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- as to applicant's entitlement to apply for and be granted a patent (Rule 4.17(ii))
- as to the applicant's entitlement to claim the priority of the earlier application (Rule 4.17(iii))

(54) Title: BIOMARKERS OF LATENT TUBERCULOSIS INFECTION

(57) Abstract: The present invention provides biomarkers, methods and kits for diagnosing latent tuberculosis (TB) in a subject exposed to TB, and methods and kits for monitoring the effectiveness of treatment for latent TB.



BIOMARKERS OF LATENT TUBERCULOSIS INFECTION

RELATED APPLICATIONS

This application claims the benefit of priority to U.S. Provisional Patent Application No. 62/362,225, filed on July 14, 2016, the entire contents of which are hereby incorporated herein by reference.

GOVERNMENT SUPPORT

This invention was made with government support under grant number HHSN272200800047C, awarded by National Institute of Health (NIH)/ National Institute of Allergy and Infectious Diseases (NIAID), grant numbers N01-AI95383 and HHSN266200700022C/ N01-AI70022 awarded by National Institutes of Health National Institute of Allergy and Infectious Diseases, and grant number CTSA KL2TR000440 awarded by the National Institutes of Health/National Center for Research Resources (NIH/NCRR). The government has certain rights in the invention.

BACKGROUND OF THE INVENTION

Tuberculosis (TB) remains a major global public health problem. About a third of the world's population is latently infected with *Mycobacterium tuberculosis*, and an estimated 8.7 million new TB cases were diagnosed in 2011 (World Health Organization, Global tuberculosis control: WHO report 2011, 2011: Geneva, Switzerland). In addition, in 2011 almost one million TB-associated deaths occurred among HIV uninfected (HIV-) individuals and about 0.43 million deaths among HIV-infected (HIV+) individuals.

In addition to prevention, the cornerstones of TB control are reduction of transmission, morbidity, and mortality all of which require early treatment initiation. This in turn necessitates timely TB diagnosis, underlining the need for new rapid diagnostic tests. Rapid identification of active TB is the key unmet need in TB disease management.

Currently, TB diagnostic tests depend on the detection of *M. tuberculosis* which, thus, require a specimen from the site of disease which is not always easy to obtain. Furthermore, the current tests for TB are limited by lack of sensitivity (microscopy of sputum smears) or require amplification of *M. tuberculosis* which takes weeks (culture) and/or is expensive (molecular detection). Moreover, these gold standard tests (culture and molecular detection) require laboratory infrastructure which is not accessible in many endemic regions.

In addition, diagnosis of latent TB infection (LTBI) is based on host immunological activity measured by either the tuberculin skin test (TST) or the interferon gamma release assay (IGRA). Risk of developing active TB is highest after recent infection, but neither TST not IGRA tests can distinguish between a recent infection and a cleared infection.

Accordingly, there is a need in the art for novel TB biomarkers that are easily detectable, and neither require a specimen from the site of infection, nor laboratory infrastructure to provide rapid TB diagnosis and limit the spread of the disease. Furthermore, developing new tests that identify recent infection would allow for targeted treatment for those most likely to progress to active TB, and is a priority among international TB agencies.

SUMMARY OF THE INVENTION

The present invention is based, at least in part, on the discovery of markers that are associated with the presence of latent tuberculosis (TB) in a subject exposed to TB, *e.g.*, in order to target treatment to those likely to develop active TB and/or spread the disease.

Accordingly, the present invention provides sensitive and facile methods and kits for determining whether a subject exposed to TB has latent TB, as well as methods for monitoring the effectiveness of a therapy for treating TB in a subject by measuring and identifying particular markers, or particular combinations of markers.

Accordingly, in one aspect the present invention provides methods for determining whether a subject exposed to tuberculosis (TB) will develop latent TB. The methods include determining the level of one or more markers listed in Table 1 in a sample(s) from the subject; comparing the level of the one or more markers in the subject sample(s) with a level of the one or more markers in a control sample(s), wherein a difference in the level of the one or more markers in the subject sample(s) as compared to the level of the one or more markers in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

In one aspect the present invention provides methods for monitoring the effectiveness of a treatment in a subject having latent tuberculosis (TB). The methods include determining the level of one or more markers listed in Table 1 in a first sample(s) from the subject prior to the initiation of the treatment; determining the level of one or more markers listed in Table 1 in a second sample(s) from the subject after at least a portion of the treatment has been administered; comparing the level of the one or more markers in the first sample(s) with a level of the one or more markers in the second sample(s), wherein a difference in the level of the one or more markers in the first sample(s) as compared to the level of the one or more markers in the second sample(s) indicates that the treatment is effective, thereby monitoring the effectiveness of a treatment in the subject having latent TB.

In one embodiment, the methods further comprise determining the level of one or more markers selected from the group consisting of CLEC3B, ECM1, PON1, VTN, IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1.

In one embodiment, the level of the marker is an expression level and/or activity of the marker.

In one embodiment, the level in the subject sample(s) is determined by mass spectrometry. In one embodiment, the mass spectrometry is matrix assisted laser desorption/time of flight (MALDI/TOF) mass spectrometry, liquid chromatography quadruple ion trap electrospray (LCQ-MS), or surface enhanced laser desorption ionization/time of flight (SELDI/TOF) mass spectrometry. In another embodiment, the level in the subject sample(s) is determined by immunoassay.

In one embodiment, the sample(s) from the subject is a fluid sample(s). In another embodiment, the sample(s) from the subject is a tissue sample(s).

In one embodiment, the one or more markers is selected from the group consisting of CLEC3B, ECM1, PON1, VTN, IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1.

In another embodiment, the methods further comprise determining the level of one or more of PRG4, CA1, SHBG, CPN1, CPN2, QSOX1, PRDX2, APOA1, CA2, LPA, TAGLN2, GPX3, MST1, CNDP1, ATRN, PFN1, PEPD, VASN, BTBD, CPB2, GPLD1, DBH, HGFAC, CDH5, LRG1, MASP1, PGLYRP2, TNXB, CD14, CKM, APOE, MAN1A1, PROS1, S100A8, S100A9, HABP2, BCHE, LCAT, PDLIM1, FCN3, ORM1, TGFB1, THBS1, GP5, CD163, VCAM1, LGALS3BP, PTGDS, APOC3, MINPP1, SEPP1, APOA4, MASP2, HYOU1, IGF2, GP1BA, CACNA2D1, CNTN1, NID1, COMP, PCSK9, LCP1 and APOC1.

In one aspect the present invention provides methods for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The methods include determining the level of CLEC3B and the level of ECM1 in a sample(s) from the subject; comparing the level of CLEC3B and the level of ECM1 in the subject sample(s) with a level of CLEC3B and a level of ECM1 in a control sample(s), wherein a difference in the level of CLEC3B and a difference in the level of ECM1 in the subject sample(s) as compared to the level of CLEC3B and the level of ECM1 in the control sample(s) indicates that the subject will develop latent tuberculosis (TB). In one embodiment, the methods further comprise determining the level of one or more markers selected from the group consisting of PON1, VTN, IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in a sample(s) from the subject, thereby determining whether the subject exposed to TB will develop latent TB.

In one aspect the present invention provides methods for monitoring the effectiveness of a treatment in a subject having latent tuberculosis (TB). The methods include determining the level of CLEC3B and the level of ECM1 in a first sample(s) from the subject prior to the initiation of the treatment; determining the level of CLEC3B and the level of ECM1 in a second sample(s) from the subject after at least a portion of the treatment has been administered; comparing the level of CLEC3B and the level of ECM1 in the first sample(s) with a level of CLEC3B and the level of ECM1 in the second sample(s), wherein a difference

in the level of CLEC3B and a difference in the level of ECM1 in the first sample(s) as compared to the level of the CLEC3B and the level of ECM1 in the second sample(s) indicates that the treatment is effective, thereby monitoring the effectiveness of a treatment in the subject having latent TB.

5 In one aspect the present invention provides methods for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, and the level of PON1 in a sample(s) from the subject; comparing the level of CLEC3B, the level of ECM1, and the level of PON1 in the subject sample(s) with a level of CLEC3B, the level of ECM1, and the level of PON1
10 in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, and a difference in the level of PON1 in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, and the level of PON1 in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

15 In one aspect the present invention provides methods for monitoring the effectiveness of a treatment in a subject having latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, and the level of PON1 in a first sample(s) from the subject prior to the initiation of the treatment; determining the level of CLEC3B, the level of ECM1, and the level of PON1 in a second sample(s) from the subject after at least a portion
20 of the treatment has been administered; comparing the level of CLEC3B, the level of ECM1, and the level of PON1 in the first sample(s) with a level of CLEC3B, the level of ECM1, and the level of PON1 in the second sample(s), wherein a difference in the level of CLEC3B, the level of ECM1, and the level of PON1 in the first sample(s) as compared to the level of CLEC3B, the level of ECM1, and the level of PON1 in the second sample(s) indicates that
25 the treatment is effective, thereby monitoring the effectiveness of a treatment in the subject having latent TB.

 In one aspect the present invention provides methods for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, and the level of VTN in a sample(s)
30 from the subject; comparing the level of CLEC3B, the level of ECM1, and the level of VTN in the subject sample(s) with a level of CLEC3B, the level of ECM1, and the level of VTN in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, and a difference in the level of VTN in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, and the level of VTN in the control sample(s) indicates that
35 the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

 In one aspect the present invention provides methods for monitoring the effectiveness of a treatment in a subject having latent tuberculosis (TB). The methods include determining

the level of CLEC3B, the level of ECM1, and the level of VTN in a first sample(s) from the subject prior to the initiation of the treatment; determining the level of CLEC3B, the level of ECM1, and the level of VTN in a second sample(s) from the subject after at least a portion of the treatment has been administered; comparing the level of CLEC3B, the level of ECM1, and the level of VTN in the first sample(s) with a level of CLEC3B, the level of ECM1, and the level of VTN in the second sample(s), wherein a difference in the level of CLEC3B, the level of ECM1, and the level of VTN in the first sample(s) as compared to the level of CLEC3B, the level of ECM1, and the level of VTN in the second sample(s) indicates that the treatment is effective, thereby monitoring the effectiveness of a treatment in the subject having latent TB.

In one aspect the present invention provides methods for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of VTN in a sample(s) from the subject; comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of VTN in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of VTN in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of PON1, and a difference in the level of VTN in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, and the level of VTN in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

In one aspect the present invention provides methods for monitoring the effectiveness of a treatment in a subject having latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of VTN in a first sample(s) from the subject prior to the initiation of the treatment; determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of VTN in a second sample(s) from the subject after at least a portion of the treatment has been administered; comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of VTN in the first sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of VTN in the second sample(s), wherein a difference in the level of CLEC3B, the level of ECM1, the level of PON1, and the level of VTN in the first sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, and the level of VTN in the second sample(s) indicates that the treatment is effective, thereby monitoring the effectiveness of a treatment in the subject having latent TB.

In one aspect the present invention provides methods for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFALS in a sample(s) from the subject; comparing the level of CLEC3B, the level of

ECM1, the level of PON1, and the level of IGFALS in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFALS in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of PON1, and a difference in the level of IGFALS in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFALS in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

In one aspect the present invention provides methods for monitoring the effectiveness of a treatment in a subject having latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFALS in a first sample(s) from the subject prior to the initiation of the treatment; determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFALS in a second sample(s) from the subject after at least a portion of the treatment has been administered; comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFALS in the first sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFALS in the second sample(s), wherein a difference in the level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFALS in the first sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFALS in the second sample(s) indicates that the treatment is effective, thereby monitoring the effectiveness of a treatment in the subject having latent TB

In one aspect the present invention provides methods for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFBP3 in a sample(s) from the subject; comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFBP3 in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFBP3 in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of PON1, and a difference in the level of IGFBP3 in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFBP3 in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

In one aspect the present invention provides methods for monitoring the effectiveness of a treatment in a subject having latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFBP3 in a first sample(s) from the subject prior to the initiation of the treatment; determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFBP3 in a second sample(s) from the subject after at least a portion of the treatment has been administered; comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of

IGFBP3 in the first sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFBP3 in the second sample(s), wherein a difference in the level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFBP3 in the first sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFBP3 in the second sample(s) indicates that the treatment is effective, thereby monitoring the effectiveness of a treatment in the subject having latent TB.

In one aspect the present invention provides methods for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of CLU in a sample(s) from the subject; comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of CLU in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of CLU in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of PON1, and a difference in the level of CLU in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, and the level of CLU in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

In one aspect the present invention provides methods for monitoring the effectiveness of a treatment in a subject having latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of CLU in a first sample(s) from the subject prior to the initiation of the treatment; determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of CLU in a second sample(s) from the subject after at least a portion of the treatment has been administered; comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of CLU in the first sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of CLU in the second sample(s), wherein a difference in the level of CLEC3B, the level of ECM1, the level of PON1, and the level of CLU in the first sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, and the level of CLU in the second sample(s) indicates that the treatment is effective, thereby monitoring the effectiveness of a treatment in the subject having latent TB.

In one aspect the present invention provides methods for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of VWF in a sample(s) from the subject; comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of VWF in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of VWF in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of PON1, and a difference in the level of VWF in the subject sample(s) as compared to

the level of CLEC3B, the level of ECM1, the level of PON1, and the level of VWF in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

5 In one aspect the present invention provides methods for monitoring the effectiveness of a treatment in a subject having latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of VWF in a first sample(s) from the subject prior to the initiation of the treatment; determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of VWF in a second sample(s) from the subject after at least a portion of the treatment has been administered; comparing the
10 level of CLEC3B, the level of ECM1, the level of PON1, and the level of VWF in the first sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of VWF in the second sample(s), wherein a difference in the level of CLEC3B, the level of ECM1, the level of PON1, and the level of VWF in the first sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, and the level of VWF in the second
15 sample(s) indicates that the treatment is effective, thereby monitoring the effectiveness of a treatment in the subject having latent TB.

In one aspect the present invention provides methods for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of
20 SPP2 in a sample(s) from the subject; comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of SPP2 in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of SPP2 in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of PON1, and a difference in the level of SPP2 in the subject sample(s) as compared to
25 the level of CLEC3B, the level of ECM1, the level of PON1, and the level of SPP2 in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

In one aspect the present invention provides methods for monitoring the effectiveness of a treatment in a subject having latent tuberculosis (TB). The methods include determining
30 the level of CLEC3B, the level of ECM1, the level of PON1, and the level of SPP2 in a first sample(s) from the subject prior to the initiation of the treatment; determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of SPP2 in a second sample(s) from the subject after at least a portion of the treatment has been administered; comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of SPP2 in the first
35 sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of SPP2 in the second sample(s), wherein a difference in the level of CLEC3B, the level of ECM1, the level of PON1, and the level of SPP2 in the first sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, and the level of SPP2 in the second

sample(s) indicates that the treatment is effective, thereby monitoring the effectiveness of a treatment in the subject having latent TB.

In one aspect the present invention provides methods for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The methods include
5 determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of SELL in a sample(s) from the subject; comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of SELL in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of SELL in a control sample(s), wherein
10 a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of PON1, and a difference in the level of SELL in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, and the level of SELL in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

In one aspect the present invention provides methods for monitoring the effectiveness
15 of a treatment in a subject having latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of SELL in a first sample(s) from the subject prior to the initiation of the treatment; determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of SELL in a second sample(s) from the subject after at least a portion of the treatment has been administered; comparing the
20 level of CLEC3B, the level of ECM1, the level of PON1, and the level of SELL in the first sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of SELL in the second sample(s), wherein a difference in the level of CLEC3B, the level of ECM1, the level of PON1, and the level of SELL in the first sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, and the level of SELL in the second
25 sample(s) indicates that the treatment is effective, thereby monitoring the effectiveness of a treatment in the subject having latent TB.

In one aspect the present invention provides methods for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The methods include
30 determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of LUM in a sample(s) from the subject; comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of LUM in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of LUM in a control sample(s), wherein
35 a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of PON1, and a difference in the level of LUM in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, and the level of LUM in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

In one aspect the present invention provides methods for monitoring the effectiveness of a treatment in a subject having latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of LUM in a first sample(s) from the subject prior to the initiation of the treatment; determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of LUM in a second sample(s) from the subject after at least a portion of the treatment has been administered; comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of LUM in the first sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of LUM in the second sample(s), wherein a difference in the level of CLEC3B, the level of ECM1, the level of PON1, and the level of LUM in the first sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, and the level of LUM in the second sample(s) indicates that the treatment is effective, thereby monitoring the effectiveness of a treatment in the subject having latent TB.

In one aspect the present invention provides methods for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of NCAM1 in a sample(s) from the subject; comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of NCAM1 in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of NCAM1 in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of PON1, and a difference in the level of NCAM1 in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, and the level of NCAM1 in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

In one aspect the present invention provides methods for monitoring the effectiveness of a treatment in a subject having latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of NCAM1 in a first sample(s) from the subject prior to the initiation of the treatment; determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of NCAM1 in a second sample(s) from the subject after at least a portion of the treatment has been administered; comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of NCAM1 in the first sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of NCAM1 in the second sample(s), wherein a difference in the level of CLEC3B, the level of ECM1, the level of PON1, and the level of NCAM1 in the first sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, and the level of NCAM1 in the second sample(s) indicates that the treatment is effective, thereby monitoring the effectiveness of a treatment in the subject having latent TB.

In one aspect the present invention provides methods for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of TLN1 in a sample(s) from the subject; comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of TLN1 in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of TLN1 in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of PON1, and a difference in the level of TLN1 in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, and the level of TLN1 in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

In one aspect the present invention provides methods for monitoring the effectiveness of a treatment in a subject having latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of TLN1 in a first sample(s) from the subject prior to the initiation of the treatment; determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of TLN1 in a second sample(s) from the subject after at least a portion of the treatment has been administered; comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of TLN1 in the first sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of TLN1 in the second sample(s), wherein a difference in the level of CLEC3B, the level of ECM1, the level of PON1, and the level of TLN1 in the first sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, and the level of TLN1 in the second sample(s) indicates that the treatment is effective, thereby monitoring the effectiveness of a treatment in the subject having latent TB.

In one aspect the present invention provides methods for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFALS in a sample(s) from the subject; comparing the level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFALS in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFALS in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of VTN, and a difference in the level of IGFALS in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFALS in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

In one aspect the present invention provides methods for monitoring the effectiveness of a treatment in a subject having latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFALS in a

first sample(s) from the subject prior to the initiation of the treatment; determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFALS in a second sample(s) from the subject after at least a portion of the treatment has been administered; comparing the level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFALS in the first sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFALS in the second sample(s), wherein a difference in the level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFALS in the first sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFALS in the second sample(s) indicates that the treatment is effective, thereby monitoring the effectiveness of a treatment in the subject having latent TB.

In one aspect the present invention provides methods for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFBP3 in a sample(s) from the subject; comparing the level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFBP3 in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFBP3 in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of VTN, and a difference in the level of IGFBP3 in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFBP3 in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

In one aspect the present invention provides methods for monitoring the effectiveness of a treatment in a subject having latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFBP3 in a first sample(s) from the subject prior to the initiation of the treatment; determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFBP3 in a second sample(s) from the subject after at least a portion of the treatment has been administered; comparing the level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFBP3 in the first sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFBP3 in the second sample(s), wherein a difference in the level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFBP3 in the first sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFBP3 in the second sample(s) indicates that the treatment is effective, thereby monitoring the effectiveness of a treatment in the subject having latent TB.

In one aspect the present invention provides methods for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of CLU in a sample(s) from the subject; comparing the level of CLEC3B, the level of ECM1,

the level of VTN, and the level of CLU in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of CLU in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of VTN, and a difference in the level of CLU in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of VTN, and the level of CLU in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

In one aspect the present invention provides methods for monitoring the effectiveness of a treatment in a subject having latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of CLU in a first sample(s) from the subject prior to the initiation of the treatment; determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of CLU in a second sample(s) from the subject after at least a portion of the treatment has been administered; comparing the level of CLEC3B, the level of ECM1, the level of VTN, and the level of CLU in the first sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of CLU in the second sample(s), wherein a difference in the level of CLEC3B, the level of ECM1, the level of VTN, and the level of CLU in the first sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of VTN, and the level of CLU in the second sample(s) indicates that the treatment is effective, thereby monitoring the effectiveness of a treatment in the subject having latent TB.

In one aspect the present invention provides methods for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of VWF in a sample(s) from the subject; comparing the level of CLEC3B, the level of ECM1, the level of VTN, and the level of VWF in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of VWF in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of VTN, and a difference in the level of VWF in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of VTN, and the level of VWF in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

In one aspect the present invention provides methods for monitoring the effectiveness of a treatment in a subject having latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of VWF in a first sample(s) from the subject prior to the initiation of the treatment; determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of VWF in a second sample(s) from the subject after at least a portion of the treatment has been administered; comparing the level of CLEC3B, the level of ECM1, the level of VTN, and the level of VWF in the first

sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of VWF in the second sample(s), wherein a difference in the level of CLEC3B, the level of ECM1, the level of VTN, and the level of VWF in the first sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of VTN, and the level of VWF in the second sample(s) indicates that the treatment is effective, thereby monitoring the effectiveness of a treatment in the subject having latent TB.

In one aspect the present invention provides methods for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of SPP2 in a sample(s) from the subject; comparing the level of CLEC3B, the level of ECM1, the level of VTN, and the level of SPP2 in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of SPP2 in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of VTN, and a difference in the level of SPP2 in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of VTN, and the level of SPP2 in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

In one aspect the present invention provides methods for monitoring the effectiveness of a treatment in a subject having latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of SPP2 in a first sample(s) from the subject prior to the initiation of the treatment; determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of SPP2 in a second sample(s) from the subject after at least a portion of the treatment has been administered; comparing the level of CLEC3B, the level of ECM1, the level of VTN, and the level of SPP2 in the first sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of SPP2 in the second sample(s), wherein a difference in the level of CLEC3B, the level of ECM1, the level of VTN, and the level of SPP2 in the first sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of VTN, and the level of SPP2 in the second sample(s) indicates that the treatment is effective, thereby monitoring the effectiveness of a treatment in the subject having latent TB.

In one aspect the present invention provides methods for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of SELL in a sample(s) from the subject; comparing the level of CLEC3B, the level of ECM1, the level of VTN, and the level of SELL in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of SELL in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of VTN, and a difference in the level of SELL in the subject sample(s) as compared to

the level of CLEC3B, the level of ECM1, the level of VTN, and the level of SELL in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

5 In one aspect the present invention provides methods for monitoring the effectiveness of a treatment in a subject having latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of SELL in a first sample(s) from the subject prior to the initiation of the treatment; determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of SELL in a second sample(s) from the subject after at least a portion of the treatment has been administered; comparing the
10 level of CLEC3B, the level of ECM1, the level of VTN, and the level of SELL in the first sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of SELL in the second sample(s), wherein a difference in the level of CLEC3B, the level of ECM1, the level of VTN, and the level of SELL in the first sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of VTN, and the level of SELL in the second
15 sample(s) indicates that the treatment is effective, thereby monitoring the effectiveness of a treatment in the subject having latent TB.

In one aspect the present invention provides methods for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of
20 LUM in a sample(s) from the subject; comparing the level of CLEC3B, the level of ECM1, the level of VTN, and the level of LUM in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of LUM in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of VTN, and a difference in the level of LUM in the subject sample(s) as compared to
25 the level of CLEC3B, the level of ECM1, the level of VTN, and the level of LUM in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

In one aspect the present invention provides methods for monitoring the effectiveness of a treatment in a subject having latent tuberculosis (TB). The methods include determining
30 the level of CLEC3B, the level of ECM1, the level of VTN, and the level of LUM in a first sample(s) from the subject prior to the initiation of the treatment; determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of LUM in a second sample(s) from the subject after at least a portion of the treatment has been administered; comparing the level of CLEC3B, the level of ECM1, the level of VTN, and the level of LUM in the first
35 sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of LUM in the second sample(s), wherein a difference in the level of CLEC3B, the level of ECM1, the level of VTN, and the level of LUM in the first sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of VTN, and the level of LUM in the second

sample(s) indicates that the treatment is effective, thereby monitoring the effectiveness of a treatment in the subject having latent TB.

In one aspect the present invention provides methods for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The methods include
5 determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of NCAM1 in a sample(s) from the subject; comparing the level of CLEC3B, the level of ECM1, the level of VTN, and the level of NCAM1 in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of NCAM1 in a control
10 sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of VTN, and a difference in the level of NCAM1 in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of VTN, and the level of NCAM1 in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

In one aspect the present invention provides methods for monitoring the effectiveness
15 of a treatment in a subject having latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of NCAM1 in a first sample(s) from the subject prior to the initiation of the treatment; determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of NCAM1 in a second sample(s) from the subject after at least a portion of the treatment has been administered;
20 comparing the level of CLEC3B, the level of ECM1, the level of VTN, and the level of NCAM1 in the first sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of NCAM1 in the second sample(s), wherein a difference in the level of CLEC3B, the level of ECM1, the level of VTN, and the level of NCAM1 in the first sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of VTN, and the
25 level of NCAM1 in the second sample(s) indicates that the treatment is effective, thereby monitoring the effectiveness of a treatment in the subject having latent TB.

In one aspect the present invention provides methods for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The methods include
30 determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of TLN1 in a sample(s) from the subject; comparing the level of CLEC3B, the level of ECM1, the level of VTN, and the level of TLN1 in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of TLN1 in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of VTN, and a difference in the level of TLN1 in the subject sample(s) as compared to
35 the level of CLEC3B, the level of ECM1, the level of VTN, and the level of TLN1 in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

In one aspect the present invention provides methods for monitoring the effectiveness of a treatment in a subject having latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of TLN1 in a first sample(s) from the subject prior to the initiation of the treatment; determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of TLN1 in a second sample(s) from the subject after at least a portion of the treatment has been administered; comparing the level of CLEC3B, the level of ECM1, the level of VTN, and the level of TLN1 in the first sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of TLN1 in the second sample(s), wherein a difference in the level of CLEC3B, the level of ECM1, the level of VTN, and the level of TLN1 in the first sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of VTN, and the level of TLN1 in the second sample(s) indicates that the treatment is effective, thereby monitoring the effectiveness of a treatment in the subject having latent TB.

In one aspect the present invention provides methods for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of PON1, the level of VTN, and the level of one additional marker selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in a sample(s) from the subject; comparing the level of CLEC3B, the level of ECM1, the level of PON1, the level of VTN, and the level of VTN, and the level of one additional marker selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, the level of VTN, and the level of one additional marker selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of PON1, a difference in the level of VTN, and a difference in the level of one additional marker selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, the level of VTN, and the level of one additional marker selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

In one aspect the present invention provides methods for monitoring the effectiveness of a treatment in a subject having latent tuberculosis (TB). The methods include determining the level of CLEC3B, the level of ECM1, the level of PON1, the level of VTN, and the level of one additional marker selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in a first sample(s) from the subject prior to

the initiation of the treatment; determining the level of CLEC3B, the level of ECM1, the level of PON1, the level of VTN, and the level of one additional marker selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in a second sample(s) from the subject after at least a portion of the treatment has been

administered; comparing the level of CLEC3B, the level of ECM1, the level of PON1, the level of VTN, and the level of one additional marker selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in the first sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, the level of VTN, and the level of one additional marker selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in the second sample(s), wherein a difference in the level of CLEC3B, the level of ECM1, the level of PON1, the level of VTN, and the level of one additional marker selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in the first sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, the level of VTN, and the level of one additional marker selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in the second sample(s) indicates that the treatment is effective, thereby monitoring the effectiveness of a treatment in the subject having latent TB.

In one embodiment, the methods further comprise determining the level of one or more additional markers selected from the group consisting of CLEC3B, ECM1, PON1, VTN, IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1, PRG4, CA1, SHBG, CPN1, CPN2, QSOX1, PRDX2, APOA1, CA2, LPA, TAGLN2, GPX3, MST1, CNDP1, ATRN, PFN1, PEPD, VASN, BTB, CPB2, GPLD1, DBH, HGFAC, CDH5, LRG1, MASP1, PGLYRP2, TNXB, CD14, CKM, APOE, MAN1A1, PROS1, S100A8, S100A9, HABP2, BCHE, LCAT, PDLIM1, FCN3, ORM1, TGFBI, THBS1, GP5, CD163, VCAM1, LGALS3BP, PTGDS, APOC3, MINPP1, SEPP1, APOA4, MASP2, HYOU1, IGF2, GP1BA, CACNA2D1, CNTN1, NID1, COMP, PCSK9, LCP1 and APOC1.

In another embodiment, the methods further comprise determining the level of one or more additional markers listed in Table 1.

In one aspect, the present invention provides methods of detecting the level of one or more markers listed in Table 1 in a subject. The methods include obtaining subject sample(s) from a human subject exposed to TB; and detecting whether one or more markers listed in Table 1 is present in the subject sample(s). In one embodiment, the methods further comprise determining the level of one or more markers selected from the group consisting of CLEC3B, ECM1, PON1, VTN, IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1.

In one aspect, the present invention provides methods for detecting the level of one or more markers in a subject exposed to TB. The methods include obtaining subject sample(s)

from a human subject; and detecting the level of CLEC3B and the level of ECM1 in said subject sample(s). In one embodiment, the methods further comprise determining the level of one or more markers selected from the group consisting of PON1, VTN, IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in the subject sample(s).

5 In one aspect, the present invention provides methods for detecting the level of one or more markers in a subject exposed to TB. The methods include obtaining subject sample(s) from a human subject; and detecting the level of CLEC3B, the level of ECM1, and the level of PON1 in said subject sample(s). In one embodiment, the methods further comprise determining the level of one or more markers selected from the group consisting of IGFALS,
10 IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in the subject sample(s).

In one aspect, the present invention provides methods for detecting the level of one or more markers in a subject exposed to TB. The methods include obtaining subject sample(s) from a human subject; and detecting the level of CLEC3B, the level of ECM1, and the level of VTN in said subject sample(s). In one embodiment, the methods further comprise
15 determining the level of one or more markers selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in the subject sample(s).

In one aspect, the present invention provides methods for detecting the level of one or more markers in a subject exposed to TB. The methods include obtaining subject sample(s) from a human subject; and detecting the level of CLEC3B, the level of ECM1, the level of
20 PON1, and the level of VTN in said subject sample(s). In one embodiment, the methods further comprise determining the level of one or more markers selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in the subject sample(s).

In one embodiment, the methods further comprise detecting the level of one or more
25 markers listed in Table 1 in a sample(s) from the subject.

In one embodiment, the methods further comprise administering to the subject an effective amount of a therapeutic agent for treating TB, thereby treating latent TB in the subject. In one embodiment, the therapeutic agent modulates the level and/or activity of any one or more of the markers listed in Table 1.

30 In one aspect, the present invention provides kits for determining whether a subject exposed to tuberculosis (TB) will develop latent TB. The kits include reagents for determining the level of one or more markers listed in Table 1 in a subject sample(s) and instructions for use of the kit to determine whether the subject will develop latent TB.

In one aspect, the present invention provides kits monitoring the effectiveness of a
35 treatment in a subject having latent TB. The kits include reagents for determining the level of one or more markers listed in Table 1 in a subject sample(s) and instructions for use of the kit to monitor the effectiveness of the treatment.

In one embodiment, the kits further comprise reagents for determining the level of one or more markers selected from the group consisting of CLEC3B, ECM1, PON1, VTN, IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in the subject sample(s).

5 In one aspect, the present invention provides kits for determining whether a subject exposed to tuberculosis (TB) will develop latent TB. The kits include reagents for determining the level of CLEC3B and the level of ECM1 in a subject sample(s) and instructions for use of the kit to determine whether the subject will develop latent TB. In one embodiment, the kits further comprise reagents for determining the level of one or more
10 markers selected from the group consisting of PON1, VTN, IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in the subject sample(s).

In one aspect, the present invention provides kits monitoring the effectiveness of a treatment in a subject having latent TB. The kits include reagents for determining the level of CLEC3B and the level of ECM1 in a subject sample(s) and instructions for use of the kit to
15 monitor the effectiveness of the treatment. In one embodiment, the kits further comprise reagents for determining the level of one or more markers selected from the group consisting of PON1, VTN, IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in the subject sample(s).

In one aspect, the present invention provides kits for determining whether a subject
20 exposed to tuberculosis (TB) will develop latent TB. The kits include reagents for determining the level of CLEC3B, the level of ECM1, and the level of PON1 in a subject sample(s) and instructions for use of the kit to determine whether the subject will develop latent TB. In one embodiment, the kits further comprise reagents for determining the level of one or more markers selected from the group consisting of IGFALS, IGFBP3, CLU, VWF,
25 SPP2, SELL, LUM, NCAM1, and TLN1 in the subject sample(s).

In one aspect, the present invention provides kits monitoring the effectiveness of a treatment in a subject having latent TB. The kits include reagents for determining the level of CLEC3B, the level of ECM1, and the level of PON1 in a subject sample(s) and instructions for use of the kit to monitor the effectiveness of the treatment. In one embodiment, the kits
30 further comprise reagents for determining the level of one or more markers selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in the subject sample(s).

In one aspect, the present invention provides kits for determining whether a subject
35 exposed to tuberculosis (TB) will develop latent TB. The kits include reagents for determining the level of CLEC3B, the level of ECM1, and the level of VTN in a subject sample(s) and instructions for use of the kit to determine whether the subject will develop latent TB. In one embodiment, the kits further comprise reagents for determining the level of

one or more markers selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in the subject sample(s).

In one aspect, the present invention provides kits monitoring the effectiveness of a treatment in a subject having latent TB. The kits include reagents for determining the level of CLEC3B, the level of ECM1, and the level of VTN in a subject sample(s) and instructions for use of the kit to monitor the effectiveness of the treatment. In one embodiment, the kits further comprise reagents for determining the level of one or more markers selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in the subject sample(s).

In one aspect, the present invention provides kits for determining whether a subject exposed to tuberculosis (TB) will develop latent TB. The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of VTN in a subject sample(s) and instructions for use of the kit to determine whether the subject will develop latent TB. In one embodiment, the kits further comprise reagents for determining the level of one or more markers selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in the subject sample(s).

In one aspect, the present invention provides kits monitoring the effectiveness of a treatment in a subject having latent TB. The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of VTN in a subject sample(s) and instructions for use of the kit to monitor the effectiveness of the treatment. In one embodiment, the kits further comprise reagents for determining the level of one or more markers selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in the subject sample(s).

In one embodiment, the kits further comprise reagents for determining the level of one or more markers listed in Table 1 in a sample(s) from the subject.

In one aspect, the present invention provides kits for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFALS in a sample(s) from the subject and instructions for use of the kit to determine whether the subject will develop latent TB.

In one aspect, the present invention provides kits monitoring the effectiveness of a treatment in a subject having latent TB. The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFALS in a subject sample(s) and instructions for use of the kit to monitor the effectiveness of the treatment.

In one aspect, the present invention provides kits for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of

IGFBP3 in a sample(s) from the subject and instructions for use of the kit to determine whether the subject will develop latent TB.

In one aspect, the present invention provides kits monitoring the effectiveness of a treatment in a subject having latent TB. The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFBP3 in a subject sample(s) and instructions for use of the kit to monitor the effectiveness of the treatment.

In one aspect, the present invention provides kits for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of CLU in a sample(s) from the subject and instructions for use of the kit to determine whether the subject will develop latent TB.

In one aspect, the present invention provides kits monitoring the effectiveness of a treatment in a subject having latent TB. The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of CLU in a subject sample(s) and instructions for use of the kit to monitor the effectiveness of the treatment.

In one aspect, the present invention provides kits for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of VWF in a sample(s) from the subject and instructions for use of the kit to determine whether the subject will develop latent TB.

In one aspect, the present invention provides kits monitoring the effectiveness of a treatment in a subject having latent TB. The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of VWF in a subject sample(s) and instructions for use of the kit to monitor the effectiveness of the treatment.

In one aspect, the present invention provides kits for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of SPP2 in a sample(s) from the subject and instructions for use of the kit to determine whether the subject will develop latent TB.

In one aspect, the present invention provides kits monitoring the effectiveness of a treatment in a subject having latent TB. The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of SPP2 in a subject sample(s) and instructions for use of the kit to monitor the effectiveness of the treatment.

In one aspect, the present invention provides kits for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of SELL in a sample(s) from the subject and instructions for use of the kit to determine whether the subject will develop latent TB.

In one aspect, the present invention provides kits monitoring the effectiveness of a treatment in a subject having latent TB. The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of SELL in a subject sample(s) and instructions for use of the kit to monitor the effectiveness of the treatment.

5 In one aspect, the present invention provides kits for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of LUM in a sample(s) from the subject and instructions for use of the kit to determine whether the subject will develop latent TB.

10 In one aspect, the present invention provides kits monitoring the effectiveness of a treatment in a subject having latent TB. The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of LUM in a subject sample(s) and instructions for use of the kit to monitor the effectiveness of the treatment.

In one aspect, the present invention provides kits for determining whether a subject
15 exposed to TB will develop latent tuberculosis (TB). The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of NCAM1 in a sample(s) from the subject and instructions for use of the kit to determine whether the subject will develop latent TB.

In one aspect, the present invention provides kits monitoring the effectiveness of a
20 treatment in a subject having latent TB. The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of NCAM1 in a subject sample(s) and instructions for use of the kit to monitor the effectiveness of the treatment.

In one aspect, the present invention provides kits for determining whether a subject
25 exposed to TB will develop latent tuberculosis (TB). The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of TLN1 in a sample(s) from the subject and instructions for use of the kit to determine whether the subject will develop latent TB.

In one aspect, the present invention provides kits monitoring the effectiveness of a
30 treatment in a subject having latent TB. The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of TLN1 in a subject sample(s) and instructions for use of the kit to monitor the effectiveness of the treatment.

In one aspect, the present invention provides kits for determining whether a subject
35 exposed to TB will develop latent tuberculosis (TB). The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFALS in a sample(s) from the subject and instructions for use of the kit to determine whether the subject will develop latent TB.

In one aspect, the present invention provides kits monitoring the effectiveness of a treatment in a subject having latent TB. The kits include reagents for determining the level of

CLEC3B, the level of ECM1, the level of VTN, and the level of IGFALS in a subject sample(s) and instructions for use of the kit to monitor the effectiveness of the treatment.

In one aspect, the present invention provides kits for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The kits include reagents for
5 determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFBP3 in a sample(s) from the subject and instructions for use of the kit to determine whether the subject will develop latent TB.

In one aspect, the present invention provides kits monitoring the effectiveness of a treatment in a subject having latent TB. The kits include reagents for determining the level of
10 CLEC3B, the level of ECM1, the level of VTN, and the level of IGFBP3 in a subject sample(s) and instructions for use of the kit to monitor the effectiveness of the treatment.

In one aspect, the present invention provides kits for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of
15 CLU in a sample(s) from the subject and instructions for use of the kit to determine whether the subject will develop latent TB.

In one aspect, the present invention provides kits monitoring the effectiveness of a treatment in a subject having latent TB. The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of CLU in a subject sample(s)
20 and instructions for use of the kit to monitor the effectiveness of the treatment.

In one aspect, the present invention provides kits for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of VWF in a sample(s) from the subject and instructions for use of the kit to determine whether
25 the subject will develop latent TB.

In one aspect, the present invention provides kits monitoring the effectiveness of a treatment in a subject having latent TB. The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of VWF in a subject sample(s) and instructions for use of the kit to monitor the effectiveness of the treatment.

In one aspect, the present invention provides kits for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of SPP2 in a sample(s) from the subject and instructions for use of the kit to determine whether
30 the subject will develop latent TB.

In one aspect, the present invention provides kits monitoring the effectiveness of a treatment in a subject having latent TB. The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of SPP2 in a subject sample(s) and instructions for use of the kit to monitor the effectiveness of the treatment.

In one aspect, the present invention provides kits for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of SELL in a sample(s) from the subject and instructions for use of the kit to determine whether the subject will develop latent TB.

In one aspect, the present invention provides kits monitoring the effectiveness of a treatment in a subject having latent TB. The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of SELL in a subject sample(s) and instructions for use of the kit to monitor the effectiveness of the treatment.

In one aspect, the present invention provides kits for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of LUM in a sample(s) from the subject and instructions for use of the kit to determine whether the subject will develop latent TB.

In one aspect, the present invention provides kits monitoring the effectiveness of a treatment in a subject having latent TB. The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of LUM in a subject sample(s) and instructions for use of the kit to monitor the effectiveness of the treatment.

In one aspect, the present invention provides kits for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of NCAM1 in a sample(s) from the subject and instructions for use of the kit to determine whether the subject will develop latent TB.

In one aspect, the present invention provides kits monitoring the effectiveness of a treatment in a subject having latent TB. The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of NCAM1 in a subject sample(s) and instructions for use of the kit to monitor the effectiveness of the treatment.

In one aspect, the present invention provides kits for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of TLN1 in a sample(s) from the subject and instructions for use of the kit to determine whether the subject will develop latent TB.

In one aspect, the present invention provides kits monitoring the effectiveness of a treatment in a subject having latent TB. The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of TLN1 in a subject sample(s) and instructions for use of the kit to monitor the effectiveness of the treatment.

In one aspect, the present invention provides kits for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The kits include reagents for

determining the level of CLEC3B, the level of ECM1, the level of PON1, the level of VTN, and the level of one additional marker selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in a sample(s) from the subject and instructions for use of the kit to determine whether the subject will develop latent TB.

In one aspect, the present invention provides kits monitoring the effectiveness of a treatment in a subject having latent TB. The kits include reagents for determining the level of CLEC3B, the level of ECM1, the level of PON1, the level of VTN, and the level of one additional marker selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in a subject sample(s) and instructions for use of the kit to monitor the effectiveness of the treatment.

In one embodiment, the kits further comprise reagents for determining the level of any one or more of the markers listed in Table 1 in a sample(s) from the subject.

In one embodiment, the kits further comprise reagents for determining the level of one or more additional markers selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1, PRG4, CA1, SHBG, CPN1, CPN2, QSOX1, PRDX2, APOA1, CA2, LPA, TAGLN2, GPX3, MST1, CNDP1, ATRN, PFN1, PEPD, VASN, BTBD, CPB2, GPLD1, DBH, HGFAC, CDH5, LRG1, MASP1, PGLYRP2, TNXB, CD14, CKM, APOE, MAN1A1, PROS1, S100A8, S100A9, HABP2, BCHE, LCAT, PDLIM1, FCN3, ORM1, TGFBI, THBS1, GP5, CD163, VCAM1, LGALS3BP, PTGDS, APOC3, MINPP1, SEPP1, APOA4, MASP2, HYOU1, IGF2, GP1BA, CACNA2D1, CNTN1, NID1, COMP, PCSK9, LCP1 and APOC1 in a sample(s) from the subject.

In one aspect, the present invention provides methods for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The methods include determining the level of each marker in any one of the combination of markers set forth in any one of Tables 2, 3, 4, and 5 in a sample(s) from the subject; comparing the level of each of the markers of the combination in the subject sample(s) with a level of each of the markers of the combination in a control sample(s), wherein a difference in the level of all of the markers of the combination in the subject sample(s) as compared to the level of all of the markers of the combination in the control sample(s) indicates that the subject will develop latent TB.

In one aspect, the present invention provides methods for monitoring the effectiveness of a treatment in a subject having latent tuberculosis (TB). The methods include determining the level of any one of the combination of markers set forth in any one of Tables 2, 3, 4, and 5 in a first sample(s) from the subject prior to the initiation of the treatment; determining the level of each of the markers of the combination in a second sample(s) from the subject after at least a portion of the treatment has been administered; comparing the level of each of the markers of the combination in the first sample(s) with a level of each of the markers of the

combination in the second sample(s), wherein a difference in the level of all of the markers of the combination in the first sample(s) as compared to the level of all of the markers of the combination in the second sample(s) indicates that the treatment is effective.

In one embodiment, the combination of markers has an area under the curve (AUC) of about 0.85 to about 1.00.

In one aspect, the present invention provides kits for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The kits include reagents for determining the level of each marker in any one of the combination of markers set forth in any one of Tables 2, 3, 4, and 5 in a subject sample(s) and instructions for use of the kit to determine whether the subject will develop latent TB.

In one aspect, the present invention provides kits for monitoring the effectiveness of a treatment in a subject having latent TB. The kits include reagents for determining the level of each marker in any one of the combination of markers set forth in any one of Tables 2, 3, 4, and 5 in a subject sample(s) and instructions for use of the kit to monitor the effectiveness of the treatment.

In one embodiment, the combination of markers has an area under the curve (AUC) of about 0.85 to about 1.00.

BRIEF DESCRIPTION OF THE DRAWINGS

Figure 1 is a table showing the characteristics of included subjects by study phase and clinical cohort. Patients for this study were enrolled in the Kawempe Community Health Study (KCHS), a prospective cohort of adult pulmonary TB index cases and their household contacts, conducted in Kampala, Uganda. Plasma or serum was collected at baseline from these subjects and at regular time points thereafter. Index cases were adults (age 18 years and older) with initial episodes of newly diagnosed culturepositive pulmonary TB. Household contacts were a person (age 12 years and older) living in the same building as an index case for at least one week during the three-month period immediately preceding the index case diagnosis. After the initial evaluation, participants were evaluated at 3, 6, 12, and 24 months for active TB and with repeat TST if their first and subsequent TST remained negative. All individuals were monitored clinically and if signs and symptoms of TB developed, evaluated as TB suspects. Tuberculin skin testing was done using 5 TU of purified protein derivative (PPD). All subjects were HIV-.

Figure 2A is a table depicting the cross-sectional comparison of changes in the level of the indicated markers in sera from non-infected (NI), baseline TST-negative future converters (CO), baseline TST-positive (LTBI), and active TB (ATB) groups. Shown are protein expression change ratios (also referred to herein as differential intensity ratios, or DI). The significant changes ($p < 0.05$) are shaded in dark and medium dark gray for increased expression ratios and the the significant changes ($p < 0.05$) are shaded in light or medium light

gray for decreases expression ratios. Most protein changes associated with inflammation, immune response, tissue repair, cellular migration and proliferation were observed in subjects with active TB. Early in disease smaller changes were observed in these processes, as well as changes in proteins associated with lipid metabolism and the innate immune response. The results are consistent with low level of distinct observable changes early in disease.

Figure 2B is a another table depicting the cross-sectional comparison of changes in the level of the indicated markers in sera from non-infected (NI), baseline TST-negative future converters (CO), baseline TST-positive (LTBI), and active TB (ATB) groups. Shown are protein expression change ratios (also referred to herein as differential intensity ratios, or DI). The significant changes ($p < 0.05$) are shaded in dark and medium dark gray for increased expression ratios and the the significant changes ($p < 0.05$) are shaded in light or medium light gray for decreases expression ratios. Most protein changes associated with inflammation, immune response, tissue repair, cellular migration and proliferation were observed in subjects with active TB. Early in disease smaller changes were observed in these processes, as well as changes in proteins associated with lipid metabolism and the innate immune response. The results are consistent with low level of distinct observable changes early in disease.

Figure 2C is a another table depicting the cross-sectional comparison of changes in the level of the indicated markers in sera from non-infected (NI), baseline TST-negative future converters (CO), baseline TST-positive (LTBI), and active TB (ATB) groups. Shown are protein expression change ratios (also referred to herein as differential intensity ratios, or DI). The significant changes ($p < 0.05$) are shaded in dark and medium dark gray for increased expression ratios and the the significant changes ($p < 0.05$) are shaded in light or medium light gray for decreases expression ratios. Most protein changes associated with inflammation, immune response, tissue repair, cellular migration and proliferation were observed in subjects with active TB. Early in disease smaller changes were observed in these processes, as well as changes in proteins associated with lipid metabolism and the innate immune response. The results are consistent with low level of distinct observable changes early in disease.

Figure 2D is a another table depicting the cross-sectional comparison of changes in the level of the indicated markers in sera from non-infected (NI), baseline TST-negative future converters (CO), baseline TST-positive (LTBI), and active TB (ATB) groups. Shown are protein expression change ratios (also referred to herein as differential intensity ratios, or DI). The significant changes ($p < 0.05$) are shaded in dark and medium dark gray for increased expression ratios and the the significant changes ($p < 0.05$) are shaded in light or medium light gray for decreases expression ratios. Most protein changes associated with inflammation, immune response, tissue repair, cellular migration and proliferation were observed in subjects with active TB. Early in disease smaller changes were observed in these

processes, as well as changes in proteins associated with lipid metabolism and the innate immune response. The results are consistent with low level of distinct observable changes early in disease.

Figure 3A is a table depicting the longitudinal comparison of changes in selected* plasma proteins from baseline TST-negative subjects (N=52) that converted to TST-positive (N=37) or remained TST-negative (N=15). Shown are protein expression change ratios (also referred to herein as differential intensity ratios, or DI) between each individual's baseline TST-negative sample and the TST-positive conversion sample or corresponding TST-negative sample. The significant changes ($p < 0.05$) are shaded in dark and medium dark gray for increased expression ratios and the the significant changes ($p < 0.05$) are shaded in light or medium light gray for decreases expression ratios. *159 proteins from the cross-sectional discovery phase using the following combination of biological and statistical criteria. All of the significantly differentially expressed proteins from the baseline converter vs NI and LTBI vs NI comparisons were selected along with the most differentially expressed proteins from comparisons to active TB. Also included were the significant proteins described in the MRM-MS assay of U.S. Patent Publication No. 2016/0154005 (incorporated herein in its entirety by reference) and Achkar, *et al.* (2015 *EBioMedicine*, 2, 1160-8).

Figure 3B is also a table depicting the longitudinal comparison of changes in selected* plasma proteins from baseline TST-negative subjects (N=52) that converted to TST-positive (N=37) or remained TST-negative (N=15). Shown are protein expression change ratios (also referred to herein as differential intensity ratios, or DI) between each individual's baseline TST-negative sample and the TST-positive conversion sample or corresponding TST-negative sample. The significant changes ($p < 0.05$) are shaded in dark and medium dark gray for increased expression ratios and the the significant changes ($p < 0.05$) are shaded in light or medium light gray for decreases expression ratios. *159 proteins from the cross-sectional discovery phase using the following combination of biological and statistical criteria. All of the significantly differentially expressed proteins from the baseline converter vs NI and LTBI vs NI comparisons were selected along with the most differentially expressed proteins from comparisons to active TB. Also included were the significant proteins described in the MRM-MS assay of U.S. Patent Publication No. 2016/0154005 (incorporated herein in its entirety by reference) and Achkar, *et al.* (2015 *EBioMedicine*, 2, 1160-8).

Figure 4A is a table showing changes in plasma protein expression after TST-positive conversion. Shown are protein expression change ratios (also referred to herein as differential intensity ratios, or DI) in subjects (N=19) with samples at baseline (D1), 3 months (M3), and 6 months (M6) that had converted to TST-positive at M3. The significant changes ($p < 0.05$) are shaded in dark and medium dark gray for increased expression ratios and the the

significant changes ($p < 0.05$) are shaded in light or medium light gray for decreases expression ratios.

Figure 4B is also a table showing changes in plasma protein expression after TST-positive conversion. Shown are protein expression change ratios (also referred to herein as differential intensity ratios, or DI) in subjects (N=19) with samples at baseline (D1), 3 months (M3), and 6 months (M6) that had converted to TST-positive at M3. The significant changes ($p < 0.05$) are shaded in dark and medium dark gray for increased expression ratios and the significant changes ($p < 0.05$) are shaded in light or medium light gray for decreases expression ratios.

DETAILED DESCRIPTION OF THE INVENTION

The present invention is based, at least in part, on the discovery of markers that are associated with latent tuberculosis (TB). In particular, biomarkers associated with latent TB have been discovered, prioritized, and validated in relevant *in vitro* experimental systems.

The markers were identified as being expressed, *e.g.*, essentially specifically expressed, in samples from subjects exposed to TB and developing latent TB as compared to noninfected subjects, subjects having active TB infection, or subjects who convert to TB infection during the study.

Accordingly, the present invention provides sensitive and facile methods and kits for determining whether a subject exposed to TB will develop latent TB, and methods and kits for monitoring the effectiveness of a therapy for treating a subject having latent TB.

Various aspects of the invention are described in further detail in the following subsections:

I. Definitions

As used herein, each of the following terms has the meaning associated with it in this section.

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

A "marker" or "biomarker" is an organic biomolecule which is differentially present in a sample taken from a subject of one phenotypic status (*e.g.*, having a disease) as compared with another phenotypic status (*e.g.*, not having the disease). A biomarker is differentially present between different phenotypic statuses if the mean or median level, *e.g.*, expression level, of the biomarker in the different groups is calculated to be statistically significant. Common tests for statistical significance include, among others, t-test, ANOVA, Kruskal-Wallis, Wilcoxon, Mann-Whitney and odds ratio. Biomarkers, alone or in

combination, provide measures of relative risk that a subject belongs to one phenotypic status or another. As such, they are useful as markers for, *e.g.*, disease (prognostics and diagnostics), therapeutic effectiveness of a drug (theranostics) and of drug toxicity.

In some embodiments, the accuracy of a marker(s) useful in the compositions and methods of the present invention may be characterized by a Receiver Operating Characteristic curve (“ROC curve”). An ROC is a plot of the true positive rate against the false positive rate for the different possible cutpoints of a diagnostic marker(s). An ROC curve shows the relationship between sensitivity and specificity. That is, an increase in sensitivity will be accompanied by a decrease in specificity. The closer the curve follows the left axis and then the top edge of the ROC space, the more accurate the marker(s). Conversely, the closer the curve comes to the 45-degree diagonal of the ROC graph, the less accurate the marker(s). The area under the ROC is a measure of a marker(s) accuracy. The accuracy of the marker(s) depends on how well the marker(s) separates the group being tested into those with and without the disease in question. An area under the curve (referred to as “AUC”) of 1 represents a perfect marker(s), while an area of 0.5 represents a less useful marker(s). Thus, in some embodiments, biomarker(s) and methods of the present invention have an AUC greater than about 0.50, an AUC greater than about 0.60, or an AUC greater than about 0.70.

“Tuberculosis” (“TB”) is a multisystemic disease with myriad presentations and manifestations, and is the most common cause of infectious disease–related mortality worldwide. *Mycobacterium tuberculosis*, a tubercle bacillus, is the causative agent of TB. The lungs are the most common site for the development of TB (pulmonary TB), and about 85% of patients with TB present with pulmonary complaints. Nonetheless, “extrapulmonary TB”, *e.g.*, “disseminated TB”, can occur as part of a primary or late, generalized infection. Extrapulmonary TB can affect bones and joints, bronchus, eye, intestines, larynx, peritoneum, meninges, pericardium, lymph node, organs of the male or female urinary and reproductive systems, skin, stomach, and/or urinary systems.

When a person is infected with *M tuberculosis*, the infection can take one of a variety of paths, most of which do not lead to actual TB. The infection may be cleared by the host immune system or suppressed into an inactive form called “latent tuberculosis infection”, with resistant hosts controlling mycobacterial growth at distant foci before the development of active disease.

A subject has “latent tuberculosis (“LTB”) (also referred to as “latent tuberculosis infection” (“LTBI”)) when the subject is infected with *Mycobacterium tuberculosis* but does not have active tuberculosis disease. Subjects having latent tuberculosis are not infectious. The main risk is that approximately 10% of these patients (5% in the first two years after infection and 0.1% per year thereafter but higher risk if immunosuppressed) will go on to develop “active tuberculosis” (“active TB”) and spread the disease at a later stage of their life

if, for example, there is onset of a disease affecting the immune system (such as AIDS) or a disease whose treatment affects the immune system (*e.g.*, chemotherapy in cancer or systemic steroids in asthma or Enbrel, Humira or Orencia in rheumatoid arthritis); malnutrition (which may be the result of illness or injury affecting the digestive system, or of a prolonged period of not eating, or disturbance in food availability such as famine, residence in refugee camp or concentration camp, or civil war; and/or degradation of the immune system due to aging.

“Miliary tuberculosis” (also known as “disseminated tuberculosis”, “tuberculosis cutis acuta generalisata”, and “Tuberculosis cutis disseminata”) is a form of tuberculosis that is characterized by a wide dissemination into the human body and by the tiny size of the lesions (1–5 mm). Miliary tuberculosis is characterized by a chronic and contagious *Mycobacterium tuberculosis* infection that has spread to other organs of the body by the blood or lymph system. Its name comes from a distinctive pattern seen on a chest X-ray of many tiny spots distributed throughout the lung fields with the appearance similar to millet seeds—thus the term “miliary” tuberculosis. Miliary TB may infect any number of organs, including, for example, the lungs, liver, and spleen. Disseminated disease can occur within weeks of the primary infection, or may lie inactive for years before causing illness. Infants, the elderly, those infected with HIV, and those who take immune-suppressing medications are at higher risk for disseminated TB, because of their weaker immune systems.

The symptoms of a subject having TB are similar to the symptoms of a subject having an “other respiratory disease” or “ORD”, such as pneumonia, and include, for example, cough (*e.g.*, coughing that lasts three or more weeks, coughing up blood or sputum, chest pain, or pain with breathing or coughing), unintentional weight loss, fatigue, fever, night sweats, chills, and/or loss of appetite.

Methods to diagnose a subject as having active and/or latent TB are known in the art. The primary screening method for TB infection (active or latent) is the Mantoux tuberculin skin test with purified protein derivative (PPD). An *in vitro* blood test based on interferon-gamma release assay (IGRA) with antigens specific for *M. tuberculosis* can also be used to screen for latent TB infection. Chest X-rays and culturing of sputum samples may also be used.

A subject having latent TB usually has a skin test or blood test result indicating TB infection; has a normal chest x-ray and a negative sputum test; has TB bacteria in his/her body that are alive, but inactive; does not feel sick (*e.g.* does not have a cough and/or fever); and cannot spread TB bacteria to others. A subject having active TB usually has a positive skin test or tuberculosis blood test, may have an abnormal chest x-ray, or positive sputum smear or culture; has overt indications of illness (*e.g.*, cough and/or fever), and can spread the disease to others.

A “level of a marker” or “the level of a biomarker” refers to an amount of a marker present in a sample being tested. A level of a marker may be either in absolute level or amount (*e.g.*, µg/ml) or a relative level or amount (*e.g.*, relative intensity of signals).

5 A “higher level” or an “increase in the level” of marker refers to a level of a marker in a test sample that is greater than the standard error of the assay employed to assess the level of the marker, and is preferably at least twice, and more preferably three, four, five, six, seven, eight, nine, or ten or more times the level of marker in a control sample (*e.g.*, a sample from a subject who is not infected with TB, a subject who has been exposed to TB but is asymptomatic, a subject having active TB, a subject having an ORD, and/or the average level
10 of the marker in several control samples).

A “lower level” or a “decrease in the level” of a marker refers to a level of the marker in a test sample that is less than the standard error of the assay employed to assess the level of the marker, and preferably at least twice, and more preferably three, four, five, six, seven, eight, nine, or ten or more times less than the level of the marker in a control sample (*e.g.*, a
15 sample from a subject who is not infected with TB, a subject who has been exposed to TB but is asymptomatic, a subject having active TB, a subject having an ORD, and/or the average level of the marker in several control samples).

The term “known standard level” or “control level” refers to an accepted or pre-determined level of a marker which is used to compare the level of the marker in a sample
20 derived from a subject. In one embodiment, the control level of a marker is based on the level of the marker in a sample(s) from a subject(s) who is not infected with TB. In one embodiment, the control level of a marker is based on the level of the marker in a sample(s) from a subject(s) who has been exposed to TB, but is asymptomatic (does not present any TB symptoms). In one embodiment, the control level of a marker is based on the level of the
25 marker in a sample(s) from a subject(s) who converted to latent infection 3 months after a sample was collected. In one embodiment, the control level of a marker is based on the level of the marker in a sample(s) from a subject(s) having active TB. In one embodiment, the control level of a marker is based on the level of the marker in a sample(s) from a subject(s) having latent TB. In another embodiment, the control level of a marker is based on the level
30 of the marker in a sample(s) from a subject(s) having an ORD. In one embodiment, the control level of a marker in a sample from a subject is a level of the marker previously determined in a sample(s) from the subject. In yet another embodiment, the control level of a marker is based on the level of the marker in a sample from a subject(s) prior to the administration of a therapy for TB. In another embodiment, the control level of a marker
35 is based on the level of the marker in a sample(s) from a subject(s) having latent TB that is not contacted with a test compound. In another embodiment, the control level of a marker is based on the level of the marker in a sample(s) from a subject(s) having active TB that is not contacted with a test compound. In another embodiment, the control level of a marker is

based on the level of the marker in a sample(s) from a subject(s) having latent TB that is contacted with a test compound. In another embodiment, the control level of a marker is based on the level of the marker in a sample(s) from a subject(s) having active TB that is contacted with a test compound. In one embodiment, the control level of a marker is based on the expression level of the marker in a sample(s) from an animal model of TB, a cell, or a cell line derived from the animal model of TB.

Alternatively, and particularly as further information becomes available as a result of routine performance of the methods described herein, population-average values for “control” level of expression of a marker may be used. In other embodiments, the “control” level of a marker may be determined by determining the level of a marker in a subject sample obtained from a subject before the onset of latent TB, from archived subject samples, and the like.

As used herein, the terms “patient” or “subject” refer to human and non-human animals, *e.g.*, veterinary patients. The term “non-human animal” includes all vertebrates, *e.g.*, mammals and non-mammals, such as non-human primates, mice, rabbits, sheep, dog, cat, horse, cow, chickens, amphibians, and reptiles. In one embodiment, the subject is a human, *e.g.*, a pediatric and adult human.

The term “sample” as used herein refers to a collection of similar cells or tissue isolated from a subject, as well as tissues, cells and fluids present within a subject. The term “sample” includes any body fluid (*e.g.*, blood fluids, lymph, gynecological fluids, cystic fluid, urine, ocular fluids and fluids collected by bronchial lavage and/or peritoneal rinsing), or a cell from a subject. In one embodiment, the tissue or cell is removed from the subject. In another embodiment, the tissue or cell is present within the subject. Other subject samples include tear drops, serum, cerebrospinal fluid, feces, sputum and cell extracts. In one embodiment the sample is a blood sample. In another embodiment, the sample is a serum sample. In one embodiment, the biological sample contains protein molecules from the test subject. In another embodiment, the biological sample may contain mRNA molecules from the test subject or genomic DNA molecules from the test subject.

The term “determining” means methods which include detecting the presence or absence of marker(s) in the sample, quantifying the amount of marker(s) in the sample, and/or qualifying the type of biomarker. Measuring can be accomplished by methods known in the art and those further described herein.

As used herein, the various forms of the term “modulate” are intended to include stimulation (*e.g.*, increasing or upregulating a particular response or activity) and inhibition (*e.g.*, decreasing or downregulating a particular response or activity).

A kit is any manufacture (*e.g.* a package or container) comprising at least one reagent, *e.g.* a probe, a primer, or an antibody, for specifically detecting a marker of the invention, the manufacture being promoted, distributed, or sold as a unit for performing the methods of the present invention. In certain embodiments, a kit may include a substrate, *e.g.*, a substrate

comprising a capture reagent for one or more markers of the invention and/or a capture reagent bound to one or more markers of the invention. In some embodiments, such kits comprise instructions for determining the level of a marker(s) using mass spectrometry.

5 II. Markers of the Invention

The present invention is based upon the discovery of markers that are essentially specifically expressed in samples from subjects having latent tuberculosis (TB) (Table 1). These markers have been shown to be differentially present in samples of subjects exposed to TB having latent TB and control subjects.

10 Accordingly, the level of any one marker or any combination of markers listed in Table 1 and found in a test sample compared to a control, or the presence or absence of one marker or combination of markers listed in Table 1 in the test sample may be used in the methods and kits of the present invention.

15 The nucleotide and amino acid sequences of the markers are known in the art and may be found in, for example, the GenBank Accession numbers listed in Table 1, the entire contents of which are incorporated herein by reference.

Table 1. Markers of the Invention.

Marker Name	Protein Description	UNIPROT_ID	UNIPROT ACCESSION	GENBANK ACCESSION
ORM1	Alpha-1-acid glycoprotein 1 precursor	A1AG1_HUMAN	P02763	NP_000598.2 NM_000607.2
LRG1	Leucine-rich alpha-2-glycoprotein precursor	A2GL_HUMAN	P02750	NP_443204.1 NM_052972.2
IGFALS	Insulin-like growth factor-binding protein complex acid labile subunit precursor	ALS_HUMAN	P35858	NP_001139478.1 NP_004961.1 NM_001146006.1 NM_004970.2
LPA	Apolipoprotein(a) precursor	APOA_HUMAN	P08519	NP_005568.2 NM_005577.2
APOA1	Apolipoprotein A-I precursor	APOA1_HUMAN	P02647	NP_000030.1 NM_000039.1
APOA4	Apolipoprotein A-IV precursor	APOA4_HUMAN	P06727	NP_000473.2 NM_000482.3
APOC1	Apolipoprotein C-I precursor	APOC1_HUMAN	P02654	NP_001636.1 NM_001645.3
APOC3	Apolipoprotein C-III precursor	APOC3_HUMAN	P02656	NP_000031.1 NM_000040.1
APOE	Apolipoprotein E precursor	APOE_HUMAN	P02649	NP_000032.1 NM_000041.2

ATRN	Attractin precursor	ATRN_HUMAN	O75882	NP_001193976.1 NP_647537.1 NP_647538.1 NM_001207047.1 NM_139321.2 NM_139322.2
TGFBI	Transforming growth factor-beta-induced protein ig-h3 precursor	BGH3_HUMAN	Q15582	NP_000349.1 NM_000358.2
BTD	Biotinidase precursor	BTD_HUMAN	P43251	NP_000051.1 NM_000060.2
CD163	Scavenger receptor cysteine-rich type 1 protein M130 precursor	C163A_HUMAN	Q86VB7	NP_004235.4 NP_981961.2 NM_004244.5 NM_203416.3
CACNA2D1	Voltage-dependent calcium channel subunit alpha-2/delta-1 precursor	CA2D1_HUMAN	P54289	NP_000713.2 NM_000722.2
CDH5	Cadherin-5 precursor	CADH5_HUMAN	P33151	NP_001786.2 NM_001795.3
CA1	Carbonic anhydrase 1	CAH1_HUMAN	P00915	NP_001122301.1 NP_001122302.1 NP_001122303.1 NP_001158302.1 NP_001729.1 NM_001128829.2 NM_001128830.2 NM_001128831.2 NM_001164830.1 NM_001738.3
CA2	Carbonic anhydrase 2	CAH2_HUMAN	P00918	NP_000058.1 NM_000067.2
CPB2	Carboxypeptidase B2 precursor	CBPB2_HUMAN	Q96IY4	NP_001863.2 NM_001872.3
CPN1	Carboxypeptidase N catalytic chain precursor	CBPN_HUMAN	P15169	NP_001299.1 NM_001308.2
CD14	Monocyte differentiation antigen CD14 precursor	CD14_HUMAN	P08571	NP_000582.1 NP_001035110.1 NP_001167575.1 NP_001167576.1 NM_000591.3 NM_001040021.2 NM_001174104.1 NM_001174105.1

BCHE	Cholinesterase precursor	CHLE_HUMAN	P06276	NP_000046.1 NM_000055.2
CLU	Clusterin precursor	CLUS_HUMAN	P10909	NP_001822.3 NM_001831.3
CNDP1	Beta-Ala-His dipeptidase precursor	CNDP1_HUMAN	Q96KN2	NP_116038.4 NM_032649.5
CNTN1	Contactin-1 precursor	CNTN1_HUMAN	Q12860	NP_001242992.1 NP_001242993.1 NP_001834.2 NP_778203.1 NM_001256063.1 NM_001256064.1 NM_001843.3 NM_175038.2
COMP	Cartilage oligomeric matrix protein precursor	COMP_HUMAN	P49747	NP_000086.2 NM_000095.2
CPN2	Carboxypeptidase N subunit 2 precursor	CPN2_HUMAN	P22792	NP_001073982.2 NM_001080513.2
DBH	Dopamine beta-hydroxylase	DOPO_HUMAN	P09172	NP_000778.3 NM_000787.3
ECM1	Extracellular matrix protein 1 precursor	ECM1_HUMAN	Q16610	NP_001189787.1 NP_004416.2 NP_073155.2 NM_001202858.1 NM_004425.3 NM_022664.2
FCN3	Ficolin-3 precursor	FCN3_HUMAN	O75636	NP_003656.2 NP_775628.1 NM_003665.2 NM_173452.1
GP1BA	Platelet glycoprotein Ib alpha chain precursor	GP1BA_HUMAN	P07359	NP_000164.5 NM_000173.5
GP5	Platelet glycoprotein V precursor	GPV_HUMAN	P40197	NP_004479.1 NM_004488.2
GPX3	Glutathione peroxidase 3 precursor	GPX3_HUMAN	P22352	NP_002075.2 NM_002084.3
HABP2	Hyaluronan-binding protein 2 precursor	HABP2_HUMAN	Q14520	NP_001171131.1 NP_004123.1 NM_001177660.1 NM_004132.3
HGFAC	Hepatocyte growth factor activator precursor	HGFA_HUMAN	Q04756	NP_001519.1 NM_001528.2
MST1	Hepatocyte growth factor-like protein precursor	HGFL_HUMAN	P26927	NP_066278.3 NM_020998.3

HYOU1	Hypoxia up-regulated protein 1 precursor	HYOU1_HUMAN	Q9Y4L1	NP_001124463.1 NP_006380.1 NM_001130991.1 NM_006389.3
IGFBP3	Insulin-like growth factor-binding protein 3 precursor	IBP3_HUMAN	P17936	NP_000589.2 NP_001013416.1 NM_000598.4 NM_001013398.1
IGFBP6	Insulin-like growth factor-binding protein 6 precursor	IBP6_HUMAN	P24592	NP_002169.1 NM_002178.2
IGF2	Insulin-like growth factor II precursor	IGF2_HUMAN	P01344	NP_000603.1 NP_001007140.2 NM_000612.4 NM_001007139.4
CKM	Creatine kinase M-type	KCRM_HUMAN	P06732	NP_001815.2 NM_001824.4
LCAT	Phosphatidylcholine-sterol acyltransferase precursor	LCAT_HUMAN	P04180	NP_000220.1 NM_000229.1
LGALS3BP	Galectin-3-binding protein precursor	LG3BP_HUMAN	Q08380	NP_005558.1 NM_005567.3
LUM	Lumican precursor	LUM_HUMAN	P51884	NP_002336.1 NM_002345.3
SELL	L-selectin precursor	LYAM1_HUMAN	P14151	NP_000646.2 NM_000655.4
MAN1A1	Mannosyl-oligosaccharide 1,2-alpha-mannosidase IA	MA1A1_HUMAN	P33908	NP_005898.2 NM_005907.3
MASP1	Mannan-binding lectin serine protease 1 precursor	MASP1_HUMAN	P48740	NP_001027019.1 NP_001870.3 NP_624302.1 NM_001031849.2 NM_001879.5 NM_139125.3
MASP2	Mannan-binding lectin serine protease 2 precursor	MASP2_HUMAN	O00187	NP_006601.2 NP_631947.1 NM_006610.3 NM_139208.2
MINPP1	Multiple inositol polyphosphate phosphatase 1 precursor	MINP1_HUMAN	Q9UNW1	NP_001171588.1 NP_001171589.1 NP_004888.2 NM_001178117.1 NM_001178118.1 NM_004897.4

NCAM1	Neural cell adhesion molecule 1 precursor	NCAM1_HUMAN	P13591	NP_000606.3 NP_001070150.1 NP_001229537.1 NP_851996.2 NM_000615.6 NM_001076682.3 NM_001242608.1 NM_181351.4
NID1	Nidogen-1 precursor	NID1_HUMAN	P14543	NP_002499.2 NM_002508.2
PCSK9	Proprotein convertase subtilisin/kexin type 9 precursor	PCSK9_HUMAN	Q8NBP7	NP_777596.2 NM_174936.3
PDLIM1	PDZ and LIM domain protein 1	PDLIM1_HUMAN	O00151	NP_066272.1 NM_020992.3
PEPD	Xaa-Pro dipeptidase	PEPD_HUMAN	P12955	NP_000276.2 NP_001159528.1 NP_001159529.1 NM_000285.3 NM_001166056.1 NM_001166057.1
PGLYRP2	N-acetylmuramoyl-L-alanine amidase precursor	PGRP2_HUMAN	Q96PD5	NP_443122.3 NM_052890.3
GPLD1	Phosphatidylinositol-glycan-specific phospholipase D precursor	PHLD_HUMAN	P80108	NP_001494.2 NM_001503.3
LCP1	Plastin-2	PLSL_HUMAN	P13796	NP_002289.2 NM_002298.4
PON1	Serum paraoxonase/arylesterase 1	PON1_HUMAN	P27169	NP_000437.3 NM_000446.5
PRDX2	Peroxiredoxin-2	PRDX2_HUMAN	P32119	NP_005800.3 NP_859428.1 NM_005809.4 NM_181738.1
PRG4	Proteoglycan 4 precursor	PRG4_HUMAN	Q92954	NP_001121180.1 NP_001121181.1 NP_001121182.1 NP_005798.2 NM_001127708.1 NM_001127709.1 NM_001127710.1 NM_005807.3
PFN1	Profilin-1	PROF1_HUMAN	P07737	NP_005013.1 NM_005022.3

PROS1	Vitamin K-dependent protein S precursor	PROS_HUMAN	P07225	NP_000304.2 NM_000313.3
PTGDS	Prostaglandin-H2 D-isomerase precursor	PTGDS_HUMAN	P41222	NP_000945.3 NM_000954.5
PTPRG	Receptor-type tyrosine-protein phosphatase gamma precursor	PTPRG_HUMAN	P23470	NP_002832.3 NM_002841.3
QSOX1	Sulfhydryl oxidase 1 precursor	QSOX1_HUMAN	O00391	NP_001004128.1 NP_002817.2 NM_001004128.2 NM_002826.4
S100A8	Protein S100-A8	S10A8_HUMAN	P05109	NP_002955.2 NM_002964.4
S100A9	Protein S100-A9	S10A9_HUMAN	P06702	NP_002956.1 NM_002965.3
SEPP1	Selenoprotein P precursor	SEPP1_HUMAN	P49908	NP_001078955.1 NP_005401.3 NM_001085486.1 NM_005410.2
SHBG	Sex hormone-binding globulin precursor	SHBG_HUMAN	P04278	NP_001031.2 NP_001139752.1 NP_001139753.1 NM_001040.3 NM_001146280.1 NM_001146281.1
SPP2	Secreted phosphoprotein 24 precursor	SPP24_HUMAN	Q13103	NP_008875.1 NM_006944.2
TAGLN2	Transgelin-2	TAGL2_HUMAN	P37802	NP_003555.1 NM_003564.1
TNXB	Tenascin-X precursor	TENX_HUMAN	P22105	NP_061978.6 NP_115859.2 NM_019105.6 NM_032470.3
CLEC3B	Tetranectin precursor	TETN_HUMAN	P05452	NP_003269.2 NM_003278.2
TLN1	Talin-1	TLN1_HUMAN	Q9Y490	NP_006280.3 NM_006289.3
THBS1	Thrombospondin-1 precursor	TSP1_HUMAN	P07996	NP_003237.2 NM_003246.2
VASN	Vasorin precursor	VASN_HUMAN	Q6EMK4	NP_612449.2 NM_138440.2

VCAM1	Vascular cell adhesion protein 1 precursor	VCAM1_HUMAN	P19320	NP_001069.1 NP_001186763.1 NP_542413.1 NM_001078.3 NM_001199834.1 NM_080682.2
VTN	Vitronectin precursor	VTNC_HUMAN	P04004	NP_000629.3 NM_000638.3
VWF	von Willebrand factor precursor	VWF_HUMAN	P04275	NP_000543.2 NM_000552.3

In one embodiment, the one or more additional markers is selected from the group consisting of CLEC3B, ECM1, PON1, VTN, IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1.

5 In certain aspects of the invention, a single marker (*e.g.*, any one of the markers listed in Table 1) may be used in the methods and compositions of the invention. In one embodiment, the one or more markers is selected from the group consisting of CLEC3B, ECM1, PON1, VTN, IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, TLN1, PRG4, CA1, SHBG, CPN1, CPN2, QSOX1, PRDX2, APOA1, CA2, LPA, TAGLN2, GPX3, 10 MST1, CNDP1, ATRN, PFN1, PEPD, VASN, BTD, CPB2, GPLD1, DBH, HGFAC, CDH5, LRG1, MASP1, PGLYRP2, TNXB, CD14, CKM, APOE, MAN1A1, PROS1, S100A8, S100A9, HABP2, BCHE, LCAT, PDLIM1, FCN3, ORM1, TGFBI, THBS1, GP5, CD163, VCAM1, LGALS3BP, PTGDS, APOC3, MINPP1, SEPP1, APOA4, MASP2, HYOU1, IGF2, GP1BA, CACNA2D1, CNTN1, NID1, COMP, PCSK9, LCP1 and APOC1.

15 In one embodiment, the marker is selected from the group consisting of CLEC3B, ECM1, PON1, VTN, IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1.

In some embodiments, the methods may further comprise determining the level of a marker selected from the group consisting of the markers listed in Table 1. In other 20 embodiments, the methods may further comprise determining the level of one or more markers selected from the group consisting of CLEC3B, ECM1, PON1, VTN, IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, TLN1, PRG4, CA1, SHBG, CPN1, CPN2, QSOX1, PRDX2, APOA1, CA2, LPA, TAGLN2, GPX3, MST1, CNDP1, ATRN, PFN1, PEPD, VASN, BTD, CPB2, GPLD1, DBH, HGFAC, CDH5, LRG1, MASP1, 25 PGLYRP2, TNXB, CD14, CKM, APOE, MAN1A1, PROS1, S100A8, S100A9, HABP2, BCHE, LCAT, PDLIM1, FCN3, ORM1, TGFBI, THBS1, GP5, CD163, VCAM1, LGALS3BP, PTGDS, APOC3, MINPP1, SEPP1, APOA4, MASP2, HYOU1, IGF2, GP1BA, CACNA2D1, CNTN1, NID1, COMP, PCSK9, LCP1 and APOC1

In other aspects of the invention, more than one marker, *e.g.*, a plurality of markers, 30 *e.g.*, two, three, four, five, six, seven, eight, nine, ten, eleven, or more markers, may be used

in the methods and compositions of the invention. In one embodiment, the combination of the plurality of the markers has an area under the curve (AUC) of about 0.85 to about 1.0. For example, in one embodiment, the combination of markers suitable for use in the methods and compositions of the invention include one of the combination of markers set forth in Table 2.

5 In another embodiment, the combination of markers suitable for use in the methods and compositions of the invention include one of the combination of markers set forth in Table 3. In another embodiment, the combination of markers suitable for use in the methods and compositions of the invention include one of the combination of markers set forth in Table 4.

10 In another embodiment, the combination of markers suitable for use in the methods and compositions of the invention include one of the combination of markers set forth in Table 5.

In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B and ECM1. In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1 and PON1. In one embodiment, the markers for use in the methods and compositions of the invention include

15 CLEC3B, ECM1, PON1, and IGFALS. In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, PON1, and IGFBP3.

In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, PON1, and CLU. In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, PON1, and VWF. In

20 one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, PON1, and SPP2. In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, PON1, and SELL. In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, PON1, and LUM. In one embodiment, the markers for use in the

25 methods and compositions of the invention include CLEC3B, ECM1, PON1, and NCAM1. In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, PON1, and TLN1. In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1 and VTN. In one embodiment, the markers for use in the methods and compositions of the invention include

30 CLEC3B, ECM1, VTN, and IGFALS. In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, VTN, and IGFBP3. In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, VTN, and CLU. In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, VTN, and VWF. In

35 one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, VTN, and SPP2. In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, VTN, and SELL. In one embodiment, the markers for use in the methods and compositions of the invention include

one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, VTN, and SELL. In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, VTN, and VWF. In

one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, VTN, and SPP2. In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, VTN, and SELL. In one embodiment, the markers for use in the methods and compositions of the invention

include CLEC3B, ECM1, VTN, and LUM. In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, VTN, and NCAM1. In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, VTN, and TLN1. In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, PON1, and VTN. In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, and IGFALS. In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, and IGFB3. In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, and CLU. In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, and VWF. In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, and SPP2. In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, and SELL. In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, and LUM. In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, and NCAM1. In one embodiment, the markers for use in the methods and compositions of the invention include CLEC3B, ECM1, and TLN1. In one embodiment, the combination of the markers has an area under the curve (AUC) of about 0.85 to about 1.0.

In some embodiments, the methods may further comprise determining the level of a marker selected from the group consisting of the markers listed in Table 1. In other embodiments, the methods may further comprise determining the level of one or more markers selected from the group consisting of CLEC3B, ECM1, PON1, VTN, IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, TLN1, PRG4, CA1, SHBG, CPN1, CPN2, QSOX1, PRDX2, APOA1, CA2, LPA, TAGLN2, GPX3, MST1, CNDP1, ATRN, PFN1, PEPD, VASN, BTB, CPB2, GPLD1, DBH, HGFAC, CDH5, LRG1, MASP1, PGLYRP2, TNXB, CD14, CKM, APOE, MAN1A1, PROS1, S100A8, S100A9, HABP2, BCHE, LCAT, PDLIM1, FCN3, ORM1, TGFBI, THBS1, GP5, CD163, VCAM1, LGALS3BP, PTGDS, APOC3, MINPP1, SEPP1, APOA4, MASP2, HYOU1, IGF2, GP1BA, CACNA2D1, CNTN1, NID1, COMP, PCSK9, LCP1 and APOC1.

III. Methods of the Invention

A. Diagnostic Methods

In certain aspects, the present invention provides diagnostic methods. For example, in one aspect, the present invention provides methods for determining whether a subject exposed to TB will develop latent tuberculosis (TB). The methods include determining the level of one or more markers of the invention in a sample(s) from the subject with a level of the one or more markers in a control sample(s). A difference in the level (*e.g.*, higher or

lower) of the one or more markers in the sample(s) from the subject as compared to the level of the one or more markers in the control sample indicates that the subject will develop latent TB.

The methods of the present invention can be practiced in conjunction with any other method(s) used by the skilled practitioner to diagnose, prognose, and/or monitor TB. For example, the methods of the invention may be performed in conjunction with any clinical measurement of TB known in the art including serological, cytological and/or detection (and quantification, if appropriate) of other molecular markers.

In any of the methods (and kits) of the invention, the level of a marker(s) of the invention in a sample obtained from a subject may be determined by any of a wide variety of well-known techniques and methods, which transform a marker of the invention within the sample into a moiety that can be detected and quantified. Non-limiting examples of such methods include analyzing the sample using immunological methods for detection of proteins, protein purification methods, protein function or activity assays, nucleic acid hybridization methods, nucleic acid reverse transcription methods, and nucleic acid amplification methods, immunoblotting, Western blotting, Northern blotting, electron microscopy, mass spectrometry, *e.g.*, MALDI-TOF and SELDI-TOF, immunoprecipitations, immunofluorescence, immunohistochemistry, enzyme linked immunosorbent assays (ELISAs), *e.g.*, amplified ELISA, quantitative blood based assays, *e.g.*, serum ELISA, quantitative urine based assays, flow cytometry, Southern hybridizations, array analysis, and the like, and combinations or sub-combinations thereof.

For example, an mRNA sample may be obtained from the sample from the subject (*e.g.*, blood, serum, bronchial lavage, mouth swab, biopsy, or peripheral blood mononuclear cells, by standard methods) and expression of mRNA(s) encoding a marker of the invention in the sample may be detected and/or determined using standard molecular biology techniques, such as PCR analysis. A preferred method of PCR analysis is reverse transcriptase-polymerase chain reaction (RT-PCR). Other suitable systems for mRNA sample analysis include microarray analysis (*e.g.*, using Affymetrix's microarray system or Illumina's BeadArray Technology).

It will be readily understood by the ordinarily skilled artisan that essentially any technical means established in the art for detecting the level a marker of the invention at either the nucleic acid or protein level, can be used to determine the level a marker of the invention as discussed herein.

In one embodiment, the level of a marker of the invention in a sample is determined by detecting a transcribed polynucleotide, or portion thereof, *e.g.*, mRNA, or cDNA, of a marker of the invention gene. RNA may be extracted from cells using RNA extraction techniques including, for example, using acid phenol/guanidine isothiocyanate extraction (RNAzol B; Biogenesis), RNeasy RNA preparation kits (Qiagen) or PAXgene (PreAnalytix,

Switzerland). Typical assay formats utilizing ribonucleic acid hybridization include nuclear run-on assays, RT-PCR, RNase protection assays (Melton *et al.*, *Nuc. Acids Res.* 12:7035), Northern blotting, *in situ* hybridization, and microarray analysis.

In one embodiment, the level of a marker of the invention is determined using a nucleic acid probe. The term "probe", as used herein, refers to any molecule that is capable of selectively binding to a specific marker of the invention. 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.

Isolated mRNA can be used in hybridization or amplification assays that include, but are not limited to, Southern or Northern analyses, polymerase chain reaction (PCR) analyses and probe arrays. One method for the determination of mRNA levels involves contacting the isolated mRNA with a nucleic acid molecule (probe) that can hybridize to a marker mRNA. The nucleic acid probe can be, for example, a full-length cDNA, or a portion thereof, such as an oligonucleotide of at least about 7, 10, 15, 20, 25, 30, 35, 40, 45, 50, 100, 250 or about 500 nucleotides in length and sufficient to specifically hybridize under stringent conditions to marker genomic DNA.

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 determining the level of a marker of the invention mRNA.

An alternative method for determining the level of a marker of the invention in a sample involves the process of nucleic acid amplification and/or reverse transcriptase (to prepare cDNA) of for example mRNA in the sample, *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, the level of expression of a marker of the invention is determined by quantitative fluorogenic RT-PCR (*i.e.*, the TaqMan[™] System). Such methods typically utilize pairs of oligonucleotide primers

that are specific for a marker of the invention. Methods for designing oligonucleotide primers specific for a known sequence are well known in the art.

The level of a marker of the invention mRNA 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 determination of a level of a marker of the invention may also comprise using nucleic acid probes in solution.

In one embodiment of the invention, microarrays are used to detect the level of a marker of the invention. 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 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, *e.g.*, 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.

In certain situations it may be possible to assay for the level of a marker of the invention at the protein level, using a detection reagent that detects the protein product encoded by the mRNA of a marker of the invention. For example, if an antibody reagent is available that binds specifically to a marker of the invention protein product to be detected, and not to other proteins, then such an antibody reagent can be used to detect the expression of a marker of the invention in a cellular sample from the subject, or a preparation derived from the cellular sample, using standard antibody-based techniques known in the art, such as FACS analysis, and the like.

Other known methods for detecting a marker of the invention at the protein level include methods such as electrophoresis, capillary electrophoresis, high performance liquid chromatography (HPLC), thin layer chromatography (TLC), hyperdiffusion chromatography, and the like, or various immunological methods such as fluid or gel precipitin reactions, immunodiffusion (single or double), immunoelectrophoresis, radioimmunoassay (RIA), enzyme-linked immunosorbent assays (ELISAs), immunofluorescent assays, and Western blotting.

Proteins from samples can be isolated using techniques that are well known to those of skill in the art. The protein isolation methods employed can, for example, be those described in Harlow and Lane (Harlow and Lane, 1988, *Antibodies: A Laboratory Manual*, Cold Spring Harbor Laboratory Press, Cold Spring Harbor, New York).

In one embodiment, antibodies, or antibody fragments, are used in methods such as Western blots or immunofluorescence techniques to detect the expressed proteins. Antibodies for determining the expression of a marker of the invention are commercially available and one of ordinary skill in the art can readily identify appropriate antibodies for use in the methods of the invention.

It is generally preferable to immobilize either the antibody or proteins on a solid support for Western blots and immunofluorescence techniques. Suitable solid phase supports or carriers include any support capable of binding an antigen or an antibody. Well-known supports or carriers include glass, polystyrene, polypropylene, polyethylene, dextran, nylon, amylases, natural and modified celluloses, polyacrylamides, gabbros, and magnetite.

One skilled in the art will know many other suitable carriers for binding antibody or antigen, and will be able to adapt such support for use with the present invention. For example, protein isolated from cells can be run on a polyacrylamide gel electrophoresis and immobilized onto a solid phase support such as nitrocellulose. The support can then be washed with suitable buffers followed by treatment with the detectably labeled antibody. The solid phase support can then be washed with the buffer a second time to remove unbound antibody. The amount of bound label on the solid support can then be detected by conventional means. Means of detecting proteins using electrophoretic techniques are well known to those of skill in the art (see generally, R. Scopes (1982) *Protein Purification*, Springer-Verlag, N.Y.; Deutscher, (1990) *Methods in Enzymology* Vol. 182: *Guide to Protein Purification*, Academic Press, Inc., N.Y.).

Other standard methods include immunoassay techniques which are well known to one of ordinary skill in the art and may be found in Principles And Practice Of Immunoassay, 2nd Edition, Price and Newman, eds., MacMillan (1997) and Antibodies, A Laboratory Manual, Harlow and Lane, eds., Cold Spring Harbor Laboratory, Ch. 9 (1988), each of which is incorporated herein by reference in its entirety.

Antibodies used in immunoassays to determine the level of a marker of the invention, may be labeled with a detectable label. The term "labeled", with regard to the probe or antibody, is intended to encompass direct labeling of the probe or antibody by coupling (*i.e.*, physically linking) a detectable substance to the probe or antibody, as well as indirect labeling of the probe or antibody by reactivity with another reagent that is directly labeled. Examples of indirect labeling include detection of a primary antibody using a fluorescently labeled secondary antibody and end-labeling of a DNA probe with biotin such that it can be detected with fluorescently labeled streptavidin.

In one embodiment, the antibody is labeled, *e.g.* a radio-labeled, chromophore-labeled, fluorophore-labeled, or enzyme-labeled antibody. In another embodiment, an antibody derivative (*e.g.* an antibody conjugated with a substrate or with the protein or ligand of a protein-ligand pair {*e.g.* biotin-streptavidin}), or an antibody fragment (*e.g.* a single-

chain antibody, an isolated antibody hypervariable domain, *etc.*) which binds specifically with a marker of the invention.

In one embodiment of the invention, proteomic methods, *e.g.*, mass spectrometry, are used to determine the level of a marker of the invention. Mass spectrometry is an analytical technique that consists of ionizing chemical compounds to generate charged molecules (or fragments thereof) and measuring their mass-to-charge ratios. In a typical mass spectrometry procedure, a sample is obtained from a subject, loaded onto the mass spectrometry, and its components (*e.g.*, a marker of the invention) are ionized by different methods (*e.g.*, by impacting them with an electron beam), resulting in the formation of charged particles (ions). The mass-to-charge ratio of the particles is then calculated from the motion of the ions as they transit through electromagnetic fields.

For example, matrix-associated laser desorption/ionization time-of-flight mass spectrometry (MALDI-TOF MS) or surface-enhanced laser desorption/ionization time-of-flight mass spectrometry (SELDI-TOF MS) which involves the application of a biological sample, such as serum, to a protein-binding chip (Wright, G.L., Jr., *et al.* (2002) *Expert Rev Mol Diagn* 2:549; Li, J., *et al.* (2002) *Clin Chem* 48:1296; Laronga, C., *et al.* (2003) *Dis Markers* 19:229; Petricoin, E.F., *et al.* (2002) 359:572; Adam, B.L., *et al.* (2002) *Cancer Res* 62:3609; Tolson, J., *et al.* (2004) *Lab Invest* 84:845; Xiao, Z., *et al.* (2001) *Cancer Res* 61:6029) can be used to determine the level of a marker of the invention.

Furthermore, *in vivo* techniques for determination of the level of a marker of the invention include introducing into a subject a labeled antibody directed against a marker of the invention, which binds to and transforms a marker of the invention into a detectable molecule. As discussed above, the presence, level, or even location of the detectable marker of the invention in a subject may be detected determined by standard imaging techniques.

In general, it is preferable that the difference between the level of a marker of the invention in a sample from a subject and the amount of a marker of the invention in a control sample, is as great as possible. Although this difference can be as small as the limit of detection of the method for determining the level of a marker it is preferred that the difference be at least greater than the standard error of the assessment method, and preferably a difference of at least 2-, 3-, 4-, 5-, 6-, 7-, 8-, 9-, 10-, 15-, 20-, 25-, 100-, 500-, 1000-fold or greater than the standard error of the assessment method.

B. Methods for Monitoring the Effectiveness of a Treatment

The present invention also provides methods for monitoring the effectiveness of a therapy or treatment regimen or any other therapeutic approach useful for treating a subject having latent TB and/or inhibiting the progression of TB to disseminated TB (or a complication associated with disseminated TB (*e.g.*, spinal and kidney meningitis, peritonitis, pericarditis, bone and joint complications, fallopian tube infection, bowel infection, Adult

respiratory distress syndrome (ARDS), liver inflammation, lung failure, and/or relapse of the disease) in a subject having TB.

In these methods the level of one or more markers of the invention in a pair of samples (a first sample not subjected to the treatment regimen and a second sample subjected to at least a portion of the treatment regimen) is assessed. A modulation in the level of expression of the one or more markers in the first sample, relative to the second sample, is an indication that the therapy is effective for treating a subject having latent TB and/or inhibiting the progression of TB to disseminated TB (or a complication associated with disseminated TB (*e.g.*, spinal and kidney meningitis, peritonitis, pericarditis, bone and joint complications, fallopian tube infection, bowel infection, Adult respiratory distress syndrome (ARDS), liver inflammation, lung failure, and/or relapse of the disease) in a subject having TB.

C. Treatment Methods

The present invention also provides methods for treating a subject having latent TB and methods for reducing or inhibiting the development of complications associated with the disease in a subject

The methods of “inhibiting”, “slowing”, and/or “treating” include administration of a therapeutic agent to a subject in order to cure or to prolong the health or survival of a subject beyond that expected in the absence of such treatment.

The terms “patient” or “subject” as used herein is intended to include human and veterinary patients. In a particular embodiment, the subject is a human. The term “non-human animal” includes all vertebrates, *e.g.*, mammals and non-mammals, such as non-human primates, mice, rabbits, sheep, dog, cow, chickens, amphibians, and reptiles.

The methods of the invention include administering to the subject one or more “standard” therapies. For example, the therapeutic agents include cytotoxins, immunosuppressive agents, radiotoxic agents, and/or therapeutic antibodies. Particular co-therapeutics contemplated by the present invention include, but are not limited to, Isoniazid, Rifampin (Rifadin, Rimactane), Ethambutol (Myambutol), Pyrazinamide, streptomycin, vitamin D, Clarithromycin, Dapsone, Ofloxacin, Rifabutin, Non-nucleoside reverse transcriptase inhibitors (NNRTIs; *e.g.*, efavirenz (Sustiva), etravirine (Intelence) and nevirapine (Viramune, Nucleoside reverse transcriptase inhibitors (NRTIs; *e.g.*, Abacavir (Ziagen), and the combination drugs emtricitabine and tenofovir (Truvada), and lamivudine and zidovudine (Combivir), Protease inhibitors (PIs; *e.g.*, atazanavir (Reyataz), darunavir (Prezista), fosamprenavir (Lexiva) and ritonavir (Norvir), Entry or fusion inhibitors, *e.g.*, enfuvirtide (Fuzeon) and maraviroc (Selzentry), and Integrase inhibitors, *e.g.*, Raltegravir (Isentress), or combinations thereof.

The methods of the invention also contemplate the use of therapeutic agents in combination with other therapies, including life-style changes.

In some embodiments, two or more therapeutic agents are applied to a subject. Two or more therapeutic agents can be administered in the same formulation or separately. In the case of separate administration, the therapeutic agents can be administered before, after or concurrently with the co-therapeutic or co-therapy. One agent may precede or follow administration of the other agent by intervals ranging from minutes to weeks. In embodiments where two or more different kinds of therapeutic agents are applied separately to a subject, one would generally ensure that a significant period of time did not expire between the time of each delivery, such that these different kinds of agents would still be able to exert an advantageously combined effect on the target tissues or cells.

The term “effective amount” as used herein, refers to that amount of therapeutic agent(s) which is sufficient to treat and/or inhibit the progression of latent TB and/or a complication of TB in a subject when administered to a subject. An effective amount will vary depending upon the subject and the severity of the disease and age of the subject, the manner of administration and the like, which can readily be determined by one of ordinary skill in the art. Dosage regimens may be adjusted to provide the optimum therapeutic response. An effective amount is also one in which any toxic or detrimental effects (*i.e.*, side effects) of a therapeutic agent(s) are minimized and/or outweighed by the beneficial effects.

IV. Kits of the Invention

The invention also provides kits for determining whether a subject exposed to TB will develop latent TB. Kits for monitoring the effectiveness of a treatment for latent TB are also provided.

These kits include means for determining the level of one or more markers of the invention and instructions for use of the kit.

The kits of the invention may optionally comprise additional components useful for performing the methods of the invention. By way of example, the kits may comprise reagents for obtaining a biological sample from a subject, a control sample, one or more sample compartments, a diabetic therapeutic, an instructional material which describes performance of a method of the invention and tissue specific controls/standards.

The reagents for determining the level of one or more marker(s) can include, for example, buffers or other reagents for use in an assay for evaluating the level of one or more markers, *e.g.*, expression level (*e.g.*, at either the mRNA or protein level). The instructions can be, for example, printed instructions for performing the assay for evaluating the level of one or more marker(s) of the invention.

The reagents for isolating a biological sample from a subject can comprise one or more reagents that can be used to obtain a fluid or tissue from a subject, such as means for obtaining a saliva or blood.

The kits of the invention may further comprise reagents for culturing a sample obtained from a subject.

Preferably, the kits are designed for use with a human subject.

The present invention is further illustrated by the following examples which should not be construed as further limiting. The contents of all references, patents and published patent applications cited throughout this application, as well as the Figures, are expressly incorporated herein by reference in their entirety.

EXAMPLES

EXAMPLE I. Biomarker Identification

Introduction

Approximately one-third of the world's population is latently infected with *Mycobacterium tuberculosis*, meaning they do not have symptoms, chest radiographic abnormalities, or other findings of active tuberculosis (TB). People with latent Mtb infection (LTBI) are the primary source of future TB cases, and their identification is important for TB control. Diagnosis of LTBI is based on immunological activity suggesting current or previous infection, commonly measured by either the tuberculin skin test (TST) or interferon gamma release assay (IGRA). Neither test is able to differentiate between LTBI and active TB, nor distinguish recent from remote infection. This is an important distinction since recent infection is a strong risk factor for progression to active TB, and in some high incidence areas, the majority of TB cases are likely due to recent infections from ongoing TB transmission (Chin et al., 1998, *Am J Respir Crit Care Med*, 158, 1797-803, Verver et al., 2004 *Int J Epidemiol*, 33, 351-7). Developing a diagnostic assay that identifies recent Mtb infection (LTBI) would allow for targeted treatment of those persons most likely to progress to active TB and is a priority among international TB agencies (Pai and Schito, 2015 *J Infect Dis*, 211 Suppl 2, S21-8).

Mass spectrometry (MS) coupled with multiple reaction monitoring (MRM-MS) allows for rapid detection and quantification of proteins with high sensitivity and precision (Hunter and Paramithiotis, 2010 *Expert Opin Med Diagn*, 4, 11-20). Previous studies have used MRM-MS proteomic assays to identify new biomarkers of LTBI by detecting both Mtb (Kruh-Garcia et al., 2014 *PLoS One*, 9, e103811) and human host proteins in peripheral blood (Sandhu et al., 2012, *PLoS One*, 7, e38080, Zhang et al., 2014 *Diagn Microbiol Infect Dis*, 79, 432-7). In these previous cross-sectional studies, LTBI was diagnosed by TST or IGRA, but it was not known when the subject was infected with Mtb (recent vs remote infection). In this study, blood samples from a prospective TB household contact cohort were analyzed using MRM-MS to assess the host-protein proteomic profiles in blood from household

contacts who converted from TST-negative to TST-positive. Changes in circulating host-proteins as a person develops LTBI are reported.

Materials and Methods

5 Study Design and Subjects

The studies described below was designed to identify protein biomarkers associated with early stage TB infection. The studies entailed two parts, a discovery and a verification phase. For both parts, independent serum and plasma samples were collected and evaluated from a household exposure study in Kampala, Uganda. Patients in this study were enrolled in the Kawempe Community Health Study (KCHS), a prospective cohort of adult pulmonary TB index cases and their household contacts, conducted in Kampala, Uganda. Individuals diagnosed with TB and their household members were recruited and followed for a period of 2 years. In this study, index cases were adults (age 18 and older) with initial episodes of newly diagnosed culture-positive pulmonary TB. Household contacts included persons (age 12 years and older) living in the same building as an index case for at least one week during the three-month period immediately preceding the index case diagnosis. After the initial evaluation, participants were evaluated at 3, 6, 12, and 24 months for active TB and with repeat TST if their first and subsequent TST remained negative. All individuals were monitored clinically and if signs and symptoms of TB developed, evaluated as TB suspects. Tuberculin skin testing was done using 5 TU of purified protein derivative (PPD). All subjects were HIV-. A subset of the household members developed TB infection, and a portion of these progressed to active TB. The study was approved by the responsible institutional review boards in Uganda and the U.S. Converters were defined as household contacts, with an initial TST < 10 mm at baseline visit, who subsequently converted their skin test to positive (TST $\geq$ 10 mm and an increment of 6 mm) during follow-up testing. Subjects that remained TST-negative and did not convert their TST were considered to be persistently not infected (NI) (Ma et al., 2014 *BMC Infect Dis*, 14, 352). All subjects with a positive TST (at baseline or conversion during follow-up) were offered treatment with isoniazid preventive therapy (IPT) (10 - 20 mg/kg or a maximum dose of 300 mg/day) for 9 months.

TB cases were compared to various controls groups in a case-control design. In the discovery phase, cross-sectional comparisons of biomarker expression were made between individuals that were either non-infected for the period of the study (NI), or had been exposed and will convert to latent infection 3 months after the sample was collected (CO), or had a latent infection at the time of sample collection (LTBI), or had an active infection (ATB) at the time of sample collection. The clinical data of the subjects for the discovery phase is provided in Figure 1.

In the verification phase, two sets of independent cross-sectional and longitudinal samples from the same household exposure study were used to confirm performance of

candidate biomarkers identified in the discovery phase in predicting the establishment of latent TB infection. The clinical data of the subjects for the verification phases is also provided in the Figure 1.

Sample processing.

To avoid introducing bias in the sample preparation, the samples were grouped into blocks containing one of each of the groups (if possible). The order of the groups within each block was then randomized.

For the discovery samples, all sera samples were depleted of abundant proteins using affinity chromatography ((an antibody column (IgY14 and Supermix, Sigma)). The remaining lower abundance proteins were digested with trypsin (Promega) prior to analysis by LC-MS. Plasma from the longitudinal verification phase was also depleted of abundant proteins using affinity chromatography and trypsin digestion prior to LC-MS analysis. Following freeze-drying of the digested samples, they were resolubilized and treated with TCEP (tris(2-carboxyethyl)phosphine) to reduce disulfide bonds. The samples were then desalted by solid phase extraction using a 3M Empore C18 desalting plate and distributed into 96-well plates and vacuum evaporated. Peptides were stored at - 20°C until use.

Tandem mass spectrometry analysis

Freeze dried peptides were resuspended in 92.5/7.5 water/acn +0.2 % formic acid and analyzed using a nanoAcquity pump (Waters) coupled to a Q-TOF mass spectrometer (Waters). Peptide separation was achieved using a Waters nanoAcquity Symmetry UPLC Trap column (180 µm x 20 mm, 5 µm particle size) and a Waters nanoAcquity UPLC BEH300 analytical column (150 µm x 100 mm, 1.7 µm particle size). Each sample was loaded on the trapping column for 3 min at a flow rate of 10 µL/min, and then the gradient was started at a flow rate at 1.8 µL/min. The total run time per sample was 105 min. Components were detected and matched across all samples using the Elucidator software (Rosetta Biosoftware) and compared for relative peak intensity. All intensity values were log (base e) transformed with values < 0 replaced by 0. Peak intensity was normalized to account for small differences in protein concentration between samples: a subset of the samples was used to create an average sample (*i.e.* the Reference sample) against which all samples were then normalized. The normalization factors were chosen so that the median of log ratios between each sample and the Reference sample over all the peptides was adjusted to zero. For batch-effect correction, a one-way ANOVA model $I_{ij} = M + D_i + \varepsilon_{ij}$ (I: intensity, M: overall interception, and D: batch-factor) was solved and parameters D_i ($i=1,2$) under the constraint of $\sum_{i=1}^2 (N_i * D_i) = 0$ were obtained; the D_i 's were then subtracted from the normalized intensities to form the "batch-effect corrected" intensities. Intensities below the limit of detection (LOD=30) were transformed to avoid spurious large fold changes: intensities in the range of (0, LOD) were linearly mapped to the range of (LOD/2, LOD). A

one-way ANOVA analysis was then applied to identify peptides that were differentially expressed between the groups of interest. High stringency thresholds were used to ensure the statistical significance of the identified peptides. Each group was analyzed using the same one-way ANOVA model [(Montgomery, D. C., *Design and Analysis of Experiments*, Wiley, 2001; Keeping, E.S., *Introduction to Statistical Inference*, Dover Publication, Inc. 1995): $I_{ij} = M + C_i + \varepsilon_{ij}$ where I is the peptide intensity, M is the overall average intensity, C is the ‘clinical group’ factor, and ε is random error. FDR (false detection rate) and q-value were calculated, based on the p-values obtained from the ANOVA, using Storey’s method (Storey, J.D. (2002) *Journal of the Royal Statistical Society* 64(3):479–498) to make multiple testing adjustments (implemented in MATLAB) (mathworks.com/access/helpdesk/help/helpdesk.html; MATLAB for Math Works Inc.). ‘Post hoc’ contrast analyses were conducted using Tukey’s hsd (Hochberg, Y., and A. C. Tamhane. *Multiple Comparison Procedures*. John Wiley & Sons, 1987) method to calculate p-values associated with each pair wise comparison. Protein identification was done by analysis of replicate samples by tandem mass spectrometry (LC-MS/MS). A protein level analysis was then applied using an extension of the one-way ANOVA used above in the peptide level analysis, which takes into consideration that one protein may have several peptides, by introducing a ‘peptide factor’ in the model: $I_{ijk} = M + C_i + P_j + \varepsilon_{ijk}$ where I is the protein intensity, M an overall constant, C the ‘clinical group’, and P the peptide factor. The number of the levels for P is protein-dependent, equal to the number of children peptides for the protein. These calculations were implemented in MATLAB (mathworks.com/access/helpdesk/help/helpdesk.html; MATLAB for Math Works Inc.). Proteins were considered to be differentially expressed if they met the following thresholds: p- and q-values < 0.05, and Differential Intensity (DI) superior at 1.1-fold change.

Multiple reaction monitoring mass spectrometry

A multiplex MRM assay was developed for the selected biomarker candidates. The assay contained 392 peptides representing 162 host proteins. Peptides were synthesized by JPT Peptide Technologies (Berlin, Germany). The synthesized peptides were resolubilized in 72/25 water/DMSO, pooled and diluted with water + 0.2 % formic acid to a final concentration of 2 nmol/mL. Five μ L of this solution was analyzed on a QTRAP 5500 mass spectrometer (ABSciex, Canada) using a 320 μ m x 150 mm, 5 μ m particle size, Thermo Biobasic C18 column. A linear gradient of 10-40% acetonitrile (0.2% formic acid) in 30 minutes was used for peptide separation. MS/MS spectra of the synthetic peptides were acquired using selected reaction monitoring (SRM)-triggered MS/MS allowing the identification of peptide and peptide fragments (transitions). The two most intense fragment ions (b or y fragment ions only) in the MS/MS spectrum and its elution time were determined for each acquired peptide. The collision energy (CE) was then optimized for each of the

chosen transitions. The CE values evaluated were the empirical calculated CE value and the empirical CE value -6, +3 and +6. Independent plasma samples from those used for the discovery study by tandem mass spectrometry were processed as described and the resulting peptides were analyzed by the MRM assay.

5 Expression analysis of MRM data was performed using R version 2.14.0, platform x86_64-pc-mingw32/x64 (64-bit). The calculation of q-values was done using function “qvalue” from Storey’s package “qvalue” version 1.24.0. A limit of quantification (LOQ), defined as an intensity value below which the measure is deemed unreliable, was determined empirically according to the QTRAP 5500 and was set to 10000, pre-normalization. The
10 detection rate (DR), defined for each group that needed to be compared, was defined as the proportion of samples with a raw intensity (*i.e.* pre normalization) value greater or equal to the LOQ. Transitions for which the DR was below 50% for one of the two groups were excluded from expression analysis. Prior to expression analysis, an outlier and pattern detection analysis was performed. The distribution of sample detection was investigated and
15 a sample was rejected from analysis because of a poor detection rate. The sample intensity average distribution by depletion day was also investigated and three samples were rejected for being too weak. A standard Principal Component Analysis (PCA) was applied to the ln intensities in order to visually assess any pattern in the data that are likely to be unrelated to sample condition. Differential intensity ratios (DI) were then calculated for each transition,
20 for two-group comparisons (*e.g.*, Active TB vs Latent TB), as the ratio of the median normalized intensities of each group. Prior to calculating the differential intensity ratios, all intensity values that were below the LOQ quantity in the raw data prior to normalization were replaced by the half-LOQ value. Student’s t-test were applied for the expression analysis. Protein-level statistics were also computed by first linearly combining the transitions of a
25 given protein into a single variable and then applying a t-test on it.

Panel definition

Area Under the Curve (AUC) values were computed from bootstrap. Select n samples with replacement (*i.e.* take a sample at random, then a second – with the first selected sample
30 being possibly selected again, and so on). By design, some samples were left out, called out-of-bag. The selected samples (some more than once) are called the bootstrap samples. Build panel on the bootstrap samples and evaluate on the out-of-bag sample by calculating AUC. This was done 100 times. Reported AUC is the average of the 100 AUC. Each protein was represented by a single transition. Transitions with a DR lower than 80% were filtered-out.
35 Among the remaining transitions, proteins for which the transitions were not trending the same way, based on DI, were filtered-out. The selected transition of a protein was the one with the highest DR. In situation of ties, this transition was selected randomly. Logistic Regression models were built with the proteins (*i.e.* represented by its selected transition) as

explanatory variables. All combinations of proteins from 1 to 4 were systematically fitted into such logistic models. Proteins were then ranked by their propensity to be a good team player. For k from 1 to 4, combinations were ranked by their AUC and for each protein, the mean rank of the combinations they appear in, for a given k, was calculated. Within each k, the protein rank was calculated as the rank of the average rank. The final rank was taken as the weighted average over k of the ranks. The highest ranking of the 4 protein panels were then used as the base for extending panel size to 8 proteins, and the larger panels were evaluated in the same manner as described.

Results

Peripheral blood specimens previously collected from 172 TB patients and household contacts were used for this study. The clinical characteristics of the subjects are shown in Table 1. The discovery phase was conducted by a cross-sectional analysis of proteomic expressions among baseline samples from 37 index cases with active TB, 8 TST-negative contacts who remained TST-negative and non-infected (NI), 21 TST-negative contacts who later converted their TST at either 3 or 6 months (converters), and 38 TST-positive contacts with LTBI at baseline.

Peptide expression data acquired were log-transformed and normalized for injection order and depletion day. ANOVA analysis was then applied to identify differentially expressed peptides. The average peptide intensity was used to create an intensity value per protein which was z-scored and differential intensity ratios (DI) were calculated.

Two hundred eight-nine proteins were identified to be significantly differentially expressed in any of these comparisons using mass spectrometry (LC-MS)(($p < 0.05$)). Figures 2A-2D show cross-sectional comparisons of changes in blood protein expression ratios from the baseline samples. The significant changes in Differential Intensity (DI) ($p < 0.05$) are shaded in gray as described above. If the DI value is above 1 the level of the protein is upregulated. If the DI value is less than 1, the level of the marker is downregulated.

It was found that when compared to the NI group, the number of differentially expressed proteins increased by the following group order: converters, LTBI, and active TB. The largest absolute differences in protein expression were observed between NI participants and patients with active TB. It was also found differences in protein expression when looking at changes grouped by biological processes. Most protein changes associated with inflammation, immune response, tissue repair, cellular migration and proliferation were observed in subjects with active TB. Among the LTBI and converter groups, smaller changes were observed in these processes, as well as changes in proteins associated with lipid metabolism and the innate immune response (Figures 2A-2D). The results are consistent with a low level of distinct observable changes in *Mtb* infection, including very recent infection,

exhibited by the baseline TST-negative future converters who were in the process of developing LTBI.

A targeted MRM-MS assay was developed for 159 proteins selected from each comparison in the cross-sectional discovery phase using the following combination of biological and statistical criteria. All of the significantly differentially expressed proteins from the baseline converter vs NI and LTBI vs NI comparisons were selected along with the most differentially expressed proteins from comparisons to active TB. Also included were the significant proteins identified previously in an active TB biomarker study, as provided in U.S. Patent Publication No. 2016/0154005 (incorporated herein in its entirety by reference) and Achkar, *et al.* (2015 *EBioMedicine*, 2, 1160-8)). Re-analysis of the discovery samples with the MRM-MS assay confirmed the differential expression observed in the discovery phase. Next, an independent set of 161 longitudinal samples collected from 52 subjects who were initially all TST-negative and either converted to TST-positive (N=37) or remained TST-negative (N=15) were tested with the prioritized candidate biomarkers. The changes in plasma proteins at baseline and at a minimum of 2 additional time points over a 6 month period were calculated.

Figures 3A and 3B show protein expression change ratios between each individual's baseline TST-negative sample and the longitudinal TST-positive conversion sample or corresponding TST-negative sample. The significant changes ($p < 0.05$) are shaded in gray as described above. As expected, subjects who became TST-positive had a more extensive host response than the subjects that remained TST-negative.

In an analysis of subjects that converted by 3 months, most of the proteins associated with inflammatory, innate and adaptive immune responses were elevated at month 3, when TST conversion was recorded, but returned to baseline levels by month 6. In contrast, most of the proteins associated with cellular movement and tissue repair remained elevated through month 6 (Figures 4A and 4B). Converters were treated with isoniazid preventive therapy for 9 months after TST conversion, and this may have had an effect on protein expression measured at month 6.

This data was used to define combinations of up to 4 candidate biomarker proteins able to distinguish latent TB from the other clinical groups. 131 proteins from the MRM assay were detected in this second study. A subset of 76 proteins were used to derive panel combinations in order to identify proteins that predict the establishment of latent TB infection (*see* Tables 2-5).

In verification phase 2, the panel combinations of the 76 proteins were evaluated further using another set of longitudinal samples, collected from subjects from the same household exposure study who had not participated in prior phases of the project. A total of 43 longitudinal samples from 16 subjects were used in this sample set. As demonstrated in Tables 3-5, the data demonstrate that small panel combinations of 13 proteins (CLEC3B,

ECM1, PON1, VTN, IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1) predict the establishment of latent infection consistently. Combining the biomarker candidates into panels was a more effective strategy to derive high performing discriminators (*see* Tables 3-5). A small number of combinations of the biomarkers identified in this study were found to be predictive of latent and active TB infection (Table 7).

Biomarkers predictive of active TB infection (as provided in U.S. Patent Publication No. 2016/0154005 (incorporated herein in its entirety by reference) were evaluated for their ability to predict latent TB infection as well. As provided in Table 6, combinations of two or three of the previously identified active TB biomarkers showed significantly lower AUC values than high performing panel combinations of latent TB biomarkers (*see* Tables 3-5).

The performance of the candidate biomarkers for latent TB is presented in Tables 8-9 which provide the Differential Intensity (DI) value for each marker comparison. If the DI value is above 1, the level of the protein is upregulated for that particular comparison. If the DI value is less than 1, the level of the marker is downregulated for that particular comparison. Table 8 provides a cross-sectional comparison of DI values for 13 markers in sera from non-infected (NI), TST+ converter (CO), latent TB (LTBI) and active TB groups. Table 9 provides a longitudinal comparison of DI values for 13 markers in plasma from TST- subjects that converted to TST+ during the sampling time course, or TST- subjects that remained TST- during the sampling time course.

These results demonstrate that small panels of biomarkers are able to predict 3-6 months ahead of time the conversion from a TST-negative to a TST-positive state and thus predict the establishment of LTBI.

Table 2. Panel
Combinations of Two
Candidate Latent TB
Biomarkers

5

protein.1	protein.2	AUC
COMP	ECM1	0.85
CKM	ECM1	0.84
CLEC3B	ECM1	0.83
ECM1	THBS1	0.82
PDLIM1	PON1	0.82
ECM1	PDLIM1	0.81
PON1	THBS1	0.81
ECM1	NA	0.81
SELL	THBS1	0.81
ECM1	PON1	0.81
ECM1	QSOX1	0.81
ECM1	MST1	0.81
PON1	VWF	0.80
ECM1	TGFBI	0.80
CNDP1	ECM1	0.80
ECM1	NCAM1	0.80
CLU	ECM1	0.80
ECM1	PRDX2	0.80
ECM1	ORM1	0.80
ECM1	PEPD	0.80
ECM1	MASP2	0.80
ECM1	SEPP1	0.80
BCHE	ECM1	0.80
ECM1	MAN1A1	0.80
ECM1	GP5	0.80
APOE	ECM1	0.80
APOC1	ECM1	0.80
CA1	ECM1	0.80
ECM1	LCAT	0.80
CPN1	ECM1	0.79
ECM1	VWF	0.79
ECM1	MINPP1	0.79
ECM1	SPP2	0.79
ECM1	GPX3	0.79
ECM1	GPLD1	0.79

protein.1	protein.2	AUC
ECM1	LPA	0.79
PDLIM1	TAGLN2	0.79
HABP2	THBS1	0.79
BTD	ECM1	0.79
IGFALS	THBS1	0.79
ECM1	LGALS3BP	0.79
ECM1	VCAM1	0.79
CA2	ECM1	0.79
ECM1	IGF2	0.79
ECM1	GP1BA	0.79
ECM1	MASP1	0.79
ECM1	TNXB	0.79
ECM1	IGFBP3	0.79
ECM1	HABP2	0.79
CPB2	ECM1	0.79
ECM1	IGFALS	0.79
ECM1	PGLYRP2	0.79
ECM1	SELL	0.79
ECM1	LCP1	0.79
APOA4	ECM1	0.79
ECM1	HGFAC	0.79
ECM1	PFN1	0.79
ECM1	VTN	0.79
ECM1	LRG1	0.79
ECM1	LUM	0.79
LCP1	THBS1	0.79
CD163	ECM1	0.79
APOA1	ECM1	0.79
APOC3	ECM1	0.79
PDLIM1	SELL	0.79
ECM1	VASN	0.79
ECM1	FCN3	0.79
ECM1	SHBG	0.79
ECM1	NID1	0.79
ATRN	ECM1	0.78
ECM1	PRG4	0.78
ECM1	PTGDS	0.78
ECM1	PROS1	0.78
CD14	ECM1	0.78
ECM1	S100A8	0.78

protein.1	protein.2	AUC
ECM1	TAGLN2	0.78
CDH5	ECM1	0.78
CD14	PON1	0.78
LCP1	PON1	0.78
IGFBP3	THBS1	0.78
DBH	ECM1	0.78
ECM1	HYOU1	0.78
ECM1	S100A9	0.78
ECM1	TLN1	0.78
PON1	TLN1	0.78
ECM1	PCSK9	0.78
PON1	PRDX2	0.78
CPN2	ECM1	0.78
APOC1	PON1	0.78
BTD	THBS1	0.78
ORM1	PON1	0.78
PON1	NA	0.77
GP5	PON1	0.77
CLEC3B	SELL	0.77
LCP1	PDLIM1	0.77
PON1	SELL	0.77
CA2	PON1	0.77
ORM1	SELL	0.77
LPA	PON1	0.77
PTGDS	THBS1	0.77
COMP	SELL	0.77
MASP1	PON1	0.77
IGFALS	VWF	0.77
SELL	VWF	0.77
NID1	PON1	0.77
MAN1A1	PON1	0.77
HABP2	PON1	0.77
CDH5	PON1	0.77
ORM1	THBS1	0.77
LCP1	NA	0.77
PON1	S100A8	0.77
PDLIM1	PFN1	0.77
GPX3	PON1	0.77
PON1	PTGDS	0.77
IGFALS	PON1	0.77

COMP	PON1	0.77	LCAT	PON1	0.76	CPN1	SELL	0.75
CD163	PON1	0.77	ORM1	TNXB	0.76	LCP1	PRDX2	0.75
LCP1	VWF	0.77	HABP2	MST1	0.76	CLEC3B	HABP2	0.75
PON1	TAGLN2	0.77	APOA1	PON1	0.76	CD14	THBS1	0.75
PFN1	PON1	0.77	CPB2	PON1	0.76	IGFALS	SELL	0.75
HABP2	PDLIM1	0.77	HABP2	NA	0.76	BTD	ORM1	0.75
CA1	PON1	0.77	PON1	TNXB	0.75	BTD	LCP1	0.75
IGFALS	NA	0.76	ATRN	PON1	0.75	CD14	SELL	0.75
CLEC3B	PON1	0.76	ORM1	VWF	0.75	BTD	CLEC3B	0.75
S100A8	SELL	0.76	LCP1	SELL	0.75	LRG1	THBS1	0.75
PON1	SEPP1	0.76	COMP	HABP2	0.75	CA2	LCP1	0.74
PON1	SPP2	0.76	BTD	COMP	0.75	IGFALS	PDLIM1	0.74
IGF2	PON1	0.76	PGLYRP2	PON1	0.75	PRDX2	SELL	0.74
IGFBP3	PON1	0.76	IGFALS	ORM1	0.75	PCSK9	PON1	0.74
CNDP1	PON1	0.76	BTD	PON1	0.75	CDH5	THBS1	0.74
NCAM1	PON1	0.76	CACNA2D1	ECM1	0.75	PON1	PROS1	0.74
LGALS3BP	PON1	0.76	IGFBP3	ORM1	0.75	IGFBP3	VWF	0.74
APOC3	PON1	0.76	BTD	PDLIM1	0.75	ORM1	NA	0.74
GP1BA	PON1	0.76	LCP1	QSOX1	0.75	CD14	VWF	0.74
PON1	TGFBI	0.76	PON1	S100A9	0.75	LCAT	SELL	0.74
SELL	NA	0.76	QSOX1	SELL	0.75	HABP2	LCP1	0.74
PEPD	PON1	0.76	CLEC3B	LCP1	0.75	CD14	PDLIM1	0.74
GPLD1	PON1	0.76	CKM	PON1	0.75	APOA4	THBS1	0.74
LRG1	PON1	0.76	THBS1	VTN	0.75	CPN1	LCP1	0.74
APOE	PON1	0.76	HGFAC	PON1	0.75	MAN1A1	SELL	0.74
BCHE	PON1	0.76	MST1	SELL	0.75	CNDP1	LCP1	0.74
S100A8	THBS1	0.76	S100A9	SELL	0.75	BTD	VWF	0.74
ORM1	PDLIM1	0.76	HABP2	SELL	0.75	LCP1	TGFBI	0.74
PON1	VCAM1	0.76	MINPP1	THBS1	0.75	MASP1	SELL	0.74
PON1	PRG4	0.76	MST1	PON1	0.75	GP1BA	SELL	0.74
PON1	QSOX1	0.76	PON1	VASN	0.75	IGFBP3	LCP1	0.74
MASP2	PON1	0.76	LUM	PON1	0.75	CKM	SELL	0.74
CPN1	PON1	0.76	DBH	PON1	0.75	IGFALS	LCP1	0.74
FCN3	PON1	0.76	PDLIM1	S100A8	0.75	GPX3	SELL	0.74
APOA4	PON1	0.76	CNDP1	HABP2	0.75	BCHE	SELL	0.74
HYOU1	PON1	0.76	LRG1	PDLIM1	0.75	IGFBP3	PDLIM1	0.74
MINPP1	PON1	0.76	HABP2	VWF	0.75	CPN1	PDLIM1	0.74
CLU	PON1	0.76	LCAT	LCP1	0.75	CD163	SELL	0.74
CPN2	PON1	0.76	LRG1	SELL	0.75	LCP1	LGALS3BP	0.74
CLU	THBS1	0.76	ATRN	THBS1	0.75	CPN2	SELL	0.74
PON1	SHBG	0.76	PON1	VTN	0.75	SELL	TGFBI	0.74

SELL	SPP2	0.74	VTN	VWF	0.73	BTD	SELL	0.73
LCP1	MASP2	0.74	GPLD1	SELL	0.73	MASP1	VWF	0.73
LCP1	ORM1	0.74	HABP2	TNXB	0.73	IGFBP3	PROS1	0.73
APOC1	LCP1	0.74	CPN1	THBS1	0.73	TNXB	VWF	0.73
NID1	SELL	0.74	GPX3	LCP1	0.73	APOC3	HABP2	0.73
CNTN1	ECM1	0.74	ORM1	PTGDS	0.73	PDLIM1	VWF	0.73
LRG1	VWF	0.74	APOE	LCP1	0.73	HABP2	IGFBP3	0.73
SELL	TLN1	0.74	CD14	COMP	0.73	HGFAC	LCP1	0.73
BCHE	LCP1	0.74	CPB2	LCP1	0.73	LCP1	MASP1	0.73
CA1	SELL	0.73	HABP2	MASP2	0.73	HGFAC	SELL	0.73
NCAM1	SELL	0.73	LCP1	LPA	0.73	CA1	IGFALS	0.73
CLU	SELL	0.73	CD14	NA	0.73	APOC3	LCP1	0.73
SELL	SEPP1	0.73	PRG4	SELL	0.73	LCP1	LUM	0.73
THBS1	TNXB	0.73	CDH5	LCP1	0.73	COMP	LCP1	0.73
FCN3	LCP1	0.73	LCP1	NID1	0.73	HABP2	PCSK9	0.73
CNDP1	SELL	0.73	HABP2	TGFBI	0.73	PGLYRP2	SELL	0.73
HABP2	SEPP1	0.73	LCP1	NCAM1	0.73	GP1BA	LCP1	0.73
HABP2	ORM1	0.73	CD14	IGFALS	0.73	ATRN	LCP1	0.73
MASP2	SELL	0.73	CD14	LCP1	0.73	LCP1	PTGDS	0.73
CPN2	THBS1	0.73	CLEC3B	IGFALS	0.73	HABP2	S100A8	0.73
NCAM1	THBS1	0.73	APOA4	ORM1	0.73	CLU	VWF	0.72
LPA	SELL	0.73	APOC1	SELL	0.73	APOA4	SELL	0.72
CDH5	SELL	0.73	CLU	PDLIM1	0.73	APOE	HABP2	0.72
IGFBP3	SELL	0.73	APOC3	SELL	0.73	LUM	ORM1	0.72
PEPD	SELL	0.73	HABP2	IGFALS	0.73	LCP1	MST1	0.72
HABP2	PRDX2	0.73	IGFALS	S100A8	0.73	BTD	NA	0.72
CA2	SELL	0.73	IGF2	SELL	0.73	MINPP1	SELL	0.72
SELL	VCAM1	0.73	LCP1	PEPD	0.73	CD14	VCAM1	0.72
LCP1	TNXB	0.73	LCP1	SPP2	0.73	HABP2	MAN1A1	0.72
APOE	SELL	0.73	CPB2	SELL	0.73	ORM1	VTN	0.72
PDLIM1	VTN	0.73	LCP1	S100A8	0.73	MASP1	THBS1	0.72
LPA	ORM1	0.73	SELL	SHBG	0.73	LCP1	SHBG	0.72
THBS1	VWF	0.73	GP5	SELL	0.73	BTD	HABP2	0.72
APOA4	COMP	0.73	CA1	LCP1	0.73	S100A8	VWF	0.72
FCN3	SELL	0.73	CA2	HABP2	0.73	SELL	TNXB	0.72
HABP2	QSOX1	0.73	HABP2	LCAT	0.73	APOA4	CLEC3B	0.72
LGALS3BP	SELL	0.73	APOA4	VWF	0.73	CPN1	IGFALS	0.72
CD163	LCP1	0.73	LCP1	PCSK9	0.73	PROS1	SELL	0.72
MASP1	PDLIM1	0.73	IGFALS	PRDX2	0.73	IGFALS	LRG1	0.72
PDLIM1	PTGDS	0.73	VWF	NA	0.73	LCP1	SEPP1	0.72
LCP1	TLN1	0.73	LCP1	MINPP1	0.73	CDH5	ORM1	0.72

CD163	VWF	0.72	CD163	IGFALS	0.72	CPN2	VWF	0.71
PTGDS	SELL	0.72	HABP2	LRG1	0.72	NCAM1	VWF	0.71
APOA4	PDLIM1	0.72	SELL	VASN	0.72	CD163	THBS1	0.71
COMP	TNXB	0.72	HYOU1	SELL	0.72	CPN2	PDLIM1	0.71
SELL	VTN	0.72	LCP1	PROS1	0.72	ORM1	S100A8	0.71
DBH	SELL	0.72	HABP2	SPP2	0.72	APOA4	S100A8	0.71
PCSK9	SELL	0.72	S100A8	TNXB	0.72	FCN3	IGFALS	0.71
GP5	HABP2	0.72	CD14	TNXB	0.72	PDLIM1	PRG4	0.71
CD14	HABP2	0.72	MASP1	ORM1	0.72	HYOU1	LCP1	0.71
BTD	LRG1	0.72	IGFALS	S100A9	0.72	LCP1	TAGLN2	0.71
APOA1	SELL	0.72	HABP2	SHBG	0.72	BTD	GP5	0.71
BTD	S100A8	0.72	LUM	VWF	0.72	GP1BA	HABP2	0.71
IGF2	LCP1	0.72	LCP1	VASN	0.72	HABP2	HGFAC	0.71
BCHE	THBS1	0.72	CA2	IGFALS	0.72	CD14	MST1	0.71
LUM	SELL	0.72	CA1	HABP2	0.72	CD14	LPA	0.71
ATRN	ORM1	0.72	CPN1	HABP2	0.72	CA2	ORM1	0.71
CD14	IGFBP3	0.72	IGF2	ORM1	0.72	DBH	LCP1	0.71
GP5	LCP1	0.72	LCP1	PGLYRP2	0.72	APOA4	LCP1	0.71
GPLD1	LCP1	0.72	HABP2	PRG4	0.72	APOE	IGFALS	0.71
MASP2	ORM1	0.72	LCP1	MAN1A1	0.72	LCP1	LRG1	0.71
APOC1	HABP2	0.72	CD14	LCAT	0.72	IGFALS	LPA	0.71
SELL	TAGLN2	0.72	CNDP1	ORM1	0.72	ORM1	SPP2	0.71
HYOU1	THBS1	0.72	LCP1	S100A9	0.72	IGFALS	PCSK9	0.71
ATRN	SELL	0.72	IGFALS	LGALS3BP	0.71	IGFALS	MASP1	0.71
LCAT	ORM1	0.72	HABP2	NCAM1	0.71	COMP	ORM1	0.71
BTD	PRDX2	0.72	GPX3	HABP2	0.71	BTD	S100A9	0.71
CLU	LCP1	0.72	CD14	QSOX1	0.71	NCAM1	ORM1	0.71
LCP1	PFN1	0.72	CD163	HABP2	0.71	FCN3	ORM1	0.71
LCP1	VCAM1	0.72	APOA1	LCP1	0.71	HABP2	VCAM1	0.71
BTD	IGFALS	0.72	CDH5	HABP2	0.71	BTD	CD14	0.71
ORM1	QSOX1	0.72	S100A9	THBS1	0.71	HABP2	LPA	0.71
PFN1	SELL	0.72	HABP2	TLN1	0.71	LCP1	VTN	0.71
CPB2	HABP2	0.72	FCN3	HABP2	0.71	ORM1	TLN1	0.71
ORM1	PRDX2	0.72	COMP	IGFALS	0.71	APOC1	IGFALS	0.71
LCP1	PRG4	0.72	HABP2	MASP1	0.71	APOE	ORM1	0.71
MST1	ORM1	0.72	CKM	LCP1	0.71	CD14	VTN	0.71
CNTN1	PON1	0.72	CPN1	IGFBP3	0.71	CACNA2D1	PON1	0.71
HABP2	LUM	0.72	IGFBP3	LRG1	0.71	PGLYRP2	VWF	0.71
HABP2	PTGDS	0.72	PTGDS	VWF	0.71	PDLIM1	TNXB	0.71
IGFBP3	S100A8	0.72	GP5	IGFALS	0.71	IGFALS	TGFBI	0.71
APOA1	HABP2	0.72	LRG1	TNXB	0.71	CPN1	VWF	0.71

HABP2	VASN	0.71	BCHE	ORM1	0.70	HABP2	VTN	0.70
IGFALS	TNXB	0.71	ATRN	IGFALS	0.70	TLN1	VTN	0.70
ORM1	SHBG	0.71	APOC1	ORM1	0.70	PCSK9	VWF	0.70
CNDP1	IGFALS	0.71	LRG1	NA	0.70	APOA1	IGFALS	0.70
ORM1	VCAM1	0.71	CLU	ORM1	0.70	APOE	CD14	0.70
GPLD1	ORM1	0.71	APOA1	PDLIM1	0.70	CD14	CLEC3B	0.70
HABP2	S100A9	0.71	PTGDS	NA	0.70	QSOX1	THBS1	0.70
ORM1	PGLYRP2	0.71	CD14	MASP2	0.70	CDH5	IGFALS	0.70
HABP2	PEPD	0.71	NID1	ORM1	0.70	ORM1	PROS1	0.70
APOE	VWF	0.71	BTD	CA1	0.70	CD14	FCN3	0.70
CA1	ORM1	0.71	IGFALS	PROS1	0.70	ORM1	S100A9	0.70
CKM	ORM1	0.71	ATRN	HABP2	0.70	CKM	HABP2	0.70
BCHE	HABP2	0.71	BTD	IGFBP3	0.70	HABP2	PROS1	0.70
IGFALS	PTGDS	0.71	CACNA2D1	ORM1	0.70	CPB2	THBS1	0.70
IGFALS	SPP2	0.71	VTN	NA	0.70	APOC3	IGFALS	0.70
APOA4	PRDX2	0.71	CD14	CNDP1	0.70	LPA	LRG1	0.70
MASP1	PTGDS	0.71	BTD	FCN3	0.70	BCHE	VWF	0.70
APOC3	ORM1	0.71	HABP2	PFN1	0.70	PDLIM1	S100A9	0.70
IGFALS	MASP2	0.71	IGFBP3	S100A9	0.70	GPX3	ORM1	0.70
HABP2	LGALS3BP	0.71	IGFALS	LUM	0.70	CPN2	ORM1	0.70
LPA	MASP1	0.71	ORM1	PRG4	0.70	APOC3	VWF	0.70
CPB2	IGFALS	0.71	PROS1	VWF	0.70	IGFALS	NID1	0.70
S100A8	NA	0.71	PRG4	VWF	0.70	APOA1	THBS1	0.70
COMP	LUM	0.71	LGALS3BP	ORM1	0.70	MAN1A1	ORM1	0.70
HGFAC	ORM1	0.71	CD163	PDLIM1	0.70	APOC3	THBS1	0.70
CPN1	ORM1	0.71	GPLD1	HABP2	0.70	S100A8	VTN	0.70
GP1BA	THBS1	0.71	HABP2	NID1	0.70	BTD	CA2	0.70
CLU	HABP2	0.71	GP1BA	ORM1	0.70	LPA	VWF	0.70
HYOU1	VWF	0.71	NID1	THBS1	0.70	MINPP1	ORM1	0.70
CD14	ORM1	0.71	ORM1	PCSK9	0.70	BTD	LPA	0.70
BCHE	IGFALS	0.71	CDH5	MASP1	0.70	CPB2	ORM1	0.70
IGFALS	PEPD	0.71	HABP2	TAGLN2	0.70	APOA4	NA	0.70
HABP2	PGLYRP2	0.71	HABP2	IGF2	0.70	IGFALS	SHBG	0.70
CD163	ORM1	0.71	S100A9	VWF	0.70	APOA4	HABP2	0.70
DBH	HABP2	0.71	CPN2	LCP1	0.70	BTD	TNXB	0.70
S100A9	TNXB	0.71	GPX3	IGFALS	0.70	IGFALS	PRG4	0.70
LUM	THBS1	0.71	CDH5	PDLIM1	0.70	DBH	ORM1	0.70
CD14	PTGDS	0.71	ORM1	SEPP1	0.70	IGFBP3	NA	0.70
HYOU1	PDLIM1	0.71	BTD	QSOX1	0.70	GPX3	PDLIM1	0.70
CLEC3B	ORM1	0.70	IGFALS	VTN	0.70	NID1	VWF	0.70
APOA4	CD14	0.70	PDLIM1	PGLYRP2	0.70	CLU	IGFALS	0.70

VASN	VWF	0.70	IGFALS	SEPP1	0.69	GPX3	VWF	0.69
CD163	PTGDS	0.70	PTGDS	S100A8	0.69	CD14	MAN1A1	0.69
ORM1	PEPD	0.70	IGFALS	QSOX1	0.69	LRG1	VTN	0.69
QSOX1	VWF	0.70	CD14	CPN1	0.69	CD14	MASP1	0.69
CPN2	IGFALS	0.70	CLU	IGFBP3	0.69	BTD	GP1BA	0.69
BTD	CDH5	0.70	BTD	CPN1	0.69	BTD	NID1	0.69
GP1BA	IGFALS	0.70	BTD	PROS1	0.69	BTD	SEPP1	0.69
CD14	CDH5	0.70	GP1BA	VWF	0.69	CACNA2D1	SELL	0.69
CDH5	VWF	0.70	ATRN	CD14	0.69	PDLIM1	QSOX1	0.69
HABP2	HYOU1	0.70	LUM	S100A8	0.69	CD14	GPLD1	0.69
CD14	S100A8	0.70	APOA4	LPA	0.69	PEPD	VWF	0.69
ORM1	TGFBI	0.70	CD14	TLN1	0.69	BTD	SHBG	0.69
IGFALS	TLN1	0.70	CPN2	IGFBP3	0.69	IGF2	IGFALS	0.69
NCAM1	PDLIM1	0.70	CD14	PCSK9	0.69	CDH5	NA	0.69
CD14	NID1	0.70	HYOU1	IGFALS	0.69	GPLD1	VWF	0.69
GP5	ORM1	0.70	APOC3	BTD	0.69	CKM	IGFALS	0.69
APOC1	BTD	0.70	APOA4	S100A9	0.69	CD14	PRDX2	0.69
HYOU1	ORM1	0.70	CD14	CPN2	0.69	MAN1A1	PDLIM1	0.69
ORM1	PFN1	0.70	CD14	SHBG	0.69	APOE	THBS1	0.69
ATRN	VWF	0.70	LUM	PDLIM1	0.69	GPLD1	PDLIM1	0.69
BTD	CD163	0.70	PGLYRP2	VTN	0.69	CD14	IGF2	0.69
BTD	PTGDS	0.70	PRDX2	S100A8	0.69	MASP1	S100A8	0.69
ORM1	VASN	0.70	BTD	CNDP1	0.69	IGFALS	MINPP1	0.69
ATRN	S100A8	0.70	TAGLN2	VWF	0.69	MASP2	VWF	0.69
IGFALS	IGFBP3	0.70	BTD	MST1	0.69	COMP	MASP1	0.69
IGFALS	NCAM1	0.70	CD14	SPP2	0.69	BTD	VTN	0.69
GPLD1	IGFALS	0.70	BTD	MASP2	0.69	CPN1	NA	0.69
CACNA2D1	CD14	0.70	PGLYRP2	THBS1	0.69	PTGDS	VTN	0.69
CD14	CLU	0.69	BTD	GPX3	0.69	BTD	PCSK9	0.69
CPN1	TNXB	0.69	APOA4	APOC1	0.69	IGFBP3	MASP1	0.69
CPN2	HABP2	0.69	CDH5	CPN1	0.69	APOA4	CA1	0.69
APOA4	LRG1	0.69	PROS1	S100A8	0.69	CD14	CD163	0.69
CPN2	S100A8	0.69	CNDP1	VWF	0.69	PGLYRP2	PTGDS	0.69
APOA1	ORM1	0.69	IGFALS	LCAT	0.69	BCHE	CD14	0.69
CPN1	PTGDS	0.69	CNTN1	LCP1	0.69	HABP2	MINPP1	0.69
ORM1	TAGLN2	0.69	TNXB	VTN	0.69	BTD	CPB2	0.69
APOC3	CD14	0.69	CD14	TGFBI	0.69	APOA4	CD163	0.69
BTD	CLU	0.69	IGFALS	MST1	0.69	CPB2	PDLIM1	0.69
LRG1	ORM1	0.69	IGFBP3	VTN	0.69	GPX3	IGFBP3	0.69
APOA4	IGFALS	0.69	CPB2	VWF	0.69	LPA	PGLYRP2	0.69
PDLIM1	SEPP1	0.69	LGALS3BP	VWF	0.69	CD14	GP1BA	0.69

PRDX2	VWF	0.69	APOE	BTD	0.68	LRG1	PTGDS	0.68
COMP	IGFBP3	0.69	BTD	MAN1A1	0.68	LCAT	LRG1	0.68
PFN1	VWF	0.69	CD14	HYOU1	0.68	CD14	SEPP1	0.68
ATRN	LRG1	0.69	CA2	S100A8	0.68	ATRN	BTD	0.68
COMP	HYOU1	0.69	CD14	S100A9	0.68	LRG1	S100A8	0.68
ATRN	PDLIM1	0.69	CD14	MINPP1	0.68	CACNA2D1	HABP2	0.68
GP5	VWF	0.69	CPN1	PGLYRP2	0.68	GP5	VTN	0.68
IGFALS	MAN1A1	0.69	LPA	VTN	0.68	PRDX2	PTGDS	0.68
BCHE	BTD	0.69	FCN3	VWF	0.68	LRG1	TLN1	0.68
BCHE	PDLIM1	0.69	CPN2	PTGDS	0.68	CD14	LUM	0.68
BTD	CKM	0.69	MASP1	TNXB	0.68	NID1	VTN	0.68
CNTN1	SELL	0.69	NCAM1	S100A8	0.68	COMP	CPN2	0.68
CPN2	TNXB	0.69	GPLD1	S100A8	0.68	LUM	NA	0.68
CD14	LGALS3BP	0.69	APOA1	IGFBP3	0.68	BTD	IGF2	0.68
APOA4	BTD	0.69	APOA1	VWF	0.68	CLU	TNXB	0.68
CD14	GP5	0.69	IGFALS	VCAM1	0.68	BTD	GPLD1	0.68
PRG4	S100A8	0.69	COMP	VTN	0.68	BTD	TLN1	0.68
DBH	IGFALS	0.69	LGALS3BP	PTGDS	0.68	LGALS3BP	S100A8	0.68
APOA4	CPN1	0.69	PROS1	THBS1	0.68	LGALS3BP	PDLIM1	0.68
PROS1	TNXB	0.69	BTD	HGFAC	0.68	SPP2	VWF	0.68
BTD	LUM	0.69	APOC1	PTGDS	0.68	TGFBI	THBS1	0.68
BTD	NCAM1	0.69	CDH5	VTN	0.68	TNXB	NA	0.68
BTD	SPP2	0.69	CD163	NA	0.68	CPB2	IGFBP3	0.68
CACNA2D1	LCP1	0.69	APOA4	TNXB	0.68	APOA4	APOE	0.68
IGFBP3	PTGDS	0.69	PRDX2	VTN	0.68	CA1	VTN	0.68
PCSK9	PTGDS	0.69	IGFBP3	TLN1	0.68	CPN1	LUM	0.68
LRG1	MASP1	0.69	APOA1	S100A8	0.68	CD14	GPX3	0.68
APOA4	NID1	0.69	CPN1	MASP1	0.68	IGFBP3	PRDX2	0.68
MST1	VWF	0.69	APOA4	PTGDS	0.68	APOA4	QSOX1	0.68
APOA4	CA2	0.69	CLU	S100A8	0.68	MAN1A1	THBS1	0.68
HGFAC	VWF	0.69	CLU	PGLYRP2	0.68	CACNA2D1	LRG1	0.68
FCN3	PTGDS	0.68	CD14	PRG4	0.68	CA2	VTN	0.68
CACNA2D1	VWF	0.68	BTD	MASP1	0.68	DBH	VWF	0.68
CD14	NCAM1	0.68	LRG1	PROS1	0.68	APOA4	IGFBP3	0.68
CLEC3B	VWF	0.68	COMP	VWF	0.68	GPLD1	THBS1	0.68
LRG1	QSOX1	0.68	BTD	VASN	0.68	CLU	MASP1	0.68
MAN1A1	VWF	0.68	BTD	TGFBI	0.68	IGFALS	PGLYRP2	0.68
SHBG	VWF	0.68	LPA	S100A8	0.68	IGFALS	VASN	0.68
CD14	CPB2	0.68	CD14	TAGLN2	0.68	CA2	CD14	0.68
CD14	HGFAC	0.68	MASP1	NA	0.68	SEPP1	VWF	0.68
LRG1	LUM	0.68	LRG1	PGLYRP2	0.68	CPN2	LRG1	0.68

BTD	VCAM1	0.68	GPX3	PTGDS	0.68	APOA4	MST1	0.67
IGFALS	PFN1	0.68	CA2	VWF	0.68	PCSK9	S100A8	0.67
PRG4	PTGDS	0.68	CNTN1	HABP2	0.68	NID1	PTGDS	0.67
BTD	DBH	0.68	PGLYRP2	S100A8	0.68	IGFBP3	PRG4	0.67
GPX3	TNXB	0.68	ATRN	S100A9	0.68	S100A9	NA	0.67
CD14	PROS1	0.68	GPLD1	LRG1	0.68	CDH5	LRG1	0.67
APOA4	PCSK9	0.68	PRG4	THBS1	0.68	APOA4	GP5	0.67
QSOX1	VTN	0.68	BTD	PFN1	0.68	APOE	S100A8	0.67
CD14	DBH	0.68	BTD	CPN2	0.68	PROS1	VTN	0.67
CPN2	NA	0.68	CD163	CDH5	0.68	CD14	PGLYRP2	0.67
LCAT	VWF	0.68	CA1	S100A8	0.68	APOA1	TNXB	0.67
CD14	CKM	0.68	GPX3	THBS1	0.68	COMP	LRG1	0.67
CD163	VTN	0.68	MINPP1	PDLIM1	0.68	APOE	PTGDS	0.67
IGF2	VWF	0.68	BTD	LCAT	0.68	LRG1	VCAM1	0.67
HGFAC	IGFALS	0.68	CA1	CD14	0.68	CD163	MASP1	0.67
PTGDS	S100A9	0.68	CPN1	VTN	0.68	CD14	VASN	0.67
TLN1	VWF	0.68	PFN1	VTN	0.68	COMP	CPN1	0.67
CD14	PEPD	0.68	COMP	NCAM1	0.68	CLEC3B	PTGDS	0.67
BTD	TAGLN2	0.68	APOA1	CD14	0.67	QSOX1	S100A8	0.67
TGFBI	VWF	0.68	CDH5	CPN2	0.67	APOA4	FCN3	0.67
CKM	VWF	0.68	APOC1	CD14	0.67	NCAM1	VTN	0.67
APOA4	CNDP1	0.68	CDH5	PRG4	0.67	CLEC3B	LRG1	0.67
CD14	PFN1	0.68	LPA	TNXB	0.67	CPN1	LPA	0.67
BTD	PRG4	0.68	CD163	CPN1	0.67	PTGDS	QSOX1	0.67
LRG1	PRDX2	0.68	IGFALS	TAGLN2	0.67	APOA4	CKM	0.67
CD14	LRG1	0.68	LPA	PTGDS	0.67	PGLYRP2	PROS1	0.67
CD163	PROS1	0.68	IGFBP3	TNXB	0.67	PROS1	PTGDS	0.67
CPN1	S100A8	0.68	FCN3	S100A8	0.67	LUM	VTN	0.67
HYOU1	PTGDS	0.68	CPB2	PTGDS	0.67	APOA4	MASP1	0.67
CDH5	S100A8	0.68	BTD	LGALS3BP	0.67	CDH5	GPX3	0.67
BTD	MINPP1	0.68	APOA4	NCAM1	0.67	APOA4	MASP2	0.67
APOA4	VTN	0.68	BTD	HYOU1	0.67	HYOU1	S100A8	0.67
S100A9	VTN	0.68	MASP1	PROS1	0.67	APOC3	LRG1	0.67
FCN3	LRG1	0.68	SEPP1	THBS1	0.67	APOA4	CPB2	0.67
LPA	THBS1	0.68	LUM	S100A9	0.67	CLU	LUM	0.67
VCAM1	VWF	0.68	APOA4	CLU	0.67	CLEC3B	VTN	0.67
IGFBP3	LPA	0.68	NID1	PDLIM1	0.67	CA2	PTGDS	0.67
BTD	PGLYRP2	0.68	CD163	LPA	0.67	SPP2	VTN	0.67
MASP1	VTN	0.68	APOA4	LUM	0.67	CLU	NA	0.67
APOA4	CDH5	0.68	LRG1	NCAM1	0.67	CNDP1	LRG1	0.67
COMP	PTGDS	0.68	CA1	VWF	0.67	LGALS3BP	LRG1	0.67

GP1BA	S100A8	0.67	LRG1	S100A9	0.67	APOA4	MAN1A1	0.67
APOA4	LGALS3BP	0.67	MAN1A1	PTGDS	0.67	APOA4	GPX3	0.66
BTD	PEPD	0.67	S100A8	VASN	0.67	GPLD1	IGFBP3	0.66
PRG4	TNXB	0.67	MASP1	S100A9	0.67	APOE	TNXB	0.66
APOA4	APOC3	0.67	IGFBP3	PGLYRP2	0.67	CDH5	GPLD1	0.66
APOE	VTN	0.67	FCN3	VTN	0.67	APOA1	LRG1	0.66
APOA4	PROS1	0.67	PDLIM1	TGFBI	0.67	SPP2	THBS1	0.66
APOE	LRG1	0.67	NCAM1	PTGDS	0.67	CDH5	LPA	0.66
MINPP1	VWF	0.67	APOA4	SEPP1	0.67	APOA4	ATRN	0.66
MASP1	NCAM1	0.67	BCHE	PTGDS	0.67	S100A8	TGFBI	0.66
S100A8	S100A9	0.67	CACNA2D1	S100A8	0.67	PDLIM1	PROS1	0.66
GPLD1	PTGDS	0.67	CD163	LRG1	0.67	SEPP1	VTN	0.66
IGF2	LRG1	0.67	LRG1	PFN1	0.67	CNDP1	PTGDS	0.66
S100A8	TLN1	0.67	COMP	PGLYRP2	0.67	GP1BA	LRG1	0.66
IGFBP3	NCAM1	0.67	APOA4	GP1BA	0.67	FCN3	IGFBP3	0.66
CD163	IGFBP3	0.67	NCAM1	PRDX2	0.67	TAGLN2	VTN	0.66
CDH5	CLU	0.67	CA2	LRG1	0.67	LRG1	PCSK9	0.66
APOC3	PTGDS	0.67	ATRN	IGFBP3	0.67	IGFBP3	LGALS3BP	0.66
APOA4	TGFBI	0.67	GP5	IGFBP3	0.67	CD163	TNXB	0.66
APOA4	SPP2	0.67	PTGDS	SHBG	0.67	CLU	VTN	0.66
CPN1	QSOX1	0.67	APOA4	HGFAC	0.67	PROS1	NA	0.66
CKM	LRG1	0.67	APOA4	CPN2	0.67	CDH5	PROS1	0.66
CDH5	PGLYRP2	0.67	LUM	PRDX2	0.67	CKM	S100A8	0.66
IGF2	VTN	0.67	CLU	LPA	0.67	IGF2	S100A8	0.66
CNDP1	VTN	0.67	CA1	IGFBP3	0.67	S100A8	SEPP1	0.66
CDH5	HYOU1	0.67	CLU	TLN1	0.67	PRG4	VTN	0.66
PEPD	THBS1	0.67	CD163	CPN2	0.67	CA2	IGFBP3	0.66
LPA	LUM	0.67	IGFBP3	SPP2	0.67	TGFBI	VTN	0.66
APOC3	VTN	0.67	CKM	VTN	0.67	CLU	PTGDS	0.66
CPN1	LRG1	0.67	HGFAC	LRG1	0.67	CACNA2D1	IGFALS	0.66
HGFAC	S100A8	0.67	CPN2	S100A9	0.67	LRG1	SHBG	0.66
APOA4	SHBG	0.67	CLEC3B	S100A8	0.67	HYOU1	NA	0.66
APOC1	VWF	0.67	S100A8	SPP2	0.67	CNDP1	S100A8	0.66
MASP2	PTGDS	0.67	LUM	PROS1	0.67	CA1	LRG1	0.66
GP1BA	PDLIM1	0.67	APOE	PDLIM1	0.67	CA1	PTGDS	0.66
CDH5	PRDX2	0.67	BCHE	LRG1	0.67	LRG1	SPP2	0.66
APOC3	S100A8	0.67	PFN1	S100A8	0.67	PTGDS	SEPP1	0.66
APOA1	BTD	0.67	CD163	S100A8	0.67	LRG1	MASP2	0.66
LRG1	NID1	0.67	CDH5	PTGDS	0.67	VCAM1	VTN	0.66
CPB2	S100A8	0.67	GPX3	VTN	0.67	GP5	S100A8	0.66
LPA	PDLIM1	0.67	CPN2	LUM	0.67	CLU	LRG1	0.66

PROS1	S100A9	0.66	LRG1	TGFBI	0.66	IGFBP3	PCSK9	0.66
HGFAC	VTN	0.66	DBH	LRG1	0.66	APOE	CDH5	0.66
PTGDS	TLN1	0.66	LUM	PTGDS	0.66	GP5	PTGDS	0.66
PTGDS	TNXB	0.66	GP5	LRG1	0.66	GPX3	S100A8	0.66
LRG1	TAGLN2	0.66	FCN3	LUM	0.66	APOA4	PGLYRP2	0.66
CPB2	LRG1	0.66	MASP1	NID1	0.66	APOA4	VCAM1	0.66
APOA4	BCHE	0.66	APOA4	PEPD	0.66	HGFAC	PTGDS	0.66
CPN2	VTN	0.66	LRG1	MINPP1	0.66	MST1	PTGDS	0.66
IGFBP3	MASP2	0.66	CD163	CLU	0.66	BCHE	S100A8	0.66
PEPD	S100A8	0.66	HYOU1	LPA	0.66	APOC1	CPN1	0.66
NCAM1	TNXB	0.66	PGLYRP2	TNXB	0.66	APOA4	GPLD1	0.66
BCHE	VTN	0.66	PCSK9	VTN	0.66	MAN1A1	VTN	0.66
APOA1	APOA4	0.66	CD163	NCAM1	0.66	MST1	S100A8	0.66
NCAM1	PROS1	0.66	MASP2	VTN	0.66	CPN2	NID1	0.66
LRG1	MST1	0.66	PTGDS	TGFBI	0.66	PGLYRP2	NA	0.66
PDLIM1	SPP2	0.66	ATRN	VTN	0.66	HYOU1	LRG1	0.66
CPB2	VTN	0.66	MASP1	PCSK9	0.66	COMP	S100A8	0.66
CDH5	CPB2	0.66	HYOU1	IGFBP3	0.66	GP1BA	IGFBP3	0.66
LRG1	PRG4	0.66	GPX3	LRG1	0.66	CNTN1	IGFALS	0.66
DBH	PTGDS	0.66	PRDX2	TNXB	0.66	CPN1	PRDX2	0.66
IGF2	PTGDS	0.66	PTGDS	SPP2	0.66	CNDP1	CPN1	0.66
NID1	S100A8	0.66	IGFBP3	SEPP1	0.66	LCAT	VTN	0.66
DBH	S100A8	0.66	CNTN1	ORM1	0.66	IGFBP3	NID1	0.66
APOA4	DBH	0.66	IGFBP3	TGFBI	0.66	CKM	PTGDS	0.66
CNDP1	CPN2	0.66	APOE	IGFBP3	0.66	BCHE	CD163	0.66
CDH5	IGFBP3	0.66	S100A8	TAGLN2	0.66	APOA4	LCAT	0.66
LGALS3BP	TNXB	0.66	CDH5	S100A9	0.66	ATRN	PTGDS	0.66
LGALS3BP	VTN	0.66	LRG1	PEPD	0.66	DBH	VTN	0.66
NCAM1	NA	0.66	FCN3	TNXB	0.66	MASP1	QSOX1	0.66
CDH5	FCN3	0.66	GPX3	LUM	0.66	BCHE	IGFBP3	0.66
APOA1	PTGDS	0.66	CPB2	TNXB	0.66	NCAM1	S100A9	0.66
CPN1	NCAM1	0.66	SHBG	VTN	0.66	CPN1	VASN	0.66
LRG1	VASN	0.66	CLEC3B	CPN2	0.66	S100A8	SHBG	0.66
CPN2	LPA	0.66	APOA4	VASN	0.66	CDH5	LGALS3BP	0.66
LPA	S100A9	0.66	APOC1	VTN	0.66	MINPP1	PTGDS	0.66
LGALS3BP	THBS1	0.66	CPN1	HYOU1	0.66	IGFBP3	MAN1A1	0.66
VASN	VTN	0.66	BCHE	CDH5	0.66	CDH5	QSOX1	0.66
CPN2	PRDX2	0.66	APOA4	HYOU1	0.66	LUM	MASP1	0.66
SEPP1	TNXB	0.66	CNDP1	IGFBP3	0.66	APOA1	CDH5	0.66
APOA4	PRG4	0.66	IGFBP3	LUM	0.66	BTD	CNTN1	0.66
APOC1	S100A8	0.66	ATRN	NA	0.66	CLEC3B	CPN1	0.65

CPN1	FCN3	0.65	APOA4	PFN1	0.65	GPX3	MASP1	0.65
APOC1	LRG1	0.65	CA1	CDH5	0.65	CDH5	CNDP1	0.65
IGFBP3	SHBG	0.65	CLEC3B	IGFBP3	0.65	CD163	PGLYRP2	0.65
LUM	PRG4	0.65	PEPD	PTGDS	0.65	LCAT	THBS1	0.65
MASP2	TNXB	0.65	IGFBP3	TAGLN2	0.65	CPN1	PROS1	0.65
PRDX2	S100A9	0.65	CD163	HGFAC	0.65	LPA	NCAM1	0.65
APOA4	TLN1	0.65	APOA1	VTN	0.65	LGALS3BP	PROS1	0.65
GP1BA	PTGDS	0.65	QSOX1	TNXB	0.65	LCAT	PDLIM1	0.65
CD163	HYOU1	0.65	CD14	CNTN1	0.65	ATRN	CDH5	0.65
CLU	COMP	0.65	LRG1	SEPP1	0.65	GP1BA	VTN	0.65
ATRN	CD163	0.65	IGFBP3	QSOX1	0.65	CPN1	NID1	0.65
MST1	VTN	0.65	APOA4	IGF2	0.65	CDH5	TNXB	0.65
PTGDS	VCAM1	0.65	CA1	CPN2	0.65	BCHE	TNXB	0.65
PFN1	THBS1	0.65	CPN1	MINPP1	0.65	CLU	NID1	0.65
PFN1	PTGDS	0.65	CPN1	IGF2	0.65	CPN1	MASP2	0.65
APOA4	MINPP1	0.65	APOC3	IGFBP3	0.65	CPN1	SPP2	0.65
HYOU1	PRDX2	0.65	CPN2	PGLYRP2	0.65	CPN2	TGFBI	0.65
LCAT	PTGDS	0.65	ATRN	CPN1	0.65	LGALS3BP	MASP1	0.65
CLU	NCAM1	0.65	CLEC3B	TNXB	0.65	IGFBP3	MST1	0.65
FCN3	MASP1	0.65	NCAM1	PGLYRP2	0.65	QSOX1	NA	0.65
CDH5	NCAM1	0.65	PGLYRP2	S100A9	0.65	GP1BA	PROS1	0.65
CDH5	PCSK9	0.65	PDLIM1	PEPD	0.65	CA2	CPN1	0.65
PTGDS	TAGLN2	0.65	CA2	CPN2	0.65	CNDP1	TNXB	0.65
APOE	CPN1	0.65	BCHE	CPN1	0.65	MASP1	SPP2	0.65
CD163	GPX3	0.65	HGFAC	THBS1	0.65	PCSK9	TNXB	0.65
CPN1	GPX3	0.65	LRG1	MAN1A1	0.65	CPN2	MASP1	0.65
NID1	PROS1	0.65	PGLYRP2	SPP2	0.65	CLU	CPN1	0.65
CNTN1	MASP1	0.65	CPN1	MST1	0.65	APOC3	PDLIM1	0.65
CLU	S100A9	0.65	CPN1	GP1BA	0.65	CPB2	PGLYRP2	0.65
LGALS3BP	S100A9	0.65	CPN2	PCSK9	0.65	CPN1	SHBG	0.65
CPN1	S100A9	0.65	MINPP1	S100A8	0.65	HGFAC	TNXB	0.65
PTGDS	VASN	0.65	CDH5	NID1	0.65	PRG4	S100A9	0.65
MAN1A1	TNXB	0.65	CPN2	NCAM1	0.65	APOA1	CD163	0.65
CNTN1	IGFBP3	0.65	GPLD1	VTN	0.65	CD163	CPB2	0.65
CPB2	MASP1	0.65	GPLD1	S100A9	0.65	CPN1	PCSK9	0.65
HYOU1	TNXB	0.65	CLEC3B	HYOU1	0.65	CPN1	TGFBI	0.65
CDH5	COMP	0.65	CA2	CDH5	0.65	APOC3	CPN1	0.65
CLU	QSOX1	0.65	CLU	FCN3	0.65	CA1	LUM	0.65
APOA4	TAGLN2	0.65	CPN2	FCN3	0.65	CLU	PRDX2	0.65
MASP2	S100A8	0.65	NID1	TNXB	0.65	CDH5	LUM	0.65
CD163	SPP2	0.65	IGFBP3	PFN1	0.65	CD163	QSOX1	0.65

HYOU1	S100A9	0.65	CPN2	IGF2	0.64	CPN1	TLN1	0.64
IGFBP3	VASN	0.65	CNDP1	MASP1	0.64	CPN1	LCAT	0.64
APOC3	CDH5	0.65	S100A8	VCAM1	0.64	APOC1	IGFBP3	0.64
APOA1	LUM	0.65	CLU	GP5	0.64	HYOU1	NID1	0.64
HGFAC	IGFBP3	0.64	CD163	COMP	0.64	PGLYRP2	PRDX2	0.64
CLEC3B	CLU	0.64	GP1BA	PGLYRP2	0.64	APOC1	NCAM1	0.64
CA2	S100A9	0.64	GP1BA	MASP1	0.64	CLU	CPN2	0.64
APOA1	S100A9	0.64	CA1	TNXB	0.64	APOE	CPN2	0.64
CLU	PROS1	0.64	APOA1	COMP	0.64	LPA	NA	0.64
QSOX1	S100A9	0.64	HYOU1	NCAM1	0.64	CD163	MINPP1	0.64
TGFBI	TNXB	0.64	APOE	MASP1	0.64	GPX3	NCAM1	0.64
BTD	CACNA2D1	0.64	APOC3	TNXB	0.64	CDH5	SHBG	0.64
MAN1A1	S100A8	0.64	CDH5	TGFBI	0.64	CLU	HYOU1	0.64
CPN2	QSOX1	0.64	MASP1	SEPP1	0.64	LPA	PRG4	0.64
CD163	LUM	0.64	CA2	NCAM1	0.64	CPN1	CPN2	0.64
CD163	FCN3	0.64	CD163	S100A9	0.64	GPX3	PGLYRP2	0.64
ATRN	TNXB	0.64	CPN1	HGFAC	0.64	SHBG	TNXB	0.64
FCN3	NCAM1	0.64	APOC1	CLU	0.64	CPN2	MASP2	0.64
MST1	TNXB	0.64	GPLD1	TNXB	0.64	CA1	CD163	0.64
CPB2	CPN1	0.64	CDH5	MASP2	0.64	MAN1A1	MASP1	0.64
CPN1	GP5	0.64	CA1	NCAM1	0.64	APOE	S100A9	0.64
MASP1	VASN	0.64	CA1	HYOU1	0.64	APOE	PROS1	0.64
CDH5	GP1BA	0.64	MASP1	PRDX2	0.64	GP5	TNXB	0.64
HYOU1	MASP1	0.64	LPA	PROS1	0.64	LGALS3BP	LUM	0.64
ATRN	MASP1	0.64	CPN1	MAN1A1	0.64	NCAM1	PRG4	0.64
LGALS3BP	NCAM1	0.64	CD163	CNTN1	0.64	HYOU1	PGLYRP2	0.64
MINPP1	VTN	0.64	CD163	PRDX2	0.64	TAGLN2	THBS1	0.64
CNTN1	VWF	0.64	CDH5	CLEC3B	0.64	HYOU1	PROS1	0.64
PEPD	VTN	0.64	MASP1	TLN1	0.64	CPN1	SEPP1	0.64
CPN1	VCAM1	0.64	ATRN	COMP	0.64	CD163	PRG4	0.64
APOE	LUM	0.64	LUM	SPP2	0.64	CKM	TNXB	0.64
HYOU1	VTN	0.64	CD163	GPLD1	0.64	CPN2	SPP2	0.64
CD163	PEPD	0.64	CA2	CLU	0.64	IGF2	PDLIM1	0.64
CA1	CPN1	0.64	APOE	CLU	0.64	IGFBP3	MINPP1	0.64
CPN2	HYOU1	0.64	SPP2	TNXB	0.64	CPB2	NCAM1	0.64
IGFBP3	PEPD	0.64	GP5	THBS1	0.64	CKM	CLU	0.64
CLU	CNDP1	0.64	DBH	IGFBP3	0.64	GPLD1	NCAM1	0.64
CD163	PCSK9	0.64	CPN2	VASN	0.64	CPN1	GPLD1	0.64
MASP1	PGLYRP2	0.64	MASP1	MST1	0.64	CA2	HYOU1	0.64
IGF2	IGFBP3	0.64	LGALS3BP	PGLYRP2	0.64	HGFAC	PDLIM1	0.64
MASP1	MASP2	0.64	CDH5	SEPP1	0.64	NCAM1	QSOX1	0.64

MASP1	PRG4	0.64	CPN1	PEPD	0.64	MASP1	VCAM1	0.63
CNTN1	LRG1	0.64	APOC3	MASP1	0.64	CD163	CLEC3B	0.63
IGFBP3	LCAT	0.64	CLU	GP1BA	0.64	CD163	TGFBI	0.63
PRG4	PROS1	0.64	CD163	LGALS3BP	0.64	DBH	TNXB	0.63
CDH5	MST1	0.64	LUM	PCSK9	0.64	CD163	CNDP1	0.63
CPB2	LUM	0.64	FCN3	S100A9	0.64	HGFAC	S100A9	0.63
LCAT	TNXB	0.64	CACNA2D1	S100A9	0.63	LUM	MAN1A1	0.63
APOC1	CDH5	0.64	CPB2	NA	0.63	CDH5	MINPP1	0.63
CPN2	GP5	0.64	CDH5	SPP2	0.63	APOA1	MASP1	0.63
BCHE	MASP1	0.64	MASP1	TGFBI	0.63	APOC3	LUM	0.63
CPB2	S100A9	0.64	CDH5	MAN1A1	0.63	CPN2	PROS1	0.63
APOC1	CPN2	0.64	LPA	MAN1A1	0.63	ATRN	CLU	0.63
CA2	CD163	0.64	CD163	GP5	0.63	CPN1	PRG4	0.63
IGF2	TNXB	0.64	CKM	IGFBP3	0.63	IGFBP3	VCAM1	0.63
CLU	VASN	0.64	CLEC3B	MASP1	0.63	CPN2	VCAM1	0.63
CPN2	GP1BA	0.64	LPA	PRDX2	0.63	HGFAC	LUM	0.63
ATRN	FCN3	0.64	CLU	SPP2	0.63	MASP2	PDLIM1	0.63
GP5	MASP1	0.64	CD163	SEPP1	0.63	APOC3	CLU	0.63
PCSK9	S100A9	0.64	GP1BA	TNXB	0.63	CLU	PCSK9	0.63
CDH5	GP5	0.64	LUM	PGLYRP2	0.63	FCN3	PROS1	0.63
ATRN	CPN2	0.64	CDH5	DBH	0.63	ATRN	CLEC3B	0.63
CA1	S100A9	0.64	CNTN1	S100A8	0.63	ATRN	NID1	0.63
CD163	IGF2	0.64	COMP	PROS1	0.63	APOC3	CPN2	0.63
ATRN	PGLYRP2	0.64	APOA1	PGLYRP2	0.63	CLU	LCAT	0.63
CKM	CPN1	0.64	CA2	TNXB	0.63	APOA4	CNTN1	0.63
CA1	CLU	0.64	GP1BA	NCAM1	0.63	HYOU1	LGALS3BP	0.63
APOE	CD163	0.64	S100A9	VASN	0.63	LUM	QSOX1	0.63
LCAT	S100A8	0.64	CPN2	MST1	0.63	LPA	NID1	0.63
APOA1	NA	0.64	CLU	LGALS3BP	0.63	PCSK9	PGLYRP2	0.63
CDH5	HGFAC	0.64	CLU	GPX3	0.63	CLU	VCAM1	0.63
HYOU1	MASP2	0.64	LUM	SHBG	0.63	MASP1	SHBG	0.63
CLU	CPB2	0.64	CLU	TAGLN2	0.63	CPB2	CPN2	0.63
LUM	NCAM1	0.64	GPLD1	PGLYRP2	0.63	CPN2	HGFAC	0.63
LUM	TNXB	0.64	BCHE	CLU	0.63	CPB2	LPA	0.63
LUM	SEPP1	0.64	S100A9	SPP2	0.63	CLU	MASP2	0.63
GP1BA	S100A9	0.64	PROS1	QSOX1	0.63	MINPP1	NA	0.63
IGF2	MASP1	0.64	CPN1	DBH	0.63	APOC3	PROS1	0.63
MINPP1	TNXB	0.64	TNXB	VASN	0.63	BCHE	CPN2	0.63
APOC1	TNXB	0.64	CLU	PFN1	0.63	CD163	MST1	0.63
ATRN	PRDX2	0.64	LUM	NID1	0.63	CDH5	PEPD	0.63
CPN2	TLN1	0.64	CPN1	LGALS3BP	0.63	BCHE	S100A9	0.63

CA2	LUM	0.63	CKM	S100A9	0.63	CLEC3B	PDLIM1	0.63
ATRN	LUM	0.63	GPX3	LPA	0.63	CA1	MASP1	0.63
APOC3	S100A9	0.63	NID1	S100A9	0.63	TAGLN2	TNXB	0.63
MASP1	MINPP1	0.63	HYOU1	MINPP1	0.63	CACNA2D1	PTGDS	0.63
CA2	MASP1	0.63	APOC1	MASP1	0.63	CNDP1	LUM	0.63
APOA1	NCAM1	0.63	TNXB	VCAM1	0.63	CLU	DBH	0.63
CPN1	TAGLN2	0.63	HYOU1	LUM	0.63	CACNA2D1	CPN1	0.63
CD163	GP1BA	0.63	CLU	MST1	0.63	APOC3	CD163	0.63
LUM	MASP2	0.63	LUM	MST1	0.63	CLU	GPLD1	0.63
CLU	IGF2	0.63	DBH	MASP1	0.63	MST1	PDLIM1	0.63
TLN1	TNXB	0.63	ATRN	HYOU1	0.63	CLEC3B	NCAM1	0.62
CD163	NID1	0.63	CLU	PRG4	0.63	CLU	HGFAC	0.62
FCN3	PGLYRP2	0.63	CKM	LUM	0.63	CLU	MAN1A1	0.62
PEPD	S100A9	0.63	CPN2	SHBG	0.63	PRDX2	PROS1	0.62
GPLD1	MASP1	0.63	APOE	HYOU1	0.63	GP5	LUM	0.62
APOA1	LPA	0.63	CPN2	MINPP1	0.63	LCAT	MASP1	0.62
PGLYRP2	SEPP1	0.63	BCHE	NCAM1	0.63	APOA4	CACNA2D1	0.62
CDH5	LCAT	0.63	CD163	MAN1A1	0.63	PGLYRP2	PRG4	0.62
S100A9	TGFBI	0.63	ATRN	PROS1	0.63	BCHE	HYOU1	0.62
PEPD	TNXB	0.63	PFN1	TNXB	0.63	HYOU1	SPP2	0.62
CDH5	TAGLN2	0.63	CLU	TGFBI	0.63	APOA1	CPN1	0.62
APOC1	HYOU1	0.63	PROS1	SPP2	0.63	APOC3	NCAM1	0.62
CD163	VASN	0.63	CPN1	PFN1	0.63	S100A9	SEPP1	0.62
CLU	SEPP1	0.63	LUM	TGFBI	0.63	GPX3	HYOU1	0.62
CNTN1	VTN	0.63	CPN2	DBH	0.63	PDLIM1	VASN	0.62
BCHE	LUM	0.63	COMP	MAN1A1	0.63	APOA1	NID1	0.62
GPLD1	LUM	0.63	HYOU1	MST1	0.63	MST1	S100A9	0.62
S100A9	TLN1	0.63	APOE	NA	0.63	CDH5	TLN1	0.62
CPN2	LGALS3BP	0.63	ATRN	NCAM1	0.63	FCN3	PDLIM1	0.62
GP1BA	LPA	0.63	GP5	PGLYRP2	0.63	GP5	S100A9	0.62
APOE	NCAM1	0.63	CDH5	PFN1	0.63	HGFAC	MASP1	0.62
APOA1	CLU	0.63	CPN2	LCAT	0.63	IGF2	LUM	0.62
ATRN	LPA	0.63	CACNA2D1	VTN	0.63	DBH	LUM	0.62
CLU	SHBG	0.63	LGALS3BP	QSOX1	0.63	BCHE	COMP	0.62
CDH5	IGF2	0.63	PRG4	NA	0.63	CKM	MASP1	0.62
APOE	LPA	0.63	APOC1	LUM	0.63	CLU	MINPP1	0.62
PDLIM1	TLN1	0.63	FCN3	HYOU1	0.63	GPX3	S100A9	0.62
CLEC3B	LUM	0.63	HYOU1	QSOX1	0.63	CNTN1	TNXB	0.62
CLEC3B	S100A9	0.63	NCAM1	SPP2	0.63	ATRN	PRG4	0.62
CLEC3B	THBS1	0.63	APOE	ATRN	0.63	CLU	PEPD	0.62
CD163	MASP2	0.63	CNDP1	PGLYRP2	0.63	HGFAC	NCAM1	0.62

CPN2	PRG4	0.62	CPN2	GPLD1	0.62	APOA1	APOE	0.62
MINPP1	PROS1	0.62	MAN1A1	NA	0.62	COMP	S100A9	0.62
NCAM1	TLN1	0.62	CD163	LCAT	0.62	LCAT	LUM	0.62
GPLD1	HYOU1	0.62	HGFAC	PROS1	0.62	PCSK9	PROS1	0.62
LPA	QSOX1	0.62	MASP2	NCAM1	0.62	MAN1A1	PRDX2	0.62
CPB2	HYOU1	0.62	CPN2	PEPD	0.62	CNDP1	NCAM1	0.62
CDH5	VCAM1	0.62	APOA1	TLN1	0.62	ATRN	QSOX1	0.62
GP5	PROS1	0.62	APOA1	PRDX2	0.62	CPN2	TAGLN2	0.62
PGLYRP2	SHBG	0.62	IGF2	NCAM1	0.62	NID1	NA	0.62
BCHE	NA	0.62	APOC3	HYOU1	0.62	MST1	NCAM1	0.62
GPLD1	PROS1	0.62	MINPP1	S100A9	0.62	HYOU1	SEPP1	0.62
BCHE	PROS1	0.62	APOA1	PROS1	0.62	APOC3	ATRN	0.62
GPLD1	LPA	0.62	BCHE	PRDX2	0.62	GP1BA	HYOU1	0.62
HYOU1	PCSK9	0.62	APOC1	PROS1	0.62	GPX3	NID1	0.62
CPB2	PROS1	0.62	CNTN1	CPN2	0.62	CPN2	MAN1A1	0.62
MINPP1	PRDX2	0.62	CD163	SHBG	0.62	NCAM1	TGFBI	0.62
CDH5	VASN	0.62	BCHE	PGLYRP2	0.62	MAN1A1	NCAM1	0.62
DBH	S100A9	0.62	MAN1A1	PGLYRP2	0.62	CD163	TAGLN2	0.62
PDLIM1	NA	0.62	GPX3	NA	0.62	GP1BA	GPX3	0.62
LUM	TAGLN2	0.62	CNTN1	LGALS3BP	0.62	APOC3	PGLYRP2	0.62
CDH5	CKM	0.62	MST1	PGLYRP2	0.62	CD163	VCAM1	0.62
CD163	DBH	0.62	GP5	PDLIM1	0.62	LGALS3BP	LPA	0.62
NCAM1	PCSK9	0.62	CACNA2D1	CLU	0.62	THBS1	VASN	0.62
CNDP1	S100A9	0.62	LUM	PFN1	0.62	MAN1A1	PROS1	0.62
CD163	CKM	0.62	CKM	CPN2	0.62	NCAM1	PEPD	0.62
CKM	HYOU1	0.62	CPN2	SEPP1	0.62	CD163	PFN1	0.62
PFN1	S100A9	0.62	NID1	PGLYRP2	0.62	PRG4	QSOX1	0.62
LUM	TLN1	0.62	LPA	VCAM1	0.62	TGFBI	NA	0.61
MASP1	TAGLN2	0.62	PGLYRP2	QSOX1	0.62	APOA1	CPN2	0.61
CPB2	QSOX1	0.62	PRG4	VASN	0.62	FCN3	LPA	0.61
CPN2	GPX3	0.62	PDLIM1	VCAM1	0.62	DBH	PROS1	0.61
CNTN1	PTGDS	0.62	CNTN1	PGLYRP2	0.62	HYOU1	PRG4	0.61
FCN3	QSOX1	0.62	ATRN	GPX3	0.62	PGLYRP2	TLN1	0.61
CD163	TLN1	0.62	PGLYRP2	VASN	0.62	THBS1	VCAM1	0.61
NCAM1	SHBG	0.62	NCAM1	NID1	0.62	GP5	HYOU1	0.61
MASP1	PFN1	0.62	MASP2	THBS1	0.62	GPLD1	NID1	0.61
GP1BA	LUM	0.62	CA2	PGLYRP2	0.62	APOA1	HYOU1	0.61
IGF2	S100A9	0.62	CPN2	PFN1	0.62	CNTN1	LUM	0.61
HGFAC	HYOU1	0.62	GP5	LPA	0.62	MASP1	PEPD	0.61
PROS1	VCAM1	0.62	LPA	MINPP1	0.62	APOA1	QSOX1	0.61
S100A9	TAGLN2	0.62	CA1	LPA	0.62	GP5	NCAM1	0.61

MASP2	PGLYRP2	0.61	CNTN1	CPN1	0.61	CPB2	FCN3	0.61
LPA	SEPP1	0.61	NCAM1	VASN	0.61	CLEC3B	PROS1	0.61
IGF2	PRG4	0.61	ATRN	CA2	0.61	LCAT	LPA	0.61
CA1	PGLYRP2	0.61	ATRN	MAN1A1	0.61	CNDP1	PRG4	0.61
CA2	MINPP1	0.61	HYOU1	IGF2	0.61	CNTN1	THBS1	0.61
CA1	PROS1	0.61	PROS1	SHBG	0.61	GP1BA	PRG4	0.61
HYOU1	PEPD	0.61	COMP	QSOX1	0.61	LUM	VASN	0.61
CA2	PROS1	0.61	ATRN	CPB2	0.61	APOA1	APOC3	0.61
LUM	PEPD	0.61	IGF2	PGLYRP2	0.61	PROS1	TAGLN2	0.61
IGF2	THBS1	0.61	LCAT	PGLYRP2	0.61	CACNA2D1	IGFBP3	0.61
CNDP1	HYOU1	0.61	GPX3	QSOX1	0.61	APOE	PRDX2	0.61
S100A9	SHBG	0.61	MST1	PROS1	0.61	LGALS3BP	NA	0.61
CNDP1	PROS1	0.61	HYOU1	VCAM1	0.61	NCAM1	PFN1	0.61
APOA1	ATRN	0.61	ATRN	VCAM1	0.61	LPA	SHBG	0.61
DBH	HYOU1	0.61	MASP2	S100A9	0.61	APOA1	VASN	0.61
MINPP1	NCAM1	0.61	ATRN	TGFBI	0.61	ATRN	GP5	0.60
APOC1	S100A9	0.61	GPLD1	NA	0.61	ATRN	SPP2	0.60
MASP2	PROS1	0.61	APOA1	BCHE	0.61	HGFAC	LPA	0.60
LCAT	PROS1	0.61	PROS1	TGFBI	0.61	CPB2	PRDX2	0.60
HYOU1	MAN1A1	0.61	CPB2	NID1	0.61	LPA	PCSK9	0.60
PGLYRP2	TGFBI	0.61	PFN1	PGLYRP2	0.61	LPA	SPP2	0.60
APOA1	FCN3	0.61	CLEC3B	PGLYRP2	0.61	HYOU1	VASN	0.60
HYOU1	TGFBI	0.61	CKM	NCAM1	0.61	LGALS3BP	NID1	0.60
APOE	PGLYRP2	0.61	LPA	TGFBI	0.61	PROS1	VASN	0.60
PROS1	SEPP1	0.61	LCAT	NCAM1	0.61	DBH	PGLYRP2	0.60
PGLYRP2	TAGLN2	0.61	APOC1	CD163	0.61	APOA1	CNDP1	0.60
LUM	MINPP1	0.61	NID1	PRG4	0.61	PFN1	PROS1	0.60
ATRN	CA1	0.61	BCHE	FCN3	0.61	APOE	GP1BA	0.60
GPX3	PROS1	0.61	COMP	PRG4	0.61	APOE	SPP2	0.60
COMP	SEPP1	0.61	CPB2	MINPP1	0.61	PDLIM1	SHBG	0.60
APOC1	PGLYRP2	0.61	APOC3	LPA	0.61	MAN1A1	QSOX1	0.60
ATRN	LGALS3BP	0.61	ATRN	PCSK9	0.61	APOA1	CA2	0.60
CA2	LPA	0.61	BCHE	LPA	0.61	PROS1	TLN1	0.60
LPA	MASP2	0.61	PCSK9	QSOX1	0.61	NID1	QSOX1	0.60
CACNA2D1	CD163	0.61	COMP	LPA	0.61	APOE	LGALS3BP	0.60
DBH	NCAM1	0.61	HGFAC	PGLYRP2	0.61	CACNA2D1	CDH5	0.60
HYOU1	TLN1	0.61	MINPP1	PGLYRP2	0.61	GPLD1	QSOX1	0.60
NCAM1	TAGLN2	0.61	PRDX2	QSOX1	0.61	GPX3	VASN	0.60
NCAM1	SEPP1	0.61	MAN1A1	S100A9	0.61	GPX3	PRDX2	0.60
APOE	CPB2	0.61	GPX3	LGALS3BP	0.61	IGF2	PROS1	0.60
HYOU1	SHBG	0.61	LGALS3BP	VASN	0.61	APOA1	GP1BA	0.60

IGF2	LPA	0.60	NID1	PEPD	0.60	GP1BA	NA	0.59
LCAT	S100A9	0.60	APOA1	PCSK9	0.60	ATRN	SEPP1	0.59
BCHE	CA2	0.60	ATRN	BCHE	0.60	HYOU1	TAGLN2	0.59
ATRN	VASN	0.60	MAN1A1	PCSK9	0.60	FCN3	MAN1A1	0.59
BCHE	CPB2	0.60	HYOU1	PFN1	0.60	ATRN	TLN1	0.59
ATRN	CNDP1	0.60	LPA	TAGLN2	0.60	PRDX2	SEPP1	0.59
ATRN	MINPP1	0.60	LPA	PFN1	0.60	GP1BA	MINPP1	0.59
LGALS3BP	MINPP1	0.60	PRDX2	PRG4	0.60	BCHE	PRG4	0.59
BCHE	LGALS3BP	0.60	BCHE	NID1	0.60	CPB2	LGALS3BP	0.59
CACNA2D1	CPN2	0.60	LGALS3BP	MAN1A1	0.60	BCHE	MAN1A1	0.59
MAN1A1	MST1	0.60	SHBG	THBS1	0.60	CKM	PGLYRP2	0.59
CPB2	GPX3	0.60	APOA1	MINPP1	0.60	APOA1	GPX3	0.59
S100A9	VCAM1	0.60	CA2	MAN1A1	0.60	THBS1	NA	0.59
PRDX2	TGFBI	0.60	LPA	PEPD	0.60	APOA1	LGALS3BP	0.59
APOA1	CLEC3B	0.60	QSOX1	SEPP1	0.60	PEPD	PGLYRP2	0.59
COMP	MINPP1	0.60	CA1	MINPP1	0.60	CPB2	PRG4	0.59
ATRN	HGFAC	0.60	CPB2	GP1BA	0.60	HYOU1	LCAT	0.59
CDH5	CNTN1	0.60	GPLD1	VCAM1	0.60	BCHE	PCSK9	0.59
PRG4	TLN1	0.60	ATRN	SHBG	0.60	ATRN	IGF2	0.59
APOA1	HGFAC	0.60	APOE	QSOX1	0.60	MINPP1	NID1	0.59
COMP	CPB2	0.60	APOC1	ATRN	0.60	APOA1	MASP2	0.59
ATRN	MASP2	0.60	APOA1	PRG4	0.60	BCHE	CA1	0.59
NCAM1	VCAM1	0.60	GP1BA	MAN1A1	0.60	APOE	PRG4	0.59
APOA1	SPP2	0.60	LPA	MST1	0.60	LPA	TLN1	0.59
PEPD	PROS1	0.60	GP1BA	QSOX1	0.60	GPX3	MINPP1	0.59
GPX3	PCSK9	0.60	COMP	TGFBI	0.60	APOA1	CA1	0.59
CLU	CNTN1	0.60	BCHE	GPX3	0.60	LGALS3BP	PRG4	0.59
MINPP1	PCSK9	0.60	CPB2	VASN	0.60	FCN3	GPX3	0.59
CNDP1	LPA	0.60	BCHE	QSOX1	0.60	COMP	GPLD1	0.59
DBH	LPA	0.60	CACNA2D1	MASP1	0.60	APOA1	IGF2	0.59
MINPP1	PRG4	0.60	ATRN	MST1	0.60	APOA1	VCAM1	0.59
CKM	PRG4	0.60	BCHE	GP1BA	0.60	APOE	MINPP1	0.59
LPA	VASN	0.60	ATRN	GP1BA	0.60	NID1	TGFBI	0.59
LUM	VCAM1	0.60	APOE	BCHE	0.60	APOA1	SHBG	0.59
NID1	SPP2	0.60	FCN3	PRG4	0.60	APOE	GPX3	0.59
IGF2	LGALS3BP	0.60	CNDP1	PDLIM1	0.60	APOA1	GP5	0.59
ATRN	GPLD1	0.60	CACNA2D1	LUM	0.60	CA1	MAN1A1	0.59
CKM	PROS1	0.60	QSOX1	SPP2	0.60	APOC1	BCHE	0.59
PGLYRP2	VCAM1	0.60	APOA1	MST1	0.59	MAN1A1	NID1	0.59
CA2	GPX3	0.60	HGFAC	NID1	0.59	CLEC3B	LPA	0.59
CACNA2D1	TNXB	0.60	APOA1	APOC1	0.59	APOE	COMP	0.59

MST1	QSOX1	0.59	BCHE	MINPP1	0.59	CNTN1	HYOU1	0.58
GP1BA	SEPP1	0.59	CACNA2D1	PROS1	0.59	APOA1	PFN1	0.58
PCSK9	PRG4	0.59	CA2	TGFBI	0.59	CNDP1	CPB2	0.58
CKM	LPA	0.59	SPP2	VASN	0.59	LGALS3BP	SPP2	0.58
FCN3	MINPP1	0.59	PDLIM1	PRDX2	0.59	CPB2	HGFAC	0.58
APOE	GPLD1	0.59	ATRN	LCAT	0.59	APOC3	LGALS3BP	0.58
GPX3	VCAM1	0.59	GPLD1	GPX3	0.59	CA2	CPB2	0.58
MINPP1	SPP2	0.59	APOE	CA1	0.59	BCHE	TGFBI	0.58
APOE	NID1	0.59	NID1	PRDX2	0.59	CA1	QSOX1	0.58
APOE	PCSK9	0.59	FCN3	NID1	0.59	FCN3	THBS1	0.58
CNDP1	MAN1A1	0.59	APOA1	CPB2	0.59	CNDP1	MINPP1	0.58
CNDP1	GPX3	0.59	MINPP1	QSOX1	0.59	MAN1A1	PRG4	0.58
ATRN	CKM	0.59	APOA1	CKM	0.59	IGF2	MAN1A1	0.58
CPB2	MAN1A1	0.59	GPX3	MST1	0.59	CLEC3B	GPX3	0.58
FCN3	GPLD1	0.59	CNTN1	S100A9	0.59	CPB2	SPP2	0.58
GPLD1	PRG4	0.59	COMP	GPX3	0.59	APOE	CA2	0.58
APOE	VASN	0.59	ATRN	PEPD	0.59	PCSK9	TGFBI	0.58
APOA1	MAN1A1	0.59	BCHE	SEPP1	0.59	CPB2	VCAM1	0.58
GPX3	PRG4	0.59	CACNA2D1	PGLYRP2	0.59	QSOX1	TGFBI	0.58
GP1BA	GPLD1	0.59	APOE	FCN3	0.59	BCHE	GPLD1	0.58
GP1BA	NID1	0.59	CA1	PDLIM1	0.59	APOC1	PDLIM1	0.58
PRG4	SPP2	0.59	NID1	PCSK9	0.59	APOC3	PRG4	0.58
LGALS3BP	TGFBI	0.59	GPX3	SPP2	0.59	FCN3	GP1BA	0.58
CPB2	SHBG	0.59	ATRN	DBH	0.59	BCHE	CNDP1	0.58
CA1	CPB2	0.59	PDLIM1	THBS1	0.59	CPB2	IGF2	0.58
GPLD1	MAN1A1	0.59	APOC3	CPB2	0.59	CACNA2D1	NCAM1	0.58
GPLD1	VASN	0.59	APOA1	TAGLN2	0.58	CNDP1	QSOX1	0.58
GPLD1	LGALS3BP	0.59	APOC1	GPX3	0.58	BCHE	SPP2	0.58
PCSK9	PDLIM1	0.59	CPB2	MST1	0.58	DBH	PDLIM1	0.58
GP1BA	TGFBI	0.59	APOE	TGFBI	0.58	CA2	PDLIM1	0.58
ATRN	PFN1	0.59	MAN1A1	SPP2	0.58	MINPP1	VASN	0.58
GPLD1	PCSK9	0.59	MAN1A1	MINPP1	0.58	CKM	LGALS3BP	0.58
APOE	MAN1A1	0.59	CA1	TGFBI	0.58	BCHE	VCAM1	0.58
CPB2	GPLD1	0.59	GP1BA	LGALS3BP	0.58	CPB2	MASP2	0.58
SEPP1	NA	0.59	CA1	GPX3	0.58	CLEC3B	CPB2	0.58
NID1	SEPP1	0.59	APOC1	MINPP1	0.58	GPX3	IGF2	0.58
PEPD	PRDX2	0.59	CA2	QSOX1	0.58	CPB2	TLN1	0.58
ATRN	TAGLN2	0.59	CA1	NID1	0.58	MINPP1	MST1	0.58
APOA1	TGFBI	0.59	APOA1	DBH	0.58	CPB2	TGFBI	0.58
GPX3	MAN1A1	0.59	APOA1	SEPP1	0.58	HGFAC	QSOX1	0.58
CNTN1	PRG4	0.59	APOA1	LCAT	0.58	APOA1	GPLD1	0.58

MST1	THBS1	0.58	HGFAC	MINPP1	0.58	GPX3	TLN1	0.57
APOA1	PEPD	0.58	GPX3	HGFAC	0.58	CA2	SEPP1	0.57
LGALS3BP	SEPP1	0.58	SPP2	TGFBI	0.58	CNTN1	PROS1	0.57
MINPP1	SEPP1	0.58	HGFAC	LGALS3BP	0.58	COMP	PDLIM1	0.57
PRG4	SEPP1	0.58	ATRN	CNTN1	0.58	VASN	NA	0.57
GP1BA	PEPD	0.58	QSOX1	VASN	0.58	CLEC3B	TGFBI	0.57
GPLD1	MINPP1	0.58	PEPD	QSOX1	0.57	MAN1A1	SEPP1	0.57
FCN3	TGFBI	0.58	LGALS3BP	PEPD	0.57	FCN3	LGALS3BP	0.57
DBH	MAN1A1	0.58	GPLD1	SPP2	0.57	LCAT	NA	0.57
MAN1A1	VASN	0.58	CACNA2D1	HYOU1	0.57	CPB2	SEPP1	0.57
GPLD1	SEPP1	0.58	HGFAC	MAN1A1	0.57	APOC1	LPA	0.57
MST1	PRG4	0.58	MST1	NID1	0.57	BCHE	PEPD	0.57
BCHE	CLEC3B	0.58	PEPD	NA	0.57	GP1BA	MST1	0.57
GP1BA	HGFAC	0.58	SEPP1	VASN	0.57	APOC3	QSOX1	0.57
CA2	NID1	0.58	APOE	CNDP1	0.57	APOC3	MINPP1	0.57
COMP	PEPD	0.58	BCHE	VASN	0.57	GPLD1	SHBG	0.57
CLEC3B	MINPP1	0.58	GPX3	SEPP1	0.57	GPLD1	TLN1	0.57
APOC1	CPB2	0.58	CKM	QSOX1	0.57	LGALS3BP	VCAM1	0.57
GP5	PRG4	0.58	MASP2	MINPP1	0.57	CKM	CPB2	0.57
MINPP1	TLN1	0.58	NID1	VASN	0.57	APOC1	MAN1A1	0.57
HGFAC	PRG4	0.58	GPX3	PEPD	0.57	MAN1A1	SHBG	0.57
CA2	PRG4	0.58	CLEC3B	PRG4	0.57	CNTN1	GPLD1	0.57
MASP2	QSOX1	0.58	LCAT	PRDX2	0.57	GPLD1	MST1	0.57
CLEC3B	NID1	0.58	SPP2	NA	0.57	GPLD1	PRDX2	0.57
BCHE	MST1	0.58	APOC3	GPX3	0.57	PEPD	PRG4	0.57
CLEC3B	MAN1A1	0.58	HGFAC	TGFBI	0.57	MAN1A1	TLN1	0.57
PRG4	VCAM1	0.58	GP5	MAN1A1	0.57	BCHE	MASP2	0.57
APOE	SEPP1	0.58	PRG4	SHBG	0.57	MAN1A1	MASP2	0.57
CPB2	PCSK9	0.58	GP1BA	VASN	0.57	DBH	TGFBI	0.57
GP5	MINPP1	0.58	APOC3	BCHE	0.57	APOE	TLN1	0.57
COMP	GP1BA	0.58	CPB2	PEPD	0.57	CLEC3B	LGALS3BP	0.57
CNTN1	LPA	0.58	CKM	PDLIM1	0.57	QSOX1	SHBG	0.57
GP5	GPX3	0.58	DBH	PRG4	0.57	LGALS3BP	PCSK9	0.57
PRG4	TGFBI	0.58	CKM	MAN1A1	0.57	GPX3	LCAT	0.57
GPLD1	LCAT	0.58	MINPP1	TGFBI	0.57	LCAT	PRG4	0.57
BCHE	GP5	0.58	GP5	NID1	0.57	GPLD1	TGFBI	0.57
APOC3	MAN1A1	0.58	BCHE	HGFAC	0.57	GP1BA	LCAT	0.57
FCN3	SEPP1	0.58	IGF2	NID1	0.57	MST1	TGFBI	0.57
BCHE	TLN1	0.58	DBH	GPX3	0.57	LCAT	LGALS3BP	0.57
CNDP1	TGFBI	0.58	CPB2	GP5	0.57	APOC3	NA	0.57
CNTN1	NCAM1	0.58	LGALS3BP	PRDX2	0.57	CA1	PRG4	0.57

CPB2	TAGLN2	0.57	MASP2	PRG4	0.57	PCSK9	THBS1	0.56
LCAT	QSOX1	0.57	TGFBI	VASN	0.57	CLEC3B	GP1BA	0.56
CLEC3B	GPLD1	0.57	CLEC3B	QSOX1	0.57	CACNA2D1	PDLIM1	0.56
APOC3	NID1	0.57	GP1BA	VCAM1	0.57	APOC3	TGFBI	0.56
APOE	MST1	0.57	BCHE	CKM	0.57	GPX3	PFN1	0.56
CKM	MINPP1	0.57	COMP	VASN	0.57	IGF2	MINPP1	0.56
GPX3	SHBG	0.57	GPX3	TAGLN2	0.57	APOC1	QSOX1	0.56
CKM	GPLD1	0.57	GP1BA	SPP2	0.57	CKM	GP1BA	0.56
MAN1A1	PEPD	0.57	CPB2	LCAT	0.57	NID1	PFN1	0.56
PRG4	TAGLN2	0.57	APOE	HGFAC	0.57	LCAT	NID1	0.56
APOE	VCAM1	0.57	APOC3	GP1BA	0.56	BCHE	LCAT	0.56
CNDP1	NID1	0.57	GP5	TGFBI	0.56	MAN1A1	TGFBI	0.56
CACNA2D1	CPB2	0.57	MINPP1	TAGLN2	0.56	CKM	THBS1	0.56
CACNA2D1	THBS1	0.57	APOE	MASP2	0.56	CA1	PEPD	0.56
MINPP1	PEPD	0.57	MINPP1	SHBG	0.56	APOE	DBH	0.56
APOE	GP5	0.57	PCSK9	SEPP1	0.56	APOC3	SPP2	0.56
CNDP1	THBS1	0.57	THBS1	TLN1	0.56	APOE	LCAT	0.56
NID1	TAGLN2	0.57	CLEC3B	SEPP1	0.56	NID1	TLN1	0.56
BCHE	SHBG	0.57	GP1BA	TLN1	0.56	CA2	GPLD1	0.56
QSOX1	TLN1	0.57	DBH	MINPP1	0.56	PFN1	QSOX1	0.56
CNDP1	GPLD1	0.57	MASP2	NID1	0.56	CNTN1	NID1	0.56
LCAT	MINPP1	0.57	APOE	CNTN1	0.56	GPLD1	MASP2	0.56
GP1BA	GP5	0.57	COMP	NID1	0.56	QSOX1	TAGLN2	0.56
CPB2	PFN1	0.57	LGALS3BP	SHBG	0.56	GPLD1	IGF2	0.56
APOA1	CNTN1	0.57	CPB2	DBH	0.56	LGALS3BP	TLN1	0.56
CA1	SEPP1	0.57	GP1BA	PRDX2	0.56	MST1	SEPP1	0.56
QSOX1	VCAM1	0.57	GPLD1	HGFAC	0.56	BCHE	TAGLN2	0.56
CACNA2D1	NID1	0.57	CKM	GPX3	0.56	SPP2	VCAM1	0.56
APOE	PEPD	0.57	LCAT	MAN1A1	0.56	LGALS3BP	TAGLN2	0.56
BCHE	DBH	0.57	GPLD1	TAGLN2	0.56	APOE	SHBG	0.56
GP5	QSOX1	0.57	BCHE	IGF2	0.56	GP5	LGALS3BP	0.56
DBH	QSOX1	0.57	GP1BA	PCSK9	0.56	NID1	SHBG	0.56
FCN3	PEPD	0.57	HGFAC	PRDX2	0.56	APOE	CLEC3B	0.56
PFN1	PRG4	0.57	GP1BA	IGF2	0.56	GP1BA	MASP2	0.56
CNTN1	PDLIM1	0.57	CNDP1	SEPP1	0.56	CA2	LGALS3BP	0.56
GPX3	MASP2	0.57	CLEC3B	PEPD	0.56	MAN1A1	VCAM1	0.56
MINPP1	PFN1	0.57	CNTN1	CPB2	0.56	SEPP1	TGFBI	0.56
COMP	LCAT	0.57	CNTN1	QSOX1	0.56	APOC3	APOE	0.56
PEPD	VCAM1	0.57	GPX3	TGFBI	0.56	GPLD1	PEPD	0.56
CA2	PEPD	0.57	APOC3	SEPP1	0.56	CNDP1	LGALS3BP	0.56
GP5	GPLD1	0.57	APOA1	CACNA2D1	0.56	PCSK9	PEPD	0.56

APOC3	GPLD1	0.56	APOC1	PRG4	0.55	GP1BA	SHBG	0.54
SEPP1	SPP2	0.56	PRDX2	VCAM1	0.55	CACNA2D1	PRG4	0.54
MINPP1	VCAM1	0.56	CA2	GP1BA	0.55	HGFAC	PEPD	0.54
APOC1	GPLD1	0.56	CA2	THBS1	0.55	APOC1	SEPP1	0.54
TGFBI	VCAM1	0.56	PEPD	SPP2	0.55	APOE	TAGLN2	0.54
PEPD	VASN	0.56	HGFAC	SEPP1	0.55	LCAT	PCSK9	0.54
APOC1	THBS1	0.56	DBH	GP1BA	0.55	GP5	VASN	0.54
CA1	LGALS3BP	0.56	MASP2	TGFBI	0.55	BCHE	CNTN1	0.54
GPLD1	PFN1	0.56	HGFAC	SPP2	0.55	CNTN1	MAN1A1	0.54
ATRAN	CACNA2D1	0.56	CA1	GP1BA	0.55	MASP2	PEPD	0.54
APOE	IGF2	0.56	APOC1	APOE	0.55	LCAT	SPP2	0.54
MAN1A1	TAGLN2	0.56	MST1	SPP2	0.55	APOC3	PEPD	0.54
SEPP1	TLN1	0.56	LGALS3BP	MASP2	0.55	CA2	HGFAC	0.54
CKM	NID1	0.56	LCAT	VASN	0.55	CA1	THBS1	0.54
GP5	SEPP1	0.56	GP1BA	PFN1	0.55	PCSK9	VASN	0.54
APOC3	VASN	0.56	PEPD	TLN1	0.55	CA1	LCAT	0.54
PEPD	TGFBI	0.56	CACNA2D1	GPX3	0.55	LCAT	MST1	0.54
FCN3	VASN	0.56	TAGLN2	TGFBI	0.55	IGF2	SPP2	0.54
HGFAC	NA	0.56	PFN1	TGFBI	0.55	CNDP1	GP1BA	0.54
APOE	CKM	0.56	CNDP1	LCAT	0.55	LCAT	SEPP1	0.54
TGFBI	TLN1	0.56	HGFAC	VCAM1	0.55	GP5	PEPD	0.54
IGF2	SEPP1	0.56	PRDX2	THBS1	0.55	CLEC3B	VCAM1	0.54
APOC1	LGALS3BP	0.56	CACNA2D1	MAN1A1	0.55	APOC3	FCN3	0.54
SHBG	TGFBI	0.56	CA1	GPLD1	0.55	MASP2	VASN	0.54
IGF2	QSOX1	0.55	APOC1	TGFBI	0.55	FCN3	HGFAC	0.54
BCHE	PFN1	0.55	DBH	LGALS3BP	0.55	APOC1	NID1	0.54
CNTN1	GPX3	0.55	LCAT	TGFBI	0.55	MASP2	SPP2	0.54
IGF2	TGFBI	0.55	FCN3	LCAT	0.55	CNTN1	TGFBI	0.54
PEPD	SEPP1	0.55	NID1	VCAM1	0.55	CA1	HGFAC	0.54
PRDX2	SPP2	0.55	DBH	SEPP1	0.55	CACNA2D1	MINPP1	0.54
GP1BA	TAGLN2	0.55	COMP	LGALS3BP	0.55	APOC1	PEPD	0.54
SHBG	VASN	0.55	COMP	VCAM1	0.55	MST1	PEPD	0.54
MAN1A1	PFN1	0.55	PRDX2	VASN	0.55	SEPP1	SHBG	0.54
CKM	TGFBI	0.55	CA2	LCAT	0.55	MASP2	SEPP1	0.54
HGFAC	VASN	0.55	CACNA2D1	LPA	0.55	HGFAC	IGF2	0.54
DBH	GPLD1	0.55	CKM	SEPP1	0.55	PCSK9	VCAM1	0.54
DBH	NID1	0.55	APOC1	GP1BA	0.55	CKM	PEPD	0.54
LGALS3BP	PFN1	0.55	CNTN1	GP1BA	0.54	IGF2	VASN	0.54
SEPP1	VCAM1	0.55	CNDP1	PEPD	0.54	APOC3	VCAM1	0.54
LGALS3BP	MST1	0.55	APOE	PFN1	0.54	APOC3	PRDX2	0.54
VCAM1	NA	0.55	FCN3	SPP2	0.54	MST1	NA	0.54

CNTN1	MINPP1	0.54	CNTN1	PRDX2	0.53	CACNA2D1	TGFB1	0.52
LCAT	TAGLN2	0.54	PEPD	SHBG	0.53	CA1	CNTN1	0.52
SEPP1	TAGLN2	0.54	DBH	LCAT	0.53	APOC3	MASP2	0.52
CACNA2D1	QSOX1	0.54	COMP	THBS1	0.53	CLEC3B	NA	0.52
DBH	THBS1	0.54	LCAT	VCAM1	0.53	MASP2	VCAM1	0.52
HGFAC	LCAT	0.54	CACNA2D1	LGALS3BP	0.53	CLEC3B	COMP	0.52
HGFAC	PCSK9	0.54	LCAT	TLN1	0.53	CLEC3B	SPP2	0.52
BCHE	CACNA2D1	0.54	DBH	VASN	0.53	CLEC3B	HGFAC	0.52
LCAT	PEPD	0.54	TAGLN2	VCAM1	0.53	CLEC3B	PRDX2	0.52
IGF2	LCAT	0.54	CNTN1	VASN	0.53	APOC3	CA2	0.52
PFN1	SEPP1	0.54	LCAT	MASP2	0.53	CNTN1	NA	0.52
TAGLN2	VASN	0.54	CA2	SPP2	0.53	PFN1	VCAM1	0.52
APOC3	LCAT	0.54	SPP2	TAGLN2	0.53	COMP	MASP2	0.52
MST1	VASN	0.54	CNTN1	PEPD	0.53	CNTN1	LCAT	0.52
PEPD	TAGLN2	0.53	VASN	VCAM1	0.52	MASP2	NA	0.51
COMP	MST1	0.53	APOC3	PCSK9	0.52	CLEC3B	MASP2	0.51
GP5	LCAT	0.53	MST1	PRDX2	0.52	CKM	VCAM1	0.51
FCN3	MST1	0.53	CLEC3B	FCN3	0.52	MST1	PCSK9	0.51
CKM	LCAT	0.53	APOC3	CNTN1	0.52	APOC3	CLEC3B	0.51
PEPD	PFN1	0.53	GP5	HGFAC	0.52	LCAT	SHBG	0.51
CA2	VCAM1	0.53	LCAT	PFN1	0.52	CNTN1	HGFAC	0.51
CACNA2D1	SEPP1	0.53	HGFAC	MASP2	0.52	CNTN1	SPP2	0.51
APOE	CACNA2D1	0.53	CA2	VASN	0.52	APOC1	HGFAC	0.51
COMP	SPP2	0.53	IGF2	VCAM1	0.52	SHBG	SPP2	0.51
APOC3	MST1	0.53	CNDP1	SPP2	0.52	CKM	MASP2	0.51
APOC3	COMP	0.53	TAGLN2	TLN1	0.52	HGFAC	SHBG	0.51
CNTN1	VCAM1	0.53	CACNA2D1	VCAM1	0.52	APOC3	TLN1	0.51
APOC1	VASN	0.53	PCSK9	SPP2	0.52	CNTN1	TAGLN2	0.51
CA1	VASN	0.53	TLN1	VASN	0.52	APOC3	IGF2	0.51
CA1	VCAM1	0.53	HGFAC	MST1	0.52	APOC3	CKM	0.51
FCN3	VCAM1	0.53	APOC1	SPP2	0.52	CNTN1	FCN3	0.51
CLEC3B	VASN	0.53	CKM	SPP2	0.52	PFN1	TLN1	0.51
DBH	PEPD	0.53	CKM	VASN	0.52	CKM	FCN3	0.51
CNTN1	SEPP1	0.53	CACNA2D1	GPLD1	0.52	CNDP1	VCAM1	0.51
APOC3	CA1	0.53	PFN1	SPP2	0.52	SHBG	VCAM1	0.51
MST1	VCAM1	0.53	CA1	SPP2	0.52	APOC3	GP5	0.51
PFN1	VASN	0.53	GP5	VCAM1	0.52	IGF2	MST1	0.51
CNDP1	VASN	0.53	SPP2	TLN1	0.52	DBH	SPP2	0.51
APOC3	HGFAC	0.53	CLEC3B	MST1	0.52	CKM	MST1	0.51
IGF2	PEPD	0.53	GP5	SPP2	0.52	CNTN1	MST1	0.51
CLEC3B	LCAT	0.53	CNDP1	HGFAC	0.52	GP5	MST1	0.51

APOC1	LCAT	0.51	PFN1	NA	0.49	CKM	PFN1	0.47
CACNA2D1	GP1BA	0.51	IGF2	MASP2	0.49	GP5	NA	0.47
HGFAC	TAGLN2	0.50	CNTN1	DBH	0.49	SHBG	NA	0.47
CKM	HGFAC	0.50	MST1	TAGLN2	0.49	CLEC3B	GP5	0.47
TLN1	VCAM1	0.50	PFN1	PRDX2	0.49	GP5	TAGLN2	0.47
APOC3	DBH	0.50	FCN3	NA	0.49	CKM	GP5	0.47
DBH	VCAM1	0.50	CA1	MASP2	0.49	FCN3	PRDX2	0.47
CA2	CNTN1	0.50	CKM	CNTN1	0.49	CA2	PFN1	0.47
APOC3	CNDP1	0.50	GP5	MASP2	0.49	CNTN1	TLN1	0.47
HGFAC	TLN1	0.50	MST1	PFN1	0.49	CA2	PRDX2	0.47
COMP	HGFAC	0.50	MASP2	TAGLN2	0.49	SHBG	TAGLN2	0.47
CKM	PRDX2	0.50	MST1	TLN1	0.49	CKM	COMP	0.47
CNTN1	PCSK9	0.50	CLEC3B	CNTN1	0.49	IGF2	SHBG	0.47
APOC3	TAGLN2	0.50	CNTN1	COMP	0.48	FCN3	TAGLN2	0.47
DBH	HGFAC	0.50	FCN3	IGF2	0.48	CA1	CKM	0.47
HGFAC	PFN1	0.50	CA1	CLEC3B	0.48	APOC1	CLEC3B	0.47
APOC3	SHBG	0.50	PRDX2	TAGLN2	0.48	CLEC3B	CNDP1	0.47
CNTN1	IGF2	0.50	APOC1	MST1	0.48	DBH	MASP2	0.47
APOC1	APOC3	0.50	CNTN1	SHBG	0.48	CA1	PFN1	0.47
MASP2	PRDX2	0.50	CACNA2D1	SPP2	0.48	CKM	SHBG	0.47
CNTN1	MASP2	0.50	IGF2	PCSK9	0.48	FCN3	SHBG	0.47
CNTN1	PFN1	0.50	CKM	TAGLN2	0.48	MASP2	SHBG	0.47
APOC3	PFN1	0.50	MASP2	PFN1	0.48	IGF2	TAGLN2	0.47
CA1	MST1	0.50	FCN3	GP5	0.48	CLEC3B	TLN1	0.47
APOC1	VCAM1	0.50	CACNA2D1	CNTN1	0.48	CNDP1	MASP2	0.47
CACNA2D1	VASN	0.50	MASP2	PCSK9	0.48	CA2	TAGLN2	0.47
CA2	MST1	0.50	CA2	CLEC3B	0.48	GP5	PFN1	0.47
CLEC3B	PCSK9	0.50	CA2	MASP2	0.48	FCN3	PCSK9	0.47
IGF2	NA	0.49	CACNA2D1	MASP2	0.48	IGF2	PFN1	0.47
CACNA2D1	PEPD	0.49	CKM	CLEC3B	0.48	FCN3	PFN1	0.47
CNDP1	CNTN1	0.49	MASP2	TLN1	0.48	PFN1	SHBG	0.46
MST1	SHBG	0.49	APOC3	CACNA2D1	0.48	CA1	TAGLN2	0.46
FCN3	MASP2	0.49	GP5	PRDX2	0.48	CACNA2D1	MST1	0.46
DBH	MST1	0.49	CKM	PCSK9	0.48	CLEC3B	IGF2	0.46
CACNA2D1	LCAT	0.49	CLEC3B	SHBG	0.48	GP5	IGF2	0.46
CNTN1	GP5	0.49	CLEC3B	TAGLN2	0.48	CACNA2D1	HGFAC	0.46
MASP2	MST1	0.49	PCSK9	TAGLN2	0.48	COMP	IGF2	0.46
APOC1	CNTN1	0.49	PRDX2	NA	0.48	COMP	GP5	0.46
CKM	NA	0.49	CLEC3B	PFN1	0.48	GP5	SHBG	0.46
CNDP1	MST1	0.49	IGF2	PRDX2	0.48	CA1	NA	0.46
TAGLN2	NA	0.49	PCSK9	PFN1	0.47	CA2	CKM	0.46

PRDX2	SHBG	0.46	CNDP1	GP5	0.44	APOC1	SHBG	0.42
CKM	CNDP1	0.46	CA2	SHBG	0.44	CA2	CACNA2D1	0.42
CNDP1	FCN3	0.46	APOC1	PFN1	0.44	CA2	COMP	0.42
CLEC3B	DBH	0.46	IGF2	TLN1	0.44	CA1	DBH	0.42
CNDP1	IGF2	0.46	CA1	CACNA2D1	0.44	COMP	TLN1	0.42
DBH	TAGLN2	0.46	CACNA2D1	FCN3	0.44	CA2	DBH	0.42
CA1	IGF2	0.46	CA1	PCSK9	0.44	CNDP1	TLN1	0.42
CKM	IGF2	0.46	DBH	NA	0.44	DBH	TLN1	0.42
APOC1	MASP2	0.46	CA1	PRDX2	0.44	APOC1	CA2	0.42
CA1	FCN3	0.46	CNDP1	NA	0.44	CACNA2D1	TAGLN2	0.42
CA1	GP5	0.46	COMP	NA	0.44	APOC1	TLN1	0.41
APOC1	FCN3	0.46	DBH	PRDX2	0.44	CACNA2D1	PFN1	0.41
CA2	FCN3	0.46	PFN1	TAGLN2	0.44	CA2	TLN1	0.41
COMP	PFN1	0.46	PRDX2	TLN1	0.44	APOC1	CNDP1	0.41
CA2	IGF2	0.46	SHBG	TLN1	0.44	CACNA2D1	GP5	0.41
COMP	TAGLN2	0.45	DBH	SHBG	0.44	CACNA2D1	TLN1	0.41
CNDP1	TAGLN2	0.45	CNDP1	SHBG	0.44	CACNA2D1	COMP	0.41
DBH	PFN1	0.45	CA2	PCSK9	0.43	CACNA2D1	PCSK9	0.41
CNDP1	PFN1	0.45	APOC1	NA	0.43	APOC1	DBH	0.41
GP5	TLN1	0.45	CACNA2D1	CLEC3B	0.43	COMP	DBH	0.40
CACNA2D1	PRDX2	0.45	CACNA2D1	IGF2	0.43	APOC1	CACNA2D1	0.40
CA2	GP5	0.45	APOC1	GP5	0.43	CACNA2D1	CNDP1	0.40
GP5	PCSK9	0.45	PCSK9	TLN1	0.43	CACNA2D1	DBH	0.40
APOC1	TAGLN2	0.45	CACNA2D1	SHBG	0.43			
APOC1	CKM	0.45	CACNA2D1	CKM	0.43			
DBH	FCN3	0.45	APOC1	CA1	0.43			
CA1	SHBG	0.45	CA1	CNDP1	0.43			
PCSK9	PRDX2	0.45	CA1	TLN1	0.43			
COMP	FCN3	0.45	CA1	CA2	0.43			
COMP	SHBG	0.45	DBH	GP5	0.43			
PCSK9	SHBG	0.45	COMP	PRDX2	0.43			
CKM	DBH	0.45	CNDP1	PCSK9	0.43			
DBH	IGF2	0.45	DBH	PCSK9	0.43			
APOC1	IGF2	0.45	APOC1	PCSK9	0.43			
FCN3	TLN1	0.45	CACNA2D1	NA	0.43			
PCSK9	NA	0.45	CA2	CNDP1	0.43			
CNDP1	PRDX2	0.45	APOC1	COMP	0.42			
CA2	NA	0.45	CNDP1	COMP	0.42			
TLN1	NA	0.44	CNDP1	DBH	0.42			
CKM	TLN1	0.44	CA1	COMP	0.42			
APOC1	PRDX2	0.44	COMP	PCSK9	0.42			

Table 3. Panel Combinations of Three Candidate Latent TB Biomarkers

protein.1	protein.2	protein.3	AUC
CLEC3B	ECM1	PON1	0.87
CLEC3B	ECM1	VTN	0.85
CLEC3B	ECM1	VWF	0.84
CLEC3B	CPN2	ECM1	0.83
CLEC3B	ECM1	TAGLN2	0.83
CLEC3B	ECM1	SELL	0.83
CLEC3B	CLU	ECM1	0.83
CLEC3B	ECM1	IGFALS	0.83
CLEC3B	CPN1	ECM1	0.82
CLEC3B	ECM1	PFN1	0.82
CLEC3B	ECM1	LCP1	0.82
CLEC3B	COMP	ECM1	0.82
CLEC3B	ECM1	SPP2	0.82
CLEC3B	ECM1	PEPD	0.81
CLEC3B	ECM1	LPA	0.81
BTD	CLEC3B	ECM1	0.81
CLEC3B	ECM1	LRG1	0.81
APOA4	CLEC3B	ECM1	0.81
ATRN	CLEC3B	ECM1	0.81
CLEC3B	ECM1	MST1	0.81
CLEC3B	ECM1	HYOU1	0.81
CKM	CLEC3B	ECM1	0.81
CLEC3B	ECM1	NCAM1	0.80
CLEC3B	ECM1	LGALS3BP	0.80
CLEC3B	ECM1	THBS1	0.80
CLEC3B	ECM1	SHBG	0.80
BCHE	CLEC3B	ECM1	0.80
CLEC3B	ECM1	LCAT	0.80
CD14	CLEC3B	ECM1	0.80
CDH5	CLEC3B	ECM1	0.80
CLEC3B	ECM1	PRG4	0.80
CLEC3B	ECM1	PTGDS	0.80
CLEC3B	ECM1	GPLD1	0.80
CLEC3B	ECM1	PDLIM1	0.80
CLEC3B	ECM1	PRDX2	0.80
CLEC3B	ECM1	HABP2	0.80
CLEC3B	ECM1	TNXB	0.80
CLEC3B	ECM1	TGFBI	0.80

APOE	CLEC3B	ECM1	0.80
CLEC3B	ECM1	TLN1	0.80
CLEC3B	ECM1	GP1BA	0.80
APOA1	CLEC3B	ECM1	0.80
CLEC3B	ECM1	GP5	0.80
CLEC3B	ECM1	FCN3	0.80
CLEC3B	ECM1	PROS1	0.80
CLEC3B	ECM1	QSOX1	0.80
CA2	CLEC3B	ECM1	0.80
CLEC3B	ECM1	MAN1A1	0.80
CLEC3B	ECM1	VCAM1	0.80
CLEC3B	ECM1	IGFBP3	0.80
CLEC3B	ECM1	MASP2	0.80
CLEC3B	CNDP1	ECM1	0.80
CLEC3B	ECM1	ORM1	0.80
APOC3	CLEC3B	ECM1	0.79
APOC1	CLEC3B	ECM1	0.79
CA1	CLEC3B	ECM1	0.79
CLEC3B	ECM1	NID1	0.79
CLEC3B	ECM1	GPX3	0.79
CD163	CLEC3B	ECM1	0.79
CLEC3B	ECM1	HGFAC	0.79
CLEC3B	ECM1	MINPP1	0.79
CLEC3B	ECM1	PGLYRP2	0.79
CLEC3B	ECM1	S100A8	0.79
CLEC3B	ECM1	VASN	0.79
CLEC3B	DBH	ECM1	0.79
CLEC3B	ECM1	IGF2	0.79
CLEC3B	CPB2	ECM1	0.79
CLEC3B	ECM1	MASP1	0.79
CLEC3B	ECM1	PCSK9	0.79
CLEC3B	ECM1	LUM	0.79
CLEC3B	ECM1	SEPP1	0.79
CACNA2D1	CLEC3B	ECM1	0.79
CLEC3B	ECM1	S100A9	0.79
CLEC3B	CNTN1	ECM1	0.76

Table 4. Panel Combinations of Four Candidate Latent TB Biomarkers

protein.1	protein.2	protein.3	protein.4	AUC
CLEC3B	ECM1	IGFALS	PON1	1.00
CLEC3B	ECM1	LPA	PON1	0.93
CLEC3B	ECM1	PON1	TAGLN2	0.92
CLEC3B	ECM1	PFN1	PON1	0.90
CLEC3B	ECM1	PON1	VCAM1	0.90
CLEC3B	ECM1	NCAM1	PON1	0.90
APOA4	CLEC3B	ECM1	PON1	0.90
CLEC3B	ECM1	PON1	SELL	0.89
CLEC3B	ECM1	PON1	VTN	0.89
APOC1	CLEC3B	ECM1	PON1	0.89
CLEC3B	CNDP1	ECM1	PON1	0.89
CLEC3B	CPN2	ECM1	PON1	0.89
CLEC3B	ECM1	MINPP1	PON1	0.88
ATRN	CLEC3B	ECM1	PON1	0.88
CLEC3B	ECM1	NID1	PON1	0.88
CLEC3B	COMP	ECM1	PON1	0.88
CLEC3B	ECM1	HABP2	PON1	0.88
CACNA2D1	CLEC3B	ECM1	PON1	0.88
CD163	CLEC3B	ECM1	PON1	0.88
CLEC3B	ECM1	LCAT	PON1	0.88
CLEC3B	ECM1	PGLYRP2	PON1	0.88
CLEC3B	ECM1	PON1	PRG4	0.88
CLEC3B	ECM1	PON1	TLN1	0.87
CLEC3B	CPN1	ECM1	PON1	0.87
CDH5	CLEC3B	ECM1	PON1	0.87
CLEC3B	ECM1	PEPD	PON1	0.87
APOA1	CLEC3B	ECM1	PON1	0.87
CLEC3B	ECM1	PON1	TGFBI	0.87
CLEC3B	ECM1	PON1	QSOX1	0.87
CLEC3B	ECM1	GP1BA	PON1	0.87
CLEC3B	ECM1	MST1	PON1	0.87
CLEC3B	CLU	ECM1	PON1	0.87
CLEC3B	ECM1	MAN1A1	PON1	0.87
BTD	CLEC3B	ECM1	PON1	0.87
CLEC3B	ECM1	HYOU1	PON1	0.87
CLEC3B	ECM1	IGFBP3	PON1	0.87
CA2	CLEC3B	ECM1	PON1	0.87
CLEC3B	ECM1	GPX3	PON1	0.87

CLEC3B	ECM1	MASP1	PON1	0.87
CLEC3B	ECM1	HGFAC	PON1	0.87
CLEC3B	ECM1	PCSK9	PON1	0.87
CLEC3B	ECM1	GP5	PON1	0.87
BCHE	CLEC3B	ECM1	PON1	0.87
CLEC3B	ECM1	GPLD1	PON1	0.87
CLEC3B	ECM1	PON1	SPP2	0.87
CLEC3B	ECM1	PON1	VASN	0.86
CLEC3B	ECM1	PON1	PTGDS	0.86
CLEC3B	ECM1	PON1	THBS1	0.86
CLEC3B	ECM1	PON1	TNXB	0.86
CLEC3B	ECM1	LCP1	PON1	0.86
CLEC3B	ECM1	PON1	PRDX2	0.86
APOE	CLEC3B	ECM1	PON1	0.86
APOC3	CLEC3B	ECM1	PON1	0.86
CLEC3B	ECM1	MASP2	PON1	0.86
CLEC3B	ECM1	LGALS3BP	PON1	0.86
CLEC3B	ECM1	PON1	SHBG	0.86
CLEC3B	ECM1	PON1	S100A9	0.86
CLEC3B	ECM1	PON1	SEPP1	0.86
CLEC3B	ECM1	LUM	PON1	0.86
CKM	CLEC3B	ECM1	PON1	0.86
CLEC3B	ECM1	PON1	S100A8	0.86
CLEC3B	ECM1	PDLIM1	PON1	0.86
CLEC3B	ECM1	PON1	VWF	0.86
CA1	CLEC3B	ECM1	PON1	0.86
CLEC3B	ECM1	PON1	PROS1	0.86
CLEC3B	ECM1	IGF2	PON1	0.86
CLEC3B	ECM1	FCN3	PON1	0.86
CD14	CLEC3B	ECM1	PON1	0.85
CLEC3B	DBH	ECM1	PON1	0.85
CLEC3B	CPB2	ECM1	PON1	0.85
CLEC3B	ECM1	ORM1	PON1	0.85
CLEC3B	ECM1	LRG1	PON1	0.85
CLEC3B	CNTN1	ECM1	PON1	0.84

Table 5. Panel Combinations of Four Candidate Latent TB Biomarkers

protein.1	protein.2	protein.3	protein.4	AUC
CLEC3B	ECM1	PON1	VTN	0.89
CLEC3B	CNDP1	ECM1	VTN	0.88

CLEC3B	ECM1	IGFBP3	VTN	0.88
CLEC3B	ECM1	LPA	VTN	0.88
CLEC3B	ECM1	IGFALS	VTN	0.87
CLEC3B	CPN2	ECM1	VTN	0.87
CLEC3B	ECM1	VASN	VTN	0.87
CLEC3B	ECM1	PEPD	VTN	0.86
CLEC3B	ECM1	SPP2	VTN	0.86
CLEC3B	CPN1	ECM1	VTN	0.86
CLEC3B	CLU	ECM1	VTN	0.86
CACNA2D1	CLEC3B	ECM1	VTN	0.86
CLEC3B	ECM1	TAGLN2	VTN	0.86
CLEC3B	ECM1	QSOX1	VTN	0.86
CLEC3B	ECM1	PFN1	VTN	0.86
CLEC3B	ECM1	PRG4	VTN	0.86
CLEC3B	ECM1	LUM	VTN	0.86
CLEC3B	ECM1	VTN	VWF	0.86
CLEC3B	ECM1	GPX3	VTN	0.85
CA1	CLEC3B	ECM1	VTN	0.85
CLEC3B	ECM1	NCAM1	VTN	0.85
CLEC3B	COMP	ECM1	VTN	0.85
CLEC3B	ECM1	PRDX2	VTN	0.85
ATRN	CLEC3B	ECM1	VTN	0.85
CLEC3B	ECM1	MST1	VTN	0.85
CA2	CLEC3B	ECM1	VTN	0.85
CLEC3B	ECM1	SELL	VTN	0.85
APOA4	CLEC3B	ECM1	VTN	0.84
CLEC3B	ECM1	GPLD1	VTN	0.84
APOC1	CLEC3B	ECM1	VTN	0.84
CLEC3B	ECM1	GP1BA	VTN	0.84
APOE	CLEC3B	ECM1	VTN	0.84
CLEC3B	ECM1	HABP2	VTN	0.84
CLEC3B	ECM1	PTGDS	VTN	0.84
BCHE	CLEC3B	ECM1	VTN	0.84
CLEC3B	ECM1	TLN1	VTN	0.84
CLEC3B	ECM1	LRG1	VTN	0.83
CD163	CLEC3B	ECM1	VTN	0.83
CLEC3B	ECM1	MASP1	VTN	0.83
CLEC3B	ECM1	TNXB	VTN	0.83
CLEC3B	ECM1	PCSK9	VTN	0.83
CLEC3B	ECM1	MASP2	VTN	0.83
CLEC3B	ECM1	THBS1	VTN	0.83

CLEC3B	ECM1	SHBG	VTN	0.83
CKM	CLEC3B	ECM1	VTN	0.83
CLEC3B	ECM1	TGFBI	VTN	0.83
APOC3	CLEC3B	ECM1	VTN	0.83
CLEC3B	ECM1	PDLIM1	VTN	0.83
CLEC3B	ECM1	LGALS3BP	VTN	0.83
BTD	CLEC3B	ECM1	VTN	0.83
CLEC3B	ECM1	NID1	VTN	0.83
APOA1	CLEC3B	ECM1	VTN	0.83
CLEC3B	ECM1	VCAM1	VTN	0.83
CLEC3B	ECM1	LCP1	VTN	0.83
CLEC3B	CPB2	ECM1	VTN	0.83
CDH5	CLEC3B	ECM1	VTN	0.83
CLEC3B	ECM1	LCAT	VTN	0.83
CLEC3B	ECM1	MINPP1	VTN	0.83
CLEC3B	ECM1	MAN1A1	VTN	0.83
CLEC3B	ECM1	ORM1	VTN	0.83
CLEC3B	ECM1	HYOU1	VTN	0.83
CLEC3B	ECM1	PGLYRP2	VTN	0.83
CLEC3B	ECM1	FCN3	VTN	0.82
CD14	CLEC3B	ECM1	VTN	0.82
CLEC3B	ECM1	IGF2	VTN	0.82
CLEC3B	ECM1	HGFAC	VTN	0.82
CLEC3B	ECM1	SEPP1	VTN	0.82
CLEC3B	ECM1	GP5	VTN	0.82
CLEC3B	ECM1	PROS1	VTN	0.82
CLEC3B	ECM1	S100A8	VTN	0.82
CLEC3B	ECM1	S100A9	VTN	0.82
CLEC3B	DBH	ECM1	VTN	0.82
CLEC3B	CNTN1	ECM1	VTN	0.82

Table 6. Panel Combinations of Two or Three Active TB Biomarkers

protein.1	protein.2	protein.3	AUC
CD14	QSOX1	SELL	0.76
CD14	SELL	NA	0.75
CPN2	SELL	NA	0.74
SELL	SEPP1	NA	0.73
PEPD	SELL	NA	0.73
LGALS3BP	SELL	NA	0.73
CPN2	QSOX1	SELL	0.73

PGLYRP2	SELL	NA	0.73
LGALS3BP	QSOX1	SELL	0.72
QSOX1	SELL	SEPP1	0.72
PGLYRP2	QSOX1	SELL	0.72
CD14	PEPD	SELL	0.72
CD14	SELL	SEPP1	0.72
SELL	TAGLN2	NA	0.72
PFN1	SELL	NA	0.72
PEPD	QSOX1	SELL	0.72
SELL	VASN	NA	0.72
CPN2	PEPD	SELL	0.72
QSOX1	SELL	TAGLN2	0.71
LGALS3BP	SELL	SEPP1	0.71
QSOX1	SELL	VASN	0.71
CPN2	SELL	SEPP1	0.71
CD14	LGALS3BP	SELL	0.71
LGALS3BP	PEPD	SELL	0.71
PEPD	SELL	SEPP1	0.71
PFN1	QSOX1	SELL	0.71
CD14	SELL	VASN	0.70
CD14	CPN2	SELL	0.70
CD14	PFN1	SELL	0.70
PGLYRP2	SELL	SEPP1	0.70
PEPD	PGLYRP2	SELL	0.70
CD14	SELL	TAGLN2	0.70
LGALS3BP	PGLYRP2	SELL	0.70
CPN2	LGALS3BP	SELL	0.70
LGALS3BP	SELL	TAGLN2	0.70
LGALS3BP	PFN1	SELL	0.70
CD14	PGLYRP2	SELL	0.69
PEPD	SELL	TAGLN2	0.69
PGLYRP2	SELL	TAGLN2	0.69
PFN1	PGLYRP2	SELL	0.69
CPN2	PFN1	SELL	0.69
PEPD	PFN1	SELL	0.69
CPN2	SELL	TAGLN2	0.69
SELL	SEPP1	VASN	0.69
CD14	CPN2	NA	0.69
CPN2	SELL	VASN	0.69
SELL	SEPP1	TAGLN2	0.69
PEPD	SELL	VASN	0.69

PFN1	SELL	SEPP1	0.69
CPN2	PGLYRP2	SELL	0.69
LGALS3BP	SELL	VASN	0.69
CD14	LGALS3BP	NA	0.69
SELL	TAGLN2	VASN	0.69
PGLYRP2	SELL	VASN	0.69
PFN1	SELL	VASN	0.68
PFN1	SELL	TAGLN2	0.68
CD14	TAGLN2	NA	0.68
CD14	SEPP1	NA	0.68
CD14	PEPD	NA	0.68
CD14	PFN1	NA	0.68
CD14	CPN2	QSOX1	0.68
CD14	LGALS3BP	QSOX1	0.67
CD14	PGLYRP2	NA	0.67
CD14	VASN	NA	0.67
CD14	QSOX1	SEPP1	0.67
CD14	QSOX1	VASN	0.67
CD14	QSOX1	TAGLN2	0.67
CD14	PGLYRP2	QSOX1	0.67
CD14	PEPD	QSOX1	0.66
CD14	PFN1	QSOX1	0.66
CD14	CPN2	PEPD	0.65
CD14	CPN2	SEPP1	0.65
CPN2	PGLYRP2	NA	0.65
CD14	LGALS3BP	PEPD	0.65
CD14	LGALS3BP	TAGLN2	0.65
CD14	PGLYRP2	TAGLN2	0.65
CD14	PFN1	TAGLN2	0.65
CD14	SEPP1	TAGLN2	0.65
CD14	CPN2	LGALS3BP	0.65
CD14	PGLYRP2	SEPP1	0.64
CD14	LGALS3BP	SEPP1	0.64
CD14	PFN1	PGLYRP2	0.64
CD14	PEPD	SEPP1	0.64
CD14	LGALS3BP	PGLYRP2	0.64
CD14	CPN2	TAGLN2	0.64
CD14	LGALS3BP	PFN1	0.64
CD14	CPN2	PFN1	0.64
CD14	LGALS3BP	VASN	0.64
CPN2	VASN	NA	0.64

LGALS3BP	PGLYRP2	NA	0.64
CD14	PEPD	TAGLN2	0.64
CD14	CPN2	PGLYRP2	0.64
CD14	PEPD	VASN	0.64
CD14	CPN2	VASN	0.64
CD14	PEPD	PFN1	0.64
CD14	PEPD	PGLYRP2	0.64
CD14	TAGLN2	VASN	0.63
CD14	PFN1	SEPP1	0.63
CD14	SEPP1	VASN	0.63
PGLYRP2	SEPP1	NA	0.63
CD14	PFN1	VASN	0.63
CPN2	LGALS3BP	NA	0.63
CD14	PGLYRP2	VASN	0.63
CPN2	PGLYRP2	SEPP1	0.63
CPN2	PGLYRP2	QSOX1	0.63
CPN2	PEPD	NA	0.62
CPN2	SEPP1	NA	0.62
PGLYRP2	VASN	NA	0.62
CPN2	PFN1	NA	0.62
CPN2	TAGLN2	NA	0.62
CPN2	PEPD	PGLYRP2	0.61
CPN2	PGLYRP2	TAGLN2	0.61
CPN2	PFN1	PGLYRP2	0.61
CPN2	LGALS3BP	PGLYRP2	0.61
PGLYRP2	TAGLN2	NA	0.61
CPN2	QSOX1	VASN	0.61
CPN2	LGALS3BP	QSOX1	0.61
LGALS3BP	PGLYRP2	SEPP1	0.61
LGALS3BP	PGLYRP2	QSOX1	0.61
PFN1	PGLYRP2	NA	0.61
LGALS3BP	PGLYRP2	VASN	0.61
CPN2	PGLYRP2	VASN	0.61
LGALS3BP	VASN	NA	0.61
CPN2	QSOX1	SEPP1	0.60
LGALS3BP	PGLYRP2	TAGLN2	0.60
CPN2	PEPD	QSOX1	0.60
CPN2	PEPD	VASN	0.60
CPN2	LGALS3BP	VASN	0.60
LGALS3BP	PFN1	PGLYRP2	0.60
PGLYRP2	QSOX1	SEPP1	0.60

PGLYRP2	QSOX1	VASN	0.60
CPN2	PFN1	QSOX1	0.60
PEPD	PGLYRP2	NA	0.59
CPN2	SEPP1	VASN	0.59
PGLYRP2	QSOX1	TAGLN2	0.59
CPN2	QSOX1	TAGLN2	0.59
PGLYRP2	SEPP1	VASN	0.59
CPN2	TAGLN2	VASN	0.59
LGALS3BP	QSOX1	VASN	0.59
CPN2	LGALS3BP	PEPD	0.59
CPN2	PFN1	VASN	0.59
PGLYRP2	SEPP1	TAGLN2	0.59
PFN1	PGLYRP2	QSOX1	0.59
LGALS3BP	QSOX1	SEPP1	0.58
LGALS3BP	PEPD	PGLYRP2	0.58
CPN2	LGALS3BP	PFN1	0.58
PFN1	PGLYRP2	SEPP1	0.58
PGLYRP2	TAGLN2	VASN	0.58
CPN2	LGALS3BP	TAGLN2	0.58
LGALS3BP	SEPP1	NA	0.58
PFN1	PGLYRP2	VASN	0.58
LGALS3BP	PEPD	QSOX1	0.58
CPN2	LGALS3BP	SEPP1	0.58
PEPD	PGLYRP2	QSOX1	0.58
QSOX1	VASN	NA	0.58
CPN2	PFN1	TAGLN2	0.57
PEPD	QSOX1	NA	0.57
LGALS3BP	PEPD	NA	0.57
LGALS3BP	QSOX1	TAGLN2	0.57
SEPP1	VASN	NA	0.57
CPN2	SEPP1	TAGLN2	0.57
LGALS3BP	SEPP1	VASN	0.57
LGALS3BP	PFN1	QSOX1	0.57
CPN2	PEPD	SEPP1	0.57
PFN1	PGLYRP2	TAGLN2	0.57
PEPD	PGLYRP2	SEPP1	0.57
CPN2	PFN1	SEPP1	0.57
PEPD	PGLYRP2	VASN	0.57
CPN2	PEPD	TAGLN2	0.57
PEPD	PGLYRP2	TAGLN2	0.57
LGALS3BP	PEPD	VASN	0.57

QSOX1	SEPP1	VASN	0.56
PEPD	PFN1	PGLYRP2	0.56
LGALS3BP	TAGLN2	VASN	0.56
PFN1	QSOX1	NA	0.56
QSOX1	TAGLN2	NA	0.56
LGALS3BP	TAGLN2	NA	0.56
PEPD	VASN	NA	0.56
LGALS3BP	PFN1	VASN	0.55
PEPD	SEPP1	NA	0.55
LGALS3BP	PFN1	NA	0.55
PEPD	QSOX1	SEPP1	0.55
LGALS3BP	PEPD	SEPP1	0.55
LGALS3BP	SEPP1	TAGLN2	0.55
PEPD	QSOX1	VASN	0.54
QSOX1	SEPP1	TAGLN2	0.54
PFN1	QSOX1	SEPP1	0.54
LGALS3BP	PFN1	SEPP1	0.54
LGALS3BP	PEPD	TAGLN2	0.54
SEPP1	TAGLN2	NA	0.54
PFN1	SEPP1	NA	0.54
TAGLN2	VASN	NA	0.54
PEPD	TAGLN2	NA	0.53
PEPD	PFN1	NA	0.53
QSOX1	TAGLN2	VASN	0.53
PEPD	QSOX1	TAGLN2	0.53
PEPD	SEPP1	VASN	0.53
PEPD	PFN1	QSOX1	0.53
SEPP1	TAGLN2	VASN	0.53
LGALS3BP	PFN1	TAGLN2	0.53
PFN1	QSOX1	VASN	0.53
PFN1	VASN	NA	0.53
PFN1	SEPP1	VASN	0.53
PEPD	TAGLN2	VASN	0.53
PEPD	PFN1	VASN	0.52
PFN1	QSOX1	TAGLN2	0.52
PEPD	SEPP1	TAGLN2	0.52
PEPD	PFN1	SEPP1	0.51
PEPD	PFN1	TAGLN2	0.50
PFN1	SEPP1	TAGLN2	0.50
PFN1	TAGLN2	VASN	0.50
PFN1	TAGLN2	NA	0.44

Table 7. Panel Combinations of Active TB and Latent TB Biomarkers

protein.1	protein.2	protein.3	AUC
CLEC3B	CPN2	ECM1	0.83
CLEC3B	ECM1	TAGLN2	0.83
CLEC3B	ECM1	SELL	0.83
CLEC3B	ECM1	PFN1	0.82
CLEC3B	ECM1	PEPD	0.81
CLEC3B	ECM1	LGALS3BP	0.80
CD14	CLEC3B	ECM1	0.80
CLEC3B	ECM1	QSOX1	0.80
CLEC3B	ECM1	PGLYRP2	0.79
CLEC3B	ECM1	VASN	0.79
CLEC3B	ECM1	SEPP1	0.79

Table 8. Cross-Sectional Comparison of Differential Intensity (DI) Ratios for Select Latent TB Biomarkers

Gene	CO v NI	LTBI v NI	ATB v NI	ATB v LTBI
CLEC3B	1.00	1.06	0.55	0.52
ECM1	0.84	0.81	0.92	1.13
PON1	1.20	1.43	0.73	0.51
VTN	1.10	1.16	0.75	0.65
IGFALS	1.00	0.99	0.77	0.78
IGFBP3	0.81	0.84	0.41	0.49
CLU	1.13	1.19	0.92	0.77
VWF	1.34	1.08	1.06	0.98
SPP2	1.05	1.05	0.53	0.50
SELL	1.07	1.00	1.00	0.99
LUM	0.88	0.90	0.57	0.63
NCAM1	0.99	0.95	0.53	0.56
TLN1	1.22	1.08	0.55	0.51

Table 9. Longitudinal Comparison of Differential Intensity (DI) Ratios for Select Latent TB Biomarkers

Gene	Becomes TST+	Remains TST-
CLEC3B	1.29	1.22
ECM1	1.43	1.34
PON1	1.28	1.00
VTN	1.06	1.01

IGFALS	1.24	1.16
IGFBP3	1.24	1.16
CLU	1.15	1.13
VWF	1.42	1.35
SPP2	1.11	1.09
SELL	1.15	1.25
LUM	1.25	1.22
NCAM1	1.17	1.18
TLN1	1.01	0.96

Equivalents

In describing exemplary embodiments, specific terminology is used for the sake of clarity. For purposes of description, each specific term is intended to at least include all technical and functional equivalents that operate in a similar manner to accomplish a similar purpose. Additionally, in some instances where a particular exemplary embodiment includes a plurality of system elements or method steps, those elements or steps may be replaced with a single element or step. Likewise, a single element or step may be replaced with a plurality of elements or steps that serve the same purpose. Further, where parameters for various properties are specified herein for exemplary embodiments, those parameters may be adjusted up or down by 1/20th, 1/10th, 1/5th, 1/3rd, ½, *etc.*, or by rounded-off approximations thereof, unless otherwise specified. Moreover, while exemplary embodiments have been shown and described with references to particular embodiments thereof, those of ordinary skill in the art will understand that various substitutions and alterations in form and details may be made therein without departing from the scope of the invention. Further still, other aspects, functions and advantages are also within the scope of the invention.

Incorporation by Reference

The contents of all references, including patents and patent applications, cited throughout this application are hereby incorporated herein by reference in their entirety. The appropriate components and methods of those references may be selected for the invention and embodiments thereof. Still further, the components and methods identified in the Background section are integral to this disclosure and can be used in conjunction with or substituted for components and methods described elsewhere in the disclosure within the scope of the invention.

We claim:

1. A method for determining whether a subject exposed to tuberculosis (TB) will develop latent TB, the method comprising

5 determining the level of one or more markers listed in Table 1 in a sample(s) from the subject;

comparing the level of the one or more markers in the subject sample(s) with a level of the one or more markers in a control sample(s), wherein a difference in the level of the one or more markers in the subject sample(s) as compared to the level of the one or more markers in the control sample(s) indicates that the subject will develop latent TB, thereby determining
10 whether the subject exposed to TB will develop latent TB.

2. The method of any one of claim 1, wherein the level in the subject sample(s) is determined by mass spectrometry.

15 3. The method of claim 2, wherein the mass spectrometry is matrix assisted laser desorption/time of flight (MALDI/TOF) mass spectrometry, liquid chromatography quadruple ion trap electrospray (LCQ-MS), or surface enhanced laser desorption ionization/time of flight (SELDI/TOF) mass spectrometry.

20 4. The method of claim 1, wherein the level in the subject sample(s) is determined by immunoassay.

25 5. The method of any of the preceding claims, wherein the sample(s) from the subject is a fluid sample(s).

6. The method of any of the preceding claims, wherein the sample(s) from the subject is a tissue sample(s).

30 7. The method of any one of the preceding claims, wherein the level of the marker is an expression level and/or activity of the marker.

8. The method of any of claims 1-7, further comprising determining the level of one or more markers selected from the group consisting of CLEC3B, ECM1, PON1, VTN, IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1.
35

9. A method for determining whether a subject exposed to tuberculosis (TB) will develop latent TB, the method comprising

determining the level of CLEC3B and the level of ECM1 in a sample(s) from the subject;

comparing the level of CLEC3B and the level of ECM1 in the subject sample(s) with a level of CLEC3B and a level of ECM1 in a control sample(s),

5 wherein a difference in the level of CLEC3B and a difference in the level of ECM1 in the subject sample(s) as compared to the level of CLEC3B and the level of ECM1 in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

10 10. The method of claim 9, further comprising
determining the level of one or more additional markers selected from the group consisting of PON1, VTN, IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in a sample(s) from the subject.

15 11. The method of claim 9, further comprising
determining the level of PON1 in a sample(s) from the subject.

12. The method of claim 9, further comprising
determining the level of VTN in a sample(s) from the subject.

20 13. The method of claim 9, further comprising
determining the level of PON1 and the level of VTN in a sample(s) from the subject.

14. The method of claim 9, further comprising
25 determining the level of PON1 and the level of one or more additional markers selected from the group consisting of, IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in a sample(s) from the subject.

15. The method of claim 9, further comprising
30 determining the level of VTN and the level of one or more additional markers selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in a sample(s) from the subject.

16. The method of claim 9, further comprising
35 determining the level of PON1, the level of VTN, and the level of one or more additional markers selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in a sample(s) from the subject.

17. The method of any of claims 9-16, further comprising determining the level of one or more markers listed in Table 1 in a sample(s) from the subject.

18. A method for determining whether a subject exposed to tuberculosis (TB) will develop latent TB, the method comprising

determining the level of CLEC3B, the level of ECM1, and the level of PON1 in a sample(s) from the subject;

comparing the level of CLEC3B, the level of ECM1, and the level of PON1 in the subject sample(s) with a level of CLEC3B, the level of ECM1, and the level of PON1 in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, and a difference in the level of PON1 in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, and the level of PON1 in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

19. A method for determining whether a subject exposed to tuberculosis (TB) will develop latent TB, the method comprising

determining the level of CLEC3B, the level of ECM1, and the level of VTN in a sample(s) from the subject;

comparing the level of CLEC3B, the level of ECM1, and the level of VTN in the subject sample(s) with a level of CLEC3B, the level of ECM1, and the level of VTN in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, and a difference in the level of VTN in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, and the level of VTN in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

20. A method for determining whether a subject exposed to TB will develop latent tuberculosis (TB), the method comprising

determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFALS in a sample(s) from the subject;

comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFALS in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFALS in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of PON1, and a difference in the level of IGFALS in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFALS in the control

sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

21. A method for determining whether a subject exposed to TB will develop latent tuberculosis (TB), the method comprising

determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFBP3 in a sample(s) from the subject;

comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFBP3 in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFBP3 in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of PON1, and a difference in the level of IGFBP3 in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, and the level of IGFBP3 in the control

sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

22. A method for determining whether a subject exposed to TB will develop latent tuberculosis (TB), the method comprising

determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of CLU in a sample(s) from the subject;

comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of CLU in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of CLU in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of PON1, and a difference in the level of CLU in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, and the level of CLU in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

23. A method for determining whether a subject exposed to TB will develop latent tuberculosis (TB), the method comprising

determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of VWF in a sample(s) from the subject;

comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of VWF in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of VWF in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of PON1, and a difference in the level of VWF in the subject sample(s) as compared to the level of CLEC3B,

the level of ECM1, the level of PON1, and the level of VWF in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

24. A method for determining whether a subject exposed to TB will develop latent tuberculosis (TB), the method comprising

determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of SPP2 in a sample(s) from the subject;

comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of SPP2 in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of SPP2 in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of PON1, and a difference in the level of SPP2 in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, and the level of SPP2 in the control sample(s)

indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

25. A method for determining whether a subject exposed to TB will develop latent tuberculosis (TB), the method comprising

determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of SELL in a sample(s) from the subject;

comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of SELL in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of SELL in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of PON1, and a difference in the level of SELL in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, and the level of SELL in the control sample(s)

indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

26. A method for determining whether a subject exposed to TB will develop latent tuberculosis (TB), the method comprising

determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of LUM in a sample(s) from the subject;

comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of LUM in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of LUM in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of PON1, and a

difference in the level of LUM in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, and the level of LUM in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

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27. A method for determining whether a subject exposed to TB will develop latent tuberculosis (TB), the method comprising

determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of NCAM1 in a sample(s) from the subject;

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comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of NCAM1 in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of NCAM1 in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of PON1, and a difference in the level of NCAM1 in the subject sample(s) as compared to the level of

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CLEC3B, the level of ECM1, the level of PON1, and the level of NCAM1 in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

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28. A method for determining whether a subject exposed to TB will develop latent tuberculosis (TB), the method comprising

determining the level of CLEC3B, the level of ECM1, the level of PON1, and the level of TLN1 in a sample(s) from the subject;

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comparing the level of CLEC3B, the level of ECM1, the level of PON1, and the level of TLN1 in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, and the level of TLN1 in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of PON1, and a difference in the level of TLN1 in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, and the level of TLN1 in the control sample(s)

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indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

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29. A method for determining whether a subject exposed to TB will develop latent tuberculosis (TB), the method comprising

determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFALS in a sample(s) from the subject;

comparing the level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFALS in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFALS in a control sample(s), wherein a difference in the level of

CLEC3B, a difference in the level of ECM1, a difference in the level of VTN, and a difference in the level of IGFALS in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFALS in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

30. A method for determining whether a subject exposed to TB will develop latent tuberculosis (TB), the method comprising

determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFBP3 in a sample(s) from the subject;

comparing the level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFBP3 in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFBP3 in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of VTN, and a difference in the level of IGFBP3 in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of VTN, and the level of IGFBP3 in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

31. A method for determining whether a subject exposed to TB will develop latent tuberculosis (TB), the method comprising

determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of CLU in a sample(s) from the subject;

comparing the level of CLEC3B, the level of ECM1, the level of VTN, and the level of CLU in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of CLU in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of VTN, and a difference in the level of CLU in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of VTN, and the level of CLU in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

32. A method for determining whether a subject exposed to TB will develop latent tuberculosis (TB), the method comprising

determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of VWF in a sample(s) from the subject;

comparing the level of CLEC3B, the level of ECM1, the level of VTN, and the level of VWF in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of

VTN, and the level of VWF in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of VTN, and a difference in the level of VWF in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of VTN, and the level of VWF in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

33. A method for determining whether a subject exposed to TB will develop latent tuberculosis (TB), the method comprising

determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of SPP2 in a sample(s) from the subject;

comparing the level of CLEC3B, the level of ECM1, the level of VTN, and the level of SPP2 in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of SPP2 in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of VTN, and a difference in the level of SPP2 in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of VTN, and the level of SPP2 in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

34. A method for determining whether a subject will develop latent tuberculosis (TB), the method comprising

determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of SELL in a sample(s) from the subject;

comparing the level of CLEC3B, the level of ECM1, the level of VTN, and the level of SELL in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of SELL in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of VTN, and a difference in the level of SELL in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of VTN, and the level of SELL in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

35. A method for determining whether a subject exposed to TB will develop latent tuberculosis (TB), the method comprising

determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of LUM in a sample(s) from the subject;

comparing the level of CLEC3B, the level of ECM1, the level of VTN, and the level of LUM in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of LUM in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of VTN, and a difference in the level of LUM in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of VTN, and the level of LUM in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

36. A method for determining whether a subject exposed to TB will develop latent tuberculosis (TB), the method comprising

determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of NCAM1 in a sample(s) from the subject;

comparing the level of CLEC3B, the level of ECM1, the level of VTN, and the level of NCAM1 in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of NCAM1 in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of VTN, and a difference in the level of NCAM1 in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of VTN, and the level of NCAM1 in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

37. A method for determining whether a subject exposed to TB will develop latent tuberculosis (TB), the method comprising

determining the level of CLEC3B, the level of ECM1, the level of VTN, and the level of TLN1 in a sample(s) from the subject;

comparing the level of CLEC3B, the level of ECM1, the level of VTN, and the level of TLN1 in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of VTN, and the level of TLN1 in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of VTN, and a difference in the level of TLN1 in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of VTN, and the level of TLN1 in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

38. A method for determining whether a subject exposed to TB will develop latent tuberculosis (TB), the method comprising

determining the level of CLEC3B, the level of ECM1, the level of PON1, the level of VTN, and the level of one or more additional markers selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in a sample(s) from the subject;

5 comparing the level of CLEC3B, the level of ECM1, the level of PON1, the level of VTN, and the level of VTN, and the level of the one or more additional markers in the subject sample(s) with a level of CLEC3B, the level of ECM1, the level of PON1, the level of VTN, and the level of the one or more additional markers in a control sample(s), wherein a difference in the level of CLEC3B, a difference in the level of ECM1, a difference in the level of PON1, a difference in the level of VTN, and a difference in the level of one additional marker in the subject sample(s) as compared to the level of CLEC3B, the level of ECM1, the level of PON1, the level of VTN, and the level of the one or more additional markers in the control sample(s) indicates that the subject will develop latent TB, thereby determining whether the subject exposed to TB will develop latent TB.

15 39. The method of any one of claims 9-38, wherein the level of the marker is an expression level and/or activity of the marker.

20 40. The method of any one of claims 9-38, wherein the level in the subject sample(s) is determined by mass spectrometry.

25 41. The method of claim 40, wherein the mass spectrometry is matrix assisted laser desorption/time of flight (MALDI/TOF) mass spectrometry, liquid chromatography quadruple ion trap electrospray (LCQ-MS), or surface enhanced laser desorption ionization/time of flight (SELDI/TOF) mass spectrometry.

 42. The method of any one of claims 9-38, wherein the level in the subject sample(s) is determined by immunoassay.

30 43. The method of any one of claims 9-38, wherein the sample(s) from the subject is a fluid sample(s).

 44. The method of any one of claims 9-38, wherein the sample(s) from the subject is a tissue sample(s).

35 45. The method of any one of claims 9-38, wherein the combination of markers has an area under the curve of about 0.85 to about 1.00.

46. A method of detecting the level of one or more markers listed in Table 1 in a subject, comprising
obtaining subject sample(s) from a human subject; and
detecting whether one or more markers listed in Table 1 is present in the subject sample(s).

47. The method of claim 46, further comprising detecting the level of one or more additional markers selected from the group consisting of CLEC3B, ECM1, PON1, VTN, IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1.

48. A method for detecting the level of one or more markers in a subject, the method comprising
obtaining subject sample(s) from a human subject; and
detecting the level of CLEC3B and the level of ECM1 in said subject sample(s).

49. The method of claim 48, further comprising detecting the level of one or more additional markers selected from the group consisting of PON1, VTN, IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in said subject sample(s).

50. The method of claim 48, further comprising detecting the level of PON1 in said subject sample(s).

51. The method of claim 48, further comprising detecting the level of VTN in said subject sample(s).

52. The method of claim 48, further comprising detecting the level of PON1 and the level of VTN in said subject sample(s).

53. The method of claim 48, further comprising detecting the level of PON1 and the level of one or more additional markers selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in said subject sample(s).

54. The method of claim 48, further comprising detecting the level of VTN and the level of one or more additional markers selected from the group consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in said subject sample(s).

55. The method of claim 48, further comprising detecting the level of PON1, the level of VTN, and the level of one or more additional markers selected from the group

consisting of IGFALS, IGFBP3, CLU, VWF, SPP2, SELL, LUM, NCAM1, and TLN1 in said subject sample.

56. The method of any of claims 46-55, further comprising detecting the level of one or more markers listed in Table 1 in a sample(s) from the subject.

57. The method of any of claims 46-56, wherein the level of the marker is an expression level and/or activity of the marker.

58. The method of any one of claims 46-56, wherein the level in the subject sample(s) is determined by mass spectrometry.

59. The method of claim 58, wherein the mass spectrometry is matrix assisted laser desorption/time of flight (MALDI/TOF) mass spectrometry, liquid chromatography quadruple ion trap electrospray (LCQ-MS), or surface enhanced laser desorption ionization/time of flight (SELDI/TOF) mass spectrometry.

60. The method of any one of claims 46-56, wherein the level in the subject sample(s) is determined by immunoassay.

61. The method of any of claims 46-56, wherein the sample(s) from the subject is a fluid sample(s).

62. The method of any of claims 46-56, wherein the sample(s) from the subject is a tissue sample(s).

63. The method of any of claims 1-62, further comprising administering to the subject an effective amount of a therapeutic agent for treating TB, thereby treating latent TB in the subject.

64. The method of claim 63, wherein the therapeutic agent modulates the level and/or activity of any one or more of the markers listed in Table 1.

65. A kit for determining whether a subject exposed to tuberculosis (TB) will develop latent TB, the kit comprising reagents for determining the level of one or more markers listed in Table 1 in a subject sample(s) and instructions for use of the kit to determine whether the subject will develop latent TB.

	Discovery (N=104)				Verification 1 (N=52)		Verification 2 (N=16)	
	Non - Infected	Converter	LTBI	Active TB	Non - Infected (longitudinal)	Converter (longitudinal)	Non - Infected (longitudinal)	Converter (longitudinal)
n	8	21	38	37	15	37	3	13
Age (median)	20	25	25	25	20	16	25	21
Sex (% male)	63	24	40	43	40	27	0	31
BMI (median)	21	22	22	19	21	21	21	22

Figure 1

Figure 2A

	Protein	CO v NI	LTBI v NI	ATB v NI	ATB v LTBI
Acute phase response	HP	1.26	1.34	6.26	4.67
	ORM1	1.25	1.37	3.83	2.80
	SAA4	1.28	1.46	1.29	0.88
	C1S	1.14	1.20	1.18	0.98
	C1R	1.16	1.23	1.13	0.92
	F5	1.15	1.14	1.01	0.89
	SAA1	1.39	1.93	13.16	6.83
	SERPINF1	1.03	1.12	0.88	0.78
	SAA2	0.93	1.09	3.15	2.89
	APCS	1.07	1.20	2.33	1.93
	ORM2	1.19	1.28	1.95	1.52
	AMBP	1.05	1.05	1.52	1.45
	F9	0.91	1.10	1.24	1.13
	AHSG	0.94	1.03	0.54	0.53
	TF	1.04	1.00	0.49	0.94
	IL1RAP	1.01	0.98	0.44	0.44
	CD163	1.13	1.08	0.97	0.90
Inflammatory response	S100A8	1.26	1.29	2.64	2.04
	S100A9	1.22	1.28	3.51	2.74
	CD5L	0.89	0.83	0.84	1.01
	SOD3	0.85	0.73	0.59	0.81
	CAT	0.79	0.60	0.40	0.67
	CPN1	1.15	1.15	1.07	0.93
	ANPEP	0.88	0.82	0.68	0.83
	ATRN	0.92	0.94	0.63	0.68
	ALCAM	1.00	0.74	0.41	0.55
	KRT14	0.66	0.53	1.08	2.03
Complement	CRP	1.39	1.73	8.73	5.05
	C2	1.12	1.16	1.21	1.04
	C3	1.26	1.34	1.20	0.89
	CLU	1.13	1.19	0.92	0.77
	C7	0.85	0.84	0.78	0.92
	MBL2	0.70	0.85	0.64	0.75
	C9	1.18	1.44	2.79	1.93
	FCN3	1.09	1.38	1.49	1.08
	KNG1	1.28	1.32	0.72	0.54
	MASP1	0.96	1.00	0.79	0.79
	CFD	0.89	0.92	0.51	0.55
	CR2	1.04	0.73	0.48	0.66
	C4BPA	1.10	1.15	2.05	1.78
Coagulation	MASP2	1.10	1.28	0.98	0.77
	SERPIND1	1.19	1.20	1.88	1.57
	VWF	1.34	1.08	1.06	0.98
	PLEK	1.46	1.23	0.92	0.75
	FLNA	1.29	1.18	0.68	0.58
	PF4	0.72	0.74	0.62	0.84
	F11	1.09	1.22	1.09	0.89
	F12	0.93	0.82	0.84	1.02
	PTGDS	0.89	0.92	0.80	0.87
	GP1BA	1.02	1.01	0.77	0.76
	MMRN1	0.80	0.79	0.74	0.93
	F7	1.17	1.12	0.68	0.60
	ADAMTS13	0.85	0.81	0.55	0.68
	GP5	0.91	0.94	0.54	0.58
	LRP1	1.12	0.94	0.43	0.46
	SERPINA5	1.02	0.83	0.41	0.50
	FGL2	0.50	0.52	0.40	0.77
	PROCR	0.87	0.84	0.31	0.37
	FGA	1.14	1.04	1.23	1.18

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Figure 2B

	Protein	CO v NI	LTBI v NI	ATB v NI	ATB v LTBI
Coagulation	SERPIND1	1.19	1.20	1.88	1.57
	VWF	1.34	1.08	1.06	0.98
	PLEK	1.46	1.23	0.92	0.75
	FLNA	1.29	1.18	0.68	0.58
	PF4	0.72	0.74	0.62	0.84
	F11	1.09	1.22	1.09	0.89
	F12	0.93	0.82	0.84	1.02
	PTGDS	0.89	0.92	0.80	0.87
	GP1BA	1.02	1.01	0.77	0.76
	MMRN1	0.80	0.79	0.74	0.93
	F7	1.17	1.12	0.68	0.60
	ADAMTS13	0.85	0.81	0.55	0.68
	GP5	0.91	0.94	0.54	0.58
	LRP1	1.12	0.94	0.43	0.46
	SERPINA5	1.02	0.83	0.41	0.50
	FGL2	0.50	0.52	0.40	0.77
	PROCR	0.87	0.84	0.31	0.37
	FGA	1.14	1.04	1.23	1.18
Oxidative stress	S100A12	1.85	1.98	6.31	3.18
	PRDX2	0.73	0.55	0.40	0.72
	PON1	1.20	1.43	0.73	0.51
	AGT	0.97	1.07	0.83	0.78
	SH3BGR13	1.02	0.97	0.73	0.76
	SEPP1	0.83	0.90	0.71	0.78
	SOD1	0.96	0.69	0.57	0.83
	MMP2	0.94	0.74	0.29	0.39
Innate immunity	LGALS3BP	1.31	1.33	1.65	1.23
	LILRA3	1.62	1.47	1.25	0.85
	VNN1	1.25	1.49	1.18	0.79
	LBP	1.12	1.40	2.44	1.75
	PGLYRP2	1.23	1.24	0.68	0.55
	HPR	1.01	1.06	1.78	1.69
	CSF1R	1.07	1.00	0.57	0.57
	SELENBP1	0.94	0.58	0.32	0.55
Adaptive vs immune response	SERPINA1	1.19	1.27	3.32	2.62
	LCP1	1.30	1.30	1.61	1.24
	IGLL5	0.88	0.91	1.29	1.41
	DBH	1.52	1.12	0.92	0.82
	A2M	0.91	1.04	0.81	0.79
	SERPINC1	1.70	1.93	1.21	0.62
	LPA	1.28	1.77	1.14	0.65
	PIGR	0.92	0.77	1.08	1.40
	FCGR3A	1.12	1.20	1.45	1.21
	CD14	1.03	1.09	1.42	1.31
	MMP9	1.11	1.05	1.37	1.31
	ICAM1	1.06	1.17	1.37	1.17
	CPB2	0.98	1.09	1.19	1.09
	PROS1	0.90	1.02	0.90	0.88
	THBS1	0.98	1.00	0.85	0.85
	ICOSLG	0.91	1.00	0.75	0.75
	VCAM1	1.02	1.01	0.68	0.67
Lipid metabolism	PTPRJ	0.98	0.90	0.58	0.64
	PNP	0.73	0.53	0.46	0.87
	BLVRB	0.98	0.66	0.44	0.67
	THBS4	1.03	0.79	0.31	0.40
	DPP4	0.76	0.68	0.27	0.40
	SECTM1	1.26	1.38	0.22	0.16
	TAGLN2	1.34	1.33	1.04	0.78
	APOA4	0.72	0.80	0.57	0.71
	APOB	1.38	1.41	0.96	0.68
	APOE	1.15	1.29	1.00	0.77
	LCAT	1.17	1.20	0.91	0.76
	APOF	1.30	1.31	0.99	0.76
	APOD	1.13	1.31	0.81	0.62
	APOA1	1.03	1.11	0.71	0.64
	APOC1	0.97	1.09	0.72	0.66
	PCSK9	0.99	0.77	0.65	0.85
	APOC2	0.94	1.04	0.63	0.61
Glycolysis	APOC4	0.85	0.80	0.55	0.69
	APOA2	0.97	1.04	0.51	0.49
	CETP	1.03	1.10	1.43	1.31
	PRG4	1.22	1.12	2.09	1.87
Carb Metab	TP11	0.97	0.79	0.71	0.90
	ALDOA	0.81	0.83	0.65	0.78
	LDHB	0.91	0.79	0.53	0.67
	LDHA	0.90	0.62	0.49	0.79
	CTBS	1.06	1.03	0.63	0.61
	NAGLU	0.90	0.92	0.56	0.61

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Figure 2C

	Protein	CO v NI	LTBI v NI	ATB v NI	ATB v LTBI
Tissue development & remodeling	HRNR	0.30	0.24	0.24	0.99
	KRT9	0.72	0.65	0.62	0.96
	FCGBP	0.80	0.87	0.85	0.97
	ECM1	0.84	0.81	0.92	1.13
	LUM	0.88	0.90	0.57	0.63
	LRG1	1.18	1.34	2.90	2.16
	KRT5	0.72	0.68	0.78	1.16
	CA2	0.83	0.61	0.30	0.63
	S100A4	1.20	0.77	0.16	0.21
	COL1A1	0.66	0.49	0.17	0.34
	CD248	0.90	0.74	0.19	0.26
	RTN4RL2	0.77	0.76	0.35	0.46
	CDL6A1	0.76	0.77	0.36	0.47
	PTPRG	1.01	1.05	0.40	0.38
	KRT2	0.61	0.66	0.41	0.62
	MEGF8	0.85	0.78	0.41	0.52
	CDLEC11	1.25	0.97	0.42	0.44
	EFEMP1	1.13	1.12	0.45	0.40
	NCAM2	0.80	0.86	0.48	0.56
	SEMA4B	0.96	1.03	0.50	0.48
	OGN	1.06	0.95	0.51	0.53
	COL6A3	1.01	0.90	0.52	0.57
	AB13BP	0.79	0.75	0.53	0.71
	SPP2	1.05	1.05	0.53	0.50
	DAG1	0.81	0.87	0.54	0.62
	COMP	1.11	1.00	0.55	0.56
	SPARCL1	1.10	1.05	0.56	0.53
	CRTAC1	1.04	1.01	0.62	0.61
	CD109	1.27	1.08	0.65	0.60
	BTD	0.99	1.07	0.65	0.61
	VASN	0.87	0.87	0.73	0.84
	Q5OX1	1.06	1.13	0.82	0.72
	NRP1	0.97	1.09	1.22	1.12
	PLS1	1.11	1.08	1.45	1.35
	FAM20C	1.22	1.41	1.81	1.29
	PFN1	1.33	1.09	0.74	0.68
Cell proliferation	IGFBP3	0.81	0.84	0.41	0.49
	IGFBP5	0.43	0.46	0.27	0.60
	IGF1	0.70	0.67	0.42	0.62
	IGFBP6	0.95	1.01	0.74	0.73
	SPARC	0.97	0.98	0.73	0.75
	BCHE	1.04	1.03	0.72	0.71
	CHL1	1.05	1.01	0.64	0.63
	FSTL1	0.86	0.99	0.55	0.56
	IGF2	1.05	1.01	0.53	0.52
	ENO1	1.07	0.98	0.41	0.42
	PDGFRB	0.61	0.69	0.39	0.56
	AIFM1	1.17	1.13	0.26	0.23
	LTBP1	0.79	0.64	0.20	0.32
	AK1	0.79	0.47	0.10	0.21
	IGFBP2	0.90	1.13	1.55	1.38
Cell migration & adhesion	TNXB	0.85	0.83	0.40	0.49
	GPLD1	0.79	0.98	0.58	0.50
	FBLN1	0.85	0.81	0.53	0.65
	IGFALS	1.00	0.99	0.77	0.78
	VCL	1.12	1.05	0.73	0.69
	PVR	0.72	0.84	0.71	0.85
	AOC3	0.92	0.91	0.65	0.72
	NED1	0.99	1.05	0.63	0.59
	ANGPTL3	1.44	1.26	0.55	0.44
	TLN1	1.22	1.08	0.55	0.51
	GSN	0.97	0.98	0.54	0.55
	NCAM1	0.99	0.95	0.53	0.56
	CDH5	1.13	1.08	0.52	0.48
	HSPG2	1.05	0.85	0.51	0.60
	TPM3	1.20	1.12	0.50	0.45
	CDH13	1.15	0.99	0.49	0.49
	DSG2	1.17	1.19	0.48	0.40
	TPM4	1.26	1.15	0.47	0.41
	MCAM	1.14	1.13	0.43	0.38
	POSTN	0.98	0.81	0.38	0.48
Glycosylation	CNTN1	0.94	0.84	0.38	0.45
	OMD	0.79	0.67	0.30	0.45
	ADAMDEC1	0.87	0.80	0.29	0.36
	ACAN	0.56	0.52	0.24	0.45
	CLSTN1	0.92	0.69	0.15	0.22
	MYOC	0.74	0.50	0.13	0.26
	PSG2	1.21	1.21	1.98	1.64
	VTN	1.10	1.16	0.75	0.65
	MAN1A1	1.37	1.40	1.85	1.33
	FUCA1	0.91	0.91	0.63	0.69
	MAN2A1	1.01	0.95	0.54	0.57
	FUCA2	0.73	0.84	0.50	0.59
	B3GNT2	1.10	0.92	0.31	0.34

Figure 2D

	Protein	CO v NI	LTBI v NI	ATB v NI	ATB v LTBI
Cell migration & adhesion	TNXB	0.85	0.83	0.40	0.40
	GPLD1	0.79	0.98	0.58	0.59
	FBLN1	0.85	0.81	0.53	0.65
	IGFALS	1.00	0.99	0.77	0.78
	VCL	1.12	1.06	0.73	0.69
	PVR	0.72	0.84	0.71	0.85
	AOC3	0.92	0.91	0.65	0.72
	NED1	0.99	1.06	0.63	0.59
	ANGPTL3	1.44	1.26	0.55	0.44
	TUN1	1.22	1.08	0.55	0.51
	GSN	0.97	0.98	0.54	0.55
	NCAM1	0.99	0.95	0.53	0.56
	CDH5	1.13	1.08	0.52	0.48
	HSPG2	1.06	0.85	0.51	0.60
	TPM3	1.20	1.12	0.50	0.45
	CDH13	1.15	0.99	0.49	0.49
	DSG2	1.17	1.19	0.48	0.40
	TPM4	1.26	1.16	0.47	0.41
	MCAM	1.14	1.13	0.43	0.38
	POSTN	0.98	0.81	0.38	0.48
	CNTN1	0.94	0.84	0.38	0.45
	OMD	0.79	0.67	0.30	0.45
	ADAMDEC1	0.87	0.80	0.29	0.36
	ACAN	0.56	0.52	0.24	0.45
	CLSTN1	0.92	0.69	0.15	0.22
	MYOC	0.74	0.50	0.13	0.26
	PSG2	1.21	1.21	1.98	1.64
	VTN	1.10	1.16	0.75	0.65
Glycosylation	MAN1A1	1.37	1.40	1.85	1.33
	FUCA1	0.91	0.91	0.63	0.69
	MAN2A1	1.01	0.96	0.54	0.57
	FUCA2	0.73	0.84	0.50	0.59
	B3GNT2	1.10	0.92	0.31	0.34

Proteolysis	PZP	1.40	1.28	1.83	1.43
	CNDP1	1.24	1.21	0.87	0.72
	ITIH3	1.22	1.30	1.77	1.36
	SERPINA6	1.02	1.13	1.07	0.94
	PI16	0.83	0.73	0.30	0.42
	CPQ	0.98	0.63	0.18	0.28
	UBE38	0.80	0.83	0.33	0.40
	PCOLCE	0.97	0.89	0.42	0.47
	XPNPEP2	0.76	0.67	0.42	0.63
	CST6	0.84	0.86	0.45	0.52
	TMP2	0.66	0.62	0.50	0.80
	SERPINA4	0.95	1.00	0.54	0.54
	HGFAC	0.98	0.93	0.58	0.63
	PEPD	1.08	1.07	0.67	0.62
	CST3	0.96	1.07	0.78	0.73
	FETUB	1.04	1.09	1.32	1.21
	GGH	1.15	1.14	1.44	1.26
	CPN2	1.00	1.02	0.92	0.90
Transport	TTR	2.86	2.51	1.67	0.67
	SHBG	1.54	1.49	1.13	0.76
	ALB	0.78	0.89	0.38	0.43
	AFM	0.87	0.85	0.45	0.53
	HBB	0.98	0.66	1.21	1.83
	HBA1	0.87	0.55	0.97	1.76
	SNCA	0.89	0.58	0.21	0.36
	ZC3H3	0.44	0.42	0.30	0.71
	LAMP1	0.92	0.96	0.47	0.49
	LYVE1	0.93	0.99	0.52	0.53
	CLEC3B	1.00	1.06	0.55	0.52
	CACNA2D1	1.15	0.96	0.58	0.60
	HSPA5	0.97	0.99	0.72	0.72
	TFRC	1.02	0.95	0.76	0.79
	FTL	0.94	1.04	2.39	2.31
	POLIM1	1.24	1.14	0.75	0.66
Other	CA1	0.92	0.60	0.35	0.58
	RNASE1	1.05	0.97	0.48	0.49
	MST1	1.07	1.04	0.91	0.87

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Figure 3A

	Gene	Becomes TST+	Remains TST-
Acute phase	ORM1	1.63	1.95
	CD163	1.19	1.34
Inflammatory Response	SOD3	1.29	1.78
	CPN1	1.23	1.16
	ATRN	1.20	1.17
	S100A8	1.13	1.75
	S100A9	1.12	1.78
	C7	1.37	1.40
Comp.	CR2	0.93	2.41
	FCN3	1.00	1.64
	MBL2	1.17	1.22
	VWF	1.42	1.35
Coagulation	HABP2	1.31	1.23
	FLNA	1.33	1.01
	SERPINA5	1.26	1.12
	PROCR	1.23	1.14
	PLEK	1.13	0.86
	GPX3	1.31	1.29
Oxidative stress	HYOU1	1.23	1.20
	PON1	1.28	1.00
	SEPP1	1.25	1.19
	S100A12	1.03	1.74
Innate immune	LBP	1.46	1.25
	PGLYRP2	1.38	1.21
	VNN1	1.25	1.20
Adaptive immune	THBS4	1.39	1.20
	CD14	1.28	1.27
	PROS1	1.27	1.22
	LCP1	1.23	1.31
	VCAM1	1.23	1.29
	SECTM1	1.30	1.19
	LPA	1.21	1.08
	CPB2	1.20	1.18
	DBH	1.02	2.00
	APOA4	1.76	1.37
Lipid metabolism	APOE	1.76	1.32
	APOA1	1.70	1.40
	PCSK9	1.42	2.59
	PRG4	1.29	1.24
	APOD	1.27	1.04
	APOC3	1.22	0.97
	LCAT	1.21	1.16
	LDHA	1.31	1.12
Glycolysis	CLEC3B	1.29	1.22
	PTGDS	1.24	1.22
	CACNA2D1	1.21	1.00
	LAMP1	1.19	1.20
	HBA1	0.79	1.01
Transport	CLEC3B	1.29	1.22
	PTGDS	1.24	1.22
	CACNA2D1	1.21	1.00
	LAMP1	1.19	1.20
	HBA1	0.79	1.01

Figure 3B

	Gene	Becomes TST+	Remains TST-
Tissue development & remodeling	MMP2	1.47	1.20
	ECM1	1.43	1.34
	LRG1	1.28	1.34
	LUM	1.25	1.22
	BTD	1.23	1.26
	COLEC11	1.23	1.20
	COMP	1.35	1.19
	FCGBP	1.35	1.01
	CD248	1.34	1.18
	CNTN1	1.32	1.01
	COL1A1	1.25	1.17
	MINPP1	1.24	1.19
	PTPRG	1.22	1.15
	MEGF8	1.21	1.08
	VASN	1.21	1.19
Cell proliferation	IGF2	1.58	1.70
	ENO1	1.32	1.03
	IGFBP3	1.24	1.16
	BCHE	1.21	1.14
cell migration & adhesion	AK1	1.08	2.42
	ZYX	1.64	1.72
	POSTN	1.40	1.32
	MYOC	1.30	1.26
	TNXB	1.30	1.23
	TGFBI	1.25	1.23
	ADAMDEC1	1.32	1.15
	CDH13	1.24	1.19
	IGFALS	1.24	1.16
	OMD	1.23	1.10
	DSG2	1.22	1.16
	NID1	1.21	1.19
	GPLD1	1.20	1.13
	MCAM	1.20	1.14
	CLSTN1	1.15	1.48
	SELL	1.15	1.25
	CDH5	1.18	1.23
Glycosylat.	FUCA2	1.29	1.19
	MAN1A1	1.19	1.23
Proteolysis	PCOLCE	1.30	1.26
	CPN2	1.30	1.20
	CST6	1.25	1.19
	CNDP1	1.22	1.19
	CPQ	1.22	1.05
	PEPD	1.22	1.17
Other	MST1	1.20	1.23
	CKM	1.65	1.19
	YWHA	0.34	4.07

Figure 4A

TST+CONVERSION AT M3			
	Protein	M3 vs D1	M6 vs D1
Acute phase	ORM1	1.66	1.23
	CD163	1.35	1.22
Inflammatory Response	SOD3	-	-
	CPN1	1.26	1.10
	ATRN	1.26	1.13
	S100A8	1.11	1.04
	S100A9	1.17	1.07
	C7	1.43	1.34
	CR2	1.19	1.09
Comp.	FCN3	1.16	0.93
	MBL2	1.30	1.10
Coagulation	VWF	1.58	1.38
	HABP2	1.42	1.19
	FLNA	1.05	0.96
	SERPINA5	1.28	1.18
	PROCR	1.30	1.18
	PLEK	1.02	1.00
Oxidative stress	GPX3	1.30	1.22
	HYOU1	1.32	1.20
	PON1	1.18	1.03
	SEPP1	1.25	1.19
	S100A12	1.05	0.94
Innate immune	LBP	1.48	1.17
	PGLYRP2	1.34	1.31
	VNN1	1.32	1.13
Adaptive immune	THBS4	1.45	1.47
	CD14	1.28	1.21
	PROS1	1.24	1.18
	LCP1	1.26	1.17
	VCAM1	1.30	1.27
	SECTM1	1.31	1.32
	LPA	1.18	1.22
	CPB2	1.23	1.10
	DBH	1.28	1.11
Lipid metabolism	APOA4	1.79	1.86
	APOE	1.69	1.52
	APOA1	1.60	1.41
	PCSK9	0.98	1.11
	PRG4	1.23	1.07
	APOD	1.29	1.04
	APOC3	1.11	1.07
	LCAT	1.25	1.10
Glycolysis	LDHA	1.33	1.27
Transport	CLEC3B	1.30	1.28
	PTGDS	1.24	1.25
	CACNA2D1	1.23	1.13
	LAMP1	1.21	1.18
	HBA1	1.68	1.11

Figure 4B

TST+CONVERSION AT M3			
	Protein	M3 vs D1	M6 vs D1
Tissue development & remodeling	MMP2	1.37	1.37
	ECM1	1.43	1.35
	LRG1	1.31	1.20
	LUM	1.33	1.29
	BTD	1.24	1.17
	COLEC11	1.26	1.22
	COMP	1.35	1.31
	FCGBP	1.36	1.04
	CD248	1.39	1.43
	CNTN1	1.18	1.27
	COL1A1	1.27	1.30
	MINPP1	1.27	1.20
	PTPRG	1.24	1.17
	MEGF8	1.26	1.14
	VASN	1.21	1.20
Cell proliferation	IGF2	-	-
	ENO1	1.15	1.17
	IGFBP3	1.26	1.17
	BCHE	1.23	1.12
cell migration & adhesion	AK1	1.18	1.15
	ZYX	-	-
	POSTN	1.49	1.54
	MYOC	1.37	1.33
	TNXB	1.25	1.27
	TGFBI	1.31	1.19
	ADAMDEC1	1.31	1.21
	CDH13	1.31	1.27
	IGFALS	1.35	1.29
	OMD	1.31	1.33
	DSG2	1.23	1.22
	NID1	1.24	1.18
	GPLD1	1.28	1.11
	MCAM	1.23	1.12
	CLSTN1	1.30	1.26
	SELL	1.19	1.15
	CDH5	1.30	1.26
Glycosylat	FUCA2	1.30	1.27
	MAN1A1	1.27	1.16
Proteolysis	PCOLCE	1.32	1.26
	CPN2	1.33	1.22
	CST6	1.25	1.21
	CNDP1	1.26	0.96
	CPQ	1.23	1.33
	PEPD	1.24	1.18
Other	MST1	1.25	1.15
	CKM	1.42	1.64
	YWHA	1.15	1.18

INTERNATIONAL SEARCH REPORT

WO 2018/013883

International PCT/US2017/042039
PCT/US2017/042039

A. CLASSIFICATION OF SUBJECT MATTER

INV. G01N33/569
ADD.

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

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)
G01N

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

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

EP0-Internal, WPI Data

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	LINLIN WU ET AL: "Screening toll-like receptor markers to predict latent tuberculosis infection and subsequent tuberculosis disease in a Chinese population", BMC MEDICAL GENETICS, BIOMED CENTRAL, LONDON, GB, vol. 16, no. 1, 1 April 2015 (2015-04-01), page 19, XP021216998, ISSN: 1471-2350, DOI: 10.1186/S12881-015-0166-1 abstract pages 2,4, 7-8; figure 5a ----- -/--	1-8,46, 47,56-65

☒ Further documents are listed in the continuation of Box C.☒ See patent family annex.

* Special categories of cited documents :

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

"E" earlier application or patent but published on or after the international filing date

"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)

"O" document referring to an oral disclosure, use, exhibition or other means

"P" document published prior to the international filing date but later than the priority date claimed

"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention

"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone

"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art

"&" document member of the same patent family

Date of the actual completion of the international search

18 December 2017

Date of mailing of the international search report

22/12/2017

Name and mailing address of the ISA/

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C(Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT		
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	AJAY WANCHU ET AL: "Biomarkers for Clinical and Incipient Tuberculosis: Performance in a TB-Endemic Country", PLOS ONE, vol. 3, no. 4, 30 April 2008 (2008-04-30), page e2071, XP055408435, DOI: 10.1371/journal.pone.0002071 abstract; figure 5 -----	1-8,46, 47,56-65
X	MATTHEW J DOYLE ET AL: "Enzyme-Linked Immunoassay with Electrochemical Detection for rAcid Glycoprotein Scheme I. Competitive Binding Immunoassay Ag:Ab", ANAL. CHEM., vol. 1884, no. 56, 1 November 1984 (1984-11-01), pages 2355-2360, XP055408657, abstract -----	46, 57-62,65
X	WO 2015/006515 A1 (STANFORD RES INST INT [US]) 15 January 2015 (2015-01-15) claim 8 -----	47,56,65
X	CARMEN J. SERRANO ET AL: "Transcriptional profiles discriminate patients with pulmonary tuberculosis from non-tuberculous individuals depending on the presence of non-insulin diabetes mellitus", CLINICAL IMMUNOLOGY, vol. 162, 2 December 2015 (2015-12-02), pages 107-117, XP055408581, US ISSN: 1521-6616, DOI: 10.1016/j.clim.2015.11.008 abstract -----	46,57-65
A		1-8
X	CN 105 588 944 A (BEIJING CHEST HOSPITAL CAPITAL MEDICAL UNIV; BEIJING TUBERCULOSIS AND) 18 May 2016 (2016-05-18) paragraph [0005] -----	46,57-64
A		1-8
X	WO 2015/025281 A1 (UNIV CAPE TOWN [ZA]) 26 February 2015 (2015-02-26) page 34 -----	46,57-65
A		1-8
X	CN 104 792 894 A (BEIJING CHILDREN S HOSPITAL AFFILIATED TO CAPITAL MEDICAL UNIVERSITY) 22 July 2015 (2015-07-22) pages 2,4 -----	46,57-65
A		1-8
X	WO 2010/045714 A1 (UNIV HEALTH NETWORK [CA]; DIAMANDIS ELEFTHERIOS P [CA]; KUK CYNTHIA) 29 April 2010 (2010-04-29) pages 58-60; table 3 -----	48,49
	-/--	

C(Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT		
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	KR 2011 0137766 A (KYUNGPOOK NAT UNIV IND ACAD [KR]) 23 December 2011 (2011-12-23) paragraph [0107] -----	48,49
X	WO 2009/143519 A2 (UNIV JOHNS HOPKINS [US]; VAN EYK JENNIFER E [US]; SHENG SIMON [US]; FU) 26 November 2009 (2009-11-26) pages 60-62,64; table 14 -----	48,49, 51,54
X	WO 2011/086161 A2 (UNIV NOTRE DAME DE LA PAIX [BE]; UNIV LIEGE [BE]; UNIV LOUVAIN [BE]; M) 21 July 2011 (2011-07-21) pages 48-49; table 13 -----	48-55
X	US 2007/054407 A1 (CHEN YU-JU [TW] ET AL) 8 March 2007 (2007-03-08) pages 6-9; table 1 -----	48-55

INTERNATIONAL SEARCH REPORT

WO 2018/013883

Information on patent family members

International PCT/US2017/042039
PCT/US2017/042039

Patent document cited in search report	Publication date	Patent family member(s)	Publication date
WO 2015006515 A1	15-01-2015	JP 2016533497 A US 2016109437 A1 WO 2015006515 A1	27-10-2016 21-04-2016 15-01-2015

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FURTHER INFORMATION CONTINUED FROM PCT/ISA/ 210

This International Searching Authority found multiple (groups of) inventions in this international application, as follows:

1. claims: 1-8, 46, 47, 56-65(all partially)

Method for determining whether a subject exposed to tuberculosis will develop latent TB, comprising determining the level of the marker ORM1 (alpha-1-acid glycoprotein 1 precursor), method of detecting the level of ORM1; kit.

2-78. claims: 1-8, 46, 47, 56-65(all partially)

Method for determining whether a subject exposed to tuberculosis will develop latent TB, comprising determining the level of the other markers of table 1; method of detecting the level of said marker; kit.

79. claims: 9-45, 48-55(completely); 56-64(partially)

Method for determining whether a subject exposed to tuberculosis will develop latent TB, comprising determining the level of the markers CLEC3B and ECM1; method of detecting the levels of CLEC3B and ECM1.

INTERNATIONAL SEARCH REPORT

International application No.
PCT/US2017/042039

Box No. II Observations where certain claims were found unsearchable (Continuation of item 2 of first sheet)

This international search report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:

1. ☐ Claims Nos.:
because they relate to subject matter not required to be searched by this Authority, namely:
2. ☐ Claims Nos.:
because they relate to parts of the international application that do not comply with the prescribed requirements to such an extent that no meaningful international search can be carried out, specifically:
3. ☐ Claims Nos.:
because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).

Box No. III Observations where unity of invention is lacking (Continuation of item 3 of first sheet)

This International Searching Authority found multiple inventions in this international application, as follows:

see additional sheet

1. ☐ As all required additional search fees were timely paid by the applicant, this international search report covers all searchable claims.
2. ☐ As all searchable claims could be searched without effort justifying an additional fees, this Authority did not invite payment of additional fees.
3. ☒ As only some of the required additional search fees were timely paid by the applicant, this international search report covers only those claims for which fees were paid, specifically claims Nos.:
9-45, 48-55(completely); 1-8, 46, 47, 56-65(partially)
4. ☐ No required additional search fees were timely paid by the applicant. Consequently, this international search report is restricted to the invention first mentioned in the claims; it is covered by claims Nos.:

Remark on Protest

- ☐ The additional search fees were accompanied by the applicant's protest and, where applicable, the payment of a protest fee.
- ☐ The additional search fees were accompanied by the applicant's protest but the applicable protest fee was not paid within the time limit specified in the invitation.
- ☒ No protest accompanied the payment of additional search fees.