i-bodies, Human Single Domain Antibodies That Antagonize Chemokine Receptor CXCR4

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CXCR4 is a G protein-coupled receptor with excellent potential as a therapeutic target for a range of clinical conditions, including stem cell mobilization, cancer prognosis and treatment, fibrosis therapy, and HIV infection. We report here the development of a fully human single-domain antibody-like scaffold termed an “i-body,” the engineering of which produces an i-body library possessing a long complementarity determining region binding loop, and the isolation and characterization of a panel of i-bodies with activity against human CXCR4. The CXCR4-specific i-bodies show antagonistic activity in a range of in vitro and in vivo assays, including inhibition of HIV infection, cell migration, and leukocyte recruitment but, importantly, not the mobilization of hematopoietic stem cells. Epitope mapping of the three CXCR4 i-bodies AM3-114, AM4-272, and AM3-523 revealed binding deep in the binding pocket of the receptor.

Single domain antibodies and alternative scaffolds have been promoted as attractive next-generation antibodies with the potential to address some of the limitations of monoclonal antibodies (1–4). Indeed several have been reported in recent years that target antigens that are refractory to traditional antibody therapies, such as G protein-coupled receptors (GPCRs)9 (5, 6). The variable new antigen receptors (VNARs) from sharks are single-domain antibody-like molecules that have been reported to have exquisite stability (7, 8) and the ability to bind with high affinity and specificity to target molecules (9–11). The observation by Streltsoy et al. (12) that the VNAR was structurally similar to the i-set family of immunoglobulin domains (Igs) suggested that these are suitable scaffolds to engineer into a human equivalent of the VNAR. To this end, we have engineered a human “i-body” scaffold from an Ig domain of human neural cell adhesion molecule 1 (NCAM) by incorporating two binding regions into this protein, thus combining complementarity determining-like binding regions (CDRs) with the innate stability properties of a human Ig domain.

The chemokine receptor CXCR4 is a member of the CXC chemokine receptor family of GPCRs, and together with its ligand CXCL12 (also known as stromal cell-derived factor 1, SDF-1), they are important therapeutic targets. CXCR4 has

9 The abbreviations used are: GPCR, G protein-coupled receptor; VNAR, variable new antigen receptor; NCAM, neural cell adhesion molecule 1; CDR, complementarity determining region; PDB, Protein Data Bank; RLU, relative light unit; SPR, surface plasmon resonance; hu, human; mu, murine; BM, bone marrow; PB, peripheral blood; CB, cord blood; HSC, hematopoietic stem cell; Env, envelope; ECL, extracellular loop; HBSS, Hank’s balanced salt solution; PE, phycoerythrin; BRET, bioluminescence resonance energy transfer.
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been shown to be up-regulated in a number of cancers (13), plays an important role in the maintenance of stem cells in the bone marrow (14), serves as a co-receptor for HIV (15), and more recently has been demonstrated to be a central player in the development of fibrosis (16–18). The only approved inhibitor of CXCR4 is the small molecule AMD3100 (plerixafor), for application in mobilization of hematopoietic stem cells (19). Additional CXCR4 inhibitors that have been well described in the literature include the small molecule MSX-122 (20) and peptide BL-8040 (21). Nanobodies (6) and various other peptides, small molecules, and antibodies (22, 23) have also been described (24).

We describe here the engineering of an i-body library from a human single Ig domain and the generation of specific high affinity binders to CXCR4 that appear to be blocking signaling from this GPCR in a selective fashion. Moreover, we demonstrate that these i-bodies can penetrate deep into the ligand binding pocket and contact residues that were previously only accessible to small molecule drugs. Finally, we show that the i-bodies can block inflammatory cell migration but do not mobilize stem cells, a valuable asset for long term therapy for cancer and fibrosis.

Experimental Procedures

Molecular Biology and Protein Purification

Restriction enzymes and ligase were from New England Biolabs or Promega. PCR was performed using AmpliTaq Gold® (Life Technologies, Inc.) or Vent DNA polymerase (New England Biolabs). Genes were expressed from vector pGC (25) using TG1 Escherichia coli cells (Lucigen) into the periplasmic space, then isolated using the method of Minsky et al. (26), and purified by immobilized metal affinity chromatography (His60 Nickel Superflow Resin, Clontech) or affinity chromatography (anti-FLAG M2 affinity gel, Sigma), followed by ion exchange (HiTrap Q FF, GE Healthcare) or gel filtration (Superdex 200 or Superdex 75, GE Healthcare). Proteins were C-terminally tagged with His6 or FLAG peptide, or Im7 (27) combined with -FLAG-His6. The M13 bacteriophage vector pHENH6 (gift from H. Hoogenboom) (28) and TG1 E. coli cells were used for production of phage particles. The coding sequence for the human CXCR4 protein, and “null” lipoparticles lacking it. (29) were used. We were based on the parent clone 21H-5 and was synthesized by GeneArt (now Life Technologies, Inc.) using synthetic oligonucleotides to produce insert sizes in the range 324–354 bp. Fully randomized 6-residue CDR1 and 10–20-residue CDR3 loop regions replaced NH2-27DAKDDK32-COOH and NH2-80TGEDGSES87-COOH, respectively, from 21H-5. These randomized regions were synthesized with nucleotide mixtures of N nucleotide ambiguity at the first and second bases of the codon (25% cytosine, 25% thymine, 25% adenine, 25% guanine) and K nucleotide ambiguity at the third base of the codon position (50% guanine and 50% thymine). The library was amplified and cloned into pHENH6 via SfiI and NotI cloning sites (thus fusing the i-body proteins with the bacteriophage pIII coat protein), and transformed into TG1 cells.

Antigens

Monoclonal antibody 5G8, which recognizes Plasmodium falciparum apical membrane antigen 1 (3D7 strain) (28), was immobilized on Nunc Maxisorp Microplates (Thermo Scientific) at 1 μg/ml. Integral Molecular provided the lipoparticles (in biotinylated and non-biotinylated formats) harboring the human CXCR4 protein, and “null” lipoparticles lacking it. Streptavidin-coated M280 Dynabeads were from Invitrogen.

Phage Affinity Panning

The 15-mer and i-body 10–20 libraries (in pHENH6 and TG1 cells) were amplified at the beginning of each panning campaign according to the following procedure: 1 ml of library stock was inoculated into 10 ml of 2YT medium and incubated for 1 h at 37 °C with shaking. Ampicillin (Sigma) was added to a final concentration of 50 μg/ml, and after 1 h of incubation at 37 °C the culture was inoculated into 200 ml of 2YT containing 100 μg/ml ampicillin, 1% (w/v) glucose (Sigma) and incubation was continued at 37 °C with shaking until the absorbance at A600 nm was 0.4–0.6. A 25-ml aliquot was removed, to which 103–104 of kanamycin-resistant M13KO7 helper phage particles (New England Biolabs) were added. The culture was incubated for 1 h without shaking at 37 °C, and then the cell pellet was collected by centrifugation at 8,000 × g, resuspended in 3
ml of 2YT, and inoculated into 200 ml of 2YT containing 100 µg/ml ampicillin and 70 µg/ml kanamycin (Sigma). The culture was incubated for 15 h with shaking at 30 °C. The supernatant was clarified twice by centrifugation at 10,000 × g for 10 min, and 0.2 volumes of 20% (w/v) PEG 8000 (Sigma) and 2.5 mM NaCl (Sigma) was added. The phage particles were precipitated by incubation on ice for 2 h with gentle agitation, then collected by centrifugation at 10,000 × g for 30 min, and resuspended in 2 ml of PBS. To remove unwanted phage binders to the milk powder blocking solution used in subsequent steps, 500 µl of phage preparation solution was combined with 500 µl of 10% (w/v) milk powder in 1× PBS.

Dynabeads (50 µl) were washed twice with 1 ml of PBS and then resuspended in 1 ml of 5% (w/v) milk powder in 1× PBS (MPBS) and incubated at room temperature for 60 min with very gentle rotation. The blocking solution was removed, and beads were resuspended in 50 µl of MPBS. Solution-based panning was then performed using two preliminary negative selection approaches (depletion and competition) to minimize the recovery of unwanted binders (i.e., binders to the blocking solution, Dynabeads, or lipoparticle scaffold). In the depletion-style negative selection method, binders to biotinylated null lipoparticles were removed prior to panning on CXCR4 lipoparticles as follows: 40 µl of biotinylated null lipoparticles were combined with 1 ml of phage and incubated for 30 min at room temperature with mixing. Blocked streptavidin beads (50 µl) were then added and incubated for 30 min at room temperature with mixing. Magnetic beads along with biotinylated null lipoparticles and bound phage were removed using a magnetic rack, and the remaining phage supernatant was used for panning against CXCR4 lipoparticles. In the competition-style negative selection method, non-biotinylated null lipoparticles were present in the panning solution where they “competed” with biotinylated CXCR4 lipoparticles for unwanted nonspecific binders; 40 µl of non-biotinylated null lipoparticles were combined with 1 ml of phage and incubated for 30 min at room temperature with mixing. This mixture was used directly in panning against CXCR4 lipoparticles.

For panning, 50 µl of biotinylated CXCR4 lipoparticles (equivalent to 40 units of CXCR4) were combined with negatively selected phage and incubated at room temperature for 2 h with mixing. 50 µl of blocked Dynabeads were added, and incubation was continued for 30 min at room temperature with mixing, before magnetic capture of the assembled beads, lipoparticles, and bound phage. Unbound phage were removed by washing with PBS and PBS + 0.5% (v/v) Tween (PBS-T) as follows: round one (R1), three washes with PBS; R2 three washes with PBS-T and then three washes with PBS; R3 and R4, six washes with PBS-T and then six washes with PBS for rounds three and four, and except for R4 the final wash solution was incubated for 5 min prior to removal. Following the last wash of each round, beads were transferred to a clean tube, and antigen-bound phage was eluted with 500 µl of 0.1 M glycine (pH 2.0). The eluate was neutralized to pH 8 with 1.5 M Tris-HCl and used to infect TG1 cells to amplify the selected i-body clones for the subsequent panning round. Amplification of eluted phage between each panning round was performed as follows: eluted phage were added to 10 ml of TG1 cells in log phase, incubated at 37 °C for 30 min without agitation, and then for 30 min with agitation. 10¹¹–10¹² of M13KO7 helper phage particles were added to the infected cells, and incubation at 37 °C was continued for 30 min without shaking. The culture was then inoculated into 200 ml of 2YT containing ampicillin at 100 µg/ml and kanamycin at 70 µg/ml and incubated overnight at 30 °C with shaking. Phage were precipitated as described above and subjected to the next panning round. Phage were titered in between panning rounds as follows: 10 µl of each phage preparation was added to 490 µl of log-phase TG1 cells; 20 µl was then removed and diluted with 2YT in a 10-fold series in a 96-well plate. 20 µl of each dilution point was spread onto an agar plate containing ampicillin and incubated overnight at 37 °C.

**ELISAs**

Phage ELISAs were performed with pools of phage particles eluted on panning rounds and with single-clone phage particles. To prepare phage particles from an individual clone, 10 ml of 2YT with 100 µg/ml ampicillin was inoculated with a single colony and incubated with shaking at 37 °C for 4 h. Helper phage and kanamycin were added, and the cultures were incubated for 15 h as described above. Phage particles were precipitated and resuspended as described above except that the final resuspension volume was 1 ml. For ELISAs, the wells of 96-well plates (Nunc) were coated in duplicate with 100 µl per well of mAb 5G8 or lysozyme at 1 µg/ml or with lipoparticles (CXCR4, CCR5, or null) at 1 unit/well. Phage were diluted at least 1:10 in probing solution (5% MPBS, to normalize titers), added to the wells, and incubated for 60 min at room temperature. The wells were washed five times with PBS-T, and then bound phage were detected with an anti-M13-HRP antibody (GE Healthcare) by using 3,3’,5,5’-tetramethylbenzidine (Thermo Fisher) as an enzyme substrate.

**Thermal and pH Stability**

Separate 4-µl aliquots of crude periplasmic extracts of i-body AD5G8-5 were incubated for 30 min at room temperature, 30, 40, 50, 60, 70, 80, 90, or 99 °C, and then cooled at 4 °C for 30 min. Samples were centrifuged to collect precipitated protein, and the remaining soluble protein was analyzed by SDS-PAGE and visualized with Coomassie staining.

For the long term stability trial, separate 50-µl aliquots (in singlicate) of AD5G8-5 at 0.12 mg/ml were adjusted to pH values of 3, 4.5 (using 0.2 mM Na₂HPO₄ and 0.1 mM citric acid), and 7.4 (using PBS), and pH values of 8.5 and 11.0 (using 25 mM borax buffer) and incubated at 4, 37, and 50 °C for 4 weeks. Unheated control samples were stored at −20 °C throughout. Following incubation, samples were neutralized to pH 7.4 with 1 M Tris, pH 11.5 (for samples at pH 3.0 and 4.5), or with 1 M HCl (for samples at pH 8.5 and 11.0). Residual active protein was quantified by fully automated SPR-based concentration assay described previously (7). Residual binding activity in diversely treated anti-5G8 i-body samples was determined using a ProteOn XPR36 instrument (Bio-Rad). All immobilization and concentration determination measurements were performed at 25 °C with instrumental fluidics primed in 1× HBS-EP + (10 mM HEPES, 150 mM NaCl, 3 mM EDTA 0.05% (v/v) surfactant P20, pH 7.4). The concentration detection method was config-
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were used as a direct detection assay with quantification estimates being derived from a calibration standard, that being an untreated sample stored at 4 °C (t = 0). Standard curve was established by parallel injection of six different concentrations of t = 0 sample (500, 1,000, 2,000, 4,000, and 8,000 ng/ml) across the immobilized 5G8 IgG protein. Residual active concentrations of unknown samples were determined by injecting six samples simultaneously at 25 ml/min for 60 s and comparing their initial binding rates (at t = 5–20 s) to those generated by the calibration standards. Bound samples were regenerated from the surface with a single injection of 10 mM glycine, pH 2.2, at 100 ml/min for 15 s.

**SPR Experiments**

Kinetic binding analysis of selected i-bodies with immobilized CXCR4 lipoparticles was performed at 25 °C using BIAcore T200 instrument (GE Healthcare, Uppsala, Sweden). Streptavidin immobilization was performed in 1× HBS-P running buffer (10 mM HEPES, 150 mM NaCl, 0.05% (v/v), Tween 20). Amine coupling kit (GE Healthcare) and the running buffer (10 mM HEPES, 150 mM NaCl, 0.05% (v/v), Tween 20) were typically diluted 1:20 in the running buffer and immobilized biotinylated CXCR4 lipoparticles (Integral Molecular, catalog no. LEV-101B; 3.6 units/ml) were immobilized in a similar manner. To determine binding kinetics, serial dilutions of unknown samples were determined by injecting at 2 μl/ml for 1,800 s resulting in captured response levels of greater than 2,500 response units. Biotinylated CCR5 and null lipoparticles, used as off-target controls, were immobilized in a similar manner. To determine binding kinetics, serial dilutions (3-fold) of i-bodies diluted in 1× HBS/BSA were injected over immobilized lipoparticles with the association and dissociation phases monitored for 60 and 600 s, respectively. A control measurement of the instrument running buffer (“zero-buffer” blank) solution was also included for double referencing purposes. No regeneration of CXCR4 lipoparticle surface was required between injection cycles as bound i-bodies fully dissociated within 600 s in the running buffer.

An SPR assay was designed to assess competition between CXCL12 and the i-bodies. This consisted of i-body injection followed by CXCL12 injection. A streptavidin chip containing immobilized biotinylated CXCR4 lipoparticles was prepared as described above. The assay assumes that binding competition occurs when the pre-bound i-body on the CXCR4 surface, at least partially, reduces the CXCL12 binding response. Injection of running buffer (RB) prior to CXCL12 ligand injection provided a baseline (no inhibition) response.

**Circular Dichroism Spectroscopy**

CD spectra were recorded using an AVIV Model 420 CD spectrometer using similar methods described previously (36). Protein (0.15 mg/ml in PBS) was subjected to wavelength scans spanning 190–250 nm at 20 and 80 °C, using a step size of 0.5 nm with a 3-s averaging time in a 1-mm stopped quartz cuvette.

**Analytical Ultracentrifugation**

Sedimentation velocity experiments were conducted in a Beckman model XL-A analytical ultracentrifuge at a temperature of 20 °C using a similar method reported previously (37). Briefly, 380 μl of sample (0.15 mg/ml) and 400 μl of reference solution (10 mM phosphate, 137 mM NaCl, pH 7.4) were loaded into a conventional double sector quartz cell and mounted in a Beckman 4-hole An-60 Ti rotor. Samples were centrifuged at a rotor speed of 40,000 rpm, and the data were collected at 5-min intervals and a single wavelength (280 nm), using a step-size of 0.003 cm without averaging. Solvent density (1.005 g/ml at 20 °C) and viscosity (1.018 centipoise), as well as estimates of the partial specific volume (21H5-FF, 0.718 ml/g at 20 °C; AD5G8-5-FF, 0.720 ml/g at 20 °C) and hydration estimate (21H5-FF, 0.460 g/g; nd AD5G8-5-FF, 0.449) were computed using the program SEDNTERP (38). Sedimentation velocity data at multiple time points were fitted to continuous size distribution models (39) using the program SEDFIT.

**In Vitro Cell Binding Assays**

Namalwa, NCI-H69, Jurkat, CCRF-CEM, Ramos, HL-60, A498, MOLP-8, and MOLT-4 cell lines were cultured in RPMI 1640 medium supplemented with 10% fetal bovine serum (Gibco) in an atmosphere of 5% CO2 and 95% humidity at 37 °C. A short tandem repeat assay to detect 20 loci was used to confirm cell identity. A Mycoalert kit (Lonza) was used to monitor mycoplasma contamination. Following growth to 60–80% confluence, cells were harvested in 15-ml centrifuge tubes, washed twice with 300 μl of PBS buffer containing i-bodies at various concentrations. Namalwa cells were treated with i-bodies or mAb 12G5 (R&D Systems) at 10, 4.7, 2.1, 1, 0.47, 0.21, 0.1, 0.01, and 0.001 μM, whereas NCI-H69, Jurkat, CCRF-CEM, Ramos, HL-60, A498, MOLP-8, and MOLT-4 cells were treated
with i-bodies at 10, 1, and 0.001 μM. Following incubation at 4 °C for 60 min, cells were washed twice with 300 μl of ice-cold FACS buffer and then resuspended in 100 μl of buffer containing anti-His-PE antibody (catalog no. 130-092-691, Miltenyi Biotec). Washing and FACS analysis were performed as described above.

**β-Arrestin Activation**

The PathHunter® β-arrestin assay (DiscoveRx) was performed according to the manufacturer’s protocol to assess binding of i-bodies to cells expressing various chemokine receptors. The receptors (and corresponding agonists) tested were as follows: CCR1 (CCL3); CCR2 (CCL2); CCR3 (CCL13); CCR4 (CCL22); CCR5 (CCL3); CCR6 (CCL20); CCR7 (CCL19); CCR8 (CCL14); CCR9 (CCL25); CCR10 (CCL24); CX3CR1 (fractalkine); CXCR1 (CXCL8); CXCR2 (CXCL8); CXCR3 (CXCL11); CXCR4 (CXCL12); CXCR5 (CXCL13); CXCR6 (CXCL16); CXCR7 (CXCL12); and CMKLR1 (chemerin). Cells were seeded into white walled 384-well tissue culture-treated microplates (Corning Glass) and normalized at 5,000 cells (or 10,000 cells for CXCR4) in a total volume of 20 μl. Cell growth was at 37 °C (5% CO₂, 95% relative humidity). 5 μl of i-body or AMD3100 (Tocris Bioscience) was then added to singlicate wells. The i-body or AMD3100 concentrations tested were as follows: ADCX99 (2.6 μM); AM1-126 (1.4 μM); AM1-320 (1.6 μM); AM3-114 (0.6 μM); AM4-272 (1.4 μM); AM5-232 (1.0 μM); AM4-746 (2.2 μM); AM4-1121 (1.9 μM); and AMD3100 (0.5 μM). Following incubation of the plates at 37 °C for 30 min, agonists were then added at the EC₅₀ concentration and incubation was continued at 37 °C for 90 min (or 180 min for CCR1). Assay signal was generated through a single addition of 15 μl (50% v/v) of PathHunter detection reagent mixture, followed by a 1-h incubation at room temperature. Microplates were read following signal generation with a PerkinElmer Life Sciences Envision instrument for chemiluminescent signal detection of relative light units (RLU). Compound activity was analyzed using the CBIS data analysis suite (ChemInnovation). % inhibition = 100% × (1 − (mean RLU of test sample − mean RLU of vehicle control)/(mean RLU of EC₅₀ control − mean RLU of vehicle control)).

**BRET Activation**

BRET β-arrestin assays were carried out as described previously (40). HEK293FT cells were transfected with cDNA using FuGENE 6 (Promega). 5 μM coelenterazine h (Promega) in HBSS was used as the luciferase substrate solution. Data are means ± S.E. of four independent experiments carried out in duplicate. BRET EC₅₀ data shown in Table 1 were generated by calculating the EC₅₀ of each repeat and then establishing the mean ± S.E. of these values.

**Calcein-AM Assay**

Calcein-AM was added to the plates and incubated at 37 °C for 60 min. Cells were then washed twice with 200 μl of 1:1 HBSS, 10 mM HEPES/cAMP XS (sodium cAMP and cAMP substrate, Life Technologies, Inc., catalog no. 14025-076/15630-080). i-bodies (10 μM, 3-fold dilutions, 10-point curve) were pre-incubated with cells for 30 min at 37 °C, followed by the addition of CXCL12 (DiscoveRx part no. 92-1011) at the EC₅₀ (3.2 nM) and forskolin at the EC₅₀ (15 μM) (Cayman Chemicals, part no. 11018) and incubated for another 30 min at 37 °C. Assay signal was generated through incubation with 20 μl of cAMP XS+ ED/CL lysis mixture for 1 h at room temperature followed by incubation with 20 μl of cAMP XS+ EA reagent for 3 h at room temperature (DiscoveRx, part no. 90-0075). Chemiluminescent signal from microplates was read with a EnVision™ instrument (PerkinElmer Life Sciences). Percent inhibition of cAMP production was calculated using the following formula: % inhibition = 100% × (mean RLU of test sample − mean RLU of EC₅₀ control)/(mean RLU of forskolin positive control − mean RLU of EC₅₀ control).

**Ca²⁺ Assay**

A Screen Quest™ Fluo-8 No Wash kit (AAT Bioquest, catalog no. 36315) was used according to the manufacturer’s protocol. HEK293FT Gaq5i cells stably expressing human CXCR4 receptor (catalog no. CG1004, Multispan) were cultured in DMEM at 5% CO₂, 95% relative humidity at 37 °C. Cells were seeded in triplicate into a 384-well plate (catalog no. 354663, Corning BioCoat) at 7,000 cells per well in 40 μl and cultured overnight. i-Bodies (8 μM to 0.41 nm) and AMD3100 (10 μM to 0.51 nm) (Tocris) were pre-incubated with cells for 30 min before addition of CXCL12 (PeproTech) at the EC₅₀ (77.8 nm). Calcium dye loading buffer (10 μl) was added to the cells and incubated for 1 h at 37 °C. Compounds (i-bodies, AMD3100, and HBSS in agonist mode; CXCL12 EC₅₀ and HBSS in antagonist mode) were injected into the wells at the 19th second and calcium flux was monitored for 120 s using a FLIPR 384 instrument (Molecular Devices). EC₅₀ ± S.E. (on triplicates) was determined from data normalized against buffer wells set as 100% inhibition and CXCL12 at EC₅₀ set as 0% inhibition.

**HIV Entry Inhibition Assays**

Env-pseudotyped luciferase reporter viruses 1109-F-30, VSVG, and YU-2 were produced and titrated as described previously (41). NP2-CD4/CXCR4 or NP2-CD4/CCR5 cells (1 × 10⁴ in 100 μl; a kind gift from N. Shimizu and H. Hoshino) were seeded in Dulbecco’s modified Eagle’s medium supplemented with 10% (v/v) fetal calf serum, 100 μg/ml penicillin and streptomycin, 500 μg/ml G418, and 1 μg/ml puromycin in flat-bottom 96-well plates (Nunc) and incubated at 37 °C (5% CO₂, 95% relative humidity) for 24 h prior to infection. Medium was aspired and replaced with 100 μl of medium containing i-bodies (1 μM, 5-fold dilutions, 6-point curve), AMD3100 (2 μM, 5-fold dilutions, 8-point curve), or PBS (5.8%, v/v) for untreated cells and incubated for 30 min at 37 °C. Treated and untreated cells were infected with 200 TCID₅₀ of Env-pseudotyped luciferase reporter viruses or mock-infected in 100 μl of medium and incubated for 12 h at 37 °C. The inoculum was removed and replaced with fresh medium containing inhibitor, and the cells were incubated at 37 °C for a total of 72 h. The level of HIV-1 entry was measured by luciferase activity in cell lysates accord-

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The HitHunter® cAMP XS+ assay (DiscoveRx, part no. 90-0075) was performed according to the manufacturer’s protocol in Gi mode. Cells (CHO-K1) (10,000 cells/well) were seeded in duplicate (in DiscoveRx Assay Complete Cell Plating Reagent 2, part no. 93-0563R2A) in a total volume of 20 μl into white walled 384-well microplates (Corning Glass, part no. 3570) and incubated at 37 °C overnight. Cell growth was at 37 °C and 5% CO₂, 95% relative humidity. Medium was aspi-

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In Vivo Cell Migration Assay

Following acclimation, 7-week-old BALB/C mice were anesthetized with an isoflurane/O2 mixture, and 0.2 ml/g initial body weight sterile air was injected under the back skin to create an air pouch. This was repeated on day 3. On day 6, mice were divided into groups (five mice per group) and received an intraperitoneal injection of 0.05 ml of PBS ± 10 mg/kg of i-bodies or AMD3100 (Sigma). Thirty minutes later, PBS or 2 μg of CXCL12 (Biolegend) was injected into the air pouch. Four hours later, the mice were killed in a CO2 chamber, and the air pouches were lavaged and washed, and cells were counted following trypan blue staining. All the procedures were conducted in accordance with the Guide for the Care and the Use of Laboratory Animals (National Institutes of Health) and approved by MuriGenics’ in-house IACUC.

Epitope Mapping

Epitope mapping of binding of AM3-114, AM3-523, and AM4-272 i-bodies to human CXCR4 was conducted by Integral Molecular using their Shotgun Mutagenesis Mapping Service. HEK293T cells expressing the CXCR4 library of 733 mutants (or an empty-vector control) were cultured in 384-well format, and CXCR4 expression and folding were monitored using an anti-FLAG mAb and an anti-CXCR4 mAb 12G5. Binding by anti-CXCR4 i-bodies using a high throughput immunofluorescence FACS assay was conducted as follows. i-Bodies were added to CXCR4 mutant-expressing cells at 1 μg/ml (AM3-114 and AM3-523) or 2 μg/ml (AM4-272) and incubated for 60 min at room temperature. The anti-His secondary antibody (catalog no. MAB050, R&D Systems) was then added at 1:200 (v/v) followed by 30 min of incubation at room temperature. Finally, the tertiary antibody AlexaFluor® 488-AffiniPure goat anti-mouse IgG (H+L) (catalog no. 115-545-003, Jackson ImmunoResearch) was added at 1:400 (v/v) and incubated at room temperature for 30 min. Each raw datum point was background-subtracted (background being the signal obtained for binding to cells transfected with empty vector) and normalized to the value for reactivity with wild-type CXCR4. For each clone, the mean binding values for the anti-CXCR4 i-body were plotted as a function of its mean CXCR4 expression value. Critical residues for i-body binding were identified as those that were positive for two internal controls as follows: CXCR4 expression using an anti-FLAG mAb (>70% wild type) and correct folding of CXCR4 using anti-CXCR4 mAb 12G5 (>50% wild type). Critical residues were further categorized into primary, secondary, and tertiary. “Primary” critical residues whose side chains make the highest energetic contributions to the interaction between each i-body and the GPCR showed <30% of wild-type CXCR4 reactivity for AM3-114 and AM4-272 or <15% of wild-type CXCR4 reactivity for AM3-523. “Secondary” residues with reactivity values between 30 and 40% were likely to contact i-bodies with lower energy and possibly affect presentation of the epitope. “Tertiary” residues with reactivity values between 40 and 50% appeared to affect the binding of the i-body but with no clear distinction as to how or why.

Cord Blood, Bone Marrow, and Hematopoietic Stem Cell Binding

Umbilical Cord Blood and Human Bone Marrow—Umbilical cord blood (CB) and human bone marrow (BM) were obtained from the Mercy Hospital for Women (East Melbourne, Australia), and patients undergoing hip replacement at St. Vincent’s Public Hospital or St. Vincent’s Private Hospital (East Melbourne, Australia), respectively, and were collected as described previously (42, 43). The ethics committee of each respective hospital approved all experiments. Enriched human BM CD34+ cells and purified CB CD34+ cells were isolated as described previously (43).

Mice—C57BL/6] mice were purchased from the Monash Animal Research Platform. NODSCIIdIL2Ry-/- (NSG) mice were bred in-house. Humanized NODSCIIdIL2Ry-/- (hung) mice were generated by transporting 200,000 human CB CD34+ cells with 2 × 106 irradiated CB mononuclear cells into irradiated (2.75 gray, single dose 4 h prior to transplant) NSG mice. Human engraftment was assessed in the peripheral blood 4 weeks post-transplant using anti-human CD45 and anti-mouse CD45. For i-body binding experiments, BM was harvested from huNSG mice by flushing one femur, tibia, and iliac bone as described previously (44). All animals received food and water ad libitum. All animal experiments were approved by the Monash Animal Research Platform ethics committee.

Flow Cytometry—Flow cytometric analysis was performed on an LSRII (BD Biosciences), and cell sorting was performed on a Cytompea Influx (BD Biosciences) as described previously (43). For analysis of human and murine BM and PB, up to 5 × 106 cells were analyzed at 10,000–20,000 cells/s. Data were analyzed using FlowJo 10 software (FlowJo, LLC).

i-Body Binding to Human HSC from CB, BM, and huNSG BM—Human CB and BM CD34+ cells and huNSG BM were stained sequentially with CXCR4 i-bodies (10 μg/ml), anti-His-PE, and an antibody mixture containing CD34-FITC (BD Biosciences catalog no. 348053) and CD38-BV421 (BD Biosciences Horizon catalog no. 562444), washed with PBS (0.5% BSA), and analyzed by flow cytometry as described above. For analysis of huNSG BM, huCD45-PECy7 (BD Biosciences catalog no. 557748) and muCD45-BUGV395 (BD Biosciences catalog no. 564279) were also included in the antibody mixture. HSCs from
human CB and BM were defined as CD34<sup>+</sup>CD38<sup>-</sup>, and HSCs from huNSG mice were defined as muCD45<sup>+</sup>huCD45<sup>+</sup>CD34<sup>+</sup>CD38<sup>-</sup>. CB and BM samples from three individual donors and BM from three individual huNSG mice were assessed.

**Mobilization of CD34<sup>+</sup> Stem and Progenitor Cells in huNSG Mice—**HuNSG mice were injected subcutaneously with PBS (n = 3), i-body control (10 mg/kg, n = 3), AM3-114 (10 mg/kg; n = 4), AM3-523 (10 mg/kg; n = 3), or AMD3100 (3 mg/kg; n = 3). After 1 h, PB was harvested, and WBC were enumerated, red cells lysed, and WBC labeled with anti-human CD45-PB (Biolegend catalog no. 103227), anti-B220-AF647 (Biolegend catalog no. 103226), anti-Gr1-AF647 (Biolegend catalog no. 108418), and anti-Mac1-AF647 (Biolegend catalog no. 101218), as well as stem cell markers using anti-Sca-1-PECy7 (Biolegend catalog no. 102322), anti-B220-AF647 (Biolegend catalog no. 103226), and anti-CD3-PB (Biolegend catalog no. 100214), anti-B220-PB (Biolegend catalog no. 103222), anti-His-PE, washed, and analyzed by flow cytometry.

**Mobilization of Murine Hematopoietic Stem and Progenitors—**BM cells from C57BL/6J mice were harvested, lineage-depleted, and FACs sorted for LSK progenitor cells, as described previously (43) Sorted LSK cells (from three individual mice) were stained sequentially with CXCR4 i-bodies (10 mg/ml) and anti-His-PE, washed, and analyzed by flow cytometry.

**Sample Size, Statistical Analysis and Blinding**

All statistics were performed using GraphPad Prism software (GraphPad Software Inc.). For all experiments, excluding ELISAs and panning, the investigators were blinded to i-body identity (including control i-body) but not to the identity of AMD3100 or vehicle controls. Investigators conducting SPR residual activity in the thermal and pH stability assay analyses were blinded to treatment conditions. At least three independent investigators assessed data arising from all experiments. BM, CB, and HSC data were analyzed using one-way analysis of variance, and where there were statistically significant differences between group means, a follow-up multiple comparisons analysis using the Holm-Sidak approach was performed. p < 0.05 was considered significant.

**Results**

**Engineering the i-Body Scaffold—**The first crystallographic structures of V<sub>NAR</sub> revealed close structural similarity with the immunoglobulin domains of the rat neural cell adhesion molecule (NCAM; PDB code 1QZ1) (12). As an initial step in protein engineering the I-set NCAM domain 1 as a humanized binding reagent, we expressed human NCAM immunoglobulin domain 1 as a recombinant protein (termed i-body scaffold). Crystallization of this domain (designated i-body 21H-5, PDB code 5AEA) revealed high homology to the rat NCAM1 Ig domain, with a root mean square deviation of 1.2 Å over 99 α-carbon atoms (Fig. 1, A and B, and supplemental Table S1). Characteristic of members of the immunoglobulin superfamily, each structure included two sheets of anti-parallel β-strands and a canonical disulfide bond located between residues Cys-22 and Cys-77.

These data suggested that it would be possible to engineer this Ig domain protein by inserting two loops of random amino acids in the corresponding positions that the CDR1 and CDR3 would occupy in the V<sub>NAR</sub>. To investigate whether the thermal stability of the i-body scaffold was similar to that of a V<sub>NAR</sub>, we conducted circular dichroism (CD) spectroscopy at 20 and 80 °C. As expected, the spectrum was typical of a predominantly β-strand protein (supplemental Fig. S1A, blue trace), and heating to 80 °C disrupted this structure to a random coil conformation, as indicated by a significant decrease in ellipticity at 205 nm (supplemental Fig. S1A, red trace). Consistent with other high stability V-domains (7, 8), the i-body reassumed a β-strand conformation upon cooling (supplemental Fig. S1A, black trace), a process that could be repeated without apparent loss of protein due to precipitation (gray traces), suggesting that the protein scaffold is very stable at high temperatures due to an ability to refold, most likely aided by the internal disulfide bond. V<sub>NAR</sub> antigen binding capability resides predominantly in the loop regions analogous to antibody CDRs 1 and 3 (46). To assess the feasibility of wild-type human NCAM domain 1 to accommodate similar variability in these regions, i-body 21H-5 was modeled to determine the best framework junction residues for mutation, and the resulting clone 23B-2 was constructed by grafting the CDR3 loop from a previously reported V<sub>NAR</sub> (clone 1A-7 (34)) onto the 21H-5 “scaffold.” The resulting chimeric recombinant protein was soluble, stable, and bound the target antigen (monoclonal antibody 5G8) specifically as measured by ELISA (supplemental Fig. S2).

As proof-of-principle of i-bodies as single domain binding reagents, a small library was then constructed by inserting random sequences of 15 residues in the region corresponding to CDR3. This “15-mer” i-body library was phase-displayed, selected on the monoclonal antibody 5G8, and analyzed for the diagnostic 5G8 recognition sequence (A/S)YP (28, 34). Such i-bodies containing this target sequence were successfully enriched (supplemental Table S2), and one such i-body (designated AD5G8-5; 180 nM affinity for antigen) was produced as a recombinant protein and utilized for a more extended series of characterization experiments that demonstrated the i-body was an extremely stable monomeric protein (supplemental Fig. S1). Specifically, AD5G8-5 solubility was unaffected by short
Term heat treatment (supplemental Fig. S1B), and a thermal and pH stability study demonstrated that retention of active protein was >70% at a range of pH values. At 37°C, retention of active protein was >90% at pH 4 and 5.5, >65% at pH 7.4, and then decreased to >55% at pH 10 (supplemental Fig. S1C). Continuous size distribution analysis of analytical ultracentrifugation data yielded excellent fits under all conditions tested. The data showed that 21H-5 and AD5G8-5 exist as monomers in solution with apparent molar masses of 13.4 and 14.5 kDa, respectively (supplemental Fig. S1D). These values are in agreement with the theoretical molecular mass derived from amino acid sequences.

A second generation i-body library was then constructed. Given that the modified NCAM scaffold was shown to have...
superior stability, we replaced the 21H-5 residues DAKDKD with a random 6-mer sequence and the 21H-5 residues TGEDGSE5 with a random sequence that varied between 10 and 20 residues in length (Fig. 1C). The positioning of these loops corresponded to the CDR1 and CDR3 regions of the V\text{\textsubscript{NAR}}, respectively, meaning that the resulting molecules could be viewed as essentially humanized equivalents of the single Ig domain of the shark. Based on these specifications, a synthetic combinatorial i-body library was generated.

Identification and Engineering of Selective CXCR4 Binding i-Bodies—Following four rounds of biopanning against lipoparticles harboring the full-length human CXCR4 GPCR protein, enrichment of i-bodies specific for lipoparticles presenting CXCR4 but not CCR5 (another GPCR) was observed (Fig. 2A). Analysis of 24 single clones showed strong selective binding to CXCR4 lipoparticles for the vast majority of the clones. DNA sequence analysis revealed this response was predominantly from multiple replicates of a clone that was subsequently designated as “ADCX-99.” Several other panning campaigns were performed, incorporating subtle variations in washing regimes, antigen presentation, and the use of CXCR4-expressing cells, resulting in a diverse range of i-body sequences being identified. However, ADCX-99 was pursued for further studies as it showed superior protein expression levels.

Surface plasmon resonance revealed that ADCX-99 had relatively weak affinity (≈650 nM) for CXCR4 lipoparticles (Table 1 and supplemental Fig. S3A). To improve the affinity of ADCX-99 enough to generate i-bodies with relevant therapeutic potential, the ADCX-99 sequence was subjected to two iterative rounds of affinity maturation in which mutations were introduced in the CDR1 and CDR3. In the first round of affinity maturation (AM1), the mutation rate was set at 0 or 1 amino acid mutation per CDR loop, or the C-terminal region of ADCX-99 (including CDR3) was recombined by splice overlap PCR with the N-terminal region (including CDR1) of the entire i-body library. Following biopanning of these AM1 libraries and screening of ≈2,000 clones, SPR analysis showed significant improvement in binding kinetics of a panel of 90 clones. Of these, the most notable were clones AM1–126 and AM1–320, which had affinities of 27 and 16 nM, respectively (Table 1 and supplemental Fig. S3B), representing a 24–40-fold improvement in affinity. On comparing the panel of AM1 affinity matured clones, it was evident that four residue positions were critical for conferring the improved affinity for CXCR4, namely residues 28 and 30 in CDR1 and residues 80 and 89 in CDR3 (Fig. 2C). Accordingly, in the second round of affinity maturation, the AM2 affinity matured libraries were constrained such that position 28 consisted of Tyr or Lys residues only, position 30 by His or Gly, and positions 80 and 89 consisted of only Trp or Tyr, respectively, and other positions in the CDRs were subjected to random mutation, with a maximum of 2 residues mutated per clone. Following biopanning of the AM2 libraries, SPR analysis of selected i-bodies showed further improvement in affinity in the low nanomolar range (Table 1, Fig. 2B, and supplemental Fig. S3, D–G). Interestingly, all the selected i-bodies retained the positively charged arginine residue in their CDRs (Fig. 2C), consistent with the view that the CDR3 could penetrate into the negatively charged binding

### Table 1: Attributes of the panel of CXCR4 i-bodies

| i-body/CDR3 mutations | Binding affinity (nM) mean ± S.D. | Dissociation rate constant (s\textsuperscript{-1}) mean ± S.D. | IC\textsubscript{50} in HIV-entry inhibition (M range) mean ± S.D. |
|------------------------|----------------------------------|----------------------------------------------------|------------------------------------------------------|
| ADCX-99                | 643 ± 35                         | 1.5 ± 0.6                                          | 99 ± 25 (μM)                                        |
| AM1-126                | 27.2 ± 4.8                       | 1.4 ± 0.4                                          | 5.2 ± 1.4 (μM)                                      |
| AM1-320                | 16.6 ± 5.5                       | 0.2 ± 0.1                                          | 9.1 ± 1.0 (μM)                                      |
| AM3-114                | 4.2 ± 1.2                        | 1.4 ± 0.2                                          | 9.8 ± 1.4 (μM)                                      |
| AM3-523                | 9.2 ± 2.4                        | 1.2 ± 0.2                                          | 14.6 ± 2.3 (μM)                                     |
| AM4-272                | 1.8 ± 0.3                        | 1.0 ± 0.1                                          | 39.4 ± 3.9 (μM)                                     |
| AM4-746                | 4.0 ± 1.4                        | 1.2 ± 0.2                                          | 17.0 ± 1.6 (μM)                                     |
| AM5-100                | 18.5 ± 1.0                       | 0.9 ± 0.1                                          | 9.0 ± 1.0 (μM)                                      |
| AM6-121                | 9.0 ± 1.1                        | 1.1 ± 0.2                                          | 14.9 ± 1.6 (μM)                                     |

\(\text{IC}_{50}\) values were determined by BRET as outlined in Methods. Data from Heym et al. (75).
i-Bodies Antagonize CXCR4

A panel of five of the highest affinity i-bodies, all with single digit nanomolar affinity for CXCR4 (AM3-114, AM4-272, AM3-523, AM4-746, and AM4-1121, see Table 1) was further characterized in a variety of in vitro assays. As a first step in determining whether AM3-114 could also recognize CXCR4-expressing cells, flow cytometry was used to visualize the binding of the this i-body to a panel of CXCR4-positive cancer cell lines (Fig. 3). AM3-114 showed dose-dependent but variable binding to all cell lines, except HL-60 where little binding was observed. The variable binding is perhaps a function of the observation that GPCR conformation and tissue/cell type can markedly affect ligand binding and activity (49, 50).

With our in situ data showing a strong correlation between cell-surface CXCR4 expression levels and i-body binding, it was important to assess the specificity of the i-bodies for CXCR4 relative to other chemokine receptors. i-body-mediated antagonism of a panel of 19 chemokine receptors expressed on PathHunter cells (DiscoveRx) was monitored by β-arrestin activation (Fig. 4). Activation of chemokine receptors other than CXCR4 was low, i.e. the background signal for most other receptor/i-body combinations was <20% for all i-bodies. As anticipated, most i-bodies principally recognized CXCR4 rather than the other chemokine receptors. Specifically, AM1-126, AM1-320, AM3-523, AM4-746, and AM4-1121 elicited strong (>50%) β-arrestin inhibition, with AM3-523 showing the strongest inhibition (>90%). AM3-114 and AM4-272 elicited comparatively weak activation of β-arrestin inhibition in the CXCR4 model at 10 and 24%, respectively. Despite the limitations of this high throughput screen format (i.e. single i-body concentration tested, conducted in singlicate), it was clear that the i-bodies were highly specific for CXCR4 and were thus evaluated in further detail.

Given the specificity of the panel of i-bodies for CXCR4, and in an effort to extend our analysis of antagonism of β-arrestin recruitment, a series of i-body dose-response assays were conducted using BRET technology (40) in cells transiently expressing human CXCR4/Rluc8 and β-arrestin2/Venus in the presence of 100 nM CXCL12 agonist (Fig. 5A and Table 1). AMD3100 was a potent antagonist in the assay. Although the parent CXCR4 i-body, ADCX-99, had a very weak effect on β-arrestin recruitment, the affinity-matured i-body panel was clearly antagonistic in the low micromolar range (Table 1), thus reflecting SPR binding kinetics results and further validating the affinity maturation strategy.

The panel of CXCR4 i-bodies was examined in in vitro assays for the ability to intervene with stimulation of CXCR4 by CXCL12, as measured by changes in intracellular calcium and cAMP levels. The previously described antagonist AMD3100...
displayed a dose-dependent effect in both assays. In a recombinant human CXCR4 Gq5i chimeric cell line none of the CXCR4 i-bodies blocked calcium flux, whereas AMD3100 inhibited flux quite potently (Table 1) consistent with a previous report (51). By comparison, the i-bodies were effective at blocking the CXCL12-induced decrease in cAMP in CHO-1 cells. Indeed, all i-bodies were equivalent to or slightly more potent than AMD3100 in this assay (Fig. 5B and Table 1).

**CXCR4 i-Bodies Inhibit HIV Entry**—Because it has been reported that some strains of HIV use CXCR4 as a co-receptor for viral entry and that CXCR4 antagonists, such as AMD3100, are capable of blocking entry of the virus (52), it was of interest to establish whether the i-bodies could modulate HIV infectivity. We investigated the potency of the CXCR4 i-body panel in an inhibition assay using luciferase reporter viruses pseudotyped with a CXCR4-using envelope of HIV, the primary strain 1109-F-30, which is a subtype C clinical envelope from a chronically infected individual (53). All of the CXCR4 i-bodies showed significant levels of inhibition of this strain (Fig. 5C). i-bodies AM3-114, AM4-746, and AM4-1121 were most effective at inhibiting entry (Table 1 and Fig. 5C). By comparison, AMD3100 was more potent than the i-bodies, and the control i-body, which does not bind CXCR4, had little effect on strain 1109-F-30. The i-bodies did not inhibit entry of reporter viruses pseudotyped with VSVG, which is the envelope from the vesicular stomatitis virus that undergoes endocytosis after binding to an unrelated receptor (supplemental Fig. S4A), and were also not able to block HIV entry into host cells by a strain of HIV (YU-2) that relies on CCR5 for entry (supplemental Fig. S4B), therefore demonstrating that the anti-CXCR4 activity of the i-bodies is critical for blocking HIV entry.

Despite the variations in conditions among these *in vitro* assays (cell type, agonist concentration, etc.), the CXCR4 i-body panel appeared to show specific activity in cAMP, β-arrestin recruitment, and HIV assays but not in the calcium flux assay. Overall, AM3-114 generally showed the strongest potency. Variation among the individual i-body binders was observed in each assay,
ECL2 and 1 in ECL3, some distance from the ligand binding site on CXCR4 are different. In fact, of the nanobodies 238D2 and 238D4 (6), suggesting that the i-body and residues that reduce the binding of i-bodies affected the binding of t-bodies. AMD3100 (56), consistent with GPCR (54, 55) were identified for each i-body, and important but lower energetic contributions were also identified. It was evident that the three i-bodies all bound in the CXCR4 binding pocket (Fig. 6). Mutation of Asp-262 (located in the major binding pocket) to glycine negatively impacts the binding of all three i-bodies. The critical residues where lower numbers represent weaker binding to specific CXCR4 mutants were identified and categorized into three groups based on reactivity values, (54, 55). Primary critical residues (black shading) make the highest energetic contributions to the interaction; secondary critical residues (dark gray shading) contact residues with lower energy or may affect the presentation of the epitope; and tertiary critical residues (light gray shading) appear to affect the binding of the i-body but with no clear distinction as to how or why.

### Discussion

GPCRs are complex membrane proteins that control multiple signaling pathways, and it is well established that obtaining monoclonal antibodies against GPCRs is not trivial (61–63). At
a functional level, stimulation of CXCR4 by its ligand CXCL12 is important in homeostasis and embryonic development, as well as homing of stem and progenitor cells in the bone marrow and into the peripheral blood, yet it is also implicated in multiple disease states. These diverse functions make drug development difficult, and prolonged antagonism of the receptor can raise side-effect concerns, including hematopoietic dysfunctions, mobilization of normal progenitor cells, and their exposure to cytotoxic drugs in cancer settings (64). Indeed, the development of AMD3100 for anti-retroviral HIV-1 therapy was discontinued due to side effects, including thrombocytopenia and paresthesia (65).

We describe herein the first report of a human single domain scaffold that has been engineered from the I-set immunoglobulin superfamily, known as the i-body. The scaffold displays stability profiles that are consistent with other Ig domains, namely thermal and extreme pH stability. Engineering of the scaffold to produce a combinatorial library enabled rapid screening against CXCR4 and yielded i-body binders that were readily affinity-matured to vastly improve binding kinetics. According to SPR analysis, AM3-114, AM4-272, and AM3-523 binding to CXCR4 is shown. The primary, secondary, and tertiary contact residues identified for binding of AM3-114 (A), AM4-272 (B), and AM3-523 (C) are highlighted on space-filled depictions of the top view (panel I) and side view (panel II) of the active site of CXCR4 (derived from PDB 3ODU). D, snake plot representation of CXCR4 (derived from PDB 3ODU) showing residues involved in binding to AM3-114 (green), AM4-272 (magenta), and AM3-523 (cyan). The epitope of AM3-114 consists of residues in ECLs 1–3, as well as transmembrane (TM) regions 4 and 7. The epitope of AM4-272 consists of residues in the N terminus, ECL2, ECL3, and TM4. The epitope of AM3-523 consists of residues in N terminus, ECL2, ECL3, and TM3. Pink dashes represent membrane boundaries.

FIGURE 6. Epitope mapping i-body binding to CXCR4. Epitope mapping of i-bodies AM3-114, AM4-272, and AM3-523 binding to CXCR4 is shown. The primary, secondary, and tertiary contact residues identified for binding of AM3-114 (A), AM4-272 (B), and AM3-523 (C) are highlighted on space-filled depictions of the top view (panel I) and side view (panel II) of the active site of CXCR4 (derived from PDB 3ODU). D, snake plot representation of CXCR4 (derived from PDB 3ODU) showing residues involved in binding to AM3-114 (green), AM4-272 (magenta), and AM3-523 (cyan). The epitope of AM3-114 consists of residues in ECLs 1–3, as well as transmembrane (TM) regions 4 and 7. The epitope of AM4-272 consists of residues in the N terminus, ECL2, ECL3, and TM4. The epitope of AM3-523 consists of residues in N terminus, ECL2, ECL3, and TM3. Pink dashes represent membrane boundaries.
active site than any previously reported antibody antagonist. Indeed, comparisons can be drawn between the binding of these i-bodies to CXCR4 and analogues of the gonadotrophin-releasing hormone decapeptide binding to its cognate receptor. Mutagenesis studies of the gonadotrophin-releasing hormone receptor have revealed a particular role for extracellular loop (ECL) 2/TM5/TM6/ECL3 as a region that differentiates binding modes of different ligands (67). Taken together, these data suggest that i-bodies provide an attractive format for generating a range of highly specific, high affinity binders to a GPCR.

CXCR4/CXCL12 interactions are critical for the homing and retention of stem and progenitor cells in BM, and it is widely accepted that its disruption by CXCR4 inhibitors such as AMD3100 results in the rapid mobilization of long term repopulating HSC (60). A recent study revealed CXCR4-dependent

FIGURE 7. CXCR4 i-bodies bind but do not mobilize human stem and progenitor cells. A, in a murine model, CXCR4 i-bodies blocked cell migration into an artificial skin air-pouch, n = 5; error bars are expressed as S.E. B, representative dot plot of human CD34+CD38- HSC. C, representative flow cytomeric histogram of i-body binding to human CB CD34+CD38- HSC using AM3-114 (red), AM4-272 (purple), and AM3-523 (blue). D, representative histogram of AM3-114 (red) binding to human BM CD34+CD38- HSC and muCD45+huCD45+CD34+CD38- HSC from huNSG BM. Control i-body shown in black. E, mobilization of muCD45+huCD45+CD34+CD38- stem and progenitor cells in huNSG mice. Error bars are expressed as S.E., *p < 0.05; **, p < 0.01, n = 3.

FIGURE 8. CXCR4 i-bodies do not mobilize murine stem and progenitor cells. A, representative flow cytometry plot of BM LSK progenitors. B, representative histogram of i-body binding to sorted murine BM LSK cells using AM3-114 (red), AM4-272 (purple), and AM3-523 (blue). C, data in B expressed as fold-increase mean fluorescence intensity (MFI) relative to control i-body. D, representative dot plot of mobilized PB LSK cells. E, total WBC. F, LSK cell content in PB of mice administered PBS, i-bodies, or AMD3100. Error bars expressed as S.E., *p < 0.05; ****, p < 0.001, n = 3.
release of CXCL12 from BM osteoblasts, and endothelial cells is a key mechanism of AMD3100-mediated HSC mobilization (68). Stem and progenitor cell mobilization by AMD3100 was found to involve reactive oxygen species signaling, which results in the release of CXCL12 and subsequent activation of the serine protease urokinase plasminogen activator (68). These data suggest that AMD3100 has additional active roles in the mobilization of stem and progenitor cells that involve CXCR4-dependent downstream signaling. Moreover, although neutralizing CXCR4 and CXCL12 antibodies inhibit steady-state egress of progenitors as well as G-CSF and AMD3100-induced HSC mobilization, they are unable to mobilize stem cells and progenitors themselves (69). Thus, although direct inhibition of the CXCR4/CXCL12 interaction is critical, it only partially accounts for the effects of AMD3100-mediated mobilization. Our data show that although anti-CXCR4 i-bodies bind BM HSC, their modulation of hematopoietic cells is in a manner that is physiologically distinct from AMD3100.

Circulating bone-derived mesenchymal cells have the potential to develop into fibrocytes and can play a critical role in the pathogenesis of fibrosis (70). A murine model of bleomycin-induced pulmonary fibrosis has shown that circulating fibrocytes (characterized by co-expression of CD45 and CXCR4) can traffic to the lungs in response to CXCL12 release (71). Several studies have indicated that CXCR4 inhibitors that do not mobilize stem cells would be useful in long term studies and therapies. Shu et al. (72) demonstrated that the CXCR4 antagonist, MSX-122, which does not mobilize stem cells, was much more effective at mitigating fibrosis than AMD3100. Indeed, MSX-122 significantly attenuated the development of fibrosis by 70%, although AMD3100 only trended toward reduction in fibrosis. These researchers noted that there was significant mortality when AMD3100 was administered intraperitoneally or intravenously (up to 50%), although no mortality was seen in MSX-122-treated mice.

It has been postulated that chemokine receptors such as CXCR4 can preferentially activate one of several possible signaling pathways, a concept termed biased signaling or functional selectivity (49, 50). Consequently, there is increasing interest in developing GPCR-specific drugs with novel modalities that are capable of modulating one GPCR signaling pathway over another in a biased manner. Such bias may involve agonism, antagonism, inverse agonism, partial agonism, or allosteric modulation and thus maximizes desired efficacy, reducing unwanted side effects and minimizing toxicity (73). The CXCR4 i-body panel has the potential for development of therapeutic or diagnostic agents following further engineering, for example, to specifically bind the major and/or minor CXCR4 subpocket (as has been demonstrated with the IT1t peptide binding to the minor subpocket (74)) or for specifically targeting one signaling pathway over others.

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