$Human\ Fc\epsilon RIa-Specific\ Human\ Single-Chain\ Fv\ (scFv)\ Antibody\ with\ Antagonistic\ Activity\ toward\ IgE/Fc\epsilon RIa-Binding$

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The a-chain of FctRI (FctRIa) plays a critical role in the binding of IgE to FctRI. A fully human antibody interfering with this interaction may be useful for the prevention of IgE-mediated allergic diseases. Here, we describe the successful isolation of a human single-chain Fv antibody specific to human FctRIa using human antibody phage display libraries. Using the non-immune phage antibody libraries constructed from peripheral blood lymphocyte cDNA from 20 healthy subjects, we isolated three phage clones (designated as FcRc27, FcRc51, and FcRc70) through two rounds of biopanning selection. The purified soluble scFv, FcRc51, inhibited the binding of IgE to recombinant FctRIa, although both FcRc27 and FcRc70 showed fine binding specificity to FctRIa. Since FcRc51 was determined to be a monomer by HPLC, BIAcore analysis was performed. The dissociation constant of FcRc51 to FccRIa was estimated to be 20 nM, *i.e.*, fortyfold lower than that of IgE binding to FccRIa ($K_d = 0.5$ nM). With these characteristics, FcRc51 exhibited inhibitory activity on the release of histamine from passively sensitized human peripheral blood mononuclear cells.

Key words: allergy, Fc epsilon RI, human, phage antibody library, single-chain variable fragment, scFv.

Abbreviations: AP, alkaline-phosphatase; BSA, bovine serum albumin; HAS, human serum albumin; HRP, horseradish peroxidase; IgE, immunoglobulin E; IL-6, interleukin-6; IPTG, isopropyl-thio- β -D-galactopyranoside; MCP-1, monocyte chemoattractant protein-1; PBMC, peripheral blood mononuclear cell; PBS, phosphate-buffered saline; PCR, polymerase chain reaction; PEG, poly(ethylene glycol); ScFv, single chain variable fragment; TNF-R1, tumor necrosis factor receptor 1; TU, transforming unit.

Higher animals are endowed with antibodies as the sole professional defense molecules that, like bullets, target an unlimited number of molecules. Since J. Koller and C. Milstein reported the production of a murine monoclonal antibody by means of cell fusion technology (1), a tremendous number of studies has been carried out in a search for therapeutic antibodies. However, few attempts have been successful regarding human therapy. The reason is the immunogenicity of murine or rat monoclonal antibodies in humans (2-4). Nevertheless, no technology has been available for generating human antibodies directed to human self molecules which is principally forbidden in the human immune system. There has been, however, a recent breakthrough as a result of two cutting-edge technologies involving a human-immunoglobulin-transgenic mouse and a human antibody display phage library. In this study, we attempted to create a therapeutic human antibody for immunoglobulin E (IgE)-mediated allergic diseases. The interaction between IgE and its high affinity receptor, FceRI(5, 6) on mast cells and basophiles, is central to allergic diseases (7, 8). When receptor-bound

IgE is cross-linked by a multivalent allergen, an activation signal causes the release of inflammatory mediators. resulting in a type I immediate hypersensitivity reaction. Interference with the binding of IgE to $Fc \in RI\alpha$ is considered to be a strategy for specific prevention of an IgEmediated allergic reaction (9). In the case of IgE as a target molecule, two murine mAbs have been reported to have been humanized to avoid the problems of antigenicity (2, 10). One of them, omalizumab, is under phase III clinical trials (11-13). Its counterpart, FcERI, consists of one α -chain, one β -chain, and two disulfide-linked γ chains. The binding site for IgE is located in the extracellular portion of $FceRI\alpha$, indicating that $FceRI\alpha$ is an attractive target for the inhibition of IgE-mediated allergic diseases. Targeting this molecule, the murine antihuman FccRIa mAb was humanized and characterized by Takai et al. (14, 15).

In this study, we attempted to produce a human singlechain antibody fragment (scFv) specific to human FccRI α using large-scale phage libraries displaying scFv derived from non-immune human peripheral blood mononuclear cells (PBMCs). As human FccRI α -specific human scFvs were successfully isolated, we report here their characterization. One of the clones, FcRe51, may be a leading scFv antibody for the therapeutic treatment of IgE-mediated allergic diseases.

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MATERIALS AND METHODS

Recombinant $Fc \in RI\alpha$ ($rFc \in RI\alpha$)—First-strand cDNA was prepared from human peripheral blood mononuclear cells (PBMCs) (16). A DNA fragment coding the extracytoplasmic portion of rFccRIa flanked by initiation and alanine codons at the 5'end was generated by polymerase chain reaction (PCR) with synthetic sense primer KEB-59 (5'-TATACATATGGCAGTCCCTCAGAAACCTAAGG: incorporating a unique NdeI site) and anti-sense primer KEB-60 (TGGTCCCATGGGCCTCGAAAATAATGTCAT-TACAACTCC; incorporating a unique Acc65I site). The resulting PCR product was cleaved with NdeI and Acc65I, and then ligated with the pET-29b plasmid (pFce- $RI\alpha$), in which six successive histidine residues were inserted immediately upstream of the stop codon. The whole sequence was confirmed by sequencing analysis. pFccRIa was transfected into E. coli strain BL21-Star. Gene expression was induced with 1 mM isopropyl-thioβ-D-galactopyranoside (IPTG). rFcεRIα was purified from a cell lysate by affinity chromatography on nickel-nitrilotriacetic acid resin (Amersham Pharmacia Biotech) following the supplier's instructions. The function of rFce-RIa was determined on the binding activity to antihuman FccRIa mAb (CRA1, CosmoBio) and human IgE.

Construction of a scFv Library—Fifty milliliters of heparinized venous blood was collected from each of 20 healthy volunteers, and PBMCs were isolated by density gradient centrifugation using Ficoll. Total RNA from the purified PBMCs was extracted with ISOGEN (Nippon Gene, Toyama). The first-strand cDNA was synthesized with a first-strand cDNA synthesis kit (Amersham Pharmacia Biotech, Backinghamshire) using the DNA primer for the Ig constant region for the γ , μ , κ , or λ chain. The V genes for the γ , μ , κ , or λ chain was separately amplified by PCR using appropriate V gene-family-based back and forward primers (17-19). The PCR products of VH and VL gene segments were separately purified and assembled by PCR with a linker DNA that encoded a (Gly₄Ser)₃ peptide to construct a single-chain Fv (scFv) gene. After adding the flanking oligonucleotides containing the appended restriction sites to the reaction mixture, the assembled scFv genes were reamplified by PCR and gelpurified. The purified scFv gene repertoires were digested with NotI and SfiI restriction enzymes, gel-purified, and then ligated to phagemid pCANTAB5E (Amersham Pharmacia Biotech). The ligation products were purified by extraction with phenol/chloroform and precipitation with ethanol. The purified DNA was then electroporated into TG1 electrocompetent cells (Stratagene, La Jolla, CA) with a Gene Pulser (Bio-Rad, Richmond, CA). The diversity of each library was defined as the number of kinds of recombinant single ampicillin-resistant clones obtained on consecutive ligation and transformation of the plasmid into competent cells prior to any amplification of the genes. Four phagemid libraries were constructed, named V γ -V κ , V γ -V λ , V μ -V κ , and V μ -V λ ; they contained 1.1×10^8 , 2.1×10^8 , 8.4×10^7 , and 5.3×10^7 members, respectively. The VH and VL genes from arbitrarily chosen clones in the four phagemid libraries were sequenced, and the germ-line gene was assigned based on homology to a database (VBASE) of germ-line V-genes compiled by Tomlinson et al. (20).

Preparation of an scFv Display Phage—M13K07 helper phage (final, ca. 10⁹ plaque–forming units/ml) was added to E. coli TG1 cells harboring the constructed phagemids grown to an OD₆₀₀ of 0.5–0.7 at 30°C in a 2 YT medium containing 2% glucose and 100 µg/ml ampicillin. After being gently shaken at 30°C for 1 h, the cells were collected by centrifugation, suspended in a 2 YT medium containing 100 µg/ml ampicillin and 50 µg/ml kanamycin, and incubated with shaking overnight at 30°C. After the cells had been removed by centrifugation, phage particles in the supernatant were purified and concentrated by two poly(ethylene glycol) (PEG) precipitations by adding a 1/5 volume of 20% PEG in 2.5M NaCl (21). The concentrated phage was resuspended in TE (10 mM Tris/HCl, pH 8.0, containing 1 mM EDTA) to a concentration of about 10¹³ transducing units/ml (ampicillin-resistant clones).

Phage Antibody Selection—Biopanning was performed as described by Kaji et al. (22). Briefly, four µg of rFcεRIα in 0.1 M NaHCO₃, pH 8.6, was incubated at 4°C overnight in a 35 mm petri dish (Iwaki Glass, Tokyo). The rFcεRIα-coated plate was washed once with phosphatebuffered saline (PBS) and then blocked with either 0.5% gelatin for the 1st selection or 5% skim milk for the 2nd selection. The mixture of V γ -V κ and V γ -V λ phage libraries $(5 \times 10^{11} \text{ transforming units [TU] each})$ or Vµ-V κ and Vµ-V λ phage libraries (5 × 10¹¹ TU each) was added to the rFccRIa-plastic plate at room temperature. Two hours later, the plate was washed 10 times with phosphatebuffered saline (PBS) containing 0.1% Tween20. The bound phages were eluted for 5 min with 400 µl of 0.1 M glycine-HCl (pH 2.2), and then immediately neutralized with 1 M-Tris HCl (pH 9.1) and amplified by infection with log phase *E. coli* strain TG1 cells, as described (17). One milliliter of these phages (containing approximately 10^{12} TU) was used for the next round of selection.

Soluble scFv—The soluble scFvs of the selected clones after the final selection were prepared by infecting phage clones with *E. coli* HB2151 according to the manufacturer's instructions (Amersham Pharmacia Biotech). The scFv fragments were then affinity-purified using an anti-Etag monoclonal antibody (Amersham Pharmacia Biotech). The eluted fractions were dialyzed against PBS and then analyzed by SDS-PAGE. Protein concentrations were determined with a protein assay kit (Bio-rad) based on the Bradford method. The purified scFvs were analyzed by HPLC using HiLoad 16/60 Superdex (Amersham Pharmacia Biotech).

ELISA—ELISA was performed as described (22, 23). Briefly, all antigens (80 ng /40 μ l) were adsorbed to a microtiter plate (Nunc, Denmark). Phage clones (40 μ l of PEG-precipitated phage [typically 10¹² TU]) were added to wells, followed by incubation with biotinylated anti-M13 mAb at a dilution of 1:1,000 (Pharmacia, CA), followed by detection with alkaline-phosphatase (AP)–conjugated streptavidin (1:1,000: Vector Laboratories, Burlingame). For the detection of scFv, anti-Etag mAb (Pharmacia) was used at a dilution of 1:1,000 as a primary antibody, followed by AP-conjugated anti–mouse IgG (Jackson ImmunoResearch, West Grove, PA) at a dilution of 1:2,000 as a secondary antibody. Absorbance was measured at 405 nm by the use of a microplate reader (NJ-2300; Nunc, Tokyo). Immunoblotting Analysis—12% SDS-PAGE and blotting were carried out as described (22), using a semidry electroblotter (Sartorius, Tokyo). The transferred PVDF membrane (Applied Biosystems) was incubated with horseradish peroxidase (HRP)–conjugated anti–E-tag mAb. Development was performed by ECL (Amersham Pharmacia Biotech) according to the manufacturer's instructions using a luminoimage analyzer (LAS-1000, Fuji Film, Tokyo). An NEB prestained protein marker (NE Biolabs) was used as a protein marker.

DNA Sequencing—The nucleotide sequences of the scFv genes were determined with a Dye Terminator Cycle Sequencing FS Ready Reaction kit (PE Applied Biosystems, Foster City, CA) with primer S7 (pUC19 reverse in the pUC backbone: 5'-AGCGGATAACAATT-TCACACAGG-3') and S8 (in the *fd* gene 3: 5'-GTCGTCT-TTCCAGACGTTAGT-3'). The amino acid residues of each variable domain were according to Kabat *et al.* (24, 25).

Surface Plasmon Resonance Analysis—The binding kinetics of scFvs as to immobilized rFcεRIα were measured by means of surface plasmon resonance (SPR) using a Pharmacia BIAcore 2000 optical biosenser (Biacore Uppsala, Sweden) according to the manufacturer's instructions. The rFccRIa was immobilized on a CM5 sensor chip in 10 mM sodium acetate, pH 4.0, using the amine coupling kit supplied by the manufacturer. Unreacted moieties on the surface were blocked with ethanolamine. A rFccRIa concentration of 50 µg/ml and a contact time of 5 min at a flow rate of 5 µl/min gave approximately 240 resonance units (RU). All measurements were conducted in HBS buffer (10 mM HEPES, pH 7.4, containing 0.15 M NaCl, 3 mM EDTA, and 0.005% Tween20) at a flow rate of 5 µl/ min at 20°C. After each measurement, the chip surface was regenerated with 10 µl of 200 mM glycine-HCl buffer containing 200 mM NaCl (pH 2.2). Human IgE (Chemicon, Temecula, CA) and scFv antibodies were assessed over the concentration range of 5-0 nM. As unrelated scFvs showed no binding activity on these sensorgrams, response curves were prepared by subtracting the signal generated from control flow cell from the flow cell containing rFccRIa. Sensorgram curves were evaluated with BIAevalution 2.1 to determine the rate constants $k_{\rm on}$ and $k_{\rm off}$. The dissociation constant (K_d) was calculated with the equation $K_{\rm d} = k_{\rm off}/k_{\rm on}$.

Histamine Release Assay-PBMCs were treated with 0.01 M lactic acid (pH 3.9) containing 0.13 M NaCl-0.005 M KCl to dissociate cell-bound immunoglobulins, and then the histamine release assays were performed as described by Pruzansky et al. (26). The PBMCs were sensitized with the human myeloma IgE (2.5 µg/ml) for 10 min at 4°C. Before the sensitization, the cells were treated with the indicated concentration of scFv at 4°C for 20 min. Sensitized cells were stimulated with platecoated goat anti-human IgE Ab (Sigma) for 45 min at 37°C. The histamine in the supernatant and cell fractions was measured with an RIA kit (Immunotech, Westbrook, ME). The percentage of released histamine was calculated as the amount of histamine in the supernatant relative to the total amount of supernatant and cellular histamine.



Fig. 1. **Phage clones selected with rFccRIa.** ELISA plates were coated with 80 ng/well of HSA, human serum, TNF-R1, gelatin, or skim milk for 12 h. After incubation of the wells with the FcRe27, FcRe51, or FcRe70 phage clone $(1 \times 10^{11} \text{ TU}/40 \ \mu\text{l/well})$ for 1 h, the binding of phage clones was detected with biotinylated anti-M13 mAb in combination with AP-conjugated streptavidin, as described under "MATERIALS AND METHODS."

RESULTS

Selection of FccRIa-Specific scFv Display Phage Clones—FccRIa-specific scFv phage clones were selected from the mixture of the V γ -V κ and V γ -V λ phage libraries. In total, two rounds of biopanning were performed on immobilized rFccRIa, with varying protein concentrations. After two rounds of biopanning selection, 144 clones were randomly selected and examined by ELISA screening for binding to rFccRIa, and then four scFv phages out of the 144 tested clones were analysed. The DNA sequencing data confirmed that 3 of the clones were unique, their variable heavy and light chains having different nucleotide and amino acid sequences; these clones were designated as FcRe27, FcRe51, and FcRe70, respectively. As shown in Fig. 1, these phage clones specifically bound to rFccRI α , but not to gelatin, skim milk, BSA, human serum, recombinant human tumor necrosis factor receptor 1 (TNF-R1), or human serum albumin (HSA). We were unable to isolate the specific clones from the pool of V μ -V κ and V μ -V λ (data not shown).

Binding Activity of the Soluble $Fc \in RIa$ -Specific scFvs— The three rFc RIa-specific clones, FcRe27, FcRe51, and FcRe70, were expressed in shaker flasks using nonsuppressor host *E. coli* HB2151 cells. Soluble scFv proteins were purified from the culture supernatants or periplasmic extracts of *E. coli* on an anti–E tag mAb column. SDS-PAGE analysis of each purified scFv preparation gave a single protein band corresponding to the expected molecular size of 29–30 kDa (Fig. 2). The soluble scFvs were examined as to their binding activity toward Fcz-RIa. As shown in Fig. 3, all three scFvs bound to rFceRIa. No cross-reaction was seen with HSA, TNF-R1, human serum, or 5% skim milk.

VH/VL Sequences of scFvs—The VH and VL domains of anti-FccRI α scFvs were sequenced and compared to elucidate the contributions of the variable heavy (VH)and variable light (VL)-chains to the antigen specificity. The gene usage and deduced amino acid sequences of the scFv clones are shown in Fig. 4. The VH genes of the

Fig. 2. Immunoblotting analysis of scFvs derived from an *E. coli* extract. (A) The supernatant (CS), periplasmic extract (P), and whole cell extract (CL) of a HB2151 cell culture infected with the indicated phage clone were recovered and subjected to 12% SDS-PAGE under non-reducing conditions. After electroblotting, the PVDF membranes were incubated with HRP-conjugated anti–E tag mAb. (B) Size-exclusion HPLC (HiLoad 16/60 Superdex, Pharmacia) of scFv preparations.

FcRe27, FcRe51, and FcRe70 scFvs belonged to V_H1 , V_H3 , and V_H5 family, respectively. The light chains of FcRe27 and FcRe70 belonged to the V λ 1 family, whereas FcRe51 belonged to the V λ 3 family.

Inhibitory Activity of FcRe51 scFv on the Binding of IgE to $Fc \in RI\alpha$ —We examined the inhibitory activity of soluble scFvs on the interaction of FccRI with IgE. After biotinylated $Fc \in RI\alpha$ had been preincubated with the scFv phage for 30 min, the mixture was added to IgE-coated plates. The binding of FccRIa to IgE was detected with AP-conjugated streptavidin. As shown in Fig. 5A, the FcRe51 phage showed significant inhibitory activity, while the FcRe27 and FcRe70 phages did not exhibit any detectable inhibition. To confirm the inhibitory activity of FcRe51 scFv, varying concentrations of the purified scFv were used for this experiment. As shown in Fig. 5B, FcRe51 scFv inhibited the binding of IgE to its receptor at 10 μ g/ml, and 90% inhibition was observed at 100 μ g/ ml, while an irrelevant scFv did not exhibit any inhibitory action. The addition of FcRc51 scFv after the incubation with IgE had no effect on the interaction of $Fc \in RI\alpha$ with IgE (data not shown).

Binding Affinity of $FcR\epsilon 51 scFv$ —As size-exclusion HPLC analysis showed that $FcR\epsilon 51$ was in the monomer form (Fig. 2), affinity analysis was performed by means of surface plasmon resonance. rFccRIa was coupled to the sensor



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Fig. 3. Specific binding of the purified soluble scFvs to rFca-RIa. ELISA was performed as described in Fig. 1 except that FcRa27, FcRa51, or FcRa70 (1 μ g/40 μ l/well) was added to wells in place of a phage clone.

chip, CM5 of BIA core, and various concentrations of scFv were run over the chip. The binding of IgE to the immobilized rFccRIa was also examined under identical conditions (Fig. 6). In the case of the $k_{\rm on}$ value, the binding of rFccRIa/FcRc51 scFv and rFccRIa/IgE was almost identical, *i.e.*, 3.6 \times 10⁵ and 3.3 \times 10⁵ s⁻¹ M⁻¹, respectively. In contrast, the $k_{\rm off}$ value was 7.2×10^{-3} s⁻¹ in the case of FccRc51 vs. rFccRIa, but 1.6×10^{-4} s⁻¹ in the case of IgE vs. rFccRIa, resulting in 40-fold lower affinity of FcRc51 to rFccRIa in comparison with that of IgE, *i.e.*, $K_{\rm d}$ = 20 nM vs. 0.5 nM in the case of IgE.

Inhibition of Histamine Release from IgE-Triggered PBMCs by FcRc51 scFv—FcRc51 scFv was examined as to its ability to inhibit the passive sensitization of human PBMCs with IgE. The histamine concentration of culture supernatants was measured by means of an RIA assay. As shown in Fig. 7, FcRc51 exhibited approximately 50 % inhibition at 50 µg/ml and 30% inhibition at 10 µg/ml of the histamine release from PBMCs. On the other hand, an unrelated scFv showed no inhibition. It is of note that the PBMCs treated with FcRc51 alone did not show induction of degranulation of histamine, indicating that FcRc51 has no agonistic activity.



Fig. 4. Amino acid sequences of the VH and VL domains of FcR:27, FcR:51, and FcR:70. (A) Amino acid sequences of the VH domains. The complementary-determining regions (CDR1–CDR3) and the flanking regions (FR1-4) were deduced according to Kabat *et al.* (Refs. 24 and 25). (B) Amino acid sequences of the VL domains. CDR regions are indicated in bold.



Fig. 5. FcR:51 inhibits the binding of Fc:RIa to human IgE. ELISA plates were coated with human IgE (80 ng/40 μ l/well). Twelve hours later, biotinylated rFc:RIa preincubated with or without a phage clone (A) or the indicated concentration of Fc:S1 (B) for 0.5 h was added to IgE-coated wells. The binding of rFc:RIa was detected with AP-conjugated streptavidin. As judged on sequencing analysis of the V genes, Fc:R244 and Fc:R51 were identical. Therefore, Fc:R244 was omitted in the analysis in (B).



Fig. 6. **BIAcore analysis of FcR:51.** BIAcore sensorgrams recording the association and dissociation of FcR:51(A) and human IgE (B). rFc:RI α (50 µg/ml) was immobilized on CM5 sensor chips as described under "MATERIALS AND METHODS." The rate constants, $k_{\rm on}$ and $k_{\rm off}$, and the dissociation constant ($K_{\rm d}$) are shown in (C). No binding to an unrelated protein (human IgE) was observed.



Fig. 7. Inhibition of histamine release from PBMCs by FcR:51. PBMCs were treated with an acidic buffer to dissociate the cell-bound immunoglobulins. These cells were preincubated with the indicated concentrations of FcR:51 or an unrelated scFv (MRH2) for 20 min, followed by sensitization with 2.5 μ g/ml of human IgE. After washing, the sensitized cells were stimulated on anti-human IgE-coated plates (3 μ g/ml /well) at 37 °C for 45 min. The histamine content of the supernatant was measured using an RIA kit (Immunotech, Westbrook, ME). The percentage of released histamine was calculated as the amount of histamine in the supernatant relative to the total amount of supernatant and cellular histamine.

DISCUSSION

For this study, human scFv display phage libraries were carefully constructed according to the method reported by Marks *et al.* (17). Our libraries have several superior features. First, four libraries were constructed, which were designated as V γ -V κ , V γ -V λ , V μ -V κ , and V μ -V λ , according to the assembly pattern. Secondly, these libraries were prepared on a large scale by using peripheral blood lymphocytes obtained from 20 healthy volunteers, which reduced the bias of V-gene usage among individuals to as little as possible. Arbitrarily chosen clones in the four phagemid libraries were examined for their V-gene DNA sequences. All the selected clones had scFv DNA, and the VH-gene usage in these libraries was quite similar to that of PBMCs reported by Brezinschek et al. (27) (data not shown). Thirdly, the V gene fragments were derived from the cDNA of PBMCs, which underwent immunological selection in vivo. This feature may reduce the degree of possible antigenicity of V domains to as little as possible. Fourthly, they were non-immune libraries. Probably, owing to these features, human FcεRIα-specific scFv antibodies were successfully isolated from the nonimmune human-scFv displaying phage libraries. After two rounds of biopanning selection using rFcεRIα-coated plates, three specific scFv antibodies were isolated from a pool of two libraries, $V\gamma$ -V κ and $V\gamma$ -V λ . On the other hand, we were unable to isolate such antibodies from the pool of V μ -V κ and V μ -V λ (data not shown). Initially, we speculated that an anti-self antibody could be derived from the Vu-library because Vu is guite similar to the germ-line V gene, which has not undergone immunological *in vivo* selection. However, our results suggested the importance of V gene-maturation *in vivo* with regard to self-specificity. Using our libraries, we have isolated scFv antibodies specific to either human interleukin-6 (IL-6) or human monocyte chemoattractant protein-1 (MCP-1) (manuscript in preparation). The isolation of scFv antibodies against EGFR from the non-immune library has also been reported (28, 29). Thus, these data suggest that the non-immune library may be practically used to isolate the self-recognizing antibodies.

IgE antibodies bind to specific high-affinity receptors (FceRI) on mast cells, leading to mast cell degranulation and the release of mediators, such as histamine, which produce symptoms associated with allergy. Recent studies have shown that humanized monoclonal antibodies specific to IgE or $Fc \in RI\alpha$ are of potential therapeutic value in the treatment of allergies. In this study, we have isolated fully human scFv antibodies specific to human FccRIa. BIAcore analysis demonstrated that the FccRIaspecific scFv antibody, FcR ε 51, bound to Fc ε RI α with an affinity of $K_d = 20$ nM, which is relatively higher than the average affinity of an scFv antibody. It has been reported with the use of a smaller phage library of 1×10^7 to 2×10^8 clones, the isolation of scFv antibodies with moderate binding affinities was attained. The pretreatment of PBMCs with FcRe51 significantly inhibited the subsequent degranulation by cross-linking of FccRI with IgE and an anti-IgE polyclonal Ab (Fig. 6). A 10-fold excess of scFv compared to IgE was required to inhibit 50% of the response. This may be due to the monovalency of FcRe51 and the much faster rate of dissociation than that of IgE (Fig. 5C). Antibody engineering may improve FcRe51 to attain higher avidity and effective antagonistic activity. It has been reported that a bispecific scFv dimer, composed of two scFvs directed against different epitopes on VEGF, showed up to 20-fold higher avidity than either of the individual parent scFvs (29). FcRe51 alone did not induce histamine release, indicating that FcRc51 has no agonistic activity. In relation to this issue, it has been reported that exposure to monomeric IgE can enhance mast cell survival, cytokine production, and FccRI expression without histamine release (30-32). It remains

to be determined whether or not monovalent FcRe51 has an effect on mast cell activation, including FceRI-expression or cell survival.

The scFv antibody, $FcR\epsilon 51$, is a human antibody that is highly superior to a humanized antibody in terms of immunogenicity in humans. This class of agents should be of potential therapeutic value in the treatment of allergies.

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