Monoclonal Antibodies in Clinical Medicine

edited by

ANDREW J. MCMICHAEL AND JOHN W. FABRE

Contributors

- Z. ABDULAZIZ
 Nuffield Department of Pathology, John Radcliffe Hospital, Oxford. OX39DU
- D. ANSTEE
 South Western Regional Transfusion Centre, Southmead Road, Bristol. BS10 5ND
- C. BARBATIS

 Nuffield Department of Pathology, University of Oxford, John Radcliffe Hospital,
 Oxford. OX39DU
- J. M. BASTIN

 Nuffield Department of Medicine, John Radcliffe Hospital, Oxford. OX39BU
- P. C. L. BEVERLEY
 Imperial Cancer Research Fund, Human Tumour Immunology Group, University
 College Hospital Medical School, University Street, London. WC1E 6]
- J. F. BRADLEY
 Nuffield Department of Pathology, University of Oxford, John Radcliffe Hospital,
 Oxford. OX35DU
- J. BURNS
 Nuffield Department of Pathology, University of Oxford, John Radcliffe Hospital,
 Oxford. OX39DU
- J. P. CAEN
 Unite 150 INSERM, Department of Haemostasis and Thrombosis, Hopital Saint
 Louis, 2 Place du Dr. A. Fournier, 75476 Paris Cedex 10, France.
- A. R. M. COATES

 MRC Unit for Laboratory Studies of Tuberculosis, Royal Postgraduate Medical School, Ducane Road, London. W12 0HS
- S. COHEN

 Department of Chemical Pathology, Guy's Hospital Medical School, London.

 SEI 9RT
- B. COSIMI

 Transplantation Immunology Unit, Massachusetts General Hospital and Department of Surgery, Harvard Medical School, Boston, Mass. 02114 U.S.A.
- A. C. CUELLO

 Departments of Pharmacology and Human Anatomy, (Neuroanatomy/Neuropharmacology Group), Oxford University, Oxford.
- R. DALCHAU

 Blond McIndoe Centre, Queen Victoria Hospital, East Grinstead, Sussex.

 RH19 3D2

- A. J. S. DAVIES
 Divisions of Biology and Chemistry, Chester Beatty Research Institute, Institute of
 Cancer Research, Fulham Road, London. SW36JB
- D. Delia Membrane Immunology Laboratory, Imperial Cancer Research Fund, Lincoln's Inn Fields, London. WC2A 3PX
- D. C. EDWARDS
 Divisions of Biology and Chemistry, Chester Beatty Research Institute, Institute of
 Cancer Research, Fulham Road, London. SW36JB
- M. A. EPSTEIN

 Department of Pathology, University of Bristol Medical School, University Walk,

 Bristol. BS8 1TD
- J. W. FABRE

 Blond McIndoe Centre, Queen Victoria Hospital, East Grinstead, Sussex.

 RH193DZ
- K. A. FLEMING
 Nuffield Department of Pathology, University of Oxford, John Radcliffe Hospital,
 Quford. OX39DU
- K. G. GATTER
 Nuffield Department of Pathology, John Radcliffe Hospital, Oxford. OX3 9DU
- W. GERHARD
 The Wistar Institute of Anatomy and Biology, 36th Street at Spruce, Philadelphia,
 PA 19104, U.S.A.
- A. M. GOATE
 Nuffield Department of Pathology, University of Oxford, John Radcliffe Hospital,
 Oxford. OX39DU
- G. GOLDSTEIN
 Ortho Pharmaceutical Corporation, Immunobiology Division, Raritan, New Jersey
 08869, U.S.A.
- P. GOODFELLOW
 Imperial Cancer Research Fund, Lincoln's Inn Fields, London. WC2A 3PX
- M. F. GREAVES

 Membrane Immunology Laboratory, Imperial Cancer Research Fund, Lincoln's Inn
 Fields, London. WC2A 3PX
- E. HABER
 Cardiac Unit, Department of Medicine, Massachusetts General Hospital, Boston,
 Mass. 02114, U.S.A.
- G. JANOSSY

 Department of Immunology, Royal Free Hospital School of Medicine, Pond Street,

 London. NW3 2QG
- H. S. KAPLAN

 Cancer Biology Research Laboratory, Stanford University School of Medicine,

 Stanford, CA 94305, U.S.A.
- A. P. KENDAL
 Centre for Disease Control, Building 7, Room 112, Atlanta, Georgia 30333, U.S.A.

- N. KIEFFER
 - Unite 150 INSERM, Department of Haemostasis and Thrombosis, Hopital Saint Louis, 2 Place du Dr. A. Fournier, 75475 Paris Cedex 10, France.
- J. KIRKLEY
 - Nuffield Department of Surgery, John Radcliffe Hospital, Oxford. OX39DU
- E. S. LENNOX
 - MRC Laboratory of Molecular Biology, Hills Road, Cambridge. CB2 2QH
- J. LIFTER
 Ortho Pharmaceutical Corporation, Immunobiology Division, Raritan, New Jersey
 08869, U.S.A.
- D. Y. MASON
 - Nuffield Department of Pathology, John Radcliffe Hospital, Oxford, OX39DU
- J. O'D MCGEE
 - Nuffield Department of Pathology, University of Oxford, John Radcliffe Hospital, Oxford. OX39DU
- A. MCMICHAEL .
 - Nuffield Department of Medicine, John Radcliffe Hospital, Headington, Oxford. OX39DU
- C. MILSTEIN
 - MRC Laboratory of Molecular Biology, Hills Road, Cambridge. CB2 2QH
- D. A. MITCHISON

 MRC Unit for Laboratory Studies of Tuberculosis, Royal Postgraduate Medical School, Ducane Road, London, W12 0HS
- R. MITTLER
 - Ortho Pharmaceutical Corporation, Immunobiology Division, Raritan, New Jersey 08869, U.S.A.
- J. A. MORTON
 - Nuffield Department of Pathology, University of Oxford, John Radcliffe Hospital, Oxford. OX39DU
- M. NAIEM
 - Nuffield Department of Pathology, John Radcliffe Hospital, Oxford. OX39DU
- J. R. G. NASH
 - Nuffield Department of Pathology, John Radcliffe Hospital, Oxford. OX3 9DU
- R. NEWMAN
 - Membrane Immunology Laboratory, Imperial Cancer Research Fund, Lincoln's Inn Fields, London. WC2A 3PX
- I. R. NORTH
 - Department of Pathology, University of Bristol Medical School, University Walk, Bristol, BS8 1TD
- L. OLSSON
 - Cancer Biology Research Laboratory, Stanford University Medical Centre, Stanford, CA 94305, U.S.A.
- A. RAUBITSCHEK
 - Cancer Biology Research Laboratory, Stanford University Medical Centre, Stanford, CA 94305, U.S.A

- C. W. G. REDMAN

 Nuffield Department of Obstetrics and Gynaecology, John Radcliffe Hospital,

 Headington, Oxford. OX3 9DU
- W. C. J. ROSS

 Division of Biology and Chemistry, Chester Beatty Research Institute, Institute of Cancer Research, Fulham Road, London. SW36JB
- C. RUAN
 Unite 150 INSERM, Department of Haemostasis and Thrombosis, Hopital Saint
 Louis, 2 Place du Dr. A. Fournier, 75475 Paris Cedex 10, France.
- K. SIKORA

 Ludwig Institute for Cancer Research, MRC Centre, The Medical School, Hills
 Road, Cambridge. CB2 2QH
- E. SOLOMON
 Imperial Cancer Research Fund, Lincoln's Inn Fields, London. WC2A 3PX
 H. STEIN
- Institute for Pathology, Christian Albrechts University, Kiel, West Germany.

 G. M. STIRRAT

 Nuffield Department of Obstetrics and Gynaecology, Bristol Maternity Hospital,
- Bristol. BST AD6
 C. A. SUNDERLAND
 Nuffield Department of Obstetrics and Gynaecology, Bristol Maternity Hospital,
 Bristol. BST AD6
- P. E. THORPE

 Drug Targeting Laboratory, Imperial Cancer Research Fund, Lincoln's Inn Fields,

 London. WC2A 3PX
- G. TOBELEM
 Unite 150 INSERM, Department of Haemostasis and Thrombosis, Hopital Sain
 Louis, 2 Place du Dr. A. Fournier, 75475 Paris Cedex 10, France.
- L. VODINELICH

 Membrane Immunology Laboratory, Imperial Cancer Research Fund, Lincoln's Inn
 Fields, London. WC2A 3PX

Preface

It is only 7 years since G. Kohler and Cesar Milstein published their work on the production of mouse monoclonal antibodies to sheep erythrocytes, but in that short time monoclonal antibodies have had an astonishing impact on almost every facet of biology. They are now beginning to be used in clinical practice and there can be little doubt that in the next few years they will have as profound and wide-ranging an influence on clinicians as they have had in the past few years on laboratory scientists. As is illustrated in innumerable examples in this volume, every aspect of clinical medicine—diagnosis, prognosis, understanding of pathophysiology, therapy and prophylaxis—will be enormously enhanced by the advent of monoclonal antibodies.

A wealth of benefits in clinical application lay before us. Quite clearly, however, the promise of monoclonal antibodies will be most fully and rapidly realised only if clinicians are aware of their potential benefits, and if laboratory scientists with clinical interests apply themselves to the relevant problems. At this early stage it is difficult for those not directly involved with monoclonal antibodies to assimilate disconnected papers, or to understand the background and look to the future. It is particularly with this in mind that this volume was produced, and we hope that it will serve as a milestone in the dissemination of awareness of the clinical benefits that lie ahead, and thereby hasten their becoming a reality.

The production of monoclonal antibodies represented the culmination of much basic biological research on cell fusion. Their clinical application will be an excellent example of how even the most basic research can have quite unexpected and profound clinical value and it is salutory to stress that point in a volume such as this. All of us who work with monoclonal antibodies owe a large debt of gratitude to Dr. Cesar Milstein, not only because it was largely due to his pioneering work with Dr. G. Kohler that monoclonal antibodies are a reality today, but also because of the generosity with which he distributed, from the earliest days, his myeloma lines to all of those interested in the field. We

are therefore delighted and much honoured that he agreed to write the introductory chapter of this book, as it forms a most appropriate and informative background for the succeeding chapters.

We could not hope, even in a volume of this size, to be fully comprehensive, but we have tried to give an idea of the scope that exists for clinical application, and have chosen subjects where monoclonal antibodies are already or will very likely soon be of clinical benefit. Within each subject we have sought illustrative chapters; for example the chapters on influenza and Epstein-Barr viruses represent virology, although monoclonal antibodies have been made against a large number of different viruses. The last section of the book consists of 4 chapters giving detailed methodology on the production and use of monoclonal antibodies. We felt that a detailed exposition of the practical aspects of monoclonal antibodies would be invaluable to many readers, as this is rarely given in the literature and quite obviously, however valuable monoclonal antibodies might be, their value is diminished if one has difficulty producing them or cannot put them to optimal use.

It is our hope that the book will have a broad educative function and reach a diverse readership. With this in view, the authors were asked to make their chapters accessible to non-specialists, and they have done this admirably well. We are grateful to all the authors for their contributions, which were submitted within a 3 month period and include much unpublished data. The book should therefore be as current as any major journal issue at the time of publication. We are grateful to Peter Brown of Academic Press who initiated and encouraged the project, to Jean Broadis, Eunice Berry and Rosemary Bryan for expert secretarial assistance, and to Phyllis Hildreth for help with the index and appendices.

June 1982

A. J. McMichael J. W. Fabre

Centents

Contributors Preface		v ix
Α	INTRODUCTION	
	l Monoclonal Antibodies from Hybrid Myelomas: theoretical aspects and some general comments	
	C. MILSTEIN	3
	2 Monoclonal Human Antibodies: a recent development with wide-ranging clinical potential	
	HENRY S. KAPLAN, LENNART OLSSON AND	
	Andrew Raubitschek	17
В	IMMUNOLOGICAL ASPECTS	
	3 Immunoregulatory Changes in Human Disease Detected by Monoclonal Antibodies to T Lymphocytes	
	GIDEON GOLDSTEIN, JOHN LIFTER AND	
	ROBERT MITTLER	39
	4 Monoclonal Anti Human Lymphocyte Antibodies: their potential value in immunosuppression and bone marrow transplantation	
	GEORGE JANOSSY, GIDEON GOLDSTEIN AND	
	A. BENEDICT COSIMI	71
_		/1
\mathbf{C}	CANCER	
	5 Definition of Human Tumour Antigens	
	EDWIN S. LENNOX AND KAROL SIKORA	111
	6 Analysis of Leukaemic Cells with Monoclonal Antibodies	
	M. F. GREAVES, D. DELIA, R. NEWMAN AND L. VODINELICH	
		129
	7 Monoclonal Antibody – Toxin Conjugates: aiming the magic bullet	
	PHILIP E. THORPE, D. C. EDWARDS, A. J. S.	
	DAVIES AND W. C. J. ROSS	167
	-	

D	HAEMATOLOGY	
	8 Studies with Monoclonal Antibodies on Normal and Diseased platelets	
	GERARD TOBELEM, CHANGGENG RUAN, ANDREW J.	
	MCMICHAEL, NELLY KIEFFER AND J. P. CAEN	205
	9 Characterization of Human Blood Group Alloantigens	
	D. J. ANSTEE	237
E	MICROBIOLOGY	
_	10 Characterization, Structure and Variant Analysis of	
	Viruses with Particular Reference to Influenza	
	WALTER GERHARD AND ALAN P. KENDAL	253
	11 Characterization of Epstein-Barr Virus Antigens: towards	
	a vaccine for malignancies associated with the virus	
	M. A. EPSTEIN AND J. R. NORTH	277
	12 Monoclonal Antibodies in Bacteriology	
	D. A. MITCHISON AND A. R. M. COATES	301
	13 Monoclonal Antibodies in Parasitology, with Particular Reference to Malaria	
	SYDNEY COHEN	311
	OTBINET CONEM	311
F	GENETICS	
	14 Monoclonal Antibodies to HLA Antigens: new approaches	
	to the study of structure, genetics and function	
	ANDREW J. MCMICHAEL	335
	15 Monoclonal Antibodies and Human Gene Mapping by	
	Somatic Cell Genetics PETER GOODFELLOW AND ELLEN SOLOMON	0.05
	TETER GOODFELLOW AND ELLEN SOLOMON	365
G	NEUROLOGY	
	16 Differentiation Antigens of the Human Central Nervous	
	System: identification with monoclonal antibodies and	
	potential clinical value	
	JOHN W. FABRE	397
	17 Monoclonal Antibodies to Neurotransmitters: potential	
	value in the understanding of normal and abnormal neurological function	
	A. CLAUDIO CUELLO	113
	11. OLNOBIO GULLLO	113
H	OTHER AREAS	
	18 Monoclonal Antibodies to Mallory Bodies/Intermediate	
	Filaments and HLA (Class 1) Antigens in Human Liver	
	Disease	
	J. O'D MCGEE, J. A. MORTON, C. BARBATIS,	
	J. F. BRADLEY, K. A. FLEMING, A. M. GOATE AND I. BURNS	431
	AND I. DURNS	431

Contents	xii
 Monoclonal Antibodies and Human Pregnancy: identification and possible significance of antigens specific to the human placenta C. A. SUNDERLAND, C. W. G. REDMAN AND 	
G. M. STIRRAT 20 Monoclonal Antibodies to Drugs: new diagnostic and therapeutic tools	457
E. HABER	477
PRACTICAL ASPECTS	
21 Production of Monoclonal Antibodies: a practical guide JUDY M. BASTIN, JEAN KIRKLEY AND ANDREW	
J. MCMICHAEL The Purification of Antigens and Other Studies with Monoclonal Antibody Affinity Columns: the	503
complementary new dimension of monoclonal antibodies ROSEMARY DALCHAU AND JOHN W. FABRE	519
23 The Use of the Fluorescence Activated Cell Sorter for the Identification and Analysis of Function of Cell Subpopulations	
P. C. L. BEVERLEY 24 Immunohistological Applications of Monoclonal Antibodies D. Y. MASON, M. NAIEM, Z. ABDULAZIZ,	577
J. R. G. NASH, K. C. GATTER AND H. STEIN	585
Appendix A	636
Appendix B	643
Index	

Monoclonal Antibodies in Clinical Medicine

edited by

ANDREW J. McMichael and John W. Fabre

Nuffield Department of Medicine, John Radcliffe Hospital, Headington, Oxford. OX39DU

Nuffield Department of Surgery, John Radcliffe Hospital, Headington, Oxford. OX39DU

1982



ACADEMIC PRESS

A Subsidiary of Harcourt Brace Jovanovich, Publishers

LONDON NEW YORK PARIS SAN DIEGO SAN FRANCISCO SAO PAULO SYDNEY TOKYO TORONTO

ACADEMIC PRESS INC. (LONDON) LTD. 24/28 Oval Road London NW1

United States Edition published by ACADEMIC PRESS INC. 111 Fifth Avenue New York, New York 10003

Copyright © 1982 by ACADEMIC PRESS INC. (LONDON) LTD.

All Rights Reserved

No part of this book may be reproduced in any form by photostat, microfilm, or any other means, without written permission from the publishers

British Library Cataloguing in Publication Data

Monoclonal antibodies in clinical medicine.

1. Immunoglobulins 2. Gammopathies, Monoclonal
1. McMichael, A. II. Fabre, J.
616.079'3 QR186.7

Library of Congress Catalog Card Number: 81-71580

ISBN: 0-12-485580-6

Phototypeset by Oxford Verbatim Limited Printed in Great Britain by St. Edmundsbury Press, Bury St. Edmunds.

A INTRODUCTION

1 Monoclonal Antibodies from Hybrid Myelomas: theoretical aspects and some general comments

C. MILSTEIN

MRC Laboratory of Molecular Biology, Hills Road, Cambridge. CB2 2QH.

Ι	Introduction	3
H	Derivation and Selection of Hybrid Myelomas Secreting	
	Specific Antibodies	5
П	Successful Hybrids Selectively Express Antibody Secretion	8
IV	Are Monoclonal Antibodies a Random Representation of the	
	Antibodies of the Immunized Animal?	10
V	Unusual Serological Properties of Monoclonal Antibodies	11
VΙ	Concluding Remarks	13

I INTRODUCTION

Antibody producing lymphoid cells from immunized animals have a very short life when cultured under in vitro conditions. Individual myeloma cell lines can be grown permanently in culture, but the antibody they produce does not express a pre-defined specificity. When both types of cells are fused, hybrids can be derived which retain the essential properties of (a) permanent growth, and (b) production and secretion of antibody with a pre-defined specificity. Since the hybrid cells can be cloned, it is possible to dissect the heterogeneous response of an animal (Fig. 1·1). The procedure therefore permits the derivation of

clean reagents directed against very well defined antigenic determinants, regardless of the complexity of the immunogen: this allows a new strategic approach to a wide variety of problems, and its impact in the field of clinical medicine is the object of this book.

Although the experimental set up looks simple and straightforward, the development of the technique was the result of many years of fundamental development in unconnected areas of cell biology and immunology. The discovery of cell hybrids formed by spontaneous fusions of two different cells in culture was discovered in 1960, but this was a very rare event with little practical importance. The exploitation

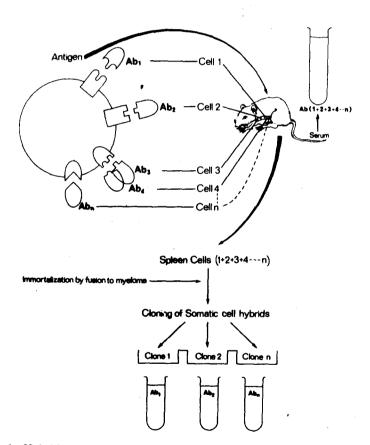


FIG. 1-1 Hybrid myelomas allow dissection of the immune response. The response of an animal to an antigen is very complex. But each antibody is synthesized by individual cells. These can be immortalized by cell fusion to provide an inexhaustible supply of monoclonal antibody (from Milstein and Lennox, 1980).

of the phenomenon for research purposes was made practical by further developments permitting the increase of fusion efficiency and the selection of hybrid cells. (For a comprehensive review of the historical developments, see Ringertz and Savage, 1976). In the following 10 years, somatic cell hybrids were extensively used for two purposes; namely for gene mapping and for studies of gene expression and differentiation. The immortalization of a given differentiated function and the use of hybrid cells as a permanent source of specific products, in this case monoclonal antibodies, added a new application to somatic cell hybrids.

II DERIVATION AND SELECTION OF HYBRID MYELOMAS SECRETING SPECIFIC ANTIBODY

The procedure first used for the derivation of anti sheep red cells (Kohler and Milstein, 1975) and schematically described in Fig. 1-2 requires myeloma cell lines, well adapted to permanent growth in cell culture conditions, but including genetic deficiencies which do not allow them to grow under certain conditions. The most commonly used are mutants lacking the enzymes hypoxanthine guanine ribosyl transferase or thymidine kinase. The mutants are usually selected among those able to grow in the presence of azaguanine or bromodeoxyuridine. Such mutants are resistant to these DNA analogues, because they lack enzymes of the salvage pathway. For the same reason, they are unable to incorporate externally supplied hypoxanthine or thymidine. When endogenous synthesis of DNA precursors is blocked with aminopterin, the cells die, even when hypoxanthine or thymidine are also included (HAT medium) (Szybalski et al., 1962). Hybrids between them and spleen cells, which contain the wild type salvage pathway enzymes can then be selected from the parental components as the only cells that actively multiply in HAT medium.

The growing hybrids coexpress certain genotypic and phenotypic characteristics of both parental cells, but there are restrictions, which will be discussed later. When selected parental myelomas are used, the majority of the hybrid cells express antibody molecules derived from the lymphoid cells (e.g. spleen) of the immunized animal. Among those hybrids, some may express and secrete desired antibodies. Such hybrid cells can be individually isolated, and grown as clones secreting a specifically selected antibody (Fig. 1·3).

Practical problems and strategic approaches have been extensively reviewed (Galfre and Milstein, 1981; and see Chapter 21). The

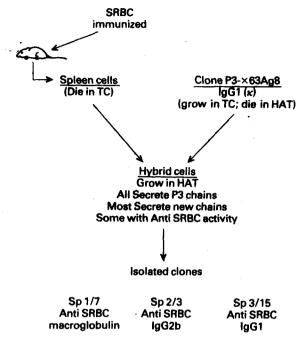


FIG. 1.2 Fixation of the specific antibody production of a transient spleen cell in a permanent tissue culture line (from Milstein and Kohler, 1977).

response of an animal to a given immunogen usually results in the stimulation of a highly heterogeneous population of cells, each secreting different antibody molecules. The hybrid myelomas represent a cross-section of the heterogeneous population (Fig. 1·1). Among those, some will secrete antibody molecules exhibiting desired properties. It follows that the successful derivation of desired lines will largely depend on the appropriate immunization of the animal, and on the ability of the experimenter to select the desired clones from among the large number of hybrid clones randomly produced.

Immunogens are often complex structures, or impure substances, but these factors are of little importance, provided that the desired responses can be induced, and not less importantly, that the relevant antibody can be specifically recognized in the presence of the contaminating components (Williams et al., 1977). For instance, the antibodies induced to impurities of an interferon crude preparation are totally ignored by testing the ability of the antibody to neutralize or remove interferon activity (Secher and Burke, 1980). A monoclonal antibody specifically recognizing thymocytes can be recognized, be-

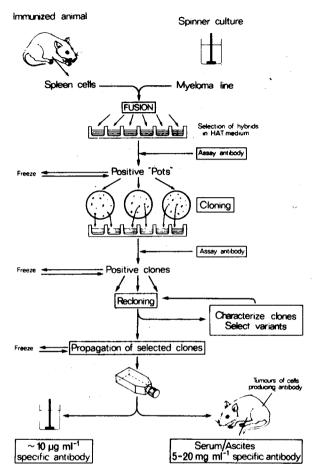


FIG. 1-3 Usual steps involved in the derivation and cloning of antibody producing hybrid myelomas (from Galfre and Milstein, 1981).

cause it will bind to thymocytes, but not to peripheral lymphocytes (McMichael et al., 1979). Here, unlike the case of interferon, antibodies to thymocytes which also recognize peripheral lymphocytes are not ignored in a simple binding assay. This introduces certain complications in screening procedures.

On the other hand, complex antigenic mixtures may contain dominant immunogenic components. These may effectively decrease the response to a desired antigen, in which case partial purification of the antigen in question may become essential. One general way to achieve