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(54) Title: MEANS AND METHODS FOR THE TREATMENT OF HEAD INJURIES AND STROKE

(57) Abstract: The present invention relates to the use of HDAC inhibitors for the preparation of a pharmaceutical composition for the amelioration, treatment or prevention of malignancies related to ischemic events or brain damage, whereby said HDAC inhibitor is selected from the group consisting of SAHA, M344, MS-275, CBHA and SBHA and whereby said HDAC inhibitor is most preferably SAHA.

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### **Means and methods for the treatment of head injuries and stroke**

The present invention relates to the use of HDAC inhibitors for the preparation of a pharmaceutical composition for the amelioration, treatment or prevention of malignancies related to ischemic events or spinal cord or brain damage, whereby said HDAC inhibitor is selected from the group consisting of SAHA, M344, MS-275, CBHA and SBHA and whereby said HDAC inhibitor is most preferably SAHA.

Ischemia, intracerebral bleeding as well as traumatic injury result in neuronal cell death of the affect brain region. The area of irreversible brain damage increases, however, with time from the moment of injurious incidence on and exceed into adjacent areas not directly hit by trauma or ischemia (so-called penumbra). One pathomechanism responsible for the enlargement of compromised brain tissue is propagated by excitotoxic glutamate release of damaged neurons.

Stroke is caused by deficient oxygen supply of the brain, either due to arterial stenosis, thrombo-embolic occlusion or bleeding. Hypertension, vessel malformations, cardiac arrhythmias, tumors, diabetes, nicotine abuse or blood-thinning medication increase the risk of stroke. Any resulting infarction is within the perfusion territory of the affected artery and clinical symptoms depend on the various size and localization. In case that the primary motor cortex or pyramidal fiber tract is affected, a person may be left with a hemiplegia. A causal therapy of stroke aims towards immediate reconstruction of blood and/or oxygen supply, i.e. thrombolysis during the first three to six hours after the insult.

In Germany, approx. 200.000 people suffer from stroke each year. Within the EU-25 1 Mio. people and in USA 700.000 people are affected. Every fifth patient dies from stroke accounting for the third most common cause of death in the Western world. For those patients who survive, stroke is the most common cause for disability (Jansen, 2002).

Non-missile or blunt head injury lead to acceleration or deceleration forces to the head that cause brain movement within the skull. These pathophysiological movements usually result in multiple injuries, i.e. "coup–contre–coup" lesions at opposite sides. Intracranial or epidural bleeding as well as focal damage (infarction) and traumatic axonal injury are seen as a consequence of severe head injuries. The severity of head injury is usually assessed using the Glasgow Coma Scale.

Head injury, whether accidental, criminal or suicidal, is the leading cause of death in people under 45 years of age in developed countries. It accounts for 1 % of all death, 30 % of death from trauma, and 50 % of death due to road traffic accidents. In Germany, an estimated 10.000 individuals each year sustain severe head injury, and 180/100.000 of the population have a persisting handicap. The number of severe head injuries each year in the UK is approx. 50.000; these account for 20 % of death between the ages of 5 and 45. In the USA, an estimated 700.000 individuals each year suffer from severe head injury (Ellison, 2004).

Prolonged ischemia, intracerebral bleeding or traumatic brain injury lead to neuronal cell death and tissue necrosis. Macrophages invade the site of the lesion and phagocyte cell debris. After weeks or months, the initial site of the injury is converted into a pseudocyst. This pseudocyst is, however, often larger than the primary site of the injury. Mechanisms of excitotoxicity appear to play a role during disease progression. Unaffected brain tissue bordering the lesion site is compromised by molecular and structural reorganization processes targeting neuronal as well as glial elements. As a consequence, excessive glutamate concentrations secreted by compromised neurons may not be efficiently cleared from synaptic sites and intraneuronal calcium concentration can reach cytotoxic levels (excitotoxicity), thereby inducing progressive neuronal cell death within bordering brain parenchyma.

To prevent a progressive neuronal cell death due to ischemia, current clinical treatment strategies aim to increase oxygen and blood supply, such as blood thinning medication (Albers, 2004) and thrombolysis therapy (Kwiatkowski, 1999). As an alternative, it was proposed to decrease the metabolism of neurons by hypothermia (Georgiadis, 2005). However, therapeutic strategies employed up to now have not

proven to be completely satisfactory and have not successfully employed epigenetic mechanisms to manipulate ischemia-associated molecular signalling pathways.

A number of inhibitors of histone deacetylases have been discovered and well studied including Trichostatin A (TSA), Valproic acid (VPA), Apicidin and Phenylbutyrate. From this group of compounds, only VPA has reached clinical significance for the treatment of neurological disorders (epilepsy). It has been shown, however, that maximal drug concentrations within the brain tissue are in the order of 500  $\mu$ mol, which appear not to significantly inhibit HDAC enzymes, see appended examples. Alternative actions of valproic acid including propagation of proteosomal degradation of the HDAC 2 enzyme (Kramer, 2003; Göttlicher, 2004).

A group of novel, highly specific HDAC inhibitors have been described, some of which are already in clinical phase II trials for the treatment of cancer (SAHA, MS-275) (Marks, 2004). Data from recently published phase I clinical trials report furthermore about good oral bioavailability and little side effects (Kelly, 2003).

Ren (2004) has described experiments, wherein valproic acid at a concentration of 300mg/kg was employed in rats. Ren (2004) proposes that VPA (valproic acid) is neuroprotective in a rat cerebral ischemia model and suggests that the protective mechanism may involve HDAC inhibition. However, VPA has only moderate HDAC inhibitory efficacy and requires high millimolar concentrations in vivo. Furthermore, other mechanisms than HDAC inhibition play a role in neuroprotective effects of VPA, i.e. HDAC2 enzyme degradation as mentioned above (Kramer, 2003). The person skilled in the art is aware of the fact that first, a dosage of 20 mg VPA per kg body weight should not be exceeded due to considerable increase of side effects and second, that neuroprotective effects of VPA are most likely not due to HDAC inhibition. Accordingly, the skilled artisan would not consider the use of HDAC inhibitors in the treatment of ischemias of human patients. This is in particular the case, since the HDAC inhibiting action of VPA requires rather extensive concentrations (as documented herein). Furthermore, VPA has a well documented clinical risk to increase intracerebral haemorrhage by inducing factor XIII deficiency (Pohlmann-Eden, 2003; see also: Rote Liste, 2003). Thus, administration of the

HDAC inhibitor VPA is not a reasonable treatment option in humans suffering from stroke or head injury.

As pointed out herein above, the prior art has provided several injury treatment regimes for head injuries and also for ischemic event, i.e. stroke, however, the treatment regimes provided are not satisfactory and have certain down sides Major disadvantages of current treatment modalities necessitate the search for novel strategies. There is only a narrow time window for successful thrombolytic therapy in stroke. Several studies indicate that reconstitution of cerebral blood flow has to be achieved within three to six hours after impairment (Albers, 2004). Blood thinning medication increases the risk for intracerebral bleeding and requires intensive care observation of patients. Although induction of hypothermia appears to reduce mortality in patients with cerebral infarction, severe side effects, intensive medical treatment and a prolonged stay in the neurologic intensive care unit have to be considered. It is reported, therefore, that use of hypothermia should be restricted to specialized units (Georgiadis, 2005).

Accordingly, the technical problem underlying the present invention is to provide for means and methods for the medical intervention in head injuries or brain or spinal cord damages, in particular of traumatic event as well as ischemia/stroke. The above-identified problem is solved by the embodiments as provided herein and as characterized in the appended claims.

Therefore, the present invention relates to the use of HDAC inhibitors for the preparation of a pharmaceutical composition for the amelioration, treatment or prevention of malignancies related to ischemic events or brain or spinal cord damage, whereby said HDAC inhibitor is selected from the group consisting of SAHA, M344, MS-275, CBHA and SBHA .

The terms "SAHA", "M344", "MS-275", "CBHA", and "SBHA" are well known in the art. SAHA is also known as suberoylanilide hydroxamic acid and is also described in WO 03/032921. Also CBHA is known in the art from WO 03/032921 and relates to m-carboxycinnamic acid bishydroxamate. In WO 03/032921 the use of SAHA or CBHA

is proposed in the treatment of cancer of the brain and neurodegenerative diseases. It was suggested that up-regulation of the cell-cycle control gene p21/WAF1 is helpful to block neoplastic cell growth (Richon, 2000). Other prior art focussed on Huntington's disease. SAHA treatment in a transgenic animal model of the trinucleotide repeat disease indicates amelioration of clinical motor symptoms, although the authors were not able to clarify the underlying molecular action (Hockly, 2003). Yet, now it was surprisingly found that in particular SAHA is useful in the treatment and/or amelioration of stroke or (severe) head or spinal cord injury, like mechanic head injury or trauma. Also preventive use of the herein described HDAC inhibitors, in particular SAHA, is described. As documented in the appended examples, SAHA leads to a significant reduced TTC-derived infarct size in an experimental stroke model and, furthermore, compared to controls, neurological scores were in HDAC-inhibitor-treated (in particular SAHA-treated) animals significantly smaller.

In addition and in context of this invention, it could surprisingly be shown that HDAC-inhibitor treated animals, in particular SAHA-treated animals in a trauma model show significantly better co-ordination of (limb) movement and significantly better neurological scores could be obtained in the HDAC-inhibitor treated group.

M344 is a hybrid of hydroxamic acids and benzamides, and also known as 4-dimethylamino-N-5-hydroxy-carbamoyl-hexyl-benzamide, see, inter alia, Zhang (2004b).

MS-275, N-2-aminophenyl-4-N-pyridine-3-yl-methoxycarbonyl)aminomethyl-benzamide, is also known in the art as HDAC inhibitor and is, inter alia, used in Glaser (2004).

Also SBHA, suberoyl bishydroxamic acid, is a known HDAC inhibitor and was proposed in the treatment of cancerous disorders, see, inter alia, Zhang (2004a).

As documented in the appended example, this invention is based on the surprising finding that the specific HDAC inhibitors selected from the group consisting of SAHA,

M344, MS-275, CBHA and SBHA are useful in the modulation of gene expression patterns associated with neuroprotection, i.e. excitatory aminoacid transporter 2 (EAAT2) (Shashidharan, 1994). Accordingly, these compounds are particularly useful in the treatment of stroke and brain or neurological damage following trauma, i.e. brain and/or head injuries as well as spinal cord injuries. The invention accordingly provides for a method for modulating EAAT2 gene expression in a subject, preferably a human patient. Yet, it is of note that the medical interventions provided herein, i.e. the use of HDAC inhibitors, in particular SAHA in the treatment, amelioration and/or prevention of neurological injuries, i.e. spinal cord or head injuries or of ischemic events in the brain (like stroke) is not to be limited to the scientific explanation provided herein. These explanations are given without being limited by theory. The inventive methods and uses comprise, inter alia, administering to the subject an efficient amount of SAHA, M344, MS-275, CBHA or SBHA sufficient to increase the expression level of EAAT2 protein in brain tissue. The efficient amount of these specified HDAC inhibitors to be administered to the subject, preferably the human patient, may be administered in doses of 150 - 300 mg/m<sup>2</sup> body surface in case of SAHA, M344 and MS-275, and in doses of 300 - 900 mg/m<sup>2</sup> body surface in case of CBHA and SBHA (see also: Kelly, 2003). Preferably, said doses are administered daily, however also other administration schemes are envisaged and may be easily deduced by the attending physician. For example, said doses are administered for 3, 4, 5, 6 or 7 days/week, e. g. over a period of time of 1, 2, 3 or 5 weeks.

In context of the present invention, the EAAT2 proteins, the expression level of which is to be modulated, preferably increased, may be from human, mouse or rat. Such EAAT2 proteins are well known in the art. For instance, such EAAT2 proteins, and/or nucleotide sequences encoding the same, are described in Pines (1992), Kirschner (1994) and Hoogland (2004) or are accessible via the accession numbers NM\_004171, NP\_004162 or AY066021 (all human), P43006 or NM\_011393 (both mouse) or NM\_017215 (rat). In context of the present invention, it is preferably envisaged that the EAAT2 protein, the expression level of which is to be modulated, preferably increased, is the human protein. Most preferably, said human EAAT2 protein is the one as described in Hoogland (2004), the one as referred to by accession number NP\_004162, the one as characterized by the amino acid

sequence as depicted in SEQ ID NO 2 or the one as encoded by the nucleotide sequence as referred to by the accession number NM\_004171 or as depicted in SEQ ID NO 1. However, also corresponding variants, for example allelic variants, are envisaged.

Further EAAT2 proteins to be employed in context of the present invention may be EAAT2 proteins as characterized by the amino acid sequence as depicted in SEQ ID NO 4 and 6 or as encoded by the nucleotide sequence as depicted in SEQ ID NO 3 and 5. Again, it is of note that, nevertheless, the inventive uses and methods provided herein for the medical intervention of spinal cord or head injuries or ischemic events in the brain (like stroke) are not limited by the scientific theory provided herein.

In accordance with this invention, five compounds (SAHA, M344, MS-275, CBHA and SBHA) were found which transcriptionally activate the EAAT2 gene, previously shown to be neuroprotective by increasing glutamate up-take from the synaptic cleft (Shashidharan, 1994). These substances act via inhibition of histone deacetylases (HDAC), an epigenetic chromatin and transcription regulation mechanism. Surprisingly, the use of the HDAC inhibitors as defined herein in the treatment and/or prevention of stroke and the treatment of brain or spinal cord injury does not require immediate reconstruction of blood and oxygen supply. As surprisingly documented in the appended examples, an administration of micromolar concentrations of the defined HDAC inhibitors (1 – 8  $\mu\text{mol}$ ) significantly increase EAAT2 gene transcript and protein. The appended examples also document the successful use of HDAC inhibitors (in particular SAHA) in the medical intervention of stroke as well as in neurological trauma events. As mentioned above, the efficient concentrations of the specified HDAC inhibitors to be administered to a subject, preferably a human patient, amounts to a (daily) administration of 150 - 900 mg/m<sup>2</sup> body surface (see also Kelly 2003). Valproic acid is an already approved drug for the treatment of epilepsies (Rote Liste, 2003). Pharmacological mechanisms of antiepileptic action of VPA remain, however, obscure. Only recently, the HDAC inhibitory property of VPA was described (Kramer, 2003). Figure 5 reveals, however, that HDAC inhibiting concentrations of VPA are in the milimolar range, which cannot be achieved in human patients without risk of malignant side effects, i.e. bleeding or cytotoxic liver

failure. In contrast, the new generation of HDAC inhibitors, namely SAHA, M344, MS-275, CBHA and SBHA is by far more potent (approx. 200-fold) and low micro- and nanomolar concentrations are sufficient to inhibit the HDAC enzyme complex (Figure 5). In addition, clinical trials of cancer treatment have shown, that these concentrations can be achieved in human subjects and do not cause severe side effects (SAHA; Kelly, 2003). In a most preferred embodiment of the present invention, SAHA is to be employed in the medical intervention of stroke and/or head or spinal cord injuries.

The experiments of the present invention show that SAHA, M344, MS-275, CBHA and SBHA are capable to significantly increase EAAT2 protein levels, which makes each compound a candidate drug for the pharmacological treatment of stroke and head injury. In contrast to VPA, all compounds are – regarding the concentration of each compound needed to significantly increase EAAT2 protein levels in the experimental settings – by far more efficient than VPA, which was previously published as candidate drug for the treatment of stroke (Ren, 2004).

In order to characterize HDAC inhibitors as a novel treatment option in neurological disorders, the passage of pharmacological substances through the blood-brain-barrier (BBB) was deduced and therapeutic concentrations without risk for severe cytotoxicity dose could be defined. Only two of the second generation HDAC inhibitors appear to cross the BBB, i.e. SAHA (Hockly, 2003) and MS-275 (see Figure 8). Furthermore, in the experimental part, organotypic hippocampal slice cultures were employed to characterize the neurotoxic propensity of the second generation of HDAC inhibitors, such as CBHA, SBHA, SAHA, MS-275 and M344 (Figure 7). Most astonishingly, only SAHA and MS-275 showed a therapeutic window in the range of 1-80  $\mu\text{M}$  (SAHA) and 1-40  $\mu\text{M}$  (MS-275; Figure 7). All other compounds appear to compromise brain tissue at therapeutic concentrations above 10-20  $\mu\text{M}$ . This differential behaviour of compounds, even obtained from a similar pharmacological class, i.e. hydroxamic acids SAHA and CBHA, virtually exclude a common application in neurological disorders.

The pharmacokinetics of MS-275 has been determined in patients with hematologic malignancies. The elimination half-life of MS-275 was 29.9 hours, while no dose limiting toxicity was detected (Ryan, 2003; Wisinski, 2003). Our experiments indicate that MS-275 is able to cross the blood-brain-barrier (Figure 8) and can be regarded thereby as potential drug for the treatment of neurological disorders.

The most preferred HDAC inhibitor to be employed in context of the present invention is SAHA, a compound well known in the art. In 2001 and 2002, clinical phase I data of SAHA tested in eight cancer patients were published. Patients received up to 900mg/m<sup>2</sup> body surface SAHA daily, 3 days per week, for 21 days. SAHA was well tolerated for 3 weeks with no grade 3 to 4 toxicities and fatigue as the most common adverse event (Kelly, 2003). SAHA also has shown to have excellent oral bioavailability (Reports on phase I trial of SAHA, Press Release 2002, Aton Pharma). In March 2003, clinical data on SAHA have been published. The phase II trials consisted of over 100 patients with several different types of cancer. No toxicity was observed at significant doses with good penetration of the BBB (Ognjenovic,2003).

This invention is based on the surprising finding that the compounds SAHA, M344, MS-275, CBHA and SBHA, in particular SAHA have been identified as being useful in the modulation of EAAT2 gene expression. Accordingly, these compounds, and in particular SAHA, are useful as neuroprotective drugs in the treatment of ischemic events, like stroke and or in brain damage, particular brain damages caused by trauma, head injuries, head accidents and/or brain surgery or corresponding injuries or traumas of the spinal cord. The compounds MS-275 and SAHA are under development in single-agent clinical phase II trials for cancer treatment. The clinical data published so far indicate that MS-275 and SAHA have minor in vivo toxicities, a good bioavailability and a good penetration of the BBB.

Accordingly, the invention also provides for a method for the amelioration, prevention and/or treatment of head injuries or brain or spinal cord damages, in particular of traumatic event as well as ischemia/stroke said method comprising administering to a patient in need of such an amelioration, prevention or treatment a pharmaceutically active amount of a HDAC inhibitor selected from a group consisting of SAHA, M344,

MS-275, CBHA and SBHA. The pharmaceutically active amount of a HDAC inhibitor to be employed within the present invention is well known in the art, can be derived from the art (e. g. Kelly, 2003) or can be determined by methods well known in the art. In particular, said pharmaceutically active amount of a HDAC inhibitor may be in the range of  $0,1 - 10^4$  mg/m<sup>2</sup> body surface (e. g. via subcutaneous or oral application), more preferably in the range of  $1 - 10^4$  mg/m<sup>2</sup> body surface and more preferably in the range of  $10 - 10^4$  mg/m<sup>2</sup> body surface. Even more preferably said pharmaceutically active amount of a HDAC inhibitor is below the dose limiting cytotoxicity, which, for instance, is at 900 mg/m<sup>2</sup> body surface.

In particular, for the therapeutic administration of SAHA, M344 and MS-275, said pharmaceutically active amount may be in the range of  $50 - 900$  mg/m<sup>2</sup> body surface and more preferably in the range of  $150 - 300$  mg/m<sup>2</sup> body surface. Furthermore, a pharmaceutically active amount in the range of  $200 - 250$  mg/m<sup>2</sup> body surface or  $220 - 230$  mg/m<sup>2</sup> body surface may also be employed in particular with respect to SAHA, M344 and MS-275.

In particular for therapeutic administration of CBHA and SBHA, said pharmaceutically active amount may be in the range of  $100 - 2700$  mg/m<sup>2</sup> body surface and more preferably in the range of  $300 - 900$  mg/m<sup>2</sup> body surface. Furthermore, a pharmaceutically active amount in the range of  $450 - 750$  mg/m<sup>2</sup> body surface or  $575 - 625$  mg/m<sup>2</sup> body surface may also be employed, in particular with respect to CBHA and SBHA.

Again, in the medical uses provided herein, SAHA is most preferred. SAHA is also shown in appended Figure 2. An also preferred HDAC inhibitor in context of the present invention is MS-275 which is documented in the appended examples to cross the blood brain barrier (BBB); see also appended Figure 8.

The HDAC inhibitors to be used in the medical context of the present invention are preferably to be administered to a human patient, however, it is also envisaged that animals are treated by the administration of the specific HDAC inhibitors provided herein. When a human patient is to be treated, preferably the HDAC inhibitor is to be administered in a dose as mentioned herein above or, e. g., as can be derived by a skilled person from the *in vitro* dosages as exemplified in the appended examples as well as from the *in vivo* dosage provided in appended examples 6 and 7. The HDAC

inhibitors provided herein, and in particular SAHA, are to be employed in the treatment and/or amelioration of ischemic events, like stroke as well as in the treatment and/or amelioration of brain damage, i.e. brain or spinal cord damage caused by head injuries, head accidents, spinal cord injuries, spinal cord accidents or also caused during, e.g. brain or spinal cord surgeries. It is also envisaged that the HDAC inhibitors selected from the group consisting of SAHA, M344, MS-275, CBHA and SBHA be employed in the prevention of trauma, e.g. before surgical measures on the brain or on the spinal cord are taken.

The person skilled in the art is aware how a pharmaceutical composition may be produced. In particular, the HDAC inhibitors described herein are all well known in the art and, are also already in clinical use and/or assessment, like SAHA or MS-275 for cancer treatment.

It will be appreciated by the person of ordinary skill in the art that the compounds of the invention and the additional therapeutic agent may be formulated in one single dosage form, or may be present in separate dosage forms and may be either administered concomitantly (i.e. at the same time) or sequentially.

The pharmaceutical compositions prepared and to be administered in accordance with the present invention may be in any form suitable for the intended method of administration.

The compounds of the present invention may be administered orally, parenterally, such as subcutaneously, intravenously, intramuscularly, intraperitoneally, intrathecally, transdermally, transmucosally, subdurally, locally or topically via iontophoresis, sublingually, by inhalation spray, aerosol or rectally and the like in dosage unit formulations optionally comprising conventional pharmaceutically acceptable excipients.

Excipients that may be used in the formulation of the pharmaceutical compositions comprising the HDAC inhibitors comprise carriers, vehicles, diluents, solvents such as monohydric alcohols such as ethanol, isopropanol and polyhydric alcohols such

as glycols and edible oils such as soybean oil, coconut oil, olive oil, safflower oil, cottonseed oil, oily esters such as ethyl oleate, isopropyl myristate; binders, adjuvants, solubilizers, thickening agents, stabilizers, disintegrants, glidants, lubricating agents, buffering agents, emulsifiers, wetting agents, suspending agents, sweetening agents, colourants, flavours, coating agents, preservatives, antioxidants, processing agents, drug delivery modifiers and enhancers such as calcium phosphate, magnesium stearate, talc, monosaccharides, disaccharides, starch, gelatine, cellulose, methylcellulose, sodium carboxymethyl cellulose, dextrose, hydroxypropyl- $\beta$ -cyclodextrin, polyvinylpyrrolidone, low melting waxes, ion exchange resins. Other suitable pharmaceutically acceptable excipients are described in Remington's Pharmaceutical Sciences, 15<sup>th</sup> Ed., Mack Publishing Co., New Jersey (1991).

Dosage forms for oral administration include tablets, capsules, lozenges, pills, wafers, granules, oral liquids such as syrups, suspensions, solutions, emulsions, powder for reconstitution.

Dosage forms for parenteral administration include aqueous or oily solutions or emulsions for infusion, aqueous or oily solutions, suspensions or emulsions for injection pre-filled syringes, and/or powders for reconstitution.

Dosage forms for local/topical administration comprise insufflations, aerosols, metered aerosols, transdermal therapeutic systems, medicated patches, rectal suppositories, and/or ovula.

The amount of the compound of the present invention that may be combined with the excipients to formulate a single dosage form will vary upon the host treated and the particular mode of administration.

The pharmaceutical compositions of the invention can be produced in a manner known per se to the skilled person as described, for example, in Remington's Pharmaceutical Sciences, 15<sup>th</sup> Ed., Mack Publishing Co., New Jersey (1991).

The Figures show:

**Figure 1: Acetylation and deacetylation of histones alter the chromatin structure.**

Lysin residues (small, dark spheres) of core histones (large, bright spheres) can be acetylated (Ac –sickles) by the histone acetyltransferase complex (HAT). Due to increased positive charges of acetylated lysine residues, neighbouring histones repel and the chromatin structure opens (relax). Histone deacetylase (HDAC) has an opposite effect and the chromatin structure condenses after cleavage of acetyl groups from lysine residues. The propensity to activate gene transcription is reduced in the compacted state of chromatin (transcription repression). HDAC inhibitors can block the cleavage of acetyl groups from lysine residues and the chromatin structure remain in a relaxed condition permissive for gene transcription.

**Figure 2: Formula of hydroxamic acid SAHA (suberoylanilide hydroxamic acid).**

**Figure 3: Protein structure and distribution pattern of EAAT2**

**Figure 4: Close relation between glia cell processes and neuronal synapsis.**

Fine astrocytic processes (arrow heads) enwrapping a synapse. Electron microscopical image following Lucifer Yellow injection into an astrocyte of rat hippocampus. Scale bar =  $2\mu\text{m}$ . Dend – postsynaptic dendrite. Modified from (Blümcke, 1995).

**Figure 5: HDAC inhibitors have a differential inhibitory efficacy for HDAC activity.**

HDAC inhibition effect was determined for different compounds. Whereas the class of fatty acids, i.e. VPA, butyrate and phenylbutyrate have only little impact on HDAC activity although using high concentrations above 1 mM, hydroxamic acids and benzamide block HDAC activities already at nano- and micromolar concentrations (SAHA, CBHA, SBHA und M344). Alexis HDAC Fluorometric Assay Kit (ALX-850-290).

**Figure 6: HDAC inhibitors increase EAAT2-protein levels in brain tissue of rat hippocampus.**

A significant increase of EAAT2 protein levels could be observed following a single application of VPA (2mM), SAHA (8  $\mu$ M) and M344 (8 $\mu$ M). A monoclonal antibody directed against EAAT2 was used (Novocastra, Klon 1H8; EAAT2 – approx. 70 kDa; EAAT2' – a second band appear with a size of 180 kDa, most likely as complex bound or dimeric molecules). All slices were immediately snap-frozen in liquid nitrogen and proteins were extracted following standard protocols. Equal protein loading is achieved with respect to similar band intensities of  $\beta$ -actin. Chemiluminescence detection method (Amersham).

**Figure 7: Cytotoxicity and dose escalation studies of HDAC inhibitors.**

Propidium iodide (PI, red color, left panel) enters only nuclei of damaged cells and was used to unravel irreversible cell damage (cytotoxicity). Organotypic slice cultures of rat hippocampus (Stoppini, 1991, Eyupoglu, 2005) were incubated with Apicidin (10 $\mu$ M), MS-275 (4 $\mu$ M), VPA (2mM), TSA (500 nM), CBHA (160  $\mu$ M), SBHA (160  $\mu$ M), SAHA (8 $\mu$ M) and M344 (4 $\mu$ M). Of particular note is the significant increase of PI accumulation in compromised brain tissue following CBHA and SBHA treatment. Dose escalation studies of specified HDAC inhibitors were systematically applied in organotypic slice cultures (right panel). These data confirm the remarkable heterogeneity between used compounds, with SAHA being least harmful and, accordingly, the most preferred compound to be employed in the medical uses provided herein.

**Figure 8: MS-275 penetrates the blood-brain-barrier.**

The inhibition of HDAC by MS-275 was confirmed by immunoblotting of acid-extracted proteins against acetylated versus none-acetylated histone H3 obtained from mouse brain 4h after intraperitoneal (i.p.) injection of 2 mg or 4 mg MS-275 (dissolved in 150  $\mu$ l DMSO).

The examples illustrate the invention.

### **Example 1: HDAC inhibitors increase gene expression levels**

HDAC inhibitors challenge the molecular machinery which regulates the functional state of the chromatin structure (Figure 1 and corresponding figure legend).

In context of the present invention, the following HDAC inhibitors have been tested:

<u>Class</u>	<u>Compound</u>	<u>Concentration</u>	<u>Source</u>
Cyclic tetrapeptides	Apicidin	1-10 $\mu$ M	Sigma
Benzamides	MS275	1-8 $\mu$ M	Calbiochem
Fatty acids	Valproat	1-100 mM	Sigma
	Butyrat	1-100 mM	Sigma
	Phenylbutyrat	1-100 mM	Sigma
Hydroxamic acids	SAHA	1-8 $\mu$ M	Alexis
	Trichostatin A	10-500nM	Sigma
	M344	1-8 $\mu$ M	Calbiochem
	CBHA	10-160 $\mu$ M	Calbiochem
	SBHA	10-160 $\mu$ M	Alexis

The concentration required to inhibit 90% of HDAC enzyme activity ( $IC_{90}$ ) have been calculated from a commercially available fluorometric assay (see also Figure 5). In additional tests, these concentration was corroborated for inhibition of tumour cell growth and induction of tumour cell differentiation, both well established physiological actions of these HDAC inhibitors.

### **Example 2: EAAT2 as target gene of neuroprotection**

The amino acid glutamate is the major neurotransmitter in the brain. To reduce the time of glutamate action at the synaptic cleft, several clearance pathways have been established. One of them belong to fine astrocytic processes embedding the synapsis (Figure 4). These fine processes harbor transporter proteins, such as the

glial excitatory amino acid transporter EAAT2 (Figure 3) (Huang and Bergles, 2004). EAAT2 belong to the family of membrane-bound proteins, which bind glutamate and actively transport glutamate in exchange to sodium ions through the cellular membrane. Altered expression and/or distribution patterns of EAAT2 proteins may crucially account for several neurological disorders but also constitute a pharmacological target structure for neuroprotection (Su, 2003).

In accordance with this invention, it was analyzed, whether HDAC inhibitors increase protein levels of EAAT2 by administering different HDAC inhibitors (SAHA, MS-275, CBHA, SBHA, M344 and valproic acid (VPA)) onto organotypic slice cultures of the rat hippocampus (Scheffler, 2003) (Figure 6). All tested compounds increased the EAAT2 protein level after single application (48 hours, diluted in DMSO), although different concentrations of the drug were necessary to achieve these effects (Figure 5, see also Example 1). It is of particular note that, for instance, in case of VPA, the required concentration to reduce HDAC activity is much higher as in the case of SAHA, MS-275, CBHA, SBHA or M344 (see Figure 5).

### **Example 3: HDAC inhibitors display differential neurotoxicity**

In a second set of experiments, the neurotoxic potency of used compounds (Figure 7) was investigated. The results clearly show that increased levels of HDAC inhibitors damage brain tissue (Figure 7). There was considerable heterogeneity between used HDAC inhibitors with CBHA, SBHA and M344 being harmful already at low micromolar concentrations. The exception was suberoylanilide hydroxamic acid (SAHA), for which a doses escalation experiment above the 20-fold  $IC_{90}$  ( $IC_{90} = 4 \mu M$ ) do not damage the brain slice (Figures 5, 7). Accordingly, SAHA is the most preferred compound in context of the present invention. The experiments were performed as mentioned herein below (see Example 5).

### **Example 4: Administration schemes for HDAC inhibitors**

Several application forms of HDAC inhibitors can be achieved. Earlier studies report about the oral availability, subcutaneous injection as well as parenteral application

forms for SAHA, which also cross the BBB. In context of this invention MS-275 was injected into mouse peritoneum and achieved acetylation of Histone isolated from brain tissue after 4 and 6 hours (Fig. 8). This experiment proves the availability of MS-275 in brain tissue after parenteral application.

#### **Example 5: Therapeutical evaluation of HDAC inhibitors**

In accordance with the present invention, the compounds SAHA (suberoylanilide hydroxamic acid), M344 (4-dimethylamino-N-6-hydroxy-carbamoyl-hexyl-benzamide), MS-275 ((N-2-aminophenyl-4-N-pyridine-3-yl-methoxycarbonyl)aminomethyl-benzamide), CBHA (m-carboxycinnamic acid bis-hydroxamide) and SBHA (suberoyl bishydroxamic acid) were evaluated in terms of their therapeutic effect, in particular in light of their effect on EAAT2 expression levels. This assessment was carried out using hippocampal slice cultures obtained from 6 day old male Wistar rats. Slice cultures were exposed to SAHA (8 $\mu$ M), M344 (4 $\mu$ M), MS-275 (4  $\mu$ M), CBHA (160  $\mu$ M), SBHA (160  $\mu$ M), or VPA (2000  $\mu$ M) for 48h. Compared to time- and solvent matched controls, all compounds significantly increased EAAT2 protein levels (relative to the reference protein  $\beta$ -actin) as shown by Western blot analysis (Figure 6).

The effects were compared with that of VPA, which has recently been described as a potential therapeutic option in stroke (Ren, 2004). There is a considerable difference concerning the concentration used to increase EAAT2 expression levels between VPA and SAHA, CBHA, SBHA, M344 and MS-275 (Figure 5). The HDAC inhibitory action of VPA is almost 200-fold less effective than SAHA, CBHA or SBHA and up to 2000  $\mu$ M of VPA is required to increase EAAT2 protein levels. Yet, VPA concentrations in brain tissue will not exceed 600  $\mu$ M and lead to considerable side effects. In accordance with the data provided herein, with regard to its HDAC inhibitory function, in particular in context of increasing EAAT2 protein levels, VPA is not useful as neuroprotective drug.

Neuroprotective drugs have to access neuronal tissue thru the BBB. Recently, passage of SAHA through the BBB has been established (Hockly, 2003).

Experiments of the inventors and provided herein prove that the benzamid MS-275 penetrates also through the BBB. Adult C57/B6 mice (Charles River, Sulzfeld, Germany) have been either injected with 2 or 4 mg of MS-275 (dissolved in 150 $\mu$ l of DMSO) or only with the DMSO vehicle. Two and four hours later, the brains were removed and proteins were extracted using acid protection of acetylated histones. Specific antibodies were applied to identify the amount of acetylated versus non-acetylated histone proteins in brain tissue (Figure 8). The significant increase of acetylated histones clearly indicate, that the compound MS-275 has passed thru the BBB and inhibited HDAC activity in neural tissue.

The organotypic slice culture model was further applied to test the neurotoxic potential of SAHA, M344, MS-275, CBHA and SBHA in nervous tissue at given therapeutic concentrations (Figure 7). The organotypic slice cultures were prepared following Stoppini (1991) and Eyupoglu (2005). Said preparation is described in the following:

Seven-day-old Wistar rats were used for explantation. After decapitation, brains were rapidly removed aseptically and placed into ice-cold preparation medium containing Hank's balanced salt solution (Gibco, Germany) with 10% normal horse serum (Biochrom, Berlin, Germany). After dissection of the frontal pole of the hemispheres and the cerebellum, the brains were cut in 350  $\mu$ m thick horizontal slices using a vibratome (Technical Products International, St. Louis, MO, USA) in preparation medium as described above. The slices were transferred into culture plate insert membrane dishes (Becton Dickinson, Franklin Lakes, NJ, USA; pore size 0.4  $\mu$ m) and subsequently transferred into six-well culture dishes (Becton Dickinson) containing 1.2 ml culture medium (MEM-HBSS, 2:1, 25% normal horse serum, 2% L-glutamine, 2.64 mg/ml glucose, 100 U/ml penicillin, 0.1 mg/ml streptomycin, 10  $\mu$ g/ml insulin-transferrin-sodium selenite supplement, and 0.8  $\mu$ g/ml vitamin C), according to the interface technique described by Stoppini (1991). The slices were cultivated in a humidified atmosphere at 35°C and 5% CO<sub>2</sub>. The medium was changed 1 day after preparation and every second day thereafter. Experiments started six days after preparation. To analyze tumor induced neurotoxicity slices were incubated with 1  $\mu$ g/ml propidium iodide for 20 min followed by complete medium exchange.

In dose escalation experiments, neurotoxic effects using a 20-fold increase of IC<sub>90</sub> of SAHA (80  $\mu$ M; Figure 7) were not observed. MS-275 had no neurotoxic effect up to 40  $\mu$ M (respective 10-fold dose escalation) and SAHA had no neurotoxic effect up to 80  $\mu$ M, whereas CBHA, SBHA and M344 revealed neurotoxic side effects already at low micromolar concentrations (Figure 7).

### **Example 6: HDAC-inhibitor-treatment in an experimental stroke model**

#### **Materials and Methods**

The study was approved by the Institutional Review Board. Male Wistar rats weighting 250-350g were used in this study. Food and water were provided freely before and after surgery.

#### ***Animal preparation***

Anaesthesia was induced by inhalative isoflurane and maintained by intramuscular injection of ketamine 10% and xylazine 2% (7:3) at a dose of 0.1ml/100g bodyweight (b.w.). Animals breathed spontaneously. The right femoral artery was catheterised to monitor the mean arterial blood pressure (MABP), heart rate, PaO<sub>2</sub> and PaCO<sub>2</sub> during animal preparation. Body temperature was controlled rectally and maintained normothermic at 37.5 $\pm$ 0.5°C by applying external heat as needed using a heating pad.

Focal cerebral ischemia was introduced using an intraluminal suture occlusion model of the middle cerebral artery (MCAO) as described by Longa (1989). Briefly, the external carotid artery was ligated, the internal carotid artery (ICA) was isolated and the pterygopalatine artery was ligated. A 4-0 monofilament nylon suture, whose tip was coated with silicone, was introduced transvascularly via an arteriotomy into the common carotid artery and gently advanced through the ICA into the origin of the anterior cerebral artery, thus occluding its origin.

#### ***Study design***

*Group 1* (SAHA-Group): 7 rats were allocated to this treatment group based on the infarct size measured with diffusion-weighted MRI. SAHA-administration was performed immediately after the MR-scan at 1 hour after MCAO. Hereby, 200 mg per

kg body weight were administered intracutaneously. The dose was chosen according to Hockly (2003).

*Group 2 (Controls):* 7 rats were also allocated on this group based on the MR-derived infarct size. Animals of the control group received equivolumetric saline at 1 hour after MCAO.

#### ***Determination of infarct size***

Twenty-four hours after MCAO animals were sacrificed, brains rapidly removed and 2mm coronal brain slices were incubated for 30 minutes in a 4 % solution of 2,3,5 triphenyl-tetrazolium-chloride (TTC) at 37°C and fixed by immersion in 4.5% buffered formalin solution according to Bedersen (1986b). Brain slices were photographed from both sides, the area of infarction was quantified using IMAGE 1.41 (NIH, Bethesda Md, USA) by an observer blinded to the animals' experimental group. Measurement and calculation of infarct size were done by an investigator blinded to the treatment groups. To avoid overestimation of infarct size by edema, the corrected infarct size was calculated according to Lin et al. (Lin 1993).

#### ***Determination of the neurological score***

At day 7, all surviving animals were examined neurologically using an established scoring system according to Bedersen (1986a) and Menzies (1992).

Score	Evaluation
0	No apparent deficits
1	Contralateral forelimb flexion
2	Decreased grip of the contralateral forelimb while pulled by tail
3	Spontaneous movement in all directions; contralateral circling only if pulled by tail
4	Spontaneous contralateral circling
5	Death

#### ***Magnetic resonance imaging***

To confirm MCAO and to match SAHA-treated animals and controls, MRI was performed at 55 minutes after MCAO on a 1.5T whole body MR imager (Siemens

Sonata, Erlangen, Germany) equipped with high-performance gradients (40mT/m, 200mT/m/ms). Anaesthesia was maintained. The standard body coil was used for RF transmission; the signal was detected with a temporo-mandibular joint surface coil ( $\varnothing=9\text{cm}$ ). Diffusion-weighted spin-echo EPI images (TR=2000ms, TE=77ms, matrix 128x128, field of view=93x93cm, slice thickness=2mm) were acquired with the middle slice positioned at the level of the optic chiasm. Animals without successful MCAO were excluded from further data analysis. Using the Siemens-built-in software, the infarct size was calculated according to Lin (1993) and based on the result, animals were matched to the two groups.

### ***Data analysis***

For statistical analysis of all results, commercial software (Analyse-it<sup>®</sup> for Excel, General and Clinical Laboratory statistics, Version 1.68) was used. Infarction volumes were described by an analysis of variance (ANOVA). In order to conclude two given groups significantly different, a Fisher`s least significant difference test was performed when the overall differences were significant by the ANOVA test ( $p<0.05$ ). For statistical analysis of the neurological score the Kruskal-Wallis-test was used, and a probability value of  $P<0.05$  was considered to be significant. All values were expressed as mean  $\pm$  standard deviation (SD).

## **Results**

### **Physiologic parameters**

No statistically significant differences were noted in animals among the two groups for any of the intraoperative physiological parameters. Throughout the surgical preparation the average body temperature for all animals was  $37.2 \pm 0.4^\circ\text{C}$ . Arterial blood gases ( $p\text{O}_2 = 108 \pm 17\text{mmHg}$ ,  $p\text{CO}_2 = 37 \pm 4\text{mmHg}$ ,  $\text{pH} = 7.37 \pm 0.03$ ), hematocrit ( $41.2 \pm 2.2\%$ ) and mean arterial blood pressure ( $107 \pm 22\text{mmHg}$ ) remained stable.

### **Infarction size**

In MRI all fourteen animals showed infarction. There was no significant difference in infarct size in animals undergoing SAHA-treatment compared to controls ( $179 \pm 52 \text{mm}^3$  compared to  $184 \pm 47 \text{mm}^3$ , respectively).

Compared to controls (274 +/- 41 mm<sup>3</sup>), the TTC-derived infarct size at 24 hours after MCAO of animals undergoing SAHA-treatment was significantly reduced with 164 +/- 67 mm<sup>3</sup> (P<0.01), i.e. infarct size was reduced by approximately 40% compared to controls.

### ***Neurological score***

Compared to controls (3.2 +/- 0.6), neurological scores measured at 24 hours after MCAO of animals undergoing SAHA-treatment were significantly smaller, i.e. better, with 2.4 +/- 0.7.

## **Example 7: HDAC inhibitor treatment in an experimental trauma model**

### **Materials and Methods**

The study was approved by the Institutional Review Board and guidelines for animal care. All experiments were carried out in accordance with the European Council Directive (86/609/EEC). All efforts were made to minimize the number of animals used, as well as their suffering. Female Wistar rats weighing 200-250g were used in this study. Food and water were provided freely before and after surgery.

### ***Surgical Procedure***

The surgical procedure was recently described by Weber ((2006) Am. J. Neuroradiol. 27, 598-604). Briefly, animals underwent anesthesia made up of a mixture of ketamine (62.5 mg/kg body weight; WDT, Garbsen, Germany), xylazine (3.175 mg/kg body weight; WDT), and acepromazine (0.625 mg/kg body weight, Sanofi-Ceva, Düsseldorf, Germany) in 0.9% sterile saline solution. Rats received spinal cord contusion injuries by using the Infinite Horizon (IH) Impactor spinal cord injury device (Precision Systems & Instrumentation, Lexington, Ky). A laminectomy was performed at the thoracal segment T10 to expose the dorsal portion of the spinal cord. The animals were suspended by attaching Adson forceps to the rostral T9 and caudal T11 vertebral bodies. Particular care was taken to align the exposed spinal cord perpendicular to the axis of the Impactor. The 2.5-mm stainless steel impounder tip was lowered to approximately 3–4 mm above the surface of the exposed spinal cord. The contusion injury was finally induced by applying an impact force of 2 Newton

(equal to 200 kilodyne) to the exposed spinal cord at a velocity of 130 mm/s. Overlying muscle layers were sutured and the skin was closed. Postoperatively, animals were kept warm, placed on beds of sawdust, and given manual bladder evacuation twice a day for a period of 7 days as necessary and received intramuscular injections of 10 mg Cotrimoxazol (Ratiopharm, Ulm, Germany) once daily for a period of 7 days.

### ***Study design***

*Group 1 (SAHA-Group):* 3 rats were allocated to this treatment group. SAHA-administration was performed 1 hour after spinal cord impact. Hereby, 200 mg per kg body weight were administered intracutaneously. A second injection was applied two days later. The dose was chosen according to Hockly (2003).

*Group 2 (Controls):* 3 rats were allocated to this group. Animals of the control group received equivolumetric DMSO vehicle 1 hour after spinal cord impact as well as two days later.

### ***Determination of spinal cord trauma size***

Seven days after spinal cord contusion, all animals were sacrificed, and the vertebrate column was removed en bloc from segment C5 – L5. Tissue specimens were fixed for 2 days in 10% formalin, the spinal cord removed, and post-fixed overnight. Following photographic documentation, the spinal cord was dissected at the medio-sagittal plane and embedded into liquid paraffin. Serial HE-stained sections were obtained to microscopically determine the size of spinal cord trauma.

### ***Determination of the neurological score***

At day 6, all animals were alive and neurologically examined using video-monitoring of their movement ability. All animals had to pass an approx. 30 cm long passageway and spontaneous as well as coordinated movement of the hind limbs were analyzed according to the following evaluation score:

**Score for neurological examination**

Score	Evaluation
0	Death
1	No spontaneous movement of any hind limb
2	Spontaneous movement of one hind limb
3	Spontaneous movement of both hind limbs
4	Coordinated movement of one hind limb during walk
5	Normal walk of animal

**Results*****Microscopical Determination of Spinal trauma***

All six animals developed pseudocystically transformed spinal trauma due to contusion (posttraumatic syringomyelia; de Girolami (1997), Greenfield's Neuropathy 6<sup>th</sup> Edition (ed. Graham and Lantos), Chapter 18, 1095-1121)). Histopathologically, the lesion was invaded by macrophages and already demarcated by reactive astrocytes. There was no meaningful difference between both study groups with respect to lesion size or invading hematopoietic cell populations within the affected area of the spinal cord.

***Neurological score***

Video monitoring demonstrates in all SAHA treated animals better coordination of hind limb movement (see below). Compared to controls, neurological scores measured 7 days after spinal contusion were significantly better in animals with SAHA-treatment (3.3 +/- 0.4 compared to 1,6 +/- 0.4), as documented in the following table:

***Evaluation of spinal cord contusion model***

Animal	Movement score	Histopathology
Control 1	1	syringomyelia
Control 2	2	syringomyelia
Control 3	2	syringomyelia
SAHA 1	3	syringomyelia
SAHA 2	4	syringomyelia
SAHA 3	3	syringomyelia

Despite similar structural lesions observed in the spinal cord, the data is compatible with SAHA administration having a significant improvement of the neurological status (movement of hind limbs) in the trauma model. It is concluded that neuroprotective mechanisms adjacent to the trauma to be involved, i.e. up-regulation of EAAT2 glutamate transporter.

The present invention refers to the following nucleotide and amino acid sequences:

Nucleotide sequence (cDNA) encoding for *Homo sapiens* solute carrier family 1 (glial high affinity glutamate transporter), member 2 (SLC1A2), EAAT2:

```

1  caccctcgga  gcccccgag  ctccccgcca  agcgcctcc  ccgcgggcgg  aggggagcgc
61  gggtcgcgcg  ccgtggagag  ccgggacgcg  gattagcgcc  cgcaggagcc  tcctgcgccc
121  gttgaggcgc  taaagggctt  accccggagg  cgggtggaag  ggcgggcaga  ggctcctctt
181  aaataccgct  cccggccgca  cttcgcgctc  accccggcgt  ccgctttctc  cctcgcgccac
241  agctgccgga  tagtgctgaa  gaggaggggg  cgttccccag  accatggcat  ctacggaagg
301  tgccaacaat  atgcccgaagc  aggtggaagt  gcgaatgcac  gacagtcatc  ttggctcaga
361  ggaacccaag  caccggcacc  tgggcctgcg  cctgtgtgac  aagctgggga  agaactctgct
421  gctcaccctg  acgggtgttg  gtgtcatcct  gggagcagtg  tgtggagggc  ttcttcgctt
481  ggcactctcc  atccaccctg  atgtggttat  gttaatagcc  ttcccagggg  atatactcat
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841  acagattcaa  acagtgcaga  agaaagtctt  ggttgacca  ccgccagacg  aggaggccaa
901  cgcaaccagc  gctgttgtct  ctctgttgaa  cgagactgtg  actgaggtgc  cggaggagac
961  taagatgggt  atcaagaagg  gcctggagtt  caaggatggg  atgaactgct  taggtctgat
1021  agggtttttc  attgcttttg  gcatcgctat  ggggaagatg  ggagatcagg  ccaagctgat
1081  ggtggatttc  ttcaacattt  tgaatgagat  tgtaatgaag  ttagtgatca  tgatcatgtg
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1201  agaagtgggt  gctaggcaac  tggggatgta  catggtaaca  gtgatcatag  gcctcatcat
1261  ccacgggggc  atctttctcc  ccttgattta  ctttgtagtg  accaggaaaa  accccttctc
1321  cttttttgct  ggcattttcc  aagcttggat  cactgccctg  ggcaccgctt  ccagtgtctg
1381  aactttgcct  gtcacctttc  gttgcctgga  agaaaatctg  gggattgata  agcgtgtgac

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1441 tagattcgtc cttcctggtg gagcaacat taacatggat ggtacagccc tttatgaagc
1501 ggtggccgcc atctttatag cccaaatgaa tgggtgtgtc ctggatggag gacagattgt
1561 gactgtaagc ctcacagcca ccttggcaag cgtcggcgcg gccagtatcc ccagtgccgg
1621 gctggtcacc atgctcctca ttctgacagc cgtgggcctg ccaacagagg acatcagcct
1681 gctggtggct gtggactggc tgctggacag gatgagaact tcagtcaatg ttgtgggtga
1741 ctcttttggg gctgggatag tctatcacct ctccaagtct gagctggata ccattgactc
1801 ccagcatcga gtgcatgaag atattgaaat gaccaagact caatccattt atgatgacat
1861 gaagaaccac agggaaagca actctaatac atgtgtctat gctgcacaca actctgtcat
1921 agtagatgaa tgcaaggtaa ctctggcagc caatggaaag tcagccgact gcagtgttga
1981 ggaagaacct tggaaacgtg agaaataagg atatgagtct cagcaaattc ttgaataaac
2041 tccccagcgt atcctatggt aactgatggt ataacaagc tttctttaa aaggaaaaaa
2101 atgcgtatat ttctatggtt acttaatctg ttagccgagg cttagaggag ctcttctgag

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Nucleotide sequence (cDNA) encoding for *Mus musculus* solute carrier family 1 (glial high affinity glutamate transporter), member 2 (Slc1a2), EAAT2:

```

1  cagaagtgg aagccagtgc acttctacag ctgagagaat ggtcagtgcc aacaatatgc
61  ccaagcaggt agaagtgcgc atgcacgaca gccacctcag ctccgatgag ccaagcacc
121 gaaacctggg catgcgcatg tgcgacaagc tggggaaaaa tctcctgctc tcaactgactg
181 tgtttgggtg catcctggga gcagtgtgtg gcgggctgct tcgcttggca tcgccatcc
241 accctgatgt ggtcatgttg atagccttcc cgggggacat actcatgagg atgctgaaga
301 tgctcatcct cctccttate atctccagtt taatcacagg gttgtcagg ctggatgcta
361 aagccagcgg cgcctaggc acgagagcta tgggtgatta catgtccagc accatcattg
421 ccgccgtgct gggggtcate ctgggtgttg ccatccacc aggcaatccc aaactcaaga
481 agcagctagg gcccggaag aagaacgacg aggtgtctag cctggatgcc ttctggatc
541 tcattagaaa tctcttcccg gagaacctgg tgcaagcctg tttccagcag attcagacag
601 tgacaaagaa agttctggtg gcacctccat ctgaggaggc caataccacc aaggcgggtca
661 tctccatggt gaatgaaacc atgaacgagg ccctgaaga aactaagatc gttatcaaga
721 agggcctgga gttcaaggac gggatgaatg tcttaggtct gatcggattc tttattgctt
781 tcggcattgc catggggaag atgggtgaac aggccaagct gatggtggag ttcttaaca
841 ttctgaatga gatcgtgatg aagttagtga tcatgatcat gtggtactcc cctctgggta
901 tcgcctgctt gatttgtggg aagatcatcg ccatcaagga cttagaagtg gttgctaggc
961 agctggggat gtacatgac accgtgatcg tgggectcat cattcacggg ggcattcttc
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1141 tccgttgctt ggaagataat ctagggattg acaagcgtgt gaccagattc gtcctcccag
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1261 tagcccaaat gaatggggtc atcttggatg gaggtcagat tgtactgta agccttacag
1321 ccacctggc aagcattggt gcagccagta ttccaagcgc cgggctggtc accatgctcc
1381 tcattctcac agctgtgggc ctgccaacgg aggatatcag tctgctggtg gcggtggact
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1501 ttgtctatca cttttccaag tctgagctgg acaccattga ctccaacac cgaatgcagg
1561 aagacatcga aatgaccaag acgcagtcca ttacgacga caagaaccac agggaaagca
1621 actctaatac gtgtgtctat gccgcacaca actctgtcgt aatagatgag tgcaaggtac
1681 ctttcccatt cctggatate gagacctgca tatgaatagt gcatgctgga ctcttaaaa
1741 aaaaatcaca accccttgca tccattctta ccatgctttg taaggaatca tgtcacccaa
1801 gctcctgtgg ggcccagacc atctcactct gcatccagca tgggtgggaca tcagcaagct
1861 gacacaaaaa ggaccaatca gttgcttget tcaacagatt cccacatcca cctcaccct
1921 ctaatttggg caatatttct cactctttgg gccagaatt ggtggtgtc agaactttaa
1981 tggccttcag atattctctt cctcaaagga aggtcagaa aaatgtagac caaatttat
2041 tgactttata tagcatgagt attccgcgct gcgctgtctt acaaatgct ttttaaaagc
2101 tcaataaaaa gtttaattgg ctgtcaaaaa aaaaaaaaaa aaaaaaaaaa aaaaaaaaaa
2161 aaaaaaaaaa aaaaaaaaaa aaaaaaaaaa aaaaaaaa

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Nucleotide sequence (cDNA) encoding for *Rattus norvegicus* solute carrier family 1 (glial high affinity glutamate transporter), member 2 (Slc1a2), EAAT2:

```

1 cctgcccgtt aaataccgct ccccgccga ctccgggctc acccagctcg tcgccactgt
61 ctccagacgt gcccgaggag agggggcttc cccacgccat ggcatacaacc gagggtgcca
121 acaatatgcc caagcaggtg gaagtgcgca tgcacgacag ccacctcagc tccgaggagc
181 caaagcaccg aaacctgggc atgcgcagt ggcacaagct ggggaagaac ctctgtctct
241 cactgactgt gtttggtgtc atcctgggag cagtatgtgg cgggctgctt cgcttgccgg
301 ctcccatcca ccctgatgtg gtcattgtga tagccttccc gggggacatc ctcatgagga
361 tgctgaagat gctcatcctc cctctcatca tttccagtct catcacaggg ctgtcagggc
421 tggatgctaa agccagcggc cgcctaggca cgagagccat ggtatattac atgtccacga
481 ccatcattgc cgctgtgctg ggggtcatcc tgggtgtggc catccaccct gggaaatccca
541 aactcaagaa gcagctgggg cctgggaaga agaacgacga ggtgtccagc ctggatgcct
601 tcttgatct cattagaaat ctcttcccgg agaacctggt acaagcctgt ttccaacaga
661 ttcagactgt gacaaagaaa gttctggtgg cacctccatc cgaggaggcc aatacaacca
721 aggcagtcac ctccctggtg aatgagacca tgaatgaggc ccctgaagaa actaagatcg
781 ttatcaagaa gggcctggag ttcaaggacg ggatgaatgt cttaggtctg attggattct
841 ttattgcttt cggcattgcc atggggaaga tgggtgtagc aggccaagct gatgggtggag
901 ttcttcaaca ttctgaacga gattgtcatg aagttagtga tcatgatcat gtggtattcc
961 ccgctgggat cgctgcttg atctgtggga agatcatcg catcaaggac ttagaagtgg
1021 ttgctaggca gctggggatg tacatgatca cagtatcgt gggcctcatc atctcagggg
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1621 gaatgcacga agacatcgaa atgaccaaga cgcagtcctt ttatgacgac acgaagaacc
1681 acagggaaaag caactcctaat cagtgtgtct atgccgcaca caactctgtc gtaatagatg
1741 agtgaaggc aactctggcg gccaatggaa agtcagctga ctgcagtggt gaggaagaac
1801 cttggaaacg tgaaaaataa tgaccggatt ctacagcaat tcttgaataa ctcccagcg
1861 tatcttatgg taaaagatgc tctaaacagg cttccttt

```

Amino acid sequences of the excitatory amino acid transporter 2 (EAAT2; EAAT2b; Sodium-dependent glutamate/aspartate transporter 2; GLUT-B; GLT-1; GLT-1a; GLT-1b) from human (*Homo sapiens*, SEQ ID NO: 4) and rat (*Rattus norvegicus*, SEQ ID NO: 6):

```

Human 1 masteganm pkqvevrmdh shlgseepkh rhlglrlcdk lgknllltlt vfgvilgavc
Rat 1 masteganm pkqvevrmdh shlsseepkh rnlgmrmcdk lgknlllslt vfgvilgavc

Human 61 ggllrlaspi hpdvmliaf pgdilmrmlk mlilpliiss litglsglda kasgrlgtra
Rat 61 ggllrlaapi hpdvmliaf pgdilmrmlk mlilpliiss litglsglda kasgrlgtra

Human 121 mvvymsttii aavlgvilvl aihpgnpklk kqlgpgknd evssldafld lirnlfpenl
Rat 121 mvvymsttii aavlgvilvl aihpgnpklk kqlgpgknd evssldafld lirnlfpenl

Human 181 vqacfqqigt vtkkvlvapp pdeeanatsa vvsllnetvt evpeetkmvi kkglefkdgmn
Rat 181 vqacfqqigt vtkkvlvapp seeantkav isllnetmne apeetkivik kglefkdgmn

Human 241 vlgligffi afgiamgkmg dqaklmvdfv nilneivmkl vimimwyspl giaclicgkii
Rat 241 vlgligffia fgiamgkmg qaklmveffn ilneivmklv imimwysplg iaclicgkii

Human 301 aikdlevva rqlgmymvtv iigliihggi flpliyfvvt rknpsffag ifqawitalgt
Rat 301 aikdlevva rqlgmymitv ivgliihggi flpliyfvvt rknpsffag ifqawitalgt

Human 361 assagtlpv tfrcleenlg idkrvtrfvl pvgatinmdg talyeavaai fiaqmgvvlid
Rat 361 assagtlpvt frclenlgi dkrvtrfvlp vgatinmdgt alyeavaaif iaqmgvild

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Human 421 ggqivtvslt atlasvgaas ipsaglvtml liltavglpt edisllvavd wlldrmtsv  
 Rat 421 ggqivtvslt atlasigaas ipsaglvtml liltavglpt edisllvavd wlldrmtsv

Human 481 nvvgdsfga givyhlskse ldtidsqhrv hediemtktq siyddmknhr esnsnqcvya  
 Rat 481 nvvgdsfgag ivyhlsksel dtidsqhrmh ediemtktqs vyddtknhre snsnqcvya

Human 541 ahnsvivdec kvvlaangks adcsveeepw krek  
 Rat 541 ahnsvvidec kvvlaangks adcsveeepw krek

Amino acid sequences of Slc1a2 (GLT1, Eaat2, GLT-1, MGLT1, 170091C19Rik)  
 from mouse (*Mus musculus*)

MVSANNMPKQVEVRMHDShLSSDEPKHRNLGMRMCDKLGKNLLL  
 SLTVFGVILGAVCGLLRLASPIHPDVVMLIAFPGDILMRMLKMLILPLIISSSLITGL  
 SGLDAKASGR LGTRAMVYYMSTTIIAAVLGVILVLAIHGPNPKLKKQLGPGKKNDEVS  
 SLDAFLDLIRNLFPENLVQACFQQIQTVTKKVLVAPPSEEANTTKAVISMLNETMNEA  
 PEETKIVIKKGLEFKDGMNVLGLIGFFIAFGIAMGKMGEQAKLMVEFFNILNEIVMKL  
 VIMIMWYSPLGIACLICGKIIA IKDLEVVARQLGMYMITVIVGLI IHGGIFLPLIYFV  
 VTRKNPFSFFAGIFQAWITALGTASSAGTLPVTFRCLEDNLGIDKRVTRFVLPVGATI  
 NMDGTALYEAVAAIFIAQMNQVILDGGQIVTVSLTATLASIGAASIPSAGLVTMLLIL  
 TAVGLPTEDISLLVAVDWLLDRMRTSVNVVGD SFGAGIVYHLSKSELDTIDSQHRMQE  
 DIEMTKTQSIYDDKNHRESNSNQC VYAAHNSVVIDECKVPFPFLDIETCI

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**Claims**

1. Use of HDAC inhibitors for the preparation of a pharmaceutical composition for the amelioration, treatment or prevention of malignancies related to ischemic events or brain damage, whereby said HDAC inhibitor is selected from the group consisting of SAHA, M344, MS-275, CBHA and SBHA.
2. A method for the amelioration, prevention and/or treatment of head injuries or brain damages, in particular of traumatic event as well as ischemia/stroke said method comprising administering to a patient in need of such an amelioration, prevention or treatment a pharmaceutically active amount of a HDAC inhibitor selected from a group consisting of SAHA, M344, MS-275, CBHA and SBHA.
3. The use of claim 1 or the method of claim 2 wherein said HDAC inhibitor is SAHA.
4. The use of claim 1 or 3 or the method of claims 2 or 3, whereby said HDAC inhibitor is to be administered to a human patient.
5. The use or the method of claim 4, wherein said HDAC inhibitor is to be administered in a concentration of 150 to 300 mg/m<sup>2</sup> body surface in the case of SAHA, M344 and MS-275 or in a concentration of 300 to 900 mg/m<sup>2</sup> body surface in the case of CBHA or SBHA.
6. The use or the method of any one of claims 1 to 5, wherein said ischemic event is stroke.
7. The use or the method of any one of claims 1 to 5, wherein said brain damage is or is caused by head injury, head accident, trauma and/or is caused during brain surgery.

8. The use or the method of any one of claims 1 to 5, wherein said brain damage is or is caused by a spinal cord injury, spinal cord accident and/or is caused during surgery on the spinal cord.

FIGURE 1:

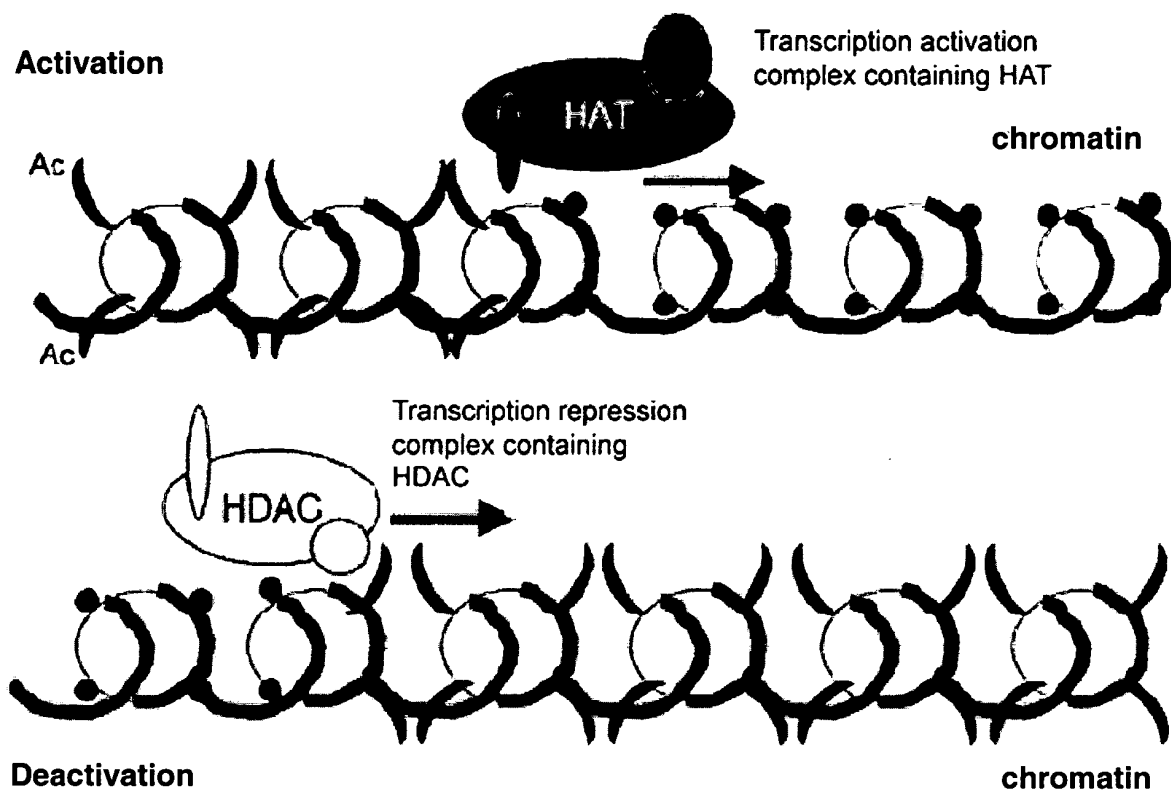
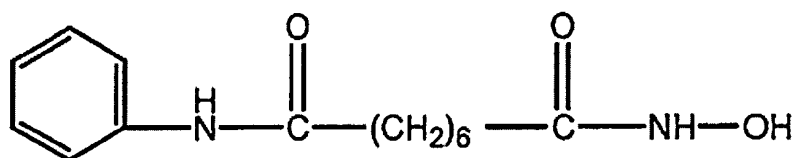


FIGURE 2:



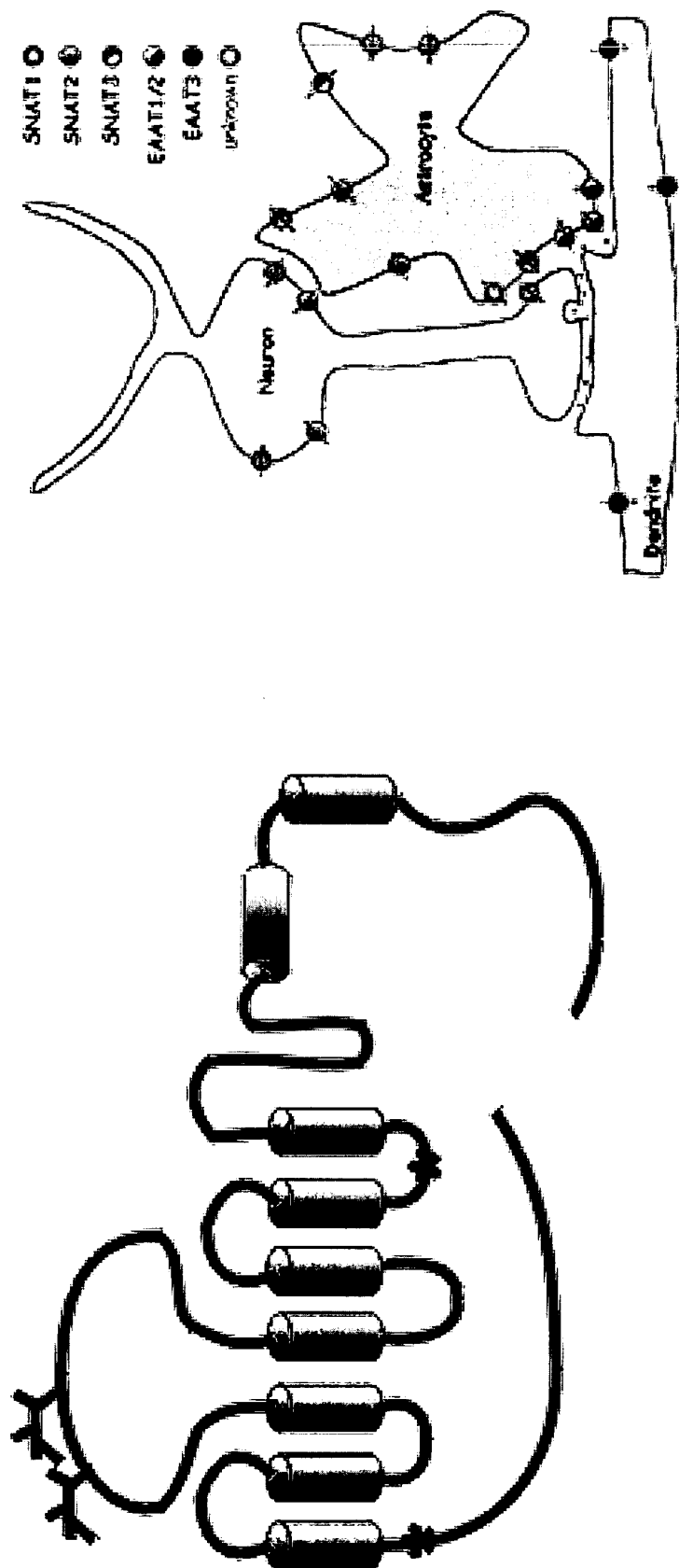


FIGURE 3:



**FIGURE 6:**  
**Rat Hippocampal Slice**

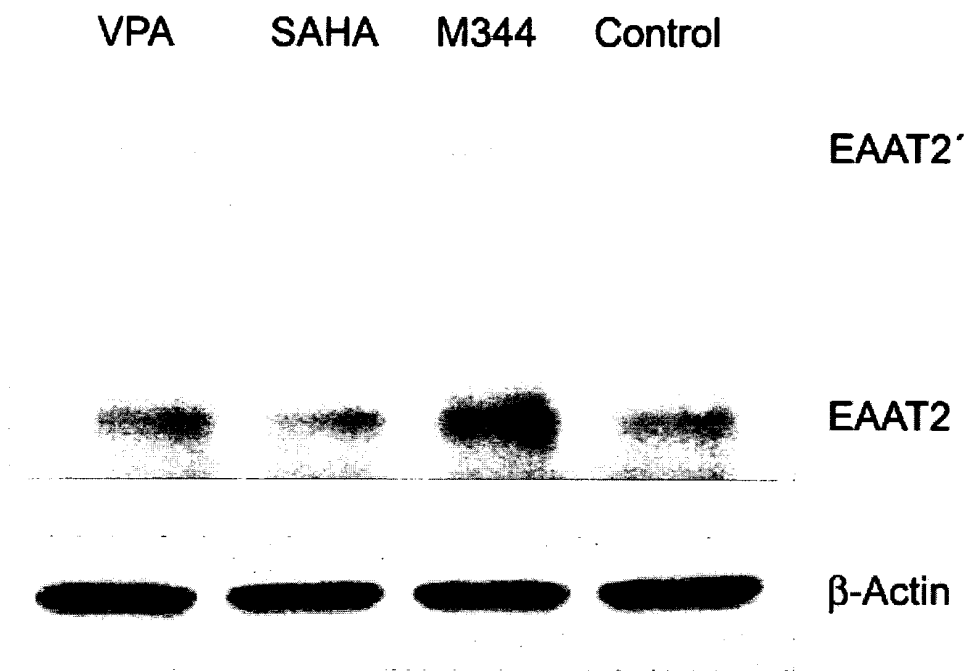


FIGURE 7: A

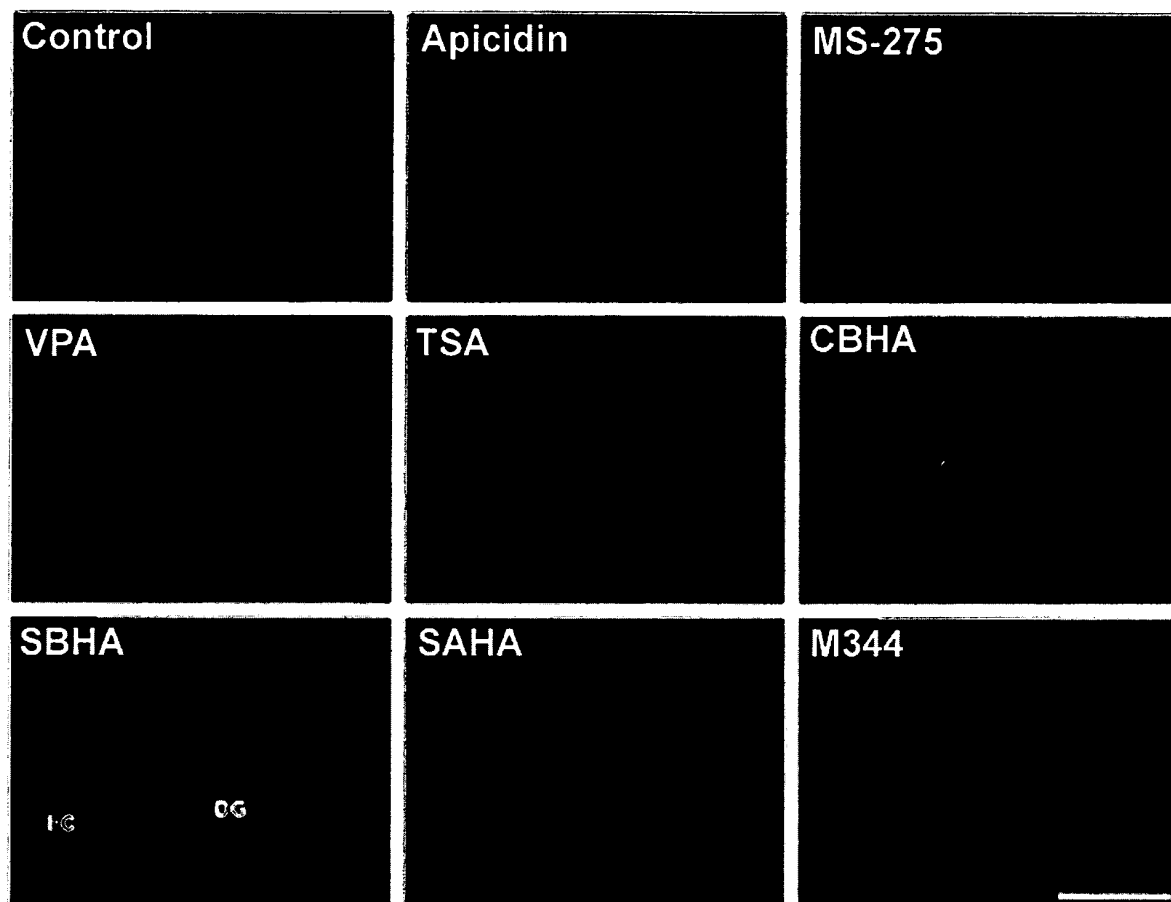
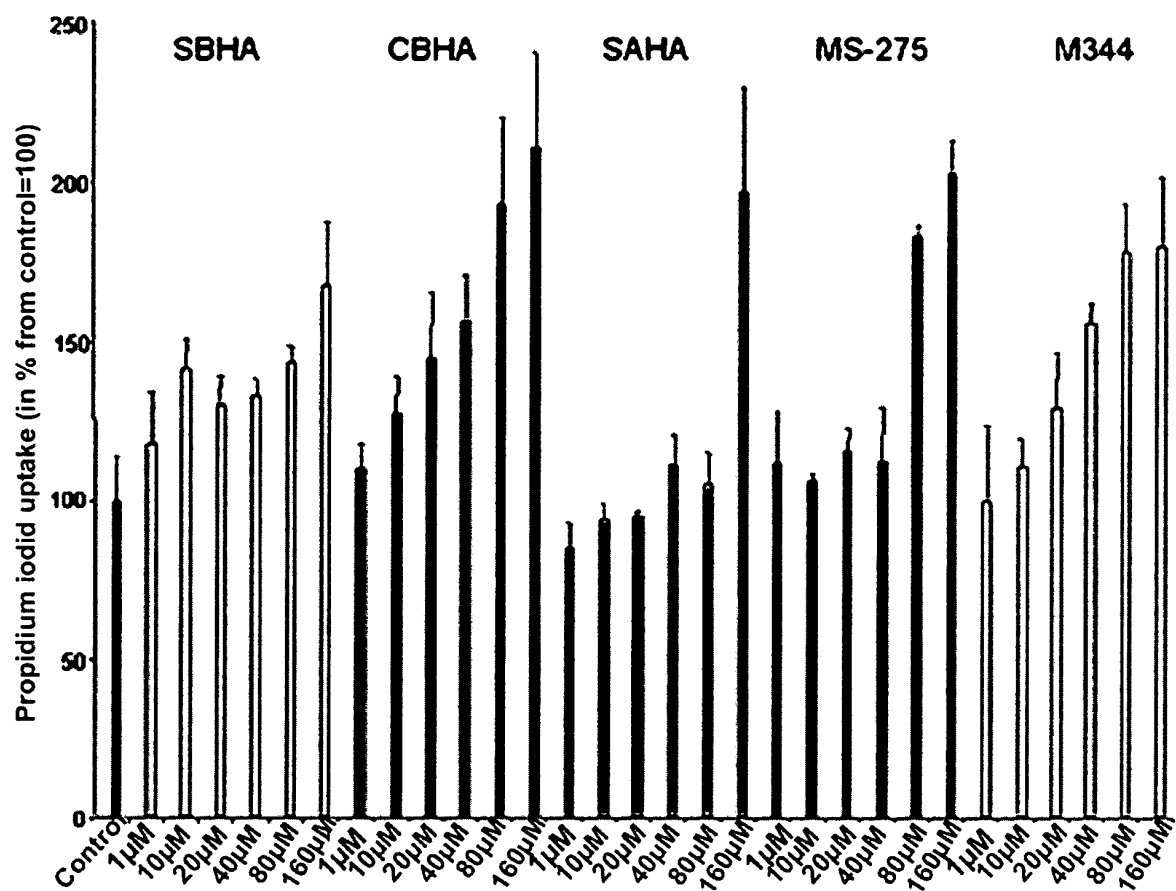
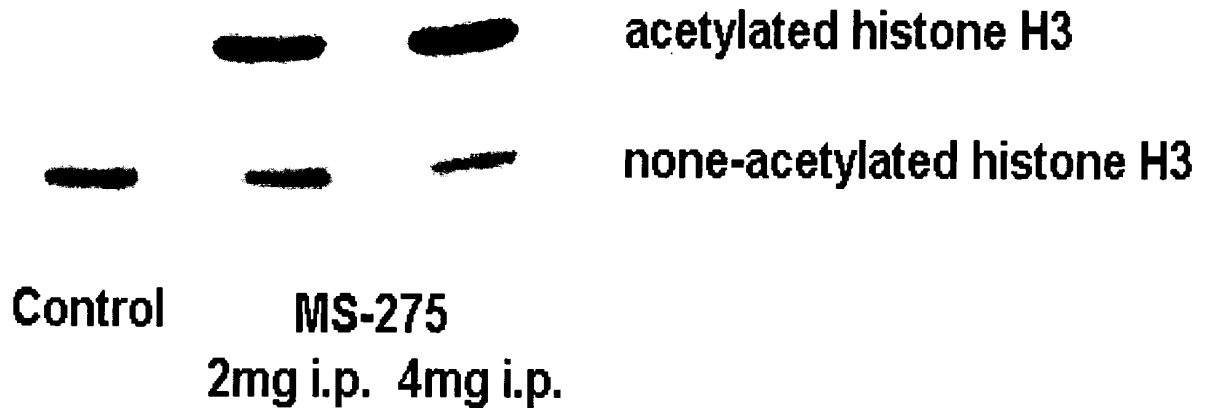


FIGURE 7 (cont.): B



**FIGURE 8:**



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## SEQUENCE LISTING

<110> Friedrich-Alexander-Universität Erlangen-Nürnberg

<120> Means and methods for the treatment of head injuries and stroke

<130> K2769 PCT S3

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gta atg aag tta gtg atc atg atc atg tgg tac tct ccc ctg ggt atc					1159	
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Val Glu Phe Phe Asn Ile Leu Asn Glu Ile Val Met Lys Leu Val Ile	
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Lys Ile Ile Ala Ile Lys Asp Leu Glu Val Val Ala Arg Gln Leu Gly	
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Met Tyr Met Ile Thr Val Ile Val Gly Leu Ile Ile His Gly Gly Ile	
315 320 325	
ttt ctc ccc ttg att tac ttt gta gtg acc aga aaa aat cca ttc tcc	1064
Phe Leu Pro Leu Ile Tyr Phe Val Val Thr Arg Lys Asn Pro Phe Ser	
330 335 340	
ttt ttt gct ggc ata ttc caa gcc tgg atc act gct ctg gga act gct	1112
Phe Phe Ala Gly Ile Phe Gln Ala Trp Ile Thr Ala Leu Gly Thr Ala	
345 350 355	
tcc agt gct gga act ttg cct gtt acc ttc cgt tgc ttg gaa gat aat	1160
Ser Ser Ala Gly Thr Leu Pro Val Thr Phe Arg Cys Leu Glu Asp Asn	
360 365 370	
cta ggg att gac aag cgt gtg acc aga ttc gtc ctc cca gtc gga gca	1208
Leu Gly Ile Asp Lys Arg Val Thr Arg Phe Val Leu Pro Val Gly Ala	
375 380 385 390	
acc att aac atg gat ggc aca gcc ctt tac gag gct gtg gca gcc att	1256
Thr Ile Asn Met Asp Gly Thr Ala Leu Tyr Glu Ala Val Ala Ala Ile	
395 400 405	
ttc ata gcc caa atg aat ggg gtc atc ttg gat gga ggt cag att gtg	1304
Phe Ile Ala Gln Met Asn Gly Val Ile Leu Asp Gly Gly Gln Ile Val	
410 415 420	
act gta agc ctt aca gcc acc ctg gca agc att ggt gca gcc agt att	1352
Thr Val Ser Leu Thr Ala Thr Leu Ala Ser Ile Gly Ala Ala Ser Ile	
425 430 435	
cca agc gcc ggg ctg gtc acc atg ctc ctc att ctc aca gct gtg ggc	1400
Pro Ser Ala Gly Leu Val Thr Met Leu Leu Ile Leu Thr Ala Val Gly	
440 445 450	
ctg cca acg gag gat atc agt ctg ctg gtg gcg gtg gac tgg ctg ctg	1448
Leu Pro Thr Glu Asp Ile Ser Leu Leu Val Ala Val Asp Trp Leu Leu	
455 460 465 470	
gat aga atg aga act tca gtc aat gtg gtg ggc gat tct ttt ggg gct	1496
Asp Arg Met Arg Thr Ser Val Asn Val Val Gly Asp Ser Phe Gly Ala	
475 480 485	
ggg att gtc tat cac ctt tcc aag tct gag ctg gac acc att gac tcc	1544
Gly Ile Val Tyr His Leu Ser Lys Ser Glu Leu Asp Thr Ile Asp Ser	
490 495 500	
caa cac cga atg cag gaa gac atc gaa atg acc aag acg cag tcc att	1592
Gln His Arg Met Gln Glu Asp Ile Glu Met Thr Lys Thr Gln Ser Ile	
505 510 515	

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tac gac gac aag aac cac agg gaa agc aac tct aat cag tgt gtc tat 1640  
 Tyr Asp Asp Lys Asn His Arg Glu Ser Asn Ser Asn Gln Cys Val Tyr  
 520 525 530

gcc gca cac aac tct gtc gta ata gat gag tgc aag gta cct ttc cca 1688  
 Ala Ala His Asn Ser Val Val Ile Asp Glu Cys Lys Val Pro Phe Pro  
 535 540 545 550

ttc ctg gat atc gag acc tgc ata tgaatagtgc atgctggact ccttaaaaaa 1742  
 Phe Leu Asp Ile Glu Thr Cys Ile  
 555

aatcacaaac cccttgcac cattcttacc atgctttgta aggaatcatg tcaccaagc 1802

tcctgtgggg cccagaccat ctactctgc atccagcatg gtgggacac agcaagctga 1862

cacaaaaagg accaatcagt tgcttgcttc aacagattcc cacatccacc tcaccctct 1922

aatttggtca atattcttca ctctttgggc caagaattgg tggttgtcag aactttaatg 1982

gccttcagat attctcttcc tcaaaggaag ggtagacaaa atgtagacca aatattattg 2042

actttatata gcatgagtat tccgcgctgc gctgtcttac aaattgcttt ttaaaagctc 2102

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Arg Met Cys Asp Lys Leu Gly Lys Asn Leu Leu Leu Ser Leu Thr Val  
 35 40 45

Phe Gly Val Ile Leu Gly Ala Val Cys Gly Gly Leu Leu Arg Leu Ala  
 50 55 60

Ser Pro Ile His Pro Asp Val Val Met Leu Ile Ala Phe Pro Gly Asp  
 65 70 75 80

Ile Leu Met Arg Met Leu Lys Met Leu Ile Leu Pro Leu Ile Ile Ser  
 85 90 95

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Ser Leu Ile Thr Gly Leu Ser Gly Leu Asp Ala Lys Ala Ser Gly Arg  
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Leu Gly Thr Arg Ala Met Val Tyr Tyr Met Ser Thr Thr Ile Ile Ala  
 115 120 125

Ala Val Leu Gly Val Ile Leu Val Leu Ala Ile His Pro Gly Asn Pro  
 130 135 140

Lys Leu Lys Lys Gln Leu Gly Pro Gly Lys Lys Asn Asp Glu Val Ser  
 145 150 155 160

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

Leu Val Gln Ala Cys Phe Gln Gln Ile Gln Thr Val Thr Lys Lys Val  
 180 185 190

Leu Val Ala Pro Pro Ser Glu Glu Ala Asn Thr Thr Lys Ala Val Ile  
 195 200 205

Ser Met Leu Asn Glu Thr Met Asn Glu Ala Pro Glu Glu Thr Lys Ile  
 210 215 220

Val Ile Lys Lys Gly Leu Glu Phe Lys Asp Gly Met Asn Val Leu Gly  
 225 230 235 240

Leu Ile Gly Phe Phe Ile Ala Phe Gly Ile Ala Met Gly Lys Met Gly  
 245 250 255

Glu Gln Ala Lys Leu Met Val Glu Phe Phe Asn Ile Leu Asn Glu Ile  
 260 265 270

Val Met Lys Leu Val Ile Met Ile Met Trp Tyr Ser Pro Leu Gly Ile  
 275 280 285

Ala Cys Leu Ile Cys Gly Lys Ile Ile Ala Ile Lys Asp Leu Glu Val  
 290 295 300

Val Ala Arg Gln Leu Gly Met Tyr Met Ile Thr Val Ile Val Gly Leu  
 305 310 315 320

Ile Ile His Gly Gly Ile Phe Leu Pro Leu Ile Tyr Phe Val Val Thr  
 325 330 335

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Arg Lys Asn Pro Phe Ser Phe Phe Ala Gly Ile Phe Gln Ala Trp Ile  
 340 345 350

Thr Ala Leu Gly Thr Ala Ser Ser Ala Gly Thr Leu Pro Val Thr Phe  
 355 360 365

Arg Cys Leu Glu Asp Asn Leu Gly Ile Asp Lys Arg Val Thr Arg Phe  
 370 375 380

Val Leu Pro Val Gly Ala Thr Ile Asn Met Asp Gly Thr Ala Leu Tyr  
 385 390 395 400

Glu Ala Val Ala Ala Ile Phe Ile Ala Gln Met Asn Gly Val Ile Leu  
 405 410 415

Asp Gly Gly Gln Ile Val Thr Val Ser Leu Thr Ala Thr Leu Ala Ser  
 420 425 430

Ile Gly Ala Ala Ser Ile Pro Ser Ala Gly Leu Val Thr Met Leu Leu  
 435 440 445

Ile Leu Thr Ala Val Gly Leu Pro Thr Glu Asp Ile Ser Leu Leu Val  
 450 455 460

Ala Val Asp Trp Leu Leu Asp Arg Met Arg Thr Ser Val Asn Val Val  
 465 470 475 480

Gly Asp Ser Phe Gly Ala Gly Ile Val Tyr His Leu Ser Lys Ser Glu  
 485 490 495

Leu Asp Thr Ile Asp Ser Gln His Arg Met Gln Glu Asp Ile Glu Met  
 500 505 510

Thr Lys Thr Gln Ser Ile Tyr Asp Asp Lys Asn His Arg Glu Ser Asn  
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Ser Asn Gln Cys Val Tyr Ala Ala His Asn Ser Val Val Ile Asp Glu  
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Cys Lys Val Pro Phe Pro Phe Leu Asp Ile Glu Thr Cys Ile  
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<220>

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ctccagacgt gcccgggagg aggggcgttc cccacgcc atg gca tca acc gag ggt      116
                                     Met Ala Ser Thr Glu Gly
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gcc aac aat atg ccc aag cag gtg gaa gtg cgc atg cac gac agc cac      164
Ala Asn Asn Met Pro Lys Gln Val Glu Val Arg Met His Asp Ser His
                                     10                               15                               20

ctc agc tcc gag gag cca aag cac cga aac ctg ggc atg cgc atg tgc      212
Leu Ser Ser Glu Glu Pro Lys His Arg Asn Leu Gly Met Arg Met Cys
                                     25                               30                               35

gac aag ctg ggg aag aac ctc ctg ctc tca ctg act gtg ttt ggt gtc      260
Asp Lys Leu Gly Lys Asn Leu Leu Leu Ser Leu Thr Val Phe Gly Val
                                     40                               45                               50

atc ctg gga gca gta tgt ggc ggg ctg ctt cgc ttg gcg gct ccc atc      308
Ile Leu Gly Ala Val Cys Gly Gly Leu Leu Arg Leu Ala Ala Pro Ile
55                               60                               65                               70

cac cct gat gtg gtc atg ttg ata gcc ttc ccg ggg gac atc ctc atg      356
His Pro Asp Val Val Met Leu Ile Ala Phe Pro Gly Asp Ile Leu Met
                                     75                               80                               85

agg atg ctg aag atg ctc atc ctc cct ctc atc att tcc agt ctc atc      404
Arg Met Leu Lys Met Leu Ile Leu Pro Leu Ile Ile Ser Ser Leu Ile
                                     90                               95                               100

aca ggg ctg tca ggg ctg gat gct aaa gcc agc ggc cgc cta ggc acg      452
Thr Gly Leu Ser Gly Leu Asp Ala Lys Ala Ser Gly Arg Leu Gly Thr
                                     105                              110                              115

aga gcc atg gta tat tac atg tcc acg acc atc att gcc gct gtg ctg      500
Arg Ala Met Val Tyr Tyr Met Ser Thr Thr Ile Ile Ala Ala Val Leu
                                     120                              125                              130

ggg gtc atc ctg gtg ttg gcc atc cac cct ggg aat ccc aaa ctc aag      548
Gly Val Ile Leu Val Leu Ala Ile His Pro Gly Asn Pro Lys Leu Lys
135                               140                               145                               150

aag cag ctg ggg cct ggg aag aag aac gac gag gtg tcc agc ctg gat      596
Lys Gln Leu Gly Pro Gly Lys Lys Asn Asp Glu Val Ser Ser Leu Asp
                                     155                              160                              165

gcc ttc ctg gat ctc att aga aat ctc ttc ccg gag aac ctg gta caa      644
Ala Phe Leu Asp Leu Ile Arg Asn Leu Phe Pro Glu Asn Leu Val Gln
                                     170                              175                              180

gcc tgt ttc caa cag att cag act gtg aca aag aaa gtt ctg gtg gca      692
Ala Cys Phe Gln Gln Ile Gln Thr Val Thr Lys Lys Val Leu Val Ala
                                     185                              190                              195
    
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cct cca tcc gag gag gcc aat aca acc aag gca gtc atc tcc ctg ttg	740
Pro Pro Ser Glu Glu Ala Asn Thr Thr Lys Ala Val Ile Ser Leu Leu	
200 205 210	
aat gag acc atg aat gag gcc cct gaa gaa act aag atc gtt atc aag	788
Asn Glu Thr Met Asn Glu Ala Pro Glu Glu Thr Lys Ile Val Ile Lys	
215 220 225 230	
aag ggc ctg gag ttc aag gac ggg atg aat gtc tta ggt ctg att gga	836
Lys Gly Leu Glu Phe Lys Asp Gly Met Asn Val Leu Gly Leu Ile Gly	
235 240 245	
ttc ttt att gct ttc ggc att gcc atg ggg aag atg ggt gta gca ggc	884
Phe Phe Ile Ala Phe Gly Ile Ala Met Gly Lys Met Gly Val Ala Gly	
250 255 260	
caa gct gat ggt gga gtt ctt caa cat tct gaa cga gat tgt cat gaa	932
Gln Ala Asp Gly Gly Val Leu Gln His Ser Glu Arg Asp Cys His Glu	
265 270 275	
gtt agt gat cat gat cat gtg gta ttc ccc gct ggt atc gcc tgc ttg	980
Val Ser Asp His Asp His Val Val Phe Pro Ala Gly Ile Ala Cys Leu	
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atc tgt ggg aag atc atc gcc atc aag gac tta gaa gtg gtt gct agg	1028
Ile Cys Gly Lys Ile Ile Ala Ile Lys Asp Leu Glu Val Val Ala Arg	
295 300 305 310	
cag ctg ggg atg tac atg atc aca gtg atc gtg ggc ctc atc att cat	1076
Gln Leu Gly Met Tyr Met Ile Thr Val Ile Val Gly Leu Ile Ile His	
315 320 325	
ggg ggc atc ttt ctc ccc ttg att tac ttt gta gtg acc aga aaa aac	1124
Gly Gly Ile Phe Leu Pro Leu Ile Tyr Phe Val Val Thr Arg Lys Asn	
330 335 340	
cca ttc tcc ttt ttt gct ggc att ttc caa gcc tgg atc act gcc ctg	1172
Pro Phe Ser Phe Phe Ala Gly Ile Phe Gln Ala Trp Ile Thr Ala Leu	
345 350 355	
gga acc gct tcc agt gct gga act ttg cct gtc acc ttc cgt tgc ttg	1220
Gly Thr Ala Ser Ser Ala Gly Thr Leu Pro Val Thr Phe Arg Cys Leu	
360 365 370	
gaa gat aat cta ggg att gac aag cgt gtg acc aga ttc gtc ctc cca	1268
Glu Asp Asn Leu Gly Ile Asp Lys Arg Val Thr Arg Phe Val Leu Pro	
375 380 385 390	
gtc gga gca acc att aac atg gat ggt aca gcc ctt tac gaa gcc gtg	1316
Val Gly Ala Thr Ile Asn Met Asp Gly Thr Ala Leu Tyr Glu Ala Val	
395 400 405	
gca gcc atc ttc ata gcc cag atg aat ggg gtc atc ctg gat gga ggt	1364
Ala Ala Ile Phe Ile Ala Gln Met Asn Gly Val Ile Leu Asp Gly Gly	
410 415 420	
cag ata gtg act gta agc ctt aca gca act ctg gcg agc att ggt gca	1412
Gln Ile Val Thr Val Ser Leu Thr Ala Thr Leu Ala Ser Ile Gly Ala	
425 430 435	

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gcc agt att ccc agc gcc ggg ttg gtc acc atg ctc ctc att ctc aca 1460  
 Ala Ser Ile Pro Ser Ala Gly Leu Val Thr Met Leu Leu Ile Leu Thr  
 440 445 450

gct gtg ggc ctg ccg aca gag gac atc agt ctg ctg gtg gca gtg gac 1508  
 Ala Val Gly Leu Pro Thr Glu Asp Ile Ser Leu Leu Val Ala Val Asp  
 455 460 465 470

tgg ctg ctg gat aga atg aga act tcg gtc aat gta gtg ggc gat tct 1556  
 Trp Leu Leu Asp Arg Met Arg Thr Ser Val Asn Val Val Gly Asp Ser  
 475 480 485

ttt ggg gct ggg att gtc tat cac ctt tcc aag tcc gag ctg gac acc 1604  
 Phe Gly Ala Gly Ile Val Tyr His Leu Ser Lys Ser Glu Leu Asp Thr  
 490 495 500

att gac tcc caa cac cga atg cac gaa gac atc gaa atg acc aag acg 1652  
 Ile Asp Ser Gln His Arg Met His Glu Asp Ile Glu Met Thr Lys Thr  
 505 510 515

cag tcc gtt tat gac gac acg aag aac cac agg gaa agc aac tct aat 1700  
 Gln Ser Val Tyr Asp Asp Thr Lys Asn His Arg Glu Ser Asn Ser Asn  
 520 525 530

cag tgt gtc tat gcc gca cac aac tct gtc gta ata gat gag tgc aag 1748  
 Gln Cys Val Tyr Ala Ala His Asn Ser Val Val Ile Asp Glu Cys Lys  
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gta act ctg gcg gcc aat gga aag tca gct gac tgc agt gtt gag gaa 1796  
 Val Thr Leu Ala Ala Asn Gly Lys Ser Ala Asp Cys Ser Val Glu Glu  
 555 560 565

gaa cct tgg aaa cgt gaa aaa taatgacccg attctcagcc aattcttgaa 1847  
 Glu Pro Trp Lys Arg Glu Lys  
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taactcccga gcgtatctta tggtaaaaga tgctctaaac aggcttcctt t 1898

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Met Ala Ser Thr Glu Gly Ala Asn Asn Met Pro Lys Gln Val Glu Val  
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Arg Met His Asp Ser His Leu Ser Ser Glu Glu Pro Lys His Arg Asn  
 20 25 30

Leu Gly Met Arg Met Cys Asp Lys Leu Gly Lys Asn Leu Leu Leu Ser  
 35 40 45

Leu Thr Val Phe Gly Val Ile Leu Gly Ala Val Cys Gly Gly Leu Leu





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530

535

540

Val Ile Asp Glu Cys Lys Val Thr Leu Ala Ala Asn Gly Lys Ser Ala  
545 550 555 560

Asp Cys Ser Val Glu Glu Glu Pro Trp Lys Arg Glu Lys  
565 570