



- (51) **International Patent Classification:**
C12Q 1/68 (2006.01) *C12N 15/11* (2006.01)
- (21) **International Application Number:**
PCT/US2012/044061
- (22) **International Filing Date:**
25 June 2012 (25.06.2012)
- (25) **Filing Language:** English
- (26) **Publication Language:** English
- (30) **Priority Data:**
61/500,508 23 June 2011 (23.06.2011) US
- (71) **Applicant (for all designated States except US):** CHIL-DREN'S HOSPITAL MEDICAL CENTER [US/US]; 3333 Burnet Avenue, ML 7032, Cincinnati, Ohio 45229-3039 (US).
- (72) **Inventors; and**
- (75) **Inventors/Applicants (for US only):** ROTHENBERG, Marc, E. [US/US]; 9343 Lansford Drive, Cincinnati, Ohio 45242 (US). CALDWELL, Julie [US/US]; 3319 De Forest Drive, Cincinnati, Ohio 45209 (US).
- (74) **Agents:** HUNT, Dale, C. et al.; Davis Wright Tremaine LLP, 505 Montgomery Street, Suite 800, San Francisco, California 94111-6533 (US).
- (81) **Designated States (unless otherwise indicated, for every kind of national protection available):** AE, AG, AL, AM, AO, AT, AU, AZ, BA, BB, BG, BH, BR, BW, BY, BZ, CA, CH, CL, CN, CO, CR, CU, CZ, DE, DK, DM, DO, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LY, MA, MD, ME, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PE, PG, PH, PL, PT, QA, RO, RS, RU, RW, SC, SD, SE, SG, SK, SL, SM, ST, SV, SY, TH, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW.
- (84) **Designated States (unless otherwise indicated, for every kind of regional protection available):** ARIPO (BW, GH, GM, KE, LR, LS, MW, MZ, NA, RW, SD, SL, SZ, TZ, UG, ZM, ZW), Eurasian (AM, AZ, BY, KG, KZ, RU, TJ, TM), European (AL, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HR, HU, IE, IS, IT, LT, LU, LV, MC, MK, MT, NL, NO, PL, PT, RO, RS, SE, SI, SK, SM,

[Continued on next page]

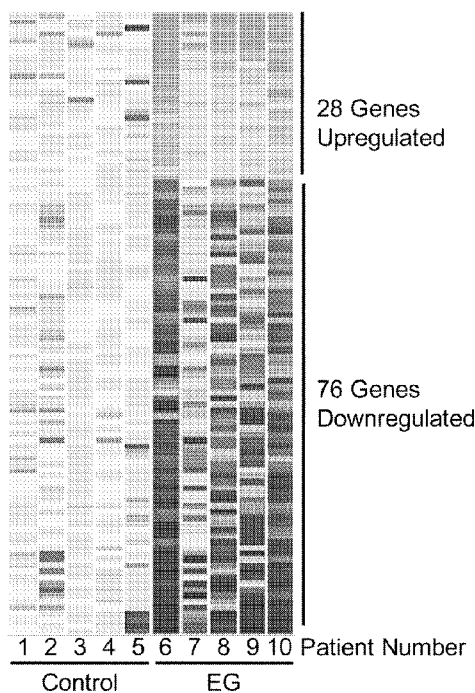
(54) **Title:** MOLECULAR DIAGNOSTIC PANEL OF EOSINOPHILIC GASTROINTESTINAL DISORDERS

Figure 3A

(57) **Abstract:** Embodiments of the invention are directed to methods of diagnosing eosinophilic gastritis (EG), or remission therefrom in a subject, wherein the methods include applying a sample from the subject to a diagnostic panel that contains selected markers for EG, analyzing the results thereof, and making a determination as to the EG status of the subject. Embodiments of the invention are also directed to methods of monitoring the pathological development or medical prognosis of EG in a subject. Embodiments of the invention are also directed to use of CDH26 as a marker for EG, eosinophilic esophagitis, or allergic inflammatory conditions. Embodiments of the invention also relate to the use of anti-CDH26-based therapeutics to treat allergic inflammatory conditions.



TR), OAPI (BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, — *with sequence listing part of description (Rule 5.2(a))*
ML, MR, NE, SN, TD, TG).

Published:

— *without international search report and to be republished
upon receipt of that report (Rule 48.2(g))*

MOLECULAR DIAGNOSTIC PANEL OF EOSINOPHILIC GASTROINTESTINAL DISORDERS

STATEMENT REGARDING FEDERALLY-SPONSORED RESEARCH

[0001] This invention was made with U.S. Government support on behalf of National Institute of Health (NIH) Grant Nos. R01 DK76893 and U19 AI070235. The U.S. Government has certain rights in this invention.

CROSS REFERENCE TO RELATED APPLICATION

[0002] The present application claims the benefit of priority under 35 U.S.C. § 119(e) to U.S. Provisional Application No. 61/500,508, MOLECULAR DIAGNOSTIC PANEL OF EOSINOPHILIC GASTROINTESTINAL DISORDERS, filed on June 23, 2011, which is currently co-pending herewith and which is incorporated by reference in its entirety.

SEQUENCE LISTING

[0003] The instant application contains a Sequence Listing which has been submitted in ASCII format via EFS-Web and is hereby incorporated by reference in its entirety. Said ASCII copy, created on June 25, 2012, is named 88544023.txt and is 81,136 bytes in size.

FIELD OF THE INVENTION

[0004] The invention disclosed herein generally relates to methods and compositions for diagnosis and treatment of an eosinophilic gastritis (EG) disease state in a subject.

BACKGROUND

[0005] Eosinophilic gastrointestinal disorders (EGIDs) constitute a diverse spectrum of disorders that affect one or more parts of the gastrointestinal (GI) tract and are characterized by increased numbers of eosinophils in one or more parts of the wall of the affected GI segment(s) (Rothenberg, M. *J. Allergy Clin. Immunol.* 113:11-28 (2004); Talley, N. *et al. Gut* 31:54-8 (1990)). EGIDs include eosinophilic esophagitis (EoE, also referred to as EE in some publications), eosinophilic gastritis (EG), eosinophilic duodenitis (ED), eosinophilic jejunitis (EJ), eosinophilic ileitis (EI), and eosinophilic colitis (EC).

[0006] The EGID that has been studied the most is EoE, partly because the diagnosis is made with increasing frequency (Furuta, G. *et al. Gastroenterology* 133:1342-63 (2007)). Other EGIDs, such as EG, have been less well-studied than EoE, and diagnostic criteria are less well-established than for EoE. EG and EoE represent diseases characterized by accumulation of eosinophils in the stomach or esophagus, respectively.

SUMMARY OF THE INVENTION

[0007] Methods and compositions described herein are provided by way of example and should not in any way limit the scope of the invention.

[0008] Embodiments of the invention encompass methods of determining an eosinophilic gastritis (EG) status in a subject, including: applying a sample from the subject to a diagnostic panel that includes at least one marker or gene selected from Table 9 and/or Table 10, to obtain a result; analyzing the result to determine a level of expression of the at least one marker or gene; and determining the EG status of the subject based upon the level of expression. In some embodiments of the methods, the status includes a diagnosis of EG.

[0009] In some embodiments of the methods, the at least one marker or gene can be mRNA. In some embodiments, the at least one marker or gene can be protein. In some embodiments, the subject can be a human patient.

[0010] In some embodiments, the sample can be a tissue, an exudate, saliva, serum, plasma, blood, oral, urine, stool, or a buccal sample. In some embodiments, the sample can be a tissue sample. In some embodiments, the tissue sample can be a gastric tissue sample.

[0011] In some embodiments of the methods, the determining step includes analyzing a subset of the markers or genes in Table 9 and/or Table 10 using at least one algorithm. In some embodiments, a subset of 76 markers or genes from Table 10, or from Tables 9 and 10, can be analyzed. In some embodiments, a subset of 28 markers or genes from Table 9 and/or Table 10 can be analyzed. In some embodiments, the panel includes at least two markers or genes selected from Table 9 and/or Table 10. In some embodiments, the at least one marker or gene includes CDH26.

[0012] In some embodiments, the panel includes at least 10 markers or genes from Table 9 and/or Table 10. In some embodiments, the panel includes at least 20 markers or genes from Table 9 and/or Table 10. In some embodiments, the panel includes at least 30 markers or

genes selected from Table 10, or from Tables 9 and 10. In some embodiments, the panel includes at least 60 markers or genes selected from Table 10, or from Tables 9 and 10. In some embodiments, the panel includes at least 90 markers or genes selected from Table 10, or from Tables 9 and 10. In some embodiments, the panel includes at least 100 markers or genes selected from Table 10, or from Tables 9 and 10. In some embodiments, the panel includes all of the markers or genes listed in Tables 9 and 10.

[0013] In some embodiments, the methods further include detecting, from the patient sample, a level of eotaxin-3 mRNA expression or eotaxin-3 protein.

[0014] In some embodiments, the status includes distinguishing EG from a normal condition in the subject.

[0015] In some embodiments, the status includes distinguishing EG from at least one other eosinophilic disorder in the subject. In some embodiments, the at least one other eosinophilic disorder can be eosinophilic esophagitis.

[0016] In some embodiments, the status includes distinguishing eosinophilic gastritis from at least one other inflammatory gastrointestinal disorder in the subject. In some embodiments, the at least one other inflammatory gastrointestinal disorder can be inflammatory bowel disease, H. pylori gastritis, or non-steroidal anti-inflammatory drug-induced gastritis.

[0017] Some embodiments of the methods further include developing or modifying a therapy for the subject based upon the results of the diagnostic panel analysis. Some embodiments further include exposure of the subject to a specific therapy. In some embodiments, the specific therapy includes targeting at least one molecule involved in EG disease pathogenesis, and/or at least one downstream gene affected by the same. In some embodiments, the at least one molecule involved in EG disease pathogenesis, and/or at least one downstream gene affected by the same, can be CDH26.

[0018] In some embodiments, the specific therapy includes an anti-CDH26-based therapeutic. In some embodiments, the anti-CDH26-based therapeutic includes at least one of a compound or composition that suppresses CDH26 activity. In some embodiments, the compound or composition that suppresses CDH26 activity includes a CDH26-Fc fusion protein, a CDH26 anti-sense polynucleotide, a CDH26-directed miRNA, a CDH26-directed shRNA, or a CDH26-directed humanized antibody. In some embodiments, the compound or composition that

suppresses CDH26 activity can be one that targets a binding site and/or protein of at least one gamma-interferon-activated inhibitor of translation (GAIT) consensus sequence within a CDH26 3' untranslated region (UTR).

[0019] In some embodiments, the sample can be an archival sample. In some embodiments, the archival sample can be a formalin-fixed, paraffin-embedded (FFPE) sample.

[0020] Some embodiments of the invention further include characterizing a molecular EG profile of the subject based upon expression of the at least one marker and determining compliance with medical management based upon the profile.

[0021] Some embodiments of the invention further include determining and/or monitoring exposure to one or more therapeutic compounds in the subject based upon the level of expression.

[0022] Some embodiments of the invention further include making a determination as to the pathological development of EG in the subject based upon the expression levels of the markers.

[0023] Some embodiments of the invention further include providing personal prognostic medicine guidance to the subject based upon a determination as to the pathological development of EG in the subject, based upon the expression levels of the markers.

[0024] Some embodiments of the invention further include determining the specific genes engaged by a therapeutic, wherein the therapeutic can be administered to the subject, and a sample from the subject following therapeutic administration can be subjected to the same diagnostic panel in order to obtain a result, wherein differences between the two results determine the specific genes engaged by the administered therapeutic. In some embodiments, the results can be analyzed by comparison with normal and EG cohorts to identify genes that can be up- or down-regulated in response to environmental factors.

[0025] Embodiments of the invention also encompass EG molecular diagnostic panels including at least two genes or markers selected from Table 9 and/or Table 10. Some embodiments relate to an EG molecular diagnostic panel includes at least two genes or markers selected from Table 9. Some embodiments relate to an EG molecular diagnostic panel including at least two genes or markers selected from Table 10. Some embodiments relate to an EG molecular diagnostic panel including CDH26. Some embodiments relate to an EG molecular

diagnostic panel including all of the genes or markers in Table 9 and Table 10. In some embodiments, the invention encompasses an EoE molecular diagnostic panel including eotaxin-3 mRNA and at least one marker or gene selected from Table 9 and/or Table 10.

[0026] Embodiments of the invention also encompass kits for the detection of a level of one or more genes associated with EG, including: one or more oligonucleotide probes complementary to subsequences of said one or more markers or genes, wherein the one or more markers or genes can be selected from Table 9 and/or Table 10. In some embodiments, the one or more probes can be used in at least one of a gene chip, an expression array-based protocol, a PCR protocol, or an RNA level-based protocol.

[0027] Embodiments of the invention also encompass methods of determining an allergic inflammation status in a subject, including: applying a sample from the subject to a diagnostic panel including the CDH26 marker or gene, to obtain a result; analyzing the result to determine a level of expression of CDH26; and determining the allergic inflammation status of the subject based upon the level of expression. In some embodiments, the diagnostic panel further includes at least one marker or gene selected from Table 9 and/or Table 10.

[0028] Embodiments of the invention also encompass methods of treating an allergic inflammatory condition in a subject in need thereof, including: identifying a subject with an allergic inflammatory condition; and administering to the subject an anti-CDH26-based therapeutic, wherein administration of the anti-CDH26-based therapeutic results in treatment of the allergic inflammatory condition.

[0029] In some embodiments, the anti-CDH26-based therapeutic includes at least one compound or composition that suppresses CDH26 activity. In some embodiments, the compound or composition that suppresses CDH26 activity includes at least one of a CDH26-Fc fusion protein, a CDH26 anti-sense polynucleotide, a CDH26-directed miRNA, a CDH26-directed shRNA, or a CDH26-directed humanized antibody. In some embodiments, the compound or composition that suppresses CDH26 activity can be one that targets a binding site and/or protein of at least one gamma-interferon-activated inhibitor of translation (GAIT) consensus sequence within a CDH26 3' untranslated region (UTR).

BRIEF DESCRIPTION OF THE DRAWINGS

[0030] Those of skill in the art will understand that the drawings, described below, are for illustrative purposes only. The drawings are not intended to limit the scope of the present teachings in any way.

[0031] Figures 1A-C depict results demonstrating that the gastric tissue of patients with eosinophilic gastritis (EG) displays marked eosinophilic inflammation that correlates with peripheral blood eosinophil counts. Figure 1A depicts hematoxylin and eosin-stained gastric antrum biopsy specimens. Figure 1B depicts the peak eosinophil count for the gastric tissue obtained at the index endoscopy for all patients. Figure 1C depicts the peak eosinophil count for the gastric tissue obtained at the index endoscopy for patients with active EG.

[0032] Figure 2 depicts the quantification and correlation of tryptase- and IL-13-expressing cells in inflamed gastric tissue.

[0033] Figures 3A-B depict identification of transcripts differentially regulated in the gastric tissue of patients with EG. Figure 3A depicts the relative gene expression microarray analysis of RNA isolated from the gastric antrum tissue of control patients or patients with active EG. Figure 3B depicts eotaxin-3 gene expression in gastric tissue.

[0034] Figures 4A-E depict identification of transcripts differentially regulated in the gastric tissue of patients with EG. Figure 4A depicts cadherin family member expression levels in inflamed gastric tissue. Figure 4B depicts cadherin family member expression levels in inflamed esophageal tissue. Figure 4C depicts *CDH26* transcript levels in gastric antrum tissue as determined by microarray analysis. Figure 4D depicts *CDH26* and *GAPDH* transcript levels using cDNA derived from the gastric antrum tissue of the same population of patients used in the microarray study. Figure 4E depicts relative *CDH26* levels from a replication cohort of patients.

[0100] Figures 5A-D depict *CDH26* localization in inflamed gastric tissue of patients with EG. Gastric antrum biopsy specimens obtained at the index endoscopy each of the original patient cohort were subjected to immunohistochemical staining for *CDH26*. Figure 5A depicts representative normal and EG biopsy specimens. Figure 5B depicts high magnification of gastric antrum tissue derived from a patient with active EG stained for *CDH26*. Figure 5C depicts quantification of the intensity and prevalence of *CDH26*-positive cells. Figure 5D depicts *CDH26* protein levels in gastric antrum.

[0035] Figures 6A-B depict an analysis of cytokine transcript levels in gastric tissue. Figure 6A depicts cytokine gene expression in the gastric antrum tissue of the same population of patients used in the microarray study. Figure 6B depicts cytokine gene expression in the gastric antrum tissue of the population of patients used in the replication cohort.

[0036] Figures 7A-D depict the increased CDH26 transcript and protein levels in the esophageal tissue of patients with EoE. Figure 7A depicts *CDH26* transcript from the esophageal tissue of either normal patients or patients with EoE. Figure 7B depicts *CDH26* transcript levels from the esophageal tissue of patients obtained during the index endoscopy from which the gastric specimens were obtained. Figure 7C depicts CDH26 protein expression and localization in esophageal tissue. Figure 7D depicts CDH26 and beta-actin (top) and their ratio (bottom) from total protein lysates prepared from esophageal biopsy specimens from an independent cohort of patients who either had active EoE or no history of EGID.

[0037] Figures 8A-F depict the increased *CDH26* mRNA levels in esophageal and gastric epithelial cells stimulated with IL-13 and the localization of CDH26 expression in esophageal and gastric epithelial cells. Figure 8A depicts primary esophageal epithelial cells were cultured from distal esophageal biopsy specimens. Figure 8B depicts TE-7 cells after being treated with IL-13. Figure 8C depicts NCI-N87 cells after being treated with IL-13. Figure 8D depicts TE-7 cells that were transduced with either pMIRNA1-puro-control or -CDH26. Figure 8E depicts surface biotinylation of TE-7 cells. Figure 8F depicts surface biotinylation of NCI-N87 cells.

[0038] Figures 9A-F depict the biochemical characterization of CDH26 and investigation of CDH26 protein-protein interactions. Figure 9A depicts western blot analysis after transiently transfecting HEK 293T cells with the indicated construct(s). Figure 9B depicts the western blot analysis following post-translational modification of CDH26. Figure 9C depicts the similarity between the beta-catenin binding domain of CDH1 (E-cadherin) and the corresponding domain of CDH26. Figure 9D depicts western blot analysis after transiently transfecting HEK 293T cells with the indicated construct(s). Figure 9E depicts western blot analysis after transiently transfecting HEK 293T cells with the indicated construct(s). Figure 9F depicts western blot analysis after transiently transfecting HEK 293T cells with the indicated construct(s).

[0101] Figures 10A-C depict characterization of CDH26 localization in HEK 293T cells transduced with either pMIRNA1-puro-control or pMIRNA1-puro-CDH26. Figure 10A depicts western blot analysis for CDH26 and beta-actin for cells that were treated with sulfo-NHS-LC-biotin to biotinylate surface proteins. Figure 10B depicts FACS analysis of cells stained with either anti-CDH26 or an equivalent amount of IgG control antibody. Figure 10C depicts immunofluorescence microscopy of cells stained with either anti-CDH26 or an equivalent amount of IgG control antibody.

[0039] Figure 11 depicts the impact of CDH26 on eotaxin-1-mediated eosinophil transmigration through a cell monolayer.

[0040] Figure 12 depicts CDH26 protein expression by eosinophils.

[0041] Figures 13A-B depict results of CDH26 cell surface overexpression. Figure 13A depicts results showing that CDH26 overexpression increases HEK 293T cell adhesion. Figure 13B depicts results demonstrating that TE-7 cells that overexpress CDH26 exhibit increased secretion of eotaxin-3 after stimulation with IL-13 compared to control cells.

[0042] Figures 14A-B depict the *CDH26* 3' untranslated region (UTR) sequence and show that deletion of particular sequences within this 3' UTR result in increased protein expression. Figure 14A depicts the *CDH26* 3' UTR sequence. Figure 14B depicts the ratio of Firefly to *Renilla* luciferase for each sample.

DETAILED DESCRIPTION OF THE INVENTION

[0043] All references cited herein are incorporated by reference in their entirety. Also incorporated herein by reference in their entirety include: United States Patent Application No. 60/633,909, EOTAXIN-3 IN EOSINOPHILIC ESOPHAGITIS, filed on December 27, 2004; United States Patent No. 8,030,003, DIAGNOSIS OF EOSINOPHILIC ESOPHAGITIS BASED ON PRESENCE OF AN ELEVATED LEVEL OF EOTAXIN-3, issued October 04, 2011 and filed as United States Patent Application No. 11/721,127 on June 07, 2007; United States Patent Application No. 12/492,456, EVALUATION OF EOSINOPHILIC ESOPHAGITIS, filed on June 26, 2009; United States Patent Application No. 12/628,992, IL-13 INDUCED GENE SIGNATURE FOR EOSINOPHILIC ESOPHAGITIS, filed on December 01, 2009; U.S. Provisional Application No. 61/430,453, A STRIKING LOCAL ESOPHAGEAL CYTOKINE EXPRESSION PROFILE IN EOSINOPHILIC ESOPHAGITIS, filed on January 6,

2011; United States Patent Application No. 13/051,873, METHODS AND COMPOSITIONS FOR MITIGATING EOSINOPHILIC ESOPHAGITIS BY MODULATING LEVELS AND ACTIVITY OF EOTAXIN-3, filed on March 18, 2011; United States Patent Application No. 13/132,884, DETERMINATION OF EOSINOPHILIC ESOPHAGITIS, filed on June 03, 2011; U.S. Provisional Application No. 61/497,796, NEGATIVE REGULATION OF EOSINOPHIL PRODUCTION BY TOLL-LIKE RECEPTORS, filed on June 16, 2011; U.S. Provisional Application No. 61/571,115, DIAGNOSTIC METHODS OF EOSINOPHILIC ESOPHAGITIS, filed on June 21, 2011; United States Patent Application No. 13/132,295, METHODS OF DETERMINING EFFICACY OF GLUCOCORTICOID TREATMENT OF EOSINOPHILIC ESOPHAGITIS, filed on August 22, 2011; PCT Patent Application No. US2012/020556, ESOPHAGEAL CYTOKINE EXPRESSION PROFILES IN EOSINOPHILIC ESOPHAGITIS, filed on January 6, 2012; U.S. Provisional Application No. 61/602,897, ESOPHAGEAL MICRORNA EXPRESSION PROFILES IN EOSINOPHILIC ESOPHAGITIS, filed on February 24, 2012; PCT Patent Application No. TBD, BLOCKAGE OF EOSINOPHIL PRODUCTION BY TOLL-LIKE RECEPTORS, filed on June 18, 2012; and PCT Patent Application No. TBD, DIAGNOSTIC METHODS FOR EOSINOPHILIC ESOPHAGITIS, filed on June 21, 2012.

[0044] Unless otherwise noted, terms are to be understood according to conventional usage by those of ordinary skill in the relevant art.

[0045] As used herein, the term “sample” encompasses a sample obtained from a subject or patient. The sample can be of any biological tissue or fluid. Such samples include, but are not limited to, sputum, saliva, buccal sample, oral sample, blood, serum, plasma, blood cells (*e.g.*, white cells), circulating cells (*e.g.*, stem cells or endothelial cells in the blood), tissue, core or fine needle biopsy samples, cell-containing body fluids, free floating nucleic acids, urine, stool, peritoneal fluid, and pleural fluid, liquor cerebrospinalis, tear fluid, or cells therefrom, and the like. Samples can also include sections of tissues such as frozen or fixed sections taken for histological purposes or microdissected cells or extracellular parts thereof. A sample to be analyzed is tissue material from a gastric tissue biopsy obtained by aspiration or punctuation, excision or by any other surgical method leading to biopsy or resected cellular material. Such a sample can comprise cells obtained from a subject or patient. In some embodiments, the sample

is a body fluid that include, for example, blood fluids, serum, plasma, lymph, ascitic fluids, gynecological fluids, or urine but not limited to these fluids. In some embodiments, the sample can be a non-invasive sample, such as, for example, a saline swish, a buccal scrape, a buccal swab, and the like.

[0046] As used herein, the term “assessing” includes any form of measurement, and includes determining if an element is present or not. The terms “determining,” “measuring,” “evaluating,” “assessing” and “assaying” can be used interchangeably and can include quantitative and/or qualitative determinations.

[0047] As used herein, the term “modulated” or “modulation,” or “regulated” or “regulation” and “differentially regulated” refers to both upregulation (*i.e.*, activation or stimulation, *e.g.*, by agonizing or potentiating) and down regulation (*i.e.*, inhibition or suppression, *e.g.*, by antagonizing, decreasing or inhibiting).

[0048] As used herein, the term “diagnosing or monitoring” with reference to eosinophilic gastritis (EG) refers to a method or process of determining if a subject has or does not have EG, or determining the severity or degree of EG, or determining the remission status of EG.

[0049] As used herein, the term “subject” refers to any member of the animal kingdom. In some embodiments, a subject is a human patient.

[0050] As used herein, the terms “treatment,” “treating,” “treat,” and the like, refer to obtaining a desired pharmacologic and/or physiologic effect. The effect can be prophylactic in terms of completely or partially preventing a disease or symptom thereof and/or can be therapeutic in terms of a partial or complete cure for a disease and/or adverse effect attributable to the disease. “Treatment,” as used herein, covers any treatment of a disease in a subject, particularly in a human, and includes: (a) preventing the disease from occurring in a subject which may be predisposed to the disease but has not yet been diagnosed as having it; (b) inhibiting the disease, *i.e.*, arresting its development; and (c) relieving the disease, *i.e.*, causing regression of the disease and/or relieving one or more disease symptoms. “Treatment” can also encompass delivery of an agent or administration of a therapy in order to provide for a pharmacologic effect, even in the absence of a disease or condition.

[0051] As used herein, the term “transcriptome” refers to the set of all messenger RNA (mRNA) molecules, or “transcripts,” produced in one or a population of cells. This term can also include non-translated RNAs which affect cellular characteristics because of gene regulation functions (silencing or activation or stabilization or degradation of other genes and transcripts). The term can be applied to the total set of transcripts in a given organism, or to the specific subset of transcripts present in a particular cell type. Unlike the genome, which is roughly fixed for a given cell line (excluding mutations), the transcriptome can vary with external environmental conditions. Because it includes all RNA transcripts in the cell, the transcriptome reflects the genes that are being actively expressed at any given time, with the exception of mRNA degradation phenomena such as transcriptional attenuation. It also includes posttranscriptional events such as alternative splicing.

[0052] As used herein, the term “expression levels” refers, for example, to a determined level of gene expression. The term “pattern of expression levels” refers to a determined level of gene expression compared either to a reference gene (*e.g.* a housekeeping gene or inversely regulated genes) or to a computed average expression value (*e.g.* in DNA-chip analyses). A pattern is not limited to the comparison of two genes but is more related to multiple comparisons of genes to reference genes or samples. A certain “pattern of expression levels” can also result and be determined by comparison and measurement of several genes as disclosed herein and display the relative abundance of these transcripts to each other.

[0053] As used herein, a “reference pattern of expression levels” refers to any pattern of expression levels that can be used for the comparison to another pattern of expression levels. In some embodiments of the invention, a reference pattern of expression levels is, for example, an average pattern of expression levels observed in a group of healthy or diseased individuals, serving as a reference group.

[0054] As used herein, the term “marker” or “biomarker” refers to a biological molecule, such as, for example, a nucleic acid, peptide, protein, hormone, and the like, whose presence or concentration can be detected and correlated with a known condition, such as a disease state. It can also be used to refer to a differentially expressed gene whose expression pattern can be utilized as part of a predictive, prognostic or diagnostic process in healthy

conditions or a disease state, or which, alternatively, can be used in methods for identifying a useful treatment or prevention therapy.

[0055] As used herein, an “eosinophilic disorder”, or “eosinophilia-associated condition”, or “eosinophilia-associated disease” can refer to any condition that features an enhanced level of eosinophils or their activation state or a disease with clinical or pathological features caused by eosinophils, at least in part. Such conditions include, but are not limited to, eosinophil-associated gastrointestinal disorder, eosinophilic esophagitis, eosinophilic gastritis, eosinophilic gastroenteritis, eosinophilic colitis, eosinophilic jejunitis, eosinophilic duodenitis, eosinophilic pneumonia, eosinophilic fasciitis, eosinophilic cellulitis, eosinophilic vasculitis, eosinophilic myositis, allergies, asthma, atopic dermatitis, nasal polyposis, allergic rhinitis, drug eruption, drug hypersensitivity, eosinophilic cystitis, interstitial cystitis, bullous pemphigoid, bullous vegetans, primary immunodeficiency, acquired immunodeficiency syndrome (AIDS), infection such as invasive aspergillus fumigatus, allergic bronchopulmonary aspergillosis, eosinophilic leukemia, Churg-Strauss syndrome, and hypereosinophilic syndrome, and the like.

[0056] As used herein, an “inflammatory gastrointestinal disorder” can refer to any condition that features a level of inflammation in the gastrointestinal tract, with or without the presence of eosinophils. Such conditions include, but are not limited to, inflammatory bowel disease (IBD), *H. pylori* gastritis, non-steroidal anti-inflammatory drug (NSAID) gastritis, acute gastritis, alcohol-induced gastritis, peptic ulcer disease, and the like.

[0057] As used herein, an “allergic inflammatory condition” or “allergic inflammatory disorder” can refer to any condition that features eosinophil and/or mast cell-associated inflammation, allergen-induced gastrointestinal inflammation, and/or symptoms associated therewith. Such conditions include, but are not limited to, eosinophilic disorders, inflammatory gastrointestinal disorders, food-protein gastroenteritis, and the like.

[0058] Eosinophilic esophagitis (EoE) has a unique transcriptome identified in gene microarray studies of esophageal biopsies from affected patients (Blanchard, C. *et al. J. Allergy Clin. Immunol.* 118:1054-9 (2006)). The most upregulated gene in EoE is eotaxin-3, a cytokine that attracts eosinophils into tissue. Eotaxin-3 is expressed by esophageal epithelial cells in EoE *in vivo* and *in vitro*, and the T helper (T_H2) cytokine interleukin-13 (IL-13) is markedly increased in EoE biopsies and induces esophageal epithelial cells cultured from EoE to increase eotaxin-3

expression (Blanchard, C. *et al. J. Allergy Clin. Immunol.* 118:1054-9 (2006); Blanchard, C. *et al. J. Immunol.* 184:4033-41 (2010)).

[0059] While EoE has been described considerably, other forms of eosinophilic gastrointestinal disorders (EGIDs), such as eosinophilic gastritis (EG), are less well understood, with poorly defined diagnostic criteria. As described herein, biopsies from EG patients were studied using a variety of methods in order to increase knowledge of the genetic and molecular abnormalities in EG. Global transcript analysis was performed to identify genes differentially expressed in the gastric tissue of patients with active EG compared to control individuals. Further characterization of the gene and protein expression patterns of cadherin-like 26 (CDH26), a heretofore undescribed cadherin that seems to be specific for allergic inflammation, was undertaken through real-time PCR, immunohistochemistry, and western blot analysis, as CDH26 was found to be a gene product markedly overexpressed in EGID tissue. CDH26 protein interactions were examined using transient transfection and immunoprecipitation analysis.

[0060] As described herein, gastric tissue of patients with EG was found to exhibit a conserved pattern of gene expression. A conserved set of 28 genes were found to be up-regulated and 76 found to be down-regulated in gastric tissue of patients with active EG compared to control patients. Of these genes, only 11 overlapped with those previously identified as being dysregulated in the esophageal tissue of patients with EoE, including CDH26, which represented the most highly overexpressed gene in EG biopsies (20.9-fold, $p < 0.01$). Epithelial cells exhibited increased CDH26 protein expression in both esophageal and gastric tissue of patients with active EoE or EG, respectively. Similar to EoE, IL-13 transcript levels were highly increased in the gastric tissue of patients with active EG (375-fold, $p < 0.01$). IL-13 was found to induce CDH26 expression in primary esophageal epithelial cells, TE-7 esophageal epithelial cells, and NCI-N87 gastric cells *in vitro*. CDH26, an uncharacterized member of the cadherin superfamily of proteins, exhibited homotypic interaction and additionally interacted with beta-catenin, alpha-catenin, and p120/delta-catenin when expressed ectopically in HEK 293T cells.

[0061] The results presented herein define a molecular signature in the gastric tissue of patients with EG and demonstrate EG inflammation mechanisms by identifying a signature of genes commonly dysregulated in the gastric tissue of EG patients, thereby elucidating the

molecular pathways that underly the pathogenesis of this disease. These findings provide a set of genes that can be used for the molecular diagnosis of EG. Because stomach biopsies are routinely obtained with esophageal biopsies during upper endoscopy, the EG diagnostic panel described herein can be combined with existing esophageal diagnostic panels to provide a powerful diagnostic tool for eosinophilic conditions. The EG diagnostic panel, or at least one marker or gene from Table 9 and/or Table 10 or a subset of markers or genes from Table 9 and/or Table 10, can be used alone or can be enhanced by combination with determination of eotaxin-3 mRNA expression levels or eotaxin-3 protein.

[0062] In addition, the expression pattern and function of CDH26, a gene product markedly overexpressed in EGID tissue, has been determined for EG and EoE. CDH26 transcripts and protein are highly upregulated in both the esophageal tissue of patients with active EoE and the gastric tissue of patients with active EG. CDH26 was found to have the functional activity of modifying eosinophil chemoattraction. Furthermore, CDH26 was found to have the functional activity of modifying cell adhesion. Additionally, CDH26 was found to have the functional activity of modifying the effects of IL-13 on epithelial cells.

[0063] IL-13 transcript levels were found to be significantly increased in the gastric tissue of patients with active EG, and CDH26 was found to be regulated in part by IL-13 in esophageal and gastric epithelial cells. Furthermore, CDH26 molecules were further found to exhibit homotypic interaction and form complexes containing catenin proteins, such as beta-catenin, alpha-catenin, and p120, similar to other molecules in the cadherin family of proteins; the catenin proteins link cadherin molecules to the actin cytoskeleton. These findings demonstrate the function of CDH26 in cell adhesion. In addition, eosinophil transmigration through monolayers of HEK 293T cells overexpressing CDH26 is increased compared to transmigration through control cells. As such, CDH26 was found to be a major cadherin that is regulated by IL-13, which is a T_H2- and allergy-promoting cytokine, and is found to be expressed in allergic GI tissue and with a key role in various aspects of allergic disease pathogenesis and diagnosis.

[0064] CDH26 is therefore involved with allergic inflammation in general, including EGIDs, inflammatory GI disorders, and other allergic diseases. Accordingly, anti-CDH26-based therapeutics can be used to treat allergic diseases.

[0065] Accordingly, embodiments of the invention are directed to methods of diagnosing EG in a subject, wherein the methods comprise applying a sample from the subject to a diagnostic panel that contains markers selected from Tables 9 and 10, analyzing the results to determine expression levels of the markers, and making a determination as to the EG status of the subject based upon the expression levels of the markers.

[0066] Embodiments of the invention are also directed to methods of distinguishing EG from other disorders in a subject, wherein the methods comprise applying a sample from the subject to a diagnostic panel that contains markers or genes selected from Tables 9 and 10, analyzing the results to determine expression levels of the markers, and making a determination as to the EG status of the subject based upon the expression levels of the markers. In some embodiments, the other disorder is an EGID. For example, some embodiments involve the differentiation of EG from EoE, which should not involve abnormal expression of markers or genes selected from Tables 9 and 10 in the stomach. In some embodiments, the other disorder is a non-eosinophilic inflammatory GI disorder. For example, some embodiments involve the differentiation of EG from inflammatory bowel disease (IBD) or non-eosinophilic gastritis, such as *H. pylori* gastritis or non-steroidal anti-inflammatory drug (NSAID) gastritis, or the like.

[0067] Embodiments of the invention are also directed to methods of distinguishing EG from other inflammatory GI disorders in a subject, wherein the methods comprise applying a sample from the subject to a diagnostic panel that contains markers selected from Tables 9 and 10, analyzing the results to determine expression levels of the markers, and making a determination as to the EG status of the subject based upon the expression levels of the markers.

[0068] Embodiments of the invention are also directed to methods of monitoring or guiding treatment for a subject suffering from EG, wherein the methods comprise applying a sample from the subject to a diagnostic panel that contains markers selected from Tables 9 and 10, analyzing the results to determine expression levels of the markers, and making a determination as to the EG status of the subject based upon the expression levels of the markers, and developing or modifying a therapy for the subject based upon the results of the diagnostic panel. In some embodiments, the monitoring of treatment includes identifying exposure to a specific therapy. In some embodiments, the specific therapy is one that targets EG molecules, or downstream genes affected by the same.

[0069] Embodiments of the invention also relate to methods of analyzing an archival sample obtained from a subject for indication of EG in the subject, the methods comprising obtaining the archival sample, applying the to a diagnostic panel that contains markers selected from Tables 9 and 10, analyzing the results to determine expression levels of the markers, and making a determination as to the EG status of the subject based upon the expression levels of the markers. In some embodiments, the archival sample is a formalin-fixed, paraffin-embedded (FFPE) sample.

[0070] Embodiments of the invention also relate to methods of developing or modifying a therapy for a subject in need thereof, the methods comprising applying a sample from the subject to a diagnostic panel that contains markers selected from Tables 9 and 10, analyzing the results to determine expression levels of the markers, and making a determination as to the EG status of the subject based upon the expression levels of the markers, and developing or modifying a therapy for the subject based upon the determination.

[0071] Embodiments of the invention also relate to methods of determining compliance with medical management in a subject undergoing therapy for EG, the methods comprising applying a sample from the subject to a diagnostic panel that contains markers selected from Tables 9 and 10, analyzing the results to determine expression levels of the markers, and making a determination as to the EG status of the subject based upon the expression levels of the markers, and determining compliance with medical management based upon the determination.

[0072] Embodiments of the invention are also directed to kits for the detection of a level of one or more genes associated with EG, comprising one or more oligonucleotide probes complementary to subsequences of said one or more markers or genes, wherein the one or more markers or genes are selected from Table 9 and/or Table 10. In some embodiments, the one or more probes are used in at least one of a gene chip, an expression array-based protocol, a PCR protocol, or an RNA level-based protocol, including, for example, RNA-seq, and the like.

[0073] Embodiments of the invention also relate to methods of determining an allergic inflammation status in a subject, including applying a sample from the subject to a diagnostic panel that comprises the CDH26 marker or gene, to obtain a result, analyzing the result to determine a level of expression of CDH26, and determining the allergic inflammation

status of the subject based upon the level of expression. In some embodiments, the diagnostic panel further comprises at least one marker or gene selected from Table 9 and/or Table 10.

[0074] Embodiments of the invention are also directed to methods of treating an allergic inflammatory condition in a subject in need thereof, including identifying a subject with an allergic inflammatory condition, and administering to the subject an anti-CDH26-based therapeutic, wherein administration of the anti-CDH26-based therapeutic results in treatment of the allergic inflammatory condition. In some embodiments, wherein the anti-CDH26-based therapeutic includes compounds or compositions that suppress CDH26 activity. In some embodiments, the compound or composition that suppresses CDH26 activity includes CDH26-Fc fusion proteins, CDH26 anti-sense polynucleotides, CDH26-directed microRNAs (miRNAs), CDH26-directed short hairpin RNAs (shRNAs), CDH26-directed humanized antibodies, CDH-related peptides, or catenin-based inhibitors. In some embodiments, the compound or composition that suppresses CDH26 activity is one that targets a binding site and/or protein of at least one gamma-interferon-activated inhibitor of translation (GAIT) consensus sequence within a CDH26 3' untranslated region (UTR).

[0075] In an exemplary embodiment of the invention, the method disclosed herein can include three steps, which can be finished within 1 working day (6-8 hours with multiple sample capacity). RNA extraction can be performed on a patient gastric biopsy sample. After RNA quantity/quality measurement, RNA from the sample is subjected to reverse transcription (RT) reaction. Next, cDNA corresponding to the reverse-transcribed RNA or mRNA directly is analyzed for expression of at least one of the genes, or a subset of the genes or all of the genes, as listed in Tables 9 and 10, as a single or multiplex format using at least one of a variety of gene quantification techniques. The data is analyzed to determine expression levels of the markers or genes as disclosed herein to establish an EG diagnosis, which serves as the basis for the final diagnostic report. The EG diagnosis can serve as a basis for a final diagnostic report as well as in assisting selection or modification of an appropriate therapy for the patient.

[0076] In some embodiments, the EG markers or genes are measured using a fluidic card loaded with the EG markers or genes. In some embodiments, the representative EG genes described herein or a subset of these genes are measured using other methods and/or tools, including for example, but not limited to, Taqman (Life Technologies, Carlsbad, CA), Light-

Cycler (Roche Applied Science, Penzberg, Germany), ABI fluidic card (Life Technologies), NanoString® (NanoString Technologies, Seattle, WA), NANODROP® technology (Thermo Fisher Scientific (Wilmington, DE), and the like. The person of skill in the art will recognize such other formats and tools, which can be commercially available or which can be developed specifically for such analysis.

[0077] In some embodiments, CDH26, which can be used as a marker or gene for allergic inflammatory conditions, is measured using a fluidic card loaded with the CDH26 marker or gene. In some embodiments, CDH26 can be used alone or in combination with one or more of the representative EG genes described herein or a subset of these genes and can be measured using other methods and/or tools, including for example, but not limited to, Taqman (Life Technologies, Carlsbad, CA), Light-Cycler (Roche Applied Science, Penzberg, Germany), ABI fluidic card (Life Technologies), NanoString® (NanoString Technologies, Seattle, WA), NANODROP® technology (Thermo Fisher Scientific (Wilmington, DE), and the like. The person of skill in the art will recognize such other formats and tools, which can be commercially available or which can be developed specifically for such analysis.

EG diagnostic genes

[0078] In embodiments of the invention, EG is diagnosed based upon a panel containing markers or genes selected from the representative EG genes listed in Tables 9 and 10.

[0079] In some embodiments the diagnostic panel contains at least one marker or gene selected from Tables 9 and 10. In some embodiments the at least one marker or gene includes CDH26. In some embodiments the diagnostic panel contains at least 10 markers or genes selected from Tables 9 and 10. In some embodiments, the diagnostic panel contains at least 20 markers or genes selected from Tables 9 and 10. In some embodiments, the diagnostic panel contains at least 30 markers or genes selected from Tables 9 and 10. In some embodiments, the diagnostic panel contains at least 40 markers or genes selected from Tables 9 and 10. In some embodiments, the diagnostic panel contains at least 50 markers or genes selected from Tables 9 and 10. In some embodiments, the diagnostic panel contains at least 60 markers or genes selected from Tables 9 and 10. In some embodiments, the diagnostic panel contains at least 70 markers or genes selected from Tables 9 and 10. In some embodiments, the diagnostic panel contains at least 80 markers or genes selected from Tables 9 and 10. In some

embodiments, the diagnostic panel contains at least 90 markers or genes selected from Table Tables 9 and 10. In some embodiments, the diagnostic panel contains at least 100 markers or genes selected from Tables 9 and 10.

[0080] In some embodiments of the invention, the diagnostic panel contains 1, 2, 3, 4, 5, 6, 7, 8, or 9 markers or genes selected from Tables 9 and 10. In some embodiments of the invention, the diagnostic panel contains 10, 11, 12, 13, 14, 15, 16, 17, 18, or 19 markers or genes selected from Tables 9 and 10. In some embodiments of the invention, the diagnostic panel contains 20, 21, 22, 23, 24, 25, 26, 27, 28, or 29 markers or genes selected from Tables 9 and 10. In some embodiments of the invention, the diagnostic panel contains 30, 31, 32, 33, 34, 35, 36, 37, 38, or 39 markers or genes selected from Tables 9 and 10. In some embodiments of the invention, the diagnostic panel contains 40, 41, 42, 43, 44, 45, 46, 47, 48, or 49 markers or genes selected from Tables 9 and 10. In some embodiments of the invention, the diagnostic panel contains 50, 51, 52, 53, 54, 55, 56, 57, 58, or 59 markers or genes selected from Tables 9 and 10. In some embodiments of the invention, the diagnostic panel contains 60, 61, 62, 63, 64, 65, 66, 67, 68, or 69 markers or genes selected from Tables 9 and 10. In some embodiments of the invention, the diagnostic panel contains 70, 71, 72, 73, 74, 75, 76, 77, 78, or 79 markers or genes selected from Tables 9 and 10. In some embodiments of the invention, the diagnostic panel contains 80, 81, 82, 83, 84, 85, 86, 87, 88, or 89 markers or genes selected from Tables 9 and 10. In some embodiments of the invention, the diagnostic panel contains 90, 91, 92, 93, 94, 95, 96, 97, 98, or 99 markers or genes selected from Tables 9 and 10. In some embodiments of the invention, the diagnostic panel contains 100, 101, 102, 103, or 104 markers or genes selected from Tables 9 and 10.

[0081] In some embodiments, the diagnostic panel contains anywhere between 1 to 28 markers or genes selected from Tables 9 and 10. In some embodiments, the diagnostic panel contains anywhere between 1 to 76 markers or genes selected from Tables 9 and 10. In some embodiments, the diagnostic panel contains all of the markers or genes listed in Tables 9 and 10.

Allergic inflammatory diagnostic genes

[0082] In embodiments of the invention, an allergic inflammatory condition is diagnosed based upon expression of the CDH26 marker or gene.

[0083] In some embodiments, diagnosis of an allergic inflammatory condition is based upon a panel containing CDH26 and markers or genes selected from the genes listed in Tables 9 and 10. In some embodiments, the diagnostic panel contains CDH26 and at least one marker or gene selected from Tables 9 and 10.

Anti-CDH-26-based therapeutics

[0084] Some embodiments of the invention relate to blocking or suppressing CDH26 activity by administration of an anti-CDH26-based therapeutic, thereby treating an allergic inflammatory condition.

[0085] In some embodiments, anti-CDH26-based therapeutics that can be used in the treatment of allergic inflammatory conditions include for example, but are not limited to, CDH26-Fc fusion proteins, CDH26 anti-sense polynucleotides, CDH26-directed microRNAs (miRNAs), CDH26-directed short hairpin RNAs (shRNAs), CDH26-directed humanized antibodies, CDH-related peptides, catenin-based inhibitors, and the like. In some embodiments, anti-CDH26-based therapeutics that can be used in the treatment of allergic inflammatory conditions include for example, but are not limited to, compounds or compositions that target a binding site and/or protein of at least one GAIT consensus sequence within a CDH26 3' UTR.

[0086] In some embodiments, anti-CDH26-based therapeutics that can be used in the treatment of allergic inflammatory conditions include molecules that are structurally similar to those listed above. Structurally similar compounds are those that are not structurally identical but can have similar CDH26 inhibitory function, though the CDH26 inhibitory function can be substantially increased or decreased. Heretofore unknown anti-CDH26-based therapeutics can be contemplated and designed based on knowledge of a known anti-CDH26-based therapeutic. Anti-CDH26-based therapeutics for the treatment of eosinophilia-associated conditions can be identified by known methodologies. One of skill in the art can recognize anti-CDH26-based therapeutics that can be used in the present invention.

[0087] Heretofore unknown anti-CDH26-based therapeutics can be developed by the screening of various compounds. Compounds that can be screened to determine their utility as anti-CDH26-based therapeutics include for example, but are not limited to, libraries of known compounds, including natural products, such as plant or animal extracts, synthetic chemicals, biologically active materials including proteins, peptides such as soluble peptides, including but

not limited to members of random peptide libraries and combinatorial chemistry derived molecular libraries made of D- or L-configuration amino acids, or both, phosphopeptides (including, but not limited to, members of random or partially degenerate, directed phosphopeptide libraries), antibodies (including, but not limited to, polyclonal, monoclonal, chimeric, human, anti-idiotypic or single chain antibodies, and Fab, F(ab')₂ and Fab expression library fragments, and epitope-binding fragments thereof), organic and inorganic molecules, and the like.

[0088] In addition to the more traditional sources of test compounds, computer modeling and searching technologies permit the rational selection of test compounds by utilizing structural information from the ligand binding sites relevant proteins. Such rational selection of test compounds can decrease the number of test compounds that must be screened in order to identify a therapeutic compound. Knowledge of the sequences of relevant proteins allows for the generation of models of their binding sites that can be used to screen for potential ligands. This process can be accomplished in several manners known in the art. A preferred approach involves generating a sequence alignment of the protein sequence to a template (derived from the crystal structures or NMR-based model of a similar protein(s), conversion of the amino acid structures and refining the model by molecular mechanics and visual examination. If a strong sequence alignment cannot be obtained then a model can also be generated by building models of the hydrophobic helices. Mutational data that point towards residue-residue contacts can also be used to position the helices relative to each other so that these contacts are achieved. During this process, docking of the known ligands into the binding site cavity within the helices can also be used to help position the helices by developing interactions that would stabilize the binding of the ligand. The model can be completed by refinement using molecular mechanics and loop building using standard homology modeling techniques. (General information regarding modeling can be found in Schoneberg, T. *et. al. Molecular and Cellular Endocrinology* 151:181-93 (1999); Flower, D. *Biochimica et Biophysica Acta* 1422:207-34 (1999); and Sexton, P. *Current Opinion in Drug Discovery and Development* 2:440-8 (1999).)

[0089] Once the model is completed, it can be used in conjunction with one of several existing computer programs to narrow the number of compounds to be screened by the screening methods of the present invention, like the DOCK program (UCSF Molecular Design

Institute, San Francisco, CA). In several of its variants it can screen databases of commercial and/or proprietary compounds for steric fit and rough electrostatic complementarity to the binding site. Another program that can be used is FLEXX (Tripos Inc., St. Louis, MO).

Administration

[0090] Administration of anti-CDH26-based therapeutics as disclosed herein can be used in methods of treating or preventing an allergic inflammatory condition in a subject in need thereof. Anti-CDH26-based therapeutics include those that suppresses CDH26 activity. For example, anti-CDH26-based therapeutics include, but are not limited to, CDH26-Fc fusion proteins, CDH26 anti-sense polynucleotides, CDH26-directed miRNAs, CDH26-directed shRNAs, CDH26-directed humanized antibodies, CDH-related peptides, catenin-based inhibitors, and the like. Anti-CDH26-based therapeutics also include compounds or compositions that target a binding site and/or protein of at least one GAIT consensus sequence within a CDH26 3' UTR.

[0091] Anti-CDH26-based therapeutics can be administered by any pharmaceutically acceptable carrier, including, for example, any and all solvents, dispersion media, coatings, antibacterial and antifungal agents, isotonic and absorption delaying agents, and the like, compatible with pharmaceutical administration. The use of such media and agents for pharmaceutically active substances is known in the art. Except insofar as any conventional medium or agent is incompatible with the active compound, such media can be used in the compositions of the invention. Supplementary active compounds can also be incorporated into the compositions. A pharmaceutical composition of the invention is formulated to be compatible with its intended route of administration. Routes of administration include for example, but are not limited to, intravenous, intramuscular, and oral, and the like. Additional routes of administration include, for example, sublingual, buccal, parenteral (including, for example, subcutaneous, intramuscular, intraarterial, intradermal, intraperitoneal, intracisternal, intravesical, intrathecal, or intravenous), transdermal, oral, transmucosal, and rectal administration, and the like.

[0092] Solutions or suspensions used for appropriate routes of administration, including, for example, but not limited to parenteral, intradermal, or subcutaneous application, and the like, can include, for example, the following components: a sterile diluent such as water

for injection, saline solution, fixed oils, polyethylene glycols, glycerine, propylene glycol or other synthetic solvents; antibacterial agents such as benzyl alcohol or methyl parabens; antioxidants such as ascorbic acid or sodium bisulfate; chelating agents such as ethylenediaminetetraacetic acid; buffers such as acetates, citrates, or phosphates and agents for the adjustment of tonicity such as sodium chloride or dextrose, and the like. The pH can be adjusted with acids or bases, such as, for example, hydrochloric acid or sodium hydroxide, and the like. The parenteral preparation can be enclosed in, for example, ampules, disposable syringes, or multiple dose vials made of glass or plastic, and the like.

[0093] Pharmaceutical compositions suitable for injectable use include, for example, sterile aqueous solutions (where water soluble) or dispersions and sterile powders for the extemporaneous preparation of sterile injectable solutions or dispersion, and the like. For intravenous administration, suitable carriers include, for example, physiological saline, bacteriostatic water, Cremophor ELTM (BASF, Parsippany, N.J.) or phosphate buffered saline (PBS), and the like. In all cases, the composition should be fluid to the extent that easy syringability exists. The carrier can be a solvent or dispersion medium containing, for example, water, ethanol, polyol (for example, glycerol, propylene glycol, and liquid polyethylene glycol, and the like), and suitable mixtures thereof, and the like. The proper fluidity can be maintained, for example, by the use of a coating such as lecithin, by the maintenance of the required particle size in the case of dispersion and by the use of surfactants. Prevention of the action of microorganisms can be achieved by various antibacterial and antifungal agents, such as, for example, parabens, chlorobutanol, phenol, ascorbic acid, thimerosal, and the like. In many cases, it can be preferable to include isotonic agents, such as, for example, sugars, polyalcohols such as mannitol, sorbitol, and sodium chloride, and the like, in the composition. Prolonged absorption of the injectable compositions can be brought about by including in the composition an agent which delays absorption such as, for example, aluminum monostearate and gelatin, and the like.

[0094] Sterile injectable solutions can be prepared by incorporating the active compound in the required amount in an appropriate solvent with one or a combination of ingredients enumerated above, as required, followed by filtered sterilization. Generally, dispersions are prepared by incorporating the active compound into a sterile vehicle that contains a basic dispersion medium and the required other ingredients from those enumerated above. In

the case of sterile powders for the preparation of sterile injectable solutions, the preferred methods of preparation are vacuum drying and freeze-drying which yields a powder of the active ingredient plus any additional desired ingredient from a previously sterile-filtered solution thereof.

[0095] Oral compositions generally include an inert diluent or an edible carrier. They can be enclosed in gelatin capsules or compressed into tablets, for example. For oral administration, the agent can be contained in enteric forms to survive the stomach or further coated or mixed to be released in a particular region of the gastrointestinal (GI) tract by known methods. For the purpose of oral therapeutic administration, the active compound can be incorporated with excipients and used in the form of tablets, troches, or capsules, or the like. Oral compositions can also be prepared using a fluid carrier for use as a mouthwash, wherein the compound in the fluid carrier is applied orally and swished and expectorated or swallowed. Pharmaceutically compatible binding agents, and/or adjuvant materials can be included as part of the composition. The tablets, pills, capsules, troches, and the like can contain any of the following exemplary ingredients, or compounds of a similar nature: a binder such as microcrystalline cellulose, gum tragacanth or gelatin; an excipient such as starch or lactose, a disintegrating agent such as alginic acid, Primogel®, or corn starch; a lubricant such as magnesium stearate; a glidant such as colloidal silicon dioxide; a sweetening agent such as sucrose or saccharin; or a flavoring agent such as peppermint, methyl salicylate, or orange flavoring, or the like.

[0096] For administration by inhalation, the compounds can be delivered in the form of an aerosol spray from pressured container or dispenser, which contains a suitable propellant, *e.g.*, a gas such as carbon dioxide, or a nebulizer, or the like.

[0097] Systemic administration can also be by transmucosal or transdermal means. For transmucosal or transdermal administration, penetrants appropriate to the barrier to be permeated are used in the formulation. Such penetrants are generally known in the art, and include, for example, for transmucosal administration, detergents, bile salts, and fusidic acid derivatives, and the like. Transmucosal administration can be accomplished through the use of nasal sprays or suppositories. For transdermal administration, the active compounds are formulated into ointments, salves, gels, or creams as generally known in the art.

[0098] The compounds can also be prepared in the form of suppositories (*e.g.*, with conventional suppository bases such as cocoa butter and other glycerides) or retention enemas for rectal delivery.

[0099] In one embodiment, the active compounds are prepared with carriers that will protect the compound against rapid elimination from the body, such as a controlled release formulation, including implants and microencapsulated delivery systems, and the like. Biodegradable, biocompatible polymers can be used, such as, for example, ethylene vinyl acetate, polyanhydrides, polyglycolic acid, collagen, polyorthoesters, and polylactic acid, and the like. Methods for preparation of such formulations will be apparent to those skilled in the art. The materials can also be obtained commercially from Alza Corporation and Nova Pharmaceuticals, Inc. Liposomal suspensions (including liposomes targeted to infected cells with monoclonal antibodies to viral antigens) can also be used as pharmaceutically acceptable carriers. These can be prepared according to methods known to those skilled in the art, for example, as described in U.S. Pat. No. 4,522,811, which is incorporated herein by reference in its entirety.

[00100] It is especially advantageous to formulate oral or parenteral compositions in dosage unit form for ease of administration and uniformity of dosage. "Dosage unit form" as used herein refers to physically discrete units suited as unitary dosages for the subject to be treated; each unit containing a predetermined quantity of active compound calculated to produce the desired therapeutic effect in association with the required pharmaceutical carrier. The details for the dosage unit forms of the invention are dictated by and directly dependent on the unique characteristics of the active compound and the particular therapeutic effect to be achieved, and the limitations inherent in the art of compounding such an active compound for the treatment of individuals. Such details are known to those of skill in the art.

[00101] Having described the invention in detail, it will be apparent that modifications, variations, and equivalent embodiments are possible without departing the scope of the invention defined in the appended claims. Furthermore, it should be appreciated that all examples in the present disclosure are provided as non-limiting examples.

EXAMPLES

[00102] The following non-limiting examples are provided to further illustrate embodiments of the invention disclosed herein. It should be appreciated by those of skill in the art that the techniques disclosed in the examples that follow represent approaches that have been found to function well in the practice of the invention, and thus can be considered to constitute examples of modes for its practice. However, those of skill in the art should, in light of the present disclosure, appreciate that many changes can be made in the specific embodiments that are disclosed and still obtain a like or similar result without departing from the spirit and scope of the invention.

EXAMPLE 1

PATIENT SELECTION

[00103] Entry criteria were that patients who had signs and symptoms consistent with upper GI tract disease and had biopsies that documented active eosinophilic gastritis (EG), with gastric tissue samples preserved for genetic and molecular analyses. The endoscopic procedure at which samples for histopathology, gene microarray, and PCR analyses were obtained was designated the incident endoscopy. All gastric samples used for ancillary studies were obtained from the antrum, and all samples obtained for routine histology and immunohistochemistry were obtained from the antrum or antrum/body.

[00104] Active EG was defined as increased numbers of eosinophils, which were the predominant inflammatory cells in some areas, in a gastric biopsy that showed architectural abnormalities, including excessively branched and/or coiled glands. Similar criteria were used to diagnose eosinophilic duodenitis (ED), eosinophilic jejunitis (EJ), and eosinophilic colitis (EC). Eosinophilic esophagitis (EoE) was diagnosed if at least 15 eosinophils were found per high power field (Furuta, G. *et al. Gastroenterology* 133:1342-63 (2007)).

[00105] EG patients who met entry criteria were identified in the Cincinnati Center for Eosinophilic Disorders (CCED) database. Controls were identified in the CCED database as patients without eosinophilic GI disease who otherwise met entry criteria and who were matched for age and sex to the EG patients. Clinical information was obtained from the CCED database and review of medical records.

EXAMPLE 2

HISTOPATHOLOGY AND GENETIC AND MOLECULAR ANALYSIS

Biopsy preparation

[00106] Samples were obtained at the incident endoscopy from the duodenum, stomach, and esophagus of all patients. Some patients also had colonoscopy. Biopsies for histologic evaluation were fixed in 10% formalin, routinely processed, and embedded in paraffin. Sections were cut at 5 microns thickness and stained with hematoxylin and eosin or antibody. Alcian blue/PAS stain (Polyscientific, Bay Shore, NY) was also performed on all biopsies.

Immunohistochemistry

[00107] Antibody information is provided in Table 1. The antibodies used for immunohistochemical staining in this study, their source, the dilution at which they were used, and the antigen retrieval method applied to the tissue sections are listed. Immunohistochemical stains were performed using a Ventana Benchmark XT automated immunostainer (Ventana, Tucson, AZ).

Quantitative microscopy

[00108] Multiple levels of gastric biopsies were surveyed, the area containing the greatest concentration of eosinophils was identified, and eosinophils were counted at 400X (0.3 mm²) to generate a peak eosinophil count. A peak eosinophil count was also obtained for biopsies from other sites in the GI tract if eosinophils appeared excessive. In a similar manner, cells that stained with antibodies were counted at 400X magnification in the area showing the greatest concentration of stained cells. If possible, quantitative evaluations were performed in well-oriented areas.

Microarray analyses

[00109] Gastric antrum samples collected during the incident endoscopy were stored in RNAlater until subjected to RNA isolation using the miRNeasy kit (Qiagen, Valencia, CA), per the manufacturer's instructions. Hybridization to DNA microarray using the GeneChip Human Genome U133 Plus 2.0 Array (Agilent, Santa Clara, CA) was performed by the Microarray Core at Cincinnati Children's Hospital Medical Center (CCHMC).

Quantitative PCR

[00110] Total RNA was isolated from biopsy specimens using the miRNeasy kit (Qiagen), per the manufacturer's suggested procedure. Total RNA was isolated from cells using Trizol (Invitrogen, Carlsbad, CA), per the manufacturer's protocol. Total RNA (100 ng – 1 µg) was used to synthesize cDNA using Superscript II Reverse Transcriptase (Invitrogen) using the protocol suggested by the manufacturer. Real-time (RT-) PCR was performed using the IQ5 system (Biorad, Hercules, CA). Reactions were carried out using SYBR green mix (BioRad). The value obtained for each primer set was normalized to the *GAPDH* value for the corresponding sample. Primer sequences used in the RT-PCR studies are listed in Table 2.

Constructs

[00111] pCDNA3.1 (-) was obtained from Promega (Madison, WI). Expression plasmids were constructed by PCR amplification of the relevant open reading frame using primers listed in Table 3. The following primers were used: pCDH26-HA: 4177 and 4242, pCDH26-MYC: 4177 and 4241, pCDH26: 4177 and 4178, pHA-CTNNB1: 4590 and 4367, pCTNNB1-HA: 4366 and 4593, pCTNNA1-HA: 4370 and 4701, pCTNND1: 4468 and 4469. PCR products were then ligated into the following restriction sites of pCDNA3.1 (-): pCDH26-HA: EcoRI/KpnI, pCDH26-MYC: EcoRI/KpnI, pCDH26: EcoRI/NotI, pHA-CTNNB1: XbaI/KpnI, pCTNNB1-HA: XbaI/KpnI, pCTNNA1-HA: EcoRI/KpnI, pCTNND1: EcoRI/KpnI. pMIRNA1-puro-control has been described previously (Lu, et al., 2012). pMIRNA1-puro-CDH26 was made by introducing the CDH26 open reading frame into the EcoRI and NotI sites of pMIRNA1-puro-control.

Immunofluorescence microscopy

TE-7 cells, NCI-N87 cells, or HEK 293T cells were grown on glass coverslips. Cells were fixed in ice-cold acetone for 10 minutes, incubated in blocking buffer (PBS, 1% saponin, 3% FBS), and then incubated with either primary antibody or an equal concentration of control antibody in blocking buffer: CDH26, 0.06 µg/ml (Sigma-Aldrich, St. Louis, MO); control, normal rabbit IgG (R & D Systems, Minneapolis, MN). Sections were incubated with Alexa 594-conjugated secondary antibody (1:250) (Invitrogen). Sections were washed 3 times with PBS after each antibody incubation. Fluoromount G containing DAPI was used for mounting. Sections were

visualized using the BX51 microscope, DP72 camera, and DP2-BSW imaging software (Olympus America Inc., Center Valley, PA).

Table 1. Immunohistochemical antibody information.

Antibody	Vendor	Dilution	Antigen retrieval
Cadherin-like 26	Sigma-Aldrich St. Louis, MO	1:50	EDTA, 30 min
MIB-1	Ventana Medical Systems, Inc Tucson, AZ	Predilute	EDTA, 30 min
CD117, c-kit	Cell Marque Corp Rocklin, CA	Predilute	EDTA, 30 min
Tryptase	Ventana Medical Systems, Inc Tucson, AZ	Predilute	None
IL-13	Gene Tex, Inc Irvine, CA	1:25	None
FOXP3	Abcam Inc. Cambridge, MA	1:200	EDTA, 30 min
<i>Helicobacter pylori</i>	Ventana Medical Systems, Inc Tucson, AZ	Predilute	EDTA, 30 min

Table 2. RT-PCR primers.

Transcript	Forward Primer (5' to 3')	Reverse Primer (5' to 3')	Reference
GAPDH	TGGAAATCCCATCACCATCT	GTCTTCTGGGTGGCAGTGAT	*
CDH26	TGCTTTTCTGTGCGATGCT	CTTGCCATAAAGCCAGCTC	This Study
IL-4	ACATCTTTTGCTGCCTCCAA	AGGCAGCAGTGTCCTTCT	**
IL-5	GCTTCTGCATTTGAGTTTGCTAGCT	TGGCCGTCAATGTATTCTTTATTAAAG	***
IL-13	ACAGCCCTCAGGGAGCTCAT	TCAGGTTGATGCTCCATACCAT	**
IFN-gamma	GTTTGGGTTCTCTTGCGTGTTA	AAAAGAGTTCCATTATCCGCTACATC	****
TNF-alpha	CCCCAGGGACCTCTCTCTAATC	GGTTTGCTACAACATGGGCTACA	****
IL-17A	AATCTCCACCGCAATGAGGA	ACGTTCCCATCAGCGTTGA	*****
IL-17F	TGCCAGGAGGTAGTATGAAGCTT	ATGCAGCCCAAGTTCTTACACT	*****
IL-25	TGAAGTGCTGTCTGGAGCAG	TCCTCAGAAATCATCCATGTC	*****
IL-33	CACCCCTCAAAATGAATCAGG	GGAGCTCCACAGAGTGTTC	*****

*Blanchard, C. *et al. J. Clin. Invest.* 116:536-47 (2006), **Vicario, M. *et al. Gut* 59:12-20 (2010), ***Ehlers, S. *et al. J. Exp. Med.* 173:25-36 (1991), ****Bocuf, P. *et al. BMC Immunol.* 6:5 (2005), *****Bullens, D. *et al. Respir. Res.* 7:135 (2006), ****Yang, J. *et al. Arthritis Rheum.* 60:1472-83 (2009), *****Hwang and Kim *Mol. Cells* 19:180-4 (2005), *****Carriere, V. *et al. Proc. Natl. Acad. Sci. U.S.A.* 104:282-7 (2007)

Table 3. Primers used to generate expression constructs.

Primer Designation	Primer (5' to 3')
4177	GGAATTCACCATGGCCATGAGATCCGGGAGG
4178	ATAAGAATGCGGCCGCTTAGGAAGGAACACCTGACT
4241	GGGGTACCTTACAGGTCCTCCTCGCTGATCAGCTTCTGCTCGGAAGGAACACCTGACT
4242	GGGGTACCTTAGGCGTAGTCGGGCACGTCGTAGGGGTAGGAAGGAACACCTGACT
4366	GCTCTAGACACCATGGCTACTCAAGCTGATTTG
4367	GGGGTACCTTACAGGTCAGTATCAAAACC
4370	GGAATTCACCATGACTGCTGTCCATGCAGG
4590	GCTCTAGACACCATGTACCCCTACGACGTGCCCGACTACGCCGCTACTCAAGCTGATTTG
4593	GGGGTACCTTAGGCGTAGTCGGGCACGTCGTAGGGGTACAGGTCAGTATCAAAACC
4701	GGGGTACCTTAGGCGTAGTCGGGCACGTCGTAGGGGTAGATGCTGTCCATAGCTTTG
4468	GGAATTCACCATGGACGACTCAGAGGTGG
4469	GGGGTACCCCTAAATCTTCTGCATGGAGG

EXAMPLE 3

CELL CULTURE AND TREATMENT

Culture of primary esophageal epithelial cells

[00112] A sample of distal esophageal epithelium was collected during incident or other endoscopy. Following digestion with trypsin/EDTA, biopsy samples were cultured in modified F-media (3:1 F-12/Dulbecco modified Eagle's medium) supplemented with FBS (5%), adenine (24.2 µg/ml), cholera toxin (10⁻⁴ µmol/L), insulin (5 µg/ml), hydrocortisone (0.4 µg/ml), and epidermal growth factor (10 ng/ml) in the presence of penicillin, streptomycin, and amphotericin (Invitrogen). Cultures were supplemented with 1 to 5 x 10⁵ feeders (NIH 3T3 J2 cells irradiated 6000 rad). Media were changed twice weekly. Upon reaching confluency, cells were trypsinized and re-plated for experiments.

Culture of cell lines and cytokine treatment

[00113] Cells from human esophageal cell line TE-7 (IARC, Lyon, France) were maintained in RPMI medium (Invitrogen) supplemented with 5% FBS (Atlanta Biologicals, Lawrenceville, GA) and 1% penicillin/streptomycin (Invitrogen). HEK 293T cells were grown in DMEM medium (Invitrogen) supplemented with 10% FBS (Atlanta Biologicals) and 1% penicillin/streptomycin (Invitrogen). NCI-N87 cells were obtained from ATCC (Manassas, VA) and cultured in RPMI medium (Invitrogen) supplemented with 10% FBS (Atlanta Biologicals) and 1% penicillin/streptomycin (Invitrogen). IL-13 (Peprotech, Rocky Hill, NJ) was added to culture media at 10 or 100 ng/ml for 24 or 48 hours.

EXAMPLE 4

PROTEIN ANALYSES

Protein extracts and immunoprecipitation

[00114] To confirm and complement microscopic studies of biopsy samples using antibodies, additional analyses of protein expression were performed. For immunoprecipitation, cell lysates were prepared from HEK 293T cells generally, as previously described (Klingelhofer, J. *et al. Mol. Cell Biol.* 22:7449-58 (2002)). Cells (approximately 2 x 10⁶) were washed one time with PBS and incubated in IP buffer (50 mM Tris-HCl (pH 7.4), 150 mM NaCl, 2 mM EDTA, 1 mM dithiothreitol, 1% Nonidet P-40 (NP-40), 20 µM

phenylmethylsulfonyl fluoride) for 10 minutes on ice. Cells were scraped from the plate and rotated at 4°C for 10 minutes. Lysates were cleared by centrifugation at 20,000 x g at 4°C for 10 minutes. An equal amount of protein was added to total 500 µl of IP buffer plus protease inhibitors (Roche, Indianapolis, IN). Antibodies (2 µg each for either α-HA (Covance, Princeton, NJ), α-myc (Cell Signaling Technology, Danvers, MA), α-p120 (BD Transduction Laboratories, Lexington, KY), or mouse IgG1 control (AbD Serotec, Raleigh, NC)) were added to the lysates and rotated overnight at 4°C. Subsequently, 20 µl of protein A/G agarose beads (Santa Cruz Biotechnology, Inc., Santa Cruz, CA) were added per sample. After 2 hours of rotation at 4°C, beads and immunoprecipitates were washed 5 times in IP buffer containing protease inhibitors. 2x Laemmli buffer was added to the immunoprecipitates or total cell lysates saved prior to IP (input) prior to SDS-PAGE analysis, as described below.

Western blot analyses

[00115] Total protein (5-10 µg for TE-7 and primary esophageal epithelial cells), inputs, or immunoprecipitates (as described above) were loaded onto 4-12% NuPage Tris-bis gels (Invitrogen), electrophoresed for 1.5 hours at 150 V, and transferred to nitrocellulose membranes, followed by western blot analysis. Primary antibodies were diluted in TBS/0.1% Tween 20 containing 5% milk in the following proportions: rabbit anti-CDH26 (Sigma-Aldrich), 1:500; rabbit anti-Beta-catenin (Cell Signaling Technology, Inc., Danvers, MA); mouse anti-HA (Covance), 1:1000; mouse anti-myc (Cell Signaling Technology, Inc.), 1:1000; mouse anti-beta-actin (Sigma-Aldrich), 1:5000. Secondary antibodies were incubated with the membranes in the following proportions: anti-goat HRP, 1:10,000 (Jackson ImmunoResearch Laboratories, Inc., West Grove, PA); anti-rabbit HRP, 1:10,000 (Cell Signaling Technology, Inc.); anti-mouse HRP, 1:10,000 (Cell Signaling Technology, Inc.). Blots were developed using ECL Plus reagent (GE Healthcare, Piscataway, NJ). Densitometry measurements were performed using Multi Gauge V3.0 (Fujifilm, Japan).

Protein extracts from esophageal and gastric tissue

[00116] Biopsy samples collected from the distal esophagus or the gastric antrum samples designated for protein isolation were stored in RNAlater at -80°C prior to protein isolation. Tissue was transferred into 100 µl of IP buffer (50 mM Tris-HCl (pH 7.4), 150 mM NaCl, 2 mM EDTA, 1 mM dithiothreitol, 1% Nonidet P-40 (NP-40), 20 µM

phenylmethylsulfonyl fluoride) and sonicated. The lysates were cleared and soluble lysates were subjected to protein quantitation by BCA assay, and the indicated quantity of protein was subjected to SDS-PAGE and western blot analysis, as described above. Alternatively, protein was isolated from the organic fraction remaining after isolation of RNA using the miRNeasy kit to isolate RNA from biopsy specimens. Briefly, DNA was precipitated by the addition of 0.3 volumes of 100% ethanol followed by spin at 2,000 x g. Protein was then precipitated from the supernatant by the addition of 3 volumes of acetone. Precipitated protein was pelleted by centrifugation at 20,000 x g for 10 minutes at 4°C, dried, and solubilized in 2x Laemmli buffer. Solubilized proteins were subjected to SDS-PAGE and western blot analysis, as described above.

EXAMPLE 5

ANALYSIS OF PROTEIN LOCALIZATION

Lentivirus production and transduction of TE-7, NCI-N87, and HEK 293T cells

[00117] Lentivirus production was carried out by the Cincinnati Children's Hospital Viral Vector Core (CCHMC). TE-7, NCI-N87, or HEK 293T cells were transduced by incubating lentivirus with the cells for 24 hours in the presence of 5 µg/ml polybrene. Media were then changed, and media containing 2 µg/ml puromycin was added after 24 hours. After selection for 48 hours in puromycin, cells were dispersed and plated to single cells in 96-well plates to obtain clones derived from single cells. A second round of dispersing, plating to single cells, and picking single colonies was performed. CDH26 expression was verified by western blot analysis and, in some cases, FACS analysis.

FACS analysis

[00118] HEK 293T cells clones transduced with either pMIRNA1-puro-control or pMIRNA1-puro-CDH26 were dispersed by EDTA treatment and then either fixed with 2% formaldehyde in FACS buffer (0.5% BSA, 0.01% NaN₃ in 1x HBSS) or subjected to staining using BD cytofix/cytoperm reagents (BD Biosciences) according to the manufacturer's protocol. Cells were stained with antibody specific for CDH26 (0.12 µg antibody/50 µl FACS buffer) (Sigma Prestige) or an equivalent amount of normal rabbit IgG as a control. Cells were then incubated with secondary antibody (anti-rabbit Alexa 647) (Invitrogen). Flow cytometry

analysis was performed using the FACSCalibur (BD), and analysis was performed using FlowJo software (TreeStar, Ashland, OR).

Biotinylation of cell surface proteins

[00119] Adherent cells were washed with ice-cold biotinylation buffer (100 mM HEPES, 50 mM NaCl, pH 8.0) twice before addition of cold biotinylation buffer plus sulfo-NHS-LC-biotin (concentration 9.259 mg/ml) (Thermo Scientific). Cells were incubated on ice for 30 minutes. The buffer was removed, and the cells were washed 3 times with ice cold PBS + 100 mM glycine. Protein was then extracted as described above using IP buffer plus protease inhibitors (Klingelhofer, J. *et al. Mol. Cell Biol.* 22:7449-58 (2002)). Cell lysates were incubated with streptavidin-agarose beads (Sigma-Aldrich) for 2 hours at 4°C. Beads and precipitates were washed 5 times with cold IP buffer containing 20 mM PMSF. The beads were then boiled for 5 minutes (100°C) in 2x Laemmli buffer, and the solubilized proteins were subjected to SDS PAGE and western blot analyses as described above.

Eosinophil isolation

[00120] One part 4.5% Dextran in PBS was added to 5 parts peripheral blood collected from normal donors. Leukocyte-rich plasma was applied to a Percoll gradient (1.5 ml 10x HBSS, 9.5 ml Percoll, 4.5 ml H₂O) and spun at 1300 rpm (500 x g) for 30 minutes. Granulocytes were collected and red blood cells were lysed by hypotonic lysis. Granulocytes were incubated with anti-CD16 MACS microbeads (Miltenyi Biotec) (1 µl per 1 x 10⁶ cells) for 30 minutes at 4°C. Cells were then applied to a MACS column, and eosinophils were eluted. Eosinophil purity was confirmed by cytospin and DiffQuick staining and was routinely >95%, and viability was >98%, as assessed by trypan blue exclusion. Eosinophils were resuspended at a density of 1 x 10⁶ cells/ml in RPMI + 10% FBS + 1% penicillin/streptomycin and cultured at 37°C until they were used in transmigration assays or for protein isolation.

Eosinophil transmigration assay

[00121] HEK293T cells transduced with either pMIRNA1-puro-control or pMIRNA1-puro-CDH26 as described above were plated on transwell inserts (polycarbonate, 6.5 mm diameter, 0.3 µm pore size) (Costar, Tewksbury, MA). Eosinophils (1.3 x 10⁵ at a density of 1 x 10⁶ cells/ml suspended in 1x HBSS plus 1 mM CaCl₂ plus 2% FBS) were applied to the top of

the transwell, while the bottom chamber of the transwell contained 1x HBSS plus 1 mM CaCl₂ plus 2% FBS and the indicated concentration of chemoattractant (human eotaxin-1, Peprotech). Reactions were incubated at 37°C for 1.5 hours. The transwells were then subjected to Wright-Giemsa staining per the manufacturer's protocol (Harleco, EMD Millipore, Billerica, MA) to confirm the confluence of the cells. The number of eosinophils present in the lower chambers was then assessed by counting the cells using a Hemacytometer (Sigma-Aldrich).

Statistical analyses

[00122] Intergroup comparisons of the numbers of eosinophils and immunoreactive cells in gastric biopsies were made using Student's t test, and significance was set at $P < 0.05$. For microarray analyses, gene transcript levels were determined, and statistical analyses were performed using algorithms in GeneSpring GX v7.3 software (Agilent). For RT-PCR comparisons, the Mann-Whitney test was used.

EXAMPLE 6

CHARACTERIZATION OF EG PATIENTS AND DISEASE MANIFESTATIONS

History of atopic disease in EG patients

[00123] Information corresponding to each patient involved in the gastric tissue microarray study is listed in Table 4. Indication for the index endoscopy is listed, as well as the macroscopic findings observed during the index endoscopy. Diagnosis derived from the index endoscopy is shown, and any EGID diagnosis that was assigned prior to the index endoscopy is also listed. Duration of EG indicates the amount of time elapsed between the initial diagnosis of EG and the index endoscopy. Medications at index endoscopy indicate the medications that the patient was prescribed during the time period immediately prior to the index endoscopy. Diet at index endoscopy lists the diet that the patient was prescribed during the time period immediately prior to the index endoscopy.

[00124] There were 4 females and 1 male in the EG and control groups (Table 4). The mean age of EG patients was 12.6 ± 6.2 (range 3-20) years; the mean age of controls was 9 ± 7.3 (range 1-15) years, not significantly different from EG patients.

[00125] Table 5 includes patient atopic history, including whether a patient has a history of the indicated condition, if known. This information was self-reported by the patient or his/her parent. Patient numbers correspond to those listed in Table 4.

[00126] Four patients in each group reported histories of allergy (Table 5). One EG patient reported anaphylaxis to food (#2); none of the EG or control patients reported anaphylaxis to non-food. One patient in each group reported a history of asthma, and 1 of these patients (#2) was treated with inhaled flovent. Four EG patients were evaluated with skin prick tests that were positive in 2 patients. One EG patient (#1) had skin prick tests that were reportedly positive performed prior to referral to the CCED. Two EG patients (#1, #2) had multiple positive radioallergosorbent (RAST) tests. One control patient (#6) was a sibling of a patient with EoE.

Elevated levels of blood eosinophils in EG

Results of laboratory tests performed on peripheral blood obtained the day of the endoscopy or the most proximal blood sample to the day of the biopsy are listed in Table 6. Complete blood counts were obtained from all 10 patients, and the absolute eosinophil count was increased in all EG patients but not in any of the control patients (Table 6). Additional tests included lack of ova and parasites in stool samples from 3 EG (#1, #3, #5) and from 1 control patient (#8). Plasma eosinophil cationic protein was measured in one EG patient (#1), and it was found to be elevated (314 ng/ml; normal <31.2 ng/ml).

Correlation of gross mucosal appearances with histological diagnoses

[00127] Gastric mucosal nodularity was reported in 4 of 5 EG patients (Table 4). A small hyperplastic polyp was found at the incisura in one EG patient (#4). White plaques or patches and thickened mucosa were found in the esophagi of 3 EG patients who also had EE. Nodular mucosa in the jejunum was described in the EG patient who had active EJ. The mucosa appeared normal in all control patients. Indications for the incident endoscopy are listed in Table 4.

Chronic nature of EG and frequent association with other EGIDs

[00128] At the incident endoscopy, all 5 EG patients had active EG. EG patients had between 1 and 7 prior endoscopies, and 4 of 5 EG patients had prior gastric biopsies that showed active EG (Table 4).

[00129] Four EG patients had eosinophilic inflammation in other sites in the GI tract in addition to the stomach at incident endoscopy and prior endoscopies (Table 4). Three of the EG patients had EE in addition to EG at index endoscopy.

[00130] None of the control patients had eosinophilic inflammation in their GI biopsies, and all their biopsies were considered non-diagnostic. Control patients did not have any GI endoscopies other than the incident procedure. The incident endoscopic procedure included colonoscopy in two EG (#1, #3) and 2 control (#8, #9) patients that yielded normal biopsies in all 4 patients.

Treatment at index endoscopy

[00131] Medications for all patients that were listed in the clinical record at the time of the index endoscopy are shown in Table 4. Fluticasone propionate, both inhaled and swallowed, was prescribed for 1 EG patient who had asthma and EoE diagnosed prior to the index endoscopy. Two EG patients followed an elimination diet at the time of incident endoscopy, and 3 patients had no dietary restrictions.

Table 4. Index endoscopy information.

Patient	Age (yrs) /Sex	Indication	Endoscopic findings	Dx	Prior EGID Dx	Duration of EG	Med at IE	Diet at IE
1 EG	3/F	Duodenal mass	Antrum and jejunum: nodules	EG, EJ	EG, ED	2.5 mos	Ferrous sulfate	Ad lib
2 EG	20/F	Abdominal pain	Esophagus: thickened mucosa. Antrum: erythema.	EG, EoE	EoE	None	Flovent, Protonix	Elim
3 EG	15/F	Diarrhea	Esophagus: white plaques; Antrum: nodules	EG, EoE	EG	8.5 mos	Iron, vitamins, probiotics	Elim
4 EG	13/M	Med change	Fundus and body: nodules Antrum: normal	EG	EG	1.4 years	MTX, folic acid, prevacid	Ad lib
5 EG	12/F	Med change	Esophagus: white patches; Stomach: peristomal nodules	EG, EoE	EG, EoE, EJ	5 years	Beclor, 6 MP, growth hormone, lamisil	Ad lib
6 Con	1/F	Vomiting, siblings with EoE	Normal	NDA	None	None	Prevacid	Unk
7 Con	14/F	Abdominal pain, ITP	Normal	NDA	None	None	Prilosec	Ad lib
8 Con	14/F	Chronic abdominal pain	Normal	NDA	None	None	Bactroban	Ad lib
9 Con	15/M	Rectal bleeding	Normal	NDA	None	None	Miralax	Ad lib
10 Con	1/F	Daily spit ups	Normal	NDA	None	None	Prevacid, hydrocortisone cream	Ad lib

Yrs, years; Dx, diagnosis; EGID, eosinophilic gastrointestinal disease; EG, eosinophilic gastritis; Med, medication; IE, incident endoscopy; F, female; M, male; EJ, eosinophilic jejunitis; ED, eosinophilic duodenitis; EoE, eosinophilic esophagitis; Elim, elimination diet; mos, months; MTX, methotrexate; Beclor, beclomethasone; 6-MP, 6 mercaptopurine; NDA, no diagnostic abnormality; Unk, unknown; ITP, idiopathic thrombocytopenic purpura.

Table 5. Atopic history.

Patient	Asthma	AC	AR	HF	U/A	Eczema	Drug allergy	Food allergy	E allergy	Skin prick tests
1 EG	Unk	Unk	Unk	Unk	Unk	Unk	Unk	Yes	Unk	
2 EG	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	F, E
3 EG	No	Yes	Yes	No	No	No	Yes	Yes	Yes	F, E
4 EG	No	No	No	No	No	No	No	No	No	Neg
5 EG	Unk	No	No	No	No	Unk	Unk	Yes	Yes	Neg
6 Con	No	No	No	No	No	No	No	Yes	Yes	
7 Con	Yes	No	No	No	No	No	No	Yes	Yes	
8 Con	No	No	Yes	Yes	No	No	No	Yes	Yes	
9 Con	No	No	No	No	No	No	No	No	No	
10Con	No	No	No	No	Yes	No	No	Unk	Unk	

AC, allergic conjunctivitis; AR, allergic rhinitis; HF, hay fever; U/A, urticaria/angioedema; E, environmental; EG, eosinophilic gastritis; Unk, unknown; F, food; Con, control.

Table 6. Laboratory findings.

Patient	Peripheral eosinophil count (K/μL) (%)	Plasma IL-2 (pg/ml) (normal)	Plasma IL-5 (pg/ml) (normal)	Plasma γ-Interferon (pg/ml) (normal)	IgE (mg/dl) (normal)	CRP	Clo
1 EG	<i>3.07 (21%)</i>	<i>24 (<18)</i>	<i>9 (<24)</i>			Nl	Neg
2 EG	<i>1.22 (19%)</i>				62 (<114)	Nl	Neg
3 EG	<i>2.42 (35%)</i>				100 (<114)	Nl	Neg
4 EG	<i>0.65 (9%)</i>	<i><6 (<18)</i>	<i>27 (<24)</i>	<i>82 (<68)</i>		Nl	
5 EG	<i>0.31 (8%)</i>					Nl	Neg
6 Con	<i>0 (0%)</i>						Neg
7 Con	<i>0.09 (1%)</i>	<i><6 (<18)</i>	<i>3 (<39)</i>	<i><5 (<154)</i>			Neg
8 Con	<i>0.07 (1%)</i>					Nl	Neg
9 Con	<i>0.12 (1%)</i>					Nl	Neg
10 Con	<i>0.17 (2%)</i>				2 (<53)		

CRP, C-reactive protein; Clo, campylobacter-like organism test/rapid urease test; Nl, normal; Neg, negative.

Abnormal values are italicized; CRP and Clo tests were normal for all patients.

EXAMPLE 7

GASTRIC BIOPSY HISTOPATHOLOGY

Marked eosinophilic inflammation

[0102] Table 7 shows the quantitative evaluation of inflammatory and epithelial cells. Data numbers represent peak counts/hpf for eosinophils, and cells were stained with the antibodies indicated at the head of each column. Mean eosinophil number is defined as the mean of peak eosinophil count/hpf in samples from body/antrum or antrum that were used for the immunohistochemical stains in the table.

[0103] Table 8 shows characteristics for the biopsy specimens of five patients with active EG. Patient numbers correspond to those in Table 4. The number of biopsy specimen pieces that were diagnostic of EG is compared to the total number of pieces obtained per patient per anatomical site in the third column. The fourth and fifth columns denote the number of eosinophils present per hpf in the field that exhibited the highest eosinophil count for the antral and fundic mucosa specimens, respectively. Peak eosinophil counts for antral vs. fundic mucosa were subjected to T-test, and the p-value was >0.05 . The mean $\pm$ SD for the highest peak eosinophil count (antral or fundic mucosa) was also calculated.

[0104] Gastric biopsies from all EG patients showed active eosinophilic disease, with markedly increased numbers of eosinophils (Table 7, Figure 1A). The mean and standard deviation values for the highest peak eosinophil counts in EG biopsies, including biopsies submitted in addition to those from antrum or antrum/body (Table 8), was 355 ± 214 eosinophils/hpf (range 122-603 eosinophils/hpf), compared to 10.6 ± 7.1 eosinophils/hpf (range 3-21 eosinophils/hpf) in controls ($P < 0.05$). The mean of the peak eosinophil counts in antral-type mucosa was similar to that in fundic-type mucosa.

[0105] Although the number of eosinophils did not differ according to the type of gastric mucosa, in all cases, eosinophilic inflammation was non-uniform, varying among and even within pieces. The percent of pieces that were diagnostic for EG ranged from 20-100% in a submitted sample (Table 8).

[0106] In addition to showing variations in quantity of eosinophils, in EG biopsies, the distribution of eosinophils within pieces was different compared to controls. Eosinophils in EG biopsies spanned the depth of the mucosa and often appeared concentrated in superficial

lamina propria. In contrast, eosinophils in control biopsies were confined to the deep lamina propria. Numerous intraepithelial eosinophils were observed in glands in EG biopsies but not in controls. Submucosa was present in 3 EG biopsies, and submucosal eosinophils were observed but were fewer than in the lamina propria. Submucosa was present in one control biopsy, but submucosal eosinophils were not seen.

Correlation of peak eosinophil counts with peripheral blood eosinophil counts

[0107] The highest peak eosinophil counts in EG biopsies correlated significantly with absolute eosinophil counts in peripheral blood (Figures 1B-1C). The significant correlation remained after cases in which the blood sample had not been obtained at the time of index endoscopy were removed from the analysis. Tissue eosinophil counts did not correlate with blood eosinophil counts in control patients.

EG pathology in addition to eosinophilic inflammation

[0108] Architectural changes in EG biopsies included elongated and excessively branched or coiled glands. In contrast to controls, lamina propria fibrosis was seen in 3 EG cases. In areas in which eosinophils were not numerous in EG biopsies, chronic inflammation was sometimes seen, including numerous plasma cells. In one EG case, few acute inflammatory cells were seen in the epithelium of few glands. *Helicobacter pylori* organisms were not seen in biopsies from either group in H&E stains or in sections stained with antibody to the organisms. Intestinal metaplasia was not seen in any of the EG biopsies, as corroborated with Alcian blue/PAS stain. Intestinal metaplasia was seen in one control biopsy (#8).

Increased cell proliferation

[0109] The mucosa in EG biopsies was not atrophic and indeed often appeared thickened with elongated glands. Therefore, a study was designed to identify whether increased cell proliferation is present in EG.

[0110] Epithelial cells and lamina propria cells in both EG and control biopsies were stained with MIB1 antibody, which is a marker of cell proliferation that decorates nuclei in all phases of the cell cycle except G0. Lamina propria cells that stained included cells in lymphoid aggregates; lamina propria cells near lymphoid aggregates were not included in quantitative evaluations since lymphoid aggregates were not present in all cases.

[0111] The number of epithelial and lamina propria cells that stained with MIB1 antibody was greater in EG compared to control biopsies (Table 7). The pattern of epithelial cell staining was remarkably altered in the EG biopsies. In several EG cases, there was expansion of the proliferative zone to include continuous staining of surface epithelial cells, a pattern not seen in control cases (Figure 2). A subsequent study was designed to further characterize the inflammatory infiltrate in EG biopsies using immunohistochemistry.

Involvement of other inflammatory cells

[0112] Mast cells – The presence of mast cells was assessed in gastric biopsies by using CD117 antibody, which stains the tyrosine kinase receptor c-kit that is normally expressed on the membrane of mast cells, and tryptase antibody, which stains a protease normally found in mast cell granules. In all gastric biopsies, there were significantly more cells that stained with anti-CD117 compared to cells that stained with anti-tryptase: 51 ± 3.8 vs 31.8 ± 7.3 , $P < 0.05$ for controls and 93.8 ± 33.1 vs 31 ± 15.5 , $P < 0.05$ for EG biopsies (Table 7).

[0113] In control biopsies, CD117⁺ cells and tryptase⁺ cells were most numerous in lamina propria but were also seen in muscularis mucosa and submucosa. Gastric antrum sections from a biopsy obtained during the index endoscopy were stained to observe CD117 localization. The cells were seen throughout the lamina propria but were usually more numerous in the deep lamina propria. In EG biopsies, cells stained with CD117 or tryptase were seen in the same distribution as in control biopsies but appeared more numerous in the superficial lamina propria compared to controls. In EG biopsies, cells that stained with CD117, but not tryptase, were significantly increased compared to control biopsies (Table 7).

[0114] IL-13 – In control biopsies, IL-13⁺ cells appeared most numerous in the deep lamina propria, but they were present throughout the depth of the mucosa in EG biopsies, including the superficial lamina propria. The number of IL-13⁺ cells in each group was highly variable and there was not a significant difference in the numbers of IL-13⁺ cells in EG cases compared to controls (Table 7).

[0115] The number of IL-13⁺ cells was found to correlate significantly with the number of tryptase⁺ mast cells. Gastric antrum sections from a biopsy obtained during the index endoscopy for each patient included in the study were stained to identify cells that expressed

tryptase; separate biopsy specimens were stained for IL-13. The number of tryptase-positive cells was then correlated with the number of IL-13-positive cells.

[0116] FOXP3 – In contrast to eosinophils, mast cells, and IL-13⁺ cells, FOXP3⁺ lymphocytes were most numerous in and immediately adjacent to lymphoid aggregates. Lymphoid aggregates were seen in 2 EG cases; FOXP3⁺ cells numbered 36 FOXP3⁺ cells/hpf and 46 FOXP3⁺ cells/hpf in and near the aggregates. In the 3 control cases, lymphoid aggregates exhibited 57 FOXP3⁺ cells/hpf, 0 FOXP3⁺ cells/hpf, and 6 FOXP3⁺ cells/hpf. Since lymphoid aggregates were not found in all biopsies, only cells in the lamina propria not associated with lymphoid aggregates were counted. The number of FOXP3⁺ cells was significantly increased in EG biopsies compared to controls (Table 7).

[0117] Figure 1A. Hematoxylin and eosin-stained gastric antrum biopsy specimens were obtained from the index endoscopy of each patient included in this study (magnification = 200X or 400X). Patient numbers correspond to those in the tables and the text.

[0118] Figure 1B. The peak eosinophil count was obtained for the gastric tissue obtained at the index endoscopy for all patients and was correlated with the absolute eosinophil number (K/ μ L) counted from a blood sample obtained either the same day as the endoscopy or the most proximal time period possible.

[0119] Figure 1C. The peak eosinophil count was obtained for the gastric tissue obtained at the index endoscopy for patients with active EG and was correlated with the absolute eosinophil number (K/ μ L) counted from a blood sample obtained either the same day as the endoscopy or the most proximal time period possible.

[0120] Figure 2. Quantification and correlation of tryptase- and IL-13-positive cells in gastric antrum tissue are depicted. Gastric antrum sections obtained during the index endoscopy were stained with anti-tryptase or anti-IL-13 antibodies. The numbers of tryptase-positive cells and IL-13-positive cells per high power field were quantified.

Table 7. Quantitative evaluation of inflammatory and epithelial cells.

Patient	Eosinophils	MIB1 epithelium	MIB1 lp	CD117	Tryptase	IL-13	FOXP3	CDH26
1 EG	567	528	27	82	55	62	11	135
2 EG	298	425	103	61	20	8	32	54
3 EG	553	558	49	114	28	28	28	241
4 EG	79	470	28	71	16	11	7	91
5 EG	197	775	121	141	36	14	14	0
Mean ±SD	338±216	551±135	65.6±43.7	93.8±33.1	31±15.5	24.6±22.3	18.4±11	
6 Con	21	190	14	48	40	52	5	0
7 Con	13	289	17	53	20	13	1	0
8 Con	5	591	10	46	33	9	3	0
9 Con	3	135	15	55	34	19	8	0
10 Con	11	237	17	53	32	2	4	0
Mean ±SD	10.6±7.1	288±178	14.6±2.9	51±3.8	31.8±7.3	19±19.5	4.2±2.6	
P value	<0.05	<0.05	<0.05	<0.05	>0.05	>0.05	<0.05	

Data numbers are peak eosinophil counts/hpf for eosinophils; cells stained with the antibodies are indicated at the head of each column. Mean eosinophil #, mean of peak eosinophil count/hpf in samples from body/antrum or antrum that were used for the immunohistochemical stains in the table.

Table 8. Biopsy characteristics.

Patient	Sample source	Diagnostic # / total # pieces	Antral mucosa Peak eosinophil #	Fundic mucosa Peak eosinophil #
1 EG	Body/antrum*	2/5 (40%)	139/hpf	567/hpf
	Antral nodules	3/4 (75%)	603/hpf	None
2 EG	Body/antrum*	2/4 (50%)	298/hpf	35/hpf
3 EG	Body/antrum*	5/5 (100%)	553/hpf	None
4 EG	Antrum*	1/2 (50%)	79/hpf	None
	Body	2/5 (40%)	87/hpf	122/hpf
5 EG	Body/antrum*	1/5 (20%)	97/hpf	197/hpf
Mean±SD				
Antral vs fundic			328±244/hpf	230±234/hpf
P value			>0.05	
Mean±SD				
Highest			355±214/hpf	

#, number; *, biopsy used for immunohistochemistry that corresponded to tissue samples used for genetic and molecular analyses; P value, mean of antral values compared to fundic values.

EXAMPLE 8

UNIQUE TRANSCRIPTOME OF EG BIOPSIES

[0121] A subsequent study was designed to determine the molecular mechanisms controlling the pathogenesis of EG. Accordingly, RNA isolated from gastric antrum biopsy specimens from EG and control patients was subjected to global transcript analysis.

[0122] Of the transcripts studied, 104 were identified that exhibited differential regulation between the gastric tissue of these patients, including 28 that were up-regulated in EG patients and 76 that were down-regulated in EG patients compared to controls (Tables 9 and 10, respectively; Figure 3A). Transcript levels of eotaxin-3 were monitored using cDNA derived from the gastric antrum tissue of patients used in the original microarray cohort and normalized to *GAPDH* levels for each sample. In both cohorts, relative eotaxin-3 transcript levels were significantly increased in the gastric tissue of patients with EG compared to that of control patients (Figure 3B).

[0123] The transcripts identified in the EG transcriptome (this study) and the EoE transcriptome (Blanchard, C. *et al. J. Clin. Invest.* 116:536-47 (2006)) were compared, and transcripts present in both lists are shown along with the fold change in gene expression observed comparing the gene expression values derived from tissue of patients with active disease to tissue of control patients. Of the transcripts dysregulated in EG, 10 were also identified as being differentially regulated in the esophageal tissue of patients with active EoE, with six of these being regulated in a similar manner in both EoE and EG (Table 11, Blanchard, C. *et al. J. Clin. Invest.* 116:536-47 (2006)).

[0124] Figure 3A. RNA isolated from the gastric antrum tissue of control patients or patients with active EG was subjected to microarray analysis. Transcripts with $p < 0.01$ (ANOVA) and additionally passing 2-fold filter analysis were defined as being differentially regulated between control and EG patients. Relative gene expression values are indicated per gene and per patient.

[0125] Figure 3B. Transcript levels of eotaxin-3 were monitored using cDNA derived from the gastric antrum tissue of patients used in the original microarray cohort and normalized to *GAPDH* levels for each sample

Table 9. Genes up-regulated in EG patients compared to controls.

Affy ID	Fold		Gene	Gene description	SEQ ID NO
	Change				
232306_at	12.25		CDH26	Cadherin-like 26	1
206207_at	9.634		CLC	Charcot-Leyden crystal protein	2
205534_at	6.583		PCDH7	BH-protocadherin (brain-heart)	3
206726_at	5.552		PGDS	Prostaglandin D2 synthase, hematopoietic	4
219727_at	4.991		DUOX2	Dual oxidase 2	5
217110_s_at	3.825		MUC4	Mucin 4, cell surface associated	6
218532_s_at	3.813		FAM134B	family with sequence similarity 134, member B	7
218510_x_at	3.63		FAM134B	family with sequence similarity 134, member B	8
204393_s_at	3.256		ACPP	Acid phosphatase, prostate	9
229332_at	3.197		HPDL	4-hydroxyphenylpyruvate dioxygenase-like	10
224480_s_at	2.973		AGPAT9	1-acylglycerol-3-phosphate O-acyltransferase 9	11
213355_at	2.89		ST3GAL6	ST3 beta-galactoside alpha-2,3-sialyltransferase 6	12
202587_s_at	2.842		AK1	Adenylate kinase 1	13
219763_at	2.693		DENND1A	DENN/MADD domain containing 1A	14
213924_at	2.674		MPPE1	Metallophosphoesterase 1	15
204895_x_at	2.434		MUC4	Mucin 4, tracheobronchial, cell surface associated	16
233085_s_at	2.415		OBFC2A	oligonucleotide/oligosaccharide-binding fold containing 2A	17
31874_at	2.306		GAS2L1	Growth arrest-specific 2 like 1	18
1556588_at	2.291		C15orf37	Hypothetical protein LOC283687	19
224461_s_at	2.266		AMID	Apoptosis-inducing factor (AIF)-like mitochondrion-associated inducer of death	20
222872_x_at	2.23		OBFC2A	oligonucleotide/oligosaccharide-binding fold containing 2A	21
201037_at	2.167		PFKP	Phosphofructokinase, platelet	22
238846_at	2.165		TNFRSF11A	Tumor necrosis factor receptor superfamily, member 11a, NFKB activator	23
207820_at	2.109		ADH1A	Alcohol dehydrogenase 1A (class I), alpha polypeptide	24
219403_s_at	2.1		HPSE	Heparanase	25
204140_at	2.06		TPST1	Tyrosylprotein sulfotransferase 1	26
209729_at	2.042		GAS2L1	Growth arrest-specific 2 like 1	27
210254_at	2.006		MS4A3	membrane-spanning 4-domains, subfamily A, member 3 (hematopoietic cell-specific)	28

Table 10. Genes down-regulated in EG patients compared to controls.

Affy ID	Fold Change	Gene	Gene description	SEQ ID NO
1568777_at	0.497	EML5	Echinoderm microtubule associated protein like 5	29
233932_at	0.497	AL109791	EST from clone 1206988, full insert	30
1565830_at	0.497	KIAA1731	KIAA1731 protein	31
1555858_at	0.493	LOC440944	UI-H-FL1-bfw-c-18-0-UI.s1 NCI CGAP_FL1 Homo sapiens cDNA clone	32
229141_at	0.49	WDR33	UI-H-FL1-bfw-c-18-0-UI 3', mRNA sequence.	33
241996_at	0.49	RUFY2	WD repeat domain 33	34
227663_at	0.489	AK098220	RUN and FYVE domain containing 2	35
234193_at	0.488	KIAA1579	CDNA FLJ40901 fis, clone UTERU2003704	36
235716_at	0.487	TRA2A	Hypothetical protein FLJ10770	37
232489_at	0.486	FLJ10287	Transformer-2 alpha	38
1555860_x_at	0.485	LOC440944	Hypothetical protein FLJ10287	39
219317_at	0.483	POLI	UI-H-FL1-bfw-c-18-0-UI.s1 NCI CGAP_FL1 Homo sapiens cDNA clone	40
232431_at	0.483	NR3C1	UI-H-FL1-bfw-c-18-0-UI 3', mRNA sequence.	41
230578_at	0.481	ZNF471	Polymerase (DNA directed) iota	42
244008_at	0.478	PARP8	Nuclear receptor subfamily 3, group C, member 1 (glucocorticoid receptor)	43
232395_x_at	0.477	LOC340351	Zinc finger protein 471	44
221211_s_at	0.476	C21orf7	poly (ADP-ribose) polymerase family, member 8	45
235803_at	0.476	CRLF3	ATP/GTP binding protein-like 3	46
238484_s_at	0.475	RPS8	Chromosome 21 open reading frame 7	47
239735_at	0.474	AC146944.2	Cytokine receptor-like factor 3	48
228497_at	0.473	SLC22A15	Ribosomal protein S8	49
232773_at	0.473	MGC13057	RST5450 Athersys RAGE Library Homo sapiens cDNA, mRNA sequence. (LincRNA)	50
226181_at	0.47	TUBE1	Solute carrier family 22 (organic cation transporter), member 15	51
239556_at	0.47	PDE5A	Hypothetical protein MGC13057	52
226587_at	0.468	SNRPN	Tubulin, epsilon 1	53
			Phosphodiesterase 5A, cGMP-specific	
			Homo sapiens cDNA clone IMAGE:5288750. small nuclear	

235611_at	0.467	SREK1	ribonucleoprotein polypeptide N.	54
1570507_at	0.465	SFRS2IP	602574315F1 NIH_MGC_77 Homo sapiens cDNA clone IMAGE:4702635	55
242708_at	0.463	PEX1	5', mRNA sequence. splicing regulatory glutamine/lysine-rich protein 1.	56
213267_at	0.463	KIAA1117	Splicing factor, arginine/serine-rich 2, interacting protein	57
1552519_at	0.462	ACVR1C	Peroxisome biogenesis factor 1	58
211923_s_at	0.462	ZNF471	KIAA1117	59
233037_at	0.461	AF138859	Activin A receptor, type IC	60
233019_at	0.46	CNOT7	Zinc finger protein 471	61
213142_x_at	0.455	PION	Clone FLB2932 mRNA sequence	62
242598_at	0.455	AW294566.1	CCR4-NOT transcription complex, subunit 7	63
229546_at	0.454	NSE1	pigeon homolog (Drosophila)	64
232633_at	0.453	XRCC5	Transcribed locus, strongly similar to NP_000700.1 branched chain keto acid dehydrogenase E1, alpha polypeptide [Homo sapiens]	65
238454_at	0.452	ZNF540	NSE1	66
235786_at	0.436	NUP88	X-ray repair complementing defective repair in Chinese hamster cells 5 (double-strand-break rejoining; Ku autoantigen, 80kDa)	67
1557050_at	0.432	HOTAIRM1	Zinc finger protein 540	68
1556444_a_at	0.429	AK091686	Nucleoporin 88kDa	69
243150_at	0.428	AK093442	Homo sapiens, clone IMAGE:5019307, mRNA; HOTAIRM1 HOXA transcript antisense RNA, myeloid-specific 1 (non-protein coding)	70
223185_s_at	0.427	BHLHB3	CDNA FLJ34367 fis, clone FEBRA2016621	71
1552852_a_at	0.425	ZSCAN4	Transcribed locus	72
236705_at	0.425	TMEM196	Basic helix-loop-helix domain containing, class B, 3	73
225540_at	0.424	MAP2	Zinc finger and SCAN domain containing 4	74
221833_at	0.419	SIAH1	transmembrane protein 196	75
243172_at	0.415	AK093713	Microtubule-associated protein 2	76
1556666_a_at	0.409	TTC6	Seven in absentia homolog 1 (Drosophila)	77
238796_at	0.406	YT521	Homo sapiens cDNA FLJ36394 fis, clone THYMU2009104.	78
238625_at	0.395	C1orf168	Tetratricopeptide repeat domain 6	79
231358_at	0.394	MRO	Splicing factor YT521-B	80
			Chromosome 1 open reading frame 168	
			maestro	

239243_at	0.393	ZNF638	Zinc finger protein 638	81
207050_at	0.384	CACNA2D1	Calcium channel, voltage-dependent, alpha 2/delta subunit 1	82
208498_s_at	0.381	AMY1A	Amylase, alpha 1A; salivary	83
1562612_at	0.378	ME2	Malic enzyme 2, NAD(+)-dependent, mitochondrial	84
236824_at	0.373	KIAA1906	Homo sapiens KIAA1906 protein (KIAA1906), mRNA.	85
227623_at	0.36	CACNA2D1	calcium channel, voltage-dependent, alpha 2/delta subunit 1	86
244708_at	0.355	FLJ33996	hypothetical protein FLJ33996	87
206017_at	0.349	KIAA0319	KIAA0319	88
1563182_at	0.346	ACVR1C	activin A receptor, type IC	89
226591_at	0.343	SNRPN	small nuclear ribonucleoprotein polypeptide N	90
234314_at	0.341	RALGAP2	Ral GTPase activating protein, alpha subunit 2 (catalytic)	91
1560258_a_at	0.314	BC035780	Homo sapiens, clone IMAGE:5590287, mRNA	92
230081_at	0.307	PLCXD3	Phosphatidylinositol-specific phospholipase C, X domain containing 3	93
239671_at	0.304	AK055647	CDNA FLJ31085 fis, clone IMR321000037	94
229160_at	0.301	MUM1L1	Melanoma associated antigen (mutated) 1-like 1	95
230333_at	0.293	SAT	Spermidine/spermine N1-acetyltransferase	96
217617_at	0.291	KCTD7	Potassium channel tetramerisation domain containing 7	97
1552851_at	0.282	ZSCAN4	Zinc finger and SCAN domain containing 4	98
244455_at	0.268	KCNT2	Potassium channel, subfamily T, member 2	99
221530_s_at	0.26	BHLHB3	Basic helix-loop-helix domain containing, class B, 3	100
206678_at	0.248	GABRA1	Gamma-aminobutyric acid (GABA) A receptor, alpha 1	101
223810_at	0.242	KLHL1	Kelch-like 1 (Drosophila)	102
244118_at	0.196	GABRA1	Gamma-aminobutyric acid (GABA) A receptor, alpha 1	103
1568612_at	0.189	GABRG2	Gamma-aminobutyric acid (GABA) A receptor, gamma 2	104

Table 11. Transcripts common between the EoE and EG transcriptomes.

EG	EE	Gene	Gene description
12.3	22.1	CDH26	cadherin-like 26
9.6	11.8	CLC	Charcot-Leyden crystal protein
5.6	6	PGDS	prostaglandin D2 synthase, hematopoietic
3.8	4.7	MUC4	mucin 4, cell surface associated
3.3	4.2	ACPP	acid phosphatase, prostate
3	0.5	AGPAT9	1-acylglycerol-3-phosphate O-acyltransferase 9
2.4	0.5	MUC4	mucin 4, cell surface associated
2.2	0.4	TNFRSF11A	tumor necrosis factor receptor superfamily, member 11a
2.1	0.4	HPSE	heparanase
0.5	0.2	SLC22A15	solute carrier family 22 (organic cation transporter), member 15

EXAMPLE 9

INCREASED CDH26 GENE EXPRESSION IN EG

[0126] Cell adhesion is important in EGIDs. Both homophilic and heterophilic adhesion are important. Cadherin molecules consist of a large family of proteins that mediate calcium-dependent cell adhesion. These interactions can be mediated between cadherins and the same or other cadherin, or between cadherins and other molecules like integrins. Cadherin-like 26 (CDH26), a heretofore uncharacterized member of this family of proteins, appears to be upregulated in various T_H2-associated conditions (Woodruff, *et al. Proc. Nat. Acad. Sci.* 104:15858-63 (2007); Li and Gasbarre, *Int. J. Parasitol.* 39:813-24 (2009)).

[0127] Of the transcripts differentially regulated between EG biopsies and controls, *CDH26* was the most highly up-regulated gene in the gastric tissue of EG patients (20.9 fold, $p < 0.01$). To compare the relative expression of *CDH26* to that of other cadherin family members, the mean raw expression value for each cadherin probe present on the microarray was calculated as an estimate of the relative abundance of each transcript.

[0128] Of all cadherins, only *CDH1* (E-cadherin) and *CDH26* were found to exhibit raw signal that would indicate that the transcript is expressed (setting the threshold for expression of raw signal > 100) (Figure 4A). Similarly, raw signal for cadherin transcripts in esophageal tissue from patients with active EoE only showed high raw values for *CDH1*, *CDH3* (P-cadherin), and *CDH26* (Figure 4B). *CDH26* was further analyzed given its high relative expression.

[0129] The results from the gene microarray study (Figure 4C) were verified by performing RT-PCR analysis using the same samples that had been subjected to microarray analysis. *CDH26* mRNA exhibited 15.3-fold up-regulation in EG compared to control tissue (Figure 4D). The expression pattern of *CDH26* was confirmed in an independent, replication cohort of patients. Relative *CDH26* levels were again found to be increased in patients with active EG (35.6-fold) in the replication cohort (Figure 4E).

[0130] Figure 4A. Summary of cadherin family member expression levels in inflamed gastric tissue. The mean raw expression values derived from the microarray data for each cadherin molecule are graphed for the five patients with active EG.

[0131] Figure 4B. Summary of cadherin family member expression levels in inflamed esophageal tissue. The mean raw expression values derived from the microarray data for each cadherin molecule are graphed for the 14 patients with active EoE characterized in a previous study (Blanchard, C. *et al. J. Clin. Invest.* 116:536-47 (2006)).

[0132] Figure 4C. Transcript levels were identified by microarray analysis. *CDH26* transcript levels were verified using cDNA derived from the gastric antrum tissue of the same population of patients used in the microarray study. The fold-change in normalized expression for four *CDH26* probes on the Affymetrix HG U133 Plus 2.0 array is depicted (top left: 232306_at; top right: 233663_s_at; bottom left: 233391_at; bottom right: 233662_at).

[0133] Figure 4D. *CDH26* and *GAPDH* transcript levels from the same patient samples subjected to microarray analysis were quantified by real-time (RT-)PCR. *CDH26* levels were normalized to *GAPDH* levels for each sample and are presented as fold-change relative to normal.

[0134] Figure 4E. Relative *CDH26* levels from a replication cohort of patients were determined. Data are presented as fold-change relative to normal.

EXAMPLE 10

INCREASED CDH26 PROTEIN EXPRESSION IN EG

[0135] A subsequent study was designed to identify the quantity and localization of *CDH26* protein expression in EG and control biopsies. Immunohistochemistry for *CDH26* was performed on EG and control biopsies.

[0136] The surface epithelium in 4 of 5 EG biopsies, but none of the controls, was stained with anti-*CDH26* (Figure 5A, Table 7). The staining was cytoplasmic with focal membrane accentuation in the surface epithelial cells in EG biopsies (Figures 5A and 5B). Gland epithelial cells in both groups showed faint cytoplasmic staining. The intensity of the *CDH26* signal was graded, and the peak number of *CDH26*-positive cells per high power field was quantified for each biopsy and graphed (Figure 5C).

[0137] To confirm the increase in *CDH26* protein observed and to confirm the molecular weight of the protein, western blot was performed on lysates obtained from the gastric antrum tissue of EG and control biopsies. *CDH26* protein was found to be increased on average

2.3-fold in the gastric antrum tissue of EG patients compared to that of control patients (Figure 5D).

[0138] Figure 5A. Representative normal and EG biopsy specimens are depicted; the left panel shows a serial section of the biopsy stained with control antibody.

[0139] Figure 5B. High magnification of gastric antrum tissue derived from a patient with active EG stained for CDH26 is depicted.

[0140] Figure 5C. Quantification of the intensity and prevalence of CDH26-positive cells is depicted. The left panel displays the intensity of CDH26 staining, graded on a scale of 1-4, and the number of normal and EG biopsies assigned each score. The right panel displays results from quantification of the peak number of CDH26-positive cells per high power field per biopsy.

[0141] Figure 5D. CDH26 protein levels in gastric antrum tissue are depicted. Protein was isolated from the organic phase obtained following RNA isolation from the same gastric tissue. Protein lysates were subjected to SDS-PAGE and western blot analysis for CDH26 and beta-actin (top). The signal for CDH26 and beta-actin was quantified, and the ratio was graphed (bottom).

EXAMPLE 11

INCREASED EXPRESSION OF TH2 CYTOKINE IL-13 IN EG

[0142] Cytokine transcripts have previously been shown to be increased and are critical components in the pathogenesis of EE. Therefore, to identify factors that promote EG pathogenesis, cytokine transcript levels in the gastric tissue of EG and control patients were determined.

[0143] The T_H2 cytokine IL-13 showed significant (on average, 375-fold) up-regulation in EG compared to control biopsies, and a trend toward increased IL-4 and IL-5 was observed (Figure 6A). A trend toward decreased TNF-alpha was seen in EG tissue. None of the other cytokines examined, namely interferon-gamma, IL-17A, IL-17F, or IL-33, exhibited a significant difference in transcript levels between control and EG patient tissue (Figure 6A). Similar patterns of cytokine gene expression were observed when the relative levels were examined in the replication cohort (Figure 6B). Significant decreases in IL-4, IL-5, IL-13, and IL-17A were observed in EG tissue compared to control tissue in the replication cohort.

Although not tested in the original cohort, IL-25 transcript levels were monitored in the replication cohort, with no significant difference between control and EG tissue noted. In addition, IL-33 was shown to be significantly decreased in EG tissue compared to control tissue; therefore, IL33 is a dysregulated cytokine in EG.

[0144] Figure 6A. Transcript levels of cytokines were monitored using cDNA derived from the gastric antrum tissue of the same population of patients used in the microarray study. Transcript levels for individual cytokines determined by RT-PCR were normalized to *GAPDH* levels for each sample.

[0145] Figure 6B. Transcript levels of cytokines were monitored using cDNA derived from the gastric antrum tissue of the population of patients used in the replication cohort. Transcript levels for individual cytokines were normalized to *GAPDH* levels for each sample.

EXAMPLE 12

REPLICATION COHORT

[0146] Following the initial genetic, molecular, and histopathologic analyses, biopsies from additional patients who met the entry criteria were analyzed. This analysis focused on the most dysregulated genes identified in the initial cohort. The methods used for the additional analyses were identical to those used for the analysis in the initial cohort.

[0147] After completion of analyses on the discovery cohort, ten additional EG patients and five additional control patients were identified in the CCED database who met entry criteria. All patients included in the EG cohort exhibited increased eosinophil numbers and the other alterations described in the biopsies of the discovery cohort.

[0148] Data for the replication cohort are shown in Examples 8, 9, and 11 and in Figures 3B and 4E.

EXAMPLE 13

UP-REGULATION OF CDH26 IN EoE

[0149] *CDH26* transcripts have been shown previously to be markedly increased in the esophageal biopsies of patients with EoE (Blanchard, C. *et al. J. Clin. Invest.* 116:536-47 (2006); Blanchard, C. *et al. J. Allergy Clin. Immunol.* 120:1292-300 (2007)). Since several of

the patients in this study who had active EG also had active EoE at incident endoscopy, a study was designed to confirm and expand the prior studies concerning CDH26 and EoE.

[0150] *CDH26* transcript levels in esophageal tissue from normal patients and patients with active EoE were measured. *CDH26* expression was found to be significantly increased (median = 114.9-fold) in the esophageal tissue of patients with active EoE (Figure 7A).

[0151] Within the initial cohort of patients used in this study, several had esophageal biopsy specimens collected for research purposes. The *CDH26* transcript levels in these biopsy specimens were analyzed, and patients with EG who also had EoE at the time were found to exhibit increased esophageal *CDH26* transcript levels compared to the normal patients who did not have concomitant EoE or any other EGID (Figure 7B). Similarly, patients with active EG but normal esophageal pathology showed low levels of CDH26 protein expression, in contrast to EG patients that also had esophageal eosinophilia, whose esophageal tissue exhibited high levels of CDH26 protein expression (Figure 7C). In a separate cohort of patients, esophageal tissue of patients with active EoE showed on average 3.4-fold increased CDH26 protein levels compared to that observed in control tissue, as determined by western blot (Figure 7D).

[0152] Immunohistochemical staining for CDH26 protein in esophageal biopsies corresponded with this observation. Esophageal biopsies from EG patients who had active EoE showed increased staining for CDH26 compared to esophageal biopsies from EG patients who did not have active EoE (Figure 7C). In biopsies without active EoE, the staining was confined to epithelial cells near the surface, but the staining in active EoE was both more intense and prevalent and included cells in the expanded basal layer. Peripapillary epithelial cells did not stain in either group (Figure 7C). In addition, biopsies from patients other than those who were the focus of this study who had active EoE but not EG showed increased staining compared to control patients, particularly in the suprabasal region of the esophageal epithelium (Figure 7D).

[0153] Figure 7A. *CDH26* transcript levels were determined using cDNA derived from the esophageal tissue of either normal patients or patients with EoE and normalized to *GAPDH* levels.

[0154] Figure 7B. *CDH26* transcript levels were measured using cDNA derived from the esophageal tissue of patients obtained during the index endoscopy from which the gastric

specimens were obtained. *CDH26* levels were normalized to *GAPDH* levels for the same sample.

[0155] Figure 7C. *CDH26* protein expression and localization in esophageal tissue are depicted. Immunohistochemical staining for *CDH26* was performed on esophageal biopsy specimens obtained during the index endoscopy from which the gastric specimens were obtained. Patient numbers correspond to those in Table 4.

[0156] Figure 7D. Total protein lysates were prepared from esophageal biopsy specimens from an independent cohort of patients who either had active EoE or no history of EGID. SDS-PAGE and western blot analysis were carried out to detect *CDH26* and beta-actin (top). The signals for *CDH26* and beta actin were quantified, and the ratio was graphed (bottom).

EXAMPLE 14

INDUCED *CDH26* EXPRESSION VIA IL-13 IN CULTURED CELLS AND *CDH26* SUBCELLULAR LOCALIZATION, GLYCOSYLATION, AND INTERACTIONS

[0157] Previous studies have demonstrated that IL-13 is sufficient to induce *CDH26* transcripts in esophageal epithelial cells (Blanchard, C. *et al. J. Allergy Clin. Immunol.* 120:1292-300 (2007)). *CDH26* transcript levels increased in a dose-dependent manner in primary esophageal epithelial cells treated with IL-13 (Figure 8A). Similarly, upon IL-13 stimulation, *CDH26* mRNA increased in a dose-dependent manner in the esophageal cell line TE-7 (Figure 8B).

[0158] A follow-up study was designed to determine whether IL-13, which exhibits increased transcript levels in gastric biopsy specimens, induced *CDH26* expression in the gastric cell line NCI-N87. Indeed, IL-13 stimulation resulted in a dose-dependent increase in *CDH26* transcripts in these cells (Figure 8C).

[0159] Immunohistochemical staining of esophageal biopsies for *CDH26* showed cytoplasmic cellular staining with a suggestion of membrane accentuation focally. A study was therefore designed to determine the subcellular localization of *CDH26* protein using cultured esophageal epithelial cells.

[0160] Because *CDH26* exhibits sequence homology to the cadherin family of proteins, with 5 cadherin repeats in the putative extracellular portion of the protein, a predicted

transmembrane domain, and a C-terminal cytoplasmic region, CDH26 protein can be localized to the plasma membrane in cells. TE-7 cells transduced with a CDH26 expression construct were fixed and stained with antibodies for CDH26. Signal was observed in the cytoplasm and membranes of the cells (Figure 8D).

[0161] To further substantiate the indicated localization of CDH26, surface biotinylation of proteins was performed, followed by affinity isolation of biotinylated proteins and western blot analysis for CDH26. This indicated that CDH26 was present at the cell surface in TE-7 and NCI-N87 cells (Figures 8E-8F).

[0162] Figure 8A. Primary esophageal epithelial cells were cultured from distal esophageal biopsy specimens. For each patient, cells were treated in triplicate with the indicated dose of IL-13 for 48 hours. Total RNA was isolated, cDNA synthesis was performed, and RT-PCR analysis was done to monitor *CDH26* and *GAPDH* levels. The graph represents the average fold-change compared to untreated cells for five patients.

[0163] Figure 8B. TE-7 cells were treated with the indicated dose of IL-13 for 48 hours, followed by RNA isolation, cDNA synthesis, and RT-PCR for *CDH26* and *GAPDH*. The graphs represent the average of three experiments.

[0164] Figure 8C. NCI-N87 cells were treated with the indicated dose of IL-13 for 48 hours. RNA was then isolated, cDNA synthesis was performed, and RT-PCR for *CDH26* and *GAPDH* was done. The graphs represent the average of three experiments.

[0165] Figure 8D. TE-7 cells that were transduced with either pMIRNA1-puro-control or -CDH26 were fixed and stained either with antibody specific for CDH26 or an equivalent amount of control IgG antibody. Nuclei were stained with DAPI.

[0166] Figure 8E. Surface biotinylation of TE-7 cells is depicted. TE7 cells transduced with either pMIRNA1-puro-control or -CDH26 were incubated with a membrane-impermeable reagent that reacts with and binds covalently to cell surface proteins. Proteins were then solubilized in immunoprecipitation buffer. Protein lysates were subjected to pulldown using streptavidin beads. Total cell lysates (input) and proteins bound to the streptavidin beads were subjected to SDS-PAGE and western blot analysis for the indicated proteins.

[0167] Figure 8F. Surface biotinylation of NCI-N87 cells is depicted. NCI-N87 cells transduced with either pMIRNA1-puro-control or -CDH26 were treated as described for TE-7 cells in Figure 8E.

EXAMPLE 15

SIMILARITIES BETWEEN CDH26 AND CLASSICAL CADHERIN MOLECULES

[0168] Classical cadherin molecules are known to mediate cell-cell adhesion through homotypic interactions. Therefore, a study was designed to determine whether CDH26 molecules interact in a homotypic manner using transient transfection and immunoprecipitation experiments.

[0169] HEK 293T cells were co-transfected with two separate expression constructs containing either *CDH26*-myc or *CDH26*-HA. Myc-tagged CDH26 was observed to co-immunoprecipitate with HA-tagged CDH26. The reciprocal immunoprecipitation confirmed that HA-tagged CDH26 co-immunoprecipitated with myc-tagged CDH26 (Figure 9A).

[0170] Classical cadherin molecules have additionally been shown to be modified by glycosylation, which alters the adhesive function of these molecules. Therefore, a follow-up study was designed to determine whether CDH26 was glycosylated by performing experiments in which HEK 293T cells were transfected with an expression construct containing HA-tagged *CDH26*.

[0171] CDH26 was immunoprecipitated and then treated with peptide:N-glycosidase F (PNGase F) to remove N-linked glycosylation. Immunoprecipitated CDH26 treated with PNGase F, but not heat-inactivated PNGase F, exhibited an increased mobility compared to CDH26 from total cell lysates (Figure 9B), indicating that the protein is modified by N-glycosylation under baseline conditions in these cells.

[0172] Classical cadherin molecules, including E-cadherin and N-cadherin, have been shown to interact with catenin proteins, which bind the C-terminal cytoplasmic portion of the cadherin protein to link it to the actin cytoskeleton. A study was therefore designed to determine whether CDH26 interacts with beta-catenin, an essential component of the Wnt signaling pathway that is important in gastrointestinal homeostasis.

[0173] The region of other cadherin molecules known to interact with beta-catenin exhibited similarity to the same region of CDH26 (Figure 9C; Stappert and Kemler, *Cell Adhes.*

Commun. 2:319-27 (1994)). HEK 293T cells were co-transfected with expression constructs containing *CDH26* or HA-tagged beta-catenin (*CTNNB1*). When immunoprecipitation for HA-tagged beta-catenin was performed, CDH26 was also detected in the precipitates (Figure 9D), indicating that ectopically expressed beta-catenin and CDH26 exist in the same complex in these cells.

[0174] Since CDH26 localizes with beta-catenin in cultured cells, EG and control gastric biopsies were stained with antibody to beta-catenin. Surface epithelial cells in control biopsies showed distinct staining of the basolateral cell membrane. HEK 293T cells were transiently transfected with the indicated constructs. Total cell lysates were then prepared and equal amounts of protein were subjected to immunoprecipitation using the indicated antibodies. Inputs (1/10 of the amount used for IP) and immunoprecipitates were subjected to SDS-PAGE and western blot analysis with the indicated antibodies.

[0175] Beta-catenin interacts with alpha-catenin to indirectly link cadherin molecules to the actin cytoskeleton and thus support cell adhesion. Therefore, a follow-up study was designed to determine whether alpha-catenin can exist in the same complex as CDH26 by performing transient transfection and immunoprecipitation experiments.

[0176] HEK 293T cells were transfected with pCDH26 and a construct expressing HA-tagged CTNNA1. CDH26 was observed to co-immunoprecipitate with alpha-catenin (Figure 9E).

[0177] The juxtamembrane domain of the cytoplasmic portion of cadherin molecules is bound by p120-catenin, which has been shown to function in maintenance of cadherin stability and localization to the cell surface. Therefore, a follow-up study was designed to test whether CDH26 and p120 could exist in the same protein complex. p120 and CDH26 co-immunoprecipitated from lysates derived from HEK 293T cells transiently transfected with pCDH26 and a construct that expresses p120 (Figure 9F).

[0178] Figure 9A. HEK 293T cells were transiently transfected with the indicated construct(s). Total cell lysates were prepared, and immunoprecipitation was performed using the indicated antibodies. Inputs (1/10 of amount used for IP) or immunoprecipitates were subjected to SDS-PAGE and western blot analysis with anti-HA antibodies; the same blot was then

stripped and probed with anti-myc antibodies. The blot shown is representative of three independent experiments. Predicted molecular weight of CDH26: 95.3 kDa.

[0179] Figure 9B. Post-translational modification of CDH26 is shown. HEK 293T cells were transiently transfected with the indicated construct(s). Total cell lysates were prepared, and immunoprecipitation was performed using the indicated antibodies. Immunoprecipitates were treated with either PNGase F (+) or heat-inactivated PNGase F (-). Inputs (1/10 of amount used for IP) or treated immunoprecipitates were subjected to SDS-PAGE and western blot analysis using anti-HA antibodies. The blot shown is representative of three independent experiments.

[0180] Figure 9C. CDH26 domain structure prediction was performed by subjecting its primary amino acid sequence to SMART analysis. The positions of the signal peptide, cadherin domains, and transmembrane domain identified by this analysis are indicated (top). To identify the putative beta-catenin binding domain within CDH26, CDH1 and CDH26 primary amino acid sequences were aligned. The specific residues corresponding to the beta-catenin binding domain of CDH1 were identified, and the corresponding amino acids within CDH26 are shown. Underlining indicates identical or similar amino acids (bottom).

[0181] Figure 9D. HEK 293T cells were transiently transfected with the indicated constructs. Total cell lysates were then prepared and equal amounts of protein were subjected to immunoprecipitation using the indicated antibodies. Inputs (1/10 of the amount used for IP) and immunoprecipitates were subjected to SDS-PAGE and western blot analysis with the indicated antibodies.

[0182] Figure 9E. HEK 293T cells were transiently transfected with the indicated constructs. Total cell lysates were then prepared, and equal amounts of protein were subjected to immunoprecipitation using the indicated antibodies. Inputs (1/10 of the amount used for IP) and immunoprecipitates were subjected to SDS-PAGE and western blot analysis with the indicated antibodies.

[0183] Figure 9F. HEK 293T cells were transiently transfected with the indicated constructs. Total cell lysates were then prepared and equal amounts of protein were subjected to immunoprecipitation using the indicated antibodies. Inputs (1/10 of the amount used for IP) and

immunoprecipitates were subjected to SDS-PAGE and western blot analysis with the indicated antibodies.

EXAMPLE 16

EFFECT OF CDH26 ON EOSINOPHIL TRANSMIGRATION

[0184] A study was designed to determine whether an increased amount of CDH26 expressed on the surface of cells could impact the transmigration of eosinophils through such cells. Peripheral blood eosinophils isolated from normal donors were placed in the upper chamber of transwells that were coated with either HEK 293T cells transduced with a control vector (pMIRNA1-puro-control) or with a CDH26 expression vector (pMIRNA1-puro-CDH26).

[0185] HEK 293T cells transduced with the CDH26 expression construct showed a high degree of CDH26 protein expression, a portion of which was localized to the surface of the cells (Figures 10A-C). Transmigration of the eosinophils toward the indicated amount of eotaxin-1 was monitored. In control cells, eosinophils migrated toward eotaxin-1 in a dose-dependent manner. This migration was enhanced for the same dose of eotaxin-1 through cells that were overexpressing CDH26 compared to control cells (Figure 11).

[0186] Since leukocytes have been described to express cadherin proteins, a follow-up study was designed to determine whether eosinophils expressed CDH26. Western blot was performed, and revealed that peripheral blood eosinophils showed expression of CDH26 in an SDS-soluble fraction (Figure 12).

[0187] Figure 10A. Cells were treated with sulfo-NHS-LC-biotin to biotinylate surface proteins. Biotinylated proteins were pulled down with streptavidin-conjugated agarose beads, and total protein (input) and proteins that were pulled down were subjected to SDS-PAGE and western blot analysis for CDH26 and beta-actin.

[0188] Figure 10B. Cells were either fixed or both fixed and permeabilized, followed by staining with either anti-CDH26 or an equivalent amount of IgG control antibody. After incubation with Alexa 647-conjugated secondary antibody, cells were subjected to FACS analysis to detect Alexa 647 signal.

[0189] Figure 10C. Cells were acetone-fixed and then stained with either anti-CDH26 or an equivalent amount of IgG control antibody. Cells were subsequently incubated

with Alexa 594-conjugated secondary antibody. The Alexa 594 signal was visualized by immunofluorescence microscopy (magnification=800X).

[0190] Figure 11. The impact of CDH26 on eotaxin-1-mediated eosinophil transmigration through a cell monolayer is shown. HEK 293T cells transduced with either a control or CDH26-overexpression lentiviral construct were seeded on the top of transwells, and eosinophils were added to the top chamber, while media containing the indicated concentration of eotaxin-1 was added to the bottom chamber of the transwells. After 1.5 hours, the number of eosinophils present in the bottom chamber was counted.

[0191] Figure 12. CDH26 protein expression by eosinophils is shown. Peripheral blood eosinophils were isolated from normal donors. Cells were solubilized in IP buffer containing NP-40 detergent. The NP-40 insoluble fraction was then solubilized in SDS-containing Laemmli buffer. The fractions were subjected to SDS-PAGE and western blot analysis for CDH26 and beta-actin. Results from three separate donors are shown.

EXAMPLE 17

RESULTS OF ELEVATED CDH26 CELL SURFACE EXPRESSION

[0192] A study was designed to determine whether an increased amount of CDH26 expressed on the surface of cells could impact the cell adhesion properties of such cells. A related study was designed to determine whether an increased amount of CDH26 expressed on the surface of cells could impact the IL-13-mediated production of eotaxin-3 by such cells.

Aggregation assay

[0193] HEK 293T cells that were transduced with either pMIRNA1-puro-control or -CDH26 were used in an aggregation assay. Cells were grown to confluency and then dispersed with 0.1% trypsin in the presence of 5 mM Ca^{2+} , which renders the extracellular domain of cadherins resistant to trypsin-mediated proteolysis. Single cells (2×10^6) were then resuspended in buffer (0.01 M HEPES in saline) either containing or lacking 1 mM CaCl_2 and incubated rotating at 37°C for 30 minutes. The number of cell particles was then quantified for each sample. The results were expressed as aggregation index, defined as (initial particle number – final particle number)/initial particle number.

Eotaxin-3 ELISA

[0194] Quantification of eotaxin-3 (CCL26) protein in cell supernatants was carried out using a sandwich ELISA method according to the manufacturer's protocol (R&D Systems, Minneapolis, MN). Wells of half-area polystyrene plates (Costar) were coated overnight at room temperature with capture antibody suspended in PBS (1.0 µg/ml). Plates were then washed 3 times with wash buffer (PBS plus 0.05% Tween-20) and incubated with blocking buffer (1% BSA, 0.5% sucrose, 0.05% NaN₃) for 1 hour at room temperature. Plates were then washed 3 times with wash buffer followed by the addition of standards and supernatant samples for 2 hours at room temperature. Plates were then washed 3 times with wash buffer, and detection antibody suspended in reagent diluent (1% BSA in PBS) at a concentration of 250 ng/ml was added for 2 hours at room temperature. Plates were washed 3 times with wash buffer followed by addition of streptavidin-HRP (1:200 dilution in reagent diluent). Plates were washed, a 1:1 mixture of H₂O₂ and tetramethylbenzidine (TMB) substrate was added, and the reaction was stopped with 2N H₂SO₄. Absorbance was measured at 450 nm and 900 nm.

Protein domain prediction and amino acid sequence alignment

[0195] CDH26 primary amino acid sequence was subjected to SMART analysis to identify its putative domain structure (Schultz, *et al. Proc. Natl. Acad. Sci.* 95:5857-64 (1998); PNAS; Letunic, *et al. NAR* 40:D302-5, (published online 2012)). CDH1 (E-cadherin) and CDH26 primary amino acid sequence were aligned using the Pairwise Align Protein function followed by the Color Align Conservation function of the Sequence Manipulation Suite (Stothard, *Biotechniques* 28:1102-4 (2000)). The specific residues corresponding to the beta-catenin binding domain of CDH1 were identified (Stappert and Kemler, *Cell Adhes. Commun.* 2:31-27 (1994)) and the corresponding amino acids within CDH26 are shown

Results

[0196] The aggregation index of cells expressing a high amount of CDH26 was found to be significantly increased compared to that of control cells (Figure 13A). TE-7 cells that were transduced with either pMIRNA1-puro-control or -CDH26 were grown to confluency and then treated with increasing doses of IL-13 for 72 hours. After this time, half of the supernatant was collected, and sodium chloride was added to the remaining supernatant to a concentration of 500

mM in order to disrupt non-covalent interactions between eotaxin-3 and molecules on the cell surface. The eotaxin-3 concentration in both sets of supernatants was determined by ELISA. TE-7 cells that were expressing high levels of CDH26 showed increased eotaxin-3 levels in the supernatant either with or without the addition of sodium chloride compared to control-transduced cells treated with the equivalent dose of IL-13 (Figure 13B).

[0197] Figure 13A. HEK 293T cells were transduced with either pMIRNA1-puro-control or -CDH26. Cells were grown to confluency and then dispersed with 0.1% trypsin in the presence of 5 mM CaCl₂. Single cells (2×10^6) were resuspended in buffer either containing or lacking 1 mM CaCl₂ and then rotated for 30 minutes at 37°C. The number of cell aggregates was then quantified, and the aggregation index was calculated

[0198] Figure 13B. TE-7 cells were transduced with either pMIRNA1-puro-control or -CDH26. Cells (7.5×10^5 per well) were plated in 24-well plates for 3 days. Cells were then treated with the indicated dose of IL-13 for 72 hours. Half of the supernatant per well was then collected. Sodium chloride was then added to a final concentration of 500 mM per well, and the remaining supernatant was immediately removed. Eotaxin-3 levels in supernatants without (top) or with (bottom) sodium chloride addition were then quantified by ELISA.

EXAMPLE 18

ROLE OF CDH26 3' UNTRANSLATED REGION IN REGULATION OF CDH26 PROTEIN LEVELS

[0199] In primary esophageal epithelial cells, TE-7 cells, and NCI-N87 cells, CDH26 transcript levels are increased following IL-13 stimulation, but a corresponding increase in protein production is not observed. To determine whether the 3' untranslated region (UTR) of the CDH26 transcript regulates protein levels, the CDH26 3' UTR was analyzed to identify consensus sequences that had previously been shown to influence mRNA stability or protein translation.

Cell transfection

[0200] TE-7 cells were plated at a density of 75,000 cells per well in 24-well plates. The next day, cells were transfected with 500 ng of a pGL3P-based expression construct encoding Firefly luciferase and 62.5 ng of pHRL-TK, encoding *Renilla* luciferase under the

control of a constitutive promoter (Promega) using Trans-IT reagent (Mirus Bio, Madison, WI), according to the manufacturer's instructions. After 48 hours, cells were harvested with 1X passive lysis buffer (Promega), and the Firefly and *Renilla* luciferase activities were measured using Dual Luciferase Reporter Assay reagents (Promega) and a GloMax luminometer (Promega).

Plasmid construction

[0201] For luciferase assays, pGL3P was obtained from Promega. The DNA fragment located between the XbaI and BamHI sites was removed by restriction digest, and the remaining plasmid backbone was then treated with Klenow polymerase and ligated to form pGL3P-Xba/Bam. pGL3P-CDH26 was constructed by inserting a PCR product that included the CDH26 3' UTR sequence into the SalI site of pGL3P-Xba/Bam. pGL3P-GAIT1del, pGL3P-GAIT2del, and pGL3P-GAIT3del were each constructed by deleting the specific nucleotides from pGL3P-CDH26 that correspond to the relevant GAIT element as denoted in Figure 13A using a PCR-mediated method. pGL3P-GAIT123del was constructed by deleting the specific nucleotides from pGL3P-CDH26 that correspond to all three GAIT elements as denoted in Figure 13A using a PCR-mediated method.

Results

[0202] Three gamma-interferon-activated inhibitor of translation (GAIT) consensus sequences were identified (Figure 14A). Luciferase assays were performed to assess the contribution of these elements to regulation of protein levels by the CDH26 3' UTR. TE-7 cells transfected with pGL3P, which contains Firefly luciferase cDNA downstream of the SV40 promoter and upstream of SV40 late poly(A) signal, showed a high level of luciferase activity compared to the same construct that lacked the SV40 late poly(A) signal (pGL3P-Xba/Bam).

[0203] Insertion of the CDH26 3' UTR sequence into pGL3P-Xba/Bam (pGL3P-CDH26) showed decreased luciferase activity compared to the construct lacking any 3' UTR sequence. However, deletion of any single GAIT consensus sequence within pGL3P-CDH26 resulted in increased luciferase activity (Figure 14B); therefore, these sequences have activity that inhibits protein levels.

[0204] Figure 14A. The *CDH26* 3' UTR sequence was subjected to analysis using RegRNA (Huang, *et al.*, *NAR* 34:W429-W434 (2006)), and three gamma-interferon-activated

inhibitor of translation (GAIT) consensus sequences were identified. These sequences were arbitrarily numbered 1, 2, and 3 and called GAIT1, GAIT2, and GAIT3, respectively, based on their order from 5' to 3' within the 3' UTR. GAIT1 and GAIT2 are shown in bold text, and GAIT3 is underlined.

[0205] Figure 14B. TE-7 cells were transiently transfected with the indicated Firefly luciferase expression construct. Cells were co-transfected with equivalent amounts of pHRL-TK plasmid as a control. After 48 hours, cell lysates were harvested, and both Firefly and *Renilla* luciferase activities were monitored. The ratio of Firefly to *Renilla* luciferase for each sample is graphed.

EXAMPLE 19

DIAGNOSIS OF A PATIENT FOR EOSINOPHILIC GASTRITIS

[0206] As described herein, gastric tissue of patients with EG was found to exhibit a conserved pattern of gene expression. A conserved set of 28 genes were found to be upregulated, and 76 genes were found to be downregulated in gastric tissue of patients with active EG compared to control patients, representing an EG transcriptome that can be used for providing a diagnosis of EG. Such a diagnosis can be used to distinguish EG from a normal condition in a patient.

[0207] The diagnostic method is carried out on a patient to determine if the patient has EG. RNA extraction is performed on a patient gastric biopsy tissue sample. After RNA quantity/quality measurement by nanodrop, 1000 ng of the RNA sample is measured for the reverse transcription (RT) reaction. cDNA corresponding to 500 ng RNA or mRNA directly is analyzed for expression of at least one of the genes, or a subset of the genes or all of the genes, as listed in Tables 9 and 10, as a single or multiplex format using at least one of a variety of gene quantification techniques, such as, for example, Taqman (Life Technologies, Carlsbad, CA), Light-Cycler (Roche Applied Science, Penzberg, Germany), ABI fluidic card (Life Technologies), NanoString® (NanoString Technologies, Seattle, WA), and the like. The data is analyzed to determine expression levels of the markers as disclosed herein to establish an EG diagnosis, which serves as the basis for the final diagnostic report.

EXAMPLE 20

DIAGNOSIS OF A PATIENT FOR EG (AS DISTINGUISHED FROM OTHER
EOSINOPHILIC OR INFLAMMATORY GI DISORDERS)

[0208] In addition to EG and EoE, there are a number of additional eosinophilic gastrointestinal disorders (EGIDs), including eosinophilic duodenitis (ED), eosinophilic jejunitis (EJ), eosinophilic ileitis (EI), and eosinophilic colitis (EC), and the like (Rothenberg, M. *J. Allergy Clin. Immunol.* 113:11-28 (2004); Talley, N. *et al. Gut* 31:54-8 (1990)). There are also several other inflammatory gastrointestinal disorders, such as celiac disease and inflammatory bowel disease, *H. pylori* gastritis, non-steroidal anti-inflammatory drug (NSAID)-induced gastritis, and the like. As described herein, the molecular signature of normal and EG patients was determined, and the resulting eosinophilic gastritis molecular diagnostic panel forms a solid and consistent basis for differential diagnosis.

[0209] The diagnostic method is carried out on a patient to determine if the patient has EG instead of other esophageal disorders, such as EoE. RNA extraction is performed on a patient gastric biopsy tissue sample. After RNA quantity/quality measurement by nanodrop, 1000 ng of the RNA sample is measured for the reverse transcription (RT) reaction. cDNA corresponding to 500 ng RNA or mRNA directly is analyzed for expression of at least one of the genes, or a subset of the genes or all of the genes, as listed in Tables 9 and 10, as a single or multiplex format using at least one of a variety of gene quantification techniques, such as, for example, Taqman, Light-Cycler, ABI fluidic card, NanoString, and the like. The data is analyzed to determine expression levels of the markers as disclosed herein to establish an EG diagnosis, which serves as the basis for the final diagnostic report, thereby allowing EG to be differentiated from other EGIDs and inflammatory GI disorders in the patient.

EXAMPLE 21

EVALUATION OF AN EG PATIENT TO PROVIDE A PROGNOSIS AND GUIDANCE ON
SELECTION AND MODIFICATION OF EG MEDICATION AND TREATMENT
PROTOCOLS

[0210] The EG diagnostic panel as described herein can be used as a personal medicine prediction device. Based on the molecular profile for each EG patient, personalized

medicine can be performed to enhance treatment efficiency. The diagnostic panel can be used as an accurate, rapid, informative, and low-cost diagnosis based on the EG transcriptome and can be used alone or in conjunction with a histological diagnosis.

[0211] A molecular understanding of the pathogenesis of EG can also improve the mechanistic study of EG that can ultimately be used to provide prognosis and/or personalized treatments based on the unique expression of each patient. Such personalized treatments include guidance for determining appropriate medication dosages or treatment protocols to use in a given patient. Personalized treatment also allows for the modification of medication dosage or treatment protocols as necessary.

[0212] The diagnostic method is carried out on a patient to determine if the patient has eosinophilic gastritis (EG). RNA extraction is performed on a patient gastric biopsy tissue sample. After RNA quantity/quality measurement by nanodrop, 1000 ng of the RNA sample is measured for the reverse transcription (RT) reaction. cDNA corresponding to 500 ng RNA or mRNA directly is analyzed for expression of at least one of the genes, or a subset of the genes or all of the genes, as listed in Tables 9 and 10, as a single or multiplex format using at least one of a variety of gene quantification techniques, such as, for example, Taqman, Light-Cycler, ABI fluidic card, NanoString, and the like. The data is analyzed to determine expression levels of the markers as disclosed herein to establish an EG diagnosis, which serves as the basis for the final diagnostic report. Based on the final diagnostic report, prognosis is provided, and/or a specific therapy is developed, and/or an ongoing therapy is modified, based upon the specific EG transcription profile generated for the patient.

EXAMPLE 22

EVALUATION OF AN ARCHIVED SAMPLE FROM A PATIENT

[0213] As described herein, the eosinophilic gastritis diagnostic panel has the capacity to differentiate the EG and NL transcriptome from formalin-fixed, paraffin-embedded (FFPE) samples. While FFPE samples are normally associated with relatively degraded RNA due to oxidation degradation during archiving (April, *et al. PloS One* 4:e8162 (2009)), the data presented herein indicate that the EG diagnostic panel is practically tolerant to the poor RNA integrity of FFPE samples. With RNA extraction from FFPE samples becoming a more readily available technique, molecular diagnosis from FFPE biopsy samples will allow for the

retrospective study of the large amount of archived FFPE samples in various institution. FFPE samples are also normally associated with longer follow-up and more clinical outcomes, rendering them suitable for a long-term clinical study focusing on prognosis.

[0214] The FFPE capacity of the eosinophilic gastritis molecular diagnostic panel as disclosed herein can make long term retrospective study possible without recruiting new samples. In addition, since FFPE sections can be sent at ambient temperature and are relatively less sensitive to decay, multi-centered studies can be performed in a more convenient manner in terms of logistics. The usage of already obtained clinical biopsy specimens combined with the merits of molecular diagnosis can reduce the number of biopsies procured during endoscopy.

EXAMPLE 23

DETERMINATION OF EDP GENES TARGETED BY THERAPEUTICS

[0215] The eosinophilic gastritis diagnostic panel, as described herein, can be used to determine if a particular drug is engaging a specific target on the eosinophilic gastritis diagnostic panel. For example, the eosinophilic gastritis diagnostic panel can be used to determine if an therapy specific for a molecule involved in EG disease pathogenesis up- or down-regulates the related marker or gene within the EDP.

[0216] The diagnostic method is carried out on a patient to determine the genes of the eosinophilic gastritis diagnostic panel with which a particular therapeutic is interacting. RNA extraction is performed on an esophageal biopsy tissue sample from a patient to whom a therapeutic has been administered. After RNA quantity/quality measurement by nanodrop, 1000 ng of the RNA sample is measured for the reverse transcription (RT) reaction. cDNA corresponding to 500 ng RNA or mRNA directly is analyzed for expression of at least one of the genes, or a subset of the genes or all of the genes, as listed in Tables 9 and 10, as a single or multiplex format using at least one of a variety of gene quantification techniques, such as, for example, Taqman, Light-Cycler, ABI fluidic card, NanoString, and the like. The data is analyzed to determine expression levels of the markers as disclosed herein to establish an EG diagnosis, which serves as the basis for the final diagnostic report. The result set is evaluated to identify from the result set the genes that are up- or down-regulated in response to the therapeutic.

EXAMPLE 24

DETERMINATION OF A PATIENT'S ALLERGIC STATUS

[0217] As described herein, CDH26 represents a marker or gene that is associated with EG, EoE, and allergic inflammation in general. Accordingly, CDH26 can be used as a marker to determine the allergic status of a patient. In such a determination of a patient's allergic status, CDH26 can be used alone or in combination with other genes found to be associated with EG or EoE.

[0218] The diagnostic method is carried out on a patient to determine if the patient has an allergic inflammatory condition. RNA extraction is performed on an esophageal biopsy tissue sample from a patient to whom a therapeutic has been administered. After RNA quantity/quality measurement by nanodrop, 1000 ng of the RNA sample is measured for the reverse transcription (RT) reaction. cDNA corresponding to 500 ng RNA or mRNA directly is analyzed for expression of CDH26 using at least one of a variety of gene quantification techniques, such as, for example, Taqman, Light-Cycler, ABI fluidic card, NanoString, and the like. The data is analyzed to determine the patient's expression level of CDH26 to establish an allergic inflammatory condition diagnosis, which serves as the basis for the final diagnostic report.

EXAMPLE 25

TREATMENT OF A PATIENT WITH AN ALLERGIC INFLAMMATORY CONDITION

[0219] As described herein, CDH26 was found to be highly over-expressed in allergic inflammatory conditions. Accordingly, anti-CDH26-based therapeutics that block or inhibit CDH26 activity can be used to treat patients with EG, EoE, or other allergic inflammatory conditions.

[0220] A subject is diagnosed as having an allergic inflammatory condition. Such a diagnosis can be made, for example, according to the process described in Example 24. An anti-CDH26-based therapeutic, such as a CDH26-Fc fusion protein, a CDH26 anti-sense polynucleotide, a CDH26-directed miRNA, a CDH26-directed shRNA, a CDH26-directed humanized antibody, a CDH-related peptide, a catenin-based inhibitor, a compound or composition that targets a binding site and/or protein of at least one GAIT consensus sequence within a CDH26 3' UTR, or the like, is administered to the subject. Following administration,

CDH26 activity in the subject is suppressed, resulting in reduced allergic inflammation, thereby alleviating symptoms associated with the allergic inflammatory condition.

[0221] The various methods and techniques described above provide a number of ways to carry out the application. Of course, it is to be understood that not necessarily all objectives or advantages described can be achieved in accordance with any particular embodiment described herein. Thus, for example, those skilled in the art will recognize that the methods can be performed in a manner that achieves or optimizes one advantage or group of advantages as taught herein without necessarily achieving other objectives or advantages as taught or suggested herein. A variety of alternatives are mentioned herein. It is to be understood that some preferred embodiments specifically include one, another, or several features, while others specifically exclude one, another, or several features, while still others mitigate a particular feature by inclusion of one, another, or several advantageous features.

[0222] Furthermore, the skilled artisan will recognize the applicability of various features from different embodiments. Similarly, the various elements, features and steps discussed above, as well as other known equivalents for each such element, feature or step, can be employed in various combinations by one of ordinary skill in this art to perform methods in accordance with the principles described herein. Among the various elements, features, and steps some will be specifically included and others specifically excluded in diverse embodiments.

[0223] Although the application has been disclosed in the context of certain embodiments and examples, it will be understood by those skilled in the art that the embodiments of the application extend beyond the specifically disclosed embodiments to other alternative embodiments and/or uses and modifications and equivalents thereof.

[0224] In some embodiments, the numbers expressing quantities of ingredients, properties such as molecular weight, reaction conditions, and so forth, used to describe and claim certain embodiments of the application are to be understood as being modified in some instances by the term “about.” Accordingly, in some embodiments, the numerical parameters set forth in the written description and attached claims are approximations that can vary depending upon the desired properties sought to be obtained by a particular embodiment. In some embodiments, the numerical parameters should be construed in light of the number of reported significant digits

and by applying ordinary rounding techniques. Notwithstanding that the numerical ranges and parameters setting forth the broad scope of some embodiments of the application are approximations, the numerical values set forth in the specific examples are reported as precisely as practicable.

[0225] In some embodiments, the terms “a” and “an” and “the” and similar references used in the context of describing a particular embodiment of the application (especially in the context of certain of the following claims) can be construed to cover both the singular and the plural. The recitation of ranges of values herein is merely intended to serve as a shorthand method of referring individually to each separate value falling within the range. Unless otherwise indicated herein, each individual value is incorporated into the specification as if it were individually recited herein. All methods described herein can be performed in any suitable order unless otherwise indicated herein or otherwise clearly contradicted by context. The use of any and all examples, or exemplary language (for example, “such as”) provided with respect to certain embodiments herein is intended merely to better illuminate the application and does not pose a limitation on the scope of the application otherwise claimed. No language in the specification should be construed as indicating any non-claimed element essential to the practice of the application.

[0226] Preferred embodiments of this application are described herein, including the best mode known to the inventors for carrying out the application. Variations on those preferred embodiments will become apparent to those of ordinary skill in the art upon reading the foregoing description. It is contemplated that skilled artisans can employ such variations as appropriate, and the application can be practiced otherwise than specifically described herein. Accordingly, many embodiments of this application include all modifications and equivalents of the subject matter recited in the claims appended hereto as permitted by applicable law. Moreover, any combination of the above-described elements in all possible variations thereof is encompassed by the application unless otherwise indicated herein or otherwise clearly contradicted by context.

[0227] All patents, patent applications, publications of patent applications, and other material, such as articles, books, specifications, publications, documents, things, and/or the like, referenced herein are hereby incorporated herein by this reference in their entirety for all

purposes, excepting any prosecution file history associated with same, any of same that is inconsistent with or in conflict with the present document, or any of same that may have a limiting affect as to the broadest scope of the claims now or later associated with the present document. By way of example, should there be any inconsistency or conflict between the description, definition, and/or the use of a term associated with any of the incorporated material and that associated with the present document, the description, definition, and/or the use of the term in the present document shall prevail.

[0228] In closing, it is to be understood that the embodiments of the application disclosed herein are illustrative of the principles of the embodiments of the application. Other modifications that can be employed can be within the scope of the application. Thus, by way of example, but not of limitation, alternative configurations of the embodiments of the application can be utilized in accordance with the teachings herein. Accordingly, embodiments of the present application are not limited to that precisely as shown and described.

CLAIMS

What is claimed is:

1. A method of determining an eosinophilic gastritis (EG) status in a subject, wherein the method comprises:
 - applying a sample from the subject to a diagnostic panel that comprises at least one marker or gene selected from Table 9 and/or Table 10, to obtain a result;
 - analyzing the result to determine a level of expression of the at least one marker or gene; and
 - determining the EG status of the subject based upon the level of expression.
2. The method of Claim 1, wherein the status comprises a diagnosis of EG.
3. The method of Claim 1, wherein the at least one marker or gene comprises mRNA.
4. The method of Claim 1, wherein the at least one marker or gene comprises protein.
5. The method of Claim 1, wherein the subject is a human patient.
6. The method of Claim 1, wherein the sample is obtained from the group of: a tissue, an exudate, saliva, serum, plasma, blood, oral, urine, stool, and a buccal sample.
7. The method of Claim 6, wherein the sample is a tissue sample.
8. The method of Claim 7, wherein the tissue sample is a gastric tissue sample.
9. The method of Claim 1, wherein the determining step comprises analyzing a subset of the markers or genes in Table 9 and/or Table 10 using at least one algorithm.
10. The method of Claim 1, wherein a subset of 76 markers or genes from Table 10, or from Tables 9 and 10, is analyzed.
11. The method of Claim 1, wherein a subset of 28 markers or genes from Table 9 and/or Table 10 is analyzed.
12. The method of Claim 1, wherein the panel comprises at least two markers or genes selected from Table 9 and/or Table 10.
13. The method of Claim 1, wherein the at least one marker or gene comprises CDH26.

14. The method of Claim 1, wherein the panel comprises at least 10 markers or genes from Table 9 and/or Table 10.

15. The method of Claim 1, wherein the panel comprises at least 20 markers or genes from Table 9 and/or Table 10.

16. The method of Claim 1, wherein the panel comprises at least 30 markers or genes selected from Table 10, or from Tables 9 and 10.

17. The method of Claim 1, wherein the panel comprises at least 60 markers or genes selected from Table 10, or from Tables 9 and 10.

18. The method of Claim 1, wherein the panel comprises at least 90 markers or genes selected from Table 10, or from Tables 9 and 10.

19. The method of Claim 1, wherein the panel comprises at least 100 markers or genes selected from Table 10, or from Tables 9 and 10.

20. The method of Claim 1, wherein the panel comprises all of the markers or genes listed in Tables 9 and 10.

21. The method of Claim 1, further comprising detecting, from the patient sample, a level of eotaxin-3 mRNA expression or eotaxin-3 protein.

22. The method of Claim 1, wherein the status comprises distinguishing eosinophilic gastritis from a normal condition in the subject.

23. The method of Claim 1, wherein the status comprises distinguishing eosinophilic gastritis from at least one other eosinophilic disorder in the subject.

24. The method of Claim 23, wherein the at least one other eosinophilic disorder is eosinophilic esophagitis.

25. The method of Claim 1, wherein the status comprises distinguishing eosinophilic gastritis from at least one other inflammatory gastrointestinal disorder in the subject.

26. The method of Claim 25, wherein the at least one other inflammatory gastrointestinal disorder is inflammatory bowel disease, *H. pylori* gastritis, or non-steroidal anti-inflammatory drug-induced gastritis.

27. The method of Claim 1, further comprising developing or modifying a therapy for the subject based upon the results of the diagnostic panel analysis.

28. The method of Claim 27, further comprising exposure of the subject to a specific therapy.

29. The method of Claim 28, wherein the specific therapy comprises targeting at least one molecule involved in EG disease pathogenesis, and/or at least one downstream gene affected by the same.

30. The method of Claim 29, wherein the at least one molecule involved in EG disease pathogenesis, and/or at least one downstream gene affected by the same, comprises CDH26.

31. The method of Claim 30, wherein the specific therapy comprises an anti-CDH26-based therapeutic.

32. The method of Claim 31, wherein the anti-CDH26-based therapeutic comprises at least one of a compound or composition that suppresses CDH26 activity.

33. The method of Claim 32, wherein the compound or composition that suppresses CDH26 activity comprises a CDH26-Fc fusion protein, a CDH26 anti-sense polynucleotide, a CDH26-directed miRNA, a CDH26-directed shRNA, or a CDH26-directed humanized antibody.

34. The method of Claim 32, wherein the compound or composition that suppresses CDH26 activity is one that targets a binding site and/or protein of at least one gamma-interferon-activated inhibitor of translation (GAIT) consensus sequence within a CDH26 3' untranslated region (UTR).

35. The method of Claim 1, wherein the sample is an archival sample.

36. The method of Claim 35, wherein the archival sample is a formalin-fixed, paraffin-embedded (FFPE) sample.

37. The method of Claim 1, further comprising characterizing a molecular EG profile of the subject based upon expression of the at least one marker and determining compliance with medical management based upon the profile.

38. The method of Claim 1, further comprising determining and/or monitoring exposure to one or more therapeutic compounds in the subject based upon the level of expression.

39. The method of Claim 1, further comprising making a determination as to the pathological development of EG in the subject based upon the expression levels of the markers.

40. The method of Claim 1, further comprising providing personal prognostic medicine guidance to the subject based upon a determination as to the pathological development of EG in the subject, based upon the expression levels of the markers.

41. The method of Claim 1, further comprising determining the specific genes engaged by a therapeutic, wherein the therapeutic is administered to the subject, and a sample from the subject following therapeutic administration is subjected to the same diagnostic panel in order to obtain a result, wherein differences between the two results determine the specific genes engaged by the administered therapeutic.

42. The method of Claim 1, further comprising analyzing the results by comparison with normal and EG cohorts to identify genes that are up- or down-regulated in response to environmental factors.

43. An EG molecular diagnostic panel comprising at least two genes or markers selected from Table 9 and/or Table 10.

44. An EG molecular diagnostic panel comprising at least two genes or markers selected from Table 9.

45. An EG molecular diagnostic panel comprising at least two genes or markers selected from Table 10.

46. The EG molecular diagnostic panel of Claim 43, wherein the panel comprises CDH26.

47. An EG molecular diagnostic panel comprising all of the genes or markers in Table 9 and Table 10.

48. An EoE molecular diagnostic panel comprising eotaxin-3 mRNA and at least one marker or gene selected from Table 9 and/or Table 10.

49. A kit for the detection of a level of one or more genes associated with EG, comprising:

one or more oligonucleotide probes complementary to subsequences of said one or more markers or genes, wherein the one or more markers or genes are selected from Table 9 and/or Table 10.

50. The kit of Claim 49, wherein the one or more probes are used in at least one of a gene chip, an expression array-based protocol, a PCR protocol, or an RNA level-based protocol.

51. A method of determining an allergic inflammation status in a subject, wherein the method comprises:

applying a sample from the subject to a diagnostic panel that comprises the CDH26 marker or gene, to obtain a result;
analyzing the result to determine a level of expression of CDH26; and
determining the allergic inflammation status of the subject based upon the level of expression.

52. The method of Claim 51, wherein the diagnostic panel further comprises at least one marker or gene selected from Table 9 and/or Table 10.

53. A method of treating an allergic inflammatory condition in a subject in need thereof, comprising:

identifying a subject with an allergic inflammatory condition; and
administering to the subject an anti-CDH26-based therapeutic, wherein administration of the anti-CDH26-based therapeutic results in treatment of the allergic inflammatory condition.

54. The method of Claim 53, wherein the anti-CDH26-based therapeutic comprises at least one compound or composition that suppresses CDH26 activity.

55. The method of Claim 54, wherein the compound or composition that suppresses CDH26 activity comprises at least one of a CDH26-Fc fusion protein, a CDH26 anti-sense polynucleotide, a CDH26-directed miRNA, a CDH26-directed shRNA, or a CDH26-directed humanized antibody.

56. The method of Claim 54, wherein the compound or composition that suppresses CDH26 activity is one that targets a binding site and/or protein of at least one gamma-interferon-activated inhibitor of translation (GAIT) consensus sequence within a CDH26 3' untranslated region (UTR).

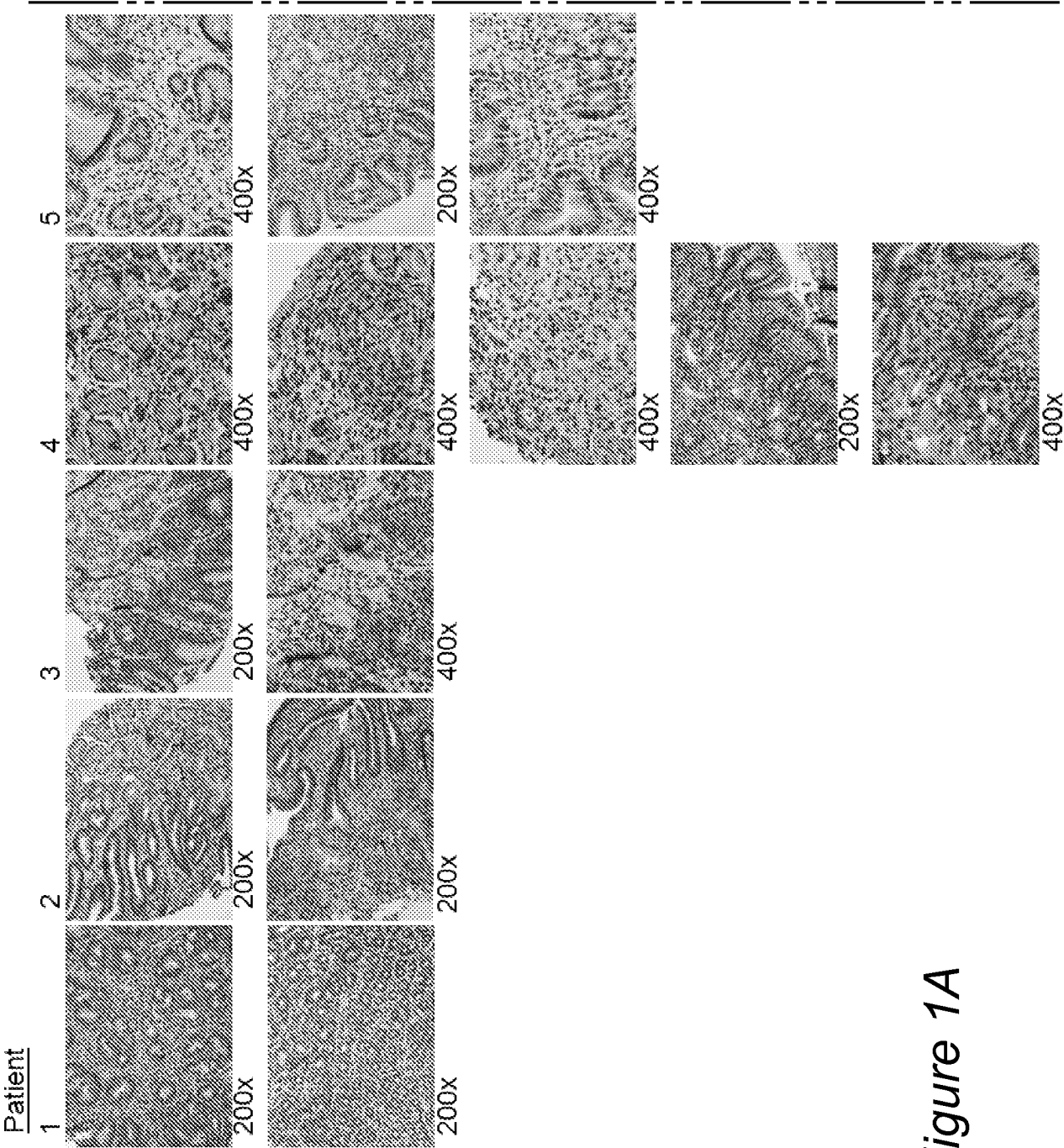


Figure 1A

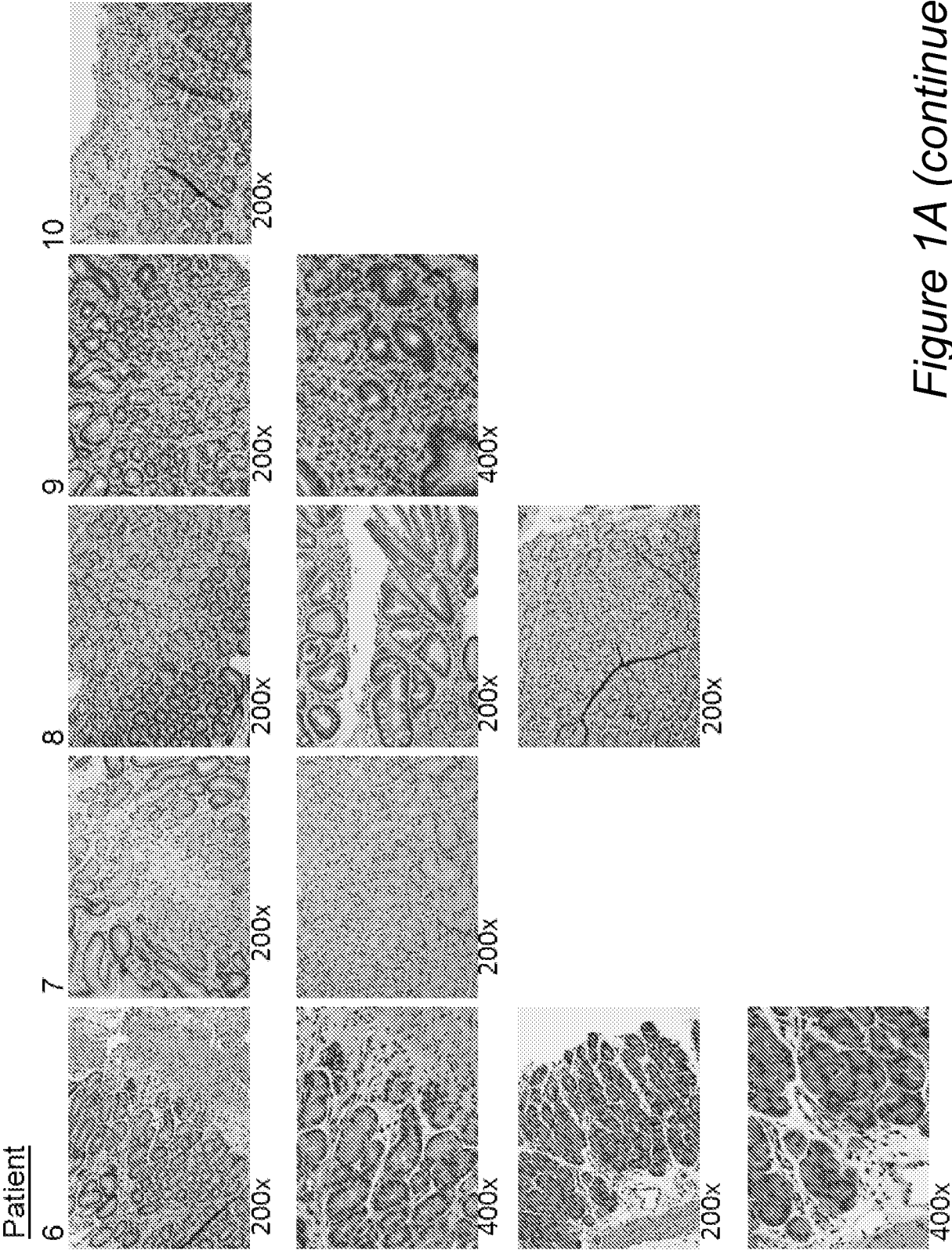


Figure 1A (continued)

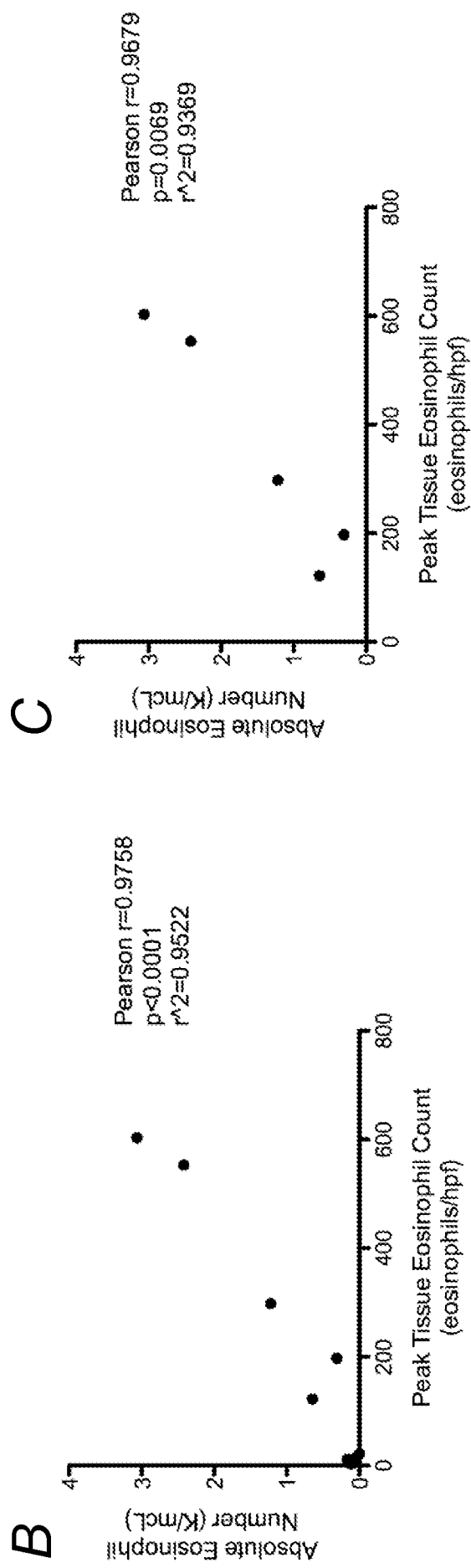
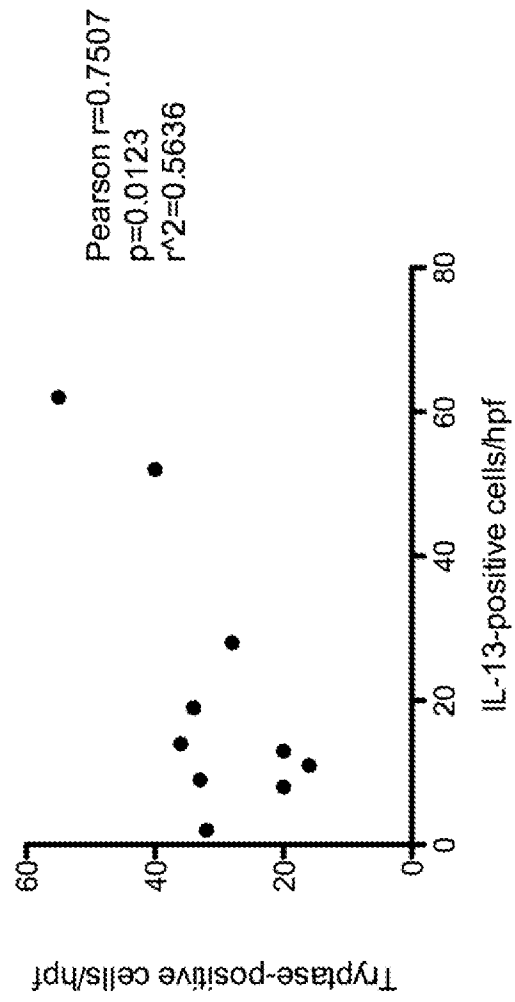


Figure 1

4/37

*Figure 2*

5/37

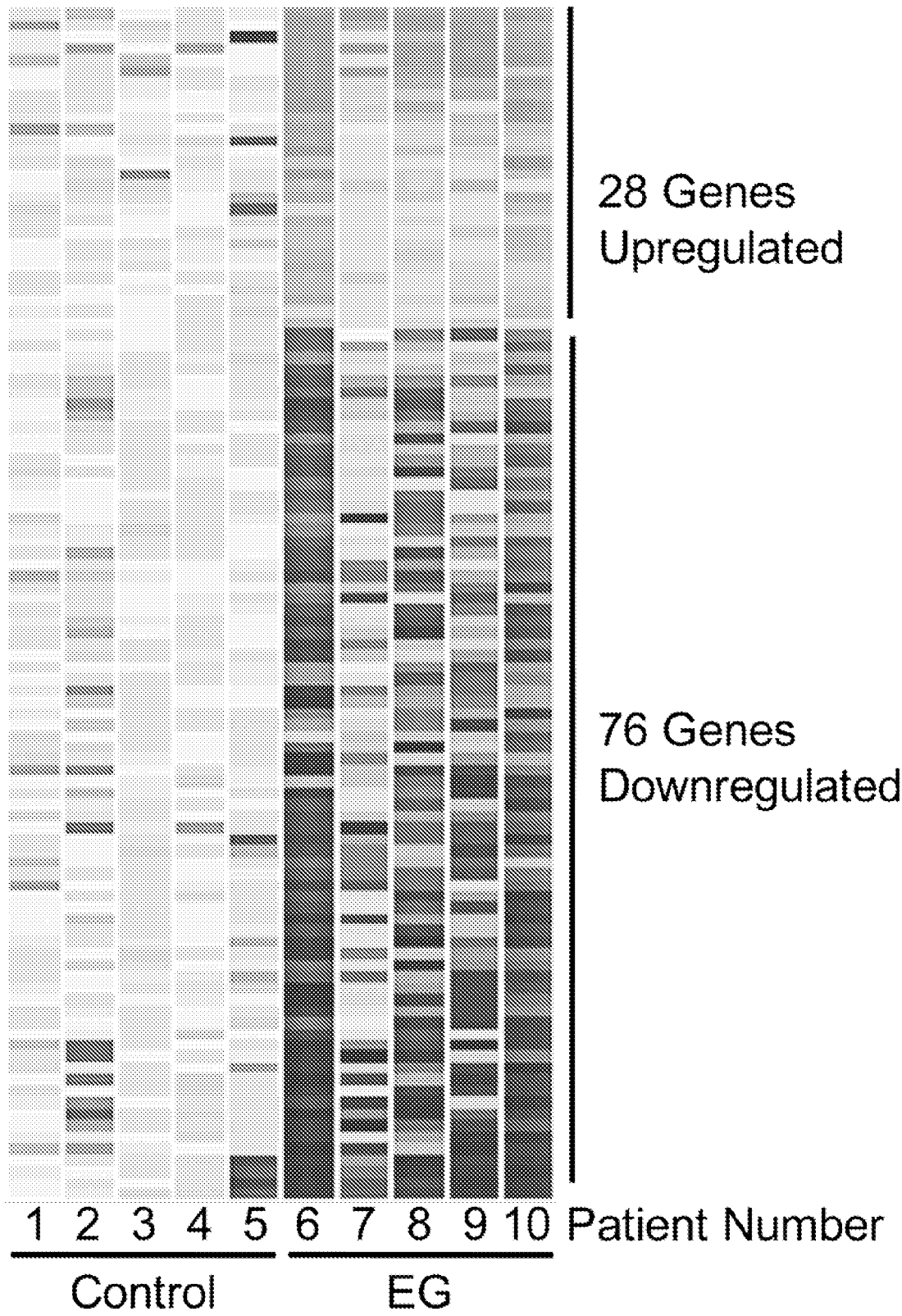


Figure 3A

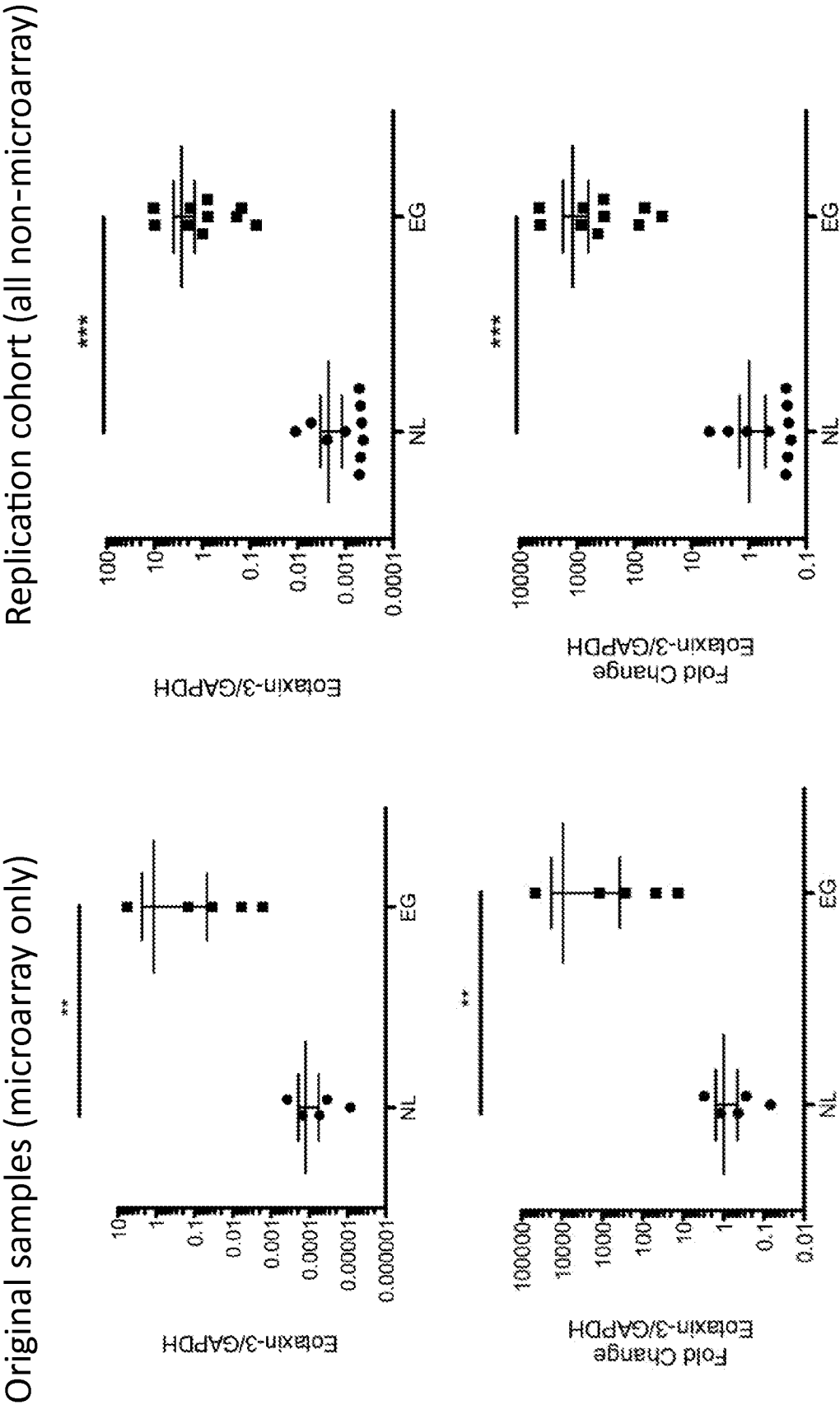


Figure 3B

7/37

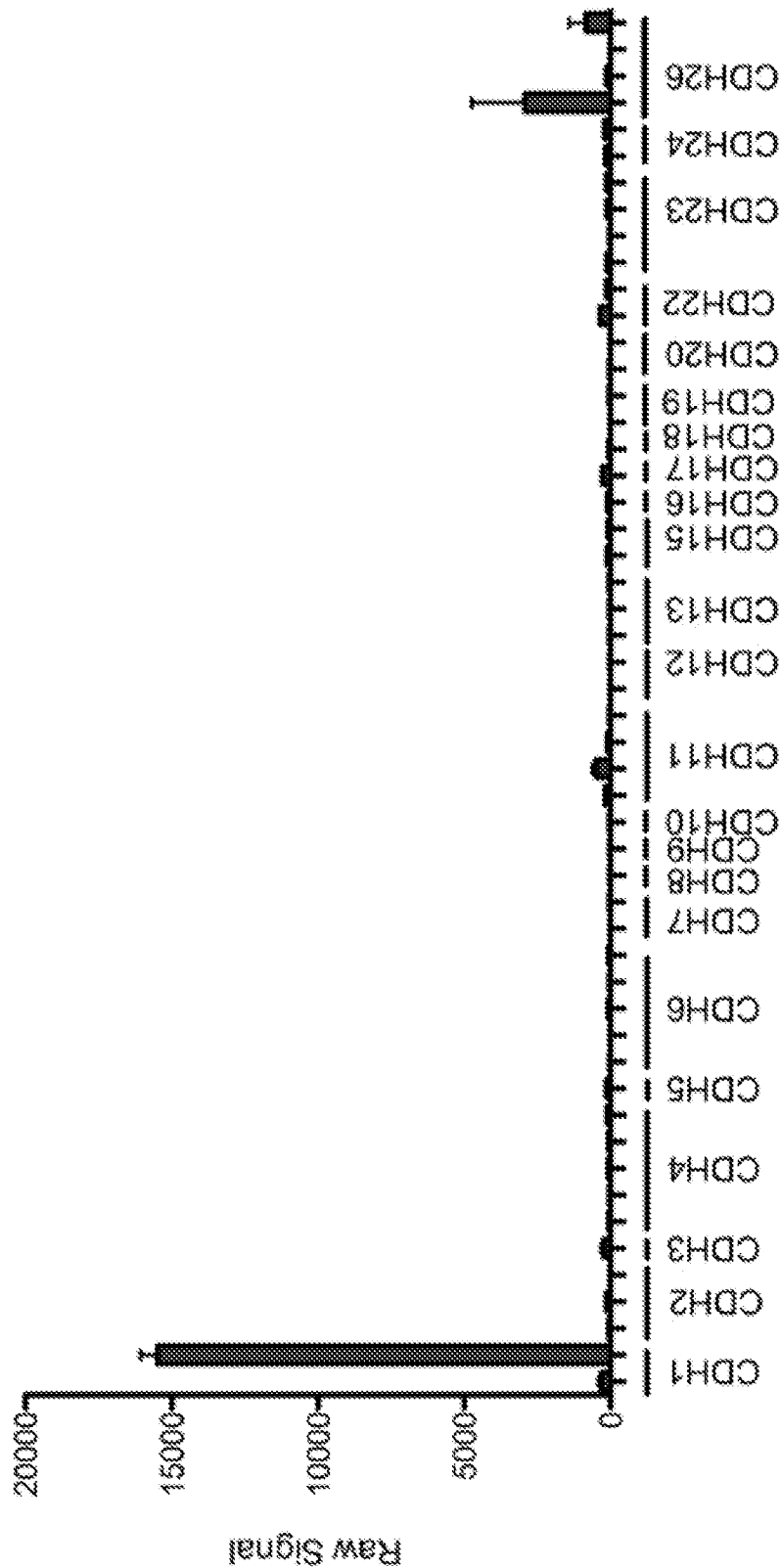


Figure 4A

8/37

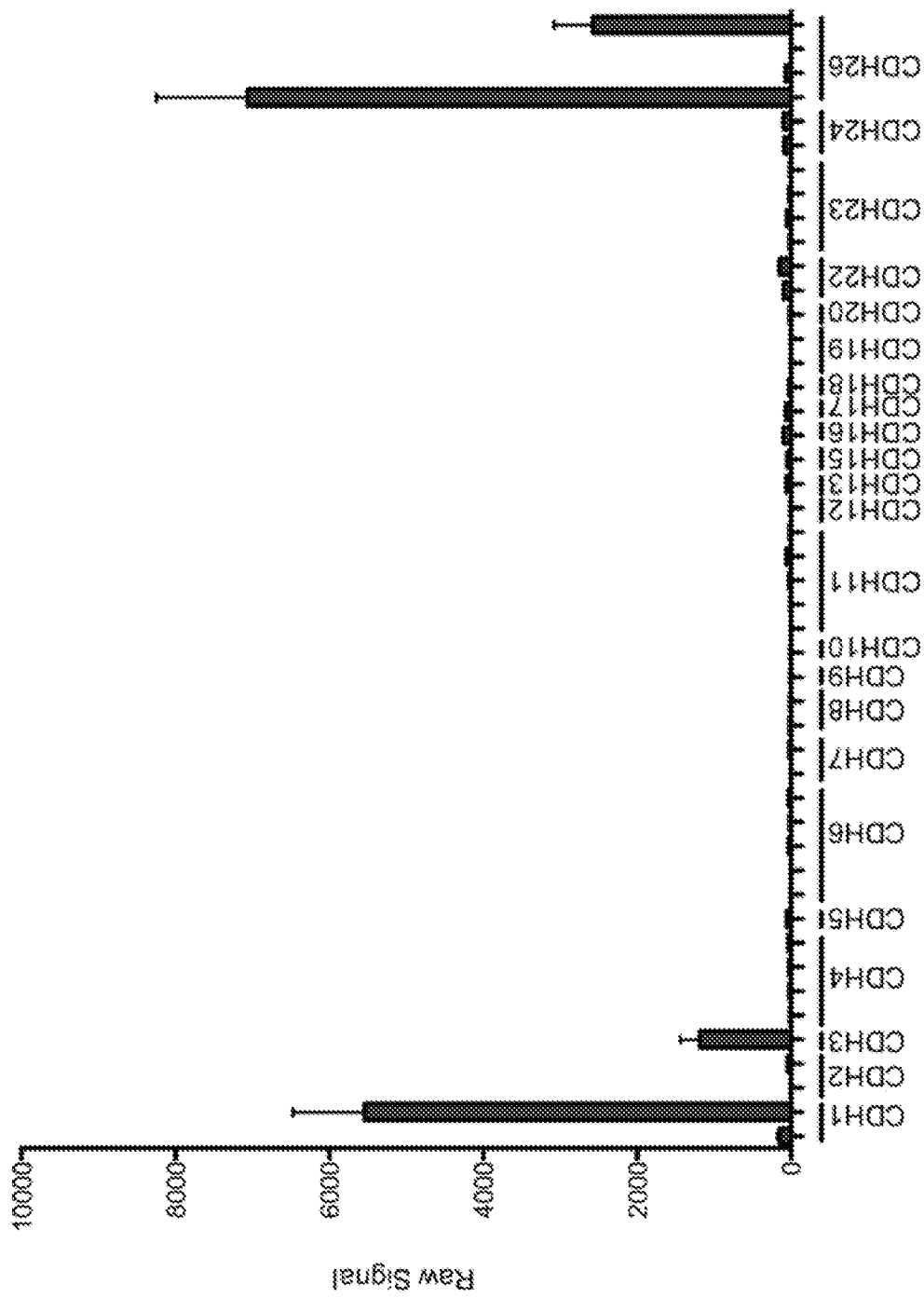


Figure 4B

9/37

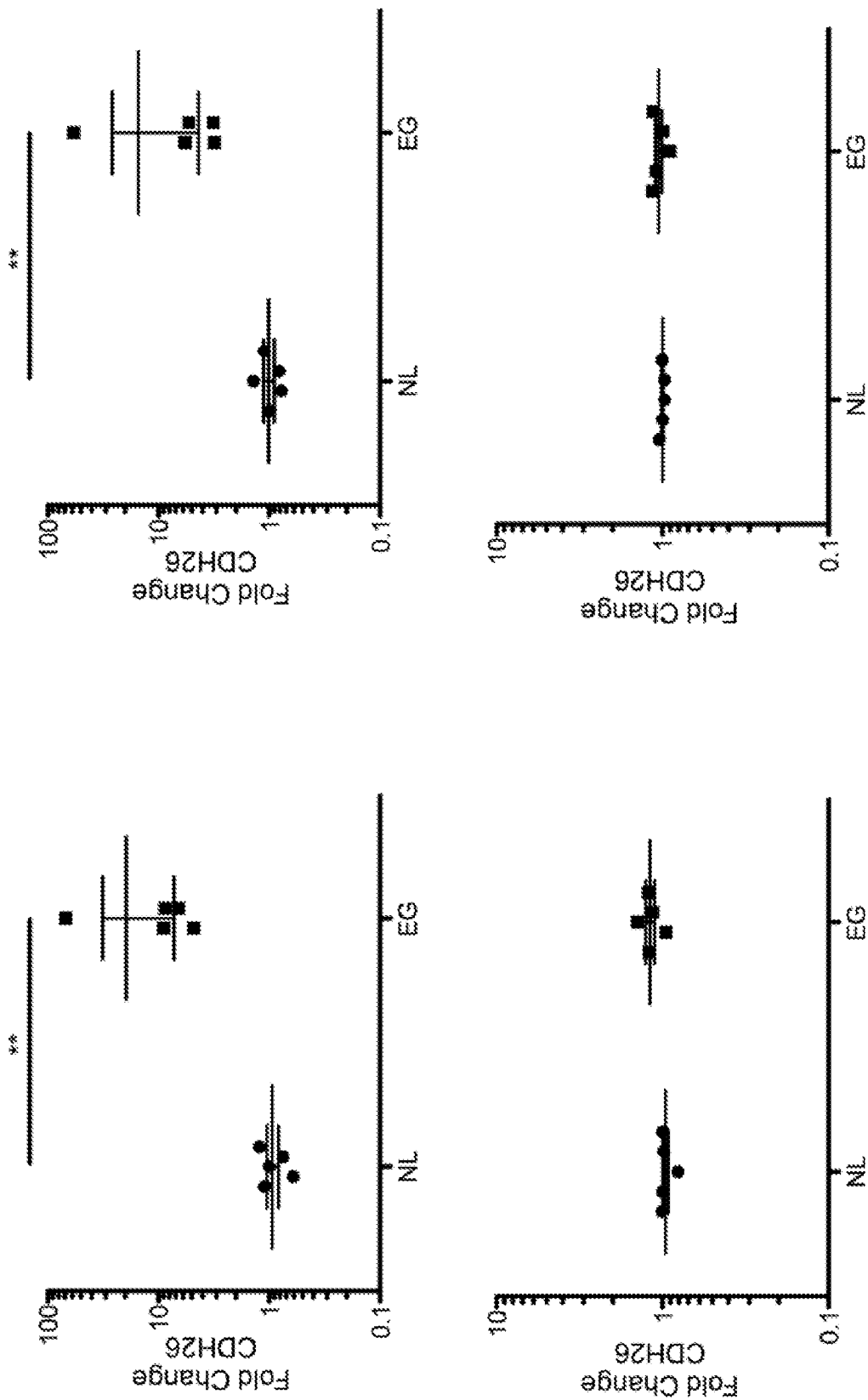


Figure 4C

10/37

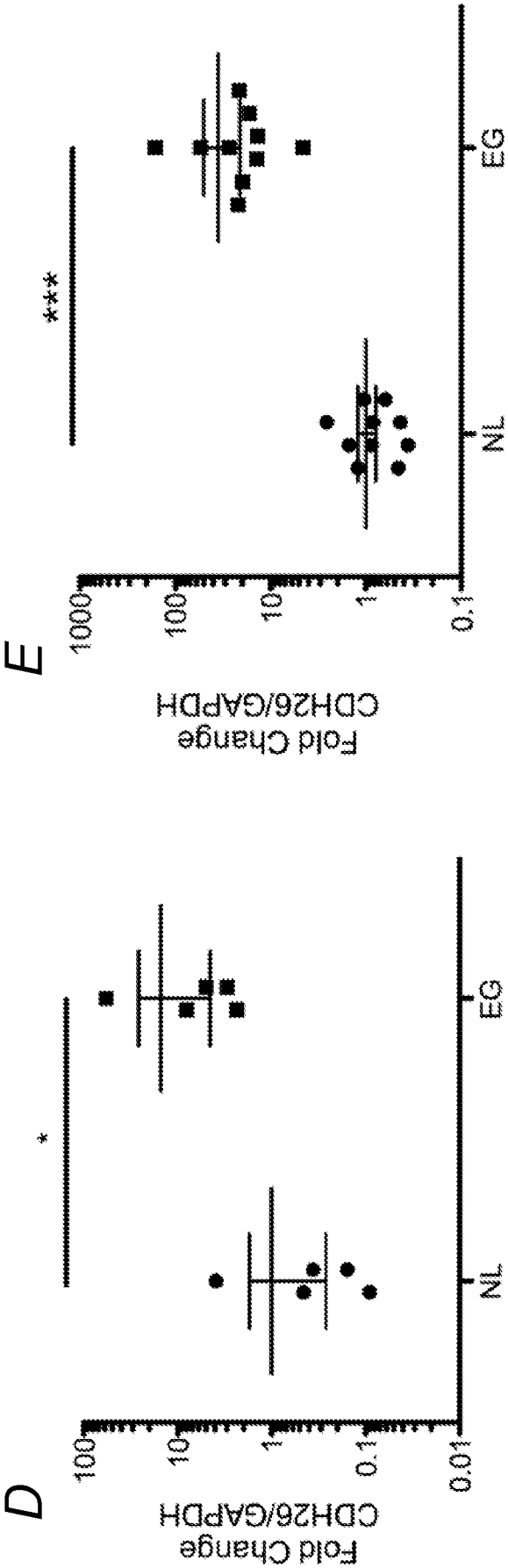


Figure 4

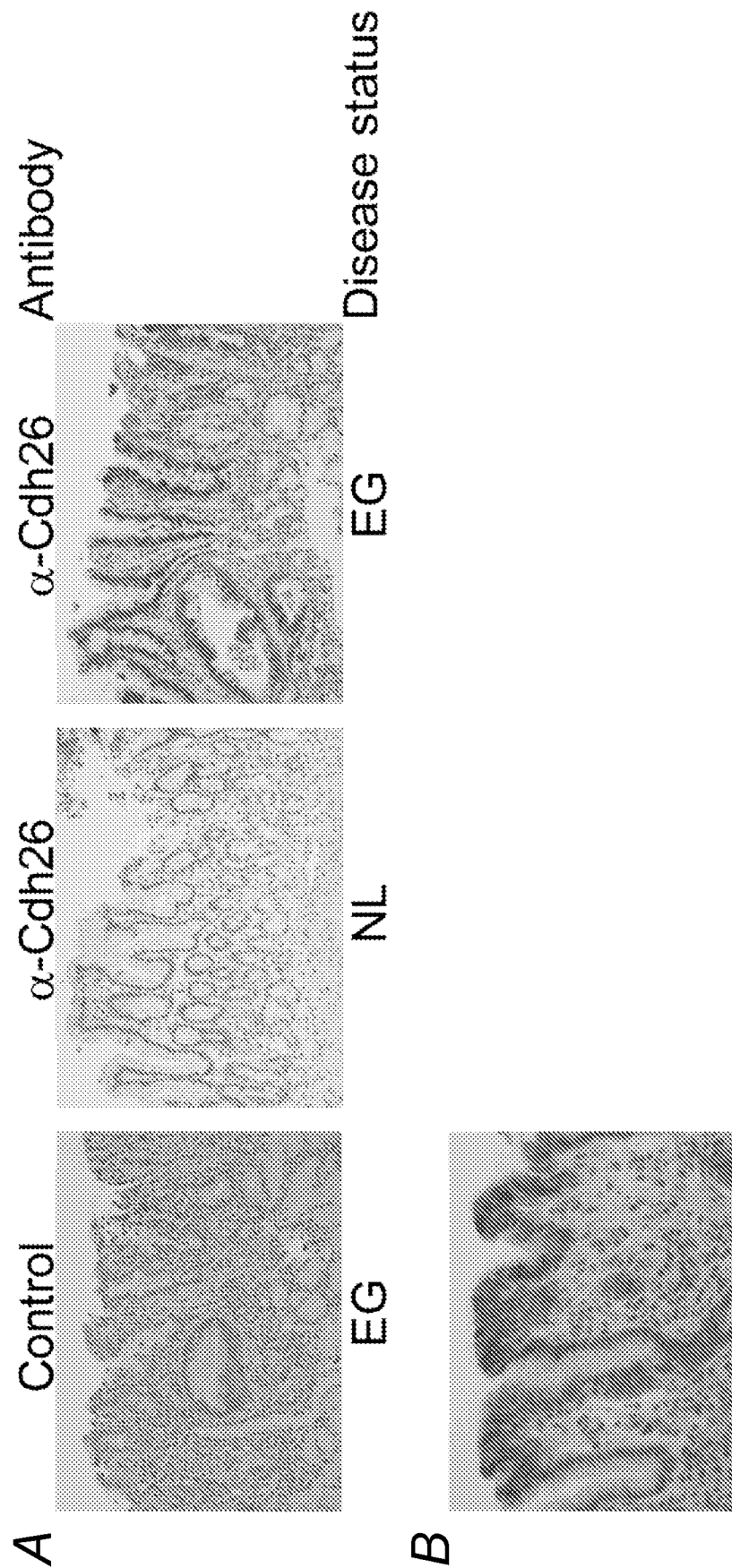


Figure 5

12/37

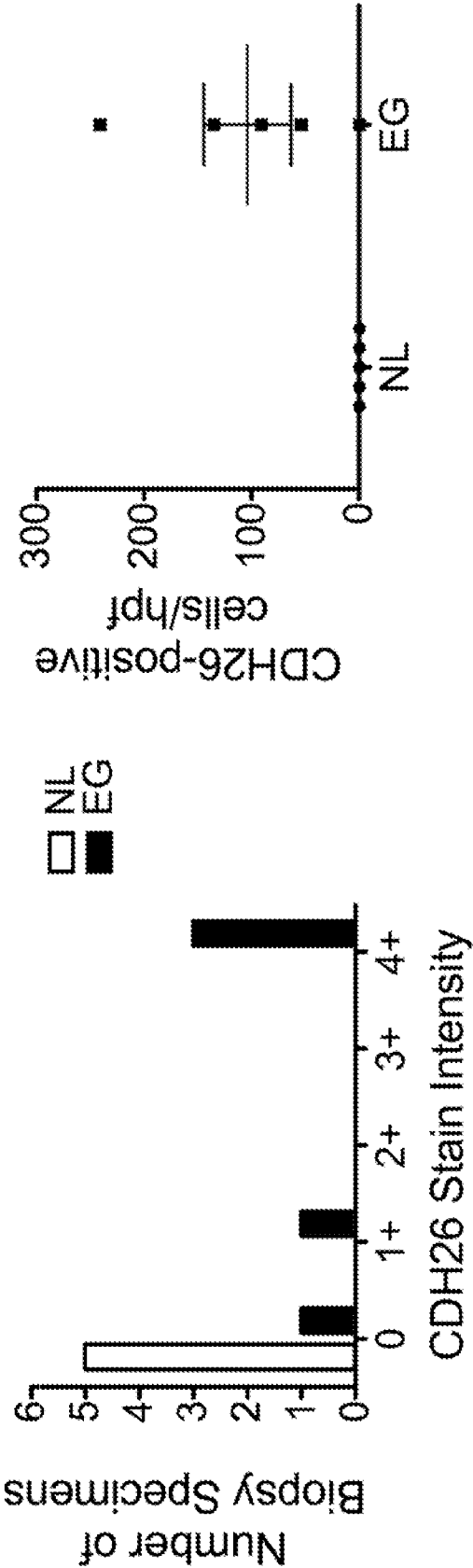
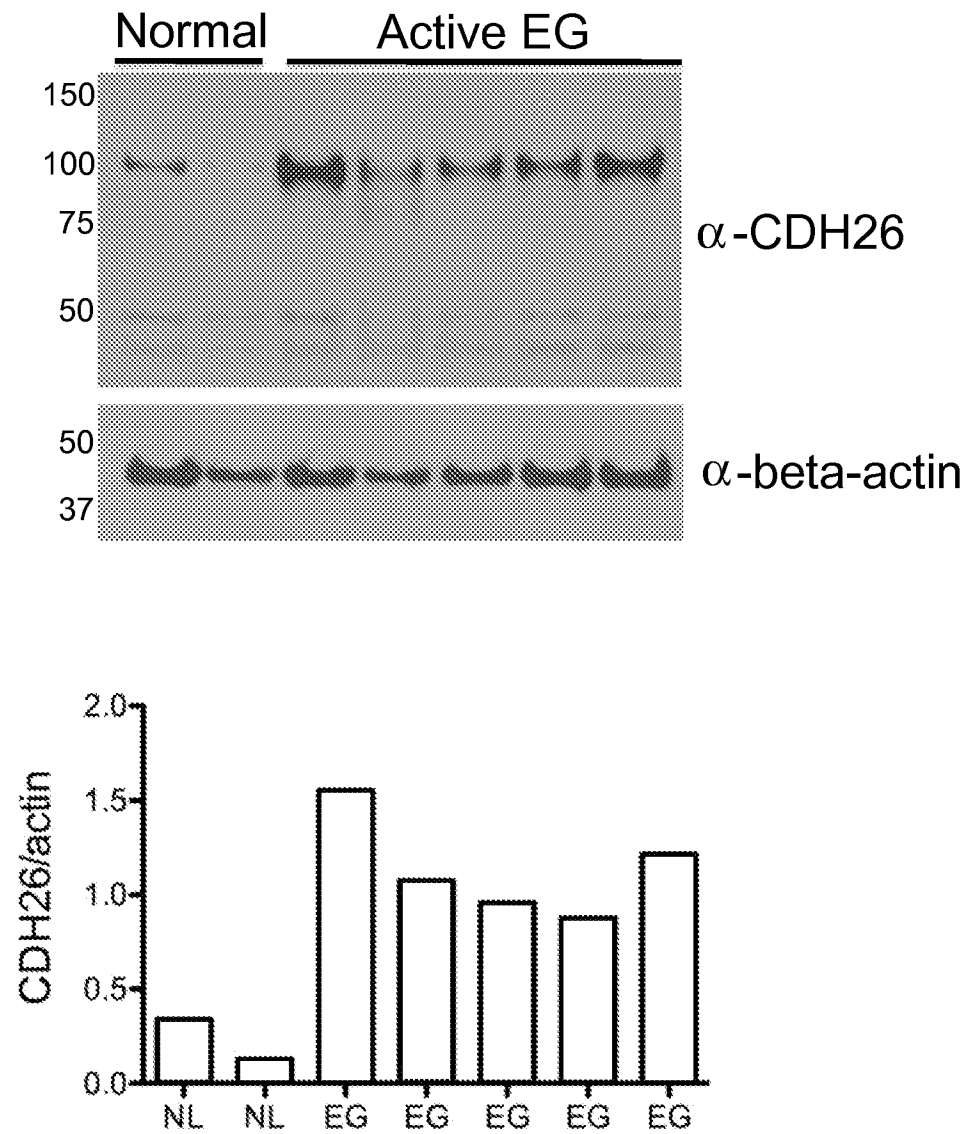


Figure 5C

13/37

*Figure 5D*

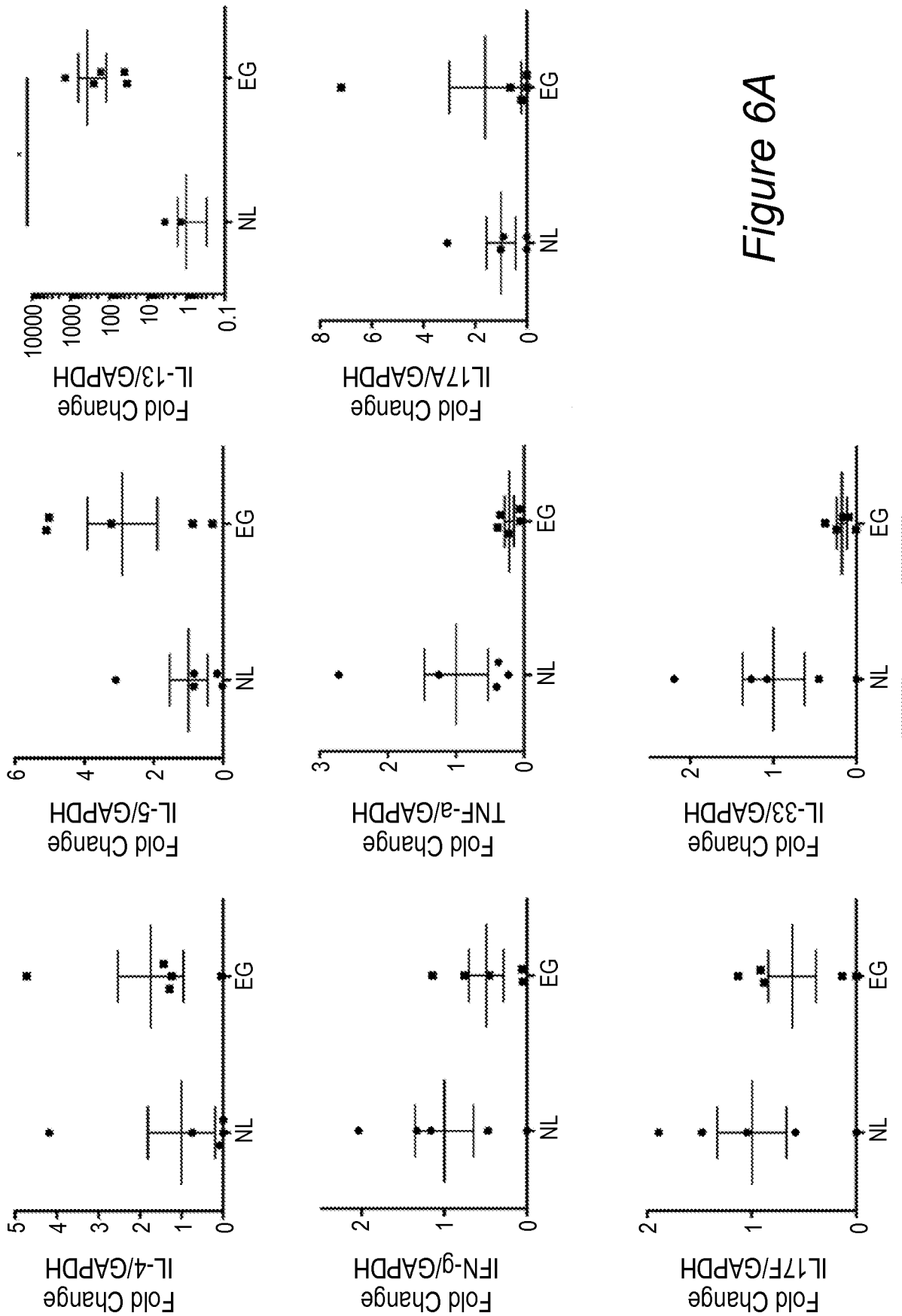


Figure 6A

15/37

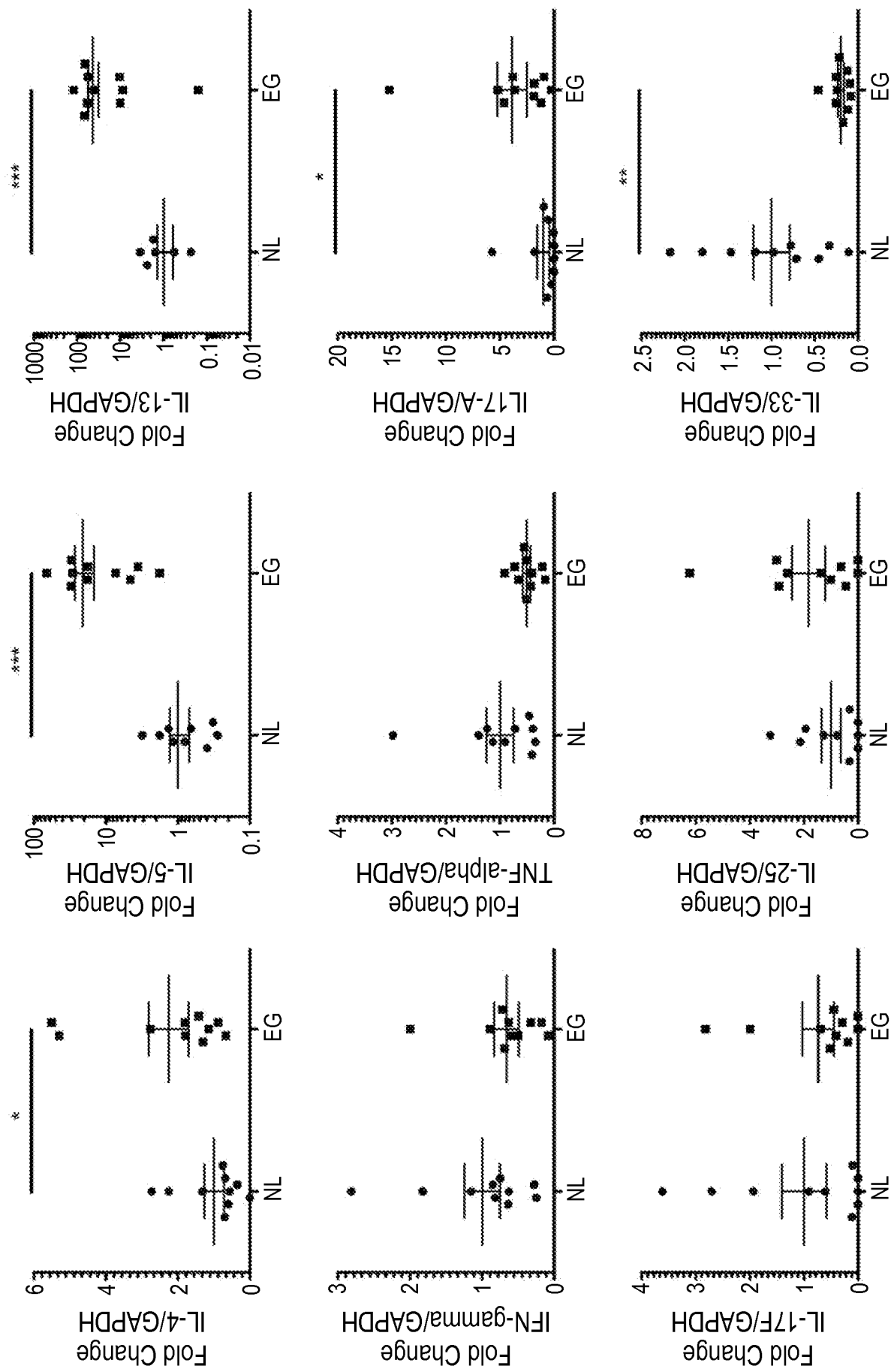


Figure 6B

16/37

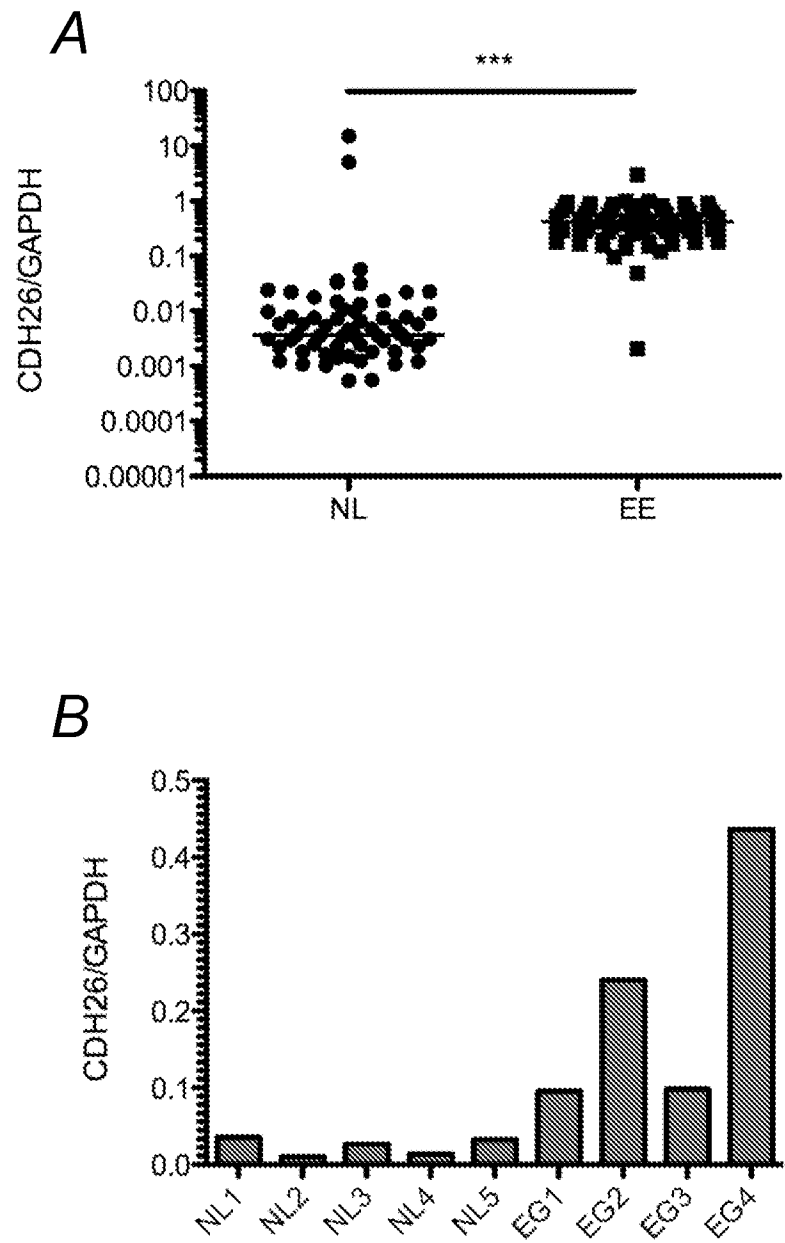
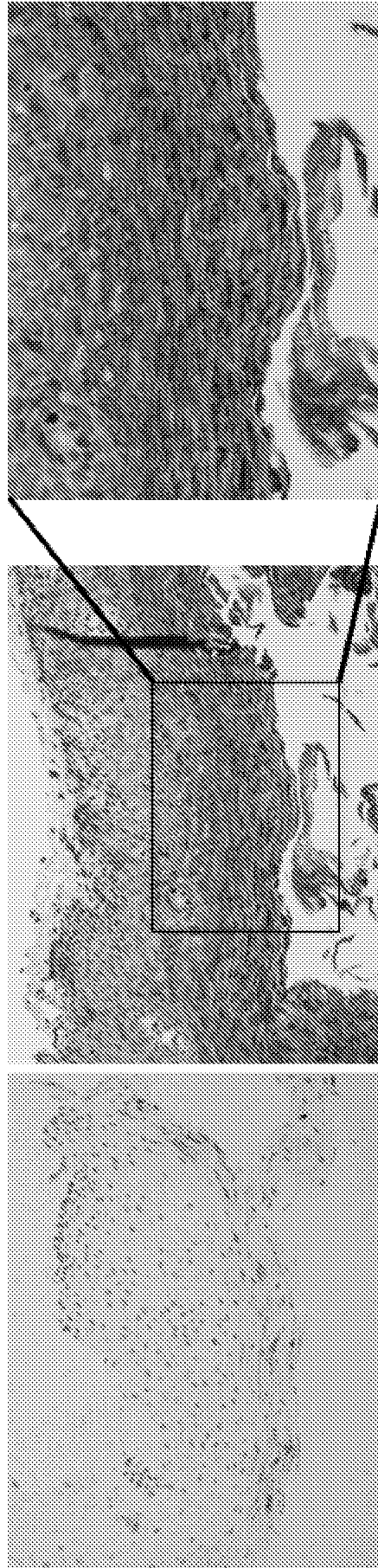


Figure 7

17/37



Patient 1 (EG, non-EoE)

Patient 2 (EG, EoE)

Figure 7C

18/37

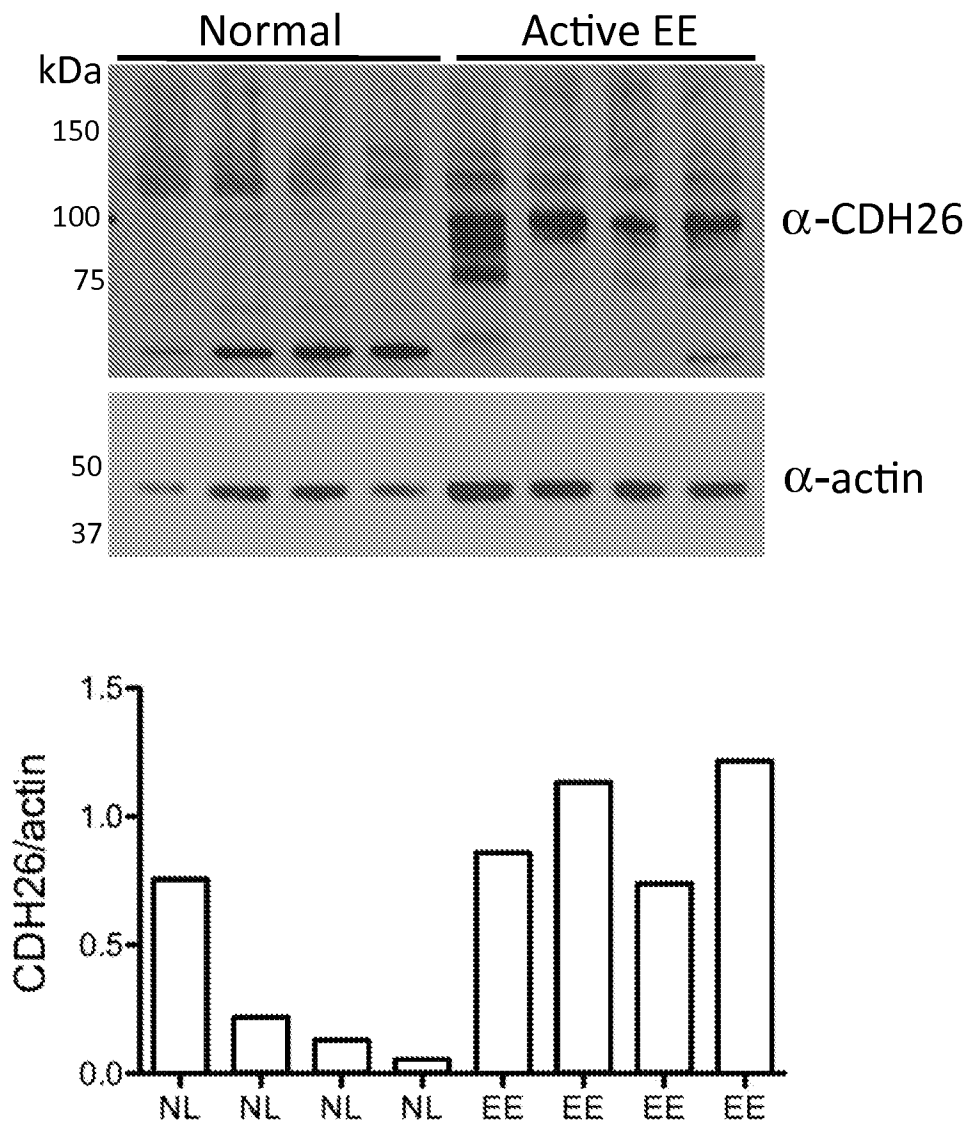
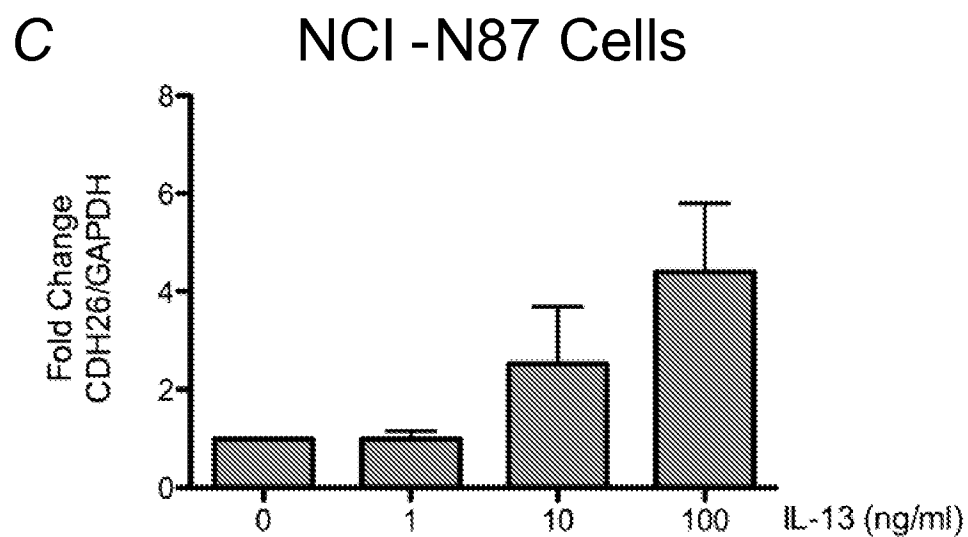
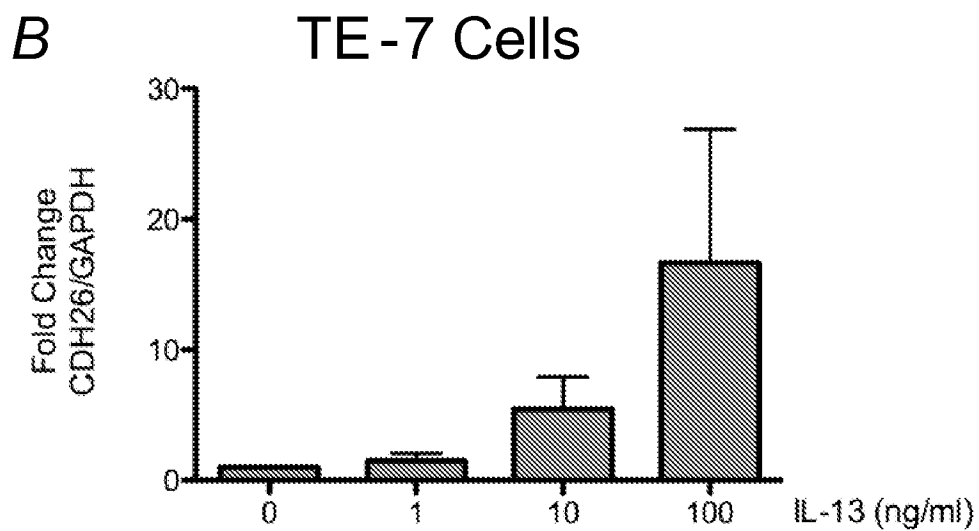
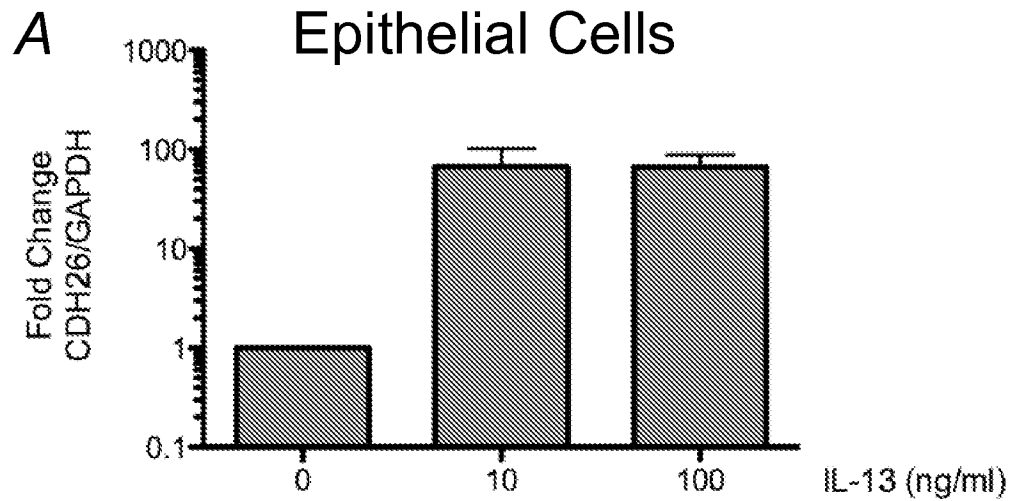


Figure 7D

19/37

Primary Esophageal
Epithelial Cells*Figure 8*

20/37

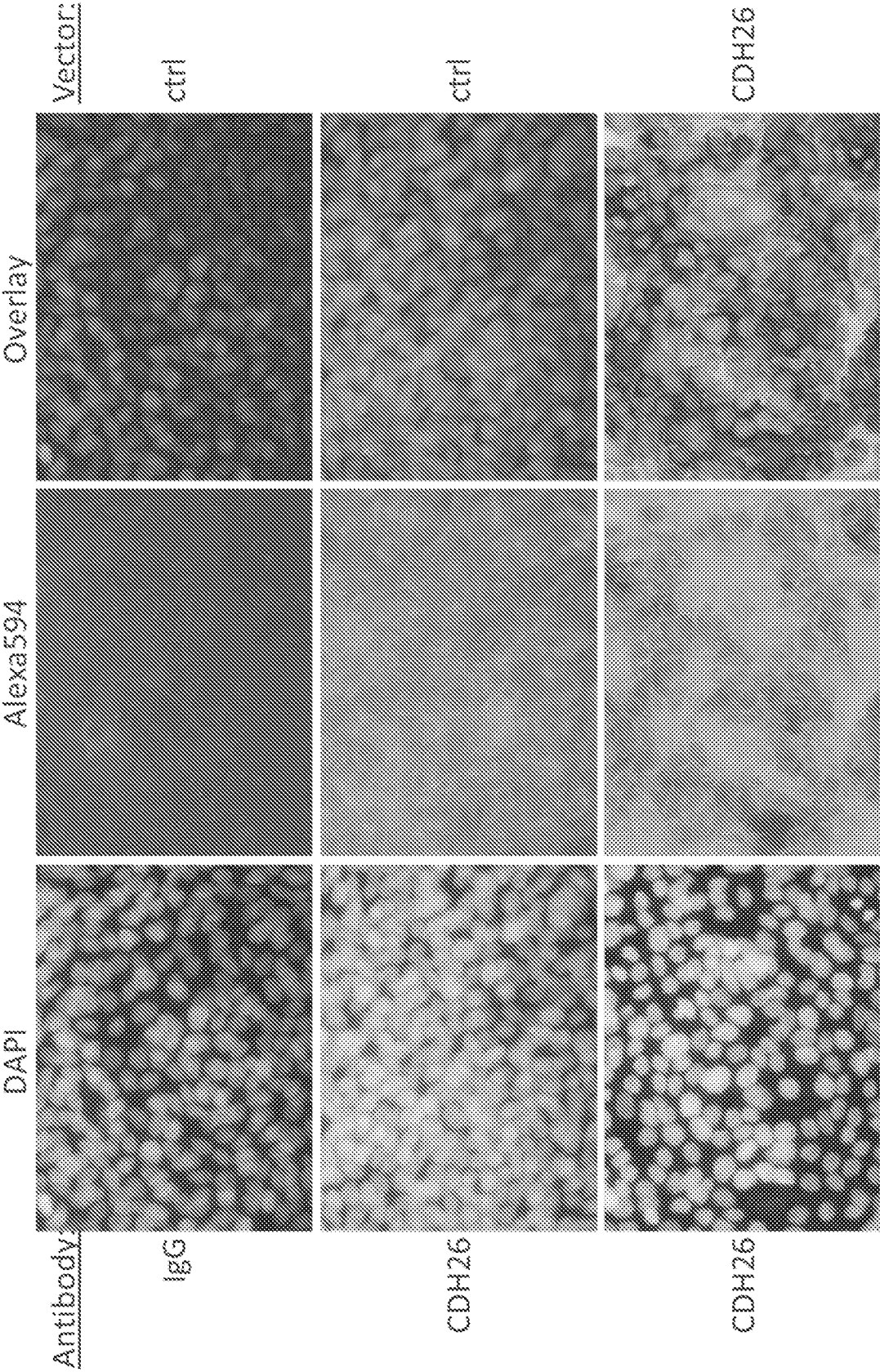


Figure 8D

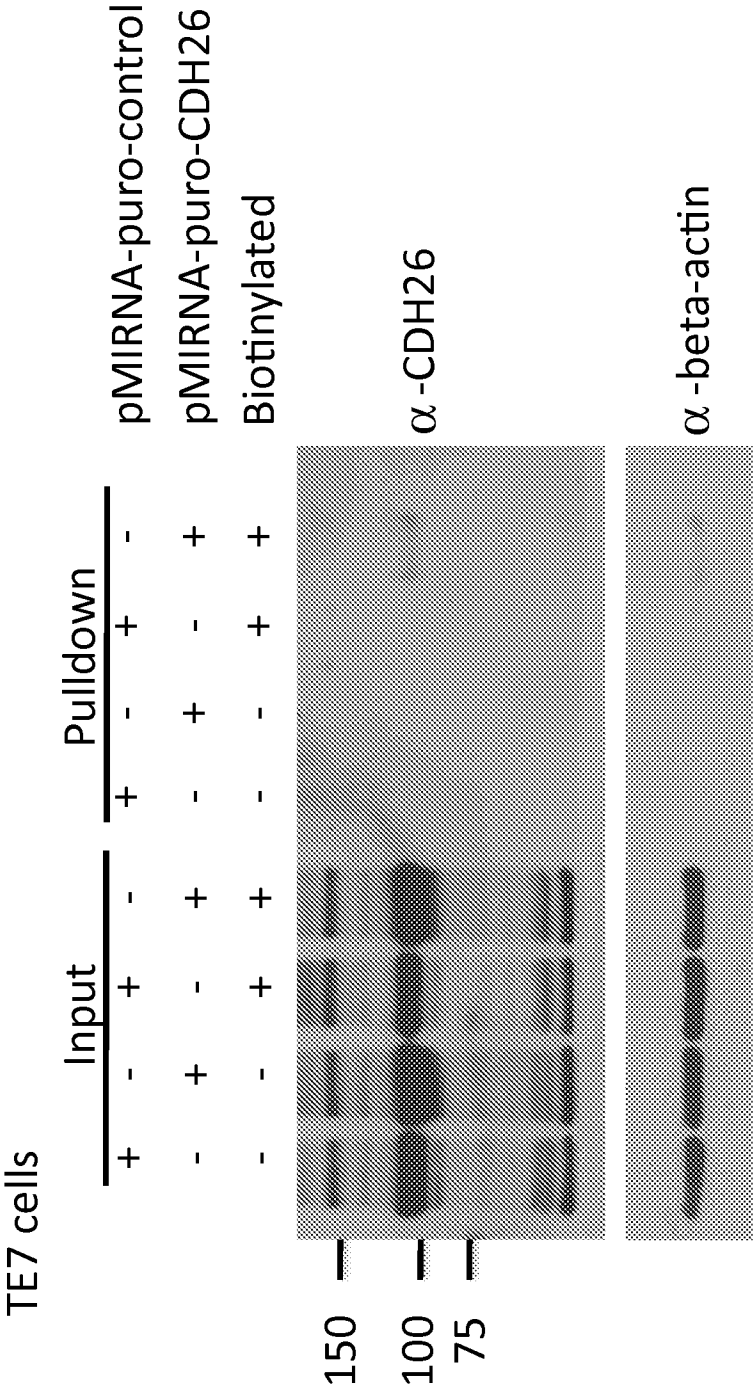


Figure 8E

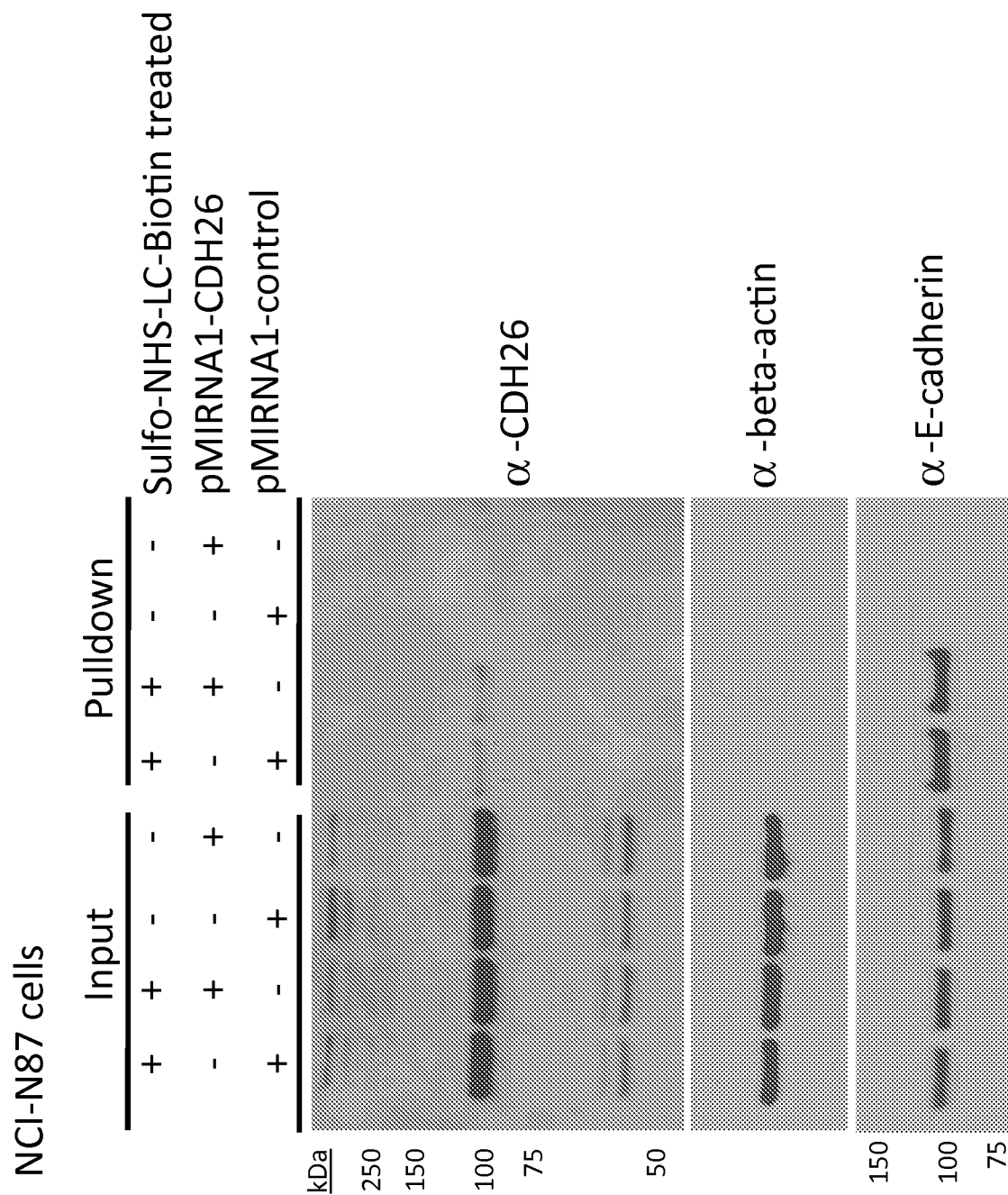


Figure 8F

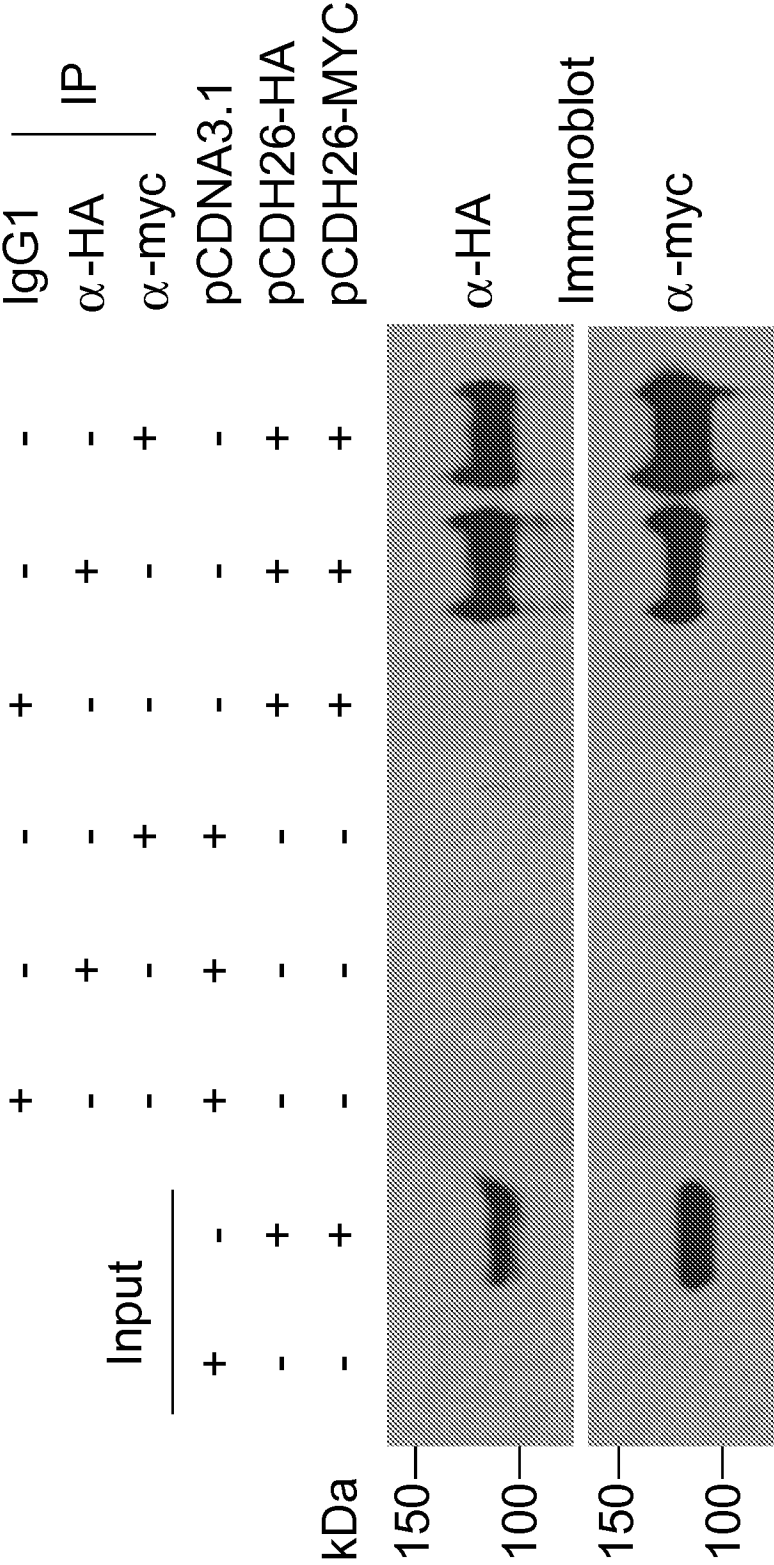


Figure 9A

24/37

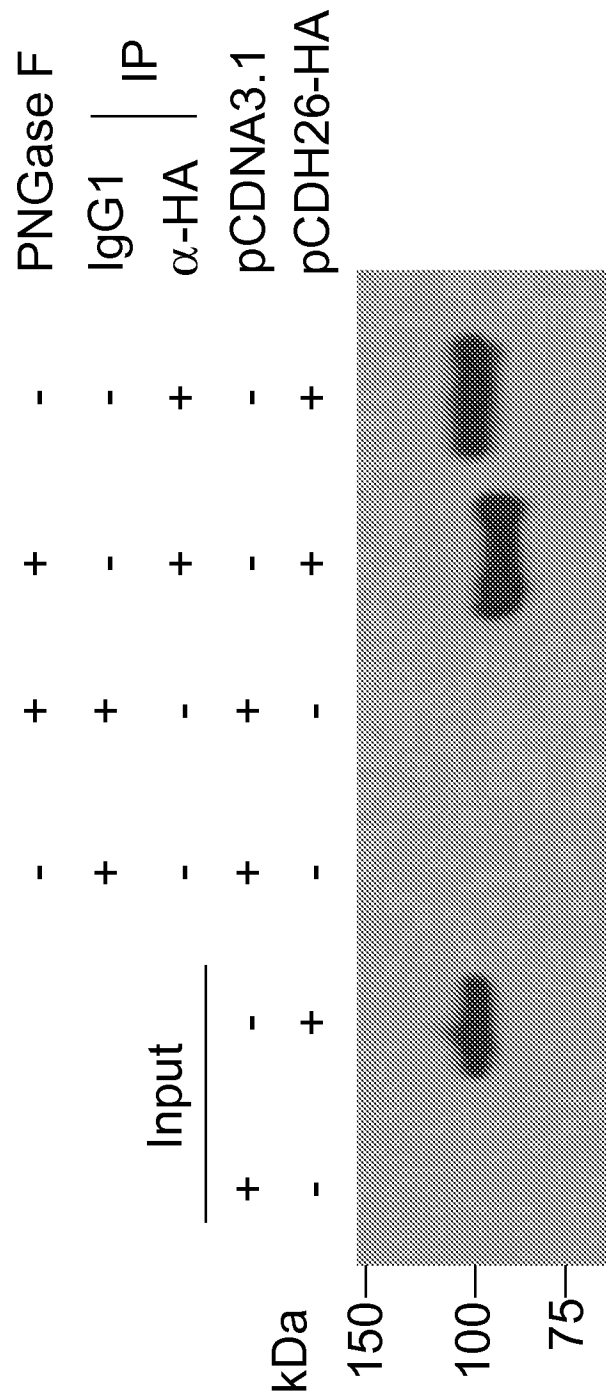


Figure 9B

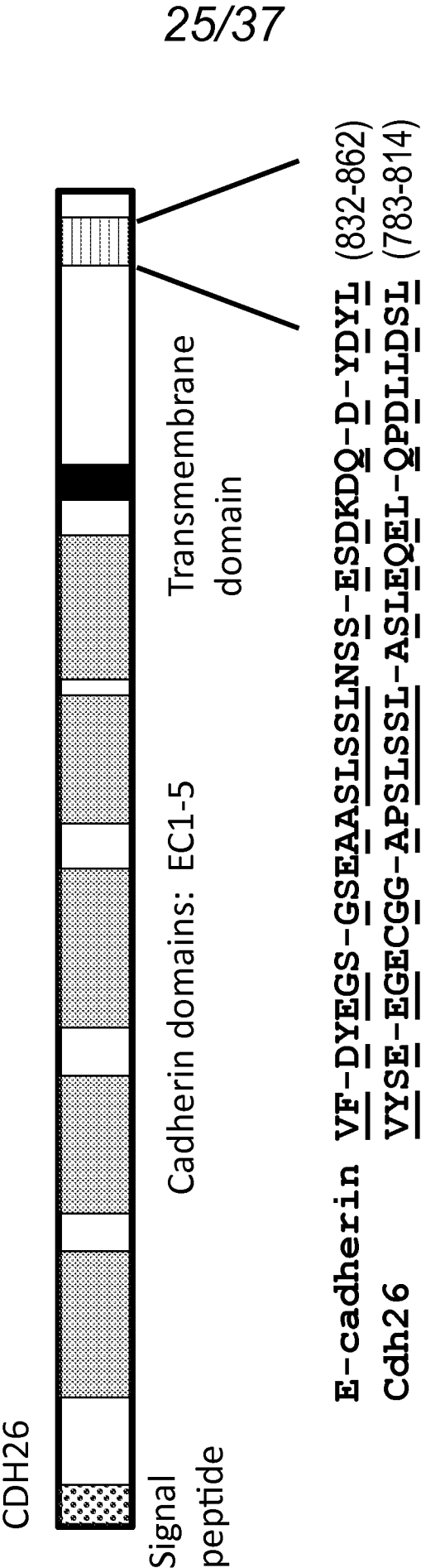


Figure 9C

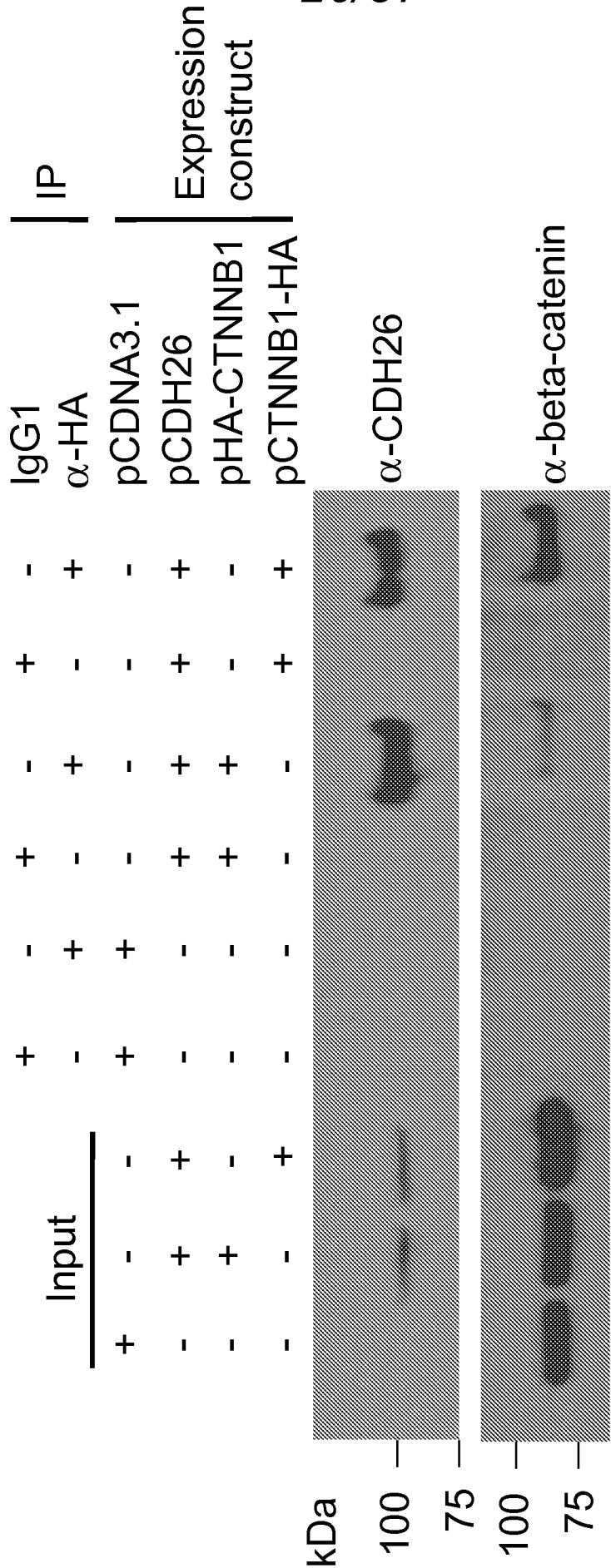


Figure 9D

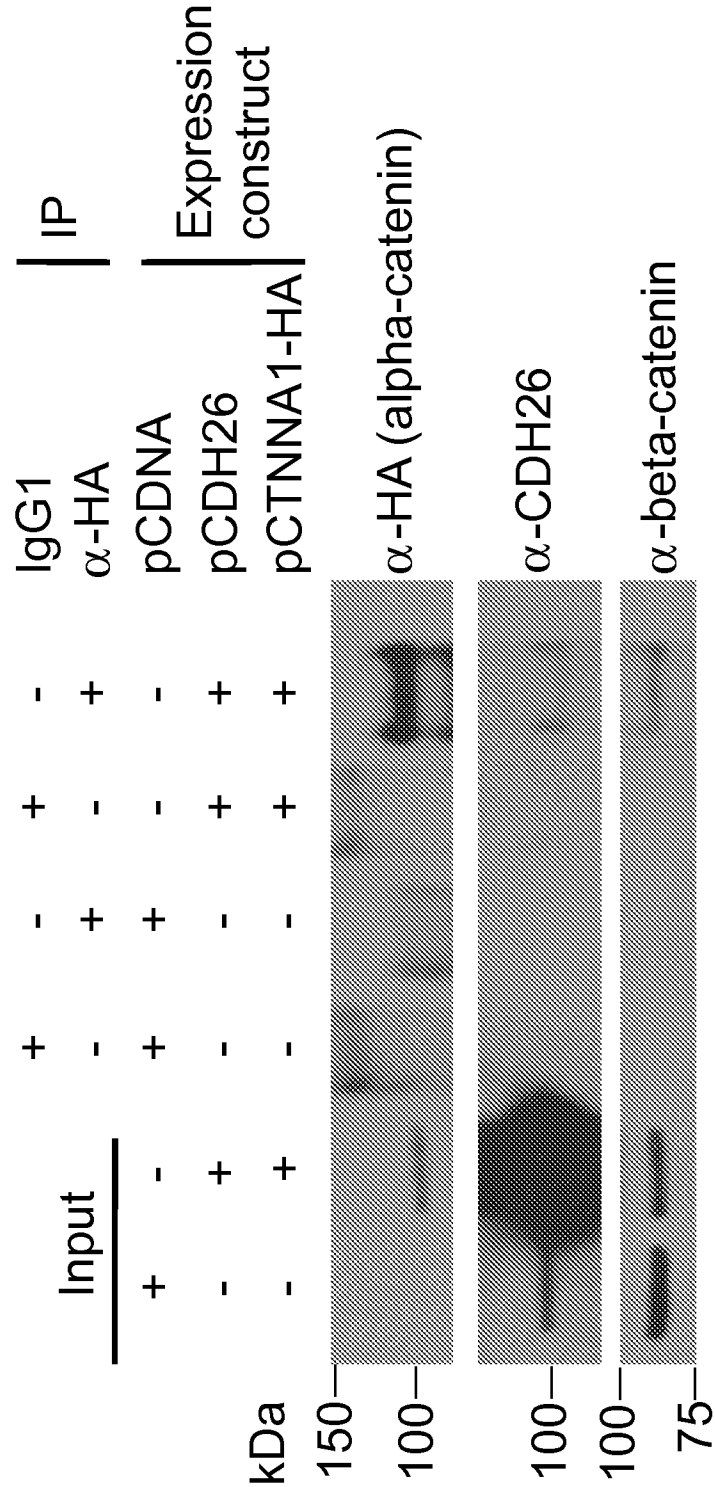


Figure 9E

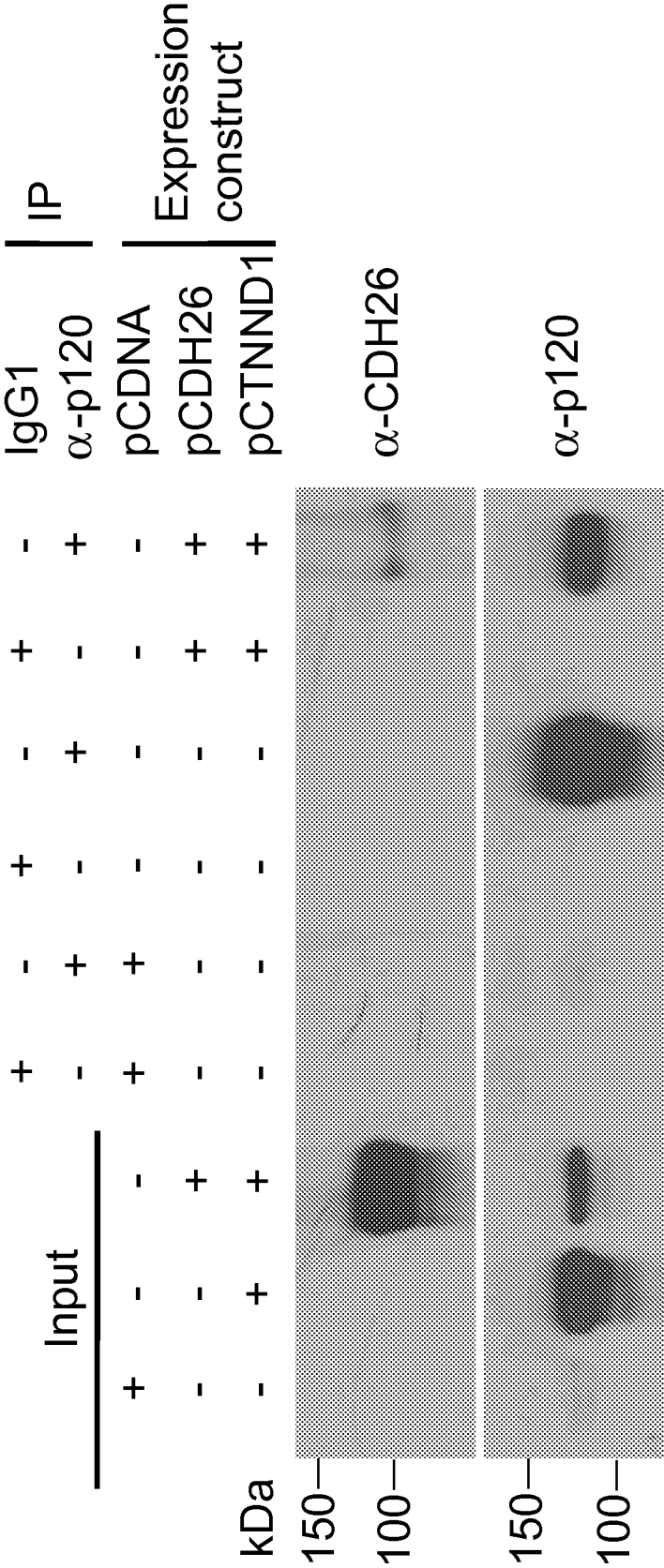


Figure 9F

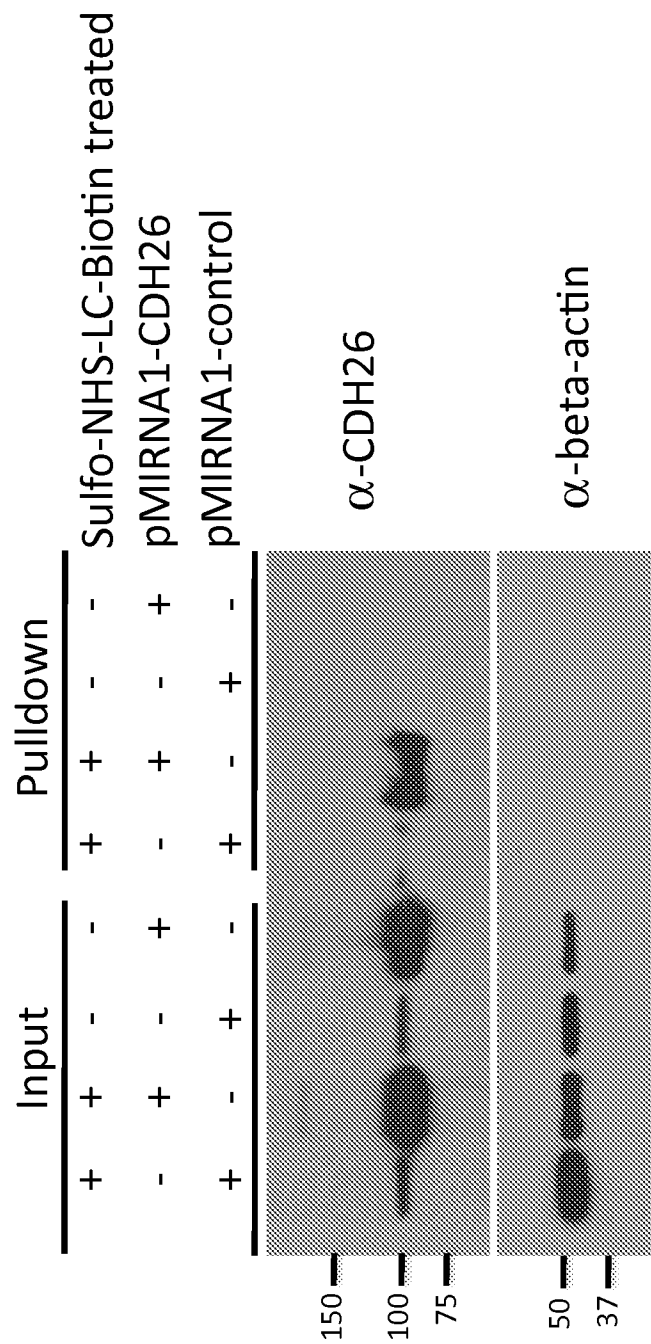


Figure 10A

30/37

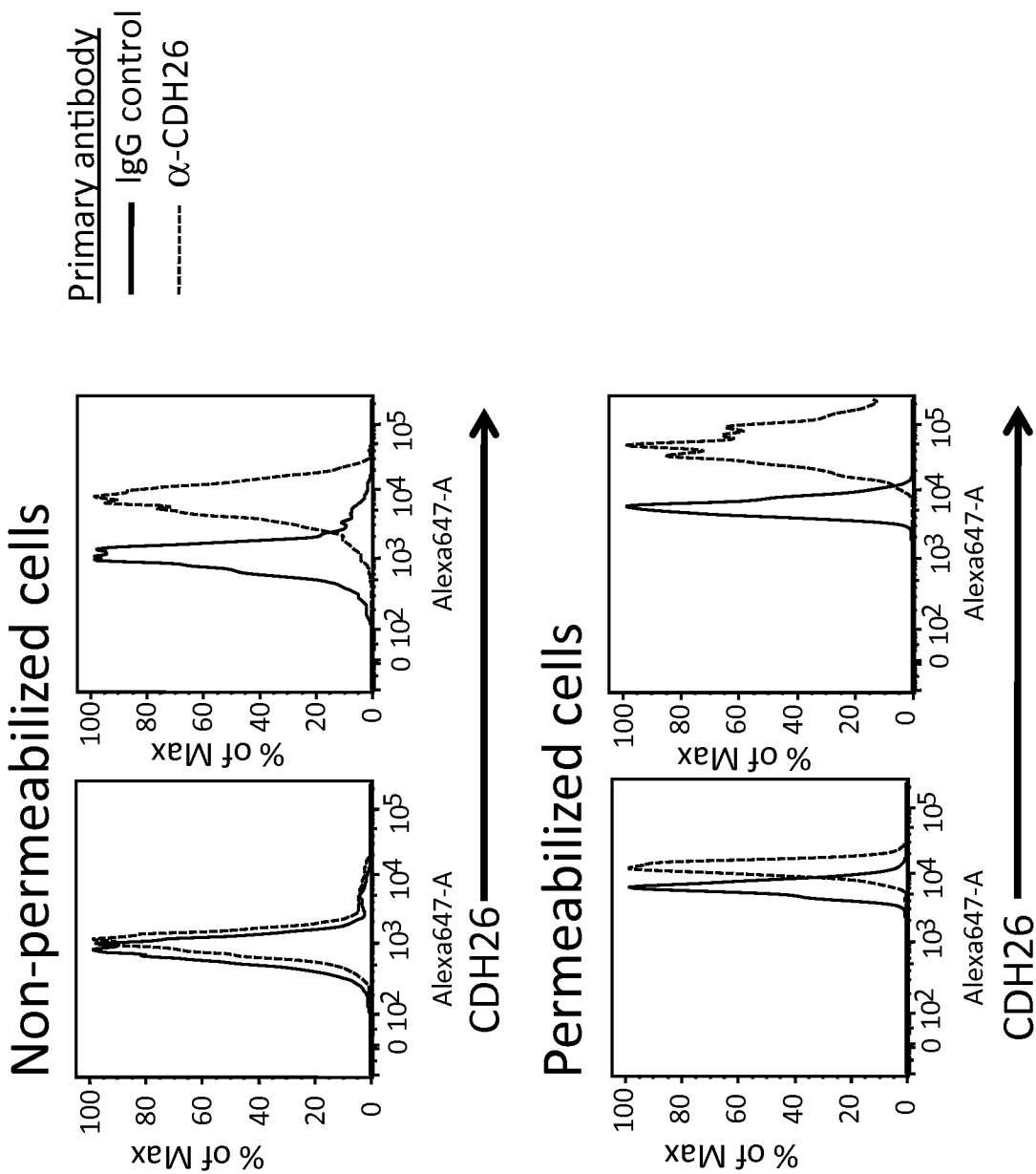


Figure 10B

31/37

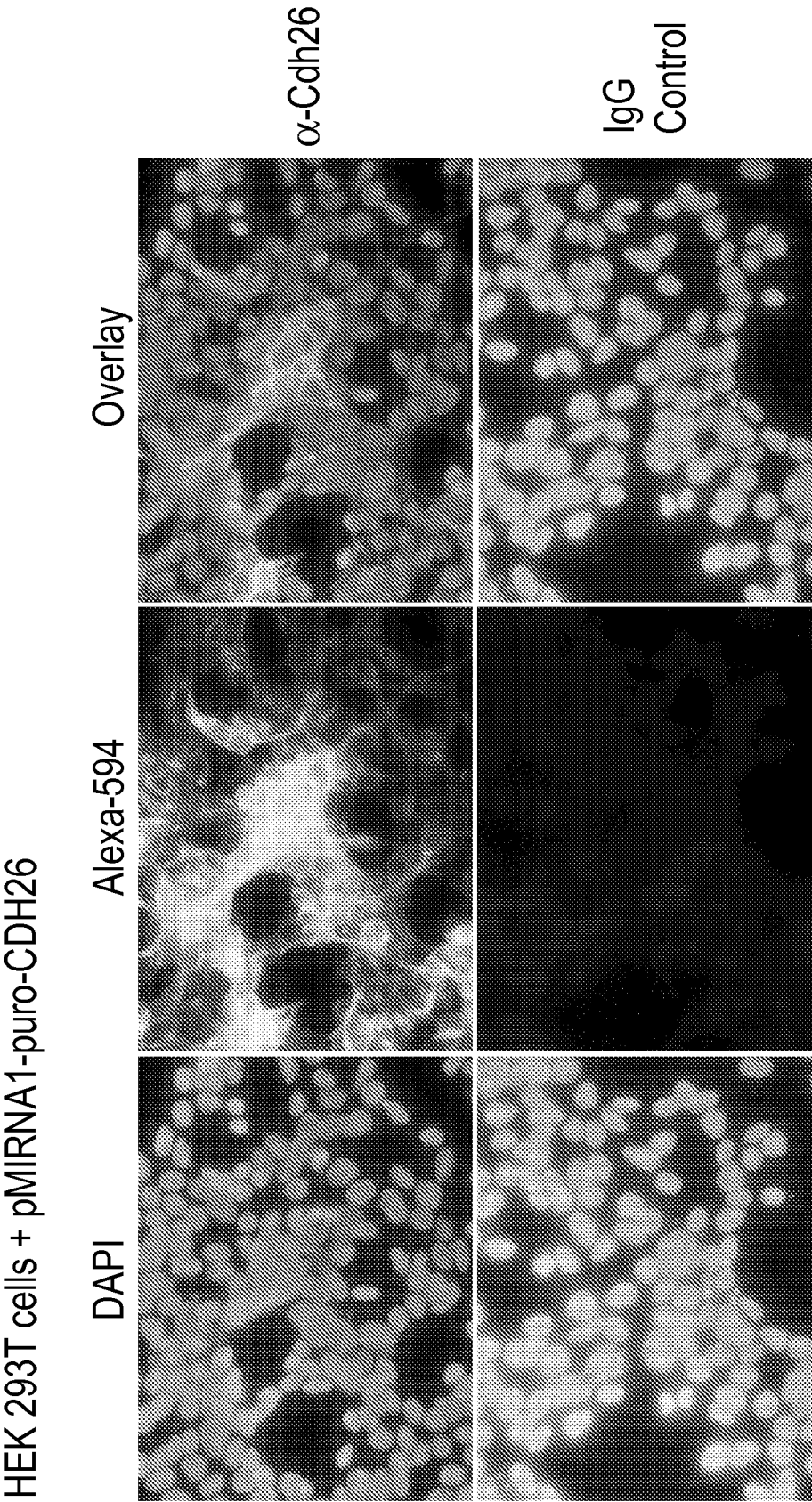


Figure 10C

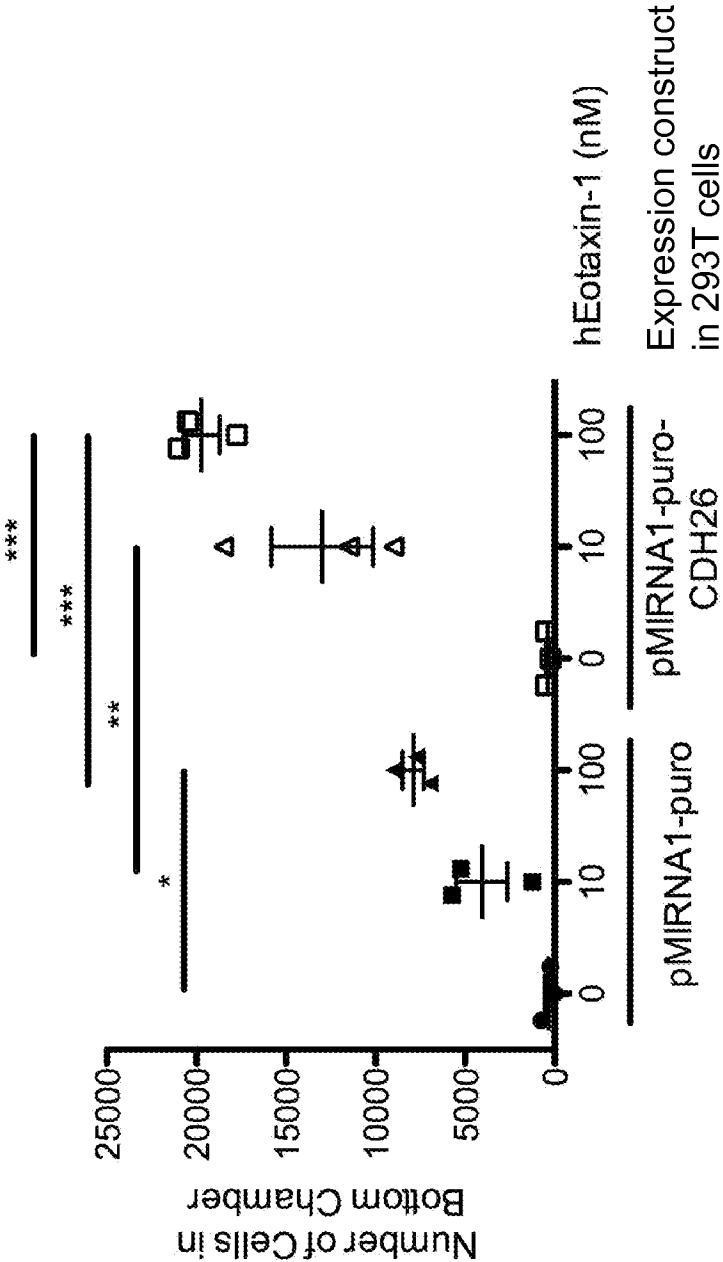


Figure 11

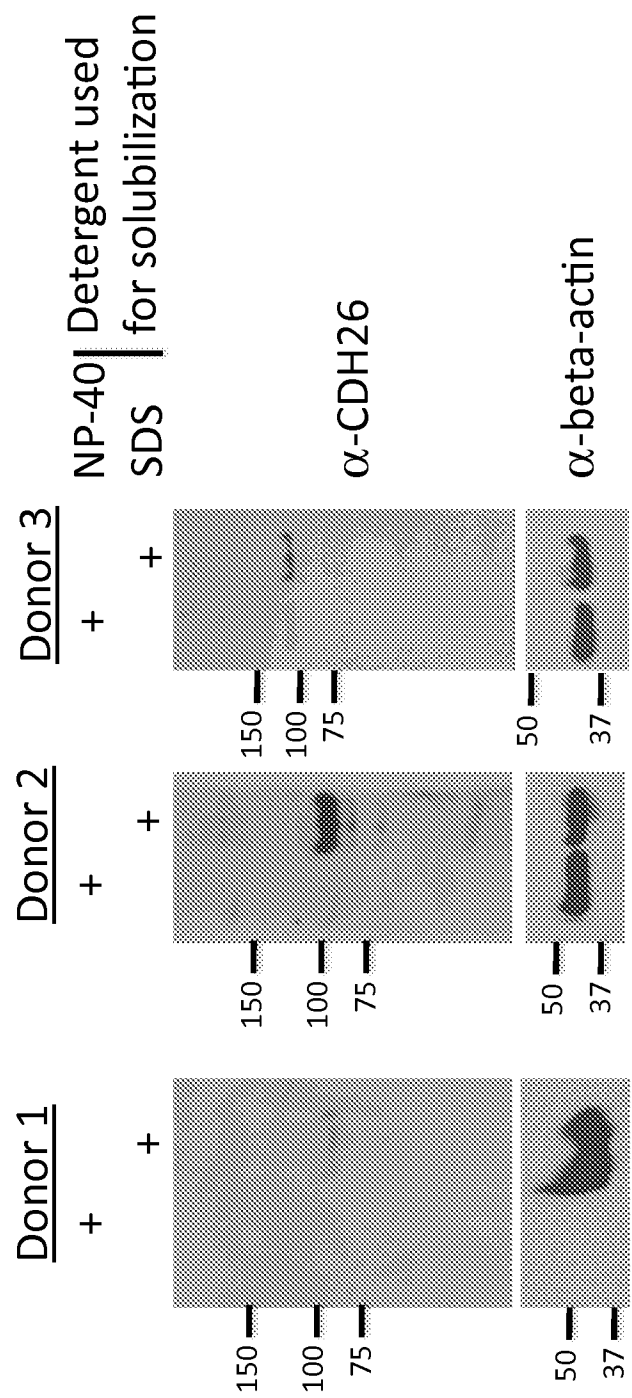


Figure 12

34/37

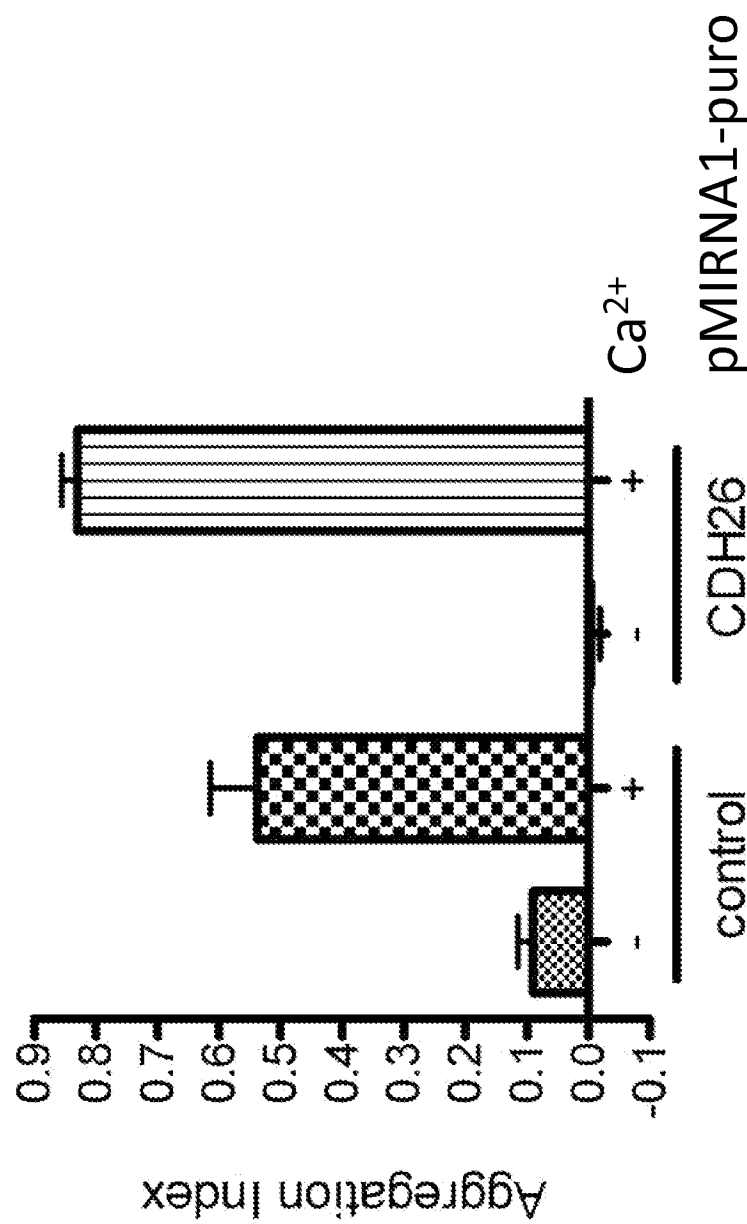


Figure 13A

35/37

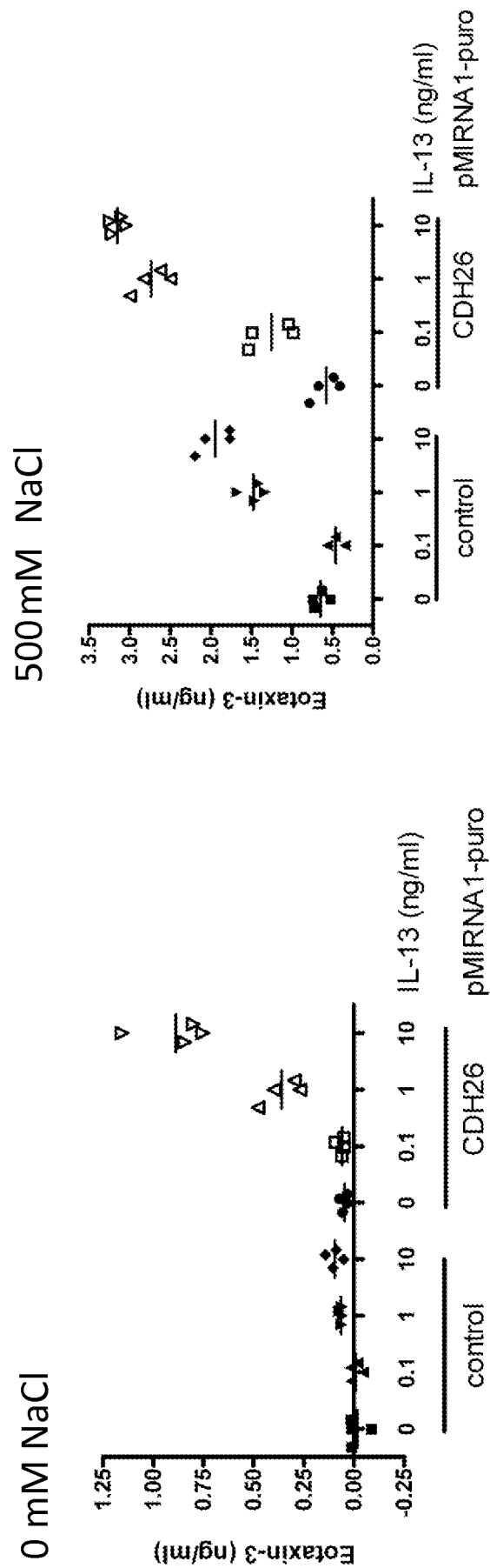


Figure 13B

36/37

aaaaaaaaagtctatttggagaattgaaataattcatggaagggaatcactattcagggaattttcccttctgtctcttcttccctccttaaa
agaaaaattaccttctagtccttaggatgaggacacactattagttgaaattaaatgcttggatattctcagatcagccatcttgaaccaaag
caaaaccaagttacactttctt^{GAIT 2}aaaatttgatttg^{GAIT 3}catattttctagagaaacttgaatttaattgtgtattcttagcttccactggcagc
ctagcttgagggtaatgaaaataataaccatagattaccagccacttgggaacagcaggtactgaagaaaaataaaatagat
t
ttgaaaaacgtta

Figure 14A

37/37

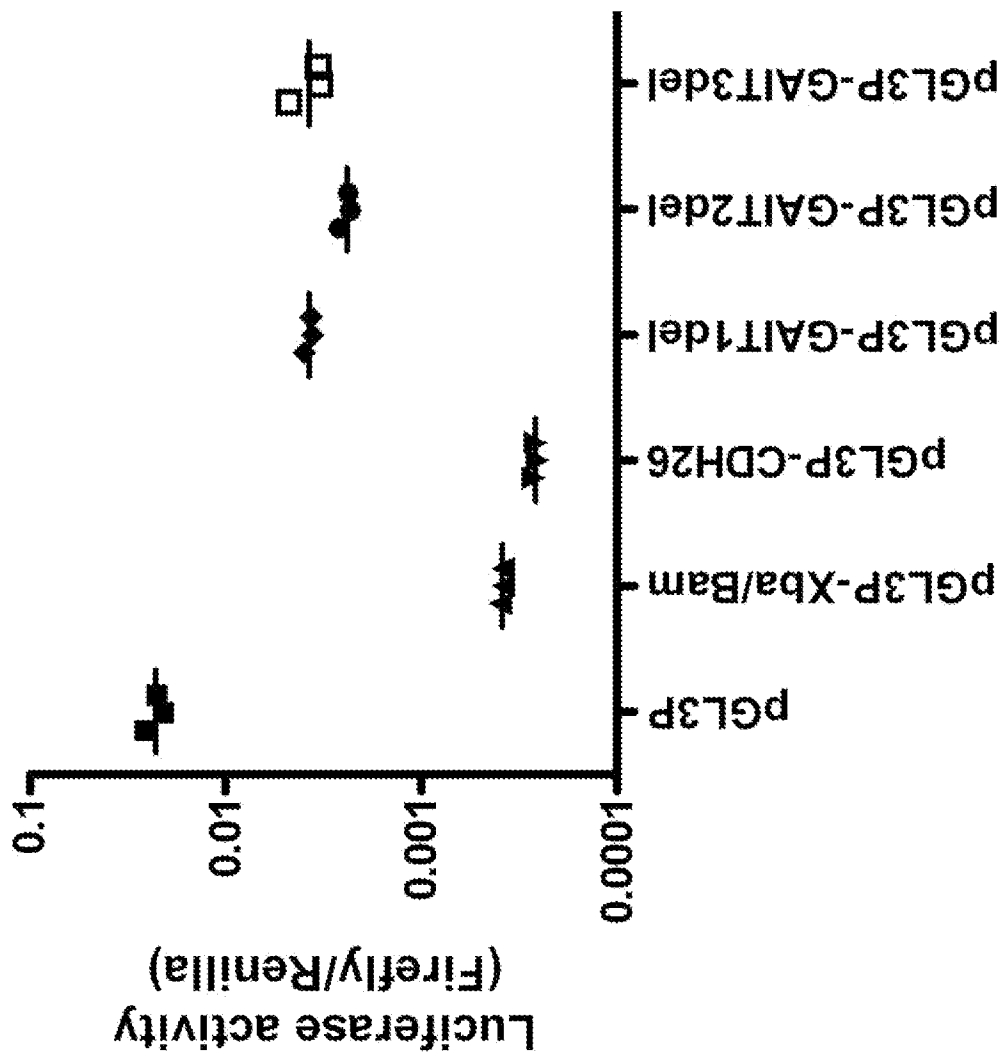


Figure 14B