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(54) LIPOPROTEIN-ASSOCIATED MARKERS FOR CARDIOVASCULAR DISEASE

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(57) ABSTRACT

The invention provides methods of screening a mammalian subject to determine if the subject is at risk to develop, or is suffering from, cardiovascular disease. The methods comprise detecting an amount of at least one biomarker in a biological sample, or HDL subfraction thereof, from the subject, and comparing the detected amount of the biomarker to a predetermined value, where a difference between the detected amount and the predetermined value is indicative of the presence or risk of cardiovascular disease in the subject. In some embodiments, the biomarker comprises at least one of ApoC-IV, Paraoxonase 1, C3, C4, ApoA-IV, ApoE, ApoL1, C4B1, Histone H2A, ApoC-II, ApoM, Vitronectin, Haptoglobin-related protein, and Clusterin, or combinations thereof.

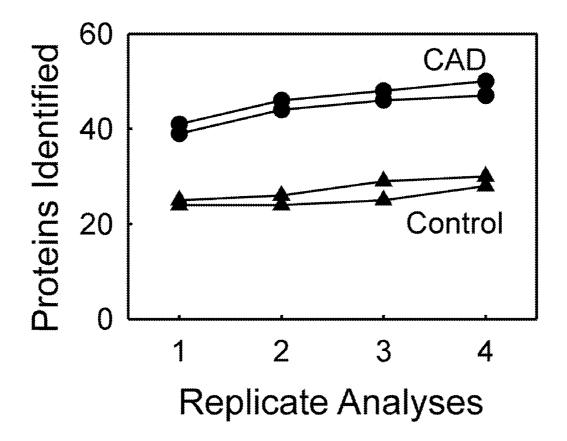


Fig.1.

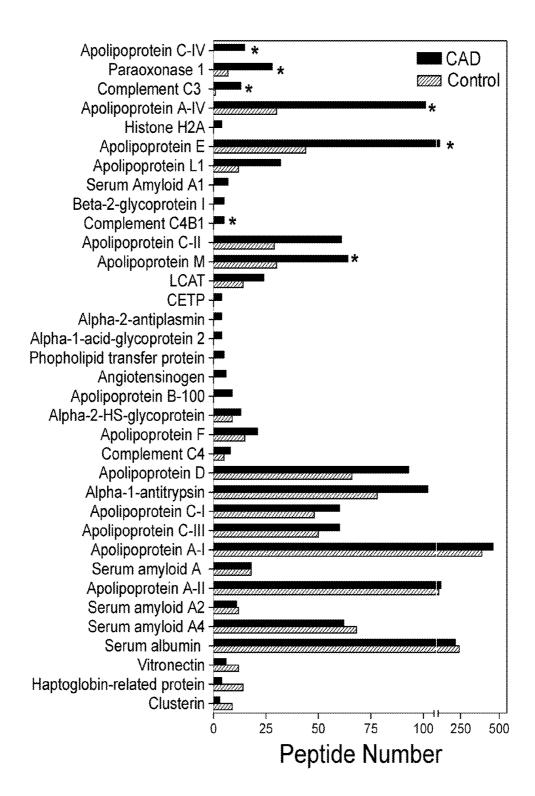


Fig.2A.

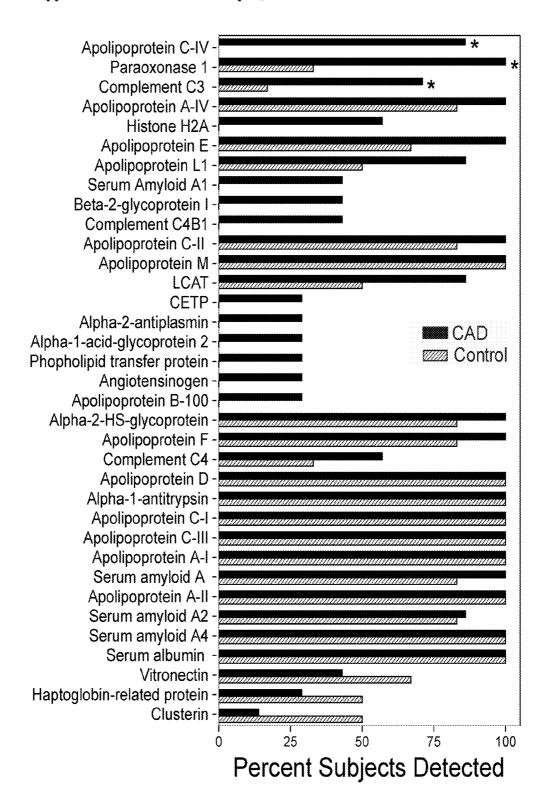


Fig.2B.

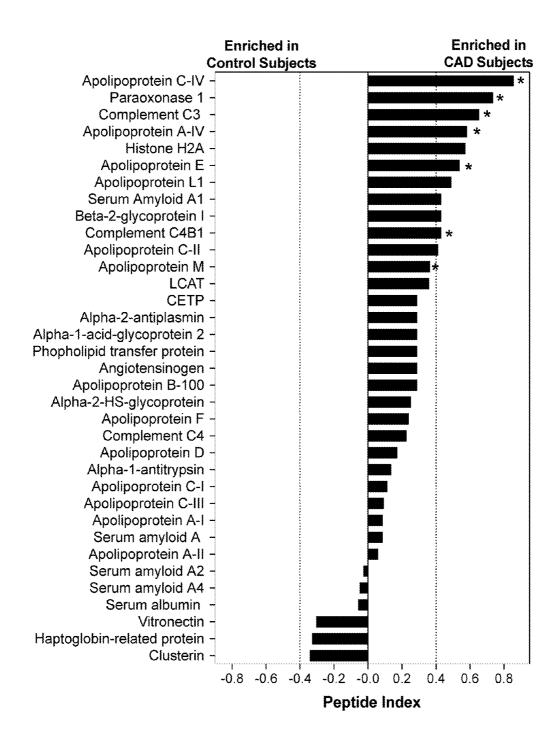


Fig.3.

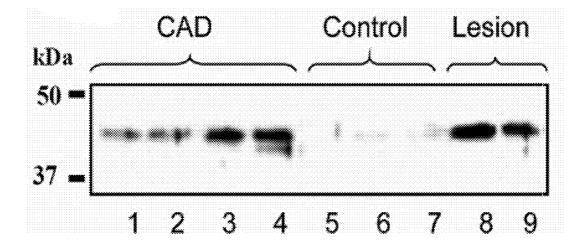
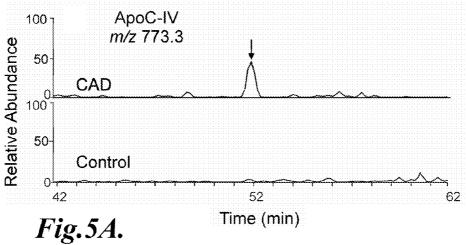


Fig.4.



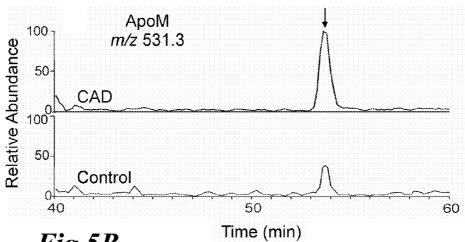


Fig.5B.

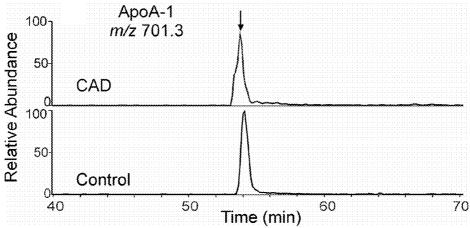


Fig.5C.

LIPOPROTEIN-ASSOCIATED MARKERS FOR CARDIOVASCULAR DISEASE

CROSS REFERENCE TO RELATED APPLICATION

[0001] This application is a division of application Ser. No. 11/263,553, filed Oct. 31, 2005, the disclosure of which is incorporated herein by reference in its entirety.

STATEMENT REGARDING SEQUENCE LISTING

[0002] The sequence listing associated with this application is provided in text format in lieu of a paper copy and is hereby incorporated by reference into the specification. The name of the text file containing the sequence listing is 37078SeqFinal.txt. The text file is 108 KB; was created on May 9, 2011; and is being submitted via EFS-Web with the filing of the specification.

FIELD OF THE INVENTION

[0003] The present invention generally relates to methods, reagents and kits for diagnosing cardiovascular disease in a subject, and particularly relates to the use of lipoprotein-associated markers to diagnose cardiovascular disease in a subject.

BACKGROUND OF THE INVENTION

Cardiovascular disease is a leading cause of morbidity and mortality, particularly in developed areas such as the United States and Western European countries. The incidence of mortality from cardiovascular disease has significantly decreased in the United States over the past 30 years (see Braunwald, E., N. Engl. J. Med. 337:1360-1369, 1997; Hoyert, D. L., et al., "Deaths: Preliminary Data for 2003" in National Vital Statistics Reports. Hyattsville: National Center for Health Statistics, 2005). Many factors have contributed to this improvement in patient outcome, including the identification of cardiovascular risk factors, the application of medical technologies to treat acute coronary syndrome, and the development of interventions that reduce cardiovascular risk factors. Despite these advances, however, cardiovascular disease remains a leading cause of morbidity and mortality in developed countries (see Hoyert D. L., et al., National Vital Statistics Reports, 2005).

[0005] Thus, there is a pressing need to identify markers that may be used for the rapid, accurate and non-invasive diagnosis and/or assessment of the risk of cardiovascular disease, and also to assess the efficacy of interventions designed to slow the initiation and progress of this disorder.

SUMMARY OF THE INVENTION

[0006] In accordance with the foregoing, in one aspect, the present invention provides methods of screening a mammalian subject to determine if the subject is at risk for developing, or is suffering from, cardiovascular disease ("CVD"). The method of this aspect of the invention comprises detecting an amount of at least one biomarker in a biological sample, or high density lipoprotein subfraction thereof, of the subject, wherein the biomarker is selected from the group consisting of Apolipoprotein C-IV ("ApoC-IV"), Paraoxonase 1 ("PON-1"), Complement Factor 3 ("C3"), Apolipoprotein A-IV ("ApoA-IV"), Apolipoprotein E ("ApoE"),

Apolipoprotein L1 ("ApoL1"), Complement Factor C4 ("C4"), Complement Factor C4B1 ("C4B1"), Histone H2A, Apolipoprotein C-II ("ApoC-II"), Apolipoprotein M ("ApoM"), Vitronectin, Haptoglobin-related Protein and Clusterin. The detected amount of the biomarker is then compared to a predetermined value that is derived from measurements of the one or more biomarkers in comparable biological samples taken from the general population or a select population of mammalian subjects. A difference in the amount of the biomarker between the subject's sample and the predetermined value is indicative of the presence and/or risk of developing cardiovascular disease in the subject. In one embodiment of this aspect of the invention, an increased amount of a biomarker selected from the group consisting of ApoC-IV, PON-1, C3, C4, ApoA-IV, ApoE, ApoL1, C4B1, Histone H2A, ApoC-II, or ApoM in the subject's sample in comparison to a predetermined value, is indicative of the presence and/or risk of developing cardiovascular disease. In another embodiment of this aspect of the invention, a reduced amount of Vitronectin, Haptoglobin-related Protein or Clusterin in the subject's sample in comparison to a predetermined value is indicative of the presence or risk of developing cardiovascular disease.

[0007] In another aspect, the present invention provides methods of screening a mammalian subject to determine if the subject has one or more atherosclerotic lesions. The method of this aspect of the invention comprises detecting an amount of at least one biomarker protein in a biological sample, or HDL subfraction thereof (including a lipoprotein complex with a density from about 1.06 to about 1.21 g/mL, or from about 1.06 to 1.10 g/mL, or from about 1.10 to about 1.21 g/mL, or a complex containing ApoA-I or ApoA-II), isolated from the subject, wherein the biomarker is selected from the group consisting of PON-1, C3, C4, ApoE, ApoM and C4B1. The detected amount of the biomarker is then compared to a predetermined value that is derived from measurements of the one or more biomarkers in comparable biological samples taken from the general population or a select population of mammalian subjects. An increase in the amount of the biomarker in the HDL, HDL₂, HDL₃ and/or ApoA-I or ApoA-II fraction of the biological sample in comparison to the predetermined value is indicative of the presence of one or more atherosclerotic lesions in the subject.

[0008] In another aspect, the present invention provides an assay for determining the risk and/or presence of cardiovascular disease in a mammalian subject based on the detection of an amount of at least one protein marker in a blood sample, or HDL subfraction thereof (including a lipoprotein complex with a density from about 1.06 to about 1.21 g/mL, or from about 1.06 to 1.10 g/mL, or from about 1.10 to about 1.21 g/mL, or a complex containing ApoA-I or ApoA-II). The assay may be packaged into a kit that comprises (i) one or more detection reagents for detecting at least one marker protein selected from the group consisting of ApoC-IV, Paraoxonase 1, C3, ApoA-IV, ApoE, ApoL1, C4, C4B1, Histone H2A, ApoC-II, and ApoM, and (ii) written indicia indicating a positive correlation between the presence of the detected amount of the marker protein and risk of developing cardiovascular disease.

[0009] In another aspect, the present invention provides an assay for identifying the presence of one or more atherosclerotic lesions in a mammalian subject, based on the detection of an amount of at least one protein marker in a blood sample, or HDL subfraction thereof (including a lipoprotein complex

with a density from about 1.06 to about 1.21 g/mL, or from about 1.06 to 1.10 g/mL, or from about 1.10 to about 1.21 g/mL, or a complex containing ApoA-I or ApoA-II). The assay may be packaged into a kit comprising (i) one or more detection reagents for detecting at least one marker protein selected from the group consisting of Paraoxonase 1, C3, C4, ApoE, ApoM and C4B1, and (ii) written indicia indicating a positive correlation between the presence of the detected amount of the marker protein and the presence of one or more atherosclerotic lesions in the subject.

[0010] The invention thus provides methods, reagents, and kits for identifying protein markers that are indicative of the risk and/or presence of cardiovascular disease in a mammalian subject.

BRIEF DESCRIPTION OF THE DRAWINGS

[0011] The foregoing aspects and many of the attendant advantages of this invention will become more readily appreciated as the same become better understood by reference to the following detailed description, when taken in conjunction with the accompanying drawings, wherein:

[0012] FIG. 1 presents graphical results demonstrating the reproducible identification of HDL-associated proteins using tandem mass spectroscopy. Total HDL was isolated from two normal control subjects and from two subjects with established cardiovascular disease ("CVD") using methods in accordance with an embodiment of the invention, as described in EXAMPLE 3;

[0013] FIG. 2A presents graphical results demonstrating the relative abundance of particular HDL-associated proteins isolated from HDL_3 obtained from normal subjects and from subjects with CVD, as described in EXAMPLE 5;

[0014] FIG. 2B presents graphical results comparing the percentage of normal subjects and subjects with CVD in which particular HDL-associated proteins were detected using tandem mass spectroscopy, as described in EXAMPLE 5:

[0015] FIG. 3 presents graphical results demonstrating the relative abundance, as assessed by a peptide index, of particular HDL-associated proteins isolated from HDL₃ obtained from normal subjects and from subjects with CVD, as described in EXAMPLE 5;

[0016] FIG. 4 presents Western blot data demonstrating that Paraoxonase ("PON-1") is present at detectable levels in HDL₃ isolated from plasma obtained from four patients with CVD (lanes 1-4) and in HDL₃ isolated from atherosclerotic lesions obtained from two subjects with CVD (lanes 8-9), but is not detectable in HDL₃ isolated from plasma obtained from three normal control subjects (lanes 5-7), as described in EXAMPLE 6;

[0017] FIG. 5A presents graphical results obtained from tandem mass spectrometry, demonstrating that ApoC-IV is present at a high concentration in HDL₃ isolated from subjects with CVD, but is not detected in HDL₃ isolated from control subjects, as described in EXAMPLE 7;

[0018] FIG. 5B presents graphical results obtained from tandem mass spectrometry, demonstrating that ApoM is present at a higher concentration in HDL₃ isolated from subjects with CVD as compared to the level observed in HDL₃ isolated from control subjects, as described in EXAMPLE 7; and

[0019] FIG. 5C presents graphical results obtained from mass spectrometry, demonstrating that Apolipoprotein A-I ("ApoA-I") is present at approximately equal concentrations

in HDL_3 isolated from subjects with CVD and in HDL_3 isolated from control subjects, as described in EXAMPLE 7.

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENT

[0020] Unless specifically defined herein, all terms used herein have the same meaning as they would to one skilled in the art of the present invention. The following definitions are provided in order to provide clarity with respect to the terms as they are used in the specification and claims to describe various embodiments of the present invention.

[0021] As used herein, the term "cardiovascular disease" or "CVD," generally refers to heart and blood vessel diseases, including atherosclerosis, coronary heart disease, cerebrovascular disease, and peripheral vascular disease. Cardiovascular disorders are acute manifestations of CVD and include myocardial infarction, stroke, angina pectoris, transient ischemic attacks, and congestive heart failure. Cardiovascular disease, including atherosclerosis, usually results from the build up of fatty material, inflammatory cells, extracellular matrix and plaque. Clinical symptoms and signs indicating the presence of CVD include one or more of the following: chest pain and other forms of angina, shortness of breath, sweatiness, Q waves or inverted T waves on an EKG, a high calcium score by CT scan, at least one stenotic lesion on coronary angiography, or heart attack.

[0022] As used herein, the term "biomarker" is a biological compound such as a protein or a fragment thereof, including a polypeptide or peptide that may be isolated from, or measured in the biological sample which is differentially present in a sample taken from a subject having established or potentially clinically significant CVD as compared to a comparable sample taken from an apparently normal subject that does not have CVD. A biomarker can be an intact molecule, or it can be a portion thereof that may be partially functional or recognized, for example, by a specific binding protein or other detection method. A biomarker is considered to be informative for CVD if a measurable aspect of the biomarker is associated with the presence of CVD in a subject in comparison to a predetermined value or a reference profile from a control population. Such a measurable aspect may include, for example, the presence, absence, or concentration of the biomarker, or a portion thereof, in the biological sample, and/or its presence as a part of a profile of more than one biomarker. A measurable aspect of a biomarker is also referred to as a feature. A feature may be a ratio of two or more measurable aspects of biomarkers. A biomarker profile comprises at least one measurable feature, and may comprise two, three, four, five, 10, 20, 30 or more features. The biomarker profile may also comprise at least one measurable aspect of at least one feature relative to at least one internal standard.

[0023] As used herein, the term "predetermined value" refers to the amount of one or more biomarkers in biological samples obtained from the general population or from a select population of subjects. For example, the select population may be comprised of apparently healthy subjects, such as individuals who have not previously had any sign or symptoms indicating the presence of CVD. In another example, the predetermined value may be comprised of subjects having established CVD. The predetermined value can be a cut-off value, or a range. The predetermined value can be established based upon comparative measurements between apparently healthy subjects and subjects with established CVD, as described herein.

[0024] As used herein, the term "high density lipoprotein" or "HDL, or a subfraction thereof" includes protein or lipoprotein complexes with a density from about 1.06 to about 1.21 g/mL, or from about 1.06 to 1.10 g/mL, or from about 1.10 to about 1.21 g/mL, or a complex containing ApoA-I or ApoA-II. HDL may be prepared by density ultracentrifugation, as described in Mendez, A. J., et al., J. Biol. Chem. 266:10104-10111, 1991, from plasma, serum, bodily fluids, or tissue. The HDL₃ subfraction in the density range of about 1.110 to about 1.210 g/mL, and the HDL₂ subfraction in the density range of about 1.06 to about 1.110g/mL may be isolated from plasma, serum, bodily fluids, tissue or total HDL by sequential density ultracentrifugation, as described in Mendez, supra. HDL is known to contain two major proteins, Apolipoprotein A-I (ApoA-I) and Apolipoprotein A-II (ApoA-II); therefore, in some embodiments, the term "HDL, or a subfraction thereof" also includes an ApoA-I and/or an ApoA-II containing protein or lipoprotein complex.

[0025] As used herein, the term "HDL-associated" refers to any biological compounds that float in the density range of HDL (d=about 1.06 to about 1.21 g/mL), and/or molecules present in a complex containing ApoA-I and/or ApoA-II, including full-length proteins, and fragments thereof, including peptides, or lipid-protein complexes such as microparticles, in HDL isolated from any sample, including lesions, blood, urine, or tissue samples.

[0026] As used herein, the term "mass spectrometer" refers to a device able to volatilize/ionize analytes to form gas-phase ions and determine their absolute or relative molecular masses. Suitable forms of volatilization/ionization are electrospray, laser/light, thermal, electrical, atomized/sprayed and the like, or combinations thereof. Suitable forms of mass spectrometry include, but are not limited to, ion trap instruments, quadrupole instruments, electrostatic and magnetic sector instruments, time of flight instruments, Fourier-transform mass spectrometers, and hybrid instruments composed of various combinations of these types of mass analyzers. These instruments may, in turn, be interfaced with a variety of sources that fractionate the samples (for example, liquid chromatography or solid-phase adsorption techniques based on chemical, or biological properties) and that ionize the samples for introduction into the mass spectrometer, including Matrix Assisted Laser Desorption (MALDI), electrospray, or nanospray ionization (ESI) or combinations thereof. [0027] As used herein, the term "affinity detection" or "affinity purified" refers to any method that selectively detects and/or enriches the protein or analyte of interest. This includes methods based on physical properties like charge, amino acid sequence, and hydrophobicity, and can involve many different compounds that have an affinity for the analyte of interest, including but not limited to antibodies, resins, RNA, DNA, proteins, hydrophobic materials, charged materials, and dyes.

[0028] As used herein, the term "antibody" encompasses antibodies and antibody fragments thereof derived from any antibody-producing mammal (e.g., mouse, rat, rabbit, and primate including human) that specifically bind to the biomarkers or portions thereof. Exemplary antibodies include polyclonal, monoclonal, and recombinant antibodies; multispecific antibodies (e.g., bispecific antibodies); humanized antibodies; murine antibodies; chimeric, mouse-human, mouse-primate, primate-human monoclonal antibodies; and anti-idiotype antibodies, and may be any intact molecule or fragment thereof.

[0029] As used herein, the term "antibody fragment" refers to a portion derived from or related to a full length antibiomarker antibody, generally including the antigen binding or variable region thereof. Illustrative examples of antibody fragments include Fab, Fab', F(ab)₂, F(ab')₂ and Fv fragments, scFv fragments, diabodies, linear antibodies, singlechain antibody molecules and multispecific antibodies formed from antibody fragments. Antibody and antibody fragments as used here may be incorporated into other proteins that can be produced by a variety of systems, including, but not limited to, bacteria, viruses, yeast and mammalian cells

[0030] As used herein, "a subject" includes all mammals, including without limitation humans, non-human primates, dogs, cats, horses, sheep, goats, cows, rabbits, pigs and rodents.

[0031] As used herein, the term "percent identity" or "percent identical," when used in connection with a biomarker used in the practice of the present invention, is defined as the percentage of amino acid residues in a biomarker sequence that are identical with the amino acid sequence of a specified biomarker (such as the amino acid sequence of SEQ ID NO:1), after aligning the sequences to achieve the maximum percent identity. When making the comparison, no gaps are introduced into the biomarker sequences in order to achieve the best alignment.

[0032] Amino acid sequence identity can be determined, for example, in the following manner. The amino acid sequence of a biomarker (e.g., the amino acid sequence set forth in SEQ ID NO:1) is used to search a protein sequence database, such as the GenBank database using the BLASTP program. The program is used in the ungapped mode. Default filtering is used to remove sequence homologies due to regions of low complexity. The default parameters of BLASTP are utilized.

[0033] As used herein, the term "derivatives" of a biomarker, including proteins and peptide fragments thereof include an insertion, deletion, or substitution mutant. Preferably, any substitution mutation is conservative in that it minimally disrupts the biochemical properties of the biomarker. Thus, where mutations are introduced to substitute amino acid residues, positively-charged residues (H, K and R) preferably are substituted with positively-charged residues; negatively-charged residues (D and E) are preferably substituted with negatively-charged residues; neutral polar residues (C, G, N, Q, S, T, and Y) are preferably substituted with neutral polar residues; and neutral non-polar residues (A, F, I, L, M, P, V, and W) are preferably substituted with neutral non-polar residues

[0034] As used herein, the amino acid residues are abbreviated as follows: alanine (Ala;A), asparagine (Asn;N), aspartic acid (Asp;D), arginine (Arg;R), cysteine (Cys;C), glutamic acid (Glu;E), glutamine (Gln;Q), glycine (Gly;G), histidine (His;H), isoleucine (Ile;I), leucine (Leu;L), lysine (Lys;K), methionine (Met;M), phenylalanine (Phe;F), proline (Pro;P), serine (Ser;S), threonine (Thr;T), tryptophan (Trp; W), tyrosine (Tyr;Y), and valine (Val;V).

[0035] In the broadest sense, the naturally occurring amino acids can be divided into groups based upon the chemical characteristic of the side chain of the respective amino acids. By "hydrophobic" amino acid is meant either Ile, Leu, Met, Phe, Trp, Tyr, Val, Ala, Cys or Pro. By "hydrophilic" amino acid is meant either Gly, Asn, Gln, Ser, Thr, Asp, Glu, Lys, Arg or His. This grouping of amino acids can be further

subclassed as follows. By "uncharged hydrophilic" amino acid is meant either Ser, Thr, Asn or Gln. By "acidic" amino acid is meant either Glu or Asp. By "basic" amino acid is meant either Lys, Arg or His.

[0036] In the past, studies have been done to identify proteins in the blood of a subject that could be used as markers for cardiovascular disease (see, e.g., Stanley et al., Dis. Markers 20:167-178, 2004). However, this approach has been hampered by the vast number of candidate proteins in blood plasma, in concentrations that vary over six orders of magnitude, which complicate the discovery and validation processes (Qian, W. J., et al., Proteomics 5:572-584, 2005). Cholesterol is present in the blood as free and esterified cholesterol within lipoprotein particles, commonly known as chylomicrons, very low density lipoproteins (VLDLs) low density lipoproteins (LDLs) and high density lipoproteins (HDLs). HDL particles vary in size and density due to the differences in the number of apolipoproteins on the surface of the particles and the amount of cholesterol esters in the core of HDL (see Asztaloe et al., Am. J. Cardiol., 91:12 E-17E, 2003). HDL is composed of two principal subfractions based on density: HDL₂ and the denser HDL₃.

[0037] Elevated LDL cholesterol and total cholesterol are directly related to an increased risk of cardiovascular disease. See Anderson, Castelli, and Levy, "Cholesterol and Mortality: 30 years of Follow Up from the Framingham Study, JAMA 257:2176-90, 1987. In contrast, it has been established that the risk of cardiovascular disease is inversely proportional to plasma levels of HDL and the major HDL apolipoprotein, ApoA-I (Gordon, D. J., et al., N. Engl. J. Med. 321: 1311-1316, 1989). Studies have shown that high HDL levels are associated with longevity (Barzilai, N., et al., JAMA 290: 2030-2040, 2003). Consistent with these findings, an abnormally low HDL level is a well-accepted risk factor for the development of clinically significant atherosclerosis (particularly common in men with premature atherosclerosis (Gordon, D. J., et al., N. Engl. J. Med. 321:1311-1316, 1989; Wilson, P. W., et al., Arteriosclerosis 8:737-741, 1988)). The mechanism by which HDL renders its protective effect against atherosclerosis is the subject of continued debate. Some studies have implicated that HDL may directly protect against atherosclerosis by removing cholesterol from artery wall macrophages (see Tall, A. R., et al., J. Clin. Invest. 110:899-904, 2002; Oram, J. F., et al., Arterioscler. Thromb. Vasc. Biol. 23:720-727, 2003). Other studies have reported that HDL protects against LDL oxidative modification, which is believed to be central to the initiation and progression of atherosclerosis (see, e.g., Parthasarathy, S., et al., Biochim. Biophys. Acta, 1044:275-283, 1990; Barter, P. J., et al., Circ Res 95: 764-772, 2004). However, while HDL/LDL ratios have been correlated with risk for cardiovascular disease on an overall population, HDL and/or LDL measurements have not been reliable indicators of risk at an individual level.

[0038] The present inventor has reduced the complexity of a whole serum analysis by identifying novel biomarkers associated with a subset of proteins associated with high density lipoprotein ("HDL") that are correlated with the presence and/or risk of cardiovascular disease ("CVD"). HDL-associated proteins include proteins in protein complexes that have the same density as HDL, and protein complexes including ApoA-I and/or ApoA-II, the major protein components of HDL. The novel biomarkers associated with CVD were identified through the use of proteomic pattern analysis of HDL or ApoA-I or ApoA-II containing complexes by mass spectrom-

etry (MS). Using the MS-based approach, the mass spectra generated from a set of HDL samples obtained from test populations were analyzed to identify diagnostic patterns comprising a subset of key mass-to-charge (m/z) species and their relative intensities, as further described in EXAMPLES 1-8 and shown in FIGS. 1-5C. The identification of HDL-associated proteins that are present in subjects suffering from cardiovascular disease in amounts that differ from normal subjects provide new biomarkers which are useful in assays that are prognostic and/or diagnostic for the presence of cardiovascular disease and related disorders. The biomarkers may also be used in various assays to assess the effects of exogenous compounds for the treatment of cardiovascular disease.

[0039] In one aspect, the present invention provides a diagnostic test for characterizing a subject's risk of developing or currently suffering from CVD. The diagnostic test measures the level of HDL-associated proteins in a biological sample, or HDL subfraction thereof, or ApoA-I or ApoA-II containing complexes. The level of HDL-associated protein or proteins from the subject is then compared to a predetermined value that is derived from measurements of the HDL-associated protein(s) or ApoA-I or ApoA-II containing complexes in comparable biological samples from a control population, such as a population of apparently healthy subjects. The results of the comparison characterizes the test subject's risk of developing CVD. A difference in the amount of the biomarker between the subject's sample and the predetermined value, such as an average value measured from the control population, is indicative of the presence or risk of developing cardiovascular disease in the subject. In some embodiments, the method further comprises determining whether the mammalian subject is exhibiting symptoms related to CVD, as further described in EXAMPLE 4.

[0040] In one embodiment, the present invention provides an method of determining a mammalian test subject's risk of developing and or suffering from CVD. For example, the method includes the step of measuring the amount of ApoC-IV in a biological sample isolated from the subject and comparing the amount of ApoC-IV detected in the subject to a predetermined value to determine if the subject is at greater risk of developing or suffering from CVD than subjects with an amount of ApoC-IV that is at, or lower than the predetermined value. Moreover, the extent of the difference between the test subject's ApoC-IV level in the biological sample and the predetermined value is also useful for characterizing the extent of the risk, and thereby determining which subjects would most greatly benefit from certain therapies.

[0041] In another aspect, the present invention includes the step of determining the level of at least one or more biomarkers selected from the group consisting of ApoC-IV, PON-1, C3, C4, ApoA-IV, ApoE, ApoL-1, C4B1, Histone H2A, ApoC-II or ApoM, Vitronectin, Haptoglobin-related Protein and Clusterin, or portions or derivatives thereof. The detected amount of the biomarker is then compared to one or more predetermined values of the biomarker(s) measured in a control population of apparently healthy subjects.

[0042] The methods of this aspect of the invention are useful to screen any mammalian subject, including humans, nonhuman primates, canines, felines, murines, bovines, equines, and porcines. A human subject may be apparently healthy, or may be diagnosed as having a low HDL:LDL ratio and/or as being at risk for CVD based on certain known risk factors such as high blood pressure, high cholesterol, obesity, or

genetic predisposition for CVD. The methods described herein are especially useful to identify subjects that are at high risk of developing CVD in order to determine what type of therapy is most suitable and to avoid potential side effects due to the use of medications in low risk subjects. For example, prophylactic therapy is useful for subjects at some risk for CVD, including a low fat diet and exercise. For those at higher risk, a number of drugs may be prescribed by physicians, such as lipid-lowering medications as well as medications to lower blood pressure in hypertensive patients. For subjects at high risk, more aggressive therapy may be indicated, such as administration of multiple medications.

[0043] In order to conduct sample analysis, a biological sample containing HDL-associated proteins or a complex containing ApoA-I or ApoA-II is provided to be screened. Any HDL-associated protein-containing sample or containing ApoA-I or ApoA-II complexes can be utilized with the methods described herein, including, but not limited to, whole blood or blood fractions (e.g., serum), bodily fluid, urine, cultured cells, tissue biopsies, or other tissue preparations. In some embodiments of the method of the invention, the biological samples include total HDL (density=about 1.06 to about 1.21 g/mL), or protein complexes that are isolated in this density range. In other embodiments of the method of the invention, an HDL2 or HDL3 subfraction (density=about 1.06 to about 1.11 g/mL, and about 1.11 to about 1.21 g/mL, respectively) is isolated from the biological sample prior to analysis. The HDL₃ fraction may be isolated using any suitable method, such as, for example, through the use of ultracentrifugation, as described in EXAMPLE 1. In some embodiments of the method of this aspect of the invention, the HDL-associated proteins ApoA-I and/or ApoA-II are isolated from the biological sample using liquid chromatography, affinity chromatography, or antibody-based methods. In some embodiments, one or more of the biomarkers ApoC-IV, PON-1, C3, C4, ApoA-IV, ApoE, ApoL-1, C4B1, Histone H2A, ApoC-II, or ApoM are isolated by liquid chromatography, affinity chromatography or antibody-based methods from biological samples such as, but not limited to, blood, plasma, serum, urine, tissue, or atherosclerotic lesions. [0044] The present inventor has identified a set of HDLassociated proteins and/or ApoA-1-associated and/or ApoA-II-associated proteins that are present in an amount that differs in subjects with CVD in comparison to control subjects, and, therefore, serve as biomarkers that are indicative of the presence and/or risk of developing cardiovascular disease in a subject. A single biomarker or combination of biomarkers (biomarker profile) may be used in accordance with the method of the invention. The biomarkers useful in the method of the invention, listed below in TABLE 1, were identified by comparing mass spectra of HDL-associated proteins derived from CVD subjects with HDL-associated proteins derived from normal subjects, as described in EXAMPLES 4-8. The CVD subjects used to identify the biomarkers shown in TABLE 1 were diagnosed according to standard clinical criteria as described in EXAMPLE 4 and TABLE 2.

TABLE 1

BIOMARKERS USI	EFUL AS PROGNOSTIC AND/OR
DIAGNOSTIC INDICATO	DE OF CARDIOVACCITI AD DICEACE
DIAGNOSTIC INDICATO	ORS OF CARDIOVASCULAR DISEASE
	200 ID 110
Protein	SEO ID NO:

Protein	SEQ ID NO:
ApoC-IV	SEQ ID NO: 1
Paraoxonase 1 (PON-1)	SEQ ID NO: 2

TABLE 1-continued

BIOMARKERS USEFUL AS PROGNOSTIC AND/OR
DIAGNOSTIC INDICATORS OF CARDIOVASCULAR DISEASE

Protein	SEQ ID NO:
Complement C3	SEQ ID NO: 3
ApoA-IV	SEQ ID NO: 4
ApoE	SEQ ID NO: 5
ApoL-I	SEQ ID NO: 6
C4B1 (a haplotype of C4)	SEQ ID NO: 7
Histone H2A	SEQ ID NO: 8
ApoC-II	SEQ ID NO: 9
ApoM	SEQ ID NO: 10
C3dg (aa 954-1303 of C3)	SEQ ID NO: 11
Vitronectin	SEQ ID NO: 12
Haptoglobin-related Protein	SEQ ID NO: 13
Clusterin	SEQ ID NO: 14
Complement C4	SEQ ID NO: 15

[0045] The HDL-associated biomarkers shown above in TABLE 1 were identified using various methods, including mass spectrometry and antibody detection methods, as described in EXAMPLES 1-9 and as shown in FIGS. 2A-5C. A total of 35 HDL-associated proteins were identified in samples obtained from control subjects and subjects with CVD, as described in EXAMPLE 5 and shown in TABLE 3. In order to empirically assess the relative abundance of the HDL-associated proteins in subjects with CVD and control subjects, a peptide index ("PI") was used as follows. For each protein identified by mass spectrometry, the following parameters were determined: (1) the number of peptides corresponding to the protein that were identified in normal subjects, (2) the number of peptides corresponding to the protein that were identified in CVD subjects, (3) the total number of peptides that were identified, (4) the percent of normal subjects in which at least one peptide was identified, and (5) the percent of CVD subjects in which at least one peptide was

[0046] Using these parameters, the peptide index ("PI") is calculated as follows:

PI=[(peptides in CVD subjects/total peptides)x(% of CVD subjects with 1 or more peptides)]-[(peptides in control subjects/total peptides)x(% of control subjects with 1 or more peptides)].

[0047] Using this calculation, a value of "0" indicates that the numbers of peptides and subjects with detectable peptides are about equal in CVD subjects and healthy controls. A positive peptide index value correlates with enrichment of peptides derived from the protein of interest in CVD patients; whereas, a negative peptide index value correlates with enrichment in healthy control subjects. The parameters used to calculate the peptide index for each HDL-associated protein are provided below in TABLE 3. The peptide index calculated for each HDL-associated protein is shown in TABLE 5. In one embodiment, the biomarkers associated with an increased risk of developing or suffering from CVD are present at an increased amount in subjects with CVD in comparison to normal controls having a peptide index of equal to or greater than 0.30, more preferably greater than 0.35, more preferably greater than 0.40, more preferably greater than 0.50, more preferably greater than 0.60, such as greater than 0.70, such as greater than 0.80. In another embodiment, biomarkers associated with CVD are found to be absent, or at a reduced abundance in subjects with CVD in

comparison to normal controls and have a peptide index of equal to or less than -0.30. The HDL-associated proteins that are equally abundant in CVD and normal subjects, such as ApoA-I and ApoA-II, have a peptide index value ranging from about 0.20 to about -0.20 and may be used as controls in the various embodiments of the methods of the invention.

[0048] In accordance with one embodiment of this aspect of the invention, HDL-associated biomarkers comprising ApoC-IV, PON-1, C3, C4, ApoA-IV, ApoE, ApoL1, C4B1, histone H2A, ApoC-II, ApoM, and derivatives and/or peptides thereof, are present at an increased amount in subjects with CVD as compared to control subjects. Apolipoprotein C-IV, PON-1, C3, C4, ApoA-IV, ApoE, ApoL1, C4B1 C4B1, Histone H2A, ApoC-II, and ApoM, were found as HDL-associated proteins enriched in the HDL3 fraction of biological samples from CVD as compared to the HDL3 fraction from biological samples taken from control subjects, as shown in TABLE 3, TABLE 5, and FIG. 3.

[0049] In accordance with this aspect of the invention, proteins having at least 70% homology (such as at least 80% identical, or such as at least 90% identical, or such as at least 95% identical) with ApoC-IV (SEQ ID NO:1), PON-1 (SEQ ID NO:2), C3 (SEQ ID NO:3), ApoA-IV (SEQ ID NO: 4), ApoE (SEQ ID NO: 5), ApoL-1 (SEQ ID NO:6), C4B1 (SEQ ID NO:7), Histone H2A (SEQ ID NO:8), ApoC-II (SEQ ID NO:9), and ApoM (SEQ ID NO:10) may be used as biomarkers for CVD which are present at increased concentration in CVD subjects as compared to normal controls. Peptide fragments derived from SEQ ID NOS:1, 2, 3, 4, 5, 6, 7, 8, 9, and 10 may also be used as biomarkers, such as peptides from about 4 amino acids to at least about 50 amino acids, such as peptides from about 6 amino acids to at least about 20 amino acids or more. Representative examples of peptide fragments that may be used as biomarkers in which an increased amount of the biomarker in $\ensuremath{\mathrm{HDL}}_3$ is indicative of the presence or risk of CVD include SEQ ID NO:16-SEQ ID NO:126, shown below in TABLE 5.

[0050] In accordance with another embodiment of this aspect of the invention, HDL-associated proteins comprising Vitronectin, Haptoglobin-related protein and Clusterin, and derivatives and/or peptides thereof are present at a reduced amount in subjects with CVD as compared to control subjects. Vitronectin, Clusterin and Haptoglobin-related protein were found as HDL-associated proteins in the HDL₃ fraction of samples from normal subjects, but were not detected, or were found to be present at lower levels, in HDL3 derived from the patients with CVD, as shown in TABLE 3, TABLE 5 and FIG. 3. In accordance with this aspect of the invention, proteins having at least 70% homology (such as at least 80% identical, or such as at least 90% identical, or such as at least 95% identical) with Vitronectin (SEQ ID NO:12), Haptoglobin-related protein (SEQ ID NO:13) or Clusterin (SEQ ID NO:14) may be used as biomarkers for CVD which are present at reduced concentration in CVD subjects as compared to normal controls. Peptide fragments derived from SEQ ID NOS:12, 13 or 14 may also be used as biomarkers, such as peptides at least about 4 amino acids to at least about 20 amino acids, such as peptides from about 6 amino acids to about 20 amino acids or more. Representative examples of peptide fragments that may be used as biomarkers in which a reduced amount of the biomarker in HDL₃ is indicative of the presence or risk of CVD include SEQ ID NOS:127-159 as shown below in TABLE 5.

[0051] The presence and/or amount of the one or more HDL-associated biomarkers in a biological sample comprising total HDL, or a subfraction thereof, and/or an ApoA-I and/or an ApoA-II containing complex may be determined using any suitable assay capable of detecting the amount of the one or more biomarker(s). Such assay methods include, but are not limited to, mass spectrometry, liquid chromatography, thin layer chromatography, fluorometry, radioisotope detection, affinity detection, and antibody detection. Other detection paradigms may optionally be used, such as optical methods, electrochemical methods, atomic force microscopy, and radio frequency methods (e.g., multipolar resonance spectroscopy). Optical methods include, for example, microscopy, detection of fluorescence, luminescence, chemiluminescence, absorbance, reflectance, and transmittance.

[0052] In one embodiment, the presence and amount of one or more HDL-associated biomarkers is determined by mass spectrometry. In accordance with this embodiment, biological samples may be obtained and used directly, or may be separated into total HDL, or an HDL $_3$ subfraction. The HDLassociated proteins are digested into peptides with any suitable enzyme such as trypsin, which cleaves adjacent to lysine (K) or arginine (R) residues in proteins. The peptides are then analyzed by a mass spectrometry method such as MALDI-TOF-MS or M/MS (solid phase), liquid chromatography (LC)-MS or MS/MS, μLC-ESI-MS/MS, and iTRAQTM, ICAT, or other forms of isotope tagging. Any suitable method may be used for differential isotope labeling of proteins and/ or peptide, such as the use of a compound or isotope-labeled compound that reacts with an amino acid functional group. Label-specific fragment ions allow one to quantify the differences in relative abundance between samples. For example, one useful approach to achieve quantitative results, is the use of MALDI TOF/TOF or QTOF mass spectrometers and iTRAQTM, a commercially available stable isotope labeling system (Applied Biosystems, Foster City, Calif.). The iTRAQTM labeling system allows selective labeling of up to four different samples which are distinguished from one another in the mixture by MS/MS analysis.

[0053] By way of representative example, the method of $\mu LC\text{-}ESI\text{-}MS/MS}$ involves the following steps. The peptide mixtures are resolved by microscale liquid chromatography, and peptides are ionized by electrospray. Mass spectra are taken every few seconds, followed by isolation of the most intense peptide ions, or the peptide ions of interest (e.g., one derived from specific peptides), fragmentation by collisions with an inert gas, and recording of a mass spectrum of the fragments. This fragment mass spectrum, known as MS/MS spectrum, tandem mass spectrum, or MS 2 spectrum, consists mainly of N- and C-terminal fragments of the peptide ions at the amide bonds, called b ions and y ions, respectively. The spectra are then matched to sequence databases, as further described in EXAMPLE 4.

[0054] In a typical application of MS analysis, proteins in a biological sample are reduced, alkylated, digested into peptides with trypsin, and analyzed using multidimensional liquid chromatography and tandem mass spectrometry (MS/MS). Tryptic peptides are then subjected to multidimensional chromatography in concert with MS/MS analysis. In multidimensional chromatography, the first chromatographic dimension typically involves separation of digested peptides on a strong cation exchange column. The peptides are then typically separated through a reverse-phase column with increasing concentrations of acetonitrile and then introduced

into the source of the mass spectrometer or fractionated directly onto a MALDI sample plate. Tandem mass spectra may be acquired in the data-dependent mode on an ion-trap, QTOF or MALDI-TOF/TOF instrument. The most abundant peaks from a survey scan are submitted to tandem MS analysis. In other applications, peaks that differ in intensity between samples of interest (e.g., a control population of apparently healthy subjects and subjects with established CVD) are selected from the MS or MS/MS spectra by a suitable method such as pattern recognition (ref)., cluster analysis, or relative abundance (see Rocke D. M, Semin Cell Dev Biol, 15: 703-13, 2004; Ghazalpour A., et al., Lipid Res 45: 1793-805, 2004). The collection of tandem mass spectra may be submitted for a database search against a database (e.g., the Human International Protein Index (IPI) database, using the SEQUEST search engine (see Kersey, P. J., et al., "The International Protein Index: an integrated database for proteomics experiments," Proteomics 4:1985-1988, 2004)), using software programs such as PeptideProphet, (Nesvizhskii, A. I., et al., Anal. Chem. 75:4646-4658, 2003) and ProteinProphet (Yan, W., et al., Mol. Cell. Proteomics 3:1039-1041, 2004) in order to refine peptide and protein

[0055] To achieve semiquantitative results, protein abundance is estimated by the number of MS/MS spectra, the number of peptides detected, or by the percent of the protein sequence covered in the analysis. Quantitative results can be obtained with ICAT isotope tagging, iTRAQ™ isotope labeling, or other modifications or peptides involving stable isotopes. Label-specific ions or fragment ions allow quantification of differences between samples based on their relative

[0056] Mass spectrometry detection methods may include the use of isotope-labeled peptides or proteins. In accordance with one example of this detection method, as described by Zou, H., et al., Cell 107:715-726, 2001, a tryptic peptide is chosen from a protein of interest, for example, a tryptic peptide comprising a portion of SEQ ID NOS: 1-15, such as SEQ ID NOS:16-175. The tryptic peptide is then synthesized to incorporate one or more stable isotope-labeled amino acids. The native peptide and the synthetic-labeled peptide share physical properties including size, charge, hydrophobicity, ionic character, and amenability to ionization. When mixed, they elute together chromatographically, migrate together electrophoretically, and ionize with the same intensity. However, they differ in molecular weight from as little as 1 to over 10 Daltons, depending on which stable isotope amino acid is chosen for incorporation. The native peptide and the synthetic peptide are easily distinguishable by mass spectrometry. The synthetic peptide is used in an assay by adding a known amount of the synthetic peptide to a biological sample. In another example of this detection method, an isotope-labeled protein is prepared by a suitable method, such as by using a bacterial expression system and growing the bacteria on medium enriched with 15N-Nitrate or other isotope-labeled nutrients. The isotope-labeled peptide or protein is added to the sample containing native proteins and the mixture is then digested and analyzed by mass spectrometry as described herein. Extracted ion chromatograms or selected ion chromatograms or peak ratios in a full scan mass spectrum are then generated for the native peptide and the synthetic peptide. The quantity of the native peptide is then calculated using ratios of ion current or peak ratios.

[0057] Another detection method that utilizes labeled peptide fragments is isotope-coded affinity tagging (ICAT). This technique, as described in Gygi, S. P., et al., Nature Biotech. 17:994-999, 1999, involves the use of isotope tags that covalently bind to specific amino acids (cysteines) within a protein of interest. For example, the tag may contain three functional elements including a biotin tag (used during affinity capture), an isotopically encoded linker chain (such as an ether linkage with either eight hydrogens or eight deuteriums), and the reactive group, which binds to and modifies the cysteine residues of the protein. The isotope tag is used in an assay by labeling a control sample with the light version of the tag and labeling a test sample with the heavy version of the tag. The two samples are then combined, enzymatically digested, and the labeled cysteinyl residues may be captured using avidin affinity chromatography. The captured peptides are then analyzed by mass spectrometry, which can determine the relative abundance for each peptide-pair.

[0058] In another embodiment, antibodies are used in an immunoassay to detect one or more biomarkers in accordance with the method of this aspect of the invention. Such immunoassays may comprise an antibody to one or more of the biomarkers. The antibody is mixed with a sample suspected of containing the biomarker and monitored for biomarkerantibody binding. For example, the biomarker can be detected in an enzyme-linked immunosorbent assay (ELISA), in which a biomarker antibody is bound to a solid phase, such as a chip, and an enzyme-antibody conjugate is used to detect and/or quantify the biomarker(s) present in a sample. Alternatively, a Western blot assay may be used in which a solubilized and separated biomarker is bound to nitrocellulose filter, as shown in FIGS. 4 and 6 and described in EXAMPLE 6.

[0059] In one embodiment, the invention provides a method for diagnosing and/or assessing the risk of CVD in a subject, comprising determining changes in a biomarker profile comprising the relative abundance of at least one, two, three, four, five, ten or more HDL-associated and/or ApoA-I or ApoA-II-associated biomarkers in biological samples from a test subject as compared to the predetermined abundance of the at least one, two, three, four, five, ten or more HDLassociated biomarkers and/or ApoA-I or ApoA-II biomarkers from a reference population of apparently healthy subjects. The HDL-associated biomarkers and/or ApoA-I or ApoA-II associated markers are selected from the group consisting of the biomarkers listed in TABLE 1 and TABLE 5. The biomarker profile may optionally include an internal reference standard that is expected to be equally abundant in subjects with CVD and apparently healthy subjects, such as ApoA-I or ApoA-II, and fragments thereof.

[0060] In another aspect, the present invention provides a method for screening a mammalian subject for the presence of one or more atherosclerotic lesions in the subject by detecting an amount of at least one biomarker in a blood sample. The invention provides biomarkers that are capable of identifying the presence of one or more atherosclerotic plaques in a subject, including PON-1, C3, C4, ApoE, ApoM and C4B1. [0061] In the arterial disease atherosclerosis, fatty lesions form on the inside of the arterial wall. These lesions promote the loss of arterial flexibility and lead to the formation of blood clots. The lesions may also lead to thrombosis, resulting in most acute coronary syndromes. Thrombosis results from weakening of the fibrous cap, and thrombogenicity of the lipid core. It is well recognized that atherosclerosis is a

chronic inflammatory disorder (see Ross, R., *N. Engl. J. Med.* 340:115-126, 1999). Chronic inflammation alters the protein composition of HDL, making it atherogenic (see Barter, P. J., et al., *Circ. Res.* 95:764-772, 2004; Chait, A., et al., *J. Lipid Res.* 46:389-403, 2005; Navab, M., et al., *J. Lipid Res.* 45:993-1007, 2004; and Ansell, B. J., et al., *Circulation* 108: 2751-2756, 2003). However, the discovery of markers for cardiovascular disease, including atherosclerosis, has been hampered by the molecular complexity of plasma.

[0062] The present inventor has discovered that five of the ten described HDL-associated biomarkers that were found to be enriched in HDL₃ from CVD subjects were also found in the HDL isolated from human atherosclerotic lesions, referred to hereafter as "lesion HDL," including PON-1, C3, C4, ApoE, ApoM and C4B1, as shown in FIG. 4 and TABLE 6. While not wishing to be bound by theory, these results suggest that some of the protein cargo of circulating HDL in CVD patients may originate from diseased regions of artery walls. Accordingly, HDL-associated proteins that serve as biomarkers for CVD, and atherosclerotic lesions in particular, may be derived from macrophages, smooth muscle cells, and endothelial cells present in atherosclerotic lesions. In accordance with this aspect of the invention, HDL-associated biomarkers isolated from a blood sample represent a biochemical "biopsy" of the artery wall or endothelium lining the vasculature. It is likely that lesions that are most prone to rupture would increase their output of HDL due to the fact that enhanced proteolytic activity destroys the extracellular matrix and promotes plaque rupture. Indeed, short-term infusion of HDL into humans may promote lesion regression (Nissen, S. E., et al., JAMA 290:2292-2300, 2003), suggesting that HDL can remove components of atherosclerotic tissue. Therefore, the proteins included in the protein cargo associated with HDL, enriched in CVD subjects, and also known to be present in lesion HDL from a population of CVD patients, serve as biomarkers that may be used to detect the risk and/or presence of atherosclerotic plaques in an individual subject.

[0063] In accordance with this aspect of the invention, proteins having at least 70% homology (such as at least 80% identical, or such as at least 90% identical, or such as at least 95% identical) with PON-1 (SEQ ID NO:2), C3 (SEQ ID NO:3), C4 (SEQ ID NO: 15), ApoE (SEQ ID NO:5), ApoM (SEQ ID NO:10), or C4B1 (SEQ ID NO:7) may be used as biomarkers for the presence of one or more atherosclerotic lesions when present at increased amounts in HDL₃ in a biological sample isolated from a subject in comparison to the amount detected in a control population. Peptide fragments derived from SEO ID NOS:2, 3, 5, 7, 10, or 15 may also be used as biomarkers, such as peptides having at least about 4 amino acids to at least about 20 amino acids, such as peptides from about 6 amino acids to about 20 amino acids or more. Representative examples of peptide fragments that may be used as biomarkers in which an increased amount of the biomarker in HDL3 is indicative of the presence of one or more atherosclerotic lesions includes SEQ ID NOS:23-49, SEQ ID NOS:68-82, SEQ ID NOS:93-113, and SEQ ID NOS:122-126, as shown below in TABLE 5.

[0064] In another aspect, the present invention provides assays comprising one or more detection reagents capable of detecting at least one biomarker that is indicative of the presence or risk of CVD in a subject. The biomarker is detected by mixing a detection reagent that detects at least one biomarker associated with CVD with a sample containing HDL-associated

ated proteins and monitoring the mixture for detection of the biomarker with a suitable detection method such as spectrometry, immunoassay, or other method. In one embodiment, the assays are provided as a kit. In some embodiments, the kit comprises detection reagents for detecting at least two, three, four, five, ten or more HDL-associated biomarkers in biological samples from a test subject.

[0065] The kit also includes written indicia, such as instructions or other printed material for characterizing the risk of CVD based upon the outcome of the assay. The written indicia may include reference information, or a link to information regarding the predetermined abundance of the at least one, two, three, four, five, ten or more HDL-associated biomarkers from a reference population of apparently healthy subjects and an indication of a correlation between the abundance of one or more HDL-associated biomarkers and the risk level and/or diagnosis of CVD.

[0066] The detection reagents may be any reagent for use in an assay or analytical method, such as mass spectrometry, capable of detecting at least one biomarker selected from the group consisting of ApoC-IV, PON-1, C3, C4, ApoA-IV, ApoE, ApoL-1, C4B1, Histone H2A, ApoC-II, ApoM, C3dg, C4, Vitronectin, Haptoglobin-related protein, and Clusterin. In another embodiment, the detection reagents include proteins with peptides identical to those of ApoC-IV, PON-1, C3, C4, ApoA-IV, ApoE, ApoL-1, C4B1, Histone H2A, ApoC-II, ApoM, C3dg, C4, Vitronectin, Haptoglobin-related protein, and Clusterin, such as peptides provided in TABLE 5. In one embodiment, the detection reagents comprise one or more reagents capable of detecting a biomarker associated with the presence of one or more atherosclerotic lesions, such as PON-1, C3, C4, ApoE, ApoM, and C4B1. A variety of protocols for measuring the relative abundance of the biomarkers may be used, including mass spectrometry, ELISAs, RIAs, and FACs, which are well known in the art.

[0067] In one embodiment, the detection reagent comprises one or more antibodies which specifically bind one or more of the biomarkers provided in TABLE 4, TABLE 5 or TABLE 6 that may be used for the diagnosis and/or prognosis of CVD characterized by the relative abundance of the biomarker in the serum, or an HDL subfraction thereof. Standard values for protein levels of the biomarkers are established by combining biological samples taken from healthy subjects, for example, by using criteria described in EXAMPLE 4, with antibodies to proteins determined to have a PI value of between 0.20 and -0.20, such as ApoA-I (PI=0.08) and ApoA-II (PI=0.06). Deviation in the amount of the biomarker between control subjects and CVD subjects establishes the parameters for diagnosing and/or assessing risk levels, or monitoring disease progression. The biomarkers and fragments thereof can be used as antigens to generate antibodies specific for the CVD biomarkers for use in immunodiagnostic assays. Purified samples of the biomarkers comprising the amino acid sequences shown in TABLE 4, TABLE 5, and TABLE 6 may be recovered and used to generate antibodies using techniques known to one of skill in the art.

[0068] In another embodiment, the detection reagent comprises isotope-labeled peptides, such as one or more of the peptides described in TABLE 4, TABLE 5, and TABLE 6 that correspond to the biomarker to be detected. In accordance with this embodiment, the kit includes an enzyme, such as trypsin, and the amount of the biomarker in the tryptic digest of the sample is then quantified by isotope dilution mass spectrometry. The labeled peptides may be provided in asso-

ciation with a substrate, and the assay may be carried out in a multiplexed format. In one embodiment, a multiplexed format includes isotope-labeled peptides for at least two or more of the HDL-associated biomarkers described herein that are enriched in HDL of subjects with established CVD. The peptides are quantified of all the HDL-associated peptides in a biological sample obtained from a test subject using a technique such as isotope dilution mass spectrometry. The detection and quantification of multiple HDL-associated biomarker proteins may be used to increase the sensitivity and specificity of the assay to provide an accurate risk assessment and/or diagnosis of the presence of CVD in the test subject.

[0069] In one embodiment of the kit, the detection reagent is provided in association with, or attached to a substrate. For example, a sample of blood, or HDL subfraction thereof, may be contacted with the substrate, having the detection reagent thereon, under conditions that allow binding between the biomarker and the detection reagent. The biomarker and/or the detection reagent are then detected with a suitable detection method. The substrate may be any suitable rigid or semirigid support including membranes, filters, chips, slides, wafers, fibers, magnetic or nonmagnetic beads, gels, tubing, plates, polymers, microparticles, and capillaries. The substrate can have a variety of surface forms, such as wells, trenches, pins, channels, and pores to which the polypeptides are bound. For example, a chip, such as a biochip, may be a solid substrate having a generally planar surface to which a detection reagent is attached. For example, a variety of chips are available for the capture and detection of biomarkers, in accordance with the present invention, from commercial sources such as Ciphergen Biosystems (Fremont, Calif.), Packard BioScience Company (Meriden Conn.), Zyomyx (Hayward, Calif.), and Phylos (Lexington, Mass.). An example of a method for producing such a biochip is described in U.S. Pat. No. 6,225,047. The biomarkers bound to the substrates may be detected in a gas phase ion spectrometer. The detector translates information regarding the detected ions into mass-to-charge ratios. Detection of a biomarker also provides signal intensity, thereby allowing the determination of quantity and mass of the biomarker.

[0070] In another aspect, the present invention provides a method for determining the efficacy of a treatment regimen for treating and/or preventing CVD by monitoring the presence of one or more biomarkers in a subject during treatment for CVD. The treatment for CVD varies depending on the symptoms and disease progression. The general treatments include lifestyle changes, medications, and may include surgery. Lifestyle changes include, for example, weight loss, a low saturated fat, low cholesterol diet, reduction of sodium, regular exercise, and a prohibition on smoking. Medications useful to treat CVD include, for example, cholesterol-lowering medications, antiplatelet agents (e.g., aspirin, ticlopidine, clopidogrel), glycoprotein IIb-IIIa inhibitors (such as abciximab, eptifibatide or tirofiban), or antithrombin drugs (bloodthinners such as heparin) to reduce the risk of blood clots. Beta-blockers may be used to decrease the heart rate and lower oxygen use by the heart. Nitrates, such as nitroglycerin are used to dilate the coronary arteries and improve blood supply to the heart. Calcium-channel blockers are used to relax the coronary arteries and systemic arteries, and, thus, reduce the workload for the heart. Medications suitable for reducing blood pressure are also useful to treat CVD, including ACE inhibitors, diuretics and other medications.

[0071] The treatment for cardiovascular disease may include surgical interventions such as coronary angioplasty, coronary atherectomy, ablative laser-assisted angioplasty, catheter-based thrombolysis, mechanical thrombectomy, coronary stenting, coronary radiation implant, coronary brachytherapy (delivery of beta or gamma radiation into the coronary arteries), and coronary artery bypass surgery.

[0072] The following examples merely illustrate the best mode now contemplated for practicing the invention, but should not be construed to limit the invention.

Example 1

[0073] This example demonstrates the validation of a method used to identify HDL-associated protein biomarkers that correlate with cardiovascular disease, in accordance with one embodiment of the present invention.

[0074] Rationale: A proteomic approach was used to directly measure the proteins associated with HDL, also referred to as "shotgun proteomics." In order to minimize potential contamination with LDL, the lipoprotein's dense subfraction, HDL₃, was isolated and analyzed.

[0075] Sample isolation and preparation: All protocols involving human subjects were approved by the Human Studies Committees at the University of Washington and Wake Forest University. Blood samples were collected from healthy adult males and from male patients with CVD after an overnight fast. Blood samples were anticoagulated with EDTA.

[0076] HDL isolation: HDL (d=about 1.06 to about 1.21 g/mL) and HDL₃ (d=about 1.11 to about 1.21 g/mL) were isolated from the blood samples by sequential density ultracentrifugation, according to the methods described in Mendez, A. J., et al., *J. Biol. Chem.* 266:10104-10111, 1991. Protein concentration was determined using the Lowry assay with albumin as the standard (BioRad, Hercules, Calif.).

[0077] Tryptic Digest: HDL-associated protein $(20 \,\mu\mathrm{g})$ was precipitated with 10% trichloroacetic acid (v/v), collected by centrifugation, and resolubilized with 100 $\mu\mathrm{L}$ of 6 M urea in 25 mM ammonium bicarbonate. Following reduction with dithiothreitol $(10 \,\mathrm{mM}$ for 1 hour at 37° C.), the proteins were alkylated with iodoacetamide $(40 \,\mathrm{mM})$ for 1 hour in the dark. The residual alkylating reagent was scavenged with a molar excess of dithiothreitol. Reduced, alkylated proteins were resuspended in $0.6 \,\mathrm{M}$ urea in 25 mM ammonium bicarbonate, digested overnight at 37° C. with trypsin $(1:20, \mathrm{w/w}, \mathrm{trypsin/HDL}$ protein), acidified with acetic acid, dried under vacuum, and resuspended in 0.1% formic acid. Tryptic digests were desalted with a C18 zip-tip (Millipore, Billerica, Mass.) prior to MS analysis.

[0078] Multidimensional micro-liquid chromatographyelectrospray ionization (ESI) tandem mass spectrometric (MS/MS) analysis (µLC-ESI-MS/MS). Peptides from the HDL samples (10 µg protein) were separated using twodimensional micro-liquid chromatography (µLC) with a strong cation (SCX) exchange column (Hypersil Keystone, Thermo Electron Corporation, Waltham, Mass.) and a reverse-phase capillary HPLC column (180 μm×10 cm; 5 μm particles; Biobasic-18, Thermo Electron Corporation) (Link, A. J. et al., Nat Biotechnol 17: 676-682, 1999; Washburn, M. P. et al., Anal Chem 75: 5054-5061, 2003). The μLC system was interfaced with a Finnigan LCQ Deca ProteomeX ion trap mass spectrometer (Thermo Electron Corporation) equipped with an orthogonal electrospray interface. A fully automated 10-step chromatography run with a quaternary Surveyor HPLC (Thermo Electron Corporation) was performed on each sample, using buffer A (0.1% v/v formic acid in water), buffer B (100% acetonitrile in 0.1% formic acid), buffer C (5% acetonitrile in 0.1% formic acid), and buffer D (1 M ammonium chloride in buffer C). A survey scan from m/z 300 to m/z 1500 was initially performed, followed by data-dependent MS/MS analysis of the three most abundant ions. Relative collision energy was set to 35% with a 30 msec activation time.

[0079] Sequencing and identifying peptides: To identify HDL-associated proteins, MS/MS spectra were searched against the Human International Protein Index (IPI) database, using the SEQUEST search engine (see Kersey, P. J., et al., "The International Protein Index: an integrated database for proteomics experiments," *Proteomics* 4:1985-1988, 2004). The SEQUEST database searches were carried out using 2.5 Da (average) peptide mass tolerance and 1.0 Da (average) fragment ion mass tolerance. One incomplete cleavage site was allowed in peptides. Threshold Xcorr values of 2.56, 3.22, and 3.45 were employed for MH¹⁺, MH²⁺, and MH³⁺ ion charge states, respectively.

[0080] The SEQUEST results were further processed using PeptideProphet (Nesvizhskii, A. I., et al., *Anal. Chem.* 75:4646-4658, 2003) and ProteinProphet (Yan, W., et al., *Mol. Cell. Proteomics* 3:1039-1041, 2004). Peptide matches were accepted only with an adjusted probability of >0.9; for proteins, the accepted probability was >0.8. All protein identifications required detection of at least 2 unique peptides from each protein from at least 2 individuals. MS/MS spectra from proteins identified with <6 peptides were confirmed by visual inspection.

Example 2

[0081] This example demonstrates that shotgun proteomics may be used to reproducibly identify proteins associated with HDL from blood, and that the HDL from healthy subjects and from subjects with established CVD carry different associated protein cargo.

[0082] Methods: Using sequential density gradient ultracentrifugation, HDL (d=about 1.060 to about 1.21 g/mL) was isolated from the blood plasma of two apparently healthy men and from two men with established CVD, using the methods described in EXAMPLE 1. HDL proteins in each sample were precipitated with trichloroacetic acid, digested with trypsin and desalted. Each digest was then subjected to four $\mu\text{LC-ESI-MS/MS}$ analyses with an ion trap instrument as described in EXAMPLE 1. Proteins were identified as described in EXAMPLE 1.

[0083] Results: FIG. 1 shows the results of the four separate analyses of the two samples taken from control individuals and two samples taken from individuals with CVD. As shown in FIG. 1, the µLC-ESI-MS/MS analysis of the HDL from the two control subjects identified about 24 proteins; whereas, analysis of the HDL from the two subjects with CVD identified about 40 proteins. The variation between the four replicates in each set was approximately 20%.

[0084] Conclusions: These observations indicate that the protein composition of HDL differs substantially in subjects with CVD as compared to the protein composition of HDL isolated from control subjects. These results also demonstrate that a single analysis of HDL by μ LC-ESI-MS/MS provides a

reasonable estimate of the number of proteins present, and that the results obtained using $\mu LC\text{-}ESI\text{-}MS/MS$ analysis are reproducible.

Example 3

[0085] This example describes the identification of particular HDL-associated proteins present in the HDL₃ subfraction isolated from normal control subjects and subjects with CVD. [0086] Rationale: In order to further investigate the protein composition of HDL in control subjects and subjects with CVD, the HDL₃ subfraction was isolated to minimize potential contamination with LDL.

[0087] Methods:

[0088] Subjects Used in the Study:

[0089] HDL₃ was isolated from the blood samples of 7 men with established CVD and from blood samples obtained from 6 apparently healthy age-matched control subjects mean age±SD, 54±7, and 54±14 years, respectively.

[0090] The CVD patients were newly diagnosed, as documented by clinical symptoms consistent with angina and q waves on their EKG, or at least one stenotic lesion [>50%] on coronary angiography. None of the subjects smoked cigarettes, nor did they have liver or renal disease. The subjects did not receive any lipid-lowering medications for at least 8 weeks before blood samples were collected. The healthy controls had no known history of CVD, had no family history of CVD, and were not hyperlipidemic or diabetic. Lipid values in the CVD subjects and healthy control subject are summarized below in TABLE 2.

TABLE 2

CHARACTERISTICS OF CONTROL SUBJECTS AND CVD SUBJECTS.			
Characteristic	Controls	CVD Patients	P Value
Age - years	54 ± 14	54 ± 7	0.97
Cholesterol	188 ± 39	231 ± 31	0.05
LDL	126 ± 30	161 ± 19	0.03
Triglycerides	91 ± 13	189 ± 101	0.04
HDL	44.8 ± 12	39.6 ± 11	0.52

Values represent mean ± SD

[0091] As shown in TABLE 2, the patients with CVD had higher levels of total cholesterol, LDL and triglycerides in their plasma as compared with the healthy control subjects. Importantly, the levels of HDL cholesterol were similar in the CVD patients and the control subjects.

[0092] Isolation of HDL:

[0093] HDL $_3$ (d=about 1.11 to about 1.21 g/mL) was isolated by sequential density gradient ultracentrifugation using the methods described above in EXAMPLE 1. Preliminary experiments showed that extracting lipids from HDL significantly diminished the complexity of the associated protein mixture, likely because some HDL-associated proteins can dissolve in organic solvents. Therefore, the intact lipoprotein was first precipitated with trichloroacetic acid before digesting it with trypsin, and the desalted proteolytic digest was directly injected onto the strong-cation exchange column of the μ LC system. Each sample was independently analyzed.

[0094] Identification of HDL-Associated Proteins:

[0095] Tryptic digests of HDL₃ were subjected to two-dimensional µLC-ESI-MS/MS. MS/MS spectra were searched against the Human International Protein Index (IPI) database,

using the SEQUEST search engine. One incomplete cleavage site was allowed in peptides. The SEQUEST results were further processed using PeptideProphet (Nesvizhskii, A. I., et al., supra) and ProteinProphet (Yan, W., et al., Mol. Cell. Proteomics 3:1039-1041, 2004). Peptide matches were only accepted with an adjusted probability of >0.9. Protein identification was based on the following criteria: (i) at least 2 peptides unique to the protein of interest had to be detected in at least 2 subjects; and (ii) MS/MS results had to have a high confidence score and be chemically plausible on visual inspection. All protein identifications required detection of at least 2 unique peptides from each protein from at least 2 individuals in order to maintain a high confidence score and markedly decrease the false-positive rate of protein identification, as described in Resing, K. A., et al., FEBS Lett. 579: 885-889, 2005.

[0096] Results: Using μ LC-ESI-MS/MS, a total of 35 proteins were identified in HDL₃ isolated from healthy controls and/or CVD subjects as shown below in TABLE 3, TABLE 4, and graphically displayed in FIG. 2A. The proteins shown in FIG. 2A, TABLE 3, and TABLE 4 are listed according to the peptide index (as described in more detail in EXAMPLE 5), and by statistical testing.

[0097] TABLE 3 shows the number of peptides detected for each HDL-associated protein (including repeated identifications of the same peptide). The total number of peptides detected for each protein in the 13 independent analysis ranges from 4 (the minimum number required for inclusion in this analysis) to 847 (for ApoA-I). FIG. 2A shows a graphical representation of the number of peptides detected for each protein in normal subjects and CVD subjects. FIG. 2B shows a graphical representation of the number of subjects in each group with detectable peptides for each protein. The columns marked with an asterisk ("*") have a P value <0.05. The P value was assessed by Student's t-test (peptide number) or Fisher's exact test (subject number). The Student's unpaired t-test was used to compare the number of unique peptides identified in CVD patients versus healthy subjects. For proteins in which no peptides were identified in one group, a one-sample t-test was used to compare the number of unique peptides to a theoretical mean of 0. Fisher's exact test was used to compare the number of subjects from which each protein was identified in CVD patients versus healthy subjects. For all statistical analyses, P<0.05 was considered significant.

TABLE 3

PROTEINS DETECTED BY 2-DIMENSIONAL μ LC-ESI-MS/MS IN HDL₃ ISOLATED FROM PLASMA OF CVD PATIENTS AND/OR CONTROL SUBJECTS (WITH AT LEAST TWO UNIQUE PEPTIDES IDENTIFIED PER PROTEIN)

Protein ID	Protein Description #	# Peptides in Normal Subjects	# Peptides in CVD subjects	Total # Peptides	Percent of Normal subjects detected	Percent of CVD subjects detected
IPI00022731	ApoC-IV	0	15	15	0	85%
IPI00218732	PON-1	7	28	35	42%	100%
IPI00164623	C3 (dg region	1	13	14	14.2%	71.4%
	aa954-1303)					
IPI00304273	ApoA-IV	30	101	131	85.7%	100%
IPI00021842	ApoE	44	114	158	66.1%	100%
IPI00177869	ApoL1	12	32	44	50.0%	85.7%
IPI00298828	Beta-2-glycoprotein I	0	5	5	0	42.8%
IPI00018524	Histone H2A	0	4	4	0	57.1%
IPI00418163	Complement C4B1	0	5	5	0	42.8%
IPI00452748	Serum Amyloid A1	0	7	7	0	42.8%
IPI00021856	Apo C-II	29	61	90	85.7%	100%
IPI00030739	ApoM	30	64	94	85.7%	100%
IPI00022331	Lecithin-cholesterol	14	24	38	57.1%	85.7%
	acetyltransferase					
IPI00006173	Cholesterol ester	0	4	4	0	28.5%
	transfer protein					
IPI00029863	Alpha-2-antiplasmin	0	4	4	0	28.5%
IPI00020091	alpha-1-acid	0	4	4	0	28.5%
	glycoprotein 2					
IPI00022733	Phospholipid transfer	0	5	5	0	28.5%
	protein					
IPI00032220	Angiotensinogen	0	6	6	0	28.5%
IPI00022229	Apolipoprotein	0	9	9	0	28.5%
	B-100					
IPI00022431	Alpha-2-HS-glycoprotein	9	13	22	85.7%	100%
IPI00299435	ApoF	15	21	36	85.7%	100%
IPI00032258	C4	5	8	13	42.8%	57.1%
IPI00006662	ApoD	66	93	159	100%	100%
IPI00305457	Alpha-1-antitrypsin	78	102	180	100%	100%
IPI00021855	ApoC-I	98	60	108	100%	100%
IPI00021857	ApoC-III	50	60	110	100%	100%
IPI00021841	ApoA-I	388	459	847	100%	100%
IPI00022368	Serum amyloid A	18	18	36	85.7%	100%
IPI00021854	ApoA-II	108	121	229	100%	100%
IPI00006146	Serum amyloid A2	12	11	23	71.4%	85.7%

TABLE 3-continued

PROTEINS DETECTED BY 2-DIMENSIONAL μ LC-ESI-MS/MS IN HDL₃ ISOLATED FROM PLASMA OF CVD PATIENTS AND/OR CONTROL SUBJECTS (WITH AT LEAST TWO UNIQUE PEPTIDES IDENTIFIED PER PROTEIN)

Protein ID	Protein Description #	# Peptides in Normal Subjects	# Peptides in CVD subjects	Total # Peptides	Percent of Normal subjects detected	Percent of CVD subjects detected
IPI00019399	Serum amyloid A4	68	62	130	100%	100%
IPI0002243	Serum albumin	241	216	457	100%	100%
IPI00298971	Vitronectin	12	6	18	71.4%	28.5%
IPI00296170	Haptoglobin-related protein	14	4	18	57.1%	28.5%
IPI00291262	Clusterin	9	3	12	57.1%	14.2%

Example 4

[0098] This example describes the use of a peptide index ("PI") to compare the relative abundance of peptides derived from HDL-associated proteins in normal subjects and in subjects with CVD, in order to determine protein markers that may be used as biomarkers to diagnose and/or assess the risk of CVD in an individual subject.

[0099] Rationale: Recent studies strongly support the hypothesis that quantifying the number of peptides, the number of MS/MS spectra, or the percent sequence coverage identified in the LC-MS/MS analysis provides a semiquantitative assessment of relative protein abundance (Washburn, M. P., et al., *Anal. Chem.* 75:5054-5061, 2003). In order to obtain semi-quantitative data, a two-pronged strategy was adopted. First, it was determined whether the number of peptides derived from each protein in healthy controls differed significantly from that found in patients with CVD. Second, an empirical test was developed, referred to as the "peptide index" in order to provide a semiquantitative measure of relative protein abundance in the protein cargo associated with HDL.

[0100] Statistical analysis: For each protein identified by MS/MS, the peptide index ("PI") was calculated as:

PI=[(peptides in CVD subjects/total peptides)x(% of CVD subjects with 1 or more peptides)]-[(peptides in control subjects/total peptides)x(% of control subjects with 1 or more peptides)].

[0101] The Student's unpaired t-test was used to compare the number of unique peptides identified in CVD patients versus healthy subjects. For proteins in which no peptides were identified in one group, a one-sample t-test was used to compare the number of unique peptides to a theoretical mean of 0. Fisher's exact test was used to compare the number of subjects from which each protein was identified in CVD patients versus healthy subjects. For all statistical analyses, P<0.05 was considered significant. In this method, a value of "0" indicates that the numbers of peptides and subjects with detectable peptides are about equal in CVD subjects and healthy controls. A positive peptide index value correlates with enrichment of peptides derived from the protein of interest in HDL₃ of CVD patients; whereas, a negative peptide index value correlates with enrichment in HDL3 of healthy control subjects as compared to CVD subjects (e.g., a deficiency of the protein of interest in HDL₃ of CVD subjects).

[0102] The biomarkers with PI values of greater than 0.30 and -0.30 or less are shown below in TABLE 4

and -0.30 or less are shown below in TABLE 4.

TABLE 4

HDL-ASSOCIATED PROTEINS ENRICHED IN PATIENTS WITH

CVD AS ASSESSED BY THE PEPTIDE INDEX AND P VALUE.

Protein	Peptide Index	P Value	SEQ ID NO:
ApoC-IV	0.86	0.006	SEQ ID NO: 1
Paraoxonase 1 (PON-1)	0.73	0.004	SEQ ID NO: 2
C3	0.65	0.03	SEQ ID NO: 3
ApoA-IV	0.58	0.002	SEQ ID NO: 4
ApoE	0.54	0.0003	SEQ ID NO: 5
ApoL-I*	0.49	0.09	SEQ ID NO: 6
C4B1	0.43	0.01	SEQ ID NO: 7
Histone H2A*	0.43	0.08	SEQ ID NO: 8
ApoC-II*	0.41	0.10	SEQ ID NO: 9
ApoM	0.36	0.04	SEQ ID NO: 10
C3dg	0.65	0.03	SEQ ID NO: 11
Vitronectin*	-0.30	0.10	SEQ ID NO: 12
Haptoglobin-related	-0.33	0.08	SEQ ID NO: 13
Protein*			

The P value was assessed by Student's t-test (peptide number) or Fisher's exact test (subject number). $^{4}P > 0.05$.

-0.34

0.15

SEQ ID NO: 14

Clusterin*

[0103] Table 5 provides a set of representative tryptic peptides for the biomarker proteins ApoC-IV (SEQ ID NOS:16-22), PON-1 (SEQ ID NOS:23-33), C3dg (SEQ ID NOS:34-49), ApoA-IV (SEQ ID NOS:50-67), ApoE (SEQ ID NOS:68-82), ApoL1 (SEQ ID NOS:83-92), C4B1 (SEQ ID NOS:93-113), Histone H2A (SEQ ID NOS:114-117), ApoC-II (SEQ ID NOS:118-121), ApoM (SEQ ID NOS:122-126), Vitronectin (SEQ ID NOS:127-136), Clusterin (SEQ ID NOS:137-147), and Haptoglobin-related protein (SEQ ID NOS:148-159). A set of representative peptides from ApoA-I (SEQ ID NOS:160-170) and from ApoA-II (SEQ ID NO:171-175) is also included in Table 5, which may be used as a control in a CVD assay in accordance with various embodiments of the present invention.

TABLE 5

TABLE 5-continued

REPR	ESENTATIVE BIOMARKERS FOR CV	7D	REPRE	SENTATIVE BIOMARKERS FOR CV	D
		SEQ ID			SEQ ID
Protein	Sequence	NO	Protein	Sequence	NO
ApoC-IV	GFMQTYYDDHLR	16			
_	DGWQWFWSPSTFR	17	ApoL1	VSVLCIWMSALFLGVGVR	83
	THSLCPRLVCGDK	18		VTEPISAESGEQVER	84
	ELLETVVNR	19		WWTQAQAHDLVIK	85
	AWFLESK	20		ANLQSVPHASASRPR	86
	DLGPLTK	21		SKLEDNIRRLR	87
	DSLLKK	22		VNEPSILEMSR	88
ON 1	WINT A DI I AIIV	23		SETAEELKK	89 90
PON-1	YVYIAELLAHK YVYIAELLAHKIHVYEK	24		NEADELRK MEGAALLR	91
	VVAEGFDFANGINISPDGK	25		ALADGVOK	92
	AKLIALTLLGMGLALFR	26		TIME BOV QIT	32
	NHQSSYQTRLNALR	27	C4B1	DDPDAPLQPVTPLQLFEGRR	93
	STVELFKFQEEEK	28		ALEILQEEDLIDEDDIPVR	94
	EVQPVELPNCNLVK	29		AACAQLNDFLQEYGTQGCQV	95
	GKLLIGTVFHK	30		AAFRLFETKI TQVLHFTK	96
	HANWTLTPLK	31		MRPSTDTITVMVENSHGLR	97
	ALYCEL	32		GLESQTKLVNGQSHISLSK	98
	SLLHLK	33		AVGSGATFSHYYYMILSR	99
				VDVQAGACEGKLELSVDGAK	100
C3dg	ILLQGTPVAQMTEDAVDAER	34		GHLFLQTDQPIYNPGQR	101
	AGDFLEANYMNLQR	35		SRLLATLCSAEVCQCAEGK	102
	DFDFVPPVVR	36		GLEEELQFSLGSKINVK	103
	QLYNVEATSYALLALLQLK	37		EPFLSCCQFAESLRKK	104
	DAPDHQELNLDVSLQLPSR	38		GCGEQTMIYLAPTLAASR	105
	SYTVAIAGYALAQMGRLK	39		AINEKLGQYASPTAKR	106
	DMALTAFVLISLQEAK DICEEQVNSLPGSITK	40		TTNIQGINLLFSSRR	107
	APSTWLTAYVVK	41 42		HLVPGAPFLLQALVR	108
	QPSSAFAAFVKR	43		EELVYELNPLDHR	109
	GPLLNKFLTTAK	44		NTTCQDLQIEVTVK	110
	GYTQQLAFR	45		GPEVQLVAHSPWLK	111
	QGALELIKK	46		CCQDGVTRLPMMR	112
	WLNEQR	47		AEMADQAAAWLTR	113
	WLILEK	48			
	WEDPGK	49	Histone H2A	VTIAQGGVLPNIQAVLLPKK	114
				NDEELNKLLGK	115
ApoA-IV	SLAELGGHLDQQVEEFRRR	50		AGLQFPVGR	116
	ARLLPHANEVSQKIGDNLR	51		VHRLLRK	117
	QKLGPHAGDVEGHLSFLEK	52			
	ENADSLQASLRPHADELK	53	ApoC-II	STAAMSTYTGIFTDQVLSVLK	118
	ELQQRLEPYADQLR	54		TYLPAVDEKLR	119
	VKTDQTVEELRR	55 56		ESLSSYWESAK	120
	TQVNTQAEQLRR AVVLTLALVAVAGAR	57		TAAQNLYEK	121
	GRLTPYADEFK	58			
	AKIDQNVEELK	59	ApoM	WIYHLTEGSTDLR	122
	QRLAPLAEDVR	60		NQEACELSNN	123
	ÃLVQQMEQLR	61		SLTSCLDSK	124
	ARISASAEELR	62		TEGRPDMK	125
	VEPYGENFNK	63		DGLCVPRK	126
	VNSFFSTFK	64			
	QLTPYAQR	65	Vitronectin	GDVFTMPEDEYTVYDDGEEK	127
	EAVEHLQK	66		GSQYWRFEDGVLDPDYPR	128
	GNTEGLQK	67		DSWEDIFELLFWGR	129
				SIAQYWLGCPAPGHL	130
ApoE	VRLASHLRKLRKRLLR	68		AVRPGYPKLIR	131
	DADDLQKRLAVYQAGAR	69		GQYCYELDEK	132
	VLWAALLVTFLAGCQAK	70 71		VDTVDPPYPR	133
	SELEEQLTPVAEETR WELALGRFWDYLR	71 72		CTEGFNVDKK	134
	WELALGRFWDYLR GEVQAMLGQSTEELR	72 73		NQNSRRPSR	135
	VEQAVETEPEPELR	73 74		NGSLFAFR	136
	VEQAVETEPEEK VQAAVGTSAAPVPSDNH	74 75			
	SWFEPLVEDMOR	75 76	Clusterin	EILSVDCSTNNPSQAKLRR	137
	AATVGSLAGQPLQER	77		ASSIIDELFQDRFFTR	138
	ERLGPLVEOGR	78		QQTHMLDVMQDHFSR	139
	QQTEWQSGQR	79		ELDESLQVAERLTRK	140
	AQAWGERLR	80		TLLSNLEEAKKKK	141
	ALMDETMK	81		NPKFMETVAEK	142

TABLE 5-continued

REPRESEI	NTATIVE BIOMARKERS FOR CVI)
Protein	Sequence	SEQ ID NO
	EIQNAVNGVK	144
	ALQEYRKK	145
	EDALNETR	146
	HNSTGCLR	147
Haptoglobin-	VGYVSGWGQSDNFKLTDHLK	148
related	SPVGVQPILNEHTFCVGMSK	149
protein	VVLHPNYHQVDIGLIKLK	150
_	NPANPVQRILGGHLDAK	151
	AVGDKLPECEAVCGKPK	152
	MSDLGAVISLLLWGR	153
	NLFLNHSENATAK	154
	TEGDGVYTLNDKK	155
	DIAPTLTLYVGKK	156
	SCAVAEYGVYVK	157
	VTSIQDWVQK	158
	VMPICLPSK	159
ApoA-I	Full length protein:	160
(control protein)	DYVSQFEGSALGK	161
	QKLHELQEKLSPLGEEMR	162
	VSFLSALEEYTKKLNTQ	163
	HFWQQDEPPQSPWDR	164
	EQLGPVTQEFWDNLEK	165
	AAVLTLAVLFLTGS QAR	166
	ENGGARLAEYHAK	167
	VQPYLDDFQKK	168
	THLAPYSDELR	169
	WQEEMELYR	170
ApoA-II	full length protein	171
(control protein)	AGTELVNFLSYFVELGTQPATQ	172
	EPCVESLVSQYFQTVTDYGK	173
	EQLTPLIKK	174
	SPELQAEAK	175

[0104] The peptides shown in Table 5 are representative peptides ranging in size from about 20 amino acids to about 6 amino acids, resulting from a digest of each biomarker protein with trypsin, which cleaves adjacent to lysine (K) or arginine (R) residues in proteins. The peptides shown in Table 5 may be used to positively identify the presence of one or more CVD biomarkers in an assay, such as a mass spectrometry assay. The protein abundance may be determined in comparison to a control peptide that is expected to be present in equal amounts in serum or an HDL subfraction thereof, in control subjects and CVD patients, such as proteins with a PI index from about 0.20 to about -0.20, including ApoA-I and ApoA-II. A representative set of peptides for ApoA-I (SEQ ID NO: 160-170) and peptides for ApoA-II (SEQ ID NO: 171-175) is provided above in Table 5.

[0105] The peptides shown above in Table 5 may be used as antigens to raise antibodies specific for each biomarker using methods well known to one of skill in the art. The biomarker-specific antibodies may be used in the methods, assays, and kits described herein.

[0106] Results: The statistical analysis of peptide abundance, as described above, identified ten proteins that are significantly enriched in the CVD patient population in comparison to normal subjects, and are useful as CVD biomarkers as shown above in TABLE 4, TABLE 5, and FIG. 3. The CVD biomarkers include ApoC-IV, PON-1, C3, C4, ApoA-IV, ApoE, ApoL1, C4B1, histone H2A, ApoC-II, and ApoM. These ten biomarkers have a peptide index of equal to or

above 0.30, which is one useful criteria by which to classify biomarkers enriched in CVD subjects in comparison to control subjects. The HDL-associated CVD biomarkers with corresponding peptide index and P values are shown above in TABLE 4. Each of the ten biomarkers is described in more detail below.

[0107] ApoC-IV was unexpectedly found to be highly enriched in the HDL₃ of CVD subjects as compared to normal subjects, with a peptide index of 0.86 and a P value of 0.006 as shown in FIG. 3 and TABLE 4. ApoC-IV was recently identified in plasma of normal human subjects at low levels; however, no correlation was previously made with CVD (Kotite et al., *J. Lipid Res.* 44:1387-1394, 2003). ApoC-IV is known to be part of the ApoE/C-I/C-IV/C-II gene cluster. While not wishing to be bound by theory, it has been proposed that activation of the ApoE/C-I/C-IV/C-II gene cluster functions as a mechanism for removing lipids from macrophage foam cells (Mak, P. A. et al., *J. Biol. Chem.* 277:31900-31908, 2002)

[0108] ApoE and ApoC-II were also among the enriched proteins found in $\mathrm{HDL_3}$ of CVD patients, as shown in TABLE 4 and FIG. 3. It has previously been shown that macrophage-specific expression of ApoE protects hyperlipidemic mice from atherosclerosis, suggesting that ApoE prevents foam cell formation in the artery wall (Linton, M. F., et al., *Science* 267:1034-1037, 1995). ApoC-II and ApoL1 have previously been identified in HDL of healthy subjects (Karlsson et al., *Proteomics* 5:1431-1445, 2005); however, no correlation has previously been made between enriched levels of ApoC-II or ApoL1 in the HDL of CVD subjects.

[0109] With respect to the identification of ApoM as a biomarker for CVD, it has been previously shown that ApoM is needed for the formation of pre- β HDL in mice, and that atherosclerosis is exacerbated in animals deficient in the protein (Wolfrum, C., et al., *Nat. Med.* 11:418-422, 2005). However, enriched levels of ApoM in HDL has not been previously correlated with CVD.

[0110] Biomarkers associated with inflammation were found to be enriched in CVD subjects, including C3, C3dg, C4B1 and PON-1, as shown in FIGS. 3 and 6. C3 is known to be a key effector of the complement pathway, and may also be secreted by macrophages (Oksjoki, R., et al., Curr. Opin. Lipidol. 14:477-482, 2003). C3 activation results in its deposition on activating particles and/or downstream activation of the membrane attack complex. The C3dg proteolytic fragment of C3 contains a reactive thioester bond that can crosslink to host or microbial proteins and target them for elimination by phagocytes (Frank, M. M., Nat. Med. 7:1285-1286, 2001). Therefore, it is noteworthy that all the peptides identified by MS in HDL₃ of CVD subjects were located in the C3dg region (SEQ ID NO: 11) of the C3 protein (SEQ ID NO: 3), as shown in TABLE 3 (e.g., SEQ ID NOS:34-49 shown in TABLE 5). For example, three representative peptides unique to C3dg ("ILLQGTPVAQMTEDAVDAER" SEQ ID NO: 34), ("AGDFLEANYMNLQR" SEQ ID NO: 35), and ("DFDFVPPVVR" SEQ ID NO:36), were identified by MS/MS spectrometry in HDL3 isolated from the plasma of CVD subjects (see EXAMPLE 7). Moreover, both a polyclonal anti-C3 antibody and a monoclonal antibody specific for C3dg reacted with proteins that were carried in HDL₃, demonstrating that C3dg is present in a complex with HDL₃ proteins as further described in EXAMPLE 7.

[0111] An elevated level of PON-1 was unexpectedly found in the HDL₃ of CVD patients, as shown by mass spectroscopy

(see FIGS. 2A-2B and FIG. 3), and Western blotting (see FIG. 4). The role of PON-1 in pathogenesis of human atherosclerotic events is currently unclear (see Chait, A., et al., J. Lipid Res. 46:389-403, 2005). PON-1 is synthesized primarily in the liver and transported by HDL in plasma. In humans, it is known that the highest level of PON activity is found in the HDL₃ fraction (Bergmeier, C., Clin. Chem. 50:2309-2315, 2004). It has been proposed that PON-1 acts as an antioxidant and might protect against atherosclerosis (Machness, M., et al., Curr. Opin. Lipidol. 15:399-404, 2004; Shih, D. M., et al., Nature 394:284-287, 1998; Shih, D. M., et al., J. Biol. Chem. 275:17527-17535, 2000). However, the ability of PON-1 to degrade oxidized lipids and act as an antioxidant has recently been questioned (Marathe, G. K., et al., J. Biol. Chem. 278: 3937-3947, 2003). PON-1 activity decreases during the acute-phase response in humans and animals, and human PON-1 gene polymorphisms have been associated with cardiovascular disease (Heinecke, J. W., et al., Am. J. Hum. Genet. 62:20-24, 1998). However, it has been accepted in the art that enzyme activity rather than genotype or protein level correlates best with the risk of atherosclerotic events (Jarvik, G. P., et al., Arterioscler. Thromb. Vasc. Biol. 23:1465-1471, 2003). Importantly, previous studies in mouse models of hyperlipidemia have correlated decreased activity of PON-1 with susceptibility to atherosclerosis (Bergmeier, C., et al., supra). Therefore, the accepted view of decreased activity and/or protein level of PON-1 correlation with CVD contrasts with the results provided in the present invention which demonstrate increased PON-1 protein in the HDL3 of CVD patients (PI=0.73, P=0.004), as shown in TABLE 4.

[0112] The $\mathrm{HDL_3}$ derived from CVD subjects was unexpectedly found to be enriched in C4B1, a haplotype of C4 that has been implicated in the pathogenesis of autoimmune disease (Yu, C. Y., et al., *Trends Immunol.* 25:694-699, 2004). While not wishing to be bound by theory, it is possible that the C4B1 is derived from macrophages, because it is known that C4 is synthesized in macrophages derived from mice and human monocytes. See Sackstein, R., et al., *J. Immunol.* 133: 1618-1626, 1984; McPhaden, A. R., et al., *Immunol. Res.* 12:213-232, 1993.

[0113] Histone H2A was found to be present at enriched levels in CVD patients (PI=0.43, P=0.08), see TABLE 4. It was surprising to find histone H2A associated with HDL, because it is a component of the nucleosome, and as such is an intracellular protein. Prior studies have located histones on the surfaces of various cells, including activated neutrophils, monocytes and lymphocytes (Brinkmann, V., et al., *Science* 303:1532-1535, 2004; Emlen, W., et al., *J. Immunol.* 148: 3042-3048, 1992). It is noteworthy that histone H2A incorporated into extracellular "nets" produced by activated neutrophils has been shown to have antimicrobial properties (Brinkmann, V., et al., *Science* 303:1532-1535, 2004).

[0114] ApoA-IV was also identified as a biomarker for CVD, with a PI=0.58, P=0.002. It is known that ApoA-IV protein becomes more abundant in HDL during acute inflammation (Chait, A., et al., *J. Lipid Res.* 46:389-403, 2005; Khovidhunkit, W., et al., *Atherosclerosis* 176:37-44, 2004). One study has reported increased plasma levels of ApoA-IV in NIDDM patients with macrovascular disease (Verges et al., *Diabetes* 46:125-132, 1997).

[0115] As shown in FIG. 3, seven proteins were identified that tended to be more abundant in HDL_3 of CVD patients than in HDL_3 of normal control subjects, with peptide indices ranging from 0.20 to 0.40, including LCAT, CETP, alpha-2-

antiplasmin, alpha-1-acid-glycoprotein 2, phospholipid transfer protein, angiotensinogen, and apolipoprotein B-100, all with P values greater than 0.05. Several of these proteins, including phospholipid transfer protein and cholesterol ester transfer protein (CETP) are known to associate with HDL and/or play a role in HDL metabolism. Apolipoprotein B-100 is a major component of LDL, and is known to be present in humans with clinically significant atherosclerosis. Angiotensin has not been previously detected in circulating HDL, but increased levels of this protein have been found in hypercholesterolemic mice (Daugherty, A., et al., *Circulation* 110: 3849-3857, 2004).

[0116] With continued reference to FIG. 3, thirteen proteins were found to be equally abundant in $\mathrm{HDL_3}$ derived from CVD patients and normal control subjects, with peptide indices ranging from -0.20 to 0.20. This group includes six apolipoproteins. As expected, ApoA-I (PI=0.08) and ApoA-II (PI=0.06) were found to be present at similar levels in CVD and control subjects, with peptide indexes close to 0. Also included in this group are ApoF, ApoD, ApoC-I, and ApoC-III. This group also includes inflammatory proteins SAA2, SAA4, and complement C4. Of these, only C4 was not previously known to be associated with HDL. In addition, three plasma proteins were identified (albumin, alpha-2-HS-glycoprotein, and alpha-1-antitrypsin) that may also be associated with HDL, possibly due to hydrophobic interactions (see Hamilton, J. A., *Prog. Lipid Res.* 43:177-199, 2004).

[0117] Three proteins were identified that tended to be more enriched in HDL3 of apparently healthy controls as compared to CVD subjects, with peptide indexes equal to or below -0.30, including vitronectin (PI=-0.40, P=0.10), haptoglobin-related protein (PI=-0.33; P=0.08), and clusterin (PI=-0.34; P=0.15). Both vitronectin and clusterin have been proposed to regulate complement activity (Oksjoki, R., et al., Curr. Opin. Lipidol. 14:477-482, 2003). Vitronectin and clusterin, as well as other proteins that regulate C3b, have been shown to be expressed in human atherosclerotic lesions (Seifert, P. S., et al., Arteriosclerosis 9:802-811, 1989; Yasojima, K., et al., Arterioscler. Thromb. Vasc. Biol. 21:1214-1219, 2001). It is known that both classic and alternative complement cascades are activated in human atherosclerotic lesions (Oksjoki, R., et al., Curr. Opin. Lipidol. 14:477-482, 2003; Yasojima, K., et al., Am. J. Pathol. 158:1039-1051, 2001). Complement C3b, but not C5b-9, is deposited in vulnerable and ruptured plaques, suggesting that complement might be involved in the acute coronary syndrome (Laine, P., et al., Am. J. Cardiol. 90:404-408, 2002). Proteins implicated in atherogenesis, including immunoglobulins, C-reactive protein, and unesterified cholesterol can activate the complement cascade, leading to the production of C3b (Yla-Herttuala, S., et al., Arterioscler. Thromb. 14:32-40, 1994). Both vitronectin and clusterin have been proposed to regulate complement activity (Oksjoki, R., et al., 2003, supra). Therefore, the presence of increased amounts of vitronectin and clusterin in normal subjects suggests that inhibition of the complement pathway may be atheroprotective. While not wishing to be bound by theory, these results suggest that the presence of these proteins in blood may be protective and beneficial to prevent CVD, and/ or a deficiency in these proteins may be a risk factor or indicate a predisposition to CVD.

[0118] Conclusion: The present study identified a total of 35 HDL-associated proteins in HDL_3 samples obtained from normal and/or CVD subjects. The majority of the identified proteins were known to reside in HDL, which validates the

method used to identify and quantitate HDL-associated proteins. Using the validated method, the results presented above demonstrate that 10 proteins are selectively enriched in HDL₃ from CVD subjects, as shown in TABLE 4. The peptide index is a useful measure of the relative abundance of HDL-associated proteins present in normal subjects and CVD subjects. As shown in FIG. 3 and TABLE 4, using the peptide index, ten proteins were identified that are highly enriched in CVD subjects (PI greater than or equal to 0.30); seven proteins were identified that are somewhat more abundant in the CVD subjects than normal controls (PI greater than 0.02); thirteen proteins were found to be equally abundant in the two populations (PI between 0.20 and -0.20); and three proteins were found to be enriched in HDL₃ of normal controls as compared to CVD subjects (PI equal to or below -0.30). These results demonstrate that the HDL3 subfraction carries several previously unsuspected HDL-associated proteins that are enriched in CVD patients and serve as novel biomarkers for the presence and/or risk of CVD. Therefore, the identification of elevated levels of the biomarkers shown in TABLE 4, including ApoC-IV, PON-1, C3, C4, C3dg, ApoA-IV, ApoE, ApoL1, C4B1, histone H2A, ApoC-II, and ApoM in HDL, either individually, or in combination, may be used for the diagnosis and/or risk assessment of CVD in a subject.

Example 5

[0119] This example uses Western blotting techniques to quantify the relative levels of PON-1 in ${\rm HDL_3}$ isolated from CVD patients and healthy control subjects.

[0120] Methods: $\mathrm{HDL_3}$ was isolated from the blood plasma of four subjects with established CVD and healthy control subjects as described above in EXAMPLE 1. The $\mathrm{HDL_3}$ proteins were separated by SDS-PAGE, transferred to a nitrocellulose membrane, and probed with a polyclonal antibody to PON-1 (provided by C. Furlong, University of Washington).

[0121] HDL was also isolated from human atherosclerotic tissue that was obtained at surgery from CVD subjects undergoing carotid endarterectomy, as described below in EXAMPLE 8.

[0122] Results: FIG. 4 shows the results of a Western blot probed with the PON-1 antibody. Lanes 1-4 contain HDL₃ samples obtained from the CVD subjects, lanes 5-7 contain HDL₃ samples obtained from the healthy control subjects, and lanes 8-9 contain HDL derived from atherosclerotic lesions (each lane of lesion HDL represents material isolated from two different lesions). As shown in FIG. 4, PON-1 protein is clearly associated with HDL and is present in HDL₃ of CVD patients. For example, a representative peptide unique to PON-1 ("YVYIAELLAHK" SEQ ID NO:23) was identified by MS/MS spectrometry in HDL₃ isolated from the plasma of CVD subjects. In contrast, PON-1 protein is not detectable in the HDL₃ of control subjects (see FIG. 4, lanes 5-7). These results are consistent with the µLC-ESI-MS/MS analysis described in EXAMPLES 3-4, where PON-1 was calculated to have a peptide index of 0.73 (P value 0.004), as shown in FIG. 3 and TABLE 4.

Example 6

[0123] This example describes the use of reconstructed ion chromatograms to quantify the relative abundance of peptides

unique to biomarkers that were identified as being enriched in HDL samples isolated from CVD patients as compared to healthy control subjects.

[0124] Methods: The ion current and the charge state were extracted from a full scan mass spectrum for a given peptide, and this information was used to construct a chromatogram. The relative abundance of a given peptide was compared in tryptic digests of HDL $_3$ isolated from CVD subjects and control subjects that were subjected to μ LC-ESI-MS/MS analysis as described in EXAMPLE 1.

[0125] Results: FIG. 5A is a reconstructed chromatogram extracted from a full scan mass spectrum that graphically illustrates that the peptide GFMQTYYDDHLR (SEQ ID NO:16) with a charge state of 2+ and an ion current of 773.3 m/z was derived from a tryptic digest of ApoC-IV associated with HDL_3 isolated from a CVD subject, using tandem mass spectroscope methods, in agreement with the results shown in FIG. 3

[0126] FIG. 5B is a reconstructed chromatogram extracted from a full scan mass spectrum that graphically illustrates that the peptide WIYHLTEGSTDLR (SEQ ID NO:122) derived from a tryptic digest of ApoM with a charge state of 3+ and an ion current of 531.1 m/z is present in increased concentration in HDL $_3$ isolated from CVD subjects as compared to HDL $_3$ isolated from healthy control subjects, in agreement with the results shown in FIG. 3.

[0127] FIG. 5C is a reconstructed chromatogram extracted from a full scan mass spectrum that graphically illustrates that the peptide DYVSQFEGSALGK (SEQ ID NO:160) derived from a tryptic digest of ApoA-I with a charge state of 2+ and an ion current of 701.3 m/z is present in approximately equal abundance in HDL_3 isolated from CVD subjects as compared to HDL_3 isolated from healthy control subjects, in agreement with the results shown in FIG. 3.

Example 7

[0128] This example describes the unexpected identification of peptides derived from complement factors C3 and C4B1 in the HDL₃ of CVD patients.

[0129] Rationale: In view of the unexpected detection of peptides derived from C3 and C4B1 in the HDL₃ of CVD patients as described in EXAMPLE 4, the association between C3 and HDL₃ was further investigated to determine if C3 forms a complex with HDL. C3 is a major effector of the complement system, and has been implicated in atherogenesis (Oksjoki, R., et al., *Curr. Opin. Lipidol.* 14:477-482, 2003). Activation of C3 leads to the generation of nascent C3b, which may bind covalently to proteins or carbohydrates through its internal thioester bond. In blood, C3b is proteolytically cleaved by factor I and co-factor H to generate iC3b, which, in turn, is further cleaved into C3dg (see Frank, M. M., *Nat. Med.* 7:1285-1286, 2001).

[0130] Methods: $\mathrm{HDL_3}$ was isolated from CVD patients or healthy controls as described above in EXAMPLE 1. The protein components of the isolated $\mathrm{HDL_3}$ were run on SDS-PAGE under reducing and denaturing conditions. The separated proteins were then probed with a polyclonal antibody to human C3 (Quidel), or a monoclonal antibody to C3dg (Lachmann, P., J. Immunology 41:503-515, 1980).

[0131] Results: The results of the Western blot analysis probed with polyclonal C3 antibody showed that C3 was present at detectable levels in HDL isolated from subjects with CVD as compared to HDL isolated from control subjects (data not shown). These observations suggest that C3, and/or

C3 modified by proteolysis could serve as a biomarker for CVD, and, further, that C3 may originate, in part, from atherosclerotic tissue.

[0132] Significantly, all three unique peptides identified by MS/MS in HDL₃ from CVD patients were derived from within the C3dg region (SEQ ID NO:11), which includes aa 954-1303 of C3 (SEQ ID NO:3).

[0133] The three unique C3dg peptides identified were:

ILLQGTPVAQMTEDAVDAER	(SEQ	ID	NO:	34)
AGDFLEANYMNLQR	(SEQ	ID	NO:	35)
DEDEVPPVVR	(SEO	TD	NO ·	36)

[0134] The above-identified peptides all fall within the C3dg region of C3 that contains the thioester bond that reacts with target molecules. Therefore, C3-derived peptides, and more particularly, C3dg-derived peptides, are present in the HDL₃ of CVD patients and are useful as biomarkers for CVD.

Example 8

[0135] This example describes the identification of HDL-associated proteins in lesions isolated from atherosclerotic plaques in CVD subjects.

[0136] Rationale: Lesion HDL was isolated from CVD subjects and analyzed to determine whether proteins found uniquely associated with and/or enriched in the HDL of CVD patients in comparison to control subjects were also present in the lesion HDL, indicating that they were derived from the artery wall

[0137] Methods: Lesion HDL was isolated from atherosclerotic tissue that was harvested from 6 patients during carotid endarterectomy surgery, snap-frozen, and stored at -80° C. until analysis. Lesions from a single subject (~0.5 g wet weight) were mixed with dry ice and pulverized with a pestle in a stainless steel mortar. HDL was extracted from tissue powder as described in Bergt, C., et al., PNAS 101: 13032-13037, 2004. Briefly, the powdered tissue was resuspended at 4° C. in 2 ml of antioxidant buffer (138 mM NaCl, 2.7 mM KCl, 10 mM sodium phosphate (pH 7.4)), a protease inhibitor cocktail (Roche Diagnostics, Mannheim, Germany), 100 µm diethylenetriaminepentaacetic acid (DTPA), and 100 µm butylated hydroxyl toluene (PHT) and rocked gently overnight. Tissue was removed by centrifugation, the supernatant was collected, and the pellet was extracted a second time with antioxidant buffer for 1 hour. The pooled supernatants were centrifuged at 100,000xg for 30 minutes, and the pellet and uppermost lipemic layer were discarded.

[0138] Because arterial tissue contains relatively low levels of ApoA-I, total HDL was isolated and analyzed as "lesion HDL." The lesion HDL was analyzed by immunoblotting with a rabbit polyclonal antibody monospecific for human ApoA-I (Calbiochem) in order to measure the recovery of protein originally present in the lesions. Quantification of ApoA-I by Western blot showed that this procedure recovered ~80% of immunoreactive protein that was originally present in the lesions (data not shown).

[0139] HDL proteins isolated from three different pooled preparations of lesion HDL (prepared from two different individual subjects) were combined, digested with trypsin, and subjected to $\mu LC\text{-ESI-MS/MS}$ analysis as described in EXAMPLE 1. Proteins were identified as described in EXAMPLE 3.

[0140] Results: Using the peptide search strategy and the two-unique peptide criteria described in EXAMPLE 3, over 100 proteins were identified in the lesion HDL samples from three independent analyses. Importantly, 5 of the 10 proteins that were found to be enriched in the $\mathrm{HDL_3}$ samples from CVD patients were also found to be present in lesion HDL samples, as shown below in TABLE 6.

TABLE 6

PROTEINS DETECTED BY 2-DIMENSIONAL µLC-ESI-MS/MS IN HDL ISOLATED FROM HUMAN ATHEROSCLEROTIC TISSUE AND PLASMA OF CVD PATIENTS.

Protein Description	Total Number of Peptides identified in Lesion HDL	Total Number of Peptides identified in CVD HDL ₃	Total Number of Peptides identified in HDL ₃ from normal controls
Paraoxonase 1 (PON-1)	26	28	7
(PON-1)	45	13	1
ApoE	118	114	37
ApoM	26	64	25
C4B1	28	5	0

[0141] It is noteworthy that three times as many peptides derived from C3 were identified in lesion HDL than in the circulating HDL₃ of patients with CVD. The tryptic digest from lesion HDL contained peptides derived from both the α and β chains of C3, consistent with the apparent MW of the bands that reacted with the antibody against C3 in lesion HDL (data not shown).

[0142] While the preferred embodiment of the invention has been illustrated and described, it will be appreciated that various changes can be made therein without departing from the scope of the invention.

SEQUENCE LISTING

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n Pro Glu Ala Gl
n 20 25 30 Glu Gly Thr Leu Ser Pro Pro Pro Lys Leu Lys Met Ser Arg Trp Ser 35 40 45Leu Val Arg Gly Arg Met Lys Glu Leu Leu Glu Thr Val Val Asn Arg 50 $\,$ 60 $\,$ Thr Arg Asp Gly Trp Gln Trp Phe Trp Ser Pro Ser Thr Phe Arg Gly 65 $707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070\phantom{\bigg$ Phe Met Gln Thr Tyr Tyr Asp Asp His Leu Arg Asp Leu Gly Pro Leu 85 $$ 90 $$ 95 Thr Lys Ala Trp Phe Leu Glu Ser Lys Asp Ser Leu Leu Lys Lys Thr 100 $$105\$ His Ser Leu Cys Pro Arg Leu Val Cys Gly Asp Lys Asp Gln Gly 115 120 125 <210> SEQ ID NO 2 <211> LENGTH: 354 <212> TYPE: PRT <213 > ORGANISM: Homo Sapiens <400> SEQUENCE: 2 Ala Lys Leu Ile Ala Leu Thr Leu Leu Gly Met Gly Leu Ala Leu Phe 1 $$ 5 $$ 10 $$ 15 Arg Asn His Gln Ser Ser Tyr Gln Thr Arg Leu Asn Ala Leu Arg Glu 25Val Gln Pro Val Glu Leu Pro Asn Cys Asn Leu Val Lys Gly Ile Glu 35 40 45Thr Gly Ser Glu Asp Met Glu Ile Leu Pro Asn Gly Leu Ala Phe Ile 50 60Ser Ser Gly Leu Lys Tyr Pro Gly Ile Lys Ser Phe Asn Pro Asn Ser 65 70 75 80 Pro Gly Lys Ile Leu Leu Met Asp Leu Asn Glu Glu Asp Pro Thr Val 85 90 95 Leu Glu Leu Gly Ile Thr Gly Ser Lys Phe Asp Val Ser Ser Phe Asn 100 \$105\$Pro His Gly Ile Ser Thr Phe Thr Asp Glu Asp Asn Ala Met Tyr Leu 115 120 125 Phe Gln Glu Glu Lys Ser Leu Leu His Leu Lys Thr Ile Arg His 145 $$ 150 $$ 155 $$ 160 Lys Leu Pro Asn Leu Asn Asp Ile Val Ala Val Gly Pro Glu His 165 \$170\$Phe Tyr Gly Thr Asn Asp His Tyr Phe Leu Asp Pro Tyr Leu Gln Ser Trp Glu Met Tyr Leu Gly Leu Ala Trp Ser Tyr Val Val Tyr Tyr Ser 195 200 205 Pro Ser Glu Val Arg Val Val Ala Glu Gly Phe Asp Phe Ala Asn Gly 210 215 220

Ala	His	Lys	Ile	His 245	Val	Tyr	Glu	Lys	His 250	Ala	Asn	Trp	Thr	Leu 255	Thr
Pro	Leu	Lys	Ser 260	Leu	Asp	Phe	Asn	Thr 265	Leu	Val	Asp	Asn	Ile 270	Ser	Val
Asp	Pro	Glu 275	Thr	Gly	Asp	Leu	Trp 280	Val	Gly	Сув	His	Pro 285	Asn	Gly	Met
Lys	Ile 290	Phe	Phe	Tyr	Asp	Ser 295	Glu	Asn	Pro	Pro	Ala 300	Ser	Glu	Val	Leu
Arg 305	Ile	Gln	Asn	Ile	Leu 310	Thr	Glu	Glu	Pro	Lys 315	Val	Thr	Gln	Val	Tyr 320
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Lys	Gly	Lys	Leu 340	Leu	Ile	Gly	Thr	Val 345	Phe	His	Lys	Ala	Leu 350	Tyr	Сув
Glu	Leu														
	0> SE 1> LE														
	2 > TY 3 > OF			Homo	o Sap	piens	3								
< 400	O> SI	EQUEI	ICE:	3											
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Leu	Pro	Leu	Ala 20	Leu	Gly	Ser	Pro	Met 25	Tyr	Ser	Ile	Ile	Thr 30	Pro	Asn
Ile	Leu	Arg 35	Leu	Glu	Ser	Glu	Glu 40	Thr	Met	Val	Leu	Glu 45	Ala	His	Asp
Ala	Gln 50	Gly	Asp	Val	Pro	Val 55	Thr	Val	Thr	Val	His 60	Asp	Phe	Pro	Gly
Lys 65	Lys	Leu	Val	Leu	Ser 70	Ser	Glu	Lys	Thr	Val 75	Leu	Thr	Pro	Ala	Thr 80
Asn	His	Met	Gly	Asn 85	Val	Thr	Phe	Thr	Ile 90	Pro	Ala	Asn	Arg	Glu 95	Phe
Lys	Ser	Glu	Lys 100	Gly	Arg	Asn	Lys	Phe 105	Val	Thr	Val	Gln	Ala 110	Thr	Phe
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Arg	Thr	Val	Met	Val 165	Asn	Ile	Glu	Asn	Pro 170	Glu	Gly	Ile	Pro	Val 175	Lys
Gln	Asp	Ser	Leu 180	Ser	Ser	Gln	Asn	Gln 185	Leu	Gly	Val	Leu	Pro 190	Leu	Ser
Trp	Asp	Ile 195	Pro	Glu	Leu	Val	Asn 200	Met	Gly	Gln	Trp	Lys 205	Ile	Arg	Ala
Tyr	Tyr 210	Glu	Asn	Ser	Pro	Gln 215	Gln	Val	Phe	Ser	Thr 220	Glu	Phe	Glu	Val
Lys 225	Glu	Tyr	Val	Leu	Pro 230	Ser	Phe	Glu	Val	Ile 235	Val	Glu	Pro	Thr	Glu 240

Lys	Phe	Tyr	Tyr	Ile 245	Tyr	Asn	Glu	Lys	Gly 250	Leu	Glu	Val	Thr	Ile 255	Thr
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Phe	Gly	Ile 275	Gln	Asp	Gly	Glu	Gln 280	Arg	Ile	Ser	Leu	Pro 285	Glu	Ser	Leu
Lys	Arg 290	Ile	Pro	Ile	Glu	Asp 295	Gly	Ser	Gly	Glu	Val 300	Val	Leu	Ser	Arg
105 305	Val	Leu	Leu	Asp	Gly 310	Val	Gln	Asn	Leu	Arg 315	Ala	Glu	Asp	Leu	Val 320
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Val	Gly 450	Asn	Ser	Asn	Asn	Tyr 455	Leu	His	Leu	Ser	Val 460	Leu	Arg	Thr	Glu
Leu 465	Arg	Pro	Gly	Glu	Thr 470	Leu	Asn	Val	Asn	Phe 475	Leu	Leu	Arg	Met	Asp 480
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Glu	Leu 690	Arg	Lys	CÀa	CÀa	Glu 695	Asp	Gly	Met	Arg	Glu 700	Asn	Pro	Met	Arg
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Gln	His	Ala	Arg 740	Ala	Ser	His	Leu	Gly 745	Leu	Ala	Arg	Ser	Asn 750	Leu	Asp
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Thr	Trp	Glu	Ile	Leu 805	Ala	Val	Ser	Met	Ser 810	Asp	ГÀа	ГÀа	Gly	Ile 815	Cys
Val	Ala	Asp	Pro 820	Phe	Glu	Val	Thr	Val 825	Met	Gln	Asp	Phe	Phe 830	Ile	Asp
Leu	Arg	Leu 835	Pro	Tyr	Ser	Val	Val 840	Arg	Asn	Glu	Gln	Val 845	Glu	Ile	Arg
Ala	Val 850	Leu	Tyr	Asn	Tyr	Arg 855	Gln	Asn	Gln	Glu	Leu 860	ГÀа	Val	Arg	Val
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Pro	Tyr	Val	Ile 900	Val	Pro	Leu	ГÀа	Thr 905	Gly	Leu	Gln	Glu	Val 910	Glu	Val
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Asp	Ala	Val 995	Asp	Ala	Glu	Arg	Leu 1000		s His	s Lei	1 Il	e Va:		nr Pi	ro Ser
Gly	Cys 1010		y Glu	ı Glı	n Ası	n Met 101		Le G	ly Me	et Tl		ro :	Thr \	/al :	Ile
Ala	Val 1025		з Туі	r Le	ı Asl	9 Glu 103		nr G	lu G	ln T:		lu 1 035	Lys 1	Phe (Gly
Leu	Glu	Lys	s Arç	g Glı	n Gly	y Ala	a Le	eu G	lu Le	eu I	le L	ys 1	Lys (Gly :	Tyr

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Ph	e Val 1070	_	Arg	Ala	Pro	Ser 1075		Trp	Leu	Thr	Ala 1080		Val	Val
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G1	1145 u Glu	Gln	Val	Asn	Ser			Gly	Ser	Ile			Ala	Gly
As	1160 p Phe		Glu	Ala	Asn	1165 Tyr	Met	Asn	Leu	Gln	1170 Arg	Ser	Tyr	Thr
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Le	u Asp		Ser	Leu	Gln	Leu	Pro	Ser	Arg	Ser	Ser	_	Ile	Thr
Hi	1295 s Arg		His	Trp	Glu	1300 Ser	Ala	Ser	Leu	Leu	1305 Arg		Glu	Glu
	1310			Ī		1315					1320			
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Pr	o Ala 1370		Glu	Thr	Glu	Lys 1375	_	Pro	Gln	Asp	Ala 1380	-	Asn	Thr
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Th	r Met	Ser	Ile	Leu	Asp	Ile		Met	Met	Thr	Gly	Phe	Ala	Pro
As	1400 p Thr		Asp	Leu	Lys	1405 Gln		Ala	Asn	Gly	1410 Val		Arq	Tyr
	1415	_	T.	_	2 -	1420	-		-	1	1425	_	,	1

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Asp		Phe 35	Ser	Gln i	Leu :	Ser A		sn A	la L	ys G	lu Ala 45	a Vai	l Glu	ı His
Leu	Gln 1 50	Lys	Ser	Glu i		Thr G 55	ln G	ln L	eu A	sn A	la Le:	ı Phe	e Glr	n Asp
Lys 65	Leu (Gly	Glu		Asn '	Thr T	yr A	la G	ly A		eu Gli	n Ly:	s Lys	E Leu 80
Val	Pro 1	Phe		Thr (Glu 1	Leu H	is G	lu A 9	_	eu Ai	la Ly:	a Asl	95	Glu
Lys	Leu 1	Lys	Glu	Glu :	Ile(Gly L	ys G	lu L	eu G	lu G	lu Le	ı Arç	g Alá	a Arg

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Arg Glu Le	u Gln Glı	n Arg Leu 135		Pro	Tyr	Ala	Asp 140	Gln	Leu	Arg	Thr
Gln Val As 145	n Thr Gli	n Ala Glu 150	Gln	Leu	Arg	Arg 155	Gln	Leu	Thr	Pro	Tyr 160
Ala Gln Ai	g Met Gli 169		Leu .	Arg	Glu 170	Asn	Ala	Asp	Ser	Leu 175	Gln
Ala Ser Le	eu Arg Pro 180	His Ala		Glu 185	Leu	rys	Ala	Lys	Ile 190	Asp	Gln
Asn Val Gl		ı Lys Gly	Arg	Leu	Thr	Pro	Tyr	Ala 205	Asp	Glu	Phe
Lys Val Ly 210	s Ile Asp	Gln Thr 215		Glu	Glu	Leu	Arg 220	Arg	Ser	Leu	Ala
Pro Tyr Al 225	a Gln Ası	Thr Gln 230	Glu	Lys	Leu	Asn 235	His	Gln	Leu	Glu	Gly 240
Leu Thr Ph	ie Gln Met 249		Asn .		Glu 250	Glu	Leu	ГÀз	Ala	Arg 255	Ile
Ser Ala Se	er Ala Glu 260	ı Glu Leu		Gln 265	Arg	Leu	Ala	Pro	Leu 270	Ala	Glu
Asp Val Ar		n Leu Lys	Gly . 280	Asn	Thr	Glu	Gly	Leu 285	Gln	Lys	Ser
Leu Ala Gl 290	u Leu Gly	Gly His 295	Leu .	Asp	Gln	Gln	Val 300	Glu	Glu	Phe	Arg
Arg Arg Va	ıl Glu Pro	Tyr Gly 310	Glu .	Asn	Phe	Asn 315	Lys	Ala	Leu	Val	Gln 320
Gln Met Gl	u Gln Let 325		Lys		Gly 330	Pro	His	Ala	Gly	Asp 335	Val
Glu Gly Hi	s Leu Sei 340	Phe Leu		Lys 345	Asp	Leu	Arg	Asp	Lys 350	Val	Asn
Ser Phe Ph		Phe Lys	Glu : 360	Lys	Glu	Ser	Gln	Asp 365	Lys	Thr	Leu
Ser Leu Pr 370	o Glu Lei	ı Glu Gln 375		Gln	Glu	Gln	Gln 380	Gln	Glu	Gln	Gln
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Arg Gln Gl		ı Trp Gln	Ser 40	Gly	Gln	Arg	Trp	Glu 45	Leu	Ala	Leu
Gly Arg Ph 50	ne Trp Asp	Tyr Leu 55	Arg	Trp	Val	Gln	Thr 60	Leu	Ser	Glu	Gln

Val 65	Gln	Glu	Glu	Leu	Leu 70	Ser	Ser	Gln	Val	Thr 75	Gln	Glu	Leu	Arg	Ala 80
Leu	Met	Asp	Glu	Thr 85	Met	Lys	Glu	Leu	90 Lys	Ala	Tyr	Lys	Ser	Glu 95	Leu
Glu	Glu	Gln	Leu 100	Thr	Pro	Val	Ala	Glu 105	Glu	Thr	Arg	Ala	Arg 110	Leu	Ser
ГÀа	Glu	Leu 115	Gln	Ala	Ala	Gln	Ala 120	Arg	Leu	Gly	Ala	Asp 125	Met	Glu	Asp
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ГÀа	Leu	Arg	rys	Arg 165	Leu	Leu	Arg	Asp	Ala 170	Asp	Asp	Leu	Gln	Lys 175	Arg
Leu	Ala	Val	Tyr 180	Gln	Ala	Gly	Ala	Arg 185	Glu	Gly	Ala	Glu	Arg 190	Gly	Leu
Ser	Ala	Ile 195	Arg	Glu	Arg	Leu	Gly 200	Pro	Leu	Val	Glu	Gln 205	Gly	Arg	Val
Arg	Ala 210	Ala	Thr	Val	Gly	Ser 215	Leu	Ala	Gly	Gln	Pro 220	Leu	Gln	Glu	Arg
Ala 225	Gln	Ala	Trp	Gly	Glu 230	Arg	Leu	Arg	Ala	Arg 235	Met	Glu	Glu	Met	Gly 240
Ser	Arg	Thr	Arg	Asp 245	Arg	Leu	Asp	Glu	Val 250	Lys	Glu	Gln	Val	Ala 255	Glu
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Thr	Gln	Asn	Leu	Leu 85	Leu	Leu	Leu	Thr	Asp 90	Asn	Glu	Ala	Trp	Asn 95	Gly
Phe	Val	Ala	Ala 100	Ala	Glu	Leu	Pro	Arg 105	Asn	Glu	Ala	Asp	Glu 110	Leu	Arg

Lys Ala Leu Asp Asn Leu Ala Arg Gln Met Ile Met Lys Asp Lys Asn 115 120 125 ${
m Trp\ His\ Asp\ Lys\ Gly\ Gln\ Gln\ Tyr\ Arg\ Asn\ Trp\ Phe\ Leu\ Lys\ Glu\ Phe}$ Pro Arg Leu Lys Ser Lys Leu Glu Asp Asn Ile Arg Arg Leu Arg Ala 145 150 155 Leu Ala Asp Gly Val Gln Lys Val His Lys Gly Thr Thr Ile Ala Asn 165 \$170\$Val Val Ser Gly Ser Leu Ser Ile Ser Ser Gly Ile Leu Thr Leu Val Gly Met Gly Leu Ala Pro Phe Thr Glu Gly Gly Ser Leu Val Leu Leu 200 Glu Pro Gly Met Glu Leu Gly Ile Thr Ala Ala Leu Thr Gly Ile Thr 210 $$ 215 $$ 220 $$ Ser Ser Thr Ile Asp Tyr Gly Lys Lys Trp Trp Thr Gln Ala Gln Ala 225 230 240 His Asp Leu Val Ile Lys Ser Leu Asp Lys Leu Lys Glu Val Lys Glu 245 250 255 Phe Leu Gly Glu Asn Ile Ser Asn Phe Leu Ser Leu Ala Gly Asn Thr 260Ala Arg Ala Asn Leu Gln Ser Val Pro His Ala Ser Ala Ser Arg Pro 290 295 300 Arg Val Thr Glu Pro Ile Ser Ala Glu Ser Gly Glu Gln Val Glu Arg 305 \$310\$ 315 \$320Val Asn Glu Pro Ser Ile Leu Glu Met Ser Arg Gly Val Lys Leu Thr Val Tyr Glu Ser Lys His Leu His Glu Gly Ala Lys Ser Glu Thr Ala 355 360 365 Glu Glu Leu Lys Lys Val Ala Gln Glu Leu Glu Glu Lys Leu Asn Ile Leu Asn Asn Asn Tyr Lys Ile Leu Gln Ala Asp Gln Glu Leu 385 390 395 <210> SEQ ID NO 7 <211> LENGTH: 1744 <212> TYPE: PRT <213 > ORGANISM: Homo Sapiens <400> SEQUENCE: 7 Met Arg Leu Leu Trp Gly Leu Ile Trp Ala Ser Ser Phe Phe Thr Leu 1 5 10 15 Ser Leu Gln Lys Pro Arg Leu Leu Leu Phe Ser Pro Ser Val Val His $20 \hspace{1.5cm} 25 \hspace{1.5cm} 30 \hspace{1.5cm}$ Leu Gly Val Pro Leu Ser Val Gly Val Gln Leu Gln Asp Val Pro Arg $35 \ \ \,$ 40 $\ \ \,$ 45 Gly Gln Val Val Lys Gly Ser Val Phe Leu Arg Asn Pro Ser Arg Asn 50 $\,$ 55 $\,$ 60 $\,$ Asn Val Pro Cys Ser Pro Lys Val Asp Phe Thr Leu Ser Ser Glu Arg

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Сув	Gly	Leu	His 100	Gln	Leu	Leu	Arg	Gly 105	Pro	Glu	Val	Gln	Leu 110	Val	Ala
His	Ser	Pro 115	Trp	Leu	ГЛа	Asp	Ser 120	Leu	Ser	Arg	Thr	Thr 125	Asn	Ile	Gln
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Thr 145	Asp	Gln	Pro	Ile	Tyr 150	Asn	Pro	Gly	Gln	Arg 155	Val	Arg	Tyr	Arg	Val 160
Phe	Ala	Leu	Asp	Gln 165	ГÀа	Met	Arg	Pro	Ser 170	Thr	Asp	Thr	Ile	Thr 175	Val
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Met	Pro	Ser 195	Ser	Ile	Phe	Gln	Asp 200	Asp	Phe	Val	Ile	Pro 205	Asp	Ile	Ser
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Ala Arg	Val	Gln	Gln 725	Pro	Asp	Cys	Arg	Glu 730	Pro	Phe	Leu	Ser	Сув 735	Cys
Gln Phe	Ala	Glu 740	Ser	Leu	Arg	Lys	Lys 745	Ser	Arg	Asp	Lys	Gly 750	Gln	Ala
Gly Leu	Gln 755	Arg	Ala	Leu	Glu	Ile 760	Leu	Gln	Glu	Glu	Asp 765	Leu	Ile	Asp
Glu Asp 770	Asp	Ile	Pro	Val	Arg 775	Ser	Phe	Phe	Pro	Glu 780	Asn	Trp	Leu	Trp
Arg Val 785	Glu	Thr	Val	Asp 790	Arg	Phe	Gln	Ile	Leu 795	Thr	Leu	Trp	Leu	Pro 800
Asp Ser	Leu	Thr	Thr 805	Trp	Glu	Ile	His	Gly 810	Leu	Ser	Leu	Ser	Lys 815	Thr
Lys Gly	Leu	Cys 820	Val	Ala	Thr	Pro	Val 825	Gln	Leu	Arg	Val	Phe 830	Arg	Glu
Phe His	Leu 835	His	Leu	Arg	Leu	Pro 840	Met	Ser	Val	Arg	Arg 845	Phe	Glu	Gln
Leu Glu 850	Leu	Arg	Pro	Val	Leu 855	Tyr	Asn	Tyr	Leu	Asp 860	Lys	Asn	Leu	Thr
Val Ser 865	Val	His	Val	Ser 870	Pro	Val	Glu	Gly	Leu 875	CÀa	Leu	Ala	Gly	Gly 880

Gly	Gly	Leu	Ala	Gln 885	Gln	Val	Leu	Val	. Pr		la G	ly Se	er Al	la Ar	g Pro 5
Val	Ala	Phe	Ser 900	Val	Val	Pro	Thr	Ala 905		a T	hr A	la Va		er Le	u Lys
Val	Val	Ala 915	Arg	Gly	Ser	Phe	Glu 920		Pr	o V	al G	ly As		la Va	l Ser
Lys	Val 930	Leu	Gln	Ile	Glu	Lys 935	Glu	Gly	Al	a I		is A: 40	rg Gl	lu Gl	u Leu
Val 945	Tyr	Glu	Leu	Asn	Pro 950	Leu	Asp	His	Ar		ly A 55	rg Tl	nr Le	eu Gl	u Ile 960
Pro	Gly	Asn	Ser	Asp 965	Pro	Asn	Met	Ile	97		sp G	ly As	sp Pl	ne As: 97	n Ser 5
Tyr	Val	Arg	Val 980	Thr	Ala	Ser	Asp	Pro 985		u A	sp T	hr Le		Ly Se	r Glu
Gly	Ala	Leu 995	Ser	Pro	Gly	Gly	Val 100		a S	er :	Leu		Arg L005	Leu :	Pro Arg
Gly	Cys 1010		/ Glu	ı Glı	n Thr	Met 101		le T	'yr	Leu	Ala	Pro 1020		Leu	Ala
Ala	Ser 1025		д Туз	r Lei	ı Asp	Lys 103		hr G	lu	Gln	Trp	Ser 103		Leu	Pro
Pro	Glu 1040		c Ly:	e Asl	His	Ala 104		al A	ap	Leu	Ile	Gln 1050	-	Gly	Tyr
Met	Arg 1055		e Glr	n Gli	n Ph∈	106		ys A	la	Asp	Gly	Ser 106		Ala	Ala
Trp	Leu 1070		r Arq	g Gly	y Ser	Sei 10		hr T	'rp	Leu	Thr	Ala 1080		e Val	Leu
Lys	Val 1085		ı Sei	r Lei	ı Ala	Gli 109		lu G	ln	Val	Gly	Gly 109		r Pro	Glu
ГÀа	Leu 1100		n Glu	ı Thi	r Ser	Ası 110		rp L	eu	Leu	Ser	Gln 1110		n Gln	Ala
Asp	Gly 1115		r Phe	e Glı	n Asp	Let 112		er P	ro	Val	Ile	His 112		g Ser	Met
Gln	Gly 1130		/ Let	ı Va:	l Gly	Ası 113		gp G	lu	Thr	Val	Ala 1140		ı Thr	Ala
Phe	Val 1145		r Ile	e Ala	a Leu	His 119		is G	ly	Leu	Ala	Val 115		e Gln	Asp
Glu	Gly 1160		a Glu	ı Pro	o Leu	Ly:		ln A	rg	Val	Glu	Ala 1170		: Ile	Ser
Lys	Ala 1175		s Sei	r Phe	e Leu	118		lu L	ıys	Ala	Ser	Ala 1189		/ Leu	Leu
Gly	Ala 1190		s Ala	a Ala	a Ala	116 119		hr A	la	Tyr	Ala	Leu 1200		Leu	Thr
Lys	Ala 1205		Ala	a Asp	e Leu	12:		ly V	al	Ala	His	Asn 121		ı Leu	Met
Ala	Met 1220		a Glı	ı Glı	ı Thr	Gly 122		ap A	sn	Leu	Tyr	Trp 1230		/ Ser	Val
Thr	Gly 1235		Glı	n Sei	r Asn	124		al S	er	Pro	Thr	Pro 1245		a Pro	Arg
Asn	Pro 1250		. Yal	Pro) Met	Pro 125		ln A	la	Pro	Ala	Leu 1260	-) Ile	Glu
Thr	Thr	Ala	а Туз	r Ala	a Leu	. Le	л Н	is L	eu	Leu	Leu	His	Glu	ı Gly	Lys

	1265					1270					1275			
Ala	a Glu 1280		Ala	Asp	Gln	Ala 1285	Ala	Ala	Trp	Leu	Thr 1290	Arg	Gln	Gly
Se:	r Phe 1295		Gly	Gly	Phe	Arg 1300		Thr	Gln	Asp	Thr 1305	Val	Ile	Ala
Lei	ı Asp 1310		Leu	Ser	Ala	Tyr 1315		Ile	Ala	Ser	His 1320	Thr	Thr	Glu
Glı	ı Arg 1325		Leu	Asn	Val	Thr 1330		Ser	Ser	Thr	Gly 1335	Arg	Asn	Gly
Phe	e Lys 1340		His	Ala	Leu	Gln 1345		Asn	Asn	Arg	Gln 1350	Ile	Arg	Gly
Lei	ı Glu 1355		Glu	Leu	Gln	Phe 1360		Leu	Gly	Ser	Lys 1365	Ile	Asn	Val
Ly	s Val 1370		Gly	Asn	Ser	Lys 1375		Thr	Leu	Lys	Val 1380	Leu	Arg	Thr
Ту	r Asn 1385	Val	Leu	Asp	Met	Lys 1390	Asn	Thr	Thr	CÀa	Gln 1395	Asp	Leu	Gln
Il	e Glu 1400	Val	Thr	Val	Lys	Gly 1405	His	Val	Glu	Tyr	Thr 1410	Met	Glu	Ala
Ası	n Glu 1415		Tyr	Glu	Asp	Tyr 1420	Glu	Tyr	Asp	Glu	Leu 1425	Pro	Ala	Lys
Asj	p Asp 1430		Asp	Ala	Pro	Leu 1435	Gln	Pro	Val	Thr	Pro 1440	Leu	Gln	Leu
Phe	e Glu 1445	Gly	Arg	Arg	Asn	Arg 1450	Arg	Arg	Arg	Glu	Ala 1455	Pro	Lys	Val
Va:	l Glu 1460	Glu	Gln	Glu	Ser	Arg 1465	Val	His	Tyr	Thr	Val 1470	Cys	Ile	Trp
Ar	g Asn 1475	Gly	Lys	Val	Gly	Leu 1480	Ser	Gly	Met	Ala	Ile 1485	Ala	Asp	Val
Th	r Leu 1490	Leu	Ser	Gly	Phe	His 1495	Ala	Leu	Arg	Ala	Asp 1500	Leu	Glu	Lys
Lei	ı Thr 1505	Ser	Leu	Ser	Asp	Arg 1510	Tyr	Val	Ser	His	Phe 1515	Glu	Thr	Glu
Gl	y Pro 1520	His	Val	Leu	Leu	Tyr 1525	Phe	Asp	Ser	Val	Pro 1530	Thr	Ser	Arg
Glı	ı Cys 1535		Gly	Phe	Glu	Ala 1540	Val	Gln	Glu	Val	Pro 1545	Val	Gly	Leu
Va:	l Gln 1550		Ala	Ser	Ala	Thr 1555	Leu	Tyr	Asp	Tyr	Tyr 1560	Asn	Pro	Glu
Ar	g Arg 1565	_	Ser	Val	Phe	Tyr 1570		Ala	Pro	Ser	Lys 1575	Ser	Arg	Leu
Lei	ı Ala 1580		Leu	Cys	Ser	Ala 1585		Val	Cys	Gln	Cys 1590	Ala	Glu	Gly
Ly	s Cys 1595		Arg	Gln	Arg	Arg 1600		Leu	Glu	Arg	Gly 1605	Leu	Gln	Asp
Glı	ı Asp 1610		Tyr	Arg	Met	Lys 1615		Ala	Cys	Tyr	Tyr 1620	Pro	Arg	Val
Glı	ı Tyr 1625	-	Phe	Gln	Val	Lys 1630		Leu	Arg	Glu	Asp 1635	Ser	Arg	Ala
Ala	a Phe 1640		Leu	Phe	Glu		Lys	Ile	Thr	Gln		Leu	His	Phe
	_110													

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Thr Lys Asp Val Lys Ala Ala Ala Asn Gln Met Arg Asn Phe Leu 1655 \phantom{\bigg|} 1660 \phantom{\bigg|} 1665
Val Arg Ala Ser Cys Arg Leu Arg Leu Glu Pro Gly Lys Glu Tyr
Leu Ile Met Gly Leu Asp Gly Ala Thr Tyr Asp Leu Glu Gly His
                          1690
Pro Gln Tyr Leu Leu Asp Ser Asn Ser Trp Ile Glu Glu Met Pro
Ser Glu Arg Leu Cys Arg Ser Thr Arg Gln Arg Ala Ala Cys Ala
                         1720
Gln Leu Asn Asp Phe Leu Gln Glu Tyr Gly Thr Gln Gly Cys Gln
                         1735
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<212> TYPE: PRT
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Arg Ser Ser Arg Ala Gly Leu Gln Phe Pro Val Gly Arg Val His Arg 20 \hspace{1.5cm} 25 \hspace{1.5cm} 30 \hspace{1.5cm}
Val Tyr Leu Ala Ala Val Leu Glu Tyr Leu Thr Ala Glu Ile Leu Glu 50 \, 55 \, 60 \,
Leu Ala Gly Asn Ala Ala Arg Asp Asn Lys Lys Thr Arg Ile Ile Pro 65 70 75 80
Arg His Leu Gln Leu Ala Ile Arg Asn Asp Glu Glu Leu Asn Lys Leu 85 90 95
Ala Val Leu Leu Pro Lys Lys Thr Glu Ser His His Lys Thr Lys 115 120 125
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<211> LENGTH: 101
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
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Gly Phe Glu Val Gln Gly Thr Gln Gln Pro Gln Gln Asp Glu Met Pro
Ser Pro Thr Phe Leu Thr Gln Val Lys Glu Ser Leu Ser Ser Tyr Trp 35 40 45
Glu Ser Ala Lys Thr Ala Ala Gln Asn Leu Tyr Glu Lys Thr Tyr Leu 50 \, 60 \,
Pro Ala Val Asp Glu Lys Leu Arg Asp Leu Tyr Ser Lys Ser Thr Ala 65 70 75 80
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Leu Lys Gly Glu Glu
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<213> ORGANISM: Homo Sapiens
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Gly Val Asp Gly Lys Glu Phe Pro Glu Val His Leu Gly Gln Trp Tyr
Phe Ile Ala Gly Ala Ala Pro Thr Lys Glu Glu Leu Ala Thr Phe Asp 50 55 60
Pro Val Asp Asn Ile Val Phe Asn Met Ala Ala Gly Ser Ala Pro Met 65 70 75 80
Gln Leu His Leu Arg Ala Thr Ile Arg Met Lys Asp Gly Leu Cys Val
85 90 95
Pro Arg Lys Trp Ile Tyr His Leu Thr Glu Gly Ser Thr Asp Leu Arg
Thr Glu Gly Arg Pro Asp Met Lys Thr Glu Leu Phe Ser Ser Cys 115 120 125
Pro Gly Gly Ile Met Leu Asn Glu Thr Gly Gln Gly Tyr Gln Arg Phe 130 $140\ 
Phe Lys Ser Leu Thr Ser Cys Leu Asp Ser Lys Ala Phe Leu Leu Thr 165 \phantom{\bigg|} 170 \phantom{\bigg|} 175 \phantom{\bigg|} 175
Pro Arg Asn Gln Glu Ala Cys Glu Leu Ser Asn Asn 180 $\rm 185
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<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
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Gln Gly Thr Pro Val Ala Gln Met Thr Glu Asp Ala Val Asp Ala Glu
Arg Leu Lys His Leu Ile Val Thr Pro Ser Gly Cys Gly Glu Gln Asn 50 \, 60 \,
Met Ile Gly Met Thr Pro Thr Val Ile Ala Val His Tyr Leu Asp Glu 65 \phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg|}70\phantom{\bigg
Thr Glu Gln Trp Glu Lys Phe Gly Leu Glu Lys Arg Gln Gly Ala Leu 85 90 95
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Glu	Leu	Ile	Lys 100	ГÀа	Gly	Tyr	Thr	Gln 105	Gln	Leu	Ala	Phe	Arg 110	Gln	Pro
Ser	Ser	Ala 115	Phe	Ala	Ala	Phe	Val 120	Lys	Arg	Ala	Pro	Ser 125	Thr	Trp	Leu
Thr	Ala 130	Tyr	Val	Val	Lys	Val 135	Phe	Ser	Leu	Ala	Val 140	Asn	Leu	Ile	Ala
Ile 145	Asp	Ser	Gln	Val	Leu 150	Cys	Gly	Ala	Val	Lys 155	Trp	Leu	Ile	Leu	Glu 160
Lys	Gln	Lys	Pro	Asp 165	Gly	Val	Phe	Gln	Glu 170	Asp	Ala	Pro	Val	Ile 175	His
Gln	Glu	Met	Ile 180	Gly	Gly	Leu	Arg	Asn 185	Asn	Asn	Glu	Lys	Asp 190	Met	Ala
Leu	Thr	Ala 195	Phe	Val	Leu	Ile	Ser 200	Leu	Gln	Glu	Ala	Lys 205	Asp	Ile	Cys
Glu	Glu 210	Gln	Val	Asn	Ser	Leu 215	Pro	Gly	Ser	Ile	Thr 220	Lys	Ala	Gly	Asp
Phe 225	Leu	Glu	Ala	Asn	Tyr 230	Met	Asn	Leu	Gln	Arg 235	Ser	Tyr	Thr	Val	Ala 240
Ile	Ala	Gly	Tyr	Ala 245	Leu	Ala	Gln	Met	Gly 250	Arg	Leu	Lys	Gly	Pro 255	Leu
Leu	Asn	Lys	Phe 260	Leu	Thr	Thr	Ala	Lys 265	Asp	Lys	Asn	Arg	Trp 270	Glu	Asp
Pro	Gly	Lys 275	Gln	Leu	Tyr	Asn	Val 280	Glu	Ala	Thr	Ser	Tyr 285	Ala	Leu	Leu
Ala	Leu 290	Leu	Gln	Leu	Lys	Asp 295	Phe	Asp	Phe	Val	Pro 300	Pro	Val	Val	Arg
Trp 305	Leu	Asn	Glu	Gln	Arg 310	Tyr	Tyr	Gly	Gly	Gly 315	Tyr	Gly	Ser	Thr	Gln 320
Ala	Thr	Phe	Met	Val 325	Phe	Gln	Ala	Leu	Ala 330	Gln	Tyr	Gln	Lys	Asp 335	Ala
Pro	Asp	His	Gln 340	Glu	Leu	Asn	Leu	Asp 345	Val	Ser	Leu	Gln	Leu 350	Pro	Ser
Arg															
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)> SI														
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Ala	Leu	Ala	Asp 20	Gln	Glu	Ser	Cys	Lys 25	Gly	Arg	Cys	Thr	Glu 30	Gly	Phe
Asn	Val	Asp 35	Lys	Lys	CAa	Gln	Cys 40	Asp	Glu	Leu	CÀa	Ser 45	Tyr	Tyr	Gln
Ser	Cys 50	Сув	Thr	Asp	Tyr	Thr 55	Ala	Glu	Сув	Lys	Pro 60	Gln	Val	Thr	Arg
Gly 65	Asp	Val	Phe	Thr	Met 70	Pro	Glu	Asp	Glu	Tyr 75	Thr	Val	Tyr	Asp	Asp 80
Gly	Glu	Glu	Lys	Asn 85	Asn	Ala	Thr	Val	His 90	Glu	Gln	Val	Gly	Gly 95	Pro

Ser Leu Thr Ser Asp Leu Gln Ala Gln Ser Lys Gly Asn Pro Glu Gln Thr Pro Val Leu Lys Pro Glu Glu Glu Ala Pro Ala Pro Glu Val Gly 120 Ala Ser Lys Pro Glu Gly Ile Asp Ser Arg Pro Glu Thr Leu His Pro 130 140 Gly Arg Pro Gln Pro Pro Ala Glu Glu Glu Leu Cys Ser Gly Lys Pro 145 150 155 160 Phe Asp Ala Phe Thr Asp Leu Lys Asn Gly Ser Leu Phe Ala Phe Arg 165 170 170 175 Gly Gln Tyr Cys Tyr Glu Leu Asp Glu Lys Ala Val Arg Pro Gly Tyr 180 185 190 Pro Lys Leu Ile Arg Asp Val Trp Gly Ile Glu Gly Pro Ile Asp Ala 195 200 205 Ala Phe Thr Arg Ile Asn Cys Gln Gly Lys Thr Tyr Leu Phe Lys Gly 210 215220 Ser Gln Tyr Trp Arg Phe Glu Asp Gly Val Leu Asp Pro Asp Tyr Pro 225 230 235 Arg Asn Ile Ser Asp Gly Phe Asp Gly Ile Pro Asp Asn Val Asp Ala \$245\$Ala Leu Ala Leu Pro Ala His Ser Tyr Ser Gly Arg Glu Arg Val Tyr \$260\$Phe Phe Lys Gly Lys Gln Tyr Trp Glu Tyr Gln Phe Gln His Gln Pro 275 280 285Ser Gln Glu Glu Cys Glu Gly Ser Ser Leu Ser Ala Val Phe Glu His $290 \\ \hspace*{1.5cm} 295 \\ \hspace*{1.5cm} 300 \\ \hspace*{1.5cm}$ Phe Ala Met Met Gln Arg Asp Ser Trp Glu Asp Ile Phe Glu Leu Leu 305 310 320 Phe Trp Gly Arg Thr Ser Ala Gly Thr Arg Gln Pro Gln Phe Ile Ser 325 330 330 Arg Asp Trp His Gly Val Pro Gly Gln Val Asp Ala Ala Met Ala Gly $340 \hspace{1.5cm} 345 \hspace{1.5cm} 350 \hspace{1.5cm}$ Arg Ile Tyr Ile Ser Gly Met Ala Pro Arg Pro Ser Leu Ala Lys Lys 355 360 365 Gln Arg Phe Arg His Arg Asn Arg Lys Gly Tyr Arg Ser Gln Arg Gly 370 375 380 Trp Leu Ser Leu Phe Ser Ser Glu Glu Ser Asn Leu Gly Ala Asn Asn 415 \$405Tyr Asp Asp Tyr Arg Met Asp Trp Leu Val Pro Ala Thr Cys Glu Pro 420 425 Ile Gln Ser Val Phe Phe Phe Ser Gly Asp Lys Tyr Tyr Arg Val Asn 435 440 Leu Arg Thr Arg Arg Val Asp Thr Val Asp Pro Pro Tyr Pro Arg Ser 450 $$ 455 $$ 460 Ile Ala Gln Tyr Trp Leu Gly Cys Pro Ala Pro Gly His Leu 465 475

<210> SEQ ID NO 13 <211> LENGTH: 348 <212> TYPE: PRT

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Arg Phe Pro Lys Pro Pro Glu Ile Ala Asn Gly Tyr Val Glu His Leu 35 40 45
Phe Arg Tyr Gln Cys Lys Asn Tyr Tyr Arg Leu Arg Thr Glu Gly Asp 50 60
Gly Val Tyr Thr Leu Asn Asp Lys Lys Gln Trp Ile Asn Lys Ala Val 65 \phantom{\bigg|} 70 \phantom{\bigg|} 70 \phantom{\bigg|} 80
Gly Asp Lys Leu Pro Glu Cys Glu Ala Val Cys Gly Lys Pro Lys Asn
Pro Ala Asn Pro Val Gln Arg Ile Leu Gly Gly His Leu Asp Ala Lys
Gly Ser Phe Pro Trp Gln Ala Lys Met Val Ser His His Asn Leu Thr 115 $120$
Pro Thr Leu Thr Leu Tyr Val Gly Lys Lys Gln Leu Val Glu Ile Glu 165 $170$
Lys Val Val Leu His Pro Asn Tyr His Gln Val Asp Ile Gly Leu Ile 180 $185$
Lys Leu Lys Gln Lys Val Leu Val Asn Glu Arg Val Met Pro Ile Cys
Gly Trp Gly Gln Ser Asp Asn Phe Lys Leu Thr Asp His Leu Lys Tyr 225 \phantom{\bigg|}230\phantom{\bigg|}225\phantom{\bigg|}235\phantom{\bigg|}
Val Met Leu Pro Val Ala Asp Gln Tyr Asp Cys Ile Thr His Tyr Glu 245 250 255
Gly Ser Thr Cys Pro Lys Trp Lys Ala Pro Lys Ser Pro Val Gly Val \phantom{-}260\phantom{0} \phantom{-}265\phantom{0} 270
Gln Pro Ile Leu Asn Glu His Thr Phe Cys Val Gly Met Ser Lys Tyr 275 280 280
Gln Glu Asp Thr Cys Tyr Gly Asp Ala Gly Ser Ala Phe Ala Val His 290 295 300
Asp Leu Glu Glu Asp Thr Trp Tyr Ala Ala Gly Ile Leu Ser Phe Asp
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Lys Ser Cys Ala Val Ala Glu Tyr Gly Val Tyr Val Lys Val Thr Ser
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<210> SEQ ID NO 14

<211> LENGTH: 449

<212> TYPE: PRT

<213> ORGANISM: Homo Sapiens

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Ser	Gly	Gln	Val 20	Leu	Gly	Asp	Gln	Thr 25	Val	Ser	Asp	Asn	Glu 30	Leu	Gln
Glu	Met	Ser 35	Asn	Gln	Gly	Ser	Lys 40	Tyr	Val	Asn	Lys	Glu 45	Ile	Gln	Asn
Ala	Val 50	Asn	Gly	Val	ГЛа	Gln 55	Ile	Lys	Thr	Leu	Ile 60	Glu	Lys	Thr	Asn
Glu 65	Glu	Arg	Lys	Thr	Leu 70	Leu	Ser	Asn	Leu	Glu 75	Glu	Ala	Lys	Lys	80
Lys	Glu	Asp	Ala	Leu 85	Asn	Glu	Thr	Arg	Glu 90	Ser	Glu	Thr	Lys	Leu 95	Lys
Glu	Leu	Pro	Gly 100	Val	CAa	Asn	Glu	Thr 105	Met	Met	Ala	Leu	Trp 110	Glu	Glu
CÀa	ràa	Pro 115	CÀa	Leu	rys	Gln	Thr 120	Cys	Met	Lys	Phe	Tyr 125	Ala	Arg	Val
Cya	Arg 130	Ser	Gly	Ser	Gly	Leu 135	Val	Gly	Arg	Gln	Leu 140	Glu	Glu	Phe	Leu
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Phe	Ala	Leu	Asp	Gln 165	rys	Met	Arg	Pro	Ser 170	Thr	Asp	Thr	Ile	Thr 175	Val
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Gly Pro Leu Leu Asn Lys Phe Leu Thr Thr Ala Lys 1 \phantom{\bigg|} 5 \phantom{\bigg|} 10
<210> SEQ ID NO 45
<211> LENGTH: 9
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 45
Gly Tyr Thr Gln Gln Leu Ala Phe Arg
                    5
<210> SEQ ID NO 46
<211> LENGTH: 9
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 46
Gln Gly Ala Leu Glu Leu Ile Lys Lys
<210> SEQ ID NO 47
<211> LENGTH: 6
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 47
Trp Leu Asn Glu Gln Arg
<210> SEQ ID NO 48
<211> LENGTH: 6
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 48
Trp Leu Ile Leu Glu Lys
<210> SEQ ID NO 49
<211> LENGTH: 6
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 49
Trp Glu Asp Pro Gly Lys
<210> SEQ ID NO 50
<211> LENGTH: 19
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 50
Ser Leu Ala Glu Leu Gly Gly His Leu Asp Gln Gln Val Glu Glu Phe
Arg Arg Arg
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<210> SEQ ID NO 51
<211> LENGTH: 19
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 51
Ala Arg Leu Leu Pro His Ala Asn Glu Val Ser Gln Lys Ile Gly Asp
                                            10
Asn Leu Arg
<210> SEQ ID NO 52
<211> LENGTH: 19
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 52
Gln Lys Leu Gly Pro His Ala Gly Asp Val Glu Gly His Leu Ser Phe 1 \phantom{\bigg|} 5 \phantom{\bigg|} 10 \phantom{\bigg|} 15
Leu Glu Lys
<210> SEQ ID NO 53
<211> LENGTH: 18
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 53
Glu Asn Ala Asp Ser Leu Gln Ala Ser Leu Arg Pro His Ala Asp Glu
Leu Lys
<210> SEQ ID NO 54
<211> LENGTH: 14
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 54
Glu Leu Gln Gln Arg Leu Glu Pro Tyr Ala Asp Gln Leu Arg
<210> SEQ ID NO 55
<211> LENGTH: 12
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 55
Val Lys Ile Asp Gln Thr Val Glu Glu Leu Arg Arg 1 $\rm 10^{\circ}
<210> SEQ ID NO 56
<211> LENGTH: 12
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 56
Thr Gln Val Asn Thr Gln Ala Glu Gln Leu Arg Arg
<210> SEQ ID NO 57
<211> LENGTH: 15
<212> TYPE: PRT
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<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 57
Ala Val Val Leu Thr Leu Ala Leu Val Ala Val Ala Gly Ala Arg
<210> SEQ ID NO 58
<211> LENGTH: 11
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 58
Gly Arg Leu Thr Pro Tyr Ala Asp Glu Phe Lys
            5
<210> SEQ ID NO 59
<211> LENGTH: 11
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 59
Ala Lys Ile Asp Gln Asn Val Glu Glu Leu Lys
1 5
<210> SEQ ID NO 60
<211> LENGTH: 11
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 60
Gln Arg Leu Ala Pro Leu Ala Glu Asp Val Arg
<210> SEQ ID NO 61
<211> LENGTH: 10
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 61
Ala Leu Val Gln Gln Met Glu Gln Leu Arg
<210> SEQ ID NO 62
<211> LENGTH: 11
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 62
Ala Arg Ile Ser Ala Ser Ala Glu Glu Leu Arg
<210> SEQ ID NO 63
<211> LENGTH: 10
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 63
Val Glu Pro Tyr Gly Glu Asn Phe Asn Lys
<210> SEQ ID NO 64
<211> LENGTH: 9
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<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 64
Val Asn Ser Phe Phe Ser Thr Phe Lys
<210> SEQ ID NO 65
<211> LENGTH: 8
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 65
Gln Leu Thr Pro Tyr Ala Gln Arg
<210> SEQ ID NO 66
<211> LENGTH: 8
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 66
Glu Ala Val Glu His Leu Gln Lys
<210> SEQ ID NO 67
<211> LENGTH: 8
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 67
Gly Asn Thr Glu Gly Leu Gln Lys
<210> SEQ ID NO 68
<211> LENGTH: 16
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 68
Val Arg Leu Ala Ser His Leu Arg Lys Leu Arg Lys Arg Leu Leu Arg
                                        10
<210> SEQ ID NO 69
<211> LENGTH: 17
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEOUENCE: 69
Asp Ala Asp Asp Leu Gln Lys Arg Leu Ala Val Tyr Gln Ala Gly Ala
                                         10
Arq
<210> SEQ ID NO 70
<211> LENGTH: 17
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 70
Val Leu Trp Ala Ala Leu Leu Val Thr Phe Leu Ala Gly Cys Gln Ala
                                         10
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Lys
<210> SEQ ID NO 71
<211> LENGTH: 15
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 71
Ser Glu Leu Glu Glu Gln Leu Thr Pro Val Ala Glu Glu Thr Arg
<210> SEQ ID NO 72
<211> LENGTH: 13
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 72
Trp Glu Leu Ala Leu Gly Arg Phe Trp Asp Tyr Leu Arg 1 \phantom{000}
<210> SEQ ID NO 73
<211> LENGTH: 15
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 73
Gly Glu Val Gln Ala Met Leu Gly Gln Ser Thr Glu Glu Leu Arg
                                         10
       5
<210> SEQ ID NO 74
<211> LENGTH: 14
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 74
Val Glu Gln Ala Val Glu Thr Glu Pro Glu Pro Glu Leu Arg
<210> SEQ ID NO 75
<211> LENGTH: 17
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 75
Val Gln Ala Ala Val Gly Thr Ser Ala Ala Pro Val Pro Ser Asp Asn
His
<210> SEQ ID NO 76
<211> LENGTH: 12
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 76
Ser Trp Phe Glu Pro Leu Val Glu Asp Met Gln Arg
<210> SEQ ID NO 77
<211> LENGTH: 15
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
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<400> SEQUENCE: 77
Ala Ala Thr Val Gly Ser Leu Ala Gly Gln Pro Leu Gln Glu Arg
<210> SEQ ID NO 78
<211> LENGTH: 11
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 78
Glu Arg Leu Gly Pro Leu Val Glu Gln Gly Arg 1 \, 5 \, 10 \,
<210> SEQ ID NO 79
<211> LENGTH: 10
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 79
Gln Gln Thr Glu Trp Gln Ser Gly Gln Arg
<210> SEQ ID NO 80
<211> LENGTH: 9
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 80
Ala Gln Ala Trp Gly Glu Arg Leu Arg
<210> SEQ ID NO 81
<211> LENGTH: 8
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 81
Ala Leu Met Asp Glu Thr Met Lys 1
<210> SEQ ID NO 82
<211> SENGTH: 8
<211> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 82
Gln Trp Ala Gly Leu Val Glu Lys
<210> SEQ ID NO 83
<211> LENGTH: 18
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 83
Val Ser Val Leu Cys Ile Trp Met Ser Ala Leu Phe Leu Gly Val Gly
1
                                             10
Val Arg
<210> SEQ ID NO 84
<211> LENGTH: 15
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<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 84
<210> SEQ ID NO 85
<211> LENGTH: 13
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 85
Trp Trp Thr Gln Ala Gln Ala His Asp Leu Val Ile Lys
                5
<210> SEQ ID NO 86
<211> LENGTH: 15
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 86
Ala Asn Leu Gln Ser Val Pro His Ala Ser Ala Ser Arg Pro Arg
<210> SEQ ID NO 87
<211> LENGTH: 11
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 87
Ser Lys Leu Glu Asp Asn Ile Arg Arg Leu Arg
<210> SEQ ID NO 88
<211> LENGTH: 11
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 88
Val Asn Glu Pro Ser Ile Leu Glu Met Ser Arg
<210> SEQ ID NO 89
<211> LENGTH: 9
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 89
Ser Glu Thr Ala Glu Glu Leu Lys Lys
<210> SEQ ID NO 90
<211> LENGTH: 8
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 90
Asn Glu Ala Asp Glu Leu Arg Lys
<210> SEQ ID NO 91
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<211> LENGTH: 8
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 91
Met Glu Gly Ala Ala Leu Leu Arg
<210> SEQ ID NO 92
<211> LENGTH: 8
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 92
Ala Leu Ala Asp Gly Val Gln Lys
<210> SEQ ID NO 93
<211> LENGTH: 20
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 93
Asp Asp Pro Asp Ala Pro Leu Gln Pro Val Thr Pro Leu Gln Leu Phe
Glu Gly Arg Arg
<210> SEQ ID NO 94
<211> LENGTH: 19
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 94
Ala Leu Glu Ile Leu Gl<br/>n Glu Glu Asp Leu Ile Asp Glu Asp Asp Ile 1 \phantom{\bigg|} 10 \phantom{\bigg|} 15
Pro Val Arg
<210> SEQ ID NO 95
<211> LENGTH: 20
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 95
Ala Ala Cys Ala Gln Leu Asn Asp Phe Leu Gln Glu Tyr Gly Thr Gln
Gly Cys Gln Val
<210> SEQ ID NO 96
<211> LENGTH: 18
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 96
Ala Ala Phe Arg Leu Phe Glu Thr Lys Ile Thr Gln Val Leu His Phe
Thr Lys
<210> SEQ ID NO 97
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<211> LENGTH: 19
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 97
Met Arg Pro Ser Thr Asp Thr Ile Thr Val Met Val Glu Asn Ser His
Gly Leu Arg
<210> SEQ ID NO 98
<211> LENGTH: 19
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEOUENCE: 98
Gly Leu Glu Ser Gln Thr Lys Leu Val Asn Gly Gln Ser His Ile Ser
               5
Leu Ser Lys
<210> SEQ ID NO 99
<211> LENGTH: 18
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 99
Ala Val Gly Ser Gly Ala Thr Phe Ser His Tyr Tyr Tyr Met Ile Leu
                          10
Ser Arg
<210> SEQ ID NO 100
<211> LENGTH: 20
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 100
Val Asp Val Gln Ala Gly Ala Cys Glu Gly Lys Leu Glu Leu Ser Val
Asp Gly Ala Lys
<210> SEQ ID NO 101
<211> LENGTH: 17
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 101
Gly His Leu Phe Leu Gln Thr Asp Gln Pro Ile Tyr Asn Pro Gly Gln
Arq
<210> SEQ ID NO 102
<211> LENGTH: 19
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 102
Ser Arg Leu Leu Ala Thr Leu Cys Ser Ala Glu Val Cys Gln Cys Ala
Glu Gly Lys
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<210> SEQ ID NO 103
<211> LENGTH: 17
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 103
Gly Leu Glu Glu Glu Leu Gln Phe Ser Leu Gly Ser Lys Ile Asn Val
Lys
<210> SEQ ID NO 104
<211> LENGTH: 16
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 104
Glu Pro Phe Leu Ser Cys Cys Gln Phe Ala Glu Ser Leu Arg Lys Lys
<210> SEQ ID NO 105
<211> LENGTH: 18
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 105
Gly Cys Gly Glu Gln Thr Met Ile Tyr Leu Ala Pro Thr Leu Ala Ala
                                       10
Ser Arg
<210> SEQ ID NO 106
<211> LENGTH: 16
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 106
<210> SEQ ID NO 107
<211> LENGTH: 15
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 107
Thr Thr Asn Ile Gln Gly Ile Asn Leu Leu Phe Ser Ser Arg Arg
<210> SEQ ID NO 108
<211> LENGTH: 15
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 108
His Leu Val Pro Gly Ala Pro Phe Leu Leu Gln Ala Leu Val Arg
                                        10
<210> SEQ ID NO 109
<211> LENGTH: 13
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
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<400> SEOUENCE: 109
Glu Glu Leu Val Tyr Glu Leu Asn Pro Leu Asp His Arg
<210> SEQ ID NO 110
<211> LENGTH: 14
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 110
Asn Thr Thr Cys Gln Asp Leu Gln Ile Glu Val Thr Val Lys
<210> SEQ ID NO 111
<211> LENGTH: 14
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 111
Gly Pro Glu Val Gln Leu Val Ala His Ser Pro Trp Leu Lys 1 \phantom{\bigg|} 5 \phantom{\bigg|} 10
<210> SEQ ID NO 112
<211> LENGTH: 13
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 112
Cys Cys Gln Asp Gly Val Thr Arg Leu Pro Met Met Arg
<210> SEQ ID NO 113
<211> LENGTH: 13
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 113
Ala Glu Met Ala Asp Gln Ala Ala Ala Trp Leu Thr Arg
<210> SEQ ID NO 114
<211> LENGTH: 20
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 114
Val Thr Ile Ala Gln Gly Gly Val Leu Pro Asn Ile Gln Ala Val Leu
Leu Pro Lys Lys
<210> SEQ ID NO 115
<211> LENGTH: 11
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEOUENCE: 115
Asn Asp Glu Glu Leu Asn Lys Leu Leu Gly Lys
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<210> SEQ ID NO 116
<211> LENGTH: 9
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 116
Ala Gly Leu Gln Phe Pro Val Gly Arg
<210> SEQ ID NO 117
<211> LENGTH: 7
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 117
Val His Arg Leu Leu Arg Lys
<210> SEQ ID NO 118
<211> LENGTH: 21
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 118
Ser Thr Ala Ala Met Ser Thr Tyr Thr Gly Ile Phe Thr Asp Gln Val
         5
                                           10
Leu Ser Val Leu Lys
<210> SEQ ID NO 119
<211> LENGTH: 11
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 119
Thr Tyr Leu Pro Ala Val Asp Glu Lys Leu Arg
<210> SEQ ID NO 120
<211> LENGTH: 11
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 120
Glu Ser Leu Ser Ser Tyr Trp Glu Ser Ala Lys
<210> SEQ ID NO 121
<211> LENGTH: 9
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 121
Thr Ala Ala Gln Asn Leu Tyr Glu Lys
<210> SEQ ID NO 122
<211> LENGTH: 13
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 122
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\ensuremath{\mathsf{Trp}} 
 The \ensuremath{\mathsf{Tyr}} 
 His Leu Thr Glu Gly Ser Thr Asp Leu Arg
<210> SEQ ID NO 123
<211> LENGTH: 10
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 123
Asn Gln Glu Ala Cys Glu Leu Ser Asn Asn 1 5 10
<210> SEQ ID NO 124
<211> LENGTH: 9
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 124
Ser Leu Thr Ser Cys Leu Asp Ser Lys
<210> SEQ ID NO 125
<211> LENGTH: 8
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 125
Thr Glu Gly Arg Pro Asp Met Lys
<210> SEQ ID NO 126
<211> LENGTH: 8
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 126
Asp Gly Leu Cys Val Pro Arg Lys
<210> SEQ ID NO 127
<211> LENGTH: 20
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 127
Gly Asp Val Phe Thr Met Pro Glu Asp Glu Tyr Thr Val Tyr Asp Asp
                                                  10
Gly Glu Glu Lys
<210> SEQ ID NO 128
<211> LENGTH: 18
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 128
Gly Ser Gln Tyr Trp Arg Phe Glu Asp Gly Val Leu Asp Pro Asp Tyr 1 \phantom{\bigg|} 10 \phantom{\bigg|} 15
<210> SEQ ID NO 129
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<211> LENGTH: 14
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 129
Asp Ser Trp Glu Asp Ile Phe Glu Leu Leu Phe Trp Gly Arg
<210> SEQ ID NO 130
<211> LENGTH: 15
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 130
Ser Ile Ala Gln Tyr Trp Leu Gly Cys Pro Ala Pro Gly His Leu
<210> SEQ ID NO 131
<211> LENGTH: 11
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 131
Ala Val Arg Pro Gly Tyr Pro Lys Leu Ile Arg
<210> SEQ ID NO 132
<211> LENGTH: 10
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 132
Gly Gln Tyr Cys Tyr Glu Leu Asp Glu Lys
<210> SEQ ID NO 133
<211> LENGTH: 10
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 133
Val Asp Thr Val Asp Pro Pro Tyr Pro Arg 1 5 10
<210> SEQ ID NO 134
<211> LENGTH: 10
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 134
Cys Thr Glu Gly Phe Asn Val Asp Lys Lys
<210> SEQ ID NO 135
<211> LENGTH: 9
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 135
Asn Gln Asn Ser Arg Arg Pro Ser Arg
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<210> SEQ ID NO 136
<211> LENGTH: 8
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 136
Asn Gly Ser Leu Phe Ala Phe Arg
<210> SEQ ID NO 137
<211> LENGTH: 19
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 137
Glu Ile Leu Ser Val Asp Cys Ser Thr Asn Asn Pro Ser Gln Ala Lys
Leu Arg Arg
<210> SEQ ID NO 138
<211> LENGTH: 16
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 138
Ala Ser Ser Ile Ile Asp Glu Leu Phe Gln Asp Arg Phe Phe Thr Arg
<210> SEQ ID NO 139
<211> LENGTH: 15
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 139
Gln Gln Thr His Met Leu Asp Val Met Gln Asp His Phe Ser Arg
<210> SEQ ID NO 140
<211> LENGTH: 15
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 140
Glu Leu Asp Glu Ser Leu Gln Val Ala Glu Arg Leu Thr Arg Lys
                                        10
<210> SEQ ID NO 141
<211> LENGTH: 13
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 141
Thr Leu Leu Ser Asn Leu Glu Glu Ala Lys Lys Lys
                5
<210> SEQ ID NO 142
<211> LENGTH: 11
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
<400> SEQUENCE: 142
Asn Pro Lys Phe Met Glu Thr Val Ala Glu Lys
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10
<210> SEQ ID NO 143
<211> LENGTH: 9
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 143
Gln Thr Cys Met Lys Phe Tyr Ala Arg
<210> SEQ ID NO 144
<211> LENGTH: 10
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 144
Glu Ile Gln Asn Ala Val Asn Gly Val Lys
1 5 10
<210> SEQ ID NO 145
<211> LENGTH: 8
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 145
Ala Leu Gln Glu Tyr Arg Lys Lys
<210> SEQ ID NO 146
<211> LENGTH: 8
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 146
Glu Asp Ala Leu Asn Glu Thr Arg
<210> SEQ ID NO 147
<211> LENGTH: 8
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 147
His Asn Ser Thr Gly Cys Leu Arg
<210> SEQ ID NO 148
<211> LENGTH: 20
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 148
Val Gly Tyr Val Ser Gly Trp Gly Gln Ser Asp Asn Phe Lys Leu Thr
                                               10
Asp His Leu Lys
<210> SEQ ID NO 149
<211> LENGTH: 20
<212> TYPE: PRT
<213 > ORGANISM: Homo Sapiens
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<400> SEQUENCE: 149
Ser Pro Val Gly Val Gln Pro Ile Leu Asn Glu His Thr Phe Cys Val
                                             10
Gly Met Ser Lys
<210> SEQ ID NO 150
<211> LENGTH: 18
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 150
{\tt Val\ Val\ Leu\ His\ Pro\ Asn\ Tyr\ His\ Gln\ Val\ Asp\ Ile\ Gly\ Leu\ Ile\ Lys}
Leu Lys
<210> SEQ ID NO 151
<211> LENGTH: 17
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 151
Asn Pro Ala Asn Pro Val Gln Arg Ile Leu Gly Gly His Leu Asp Ala
Lys
<210> SEQ ID NO 152
<211> LENGTH: 17
<212> TYPE: PRT
<213> ORGANISM: Homo Sapiens
<400> SEQUENCE: 152
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Ser Gly Arg Asp Tyr Val Ser Gln Phe Glu Gly Ser Ala Leu Gly Lys 50 \, 60
Gln Leu Asn Leu Lys Leu Leu Asp Asn Trp Asp Ser Val Thr Ser Thr 65 70 75 80
Phe Ser Lys Leu Arg Glu Gln Leu Gly Pro Val Thr Gln Glu Phe Trp
Asp Asn Leu Glu Lys Glu Thr Glu Gly Leu Arg Gln Glu Met Ser Lys
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Leu Gl<br/>n Glu Lys Leu Ser Pro Leu Gly Glu Glu Met Arg Asp Arg Ala<br/> 165 $170 $175
Arg Ala His Val Asp Ala Leu Arg Thr His Leu Ala Pro Tyr Ser Asp 180 \\ 185 \\ 190 \\ 190 \\
Glu Leu Arg Gln Arg Leu Ala Ala Arg Leu Glu Ala Leu Lys Glu Asn 195 \phantom{\bigg|}200\phantom{\bigg|}
Gly Gly Ala Arg Leu Ala Glu Tyr His Ala Lys Ala Thr Glu His Leu
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Phe Glu Lys Ser Lys Glu Gln Leu Thr Pro Leu Ile Lys Lys Ala Gly
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The embodiments of the invention in which an exclusive property or privilege is claimed are defined as follows:

- 1. A method of screening a mammalian subject to determine if the subject is at risk to develop, or is suffering from, cardiovascular disease, the method comprising detecting an amount of at least one biomarker in a biological sample, or HDL subfraction thereof, or a complex containing ApoA-I or ApoA-II of the subject, wherein the biomarker is selected from the group consisting of ApoC-IV, Paraoxonase 1, C3, C4, ApoL1, C4B1, Histone H2A, ApoC-II, ApoM, Vitronectin, Haptoglobin-related Protein, and Clusterin, combinations or portions and/or derivatives thereof, and then comparing the detected amount of the biomarker in the biological sample to a predetermined value, wherein a difference in the amount of the biomarker between the biological sample and the predetermined value is indicative of the presence or risk of cardiovascular disease in the subject.
- 2. The method of claim 1, wherein the at least one biomarker is associated with at least one of an HDL subfraction, an ApoA-I complex or an ApoA-II complex in the biological sample.
- 3. The method of claim 1, wherein the at least one biomarker is associated with at least one of an HDL_2 or an HDL_3 subfraction of the biological sample.
- 4. The method of claim 3, wherein the biological sample is selected from the group consisting of a blood sample, a serum sample, a plasma sample, a tissue sample, bodily fluid sample and urine sample.
- **5**. The method of claim **1**, wherein the at least one biomarker is selected from the group consisting of ApoC-IV, Paraoxonase 1, C3, C4, ApoL1, C4B1, Histone H2A, ApoC-II, and ApoM, portions and/or derivatives thereof, and wherein an increased amount of the at least one biomarker in the biological sample in comparison to the predetermined value is indicative of the presence or risk of cardiovascular disease in the subject.
- **6**. The method of claim **5**, wherein the at least one biomarker is ApoC-IV, or a portion or derivative thereof.

- 7. The method of claim 5, wherein the at least one biomarker is Paraoxonase 1, or a portion or derivative thereof.
- **8**. The method of claim **5**, wherein the at least one biomarker is C3 or a portion or derivative thereof.
- 9. The method of claim 8, wherein the at least one biomarker comprises the C3dg proteolytic fragment or a portion or derivative thereof.
- 10. The method of claim 5, wherein the at least one biomarker is ApoL1 or a portion or derivative thereof.
- 11. The method of claim 5, wherein the at least one biomarker is selected from the group consisting of C4 and C4B1, or portions or derivatives thereof.
- 12. The method of claim 5, wherein the at least one biomarker is Histone H2A or a portion or derivative thereof.
- 13. The method of claim 5, wherein the at least one biomarker is ApoC-II or a portion or derivative thereof.
- **14**. The method of claim **5**, wherein the at least one biomarker is ApoM or a portion or derivative thereof.
- 15. The method of claim 2, wherein the at least one biomarker is selected from the group consisting of Vitronectin, Haptoglobin-related Protein, and Clusterin, or portions or derivatives thereof, wherein a reduced amount of the at least one biomarker in the biological sample in comparison to the predetermined value is indicative of the presence or risk of cardiovascular disease in the subject.
- **16**. The method of claim **15**, wherein the at least one biomarker is Vitronectin or a portion or derivative thereof.
- 17. The method of claim 15, wherein the at least one biomarker is Haptoglobin-related protein or a portion or derivative thereof.
- **18**. The method of claim **15**, wherein the at least one biomarker is Clusterin or a portion or derivative thereof.
- 19. The method of claim 1, wherein the amount of the at least one biomarker in the biological sample is detected using mass spectrometry.
- 20. The method of claim 1, wherein the amount of the at least one biomarker in the biological sample is detected using at least one antibody specific to the at least one biomarker.

* * * * *



专利名称(译)	脂蛋白相关的心血管疾病标志物			
公开(公告)号	US20110212477A1	公开(公告)日	2011-09-01	
申请号	US13/104757	申请日	2011-05-10	
[标]申请(专利权)人(译)	华盛顿大学			
申请(专利权)人(译)	华盛顿大学			
当前申请(专利权)人(译)	华盛顿大学			
[标]发明人	HEINECKE JAY W VAISAR TOMAS			
发明人	HEINECKE, JAY W. VAISAR, TOMAS			
IPC分类号	C12Q1/44 C12Q1/02 G01N33/53 H	H01J49/26		
CPC分类号	G01N33/92 G01N2800/323 G01N2	2800/32		
其他公开文献	US8420337			
外部链接	Espacenet USPTO			

摘要(译)

本发明提供了筛选哺乳动物受试者以确定受试者是否有患心血管疾病或患有心血管疾病的风险的方法。该方法包括检测来自受试者的生物样品或其HDL亚组分中的至少一种生物标志物的量,并将检测到的生物标志物的量与预定值进行比较,其中检测量与预定值之间的差异为指示受试者中心血管疾病的存在或风险。在一些实施方案中,生物标志物包含ApoC-IV,对氧磷酶1,C3,C4,ApoA-IV,ApoE,ApoL1,C4B1,组蛋白H2A,ApoC-II,ApoM,玻连蛋白,触珠蛋白相关蛋白和Clusterin中的至少一种。或其组合。

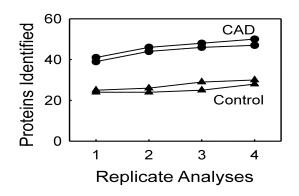


Fig.1.