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(54) METHODS AND COMPOSITIONS FOR EVALUATING BREAST CANCER PROGNOSIS

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Publication Classification

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(57) ABSTRACT

Methods and compositions for evaluating the prognosis of a breast cancer patient, particularly an early-stage breast cancer patient, are provided. The methods of the invention comprise detecting expression of at least one, more particularly at least two, biomarker(s) in a body sample, wherein overexpression of the biomarker or a combination of biomarkers is indicative of breast cancer prognosis. In some embodiments, the body sample is a breast tissue sample, particularly a primary breast tumor sample. The biomarkers of the invention are proteins and/or genes whose overexpression is indicative of either a good or bad cancer prognosis. Biomarkers of interest include proteins and genes involved in cell cycle regulation, DNA replication, transcription, signal transduction, cell proliferation, invasion, proteolysis, or metastasis. In some aspects of the invention, overexpression of a biomarker of interest is detected at the protein level using biomarker-specific antibodies or at the nucleic acid level using nucleic acid hybridization techniques.

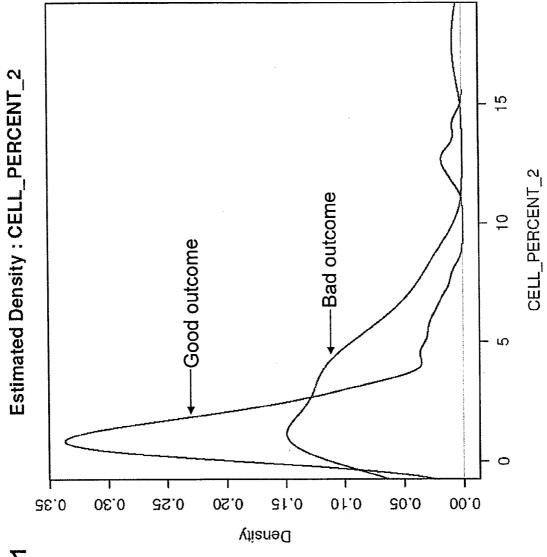


FIG. 1

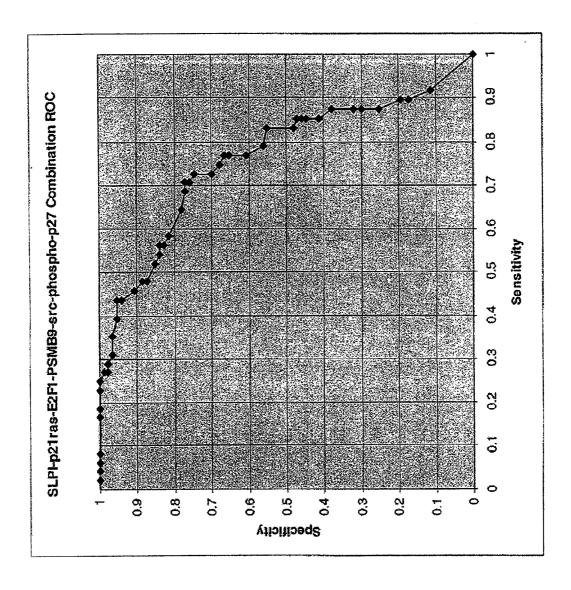


FIG. 2

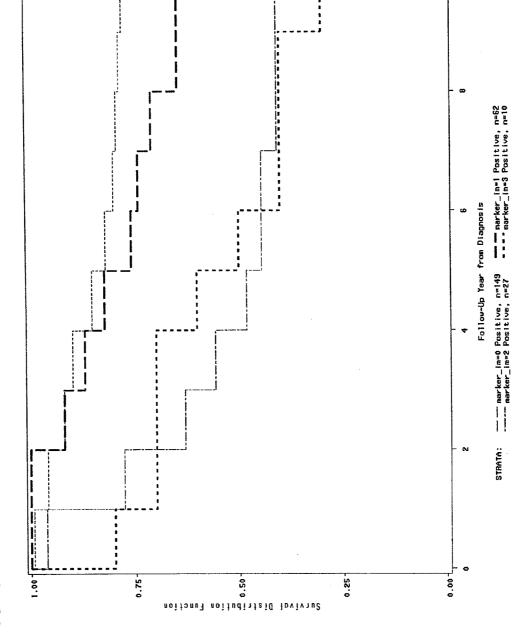
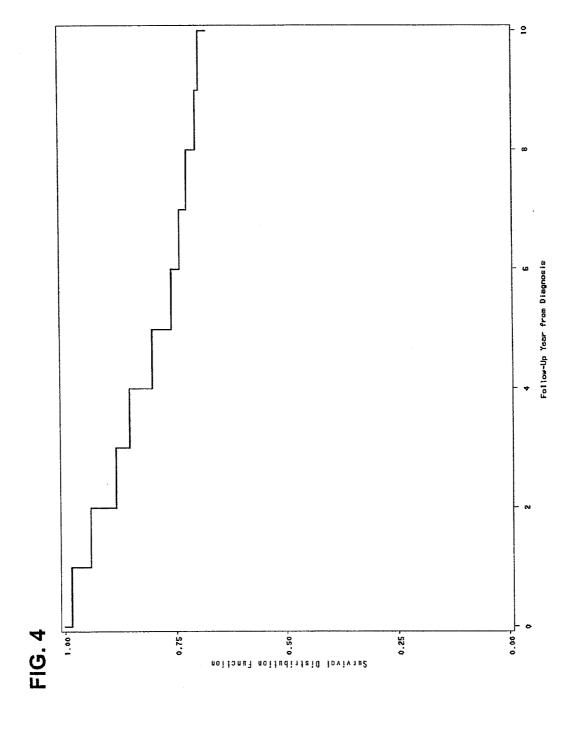


FIG.



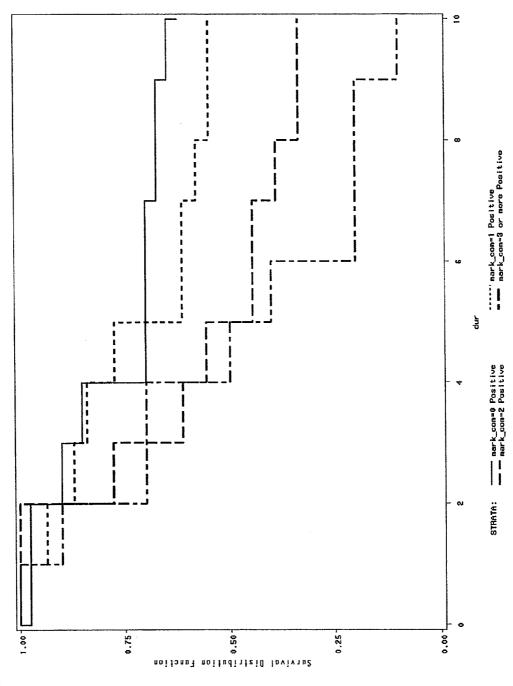


FIG. 5

METHODS AND COMPOSITIONS FOR EVALUATING BREAST CANCER PROGNOSIS

CROSS REFERENCE TO RELATED APPLICATIONS

[0001] This application is a divisional application of U.S. Utility application Ser. No. 11/233,510, filed Sep. 22, 2005, which claims the benefit of U.S. Provisional Application Ser. No. 60/612,073, filed Sep. 22, 2004, and U.S. Provisional Application Ser. No. 60/611,965, filed Sep. 22, 2004, all of which are incorporated herein by reference in their entirety.

REFERENCE TO A SEQUENCE LISTING SUBMITTED AS A TEXT FILE VIA EFS-WEB

[0002] The official copy of the sequence listing is submitted concurrently with the specification as a text file via EFS-Web, in compliance with the American Standard Code for Information Interchange (ASCII), with a file name of 372587SequenceListing.txt, a creation date of May 14, 2009, and a size of 161 KB. The sequence listing filed via EFS-Web is part of the specification and is hereby incorporated in its entirety by reference herein.

FIELD OF THE INVENTION

[0003] The present invention relates to methods and compositions for evaluating the prognosis of a patient afflicted with breast cancer, particularly early-stage breast cancer.

BACKGROUND OF THE INVENTION

[0004] Breast cancer is the second most common cancer among American women, less frequent only than skin cancer. An American woman has a one in eight chance of developing breast cancer during her lifetime, and the American Cancer Society estimates that more than 250,000 new cases of breast cancer will be reported in the U.S. this year. Breast cancer is the second leading cause of cancer deaths in women, with more than 40,000 Americans expected to die from the disease in 2004.

[0005] Improved detection methods, mass screening, and advances in treatment over the last decade have significantly improved the outlook for woman diagnosed with breast cancer. Today, approximately 80% of breast cancer cases are diagnosed in the early stages of the disease when survival rates are at their highest. As a result, about 85% percent of breast cancer patients are alive at least 5 years after diagnosis. [0006] Despite these advances, approximately 20% of women diagnosed with early-stage breast cancer have a poor ten-year outcome and will suffer disease recurrence, metastasis, or death within this time period. The remaining 80% of breast cancer patients diagnosed at an early stage, however, have a good 10-year prognosis and are unlikely to need, or benefit from, additional aggressive adjuvant therapy (e.g., chemotherapy). The current clinical consensus is that at least some early-stage, node-negative breast cancer patients should receive adjuvant chemotherapy, but presently there are no widely used assays to risk stratify patients for more aggressive treatment. Since the majority of these early-stage cancer patients enjoy long-term survival following surgery and/or radiation therapy without further treatment, it is likely inappropriate to recommend aggressive adjuvant therapy for all of these patients, particularly in light of the significant side effects associated with cancer chemotherapeutics. Compositions and methods that permit the differentiation of these populations of early-stage breast cancer patients at the time of initial diagnosis into good and bad prognosis groups would assist clinicians in selecting appropriate courses of treatment. Thus, methods for evaluating the prognosis of breast cancer patients, particularly early-stage breast cancer patients, are needed.

[0007] Significant research has focused on identifying methods and factors for assessing breast cancer prognosis and predicting therapeutic response. (See generally, Ross and Hortobagyi, eds. (in press) Molecular Oncology of Breast Cancer (Jones and Bartlett Publishers, Boston, Mass.) and the references cited therein, all of which are herein incorporated by reference in their entirety). Prognostic indicators include more conventional factors, such as tumor size, nodal status, and histological grade, as well as molecular markers that provide some information regarding prognosis and likely response to particular treatments. For example, determination of estrogen (ER) and progesterone (PR) steroid hormone receptor status has become a routine procedure in assessment of breast cancer patients. See, for example, Fitzgibbons et al. (2000) Arch. Pathol. Lab. Med. 124:966-978. Tumors that are hormone receptor positive are more likely to respond to hormone therapy and also typically grow less aggressively, thereby resulting in a better prognosis for patients with ER+/

[0008] Overexpression of human epidermal growth factor receptor 2 (HER-2/neu), a transmembrane tyrosine kinase receptor protein, has been correlated with poor breast cancer prognosis. Ross et al. (2003) The Oncologist: 307-325. Her2/ neu expression levels in breast tumors are currently used to predict response to the anti-Her-2/neu antibody therapeutic trastuzumab (Herceptin®; Genentech). See, for example, Id. and Ross et al., supra. Furthermore, approximately one-third of breast cancers have mutations in the tumor suppressor gene p53, and these mutations have been associated with increased disease aggressiveness and poor prognostic outcome. Fitzgibbons et al., supra. Ki-67 is a non-histone nuclear protein that is expressed during the G1 through M phases of the cell cycle. Studies have shown that overexpression of the cellular proliferation marker Ki-67 also correlates with poor breast cancer prognosis. Id.

[0009] Although current prognostic criteria and molecular markers provide some guidance in predicting patient outcome and selecting appropriate course of treatment, a significant need exists for a specific and sensitive method for evaluating breast cancer prognosis, particularly in early-stage, lymph-node negative patients. Such a method should specifically distinguish breast cancer patients with a poor prognosis from those with a good prognosis and permit the identification of high-risk, early-stage breast cancer patients who are likely to need aggressive adjuvant therapy.

SUMMARY OF THE INVENTION

[0010] Methods and compositions for evaluating the prognosis of a cancer patient, particularly a breast cancer patient, are provided. The methods comprise detecting expression of at least one, more particularly at least two, biomarker(s) in a body sample, wherein the overexpression of a biomarker or combination of biomarkers is indicative of cancer prognosis. Overexpression of the biomarker or combination of biomarkers of the invention is indicative of either a good prognosis (i.e., disease-free survival) or a bad prognosis (i.e., cancer recurrence, metastasis, or death from the underlying cancer).

Thus, the present method permits the differentiation of breast cancer patients with a good prognosis from those patients with a bad prognosis. The methods disclosed herein can be used in combination with assessment of conventional clinical factors (e.g., tumor size, tumor grade, lymph node status, and family history) and/or analysis of the expression level of molecular markers, such as Her2/neu, Ki67, p53, and estrogen and progesterone hormone receptors. In this manner, the methods of the invention permit a more accurate evaluation of breast cancer prognosis.

[0011] The biomarkers of the invention are proteins and/or genes whose overexpression is indicative of cancer prognosis, including those biomarkers involved in cell cycle regulation, DNA replication, transcription, signal transduction, cell proliferation, invasion, or metastasis. The detection of overexpression of the biomarker genes or proteins of the invention permits the evaluation of cancer prognosis and facilitates the separation of breast cancer patients into good and bad prognosis risk groups for the purposes of, for example, treatment selection.

[0012] Biomarker expression can be assessed at the protein or nucleic acid level. In some embodiments, immunohistochemistry techniques are provided that utilize antibodies to detect the expression of biomarker proteins in breast tumor samples. In this aspect of the invention, at least one antibody directed to a specific biomarker of interest is used. Expression can also be detected by nucleic acid-based techniques, including, for example, hybridization and RT-PCR.

[0013] Compositions include monoclonal antibodies capable of binding to biomarker proteins of the invention. Antigen-binding fragments and variants of these monoclonal antibodies, hybridoma cell lines producing these antibodies, and isolated nucleic acid molecules encoding the amino acid sequences of these monoclonal antibodies are also encompassed herein. Kits comprising reagents for practicing the methods of the invention are further provided.

BRIEF DESCRIPTION OF THE DRAWINGS

[0014] FIG. 1 shows the distribution of percentage of cells staining with an intensity of 2 as a function of actual breast cancer outcome. Experimental details are provided in Example 4.

[0015] FIG. 2 provides the ROC curve obtained using the sequence-based interpretation approach for the SLPI/p21ras/E2F1/PSMB9/src/phospho-p27 combination. Experimental details are provided in Example 5.

[0016] FIG. 3 provides the Kaplan-Meier plot for the prognostic performance of the SLPI, src, PSMB9, p21ras, and E2F1 biomarker panel. Details are provided in Example 8.

[0017] FIG. 4 provides a graphical representation of the long-term survival data for the general breast cancer patient population, independent of analysis of biomarker overexpression. Details are provided in Example 8.

[0018] FIG. 5 provides the Kaplan-Meier plot for the prognostic performance of the SLPI, src, PSMB9, p21ras, E2F1, and MUC-1 biomarker panel. Details are provided in Example 9.

DETAILED DESCRIPTION OF THE INVENTION

[0019] The present invention provides methods and compositions for evaluating the prognosis of a cancer patient, particularly a breast cancer patient, more particularly an early-stage breast cancer patient. The methods comprise

detecting the expression of biomarkers in a patient tissue or body fluid sample and determining if said biomarkers are overexpressed. Overexpression of a biomarker or combination of biomarkers used in the practice of the invention is indicative of breast cancer prognosis (i.e., bad or good prognosis). Thus, overexpression of a particular biomarker or combination of biomarkers of interest permits the differentiation of breast cancer patients that are likely to experience disease recurrence (i.e., poor prognosis) from those who are more likely to remain cancer-free (i.e., good prognosis). In some aspects of the invention, the methods involve detecting the overexpression of at least one biomarker in a breast tumor sample that is indicative of a poor breast cancer prognosis and thereby identifying patients who are more likely to suffer a recurrence of the underlying cancer. The methods of the invention can also be used to assist in selecting appropriate courses of treatment and to identify patients that would benefit from more aggressive therapy. In particular embodiments, antibodies and immunohistochemistry techniques are used to detect expression of a biomarker of interest and to evaluate the prognosis of a breast cancer patient. Monoclonal antibodies specific for biomarkers of interest and kits for practicing the methods of the invention are further provided.

[0020] By "breast cancer" is intended, for example, those conditions classified by biopsy as malignant pathology. The clinical delineation of breast cancer diagnoses is well-known in the medical arts. One of skill in the art will appreciate that breast cancer refers to any malignancy of the breast tissue, including, for example, carcinomas and sarcomas. In particular embodiments, the breast cancer is ductal carcinoma in situ (DCIS), lobular carcinoma in situ (LCIS), or mucinous carcinoma. Breast cancer also refers to infiltrating ductal (IDC) or infiltrating lobular carcinoma (ILC). In most embodiments of the invention, the subject of interest is a human patient suspected of or actually diagnosed with breast cancer.

[0021] The American Joint Committee on Cancer (AJCC) has developed a standardized system for breast cancer staging using a "TNM" classification scheme. Patients are assessed for primary tumor size (T), regional lymph node status (N), and the presence/absence of distant metastasis (M) and then classified into stages 0-IV based on this combination of factors. In this system, primary tumor size is categorized on a scale of 0-4 (T0=no evidence of primary tumor; T1=≤2 cm; T2=>2 cm-≤5 cm: T3=>5 cm: T4=tumor of any size with direct spread to chest wall or skin). Lymph node status is classified as N0-N3 (N0=regional lymph nodes are free of metastasis; N1=metastasis to movable, same-side axillary lymph node(s); N2=metastasis to same-side lymph node(s) fixed to one another or to other structures; N3=metastasis to same-side lymph nodes beneath the breastbone). Metastasis is categorized by the absence (M0) or presence of distant metastases (M1). While breast cancer patients at any clinical stage are encompassed by the present invention, breast cancer patients in early-stage breast cancer are of particular interest. By "early-stage breast cancer" is intended stages 0 (in situ breast cancer), I (T1, N0, M0), IIA (T0-1, N1, M0 or T2, N0, M0), and IIB (T2, N1, M0 or T3, N0, M0). Early-stage breast cancer patients exhibit little or no lymph node involvement. As used herein, "lymph node involvement" or "lymph node status" refers to whether the cancer has metastasized to the lymph nodes. Breast cancer patients are classified as "lymph node-positive" or "lymph node-negative" on this basis. Methods of identifying breast cancer patients and staging the disease are well known and may include manual examination,

biopsy, review of patient's and/or family history, and imaging techniques, such as mammography, magnetic resonance imaging (MRI), and positron emission tomography (PET).

[0022] The term "prognosis" is recognized in the art and encompasses predictions about the likely course of disease or disease progression, particularly with respect to likelihood of disease remission, disease relapse, tumor recurrence, metastasis, and death. "Good prognosis" refers to the likelihood that a patient afflicted with cancer, particularly breast cancer, will remain disease-free (i.e., cancer-free). "Poor prognosis" is intended to mean the likelihood of a relapse or recurrence of the underlying cancer or tumor, metastasis, or death. Cancer patients classified as having a "good outcome" remain free of the underlying cancer or tumor. In contrast, "bad outcome" cancer patients experience disease relapse, tumor recurrence, metastasis, or death. In particular embodiments, the time frame for assessing prognosis and outcome is, for example, less than one year, one, two, three, four, five, six, seven, eight, nine, ten, fifteen, twenty or more years. As used herein, the relevant time for assessing prognosis or diseasefree survival time begins with the surgical removal of the tumor or suppression, mitigation, or inhibition of tumor growth. Thus, for example, in particular embodiments, a "good prognosis" refers to the likelihood that a breast cancer patient will remain free of the underlying cancer or tumor for a period of at least five, more particularly, a period of at least ten years. In further aspects of the invention, a "bad prognosis" refers to the likelihood that a breast cancer patient will experience disease relapse, tumor recurrence, metastasis, or death within less than five years, more particularly less than ten years. Time frames for assessing prognosis and outcome provided above are illustrative and are not intended to be

[0023] In some embodiments described herein, prognostic performance of the biomarkers and/or other clinical parameters was assessed utilizing a Cox Proportional Hazards Model Analysis, which is a regression method for survival data that provides an estimate of the hazard ratio and its confidence interval. The Cox model is a well-recognized statistical technique for exploring the relationship between the survival of a patient and particular variables. This statistical method permits estimation of the hazard (i.e., risk) of individuals given their prognostic variables (e.g., overexpression of particular biomarkers, as described herein). Cox model data are commonly presented as Kaplan-Meier curves. The "hazard ratio" is the risk of death at any given time point for patients displaying particular prognostic variables. See generally Spruance et al. (2004) Antimicrob. Agents & Chemo. 48:2787-2792. In particular embodiments, the biomarkers of interest are statistically significant for assessment of the likelihood of breast cancer recurrence or death due to the underlying breast cancer. Methods for assessing statistical significance are well known in the art and include, for example, using a log-rank test Cox analysis and Kaplan-Meier curves. In some aspects of the invention, a p-value of less than 0.05 constitutes statistical significance.

[0024] As described herein above, a number of clinical and prognostic breast cancer factors are known in the art and are used to predict treatment outcome and the likelihood of disease recurrence. Such factors include lymph node involvement, tumor size, histologic grade, family history, estrogen and progesterone hormone receptor status, Her 2/neu levels, and tumor ploidy. As used herein, estrogen and progesterone hormone receptor status refers to whether these receptors are

expressed in the breast tumor of a particular breast cancer patient. Thus, an "estrogen receptor-positive patient" displays estrogen receptor expression in a breast tumor, whereas an "estrogen receptor-negative patient" does not. Using the methods of the present invention, the prognosis of a breast cancer patient can be determined independent of or in combination with assessment of these or other clinical and prognostic factors. In some embodiments, combining the methods disclosed herein with evaluation of other prognostic factors may permit a more accurate determination of breast cancer prognosis. The methods of the invention may be coupled with analysis of, for example, Her2/neu, Ki67, and/or p53 expression levels. Other factors, such as patient clinical history, family history, and menopausal status, may also be considered when evaluating breast cancer prognosis via the methods of the invention. In some embodiments, patient data obtained via the methods disclosed herein may be coupled with analysis of clinical information and existing tests for breast cancer prognosis to develop a reference laboratory prognostic algorithm. Such algorithms find used in stratifying breast cancer patients, particularly early-stage breast cancer patients, into good and bad prognosis populations. Patients assessed as having a poor prognosis may be upstaged for more aggressive breast cancer treatment.

[0025] The methods of the invention permit the superior assessment of breast cancer prognosis in comparison to analysis of other known prognostic indicators (e.g., lymph node involvement, tumor size, histologic grade, estrogen and progesterone receptor levels, Her 2/neu status, tumor ploidy, and family history). In particular aspects of the invention, the sensitivity and specificity is equal to or greater than that of known cancer prognostic evaluation methods. The endpoint for assessing specificity and sensitivity is comparison of the prognosis or outcome predicted using the methods of the invention (i.e., at or near the time of diagnosis) with the actual clinical outcome (i.e., whether the patient remained cancerfree or suffered a recurrence within a specified time period). As used herein, "specificity" refers to the level at which a method of the invention can accurately identify true negatives. In a clinical study, specificity is calculated by dividing the number of true negatives by the sum of true negatives and false positives. By "sensitivity" is intended the level at which a method of the invention can accurately identify samples that are true positives. Sensitivity is calculated in a clinical study by dividing the number of true positives by the sum of true positives and false negatives. In some embodiments, the sensitivity of the disclosed methods for the evaluation of breast cancer is at least about 40%, 45%, 50%, 55%, 60%, 65%, 70%, 75%, 80%, 85%, 90%, 91%, 92%, 93%, 94%, 95%, 96%, 97%, 98%, 99% or more. Furthermore, the specificity of the present methods is preferably at least about 40%, 45%, 50%, 55%, 60%, 65%, 70%, 75%, 80%, 85%, 90%, 91%, 92%, 93%, 94%, 95%, 96%, 97%, 98%, 99% or more. In further embodiments, the combined sensitivity and specificity value for the prognostic methods of the invention is assessed. By "combined sensitivity and specificity value" is intended the sum of the individual specificity and sensitivity values, as defined herein above. The combined sensitivity and specificity value of the present methods is preferably at least about 105%, 110%, 115%, 120%, 130%, 140%, 150%, 160%

[0026] As used herein, the definitions of "true" and "false" positives and negatives will be dependent upon whether the biomarker or combination of biomarkers under consideration

are good outcome or bad outcome biomarkers. That is, in the case of good outcome biomarkers (i.e., those indicative of a good prognosis), "true positive" refers to those samples exhibiting overexpression of the biomarker of interest, as determined by the methods of the invention (e.g., positive staining by immunohistochemistry), that have a confirmed good actual clinical outcome. In contrast, "false positives" display overexpression of the good outcome biomarker(s) but have a confirmed bad actual clinical outcome. "True negatives" and "false negatives" with respect to good outcome biomarkers do not display biomarker overexpression (e.g., do not stain positive in immunohistochemistry methods) and have confirmed bad and good actual clinical outcomes, respectively.

[0027] Similarly, in the case of bad outcome biomarkers, "true positives" refers to those samples exhibiting overexpression of the biomarker or combination of biomarkers of interest that have a confirmed bad actual clinical outcome. That is, "true positive" with respect to both good and bad outcome biomarkers refers to samples in which the actual clinical outcome (i.e., good or bad) is accurately predicted. "False positives" display overexpression of the bad outcome biomarker but have a confirmed good actual clinical outcome. "True negatives" and "false negatives" with respect to bad outcome biomarkers do not display biomarker overexpression and have confirmed good and bad actual clinical outcomes, respectively.

[0028] Breast cancer is managed by several alternative strategies that may include, for example, surgery, radiation therapy, hormone therapy, chemotherapy, or some combination thereof. As is known in the art, treatment decisions for individual breast cancer patients can be based on the number of lymph nodes involved, estrogen and progesterone receptor status, size of the primary tumor, and stage of the disease at diagnosis. Analysis of a variety of clinical factors and clinical trials has led to the development of recommendations and treatment guidelines for early-stage breast cancer by the International Consensus Panel of the St. Gallen Conference (2001). See Goldhirsch et al. (2001) J. Clin. Oncol. 19:3817-3827, which is herein incorporated by reference in its entirety. The guidelines indicate that treatment for patients with nodenegative breast cancer varies substantially according to the baseline prognosis. More aggressive treatment is recommended for patients with a relative high risk of recurrence when compared to patients with a relatively low risk of recurrence. It has been demonstrated that chemotherapy for the high risk population has resulted in a reduction in the risk of relapse. Women with a low risk category are usually treated with radiation and hormonal therapy. Stratification of patients into poor prognosis or good prognosis risk groups at the time of diagnosis using the methods disclosed herein may provide an additional or alternative treatment decision-making factor. The methods of the invention permit the differentiation of breast cancer patients with a good prognosis from those more likely to suffer a recurrence (i.e., patients who might need or benefit from additional aggressive treatment at the time of diagnosis). The methods of the invention find particular use in choosing appropriate treatment for early-stage breast cancer patients. As discussed above, the majority of breast cancer patients diagnosed at an early-stage of the disease enjoy longterm survival following surgery and/or radiation therapy without further adjuvant therapy. A significant percentage (approximately 20%) of these patients, however, will suffer disease recurrence or death, leading to clinical recommendations that some or all early-stage breast cancer patients should receive adjuvant therapy (e.g., chemotherapy). The methods of the present invention find use in identifying this high-risk, poor prognosis population of early-stage breast cancer patients and thereby determining which patients would benefit from continued and/or more aggressive therapy and close monitoring following treatment. For example, early-stage breast cancer patients assessed as having a poor prognosis by the methods disclosed herein may be selected for more aggressive adjuvant therapy, such as chemotherapy, following surgery and/or radiation treatment. In particular embodiments, the methods of the present invention may be used in conjunction with the treatment guidelines established by the St. Gallens Conference to permit physicians to make more informed breast cancer treatment decisions. The present methods for evaluating breast cancer prognosis can also be combined with other prognostic methods and molecular marker analyses known in the art (e.g., Her2/neu, Ki67, and p53 expression levels) for purposes of selecting an appropriate breast cancer treatment. Furthermore, the methods of the invention can be combined with later-developed prognostic methods and molecular marker analyses not currently known in the art.

[0029] The methods disclosed herein also find use in predicting the response of a breast cancer patient to a selected treatment. By "predicting the response of a breast cancer patient to a selected treatment" is intended assessing the likelihood that a patient will experience a positive or negative outcome with a particular treatment. As used herein, "indicative of a positive treatment outcome" refers to an increased likelihood that the patient will experience beneficial results from the selected treatment (e.g., complete or partial remission, reduced tumor size, etc.). By "indicative of a negative treatment outcome" is intended an increased likelihood that the patient will not benefit from the selected treatment with respect to the progression of the underlying breast cancer. In some aspects of the invention, the selected treatment is chemotherapy.

[0030] In certain embodiments, methods for predicting the likelihood of survival of a breast cancer patient are provided. In particular, the methods may be used predict the likelihood of long-term, disease-free survival. By "predicting the likelihood of survival of a breast cancer patient" is intended assessing the risk that a patient will die as a result of the underlying breast cancer. "Long-term, disease-free survival" is intended to mean that the patient does not die from or suffer a recurrence of the underlying breast cancer within a period of at least five years, more particularly at least ten or more years, following initial diagnosis or treatment. Such methods for predicting the likelihood of survival of a breast cancer patient comprise detecting expression of multiple biomarkers in a patient sample, wherein the likelihood of survival, particularly long-term, disease-free survival, decreases as the number of biomarkers determined to be overexpressed in the patient sample increases. For example, in one aspect of the invention, the expression of at least five biomarkers is determined, wherein overexpression of none of the biomarkers is indicative of an increased likelihood of survival, and wherein overexpression of two or more biomarkers is indicative of a decreased likelihood of survival. Likelihood of survival may be assessed in comparison to, for example, breast cancer survival statistics available in the art. In other embodiments, methods for predicting the likelihood of survival of breast cancer patient comprise determining the expression of at least

six biomarkers and assessing the number of these biomarkers that are overexpressed. Biomarkers useful for these methods may be selected from, for example, E2F1, SLPI, MUC-1, src, p21ras, and PSMB9. See generally examples 8 and 9.

[0031] The biomarkers of the invention include genes and proteins. Such biomarkers include DNA comprising the entire or partial sequence of the nucleic acid sequence encoding the biomarker, or the complement of such a sequence. The biomarker nucleic acids also include RNA comprising the entire or partial sequence of any of the nucleic acid sequences of interest. A biomarker protein is a protein encoded by or corresponding to a DNA biomarker of the invention. A biomarker protein comprises the entire or partial amino acid sequence of any of the biomarker proteins or polypeptides. Fragments and variants of biomarker genes and proteins are also encompassed by the present invention. By "fragment" is intended a portion of the polynucleotide or a portion of the amino acid sequence and hence protein encoded thereby. Polynucleotides that are fragments of a biomarker nucleotide sequence generally comprise at least 10, 15, 20, 50, 75, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 800, 900, 1,000, 1,100, 1,200, 1,300, or 1,400 contiguous nucleotides, or up to the number of nucleotides present in a full-length biomarker polynucleotide disclosed herein. A fragment of a biomarker polynucleotide will generally encode at least 15, 25, 30, 50, 100, 150, 200, or 250 contiguous amino acids, or up to the total number of amino acids present in a full-length biomarker protein of the invention. "Variant" is intended to mean substantially similar sequences. Generally, variants of a particular biomarker of the invention will have at least about 40%, 45%, 50%, 55%, 60%, 65%, 70%, 75%, 80%, 85%, 90%, 91%, 92%, 93%, 94%, 95%, 96%, 97%, 98%, 99% or more sequence identity to that biomarker as determined by sequence alignment pro-

[0032] A "biomarker" is any gene or protein whose level of expression in a tissue or cell is altered compared to that of a normal or healthy cell or tissue. The biomarkers of the present invention are genes and proteins whose overexpression correlates with cancer, particularly breast cancer, prognosis. In particular embodiments, selective overexpression of a biomarker or combination of biomarkers of interest in a patient sample is indicative of a poor cancer prognosis. By "indicative of a poor prognosis" is intended that overexpression of the particular biomarker or combination of biomarkers is associated with an increased likelihood of relapse or recurrence of the underlying cancer or tumor, metastasis, or death, as defined herein above. For example, "indicative of a poor prognosis" may refer to an increased likelihood of relapse or recurrence of the underlying cancer or tumor, metastasis, or death within five years, more particularly ten years. Biomarkers that are indicative of a poor prognosis may be referred to herein as "bad outcome biomarkers." In other aspects of the invention, the absence of overexpression of a biomarker or combination of biomarkers of interest is indicative of a good prognosis. As used herein, "indicative of a good prognosis" refers to an increased likelihood that the patient will remain cancer-free, as defined herein above. In some embodiments, "indicative of a good prognosis" refers to an increased likelihood that the patient will remain cancer-free for at least five, more particularly at least ten years. Such biomarkers may be referred to as "good outcome biomarkers."

[0033] The biomarkers of the present invention include any gene or protein whose overexpression correlates with breast

cancer prognosis, as described herein above. Biomarkers include genes and proteins that are indicative of a poor breast cancer prognosis (i.e., bad outcome biomarkers) as well as those that are indicative of a good prognosis (i.e., good outcome biomarkers). Biomarkers of particular interest include genes and proteins that are involved in regulation of cell growth and proliferation, cell cycle control, DNA replication and transcription, apoptosis, signal transduction, angiogenesis/lymphogenesis, or metastasis. In some embodiments, the biomarkers regulate protease systems involved in tissue remodeling, extracellular matrix degradation, and adjacent tissue invasion. Although any biomarker whose overexpression is indicative of breast cancer prognosis can be used to practice the invention, in particular embodiments, biomarkers are selected from the group consisting of SLPI, p21ras, MUC-1, DARPP-32, phospho-p27, src, MGC 14832, myc, TGFβ-3, SERHL, E2F1, PDGFRα, NDRG-1, MCM2, PSMB9, MCM6, and p53. See Table 43. In one embodiment, the biomarkers of interest comprise SLPI, PSMB9, phosphop27, src, E2F1, p21ras, or p53. In one aspect of the invention, the methods for evaluating breast cancer prognosis comprise detecting the expression of E2F1 and SLPI, wherein overexpression of at least one of these biomarkers is indicative of a poor prognosis. In another embodiment, the methods comprise detecting the expression of E2F1, src, and SLPI, wherein overexpression of at least two of the biomarkers is indicative of a poor breast cancer prognosis. In a further embodiment, the methods of the present invention comprise detecting the expression of E2F1, src, PSMB9, and SLPI, wherein overexpression of at least two of these biomarkers is indicative of a poor breast cancer prognosis. In other aspects of the invention, the expression of E2F1, SLPI, PSMB9, p21ras, and src is detected, and overexpression of at least two of these biomarkers is indicative of a poor prognosis. In yet another embodiment, the methods comprise detecting the expression of SLPI, p21ras, E2F1, PSMB9, phospho-p27, and src in a patient sample, wherein overexpression of at least four of these biomarkers is indicative of a poor prognosis.

[0034] In another embodiment, the biomarkers of interest comprise E2F1, SLPI, MUC-1, src, p21ras, and PSMB9. In one aspect of the invention, the methods for evaluating breast cancer prognosis comprise detecting the expression of E2F1 and SLPI, wherein overexpression of at least one of these biomarkers is indicative of a poor prognosis. In another embodiment, the methods comprise detecting the expression of E2F1, SLPI, and PSMB9, wherein overexpression of at least two of the biomarkers is indicative of a poor breast cancer prognosis. In a further embodiment, the methods of the present invention comprise detecting the expression of E2F1, SLPI, MUC-1, and src, wherein overexpression of at least two of these biomarkers is indicative of a poor breast cancer prognosis. In other aspects of the invention, the expression of E2F1, SLPI, MUC-1, src, and p21ras is detected, and overexpression of at least two of these biomarkers is indicative of a poor prognosis. In yet another embodiment, the methods comprise detecting the expression of E2F1, SLPI, MUC-1, src, p21ras, and PSMB9 in a patient sample, wherein overexpression of at least four of these biomarkers is indicative of a poor prognosis.

[0035] Secretory Leukocyte Protease Inhibitor (SLPI) is a non-specific inhibitor that can inactivate a number of proteases including leukocyte elastase, trypsin, chymotrypsin and the cathepsins (e.g., cathepsin G). SLPI is known to be involved in inflammation and the inflammatory response in

relation to tissue repair. Protease inhibitors have generally been considered to counteract tumor progression and metastasis. However, expression of serine protease inhibitors (SPI's) in tumors is often associated with poor prognosis of cancer patients. Cathepsin G is over expressed in breast cancer and is an indicator of poor prognosis. Its inhibitory effect contributes to the immune response by protecting epithelial surfaces from attack by endogenous proteolytic enzymes. The gene location for SLPI is 20q12, which is a chromosomal region implicated in breast cancer chromosomal alterations and aneuploidy.

[0036] PSMB9 is a member of the proteasome B-type family, also known as the T1B family, that is a 20S core beta subunit. This gene is located in the class II region of the MHC (major histocompatibility complex). Expression of this gene is induced by gamma interferon, and this gene product replaces catalytic subunit 1 (proteasome beta 6 subunit) in the immunoproteasome. Proteolytic processing is required to generate a mature subunit.

[0037] NDRG-1 (N-Myc downstream regulated) is upregulated during cell differentiation, repressed by N-myc and c-myc in embryonic cells, and suppressed in several tumor cells. Overexpression may be related to hypoxia and the subsequent signaling to induce angiogenesis. Hypoxia causes the accumulation of the transcription factor hypoxia-inducible factor 1 (HIF-1), culminating in the expression of hypoxia-inducible genes such as those for vascular endothelial growth factor (VEGF) and NDRG-1. NDRG-1 is found in some breast cancers as an overexpressed mRNA. NDRG-1 is located on chromosome 8q24 adjacent to the c-myc gene.

[0038] MUC1 is a heavily O-glycosylated transmembrane protein expressed on most secretory epithelium, including mammary glands and some hematopoietic cells. It is expressed abundantly in lactating mammary glands and over-expressed in more than 90% of breast carcinomas and metastases. In normal mammary glands, it is expressed on the apical surface of glandular epithelium.

[0039] p27 is a key regulator of the cell cycle and participates in the G1-to-S phase progression. It interacts specifically with the cyclin E/cdk2 complex during G1 phase and also with D-type cyclin-cdks. p27 can be phosphorylated on threonine 187 by Cdks. Phosphorylation of p27 at threonine 187 is also cell-cycle dependent, present in proliferating cells but undetectable in G1 cells. Activation of p27 degradation is seen in proliferating cells and in many types of aggressive human carcinomas. Overexpression of p27 may lead to an inhibition of apoptosis and resistance to some chemotherapy. [0040] The Src family of protein tyrosine kinases (including Src, Lyn, Fyn, Yes, Lck, Blk, Hck, etc.) is important in the regulation of growth and differentiation of eukaryotic cells. Src activity is regulated by tyrosine phosphorylation at two sites with opposing effects. Phosphorylation of Tyr416 in the activation loop of the kinase domain upregulates the enzyme. Phosphorylation of Tyr527 in the C-terminal tail by Csk renders the enzyme less active.

[0041] E2F1 is a member of a family of transcription factors involved in the regulation of both G1 and S phase cyclins, in particular cyclin D1. These proteins participate in the Rb pathway of cell-cycle regulation and control of DNA synthesis. During the G1 phase of the cell-cycle, the E2F transcription factors are bound in an inactive complex with the Rb tumor suppressor protein. During the G1/S boundary of the cell cycle, the Rb protein is hyperphosphorylated and releases the E2F transcription factor from its inhibitory complex. The

E2F transcription factor then activates transcription for those genes responsible for the S-phase of the cell-cycle, predominantly resulting in initiation of DNA synthesis and preparation for mitosis and subsequent cell division. Overexpression of E2F1 has been shown to lead to the induction of apoptosis possibly through the inhibition of cyclinD1-dependent kinase activity coupled with the induction of a p 16 related transcript. In addition, regulation of E2F1 at the level of transcription, E2F1 protein levels are also controlled by the ubiquitin-proteosome dependent degradation pathway. Ubiquitination is blocked by the Rb and E2F1 complex, which directly controls aspects of cell cycle progression.

[0042] p21ras is a member of a large group of cytoplasmic proteins involved in signal transduction. Guanine nucleotide binding proteins (G proteins) comprise a large group of cytoplasmic proteins present in eukaryotic cells that are involved in signal transduction. There are two forms, the large heterotrimeric G proteins and the smaller monomers. The 3 ras oncogenes, H-ras, K-ras, and N-ras are members of the smaller monomeric G proteins and are located on chromosomes 11, 12 and 1 respectively. They encode 21-kD proteins called p21s and contain 188 amino acids. p21 ras proteins are involved in normal cell growth, protease activities, and cell adhesion.

[0043] Collectively, the three forms of p21ras function by linking ligand-mediated extracellular receptor activation with intracellular tyrosine kinase activation and subsequent initiation of a number of cellular processes relevant to breast cancer progression, including DNA replication, proliferation, and anchorage independent growth. The K- and H-ras genes are most often implicated in breast cancer. In both of these ras genes, mutations at codons 12 and 13 are common. These gain-of-function mutations result in constitutive activation that uncouples the normal ligand-induced signal transduction within the ras signaling pathways. Less common in breast cancer is the involvement of N-ras. Two mechanisms have been reported for N-ras associated changes in breast cancer: mutation at codon 61 resulting in constitutive activation of the oncogene, similar to the mutations mentioned above for Kand H-ras, and chromosomal amplification. Moreover, in addition to activation of intracellular signaling pathways, the ras oncogenes have been reported to induce overexpression of proteases important for tissue remodeling and invasion. H-ras has been implicated in matrix metalloprotease-2 (MMP-2) overexpression, and N-ras has been associated with overexpression of MMP-9. See generally Correll and Zoll (1988) Human Genetics 79:225-259; Tong et al. (1989) Nature 337: 90-93; Watson et al. (1991) Breast Cancer Res. Treat. 17:161-169; Dati et al. (1991) Int. J. Cancer 47:833-838; Archer et al. (1995) Br. J. Cancer 72:1259-1266; Bland et al. (1995) Ann. Surg. 221:706-718; Shackney et al. (1998) Clin. Cancer Res. 4:913-928; and Gohring et al. (1999) Tumor Biol. 20:173-183, all of which are herein incorporated by reference in their entirety. Detection of any form (i.e., H-, K-, N-ras) of the p21ras proteins is encompassed by the present invention.

[0044] Minichromosome maintenance (MCM) proteins play an essential part in eukaryotic DNA replication. Each of the MCM proteins has DNA-dependent ATPase motifs in their highly conserved central domain. Levels of MCM proteins generally increase in a variable manner as normal cells progress from G0 into the G1/S phase of the cell cycle. In the G0 phase, MCM2 and MCM5 proteins are much less abundant than are the MCM7 and MCM3 proteins. MCM6 forms a complex with MCM2, MCM4, and MCM7, which binds

histone H3. In addition, the subcomplex of MCM4, MCM6, and MCM7 has helicase activity, which is mediated by the ATP-binding activity of MCM6 and the DNA-binding activity of MCM4. See, for example, Freeman et al. (1999) *Clin. Cancer Res.* 5:2121-2132; Lei et al. (2001) *J. Cell Sci.* 114: 1447-1454; Ishimi et al. (2003) *Eur. J. Biochem.* 270:1089-1101, all of which are herein incorporated by reference in their entirety.

[0045] DARPP32 is an inhibitor of protein phosphatase 1 whose biological function and inhibitory activity are modulated through specific amino acid residue phosphorylation within the DARPP32 protein. Threonine 34 (T34) phosphorylation renders the DARPP32 protein a specific protein phosphatase 1 inhibitor. However, threonine 75 (T75) phosphorylation renders the DARPP32 an inhibitor of protein kinase A (PKA). The gene location for DARPP32 is 17q21.2, which is known to be adjacent to the her2/neu (c-erb-B2 receptor tyrosine kinase) gene at 17q12. This region has been implicated in breast cancer chromosomal amplifications and resultant poor outcome within 25-35% of breast cancers. Several publications have demonstrated specific transcriptional activation of this 17q12-21 amplicon in breast cancer, with a number of genes located within this amplicon being overexpressed.

[0046] p53 plays multiple roles in cells. Expression of high levels of wild-type, but not mutant, p53 has two outcomes: cell cycle arrest or apoptosis. The observation that DNA-damaging agents induce levels of p53 in cells led to the definition of p53 as a checkpoint factor, akin perhaps to the product of the fad9 gene in yeast. While dispensable for viability, in response to genotoxic stress p53 acts as an "emergency brake" inducing either arrest or apoptosis, protecting the genome from accumulating excess mutations. Consistent with this notion, cells lacking p53 have been shown to be genetically unstable and, thus, more prone to tumors. The p53 protein is located in the nucleus of cells and is very labile. p53 is mutated in roughly 50% of all human tumors, predominantly in the DNA-binding domain codons.

[0047] Although the above biomarkers have been discussed in detail, any biomarker whose overexpression is indicative of breast cancer prognosis can be used to practice the invention, including biomarkers not yet identified in the art. Such biomarkers include genes and proteins that are, for example, involved in cell proliferation, cell cycle control, or the generalized mechanisms of cancer motility and invasion. Biomarkers of potential interest include cyclooxygenase-2 (cox-2), rhoC, c-myc, urokinase plasminogen activator receptor (uPAR), Wilms' tumor suppressor, akt kinase, and osteopontin. See, for example, Perou et al. (2000) Nature 406:747-752; Sorlie et al. (2001) Proc. Natl. Acad. Sci. 98:10869-10874; Van't Veer et al. (2002) Nature 415:530-536; Huang et al. (2003) Lancet 361:1590-1596, all of which are herein incorporated by reference in their entirety.

[0048] In particular embodiments, the biomarkers are kinases that are involved in signal transduction pathways, such as PI3K regulatory a, LTk, Ser/thr kinase 15, MAPK8IPI, MAPKAPK2, and PK428, PRKR. Growth factors, extracellular signal transduction proteins, and extracellular matrix proteins are also biomarkers of interest. Such proteins include EGFR, TNF receptor associated factor 4, GFR bound protein 7, ErbB2 (her 2), VEGF, GDF1, IGFBP5, EGF8 ras homolog, MMP 9, MMP 7, SLPI, keratin 5, keratin 17, laminin gamma 2 (laminin V), troponin, and tubulin.

[0049] In some aspects of the invention, the biomarkers comprise genes and proteins that are involved in chromosome condensation and maintenance, such as, for example, Cc related, HMG non-histone chromosomal 11, MMD5, MCM5, MCM6, and Swi/snf related actin. Biomarkers that are associated with centromere and centrosome function, including CENPA, CENPF, CENPE, Bub 1, polo-like kinase, and HsEg5, MCAK, and HSET, can also be used in the methods described herein. The biomarkers of the invention may also comprise transcription factors, particularly those associated with cell cycle regulation. Transcription factors of interest include but are not limited to E2F1, E2F4, NDRG-1, ORC6L, PCNA, nuclear factor 1, EZH2, and TFAP2A. Cyclins, such as CDC20, CDC 25B, cyclin A2, cyclin E, and cyclin F, may also be used to practice the disclosed methods.

[0050] Although the methods of the invention require the detection of at least one, more particularly at least two, biomarker(s) in a patient sample for evaluating breast cancer prognosis, 3, 4, 5, 6, 7, 8, 9, 10 or more biomarkers may be used to practice the present invention. It is recognized that detection of more than one biomarker in a body sample may be used to evaluate cancer, particularly breast cancer, prognosis. Therefore, in some embodiments, two or more biomarkers are used, more preferably, two or more complementary biomarkers. By "complementary" is intended that detection of the combination of biomarkers in a body sample results in the accurate determination of cancer prognosis in a greater percentage of cases than would be identified if only one of the biomarkers was used. Thus, in some cases, a more accurate determination of cancer prognosis can be made by using at least two biomarkers. Accordingly, where at least two biomarker proteins are used, at least two antibodies directed to distinct biomarker proteins will be used to practice the immunohistochemistry methods disclosed herein. The antibodies may be contacted with the body sample simultaneously or successively.

[0051] When a combination of two or more biomarkers is used, the biomarkers will typically be substantially statistically independent of one another. By "statistically independent" biomarkers is intended that the prognoses generated therefrom are independent such that one biomarker does not provide substantially repetitive information with regard to the complementary biomarker. This may ensure, for instance, that a biomarker is not used in conjunction with a first biomarker when the two are not substantially statistically independent. The dependence of the two biomarkers may indicate that they are duplicative and that the addition of a second biomarker adds no additional value to the prognostic power of a given pair of biomarkers. In order to optimize the prognostic power of a given panel of biomarkers it is also desirable to reduce the amount of signal "noise" by minimizing the use of biomarkers that provide duplicative prognostic information when compared to another biomarker in the panel. Methods for determining statistical independence are known in the art. Statistical independence of biomarkers of interest can be assessed using any method, including, for example, the methods disclosed in U.S. Application Publication No. 2006/ 0078926 entitled "Methods and Computer Programs for Analysis and Optimization of Marker Candidates for Cancer Prognosis," filed Sep. 22, 2005 and incorporated by reference in its entirety. Where independent, prognostic biomarkers are used to practice the present methods, the prognostic value is increased by detecting the expression of 2, 3, 4, 5, 6, 7 or more biomarkers. In such cases, any combination of independent biomarkers can be used.

[0052] One of skill in the art will also recognize that a panel of biomarkers can be used to evaluate the prognosis of a breast cancer patient in accordance with the methods of the invention. In some embodiments, a panel comprising at least two biomarkers selected from the group consisting of SLPI, p21ras, MUC-1, DARPP-32, phospho-p27, src, MGC 14832, myc, TGF β -3, SERHL, E2F1, PDGFR α , NDRG-1, MCM2, PSMB9, MCM6, and p53 is provided. One particular panel of biomarkers may comprise, for example, all or a subset of E2F1, SLPI, MUC-1, src, p21ras, and PSMB9. A panel of biomarkers may comprise any number or combination of biomarkers of interest. In certain aspects of the invention, a panel comprises at least two statistically independent, prognostic biomarkers.

[0053] In particular embodiments, the methods for evaluating breast cancer prognosis comprise collecting a patient body sample, preferably a breast tissue sample, more preferably a primary breast tumor tissue sample, contacting the sample with at least one antibody specific for a biomarker of interest, detecting antibody binding, and determining if the biomarker is overexpressed. That is, samples are incubated with the biomarker antibody for a time sufficient to permit the formation of antibody-antigen complexes, and antibody binding is detected, for example, by a labeled secondary antibody. Samples that exhibit overexpression of at least one bad outcome biomarker, as determined by antibody binding, are classified as having a poor prognosis. Similarly, patient samples that display overexpression of at least one good outcome biomarker are categorized as having a good prognosis. Furthermore, the overexpression of certain combinations of biomarkers of interest is specifically used to distinguish breast cancer patients with a poor prognosis from those with a good prognosis. In some aspects of the invention, the methods comprise detecting the expression of two or more biomarkers in a patient sample and determining if said biomarkers are overexpressed, wherein overexpression of all or some subset of these biomarkers is indicative of breast cancer prognosis. For example, in one embodiment, the methods comprise detecting the expression of SLPI, p21ras, E2F1, PSMB9, phospho-p27, and src, wherein overexpression of at least four of these biomarkers is indicative of a poor prognosis. In another aspect of the invention, the methods comprise detecting the expression of SLPI, E2F1, and src, wherein overexpression of at least two of these biomarkers is indicative of a poor prognosis. In other embodiments, the methods comprise detecting the expression of E2F1, SLPI, MUC-1, src, p21ras, and PSMB9, wherein overexpression of at least four of these biomarkers is indicative of a poor prognosis. In another aspect of the invention, the methods comprise detecting the expression of SLPI, E2F1, and MUC-1, wherein overexpression of at least two of these biomarkers is indicative of

[0054] By "body sample" is intended any sampling of cells, tissues, or bodily fluids in which expression of a biomarker can be detected. Examples of such body samples include but are not limited to blood, lymph, urine, gynecological fluids, biopsies, and smears. Bodily fluids useful in the present invention include blood, urine, saliva, nipple aspirates, or any other bodily secretion or derivative thereof. Blood can include whole blood, plasma, serum, or any derivative of blood. In preferred embodiments, the body sample comprises breast cells, particularly breast tissue from a biopsy, more particularly a breast tumor tissue sample. Body samples may be obtained from a patient by a variety of techniques includ-

ing, for example, by scraping or swabbing an area, by using a needle to aspirate bodily fluids, or by removing a tissue sample (i.e., biopsy). Methods for collecting various body samples are well known in the art. In some embodiments, a breast tissue sample is obtained by, for example, fine needle aspiration biopsy, core needle biopsy, or excisional biopsy. Fixative and staining solutions may be applied to the cells or tissues for preserving the specimen and for facilitating examination. Body samples, particularly breast tissue samples, may be transferred to a glass slide for viewing under magnification. In preferred embodiments, the body sample is a formalin-fixed, paraffin-embedded breast tissue sample, particularly a primary breast tumor sample.

[0055] Any methods available in the art for detecting expression of biomarkers are encompassed herein. The expression of a biomarker of the invention can be detected on a nucleic acid level or a protein level. By "detecting expression" is intended determining the quantity or presence of a biomarker gene or protein. Thus, "detecting expression" encompasses instances where a biomarker is determined not to be expressed, not to be detectably expressed, expressed at a low level, expressed at a normal level, or overexpressed. In order to determine overexpression, the body sample to be examined may be compared with a corresponding body sample that originates from a healthy person. That is, the "normal" level of expression is the level of expression of the biomarker in, for example, a breast tissue sample from a human subject or patient not afflicted with breast cancer. Such a sample can be present in standardized form. In some embodiments, determination of biomarker overexpression requires no comparison between the body sample and a corresponding body sample that originates from a healthy person. For example, detection of overexpression of a biomarker indicative of a poor prognosis in a breast tumor sample may preclude the need for comparison to a corresponding breast tissue sample that originates from a healthy person. Moreover, in some aspects of the invention, no expression, underexpression, or normal expression (i.e., the absence of overexpression) of a biomarker or combination of biomarkers of interest provides useful information regarding the prognosis of a breast cancer patient.

[0056] Methods for detecting expression of the biomarkers of the invention comprise any methods that determine the quantity or the presence of the biomarkers either at the nucleic acid or protein level. Such methods are well known in the art and include but are not limited to western blots, northern blots, southern blots, ELISA, immunoprecipitation, immunofluorescence, flow cytometry, immunohistochemistry, nucleic acid hybridization techniques, nucleic acid reverse transcription methods, and nucleic acid amplification methods. In particular embodiments, expression of a biomarker is detected on a protein level using, for example, antibodies that are directed against specific biomarker proteins. These antibodies can be used in various methods such as Western blot, ELISA, immunoprecipitation, or immunohistochemistry techniques. Likewise, immunostaining of breast tissue, particularly breast tumor tissue, can be combined with assessment of clinical information, conventional prognostic methods, and expression of molecular markers (e.g., Her2/neu, Ki67, p53, and hormone receptor status) known in the art. In this manner, the disclosed methods may permit the more accurate determination of breast cancer prognosis.

[0057] In one embodiment, antibodies specific for biomarker proteins are utilized to detect the expression of a biomar-

ker protein in a body sample. The method comprises obtaining a body sample from a patient, contacting the body sample with at least one antibody directed to SLPI, p21ras, MUC-1, DARPP-32, phospho-p27, src, MGC 14832, myc, TGFβ-3, SERHL, E2F1, PDGFRα, NDRG-1, MCM2, PSMB9, or MCM6, and detecting antibody binding to determine if the biomarker is overexpressed in the patient sample. Overexpression of the biomarker protein is indicative of prognosis, more particularly, a bad breast cancer prognosis. In other embodiments, the methods of the invention comprise detecting the expression of at least two biomarkers, wherein overexpression of at least one of the biomarkers is indicative of prognosis. Such methods may comprise the detection of multiple biomarkers in a patient sample wherein it is the overexpression of all or a subset of these biomarkers that is indicative of breast cancer prognosis.

[0058] One aspect of the present invention provides an immunohistochemistry technique for evaluating the prognosis of a breast cancer patient. Specifically, this method comprises antibody staining of biomarkers within a breast tissue sample, more particularly a breast tumor sample, that are indicative of prognosis. One of skill in the art will recognize that the immunohistochemistry methods described herein below may be performed manually or in an automated fashion using, for example, the Autostainer Universal Staining System (Dako). One protocol for antibody staining (i.e., immunohistochemistry) of breast tissue samples is provided in Example 1.

[0059] In one immunohistochemistry method, a patient breast tissue sample is collected by, for example, biopsy techniques known in the art. Samples may be frozen for later preparation or immediately placed in a fixative solution. Tissue samples may be fixed by treatment with a reagent such as formalin, gluteraldehyde, methanol, or the like and embedded in paraffin. Methods for preparing slides for immunohistochemical analysis from formalin-fixed, paraffin-embedded tissue samples are well known in the art. In some embodiments, particularly the immunohistochemistry methods of the invention, samples may need to be modified in order to make the biomarker antigens accessible to antibody binding. For example, formalin fixation of tissue samples results in extensive cross-linking of proteins that can lead to the masking or destruction of antigen sites and, subsequently, poor antibody staining. As used herein, "antigen retrieval" or "antigen unmaksing" refers to methods for increasing antigen accessibility or recovering antigenicity in, for example, formalin-fixed, paraffin-embedded tissue samples. Any method for making antigens more accessible for antibody binding may be used in the practice of the invention, including those antigen retrieval methods known in the art. See, for example, Hanausek and Walaszek, eds. (1998) Tumor Marker Protocols (Humana Press, Inc., Totowa, N.J.); and Shi et al., eds. (2000) Antigen Retrieval Techniques: Immunohistochemistry and Molecular Morphology (Eaton Publishing, Natick, Mass.), both of which are herein incorporated by reference in their entirety.

[0060] Antigen retrieval methods include but are not limited to treatment with proteolytic enzymes (e.g., trypsin, chymoptrypsin, pepsin, pronase, etc.) or antigen retrieval solutions. Antigen retrieval solutions of interest include, for example, citrate buffer, pH 6.0 (Dako), tris buffer, pH 9.5 (Biocare), EDTA, pH 8.0 (Biocare), L.A.B. ("Liberate Antibody Binding Solution;" Polysciences), antigen retrieval Glyca solution (Biogenex), citrate buffer solution, pH 4.0

(Zymed), Dawn® detergent (Proctor & Gamble), deionized water, and 2% glacial acetic acid. In some embodiments, antigen retrieval comprises applying the antigen retrieval solution to a formalin-fixed tissue sample and then heating the sample in an oven (e.g., 60° C.), steamer (e.g., 95° C.), or pressure cooker (e.g., 120° C.) at specified temperatures for defined time periods. In other aspects of the invention, antigen retrieval may be performed at room temperature. Incubation times will vary with the particular antigen retrieval solution selected and with the incubation temperature. For example, an antigen retrieval solution may be applied to a sample for as little as 5, 10, 20, or 30 minutes or up to overnight. The design of assays to determine the appropriate antigen retrieval solution and optimal incubation times and temperatures is standard and well within the routine capabilities of those of ordinary skill in the art.

[0061] Following antigen retrieval, samples are blocked using an appropriate blocking agent, e.g., hydrogen peroxide. An antibody directed to a biomarker of interest is then incubated with the sample for a time sufficient to permit antigenantibody binding. As noted above, one of skill in the art will appreciate that a more accurate breast cancer prognosis may be obtained in some cases by detecting overexpression of more than one biomarker in a patient sample. Therefore, in particular embodiments, at least two antibodies directed to two distinct biomarkers are used to evaluate the prognosis of a breast cancer patient. Where more than one antibody is used, these antibodies may be added to a single sample sequentially as individual antibody reagents or simultaneously as an antibody cocktail. Alternatively, each individual antibody may be added to a separate tissue section from a single patient sample, and the resulting data pooled.

[0062] Techniques for detecting antibody binding are well known in the art. Antibody binding to a biomarker of interest may be detected through the use of chemical reagents that generate a detectable signal that corresponds to the level of antibody binding and, accordingly, to the level of biomarker protein expression. For example, antibody binding can be detected through the use of a secondary antibody that is conjugated to a labeled polymer. Examples of labeled polymers include but are not limited to polymer-enzyme conjugates. The enzymes in these complexes are typically used to catalyze the deposition of a chromogen at the antigen-antibody binding site, thereby resulting in cell staining that corresponds to expression level of the biomarker of interest. Enzymes of particular interest include horseradish peroxidase (HRP) and alkaline phosphatase (AP). Commercial antibody detection systems, such as, for example the Dako Envision+ system and Biocare Medical's Mach 3 system, may be used to practice the present invention.

[0063] In one immunohistochemistry method of the invention, antibody binding to a biomarker is detected through the use of an HRP-labeled polymer that is conjugated to a secondary antibody. Slides are stained for antibody binding using the chromogen 3,3-diaminobenzidine (DAB) and then counterstained with hematoxylin and, optionally, a bluing agent such as ammonium hydroxide. In some aspects of the invention, slides are reviewed microscopically by a pathologist to assess cell staining (i.e., biomarker overexpression) and to evaluate breast cancer prognosis. Alternatively, samples may be reviewed via automated microscopy or by personnel with the assistance of computer software that facilitates the identification of positive staining cells.

[0064] The terms "antibody" and "antibodies" broadly encompass naturally occurring forms of antibodies and recombinant antibodies such as single-chain antibodies, chimeric and humanized antibodies and multi-specific antibodies as well as fragments and derivatives of all of the foregoing, which fragments and derivatives have at least an antigenic binding site. Antibody derivatives may comprise a protein or chemical moiety conjugated to the antibody.

[0065] "Antibodies" and "immunoglobulins" (Igs) are glycoproteins having the same structural characteristics. While antibodies exhibit binding specificity to an antigen, immunoglobulins include both antibodies and other antibody-like molecules that lack antigen specificity. Polypeptides of the latter kind are, for example, produced at low levels by the lymph system and at increased levels by myelomas.

[0066] The term "antibody" is used in the broadest sense and covers fully assembled antibodies, antibody fragments that can bind antigen (e.g., Fab', F'(ab)₂, Fv, single chain antibodies, diabodies), and recombinant peptides comprising the foregoing.

[0067] The term "monoclonal antibody" as used herein refers to an antibody obtained from a population of substantially homogeneous antibodies, i.e., the individual antibodies comprising the population are identical except for possible naturally-occurring mutations that may be present in minor amounts.

[0068] "Antibody fragments" comprise a portion of an intact antibody, preferably the antigen-binding or variable region of the intact antibody. Examples of antibody fragments include Fab, Fab', F(ab')2, and Fv fragments; diabodies; linear antibodies (Zapata et al. (1995) *Protein Eng.* 8(10):1057-1062); single-chain antibody molecules; and multispecific antibodies formed from antibody fragments. Papain digestion of antibodies produces two identical antigen-binding fragments, called "Fab" fragments, each with a single antigen-binding site, and a residual "Fc" fragment, whose name reflects its ability to crystallize 35 readily. Pepsin treatment yields an F(ab')2 fragment that has two antigen-combining sites and is still capable of cross-linking antigen.

[0069] "Fv" is the minimum antibody fragment that contains a complete antigen recognition and binding site. In a two-chain Fv species, this region consists of a dimer of one heavy- and one light-chain variable domain in tight, noncovalent association. In a single-chain Fv species, one heavyand one light-chain variable domain can be covalently linked by flexible peptide linker such that the light and heavy chains can associate in a "dimeric" structure analogous to that in a two-chain Fv species. It is in this configuration that the three CDRs of each variable domain interact to define an antigenbinding site on the surface of the $V_{H}V_{L}$ dimer. Collectively, the six CDRs confer antigen-binding specificity to the antibody. However, even a single variable domain (or half of an Fv comprising only three CDRs specific for an antigen) has the ability to recognize and bind antigen, although at a lower affinity than the entire binding site.

[0070] The Fab fragment also contains the constant domain of the light chain and the first constant domain (C_H 1) of the heavy chain. Fab fragments differ from Fab' fragments by the addition of a few residues at the carboxy terminus of the heavy-chain C_H 1 domain including one or more cysteines from the antibody hinge region. Fab'-SH is the designation herein for Fab' in which the cysteine residue(s) of the constant domains bear a free thiol group. F(ab')2 antibody fragments

originally were produced as pairs of Fab' fragments that have hinge cysteines between them.

[0071] Monoclonal antibodies can be prepared using the method of Kohler et al. (1975) Nature 256:495-496, or a modification thereof. Typically, a mouse is immunized with a solution containing an antigen. Immunization can be performed by mixing or emulsifying the antigen-containing solution in saline, preferably in an adjuvant such as Freund's complete adjuvant, and injecting the mixture or emulsion parenterally. Any method of immunization known in the art may be used to obtain the monoclonal antibodies of the invention. After immunization of the animal, the spleen (and optionally, several large lymph nodes) are removed and dissociated into single cells. The spleen cells may be screened by applying a cell suspension to a plate or well coated with the antigen of interest. The B cells expressing membrane bound immunoglobulin specific for the antigen bind to the plate and are not rinsed away. Resulting B cells, or all dissociated spleen cells, are then induced to fuse with myeloma cells to form hybridomas, and are cultured in a selective medium. The resulting cells are plated by serial dilution and are assayed for the production of antibodies that specifically bind the antigen of interest (and that do not bind to unrelated antigens). The selected monoclonal antibody (mAb)-secreting hybridomas are then cultured either in vitro (e.g., in tissue culture bottles or hollow fiber reactors), or in vivo (as ascites in mice).

[0072] As an alternative to the use of hybridomas, antibody can be produced in a cell line such as a CHO cell line, as disclosed in U.S. Pat. Nos. 5,545,403; 5,545,405; and 5,998, 144; incorporated herein by reference. Briefly the cell line is transfected with vectors capable of expressing a light chain and a heavy chain, respectively. By transfecting the two proteins on separate vectors, chimeric antibodies can be produced. Another advantage is the correct glycosylation of the antibody. A monoclonal antibody can also be identified and isolated by screening a recombinant combinatorial immunoglobulin library (e.g., an antibody phage display library) with a biomarker protein to thereby isolate immunoglobulin library members that bind the biomarker protein. Kits for generating and screening phage display libraries are commercially available (e.g., the Pharmacia Recombinant Phage Antibody System, Catalog No. 27-9400-01; and the Stratagene SurfZAP θ Phage Display Kit, Catalog No. 240612). Additionally, examples of methods and reagents particularly amenable for use in generating and screening antibody display library can be found in, for example, U.S. Pat. No. 5,223,409; PCT Publication Nos. WO 92/18619; WO 91/17271; WO 92/20791; WO 92/15679; 93/01288; WO 92/01047; 92/09690; and 90/02809; Fuchs et al. (1991) Bio/ Technology 9:1370-1372; Hay et al. (1992) Hum. Antibod. Hybridomas 3:81-85; Huse et al. (1989) Science 246:1275-1281; Griffiths et al. (1993) EMBO J. 12:725-734.

[0073] Polyclonal antibodies can be prepared by immunizing a suitable subject (e.g., rabbit, goat, mouse, or other mammal) with a biomarker protein immunogen. The antibody titer in the immunized subject can be monitored over time by standard techniques, such as with an enzyme linked immunosorbent assay (ELISA) using immobilized biomarker protein. At an appropriate time after immunization, e.g., when the antibody titers are highest, antibody-producing cells can be obtained from the subject and used to prepare monoclonal antibodies by standard techniques, such as the hybridoma technique originally described by Kohler and Milstein (1975) *Nature* 256:495-497, the human B cell hybri-

doma technique (Kozbor et al. (1983) *Immunol. Today* 4:72), the EBV-hybridoma technique (Cole et al. (1985) in *Monoclonal Antibodies and Cancer Therapy*, ed. Reisfeld and Sell (Alan R. Liss, Inc., New York, N.Y.), pp. 77-96) or trioma techniques. The technology for producing hybridomas is well known (see generally Coligan et al., eds. (1994) *Current Protocols in Immunology* (John Wiley & Sons, Inc., New York, N.Y.); Galfre et al. (1977) *Nature* 266:55052; Kenneth (1980) in *Monoclonal Antibodies: A New Dimension In Biological Analyses* (Plenum Publishing Corp., NY; and Lerner (1981) *Yale J. Biol. Med.*, 54:387-402).

[0074] The compositions of the invention further comprise monoclonal antibodies and variants and fragments thereof that specifically bind to biomarker proteins of interest. For example, monoclonal antibodies specific for SLPI (designated clone 5G6.24), DARPP-32 (8G11.20), MGC 14832 (1F3.9 and 2D1.14), NDRG-1 (10A9.34), PSMB9 (3A2.4), and MUC-1 (16E3.3) are provided. The monoclonal antibodies may be labeled with a detectable substance as described below to facilitate biomarker protein detection in the sample. Such antibodies find use in practicing the methods of the invention. Monoclonal antibodies having the binding characteristics of the antibodies disclosed herein are also encompassed by the present invention. Compositions further comprise antigen-binding variants and fragments of the monoclonal antibodies, hybridoma cell lines producing these antibodies, and isolated nucleic acid molecules encoding the amino acid sequences of these monoclonal antibodies.

[0075] Antibodies having the binding characteristics of a monoclonal antibody of the invention are also provided. "Binding characteristics" or "binding specificity" when used in reference to an antibody means that the antibody recognizes the same or similar antigenic epitope as a comparison antibody. Examples of such antibodies include, for example, an antibody that competes with a monoclonal antibody of the invention in a competitive binding assay. One of skill in the art could determine whether an antibody competitively interferes with another antibody using standard methods.

[0076] By "epitope" is intended the part of an antigenic molecule to which an antibody is produced and to which the antibody will bind. Epitopes can comprise linear amino acid residues (i.e., residues within the epitope are arranged sequentially one after another in a linear fashion), nonlinear amino acid residues (referred to herein as "nonlinear epitopes"; these epitopes are not arranged sequentially), or both linear and nonlinear amino acid residues. Typically epitopes are short amino acid sequences, e.g. about five amino acids in length. Systematic techniques for identifying epitopes are known in the art and are described, for example, in U.S. Pat. No. 4,708,871. Briefly, a set of overlapping oligopeptides derived from the antigen may be synthesized and bound to a solid phase array of pins, with a unique oligopeptide on each pin. The array of pins may comprise a 96-well microtiter plate, permitting one to assay all 96 oligopeptides simultaneously, e.g., for binding to a biomarker-specific monoclonal antibody. Alternatively, phage display peptide library kits (New England BioLabs) are currently commercially available for epitope mapping. Using these methods, the binding affinity for every possible subset of consecutive amino acids may be determined in order to identify the epitope that a given antibody binds. Epitopes may also be identified by inference when epitope length peptide sequences are used to immunize animals from which antibodies are obtained.

[0077] Antigen-binding fragments and variants of the monoclonal antibodies disclosed herein are further provided. Such variants will retain the desired binding properties of the parent antibody. Methods for making antibody fragments and variants are generally available in the art. For example, amino acid sequence variants of a monoclonal antibody described herein, can be prepared by mutations in the cloned DNA sequence encoding the antibody of interest. Methods for mutagenesis and nucleotide sequence alterations are well known in the art. See, for example, Walker and Gaastra, eds. (1983) Techniques in Molecular Biology (MacMillan Publishing Company, New York); Kunkel (1985) Proc. Natl. Acad. Sci. USA 82:488-492; Kunkel et al. (1987) Methods Enzymol. 154:367-382; Sambrook et al. (1989) Molecular Cloning: A Laboratory Manual (Cold Spring Harbor, N.Y.); U.S. Pat. No. 4,873,192; and the references cited therein; herein incorporated by reference. Guidance as to appropriate amino acid substitutions that do not affect biological activity of the polypeptide of interest may be found in the model of Dayhoff et al. (1978) in Atlas of Protein Sequence and Structure (Natl. Biomed. Res. Found., Washington, D.C.), herein incorporated by reference. Conservative substitutions, such as exchanging one amino acid with another having similar properties, may be preferred. Examples of conservative substitutions include, but are not limited to, Gly⇔Ala, Val⇔Ile ⇔Leu, Asp⇔Glu, Lys⇔Arg, Asn⇔Gln, and Phe⇔Trp

[0078] In constructing variants of the antibody polypeptide of interest, modifications are made such that variants continue to possess the desired activity, i.e., similar binding affinity to the biomarker. Obviously, any mutations made in the DNA encoding the variant polypeptide must not place the sequence out of reading frame and preferably will not create complementary regions that could produce secondary mRNA structure. See EP Patent Application Publication No. 75,444.

[0079] Preferably, variants of a reference biomarker antibody have amino acid sequences that have at least 70% or 75% sequence identity, preferably at least 80% or 85% sequence identity, more preferably at least 90%, 91%, 92%, 93%, 94% or 95% sequence identity to the amino acid sequence for the reference antibody molecule, or to a shorter portion of the reference antibody molecule. More preferably, the molecules share at least 96%, 97%, 98% or 99% sequence identity. For purposes of the present invention, percent sequence identity is determined using the Smith-Waterman homology search algorithm using an affine gap search with a gap open penalty of 12 and a gap extension penalty of 2, BLOSUM matrix of 62. The Smith-Waterman homology search algorithm is taught in Smith and Waterman (1981) Adv. Appl. Math. 2:482-489. A variant may, for example, differ from the reference antibody by as few as 1 to 15 amino acid residues, as few as 1 to 10 amino acid residues, such as 6-10, as few as 5, as few as 4, 3, 2, or even 1 amino acid

[0080] With respect to optimal alignment of two amino acid sequences, the contiguous segment of the variant amino acid sequence may have additional amino acid residues or deleted amino acid residues with respect to the reference amino acid sequence. The contiguous segment used for comparison to the reference amino acid sequence will include at least 20 contiguous amino acid residues, and may be 30, 40, 50, or more amino acid residues. Corrections for sequence identity associated with conservative residue substitutions or gaps can be made (see Smith-Waterman homology search algorithm).

[0081] The antibodies used to practice the invention are selected to have specificity for the biomarker proteins of interest. Methods for making antibodies and for selecting appropriate antibodies are known in the art. See, for example, Celis, ed. (in press) *Cell Biology & Laboratory Handbook*, 3rd edition (Academic Press, New York), which is herein incorporated in its entirety by reference. In some embodiments, commercial antibodies directed to specific biomarker proteins may be used to practice the invention. The antibodies of the invention may be selected on the basis of desirable staining of histological samples. That is, in preferred embodiments the antibodies are selected with the end sample type (e.g., formalin-fixed, paraffin-embedded breast tumor tissue samples) in mind and for binding specificity.

[0082] In some aspects of the invention, antibodies directed to specific biomarkers of interest are selected and purified via a multi-step screening process. In particular embodiments, polydomas are screened to identify biomarker-specific antibodies that possess the desired traits of specificity and sensitivity. As used herein, "polydoma" refers to multiple hybridomas. The polydomas of the invention are typically provided in multi-well tissue culture plates. In the initial antibody screening step, a set of individual slides or tumor tissue microarrays comprising normal (i.e., non-cancerous) breast tissue and stage I, II, III, and IV breast tumor samples is used. Methods and equipment, such as the Chemicon® Advanced Tissue Arrayer, for generating arrays of multiple tissues on a single slide are known in the art. See, for example, U.S. Pat. No. 4,820,504. Undiluted supernatants from each well containing a polydoma are assayed for positive staining using standard immunohistochemistry techniques. At this initial screening step, background, non-specific binding is essentially ignored. Polydomas producing positive staining are selected and used in the second phase of antibody screen-

[0083] In the second screening step, the positive polydomas are subjected to a limiting dilution process. The resulting unscreened antibodies are assayed via standard immunohistochemistry techniques for positive staining of breast tumor tissue samples with known 5-year outcomes. To do this, tissue microarrays comprising normal breast tissue, early-stage breast tumor samples with known good 5-year outcomes, early-stage breast tumor samples with known bad 5-year outcomes, normal non-breast tissue, and cancerous non-breast tissue are generated. At this stage, background staining is relevant, and the candidate polydomas that stain positive for abnormal cells (i.e., cancer cells) only are selected for further analysis to identify antibodies that differentiate good and bad outcome patient samples.

[0084] Positive-staining cultures are prepared as individual clones in order to select individual candidate monoclonal antibodies. Methods for isolating individual clones and for purifying antibodies through affinity adsorption chromatography are well known in the art. Individual clones are further analyzed to determine the optimized antigen retrieval conditions and working dilution.

[0085] One of skill in the art will recognize that optimization of staining reagents and conditions, for example, antibody titer and detection chemistry parameters, is needed to maximize the signal to noise ratio for a particular antibody. Antibody concentrations that maximize specific binding to the biomarkers of the invention and minimize non-specific binding (or "background") will be determined. In particular embodiments, appropriate antibody titers are determined by

initially testing various antibody dilutions on formalin-fixed, paraffin-embedded normal and cancerous breast tissue samples. The design of assays to optimize antibody titer and detection conditions is standard and well within the routine capabilities of those of ordinary skill in the art. Some antibodies require additional optimization to reduce background staining and/or to increase specificity and sensitivity of staining

[0086] Furthermore, one of skill in the art will recognize that the concentration of a particular antibody used to practice the methods of the invention will vary depending on such factors as time for binding, level of specificity of the antibody for the biomarker protein, and method of body sample preparation. Moreover, when multiple antibodies are used in a single sample, the required concentration may be affected by the order in which the antibodies are applied to the sample, i.e., simultaneously as a cocktail or sequentially as individual antibody reagents. Furthermore, the detection chemistry used to visualize antibody binding to a biomarker of interest must also be optimized to produce the desired signal to noise ratio. One example of optimization of staining reagents and conditions for immunohistochemistry is described in Example 6.

[0087] Detection of antibody binding can be facilitated by coupling the antibody to a detectable substance. Examples of detectable substances include various enzymes, prosthetic groups, fluorescent materials, luminescent materials, bioluminescent materials, and radioactive materials. Examples of suitable enzymes include horseradish peroxidase, alkaline phosphatase, P-galactosidase, or acetylcholinesterase; examples of suitable prosthetic group complexes include streptavidin/biotin and avidin/biotin; examples of suitable fluorescent materials include umbelliferone, fluorescein, fluorescein isothiocyanate, rhodamine, dichlorotriazinylamine fluorescein, dansyl chloride or phycoerythrin; an example of a luminescent material includes luminol; examples of bioluminescent materials include luciferase, luciferin, and aequorin; and examples of suitable radioactive material include ¹²⁵I, ¹³¹I, ³⁵S, or ³H.

[0088] In regard to detection of antibody staining in the immunohistochemistry methods of the invention, there also exist in the art, video-microscopy and software methods for the quantitative determination of an amount of multiple molecular species (e.g., biomarker proteins) in a biological sample wherein each molecular species present is indicated by a representative dye marker having a specific color. Such methods are also known in the art as a calorimetric analysis methods. In these methods, video-microscopy is used to provide an image of the biological sample after it has been stained to visually indicate the presence of a particular biomarker of interest. Some of these methods, such as those disclosed in U.S. patent application Ser. No. 09/957,446 to Marcelpoil et al. and U.S. patent application Ser. No. 10/057,729 to Marcelpoil et al., incorporated herein by reference, disclose the use of an imaging system and associated software to determine the relative amounts of each molecular species present based on the presence of representative color dye markers as indicated by those color dye markers' optical density or transmittance value, respectively, as determined by an imaging system and associated software. These techniques provide quantitative determinations of the relative amounts of each molecular species in a stained biological sample using a single video image that is "deconstructed" into its component color parts.

[0089] The methods of the invention can be used in conjunction with imaging systems and associated imaging software for the detection of biomarker expression. Biomarkers for use in the methods of the invention can be selected based on methods and computer programs such as those disclosed in U.S. Patent Application Publication No. 2006/0078926 entitled "Methods and Computer Programs for Analysis and Optimization of Marker Candidates for Cancer Prognosis," filed Sep. 22, 2005, and incorporated by reference in its entirety. The methods disclosed therein can be used to develop algorithms for evaluating breast cancer prognosis.

[0090] In other embodiments, the expression of a biomarker of interest is detected at the nucleic acid level. Nucleic acid-based techniques for assessing expression are well known in the art and include, for example, determining the level of biomarker mRNA in a body sample. Many expression detection methods use isolated RNA. Any RNA isolation technique that does not select against the isolation of mRNA can be utilized for the purification of RNA (see, e.g., Ausubel et al., ed., Current Protocols in Molecular Biology, John Wiley & Sons, New York 1987-1999). Additionally, large numbers of tissue samples can readily be processed using techniques well known to those of skill in the art, such as, for example, the single-step RNA isolation process of Chomczynski (1989, U.S. Pat. No. 4,843,155).

[0091] The term "probe" refers to any molecule that is capable of selectively binding to a specifically intended target biomolecule, for example, a nucleotide transcript or a protein encoded by or corresponding to a biomarker. Probes can be synthesized by one of skill in the art, or derived from appropriate biological preparations. Probes may be specifically designed to be labeled. Examples of molecules that can be utilized as probes include, but are not limited to, RNA, DNA, proteins, antibodies, and organic molecules.

[0092] Isolated mRNA can be used in hybridization or amplification assays that include, but are not limited to, Southern or Northern analyses, polymerase chain reaction analyses and probe arrays. One method for the detection of mRNA levels involves contacting the isolated mRNA with a nucleic acid molecule (probe) that can hybridize to the mRNA encoded by the gene being detected. The nucleic acid probe can be, for example, a full-length cDNA, or a portion thereof, such as an oligonucleotide of at least 7, 15, 30, 50, 100, 250 or 500 nucleotides in length and sufficient to specifically hybridize under stringent conditions to an mRNA or genomic DNA encoding a biomarker of the present invention. Hybridization of an mRNA with the probe indicates that the biomarker in question is being expressed.

[0093] In one embodiment, the mRNA is immobilized on a solid surface and contacted with a probe, for example by running the isolated mRNA on an agarose gel and transferring the mRNA from the gel to a membrane, such as nitrocellulose. In an alternative embodiment, the probe(s) are immobilized on a solid surface and the mRNA is contacted with the probe(s), for example, in an Affymetrix gene chip array. A skilled artisan can readily adapt known mRNA detection methods for use in detecting the level of mRNA encoded by the biomarkers of the present invention.

[0094] An alternative method for determining the level of biomarker mRNA in a sample involves the process of nucleic acid amplification, e.g., by RT-PCR (the experimental embodiment set forth in Mullis, 1987, U.S. Pat. No. 4,683, 202), ligase chain reaction (Barany, 1991, Proc. Natl. Acad. Sci. USA, 88:189-193), self sustained sequence replication

(Guatelli et al., 1990, Proc. Natl. Acad. Sci. USA 87:1874-1878), transcriptional amplification system (Kwoh et al., 1989, Proc. Natl. Acad. Sci. USA 86:1173-1177), Q-Beta Replicase (Lizardi et al., 1988, Bio/Technology 6:1197), rolling circle replication (Lizardi et al., U.S. Pat. No. 5,854,033) or any other nucleic acid amplification method, followed by the detection of the amplified molecules using techniques well known to those of skill in the art. These detection schemes are especially useful for the detection of nucleic acid molecules if such molecules are present in very low numbers. In particular aspects of the invention, biomarker expression is assessed by quantitative fluorogenic RT-PCR (i.e., the Taq-Man® System).

[0095] Biomarker expression levels of RNA may be monitored using a membrane blot (such as used in hybridization analysis such as Northern, Southern, dot, and the like), or microwells, sample tubes, gels, beads or fibers (or any solid support comprising bound nucleic acids). See U.S. Pat. Nos. 5,770,722, 5,874,219, 5,744,305, 5,677,195 and 5,445,934, which are incorporated herein by reference. The detection of biomarker expression may also comprise using nucleic acid probes in solution.

[0096] In one embodiment of the invention, microarrays are used to detect biomarker expression. Microarrays are particularly well suited for this purpose because of the reproducibility between different experiments. DNA microarrays provide one method for the simultaneous measurement of the expression levels of large numbers of genes. Each array consists of a reproducible pattern of capture probes attached to a solid support. Labeled RNA or DNA is hybridized to complementary probes on the array and then detected by laser scanning. Hybridization intensities for each probe on the array are determined and converted to a quantitative value representing relative gene expression levels. See, U.S. Pat. Nos. 6,040,138, 5,800,992 and 6,020,135, 6,033,860, and 6,344,316, which are incorporated herein by reference. High-density oligonucleotide arrays are particularly useful for determining the gene expression profile for a large number of RNA's in a sample.

[0097] Techniques for the synthesis of these arrays using mechanical synthesis methods are described in, e.g., U.S. Pat. No. 5,384,261, incorporated herein by reference in its entirety for all purposes. Although a planar array surface is preferred, the array may be fabricated on a surface of virtually any shape or even a multiplicity of surfaces. Arrays may be peptides or nucleic acids on beads, gels, polymeric surfaces, fibers such as fiber optics, glass or any other appropriate substrate, see U.S. Pat. Nos. 5,770,358, 5,789,162, 5,708,153, 6,040,193 and 5,800,992, each of which is hereby incorporated in its entirety for all purposes. Arrays may be packaged in such a manner as to allow for diagnostics or other manipulation of an all-inclusive device. See, for example, U.S. Pat. Nos. 5,856, 174 and 5,922,591 herein incorporated by reference.

[0098] In one approach, total mRNA isolated from the sample is converted to labeled cRNA and then hybridized to an oligonucleotide array. Each sample is hybridized to a separate array. Relative transcript levels may be calculated by reference to appropriate controls present on the array and in the sample.

[0099] Kits for practicing the methods of the invention are further provided. By "kit" is intended any manufacture (e.g., a package or a container) comprising at least one reagent, e.g. an antibody, a nucleic acid probe, etc. for specifically detecting the expression of a biomarker of the invention. The kit

may be promoted, distributed, or sold as a unit for performing the methods of the present invention. Additionally, the kits may contain a package insert describing the kit and methods for its use.

[0100] In particular embodiments, kits for practicing the immunohistochemistry methods of the invention are provided. Such kits are compatible with both manual and automated immunohistochemistry techniques (e.g., cell staining) as described herein below in Example 1. These kits comprise at least one antibody directed to a biomarker protein of interest. Chemicals for the detection of antibody binding to the biomarker, a counterstain, and a bluing agent to facilitate identification of positive staining cells are optionally provided. Alternatively, the immunochemistry kits of the present invention are used in conjunction with commercial antibody binding detection systems, such as, for example the Dako Envision+system and Biocare Medical's Mach 3 system. Any chemicals that detect antigen-antibody binding may be used in the practice of the invention. In some embodiments, the detection chemicals comprise a labeled polymer conjugated to a secondary antibody. For example, a secondary antibody that is conjugated to an enzyme that catalyzes the deposition of a chromogen at the antigen-antibody binding site may be provided. Such enzymes and techniques for using them in the detection of antibody binding are well known in the art. In one embodiment, the kit comprises a secondary antibody that is conjugated to an HRP-labeled polymer. Chromogens compatible with the conjugated enzyme (e.g., DAB in the case of an HRP-labeled secondary antibody) and solutions, such as hydrogen peroxide, for blocking non-specific staining may be further provided. The kits of the present invention may also comprise a counterstain, such as, for example, hematoxylin. A bluing agent (e.g., ammonium hydroxide) may be further provided in the kit to facilitate detection of positive staining

[0101] In another embodiment, the immunohistochemistry kits of the invention comprise at least two reagents, e.g., antibodies, for specifically detecting the expression of at least two distinct biomarkers. Each antibody may be provided in the kit as an individual reagent or, alternatively, as an antibody cocktail comprising all of the antibodies directed to the different biomarkers of interest. Furthermore, any or all of the kit reagents may be provided within containers that protect them from the external environment, such as in sealed containers. Positive and/or negative controls may be included in the kits to validate the activity and correct usage of reagents employed in accordance with the invention. Controls may include samples, such as tissue sections, cells fixed on glass slides, etc., known to be either positive or negative for the presence of the biomarker of interest. The design and use of controls is standard and well within the routine capabilities of those of ordinary skill in the art.

[0102] In other embodiments, kits for evaluating the prognosis of a breast cancer patient comprising detecting biomarker overexpression at the nucleic acid level are further provided. Such kits comprise, for example, at least one nucleic acid probe that specifically binds to a biomarker nucleic acid or fragment thereof. In particular embodiments, the kits comprise at least two nucleic acid probes that hybridize with distinct biomarker nucleic acids.

[0103] One of skill in the art will appreciate that any or all steps in the methods of the invention could be implemented by personnel or, alternatively, performed in an automated fashion. Thus, the steps of body sample preparation, sample

staining, and detection of biomarker expression may be automated. Moreover, in some embodiments, the immunohistochemical methods of the invention are used in conjunction with computerized imaging equipment and software to facilitate the identification of positive-staining cells by a pathologist. The methods disclosed herein can also be combined with other prognostic methods or analyses (e.g., tumor size, lymph node status, expression levels of Her2/neu, Ki67, and p53). In this manner detection of overexpression of the biomarkers of the invention can permit a more accurate determination of the prognosis of a breast cancer patient.

[0104] The article "a" and "an" are used herein to refer to one or more than one (i.e., to at least one) of the grammatical object of the article. By way of example, "an element" means one or more element.

[0105] Throughout the specification the word "comprising," or variations such as "comprises" or "comprising," will be understood to imply the inclusion of a stated element, integer or step, or group of elements, integers or steps, but not the exclusion of any other element, integer or step, or group of elements, integers or steps.

[0106] The following examples are offered by way of illustration and not by way of limitation:

EXPERIMENTAL

Example 1

Detection of Biomarker Overexpression Using Immunohistochemistry

Slide Preparation

[0107] $4 \mu M$ sections of formalin-fixed, paraffin-embedded breast tumor tissue samples are cut using a microtome and placed on SuperFrost+ slides (VWR). The slides are baked in a forced air oven for 20 minutes and then contacted with a Histo-Orienter until the paraffin melts. Slides are washed three times with xylene for 5 minutes to remove paraffin and then rinsed three times in absolute alcohol at 2 minutes/rinse.

Pretreatment and Antigen Retrieval

[0108] To prevent non-specific background staining, the slides are incubated in a hydrogen peroxide/methanol block for five minutes at room temperature. Slides are then rinsed thoroughly with several changes of dH₂O.

[0109] In order to make the antigens accessible to antibody binding, slides are incubated in an antigen retrieval solution in a pressure cooker for 5 minutes. Slides are allowed to cool to room temperature for 20 minutes on the bench, and the citrate buffer is gradually replaced with dH $_2\mathrm{O}$, tris buffered saline (TBS), or phosphate buffered saline (PBS) by successive dilutions. The slides are then rinsed three times in TBS at 2 minutes per rinse. To break the surface tension, 750 $\mu l/50$ ml of 1% BSA/TBS is added to each slide.

Manual Immunohistochemistry

[0110] To prevent non-specific background staining, slides are not permitted to dry out during the staining procedure. Slides that have been subjected to antigen retrieval are loaded into a humidity chamber filled with water moistened paper towels. A SLPI antibody (clone 5G6.24; 1:100 dilution) is applied to the slide in a volume sufficient to completely cover the tissue section for 1 hour at room temperature. Following incubation with the primary antibody, the slides are rinsed

three times in TBS at 2 minutes per wash. 750 $\mu l/50$ ml of 1% BSA/TBS is added to the final wash.

[0111] The Dako Envision+ HRP-labeled polymer secondary antibody is applied to the slide for 30 minutes at room temperature, followed by a TBS rinse. The HRP substrate chromogen DAB is applied for 10 minutes, and then the slides are rinsed for 5 minutes with water. Each slide is counterstained with hematoxylin for 5 seconds and then rinsed with water until clear. Following counterstaining, the slides are "blued" by soaking in ammonia water for 10 seconds and then rinsed with water for 1 minute.

[0112] Samples are dehydrated by immersing the slides in 95% ethanol for 1 minute and then in absolute ethanol for an additional minute. Slides are cleared by rinsing 3 times in xylene for 1 minute per rinse. Slides are then coverslipped with permanent mounting media and incubated at 35° C. to dry. Biomarker staining is visualized using a bright-field microscope. Scoring is performed by a board certified pathologist in a blind manner.

Automated Immunohistochemistry

[0113] The Dako Autostainer Universal Staining system is programmed according to the manufacturer's instructions, and the necessary staining and counterstaining reagents described above for manual immunohistochemistry are loaded onto the machine. The prepared slides are loaded onto the Autostainer, and the program is run. At the end of the run, the slides are removed and rinsed in water for 5 minutes. The slides are dehydrated, cleared, coverslipped, and analyzed as described above.

Example 2

Detection of Overexpression of Individual Biomarkers in Clinical Samples

[0114] Approximately 130 breast tumor tissue samples from patients at various disease stages were collected. The average patient age was 77. Actual clinical outcome data for each patient was known, and each patient was categorized as having a good or bad outcome. In this study, good outcome was defined as remaining cancer-free for at least 5 years; bad outcome was defined as suffering disease relapse, recurrence, or death within 5 years. The following table indicates the number of samples within each diagnosis group analyzed, as well as actual clinical outcome data.

TABLE 1

	Clinical Samples Analyzed			
Stage	Good Outcome	Bad Outcome	Total	
T1N0	50	13	63	
T1N1	6	4	10	
T2N0	26	19	45	
T2N1	9	7	16	
T3N0	0	3	3	
T3N1	0	1	1	
Lymph No	de Status Good	Outcome Ba	d Outcome	
N0		76	35	
N1		15	12	

[0115] The samples were analyzed by the automated immunohistochemistry described in Example 1 to identify biomarkers whose overexpression is indicative of a bad can-

cer prognosis. That is, the goal of this clinical study was to identify biomarkers that can distinguish good and bad outcome patient samples. Antibodies were used to detect the overexpression of eight biomarkers of interest: SLPI, PSMB9, NDRG-1, E2F1, p21ras, MUC-1, phospho-p27, and src. For quality control purposes, samples were also analyzed for ER, PR, p53, Ki67, and Her2/neu expression.

[0116] Commercial antibodies or monoclonal antibodies, identified by polydoma screening as described herein, directed to the biomarkers of interest were diluted as indicated in Table 2 and used to detect biomarker overexpression. The antigen retrieval conditions for each biomarker are also listed below.

TABLE 2

Antibody Dilutions and Antigen Retrieval Conditions		
Biomarker	Antibody (Dilution)	Antigen Retrieval Conditions
SLPI	Clone 5G6.24 (1:100)	Citrate buffer, pH 6.0/pressure cooker
PSMB9	Clone 3A2.4 (1:500)	Citrate buffer, pH 4.0/steamer
NDRG-1	Zymed (1:200)	Citrate buffer, pH 4.0/steamer
E2F1	Calbiochem (1:50)	Tris, pH 9.5/pressure cooker
p21ras	Dako (1:50)	Citrate buffer, pH 4.0/steamer
MUC-1	Clone 16E3.3 (1:400)	Citrate buffer, pH 4.0/steamer
phospho-p27	Zymed (1:100)	EDTA, pH 8.0/steamer
src	Upstate (1:50)	Citrate buffer, pH 4.0/steamer

Interpretation of Slides

[0117] Each slide was reviewed and scored by a board certified pathologist that was unaware of the actual clinical patient outcomes. Samples were scored for biomarker staining intensity on a scale of 0-3. See, for example, Hanausek and Walaszek, eds. (1998) Tumor Marker Protocols (Humana Press, Inc., Totowa, N.J.); and Shi et al, eds. (2000) Antigen Retrieval Techniques: Immunohistochemistry and Molecular Morphology (Eaton Publishing, Natick, Mass.), both of which are herein incorporated by reference in their entirety. For each biomarker, a threshold staining intensity was established. Samples exhibiting a staining intensity of less than this threshold value for a particular biomarker were deemed negative for that biomarker. The staining intensity threshold values for the biomarkers of interest were as follows:

[0118] Src: ≥ 1 [0119] MUC-1: ≥ 3 [0120] Phospho-p27: ≥ 0.5 [0121] PSMB9: ≥ 0.5 [0122] NDRG-1: ≥ 1 [0123] E2F1: ≥ 3 [0124] p21ras: ≥ 0.5 [0125] SLPI: ≥ 2

[0126] The staining intensity results were compared with the known actual clinical outcome data available for each patient, and each slide was then given a final result of true positive (TP), true negative (TN), false positive (FP), false negative (FN), according to the parameters described below. Sensitivity and specificity values for each biomarker were calculated.

TABLE 3

Slic	de Classification for Bad	Outcome Biomarkers
	Biomarker Staining	Actual Clinical Outcome*
True Positive True Negative False Positive False Negative	Positive Negative Positive Negative	Bad outcome Good outcome Good outcome Bad outcome

^{*}Good clinical outcome = cancer-free survival for at least 5 years Bad clinical outcome = recurrence or death from the underlying cancer within 5 years

Calculations Used

Sensitivity=TP/(TP+FN)

Specificity=TN/(FP+TN)

Positive Predictive Power (PPP)=TP/(TP+FP)

Negative Predictive Power (NPP)=TN/(FN+TN)

Results

[0127] The results for each biomarker are summarized below.

Results

[0129] The results for each combination of biomarkers are summarized below.

TABLE 5

SLPI, PSMB9, MU	SLPI, PSMB9, MUC-1, and phospho-p27		
TP	24		
FP	25		
FN	23		
TN	58		
Sensitivity	51.06%		
Specificity	69.88%		
NPV	71.60%		
PPV	48.98%		

TABLE 6

SLPI, PSMB9, MUC-1, phospho-p27, and src		
TP	28	
FP	28	
FN	24	
TN	60	

TABLE 4

Summary of Results with Individual Biomarkers								
	Src	MUC-1	Phospho-p27	PSMB9	NDRG-1	E2F1	p21ras	SLPI
TP	8	7	7	13	7	3	10	5
FP	8	4	6	15	14	4	11	7
FN	35	37	44	30	31	34	30	39
TN	59	70	76	54	54	57	60	64
Sensitivity	18.60%	15.91%	13.73%	30.23%	18.42%	8.11%	25.00%	11.36%
Specificity	88.06%	94.59%	92.68%	78.26%	79.41%	93.44%	84.51%	90.14%

Example 3

Detection of Biomarker Overexpression in Clinical Samples Combining Biomarkers

[0128] In order to determine if the sensitivity and specificity of the methods of the invention could be improved if multiple biomarkers were combined, the data from Example 2 was subjected to further analysis. Thus, various combinations of biomarkers were considered, and samples that stained positive for any of the biomarkers in the combination of interest were deemed positive. These results were compared with the known actual clinical outcome data available for each patient, and each slide was then given a final result of true positive (TP), true negative (TN), false positive (FP), false negative (FN) as before. Sensitivity, specificity, positive predictive value (PPV), and negative predictive values (NPV) for each combination of biomarkers were calculated.

TABLE 6-continued

SLPI, PSMB9, MUC-1, phospho-p27, and src		
53.85%		
68.18%		
71.43%		
50.00%		

TABLE 7

SLPI, PSMB9, MUC-1, phospho	o-p27, src, p21ras, E2F1, and NDRG-1
TP	33
FP	41
FN	19

TABLE 7-continued

SLPI, PSMB9, MUC-1, phospho-p27, src, p21ras, E2F1, and NDRG-1 $$		
47		
63.46%		
53.41%		
71.21%		
44.59%		

Example 4

Detection of Overexpression of Individual Biomarkers in Clinical Samples Using Marker Analysis Research System (MARS)

[0130] Over 200 patients were analyzed in this study. As summarized in Table 8 this population of patients was quite heterogeneous and exhibited tumors of different stages ranging from T1N0 to T3N0.

TABLE 8

	Patient Populatio	n Analyzed	
Stage	Good	Bad	All
T1N0	60	20	80
T1N1	6	7	13
T2N0	59	39	98
T3N0	6_	10	16
Totals	131	76	207

[0131] The targeted characteristic of the patients was their good outcome or bad outcome status. In this study, good outcome patients were those still disease-free after five years; bad outcome patients were defined as patients with recurrence, relapse, or death within five years.

Biomarker Selection

[0132] The paradigm used for biomarker selection was that biomarker overexpression would capture some of the bad outcome patients and show a very high specificity. Combining different markers would therefore ensure high specificity and gain sensitivity to reach, for example, an 80% sensitivity and 80% specificity. After a multi-step selection process, nine biomarkers were selected for the current study. These markers are shown in Table 9, along with their respective subcellular localization.

TABLE 9

Biomarkers Analyzed		
Marker Name	Localization	
E2F1	Nucleus	
MUC-1 (IF3.9)	Membrane	
NDRG-1 (ZYMED CAP43)	Cytoplasm (Nucleus + Membrane)	
p21 ^{ras}	Cytoplasm	
p53	Nucleus	
Phospho p27	Cytoplasm (Nucleus)	
PSMB9 (3A2.4)	Cytoplasm	
SLPI (5G6.24)	Cytoplasm	
src	Cytoplasm	

Automated Immunohistochemistry

[0133] The patient samples were analyzed by automated immunohistochemistry, essentially as described in Example 1, to identify biomarkers whose overexpression is indicative of a bad cancer prognosis. That is, the goal of this clinical study was to identify biomarkers that can distinguish good and bad outcome patient samples. Antibodies were used to detect the overexpression of the nine biomarkers of interest: SLPI, PSMB9, NDRG-1, E2F1, p21ras, p53, MUC-1, phospho-p27, and src. Samples were also analyzed for ER, PR, Ki67, and Her2/neu (CerbB2) expression.

[0134] Slides were prepared as described in Example 1 and subjected to antigen retrieval. Specifically, prepared slides were immersed in an antigen retrieval solution and then placed in a pressure cooker (120-125° C. at 17-23 psi) for 5 minutes. The antigen retrieval solutions for each biomarker are listed below in Table 10.

TABLE 10

Antigen Retrieval Solutions		
Biomarker	Antigen Retrieval Solution	
SLPI PSMB9 NDRG-1 E2F1 p21ras MUC-1 phospho-p27 src	Citrate pH 6.0 (Dako #S1699) EDTA (Biocare #CB917L) Citrate pH 6.0 (Dako #S1699) EDTA (Biocare #CB917L) citrate buffer pH 6.0 (Dako #S1699) Citrate pH 6.0 (Dako #S1699) deionized water Tris pH 9.5 (Biocare CB911M)	

[0135] Slides were gradually returned to room temperature deionized water. The slides were rinsed 3 times in TBS/tween-20 at 2 minutes per wash. 200 pt of a biomarker-specific antibody was added to each slide and incubated at room temperature for one hour. Commercial antibodies or monoclonal antibodies, identified by polydoma screening as described herein, directed to the biomarkers of interest were used to detect biomarker overexpression.

[0136] Following incubation with the primary antibody, slides were rinsed twice with TBS/tween-20. 200 μl of labeled polymer (Dako Envision+HRP-labeled polymer secondary antibody) was then added for 30 minutes at room temperature. Slides were again rinsed 3 times with TBS/tween-20 prior to the addition of 200 μl of DAB solution for five minutes at room temperature. The slides were then rinsed three times with TBS/tween-20 and one time with deionized water. 200 μl of hematoxylin was added for 5 minutes. The slides were then rinsed 3 times with deionized water, one time with TBS/tween-20, and 2 additional times with deionized water. The slides were dehydrated, cleared, and coverslipped as described in Example 1.

Pathologist Evaluation

[0137] A board certified pathologist manually scored the slides. p53 expression was scored for staining intensity using a scale of 0, 0.5, 1, 2, or 3, percentage of labeled cells, and a clinical diagnostic score. SLPI and PSMB9 were scored for staining intensity using a scale of 0, 0.5, 1, 2, or 3 and percentage of labeled cells. The pathologist also denoted on the slide the tumor area (ROI) used in making the determination. Up to ten individual $20\times$ fields of view from within the selected regions for each tumor, organized in a single focus,

were obtained using MARS. The actual number of images obtained from each sample was dependant on the size of the individual tumor. An Excel spreadsheet containing all of the above scoring information along with the patient outcome, lymph node status, and tumor size was generated. The data was subjected to further analysis as described below.

Data Extraction

[0138] Using MARS, the following steps were systematically performed for every file:

[0139] Chromogen separation was optimized for each biomarker using the available slide that showed the best quality stain.

[0140] Segmentation set up was customized for each biomarker according to its subcellular localization (nucleus, cytoplasm or membrane).

[0141] Features were extracted at cell, field of view (FOV), and focus level, within the defined ROI and exported to an output file (XML format).

Data Analysis

[0142] A specific program named Multi Marker Analyzer was developed in order to integrate new analysis algorithms and meet the heavy computation needs for this analysis. This software provided a means to load all or a portion of either TMAs or tissue section XML files generated with MARS, to merge data contained in these files using XML files describing the TMA keys (in the case of a TMA analysis) or Excel files giving patient clinical status and patient evaluation (in the case of a tissue section analysis), and all the further analyzes. This merge process included the association of the parameters measured by MARS for each core (or patient) with the information kept in the TMA key (or the Excel file) about the patient: identification number and medical status (good or bad outcome) and the pathologist evaluation if not included in the XML formatted MARS file.

[0143] Because some of the samples did not go through the complete experimental process, the number of analyzed patients was smaller than the number of patients reported in Table 8 above and varies from one biomarker to another. The number of tissue sections analyzed for each biomarker is listed below in Table 11. The number of tissue samples analyzed for the conventional breast cancer markers (i.e., ER, PR, Ki67, and Her2/neu (CerbB2)) is in Table 12.

TABLE 11

Number of Tissue Sections Analyzed for Biomarker Overexpression				
Marker	Bad	Good	Total	
E2F1	66	106	172	
MUC-1	65	108	173	
NDRG1 (CAP 43)	75	115	190	
p21ras	72	109	181	
p53	71	121	192	
Phospho-p27	70	115	185	

TABLE 11-continued

Number of Tissue Sections Analyzed for Biomarker Overexpression					
Marker	Bad	Good	Total		
PSMB9	74	118	192		
SLPI	75	118	193		
src	66	108	174		

TABLE 12

	Number of Tissue Sections Analyzed for Conventional Breast Cancer Markers				
Marker	Bad	Good	Total		
CerbB2	69	122	191		
ER	70	123	193		
Ki67	69	124	193		
PR	69	123	192		

Segmentation and Dispatchers Setup

[0144] In order to bring MARS analysis closer to the pathologist manner of characterizing slides, only cells considered as being at least 1+ were selected. Table 13 summarizes the segmentation setup used in MARS for this analysis. This segmentation setup lead to the detection of the most stained cells. Segmentation and dispatchers transmittance thresholds were based upon cytologists input. The segmentation setup was pixel-based using 20× images captured with a Dage camera on the computer TPO-RDLAB5.

TABLE 13

Size (pixels)	Cell	68
	Nucleus	32
Hematoxylin Contribution	Nucleus	80%
	Cytoplasm	100%
	Membrane	0%
Hematoxylin Max. Transmittance	Nucleus	80%
	Cytoplasm	100%
	Membrane	100%
DAB Contribution	Nucleus	30%
	Cytoplasm	100%
	Membrane	0%
DAB Max. Transmittance	Nucleus	90%
	Cytoplasm	100%
	Membrane	100%

[0145] In order to assign the selected cells to categories based upon the biomarker staining intensity in the targeted cellular compartment, valid cells resulting from segmentation were dispatched into 3 categories: 1 (in MARS: NegRef), 2 (in MARS: Test) and 3 (in MARS: PosRef). Table 14 provides MARS features and their values used to perform this dispatch, as a function of the cellular localization of the marker.

TABLE 14

Dispatcher Settings Resulting in the Assignment of Selected Cells into Category 1, 2 or 3						
Marker Targeted Cell Compartment	Dispatch Step	If MARS Feature	Is	Value (Transmittance)	Cell(s) Is	
Nucleus	1	NUCL_DYE2_OD_MEAN	>	0.161151 (69%)	All (2 or 3) otherwise 1	
Cytoplasmic	2	NUCL_DYE2_OD_MEAN	>	0.29243 (51%)	2 and 3 3 otherwise 2	
	1	CYTO_DYE2_OD_MEAN	>	0.173925 (67%)	All (2 or 3) otherwise 1	
Membrane	2	CYTO_DYE2_OD_MEAN	>	0.29243 (51%)	2 and 3 3 otherwise 2	
		CYTO_DYE2_OD_MEAN	>	0.06048 (87%)		
	1	MEMB_DYE2_OD_MEAN	>	0.200659 (63%)	All (2 or 3) otherwise 1	
		MEMB_AREA	>	150 pix.		
		CYTO_DYE2_OD_MEAN	>	0.173925 (67%)		
	2	MEMB_DYE2_OD_MEAN	>	0.29243 (51%)	2 and 3 3 otherwise 2	
		MEMB_AREA	>	150 pix.		

[0146] An evaluation of category 0 (corresponding to the "expected number of non-stained cells") was performed. The approximate number of these cells was computed using the average tumor cell area (1100 pixels as estimated from the MARS feature called CELL_AREA) obtained from the area of cells with a staining intensity of 1, 2 and 3 cells:

$$\begin{split} N_1 &= N_{NegRef} \\ N_2 &= N_{Test} \\ N_3 &= N_{PosRef} \\ N_{Total} &= \max \bigg(N_1 + N_2 + N_3 \cdot \frac{\text{FOCUS_AREA}}{1100} \bigg) \\ N_0 &= \max(0, N_{Total} - N_1 - N_2 - N_3) \end{split}$$

[0147] Using N_0 , N_1 , N_2 and N_3 , the percentage of cells staining 0, 1, 2 and 3 cells were computed. Table 15 gives the name of these new features.

TABLE 15

Percentage Summary Features				
Percentage of cells from categories	Feature Name			
0	CELL_PERCENT_0			
1	CELL_PERCENT_1			
2	CELL_PERCENT_2			
3	CELL_PERCENT_3			
0 and 1	CELL_PERCENT_01			
2 and 3	CELL_PERCENT_23			
0, 1 and 2	CELL_PERCENT_012			
1, 2 and 3	CELL_PERCENT_123			

[0148] These features were computed as a simple percentage, e.g. for CELL_PERCENT_0:

$$CELL_PERCENT_0 = \frac{N_0}{N_{Total}} \times 100$$

[0149] This study was run with MARS features, these new summary features, and the pathologist scores. USER_TYPE is the name of the MARS feature for pathologist scoring only.

Multiple Biomarker Analysis

[0150] In order to obtain an improved sensitivity/specificity couple, data from multiple biomarkers was combined and analyzed. The specificity target for each biomarker was dependent on the number of biomarkers combined. As an example, a combination of 3 biomarkers will reach 80% specificity if each individual marker specificity is at least of 0.81/3=93%. Table 16 provides the list of required specificity values based on the number of biomarkers in the combination, from 1 to 9.

TABLE 16

an overall specificity	quired per biomarker when y of 0.8 is targeted for of up to 9 biomarkers
Marker Number in combination	Specificity Required Per Marker
1	0.8
2	0.694427
3	0.926318
4	0.945742
5	0.956352
6	0.963492
7	0.968625
8	0.972492
9	0.975511

Data Interpretation

[0151] As used herein, the term "marker performance" encompasses the complete experimental performance that relates to the true biological discriminative power of the marker, as well as to the origin and storage of the biological samples, the staining protocols, the scanning process, the imaging and data mining procedures.

Results

1. Per Biomarker

A. Pathologist Scoring

[0152] The threshold giving the best sensitivity/specificity couple was computed when considering only the pathologist scores (USER_TYPE in MARS). The most significant results are summarized in Table 17 when a specificity of 0.75 was targeted.

TABLE 17

	Best Sensitivity and Specificity Couple for Biomarkers (Pathologist Scoring)			
Marker	Threshold	Sensitivity	Specificity	
E2F1	1.75	0.30	0.69	
MUC-1	0.75	0.21	0.61	
NDRG1	2.5	0.28	0.74	
p21 ^{ras}	0.25	0.05	0.98	
p53	0.5	0.29	0.74	
Phospho-p27	1.25	0.17	0.73	
PSMB9	0.75	0.10	0.94	
SLPI	2.5	0.18	0.63	
src	2.5	0.10	0.67	

[0153] The threshold giving the best sensitivity/specificity couple was also computed when considering only the pathologist evaluation for conventional markers of the breast panel (i.e., ER, PR, Ki67, and Her2/neu (CerbB2)). The most significant results are summarized in Table 18 when a specificity of 0.75 was targeted.

TABLE 18

Conventional Markers (Pathologist Scoring)						
Marker	Threshold	Sensitivity	Specificity			
CerbB2	2.5	0.17	0.85			
ER	0.5	0.31	0.72			
Ki67	0.25	0.14	0.89			
PR	2.5	0.23	0.69			

[0154] For every biomarker and conventional breast cancer marker (i.e., ER, PR, Ki67, and Her2/neu (CerbB2)), the feature and threshold giving the best sensitivity/specificity couple was computed for the pathologist evaluation alone (USER_TYPE). Corresponding receiver operating characteristics (ROC) curves were prepared (data not shown).

B. Single-Feature Analysis

[0155] For every biomarker, the feature and threshold giving the best sensitivity/specificity couple was computed when considering every MARS features defined as being meaningful in respect to the analyzed biomarker. Corresponding ROCs were prepared (data not shown). The feature and threshold giving the best result for each biomarker are summarized in Table 19 when a specificity of 0.75 was targeted.

TABLE 19

Best	Best Sensitivity and Specificity Couple for Each Biomarker Obtained from MARS Features (Single Feature Algorithm)							
Marker	Feature	Threshold	Sens.	Spec.	Rule			
E2F1	CELL_PERCENT_01	97.20165	0.575758	0.716981	8			
MUC-1	CELL_PERCENT_1	21.4664	0.415385	0.685185	1			
NDRG1	CELL_PERCENT_1	16.97263	0.386667	0.713043	8			
p21ras	CELL_PERCENT_123	61.04522	0.402776	0.724771	1			
p53	CELL_PERCENT_3	0.08369	0.422535	0.702479	8			
phospho-p27	CELL_PERCENT_1	0.442341	0.528571	0.643478	8			
PSMB9	CELL_PERCENT_123	30.42549	0.391892	0.711864	1			
SLPI	CELL_PERCENT_123	0.610623	0.493333	0.694915	1			
src	CELL_PERCENT_1	36.80664	0.409091	0.731481	1			

^{*}A decision rule of 1 means that patients above the threshold are considered as being positive (i.e. TRUE POSITIVE if bad actual clinical outcome), whereas a decision rule of 8 means that patients above the threshold are considered as being negative (i.e. FALSE NEGATIVE if bad actual clinical outcome).

C. Multiple Feature Analysis

[0156] Every percent summary feature was combined twoby-two, and thresholds giving the best sensitivity/specificity couple were computed. The most significant results for each biomarker are provided in Table 20 for a target specificity of 0.75.

TABLE 20

Best Sensitivity and Specificity Couple for Each Biomarker Obtained from

MARS features (Multiple Feature Algorithm)								
Marker	Feature 1	Feature 2	Threshold 1	Threshold 2	Sensitivity	Specificity	Rule	
E2F1	CELL_PERCENT_2	CELL_PERCENT_3	2.386008	1.275799	0.575758	0.745283	7	
MUC-1	CELL_PERCENT_1	CELL_PERCENT_3	21.26747	0.311046	0.507892	0.835135	9	
NDRG1	CELL_PERCENT_1	CELL_PERCENT_23	32.96842	0.125389	0.48	0.713043	9	
p21ras	CELL_PERCENT_3	CELL_PERCENT_01	0.1695	99.97016	0.458333	0.715596	6	
p53	CELL_PERCENT_1	CELL_PERCENT_123	1.667596	17.22644	0.492958	0.710744	2	
phospho-p27	CELL_PERCENT_1	CELL_PERCENT_01	0.456608	100	0.5	0.695652	8	
PSMB9	CELL_PERCENT_1	CELL_PERCENT_123	47.63697	20.25946	0.466486	0.720339	4	

TABLE 20-continued

Best Sensitivity and Specificity Couple for Each Biomarker Obtained from MARS features (Multiple Feature Algorithm)								
Marker	Feature 1	Feature 2	Threshold 1	Threshold 2	Sensitivity	Specificity	Rule	
SLPI src		CELL_PERCENT_1 CELL_PERCENT_3	62.11591 16.31145	0.414484 0.082021	0.573333 0.545455	0.728814 0.712963	1 4	

^{*}Decision rules correspond to quadrant affection in the 2 features space.

2. Combinations of Biomarkers

[0157] The complete set of possible combinations of 1 to 9 markers was investigated using successively: the pathologist scoring, one MARS feature, and two MARS features per marker. The sensitivity and specificity were computed according to an FDA-like and a sequence-based interpreta-

tion method. "FDA-like" means that any marker ON (1) leads to a bad outcome decision. That is, a combination of markers is considered positive if at least one marker is positive. The sequence-based interpretation relies on sensitivity/specificity of each specific ON/OFF combination. The results obtained with pathologist scoring (Table 21) and percentage features evaluation (Table 22) are presented below.

TABLE 21

		Differ		tivity/Specifi Specificities	(75% and 9				rithms		
	Target Spec	Markers	1 Marker	2 Markers	3 Markers	4 Markers	5 Markers	6 Markers	7 Markers	8 Markers	9 Markers
FDA	0.75	spec	0.74	0.52							
		sens	0.29	0.58							
SEQUENCE		spec		0.84	0.84	0.80	0.79	0.80	0.82	0.82	0.77
		sens		0.24	0.26	0.31	0.34	0.34	0.31	0.32	0.30
FDA	0.95	spec	0.90	0.86	0.88	0.84					
		sens	0.13	0.23	0.25	0.30					
SEQUENCE		spec					0.86	0.85	0.85	0.86	0.85
-		sens					0.30	0.31	0.31	0.30	0.30

^{*}Each patient is characterized by the pathologist score.

TABLE 22

	Dif	ferent Tar	geted Spec	,	75% and 9: (Percentag			nterpretati	on Algorit	hms		
All Povs % Features		Target Spec	Markers	1 Marker	2 Markers	3 Markers	4 Markers	5 Markers	6 Markers	7 Markers	8 Markers	9 Marker
1	FDA	0.75	spec	0.71	0.53							
			sens	0.57	0.80							
	SEQUENCE		spec		0.96	0.88	0.80	0.81	0.81	0.81	0.80	0.80
			sens		0.33	0.47	0.60	0.58	0.55	0.62	0.58	0.59
	FDA	0.95	spec	0.93	0.87	0.83	0.81					
			sens	0.18	0.34	0.44	0.50					
	SEQUENCE		spec					0.82	0.81	0.81	0.81	0.82
			sens					0.48	0.49	0.49	0.49	0.46
2	FDA	0.75	spec	0.74	0.55							
			sens	0.57	0.80							
	SEQUENCE		spec		0.97	0.85	0.82	0.86	0.84	0.84	0.86	0.83
			sens		0.39	0.61	0.66	0.65	0.69	0.71	0.73	0.71
	FDA	0.95	spec	0.94	0.90	0.83	0.82	0.81	0.05	0.71	0.75	0.71
	IDA	0.93	•									
	an otter ton		sens	0.30	0.50	0.63	0.72	0.76	0.04	0.00	0.04	0.00
	SEQUENCE		spec					0.83	0.81	0.80	0.81	0.80
			sens					0.73	0.70	0.70	0.69	0.69

^{*}Each patient is characterized by the percentage of 1, 2 and 3 staining cells.

[0158] Specific examples for combinations of four and six biomarkers are provided in Examples 5.

Analysis without Data from Infiltrating Lobular Cancer (ILC) Patients

[0159] The patient population described in Table 8 was further subdivided based on diagnosis. Specifically, data from patients with infiltrating lobular carcinoma (ILC) was excluded, and the above analysis was performed on the resulting data set. Details of the patient population analyzed in this study are provided in Table 23.

TABLE 23

Patient P	opulation Analyzed	(Without ILC Pa	tients)
Stage	Good	Bad	All
T1N0	56	19	75
T1N1	6	7	13
T2N0	54	33	87
T3N0	6	7	13
Totals	122	66	188

Results
1. Per Biomarker
A. Pathologist Scoring

[0160]

TABLE 24

Best Sensitivity and Specificity Couple for Biomarkers

withou	t ILC Patient Data	(Pathologist Sco	ring)	
Marker	Threshold	Sensitivity	Specificity	
E2F1	1.75	0.29	0.69	
MUC-1	0.75	0.26	0.80	
NDRG-1	2.5	0.26	0.72	
p21 ^{ras}	0.25	0.03	0.98	
p53	0.5	0.29	0.75	
Phospho-p27	1.25	0.16	0.71	
PSMB9	0.75	0.12	0.93	
SLPI	2.5	0.22	0.81	
src	2.5	0.10	0.86	

TABLE 25

Best Sensitivity and Specificity Couple for Conventional
Markers without ILC Patient Data (Pathologist Scoring)

Marker	Threshold	Sensitivity	Specificity
CerbB2	2.5	0.16	0.85
ER	0.5	0.38	0.71
Ki67	0.25	0.14	0.88
PR	2.5	0.23	0.69

B. Single-Feature Analysis [0161]

TABLE 26

Best Sensitivity and Specificity Couple for Each Biomarker Obtained from MARS Features without ILC Patient Data (Single Feature Algorithm)

Marker	Feature	Threshold	Sens.	Spec.	Rule
E2F1	CELL_PERCENT_23	3.19079	0.58182	0.73469	1
MUC-1	CELL_PERCENT_23	8.437	0.38462	0.71717	8
NDRG1	CELL_PERCENT_123	26.13234	0.39683	0.69811	8
p21ras	CELL_PERCENT_123	61.04522	0.45763	0.72277	1
p53	CELL_PERCENT_3	0.08289	0.41379	0.71171	8
phospho-p27	CELL_PERCENT_123	0.44587	0.49153	0.64486	8
PSMB9	CELL_PERCENT_123	30.42545	0.40323	0.71560	1
SLPI	CELL_PERCENT_123	0.57594	0.53226	0.70370	1
src	CELL_PERCENT_23	13.08501	0.43636	0.66000	8

^{*}A decision rule of 1 means that patients above the threshold are considered as being positive (i.e., TRUE POSITIVE if bad actual clinical outcome) whereas a decision rule of 8 means that patients above the threshold are considered as being negative (i.e., FALSE NEGATIVE if bad actual clinical outcome).

C. Multiple Feature Analysis [0162]

TABLE 27

		vity and Specificity Couple for atures without ILC Patient De					
Marker	Feature 1	Feature 2	Threshold 1	Threshold 2	Sensitivity	Specificity	Rule
E2F1	CELL_PERCENT_2	CELL_PERCENT_3	2.47761	1.2758	0.61818	0.7449	7
MUC-1	CELL_PERCENT_1	CELL_PERCENT_2	9.6658	13.2244	0.51923	0.68687	9
NDRG1	CELL_PERCENT_0	CELL_PERCENT_123	28.32391	16.95268	0.49206	0.70755	6
p21ras	CELL_PERCENT_3	CELL_PERCENT_01	0.1695	99.97219	0.49153	0.72277	6
p53	CELL_PERCENT_0	CELL_PERCENT_3	48.61018	0.07805	0.46552	0.71171	6
phospho-p27	CELL_PERCENT_1	CELL_PERCENT_01	0.50369	100	0.49153	0.69159	8
PSMB9	CELL_PERCENT_123	CELL_PERCENT_01	30.42545	99.09092	0.45161	0.7156	11
SLPI	CELL_PERCENT_0	CELL_PERCENT_123	62.11591	0.40094	0.58065	0.75	1
src	CELL PERCENT 2	CELL PERCENT 3	16.31145	0.08202	0.52727	0.72	4

^{*}Decision rules correspond to quadrant affection in the 2 features space.

D. Variations Between Analyses: All Patients v. Without ILC Patients

[0163] Variations in the sensitivity and specificity values obtained on a per biomarker basis with the analysis of the complete patient population (Table 8) and the population without ILC patients (Table 23) was determined. The results are presented below in Table 28. The sum column (d²) gives the difference of quadratic distance on an ROC curve, i.e., the overall gain in sensitivity and specificity.

TABLE 28

Variations in Sensitivity and Specificity Obtained with the Complete Patient Population and Without ILC Patients (Per Biomarker)

	Path	ologist :	Scoring	Sin	gle-Feati	ıre	M	ulti-Fea	tures
Marker	Sens.	Spec.	d^1	Sens.	Spec.	d^2	Sens.	Spec.	d^2
E2F1	↓	_	-0.004	î	1	0.018	1	↓	0.026
MUC-1	1	1	0.004	↓	1	0.013	1	1	0.006
NDRG1	↓	1	-0.026	1	↓	-0.006	1	1	0.002
p21ras	↓	_	-0.001	1	↓	0.026	1	1	0.024
p53	_	1	0.009	1	1	0.003	Ţ	1	-0.015
phospho-p27	↓	1	-0.022	↓	1	-0.022	↓	1	-0.008
PSMB9	1	1	-0.008	1	1	0.000	Ţ	↓	-0.023
SLPI	1	1	-0.010	1	1	0.030	1	1	0.021
src	_	1	-0.010	1	Ţ	-0.047	Ţ	1	-0.005

2. Combinations of Biomarkers

A. Pathologist Scoring

[0164]

TABLE 29

Best Sensitivity/Specificity Couples for Biomarker Combinations without ILC Patient Data Using Different Targeted Specificities (75% and 95%) and Different Interpretation Algorithms (Pathologist Scoring)

	Target Spec.	Markers	1 Marker	2 Markers	3 Markers	4 Markers	5 Markers	6 Markers	7 Markers	8 Markers	9 Markers
FDA SEQUENCE	0.75	spec sens	0.75 0.20	0.63 0.67							
		spec sens		0.88 0.24	0.83 0.35	0.84 0.37	0.84 0.35	0.90 0.36	0.85 0.35	0.83 0.37	0.77 0.27

^{*}Each patient is characterized by the pathologist score.

B. Percentage Features Analysis

[0165]

TABLE 30

			sitivity/Sp Using Dif Inte	ferent Tai		cificities (75% and 9	5%) and I				
All Povs % Features		Target Spec	Markers	1 Marker	2 Markers	3 Markers	4 Markers	5 Markers	6 Markers	7 Markers	8 Markers	9 Markers
1	FDA	0.79	spec	0.73	0.54							
	SEQUENCE		sens	0.58	0.22							
	-		spec		0.95	0.86	0.81	0.68	0.85	0.82	0.92	0.78
			sens		0.35	0.46	0.56	0.58	0.38	0.82	0.57	0.50
2	FDA	0.35	spec	0.74	0.55							
	SEQUENCE		sens	0.80	0.63							
	•		spec		0.36	0.67	0.64	0.71	0.70	0.72	0.85	0.70
			sens		0.35	0.67	0.94	0.75	0.70	0.72	0.56	0.70

^{*}Each patient is characterized by the percentage of 1, 2 and 3 staining cells.

[0166] Table 30 shows an increase in specificity (0.88 compared to 0.81, see Table 28) when considering a 5 biomarker combination excluding ILC patients with a single percent feature. An increase in sensitivity was observed when using 2 features (0.71 vs. 0.65, see Table 28) for a 5 biomarker sequence analysis when excluding ILC patients from the study.

C. Variations Between Analyses: All Patients v. without ILC Patients

[0167] Variations in the sensitivity and specificity values obtained for biomarker combinations with the analysis of the complete patient population and the population without ILC patients was determined. The results are presented below in Table 31. The sum column (d²) gives the difference of quadratic distance on a ROC curve, i.e., the overall gain in sensitivity and specificity. A slight gain in performance for a 5 biomarker sequence analysis using one or two percentage features was observed when ILC patients were excluded from the study.

and decision rule defined in Table 32. A 60% sensitivity and an 80% specificity was obtained using the rule: if E2F1 was ON (i.e. 1) and not the only biomarker to be ON, then the patient was considered bad outcome; otherwise, considered good outcome. FIG. 1 shows the distribution of the percentage feature as a function of bad and good outcome patients for E2F1. Using a threshold of 2.46% sensitivity and specificity values of 0.54 and 0.75, respectively, were obtained.

TABLE 32

Percei	ntage Summary Features for F	our Biomarker A	nalysis
Marker	Feature	Threshold	Rule (1 if)
SLPI	CELL_PERCENT_01	99.887874	<
p21ras	CELL_PERCENT_0	35.642851	<
E2F1	CELL_PERCENT_2	2.463659	>
src	CELL_PERCENT_1	37.624326	>

TABLE 31

Variations in Sensitivity and Specificity Obtained with Complete Patient Population and Without ILC Patients (Biomarker Combinations)												
All Povs % Features		Target Spec	Markers	1 Marker	2 Markers	3 Markers	4 Markers	5 Markers	6 Markers	7 Markers	8 Markers	9 Markers
1	FDA SEQUENCE	0.75	d2 d2	0.02	0.02 0.00	0.01	0.00	0.06	0.04	0.01	0.01	-0.07
2	FDA SEQUENCE	0.75	d2 d2	0.02	0.02 -0.01	0.00	0.02	0.02	-0.01	-0.01	-0.06	-0.04

Example 5

Specific Biomarker Combinations

[0168] The data obtained in the study described above in example 4 were further analyzed, and specific biomarker combinations were considered. The results obtained with a combination of four (SLPI/p21ras/E2F1/src) and six (SLPI/p21ras/PSMB9/E2F1/src/phospho-p27) biomarkers are presented below.

Four Biomarker Combination: SLPI/p21ras/E2F1/src

[0169] Analysis was performed using only one percentage feature for SLPI, p21ras, E2F1, and src with the thresholds

[0170] A sequence-based interpretation approach was used to analyze the four biomarker combination. The sequence-based decision rule used was: if E2F1 was ON (i.e. 1) and not the only biomarker to be ON, then the patient was considered bad outcome; otherwise, considered good outcome. The sensitivity and specificity values for all of the possible combinations of the four biomarkers are provided in Table 33. The ROC curve obtained using the sequence interpretation approach for the SLPI/p21ras/E2F1/src combination was prepared (data not shown).

TABLE 33

Sensitivity and Specificity Couples Using Sequence-based Interpretation Approach for SLPI, p21ras, E2F1 and SRC Combination SLPI-p21ras-E2F1-src

Sequence	CumulBad	CumulGood	Sensitivity	Specificity
S1111	4	0	0.069	1
S1011	7	0	0.1207	1
S1110	12	0	0.2069	1
S0111	14	8	0.2414	0.9184
S1010	22	12	0.3793	0.8776
S1101	26	14	0.4483	0.8571
S0011	31	16	0.5345	0.8367
S0110	35	19	0.6034	0.8061
S1001	37	24	0.6379	0.7551
S1100	37	26	0.6379	0.7347
S0010	39	37	0.6724	0.6224
S0101	41	40	0.7069	0.5918
S1000	46	56	0.7931	0.4286
S0001	49	63	0.8448	0.3571
S0100	52	71	0.8966	0.2755
S0000	58	98	1	0

^{*}A sequence S0110 is read as follows: SLPI = OFF/p21ras = ON/E2F1 = ON/src = OFF.

[0171] An interpretation based on E2F1 alone gave a sensitivity and specificity of 54% and 75%, respectively. A specificity and sensitivity of 60% and 80%, respectively, was obtained using the sequence-based algorithm defined above (i.e., if E2F1 was ON (i.e. 1) and not the only biomarker to be ON, then the patient was considered bad outcome; otherwise, considered good outcome).

Six Biomarker Combination: SLPI/p21ras/E2F1/src/PSMB9/phospho-p27

[0172] Analysis was performed using only one percentage feature for a six biomarker combination of SLPI, p21ras, E2F1, src, PSMB9, and phospho-p27 with the thresholds and decision rules defined in Table 34.

TABLE 35

Sensitivity and Specificity Couples Using Sequence-based Interpretation Approach for SLPI, p21ras, E2F1, PSMB9, SRC, and Phospho-p27 Combination

SLPI-p21ras-E2F1-PSMB9-src-phospho-p27

Sequence	CumulBad	CumulGood	Sensitivity	Specificity
S111111	1	0	0.0208	1
S111101	2	0	0.0417	1
S111011	2 2	0	0.0417	1
S111110	2	0	0.0417	1
S101111	3	0	0.0625	1
S111001	4	0	0.0833	1
S111100	8	0	0.1667	1
S011111	8	0	0.1667	1
S111010	9	0	0.1875	1
S101101	11	0	0.2292	1
S101011	12	0	0.25	1
S110111	12	0	0.25	1
S101110	12	0	0.25	1
S011101	12	0	0.25	1
S111000	12	0	0.25	1
S011011	13	1	0.2708	0.9885
S011110	13	1	0.2708	0.9885
S101001	13	2	0.2708	0.977
S110101	14	2	0.2917	0.977
S101100	15	3	0.3125	0.9655
S001111	17	3	0.3542	0.9655
S110011	19	4	0.3958	0.954
S101010	21	4	0.4375	0.954
S110110	21	4	0.4375	0.954
S011001	21	5	0.4375	0.9425
S011100	22	8	0.4583	0.908
S011010	23	10	0.4792	0.8851
S100111	23	10	0.4792	0.8851
S001101	23	11	0.4792	0.8736
S110001	23	11	0.4792	0.8736
S101000	25	13	0.5208	0.8506
S001011	26	14	0.5417	0.8391
S110100	27	14	0.5625	0.8391

TABLE 34

	Percentage Summary Features for Six Biomarker Analysis					
MarkerName	Feature	Threshold	Sensitivity	Specificity	Rule (1 if)	
SLPI	CELL_PERCENT_123	0.576	53.2%	70.4%	>	
p21ras	CELL_PERCENT_123	61.045	45.8%	72.3%	>	
E2F1	CELL_PERCENT_23	3.191	58.2%	73.5%	>	
PSMB9	CELL_PERCENT_123	30.425	40.3%	71.6%	>	
src	CELL_PERCENT_23	13.085	43.6%	66.0%	<	
phospho-p27	CELL_PERCENT_123	0.446	49.2%	64.5%	<	

[0173] A sequence-based interpretation approach was used to analyze the six biomarker combination. The sequence-based decision rule used was: If E2F1 was ON (i.e. 1) and either SLPI or 21ras, or E2F1 and any 2 biomarkers, or SLPI and any 2 biomarkers, or any 4 biomarkers or more were ON, then the patient was considered bad outcome; otherwise considered good outcome. The sensitivity and specificity values for all of the possible combinations of the six biomarkers of interest are provided in Table 35. The ROC curve obtained using the sequence interpretation approach for the SLPI/p21ras/E2F1/PSMB9/src/phospho-p27 combination are shown in FIG. 2.

TABLE 35-continued

Sensitivity and Specificity Couples Using Sequence-based Interpretation Approach for SLPI, p21ras, E2F1, PSMB9, SRC, and Phospho-p27 Combination SLPI-p21ras-E2F1-PSMB9-src-phospho-p27

Sequence	CumulBad	CumulGood	Sensitivity	Specificity
S010111	27	15	0.5625	0.8276
S001110	28	16	0.5833	0.8161
S110010	28	16	0.5833	0.8161
S011000	31	19	0.6458	0.7816

TABLE 35-continued

Sensitivity and Specificity Couples Using Sequence-based Interpretation Approach for SLPI, p21ras, E2F1, PSMB9, SRC, and Phospho-p27 Combination SLPI-p21ras-E2F1-PSMB9-src-phospho-p27

Sequence CumulBad CumulGood Sensitivity Specificity S100101 31 19 0.6458 0.7816 S100011 33 34 0.6875 20 0.7701 S100110 0.7701 20 0.7083 34 21 22 0.7586 S001001 0.7083 35 35 36 37 0.7471 S010101 0.7292 26 S001100 0.7292 0.7011 28 S110000 0.75 0.6782 S010011 29 0.7708 0.6667 37 37 S001010 30 0.7708 0.6552 30 34 S010110 0.7708 0.6552 S100001 37 0.7708 0.6092 38 $\mathbf{S}100100$ 38 0.7917 0.5632 S000111 40 39 0.8333 0.5517 S10001040 45 0.8333 0.4828 S010001 41 46 0.8542 0.4713 ${\bf S}001000$ 41 46 0.8542 0.4713 S010100 41 47 0.8542 0.4598 $\mathbf{S}010010$ 41 48 0.8542 0.4483 S000101 41 51 0.8542 0.4138 S100000 42 54 0.875 0.3793 S000011 42 59 0.875 0.3218 42 61 S000110 0.875 0.2989 S010000 42 65 0.875 0.2529 S000001 43 70 0.8958 0.1954 S000100 43 72 0.8958 0.1724 77 S000010 0.9167 0.1149 S000000

[0174] A specificity and sensitivity of 70% and 77%, respectively, was obtained using the sequence-based algorithm defined above.

Example 6

Optimization of Reagents and Staining Conditions for Immunohistochemistry

[0175] In order to maximize the signal to noise ratio for detection of expression of a particular biomarker using the immunohistochemistry methods disclosed herein, experiments to select the optimal antigen retrieval solution and conditions, antibody concentration and diluent formulation, and detection chemistry parameters were performed. For each set of experiments, biomarker-specific tissue microarrays (TMAs) were constructed by obtaining cylindrical tissue specimens from regular paraffin blocks, assembling them into a single block, and preparing sections containing multiple tissue specimens. TMAs with 2-3 pre-selected known positive and negative tumors for each breast biomarker were used. Slides were prepared and automated immunohistochemistry was performed essentially as described in Example 1. The following control reagents were used during all of the optimization experiments:

[0176] For the negative control, the application of the primary antibody was replaced with a ready to use universal negative reagent, either non-specific mouse or rabbit IgG.

[0177] EF1- α was used as a positive control.

[0178] A positive marker control slide was run following the optimized labeling parameters established during feasibility for each antibody being tested. [0179] A biomarker specific TMA containing both positive and negative tumors was used in the testing of each breast marker antibody.

1. Optimization of Antigen Retrieval

A. Antigen Retrieval Solutions

[0180] Each antigen retrieval solution listed below was tested using each of the biomarker antibodies of interest. The time and temperatures used here were standard accepted values as defined below.

TABLE 36

	Antigen Retrieval Solutions Tested				
Solution	Time	Temperature	Device		
Citrate Buffer pH 6.0 (Dako)	5 minutes	120° C.	Pressure Cooker		
Tris Buffer pH 9.5 (Biocare)	5 minutes	120° C.	Pressure Cooker		
EDTA pH 8.0 (Biocare)	20 minutes	95° C.	Steamer		
L.A.B. (Polysciences)	20 minutes	20° C. and 60° C.	None/oven		
Antigen Retrieval Glyca Solution (Biogenex)	5 minutes	120° C.	Pressure Cooker		
Citrate Buffer Solution, pH 4.0 (Zymed)	20 minutes	95° C.	Steamer		
diH ₂ 0	20 minutes	120° C.	Pressure Cooker		
Dawn (Protor & Gamble)	3 minutes	120° C.	Pressure Cooker		
2% Glacial Acetic Acid	10 minutes	95° C.	Steamer		

[0181] The slides were scored by a pathologist, and the best performing antigen retrieval solution were determined by comparing the labeling specificity and intensity between positive and negative tumors. If the results were essentially negative, alternative antigen retrieval solutions were screened. If results were positive, i.e. labeling more intense than no antigen retrieval, the top (1-3) solutions were identified and used for antigen retrieval time and temperature testing. The activity of the selected antigen retrieval solutions was verified by labeling a representative sample of positive and negative whole tissue sections.

B. Antigen Retrieval Conditions—Time and Temperature

[0182] The best-performing antigen retrieval solutions were tested using the following time and temperature criteria:

TABLE 37

•	Antigen Retri	ieval Time	and Temp	erature Co	onditions '	Tested	•
Temp	3 minutes	5 minutes	10 minutes	20 minutes	30 minutes	4 hours	Over- night
2-8° C.						*	*
25° C.						*	*
37° C.						*	*
60° C.						*	*
95° C./			*	*	*		
ST							
120° C.	/ *	*	*				
PC							

[0183] The slides were scored by a pathologist, and the best-performing antigen retrieval time and temperature combinations were determined by comparing the labeling specificity and intensity between positive and negative tumors. The activity of the selected antigen retrieval solutions and time and temperature combinations was verified by labeling a representative sample of positive and negative whole tissue sections utilizing the controls listed above.

2. Optimization of Antibody Dilution and Diluent Formula-

A. Antibody Dilution

[0184] Each breast cancer biomarker antibody was tested over a range of antibody dilutions. Table 38 provides an example of antibody dilutions tested for the SLPI 5G6.24 antibody. All other breast biomarker antibodies were tested in a similar manner.

TABLE 38

Antibody Dilutions Tested					
Antibody	IgG concentration	µg/slide (200 µl/ slide)	Dilution		
SLPI	3.5 mg/ml	3.5	1:200		
5G6.24	(3.5 μg/ul)				
		1.75	1:400		
		1.17	1:600		
		0.88	1:800		
		0.7	1:1000		
		0.47	1:1500		

[0185] The slides were scored by a pathologist, and the labeling intensities between controls, known positive, and known negative tumors were assessed. The labeling data was analyzed to determine both the upper and lower limits of the antibody dilutions that maintained the desired labeling intensity and the width of the utility range for each antibody. If the initial dilution range tested did not result in the identification of the upper and lower limits, additional antibody dilutions were tested.

B. Antibody Diluent Formulation

[0186] Various antibody diluents were tested using each of the breast biomarker antibodies of interest. The table below provides a description of the diluent parameters that were tested.

TABLE 39

	Antibody Diluents Tested					
PBS pH 7.4 PBS pH 7.4	0.1% tween 20	10/ DCA				
PBS pH 7.4 PBS pH 7.4		1% BSA	0.05% NaN ₃			
PBS pH 7.4	0.1% tween 20	1% BSA				
PBS pH 7.4	0.1% tween 20		$0.05\% \text{ NaN}_3$			
PBS pH 7.4		1% BSA	0.05% NaN ₃			
PBS pH 7.4	0.1% tween 20	1% BSA	$0.05\%~\mathrm{NaN_3}$			

[0187] The slides were scored by a pathologist for labeling intensity. The effectiveness of the diluent formulation was determined by comparing the labeling grade of the biomarker control slide to the experimental slides. Those that resulted in the most specific and highest signal to noise ratio by compar-

ing the labeling of positive and negative tumors were carried forward. The diluent formulations (approximately one to three) that resulted in the optimal labeling intensity were carried forward into further optimization and stability studies. The activity of the selected diluents was verified by labeling a representative sample of positive and negative whole breast cancer tissue sections.

3. Optimization of Detection Chemistry

[0188] Each of the breast biomarker antibodies was tested utilizing the DAKO Envision+ detection kit over the range of times and concentrations listed below.

TABLE 40

Detection Chemistry Time and Concentration Conditions Tested					
		Time			
Concentration	10 minutes	30 minutes	60 minutes		
1.0X Concentration 0.75X Concentration 0.5X Concentration					

[0189] The slides were scored by a pathologist, and the labeling intensities between controls, known positive, and known negative tumors were assessed. The activity of the selected detection chemistry time and concentration combinations was verified by labeling a representative sample of positive and negative whole breast cancer tissue sections.

Results

[0190] A significantly improved signal to noise ratio was observed with optimized staining reagent conditions (data not shown).

Example 7

Real-Time PCR Detection of Biomarkers in Clinical Samples

[0191] TaqMan® real-time PCR was performed with the ABI Prism 7700 Sequence Detection System (Applied Biosystems, Foster City, Calif.). The primers and probes were designed with the aid of the Primer Express™ program, version 1.5 (Applied Biosystems, Foster City, Calif.), for specific amplification of the targeted breast staging markers (e.g., DARPP32 and NDRG-1) in this study. The sequence information on primers and probes is shown below:

[0192] DARPP32:

(SEQ ID NO: 33)

Forward Primer Name: DARPP32_t1-F
Sequence: TACACACCACCTTCGCTGAAAG

(SEQ ID NO: 34)

Reverse Primer Name: DARPP32_t1-R
Sequence: GGCCTGGTTCTCATTCAAATTG

(SEQ ID NO: 35)

TaqMan Probe Name: DARPP32_t1-Probe
Sequence: CGCATTGCTGAGTCTCACCTGCAGTC

(SEQ ID NO: 36)

Forward Primer Name: DARPP32_t2-F
Sequence: CAGCCTTACAGAGACTGGAAAAGAA

-continued

(SEQ ID NO: 37)
Reverse Primer Name: DARPP32_t2-R
Sequence: GAGGCTCAGGGACCCAAAG

(SEO TD NO: 38)

TaqMan Probe Name: DARPP32_t2-Probe Sequence: CCAAACCAAGGCCCCCAGAGAGGT

[0193] NDRG-1:

Forward Primer Name: NDRG-1-F Sequence: CCTACCGCCAGCACATTGT (SEQ ID NO: 39)

Reverse Primer Name: NDRG-1-R Sequence: GCTGTTGTAGGCATTGATGAACA (SEQ ID NO: 40)

TaqMan Probe Name: NDRG-1-Probe Sequence: AATGACATGAACCCCGGCAACCTG (SEQ ID NO: 41)

[0194] The probes were labeled with a fluorescent dye FAM (6-carboxyfluorescein) on the 5' base, and a quenching dye TAMRA (6-carboxytetramethylrhodamine) on the 3' base. The sizes of the amplicons were around 100 bp. 18S ribosomal RNA was applied as endogenous control. 18S rRNA probe was labeled with a fluorescent dye VIC. Pre-Developed 18S rRNA primer/probe mixture was purchased from Applied Biosystems (P/N: 4310893E). 20 frozen breast tissues (i.e., 6 tumors with bad outcome, 12 tumors with good outcome, and 2 normal tissues) were analyzed in this study. In this study, good outcome was defined as remaining cancerfree for at least 5 years; bad outcome was defined as suffering disease relapse, recurrence, or death within 5 years. 5 µg of total RNA extracted from the frozen breast tissues was quantitatively converted into the single stranded cDNA form with random hexamers (not with oligo-dT) by using the High-Capacity cDNA Archive Kit (Applied Biosystems, P/N: 4322171). The following reaction reagents were prepared:

20X Master Mix of Primers/Probe (in 200 μl)	
180 μ M Forward primer 180 μ M Reverse primer 100 μ M TaqMan probe $_{2}O$	20 µl 20 µl 10 µl 150 µl
Final Reaction Mix (25 µl/well)	
20X master mix of primers/probe 2X TaqMan Universal PCR master mix (P/N: 4304437) cDNA template $\rm H_2O$	1.25 µl 12.5 µl 5.0 µl 6.25 µl

[0195] 20x TaqMan Universal PCR Master Mix was purchased from Applied Biosystems (P/N: 430-4437). The final primer and probe concentrations, in a total volume of 25 μl , were 0.9 μM and 0.25 μM , respectively. 10 ng of total RNA was applied to each well of the reaction. The amplification conditions were 2 min at 50° C., 10 min at 95° C., and a two-step cycle of 95° C. for 15 seconds and 60° C. for 60 seconds for a total of 40 cycles. At least three no-template control reaction mixtures were included in each run. All experiments were performed in triplicate.

[0196] At the end of each reaction, the recorded fluorescence intensity was used for the following calculations: Rn⁺ is the Rn value of a reaction containing all components, Rn⁻

is the Rn value of an unreacted sample (baseline value or the value detected in NTC). ΔRn is the difference between Rn⁺ and Rn⁻. It is an indicator of the magnitude of the signal generated by the PCR. Expression level of a target gene was computed by comparative CT method. This method uses no known amount of standard but compares the relative amount of the target sequence to the reference values chosen (18S rRNA was selected as a reference in this study). See the Applied Biosystems' *TaqMan Human Endogenous Control Plate Protocol* that contains detailed instructions regarding MS Excel based data analysis.

Results

[0197] The results obtained with each biomarker and with the specific primers are listed below in tabular form. Results obtained with normal breast tissue samples are designated N; those obtained with breast cancer samples are labeled T.

TABLE 41

	DARPP32 TaqM	an ® Results	
Samples	t1	t2	t1t2
2T 7T	0.18 5.7	0.5 23.5	0.54 62.5
12T	73.5	16.9	84.2
13T	1.2	1.1	2.2
21T	5.8	6.1	16.1
24T	4.2	2.9	7.9
26T	0.6	0.3	1.9
1T	0.02	0.2	0.1
3T	0.4	0.04	0.8
4T	2.5	1	4.8
5T	1.2	0.5	3.7
6T	0.9	0.6	2.6
9T	0.3	0.6	0.5
10T	0.1	0.2	0.3
11T	0.7	0.1	0.9
19T	0.8	0.3	1.6
22T	0.6	0.6	1.6
23T	0.5	0.4	1.2
25T	0.2	0.1	0.3
1N	1.1	1.3	2
8N	0.7	0.3	1.3
Bad	15.10	8.50	28.91
Mean:			
Good	0.69	0.39	1.53
Mean			
t-test P =	0.046	0.004	0.007

[0198] DARPP32 has two transcripts: t1 and t2. TaqMan® data showed that both t1 and t2 were overexpressed in the breast tumors with bad outcomes (in bold) as compared with those with good outcomes.

TABLE 42

NDRG-1 Tac	Man ® Results
Samples	NDRG-1
2T	2.8
7 T	12.8
12T	5.5
13T	6.4
21T	2.4
24T	6.7
26T	2.3
1T	4.1
3T	4.2
4T	2.8

TABLE 42-continued

NDRG-1 TaqMan ® Results			
Samples	NDRG-1		
5T	3.2		
6T	1.3		
9T	3.1		
10T	3.7		
11T	1.6		
19T	3.4		
22T	5.5		
23T	1.6		
25T	3.1		
1N	0.9		
8N	0.5		
Bad	6.10		
Mean:			
Good	3.13		
Mean:			
t-test P =	0.021		

[0199] NDRG-1 has one transcript. TaqMan data showed that NDRG-1 was overexpressed in the breast tumors with bad outcomes (in bold) as compared with those with good outcomes.

Example 8

Detection of Biomarker Overexpression in a Chemo-Naïve Patient Population with 10-Year Clinical Follow-Up (Five Biomarker Panel)

[0200] Breast tumor tissue samples collected at or near the time of initial diagnosis from 255 early-stage breast cancer patients were analyzed for biomarker overexpression in this study. Ten-year clinical follow-up data was available for all patients in the study. None of the patients received cytotoxic chemotherapy at any time during their treatment for breast cancer. The clinical demographics, distribution, and standard histopathological parameters (e.g., ER/PR hormone receptor status, histological grade, etc.) for the patient population are summarized below in Table 43.

TABLE 43

Clinical Characteristics of Chemo-Naïve Patient Population			
Characteristics	Overall		
Age at diagnosis (years) Mean (std) Range Age group distribution	n = 255 64.0 (10.6) 30-85		
<40 40-<50 50-<60 60-<70 >=70 Tumor size (cm) Mean (std) Range Tumor size group	6 (2.4%) 23 (9.0%) 48 (18.8%) 87 (34.1%) 91 (35.7%) n = 255 2.1 (1.19) 0.3-11.0		
<1.0 1.0-<2.0 2.0-<4.0 >=4.0 Lymph node status Negative	16 (6.3%) 104 (40.8%) 122 (47.8%) 13 (5.1%) n = 255 232 (91.0%)		

TABLE 43-continued

Characteristics	Overall
Positive	23 (9.0%)
Histological Grade	n = 244
1	38 (15.6%)
2	135 (55.3%
3	71 (29.1%)
ER Status	n = 249
Negative	64 (25.7%)
Positive	185 (74.3%)
Her2/neu status	n = 249
Negative	176 (70.7%)
Positive	73 (29.3%

[0201] Detection of expression of a five biomarker panel comprising SLPI, src, PSMB9, p21ras, and E2F1 was performed essentially as described above. That is, breast tumor samples were prepared and stained for biomarker expression using the Dako Autostainer, as described above in Example 1. Biomarker overexpression was determined using the imaging analysis described in Example 4.

[0202] The prognostic performance of the 5 biomarker panel was assessed utilizing a Cox Proportional Hazards Model analysis. See, for example Spruance et al., supra. The prognostic value of each biomarker and/or histological characteristic to identify the patients who suffered disease recurrence or death within ten years over the patients disease-free after ten years was calculated. In the analysis without the biomarker panel, age and tumor size were found to be independent prognostic factors with a p value<0.05. When the biomarkers were added to this analysis, they exhibited the highest statistically significant independent prognostic utility with a p value of <0.0001. The results of the Cox Proportional Hazard analysis are summarized below in Table 44.

TABLE 44

Results of Cox Proportional Hazard Analysis with Chemo-Naïve Patient Population (SLPI, src, PSMB9, p21ras, and E2F1 Biomarker Panel)

Variable	P Value	Hazard Ratio	(95% CI)
Analysis (without Biomarkers)			
Age at Diagnosis Tumor Size ER Total Grade Analysis (with Biomarkers)*	0.0002 0.0066 0.2506 0.0674	1.05 1.28 1.40 1.39	(1.02, 1.08) (1.07, 1.53) (0.79, 2.50) (0.98, 1.99)
Age at Diagnosis Tumor Size ER Total Grade TPO Marker	0.0004 0.0318 0.0134 0.0845 <0.0001	1.05 1.21 2.20 1.37 1.92	(1.02, 1.08) (1.02, 1.44) (1.18, 4.12) (0.96, 1.96) (1.47, 2.50)

Age at diagnosis was continuous variable and the biomarker was ordinary variable with 0 or 1, 2, 3, 4 (0 = none positive marker, 1 = one positive marker, or 2, 3, 4 positive marker).

[0203] The prognostic performance of the SLPI, src, PSMB9, p21ras, and E2F1 biomarker panel is graphically presented in the Kaplan-Meier plot of FIG. 3. The x-axis represents years from initial diagnosis, and the y axis is the percentage of disease-free survival. The corresponding graph for the general breast cancer population independent of biom-

arker analysis is presented in FIG. **4**. These plot demonstrate the ability of this biomarker panel to risk stratify this early stage breast cancer patient population for disease recurrence and/or death due to primary disease. The risk of reoccurrence and/or death due to primary disease increases as the number of biomarkers that are overexpressed in the patient samples increases. The disease-free survival rates of the patient subgroups identified by the number of overexpressed biomarkers are statistically significant from each other with a p value of <0.001, as determined by log-rank test for comparison of 0 positive, 1 positive, 2 positive, 3 or more positive biomarker groups. A biomarker that is classified as overexpressed by the imaging analyses described herein is deemed "positive."

[0204] Because one of the most important clinical features of a breast cancer patient's diagnosis relates to estrogen receptor (ER) status, the prognostic performance of the SLPI, src, PSMB9, p21ras, and E2F1 biomarker panel was further assessed using the Cox Proportional Hazard analysis in the ER-positive and -negative patient subgroups. Clinical management and prognosis of these two subgroups is different because ER-positive patients are candidates for tamoxifen therapy whereas ER negative patients are not. The results of the analysis are summarized below in Table 45. The data indicate that the five biomarkers of interest have prognostic utility in both the ER positive and negative breast cancer patient subgroups. Therefore, while the biomakers SLPI, src, PSMB9, p21ras, and E2F1 are indicative of prognosis independent of the patient's ER status, these biomarkers also correlate with ER status.

TABLE 45

Results of Cox Proportional Hazard Analysis with Chemo-Naïve
Patient Population (SLPI, src, PSMB9, p21ras, and E2F1 Biomarker
Panel in ER Positive and Negative Patient Subgroups)

	Variable	P Value	Hazard Ratio	(95% CI)
ER Positive	Analysis without Biomarker Age at Diagnosis Tumor Size HER2 Total Grade Analysis with Biomarker*	0.0012 0.0237 0.5732 0.0566	1.05 1.25 1.18 1.47	(1.02, 1.09) (1.03, 1.51) (0.66, 2.13) (0.99, 2.20)

TABLE 45-continued

Results of Cox Proportional Hazard Analysis with Chemo-Naïve Patient Population (SLPI, src, PSMB9, p21ras, and E2F1 Biomarker Panel in ER Positive and Negative Patient Subgroups)

	Variable	P Value	Hazard Ratio	(95% CI)
	Age at Diagnosis	0.0009	1.06	(1.03, 1.10)
	Tumor Size	0.0753	1.19	(0.98, 1.43)
	HER2	0.8523	1.06	(0.58, 1.93)
	Total Grade	0.0440	1.50	(1.01, 2.23)
	TPO Marker	< 0.0001	1.98	(1.46, 2.69)
ER	Analysis without			
Negative	Biomarker			
Ü	Age at Diagnosis	0.0771	1.04	(1.00, 1.09)
	Tumor Size	0.1527	1.51	(0.86, 2.64)
	HER2	0.2562	0.55	(0.19, 1.55)
	Total Grade	0.9883	1.01	(0.45, 2.24)
	Analysis with			
	Biomarker*			
	Age at Diagnosis	0.3467	1.03	(0.97, 1.08)
	Tumor Size	0.1854	1.44	(0.84, 2.48)
	HER2	0.6577	0.78	(0.27, 2.30)
	Total Grade	0.7327	0.86	(0.38, 1.99)
	TPO Marker	0.0089	1.91	(1.18, 3.09)

Age at diagnosis was continuous variable and the TPO marker was ordinary variable with 0 or 1, 2, 3, 4 (0 = none positive marker, 1 = one positive marker, or 2, 3, 4 positive marker).

Example 9

Detection of Biomarker Overexpression in a Chemo-Naïve Patient Population with 10-Year Clinical Follow-up (Six Biomarker Panel)

[0205] Breast tumor tissue samples from 100 patients (50 good outcome; 50 bad outcome patients) from the chemonaïve patient population described in Example 8 were analyzed for biomarker overexpression of six biomarkers of interest (SLPI, src, PSMB9, p21^{ras}, E2F1, and MUC-1). Detection of expression of the six biomarker panel was performed by automated immunohistochemistry essentially as described above except that an alternate staining platform, the Ventana BenchMark XT, was used in place of the Dako Autostainer. A standard manual for operating the Ventana BenchMark XT is readily available from the manufacturer. Additional modifications to the immunohistochemistry parameters used with the Ventana BenchMark XT staining platform are summarized in Table 46 below. Biomarker overexpression was determined as before using the imaging analysis described in Example 4.

TABLE 46

Immunohistochemistry Parameters for Biomarker Staining with the Ventana BenchMark XT Staining Platform Antibody Antigen Antigen Antibody Antibody Concentration Retrieval Retrieval Incubation Incubation Block and Biomarker Solution Amplification (ug/ml) Time Temp Time SLPI CC1 3.6 Extended RT 1 hr None E2F1 2.0 CC1 Extended 37° C. 16 min Pro & Biotin Amp SRC 40 CC2 Standard 37° C. 1 hr None p21^{ras} 13.7 CC1 Short 37° C. 12 min None PSMB9 CC2 Standard RT 6.5 1 hr None MUC1 5.0 CC1 Extended 37° C. 1 hr None

^{*}CC1 and CC2 refer to cell conditioning reagents commercially available from Ventana. With respect to antigen retrieval times: short = 30 min; standard = 60 min; and extended = 90 min.*

[0206] The prognostic performance of the 6 biomarker panel was assessed utilizing a Cox Proportional Hazards Model analysis, as above. The prognostic value of each biomarker and/or histological characteristic to identify the patients who suffered disease recurrence or death within ten years over the patients disease-free after 10 years was calculated. The biomarkers of interest (SLPI, src, PSMB9, p21^{ras}, E2F1, and MUC-1) exhibited statistically significant prognostic utility with a p value of 0.0220. The results of the Cox Proportional Hazard analysis are summarized below in Table 47.

TABLE 47

Results of Cox Proportional Hazard Analysis with Chemo-Naïve
Patient Population (SLPI, src, PSMB9, p21ras, E2F1, and MUC-1
Biomarker Panel)

			95% F	Hazard
			Ra	tio
		Hazard	Confi	dence
Variable	P Value	Ratio	Lin	nits
Age at Diagnosis	0.0523	1.032	1.000	1.066
Tumor Size	0.0180	1.319	1.049	1.658
Her2	0.2619	0.640	0.293	1.396
ER	0.4539	1.359	0.609	3.035
Total Grade	0.7693	1.075	0.661	1.749

TABLE 47-continued

Results of Cox Proportional Hazard Analysis with Chemo-Naïve Patient Population (SLPI, src, PSMB9, p21ras, E2F1, and MUC-1 Biomarker Panel)

Variable	P Value	Hazard Ratio	Ra Confi	Hazard utio dence nits
Biomarkers (SLPI, src, PSMB9, p21ras, and E2F1 Biomarker Panel)	0.0220	1.335	1.042	1.709

[0207] The prognostic performance of the SLPI, src, PSMB9, p21ras, E2F1, and MUC-1 biomarker panel is graphically presented in the Kaplan-Meier plot of FIG. 5. The x-axis represents years from initial diagnosis, and the y axis is the percentage of disease-free survival. This plot demonstrates the ability of this biomarker panel to risk stratify this early stage breast cancer patient population for disease recurrence and/or death due to primary disease. The risk of reoccurrence and/or death due to primary disease increases as the number of biomarkers that are overexpressed in the patient samples increases. The disease-free survival rates of the patient subgroups identified by the number of overexpressed biomarkers are statistically significant from each other with a p value of <0.0065, as determined by log-rank test for comparison of 0 positive, 1 positive, 2 positive, 3 or more positive biomarker groups. As described above, a biomarker that is classified as overexpressed by the imaging analyses described herein is deemed "positive."

TABLE 48

_	Biomarker Nucleotide and Amino Acid Sequence Information						
	Nucleot	ride Sequence	Amino A	Acid Sequence			
Biomarker Name	Accession No.	Sequence Identifier	Accession No.	Sequence Identifier			
SLPI	NM_003064	SEQ ID NO: 1	NP_003055	SEQ ID NO: 2			
DARPP-32	NM_032192	SEQ ID NO: 3	NP_115568	SEQ ID NO: 4			
MGC14832	NM_032339	SEQ ID NO: 5	NP_115715	SEQ ID NO: 6			
NDRG-1	NM_006096	SEQ ID NO: 7	NP_006087	SEQ ID NO: 8			
PSMB9	NM_002800	SEQ ID NO: 9	NP_002791	SEQ ID NO: 10			
p27	NM_004064	SEQ ID NO: 11	NP_004055	SEQ ID NO: 12			
E2F1	NM_005225	SEQ ID NO: 13	NP_005216	SEQ ID NO: 14			
MCM6	NM_005915	SEQ ID NO: 15	NP_005906	SEQ ID NO: 16			
MCM2	D83987	SEQ ID NO: 17	BAA12177	SEQ ID NO: 18			
MUC-1	NM_182741	SEQ ID NO: 19	NP_877418	SEQ ID NO: 20			
p21ras	NM_005343	SEQ ID NO: 21	NP_005334	SEQ ID NO: 22			
Src	NM_005417	SEQ ID NO: 23	NP_005408	SEQ ID NO: 24			
TGF-beta3	BC018503	SEQ ID NO: 25	AAH18503	SEQ ID NO: 26			
PDGFRalpha	M21574	SEQ ID NO: 27	AAA96715	SEQ ID NO: 28			
Myc	V00568	SEQ ID NO: 29	CAA23831	SEQ ID NO: 30			
SERHL	NM_014509	SEQ ID NO: 31	NP_055324	SEQ ID NO: 32			

[0208] All publications and patent applications mentioned in the specification are indicative of the level of those skilled in the art to which this invention pertains. All publications and patent applications are herein incorporated by reference to the same extent as if each individual publication or patent application was specifically and individually indicated to be incorporated by reference.

[0209] Although the foregoing invention has been described in some detail by way of illustration and example for purposes of clarity of understanding, it will be obvious that certain changes and modifications may be practiced within the scope of the appended claims.

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aaa ttg gad Lys Leu Asp 275		_					_	_		-	_		980
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Cys Gly Thr Pro Lys Gly Asn Arg Pro Val Ile Leu Thr Tyr His Asp

Ile Gly Met Asn His Lys Thr Cys Tyr Asn Pro Leu Phe Asn Tyr Glu 65 70 75 80

Asp Met Gln Glu Ile Thr Gln His Phe Ala Val Cys His Val Asp Ala 85 90 95

Pro Gly Gln Gln Asp Gly Ala Ala Ser Phe Pro Ala Gly Tyr Met Tyr 100 \$105\$

Pro Ser Met Asp Gln Leu Ala Glu Met Leu Pro Gly Val Leu Gln Gln 115 120 125	
Phe Gly Leu Lys Ser Ile Ile Gly Met Gly Thr Gly Ala Gly Ala Tyr 130 135 140	
Thr Leu Thr Arg Phe Ala Leu Asn Asn Pro Glu Met Val Glu Gly Leu 145 150 155 160	
Val Leu Ile Asn Val Asn Pro Cys Ala Glu Gly Trp Met Asp Trp Ala 165 170 175	
Ala Ser Lys Ile Ser Gly Trp Thr Gln Ala Leu Pro Asp Met Val Val 180 185 190	
Ser His Leu Phe Gly Lys Glu Glu Met Gln Ser Asn Val Glu Val Val 195 200 205	
His Thr Tyr Arg Gln His Ile Val Asn Asp Met Asn Pro Gly Asn Leu 210 215 220	
His Leu Phe Ile Asn Ala Tyr Asn Ser Arg Arg Asp Leu Glu Ile Glu 225 230 235 240	
Arg Pro Met Pro Gly Thr His Thr Val Thr Leu Gln Cys Pro Ala Leu 245 250 255	
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Asn Ser Lys Leu Asp Pro Thr Lys Thr Thr Leu Leu Lys Met Ala Asp 275 280 285	
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Phe Lys Tyr Phe Val Gln Gly Met Gly Tyr Met Pro Ser Ala Ser Met 305 310 315 320	
Thr Arg Leu Met Arg Ser Arg Thr Ala Ser Gly Ser Ser Val Thr Ser 325 330 335	
Leu Asp Gly Thr Arg Ser Arg Ser His Thr Ser Glu Gly Thr Arg Ser 340 345 350	
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Tyr Gln Leu Glu Leu His Gly Ile Glu Leu Glu Glu Pro Pro Leu Val

85 90 95	
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The service of the se	Thr					Leu					Gly						456	
Tyr. Glu Thr. Ser Leù Asm. Leù Thr. Thr. Lys Arg Phe Leù Glu Leù Leù 130 135 140 160 140 160 140 160 160 160 160 160 160 160 160 160 16	Gly	_				Lys					Pro			_		_	504	
See His Ser Ala Aep City Val Val Aep Leu Aen Trp Ala Ala Ciu Val 155 ctg aag gtg cag aag cgg cgc atc tat gac atc acc aac gtc ctt gag Leu Lys Val Gin Lys Arg Arg Ile Tyr Aep Ile Thr Aen Val Leu Giu 175 ggc atc cag ctc att gcc aag aag tcc aag aac cac atc cag tgg ctg Ciy Ile Gin Leu Ile Ala Lys Lys Ser Lys Aen His Ile Gin Trp Leu 180 ggc acc cac acc aca gtg ggc gtc ggc ggs cgg ctt gag ggg ttg acc Ciy Ser His Thr Thr Val Giy Val Giy Arg Leu Giu Giy Leu Thr 200 cag gac ctc cag acg ctg cag gag agc gac acg cag cag cag ctg gac cac acc ccg acg atg cin Aep Leu Gin Giu Ser Gin Aep Leu Arg Gin Leu Gin Giu Ser Giu Gin Cin Leu Aep His Leu 210 215 226 Met Aen Ile Cys Thr Thr Gin Leu Arg Leu Leu Ser Giu Aep Thr Aep 225 Ser Gin Arg Leu Ala Giy Val Try Cyn Gin Aep Leu Arg Ser Ile Ala 245 Ser Gin Arg Leu Ala Giy Cac acc acc gt gac gt gc gc ctg ctc tcc gag gac act gac acc gc gc cg ctg ctc ccc gag gac acc gc acc acc acc acc acc	Tyr					Asn					Arg						552	
Leu Lys Val Gin Lys Arg Arg Ile Tyr Asp Ile Thr Asn Val Leu Giu 160 ggc atc cag ctc att gcc aag aag tcc aag aac cac atc cag tgg ctg Gly Ile Gin Leu Ile Ala Lys Lys Ser Lys Asn His Ile Gin Trp Leu 180 ggc agc cac acc aca gtg ggc gtc ggc gga cgg ctt gag ggg ttg acc Gly Ser His Thr Thr Val Gly Val Gly Gly Arg Leu Glu Gly Leu Thr 195 cag gac ctc cga cag ctg cag gga agc gac cag cag cag cag cac ctg Gln Asp Leu Arg Gin Leu Gin Glu Ser Glu Gln Gin Leu Asp His Leu 210 215 acg aat atc tgt act acg cag ctg cgc tgc ctc tcc gag gac act gac Met Asn Ile Cys Thr Thr Gin Leu Arg Leu Leu Ser Glu Asp Thr Asp 225 agc cag cag ctg ctg gcc tac gtg acg tgt cag gac ctt ctg agg att gas agc cag cgc ctg gcc tac gtg acg tgt cag gac ctt ctg agc att gca Ser Gln Arg Leu Ala Tyr Val Thr Cys Gin Asp Leu Arg Ser Ile Ala 240 acc ctga gag cag atg gtt atg gtg atc aaa gcc ctc ctc tag ag acc Asp Pro Ala Glu Gln Met Val Ile Lys Ala Pro Pro Glu Thr 260 cag ctc caa gcc gtg gac tct tcg gag aac ttt cag atc tcc ctt aag Gln Leu Gln Ala Val Asp Ser Ser Glu Asp Phe Gln Ile Ser Leu Lys 275 agc aaa caa ggc ctg gac tct tcg gag act tct cag acc tcc ctt aag Gln Leu Gln Ala Val Asp Ser Ser Glu Asp Phe Gln Ile Ser Leu Lys 280 agc aaa caa ggc ctg gac tct tcg gag acc agc tgag gac ctt tcg gag acc agc aga gac gat gtt ttc ctg tgc cct gag gac ctt ctg ag agc aaa caa ggc ctg acc gat gtt ttc ctg tgc cct gag gag acc 295 agc gag aac aac aag gc ccg atc gat gtt ttc ctg tgc cct gag gag acc 316 Glu Glu Pro Ile Asp Val Phe Leu Cys Pro Glu Glu Thr Val 320 ggt ggg atc acc cac ggg aag acc cat ccc aca gag gtc act tct gag Glu Glu Asp Arg Ala Thr Asp Ser Ala Thr Ile Val Ser Pro Pro Pro 325 tca tct ccc ccc tca tcc ctc acc aca gat ccc acc acc acc acc acc acc gag aga acc gac ctg ttc try Thr Asp Ser Ala Thr Ile Val Ser Pro Pro Pro 326 agc ctg gag caa gaa cag ccc ctg ttg tcc cga acg acc tct ctc Tag 336 acc ctg gag caa gaa cag ccc ctg ttg tcc ccg acc gat ctg tct Leu Lys 340 345 acc ctg gag caa gaa cag ccc ctg ttg tcc ccg acc gac ctg ctg ctc tcu Ctc 340 acc ctg gag caa gaa ccc c	Ser					Gly					Asn						600	
Câly 11e Gân Leu 11e Âla Lyĕ Lyĕ Ser Lyˇ Ann Hie 11e Gân Trp Leu 180 ggc agc cac acc acc acc acc ggg ggc ggc	Leu					Arg					Ile					Glu	648	
Gly Ser His Thr Thr Val Gly Val Gly Gly Arg Leu Glu Gly Leu Thr 195 cag gac ctc cga cag ctg cag gag agc ag cag cag ctg gac cac ctg Gln Aap Leu Arg Gln Leu Gln Glu Ser Glu 210 atg aat atc tgt act Act gac gag ctg cgc ctg ctc tcc gag gaa act gac Met Asn Ile Cys Thr Thr Gln Leu Arg Leu Leu Ser Glu Asp Thr Asp 225 agc cag cgc ctg gcc tac gtg acg tgt cag gac ctt ctg agc att gca Ser Gln Arg Leu Ala Tyr Val Thr cys Gln App Leu Arg Ser Ile Ala 240 245 gac cct gca gag cag atg gtt atg gtg atc aaa gcc ctt ctg aga act Asp Pro Ala Glu Gln Met Val Met Val Ile Lys Ala Pro Pro Glu Thr 260 cag ctc caa gcc gtg gac tct tcg gag acc ttt cag atc tcc tta ag Gln Leu Gln Ala Val Asp Ser Ser Glu Asp Phe Gln Ile Ser Leu Lys 275 agc aaa caa ggc ccg atg gat ttt ctg tgc cct gag gac ct tag agc aaa caa ggc ccg atg gtt ttc ctg tgc cct gag gac cg ats Ser Lys Gln Gly Pro Ile Asp Val Phe Leu Cys Pro Glu Glu Thr Val 290 ggt ggg atc agc cct gga aac acc cca tcc cag gag gtc act tct gag Gly Gly Ile Ser Pro Gly Lys Thr Pro Ser Gln Glu Val Thr Ser Glu 305 tca tct ccc ccc tca tcc cta acc aca gat ccc acc acc acc acc acc acc acc acc a	Gly		_			Āla	_	_		_	Asn			_		_	696	
Gin Asp Leu Arg Gin Leu Gin Glu Ser Glu Gin Gin Leu Asp His Leu 210 atg aat atc tgt act acg cag ctg cgc ctg ctc tcc gag gac act gac Met Asn Tile Cys Thr Thr Gin Leu Arg Leu Leu Ser Glu Asp Thr Asp 225 agc cag cgc ctg gcc tac gtg acg tgt cag gac ctt cgt agc att gca Ser Gin Arg Leu Ala Tyr Val Thr Cys Gin Asp Leu Arg Ser Ile Ala 240 245 gac cct gca gag cag atg gtt atg gtg atc aaa gcc cct cct gag acc Asp Pro Ala Glu Gin Met Val Met Val Ile Lys Ala Pro Pro Glu Thr 260 cag ctc caa gcc gtg gac tct tcg gag aac ttt cag atc tcc ctt aag Gin Ala Val Asp Ser Ser Glu Asn Phe Gin Ile Ser Leu Lys 275 agc aaa caa gcc cg atc gat gat gtt tc ctg tgc cct gag gad cct Lys Pro Glu Glu Thr Val 280 agc aaa caa gcc cg atc gat gtt tc ctg tgc cct gag gag acc gta Ser Lys Gin Gly Pro Ile Asp Val Phe Leu Cys Pro Glu Glu Thr Val 300 ggt ggg atc agc cct ggg aag acc cca tcc cag gag gtc act tct gag gag acc gta Gly Gly Ile Ser Pro Gly Lys Thr Pro Ser Gln Glu Val Thr Ser Glu 305 aga gag aac aag gcc ca tc cac gcc acc acc acc acc acc acc acc ac	Gly					Val					Arg						744	
Met Asn Ile Cys Thr Thr Gln Leu Arg Leu Leu Ser Glu Asp Thr Asp 225 230 235 235 235 235 235 235 235 235 235 235	Gln					Leu					Gln						792	
Ser Gln Arg Leu Ala Tyr Val Thr Cys Gln Asp Leu Arg Ser Ile Ala 255 gac cct gca gag cag atg gtt atg gtg atc Asp Pro Ala Glu Gln Met Val Met Val Ile Lys Ala Pro Pro Glu Thr 260 cag ctc caa gcc gtg gac tct tcg gag aac ttt cag atc tcc ctt aag Gln Leu Gln Ala Val Asp Ser Ser Glu Asn Phe Gln Ile Ser Leu Lys 275 agc aaa caa ggc ccg atc gat gtt ttc ctg tgc cct gag gag acc gtg ser Lys Gln Gly Pro Ile Asp Val Phe Leu Cys Pro Glu Glu Thr Val 290 ggt ggg atc agc cct ggg aag acc cca tcc cag gag gtc act tct gag ggg ggg ggg ggg acc gat gag acc cca tcc cag gag gtc act tct gag Gly Gly Ile Ser Pro Gly Lys Thr Pro Ser Gln Glu Val Thr Ser Glu 315 gag gag aac agg gcc act gac tct gcc acc ata gtg tca cca cca cca cca Glu Glu Asn Arg Ala Thr Asp Ser Ala Thr Ile Val Ser Pro Pro Pro Pro 320 agc tcg gag caa gaa ccg ct tcc ctc acc aca gat ccc acc acc acc acc acc acc acc acc a	Met			_		Thr	_	_	_	_	Leu			_		_	840	
Asp Pro Ala Glu Gln Met Val Met Val Ile Lys Ala Pro Pro Glu Thr 260 cag ctc caa gcc gtg gac tct tcg gag aac ttt cag atc tcc ctt aag Gln Leu Gln Ala Val Asp Ser Ser Glu Asn Phe Gln Ile Ser Leu Lys 285 agc aaa caa ggc ccg atc gat gtt ttc ctg tgc cct gag gag acc gta Ser Lys Gln Gly Pro Ile Asp Val Phe Leu Cys Pro Glu Glu Thr Val 290 ggt ggg atc agc cct ggg aag acc cca tcc cag gag gtc act tct gag Gly Gly Ile Ser Pro Gly Lys Thr Pro Ser Gln Glu Val Thr Ser Glu 310 gag gag aac agg gcc act gac tct gcc acc ata gtg tca cca cca cca Ca Glu Glu Asn Arg Ala Thr Asp Ser Ala Thr Ile Val Ser Pro Pro Pro 320 tca tct ccc ccc tca tcc ctc acc aca gat ccc agc cag tct cta ctc Ser Ser Pro Pro Ser Ser Leu Thr Thr Asp Pro Ser Gln Ser Leu Leu 340 agc ctg gag caa gaa ccc ctg ttg tcc ccg atg ggc agc ctg cgg gct 1224 Ser Leu Glu Glu Glu Pro Leu Leu Ser Arg Met Gly Ser Leu Arg Ala	Ser					Tyr					Asp					Ala	888	
Gln Leu Gln Ala Val Asp Ser Ser Glu Asn Phe Gln Ile Ser Leu Lys 285 agc aaa caa ggc ccg atc gat gtt ttc ctg tgc cct gag gag acc gta Ser Lys Gln Gly Pro Ile Asp Val Phe Leu Cys Pro Glu Glu Thr Val 290 ggt ggg atc agc cct ggg aag acc cca tcc cag gag gtc act tct gag Gly Gly Ile Ser Pro Gly Lys Thr Pro Ser Gln Glu Val Thr Ser Glu 305 gag gag aac agg gcc act gac tct gcc acc ata gtg tca cca cca cca Glu Glu Asn Arg Ala Thr Asp Ser Ala Thr Ile Val Ser Pro Pro Pro 320 tca tct ccc ccc tca tcc ctc acc aca gat ccc agc cag tct cta ctc Ser Ser Pro Pro Ser Ser Leu Thr Thr Asp Pro Ser Gln Ser Leu Leu 340 agc ctg gag caa gaa ccg ctg ttg tcc cgg atg ggc act ctg cgg gct Ser Leu Glu Gln Glu Pro Leu Leu Ser Arg Met Gly Ser Leu Arg Ala	Asp					Met					Lys						936	
Ser Lys Gln Gly Pro Ile Asp Val Phe Leu Cys Pro Glu Glu Thr Val 290 ggt ggg atc agc cct ggg aag acc cca tcc cag gag gtc act tct gag Gly Gly Ile Ser Pro Gly Lys Thr Pro Ser Gln Glu Val Thr Ser Glu 305 gag gag aac agg gcc act gac tct gcc acc ata gtg tca cca cca cca Glu Glu Asn Arg Ala Thr Asp Ser Ala Thr Ile Val Ser Pro Pro Pro 320 tca tct ccc ccc tca tcc ctc acc aca gat ccc agc cag tct cta ctc Ser Ser Pro Pro Ser Ser Leu Thr Thr Asp Pro Ser Gln Ser Leu Leu 340 agc ctg gag caa gaa ccg ctg ttg tcc cgg atg ggc agc ctg cgg gct Ser Leu Glu Gln Glu Pro Leu Leu Ser Arg Met Gly Ser Leu Arg Ala	Gln					Asp					Phe						984	
Gly Gly Ile Ser Pro Gly Lys Thr Pro Ser Gln Glu Val Thr Ser Glu 305 310 315 gag gag aac agg gcc act gac tct gcc acc ata gtg tca cca cca cca Glu Glu Asn Arg Ala Thr Asp Ser Ala Thr Ile Val Ser Pro Pro Pro 320 325 330 335 tca tct ccc ccc tca tcc ctc acc aca gat ccc agc cag tct cta ctc Ser Ser Pro Pro Ser Ser Leu Thr Thr Asp Pro Ser Gln Ser Leu Leu 340 345 350 agc ctg gag caa gaa ccg ctg ttg tcc cgg atg ggc agc ctg cgg gct Ser Leu Glu Gln Glu Pro Leu Leu Ser Arg Met Gly Ser Leu Arg Ala	Ser				_	Ile	_	_		_	Cys					_	1032	
Glu Glu Asn Arg Ala Thr Asp Ser Ala Thr Ile Val Ser Pro Pro Pro 320 325 335 tca tct ccc ccc tca tcc ctc acc aca gat ccc agc cag tct cta ctc Ser Ser Pro Pro Ser Ser Leu Thr Thr Asp Pro Ser Gln Ser Leu Leu 340 345 agc ctg gag caa gaa ccg ctg ttg tcc cgg atg ggc agc ctg cgg gct Ser Leu Glu Gln Glu Pro Leu Leu Ser Arg Met Gly Ser Leu Arg Ala	Gly					Gly					Gln						1080	
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Ser Leu Glu Gln Glu Pro Leu Leu Ser Arg Met Gly Ser Leu Arg Ala	Ser					Ser				-	Pro	_	_				1176	
	Ser					Pro					Met						1224	

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ctg gag cat gtg cgg gag gac ttc tcc ggc ctc ctc cct gag gag ttc Leu Glu His Val Arg Glu Asp Phe Ser Gly Leu Leu Pro Glu Glu Phe 385 390 395	1320
atc agc ctt tcc cca ccc cac gag gcc ctc gac tac cac ttc ggc ctc Ile Ser Leu Ser Pro Pro His Glu Ala Leu Asp Tyr His Phe Gly Leu 400 405 410 415	1368
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ctc acc ccc ctg gat ttc tga cagggettgg agggaccagg gtttccagag Leu Thr Pro Leu Asp Phe * 435	1467
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<213> ORGANISM: Homo sapiens

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Glu Ala Leu Leu Gly Ala Gly Ala Leu Arg Leu Leu Asp Ser Ser Gln 20 \$25\$

Ile Val Ile Ile Ser Ala Ala Gln Asp Ala Ser Ala Pro Pro Ala Pro 35 40 45

Thr Gly Pro Ala Ala Pro Ala Ala Gly Pro Cys Asp Pro Asp Leu Leu 50 55 60

Leu Phe Ala Thr Pro Gln Ala Pro Arg Pro Thr Pro Ser Ala Pro Arg 65 $707075757575757570707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070707070\phantom{\bigg$

Pro Ala Leu Gly Arg Pro Pro Val Lys Arg Arg Leu Asp Leu Glu Thr Asp His Gln Tyr Leu Ala Glu Ser Ser Gly Pro Ala Arg Gly Arg Gly 105 Arg His Pro Gly Lys Gly Val Lys Ser Pro Gly Glu Lys Ser Arg Tyr Glu Thr Ser Leu Asn Leu Thr Thr Lys Arg Phe Leu Glu Leu Leu Ser His Ser Ala Asp Gly Val Val Asp Leu Asn Trp Ala Ala Glu Val Leu Lys Val Gln Lys Arg Arg Ile Tyr Asp Ile Thr Asn Val Leu Glu Gly Ile Gln Leu Ile Ala Lys Lys Ser Lys Asn His Ile Gln Trp Leu Gly Ser His Thr Thr Val Gly Val Gly Gly Arg Leu Glu Gly Leu Thr Gln 205 200 Asp Leu Arg Gln Leu Gln Glu Ser Glu Gln Gln Leu Asp His Leu Met Asn Ile Cys Thr Thr Gln Leu Arg Leu Leu Ser Glu Asp Thr Asp Ser Gln Arg Leu Ala Tyr Val Thr Cys Gln Asp Leu Arg Ser Ile Ala Asp Pro Ala Glu Gln Met Val Met Val Ile Lys Ala Pro Pro Glu Thr Gln Leu Gln Ala Val Asp Ser Ser Glu Asn Phe Gln Ile Ser Leu Lys Ser 280 285 Lys Gln Gly Pro Ile Asp Val Phe Leu Cys Pro Glu Glu Thr Val Gly 295 300 Gly Ile Ser Pro Gly Lys Thr Pro Ser Gln Glu Val Thr Ser Glu Glu 310 315 Glu Asn Arg Ala Thr Asp Ser Ala Thr Ile Val Ser Pro Pro Pro Ser 330 Ser Pro Pro Ser Ser Leu Thr Thr Asp Pro Ser Gln Ser Leu Leu Ser 345 350 Leu Glu Gln Glu Pro Leu Leu Ser Arg Met Gly Ser Leu Arg Ala Pro 360 Val Asp Glu Asp Arg Leu Ser Pro Leu Val Ala Ala Asp Ser Leu Leu 375 380 Glu His Val Arg Glu Asp Phe Ser Gly Leu Leu Pro Glu Glu Phe Ile 395 Ser Leu Ser Pro Pro His Glu Ala Leu Asp Tyr His Phe Gly Leu Glu Glu Gly Glu Gly Ile Arg Asp Leu Phe Asp Cys Asp Phe Gly Asp Leu Thr Pro Leu Asp Phe

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	ctc Leu															106
	cgc Arg															154
	gag Glu															202
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	gac Asp															298
	ttc Phe		_	-				_	_		_	_				346
	aaa Lys															394
	caa Gln	_	_			_		_		_						442
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	gtt Val															538
_	aca Thr				_	_	_	_	_					_		586
	atc Ile	_	Arg	Asn		Val	_	Ala	Asn	Arg	Arg	_			_	634
	aca Thr															682
	acc Thr		_				_		_			_	_		-	730
	att Ile															778
_	gac Asp					_		_			_	_		_		826
	aca Thr															874

	gga Gly															922
	gac															970
	aac Asn															1018
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	gag Glu	_	_		_								_		_	1114
	ttc Phe															1162
_	atg Met					_		_				_				1210
	cga Arg															1258
	agc Ser															1306
	acc Thr															1354
	aga Arg	_	_	_					_			_		-	_	1402
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_	gtg Val		_		_	_			_	_	_	_	_	_		1498
	tcc Ser				_			_	_		_		_		_	1546
	att Ile	_	_	_	_				_				_	_		1594
	tca Ser															1642
	gat Asp															1690
	gcc Ala		_		_		_	_	_			_			_	1738
	att Ile															1786

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acc aag tot toa tgg agg att aca gtg cga cag ott gag agc atg att Thr Lys Ser Ser Trp Arg Ile Thr Val Arg Gln Leu Glu Ser Met Ile 610 615 620 625	1930
cgt ctc tct gaa gct atg gct cgg atg cac tgc tgt gat gag gtc caa Arg Leu Ser Glu Ala Met Ala Arg Met His Cys Cys Asp Glu Val Gln 630 635 640	1978
cct aaa cat gtg aag gaa gct ttc cgg tta ctg aat aaa tca atc Pro Lys His Val Lys Glu Ala Phe Arg Leu Leu Asn Lys Ser Ile Ile 645 650 655	2026
cgt gtg gaa aca cct gat gtc aat cta gat caa gag gaa gag atc cag Arg Val Glu Thr Pro Asp Val Asn Leu Asp Gln Glu Glu Glu Ile Gln 660 665 670	2074
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cct gct cct gtg aac ggg atc aat ggc tac aat gaa gac ata aat caa Pro Ala Pro Val Asn Gly Ile Asn Gly Tyr Asn Glu Asp Ile Asn Gln 690 695 700 705	2170
gag tet get eec aaa gee tee tta agg etg gge tte tet gag tae tge Glu Ser Ala Pro Lys Ala Ser Leu Arg Leu Gly Phe Ser Glu Tyr Cys 710 715 720	2218
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aaa aga atc ata gag aaa gtt att cat cga ctc aca cac tat gat cat Lys Arg Ile Ile Glu Lys Val Ile His Arg Leu Thr His Tyr Asp His 770 775 780 785	2410
gtt cta att gag ctc acc cag gct gga ttg aaa ggc tcc aca gag gga Val Leu Ile Glu Leu Thr Gln Ala Gly Leu Lys Gly Ser Thr Glu Gly 790 795 800	2458
agt gag agc tat gaa gaa gat ccc tac ttg gta gtt aac cct aac tac Ser Glu Ser Tyr Glu Glu Asp Pro Tyr Leu Val Val Asn Pro Asn Tyr 805 810 815	2506
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Leu Ala Glu Glu Leu Ile Arg Pro Glu Arg Asn Thr Leu Val Val Ser 50 60	
Phe Val Asp Leu Glu Gln Phe Asn Gln Gln Leu Ser Thr Thr Ile Gln 65 70 75 80	
Glu Glu Phe Tyr Arg Val Tyr Pro Tyr Leu Cys Arg Ala Leu Lys Thr 85 90 95	
Phe Val Lys Asp Arg Lys Glu Ile Pro Leu Ala Lys Asp Phe Tyr Val 100 105 110	
Ala Phe Gln Asp Leu Pro Thr Arg His Lys Ile Arg Glu Leu Thr Ser 115 120 125	
Ser Arg Ile Gly Leu Leu Thr Arg Ile Ser Gly Gln Val Val Arg Thr	
His Pro Val His Pro Glu Leu Val Ser Gly Thr Phe Leu Cys Leu Asp 145 150 155 160	
Cys Gln Thr Val Ile Arg Asp Val Glu Gln Gln Phe Lys Tyr Thr Gln 165 170 175	
Pro Asn Ile Cys Arg Asn Pro Val Cys Ala Asn Arg Arg Arg Phe Leu 180 185 190	

												COII	CIII	<u>ieu</u>	
Gln 210	Glu	Thr	Gln	Ala	Glu 215	Leu	Pro	Arg	Gly	Ser 220	Ile	Pro	Arg	Ser	Leu
Glu 225	Val	Ile	Leu	Arg	Ala 230	Glu	Ala	Val	Glu	Ser 235	Ala	Gln	Ala	Gly	Asp 240
Lys 245	Cys	Asp	Phe	Thr	Gly 250	Thr	Leu	Ile	Val	Val 255	Pro	Asp	Val	Ser	Lys
Leu 260	Ser	Thr	Pro	Gly	Ala 265	Arg	Ala	Glu	Thr	Asn 270	Ser	Arg	Val	Ser	Gly
Val 275	Asp	Gly	Tyr	Glu	Thr 280	Glu	Gly	Ile	Arg	Gly 285	Leu	Arg	Ala	Leu	Gly
Val 290	Arg	Asp	Leu	Ser	Tyr 295	Arg	Leu	Val	Phe	Leu 300	Ala	Cys	Cys	Val	Ala
Pro 305	Thr	Asn	Pro	Arg	Phe 310	Gly	Gly	Lys	Glu	Leu 315	Arg	Asp	Glu	Glu	Gln 320
Thr 325	Ala	Glu	Ser	Ile	330	Asn	Gln	Met	Thr	Val 335	Lys	Glu	Trp	Glu	rys
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Ser 355	Leu	Phe	Pro	Thr	Ile 360	His	Gly	Asn	Asp	Glu 365	Val	Lys	Arg	Gly	Val
Leu 370	Leu	Met	Leu	Phe	Gly 375	Gly	Val	Pro	Lys	Thr 380	Thr	Gly	Glu	Gly	Thr
Ser 385	Leu	Arg	Gly	Asp	Ile 390	Asn	Val	Сла	Ile	Val 395	Gly	Asp	Pro	Ser	Thr 400
Ala 405	Lys	Ser	Gln	Phe	Leu 410	Lys	His	Val	Glu	Glu 415	Phe	Ser	Pro	Arg	Ala
Val 420	Tyr	Thr	Ser	Gly	Lys 425	Ala	Ser	Ser	Ala	Ala 430	Gly	Leu	Thr	Ala	Ala
Val 435	Val	Arg	Asp	Glu	Glu 440	Ser	His	Glu	Phe	Val 445	Ile	Glu	Ala	Gly	Ala
Leu 450	Met	Leu	Ala	Asp	Asn 455	Gly	Val	Сув	Cys	Ile 460	Asp	Glu	Phe	Asp	Lys
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Thr 485	Ile	Ser	Ile	Thr	Lys 490	Ala	Gly	Val	Lys	Ala 495	Thr	Leu	Asn	Ala	Arg
Thr 500	Ser	Ile	Leu	Ala	Ala 505	Ala	Asn	Pro	Ile	Ser 510	Gly	His	Tyr	Asp	Arg
Ser 515	Lys	Ser	Leu	Lys	Gln 520	Asn	Ile	Asn	Leu	Ser 525	Ala	Pro	Ile	Met	Ser
Arg 530	Phe	Asp	Leu	Phe	Phe 535	Ile	Leu	Val	Asp	Glu 540	Cys	Asn	Glu	Val	Thr
Asp 545	Tyr	Ala	Ile	Ala	Arg 550	Arg	Ile	Val	Asp	Leu 555	His	Ser	Arg	Ile	Glu 560
Glu 565	Ser	Ile	Asp	Arg	Val 570	Tyr	Ser	Leu	Asp	Asp 575	Ile	Arg	Arg	Tyr	Leu
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Phe 595	Ile	Val	Glu	Gln	Tyr 600	Lys	His	Leu	Arg	Gln 605	Arg	Asp	Gly	Ser	Gly
Val	Thr	Lys	Ser	Ser	Trp	Arg	Ile	Thr	Val	Arg	Gln	Leu	Glu	Ser	Met

Ile Arg Leu Ser Oln Ala Met Ala Arg Met His Cys Cys Asp Olu Val 625 636 630 Gin Pro Lys His Val Lys Glu Ala Phe Arg Leu Leu Asn Lys Ser Ile 646 650 Gin Pro Lys His Val Lys Glu Ala Phe Arg Leu Leu Asn Lys Ser Ile 647 650 Gin Pro Lys His Val Lys Glu Ala Phe Arg Leu Leu Asn Lys Ser Ile 648 650 Gin Met Glu Val App Glu Gly Ala Gly Gly Ile Asn Gly Glu Glu Glu Glu Ile 649 650 Gin Met Glu Val App Glu Gly Ala Gly Gly Ile Asn Gly His Ala Asp 647 650 Gin Met Glu Val App Glu Gly Ala Gly Gly Ile Asn Gly App Ile Asn 640 655 Ser Pro Ala Pro Val Asn Gly Ile Asn Gly Tyr Asn Glu Asp Ile Asn 640 700 Gln Glu Ser Ala Pro Lys Ala Ser Leu Arg Leu Gly Phe Ser Glu Tyr 740 710 720 Glu Glu Asp Glu Ser Ala Leu Lys Arg Ser Glu Leu Val Asn Trp Tyr 740 740 745 Leu Lys Glu Ile Glu Ser Glu Ile Asp Ser Glu Glu Glu Leu Ile Asn 755 Lys Lys Arg Ile Ile Glu Lys Val Ile His Arg Leu Thr His Tyr Asp 775 Lys Lys Arg Ile Ile Glu Lys Val Ile His Arg Leu Thr His Tyr Asp 770 Gly Ser Glu Ser Tyr Glu Glu Asp Pro Tyr Leu Val Val Asn Pro Asn 810 Gly Ser Glu Ser Tyr Glu Glu Asp Pro Tyr Leu Val Val Asn Pro Asn 810 Tyr Leu Leu Glu Asp 820 GLY LHME/KEY: CDS 821 LHME/KEY: CDS 8221 LHME/KEY: CDS 8222 LOXATION: (28)(2712) 4400 SEGUENCE: 17 geogradical cogganizated cacc and goad toc age cog god cag cgt cog 81 Arg Gly Asn Asp Pro Leu Thr Ser Ser Pro Gly Arg Ser Ser Arg Arg 1																		
C1D Pro Lys His Val Lys Glu Ala Phe Arg Leu Leu Aen Lys Ser Ile 645 655 655 The Arg Val Glu Thr Pro Asp Val Aen Leu Aep Oln Glu Glu Glu Glu Glu 655 680 Cln Met Glu Val Aep Glu Gly Ala Gly Gly Ile Aen Gly His Ala Aep 650 680 Ser Pro Ala Pro Val Aen Gly Ile Aen Gly Tyr Aen Glu Aep Ile Aen 650 680 Cln Glu Ser Ala Pro Lys Ala Ser Leu Arg Leu Gly Phe Ser Glu Tyr 705 715 Cys Arg Ile Ser Aen Leu Ile Val Leu His Leu Arg Lys Val Glu Glu 725 720 Cys Arg Ile Ser Aen Leu Ile Val Leu His Leu Arg Lys Val Glu Glu 725 730 Cys Arg Ile Ser Aen Leu Ile Val Leu His Leu Arg Lys Val Glu Glu 725 756 Clu Glu Aep Glu Ser Ala Leu Lys Arg Ser Glu Ilu Glu Leu Ile Aen 730 755 Cys Arg Ile Ile Glu Lys Val Ile His Arg Leu Thr Nio Tyr Aep 770 775 Tys Teu Leu Ile Glu Lys Val Ile His Arg Leu Thr Nio Tyr Aep 770 775 Cys Arg Ile Ile Glu Lys Val Ile His Arg Leu Thr Nio Tyr Aep 770 780 Cly Ser Glu Ser Tyr Glu Glu Aep Pro Tyr Leu Val Val Aen Pro Aen 800 Cly Ser Glu Ser Tyr Glu Glu Aep Pro Tyr Leu Val Val Aen Pro Aen 801 Syr Leu Leu Glu Aep 820 Cllo SEQ ID NO 17 Callo SEQ ID NO 17 Callo SEQ ID NO 17 Callo SEQ INMEM/REV: CDS Callo SEQ Glu Ser Thr Glu Glu Aep Pro Tyr Leu Val Val Aen Pro Aen 801 Cys Seg aat gat cot ctc acc tcc aec ctc aec cot gec cag cet ceg get 81 None /REV: CDS Callo SEQ Glu Ser Tyr Glu Glu Aep 820 Callo SEQ Glu Aep Pro Leu Thr Ser Ser Pro Gly Arg Ser Ser Arg Arg 10 15 Cys Glu Ser Chu Ser Tyr Glu Glu Aep 820 Cys Seg aat gat cot ctc aec tcc aec cct gec ceg aec ceg get ceg 81 None /REV: CDS Callo SEQ Glu Ser Ser Pro Ser Pro Gly Arg Ser Ser Arg Arg 10 15 Cys Glu Ser Glu Glu Call Arg Arg 11 16 Cys Glu Ser Glu Glu Glu Aep 820 Cys Arg Glu Aen Aep Pro Leu Thr Ser Ser Pro Gly Arg Ser Ser Arg Arg 10 15 Cys Glu Ser Glu Glu Ser Arg Arg Arg 10 15 Cys Glu Ser Glu Glu Ser Arg Arg Arg 10 15 Cys Glu Ser Glu Glu Ser Arg Arg Arg 10 15 Cys Glu Ser Glu Glu Ser Arg Arg Arg 10 15 Cys Glu Ser Glu Glu Ser Arg Arg Arg 10 16 Cys Glu Ser Glu Glu Ser Arg Arg Arg 10 17 Cys Glu Ser Glu Glu Ser Arg Arg Arg 10 18 Cys Glu Ser Glu Gl	610					615					620							
11e Arg Val Glu Thr Pro Amp Val Amn Lew Amp Gln Glu Glu Glu Glu Ile 660 660 670 685 Gln Met Glu Val Amp Glu Gly Ala Gly Gly Ile Amn Gly His Ala Amp 675 687 Pro Ala Pro Val Amn Gly Ile Amn Gly Try Amn Glu Amp Ile Amn 670 685 Ser Pro Ala Pro Val Amn Gly Ile Amn Gly Try Amn Glu Amp Ile Amn 670 700 Gln Glu Ser Ala Pro Lys Ala Ser Lew Arg Lew Gly Phe Ser Glu Try 705 710 Cym Arg Ile Ser Amn Lew Ile Val Lew His Lew Arg Lys Val Glu Glu 720 Gln Glu Amp Glu Ser Ala Lew Lye Arg Ser Glu Lew Val Amn Trp Try 740 Gln Glu Amp Glu Ser Ala Lew Lye Arg Ser Glu Lew Val Amn Trp Try 740 Gln Glu Amp Glu Ser Ala Lew Lye Arg Ser Glu Lew Val Amn Trp Try 740 Glu Glu Amp Glu Ser Glu Ile Amp Ser Glu Glu Glu Glu Lew Ile Amn 755 Glu Glu Amp Glu Ser Glu Ile Amp Ser Glu Glu Glu Lew Ile Amn 755 His Val Lew Ile Glu Lew Tr Gln Ala Gly Lew Lye Gly Ser Thr Glu 785 Gly Ser Glu Ser Try Glu Glu Amp Pro Try Lew Val Val Amn Pro Amn 815 Try Lew Lew Glu Amp 800 Gly Ser Glu Ser Try Glu Glu Amp Pro Try Lew Val Val Amn Pro Amn 815 Try Lew Lew Glu Amp 800 2010 SEQ ID HO 17 2112 LENGTH: 3371 2212 NAMM/KET: CDS 2222 LOCATION: (25)(2712) 4400 SEQUENCE: 17 Segnantcat cegnantcett cacc alg gca tcc agc ccc gca agc tcc ccg gct 2222 LOCATION: (25)(2712) 4400 SEQUENCE: 17 Segnantcat cegnantcett cacc alg gca tcc agc ccc gca agc tcc ccg gct 79 Amp Gly Ann Amp Pro Lew Int Ser Ser Pro Gly Arg Ser Ser Arg Arg 10 15 Gra gga cat gga cct ctc acc tcc agc cct ggc gga agc tcc cca gct tcg 79 Amp Gly Ann Amp Pro Lew Int Ser Ser Pro Gly Arg Ser Ser Arg Arg 10 18 Amp Glu Ser Glu Gly Lew Lew Gly Thr Glu Gly Pro Lew Glu Glu Glu Glu 10 18 Gat gag gat gga ccc cta agc cat agg gga ccc ctg gag gaa gaa Amp Gly Ann Amp Fro Lew Law Gly Amp Gly Met Glu Arg Amp Try Arg 00 86 Gea gat gag ccg gag ctg gac cat att gag gcc gag gag ccc ctg gct ccg gct 10 18 Gat gag gat gag ccg gag ccg cat att gag gcc gag gag ccc ccg gct 10 18 Gat gag gat gag ccg gag cct att gag gcc gag gag cct gcc ggt 10 201 18 Gat gag gat gag ctg gac ctatt gag gcc gag gag ctcg gct 10 18 Gat gal ga		Arg	Leu	Ser	Glu		Met	Ala	Arg	Met		CAa	Cya	Asp	Glu			
Gin Met Glu Val Amp Glu Gly Ala Gly Gly Ile Amn Gly His Ala Amp 675 Ser Pro Ala Pro Val Amn Gly Ile Amn Gly Tyr Amn Glu Amp Ile Amn 690 Ser Pro Ala Pro Val Amn Gly Ile Amn Gly Tyr Amn Glu Amp Ile Amn 690 Glin Glu Ser Ala Pro Lym Ala Ser Leu Ang Leu Gly Phe Ser Glu Tyr 705 Cym Ang Ile Ser Amn Leu Ile Val Leu His Leu Ang Lym Val Glu Glu 725 Glu Glu Amp Glu Ser Ala Leu Lym Arg Ser Glu Leu Val Amn Trp Tyr 740 Glu Glu Amp Glu Ser Ala Leu Lym Arg Ser Glu Leu Val Amn Trp Tyr 740 Glu Glu Amp Glu Ser Ala Leu Lym Arg Ser Glu Leu Val Amn Trp Tyr 740 Glu Glu Amp Glu Ile Glu Ile Amp Ser Glu Glu Glu Glu Leu Ile Amn 755 Leu Lym Glu Ile Glu Ile Glu Ile Amp Ser Glu Glu Glu Leu Ile Amn 755 Lym Lym Arg Ile Ile Glu Lym Val Ile Him Amg Leu Thr Him Tyr Amp 770 Gly Ser Glu Ser Jin Glu Glu Amp Pro Tyr Leu Val Val Amn Pro Amn 800 Gly Ser Glu Ser Tyr Glu Glu Amp Pro Tyr Leu Val Val Amn Pro Amn 805 Tyr Leu Leu Glu Amp 820 2210 SEQ ID MO 17 2212 - LENGTH: 3371 2212 - Tyr Lym DMa 2213 - MGANISM: Homo sepiene 2220 - PEATURE: 2221 - MAMP KErr CDS - REA CHE SER Pro Ala Gln Arg Arg 1 - Seg aggs and gat cet cac atg gea tec agg cet gg cga agg tec cgg cgt Arg Gly Amn Amp Pro Leu Thr Ser Ser Pro Gly Arg Ser Ser Arg Arg 10 - Seq aggs and gat cet age cet ggc cgt gac cet coa cea ttt gag 7 Thr Amp Ala Leu Thr Ser Ser Pro Gly Arg Amp Leu Pro Pro Phe Glu 20 - Se Glu Ser Glu Ser Glu Glu Glu Cut Leu Glu Glu Amp Que Leu Thr Der Pro Pro Phe Glu 20 - Se Glu Ser Glu Ser Glu Glu Glu Leu Glu Glu Amp Que Leu Thr Ser Ser Pro Gly Arg Amp Leu Pro Pro Phe Glu 20 - Se Glu Ser Glu Glu Glu Cut Leu Ile Gly Amp Gly Met Glu Arg Amp Leu Tyro Pro Phe Glu 20 - Se Glu Ser Glu Glu Glu Cut Leu Ile Gly Amp Gly Met Glu Arg Amp Tyr Arg 60 Ge atc coa gag ctg cat att gga gat gga ctg gag agg agg act ac cgc 610 - Amp Gly Glu Glu Leu Leu Ile Gly Amp Gly Met Glu Arg Amp Tyr Arg 60 Ge atc coa gag ctg dat dat qag als gga cga gga ctg get ctg gat 610 - Se Glu Ser Glu Glu Glu Leu Leu Gla Pyr Glu Ala Glu Gly Leu Ala Leu Amp - Ser Arg - Ser Arg - Ser Arg - Se		Pro	Lys	His	Val	-	Glu	Ala	Phe	Arg		Leu	Asn	Lys	Ser	Ile		
See Pro Ala Pro Val Aem Gly Ile Aem Gly Tyr Aem Glu Aep Ile Aem 690 695 695 700 695 700 700 695 715 720 715 720 720 720 720 720 720 720 720 720 720		Arg	Val	Glu	Thr		Asp	Val	Asn	Leu		Gln	Glu	Glu	Glu	Ile		
Gen Glu Ser Ala Pro Lys Ala Ser Leu Arg Leu Gly Phe Ser Glu Tyr 720 Cys Arg Ile Ser Asn Leu Ile Val Leu His Leu Arg Lys Val Glu Glu 725 Glu Glu Asp Glu Ser Ala Leu Lys Arg Ser Glu Leu Val Asm Trp Tyr 740 Cys Arg Ile Ser Asn Leu Ile Val Leu His Leu Arg Lys Val Glu Glu 725 Glu Glu Asp Glu Ser Glu Ile Asp Ser Glu Leu Val Asm Trp Tyr 740 Leu Lys Glu Ile Glu Ser Glu Ile Asp Ser Glu Glu Glu Leu Ile Asm 755 Leu Lys Glu Ile Glu Lys Val Ile His Arg Leu Thr His Tyr Asp 760 Leu Lys Glu Glu Leu Thr Gln Ala Gly Leu Lys Gly Ser Thr Glu 750 Gly Ser Glu Ser Tyr Glu Glu Asp Pro Tyr Leu Val Val Asm Pro Asm 800 Gly Ser Glu Ser Tyr Glu Glu Asp Pro Tyr Leu Val Val Asm Pro Asm 815 Tyr Leu Leu Glu Asp 800 <pre> </pre> <pre> </pre> <pre> </pre> <pre> </pre> <pre> <pre> </pre> <pre> </pre> <pre> <pre> </pre> <pre> <pre> <pre> </pre> <pre> <pre> <pre> <pre> <pre> <pre> </pre> <pre> <pre> <pre> <pre> <pre> <pre> <pre> <pre> <pre> </pre> <pre> <pr< td=""><td></td><td>Met</td><td>Glu</td><td>Val</td><td>Asp</td><td></td><td>Gly</td><td>Ala</td><td>Gly</td><td>Gly</td><td></td><td>Asn</td><td>Gly</td><td>His</td><td>Ala</td><td>Asp</td><td></td><td></td></pr<></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre>		Met	Glu	Val	Asp		Gly	Ala	Gly	Gly		Asn	Gly	His	Ala	Asp		
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Glu Glu Asp Glu Ser Ala Leu Lys Arg Ser Glu Leu Val Asn Trp Tyr 740 740 745 745 746 748 748 749 749 749 749 749 749 749 749 749 749		Glu	Ser	Ala	Pro	_	Ala	Ser	Leu	Arg		Gly	Phe	Ser	Glu	_		
Leu Lys Glu Ile Glu Ser Glu Ile Asp Ser Glu Glu Glu Leu Ile Asn 765 Lys Lys Arg Ile Ile Glu Lys Val Ile His Arg Leu Thr His Tyr Asp 770 To 780 His Val Leu Ile Glu Leu Thr Gln Ala Gly Leu Lys Gly Ser Thr Glu 785 Gly Ser Glu Ser Tyr Glu Asp Pro Tyr Leu Val Val Asn Pro Asn 805 S10 C10 SEQ ID NO 17 C2110 SEQ ID NO 17 C2110 SEQ ID NO 17 C2120 SEQUENCE: C2120 NAMB/KEY: CDS C220 FEATURE: C2210 NAMB/KEY: CDS C2220 SEQUENCE: 17 geggaatcat eggaatcett cace atg gca tee age ceg gee cag egt egg 51 Met Ala Ser Ser Pro Ala Gln Arg Arg 1 Sca age aat gat cet etc ace tee age cet gee ega age tee egg egt age age age age tee egg 10 Arg Gly Asn Asp Pro Leu Thr Ser Ser Pro Gly Arg Ser Ser Arg Arg 10 act gat gcc etc ace tee age cet gge egt gas ett eace ace attt gag 147 Thr Asp Ala Leu Thr Ser Ser Pro Gly Arg Asp Leu Pro Pro Phe Glu 30 35 Gag agg at egg agg gge ct eta gge atg gad gge cet gga gaa gaa paa paa paa paa paa paa paa	_	Arg	Ile	Ser	Asn		Ile	Val	Leu	His		Arg	Lys	Val	Glu	Glu		
Lys Lys Arg Ile Ile Glu Lys Val Ile His Arg Leu Thr His Tyr Asp 770 770 775 780 780 780 780 780 785 780 780 785 780 780 785 780 780 785 780 780 785 780 780 785 780 780 785 780 780 780 785 780 780 780 780 780 780 780 780 780 780		Glu	Asp	Glu	Ser		Leu	Lys	Arg	Ser		Leu	Val	Asn	Trp	Tyr		
His Val Leu Ile Glu Leu Thr Gln Ala Gly Leu Lys Gly Ser Thr Glu 785 Gly Ser Glu Ser Tyr Glu Glu Amp Pro Tyr Leu Val Val Amn Pro Amn 805 Tyr Leu Leu Glu Amp 820 <pre> <pre> <pre> <pre> </pre> <pre> <pre> </pre> <pre> <pre> <pre> <pre> </pre> <pre> <pre> <pre> <pre> <pre> <pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre>		Lys	Glu	Ile	Glu		Glu	Ile	Asp	Ser		Glu	Glu	Leu	Ile	Asn		
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Tyr Leu Leu Glu Asp 820 <pre> <pre> <pre> <pre> <pre> <pre> <pre> <pre> <pre> <pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre>		Val	Leu	Ile	Glu		Thr	Gln	Ala	Gly		Lys	Gly	Ser	Thr			
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cga ggc aat gat cct ctc acc tcc agc cct ggc cga agc tcc cgg cgt Arg Gly Asn Asp Pro Leu Thr Ser Ser Pro Gly Arg Ser Ser Arg Arg 10 15 20 25 act gat gcc ctc acc tcc agc cct ggc cgt gac ctt cca cca ttt gag Thr Asp Ala Leu Thr Ser Ser Pro Gly Arg Asp Leu Pro Pro Phe Glu 30 35 40 gat gag tcc gag ggg ctc cta ggc aca gag ggg ccc ctg gag gaa gaa Asp Glu Ser Glu Gly Leu Leu Gly Thr Glu Gly Pro Leu Glu Glu Glu 45 50 55 gag gat gga gag gag ctc att gga gat ggc atg gaa agg gac tac cgc Glu Asp Gly Glu Glu Leu Ile Gly Asp Gly Met Glu Arg Asp Tyr Arg 60 65 70 gcc atc cca gag ctg gac gcc tat gag gcc gag gga ctg ctg gct ctg gat Ala Ile Pro Glu Leu Asp Ala Tyr Glu Ala Glu Gly Leu Ala Leu Asp	gegg	gaato	at o	ggaa	atcci					tcc ,	agc (ccg (gcc (cag (egt (egg	51	
Arg Gly Asn Asp Pro Leu Thr Ser Ser Pro Gly Arg Ser Ser Arg Arg 10 15 20 25 act gat gcc ctc acc tcc agc cct ggc cgt gac ctt cca cca ttt gag Thr Asp Ala Leu Thr Ser Ser Pro Gly Arg Asp Leu Pro Pro Phe Glu 30 35 40 gat gag tcc gag ggg ctc cta ggc aca gag ggg ccc ctg gag gaa gaa Asp Glu Ser Glu Gly Leu Leu Gly Thr Glu Gly Pro Leu Glu Glu Glu 45 50 55 gag gat gga gag gag ctc att gga gat ggc atg gaa agg act ac cgc Glu Asp Gly Glu Glu Leu Ile Gly Asp Gly Met Glu Arg Asp Tyr Arg 60 65 70 gcc atc cca gag ctg gac gcc tat gag gcc gag gga ctg ctg ctg gat Ala Ile Pro Glu Leu Asp Ala Tyr Glu Ala Glu Gly Leu Ala Leu Asp		Ala	ser	ser		Ala	GIN	arg	arg									
Thr Asp Ala Leu Thr Ser Ser Pro Gly Arg Asp Leu Pro Pro Phe Glu 30 35 40 gat gag tcc gag ggg ctc cta ggc aca gag ggg ccc ctg gag gaa gaa Asp Glu Ser Glu Gly Leu Leu Gly Thr Glu Gly Pro Leu Glu Glu Glu 45 50 55 gag gat gga gag gag ctc att gga gat ggc atg gaa agg gac tac cgc Glu Asp Gly Glu Glu Leu Ile Gly Asp Gly Met Glu Arg Asp Tyr Arg 60 65 70 gcc atc cca gag ctg gac gcc tat gag gcc gag gga ctg ctg ctg gat Ala Ile Pro Glu Leu Asp Ala Tyr Glu Ala Glu Gly Leu Ala Leu Asp	Arg					Leu					Gly					Arg	99	
Asp Glu Ser Glu Gly Leu Leu Gly Thr Glu Gly Pro Leu Glu Glu Glu 45 gag gat gga gag gag ctc att gga gat ggc atg gaa agg gac tac cgc Glu Asp Gly Glu Glu Leu Ile Gly Asp Gly Met Glu Arg Asp Tyr Arg 60 gcc atc cca gag ctg gac gcc tat gag gcc gag gga ctg gct ctg gat Ala Ile Pro Glu Leu Asp Ala Tyr Glu Ala Glu Gly Leu Ala Leu Asp	Thr	_	_			Ser	_			_	Asp						147	
Glu Asp Gly Glu Glu Leu Ile Gly Asp Gly Met Glu Arg Asp Tyr Arg 60 65 70 gcc atc cca gag ctg gac gcc tat gag gcc gag gga ctg gct ctg gat 291 Ala Ile Pro Glu Leu Asp Ala Tyr Glu Ala Glu Gly Leu Ala Leu Asp	Asp					Leu					Gly						195	
Ala Ile Pro Glu Leu Asp Ala Tyr Glu Ala Glu Gly Leu Ala Leu Asp	Glu					Leu					Met						243	
	Āla					Asp					Glu						291	

												COII	C	acu	
-		_	_		gag Glu 95	_	_	_	Ser	_			_	Āla	 339
					cgt Arg 115										387
					ctg Leu 130										435
	_	_	_	_	cgc Arg 145	_				_	_		-		 483
					att Ile 160										531
					gag Glu 175										579
					aag Lys 195										627
			_		aag Lys 210		_		_	_	_	_			675
					gtg Val 225										723
					ctg Leu 240										771
					ctg Leu 255										819
					cac His 275										867
					tcg Ser 290										915
_		_			gtg Val 305		_	_			_	_		_	963
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					aac Asn 335										1059
					ccc Pro 355										1107
					atc Ile 370										1155
					cgc Arg 385										1203

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				ggc Gly 415										1299		
				cta Leu 435										1347		
				ctg Leu 450										1395		
				cag Gln 465										1443		
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_			 	ccc Pro 495					_		_	_	_	1539		
				ctc Leu 515										1587		
				att Ile 530										1635		
				tcg Ser 545										1683		
				gag Glu 560										1731		
				tgt Cys 575										1779		
				atc Ile 595										1827		
				atc Ile 610										1875		
				ccc Pro 625										1923		
				gac Asp 640							_		_	1971		
	_	-	 	agg Arg 655	_		 _		_	_	_		-	2019		
_	_	_		gtg Val 675	-	_	_	_				_		2067		
				ctg Leu 690										2115		

ccc aac acg tat ggc gtg gag ccc ctg ccc cag gag gtc ctg aag aag Pro Asn Thr Tyr Gly Val Glu Pro Leu Pro Gln Glu Val Leu Lys Lys 700 705 710	2163
tac atc atc tac gcc aag gag agg gtc cac ccg aag ctc aac cag atg Tyr Ile Ile Tyr Ala Lys Glu Arg Val His Pro Lys Leu Asn Gln Met 715 720 725	2211
gac cag gac aag gtg gcc aag atg tac agt gac ctg agg aaa gaa tct Asp Gln Asp Lys Val Ala Lys Met Tyr Ser Asp Leu Arg Lys Glu Ser 730 745	2259
atg gcg aca ggc agc atc ccc att acg gtg cgg cac atc gag tcc atg Met Ala Thr Gly Ser Ile Pro Ile Thr Val Arg His Ile Glu Ser Met 750 760	2307
atc cgc atg gcg gag gcc cac gcg cgc atc cat ctg cgg gac tat gtg Ile Arg Met Ala Glu Ala His Ala Arg Ile His Leu Arg Asp Tyr Val 775	2355
atc gaa gac gac gtc aac atg gcc atc cgc gtg atg ctg gag agc ttc Ile Glu Asp Asp Val Asn Met Ala Ile Arg Val Met Leu Glu Ser Phe 780 785 790	2403
ata gac aca cag aag ttc agc gtc atg cgc agc atg cgc aag act ttt Ile Asp Thr Gln Lys Phe Ser Val Met Arg Ser Met Arg Lys Thr Phe 795 800 805	2451
gcc cgc tac ctt tca ttc cgg cgt gac aac aat gag ctg ttg ctc ttc Ala Arg Tyr Leu Ser Phe Arg Arg Asp Asn Asn Glu Leu Leu Leu Phe 810 815 820 825	2499
ata ctg aag cag tta gtg gca gag cag gtg aca tat cag cgc aac cgc Ile Leu Lys Gln Leu Val Ala Glu Gln Val Thr Tyr Gln Arg Asn Arg 830 835 840	2547
ttt ggg gcc cag cag gac act att gag gtc cct gag aag gac ttg gtg Phe Gly Ala Gln Gln Asp Thr Ile Glu Val Pro Glu Lys Asp Leu Val 845 850 855	2595
gat aag get egt eag ate aac ate eac aac ete tet gea tit tat gac Asp Lys Ala Arg Gln Ile Asn Ile His Asn Leu Ser Ala Phe Tyr Asp 860 865 870	2643
agt gag ctc ttc agg atg aac aag ttc agc cac gac ctg aaa agg aaa Ser Glu Leu Phe Arg Met Asn Lys Phe Ser His Asp Leu Lys Arg Lys 875	2691
atg atc ctg cag cag ttc tga ggccctatgc catccataag gattccttgg Met Ile Leu Gln Gln Phe * 890 895	2742
gattctggtt tggggtggtc agtgccctct gtgctttatg gacacaaaac cagagcactt	2802
gatgaactog gggtactagg gtcagggett atagcaggat gtctggctgc acctggcatg	2862
actgtttgtt tetecaagee tgetttgtge tteteacett tgggtgggat geettgeeag	2922
tgtgtcttac ttggttgctg aacatcttgc cacctccgag tgctttgtct ccactcagta	2982
cottagatca gagetgetga gtteaggatg cetgegtgtg gtttaggtgt tageettett	3102
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tttctgtgcc cctgtggtgg aagaggcacg acagtgccag cgcagcgttc tgggctcctc	3222
agtogoaggg gtgggatgtg agtoatgogg attatcoact ogcoacagtt atcagotgoo	3282
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Ser Ser Pro Gly 20	Arg Ser Ser Arg 2 25	Arg Thr Asp Ala 30	Leu Thr Ser Ser
Pro Gly Arg Asp 35	Leu Pro Pro Phe (Glu Asp Glu Ser 45	Glu Gly Leu Leu
Gly Thr Glu Gly 50	Pro Leu Glu Glu 6	Glu Glu Asp Gly 60	Glu Glu Leu Ile
Gly Asp Gly Met 65	Glu Arg Asp Tyr 7	Arg Ala Ile Pro 75	Glu Leu Asp Ala 80
Tyr Glu Ala Glu 85	. Gly Leu Ala Leu 2 90	Asp Asp Glu Asp 95	Val Glu Glu Leu
Thr Ala Ser Gln 100	. Arg Glu Ala Ala (Glu Arg Ala Met 110	Arg Gln Arg Asp
Arg Glu Ala Gly 115	Arg Gly Leu Gly 1	Arg Met Arg Arg 125	Gly Leu Leu Tyr
Asp Ser Asp Glu 130	. Glu Asp Glu Glu 1 135	Arg Pro Ala Arg 140	Lys Arg Arg Gln
Val Glu Arg Ala 145	Thr Glu Asp Gly (Glu Glu Asp Glu 155	Glu Met Ile Glu 160
Ser Ile Glu Asn 165	Leu Glu Asp Leu 1 170	Lys Gly His Ser 175	Val Arg Glu Trp
Val Ser Met Ala 180	Gly Pro Arg Leu (Glu Ile His His 190	Arg Phe Lys Asn
Phe Leu Arg Thr 195	His Val Asp Ser 1	His Gly His Asn 205	Val Phe Lys Glu
Arg Ile Ser Asp 210	Met Cys Lys Glu 2 215	Asn Arg Glu Ser 220	Leu Val Val Asn
Tyr Glu Asp Leu 225	Ala Ala Arg Glu 1 230	His Val Leu Ala 235	Tyr Phe Leu Pro 240
Glu Ala Pro Ala 245	Glu Leu Leu Gln : 250	Ile Phe Asp Glu 255	Ala Ala Leu Glu
Val Val Leu Ala 260	Met Tyr Pro Lys '	Tyr Asp Arg Ile 270	Thr Asn His Ile
His Val Arg Ile 275	Ser His Leu Pro 1 280	Leu Val Glu Glu 285	Leu Arg Ser Leu
Arg Gln Leu His 290	Leu Asn Gln Leu 1 295	Ile Arg Thr Ser 300	Gly Val Val Thr
Ser Cys Thr Gly 305	Val Leu Pro Gln 1 310	Leu Ser Met Val 315	Lys Tyr Asn Cys 320
Asn Lys Cys Asn 325	Phe Val Leu Gly 1	Pro Phe Cys Gln 335	Ser Gln Asn Gln
Glu Val Lys Pro 340	Gly Ser Cys Pro (Glu Cys Gln Ser 350	Ala Gly Pro Phe
Glu Val Asn Met 355	Glu Glu Thr Ile '	Tyr Gln Asn Tyr 365	Gln Arg Ile Arg
Ile Gln Glu Ser	Pro Gly Lys Val	Ala Ala Gly Arg	Leu Pro Arg Ser

Gly 400
Ser
Ala
Thr
Ile
Glu 480
Lys
Leu
Glu
Ala
Trp 560
Leu
His
Val
Ile
Leu 640
Asp
Gly
Ala
Glu
Glu 720
Lys
Pro
Pro His
4 S A T I G4 L L G A T5 L H V I L6 A G G7

Ala Ile Arg Val Met Leu Glu Ser Phe Ile Asp Thr Gln Lys Phe Ser 785 790 795 800	
Val Met Arg Ser Met Arg Lys Thr Phe Ala Arg Tyr Leu Ser Phe Arg 805 810 815	
Arg Asp Asn Asn Glu Leu Leu Phe Ile Leu Lys Gln Leu Val Ala 820 825 830	
Glu Gln Val Thr Tyr Gln Arg Asn Arg Phe Gly Ala Gln Gln Asp Thr 835 840 845	
Ile Glu Val Pro Glu Lys Asp Leu Val Asp Lys Ala Arg Gln Ile Asn 850 855 860	
Ile His Asn Leu Ser Ala Phe Tyr Asp Ser Glu Leu Phe Arg Met Asn 865 870 875 880	
Lys Phe Ser His Asp Leu Lys Arg Lys Met Ile Leu Gln Gln Phe 885 890 895	
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ctt aca gtt gtt aca ggt tct ggt cat gca agc tct acc cca ggt gga Leu Thr Val Val Thr Gly Ser Gly His Ala Ser Ser Thr Pro Gly Gly 20 25 30	156
gaa aag gag act tog got acc cag aga agt toa gtg coc ago tot act Glu Lys Glu Thr Ser Ala Thr Gln Arg Ser Ser Val Pro Ser Ser Thr 35 40 45	204
gag aag aat gct gtg agt atg acc agc agc gta ctc tcc agc cac agc Glu Lys Asn Ala Val Ser Met Thr Ser Ser Val Leu Ser Ser His Ser 50 55 60 65	252
ccc ggt tca ggc tcc tcc acc act cag gga cag gat gtc act ctg gcc Pro Gly Ser Gly Ser Ser Thr Thr Gln Gly Gln Asp Val Thr Leu Ala 70 75 80	300
ccg gcc acg gaa cca gct tca ggt tca gct gcc acc tgg gga cag gat Pro Ala Thr Glu Pro Ala Ser Gly Ser Ala Ala Thr Trp Gly Gln Asp 85 90 95	348
gtc acc tcg gtc cca gtc acc agg cca gcc ctg ggc tcc acc acc ccg Val Thr Ser Val Pro Val Thr Arg Pro Ala Leu Gly Ser Thr Thr Pro 100 105 110	396
cca gcc cac gat gtc acc tca gcc ccg gac aac aag cca gcc ccg ggc Pro Ala His Asp Val Thr Ser Ala Pro Asp Asn Lys Pro Ala Pro Gly 115 120 125	444
tcc acc gcc ccc cca gcc cac ggt gtc acc tcg gcc ccg gac acc agg Ser Thr Ala Pro Pro Ala His Gly Val Thr Ser Ala Pro Asp Thr Arg 130 135 140 145	492
ccg ccc ccg ggc tcc acc gcc ccc cca gcc cac ggt gtc acc tcg gcc Pro Pro Pro Gly Ser Thr Ala Pro Pro Ala His Gly Val Thr Ser Ala 150 155 160	540

_	_			_		_	ggc Gly					_	_			588		
							agg Arg									636		
							gcc Ala									684		
		_			-		aat Asn	-		_	_				_	732		
			_			_	gtg Val						_		_	780		
Thr 245	Thr	Thr	Pro	Āla	Ser 250	ГÀз	agc Ser	Thr	Pro	Phe 255	Ser	Ile	Pro	Ser	His	828		
His 260	Ser	Asp	Thr	Pro	Thr 265	Thr	ctt Leu	Ala	Ser	His 270	Ser	Thr	Lys	Thr	Asp	876		
Ala 275	Ser	Ser	Thr	His	His 280	Ser	acg Thr	Val	Pro	Pro 285	Leu	Thr	Ser	Ser	Asn	924		
His 290	Ser	Thr	Ser	Pro	Gln 295	Leu	Ser	Thr	Gly	Val 300	Ser	Phe	Phe	Phe	Leu 305	972		
Ser 310	Phe	His	Ile	Ser	Asn 315	Leu	Gln	Phe	Asn	Ser 320	Ser	Leu	Glu	Asp	Pro	1020		
Ser 325	Thr	Asp	Tyr	Tyr	Gln 330	Glu	Leu	Gln	Arg	Asp 335	Ile	Ser	Glu	Met	Phe	1068		
Leu 340	Gln	Ile	Tyr	ГÀЗ	Gln 345	Gly	ggt Gly gta	Phe	Leu	Gly 350	Leu	Ser	Asn	Ile	Lys	1116		
Phe 355	Arg	Pro	Gly	Ser	Val 360	Val	Val	Gln	Leu	Thr 365	Leu	Ala	Phe	Arg	Glu	1212		
Gly 370	Thr	Ile	Asn	Val	His 375	Asp	Val	Glu	Thr	Gln 380	Phe	Asn	Gln	Tyr	185 385	1260		
Thr 390	Glu	Āla	Āla	Ser	Arg 395	Tyr	Asn	Leu	Thr	Ile 400	Ser	Āsp	Val	Ser	Val	1308		
Ser 405	Asp	Val	Pro	Phe	Pro 410	Phe	Ser	Ala	Gln	Ser 415	Gly	Ala	Gly	Val	Pro	1356		
Gly 420	Trp	Gly	Ile	Ala	Leu 425	Leu	Val	Leu	Val	Cys 430	Val	Leu	Val	Ala	Leu	1404		
Ala 435	Ile	Val	Tyr	Leu	Ile 440	Āla	Leu	Āla	Val	Cys 445	Gln	Cys	Arg	Arg	Lys	1452		
							Phe									_132		

atg agc gag tac ccc acc tac cac acc cat ggg cgc tat gtg ccc cct Met Ser Glu Tyr Pro Thr Tyr His Thr His Gly Arg Tyr Val Pro Pro 470 475 480	1500												
agc agt acc gat cgt agc ccc tat gag aag gtt tct gca ggt aat ggt Ser Ser Thr Asp Arg Ser Pro Tyr Glu Lys Val Ser Ala Gly Asn Gly 485 490 495	1548												
ggc agc agc ctc tct tac aca aac cca gca gtg gca gcc act tct gcc Gly Ser Ser Leu Ser Tyr Thr Asn Pro Ala Val Ala Ala Thr Ser Ala 500 505 510	1596												
aac ttg tag gggcacgtcg ccctctgagc tgagtggcca gccagtgcca 1 Asn Leu * 515													
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Gly Glu Lys Glu Thr Ser Ala Thr Gln Arg Ser Ser Val Pro Ser Ser 35 40 45													
Thr Glu Lys Asn Ala Val Ser Met Thr Ser Ser Val Leu Ser Ser His 50 55 60													
Ser Pro Gly Ser Gly Ser Ser Thr Thr Gln Gly Gln Asp Val Thr Leu 65 70 75 80													
Ala Pro Ala Thr Glu Pro Ala Ser Gly Ser Ala Ala Thr Trp Gly Gln 85 90 95													
Asp Val Thr Ser Val Pro Val Thr Arg Pro Ala Leu Gly Ser Thr Thr 100 105 110													
Pro Pro Ala His Asp Val Thr Ser Ala Pro Asp Asn Lys Pro Ala Pro 115 120 125													
Gly Ser Thr Ala Pro Pro Ala His Gly Val Thr Ser Ala Pro Asp Thr 130 135 140													
Arg Pro Pro Pro Gly Ser Thr Ala Pro Pro Ala His Gly Val Thr Ser 145 150 155 160													
Ala Pro Asp Thr Arg Pro Pro Pro Gly Ser Thr Ala Pro Ala Ala His 165 170 175													
Gly Val Thr Ser Ala Pro Asp Thr Arg Pro Ala Pro Gly Ser Thr Ala 180 185 190													
Pro Pro Ala His Gly Val Thr Ser Ala Pro Asp Asn Arg Pro Ala Leu 195 200 205													
Ala Ser Thr Ala Pro Pro Val His Asn Val Thr Ser Ala Ser Gly Ser 210 215 220													
Ala Ser Gly Ser Ala Ser Thr Leu Val His Asn Gly Thr Ser Ala Arg 225 230 235 240													
Ala Thr Thr Thr Pro Ala Ser Lys Ser Thr Pro Phe Ser Ile Pro Ser 245 250 255													

His His Ser Asp Thr Pro Thr Thr Leu Ala Ser His Ser Thr Lys Thr 260 265 270											
Asp Ala Ser Ser Thr His His Ser Thr Val Pro Pro Leu Thr Ser Ser 275 280 285											
Asn His Ser Thr Ser Pro Gln Leu Ser Thr Gly Val Ser Phe Phe 290 295 300											
Leu Ser Phe His Ile Ser Asn Leu Gln Phe Asn Ser Ser Leu Glu Asp 305 310 315 320											
Pro Ser Thr Asp Tyr Tyr Gln Glu Leu Gln Arg Asp Ile Ser Glu Met 325 330 335											
Phe Leu Gln Ile Tyr Lys Gln Gly Gly Phe Leu Gly Leu Ser Asn Ile 340 345 350											
Lys Phe Arg Pro Gly Ser Val Val Val Gln Leu Thr Leu Ala Phe Arg 355 360 365											
Glu Gly Thr Ile Asn Val His Asp Val Glu Thr Gln Phe Asn Gln Tyr 370 375 380											
Lys Thr Glu Ala Ala Ser Arg Tyr Asn Leu Thr Ile Ser Asp Val Ser 385 390 395 400											
Val Ser Asp Val Pro Phe Pro Phe Ser Ala Gln Ser Gly Ala Gly Val 405 410 415											
Pro Gly Trp Gly Ile Ala Leu Leu Val Leu Val Cys Val Leu Val Ala 420 425 430											
Leu Ala Ile Val Tyr Leu Ile Ala Leu Ala Val Cys Gln Cys Arg Arg 435 440 445											
Lys Asn Tyr Gly Gln Leu Asp Ile Phe Pro Ala Arg Asp Thr Tyr His 450 455 460											
Pro Met Ser Glu Tyr Pro Thr Tyr His Thr His Gly Arg Tyr Val Pro 465 470 475 480											
Pro Ser Ser Thr Asp Arg Ser Pro Tyr Glu Lys Val Ser Ala Gly Asn 485 490 495											
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Ala Asn Leu 515											
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gaggagcg atg acg gaa tat aag ctg gtg gtg gtg ggc gcc ggc ggt gtg Met Thr Glu Tyr Lys Leu Val Val Val Gly Ala Gly Gly Val 1 5 10	230										
ggc aag agt gcg ctg acc atc cag ctg atc cag aac cat ttt gtg gac Gly Lys Ser Ala Leu Thr Ile Gln Leu Ile Gln Asn His Phe Val Asp 15 20 25 30	278										

		ac cgg aag cag gtg gtc att /r Arg Lys Gln Val Val Ile 45	326								
		ng gat acc gcc ggc cag gag eu Asp Thr Ala Gly Gln Glu 60	374								
		g cgc acc ggg gag ggc ttc et Arg Thr Gly Glu Gly Phe 75	422								
		ag tot ttt gag gac atc cac 78 Ser Phe Glu Asp Ile His 90	470								
Gln Tyr Arg Glu Gln		ag gac tcg gat gac gtg ccc /s Asp Ser Asp Asp Val Pro 105 110	518								
		ng get gea ege aet gtg gaa eu Ala Ala Arg Thr Val Glu 125	566								
		gc tac ggc atc ccc tac atc er Tyr Gly Ile Pro Tyr Ile 140	614								
		g gag gat gcc ttc tac acg 11 Glu Asp Ala Phe Tyr Thr 155	662								
		ng cgg aag ctg aac cct cct eu Arg Lys Leu Asn Pro Pro 170	710								
		gc aag tgt gtg ctc tcc tga vs Lys Cys Val Leu Ser * 185	758								
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ggaccgtggg ccgaggtga	ac tgcagaccct cccag	gggagg ctgtgcacag actgtcttga	938								
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Asp Pro Thr Ile Glu Asp Ser Tyr Arg Lys Gln Val Val Ile Asp Gly 35 4045

Glu Thr Cys Leu Leu Asp Ile Leu Asp Thr Ala Gly Glu Glu Tyr 50 $$ 55 $$ 60

Ser Ala Met Arg Asp Gln Tyr Met Arg Thr Gly Glu Gly Phe Leu Cys 65 70 75 80

Val Phe Ala Ile Asn Asn Thr Lys Ser Phe Glu Asp Ile His Gln Tyr 85 90 95	
Arg Glu Gln Ile Lys Arg Val Lys Asp Ser Asp Asp Val Pro Met Val	
Leu Val Gly Asn Lys Cys Asp Leu Ala Ala Arg Thr Val Glu Ser Arg	
Gln Ala Gln Asp Leu Ala Arg Ser Tyr Gly Ile Pro Tyr Ile Glu Thr	
Ser Ala Lys Thr Arg Gln Gly Val Glu Asp Ala Phe Tyr Thr Leu Val	
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Ser Gly Pro Gly Cys Met Ser Cys Lys Cys Val Leu Ser	
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gggaaagcca cttgcctagg gacacacagc ggggagaggt ggagcagggc ctctatttcg	360
agacccctga ctccacacct ggtgtttgtg ccaagacccc aggctgcctc ccaggtcctc	420
tgggacagcc cctgccttct accaggacc atg ggt agc aac aag agc aag ccc Met Gly Ser Asn Lys Ser Lys Pro 1 5	473
aag gat gee age eag egg ege ege age etg gag eee gee gag aac gtg	521
Lys Asp Ala Ser Gln Arg Arg Arg Ser Leu Glu Pro Ala Glu Asn Val 10 15 20	
cac ggc gct ggc ggg ggc gct ttc ccc gcc tcg cag acc ccc agc aag His Gly Ala Gly Gly Ala Phe Pro Ala Ser Gln Thr Pro Ser Lys 25 30 35 40	569
cca gcc tcg gcc gac ggc cac cgc ggc ccc agc gcg gcc ttc gcc ccc Pro Ala Ser Ala Asp Gly His Arq Gly Pro Ser Ala Ala Phe Ala Pro	617
45 50 55	
gcg gcc gcc gag ccc aag ctg ttc gga ggc ttc aac tcc tcg gac acc Ala Ala Ala Glu Pro Lys Leu Phe Gly Gly Phe Asn Ser Ser Asp Thr 60 65 70	665
gtc acc tcc ccg cag agg gcg ggc ccg ctg gcc ggt gga gtg acc acc Val Thr Ser Pro Gln Arg Ala Gly Pro Leu Ala Gly Gly Val Thr Thr 75 80 85	713
ttt gtg gcc ctc tat gac tat gag tct agg acg gag aca gac ctg tcc	761
Phe Val Ala Leu Tyr Asp Tyr Glu Ser Arg Thr Glu Thr Asp Leu Ser 90 95 100	
	809

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								atc Ile							905
								gag Glu							953
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								ctg Leu							1145
								cac His							1193
								ctg Leu							1241
								gtc Val							1289
								aac Asn							1337
			_	_		 _	_	tct Ser			_		_	_	1385
								cat His							1433
								tac Tyr							1481
								aag Lys							1529
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cotcatcata goaataacat toccactgoo aggggttott gagcoagooa ggcoctgooa	3730
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ageteteaaa teeeteteea aetgeetaag geeettigig taaggigtet taataetgie	3910
ctttttttt ttttaacagt gttttgtaga tttcagatga ctatgcagag gcctggggga	3970
cocctggete tgggccgggc ctggggctcc gaaattccaa ggcccagact tgcggggggt	4030
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Gly Pro Ser Ala Ala Phe Ala Pro Ala Ala Ala Glu Pro Lys Leu Phe 50 55 60	
Gly Gly Phe Asn Ser Ser Asp Thr Val Thr Ser Pro Gln Arg Ala Gly 65 70 75 80	
Pro Leu Ala Gly Gly Val Thr Thr Phe Val Ala Leu Tyr Asp Tyr Glu 85 90 95	
Ser Arg Thr Glu Thr Asp Leu Ser Phe Lys Lys Gly Glu Arg Leu Gln 100 105 110	
Ile Val Asn Asn Thr Glu Gly Asp Trp Trp Leu Ala His Ser Leu Ser	
Thr Gly Gln Thr Gly Tyr Ile Pro Ser Asn Tyr Val Ala Pro Ser Asp	
Ser Ile Gln Ala Glu Glu Trp Tyr Phe Gly Lys Ile Thr Arg Arg Glu 145 150 155 160	
Ser Glu Arg Leu Leu Leu Asn Ala Glu Asn Pro Arg Gly Thr Phe Leu 165 170 175	
Val Arg Glu Ser Glu Thr Thr Lys Gly Ala Tyr Cys Leu Ser Val Ser 180 185 190	
Asp Phe Asp Asn Ala Lys Gly Leu Asn Val Lys His Tyr Lys Ile Arg 195 200 205	
Lys Leu Asp Ser Gly Gly Phe Tyr Ile Thr Ser Arg Thr Gln Phe Asn 210 215 220	

Ser Leu Gln Gln Leu Val Ala Tyr Tyr Ser Lys His Ala Asp Gly Leu

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225	230 235 240
Cys His Arg Leu Th 245	Thr Val Cys Pro Thr Ser Lys Pro Gln Thr Gln 250 255
Gly Leu Ala Lys As 260	Ala Trp Glu Ile Pro Arg Glu Ser Leu Arg Leu 265 270
Glu Val Lys Leu Gl 275	Gln Gly Cys Phe Gly Glu Val Trp Met Gly Thr 280 285
Trp Asn Gly Thr Th 290	Arg Val Ala Ile Lys Thr Leu Lys Pro Gly Thr 295 300
Met Ser Pro Glu Al 305	Phe Leu Gln Glu Ala Gln Val Met Lys Lys Leu 310 315 320
Arg His Glu Lys Le 325	ı Val Gln Leu Tyr Ala Val Val Ser Glu Glu Pro 330 335
Ile Tyr Ile Val Th 340	Glu Tyr Met Ser Lys Gly Ser Leu Leu Asp Phe 345 350
Leu Lys Gly Glu Th 355	Gly Lys Tyr Leu Arg Leu Pro Gln Leu Val Asp 360 365
Met Ala Ala Gln Il 370	e Ala Ser Gly Met Ala Tyr Val Glu Arg Met Asn 375 380
Tyr Val His Arg As 385	Leu Arg Ala Ala Asn Ile Leu Val Gly Glu Asn 390 395 400
405	. Ala Asp Phe Gly Leu Ala Arg Leu Ile Glu Asp 410 415
Asn Glu Tyr Thr Al 420	Arg Gln Gly Ala Lys Phe Pro Ile Lys Trp Thr 425 430
Ala Pro Glu Ala Al 435	Leu Tyr Gly Arg Phe Thr Ile Lys Ser Asp Val 440 445
450	e Leu Leu Thr Glu Leu Thr Thr Lys Gly Arg Val 455 460
465	: Val Asn Arg Glu Val Leu Asp Gln Val Glu Arg 470 475 480
485	o Cys Pro Pro Glu Cys Pro Glu Ser Leu His Asp 490 495
500	Trp Arg Lys Glu Pro Glu Glu Arg Pro Thr Phe 505 510
515	Phe Leu Glu Asp Tyr Phe Thr Ser Thr Glu Pro 520 525
Gln Tyr Gln Pro Gl 530	7 Glu Asn Leu 535
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aggcettgee gteecee Met Lys Met His Le 1 5	agg cetetettee eageteacae atg aag atg eae ttg 115

_												COIL	LIII	ued		
	agg n Arg	_	_		_	_	-	_	_			_	_	_	_	
	tct Ser															
	g agg Rrg															
	agc Ser															
	g gcc ı Ala															
	g agg 1 Arg								Asn							403
_	aaa Lys	_					_	_		_		_				451
	gaa Glu	_	_	_	_							_	_		_	
	aat Asn								_					_	-	
	ttc Phe															
-	g agg n Arg					_					_				_	
	a cag Gln															
	g tgg 1 Trp															
_	a aga g Arg					Gly		_		_			_		_	
	acc Thr															
	g gaa : Glu)															883
	a gat ⁄ Asp															931
	atc l Ile															
	g ggt 7 Gly 5															1027

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tga gactgggccc acatgggaac caacatctac tgcctgccta ctgcccaatg	1080
gctaggtcag gccccagagc caagccacac tcaacagagg gtccctgata ctattcacaa	1140
acatetecag gaagaagaet gaaaatetet eacagagatt ttetetgtga aatetettte	1200
tgttttcctg ggagtcccac tgtttttcca taggctaact ctggaaggag ctggctgaag	1260
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aaaaaaaaa aaa	1333
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Phe Ala Thr Val Ser Leu Ser Leu Ser Thr Cys Thr Thr Leu Asp Phe 20 25 30	
Gly His Ile Lys Lys Lys Arg Val Glu Ala Ile Arg Gly Gln Ile Leu 35 40 45	
Ser Lys Leu Arg Leu Thr Ser Pro Pro Glu Pro Thr Val Met Thr His 50 55 60	
Val Pro Tyr Gln Val Leu Ala Leu Tyr Asn Ser Thr Arg Glu Leu Leu 65 70 75 80	
Glu Glu Met His Gly Glu Arg Glu Glu Gly Cys Thr Gln Glu Asn Thr 85 90 95	
Glu Ser Glu Tyr Tyr Ala Lys Glu Ile His Lys Phe Asp Met Ile Gln 100 105 110	
Gly Leu Ala Glu His Asn Glu Leu Ala Val Cys Pro Lys Gly Ile Thr 115 120 125	
Ser Lys Val Phe Arg Phe Asn Val Ser Ser Val Glu Lys Asn Arg Thr 130 135 140	
Asn Leu Phe Arg Ala Glu Phe Arg Val Leu Arg Val Pro Asn Pro Ser 145 150 155 160	
Ser Lys Arg Asn Glu Gln Arg Ile Glu Leu Phe Gln Ile Leu Arg Pro 165 170 175	
Asp Glu His Ile Ala Lys Gln Arg Tyr Ile Gly Gly Lys Asn Leu Pro 180 185 190	
Thr Arg Gly Thr Ala Glu Trp Leu Ser Phe Asp Val Thr Asp Thr Val 195 200 205	
Arg Glu Trp Leu Leu Arg Arg Glu Ser Asn Leu Gly Leu Glu Ile Ser 210 215 220	
Ile His Cys Pro Cys His Thr Phe Gln Pro Asn Gly Asp Ile Leu Glu 225 230 235 240	
Asn Ile His Glu Val Met Glu Ile Lys Phe Lys Gly Val Asp Asn Glu 245 250 255	
Asp Asp His Gly Arg Gly Asp Leu Gly Arg Leu Lys Lys Gln Lys Asp 260 265 270	
His His Asn Pro His Leu Ile Leu Met Met Ile Pro Pro His Arg Leu 275 280 285	

Asp Asn Pro Gly Gln Gly Gln Arg Lys Lys Arg Ala Leu Asp Thr

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290	295 30	00	
Asn Tyr Cys Phe 305	arg		
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aaggccgtgg gcacg	tott tactocatgt gtgggacat	t cattgcggaa taacatcgga	120
	iget atg ggg act tee eat e His Pro Ala Phe Leu Val Le H		172
	ica ggg ctg agc cta atc ct 'hr Gly Leu Ser Leu Ile Le 20 25	eu Cys Gln Leu Ser Leu	220
	ca aat gaa aat gaa aag gt Pro Asn Glu Asn Glu Lys Va 35 40	al Val Gln Leu Asn Ser	268
	nga tgc ttt ggg gag agt ga nrg Cys Phe Gly Glu Ser Gl 50 55	u Val Ser Trp Gln Tyr	316
	gaa gag agc tcc gat gtg ga Flu Glu Ser Ser Asp Val Gl 65 70	u Ile Arg Asn Glu Glu	364
	ett ttt gtg acg gtc ttg ga Leu Phe Val Thr Val Leu Gl 85 90	u Val Ser Ser Ala Ser	412
	ggg ttg tac act tgc tat ta Fly Leu Tyr Thr Cys Tyr Ty 100 105	r Asn His Thr Gln Thr	460
	ett gaa ggc agg cac att ta Leu Glu Gly Arg His Ile Ty 115 12	r Ile Tyr Val Pro Asp	508
Pro Asp Val Ala	tt gta cct cta gga atg ac Phe Val Pro Leu Gly Met Th 130 13	nr Asp Tyr Leu Val Ile	556
	gat tot god att ata oot tg ssp Ser Ala Ile Ile Pro Cy 145 15	s Arg Thr Thr Asp Pro	604
	ncc tta cac aac agt gag gg Thr Leu His Asn Ser Glu Gl 165 17	y Val Val Pro Ala Ser	652
	ag ggc ttt aat ggg acc tt In Gly Phe Asn Gly Thr Ph 180 18	ne Thr Val Gly Pro Tyr	700
	cc gtc aaa gga aag aag tt hr Val Lys Gly Lys Lys Ph 195 20	ne Gln Thr Ile Pro Phe	748
	ta aaa gca aca tca gag ct Leu Lys Ala Thr Ser Glu Le 210 21	eu Asp Leu Glu Met Glu	796

											COII	tını	ueu			 		
	ctt Leu														844			
	gtt Val														892			
	gtg Val														940			
	atc Ile														988			
_	agt Ser	 ~		-	_	_	_	_	_	_				_	1036			
	gaa Glu														1084			
_	atc Ile				_	_	_	_	_	_		_		_	1132			
	aaa Lys														1180			
	tgg Trp														1228			
	act Thr														1276			
_	ctg Leu	_	_	_	_	_	_	_						_	1324			
	caa Gln														1372			
	gtt Val														1420			
	gl ^à aaa	Gln	Thr		Arg	Cys	Thr		Ğlu	Gly					1468			
	att Ile														1516			
	tcc Ser														1564			
	cac His														1612			
	gtg Val														1660			
	gct Ala														1708			

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					gct Ala 530											1756	_
					ctg Leu 545											1804	
					gtc Val 565											1852	
				_	ccg Pro 580	_	_	_			_		_			1900	
		_	~		cta Leu 595					_						1948	
					gaa Glu 610											1996	
	_	_		_	gca Ala 625		_	_				_	_	_		2044	
_	_			_	ctc Leu 645	_		_	_	_		_			_	2092	
					att Ile 660											2140	
					atc Ile 675											2188	
		_		_	aat Asn 690		_	_		_	_					2236	
					ctg Leu 705											2284	
					gtt Val 725											2332	
	Asp			Gln	gct Ala 740	Asp	Thr	Thr		Tyr	Val					2380	
			_		aaa Lys 755			_		_	_				_	2428	
_		_			aag Lys 770	_			_		_		_	_		2476	
					gat Asp 785											2524	
_	_				caa Gln 805	_	-	_		_			_	_		2572	
					cgt Arg 820											2620	

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atg cat gat tog aac tat gtg tog aaa ggc agt acc ttt otg occ gtg Met His Asp Ser Asn Tyr Val Ser Lys Gly Ser Thr Phe Leu Pro Val 845 850 855	2716
aag tgg atg gct cct gag agc atc ttt gac aac ctc tac acc aca ctg Lys Trp Met Ala Pro Glu Ser Ile Phe Asp Asn Leu Tyr Thr Thr Leu 860 865 870 875	2764
agt gat gtc tgg tct tat ggc att ctg ctc tgg gag atc ttt tcc ctt Ser Asp Val Trp Ser Tyr Gly Ile Leu Leu Trp Glu Ile Phe Ser Leu 880 885 890	2812
ggt ggc acc cct tac ccc ggc atg atg gtg gat tct act ttc tac aat Gly Gly Thr Pro Tyr Pro Gly Met Met Val Asp Ser Thr Phe Tyr Asn 895 900 905	2860
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gaa gtc tac gag atc atg gtg aaa tgc tgg aac agt gag ccg gag aag Glu Val Tyr Glu Ile Met Val Lys Cys Trp Asn Ser Glu Pro Glu Lys 925 930 935	2956
aga ccc tcc ttt tac cac ctg agt gag att gtg gag aat ctg ctg cct Arg Pro Ser Phe Tyr His Leu Ser Glu Ile Val Glu Asn Leu Leu Pro 940 945 950 955	3004
gga caa tat aaa aag agt tat gaa aaa att cac ctg gac ttc ctg aag Gly Gln Tyr Lys Lys Ser Tyr Glu Lys Ile His Leu Asp Phe Leu Lys 960 965 970	3052
agt gac cat cct gct gtg gca cgc atg cgt gtg gac tca gac aat gca Ser Asp His Pro Ala Val Ala Arg Met Arg Val Asp Ser Asp Asn Ala 975 980 985	3100
tac att ggt gtc acc tac aaa aac gag gaa gac aag ctg aag gac tgg Tyr Ile Gly Val Thr Tyr Lys Asn Glu Glu Asp Lys Leu Lys Asp Trp 990 995 1000	3148
gag ggt ggt ctg gat gag cag aga ctg agc gct gac agt ggc tac atc Glu Gly Gly Leu Asp Glu Gln Arg Leu Ser Ala Asp Ser Gly Tyr Ile 1005 1010 1015	3196
att cct ctg cct gac att gac cct gtc cct gag gag gag gac ctg ggc Ile Pro Leu Pro Asp Ile Asp Pro Val Pro Glu Glu Glu Asp Leu Gly 1020 1025 1030 1035	3244
aag agg aac aga cac agc tcg cag acc tct gaa gag agt gcc att gag Lys Arg Asn Arg His Ser Ser Gln Thr Ser Glu Glu Ser Ala Ile Glu 1040 1045 1050	3292
acg ggt tcc agc agt tcc acc ttc atc aag aga gag gac gag acc att Thr Gly Ser Ser Ser Ser Thr Phe Ile Lys Arg Glu Asp Glu Thr Ile 1055 1060 1065	3340
gaa gac atc gac atg atg gac gac atc ggc ata gac tct tca gac ctg Glu Asp Ile Asp Met Met Asp Asp Ile Gly Ile Asp Ser Ser Asp Leu 1070 1075 1080	3388
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		gatattgctg				5719
		tttccagtcc				5779
		gtgtgttttc	_	_		5839
		aaaatttgcc				5899
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Asn Glu Asn Glu Lys Val Val Gln Leu Asn Ser Ser Phe Ser Leu Arg	
Cys Phe Gly Glu Ser Glu Val Ser Trp Gln Tyr Pro Met Ser Glu Glu 50 55 60	
Glu Ser Ser Asp Val Glu Ile Arg Asn Glu Glu Asn Asn Ser Gly Leu	
Phe Val Thr Val Leu Glu Val Ser Ser Ala Ser Ala Ala His Thr Gly	
85 90 95 Leu Tyr Thr Cys Tyr Tyr Asn His Thr Gln Thr Glu Glu Asn Glu Leu	
Glu Gly Arg His Ile Tyr Ile Tyr Val Pro Asp Pro Asp Val Ala Phe	
115 120 125	
Val Pro Leu Gly Met Thr Asp Tyr Leu Val Ile Val Glu Asp Asp Asp 130 135 140	
Ser Ala Ile Ile Pro Cys Arg Thr Thr Asp Pro Glu Thr Pro Val Thr 145 150 155 160	
Leu His Asn Ser Glu Gly Val Val Pro Ala Ser Tyr Asp Ser Arg Gln 165 170 175	
Gly Phe Asn Gly Thr Phe Thr Val Gly Pro Tyr Ile Cys Glu Ala Thr 180 185 190	
Val Lys Gly Lys Lys Phe Gln Thr Ile Pro Phe Asn Val Tyr Ala Leu 195 200 205	
Lys Ala Thr Ser Glu Leu Asp Leu Glu Met Glu Ala Leu Lys Thr Val 210 215 220	
Tyr Lys Ser Gly Glu Thr Ile Val Val Thr Cys Ala Val Phe Asn Asn	
225 230 235 240 Glu Val Val Asp Leu Gln Trp Thr Tyr Pro Gly Glu Val Lys Gly Lys	
245 250 255	
Gly Ile Thr Met Leu Glu Glu Ile Lys Val Pro Ser Ile Lys Leu Val 260 265 270	
Tyr Thr Leu Thr Val Pro Glu Ala Thr Val Lys Asp Ser Gly Asp Tyr 275 280 285	

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Glu 290	Сув	Ala	Ala	Arg	Gln 295	Ala	Thr	Arg	Glu	Val 300	Lys	Glu	Met	Lys	Lys
Val 305	Thr	Ile	Ser	Val	His 310	Glu	Lys	Gly	Phe	Ile 315	Glu	Ile	Lys	Pro	Thr 320
Phe 325	Ser	Gln	Leu	Glu	Ala 330	Val	Asn	Leu	His	Glu 335	Val	ГÀа	His	Phe	Val
Val 340	Glu	Val	Arg	Ala	Tyr 345	Pro	Pro	Pro	Arg	Ile 350	Ser	Trp	Leu	Lys	Asn
Asn 355	Leu	Thr	Leu	Ile	Glu 360	Asn	Leu	Thr	Glu	Ile 365	Thr	Thr	Asp	Val	Glu
Lys 370	Ile	Gln	Glu	Ile	Arg 375	Tyr	Arg	Ser	Lys	Leu 380	Lys	Leu	Ile	Arg	Ala
Lys 385	Glu	Glu	Asp	Ser	Gly 390	His	Tyr	Thr	Ile	Val 395	Ala	Gln	Asn	Glu	Asp 400
Ala 405	Val	Lys	Ser	Tyr	Thr 410	Phe	Glu	Leu	Leu	Thr 415	Gln	Val	Pro	Ser	Ser
Ile 420	Leu	Asp	Leu	Val	Asp 425	Asp	His	His	Gly	Ser 430	Thr	Gly	Gly	Gln	Thr
Val 435	Arg	Сув	Thr	Ala	Glu 440	Gly	Thr	Pro	Leu	Pro 445	Asp	Ile	Glu	Trp	Met
Ile 450	Cys	Lys	Asp	Ile	Lys 455	Lys	Cys	Asn	Asn	Glu 460	Thr	Ser	Trp	Thr	Ile
Leu 465	Ala	Asn	Asn	Val	Ser 470	Asn	Ile	Ile	Thr	Glu 475	Ile	His	Ser	Arg	Asp 480
Arg 485	Ser	Thr	Val	Glu	Gly 490	Arg	Val	Thr	Phe	Ala 495	Lys	Val	Glu	Glu	Thr
Ile 500	Ala	Val	Arg	Cys	Leu 505	Ala	Lys	Asn	Leu	Leu 510	Gly	Ala	Glu	Asn	Arg
Glu 515	Leu	Lys	Leu	Val	Ala 520	Pro	Thr	Leu	Arg	Ser 525	Glu	Leu	Thr	Val	Ala
Ala 530	Ala	Val	Leu	Val	Leu 535	Leu	Val	Ile	Val	Ile 540	Ile	Ser	Leu	Ile	Val
Leu 545	Val	Val	Ile	Trp	Lув 550	Gln	Lys	Pro	Arg	Tyr 555	Glu	Ile	Arg	Trp	Arg 560
Val 565	Ile	Glu	Ser	Ile	Ser 570	Pro	Asp	Gly	His	Glu 575	Tyr	Ile	Tyr	Val	Asp
Pro 580	Met	Gln	Leu	Pro	Tyr 585	Asp	Ser	Arg	Trp	Glu 590	Phe	Pro	Arg	Asp	Gly
Leu 595	Val	Leu	Gly	Arg	Val 600	Leu	Gly	Ser	Gly	Ala 605	Phe	Gly	Lys	Val	Val
Glu 610	Gly	Thr	Ala	Tyr	Gly 615	Leu	Ser	Arg	Ser	Gln 620	Pro	Val	Met	Lys	Val
Ala 625	Val	Lys	Met	Leu	Lys	Pro	Thr	Ala	Arg	Ser 635	Ser	Glu	Lys	Gln	Ala 640
Leu 645	Met	Ser	Glu	Leu	Lys 650	Ile	Met	Thr	His	Leu 655	Gly	Pro	His	Leu	Asn
Ile 660	Val	Asn	Leu	Leu	Gly 665	Ala	Сув	Thr	Lys	Ser 670	Gly	Pro	Ile	Tyr	Ile
Ile 675	Thr	Glu	Tyr	Cys	Phe 680	Tyr	Gly	Asp	Leu	Val 685	Asn	Tyr	Leu	His	Lys
3	_	_		D 1		<i>a</i>			_	61 3		_			61

Asn Arg Asp Ser Phe Leu Ser His His Pro Glu Lys Pro Lys Lys Glu

Leu

690					695					700					
Leu 705	Asp	Ile	Phe	Gly	Leu 710	Asn	Pro	Ala	Asp	Glu 715	Ser	Thr	Arg	Ser	Tyr 720
Val 725	Ile	Leu	Ser	Phe	Glu 730	Asn	Asn	Gly	Asp	Tyr 735	Met	Asp	Met	Lys	Gln
Ala 740	Asp	Thr	Thr	Gln	Tyr 745	Val	Pro	Met	Leu	Glu 750	Arg	Lys	Glu	Val	Ser
Lys 755	Tyr	Ser	Asp	Ile	Gln 760	Arg	Ser	Leu	Tyr	Asp 765	Arg	Pro	Ala	Ser	Tyr
Lys 770	ГÀз	Lys	Ser	Met	Leu 775	Asp	Ser	Glu	Val	Lys 780	Asn	Leu	Leu	Ser	Asp
Asp 785	Asn	Ser	Glu	Gly	Leu 790	Thr	Leu	Leu	Asp	Leu 795	Leu	Ser	Phe	Thr	Tyr 800
Gln 805	Val	Ala	Arg	Gly	Met 810	Glu	Phe	Leu	Ala	Ser 815	Lys	Asn	СЛа	Val	His
Arg 820	Asp	Leu	Ala	Ala	Arg 825	Asn	Val	Leu	Leu	Ala 830	Gln	Gly	Lys	Ile	Val
Lys 835	Ile	Сув	Asp	Phe	Gly 840	Leu	Ala	Arg	Asp	Ile 845	Met	His	Asp	Ser	Asn
Tyr 850	Val	Ser	Lys	Gly	Ser 855	Thr	Phe	Leu	Pro	Val 860	Lys	Trp	Met	Ala	Pro
Glu 865	Ser	Ile	Phe	Asp	Asn 870	Leu	Tyr	Thr	Thr	Leu 875	Ser	Asp	Val	Trp	Ser 880
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Pro 900	Gly	Met	Met	Val	Asp 905	Ser	Thr	Phe	Tyr	Asn 910	Lys	Ile	Lys	Ser	Gly
Tyr 915	Arg	Met	Ala	Lys	Pro 920	Asp	His	Ala	Thr	Ser 925	Glu	Val	Tyr	Glu	Ile
Met 930	Val	Lys	Cys	Trp	Asn 935	Ser	Glu	Pro	Glu	Lys 940	Arg	Pro	Ser	Phe	Tyr
His 945	Leu	Ser	Glu	Ile	Val 950	Glu	Asn	Leu	Leu	Pro 955	Gly	Gln	Tyr	ГЛа	Lys 960
	Tyr	Glu	Lys	Ile	His 970	Leu	Asp	Phe	Leu		Ser	Asp	His	Pro	
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	Lys	Asn	Glu	Glu	Asp		Leu	Lys	Asp			Gly	Gly	Leu	Asp
		Arg	Leu	Ser	Ala	Asp	Ser	Gly	Tyr		Ile	Pro	Leu	Pro	Asp
	Asp	Pro	Val	Pro	Glu 1030	Glu	Glu	Asp	Leu		Lys	Arg	Asn	_	His L040
	Ser	Gln	Thr	Ser	Glu 1050	Glu	Ser	Ala	Ile		Thr	Gly	Ser		
	Thr	Phe	Ile	Lys	Arg	Glu	Asp	Glu	Thr		Glu	Asp	Ile	Asp	Met
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Tyr Asp Leu Asp Tyr .	gac tcg gtg cag ccg tat Asp Ser Val Gln Pro Tyr 20 25	
Glu Glu Asn Phe Tyr	cag cag cag cag agc Gln Gln Gln Gln Ser 35 40	
Ala Pro Ser Glu Asp	atc tgg aag aaa ttc gag Ile Trp Lys Lys Phe Glu 50 55	
Pro Leu Ser Pro Ser	cgc cgc tcc ggg ctc tgc Arg Arg Ser Gly Leu Cys 65 70	
Ala Val Thr Pro Phe	tcc ctt cgg gga gac aac Ser Leu Arg Gly Asp Asn 85 90	
Ser Phe Ser Thr Ala	gac cag ctg gag atg gtg Asp Gln Leu Glu Met Val 00 105	
Gly Asp Met Val Asn	cag agt ttc atc tgc gac Gln Ser Phe Ile Cys Asp 115 120	
Phe Ile Lys Asn Ile	atc atc cag gac tgt atg Ile Ile Gln Asp Cys Met 130	
Ala Ala Ala Lys Leu	gtc tca gag aag ctg gcc Val Ser Glu Lys Leu Ala 145 150	
Arg Lys Asp Ser Gly	agc ccg aac ccc gcc cgc Ser Pro Asn Pro Ala Arg 165 170	
Ser Thr Ser Ser Leu	tac ctg cag gat ctg agc Tyr Leu Gln Asp Leu Ser 180 185	

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Ser Pro Ly® Ser Cy® Åla Ser Gln Åap Ser Ser Åla Phe Ser Pro Ser 205 205 215 215 215 215 215 215 220 220	Cys Ile	_		_	Val	_				Pro			_	_	_	1167	
Ser App Ser Leu Leu Ser Ser Thr Glu Ser Ser Pro Gln Gly Ser Pro 2250 235 236 236 237 235 235 236 236 226 226 226 226 236 236 237 246 247 246 247 250 250 246 247 247 250 250 246 247 247 250 250 246 247 247 247 250 250 246 247 247 247 250 250 255 265 265 265 265 265 265 265 265 265	Ser Pro				Āla					Ser						1215	
Glu Pro Leu Val Leu His Glu Glu Thr Pro Pro Thr Thr Ser Ser Asp 240 240 245 250 240 245 250 255 265 265 Ser Glu Glu Glu Glu Glu Glu Glu Glu Tle Asp Val Val Ser Val 260 255 265 265 gaa aag agg cag get cet gge aaa agg tea gag tet gga tea cet tet gla tea cet tet glu Lys Arg Glu Ala Pro Gly Lys Arg Ser Glu Ser Gly Ser Pro Ser 270 gaa gag gac cac age aaa cet cet cac age cac etg gte cte aag agg 1455 275 270 275 280 290 2275 281 290 295 282 290 290 283 290 290 284 290 295 285 290 295 286 290 290 287 290 295 288 290 290 289 290 290 280 290 290 280 290 290 280 290 290 280 290 290 280 290 <td>Ser Asp</td> <td></td> <td></td> <td></td> <td>Ser</td> <td></td> <td></td> <td></td> <td></td> <td>Ser</td> <td></td> <td></td> <td></td> <td></td> <td>Pro</td> <td>1263</td> <td></td>	Ser Asp				Ser					Ser					Pro	1263	
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Glu Lye Arg Gln Ala Pro Gly Lye Arg Ser Glu Ser Gly Ser Pro Ser 270 280 get gga ggc cac agc aaa cet cet cac agc cca ctg gtc ctc aag agg 1455 Ala Gly Gly His Ser Lye Pro Pro His Ser Pro Leu Val Leu Lye Arg 290 295 tgc cac gtc tcc aca cat cag cac aac tac gca gcg cct cct cc cc act 1503 Cye His Val Ser Thr His Gln His Asn Tyr Ala Ala Pro Pro Ser Thr 300 315 cgg aag gac tat cet gct gcc aag agg gtc aag ttg gac agt gtc aga Arg Lye Arg Cyo Thr Ser Pro Ala Ala Lye Arg Val Lye Leu Aep Ser Val Arg 320 gtc ctg aga cag atc agc aca acc cac acc cac cac acc acc ac	Ser Gli		_		Glu	_		_	_	Ile	_	_	_			1359	
Ala Gly Gly His Ser Lys Pro Pro His Ser Pro Leu Val Leu Lys Arg 295 tge cac gtc tcc aca cat cag cac aac tag 290 tge cac gtc tcc aca cat cag cac aac tag 295 tge cac gtc tcc aca cat cag cac aac tag 296 tge cac gtc tcc aca cat cag cac aac tag 297 305 1503 1504 1509	Glu Lys		_	_	Pro					Glu						1407	
Cys His Val Ser Thr His Gln His Asn Tyr Ala Ala Pro Pro Ser Thr 310 305 305 305 305 305 305 305 305 305 30	Ala Gly			_	Lys				_	Pro	_	_		_		1455	
Arg Lys Asp Tyr Pro Ala Ala Lys Arg Val Lys Leu Asp Ser Val Arg 320 ctc aga cag acc aga aca aca cga aca aca cga aca ac	Cys His	-			His	_				Āla					Thr	1503	
Val Leu Arg Gln Ile Ser Asn Asn Arg Lys Cys Thr Ser Pro Arg Ser 340 345 345 345 345 345 345 345 345 345 345	Arg Lys				Āla	_	_		-	Lys	_	_	_	-	-	1551	
Ser Asp Thr Glu Glu Asn Val Lys Arg Arg Thr 360 cgc cag agg agg agg ag cta aaa cgg agc ttt ttt gcc ctg cgt gac Arg Gln Arg Arg Asn Glu Leu Lys Arg Ser Phe Phe Ala Leu Arg Asp 375 cag atc ccg gag ttg gaa aac aat gaa aag gcc ccc aag gta gtt atc Gln Ile Pro Glu Leu Glu Asn Asn Glu Lys Ala Pro Lys Val Val Ile 380 ctt aaa aaa gcc aca gca tac atc ctg tcc gtc caa gca gag caa 1791 Leu Lys Lys Ala Thr Ala Tyr Ile Leu Ser Val Gln Ala Glu Glu Gln Ala Glu Glu Gln Ala Glu Ile Ser Glu Glu Asp Leu Leu Arg Lys Arg Arg Arg Glu Gln Leu Arg Asp Ser Ser Cys Ala * aaa cac aaa ctt gaa cag cta cgg aac tct ttg gg gaa cac tct tgt gcg taa ggaaaagtaa lys Leu Ile Ser Glu Gln Leu Arg Asn Ser Cys Ala * ggaaaacgat tccttctaac agaaatgtcc tgagcaatca cctatgaact tgtttcaaat 1948 gcatgatcaa atgcaacctc acaaccttgg ctgagtcttg agactgaaga atttagccat 2008 aatgtaaact gcctcaaatt ggactttggg cataaaagaa cttttttatg cttaccatct 2068	Val Leu				Ser					Cys						1599	
Arg Gln Arg Arg Asn Glu Leu Lys Arg Ser Phe Ala Leu Arg Asp 375 cag atc ccg gag ttg gaa aac aat gaa aag gcc ccc aag gta gtt atc 385 ctt aaa aaa gcc aca gca tac atc ctg tcc gtc caa gca gag gag caa Lys Lys Ala Thr Ala Tyr Ile Leu Ser Val 405 cag ctc att tct gaa gag gac ttg ttg cgg aaa cga cag cta ttg ttg cgg aaa cga cag gag gag cag Lys Leu Ile Ser Glu Glu Asp Leu Leu Arg Lys Arg Arg Glu Gln Leu 415 aaa cac aaa ctt gaa cag cta cgg aac tct tgt ggg aac tct tgt ggg aaa cga gag gag cag aaa cac aaa ctt gaa cag cta cgg aac tct tgt ggg aac tct tgt ggg taa ggaaaagtaa Lys His Lys Leu Glu Gln Leu Arg Asn Ser Cys Ala * ggaaaacgat tccttctaac agaaatgtcc tgagcaatca cctatgaact tgttcaaat ggaatgatcaa atgcaacctc acaaccttgg ctgagtcttg agactgaaag atttagccat aatgtaaact gcctcaaatt ggactttggg cataaaagaa cttttttatg cttaccatct 2008	Ser Asp				Asn	-	_		_	Thr			-	_		1647	
Gln Ile Pro Glu Leu Glu Asn Asn Glu Lys Ala Pro Lys Val Val Ile 380 385 385 390 To Lys Val Val Ile 380 395 ctt aaa aaa gcc aca gca tac atc ctg tcc gtc caa gca gag gag caa Leu Lys Lys Lys Ala Thr Ala Tyr Ile Leu Ser Val Gln Ala Glu Glu Gln 400 405 410 aag ctc att tct gaa gag gac ttg ttg cgg aaa cga cga gaa cag ttg Lys Leu Ile Ser Glu Glu Asp Leu Leu Arg Lys Arg Arg Glu Gln Leu 415 420 425 aaa cac aaa ctt gaa cag cta cgg aac tct tgt gcg taa ggaaaagtaa Lys His Lys Leu Glu Gln Leu Arg Asn Ser Cys Ala * 430 435 ggaaaacgat tccttctaac agaaatgtcc tgagcaatca cctatgaact tgttcaaat 1948 gcatgatcaa atgcaacctc acaaccttgg ctgagtcttg agactgaaag atttagccat 2008 aatgtaaact gcctcaaatt ggactttggg cataaaaagaa cttttttatg cttaccatct 2068	Arg Glr				Glu					Phe						1695	
Leu Lys Lys Ala Thr Ala Tyr Ile Leu Ser Val Gln Ala Glu Glu Glu aag ctc att tct gaa gag gac ttg ttg cgg aaa cga cga gaa cag ttg Lys Leu Ile Ser Glu Glu Asp Leu Leu Arg Lys Arg Arg Glu Gln Leu 415 aaa cac aaa ctt gaa cag cta cgg aac tct tgt gcg taa ggaaaagtaa Lys His Lys Leu Glu Gln Leu Arg Asn Ser Cys Ala 435 ggaaaacgat tccttctaac agaaatgtcc tgagcaatca cctatgaact tgttcaaat 1948 gcatgatcaa atgcaacctc acaaccttgg ctgagtcttg agactgaaag atttagccat 2008 aatgtaaact gcctcaaatt ggactttggg cataaaaagaa cttttttatg cttaccatct 2068	Gln Ile	_		_	Glu			_	_	Āla		_	-	_	Ile	1743	
Lys Leu Ile Ser Glu Glu Asp Leu Leu Arg Lys Arg Arg Glu Gln Leu 415 420 425 aaa cac aaa ctt gaa cag cta cgg aac tct tgt gcg taa ggaaaagtaa 1888 Lys His Lys Leu Glu Gln Leu Arg Asn Ser Cys Ala * 430 435 ggaaaacgat tccttctaac agaaatgtcc tgagcaatca cctatgaact tgtttcaaat 1948 gcatgatcaa atgcaacctc acaaccttgg ctgagtcttg agactgaaag atttagccat 2008 aatgtaaact gcctcaaatt ggactttggg cataaaaagaa cttttttatg cttaccatct 2068	Leu Lys		Āla	Thr	Āla	Tyr	Ile	Leu	Ser	Val		_				1791	
Lys His Lys Leu Glu Gln Leu Arg Asn Ser Cys Ala * 430 435 ggaaaacgat tccttctaac agaaatgtcc tgagcaatca cctatgaact tgtttcaaat 1948 gcatgatcaa atgcaacctc acaaccttgg ctgagtcttg agactgaaag atttagccat 2008 aatgtaaact gcctcaaatt ggactttggg cataaaaagaa cttttttatg cttaccatct 2068	Lys Let			_	Glu	_	_	_		Lys	_	_	_	_	_	1839	
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Arg 65	Arg	Ser	Gly	Leu	Cys 70	Ser	Pro	Ser	Tyr	Val 75	Ala	Val	Thr	Pro	Phe 80
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Val 195	Val	Phe	Pro	Tyr	Pro 200	Leu	Asn	Asp	Ser	Ser 205	Ser	Pro	Lys	Ser	Cys
Ala 210	Ser	Gln	Asp	Ser	Ser 215	Ala	Phe	Ser	Pro	Ser 220	Ser	Asp	Ser	Leu	Leu
Ser 225	Ser	Thr	Glu	Ser	Ser 230	Pro	Gln	Gly	Ser	Pro 235	Glu	Pro	Leu	Val	Leu 240
His 245	Glu	Glu	Thr	Pro	Pro 250	Thr	Thr	Ser	Ser	Asp 255	Ser	Glu	Glu	Glu	Gln
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Pro 275	Gly	Lys	Arg	Ser	Glu 280	Ser	Gly	Ser	Pro	Ser 285	Ala	Gly	Gly	His	Ser
Lys 290	Pro	Pro	His	Ser	Pro 295	Leu	Val	Leu	Lys	Arg 300	Cys	His	Val	Ser	Thr
His 305	Gln	His	Asn	Tyr	Ala 310	Ala	Pro	Pro	Ser	Thr 315	Arg	Lys	Asp	Tyr	Pro 320
Ala 325	Ala	Lys	Arg	Val	1330	Leu	Asp	Ser	Val	Arg 335	Val	Leu	Arg	Gln	Ile
Ser 340	Asn	Asn	Arg	Lys	Cys 345	Thr	Ser	Pro	Arg	Ser 350	Ser	Asp	Thr	Glu	Glu
Asn 355	Val	ГЛа	Arg	Arg	Thr 360	His	Asn	Val	Leu	Glu 365	Arg	Gln	Arg	Arg	Asn
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Glu 385	Asn	Asn	Glu	Lys	Ala 390	Pro	Lys	Val	Val	Ile 395	Leu	Lys	Lys	Ala	Thr 400	
Ala 405	Tyr	Ile	Leu	Ser	Val 410	Gln	Ala	Glu	Glu	Gln 415	Lys	Leu	Ile	Ser	Glu	
Glu 420	Asp	Leu	Leu	Arg	Lys 425	Arg	Arg	Glu	Gln	Leu 430	Lys	His	Lys	Leu	Glu	
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		ggg á Glu		acago	ca go	egcat	tege	999	gacga	agag	cg a	atg a	agt g	gag a	aac	114
					atc Ile 10											162
					gcc Ala 30											210
					ctg Leu 45											258
					gac Asp 60											306
					cat His 75											354
					atc Ile 90									Trp		402
				Leu	ggc Gly 110											450
					ccc Pro 125											498
					ctg Leu 140											546
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					ttc Phe 170											642
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Asp Phe Gly Gly His Gly Leu Ser Ser His Tyr Ser Pro Gly Val Pro 65 70 75 80	
Tyr Tyr Leu Gln Thr Phe Val Ser Glu Ile Arg Arg Val Val Ala Ala 85 90 95	
Leu Lys Trp Asn Arg Phe Ser Ile Leu Gly His Ser Phe Gly Gly Val	
Val Gly Gly Met Phe Phe Cys Thr Phe Pro Glu Met Val Asp Lys Leu 115 120 125	

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Gln Arg Leu Leu Lys 180	Ser Asn Ser His Leu Ser Glu Glu Cys Gly Glu 185 190	
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Ser Arg Glu Leu Cys 225	Ala His Ser Ile Arg Lys Leu Gln Ala His Val 230 235 240	
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Leu Lys Glu Gln Phe 275	Gln Phe Val Glu Val Pro Gly Asn His Cys Val 280 285	
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That which is claimed:

1. A method for evaluating the prognosis of a breast cancer patient, said method comprising detecting overexpression of at least one biomarker in a sample from said patient, wherein said biomarker is selected from the group consisting of SLPI, p21ras, MUC-1, DARPP-32, phospho-p27, src, MGC 14832,

myc, $TGF\beta$ -3, SERHL, E2F1, PDGFR α , NDRG-1, MCM2, PSMB9, and MCM6, wherein overexpression of said biomarker is indicative of prognosis, and thereby evaluating the prognosis of said breast cancer patient.

2. A method for evaluating the prognosis of a breast cancer patient, said method comprising:

- a) obtaining a sample from said patient;
- b) contacting said sample with at least one antibody, wherein said antibody specifically binds to a biomarker protein, wherein said biomarker protein is selected from the group consisting of SLPI, p21ras, MUC-1, DARPP-32, phospho-p27, src, MGC 14832, myc, TGF β -3, SERHL, E2F1, PDGFR α , NDRG-1, MCM2, PSMB9, and MCM6;
- c) detecting binding of said antibody to said biomarker protein;
- d) determining if said biomarker protein is overexpressed in said sample, wherein overexpression of said biomarker protein is indicative of a poor prognosis; and,
- e) thereby evaluating the prognosis of said breast cancer patient.
- 3. The method of claim 2, wherein said biomarkers are selected from the group consisting of SLPI, p21ras, MUC-1, DARPP-32, phospho-p27, src, MGC 14832, myc, TGF β -3, SERHL, E2F1, PDGFR α , NDRG-1, MCM2, PSMB9, and MCM6.

- **4**. A kit comprising at least two antibodies, wherein each of said antibodies specifically binds to a distinct biomarker protein that is indicative of poor prognosis of a breast cancer patient, and wherein the biomarker proteins are selected from the group consisting of SLPI, p21ras, MUC-1, DARPP-32, phospho-p27, src, MGC 14832, myc, TGFβ-3, SERHL, E2F1, PDGFRα, NDRG-1, MCM2, PSMB9, and MCM6.
- 5. The kit of claim 4, wherein said biomarker proteins are selected from the group consisting of E2F1, SLPI, MUC-1, src, p21ras, and PSMB9.
- **6**. The kit of claim **4**, wherein said kit further comprises chemicals for the detection of antibody binding to said biomarker protein.
- 7. The kit of claim 4, wherein said kit is used with a commercial antibody binding detection system.
- **8**. The kit of claim **4**, wherein said kit further comprises a positive control sample.
- 9. The kit of claim 4, wherein said kit further comprises instructions for use.

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