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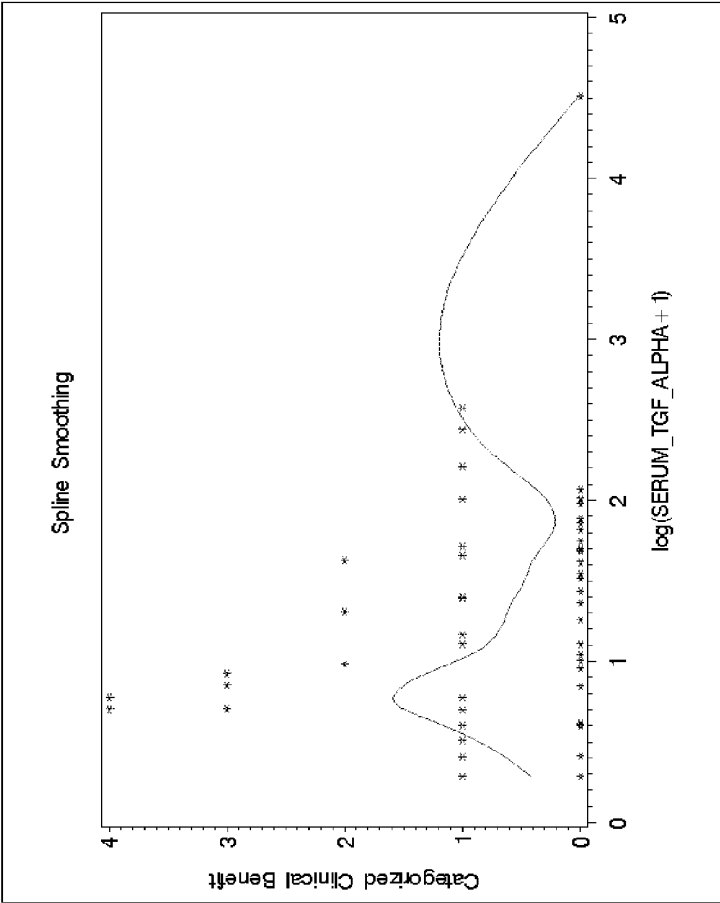
(19) **United States**(12) **Patent Application Publication**
Moecks et al.(10) **Pub. No.: US 2010/0112603 A1**(43) **Pub. Date: May 6, 2010**(54) **METHOD FOR PREDICTING THE
RESPONSE TO A TREATMENT**(76) Inventors: **Joachim Moecks**, Mannheim (DE);
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NUTLEY, NJ 07110(21) Appl. No.: **12/624,443**(22) Filed: **Nov. 24, 2009****Related U.S. Application Data**(63) Continuation of application No. 11/438,033, filed on
May 19, 2006.(30) **Foreign Application Priority Data**

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Publication Classification(51) **Int. Cl.**
G01N 33/53 (2006.01)(52) **U.S. Cl.** **435/7.21**(57) **ABSTRACT**

The invention is related to a method of predicting the response to a treatment with a HER inhibitor in a patient comprising the steps of assessing a biomarker or a combination of biomarkers selected from the group consisting of amphiregulin, an epidermal growth factor, a transforming growth factor alpha, and a HER2 biomarker in a biological sample from the patient and predicting the response to the treatment with the HER inhibitor in the patient by evaluating the results of the first step. Further uses and methods wherein these markers are used are disclosed.

FIG. 1



Categorized clinical benefit:
4 - partial response
3 - stable disease \geq 6 months
2 - stable disease 4 to 6 months
1 - stable disease $<$ 4 months
0 - fast progressive disease

FIG. 2

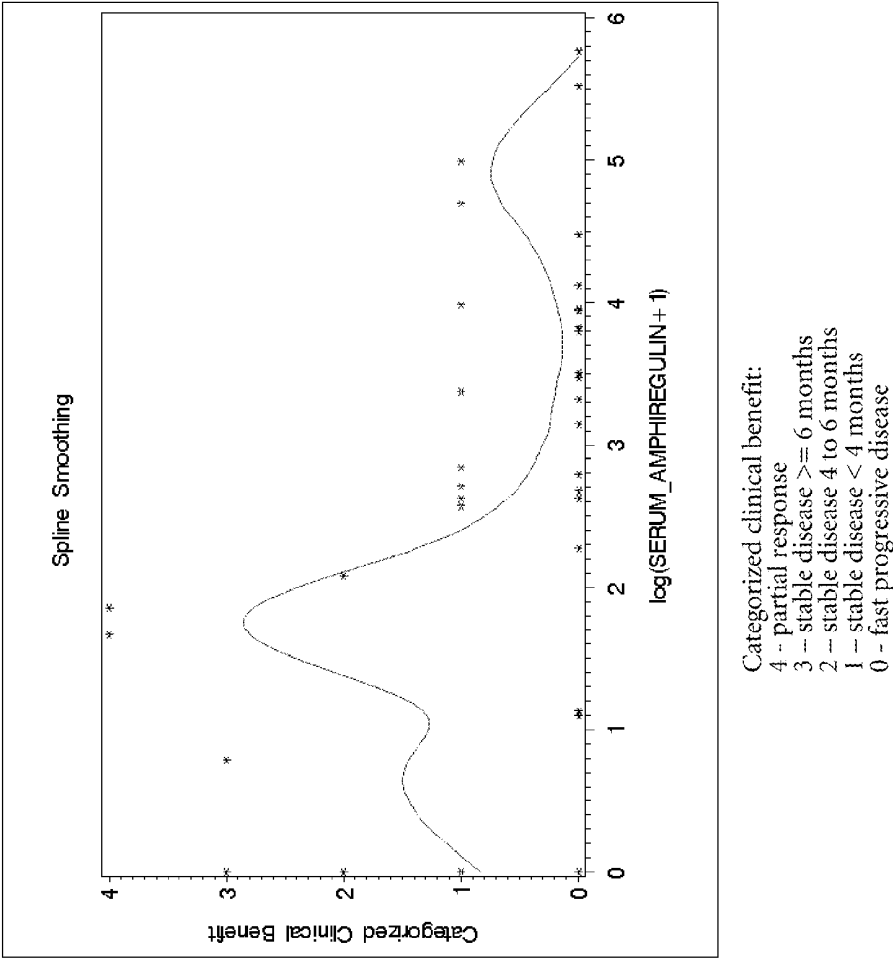


FIG 3

Category	SERUM_TG		SERUM_TG	Total
	F_ALPHA<3.5	F_ALPHA>=3.5	F_ALPHA>	
0	0	14	14	28 - fast progressive disease
1	1	11	6	17 - stable disease < 4 months
2	2	2	1	3 - stable disease 4 to 6 months
3	3	3	0	3 - stable disease >= 6 months
4	4	2	0	2 - partial response
Total		32	21	53

FIG. 4

Category	SERUM_AM		SERUM_AM		Total
	PHIREGUL	PHIREGUL	PHIREGUL	PHIREGUL	
	IN<12	IN<12	IN>=12	IN>=12	
0	13	15			28 - fast progressive disease
1	9	8			17 - stable disease < 4 months
2	3	0			3 - stable disease 4 to 6 months
3	3	0			3 - stable disease >= 6 months
4	2	0			2 - partial response
Total	30	23			53

FIG. 5

Category	SERUM_EG F<150	SERUM_EG F>=150	Total
0	10	18	28 - fast progressive disease
1	8	9	17 - stable disease < 4 months
2	2	1	3 - stable disease 4 to 6 months
3	1	2	3 - stable disease >= 6 months
4	0	2	2 - partial response
Total	21	32	53

FIG. 6

Category	HER2P_EC		Total
	D<18	D>=18	
0	27	17	44 - fast progressive disease
1	20	4	24 - stable disease < 4 months
2	3	1	4 - stable disease 4 to 6 months
3	4	0	4 - stable disease >= 6 months
4	2	0	2 - partial response
Total	56	22	78

Serum Marker	Exploratory marker cut off for group with greater benefit in TTP and/or TTD	Time to progression (TTP)		Time to death (TTD)	
		Number of events for TTP / N total	TTP P log-rank	Number of events for TTD / N total	P Log-rank TTD
TGF-alpha	< 3.5 pg/ml	50/53	0.058	18/53	0.0002
Amphiregulin	< 12 pg/ml	50/53	0.030	18/53	0.29
EGF	>= 150 pg/ml	50/53	0.85	18/53	0.046
Her2-ECD	< 18 ng/ml	74/78	0.014	30/78	0.0003

FIG. 7

FIG. 8

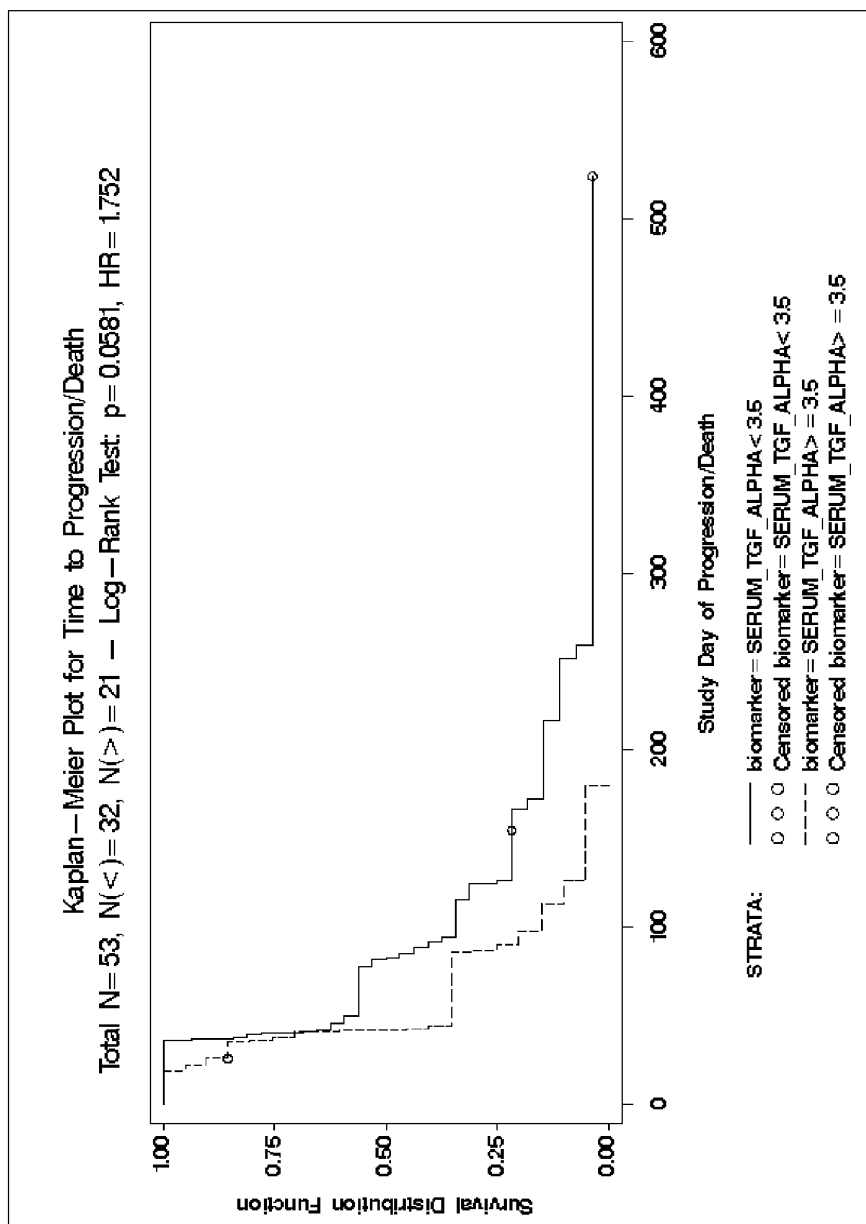


FIG. 9

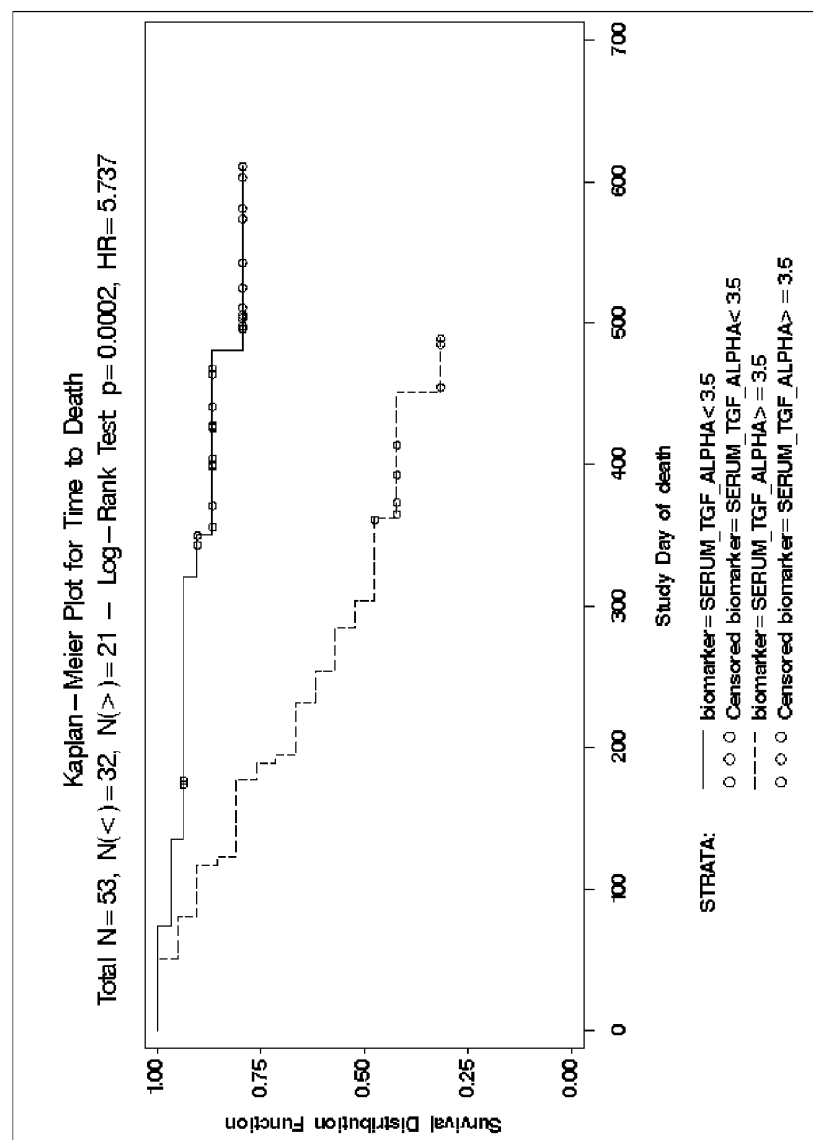


FIG. 10

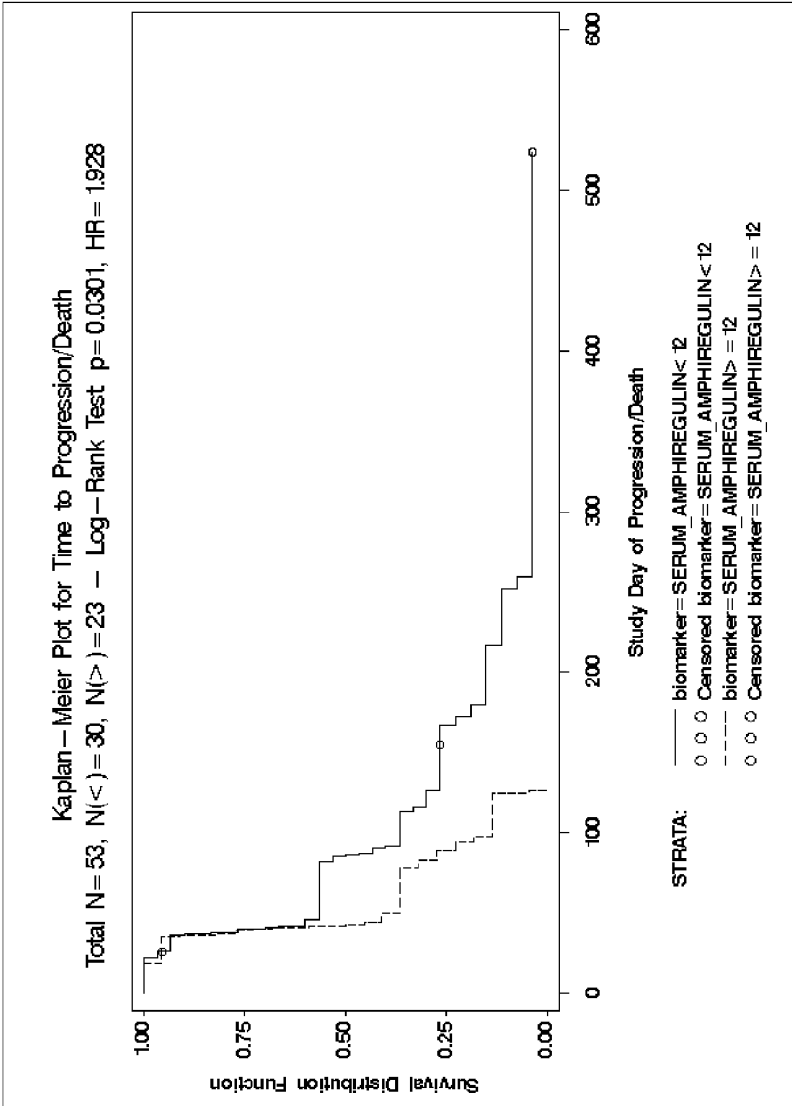


FIG. 11

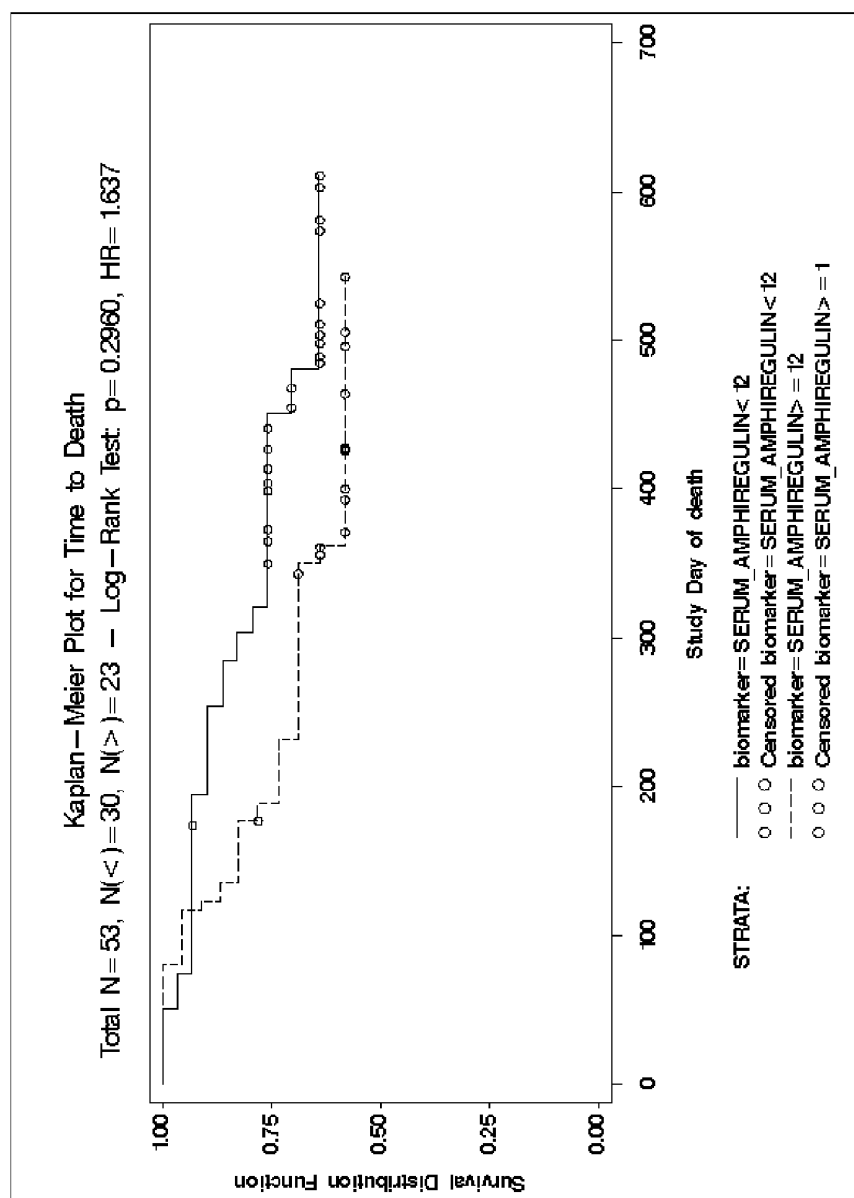


FIG. 12

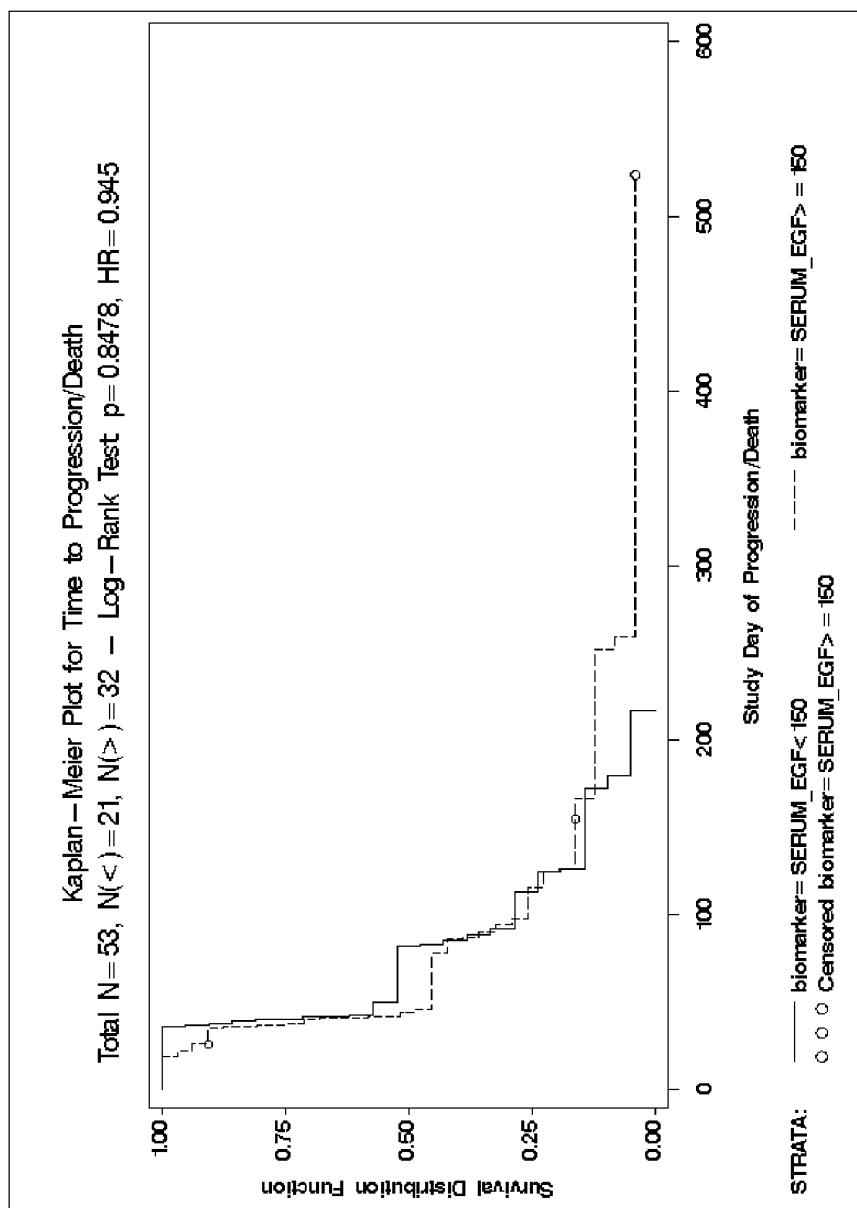


FIG. 13

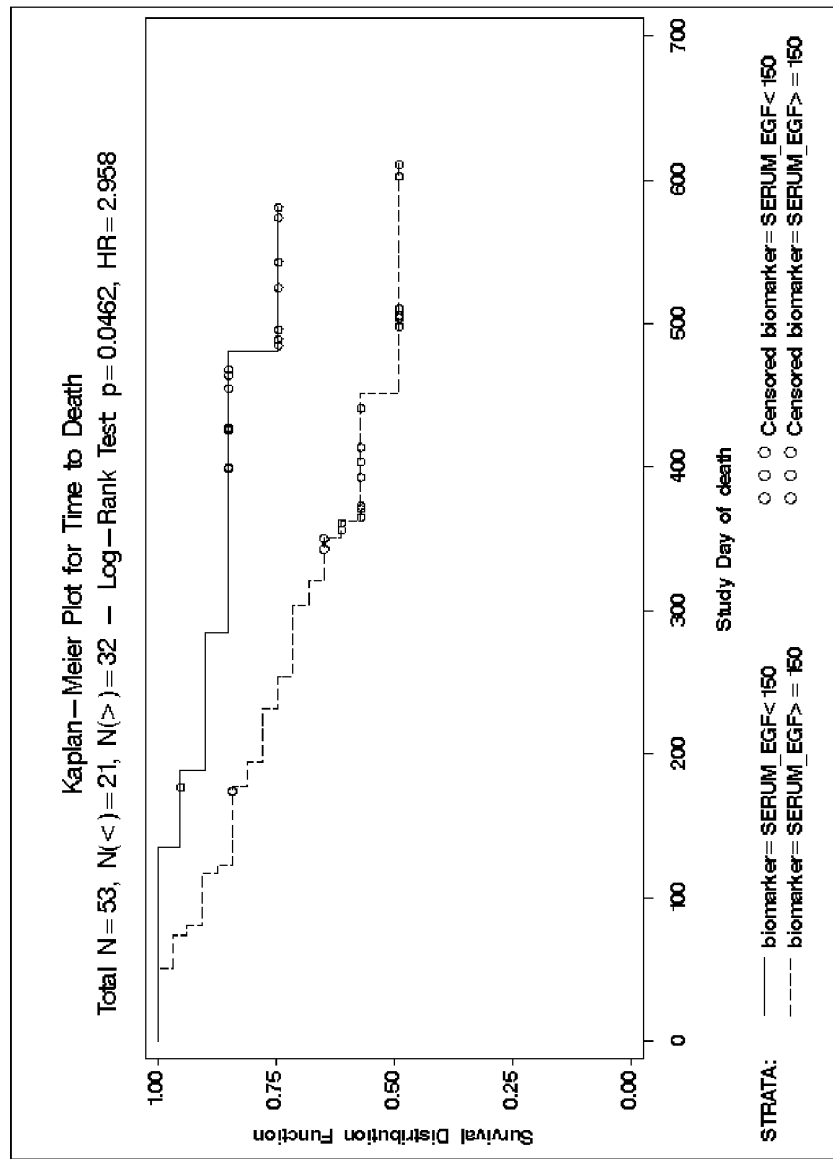


FIG. 14

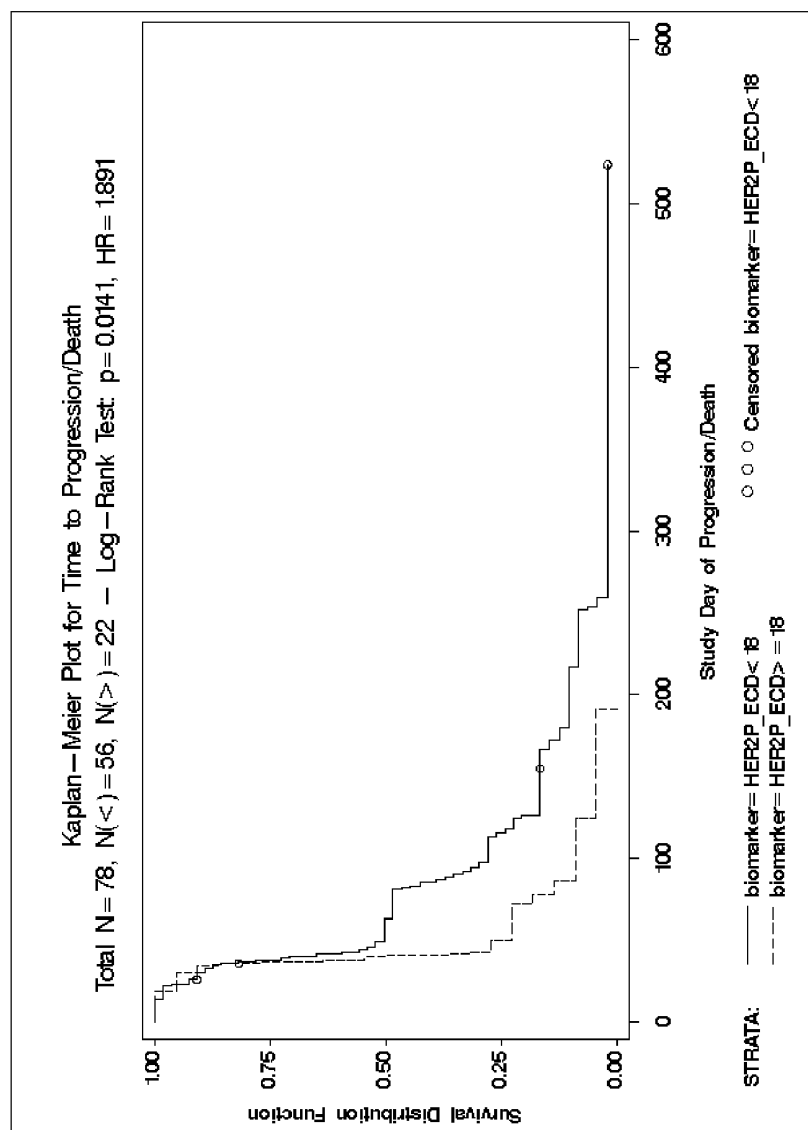


FIG. 15

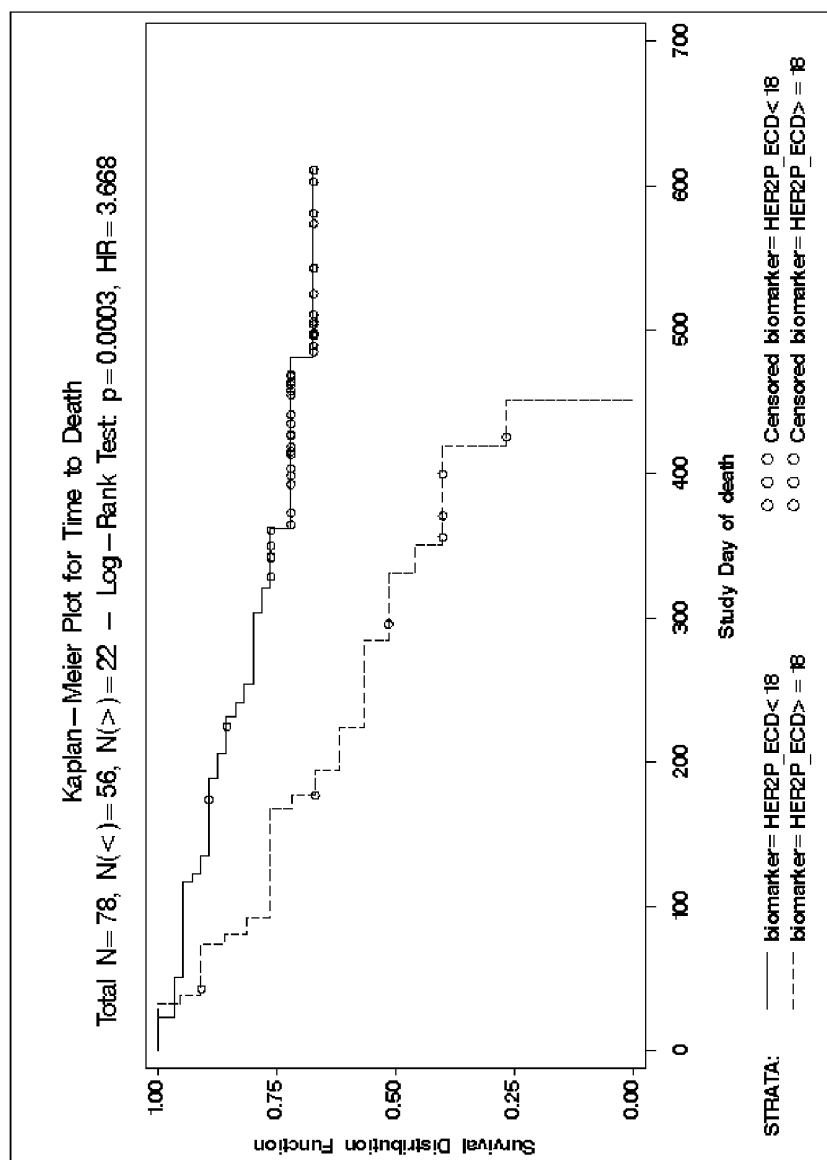


FIG. 16

Category	HER2<18 and TGFA <2.4	HER2>=18 or TGFA >=2.4	Total
0	7	29	36 - fast progressive disease
1	8	10	18 - stable disease < 4 months
2	1	3	4 - stable disease 4 to 6 months
3	3	0	3 - stable disease >= 6 months
4	2	0	2 - partial response
Total	21	42	63

FIG. 17

Serum Marker	Exploratory marker cut off for group with greater benefit in TTP and/or TTD	Time to progression (TTP)		Time to death (TTD)	
		Number of events for TTP / N total	TTP P log-rank	Number of events for TTD / N total	P Log-rank TTD
Her2-ECD/ TGF-alpha Combo score	< 18ng/ml HER2 ECD and/or < 2.4 pg/ml TGF-alpha	60/63	0.0014	25/63	0.0014

FIG. 18

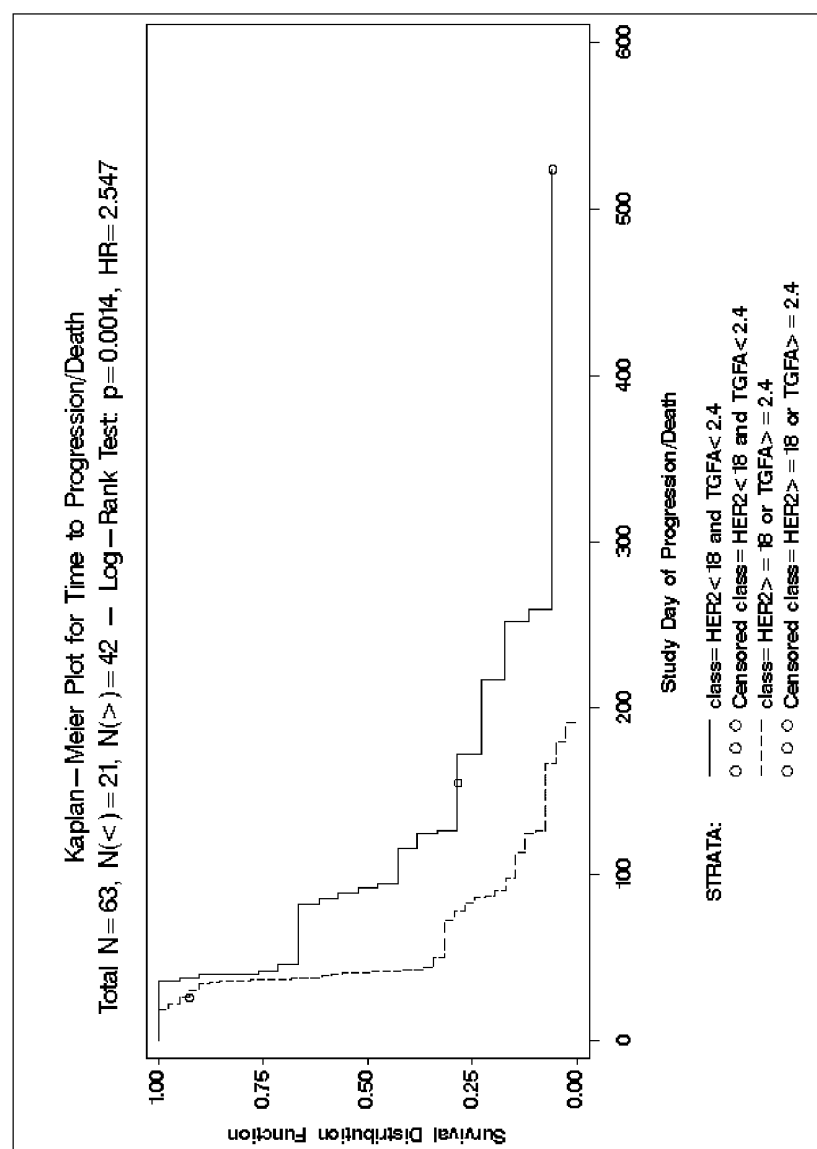
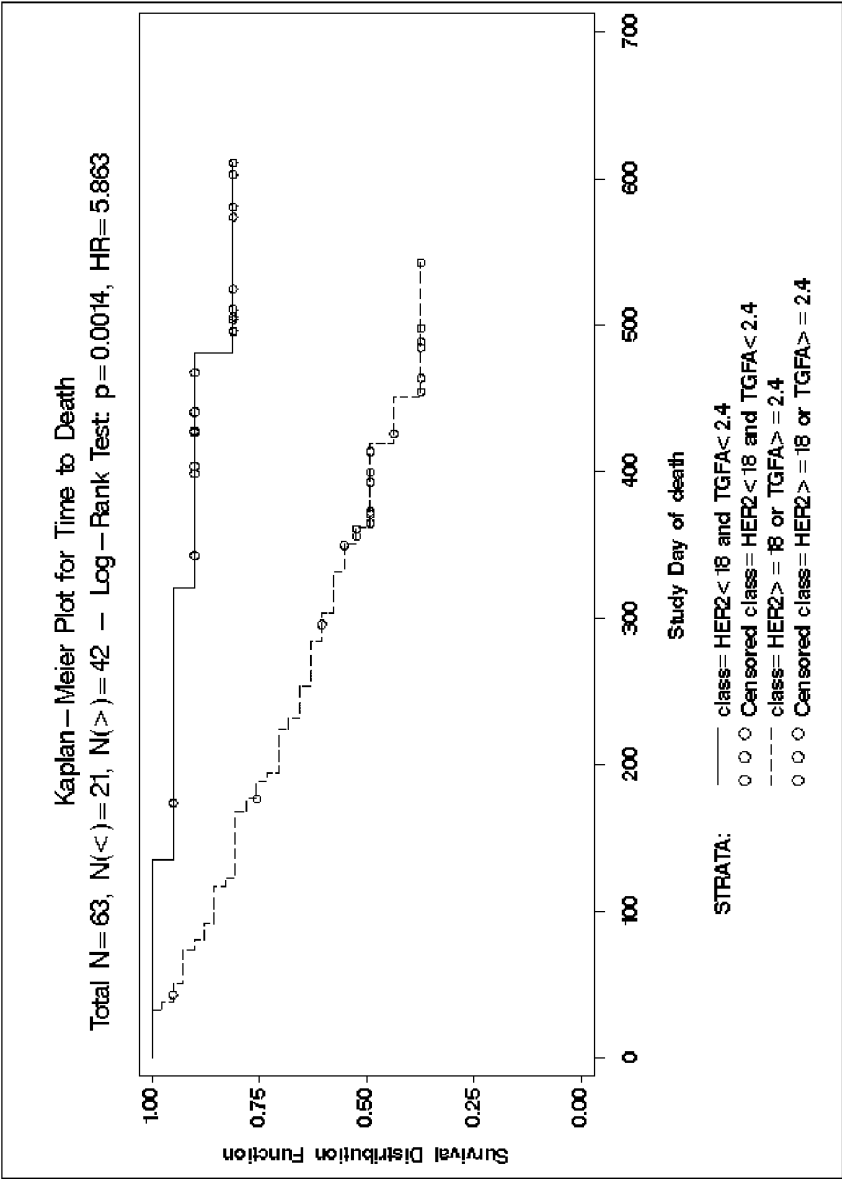


FIG. 19



METHOD FOR PREDICTING THE RESPONSE TO A TREATMENT

PRIORITY TO RELATED APPLICATIONS

[0001] This application is a continuation of U.S. application Ser. No. 11/438,033, filed May 19, 2006, now pending; which claims the benefit of European Application No. 05017663.5, filed Aug. 12, 2005. The entire contents of the above-identified applications are hereby incorporated by reference.

FIELD OF THE INVENTION

[0002] The invention is related to a method of predicting the response to a treatment with a HER inhibitor, preferably a HER dimerization inhibitor, in a patient comprising the steps of assessing a marker gene or a combination of marker genes selected from the group consisting of an epidermal growth factor, a transforming growth factor alpha and a HER2 marker gene or a combination of marker genes comprising an amphiregulin marker gene and a marker gene selected from an epidermal growth factor, a transforming growth factor alpha and a HER2 marker gene in a biological sample from the patient and predicting the response to the treatment with the HER inhibitor in the patient by evaluating the results of the first step. Further uses and methods wherein these markers are used are disclosed.

BACKGROUND OF THE INVENTION

[0003] The human epidermal growth factor receptor (ErbB or HER) family comprises four members (HER1-4) that, through the activation of a complex signal cascade, are important mediators of cell growth, survival and differentiation. At least 11 different gene products from the epidermal growth factor (EGF) superfamily bind to three of these receptors, EGFR (also called ErbB1 or HER1), HER3 (ErbB3) and HER4 (ErbB4). Although no ligand has been identified that binds and activates HER2 (ErbB2 or neu), the prevailing understanding is that HER2 is a co-receptor that acts in concert with other HER receptors to amplify and in some cases initiate receptor-ligand signaling. Dimerization with the same receptor type (homodimerization) or another member of the HER family (heterodimerization) is essential for their activity. HER2 is the preferred dimerization partner for other HER family members. The role of the HER family in many epithelial tumor types is well documented and has led to the rational development of novel cancer agents directed specifically to HER receptors. The recombinant humanized anti-HER2 monoclonal antibody (MAb) trastuzumab is a standard of care in patients with HER2-positive metastatic breast cancer (MBC). Overexpression/amplification of the HER2 protein/gene, which occurs in 20-30% of breast cancer cases, is a prerequisite for treatment with trastuzumab.

[0004] Pertuzumab (Omnitarg™; formerly 2C4) is the first of a new class of agents known as HER dimerization inhibitors (HDIs). Pertuzumab binds to HER2 at its dimerization domain, thereby inhibiting its ability to form active dimer receptor complexes and thus blocking the downstream signal cascade that ultimately results in cell growth and division. Pertuzumab is a fully humanized recombinant monoclonal antibody directed against the extracellular domain of HER2. Binding of Pertuzumab to the HER2 on human epithelial cells prevents HER2 from forming complexes with other members of the HER family (including EGFR, HER3, HER4) and

probably also HER2 homodimerization. By blocking complex formation, Pertuzumab prevents the growth-stimulatory effects and cell survival signals activated by ligands of HER1, HER3 and HER4 (e.g. EGF, TGF α , amphiregulin, and the heregulins). Other names for Pertuzumab are 2C4 or Pertuzumab. Pertuzumab is a fully humanized recombinant monoclonal antibody based on the human IgG1(κ) framework sequences. The structure of Pertuzumab consists of two heavy chains (449 residues) and two light chains (214 residues). Compared to Trastuzumab (Herceptin®), Pertuzumab has 12 amino acid differences in the light chain and 29 amino acid differences in the IgG1 heavy chain. WO 2004/092353 and WO 2004/091384 present investigations that the formation of heterodimers of HER2 with other receptors should be linked to the effectiveness or suitability of Pertuzumab.

[0005] Zabrecky, J. R. et al., J. Biol. Chem. 266 (1991) 1716-1720 disclose that the release of the extracellular domain of HER2 may have implications in oncogenesis and its detection could be useful as a cancer diagnostic. Colomer, R. et al., Clin. Cancer Res. 6 (2000) 2356-2362 disclose circulating HER2 extracellular domain and resistance to chemotherapy in advanced breast cancer. The prognostic and predictive values of the extracellular domain of HER2 is reviewed by Hait, W. N., Clin. Cancer Res. 7 (2001) 2601-2604.

SUMMARY OF THE INVENTION

[0006] There is still a need to provide further methods for determining the progression of disease in a cancer patient treated with a HER dimerization inhibitor.

[0007] Therefore, in an embodiment of the invention, a method of predicting the response to a treatment with a HER inhibitor, preferably a HER dimerization inhibitor, in a patient is provided comprising the steps of:

[0008] (a) determining the expression level or amount of one or more biomarker in a biological sample from a patient wherein the biomarker or biomarkers are selected from the group consisting of:

[0009] (1) transforming growth factor alpha;

[0010] (2) HER2;

[0011] (3) amphiregulin; and

[0012] (4) epidermal growth factor;

[0013] (b) determining whether the expression level or amount assessed in step (a) is above or below a certain quantity that is associated with an increased or decreased clinical benefit to a patient; and

[0014] (c) predicting the response to the treatment with the HER inhibitor in the patient by evaluating the results of step (b).

[0015] In another embodiment of the invention, a probe that hybridizes with the polynucleotides of the above biomarkers under stringent conditions or an antibody that binds to the proteins of the above biomarkers is used for predicting the response to treatment with a HER inhibitor in a patient or used for selecting a composition for inhibiting the progression of disease in a patient.

[0016] In still another embodiment of the invention, a kit is provided comprising a probe that anneals with a biomarker polynucleotide under stringent conditions or an antibody that binds to the biomarker protein.

[0017] In still another embodiment of the invention, a method of selecting a composition for inhibiting the progression of disease in a patient is provided, the method comprising:

- [0018] (a) separately exposing aliquots of a biological sample from a cancer patient in the presence of a plurality of test compositions;
- [0019] (b) comparing the level of expression of one or more biomarkers selected from the group consisting of amphiregulin, epidermal growth factor, transforming growth factor alpha and HER2 in the aliquots of the biological sample contacted with the test compositions and the level of expression of such biomarkers in an aliquot of the biological sample not contacted with the test compositions; and
- [0020] (c) selecting one of the test compositions which alters the level of expression of a particular biomarker or biomarkers in the aliquot of the biological sample contacted with the test composition and the level of expression of the corresponding biomarker or biomarkers in the aliquot of the biological sample not contacted with the test composition is an indication for the selection of the test composition.
- [0021] In yet another embodiment of the invention, a method of identifying a candidate agent is provided said method comprising:
- [0022] (a) contacting an aliquot of a biological sample from a cancer patient with the candidate agent and determining the level of expression of one or more biomarkers selected from the group consisting of amphiregulin, epidermal growth factor, transforming growth factor alpha and HER2 in the aliquot;
- [0023] (b) determining the level of expression of a corresponding biomarker or of a corresponding combination of biomarkers in an aliquot of the biological sample not contacted with the candidate agent;
- [0024] (c) observing the effect of the candidate agent by comparing the level of expression of the biomarker or biomarkers in the aliquot of the biological sample contacted with the candidate agent and the level of expression of the corresponding biomarker or biomarkers in the aliquot of the biological sample not contacted with the candidate agent; and
- [0025] (d) identifying said agent from said observed effect, wherein an at least 10% difference between the level of expression of the biomarker or biomarkers in the aliquot of the biological sample contacted with the candidate agent and the level of expression of the corresponding biomarker or biomarkers in the aliquot of the biological sample not contacted with the candidate agent is an indication of an effect of the candidate agent.
- [0026] In yet another embodiment, a candidate agent identified by the method according to the invention or a pharmaceutical preparation comprising an agent according to the invention is provided.
- [0027] In yet another embodiment of the invention, an agent according to the invention is provided for the preparation of a composition for the treatment of cancer.
- [0028] In still another embodiment of the invention, a method of producing a drug is provided comprising:
- [0029] (i) synthesizing the candidate agent identified as described above or an analog or derivative thereof in an amount sufficient to provide said drug in a therapeutically effective amount to a subject; and/or
- [0030] (ii) combining the drug candidate or the candidate agent identified as described above or an analog or derivative thereof with a pharmaceutically acceptable carrier.

[0031] In yet another embodiment of the invention, a biomarker protein or a biomarker polynucleotide selected from the group consisting of an amphiregulin biomarker, and epidermal growth factor biomarker, a transforming growth factor alpha biomarker and a HER2 biomarker protein or polynucleotide is used for deriving a candidate agent or for selecting a composition for inhibiting the progression of a disease in a patient.

[0032] In another embodiment of the invention, a HER inhibitor, preferably a HER dimerization inhibitor, is used for the manufacture of a medicament for treating a human cancer patient characterized in that said treating or treatment includes assessing in a biological sample from the patient: one or more biomarkers selected from the group consisting of amphiregulin biomarker, epidermal growth factor biomarker, transforming growth factor alpha biomarker, and HER2 biomarker. In a particular embodiment, one or more biomarkers are assessed wherein the biomarkers are selected from the group consisting of epidermal growth factor, transforming growth factor alpha, and HER2. In another particular embodiment, a transforming growth factor alpha biomarker is assessed in combination with one or more biomarkers selected from the group consisting of epidermal growth factor, amphiregulin, and HER2. In another particular embodiment, a HER2 biomarker is assessed in combination with one or more biomarkers selected from the group consisting of epidermal growth factor, transforming growth factor alpha, and amphiregulin.

[0033] In another particular embodiment, an epidermal growth factor biomarker is assessed in combination with one or more biomarkers selected from the group consisting of amphiregulin, transforming growth factor alpha, and HER2.

[0034] In another particular embodiment, an amphiregulin biomarker is assessed in combination with one or more biomarkers selected from the group consisting of epidermal growth factor, transforming growth factor alpha, and HER2.

BRIEF DESCRIPTION OF THE FIGURES

- [0035] FIG. 1: Scatterplot TGF-alpha logarithmic transformation versus categorized clinical benefit
- [0036] FIG. 2: Scatterplot Amphiregulin logarithmic transformation versus categorized clinical benefit
- [0037] FIG. 3: Ordinal clinical benefit TGF-alpha
- [0038] FIG. 4: Ordinal clinical benefit Amphiregulin
- [0039] FIG. 5: Ordinal clinical benefit EGF
- [0040] FIG. 6: Ordinal clinical benefit HER2-ECD
- [0041] FIG. 7: Overview exploratory cut-points and log-rank p-values for TTP and TTD for Amphiregulin, EGF, TGF-alpha, HER2-ECD
- [0042] FIG. 8: TGF-alpha Kaplan Meier plot for time to progression/death based on exploratory single marker cut-point
- [0043] FIG. 9: TGF-alpha Kaplan Meier plot for time to death based on exploratory single marker cut-point
- [0044] FIG. 10: Amphiregulin Kaplan Meier plot for time to progression/death based on exploratory single marker cut-point
- [0045] FIG. 11: Amphiregulin Kaplan Meier plot for time to death based on exploratory single marker cut-point
- [0046] FIG. 12: EGF Kaplan Meier plot for time to progression/death based on exploratory single marker cut-point
- [0047] FIG. 13: EGF Kaplan Meier plot for time to death based on exploratory single marker cut-point

[0048] FIG. 14: HER2-ECD Kaplan Meier plot for time to progression/death based on exploratory single marker cut-point

[0049] FIG. 15: HER2-ECD Kaplan Meier plot for time to death based on exploratory single marker cut-point

[0050] FIG. 16: As example for a combination score, further improving the separation between the greater clinical benefit/lesser clinical benefit groups in TTP: Ordinal clinical benefit HER2-ECD TGF alpha combination

[0051] FIG. 17: Overview exploratory cut-points and log-rank p-values for TTP and TTD for a combination of TGF-alpha and HER2-ECD

[0052] FIG. 18: HER2-ECD/TGF-alpha Kaplan Meier plot for time to progression/death based on exploratory combination marker cut-point

[0053] FIG. 19: HER2-ECD/TGF-alpha Kaplan Meier plot for time to death based on exploratory combination marker cut-point

DETAILED DESCRIPTION OF THE INVENTION

[0054] The articles “a” and “an” are used herein to refer to one or to more than one (i.e. to at least one) of the grammatical object of the article. By way of example, “an element” means one element or more than one element.

[0055] The term “biological sample” shall generally mean any biological sample obtained from an individual, body fluid, cell line, tissue culture, or other source. Body fluids are e.g. lymph, sera, plasma, urine, semen, synovial fluid and spinal fluid. Methods for obtaining tissue biopsies and body fluids from mammals are well known in the art. If the term “sample” is used alone, it shall still mean that the “sample” is a “biological sample”, i.e. the terms are used interchangeably.

[0056] The term “response of a patient to treatment with a HER inhibitor” or “response of a patient to treatment with a HER dimerization inhibitor” refers to the clinical benefit imparted to a patient suffering from a disease or condition (such as cancer) from or as a result of the treatment with the HER inhibitor (e.g., a HER dimerization inhibitor). A clinical benefit includes a complete remission, a partial remission, a stable disease (without progression), progression-free survival, disease free survival, improvement in the time-to-progression (of the disease), improvement in the time-to-death, or improvement in the overall survival time of the patient from or as a result of the treatment with the HER dimerization inhibitor. There are criteria for determining a response to therapy and those criteria allow comparisons of the efficacy to alternative treatments (Slapak and Kufe, Principles of Cancer Therapy, in Harrison's Principles of Internal Medicine, 13th edition, eds. Isselbacher et al., McGraw-Hill, Inc., 1994). For example, a complete response or complete remission of cancer is the disappearance of all detectable malignant disease. A partial response or partial remission of cancer may be, for example, an approximately 50 percent decrease in the product of the greatest perpendicular diameters of one or more lesions or where there is not an increase in the size of any lesion or the appearance of new lesions.

[0057] As used herein, the term “progression of cancer” includes and may refer to metastasis; a recurrence of cancer, or an at least approximately 25 percent increase in the product of the greatest perpendicular diameter of one lesion or the appearance of new lesions. The progression of cancer, preferably breast cancer, is “inhibited” if recurrence or metastasis of the cancer is reduced, slowed, delayed, or prevented.

[0058] As used herein, the term “Time To Progression/death” (also referred to as “TPP”) or Progression-Free Survival (also referred to as “PFS”) refers to a clinical endpoint frequently used in oncology trials (that includes but is not limited to clinical trials with reference to the present invention). The measurement for each patient equals the time elapsed from onset of the treatment of a patient in a trial (as defined in the protocol [i.e. see the examples *infra*]) until the detection of a malignancy progression (as defined in the protocol) or the occurrence of any fatality (whatever is first). If the observation of the patient was stopped (e.g. at study end) after a period and no event was observed, then this observation time *t* is called “censored.”

[0059] As used herein, the term “Time To Death” (also referred to as “TTD”) or “Overall Survival” (also referred to as “OS”) refers to a clinical endpoint frequently used in oncology trials (that includes but is not limited to clinical trials with reference to the present invention). The measurement for each patient equals the time elapsed from onset of the treatment of a patient in a trial (as defined in the protocol [i.e., see the examples *infra*]) until the occurrence of any fatality. If the observation of the patient is stopped (e.g. at study end) after a period *t* and the patient survived to this time, then this observation time *t* is called “censored.”

[0060] As used herein, the term “covariate” refers to certain variables or information relating to a patient. The clinical endpoints are frequently considered in regression models, where the endpoint represent the dependent variable and the biomarkers represent the main or target independent variables (regressors). If additional variables from the clinical data pool are considered these are denoted as (clinical) covariates. The term “clinical covariate” here is used to describe all clinical information about the patient, which are in general available at baseline. These clinical covariates comprise demographic information like sex, age etc., other anamnestic information, concomitant diseases, concomitant therapies, result of physical examinations, common laboratory parameters obtained, known properties of the target tumor, information quantifying the extent of malignant disease, clinical performance scores like ECOG or Karnofsky index, clinical disease staging, timing and result of pretreatments and disease history as well as all similar information, which may be associated with the clinical prognosis.

[0061] As used herein, the term “raw analysis” or “unadjusted analysis” refers to regression analyses, where over the considered biomarkers no additional clinical covariates were used in the regression model, neither as independent factors nor as stratifying covariate.

[0062] As used herein, the term “adjusted by covariates” refers to regression analyses, where over the considered biomarkers additional clinical covariates were used in the regression model, either as independent factors or as stratifying covariate.

[0063] As used herein, the term “univariate” refers to regression models or graphical approaches where as independent variable only one of the target biomarkers is part of the model. These univariate models can be considered with and without additional clinical covariates.

[0064] As used herein, the term “multivariate” refers to regression models or graphical approaches where as independent variables more than one of the target biomarkers are part of the model.

[0065] These multivariate models can be considered with and without additional clinical covariates.

[0066] “Nucleotides” are “nucleosides” that further include a phosphate group covalently linked to the sugar portion of the nucleoside. For those “nucleosides” that include a pentofuranosyl sugar, the phosphate group can be linked to either the 2', 3' or 5' hydroxyl moiety of the sugar. A “nucleotide” is the “monomeric unit” of an “oligonucleotide”, more generally denoted herein as an “oligomeric compound”, or a “polynucleotide”, more generally denoted as a “polymeric compound”. Another general expression therefor is deoxyribonucleic acid (DNA) and ribonucleic acid (RNA). As used herein the term “polynucleotide” is synonymous with “nucleic acid.”

[0067] As used herein, the term “probe” refers to synthetically or biologically produced nucleic acids (DNA or RNA) which, by design or selection, contain specific nucleotide sequences that allow them to hybridize under defined predetermined stringencies specifically (i.e., preferentially) to “nucleic acids”. A “probe” can be identified as a “capture probe” meaning that it “captures” the nucleic acid so that it can be separated from undesirable materials which might obscure its detection. Once separation is accomplished, detection of the captured “target nucleic acid” can be achieved using a suitable procedure. “Capture probes” are often already attached to a solid phase. According to the present invention, the term hybridization under “stringent conditions” is given the same meaning as in Sambrook et al. (Molecular Cloning, A Laboratory Manual, Cold Spring Harbor Laboratory Press (1989), paragraph 1.101-1.104). Preferably, a “stringent hybridization” is the case when a hybridization signal is still detectable after washing for 1 h with 1×SSC and 0.1% SDS at 50° C., preferably at 55° C., more preferably at 62° C., and most preferably at 68° C., and more preferably for 1 hour with 0.2×SSC and 0.1% SDS at 50°, preferably at 55° C., more preferably at 62°, and most preferably at 68° C. The composition of the SSC buffer is described in Sambrook et al. (Molecular Cloning, A Laboratory Manual, Cold Spring Harbor Laboratory Press (1989)).

[0068] As used herein, a “transcribed polynucleotide” is a polynucleotide (e.g. an RNA, a cDNA, or an analog of one of an RNA or cDNA) which is complementary to or homologous with all or a portion of a mature RNA made by transcription of a gene, such as the marker gene of the invention, and normal post-transcriptional processing (e.g. splicing), if any, of the transcript. The term “cDNA” is an abbreviation for complementary DNA, the single-stranded or double-stranded DNA copy of a mRNA. The term “mRNA” is an abbreviation for messenger RNA- the RNA that serves as a template for protein synthesis.

[0069] As used herein, the term “marker gene” or “biomarker gene” is meant to include a gene which is useful according to this invention for determining the progression of cancer in a patient, particularly in a breast cancer patient.

[0070] As used herein, the term “marker polynucleotide” or “biomarker polynucleotide” is meant to include a nucleotide transcript (hnRNA or mRNA) encoded by a marker gene according to the invention, or cDNA derived from the nucleotide transcript, or a segment of said transcript or cDNA.

[0071] As used herein, the term “marker protein,” “marker polypeptide,” “biomarker protein,” or “biomarker polypeptide” is meant to include a protein or polypeptide encoded by a marker gene according to the invention or to a fragment thereof.

[0072] As used herein, the term “marker” and “biomarker” are used interchangeably and refer to a marker gene, marker polynucleotide, or marker protein as defined above.

[0073] As used herein, the term “gene product” refers to a marker polynucleotide or marker protein encoded by a marker gene.

[0074] The expression of a marker gene “significantly” differs from the level of expression of the marker gene in a reference sample if the level of expression of the marker gene in a sample from the patient differs from the level in a sample from the reference subject by an amount greater than the standard error of the assay employed to assess expression, and preferably at least 10%, and more preferably 25%, 50%, 75%, 100%, 125%, 150%, 175%, 200%, 300%, 400%, 500% or 1,000% of that amount. Alternatively, expression of the marker gene in the patient can be considered “significantly” lower than the level of expression in a control subject if the level of expression in a sample from the patient is lower than the level in a sample from the control subject by an amount greater than the standard error of the assay employed to assess expression, and preferably at least 10%, and more preferably 25%, 50%, 75%, 100%, 125%, 150%, 175%, 200%, 300%, 400%, 500% or 1,000% that amount.

[0075] A marker polynucleotide or a marker protein “corresponds to” another marker polynucleotide or marker protein if it is related thereto, and in preferred embodiments is identical thereto.

[0076] The terms “level of expression” or “expression level” are used interchangeably and generally refer to the amount of a polynucleotide or an amino acid product or protein in a biological sample. “Expression” generally refers to the process by which gene encoded information is converted into the structures present and operating in the cell. Therefore, according to the invention “expression” of a gene may refer to transcription into a polynucleotide, translation into a protein or even posttranslational modification of the protein. Fragments of the transcribed polynucleotide, the translated protein or the posttranslationally modified protein shall also be regarded as expressed whether they originate from a transcript generated by alternative splicing, a degraded transcript or from a posttranslational processing of the protein, e.g. by proteolysis. “Expressed genes” include those that are transcribed into a polynucleotide as mRNA and then translated into a protein; and also include expressed genes that are transcribed into RNA but not translated into a protein (for example, transfer and ribosomal RNAs).

[0077] The term “overexpression” or “increased expression” refers to an upward deviation in levels of expression as compared to the baseline expression level in a sample used as a control.

[0078] The term “underexpression” or “decreased expression” refers to a downward deviation in levels of expression as compared to the baseline expression level in a sample used as a control.

[0079] The term “amphiregulin” relates to a gene that encodes a protein and to the protein itself that is a member of the epidermal growth factor family. It is an autocrine growth factor as well as a mitogen for astrocytes, Schwann cells, and fibroblasts. It is related to epidermal growth factor (EGF) and transforming growth factor alpha (TGF-alpha). This protein interacts with the EGF/TGF-alpha receptor to promote the growth of normal epithelial cells and inhibits the growth of certain aggressive carcinoma cell lines. According to the invention, the amino acid sequence of amphiregulin is the

amino acid sequence according to SEQ ID NO: 1. According to the invention, the nucleic acid sequence of the “amphiregulin” cDNA is the nucleic acid sequence according to SEQ ID NO: 5 which is accessible at GenBank with the accession number NM_001657.

[0080] The term “transforming growth factor alpha” relates to a gene that encodes a protein and to the protein itself that is a member of the family of transforming growth factors (TGFs). These are biologically active polypeptides that reversibly confer the transformed phenotype on cultured cells. “Transforming growth factor-alpha” shows about 40% sequence homology with epidermal growth factor and competes with EGF for binding to the EGF receptor, stimulating its phosphorylation and producing a mitogenic response. According to the invention, the amino acid sequence of “Transforming growth factor-alpha” is the amino acid sequence according to SEQ ID NO: 3. According to the invention, the nucleic acid sequence of the “transforming growth factor-alpha” cDNA is the nucleic acid sequence according to SEQ ID NO: 7 which is accessible at GenBank with the accession number NM_003236.

[0081] The term “epidermal growth factor” relates to a gene that encodes a protein and to the protein itself that is a member of the family of growth factors. “Epidermal growth factor (EGF)” has a profound effect on the differentiation of specific cells in vivo and is a potent mitogenic factor for a variety of cultured cells of both ectodermal and mesodermal origin. The EGF precursor is believed to exist as a membrane-bound molecule which is proteolytically cleaved to generate the 53-amino acid peptide hormone that stimulates cells to divide. According to the invention, the amino acid sequence of “Epidermal growth factor” is the amino acid sequence according to SEQ ID NO: 2. According to the invention, the nucleic acid sequence of the “Epidermal growth factor (EGF)” cDNA is the nucleic acid sequence according to SEQ ID NO: 6 which is accessible at GenBank with the accession number NM_001963. The “Epidermal Growth Factor Receptor” abbreviated as EGFR, a 170-kD glycoprotein, is composed of an N-terminus extracellular domain, a hydrophobic transmembrane domain, and a C-terminus intracellular region containing the kinase domain. The mRNA has different variants translated into different receptor proteins. According to the invention, the amino acid sequence of the “Epidermal growth factor receptor” is the amino acid sequence according to SEQ ID NO: 11 (transcript variant 1; GenBank accession number NM_005228), SEQ ID NO: 12 (transcript variant 2; GenBank accession number NM_201282), SEQ ID NO: 13 (transcript variant 3; GenBank accession number NM_201283), or SEQ ID NO: 14 (transcript variant 4; GenBank accession number NM_201284). EGFR, encoded by the *erbB1* gene, has been causally implicated in human malignancy. In particular, increased expression of EGFR has been observed in breast, bladder, lung, head, neck and stomach cancer as well as glioblastomas. EGFR ligand-induced dimerization activates the intrinsic RTK domain (an Src homology domain 1, SH1), resulting in autophosphorylation on six specific EGFR tyrosine residues in the noncatalytic tail of the cytoplasmic domain. The cellular effects of EGFR activation in a cancer cell include increased proliferation, promotion of cell motility, adhesion, invasion, angiogenesis, and enhanced cell survival by inhibition of apoptosis. Activated EGFR induces tumor cell proliferation through stimulation of the mitogen-activated protein kinase (MAPK) cascade.

[0082] The terms “human neu”, “c-erbB-2”, “erbB2”, “erbB-2”, “HER-2/neu”, “HER-2” and “HER2” are used interchangeably herein. These terms relate to a gene that encodes a protein and to the protein itself that is a member of the family of the epidermal growth factor (EGF) receptor family of receptor tyrosine kinases. This protein has no ligand binding domain of its own and therefore cannot bind growth factors. However, it does bind tightly to other ligand-bound EGF receptor family members to form a heterodimer, stabilizing ligand binding and enhancing kinase-mediated activation of downstream signalling pathways, such as those involving mitogen-activated protein kinase and phosphatidylinositol-3 kinase. Allelic variations at amino acid positions 654 and 655 of isoform a (positions 624 and 625 of isoform b) have been reported, with the most common allele, Ile654/Ile655 being preferred according to the invention. Amplification and/or overexpression of this gene has been reported in numerous cancers, including breast and ovarian tumors. Alternative splicing results in several additional transcript variants, some encoding different isoforms and others that have not been fully characterized. According to the invention, the amino acid sequence of HER2 is the amino acid sequence according to SEQ ID NO: 4. According to the invention, the nucleic acid sequence of the “HER2” cDNA is the nucleic acid sequence according to SEQ ID NO: 8 which is accessible at GenBank with the accession number NM_004448.2.

[0083] The “extracellular domain of HER2” or “shed extracellular domain of HER2” or “HER2-ECD” is a glycoprotein of between 97 and 115 kDa which corresponds substantially to the extracellular domain of the human HER2 gene product. It can be referred to as p105 (Zabrecky, J. R. et al., *J. Biol. Chem.* 266 (1991) 1716-1720; U.S. Pat. No. 5,401,638; U.S. Pat. No. 5,604,107). The quantitation and detection of the extracellular domain of HER2 is described in U.S. Pat. No. 5,401,638 and U.S. Pat. No. 5,604,107.

[0084] The term “HER3” stands for another member of the epidermal growth factor receptor (EGFR) family of receptor tyrosine kinases. This membrane-bound protein has not an active kinase domain. The protein can bind ligands but not transmit a signal into the cell. It forms heterodimers with other EGF receptor family members which do have kinase activity which leads to cell proliferation or differentiation. Amplification of this gene and/or overexpression of its protein is found in numerous cancers. According to the invention, the amino acid sequence of the “HER3” cDNA is the amino acid sequence according to SEQ ID NO: 9 which is accessible at GenBank from the translation of the nucleic acid sequence of HER3 with the accession number NM_001005915. According to the invention, the nucleic acid sequence of the “HER3” cDNA is the nucleic acid sequence according to SEQ ID NO: 10 which is accessible at GenBank with the accession number NM_001005915.

[0085] The term “antibody” herein is used in the broadest sense and specifically covers intact monoclonal antibodies, polyclonal antibodies, and multispecific antibodies (e.g., bispecific antibodies) formed from at least two intact antibodies, and antibody fragments, so long as they exhibit the desired biological activity of an antibody.

[0086] The term “monoclonal antibody” as used herein refers to an antibody obtained from a population of substantially homogeneous antibodies, i.e., the individual antibodies comprising the population are identical except for possible naturally occurring mutations that may be present in minor

amounts. Monoclonal antibodies are highly specific, being directed against a single antigenic site. Furthermore, in contrast to polyclonal antibody preparations which include different antibodies directed against different determinants (epitopes), each monoclonal antibody is directed against a single determinant on the antigen. In addition to their specificity, the monoclonal antibodies are advantageous in that they may be synthesized uncontaminated by other antibodies. The modifier “monoclonal” indicates the character of the antibody as being obtained from a substantially homogeneous population of antibodies, and is not to be construed as requiring production of the antibody by any particular method. For example, the monoclonal antibodies to be used in accordance with the present invention may be made by the hybridoma method first described by Kohler, G. et al., *Nature* 256 (1975) 495-497, or may be made by recombinant DNA methods (see, e.g., U.S. Pat. No. 4,816,567). “Antibody fragments” comprise a portion of an intact antibody.

[0087] An antibody “which binds” an antigen of interest according to the invention is one capable of binding that antigen with sufficient affinity such that the antibody is useful in detecting the presence of the antigen. One antibody according to the invention binds human HER2 and does not (significantly) cross-react with other proteins. In such embodiments, the extent of binding of the antibody to other proteins will be less than 10% as determined by fluorescence activated cell sorting (FACS) analysis or radioimmunoprecipitation (RIA).

[0088] Dimerization—the pairing of receptors—is essential to the signaling activity of all HER receptors. According to the invention, the term “HER dimerization inhibitor” or preferably “HER2 heterodimerization inhibitor” refers to a therapeutic agent that binds to HER2 and inhibits HER2 heterodimerization. These are preferably antibodies, preferably monoclonal antibodies, more preferably humanized antibodies that bind to HER2 and inhibit HER2 heterodimerization. Examples of antibodies that bind HER2 include 4D5, 7C2, 7F3 or 2C4 as well as humanized variants thereof, including huMAb4D5-1, huMAb4D5-2, huMAb4D5-3, huMAb4D5-4, huMAb4D5-5, huMAb4D5-6, huMAb4D5-7 and huMAb4D5-8 as described in Table 3 of U.S. Pat. No. 5,821,337; and humanized 2C4 mutant numbers 560, 561, 562, 568, 569, 570, 571, 574, or 56869 as described in WO 01/00245. 7C2 and 7F3 and humanized variants thereof are described in WO 98/17797. The term “HER dimerization inhibitor” or “HER2 heterodimerization inhibitor” shall not apply to Trastuzumab monoclonal antibodies commercially available as “Herceptin®” as the mechanism of action is different and as Trastuzumab does not inhibit HER dimerization.

[0089] Preferred throughout the application is the “antibody 2C4”, in particular the humanized variant thereof (WO 01/00245; produced by the hybridoma cell line deposited with the American Type Culture Collection, Manassas, Va., USA under ATCC HB-12697), which binds to a region in the extracellular domain of HER2 (e.g., any one or more residues in the region from about residue 22 to about residue 584 of HER2, inclusive). The “epitope 2C4” is the region in the extracellular domain of ErbB2 to which the antibody 2C4 binds. The expression “monoclonal antibody 2C4” refers to an antibody that has antigen binding residues of, or derived from, the murine 2C4 antibody of the Examples in WO 01/00245. For example, the monoclonal antibody 2C4 may be murine monoclonal antibody 2C4 or a variant thereof, such as humanized antibody 2C4, possessing antigen binding amino

acid residues of murine monoclonal antibody 2C4. Examples of humanized 2C4 antibodies are provided in Example 3 of WO 01/00245. Unless indicated otherwise, the expression “rhuMAb 2C4” when used herein refers to an antibody comprising the variable light (VL) and variable heavy (VH) sequences of SEQ ID Nos. 3 and 4 of WO 01/00245, respectively, fused to human light and heavy IgG1 (non-A allotype) constant region sequences optionally expressed by a Chinese Hamster Ovary (CHO) cell. Preferred embodiments of WO 01/00245 are preferred herein as well. The humanized antibody 2C4 is also called Pertuzumab.

[0090] A “kit” is any manufacture (e.g. a package or container) comprising at least one reagent, e.g. a probe, for specifically detecting a marker gene or protein of the invention. The manufacture is preferably promoted, distributed, or sold as a unit for performing the methods of the present invention.

[0091] The verbs “determine” and “assess” shall have the same meaning and are used interchangeably throughout the application.

[0092] Conventional techniques of molecular biology and nucleic acid chemistry, which are within the skill of the art, are explained in the literature. See, for example, Sambrook, J. et al., *Molecular Cloning: A Laboratory Manual*, Cold Spring Harbor Laboratory Press, Cold Spring Harbor, N.Y., 1989; Gait, M. J. (ed.), *Oligonucleotide synthesis—a practical approach*, IRL Press Limited, 1984; Hames, B. D. and Higgins, S. J. (eds.), *Nucleic acid hybridisation—a practical approach*, IRL Press Limited, 1985; and a series, *Methods in Enzymology*, Academic Press, Inc., all of which are incorporated herein by reference. All patents, patent applications, and publications mentioned herein, both supra and infra, are hereby incorporated by reference in their entirety.

[0093] As used herein, the general form of a prediction rule consists in the specification of a function of one or multiple biomarkers potentially including clinical covariates to predict response or non-response, or more generally, predict benefit or lack of benefit in terms of suitably defined clinical endpoints.

[0094] The simplest form of a prediction rule consists of an univariate model without covariates, where the prediction is determined by means of a cutoff or threshold. This can be phrased in terms of the Heaviside function for a specific cutoff c and a biomarker measurement x , where the binary prediction A or B is to be made, then

If $H(x-c)=0$ then predict A.

If $H(x-c)=1$ then predict B.

[0095] This is the simplest way of using univariate biomarker measurements in prediction rules. If such a simple rule is sufficient, it allows for a simple identification of the direction of the effect, i.e. whether high or low expression levels are beneficial for the patient.

[0096] The situation can be more complicated if clinical covariates need to be considered and/or if multiple biomarkers are used in multivariate prediction rules. In order to illustrate the issues here are two hypothetical examples:

Covariate Adjustment (Hypothetical Example):

[0097] For a biomarker X it is found in a clinical trial population that high expression levels are associated with a worse prognosis (univariate analysis). A closer analysis shows that there are two tumor types in the population, one of which possess a worse prognosis than the other one and at the

same time the biomarker expression for this tumor group is generally higher. An adjusted covariate analysis reveals that for each of the tumor types the relation of clinical benefit and prognosis is reversed, i.e. within the tumor types, lower expression levels are associated with better prognosis. The overall opposite effect was masked by the covariate tumor type—and the covariate adjusted analysis as part of the prediction rule reversed the direction.

Multivariate Prediction (Hypothetical Example):

[0098] For a biomarker X it is found in a clinical trial population that high expression levels are slightly associated with a worse prognosis (univariate analysis). For a second biomarker Y a similar observation was made by univariate analysis. The combination of X and Y revealed that a good prognosis is seen if both biomarkers are low. This makes the rule to predict benefit if both biomarkers are below some cutoffs (AND- connection of a Heaviside prediction function). For the combination rule there is no longer a simple rule phraseable in an univariate sense. E.g. having low expression levels in X will not automatically predict a better prognosis.

[0099] These simple examples show that prediction rules with and without covariates cannot be judged on the univariate level of each biomarker. The combination of multiple biomarkers plus a potential adjustment by covariates does not allow to assign simple relationships towards single biomarkers.

[0100] In one embodiment of the invention, a method of predicting the response to a treatment with a HER inhibitor, preferably a HER dimerization inhibitor, in a patient comprises the steps of:

[0101] (a) determining the expression level or amount of one or more biomarkers in a biological sample from a patient wherein the biomarker or biomarkers are selected from the group consisting of:

[0102] (1) transforming growth factor alpha;

[0103] (2) HER2;

[0104] (3) amphiregulin; and

[0105] (4) epidermal growth factor;

[0106] (b) determining whether the expression level or amount assessed in step (a) is above or below a certain quantity that is associated with an increased or decreased clinical benefit to a patient; and

[0107] (c) predicting the response to the treatment with the HER inhibitor in the patient by evaluating the results of step (b).

[0108] In a more particular embodiment of the above method, the expression level of the transforming growth factor alpha biomarker is determined in combination with one or more biomarkers selected from the group consisting of epidermal growth factor, amphiregulin, and HER2. In another more particular embodiment of the above method, the expression level of the HER2 biomarker is determined in combination with one or more biomarkers selected from the group consisting of epidermal growth factor, transforming growth factor alpha, and amphiregulin. In another more particular embodiment of the above method, the expression level of the epidermal growth factor biomarker is determined in combination with one or more biomarkers selected from the group consisting of amphiregulin, transforming growth factor alpha, and HER2. In another more particular embodiment of the above method, an amphiregulin biomarker is assessed in combination with one or more biomarkers selected from the

group consisting of epidermal growth factor, transforming growth factor alpha, and HER2.

[0109] The “quantity that is associated with an increased or decreased clinical benefit to a patient” of the above method is preferably a value expressed in mass/volume for blood serum or blood plasma or mass/mass for tumor tissue. It can be measured by methods known to the expert skilled in the art and also disclosed by this invention. If the expression level or amount determined in step (a) is above or below a certain quantity or value, the response to the treatment can be determined.

[0110] With respect to the quantity in blood serum for the transforming growth factor alpha marker protein, a range between 2.0-10.0 pg/ml, preferably a range between 2.0-5.0 pg/ml, and more preferably about 3.5 pg/ml may be favorable for progression free survival and overall survival when treatment with a HER inhibitor is considered. See FIG. 7. Thus, in a preferred embodiment, the quantity of transforming growth factor alpha marker protein in the blood serum of a patient is within one of the foregoing ranges for predicting a good response to treatment with a HER inhibitor in the patient.

[0111] With respect to the quantity in blood serum for the HER2 marker protein (preferably the soluble HER2 extracellular domain (HER2-ECD)), a range between 12-22 ng/ml, preferably about 18 ng/ml, may be favorable for progression free survival and overall survival when treatment with a HER inhibitor is considered. See FIG. 7. Thus, in a preferred embodiment, the quantity of HER2 marker protein in the blood serum of a patient is within the foregoing range for predicting a good response to treatment with a HER inhibitor in the patient.

[0112] With respect to the quantity in blood serum for the epidermal growth factor marker protein, a range between 100-250 pg/ml, preferably about 150 pg/ml, may be favorable for progression free survival and overall survival when treatment with a HER inhibitor is considered. See FIG. 7. Thus, in a preferred embodiment, the quantity of epidermal growth factor marker protein in the blood serum of a patient is within the foregoing range for predicting a good response to treatment with a HER inhibitor in the patient.

[0113] With respect to the quantity in blood serum for the amphiregulin marker protein, a range between 6-15 pg/ml, preferably about 12 pg/ml, may be favorable for progression free survival and overall survival when treatment with a HER inhibitor is considered. See FIG. 7. Thus, in a preferred embodiment, the quantity of amphiregulin marker protein in the blood serum of a patient is within the foregoing range for predicting a good response to treatment with a HER inhibitor in the patient.

[0114] Since the marker genes, in particular in serum, may be used in multiple-marker prediction models potentially including other clinical covariates, the direction of a beneficial effect of a single marker gene within such models cannot be determined in a simple way, and may contradict the direction found in univariate analyses, i.e. the situation as described for the single marker gene.

[0115] More preferably, in the method according to the invention, the quantity or value (below or above which is associated with an increased or decreased clinical benefit) is determined by:

[0116] (1) determining the expression level or amount of a biomarker or combination of biomarkers in a plurality of biological samples from patients before treatment with the HER inhibitor,

[0117] (2) treating the patients with the HER inhibitor,

[0118] (3) determining the clinical benefit of each patient; and

[0119] (4) correlating the clinical benefit of the patients treated with the HER inhibitor to the expression level or amount of the biomarker or combination of biomarkers.

[0120] The "quantity" is preferably a value expressed in mass/volume for blood serum or blood plasma or mass/mass for tumor tissue.

[0121] The present invention also considers mutants or variants of the marker genes according to the present invention and used in the methods according to the invention. In those mutants or variants the native sequence of the marker gene is changed by substitutions, deletions or insertions. "Native sequence" refers to an amino acid or nucleic acid sequence which is identical to a wild-type or native form of a marker gene or protein.

[0122] The present invention also considers mutants or variants of the proteins according to the present invention and used in the methods according to the invention. "Mutant amino acid sequence," "mutant protein" or "mutant polypeptide" refers to a polypeptide having an amino acid sequence which varies from a native sequence or is encoded by a nucleotide sequence intentionally made variant from a native sequence. "Mutant protein," "variant protein" or "muted protein" means a protein comprising a mutant amino acid sequence and includes polypeptides which differ from the amino acid sequence of the native protein according to the invention due to amino acid deletions, substitutions, or both.

[0123] The present invention also considers a method of predicting the response to a treatment with a combination of a HER inhibitor and another substance or agent as a chemotherapeutic agent or a therapeutic antibody used for treating cancer. The chemotherapeutic agent may be e.g. gemcitabine (Gemzar®; chemical name: 2',2'-difluorodeoxycytidine (dFdC)), carboplatin (diammine-(cyclobutane-1,1-dicarboxylato (2-)-O,O')-platinum), or paclitaxel (Taxol®, chemical name: β -(benzoylamino)- α -hydroxy-, 6,12b-bis(acetyloxy)-12-(benzoyloxy)-2a,3,4,4a,5,6,9,10,11,12,12a,12b-dodecahydro-4,11-dihydroxy-4a,8,13,13-tetramethyl-5-oxo-7,11-methano-1H-cyclodeca(3,4)benz(1,2-b)oxet-9-yl ester, (2aR-(2a- α ,4- β ,4a- β ,6- β , 9- α (α -R*, β -S*),11- α ,12- α ,12a- α ,2b- α)-benzenepropanoic acid); or trastuzumab; or erlotinib.

[0124] In a preferred embodiment of the invention, the biological sample is blood serum, blood plasma or tumor tissue. Tumor tissue may be formalin-fixed paraffin embedded tumor tissue or fresh frozen tumor tissue.

[0125] In another preferred embodiment of the invention, the HER dimerization inhibitor inhibits heterodimerization of HER2 with EGFR or HER3, or HER4. Preferably, the HER dimerization inhibitor is an antibody, preferably the antibody 2C4. Preferred throughout the application is the "antibody 2C4", in particular the humanized variant thereof (WO 01/00245; produced by the hybridoma cell line deposited with the American Type Culture Collection, Manassas, Va., USA under ATCC HB-12697), which binds to a region in the extracellular domain of HER2 (e.g., any one or more residues in the region from about residue 22 to about residue 584 of HER2, inclusive). Examples of humanized 2C4 antibodies are provided in Example 3 of WO 01/00245. The humanized antibody 2C4 is also called Pertuzumab.

[0126] In still another preferred embodiment of the invention, the patient is a cancer patient, preferably a breast cancer,

ovarian cancer, lung cancer or prostate cancer patient. The breast cancer patient is preferably a metastatic breast cancer patient or a HER2 low expressing breast or metastatic breast cancer patient, or a HER2 high expressing breast or metastatic breast cancer patient. The ovarian cancer patient is preferably a metastatic ovarian cancer patient. The lung cancer patient is preferably a non-small cell lung cancer (NSCLC) patient.

[0127] It is preferred that two, three or all four marker genes, marker polynucleotides or marker proteins are used in combination, i.e. used in all disclosed embodiments of the invention or methods, uses or kits according to the invention. The following are preferred combinations of biomarkers in which the level of expression or amounts are determined in accordance with the invention:

[0128] In one particular embodiment, a transforming growth factor alpha biomarker is assessed in combination with one or more biomarkers selected from the group consisting of epidermal growth factor, amphiregulin, and HER2. In another particular embodiment, a HER2 biomarker is assessed in combination with one or more biomarkers selected from the group consisting of epidermal growth factor, transforming growth factor alpha, and amphiregulin.

[0129] In another particular embodiment, an epidermal growth factor biomarker is assessed in combination with one or more biomarkers selected from the group consisting of amphiregulin, transforming growth factor alpha, and HER2. In another particular embodiment, an amphiregulin biomarker is assessed in combination with one or more biomarkers selected from the group consisting of epidermal growth factor, transforming growth factor alpha, and HER2.

[0130] In a particularly preferred embodiment of the invention, the combination of biomarkers consists of:

[0131] the transforming growth factor alpha and the HER2 biomarkers, or

[0132] the transforming growth factor alpha and the EGF biomarkers, or

[0133] the amphiregulin, the epidermal growth factor, the transforming growth factor alpha and the HER2 biomarkers,

[0134] In a preferred embodiment of the invention, the level of expression of the marker gene or the combination of marker genes in the sample is assessed by detecting the level of expression of a marker protein or a fragment thereof or a combination of marker proteins or fragments thereof encoded by the marker gene or the combination of marker genes. Preferably, the level of expression of the marker protein or the fragment thereof or the combination of marker proteins or the fragments thereof is detected using a reagent which specifically binds with the marker protein or the fragment thereof or the combination of marker proteins or the fragments thereof. Preferably, the reagent is selected from the group consisting of an antibody, a fragment of an antibody, and an antibody derivative.

[0135] There are many different types of immunoassays which may be used in the method of the present invention, e.g. enzyme linked immunoabsorbent assay (ELISA), fluorescent immunoabsorbent assay (FIA), chemical linked immunoabsorbent assay (CLIA), radioimmuno assay (RIA), and immuno-blotting. For a review of the different immunoassays which may be used, see: Lottspeich and Zorbas (eds.), *Bioanalytik*, 1st edition 1998, Spektrum Akademischer Verlag, Heidelberg, Berlin, Germany. Therefore, in yet another preferred embodiment of the invention, the level of expression is deter-

mined using a method selected from the group consisting of proteomics, flow cytometry, immunocytochemistry, immunohistochemistry, enzyme-linked immunosorbent assay, multi-channel enzyme-linked immunosorbent assay, and variations of these methods. Therefore more preferably, the level of expression is determined using a method selected from the group consisting of proteomics, flow cytometry, immunocytochemistry, immunohistochemistry, enzyme-linked immunosorbent assay, multi-channel enzyme-linked immunosorbent assay, and variations of these methods.

[0136] In another preferred embodiment of the invention, the fragment of the marker protein is the extracellular domain of the HER2 marker protein (HER2-ECD). Preferably, the extracellular domain of the HER2 marker protein has a molecular mass of approximately 105,000 Dalton. "Dalton" stands for a mass unit that is equal to the weight of a hydrogen atom, or 1.657×10^{-24} grams.

[0137] In another preferred embodiment of the invention

[0138] the amino acid sequence of the amphiregulin marker protein is the amino acid sequence SEQ ID NO: 1,

[0139] the amino acid sequence of the epidermal growth factor marker protein is the amino acid sequence SEQ ID NO: 2,

[0140] the amino acid sequence of the transforming growth factor alpha marker protein is the amino acid sequence SEQ ID NO: 3, or

[0141] the amino acid sequence of the HER2 marker protein is the amino acid sequence SEQ ID NO: 4.

[0142] In another preferred embodiment of the invention, the quantity in blood serum for

[0143] the transforming growth factor alpha marker protein is between 2.0 to 10.0 pg/ml, preferably about 3.5 pg/ml,

[0144] the epidermal growth factor marker protein is between 100 to 250 pg/ml, preferably about 150 pg/ml, or pg/ml.

[0145] the amphiregulin marker protein is between 6 to 15 pg/ml, preferably about 12 the HER2 marker protein is between 12 to 22 ng/ml, preferably about 18 ng/ml.

[0146] In still another preferred embodiment of the invention, the "quantity" in blood serum for the extracellular domain of the HER2 marker protein is between 12 to 22 ng/ml, preferably about 18 ng/ml.

[0147] In yet another preferred embodiment of the invention, the level of expression of the marker gene or the combination of marker genes in the biological sample is assessed by detecting the level of expression of a transcribed marker polynucleotide encoded by the marker gene or a fragment of the transcribed marker polynucleotide or of transcribed marker polynucleotides encoded by the combination of marker genes or fragments of the transcribed marker polynucleotide. Preferably, the transcribed marker polynucleotide is a cDNA, mRNA or hnRNA or wherein the transcribed marker polynucleotides are cDNA, mRNA or hnRNA.

[0148] Preferably, the step of detecting further comprises amplifying the transcribed polynucleotide. The amplification is performed preferably with the polymerase chain reaction which specifically amplifies nucleic acids to detectable amounts. Other possible amplification reactions are the Ligase Chain Reaction (LCR; Wu D. Y. and Wallace R. B., *Genomics* 4 (1989) 560-569; and Barany F., *Proc. Natl. Acad. Sci. USA* 88 (1991) 189-193); Polymerase Ligase Chain Reaction (Barany F., *PCR Methods and Applic.* 1 (1991)

5-16); Gap-LCR (WO 90/01069); Repair Chain Reaction (EP 0439182 A2), 3SR (Kwoh, D. Y. et al., *Proc. Natl. Acad. Sci. USA* 86 (1989) 1173-1177; Guatelli, J. C. et al., *Proc. Natl. Acad. Sci. USA* 87 (1990) 1874-1878; WO 92/08808), and NASBA (U.S. Pat. No. 5,130,238). Further, there are strand displacement amplification (SDA), transcription mediated amplification (TMA), and Q(3)-amplification (for a review see e.g. Whelen, A. C. and Persing, D. H., *Annu. Rev. Microbiol.* 50 (1996) 349-373; Abramson, R. D. and Myers T. W., *Curr. Opin. Biotechnol.* 4 (1993) 41-47). More preferably, the step of detecting is using the method of quantitative reverse transcriptase polymerase chain reaction.

[0149] Other suitable polynucleotide detection methods are known to the expert in the field and are described in standard textbooks as Sambrook J. et al., *Molecular Cloning: A Laboratory Manual*, Cold Spring Harbor Laboratory Press, Cold Spring Harbor, N.Y., 1989; and Ausubel, F. et al., *Current Protocols in Molecular Biology*, 1987, J. Wiley and Sons, NY. There may be also further purification steps before the polynucleotide detection step is carried out as e.g. a precipitation step. The detection methods may include but are not limited to the binding or intercalating of specific dyes as ethidiumbromide which intercalates into the double-stranded polynucleotides and changes their fluorescence thereafter. The purified polynucleotide may also be separated by electrophoretic methods optionally after a restriction digest and visualized thereafter. There are also probe-based assays which exploit the oligonucleotide hybridisation to specific sequences and subsequent detection of the hybrid. It is also possible to sequence the DNA after further steps known to the expert in the field. The preferred template-dependent DNA polymerase is Taq polymerase.

[0150] In yet another preferred embodiment of the invention, the level of expression of the marker gene is assessed by detecting the presence of the transcribed marker polynucleotide or the fragment thereof in a sample with a probe which anneals with the transcribed marker polynucleotide or the fragment thereof under stringent hybridization conditions or the level of expression of the combination of the marker genes in the samples is assessed by detecting the presence of transcribed marker polynucleotides or the fragments thereof in a sample with probes which anneal with the transcribed marker polynucleotides or the fragments thereof under stringent hybridization conditions. This method may be performed in a homogeneous assay system. An example for a "homogeneous" assay system is the TagMan® system that has been detailed in U.S. Pat. No. 5,210,015, U.S. Pat. No. 5,804,375 and U.S. Pat. No. 5,487,972. Briefly, the method is based on a double-labelled probe and the 5'-3' exonuclease activity of Taq DNA polymerase. The probe is complementary to the target sequence to be amplified by the PCR process and is located between the two PCR primers during each polymerisation cycle step. The probe has two fluorescent labels attached to it. One is a reporter dye, such as 6-carboxyfluorescein (FAM), which has its emission spectra quenched by energy transfer due to the spatial proximity of a second fluorescent dye, 6-carboxy-tetramethyl-rhodamine (TAMRA). In the course of each amplification cycle, the Taq DNA polymerase in the process of elongating a primed DNA strand displaces and degrades the annealed probe, the latter due to the intrinsic 5'-3' exonuclease activity of the polymerase. The mechanism also frees the reporter dye from the quenching activity of TAMRA. As a consequence, the fluorescent activity increases with an increase in cleavage of the probe, which

is proportional to the amount of PCR product formed. Accordingly, an amplified target sequence is measured by detecting the intensity of released fluorescence label. Another example for "homogeneous" assay systems are provided by the formats used in the LightCycler® instrument (see e.g. U.S. Pat. No. 6,174,670), some of them sometimes called "kissing probe" formats. Again, the principle is based on two interacting dyes which, however, are characterized in that the emission wavelength of a donor-dye excites an acceptor-dye by fluorescence resonance energy transfer. The COBAS® AmpliPrep instrument (Roche Diagnostics GmbH, D-68305 Mannheim, Germany) was recently introduced to expand automation by isolating target sequences using biotinylated sequence-specific capture probes along with streptavidin-coated magnetic particles (Jungkind, D., J. Clin. Virol. 20 (2001) 1-6; Stelzl, E. et al., J. Clin. Microbiol. 40 (2002) 1447-1450). It has lately been joined by an additional versatile tool, the Total Nucleic Acid Isolation (TNAI) Kit (Roche Diagnostics). This laboratory-use reagent allows the generic, not sequence-specific isolation of all nucleic acids from plasma and serum on the COBAS® AmpliPrep instrument based essentially on the method developed by Boom, R. et al., J. Clin. Microbiol. 28 (1990) 495-503.

[0151] In another preferred embodiment of the invention, the nucleic acid sequence of the amphiregulin marker polynucleotide is the nucleic acid sequence SEQ ID NO: 5, the nucleic acid sequence of the epidermal growth factor marker polynucleotide is the nucleic acid sequence SEQ ID NO: 6, the nucleic acid sequence of the transforming growth factor alpha marker polynucleotide is the nucleic acid sequence SEQ ID NO: 7, or the nucleic acid sequence of the HER2 marker polynucleotide is the nucleic acid sequence SEQ ID NO: 8.

[0152] In another embodiment of the invention, a probe that hybridizes with the epidermal growth factor, transforming growth factor alpha or HER2 marker polynucleotide under stringent conditions or an antibody that binds to the epidermal growth factor, transforming growth factor alpha or HER2 marker protein is used for predicting the response to treatment with a HER inhibitor in a patient or a probe that hybridizes with the amphiregulin, epidermal growth factor, transforming growth factor alpha or HER2 marker polynucleotide under stringent conditions or an antibody that binds to the amphiregulin, epidermal growth factor, transforming growth factor alpha or HER2 marker protein is used for selecting a composition for inhibiting the progression of disease in a patient. The disease is preferably cancer and the patient is preferably a cancer patient as disclosed above.

[0153] In another embodiment of the invention, a kit comprising a probe that anneals with the amphiregulin, epidermal growth factor, transforming growth factor alpha or HER2 marker polynucleotide under stringent conditions or an antibody that binds to the amphiregulin, epidermal growth factor, transforming growth factor alpha or HER2 marker protein is provided. Such kits known in the art further comprise plastics ware which can be used during the amplification procedure as e.g. microtitre plates in the 96 or 384 well format or just ordinary reaction tubes manufactured e.g. by Eppendorf, Hamburg, Germany and all other reagents for carrying out the method according to the invention, preferably an immunoassay, e.g. enzyme linked immunoabsorbent assay (ELISA), fluorescent immunosorbent assay (FIA), chemical linked immunosorbent assay (CLIA), radioimmuno assay (RIA), and immunoblotting. For a review of the different immunoas-

says and reagents which may be used, see: Lottspeich and Zorbas (eds.), Bioanalytik, 1st edition, 1998, Spektrum Akademischer Verlag, Heidelberg, Berlin, Germany. Preferably combinations of the probes or antibodies to the various marker polynucleotides or marker proteins are provided in the form of kit as the preferred combinations of the marker polynucleotides or marker proteins as disclosed above.

[0154] In another embodiment of the invention, a method of selecting a composition for inhibiting the progression of disease in a patient is provided, the method comprising:

[0155] (a) separately exposing aliquots of a biological sample from a cancer patient in the presence of a plurality of test compositions;

[0156] (b) comparing the level of expression of one or more biomarkers selected from the group consisting of amphiregulin, epidermal growth factor, transforming growth factor alpha and HER2 in the aliquots of the biological sample contacted with the test compositions and the level of expression of such biomarkers in an aliquot of the biological sample not contacted with the test compositions; and

[0157] (c) selecting one of the test compositions which alters the level of expression of the biomarker or biomarkers in the aliquot containing that test composition relative to the aliquot not contacted with the test composition wherein an at least 10% difference between the level of expression of the biomarker or biomarkers in the aliquot of the biological sample contacted with the test composition and the level of expression of the corresponding biomarker or biomarkers in the aliquot of the biological sample not contacted with the test composition is an indication for the selection of the test composition. The disease is preferably cancer and the patient is preferably a cancer patient as disclosed above.

[0158] In another embodiment of the invention, a method of selecting a composition for inhibiting the progression of disease in a patient is provided, the method comprising:

[0159] (a) separately exposing aliquots of a biological sample from a cancer patient in the presence of a plurality of test compositions;

[0160] (b) comparing the level of expression of one or more biomarkers selected from the group consisting of the amphiregulin, epidermal growth factor, transforming growth factor alpha and HER2 in the aliquots of the biological sample contacted with the test compositions and the level of expression of such biomarkers in an aliquot of the biological sample not contacted with the test compositions; and

[0161] (c) selecting one of the test compositions which alters the level of expression of the biomarker or biomarkers in the aliquot containing that test composition relative to the aliquot not contacted with the test composition wherein an at least 10% difference between the level of expression of the biomarker or biomarkers in the aliquot of the biological sample contacted with the test composition and the level of expression of the corresponding biomarker or biomarkers in the aliquot of the biological sample not contacted with the test composition is an indication for the selection of the test composition. The disease is preferably cancer and the patient is preferably a cancer patient as disclosed above.

[0162] The expression of a marker gene "significantly" differs from the level of expression of the marker gene in a reference sample if the level of expression of the marker gene

in a sample from the patient differs from the level in a sample from the reference subject by an amount greater than the standard error of the assay employed to assess expression, and preferably at least 10%, and more preferably 25%, 50%, 75%, 100%, 125%, 150%, 175%, 200%, 300%, 400%, 500% or 1,000% of that amount. Alternatively, expression of the marker gene in the patient can be considered "significantly" lower than the level of expression in a reference subject if the level of expression in a sample from the patient is lower than the level in a sample from the reference subject by an amount greater than the standard error of the assay employed to assess expression, and preferably at least 10%, and more preferably 25%, 50%, 75%, 100%, 125%, 150%, 175%, 200%, 300%, 400%, 500% or 1,000% that amount. The difference of the level of expression is preferably between 10% to 10,000%, more preferably 25% to 10,000%, 50% to 10,000%, 100% to 10,000%, even more preferably 25% to 5,000%, 50% to 5,000%, 100% to 5,000%.

[0163] In another embodiment of the invention, a method of identifying a candidate agent is provided said method comprising:

[0164] (a) contacting an aliquot of a biological sample from a cancer patient with the candidate agent and determining the level of expression of one or more biomarkers selected from the group consisting of amphiregulin, epidermal growth factor, transforming growth factor alpha and HER2 in the aliquot;

[0165] (b) determining the level of expression of a corresponding biomarker or biomarkers in an aliquot of the biological sample not contacted with the candidate agent;

[0166] (c) observing the effect of the candidate agent by comparing the level of expression of the biomarker or biomarkers in the aliquot of the biological sample contacted with the candidate agent and the level of expression of the corresponding biomarker or biomarkers in the aliquot of the biological sample not contacted with the candidate agent; and

[0167] (d) identifying said agent from said observed effect, wherein an at least 10% difference between the level of expression of the biomarker gene or combination of biomarker genes in the aliquot of the biological sample contacted with the candidate agent and the level of expression of the corresponding biomarker gene or combination of biomarker genes in the aliquot of the biological sample not contacted with the candidate agent is an indication of an effect of the candidate agent.

[0168] In still another embodiment of the invention, a method of identifying a candidate agent is provided said method comprising:

[0169] (a) contacting an aliquot of a biological sample from a cancer patient with the candidate agent and determining the level of expression in the aliquot of:

[0170] (1) a biomarker or a combination of biomarkers selected from the group consisting of epidermal growth factor, transforming growth factor alpha and HER2 or;

[0171] (2) a combination of biomarkers comprising amphiregulin and one or more biomarkers selected from the group consisting of an epidermal growth factor, a transforming growth factor alpha, and HER2,

[0172] (b) determining the level of expression of a corresponding biomarker or biomarkers in an aliquot of the biological sample not contacted with the candidate agent,

[0173] (c) observing the effect of the candidate agent by comparing the level of expression of the biomarker or biomarkers in the aliquot of the biological sample contacted with the candidate agent and the level of expression of the corresponding biomarker or biomarkers in the aliquot of the biological sample not contacted with the candidate agent,

[0174] (d) identifying said agent from said observed effect, wherein an at least 10% difference between the level of expression of the biomarker or biomarkers in the aliquot of the biological sample contacted with the candidate agent and the level of expression of the corresponding biomarker or biomarkers in the aliquot of the biological sample not contacted with the candidate agent is an indication of an effect of the candidate agent.

[0175] Preferably, the candidate agent is a candidate inhibitory agent. Preferably, said candidate agent is a candidate enhancing agent.

[0176] In another embodiment of the invention, a candidate agent derived by the method according to the invention is provided.

[0177] In another embodiment of the invention, a pharmaceutical preparation comprising an agent according to the invention is provided.

[0178] In yet another embodiment of the invention, an agent according to the invention is used for the preparation of a composition for the treatment of cancer. Preferred forms of cancer are disclosed above.

[0179] In another preferred embodiment of the invention, a method of producing a drug comprising the steps of the method according to the invention and

[0180] (i) synthesizing the candidate agent identified in step (c) above or an analog or derivative thereof in an amount sufficient to provide said drug in a therapeutically effective amount to a subject; and/or

[0181] (ii) combining the drug candidate the candidate agent identified in step (c) above or an analog or derivative thereof with a pharmaceutically acceptable carrier.

[0182] In another embodiment of the invention, a marker protein or a marker polynucleotide selected from the group consisting of an amphiregulin, epidermal growth factor, transforming growth factor alpha and HER2 marker protein or marker polynucleotide is used for identifying a candidate agent or for selecting a composition for inhibiting the progression of a disease in a patient. The disease is preferably cancer and the patient is preferably a cancer patient as disclosed above.

[0183] In another embodiment of the invention, a HER inhibitor is used for the manufacture of a pharmaceutical composition for treating a human cancer patient characterized in that said treating or treatment includes assessing in a biological sample from the patient

[0184] (a) a marker gene or a combination of marker genes selected from the group consisting of an epidermal growth factor, a transforming growth factor alpha and a HER2 marker gene or;

[0185] (b) a combination of marker genes comprising an amphiregulin marker gene and a marker gene selected

from the group consisting of an epidermal growth factor, a transforming growth factor alpha and a HER2 marker gene.

[0186] The manufacture of a pharmaceutical composition for treating a human cancer patient and particularly the formulation is described in WO 01/00245, incorporated herein by reference, particularly for the antibody 2C4.

[0187] In an preferred embodiment of the invention, in the use of the HER dimerization inhibitor for the manufacture of a pharmaceutical composition for treating a human cancer patient, the treatment includes assessing the marker gene or the combination of marker genes at least one time or repeatedly during treatment. Preferably, the level of expression of the marker gene or the level of expression of the combination of marker genes is assessed. Preferably, the HER inhibitor is an antibody, preferably the antibody 2C4. Preferably, the patient is a breast cancer, ovarian cancer, lung cancer or prostate cancer patient.

[0188] In all embodiments of the invention, combinations of the marker genes, marker polynucleotides or marker proteins are used as disclosed above. In all embodiments of the invention, preferred values for the difference of the level of expression determined in the respective steps are also as disclosed above.

[0189] The following examples, sequence listing and figures are provided to aid the understanding of the present invention, the true scope of which is set forth in the appended claims. It is understood that modifications can be made in the procedures set forth without departing from the spirit of the invention.

EXAMPLES

Statistical Methods

[0190] The statistical tasks comprise the following steps:

1. Pre-selection of candidate biomarkers
2. Pre-selection of relevant clinical prognostic covariates
3. Selection of biomarker prediction functions at an univariate level
4. Selection of biomarker prediction functions including clinical covariates at an univariate level
5. Selection of biomarker prediction functions at a multivariate level
6. Selection of biomarker prediction functions including clinical covariates at a multivariate level

The following text details the different steps:

[0191] Ad1: Pre-selection of candidate biomarkers: The statistical pre-selection of candidate biomarkers is oriented towards the strength of association with measures of clinical benefit. For this purpose the different clinical endpoints may be transformed in derived surrogate scores, as e.g. an ordinal assignment of the degree of clinical benefit or morbidity scores regarding TTP or TTD which avoid censored observations. These surrogate transformed measures can be easily used for simple correlation analysis, e.g. by the non-parametric Spearman rank correlation approach. An alternative here is to use the biomarker measurements as metric covariates in Time-to-event regression models, as e.g. Cox proportional hazard regression. Depending on the statistical distribution of the biomarker values this step may require some pre-processing, as e.g. variance stabilizing transformations and the use of suitable scales or, alternatively, a standardization step like e.g. using percentiles instead of raw measurements. A further approach is inspection of bivariate scatter plots, e.g. by dis-

playing the scatter of (x-axis=biomarker value, y-axis=measure of clinical benefit) on a single patient basis. Here also some non-parametric regression line as e.g. achieved by smoothing splines can be useful to visualize the association of biomarker and clinical benefit.

[0192] The goal of these different approaches is the pre-selection of biomarker candidates, which show some association with clinical benefit in at least one of the benefit measures employed, while results for other measures are not contradictory. When there are available control groups, then differences in association of biomarkers with clinical benefit in the different arms could be a sign of differential prediction which makes the biomarker eligible for further consideration.

[0193] Ad2: Pre-selection of relevant clinical prognostic covariates: The term "clinical covariate" here is used to describe all other information about the patient, which are in general available at baseline. These clinical covariates comprise demographic information like sex, age etc., other anamnestic information, concomitant diseases, concomitant therapies, result of physical examinations, common laboratory parameters obtained, known properties of the target tumor, information quantifying the extent of malignant disease, clinical performance scores like ECOG or Karnofsky index, clinical disease staging, timing and result of pretreatments and disease history as well as all similar information, which may be associated with the clinical prognosis. The statistical pre-selection of clinical covariates parallels the approaches for pre-selecting biomarkers and is as well oriented towards the strength of association with measures of clinical benefit. So in principle the same methods apply as considered under 1. In addition to statistical criteria, also criteria from clinical experience and theoretical knowledge may apply to pre-select relevant clinical covariates.

[0194] The prognosis by clinical covariates could interact with the prognosis of the biomarkers. They will be considered for refined prediction rules if necessary.

[0195] Ad3: Selection of biomarker prediction functions at an univariate level: The term "prediction function" will be used in a general sense to mean a numerical function of a biomarker measurement which results in a number which is scaled to imply the target prediction.

[0196] A simple example is the choice of the Heaviside function for a specific cutoff c and a biomarker measurement x , where the binary prediction A or B is to be made, then

If $H(x-c)=0$ then predict A.

If $H(x-c)=1$ then predict B.

[0197] This is probably the most common way of using univariate biomarker measurements in prediction rules. The definition of a prediction function usually recurs to an existing training data set which can be used to explore the prediction possibilities. In order to achieve a suitable cutoff c from the training set different routes can be taken. First the scatterplot with smoothing spline mentioned under 1 can be used to define the cutoff. Alternatively some percentile of the distribution could be chosen, e.g. the median or a quartile. Cutoffs can also be systematically extracted by investigating all possible cutoffs according to their prediction potential with regard to the measures of clinical benefit. Then these results can be plotted to allow for an either manual selection or to employ some search algorithm for optimality. This was realized based on the endpoints TTP and TTD using a Cox model, where at each test cutoff the biomarker was used as a binary covariate. Prediction criteria were the resulting Hazard ratios.

Then the results for TTP and TTD can be considered together in order to chose a cutoff which shows prediction in line with both endpoints

[0198] Another uncommon approach for choosing a prediction function can be based on a fixed parameter Cox regression model obtained from the training set with biomarker values (possibly transformed) as covariate. Then the prediction could simply depend on whether the computed Hazard ratio is smaller or greater than 1.

[0199] A further possibility is to base the decision on some likelihood ratio (or monotonic transform of it), where the target probability densities were pre-determined in the training set for separation of the prediction states. Then the biomarker would be plugged into some function of the density ratios.

[0200] Ad4: Selection of biomarker prediction functions including clinical covariates at an univariate level: Univariate here refers to using only one biomarker—with regard to clinical covariates this can be a multivariate model. This approach parallels the search without clinical covariates, only that the methods should allow for incorporating the relevant covariate information. The scatterplot method of choosing a cutoff allows only a limited use of covariates, e.g. a binary covariate could be color coded within the plot. If the analysis relies on some regression approach then the use of covariates (also many of them at a time) is usually facilitated. The cutoff search based on the Cox model described under 3, allows for an easy incorporation of covariates and thereby leads to a covariate adjusted univariate cutoff search. The adjustment by covariates may be done as covariates in the model or via the inclusion in a stratified analysis.

[0201] Also the other choices of prediction functions allow for the incorporation of covariates.

[0202] This is straightforward for the Cox model choice as prediction function. There is the option to estimate the influence of covariates on an interaction level, which means that e.g. for different age groups different Hazard ratios apply.

[0203] For the likelihood ratio type of prediction functions, the prediction densities must be estimated including covariates. Here the methodology of multivariate pattern recognition can be used or the biomarker values can be adjusted by multiple regression on the covariates (prior to density estimation).

[0204] The CART technology (Classification And Regression Trees; Breiman L., Friedman J. H., Olshen R. A., Stone C. J., Chapman & Hall (Wadsworth, Inc.), New York, 1984) can be used for a biomarker (raw measurement level) plus clinical covariates employing a clinical benefit measure as response. This way cutoffs are searched and a decision tree type of functions will be found involving the covariates for prediction. The cutoffs and algorithms chosen by CART are frequently close to optimal and may be combined and unified by considering different clinical benefit measures.

[0205] Ad5: Selection of biomarker prediction functions at a multivariate level: When there are several biomarker candidates which maintain their prediction potential within the different univariate prediction function choices, then a further improvement may be achieved by combinations of biomarkers, i.e. considering multivariate prediction functions.

[0206] Based on the simple Heaviside function model combinations of biomarkers may be evaluated, e.g. by considering bivariate scatterplots of biomarker values where optimal cutoffs are indicated. Then a combination of biomarkers can be achieved by combining different Heaviside function by the logical AND and OR operators in order to achieve an improved prediction.

[0207] The CART technology (Classification And Regression Trees) can be used for multiple biomarkers (raw measurement level) and a clinical benefit measure as response, in order to achieve cutoffs for biomarkers and decision tree type of functions for prediction. The cutoffs and algorithms chosen by CART are frequently close to optimal and may be combined and unified by considering different clinical benefit measures.

[0208] The Cox-regression can be employed on different levels. A first way is to incorporate the multiple biomarkers in a binary way (i.e. based on Heaviside functions with some cutoffs). The other option is to employ biomarkers in a metric way (after suitable transformations), or a mixture of the binary and metric approach. The evolving multivariate prediction function is of the Cox type as described under 3.

[0209] The multivariate likelihood ratio approach is difficult to realize but presents as well as an option for multivariate prediction functions.

[0210] Ad6: Selection of biomarker prediction functions including clinical covariates at a multivariate level: When there are relevant clinical covariates then a further improvement may be achieved by combining multiple biomarkers with multiple clinical covariates. The different prediction function choices will be evaluated with respect to the possibilities to include clinical covariates.

[0211] Based on the simple logical combinations of Heaviside functions for the biomarkers, further covariates may be included to the prediction function based on logistic regression model obtained in the training set.

[0212] The CART technology and the evolving decision trees can be easily used with additional covariates, which would include these in the prediction algorithm.

[0213] All prediction functions based on the Cox-regression can use further clinical covariates. There is the option to estimate the influence of covariates on an interaction level, which means that e.g. for different age groups different Hazard ratios apply.

[0214] The multivariate likelihood ratio approach is not directly extendible to the use of additional covariates.

Example 1

Baseline Blood Sera from HER2 Low Expressing Metastatic Breast Cancer Patients Treated with Pertuzumab were Assessed for Levels of HER Ligands and Shedded HER2 (HER2 ECD), as Described Below

[0215] Kits used for assessment of the serum biomarkers:

Marker	Assay	Distribution
HER2-ECD	Bayer HER-2/neu ELISA, Cat. #: EL501	DakoCytomation N.V./S.A., Interleuvenlaan 12B, B-3001 Heverlee

-continued

Marker	Assay	Distribution
Amphiregulin	DuoSet ELISA Development System Human Amphiregulin, Cat. #: DY262	R&D Systems Ltd., 19 Barton Lane, Abingdon OX14 3NB, UK
EGF	Quantikine human EGF ELISA kit, Cat. #: DEG00	R&D Systems Ltd., 19 Barton Lane, Abingdon OX14 3NB, UK
TGF- α	Quantikine \otimes Human TGF- α Immunoassay, Cat. #: DTGA00	R&D Systems Ltd., 19 Barton Lane, Abingdon OX14 3NB, UK

Protocols:

HER2-ECD:

[0216] HER2-ECD ELISA was performed according to the recommendations of the manufacturer.

[0217] Amphiregulin:

[0218] Prepare all reagents (provided with the kit), standard dilutions (provided with the kit) and samples

[0219] Provide EvenCoat Goat Anti-mouse IgG microplate strips (R&D, Cat. # CP002; not provided with the kit) in the frame. The frame is now termed ELISA plate.

[0220] Determine of the required number of wells (number of standard dilutions+number of samples).

[0221] Determine the plate layout.

[0222] Add 100 μ l diluted capture antibody (provided with the kit; 1:180 in PBS) to each well.

[0223] Incubate at r.t. for 1 hour.

[0224] Aspirate each well and wash, repeating the process three times for a total of four washes. Wash by filling each well with 400 μ l Wash buffer (not provided with the kit; 0.05% Tween-20 in PBS was used), using a manifold dispenser, and subsequent aspiration. After the last wash, remove any remaining Wash buffer by aspirating. Invert the plate and blot it against clean paper towels.

[0225] Add 100 μ l standard dilution or diluted sample (see below) per well. Change tip after every pipetting step.

[0226] Cover plate with the adhesive strip (provided with the kit).

[0227] Incubate for 2 hours at r.t. on a rocking platform.

[0228] Repeat the aspiration/wash as described previously.

[0229] Aspirated samples and wash solutions are treated with laboratory disinfectant.

[0230] Add 100 μ l Detection Antibody (provided with the kit) diluted 1:180 in Reagent diluent (not provided with the kit; 1% BSA (Roth; Albumin Fraction V, Cat. # T844.2) in PBS was used) per well

[0231] Incubate for 2 hours at r.t.

[0232] Repeat the aspiration/wash as described previously.

[0233] Add 100 μ l working dilution of the Streptavidin-HRP to each well (provided with the kit; 1:200 dilution in Reagent diluent). Cover with a new adhesive strip.

[0234] Incubate for 20 min at r.t.

[0235] Repeat the aspiration/wash as described previously.

[0236] Add 100 μ l Substrate Solution (R&D, Cat. # DY999; not provided with the kit) to each well.

[0237] Incubate for 20 min at r.t. Protect from light. Add 50 μ l Stop Solution (1.5 M H2504 (Schwefelsäure reinst, Merck, Cat. # 713); not provided with the kit) to each well. Mix carefully.

[0238] Determine the optical density of each well immediately, using a microplate reader set to 450 nm.

Amphiregulin Standard Curve:

[0239] A 40 ng/ml amphiregulin stock solution was prepared in 1% BSA in PBS, aliquotted and stored at -80° C. Amphiregulin solutions in 20% BSA in PBS were not stable beyond 2 weeks and were therefore not used. From the aliquotted amphiregulin stock solution, the amphiregulin standard curve was prepared freshly in 20% BSA in PBS prior to each experiment. The highest concentration was 1000 pg/ml (1:40 dilution of the amphiregulin stock solution). The standards provided with the ELISA kit produced a linear standard curve. Excel-based analysis of the curves allowed the determination of curve equations for every ELISA.

Amphiregulin Samples:

[0240] When samples were diluted 1:1 in Reagent Diluent, all samples were within the linear range of the ELISA. Each sample was measured in duplicates. Dependent on the quality of the data, and on sufficient amounts of serum, determinations were repeated in subsequent experiments if necessary.

[0241] EGF:

[0242] Prepare all reagents (provided with the kit), standard dilutions (provided with the kit) and samples

[0243] Remove excess antibody-coated microtiter plate strips (provided with the kit) from the frame. The frame is now termed ELISA plate.

[0244] Determine of the required number of wells: (Number of standard dilutions+number of samples) \times 2

[0245] Determine the plate layout.

[0246] Add 50 μ l Assay Diluent RD1 (provided with the kit) to each well

[0247] Add 200 μ l standard dilution or diluted sample (e.g. 1:20 in Calibrator Diluent RD6H) per well. Change tip after every pipetting step.

[0248] Cover plate with the adhesive strip (provided with the kit).

[0249] Incubate for 2 hours at r.t. on a rocking platform.

[0250] Aspirate each well and wash, repeating the process three times for a total of four washes. Wash by filling each well with 400 μ l Wash Buffer (provided with the kit), using a manifold dispenser, and subsequent aspiration. After the last wash, remove any remaining Wash buffer by aspirating. Invert the plate and blot it against clean paper towels.

[0251] Aspirated samples and wash solutions are treated with laboratory disinfectant. Add 200 μ l of Conjugate (provided with the kit) to each well. Cover with a new adhesive strip.

- [0252] Incubate for 2 hours at r.t.
- [0253] Repeat the aspiration/wash as described previously.
- [0254] Add 200 μ l Substrate Solution (provided with the kit) to each well.
- [0255] Incubate for 20 min at r.t. Protect from light.
- [0256] Add 50 μ l Stop Solution (provided with the kit) to each well. Mix carefully.
- [0257] Determine the optical density of each well within 30 minutes, using a microplate reader set to 450 nm.

EGF Standard Curve:

- [0258] The standards provided with the ELISA kit produced a linear standard curve. Also very small concentrations showed detectable results.
- [0259] EGF samples:
- [0260] A total of four assays with the samples was performed. Each sample was measured 2-5 times, the number of determinations being dependent on the quality of the results (mean \pm SD) and the availability of sufficient amounts of serum. When samples were diluted 1:20 in Calibrator Diluent RD6H, all samples were within the linear range of the ELISA.

TGF-Alpha:

- [0261] Prepare all reagents (provided with the kit), standard dilutions (provided with the kit) and samples
- [0262] Remove excess antibody-coated microtiter plate strips (provided with the kit) from the frame. The frame is now termed ELISA plate.
- [0263] Determine of the required number of wells: (Number of standard dilutions+number of samples) \times 2
- [0264] Determine the plate layout.
- [0265] Add 100 μ l Assay Diluent RD1W (provided with the kit) to each well
- [0266] Add 50 μ l standard dilution or sample per well. Change tip after every pipetting step.
- [0267] Cover plate with the adhesive strip (provided with the kit).
- [0268] Incubate for 2 hours at r.t. on a rocking platform.
- [0269] Aspirate each well and wash, repeating the process three times for a total of four washes. Wash by filling each well with 400 μ l Wash Buffer (provided with the kit), using a manifold dispenser, and subsequent aspiration. After the last wash, remove any remaining Wash buffer by aspirating. Invert the plate and blot it against clean paper towels.
- [0270] Aspirated samples and wash solutions are treated with laboratory disinfectant.
- [0271] Add 200 μ l of TGF-alpha Cojugate (provided with the kit) to each well. Cover with a new adhesive strip.
- [0272] Incubate for 2 hours at r.t.
- [0273] Repeat the aspiration/wash as described previously.
- [0274] Add 200 μ l Substrate Solution (provided with the kit) to each well.
- [0275] Incubate for 30 min at r.t. Protect from light.
- [0276] Add 50 μ l Stop Solution (provided with the kit) to each well. Mix carefully.
- [0277] Determine the optical density of each well within 30 minutes, using a microplate reader set to 450 nm.

TGF-Alpha Standard Curve:

- [0278] The standards provided with the ELISA kit produced a linear standard curve. Also very small concentrations showed detectable results.

TGF-Alpha Samples:

- [0279] A total of four assays with the samples was performed. Samples were measured in 2-4 independent assays.

[0280] The serum data was analyzed to identify factors the baseline serum levels of which would be associated with response to the Pertuzumab treatment. For all factors a skewed pattern of the distribution (mean, standard deviation, median, minimum, maximum) was observed. A monotonic transform was used to reduce the skewness based on the logarithm: $\text{Log}(x+1)$. In a univariate analysis, it was explored whether suitable cut-points for the factors could be defined which would relate to the probability of response (in this example defined as clinical benefit). Here, patients with clinical benefit were defined as those who achieved a partial response (PR) or maintained stable disease for at least 6 months. Scatterplots of the factors versus the response categories were investigated. FIG. 1 and FIG. 2 show a plotting of the clinical response categories versus the logarithmic transformation of the serum levels of TGF-alpha and amphiregulin, respectively, to exemplify the approach.

[0281] Based on the scatterplots, cut-points were selected for the factors to define groups of patients, who have experienced greater clinical benefit. FIG. 3 (TGF-alpha), FIG. 4 (Amphiregulin), FIG. 5 (EGF), and FIG. 6 (HER2-ECD) show the clinical benefit in relation to the different factor groupings based on the exploratory cut-points calculated to the original factor units. The cut-points separate out some of the patients without clinical benefit, and hence, elevate the response rate for the group with greater clinical benefit.

Example 2

[0282] In this example the exploratory cut-points from Example 1 were used to assess the univariate effect of the factor groupings on different measures of the clinical benefit of the Pertuzumab treatment, using time to progression/or death (TTP) and time to death (TTD) as alternative clinical endpoints. Significant effects were observed for TGF-alpha, Amphiregulin, EGF and HER2-ECD in Kaplan-Meier estimates and log-rank tests for TTP and/or TTD, as shown in an overview in FIG. 7.

[0283] The Kaplan-Meier plots displaying the hazard ratio are given for TTP and TTD (highest number of events observed) in FIG. 8 and FIG. 9 (TGF-alpha), 10 and 11 (Amphiregulin), 12 and 13 (EGF), and 14 and 15 (HER2-ECD), showing the pronounced effect of a grouping based on these factors on the clinical outcome of the patients treated with Pertuzumab.

Example 3

[0284] In this example multivariate approaches were used to identify combinations of factors that would further improve the identification of patients with greater benefit from the Pertuzumab treatment. Results, as derived from a CART approach (Classification And Regression Trees), are reflected. The CART classification approach made it necessary to specify as the benefit group all values in clinical benefit above of 0. As variables serum levels of HER2-ECD, TGF-alpha, Amphiregulin, and EGF were employed. A combination of serum HER2-ECD and serum TGF-alpha levels were selected to give best results. From the CART results optimized cut-points for a combination of serum HER2-ECD and serum TGF-alpha levels were derived, resulting in a rule for exploratory categorization of clinical benefit in the study population—a combination of low serum HER2-ECD values

and low serum TGF- α values capturing 2/2 PR and 2/3 SD>6 months in the study population and excluding a reasonable number of fast progressing patients. FIG. 16 shows the clinical benefit in relation to the TGF- α /HER2-ECD combination groupings based on the exploratory combination cut-point. FIG. 17 summarizes the effect of a combination of TGF- α and HER2-ECD on TTP and TTD. The Kaplan-Meier estimates and the hazard ratios given in FIG. 18 (TTP) and FIG. 19 (TTD) demonstrate the significant effect of the

grouping based on a combination of these factors for on the clinical outcome of the patients treated with Pertuzumab.

[0285] Unless stated to the contrary, all compounds in the examples were prepared and characterized as described. All ranges recited herein encompass all combinations and sub-combinations included within that range limit. All patents and publications cited herein are hereby incorporated by reference in their entirety for any purpose.

SEQUENCE LISTING

<160> NUMBER OF SEQ ID NOS: 14

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20         25         30
Tyr Ser Gly Lys Arg Glu Pro Phe Ser Gly Asp His Ser Ala Asp Gly
35         40         45
Phe Glu Val Thr Ser Arg Ser Glu Met Ser Ser Gly Ser Glu Ile Ser
50         55         60
Pro Val Ser Glu Met Pro Ser Ser Ser Glu Pro Ser Ser Gly Ala Asp
65         70         75         80
Tyr Asp Tyr Ser Glu Glu Tyr Asp Asn Glu Pro Gln Ile Pro Gly Tyr
85         90         95
Ile Val Asp Asp Ser Val Arg Val Glu Gln Val Val Lys Pro Pro Gln
100        105        110
Asn Lys Thr Glu Ser Glu Asn Thr Ser Asp Lys Pro Lys Arg Lys Lys
115        120        125
Lys Gly Gly Lys Asn Gly Lys Asn Arg Arg Asn Arg Lys Lys Lys Asn
130        135        140
Pro Cys Asn Ala Glu Phe Gln Asn Phe Cys Ile His Gly Glu Cys Lys
145        150        155        160
Tyr Ile Glu His Leu Glu Ala Val Thr Cys Lys Cys Gln Gln Glu Tyr
165        170        175
Phe Gly Glu Arg Cys Gly Glu Lys Ser Met Lys Thr His Ser Met Ile
180        185        190
Asp Ser Ser Leu Ser Lys Ile Ala Leu Ala Ala Ile Ala Ala Phe Met
195        200        205
Ser Ala Val Ile Leu Thr Ala Val Ala Val Ile Thr Val Gln Leu Arg
210        215        220
Arg Gln Tyr Val Arg Lys Tyr Glu Gly Glu Ala Glu Glu Arg Lys Lys
225        230        235        240
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245        250
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<212> TYPE: PRT

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<213> ORGANISM: Homo sapiens

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Phe Val Ser Leu Ser Ala Pro Gln His Trp Ser Cys Pro Glu Gly Thr
           20           25           30

Leu Ala Gly Asn Gly Asn Ser Thr Cys Val Gly Pro Ala Pro Phe Leu
           35           40           45

Ile Phe Ser His Gly Asn Ser Ile Phe Arg Ile Asp Thr Glu Gly Thr
           50           55           60

Asn Tyr Glu Gln Leu Val Val Asp Ala Gly Val Ser Val Ile Met Asp
65           70           75           80

Phe His Tyr Asn Glu Lys Arg Ile Tyr Trp Val Asp Leu Glu Arg Gln
           85           90           95

Leu Leu Gln Arg Val Phe Leu Asn Gly Ser Arg Gln Glu Arg Val Cys
           100          105          110

Asn Ile Glu Lys Asn Val Ser Gly Met Ala Ile Asn Trp Ile Asn Glu
115          120          125

Glu Val Ile Trp Ser Asn Gln Gln Glu Gly Ile Ile Thr Val Thr Asp
130          135          140

Met Lys Gly Asn Asn Ser His Ile Leu Leu Ser Ala Leu Lys Tyr Pro
145          150          155          160

Ala Asn Val Ala Val Asp Pro Val Glu Arg Phe Ile Phe Trp Ser Ser
           165          170          175

Glu Val Ala Gly Ser Leu Tyr Arg Ala Asp Leu Asp Gly Val Gly Val
           180          185          190

Lys Ala Leu Leu Glu Thr Ser Glu Lys Ile Thr Ala Val Ser Leu Asp
195          200          205

Val Leu Asp Lys Arg Leu Phe Trp Ile Gln Tyr Asn Arg Glu Gly Ser
210          215          220

Asn Ser Leu Ile Cys Ser Cys Asp Tyr Asp Gly Gly Ser Val His Ile
225          230          235          240

Ser Lys His Pro Thr Gln His Asn Leu Phe Ala Met Ser Leu Phe Gly
           245          250          255

Asp Arg Ile Phe Tyr Ser Thr Trp Lys Met Lys Thr Ile Trp Ile Ala
           260          265          270

Asn Lys His Thr Gly Lys Asp Met Val Arg Ile Asn Leu His Ser Ser
           275          280          285

Phe Val Pro Leu Gly Glu Leu Lys Val Val His Pro Leu Ala Gln Pro
290          295          300

Lys Ala Glu Asp Asp Thr Trp Glu Pro Glu Gln Lys Leu Cys Lys Leu
305          310          315          320

Arg Lys Gly Asn Cys Ser Ser Thr Val Cys Gly Gln Asp Leu Gln Ser
           325          330          335

His Leu Cys Met Cys Ala Glu Gly Tyr Ala Leu Ser Arg Asp Arg Lys
           340          345          350

Tyr Cys Glu Asp Val Asn Glu Cys Ala Phe Trp Asn His Gly Cys Thr
           355          360          365

Leu Gly Cys Lys Asn Thr Pro Gly Ser Tyr Tyr Cys Thr Cys Pro Val
370          375          380

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Gly 385	Phe	Val	Leu	Leu	Pro 390	Asp	Gly	Lys	Arg	Cys 395	His	Gln	Leu	Val	Ser 400
Cys	Pro	Arg	Asn 405	Val	Ser	Glu	Cys	Ser	His 410	Asp	Cys	Val	Leu 415	Thr	Ser
Glu	Gly	Pro	Leu 420	Cys	Phe	Cys	Pro	Glu 425	Gly	Ser	Val	Leu 430	Glu	Arg	Asp
Gly	Lys	Thr 435	Cys	Ser	Gly	Cys	Ser 440	Ser	Pro	Asp	Asn	Gly 445	Gly	Cys	Ser
Gln	Leu 450	Cys	Val	Pro	Leu	Ser 455	Pro	Val	Ser	Trp	Glu 460	Cys	Asp	Cys	Phe
Pro 465	Gly	Tyr	Asp	Leu	Gln 470	Leu	Asp	Glu	Lys	Cys 475	Ala	Ala	Ser	Gly	480
Pro	Gln	Pro	Phe 485	Leu	Leu	Phe	Ala	Asn	Ser 490	Gln	Asp	Ile	Arg	His 495	Met
His	Phe	Asp	Gly 500	Thr	Asp	Tyr	Gly	Thr 505	Leu	Leu	Ser	Gln 510	Gln	Met	Gly
Met	Val	Tyr 515	Ala	Leu	Asp	His	Asp 520	Pro	Val	Glu	Asn	Lys 525	Ile	Tyr	Phe
Ala	His 530	Thr	Ala	Leu	Lys	Trp 535	Ile	Glu	Arg	Ala	Asn 540	Met	Asp	Gly	Ser
Gln 545	Arg	Glu	Arg	Leu	Ile 550	Glu	Glu	Gly	Val	Asp 555	Val	Pro	Glu	Gly	Leu 560
Ala	Val	Asp	Trp	Ile 565	Gly	Arg	Arg	Phe	Tyr 570	Trp	Thr	Asp	Arg	Gly	Lys 575
Ser	Leu	Ile	Gly 580	Arg	Ser	Asp	Leu	Asn 585	Gly	Lys	Arg	Ser	Lys 590	Ile	Ile
Thr	Lys	Glu 595	Asn	Ile	Ser	Gln	Pro	Arg	Gly	Ile	Ala	Val 605	His	Pro	Met
Ala	Lys 610	Arg	Leu	Phe	Trp	Thr 615	Asp	Thr	Gly	Ile	Asn 620	Pro	Arg	Ile	Glu
Ser 625	Ser	Ser	Leu	Gln	Gly 630	Leu	Gly	Arg	Leu	Val 635	Ile	Ala	Ser	Ser	Asp 640
Leu	Ile	Trp	Pro	Ser 645	Gly	Ile	Thr	Ile	Asp 650	Phe	Leu	Thr	Asp	Lys 655	Leu
Tyr	Trp	Cys	Asp 660	Ala	Lys	Gln	Ser	Val	Ile 665	Glu	Met	Ala	Asn 670	Leu	Asp
Gly	Ser	Lys 675	Arg	Arg	Arg	Leu	Thr 680	Gln	Asn	Asp	Val	Gly 685	His	Pro	Phe
Ala	Val	Ala	Val	Phe	Glu 695	Asp	Tyr	Val	Trp	Phe	Ser	Asp	Trp	Ala	Met
Pro 705	Ser	Val	Ile	Arg	Val 710	Asn	Lys	Arg	Thr	Gly 715	Lys	Asp	Arg	Val	Arg 720
Leu	Gln	Gly	Ser	Met 725	Leu	Lys	Pro	Ser	Ser 730	Leu	Val	Val	Val	His 735	Pro
Leu	Ala	Lys	Pro 740	Gly	Ala	Asp	Pro	Cys 745	Leu	Tyr	Gln	Asn	Gly 750	Gly	Cys
Glu	His	Ile 755	Cys	Lys	Lys	Arg	Leu 760	Gly	Thr	Ala	Trp	Cys 765	Ser	Cys	Arg
Glu	Gly	Phe 770	Met	Lys	Ala	Ser 775	Asp	Gly	Lys	Thr	Cys 780	Leu	Ala	Leu	Asp
Gly	His	Gln	Leu	Leu	Ala	Gly	Gly	Glu	Val	Asp	Leu	Lys	Asn	Gln	Val

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785	790	795	800
Thr Pro Leu Asp Ile Leu Ser Lys Thr Arg Val Ser Glu Asp Asn Ile	805	810	815
Thr Glu Ser Gln His Met Leu Val Ala Glu Ile Met Val Ser Asp Gln	820	825	830
Asp Asp Cys Ala Pro Val Gly Cys Ser Met Tyr Ala Arg Cys Ile Ser	835	840	845
Glu Gly Glu Asp Ala Thr Cys Gln Cys Leu Lys Gly Phe Ala Gly Asp	850	855	860
Gly Lys Leu Cys Ser Asp Ile Asp Glu Cys Glu Met Gly Val Pro Val	865	870	875
Cys Pro Pro Ala Ser Ser Lys Cys Ile Asn Thr Glu Gly Gly Tyr Val	885	890	895
Cys Arg Cys Ser Glu Gly Tyr Gln Gly Asp Gly Ile His Cys Leu Asp	900	905	910
Ile Asp Glu Cys Gln Leu Gly Val His Ser Cys Gly Glu Asn Ala Ser	915	920	925
Cys Thr Asn Thr Glu Gly Gly Tyr Thr Cys Met Cys Ala Gly Arg Leu	930	935	940
Ser Glu Pro Gly Leu Ile Cys Pro Asp Ser Thr Pro Pro Pro His Leu	945	950	955
Arg Glu Asp Asp His His Tyr Ser Val Arg Asn Ser Asp Ser Glu Cys	965	970	975
Pro Leu Ser His Asp Gly Tyr Cys Leu His Asp Gly Val Cys Met Tyr	980	985	990
Ile Glu Ala Leu Asp Lys Tyr Ala Cys Asn Cys Val Val Gly Tyr Ile	995	1000	1005
Gly Glu Arg Cys Gln Tyr Arg Asp Leu Lys Trp Trp Glu Leu Arg	1010	1015	1020
His Ala Gly His Gly Gln Gln Gln Lys Val Ile Val Val Ala Val	1025	1030	1035
Cys Val Val Val Leu Val Met Leu Leu Leu Leu Ser Leu Trp Gly	1040	1045	1050
Ala His Tyr Tyr Arg Thr Gln Lys Leu Leu Ser Lys Asn Pro Lys	1055	1060	1065
Asn Pro Tyr Glu Glu Ser Ser Arg Asp Val Arg Ser Arg Arg Pro	1070	1075	1080
Ala Asp Thr Glu Asp Gly Met Ser Ser Cys Pro Gln Pro Trp Phe	1085	1090	1095
Val Val Ile Lys Glu His Gln Asp Leu Lys Asn Gly Gly Gln Pro	1100	1105	1110
Val Ala Gly Glu Asp Gly Gln Ala Ala Asp Gly Ser Met Gln Pro	1115	1120	1125
Thr Ser Trp Arg Gln Glu Pro Gln Leu Cys Gly Met Gly Thr Glu	1130	1135	1140
Gln Gly Cys Trp Ile Pro Val Ser Ser Asp Lys Gly Ser Cys Pro	1145	1150	1155
Gln Val Met Glu Arg Ser Phe His Met Pro Ser Tyr Gly Thr Gln	1160	1165	1170
Thr Leu Glu Gly Gly Val Glu Lys Pro His Ser Leu Leu Ser Ala	1175	1180	1185

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Glu Leu Thr Gln
 1205

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 Asp Pro Pro Val Ala Ala Ala Val Val Ser His Phe Asn Asp Cys Pro
 35 40 45
 Asp Ser His Thr Gln Phe Cys Phe His Gly Thr Cys Arg Phe Leu Val
 50 55 60
 Gln Glu Asp Lys Pro Ala Cys Val Cys His Ser Gly Tyr Val Gly Ala
 65 70 75 80
 Arg Cys Glu His Ala Asp Leu Leu Ala Val Val Ala Ala Ser Gln Lys
 85 90 95
 Lys Gln Ala Ile Thr Ala Leu Val Val Val Ser Ile Val Ala Leu Ala
 100 105 110
 Val Leu Ile Ile Thr Cys Val Leu Ile His Cys Cys Gln Val Arg Lys
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 His Cys Glu Trp Cys Arg Ala Leu Ile Cys Arg His Glu Lys Pro Ser
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 Leu Arg Leu Pro Ala Ser Pro Glu Thr His Leu Asp Met Leu Arg His
 35 40 45
 Leu Tyr Gln Gly Cys Gln Val Val Gln Gly Asn Leu Glu Leu Thr Tyr
 50 55 60
 Leu Pro Thr Asn Ala Ser Leu Ser Phe Leu Gln Asp Ile Gln Glu Val
 65 70 75 80
 Gln Gly Tyr Val Leu Ile Ala His Asn Gln Val Arg Gln Val Pro Leu
 85 90 95
 Gln Arg Leu Arg Ile Val Arg Gly Thr Gln Leu Phe Glu Asp Asn Tyr
 100 105 110
 Ala Leu Ala Val Leu Asp Asn Gly Asp Pro Leu Asn Asn Thr Thr Pro
 115 120 125

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Val	Thr	Gly	Ala	Ser	Pro	Gly	Gly	Leu	Arg	Glu	Leu	Gln	Leu	Arg	Ser	130	135	140
Leu	Thr	Glu	Ile	Leu	Lys	Gly	Gly	Val	Leu	Ile	Gln	Arg	Asn	Pro	Gln	145	150	155
Leu	Cys	Tyr	Gln	Asp	Thr	Ile	Leu	Trp	Lys	Asp	Ile	Phe	His	Lys	Asn	165	170	175
Asn	Gln	Leu	Ala	Leu	Thr	Leu	Ile	Asp	Thr	Asn	Arg	Ser	Arg	Ala	Cys	180	185	190
His	Pro	Cys	Ser	Pro	Met	Cys	Lys	Gly	Ser	Arg	Cys	Trp	Gly	Glu	Ser	195	200	205
Ser	Glu	Asp	Cys	Gln	Ser	Leu	Thr	Arg	Thr	Val	Cys	Ala	Gly	Gly	Cys	210	215	220
Ala	Arg	Cys	Lys	Gly	Pro	Leu	Pro	Thr	Asp	Cys	Cys	His	Glu	Gln	Cys	225	230	235
Ala	Ala	Gly	Cys	Thr	Gly	Pro	Lys	His	Ser	Asp	Cys	Leu	Ala	Cys	Leu	245	250	255
His	Phe	Asn	His	Ser	Gly	Ile	Cys	Glu	Leu	His	Cys	Pro	Ala	Leu	Val	260	265	270
Thr	Tyr	Asn	Thr	Asp	Thr	Phe	Glu	Ser	Met	Pro	Asn	Pro	Glu	Gly	Arg	275	280	285
Tyr	Thr	Phe	Gly	Ala	Ser	Cys	Val	Thr	Ala	Cys	Pro	Tyr	Asn	Tyr	Leu	290	295	300
Ser	Thr	Asp	Val	Gly	Ser	Cys	Thr	Leu	Val	Cys	Pro	Leu	His	Asn	Gln	305	310	315
Glu	Val	Thr	Ala	Glu	Asp	Gly	Thr	Gln	Arg	Cys	Glu	Lys	Cys	Ser	Lys	325	330	335
Pro	Cys	Ala	Arg	Val	Cys	Tyr	Gly	Leu	Gly	Met	Glu	His	Leu	Arg	Glu	340	345	350
Val	Arg	Ala	Val	Thr	Ser	Ala	Asn	Ile	Gln	Glu	Phe	Ala	Gly	Cys	Lys	355	360	365
Lys	Ile	Phe	Gly	Ser	Leu	Ala	Phe	Leu	Pro	Glu	Ser	Phe	Asp	Gly	Asp	370	375	380
Pro	Ala	Ser	Asn	Thr	Ala	Pro	Leu	Gln	Pro	Glu	Gln	Leu	Gln	Val	Phe	385	390	395
Glu	Thr	Leu	Glu	Glu	Ile	Thr	Gly	Tyr	Leu	Tyr	Ile	Ser	Ala	Trp	Pro	405	410	415
Asp	Ser	Leu	Pro	Asp	Leu	Ser	Val	Phe	Gln	Asn	Leu	Gln	Val	Ile	Arg	420	425	430
Gly	Arg	Ile	Leu	His	Asn	Gly	Ala	Tyr	Ser	Leu	Thr	Leu	Gln	Gly	Leu	435	440	445
Gly	Ile	Ser	Trp	Leu	Gly	Leu	Arg	Ser	Leu	Arg	Glu	Leu	Gly	Ser	Gly	450	455	460
Leu	Ala	Leu	Ile	His	His	Asn	Thr	His	Leu	Cys	Phe	Val	His	Thr	Val	465	470	475
Pro	Trp	Asp	Gln	Leu	Phe	Arg	Asn	Pro	His	Gln	Ala	Leu	Leu	His	Thr	485	490	495
Ala	Asn	Arg	Pro	Glu	Asp	Glu	Cys	Val	Gly	Glu	Gly	Leu	Ala	Cys	His	500	505	510
Gln	Leu	Cys	Ala	Arg	Gly	His	Cys	Trp	Gly	Pro	Gly	Pro	Thr	Gln	Cys	515	520	525

-continued

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Arg	Val	Leu	Gln	Gly	Leu	Pro	Arg	Glu	Tyr	Val	Asn	Ala	Arg	His	Cys
545					550					555					560
Leu	Pro	Cys	His	Pro	Glu	Cys	Gln	Pro	Gln	Asn	Gly	Ser	Val	Thr	Cys
			565						570					575	
Phe	Gly	Pro	Glu	Ala	Asp	Gln	Cys	Val	Ala	Cys	Ala	His	Tyr	Lys	Asp
			580					585					590		
Pro	Pro	Phe	Cys	Val	Ala	Arg	Cys	Pro	Ser	Gly	Val	Lys	Pro	Asp	Leu
		595					600					605			
Ser	Tyr	Met	Pro	Ile	Trp	Lys	Phe	Pro	Asp	Glu	Glu	Gly	Ala	Cys	Gln
610						615					620				
Pro	Cys	Pro	Ile	Asn	Cys	Thr	His	Ser	Cys	Val	Asp	Leu	Asp	Asp	Lys
625					630					635					640
Gly	Cys	Pro	Ala	Glu	Gln	Arg	Ala	Ser	Pro	Leu	Thr	Ser	Ile	Ile	Ser
				645					650					655	
Ala	Val	Val	Gly	Ile	Leu	Leu	Val	Val	Val	Leu	Gly	Val	Val	Phe	Gly
			660					665					670		
Ile	Leu	Ile	Lys	Arg	Arg	Gln	Gln	Lys	Ile	Arg	Lys	Tyr	Thr	Met	Arg
	675					680						685			
Arg	Leu	Leu	Gln	Glu	Thr	Glu	Leu	Val	Glu	Pro	Leu	Thr	Pro	Ser	Gly
690						695					700				
Ala	Met	Pro	Asn	Gln	Ala	Gln	Met	Arg	Ile	Leu	Lys	Glu	Thr	Glu	Leu
705					710					715					720
Arg	Lys	Val	Lys	Val	Leu	Gly	Ser	Gly	Ala	Phe	Gly	Thr	Val	Tyr	Lys
			725						730					735	
Gly	Ile	Trp	Ile	Pro	Asp	Gly	Glu	Asn	Val	Lys	Ile	Pro	Val	Ala	Ile
		740						745					750		
Lys	Val	Leu	Arg	Glu	Asn	Thr	Ser	Pro	Lys	Ala	Asn	Lys	Glu	Ile	Leu
	755						760					765			
Asp	Glu	Ala	Tyr	Val	Met	Ala	Gly	Val	Gly	Ser	Pro	Tyr	Val	Ser	Arg
770						775					780				
Leu	Leu	Gly	Ile	Cys	Leu	Thr	Ser	Thr	Val	Gln	Leu	Val	Thr	Gln	Leu
785					790					795					800
Met	Pro	Tyr	Gly	Cys	Leu	Leu	Asp	His	Val	Arg	Glu	Asn	Arg	Gly	Arg
				805					810					815	
Leu	Gly	Ser	Gln	Asp	Leu	Leu	Asn	Trp	Cys	Met	Gln	Ile	Ala	Lys	Gly
			820					825					830		
Met	Ser	Tyr	Leu	Glu	Asp	Val	Arg	Leu	Val	His	Arg	Asp	Leu	Ala	Ala
		835					840					845			
Arg	Asn	Val	Leu	Val	Lys	Ser	Pro	Asn	His	Val	Lys	Ile	Thr	Asp	Phe
						855					860				
Gly	Leu	Ala	Arg	Leu	Leu	Asp	Ile	Asp	Glu	Thr	Glu	Tyr	His	Ala	Asp
865					870					875					880
Gly	Gly	Lys	Val	Pro	Ile	Lys	Trp	Met	Ala	Leu	Glu	Ser	Ile	Leu	Arg
				885					890					895	
Arg	Arg	Phe	Thr	His	Gln	Ser	Asp	Val	Trp	Ser	Tyr	Gly	Val	Thr	Val
			900					905					910		
Trp	Glu	Leu	Met	Thr	Phe	Gly	Ala	Lys	Pro	Tyr	Asp	Gly	Ile	Pro	Ala
	915					920						925			
Arg	Glu	Ile	Pro	Asp	Leu	Leu	Glu	Lys	Gly	Glu	Arg	Leu	Pro	Gln	Pro

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930	935	940	
Pro Ile Cys Thr Ile Asp Val Tyr Met Ile Met Val Lys Cys Trp Met			
945	950	955	960
Ile Asp Ser Glu Cys Arg Pro Arg Phe Arg Glu Leu Val Ser Glu Phe			
	965	970	975
Ser Arg Met Ala Arg Asp Pro Gln Arg Phe Val Val Ile Gln Asn Glu			
	980	985	990
Asp Leu Gly Pro Ala Ser Pro Leu Asp Ser Thr Phe Tyr Arg Ser Leu			
	995	1000	1005
Leu Glu Asp Asp Asp Met Gly Asp Leu Val Asp Ala Glu Glu Tyr			
1010	1015		1020
Leu Val Pro Gln Gln Gly Phe Phe Cys Pro Asp Pro Ala Pro Gly			
1025	1030		1035
Ala Gly Gly Met Val His His Arg His Arg Ser Ser Ser Thr Arg			
1040	1045		1050
Ser Gly Gly Gly Asp Leu Thr Leu Gly Leu Glu Pro Ser Glu Glu			
1055	1060		1065
Glu Ala Pro Arg Ser Pro Leu Ala Pro Ser Glu Gly Ala Gly Ser			
1070	1075		1080
Asp Val Phe Asp Gly Asp Leu Gly Met Gly Ala Ala Lys Gly Leu			
1085	1090		1095
Gln Ser Leu Pro Thr His Asp Pro Ser Pro Leu Gln Arg Tyr Ser			
1100	1105		1110
Glu Asp Pro Thr Val Pro Leu Pro Ser Glu Thr Asp Gly Tyr Val			
1115	1120		1125
Ala Pro Leu Thr Cys Ser Pro Gln Pro Glu Tyr Val Asn Gln Pro			
1130	1135		1140
Asp Val Arg Pro Gln Pro Pro Ser Pro Arg Glu Gly Pro Leu Pro			
1145	1150		1155
Ala Ala Arg Pro Ala Gly Ala Thr Leu Glu Arg Pro Lys Thr Leu			
1160	1165		1170
Ser Pro Gly Lys Asn Gly Val Val Lys Asp Val Phe Ala Phe Gly			
1175	1180		1185
Gly Ala Val Glu Asn Pro Glu Tyr Leu Thr Pro Gln Gly Gly Ala			
1190	1195		1200
Ala Pro Gln Pro His Pro Pro Pro Ala Phe Ser Pro Ala Phe Asp			
1205	1210		1215
Asn Leu Tyr Tyr Trp Asp Gln Asp Pro Pro Glu Arg Gly Ala Pro			
1220	1225		1230
Pro Ser Thr Phe Lys Gly Thr Pro Thr Ala Glu Asn Pro Glu Tyr			
1235	1240		1245
Leu Gly Leu Asp Val Pro Val			
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<210> SEQ ID NO 5

<211> LENGTH: 1270

<212> TYPE: DNA

<213> ORGANISM: Homo sapiens

<400> SEQUENCE: 5

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<211> LENGTH: 4877

<212> TYPE: DNA

<213> ORGANISM: Homo sapiens

<400> SEQUENCE: 6

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<211> LENGTH: 4119

<212> TYPE: DNA

<213> ORGANISM: Homo sapiens

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gagtgcagac ccgcccgtgg ctgcagcagt ggtgtcccat tttaatgact gccagattc	180
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<210> SEQ ID NO 8

<211> LENGTH: 4624

<212> TYPE: DNA

<213> ORGANISM: Homo sapiens

<400> SEQUENCE: 8

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caaagccaac aaagaaatct tagacgaagc atacgtgatg gctgggtgtg gctccccata	2580
tgtctccgc cttctgggca tctgctgac atccacggtg cagctggtga cacagcttat	2640
gccctatggc tgctcttag accatgtccg ggaaaaccgc ggacgcctgg gctcccagga	2700

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cctgctgaac tgggtgatgc agattgccaa ggggatgagc tacctggagg atgtgcggct 2760
cgtacacagg gacttggccg ctcggaacgt gctggccaag agtcccaacc atgtcaaaat 2820
tacagacttc gggctggctc ggctgctgga cattgacgag acagagtacc atgcagatgg 2880
gggcaagggtg cccatcaagt ggatggcgct ggagtccatt ctccgccggc ggttcacca 2940
ccagagtgat gtgtggagtt atggtgtgac tgtgtgggag ctgatgactt ttggggccaa 3000
accttacgat gggatcccag cccgggagat cctgacctg ctggaaaagg gggagcggct 3060
gccccagccc cccatctgca ccatgatgt ctacatgatc atggtcaaat gttggatgat 3120
tgactctgaa tgcggccaa gattccggga gttggtgtct gaattctccc gcatggccag 3180
ggacccccag cgttttgttg tcatccagaa tgaggacttg gggccagcca gtcccttgga 3240
cagcaccttc taccgtcac tgctggagga cgtgacatg ggggacctgg tggatgctga 3300
ggagtatctg gtaccccagc agggcttctt ctgtccagac cctgccccgg gcgctggggg 3360
catggtccac cacaggcacc gcagctcatc taccaggagt ggcggtgggg acctgacact 3420
agggtcggag cctctgaag agggagcccc caggctctca ctggcaccct ccgaaggggc 3480
tggtccgat gtatttgatg gtgacctggg aatgggggca gccaaagggc tgcaaagcct 3540
ccccacacat gacccagcc ctctacagcg gtacagttag gacccacag taccctgcc 3600
ctctgagact gatggtacg ttgccccct gacctgcagc cccagcctg aatatgtgaa 3660
ccagccagat gttcggcccc agcccccttc gcccagagag ggcctctgc ctgctgccc 3720
acctgctggt gccactctgg aaaggcccaa gactctctcc ccagggaaga atggggtcgt 3780
caaagacgtt ttgcctttg ggggtgccgt ggagaacccc gagtacttga cccccagg 3840
aggagctgcc cctcagcccc accctctctc tgccttcagc ccagccttcg acaacctcta 3900
ttactgggac caggaccac cagagcgggg ggctccaccc agcacctca aagggacacc 3960
tacggcagag aaccagagt acctgggtct ggacgtgcca gtgtgaacca gaaggccaag 4020
tccgcagaag cctgatgtg tctcagggga gcagggaagg cctgacttct gctggcatca 4080
agaggtggga gggccctccg accacttcca ggggaacctg ccattgccagg aacctgtcct 4140
aaggaaacct ccttctctgt tgagttccca gatggtgga aggggtccag cctcgttgga 4200
agaggaacag cactggggag tctttgtgga ttctgaggcc ctgccaatg agactctagg 4260
gtccagtgga tgccacagcc cagcttggcc ctttctctcc agatcctggg tactgaaagc 4320
cttagggaag ctggcctgag aggggaagcg gccctaaggg agtgtctaag aacaaaagcg 4380
acctattcag agactgtccc tgaaacctag tactgcccc catgaggaag gaacagcaat 4440
gggtgcagta tccagccttt gtacagagtg cttttctgtt tagtttttac ttttttgtt 4500
ttgttttttt aaagatgaaa taaagaccca gggggagaat ggggtgtgta tggggaggca 4560
agtgtggggg gtccttctcc acaccactt tgtccatttg caaatatatt ttgaaaaaca 4620
gcta 4624

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<210> SEQ ID NO 9

<211> LENGTH: 183

<212> TYPE: PRT

<213> ORGANISM: Homo sapiens

<400> SEQUENCE: 9

Met Arg Ala Asn Asp Ala Leu Gln Val Leu Gly Leu Leu Phe Ser Leu

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1	5	10	15
Ala Arg Gly Ser Glu Val Gly Asn Ser Gln Ala Val Cys Pro Gly Thr	20	25	30
Leu Asn Gly Leu Ser Val Thr Gly Asp Ala Glu Asn Gln Tyr Gln Thr	35	40	45
Leu Tyr Lys Leu Tyr Glu Arg Cys Glu Val Val Met Gly Asn Leu Glu	50	55	60
Ile Val Leu Thr Gly His Asn Ala Asp Leu Ser Phe Leu Gln Trp Ile	65	70	75
Arg Glu Val Thr Gly Tyr Val Leu Val Ala Met Asn Glu Phe Ser Thr	85	90	95
Leu Pro Leu Pro Asn Leu Arg Val Val Arg Gly Thr Gln Val Tyr Asp	100	105	110
Gly Lys Phe Ala Ile Phe Val Met Leu Asn Tyr Asn Thr Asn Ser Ser	115	120	125
His Ala Leu Arg Gln Leu Arg Leu Thr Gln Leu Thr Gly Gln Phe Pro	130	135	140
Met Val Pro Ser Gly Leu Thr Pro Gln Pro Ala Gln Asp Trp Tyr Leu	145	150	155
Leu Asp Asp Asp Pro Arg Leu Leu Thr Leu Ser Ala Ser Ser Lys Val	165	170	175
Pro Val Thr Leu Ala Ala Val	180		

<210> SEQ ID NO 10

<211> LENGTH: 1050

<212> TYPE: DNA

<213> ORGANISM: Homo sapiens

<400> SEQUENCE: 10

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acacacacac acccctcccc tgccatccct ccccggaactc cggetccggc tccgattgca      60
atttgcaacc tccgctgccg tcgcccgcagc agccaccaat tcgccagcgg ttcaggtggc      120
tcttgccctc atgtcctagc ctagggggccc cggggccgga cttggctggg ctcccttcac      180
cctctgcgga gtcagtggg cgaacgcagc tctgcagggt ctgggcttgc ttttcagcct      240
ggccccgggg tccgaggtgg gcaactctca ggcagtgtgt cctgggactc tgaatggcct      300
gagtgtgacc ggcgatgctg agaaccaata ccagacactg tacaagctct acgagaggtg      360
tgagggtggg atgggggaacc ttgagattgt gctcacggga cacaatgccg acctctcctt      420
cctgcagtgg attcgagaag tgacaggcta tgcctcgtg gccatgaatg aattctctac      480
tctaccattg cccaacctcc gcgtggtgcg agggaccag gtctacgatg ggaagtttgc      540
catcttcgtc atgttgaact ataacaccaa ctccagccac gctctgcgcc agctccgctt      600
gactcagctc accggtcagt tcccgatggt tccttctggc ctacccctc agccagccca      660
agactggtac ctccctgatg atgaccaag actgctcact ctaagtgcct cttccaaggt      720
gcctgtcacc ttggccgctg tctaaaggct cattgctccc taagcaatag agggccccca      780
gtaggggggag ctaggggcat ctgctccagg gaaaggaacc ctgtgtcctt gtggggctgg      840
agtcagagct ggatctgtta accgtttttc taatttcaaa gtacagtga ccggaggcca      900
ggcctgatgg cttacacctg taatcccagc attttgggag gccaggagg gcagatcact      960
tgagatcagg agtttgagac cagcctggcc aacatggcga aacctgtct ctactaaaaa     1020

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tacaaaaaaaa taaaataaaaa taaaaaatta

1050

<210> SEQ ID NO 11

<211> LENGTH: 1210

<212> TYPE: PRT

<213> ORGANISM: Homo sapiens

<400> SEQUENCE: 11

Met Arg Pro Ser Gly Thr Ala Gly Ala Ala Leu Leu Ala Leu Leu Ala
 1 5 10 15
 Ala Leu Cys Pro Ala Ser Arg Ala Leu Glu Glu Lys Lys Val Cys Gln
 20 25 30
 Gly Thr Ser Asn Lys Leu Thr Gln Leu Gly Thr Phe Glu Asp His Phe
 35 40 45
 Leu Ser Leu Gln Arg Met Phe Asn Asn Cys Glu Val Val Leu Gly Asn
 50 55 60
 Leu Glu Ile Thr Tyr Val Gln Arg Asn Tyr Asp Leu Ser Phe Leu Lys
 65 70 75 80
 Thr Ile Gln Glu Val Ala Gly Tyr Val Leu Ile Ala Leu Asn Thr Val
 85 90 95
 Glu Arg Ile Pro Leu Glu Asn Leu Gln Ile Ile Arg Gly Asn Met Tyr
 100 105 110
 Tyr Glu Asn Ser Tyr Ala Leu Ala Val Leu Ser Asn Tyr Asp Ala Asn
 115 120 125
 Lys Thr Gly Leu Lys Glu Leu Pro Met Arg Asn Leu Gln Glu Ile Leu
 130 135 140
 His Gly Ala Val Arg Phe Ser Asn Asn Pro Ala Leu Cys Asn Val Glu
 145 150 155 160
 Ser Ile Gln Trp Arg Asp Ile Val Ser Ser Asp Phe Leu Ser Asn Met
 165 170 175
 Ser Met Asp Phe Gln Asn His Leu Gly Ser Cys Gln Lys Cys Asp Pro
 180 185 190
 Ser Cys Pro Asn Gly Ser Cys Trp Gly Ala Gly Glu Glu Asn Cys Gln
 195 200 205
 Lys Leu Thr Lys Ile Ile Cys Ala Gln Gln Cys Ser Gly Arg Cys Arg
 210 215 220
 Gly Lys Ser Pro Ser Asp Cys Cys His Asn Gln Cys Ala Ala Gly Cys
 225 230 235 240
 Thr Gly Pro Arg Glu Ser Asp Cys Leu Val Cys Arg Lys Phe Arg Asp
 245 250 255
 Glu Ala Thr Cys Lys Asp Thr Cys Pro Pro Leu Met Leu Tyr Asn Pro
 260 265 270
 Thr Thr Tyr Gln Met Asp Val Asn Pro Glu Gly Lys Tyr Ser Phe Gly
 275 280 285
 Ala Thr Cys Val Lys Lys Cys Pro Arg Asn Tyr Val Val Thr Asp His
 290 295 300
 Gly Ser Cys Val Arg Ala Cys Gly Ala Asp Ser Tyr Glu Met Glu Glu
 305 310 315 320
 Asp Gly Val Arg Lys Cys Lys Lys Cys Glu Gly Pro Cys Arg Lys Val
 325 330 335
 Cys Asn Gly Ile Gly Ile Gly Glu Phe Lys Asp Ser Leu Ser Ile Asn
 340 345 350

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Ala Thr Asn Ile Lys His Phe Lys Asn Cys Thr Ser Ile Ser Gly Asp	355	360	365
Leu His Ile Leu Pro Val Ala Phe Arg Gly Asp Ser Phe Thr His Thr	370	375	380
Pro Pro Leu Asp Pro Gln Glu Leu Asp Ile Leu Lys Thr Val Lys Glu	385	390	395
Ile Thr Gly Phe Leu Leu Ile Gln Ala Trp Pro Glu Asn Arg Thr Asp	405	410	415
Leu His Ala Phe Glu Asn Leu Glu Ile Ile Arg Gly Arg Thr Lys Gln	420	425	430
His Gly Gln Phe Ser Leu Ala Val Val Ser Leu Asn Ile Thr Ser Leu	435	440	445
Gly Leu Arg Ser Leu Lys Glu Ile Ser Asp Gly Asp Val Ile Ile Ser	450	455	460
Gly Asn Lys Asn Leu Cys Tyr Ala Asn Thr Ile Asn Trp Lys Lys Leu	465	470	475
Phe Gly Thr Ser Gly Gln Lys Thr Lys Ile Ile Ser Asn Arg Gly Glu	485	490	495
Asn Ser Cys Lys Ala Thr Gly Gln Val Cys His Ala Leu Cys Ser Pro	500	505	510
Glu Gly Cys Trp Gly Pro Glu Pro Arg Asp Cys Val Ser Cys Arg Asn	515	520	525
Val Ser Arg Gly Arg Glu Cys Val Asp Lys Cys Asn Leu Leu Glu Gly	530	535	540
Glu Pro Arg Glu Phe Val Glu Asn Ser Glu Cys Ile Gln Cys His Pro	545	550	555
Glu Cys Leu Pro Gln Ala Met Asn Ile Thr Cys Thr Gly Arg Gly Pro	565	570	575
Asp Asn Cys Ile Gln Cys Ala His Tyr Ile Asp Gly Pro His Cys Val	580	585	590
Lys Thr Cys Pro Ala Gly Val Met Gly Glu Asn Asn Thr Leu Val Trp	595	600	605
Lys Tyr Ala Asp Ala Gly His Val Cys His Leu Cys His Pro Asn Cys	610	615	620
Thr Tyr Gly Cys Thr Gly Pro Gly Leu Glu Gly Cys Pro Thr Asn Gly	625	630	635
Pro Lys Ile Pro Ser Ile Ala Thr Gly Met Val Gly Ala Leu Leu Leu	645	650	655
Leu Leu Val Val Ala Leu Gly Ile Gly Leu Phe Met Arg Arg Arg His	660	665	670
Ile Val Arg Lys Arg Thr Leu Arg Arg Leu Leu Gln Glu Arg Glu Leu	675	680	685
Val Glu Pro Leu Thr Pro Ser Gly Glu Ala Pro Asn Gln Ala Leu Leu	690	695	700
Arg Ile Leu Lys Glu Thr Glu Phe Lys Lys Ile Lys Val Leu Gly Ser	705	710	715
Gly Ala Phe Gly Thr Val Tyr Lys Gly Leu Trp Ile Pro Glu Gly Glu	725	730	735
Lys Val Lys Ile Pro Val Ala Ile Lys Glu Leu Arg Glu Ala Thr Ser	740	745	750

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Pro	Lys	Ala	Asn	Lys	Glu	Ile	Leu	Asp	Glu	Ala	Tyr	Val	Met	Ala	Ser	755	760	765
Val	Asp	Asn	Pro	His	Val	Cys	Arg	Leu	Leu	Gly	Ile	Cys	Leu	Thr	Ser	770	775	780
Thr	Val	Gln	Leu	Ile	Thr	Gln	Leu	Met	Pro	Phe	Gly	Cys	Leu	Leu	Asp	785	790	795
Tyr	Val	Arg	Glu	His	Lys	Asp	Asn	Ile	Gly	Ser	Gln	Tyr	Leu	Leu	Asn	805	810	815
Trp	Cys	Val	Gln	Ile	Ala	Lys	Gly	Met	Asn	Tyr	Leu	Glu	Asp	Arg	Arg	820	825	830
Leu	Val	His	Arg	Asp	Leu	Ala	Ala	Arg	Asn	Val	Leu	Val	Lys	Thr	Pro	835	840	845
Gln	His	Val	Lys	Ile	Thr	Asp	Phe	Gly	Leu	Ala	Lys	Leu	Leu	Gly	Ala	850	855	860
Glu	Glu	Lys	Glu	Tyr	His	Ala	Glu	Gly	Gly	Lys	Val	Pro	Ile	Lys	Trp	865	870	875
Met	Ala	Leu	Glu	Ser	Ile	Leu	His	Arg	Ile	Tyr	Thr	His	Gln	Ser	Asp	885	890	895
Val	Trp	Ser	Tyr	Gly	Val	Thr	Val	Trp	Glu	Leu	Met	Thr	Phe	Gly	Ser	900	905	910
Lys	Pro	Tyr	Asp	Gly	Ile	Pro	Ala	Ser	Glu	Ile	Ser	Ser	Ile	Leu	Glu	915	920	925
Lys	Gly	Glu	Arg	Leu	Pro	Gln	Pro	Pro	Ile	Cys	Thr	Ile	Asp	Val	Tyr	930	935	940
Met	Ile	Met	Val	Lys	Cys	Trp	Met	Ile	Asp	Ala	Asp	Ser	Arg	Pro	Lys	945	950	955
Phe	Arg	Glu	Leu	Ile	Ile	Glu	Phe	Ser	Lys	Met	Ala	Arg	Asp	Pro	Gln	965	970	975
Arg	Tyr	Leu	Val	Ile	Gln	Gly	Asp	Glu	Arg	Met	His	Leu	Pro	Ser	Pro	980	985	990
Thr	Asp	Ser	Asn	Phe	Tyr	Arg	Ala	Leu	Met	Asp	Glu	Glu	Asp	Met	Asp	995	1000	1005
Asp	Val	Val	Asp	Ala	Asp	Glu	Tyr	Leu	Ile	Pro	Gln	Gln	Gly	Phe		1010	1015	1020
Phe	Ser	Ser	Pro	Ser	Thr	Ser	Arg	Thr	Pro	Leu	Leu	Ser	Ser	Leu		1025	1030	1035
Ser	Ala	Thr	Ser	Asn	Asn	Ser	Thr	Val	Ala	Cys	Ile	Asp	Arg	Asn		1040	1045	1050
Gly	Leu	Gln	Ser	Cys	Pro	Ile	Lys	Glu	Asp	Ser	Phe	Leu	Gln	Arg		1055	1060	1065
Tyr	Ser	Ser	Asp	Pro	Thr	Gly	Ala	Leu	Thr	Glu	Asp	Ser	Ile	Asp		1070	1075	1080
Asp	Thr	Phe	Leu	Pro	Val	Pro	Glu	Tyr	Ile	Asn	Gln	Ser	Val	Pro		1085	1090	1095
Lys	Arg	Pro	Ala	Gly	Ser	Val	Gln	Asn	Pro	Val	Tyr	His	Asn	Gln		1100	1105	1110
Pro	Leu	Asn	Pro	Ala	Pro	Ser	Arg	Asp	Pro	His	Tyr	Gln	Asp	Pro		1115	1120	1125
His	Ser	Thr	Ala	Val	Gly	Asn	Pro	Glu	Tyr	Leu	Asn	Thr	Val	Gln		1130	1135	1140
Pro	Thr	Cys	Val	Asn	Ser	Thr	Phe	Asp	Ser	Pro	Ala	His	Trp	Ala				

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1145	1150	1155
Gln Lys Gly Ser His Gln Ile Ser Leu Asp Asn Pro Asp Tyr Gln		
1160	1165	1170
Gln Asp Phe Phe Pro Lys Glu Ala Lys Pro Asn Gly Ile Phe Lys		
1175	1180	1185
Gly Ser Thr Ala Glu Asn Ala Glu Tyr Leu Arg Val Ala Pro Gln		
1190	1195	1200
Ser Ser Glu Phe Ile Gly Ala		
1205	1210	

<210> SEQ ID NO 12

<211> LENGTH: 628

<212> TYPE: PRT

<213> ORGANISM: Homo sapiens

<400> SEQUENCE: 12

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

-continued

Ala	Thr	Cys	Val	Lys	Lys	Cys	Pro	Arg	Asn	Tyr	Val	Val	Thr	Asp	His
290						295					300				
Gly	Ser	Cys	Val	Arg	Ala	Cys	Gly	Ala	Asp	Ser	Tyr	Glu	Met	Glu	Glu
305					310					315					320
Asp	Gly	Val	Arg	Lys	Cys	Lys	Lys	Cys	Glu	Gly	Pro	Cys	Arg	Lys	Val
				325					330					335	
Cys	Asn	Gly	Ile	Gly	Ile	Gly	Glu	Phe	Lys	Asp	Ser	Leu	Ser	Ile	Asn
			340					345					350		
Ala	Thr	Asn	Ile	Lys	His	Phe	Lys	Asn	Cys	Thr	Ser	Ile	Ser	Gly	Asp
		355					360					365			
Leu	His	Ile	Leu	Pro	Val	Ala	Phe	Arg	Gly	Asp	Ser	Phe	Thr	His	Thr
	370					375					380				
Pro	Pro	Leu	Asp	Pro	Gln	Glu	Leu	Asp	Ile	Leu	Lys	Thr	Val	Lys	Glu
385					390				395						400
Ile	Thr	Gly	Phe	Leu	Leu	Ile	Gln	Ala	Trp	Pro	Glu	Asn	Arg	Thr	Asp
			405						410					415	
Leu	His	Ala	Phe	Glu	Asn	Leu	Glu	Ile	Ile	Arg	Gly	Arg	Thr	Lys	Gln
		420					425					430			
His	Gly	Gln	Phe	Ser	Leu	Ala	Val	Val	Ser	Leu	Asn	Ile	Thr	Ser	Leu
	435					440					445				
Gly	Leu	Arg	Ser	Leu	Lys	Glu	Ile	Ser	Asp	Gly	Asp	Val	Ile	Ile	Ser
	450				455						460				
Gly	Asn	Lys	Asn	Leu	Cys	Tyr	Ala	Asn	Thr	Ile	Asn	Trp	Lys	Lys	Leu
465				470					475						480
Phe	Gly	Thr	Ser	Gly	Gln	Lys	Thr	Lys	Ile	Ile	Ser	Asn	Arg	Gly	Glu
			485					490						495	
Asn	Ser	Cys	Lys	Ala	Thr	Gly	Gln	Val	Cys	His	Ala	Leu	Cys	Ser	Pro
			500					505					510		
Glu	Gly	Cys	Trp	Gly	Pro	Glu	Pro	Arg	Asp	Cys	Val	Ser	Cys	Arg	Asn
		515					520					525			
Val	Ser	Arg	Gly	Arg	Glu	Cys	Val	Asp	Lys	Cys	Asn	Leu	Leu	Glu	Gly
		530			535						540				
Glu	Pro	Arg	Glu	Phe	Val	Glu	Asn	Ser	Glu	Cys	Ile	Gln	Cys	His	Pro
545				550					555						560
Glu	Cys	Leu	Pro	Gln	Ala	Met	Asn	Ile	Thr	Cys	Thr	Gly	Arg	Gly	Pro
			565					570						575	
Asp	Asn	Cys	Ile	Gln	Cys	Ala	His	Tyr	Ile	Asp	Gly	Pro	His	Cys	Val
			580					585					590		
Lys	Thr	Cys	Pro	Ala	Gly	Val	Met	Gly	Glu	Asn	Asn	Thr	Leu	Val	Trp
		595					600					605			
Lys	Tyr	Ala	Asp	Ala	Gly	His	Val	Cys	His	Leu	Cys	His	Pro	Asn	Cys
	610					615					620				
Thr	Tyr	Gly	Ser												
625															

<210> SEQ ID NO 13

<211> LENGTH: 405

<212> TYPE: PRT

<213> ORGANISM: Homo sapiens

<400> SEQUENCE: 13

Met	Arg	Pro	Ser	Gly	Thr	Ala	Gly	Ala	Ala	Leu	Leu	Ala	Leu	Leu	Ala
1				5					10						15

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Ala	Leu	Cys	Pro	Ala	Ser	Arg	Ala	Leu	Glu	Glu	Lys	Lys	Val	Cys	Gln	20	25	30
Gly	Thr	Ser	Asn	Lys	Leu	Thr	Gln	Leu	Gly	Thr	Phe	Glu	Asp	His	Phe	35	40	45
Leu	Ser	Leu	Gln	Arg	Met	Phe	Asn	Asn	Cys	Glu	Val	Val	Leu	Gly	Asn	50	55	60
Leu	Glu	Ile	Thr	Tyr	Val	Gln	Arg	Asn	Tyr	Asp	Leu	Ser	Phe	Leu	Lys	65	70	75
Thr	Ile	Gln	Glu	Val	Ala	Gly	Tyr	Val	Leu	Ile	Ala	Leu	Asn	Thr	Val	85	90	95
Glu	Arg	Ile	Pro	Leu	Glu	Asn	Leu	Gln	Ile	Ile	Arg	Gly	Asn	Met	Tyr	100	105	110
Tyr	Glu	Asn	Ser	Tyr	Ala	Leu	Ala	Val	Leu	Ser	Asn	Tyr	Asp	Ala	Asn	115	120	125
Lys	Thr	Gly	Leu	Lys	Glu	Leu	Pro	Met	Arg	Asn	Leu	Gln	Glu	Ile	Leu	130	135	140
His	Gly	Ala	Val	Arg	Phe	Ser	Asn	Asn	Pro	Ala	Leu	Cys	Asn	Val	Glu	145	150	155
Ser	Ile	Gln	Trp	Arg	Asp	Ile	Val	Ser	Ser	Asp	Phe	Leu	Ser	Asn	Met	165	170	175
Ser	Met	Asp	Phe	Gln	Asn	His	Leu	Gly	Ser	Cys	Gln	Lys	Cys	Asp	Pro	180	185	190
Ser	Cys	Pro	Asn	Gly	Ser	Cys	Trp	Gly	Ala	Gly	Glu	Glu	Asn	Cys	Gln	195	200	205
Lys	Leu	Thr	Lys	Ile	Ile	Cys	Ala	Gln	Gln	Cys	Ser	Gly	Arg	Cys	Arg	210	215	220
Gly	Lys	Ser	Pro	Ser	Asp	Cys	Cys	His	Asn	Gln	Cys	Ala	Ala	Gly	Cys	225	230	235
Thr	Gly	Pro	Arg	Glu	Ser	Asp	Cys	Leu	Val	Cys	Arg	Lys	Phe	Arg	Asp	245	250	255
Glu	Ala	Thr	Cys	Lys	Asp	Thr	Cys	Pro	Pro	Leu	Met	Leu	Tyr	Asn	Pro	260	265	270
Thr	Thr	Tyr	Gln	Met	Asp	Val	Asn	Pro	Glu	Gly	Lys	Tyr	Ser	Phe	Gly	275	280	285
Ala	Thr	Cys	Val	Lys	Lys	Cys	Pro	Arg	Asn	Tyr	Val	Val	Thr	Asp	His	290	295	300
Gly	Ser	Cys	Val	Arg	Ala	Cys	Gly	Ala	Asp	Ser	Tyr	Glu	Met	Glu	Glu	305	310	315
Asp	Gly	Val	Arg	Lys	Cys	Lys	Lys	Cys	Glu	Gly	Pro	Cys	Arg	Lys	Val	325	330	335
Cys	Asn	Gly	Ile	Gly	Ile	Gly	Glu	Phe	Lys	Asp	Ser	Leu	Ser	Ile	Asn	340	345	350
Ala	Thr	Asn	Ile	Lys	His	Phe	Lys	Asn	Cys	Thr	Ser	Ile	Ser	Gly	Asp	355	360	365
Leu	His	Ile	Leu	Pro	Val	Ala	Phe	Arg	Gly	Asp	Ser	Phe	Thr	His	Thr	370	375	380
Pro	Pro	Leu	Asp	Pro	Gln	Glu	Leu	Asp	Ile	Leu	Lys	Thr	Val	Lys	Glu	385	390	395
Ile	Thr	Gly	Leu	Ser												405		

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<210> SEQ ID NO 14
<211> LENGTH: 705
<212> TYPE: PRT
<213> ORGANISM: Homo sapiens

<400> SEQUENCE: 14

Met Arg Pro Ser Gly Thr Ala Gly Ala Ala Leu Leu Ala Leu Leu Ala
1      5      10      15
Ala Leu Cys Pro Ala Ser Arg Ala Leu Glu Glu Lys Lys Val Cys Gln
20     25     30
Gly Thr Ser Asn Lys Leu Thr Gln Leu Gly Thr Phe Glu Asp His Phe
35     40     45
Leu Ser Leu Gln Arg Met Phe Asn Asn Cys Glu Val Val Leu Gly Asn
50     55     60
Leu Glu Ile Thr Tyr Val Gln Arg Asn Tyr Asp Leu Ser Phe Leu Lys
65     70     75     80
Thr Ile Gln Glu Val Ala Gly Tyr Val Leu Ile Ala Leu Asn Thr Val
85     90     95
Glu Arg Ile Pro Leu Glu Asn Leu Gln Ile Ile Arg Gly Asn Met Tyr
100    105    110
Tyr Glu Asn Ser Tyr Ala Leu Ala Val Leu Ser Asn Tyr Asp Ala Asn
115    120    125
Lys Thr Gly Leu Lys Glu Leu Pro Met Arg Asn Leu Gln Glu Ile Leu
130    135    140
His Gly Ala Val Arg Phe Ser Asn Asn Pro Ala Leu Cys Asn Val Glu
145    150    155    160
Ser Ile Gln Trp Arg Asp Ile Val Ser Ser Asp Phe Leu Ser Asn Met
165    170    175
Ser Met Asp Phe Gln Asn His Leu Gly Ser Cys Gln Lys Cys Asp Pro
180    185    190
Ser Cys Pro Asn Gly Ser Cys Trp Gly Ala Gly Glu Glu Asn Cys Gln
195    200    205
Lys Leu Thr Lys Ile Ile Cys Ala Gln Gln Cys Ser Gly Arg Cys Arg
210    215    220
Gly Lys Ser Pro Ser Asp Cys Cys His Asn Gln Cys Ala Ala Gly Cys
225    230    235    240
Thr Gly Pro Arg Glu Ser Asp Cys Leu Val Cys Arg Lys Phe Arg Asp
245    250    255
Glu Ala Thr Cys Lys Asp Thr Cys Pro Pro Leu Met Leu Tyr Asn Pro
260    265    270
Thr Thr Tyr Gln Met Asp Val Asn Pro Glu Gly Lys Tyr Ser Phe Gly
275    280    285
Ala Thr Cys Val Lys Lys Cys Pro Arg Asn Tyr Val Val Thr Asp His
290    295    300
Gly Ser Cys Val Arg Ala Cys Gly Ala Asp Ser Tyr Glu Met Glu Glu
305    310    315    320
Asp Gly Val Arg Lys Cys Lys Lys Cys Glu Gly Pro Cys Arg Lys Val
325    330    335
Cys Asn Gly Ile Gly Ile Gly Glu Phe Lys Asp Ser Leu Ser Ile Asn
340    345    350
Ala Thr Asn Ile Lys His Phe Lys Asn Cys Thr Ser Ile Ser Gly Asp
355    360    365

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-continued

Leu	His	Ile	Leu	Pro	Val	Ala	Phe	Arg	Gly	Asp	Ser	Phe	Thr	His	Thr	370	375	380
Pro	Pro	Leu	Asp	Pro	Gln	Glu	Leu	Asp	Ile	Leu	Lys	Thr	Val	Lys	Glu	385	390	395
Ile	Thr	Gly	Phe	Leu	Leu	Ile	Gln	Ala	Trp	Pro	Glu	Asn	Arg	Thr	Asp	405	410	415
Leu	His	Ala	Phe	Glu	Asn	Leu	Glu	Ile	Ile	Arg	Gly	Arg	Thr	Lys	Gln	420	425	430
His	Gly	Gln	Phe	Ser	Leu	Ala	Val	Val	Ser	Leu	Asn	Ile	Thr	Ser	Leu	435	440	445
Gly	Leu	Arg	Ser	Leu	Lys	Glu	Ile	Ser	Asp	Gly	Asp	Val	Ile	Ile	Ser	450	455	460
Gly	Asn	Lys	Asn	Leu	Cys	Tyr	Ala	Asn	Thr	Ile	Asn	Trp	Lys	Lys	Leu	465	470	475
Phe	Gly	Thr	Ser	Gly	Gln	Lys	Thr	Lys	Ile	Ile	Ser	Asn	Arg	Gly	Glu	485	490	495
Asn	Ser	Cys	Lys	Ala	Thr	Gly	Gln	Val	Cys	His	Ala	Leu	Cys	Ser	Pro	500	505	510
Glu	Gly	Cys	Trp	Gly	Pro	Glu	Pro	Arg	Asp	Cys	Val	Ser	Cys	Arg	Asn	515	520	525
Val	Ser	Arg	Gly	Arg	Glu	Cys	Val	Asp	Lys	Cys	Asn	Leu	Leu	Glu	Gly	530	535	540
Glu	Pro	Arg	Glu	Phe	Val	Glu	Asn	Ser	Glu	Cys	Ile	Gln	Cys	His	Pro	545	550	555
Glu	Cys	Leu	Pro	Gln	Ala	Met	Asn	Ile	Thr	Cys	Thr	Gly	Arg	Gly	Pro	565	570	575
Asp	Asn	Cys	Ile	Gln	Cys	Ala	His	Tyr	Ile	Asp	Gly	Pro	His	Cys	Val	580	585	590
Lys	Thr	Cys	Pro	Ala	Gly	Val	Met	Gly	Glu	Asn	Asn	Thr	Leu	Val	Trp	595	600	605
Lys	Tyr	Ala	Asp	Ala	Gly	His	Val	Cys	His	Leu	Cys	His	Pro	Asn	Cys	610	615	620
Thr	Tyr	Gly	Pro	Gly	Asn	Glu	Ser	Leu	Lys	Ala	Met	Leu	Phe	Cys	Leu	625	630	635
Phe	Lys	Leu	Ser	Ser	Cys	Asn	Gln	Ser	Asn	Asp	Gly	Ser	Val	Ser	His	645	650	655
Gln	Ser	Gly	Ser	Pro	Ala	Ala	Gln	Glu	Ser	Cys	Leu	Gly	Trp	Ile	Pro	660	665	670
Ser	Leu	Leu	Pro	Ser	Glu	Phe	Gln	Leu	Gly	Trp	Gly	Gly	Cys	Ser	His	675	680	685
Leu	His	Ala	Trp	Pro	Ser	Ala	Ser	Val	Ile	Ile	Thr	Ala	Ser	Ser	Cys	690	695	700
His																705		

1. A method of predicting the response of a patient to treatment with a HER dimerization inhibitor comprising the steps of:

- (a) determining the expression level one or more biomarker proteins with one such biomarker protein being transforming growth factor alpha;
- (b) determining whether the expression level assessed in step (a) is above or below a certain quantity that is associated with an increased or decreased clinical benefit to a patient; and
- (c) predicting the response to the treatment with the HER inhibitor in the patient by evaluating the results of step (b).

2. A method according to claim 1 wherein, in step (a), in addition to the expression level of transforming growth factor alpha, the level of expression of one or more biomarker proteins, selected from the group consisting of epidermal growth factor, amphiregulin, and HER2, is also determined.

3. A method according to claim 2 wherein, in step (a), the level of expression of transforming growth factor alpha is determined in combination with the level of expression of: epidermal growth factor; HER2; or both amphiregulin and HER2.

4. A method according to claim 1 wherein the HER dimerization inhibitor inhibits heterodimerization of HER2 with EGFR or HER3.

5. A method according to claim 1 wherein the HER dimerization inhibitor is an antibody.

6. A method according to claim 1 wherein the HER dimerization inhibitor is the antibody 2C4.

7. A method according to claim 1 wherein the patient is a cancer patient.

8. A method according to claim 1 wherein the patient is a breast cancer, ovarian cancer, lung cancer or prostate cancer patient.

9. A method according to claim 1 wherein the level of expression of said biomarker protein or proteins is assessed by detecting the level of expression of fragments thereof.

10. A method according to claim 1 wherein the level of expression said biomarker or biomarkers is determined using a reagent which specifically binds with the biomarker protein or the fragment thereof or the combination of biomarker proteins or the fragments thereof.

11. A method according to claim 10 wherein said reagent is selected from the group consisting of an antibody, a fragment of an antibody, and an antibody derivative.

12. A method according to claim 1 wherein a biomarker protein is the extracellular domain of HER2.

13. A method according to claim 12 wherein said extracellular domain extracellular domain of HER2 has a molecular mass of approximately 105,000 Daltons.

14. A method according to claim 1 wherein the amino acid sequence of the transforming growth factor alpha biomarker protein is SEQ ID NO: 3

15. A method according to claim 2 wherein the amino acid sequence of the amphiregulin biomarker protein is SEQ ID NO: 1, the amino acid sequence of the epidermal growth factor biomarker protein is SEQ ID NO: 2, the amino acid sequence of the transforming growth factor alpha biomarker protein is SEQ ID NO: 3, and the amino acid sequence of the HER2 biomarker protein is SEQ ID NO: 4.

16. A method according to claim 1 wherein the amount of transforming growth factor alpha is determined in a biological sample of blood serum and the quantity that is associated with an increased clinical benefit to a patient is within the range between 2.0 to 10.0 pg/ml of transforming growth factor alpha.

17. A method according to claim 2 wherein the amounts of transforming growth factor alpha, amphiregulin, epidermal growth factor, and HER2 marker proteins are determined in a biological sample of blood serum and the quantities that are associated with an increased clinical benefit to a patient are within the range of between 2.0 to 10.0 pg/ml of transforming growth factor alpha, between 6 to 15 pg/ml of amphiregulin, between 100 to 250 pg/ml of epidermal growth factor, and between 12 to 22 ng/ml of HER2 marker proteins.

18. A method according to claim 2 wherein the amounts of transforming growth factor alpha, amphiregulin, epidermal growth factor, and HER2 marker proteins are determined in a biological sample of blood serum and the quantities that are associated with an increased clinical benefit to a patient are about 3.5 pg/ml of transforming growth factor alpha, about 12 pg/ml of amphiregulin, about 150 pg/ml of epidermal growth factor, and about 18 ng/ml of HER2 marker proteins.

* * * * *

专利名称(译)	预测对治疗的反应的方法		
公开(公告)号	US20100112603A1	公开(公告)日	2010-05-06
申请号	US12/624443	申请日	2009-11-24
[标]申请(专利权)人(译)	MOECKS JOACHIM STRAUSS ANDREAS ZUGMAIER GERHARD		
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当前申请(专利权)人(译)	MOECKS JOACHIM STRAUSS ANDREAS ZUGMAIER GERHARD		
[标]发明人	MOECKS JOACHIM STRAUSS ANDREAS ZUGMAIER GERHARD		
发明人	MOECKS, JOACHIM STRAUSS, ANDREAS ZUGMAIER, GERHARD		
IPC分类号	G01N33/53		
CPC分类号	C12Q1/6886 C12Q2600/106 C12Q2600/136 C12Q2600/158 G01N33/57415 G01N33/6872 G01N2333/4756 G01N2333/485 G01N2333/495 G01N2800/52 A61P11/00 A61P13/08 A61P15/00 C12Q2600/118 G01N33/57407 G01N33/6854		
优先权	2005017663 2005-08-12 EP		
外部链接	Espacenet USPTO		

摘要(译)

本发明涉及预测患者对HER抑制剂治疗的反应的方法，包括评估生物标志物或选自双调蛋白，表皮生长因子，转化生长因子的生物标志物组合的步骤。α和来自患者的生物样品中的HER2生物标志物，并通过评估第一步的结果预测患者中HER抑制剂治疗的反应。公开了使用这些标记物的其他用途和方法。

FIG. 1

