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(54) **PEPTIDE VACCINES FOR CANCERS EXPRESSING MPHOSPH1 OR DEPDC1 POLYPEPTIDES**

PEPTIDIMPFSTOFFE GEGEN KREBSARTEN, BEI DENEN MPHOSPH1- ODER DEPDC1-
POLYPEPTIDE EXPRIMIERT WERDEN

VACCINS PEPTIDIQUES POUR DES CANCERS EXPRIMANT LES POLYPEPTIDES MPHOSPH1
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(73) Proprietor: **Oncotherapy Science, Inc.**

Kawasaki-shi

Kanagawa 213-0012 (JP)

(72) Inventors:

• **FUJIOKA, Tomoaki**

Morioka-shi

Iwate 020-8505 (JP)

• **NAKAMURA, Yusuke**

Bunkyo-ku

Tokyo 113-8654 (JP)

• **TSUNODA, Takuya**

Bunkyo-ku

Tokyo 113-8654 (JP)

• **OSAWA, Ryuji**

Kawasaki-shi

Kanagawa 213-0012 (JP)

• **SHIDA, Midori**

Kawasaki-shi

Kanagawa 213-0012 (JP)

(74) Representative: **Vossius & Partner**

Siebertstrasse 4

81675 München (DE)

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Description**Technical Field**

[0001] The present disclosure relates to the field of biological science, more specifically to the field of cancer therapy. In particular, the present disclosure relates to novel peptides that serve as extremely effective cancer vaccines, and drugs for treating and preventing tumors containing such peptides.

Background Art

[0002] It has been demonstrated that CD8+ cytotoxic T lymphocytes (CTLs) recognize epitope peptides derived from tumor-associated antigens (TAAs) presented on MHC class I molecules, and lyse the tumor cells. Since the discovery of the MAGE family as the first example of TAAs, many other TAAs have been discovered using immunological approaches (Boon T. (1993) *Int J Cancer* 54: 177- 80.; Boon T. et al., (1996) *J Exp Med* 183: 725- 9.; van der Bruggen P et al., (1991) *Science* 254: 1643- 7.; Brichard V et al., (1993) *J Exp Med* 178: 489- 95.; Kawakami Y et al., (1994) *J Exp Med* 180: 347- 52.) . Some of them are now in clinical development as targets of immunotherapy. TAAs discovered so far include MAGE (van der Bruggen P et al., (1991) *Science* 254: 1643- 7.), gp100 (Kawakami Y et al., (1994) *J Exp Med* 180: 347- 52.), SART (Shichijo S et al., (1998) *J Exp Med* 187: 277- 88.), and NY- ESO- 1 (Chen Y.T. et al., (1997) *Proc. Natl. Acad. Sci. USA*, 94: 1914- 8.) . On the other hand, certain gene products demonstrated to be somewhat specifically over- expressed in tumor cells have been shown to be recognized as targets for inducing cellular immune responses. Such gene products include p53 (Umano Y et al., (2001) *Br J Cancer*, 84: 1052- 7.), HER2/neu (Tanaka H et al., (2001) *Br J Cancer*, 84: 94- 9.), CEA (Nukaya I et al., (1999) *Int. J. Cancer* 80, 92- 7.) and the like.

[0003] Despite significant progress in basic and clinical research concerning TAAs (Rosenberg SA et al., (1998) *Nature Med*, 4: 321-7.; Mukherji B. et al., (1995) *Proc Natl Acad Sci USA*, 92: 8078-82.; Hu X et al., (1996) *Cancer Res*, 56: 2479-83.), only a very limited number of candidate TAAs suitable for treatment of cancers are presently available. TAAs that are abundantly expressed in cancer cells, and whose expression is restricted to cancer cells, would be promising candidates as immunotherapeutic targets.

[0004] Both HLA-A24 and HLA-A0201 are common HLA alleles in the Japanese and Caucasian populations (Date Y et al., (1996) *Tissue Antigens* 47: 93-101.; Kondo A et al., (1995) *J Immunol* 155: 4307-12.; Kubo RT et al., (1994) *J Immunol* 152: 3913-24.; Imanishi et al., *Proceeding of the eleventh International Histocompatibility Workshop and Conference Oxford University Press, Oxford*. 1065 (1992); Williams F et al., (1997) *Tissue Antigen* 49: 129-33.). Thus, antigenic peptides of cancers presented by these HLA alleles may find particular utility in the treatment of cancers among Japanese and Caucasian patients. Further, it is known that the induction of low-affinity CTL in vitro usually results from exposure to high concentrations of peptide, generating a high level of specific peptide/MHC complexes on antigen-presenting cells (APCs), which can effectively activate these CTL (Alexander-Miller et al., (1996) *Proc Natl Acad Sci USA* 93: 4102-7.).

[0005] Recent developments in cDNA microarray technologies have enabled the construction of comprehensive profiles of gene expression of malignant cells as compared to normal cells (Okabe, H. et al., (2001) *Cancer Res.*, 61, 2129-37.; Lin YM. et al., (2002) *Oncogene*, 21;4120-8.; Hasegawa S. et al., (2002) *Cancer Res* 62:7012-7.). This approach enables an understanding of the complex nature of cancer cells and the mechanisms of carcinogenesis and facilitates the identification of genes whose expression is deregulated in tumors (Bienz M. et al., (2000) *Cell* 103, 311-20.). Among the transcripts identified as up-regulated in cancers, MPHOSPH1 (M-phase phosphoprotein 1; GenBank Accession No. NM_016195; SEQ ID Nos.1, 2), and DEPDC1 (DEP domain containing 1; GenBank Accession No. BM683578) have been recently discovered. See WO 2004/031413, WO 2006/085684 and WO 2007/013,665, the entire contents of which are incorporated by reference herein. DEPDC1 has been described in the context of two different transcriptional variants - DEPDC1 V1 (SEQ ID Nos.3, 4) and DEPDC1 V2 (SEQ ID Nos: 5, 6). These genes have been shown to be specifically up-regulated in tumor cells of the various cancer tissues of the cases analyzed (see below); however, Northern blot analyses demonstrate that these gene products are not found in normal vital organs (see PCT/JP2006/302684). In that immunogenic peptides derived from MPHOSPH1, and DEPDC1 may find utility in killing tumor cells expressing those antigens, these genes are of particular interest to the present inventors.

[0006] Since cytotoxic drugs, such as M- VAC, often cause severe adverse reactions, it is clear that thoughtful selection of novel target molecules on the basis of well- characterized mechanisms of action is important in the development of effective anticancer drugs having a minimized risk of negative side effects. Toward this goal, the inventors previously performed expression profile analysis on various cancers and normal human tissue, and discovered multiple genes that are specifically over- expressed in cancer (Lin YM, et al., *Oncogene*. 2002 Jun 13; 21: 4120- 8.; Kitahara O, et al., *Cancer Res*. 2001 May 1; 61: 3544- 9.; Suzuki C, et al., *Cancer Res*. 2003 Nov 1; 63: 7038- 41.; Ashida S, *Cancer Res*. 2004 Sep 1; 64: 5963- 72.; Ochi K, et al., *Int J Oncol*. 2004 Mar; 24 (3) : 647- 55.; Kaneta Y, et al., *Int J Oncol*. 2003 Sep; 23: 681- 91.; Obama K, *Hepatology*. 2005 Jun; 41: 1339- 48.; Kato T, et al., *Cancer Res*. 2005 Jul 1; 65: 5638-

46.; Kitahara O, et al., Neoplasia. 2002 Jul- Aug; 4: 295- 303.; Saito- Hisaminato A et al., DNA Res 2002, 9: 35- 45.) . Of these, MPHOSPH1 (in house No. C2093) and DEPDC1 (in house No. B5860N) were identified genes over- expressed in various cancers. In particular, MPHOSPH1 was identified as over- expressed in bladder cancer, breast cancer, cervical cancer, cholangiocellular carcinoma, CML, colorectal cancer, gastric cancer, NSCLC, lymphoma, osteosarcoma, prostate cancer, renal carcinoma, soft tissue tumor. Similarly, DEPDC1 was identified as over- expressed in bladder cancer, breast cancer, cervical cancer, cholangiocellular carcinoma, CML, NSCLC, lymphoma, osteosarcoma, prostate cancer, SCLC, soft tissue tumor

[0007] MPHOSPH1 was previously identified as one of the proteins specifically phosphorylated at the G2/M transition and characterized as a plus-end-directed kinesin related protein (Abaza A et al., J Biol Chem 2003, 278: 27844-52.). More particularly, MPHOSPH1 has been previously documented to be a plus-end-directed molecular motor that plays a crucial role in cytokinesis, and accumulates in the midzone of the spindle during anaphase to telophase in HeLa cells (Abaza A et al., J Biol Chem 2003, 278: 27844-52; Kamimoto T et al., J Biol Chem 2001, 276: 37520-8). The MPHOSPH1 cDNA encodes a 1780-amino acid protein that is composed of three domains: an NH2-kinasin motor domain, a central coiled coil-stalk domain, and a C-globular tail domain. Together, this data suggests that MPHOSPH1 is an NH2-type kinesin-related protein.

[0008] As for DEPDC1, its function remains unclear. The DEP domain contained in this protein is also found in Dishevelled, Egl-10, and Pleckstrin. The DEP domain in Drosophila dishevelled plays an essential role in rescue planar polarity defects and induces JNK signaling; nevertheless, its function in Humans has not yet been clarified. However, as disclosed in PCT/JP2006/302684, DEPDC1 siRNAs can suppress the growth of cancer cells. These results demonstrate that DEPDC1 plays an important role in growth of most cancer cells.

Summary of the Invention

[0009] The invention relates to the embodiments as defined in the claims.

As noted above, MPHOSPH1 (M-phase phosphoprotein 1), and DEPDC1 (DEP domain containing 1) have been identified as up-regulated in various cancers. More particularly, the genes were identified using gene expression profiling with a genome-wide cDNA microarray. As discussed above, expression of MPHOSPH1 and DEPDC1 has been shown to be specifically up-regulated in various tumor cells, including lung cancer and bladder cancer. As described in Table 1, MPHOSPH1 expression was shown to be validly elevated in 30 out of 31 bladder cancers, 8 out of 36 breast cancers, 18 out of 18 cervical cancers, 5 out of 17 cholangiocellular carcinomas, 25 out of 31 CMLs, 6 out of 11 colorectal cancers, 6 out of 14 gastric cancers, 5 out of 5 NSCLCs, 7 out of 7 lymphomas, 6 out of 10 osteosarcomas, 7 out of 22 prostate cancers, 10 out of 18 renal carcinomas and 15 out of 21 soft tissue tumors. At the same time, DEPDC1 expression was shown to be validly elevated in 23 out of 25 bladder cancers, 6 out of 13 breast cancers, 12 out of 12 cervical cancers, 6 out of 6 cholangiocellular carcinomas, 3 out of 4 CMLs 2 out of 4 colorectal cancers, 6 out of 6 NSCLCs, 7 out of 7 lymphomas, 10 out of 14 osteosarcomas, 11 out of 24 prostate cancers, 14 out of 14 SCLCs and 22 out of 31 soft tissue tumors as described in Table 1.

[0010] The present disclosure is based, at least in part, on the identification of specific epitope peptides of the gene products of these genes (MPHOSPH1 and DEPDC1) which possess the ability to induce cytotoxic T lymphocytes (CTLs) specific to the corresponding molecules. As discussed in detail below, Peripheral Blood Mononuclear Cells (PBMC) of healthy donor were stimulated using HLA-A*2402 and HLA-A*0201 binding candidate peptides derived from MPHOSPH1 or DEPDC1. CTL clones and/or lines were then established with specific cytotoxicity against the HLA-A24 or HLA-A2 positive target cells pulsed with each of the candidate peptides. These results demonstrate that these peptides are HLA-A24 or HLA-A2 restricted epitope peptides that can induce potent and specific immune responses against cells expressing MPHOSPH1 or DEPDC1.

[0011] Accordingly, the present disclosure provides methods for treating or preventing a disease associated with the over- expression of MPHOSPH1 and/or DEPDC1, e.g. cancer. Such methods involves the step of administering to a subject in need thereof a MPHOSPH1 and/or DEPDC1 polypeptide of the disclosure. Administration of such peptide (s) results in the induction of anti- tumor immunity. Thus, the present disclosure provides methods for inducing anti- tumor immunity in a subject, such methods involving the step of administering to the subject a MPHOSPH1 and/or DEPDC1 polypeptide, as well as pharmaceutical compositions for treating or preventing a disease associated with the over-expression of MPHOSPH1 and/or DEPDC1, e.g cancer, that include the MPHOSPH1 and/or DEPDC1 polypeptides. Exemplary cancers include, but are not limited to, bladder cancer, breast cancer, cervical cancer, cholangiocellular carcinoma, CML, colorectal cancer, gastric cancer, NSCLC, lymphoma, osteosarcoma, prostate cancer, renal carcinoma, SCLC, and soft tissue tumor.

[0012] That is, the present disclosure includes following embodiments, and any combinations thereof.

[1] An isolated peptide having cytotoxic T cell inducibility, wherein said peptide derived from amino acid sequence of SEQ ID NO: 2, 4, or 6.

[2] An isolated peptide of less than about 15 amino acids selected from the group consisting of peptides comprising the amino acid sequences of SEQ ID NO: 7, 8 and 12, or a peptide having cytotoxic T cell inducibility, wherein said peptide comprises an amino acid sequence selected from the group consisting of SEQ ID NO: 7, 8 and 12, wherein 1, 2, or several amino acids are substituted, deleted, or added.

[3] The peptide having cytotoxic T cell inducibility of [2], wherein the second amino acid from the N-terminus is phenylalanine, tyrosine, methionine, or tryptophan.

[4] The peptide having cytotoxic T cell inducibility of [2], wherein the C-terminal amino acid is phenylalanine, leucine, isoleucine, tryptophan, or methionine.

[5] An isolated peptide of less than about 15 amino acids selected from the group consisting of peptides comprising the amino acid sequences of SEQ ID NO: 9, 10, 11, 192, 195, 197, 209, 225, 226, 228, 230, 240, 241, 243, 244, 253, 254 and 255, or a peptide having cytotoxic T cell inducibility, wherein said peptide comprises an amino acid sequence selected from the group consisting of SEQ ID NO: 9, 10, 11, 192, 195, 197, 209, 225, 226, 228, 230, 240, 241, 243, 244, 253, 254 and 255, wherein 1, 2, or several amino acids are substituted, deleted, or added.

[6] The peptide having cytotoxic T cell inducibility of [5], wherein the second amino acid from the N-terminus is leucine or methionine.

[7] The peptide having cytotoxic T cell inducibility of [5], wherein the C-terminal amino acid is valine or leucine.

[8] A vector in which the DNA encodes peptides of any one of [1] to [7].

[9] A pharmaceutical composition for treating or preventing a disease associated with over-expression of the genes of SEQ ID NO: 1, 3 and/or 5, said composition comprising one or more peptides of any one of [1] to [7].

[10] The pharmaceutical composition of [9], wherein the disease is cancer.

[11] The pharmaceutical composition of [10], wherein the cancer is selected from the group consisting of bladder cancer, breast cancer, cervical cancer, cholangiocellular carcinoma, CML, colorectal cancer, gastric cancer, NSCLC, lymphoma, osteosarcoma, prostate cancer, renal carcinoma, SCLC and soft tissue tumor.

[12] An exosome that presents on its surface a complex comprising a peptide of any one of [1] to [7] and an HLA antigen.

[13] The exosome of [12], wherein the HLA antigen is HLA-A24.

[14] The exosome of [13], wherein the HLA antigen is HLA-A2402.

[15] The exosome of [12], wherein the HLA antigen is HLA-A2.

[16] The exosome of [13], wherein the HLA antigen is HLA-A0201.

[17] A method of inducing antigen-presenting cells having a high cytotoxic T cell inducibility comprising the step of contacting an antigen-presenting cell with a peptide of any one of [1] to [7].

[18] A method of inducing cytotoxic T cells by contacting a T cell with a peptide of any one of [1] to [7].

[19] A method of inducing antigen-presenting cells having high cytotoxic T cell inducibility, said method comprising the step of transferring a gene comprising a polynucleotide encoding a peptide of any one of [1] to [7] to an antigen-presenting cell.

[20] An isolated cytotoxic T cell, which is induced by contacting a T cell with a peptide of any one of claims 1 to 7 or which is transduced with the nucleic acids encoding the TCR subunits polypeptides binding with a peptide of any one claims 1 to 7 in the context of HLA-A24 or HLA-A2.

[21] An antigen-presenting cell, which comprises a complex formed between an HLA antigen and a peptide of any one of [1] to [7].

[22] The antigen-presenting cell of [21], induced by the method of [17].

[23] A vaccine for inhibiting proliferation of cells expressing genes of SEQ ID NO: 1, 3 and/or 5, wherein the vaccine comprises a peptide of any one of [1] to [7] as the active ingredient.

[24] The vaccine of [23], wherein the cell is a cancer cell.

[25] The vaccine of [24], wherein the cancer is selected from the group consisting of bladder cancer, breast cancer, cervical cancer, cholangiocellular carcinoma, CML, colorectal cancer, gastric cancer, NSCLC, lymphoma, osteosarcoma, prostate cancer, renal carcinoma, SCLC and soft tissue tumor.

[26] The vaccine of [23], formulated for administration to a subject whose HLA antigen is HLA-A24 or HLA-A2.

[27] A method of treating or preventing a disease associated with the over-expression of the genes of SEQ ID NO: 1, 3 and/or 5 in a subject comprising administering to said subject a vaccine comprising one or more peptide of any one of [1] to [7], an immunologically active fragment thereof, or a polynucleotide encoding said peptide or immunologically active fragment.

[28] The method of [27], wherein the disease is cancer.

[29] The method of [28], wherein the cancer is selected from the group consisting of bladder cancer, breast cancer, cervical cancer, cholangiocellular carcinoma, CML, colorectal cancer, gastric cancer, NSCLC, lymphoma, osteosarcoma, prostate cancer, renal carcinoma, SCLC and soft tissue tumor.

[0013] Alternatively, the present disclosure also relates to a method of inducing cytotoxic T cells comprising the step of contacting a T- cell with the antigen- presenting cell produced by the method of [19] .

[0014] These and other objects and features of the disclosure will become more fully apparent when the following detailed description is read in conjunction with the accompanying figures and examples. However, it is to be understood that both the foregoing summary and the following detailed description are of preferred embodiments, and not restrictive of the disclosure or other alternate embodiments of the disclosure.

Brief Description of the Drawings

[0015]

[fig. 1] Figure 1A depicts the results of an IFN- gamma ELISPOT assay for the screening of epitope peptides which, in turn, demonstrate that MPHOSPH1- A24- 9- 278 (SEQ ID NO: 7) is a potent producer of IFN- gamma. CTLs for those peptides derived from MPHOSHP1 were generated according to the protocols described in "Materials and Methods" section of the examples below. Resulting CTLs having detectable specific CTL activity are shown. In particular, the cells in the well number #4 stimulated with MPHOSPH1- A24- 9- 278 showed potent IFN- gamma production to recognize peptide pulsed target cells, as compared to the control. Figure 1B depicts the results of the IFN- gamma ELISPOT assay for the screening of CTL clones after limiting dilution (MPHOSPH1- A24- 9- 278 CTL clone) . The cells in the positive well were expanded and limiting dilution was performed. As the depicted results demonstrate, CTL clones having higher specific CTL activities against the peptide- pulsed target as compared to the activities against target without peptide pulse were established.

[fig. 2] Figure 2A depicts the results of an IFN- gamma ELISPOT assay for the screening of epitope peptides cytotoxicity, which, in turn, demonstrate that MPHOSPH1- A24- 10- 278 (SEQ ID NO: 8) is a potent producer of IFN- gamma . CTLs for those peptides derived from MPHOSHP1 were generated according to the protocols described in "Materials and Methods" section of the examples below. Resulting CTLs having detectable specific CTL activity are shown. In particular, the cells in the well number #8 stimulated with MPHOSPH1- A24- 10- 278 showed potent IFN- gamma production as compared to the control. Figure 2B depicts the results of an IFN- gamma ELISPOT assay for the screening of CTL clones after limiting dilution (MPHOSPH1- A24- 10- 278 CTL clone) . The cells in the positive well were expanded and limiting dilution was performed. As the depicted results demonstrate, CTL clones having higher specific CTL activities against the MPHOSPH1- A24- 10- 278- pulsed target as compared to the activities against target without peptide pulse as shown where established.

[fig. 3] Figure 3A depicts the establishment of CTL clones stimulated with MPHOSPH1- A24- 9- 278. (SEQ ID NO: 7) . This CTL clone demonstrated high specific CTL activity against target cells (A24LCL) pulsed with MPHOSPH1- A24- 9- 278, but did not show significant CTL activity against the same target cells (A24LCL) pulsed with no peptides. Figure 3B depicts the establishment of CTL clones stimulated with MPHOSPH1- A24- 10- 278 (SEQ ID NO: 8) . This CTL clone demonstrated high specific CTL activity against target cells (A24LCL) pulsed with MPHOSPH1- A24- 10- 278, whereas it did not show significant CTL activity against the same target cells (A24LCL) pulsed with no peptides. R means Responder: CTL clone. S means Stimulator: peptide- pulsed A24- LCL (1×10^4 / well) .

[fig. 4] Figure 4 depicts the expression of MPHOSPH1- A24- 9- 278 (SEQ ID NO: 7) on the target cell surface with HLA- A24. Specific CTL activity against COS7 transfected both with the full length MPHOSPH1 gene and the HLA- A*2402 molecule was assayed using as effector cells the CTL clone raised by MPHOSPH1- A24- 9- 278. COS7 transfected with full length MPHOSPH1 but not HLA- A*2402 and COS7 transfected with HLA- A*2402 but not full length MPHOSPH1 were prepared as controls. The CTL clone demonstrated high specific CTL activity against COS7 transfected with both MPHOSPH1 and HLA- A24. However, it did not show significant specific CTL activity against COS7 transfected neither MPHOSPH1 nor HLA- A24. R means Responder: CTL clone. S means Stimulator: COS7 transfectant (1×10^4 / well) .

[fig. 5] Figure 5 depicts the CTL activity against bladder cancer cell lines endogenously expressing MPHOSPH1. The established CTL clone induced with MPHOSPH1- A24- 9- 278 peptide recognized tumor cells endogenously expressing MPHOSPH1. HT1376, RT- 4 and J82 cells expressed MPHOSPH1 endogenously, respectively. CTL clone showed IFN- gamma production against HT 1376 which have HLA- A*2402 genotype, but no showing response against RT- 4 and J82, does not have HLA- A*2402 genotype.

[fig. 6] Figure 6 depicts in vivo immunogenicity analysis using MPHOSPH1- A24- 9- 278 peptide. IFA- conjugated peptide was injected subcutaneously into BALB/c mice on days 0 and 7. On day 14, splenocytes of vaccinated mice were harvested and used as responder cells, and 1×10^4 RLmale1 cells pulsed MPHOSPH1- A24- 9- 278 peptide were used as stimulator cells for IFN- gamma ELISPOT assay. Spot forming counts (SFC) were indicated in cases of each mice; five mice (Anil-Ani5) were vaccinated epitope peptide and three mice (negal-nega3) were injected Mock IFA emulsion as a negative control.

[fig. 7] Figure 7 depicts the results of an IFN- gamma ELISPOT assay for the screening of epitope peptides, which, in turn, demonstrate that MPHOSPH1- A2- 9- 282 (SEQ ID NO: 9), MPHOSPH1- A2- 9- 638 (SEQ ID NO: 10) and MPHOSPH1- A2- 10- 1714 (SEQ ID NO: 11) possess potent IFN- gamma production activity. CTLs for those peptides

derived from MPHOSHP1 were generated according to the protocols described in "Materials and Methods" section of the examples set forth below. Resulting CTLs having detectable specific CTL activity are shown. In particular, Figure 7A demonstrates that the cells in the well number #1 and #5, stimulated with MPHOSHP1- A2- 9- 282, showed potent IFN- gamma production sufficient to recognize peptide pulsed target cells, as compared to the control. Figure 7B demonstrates that the cells in the well number #8 stimulated with MPHOSHP1- A2- 9- 638 showed potent IFN- gamma production sufficient to recognize peptide pulsed target cells, as compared to the control. Figure 7C demonstrates that the cells in the well number #4 stimulated with MPHOSHP1- A2- 10- 1714 showed potent IFN- gamma production to recognize peptide pulsed target cells, as compared to the control.

[fig. 8] Figure 8 depicts the establishment for CTL lines stimulated with MPHOSHP1- A02- 9- 282, (SEQ ID NO: 9) MPHOSHP1- A02- 9- 638 (SEQ ID NO: 10) and MPHOSHP1- AU2- 10- 1714 (SEQ ID NO: 11) . The cells in the positive well were expanded, and, as the depicted results demonstrate, CTL lines having higher specific CTL activities against the MPHOSHP1- A02- 9- 282- pulsed target (A), MPHOSHP1- A02- 9- 638- pulsed target (B) or MPHOSHP1- A02- 10- 1714- pulsed target (C) compared to the activities against target without peptide pulse were established. R means Responder: CTL lines. S means Stimulator: peptide- pulsed T2 (1×10^4 / well) .

[fig. 9] Figure 9A depicts the results of an IFN- gamma ELISPOT assay for the screening of CTL clones after limiting dilution (MPHOSHP1- A2- 9- 282 CTL clone) . The cells in the positive well were expanded and limiting dilution was performed. As the depicted results demonstrate CTL clones having higher specific CTL activities against the MPHOSHP1- A2- 9- 282 (SEQ ID NO: 9) pulsed target as compared to the activities against target without peptide pulse were established. Figure 9B depicts the establishment of CTL clones stimulated with MPHOSHP1- A02- 9- 282. The CTL clone demonstrated high specific CTL activity against target cells (T2) pulsed with MPHOSHP1- A2- 9- 282, but did not possess significant CTL activity against the same target cells (T2) pulsed with no peptides. R means Responder: CTL clone. S means Stimulator: peptide- pulsed T2 (1×10^4 / well) .

[fig. 10] Figure 10A depicts the results of an IFN- gamma ELISPOT assay for the screening of epitope peptides, which, in turn, demonstrate that DEPDC1- A24- 9- 294 (SEQ ID NO: 12) is a potent producer of IFN- gamma. CTLs for those peptides derived from DEPDC1 were generated according to the protocols described in "Materials and Methods" section of the examples set forth below. Resulting CTLs showing detectable specific CTL activity are shown. The cells in the well number #10 stimulated with DEPDC1- A24- 9- 294 showed potent IFN- gamma production to recognize peptide pulsed target cells, compared with the control. Figure 10B depicts the results of an IFN- gamma ELISPOT assay for the screening of CTL clones after limiting dilution (DEPDC1- A24- 9- 294 CTL clone) . The cells in the positive well were expanded and limiting dilution performed. As the depicted results demonstrate, CTL clones having higher specific CTL activities against the DEPDC1- A24- 9- 294- pulsed target compared to the activities against target without peptide pulse were established.

[fig. 11] Figure 11 depicts the establishment for CTL clones stimulated with DEPDC1- A24- 9- 294 (SEQ ID NO: 12) . The CTL clone showed high specific CTL activity against target cells (A24LCL) pulsed with DEPDC1- A24- 9- 294, whereas it did not show significant CTL activity against the same target cells (A24LCL) pulsed with no peptides. R means Responder: DEPDC- A24- 9- 294 CTL clone. S means Simulator: peptide- pulsed A24- LCL (1×10^4 / well) .

[fig. 12] Figure 12 depicts the expression of DEPDC1- A24- 9- 294 (SEQ ID NO: 12) on the target cell surface with HLA- A24. Specific CTL activity against COS7 transfected with both the full length DEPDC1 gene and the HLA- A*2402 molecule was assayed using as effector cells the CTL clone raised by DEPDC1- A24- 9- 294. COS7 transfected with full length DEPDC1 but not HLA- A*2402 and COS7 transfected HLA- A*2402 but not full length DEPDC1 were prepared as controls. The CTL clone established demonstrated high specific CTL activity against COS7 transfected with both DEPDC1 and HLA- A24. However, it did not show significant specific CTL activity against COS7 transfected with neither DEPDC1 nor HLA- A24. R means Responder: DEPA24- 9- 294 CTL clone. S means Stimulator: COS7 transfectant (1×10^4 / well) .

[fig. 13] Figure 13 depicts the CTL activity against bladder cancer cell lines endogenously expressing DEPDC 1. The established CTL clone induced with DEPDC1- A24- 9- 294 peptide recognized tumor cells endogenously expressing DEPDC 1. HT 1376, RT- 4 and J82 cells expressed DEPDC1 endogenously, respectively. CTL clone showed IFN- gamma production against HT1376 which have HLA- A*2402 genotype, but no showing response against RT- 4 and J82, does not have HLA- A*2402 genotype.

[fig. 14] Figure 14 depicts the in vivo immunogenicity analysis using DEPDC1- A24- 9- 294 peptide. IFA- conjugated peptide was injected subcutaneously into BALB/c mice on days 0 and 7. On day 14, splenocytes of vaccinated mice were harvested and used as responder cells, and 1×10^4 RLmale1 cells pulsed DEPDC1- A24- 9- 294 peptide were used as stimulator cells for IFN- gamma ELISPOT assay. Spot forming counts (SFC) were indicated in cases of each mice; five mice (Ani1~Ani5) were vaccinated epitope peptide and two mice (nega1 and nega2) were injected Mock IFA emulsion as a negative control.

[fig. 15] Figure 15 depicts potent IFN- gamma production of DEPDC1- A02- 10- 644, -10- 575, -10- 506, -10- 765, -10- 395, -10- 224, -9- 297, -10- 296 and- 10- 302 by IFN- gamma ELISPOT assay for the screening of epitope peptides. CTLs for those peptides derived from DEPDC1 were generated in the way described in "Materials and

Methods". The cells in the well number #4 and #7 stimulated with DEPDC1- A02- 10- 644, #2 with DEPDC1- A02- 10- 575, #7 with DEPDC1- A02- 10- 506, #1 with DEPDC1- A02- 10- 765 and #1 with DEPDC1- A02- 10- 395, #1 and #2 with DEPDC1- A02- 10- 224, #4 with DEPDC1- A02- 9- 297, #3 and #4 with DEPDC1- A02- 10- 296 and #2, #3, #5 and #7 with DEPDC1- A02- 10- 302 showed potent IFN- gamma production compared with the control. [fig. 16] Figure 16 depicts IFN- gamma production of CTL line generated with DEPDC1- A02- 10- 296 peptide. The established CTL lines raised by DEPDC1- A02- 10- 296 peptide have potent IFN- gamma production activity. It was shown IFN- gamma production against peptide- pulsed target cells, but not shown that against target cells without peptide pulse. Target cells were used T2 cells, expressed HLA- A2 molecule at cell surface.

[fig.17] Figure 17 depicts CTL activity against targets endogenously expressing DEPDC1 and HLA- A2 molecule. It was shown in upper panel that the established CTL line generated with DEPDC1- A02- 10- 296 peptide possessed IFN- gamma production activity against target cells which endogenously expressed DEPDC1V2 and HLA- A2. The case of using DEPDC1- A02- 10- 296 peptide was shown in lower panel. The target cells expressing only DEPDC1V2 and expressing only HLA- A2 with treatment of DEPDC1V1- 9- 674 or DEP- 9- 462 peptide pulse were prepared as the negative control. The target cells were prepared from HEK293 transfectant which stable expressed HLA- A2 or mock.

[fig.18]Figure 18 depicts antigen expression in Case 2. In Case 2, both MPHOSPH1 and DEPDC1 were expressed strongly. Therefore, two kinds of epitope peptides derived from MPHOSPH1 and DEPDC1 have been vaccinated.

[fig.19]Figure 19 depicts the clinical evaluation for local recurrence of bladder cancer in Case 2. Case 2 were evaluated SD in accordance with RECIST criteria.

[fig.20]Figure 20 depicts antigen expression in Case 3. In Case 3, DEPDC1 was expressed strongly. Therefore, we have vaccinated the epitope peptide derived from DEPDC1 alone.

[fig.21]Figure 21 depicts clinical evaluation for right lobe of metastatic lung in Case 3. The progression rate was decreased after vaccination. Especially, the size of the tumor was decreased after 3rd courses.

[fig.22]Figure 22 depicts clinical evaluation for left lobe of metastatic lung in Case 3. The progression rate was decreased after vaccination. Especially, the size of the tumor was decreased after 3rd courses.

[fig.23]Figure 23 depicts the Anti-tumor effect in Case 3. The progression rate of metastatic tumor was decreased after vaccination.

[fig.24]Figure 24 depicts specific CTL response in Case 3. Specific CTL response was strongly shown after vaccination.

[fig.25]Figure 25 depicts antigen expression in Case 4. In Case 4, MPHOSPH1 and DEPDC1 were expressed. Therefore, two kinds of epitope peptides derived from MPHOSPH1 and DEPDC1 have been vaccinated.

[fig.26]Figure 26 depicts the clinical evaluation for local recurrence of bladder cancer in Case 4. The size of the tumor was reduced 20% in accordance with RECIST criteria after 1st course vaccination.

Detailed Description of the Invention

[0016] The words "a", "an", and "the" as used herein mean "at least one" unless otherwise specifically indicated.

[0017] Unless otherwise defined, all technical and scientific terms used herein have the same meaning as commonly understood by one of ordinary skill in the art to which this disclosure belongs.

[0018] Identification of new TAAs, particularly those that induce potent and specific anti-tumor immune responses, warrants further development of the clinical application of the peptide vaccination strategy in various types of cancer (Boon T et al., (1996) J Exp Med 183: 725-9.; van der Bruggen P et al., (1991) Science 254: 1643-7.; Brichard V et al., (1993) J Exp Med 178: 489-95.; Kawakami Y et al., (1994) J Exp Med 180: 347-52.; Shichijo S et al., (1998) J Exp Med 187:277-88.; Chen YT et al., (1997) Proc.Natl.Acad. Sci.USA, 94: 1914-8.; Harris CC, (1996) J Natl Cancer Inst 88: 1442-55.; Butterfield LH et al., (1999) Cancer Res 59:3134-42.; Vissers JL et al., (1999) Cancer Res 59: 5554-9.; van der Burg SH et al., (1996) J. Immunol 156:3308-14.; Tanaka F et al., (1997) Cancer Res 57:4465-8.; Fujie T et al., (1999) Int J Cancer 80:169-72.; Kikuchi M et al., (1999) Int J Cancer 81 : 459-66.; Oiso M et al., (1999) Int J Cancer 81:387-94.). As noted above, MPHOSPH1 (M-phase phosphoprotein 1; GenBank Accession No. NM_016195; SEQ ID Nos.1, 2) and DEPDC1 (DEP domain containing 1; GenBank Accession No. BM683578), more particularly its two variants, DEPDC1V1 (SEQ ID Nos.3, 4) and DEPDC1V2 (SEQ ID No. 5, 6), were previously identified using cDNA microarray technologies as over-expressed in various cancers. MPHOSPH1 was previously identified as one of the proteins specifically phosphorylated at the G2/M transition, and characterized as a plus-end-directed kinesin related protein (Abaza A et al., J Biol Chem 2003, 278: 27844-52.). More particularly, MPHOSPH1 was previously documented to be plus-end-directed molecular motor that plays a crucial role in cytokinesis, and accumulates in the midzone of the spindle during anaphase to telophase in HeLa cells (Abaza A et al., J Biol Chem 2003, 278: 27844-52; Kamimoto T et al., J Biol Chem 2001, 276: 37520-8.).The MPHOSPH1 DNA encodes a 1780-amino acid protein that is composed of three domains: an NH2-kinasin motor domain, a central coiled coil-stalk domain, and a C-globular tail domain. These data suggest that MPHOSPH1 is an NH2-type kinesin-related protein.

[0019] The function of DEPDC1 protein remains unclear. The DEP domain included this protein is found in Dishevelled, Egl-10, and Pleckstrin. In particular, the DEP domain in *Drosophila* dishevelled is essential to rescue planar polarity defects and induces JNK signaling; nevertheless, its function in Human has not yet been clarified. However, as disclosed in PCT/JP2006/302684, DEPDC1 (in house No. B5860N) has two different transcriptional variants consisting of 12 and 11 exons, corresponding to DEPDC1 V1 and V2, respectively. Alternative variations in exon 8 of V1 were noted, and the other remaining exons were found to be common to both variants. V2 variant has no exon 8 of the V1, but generates the same stop codon within last exon. The full-length cDNA sequences of the B5860NV1 and B5860NV2 variants consist of 5318 and 4466 nucleotides, respectively. The ORF of these variants start at within each exon 1. Eventually, V1 and V2 transcripts encode 811 and 527 amino acids, respectively. siRNAs suppressed the growth of cancer cells. These results demonstrate that DEPDC1 plays important roles in growth of most cancer cells.

[0020] As disclosed in PCT/JP2006/302684, MPHOSPH1 and DEPDC1 are over-expressed in bladder cancer but show minimal expression in normal tissues. In addition, these genes were found to have a significant function related to cell proliferation.

[0021] In the present disclosure, peptides derived from MPHOSPH1 or DEPDC1 are shown to be TAA epitopes restricted by HLA- A24 and HLA- A2, an HLA allele commonly found in the Japanese and Caucasian populations. Specifically, using their binding affinities to HLA- A24 and HLA- A2, candidates of HLA- A24 and HLA- A2 binding peptides derived from MPHOSPH1 or DEPDC1 were identified. After the in vitro stimulation of T- cells by dendritic cells (DCs) loaded with these peptides, CTLs were successfully established using MPHOSPH1- A24- 9- 278 (IYNEYIYDL (SEQ ID NO: 7)), MPHOSPH1- A24- 10- 278 (IYNEYIYDLF (SEQ ID NO: 8)), MPHOSPH1- A2- 9- 282 (YIYDLFVPV (SEQ ID NO: 9)), MPHOSPH1- A2- 9- 638 (RLAIFKDLV (SEQ ID NO: 10)), MPHOSPH1- A2- 10- 1714 (TMSSSKLSNV (SEQ ID NO: 11)), DEPDC1- A24- 9- 294 (EYYELFVNI (SEQ ID NO: 12)), DEPDC1- A02- 10- 644 (SLMIHTFSRC (SEQ ID NO: 240)), DEPDC1- A02- 10- 575 (SLLPASSMLT (SEQ ID NO: 241)), DEPDC1- A02- 10- 506 (QLCRSQSLLL (SEQ ID NO: 243)), DEPDC1- A02- 10- 765 (KQFQKEYPLI (SEQ ID NO: 244)), DEPDC1- A02- 10- 395 (IMGGSCHNLI (SEQ ID NO: 249)), DEPDC1- A02- 10- 224 (NMANTSKRGV (SEQ ID NO: 253)), DEPDC1- A02- 9- 297 (ELFVNILGL (SEQ ID NO: 226)), DEPDC1- A02- 10- 296 (YELFVNILGL (SEQ ID NO: 254)). DEPDC1- A02- 10- 301 (NILGLLQPHL (SEQ ID NO: 255)), DEPDC1- A2- 9- 589 (LLQPHLERV (SEQ ID NO: 192)), DEPDC1- A2- 9- 619 (LLMRMISRM (SEQ ID NO: 195)), DEPDC1- A2- 9- 290 (LLTFEYYEL (SEQ ID NO: 197)), DEPDC1- A2- 9- 563 (RLCKSTIEL (SEQ ID NO: 209)), DEPDC1- A2- 9- 653 (CVLCCAEV (SEQ ID NO: 225)), DEPDC1- A2- 10- 674 (FLMDHHQEIL (SEQ ID NO: 228)) and DEPDC1- A2- 10- 302 (ILVVCGYITV (SEQ ID NO: 230)). These CTLs demonstrated potent cytotoxic activity against the peptide- pulsed A24LCL and T2 cells. Furthermore, CTL clones derived from these cells also demonstrated specific cytotoxicity against HLA- A24 or HLA- A2 positive cells expressing MPHOSPH1 or DEPDC1, respectively.. However, these CTL clones did not express cytotoxic activity against cells having expression of only one of peptides, including HLA- A24, HLA- A2, MPHOSPH1 and DEPDC 1. Together these results suggest the utility of MPHOSPH1 and DEPDC1 as TAAs for cancer cells and that MPHOSPH1- A24- 9- 278 (IYNEYIYDL (SEQ ID NO: 7)), MPHOSPH1- A24- 10- 278 (IYNEYIYDLF (SEQ ID NO: 8)), MPHOSPH1- A2- 9- 282 (YIYDLFVPV (SEQ ID NO: 9)), MPHOSPH1- A2- 9- 638 (RLAIFKDLV (SEQ ID NO: 10)), MPHOSPH1- A2- 10- 1714 (TMSSSKLSNV (SEQ ID NO: 11)), DEPDC1- A24- 9- 294 (EYYELFVNI (SEQ ID NO: 12)), DEPDC1- A02- 10- 644 (SLMIHTFSRC (SEQ ID NO: 240)), DEPDC1- A02- 10- 575 (SLLPASSMLT (SEQ ID NO: 241)), DEPDC1- A02- 10- 506 (QLCRSQSLLL (SEQ ID NO: 243)), DEPDC1- A02- 10- 765 (KQFQKEYPLI (SEQ ID NO: 244)), DEPDC1- A02- 10- 395 (IMGGSCHNLI (SEQ ID NO: 249)), DEPDC1- A02- 10- 224 (NMANTSKRGV (SEQ ID NO: 253)), DEPDC1- A02- 9- 297 (ELFVNILGL (SEQ ID NO: 226)), DEPDC1- A02- 10- 296 (YELFVNILGL (SEQ ID NO: 254)), DEPDC1- A02- 10- 301 (NILGLLQPHL (SEQ ID NO: 255)), DEPDC1- A2- 9- 589 (LLQPHLERV (SEQ ID NO: 192)), DEPDC1- A2- 9- 619 (LLMRMISRM (SEQ ID NO: 195)), DEPDC1- A2- 9- 290 (LLTFEYYEL (SEQ ID NO: 197)), DEPDC1- A2- 9- 563 (RLCKSTIEL (SEQ ID NO: 209)), DEPDC1- A2- 9- 653 (CVLCCAEV (SEQ ID NO: 225)), DEPDC1- A2- 10- 674 (FLMDHHQEIL (SEQ ID NO: 228)) and DEPDC1- A2- 10- 302 (ILVVCGYITV (SEQ ID NO: 230)) are epitope peptides of each TAA restricted by HLA- A24 or HLA- A2. Since these antigens are over- expressed in most cancers and are associated with tumor cell proliferation, they find utility as immunotherapeutic targets against cancers. Exemplary cancers include, but are not limited to, bladder cancer, breast cancer, cervical cancer, cholangiocellular carcinoma, CML, colorectal cancer, gastric cancer, NSCLC, lymphoma, osteosarcoma, prostate cancer, renal carcinoma, SCLC, soft tissue tumor.

[0022] Accordingly, the present disclosure further provides methods of treating or preventing a disease associated with the over- expression of MPHOSPH1 and/or DEPDC 1, e.g. cancers, in a subject, such methods including the steps of administering to a subject in need thereof an immunogenic peptide of less than about 40 amino acids, often less than about 20 amino acids, usually less than about 15 amino acids and having the amino acid sequence of SEQ ID NOs: 7, 8, 9, 10, 11, 12, 192, 195, 197, 209, 225, 226, 228, 230, 240, 241, 243, 244, 249, 253, 254 or 255. Alternatively, the immunogenic peptide may be composed of a sequence of SEQ ID NOs: 7, 8, 9, 10, 11, 12, 192, 195, 197, 209, 225, 226, 228, 230, 240, 241, 243, 244, 249, 253, 254 or 255 in which 1, 2, or several (e.g., up to 5) amino acids are substituted, deleted or added, provided the resulting variant peptide retains the immunogenic activity (i.e., the ability to induce CTLs specific to cells expressing MPHOSPH1 and/or DEPDC1, e.g. cancers) . The number of residues to be substituted,

deleted, or added is generally 5 amino acids or less, preferably 4 amino acids or less, more preferably 3 amino acids or less, even more preferably one or two amino acids. The cancers contemplated include, but are not limited to, bladder cancer, breast cancer, cervical cancer, cholangiocellular carcinoma, CML, colorectal cancer, gastric cancer, NSCLC, lymphoma, osteosarcoma, prostate cancer, renal carcinoma, SCLC, soft tissue tumor.

[0023] Variant peptides (i.e., peptides having an amino acid sequence modified by substituting, deleting, or adding one, two or several amino acid residues to an original amino acid sequence) are known to retain the original biological activity (Mark DF et al., (1984) Proc Natl Acad Sci USA 81: 5662-6.; Zoller MJ and Smith M, (1982) Nucleic Acids Res 10:6487-500.; Dalbadie-McFarland G et al., (1982) Proc Natl Acad Sci USA 79: 6409-13.). In the context of the present disclosure, it is preferable that the amino acid modification results in conservation of the properties of the original amino acid side-chain (a process known as conservative amino acid substitution). Examples of properties of amino acid side chains include hydrophobic amino acids (A, I, L, M, F, P, W, Y, V), hydrophilic amino acids (R, D, N, C, E, Q, G, H, K, S, T), and side chains having the following functional groups or characteristics in common: an aliphatic side-chain (G, A, V, L, I, P); a hydroxyl group containing side-chain (S, T, Y); a sulfur atom containing side-chain (C, M); a carboxylic acid and amide containing side-chain (D, N, E, Q); a base containing side-chain (R, K, H); and an aromatic containing side-chain (H, F, Y, W). Note, the parenthetic letters indicate the one-letter codes of amino acids.

[0024] In preferred embodiments, the immunogenic peptide is a nonapeptide (9-mer) or a decapeptide (10-mer).

[0025] The present disclosure further provides a method of inducing anti-tumor immunity for a disease associated with the over-expression of MPHOSPH1 and/or DEPDC1, e.g. cancers, in a subject, such a method including the steps of administering to a subject in need thereof an immunogenic peptide of the present disclosure, namely one having the amino acid sequence of SEQ ID NOs: 7, 8, 9, 10, 11, 12, 192, 195, 197, 209, 225, 226 228, 230, 240, 241, 243, 244, 249, 253, 254 or 255 or a variant thereof (i.e., including 1, 2, or several amino acid substitutions, deletions, or additions). The cancers contemplated include, but are not limited to, bladder cancer, breast cancer, cervical cancer, cholangiocellular carcinoma, CML, colorectal cancer, gastric cancer, NSCLC, lymphoma, osteosarcoma, prostate cancer, renal carcinoma, SCLC, soft tissue tumor.

[0026] In the context of the present disclosure, the subject is preferably a mammal. Exemplary mammals include, but are not limited to, e.g., a human, non-human primate, mouse, rat, dog, cat, horse, or cow.

[0027] In the present disclosure, the peptide can be administered to a subject via an in vivo or ex vivo protocol. Furthermore, the present disclosure also provides use of nonapeptide or decapeptide selected from peptides having the amino acid sequence of SEQ ID NOs: 7, 8, 9, 10, 11, 12, 192, 195, 197, 209, 225, 226 228, 230, 240, 241, 243, 244, 249, 253, 254 and 255 (and variants thereof) for manufacturing an immunogenic composition for treating or preventing a disease associated with the over-expression of MPHOSPH1 and/or DEPDC1, e.g. cancers. The cancers contemplated include, but are not limited to, bladder cancer, breast cancer, cervical cancer, cholangiocellular carcinoma, CML, colorectal cancer, gastric cancer, NSCLC, lymphoma, osteosarcoma, prostate cancer, renal carcinoma, SCLC, soft tissue tumor.

[0028] Homology analyses of MPHOSPH1- A24- 9- 278 (IYNEYIYDL (SEQ ID NO: 7)), MPHOSPH1- A24- 10- 278 (IYNEYIYDLF (SEQ ID NO: 8)), MPHOSPH1- A2- 9- 282 (YIYDLFVPV (SEQ ID NO: 9)), MPHOSPH1- A2- 9- 638 (RLAIFKDLV (SEQ ID NO: 10)), MPHOSPH1- A2- 10- 1714 (TMSSSKLSNV (SEQ ID NO: 11)), DEPDC1- A24- 9- 294 (EYYELFVNI (SEQ ID NO: 12)), DEPDC1- A2- 9- 589 (LLQPHLERV (SEQ ID NO: 192)), DEPDC1- A2- 9- 619 (LLMRMISRM (SEQ ID NO: 195)), DEPDC1- A2- 9- 290 (LLTFEYYEL (SEQ ID NO: 197)), DEPDC1- A2- 9- 563 (RLCKSTIEL (SEQ ID NO: 209)), DEPDC1- A2- 9- 653 (CVLCCAEV (SEQ ID NO: 225)), DEPDC1- A2- 10- 674 (FLMDHHQEIL (SEQ ID NO: 228)), DEPDC1- A2- 10- 302 (ILVVCGYITV (SEQ ID NO: 230)) DEPDC1- A02- 10- 644 (SLMihTFSRC (SEQ ID NO: 240)), DEPDC1- A02- 10- 575 (SLLPASSMLT (SEQ ID NO: 241)), DEPDC1- A02- 10- 506 (QLCRSQSLLL (SEQ ID NO: 243)), DEPDC1- A02- 10- 765 (KQFQKEYPLI (SEQ ID NO: 244)), DEPDC1- A02- 10- 395 (IMGGSCHNLI (SEQ ID NO: 249), DEPDC1- A02- 10- 224 (NMANTSKRGV (SEQ ID NO: 253)), DEPDC1- A02- 9- 297 (ELFVNILGL (SEQ ID NO: 226)), DEPDC1- A02- 10- 296 (YELFVNILGL (SEQ ID NO: 254)) and DEPDC1- A02- 10- 301 (NIL- GLLQPHL (SEQ ID NO: 255)) demonstrate that they do not have significant homology with the peptides derived from any known human gene products. Accordingly, the possibility of unknown or undesirable immune responses with immunotherapy against these molecules is significantly reduced.

[0029] Regarding HLA antigens, the data presented here demonstrate that the uses of A- 24 type or A- 2 type antigens (which are said to be highly expressed among the Japanese) are favorable for obtaining effective results. The uses of subtypes such as A- 2402 and A- 0201 are even more preferable. Typically, in the clinic, the type of HLA antigen of the patient requiring treatment is investigated in advance, which, in turn, enables the selection of appropriate peptides having high levels of binding affinity to the patient antigen, or having cytotoxic T cell (CTL) inducibility by antigen presentation. Furthermore, in order to obtain peptides having high binding affinity and CTL inducibility, substitution, deletion, or addition of 1, 2, or several amino acids may be performed based on the amino acid sequence of the naturally occurring MPHOSPH1 and DEPDC1 partial peptide. Herein, the term "several" means refers to 5 or less, more preferably 3 or less. Furthermore, in addition to peptides that are naturally displayed, since the regularity of the sequences of peptides displayed by binding to HLA antigens is already known (Kubo RT, et al., (1994) J. Immunol., 152, 3913- 24.; Rammensee HG, et al., (1995)

Immunogenetics. 41: 178- 228.; Kondo A, et al., (1995) J. Immunol. 155: 4307- 12.), modifications based on such regularity can be performed on the immunogenic peptides of the disclosure. For example, peptides possessing high HLA- 24 binding affinity in which the second amino acid from the N terminus substituted with phenylalanine, tyrosine, methionine, or tryptophan may be favorably used. Likewise, peptides whose C- terminal amino acid is substituted with phenylalanine, leucine, isoleucine, tryptophan, or methionine may also be used favorably. On the other hand, peptides possessing high HLA- A2 binding affinity having their second amino acid from the N terminus substituted with leucine or methionine, and peptides whose C- terminal amino acid is substituted with valine or leucine may be used favorably. Furthermore, 1 to 2 amino acids may be added to the N terminus and/or C terminus of the peptide.

[0030] However, when the peptide sequence is identical to a portion of the amino acid sequence of an endogenous or exogenous protein having a different function, side effects such as autoimmune disorders or allergic symptoms against specific substances may be induced. Therefore, it is preferable to avoid the situation wherein the immunogenic sequence matches the amino acid sequence of a known protein. This situation may be avoided by performing a homology search using available databases. If homology searches confirm that peptides in which 1, 2 or several different amino acids do not exist in nature, then the danger that modifications of the above- mentioned amino acid sequence that, for example, increase the binding affinity with HLA antigens, and/or increase the CTL inducibility can be avoided.

[0031] Although peptides having high binding affinity to the HLA antigens as described above are expected to be highly effective as cancer vaccines, the candidate peptides, which are selected according to the presence of high binding affinity as an indicator, must be examined for the actual presence of CTL inducibility. CTL inducibility may be routinely confirmed by inducing antigen- presenting cells carrying human MHC antigens (for example, B- lymphocytes, macrophages, and dendritic cells), or more specifically dendritic cells derived from human peripheral blood mononuclear leukocytes, and, after stimulation with the peptide of interest, mixing with CD8- positive cells and measuring the cytotoxic activity against the target cells. As the reaction system, transgenic animals produced to express a human HLA antigen (for example, those described in BenMohamed L, et al., (2000) Hum. Immunol.: 61 (8) : 764- 79 Related Articles, Books, Linkout.) may be used. For example, the target cells can be radiolabeled with ⁵¹Cr and such, and cytotoxic activity can be calculated from radioactivity released from the target cells. Alternatively, it can be examined by measuring IFN- gamma produced and released by CTL in the presence of antigen- presenting cells that carry immobilized peptides, and visualizing the inhibition zone on the media using anti- IFN- gamma monoclonal antibodies.

[0032] As a result of examining the CTL inducibility of peptides as described above, it was discovered that those peptides having high binding affinity to an HLA antigen did not necessarily have high inducibility. However, nonapeptides or decapeptides selected from the group of peptides having the amino acid sequences indicated by IYNEYIYDL. (SEQ ID NO: 7), IYNEYIYDLF (SEQ ID NO: 8), YIYDLFVPV (SEQ ID NO: 9), RLAIKDLV (SEQ ID NO: 10) . TMSSSKLSNV (SEQ ID NO: 11), EYYELFVNI (SEQ ID NO: 12), LLQPHLERV (SEQ ID NO: 192), LLMRMISRM (SEQ ID NO: 195) . LLTFEYYEL (SEQ ID NO: 197), RLCKSTIEL (SEQ ID NO: 209), CVLCCAEV (SEQ ID NO: 225), FLMDHHQEIL (SEQ ID NO: 228), ILVVCGYITV (SEQ ID NO: 230) DEPDCI- A02- 10- 644 (SLMIHTFSRC (SEQ ID NO: 240)), DEPDC1- A02- 10- 575 (SLLPASSMLT (SEQ ID NO: 241)), DEPDC1- A02- 10- 506 (QLCRSQSLLL (SEQ ID NO: 243)), DEPDC1- A02- 10- 765 (KQFQKEYPLI (SEQ ID NO: 244)), DEPDC1- A02- 10- 395 (IMGGSCHNLI (SEQ ID NO: 249), DEPDC1- A02- 10- 224 (NMANTSKRGV (SEQ ID NO: 253)), DEPDC1- A02- 9- 297 (ELFVNILGL (SEQ ID NO: 226)), DEPDC1- A02- 10- 296 (YELFVNILGL (SEQ ID NO: 254)) and DEPDC1- A02- 10- 301 (NILGLLQPHL (SEQ ID NO: 255)) showed particularly high CTL inducibility.

[0033] As noted above, the present disclosure provides peptides having cytotoxic T cell indu- **[0034]** As noted above, the present disclosure provides peptides having cytotoxic T cell inducibility, namely those having the amino acid sequence of SEQ ID NOs: 7, 8, 9, 10, 11, 12, 192, 195, 197, 209, 225, 226 228, 230, 240, 241, 243, 244, 249, 253, 254 or 255 or a variant thereof (i.e., those in which 1, 2, or several amino acids are substituted, deleted, or added) . It is preferable that the amino acid sequences composed of 9 or 10 amino acids indicated in SEQ ID NOs: 7, 8, 9, 10, 11, 12, 192, 195, 197, 209, 225, 226 228, 230, 240, 241, 243, 244, 249, 253, 254 or 255 or a variant thereof do not match an amino acid sequence associated with another endogenous protein. In particular, amino acid substitution to leucine or methionine at the second amino acid from the N terminus, amino acid substitution to valine or leucine at the C- terminal amino acid, and amino acid addition of 1 to 2 amino acids at the N terminus and/or C terminus are examples of preferred variants. One of skill in the art will recognize that in addition to amino acid substitutions and additions, immunologically active fragments of the peptides may also be used in the methods of the disclosure. Methods for determining active fragments are well known in the art. CTL clones obtained by stimulation by these modified peptides can recognize the original peptides and cause damage for cells expressing the original peptides.

[0034] Peptides of the present disclosure can be prepared using well known techniques. For example, the peptides can be prepared synthetically, using either recombinant DNA technology or chemical synthesis. Peptides of the present disclosure may be synthesized individually or as longer polypeptides comprising two or more peptides. The peptides of the present disclosure are preferably isolated, i.e., substantially free of other naturally occurring host cell proteins and fragments thereof.

[0035] The peptides of the present disclosure may contain modifications, such as glycosylation, side chain oxidation,

or phosphorylation; so long as the modifications do not destroy the biological activity of the peptides as described herein, namely the ability to binding to an HLA antigen and induce CTL. Other modifications include incorporation of D-amino acids or other amino acid mimetics that can be used, for example, to increase the serum half life of the peptides.

[0036] The peptides of this disclosure can be prepared as a combination, which includes two or more of peptides of the disclosure, for use as a vaccine for a disease associated with the over-expression of MPHOSPH1 and/or DEPDC1, e.g. cancers, such a vaccine inducing CTL in vivo. The cancers contemplated include, but are not limited to, bladder cancer, breast cancer, cervical cancer, cholangiocellular carcinoma, CML, colorectal cancer, gastric cancer, NSCLC, lymphoma, osteosarcoma, prostate cancer, renal carcinoma, SCLC, soft tissue tumor. The peptides may be in a cocktail or may be conjugated to each other using standard techniques. For example, the peptides can be expressed as a single polypeptide sequence. The peptides in the combination may be the same or different. By administering the peptides of this disclosure, the peptides are presented at a high density on the HLA antigens of antigen-presenting cells, which, in turn, induces CTLs that specifically react toward the complex formed between the displayed peptide and the HLA antigen. Alternatively, antigen-presenting cells having immobilized the peptides of this disclosure on their cell surface, obtained by removing dendritic cells from the subjects, may be stimulated by the peptides of this disclosure. Re-administration of these cells to the respective subjects induces CTL, and, as a result, aggressiveness towards the target cells can be increased.

[0037] More specifically, the present disclosure provides drugs for treating and/or preventing proliferation, metastasis, and such of a disease associated with the over-expression of MPHOSPH1 and/or DEPDC1, e.g. cancers, which include one or more of peptides of this disclosure. The peptides disclosed find particular utility in the treatment of a disease associating MPHOSPH1 and/or DEPDC1, e.g. cancers. The cancers contemplated include, but are not limited to, bladder cancer, breast cancer, cervical cancer, cholangiocellular carcinoma, CML, colorectal cancer, gastric cancer, NSCLC, lymphoma, osteosarcoma, prostate cancer, renal carcinoma, SCLC, soft tissue tumor.

[0038] The peptides disclosed can be administered to a subject directly, as a pharmaceutical composition that has been formulated by conventional formulation methods. In such cases, in addition to the peptides of this disclosure, carriers, excipients, and such that are ordinarily used for drugs can be included as appropriate, without particular limitations. The immunogenic compositions of this disclosure may be used for treatment and prevention of a disease associating MPHOSPH1 and/or DEPDC1, e.g. cancers. The cancers contemplated include, but are not limited to, bladder cancer, breast cancer, cervical cancer, cholangiocellular carcinoma, CML, colorectal cancer, gastric cancer, NSCLC, lymphoma, osteosarcoma, prostate cancer, renal carcinoma, SCLC, soft tissue tumor.

[0039] The immunogenic compositions for treatment and/or prevention of a disease associated with the over-expression of MPHOSPH1 and/or DEPDC1, e.g. cancers, which comprise as the active ingredient one or more peptides of the present disclosure, can further include an adjuvant so that cellular immunity will be established effectively. Alternatively, they may be administered with other active ingredients, such as anticancer agents. The cancers contemplated include, but are not limited to, bladder cancer, breast cancer, cervical cancer, cholangiocellular carcinoma, CML, colorectal cancer, gastric cancer, NSCLC, lymphoma, osteosarcoma, prostate cancer, renal carcinoma, SCLC, soft tissue tumor. Suitable formulations include granules. Suitable adjuvants are described in the literature (Johnson AG. (1994) Clin. Microbiol. Rev., 7:277-89.). Exemplary adjuvants include, but are not limited to, aluminum phosphate, aluminum hydroxide, and alum. Furthermore, liposome formulations, granular formulations in which the drug is bound to few-micrometer diameter beads, and formulations in which a lipid is bound to the peptide may be conveniently used. The method of administration may be oral, intradermal, subcutaneous, intravenous injection, or such, and may include systemic administration or local administration to the vicinity of the targeted tumor. The dose of the peptide(s) of this disclosure can be adjusted appropriately according to the disease to be treated, age of the patient; weight, method of administration, and such. Though the dosage is ordinarily 0.001 mg to 1000 mg, preferably 0.01 mg to 100 mg, more preferably 0.1 mg to 10 mg, preferably administered once in a few days to few months, one skilled in the art can readily select the appropriate dose and method of administration, as, the selection and optimization of these parameters is well within routine skill.

[0040] The present disclosure further provides intracellular vesicles called exosomes, which present complexes formed between the peptides of this invention and HLA antigens on their surface. Exosomes can be prepared, for example, by using the methods described in detail in Published Japanese Translation of International Publication Nos. Hei 11-510507 and 2000-512161, and are preferably prepared using antigen-presenting cells obtained from subjects who are targets of treatment and/or prevention. The exosomes of this disclosure can be inoculated as cancer vaccines, similarly to the peptides of this disclosure.

[0041] The type of HLA antigens used must match that of the subject requiring treatment and/or prevention. For example, in the Japanese population, HLA-A24 or HLA-A2, particularly HLA-A2402 or HLA-A0201, is often appropriate.

[0042] In some embodiments, the vaccine compositions of the present disclosure include a component which primes cytotoxic T lymphocytes. Lipids have been identified as agents capable of priming CTL in vivo against viral antigens. For example, palmitic acid residues can be attached to the epsilon- and alpha- amino groups of a lysine residue and then linked to an immunogenic peptide of the disclosure. The lipidated peptide can then be administered either directly, in a micelle or particle, incorporated into a liposome, or emulsified in an adjuvant. As another example of a lipid priming

of CTL responses, *E. coli* lipoproteins, such as tripalmitoyl- S- glycerylcysteinylseryl- serine (P3CSS), can be used to prime CTL when covalently attached to an appropriate peptide (see, e.g., Deres K, et al., (1989) *Nature* 342: 561- 4.) .

[0043] The immunogenic compositions of the present disclosure may also include nucleic acids encoding one or more of the immunogenic peptides disclosed here. See, e.g., Wolff JA et al., (1990) *Science* 247: 1465- 8; U.S. Patent Nos. 5, 580, 859; 5, 589, 466; 5, 804, 566; 5, 739, 118; 5, 736, 524; 5, 679, 647; and WO 98/04720. Examples of DNA- based delivery technologies include "naked DNA", facilitated (bupivacaine, polymers, peptide- mediated) delivery, cationic lipid complexes, and particle- mediated ("gene gun") or pressure- mediated delivery (see, e.g., U.S. Patent No. 5, 922, 687) .

[0044] The immunogenic peptides disclosed can also be expressed by viral or bacterial vectors. Examples of suitable expression vectors include attenuated viral hosts, such as vaccinia or fowlpox. This approach involves the use of vaccinia virus, e.g., as a vector to express nucleotide sequences that encode the peptide. Upon introduction into a host, the recombinant vaccinia virus expresses the immunogenic peptide, and thereby elicits an immune response. Vaccinia vectors and methods useful in immunization protocols are described in, e.g., U.S. Patent No. 4,722,848. Another suitable vector is BCG (Bacille Calmette Guerin). BCG vectors are described in Stover CK, et al., (1991) *Nature* 351:456-60. A wide variety of other vectors useful for therapeutic administration or immunization e.g., adeno and adeno-associated virus vectors, retroviral vectors, *Salmonella typhi* vectors, detoxified anthrax toxin vectors, and the like, are known in the art. See, e.g., Shata MT, et al., (2000) *Mol. Med. Today* 6:66-71; Shedlock DJ and Weiner DB., et al., (2000) *J. Leukoc. Biol.* 68:793-806; and Hipp JD, et al., (2000) *In Vivo* 14:571-85.

[0045] The present disclosure also provides methods of inducing antigen-presenting cells using one or more peptides of this disclosure. The antigen-presenting cells can be induced by inducing dendritic cells from the peripheral blood monocytes and then contacting (stimulating) them with one or more peptides disclosed *in vitro*, *ex vivo* or *in vivo*. When peptides of the present disclosure are administered to the subjects, antigen-presenting cells that have the peptides of this disclosure immobilized to them are induced in the body of the subject. Alternatively, after immobilizing the peptides of this disclosure to the antigen-presenting cells, the cells can be administered to the subject as a vaccine. For example, the *ex vivo* administration may include the steps of:

- a: collecting antigen-presenting cells from a subject, and
- b: contacting the antigen-presenting cells of step a with a peptide of the present disclosure

[0046] The antigen-presenting cells obtained by step b can be administered to the subject as a vaccine.

[0047] This disclosure also provides a method for inducing antigen-presenting cells having a high level of cytotoxic T cell inducibility, in which the method includes the step of transferring genes composed of polynucleotide(s) encoding one or more peptides of this disclosure to antigen-presenting cells *in vitro*. The introduced genes may be in the form of DNAs or RNAs. For the method of introduction, without particular limitations, various methods conventionally performed in this field, such as lipofection, electro-poration, and calcium phosphate method may be suitably used. More specifically, transfection may be performed as described in Reeves ME, et al., (1996) *Cancer Res.*, 56:5672-7.; Butterfield LH, et al., (1998) *J. Immunol.*, 161:5607-13.; Boczkowski D, et al., (1996) *J. Exp. Med.*, 184:465-72.; Published Japanese Translation of International Publication No. 2000-509281. By transferring the gene into antigen-presenting cells, the gene undergoes transcription, translation, and such in the cell, and then the obtained protein is processed by MHC Class I or Class II, and proceeds through a presentation pathway to present partial peptides.

[0048] The present disclosure further provides methods for inducing CTL using one or more peptides of this disclosure. When the peptides of this disclosure are administered to a subject, CTL are induced in the body of the subject, and the strength of the immune system targeting the cells expressing MPHOSPH1 and/or DEPDC1, e.g. cancer cells in the tumor tissues is thereby enhanced. The cancers contemplated include, but are not limited to, bladder cancer, breast cancer, cervical cancer, cholangiocellular carcinoma, CML, colorectal cancer, gastric cancer, NSCLC, lymphoma, osteosarcoma, prostate cancer, renal carcinoma, SCLC, soft tissue tumor. Alternatively, the peptides of the present disclosure may be used in the context of an *ex vivo* therapeutic method, in which subject-derived antigen-presenting cells and CD8-positive cells or peripheral blood mononuclear leukocytes are contacted (stimulated) with one or more peptides of this disclosure *in vitro*, and, after inducing CTL, the cells are returned to the subject. For example, the method may include the steps of:

- a: collecting antigen-presenting cells from a subject,
- b: contacting the antigen-presenting cells of step a with a peptide of the present invention,
- c: mixing the antigen-presenting cells of step b with CD8⁺ T cells and co-culturing so as to induce cytotoxic T-cells; and
- d: collecting CD8⁺ T cells from the co-culture of step c.

The CD8⁺ T cells having cytotoxic activity obtained by step d can be administered to the subject as a vaccine.

[0049] The present disclosure further provides methods for producing activated cytotoxic T cell using the peptides of this disclosure. For example, the method may include the following steps of:

- a: collecting T cells from a subject, and
b: contacting T cells with following peptides.

(1) An isolated peptide of less than about 15 amino acids selected from the group consisting of peptides having the amino acid sequences of SEQ ID NOs: 7, 8, 9, 10, 11, 12, 192, 195, 197, 209, 225, 226 228, 230, 240, 241, 243, 244, 249, 253, 254 and 255.

(2) A peptide having cytotoxic T cell inducibility, wherein said peptide has an amino acid sequence selected from the group consisting of SEQ ID NOs: 7, 8, 9, 10, 11, 12, 192, 195, 197, 209, 225, 226 228, 230, 240, 241, 243, 244, 249, 253, 254 and 255, wherein 1, 2, or several amino acids are substituted, deleted, or added.

[0050] The present disclosure also provides method for producing APC having activated T-cell inducibility using the peptides of the present disclosure. For instance, the method may include the step of contacting antigen presenting cells with the peptides to produce antigen presenting cells presenting the peptide and HLA antigen on the surface.

In the context of the present disclosure, "activated cytotoxic T cell" induces IFN-gamma producing, IFN-gamma releasing, and death of tumor cells.

[0051] The present disclosure further provides isolated cytotoxic T cells induced using the peptides of this disclosure. The cytotoxic T cells, induced by stimulation with an antigen-presenting cell presenting one or more peptides of this disclosure, are preferably derived from subjects who are the target of treatment and/or prevention, and can be administered alone or in combination with other drugs, including one or more peptides of this disclosure or exosomes having anti-tumor activity. The obtained cytotoxic T cells act specifically against target cells presenting the peptides of this disclosure or preferably the same peptide(s) used for induction. The target cells may be cells that express MPHOSPH1 and/or DEPDC1 endogenously, or cells that are transfected with MPHOSPH1 and/or DEPDC1 genes. Cells that present the peptides of this disclosure on the cell surface, due to stimulation with these peptides, can also become targets of attack.

[0052] The present disclosure also provides antigen-presenting cells presenting complexes formed between HLA antigens and one or more peptides of this disclosure. The antigen-presenting cells, obtained through contact with the peptides of this disclosure or the nucleotides encoding such peptides, are preferably derived from subjects who are the target of treatment and/or prevention, and can be administered as vaccines, alone or in combination with other drugs, including the peptides, exosomes, or cytotoxic T cells of the present disclosure.

[0053] The present disclosure also provides a composition comprising nucleic acids encoding polypeptides that are capable of forming a subunit of a T cell receptor (TCR), and methods of using the same. The TCR subunits have the ability to form TCRs that confer specificity to T cells for tumor cells presenting MPHOSPH1 or DEPDC1. By using the known method in the art, the nucleic acids of alpha- and beta-chain as the TCR subunits of the CTL induced with one or more peptides of this disclosure may be identified (WO2007/032255) and Morgan et al., J Immunol, 171, 3288 (2003)). The derivative TCRs preferably bind target cells displaying the MPHOSPH1 or DEPDC1 peptide with high avidity, and optionally mediate efficient killing of target cells presenting the MPHOSPH1 or DEPDC1 peptide in vivo and in vitro.

[0054] The nucleic acids encoding the TCR subunits can be incorporated into suitable vectors e.g. retroviral vectors. These vectors are well known in the art. The nucleic acids or the vectors comprising them usefully can be transferred into a T cell, which T cell is preferably from a patient. Advantageously, the disclosure provides an off-the-shelf composition allowing rapid modification of a patient's own T cells (or those of another mammal) to rapidly and easily produce modified T cells having excellent cancer cell killing properties.

[0055] Also, the present disclosure provides CTLs which are prepared by transduction with the nucleic acids encoding the TCR subunits polypeptides binding with MPHOSPH1 or DEPDC1 peptide e.g. SEQ ID NOs: 7, 8, 9, 10, 11, 12, 192, 195, 197, 209, 225, 226 228, 230, 240, 241, 243, 244, 249, 253, 254 or 255 in the context of HLA- A24 or HLA- A2. The transduced CTLs are capable of homing to cancer cells in vivo, and expanded by well known culturing method in vitro (e.g., Kawakami et al., J Immunol., 142, 3452- 3461 (1989)). The T cells of the disclosure can be used to form an immunogenic composition useful in treating or preventing cancer in a patient in need of therapy or protection (WO2006/031221) .

[0056] In the context of the present disclosure, the term "vaccine" (also referred to as an immunogenic composition) refers to a substance that induces anti-tumor immunity or suppresses cancers upon inoculation into animals. According to the present disclosure, polypeptides having the amino acid sequence of SEQ ID NO: 7, 8 or 12 were suggested to be HLA-A24 restricted epitope peptides and those of SEQ ID NO: 9, 10, 11, 192, 195, 197, 209, 225, 226, 228 230, 240, 241, 243, 244, 249, 253, 254 or 255 were suggested to be HLA-A2 restricted epitope peptides that may induce potent and specific immune response against cells expressing MPHOSPH1 and/or DEPDC1, e.g. cancer cells expressing MPHOSPH 1 and/or DEPDC1. The cancers contemplated include, but are not limited to, bladder cancer, breast cancer, cervical cancer, cholangiocellular carcinoma, CML, colorectal cancer, gastric cancer, NSCLC, lymphoma, osteosarcoma, prostate cancer, renal carcinoma, SCLC, soft tissue tumor. Thus, the present invention also encompasses a method of inducing anti-tumor immunity using polypeptides having the amino acid sequence of SEQ ID NO: 7, 8, 9, 10, 11, 12, 192, 195, 197, 209, 225, 226, 228, 230, 240, 241, 243, 244, 249, 253, 254 or 255 or a variant thereof (i.e., including 1,

2, or several amino acid substitutions, deletions, or additions). In general, anti-tumor immunity includes immune responses such as follows:

- an induction of cytotoxic lymphocytes against tumors containing cells expressing MPHOSPH1 and/or DEPDC1,
- an induction of antibodies that recognize tumors containing cells expressing MPHOSPH1 and/or DEPDC1, and
- an induction of anti-tumor cytokine production.

[0057] Therefore, when a certain peptide induces any one of these immune responses upon inoculation into an animal, the peptide is decided to have anti-tumor immunity inducing effect. The induction of the anti-tumor immunity by a peptide can be detected by observing in vivo or in vitro the response of the immune system in the host against the peptide.

[0058] For example, a method for detecting the induction of cytotoxic T lymphocytes is well known. A foreign substance that enters the living body is presented to T cells and B cells by the action of antigen-presenting cells (APCs). T cells that respond to the antigen presented by APC in antigen specific manner differentiate into cytotoxic T cells (also referred to as cytotoxic T lymphocytes or CTLs) due to stimulation by the antigen, and then proliferate; this process is referred to herein as "activation" of T cells. Therefore, CTL induction by a certain peptide can be evaluated by presenting the peptide to a T cell by APC, and detecting the induction of CTL. Furthermore, APCs have the effect of activating CD4+ T cells, CD8+ T cells, macrophages, eosinophils and NK cells. Since CD4+ T cells are also important in anti-tumor immunity, the anti-tumor immunity inducing action of the peptide can be evaluated using the activation effect of these cells as indicators.

[0059] A method for evaluating the inducing action of CTL using dendritic cells (DCs) as APC is well known in the art. DC is a representative APC having the strongest CTL inducing action among APCs. In this method, the test polypeptide is initially contacted with DC and then this DC is contacted with T cells. Detection of T cells having cytotoxic effects against the cells of interest after the contact with DC shows that the test polypeptide has an activity of inducing the cytotoxic T cells. Activity of CTL against tumors can be detected, for example, using the lysis of ⁵¹Cr-labeled tumor cells as the indicator. Alternatively, it is well known to evaluate the degree of tumor cell damage using ³H-thymidine uptake activity or LDH (lactose dehydrogenase)-release as the indicator. Furthermore, it can be also examined by measuring IFN-gamma produced and released by CTL in the presence of antigen-presenting cells that carry immobilized peptides by visualizing using anti-IFN-gamma antibodies, such as an ELISPOT assay.

[0060] Apart from DC, peripheral blood mononuclear cells (PBMCs) may also be used as the APC. The induction of CTL is reported to be enhanced by culturing PBMC in the presence of GM-CSF and IL-4. Similarly, CTL has been shown to be induced by culturing PBMC in the presence of keyhole limpet hemocyanin (KLH) and IL-7.

[0061] The test polypeptides confirmed to possess CTL inducing activity by these methods are polypeptides having DC activation effect and subsequent CTL inducing activity. Therefore, polypeptides that induce CTL against tumor cells are useful as vaccines against diseases associated with the over-expression of MPHOSPH1 and/or DEPDC1, e.g. cancers. Furthermore, APC that have acquired the ability to induce CTL against a disease associating MPHOSPH1 and/or DEPDC1, e.g. cancers, by contacting with the polypeptides are useful as vaccines against the disease. Furthermore, CTL that have acquired cytotoxicity due to presentation of the polypeptide antigens by APC can be also used as vaccines against a disease associating MPHOSPH1 and/or DEPDC1, e.g. cancers. Such therapeutic methods for a disease associating MPHOSPH1 and/or DEPDC1, e.g. cancers, using anti-tumor immunity due to APC and CTL, are referred to as cellular immunotherapy. The cancers contemplated include, but are not limited to, bladder cancer, breast cancer, cervical cancer, cholangiocellular carcinoma, CML, colorectal cancer, gastric cancer, NSCLC, lymphoma, osteosarcoma, prostate cancer, renal carcinoma, SCLC, soft tissue tumor.

[0062] Generally, when using a polypeptide for cellular immunotherapy, efficiency of the CTL-induction can be increased by combining a plurality of polypeptides having different structures and contacting them with DC. Therefore, when stimulating DC with protein fragments, it is advantageous to use a mixture of multiple types of fragments.

[0063] The induction of anti-tumor immunity by a polypeptide can be further confirmed by observing the induction of antibody production against tumors. For example, when antibodies against a polypeptide are induced in a laboratory animal immunized with the polypeptide, and when growth, proliferation and/or metastasis of tumor cells is suppressed by those antibodies, the polypeptide is determined to induce anti-tumor immunity.

[0064] Anti-tumor immunity can be induced by administering a vaccine of this disclosure, and the induction of anti-tumor immunity enables treatment and prevention of a disease associated with the over-expression of MPHOSPH1 and/or DEPDC1, e.g. cancers. Therapy against or prevention of the onset of a disease associated with the over-expression of MPHOSPH1 and/or DEPDC1, e.g. cancers, may include inhibition of the growth of cells expressing MPHOSPH1 and/or DEPDC1, e.g. cancer cells, involution of these cells and suppression of occurrence of these cells, e.g. cancer cells. Decrease in mortality of individuals having a disease associating MPHOSPH1 and/or DEPDC1, e.g. cancers, decrease of the disease markers in the blood, alleviation of detectable symptoms accompanying the disease and such are also included in the therapy or prevention of the disease, e.g. cancers. Such therapeutic and preventive effects are preferably statistically significant, for example, observed at a significance level of 5% or less, wherein the

therapeutic or preventive effect of a vaccine against a disease associating MPHOSPH1 and/or DEPDC1, e.g. cancers, is compared to a control without vaccine administration. For example, Student's t- test, the Mann- Whitney U- test or ANOVA may be used for determining statistical significance.

[0065] In that the present disclosure provides a method for treating, or preventing a disease associated with the over-expression of MPHOSPH1 and/or DEPDC1, e.g. cancers, the therapeutic compounds or compositions may be administered prophylactically or therapeutically to subjects suffering from or at risk of (or susceptible to) developing the disease. Such subjects may be identified using standard clinical methods. In the context of the present disclosure, prophylactic administration occurs prior to the manifestation of overt clinical symptoms of disease, such that a disease or disorder is prevented or alternatively delayed in its progression. In the context of the field of medicine, the term "prevent" encompasses any activity which reduces the burden of mortality or morbidity from disease. Prevention can occur "t primary, secondary and tertiary prevention levels. While primary prevention avoids the development of a disease, secondary and tertiary levels of prevention encompass activities aimed at preventing the progression of a disease and the emergence of symptoms as well as reducing the negative impact of an already established disease by restoring function and reducing disease-related complications.

[0066] In the context of cancer treatment, the term "efficacious" refers to a treatment that leads to a decrease in size, prevalence or metastatic potential of cancer in a subject. When a treatment is applied prophylactically, "efficacious" means that the treatment retards or prevents occurrence of non cancer or alleviates a clinical symptom of cancer. The assessment of cancer can be made using standard clinical protocols. Furthermore, the efficaciousness of a treatment may be determined in association with any known method for diagnosing or treating cancer. For example, cancer can be diagnosed histopathologically or by identifying symptomatic anomalies.

[0067] The above-mentioned peptide, having immunological activity, or a polynucleotide or vector encoding such a peptide, may be combined with an adjuvant. An adjuvant refers to a compound that enhances the immune response against the peptide when administered together (or successively) with the peptide having immunological activity. Examples of suitable adjuvants include cholera toxin, salmonella toxin, alum and such, but are not limited thereto. Furthermore, a vaccine of this disclosure may be combined appropriately with a pharmaceutically acceptable carrier. Examples of such carriers are sterilized water, physiological saline, phosphate buffer, culture fluid and such. Furthermore, the vaccine may contain as necessary, stabilizers, suspensions, preservatives, surfactants and such. The vaccine is administered systemically or locally. Vaccine administration may be performed by single administration or boosted by multiple administrations.

[0068] When using APC or CTL as the vaccine of this disclosure, a disease associated with the over-expression of MPHOSPH1 and/or DEPDC1, e.g. cancers, can be treated or prevented, for example, by the ex vivo method. More specifically, PBMCs of the subject receiving treatment or prevention are collected, contacted ex vivo with a peptide of the present disclosure. Following the induction of APC or CTL, the cells may be administered to the subject. APC can be also induced by introducing a vector encoding the peptide into PBMCs ex vivo. APC or CTL induced in vitro can be cloned prior to administration. By cloning and growing cells having high activity of damaging target cells, cellular immunotherapy can be performed more effectively. Furthermore, APC and CTL isolated in this manner may be used for cellular immunotherapy not only against individuals from whom the cells are derived, but also against similar types of diseases in other individuals.

[0069] Aspects of the present disclosure are described in the following examples, which are presented only to illustrate the present disclosure and to assist one of ordinary skill in making and using the same. The examples are not intended in any way to otherwise limit the scope of the disclosure.

[0070] Although methods and materials similar or equivalent to those described herein can be used in the practice or testing of the present disclosure, suitable methods and materials are described below.

EXAMPLES

[0071] Hereinafter, the present disclosure is exemplified, but not restricted, by the following Examples. However, materials, methods and such described herein only illustrate aspects of the disclosure and in no way are intended to limit the scope of the present disclosure. As such, materials, methods and such similar or equivalent to those described therein may be used in the practice or testing of the present disclosure.

EXAMPLE 1

MATERIALS AND METHODS

Cell lines

[0072] A24LCL cells (HLA- A24/24), human B- lymphoblastoid cell lines, T2 cell and COS7 were purchased from ATCC.

Candidate selection of peptide derived from MPHOSOH1 and DEPDC1

[0073] 9- mer and 10- mer peptides derived from MPHOSOH1 or DEPDC1 that bind to HLA- A*2402 and HLA- A*0201 molecule were predicted using binding prediction software "BIMAS" (bimas.dcrf.nih.gov/cgi-bin/molbio/ken_parker_comboform) (Parker KC, et al., (1994) J Immunol.; 152 (1) : 163- 75.; Kuzushima K, et al., (2001) Blood., 98 (6) : 1872- 81.) . These peptides were synthesized by Sigma (Sapporo, Japan) according to the standard solid phase synthesis method and purified by reversed phase HPLC. The purity (>90%) and the identity of the peptides were determined by analytical HPLC and mass spectrometry analysis, respectively. Peptides were dissolved in dimethylsulfoxide (DMSO) at 20 mg/ml and stored at - 80 degrees C.

In vitro CTL Induction

[0074] Monocyte- derived dendritic cells (DCs) were used as antigen- presenting cells (APCs) to induce CTL responses against peptides presented on HLA. DCs were generated in vitro as described elsewhere (Nukaya I et al., (1999) Int. J. Cancer 80, 92- 7., Tsai V et al., (1997) J. Immunol 158: 1796- 802.) . Briefly, peripheral blood mononuclear cells (PBMCs) isolated from a normal volunteer (HLA- A*2402 and/or HLA- A*0201) by Ficoll- Paque (Pharmacia) solution were separated by adherence to a plastic tissue culture flask (Becton Dickinson) so as to enrich them for the monocyte fraction. The monocyte- enriched population was cultured in the presence of 1000 U/ml of GM- CSF (Genzyme) and 1000 U/ml of IL- 4 (Genzyme) in AIM- V (Invitrogen) containing 2% heat- inactivated autologous serum (AS) . After 7 days in the culture, the cytokine- generated DCs were pulsed with 20 mcg/ml of the synthesized peptides in the presence of 3 mcg/ml of beta 2- microglobulin for 4 hrs at 20 degrees C in AIM- V. These peptide- pulsed DCs were then inactivated by MMC (30 mcg/ml for 30 mins) and mixed at a 1: 20 ratio with autologous CD8+ T cells, obtained by positive selection with Dynabeads M- 450 CD8 (Dyna) and DETACHa BEAD™ (Dyna) . These cultures were set up in 48- well plates (Coming) ; each well contained 1.5×10^4 peptide- pulsed DCs, 3×10^5 CD8+ T cells and 10 ng/ml of IL- 7 (Genzyme) in 0.5 ml of AIM- V/ 2% AS. Three days later, these cultures were supplemented with IL- 2 (CHIRON) to a final concentration of 20 IU/ml. On day 7 and 14, the T cells were further restimulated with the autologous peptide- pulsed DCs. The DCs were prepared each time by the same way described above. CTL was tested against peptide- pulsed A24LCL cells or T2 cells after the 3rd round of peptide stimulation on day 21.

CTL Expansion Procedure

[0075] CTLs were expanded in culture using the method similar to that described by Riddell SR, et al., (Walter EA et al., (1995) N Engl J Med 333:1038-44.; Riddell SR, et al., (1996) Nature Med. 2:216-23.). A total 5×10^4 of CTLs were resuspended in 25 ml of AIM-V/5% AS with 2 kinds of human B-lymphoblastoid cell lines, inactivated by MMC, in the presence of 40 ng/ml of anti-CD3 monoclonal antibody (Pharmingen). One day after initiating the cultures, 120 IU/ml of IL-2 were added to the cultures. The cultures were fed with fresh AIM-V/5% AS containing 30 IU/ml of IL-2 on days 5, 8 and 11.

Establishment of CTL clones

[0076] The dilutions were made to have 0.3, 1, and 3 CTLs/well in 96 round-bottomed micro titer plate (Nalge Nunc International). CTLs were cultured with 7×10^4 cells/well of 2 kinds of human B-lymphoblastoid cell lines, 30ng/ml of anti-CD3 antibody, and 125 U/ml of IL-2 in total of 150 mcl/well of AIM-V containing 5%AS. 50 mcl /well of IL-2 was added to the medium 10 days later so that IL-2 became 125 U/ml in the final concentration. CTL activity of CTLs was tested on the 14th day, and CTL clones were expanded using the same method above.

Specific CTL activity

[0077] To examine the specific CTL activity, IFN- gamma ELISPOT assay and IFN- gamma ELISA were performed. Briefly, peptide- pulsed A24- LCL or T2 cell (1×10^4 / well) was prepared as a stimulator cell. Cultured Cells in 48 wells or CTL clones after limiting dilution were used as a responder cells. IFN- gamma ELISPOT assay and ELISA were performed under manufacture procedure.

Cell Culture and Transfection

[0078] HLA- A24 B- LCLs (A24LCL), Epstein Bar virus- transformed, was established. Jiyoye, EB- 3, COS7, HT 1376, RT- 4 and J82 were purchased from American Type Culture Collection (Rockville, MD) . A24LCL, Jiyoye and EB- 3 were maintained in RPMI1640 containing 10% fetal bovine serum (GEMINI Bio- Products) and 1% antibiotic solution (Sigma)

. COS7, HT1376, RT- 4 and J82 were maintained in appropriate medium and antibiotics. Transfection of COS7 and HEK were performed using FUGENE6 (Roche) . HEK- A2 cell, HLA- A*0201 molecule expressing stable clone, was established by transfection of pcDNA6.2- HLA- A2 plasmid and isolated by limiting dilution method in the presence of 5 mcg/ml Blastcidin S.

Immunogenicity of epitope peptides in BALB/c mice

[0079] For induction of the peptide-specific CTLs, immunization was given using 100 µl of vaccine mixture, which contains 50 µl (100 mcg) of HLA-A24 restricted peptide and 50 µl of IFA per mouse. The vaccine was subcutaneously injected in the right flank for the first immunization on day 0 and in the left flank for the second on the day 7. On day 14, splenocytes of the vaccinated mice, without any in vitro stimulation, were used responder cells, and RLmale1 cells pulsed with or without peptides were used as the stimulator cells for IFN-gamma ELISPOT assay.

RESULTS

Enhanced MPHOSPH1 and DEPDC1 expression in cancers

[0080] The global gene expression profile data obtained from various cancers using cDNA-microarray revealed that MPHOSPH1 (GenBank Accession No. NM_016195; SEQ ID No.1) and DEPDC1 (GenBank Accession No. BM683578) which had two variants; DEPDC1 V1 (SEQ ID Nos.3) and DEPDC1 V2 (SEQ ID No. 5) expression was elevated. MPHOSPH 1 expression was validly elevated in 30 out of 31 bladder cancers, 8 out of 36 breast cancers, 18 out of 18 cervical cancers, 5 out of 17 cholangiocellular carcinomas, 25 out of 31 CMLs, 6 out of 11 colorectal cancers, 6 out of 14 gastric cancers, 5 out of 5 NSCLCs, 7 out of 7 lymphomas, 6 out of 10 osteosarcomas, 7 out of 22 prostate cancers, 10 out of 18 renal carcinomas and 15 out of 21 soft tissue tumors as compared with corresponding normal tissue. DEPDC 1 expression was validly elevated in 23 out of 25 bladder cancers, 6 out of 13 breast cancers, 12 out of 12 cervical cancers, 6 out of 6 cholangiocellular carcinomas, 3 out of 4 CMLs, 2 out of 4 colorectal cancers, 6 out of 6 NSCLCs, 7 out of 7 lymphomas, 10 out of 14 osteosarcomas, 11 out of 24 prostate cancers, 14 out of 14 SCLCs and 22 out of 31 soft tissue tumors as compared with corresponding normal tissue (Table 1).

[0081]

[Table 1]

Ratio of cases observed up-regulation of <i>MPHOSPH1</i> or <i>DEPDC1</i> in cancerous tissue as compared with normal corresponding tissue								
	Bladder cancer	Breast cancer	Cervical cancer	Cholangiocellular Carcinoma	CML	Colorectal cancer	Gastric cancer	
MPHOSPH1	30/31	8/36	18/18	5/17	25/31	6/11	6/14	
DEPDC1	23/25	6/13	12/12	6/6	3/4	2/4	-	
	NSCLC	Lymphoma	Osteosarcoma	Prostate cancer	Renal cancer	SCLC	Soft Tissue Tumor	
MPHOSPH1	5/5	7/7	6/10	7/22	10/18	-	15/21	
DEPDC1	6/6	7/7	10/14	11/24	-	14/14	22/31	

Prediction of HLA-A24 and HLA-A2 binding peptides derived from MPHOSPH1 or DEPDC1

[0082] Table 2 sets forth the HLA-A*2402 binding peptides for MPHOSPH 1 in order of binding affinity. Table 2A sets forth 9-mer peptides derived from MPHOSPH1 and Table 2B sets forth 10-mer peptides derived from MPHOSPH 1. Table 3 sets forth the HLA-A*0201 binding peptides for MPHOSPH1 in order of binding affinity. Table 3A sets forth 9-mer peptides derived from MPHOSPH1 and Table 3B sets forth 10-mer peptides derived from MPHOSPH1. Table 4 sets forth the HLA-A*2402 binding peptides for DEPDC1 V1 and V2 in order of binding affinity. Table 4A sets forth 9-mer peptides derived from DEPDC1 V1 and V2 and Table 4B sets forth 10-mer peptides derived from DEPDC1 V1. Table 5 sets forth the HLA-A*0201 binding peptides for DEPDC1 V1 and V, Table 5A sets forth 9-mer peptides derived from DEPDC1 V1 and V2 and Table 5B sets forth 10-mer peptides derived from DEPDC1 V1 and V2.

[0083]

[Table 2A]

HLA-A*2402 binding 9-mer peptides derived from MPHOSPH1

Start Position	Amino Acid Sequence	SEQ ID NO.	Binding Score	Start = Position	Amino Acid Sequence	SEQ ID NO.	Binding Score
278	IYNEYTYDL	7	360	179	LFDSLQERL	29	24
1244	DYADLKEKL	13	316.8	268	KFSVWVSFF	30	20
1319	QYERACKDL	14	300	575	KLLDLIEDL	31	17.28
459	CYLAYDETL	15	300	1577	RFPKPELEI	32	16.5
462	AYDETLNVL	16	288	1414	KYNADRKKW	33	16.5
1054	GYKDENNRL	17	288	1230	RTQNLKADL	34	14.4
236	LYGSLTNSL	18	288	1421	KWLEEKMML	35	14.4
1446	KYAEDRERF	19	240	1617	KSNEEEDL	36	14.4
899	NYDIAIAEL	20	220	1555	KIEDGSVVL	37	14.4
1118	CYKAKIKEL	21	220	1456	KQQNEMEIL	38	12
57	DYLQVCLRI	22	105	389	KTQNEGERL	39	12
676	KFNQIKAEL	23	92.4	1371	KWKEKCNDL	40	11.52
14	SYVFSADPI	24	75	1122	KIKELETIL	41	11.52
326	AYRLKLGI	25	60	850	FLLTINEL	42	11.088
255	DYEQANLNM	26	37.5	763	SSLIINNKL	43	11.088
29	NFDGIKLDL	27	28	1400	KLINLQDEL	44	10.56
286	LFVPVSSKF	28	27.72	133	IMQPVKDLL	45	10.08

Start position indicates the number of amino acid from N-terminal of MPHOSPH1. Binding score is derived from "BIMAS" described in Materials and Methods.

[0084]

[Table 2B]

HLA-A*2402 binding 10-mer peptides derived from MPHOSPH1

Start Position	Amino Acid Sequence	SEQ ID NO.	Binding Score	Start Position	Amino Acid Sequence	SEQ ID NO.	Binding
1414	KYNADRKKWL	46	600	1274	KLLRIKINEL	56	15.84
278	IYNEYIYDLF	8	252	1332	KIIEDMRMTL	57	14.4
1446	KYAEDRERFF	47	240	1299	RTIQQKKEQL	58	14.4
611	QYWAQREADF	48	100	1134	KVECSHSAKL	59	13.2
1740	LYTSEISSPI	49	70	859	KNEKEEKAEK	60	13.2
293	KFQKRKMLRL	50	60	586	KLINEKKEKL	61	13.2
849	AFLTIENEL	51	55.44	943	KLMHTKIDEL	62	13.2
1667	TYSLRSQASI	52	50	838	RVLQENNEGL	63	12
1695	DFLQHSPSIL	53	30	369	RVIRVSELSL	64	12
174	RTLNVLFDSL	54	17.28	1159	RNLKEFQEHL	65	12

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(continued)

HLA-A*2402 binding 10-mer peptides derived from *MPHOSPH1*

Start Position	Amino Acid Sequence	SEQ ID NO.	Binding Score	Start Position	Amino Acid Sequence	SEQ ID NO.	Binding
870	KOIVHFQQEL	55	15.84	281	EYIYDLFVPV	66	10.8

Start position indicates the number of amino acid from N-terminal of MPHOSPH1. Binding score is derived from "BIMAS" described in Materials and Methods.

[0085]

[Table 3A]

HLA-A*0201 binding 9-mer peptides derived from *MPHOSPH1*

Start Position	Amino Acid Sequence	SEQ ID NO.	Binding Score	Start Position	Amino Acid Sequence	SEQ ID NO.	Binding Score
575	KLLDLIEDL	31	1278.29	1184	KLKEEITQL	93	24.677
282	YIYDLFVPV	9	1096.62	888	TLSKEVQQI	94	23.995
298	KMLRLSQDV	67	650.504	280	NEYIYDLFV	95	23.802
218	ALLRQIKEV	68	591.888	552	LLDEDLDKT	96	23.415
850	FLLTIENEL	42	363.588	461	LAYDETLNV	97	21.546
1108	ALSELTQGV	69	285.163	980	NLPNTQLDL	98	21.362
331	KLGIKHOSV	70	243.432	409	TLGKCINVL	99	20.145
1689	TLQKFGDFL	71	218.772	175	TLNVLFDSL	100	19.888
1251	KLTDAKKQI	72	149.711	923	KLSNEIETA	101	19.596
638	RLAIFKDLV	10	129.506	1389	KEHENNTDV	102	19.407
1467	QLTEKDSDL	73	87.586	987	DLLGNDYLV	103	19.301
1195	NLQDMKHLL	74	87.586	920	KIMKLSNEI	104	18.577
270	SVWVSFFEI	75	83.497	1703	ILQSKAKKI	105	17.736
129	FQGCIMQPV	76	74.608	512	ILNVKRATI	106	17.736
839	VLQENNEGL	77	72.959	1124	KELETILET	107	17.695
1094	TLDVQIQHV	78	63.988	453	IVNISQCYL	108	17.477
1019	AIWEECKEI	79	48.816	771	UCNETVEV	109	16.258
1696	FLQHSPSIL	80	40.289	623	TLLQEREIL	110	15.879
528	DLMEDEDLV	81	38.775	560	TLEENKAFI	111	15.057
406	SLLTLGKCI	82	38.601	1415	YNADRKKWL	112	14.465
1400	KLTNLQDEL	44	36.637	307	KGYSFIKDL	113	13.65
170	GILPRTLNV	83	35.385	133	IMQPVKDLL	45	12.852
171	ILPRTLNVL	84	34.246	1594	KMAVKHPGC	114	12.558
786	KICSERKRV	85	33.472	365	SEMSRVIRV	115	11.509
880	SLSEKKNLT	86	30.553	1191	QLTNNLQDM	116	11.426
944	LMHTKIDEL	87	29.559	871	QIVHFQQEL	117	11.162
1422	WLEEKMMU	88	28.963	245	NISEFEESI	118	10.951
466	TLNVLKFS	89	28.814	484	TLNSSQEK	119	10.468
1539	KLQTEPLST	90	26.082	764	SLIINNCLI	120	10.433
132	CIMQPVKDL	91	24.997	587	UNEKKEKL	121	10.032
1260	KQVQKEVSV	92	24.681				

Start position indicates the number of amino acid from N-terminal of MPHOSPH1. Binding score is derived from "BIMAS" described in Materials and Methods.

[0086]

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[Table 3B]

HLA-A*0201 binding 10-mer peptides derived from *MPHOSPH1*

	Start Position	Amino Acid Sequence	SEQID NO.	Binding Score	Start Position	Amino Acid Sequence	SEQID NO.	Binding
5	1274	KLLRIKINEL	56	626.279	1318	QQYERACKDL	140	28.417
	551	KLLDEDLDKT	122	445.913	452	MIVNISQCYL	141	27.464
	460	YLAYDETLNV	123	319.939	923	KLSNEIETAT	142	26.082
10	943	KLMHTKIDEL	62	311.777	1257	KQIKQVQKEV	143	24.681
	262	NMANSIKFSV	124	291.346	980	NLPNTQLDLL	144	24.075
	178	VLFDLSQERL	125	269.948	985	QLDLLGNDYL	145	23.029
	770	KLICNETVEV	126	243.432	1427	MMLITQAKEA	146	22.569
	34	KLDLSHEFSL	127	173.463	1523	QIMDIKPKRI	147	21.762
15	407	LLTLGKCINV	128	118.238	1484	QLVAALEIQL	148	21.362
	1714	TMSSSKLSNV	11	115.534	466	TLNVLKFSAI	149	19.822
	1353	QVLEAKLEEV	129	104.046	511	KILNVKRATI	150	18.577
	880	SLSEKKNLTL	130	87.586	1340	TLEEQEQTQV	151	18.25
20	235	TLYGSLTNSL	131	68.36	372	RVSELSLCDL	152	17.627
	1019	AIWEECKEIV	132	65.381	1561	VVLDSCVEST	153	16.816
	552	LLDEDLDKTL	133	59.558	309	YSFIKDLQWI	154	14.663
	1093	VTLDVQIQHV	134	57.298	353	SIFTVKILQI	155	12.208
	559	KTLEENKAFF	135	42.314	1094	TLDVQIQHVV	156	11.407
25	1332	KIIEDMRMTL	57	42.151	1688	GTLQKFGDFL	157	11.242
	152	GLTNSGKTYT	136	40.986	311	FIKDLQWQV	158	10.732
	830	NIAEIEDIRV	137	39.21	1079	TLIQQKKEEL	159	10.468
	586	KLINEKKEKL	61	36.637	1128	TILETQKVEC	160	10.363
30	182	SLQERLYTKM	138	30.553	1487	AALEIQLKAL	161	10.352
	1043	QQIEKLQAEV	139	28.912	170	GILPRTLNVL	162	10.249
	870	KQIVHFQQEL	55	28.807				

Start position indicates the number of amino acid from N-terminal of MPHOSPH 1. Binding score is derived from "BIMAS" described in Materials and Methods.

[0087]

[Table 4A]

HLA-A*2402 binding 9-mer peptides derived from *DEPDC1*

	Start Position	Amino Acid Sequence	SEQ ID NO.	Binding Score	Start Position	Amino Acid Sequence	SEQ ID NO.	Binding Score
40	295	YYELFVNIL	163	360	505	KQLCRSQSL	167	14.4
	294	EYYELFVNI	12	86.4	275	VFRTIADYF	168	14
45	282	YFLDLPEPL	164	43.2	36	HFKKYGNCF	169	12
	118	RYPELRKNN	165	21.8	307	GYITVSDRS	170	10.5
	338	SFKSTECCL	166	20	298	LFVNILGLL	171	42

Start position indicates the number of amino acid from N-terminal of DEPDC1. Binding score is derived from "BIMAS" described in Materials and Methods.

[0088]

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[Table 4B]

HLA-A*2402 binding 10-mer peptidesp derived from <i>DEPDCI</i>								
Start Position	Amino Acid Sequence	SRQ ID NO.	Binding Score		Start Position	Amino Acid Sequence	SRQ ID NO.	Binding Score
294	EYYELFVNIL	172	288		275	VFRTIADYFL	182	20
281	DYFLDLPEPL	173	240		113	KTLPRRYPEL	183	15.84
118	RYPELRKNNI	174	216		277	RTIADYFLDL	184	14.4
770	EYPLIYQKRF	175	150		270	GFERDVFRTI	185	12.6
267	TYVGFERDVF	176	150		146	RTPKRHGLHL	186	12
523	SYINTPVAEI	177	82.5		505	KQLCRSQSLL	187	12
282	YFLDLPEPLL	178	36		340	KSTECLLL	188	11.52
191	RYVILIYLT	179	21		295	YYELFVNILV	189	10.5
338	SFKSTECLLL	180	20		129	NFSKDKDSIF	190	10
103	LFRFPATSPL	181	20					
Start position indicates the number of amino acid from N-terminal of <i>DEPDCI</i> . Binding score is derived from "BIMAS" described in Materials and Methods.								

[0089]

[Table 5A]

HLA-A*0201 binding 9-mer peptides derived from *DEPDCI*

Start Position	Amino Acid Sequence	SEQ ID NO.	Binding Score	Start Position	Amino Acid Sequence	SEQ ID NO.	Binding Score
674	FLMDHHEI	191	728.022	563	RLCKSTIEL	209	21.382
589	LLQPHLERV	192	133.255	506	QLCRSQSLL	210	21.362
575	SLLPASSML	193	79.041	193	VILIYLT	211	20.753
246	WVLSAMKCL	194	73.172	297	ELFVNILVV	212	18.201
619	LLMRMISRM	195	71.872	235	ILQNKSDDL	213	17.795
581	SMLTGTOSL	196	57.085	616	KLQLLMRMI	214	16.797
290	LLTFEYYEL	197	54.474	623	MISRMSQNV	215	16.258
220	YIMYNMANT	198	40.111	72	TIQLLRKFL	216	16.155
283	FLDLPEPLL	199	39.307	421	CSLEGIVDV	217	15.841
787	ALFGDKPTI	200	38.601	303	LVVCGYITV	218	15.519
582	MLTGTQSLL	201	36.316	524	YINTPVAEI	219	15.177
773	LIYQKRFT	202	32.33	194	ILIYLT	220	14.89
114	TLPRRYPEL	203	32.044	239	KSDDLPHWV	221	14.333
505	KQLCRSQSL	167	28.049	576	LLPASSMLT	222	12.668
765	KQFQKEYPL	204	28.049	646	MIHTFSRCV	223	12.356
395	IMGGSCHNL	205	26.228	645	LMIHTFSRC	224	11.589
296	YELFVNILV	206	23.018	653	CVLCCAEEV	225	11.034
278	TIADYFLDL	207	22.882	297	ELFVNILGL	226	13.635
601	ALQLCCLLL	208	21.362				
Start position indicates the number of amino acid from N-terminal of <i>DEPDCI</i> . Binding score is derived from "BIMAS" described in Materials and Methods.							

[0090]

[Table 5B]

hLA-A*0201 binding 10-mer peptides derived from *DEPDCI*

Start Position	Amino Acid Sequence	SEQID NO.	Binding Score	Start Position	Amino Acid Sequence	SEQID NO.	Binding
666	LLAGRLVSFL	227	459. 398	575	SLLPASSMLT	241	27. 572
674	FLMDHHQEIL	228	299. 484	296	YELFVNILVV	242	21. 706
588	SLLQPHLERV	229	290. 025	506	QLCRSQSLLL	243	21. 362
302	ILVVCGYITV	230	177. 358	765	KQFQKEYPLI	244	20. 547
291	LTFEYYELFV	231	137. 017	682	ILQVPSYLQT	245	19. 003
201	ILGVPSLEEV	232	133. 255	269	VGFERDVFRT	246	16. 735
195	LIYLQITLGV	233	119. 657	381	QLVNLNRNRV	247	13. 91
688	YLQTAVEKHL	234	98. 267	283	FLDLPEPLLT	248	13. 712
645	LMIHTFSRCV	235	64. 9	395	IMGGSCHNLI	249	12. 809
581	SMLTGTQSLL	236	57. 085	403	LIGLSNMHDL	250	11. 485
622	RMISRMSQNV	237	50. 232	773	LIYQKRFPPT	251	10. 591
618	QLLMRMISRM	238	42. 278	488	TLTVQDQEEL	252	10. 468
654	VLCCAEEVDL	239	36. 316	224	NMANTSKRGV	253	10. 046
644	SLMIHTFSRC	240	34. 925	296	YELFVNILGL	254	16. 26
505	KQLCRSQSLL	187	28. 049	301	NILGLLQPHL	255	10. 868

Start position indicates the number of amino acid from N-terminal of DEPDCI. Binding score is derived from "BIMAS" described in Materials and Methods.

Stimulation of the T cells using the predicted peptides from MPHOSPH 1 restricted with HLA-A*2402

[0091] CTLs for those peptides derived from MPHOSHP1 (SEQ ID No: 2) were generated according to the protocols set forth in "Materials and Methods" section above. Resulting CTLs having detectable specific CTL activity, as assessed by IFN- gamma ELISPOT assay, are shown in Figure 1A and Figure 2A. In Figure 1A, the cells in the well number #4 stimulated with MPHOSPH 1- A24- 9- 278 (SEQ ID NO: 7) demonstrated potent IFN- gamma production as compared with the control. In Figure 2A, the cells in the well number #8 stimulated with MPHOSPH 1- A24- 10- 278 (SEQ ID NO: 8) demonstrated potent IFN- gamma production as compared with the control. Next, these cells in the positive well were expanded and limiting dilution was performed. As shown in Figure 1B (MPHOSPH1- A24- 9- 278 (SEQ ID NO: 7)) and Figure 2B (MPHOSPH1- A24- 10- 278 (SEQ ID NO: 8)), CTL clones having higher specific CTL activities against the peptide- pulsed target as compared to the activities against target without peptide pulse were established

[0092] The CTL clones stimulated by the MPHOSPH1- A24- 9- 278 (IYNEYIYDL (SEQ ID NO: 7)) (Figure 3A) and MPHOSPH1- A24- 10- 278 (IYNEYIYDLF (SEQ ID NO: 8)) (Figure 3B) demonstrated potent specific CTL activity against the peptide- pulsed target without showing any significant specific CTL activity against targets not pulsed with any peptide. This suggests that the CTL clone has the peptide- specific cytotoxicity.

Specific CTL activity against the target cells expressing MPHOSPH1

[0093] The established CTL clones raised against these peptides were examined for their ability to recognize the target cells endogenously expressing MPHOSPH1 and HLA- A*2402. Specific CTL activity against COS7 transfected with both the full length MPHOSPH1 gene and the HLA- A*2402 molecule, which is a specific model for the target cells endogenously express MPHOSPH1 and HLA- A*2402, was tested using as effector cells the CTL clone raised by MPHOSPH1- A24- 9- 278 (SEQ ID NO: 7) . COS7 transfected with full length MPHOSPH1 but not HLA- A*2402 and COS7 transfected HLA- A*2402 but not full length MPHOSPH1 were prepared as controls. The CTL Clone having the highest specific CTL activity against COS7 was that transfected with both MPHOSPH1 and HLA- A24. However, it did not show significant specific CTL activity against COS7 transfected with neither MPHOSPH1 nor HLA- A24 (Figure 4) .

[0094] These results clearly demonstrate that MPHOSPH1- A24- 9- 278 (SEQ ID NO: 7) was naturally expressed to the target cell surface with HLA- A24 molecule and recognized CTL.

CTL activity against bladder cancer cell lines endogenously expressing MPHOSPH1

[0095] The established CTL clone raised against MPHOSPH1- A24- 9- 278 (SEQ ID NO: 7) peptide was examined

for their ability to recognize the tumor cells endogenously expressing MPHOSPH1. CTL activity against HT1376 cells, which endogenously express MPHOSPH1 and HLA- A24, was tested using the CTL clone raised by MPHOSPH1- A24- 9- 278 (SEQ ID NO: 7) as effector cells. J82 cells and RT- 4 cells were used as the target cells which endogenously express MPHOSPH 1 but do not express HLA- A24. The established CTL clone showed high IFN- gamma production against HT1376 cells that express both MPHOSPH1 and HLA- A24. On the other hand, The CTL did not show significant CTL activity against J82 and RT- 4 cells which express MPHOSPH1 but not HLA- A24 (Figure 5) . It clearly demonstrated that MPHOSPH1- A24- 9- 278 (SEQ ID NO: 7) peptide was naturally processed to the tumor cell surface with HLA- A24 molecule and recognized by CTL.

In vivo CTL induction with MPHOSPH1-A24-9-278 peptide in BALB/c mice

[0096] It has been known that H- 2Kd molecule, one of the mouse MHC class I, has resemble peptide anchor motif for HLA- A24 molecule and partially cross- react HLA- A24 restricted peptide. The present inventors then examined whether MPHOSPH1- A24- 9- 278 peptide induce the CTL in vivo by vaccination with this peptide using BALB/c mice (H- 2Kd) . IFA- conjugated peptide was subcutaneously injected into BALB/c mice on the day 0 and 7. On day 14, splenocytes were harvested and used as the responder cells for ELISPOT assay. Splenocytes of all mice injected peptide (Anil~5) showed potent IFN- gamma production compared with control mice, which were injected IFA alone (negal-3) (Figure 6) . This data indicated that MPHOSPH1- A24- 9- 278 peptide could elicit CTL response even in vivo.

Stimulation of the T cells using the predicted peptides from MPHOSPH1 restricted with HLA-A*0201

[0097] Resulting CTLs having detectable specific CTL activity, as assessed by IFN- gamma ELISPOT assay, are shown in Figure 7. As shown in Figure 7A, the cells in the well number #1 and #5, stimulated with MPHOSPH1- A2- 9- 282 (YIYDLFVPV (SEQ ID NO: 9)) demonstrated potent IFN- gamma production as compared with the control. As shown in Figure 7B, the cells in the well number #8 stimulated with MPHOSPH1- A2- 9- 638 (RLAIFKDLV (SEQ ID NO: 10)) demonstrated potent IFN- gamma production as compared with the control. As shown in Figure 7C, the cells in the well number #4 stimulated with MPHOSPH1- A2- 10- 1714 (TMSSSKLSNV (SEQ ID NO: 11)) demonstrated potent IFN- gamma production as compared with the control.

[0098] As shown in figure 8A (MPHOSPH1- A2- 9- 282 (SEQ ID NO: 9)), figure 8B (MPHOSPH1- A2- 9- 638 (SEQ ID NO: 10)), and figure 8C (MPHOSPH1- A2- 10- 1714 (SEQ ID NO: 9)) ., these cells in the positive well were expanded, and CTL lines having higher specific CTL activities against the peptide- pulsed target as compared to the activities against target without peptide pulse were established.

[0099] The CTL clones stimulated by the MPHOSPH1- A2- 9- 282 (YIYDLFVPV (SEQ ID NO: 9)) (Figure 9A, and 9B) demonstrated potent specific CTL activity against the peptide- pulsed target without any significant specific CTL activity against targets not pulsed with any peptide.

Stimulation of the T cells using the predicted peptides from DEPDC1 restricted with HLA-A*2402

[0100] CTLs for those peptides derived from DEPDC1 were generated according to the protocol described in "Materials and Methods" section above. Resulting CTLs having detectable specific CTL activity, as assessed by IFN- gamma ELISPOT assay, are shown in Figure 10. As shown in Figure 10A, the cells in the well number #10 stimulated with DEPDC1- A24- 9- 294 (EYYELFVNI (SEQ ID NO: 12)) demonstrated potent IFN- gamma production as compared with the control. Accordingly, these cells in the positive well were expanded and limiting dilution was performed. As shown in Figure 10B (DEPDC1- A24- 9- 294 (SEQ ID NO: 12)), CTL clones having higher specific CTL activities against the peptide- pulsed target compared to the activities against target without peptide pulse were established. The CTL clones stimulated by the DEPDC1- A24- 9- 294 (EYYELFVNI (SEQ ID NO: 12)) (Figure 11) demonstrated potent specific CTL activity against the peptide- pulsed target without showing any significant specific CTL activity against targets not pulsed with any peptide. The results suggest that the CTL clone has the peptide- specific cytotoxicity.

Specific CTL activity against the target cells expressing DEPDC 1 and HLA-A*2402

[0101] The established CTL clones raised against these peptides were examined for their ability to recognize the target cells endogenously expressing DEPDC1 and HLA- A*2402. Specific CTL activity against COS7 transfected both with the full length DEPDC1 gene and the HLA- A*2402 molecule, which serves as a specific model for the target cells endogenously express DEPDC I and HLA- A*2402, was tested using as effector cells the CTL clone raised by DEPDC1- A24- 9- 294 (EYYELFVNI (SEQ ID NO: 12)) . COS7 transfected with full length DEPDC1 but not HLA- A*2402 and COS7 transfected with HLA- A*2402 but not full length DEPDC1 were prepared as controls. The CTL Clone demonstrated high specific CTL activity against COS7 transfected both DEPDC 1 and HLA- A24. However, it did not demonstrate

significant specific CTL activity against COS7 transfected neither DEPDC1 nor HLA- A24 (Figure 12) .

[0102] These results clearly demonstrate that DEPDC1- A24- 9- 294 (EYYELFVNI (SEQ ID NO: 12)) is naturally expressed to the target cell surface with HLA- A24 molecule and recognized CTL.

CTL activity against bladder cancer cell lines endogenously expressing DEPDC1

[0103] The established CTL clone raised against DEPDC1- A24- 9- 294 peptide was examined for their ability to recognize the tumor cells endogenously expressing DEPDC1. CTL activity against HT1376 cells, which endogenously express DEPDC1 and HLA- A24, was tested using the CTL clone raised by DEPDC1- A24- 9- 294 as effector cells. J82 cells and RT- 4 cells were used as the target cells which endogenously express DEPDC1 but do not express HLA- A24. The established CTL clone showed high IFN- gamma production against HT1376 cells that express both DEPDC1 and HLA- A24. On the other hand, it did not show significant CTL activity against J82 and RT- 4 cells which express DEPDC1 but not HLA- A24 (Figure 13) . It clearly demonstrated that DEPDC1- A24- 9- 294 was naturally processed to the tumor cell surface with HLA- A24 molecule and recognized by CTL.

In vivo CTL induction with DEPDC1-A24-9-294 peptide in BALB/c mice

[0104] It has been known that H- 2Kd molecule, one of the mouse MHC class I, has resemble peptide anchor motif for HLA- A24 molecule and partially cross- react HLA- A24 restricted peptide. The present inventors then examined whether DEPDC1- A24- 9- 294 peptide induce the CTL in vivo by vaccination of this peptide using BALB/c mice (H- 2Kd) . IFA- conjugated peptide was subcutaneously injected into BALB/c mice on the day 0 and 7. On day 14, splenocytes were harvested and used as the responder cells for ELISPOT assay. Splenocytes of all mice injected peptide (Ani 1~5) showed potent IFN- gamma production compared with control mice, which were injected IFA alone (negal, 2) (Figure 14) . This data indicated that DEPDC1- A24- 9- 294 peptide could elicit CTL response even in vivo.

Stimulation of the T cells using the predicted peptides from DEPDC1 restricted with HLA-A*0201

[0105] Resulting CTLs having detectable specific CTL activity when screened by IFN- gamma ELISPOT assay are shown in Figure 15 and Table 6. The cells in the well number #4 and #7 stimulated with DEPDC1- A02- 10- 644 ((SLMIHTFSRC SEQ ID NO: 240)) showed potent IFN- gamma production compared with the control. The cells in the well number #2 stimulated with DEPDC1- A02- 10- 575 (SLLPASSMLT (SEQ ID NO: 241)) showed potent IFN- gamma production compared with the control. The cells in the well number #7 stimulated with DEPDC1- A02- 10- 506 (QLCR- SQSLLL (SEQ ID NO: 243)) showed potent IFN- gamma production compared with the control. The cells in the well number #1 stimulated with DEPDC1- A02- 10- 765 (KQFQKEYPLI (SEQ ID NO: 244)) showed potent IFN- gamma production compared with the control. The cells in the well number #1 stimulated with DEPDC1- A02- 10- 395 (IM- GGSCHNLI (SEQ ID NO: 249)) showed potent IFN- gamma production compared with the control. The cells in the well number #1 and #2 stimulated with DEPDC1- A02- 10- 224 (NMANTSKRGV (SEQ ID NO: 253)) showed potent IFN- gamma production compared with the control. The cells in the well number #4 stimulated with DEPDC1- A02- 9- 297 (ELFVNILGL (SEQ ID NO: 226)) showed potent IFN- gamma production compared with the control. The cells in the well number #3 and #4 stimulated with DEPDC1- A02- 10- 296 (YELFVNILGL (SEQ ID NO: 254)) showed potent IFN- gamma production compared with the control. The cells in the well number #2, #3, #5 and #7 stimulated with DEPDC1- A02- 10- 301 (NILGLLQPHL (SEQ ID NO: 255)) showed potent IFN- gamma production compared with the control. The cells in the well number #6 stimulated with DEPDC1- A02- 9- 598 (LLQPHLERV (SEQ ID NO: 192)) demonstrated potent IFN- gamma production as compared with the control. The cells in the well number #6 stimulated with DEPDC1- A02- 9- 619 (LLMRMISRM (SEQ ID NO: 195)) demonstrated potent IFN- gamma production as compared with the control. The cells in the well number #2 stimulated with DEPDC1- A02- 9- 290 (LLTFEYYEL (SEQ ID NO: 197)) demonstrated potent IFN gamma production as compared with the control. The cells in the well number #5 stimulated with DEPDC1- A02- 9- 563 (RLCKSTIEL (SEQ ID NO: 209)) demonstrated potent IFN- gamma production as compared with the control. The cells in the well number #1 and #3, stimulated with DEPDC1- A02- 9- 653 (CVLCCAEV (SEQ ID NO: 225)), demonstrated potent IFN- gamma production as compared with the control. The cells in the well number #1 stimulated with DEPDC1- A02- 10- 674 (FLMDHHQEIL (SEQ ID NO: 228)) demonstrated potent IFN- gamma production as compared with the control. Finally, the cells in the well number #2 and #6, stimulated with DEPDC1- A02- 10- 302 (ILVVCGYITV (SEQ ID NO: 230)), demonstrated potent IFN- gamma production as compared with the control.

[0106] The CTL lines stimulated by the DEPDC1- A02- 10- 296 (YELFVNILGL (SEQ ID NO: 254)) and DEPDC1- A02- 9- 653 (CVLCCAEV (SEQ ID NO: 225)) (Figure 16) showed potent specific CTL activity against the peptide- pulsed target without showing any significant specific CTL activity against targets not pulsed with any peptide. It demonstrates that the CTL clone has the peptide- specific cytotoxicity.

[0107]

[Table 6]

The candidate peptides from DEPDC1 restricted with HLA-A*0201

peptide name	SEQ ID No.	Well No.
DEPDC1-A02-9-589	192	#6
DEPDC1-A02-9-619	195	#6
DEPDC1-A02-9-290	197	#2
DEPDC1-A02-9-563	209	#5
DEPDC1-A02-9-653	225	#1
DEPDC1-A02-9-653	225	#3
DEPDC1-A02-10-674	228	#1
DEPDC1-A02-10-302	230	#2
DEPDC1-A02-10-302	230	#6

Specific CTL activity against the target cells expressing DEPDC1 and HLA-A*0201

[0108] The established CTL lines raised against DEPDC1- A02- 10- 296 peptide (YELFVNILGL (SEQ ID NO: 254)) and DEPDC1- A02- 9- 653 (CVLCCAEV (SEQ ID NO: 225)) were examined for their ability to recognize the target cells endogenously expressing DEPDC1 and HLA- A2. At first, we established HEK293 cell line constitutively expressed HLA- A*0201 (HEK- A2) to efficiently determine specific CTL response. Specific CTL activity against HEK- A2 cells transfected full length of DEPDC1 gene, which is specific model for the target cells expressed DEPDC1 and HLA- A2, was tested using the established CTL lines raised by DEPDC1- A02- 10- 296 (YELFVNILGL (SEQ ID NO: 254)) or DEPDC1- A02- 9- 653 (CVLCCAEV (SEQ ID NO: 225)) as effector cells. HEK- A2 transfected Mock expressed vector and HEK- A2 pulsed with no corresponding peptide derived from DEPDC1 were prepared for the negative control. The established CTL lines showed specific CTL activity against HEK- A2 transfected DEPDC1. On the other hand, the CTL lines did not show significant specific CTL activity against HEK- A2 transfected Mock expressed vector and which pulsed DEPDC1- A02- 9- 674 peptide or DEPDC1- A02- 9- 462 peptide (Figure 17) . It clearly demonstrated that DEPDC1- A02- 10- 296 and DEPDC1- A02- 9- 653 peptide was naturally processed to the target cell surface with HLA- A2 molecule and recognized by CTL.

Homology analysis of the antigen peptides

[0109] The CTLs established against peptides of this disclosure demonstrated potent specific CTL activity. This suggests that the sequences of MPHOSPH1- A24- 9- 278 (SEQ ID NO: 7), MPHOSPH1- A24- 10- 278 (SEQ ID NO: 8), MPHOSPH1- A2- 9- 282 (SEQ ID NO: 9), MPHOSPH1- A2- 9- 638 (SEQ ID NO: 10), MPHOSPH1- A2- 10- 1714 (SEQ ID NO: 11), DEPDC1- A24- 9- 294 (SEQ ID NO: 12), DEPDC1- A2- 9- 589 (SEQ ID NO: 192), DEPDC1- A2- 9- 619 (SEQ ID NO: 195), DEPDC1- A2- 9- 290 (SEQ ID NO: 197), DEPDC1- A2- 9- 563 (SEQ ID NO: 209), DEPDC1- A2- 9- 653 (SEQ ID NO: 225), DEPDC1- A2- 10- 674 (SEQ ID NO: 228), DEPDC1- A2- 10- 302 (SEQ ID NO: 230) DEPDC1- A02- 10- 644 (SEQ ID NO: 240), DEPDC1- A02- 10- 575 (SEQ ID NO: 241), DEPDC1- A02- 10- 506 (SEQ ID NO: 243), DEPDC1- A02- 10- 765 (SEQ ID NO: 244), DEPDC1- A02- 10- 395 (SEQ ID NO: 249), DEPDC1- A02- 10- 224 (SEQ ID NO: 253), DEPDC1- A02- 9- 297 (SEQ ID NO: 226), DEPDC1- A02- 10- 296 (SEQ ID NO: 254) and DEPDC1- A02- 10- 301 (SEQ ID NO: 255) are homologous to the peptides derived from other molecules, which are known to sensitize human immune system. To exclude this possibility, homology analysis was performed with the peptide sequences as queries using BLAST algorithm (<http://www.ncbi.nlm.nih.gov/blast/blast.cgi>) No significant sequence homology was revealed.

[0110] These results suggest that the sequences of MPHOSPH1- A24- 9- 278 (SEQ ID NO: 7), MPHOSPH1- A24- 10- 278 (SEQ ID NO: 8), MPHOSPH1- A2- 9- 282 (SEQ ID NO: 9), MPHOSPH1- A2- 9- 638 (SEQ ID NO: 10), MPHOSPH1- A2- 10- 1714 (SEQ ID NO: 11), DEPDC1- A24- 9- 294 (SEQ ID NO: 12), DEPDC1- A2- 9- 598 (SEQ ID NO: 192), DEPDC1- A2- 9- 619 (SEQ ID NO: 195), DEPDC1- A2- 9- 290 (SEQ ID NO: 197), DEPDC1- A2- 9- 563 (SEQ ID NO: 209), DEPDC1- A2- 9- 653 (SEQ ID NO: 225), DEPDC1- A2- 10- 674 (SEQ ID NO: 228), DEPDC1- A2- 10- 302 (SEQ ID NO: 230) DEPDC1- A02- 10- 644 (SEQ ID NO: 240), DEPDC1- A02- 10- 575 (SEQ ID NO: 241), DEPDC1- A02- 10- 506 (SEQ ID NO: 243), DEPDC1- A02- 10- 765 (SEQ ID NO: 244), DEPDC1- A02- 10- 395 (SEQ ID NO: 249), DEPDC1- A02- 10- 224 (SEQ ID NO: 253), DEPDC1- A02- 9- 297 (SEQ ID NO: 226), DEPDC1- A02- 10- 296 (SEQ ID NO: 254) and DEPDC1- A02- 10- 301 (SEQ ID NO: 255) are unique and thus possess a low risk of raising unintended immunologic response to any unrelated molecule.

DISCUSSION

[0111] Identification of new TAAs, particularly those that induce potent and specific anti-tumor immune responses, warrants further development of the clinical application of peptide vaccination strategies in various types of cancer (Boon T. et al., (1996) J Exp Med 183: 725-9.; van der Bruggen P et al., (1991) Science 254: 1643-7.; Brichard V et al., (1993) J Exp Med 178: 489-95.; Kawakami Y et al., (1994) J Exp Med 180: 347-52.; Shichijo S et al., (1998) J Exp Med 187: 277-88.; Chen YT et al., (1997) Proc.Natl.Acad. Sci. USA, 94: 1914-8.; Harris CC., (1996) J Natl Cancer Inst 88:1442-5.; Butterfield LH et al., (1999) Cancer Res 59:3134-42.; Vissers JL et al., (1999) Cancer Res 59: 5554-9.; van der Burg SH et al., (1996) J. Immunol 156:3308-14.; Tanaka F et al., (1997) Cancer Res 57:4465-8.; Fujie T et al., (1999) Int J Cancer 80:169-72.; Kikuchi M et al., (1999) Int J Cancer 81 : 459-66.; Oiso M et al., (1999) Int J Cancer 81:387-94.).

[0112] cDNA microarray technologies can disclose comprehensive profiles of gene expression of malignant cells (Lin YM, et al., Oncogene. 2002 Jun 13; 21: 4120- 8.; Kitahara O, et al., Cancer Res. 2001 May 1; 61: 3544- 9.; Suzuki C, et al., Cancer Res. 2003 Nov 1; 63: 7038- 41.; Ashida S, Cancer Res. 2004 Sep 1; 64: 5963- 72.; Ochi K, et al., Int J Oncol. 2004 Mar; 24 (3) : 647- 55.; Kaneta Y, et al., Int J Oncol. 2003 Sep; 23: 681- 91.; Obama K, Hepatology. 2005 Jun; 41: 1339- 48.; Kato T, et al., Cancer Res. 2005 Jul 1; 65: 5638- 46.; Kitahara O, et al., Neoplasia. 2002 Jul- Aug; 4: 295- 303.; Saito- Hisaminato A et al., DNA Res 2002, 9: 35- 45.) and, find utility in the identification of potential TAAs. Among the transcripts that are up- regulated in various cancers, two novel human genes, termed MPHOSPH1 and DEPDC1, respectively, were identified using these technologies.

[0113] As demonstrated above, MPHOSPH1 and DEPDC1, are over-expressed in various cancers but show minimal expression in normal tissues. In addition, these genes have been shown to have a significant function related to cell proliferation (See PCT/JP2006/302684). Thus, peptides derived from MPHOSPH1 and DEPDC1 can serve as TAA epitopes, which, in turn, can be used to induce significant and specific immune responses against cancer cells.

[0114] Thus, as MPHOSPH1 and DEPDC1 are novel TAAs, vaccines using these epitope peptides find utility as immunotherapeutics against various carcinomas or other disease expressing these molecules.

EXAMPLE 2

MATERIALS AND METHODS

Peptides and adjuvant

[0115] The synthesized GMP grade peptides were purchased from Neo Multi Peptide System (MPS) (San Diego, CA). As an adjuvant, incomplete Freund's adjuvant (IFA) (MONTANIDE *ISA51) were used. 1mg of the appropriate peptide was emulsified with 1mg of IFA.

Antigen Expression

[0116] The present inventors performed immunohistochemical analysis. Tumor cells or tumor tissues from bladder cancers which was obtained from surgery or biopsy was stained by each MPHOSPH1 and DEPDC1- specific polyclonal antibody. Protocol of staining was established in Human Genome Center, Institute for Medical Science, the University of Tokyo as described previously (Kanehira M et al. Cancer Res.; 67 (7) : 3276- 3285, 2007., Kanehira M et al. Oncogene. 2007 Apr 23; [Epub ahead of print]) . HLA- A*2402 expression was tested to performed at SRL (Tachikawa, Japan)

Enrolled patients

[0117] Enrolled criteria were as follows;

1. Patients with inoperable recurrent bladder cancer with previously treated with standard chemotherapy and turned to be failure.
2. Patients with performance status 0 or 1 in Japanese Criteria.
3. Patients from 20 years old to 80 years old
4. Patients with primary tumor or metastasis which can be recognized by image inspection (CT/MRI) before treatment, regardless of RECIST guideline
5. Patients with more than 4 weeks after prior treatment (surgery, chemotherapy, radiotherapy, thermotherapy, other immunotherapy etc.)
6. Patients expected more than 3 months prognosis
7. Patients with bone marrow function (WBC more than 2000, 15000 less than, plate more than 50000), liver function (GOT less than 150, GPT less than 150, T-bil less than 3.0), renal function (Cr less than 3.0)

8. Patients with HLA-A*2402

9. Tumor of the patients with expression of MPHOSPH 1 and/or DEPDC 1

[0118] Exclusion criteria were as follows;

1. Patients with pregnant
2. Patients with breast-feeding
3. Patients willing to be made pregnant
4. Patients with uncontrollable infection
5. Patients with necessity of following medicine in the period of clinical trial systemic administration of steroid systemic administration of immunosuppressant
6. Patients who are not thought to be enrolled this trial by doctor or principal investigator

Protocol

[0119] Enrolled bladder cancer patients with HLA-A*2402, whose tumors express M phase phosphoprotein 1 (MPHOSPH1) and/or DEP domain containing 1 (DEPDC1) were immunized with HLA-A*2402-restricted epitope peptides, MPHOSPH1-9-278 (IYNEYIYDL (SEQ ID NO: 7)) and/or DEPDC1-9-294 (EYYELFVNI (SEQ ID NO: 12)). Each peptide was combined with 1mL of incomplete Freund's adjuvant (IFA, MONTANIDE *ISA51) and was subcutaneously injected into axillary or inguinal lesion once a week. Four times injection is defined as one course, then after 1 course for immunological and clinical evaluation, blood was drawn and CT/MRI was performed.

Evaluation of Safety

[0120] Evaluation of adverse effect was performed along with National Cancer Institute-Common Toxicity Criteria version 3, (NCI-CTC ver.3).

Immunological evaluation

[0121] This is one of secondary endpoint in this study and we confirm whether peptide-specific CTL response occurred or not. Specific CTL response was measure as follows; Peripheral blood mononuclear cells were collected, and re-stimulated by the appropriate peptides. CTL response was tested on the 14th day by IFN-g ELISPOT assay.

Evaluation of anti-tumor effects

[0122] Evaluation of clinical response was performed in accordance with RECIST criteria.

RESULTS

[0123] Table 7 showed the summary of this clinical trial. There were no severe adverse effects, except Grade 2 of exanthema of Case 3. One minor response (Case 3) and one mixed response (Case 4) were obtained. The expression of MPHOSPH1 was 4 of 5 cases, whereas that of DEPDC1 was 5 of 5 cases, respectively.

[0124]

[Table 7]

The summary of this clinical trial										
Case	Age/Gender	Vaccination	Adv. Effect	DTH	Eva Lesion	Eva.	Present Status	Ag expression		CTL
								MPHOSPH1	DEPDC1	
1	79/M	1 course	No	No	LNs, Brain	PD	1.8mo, dead	○	○	No
2	72/F	in 3 course	No	No	Local Rec	SD (4.5mo)	5.0mo, alive	○	○	NT
3	49/M	in 4 course	exanthema	No	Lung Mets	Minor Response	3.7mo, alive	x	○	Yes
4	74/M	in 2 course	No	No	Local Rec	Minor Response	1.4mo, alive	○	○	NT
5	78/M	in 2 course	No	No	Local Rec	SD	1.4mo, alive	○	○	NT
NT: not tested										

Case 2

[0125] In case 2, 72 years old female with far advanced bladder cancer in standard chemotherapy failure was enrolled this clinical trial. In figure 18, the antigen expression of her tumor revealed both MPHOSPH1 and DEPDC1 were expressed strongly. Therefore, we have vaccinated two kinds of epitope peptides derived from MPHOSPH1 and DEPDC1. Case 2 had local recurrence of the bladder cancer. It was evaluated stable disease (SD) in accordance with RECIST criteria (Figure 19).

Case 3

[0126] In case 3, 49 years old male with far advanced bladder cancer in standard chemotherapy failure was enrolled this clinical trial. Only DEPDC1 was expressed strongly (Figure 20). Therefore, we have vaccinated the epitope peptide derived from DEPDC1 alone. Case 3 had multiple lung metastases of the bladder cancer. In right (Figure 21) and left (Figure 22) lobes of lung metastases, the progression rate was decreased after vaccination. Especially, the size of the tumor was decreased after 3rd courses. Figure 23 showed the anti-tumor effect in accordance with RECIST criteria. It was clarified that the progression rate of metastatic tumor was decreased after vaccination. It indicated that minor response was obtained by vaccination using epitope peptide derived from DEPDC1. In terms of immunological evaluation in case 3, specific CTL response was measured before and after vaccination. Specific CTL response was strongly shown after vaccination (Figure 24). It clearly indicated that CTL induced by epitope peptide derived from DEPDC1 may show the anti-tumor effect.

Case 4

[0127] In case 4, 74 years old male with far advanced bladder cancer in standard chemotherapy failure was enrolled this clinical trial. MPHOSPH1 and DEPDC1 were expressed from his tumor (Figure 25). Therefore, we have vaccinated two kinds of epitope peptides derived from MPHOSPH1 and DEPDC1. Case 4 had local recurrence of the bladder cancer. After 1 course vaccination, the size of the tumor was reduced 20% in accordance with RECIST criteria (Figure 26). However, new metastatic lesions in the lung were appeared. It indicated that mixed response was obtained by vaccination using two kinds of epitope peptides derived from MPHOSPH1 and DEPDC1.

DISCUSSION

[0128] Rationale of this clinical trial is described below;

1. Since MPHOSPH1 and DEPDC1 are not expressed in normal tissues except testis, both antigens are highly tumor-specific.
2. These peptides are considered to have strong immunogenicity, since potent and specific CTLs were established by these epitope peptides.
3. There is 60% of Japanese population with HLA-A*2402.
4. These peptides are chemically stable enough to apply to the clinical trial.

The purpose of this study is to obtain clinical information of its toxicity, immunological response and anti-tumor activity.

[0129] Previously reported adverse effects of vaccine clinical trial using peptides are fur-like symptom, such as fever, headache and discomfort. In rare cases, radical skin reaction with blisters, considered as transient cross reactivity at injected site, was reported. In this study, there were no severe adverse effects, except Grade 2 of exanthema of Case 3. This patient had clinical history to show exanthema during chemotherapy. It indicated that this adverse effect did not come from this vaccination, and therefore this protocol may be safe.

[0130] Immunological analysis was performed by specific CTL induction after vaccination. In case 1, specific CTL response was not obtained after vaccination (data not shown). In case 3, specific CTL response against DEPDC1 derived peptide was clearly shown after 1st and 2nd course of vaccination. In case 3, anti-tumor effect was obtained by vaccination. It clearly demonstrated that this DEPDC1 derived peptide showed anti-tumor effect against bladder cancer by induction of the specific CTL.

[0131] In case 4, after only 1st course of vaccination, anti-tumor effect was clearly obtained against the local recurrence of the bladder cancer. This evidence strongly supports that these epitope peptides show anti-tumor effect against bladder cancer.

[0132] In conclusion, it was clarified that this epitope therapy was safe, and furthermore showed strong anti-tumor effect without severe adverse effects.

Industrial Applicability

[0133] The present disclosure identifies new TAAs, particularly those which induce potent and specific anti-tumor immune responses. Such TAAs warrant further development as peptide vaccines against diseases associated with MPHOSPH1 and/or DEPDC1, e.g. cancers.

SEQUENCE LISTING**[0134]**

<110> CNOOTHERAPY SCIENCE, INC. THE UNIVERSITY OF TOKYO FUJICKA, Tomoaki

<120> PEPTIDE VACCINES FOR CANCERS EXPRESSING MPHOSPH1 OR DEPDC1 POLYPEPTIDES

<130> ONC-A0618P

<150> US 60/852, 575 <151> 2006-10-17

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	Arg	Ser	His	Ser	Ile	Phe	Thr	Val	Lys	Ile	Leu	Gln	Ile	Glu	Asp	Ser	
	350					355					360					365	
65	gaa	atg	tct	cgt	gta	att	cga	gtc	agt	gaa	tta	tct	tta	tgt	gat	ctt	1215
	Glu	Met	Ser	Arg	Val	Ile	Arg	Val	Ser	Glu	Leu	Ser	Leu	Oys	Asp	Leu	
					370					375					380		
70	gct	ggt	tca	gaa	cga	act	atg	aag	aca	cag	aat	gaa	ggt	gaa	agg	tta	1263
	Ala	Gly	Ser	Glu	Arg	Thr	Met	Lys	Thr	Gln	Asn	Glu	Gly	Glu	Arg	Leu	
				385					390					395			
75	aga	gag	act	ggg	aat	atc	aac	act	tct	tta	tig	act	ctg	gga	aag	tgt	1311
	Arg	Glu	Thr	Gly	Asn	Ile	Asn	Thr	Ser	Leu	Leu	Thr	Leu	Gly	Lys	Oys	
			400					405					410				
80	att	aac	gtc	tig	aag	aat	agt	gaa	aag	tca	aag	ttt	caa	cag	cat	gtg	1359
	Ile	Asn	Val	Leu	Lys	Asn	Ser	Glu	Lys	Ser	Lys	Phe	Gln	Gln	His	Val	
		415					420					425					

	cct	ttc	cgg	gaa	agt	aaa	ctg	act	cac	tat	ttt	caa	agt	ttt	ttt	aat	1407
	Pro	Phe	Arg	Glu	Ser	Lys	Leu	Thr	His	Tyr	Phe	Gln	Ser	Phe	Phe	Asn	445
	430					435					440						
5	ggt	aaa	ggg	aaa	att	tgt	atg	att	gtc	aat	atc	agc	caa	tgt	tat	tta	1455
	Gly	Lys	Gly	Lys	Ile	Cys	Met	Ile	Val	Asn	Ile	Ser	Gln	Cys	Tyr	Leu	460
					450					455							
10	gcc	tat	gat	gaa	aca	ctc	aat	gta	tig	aag	ttc	tcc	gcc	att	gca	caa	1503
	Ala	Tyr	Asp	Glu	Thr	Leu	Asn	Val	Leu	Lys	Phe	Ser	Ala	Ile	Ala	Gln	475
				465					470								
15	aaa	gtt	tgt	gtc	cca	gac	act	tta	aat	tcc	tct	caa	gag	aaa	tta	ttt	1551
	Lys	Val	Cys	Val	Pro	Asp	Thr	Leu	Asn	Ser	Ser	Gln	Glu	Lys	Leu	Phe	480
			480					485					490				
20	gga	cct	gtc	aaa	tct	tct	caa	gat	gta	tca	cta	gac	agt	aat	tca	aac	1599
	Gly	Pro	Val	Lys	Ser	Ser	Gln	Asp	Val	Ser	Leu	Asp	Ser	Asn	Ser	Asn	505
		495					500					505					
25	agt	aaa	ata	tta	aat	gta	aaa	aga	gcc	acc	att	tca	tgg	gaa	aat	agt	1647
	Ser	Lys	Ile	Leu	Asn	Val	Lys	Arg	Ala	Thr	Ile	Ser	Trp	Glu	Asn	Ser	525
	510					515					520						
30	cta	gaa	gat	tig	atg	gaa	gac	gag	gat	tig	gtt	gag	gag	cta	gaa	aac	1695
	Leu	Glu	Asp	Leu	Met	Glu	Asp	Glu	Asp	Leu	Val	Glu	Glu	Leu	Glu	Asn	530
					530					535					540		
35	gct	gaa	gaa	act	caa	aat	gtg	gaa	act	aaa	ctt	ctt	gat	gaa	gat	cta	1743
	Ala	Glu	Glu	Thr	Gln	Asn	Val	Glu	Thr	Lys	Leu	Leu	Asp	Glu	Asp	Leu	545
				545					550					555			
40	gat	aaa	aca	tta	gag	gaa	aat	aag	gct	ttc	att	agc	cac	gag	gag	aaa	1791
	Asp	Lys	Thr	Leu	Glu	Glu	Asn	Lys	Ala	Phe	Ile	Ser	His	Glu	Glu	Lys	560
			560					565					570				
45	aga	aaa	ctg	tig	gac	tta	ata	gaa	gac	tig	aaa	aaa	aaa	ctg	ata	aat	1839
	Arg	Lys	Leu	Leu	Asp	Leu	Ile	Glu	Asp	Leu	Lys	Lys	Lys	Leu	Ile	Asn	575
		575					580					585					
50	gaa	aaa	aag	gaa	aaa	tta	acc	tig	gaa	ttt	aaa	att	cga	gaa	gaa	gtt	1887
	Glu	Lys	Lys	Glu	Lys	Leu	Thr	Leu	Glu	Phe	Lys	Ile	Arg	Glu	Glu	Val	590
						595					600					605	
55	aca	cag	gag	ttt	act	cag	tat	tgg	gct	caa	cgg	gaa	gct	gac	ttt	aag	1935
	Thr	Gln	Glu	Phe	Thr	Gln	Tyr	Trp	Ala	Gln	Arg	Glu	Ala	Asp	Phe	Lys	610
					610					615					620		
60	gag	act	ctg	ctt	caa	gaa	cga	gag	ata	tta	gaa	gaa	aat	gct	gaa	cgt	1983
	Glu	Thr	Leu	Leu	Gln	Glu	Arg	Glu	Ile	Leu	Glu	Glu	Asn	Ala	Glu	Arg	625
				625					630					635			
65	cgt	tig	gct	atc	ttc	aag	gat	tig	gtt	ggt	aaa	tgt	gac	act	cga	gaa	2031
	Arg	Leu	Ala	Ile	Phe	Lys	Asp	Leu	Val	Gly	Lys	Cys	Asp	Thr	Arg	Glu	640
			640					645					650				
70	gaa	gca	gcg	aaa	gac	att	tgt	gcc	aca	aaa	gtt	gaa	act	gaa	gaa	gct	2079
	Glu	Ala	Ala	Lys	Asp	Ile	Cys	Ala	Thr	Lys	Val	Glu	Thr	Glu	Glu	Ala	655
						660						665					
75	act	gct	tgt	tta	gaa	cta	aag	ttt	aat	caa	att	aaa	gct	gaa	tta	gct	2127
	Thr	Ala	Cys	Leu	Glu	Leu	Lys	Phe	Asn	Gln	Ile	Lys	Ala	Glu	Leu	Ala	670
						675					680					685	
80	aaa	acc	aaa	gga	gaa	tta	atc	aaa	acc	aaa	gaa	gag	tta	aaa	aag	aga	2175
	Lys	Thr	Lys	Gly	Glu	Leu	Ile	Lys	Thr	Lys	Glu	Glu	Leu	Lys	Lys	Arg	690
						690				695					700		
85	gaa	aat	gaa	tca	gat	tca	tig	att	caa	gag	ctt	gag	aca	tct	aat	aag	2223

	Glu	Asn	Glu	Ser	Asp	Ser	Leu	Ile	Gln	Glu	Leu	Glu	Thr	Ser	Asn	Lys	
				705					710					715			
5	aaa Lys	ata Ile	att Ile	aca Thr	cag Gln	aat Asn	caa Gln	aga Arg	att Ile	aaa Lys	gaa Glu	ttg Leu	ata Ile	aat Asn	ata Ile	att Ile	2271
			720					725					730				
10	gat Asp	caa Gln	aaa Lys	gaa Glu	gat Asp	act Thr	atc Ile	aac Asn	gaa Glu	ttt Phe	cag Gln	aac Asn	cta Leu	aag Lys	tct Ser	cat His	2319
			735				740					745					
15	atg Met	gaa Glu	aac Asn	aca Thr	ttt Phe	aaa Lys	tgc Cys	aat Asn	gac Asp	aag Lys	gct Ala	gat Asp	aca Thr	tct Ser	tct Ser	tta Leu	2367
						755					760					765	
20	ata Ile	ata Ile	aac Asn	aat Asn	aaa Lys	ttg Leu	att Ile	tgt Cys	aat Asn	gaa Glu	aca Thr	gtt Val	gaa Glu	gta Val	cct Pro	aag Lys	2415
					770					775					780		
25	gac Asp	agc Ser	aaa Lys	tct Ser	aaa Lys	atc Ile	tgt Cys	tca Ser	gaa Glu	aga Arg	aaa Lys	aga Arg	gta Val	aat Asn	gaa Glu	aat Asn	2463
				785					790					795			
30	gaa Glu	ctt Leu	cag Gln	caa Gln	gat Asp	gaa Glu	cca Pro	cca Pro	gca Ala	aag Lys	aaa Lys	ggg Gly	tct Ser	atc Ile	cat His	gtt Val	2511
			800					805					810				
35	agt Ser	tca Ser	gct Ala	atc Ile	act Thr	gaa Glu	gac Asp	caa Gln	aag Lys	aaa Lys	agt Ser	gaa Glu	gaa Glu	gtg Val	cga Arg	ccg Pro	2559
			815				820					825					
40	aac Asn	att Ile	gca Ala	gaa Glu	att Ile	gaa Glu	gac Asp	atc Ile	aga Arg	gtt Val	tta Leu	caa Gln	gaa Glu	aat Asn	aat Asn	gaa Glu	2607
						835					840					845	
45	gga Gly	ctg Leu	aga Arg	gca Ala	ttt Phe	tta Leu	ctc Leu	act Thr	att Ile	gag Glu	aat Asn	gaa Glu	ctt Leu	aaa Lys	aat Asn	gaa Glu	2655
					850					855					860		
50	aag Lys	gaa Glu	gaa Glu	aaa Lys	gca Ala	gaa Glu	tta Leu	aat Asn	aaa Lys	cag Gln	att Ile	gtt Val	cat His	ttt Phe	cag Gln	cag Gln	2703
				865					870					875			
55	gaa Glu	ctt Leu	tct Ser	ctt Leu	tct Ser	gaa Glu	aaa Lys	aag Lys	aat Asn	tta Leu	act Thr	tta Leu	agt Ser	aaa Lys	gag Glu	gtc Val	2751
			880					885					890				
60	caa Gln	caa Gln	att Ile	cag Gln	tca Ser	aat Asn	tat Tyr	gat Asp	att Ile	gca Ala	att Ile	gct Ala	gaa Glu	tta Leu	cat His	gtg Val	2799
			895				900					905					
65	cag Gln	aaa Lys	agt Ser	aaa Lys	aat Asn	caa Gln	gaa Glu	cag Gln	gag Glu	gaa Glu	aag Lys	atc Ile	atg Met	aaa Lys	ttg Leu	tca Ser	2847
						915					920					925	
70	aat Asn	gag Glu	ata Ile	gaa Glu	act Thr	gct Ala	aca Thr	aga Arg	agc Ser	att Ile	aca Thr	aat Asn	aat Asn	gtt Val	tca Ser	caa Gln	2895
					930				935					940			
75	ata Ile	aaa Lys	tta Leu	atg Met	cac His	acg Thr	aaa Lys	ata Ile	gac Asp	gaa Glu	cta Leu	cgt Arg	act Thr	ctt Leu	gat Asp	tca Ser	2943
				945					950					955			
80	gtt Val	tct Ser	cag Gln	att Ile	tca Ser	aac Asn	ata Ile	gat Asp	ttg Leu	ctc Leu	aat Asn	ctc Leu	agg Arg	gat Asp	ctg Leu	tca Ser	2991
			960					965					970				
85	aat Asn	ggt Gly	tct Ser	gag Glu	gag Glu	gat Asp	aat Asn	ttg Leu	cca Pro	aat Asn	aca Thr	cag Gln	tta Leu	gac Asp	ctt Leu	tta Leu	3039

	975	980	985	
5	ggt aat gat tat ttg gta agt aag caa gtt aaa gaa tat cga att caa Gly Asn Asp Tyr Leu Val Ser Lys Gln Val Lys Glu Tyr Arg Ile Gln 990 995 1000 1005			3087
	gaa ccc aat agg gaa aat tct ttc cac tct agt att gaa gct att Glu Pro Asn Arg Glu Asn Ser Phe His Ser Ser Ile Glu Ala Ile 1010 1015 1020			3132
10	ttg gaa gaa tgt aaa gag att gtg aag gcc tct tcc aaa aaa agt Trp Glu Glu Gln Lys Glu Ile Val Lys Ala Ser Ser Lys Lys Ser 1025 1030 1035			3177
15	cat cag att gag gaa ctg gaa caa caa att gaa aaa ttg cag gca His Gln Ile Glu Glu Leu Glu Gln Gln Ile Glu Lys Leu Gln Ala 1040 1045 1050			3222
	gaa gta aaa ggc tat aag gat gaa aac aat aga cta aag gag aag Glu Val Lys Gly Tyr Lys Asp Glu Asn Asn Arg Leu Lys Glu Lys 1055 1060 1065			3267
20	gag cat aaa aac caa gat gac cta cta aaa gaa aaa gaa act ctt Glu His Lys Asn Gln Asp Asp Leu Leu Lys Glu Lys Glu Thr Leu 1070 1075 1080			3312
25	ata cag cag ctg aaa gaa gaa ttg caa gaa aaa aat gtt act ctt Ile Gln Gln Leu Lys Glu Glu Leu Gln Glu Lys Asn Val Thr Leu 1085 1090 1095			3357
	gat gtt caa ata cag cat gta gtt gaa gga aag aga gcg ctt tca Asp Val Gln Ile Gln His Val Val Glu Gly Lys Arg Ala Leu Ser 1100 1105 1110			3402
30	gaa ctt aca caa ggt gtt act tgc tat aag gca aaa ata aag gaa Glu Leu Thr Gln Gly Val Thr Gln Tyr Lys Ala Lys Ile Lys Glu 1115 1120 1125			3447
	ctt gaa aca att tta gag act cag aaa gtt gaa tgt agt cat tca Leu Glu Thr Ile Leu Glu Thr Gln Lys Val Glu Gln Ser His Ser 1130 1135 1140			3492
35	gcc aag tta gaa caa gac att ttg gaa aag gaa tct atc atc tta Ala Lys Leu Glu Gln Asp Ile Leu Glu Lys Glu Ser Ile Ile Leu 1145 1150 1155			3537
40	aag cta gaa aga aat ttg aag gaa ttt caa gaa cat ctt cag gat Lys Leu Glu Arg Asn Leu Lys Glu Phe Gln Glu His Leu Gln Asp 1160 1165 1170			3582
	tct gtc aaa aac acc aaa gat tta aat gta aag gaa ctc aag ctg Ser Val Lys Asn Thr Lys Asp Leu Asn Val Lys Glu Leu Lys Leu 1175 1180 1185			3627
45	aaa gaa gaa atc aca cag tta aca aat aat ttg caa gat atg aaa Lys Glu Glu Ile Thr Gln Leu Thr Asn Asn Leu Gln Asp Met Lys 1190 1195 1200			3672
50	cat tta ctt caa tta aaa gaa gaa gaa gaa gaa acc aac agg caa His Leu Leu Gln Leu Lys Glu Glu Glu Glu Glu Thr Asn Arg Gln 1205 1210 1215			3717
	gaa aca gaa aaa ttg aaa gag gaa ctc tct gca agc tct gct cgt Glu Thr Glu Lys Leu Lys Glu Glu Leu Ser Ala Ser Ser Ala Arg 1220 1225 1230			3762
55	acc cag aat ctg aaa gca gat ctt cag agg aag gaa gaa gat tat Thr Gln Asn Leu Lys Ala Asp Leu Gln Arg Lys Glu Glu Asp Tyr 1235 1240 1245			3807

		gct Ala	gac Asp	ctg Leu	aaa Lys	gag Glu 1250	aaa Lys	ctg Leu	act Thr	gat Asp	gcc Ala 1255	aaa Lys	aag Lys	cag Gln	att Ile	aag Lys 1260	3852
5		caa Gln	gta Val	cag Gln	aaa Lys	gag Glu 1265	gta Val	tct Ser	gta Val	atg Met	cgt Arg 1270	gat Asp	gag Glu	gat Asp	aaa Lys	tta Leu 1275	3897
		ctg Leu	agg Arg	att Ile	aaa Lys	att Ile 1280	aat Asn	gaa Glu	ctg Leu	gag Glu	aaa Lys 1285	aag Lys	aaa Lys	aac Asn	cag Gln	tgt Cys 1290	3942
10		tct Ser	cag Gln	gaa Glu	tta Leu	gat Asp 1295	atg Met	aaa Lys	cag Gln	cga Arg	acc Thr 1300	att Ile	cag Gln	caa Gln	ctc Leu	aag Lys 1305	3987
		gag Glu	cag Gln	tta Leu	aat Asn	aat Asn 1310	cag Gln	aaa Lys	gtg Val	gaa Glu	gaa Glu 1315	gct Ala	ata Ile	caa Gln	cag Gln	tat Tyr 1320	4032
		gag Glu	aga Arg	gca Ala	tgc Cys	aaa Lys 1325	gat Asp	cta Leu	aat Asn	gtt Val	aaa Lys 1330	gag Glu	aaa Lys	ata Ile	att Ile	gaa Glu 1335	4077
20		gac Asp	atg Met	cga Arg	atg Met	aca Thr 1340	cta Leu	gaa Glu	gaa Glu	cag Gln	gaa Glu 1345	caa Gln	act Thr	cag Gln	gta Val	gaa Glu 1350	4122
		cag Gln	gat Asp	caa Gln	gtg Val	ctt Leu 1355	gag Glu	gct Ala	aaa Lys	tta Leu	gag Glu 1360	gaa Glu	gtt Val	gaa Glu	agg Arg	ctg Leu 1365	4167
25		gcc Ala	aca Thr	gaa Glu	ttg Leu	gaa Glu 1370	aaa Lys	tgg Trp	aag Lys	gaa Glu	aaa Lys 1375	tgc Cys	aat Asn	gat Asp	ttg Leu	gaa Glu 1380	4212
30		acc Thr	aaa Lys	aac Asn	aat Asn	caa Gln 1385	agg Arg	tca Ser	aat Asn	aaa Lys	gaa Glu 1390	cat His	gag Glu	aac Asn	aac Asn	aca Thr 1395	4257
		gat Asp	gtg Val	ctt Leu	gga Gly	aag Lys 1400	ctc Leu	act Thr	aat Asn	ctt Leu	caa Gln 1405	gat Asp	gag Glu	tta Leu	cag Gln	gag Glu 1410	4302
35		tct Ser	gaa Glu	cag Gln	aaa Lys	tat Tyr 1415	aat Asn	gct Ala	gat Asp	aga Arg	aag Lys 1420	aaa Lys	tgg Trp	tta Leu	gaa Glu	gaa Glu 1425	4347
40		aaa Lys	atg Met	atg Met	ctt Leu	atc Ile 1430	act Thr	caa Gln	gcg Ala	aaa Lys	gaa Glu 1435	gca Ala	gag Glu	aat Asn	ata Ile	cga Arg 1440	4392
		aat Asn	aaa Lys	gag Glu	atg Met	aaa Lys 1445	aaa Lys	tat Tyr	gct Ala	gag Glu	gac Asp 1450	agg Arg	gag Glu	cgt Arg	ttt Phe	ttt Phe 1455	4437
45		aag Lys	caa Gln	cag Gln	aat Asn	gaa Glu 1460	atg Met	gaa Glu	ata Ile	ctg Leu	aca Thr 1465	gcc Ala	cag Gln	ctg Leu	aca Thr	gag Glu 1470	4482
		aaa Lys	gat Asp	agt Ser	gac Asp	ctt Leu 1475	caa Gln	aag Lys	tgg Trp	cga Arg	gaa Glu 1480	gaa Glu	cga Arg	gat Asp	caa Gln	ctg Leu 1485	4527
50		gtt Val	gca Ala	gct Ala	tta Leu	gaa Glu 1490	ata Ile	cag Gln	cta Leu	aaa Lys	gca Ala 1495	ctg Leu	ata Ile	tcc Ser	agt Ser	aat Asn 1500	4572

	gt a	cag	aaa	gat	aat	gaa	att	gaa	caa	cta	aaa	agg	atc	ata	tca	4617
	Val	Gln	Lys	Asp	Asn	Glu	Ile	Glu	Gln	Leu	Lys	Arg	Ile	Ile	Ser	
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5	gag	act	tct	aaa	ata	gaa	aca	caa	atc	atg	gat	atc	aag	ccc	aaa	4662
	Glu	Thr	Ser	Lys	Ile	Glu	Thr	Gln	Ile	Met	Asp	Ile	Lys	Pro	Lys	
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10	cgt	att	agt	tca	gca	gat	cct	gac	aaa	ctt	caa	act	gaa	cct	cta	4707
	Arg	Ile	Ser	Ser	Ala	Asp	Pro	Asp	Lys	Leu	Gln	Thr	Glu	Pro	Leu	
					1535					1540					1545	
15	tcg	aca	agt	ttt	gaa	att	tcc	aga	aat	aaa	ata	gag	gat	gga	tct	4752
	Ser	Thr	Ser	Phe	Glu	Ile	Ser	Arg	Asn	Lys	Ile	Glu	Asp	Gly	Ser	
					1550					1555					1560	
20	gta	gtc	ctt	gac	tct	tgt	gaa	gtg	tca	aca	gaa	aat	gat	caa	agc	4797
	Val	Val	Leu	Asp	Ser	Cys	Glu	Val	Ser	Thr	Glu	Asn	Asp	Gln	Ser	
					1565					1570					1575	
25	act	cga	ttt	cca	aaa	cct	gag	tta	gag	att	caa	ttt	aca	cct	tta	4842
	Thr	Arg	Phe	Pro	Lys	Pro	Glu	Leu	Glu	Ile	Gln	Phe	Thr	Pro	Leu	
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30	cag	cca	aac	aaa	atg	gca	gtg	aaa	cac	cct	ggt	tgt	acc	aca	cca	4887
	Gln	Pro	Asn	Lys	Met	Ala	Val	Lys	His	Pro	Gly	Cys	Thr	Thr	Pro	
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35	gtg	aca	gtt	aag	att	ccc	aag	gct	cgg	aag	agg	aag	agt	aat	gaa	4932
	Val	Thr	Val	Lys	Ile	Pro	Lys	Ala	Arg	Lys	Arg	Lys	Ser	Asn	Glu	
					1610					1615					1620	
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	Met	Glu	Glu	Asp	Leu	Val	Lys	Cys	Glu	Asn	Lys	Lys	Asn	Ala	Thr	
					1625					1630					1635	
45	ccc	aga	act	aat	ttg	aaa	ttt	cct	att	tca	gat	gat	aga	aat	tct	5022
	Pro	Arg	Thr	Asn	Leu	Lys	Phe	Pro	Ile	Ser	Asp	Asp	Arg	Asn	Ser	
					1640					1645					1650	
50	tct	gtc	aaa	aag	gaa	caa	aag	gtt	gcc	ata	cgt	cca	tca	tct	aag	5067
	Ser	Val	Lys	Lys	Glu	Gln	Lys	Val	Ala	Ile	Arg	Pro	Ser	Ser	Lys	
					1655					1660					1665	
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	Lys	Thr	Tyr	Ser	Leu	Arg	Ser	Gln	Ala	Ser	Ile	Ile	Gly	Val	Asn	
					1670					1675					1680	
60	ctg	gcc	act	aag	aaa	aaa	gaa	gga	aca	cta	cag	aaa	ttt	gga	gac	5157
	Leu	Ala	Thr	Lys	Lys	Lys	Glu	Gly	Thr	Leu	Gln	Lys	Phe	Gly	Asp	
					1685					1690					1695	
65	ttc	tta	caa	cat	tct	ccc	tca	att	ctt	caa	tca	aaa	gca	aag	aag	5202
	Phe	Leu	Gln	His	Ser	Pro	Ser	Ile	Leu	Gln	Ser	Lys	Ala	Lys	Lys	
					1700					1705					1710	
70	ata	att	gaa	aca	atg	agc	tct	tca	aag	ctc	tca	aat	gta	gaa	gca	5247
	Ile	Ile	Glu	Thr	Met	Ser	Ser	Ser	Lys	Leu	Ser	Asn	Val	Glu	Ala	
					1715					1720					1725	
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	Ser	Lys	Glu	Asn	Val	Ser	Gln	Pro	Lys	Arg	Ala	Lys	Arg	Lys	Leu	
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	Tyr	Thr	Ser	Glu	Ile	Ser	Ser	Pro	Ile	Asp	Ile	Ser	Gly	Gln	Val	
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85	att	tta	atg	gac	cag	aaa	atg	aag	gag	agt	gat	cac	cag	att	atc	5382

Ile Leu Met Asp Gln Lys Met Lys Glu Ser Asp His Gln Ile Ile
 1760 1765 1770
 5 aaa cga cga ctt cga aca aaa aca gcc aaa taa atcacttatg 5425
 Lys Arg Arg Leu Arg Thr Lys Thr Ala Lys 1780
 gaaatgttta atataaat ttt tatagtcata gtcat tggaa ct tgcac cct gtattgtaaa 5485
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10	P h e	G l n 130	G l y	O y s	I l e	M e t	G l n 135	P r o	V a l	L y s	A s p	L e u 140	L e u	L y s	G l y	G l n
	S e r 145	Arg	L e u	I l e	P h e	T h r 150	T y r	G l y	L e u	T h r	A s n 155	S e r	G l y	L y s	T h r	T y r 160
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	A s n	V a l	L e u	P h e 180	A s p	S e r	L e u	G l n	G l u 185	Arg	L e u	T y r	T h r	L y s 190	M e t	A s n
20	L e u	L y s	P r o 195	H i s	Arg	S e r	Arg	G l u 200	T y r	L e u	Arg	L e u	S e r 205	S e r	G l u	G l n
25	G l u 210	L y s	G l u	G l u	I l e	A l a	S e r 215	L y s	S e r	A l a	L e u	L e u 220	Arg	G l n	I l e	L y s
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35	G l u	G l n	A l a	A s n 260	L e u	A s n	M e t	A l a	A s n 265	S e r	I l e	L y s	P h e	S e r 270	V a l	T r p
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525

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Ala Val Asp Trp Leu Tyr Asp Leu Leu Arg Asn Asn Ser Asn Phe Gly
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Pro Glu Val Thr Arg Gln Gln Thr Ile Gln Leu Leu Arg Lys Phe Leu
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Val Asp Asp Asn Asn Gln Leu Phe Arg Phe Pro Ala Thr Ser Pro Leu
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Lys Thr Leu Pro Arg Arg Tyr Pro Glu Leu Arg Lys Asn Asn Ile Glu
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410

415

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Ser Ser Lys Glu Ala Ser Ser Val Phe His Gln Ser Phe Pro Asn Ile
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Glu Gly Gln Asn Asn Lys Leu Phe Leu Glu Ser Lys Pro Lys Gln Glu
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Ala Gly Phe Lys Arg Thr Ser Thr Leu Thr Val Gln Asp Gln Glu Glu
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 1 5 10

Claims

1. A peptide of the following (a) or (b)

(a) a peptide having cytotoxic T cell inducibility, wherein said peptide is derived from the amino acid sequence of SEQ ID NO: 2, wherein said peptide is of less than about 15 amino acids and is selected from the group consisting of peptides comprising the amino acid sequences of SEQ ID NO: 7 or 8; or

(b) the peptide of (a) in which 1 or 2 amino acids are substituted, deleted or added, in the sequence of SEQ ID NO: 7 or 8.

2. The peptide of claim 1(b), wherein the peptide comprising the amino acid sequence selected from the group consisting of SEQ ID NO: 7 and 8 has at least one substitution in the sequence of SEQ ID NO: 7 or 8 selected from the group consisting of:

(a) the second amino acid from the N-terminus is phenylalanine, tyrosine, methionine, or tryptophan, and

(b) the C-terminal amino acid is phenylalanine, leucine, isoleucine, tryptophan, or methionine.

3. The peptide of claim 1 of the following (a) or (b):

(a) a peptide consisting of the amino acid sequence of SEQ ID NO: 7 or 8; or

(b) a peptide consisting of the amino acid sequence of SEQ ID NO: 7 or 8 in which 1 or 2 amino acids are substituted, deleted, or added.

4. The peptide of claim 3(b), wherein the peptide consisting of the amino acid sequence selected from the group consisting of SEQ ID NO: 7 and 8 has at least one substitution selected from the group consisting of:

(a) the second amino acid from the N-terminus is phenylalanine, tyrosine, methionine, or tryptophan, and

(b) the C-terminal amino acid is phenylalanine, leucine, isoleucine, tryptophan, or methionine.

5. A vector comprising DNA encoding the peptide of any one of claims 1 to 4.

6. A pharmaceutical composition for use in treating or preventing a disease associated with over-expression of the gene of SEQ ID NO: 1, said composition comprising one or more of the peptides of any one of claims 1 to 4.

7. The pharmaceutical composition of claim 6 for use in treating or preventing cancer.

8. A vaccine for use in inhibiting proliferation of cells expressing gene of SEQ ID NO: 1 comprising a peptide of any one of claims 1 to 4 as the active ingredient.

9. The vaccine of claim 8, formulated for administration to a subject whose HLA antigen is HLA-A24.

10. The vaccine of claim 8 or 9, wherein the cells are cancer cells.

11. The peptide of any one of claims 1 to 4 for use in treating or preventing cancer in a subject.

12. Use of the peptide of any one of claims 1 to 4 in the preparation of a vaccine for treating or preventing cancer in a subject.

13. The pharmaceutical composition of claim 7, vaccine of claim 10, the peptide for use as defined in claim 11 or the use of claim 12, wherein the cancer is selected from the group consisting of bladder cancer, breast cancer, cervical cancer, cholangiocellular carcinoma, CML, colorectal cancer, gastric cancer, NSCLC, lymphoma, osteosarcoma, prostate cancer, renal carcinoma, SCLC and soft tissue tumor.

14. The peptide of any one of claims 1 to 4 for use in inducing antigen-presenting cells having a high cytotoxic T cell

inducibility by contacting an antigen-presenting cell with said peptide.

15. The peptide of any one of claims 1 to 4 for use in inducing cytotoxic T cells by contacting a T cell with said peptide.

16. A polynucleotide encoding the peptide of any one of claims 1 to 4 for use in inducing antigen-presenting cells having high cytotoxic T cell inducibility, by transferring the gene comprising a polynucleotide encoding said peptide to an antigen-presenting cell.

17. An in vitro method of inducing antigen-presenting cells having a high cytotoxic T cell inducibility comprising the step of contacting an antigen-presenting cell with the peptide of any one of claims 1 to 4.

18. An in vitro method of inducing antigen-presenting cells having high cytotoxic T cell inducibility, said method comprising the step of transferring a polynucleotide encoding the peptide of any one of claims 1 to 4 to an antigen-presenting cell.

19. A cytotoxic T cell induced by contacting a T cell with a peptide of any one of claims 1 to 4 or transduced with the nucleic acids encoding the T cell receptor subunit polypeptides binding with said peptide.

20. An antigen-presenting cell comprising a complex of an HLA antigen and a peptide of any one of claims 1 to 4.

21. The antigen-presenting cell of claim 20, produced by the peptide of claim 14 or the polynucleotide of claim 16.

22. An exosome that presents on its surface a complex comprising a peptide of any one of the claims 1 to 4 and an HLA antigen.

23. The exosome of claim 22 or the antigen-presenting cell of claim 20 or 21, wherein the HLA antigen is HLA-A24.

24. The exosome or antigen-presenting cell of claim 23, wherein the HLA antigen is HLA-A2402.

Patentansprüche

1. Peptid gemäß den folgenden (a) oder (b)

(a) ein Peptid, das die Fähigkeit cytotoxische T-Zellen zu induzieren hat, wobei das Peptid von der Aminosäuresequenz der SEQ ID NO:2 abgeleitet ist, wobei das Peptid weniger als 15 Aminosäuren aufweist und ausgewählt ist aus der Gruppe bestehend aus Peptiden, die die Aminosäuresequenzen der SEQ ID NO:7 oder 8 umfassen; oder

(b) das Peptid gemäß (a), in dem 1 oder 2 Aminosäuren in der Sequenz der SEQ ID NO:7 oder 8 substituiert, deletiert oder hinzugefügt sind.

2. Peptid nach Anspruch 1 (b), wobei das Peptid, das die Aminosäuresequenz umfasst, die ausgewählt ist aus der Gruppe bestehend aus SEQ ID NO:7 und 8, mindestens eine Substitution in der Sequenz der SEQ ID NO:7 oder 8 aufweist, die ausgewählt ist aus der Gruppe bestehend aus:

(a) die zweite Aminosäuresequenz vom N-Terminus aus ist Phenylalanin, Tyrosin, Methionin oder Tryptophan, und

(b) die C-terminale Aminosäure ist Phenylalanin, Leucin, Isoleucin, Tryptophan oder Methionin.

3. Peptid nach Anspruch 1 gemäß den folgenden (a) oder (b):

(a) ein Peptid, das aus der Aminosäuresequenz der SEQ ID NO:7 oder 8 besteht; oder

(b) ein Peptid, das aus der Aminosäuresequenz der SEQ ID NO:7 oder 8 besteht, in der 1 oder 2 Aminosäuren substituiert, deletiert oder hinzugefügt sind.

4. Peptid nach Anspruch 3(b), wobei das Peptid, das aus der Aminosäuresequenz besteht, die ausgewählt ist aus der Gruppe bestehend aus SEQ ID NO:7 und 8, mindestens eine Substitution aufweist, die ausgewählt ist aus der Gruppe bestehend aus:

- (a) die zweite Aminosäuresequenz vom N-Terminus aus ist Phenylalanin, Tyrosin, Methionin oder Tryptophan, und
(b) die C-terminale Aminosäure ist Phenylalanin, Leucin, Isoleucin, Tryptophan oder Methionin.

- 5 5. Vektor, umfassend die DNA, die das Peptid nach einem der Ansprüche 1 bis 4 codiert.
6. Arzneimittel zur Verwendung bei der Behandlung oder Prävention einer Erkrankung, die mit Überexpression des Gens der SEQ ID NO:1 in Zusammenhang steht, wobei das Arzneimittel ein oder mehrere der Peptide nach einem der Ansprüche 1 bis 4 umfasst.
- 10 7. Arzneimittel nach Anspruch 6 zur Verwendung bei der Behandlung oder Prävention von Krebs.
8. Impfstoff zur Verwendung bei der Inhibierung der Proliferation von Zellen, die das Gen der SEQ ID NO:1 exprimieren, umfassend ein Peptid nach einem der Ansprüche 1 bis 4 als Wirkstoff.
- 15 9. Impfstoff nach Anspruch 8, der für die Verabreichung an ein Individuum formuliert ist, dessen HLA-Antigen HLA-A24 ist.
10. Impfstoff nach Anspruch 8 oder 9, wobei die Zellen Krebszellen sind.
- 20 11. Peptid nach einem der Ansprüche 1 bis 4 zur Verwendung bei der Behandlung oder Prävention von Krebs bei einem Individuum.
12. Verwendung des Peptids nach einem der Ansprüche 1 bis 4 bei der Herstellung eines Impfstoffs zur Behandlung oder Prävention von Krebs bei einem Individuum.
- 25 13. Arzneimittel nach Anspruch 7, Impfstoff nach Anspruch 10, Peptid zur Verwendung wie in Anspruch 11 definiert oder Verwendung nach Anspruch 12, wobei die Krebserkrankung ausgewählt ist aus der Gruppe bestehend aus Blasenkrebs, Brustkrebs, Gebärmutterhalskrebs, cholangiozellulärem Karzinom, CML, kolorektalem Krebs, Magenkrebs, NSCLC, Lymphom, Osteosarkom, Prostatakrebs, Nierenkarzinom, SCLC und Weichteiltumor.
- 30 14. Peptid nach einem der Ansprüche 1 bis 4 zur Verwendung bei der Induzierung von Antigen-präsentierenden Zellen, die in hohem Maße fähig sind, cytotoxische T-Zellen zu induzieren, durch Inkontaktbringen einer Antigen-präsentierenden Zelle mit dem Peptid.
- 35 15. Peptid nach einem der Ansprüche 1 bis 4 zur Verwendung bei der Induzierung cytotoxischer T-Zellen durch Inkontaktbringen einer T-Zelle mit dem Peptid.
- 40 16. Polynucleotid, das das Peptid nach einem der Ansprüche 1 bis 4 codiert, zur Verwendung bei der Induzierung Antigen-präsentierender Zellen, die in hohem Maße fähig sind, cytotoxische T-Zellen zu induzieren, durch Transfer des Gens, das das Peptid codierende Polynucleotid umfasst, zu einer Antigen-präsentierenden Zelle.
17. In vitro-Verfahren zum Induzieren Antigen-präsentierender Zellen, die in hohem Maße fähig sind, cytotoxische T-Zellen zu induzieren, umfassend den Schritt des Inkontaktbringens einer Antigen-präsentierenden Zelle mit dem Peptid nach einem der Ansprüche 1 bis 4.
- 45 18. In vitro-Verfahren zum Induzieren Antigen-präsentierender Zellen, die in hohem Maße fähig sind, cytotoxische T-Zellen zu induzieren, wobei das Verfahren den Schritt des Transfers eines Polynucleotids, das das Peptid nach einem der Ansprüche 1 bis 4 codiert, zu einer Antigen-präsentierenden Zelle umfasst.
- 50 19. Cytotoxische T- Zelle, die durch Inkontaktbringen einer T- Zelle mit einem Peptid nach einem der Ansprüche 1 bis 4 induziert wird oder mit den Nucleinsäuren transduziert wird, die die Polypeptide der T- Zellrezeptor- Untereinheit, die an das Peptid binden, codieren.
- 55 20. Antigen-präsentierende Zelle, die einen Komplex aus einem HLA-Antigen und einem Peptid nach einem der Ansprüche 1 bis 4 umfasst.
21. Antigen-präsentierende Zelle nach Anspruch 20, die durch das Peptid nach Anspruch 14 oder das Polynucleotid

nach Anspruch 16 erzeugt wird.

22. Exosom, das auf seiner Oberfläche einen Komplex präsentiert, der ein Peptid nach einem der Ansprüche 1 bis 4 und ein HLA-Antigen umfasst.

23. Exosom nach Anspruch 22 oder Antigen-präsentierende Zelle nach Anspruch 20 oder 21, wobei das HLA-Antigen HLA-A24 ist.

24. Exosom oder Antigen-präsentierende Zelle nach Anspruch 23, wobei das HLA-Antigen HLA-A2402 ist.

Revendications

1. Peptide de (a) ou (b) ci- après

- (a) un peptide ayant une inductibilité de lymphocytes T cytotoxiques, ledit peptide étant dérivé de la séquence d'acides aminés de SEQ ID NO: 2, ledit peptide étant de moins d'environ 15 acides aminés et choisi dans le groupe constitué de peptides comprenant les séquences d'acides aminés de SEQ ID NO: 7 ou 8 ; ou
- (b) le peptide de (a), dans lequel 1 ou 2 acides aminés sont substitués, délétés ou ajoutés dans la séquence de SEQ ID NO: 7 ou 8.

2. Peptide de la revendication 1(b), le peptide comprenant la séquence d'acides aminés choisie dans le groupe constitué de SEQ ID NO: 7 et 8 ayant au moins une substitution dans la séquence de SEQ ID NO: 7 ou 8 choisie dans le groupe constitué de :

- (a) le deuxième acide aminé de l'extrémité-N est phénylalanine, tyrosine, méthionine, ou tryptophane, et
- (b) l'acide aminé C-terminal est phénylalanine, leucine, isoleucine, tryptophane, ou méthionine.

3. Peptide de la revendication 1 de (a) ou (b) ci- après :

- (a) un peptide constitué de la séquence d'acides aminés SEQ ID NO: 7 ou 8 ; ou
- (b) un peptide constitué de la séquence d'acides aminés SEQ ID NO: 7 ou 8, dans lequel 1 ou 2 acides aminés sont substitués, délétés ou ajoutés.

4. Peptide de la revendication 3(b), le peptide constitué de la séquence d'acides aminés choisie dans le groupe constitué de SEQ ID NO: 7 et 8 ayant au moins une substitution choisie dans le groupe constitué de :

- (a) le deuxième acide aminé de l'extrémité-N est phénylalanine, tyrosine, méthionine, ou tryptophane, et
- (b) l'acide aminé C-terminal est phénylalanine, leucine, isoleucine, tryptophane, ou méthionine.

5. Vecteur comprenant de l'ADN codant pour le peptide de l'une quelconque des revendications 1 à 4.

6. Composition pharmaceutique destinée à être utilisée dans le traitement ou la prévention d'une maladie associée à la surexpression du gène de SEQ ID NO: 1, ladite composition comprenant un ou plusieurs des peptides de l'une quelconque des revendications 1 à 4.

7. Composition pharmaceutique de la revendication 6, destinée à être utilisée dans le traitement ou la prévention du cancer.

8. Vaccin destiné à être utilisé dans l'inhibition de la prolifération de cellules exprimant le gène de SEQ ID NO: 1 comprenant un peptide de l'une quelconque des revendications 1 à 4 en tant qu'ingrédient actif.

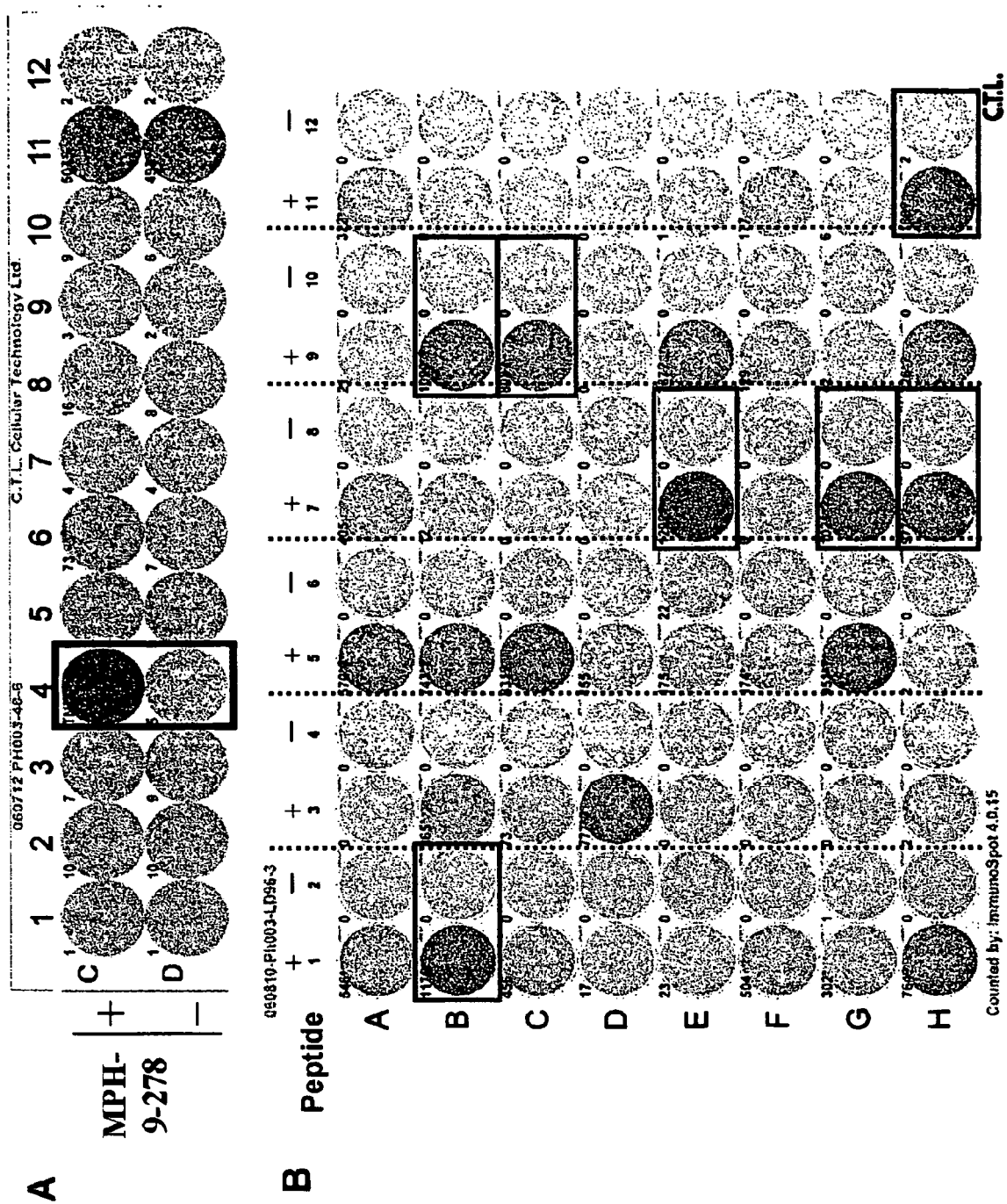
9. Vaccin de la revendication 8, formulé pour être administré à un sujet dont l'antigène HLA est HLA-A24.

10. Vaccin de la revendication 8 ou 9, dans lequel les cellules sont des cellules cancéreuses.

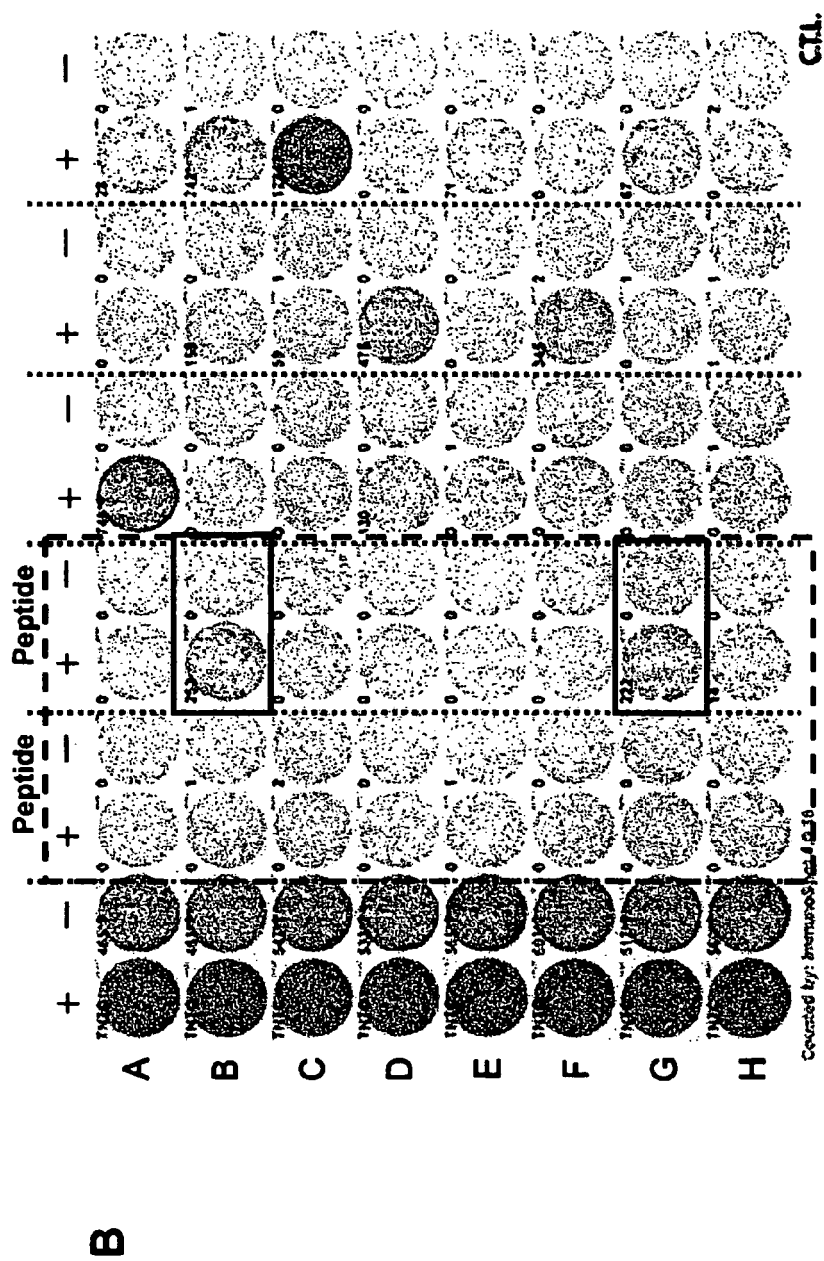
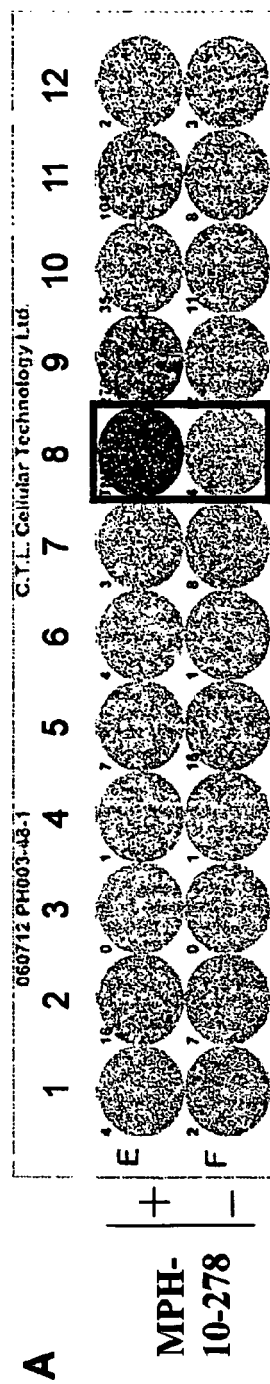
11. Peptide de l'une quelconque des revendications 1 à 4, destiné à être utilisé dans le traitement ou la prévention du cancer chez un sujet.

12. Utilisation du peptide de l'une quelconque des revendications 1 à 4, dans la préparation d'un vaccin destiné à traiter ou prévenir le cancer chez un sujet.
- 5 13. Composition pharmaceutique de la revendication 7, vaccin de la revendication 10, peptide pour utilisation tel que défini dans la revendication 11 ou l'utilisation de la revendication 12, le cancer étant choisi dans le groupe constitué d'un cancer de la vessie, un cancer du sein, un cancer du col de l'utérus, un carcinome cholangiocellulaire, une LMC, un cancer colorectal, un cancer de l'estomac, un cancer du poumon non à petites cellules, un lymphome, un ostéosarcome, un cancer de la prostate, un carcinome rénal, un cancer du poumon à petites cellules et une tumeur des tissus mous.
- 10 14. Peptide de l'une quelconque des revendications 1 à 4, destiné à être utilisé dans l'induction de cellules présentatrices d'antigène ayant une haute inductibilité de lymphocytes T cytotoxiques par mise en contact d'une cellule présentatrice d'antigène avec ledit peptide.
- 15 15. Peptide de l'une quelconque des revendications 1 à 4, destiné à être utilisé dans l'induction de lymphocytes T cytotoxiques par mise en contact d'un lymphocyte T avec ledit peptide.
- 20 16. Polynucléotide codant pour le peptide de l'une quelconque des revendications 1 à 4, destiné à être utilisé dans l'induction de cellules présentatrices d'antigène ayant une haute inductibilité de lymphocytes T cytotoxiques, par transfert du gène comprenant un polynucléotide codant pour ledit peptide vers une cellule présentatrice d'antigène.
- 25 17. Procédé *in vitro* d'induction de cellules présentatrices d'antigène ayant une haute inductibilité de lymphocytes T cytotoxiques, comprenant l'étape de mise en contact d'une cellule présentatrice d'antigène avec le peptide de l'une quelconque des revendications 1 à 4.
- 30 18. Procédé *in vitro* d'induction de cellules présentatrices d'antigène ayant une haute inductibilité de lymphocytes T cytotoxiques, ledit procédé comprenant l'étape de transfert d'un polynucléotide codant pour le peptide de l'une quelconque des revendications 1 à 4 vers une cellule présentatrice d'antigène.
- 35 19. Lymphocyte T cytotoxique induit par mise en contact d'un lymphocyte T avec un peptide de l'une quelconque des revendications 1 à 4 ou transduit avec les acides nucléiques codant pour les polypeptides de sous-unité de récepteur de lymphocyte T se liant audit peptide.
- 40 20. Cellule présentatrice d'antigène comprenant un complexe d'un antigène HLA et un peptide de l'une quelconque des revendications 1 à 4.
- 45 21. Cellule présentatrice d'antigène de la revendication 20, produite par le peptide de la revendication 14 ou le polynucléotide de la revendication 16.
- 50 22. Exosome qui présente sur sa surface un complexe comprenant un peptide de l'une quelconque des revendications 1 à 4 et un antigène HLA.
- 55 23. Exosome de la revendication 22 ou cellule présentatrice d'antigène de la revendication 20 ou 21, l'antigène HLA étant HLA-A24.
24. Exosome ou cellule présentatrice d'antigène de la revendication 23, l'antigène HLA étant HLA-A2402.

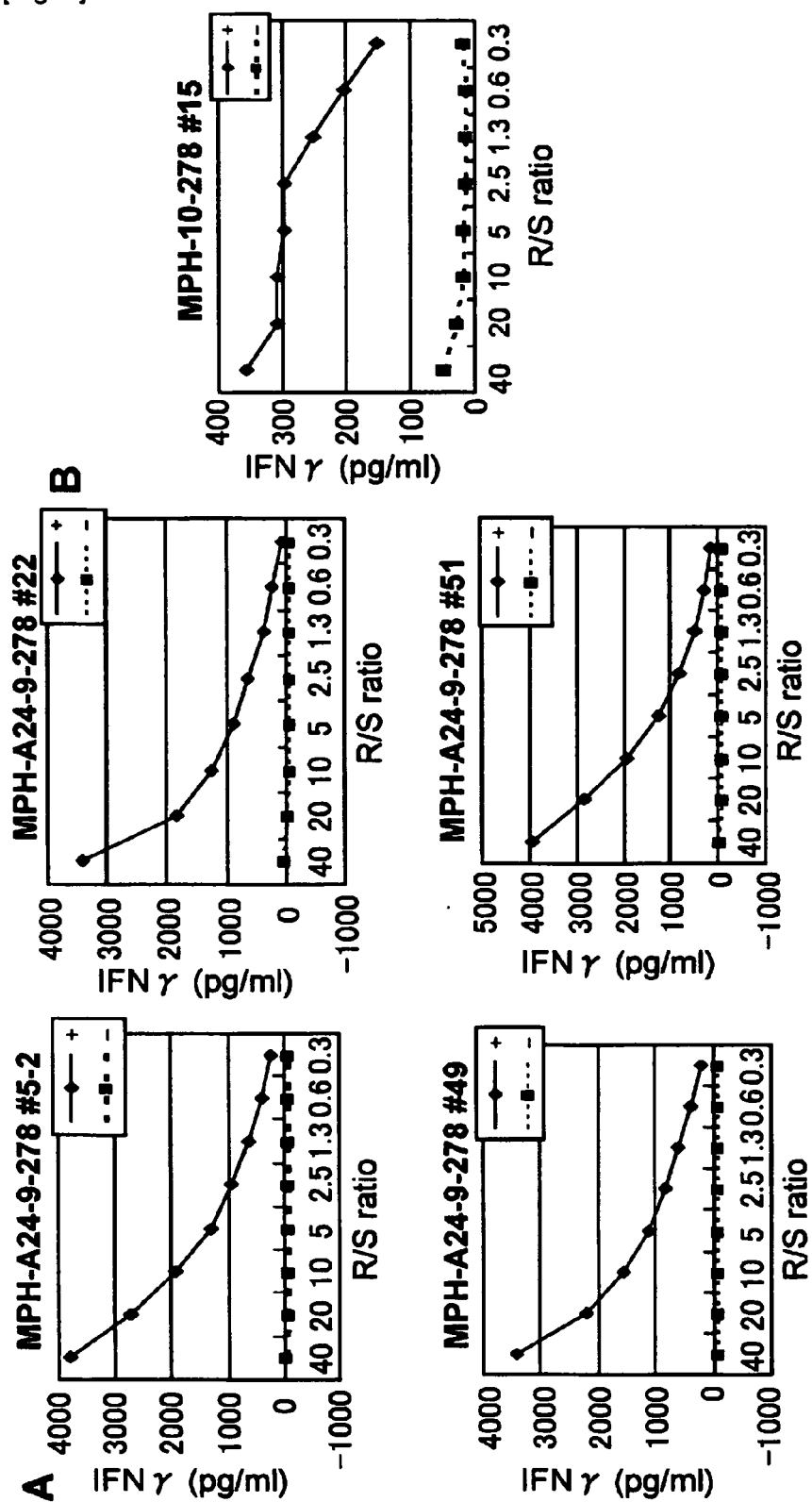
[Fig. 1]



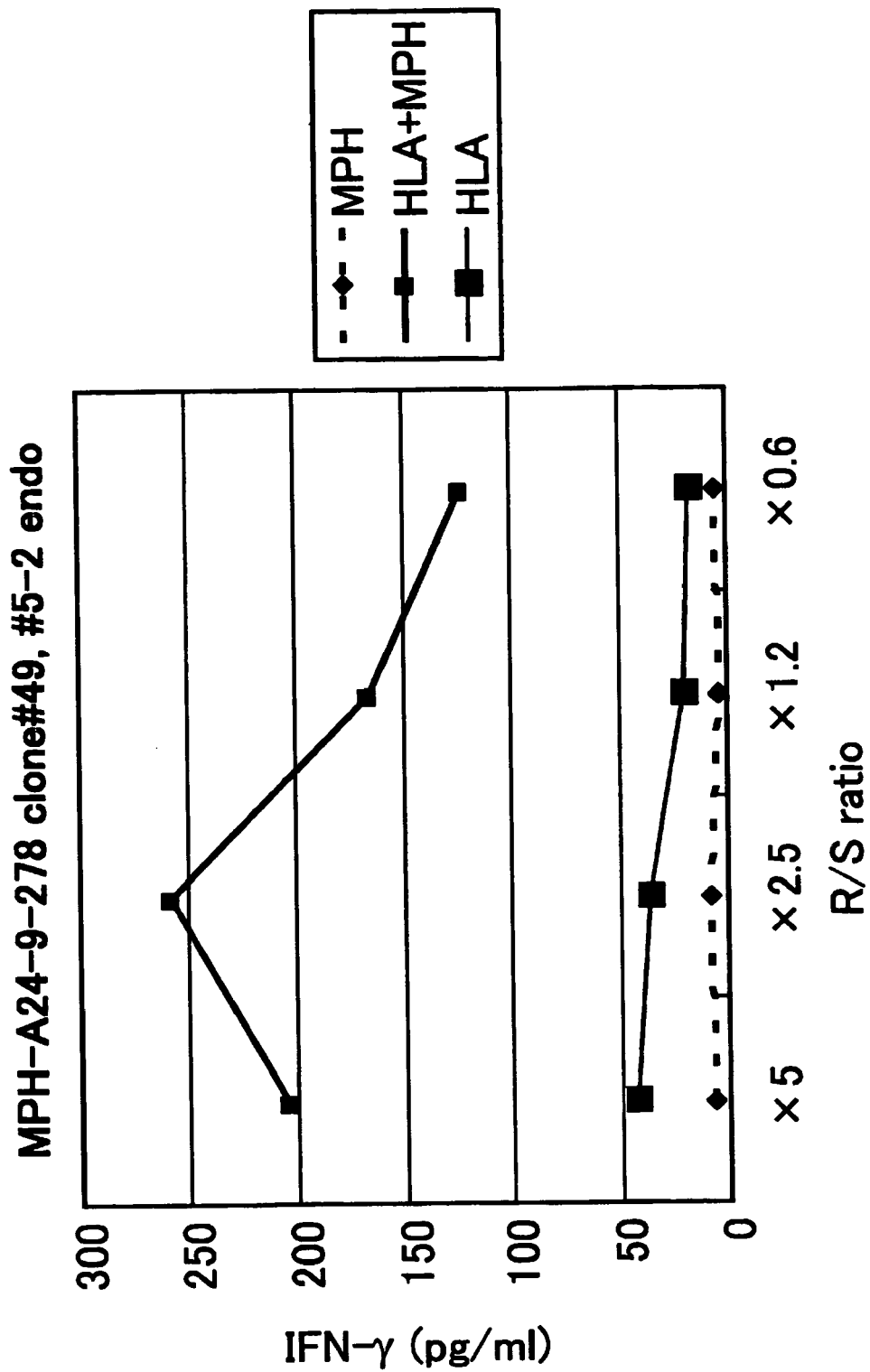
[Fig. 2]



[Fig. 3]

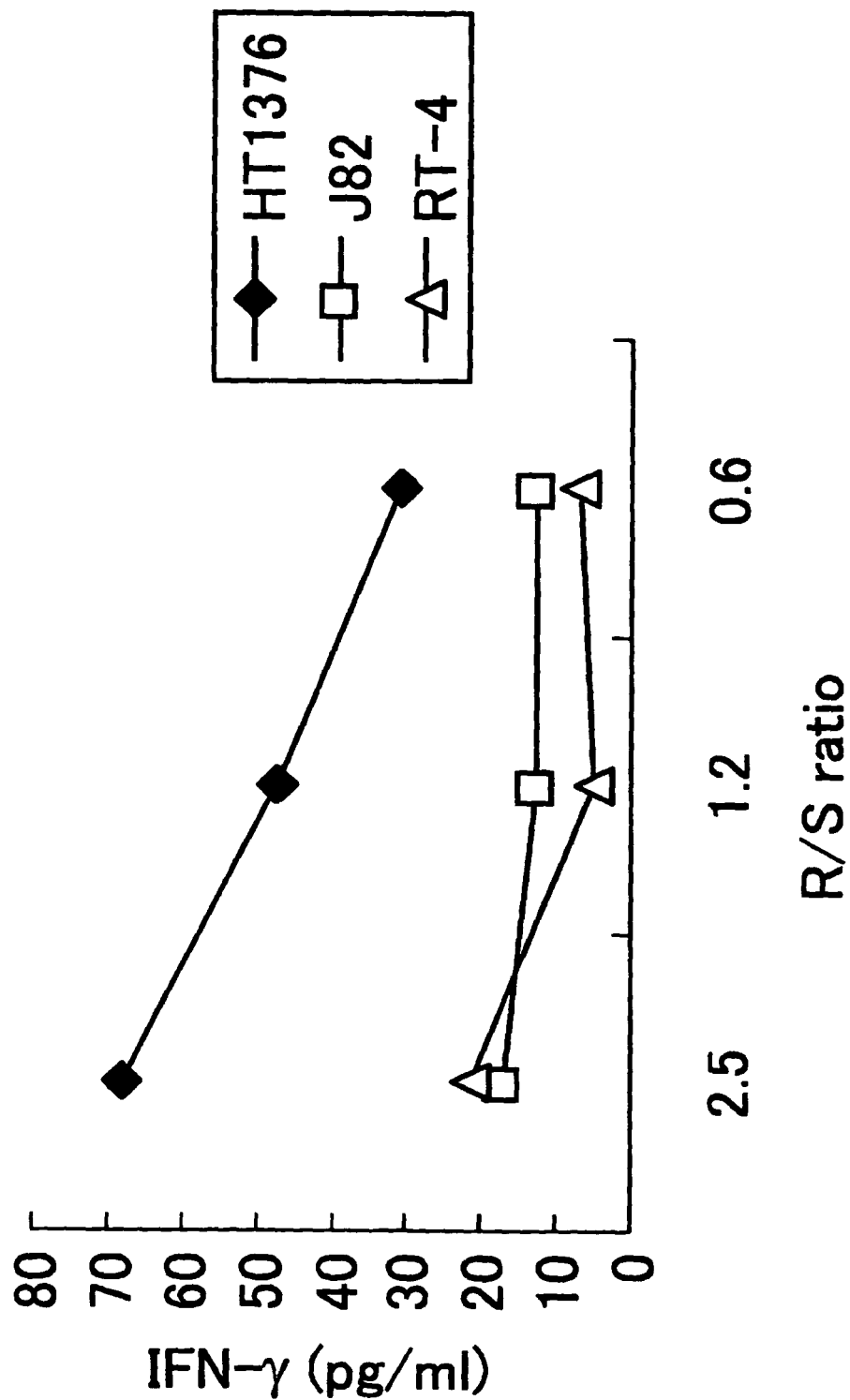


[Fig. 4]

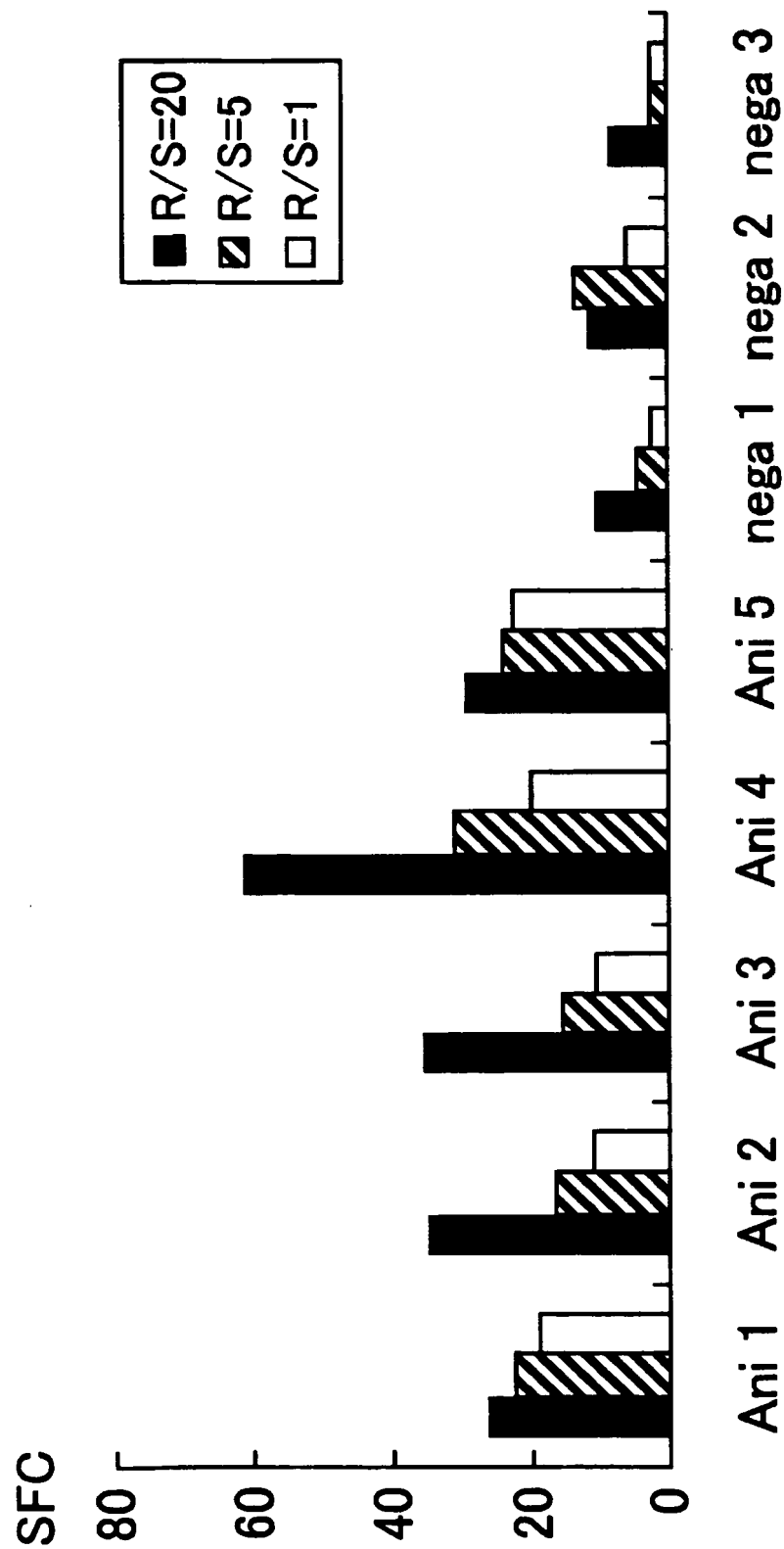


[Fig. 5]

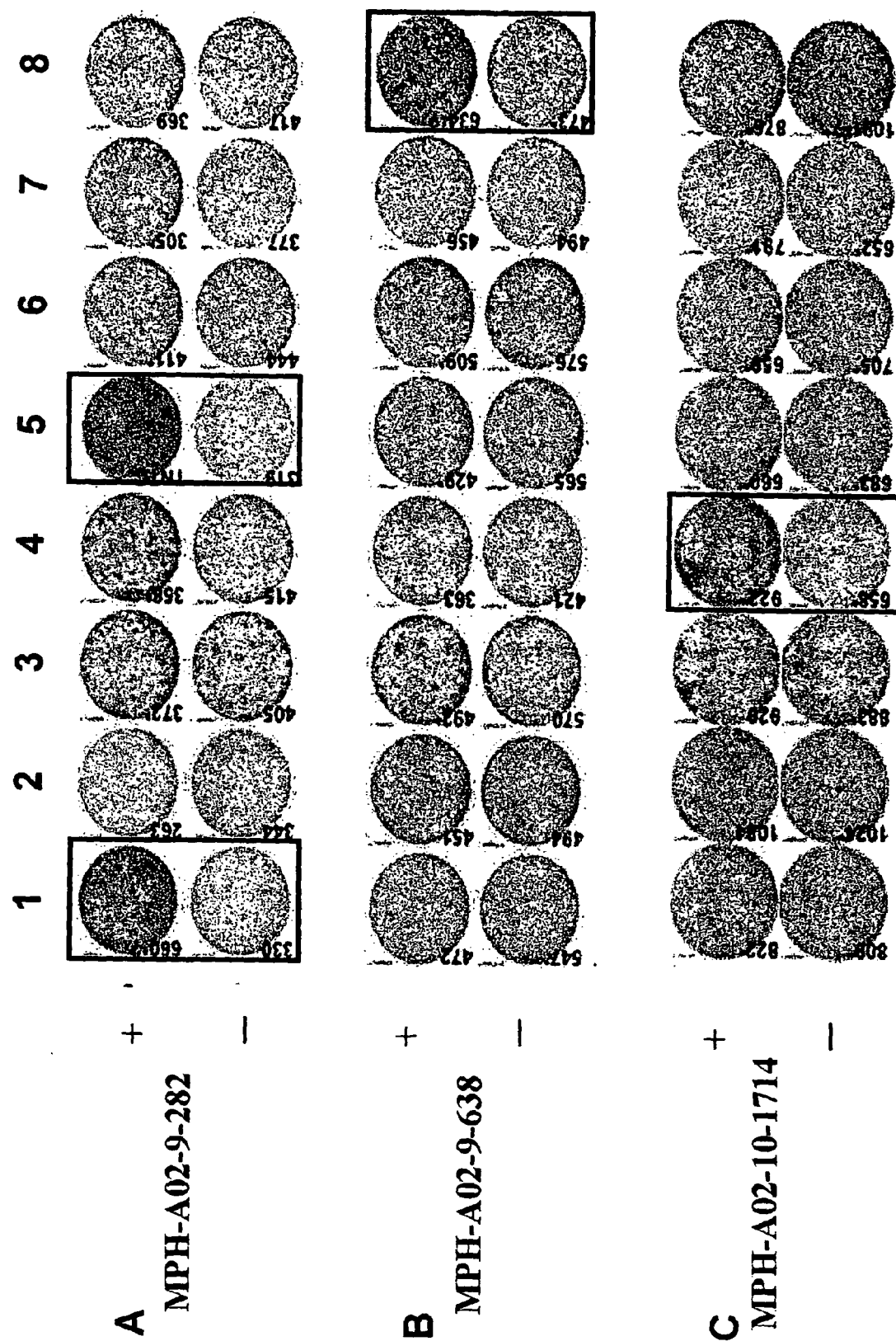
MPH-A24-9-278



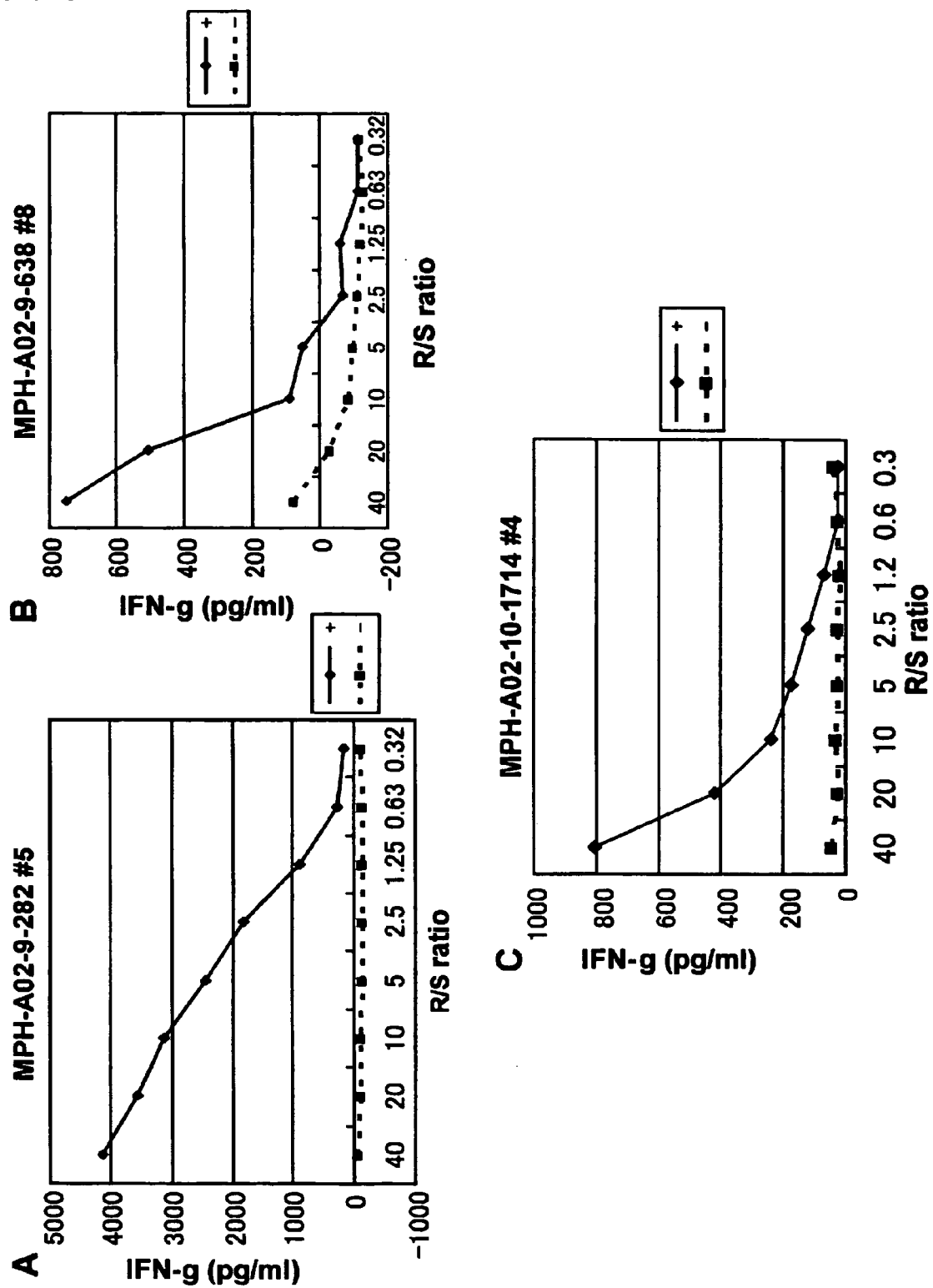
[Fig. 6]



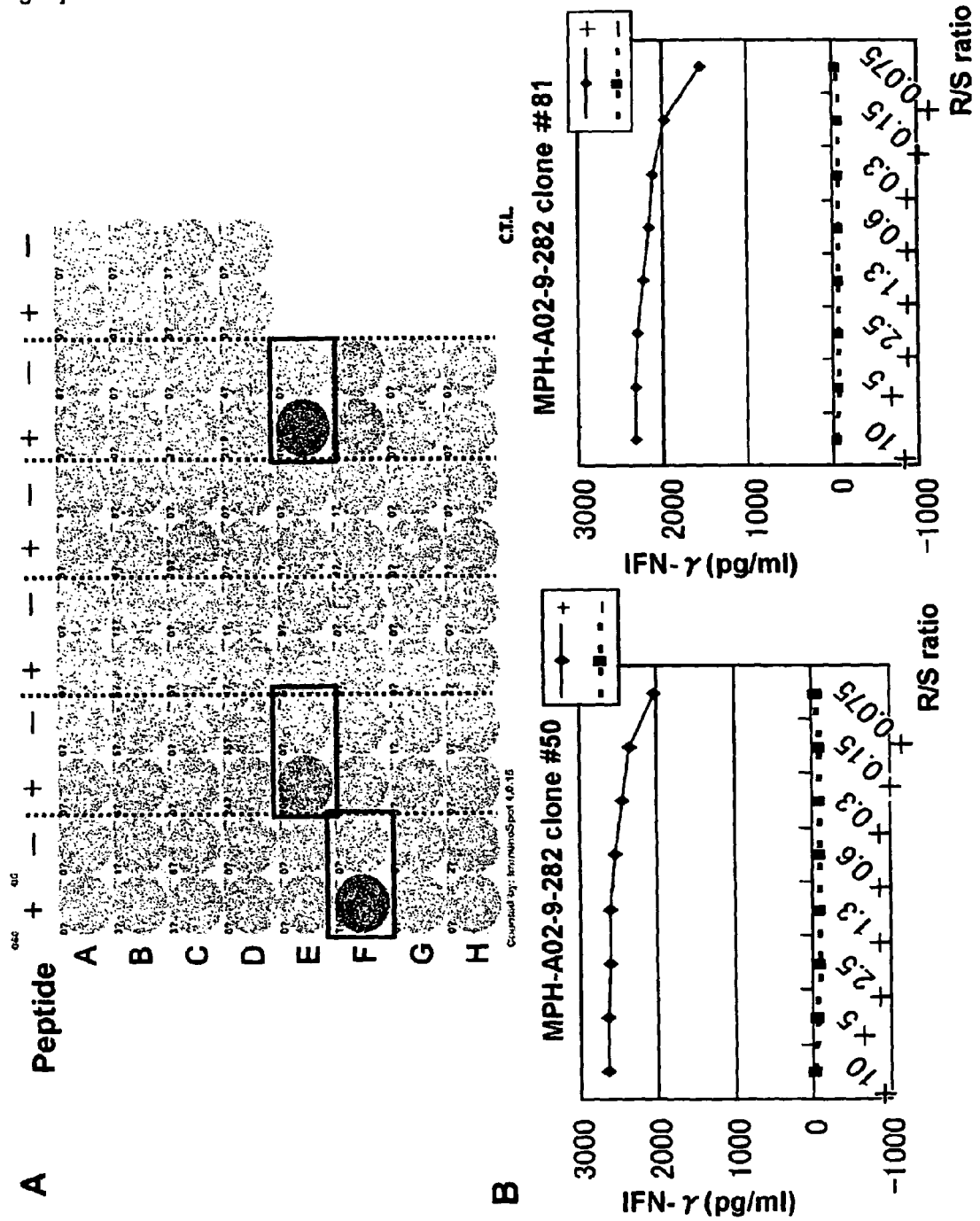
[Fig. 7]



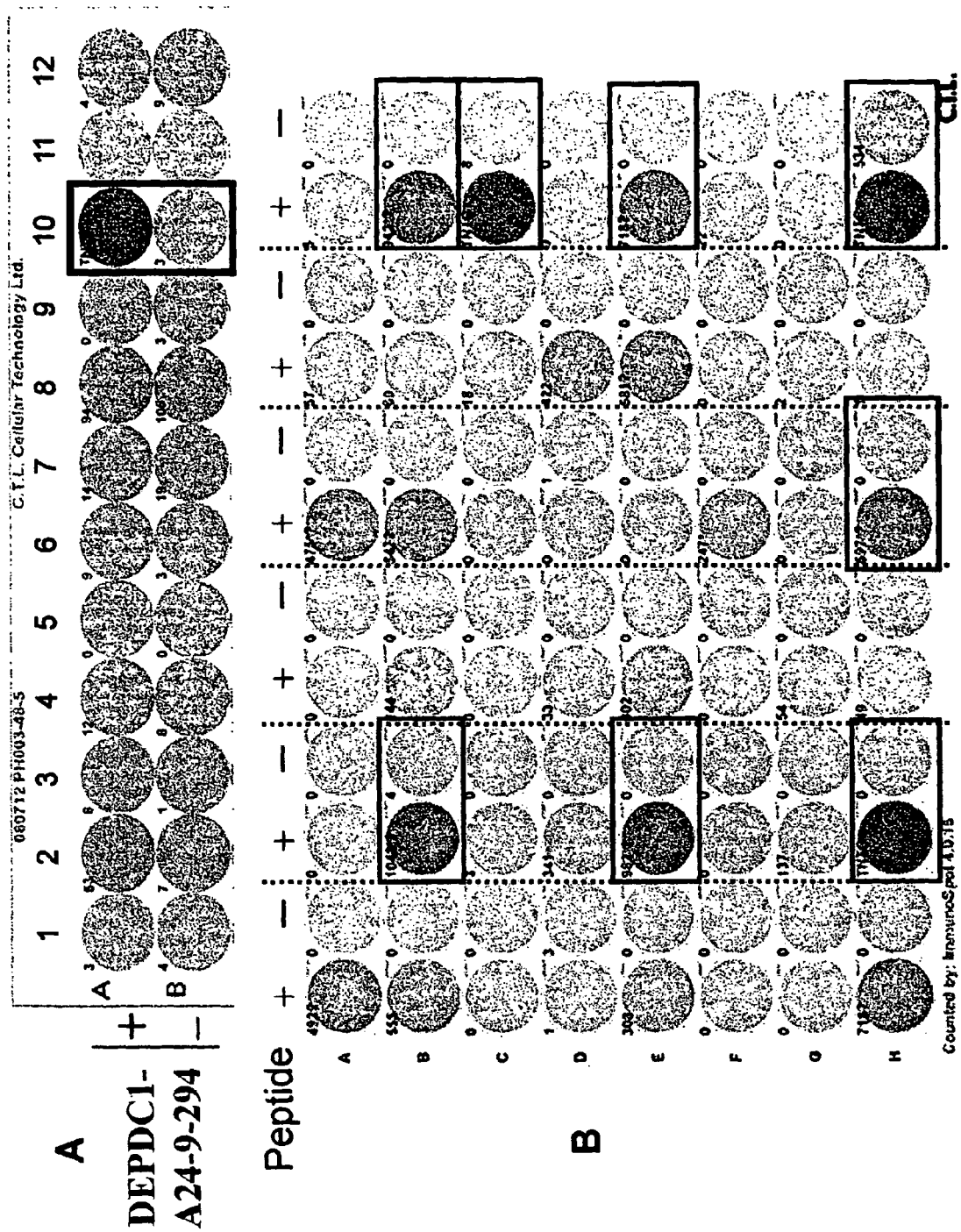
[Fig. 8]



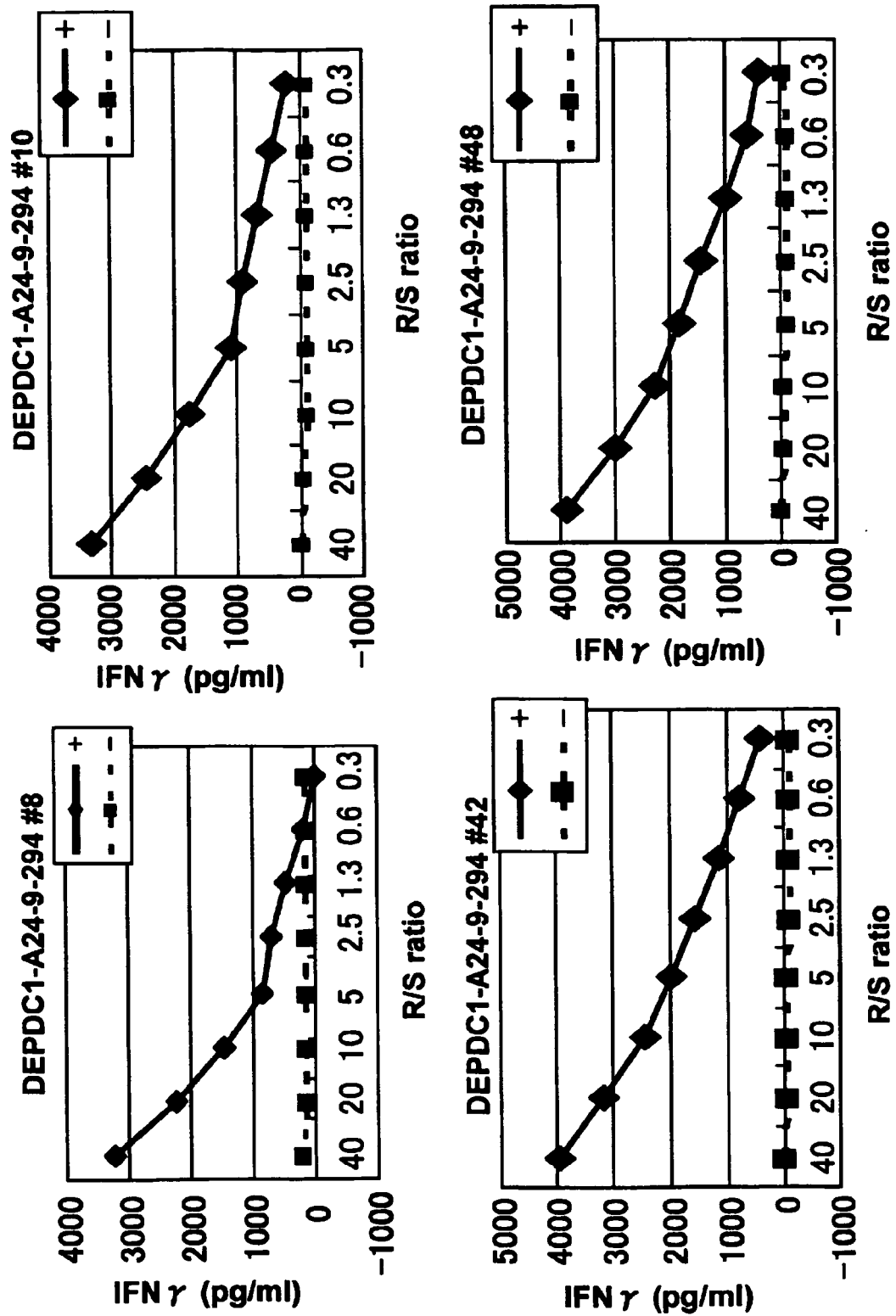
[Fig. 9]



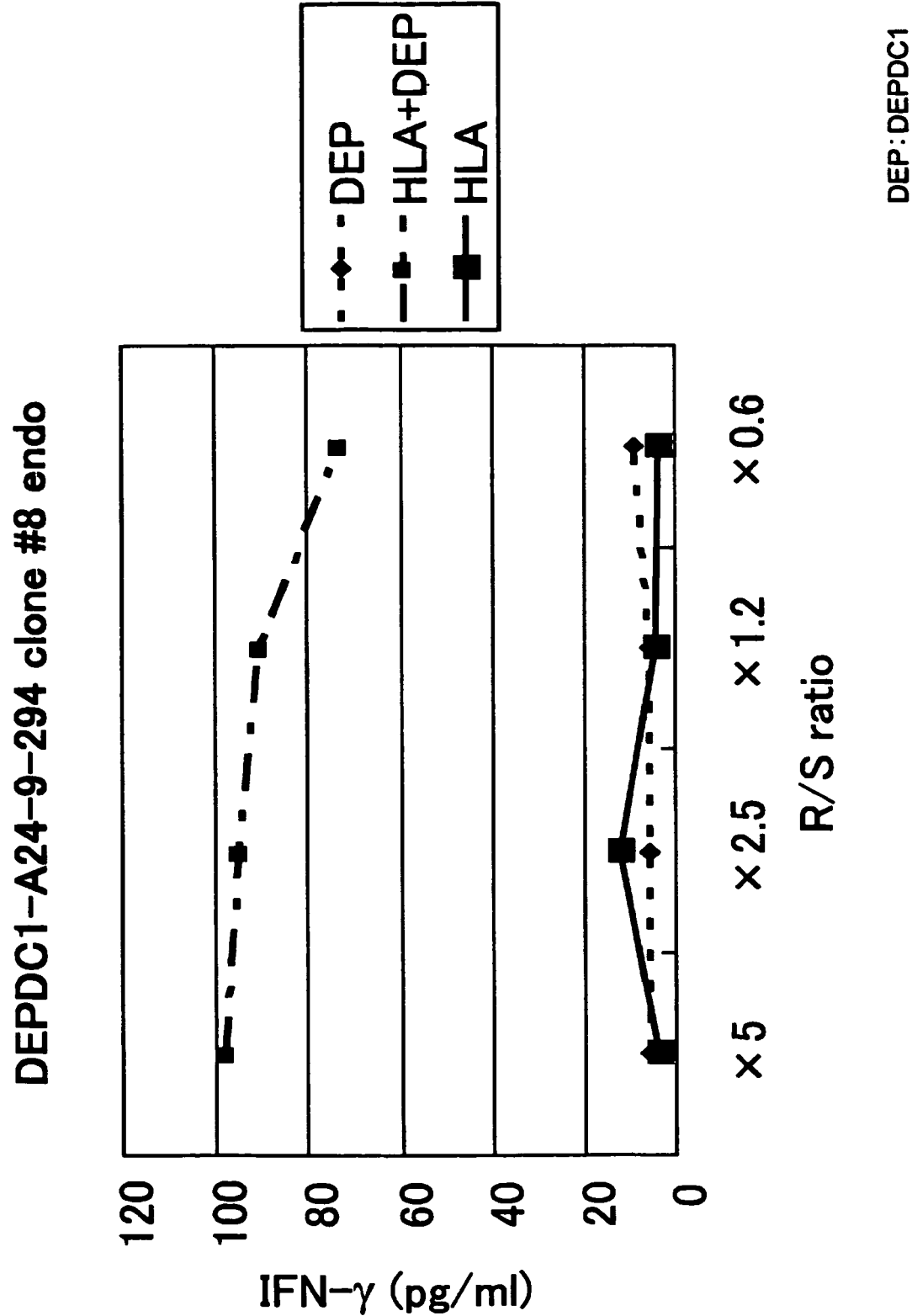
[Fig. 10]



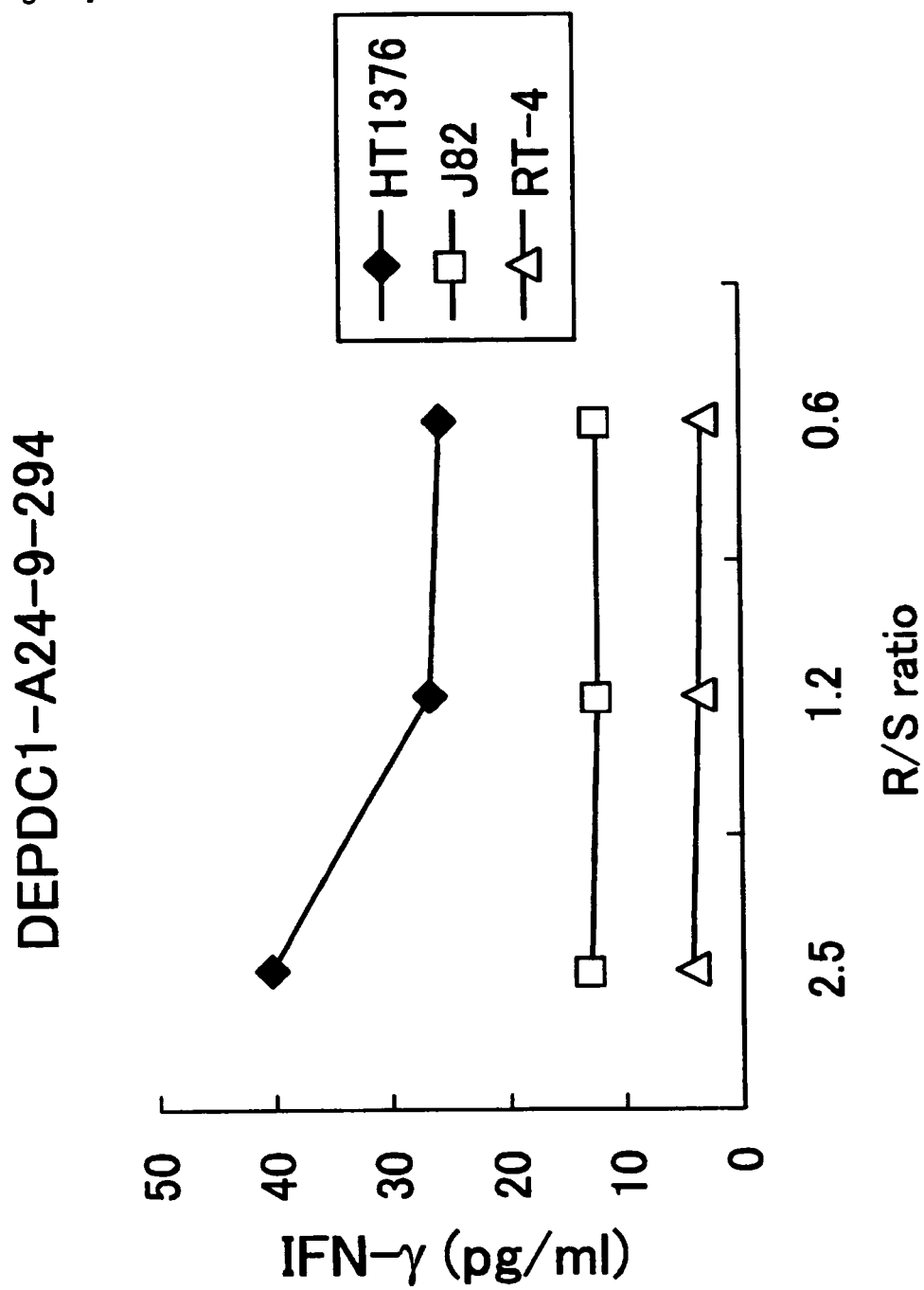
[Fig. 11]



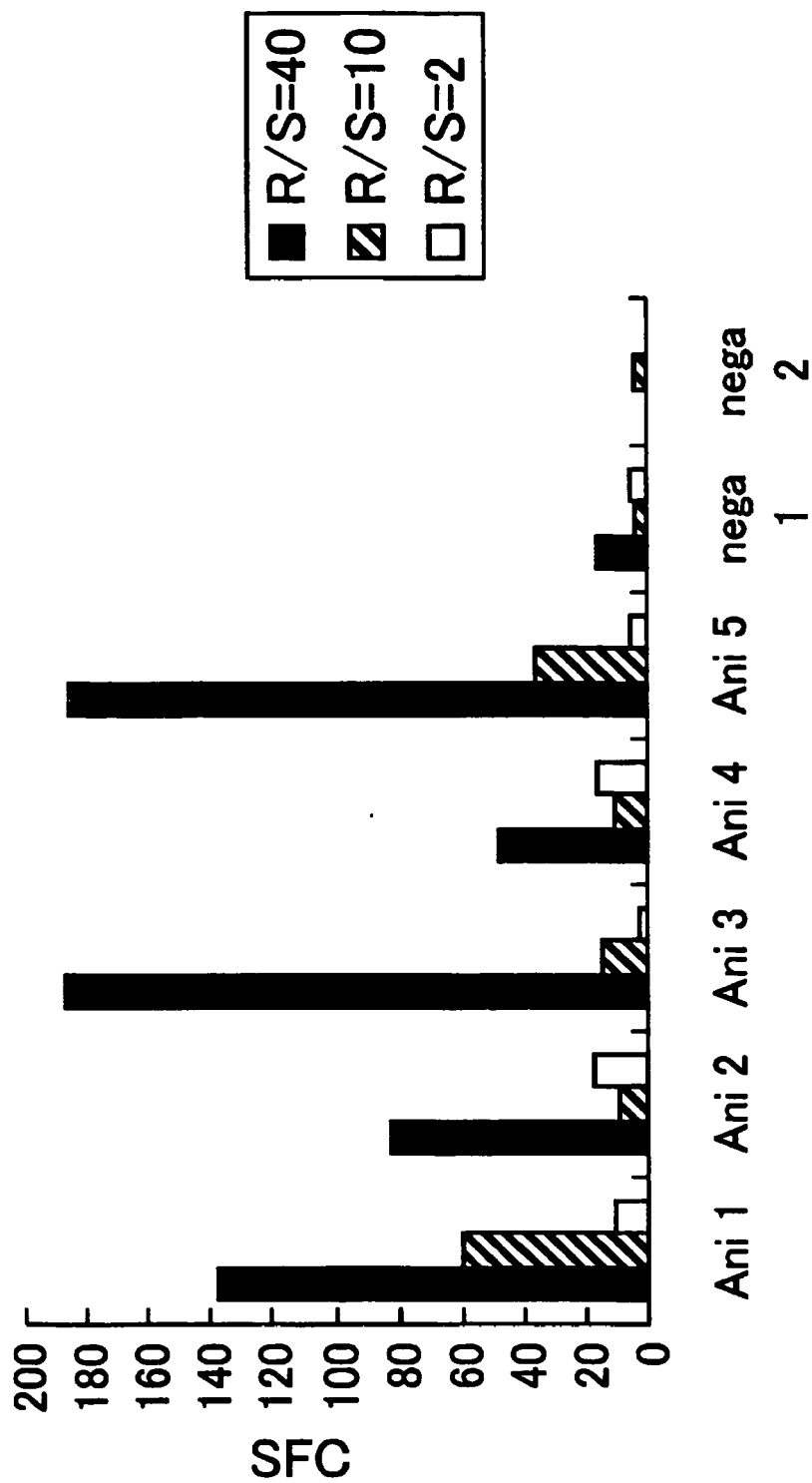
[Fig. 12]



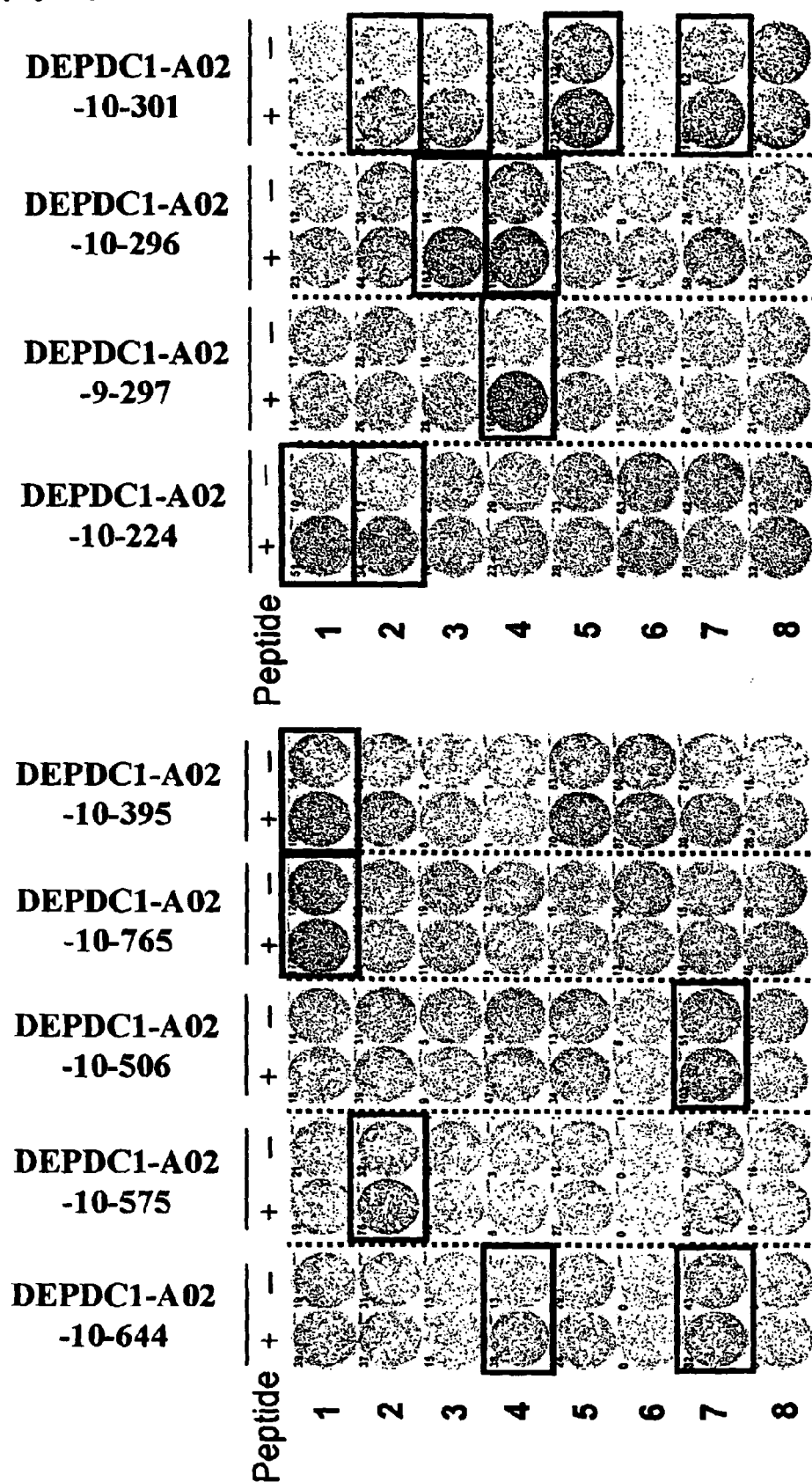
[Fig. 13]



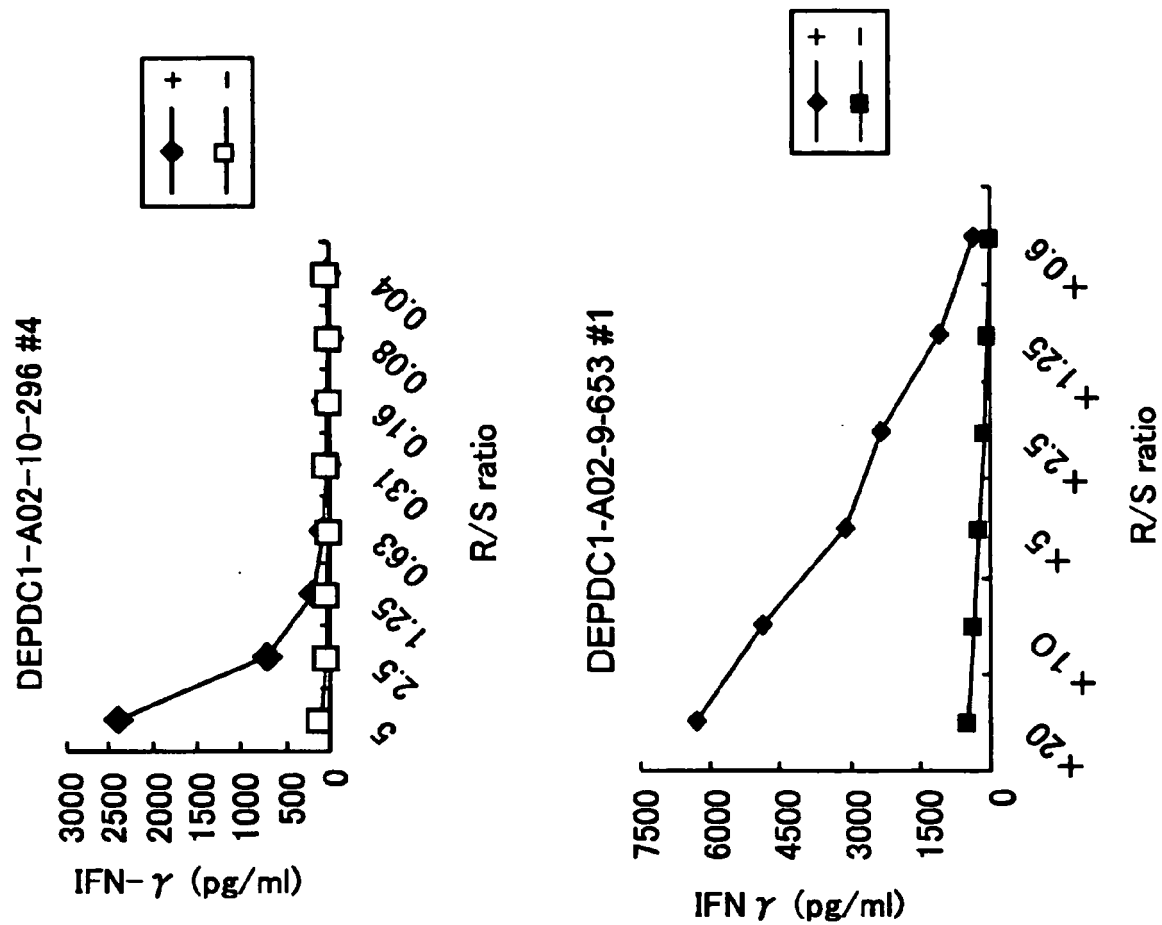
[Fig. 14]



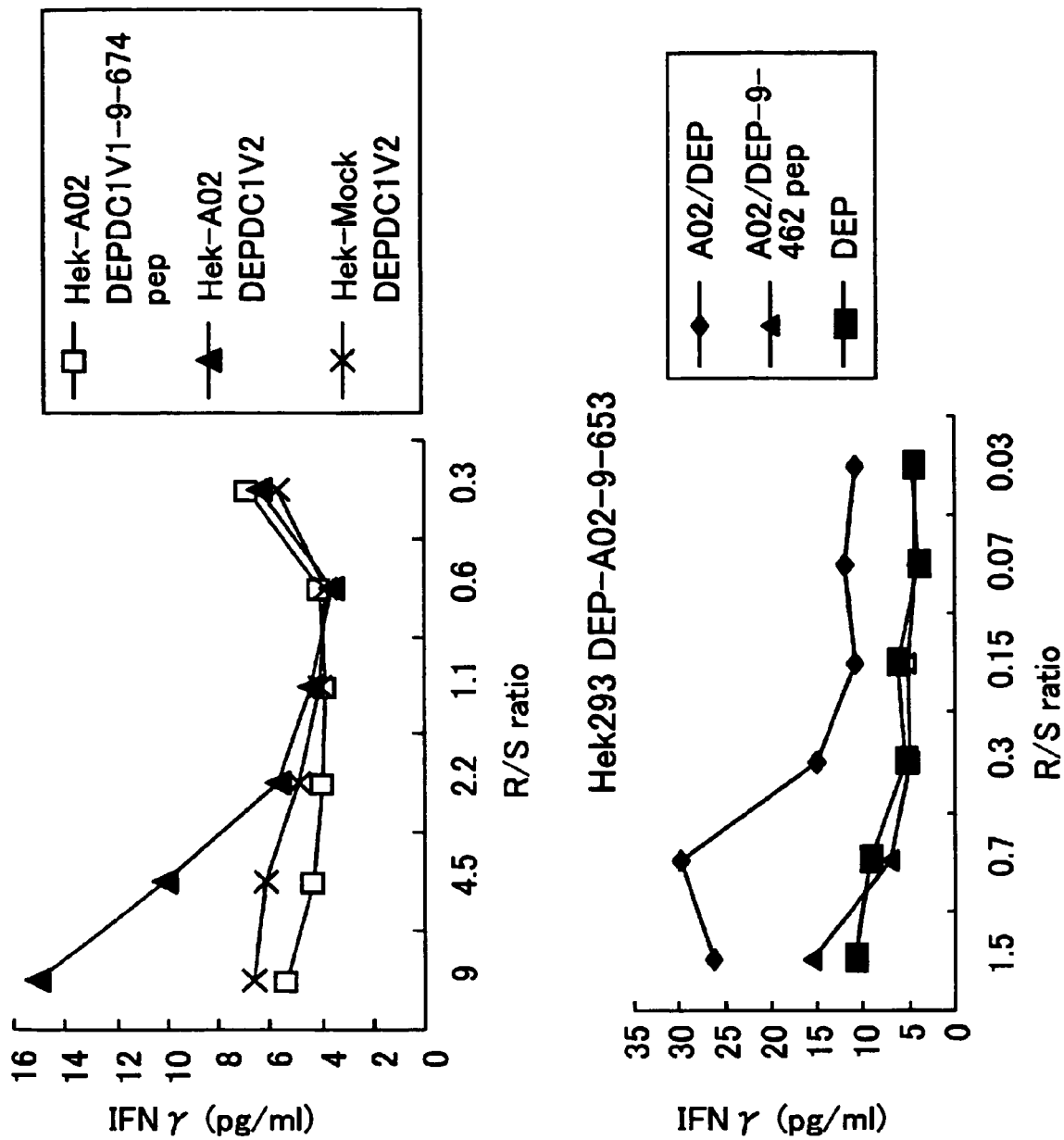
[Fig. 15]



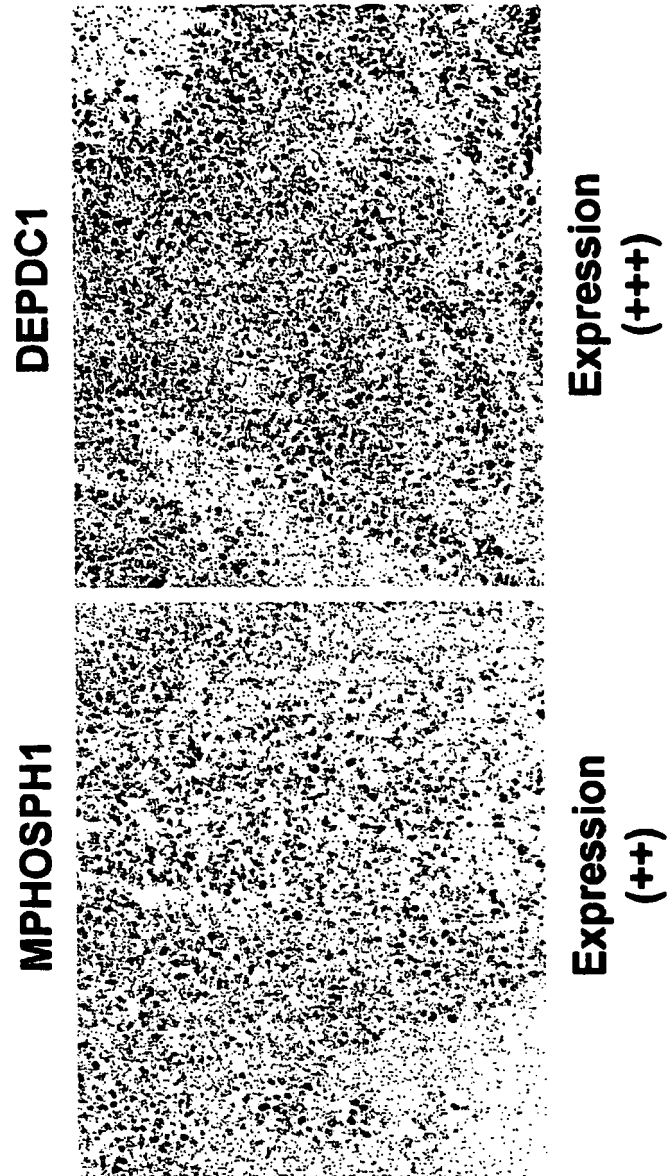
[Fig. 16]



[Fig. 17]

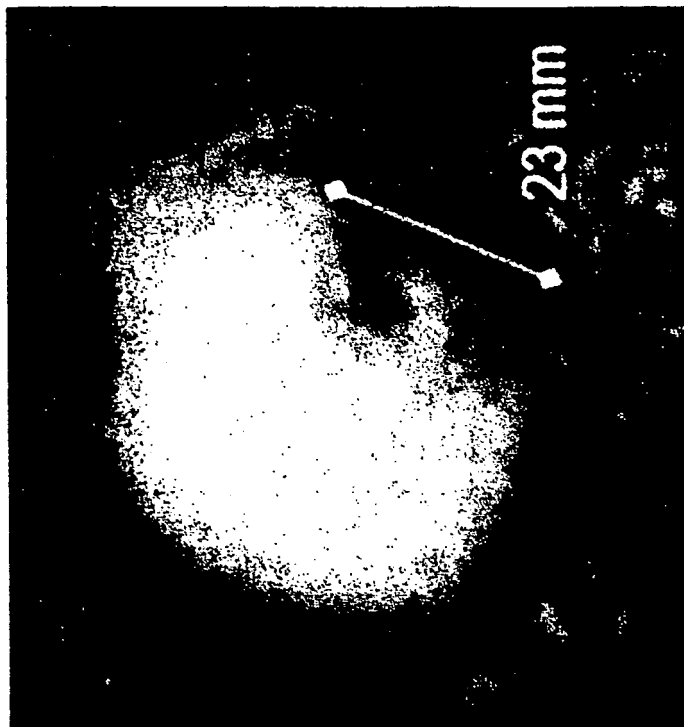


[Fig. 18]



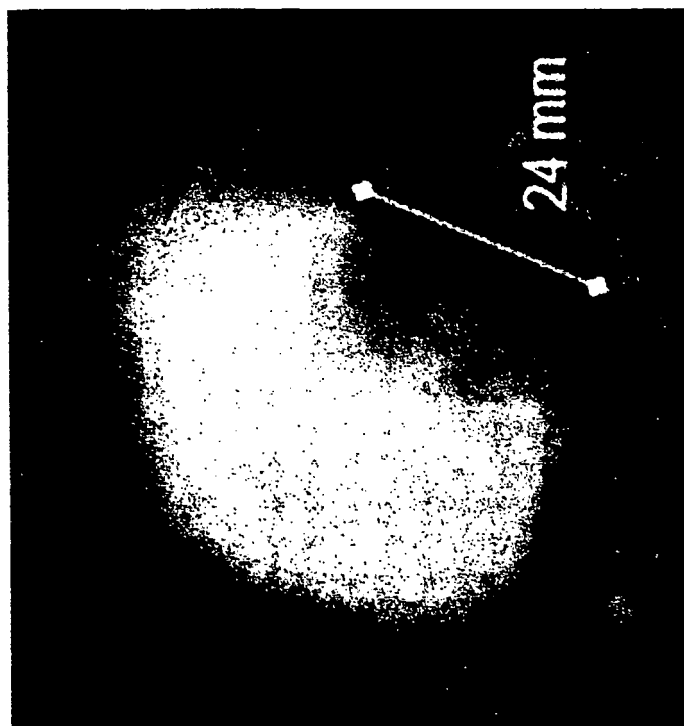
[Fig. 19]

Bladder



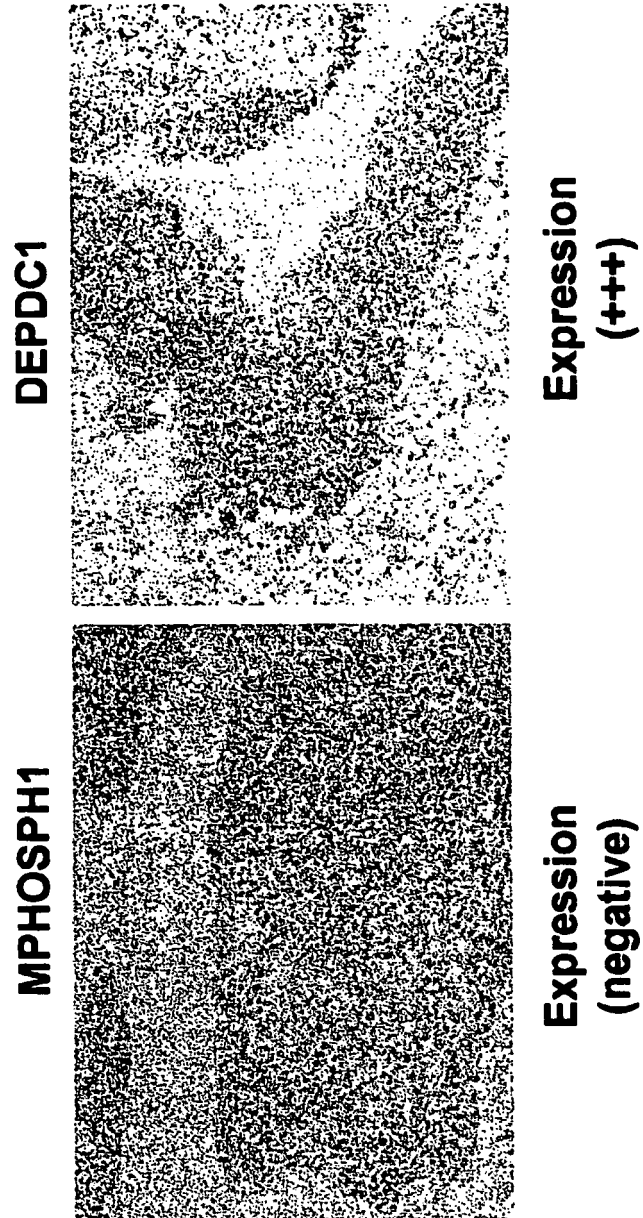
After Vaccination

Bladder

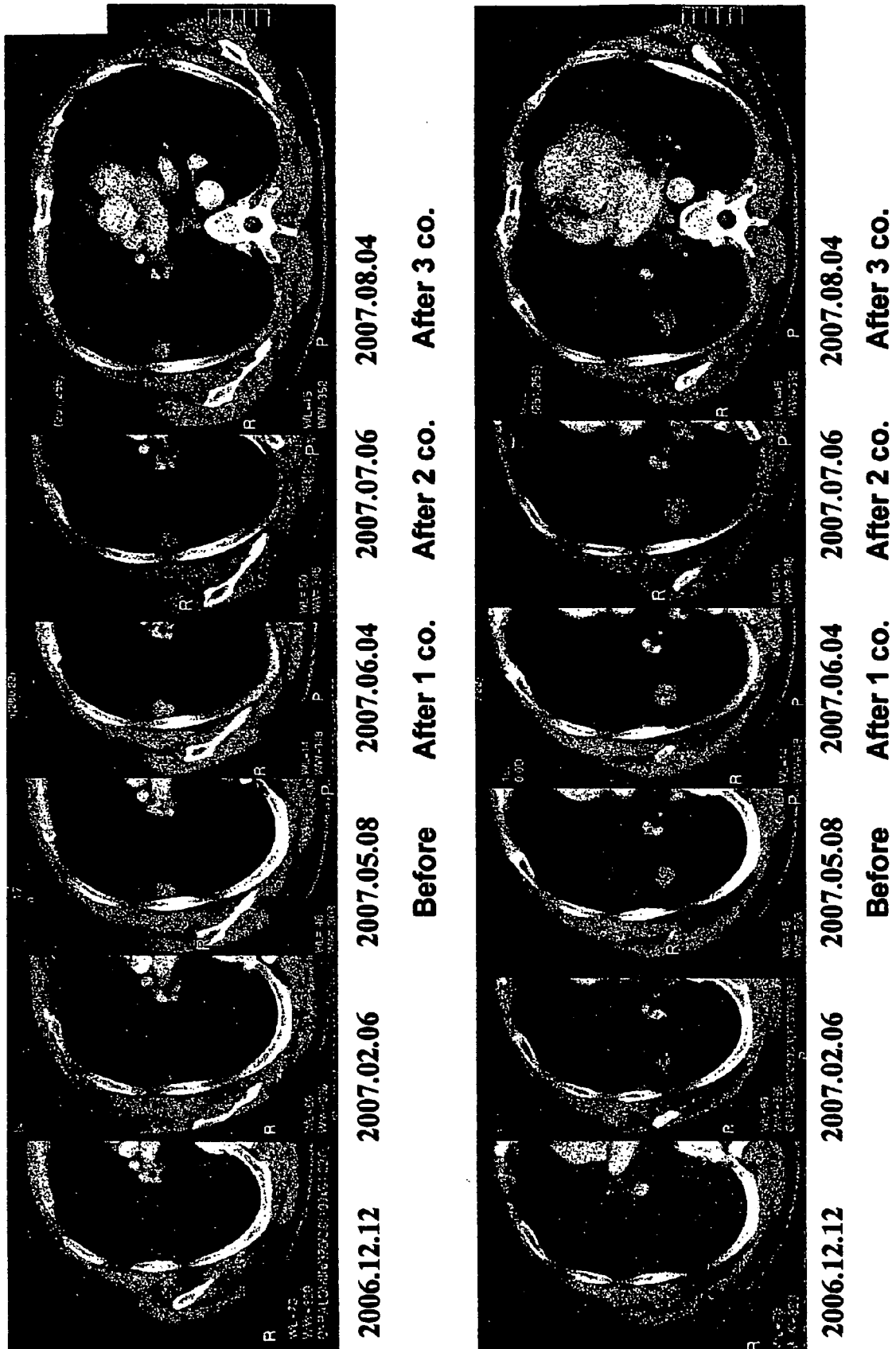


Before Vaccination

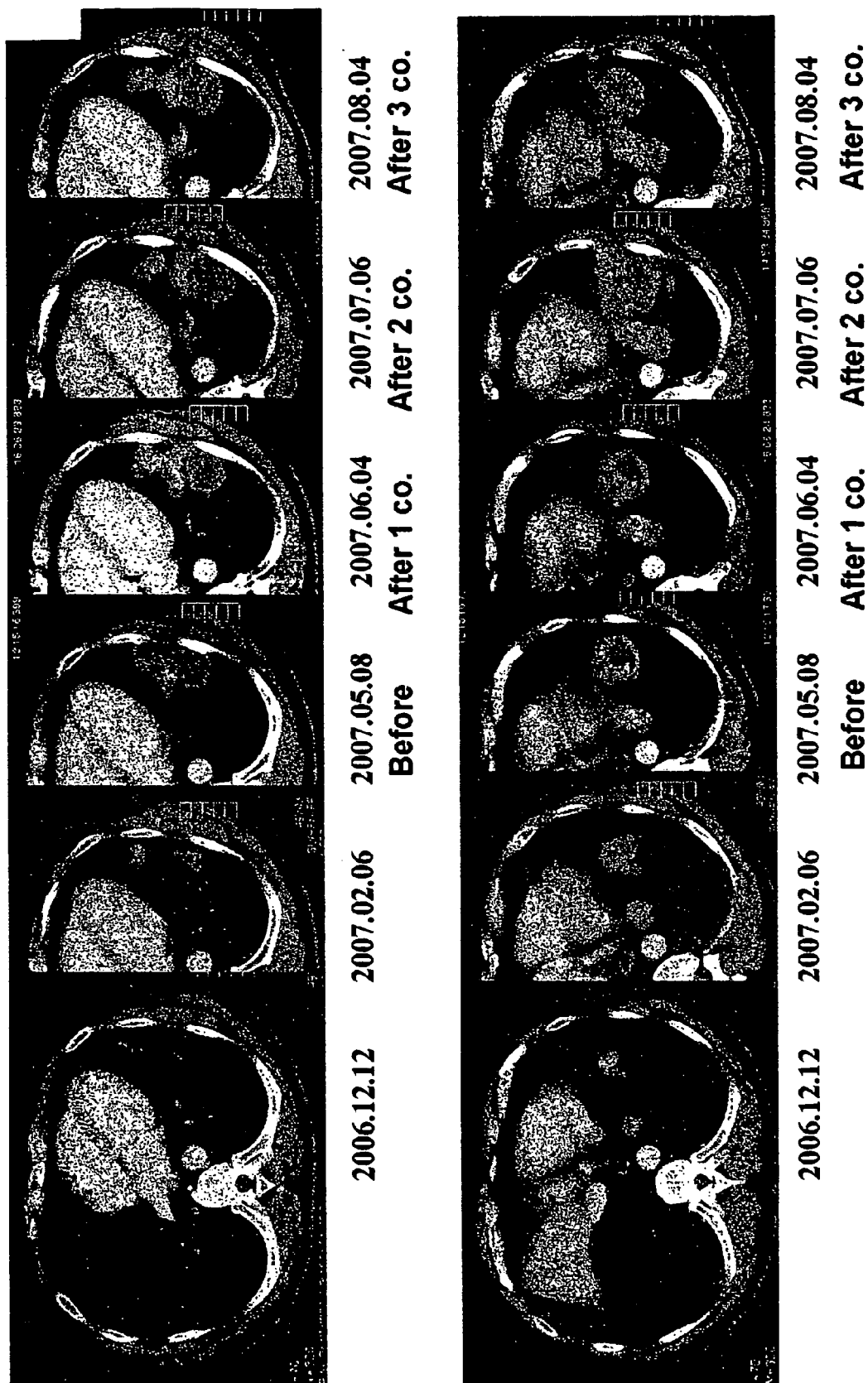
[Fig. 20]



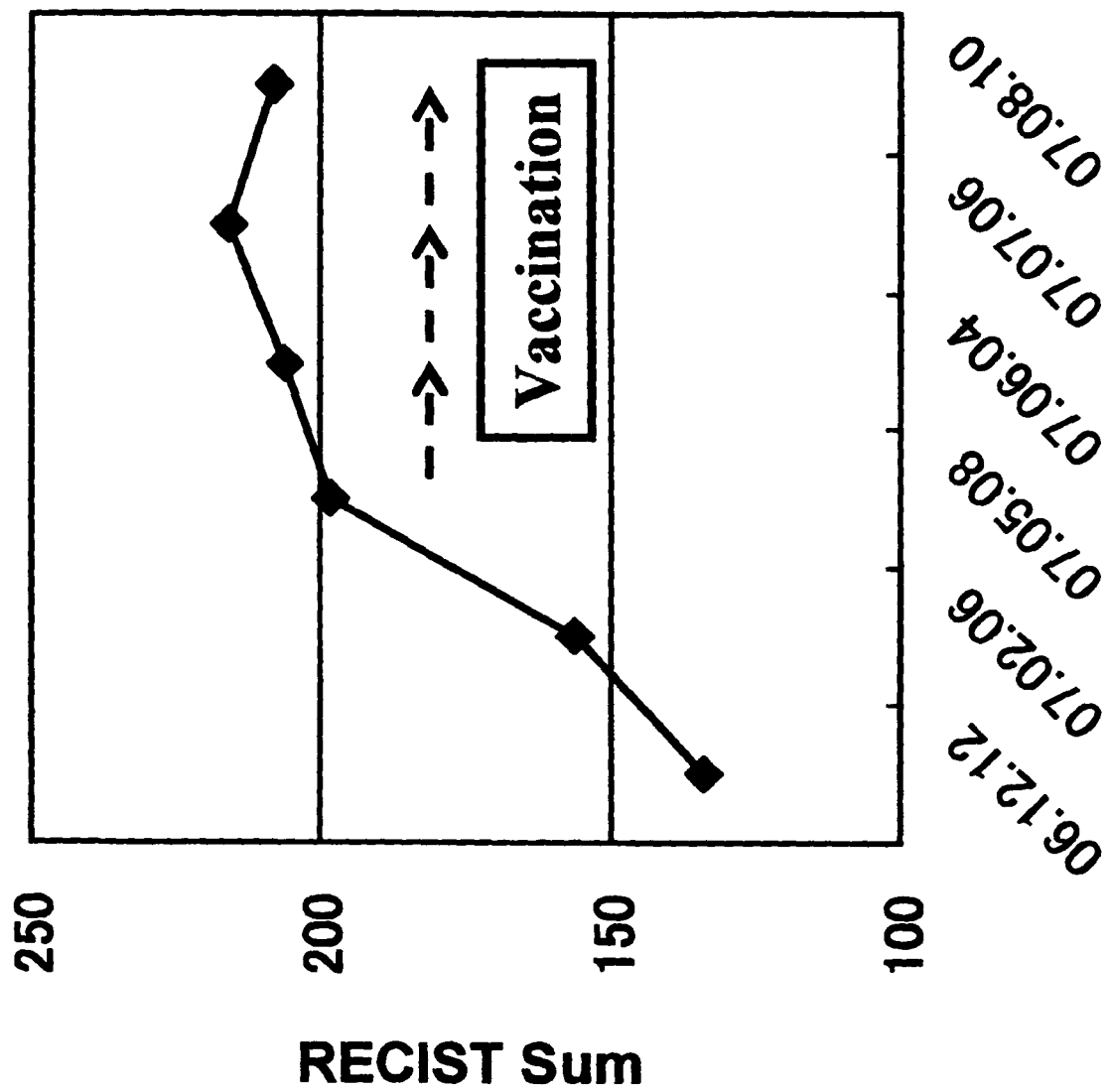
[Fig. 21]



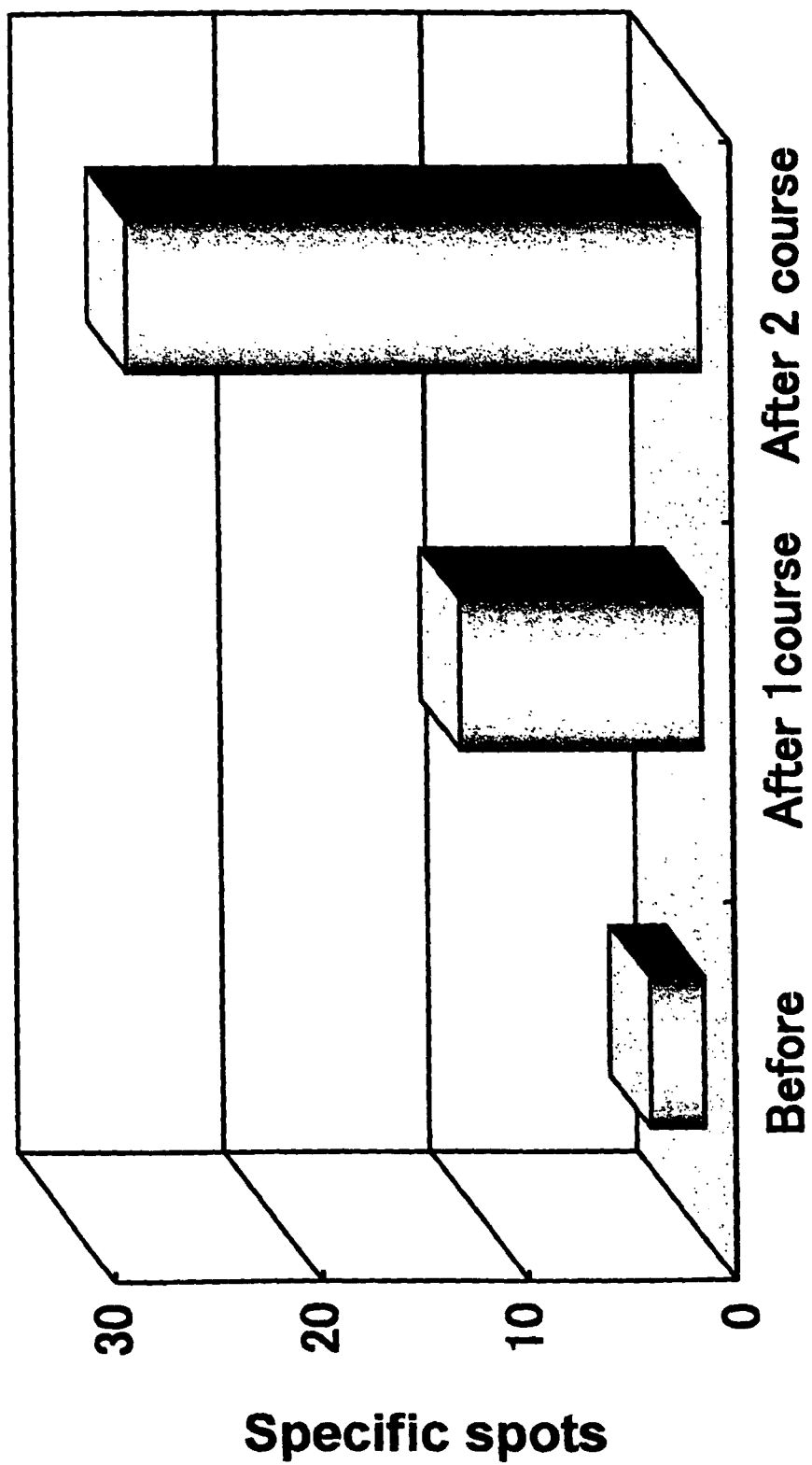
[Fig. 22]



[Fig. 23]

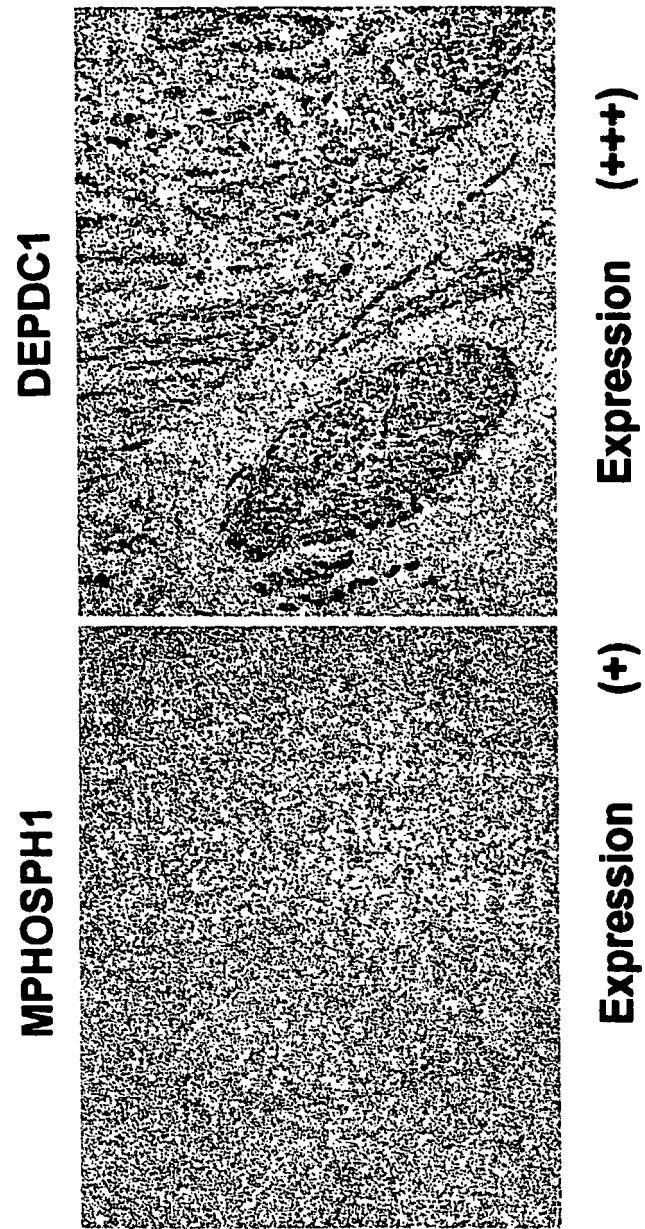


[Fig. 24]



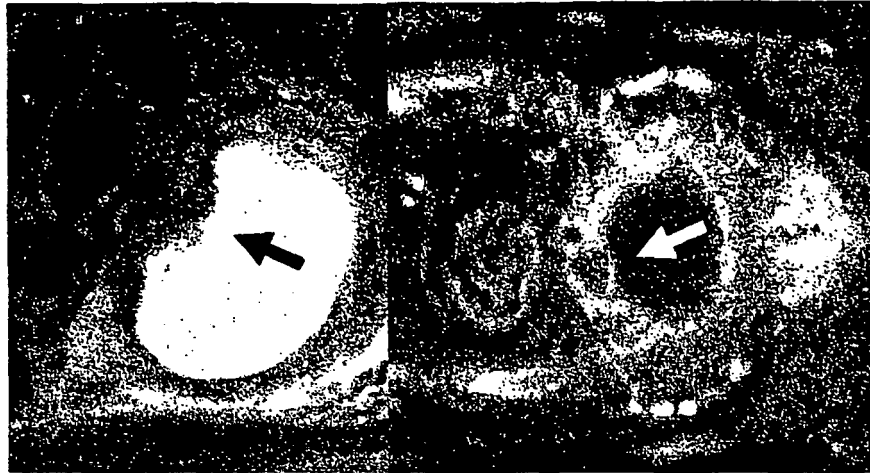
Specific spots = Spots(DEPDC1 pep) – Spots(HIV pep)

[Fig. 25]

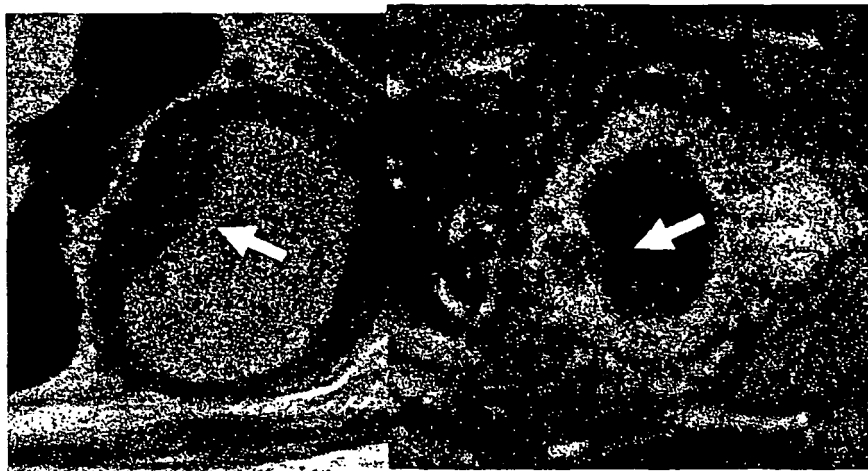


[Fig. 26]

After 1 course
07.08.17



Before
07.07.11



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