

Protection against anthrax toxin by recombinant antibody fragments correlates with antigen affinity

Jennifer A. Maynard^{1,2,6}, Catharina B.M. Maassen², Stephen H. Leppla³, Kathleen Brasky⁴, Jean L. Patterson⁴, Brent L. Iverson^{2,5}, and George Georgiou^{1,2,6*}

The tripartite toxin produced by *Bacillus anthracis* is the key determinant in the etiology of anthrax. We have engineered a panel of toxin-neutralizing antibodies, including single-chain variable fragments (scFvs) and scFvs fused to a human constant κ domain (scAbs), that bind to the protective antigen subunit of the toxin with equilibrium dissociation constants (K_d) between 63 nM and 0.25 nM. The entire antibody panel showed high serum, thermal, and denaturant stability. *In vitro*, post-challenge protection of macrophages from the action of the holotoxin correlated with the K_d of the scFv variants. Strong correlations among antibody construct affinity, serum half-life, and protection were also observed in a rat model of toxin challenge. High-affinity toxin-neutralizing antibodies may be of therapeutic value for alleviating the symptoms of anthrax toxin in infected individuals and for medium-term prophylaxis to infection.

Anthrax is a zoonotic soil organism endemic to many parts of the world. Infection by inhalation of the heat-resistant spores of the Gram-positive bacterium *B. anthracis* can result in a mortality rate of up to 80%¹. The organism was one of the first biological warfare agents to be developed and continues to be a major threat in this regard². Although vaccine strains have been developed, currently there are concerns regarding their efficacy and availability³. A passive immunization strategy may be useful in conferring medium-term protection, and can also have benefits for non-immunized patients who seek treatment after the point at which antibiotic therapy alone is effective^{4,5}.

After inhalation by mammals, *B. anthracis* spores germinate in the alveolar macrophages, then migrate to lymph nodes where they multiply and enter the bloodstream, reaching 10^7 – 10^8 organisms per milliliter of blood⁴ during an initial incubation period of ~11 days^{1,6}. The vegetative bacteria excrete the tripartite exotoxin that is responsible for the etiology of the disease. The exotoxin consists of an 83 kDa polypeptide, protective antigen (PA), that binds to a recently identified receptor on the surface of macrophages⁷. After cleavage by a furin-like protease and oligomerization into a heptameric ring, PA facilitates translocation of the two catalytic components of the exotoxin, the lethal factor (LF) and the edema factor (EF), into the cellular cytosol. The LF is a zinc metalloprotease that cleaves several mitogen-activated protein kinases. The EF is a calmodulin-dependent adenylate cyclase that causes local edema and impairs neutrophil function (reviewed in ref. 8).

Preventing PA function is of therapeutic benefit in conjunction with antibiotic therapy because it alleviates the toxin-dependent symptoms of anthrax⁴. Blocking the activity of the toxin has been accomplished by disrupting the function of PA in one of three ways:

(i) by using peptides or antibodies to prevent binding of the catalytic subunits^{9,10}, (ii) by interfering with PA oligomerization using dominant-negative mutants^{11,12}, or (iii) by blocking the binding of the toxin to its receptor with soluble receptor⁷ or anti-PA antibodies^{10,13–15}.

Passive immunization with antibodies has been used successfully to confer protection against infectious diseases¹⁶, and engineered antibodies have great potential for combating natural diseases and biowarfare agents¹⁷. For example, humanized neutralizing antibodies are being used clinically as prophylaxis against respiratory syncytial virus¹⁸. Administration of polyclonal antisera against PA prevents spore infection in guinea pigs^{14,15}. In vaccination studies, elicitation of polyclonal antibodies to PA correlates with protection^{19,20} and, in fact, PA constitutes the primary immunogenic component of the anthrax vaccine approved by the US Food and Drug Administration. Recent studies indicate that altered spore phagocytosis by host macrophages is involved with this protection²¹.

We have engineered a panel of anti-PA scFvs and scAbs (Fig. 1) that compete with the cellular receptor for PA binding and have equilibrium dissociation constants (K_d) between 63 nM and 0.25 nM as measured by surface plasmon resonance (SPR). Protection against anthrax toxin challenge in an *in vitro* cell culture assay and in a rat model correlated strongly with affinity, with the highest-affinity antibody, referred to as 1H ($K_d = 0.25$ nM), conferring the best protection.

Results and discussion

Engineering of anti-PA antibodies with different binding affinities. The heavy-chain (V_H) and light-chain (V_L) genes of four potent toxin-neutralizing monoclonal antibodies (14B7, 3B6, 10E10, and 1G3)^{10,13} were isolated by RT-PCR. Overlap extension PCR was used to produce 750 bp scFv gene fragments, with a sequence encoding

¹Department of Chemical Engineering, ²Institute for Cellular and Molecular Biology, ³Department of Chemistry and Biochemistry, and ⁴Department of Biomedical Engineering, University of Texas, Austin, TX 78712. ⁵National Institute of Dental and Craniofacial Research, National Institutes of Health, Bethesda, MD 20892.

⁶Southwest Foundation for Biological Research, San Antonio, TX 78227. *Corresponding author (gg@che.utexas.edu).

Table 1. Summary of antibody affinity and stability

Antibody	K_d (nM)	Ab-PA complex half-life (min)	k_{on} ($\times 10^5 M^{-1} s^{-1}$)	k_{off} ($\times 10^{-4} s^{-1}$)	Stability at: 37°C* 70°C†	
14B7 mAb	2.3	12	5.7 \pm 1.1	13.5 \pm 1.2	100%	15%
14B7 scFv	12	5.2	3.0 \pm 0.4	32 \pm 2	100%	3.5%
14B7 scAb	11	5.6	2.8 \pm 0.3	30 \pm 0.8	ND	14%
L97 scFv	63	0.9	3.1 \pm 0.7	190 \pm 20	100%	10%
A2E scFv	3.0	17	3.2 \pm 0.8	10 \pm 1.5	100%	28%
1H scFv	0.25	100	6.4 \pm 0.8	1.7 \pm 0.2	100%	5%
1H scAb	0.26	100	6.1 \pm 0.9	1.6 \pm 0.4	ND	10%

*Anti-PA activity, as determined by ELISA, after incubation for seven days at 37°C in 90% FBS. †Anti-PA activity after 2 h incubation in PBS at 70°C. ND, not determined.

Table 2. Serum half-lives of proteins

Protein	Size (kDa)	$t_{1/2\alpha}$ (min) ^a	s.d. (min)	No. of rats
14B7 scFv	28	5.4 ^{b,c}	0.3	5
1H scFv	28	5.2 ^{b,c}	0.7	4
14B7 scAb	45	10.6 ^{b,c}	1.1	5
1H scAb	45	10.4 ^{b,c}	1.2	5
PA	83	35 ^c	14	4

Serum half-lives of different antibody fragments and PA after intravenous injection were determined in rats (see Experimental Protocol). ^aSignificant differences were calculated with a two-tailed Student's *t*-test. ^b $P < 0.0005$ when 14B7 scFv or 1H scFv were compared with 14B7 scAb or 1H scAb. ^c $P < 0.01$ when PA was compared with the antibody fragments. s.d., standard deviation.

We measured serum clearance rates, and as expected^{27,32}, antibody fragments are cleared rapidly at rates that correlate with size for scFv and scAb constructs ($t_{1/2\alpha}$ values of ~5 min and 10 min, respectively; Table 2). The amino acid differences between 14B7 and 1H did not alter clearance rates. PA, an 83 kDa molecule, is cleared considerably more slowly than either recombinant antibody ($t_{1/2\alpha}$ of ~35 min; Table 2).

Toxin neutralization *in vitro*. We comprehensively evaluated protection of RAW 264.7 mouse macrophages by antibody constructs administered at different times before or after toxin challenge (1.2 nM PA, 0.6 nM LF). At all time points, protection correlated strongly with the affinity of all scFvs, with higher affinity conferring greater protection (Fig. 3A). The 14B7 scFv and 14B7 scAb antibody fragments showed comparable protection, whereas the 14B7 IgG monoclonal antibody (mAb) gave somewhat greater protection, presumably because it is bivalent (Fig. 3B). Notably, the high affinity 1H scAb was significantly more effective even when compared with the 14B7 IgG, resulting in lower IC₅₀ dosage (Fig. 3B). For example, at a 3 nM dose, 1H conferred significant protection even 20 min after challenge (protecting ~20% of cells), whereas administration of the parental 14B7 scFv and the 14B7 IgG mAb resulted in less than 3% survival. These results indicate that the antibody-mediated inhibition of PA action *in vitro* correlates with affinity and that significantly better protection is achieved when the antibody-PA affinity is comparable to or higher than that of PA binding to its macrophage receptor ($K_d = 1$ nM)³³.

Toxin neutralization *in vivo*. To evaluate the effect of antibody neutralization *in vivo*, we examined protection against toxin challenge in the Fisher 344 rat³⁴. In earlier studies, protection against anthrax toxin was evaluated by mixing the neutralizing agent with toxin before injection into the animal model^{10,11}. As a more stringent test, the antibody preparations in our study were administered five minutes before injection of toxin to allow for distribution in the animal. Rats were challenged with a 10 \times minimum lethal dose (MLD) amount of PA and LF (40 μ g and 8 μ g, respectively)³⁵. Survival was monitored for five hours after toxin injection. (A five-hour end point was mandated by the Southwest Foundation for Biomedical Research Institutional Animal Care and Use Committee.) Control rats receiving only PBS as treatment all died at about 90 min after injection (Fig. 4A).

A correlation between scFv affinity, delayed time to death, and number of survivors was observed in the rats receiving the four scFv antibody constructs ($P < 0.001$ based on Spearman rank correlation corrected for tied ranks; Fig. 4A). Specifically, animals treated with the low-affinity variant L97 scFv ($K_d = 63$ nM; 2.0 nmol dose) were not protected, whereas those receiving 14B7 scFvs (12 nM; 2.0 nmol) showed a small increase in the time to death compared with the PBS control rats. On the other hand, a significant increase in time to death and number of survivors was observed with the affinity-enhanced A2E ($K_d = 3$ nM; 2 nmol) and 1H ($K_d = 0.25$ nM; 2 nmol) scFvs ($P < 0.01$, Mann-Whitney *U*-test).

Conversion of the highest-affinity 1H scFv into the larger scAb antibody fragment format afforded complete protection against animal intoxication at a 2.0 nmol dose over the five hours of the experiment (Fig. 4B). As seen with the scFvs, the protection afforded by the 1H scAb was significantly greater ($P = 0.005$) than that provided by the 14B7 scAb. Enhanced protection by the scAb fragments as compared with the scFv antibodies is most likely a consequence of greater serum half-life (Table 2). However, the possibility that the human C_κ chain of scAb antibodies somehow enhances neutralization, although unlikely, cannot be completely ruled out. The strong *in vivo* protection conferred by the 1H binding site is particularly notable, considering that the serum half-lives of scFvs and scAbs are considerably shorter than that of PA (Table 2). Thus, protection by the 1H scFv or scAb likely depends on the antibody fragment remaining bound to PA until the PA-antibody complex is cleared from the serum. Such a scenario is made plausible by the relatively long PA-1H antibody complex half-life for dissociation (100 min; Table 1). It should be noted that the overall high structural stability of the engineered antibody variants, revealed in the serum, thermal, and denaturant stability studies, probably contributes to efficacy *in vivo* as well²⁷.

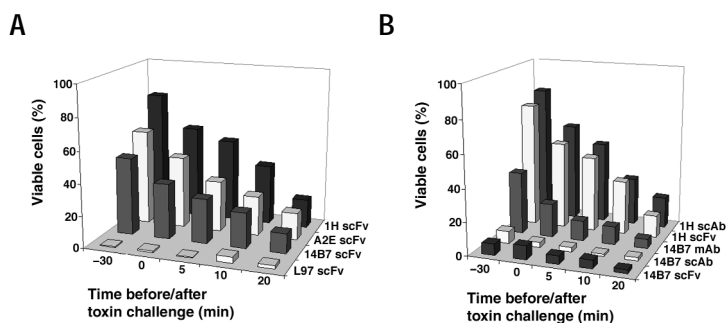


Figure 3. *In vitro* protection of RAW 264.7 mouse macrophages by antibodies. Survival of RAW 264.7 mouse macrophage-like cells after administration of antibodies at specified times after challenge with toxin (100 ng/ml PA, 50 ng/ml LF). Concentrations were chosen from a titration curve to show the largest dynamic range. (A) Comparison of scFv antibody fragments with varying affinity at 9.5 nM scFv. (B) Comparison of different antibody constructs at 3 nM antibody. Antibodies were either pre-incubated with toxin for 30 min or added to cells 0, 5, 10, or 20 min after toxin challenge. The percentage of cells surviving toxin challenge at a specified antibody dose, as compared with sham-treated cells, was measured by an MTT assay (Experimental Protocol). The average of triplicate measurements is reported. Trends were similar for replicate experiments.

administered in a 200 μ l volume in a double-blind study, followed after 5 min by a 10 \times MLD of anthrax toxin (40 μ g PA, 8 μ g LF)³⁵ in a 200 μ l volume, both via penile vein injection. Five animals were used for each test condition, and were monitored for discomfort and time of death versus survival, as assessed on the basis of cessation of breathing and heartbeat. Rats were maintained under anesthesia for five hours or until death to minimize discomfort; surviving rats were killed by overdose of sodium phenobarbital given by intraperitoneal injection. The protective ability of antibody preparations was measured as a delayed time to death. All experimental protocols involving animals were reviewed and approved by the Southwest Foundation for Biomedical Research Institutional Animal Care and Use Committee (San Antonio, TX).

Pharmacokinetic measurements. Serum clearance rates for scFv, scAb, and PA proteins were determined essentially as described⁴³. Fischer 344 rats (225–275 g) were purchased with indwelling jugular venous cannulae, and anesthetized as during protection experiments. Doses (2 nmol) of scFv, scAb, and PA were administered in 200 μ l of sterile saline by penile vein injection. Blood samples (200 μ l) were taken before protein administration and 1, 3, 5, 10, 15, 20, 30, 60, 120, and 180 min after protein administration. Antibody and PA serum concentrations were determined by chemiluminescent capture ELISA; clearance rates were determined by nonlinear regression on a graph of percent injected dose over time with a biphasic exponential function. Values for the α clearance phase were calculated from the average of data from four or five rats (Table 2).

Monoclonal antibody sequences. DNA sequences of 3B6, 10E10, and 1G3 variable regions are available upon request.

Note: Supplementary information is available on the Nature Biotechnology website.

Acknowledgments

We are grateful for the expert technical assistance of Robert Geiger. We particularly thank Mark Sharp and Robert Shade (Southwest Foundation for Biological Research) for help with the statistical analysis of the animal data. We also thank Andrew Hayhurst and Barrett Harvey (University of Texas at Austin) for many helpful discussions and Dr. Hayhurst for providing pMoPac16. This work was supported by grants from the Department of Defense through Measurement and Signature Intelligence, the US Army ARO/MURI program, and in connection with contract number DAAD17-01-D-0001 with the US Army Research Laboratory. The views and conclusions contained in this document/presentation are those of the authors and should not be interpreted as presenting the official policies or position, either expressed or implied, of the US Army Research Laboratory or the US Government unless so designated by other authorized documents. Citation of manufacturer or trade names does not constitute an official endorsement or approval of the use thereof.

Competing interests statement

The authors declare that they have no competing financial interests.

Received 3 December 2001; accepted 12 April 2002

- Meselson, M. *et al.* The Sverdlosk anthrax outbreak of 1979. *Science* **266**, 1202–1208 (1994).
- Anonymous. Investigation of bioterrorism-related anthrax and interim guidelines for clinical evaluation of persons with possible anthrax. *Morbidity and Mortality Weekly Report* **50**, 941–948 (2001).
- Turnbull, P.C. Anthrax vaccines: past, present, and future. *Vaccine* **9**, 536–542 (1991).
- Dixon, T., Meselson, M., Guillemin, J. & Hanna, P. Anthrax. *New Engl. J. Med.* **341**, 815–826 (1999).
- Jernigan, J. *et al.* Bioterrorism-related inhalational anthrax: the first 10 cases reported in the United States. *Emerg. Infect. Dis.* **7**, 933–944 (2001).
- Brookmeyer, R., Blades, N., Hugh-Jones, M. & Henderson, D. The statistical analysis of truncated data: application to the Sverdlovsk anthrax outbreak. *Biostatistics* **2**, 233–247 (2001).
- Bradley, K., Mogridge, J., Mourez, M., Collier, R. & Young, J. Identification of the cellular receptor for anthrax. *Nature* **414**, 225–229 (2001).
- Leppla, S. Anthrax toxin. In *Bacterial Protein Toxins*, Vol. 145 (eds. Aktories, K. & Just, I.) 445–472 (Springer, Berlin, 2000).
- Mourez, M. *et al.* Designing a polyvalent inhibitor of anthrax toxin. *Nat. Biotechnol.* **19**, 958–961 (2001).
- Little, S.F. *et al.* Characterization of lethal factor binding and cell receptor binding domains of protective antigen of *Bacillus anthracis* using monoclonal antibodies. *Microbiology* **142**, 707–715 (1996).
- Sellman, B., Mourez, M. & Collier, R. Dominant-negative mutants of a toxin subunit: an approach to therapy of anthrax. *Science* **292**, 695–697 (2001).
- Singh, Y., Khanna, H., Chopra, A. & Mehra, V. A dominant negative mutant of *Bacillus anthracis* protective antigen inhibits anthrax toxin *in vivo*. *J. Biol. Chem.* **276**, 22090–22094 (2001).
- Little, S.F., Leppla, S.H. & Cora, E. Production and characterization of monoclonal antibodies to the protective antigen component of *Bacillus anthracis* toxin. *Infect. Immun.* **56**, 1807–1813 (1988).
- Little, S., Ivins, B., Fellows, P. & Friedlander, A. Passive protection by polyclonal antibodies against *Bacillus anthracis* infection in guinea pigs. *Infect. Immun.* **65**, 5171–5175 (1997).
- Kobiler, D. *et al.* Efficiency of protection of guinea pigs against infection with *Bacillus anthracis* spores by passive immunization. *Infect. Immun.* **70**, 544–550 (2002).
- Keller, M. & Stiehm, E. Passive immunity in prevention and treatment of infectious diseases. *Clin. Micro. Rev.* **13**, 602–614 (2000).
- Casadevall, A. Antibodies for defense against biological attack. *Nat. Biotechnol.* **20**, 114 (2002).
- Johnson, S. *et al.* Development of a humanized monoclonal antibody (MEDI-493) with potent *in vitro* and *in vivo* activity against respiratory syncytial virus. *J. Infect. Dis.* **176**, 1215–1224 (1997).
- Pitt, M. *et al.* *In vitro* correlate of immunity in a rabbit model of inhalational anthrax. *Vaccine* **19**, 4768–4773 (2001).
- Reuveny, S. *et al.* Search for correlates of protective immunity conferred by anthrax vaccine. *Infect. Immun.* **69**, 2888–2893 (2001).
- Welkos, S., Little, S., Friedlander, A., Fritz, D. & Fellows, P. The role of antibodies to *Bacillus anthracis* and anthrax toxin components in inhibiting the early stages of infection by anthrax spores. *Microbiology* **147**, 1677–1685 (2001).
- Fromant, M., Blanquet, S. & Plateau, P. Direct random mutagenesis of gene sized DNA fragments using polymerase chain reaction. *Anal. Biochem.* **224**, 347–353 (1995).
- Stemmer, W.P.C. Rapid evolution of a protein *in vitro* by DNA shuffling. *Nature* **370**, 389–391 (1994).
- Hayhurst, A. Improved expression characteristics of single chain Fv fragments when fused downstream of the *E. coli* maltose binding protein or upstream of a single immunoglobulin constant domain. *Protein. Expr. Purif.* **18**, 1–10 (1999).
- Adams, G. *et al.* High affinity restricts the localization and tumor penetration of single-chain Fv antibodies. *Cancer Res.* **61**, 4750–4755 (2001).
- Carter, P. *et al.* Humanization of an anti-p185/HER2 antibody for human cancer therapy. *Proc. Natl. Acad. Sci. USA* **89**, 4285–4289 (1992).
- Willuda, J. *et al.* Tumor targeting of mono-, di-, and tetravalent anti-p185HER2 miniantibodies multimerized by self associating peptides. *J. Biol. Chem.* **276**, 14385–14392 (2001).
- Benhar, I. & Pastan, I. Identification of residues that stabilize the single-chain Fv of monoclonal antibodies B3. *J. Biol. Chem.* **270**, 23373–23380 (1995).
- Helfrich, W. *et al.* Construction and characterization of a bispecific diabody for retargeting T cells to human carcinomas. *Int. J. Cancer* **76**, 232–239 (1998).
- Nieba, L., Honegger, A., Krebber, C. & Pluckthun, A. Disrupting the hydrophobic patches at the antibody variable/constant domain interface: improved *in vivo* folding and physical characterization of an engineered scFv fragment. *Protein Eng.* **10**, 435–444 (1997).
- Jermutus, L., Honegger, A., Schwesinger, F., Hanes, J. & Pluckthun, A. Tailoring *in vitro* evolution for protein affinity or stability. *Proc. Natl. Acad. Sci. USA* **98**, 75–80 (2001).
- Milenic, D.E. *et al.* Construction, binding properties, metabolism, and tumor-targeting of a single-chain Fv derived from the pancreatic carcinoma monoclonal antibody CC49. *Cancer Res.* **51**, 6363–6371 (1991).
- Escuyer, V. & Collier, R.J. Anthrax protective antigen interacts with a specific receptor on the surface of CHO-K1 cells. *Infect. Immun.* **59**, 3381–3386 (1991).
- Ivins, B., Ristroph, J. & Nelson, G. Influence of body weight on response of Fischer 344 rats to anthrax lethal toxin. *Appl. Environ. Micro.* **55**, 2098–2100 (1989).
- Ezzell, J.W., Ivins, B.E. & Leppla, S.H. Immunoelectrophoretic analysis, toxicity, and kinetics of *in vitro* production of the protective antigen and lethal factor components of *Bacillus anthracis* toxin. *Infect. Immun.* **45**, 761–767 (1984).
- Krebber, A. *et al.* Reliable cloning of functional antibody variable domains from hybridomas and spleen cell repertoires employing a reengineered phage display system. *J. Immunol. Methods* **201**, 35–55 (1997).
- Hayhurst, A. & Harris, W.J. *Escherichia coli* *skp* chaperone coexpression improves solubility and phage display of single-chain antibody fragments. *Protein Expr. Purif.* **15**, 336–343 (1999).
- Harlow, E. & Lane, D. *Antibodies: A Laboratory Manual* (Cold Spring Harbor Laboratory Press, Cold Spring Harbor, NY, 1988).
- Chen, G., Dubrawsky, I., Mendez, P., Georgiou, G. & Iverson, B.L. *In vitro* scanning saturation mutagenesis of all the specificity determining residues in an antibody binding site. *Protein Eng.* **12**, 349–356 (1999).
- Pace, C.N. Measuring and increasing protein stability. *Trends Biotechnol.* **8**, 93–98 (1990).
- Pace, C., Shirley, B. & Thomson, J. Measuring the conformational stability of a protein. In *Protein Structure: A Practical Approach* (ed. Creighton, T.) 311–330 (IRL, New York, 1989).
- Varughese, M. *et al.* Internalization of a *Bacillus anthracis* protective antigen-c-Myc fusion protein mediated by cell surface anti-c-Myc antibodies. *Molec. Med.* **4**, 87–95 (1998).
- Lin, Y.S. *et al.* Preclinical pharmacokinetics, interspecies scaling, and tissue distribution of a humanized monoclonal antibody against vascular endothelial growth factor. *J. Pharm. Exp. Ther.* **288**, 371–378 (1999).

