peptide, preferably two to 50, more preferably two to 25, even more preferably two to 15 and most preferably two, three, four, five, six, seven, eight, nine, ten or eleven peptides. The peptide(s) may be derived from one or more specific TAAs and may bind to MHC class I and/or class II molecules.

[0091] In one aspect of the invention, the method utilizes an active immunotherapy that comprises at least one vaccine in combination with at least one additional therapeutic agent comprising a multi-kinase inhibitor and/or a tyrosine kinase inhibitor. Preferred is the combination wherein at least one immunogenic peptide is administered to the mammal and said at least one additional therapeutic agent comprises a multi-kinase inhibitor and/or a tyrosine kinase inhibitor, preferred by of the Sunitinib and/or Sorafenib type or a pharmaceutically acceptable salt or derivative thereof.

[0092] The exact combination of active immunotherapy and additional therapeutic agent in individual patients should

take into account the patient's metabolism, the kind and stage of the disorder to be treated, and the biochemistry of the targets of the two arms of treatment. The setting of treatment (i.e. sole, adjuvant, neoadjuvant, palliative) needs also to be considered. Depending on these factors, the person skilled in the art will determine in which individual situation what kind of combination is the most promising. For example, in a situation where the tumor cells have gained resistance to certain therapeutic agents, the following combination treatment according to the method of the invention will involve TKIs and/or antibodies and targets for vaccination aiming at different key molecules/pathways than those involved in the resistance. The key molecule/pathway targets for TKI and active immunotherapy may be identical. In a different setting, for example, in neoadjuvant therapy, where there is a need for fast tumor shrinkage, it may be advantageous to get different key molecules/pathways with active immunotherapy and additional therapy. For an adjuvant therapy it may be advantageous to destroy any residual tumor cells. Beneficial combinations may also be suggested by studying the alteration of target presentation in cancer cell lines by additional therapeutic agent(s) as in Example 2, the in vitro alteration of T cell activation by said agent(s) as in Example 3, or the in vivo effects by animal experiments such as in Example 4. These procedures can also be used to determine the order of administration of the agents, i.e. before, simultaneously, or after vaccination.

[0093] In general, the success of vaccine strategies depends on the mode of antigen delivery, the choice of adjuvant, and the particular antigen being used.

[0094] The at least one additional therapeutic agent and/or active immunotherapy agent, i.e. the immunogenic protein, nucleic acid and/or peptide, can be administered by any means known to one of skill in the art (see Banga, A., "Parenteral Controlled Delivery of Therapeutic Peptides and Proteins," in Therapeutic Peptides and Proteins, Technomic Publishing Co., Inc., Lancaster, Pa., 1995, S. Pascolo: "Vaccination with messenger RNA Methods," Mol Med 2006, 127; 23-40; R. Stan, J D Wolchok and A D Cohen, "DNA vaccines against cancer," Hematol Oncol Clin North Am 2006, 3; 613-636 or A Mahdavi and B J Monk, "Recent advances in human papillomavirus vaccines," Curr Oncol Rep 2006, 6, 465-472) such as by intradermal, intramuscular, subcutaneous, intratumoral or intravenous injection. Other administration is contemplated such as mucosal, such as oral, nasal, or anal and dermal administration. For TKIs such as Sorafenib and Sunitinib, oral administration is preferred.

[0095] In one embodiment, administration of the active immunotherapy agent is by subcutaneous, intratumoral or intramuscular injection. To extend the time during which the peptide, nucleic acid and/or protein is available to stimulate a response, the agent can be provided as an implant, an oily injection, an oil-in-water emulsion, an water-in-oil emulsion, a suspension or as a particulate system. The particulate system, for example, can be a microparticle, a microcapsule, a microsphere, a nanocapsule, or similar particle. (see, e.g., Banga, supra) including controlled release devices and patches etc.

[0096] Controlled release antigen delivery systems may also be used. For example, WO 95/11008 (Genentech Inc.) discloses the use of PLGA (poly (DL-lactide-co-glycolide) microspheres for encapsulating an antigen. EP 0 686 030 teaches a method of potentiating an immune response by embedding an antigen in a biodegradable biopolymer and

injecting it in the form of a dispersion to trigger a humoral and cellular response. Lipid-based systems disclosed in US patent application 2006-0275777, or virosomes may also be used. Preferred systems include those by Juvaris (e.g. JuvImmuneTM or JuvaVaxTM). Particulate systems include microspheres, microparticles, microcapsules, nanospheres, and nanoparticles. Microcapsules contain the therapeutic protein as a central core. In microspheres, the therapeutic agent is dispersed throughout the particle. Particles, microspheres, and microcapsules smaller than about 1 um are generally referred to as nanoparticles, nanospheres, and nanocapsules, respectively. Capillaries have a diameter of approximately 5 µm so that only nanoparticles are administered intravenously. Microparticles are typically around 100 µm in diameter and are administered subcutaneously or intramuscularly (see, Kreuter, Colloidal Drug Delivery Systems, J. Kreuter, ed., Marcel Dekker, Inc., New York, N.Y., pp. 219-342, 1994; Tice & Tabibi, Treatise on Controlled Drug Delivery, A. Kydonieus, ed., Marcel Dekker, Inc., New York, N.Y., pp. 315-339, 1992). Numerous additional systems for controlled delivery of therapeutic proteins are known (e.g., U.S. Pat. Nos. 5,055,303; 5,188,837; 4,235,871; 4,501,728; 4,837,028; 4,957,735; and 5,019,369; 5,055,303; 5,514,670; 5,413,797; 5,268,164; 5,004,697; 4,902,505; 5,506,206; 5,271,961; 5,254,342; and 5,534,496).

[0097] In a preferred embodiment the additional therapeutic agent is administered orally while the active immunotherapeutic agent is administered intradermally, subcutaneously, intravenously, intratumorally or intramuscularly.

[0098] A person skilled in the art can readily determine the route of administration to choose depending of the type of composition, its solubility, dissolution, bioavailability, stability, the optional adjuvant(s) used etc. Formulations for the additional therapy by immunoactive small molecules, TKIs and/or antibodies are preferably those approved by drug regulatory authorities, but may also be adjusted to the particular combination with the active immunotherapy of the method of the invention. One of ordinary skill in the art would take into consideration the need to formulate the active ingredients of both therapeutic arms in a manner that does not cause severe toxicity in the individual, damage the individual to any appreciable degree or cause appreciable adverse side effects. The formulation and preparation of compositions is well-known to those skilled in the art of pharmaceutical formulation, and the descriptions herein are illustrative and not limiting. See, e.g., Genarro A R, Remington's Pharmaceutical Sciences, Easton, Pa.: Mack Publishing Company, 2000, 20th. ed.; Allen, Popovich and Ansel, 2005, Pharmaceutical Dosage Forms and Drug Delivery Systems 8th ed. Lippincott Williams & Wilkins;

[0099] In the method of the present invention, the active immunotherapy and at least one additional therapeutic agent can be administered simultaneously, sequentially (sequenced over time) or separately. For example, the active immunotherapy agent can be administered within the same hour or within the same day as the additional therapeutic agent to save visits to the medical practitioner, both agents may be administered on different days but within the same period of time, such as for example during the period of time of a chemotherapy regimen, or they may be administered separately, for example the active immunotherapy agent is administered some time, e.g. days, weeks or month after a therapy with the additional therapeutic agent(s) has been concluded. Also the

additional therapeutic agent(s) may be administered days, weeks or month after the last vaccination took place.

[0100] Generally the routes of administration of the composition that effect the active immunotherapy and the route of administration of at least one additional therapeutic agent will be different, particularly in embodiments, wherein active immunotherapy is combined with treatment with an orally administered TKI. For instance, a vaccine may be administered intradermally, while the accompanying additional therapeutic agent such as e.g. a TKI like sunitinib or sorafenib, is given orally.

[0101] With certain combinations the routes of administration of the composition that effect the active immunotherapy and the route of administration of at least one additional therapeutic agent will be the same. This may be the case, for example, if the active immunotherapy is given intravenously and combined with an antibody as additional therapeutic agent, which has to be administered intravenously as well.

[0102] The treatment regimen with the active immunotherapy and the additional therapeutic agent in individual patients should take into account the patients height, weight, rate of absorption and metabolism of the medication in question, the type and stage of the disorder to be treated, and other pharmacological agents that are administered concurrently. Additionally, any synergistic or neutralizing effects of the two arms of treatment will be taken into consideration, so that synergistically acting treatment arms are preferably administered within a period of time that allows such synergies. In contrast, treatment arms having neutralizing effects will be administered separately so that the effects of the first arm of treatment have worn off, so they do not interfere with the second arm of treatment. The setting of treatment (i.e. sole, adjuvant, neoadjuvant, palliative) needs to be considered as well. Depending on these factors, the active immunotherapy may be administered prior to, concurrently with and/or after at least one additional therapeutic agent. For example, a patient receiving the treatment of the present invention might have renal cancer. A person skilled in the art may treat the patient first with a conventional chemotherapy consisting of several cycles of treatment with a TKI such as Sorafinib and, upon remission and recovery of the immune system, administer several boosts of a peptide vaccine to prevent or delay recurrence of a tumor. If Sunitinib is administered as the TKI, it may be of advantage to administer the vaccine concurrently, or concurrently and after the Sunitinib treatment, for example, since this particular TKI seems to inhibit regulatory T-cells (Tregs) limiting the immune response.

[0103] Treg cells represent a T-cell population that can functionally suppress an immune response by influencing the activity of other immune effector cells. The existence of Tregs was first established in 1971, when Gershon and Kondo transferred antigen-specific tolerance to antigen-naïve animals by transferring T-cells that had previously been exposed to the specific antigen. Several phenotypically distinct Tregs exist. The object of recent intensive research are CD4+ CD25+ Foxp3+T cells, which also express high levels of glucocorticoid-induced TNFR-related protein (GITR). These Tregs are considered key mediators of peripheral tolerance. More recently, another type of Tregs (IL10+ CCR7+) possibly involved in central priming suppression rather than in peripheral effector suppression, was described (Zou, 2005). CD4+ Foxp3+ Tregs suppress the execution of effector functions of T-cells in the periphery.

[0104] The active immunotherapy may be administered with or without adjuvant. Adjuvants are substances that nonspecifically enhance or potentiate the immune response (e.g., immune responses mediated by CTLs and Helper-T (T_H) cells) to an antigen, and would thus be considered useful in the active immunotherapy of the present invention. Suitable adjuvants include, but are not limited to 1018 ISS, aluminium salts, Amplivax, AS15, BCG, CP-870,893, CpG7909, CyaA, dSLIM, GM-CSF, IC30, IC31, Imiguimod, ImuFact IMP321, IS Patch, ISCOMATRIX, JuvImmune, LipoVac, MF59, monophosphoryl lipid A, Montanide IMS1312, Montanide ISA 206, Montanide ISA 50V, Montanide ISA-51, OK-432, OM-174, OM-197-MP-EC, ONTAK, PepTel® vector system, PLG microparticles, resiquimod, SRL 172, Virosomes and other Virus-like particles, YF-17 DBCG, Aquila's QS21 stimulon (Aquila Biotech, Worcester, Mass., USA), which is derived from saponin, mycobacterial extracts and synthetic bacterial cell wall mimics, and other proprietary adjuvants such as Ribi's Detox. Quil or Superfos. Adjuvants such as Freund's or GM-CSF are preferred. Other examples for adjuvants include cholera toxin, which acts locally as a mucosal adjuvant for the induction of peptide-specific CTLs following intranasal immunization of dendritic cells with CTL epitope peptides (Porgador et al., 1997; Porgador et al., 1998). Several immunological adjuvants (e.g., MF59) specific for dendritic cells and their preparation have been described previously (Dupis et al., 1998; Allison, 1997; Allison, 1998). Cytokines may also be used. Several cytokines have been directly linked to influencing dendritic cell migration to lymphoid tissues (e.g., TNF- α), accelerating the maturation of dendritic cells into efficient antigen-presenting cells for T-lymphocytes (e.g., GM-CSF, IL-1 and IL-4) (Dupis et al., 1998; Allison, 1997; Allison, 1998; U.S. Pat. No. 5,849,589, specifically incorporated herein by reference in its entirety) and acting as immunoadjuvants (e.g., IL-12) (Gabrilovich et al., 1996). CpG immunostimulatory oligonucleotides have also been reported to enhance the effects of adjuvants in a vaccine setting. Without being bound by theory, CpG oligonucleotides act by activating the innate (non-adaptive) immune system via Toll-like receptors (TLR), mainly TLR9. CpG triggered TLR9 activation enhances antigen-specific humoral and cellular responses to a wide variety of antigens, including peptide or protein antigens, live or killed viruses, dendritic cell vaccines, autologous cellular vaccines and polysaccharide conjugates in both prophylactic and therapeutic vaccines. More importantly it enhances dendritic cell maturation and differentiation, resulting in enhanced activation of T_{H1} cells and strong cytotoxic T-lymphocyte (CTL) generation, even in the absence of CD4 T-cell help. The TH1 bias induced by TLR9 stimulation is maintained even in the presence of vaccine adjuvants such as alum or incomplete Freund's adjuvant (IFA) that normally promote a TH2 bias. CpG oligonucleotides show even greater adjuvant activity when formulated or co-administered with other adjuvants or in formulations such as microparticles, nano particles, lipid emulsions or similar formulations, which are especially necessary for inducing a strong response when the antigen is relatively weak. They also accelerate the immune response and enabled the reduction of antigen doses by approximately two orders of magnitude, with comparable antibody responses to the full-dose vaccine without CpG in some experiments (Arthur M. Krieg, Therapeutic potential of Tolllike receptor 9 activation, Nature Reviews I Drug Discovery, 5, JUNE 2006, 471-484). U.S. Pat. No. 6,406,705 B1

describes the combined use of CpG oligonucleotides, nonnucleic acid adjuvants and an antigen to induce an antigenspecific immune response.

[0105] Other examples of useful adjuvants include, but are not limited to, chemically modified CpGs (e.g. CpR, Idera), non-CpG bacterial DNA or RNA, as well as immunoactive small molecules (see above) that may act therapeutically and/ or as an adjuvant. The amounts and concentrations of adjuvants and additives useful in the context of the present invention can readily be determined by the skilled artisan without undue experimentation.

[0106] The dosage of an active immunotherapy agent and an additional therapeutic agent will be tailored to each individual patient manifesting symptoms characteristic of a specific neoplastic disorder. For example, a patient receiving the treatment of the present invention might have renal cancer. A person skilled in the art will recognize that the optimal dose of a pharmaceutical agent to be administered will vary from one individual to another. Dosage in individual patients should take into account the patients height, weight, rate of absorption and metabolism of the medication in question, the stage of the disorder to be treated, and what other pharmacological agents are administered concurrently. The skilled artisan will adjust doses depending on tumor response and adverse effect profile. Generally, the dosage of the additional therapeutic agent(s) will be within the range approved by drug regulatory authorities and proven to be effective and save within clinical trial or below.

[0107] In a particularly preferred aspect of this embodiment, the invention provides a method of treating renal cell carcinoma in a patient, such as a human, by administering to the patient Sunitinib, for example in an amount of 25 to 75, preferably 25, 37.5, 50 or 62.5 mg daily, continuous (i.e., not intermittent) or intermittent dosing schedule for example on a 4/2, 4/1, 3/1 or 2/1 dosing schedule and a multi-target peptide vaccine, for example 50 µg to 1 mg of each peptide, preferably 200 µg to 600 µg of each peptide per patient and injection, preferably together with an adjuvant. In another embodiment, the invention provides a method of treating any of the earlierrecited cancers in a patient, such as a human, by administering to the patient Sorafinib in an amount of 200 mg or 400 mg, twice daily or once daily or once every two days.

[0108] One skilled in the art can readily determine the optimal dosage for a particular patient based on tumor response and adverse event profile. Those skilled in the art will appreciate that dosages may also be determined with guidance from Goodman & Gilman's The Pharmacological Basis of Therapeutics, McGraw-Hill Professional; 11th edition (2005).

[0109] It is to be understood that the description, specific examples and data, while indicating exemplary embodiments, are given by way of illustration and are not intended to limit the present invention. Various changes and modifications within the present invention will become apparent to the skilled artisan from the discussion, disclosure and data contained herein, and thus are considered part of the invention.

EXAMPLES

[0110] The tyrosine kinase inhibitors (TKIs) Sorafenib and Sunitinib are multi-target kinase inhibitors recently approved for the treatment of advanced renal cell carcinoma (RCC) in the U.S. To gain preclinical knowledge on potential influence of TKIs on the effects caused by cancer vaccines, Sorafenib and Sunitinib treatment was combined with peptide vaccination.

Example 1

Quantification of Sorafenib and Sunitinib in Biological Fluids

[0111] Sunitinib malate and sorafenib tosylate were supplied by euroasia chemicals PVT. LTD., Mumbai (India).

1.1. Sample Preparation for Sunitinib Quantification

[0112] To quantify sunitinib in blood serum or in cell culture medium, $10 \,\mu$ l of 50% acetonitril (Acros, Geel, Belgium) was added to 50 μ l serum or medium in brown glass tubes to protect the photo-unstable sunitinib from light, and mixed for 10 seconds. The proteins were precipitated with 40 μ l 100% acetonitril (Acros, Geel, Belgium), centrifuged and filtered through a 0.2 μ m PVDF filter. 10 μ l was directly injected to the HPLC system.

1.2. HPLC-Conditions:

[0113] The HPLC system consisted of a Binary HPLC pump (Shimadzu LC10aVP), a Shimadzu SIL-10aVP autosampler, a Shimadzu CTO-10asVP column oven and a Shimadzu SPD10aVP detector. Data acquisition and analysis was performed using the Shimadzu Class-VP 7.3 software. Chromatographic separation was carried out on a reverse phase C18 column (Reprosil Pur ODS-3 μ , 60 \times 2 mm). To protect the analytical column a guard column has been used (Reprosil Pur ODS-5 μ , 10 \times 2 mm). Eluent A consisted of water (LCMS grade, Acros, Geel, Belgium), modified by 0.1% formic acid (Merck, Darmstadt, Germany) and eluent B was 80% acetonitril (Acros, Geel, Belgium) with 0.1% formic acid (Merck, Darmstadt, Germany).

[0114] The following gradient was used: $5 \min 25\%$ eluent B, $15 \min 62.5\%$ eluent B, $6 \min 80\%$ eluent B and $5 \min 80\%$ eluent B. The temperature of the autosampler was kept at 4° C. The temperature of the column was maintained at 30° C. The detection wavelength was set at 400 nm, the injection volume was 10 µl. The column was equilibrated with the mobile phase at a flow rate 0.5 ml/min.

1.3. Sample Preparation for Sorafenib Quantification

[0115] For Sorafenib analysis, 10 μ l of 50% acetonitril (Acros, Geel, Belgium) was added to 50 μ l serum or medium in 0.5 ml PCR tubes and mixed for 10 seconds. 10 mg NH₄Cl (Roth, Karlsruhe, Germany) was added and mixed for 10 seconds. 60 μ l acetonitril (Acros, Geel, Belgium) solution, containing Tolnaftate (Sigma, Steinheim, Germany) as internal standard was added and mixed for 1 minute. The mixture was centrifuged for 3 minutes at room temperature. After phase separation, 35 μ l from the acetonitril phase was transferred into HPLC-vials und 10 μ l were directly injected to the HPLC system.

1.4. HPLC-Conditions:

[0116] Sorafinib was analysed on the same system as sunitinib with Eluent A consisting of 20 mM KH_2PO_4 -buffer (Sigma, Steinheim, Germany). Eluent B consisted of 80% acetonitril (Acros, Geel, Belgium), 20% 20 mM KH_2PO_4 (Sigma, Steinheim, Germany) and 0,01% phosphoric acid (Sigma, Steinheim, Germany). The following gradient was used: 5 min 20% eluent B, 5 min 32% eluent B, 20 min 56% eluent B and 10 min 80% eluent B. The temperature of the autosampler was kept at 4° C. The temperature of the column was maintained at 40° C. The detection wavelength was set at 265 nm, the injection volume was 10 μ l. The column was equilibrated with the mobile phase at a flow rate 0.5 ml/min. [0117] Using these methods, bioavailability of sorafenib and sunitinib in the mouse models at the used doses was confirmed to reach plasma levels shown by others to be effective in tumor growth inhibition. It could also be shown that the TKIs stability in the cell culture systems of choice was acceptable for the conduction of in vitro experiments. In vitro concentrations in later experiments were chosen to include steady state plasma concentrations of TKI treated patients.

Example 2

Alteration of Expression of Vaccination Relevant Genes During TKI Treatment

2.1. Alteration of Gene Expression Profiles of Human Tumor Cell Lines In Vitro

[0118] Genome-wide mRNA expression was measured by Affymetrix microarrays. The human renal cell carcinoma cell line A498 was cultured in the presence of sorafenib and sunitinib. Gene expression for a selection of tumor associated antigens and genes involved in antigen presentation to T lymphocytes was compared with untreated cells to determine whether these tyrosine kinase inhibitors (TKIs) might have the potential to cause altered presentation of antigens in vitro. [0119] The human renal cell carcinoma cell lines A498 and RCC068 were cultured in RPMI medium (5% FCS (Biochrom, Berlin, Germany), 5% HS (PromoCell, Heidelberg, Germany)). Human serum was added as a supply of ligands influencing signaling pathways, which might be altered by TKIs. 40 h after seeding, the experiment was started by addition of TKIs to the culture flasks. The following incubation periods (time points) were planned: 1 h, 6 h, 24 h, 14 days. For each time point 3 flasks of each cell line were prepared by containing either 0.1% DMSO alone as a control, 13 µM sorafenib (8.3 µg/ml sorafenib tosylate)+0.1% DMSO, or 250 nM sunitinib (133 ng/ml sunitinib malate). At each time point, cells were harvested by removing the culture medium and adding 1.25 ml TRI Reagent (Fermentas, St. Leon-Rot, Germany).

[0120] RNA was isolated according to standard protocols and further cleaned up by the RNeasy Mini Kit (QIAGEN, Hilden, Germany). For the 14 d time point, cells were trypsinized every 3-4 days and supplied with fresh medium containing fresh TKIs. Sorafenib cells were already harvested after 10 days since the TKI prevented cell growth. A normal medium control sample containing neither DMSO nor TKIs was harvested at 1 h for each cell line. Quality and quantity of RNA samples were assessed on an Agilent 2100 Bioanalyzer (Agilent, Waldbronn, Germany) using the RNA 6000 Pico LabChip Kit (Agilent).

[0121] Gene expression analysis was performed only for the 24 h time point (3 samples) and the normal medium control (1 sample) of the A498 cells by Affymetrix Human Genome HG-U133 Plus 2.0 oligonucleotide microarrays (Affymetrix, Santa Clara, Calif., USA).

[0122] All steps were carried out according to the Affymetrix manual. Briefly, double-stranded cDNA was synthesized from 8 µg of total RNA, using SuperScript RTII (Invitrogen, Karlsruhe, Germany) and the oligo-dTT7 primer (MWG Biotech, Ebersberg, Germany) as described in the manual. In vitro transcription was performed with the GeneChip IVT Labeling Kit (Affymetrix) followed by cRNA fragmentation, hybridization, and staining with streptavidin-phycoerythrin and biotinylated anti-streptavidin antibody (Molecular Probes, Leiden, Netherlands). Images were scanned with the Affymetrix Gene-Chip Scanner 3000 and data were analyzed with the GCOS software (Affymetrix), using default settings for all parameters. Pairwise comparisons were calculated using the normal medium control array as baseline. For normalization, 100 housekeeping genes provided by Affymetrix were used. Relative expression values were calculated from the signal log ratios given by the software and the expression level in the control sample was set to 100% for each gene.

[0123] mRNA expression was analyzed for possible vaccination target antigens as well as for proteins involved in antigen presentation to T cells, like HLA proteins themselves or members of the processing machinery like TAP1 or the immunoproteasomal subunits PSMB9 (LMP2) or PSMB8 (LMP7). The influence of DMSO addition alone or in combination with the TKIs sorafenib and sunitinib on the renal cell carcinoma cell line A498 after 24 h incubation was assessed by comparing these samples with the normal medium control cell line. Expression in the control was defined as 100%.

[0124] Result are summarized in Table 1.

TABLE 1

	% Expression relative to control			
Gene	DMSO	Sorafenib	Sunitinib	
Tumor associated antigens				
ADFP	100	100	87	
APOL1	62	71	62	
CCND1	76	81	93	
GUCY1A3	115	44	57	
KIAA0367	n.d.	n.d.	n.d.	
MET	81	62	41	
MMP7	71	25	31	
MUC1	76	107	54	
RGS5	n.d.	n.d.	n.d.	
	MHC and proce	essing related		
HLA-A	93	100	93	
HLA-B	87	87	76	
HLA-C	100	87	87	
HLA-DPB1	n.d.	n.d.	n.d.	
HLA-DQB1	n.d.	n.d.	n.d.	
HLA-DRB1	n.d.	n.d.	n.d.	
TAP1	115	123	123	
PSMB9	107	123	132	
PSMB8	93	87	87	

Expression values are given relative to the normal medium control (set to 100% for each gene) after 24 h incubation with DMSO, sorafenib, or sunitinib. "n.d."=gene was not reliably detected in the samples.

[0125] Many tested antigens are expressed only at relatively low levels in the A498 cell line compared with primary RCC samples (data not shown), further confirming that analyzing primary tissue rather than cell lines is highly relevant. KIAA0367 and RGS5 could not be detected at all in A498,

and CCND1, GUCY1A3, MMP7, MUC1 showed very low levels as compared to expression in primary RCCs. For the majority of tumor associated antigen genes, no significant changes in gene expression have been detected. For three genes, GUCY1A3, MET and MMP7, expression levels were found to be moderately lower as compared to the DMSO control.

[0126] For proteins related to antigen presentation, no effects of TKI treatment on the tumor cell line A498 were observed. Expression of HLA-A, -B and -C was not altered under TKI treatment. Also expression of genes involved in antigen processing was not influenced. HLA class II genes are absent from the cell line despite their frequent detection in primary RCC samples (data not shown).

2.2. Alteration of Gene Expression Profiles in Primary Human Tumor Tissue In Vivo

[0127] mRNA expression was measured as described in 1.1 except that mRNA from 20 primary clear cell renal cell carcinoma (ccRCC) samples of patients not treated with TKIs and 1 locally recurring ccRCC tumor sample of a patient having received sorafenib treatment (800 mg NexavarTM per day starting 35 days before and stopping 2 days before surgery) previous to surgery were included in this analysis.

[0128] Tumor tissue specimens were snap-frozen in liquid nitrogen immediately after surgery and later homogenized with mortar and pestle under liquid nitrogen. Total RNA was prepared from these samples using TRIzol (Invitrogen) or TRI Reagent (Fermentas) followed by a cleanup with RNeasy (QIAGEN); both methods were performed according to the manufacturers' protocols. Quality and quantity of all RNA samples were assessed on an Agilent 2100 Bioanalyzer (Agilent) using the RNA 6000 Pico LabChip Kit (Agilent).

[0129] Gene expression analysis of the tumor samples was performed by Affymetrix Human Genome (HG) U133A or HG-U133 Plus 2.0 oligonucleotide microarrays (Affymetrix, Santa Clara, Calif., USA). A normal reference kidney sample was hybridized to both array types to achieve direct comparability of all samples.

[0130] All steps were carried out according to the Affymetrix manual. Briefly, double-stranded cDNA was synthesized from 5-8 µg of total RNA, using SuperScript RTII (Invitrogen) and the oligo-dT-T7 primer (MWG Biotech, Ebersberg, Germany) as described in the manual. In vitro transcription was performed with the BioArray High Yield RNA Transcript Labeling Kit (ENZO Diagnostics, Inc., Farmingdale, N.Y., USA) for the U133A arrays or with the GeneChip IVT Labeling Kit (Affymetrix) for the U133 Plus 2.0 arrays, followed by cRNA fragmentation, hybridization, and staining with streptavidin-phycoerythrin and biotinylated anti-streptavidin antibody (Molecular Probes, Leiden, Netherlands). Images were scanned with the Agilent 2500A GeneArray Scanner (U133A) or the Affymetrix Gene-Chip Scanner 3000 (U133 Plus 2.0), and data were analyzed with the GCOS software (Affymetrix), using default settings for all parameters. Pairwise comparisons were calculated using the respective normal reference kidney array as baseline. For normalization, 100 housekeeping genes provided by Affymetrix were used. Relative expression values were calculated from the signal log ratios given by the software and the normal kidney sample was arbitrarily set to 1.0.

[0131] The results are summarized in Table 2.

TABLE 2

Composite expression of tumor associated antigens	
and MHC related genes in primary ccRCC samples a	ad
expression in the RCC of one sorafenib patient.	

	ccRCC untreated		Sorafenib patient			
Gene	Mean	Range	Single value			
	Tumor associated antigen					
ADFP	2.5	1-6.6	5.7			
APOL1	7.4	2.8-19.6	19.7			
CCND1	2.3	1-5.2	3.2			
GUCY1A3	2.0	1.1-3.5	0.5			
KIAA0367	1.7	0.6-4.8	1.2			
MET	12.5	7.2-21.7	9.8			
MMP7	1.8	0.4-7.3	6.1			
MUC1	0.2	0.1-0.6	0.3			
RGS5	7.0	2.4-20.3	1.5			
	MHC and processing related					
HLA-A	1.0	0.8-1.3	0.9			
HLA-B	2.2	1.5-3.1	2.1			
HLA-C	1.1	0.8-1.4	1.0			
HLA-DPB1	3.4	1.9-6.2	4.0			
HLA-DQB1	5.3	0.4-63.3	168.9			
HLA-DRB1	2.0	1.5-2.7	2.8			
TAP1	2.9	1.9-4.5	2.1			
PSMB9	4.4	2.2-8.6	5.7			
PSMB8	3.4	2.2-5.1	3.5			

Expression values are given relative to a normal reference kidney sample. Mean expression for "untreated" (i.e. no TKI treatment) tumors was calculated as the geometric mean (by log transformation of the original values and retransformation of the calculated mean) and "Range" designates the span between Mean minus Geometric Standard Deviation and Mean plus Geometric Standard Deviation.

[0132] As expected, mRNA expression shows a certain variation among primary ccRCC samples from patients having not received any TKI therapy. For the purpose of this experiment, the typical range of expression values was defined as the mean±one standard deviation for each gene (Table 2). The expression values of a patient RCC tumor sample treated with sorafenib previous to surgery lie within this range for most antigens considered in this experiment. Among the IMA901 target antigens, only GUCY1A3 and RGS5 expression is at the lower boundary of the range. Both genes are mainly involved in tumor angiogenesis. Downregulation of these two genes might reflect the effect of sorafenib on angiogenesis as reported recently (Murphy, D. A., S. et al. 2006. Inhibition of Tumor Endothelial ERK Activation, Angiogenesis, and Tumor Growth by Sorafenib (BAY43-9006). Am. J. Pathol. 169:1875).

[0133] For proteins involved in antigen presentation to T cells, like HLA proteins themselves or members of the processing machinery like TAP1 or the immunoproteasomal subunits PSMB9 (LMP2) or PSMB8 (LMP7), only HLA-DQB 1 seems to be an outlier.

[0134] In conclusion, data from this sample do not provide any evidence for a potential influence of sorafenib treatment on the expression profile of tumor associated antigens or their HLA presentation in vivo. 13

Example 3

In Vitro Alteration of T-Cell Activation by Kinase Inhibitors

3.1. Mouse T-Cell Activation

[0135] To test whether the presence of sorafenib or sunitinib has an influence on mouse T-cell responses, alloreactive T-cells responses (CD4 and CD8) were assessed in mixed lymphocyte reactions (MLR).

[0136] Allogenic responses are the most potent and strong immune responses and they are easy to generate in the mouse system due to the availability of congenic mouse strains differing in their H2 alleles. Therefore, first hints on the influence of sunitinib and sorafenib on immune responses can be drawn from in vitro mixed lymphocyte cultures.

3.1.1. Mixed Lymphocyte Reaction Assay

[0137] CFSE-labeled spleen cells from C57BL/6 (H2-b) mice were co-cultured with irradiated splenocytes from BALB/c (H2-d) mice, resulting in the strong allogenic response and proliferation of the C57BL/6 T cells against H2-d MHC molecules. The proliferation of the T cells results in a diminished CFSE staining of the divided cells. Percentage of divided cells and their number of divisions can be analyzed by flow cytometry.

[0138] Spleen cells were prepared from 1 C57BL/6 mouse and 1 BALB/c mouse (Harlan Winkelmann GmbH, Borchen, Germany). BALB/c cells were irradiated with 33 Gy. Effectors (C57BL/6) were adjusted to 20 Mio cells/ml. A 2 mM 5(6)-Carboxyfluorescindiacetate-N-succinimidylester

(CFSE, Fluka, Buchs, Switzerland) solution in PBS was freshly prepared from a 10 mM DMSO stock solution. The cell suspension was mixed 1:1 with the CFSE solution. After incubation at 37° C. for 4 min, reaction was stopped by addition of fetal calf serum (Biochrom, Berlin, Germany), and free CFSE was washed out. 2×10⁵ stimulator cells (BALB/c) were plated into cavities of a 96-well round-bottom plate. 1×10^5 or 2×10^5 CFSE-labeled effector cells and tyrosine kinase inhibitors at two different concentrations were added. Appropriate positive and negative controls were included. All cultures were in 200 μl T-cell medium with 0.1% (v/v) DMSO for 5 or 7 days without further medium change. Thereafter, cells were stained with fluorescently labelled anti-CD4-PerCP and anti-CD8-FITC antibodies (both BD Biosciences, Heidelberg, Germany) and analyzed by flow cytometry.

[0139] The experiment described above was repeated with the exception that a 96-well flat-bottom plate was used for mixed lymphocyte reactions (MLRs), a syngenic control with irradiated C57BL/6 cells was included, more concentrations of inhibitors were assessed, and all groups were analyzed in triplicates.

[0140] During cultivation, half of the medium was replaced with fresh appropriate medium supplemented with final concentrations of tyrosine kinase inhibitors every day, and proliferation was analyzed at day 7 only. Additionally cells were stained for H2-Kb to clearly identify effector cells in a further dimension.

3.1.2. Results

[0141] Percentage of highly proliferated CD8 and CD4 cells are shown in FIG. **1**. Cells in cultures with 13 μ M sorafenib showed a clear change in morphology resembling

apoptotic and/or necrotic cells due to putatively toxic effects of the drug and were therefore not comparable to the other treatment groups. For CD4 cells, an increased proliferation was observed for all cultures with tyrosine kinase inhibitor compared to the positive control (no inhibitor). CD8 proliferation was only slightly affected by 1.3μ M sorafenib and slightly increased for both sunitinib concentrations.

[0142] Proliferation of CD4 and CD8 cells in the presence of different concentrations of tyrosine kinase inhibitors are shown in FIG. **2**. Tendency towards elevated proliferation of CD4⁺ cells with both tyrosine kinase inhibitors was reproduced with even significant increase for $1.6 \,\mu$ M sorafenib. In addition, a slight increase in CD8⁺ proliferation with sunitinib and a slight decrease with sorafenib was again observed. Sorafenib levels of 6.5 μ M or greater induced toxic effects resulting in a dramatically changed morphology of cells in flow cytometry.

[0143] In summary, CD8 T-cell proliferation due to allogenic stimuli is not affected by sunitinib, but may be slightly decreased by sorafenib. In addition, sorafenib is toxic for cells in mixed lymphocyte reactions at concentration near the steady-state plasma level of treated patients. Observed changes were higher in the first experiment, most likely due to daily change of medium with cell-produced cytokine milieu during the second experiment.

[0144] In addition, sorafenib slightly reduced CD8⁺ T cell proliferation in response to allogenic stimuli, while CD4⁺ T-cell proliferation was increased. In contrast, CD4⁺ and CD8⁺ T-cell proliferation was not altered or even increased in the presence of sunitinib and no drug-related toxicity was observed in MLRs.

3.2. Human T-Cell Activation

[0145] To test whether the presence of TKIs has an influence on human T-cell activation in vitro, alloreactive T-cells responses (CD4 and CD8) were assessed in mixed lymphocyte reactions (MLR) using PBMCs of healthy human individuals. Two types of tests were performed.

3.2.1. Priming and Expansion of Isolated Human CD8⁺ Cells in the Presence of TKIs

[0146] Six fresh buffy coats (HLA-A*02+, HBC-131 to -136) were obtained from the Katharinenhospital Stuttgart. PBMCs were isolated by standard density gradient isolation and incubated overnight in T-cell medium (TCM) for human in vitro priming consisting of RPMI-Glutamax (Invitrogen, Karlsruhe, Germany) supplemented with 10% heat inactivated human AB serum (PAA, Cölbe, Germany), 100 U/ml Penicillin/100 µg/ml Streptomycin (Cambrex, Verviers, Belgium), 1 mM sodium pyruvate (CC Pro, Neustadt, Germany) and 20 µg/ml Gentamycin (Cambrex). CD8+ lymphocytes were isolated using the CD8+ MACS positive selection kit (Miltenyi, Bergisch Gladbach, Germany) according to the manufacturer's instructions. Isolated CD8+ T-cells were incubated until use in TCM supplemented with 2.5 ng/ml IL-7 (PromoCell, Heidelberg, Germany) and 10 U/ml IL-2 (Chiron, Munich, Germany). Coating of pMHC/anti-CD28 coated beads, T-cell stimulations and readout was performed as described before with minor modifications. Briefly, 800000 beads/200 µl were coated in 96-well plates in the presence of 600 ng biotin anti-CD28 plus 200 ng relevant biotin-pMHC (high density beads) or 2 ng relevant plus 200 ng irrelevant (pMHC library) MHC (low density beads). pMHC used were A*0201/MLA-001 (peptide ELAGIGILTV from modified Melan-A/MART-1) or negative control A*0201/DDX5-001 (YLLPAIVHI from DDX5). Stimulations were initiated in 96-well plates by co-incubating 1×10^6 CD8+ T-cells with 2×10^5 washed coated beads in 200 µl TCM supplemented with 5 ng/ml IL-12 (PromoCell) for 3-4 days at 37° C. Half of the medium was then exchanged by fresh TCM supplemented with 80 U/ml IL-2 and incubating was continued for 3-4 days at 37° C. TKIs (sorafenib tosylate or sunitinib malate) in DMSO or DMSO alone were added at indicated final concentrations to the well during stimulations and to the added medium during exchanges. Final concentration of DMSO was always 0.1%. This stimulation cycle was performed for a total of three times. Tetrameric analyses were then performed with fluorescent MHC tetramers plus Abs CD8-FITC clone SK1 (BD, Heidelberg, Germany) on a fourcolor FACSCalibur (BD). Total specific cell numbers per well were calculated by FACS analysis as follows: (specific cells counted)×(microspheres added per well)/(microspheres counted).

[0147] Evaluable results were available for three buffy coat donors of which one representative is shown in FIG. **3**. aAPC priming with antigen A*0201/MLA-001 was successful in the presence of mock TKIs as compared to irrelevant stimulation with A*0201/DDX5-001. However, no concentration-dependent influence of sorafenib or sunitinib that was consistent between donors was seen on either the percentage of MLA-001 specific within CD8⁺ lymphocytes (upper panel) or their total number within wells (lower panel) after priming. Variations were higher after LD priming (right panel) as compared to HD priming (left panel), which can be readily explained by the expected lower precursor frequency of cells primed by LD stimulations within one well.

[0148] CD8⁺ T-cell priming and expansion is not altered by either sorafenib or sunitinib in this in vitro system in the absence of natural antigen presenting cells.

3.2.2. Proliferation of CD4+ and CD8+ Human PBMC Subsets in the Presence of TKIs

[0149] Two fresh buffy coat (HLA-A*02+ and HLA-A*02-) were obtained from the Katharinenhospital Stuttgart. PBMCs were isolated by standard density gradient isolation and incubated overnight in T-cell medium (TCM) for human in vitro priming as in WP03 #4. Ca2+ and Mg2+ free PBS (Cambrex) washed HLA-A*02+PBMCs were labeled at $1 \times 10^{\circ}$ cells/ml with 1 μ M CFSE (Fluka, Buchs, Germany) at 37° C. for 4 minutes. Labeling was stopped by adding the same volume heat inactivated FCS (Invitrogen) and labeled cells were washed in TCM. Irradiation of target or feeder cells, if indicated, was performed at 33 Gy using a 1000 Elite gammacell (MDS Nordion, Ottawa, Canada). Stock solutions of sorafenib tosylate and sunitinib malate were prepared in DMSO (Merck, Darmstadt, Germany) and frozen aliquoted at -80° C. Mixed lymphocyte reactions were performed by coculturing 2×10^5 CFSE labeled effector plus 2×10^5 irradiated target cells as indicated per well of 96 well round bottom plates in 200 µl TCM in the presence of indicated concentrations of sorafenib, sunitinib or DMSO at 37° C. and 5% CO2 (day 1). On day 4, 100 µl supernatant was removed and 100 µl TCM supplemented with the original concentration of TKIs was added. On day 8, 3.75×10⁵ unlabeled beads (T cell Activation/Expansion Kit, Miltenyi Biotech) were added to wells. Cells were washed in PBS containing 2% FCS (Invitrogen), 2 mM EDTA (Roth) and 0.02% sodium azide (Merck) (PFEA buffer) and stained with anti-HLA-A2 PE (AbD Serotec, Düsseldorf, Germany), anti-CD8 PerCP (BD) and anti-CD4 APC (BD). Cells were washed, fixed in PFEA containing 1% formaldehyde (Fluka) and analyzed on a FACSCalibur (BD). Data analysis was performed with FCS Express V3 (DeNovo Software).

[0150] Summarized results are shown in FIG. **4** for CD8⁺ (upper panel) and CD4⁺ (lower panel) effector cells, respectively.

[0151] In the absence of target cells, or when autologous target cells were added, only baseline proliferation of effector cells was observed that did not increase by the addition of sorafenib or sunitinib. In the presence of HLA-mismatched target cells, a prominent proliferation of CD8⁺ and CD4⁺ (presumably allo-reactive) effector cells could be detected. This proliferation did not change significantly in the presence of solvent (DMSO). However, increasing concentrations of sorafenib suppressed proliferation of CD8⁺ and CD4⁺ effector cells in this MLR. Sunitinib did not have this effect. Although absolute cell numbers were not determined, sufficient cells could be found in flow cytometry from all samples containing effector cells.

[0152] No effect on the CD8⁺ and CD4⁺ T cell expansion in response to allogenic stimuli was detected in this system for sunitinib.

Example 4

In Vivo Alteration of Immune Cell and Vaccine Immunogenicity Populations in Mice by Kinase Inhibitors

[0153] Immune responses are complex events that are dependent not only on several cell types, but also on the surrounding cytokine milieu and the architecture of tissues like skin and lymphoid organs that are the scene of immune response triggering. Therefore, it was the objective of these experiments to assess whether treatment with TKIs alters key cell populations in the immune response and the overall outcome of a peptide-vaccine triggered activation of the immune system. Therefore, mice were pre-treated for 2 weeks with TKIs applying dosages that have been shown to inhibit tumor growth. Thereafter, the mice were immunized with OVA-001 peptide under continued drug treatment before immune cell populations in spleen and blood and the triggered CD8+ T-cell response were analyzed. Sunitinib did not alter the overall immunogenicity of the peptide vaccine in subtoxic dosages. Probable adverse effect of sunitinib on T-cell activation pathways might be compensated by reduced numbers of CD4+ CD25+regulatory T-cells that was observed for sunitinibtreated mice in these experiments. All observed effects of the tyrosine kinase inhibitors were reversible, as after discontinuation of treatment cell populations and the immune response recovered quickly to normal levels.

4.1. Principle of Tests

[0154] Due to the potential inhibition of several key players in the activation pathways of T-cells by sorafenib and sunitinib, immune responses might be dramatically altered under the treatment with these drugs. Therefore, we assessed immune responses and immune cell populations during, and shortly after, the treatment with sorafenib or sunitinib in the mouse. The well-described H2-Kb restricted epitope SIIN-FEKL (OVA-001) from hen egg albumin was used for immunization of C57BL/6 mice. Evaluation of CD8+ T-cell responses was performed with a fluorescently labeled H2-Kb/ SIINFEKL tetramer followed by flow cytometry analysis. With the same method, T-cell, B-cell, and NK cell populations in blood and spleen were assessed after staining with lineage specific antibodies. A pretreatment of 2 weeks before immunization was chosen, to allow cell populations to achieve a "near-steady-state" level. Although longer time spans are usually required for cell populations to reach fullsteady state levels (up to 3 months), possible toxic effects of the drug and the stress caused to the animals by daily treatment argued against a prolonged drug treatment before first immunization. Plasma levels of tyrosine kinase inhibitors were analyzed routinely to ensure that drug application was reliable during the experiment.

4.2. Treatment of Mice

4.2.1. Animal Keeping

[0155] Female C57BL/6 mice (20-25 g, Harlan Winkelmann GmbH, Borchen, Germany) were used for all experiments described in this section. Animals were kept in the animal facility of the Dept. of Immunology at the University of Tuebingen. Animals were cared for by trained animal keepers and health status of animals was supervised by the veterinaries of the University of Tuibingen. Feeding with drug was also performed in part by the local animal keepers after special training. All animals were supplied with water and food ad libitum. The described experiments were performed according to procedure no. IM1/06 approved by the Regierungspräsidium Tuebingen.

4.2.2. Drug Treatment

[0156] A liquid, viscous vehicle composed of 30% (w/v) Cremophor EL (Sigma, Deisenhofen, Germany), 30% (w/v) PEG 400 (Sigma, Deisenhofen, Germany), 10% ethanol p.a., 10% glucose was used. Sunitinib and sorafenib were suspended in vehicle according to the planned dosages in a way that 2.5 μ l/kg body weight had to be applied to all mice, according to approx. 50 μ l of suspension. Feasible aliquots were prepared from suspensions and from vehicle and stored until use at -20° C. in the dark. Thawed substance was stored at 4° C. and used within the next three days. Animals were weighed before start of treatment and thereafter weekly. The deduced dosage was applied daily using a 1 ml syringe with gavage into the backward cavity of the mouth of the animal without anesthesia. Drug delivery into blood plasma was controlled as described in example 1.

4.2.3. Immunization

[0157] Mice were immunized with 100 μ l of a 1:1 waterin-oil suspension of 40 nmol CpG deoxyoligonucleotide 1668 (TIB MOLBIOL, Berlin, Germany), OVA-001 peptide (30 µg, SIINFEKL) and PBS in Incomplete Freund's Adjuvants (IFA)/Titermax (4:1; both from Sigma, Deisenhofen, Germany) s.c. under the dorsal skin (approx. 80 µl) and into the base of tail (approx. 20 µl). Negative control mice were immunized with peptide VSV-001 (RGYVYQGL) employing same composition of the vaccination cocktail. Negative and positive control mice were fed with vehicle only. One week after the first immunization, immune response was boosted by a second immunization with 30 µg peptide (OVA-001 or VSV-001), 25 nmol CpG deoxyoligonucleotide in 100 µl PBS.

4.2.4. Treatment Schedules

[0158] 3 experiments were performed:

[0159] 1) Immunization under continuous treatment with tyrosine kinase inhibitors. Pretreatment phase was two weeks (see FIG. 5A). Beside negative and positive control groups, groups treated with 15 and 60 mg/kg body weight sorafenib, and 20 and 80 mg/kg body weight sunitinib were included (6 mice per group). Analysis of the immune response was performed using the procedure described in example 3 with the following alterations:

[0160] Blood cells were not further purified by ficoll density centrifugation.

[0161] Staining for tetramer analysis: CD3e-PerCP was substituted by PerCP-labeled CD45R/B220 (exclusion of B cells).

[0162] Spleen cells well assessed for, CD4, Tregs, CD8 and memory subtypes, B cells and NK cells. PBMCs were analyzed for CD4, CD8, B cells and Tregs.

[0163] 2) Immunization directly after discontinuation of treatment with tyrosine kinase inhibitors. Pretreatment phase was two weeks. First immunization was done 48 h after last drug treatment (see FIG. **5**B).

[0164] Analysis of the immune response was performed using the procedure described in example 3 with the following alterations:

[0165] Staining for tetramer analysis: CD3e-PerCP was substituted by PerCP-labeled CD45R/B220 (exclusion of B cells).

[0166] Spleen cells were assessed for, CD4, Tregs, CD8 cells, B cells and NK cells. PBMCs were analyzed for CD4, CD8, B cells and Tregs.

[0167] 3) The experimental design was identical to a) Beside negative and positive control groups, groups treated with 60 mg/kg body weight sorafenib, and 20 and 40 mg/kg body weight sunitinib were included (6 mice per group). For spleen cells, CD4, Tregs, CD8 cells, and B cells were assessed, for PBMCs CD4, CD8, B cells and Tregs were analyzed.

4.3. Analysis of Specific T-cell Responses and Immune Cell Populations

4.3.1. Preparation of Blood Cells

[0168] One week after the boost immunization, mice were bled from the retrobulbar plexus under ether anesthesia and sacrificed without awakening by cervical dislocation. Blood was collected in tubes containing 40 μ l of citrate phosphate dextrose (CPG, Sigma, Deisenhofen, Germany) to inhibit blood clotting. Single cell suspensions were prepared from spleens by passing cells through a 40 μ m cell strainer (BD Biosciences). After lysis of erythrocytes, spleen cells were counted and stored in T-cell medium (see section 3.1.4.) until further use. Erythrocytes of blood cells were lysed with ACK (154 mM ammonium chloride, 19 mM potassium bicarbonate, 1 mM EDTA) and PBMC were further purified from contaminating erythrocytes by ficoll separation.

[0169] Splenocytes were stained with PE-labeled H2-Kb/ OVA-001 tetramer, APC-labeled H2-Kb/VSV-001 (produced inhouse), CD8-FITC, and CD3e-PerCP (both BD Biosciences, Heidelberg, Germany) for analysis of induced peptide-specific T-cell responses. Splenocytes and PBMCs were further incubated with cell type-specific fluorescently-labeled antibodies (CD8, CD4, CD25, CD45R, CD19, NK1.1; all BD Biosciences, Heidelberg, Germany) for population analysis. Cells were measured by flow cytometry.

4.3.2. Results of Peptide Vaccination Under Continuous Tyrosine Kinase Inhibitor Treatment

[0170] Frequency of specific T-cells from experiments 1) and 3) after two immunizations with OVA-001 peptide during treatment with sorafenib and sunitinib are shown in FIG. **6** Mice had been treated with tyrosine kinase inhibitors 2 weeks before and during the whole immunization phase. Serum analysis revealed acceptable drug delivery for all three experiments performed. Toxicity of drug treatment was observed for 40 mg/kg sunitinib (local loss of hairs around the eye) and for 80 mg/kg sunitinib (general bad condition; 2 out of 6 mice in experiment one died; and shrunken spleens in survivors). All OVA-001 immunized groups showed significantly elevated numbers of OVA-001 specific T-cells versus the VSV-001 immunized negative controls.

[0171] Both groups of mice treated with sorafenib and the high-dose sunitinib treated animals had a reduced immune response towards OVA-001 compared with vehicle treated controls. In contrast to all other groups, toxic effects of the drug were observed in the latter group with general bad conditions, death of 2 out of 6 animals, shrunken spleens (mean spleen cell number reduced to 20% of positive control for evaluable samples) and yellow discolored claws, leaving only 2 animals evaluable for tetramer analysis. Therefore, the reduced T-cell response in this group might be an indirect effect caused by general toxicity of the drug. Because variances and absolute results for the positive control groups were similar in both experiments, identical groups from the two experiments were pooled for statistical analysis to assess significance of the observed effects. Data are shown in table 3.

TABL	.Е 3	
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Combined results from both experiments on CD8+T-cell responses during tyrosine kinase treatment. Rational for summarizing identical groups were the similar absolute values and variances of the positive control of both experiments (3.0% ± 1.5% vs. 3.2% ± 2.1%).

	_	OVA-001 s	specific CE	08 ⁺ T-cells
treatment	n	mean	stdev	p value vs. group 2
vehicle, VSV-001 immunized	9	0.17%	0.06%	0.0001
vehicle, OVA-001 immunized	12	3.10%	1.72%	N/A
(group 2)				
sunitinib, 20 mg/kg bw,	12	3.47%	2.09%	0.66
OVA-001 immunized				
sunitinib, 40 mg/kg bw,	6	2.73%	1.02%	0.57
OVA-001 immunized				
sunitinib, 80 mg/kg bw,	2	0.51%	0.03%	0.0003
OVA-001 immunized				
sorafenib, 15 mg/kg bw,	4	0.72%	0.30%	0.0005
OVA-001 immunized				
sorafenib, 60 mg/kg bw,	12	1.81%	1.08%	0.04
OVA-001 immunized				

n indicates the number of evaluable animals per group.

This analysis clearly shows that an immune response could be induced even under continuous treatment with toxic doses of TKIs. Sunitinib does not impair CD8+ T-cell responses at intermediate dosages, but only at relatively high dosage of 80 mg/kg bw, most probably due to general toxicity. Sorafenib reduced specific T-cell responses at intermediate and high dosages without any observed toxic side effects. These results suggest that both substances may be combined with immune therapies based on T-cell responses.

4.3.3. Results of Peptide Vaccination after Discontinued Tyrosine Kinase Inhibitor Treatment

[0172] In experiment 3), drug treatment was stopped 48 h before first immunization to analyze whether application of TKIs had any long-term effects on peptide-induced immune responses. Reduced numbers of OVA-001-specific T-cells were found for 80 mg/kg bw sunitinib and both sorafenib dosages, as in the experiments described above, but these differences were not significant (FIG. 7). Therefore, the observed slightly immunosuppressive influence of sorafenib and sunitinib is rapidly reversed after discontinuation of treatment.

4.4. Analysis of Immune Cell Populations Under Tyrosine Kinase Treatment

[0173] T cell subpopulations (CD4+, CD8+, Tregs), B cells and NK cells were analyzed in spleen and PBMCs of mice treated according to experiment 3). All mice treated with tyrosine kinase inhibitors showed reduced numbers of total splenocytes. For mice treated with high dose sunitinib elevated numbers of T-cells and B cells among splenocytes were observed, but might be explained by the general toxicity, already described above. Interestingly, a significantly reduced number of CD4+ CD25+Tregs among total CD4+ cells was observed in PBMCs for mice treated with sunitinib, while Treg numbers in sorafenib treated mice were unchanged or even slightly elevated (FIG. 8). The reduced numbers of Tregs in sunitinib-treated mice recovered to normal levels during two weeks after discontinuation of treatment (treatment experiment 2) (FIG. 9). Absolute %-values for regulatory T cells among blood CD4+ cells between FIGS. 8 and 9 can not be compared because staining and FACS analysis was not done within one experiment for both analyses. However, the reduced number of Tregs during sunitinib treatment might favor the triggering of immune responses or may balance other adverse effects. This can in part explain that sunitinib does not have a negative effect on peptide-induced CD8+ T-cell responses. Interestingly, inflamed lesions of injections sites were frequently observed in mice treated with sunitinib, but not in other groups, supporting the suggestion that in these animals the barrier for activation of the immune system might be lower.

Example 5

Influence of Initial Treg Concentration on Vaccination Success in Humans

[0174] Regulatory T cells (Tregs) have been recently subject of renewed interest. Considerable experimental evidence now exists that shows that Tregs are a key mediator of peripheral tolerance in vivo, that they suppress T-cell functions in vitro, and that they are strongly implicated in cancer immunology, although the detailed molecular mechanisms are still subject of debate (for a review, see Beyer, M., and J. L. Schultze. 2006. Regulatory T cells in cancer. Blood 108: 804.). Links of Tregs to cancer immunology are based on reports of increased Treg frequencies in cancer patients (Okita, R., T. Saeki, S. Takashima, Y. Yamaguchi, and T. Toge. 2005. CD4+ CD25+ regulatory T cells in the peripheral blood of patients with breast cancer and non-small cell lung cancer. Oncol. Rep. 14:1269); reports of correlation of Treg frequencies with prognosis; and reports that Treg depletion may lead

to enhanced immune responses against cancer vaccines (Dannull, J., Z. Su, D. Rizzieri, B. K. Yang, D. Coleman, D. Yancey, A. Zhang, P. Dahm, N. Chao, E. Gilboa, and J. Vieweg. 2005. Enhancement of vaccine-mediated antitumor immunity in cancer patients after depletion of regulatory T cells. J Clin Invest 115:3623) and adoptive T-cell transfers in mice.

[0175] In a multicenter, open label, non controlled, single arm phase 1 study, patients suffering from renal cancer (RCC) were monitored prior and post vaccination with 578 μ g of each of the peptides SEQ ID NO:1 to SEQ ID NO:10 (IMA901), which were purified by HPLC and ion exchange chromatography, dissolved in sodium hydrogen carbonate, and used for injection within 30 min after reconstitution at room temperature in combination with GM-CSF as adjuvant. Each vaccination consisted of an intradermal (i.d.) injection of rhuGM-CSF followed by an i.d. injection of IMA901. A total of 8 vaccinations was given. The last vaccination occurred in WEEK 10. A final evaluation took place after 4 weeks of follow-up.

[0176] A newly available antibody against Foxp3 was used to quantify Tregs ex vivo from blood samples of the patients. For an optimal quality, it was considered crucial that all stainings were performed in parallel in one single experiment.

Results are shown in FIG. **10**. Although the individual postvaccination Treg frequencies were closely linked to the prevaccination frequencies, there was a statistically significant (p=0.013) albeit slight overall reduction in Treg frequency post GM-CSF+IMA901 vaccination. This reduction appeared to be more prominent in patients responding to fewer peptides. Thus, the number of regulatory T cells prevaccination may be a new marker for the immunocompetence of RCC patients.

[0177] Finally and more importantly, there was a clear tendency that Treg frequencies correlate inversely with the number of responses against different peptides among patients. Patients with 2-3 peptide immune responses have significantly lower Treg levels than patients with 0-1 peptide responses (p=0.016 Wilcoxon Test, N=27 patients). A possible explanation for this observation is that the number of regulatory T cells prior to vaccination directly interferes with the in vivo T cell responses. Substances reducing the number regulatory T cells in a pre-vaccination setting may be favorable for the immunological and clinical outcome.

[0178] Consequently, these data support combination therapies of vaccines with an additional therapy arm that reduces the number of regulatory T cells previous to vaccination to enhance immunological outcome.

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1. A method of treating cancer in a mammal comprising administering to the mammal a combination therapy comprising a vaccine and a multi-kinase inhibitor, wherein the vaccine comprises an isolated tumor associated peptide having the ability to bind to a molecule of the human major histocompatibility complex (MHC) class-II or class-II.

2. The method of claim 1, wherein said multi-kinase inhibitor is sunitinib malate and/or sorafenib tosylate or a pharmaceutically acceptable salt thereof.

3. The method of claim **1** wherein the vaccine comprises the following peptides: SEQ ID NO: 1 (SVASTITGV); SEQ ID NO: 2 (VMAGDIYSV); SEQ ID NO: 3 (ALADGVQKV); SEQ ID NO: 4 (LLGATCMFV); SEQ ID NO: 5 (SVFAGV-VGV); SEQ ID NO: 6 (ALFDGDPHL); SEQ ID NO: 7 (YVDPVITSI); SEQ ID NO: 8 (SQDDIKGIQKLYGKRS); SEQ ID NO: 9 (STAPPVHNV); and SEQ ID NO: 10 (LAAL-PHSCL).

4. The method of claim 1 wherein the vaccine comprises at least one peptide selected from the group consisting of SEQ

ID NO: 1 (SVASTITGV); SEQ ID NO: 2 (VMAGDIYSV); SEQ ID NO: 3 (ALADGVQKV); SEQ ID NO: 4 (LLGATC-MFV); SEQ ID NO: 5 (SVFAGVVGV); SEQ ID NO: 6 (ALFDGDPHL); SEQ ID NO: 7 (YVDPVITSI); SEQ ID NO: 8 (SQDDIKGIQKLYGKRS); SEQ ID NO: 9 (STAP-PVHNV); and SEQ ID NO: 10 (LAALPHSCL).

5. The method of claim **4** wherein the vaccine comprises SEQ ID NO: 7 (YVDPVITSI); SEQ ID NO: 8 (SQD-DIKGIQKLYGKRS) and SEQ ID NO: 9 (STAPPVHNV).

6. The method of claim 2 wherein the cancer is renal cancer.

7. The method of claim 1, wherein the method is used as a sole treatment, in an adjuvant, in a neoadjuvant or a palliative therapy setting.

8. The method of claim **1**, wherein the vaccine and the multi-kinase inhibitor are administered simultaneously, sequentially or separately.

9. The method of claim **1**, wherein the vaccine is administered subcutaneously, intravenously, intradermally, intratumorally, intramuscularly, orally, nasal.

10. The method of claim **1**, wherein the multi-kinase inhibitor is administered subcutaneously, intravenously, intradermally, intramuscularly, orally, nasal,

11. The method of claim 1, wherein the routes of administration of the vaccine and the multi-kinase inhibitor are different.

12. The method of claim **1**, wherein the routes of administration of the vaccine and the multi-kinase inhibitor are the same.

13. The method of claim 1, wherein the vaccine is administered prior to and/or concurrently with the multi-kinase inhibitor.

14. The method of claim 1, wherein the vaccine is administered concurrently and/or after the multi-kinase inhibitor.

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