# Human autoimmune anti-proteinase 3 scFv from a phage display library

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#### SUMMARY

This is the first study describing recombinant human antibody fragments directed to the autoantigen proteinase 3 (PR3) from an immune B cell source. Detection of these autoantibodies has proven valid for the diagnosis and monitoring of Wegener's granulomatosis. The described antibody fragment (scFv) was isolated from a phage display library prepared from the IgG-positive splenic lymphocytes of a patient with systemic autoimmunity. The cloning strategy was designed to maintain the diversity of the antibody variable gene repertoire, and sequencing of several variable genes demonstrated that all major heavy and light chain families were represented. We found an over-representation of particular heavy chain variable domains in splenic lymphocytes which differ from the ones frequently found in peripheral blood lymphocytes. It was possible to obtain specific scFv to PR3 after a single round of selection and the binding could be inhibited by the patients' sera. Although the antibody fragments in the splenic repertoire were found to be highly mutated, it was interesting to find that the selected scFv showed only limited somatic mutation. Furthermore, we could demonstrate that the removal of the mutations had no effect on binding specificity.

**Keywords** human V gene phage display libraries scFv antibody fragment autoimmunity proteinase 3

# **INTRODUCTION**

Autoimmune diseases count among the major medical problems of today's industrialized societies. However, the origin of autoantibodies is not yet clear. They might arise directly from the repertoire of germ-line variable domain (V) genes, like antibodies, or from 'disease-specific' V genes. Several mechanisms have been proposed, such as polyclonal B cell activation [1], molecular mimicry [2], or a failure to anergize or induce apoptosis of self-reactive B cells [3].

Wegener's granulomatosis (WG) is a disease of uncertain etiology which produces necrotizing granulomas of the upper and lower respiratory tract in association with necrotizing crescentic glomerulonephritis and vasculitis [4]. Autoantibodies against the neutrophil serine protease proteinase 3 (PR3) are the diagnostic marker in the diagnosis of WG and related vasculitides [5–7]. Disease exacerbation is generally preceded by a bacterial upper airway infection combined with the production of anti-neutrophil cytoplasmic autoantibodies (ANCA) [8–10]. It is uncertain which mechanism underlies the induction of the ANCA-related immune

Correspondence: R. Finnern, University of Lausanne, Institut de Biochimie, Chemin des Boveresses 155, CH-1066 Epalinges, Switzerland. response. ANCA may be directly pathogenic by binding to PR3 which is expressed on the cell surface of primed/activated neutrophils [11]. The treatment of choice in active generalized disease is cyclophosphamide [12]. The mechanism of cyclophosphamideinduced immunosuppression is possibly due to direct cytotoxic effect of the drug on immunocompetent lymphocytes, particularly those that have undergone antigenic differentiation and division.

We are interested in the variable (V) genes which encode antibody-binding sites. We hope that information on the V genes encoding human PR3 antibodies and the epitopes recognized may be valuable in elucidating the precise mechanisms underlying the vasculitic process. Studying the human B cell repertoire using hybridoma technology has proved to be very difficult in the case of isolating human MoAbs against self antigens [13,14]. In most cases only low-affinity, cross-reactive IgM antibodies, not representative of pathogenic autoantibodies, were obtained. These limitations have been largely overcome by the display of natural and synthetic antibody V region gene repertoires on the surface of phage [15–18]. Human antibody fragments can be recovered from these libraries against virtually any antigen, including haptens, foreign proteins, cell surface antigen, and self antigen, including human anti-PR3 antibodies [19–22].

To obtain specificities against PR3, we established a V gene

repertoire derived from the RNA of  $\gamma$  positive splenic B cells from a patient with autoantibodies against PR3 among others. The nucleotide sequence of the V genes of the PR3 antibody was determined and compared with the most homologous germ-line gene in the database. The immunological specificity of the antibody fragment was analysed by ELISA, immunofluorescence, Western blot and inhibition with patient sera. Finally, the role of the mutations of the heavy chain V gene (V<sub>H</sub>) on the binding of PR3 was studied by replacing the mutated V<sub>H</sub> gene (framework 1, CDR1, framework 2, CDR2 and framework 3) by its germ-line counterpart.

### MATERIALS AND METHODS

#### Patient data

A 55-year-old male with a long history of psoriatic arthropathy was presented with pneumonia and upper airway infection. He had a massive splenomegaly, combined with a severe neutropenia. He had an elevated serum immunoglobulin level of polyclonal nature. The autoantibody screen showed rheumatoid factor activity and autoantibodies against cardiolipin, dsDNA, neutrophil surface antigen and ANCA, the latter being specific for PR3. Neurologically, he had a debilitating peripheral neuropathy, mainly sensory in nature and most likely autoimmune. A vasculitic component was assumed but not proven on histopathological examination. The x-rays showed evidence for interstitial lung disease. The etiology of the progressive lung disease has not been clarified. However, the positive ANCA test was suggestive for an autoimmune component of the lung pathology. There was no evidence for any renal pathology. Before splenectomy, the patient received a Pneumovax vaccination. The splenectomy resulted in a resolution of the neutropenia and the related recurrent upper airway infections. Despite a major improvement in the general condition with a complete normalization of the haematological values and a substantial reduction in immunoglobulin levels, the symptoms of the peripheral polyneuropathy persisted. The autoantibody screen remained positive for rheumatoid factor, cardiolipin and neutrophil antigens. Only the dsDNA antibodies were no longer detectable.

## Construction of the IgG-derived V gene phage display library

The spleen tissue was cut into small pieces and squeezed through a sieve. The lymphocytes were isolated by layering the eluate onto a Ficoll gradient of  $1.077 \text{ g/cm}^2$ . The lymphocytes were harvested from the interface and washed in ice-cold PBS before RNA isolation [23]. In brief, cells were lysed in 5 M guanidine iso-thiocyanate, 10 mM EDTA, 50 mM Tris–HCl pH 7.5 and 1 mM DTT by vortexing. The RNA was precipitated first with 4 M LiCl<sub>2</sub> overnight at 4°C and then with 3 M LiCl<sub>2</sub>. The isolated RNA was solubilized in 0.1% SDS, 1 mM EDTA, 10 mM Tris–HCl pH 7.5, followed by phenol/chloroform extraction and ethanol precipitation, and stored at  $-70^{\circ}$ C.

The primers used for the amplification of the cDNA are shown in Table 1.

The cDNA synthesis was carried out for the  $V_H\gamma$ ,  $V_L\lambda$  and  $V_L\kappa$ separately by diluting 4  $\mu$ g total RNA in 5  $\mu$ l water. The RNA was added to a 45  $\mu$ l reaction mixture, resulting in a 50  $\mu$ l reaction mixture containing 140 mM KCl, 50 mM Tris–HCl pH 8·1, 8 mM MgCl<sub>2</sub>, 10 mM DTT, 250 mM of each dNTP (dATP, dGTP, dTTP, dCTP), 10 pmol relevant constant region specific primers for IgG,  $C\kappa$  and  $C\lambda$ , respectively, and first strand cDNA synthesized. This mixture was heated to 67°C for 5 min before 80 U of human placental RNase inhibitor and 50 U of avian myeloblastosis virus (AMV) reverse transcriptase were added. The mixture was incubated at  $42^{\circ}$ C for 1 h, heated to  $100^{\circ}$ C for 3 min, quenched on ice and centrifuged for 5 min.

Polymerase chain reaction (PCR) was used to amplify  $V_H\gamma$ ,  $V_L\kappa$  and  $V_L\lambda$  genes. Reaction mixtures (50  $\mu$ l) were prepared containing 5 µl cDNA, 20 pmol of each forward and back primer (equimolar mixture of the family-specific primers),  $20 \,\mu l$  dNTP-Mix, 10 mm KCl, 10 mm (NH<sub>4</sub>)<sub>2</sub>SO<sub>4</sub>, 20 mm Tris-HCl pH 8.8, 20 mM MgCl<sub>2</sub>, 100  $\mu$ g bovine serum albumin (BSA)/ml and 1 U Cetus DNA polymerase. The reaction mixture was cycled 30 times (94°C for 1 min, 60°C for 1 min and 72°C for 1 min). The resulting fragments were gel purified and cycled 25 times (94°C 1 min, 60°C 1 min and 72°C 1.5 min) with flanking primers containing different restriction sites. The cloning into pHenIX (Fig. 1) was carried out in two steps. First, the V<sub>H</sub> genes were ligated into pHenIX cut with NcoI and SalI (New England Biolabs, Hitchin, UK) and electroporated into Escherichia coli TG1 [24]. Second, DNA containing the V<sub>H</sub> library was prepared [23] and each of the fragments containing either the V $\kappa$  or V $\lambda$  were cloned into pHenIX-V<sub>H</sub> cut with Apa L1 and Not1 (New England Biolabs) and electroporated separately into E. coli TG1 [24].

#### Soluble expression of scFv

Single ampicillin-resistant colonies were picked for the production of soluble scFv according to Marks *et al.* [25].

# Selection

The phage repertoire was panned using immunotubes (Nunc, Maxisorb, Glasgow, UK) [25,26]. PR3 was coated overnight at  $4^{\circ}$ C at a concentration of 20  $\mu$ g/ml in 50 mM carbonate buffer pH 9·6.

#### ELISA

Single ampicillin-resistant colonies were screened to identify those producing antigen-binding scFv by ELISA essentially as described in Ward *et al.* [27], except that the bound scFv were detected with alkaline phosphatase-conjugated anti-mouse IgG Fc specific (Sigma, Poole, UK). The assay was developed with *p*-nitrophenyl phosphate (Sigma) in 1 M diethanolamine buffer containing MgCl<sub>2</sub> pH 9.7. Reactions were stopped with 50  $\mu$ l of 3 M NaOH and readings taken at OD<sub>405 nm</sub>.

# Specificity ELISA

The specificity of scFv was determined by ELISA on a panel of antigens: neutrophil extract, myeloperoxidase (MPO), PR3, elastase, lysozyme, lactoferrin, cathepsin G, human serum albumin, BSA, cytochrome C, cardiolipin and H1-stripped chromatin. The ELISA was performed as described.

#### Competition ELISA

Patient sera were tested for their ability to compete with the scFv fragment for binding to PR3. The ELISA was performed essentially as described above. First, serial dilutions of the scFv were tested in ELISA to determine the scFv concentration corresponding to 75% of the maximal absorbance at 405 nm. This concentration of scFv was mixed with serial dilutions of patient sera before adding them to PR3-coated ELISA plates. Bound scFv were detected as described.

# Purification of scFv

The scFv were purified by ion metal affinity chromatography

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Fig. 1. Structural map of the vector scFv pHenIX. The  $V_H$  and  $V_L$  genes can be cloned sequentially,  $V_H$  as Sfil or Ncol-Sall or Xhol, and the  $V_L$  domains ApaL1-Notl.

(IMAC) [28] as described in Griffiths *et al.* [26]. The eluted scFv were further purified by gel filtration and characterized by SDS–PAGE [29].

# Western blot

Neutrophil extract (20  $\mu$ g/ml) was fractionated on a 12% SDS– PAGE and electroblotted onto nitrocellulose. Filters were blocked for 1 h at room temperature in 10% Marvel/PBS. Purified scFv anti-PR3 or serum from the patient of which the library was made, were incubated in Marvel/PBS for 1 h with gentle shaking at room temperature. After washing with PBS–0.05% Tween, binding of scFv was detected by the murine MoAb 9E10, followed by antimouse IgG Fc-specific horseradish peroxidase (HRP) conjugate (Sigma) and the human serum by anti-human IgG Fc-specific HRP conjugate (Sigma). HRP was visualized with 3,3'diaminobenzidine tablets (Sigma) in the presence of cobalt ions [23].

# Indirect immunofluorescence

The indirect immunofluorescence assay was performed on ethanolfixed human neutrophils (kindly prepared by Allan Brownlee, Department of Medicine, Addenbrookes Hospital, Cambridge, UK). The scFv anti-PR3 or the germ-line chimaeric construct (0·1 mg/ml) were applied and incubated for 1 h at room temperature. Following three washes with PBS for 5 min, the bound scFv were detected with the MoAb 9E10, followed by anti-mouse IgG Fc FITC conjugate (Dako, High Wycombe, UK). The slides were mounted in citifluor solution and examined by incident light fluorescence microscopy using a Zeiss Axioskop (Zeiss, Jena, Germany). The mouse MoAb 4A3 [30] was used as positive control and an anti-HPA1 and anti-rhesus D scFv as negative controls.

Assessment of insert diversity by BstN1 fingerprinting The diversity of the library was analysed by BstN1 (New England Biolabs) digestion as described in Clackson *et al.* [31].

# Cloning of the scFv anti-PR3 $V_H$ CDR3/ $V_L$ into the germ-line VH5 DP73 gene

The scFv anti-PR3 DNA was digested with the restriction enzymes NcoI and Pst1 (New England Biolabs), according to the manufacturer's instructions. The V<sub>H</sub> germ-line gene segment DP73 (kindly provided by Ian Tomlinson, MRC Centre for Protein Engineering, Cambridge, UK) was cloned into these sites [23]. The resulting hybrid construct contained the V<sub>H</sub> germ-line DP73 gene plus the V<sub>H</sub>3 CDR3, the J<sub>H</sub> and the complete V<sub>L</sub> of the anti-PR3 scFv. The V gene sequence was confirmed by sequencing.

#### Sequencing of DNA

Sequencing was performed essentially as described by Griffiths et al. [26]. Individual clones were PCR-amplified using the primer LMB3 and fdSeq1 (Table 1). PCR cycle sequencing reactions with fluorescent dideoxy chain terminators (Applied Biosystems, La Jolla, CA) were carried out according to the manufacturer's instructions with oligo LMB3 and fdSeq1. Sequencing reactions were analysed on an Applied Biosystems 373A Automated DNA Sequencer and sequence analysis was performed using SeqEd (Applied Biosystems) and Mac Vector 4.5.1 (IBI Kodak, New Haven, CT).  $V_H$  genes were compared with germ-line  $V_H$  gene segments in the V<sub>H</sub> directory compiled by Tomlinson et al. [32].  $V_L$  genes were compared with published germ-line V $\kappa$  [33] and V $\lambda$ [34] gene sequences using the program Seq. Ed (Applied Biosystems). The sequences were compared with the germ-line sequences in the V BASE sequence directory (Tomlinson et al., MRC Centre for Protein Engineering, Cambridge, UK).

# RESULTS

# Sequence diversity of the IgG spleen library

Following the isolation of the monocluclear cells from the splenic tissue and reverse transcription of the RNA to cDNA, the V<sub>H</sub> and V<sub>L</sub> genes were PCR-amplified and cloned into the phagemid vector pHenIX for expression as scFv fragments. The V<sub>H</sub> genes were cloned first and an IgG V<sub>H</sub> library with a diversity of  $4 \times 10^6$  was obtained. The V<sub>L</sub> genes of the  $\lambda$  and  $\kappa$  chains were cloned separately and two libraries were obtained: IgG V<sub>H</sub>/ $\lambda$  repertoire was calculated as  $8 \times 10^6$  and the IgG V<sub>H</sub>/ $\kappa$  as  $5 \times 10^6$ . To determine the diversity of the V genes in the IgG library the V genes of 53 V<sub>H</sub> $\gamma$ , 13 V<sub>L</sub> $\lambda$  and 21 V<sub>L</sub> $\kappa$  random clones were sequenced and aligned to their most homologous germ-line V gene using the V gene directory compiled by Tomlinson *et al.* (Table 2 and Fig. 2).

# Immunoreactivity of the 'non-selected' library

Ninety-six individual bacterial clones from the IgG  $V_H/V\lambda$  and the IgG  $V_H/V\kappa$ , respectively, were induced to produce soluble scFv fragments. The bacterial supernatants were tested on six different antigens (crude neutrophil extract, PR3, MPO, lactoferrin, human serum albumin and chicken egg lysozyme) in an ELISA. There was no detectable reactivity with any of these antigens in the unselected library (data not shown).

#### Selection on PR3 and characterization of the scFv

The library phage was subjected to three rounds of affinity enrichment on purified PR3. After each round 96 individual bacterial clones were induced to produce soluble scFv fragments which were consequently tested for binding to the selecting antigen in an ELISA. Two clones producing PR3-reactive scFv were

Table 2. V gene usage in the unselected spleen library. Alignment to the most homologous germ-line V genes

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hv 1263	QVQLVQSGAEVKKPGSSVKVSCKASGGIFS	SIAIS	WVRQAPGQGLEMMG	RIIPILGIANYAQKFQG	RVITTADKSTSTAYMELSSLRSEDTAVYYCAR		
clone 21 clone 22	NБ	TV		RR- SS	RRQ-FNF	GPPPYSDIWYDM_DP SYSENSFYDSHDI	WOQGT WOQGT
clone 23 clone 24 clone 25 clone 25 clone 27	n-re01	RN RN RN RN	P	TUV-Y		ACTEDA-HANDREDLET ACTEDA-HANDREDLET ACTEDA-HANDREDLET ACTEDA-HANDREDLET ACTEDA-HANDREDLET ACTEDA-HANDREDLET ACTEDA-HANDREDLET ACTEDA-HANDREDLET	MƏQƏT MƏQƏT MƏQƏT MƏQƏT MƏQƏT
CH3							
<b>DP 31</b> clone 28 clone 29 clone 30	EVQLVES333LNQPRRSLALSCAASGFIFD LK 	DYAMH	WVRQAPEKCLEMVS CRD SVMELT-R-D	GISMNSGSIGYADSVKG -VNNDL -VNNDL -VNNDL-	RFTISRINARNSLYLDMSLRAEDTALIYYCAK 	SRAFIVICENDEDI SRAFIVICENDEDI SRAFIVICENDEDI	Maggt Maggt Maggt
<b>DP 46</b> clone 31	QVQLVIESGGGVVQPGRSLRLSCAASGFTFS	SYAMH NL	WURQAPGKGLEWVA TVT	VISYDGSNKYYADSVKG	RFTISRDNSKNTLYLQMNSLRAEDTAVYYCAR IHGT	GLILGFCSGGSCYSDY	WOQGT
<b>DP 51</b> clone 32	EVQLVESGGLVQPGSLRLSCAASGFTFS qqP-KA	SVU	WJRQAFGKGLEIWS A	YISSSSTIYYADSVKG SGTS-H	RFTI SRUNAKNSLYLØMSLRDEDIRVYYCAR	XEVEDUMITISSTE	TEQEW
<b>DP 58</b> clone 33	EVDLVESGGELVQPGSSLRLSCAASGFIFS	SYEWN	1SWEIDAPORKOI EMVIS	YISSSGSTIYYADSVKG TRDDYI-EKVME-	RFTISKINGLYLQMNSLRAEDTAVYYCAR	VDFDL	WERAS
VH4							
<b>DP 65</b> clone 34	NN	SOGYYWS -RFL	WIRQHPGKGLEMIG TTM-	YIYYSGSTYYNPSIKS	RVTISVDISKNQFSLKLSSVIPADIAVYYCAR -I-M-R-ALN-T	GRGSFTHMLCWWFDL	TEQEM
clone 35	R	G-A	b	IPD	LLКЕЕ-RК	ALGDIDRIMAWYFDL	MCHCIT

# Autoimmune scFv anti-PR3

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MERCI	MEQGT		WGQGT WGRGT WGQGT	WEHET WEQGT	TEQEM TEQEM TEQEM TEQEW TEQEW TEQEW TEQEW		WEQGT										
CDR3 FR4 AIGDIDRLMAWYFDL	TIAPLS TRAVYGDYGKEDY		HRFYXDSSGYFDM HRAQSM#DA HGAQSM#DA LSSWGSFRFGEYYFDL	GVGRSSEYFYYYDWDV GVGRSSDYFYYNYM	ACTAEDASSSTEA ACTAEDASSSTEA ACTAEDASSSTEA ACTAEDASSSTEA ACTAEDASSSTEA ACTAEDASSSTEA ACTAEDASSSTEA ACTAEDASSSTEA ACTAEDASSSTEA		ACTESSITION OF		FR4 FOGGTIKLIVG	51AFD4E904	EGATIVILE FORTATIVILE FORTATIVILE	SUTATIATES STATEMENT STATEMENT	SUTUL	ECCELECTIVLE	ECCONTINUE FOCONTINUE FOCONTINUE	FOGETRVTVLG	FOQOTKLEIKR FOQOTKLEIKR FOOOTKVEIKR
E-RK	KLSSVTAADTAVYYCAF TT'		ØMSSLKASDTAMYYCAF 	I-S			QLNSVTPEDTAVYYCAR		CDR3 AAWDDSLNG QSQ-SN-S-SGV	GTWDSSLSA -ASMM	GTWDSSLSA GV GV GPT-G-GL	NÕN-Ð NÐSSTISSTISSÖ	SSYTSSSTL -AHAIINRDVL	CSYAGSYIF DTGF	NSRDSSGNH DRHL EDRHL	QAMDSSTA 	QQYINLP -E-HTLS -E-HTLS -E-HTLS
FR3 LKE	RVTISVDISKNQFSL		QVTISADKSISTAYL NG-V AA		NSA		RITINPDISKNQFSL		ASLAISGLQSEDEADYYC EE	SATLGITGLQTGDEADYYC	ATLGTTCLQTCDEADYYC	ASIAITGLQAEDEADYYC JT-SKT	ASLTI SGLQAEDEADYYC	ASLITISGLQAEDEADYYC VTH-	ASLITTIGAQAEDEADYYC	ATLITISGTQAMDEADYYC S	FTFTISSLQPEDIATYYC
CDR2 IPD			IYPGDSDIRYSPSPQG	K-			TYYRSKWYNDYAVSVKS K-QE-S		FR3 S GVPDRFSGSKSGTS	PS GIPDRFSGSKSGT	GIPDRFSGSKSGTS	GVPDRF935KSGTS 	DDDD	CVPDRFSGSKSGNI	GIPDRFSGSSSGM	S GIPERFSCSNSGNI	T GVPSRFSGSGSGGGTD
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CDR1 G-A	N		SYMIG HFA T	A			SNSAAMN		NIGSNIVN -IT-S-S	SXL		NIGAGYDVH SY GASY	SVYNYVS	SH-I SVYNYYDD	RSYYAS	GDKYAC	NIWISI I E
 R	'SGGSIS A-MR D		SGYSFT L-SS 'T YRSA	- d			SASCES		CDR1 SGSSS	- T	SGSSS		TGTSS	SSLDL	CEDSI	TACES -	
FR1 III	QVQLQESGFGLVKPSETLSLTUUV 		EVOLVQSAEVKKPGESLK1SCKG qE qNT qVWNT	g-n-reA	Q-1-16 Q-1-16 Q-1-19 Q-1-96 Q-1-96 Q-1-96 Q-1-96 Q-1-96 Q-1-96 Q-1-96 Q-1-96 Q-1-96 Q-1-96 Q-1-96 Q-1-96 Q-1-96 Q-1-96 Q-1-166 Q-116 Q-100		QVQLQQSGPGLVKPSQIT.SL/ICA.I.	ins	FR1 QSVLIQPPSASGTFGQRVTILSC 	7 OSVLITQPFSVSAAPGQKVITISC SGPS-À	QSVLITOPPSVSAARQQKVTITSC	QSVLTQPPSVSGAPGQRVTTSC S	QSALIQPASVSGSPQQSITISC	QSALITQPRSVSGSPGQSVITISC À-ÀL	SEEJIQDPAVSVALGQIVRJTC		TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT
clone 36	<b>DP 71</b> clone 37 clone 38	VH5	<b>DP 73</b> clone 39 clone 40 clone 41	clone 42 clone 43	clone 44 clone 45 clone 46 clone 48 clone 48 clone 48 clone 50 clone 51 clone 51	0H6	<b>DP 74</b> clone 53	Light cha	<b>W.1 DFL2</b> clone 1	<b>W.1 humlv11</b> clone 2	<b>W.1 DPL5</b> clone 3 clone 4 clone 5	<b>W.1 DPL8</b> clone 6 clone 7	<b>V/2 DPL11</b> clone 8	<b>W.2 DPL12</b> clone 9	<b>VA3 DEL16</b> clone 10 clone 11 clone 12	<b>W.3 DPL23</b> clone 13	<b>W.1 DEX1</b> clone 1 clone 2 clone 3

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FR4 FGGGTKLLEIKR	FGQGTKVEIKR	FCQGTRLEIKR	FGQGTKVEIKR	FOQGIKLEIKR FOQGIKVEIKR FOQGIKVEIKR FOQG	FGQSTRLEIKR FG FG3STRVEIKR FG3STRLEIKR FG3STRLEIKR FG3STRVEIKR	FGQGTKVEIKR	FGQGTKLEIKR	FGGGTKLEIKR	LGOGTKI ETKR
LLDYNYP LQDYNYP Q-EDLT	LQHNSYP QTY-RA-RT	LIHHC-IT QQYNSYP	QQANSFP KYT	TYL TVG NTC NTC	QQSYSTP TILPYT TILPYT LT LT LT LT LT LT LT 	QQYYSFP QGYLYT	MQALQTP G-EYT	QQYNNMP AEPELT	QYGSSP D-TYT
FK3 GVPSRFSGSGSGSTDFTL/TISSLQPEDFATYYC A-R-V-EI	GVPSRFSGSSGSGTEFTLTISSLQPEDFATYYC	GVPSRFSGSGSGTDFTLTLSSLQPEDFATYYC ÀÀFÂFG	GVPSRFSGSSGSDFTLITISSLQPEDFATYYC	GVPSRFSGSGSGTIEFTL/TJSSLQPDDFATYYC	GVESRESSSSSSIDFTL/TISSLQPEDFATYYC 	GVPSRFSGSGSGSIDFTL/TISCLQSEDFATYYC EAYHY	GVPDRFSGSSGSGTDFTLKLSRVEAEDVGVYYC	GIPARFSGSSGSTEFTL/TISSLQSEDFAVYYC	GIPDRFSGSGSGIDFTLTISRLEPEDFAVYYC
LUKZ AASSIQS STVNG	AASSLQS EE-	AASSLQS R-HT	AASSLQS	KASSLES T RT EC	AASSIQS T R R GT-E- GT-E-	AASTIQS GN	LGSNRAS -A	GASTRAT Y	GASSRAT AR
ғкz мүоокрекаркіліту N	WYQQKPGKAPKRL,IY RFS	WFQQKPGKAPKSLTY -YRE	WYQQKPGKAPKLLIY -N	WYQQKPGKAPKILLIY RH -SI 	MYQQRFGKAFYLLLY 	WYQQKPGKAPEI LI TY	WYLQKPGQSPQLLTY LR	WYQQKFGQAPRLLTTY VV-S	WYQQKPGQAPRLLLTY S-T-V
ULKI RASQGIRNDLG -TDE	RASQGIRNDLG G-PEYVS	RASQGISNYLA -PDLRTS	RASQGISSMLA DL	RASQSISSMLA T-G 	RASQSSYIN 	RMSQGISSYLA -V-ER	STSDDI	RASOSVSSNLA N-GI	RASQSVSSSYLA -TS
FRI ALQMIQSPSSLSASVGDRVIITIC d-vL-FS	DIQMIQSPSSL&ASVGDRVITTC	DIQMIQSPSSI.SASVGDRVIITIC	DIQMIQSPSSVSASVGDRVITTC vKLL	DIQMIQSPSTLASNGDRVITITC	DIOMTOSPSSLGASVGIRVITITC	VIMMIQSPSILISASTGDRVIISC d-vKKN-	DIWITQSPLSLPVIPGEPASISC e1	EIVMIQSPATLSVSPGERATLSC 1	EIVLIQSPGILSLSPGERAILSC dmASF
<b>Vk1 DPK3</b> clone 4	<b>w1 A30</b> clone 5	<b>w1 L1</b> clone 6	<b>Vk1 DPK5</b> clone 7	VK1 L12 (2) clone 8 clone 9 clone 10 clone 11	Wd DEYG clone 12 clone 13 clone 14 clone 15 clone 16 clone 17	<b>Vk1 DPK10</b> clone 18	<b>Vk2 DPK15</b> clone 19	<b>Vk3 DPK21</b> clone 20	<b>Vk3 DPYC2</b> clone 21



Fig. 2. V gene usage in the unselected immune IgG scFv phage display library (8  $\times$  10<sup>6</sup>)

already observed after a single round of selection, and the number of positive clones increased with each subsequent round. PCR fingerprint analysis of the V gene cassette showed an unique BstN1 digestion pattern. The nucleotide comparison showed that they all derived from the same original clone obtained in the first round (Table 3). The V<sub>H</sub> domain was encoded by the DP73 gene from the small V<sub>H</sub>5 family with six mutations resulting in five amino acid replacements in the first framework and CDR1. The V<sub>H</sub> domain was recombined to a 13 amino acid third hypervariable loop partially encoded by the J<sub>H</sub>4 gene. The V<sub>L</sub> was derived from the DP $\kappa$ 4 gene of the V $\kappa$ 1 family and the gene segment had four substitutions, of which two were active, both located in the first framework. The DP $\kappa$ 4 gene was recombined with the J $\kappa$ 4 gene.

To investigate the importance of the CDR3 domain for the specific binding of the anti-PR3 scFv to PR3, a chimaeric gene was generated. The five amino acid replacements in the  $V_H$  domain of the scFv anti-PR3 were removed by replacing the mutated  $V_H$  gene segment with the germ-line DP73 gene (Table 3). Investigations by ELISA and immunofluorescence (Fig. 4) convincingly demonstrated that the immunoreactivity of the scFv is not influenced by the five amino acid replacements in the  $V_H$  domain.

The specificity of the selected clones was investigated by ELISA using six different protein antigens (Fig. 3). The scFv anti-PR3 reacted specifically with PR3 and the crude neutrophil extract. The specificity was further confirmed by indirect immuno-fluorescence (Fig. 4), Western blotting (Fig. 5) and competition with patient sera (Fig. 6).

# DISCUSSION

The generation of autoantibodies of the IgG isotype against PR3 is a highly specific and sensitive marker for WG, an autoimmune disease characterized by vasculitis with necrotizing granulomas of the upper and lower respiratory tract in association with necrotizing crescentic glomerulonephritis and vasculitis. There are currently no data available on the molecular structure of the V domains of human PR3 antibodies, and studies of the effect of PR3 antibodies on endothelial cells and neutrophil function have been based so far on studies with serum autoantibodies.

We established a patient-derived V gene phage display library using a novel pHen1-derived phagemid vector (pHenIX) allowing the independent cloning of the  $V_H$  and  $V_L$  gene repertoires. The V gene repertoires were derived from the RNA obtained from the splenic mononuclear cells of a patient with a positive serum screen for PR3, neutrophil-specific membrane autoantigen, dsDNA and cardiolipin, among others. The cloning strategy was designed to maintain the diversity of the repertoire. The sequence diversity of the library was assessed, and demonstrated that all major V<sub>H</sub> families were represented combined with a diverse set of V<sub>L</sub> genes. Despite the limited number of V<sub>H</sub> genes sequenced, some conclusions can be drawn about the V gene usage in splenic lymphocytes. First, some V<sub>H</sub> gene segments like DP10 and DP73 seem to be over-represented, while in  $V_{\rm H}$  genes isolated from peripheral blood lymphocytes the segment DP47 is most frequently used [35]. None of the unselected DP73  $V_H$  gene segments is clonally related with the DP73 V<sub>H</sub> gene of the scFv anti-PR3. Second, both the  $V_H$  and  $V_L$  repertoires showed high levels of somatic mutations, the active mutations in the V<sub>H</sub> genes being slightly higher than in the V<sub>L</sub> genes. The most likely explanation for this is that the V genes are derived from IgGpositive B cells.

The incidence of PR3 reactivity in the unselected library was < 1%. However, after a single round of antigen selection a bacterial



**Fig. 3.** Specificity ELISA of scFv anti-proteinase 3 (PR3). NE, Neutrophil extract; MPO, myeloperoxidase; HNE, human neutrophil elastase; LF, lactoferrin; CEL, chicken egg lysozyme; CytC, cytochrome C; Ca, cardiolipin; P, plastic; C, control scFv on PR3.

# Autoimmune scFv anti-PR3

Table 3. Deduced amino acid sequence of scFv anti-proteinase 3 (PR3) and scFv anti-PR3/DP73. Comparison with the DP73 germ-line gene. Dashes indicate

Heavy chain FR1 CDR1 FR2 CDR2 FR3 CDR3 FR4 EVQLVQSGAEVKKPGESLKISCKGSGYSFT V<sub>H</sub>5 DP 73 SYWIG WVRQMPGKGLEWMG IIYPGDSDTRYSPSFQG QVTISADKSISTAYLQWSSLKASDTAMYYCAF scFv PR3 ----M-----O----N-KH--LRGOLVRGNYFDY WGOGT scFv/DP73 Mutations N/AA J-gene JH4 6/5Light chain FR1 CDR1 FR2 CDR2 FR3 CDR3 FR4 Vĸ1 DPK4 DIOMTOSPSSLSASVGDRVTITC RASOGISNYLA WYQOKPGKVPKLLIY AASTLOS GVPSRF9G9G9GTDFTLTISSLOPEDVATYYC OKYNSAF scFv PR3 FGG -LTMutations N/AA J-aene Jĸ4 4/2

clone was obtained producing a specific monomeric scFv antibody fragment against PR3 which gave the characteristic cytoplasmic immunofluorescence pattern on ethanol-fixed human neutrophils, and in immunoblot the typical 29-kD band was recognized. No reactivity with other antigens was seen by ELISA or immunofluorescence studies. The antibody was not reactive with viable freshly isolated non-activated neutrophils, which is in accordance with results obtained with murine MoAbs against PR3.

identity and replacements in lower case were encoded for the primer

The  $V_{\rm H}$  gene DP73 ( $V_{\rm H}$ 5) encoding the PR3-reactive scFv had undergone limited somatic mutation, resulting in six nucleotide replacements which resulted in five amino acid replacements. A similar level of somatic mutation was observed in the gene encoding the V<sub>L</sub> domain, which had been mutated at four positions which resulted in two amino acid replacements. It is interesting to note that the level of nucleotide replacements in both V genes of the scFv anti-PR3 and of other autoreactive scFv obtained from this library, e.g. U1ARNA [36] and cardiolipin (R. Finnern, PhD thesis) was significantly below the mean level of base substitutions of the random V genes from the unselected library. The reason why the autoreactive V gene segments had undergone limited somatic mutation compared with the non-selected pool of V genes is not answered by our studies, but a possible explanation may be that the self-reactive B cells containing these V genes did not receive appropriate T cell help, or alternatively that clones exposed to further mutational pressure with the inherent possible increase in affinity had been removed from the repertoire.

PR3-reactive recombinant scFv can also be obtained from V gene combinatorial libraries derived from the B cell RNA of normal healthy individuals [22]. The frequency of the PR3 binding clones in the patient-derived library, however, was significantly higher then in the non-immune library. The latter, in which the  $V_H$  repertoire was derived from IgM encoding RNA of peripheral blood lymphocytes, had to be subjected to four rounds of phage selection before a binder of low reactivity was obtained, and there was no reactivity in a similar library derived from the IgG repertoire of the healthy individuals. From this we conclude that the frequency of the PR3-reactive binders in the unselected phage population must have been relatively high.

Whether the  $V_H$  and  $V_L$  gene combination of the anti-PR3 clone resembles the *in vivo* pairing is difficult to answer. However, studies in our group and by others have shown that the recombination freedom of a  $V_H$  domain shaped by somatic mutation is limited. If the original  $V_L$  domain of such a 'shaped'  $V_H$  domain is replaced with an alternative repertoire of  $V_L$  domains, either derived from an immune source or from a non-immune source, and subsequently reselected on antigen only the original  $V_L$  with minor sequence differences will be selected. This restricted freedom in the use of alternative  $V_L$  chain genes, which is probably based on structural restrictions, implies that the  $V_L$  gene in the anti-PR3 clone might be at least a 'look-alike' of the original  $V_L$  domain.

The binding of the scFv anti-PR3 to PR3 is inhibited by the



**Fig. 4.** Immunofluorescence on ethanol-fixed human neutrophils. Left panel, positive immunofluorescence. (A) Anti-proteinase 3 (PR3) MoAb 4A3. (C) scFv anti-PR3 (100  $\mu$ g/ml). (E) scFv anti-PR3/DP73 (100  $\mu$ g/ml). Right panel, negative immunofluorescence. (B) Mouse MoAb 9E10 (recognizes the myc-peptide). (D) scFv anti-HPA1 (100  $\mu$ g/ml). (F) scFv anti-rhesus D (100  $\mu$ g/ml). The fluorescence seen in the negative controls originates from the staining of eosinophil granulocytes by the anti-mouse MoAb.



**Fig. 6.** Competetion of the binding of anti-proteinase 3 (PR3) scFv to solidphase PR3 by patient serum.  $\bigcirc$ , Negative serum;  $\Box$ , patient serum.

patient's serum, suggesting that identical or at least overlapping epitopes are recognized.

Results from studies on anti-thyroid peroxidase autoantibodies, which are present in an organ-specific autoimmune thyroid disease [37], show that the antibodies utilize a restricted number of heavy and light chain genes. The V genes were mainly from the V<sub>H</sub>1 and the V $\kappa$ 1 families and the J genes used were from the J<sub>H</sub>4, J<sub>H</sub>6 and J $\kappa$ 1 and J $\kappa$ 4 families. de Wildt *et al.* [36] used the same patient-derived library to select for binding to the autoimmune antigen U1ARNA. They also found one reactive clone. The V<sub>H</sub> gene is derived from the V<sub>H</sub>4 family DP65 and the V<sub>L</sub> is a V $\kappa$ 1 L12(2).

# ACKNOWLEDGMENTS

The scFv anti-HPA1 was a gift from Heather Griffin and the scFv anti-rhesus D



Fig. 5. Western blot on neutrophil extract fractionated on SDS–PAGE. Lanes 1 and 3 (M), molecular weight markers; lane 2, patient serum; lane 4, scFv anti-proteinase 3.

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