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(54) Title: METHOD FOR IN VITRO DIAGNOSIS OF DEMENTIA WITH LEWY BODIES USING ALPHASYNNUCLEIN GENE TRANSCRIPTS

(57) Abstract: The present invention provides a method for the in vitro diagnosis of dementia with Lewy bodies in a human patient comprising the step of determining the amount of transcripts SNCA_{tv3} (SEQ ID NO: 3) and SNCA_{tv2} (SEQ ID NO: 2) of the human alpha-synuclein gene (SNCA) in a biological sample obtained from the patient, wherein when the amount of both transcripts determined for the patient is reduced with respect to a reference value, this is indicative of the presence of dementia with Lewy bodies in the patient. The invention further provides means to determine the amount of said transcripts, as well as a method to establish the response of a patient which has been diagnosed with dementia with Lewy bodies to a medical regime for its treatment by determining the amount of transcripts SNCA_{tv3} and SNCA_{tv2} in a biological sample from the patient before and after the treatment.



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Method for in vitro diagnosis of dementia with Lewy bodies using alpha-synuclein gene transcripts

BACKGROUND ART

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The present invention relates to the field of medicine, particularly to neurodegenerative disorders, specifically to a method of in vitro diagnosis of synucleinopathies using transcripts of the alpha-synuclein gene (SNCA).

- 10 Synucleinopathies are diseases characterized by the presence of neuronal proteinaceous inclusions called Lewy bodies (LB). Lewy bodies and Lewy neurites are formed fundamentally by the protein alpha-synuclein. Several synucleinopathies are known, but by far the more relevant disorders included in this group are Parkinson's disease (PD) and Dementia with Lewy bodies
- 15 (DLB). While PD is most common progressive movement disorder at old age, DLB is the second most frequent cause of dementia after Alzheimer's disease. When it was first described, it was believed that the DLB was a rare disorder; however, in recent years extensive research on this disease has revealed that it is present in 10-15% of autopsied cases. The main symptoms of DLB
- 20 include fluctuating cognitive impairment, recurrent visual hallucinations and Parkinsonism.

The diagnosis of the various forms of synucleinopathies still relies on an exact medical and family history, an accurate examination of the patient, and on the

25 skills of the examiner. Neuroimaging (DaTscan) has been introduced, but these imaging techniques often require use of radioactive compounds and are not cost-effective, so that their application is limited. Biological diagnosis markers would be of help, but so far none have been found to have clinical significance.

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Further, because of clinical overlap, differential diagnosis of PD and DLB is very difficult. Parkinsonism is the predominant symptom of PD, but it can be indistinguishable from the parkinsonism of DLB. DLB could be the same disease as PD but with widespread cortical pathological states, leading to

35 dementia, fluctuating cognition, and the characteristic visual hallucinations. Additionally, many symptoms of Alzheimer's disease (AD) also overlap with DLB, which entails frequent misdiagnosis of DLB. Treatment of PD relies on

administration of agents that increase the levels of dopamine (Levodopa). However, patients suffering of DLB benefit from administration of alternative/additional drugs, in particular, acetylcholine esterase inhibitors. It follows that there exists a need to provide cost-effective methods for the differential diagnosis of PD and DLB in order to be able to apply the most effective treatment for each patient.

Patent EP2539461 discloses that specific alterations in Butyrylcholinesterase (BChE) gene are specifically related to DLB. This discovery allows for the differential diagnosis of patients suffering from DLB by determining the genotype of particular alterations in BChE gene in a blood sample. While being a substantial improvement for this field, the disclosed diagnosis may only identify a small proportion of DLB patients. Indeed, recent results have shown that this method identifies only around 10% of DLB patients, so that there is still a substantial proportion of DLB patients that are not diagnosed.

On the other side, several studies have attempted to use the alpha-synuclein protein as a biomarker in human biological fluids for detection of DLB. For example, in WO2011104696 are disclosed monoclonal or polyclonal antibodies that detect protofibrillar or oligomeric soluble forms of alpha-synuclein in biological fluids, e.g. blood, and the use of these antibodies for diagnosing neurodegenerative synucleinopathies. Furthermore, WO201069603 discloses the use of antibodies obtained or isolated from a "pool" of elderly people without PD, which are sequenced and cloned in different vectors. Such antibodies have affinity for monomeric, oligomeric, aggregate forms, fragments and /or posttranslational modified forms of alpha-synuclein and allow detection of DLB.

Finally, WO9950300 discloses methods for differentiation of synucleinopathies from other neurodegenerative diseases by detecting filamentous aggregates of synucleins. In this document, it is mentioned speculatively that the diagnosis could be accomplished by detecting levels of synuclein nucleic acids by performing known techniques, such as polymerase chain reaction (PCR), ligase chain reaction (LCR), isothermal nucleic acid amplification (NASBA) or polymerase chain reaction with reverse transcription (RT-PCR).

The above diagnoses are either not reliable or they need of the proliferation of aggregate forms of SNCA (which are found in advanced stages of the synucleinopathies), or both. An early diagnosis is more desirable in terms of management of the disorder. Furthermore, reliable differential diagnosis of DLB patients (as distinguished from PD patients) would allow recommending the most effective treatment regime for these patients.

Therefore, there is still a need to provide means for an early and accurate identification of patients suffering from a synucleinopathy and also for the differential diagnosis of the different synucleinopathies to be used in the common clinical practice.

SUMMARY OF THE INVENTION

The present invention relates to the use of transcripts of the alpha-synuclein gene as biomarkers in human biological fluids for *in vitro* diagnosis of synucleinopathies.

It is known that the gene encoding the alpha-synuclein protein, called SNCA (SEQ ID NO: 1), presents a complex splicing processing. After conducting extensive studies, the present inventors have surprisingly found that two of said transcripts (but not all) provide information for the *in vitro* diagnosis of synucleinopathies. The present invention is based on using these two transcripts of the SNCA gene, called SNCA_{tv2} (SEQ ID NO: 2) and SNCA_{tv3} (SEQ ID NO: 3), as biomarkers in biological fluids for the diagnosis of synucleinopathies. These transcripts SNCA_{tv2} and SNCA_{tv3} differ from each other and from the major transcript SNCA_{tv1} by differential incorporation of one of the four exons located in the 5' untranslated part of the SNCA gene.

Therefore, in a first aspect, the present invention provides a method for the *in vitro* diagnosis of a synucleinopathy in a human patient comprising the step of determining the amount of at least one transcript of the human alpha-synuclein gene (SNCA) selected from the group consisting of SNCA_{tv2} (SEQ ID NO: 2) and SNCA_{tv3} (SEQ ID NO: 3) in a biological sample obtained from the patient.

By using this method patients that suffer from a synucleinopathy are identified. Diagnosis is achieved in patients that have recently developed the disease, thus enabling an early diagnosis of the synucleinopathy. This is a big advantage with respect to known methods. Early diagnosis increases the therapeutic margin to reduce or stop the disease progression, thus improving live quality and prognosis for the patient. Further, the present method allows for differential diagnosis of DLB versus Parkinson disease at a very early stage.

10 In a second aspect, the present invention provides for the use of means for determining the amount of at least one transcript of the human SNCA selected from the group consisting of SNCA_{tv2} and SNCA_{tv3} in a biological sample for the diagnosis of a synucleinopathy in the method as defined in the first aspect of the invention.

15 In a further aspect, the present invention provides for the use of at least one human alpha-synuclein gene transcript selected from SNCA_{tv2} and SNCA_{tv3} for the diagnosis of synucleinopathies.

20 While providing for a reliable and early diagnosis of a synucleinopathy, the present diagnosis method is useful to a clinician, who is able to take appropriate decisions to treat the patient, i.e. to apply a medical regime that is appropriate for treating synucleinopathies. Thus, in another aspect, the invention is directed to a method of deciding or recommending to initiate a medical regime for the treatment of a synucleinopathy in a human patient, which method comprises diagnosing a synucleinopathy or determining whether the patient is suspicious of suffering a synucleinopathy by the method as defined in the first aspect of the invention, wherein (a) if the patient is diagnosed of suffering from a synucleinopathy, or of being suspicious of suffering from a synucleinopathy, then the initiation of the medical regimen is recommended, and (b) if the subject is diagnosed of not suffering from a synucleinopathy, the follow-up is performed optionally in consideration of the result of an examination of the patient by a physician.

35 The inventors have further found that the amount of SNCA_{tv2} and SNCA_{tv3} transcripts may serve to monitor synucleinopathies progression because said amount is inversely correlated with the alpha -synuclein aggregation rate in

the brain of the patients (see example 4). As a result, the amount of SNCA_{tv2} and SNCA_{tv3} transcripts may also be useful for determining the response to a medical regime that is administered to the patient to treat a synucleinopathy.

- 5 Thus another aspect of the invention refers to a method to establish the response of a human patient which has been diagnosed with a synucleinopathy to a medical regime for the treatment of the synucleinopathy, which method comprises determining the amount of at least one human alpha-synuclein gene transcript selected from the group consisting of
- 10 SNCA_{tv3} and SNCA_{tv2} in a biological sample obtained from the patient being treated and comparing said amount of transcript(s) with the amount of transcript(s) determined for the same patient before the treatment or at an earlier phase of the treatment, wherein a difference in the amount of transcript(s) with respect to before the treatment or earlier phase of the
- 15 treatment is indicative of a the response to the medical regime.

For a better understanding, the present invention is described below with reference to the accompanying figures, which are presented by way of example, and in no way meant to be limiting of the present invention.

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BRIEF DESCRIPTION OF THE FIGURES

- Figure 1 shows the change of expression of transcripts SNCA_{tv1} (SEQ ID NO: 4), SNCA_{tv2}, SNCA_{tv3}, and SNCA112 (SEQ ID NO: 5) in PD and DLB
- 25 patients regarding healthy controls.

- Figure 2 shows the change in expression of transcripts SNCA_{tv1} (vertical lines), SNCA_{tv2} (diagonal), SNCA_{tv3} (squares) and SNCA112 (horizontal lines) at different groups of patients with DLB: who developed the disease
- 30 before age 65 between 65 to 74 years and after 75 years compared to healthy matched controls age.

- Figure 3 shows the change in expression of transcripts SNCA_{tv1} (vertical lines), SNCA_{tv2} (horizontal lines), SNCA_{tv3} (diagonal) and SNCA112
- 35 (squares) in different groups of patients diagnosed with DLB: 0 to 1 year, 2 years, 3 to 4 years or over 4 years from diagnosis of the disease, compared to healthy controls.

Figure 4 shows SNCA_{tv3} expression levels in blood during disease progression, namely, for less than 1 year, for 2 years, for 3-4 years and for more than 4 years since the onset of disease. The Y axis represents SNCA_{tv3} expression change

DETAILED DESCRIPTION OF THE INVENTION

The term "synucleinopathies" as used herein refers to a group of disorders characterised by the abnormal accumulation of aggregates of alpha-synuclein protein in neurons, nerve fibres or glial cells. This group includes Parkinson's disease and dementia with Lewy bodies. Other rare disorders, such as multiple system atrophy and various neuroaxonal dystrophies also have alpha-synuclein pathologies.

As used herein "alpha-synuclein gene", "SNCA" and "SNCA gene" are indistinctively used to refer to the alpha-synuclein gene, while alpha-synuclein is used to refer to the corresponding protein.

As used herein, the term "transcript" or "transcripts" refers to complete transcripts or specific regions thereof. That refers to complete molecules of ribonucleic acid (RNA) or to specific regions thereof.

As used herein, the terms "transcript SNCA_{tv1}", "transcript SNCA_{tv2}", "transcript SNCA_{tv3}", "transcript SNCA112", "SNCA_{tv1}", "SNCA_{tv2}", "SNCA_{tv3}" and "SNCA112" refer to regions or fragments present in the different RNAs derived or produced from the SNCA gene or to complete transcripts or RNA molecules derived or produced from the SNCA gene.

Herein, the terms "biological sample", "biological fluid sample", "biological fluid" and their plurals are used as equivalent and interchangeable for referring to liquids derived from an individual.

As used herein, the terms "DLB" and "Dementia with Lewy bodies" refer to any stage of DLB, regardless of the age of patient or time since diagnosis.

As mentioned above, the present invention provides, in a first aspect, a method for the *in vitro* diagnosis of synucleinopathies in a human patient comprising the step of determining the amount of at least one transcript of the human alpha-synuclein gene (SNCA) selected from the group consisting of
5 SNCAtv2 (SEQ ID NO: 2) and SNCAtv3 (SEQ ID NO: 3) in a biological sample obtained from the patient.

In a particular embodiment of the first aspect of the invention, when the amount of the transcript(s) determined for the patient is reduced with respect
10 to a reference value, this is indicative of a synucleinopathy in the patient.

The term "reference value" referred to in the method of the first aspect is to be understood as a predefined amount of SNCAtv2 or SNCAtv3 transcripts, which are derived from the amounts of said marker in a sample or group of
15 samples. The samples are taken from a subject or group of control subjects that do not suffer from any neurological symptomatology. The skilled person in the art, making use of the general knowledge, is able to choose the subject or group of subjects more adequate for obtaining the reference value.

20 In one embodiment, the reference value is determined from a population of control subjects that do not show any synucleinopathy. According to the findings of the present inventors, when the amount of SNCAtv2 and SNCAtv3 in the patient being tested was significantly decreased when compared to the reference value obtained from subjects without neurological symptomatology,
25 it would be indicative that the patient suffers from a synucleinopathy. From said data, the clinician is able to take appropriate decisions to treat the patient, i.e. to apply a therapy that is appropriate for synucleinopathies.

In a particular embodiment, the method of the invention comprises
30 determining the amount of at least SNCAtv3 in the sample. In another embodiment, the method of the invention comprises determining both SNCAtv2 and SNCAtv3 transcripts. According to the findings of the present inventors, when the amount of both SNCAtv2 and SNCAtv3 in the subject being tested was significantly decreased compared to the reference value
35 obtained from subjects without neurological symptomatology, it would be indicative that the patient suffers from DLB. Thus Since the method of the invention allows for differential diagnosis of DLB with respect to other

synucleinopathies, in particular, with respect to Parkinson disease, by applying the present method the clinician may decide to recommend specific medical regimes that are indicated for treating DLB. In particular, the clinician may recommend administering acetylcholine esterase inhibitors to the
5 patient.

With the diagnostic method of synucleinopathies of the present invention the disease can be diagnosed at any stage and regardless of patient age. However, it is an advantage of the present invention that an early diagnosis of
10 synucleinopathies is achieved. In particular embodiments, early diagnosis of DLB is achieved by use of the present method when determining the amount of SNCA_{tv2} and SNCA_{tv3}. In one embodiment the diagnosis is performed in patients that have recently developed the disease, in particular the diagnosis is performed less than 3 years from the onset of the disease, more particularly
15 less than 2 or less than 1 year from onset of disease. In another embodiment, the diagnosis is performed in patients of age below 75, or in patients of age below 65 years.

In a preferred embodiment, the sample of human biological fluid is selected
20 from a group comprising blood, plasma, saliva, urine, cerebrospinal fluid, semen and derivatives thereof. The method of diagnosis of synucleinopathies of the present invention has as additional advantages that it is a non-invasive method, even in its early stages; also, it is a reliable and inexpensive method compared to current techniques.

25 Determining the amount of SNCA_{tv2} and/or SNCA_{tv3} transcripts can be performed by any method known to the skilled person, provided that said method permits the detection and quantification of RNA in a biological sample. Included among the examples of these procedures are PCR, quantitative real-
30 time PCR (QPCR), multiplex PCR, NASBA, LCR, RT-PCR, RNA sequencing, array hybridization or "Northern" transfer, or combinations of these. In a preferred embodiment, the determination of the amount of the SNCA transcripts is performed by quantitative real-time PCR.

35 In most methods of detection and quantification of RNA mentioned above, before performing this procedure it is necessary to convert the RNA to

complementary DNA (cDNA). This conversion is accomplished by known techniques by skilled in the art, such as reverse transcription, among others.

Furthermore, in most procedures that can be used in the method of the present invention, the use of primers is required to detect and/or amplify transcripts of interest. A skilled artisan would get easily and directly the sequence of the primers that can be used from the sequence of transcripts to be analysed. In a preferred embodiment of the present invention, the primer sequences are derived from the sequence of the transcript SNCA_{tv}2 (SEQ ID NO: 2). In another preferred embodiment, the primer sequences are obtained from SNCA_{tv}3 transcript sequence (SEQ ID NO: 3). In a further embodiment the primers used for determining the amount of SNCA_{tv}2 are those with SEQ ID NO: 6 and SEQ ID NO: 8, while the primers used for determining the amount of SNCA_{tv}3 are those with SEQ ID NO: 7 and SEQ ID NO: 8.

The present invention requires comparing the amount of the SNCA_{tv}2 and/or SNCA_{tv}3 transcript in a sample obtained from the patient with a reference value. If the amount of the transcript(s) determined in patient's sample is significantly reduced with respect to the reference value, this is indicative of the presence of a synucleinopathy in the patient. As mentioned above, the reference value is determined from a population of control subjects that do not show neurological symptomatology, in particular subjects that do not suffer from any synucleinopathy. The skilled person may use any available method to establish said comparison. For instance, when qPCR is used for determining the amount of the transcripts, the comparison between the amount of transcripts in the patient's and the amount of transcripts in the control subjects may be established by using the comparative Ct method. The "Ct" or "Ct value" of a qPCT reaction for a given target nucleic acid has the sense generally given in the art, i.e., the cycle threshold value. The Ct value means the number of PCR cycles where the reporter dye signal is sufficiently high to cross an automatically or manually determined threshold value, and it is a relative measure of the concentration of nucleic acid target in the qPCR reaction.

The comparative Ct method is also known as $\Delta\Delta\text{Ct}$ ($2^{-\Delta\Delta\text{Ct}}$) method, where:

$\Delta\Delta\text{Ct} = \Delta\text{Ct}(\text{patient}) - \Delta\text{Ct}(\text{control subjects})$, and

$$\Delta Ct = Ct(\text{transcript of interest}) - Ct(\text{transcript of the housekeeping gene})$$

The housekeeping gene may be selected according to parameters well known to the skilled person. In particular embodiments, the housekeeping gene is beta-actin and hydroxymethylbilan. In a further particular embodiment, DLB is diagnosed when the reduction of the amount of the transcript(s) determined for the patient with respect to their respective reference values, wherein the reference value is the mean amount of transcript in control subjects, is calculated by the $\Delta\Delta Ct$ method, and said $\Delta\Delta Ct$ method yields a coefficient below 0.5. In one embodiment the tested subject is diagnosed with a synucleinopathy when the comparative Ct method yields a coefficient below 0.5 for SNCA_{tv3}. In a particular embodiment, the patient is diagnosed with DLB when the comparative Ct method yields a coefficient below 0.5 for both SNCA_{tv2} and SNCA_{tv3} transcripts.

As mentioned above, a second aspect of the invention provides for use of means for determining the amount of at least one transcript of the human alpha-synuclein gene selected from the group consisting of SNCA_{tv2} and SNCA_{tv3} in a biological sample for the diagnosis of synucleinopathies in the method as defined in the first aspect. A particular embodiment refers to use of means for determining the amount of both SNCA_{tv2} and SNCA_{tv3} transcripts in a biological sample for the diagnosis of DLB. In certain embodiments said means are primers to determine the amount of the transcripts by qPCR. In particular embodiments, the primers used for determining the amount of SNCA_{tv2} are those with SEQ ID NO: 6 and SEQ ID NO: 8, while the primers used for determining the amount of SNCA_{tv3} are those with, SEQ ID NO: 7 and SEQ ID NO: 8. Thus, in a particular embodiment the means comprise at least one pair of primers selected from SEQ ID NO: 6/SEQ ID NO: 8 and SEQ ID NO: 7/SEQ ID NO: 8. In other embodiments the means include both pairs of primers defined above. In further particular embodiments any of the above means are comprised in a kit for the diagnosis of synucleinopathies, particularly for the differential diagnosis of DLB.

As will be evident for the skilled person, the above means, included or not in a kit, may also be employed for determining the amount of SNCA_{tv2} and/or SNCA_{tv3} transcripts for determining the progression of the synucleinopathy, deciding or recommending initiating a medical regime for the treatment of the

synucleinopathy in the tested subject or establishing the response of a patient to a medical regime for the treatment of the synucleinopathy. In particular embodiments, the above means are for determining the amount of SNCA_{tv2} and SNCA_{tv3} transcripts for determining the progression of the DLB, deciding
5 or recommending initiating a medical regime for the treatment of DLB in the tested subject or establishing the response of a patient to a medical regime for the treatment of DLB.

As mentioned above, the present invention provides the use of at least one
10 human alpha-synuclein gene transcript selected from SNCA_{tv2} and SNCA_{tv3} for the diagnosis of synucleinopathies. In a particular embodiment the invention provides use SNCA_{tv3} for the diagnosis of synucleinopathies. In another particular embodiment the invention provides use of both SNCA_{tv2} and SNCA_{tv3} alpha-synuclein gene transcripts for the differential diagnosis of
15 DLB.

The present invention also contemplates using SNCA_{tv2} and SNCA_{tv3} gene transcripts for the differential diagnosis of DLB in combination with at least one other marker known as being indicative of DLB. This may be rephrased as a
20 method for the *in vitro* diagnosis of a DLB in a human patient comprising the step of determining the amount of SNCA_{tv3} and SNCA_{tv2} in a biological sample obtained from the patient in combination with determining at least one other marker known as being indicative of DLB. In particular embodiments, the other marker is one of the polymorphic sites in BChE gene disclosed in
25 EP2539461. In another particular embodiment, the other marker is the polymorphic site at position 68974 in BChE gene as defined by NCBI Accession Number NG_009031 (i.e. position 934 in SEQ ID NO: 9, which corresponds to SEQ ID NO: 28 of EP2539461). In other particular
30 embodiments, in addition to the polymorphic site at position 68974 in BChE gene, other variations in BChE gene are detected selected from the group consisting of the polymorphic sites at position 3687, 4206, 4443 and the poly-thymine region at positions 4780 to 4786 in NCBI Accession Number NG_009031 (i.e. positions 3687, 4206, 4443 and 4780-4786 respectively in
SEQ ID NO: 10, which corresponds to SEQ ID NO: 1 of EP2539461).

35

The invention also provides a method of deciding or recommending to initiate a medical regime for the treatment of a synucleinopathy in a patient by

determining the amount of at least one of SNCA_{tv2} and SNCA_{tv3} transcripts. In a particular embodiment said method comprises the steps of (a) determining the amount of at least one human alpha-synuclein gene transcript selected from SNCA_{tv2} and SNCA_{tv3} in a biological sample obtained from the patient; and (b) comparing the level obtained in step (a) with a reference value, wherein if the amount of transcript(s) detected in step (a) is lower than the reference value it is indicative that the subject would benefit from a medical regimen for the treatment of synucleinopathies. In particular embodiments, the amount of SNCA_{tv3} is determined for deciding on the medical regime for the treatment of synucleinopathies. In further embodiments, the amount of both SNCA_{tv2} and SNCA_{tv3} is determined and, when both SNCA_{tv2} and SNCA_{tv3} are lower than a reference value, it is indicative that the subject would benefit from a medical regimen for the treatment of DLB.

Lastly, the invention is also directed to the use of at least one of SNCA_{tv2} or SNCA_{tv3} transcripts to determine synucleinopathies progression in a patient, and also to a method of establishing the response of a patient to a medical regime for the treatment of synucleinopathies by determining the amount of at least one of SNCA_{tv2} or SNCA_{tv3} transcripts. In a particular embodiment the method to establish the response of a patient which has been diagnosed with a synucleinopathy to a medical regime for the treatment of the synucleinopathy comprises determining the amount of at least one human alpha-synuclein gene transcript selected from the group consisting of SNCA_{tv3} and SNCA_{tv2} in a biological sample obtained from the patient being treated and comparing said amount of transcript(s) with the amount of transcript(s) determined for the same patient before the treatment or at an earlier phase of the treatment, wherein an increase of the amount of transcript(s) with respect to before the treatment or earlier phase of the treatment is indicative of a good response to the medical regime. In particular embodiments, the transcript for determining disease progression or establishing response to a medical regime is SNCA_{tv3}. In some embodiments, both SNCA_{tv2} and SNCA_{tv3} transcripts are determined for determining DLB progression or establishing response to a medical regime for the treatment of DLB..

Throughout the description and claims the word "comprise" and variations of the word, are not intended to exclude other technical features, additives,

components, or steps. Furthermore, the word “comprise” encompasses the case of “consisting of”. Additional objects, advantages and features of the invention will become apparent to those skilled in the art upon examination of the description or may be learned by practice of the invention. The following
5 examples and drawings are provided by way of illustration, and they are not intended to be limiting of the present invention. Reference signs related to drawings and placed in parentheses in a claim, are solely for attempting to increase the intelligibility of the claim, and shall not be construed as limiting the scope of the claim. Furthermore, the present invention covers all possible
10 combinations of particular and preferred embodiments described herein.

EXAMPLES

Example 1. Study of the expression of transcripts SNCA_{tv1}, SNCA_{tv2},
15 SNCA_{tv3} and SNCA112 in patients diagnosed with PD, DLB and control subjects (control subjects did not present any neurological symptomatology).

Expression of four transcripts of the alpha-synuclein gene was analysed: SNCA_{tv1}, SNCA_{tv2}, SNCA_{tv3} and SNCA112, in control subjects and patients
20 diagnosed with DLB or PD. For this purpose blood samples of 8 control subjects, 32 DLB patients and 12 PD patients were collected. The clinical diagnosis of the individuals was conducted in the Departments of Neurology of the Hospitals Germans Trias i Pujol and Bellvitge (Spain).

25 RNA from these blood samples was isolated by methods known in the technique and converted to cDNA (complementary DNA).

For this, 2.5 ml of peripheral blood were extracted from each of the individuals included in the study. This blood was collected in PAXgene Blood RNA tubes
30 (Preanalytix, Hombrechtikon, Switzerland). RNA was extracted using the PAXgene Blood RNA Kit (Preanalytix, Hombrechtikon, Switzerland) following the manufacturer's instructions. Briefly, the tubes were centrifuged at 4500g and the obtained pellet of sedimented blood cells was washed 2 to 3 times. After washing, the blood cells were lysed and the resulting solution was
35 introduced into the columns included in the kit mentioned above and nucleic acids contained in the sample bound to the columns while the remaining contaminants were eluted. Then, the DNA was eliminated by application of

DNases to the columns. Prior to the recovery of RNA several cycles of washing and centrifugation were performed. Finally, RNA was eluted using 80µL of elution buffer included in the above mentioned kit.

- 5 RNA concentration of the different samples was measured by applying 1 to 2 µL in a DS-11 spectrophotometer (DeNovix, Willington, DE, United States).

Based on these concentrations of RNA, reverse transcription (conversion of RNA to complementary DNA) was carried out by the use of the kit "Ready-kit to goTM You-Prime First-Strand Beads" (GE Healthcare Life Sciences, Uppsala, Sweden) and instructions provided by the manufacturer. For this, 1 mg of RNA was diluted in a final volume of 32 µL and afterwards denatured by applying a temperature 65°C for 10 minutes. After denaturation, said RNA and 1 µL of random primers were added to the tubes provided by the manufacturer in the kit and these tubes were incubated for 1 hour at 37°C.

The cDNA obtained was analysed by the technique of real time polymerase chain reaction (QPCR) using the primers listed in Table 1 and the marker SYBR Green. Beta-actin and hydroxymethylbilane synthase genes were used as "housekeeping" genes to normalize the expression of transcripts of interest.

Table 1.

Primer Label	Primer sequence (5 'to 3')	Comments
SNCA-1U (SEQ ID NO: 7)	ATCCAGGAACAGCTGTCTTC	Specific primer for transcript SNCA _{tv3}
SNCA-2aU (SEQ ID NO: 9)	TTCAAGCCTTCTGCCTTTCC	Specific primer for transcript SNCA _{tv1}
SNCA-2bU (SEQ ID NO: 6)	AGTCGGAGTTGTGGAGAAGC A	Specific primer for transcript SNCA _{tv2}
SNCA-4L (SEQ ID NO: 8)	ACCACTGCTCCTCCAACAT	Generic primer for the studied SNCA transcripts
Primer Label	Primer sequence (5 'to 3')	Comments
SNCA-3U (SEQ ID NO: 10)	GTGCATGGTGTGGCAACA	Generic primer for the studied SNCA

		transcripts
SNCA-4/6L (SEQ ID NO:11)	ATACCCTTCCTTGCCCAAC	Specific primer transcript SNCA112
β -actin U1 (SEQ ID NO: 12)	CGAGAAGATGACCCAGATCA	β -actin primer
b-actin L1 (SEQ ID NO: 13)	TACATGGCTGGGGTGTGAA	β -actin primer
PBGD_U1 (SEQ ID NO: 14)	ACACACAGCCTACTTTCCAAG	Primer for hydroxymethylbilan synthase
PBGD_L1 (SEQ ID NO: 15)	TCAATGTTGCCACCACACTGT	Primer for hydroxymethylbilan synthase

- The reaction was carried out using 0.1 mL tubes (Strips Tubes and Cups, Qiagen, Hilden, Germany) and the QuantiTect SYBR Green PCR kit (Qiagen, Hilden, Germany). The final reaction volume for each sample was 15 μ L, including 16 pmol of each primer necessary for the reaction (see in Table 2 below primer combinations used) and 1 μ L cDNA.

Table 2.

Combination of primers	Amplified transcript
SNCA-1U and SNCA-4L	SNCA _{tv3}
SNCA-2AU and SNCA-4L	SNCA _{tv1}
SNCA-2BU and SNCA-4L	SNCA _{tv2}
SNCA-3U and SNCA-4/6L	SNCA112
Combination of primers	Amplified transcript
β -actin U1 and β -actin L1	β -actin
PBGD_U1 and PBGD_L1	hydroxymethylbilan synthase

Then the tubes were placed in the Rotor-Gene 6000 equipment (Qiagen, Hilden, Germany) for performing the QPCR using the rotor for 72 tubes and fixed the following protocol:

- initial denaturation step at 95°C for 15 minutes;

- 40 consecutive cycles of denaturation-annealing-amplification with the following structure of temperature variation (the fluorescence data were acquired in the last second of each of the cycles):

95°C for 15 seconds

- 5 20 seconds: 54°C for hydroxymethylbilan synthase, 56°C for SNCA112 and β -actin, and 58°C for SNCA_{tv1}, SNCA_{tv2} and SNCA_{tv3}.

72°C for 30 seconds

- At the end of the protocol, a Ct value was obtained for each analysed transcript and for each sample. Each set of measurements performed on the Rotor-Gene 6000 equipment (Qiagen Hilden, Germany) was carried out in duplicate.
- 10

- The data obtained were analysed using the methodology $\Delta\Delta Ct$ ($\Delta\Delta Ct$), based on that the PCR reaction takes place with the same efficiency for both transcripts those to be analysed and the "housekeeping" genes. To perform calculations corresponding to the $\Delta\Delta Ct$ method the following Formulas 1, 2 and 3 were applied consecutively to the Ct values obtained previously:
- 15

- Formula 1, applied between Ct values obtained for the different transcripts of interest, ie SNCA_{tv1}, SNCA_{tv2}, SNCA_{tv3} and SNCA112, and Ct values obtained for the transcripts of the "housekeeping" genes, beta-actin and hydroxymethylbilan synthase genes, within a sample or individual, either the group of patients with DLB or the group of healthy controls, permitting to obtain ΔCt for each transcript of interest in each individual:
- 20
- 25

$$\Delta Ct = Ct_{\text{transcript of interest}} - Ct_{\text{transcript of the housekeeping gene}}$$

- Formula 2, applied between ΔCt values of the same transcript in patients with DLB and control subjects: $\Delta\Delta Ct = \Delta Ct_{\text{patient}} - \Delta Ct_{\text{control}}$
- 30

Formula 3: $2^{-\Delta\Delta Ct}$

- After application of the formulas above, the value of variation of expression of each of the transcripts of interest was obtained in connection with the expression thereof in the control subjects.
- 35

According to the $\Delta\Delta C_t$ methodology, it is considered that a decrease in expression is significant when the value obtained after normalization to the value of expression in control subjects is less than 0.5. Likewise, it is considered that an increase in expression is significant when the value
 5 obtained after normalization mentioned above, is greater than 1.5.

In this sense, in Table 3 are shown the average values of expression change of transcripts SNCA_{tv1}, SNCA_{tv2}, SNCA_{tv3} and SNCA112 regarding to their expression in control subjects with the confidence interval in parentheses
 10 (confidence level 95%). According to the aforesaid, the results shown in Table 3 were considered significant:

- In the case of decreased expression compared to control subjects, the maximum value of the confidence interval was less than 0.5; and
- 15 - In the case of increased expression relative to control subjects, the minimum value of the confidence interval was greater than 1.5.

Table 3.

	SNCA _{tv1}	SNCA _{tv2}	SNCA _{tv3}	SNCA112
PD patients (expression variation of the transcript)	0.85 (0.83-0.88)	0.54 (0.53-0.55)	0.45 (0.43-0.47)	0.75 (0.68-0.82)
DLB patients (expression variation of the transcript)	0.57 (0.54-0.60)	0.37 (0.31-0.45)	0.33 (0.32-0.34)	0.81 (0.56-1.18)

20 The results of Table 3 are represented schematically in Figure 1.

Both Table 3 and Figure 1 show that transcript SNCA_{tv3} showed a significant reduction of expression in patients with synucleinopathies (PD and DLB) with respect to control subjects. Additionally, it is shown that both SNCA_{tv2} and
 25 SNCA_{tv3} showed a significant reduction of expression in patients with DLB. However, it was noted that neither transcript SNCA_{tv1} and nor SNCA112 showed significant differences in expression between patients with PD or DLB and control subjects.

The sensitivity and specificity of SNCA_{tv2} and SNCA_{tv3} transcripts for the diagnosis of DLB were above 90%.

- 5 Example 2. Influence of age of onset of the disease in patients with DLB on expression of transcripts SNCA_{tv1}, SNCA_{tv2}, SNCA_{tv3} and SNCA112.

Data of variation of expression of transcripts SNCA_{tv1}, SNCA_{tv2}, SNCA_{tv3} and SNCA112 in patients with DLB normalized versus control subjects
 10 obtained in Example 1 were divided into three groups depending on the age of DLB beginning of the patients: before an age of 65 years (4 patients), between 65 and 74 years (16 patients) and after 75 years (12 patients).

The results obtained are summarized in the following Table 4 and shown in Figure 2.

15

Table 4.

	SNCA _{tv1}	SNCA _{tv2}	SNCA _{tv3}	SNCA112
DLB patients who debuted with disease before age of 65 years	0.54 (0.32-0.93)	0.21 (0.15-0.29)	0.13 (0.12-0.14)	0.69 (0.50-0.98)
DLB patients who debuted with disease between 65 and 74 years	0.55 (0.52-0.58)	0.46 (0.38-0.54)	0.36 (0.33-0.39)	0.76 (0.52-1.09)
DLB patients who debuted with disease after 75 years	0.57 (0.47- 0.68)	0.35 (0.26-0.48)	0.4 (0.35-0.47)	0.96 (0.64-1.43)

As in the case of Example 1, the data shown in Table 4 were significant:

- 20 - In the case of decreased expression compared to control subjects, the maximum value of the confidence interval was less than 0.5; and

- In the case of increased expression relative to control subjects, the minimum value of the confidence interval was greater than 1.5.

Both Table 4 and Figure 2 show that transcripts SNCA_{tv2} and SNCA_{tv3} showed, in virtually all cases, a significant reduction of expression in DLB patients compared to control subjects. The only exception was observed in the group of patients with DLB debut aged between 65 and 74 years. In this group, the transcript SNCA_{tv2} showed no significant difference in its expression relative to control subjects, but a clear trend to reduced expression compared with control subjects. Therefore, expression of the transcripts SNCA_{tv2} and SNCA_{tv3} is reduced in patients with DLB independently on age of onset of the disease. Instead, it was observed that transcripts SNCA_{tv1} and SNCA112 showed no significant differences in expression between patients with DLB and control subjects in either group.

15

Both the sensitivity and specificity of SNCA_{tv2} and SNCA_{tv3} transcripts for the diagnosis of DLB were above 90% in all groups studied.

Example 3. Influence of time since diagnosis of DLB on the expression of SNCA_{tv1}, SNCA_{tv2}, SNCA_{tv3} and SNCA112 transcripts

20

Data of variation of expression of transcripts SNCA_{tv1}, SNCA_{tv2}, SNCA_{tv3} and SNCA112 in patients with DLB normalized versus control subjects obtained in Example 1 were divided into four groups according to time since diagnosis: 0 to 1 year (6 patients), 2 years (9 patients), among 3 and 4 years (7 patients) and more than 4 years (6 patients).

25

The results obtained are summarized in Table 5 and represented in the Figure 3.

30

Table 5.

Time of diagnosis (years)	SNCA _{tv1}	SNCA _{tv2}	SNCA _{tv3}	SNCA112
between 0 and 1 year	0.68 (0.64-0.72)	0.3 (0.23-0.40)	0.24 (0.21-0.28)	0.63 (0.35-1.13)

2 years	0.43 (0.34-0.54)	0.4 (0.36-0.45)	0.27 (0.23-0.32)	0.69 (0.48-1.05)
between 3 and 4 years	0.52 (0.41-0.66)	0.33 (0.23-0.46)	0.37 (0.35-0.40)	0.75 (0.73-0.79)
more than 4 years	0.41 (0.29-0.57)	0.33 (0.32-0.34)	0.59 (0.50-0.68)	0.69 (0.41-1.16)

As in the case of Example 1, the data shown in Table 5 were significant:

- In the case of decreased expression compared to control subjects, the maximum value of the confidence interval was less than 0.5; and
- 5 - In the case of increased expression relative to control subjects, the minimum value of the confidence interval was greater than 1.5.

Both Table 5 and Figure 3 show that the transcripts SNCA_{tv2} and SNCA_{tv3} showed, in virtually all cases, a significant reduction in their expression in
10 different groups of patients with DLB compared to control subjects. The only exception was observed in the group of patients with DLB diagnosed more than four years ago. In this group the SNCA_{tv3} transcript showed no significant variation in expression respect to control subjects, but a clear trend of reduction of expression relative to said control subjects. Therefore, the
15 expression of transcripts SNCA_{tv2} and SNCA_{tv3} is reduced in patients with DLB regardless of the time elapsed since diagnosis.

In contrast, it was observed that transcripts SNCA_{tv1} and SNCA112 did not show significant differences significant in their expression between
20 patients with DLB and control subjects.

The sensitivity and specificity of SNCA_{tv2} and SNCA_{tv3} transcripts for the diagnosis of DLB were above 90% in all groups studied.

25

Example 4. Influence of disease progression on the expression of SNCA_{tv1}, SNCA_{tv2}, SNCA_{tv3} and SNCA112 transcripts

Data of variation of expression of transcripts SNCA_{tv1}, SNCA_{tv2}, SNCA_{tv3} and SNCA112 in patients with DLB normalized versus control subjects obtained in Example 1 were divided into four groups according to time of disease progression: 0 to 1 year (6 patients), 2 years (9 patients), among 3 and 4 years (7 patients) and more than 4 years (6 patients).

The results obtained are summarized in Table 6 and represented in the Figure 4.

- 10 Table 6. Expression of transcripts SNCA_{tv1}, SNCA_{tv2}, SNCA_{tv3} and SNCA112 in patients with DLB normalized versus control subjects during disease progression

Disease progression (years)	SNCA _{tv1}	SNCA _{tv2}	SNCA _{tv3}	SNCA112
between 0 and 1 year	0.68 (0.64-0.72)	0.3 (0.23-0.40)	0.24 (0.21-0.28)	0.63 (0.35-1.13)
2 years	0.43 (0.34-0.54)	0.4 (0.36-0.45)	0.27 (0.23-0.32)	0.69 (0.48-1.05)
between 3 and 4 years	0.52 (0.41-0.66)	0.33 (0.23-0.46)	0.37 (0.35-0.40)	0.75 (0.73-0.79)
more than 4 years	0.41 (0.29-0.57)	0.33 (0.32-0.34)	0.59 (0.50-0.68)	0.69 (0.41-1.16)

- 15 As in the case of Example 1, the data shown in Table 5 were significant:
- In the case of decreased expression compared to control subjects, the maximum value of the confidence interval was less than 0.5; and
 - In the case of increased expression relative to control subjects, the minimum value of the confidence interval was greater than 1.5.

20

Both Table 6 and Figure 4 show that the transcripts SNCA_{tv2} and SNCA_{tv3} showed, in virtually all cases, a significant reduction in their expression in different groups of patients with DLB compared to control subjects.

Additionally, when correlating with the progression of DLB, it can be observed that the levels of SNCA transcript tv3 correlate inversely with the advance of the disease. Figure 4 also shows the results: blood obtained from patients
5 who debuted recently with DLB contains lowest SNCAtv3 levels, which increased with the progression of DLB. SNCAtv3 levels remained significantly diminished but were increasing year by year of disease duration until disease duration of 4 years. Patients who were suffering from DLB for more than 4 years did no longer present significantly diminished SNCAtv3 levels in blood.
10 The tendency is furthermore represented by the trend line overlaid in the graph (Figure 4).

It is known that alpha-synuclein expresses specifically in neurons and that its aggregation is a key event in the development of neuropathological changes
15 in synucleinopathies. It is also known that the development of neuropathological changes begins much earlier than symptoms become evident, namely in preclinical stages of the disease and that disease progression is associated with neuron loss. It is further known that at advanced stages of disease only a few neurons remain intact.

20 The above observations strongly indicate that: 1- alpha-synuclein aggregation rate is increased at preclinical stages of synucleinopathies, 2- alpha-synuclein aggregation rate is also increased during the first stages of disease, and 3- alpha-synuclein aggregation rate diminishes when disease is advancing due
25 to increasing neuron loss.

Taken together, the aforementioned observations and the results on SNCAtv3 expression levels in blood of DLB patients suggest that: 1- SNCAtv3 levels in blood inversely correlate with the alpha-synuclein aggregation rate in brain, 2-
30 determination of SNCAtv3 levels in blood may serve to detect pre-clinical alpha-synuclein aggregation events in the brain and 3- determination of SNCAtv3 levels in blood may serve to monitor alpha-synuclein aggregation rates in the brain, for example after the treatment with alpha-synuclein anti-aggregants in a clinical trial.

35 Example 5. Study of the expression of transcripts SNCAtv1, SNCAtv2, SNCAtv3 and SNCA112 in an additional and independent cohort of patients

diagnosed with DLB and control subjects (control subjects did not present any neurological symptomatology).

To validate results from examples 1-4, expression of four transcripts of the alpha-synuclein gene was analysed: SNCA_{tv1}, SNCA_{tv2}, SNCA_{tv3} and SNCA112, in additional control subjects and patients diagnosed with DLB. For this purpose blood samples of 22 control subjects and 48 DLB patients were collected. The clinical diagnosis of the individuals was conducted in the Departments of Neurology of the Hospitals Germans Trias i Pujol and Bellvitge (Spain).

The methodology used for the determination of the four transcripts of the SNCA gene was performed as described in example 1. The same RNA purification methods, reverse transcription, primers and QPCR were used and data analysis was also carried out by using the methodology $\Delta\Delta C_t$.

Table 6.

	SNCA _{tv1}	SNCA _{tv2}	SNCA _{tv3}	SNCA112
DLB patients (expression variation of the transcript)	0.59 (0.53-0.69)	0.48 (0.42-0.55)	0.42 (0.35-0.48)	0.88 (0.61-1.22)

As in the case of Example 1, the data shown in Table 4 were significant:

- In the case of decreased expression compared to control subjects, the maximum value of the confidence interval was less than 0.5; and
- In the case of increased expression relative to control subjects, the minimum value of the confidence interval was greater than 1.5.

Table 6 shows that transcripts SNCA_{tv2} and SNCA_{tv3} showed a significant reduction of expression in patients with DLB. However, it was noted that neither transcript SNCA_{tv1} and nor SNCA112 showed significant differences in expression between patients with DLB and control subjects.

The sensitivity and specificity of SNCA_{tv2} and SNCA_{tv3} transcripts for the diagnosis of DLB were above 90% in all groups studied.

Data of variation of expression of transcripts SNCA_{tv1}, SNCA_{tv2}, SNCA_{tv3} and SNCA112 in patients with DLB normalized versus control subjects were divided into three groups depending on the age of DLB beginning of the patients: before an age of 65 years (4 patients), between 65 and 74 years (16 patients) and after 75 years (12 patients). The results obtained are summarized in the following Table 7.

Table 7.

	SNCA _{tv1}	SNCA _{tv2}	SNCA _{tv3}	SNCA112
DLB patients who debuted with disease before age of 65 years	0.67 (0.53-0.87)	0.33 (0.27-0.39)	0.22 (0.21-0.24)	0.70 (0.47-1.06)
DLB patients who debuted with disease between 65 and 74 years	0.70 (0.58-0.85)	0.48 (0.47-0.49)	0.44 (0.42-0.46)	0.74 (0.46-1.21)
DLB patients who debuted with disease after 75 years	0.68 (0.59- 0.81)	0.51 (0.42-0.64)	0.46 (0.41-0.50)	1.04 (0.65-1.57)

10

Table 7 shows that transcripts SNCA_{tv2} and SNCA_{tv3} showed, in virtually all cases, a significant reduction of expression in DLB patients compared to control subjects. The only exception was observed in the group of patients with DLB debut aged after 75 years. In this group, the transcript SNCA_{tv2} showed no significant difference in its expression relative to control subjects, but a clear trend to reduced expression compared with control subjects. Therefore, expression of the transcripts SNCA_{tv2} and SNCA_{tv3} is reduced in patients with DLB independently on age of onset of the disease. Instead, it was observed that transcripts SNCA_{tv1} and SNCA112 showed no significant differences in expression between patients with DLB and control subjects in either group.

15

20

Both the sensitivity and specificity of SNCA_{tv2} and SNCA_{tv3} transcripts for the diagnosis of DLB were above 90% in all groups studied.

- 5 Data of variation of expression of transcripts SNCA_{tv1}, SNCA_{tv2}, SNCA_{tv3} and SNCA112 in patients with DLB normalized versus control subjects were divided into four groups according to time since diagnosis: 0 to 1 year (6 patients), 2 years (9 patients), among 3 and 4 years (7 patients) and more than 4 years (6 patients). The results obtained are summarized in Table 8.

10

Table 8.

Time of diagnosis (years)	SNCA _{tv1}	SNCA _{tv2}	SNCA _{tv3}	SNCA112
between 0 and 1 year	0.77 (0.72-0.83)	0.37 (0.28-0.46)	0.32 (0.28-0.36)	0.63 (0.32-1.13)
2 years	0.54 (0.44-0.66)	0.45 (0.42-0.49)	0.37 (0.36-0.39)	0.69 (0.46-1.05)
between 3 and 4 years	0.70 (0.51-0.86)	0.38 (0.27-0.49)	0.45 (0.40-0.51)	0.76 (0.73-0.79)
more than 4 years	0.48 (0.38-0.59)	0.43 (0.40-0.47)	0.60 (0.52-0.69)	0.69 (0.41-1.16)

As in the case of Example 1, the data shown in Table 5 were significant:

- 15 - In the case of decreased expression compared to control subjects, the maximum value of the confidence interval was less than 0.5; and
 - In the case of increased expression relative to control subjects, the minimum value of the confidence interval was greater than 1.5.

- 20 Table 8 shows that the transcripts SNCA_{tv2} and SNCA_{tv3} showed, in virtually all cases, a significant reduction in their expression in different groups of patients with DLB compared to control subjects. The only exception was observed in the group of patients with DLB diagnosed more than four years ago. In this group the SNCA_{tv3} transcript showed no

significant variation in expression respect to control subjects, but a clear trend of reduction of expression relative to said control subjects. Therefore, the expression of transcripts SNCA_{tv2} and SNCA_{tv3} is reduced in patients with DLB regardless of the time elapsed since diagnosis.

5

In contrast, it was observed that transcripts SNCA_{tv1} and SNCA₁₁₂ did not show significant differences significant in their expression between patients with DLB and control subjects.

- 10 The sensitivity and specificity of SNCA_{tv2} and SNCA_{tv3} transcripts for the diagnosis of DLB were above 90% in all groups studied.

REFERENCES CITED IN THE APPLICATION

15

EP2539461

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- 20 WO201069603

WO9950300

CLAUSES

25

1. A method for the *in vitro* diagnosis of a synucleinopathy in a human patient comprising the step of determining the amount of at least one transcript of the human alpha-synuclein gene (SNCA) selected from the group consisting of SNCA_{tv3} (SEQ ID NO: 3) and SNCA_{tv2} (SEQ ID NO: 2) in a biological
30 sample obtained from the patient.

2. The method according to claim 1, wherein when the amount of the transcript(s) determined for the patient is reduced with respect to a reference value, this is indicative of the presence of a synucleinopathy in the patient.

35

3. The method according to any of the claims 1-2, wherein the amount of SNCA_{tv3} transcript is determined.

4. The method according to any of the claims 1-3, wherein both SNCA_{tv2} and SNCA_{tv3} transcripts are determined.
- 5 5. The method according to claim 4, wherein the synucleinopathy is dementia with Lewy bodies.
6. The method according to any of the claims 1-5, wherein the step of determining the amount of SNCA transcript is performed by quantitative real-time PCR using primers with SEQ ID NO: 6 and SEQ ID NO: 8 for determining
10 SNCA_{tv2} and primers with SEQ ID NO: 7 and SEQ ID NO: 8 for determining SNCA_{tv3}.
7. The method according to any of the claims 5-6 that additionally comprises
15 determining at least one other marker known as being indicative of dementia with Lewy bodies.
8. Use of means for determining the amount of at least one transcript of the human alpha-synuclein gene selected from the group consisting of SNCA_{tv2}
20 and SNCA_{tv3} in a biological sample for the diagnosis of a synucleinopathy in the method as defined in any of the claims 1-6.
9. The use according to claim 8, wherein the means include at least one pair of primers selected from SEQ ID NO: 6/ SEQ ID NO: 8 and SEQ ID NO:
25 7/SEQ ID NO: 8.
10. The use of any of the claims 8-9, wherein the means form part of a kit.
11. Use of at least one human alpha-synuclein gene transcript selected from
30 SNCA_{tv2} and SNCA_{tv3} for the diagnosis of a synucleinopathy.
12. Use of SNCA_{tv2} and SNCA_{tv3} alpha-synuclein gene transcripts for the differential diagnosis of dementia with Lewy bodies.
- 35 13. Use according to claim 12 in combination with at least one other marker known as being indicative of dementia with Lewy bodies.

14. A method to establish the response of a patient which has been diagnosed with a synucleinopathy to a medical regime for the treatment of a synucleinopathy, which method comprises determining the amount of at least one human alpha-synuclein gene transcript selected from the group consisting of SNCA_{tv3} and SNCA_{tv2} in a biological sample obtained from the patient being treated and comparing said amount of transcript(s) with the amount of transcript(s) determined for the same patient before the treatment or at an earlier phase of the treatment, wherein an increase of the amount of transcript(s) with respect to before the treatment or earlier phase of the treatment is indicative of a good response to the medical regime.

15. The method according to claim 14, wherein the amount of SNCA_{tv3} transcript is determined.

CLAIMS

1. A method for the *in vitro* diagnosis of dementia with Lewy bodies in a human patient comprising the step of determining the amount of transcripts
5 SNCA_{tv3} (SEQ ID NO: 3) and SNCA_{tv2} (SEQ ID NO: 2) of the human alpha-synuclein gene (SNCA) in a biological sample obtained from the patient, wherein when the amount of both transcripts determined for the patient is reduced with respect to a reference value, this is indicative of the presence of dementia with Lewy bodies in the patient.
- 10 2. The method according to claim 1, wherein the step of determining the amount of SNCA transcript is performed by quantitative real-time PCR using primers with SEQ ID NO: 6 and SEQ ID NO: 8 for determining SNCA_{tv2} (SEQ ID NO: 2) and primers with SEQ ID NO: 7 and SEQ ID NO: 8 for
15 determining SNCA_{tv3} (SEQ ID NO: 3).
3. The method according to any of the claims 1-2, which is for the differential diagnosis of dementia with Lewy bodies with respect to Parkinson disease.
- 20 4. The method according to any of the claims 1-3 that additionally comprises determining at least one other marker known as being indicative of dementia with Lewy bodies.
5. Use of means for determining the amount of at least one transcript of the
25 human alpha-synuclein gene selected from the group consisting of SNCA_{tv2} (SEQ ID NO: 2) and SNCA_{tv3} (SEQ ID NO: 3) in a biological sample for the diagnosis of dementia with Lewy bodies in the method as defined in any of the claims 1-4.
- 30 6. The use according to claim 5, wherein the means include the pair of primers SEQ ID NO: 6/ SEQ ID NO: 8 and SEQ ID NO: 7/SEQ ID NO: 8.
7. The use of any of the claims 5-6, wherein the means form part of a kit.
- 35 8. Use of human alpha-synuclein gene transcripts SNCA_{tv2} (SEQ ID NO: 2) and SNCA_{tv3} (SEQ ID NO: 3) for the diagnosis of dementia with Lewy bodies.

9. Use according to claim 8 in combination with at least one other marker known as being indicative of dementia with Lewy bodies.

10. A method of deciding or recommending to initiate a medical regime for the treatment of dementia with Lewy bodies in a patient comprising the steps of:
5 (a) determining the amount of SNCA_{tv2} (SEQ ID NO: 2) and SNCA_{tv3} (SEQ ID NO: 3) transcripts in a biological sample obtained from the patient, and
(b) comparing the level obtained in step (a) with a reference value,
wherein if the amount of both transcripts detected in step (a) is lower than the
10 reference value it is indicative that the subject would benefit from a medical regimen for the treatment of dementia with Lewy bodies.

11. The method according to claim 10, wherein the medical regime which is recommended comprises administering acetylcholine esterase inhibitors.
15

12. A method to establish the response of a patient which has been diagnosed with dementia with Lewy bodies to a medical regime for the treatment of dementia with Lewy bodies, which method comprises determining the amount of human alpha-synuclein gene transcripts SNCA_{tv3} (SEQ ID NO: 3) and
20 SNCA_{tv2} (SEQ ID NO: 2) in a biological sample obtained from the patient being treated and comparing said amount of transcripts with the amount of the transcripts determined for the same patient before the treatment or at an earlier phase of the treatment, wherein an increase of the amount of both transcripts with respect to before the treatment or earlier phase of the
25 treatment is indicative of a good response to the medical regime.

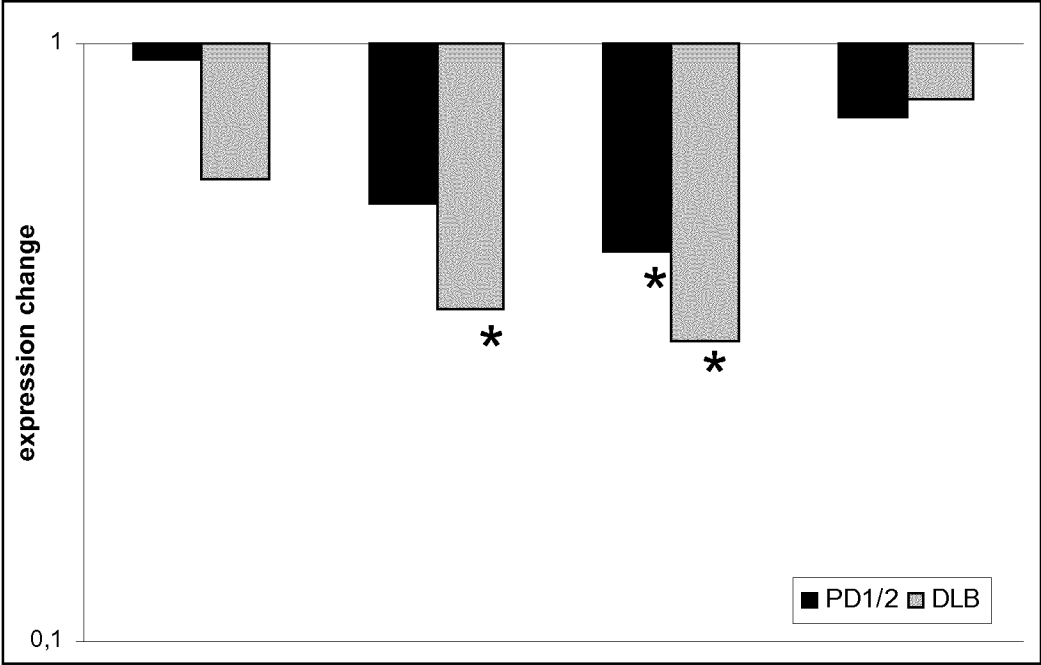


FIG. 1

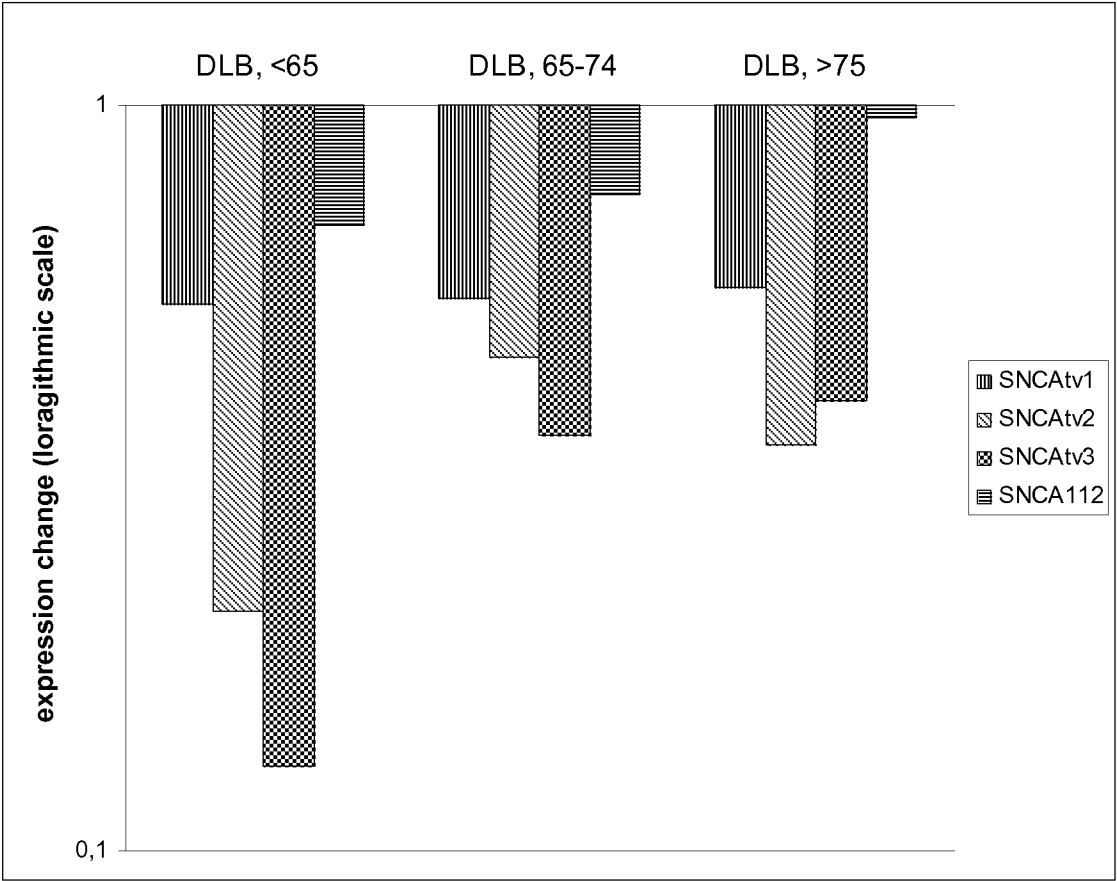


FIG. 2

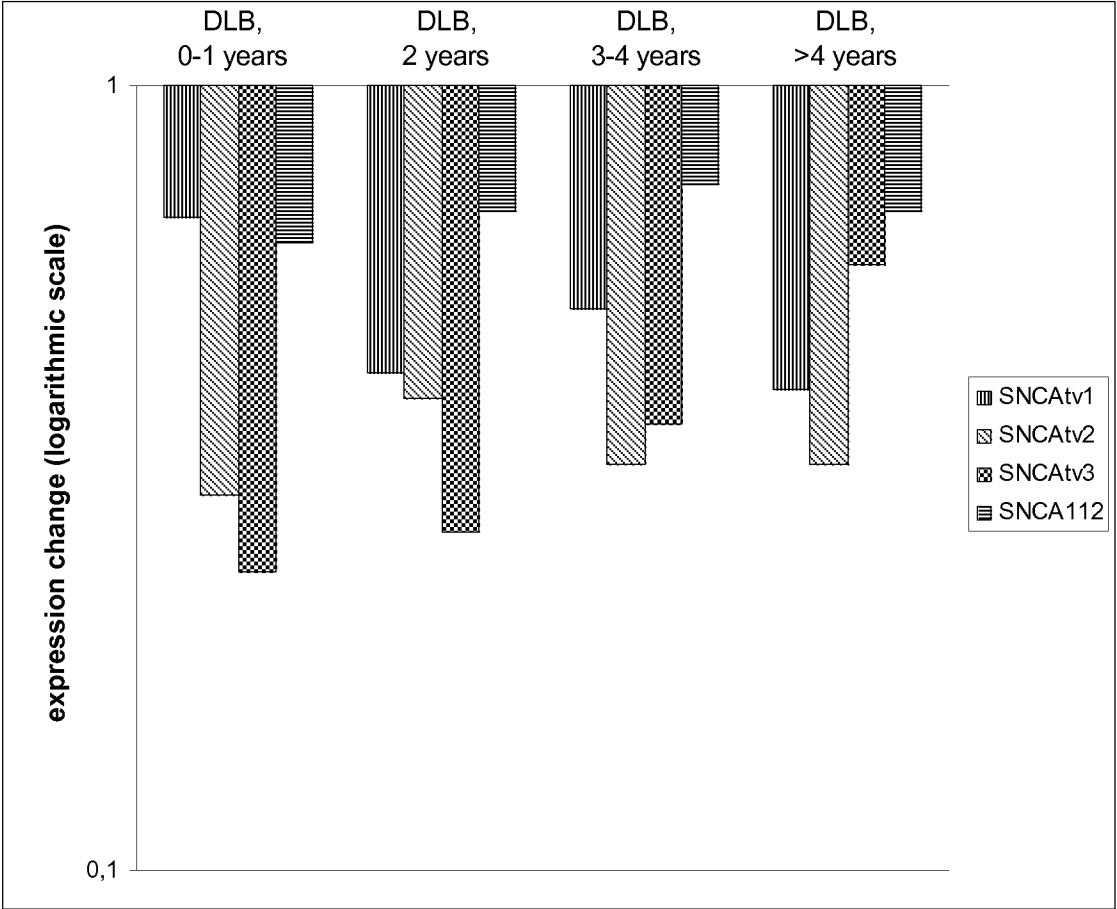


FIG. 3

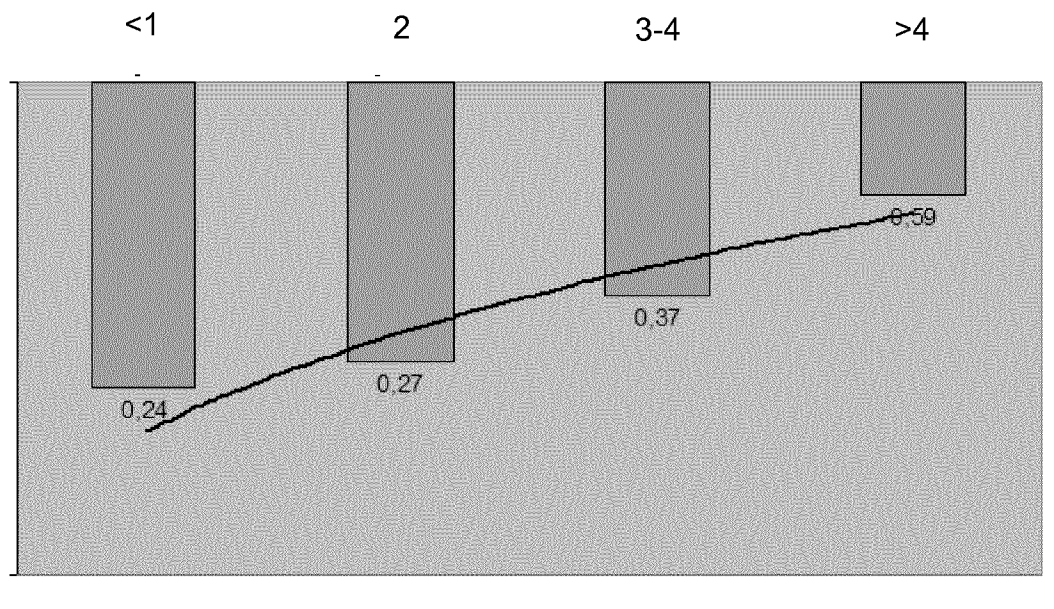


FIG. 4

INTERNATIONAL SEARCH REPORT

International application No

PCT/EP2016/060177

A. CLASSIFICATION OF SUBJECT MATTER

INV. C12Q1/68

ADD.

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

C12Q

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)

EPO-Internal, BIOSIS, EMBASE, WPI Data

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	KATRIN BEYER ET AL: "Differential expression of alpha-synuclein, parkin, and synphilin-1 isoforms in Lewy body disease", NEUROGENETICS, SPRINGER, BERLIN, DE, vol. 9, no. 3, 12 March 2008 (2008-03-12), pages 163-172, XP019593832, ISSN: 1364-6753 the whole document ----- -/--	1-12



Further documents are listed in the continuation of Box C.



See patent family annex.

* Special categories of cited documents :

"A" document defining the general state of the art which is not considered to be of particular relevance

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Date of the actual completion of the international search

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Date of mailing of the international search report

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INTERNATIONAL SEARCH REPORT

International application No

PCT/EP2016/060177

C(Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT		
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	KATRIN BEYER ET AL: "Alpha-Synuclein Posttranslational Modification and Alternative Splicing as a Trigger for Neurodegeneration", MOLECULAR NEUROBIOLOGY, vol. 47, no. 2, 25 August 2012 (2012-08-25), pages 509-524, XP055225766, US ISSN: 0893-7648, DOI: 10.1007/s12035-012-8330-5 abstract page 514 - page 516; figure 6 -----	1-12
Y	WO 2012/032519 A2 (YISSUM RES DEV CO [IL]; HADASIT MED RES SERVICE [IL]; SOREQ HERMONA [I]) 15 March 2012 (2012-03-15) abstract; claims 9,10; example 3 -----	1-12
Y	KATRIN BEYER ET AL: "Identification and characterization of a new alpha-synuclein isoform and its role in Lewy body diseases", NEUROGENETICS, SPRINGER, BERLIN, DE, vol. 9, no. 1, 23 October 2007 (2007-10-23), pages 15-23, XP019566114, ISSN: 1364-6753 abstract -----	1-12
A	JESSE R MCLEAN ET AL: "Transcript expression levels of full-length alpha-synuclein and its three alternatively spliced variants in Parkinson's disease brain regions and in a transgenic mouse model of alpha-synuclein overexpression", MOLECULAR AND CELLULAR NEUROSCIENCES, SAN DIEGO, US, vol. 49, no. 2, 26 November 2011 (2011-11-26), pages 230-239, XP028454655, ISSN: 1044-7431, DOI: 10.1016/J.MCN.2011.11.006 [retrieved on 2011-12-06] abstract; figures 4-5; table 1 -----	1-12
A	WO 2006/039253 A2 (CHILDRENS MEMORIAL HOSPITAL [US]; BOHN MARTHA C [US]; SAPRU MOHAN [US]) 13 April 2006 (2006-04-13) abstract paragraph [0124] - paragraph [0128]; claims 1-24 ----- -/--	1-12

INTERNATIONAL SEARCH REPORT

International application No

PCT/EP2016/060177

C(Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT		
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A	C. LINNERTZ ET AL: "The genetic contributions of SNCA and LRRK2 genes to Lewy Body pathology in Alzheimer's disease", HUMAN MOLECULAR GENETICS, vol. 23, no. 18, 15 September 2014 (2014-09-15), pages 4814-4821, XP055225783, gb ISSN: 0964-6906, DOI: 10.1093/hmg/ddu196 abstract -----	1-12
A	JOSEPH G QUINN ET AL: "-Synuclein mRNA and soluble -synuclein protein levels in post-mortem brain from patients with Parkinson's disease, dementia with Lewy bodies, and Alzheimer's disease", BRAIN RESEARCH, ELSEVIER, AMSTERDAM, NL, vol. 1459, 7 April 2012 (2012-04-07), pages 71-80, XP028489974, ISSN: 0006-8993, DOI: 10.1016/J.BRAINRES.2012.04.018 [retrieved on 2012-04-17] abstract -----	1-12

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Information on patent family members

International application No

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