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(54) **TREATMENT OF FIBROSIS WITH  
GENETICALLY-ENGINEERED  
MACROPHAGES**

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(57) **ABSTRACT**

Provided herein are macrophages engineered for treating fibrosis and ameliorating the effects of fibrotic lesions in various organs and tissues. Certain embodiments are directed to genetically-engineered macrophages capable of treating fibrosis or reducing fibrotic lesions. In certain aspects macrophages can be genetically-engineered to (1) target extracellular matrix (ECM) or components thereof, (2) enhance degradation of ECM, or (3) target ECM and enhance degradation of ECM. Further provided is a cellular therapy product comprising a genetically-engineered macrophage comprising at least one of a recombinant targeting protein and a recombinant catalytic enzyme. Further provided is a method of treating an individual for fibrosis comprising administering the cellular therapy product.

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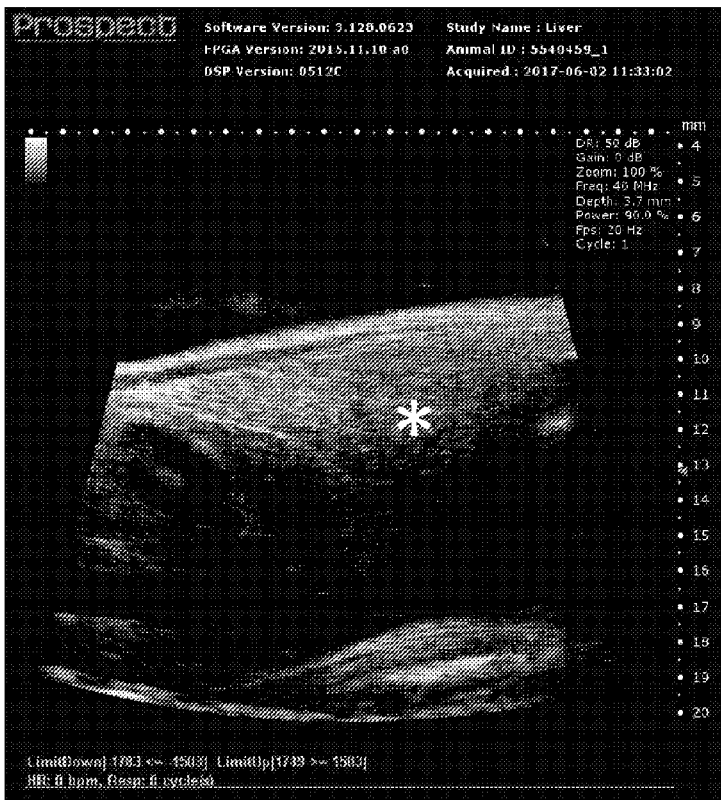
§ 371 (c)(1),

(2) Date: **Jun. 9, 2020**

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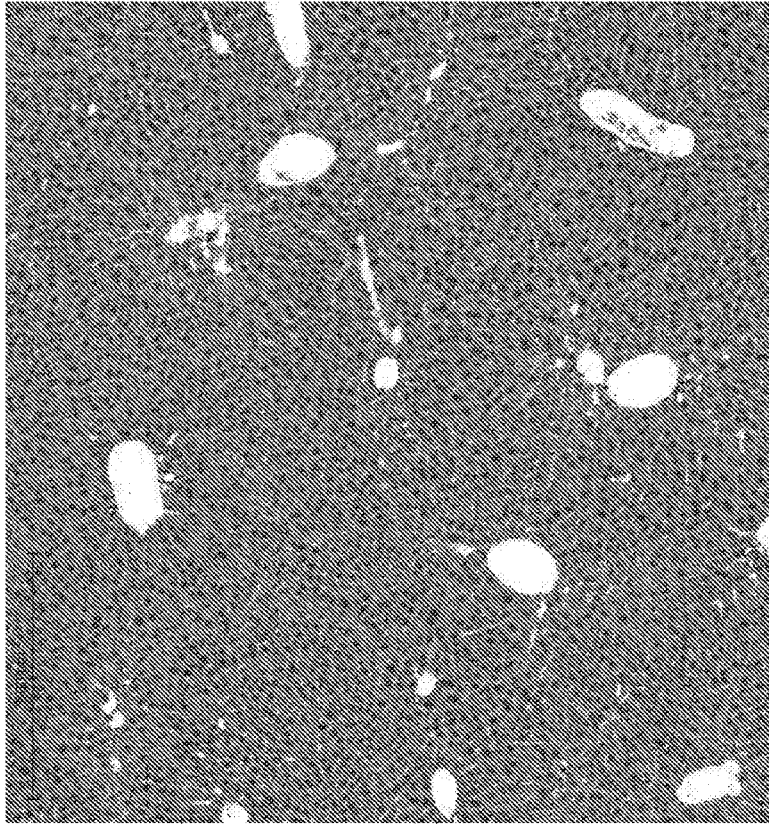
**Specification includes a Sequence Listing.**



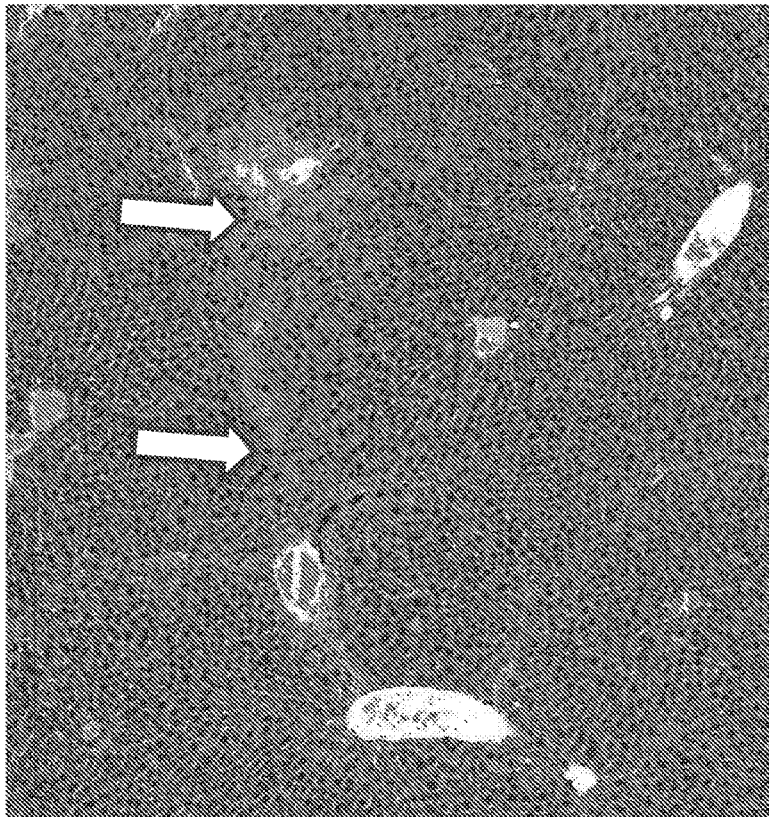
(A)



FIGS. 1A-B

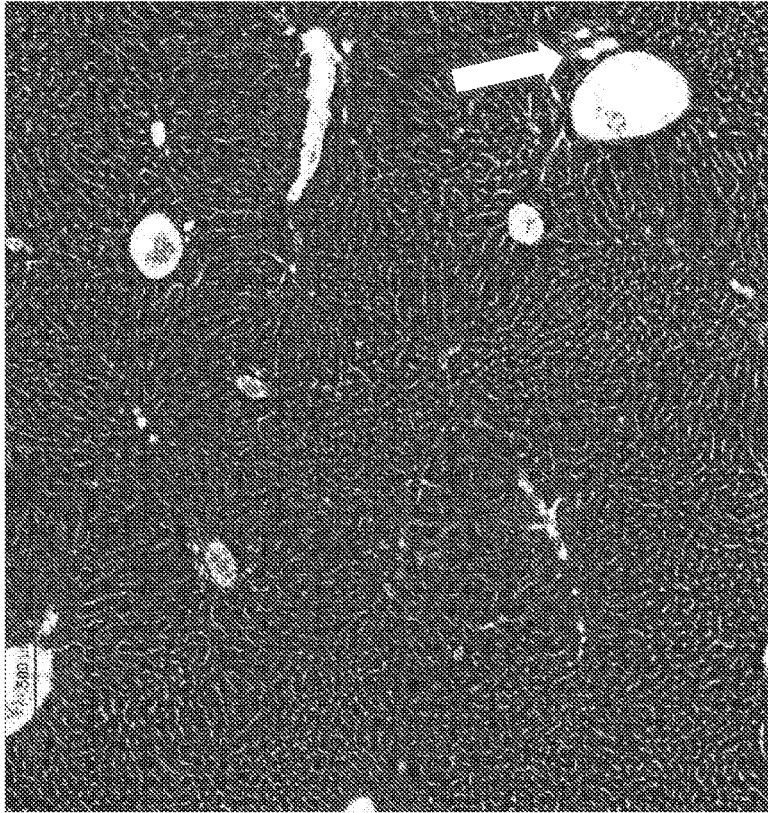


(B)

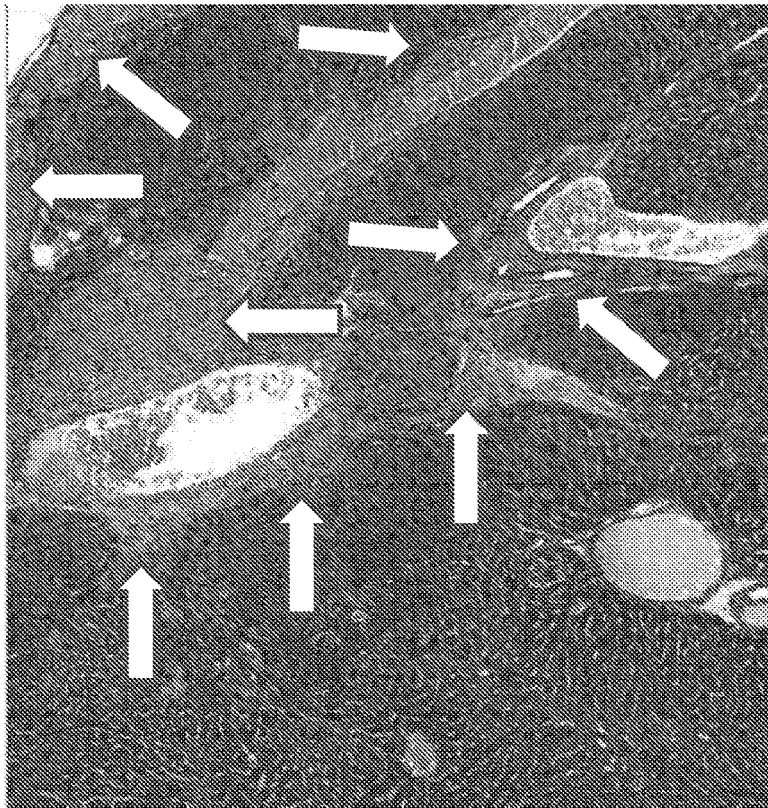


(A)

FIGS. 2A-B

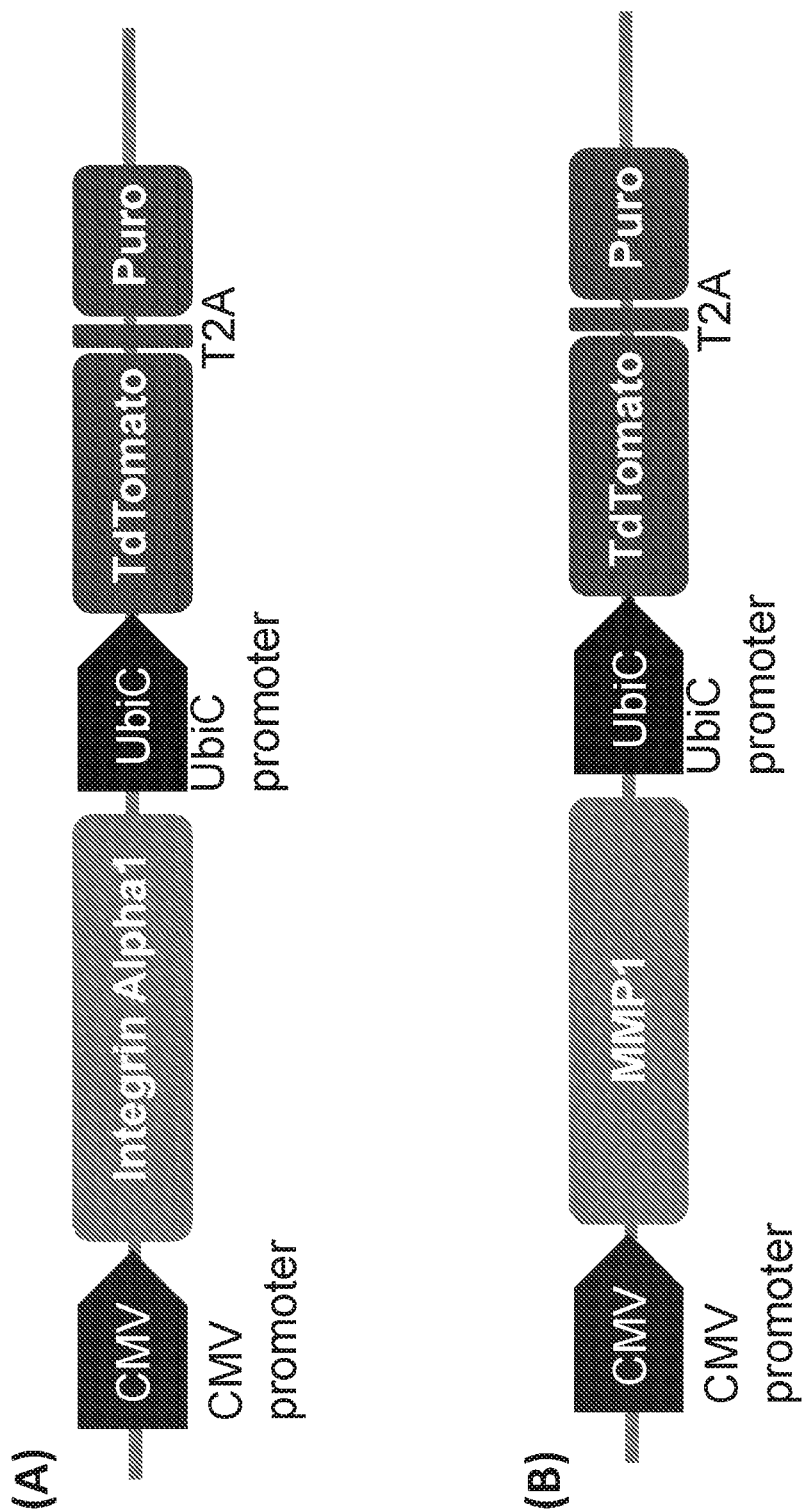


(B)

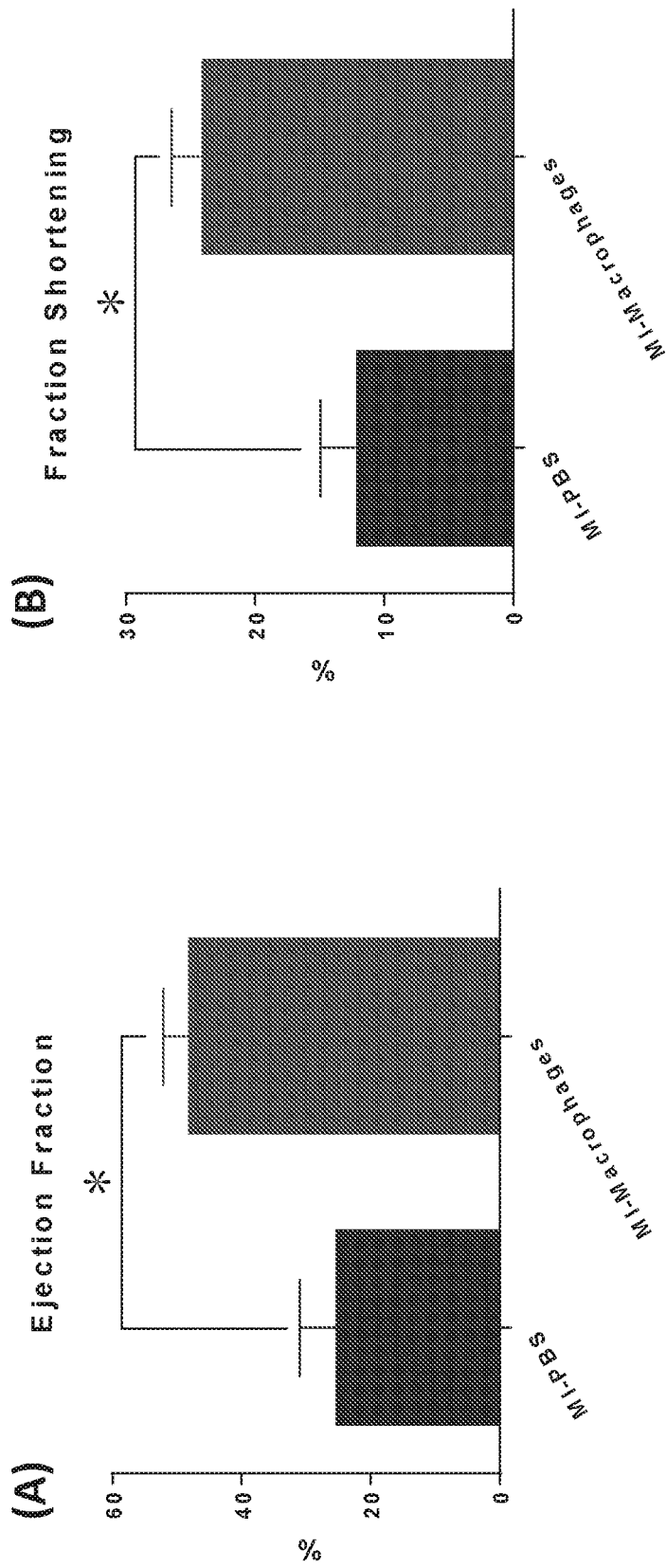


(A)

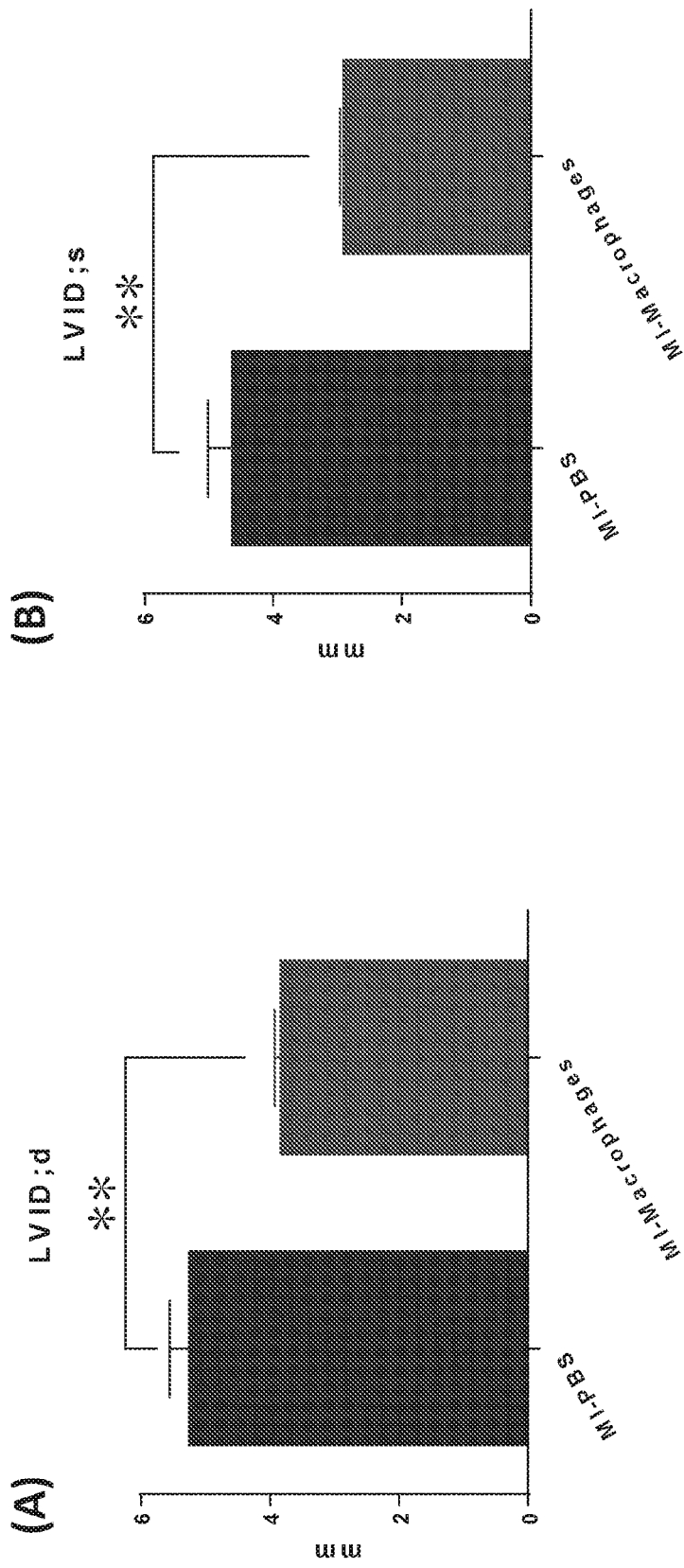
FIGS. 3A-B



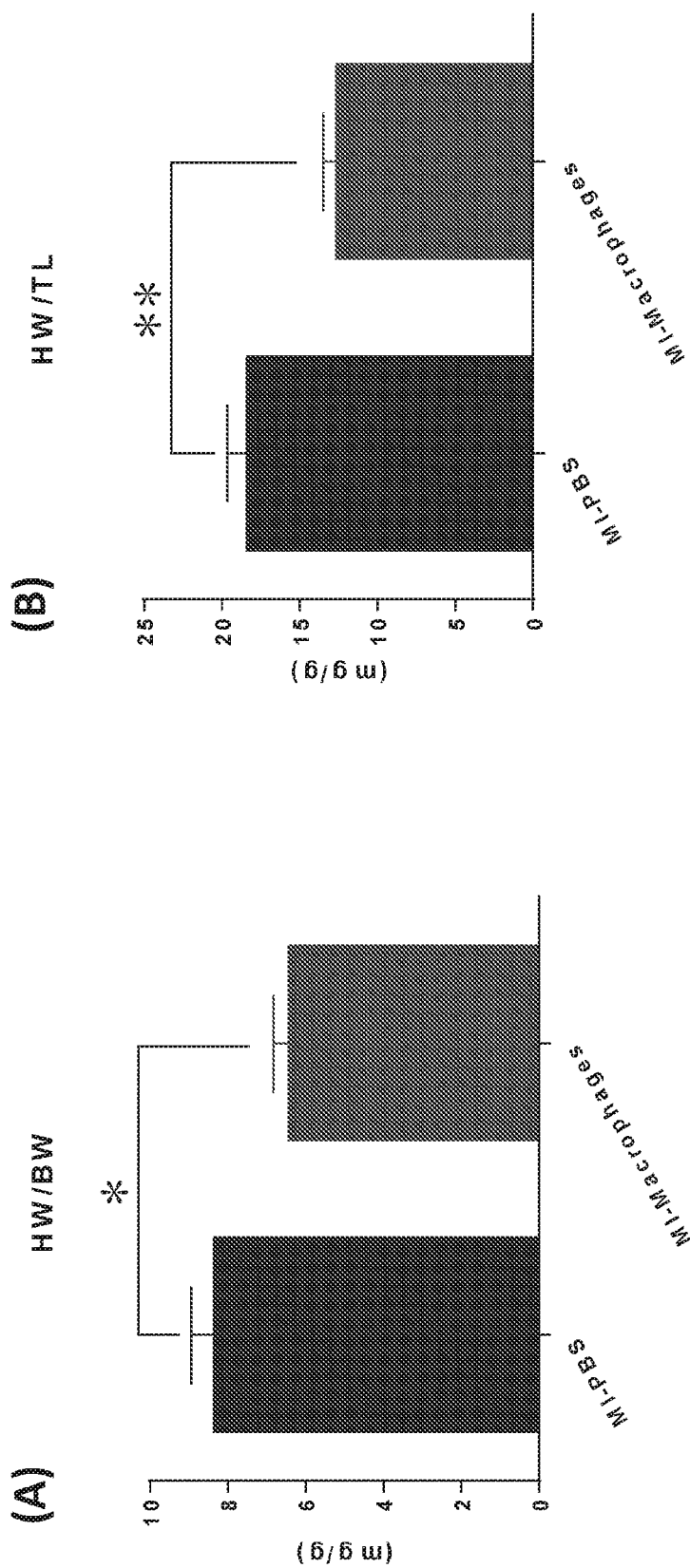
FIGs. 4A-B



FIGS. 5A-B



FIGs. 6A-B



FIGs. 7A-B

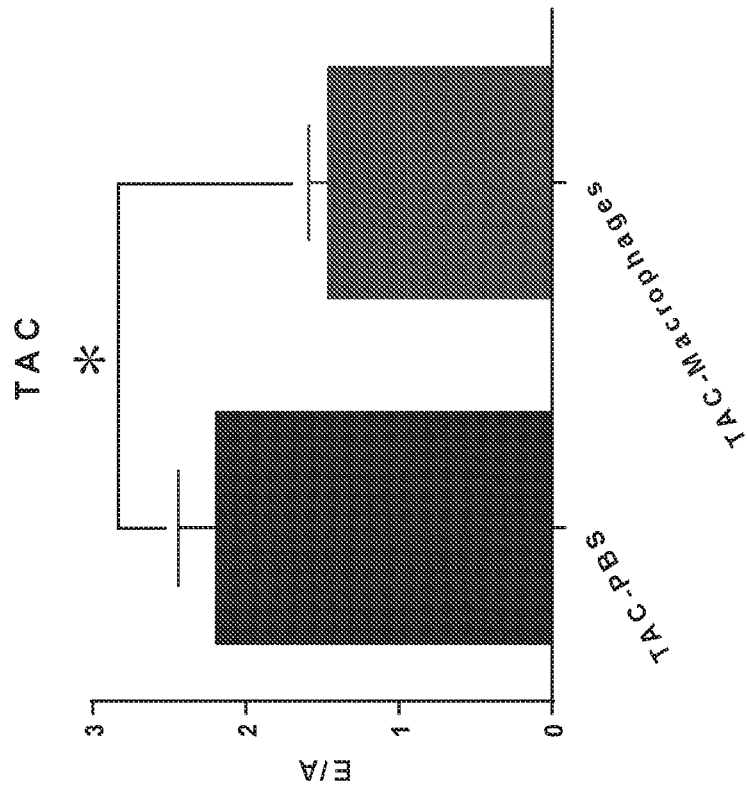
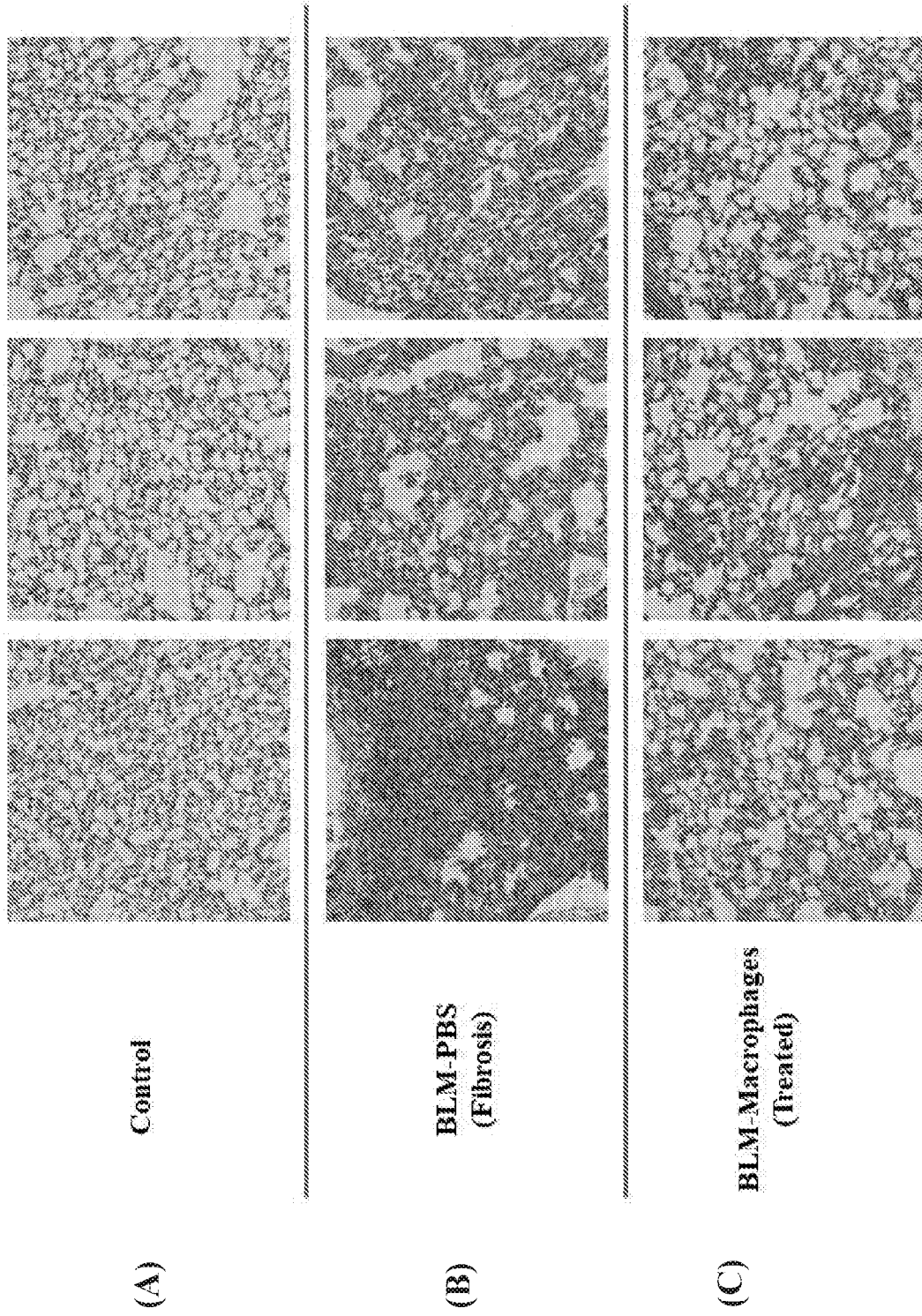


FIG. 8



FIGs. 9A-C

## TREATMENT OF FIBROSIS WITH GENETICALLY-ENGINEERED MACROPHAGES

### CROSS-REFERENCE TO RELATED APPLICATIONS

**[0001]** This application claims the benefit of priority of U.S. Provisional Patent Application No. 62/598,894 filed Dec. 14, 2017, which is hereby incorporated by reference in its entirety.

### STATEMENT REGARDING FEDERALLY SPONSORED RESEARCH

**[0002]** This invention was made with government support under grant numbers R01 OD023700 and R01 DK102960 each awarded by the National Institutes of Health. The government has certain rights in the invention.

### BACKGROUND OF THE INVENTION

#### Field of the Invention

**[0003]** This disclosure relates generally to the fields of molecular biology and medicine; in particular to genetically-engineered macrophages and their use in the treatment of fibrosis.

**[0004]** Description of Related Art

**[0005]** Fibrosis is the common scarring reaction associated with chronic injury that results from prolonged parenchymal cell injury and/or inflammation that may be induced by a wide variety of agents, e.g., drugs, toxins, radiation, any process disturbing tissue or cellular homeostasis, toxic injury, altered blood flow, infections (viral, bacterial, spirochetal, and parasitic), storage disorders, and disorders resulting in the accumulation of toxic metabolites. Fibrosis is most common in the liver, heart, lung, peritoneum, and kidney.

**[0006]** For instance, hepatic fibrosis (liver fibrosis) results from an altered wound healing response that is characterized by increased production of matrix proteins and decreased matrix remodeling. Normal structural elements of tissues are replaced with excessive amounts of non-functional scar tissue. Hepatic fibrosis is a common pathological consequence of chronic liver diseases. In a number of patients, fibrosis ultimately leads to cirrhosis, a condition defined by an abnormal liver architecture, with fibrotic septa surrounding regenerating nodules and altered vascularization. Due to decreased functional parenchymal reserve and altered hepatic blood flow, cirrhosis is associated with the life-threatening complications of liver failure including hepatic encephalopathy, coagulation disorders and bacterial infections, and complications of portal hypertension such as ascites, variceal rupture and hepatorenal syndrome. In addition, the cirrhotic liver is a precancerous state, and thus requires the systematic screening for hepatocellular carcinoma. Several clinical reports have documented that regression of liver fibrosis occurs in a substantial proportion of patients, provided that the factor responsible for liver insult is eradicated or controlled. Consistent with this observation, studies in rodents have also documented regression of fibrosis or early stage cirrhosis within weeks following eradication of the toxic insult. The potential for reversibility of fibrosis declines at advanced stages. It is imperative to treat fibrosis in the early stages of reversible liver scarring so that irreversible cirrhosis can be prevented.

**[0007]** There remains a need for additional and/or improved therapies to reverse fibrosis in individuals suffering from fibrotic conditions.

### SUMMARY OF THE INVENTION

**[0008]** Embodiments described herein provide macrophages engineered for treating fibrosis and ameliorating the effects of fibrotic lesions in various organs and tissues. Certain embodiments are directed to genetically-engineered macrophages capable of treating fibrosis or reducing fibrotic lesions. In certain aspects macrophages can be genetically-engineered to (1) target extracellular matrix (ECM) or components thereof, (2) enhance degradation of ECM, or (3) target ECM and enhance degradation of ECM. Macrophages can be engineered to target ECM by expressing one or more cell surface receptors (e.g., a collagen receptor) that bind one or more component of the ECM (e.g., collagen). In addition, macrophages can be engineered for enhance degradation of ECM by expression of a protease or other enzyme that cleaves or degrades one or more ECM component (e.g., matrix metalloprotease, MMP).

**[0009]** In a first aspect, a genetically-engineered macrophage can include or express a recombinant targeting protein and/or a recombinant catalytic enzyme. A recombinant targeting protein can include a protein that binds an ECM component, e.g., collagen. In one embodiment, the recombinant targeting protein is a collagen receptor or a subunit thereof. Collagen receptors are membrane proteins that bind the extracellular matrix protein collagen. In one embodiment, the collagen receptor or a subunit thereof comprises one or more of an integrin, a discoidin domain receptor, a mannose family receptor, and/or an immunoglobulin-like receptor. The integrin can be a  $\alpha 1\beta 1$ ,  $\alpha 2\beta 1$ ,  $\alpha 10\beta 1$ , and/or  $\alpha 11\beta 1$  integrin. In one aspect, the discoidin domain receptor (DDR) can be DDR1 and/or DDR2. In one aspect, the mannose family receptor can be M-phospholipase A2 receptor and/or Endo180. In one aspect, the immunoglobulin-like receptor can be glycoprotein VI.

**[0010]** In one aspect, the recombinant targeting protein is Integrin Alpha 1 (ITGA-1) (SEQ ID NO: 1 or SEQ ID NO: 3, mouse (e.g., GenBank accession number NP\_001028400.2) and human (e.g., GenBank accession number NP\_852478.1, respectively). In certain aspects a macrophage can express a nucleic acid that is or is at least 70, 75, 80, 85, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, or 100% identical to SEQ ID NO:1 or SEQ ID NO:3 (or any range derivable therein), or a segment thereof. In other aspects a macrophage can express a polypeptide that is or is at least 80, 85, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, or 100% identical to SEQ ID NO:2 or SEQ ID NO:4 (or any range derivable therein), or a functional variant or segment thereof.

**[0011]** SEQ ID NO:1 provides the full length coding sequence of mouse ITGA-1 that encodes the amino acid sequence of SEQ ID NO:2. SEQ ID NO:2 is a 1179 amino acid protein having a signal peptide from amino acid 1 to 28 (mature protein comprising amino acids 29 to 1179 of SEQ ID NO:2) and a transmembrane region from approximately amino acid 1142 to 1164 of SEQ ID NO:2. In certain aspects a segment of SEQ ID NO:2 can be expressed by an engineered macrophage, the segment comprising, comprising at least, or comprising at most 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529,

530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000, 1001, 1002, 1003, 1004, 1005, 1006, 1007, 1008, 1009, 1010, 1011, 1012, 1013, 1014, 1015, 1016, 1017, 1018, 1019, 1020, 1021, 1022, 1023, 1024, 1025, 1026, 1027, 1028, 1029, 1030, 1031, 1032, 1033, 1034, 1035, 1036, 1037, 1038, 1039, 1040, 1041, 1042, 1043, 1044, 1045, 1046, 1047, 1048, 1049, 1050, 1051, 1052, 1053, 1054, 1055, 1056, 1057, 1058, 1059, 1060, 1061, 1062, 1063, 1064, 1065, 1066, 1067, 1068, 1069, 1070, 1071, 1072, 1073, 1074, 1075, 1076, 1077, 1078, 1079, 1080, 1081, 1082, 1083, 1084, 1085, 1086, 1087, 1088, 1089, 1090, 1091, 1092, 1093, 1094, 1095, 1096, 1097, 1098, 1099, 1100, 1101, 1102, 1103, 1104, 1105, 1106, 1107, 1108, 1109, 1110, 1111, 1112, 1113, 1114, 1115, 1116, 1117, 1118, 1119, 1120, 1121, 1122, 1123, 1124, 1125, 1126, 1127, 1128, 1129, 1130, 1131, 1132, 1133, 1134, 1135, 1136, 1137, 1138, 1139, 1140, 1141, 1142, 1143, 1144, 1145, 1146, 1147, 1148, 1149, 1150, 1151, 1152, 1153, 1154, 1155, 1156, 1157, 1158, 1159, 1160, 1161, 1162, 1163, 1164, 1165, 1166, 1167, 1168, 1169, 1170, 1171, 1172, 1173, 1174, 1175, 1176, 1177, 1178, 1179 contiguous amino acids of SEQ ID NO:2 (or any range therein) starting at amino acid 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69,

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[0012] SEQ ID NO:3 provides the full length coding sequence of human ITGA-1 that encodes the amino acid sequence of SEQ ID NO:4. SEQ ID NO:4 is a 1179 amino acid protein having a signal peptide from amino acid 1 to 28 (mature protein comprising amino acids 29 to 1179 of SEQ ID NO:4) and a transmembrane region from approximately amino acid 1142 to 1164 of SEQ ID NO:4. In certain aspects a segment of SEQ ID NO:4 can be expressed by an engineered macrophage, the segment comprising, comprising at least, or comprising at most 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553,

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102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679 of SEQ ID NO:4 (or any range of positions therein), and ending at amino acid 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672,

673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000, 1001, 1002, 1003, 1004, 1005, 1006, 1007, 1008, 1009, 1010, 1011, 1012, 1013, 1014, 1015, 1016, 1017, 1018, 1019, 1020, 1021, 1022, 1023, 1024, 1025, 1026, 1027, 1028, 1029, 1030, 1031, 1032, 1033, 1034, 1035, 1036, 1037, 1038, 1039, 1040, 1041, 1042, 1043, 1044, 1045, 1046, 1047, 1048, 1049, 1050, 1051, 1052, 1053, 1054, 1055, 1056, 1057, 1058, 1059, 1060, 1061, 1062, 1063, 1064, 1065, 1066, 1067, 1068, 1069, 1070, 1071, 1072, 1073, 1074, 1075, 1076, 1077, 1078, 1079, 1080, 1081, 1082, 1083, 1084, 1085, 1086, 1087, 1088, 1089, 1090, 1091, 1092, 1093, 1094, 1095, 1096, 1097, 1098, 1099, 1100, 1101, 1102, 1103, 1104, 1105, 1106, 1107, 1108, 1109, 1110, 1111, 1112, 1113, 1114, 1115, 1116, 1117, 1118, 1119, 1120, 1121, 1122, 1123, 1124, 1125, 1126, 1127, 1128, 1129, 1130, 1131, 1132, 1133, 1134, 1135, 1136, 1137, 1138, 1139, 1140, 1141, 1142, 1143, 1144, 1145, 1146, 1147, 1148, 1149, 1150, 1151, 1152, 1153, 1154, 1155, 1156, 1157, 1158, 1159, 1160, 1161, 1162, 1163, 1164, 1165, 1166, 1167, 1168, 1169, 1170, 1171, 1172, 1173, 1174, 1175, 1176, 1177, 1178, or 1179 of SEQ ID NO:4 (or any range of positions therein).

**[0013]** In one embodiment, the recombinant catalytic enzyme is a protease. In certain aspects the protease is a matrix metalloproteinase (MMP). In one embodiment, the matrix metalloproteinase is MMP1 (e.g., NP\_002412), MMP1a (e.g., NP\_114395.1), MMP2 (e.g., NP\_001121363), MMP3 (e.g., NP\_002413), MMP1 (e.g., NP\_002414), MMP8 (e.g., NP\_001291370), MMP9 (e.g., NP\_004985), MMP10 (e.g., NP\_002416), MMP12 (e.g., NP\_002417), MMP13 (e.g., NP\_002418), MMP14 (e.g., NP\_004986), MMP17 (e.g., NP\_057239), MMP19 (e.g., NP\_001259030), MMP20 (e.g., NP\_004762), MMP21 (e.g., NP\_671724), MMP22 (NP\_008914.1), MMP24 (e.g., NP\_006681), MMP25 (e.g., NP\_071913), MMP26 (e.g., NP\_068573), MMP2? (e.g., NP\_071405), and/or MMP28 (e.g., NP\_001027449). In some aspects, one or more of these may be excluded as an embodiment.

**[0014]** In certain embodiments, the matrix metalloproteinase is MMP1a. In certain embodiments, the macrophage is an M2-specific macrophage. In one embodiment, the recombinant targeting protein is a human integrin  $\alpha 1$  encoded by SEQ ID NO: 3, the recombinant catalytic enzyme is a human MMP1 encoded by SEQ ID NO: 5, and wherein the macrophage is a human M2-specific macrophage. In certain aspects a macrophage can express a nucleic acid that is or is at least 70, 75, 80, 85, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, or 100% identical (or any range derivable therein) to SEQ ID NO:5 or SEQ ID NO:7, or a segment thereof. In other aspects a macrophage can express a polypeptide that is 80, 85, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, or 100% identical to SEQ ID NO:6 or SEQ ID NO:8, or a functional variant or segment thereof.

**[0015]** SEQ ID NO:5 provides the full length coding sequence of human MMP1 that encodes the amino acid sequence of SEQ ID NO:6. SEQ ID NO:6 is a 469 amino acid protein having a signal peptide from amino acid 1 to 17 (mature protein comprising amino acids 18 to 469 of SEQ ID NO:6) and a metalloprotease region from approximately amino acid 98 to 276 of SEQ ID NO:6. In certain aspects a segment of SEQ ID NO:6 can be expressed by an engineered macrophage, the segment comprising or comprising at least 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468 amino acids of SEQ ID NO:6 (or any range derivable therein) starting at amino acid 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101,

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**[0016]** SEQ ID NO:7 provides the full length coding sequence of mouse MMP1a that encodes the amino acid sequence of SEQ ID NO:8. SEQ ID NO:8 is a 464 amino acid protein having a signal peptide from amino acid 1 to 17

(mature protein comprising amino acids 18 to 464 of SEQ ID NO:8) and a metalloprotease region from approximately amino acid 95 to 274 of SEQ ID NO:8. In certain aspects a segment of SEQ ID NO:8 can be expressed by an engineered macrophage, the segment comprising or comprising at least 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468 amino acids of SEQ ID NO:8 (or any range derivable therein) starting at amino acid 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329,

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**[0017]** In a second aspect, a population of cells is contemplated that includes the genetically-engineered macrophage according to the first aspect and embodiments thereof.

**[0018]** In a third aspect, a cellular therapy product includes a genetically-engineered macrophage comprising at least one of a recombinant targeting protein and a recombinant catalytic enzyme. In one embodiment of the third aspect, the cellular therapy product further includes one or more cell media components and/or therapeutic compounds. In another embodiment of the third aspect, the cellular therapy product further includes an effective amount of one or more of  $\alpha$ -tocopherol, interferon- $\gamma$ , quercetin, an ACE inhibitor, and PPAR- $\delta$ . In another embodiment of the third aspect, the cellular therapy product further includes a pharmaceutical reagents and/or excipients suitable for therapeutic application.

**[0019]** The term “effective amount” means an amount effective, at dosages and for periods of time necessary, to achieve the desired therapeutic or prophylactic result. In regard to liver, cardiac, or lung fibrosis, an effective amount is a dose sufficient to prevent advancement, delay progression, or to cause regression of liver, cardiac, or lung fibrosis, or which is capable of reducing symptoms caused by the disease. In one example, an effective amount is an amount

of a therapy sufficient to reduce inflammation in the liver, reduce liver enzyme levels (such as AST, ALT, and/or AP) and/or reduce scarring of the liver by at least 10%, at least 20%, at least 50%, at least 70%, or at least 90%. In one example, an effective amount is an amount of a therapy sufficient to increase liver, cardiac, or lung function in a fibrotic liver, heart, or lung, for example an increase of at least 10%, at least 20%, at least 50%, at least 70%, or at least 90% as compared to an absence of therapy. In certain aspects and effective amount of macrophages can include or include at least or at most 10, 100, 1000,  $1 \times 10^4$ ,  $1 \times 10^5$ ,  $1 \times 10^6$ ,  $1 \times 10^7$ ,  $1 \times 10^8$ ,  $1 \times 10^9$ ,  $1 \times 10^{10}$  macrophages, including all values and ranges there between.

**[0020]** In a fourth aspect, a method of treating an individual for fibrosis includes administering the cellular therapy product according to the third aspect and embodiments thereof. In one embodiment, the cellular therapy product is administered by injection to the individual (e.g., systemic or local injection). In certain aspects the injection is by intravenous injection. In other aspects the injection into or around (within 1 to 10 cm) of a fibrotic lesion or potential fibrotic area. When administering the cellular therapy product by injection, the administration may be by continuous infusion or by single or multiple boluses. In one embodiment, the cellular therapy product comprises of genetically-engineered macrophages derived from the individual being treated (i.e., autologous cells).

**[0021]** In a fifth aspect, a method of reversing or treating fibrosis in an individual in need thereof includes administering to the individual a genetically-engineered M2 macrophage capable of expressing recombinant ITGA-1 and MMP1 or MMP1a, targeting the macrophage to the fibrotic area of the individual, and reversing fibrosis within the targeted area.

**[0022]** In a sixth aspect, genetically engineered macrophages are made by transfecting M2-specific macrophages with one or more expression vector, e.g., lentiviral constructs, and selected for incorporation of the expression vector(s) and expression of the recombinant genes. Recombinant M2-specific recombinant macrophages expressing integrin A1, MMP1 or MMP1a, or both integrin A1 and MMP1 or MMP1a can be selected. The selected cell can be introduced into an individual as a novel therapeutic approach for liver, cardiac, lung fibrosis and other fibrotic diseases.

**[0023]** All publications, patents, and patent applications cited herein are hereby-expressly incorporated by reference in their entirety for all purposes.

**[0024]** As used herein, the singular forms “a,” “an,” and “the” include plural referents unless the context clearly dictates otherwise. For example, reference to “a metabolite” means one or more metabolites.

**[0025]** It is noted that terms like “preferably,” “commonly,” and “typically” are not utilized herein to limit the scope of the claimed invention or to imply that certain features are critical, essential, or even important to the structure or function of the claimed invention. Rather, these terms are merely intended to highlight alternative or additional features that can or cannot be utilized in a particular embodiment of the present invention.

**[0026]** For the purposes of describing and defining the present invention it is noted that the term “substantially” as used herein represents the inherent degree of uncertainty that can be attributed to any quantitative comparison, value,

measurement, or other representation. The term “substantially” is also used herein to represent the degree by which a quantitative representation can vary from a stated reference without resulting in a change in the basic function of the subject matter at issue.

**[0027]** Methods well known to those skilled in the art can be used to construct genetic expression constructs, targeting vectors, and genetically-engineered cells according to this invention. These methods include in vitro recombinant DNA techniques, synthetic techniques, in vivo recombination techniques, polymerase chain reaction (PCR) techniques, and others. See, for example, techniques as described in Green & Sambrook, 2012, MOLECULAR CLONING: A LABORATORY MANUAL, Fourth Edition, Cold Spring Harbor Laboratory, New York; Ausubel et al., 1989, CURRENT PROTOCOLS IN MOLECULAR BIOLOGY, Greene Publishing Associates and Wiley Interscience, New York, and PCR Protocols: A Guide to Methods and Applications (Innis et al., 1990, Academic Press, San Diego, Calif.).

**[0028]** As used herein, the terms “polynucleotide,” “nucleotide,” “oligonucleotide,” and “nucleic acid” can be used interchangeably to refer to nucleic acid comprising DNA, RNA, derivatives thereof, or combinations thereof.

**[0029]** As used herein, the term “genetically-engineered” refers to the genetic manipulation of one or more cells, whereby the genome of the one or more cells has been augmented by at least one DNA sequence. Candidate DNA sequences include but are not limited to genes that are not naturally present, DNA sequences that are not normally transcribed into RNA or translated into a protein (“expressed”), and other genes or DNA sequences which one desires to introduce into the one or more cells. It will be appreciated that typically the genome of genetically-engineered cells described herein is augmented through transient or stable introduction of one or more recombinant genes.

**[0030]** Generally, introduced DNA is not originally resident in the cell that is the recipient of the DNA, but it is within the scope of this disclosure to isolate a DNA segment from a given genetically-engineered cell, and to subsequently introduce one or more additional copies of that DNA into the same genetically-engineered cell, e.g., to enhance production of the product of a gene or alter the expression pattern of a gene. In some instances, the introduced DNA will modify or even replace an endogenous gene or DNA sequence by, e.g., homologous recombination, site-directed mutagenesis, and/or genome editing technology, including CRISPR (clustered regularly-interspaced short palindromic repeats), and/or mammalian transposon technology, such as by using the piggyBac™ transposon. In some instances, the introduced DNA is introduced into the recipient via viral vectors, including vectors derived from retrovirus, lentivirus, and adeno-associated virus. In some instances, the introduced DNA is introduced into the recipient cell directly with electroporation.

**[0031]** As used herein, the term “recombinant gene” refers to a gene or DNA sequence that is introduced into a genetically-engineered cell, regardless of whether the same or a similar gene or DNA sequence may already be present in such a host. “Introduced,” or “augmented” in this context, is known in the art to mean introduced or augmented by the hand of man. Thus, a recombinant gene can be a DNA sequence from another species, or can be a DNA sequence that originated from or is present in the same species, but has

been incorporated into a cell by methods to form a genetically-engineered cell. It will be appreciated that a recombinant gene that is introduced into a cell can be identical to a DNA sequence that is normally present in the cell being transformed, and is introduced to provide one or more additional copies of the DNA to thereby permit overexpression or modified expression of the gene product of that DNA. Recombinant genes can also be introduced with different driving promoters or associated sequences that can alter the gene's expression level or pattern. Such recombinant genes are particularly-encoded by cDNA. Non-coding sequences, such as short hairpin RNAs, microRNAs, or long non-coding RNAs, may also be included.

**[0032]** It is further contemplated that recombinant genes can be codon optimized to maximize protein expression in genetically-engineered cells by increasing the translation efficiency of a particular gene. Codon optimization can be achieved, for example, by transforming nucleotide sequences of one species into the genetic sequence of a different species. Optimal codons help to achieve faster translation rates and high accuracy. As a result of these factors, translational selection is expected to be stronger in highly-expressed genes. However, while optimal codon usage is contemplated herein for expression of disclosed proteins, all possible codons are contemplated for use herein for nucleic acids encoding any disclosed protein.

**[0033]** As used herein, the term "cellular therapy product" refers to a population of cells including one or more cells that has been genetically engineered to at least one of target a desired location within an individual and have a physiologically relevant effect at the desired location. For example, a cellular therapy product can be a population of cells including a genetically-engineered macrophage that can degrade collagen. The population of cells can be homogeneous (i.e., including only genetically-engineered macrophages) or heterogeneous (including genetically-engineered macrophages, non-genetically engineered macrophages, and other cell types whether genetically-engineered or not). A cellular therapy product can further include one or more cell media components (e.g., buffers, antibiotics, salts, vitamins, growth factors, amino acids, etc.) and/or therapeutic compounds to maintain the population of cells and/or treat a disease. For example, a cellular therapy product can include a genetically-engineered macrophage and an antibiotic. Cellular therapy products can further include additional therapeutic agents, such as one or more of  $\alpha$ -tocopherol, interferon- $\gamma$ , quercetin, an ACE inhibitor, and PPAR- $\delta$ . Additional therapeutic agents and pharmaceutical reagents and/or excipients suitable for therapeutic application can also be included in contemplated cellular therapy products. Additional reagents are contemplated for inclusion in cellular therapy products.

**[0034]** The terms "treating" or "treatment" refer to any success or indicia of success in the attenuation or amelioration of an injury, pathology or condition, including any objective or subjective parameter such as abatement, remission, diminishing of symptoms or making the injury, pathology, or condition more tolerable to the patient, slowing in the rate of degeneration or decline, making the final point of degeneration less debilitating, improving a subject's physical or mental well-being, or prolonging the length of survival. The treatment or amelioration of symptoms can be based on objective or subjective parameters; including the

results of a physical examination, neurological examination, and/or psychiatric evaluations.

**[0035]** As used herein, the terms "or" and "and/or" are utilized to describe multiple components in combination or exclusive of one another. For example, "x, y, and/or z" can refer to "x" alone, "y" alone, "z" alone, "x, y, and z," "(x and y) or z," "x or (y and z)," or "x or y or z." It is specifically contemplated that x, y, or z may be specifically excluded from an embodiment.

**[0036]** Throughout this application, the term "about" is used according to its plain and ordinary meaning in the area of cell biology to indicate that a value includes the standard deviation of error for the device or method being employed to determine the value.

**[0037]** The term "comprising," which is synonymous with "including," "containing," or "characterized by," is inclusive or open-ended and does not exclude additional, unrecited elements or method steps. The phrase "consisting of" excludes any element, step, or ingredient not specified. The phrase "consisting essentially of" limits the scope of described subject matter to the specified materials or steps and those that do not materially affect its basic and novel characteristics. It is contemplated that embodiments described in the context of the term "comprising" may also be implemented in to context of the term "consisting of" or "consisting essentially of."

**[0038]** It is specifically contemplated that any limitation discussed with respect to one embodiment of the invention may apply to any other embodiment of the invention. Furthermore, any composition of the invention may be used in any method of the invention, and any method of the invention may be used to produce or to utilize any composition of the invention. Aspects of an embodiment set forth in the Examples are also embodiments that may be implemented in the context of embodiments discussed elsewhere in a different Example or elsewhere in the application, such as in the Summary of Invention, Detailed Description of the Embodiments, Claims, and description of Figure Legends.

**[0039]** These and other features and advantages of the present invention will be more fully understood from the following detailed description taken together with the accompanying claims. It is noted that the scope of the claims is defined by the recitations therein and not by the specific discussion of features and advantages set forth in the present description.

#### DESCRIPTION OF DRAWINGS

**[0040]** FIGS. 1A and 1B illustrate the effectiveness of anti-inflammatory M2-specific macrophage treatment against CCl<sub>4</sub>-mediated liver fibrosis in mice. FIG. 1A shows an ultrasound scan of a mouse liver after 10 weeks of CCl<sub>4</sub> treatment only. FIG. 1B shows an ultrasound scan of a mouse liver after 10 weeks of CCl<sub>4</sub> treatment followed by treatment with anti-inflammatory M2-specific macrophages, which can promote tissue repair and regeneration. Asterisks in each figure designate liver lobes, and signal intensity (brightness) indicates liver texture hardness, which correlates with fibrosis. The notable lesser intensity (brightness) in FIG. 1B compared to FIG. 1A indicates the effectiveness of the inventive anti-inflammatory M2-specific macrophage cell treatment in removing liver fibrosis.

**[0041]** FIGS. 2A and 2B show histochemical analyses of CCl<sub>4</sub>-treated mouse livers. Treated mice were sacrificed and their livers removed, sectioned, and stained with hematoxy-

lin and eosin. FIG. 2A shows a section of mouse liver after 10 weeks of CCl<sub>4</sub> treatment only. Inflammation, fibrotic lesions, and necrotic lesions are evident. FIG. 2B shows a section of mouse liver after 10 weeks of CCl<sub>4</sub> treatment followed by treatment with anti-inflammatory M2-specific macrophages. Marked reductions in inflammation and fibrotic lesions are evident in FIG. 2B compared to FIG. 2A (arrows). For each figure, the scale bar indicates 500 μm. Pathological evaluations are shown in Table No. 1.

**[0042]** FIGS. 3A and 3B show histochemical analyses of CCl<sub>4</sub>-treated mouse livers. Treated mice were sacrificed and their livers removed, sectioned, and stained with trichrome staining for collagenous fibers. Arrows indicate areas of fibrotic lesions. FIG. 3A shows a section of mouse liver after 10 weeks of CCl<sub>4</sub> treatment only. Several areas of fibrosis are evident. FIG. 3B shows a section of mouse liver after 10 weeks of CCl<sub>4</sub> treatment followed by treatment with anti-inflammatory M2-specific macrophages. Marked reductions in fibrotic lesions are noted in FIG. 3B compared to FIG. 3A (arrows). For each figure, the scale bar indicates 500 μm.

**[0043]** FIGS. 4A and 4B show lentiviral constructs for the expression of integrin A1 (FIG. 4A) or MMP1 (FIG. 4B). Each vector encodes integrin or MMP1 driven by a CMV promoter and a selection marker (fluorescence protein tdTomato and puromycin resistant gene, Puro) driven by a constitutive promoter UbiC (Ubiquitin C promoter). TdTomato and Puro are separated by a self-cleavable peptide T2A.

**[0044]** FIGS. 5A and 5B show engraftment of engineered macrophages partially prevented MI-induced systolic dysfunction in left ventricle. There were marked deteriorations in Ejection Fraction (EF)(FIG. 5A) and Fraction Shortening (FS)(FIG. 5B) in MI mice receiving PBS injections, indicating an impaired systolic function/heart failure induced by LAD surgery. Ejection Fraction (EF) and Fraction Shortening (FS) in mice received engineered macrophage were higher than those received PBS, showing cardioprotective effect of engineered macrophage in post-MI heart.

**[0045]** FIGS. 6A and 6B show that cellular therapy using engineered macrophages prevented MI-induced LV dilation. Enlargement of LV chamber size was observed following surgical ligation of the LAD in PBS group. Engraftment of engineered macrophages prevented LV from MI-induced dilation. FIG. 6A LVID;d and FIG. 6B LVID;s.

**[0046]** FIGS. 7A and 7B show cellular therapy using engineered macrophages prevented ischemic myocardium remodeling. Myocardial infarction induced myocardium remodeling in PBS group, evidenced by an increase in heart weight. Lower heart weight in the engineered macrophages group indicates the cellular therapy regressed the remodeling progress. FIG. 7A HW/BW and FIG. 7B HW/T.

**[0047]** FIG. 8 shows cellular therapy using engineered macrophages prevented TAC-induced LV diastolic dysfunction. Increasing of E/A was observed following surgical constraining of the aorta in PBS group. Engraftment of engineered macrophages prevented LV from TAC-induced diastolic dysfunction.

**[0048]** FIGS. 9A, 9B, and 9C show the effect of Macrophage engraftment on BLM-induced lung injury in mice. H&E staining on tissue sections prepared from the lungs of C57BL6 mice 14 days after PBS/BLM exposure. (FIG. 9A): Control mice exposed to PBS and injected with PBS. (FIG. 9B): Mice in fibrosis group exposed to BLM then injected with PBS. (FIG. 9C). Macrophages treatment via tail vein

injection reduced the fibrosis and the degree of inflammation in lungs of mice challenged with BLM.

#### DETAILED DESCRIPTION

**[0049]** Embodiments described herein are directed to genetically-engineered macrophages capable of removing fibrotic scarring, for example, in liver, cardiac, or lung fibrosis. This disclosure is further directed to a cellular therapy product, such as an enriched population of genetically-engineered macrophages. Still further, this disclosure is directed to novel therapeutic approaches to enhance decomposition of fibrotic tissue and induce regeneration of functional hepatocytes by delivery of genetically-engineered macrophages to damaged liver. Additional characteristics and advantages of certain embodiments are described below.

#### Cell Selection and Growth

**[0050]** Suitable cells that can be used in the present disclosure include, but are not limited to, macrophages. In one specific embodiment, contemplated cells for use herein include M2 macrophages that can turn off inflammatory responses and promote tissue wound repair, termed “anti-inflammatory M2-specific macrophages.”

**[0051]** In some embodiments, cells can be taken from an individual (autologous source) to be treated, genetically-modified, and introduced (e.g., by injection) back into the individual to remove fibrotic scars in the individual's liver, heart, lung, or other tissue or organ. In one embodiment, such a cellular therapy product can be derived from an apheresis product taken from the individual. In another embodiment, a cellular therapy product intended for an individual can be derived from an apheresis product taken from another individual (heterologous source) or from another cell source. In one embodiment, a suitable autologous macrophage population can be produced as described in Fraser et al. (Development, functional characterization and validation of methodology for GMP-compliant manufacture of phagocytic macrophages: A novel cellular therapeutic for liver cirrhosis. *Cytotherapy* 2017 September; 19(9):1113-1124).

**[0052]** The methods for the treatment of fibrosis in a human or other mammalian subject by administering engineered M2 macrophages to the subject at the site of fibrosis. The source of macrophages can be peripheral blood or tissue at or near the site of inflammation. The source of macrophages may be an isolated source, which comprises an ex-vivo composition comprising macrophages. Such a composition may be a culture of macrophages, a macrophage-containing tissue obtained from a subject (which may be the subject to be treated), or a culture, such as a culture comprising monocytes.

**[0053]** The source of macrophages may be a concentrated macrophage solution generated by fractionating peripheral blood obtained from the patient. Fractionating peripheral blood comprises preparing a suspension of peripheral blood mononuclear cells (PBMCs) and inducing the PBMCs to differentiate into macrophages. Preparing a suspension of PBMCs from peripheral blood can be performed by any method commonly known in the art. As a non-limiting example, PBMCs can be prepared by Ficoll gradient centrifugation. Ficoll gradient centrifugation includes transferring a volume of Ficoll in a tube, such as a test tube. Whole blood is then gently overlaid onto the Ficoll and the tube

is centrifuged for from about 15 minutes to about 60 minutes at from about 175 g to about 225 g at room temperature. In a preferred embodiment, the tube is centrifuged for 45 minutes at 200 g. After centrifugation, there remains a pellet of red blood cells, a Ficoll layer, a white layer comprising PBMCs, and a plasma layer. The white layer comprising PBMCs can then be removed from the tube. Because the PBMCs include monocytes and lymphocytes, the PBMCs can be processed to isolate the monocytes. For example, an Anti-CX3CR1 MicroBeads Kit (Miltenyi Biotec Inc., Auburn, Calif.) can be used to specifically bind monocytes to magnetic beads, which can then be separated from the lymphocytes. Alternatively, the PBMCs can be separated from lymphocytes by flow cytometry techniques, such as fluorescence-activated cell sorting (FACS). After isolation, PBMCs can be cultured in Macrophage Base Medium DXF (PrmoCell), which does not induce differentiation. Differentiation of PBMCs or isolated monocytes into macrophages can be induced by culturing the PBMCs or isolated monocytes, for example, in the presence of differentiation medium containing macrophage colony-stimulating factor (M-CSF) or granulocyte-macrophage colony-stimulating factor (GM-CSF). In various embodiments, a differentiation medium is Macrophage Base Medium DXF (Promocell, Heidelberg, Germany). Once differentiated into macrophages, the macrophages can be suspended in a medium to generate the concentrated macrophage solution. The M2 macrophages can then be manipulated, e.g., transfected and engineered, to produce the targeted macrophages described herein.

**[0054]** Culturing Process. The culture medium to be used may be a basic culture medium containing components (inorganic salts, carbohydrates, hormones, essential amino acids, non-essential amino acids, and vitamins) and the like required for the cell's viable growth. Examples of the culture medium include Dulbecco's Modified Eagle's Medium (DMEM), Minimum Essential Medium (MEM), Basal Medium Eagle (BME), Dulbecco's Modified Eagle's Medium: Nutrient Mixture F-12 (DMEM/F-12), Glasgow Minimum Essential Medium (Glasgow MEM), Gibco® RPMI 1640 culture medium (manufactured by Life Technologies), HL-1 known composition, serum-free culture medium (manufactured by Lonza Inc.), and the like. In the culturing process, the culture medium may be suitably replaced with a new one according to the growth rate of the cells.

**[0055]** In addition, a compound inducing the differentiation or trait of the macrophage may be added to the culture medium to be used. By adding the compound, the rate of differentiation or trait change can be further accelerated, and differentiation or trait can be controlled in a certain direction. Examples of compounds that trait-induce the macrophage into the M1 macrophage include Th1 cytokines such as interferon (IFN)- $\gamma$ , tumor necrosis factor (TNF)- $\alpha$ , lipopolysaccharide (LPS) and the like, and two or more of these compounds may be used in combination. In addition, examples of compounds that trait-induce the macrophage into the M2 macrophage include Th2 cytokines such as interleukin (IL)-4 and IL-13, and two or more of these compounds may be used in combination. In addition, the compounds trait-inducing into the M1 macrophage and the compounds trait-inducing into the M2 macrophage may be used in combination.

**[0056]** The concentration of the compounds that induce the macrophage differentiation is not particularly limited, and may be 1 nM or more and 1  $\mu$ M or less, and may be 5 nM or more and 100 nM or less. Within the above range, it is possible to more efficiently induce the trait from the macrophage into the M1 or M2 macrophage.

**[0057]** Culture conditions are not particularly limited as long as it is a method suitable for culturing the macrophage, for example, the density of seeding the macrophage in the culture medium is preferably  $1 \times 10^0$  to  $1 \times 10^7$  cells/mL, and more preferably  $1 \times 10^2$  to  $1 \times 10^6$  cells/mL. The culture temperature is preferably 25° C. or more and 40° C. or less, more preferably 30° C. or more and 39° C. or less, and further preferably 35° C. or more and 39° C. or less. The culturing time can be appropriately set depending on the growth state of the macrophage, and it is preferably 1 hour or more and 100 hours or less. The culture environment is preferably cultured under CO<sub>2</sub> conditions through approximately 5% carbon dioxide.

#### Genetic Constructs

**[0058]** In some embodiments, genetically-engineered macrophages of the present invention can include one or more recombinant genes. Genetic constructs contemplated for use herein can be transiently expressed or permanently expressed in a recombinant host cell. In one particular embodiment, a genetically-engineered macrophage can include one or more genes that can be used to target the cell (e.g., a macrophage) to a desired location, such as the liver, heart, lung or specifically to a fibrotic scar. For example, a genetically-engineered macrophage can include one or more recombinant collagen receptors or subunits thereof. Examples of contemplated collagen receptors useful herein include, but are not limited to, integrins. In one embodiment, genetically-engineered macrophages include one or more of subunits of  $\alpha 1\beta 1$ ,  $\alpha 2\beta 1$ ,  $\alpha 10\beta 1$ , and/or  $\alpha 11\beta 1$  integrins. Specific examples include integrin A1 or  $\alpha 1$  (ITGA-1), such as shown in SEQ ID NO:1, SEQ ID NO:2, SEQ ID NO:3, and/or SEQ ID NO:4. Other contemplated collagen receptors include discoidin domain receptors, such as DDR1 (e.g., NP\_001189450) and/or DDR2 (e.g., NP\_001014796), mannanose family receptors, such as M-phospholipase A2 receptor (e.g., NP\_001007268 and Endo180 receptor (e.g., P22897), and immunoglobulin-like receptors, such as glycoprotein VI (e.g. NP\_001077368). In one particular embodiment, a genetically-engineered macrophage includes and expresses ITGA-1 (integrin  $\alpha$  subunit 1). While not wishing to be bound by theory, it is believed that expression of one or more targeting proteins, such as a collagen receptor or subunit thereof, will not only augment targeting of genetically-engineered macrophages to the liver, heart, lung or other tissue, but will also cause the macrophages to be retained at the site of damage (a collagen-rich environment) for a longer period of time and thereby increase their efficacy, specificity, and safety for treating fibrosis.

**[0059]** In another embodiment, a genetically-engineered macrophage of the present invention can include one or more genes that enhance fibrosis (e.g., liver, cardiac, or lung) degradation. For example, a genetically-engineered macrophage of the present invention can include one or more collagenases. In one particular example contemplated herein, genetically-engineered macrophages described herein include and express one or more matrix metalloproteinases (MMPs). Examples of contemplated MMPs

include, but are not limited to, MMP1, MMP1a, MMP2, MMP3, MMP7, MMP8, MMP9, MMP10, MMP12, MMP13, MMP14, MMP17, MMP19, MMP20, MMP21, MMP22, MMP24, MMP25, MMP26, MMP27, and MMP28 (Caley et al. *Adv. Wound Care (New Rochelle)* 2015, 4:225-34). In some embodiments, one or more MMPs may be excluded.

**[0060]** It is further contemplated that genetically-engineered macrophages of the present invention can include other organ or tissue-specific targeting proteins, peptides, and/or molecules and/or other catalytic enzymes or substances to remove fibrotic scars from an afflicted individual.

#### Treatment Methodologies

**[0061]** In some embodiments of the present invention, methods of treating an individual for fibrosis are contemplated. Examples of conditions that can be treated include liver fibrosis, cardiac fibrosis, pulmonary fibrosis, arthrofibrosis, myelofibrosis, mediastinal fibrosis, retroperitoneal fibrosis, nephrogenic systemic fibrosis, as well as keloids, Crohn's disease, fibrocystic breasts, and Peyronie's disease, among others. In one specific embodiment, a method of treating an individual for liver, cardiac, or lung fibrosis includes acquiring a population of macrophages, genetically-engineering the population of macrophages to express a fibrosis targeting protein, and administering the population of genetically-engineered macrophages to the individual.

**[0062]** Genetically-engineered macrophages of the present invention can be prepared and used immediately to treat an individual in need thereof. Alternatively, a population of genetically-engineered macrophages can be prepared and frozen for later use.

**[0063]** Administration of genetically-engineered macrophages can be through any means generally accepted for the administration of cells to an individual (e.g., intravenously). In some embodiments, genetically-engineered macrophages can be introduced into an individual in need thereof by portal vein injection, intracardiac injection, or intravenous (IV) injection.

**[0064]** Liver fibrosis. Liver fibrosis or fibrotic scarring of the liver often occurs in patients with chronic liver disease. Diseases such as hepatitis infection (via hepatitis B virus or hepatitis C virus), Wilson's disease, blocked bile duct, non-alcoholic fatty liver and alcohol abuse (such as alcohol use disorder or "AUD") commonly lead to the development of liver fibrosis, though exposure to toxins and trauma have also been associated with the condition. Liver fibrosis is the result of excessive accumulation of extracellular matrix (ECM) proteins, especially  $\alpha 1$  collagen, produced by cells such as hepatic stellate cells (HSCs) responding to liver injury (i.e., chronic activation of the wound-healing reaction).

**[0065]** Typically, at least several months to years of ongoing liver injury are required to cause fibrosis. Advanced liver fibrosis can lead to cirrhosis, hepatic insufficiency, portal hypertension, and liver failure. There are few treatment options for patients with end-stage chronic liver disease with liver transplantation being the last resort for those whose liver has been damaged beyond its capacity to regenerate. However, liver transplantation is an extremely invasive and risky medical intervention. As well, patients with end-stage liver disease are often not eligible for transplantation. Moreover, liver transplantation is extremely-expensive, and can

cost in excess of \$600,000 in the United States. Therefore, new treatment options are needed for individuals with liver fibrosis.

**[0066]** One potential treatment option is to reverse liver fibrosis. Approaches to reversing liver fibrosis have been under investigation for nearly 50 years. Even so, the best line of attack for reversing liver fibrosis remains to be attempting to remove the primary disease causing the fibrosis and allowing the liver to regenerate. Even so, liver regeneration cannot always fully reverse liver fibrosis, and the ability of the liver to regenerate is progressively lost in individuals with advancing liver disease. Therefore, ongoing therapeutic investigations are developing an antifibrotic armamentarium of chemical compounds aimed at various molecular and cellular targets to prevent or slow fibrosis. Examples of antifibrotic chemical candidates include  $\alpha$ -tocopherol (inhibits HSC activation), interferon- $\gamma$  (inhibits ECM synthesis in HSCs), quercetin (antioxidant), ACE inhibitors (inhibit HSC proliferation), and PPAR- $\delta$  (see Houlum et al. *Gastroenterology* 1997, 113:1069-73; Rockey-et al. *J Investig Med.* 1994, 42:660-70; Pavanato et al. *Dig Dis Sci.* 2003, 48:824-9; Warner et al. *Clin Sci (Lond)* 2007, 113:109-18; Marra et al. *Gastroenterology* 2000, 119:466-78). However, many of these nascent therapeutic candidates apparently function by preventing development of liver fibrosis (inhibiting chronic wound healing) rather than by removing existing fibrotic scarring. There are alternative approaches for reversing liver fibrosis.

**[0067]** One alternative approach for treating liver disease is being explored that utilizes bone marrow cell therapy for improving liver fibrosis. Using animal models of experimental liver damage has shown that macrophages can play a key role in the control and repair of fibrotic liver disease (Ramachandran et al. *Proc Natl Acad Sci USA* 2012, 109: E3186-95). Indeed, some studies of bone marrow cell therapy for liver cirrhosis have shown improvements in several clinical parameters in experimental chronic liver injury. (Thomas et al. *Hepatology* 2011, June; 53(6):2003-15). However, existing cell-based approaches have limited efficacy.

**[0068]** Cardiac fibrosis. Cardiac fibrosis, a hallmark of heart disease, is thought to contribute to sudden cardiac death, ventricular tachyarrhythmia, left ventricular (LV) dysfunction, and heart failure. Cardiac fibrosis is characterized by a disproportionate accumulation of fibrillated collagen that occurs after myocyte death, inflammation, enhanced workload, hypertrophy, and stimulation by a number of hormones, cytokines, and growth factors.

**[0069]** Cardiac fibrosis may also refer to an abnormal thickening of the heart valves due to inappropriate proliferation of cardiac fibroblasts but more commonly refers to the proliferation of fibroblasts in the cardiac muscle. Fibrocyte cells normally secrete collagen, and function to provide structural support for the heart. When over-activated this process causes thickening and fibrosis of the valve, with white tissue building up primarily on the tricuspid valve, but also occurring on the pulmonary valve. The thickening and loss of flexibility eventually may lead to valvular dysfunction and right-sided heart failure.

**[0070]** The most obvious treatment for cardiac valve fibrosis or fibrosis in other locations, consists of stopping the stimulatory drug or production of serotonin. Surgical tricuspid valve replacement for severe stenosis (blockage of blood flow) has been necessary in some patients. Also, a com-

pound found in red wine, resveratrol, has been found to slow the development of cardiac fibrosis. (Olson et al. (2005) *American journal of physiology. Heart and circulatory physiology* 288(3):H1131-8; Aubin, et al. (2008) *The Journal of Pharmacology and Experimental Therapeutics* 325 (3):961-8). More sophisticated approaches of countering cardiac fibrosis like microRNA inhibition (miR-21, for example) are being tested in animal models.

**[0071]** Heart disease is the major cause of mortality in developed countries, accounting for an annual death of about 800,000 in United States alone. Numerous forms of cardiovascular disease exist that have differential pathological observations. Most cardiac diseases are associated with cardiac fibrosis that refers to an abnormal scarring process of heart valves caused by inappropriate proliferation of myofibroblast and excessive deposition of extracellular matrix (ECM) proteins in cardiac muscle. Myofibroblasts are principally responsible for deposition of the excessive fibrotic ECM. (Travers et al. *Circ Res*, 2016, 118(6):1021-40).

**[0072]** Activation of cardiac fibrosis has been extensively studied in the past few decades. In response to acute cardiac injury like ischemia or myocardium infarction, or chronic disease like hypertension, diabetic cardiomyopathy, Cardiac Fibroblast (CFs) within the connective tissue in the heart is activated and transformed to myofibroblasts, which induce excessive extracellular matrix (ECM) deposition. (Liu et al. *Front Physiol.*, 2017, 8:238; Tian et al. *Exp Ther Med* 2017, 13(5):1660-4).

**[0073]** There are two most common types of cardiac fibrosis, Reactive Interstitial Fibrosis (RIF) and Replacement Fibrosis (RF). RIF is often induced by one or multiple progressive chronic courses (e.g., diabetics and hypertension) that is characterized by diffused deposition of collagen protein (a type of ECM) and increased interstitial compartment volume. RF occurs after acute injury while the expansion of ECM and elevated collagen I deposition replace the dead cardiomyocyte in order to prevent the infarcted myocardium from rupture. In general, the increased cardiac fibrosis leads to distorted organ architecture and function that results in heart failure. (McLenachan and Dargie, *Am J Hypertens* 1990, 3(10):735-40; Krenning et al. *J Cell Physiol* 2010, 225(3):631-7; Mewton et al., *J Am Coll Cardiol* 2011, 57(8):891-903).

**[0074]** During the pathological process of cardiac fibrosis, the necrotic and apoptotic cardiomyocytes trigger the excessive accumulation of ECM proteins in both RIF and RF. Thus it is hypothesized that, using macrophage subsets with anti-inflammatory properties may have direct anti-fibrotic effects by clearing necrotic and apoptotic cells and suppressing fibroblast activation. In this studies described below, macrophages were injected directly into ischemic mouse heart and monitored the cardiac function to investigate the anti-fibrotic potential of the cellular therapy.

**[0075]** Current clinical therapies for cardiac fibrosis mainly rely on established pharmacological agents. ACE inhibitors, statins and aldosterone antagonists are among the drugs that have been shown to exert beneficial effects on cardiac fibrosis. ACE inhibitors like Lisinopril regress cardiac fibrosis and improve LV function in patients with hypertension. Statins treatment with Atorvastatin reduces fibrotic biomarker in heart failure patients. Spironolactone, an aldosterone antagonist, can reduce cardiac fibrosis in cardiomyopathy. Nevertheless, existing treatments have several major shortcomings: (1)These drugs can only moder-

ately improve the heart functions; (2)What is more problematic is none of the existing therapies exclusively treats fibrosis in the heart; (3) these treatments target the causes or symptoms but fail to effectively inhibit myocardial scar formation, which leaves the patients with severe cardiac fibrosis with little options. New compounds targeting key components of pro-fibrotic pathways are being tested on animal models and pre-clinical trials, but so far the results are mixed and clinical translations are very limited. Lack of effective clinical treatment for cardiac fibrosis brings an urgent need for developing novel, tissue-specific and effective therapeutic approaches using unconventional strategy like cellular therapy with engineered macrophages.

**[0076]** The methods described herein are suitable for treating an individual who has been diagnosed with a disease related to progressive cardiac fibrosis, who is suspected of having a disease related to progressive cardiac fibrosis, who is known to be susceptible and who is considered likely to develop a disease related to progressive cardiac fibrosis, or who is considered likely to develop a recurrence of a previously treated disease relating to progressive cardiac fibrosis.

**[0077]** Existing evidence demonstrates the association of fibrosis with the heart failure process in a variety of heart diseases, including those associated with both volume and pressure overload (Maron et al, *Am. J. Cardiol.*, 35:725-39 (1975); Schwarz et al, *Am. J. Cardiol.*, 42:661-69 (1978); Fuster et al, *Circ.*, 55:504-08 (1976); Bartosova et al, *J. Physiol.*, 200:285-95 (1969); Weber et al, *Circ.*, 83:1849-65 (1991); Schaper et al, *Basic Res. Cardiol.*, 87:S1303-S1309 (1992); Boluyt et al, *Circ. Res.*, 75:23-32 (1994); and Bishop et al, *J. Mol. Cell Cardiol.*, 22:1157-65 (1990)). In the setting of heart failure, fibrosis involves an increase in both fibroblast number and matrix deposition (Morkin et al, *Am. J. Physiol.*, 215:1409-13 (1968); Skosey et al, *Circ. Res.*, 31:145-57 (1972); and Booz et al, *Cardiovasc. Res.*, 30:537-43 (1995)), suggesting the importance of the fibroblast in the development of this condition. Cardiac fibroblasts are also the predominant source of synthesis of interstitial proteins and other myocardial components which have been implicated in heart failure by their effects on diastolic function and, indirectly, by effects on cardiac myocytes to cause or potentiate systolic dysfunction (Hess et al, *Circ.*, 63:360-71 (1981); Villari et al, *Am J. Cardiol.*, 69:927-34 (1992); Villari et al, *JACC*, 22:1477-84 (1993); Brilla et al, *Circ. Res.*, 69:107-15 (1991); and Sabbah et al, *Mol. & Cell Biochem.*, 147:29-34 (1995)).

**[0078]** The treatment of the fibrotic cardiac disease state can be determined by measuring one or more diagnostic parameters indicative of the course of the disease, compared to a suitable control. For comparison with animal models, a "suitable control" is an animal not treated with relaxin, or treated with the pharmaceutical formulation without relaxin. In the case of a human subject, a "suitable control" may be the individual before treatment, or may be a human (e.g., an age-matched or similar control) treated with a placebo.

**[0079]** Cardiac fibrosis to be treated by the methods of the present invention may be due to a variety of diseases associated with cardiac fibroblast proliferation or the activation of extracellular matrix protein synthesis by cardiac fibroblasts. These diseases may be effectively treated in the present invention. Such diseases include aortic and mitral valvular regurgitation. In addition, cardiac hypertrophy, which is associated with many cardiac diseases, and often

involves myocyte and fibroblast components, may be effectively treated in the present invention.

**[0080]** Heart failure is defined as the inability of the cardiac pump to move blood as needed to provide for the metabolic needs of body tissue. Decreases in pumping ability arise most often from loss or damage of myocardial tissue. As a result, ventricular emptying is suppressed which leads to an increase in ventricular filling pressure and ventricular wall stress, and to a decrease in cardiac output. As a physiological response to the decrease in cardiac output, numerous neuroendocrine reflexes are activated which cause systemic vasoconstriction, sympathetic stimulation of the heart and fluid retention. Although these reflex responses tend to enhance cardiac output initially, they are detrimental in the long term. The resulting increases in peripheral resistance increase the afterload on the heart and the increases in blood volume further increase ventricular filling pressure. These changes, together with the increased sympathetic stimulation of the heart, lead to further and often decompensating demands on the remaining functional myocardium.

**[0081]** Congestive heart failure, which is a common end point for many cardiovascular disorders, results when the heart is unable to adequately perfuse the peripheral tissues. According to recent estimates, there are about 4 million people in the United States diagnosed with this disease, and more than 50% of these cases are fatal within 5 years of diagnosis (Taylor et al., *Annual Reports in Med. Chem.* 22, 85-94 (1987)).

**[0082]** Lung fibrosis and Pulmonary Fibrosis Diseases. Pulmonary fibrosis disease is a devastating chronic lung disease resulting in scarring (fibrosis) of the lungs. Over time, the scarring gets worse and it becomes hard to take in a deep breath and the lungs cannot take in enough oxygen. Lung function decline is gradual, with the potential for intermittent, unpredictable, acute exacerbations and the development of associated pulmonary hypertension. Sometimes doctors can identify the cause of the fibrosis, but in most cases, they cannot. They call these cases idiopathic pulmonary fibrosis (IPF).

**[0083]** Pulmonary fibrosis disease primarily affect middle aged and older adults. About 50,000 people in the U.S. have idiopathic pulmonary fibrosis and an estimated 15,000 new cases develop each year. According to NIH/National Heart Lung, and Blood Institute, currently, no medicines are proven to slow the progression of IPF. Prednisone, azathioprine and N-acetylcysteine have been used to treat IPF, either alone or in combination. However, experts have not found enough evidence to support their use.

#### Cotherapies

**[0084]** In some embodiments, cotherapies are envisioned in the present application. For example, a method of treating an individual with liver fibrosis can include introducing a cellular therapy product including a genetically-engineered macrophage into the individual and administering to the individual an effective amount of one or more of  $\alpha$ -tocopherol, interferon- $\gamma$ , quercetin, an ACE inhibitor, and PPAR- $\delta$ .

**[0085]** In certain instances method of treating may further involve performing surgery on the patient, such as by resecting all or part of the liver or fibrotic regions of the liver. Cellular therapy product may be administered to the patient before, after, and/or at the same time as surgery. In certain aspects the methods can be used to ameliorate

fibrosis resulting from surgery and assist in regeneration. In other aspects, the methods can be used treat or reducing fibrotic areas not removed by surgery.

#### Polypeptide Composition

**[0086]** "Polypeptide" refers to any peptide or protein comprising amino acids joined by peptide bonds or modified peptide bonds. "Polypeptide" can include short chain polypeptides, including peptides, oligopeptides or oligomers, and longer chain polypeptides, including proteins. Polypeptides may contain amino acids other than the 20 gene-encoded amino acids. "Polypeptides" include amino acid sequences modified either by natural processes, such as post-translational processing, or by chemical modification or other synthetic techniques well known in the art. Modifications can occur anywhere in a polypeptide, including the peptide backbone, the amino acid side-chains, and the amino terminus or the carboxy terminus. It will be appreciated that the same type of modification may be present in the same or varying degrees at several sites in a given polypeptide. Also, a given polypeptide may contain many types of modifications. Modifications include terminal fusion (N- and/or C-terminal), acetylation, acylation, ADP-ribosylation, amidation, covalent attachment of flavin, covalent attachment of a heme moiety, covalent attachment of a nucleotide or nucleotide derivative, covalent attachment of a lipid or lipid derivative, covalent attachment of phosphatidylinositol, cross-linking, cyclization, disulfide bond formation, demethylation, formation of covalent cross-links, formation of cystine, formation of pyroglutamate, formylation, gamma-carboxylation, glycosylation, GPI anchor formation, hydroxylation, iodination, methylation, myristoylation, oxidation, proteolytic processing, phosphorylation, prenylation, racemization, selenoylation, sulfation, transfer-RNA mediated addition of amino acids to proteins such as arginylation, and ubiquitination.

**[0087]** The term "isolated" can refer to a nucleic acid or polypeptide that is substantially free of cellular material, bacterial material, viral material, or culture medium (when produced by recombinant DNA techniques) of their source of origin, or chemical precursors or other chemicals (when chemically synthesized). Moreover, an isolated polypeptide refers to one that can be administered to a subject as an isolated polypeptide; in other words, the polypeptide may not simply be considered "isolated" if it is adhered to a column or embedded in a gel. Moreover, an "isolated nucleic acid fragment" or "isolated peptide" is a nucleic acid or protein fragment that is not naturally occurring as a fragment and/or is not typically in the functional state.

**[0088]** The term "amino acid" or "residue" should be understood to mean a compound containing an amino group ( $\text{NH}_2$ ), a carboxylic acid group ( $\text{COOH}$ ), and any of various side groups, that have the basic formula  $\text{NH}_2\text{CHR}\text{COOH}$ , and that link together by peptide bonds to form proteins. Amino acids may, for example, be acidic, basic, aromatic, polar or derivatized. Non-standard amino acids may be referred to as "non-canonical" amino acids. Amino acids are naturally found in the  $\alpha$ - and L-form, however,  $\beta$ - and D-form amino acids can also be prepared.

**[0089]** A one-letter abbreviation system is frequently applied to designate the identities of the twenty "canonical" amino acid residues generally incorporated into naturally occurring peptides and proteins, these designation are well known in the art. Such one-letter abbreviations are entirely

interchangeable in meaning with three-letter abbreviations, or non-abbreviated amino acid names. The canonical amino acids and their three letter and one letter codes include Alanine (Ala) A, Glutamine (Gln) Q, Leucine (Leu) L, Serine (Ser) S, Arginine (Arg) R, Glutamic Acid (Glu) E, Lysine (Lys) K, Threonine (Thr) T, Asparagine (Asn) N, Glycine (Gly) G, Methionine (Met) M, Tryptophan (Trp) W, Aspartic Acid (Asp) D, Histidine (His) H, Phenylalanine (Phe) F, Tyrosine (Tyr) Y, Cysteine (Cys) C, Isoleucine (Ile) I, Proline (Pro) P, and Valine (Val) V.

**[0090]** Certain embodiments also include variants of the polypeptides described herein. Variants of the disclosed polypeptides may be generated by making amino acid additions or insertions, amino acid deletions, amino acid substitutions, and/or chemical derivatives of amino acid residues within the polypeptide sequence. Desired amino acid substitutions (whether conservative or non-conservative) can be determined by those skilled in the art in accordance with guidance provided herein for increasing stability, while maintaining or enhancing potency of the polypeptides. In certain embodiments, conservative amino acid substitutions can encompass non-naturally occurring amino acid residues which are typically incorporated by chemical peptide synthesis rather than by synthesis in biological systems.

**[0091]** Conservative modifications can produce peptides having functional, physical, and chemical characteristics similar to those of the peptide from which such modifications are made. In contrast, substantial modifications in the functional and/or chemical characteristics of peptides may be accomplished by selecting substitutions in the amino acid sequence that differ significantly in their effect on maintaining (a) the structure of the molecular backbone in the region of the substitution, for example, as an  $\alpha$ -helical conformation, (b) the charge or hydrophobicity of the molecule at the target site, or (c) the size of the molecule. For example, a "conservative amino acid substitution" may involve a substitution of a native amino acid residue with a non-native residue such that there is little or no effect on the polarity or charge of the amino acid residue at that position.

**[0092]** Recombinant DNA- and/or RNA-mediated protein expression and protein engineering techniques, or any other methods of preparing peptides, are applicable to the making of the polypeptides disclosed herein or expressing the polypeptides disclosed herein in a target cell or tissue. The term "recombinant" should be understood to mean that the material (e.g., a nucleic acid or a polypeptide) has been artificially or synthetically (i.e., non-naturally) altered by human intervention. The alteration can be performed on the material within, or removed from, its natural environment or state. For example, a "recombinant nucleic acid" is one that is made by recombining nucleic acids, e.g., during cloning, DNA shuffling or other well-known molecular biological procedures. Examples of such molecular biological procedures are found in Maniatis et al., *Molecular Cloning. A Laboratory Manual*. Cold Spring Harbor Laboratory, Cold Spring Harbor, N.Y., 1982. A "recombinant DNA molecule," is comprised of segments of DNA joined together by means of such molecular biological techniques. The term "recombinant protein" or "recombinant polypeptide" as used herein refers to a protein molecule which is expressed using a recombinant DNA molecule. A "recombinant host cell" is a cell that contains and/or expresses a recombinant nucleic acid.

**[0093]** The polypeptides can be made in transformed host cells according to methods known to those of skill in the art. Briefly, a recombinant DNA molecule, or construct, coding for the peptide is prepared. Methods of preparing such DNA molecules are well known in the art. For instance, sequences encoding the peptides can be excised from DNA using suitable restriction enzymes. Any of a large number of available and well-known host cells may be used in the practice of various embodiments. The selection of a particular host is dependent upon a number of factors, which include, for example, compatibility with the chosen expression vector, toxicity of the polypeptides encoded by the DNA molecule, rate of transformation, ease of recovery of the polypeptides, expression characteristics, bio-safety, and costs. A balance of these factors should be struck with the understanding that not all hosts may be equally effective for the expression of a particular DNA sequence. Within these general guidelines, useful microbial host cells in culture include bacteria (such as *Escherichia coli* sp.), yeast (such as *Saccharomyces* sp.) and other fungal cells, insect cells, plant cells, mammalian (including human) cells, e.g., CHO cells and HEK293 cells. Modifications can be made at the DNA level, as well. The peptide-encoding DNA sequence may be changed to codons more compatible with the chosen host cell. For *E. coli*, optimized codons are known in the art. Codons can be substituted to eliminate restriction sites or to include silent restriction sites, which may aid in processing of the DNA in the selected host cell. Next, the transformed host is cultured and purified. Host cells may be cultured under conventional fermentation conditions so that the desired polypeptides are expressed. In addition, the DNA optionally further encode, 5' to the coding region of a fusion protein, a signal peptide sequence (e.g., a secretory signal peptide) operably linked to the expressed polypeptide.

#### Expression and Expression Vectors

**[0094]** The nucleic acids encoding any polypeptide(s) described herein can be inserted into or employed with any suitable expression system. Recombinant expression can be accomplished using a vector, such as a plasmid, virus, etc. The vector can include a promoter operably linked to nucleic acid encoding one or more polypeptides. The vector can also include other elements required for transcription and translation. As used herein, vector refers to any carrier containing exogenous DNA. Thus, vectors are agents that transport the exogenous nucleic acid into a cell without degradation and include a promoter yielding expression of the nucleic acid in the cells into which it is delivered. Vectors include but are not limited to plasmids, viral nucleic acids, viruses, phage nucleic acids, phages, cosmids, and artificial chromosomes. A variety of prokaryotic and eukaryotic expression vectors suitable for carrying, encoding and/or expressing nucleic acids encoding proteases can be produced. Such expression vectors include, for example, pET, pET3d, pCR2.1, pBAD, pUC, and yeast vectors. The vectors can be used, for example, in a variety of in vivo and in vitro situations. The vector may be a gene therapy vector, for example an adenovirus vector, a lentivirus vector or a CRISPR-R vector.

**[0095]** The expression cassette, expression vector, and sequences in the cassette or vector can be heterologous. As used herein, the term "heterologous" when used in reference to an expression cassette, expression vector, regulatory sequence, promoter, or nucleic acid refers to an expression cassette, expression vector, regulatory sequence, or nucleic

acid that has been manipulated in some way. For example, a heterologous promoter can be a promoter that is not naturally linked to a nucleic acid to be expressed, or that has been introduced into cells by cell transformation procedures. A heterologous nucleic acid or promoter also includes a nucleic acid or promoter that is native to an organism but that has been altered in some way (e.g., placed in a different chromosomal location, mutated, added in multiple copies, linked to a non-native promoter or enhancer sequence, etc.). Heterologous nucleic acids may comprise sequences that comprise cDNA. Heterologous coding regions can be distinguished from endogenous coding regions, for example, when the heterologous coding regions are joined to nucleotide sequences comprising regulatory elements such as promoters that are not found naturally associated with the coding region, or when the heterologous coding regions are associated with portions of a chromosome not found in nature (e.g., genes expressed in loci where the protein encoded by the coding region is not normally expressed). Similarly, heterologous promoters can be promoters that are linked to a coding region to which they are not linked in nature.

**[0096]** Viral vectors that can be employed include those relating to lentivirus, adenovirus, adeno-associated virus, herpes virus, vaccinia virus, polio virus, AIDS virus, neuronal trophic virus, Sindbis and other viruses. Also useful are any viral families which share the properties of these viruses which make them suitable for use as vectors. Retroviral vectors that can be employed include those described in by Verma, I. M., *Retroviral vectors for gene transfer*. In *Microbiology-1985*, American Society for Microbiology, pp. 229-232, Washington, (1985). For example, such retroviral vectors can include Murine Maloney Leukemia virus, MMLV, and other retroviruses that express desirable properties. Typically, viral vectors contain, nonstructural early genes, structural late genes, an RNA polymerase III transcript, inverted terminal repeats necessary for replication and encapsidation, and promoters to control the transcription and replication of the viral genome. When engineered as vectors, viruses typically have one or more of the early genes removed and a gene or gene/promoter cassette is inserted into the viral genome in place of the removed viral nucleic acid.

**[0097]** A variety of regulatory elements can be included in the expression cassettes and/or expression vectors, including promoters, enhancers, translational initiation sequences, transcription termination sequences and other elements. A "promoter" is generally a sequence or sequences of DNA that function when in a relatively fixed location in regard to the transcription start site. For example, the promoter can be upstream of the nucleic acid segment encoding a protease. A "promoter" contains core elements required for basic interaction of RNA polymerase and transcription factors and can contain upstream elements and response elements. "Enhancer" generally refers to a sequence of DNA that functions at no fixed distance from the transcription start site and can be either 5' or 3' to the transcription unit. Furthermore, enhancers can be within an intron as well as within the coding sequence itself. They are usually between 10 and 300 nucleotides in length, and they function in cis. Enhancers function to increase transcription from nearby promoters. Enhancers, like promoters, also often contain response elements that mediate the regulation of transcription. Enhancers often determine the regulation of expression.

**[0098]** Expression vectors used in eukaryotic host cells (yeast, fungi, insect, plant, animal, human or nucleated cells) can also contain sequences necessary for the termination of transcription which can affect mRNA expression. These regions are transcribed as polyadenylated segments in the untranslated portion of the mRNA encoding tissue factor protein. The 3' untranslated regions also include transcription termination sites. It is preferred that the transcription unit also contains a polyadenylation region. One benefit of this region is that it increases the likelihood that the transcribed unit will be processed and transported like mRNA. The identification and use of polyadenylation signals in expression constructs is well established. It is preferred that homologous polyadenylation signals be used in the expression constructs.

**[0099]** The expression of one or more protease from an expression cassette or expression vector can be controlled by any promoter capable of expression in prokaryotic cells or eukaryotic cells. Examples of prokaryotic promoters that can be used include, but are not limited to, SP6, T7, T5, tac, bla, trp, gal, lac, or maltose promoters. Examples of eukaryotic promoters that can be used include, but are not limited to, constitutive promoters, e.g., viral promoters such as CMV, SV40 and RSV promoters, as well as regulatable promoters, e.g., an inducible or repressible promoter such as the tet promoter, the hsp70 promoter and a synthetic promoter regulated by CRE. Vectors for bacterial expression include pGEX-5X-3, and for eukaryotic expression include pCIneo-CMV.

**[0100]** The expression cassette or vector can include nucleic acid sequence encoding a marker product. This marker product is used to determine if the gene has been delivered to the cell and once delivered is being expressed. Preferred marker genes are the *E. coli* lacZ gene which encodes  $\beta$ -galactosidase and green fluorescent protein. In some embodiments the marker can be a selectable marker. When such selectable markers are successfully transferred into a host cell, the transformed host cell can survive if placed under selective pressure. There are two widely used distinct categories of selective regimes. The first category is based on a cell's metabolism and the use of a mutant cell line which lacks the ability to grow independent of a supplemented media. The second category is dominant selection which refers to a selection scheme used in any cell type and does not require the use of a mutant cell line. These schemes typically use a drug to arrest growth of a host cell. Those cells which have a novel gene would express a protein conveying drug resistance and would survive the selection. Examples of such dominant selection use the drugs neomycin (Southern and Berg, *Molec. Appl. Genet.* 1: 327 (1982)), mycophenolic acid, (Mulligan and Berg, *Science* 209: 1422 (1980)) or hygromycin, (Sugden et al., *Mol. Cell. Biol.* 5: 410-13 (1985)).

**[0101]** Gene transfer can be obtained using direct transfer of genetic material, in but not limited to, plasmids, viral vectors, viral nucleic acids, phage nucleic acids, phages, cosmids, and artificial chromosomes, or via transfer of genetic material in cells or carriers such as cationic liposomes or viruses. Such methods are well known in the art and readily adaptable for use in the method described herein. Transfer vectors can be any nucleotide construction used to deliver genes into cells (e.g., a plasmid), or as part of a general strategy to deliver genes, e.g., as part of recombinant retrovirus or adenovirus (Ram et al. *Cancer Res.* 53:83-88,

(1993)). Appropriate means for transfection, including viral vectors, chemical transfectants, or physico-mechanical methods such as electroporation and direct diffusion of DNA, are described by, for example, Wolff et al., *Science*, 247, 1465-1468, (1990); and Wolff, *Nature*, 352, 815-818, (1991).

**[0102]** For example, the nucleic acid molecule, expression cassette and/or vector encoding a protease can be introduced to a cell by any method including, but not limited to, calcium-mediated transformation, electroporation, microinjection, lipofection, particle bombardment and the like. The cells can be expanded in culture and then administered to a subject, e.g., a mammal such as a human. The amount or number of cells administered can vary but amounts in the range of about  $10^6$  to about  $10^9$  cells can be used. The cells are generally delivered in a physiological solution such as saline or buffered saline. The cells can also be delivered in a vehicle such as a population of liposomes, exosomes or microvesicles.

#### EXAMPLES

**[0103]** The Examples that follow are illustrative of specific embodiments of the invention, and various uses thereof. They are set forth for explanatory purposes only and are not taken as limiting the invention.

##### Example 1

##### Reduction of Liver Fibrosis in an Animal Model of Cirrhosis

**[0104]** In this example, M2-specific macrophages were used to treat an animal model of cirrhosis to demonstrate the ability of the macrophages to reverse liver fibrosis.

**[0105]** Animals. Six to eight week old male C57BJ/6 mice were purchased from the Jackson Lab and housed under specific pathogen-free conditions in the University of Chicago animal core facility. Animals consumed a standard sterile diet and filtered water ad libitum under a 12 hr light-dark cycle. The experimental protocol was approved by the Animal Care and Use Committee and the Ethics Committee of University of Chicago.

**[0106]** Induction of cirrhosis. Mice were intraperitoneally injected with 20%  $\text{CCl}_4$  in corn oil at a dose of 0.1 mL/10 g body weight for 6-8 weeks to induce cirrhosis.

**[0107]** Treatment. Sedated mice were placed in a supine position with abdomen exposed and disinfected. Buprenorphine was subcutaneously given at a dose of 0.1 mg/kg before surgery. After a single 1.5 cm incision was made along the middle line by starting below the diaphragm, surgically exposing the portal vein without damaging intestines, liver, or diaphragm,  $3.0 \times 10^6$  M2-specific macrophages were collected in 100  $\mu\text{L}$  PBS and slowly injected into the portal vein towards the liver mass. Incisions were closed using Nylon sutures. One hundred microliters of bupivacaine (5 mg/mL) were injected along the incision site for local pain management. One half milliliter of sterile saline was injected subcutaneously for hydration. Buprenorphine was re-administered every 12 hours for up to 72 hrs.

**[0108]** Ultrasonic Scan. At week 10 post  $\text{CCl}_4$  treatment, sedated mice were placed in a supine position with abdomen hair removed. Due to the disproportional ratio of the ultrasonic probe to mouse body size, only longitudinal scans from the outer margin of the left side lobe to the outer

margin of the far right side lobe were conducted for images of liver tissue texture reflection. Fibrotic tissues gave relatively stronger echo signals.

**[0109]** Histology. Subsequent to ultrasonic liver scans of the treated mice, liver lobes were collected and fixed in 10% formalin for histology. Trichrome and hematoxylin and eosin staining were performed on the fixed liver tissue samples. Hematoxylin and eosin staining was for general pathological evaluation and trichrome staining highlights collagen fibers. Histological evaluation for each group was performed by following HAI-Knodell Score system, one of the most recognized numeric scoring systems for pathologists to evaluate acute and chronic hepatic conditions in terms of liver parenchymal damage, inflammation, and fibrotic lesions. As shown in Table 1, all the listed aspects of hepatic pathological appearance were examined and scored with various weights. The total scores of each sample indicate the severity of liver damage and the efficacy of the treatment in a semi-quantitative way.

**[0110]** The results from this study demonstrate that the M2-specific macrophages significantly reversed established liver fibrosis in a mouse model of cirrhosis. As can be seen in FIG. 1, a marked reduction in liver fibrosis is evident based on ultrasonic scans. Treatment of cirrhotic mice with M2-specific macrophages led to marked reductions in inflammation and fibrotic lesions (see FIG. 2B compared to FIG. 2A). The reversal of liver fibrosis is further highlighted by the considerable reduction in number and size of liver fibrotic lesions in treated mice shown in FIG. 3B.

**[0111]** Further, a histology index was employed based on a previously reported index (see Knodell RG, et al. *Hepatology* 1981,1(5):431-5). Results of the histological assessment shown in Table 1 strongly suggest that portal vein delivery of macrophages significantly reverses liver damage by reducing fibrosis.

TABLE 1

Histology Index (HAI-Knodell Score)					
Score	Ctrl 1	Ctrl 2	Treated #1	Treated #2	
<b>Periportal <math>\pm</math> Bridging Necrosis</b>					
None	0				
Mild piecemeal necrosis	1		1	1	
Moderate piecemeal necrosis (involves <50% of the circumference of most portal tracts)	3	3			
Marked piecemeal necrosis (involves >50% of the circumference of most portal tracts)	4		4		
Moderate piecemeal necrosis plus bridging necrosis	5				
Marked piecemeal necrosis plus bridging necrosis	6				
Multilobular necrosis	10				
Intralobular Degeneration and Focal Necrosis					
<b>None</b>					
Mild (acidophilic bodies, ballooning degeneration and/or scattered foci of hepatocellular necrosis in 1/3 of lobules or nodules)	0				
Moderate (involvement of 1/3-2/3 of lobules or nodules)	3	3	3		
Marked (involvement of >2/3 of lobules or nodules)	4				

TABLE 1-continued

Histology Index (HAI-Knodell Score)					
Score	Ctrl 1	Ctrl 2	Treated #1	Treated #2	
<b>Portal Inflammation</b>					
No portal inflammation	0				
Mild (sprinkling of inflammatory cells in <1/3 of portal tracts)	1		1	1	
Moderate (increased inflammatory cells in 1/3-2/3 of portal tracts)	3	3	3		
Marked (dense packing of inflammatory cells in >2/3 of portal tracts)	4				
<b>Fibrosis</b>					
No fibrosis	0				
Fibrous portal expansion	1		1	1	
Bridging Fibrosis (portal-portal or portal-central linkage)	3	3	3		
Cirrhosis	4				
Total		12	13	4	4

**[0112]** A novel therapeutic approach was developed that enhanced decomposition of fibrotic tissue and induced regeneration of functional hepatocytes in liver by delivery of M2-specific macrophages into damaged liver. Through portal vein injection of M2 macrophages, which can turn off inflammatory responses by producing various anti-inflammatory cytokines and function in wound healing and tissue repair, significant effects in reduction of liver fibrosis were observed using a well-established carbon tetrachloride administration model. The results of this study demonstrate the utility of administration of M2-specific macrophages to cirrhotic liver to reverse liver fibrosis in afflicted individuals compared to other macrophage types.

#### Example 2

##### Genetically-Engineered Macrophages

**[0113]** Genetically-engineered M2-specific macrophages are constructed to augment their ability to reverse fibrosis.

**[0114]** To further increase the efficacy of the approach shown in Example 1, M2-specific macrophages are augmented by exogenous expression of collagen targeting agents or collagen receptors, such ITGA-1. Normal M2-specific macrophages are otherwise incapable of attachment or homing to the collagen-rich environment in fibrotic tissue, and expression of ITGA-1 or other collagen targeting agent will likely greatly enhance the retention of the cells to fibrotic tissues and increase the specificity and safety of the approach. Additionally, expression of collagenase (MMP1) in M2-specific macrophages increases the capability of engineered M2 cells to degrade surrounding abnormal collagen matrices and enhance tissue regeneration. MMP1a is not present in the unmodified M2 cells, and it is the major enzyme that degrades collagen in vivo.

**[0115]** Genetic Constructs. Lentiviral constructs are assembled for the expression of integrin A1 (SEQ ID NO: 1 or SEQ ID NO: 2, FIG. 4A) or MMP1 (SEQ ID NO: 3 or SEQ ID NO: 4, FIG. 4B). Each vector encodes integrin A1 or MMP1 (or MMP1a) driven by a CMV promoter and a selection marker (fluorescence protein tdTomato and puromycin resistant gene, Puro) driven by a constitutive pro-

motor UbiC (Ubiquitin C promoter). TdTomato and Puro are separated by a self-cleavable peptide T2A.

**[0116]** Macrophages. M2-specific macrophages are transfected with one or both lentiviral constructs and selected for incorporation of the expression vector(s) and expression of the recombinant genes.

**[0117]** It is contemplated that recombinant M2-specific recombinant macrophages expressing integrin A1, MMP1 or MMP1a, or both integrin A1 and MMP1 or MMP1a can be introduced into an individual as a novel therapeutic approach for liver fibrosis and other fibrotic diseases. Once introduced, the integrin A1-expressing M2-specific macrophages are localized to the fibrotic lesions with greater specificity and are retained longer than in other tissues due to integrin A1 expression. The MMP1- or MMP1a-expressing recombinant M2-specific macrophages reduce fibrotic lesions at a greater rate than non-recombinant M2-specific macrophages. Integrin A1 and MMP1 expressing M2-specific macrophages demonstrate greater fibrotic lesion removal than either of the singly recombinant M2-specific macrophages and greater than non-recombinant M2-specific macrophages. Such recombinant M2-specific macrophages are useful as cellular therapy products for treating fibrotic diseases.

**[0118]** Having described the invention in detail and by reference to specific aspects and/or embodiments thereof, it will be apparent that modifications and variations are possible without departing from the scope of the invention defined in the appended claims. More specifically, although some aspects of the present invention may be identified herein as particularly advantageous, it is contemplated that the present invention is not limited to these particular aspects of the invention.

#### Example 3

##### Reduction of Cardiac Fibrosis in an Animal Model

**[0119]** In this example, M2-specific macrophages were used to treat an animal model of cardiac fibrosis to demonstrate the ability of the macrophages to ameliorate cardiac fibrosis.

**[0120]** Animal: 12-week old male C57/BL6 mice.

**[0121]** Myocardial Infarction(MI): MI was induced through thoracotomy following permanent ligation of left anterior descending (LAD) coronary artery using a 7-0 suture following the procedure as previously described (19).

**[0122]** Engineered Macrophages Engraftment:  $5 \times 10^5$  bone marrow derived M0 macrophage (21) in 0.1 ml PBS were directly injected with a 28-gauge syringe to the border-zone of the infarct site immediately after the ligation. Infarct site was identified by the blanching of left ventricle. Control group was injected with PBS only.

**[0123]** Echocardiography: Echocardiography was performed at 7, 14, and 21 days post operations using a VisualSonic Vevo770 High Resolution Ultrasound System. M-Mode was recorded and echocardiographic parameters were calculated using the pre-installed software in the Vevo770 system.

**[0124]** Tissue Collection: Mice were sacrificed 21 days post surgery. Heart weight and tibia length were measured.

**[0125]** The studies to investigate the engineered macrophages in the treatment of cardiac fibrosis involves 5 steps: (i) Generation of murine myocardial infarction(MI)-induced cardiac fibrosis model using LAD; (ii) Differentiation of

bone marrow monocytes into M0 macrophages; (iii) On-site injection of the resulting macrophages into border zone of the infarcted myocardium; (iv) Evaluation of cardiac functions using echocardiography by measuring following parameters: (a) Ejection Fraction (EF)—For left ventricular systolic function, (b) Fraction Shortening (FS) for left ventricular diastolic function, (c) Left Ventricular Internal Dimension at End-diastole (LVID;d) for left ventricular chamber size and myocardium remodeling, (d) Left Ventricular Internal Dimension at End-systole (LVID;s) for left ventricular chamber size and myocardium remodeling; (v) Examination of hypertrophy/myocardium remodeling by measuring heart weight.

**[0126]** The data showed that engineered macrophages successfully improved cardiac performance in mice with myocardial infarction (MI), indicating a cardioprotective effect of engineered macrophages in treating MI-induced cardiac fibrosis and heart failure. The study demonstrated that the engineered macrophages treatment has various advantages over existing therapies: (1) Effectively repressing the development of cardiac fibrosis evidenced by the improved cardiac functions; (2) Developing a novel tissue-specific strategy by using a direct and localized delivery method; and (3) Avoiding side effects induced by existing pharmacological agents.

**[0127]** FIG. 5 shows engraftment of engineered macrophages partially prevented MI-induced systolic dysfunction in left ventricle. There were marked deteriorations in Ejection Fraction(EF) and Fraction Shortening(FS) in MI mice received PBS injections, indicating an impaired systolic function/heart failure induced by LAD surgery; Ejection Fraction (EF) and Fraction Shortening (FS) in mice received engineered macrophage were higher than those received PBS, showing cardioprotective effect of engineered macrophage in post-MI heart. Ejection Fraction(EF) and Fraction Shortening(FS) are the two key parameters that measures the percentage of blood pumped out of a filled ventricle with each heartbeat. Decrease in EF and FS indicates the left ventricle loses its ability to distribute enough blood flow to meet the body's needs, a symptom that is clinically defined as "systolic dysfunction", which ultimately leads to heart failure without effective intervention.

**[0128]** FIG. 6. shows that cellular therapy using engineered macrophages prevented MI-induced LV dilation. Enlargement of LV chamber size was observed following surgical ligation of the LAD in PBS group. Engraftment of engineered macrophages prevented LV from MI-induced dilation. LVID;d and LVID;s are parameters used to measure the internal dimension of the left ventricle at end-diastolic or end-systolic stage of a heart beating cycle. Increase of these two parameter indicates a enlarged left ventricle in a dilated heart caused by pathological myocardium re-construction.

**[0129]** FIG. 7. Shows that cellular therapy using engineered macrophages prevented ischemic myocardium remodeling. Myocardial infarction induced myocardium remodeling in PBS group, evidenced by an increase in heart weight. Lower heart weight in the engineered macrophages group indicates the cellular therapy regressed the remodeling progress. Measurements of "heart weight/body weight" or "heart weight/tibia length" both serve as markers for cardiac fibrosis-induced hypertrophy, as the heart mass increases during the remodeling process.

**[0130]** FIG. 8. Shows that cellular therapy using engineered macrophages prevented TAC-induced LV diastolic

dysfunction. Increasing of E/A was observed following surgical constraining of the aorta in PBS group. Engraftment of engineered macrophages prevented LV from TAC-induced diastolic dysfunction. E/A is a key parameters used to evaluate the diastolic function of the left ventricle by measuring the peak velocity of mitral annular motion ratio. Increase of this parameter indicates a fibrosis-induced diastolic dysfunction.

**[0131]** In this study, the effectiveness of engineered macrophages has been validated in treating cardiac fibrosis, making this therapeutic approach a competitive candidate that will likely have tremendous potential for clinical applications. The animal results demonstrates a proof-of-principle for the use of engineered macrophages for treating cardiac fibrosis.

#### Example 4

##### Reduction of Lung Fibrosis in an Animal Model

**[0132]** In this example, M2-specific macrophages were used to treat an animal model of lung fibrosis to demonstrate the ability of the macrophages to ameliorate lung fibrosis.

**[0133]** Bleomycin(BLM)-induced mouse IPF model. The model of BLM-induced lung fibrosis represents the most commonly applied experimental model. BLM is a chemotherapeutic antibiotic that has been identified as a profibrotic agent when lymphoma patients developed pulmonary fibrosis after intravenous administration of BLM. The recognition that bleomycin could result in pulmonary fibrosis in humans led to its use in experimental models, and for four decades it has been the most commonly applied model of experimental lung fibrosis. It is believed that BLM acts by causing single and double-strand DNA breaks in tumor cells and thereby interrupting cell cycle leading to apoptosis.

**[0134]** Animal: 10-week old male C57/BL6 mice.

**[0135]** Generating murine pulmonary fibrosis model: Mice were anesthetized using isoflurane inhalation, then were exposed to bleomycin(BLM) via intratracheal delivery at a dose of 3 U/kg. Control group were administrated with PBS instead.

**[0136]** Isolation and culturing of macrophages: Isolate then differentiate of mouse bone marrow monocytes into M0 macrophages.

**[0137]** Engineered Macrophages Engraftment:  $5 \times 10^6$  bone marrow derived M0 macrophage in 0.1 ml PBS were directly injected with an 1 ml insulin syringe via tail vein 7 days after the BLM exposure. Control group was injected with PBS only.

**[0138]** Tissue Collection and Histology Analysis: Mice were sacrificed 14 days post BLM exposure. The lung tissues were fixed for 2 h by the intratracheal instillation of 10% neutral formalin and then removed and continuously fixed for 24 h. Then the tissues were embedded with paraffin and subjected to H&E staining.

**[0139]** The histology analysis showed that Engraftment of macrophages reduced the BLM-induced lung fibrosis and inflammation, and partially preserved structure of pulmonary vesicles.

**[0140]** In this study, a mouse pulmonary fibrosis model is established through intratracheal delivery of bleomycin (BLM). 14 days post the original exposure of BLM, lung tissue affected with inflammatory reactions and suffered a severe destruction of basic structure of pulmonary vesicles.

**[0141]** Macrophages treatment via tail vein injection reduced the fibrosis and the degree of inflammation in lungs of mice challenged with BLM. Our data indicate that treatment of macrophages constitute an effective cellular vehicle for the treatment of fibrotic lung disease and present a novel therapeutic approach. The effect of macrophage engraftment on BLM-induced lung injury in mice is shown in FIG. 9.

H&E staining on tissue sections prepared from the lungs of C57BL6 mice 14 days after PBS/BLM exposure. FIG. 9A shows the histology of control mice exposed to PBS and injected with PBS. FIG. 9B shows the histology of mice in the fibrosis group exposed to BLM then injected with PBS. FIG. 9C shows the histology of mice in treatment group exposed to BLM then injected with macrophages.

## SEQUENCE LISTING

<160> NUMBER OF SEQ ID NOS: 8

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<211> LENGTH: 3537

<212> TYPE: DNA

<213> ORGANISM: Mus musculus

<220> FEATURE:

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Trp Leu Leu Thr Val Ile Leu Gly Val Cys Ile Ser Phe Asn Val Asp
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gtc aaa aac tcc atg agc ttc agt ggt cca gtg gag gac atg ttt gga      144
Val Lys Asn Ser Met Ser Phe Ser Gly Pro Val Glu Asp Met Phe Gly
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Ser	Glu	Cys	Ile	Arg	His	Ser	Phe	Tyr	Met	Leu	Asp	Lys	His	Asp	Phe	
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caa aat atc acg tgt aga gtt gga tat cct ttc ctg agg aca gga gac Gln Asn Ile Thr Cys Arg Val Gly Tyr Pro Phe Leu Arg Thr Gly Asp 885 890 895	2688
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&lt;210&gt; SEQ ID NO 2

&lt;211&gt; LENGTH: 1179

&lt;212&gt; TYPE: PRT

&lt;213&gt; ORGANISM: Mus musculus

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Trp	Asn	Gly	Thr	Val	Val	Met	Gln	Lys	Ala	Asn	Gln	Ile	Val	Ile	Pro
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Val	Leu	Tyr	Ile	Ala	Gly	Gln	Pro	Arg	Tyr	Asn	His	Thr	Gly	Gln	Val
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Val	Ile	Tyr	Lys	Met	Glu	Asp	Gly	Asp	Val	Asn	Ile	Leu	Gln	Thr	Leu
	465				470					475					480
Ser	Gly	Glu	Gln	Ile	Gly	Ser	Tyr	Phe	Gly	Ser	Val	Leu	Thr	Thr	Ile
				485					490					495	
Asp	Ile	Asp	Lys	Asp	Ser	Tyr	Thr	Asp	Leu	Leu	Leu	Val	Gly	Ala	Pro
			500					505					510		
Met	Tyr	Met	Gly	Thr	Glu	Lys	Glu	Glu	Gln	Gly	Lys	Val	Tyr	Val	Tyr
		515					520					525			
Ala	Val	Asn	Gln	Thr	Arg	Phe	Glu	Tyr	Gln	Met	Ser	Leu	Glu	Pro	Ile
	530					535					540				
Lys	Gln	Thr	Cys	Cys	Ser	Ser	Leu	Lys	Asp	Asn	Ser	Cys	Thr	Lys	Glu
	545				550					555					560
Asn	Lys	Asn	Glu	Pro	Cys	Gly	Ala	Arg	Phe	Gly	Thr	Ala	Val	Ala	Ala
				565					570					575	
Val	Lys	Asp	Leu	Asn	Val	Asp	Gly	Phe	Asn	Asp	Val	Val	Ile	Gly	Ala
			580					585					590		
Pro	Leu	Glu	Asp	Asp	His	Ala	Gly	Ala	Val	Tyr	Ile	Tyr	His	Gly	Ser
		595					600					605			
Gly	Lys	Thr	Ile	Arg	Lys	Glu	Tyr	Ala	Gln	Arg	Ile	Pro	Ser	Gly	Gly
		610				615					620				
Asp	Gly	Lys	Thr	Leu	Lys	Phe	Phe	Gly	Gln	Ser	Ile	His	Gly	Glu	Met
	625				630					635					640
Asp	Leu	Asn	Gly	Asp	Gly	Leu	Thr	Asp	Val	Thr	Ile	Gly	Gly	Leu	Gly
				645					650					655	
Gly	Ala	Ala	Leu	Phe	Trp	Ala	Arg	Asp	Val	Ala	Val	Val	Lys	Val	Thr
			660					665					670		

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Met Asn Phe Glu Pro Asn Lys Val Asn Ile Gln Lys Lys Asn Cys Arg  
 675 680 685  
 Val Glu Gly Lys Glu Thr Val Cys Ile Asn Ala Thr Met Cys Phe His  
 690 695 700  
 Val Lys Leu Lys Ser Lys Glu Asp Ser Val Tyr Glu Ala Asp Leu Gln  
 705 710 715 720  
 Tyr Arg Val Thr Leu Asp Ser Leu Arg Gln Ile Ser Arg Ser Phe Phe  
 725 730 735  
 Ser Gly Thr Gln Glu Arg Arg Ile Gln Arg Asn Leu Thr Val Arg Glu  
 740 745 750  
 Ser Glu Cys Ile Arg His Ser Phe Tyr Met Leu Asp Lys His Asp Phe  
 755 760 765  
 Gln Asp Ser Val Arg Val Thr Leu Asp Phe Asn Leu Thr Asp Pro Glu  
 770 775 780  
 Asn Gly Pro Val Leu Asp Asp Ala Leu Pro Asn Ser Val His Gly His  
 785 790 795 800  
 Ile Pro Phe Ala Lys Asp Cys Gly Asn Lys Glu Arg Cys Val Ser Asp  
 805 810 815  
 Leu Thr Leu Asp Val Ser Thr Thr Glu Lys Asn Leu Leu Ile Val Arg  
 820 825 830  
 Ser Gln Asn Asp Lys Phe Asn Val Ser Leu Thr Val Lys Asn Lys Gly  
 835 840 845  
 Asp Ser Ala Tyr Asn Thr Arg Thr Val Val Gln Tyr Ser Pro Asn Leu  
 850 855 860  
 Ile Phe Ser Gly Ile Glu Glu Ile Gln Lys Asp Ser Cys Glu Ser Asn  
 865 870 875 880  
 Gln Asn Ile Thr Cys Arg Val Gly Tyr Pro Phe Leu Arg Thr Gly Asp  
 885 890 895  
 Val Val Asn Phe Lys Ile Ile Phe Gln Phe Asn Thr Ser His Leu Ser  
 900 905 910  
 Glu Asn Ala Ile Ile His Leu Ser Ala Thr Ser Asp Ser Glu Glu Pro  
 915 920 925  
 Leu Glu Ser Leu Tyr Asp Asn Glu Val Asn Ile Ser Ile Pro Val Lys  
 930 935 940  
 Tyr Glu Val Gly Leu Gln Phe Tyr Ser Ser Ala Ser Glu His His Ile  
 945 950 955 960  
 Ser Val Ala Ala Asn Glu Thr Val Pro Glu Leu Ile Asn Ser Thr Lys  
 965 970 975  
 Asp Ile Gly Asp Glu Ile Asn Val Phe Tyr Thr Ile Arg Lys Arg Gly  
 980 985 990  
 His Phe Pro Met Pro Glu Leu Arg Leu Ala Ile Ser Phe Pro Asn Leu  
 995 1000 1005  
 Thr Ser Asp Gly Tyr Pro Val Leu Tyr Pro Thr Gly Trp Ser Ser  
 1010 1015 1020  
 Ser Asp Asn Val Asn Cys Arg Pro Arg Ser Leu Glu Asp Pro Leu  
 1025 1030 1035  
 Gly Ile Asn Ser Gly Lys Lys Met Thr Ile Ser Lys Ser Glu Val  
 1040 1045 1050  
 Leu Lys Arg Gly Thr Ile Gln Asp Cys Ser Thr Cys Lys Ile Ala  
 1055 1060 1065

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Thr Ile Thr Cys His Leu Leu Pro Ser Asp Val Ser Gln Val Asn  
 1070 1075 1080

Val Ser Leu Ile Leu Trp Lys Pro Thr Phe Ile Lys Ala His Phe  
 1085 1090 1095

Ser Ser Leu Asn Leu Thr Ile Arg Gly Glu Leu Gln Ser Glu Asn  
 1100 1105 1110

Ser Ser Leu Thr Leu Ser Ser Ser Asn Arg Lys Arg Glu Leu Ala  
 1115 1120 1125

Ile Gln Ile Ser Lys Asp Gly Leu Pro Gly Arg Val Pro Leu Trp  
 1130 1135 1140

Val Ile Leu Leu Ser Ala Phe Ala Gly Leu Leu Leu Leu Met Leu  
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Leu Ile Leu Ala Leu Trp Lys Ile Gly Phe Phe Lys Arg Pro Leu  
 1160 1165 1170

Lys Lys Lys Met Glu Lys  
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 <212> TYPE: DNA  
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gtg aaa aat tca atg act ttc agc ggc ccg gtg gaa gac atg ttt gga Val Lys Asn Ser Met Thr Phe Ser Gly Pro Val Glu Asp Met Phe Gly 35 40 45	144
tat act gtt caa caa tat gaa aat gaa gaa gga aaa tgg gtg ctt att Tyr Thr Val Gln Gln Tyr Glu Asn Glu Glu Gly Lys Trp Val Leu Ile 50 55 60	192
ggt tct ccg tta gtt ggc caa ccc aaa aac aga act gga gat gtc tat Gly Ser Pro Leu Val Gly Gln Pro Lys Asn Arg Thr Gly Asp Val Tyr 65 70 75 80	240
aag tgt cca gtt ggg aga ggt gaa tca tta cct tgt gta aag ttg gat Lys Cys Pro Val Gly Arg Gly Glu Ser Leu Pro Cys Val Lys Leu Asp 85 90 95	288
cta cca gtt aat aca tca att ccc aat gtc aca gaa gta aag gag aac Leu Pro Val Asn Thr Ser Ile Pro Asn Val Thr Glu Val Lys Glu Asn 100 105 110	336
atg aca ttt gga tca act tta gtc acc aac cca aat gga gga ttt ctg Met Thr Phe Gly Ser Thr Leu Val Thr Asn Pro Asn Gly Gly Phe Leu 115 120 125	384
gct tgt ggg ccc tta tat gcc tat aga tgt gga cat ttg cat tac aca Ala Cys Gly Pro Leu Tyr Ala Tyr Arg Cys Gly His Leu His Tyr Thr 130 135 140	432
act gga atc tgt tct gac gtc agc ccc aca ttt caa gtc gtg aat tcc Thr Gly Ile Cys Ser Asp Val Ser Pro Thr Phe Gln Val Val Asn Ser 145 150 155 160	480
att gcc cct gta caa gaa tgc agc act caa ctg gac ata gtc ata gtg	528

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Ile	Ala	Pro	Val	Gln	Glu	Cys	Ser	Thr	Gln	Leu	Asp	Ile	Val	Ile	Val		
				165					170					175			
ctg	gat	ggt	tcc	aac	agt	att	tac	cca	tgg	gac	agt	gtt	aca	gct	ttt		576
Leu	Asp	Gly	Ser	Asn	Ser	Ile	Tyr	Pro	Trp	Asp	Ser	Val	Thr	Ala	Phe		
			180					185					190				
tta	aat	gac	ctt	ctt	gaa	aga	atg	gat	att	ggt	cct	aaa	cag	aca	cag		624
Leu	Asn	Asp	Leu	Leu	Glu	Arg	Met	Asp	Ile	Gly	Pro	Lys	Gln	Thr	Gln		
			195				200				205						
gtt	gga	att	gta	cag	tat	gga	gaa	aac	gtg	acc	cat	gag	ttc	aac	ctc		672
Val	Gly	Ile	Val	Gln	Tyr	Gly	Glu	Asn	Val	Thr	His	Glu	Phe	Asn	Leu		
	210					215					220						
aat	aag	tat	tct	tcc	acc	gaa	gag	gta	ctt	ggt	gca	gca	aag	aaa	ata		720
Asn	Lys	Tyr	Ser	Ser	Thr	Glu	Glu	Val	Leu	Val	Ala	Ala	Lys	Lys	Ile		
	225				230					235					240		
gtc	cag	aga	ggt	ggc	cgc	cag	act	atg	aca	gct	ctt	gga	ata	gac	aca		768
Val	Gln	Arg	Gly	Gly	Arg	Gln	Thr	Met	Thr	Ala	Leu	Gly	Ile	Asp	Thr		
				245					250					255			
gca	aga	aag	gag	gca	ttc	acg	gaa	gcc	cgg	ggt	gcc	cga	aga	gga	gtt		816
Ala	Arg	Lys	Glu	Ala	Phe	Thr	Glu	Ala	Arg	Gly	Ala	Arg	Arg	Gly	Val		
			260					265						270			
aaa	aaa	gtc	atg	gtt	att	gtg	aca	gat	gga	gag	tct	cat	gac	aat	cat		864
Lys	Lys	Val	Met	Val	Ile	Val	Thr	Asp	Gly	Glu	Ser	His	Asp	Asn	His		
			275				280					285					
cga	ctg	aag	aag	gtc	atc	caa	gac	tgt	gaa	gat	gaa	aac	att	caa	cgg		912
Arg	Leu	Lys	Lys	Val	Ile	Gln	Asp	Cys	Glu	Asp	Glu	Asn	Ile	Gln	Arg		
				290		295					300						
ttt	tcc	ata	gct	att	ctt	ggc	agc	tat	aac	cga	gga	aat	tta	agc	act		960
Phe	Ser	Ile	Ala	Ile	Leu	Gly	Ser	Tyr	Asn	Arg	Gly	Asn	Leu	Ser	Thr		
					310					315					320		
gaa	aaa	ttt	gtg	gag	gaa	ata	aaa	tca	att	gca	agt	gaa	ccc	act	gaa		1008
Glu	Lys	Phe	Val	Glu	Glu	Ile	Lys	Ser	Ile	Ala	Ser	Glu	Pro	Thr	Glu		
				325					330					335			
aag	cat	ttc	ttc	aat	gtc	tct	gat	gaa	ttg	gct	cta	gtc	acc	att	gtt		1056
Lys	His	Phe	Phe	Asn	Val	Ser	Asp	Glu	Leu	Ala	Leu	Val	Thr	Ile	Val		
				340				345					350				
aaa	act	ctg	gga	gaa	aga	ata	ttt	gcc	ctg	gaa	gcc	aca	gct	gac	cag		1104
Lys	Thr	Leu	Gly	Glu	Arg	Ile	Phe	Ala	Leu	Glu	Ala	Thr	Ala	Asp	Gln		
				355			360					365					
tca	gca	gct	tca	ttt	gaa	atg	gaa	atg	tct	cag	act	ggc	ttc	agt	gct		1152
Ser	Ala	Ala	Ser	Phe	Glu	Met	Glu	Met	Ser	Gln	Thr	Gly	Phe	Ser	Ala		
				370		375						380					
cat	tat	tca	cag	gac	tgg	gtc	atg	ctt	gga	gca	gta	gga	gcc	tat	gat		1200
His	Tyr	Ser	Gln	Asp	Trp	Val	Met	Leu	Gly	Ala	Val	Gly	Ala	Tyr	Asp		
					385					395				400			
tgg	aat	gga	aca	gtt	gtc	atg	cag	aag	gct	agt	caa	atc	ata	atc	cct		1248
Trp	Asn	Gly	Thr	Val	Val	Met	Gln	Lys	Ala	Ser	Gln	Ile	Ile	Ile	Pro		
				405				410						415			
cga	aac	aca	acc	ttt	aat	ggt	gag	tct	acc	aaa	aag	aat	gaa	ccg	ctt		1296
Arg	Asn	Thr	Thr	Phe	Asn	Val	Glu	Ser	Thr	Lys	Lys	Asn	Glu	Pro	Leu		
				420				425					430				
gct	tct	tat	tta	ggt	tac	act	gta	aac	tct	gct	act	gct	tct	tct	gga		1344
Ala	Ser	Tyr	Leu	Gly	Tyr	Thr	Val	Asn	Ser	Ala	Thr	Ala	Ser	Ser	Gly		
				435			440					445					
gat	gtg	ctc	tat	att	gct	gga	cag	cct	cgg	tac	aat	cat	aca	ggc	cag		1392
Asp	Val	Leu	Tyr	Ile	Ala	Gly	Gln	Pro	Arg	Tyr	Asn	His	Thr	Gly	Gln		
				450		455					460						
gtc	att	atc	tac	agg	atg	gaa	gat	gga	aac	atc	aaa	att	ctc	cag	acg		1440

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Val 465	Ile	Ile	Tyr	Arg	Met 470	Glu	Asp	Gly	Asn	Ile 475	Lys	Ile	Leu	Gln	Thr 480	
ctc	agt	gga	gaa	cag	att	ggt	tcc	tac	ttt	ggc	agt	att	tta	aca	aca	1488
Leu	Ser	Gly	Glu	Gln	Ile	Gly	Ser	Tyr	Phe	Gly	Ser	Ile	Leu	Thr	Thr	
				485					490					495		
act	gac	att	gac	aag	gat	tct	aat	act	gac	att	ctt	cta	gtc	gga	gcc	1536
Thr	Asp	Ile	Asp	Lys	Asp	Ser	Asn	Thr	Asp	Ile	Leu	Leu	Val	Gly	Ala	
			500					505					510			
cct	atg	tac	atg	gga	aca	gag	aag	gag	gag	caa	gga	aaa	gtg	tat	gtg	1584
Pro	Met	Tyr	Met	Gly	Thr	Glu	Lys	Glu	Glu	Gln	Gly	Lys	Val	Tyr	Val	
		515					520					525				
tat	gct	ctc	aat	cag	aca	agg	ttt	gaa	tat	caa	atg	agc	ctg	gaa	cct	1632
Tyr	Ala	Leu	Asn	Gln	Thr	Arg	Phe	Glu	Tyr	Gln	Met	Ser	Leu	Glu	Pro	
	530					535					540					
att	aag	cag	acg	tgc	tgt	tca	tct	cgg	cag	cac	aat	tca	tgc	aca	aca	1680
Ile	Lys	Gln	Thr	Cys	Cys	Ser	Ser	Arg	Gln	His	Asn	Ser	Cys	Thr	Thr	
545				550					555						560	
gaa	aac	aaa	aat	gag	cca	tgc	ggg	gct	cgt	ttt	gga	act	gca	att	gct	1728
Glu	Asn	Lys	Asn	Glu	Pro	Cys	Gly	Ala	Arg	Phe	Gly	Thr	Ala	Ile	Ala	
			565						570					575		
gct	gta	aaa	gac	ctc	aat	ctt	gat	gga	ttt	aat	gac	atc	gtg	ata	gga	1776
Ala	Val	Lys	Asp	Leu	Asn	Leu	Asp	Gly	Phe	Asn	Asp	Ile	Val	Ile	Gly	
			580					585					590			
gct	ccg	ctg	gaa	gat	gat	cac	ggg	gga	gct	gtg	tac	att	tat	cat	gga	1824
Ala	Pro	Leu	Glu	Asp	Asp	His	Gly	Gly	Ala	Val	Tyr	Ile	Tyr	His	Gly	
		595					600					605				
agt	ggc	aag	act	ata	agg	aaa	gag	tat	gca	caa	cgt	att	cca	tca	ggc	1872
Ser	Gly	Lys	Thr	Ile	Arg	Lys	Glu	Tyr	Ala	Gln	Arg	Ile	Pro	Ser	Gly	
	610					615					620					
ggg	gat	ggt	aag	aca	ctg	aaa	ttt	ttt	ggc	cag	tct	atc	cac	gga	gaa	1920
Gly	Asp	Gly	Lys	Thr	Leu	Lys	Phe	Phe	Gly	Gln	Ser	Ile	His	Gly	Glu	
625					630					635					640	
atg	gat	tta	aat	ggt	gac	ggt	ctg	aca	gat	gtg	act	att	ggg	ggc	ctt	1968
Met	Asp	Leu	Asn	Gly	Asp	Gly	Leu	Thr	Asp	Val	Thr	Ile	Gly	Gly	Leu	
				645					650					655		
ggt	ggt	gct	gcc	ctc	ttc	tgg	tcc	cga	gat	gtg	gcc	gta	ggt	aaa	gtg	2016
Gly	Gly	Ala	Ala	Leu	Phe	Trp	Ser	Arg	Asp	Val	Ala	Val	Val	Lys	Val	
			660					665					670			
acc	atg	aat	ttt	gag	cca	aat	aaa	gtg	aat	att	caa	aag	aaa	aac	tgc	2064
Thr	Met	Asn	Phe	Glu	Pro	Asn	Lys	Val	Asn	Ile	Gln	Lys	Lys	Asn	Cys	
			675				680					685				
cat	atg	gag	gga	aag	gaa	aca	gta	tgc	ata	aat	gct	aca	gtg	tgt	ttt	2112
His	Met	Glu	Gly	Lys	Glu	Thr	Val	Cys	Ile	Asn	Ala	Thr	Val	Cys	Phe	
	690					695					700					
gat	gtg	aaa	tta	aag	tct	aaa	gaa	gac	acg	att	tat	gaa	gct	gat	ttg	2160
Asp	Val	Lys	Leu	Lys	Ser	Lys	Glu	Asp	Thr	Ile	Tyr	Glu	Ala	Asp	Leu	
705					710					715					720	
cag	tac	cgt	gtc	acc	cta	gat	tca	cta	aga	caa	ata	tca	cga	agt	ttt	2208
Gln	Tyr	Arg	Val	Thr	Leu	Asp	Ser	Leu	Arg	Gln	Ile	Ser	Arg	Ser	Phe	
				725					730					735		
ttc	tct	gga	act	caa	gag	aga	aag	ggt	caa	agg	aac	atc	aca	ggt	cga	2256
Phe	Ser	Gly	Thr	Gln	Glu	Arg	Lys	Val	Gln	Arg	Asn	Ile	Thr	Val	Arg	
				740				745					750			
aaa	tca	gaa	tgc	act	aag	cac	tcc	ttc	tac	atg	ttg	gac	aag	cat	gac	2304
Lys	Ser	Glu	Cys	Thr	Lys	His	Ser	Phe	Tyr	Met	Leu	Asp	Lys	His	Asp	
		755					760					765				
ttt	cag	gac	tct	gtg	aga	ata	acg	ttg	gac	ttt	aat	ctt	acc	gat	cca	2352



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Thr Ile	Thr Cys Asn Leu Thr	Ser Ser Asp Ile Ser	Gln Val Asn	
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gtt tcg ctt atc ttg tgg aaa cca act ttt ata aaa tca tat ttt 3294				
Val Ser	Leu Ile Leu Trp	Lys Pro Thr Phe Ile Lys	Ser Tyr Phe	
1085		1090	1095	
tcc agc tta aat ctt act ata agg gga gaa ctt cgg agt gaa aat 3339				
Ser Ser	Leu Asn Leu Thr	Ile Arg Gly Glu Leu Arg	Ser Glu Asn	
1100		1105	1110	
gca tct ctg gtt tta agt agc agc aat caa aaa aga gag ctt gct 3384				
Ala Ser	Leu Val Leu Ser	Ser Ser Asn Gln Lys Arg	Glu Leu Ala	
1115		1120	1125	
att caa ata tcc aaa gat ggg cta ccg ggc aga gtg cca tta tgg 3429				
Ile Gln	Ile Ser Lys Asp	Gly Leu Pro Gly Arg Val	Pro Leu Trp	
1130		1135	1140	
gtc atc ctg ctg agt get ttt gcc gga ttg ttg ctg tta atg ctg 3474				
Val Ile	Leu Leu Ser Ala	Phe Ala Gly Leu Leu Leu	Leu Met Leu	
1145		1150	1155	
ctc att tta gca ctg tgg aag att gga ttc ttc aaa aga cca ctg 3519				
Leu Ile	Leu Ala Leu Trp	Lys Ile Gly Phe Phe Lys	Arg Pro Leu	
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Lys Lys	Lys Met Glu Lys			
1175				

<210> SEQ ID NO 4  
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 <212> TYPE: PRT  
 <213> ORGANISM: Homo sapiens

<400> SEQUENCE: 4

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Val Lys Asn Ser Met Thr Phe Ser Gly Pro Val Glu Asp Met Phe Gly			
35	40	45	
Tyr Thr Val Gln Gln Tyr Glu Asn Glu Glu Gly Lys Trp Val Leu Ile			
50	55	60	
Gly Ser Pro Leu Val Gly Gln Pro Lys Asn Arg Thr Gly Asp Val Tyr			
65	70	75	80
Lys Cys Pro Val Gly Arg Gly Glu Ser Leu Pro Cys Val Lys Leu Asp			
85	90	95	
Leu Pro Val Asn Thr Ser Ile Pro Asn Val Thr Glu Val Lys Glu Asn			
100	105	110	
Met Thr Phe Gly Ser Thr Leu Val Thr Asn Pro Asn Gly Gly Phe Leu			
115	120	125	
Ala Cys Gly Pro Leu Tyr Ala Tyr Arg Cys Gly His Leu His Tyr Thr			
130	135	140	
Thr Gly Ile Cys Ser Asp Val Ser Pro Thr Phe Gln Val Val Asn Ser			
145	150	155	160
Ile Ala Pro Val Gln Glu Cys Ser Thr Gln Leu Asp Ile Val Ile Val			
165	170	175	
Leu Asp Gly Ser Asn Ser Ile Tyr Pro Trp Asp Ser Val Thr Ala Phe			
180	185	190	
Leu Asn Asp Leu Leu Glu Arg Met Asp Ile Gly Pro Lys Gln Thr Gln			

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195				200				205							
Val	Gly	Ile	Val	Gln	Tyr	Gly	Glu	Asn	Val	Thr	His	Glu	Phe	Asn	Leu
210						215					220				
Asn	Lys	Tyr	Ser	Ser	Thr	Glu	Glu	Val	Leu	Val	Ala	Ala	Lys	Lys	Ile
225				230						235					240
Val	Gln	Arg	Gly	Gly	Arg	Gln	Thr	Met	Thr	Ala	Leu	Gly	Ile	Asp	Thr
			245					250						255	
Ala	Arg	Lys	Glu	Ala	Phe	Thr	Glu	Ala	Arg	Gly	Ala	Arg	Arg	Gly	Val
			260					265						270	
Lys	Lys	Val	Met	Val	Ile	Val	Thr	Asp	Gly	Glu	Ser	His	Asp	Asn	His
		275					280					285			
Arg	Leu	Lys	Lys	Val	Ile	Gln	Asp	Cys	Glu	Asp	Glu	Asn	Ile	Gln	Arg
	290					295					300				
Phe	Ser	Ile	Ala	Ile	Leu	Gly	Ser	Tyr	Asn	Arg	Gly	Asn	Leu	Ser	Thr
305					310					315					320
Glu	Lys	Phe	Val	Glu	Glu	Ile	Lys	Ser	Ile	Ala	Ser	Glu	Pro	Thr	Glu
			325							330				335	
Lys	His	Phe	Phe	Asn	Val	Ser	Asp	Glu	Leu	Ala	Leu	Val	Thr	Ile	Val
		340						345					350		
Lys	Thr	Leu	Gly	Glu	Arg	Ile	Phe	Ala	Leu	Glu	Ala	Thr	Ala	Asp	Gln
		355					360					365			
Ser	Ala	Ala	Ser	Phe	Glu	Met	Glu	Met	Ser	Gln	Thr	Gly	Phe	Ser	Ala
	370					375					380				
His	Tyr	Ser	Gln	Asp	Trp	Val	Met	Leu	Gly	Ala	Val	Gly	Ala	Tyr	Asp
385					390					395					400
Trp	Asn	Gly	Thr	Val	Val	Met	Gln	Lys	Ala	Ser	Gln	Ile	Ile	Ile	Pro
			405						410					415	
Arg	Asn	Thr	Thr	Phe	Asn	Val	Glu	Ser	Thr	Lys	Lys	Asn	Glu	Pro	Leu
			420					425					430		
Ala	Ser	Tyr	Leu	Gly	Tyr	Thr	Val	Asn	Ser	Ala	Thr	Ala	Ser	Ser	Gly
		435					440					445			
Asp	Val	Leu	Tyr	Ile	Ala	Gly	Gln	Pro	Arg	Tyr	Asn	His	Thr	Gly	Gln
	450					455					460				
Val	Ile	Ile	Tyr	Arg	Met	Glu	Asp	Gly	Asn	Ile	Lys	Ile	Leu	Gln	Thr
465					470					475					480
Leu	Ser	Gly	Glu	Gln	Ile	Gly	Ser	Tyr	Phe	Gly	Ser	Ile	Leu	Thr	Thr
			485						490					495	
Thr	Asp	Ile	Asp	Lys	Asp	Ser	Asn	Thr	Asp	Ile	Leu	Leu	Val	Gly	Ala
			500					505					510		
Pro	Met	Tyr	Met	Gly	Thr	Glu	Lys	Glu	Glu	Gln	Gly	Lys	Val	Tyr	Val
		515					520					525			
Tyr	Ala	Leu	Asn	Gln	Thr	Arg	Phe	Glu	Tyr	Gln	Met	Ser	Leu	Glu	Pro
	530					535					540				
Ile	Lys	Gln	Thr	Cys	Cys	Ser	Ser	Arg	Gln	His	Asn	Ser	Cys	Thr	Thr
545					550					555					560
Glu	Asn	Lys	Asn	Glu	Pro	Cys	Gly	Ala	Arg	Phe	Gly	Thr	Ala	Ile	Ala
			565						570					575	
Ala	Val	Lys	Asp	Leu	Asn	Leu	Asp	Gly	Phe	Asn	Asp	Ile	Val	Ile	Gly
			580					585					590		
Ala	Pro	Leu	Glu	Asp	Asp	His	Gly	Gly	Ala	Val	Tyr	Ile	Tyr	His	Gly
		595					600							605	

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Ser Gly Lys Thr Ile Arg Lys Glu Tyr Ala Gln Arg Ile Pro Ser Gly  
 610 615 620

Gly Asp Gly Lys Thr Leu Lys Phe Phe Gly Gln Ser Ile His Gly Glu  
 625 630 635 640

Met Asp Leu Asn Gly Asp Gly Leu Thr Asp Val Thr Ile Gly Gly Leu  
 645 650 655

Gly Gly Ala Ala Leu Phe Trp Ser Arg Asp Val Ala Val Val Lys Val  
 660 665 670

Thr Met Asn Phe Glu Pro Asn Lys Val Asn Ile Gln Lys Lys Asn Cys  
 675 680 685

His Met Glu Gly Lys Glu Thr Val Cys Ile Asn Ala Thr Val Cys Phe  
 690 695 700

Asp Val Lys Leu Lys Ser Lys Glu Asp Thr Ile Tyr Glu Ala Asp Leu  
 705 710 715 720

Gln Tyr Arg Val Thr Leu Asp Ser Leu Arg Gln Ile Ser Arg Ser Phe  
 725 730 735

Phe Ser Gly Thr Gln Glu Arg Lys Val Gln Arg Asn Ile Thr Val Arg  
 740 745 750

Lys Ser Glu Cys Thr Lys His Ser Phe Tyr Met Leu Asp Lys His Asp  
 755 760 765

Phe Gln Asp Ser Val Arg Ile Thr Leu Asp Phe Asn Leu Thr Asp Pro  
 770 775 780

Glu Asn Gly Pro Val Leu Asp Asp Ser Leu Pro Asn Ser Val His Glu  
 785 790 795 800

Tyr Ile Pro Phe Ala Lys Asp Cys Gly Asn Lys Glu Lys Cys Ile Ser  
 805 810 815

Asp Leu Ser Leu His Val Ala Thr Thr Glu Lys Asp Leu Leu Ile Val  
 820 825 830

Arg Ser Gln Asn Asp Lys Phe Asn Val Ser Leu Thr Val Lys Asn Thr  
 835 840 845

Lys Asp Ser Ala Tyr Asn Thr Arg Thr Ile Val His Tyr Ser Pro Asn  
 850 855 860

Leu Val Phe Ser Gly Ile Glu Ala Ile Gln Lys Asp Ser Cys Glu Ser  
 865 870 875 880

Asn His Asn Ile Thr Cys Lys Val Gly Tyr Pro Phe Leu Arg Arg Gly  
 885 890 895

Glu Met Val Thr Phe Lys Ile Leu Phe Gln Phe Asn Thr Ser Tyr Leu  
 900 905 910

Met Glu Asn Val Thr Ile Tyr Leu Ser Ala Thr Ser Asp Ser Glu Glu  
 915 920 925

Pro Pro Glu Thr Leu Ser Asp Asn Val Val Asn Ile Ser Ile Pro Val  
 930 935 940

Lys Tyr Glu Val Gly Leu Gln Phe Tyr Ser Ser Ala Ser Glu Tyr His  
 945 950 955 960

Ile Ser Ile Ala Ala Asn Glu Thr Val Pro Glu Val Ile Asn Ser Thr  
 965 970 975

Glu Asp Ile Gly Asn Glu Ile Asn Ile Phe Tyr Leu Ile Arg Lys Ser  
 980 985 990

Gly Ser Phe Pro Met Pro Glu Leu Lys Leu Ser Ile Ser Phe Pro Asn  
 995 1000 1005

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Met Thr Ser Asn Gly Tyr Pro Val Leu Tyr Pro Thr Gly Leu Ser  
 1010 1015 1020

Ser Ser Glu Asn Ala Asn Cys Arg Pro His Ile Phe Glu Asp Pro  
 1025 1030 1035

Phe Ser Ile Asn Ser Gly Lys Lys Met Thr Thr Ser Thr Asp His  
 1040 1045 1050

Leu Lys Arg Gly Thr Ile Leu Asp Cys Asn Thr Cys Lys Phe Ala  
 1055 1060 1065

Thr Ile Thr Cys Asn Leu Thr Ser Ser Asp Ile Ser Gln Val Asn  
 1070 1075 1080

Val Ser Leu Ile Leu Trp Lys Pro Thr Phe Ile Lys Ser Tyr Phe  
 1085 1090 1095

Ser Ser Leu Asn Leu Thr Ile Arg Gly Glu Leu Arg Ser Glu Asn  
 1100 1105 1110

Ala Ser Leu Val Leu Ser Ser Ser Asn Gln Lys Arg Glu Leu Ala  
 1115 1120 1125

Ile Gln Ile Ser Lys Asp Gly Leu Pro Gly Arg Val Pro Leu Trp  
 1130 1135 1140

Val Ile Leu Leu Ser Ala Phe Ala Gly Leu Leu Leu Leu Met Leu  
 1145 1150 1155

Leu Ile Leu Ala Leu Trp Lys Ile Gly Phe Phe Lys Arg Pro Leu  
 1160 1165 1170

Lys Lys Lys Met Glu Lys  
 1175

<210> SEQ ID NO 5  
 <211> LENGTH: 1407  
 <212> TYPE: DNA  
 <213> ORGANISM: Homo sapiens  
 <220> FEATURE:  
 <221> NAME/KEY: CDS  
 <222> LOCATION: (1)..(1407)

<400> SEQUENCE: 5

atg cac agc ttt cct cca ctg ctg ctg ctg ttc tgg ggt gtg gtg	48
Met His Ser Phe Pro Pro Leu Leu Leu Leu Leu Phe Trp Gly Val Val	
1 5 10 15	
tct cac agc ttc cca gcg act cta gaa aca caa gag caa gat gtg gac	96
Ser His Ser Phe Pro Ala Thr Leu Glu Thr Gln Glu Gln Asp Val Asp	
20 25 30	
tta gtc cag aaa tac ctg gaa aaa tac tac aac ctg aag aat gat ggg	144
Leu Val Gln Lys Tyr Leu Glu Lys Tyr Tyr Asn Leu Lys Asn Asp Gly	
35 40 45	
agg caa gtt gaa aag cgg aga aat agt ggc cca gtg gtt gaa aaa ttg	192
Arg Gln Val Glu Lys Arg Arg Asn Ser Gly Pro Val Val Glu Lys Leu	
50 55 60	
aag caa atg cag gaa ttc ttt ggg ctg aaa gtg act ggg aaa cca gat	240
Lys Gln Met Gln Glu Phe Phe Gly Leu Lys Val Thr Gly Lys Pro Asp	
65 70 75 80	
gct gaa acc ctg aag gtg atg aag cag ccc aga tgt gga gtg cct gat	288
Ala Glu Thr Leu Lys Val Met Lys Gln Pro Arg Cys Gly Val Pro Asp	
85 90 95	
gtg gct cag ttt gtc ctc act gag ggg aac cct cgc tgg gag caa aca	336
Val Ala Gln Phe Val Leu Thr Glu Gly Asn Pro Arg Trp Glu Gln Thr	
100 105 110	
cat ctg acc tac agg att gaa aat tac acg cca gat ttg cca aga gca	384



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His Asp Phe Pro Gly Ile Gly His Lys Val Asp Ala Val Phe Met Lys
      420                               425                               430
gat gga ttt ttc tat ttc ttt cat gga aca aga caa tac aaa ttt gat      1344
Asp Gly Phe Phe Tyr Phe Phe His Gly Thr Arg Gln Tyr Lys Phe Asp
      435                               440                               445

cct aaa acg aag aga att ttg act ctc cag aaa gct aat agc tgg ttc      1392
Pro Lys Thr Lys Arg Ile Leu Thr Leu Gln Lys Ala Asn Ser Trp Phe
      450                               455                               460

aac tgc agg aaa aat      1407
Asn Cys Arg Lys Asn
465

<210> SEQ ID NO 6
<211> LENGTH: 469
<212> TYPE: PRT
<213> ORGANISM: Homo sapiens

<400> SEQUENCE: 6
Met His Ser Phe Pro Pro Leu Leu Leu Leu Leu Phe Trp Gly Val Val
 1      5      10      15
Ser His Ser Phe Pro Ala Thr Leu Glu Thr Gln Glu Gln Asp Val Asp
 20      25      30
Leu Val Gln Lys Tyr Leu Glu Lys Tyr Tyr Asn Leu Lys Asn Asp Gly
 35      40      45
Arg Gln Val Glu Lys Arg Arg Asn Ser Gly Pro Val Val Glu Lys Leu
 50      55      60
Lys Gln Met Gln Glu Phe Phe Gly Leu Lys Val Thr Gly Lys Pro Asp
 65      70      75      80
Ala Glu Thr Leu Lys Val Met Lys Gln Pro Arg Cys Gly Val Pro Asp
 85      90      95
Val Ala Gln Phe Val Leu Thr Glu Gly Asn Pro Arg Trp Glu Gln Thr
100     105     110
His Leu Thr Tyr Arg Ile Glu Asn Tyr Thr Pro Asp Leu Pro Arg Ala
115     120     125
Asp Val Asp His Ala Ile Glu Lys Ala Phe Gln Leu Trp Ser Asn Val
130     135     140
Thr Pro Leu Thr Phe Thr Lys Val Ser Glu Gly Gln Ala Asp Ile Met
145     150     155     160
Ile Ser Phe Val Arg Gly Asp His Arg Asp Asn Ser Pro Phe Asp Gly
165     170     175
Pro Gly Gly Asn Leu Ala His Ala Phe Gln Pro Gly Pro Gly Ile Gly
180     185     190
Gly Asp Ala His Phe Asp Glu Asp Glu Arg Trp Thr Asn Asn Phe Arg
195     200     205
Glu Tyr Asn Leu His Arg Val Ala Ala His Glu Leu Gly His Ser Leu
210     215     220
Gly Leu Ser His Ser Thr Asp Ile Gly Ala Leu Met Tyr Pro Ser Tyr
225     230     235     240
Thr Phe Ser Gly Asp Val Gln Leu Ala Gln Asp Asp Ile Asp Gly Ile
245     250     255
Gln Ala Ile Tyr Gly Arg Ser Gln Asn Pro Val Gln Pro Ile Gly Pro
260     265     270
Gln Thr Pro Lys Ala Cys Asp Ser Lys Leu Thr Phe Asp Ala Ile Thr
275     280     285

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Thr Ile Arg Gly Glu Val Met Phe Phe Lys Asp Arg Phe Tyr Met Arg  
 290 295 300

Thr Asn Pro Phe Tyr Pro Glu Val Glu Leu Asn Phe Ile Ser Val Phe  
 305 310 315 320

Trp Pro Gln Leu Pro Asn Gly Leu Glu Ala Ala Tyr Glu Phe Ala Asp  
 325 330 335

Arg Asp Glu Val Arg Phe Phe Lys Gly Asn Lys Tyr Trp Ala Val Gln  
 340 345 350

Gly Gln Asn Val Leu His Gly Tyr Pro Lys Asp Ile Tyr Ser Ser Phe  
 355 360 365

Gly Phe Pro Arg Thr Val Lys His Ile Asp Ala Ala Leu Ser Glu Glu  
 370 375 380

Asn Thr Gly Lys Thr Tyr Phe Phe Val Ala Asn Lys Tyr Trp Arg Tyr  
 385 390 395 400

Asp Glu Tyr Lys Arg Ser Met Asp Pro Gly Tyr Pro Lys Met Ile Ala  
 405 410 415

His Asp Phe Pro Gly Ile Gly His Lys Val Asp Ala Val Phe Met Lys  
 420 425 430

Asp Gly Phe Phe Tyr Phe Phe His Gly Thr Arg Gln Tyr Lys Phe Asp  
 435 440 445

Pro Lys Thr Lys Arg Ile Leu Thr Leu Gln Lys Ala Asn Ser Trp Phe  
 450 455 460

Asn Cys Arg Lys Asn  
 465

<210> SEQ ID NO 7  
 <211> LENGTH: 1392  
 <212> TYPE: DNA  
 <213> ORGANISM: Mus musculus  
 <220> FEATURE:  
 <221> NAME/KEY: CDS  
 <222> LOCATION: (1)..(1392)

<400> SEQUENCE: 7

atg cct agc ctt cct ttg ctg ttg ctt ctc tgg gct gct agc tca tac	48
Met Pro Ser Leu Pro Leu Leu Leu Leu Leu Trp Ala Ala Ser Ser Tyr	
1 5 10 15	
agt ttc cct gtg ttt cac aac gga gac cgg caa aat gtg gag aca gtc	96
Ser Phe Pro Val Phe His Asn Gly Asp Arg Gln Asn Val Glu Thr Val	
20 25 30	
tgg aaa tac ctg gaa aac tac tac aac ttg ggc aaa aac atg caa gct	144
Trp Lys Tyr Leu Glu Asn Tyr Tyr Asn Leu Gly Lys Asn Met Gln Ala	
35 40 45	
aaa aac gtg aat ggc aag gag atg atg gct gaa aag ctg agg caa atg	192
Lys Asn Val Asn Gly Lys Glu Met Met Ala Glu Lys Leu Arg Gln Met	
50 55 60	
cag cag tta ttt ggg ctg aaa gtg act gga aat tca gat cct gaa acc	240
Gln Gln Leu Phe Gly Leu Lys Val Thr Gly Asn Ser Asp Pro Glu Thr	
65 70 75 80	
ctg aga gct atg aag aag ccc agg tgt ggg gtg cct gat gtg gcc cca	288
Leu Arg Ala Met Lys Lys Pro Arg Cys Gly Val Pro Asp Val Ala Pro	
85 90 95	
tat gcc att act cac aac aat cct cgt tgg acc aaa aca cat ctg aca	336
Tyr Ala Ile Thr His Asn Asn Pro Arg Trp Thr Lys Thr His Leu Thr	
100 105 110	

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tac agc att tta aac tac aca cca tat ttg cca aaa gca gtt gtg gaa Tyr Ser Ile Leu Asn Tyr Thr Pro Tyr Leu Pro Lys Ala Val Val Glu 115 120 125	384
gat gcc atc gcg aga gcc ttt aga gtc tgg agt gat gtg aca cca ctt Asp Ala Ile Ala Arg Ala Phe Arg Val Trp Ser Asp Val Thr Pro Leu 130 135 140	432
acg ttc caa aga gtc ttt gag gag gaa ggc gat att gtg ctc tcc ttc Thr Phe Gln Arg Val Phe Glu Glu Glu Gly Asp Ile Val Leu Ser Phe 145 150 155 160	480
cac aga gga gac cat ggt gac aac aac cca ttt gat gga cct aac tat His Arg Gly Asp His Gly Asp Asn Asn Pro Phe Asp Gly Pro Asn Tyr 165 170 175	528
aag ctt gct cac act ttc cag cca ggc cca ggt ttg ggg ggt gat gtt Lys Leu Ala His Thr Phe Gln Pro Gly Pro Gly Leu Gly Asp Val 180 185 190	576
cat tat gac ctt gat gag acg tgg acc aac agc agt gaa aat ttc aac His Tyr Asp Leu Asp Glu Thr Trp Thr Asn Ser Ser Glu Asn Phe Asn 195 200 205	624
ttg ttc tat gtt acg gct cat gaa ctg ggt cac tcc ctt ggg ctc act Leu Phe Tyr Val Thr Ala His Glu Leu Gly His Ser Leu Gly Leu Thr 210 215 220	672
cat tct agt gat ata gga gca cta atg ttc ccc agt tac acg tgg tac His Ser Ser Asp Ile Gly Ala Leu Met Phe Pro Ser Tyr Thr Trp Tyr 225 230 235 240	720
act gaa gac ttt gtg cta aac cag gat gat att aat cgc atc cag gac Thr Glu Asp Phe Val Leu Asn Gln Asp Asp Ile Asn Arg Ile Gln Asp 245 250 255	768
tta tat gga cct tcc cca aat ccc atc cag cca aca ggt gca aca aca Leu Tyr Gly Pro Ser Pro Asn Pro Ile Gln Pro Thr Gly Ala Thr Thr 260 265 270	816
cca cat cca tgt aat ggt gat cta acc ttt gat gct ata act aca ttt Pro His Pro Cys Asn Gly Asp Leu Thr Phe Asp Ala Ile Thr Thr Phe 275 280 285	864
agg gga gag gtg ttt ttc ttc aaa ggc agg ttc tac att cgg gta aat Arg Gly Glu Val Phe Phe Phe Lys Gly Arg Phe Tyr Ile Arg Val Asn 290 295 300	912
aga ttc atg cca gaa cct gag ctc aat tta ata ggt att ctc tgg cca Arg Phe Met Pro Glu Pro Glu Leu Asn Leu Ile Gly Ile Leu Trp Pro 305 310 315 320	960
aat ctt cca gtt aaa ctt gac gct gct tat gaa gct agt atg ata gat Asn Leu Pro Val Lys Leu Asp Ala Ala Tyr Glu Ala Ser Met Ile Asp 325 330 335	1008
caa gtc cgc tat ttc aaa ggc agc aaa gta tgg gct gtt caa gag cag Gln Val Arg Tyr Phe Lys Gly Ser Lys Val Trp Ala Val Gln Glu Gln 340 345 350	1056
agt gta ctg aga gga ttc ccc aga gac atc cac agt ttc ttt ggc ttc Ser Val Leu Arg Gly Phe Pro Arg Asp Ile His Ser Phe Phe Gly Phe 355 360 365	1104
cct agc aat gtg aca cac att gat gct gct gtt tgt gag gaa gag act Pro Ser Asn Val Thr His Ile Asp Ala Ala Val Cys Glu Glu Glu Thr 370 375 380	1152
gga aaa aca tac ttc ttt gtt gac cac atg tac tgg agg tat gat gaa Gly Lys Thr Tyr Phe Phe Val Asp His Met Tyr Trp Arg Tyr Asp Glu 385 390 395 400	1200
aat aca cag tct atg gat cca ggt tat ccc aga tta aca gca gaa gac Asn Thr Gln Ser Met Asp Pro Gly Tyr Pro Arg Leu Thr Ala Glu Asp 405 410 415	1248

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ttc cct gga att gat gat aaa gtt gat gat gtt ttc caa aaa gga gaa 1296
Phe Pro Gly Ile Asp Asp Lys Val Asp Asp Val Phe Gln Lys Gly Glu
      420                425                430

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aat ttc tat ttc ttt cac caa tca gtt caa cac aga ttt aac ctc caa 1344
Asn Phe Tyr Phe Phe His Gln Ser Val Gln His Arg Phe Asn Leu Gln
      435                440                445

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ata aga aga gtt gat gat tcc cgt gat tct agt aca tgg ttc aac tgc 1392
Ile Arg Arg Val Asp Asp Ser Arg Asp Ser Ser Thr Trp Phe Asn Cys
      450                455                460

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<210> SEQ ID NO 8

<211> LENGTH: 464

<212> TYPE: PRT

<213> ORGANISM: Mus musculus

<400> SEQUENCE: 8

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Met Pro Ser Leu Pro Leu Leu Leu Leu Leu Trp Ala Ala Ser Ser Tyr
1          5          10          15

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Ser Phe Pro Val Phe His Asn Gly Asp Arg Gln Asn Val Glu Thr Val
      20          25          30

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Trp Lys Tyr Leu Glu Asn Tyr Tyr Asn Leu Gly Lys Asn Met Gln Ala
      35          40          45

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Lys Asn Val Asn Gly Lys Glu Met Met Ala Glu Lys Leu Arg Gln Met
50          55          60

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Gln Gln Leu Phe Gly Leu Lys Val Thr Gly Asn Ser Asp Pro Glu Thr
65          70          75          80

```

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Leu Arg Ala Met Lys Lys Pro Arg Cys Gly Val Pro Asp Val Ala Pro
85          90          95

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Tyr Ala Ile Thr His Asn Asn Pro Arg Trp Thr Lys Thr His Leu Thr
100         105         110

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Tyr Ser Ile Leu Asn Tyr Thr Pro Tyr Leu Pro Lys Ala Val Val Glu
115         120         125

```

```

Asp Ala Ile Ala Arg Ala Phe Arg Val Trp Ser Asp Val Thr Pro Leu
130         135         140

```

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Thr Phe Gln Arg Val Phe Glu Glu Glu Gly Asp Ile Val Leu Ser Phe
145         150         155         160

```

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His Arg Gly Asp His Gly Asp Asn Asn Pro Phe Asp Gly Pro Asn Tyr
165         170         175

```

```

Lys Leu Ala His Thr Phe Gln Pro Gly Pro Gly Leu Gly Gly Asp Val
180         185         190

```

```

His Tyr Asp Leu Asp Glu Thr Trp Thr Asn Ser Ser Glu Asn Phe Asn
195         200         205

```

```

Leu Phe Tyr Val Thr Ala His Glu Leu Gly His Ser Leu Gly Leu Thr
210         215         220

```

```

His Ser Ser Asp Ile Gly Ala Leu Met Phe Pro Ser Tyr Thr Trp Tyr
225         230         235         240

```

```

Thr Glu Asp Phe Val Leu Asn Gln Asp Asp Ile Asn Arg Ile Gln Asp
245         250         255

```

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Leu Tyr Gly Pro Ser Pro Asn Pro Ile Gln Pro Thr Gly Ala Thr Thr
260         265         270

```

```

Pro His Pro Cys Asn Gly Asp Leu Thr Phe Asp Ala Ile Thr Thr Phe
275         280         285

```

```

Arg Gly Glu Val Phe Phe Phe Lys Gly Arg Phe Tyr Ile Arg Val Asn
290         295         300

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Arg	Phe	Met	Pro	Glu	Pro	Glu	Leu	Asn	Leu	Ile	Gly	Ile	Leu	Trp	Pro
305					310					315					320
Asn	Leu	Pro	Val	Lys	Leu	Asp	Ala	Ala	Tyr	Glu	Ala	Ser	Met	Ile	Asp
				325					330					335	
Gln	Val	Arg	Tyr	Phe	Lys	Gly	Ser	Lys	Val	Trp	Ala	Val	Gln	Glu	Gln
			340					345					350		
Ser	Val	Leu	Arg	Gly	Phe	Pro	Arg	Asp	Ile	His	Ser	Phe	Phe	Gly	Phe
		355					360					365			
Pro	Ser	Asn	Val	Thr	His	Ile	Asp	Ala	Ala	Val	Cys	Glu	Glu	Glu	Thr
		370				375						380			
Gly	Lys	Thr	Tyr	Phe	Phe	Val	Asp	His	Met	Tyr	Trp	Arg	Tyr	Asp	Glu
385					390					395					400
Asn	Thr	Gln	Ser	Met	Asp	Pro	Gly	Tyr	Pro	Arg	Leu	Thr	Ala	Glu	Asp
				405					410					415	
Phe	Pro	Gly	Ile	Asp	Asp	Lys	Val	Asp	Asp	Val	Phe	Gln	Lys	Gly	Glu
			420					425					430		
Asn	Phe	Tyr	Phe	Phe	His	Gln	Ser	Val	Gln	His	Arg	Phe	Asn	Leu	Gln
		435					440					445			
Ile	Arg	Arg	Val	Asp	Asp	Ser	Arg	Asp	Ser	Ser	Thr	Trp	Phe	Asn	Cys
	450					455					460				

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1. A genetically-engineered macrophage, comprising:
  - a recombinant extracellular matrix (ECM) targeting protein; and/or
  - a recombinant protease.
2. The genetically-engineered macrophage of claim 1, wherein the recombinant targeting protein is a collagen receptor or a subunit thereof.
3. The genetically-engineered macrophage of claim 2, wherein the collagen receptor or a subunit thereof comprises one or more of an integrin, a discoidin domain receptor, a mannosyl family receptor, and an immunoglobulin-like receptor.
4. The genetically-engineered macrophage of claim 3, wherein the integrin is an  $\alpha 1\beta 1$ ,  $\alpha 2\beta 1$ ,  $\alpha 10\beta 1$ , and/or  $\alpha 11\beta 1$  integrin.
5. The genetically-engineered macrophage of claim 3, wherein the discoidin domain receptor is DDR1 and/or DDR2.
6. The genetically-engineered macrophage of claim 3, wherein the mannosyl family receptor is M-phospholipase A2 receptor and/or Endo180.
7. The genetically-engineered macrophage of claim 3, wherein the immunoglobulin-like receptor is glycoprotein VI.
8. The genetically-engineered macrophage of claim 1, wherein the recombinant targeting protein is ITGA-1.
9. The genetically-engineered macrophage of claim 1, wherein the recombinant protease is a matrix metalloproteinase (MMP).
10. The genetically-engineered macrophage of claim 9, wherein the matrix metalloproteinase is MMP1, MMP1a, MMP2, MMP3, MMP7, MMP8, MMP9, MMP10, MMP12, MMP13, MMP14, MMP17, MMP19, MMP20, MMP21, MMP22, MMP24, MMP25, MMP26, MMP27, and/or MMP28.
11. The genetically-engineered macrophage of claim 10, wherein the matrix metalloproteinase is MMP1a.
12. The genetically-engineered macrophage of claim 1, wherein the macrophage is an M2-specific macrophage.
13. The genetically-engineered macrophage of claim 1, wherein the recombinant targeting protein is a human integrin  $\alpha 1$  encoded by SEQ ID NO: 3, the recombinant catalytic enzyme is a human MMP1 encoded by SEQ ID NO: 5, and wherein the macrophage is a human M2-specific macrophage.
14. A population of cells comprising the genetically-engineered macrophage of any of the preceding claims.
15. A cellular therapy product, comprising:
  - a genetically-engineered macrophage comprising at least one of a recombinant extracellular matrix (ECM) targeting protein and a recombinant protease.
16. The cellular therapy product of claim 15 further comprising one or more cell media components and/or therapeutic compounds.
17. The cellular therapy product of claim 16 further comprising an effective amount of one or more of  $\alpha$ -tocopherol, interferon- $\gamma$ , quercetin, an ACE inhibitor, and PPAR- $\delta$ .
18. The cellular therapy product of claim 17 further comprising a pharmaceutical reagents and/or excipients suitable for therapeutic application.
19. A method of treating an individual for fibrosis, comprising administering the cellular therapy product according to any of claims 15-18.
20. The method of claim 19, wherein the fibrosis is liver fibrosis, cardiac fibrosis, or lung fibrosis.
21. The method of claim 19, wherein the cellular therapy product is administered by injection to the individual.
22. The method of claim 19, wherein the cellular therapy product is injected in a fibrotic lesion.

**23.** The method of claim **21**, wherein the cellular therapy product comprises of genetically-engineered macrophages was derived from the individual.

**24.** A method of reversing liver fibrosis in an individual in need thereof, comprising:

administering to the individual a genetically-engineered M2 macrophage capable of expressing recombinant ITGA-1 and MMP1 or MMP1a;

targeting the macrophage to the liver of the individual; and

reversing fibrosis within the liver.

**25.** A method of treating cardiac fibrosis in an individual in need thereof, comprising:

administering to the individual a genetically-engineered M2 macrophage capable of expressing recombinant ITGA-1 and MMP1 or MMP1a;

targeting the macrophage to the cardiac fibrosis of the individual; and

ameliorating fibrosis within the cardiac tissue.

**26.** A method of treating lung fibrosis in an individual in need thereof, comprising:

administering to the individual a genetically-engineered M2 macrophage capable of expressing recombinant ITGA-1 and MMP1 or MMP1a;

targeting the macrophage to lung fibrosis of the individual; and

ameliorating fibrosis within the lung tissue.

\* \* \* \* \*