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(54) Title: COMPOSITIONS AND METHODS FOR CANCER DIAGNOSTICS COMPRISING PAN-CANCER MARKERS

(57) Abstract: The present invention relates to compositions and methods for cancer diagnostics, including but not limited to, so-called „pan cancer markers“. In particular, the present invention provides methods of identifying methylation patterns in genes associated with specific cancers, and their related uses. In another aspect, the present invention provides methods of selecting and combining useful sets of pan cancer markers.



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Compositions and methods for cancer diagnostics comprising pan-cancer markers

FIELD OF THE INVENTION

The present invention relates to compositions and methods for cancer diagnostics. In particular, the present invention provides methods of identifying methylation patterns in genes associated with specific cell proliferative disorders, including but not limited to cancers, and their related uses. In another aspect, the present invention provides methods of selecting and combining useful sets of markers.

SEQUENCE LISTING

A Sequence Listing has been provided on compact disc (1 of 1) as a file, entitled seq-prot.txt and which is incorporated by reference herein in its entirety. For the purposes of the present invention, all references as cited herein are incorporated by reference in their entireties.

BACKGROUND

Several diagnostic tests are used to rule out, confirm, characterize and/or monitor cancer. For many cancers, the most definitive way to do this is to take a small sample of the suspect tissue and look at it under a microscope i.e. a biopsy. However, many biopsies are invasive, unpleasant procedures with their own associated risks, such as pain, bleeding, infection, and tissue or organ damage. In addition, if a biopsy does not result in an accurate or large enough sample, a false negative or misdiagnosis can result, often requiring that the biopsy be repeated. Accordingly there exists a need in the art for improved methods to detect, characterize, and monitor specific types of cancer.

In order to do so, an important goal for many scientists involved in oncology research is the identification of specific and sensitive tumor markers. Commonly used markers for immunohistochemistry in tissues are e.g. cytokeratins (e.g., K19, K20). For high-throughput screening, circulating protein markers that are secreted or shed from the surface of tumor cells are particularly preferred. Carcinoembryonic antigen in colorectal cancer, CA 15-3 and HER-2/neu oncoprotein in breast cancer, PSA in prostate cancer and CA 125 in ovarian cancer all give an indication of the presence of a tumor and enable the detection of tumor cells, furthermore they are used to monitor therapy or recurrence of disease. Histological and

immunohistochemical approaches are routinely implemented to identify nodal metastases for staging purposes.

The high rate of disease recurrence in node-negative patients raises the question if current protocols provide sufficient sensitivity and if other tissues (bone marrow, blood) should be examined to discover occult micrometastases. Molecular strategies for the detection of nucleic acid markers are of high interest due to their high sensitivity.

PCR-based techniques specifically amplify DNA sequences and provide a highly sensitive diagnostic platform minimizing the amount of starting material needed. Several genetic alterations acquired by neoplastic cells can be used for their identification. Cancer-specific transcribed gene products have been used to detect the presence of a low concentration of tumor cells.

Nucleic acid-based assays are currently being developed for detecting the presence or absence of known tumor marker proteins in blood or other bodily fluids, or of mRNAs of known tumor related genes. Such assays are distinguished from those based on screening DNA for mutations indicative of hereditary diseases, wherein not only mRNA but also genomic DNA can be analyzed, but wherein no information can be gathered on the actual condition of the patient.

For detection of acute disease status using marker gene approaches, the analyzed DNA must be derived from a diseased cell, such as a tumor cell. The detection of cancer specific alterations of genes involved in carcinogenesis (e. g., oncogene mutations or deletions, tumor suppressor gene mutations or deletions, or microsatellite alterations) facilitates determining the probability that a patient carries a tumor or not (e. g., WO 95/16792 or US 5,952,170 to Stroun et al.). Kits, in some instances, have been developed that allow for efficient and accurate screening of multiple samples. Such kits are not only of interest for improved preventive medicine and early cancer detection, but also utility in monitoring a tumors progression/regression after therapy.

In contrast to DNA detection, however, RNA detection requires special treatment of clinical specimens to protect RNA material from degradation and reverse transcription prior to PCR amplification. Despite very promising studies, the success of PCR-based tests still seems to be

hampered by the lack of specific markers with sufficient coverage in the tumor population and the required tissue processing protocols, which are often not compatible with established pathological assays.

In the past few years the detection of minimal residual disease in bone marrow has been shown to be able to provide a valuable new prognostic tool. Standardizations of protocols and procedures are needed in order to compare different studies and to evaluate new diagnostic approaches. Statistically significant data still has to be generated in order to answer the question whether detection of circulating tumor cells in the blood can predict relapse and survival. Technical considerations about blood processing and chosen tumor markers are needed to achieve necessary sensitivity and specificity for clinically relevant studies.

Technical advances have to be pursued in different tissue types to increase detection sensitivity. The establishment of specific detection strategies that use and find the appropriate markers is required for different tumor types, but also for different cancer subsets. Breast cancer is a good example of the heterogeneity of malignant diseases and demonstrates the inability of a single marker to detect all malignancies. The application of several, complementing markers might be necessary to successfully establish acceptable detection sensitivity throughout tumor populations. The design and implementation of multimarker assays requires careful technical considerations including innovative detection strategies (e.g., multicolor approaches) and particular emphasis on consistent specificity. The clinical application of new technologies that promise high sensitivity for the detection of circulating cancer cells still has to be conclusively demonstrated. Therefore, a standardization of protocols is required and most importantly highly specific tumor markers that detect heterogeneous tumor populations are needed.

Microarray-based expression profiling has emerged as a very powerful approach for broad evaluation of gene expression in various systems. However, this approach has its limitations, and one of the most important is the requirement of a certain minimal amount of mRNA: if it is below a certain level due to low promoter activity, short half-life of mRNA, or small amounts of starting material expression of the gene cannot be unambiguously detected. An additional concern is the stability of RNA, which in many cases is difficult to control (e.g., for surgically removed tissue samples), so that the absence of a signal for a certain gene might reflect artificially introduced degradation rather than genuine decrease in expression.

The genome contains approximately 40 million methylated cytosine (5-methylcytosine) bases, otherwise referred to herein as „fifth“ bases, which are followed immediately by a guanine residue in the DNA sequence, with CpG dinucleotides comprising about 1.4% of the entire genome. An unusually high proportion of these bases is located in the regulatory and coding regions of genes. Methylation of cytosine residues in DNA is currently thought to play a direct role in controlling normal cellular development. Various studies have demonstrated that a close correlation exists between methylation and transcriptional inactivation. Regions of DNA that are actively engaged in transcription, however, lack 5-methylcytosine residues.

DNA is a much more stable milieu for analysis, and DNA methylation in regions with increased density of CpG dinucleotides (CpG islands) has been shown to correlate inversely with corresponding gene expression when such CpG islands are located in the promoter and/or the first exon of the gene. A number of techniques have been developed for methylation analysis; arguably the most popular of them-methylation-specific PCR or MSP-takes advantage of modification of unmethylated cytosines by bisulfite and alkali which results in their conversion to uracils, changing their partners from guanine to thymine. This change can be detected by PCR with primers that contain appropriate substitutions. A substantial amount of data on gene-specific methylation has been acquired using MSP.

Several markers have been described in the state of the art which are characteristic for the occurrence of cancer. GSTP1, for example, was described as a methylation related marker for prostate cancer, RASSF1A was described as a methylation related marker for breast cancer, APC was described as a marker for lung cancer (Usadel et al Cancer Research 6:371-3 75, 2002) etc. Nevertheless, these markers are not specific for the type of cancer for which they have been initially described. Indeed, GSTP1 is also methylated in liver cancer, and RASSF1A also in lung cancer and APC also in colon cancer (Hiltunen et al.). Thus, an analysis of body fluid samples would not provide a diagnosis that could determine which organ is afflicted with cancer.

Methylation patterns, comprising multiple CpG dinucleotides, also correlate with gene expression, as well as with the phenotype of many of the most important common and complex human diseases. Methylation positions have, for example, not only been identified that correlate with cancer, as has been corroborated by many publications, but also with

diabetes type II, arteriosclerosis, rheumatoid arthritis, and disease of the CNS. Likewise, methylation at other positions correlates with age, gender, nutrition, drug use, and probably a whole range of other environmental influences. Methylation is the only flexible (reversible) genomic parameter under exogenous influence that can change genome function, and hence constitutes the main (and so far missing) link between the genetics of disease and the environmental components that are widely acknowledged to play a decisive role in the etiology of virtually all human pathologies that are the focus of current biomedical research.

Methylation plays an important role in disease analysis because methylation positions vary as a function of a variety of different fundamental cellular processes. Additionally, however, many positions are methylated in a stochastic way, that does not contribute any relevant information.

Methylation content, levels, profiles and patterns. Genomic methylation can be characterized in distinguishable terms of methylation content, methylation level and methylation patterns. „Methylation content,“ or „5-methylcytosine content,“ as used herein refers to the total amount of 5-methylcytosine present in a DNA sample (i.e. , a measure of base composition), and provides no information as to distribution of the fifth bases. Methylation content of the genome has been shown to differ, depending on the tissue source of the analyzed DNA (Ehrlich M, et al., *Nucleic Acids Res.* 10: 2709,1982). However, while Ehrlich et al. showed tissue-and cell specific differences in methylation content among seven different normal human tissues and eight different types of homogeneous human cell populations, their analysis was neither specific with respect to particular genome regions, nor with respect to particular CpG positions. No genes or CpG positions were selected for the analysis, or identified by the analysis that could serve as markers for tissue or cell identification. Rather, only the level of the overall degree of genomic methylation (methylation content) was determined.

„Methylation level“ or „methylation degree, „by contrast, refers to the average amount of methylation present at an individual CpG dinucleotide. Measurement of methylation levels at a plurality of different CpG dinucleotide positions creates either a methylation profile or a methylation pattern.

A methylation profile is created when average methylation levels of multiple CpGs (scattered throughout the genome) are collected. Each single CpG position is analyzed independently of the other CpGs in the genome, but is analyzed collectively across all homologous DNA molecules in a pool of differentially methylated DNA molecules (Huang et al., in *The Epigenome*, S. Beck and A.Olek, eds., Wiley-VCH Weinheim, p58, 2003).

A methylation pattern, by contrast, is composed of the individual methylation levels of a number of CpG positions in proximity to each other. For example, a full methylation of 5-10 closely linked CpG positions may comprise a methylation pattern that, while rare, may be specific for a specific DNA source.

Prior art correlations involving DNA methylation. A correlation of individual gene methylation patterns with specific tissues has been suggested in the art (Grunau et al., *Hut71 Mol. Gen.* 9: 2651-2663, 2000). However, in this study, methylation patterns of only four specific genes were analyzed in tissues from only two different individuals, and the aim of the study was to analyze the correlation between known gene expression levels and their respective methylation patterns.

Adorjan et al. published data indicating that tissues such as prostate and kidney could be distinguished by means of methylation markers (Adorjan et al., *Nuc. Acids Res.* 30: e 21, 2002). This study identified tumor markers, based on analysis of a large number of individuals (relatively large number of samples). Several CpG positions were identified that could be utilized as markers in an appropriate methylation assay to differentiate between kidney and prostate tissue, regardless of the tissue status as being diseased or healthy. However both the Grunau et al., and Adorjan et al. studies offer only a very limited selection of markers to detect a very small proportion of the many known different cell types.

Likewise, patent application WO 03/025215 to Carroll et al., for example, provides a method for creating a map of the methylome (referred to as „a genomic methylation signature“), based on methylation profile analyses, and employing methylation-sensitive restriction enzyme digests and digest-dependant amplification steps. The method description alleges to combine methylation profiling with mapping. This attempt is, however, severely limited for at least three reasons. First, the prior art method provides only a 'yes or no' qualitative assessment of the methylation status (methylated or unmethylated) of a cytosine at a genomic CpG position

in the genome of interest. Second, the method of Carroll et al. is labor intensive, not being adaptable for high throughput, because it requires a second labor intensive step; namely, after completing the process of restriction enzyme-based methylation analysis to identify a particular amplificate as a potential methylation marker, each of these amplified digestion dependent markers (amplificates) needs to be cloned and sequenced for mapping to the genome.

Third, there are no means described by Carroll et al. for utilizing the generated information in a tissue specific manner. Specifically, while Carroll et al. disclose that specific different tissues of mice have different "methyomes" (WO 03/025215, Figure 6), and that two different human tissues, sperm cells and blood cells, could be correlated with differing amplification profiles (Id, Figures 4 and 10, where CpG positions were identified that were unmethylated in one scenario and methylated in the other), there is no means or enablement to support use of this information as a specific tissue marker.

Protein expression-based prior art approaches. Immunohistochemical assays are utilized as standard methods to determine a cell type or a tissue type of cellular origin in the context of an intact organism. Such methods are based on the detection of specific proteins. For example, the German Center for collection of microorganisms and cell cultures (DSMZ) routinely tests the expression of tissue markers on all arriving human cell lines with a panel of well-characterized monoclonal antibodies (mAbs) (Quentmeier H, et al., J Histochem. Cytochem. 49: 1369-1378, 2001). Generally, the expression pattern of histological markers reflects that of the originating cell type. However, expression of the proteins, carbohydrate or lipid structures that are detected by individual mAbs, is not always stable over a long period of time.

Likewise, immunophenotyping, which can be performed both to confirm the histological origin of a cell line, and to provide customers with useful information for scientific applications, is based on testing the stability and intensity of cell surface marker expression. Immunophenotyping typically includes a two-step staining procedure, wherein antigen-specific murine mAbs are added to the cells in the first step, followed by assessment of binding of the mAbs by an immunofluorescence technique using FITC-conjugated anti-mouse Ig secondary antisera. Distribution of antigens is analyzed by flow-cytometry and/or light microscopy.

Therefore the process of determining a cell type or tissue type using these expression-based methods is not trivial, but rather complex. The more marker proteins are known the more precisely a cell's status of origin can be determined. Without the use of molecular biology techniques, such as RNA-based cDNA/oligo-microarrays or a complex proteomics experiment, which enable the simultaneous view of a higher number of changes, the identification of a specific cell type would require a sequence of tedious and time-consuming assays to detect a rather complex protein expression pattern. Finally, proteomic approaches have not overcome basic difficulties, such as reaching sufficient sensitivity.

RNA expression-based prior art approaches. RNA-based techniques to analyze expression patterns are well-known and widely used. In particular, microarray-based expression analysis studies to differentiate cell types and organs have been described, and used to show that precise patterns of differentially expressed genes are specific for a particular cell type.

A system of cluster analysis for genome-wide expression data from DNA microarray hybridization is described by Eisen et al. *Proc. Natl. Acad. Sci. USA*. 95: 14863-8, 1998. Eisen et al. teach clustering of gene expression data groups together, especially data for genes of known similar function, and interpretation of the patterns found as an indicator of the status of cellular processes. However, the teachings of Eisen are in the context of yeast and, therefore, cannot be extended to identify tissue or organ markers useful in human beings or other more developmentally complex organisms and animals. Likewise such teachings cannot be extended into the area of human disease prognostics and diagnostics. Similarly, Ben-Dor et al. describe an expression-based approach for tissue classification in humans. However, as in nearly all related publications, the scope is limited to markers for the identification of tumors (Ben-Dor et al. *J Comput Biol*. 7: 559-83, 2000).

Likewise, Enard et al. recently published a comparative analysis of expression patterns within specific tissue samples across different species, teaching different mRNA and protein expression patterns between different individuals of one species (intra-specific variation), as well as between different species (inter-specific variation). Enard et al. did not however, teach or enable use of such expression levels for distinguishing between or among different tissues.

Lack of acceptance of prior art methods by regulatory agencies. Significantly, regulatory agencies are currently not willing to accept a technology platform relying on an expression microarray due to the above-described shortcomings.

United States Patent No. 6,581,011 to Tissue Informatics Inc., teaches a tissue information database for profiling and classifying a broad range of normal tissues, and illustrates the need in the art for tools allowing classification of a tissue.

Hypermethylation of certain 'tumor marker' genes, especially of certain promoter regions thereof, is recognized as an important indicator of the presence or absence of a tumor. Significantly, however, such prior art methylation analyses are limited to those based on determination of the methylation status of known marker genes, and do not extend to genomic regions that have not been previously implicated based on function; 'tumor marker' genes are those genes known to play a role in the regulation of carcinogenesis, or are believed to determine the switching on and off of tumorigenesis.

Knowledge of the correlation of methylation of tumor marker genes and cancer is most advanced in the case of prostate cancer. For example, a method using DNA from a bodily fluid, and comprising the methylation analysis of the tumor marker gene GSTP1 as a predictive indicator of prostate cancer has been patented (US Patent No. 5,552,277).

Significantly, prior art tumor marker screening approaches are limited to certain types of diseases (e. g., cancer types). This is because they are limited to analysis of marker genes, or gene products which are highly specific for a kind of disease, mostly being cancer, when found in a specific kind of bodily fluid. For example, Usadel et al. teach detection of a tumor specific methylation in the promoter region of the adenomatous polyposis coli (APC) gene in serum samples of lung cancer patients, but that no methylated APC promoter DNA is detected in serum samples of healthy donors (Usadel et al. Cancer Research 6: 371-375,2002). This marker thus qualifies as a reasonable indicator for lung cancer, and has utility for the screening of people diagnosed with lung cancer, or for monitoring of patients after surgical removal of a tumor for developing metastases in their lung.

WO 2005/019477, for example, further describes this particular problem: „Moreover the teachings of Usadel et al. are also limited by the fact that the epigenetic APC gene alterations

are not specific for lung cancer, but are common in other cancer, for example, ingastrointestinal tumor development. Therefore, a blood screen with only APC as a tumor marker has limited diagnostic utility to indicate that the patient is developing a tumor, but not where that tumor would be located or derived from. Consequently, a physician would not be informed with respect to a more detailed diagnosis of an specific organ, or even with respect to treatment options of the respective medical condition ; most of the available diagnostic or therapeutic measures will be organ-or tumor source-specific. This is particularly true where the lesion is small in size, and it will be extremely difficult to target further diagnostics and therapies. Given the nature of marker genes as previously implicated genes, prior art use of marker genes for early diagnosis has occurred where a specific medical condition is already in mind. For example, a physician suspicious of having a patient who developed a colon cancer, can have the patient's stool sample tested for the status of a cancer marker gene like K-ras. A patient suspected as having developed a prostate cancer, may have his ejaculate sample tested for a prostate cancer marker like GSTPi.”

Significantly, however, there is no prior art method described for efficient and effective generally screening of patients, or bodily fluids thereof where the patient has no specific prior indication or suspicion as to which organ or tissue might have developed a cell proliferative disease (e.g., an individual previously exposed to a high level of radiation).

Thus, there is a substantial need in the art including from the clinical perspective, to identify cell or tissue type and/or cell or tissue source. For example, there is a need in the art for efficient and effective typing of disseminated tumor cells, for determining the tissue of origin (i.e., the type of tissue or organ the tumor was derived from). No such tools or methods, apart from a few disclosed isolated markers, are available in the prior art. Likewise, no generally applicable prior art methods are available for determining the cell- or tissue-type from which a genomic DNA sample was derived. In addition, the nature of the disease of the organ remains open. In case of colon-specific markers, also an inflammation of the colon could be present, in this case a subsequent diagnosis for the determination of the particular disease of the organ has to follow.

SUMMARY OF THE INVENTION

In one aspect thereof, the object according to the present invention is solved by a method for

diagnosing a proliferative disease in a subject comprising: a) providing a biological sample from a subject, b) detecting the presence, absence, abundance and/or expression of one or more markers and determining therefrom upon the presence or absence of a proliferative disease; and c) detecting the presence, absence, abundance and/or expression of one or more cell- or tissue-markers and determining therefrom if said one or more cell- and/or tissue-markers are atypically present, absent or present at above normal levels within said sample; and d) determining the presence or absence of a cell proliferative disorder and location thereof based on the presence, absence, abundance and/or expression as detected in step b) and c). Preferred is a method according to the present invention, further comprising detecting the presence, absence, abundance and/or expression of one or more markers and determining therefrom characteristics of said cell proliferative disorder. Preferred is a method according to the present invention, wherein said proliferative disease is cancer, and in particular selected from soft tissue, skin, leukemia, renal, prostate, brain, bone, blood, lymphoid, stomach, head and neck, colon or breast cancer. Further preferred is a method according to the present invention, wherein said marker is indicative of more than one proliferative disease. Most preferred is a method according to the present invention, wherein said proliferative disease is cancer.

According to the invention, said detecting the expression of one or more marker that is specific for more than one proliferative disease comprises detecting the presence, absence, abundance and/or expression of physiological, genetic and/or cellular expression and/or cell count, preferably said detecting the expression comprises detecting the expression of protein, mRNA expression and/or the presence or absence of DNA methylation in one or more of said markers. Particularly, said detecting the expression of protein comprises marker-specific antibodies, ELISA, cell sorting techniques, Western blot, or the detection of labeled protein, and said measuring the mRNA expression comprises detection of labeled mRNA or Northern blot.

In another aspect thereof, the object according to the present invention is solved by a method for diagnosing a proliferative disease in a subject comprising the steps of: a) providing a biological sample from a subject, said biological sample comprising genomic DNA; b) detecting the level of DNA methylation in one or more markers and determining therefrom upon the presence or absence of a proliferative disease; and c) detecting the level of methylation of one or more markers and determining therefrom if said one or more cell-

and/or tissue-markers are atypically present, absent or present at above normal levels within said sample; and d) determining the presence or absence of a cell proliferative disorder and location thereof, based on the level of DNA methylation as detected in step b) and c). Preferably, step b) further comprises comparing said methylation profile to one or more standard methylation profiles, wherein said standard methylation profiles are selected from the group consisting of methylation profiles of non cell proliferative disorder samples and methylation profiles of cell proliferative disorder samples. More preferably, said detecting the presence or absence of DNA methylation comprises the digestion of said genomic DNA with a methylation-sensitive restriction enzyme, followed by multiplexed amplification of gene-specific DNA fragments with CpG islands.

According to the present invention, preferred is a method, wherein the markers of step b) are selected from the group consisting of nucleic acid sequences according to any of SEQ ID NO: 100 to SEQ ID NO: 161. According to the present invention, preferred is a method, wherein the markers of step c) are selected from the group consisting of nucleic acid sequences according to any of SEQ ID NO: 1 to SEQ ID NO: 99 and SEQ ID NO: 844 to SEQ ID NO: 1255.

According to the present invention, preferred is a method according to the present invention, wherein said proliferative disease is selected from psoriasis or cancer, and in particular selected from soft tissue, skin, leukemia, renal, prostate, brain, bone, blood, lymphoid, stomach, head and neck, colon or breast cancer.

In another preferred aspect thereof, the object according to the present invention is solved by a method, wherein said characterizing of said cancer comprises detecting the presence or absence of chemotherapy resistant cancer.

In yet another preferred aspect thereof, the object according to the present invention is solved by a method, wherein said chemotherapy is a non-steroidal selective estrogen receptor modulator.

In yet another aspect preferred thereof, the object according to the present invention is solved by a method, wherein said characterizing cancer comprises determining a chance of disease-free survival, and/or monitoring disease progression in said subject.

In yet another preferred aspect thereof, the object according to the present invention is solved by a method, wherein said characterizing cancer comprises determining metastatic disease by identifying tissue markers in said sample that are foreign to the tissue from which said sample is taken from.

In yet another preferred aspect thereof, the object according to the present invention is solved by a method, wherein said characterizing cancer comprises determining relapse of the disease after complete resection of the tumor in said subject by identifying tissue markers and cancer markers in said sample that are identical to the removed tumor.

Further preferred is a method according to the present invention, wherein said biological sample is a biopsy sample or a blood sample. Even further preferred is a method according to the present invention, wherein said proliferative disease is in the early pre-clinical stage exhibiting no clinical symptoms.

Still further preferred is a method according to the present invention, wherein said detecting the presence or absence of DNA methylation comprises the digestion of said genomic DNA with a methylation-sensitive restriction enzyme followed by multiplexed amplification of gene-specific DNA fragments with CpG islands. Still further preferred is a method according to the present invention, wherein said detecting the presence or absence of DNA methylation comprises treatment of said genomic DNA with one or more reagents suitable to convert 5-position unmethylated cytosine bases to uracil or to another base that is detectably dissimilar to cytosine in terms of hybridization properties. Still further preferred is such a method according to the present invention, wherein said markers of step b) are selected from the group consisting of nucleic acid sequences according to any of SEQ ID NO: 100 to SEQ ID NO: 161, and SEQ ID NO: 360 to SEQ ID NO: 483, and SEQ ID NO: 682 to SEQ ID NO: 805. Still further preferred is such a method according to the present invention, wherein said markers of step c) are selected from the group consisting of the genomic nucleic acid sequences according to any of SEQ ID NO: 1 to SEQ ID NO: 99 or SEQ ID NO: 844 to SEQ ID NO: 1255, or their bisulfite converted variants according to SEQ ID NO: 162 to SEQ ID NO: 359, SEQ ID NO: 484 to SEQ ID NO: 681 and SEQ ID NO: 1256 to SEQ ID NO: 2903.

In yet another preferred aspect thereof, the object according to the present invention is solved

by a method for generating a pan-cancer marker panel for the improved diagnosis and/or monitoring of a proliferative disease in a subject, comprising a) providing a biological sample from said subject suspected of or previously being diagnosed as having a proliferative disease, b) providing a first set of one or more markers indicative for proliferative disease, c) determining the presence, absence, abundance and/or expression of said one or more markers of step b); d) providing a first set of tissue markers, e) determining the expression of said one or more markers of step d), and f) generating a pan-cancer marker panel that is specific for said proliferative disease in said subject by selecting those markers that are differently expressed in said subject when compared to an expression profile of a healthy sample.

According to the invention, said detecting the presence, absence, abundance and/or expression of one or more marker that is specific for more than one proliferative disease comprises detecting the expression of physiological, genetic and/or cellular expression and/or cell count, preferably said detecting the expression comprises detecting the expression of protein, mRNA expression and/or the presence or absence of DNA methylation in one or more of said markers. Particularly, said detecting the expression of protein comprises marker-specific antibodies, ELISA, cell sorting techniques, Western blot, or the detection of labeled protein, and said measuring the mRNA expression comprises detection of labeled mRNA or Northern blot.

According to the present invention, preferred is a method, wherein said marker is indicative of more than one proliferative disease. According to the present invention, preferred is a method, wherein said markers of step b) are selected from the group consisting of nucleic acid sequences according to any of SEQ ID NO: 100 to SEQ ID NO: 161. According to the present invention, preferred is a method, wherein the markers of step c) are selected from the group consisting SEQ ID NO: 1 to SEQ ID NO: 99 and SEQ ID NO: 844 to SEQ ID NO: 1255.

According to the present invention, preferred is a method, wherein said proliferative disease is selected from psoriasis or cancer, in particular from soft tissue, skin, leukemia, renal, prostate, brain, bone, blood, lymphoid, stomach, head and neck, colon or breast cancer.

More preferred is a method according to the present invention, wherein the biological sample to be analyzed is a biopsy sample or a blood sample. Also preferred is a method according to the present invention, wherein said DNA methylation comprises CpG methylation and/or

imprinting.

Most preferred is a method according to the present invention, wherein said proliferative disease is in the early pre-clinical stage exhibiting no clinical symptoms.

In yet another preferred aspect thereof, the object according to the present invention is solved by a method according to the present invention, wherein said detecting the presence or absence of DNA methylation comprises the digestion of said genomic DNA with a methylation-sensitive restriction enzyme, followed by multiplexed amplification of gene-specific DNA fragments with CpG islands.

In yet another preferred aspect thereof, the object according to the present invention is solved by an improved method for the treatment of a proliferative disease, comprising a method as describe hereinabove, and selecting a suitable treatment regimen for said proliferative disease to be treated. Again, said proliferative disease can be selected from soft tissue, skin, leukemia, renal, prostate, brain, bone, blood, lymphoid, stomach, head and neck, colon or breast cancer.

In yet another preferred aspect thereof, the object according to the present invention is solved by a kit for diagnosing a proliferative disease in a subject, wherein said kit comprises reagents for detecting the expression of one or more marker indicative for more than one proliferative disease; and reagents for localizing the proliferative disease and/or characterizing the type of proliferative disease by detecting specific tissue markers based on nucleic acid-analysis. Preferably, said kit further comprises instructions for using said kit for characterizing cancer in said subject. More preferably, in said kit said reagents comprise reagents for detecting the presence or absence of DNA methylation. Further preferred is a kit according to the present invention, wherein the markers are selected from the group consisting of nucleic acid sequences according to any of SEQ ID NO: 1 to SEQ ID NO: 161 and SEQ ID NO: 844 to SEQ ID NO: 2903, and chemically pretreated sequences thereof.

DETAILED DESCRIPTION OF THE INVENTION

DEFINITIONS

To facilitate an understanding of the present invention, a number of terms and phrases are defined below:

The term „epitope“ as used herein refers to that portion of an antigen that makes contact with a particular antibody. When a protein or fragment of a protein is used to immunize a host animal, numerous regions of the protein may induce the production of antibodies which bind specifically to a given region or three-dimensional structure on the protein; these regions or structures are referred to as „antigenic determinants“. An antigenic determinant may compete with the intact antigen (i.e., the „immunogen“ used to elicit the immune response) for binding to an antibody.

The terms „specific binding“ or „specifically binding“ when used in reference to the interaction of an antibody and a protein or peptide means that the interaction is dependent upon the presence of a particular structure (i.e., the antigenic determinant or epitope) on the protein; in other words the antibody is recognizing and binding to a specific protein structure rather than to proteins in general. For example, if an antibody is specific for epitope „A,“ the presence of a protein containing epitope A (or free, unlabelled A) in a reaction containing labeled „A“ and the antibody will reduce the amount of labeled A bound to the antibody.

As used herein, the terms „non-specific binding“ and „background binding“ when used in reference to the interaction of an antibody and a protein or peptide refer to an interaction that is not dependent on the presence of a particular structure (i.e., the antibody is binding to proteins in general rather than a particular structure such as an epitope).

As used herein, the term „subject suspected of having cancer“ refers to a subject that presents one or more symptoms indicative of a cancer (e.g., a noticeable lump or mass). A subject suspected of having cancer may also have one or more risk factors. A subject suspected of having cancer has generally not been tested for cancer. However, a „subject suspected of having cancer“ encompasses an individual who has received an initial diagnosis (e.g., a CT scan showing a mass) but for whom the sub-type or stage of cancer is not known. The term further includes people who once had cancer (e.g., an individual in remission).

As used herein, the term „subject at risk for cancer“ refers to a subject with one or more risk factors for developing a specific cancer. Risk factors include, but are not limited to, genetic predisposition, environmental exposure, pre-existing non cancer diseases, and lifestyle.

As used herein, the term „stage of cancer“ refers to a numerical measurement of the level of advancement of a cancer. Criteria used to determine the stage of a cancer include, but are not limited to, the size of the tumour, whether the tumour has spread to other parts of the body and where the cancer has spread (e.g., within the same organ or region of the body or to another organ).

As used herein, the term „sub-type of cancer“ refers to different types of cancer that effect the same organ (ductal cancer, lobular cancer, and inflammatory breast cancer are sub-types of breast cancer).

As used herein, the term „providing a prognosis“ refers to providing information regarding the impact of the presence of cancer (e.g., as determined by the diagnostic methods of the present invention) on a subject's future health (e.g., expected morbidity or mortality).

As used herein, the term „subject diagnosed with a cancer“ refers to a subject having cancerous cells. The cancer may be diagnosed using any suitable method, including but not limited to, the diagnostic methods of the present invention.

As used herein, the term „instructions for using said kit for detecting of a proliferative disease, in particular cancer, in said subject“ includes instructions for using the reagents contained in the kit for the detection and characterization of a proliferative disease, in particular cancer, in a sample from a subject. In some embodiments, the instructions further comprise the statement of intended use required by the U.S. Food and Drug Administration (FDA) in labeling in vitro diagnostic products. The FDA classifies in vitro diagnostics as medical devices and required that they be approved through the 510(k) procedure. Information required in an application under 510(k) includes: 1) The in vitro diagnostic product name, including the trade or proprietary name, the common or usual name, and the classification name of the device; 2) The intended use of the product; 3) The establishment registration number, if applicable, of the owner or operator submitting the 510(k) submission; the class in which the in vitro diagnostic product was placed under section 513 of the FD&C Act, if known, its appropriate panel, or, if the owner or operator determines that the device has not been classified under such section, a statement of that determination and the basis for the determination that the in vitro diagnostic product is not so classified; 4) Proposed labels, labeling and advertisements sufficient to describe the in vitro diagnostic product, its intended

use, and directions for use, including photographs or engineering drawings, where applicable; 5) A statement indicating that the device is similar to and/or different from other in vitro diagnostic products of comparable type in commercial distribution in the U.S., accompanied by data to support the statement; 6) A 510(k) summary of the safety and effectiveness data upon which the substantial equivalence determination is based; or a statement that the 510(k) safety and effectiveness information supporting the FDA finding of substantial equivalence will be made available to any person within 30 days of a written request; 7) A statement that the submitter believes, to the best of their knowledge, that all data and information submitted in the premarket notification are truthful and accurate and that no material fact has been omitted; and 8) Any additional information regarding the in vitro diagnostic product requested that is necessary for the FDA to make a substantial equivalency determination. Additional information is available at the Internet web page of the U.S. FDA.

As used herein, the term „detecting the presence or absence of DNA methylation“ refers to the detection of DNA methylation in the promoter and/or regulatory regions of one or more genes (e.g., cancer markers of the present invention) of a genomic DNA sample. The detecting may be carried out using any suitable method, including, but not limited to, those disclosed herein.

As used herein, the term „detecting the presence or absence of chemotherapy resistant cancer“ refers to detecting a DNA methylation pattern characteristic of a tumor that is likely to be resistant to chemotherapeutic agents (e.g., non-steroidal selective estrogen receptor modulators (SERMs)).

As used herein, the term „determining the chance of disease-free survival“ refers to the determining the likelihood of a subject diagnosed with cancer surviving without the recurrence of cancer (e.g., metastatic cancer). In some embodiments, determining the chance of disease free survival comprises determining the DNA methylation pattern of the subject's genomic DNA.

As used herein, the term „determining the risk of developing metastatic disease“ refers to likelihood of a subject diagnosed with cancer developing metastatic cancer. In some embodiments, determining the risk of developing metastatic disease comprises determining the DNA methylation pattern of the subject's genomic DNA.

As used herein, the term „monitoring disease progression in said subject“ refers to the monitoring of any aspect of disease progression, including, but not limited to, the spread of cancer, the metastasis of cancer, and the development of a pre-cancerous lesion into cancer. In some embodiments, monitoring disease progression comprises determining the DNA methylation pattern of the subject's genomic DNA.

As used herein, the term „methylation profile“ refers to a presentation of methylation status of one or more marker genes in a subject's genomic DNA. In some embodiments, the methylation profile is compared to a standard methylation profile comprising a methylation profile from a known type of sample (e.g., cancerous or non-cancerous samples or samples from different stages of cancer). In some embodiments, specific methylation profiles are generated using the methods of the present invention. The profile may be presented as a graphical representation (e.g., on paper or on a computer screen), a physical representation (e.g., a gel or array) or a digital representation stored in computer memory.

As used herein, the term „nucleic acid molecule“ refers to any nucleic acid containing molecule including, but not limited to DNA or RNA. The term encompasses sequences that include any of the known base analogs of DNA and RNA including, but not limited to, 4-acetylcytosine, 8-hydroxy-N6-methyladenosine, aziridinyl cytosine, pseudo isocytosine, 5-(carboxyhydroxymethyl) uracil, 5-fluorouracil, 5-bromouracil, 5-carboxymethyl aminomethyl-2-thiouracil, 5-carboxymethyl aminomethyluracil, dihydrouracil, inosine, N6-isopentenyladenine, 1-methyladenine, 1-methylpseudouracil, 1-methylguanine, 1-methylinosine, 2,2-dimethylguanine, 2-methyladenine, 2-methylguanine, 3-methylcytosine, 5-methylcytosine, N6-methyladenine, 7-methylguanine, 5-methylaminomethyluracil, 5-methoxyaminomethyl-2-thiouracil, beta-D-mannosylqueosine, 5'-methoxycarbonyl methyluracil, 5-methoxyuracil, 2-methylthio-N6-isopentenyladenine, uracil-5 -oxyacetic acid methylester, uracil-5 -oxyacetic acid, oxybutosine, pseudouracil, queosine, 2-thiocytosine, 5-methyl-2-thiouracil, 2-thiouracil, 4-thiouracil, 5-methyluracil, N-uracil-5-oxyacetic acid methylester, uracil-5-oxyacetic acid, pseudouracil, queosine, 2-thiocytosine, and 2,6-diaminopurine.

The term „gene“ refers to a nucleic acid (e.g., DNA) sequence that comprises coding sequences necessary for the production of a polypeptide, precursor, or RNA (e.g., rRNA,

tRNA). The polypeptide can be encoded by a full length coding sequence or by any portion of the coding sequence so long as the desired activity or functional properties (e.g., enzymatic activity, ligand binding, signal transduction, immunogenicity, etc.) of the full-length or fragment are retained. The term also encompasses the coding region of a structural gene and the sequences located adjacent to the coding region on both the 5' and 3' ends for a distance of about 1 kb or more on either end such that the gene corresponds to the length of the full-length mRNA. Sequences located 5' of the coding region and present on the mRNA are referred to as 5' non-translated sequences. Sequences located 3' or downstream of the coding region and present on the mRNA are referred to as 3' non-translated sequences. The term „gene“ encompasses both cDNA and genomic forms of a gene. A genomic form or clone of a gene contains the coding region interrupted with non-coding sequences termed „introns“ or „intervening regions“ or „intervening sequences.“ Introns are segments of a gene that are transcribed into nuclear RNA (hnRNA); introns may contain regulatory elements such as enhancers. Introns are removed or „spliced out“ from the nuclear or primary transcript; introns therefore are absent in the messenger RNA (mRNA) transcript. The mRNA functions during translation to specify the sequence or order of amino acids in a nascent polypeptide.

As used herein, the term „gene expression“ refers to the process of converting genetic information encoded in a gene into RNA (e.g., mRNA, rRNA, tRNA, or snRNA) through „transcription“ of the gene (i.e., via the enzymatic action of an RNA polymerase), and for protein encoding genes, into protein through „translation“ of mRNA. Gene expression can be regulated at many stages in the process. „Up-regulation“ or „activation“ refers to regulation that increases the production of gene expression products (i.e., RNA or protein), while „down-regulation“ or „repression“ refers to regulation that decrease production. Molecules (e.g., transcription factors) that are involved in up-regulation or down-regulation are often called „activators“ and „repressors,“ respectively.

In addition to containing introns, genomic forms of a gene may also include sequences located on both the 5' and 3' end of the sequences that are present on the RNA transcript. These sequences are referred to as „flanking“ sequences or regions (these flanking sequences are located 5' or 3' to the non-translated sequences present on the mRNA transcript). The 5' flanking region may contain regulatory sequences such as promoters and enhancers that control or influence the transcription of the gene. The 3' flanking region may contain

sequences that direct the termination of transcription, post-transcriptional cleavage and polyadenylation.

As used herein, the terms „nucleic acid molecule encoding,“ „DNA sequence encoding,“ and „DNA encoding“ refer to the order or sequence of deoxyribonucleotides along a strand of deoxyribonucleic acid. The order of these deoxyribonucleotides determines the order of amino acids along the polypeptide (protein) chain. The DNA sequence thus codes for the amino acid sequence.

DNA molecules are said to have „5' ends“ and „3' ends“ because mononucleotides are reacted to make oligonucleotides or polynucleotides in a manner such that the 5' phosphate of one mononucleotide pentose ring is attached to the 3' oxygen of its neighbour in one direction via a phosphodiester linkage. Therefore, an end of an oligonucleotide or polynucleotide is referred to as the „5' end“ if its 5' phosphate is not linked to the 3' oxygen of a mononucleotide pentose ring and as the „3' end“ if its 3' oxygen is not linked to a 5' phosphate of a subsequent mononucleotide pentose ring. As used herein, a nucleic acid sequence, even if internal to a larger oligonucleotide or polynucleotide, also may be said to have 5' and 3' ends. In either a linear or circular DNA molecule, discrete elements are referred to as being „upstream“ or 5' of the „downstream“ or 3' elements. This terminology reflects the fact that transcription proceeds in a 5' to 3' fashion along the DNA strand. The promoter and enhancer elements that direct transcription of a linked gene are generally located 5' or upstream of the coding region. However, enhancer elements can exert their effect even when located 3' of the promoter element or the coding region. Transcription termination and polyadenylation signals are located 3' or downstream of the coding region.

As used herein, the terms „an oligonucleotide having a nucleotide sequence encoding a gene“ and „polynucleotide having a nucleotide sequence encoding a gene,“ means a nucleic acid sequence comprising the coding region of a gene or in other words the nucleic acid sequence that encodes a gene product. The coding region may be present in a cDNA, genomic DNA or RNA form. When present in a DNA form, the oligonucleotide or polynucleotide may be single-stranded (i.e., the sense strand) or double-stranded. Suitable control elements such as enhancers/promoters, splice junctions, polyadenylation signals, etc. may be placed in close proximity to the coding region of the gene if needed to permit proper initiation of transcription and/or correct processing of the primary RNA transcript. Alternatively, the

coding region utilized in the expression vectors of the present invention may contain endogenous enhancers/promoters, splice junctions, intervening sequences, polyadenylation signals, etc. or a combination of both endogenous and exogenous control elements.

As used herein, the term „oligonucleotide,“ refers to a short length of single-stranded polynucleotide chain. Oligonucleotides are typically less than 200 residues long (e.g., between 15 and 100), however, as used herein, the term is also intended to encompass longer polynucleotide chains. Oligonucleotides are often referred to by their length. For example a 24 residue oligonucleotide is referred to as a „24-mer“. Oligonucleotides can form secondary and tertiary structures by self-hybridizing or by hybridizing to other polynucleotides. Such structures can include, but are not limited to, duplexes, hairpins, cruciforms, bends, and triplexes.

As used herein, the term „regulatory element“ refers to a genetic element that controls some aspect of the expression of nucleic acid sequences. For example, a promoter is a regulatory element that facilitates the initiation of transcription of an operably linked coding region. Other regulatory elements are splicing signals, polyadenylation signals, termination signals, etc. (defined *infra*).

Transcriptional control signals in eukaryotes comprise „promoter“ and „enhancer“ elements. Promoters and enhancers consist of short arrays of DNA sequences that interact specifically with cellular proteins involved in transcription (T. Maniatis et al., Science 236:1237 [1987]). Promoter and enhancer elements have been isolated from a variety of eukaryotic sources including genes in yeast, insect and mammalian cells, and viruses (analogous control elements, i.e., promoters, are also found in prokaryote). The selection of a particular promoter and enhancer depends on what cell type is to be used to express the protein of interest. Some eukaryotic promoters and enhancers have a broad host range while others are functional in a limited subset of cell types (for review see, Voss et al., Trends Biochem. Sci., 11:287 [1986]; and T. Maniatis et al., supra). For example, the SV40 early gene enhancer is very active in a wide variety of cell types from many mammalian species and has been widely used for the expression of proteins in mammalian cells (Dijkema et al., EMBO J. 4:761 [1985]). Two other examples of promoter/enhancer elements active in a broad range of mammalian cell types are those from the human elongation factor 1[alpha] gene (Uetsuki et al., J. Biol. Chem., 264:5791 [1989]; Kim et al., Gene 91:217 [1990]; and Mizushima and Nagata, Nuc. Acids.

Res., 18:5322 [1990]) and the long terminal repeats of the Rous sarcoma virus (Gorman et al., Proc. Natl. Acad. Sci. USA 79:6777 [1982]) and the human cytomegalovirus (Boshart et al., Cell 41:521 [1985]). Some promoter elements serve to direct gene expression in a tissue-specific manner.

As used herein, the term „promoter/enhancer“ denotes a segment of DNA which contains sequences capable of providing both promoter and enhancer functions (i.e., the functions provided by a promoter element and an enhancer element, see above for a discussion of these functions). For example, the long terminal repeats of retroviruses contain both promoter and enhancer functions. The enhancer/promoter may be „endogenous“ or „exogenous“ or „heterologous.“ An „endogenous“ enhancer/promoter is one that is naturally linked with a given gene in the genome. An „exogenous“ or „heterologous“ enhancer/promoter is one that is placed in juxtaposition to a gene by means of genetic manipulation (i.e., molecular biological techniques such as cloning and recombination) such that transcription of that gene is directed by the linked enhancer/promoter.

As used herein, the terms „complementary“ or „complementarity“ are used in reference to polynucleotides (i.e., a sequence of nucleotides) related by the base-pairing rules. For example, for the sequence „A-G-T,“ is complementary to the sequence „T-C-A.“ Complementarity may be „partial,“ in which only some of the nucleic acids' bases are matched according to the base pairing rules. Or, there may be „complete“ or „total“ complementarity between the nucleic acids. The degree of complementarity between nucleic acid strands has significant effects on the efficiency and strength of hybridization between nucleic acid strands. This is of particular importance in amplification reactions, as well as detection methods that depend upon binding between nucleic acids.

The term „homology“ refers to a degree of complementarity. There may be partial homology or complete homology (i.e., identity). A partially complementary sequence is a nucleic acid molecule that at least partially inhibits a completely complementary nucleic acid molecule from hybridizing to a target nucleic acid is „substantially homologous.“ The inhibition of hybridization of the completely complementary sequence to the target sequence may be examined using a hybridization assay (Southern or Northern blot, solution hybridization and the like) under conditions of low stringency. A substantially homologous sequence or probe will compete for and inhibit the binding (i.e., the hybridization) of a completely homologous

nucleic acid molecule to a target under conditions of low stringency. This is not to say that conditions of low stringency are such that non-specific binding is permitted; low stringency conditions require that the binding of two sequences to one another be a specific (i.e., selective) interaction. The absence of non-specific binding may be tested by the use of a second target that is substantially non-complementary (e.g., less than about 30% identity); in the absence of non-specific binding the probe will not hybridize to the second non-complementary target.

When used in reference to a double-stranded nucleic acid sequence such as a cDNA or genomic clone, the term „substantially homologous“ refers to any probe that can hybridize to either or both strands of the double-stranded nucleic acid sequence under conditions of low stringency as described below.

A gene may produce multiple RNA species that are generated by differential splicing of the primary RNA transcript. cDNAs that are splice variants of the same gene will contain regions of sequence identity or complete homology (representing the presence of the same exon or portion of the same exon on both cDNAs) and regions of complete non-identity (for example, representing the presence of exon „A“ on cDNA 1 wherein cDNA 2 contains exon „B“ instead). Because the two cDNAs contain regions of sequence identity they will both hybridize to a probe derived from the entire gene or portions of the gene containing sequences found on both cDNAs; the two splice variants are therefore substantially homologous to such a probe and to each other.

When used in reference to a single-stranded nucleic acid sequence, the term „substantially homologous“ refers to any probe that can hybridize (i.e., it is the complement of) the single-stranded nucleic acid sequence under conditions of low stringency as described above.

As used herein, the term „hybridization“ is used in reference to the pairing of complementary nucleic acids. Hybridization and the strength of hybridization (i.e., the strength of the association between the nucleic acids) is impacted by such factors as the degree of complementarity between the nucleic acids, stringency of the conditions involved, the T_m of the formed hybrid, and the G:C ratio within the nucleic acids. A single molecule that contains pairing of complementary nucleic acids within its structure is said to be „self-hybridized.“

As used herein, the term „T_m“ is used in reference to the „melting temperature.“ The melting temperature is the temperature at which a population of double-stranded nucleic acid molecules becomes half dissociated into single strands. The equation for calculating the T_m of nucleic acids is well known in the art. As indicated by standard references, a simple estimate of the T_m value may be calculated by the equation: $T_m = 81.5 + 0.41(\% \text{ G+C})$, when a nucleic acid is in aqueous solution at 1 M NaCl (See e.g., Anderson and Young, Quantitative Filter Hybridization, in Nucleic Acid Hybridization [1985]). Other references include more sophisticated computations that take structural as well as sequence characteristics into account for the calculation of T_m.

As used herein the term „stringency“ is used in reference to the conditions of temperature, ionic strength, and the presence of other compounds such as organic solvents, under which nucleic acid hybridizations are conducted. With „high stringency“ conditions, nucleic acid base pairing will occur only between nucleic acid fragments that have a high frequency of complementary base sequences. Thus, conditions of „weak“ or „low“ stringency are often required with nucleic acids that are derived from organisms that are genetically diverse, as the frequency of complementary sequences is usually less.

„High stringency conditions“ when used in reference to nucleic acid hybridization comprise conditions equivalent to binding or hybridization at 42°C. in a solution consisting of 5* SSPE (43.8 g/l NaCl, 6.9 g/l NaH₂PO₄ H₂O and 1.85 g/l EDTA, pH adjusted to 7.4 with NaOH), 0.5% SDS, 5* Denhardt's reagent and 100 µg/ml denatured salmon sperm DNA followed by washing in a solution comprising 0.1* SSPE, 1.0% SDS at 42°C. when a probe of about 500 nucleotides in length is employed.

„Medium stringency conditions“ when used in reference to nucleic acid hybridization comprise conditions equivalent to binding or hybridization at 42°C. in a solution consisting of 5* SSPE (43.8 g/l NaCl, 6.9 g/l NaH₂PO₄ H₂O and 1.85 g/l EDTA, pH adjusted to 7.4 with NaOH), 0.5% SDS, 5* Denhardt's reagent and 100 µg/ml denatured salmon sperm DNA followed by washing in a solution comprising 1.0* SSPE, 1.0% SDS at 42°C. when a probe of about 500 nucleotides in length is employed.

„Low stringency conditions“ comprise conditions equivalent to binding or hybridization at 42°C. in a solution consisting of 5* SSPE (43.8 g/l NaCl, 6.9 g/l NaH₂PO₄ H₂O and 1.85 g/l

EDTA, pH adjusted to 7.4 with NaOH), 0.1% SDS, 5* Denhardt's reagent [50* Denhardt's contains per 500 ml: 5 g Ficoll (Type 400, Pharmacia), 5 g BSA (Fraction V; Sigma)] and 100 [mu]g/ml denatured salmon sperm DNA followed by washing in a solution comprising 5* SSPE, 0.1% SDS at 42°C. when a probe of about 500 nucleotides in length is employed.

It is well known in the art that numerous equivalent conditions may be employed to provide low stringency conditions; factors such as the length and nature (DNA, RNA, base composition) of the probe and nature of the target (DNA, RNA, base composition, present in solution or immobilized, etc.) and the concentration of the salts and other components (e.g., the presence or absence of formamide, dextran sulfate, polyethylene glycol) are considered and the hybridization solution may be varied to generate conditions of low stringency hybridization different from, but equivalent to, the above listed conditions. In addition, conditions that promote hybridization under conditions of high stringency (e.g., increasing the temperature of the hybridization and/or wash steps, the use of formamide in the hybridization solution, etc.) are known in the art (see definition above for „stringency“).

„Amplification“ is a specific case of nucleic acid replication characterised by template specificity. Template specificity (affinity for a nucleic acid template) is independent of fidelity of replication (i.e., synthesis of a polynucleotide sequence) and nucleotide (ribo- or deoxyribo-) specificity. Template specificity is frequently described in terms of „target“ specificity. Target sequences are sequences that are preferentially amplified, and many amplification techniques are specifically adapted to ensure preferential and specific amplification of said sequences.

Template specificity is achieved in most amplification techniques by the choice of amplification enzyme. Preferred are amplification enzymes that under suitable conditions will only amplify specific nucleic acid sequences in a heterogeneous mixture of nucleic acids. For example, in the case of Q β replicase, MDV-1 RNA is the specific template for the replicase (Kacian et al., Proc. Natl. Acad. Sci. USA 69:3038 [1972]). Other nucleic acids will not be replicated by this amplification enzyme. Similarly, in the case of T7 RNA polymerase, this amplification enzyme has a stringent specificity for its own promoters (Chamberlin et al., Nature 228:227 [1970]). In the case of T4 DNA ligase, the enzyme will not ligate the two oligonucleotides or polynucleotides, where there is a mismatch between the oligonucleotide or polynucleotide substrate and the template at the ligation junction (Wu and Wallace,

Genomics 4:560 [1989]). Finally, Taq and Pfu polymerases, by virtue of their ability to function at high temperature, are found to display high specificity for the sequences bounded and thus defined by the primers; the high temperature results in thermodynamic conditions that favor primer hybridization with the target sequences and not hybridization with non-target sequences (H. A. Erlich (ed.), PCR Technology, Stockton Press [1989]).

The term „isolated“ when used in relation to a nucleic acid, as in „an isolated oligonucleotide“ or „isolated polynucleotide“ refers to a nucleic acid sequence that is identified and separated from at least one component or contaminant with which it is ordinarily associated in its natural source. Isolated nucleic acid is such present in a form or setting that is different from that in which it is found in nature. In contrast, non-isolated nucleic acids as nucleic acids such as DNA and RNA found in the state they exist in nature. For example, a given DNA sequence (e.g., a gene) is found on the host cell chromosome in proximity to neighbouring genes; RNA sequences, such as a specific mRNA sequence encoding a specific protein, are found in the cell as a mixture with numerous other mRNAs that encode a multitude of proteins. However, isolated nucleic acid encoding a given protein includes, by way of example, such nucleic acid in cells ordinarily expressing the given protein where the nucleic acid is in a chromosomal location different from that of natural cells, or is otherwise flanked by a different nucleic acid sequence than that found in nature. The isolated nucleic acid, oligonucleotide, or polynucleotide may be present in single-stranded or double-stranded form. When an isolated nucleic acid, oligonucleotide or polynucleotide is to be utilized to express a protein, the oligonucleotide or polynucleotide will contain at a minimum the sense or coding strand (i.e., the oligonucleotide or polynucleotide may be single-stranded), but may contain both the sense and anti-sense strands (i.e., the oligonucleotide or polynucleotide may be double-stranded).

As used herein, the term „purified“ or „to purify“ refers to the removal of components (e.g., contaminants) from a sample. For example, antibodies are purified by removal of contaminating non-immunoglobulin proteins; they are also purified by the removal of immunoglobulin that does not bind to the target molecule. The removal of non-immunoglobulin proteins and/or the removal of immunoglobulins that do not bind to the target molecule results in an increase in the percent of target-reactive immunoglobulins in the sample. In another example, recombinant polypeptides are expressed in bacterial host cells and the polypeptides are purified by the removal of host cell proteins; the percent of recombinant polypeptides is thereby increased in the sample.

The term „Southern blot,“ refers to the analysis of DNA on agarose or acrylamide gels to fractionate the DNA according to size followed by transfer of the DNA from the gel to a solid support, such as nitrocellulose or a nylon membrane. The immobilized DNA is then probed with a labeled probe to detect DNA species complementary to the probe used. The DNA may be cleaved with restriction enzymes prior to electrophoresis. Following electrophoresis, the DNA may be partially depurinated and denatured prior to or during transfer to the solid support. Southern blots are a standard tool of molecular biologists (J. Sambrook et al., *Molecular Cloning: A Laboratory Manual*, Cold Spring Harbor Press, NY, pp 9.31-9.58 [1989]).

The term „Northern blot,“ as used herein refers to the analysis of RNA by electrophoresis of RNA on agarose gels to fractionate the RNA according to size followed by transfer of the RNA from the gel to a solid support, such as nitrocellulose or a nylon membrane. The immobilized RNA is then probed with a labeled probe to detect RNA species complementary to the probe used. Northern blots are a standard tool of molecular biologists (J. Sambrook, et al., *supra*, pp 7.39-7.52 [1989]).

The term „Western blot“ refers to the analysis of protein(s) (or polypeptides) immobilized onto a support such as nitrocellulose or a membrane. The proteins are run on acrylamide gels to separate the proteins, followed by transfer of the protein from the gel to a solid support, such as nitrocellulose or a nylon membrane. The immobilized proteins are then exposed to antibodies with reactivity against an antigen of interest. The binding of the antibodies may be detected by various methods, including the use of radiolabeled antibodies.

The terms „overexpression“ and „overexpressing“ and grammatical equivalents, if used in reference to levels of mRNA to indicate a level of expression approximately 3-fold higher (or greater) than that observed in a given tissue in a control or non-transgenic animal. Levels of mRNA are measured using any of a number of techniques known to those skilled in the art including, but not limited to Northern blot analysis. Appropriate controls are included on the Northern blot to control for differences in the amount of RNA loaded from each tissue analyzed (e.g., the amount of 28S rRNA, an abundant RNA transcript present at essentially the same amount in all tissues, present in each sample can be used as a means of normalizing or standardizing the mRNA-specific signal observed on Northern blots). The amount of mRNA present in the band corresponding in size to the correctly spliced transgene RNA is

quantified; other minor species of RNA which hybridize to the transgene probe are not considered in the quantification of the expression of the transgenic mRNA.

As used herein, the term „sample“ is used in its broadest sense. In one sense, it is meant to include a specimen or culture obtained from any source, as well as biological and environmental samples. Biological samples may be obtained from animals (including humans) and encompass fluids, solids, tissues, and gases. Biological samples include blood products, such as plasma, serum and the like. Environmental samples include environmental material such as surface matter, soil, water, crystals and industrial samples. Such examples are not however to be construed as limiting the sample types applicable to the present invention.

The term „tissue“ in this context is meant to describe a group or layer of cells that are structurally and/or functionally similar and that work together to perform a specific function.

The term „oligomer“ encompasses oligonucleotides, PNA-oligomers and DNA oligomers, and is used whenever a term is needed to describe the alternative use of an oligonucleotide or a PNA-oligomer or DNA-oligomer, which cannot be described as oligonucleotide. Said oligomer can be modified as it is commonly known and described in the art. The term „oligomer“ also encompasses oligomers carrying at least one detectable label, and preferably fluorescence labels are understood to be encompassed. It is however also understood that the label can be of any kind that is known and described in the art.

The term „Observed/Expected Ratio“ („O/E Ratio“) refers to the frequency of CpG dinucleotides within a particular DNA sequence, and corresponds to the $[\text{number of CpG sites} / (\text{number of C bases} \times \text{number of G bases})] \times \text{band length for each fragment}$.

The term „CpG island“ refers to a contiguous region of genomic DNA that satisfies the criteria of (1) having a frequency of CpG dinucleotides corresponding to an „Observed/Expected Ratio“ > 0.6 , and (2) having a „GC Content“ > 0.5 . CpG islands are typically, but not always, between about 0.2 to about 1 kb in length, and may be as large as about 3 kb in length.

The term „methylation state“ or „methylation status“ or „methylation level“ refers to the presence or absence of 5-methylcytosine („5-mCyt“) at one or a plurality of CpG dinucleotides within a DNA sequence.

Methylation states or methylation levels at one or more CpG methylation sites within a single allele's DNA sequence include „unmethylated“, „fully-methylated“ and „hemi-methylated.“ The term „hemi-methylation“ or „hemimethylation“ refers to the methylation state of a CpG methylation site, where only one strand's cytosine of the CpG dinucleotide sequence is methylated. The term „hypermethylation“ refers to the average methylation state corresponding to an increased presence of 5-mCyt at one or a plurality of CpG dinucleotides within a DNA sequence of a test DNA sample, relative to the amount of 5-mCyt found at corresponding CpG dinucleotides within a normal control DNA sample. The term „hypomethylation“ refers to the average methylation state corresponding to a decreased presence of 5-mCyt at one or a plurality of CpG dinucleotides within a DNA sequence of a test DNA sample, relative to the amount of 5-mCyt found at corresponding CpG dinucleotides within a normal control DNA sample.

The term „microarray“ refers broadly to both „DNA microarrays“ and „DNA chip (s)“, and encompasses all art-recognized solid supports, and all art-recognized methods for affixing nucleic acid molecules thereto or for synthesis of nucleic acids thereon.

„Genetic parameters“ as used herein are mutations and polymorphisms of genes and sequences further required for gene regulation. Exemplary mutations are, in particular, insertions, deletions, point mutations, inversions and polymorphisms and, particularly preferred, SNPs (single nucleotide polymorphisms).

„Epigenetic parameters“ are, in particular, cytosine methylations. Further epigenetic parameters include, for example, the acetylation of histones which, however, cannot be directly analyzed using the described method but which, in turn, correlate with the DNA methylation.

The term „bisulfite reagent“ refers to a reagent comprising bisulfite, sulfite, hydrogen sulfite or combinations thereof, useful as disclosed herein to distinguish between methylated and unmethylated CpG dinucleotide sequences.

The term „Methylation assay“ refers to any assay for determining the methylation state or methylation level of one or more CpG dinucleotide sequences within a sequence of DNA.

The term „MS AP-PCR“ (Methylation-Sensitive Arbitrarily-Primed Polymerase Chain Reaction) refers to the art-recognized technology that allows for a global scan of the genome using CG-rich primers to focus on the regions most likely to contain CpG dinucleotides, and described by Gonzalgo et al., *Cancer Research* 57: 594-599, 1997.

The term „MethyLight“ refers to the art-recognized fluorescence-based real-time PCR technique described by Eads et al., *Cancer Res.* 59: 2302-2306, 1999.

The term „HeavyMethyl“ assay, in the embodiment thereof implemented herein, refers to a HeavyMethyl/MethyLight assay, which is a variation of the MethyLight assay, wherein the MethyLight assay is combined with methylation specific blocking probes covering CpG positions between the amplification primers.

The term „Ms-SNuPE“ (Methylation-sensitive Single Nucleotide Primer Extension) refers to the art-recognized assay described by Gonzalgo & Jones, *Nucleic Acids Res.* 25: 2529- 2531, 1997.

The term „MSP“ (Methylation-specific PCR) refers to the art-recognized methylation assay described by Herman et al. *Proc. Natl. Acad. Sci. USA* 93: 9821-9826, 1996, and by US Patent No. 5,786,146.

The term „COBRA“ (Combined Bisulfite Restriction Analysis) refers to the art-recognized methylation assay described by Xiong & Laird, *Nucleic Acids Res.* 25: 2532-2534, 1997.

The term „MCA“ (Methylated CpG Island Amplification) refers to the methylation assay described by Toyota et al. , *Cancer Res.* 59: 2307-12, 1999, and in WO 00/26401A1.

With respect to the dinucleotide designations within the phrase „CpG, tpG and Cpa“ a small „t“ is used to indicate a thymine at a cytosine position, whenever the cytosine was transformed to uracil by pretreatment, whereas, a capital „T“ is used to indicate a thymine

position that was a thymine prior to pretreatment). Likewise, a small „a“ is used to indicate the adenine corresponding to such a small „t“ located at a cytosine position, whereas a capital „A“ is used to indicate an adenine that was adenine prior to pretreatment.

In the context of the present invention, the term “marker” refers to a distinguishing of a characteristic that may be detectable if present in blood, serum or other bodily fluids, or preferably in cell and/or tissues that is reflective of the presence of a particular condition (in particular a disease). The characteristic may be a phenotypical characteristic, such as cell count, cell shape, viability, presence/absence of circulating tumor cells and/or a physiological characteristic, such as a protein, an enzyme, an RNA molecule or a DNA molecule. The term may alternately refer to a specific characteristic of said substance, such as, but not limited to, a specific methylation pattern, making the characteristic distinguishable from otherwise identical characteristics. Examples for markers are “pan-cancer markers” and “cell- or tissue-markers”, as described below. Preferred markers can be identified from tables 1 and 2, herein below.

The term „pan-cancer marker“ refers to a distinguishing or characteristic substance (such as a marker) that may be detectable if present in blood, serum or other bodily fluids, or preferably in tissues that is reflective of the presence of proliferative disease. Pan-cancer markers are characterized by the fact that they reflect the possibility of the presence of more than one proliferative diseases in organs or tissues of the patient and/or subject. Thus, pan-cancer markers are not specific for a single proliferative disease being present in an organ or tissue, but are specific for more than one proliferative disease for said subject. The substance may, for example, be cell count, presence/absence of circulating tumor cells, a protein, an enzyme, an RNA molecule or a DNA molecule that is suitable to be used as a marker. The term may alternately refer to a specific characteristic of said substance, such as, but not limited to, a specific methylation pattern, making the substance distinguishable from otherwise identical substances. A high level of a tumor marker may indicate that cancer is developing in the body. Typically, this substance is derived from the tumor itself. Examples of pan-cancer tumor markers include, but are not limited to CEA (ovarian, lung, breast, pancreas, and gastrointestinal tract cancers), and GSTPi (liver and prostate cancer). Further markers can be identified from table 2, herein below.

The term „cell- or tissue-marker“ refers to a distinguishing or characteristic substance of a specific cell type or tissue that may be detectable if present in blood or other bodily fluids, but preferably in cells of specific tissues. The substance may for example be a protein, an enzyme, a RNA molecule or a DNA molecule. The term may alternately refer to a specific characteristic of said substance, such as but not limited to a specific methylation pattern, making the substance distinguishable from otherwise identical substances. A high level of a tissue marker found in a cell may mean said cell is a cell of that respective tissue. A high level of a cell- or tissue-marker found in a bodily fluid may mean that a respective type of tissue is either spreading cells that contain said marker into the bodily fluid, or is spreading the marker itself into the blood or other bodily fluids. Further markers can be identified from table 1, herein below.

The term „nucleic acid-analysis“ refers to an analysis of the presence and/or expression of a marker that is based, at least in part, on an analysis of nucleic acid molecule(s) that is (are) specific for said marker. One preferred example of nucleic acid-analysis would be methylation analysis of the DNA of the particular marker.

The term „localizing the proliferative disease“ refers to an analysis of a marker that may be found in a sample, wherein said marker is known to be expressed in one or more cells of specific tissues. A high level of a tissue marker found in a cell means that this said cell is a cell of that respective tissue. This information (or an information derived from several markers) is used in order to localize the proliferative disease inside the body of the patient as being found in one or several particular tissue(s).

The term „ESME“ refers to a novel and particularly preferred software program that considers or accounts for the unequal distribution of bases in bisulfite converted DNA and normalizes the sequence traces (electropherograms) to allow for quantitation of methylation signals within the sequence traces. Additionally, it calculates a bisulfite conversion rate, by comparing signal intensities of thymines at specific positions, based on the information about the corresponding untreated DNA sequence (see U.S. publication number 2004-0023279, and EP 1 369 493 (in German), both incorporated by reference herein in their entirety).

Unless defined otherwise, all technical and scientific terms used herein have the same meaning as commonly understood by one of ordinary skill in the art to which the invention

pertains. Although any methods and materials similar or equivalent to those described herein can be used for testing of the present invention, the preferred materials and methods are described herein. All documents cited herein are thereby incorporated by reference.

In one – and the major - aspect thereof, the present invention provides a particular method for diagnosing a proliferative disease in a subject. The method generally comprises the steps of: providing a biological sample from a subject, detecting the presence, absence, abundance and/or expression of one or more markers that indicate proliferative disease in said sample; and localizing the proliferative disease and/or characterizing the type of proliferative disease by detecting specific tissue markers wherein the detection of said tissue markers is based on nucleic acid-analysis.

The particular advantage of the solution according to the present invention is based - first - on the use of markers for the diagnosis that are not specific for one type of proliferative disease (for example, cancer) which sometimes (and also herein) are designated as „pan-cancer markers“. Those markers can, for example, exhibit a change in methylation in nearly all types of cancers (or are, for example, overexpressed), or combinations of those markers can be (specifically and preferably) combined into a pan-cancer panel and used in order to efficiently and sensitively detect any proliferative disease (cancerous disease), or at least many different proliferative diseases (cancerous diseases). This needs not to be limited to a methylation analysis, but can also be combined with the analysis of other markers. Second, for a localisation of the cancer/determination of the type of cancer a detection of specific tissue markers based on nucleic acid-analysis is performed, and the two results of the marker analyses are combined in order to provide a localisation of the cancer/determination of the type of cancer (characterisation thereof).

The analysis of the pan-cancer markers has the advantage that they can be very sensitive and specific for a kind of „cancer-yes/no“ information, but at the same time need not to give a clear indication about the localisation of the cancer (e.g. need not to be tissue- and/or cell-specific). Thus, this allows for a simplified generation of qualitative and improved diagnostic marker panels for proliferative diseases, since very sensitive and very tissue-specific markers can be combined in such a diagnostic marker panel. Nevertheless, the present method according to the invention, in particular in embodiments for following-up (monitoring) of once identified proliferative diseases, can also include a quantitative analysis of the

expression and/or the methylation of a marker or markers as employed (see below).

US 2004/0137474 describes detecting the presence or absence of DNA methylation in DAPK, GSTP, p15, MDR1, Progesterone Receptor, Calcitonin, RIZ, and RARbeta genes, thereby characterizing cancer in a subject to be diagnosed. Furthermore, detecting the presence or absence of DNA methylation in one or more genes selected from the group consisting of S100, SRBC, BRCA, HIN1, Cyclin D2, TMS1, HIC-1, hMLH1E-cadherin, 14-3-3sigma, and MDGI is described.

Regarding the tissue- and/or cell-specific markers, many of such markers are known from the state of the art and are given herein below in Table 2.

Particular preferred are markers for the determination of the tissue(s) that – similarly to preferred pan-cancer markers - rely on an analysis of methylation of particular genes, as described, for example, in WO 2005-019477 “Methods and compositions for differentiating tissues or cell types using epigenetic markers”. Nevertheless, other expression markers can be also used as, for example described in Li-Li Hsiao et al. (A Compendium of Gene Expression in Normal Human Tissues Reveals Tissue-Selective Genes and Distinct Expression Patterns of Housekeeping Genes *Physiol. Genomics* (October 2, 2001)), Butte et al. (Further defining housekeeping, or "maintenance," genes *Focus on "A compendium of gene expression in normal human tissues"* *Physiol. Genomics* 7: 95-96, 2001), and the HuGE Index: Human Gene Expression Index at <http://www.hugeindex.org>.

US 2005-048480 describes a method for selecting a gene used as an index of cancer classification, comprising the following steps of: (1) determining expression levels in cancer samples to be tested for at least one of genes each of which expression is altered specifically during cell proliferation, and then comparing the determined expression levels with an expression level of the genes in a control sample, thereby evaluating alterations in expression levels of the genes, wherein the control sample is a normal tissue, or a cancer sample with low malignancy; (2) classifying the cancer samples to be tested into plural numbers of types, based on alterations in expression levels of the genes evaluated in the above step (1) and pathological findings for the cancer samples to be tested; and (3) examining alterations in expressions for plural numbers of genes in each of the cancer samples to be tested classified in the above step (2), to select a gene, wherein expression of said gene is altered

independently to genes each of which expression is altered specifically during cell proliferation and expression level of said gene is specifically altered depending on every type of cancer samples to be tested. Preferably, in the step (1), expression levels of genes selected from the group consisting of CDC6 gene and E2F family genes are determined on the basis of levels of mRNAs transcribed from the genes. Nevertheless, US 2005-048480 describes that the expression level shall be used in order to identify the type of cancer, which renders the analysis rather complicated. Tissue identification is not described.

In addition to the advantages as described above, the method according to the present invention can be flexibly used, for example, in several different preferred aspects as follows:

- Marker-panels (pan-cancer panels can be combined and provided that in their particular combination of pan-cancer and tissue markers readily and quickly lead to the desired result, e.g. the early pre-clinical diagnosis of certain types of cancer, preferably even before clinical symptoms become evident. Further laborious examinations for the determination of the localisation of the cancer/determination of the type of cancer (characterisation thereof) can be avoided. In addition, an earlier therapy of a cancer usually leads to a higher likelihood of a successful outcome of the therapy.
- The method according to the present invention can be used in detecting the presence or absence of chemotherapy-resistant cancer. This method can be performed by monitoring the markers of a pan-cancer panel in order to detect if a particular cancer in a particular tissue is still present or not, or whether the quantitative amount of cancer marker versus tissue marker is changing over the time of an anti-cancer treatment. A quantification can be achieved by, e.g. measuring signal intensity in an ELISA or employing real-time methylation analysis, such as, for example, MethyLight®. In yet another preferred aspect thereof, said chemotherapy is a nonsteroidal selective estrogen receptor modulator.
- The method according to the present invention can be used in characterizing cancer comprising determining a chance of disease-free survival, and/or monitoring disease progression in said subject. This method can be performed by monitoring the markers of a pan-cancer panel in order to detect if a particular cancer in a particular tissue is still absent or not, or whether the quantitative amount of cancer marker versus tissue marker is changing over the time of an anti-cancer treatment. Usually, the longer the markers of a particular pan-

cancer panel are absent or even only partially absent, the higher a chance of disease-free survival will be. Similarly, the method according to the present invention can be used in characterizing cancer comprising determining relapse of the disease after complete resection of the tumor in said subject by identifying tissue markers and cancer markers in said sample that are identical to the removed tumor.

- The method according to the present invention can be used in characterizing cancer comprising determining metastatic disease by identifying tissue markers in a particular sample that are foreign to the tissue from which said sample is taken from. A foreign tissue marker indicates that the cells of the sample are derived from a foreign origin, i.e. are stemming from metastases.

- The method according to the present invention can be used in an improved method for treatment of a proliferative disease, wherein after the analysis of the markers as described hereinabove, a suitable treatment regimen for said proliferative disease to be treated is selected and applied. As will be readily understood, this method can also be employed in the context of all aspects of the general method according to the present invention as described above, i.e. in connection with these. Another aspect of the present invention is therefore related to an improved method of treatment of a proliferative disease, comprising any of the above methods according to the aspects of the present invention, either alone or in a combination.

Preferred is a method according to the present invention, wherein said proliferative disease is cancer, and in particular selected from soft tissue, skin, leukemia, renal, prostate, brain, bone, blood, lymphoid, stomach, head and neck, colon or breast cancer, preferably prostate or breast cancer.

The four terms that apply to the fields of overall genome-wide analysis of all biological processes are called: Proteomics, Transcriptomics, Epigenomics (or Methylomics) and Genomics. Methods and techniques that can be used for studying expression or studying the modifications responsible for expression on all of these levels are well described in the literature and therefore known to a person skilled in the art. They are described in text books of molecular biology and in a large number of scientific journals.

According to the invention, detecting the presence, absence, abundance and/or expression of one or more marker that is specific for more than one proliferative disease as well as the detection of the presence of the expression of tissue markers comprises detecting the expression of physiological, genetic and/or cellular expression and/or cell count, preferably said detecting the expression comprises detecting the expression of protein, mRNA expression and/or the presence or absence of DNA methylation in one or more of said markers. Particularly, said detecting the expression of protein comprises marker-specific antibodies, ELISA, cell sorting techniques, Western blot, or the detection of labeled protein, and said measuring the mRNA expression comprises detection of labeled mRNA or Northern blot. In general, the expression of a marker, such as a gene, or rather the protein encoded by the gene, can be studied in particular on five different levels: firstly, protein expression levels can be determined directly, secondly, mRNA transcription levels can be determined, thirdly, epigenetic modifications, such as gene's DNA methylation profile or the gene's histone profile; can be analysed, as methylation is often correlated with inhibited protein expression, fourth, the gene itself may be analysed for genetic modifications such as mutations, deletions, polymorphisms etc. influencing the expression of the gene product, and fifth, the expression can be detected indirectly, such as, for example, by a change in the cell count of cells that occurs in response to a change in the presence, absence, abundance and/or expression of said marker for proliferative disease.

To detect the levels of mRNA encoding a marker, a sample is obtained from a patient. Said obtaining of a sample is not meant to be retrieving of a sample, as in performing a biopsy, but rather directed to the availability of an isolated biological material representing a specific tissue, relevant for the intended use. The sample can be a tumour tissue sample from the surgically removed tumour, a biopsy sample as taken by a surgeon and provided to the analyst or a sample of blood, plasma, serum or the like. The sample may be treated to extract the nucleic acids contained therein. The resulting nucleic acid from the sample is subjected to gel electrophoresis or other separation techniques. Detection involves contacting the nucleic acids and in particular the mRNA of the sample with a DNA sequence serving as a probe to form hybrid duplexes. The stringency of hybridisation is determined by a number of factors during hybridisation and during the washing procedure, including temperature, ionic strength, length of time and concentration of formamide. These factors are outlined in, for example, Sambrook et al. (Molecular Cloning: A Laboratory Manual, 2nd ed., 1989). Detection of the resulting duplex is usually accomplished by the use of labelled probes. Alternatively, the probe may be

unlabeled, but may be detectable by specific binding with a ligand which is labelled, either directly or indirectly. Suitable labels and methods for labelling probes and ligands are known in the art, and include, for example, radioactive labels which may be incorporated by known methods (e.g., nick translation or kinasing), biotin, fluorescent groups, chemiluminescent groups (e.g., dioxetanes, particularly triggered dioxetanes), enzymes, antibodies, and the like.

In order to increase the sensitivity of the detection in a sample of mRNA encoding a marker, the technique of reverse transcription/polymerisation chain reaction can be used to amplify cDNA transcribed from mRNA encoding said marker. The method of reverse transcription/PCR is well known in the art. The reverse transcription/PCR method can be performed as follows. Total cellular RNA is isolated by, for example, the standard guanidium isothiocyanate method and the total RNA is reverse transcribed. The reverse transcription method involves synthesis of DNA on a template of RNA using a reverse transcriptase enzyme and a 3' end primer. Typically, the primer contains an oligo(dT) sequence. The cDNA thus produced is then amplified using the PCR method and marker-specific primers. (Belyavsky et al, Nucl Acid Res 17:2919-2932, 1989; Krug and Berger, Methods in Enzymology, Academic Press, N.Y., Vol.152, pp. 316-325, 1987 which are specifically incorporated by reference)

The analysis of protein expression is prior art. It usually requires an antibody specific for the gene product of interest. Appropriate include but are not limited to ELISA or immunohistochemistry.

Thus, any method known in the art for detecting proteins can be used. Such methods include, but are not limited to immunodiffusion, immunoelectrophoresis, immunochemical methods, binder-ligand assays, immunohistochemical techniques, agglutination and complement assays. (for example see Basic and Clinical Immunology, Sites and Terr, eds., Appleton & Lange, Norwalk, Conn. pp 217-262, 1991 which is incorporated by reference). Preferred are binder-ligand immunoassay methods including reacting antibodies with an epitope or epitopes of the marker and competitively displacing a labelled marker protein or derivative thereof.

Certain embodiments of the present invention comprise the use of antibodies specific to the polypeptide markers. In certain embodiments production of monoclonal or polyclonal antibodies can be induced by the use of the marker polypeptide as antigen. Such antibodies

may in turn be used to detect expressed proteins. The levels of such proteins present in the peripheral blood of a patient may be quantified by conventional methods. Antibody-protein binding may be detected and quantified by a variety of means known in the art, such as labelling with fluorescent or radioactive ligands. The invention further comprises kits for performing the above-mentioned procedures, wherein such kits comprise antibodies specific for the marker polypeptides.

Numerous competitive and non-competitive protein binding immunoassays are well known in the art. Antibodies employed in such assays may be unlabeled, for example as used in agglutination tests, or labelled for use a wide variety of assay methods. Labels that can be used include radionuclides, enzymes, fluorescers, chemilumescers, enzyme substrates or co-factors, enzyme inhibitors, particles, dyes and the like for use in radioimmunoassay (RIA), enzyme immunoassays, e.g., enzyme-linked immunosorbent assay (ELISA), fluorescent immunoassays and the like. Polyclonal or monoclonal antibodies to markers or an epitope thereof can be made for use in immunoassays by any of a number of methods known in the art. One approach for preparing antibodies to a protein is the selection and preparation of an amino acid sequence of all or part of the protein of a marker, chemically synthesising the sequence and injecting it into an appropriate animal, usually a rabbit or a mouse (Milstein and Kohler *Nature* 256:495-497, 1975; Gutfre and Milstein, *Methods in Enzymology: Immunochemical Techniques* 73:1-46, Langone and Banatis eds., Academic Press, 1981 which are incorporated by reference). Methods for preparation of a marker or an epitope thereof include, but are not limited to chemical synthesis, recombinant DNA techniques or isolation from biological samples.

A less established area in this context is the field of epigenomics or epigenetics, i.e. the field concerned with analysis of DNA methylation patterns. Methylation of DNA can play an important role in the control of gene expression in mammalian cells. DNA methyltransferases are involved in DNA methylation and catalyse the transfer of a methyl group from S-adenosylmethionine to cytosine residues to form 5-methylcytosine, a modified base that is found mostly at CpG sites in the genome. The presence of methylated CpG islands in the promoter region of genes can suppress their expression. This process may be due to the presence of 5-methylcytosine, which apparently interferes with the binding of transcription factors or other DNA-binding proteins to block transcription. In different types of tumours, aberrant or accidental methylation of CpG islands in the promoter region has been observed

for many cancer-related genes, resulting in the silencing of their expression. Such genes include tumour suppressor genes, genes that suppress metastasis and angiogenesis, and genes that repair DNA (Mompalmer and Bovenzi (2000) J. Cell Physiol. 183:145-54).

Thus, in another and preferred aspect thereof, the object according to the present invention is solved by a method for diagnosing a proliferative disease in a subject comprising the steps of:

a) providing a biological sample from a subject, said biological sample comprising genomic DNA;

b) detecting the level of DNA methylation in one or more markers and determining therefrom upon the presence or absence of a proliferative disease; and c) detecting the level of methylation of one or more markers and determining therefrom if said one or more cell- and/or tissue-markers are atypically present, absent or present at above normal levels within said sample; and d) determining the presence or absence of a cell proliferative disorder and location thereof, based on the level of DNA methylation as detected in step b) and c). Preferably, step b) further comprises comparing said methylation profile to one or more standard methylation profiles, wherein said standard methylation profiles are selected from the group consisting of methylation profiles of non proliferative disease samples and methylation profiles of proliferative disease samples. More preferably, said detecting the presence or absence of DNA methylation comprises the digestion of said genomic DNA with a methylation-sensitive restriction enzyme, followed by multiplexed amplification of gene-specific DNA fragments with CpG islands.

According to the present invention, preferred is a method, wherein said marker that is specific for more than one proliferative disease is selected from the group consisting the genes according to Table 1 and/or nucleic acid sequences thereof according to any of SEQ ID NO: 100 to 161. According to the present invention, preferred is a method, wherein said tissue- and/or cell-specific marker is selected from the group consisting of nucleic acid sequences according to any of SEQ ID NO: 1 to 99. According to the present invention, further preferred is a method, wherein said tissue- and/or cell-specific marker is selected from the group consisting of nucleic acid sequences according to any of SEQ ID NO: 844 to SEQ ID NO: 1255. According to the present invention, preferred is a method, wherein said proliferative disease is selected from psoriasis or cancer, in particular from soft tissue, skin, leukemia, renal, prostate, brain, bone, blood, lymphoid, stomach, head and neck, colon or breast cancer. Further preferred is a method according to the present invention, wherein said biological

sample is a biopsy sample or a blood sample.

Even further preferred is a method according to the present invention, wherein said DNA methylation comprises CpG methylation and/or imprinting. Still further preferred is a method according to the present invention, wherein said proliferative disease is in the early pre-clinical stage exhibiting no clinical symptoms. Still further preferred is a method according to the present invention, wherein said detecting the presence or absence of DNA methylation comprises the digestion of said genomic DNA with a methylation-sensitive restriction enzyme followed by multiplexed amplification of gene-specific DNA fragments with CpG islands.

The disclosed invention provides treated nucleic acids, derived from genomic SEQ ID NO: 1 to SEQ ID NO: 161 and SEQ ID NO: 844 to SEQ ID NO: 1255, wherein the treatment is suitable to convert at least one unmethylated cytosine base of the genomic DNA sequence to uracil or another base that is detectably dissimilar to cytosine in terms of hybridization. The genomic sequences in question may comprise one, or more, consecutive or random methylated CpG positions. Said treatment preferably comprises use of a reagent selected from the group consisting of bisulfite, hydrogen sulfite, disulfite, and combinations thereof. In a preferred embodiment of the invention, the objective comprises analysis of a non-naturally occurring modified nucleic acid comprising a sequence of at least 16 contiguous nucleotide bases in length of a sequence selected from the group consisting of SEQ ID NO: 162 TO SEQ ID NO: 805 and SEQ ID NO: 1256 to SEQ ID NO: 2903, wherein said sequence comprises at least one CpG, TpA or CpA dinucleotide and sequences complementary thereto. The sequences of SEQ ID NO: 162 TO SEQ ID NO: 805 provide non-naturally occurring modified versions of the nucleic acid according to SEQ ID NO: 1 TO SEQ ID NO: 161, SEQ ID NO: 1256 to SEQ ID NO: 2903 provide non-naturally occurring modified versions of the nucleic acid according to SEQ ID NO: 844 TO SEQ ID NO: 1255, wherein the modification of each genomic sequence results in the synthesis of a nucleic acid having a sequence that is unique and distinct from said genomic sequence as follows. For each sense strand genomic DNA, *e.g.*, SEQ ID NO:1, four converted versions are disclosed. A first version wherein "C" is converted to "T," but "CpG" remains "CpG" (*i.e.*, corresponds to case where, for the genomic sequence, all "C" residues of CpG dinucleotide sequences are methylated and are thus not converted); a second version discloses the complement of the disclosed genomic DNA sequence (*i.e.* *antisense* strand), wherein "C" is converted to "T," but "CpG" remains "CpG" (*i.e.*, corresponds to case where, for all "C" residues of CpG dinucleotide sequences are methylated and are thus not converted). The 'upmethylated' converted sequences of SEQ

ID NO: 1 to SEQ ID NO: 161 correspond to SEQ ID NO: 162 to SEQ ID NO: 483. The 'upmethylated' converted sequences of SEQ ID NO: 844 to SEQ ID NO: 1255 correspond to SEQ ID NO: 1256 to SEQ ID NO: 2079. A third chemically converted version of each genomic sequences is provided, wherein "C" is converted to "T" for all "C" residues, including those of "CpG" dinucleotide sequences (*i.e.*, corresponds to case where, for the genomic sequences, all "C" residues of CpG dinucleotide sequences are *unmethylated*); a final chemically converted version of each sequence, discloses the complement of the disclosed genomic DNA sequence (*i.e.* *antisense* strand), wherein "C" is converted to "T" for all "C" residues, including those of "CpG" dinucleotide sequences (*i.e.*, corresponds to case where, for the complement (*antisense* strand) of each genomic sequence, all "C" residues of CpG dinucleotide sequences are *unmethylated*). The 'downmethylated' converted sequences of SEQ ID NO: 1 to SEQ ID NO: 161 correspond to SEQ ID NO: 484 to SEQ ID NO: 805. The 'downmethylated' converted sequences of SEQ ID NO: 844 to SEQ ID NO: 1253 correspond to SEQ ID NO: 2080 to SEQ ID NO: 2903.

The described invention further discloses oligonucleotides or oligomers for detecting the cytosine methylation state within pretreated DNA of the markers, according to SEQ ID NO: 162 to SEQ ID NO: 805 and SEQ ID NO: 1256 to SEQ ID NO: 2903. . Said oligonucleotides or oligomers comprise a nucleic acid sequence having a length of at least nine (9) nucleotides which hybridise, under moderately stringent or stringent conditions (as defined herein above), to a pretreated nucleic acid sequence according to SEQ ID NO: 162 to SEQ ID NO: 805 and SEQ ID NO: 1256 to SEQ ID NO: 2903 and/or sequences complementary thereto. The hybridising portion of the hybridising nucleic acids is typically at least 9, 15, 20, 25, 30 or 35 nucleotides in length. However, longer molecules have inventive utility, and are thus within the scope of the present invention. Particularly preferred is a nucleic acid molecule that hybridize under moderately stringent and/or stringent hybridization conditions to all or a portion of the sequences SEQ ID NO: 162 to SEQ ID NO: 805 and SEQ ID NO: 1256 to SEQ ID NO: 2903 but not SEQ ID NO: 1 to SEQ ID NO: 161, SEQ ID NO: 844 to SEQ ID NO: 1255 or other human genomic DNA.

Hybridising nucleic acids of the type described herein can be used, for example, as a primer (*e.g.*, a PCR primer), or a diagnostic and/or prognostic probe or primer. Preferably, hybridisation of the oligonucleotide probe to a nucleic acid sample is performed under stringent conditions and the probe is 100% identical to the target sequence. Nucleic acid

duplex or hybrid stability is expressed as the melting temperature or T_m , which is the temperature at which a probe dissociates from a target DNA. This melting temperature is used to define the required stringency conditions.

For target sequences that are related and substantially identical to the corresponding sequence of SEQ ID NO: 162 to SEQ ID NO: 805 or SEQ ID NO: 1256 to SEQ ID NO: 2903, rather than identical, it is useful to first establish the lowest temperature at which only homologous hybridisation occurs with a particular concentration of salt (*e.g.*, SSC or SSPE). Then, assuming that 1% mismatching results in a 1°C decrease in the T_m , the temperature of the final wash in the hybridisation reaction is reduced accordingly (for example, if sequences having > 95% identity with the probe are sought, the final wash temperature is decreased by 5°C). In practice, the change in T_m can be between 0.5°C and 1.5°C per 1% mismatch.

Examples of inventive oligonucleotides of length X (in nucleotides), as indicated by polynucleotide positions with reference to, *e.g.*, SEQ ID NOs: 162 to 805, include those corresponding to sets of consecutively overlapping oligonucleotides of length X, where the oligonucleotides within each consecutively overlapping set (corresponding to a given X value) are defined as the finite set of Z oligonucleotides from nucleotide positions:

n to $(n + (X-1))$;

where $n=1, 2, 3, \dots, (Y-(X-1))$;

where Y equals the length (nucleotides or base pairs) of SEQ ID NO: 1 ;

where X equals the common length (in nucleotides) of each oligonucleotide in the set (*e.g.*, $X=20$ for a set of consecutively overlapping 20-mers); and

where the number (Z) of consecutively overlapping oligomers of length X for a given SEQ ID NO of length Y is equal to $Y-(X-1)$. For example $Z=1,123-19=1,104$ for either sense or antisense sets of SEQ ID NO: 1, where $X=20$.

Preferably, the set is limited to those oligomers that comprise at least one CpG, Cpa or tpG dinucleotide, wherein 'Cpa' is indicating that said Cpa hybridises to a position (tpG) which was a CpG prior to bisulfite conversion and is a TpG now; and wherein 'tpG' is indicating that said tpG hybridises to a position (Cpa) which is the complementary to a position (tpG) which was a CpG prior to bisulfite conversion and is a TpG now.

The present invention encompasses, for *each* of SEQ ID NO: 1 to SEQ ID NO: 161 and or SEQ ID NO: 844 to SEQ ID NO: 1255 after chemical pre-treatment, and SEQ ID NO: 162 to SEQ ID NO: 805 and or SEQ ID NO: 1256 to SEQ ID NO: 2903 (sense and antisense), the use of multiple consecutively overlapping sets of oligonucleotides or modified oligonucleotides of length X, where, *e.g.*, X= 9, 10, 17, 20, 22, 23, 25, 27, 30 or 35 nucleotides.

The oligonucleotides or oligomers according to the present invention constitute effective tools useful to ascertain genetic and epigenetic parameters of the genomic sequence corresponding to SEQ ID NO: 1 to SEQ ID NO: 161 and SEQ ID NO: 844 to SEQ ID NO: 1255 after chemical pre-treatment, and SEQ ID NO: 162 to 805 and SEQ ID NO: 1256 to SEQ ID NO: 2903. Preferably, said oligomers comprise at least one CpG, tpG or Cpa dinucleotide. Thus, in a preferred aspect thereof, the present invention does not relate to oligomers or other nucleic acids that are identical to the chromosomal and chemically untreated DNA sequences of the markers according to SEQ ID NO: 1 to SEQ ID NO: 161 and SEQ ID NO: 844 to SEQ ID NO: 1255.

Particularly preferred oligonucleotides or oligomers used to the present invention are those in which the cytosine of the CpG dinucleotide (or of the corresponding converted TpG or CpA dinucleotide) sequences is within the middle third of the oligonucleotide; that is, where the oligonucleotide is, for example, 13 bases in length, the CpG, TpG or CpA dinucleotide is positioned within the fifth to ninth nucleotide from the 5'-end.

The oligonucleotides used in this invention can also be modified by chemically linking the oligonucleotide to one or more moieties or conjugates to enhance the activity, stability or detection of the oligonucleotide. Such moieties or conjugates include chromophores, fluorophors, lipids such as cholesterol, cholic acid, thioether, aliphatic chains, phospholipids, polyamines, polyethylene glycol (PEG), palmityl moieties, and others as disclosed in, for example, United States Patent Numbers 5,514,758, 5,565,552, 5,567,810, 5,574,142, 5,585,481, 5,587,371, 5,597,696 and 5,958,773. The probes may also exist in the form of a PNA (peptide nucleic acid) which has particularly preferred pairing properties. Thus, the oligonucleotide may include other appended groups such as peptides, and may include hybridisation-triggered cleavage agents (Krol et al., *BioTechniques* 6:958-976, 1988) or intercalating agents (Zon, *Pharm. Res.* 5:539-549, 1988). To this end, the oligonucleotide may

be conjugated to another molecule, *e.g.*, a chromophore, fluorophor, peptide, hybridisation-triggered cross-linking agent, transport agent, hybridisation-triggered cleavage agent, etc.

The oligonucleotide may also comprise at least one art-recognised modified sugar and/or base moiety, or may comprise a modified backbone or non-natural internucleoside linkage.

The oligomers used in the present invention are normally used in so called "sets" which contain at least one oligomer for analysis of each of the CpG dinucleotides of a genomic sequence comprising SEQ ID NO: 1 to 161 and SEQ ID NO: 844 to SEQ ID NO: 1255 and sequences complementary thereto or to their corresponding CG, tG or Ca dinucleotide within the pretreated nucleic acids according to SEQ ID NO: 162 to SEQ ID NO: 805 and SEQ ID NO: 1256 to SEQ ID NO: 2903 and sequences complementary thereto, wherein a 't' indicates a nucleotide which converted from a cytosine into a thymine and wherein 'a' indicates the complementary nucleotide to such a converted thymine. Preferred is a set which contains at least one oligomer for each of the CpG dinucleotides within the respective marker and its promoter and regulatory elements in both the pretreated and genomic versions of said gene. However, it is anticipated that for economic or other factors it may be preferable to analyse a limited selection of the CpG dinucleotides within said sequences and the contents of the set of oligonucleotides should be altered accordingly. Therefore, the present invention moreover relates to a set of at least 3 n (oligonucleotides and/or PNA-oligomers) used for detecting the cytosine methylation state in genomic DNA (SEQ ID NO: 1 to SEQ ID NO: 161 and SEQ ID NO: 844 to SEQ ID NO: 1255 and sequences complementary thereto) and sequences complementary thereto). These probes enable the detection of the expression of the markers that are specific for cell proliferative disorders. The set of oligomers may also be used for detecting single nucleotide polymorphisms (SNPs) in genomic DNA (SEQ ID NO: 1 to SEQ ID NO: 161 and SEQ ID NO: 844 to SEQ ID NO: 1255, and sequences complementary thereto).

Moreover, the present invention includes the use of a set of at least two oligonucleotides which can be used as so-called "primer oligonucleotides" for amplifying DNA sequences of one of SEQ ID NO: 1 to SEQ ID NO: 805 and SEQ ID NO: 844 to SEQ ID NO: 2903 and sequences complementary thereto, or segments thereof.

In the case of the sets of oligonucleotides according to the present invention, it is preferred that at least one and more preferably all members of the set of oligonucleotides is bound to a solid phase.

According to the present invention, it is preferred that an arrangement of different oligonucleotides and/or PNA-oligomers (a so-called "array") made available by the present invention is present in a manner that it is likewise bound to a solid phase. This array of different oligonucleotide- and/or PNA-oligomer sequences can be characterised in that it is arranged on the solid phase in the form of a rectangular or hexagonal lattice. The solid phase surface is preferably composed of silicon, glass, polystyrene, aluminium, steel, iron, copper, nickel, silver, or gold. However, nitrocellulose as well as plastics such as nylon which can exist in the form of pellets or also as resin matrices may also be used.

A further subject matter of the present invention relates to a DNA chip for the analysis of cell proliferative disorders. DNA chips are known, for example, in US Patent 5,837,832.

As above, the present invention includes detecting the presence or absence of DNA methylation in one or more marker gene (i.e. and preferably the promoter and regulatory elements). Most preferably the assay according to the following method is used in order to detect methylation within the markers wherein said methylated nucleic acids are present in a solution further comprising an excess of background DNA, wherein the background DNA is present in between 100 to 1000 times the concentration of the DNA to be detected. Said method comprising contacting a nucleic acid sample obtained from said subject with at least one reagent or a series of reagents, wherein said reagent or series of reagents, distinguishes between methylated and non-methylated CpG dinucleotides within the marker.

Preferably, said method comprises the following steps: In the first *step*, a sample of the tissue to be analysed is obtained. The source may be any suitable source, preferably, the source of the sample is selected from the group consisting of histological slides, biopsies, paraffin-embedded tissue, bodily fluids, plasma, serum, stool, urine, blood, nipple aspirate and combinations thereof. Preferably, the source is tumour tissue, biopsies, serum, urine, blood or nipple aspirate. The most preferred source, is the tumour sample, surgically removed from the patient or a biopsy sample of said patient.

The DNA is then isolated from the sample. Extraction may be by means that are standard to one skilled in the art, including the use of detergent lysates, sonification and vortexing with glass beads. Once the nucleic acids have been extracted, the genomic double stranded DNA is used in the analysis.

In the second step of the method, the genomic DNA sample is treated in such a manner that cytosine bases which are unmethylated at the 5'-position are converted to uracil, thymine, or another base which is dissimilar to cytosine in terms of hybridisation behaviour. This will be understood as 'pretreatment' herein.

The above described pretreatment of genomic DNA is preferably carried out with bisulfite (hydrogen sulfite, disulfite) and subsequent alkaline hydrolysis which results in a conversion of non-methylated cytosine nucleobases to uracil or to another base which is dissimilar to cytosine in terms of base pairing behaviour. Enclosing the DNA to be analysed in an agarose matrix, thereby preventing the diffusion and renaturation of the DNA (bisulfite only reacts with single-stranded DNA), and replacing all precipitation and purification steps with fast dialysis (Olek A, et al., A modified and improved method for bisulfite based cytosine methylation analysis, *Nucleic Acids Res.* 24:5064-6, 1996) is one preferred example how to perform said pretreatment. It is further preferred that the bisulfite treatment is carried out in the presence of a radical scavenger or DNA denaturing agent.

The bisulfite-mediated conversion of the genomic sequences into 'bisulfite sequences' may take place in any standard, art-recognized format. This includes, but is not limited to modification within agarose gel or in denaturing solvents. The nucleic acid may be, but is not required to be, concentrated and/or otherwise conditioned before the said nucleic acid sample is pretreated with said agent. The pretreatment with bisulfite can be performed within the sample or after the nucleic acids are isolated. Preferably, pretreatment with bisulfite is performed after DNA isolation, or after isolation and purification of the nucleic acids.

The double-stranded DNA is preferentially denatured prior to pretreatment with bisulfite.

The bisulfite conversion thus consists of two important steps, the sulfonation of the cytosine, and the subsequent deamination thereof. The equilibria of the reaction are on the correct side at two different temperatures for each stage of the reaction. The temperatures and length at

which each stage is carried out may be varied according to the specific requirements of the situation.

Preferably, sodium bisulfite is used as described in WO 02/072880. Particularly preferred, is the so called agarose-bead method, wherein the DNA is enclosed in a matrix of agarose, thereby preventing the diffusion and renaturation of the DNA (bisulfite only reacts with single-stranded DNA), and replacing all precipitation and purification steps with fast dialysis (Olek et al., *Nucleic Acids Res.* 24: 5064-5066, 1996). It is further preferred that the bisulfite pretreatment is carried out in the presence of a radical scavenger or DNA denaturing agent, such as oligoethylenglycoldialkylether or preferably Dioxan. The DNA may then be amplified without need for further purification steps.

Said chemical conversion, however, may also take place in any format standard in the art. This includes, but is not limited to modification within agarose gel, in denaturing solvents or within capillaries.

Generally, the bisulfite pretreatment transforms unmethylated cytosine bases, whereas methylated cytosine bases remain unchanged. In a 100% successful bisulfite pretreatment, a complete conversion of all unmethylated cytosine bases into uracil bases takes place. During subsequent hybridization steps, uracil bases behave as thymine bases, in that they form WatsonCrick base pairs with adenine bases. Only cytosine bases that are located in a CpG position (i.e., in a 5'-CG-3'dinucleotide), are known to be possibly methylated (known to be normally methylatable in vivo). Therefore all other cytosines, not located in a CpG position, are unmethylated and are thus transformed into uracils that will pair with adenine during amplification cycles, and as such will appear as thymine bases in an amplified product (e.g., in a PCR product). Whenever a bisulfite-treated nucleic acid is amplified and/or sequence analyzed, the positions that appear as thymines in the sequence can either indicate a true thymine position or a (transformed or converted) cytosine position. These can only be distinguished by comparing the bisulfite sequence data with the untreated genomic sequence data that is already known.

However, cytosines in CpG positions must be regarded as potentially methylated, more precisely as potentially differentially methylated. Significantly, a 100% cytosine or 100% thymine signal at a CpG position will be rare, because biological samples always contain

some kind of background DNA. Therefore, according to the inventive methods, the ratio of thymine to cytosine appearing at a specific CpG position is determined as accurately as possible. This is enabled, for example, by using the sequencing evaluation software tool ESME, which takes into account the falsification or bias of this ratio caused by incomplete conversion (see herein below, and application EP 02 090 203, incorporated herein by reference).

In the third step of the method, fragments of the pretreated DNA are amplified. Wherein the source of the DNA is free DNA from serum, or DNA extracted from paraffin it is particularly preferred that the size of the amplificate fragment is between 100 and 200 base pairs in length, and wherein said DNA source is extracted from cellular sources (e.g. tissues, biopsies, cell lines) it is preferred that the amplificate is between 100 and 350 base pairs in length. It is particularly preferred that said amplificates comprise at least one 20 base pair sequence comprising at least three CpG dinucleotides. Said amplification is carried out using sets of primer oligonucleotides according to the present invention, and a preferably heat-stable polymerase. The amplification of several DNA segments can be carried out simultaneously in one and the same reaction vessel, in one embodiment of the method preferably six or more fragments are amplified simultaneously. Typically, the amplification is carried out using a polymerase chain reaction (PCR) and a set of primer oligonucleotides that includes at least two oligonucleotides whose sequences are each reverse complementary, identical, or hybridise under stringent or highly stringent conditions to an at least 18-base-pair long segment of the base sequences of SEQ ID NO: 1 to SEQ ID NO: 161 and SEQ ID NO: 844 to SEQ ID NO: 1255 after chemical pre-treatment, and SEQ ID NO: 162 to SEQ ID NO: 805 and SEQ ID NO: 1256 to SEQ ID NO: 2903 and sequences complementary thereto.

In an alternate embodiment of the method, the methylation status of preselected CpG positions within the nucleic acid sequences comprising SEQ ID NO: 1 to SEQ ID NO: 161 and SEQ ID NO: 844 to SEQ ID NO: 1255 after methylation specific conversion may be detected by use of methylation-specific primer oligonucleotides. This technique (MSP) has been described in United States Patent No. 6,265,171 to Herman. The use of methylation status specific primers for the amplification of bisulfite treated DNA allows the differentiation between methylated and unmethylated nucleic acids. MSP primers pairs contain at least one primer which hybridises to a bisulfite treated CpG dinucleotide. Therefore, the sequence of said primers comprises at least one CpG, TpG or CpA dinucleotide. MSP primers specific for

non-methylated DNA contain a 'T' at the 3' position of the C position in the CpG. Preferably, therefore, the base sequence of said primers is required to comprise a sequence having a length of at least 18 nucleotides which hybridises to a pretreated nucleic acid sequence according to SEQ ID NO: 162 to SEQ ID NO: 805 and SEQ ID NO: 1256 to SEQ ID NO: 2903 and sequences complementary thereto, wherein the base sequence of said oligomers comprises at least one CpG, **tpG** or **Cpa** dinucleotide. In this embodiment of the method according to the invention it is particularly preferred that the MSP primers comprise between 2 and 4 CpG, **tpG** or **Cpa** dinucleotides. It is further preferred that said dinucleotides are located within the 3' half of the primer e.g. wherein a primer is 18 bases in length the specified dinucleotides are located within the first 9 bases from the 3' end of the molecule. In addition to the CpG, **tpG** or **Cpa** dinucleotides it is further preferred that said primers should further comprise several bisulfite converted bases (i.e. cytosine converted to thymine, or on the hybridising strand, guanine converted to adenosine). In a further preferred embodiment said primers are designed so as to comprise no more than 2 cytosine or guanine bases.

The fragments obtained by means of the amplification can carry a directly or indirectly detectable label. Preferred are labels in the form of fluorescence labels, radionuclides, or detachable molecule fragments having a typical mass which can be detected in a mass spectrometer. Where said labels are mass labels, it is preferred that the labelled amplicates have a single positive or negative net charge, allowing for better detectability in the mass spectrometer. The detection may be carried out and visualised by means of, e.g., matrix assisted laser desorption/ionisation mass spectrometry (MALDI) or using electron spray mass spectrometry (ESI).

Matrix Assisted Laser Desorption/Ionization Mass Spectrometry (MALDI-TOF) is a very efficient development for the analysis of biomolecules (Karas & Hillenkamp, *Anal Chem.*, 60:2299-301, 1988). An analyte is embedded in a light-absorbing matrix. The matrix is evaporated by a short laser pulse thus transporting the analyte molecule into the vapour phase in an unfragmented manner. The analyte is ionised by collisions with matrix molecules. An applied voltage accelerates the ions into a field-free flight tube. Due to their different masses, the ions are accelerated at different rates. Smaller ions reach the detector sooner than bigger ones. MALDI-TOF spectrometry is well suited to the analysis of peptides and proteins. The analysis of nucleic acids is somewhat more difficult (Gut & Beck, *Current Innovations and Future Trends*, 1:147-57, 1995). The sensitivity with respect to nucleic acid analysis is

approximately 100-times less than for peptides, and decreases disproportionately with increasing fragment size. Moreover, for nucleic acids having a multiply negatively charged backbone, the ionisation process via the matrix is considerably less efficient. In MALDI-TOF spectrometry, the selection of the matrix plays an eminently important role. For the desorption of peptides, several very efficient matrixes have been found which produce a very fine crystallisation. There are now several responsive matrixes for DNA, however, the difference in sensitivity between peptides and nucleic acids has not been reduced. This difference in sensitivity can be reduced, however, by chemically modifying the DNA in such a manner that it becomes more similar to a peptide. For example, phosphorothioate nucleic acids, in which the usual phosphates of the backbone are substituted with thiophosphates, can be converted into a charge-neutral DNA using simple alkylation chemistry (Gut & Beck, *Nucleic Acids Res.* 23: 1367-73, 1995). The coupling of a charge tag to this modified DNA results in an increase in MALDI-TOF sensitivity to the same level as that found for peptides. A further advantage of charge tagging is the increased stability of the analysis against impurities, which makes the detection of unmodified substrates considerably more difficult.

In a particularly preferred embodiment of the method the amplification of step three is carried out in the presence of at least one species of blocker oligonucleotides. The use of such blocker oligonucleotides has been described by Yu et al., *BioTechniques* 23:714-720, 1997. The use of blocking oligonucleotides enables the improved specificity of the amplification of a subpopulation of nucleic acids. Blocking probes hybridised to a nucleic acid suppress, or hinder the polymerase mediated amplification of said nucleic acid. In one embodiment of the method blocking oligonucleotides are designed so as to hybridise to background DNA. In a further embodiment of the method said oligonucleotides are designed so as to hinder or suppress the amplification of unmethylated nucleic acids as opposed to methylated nucleic acids or vice versa.

Blocking probe oligonucleotides are hybridised to the bisulfite treated nucleic acid concurrently with the PCR primers. PCR amplification of the nucleic acid is terminated at the 5' position of the blocking probe, such that amplification of a nucleic acid is suppressed where the complementary sequence to the blocking probe is present. The probes may be designed to hybridise to the bisulfite treated nucleic acid in a methylation status specific manner. For example, for detection of methylated nucleic acids within a population of unmethylated nucleic acids, suppression of the amplification of nucleic acids which are unmethylated at the

position in question would be carried out by the use of blocking probes comprising a 'TpG' at the position in question, as opposed to a 'CpG.' In one embodiment of the method the sequence of said blocking oligonucleotides should be identical or complementary to molecule is complementary or identical to a sequence at least 18 base pairs in length selected from the group consisting of SEQ ID NO: 1 to SEQ ID NO: 161 and SEQ ID NO: 844 to SEQ ID NO: 1255 after chemical pre-treatment, and SEQ ID NO: 162 to SEQ ID NO: 805 and SEQ ID NO: 1256 to SEQ ID NO: 2903, preferably comprising one or more CpG, TpG or CpA dinucleotides.

For PCR methods using blocker oligonucleotides, efficient disruption of polymerase-mediated amplification requires that blocker oligonucleotides not be elongated by the polymerase. Preferably, this is achieved through the use of blockers that are 3'-deoxyoligonucleotides, or oligonucleotides derivatised at the 3' position with other than a "free" hydroxyl group. For example, 3'-O-acetyl oligonucleotides are representative of a preferred class of blocker molecule.

Additionally, polymerase-mediated decomposition of the blocker oligonucleotides should be precluded. Preferably, such preclusion comprises either use of a polymerase lacking 5'-3' exonuclease activity, or use of modified blocker oligonucleotides having, for example, thioate bridges at the 5'-termini thereof that render the blocker molecule nuclease-resistant. Particular applications may not require such 5' modifications of the blocker. For example, if the blocker- and primer-binding sites overlap, thereby precluding binding of the primer (*e.g.*, with excess blocker), degradation of the blocker oligonucleotide will be substantially precluded. This is because the polymerase will not extend the primer toward, and through (in the 5'-3' direction) the blocker - a process that normally results in degradation of the hybridised blocker oligonucleotide.

A particularly preferred blocker/PCR embodiment, for purposes of the present invention and as implemented herein, comprises the use of peptide nucleic acid (PNA) oligomers as blocking oligonucleotides. Such PNA blocker oligomers are ideally suited, because they are neither decomposed nor extended by the polymerase.

In one embodiment of the method, the binding site of the blocking oligonucleotide is identical to, or overlaps with that of the primer and thereby hinders the hybridisation of the primer to

its binding site. In a further preferred embodiment of the method, two or more such blocking oligonucleotides are used. In a particularly preferred embodiment, the hybridisation of one of the blocking oligonucleotides hinders the hybridisation of a forward primer, and the hybridisation of another of the probe (blocker) oligonucleotides hinders the hybridisation of a reverse primer that binds to the amplificate product of said forward primer.

In an alternative embodiment of the method, the blocking oligonucleotide hybridises to a location between the reverse and forward primer positions of the treated background DNA, thereby hindering the elongation of the primer oligonucleotides.

It is particularly preferred that the blocking oligonucleotides are present in at least 5 times the concentration of the primers.

In the fourth step of the method, the amplicates obtained during the third step of the method are analysed in order to ascertain the methylation status of the CpG dinucleotides prior to the treatment.

In embodiments where the amplicates were obtained by means of MSP amplification and/or blocking oligonucleotides, the presence or absence of an amplicate is in itself indicative of the methylation state of the CpG positions covered by the primers and or blocking oligonucleotide, according to the base sequences thereof.. All possible known molecular biological methods may be used for this detection, including, but not limited to gel electrophoresis, sequencing, liquid chromatography, hybridisations, real time PCR analysis or combinations thereof. This step of the method further acts as a qualitative control of the preceding steps.

In the fourth step of the method amplicates obtained by means of both standard and methylation specific PCR are further analysed in order to determine the CpG methylation status of the genomic DNA isolated in the first step of the method. This may be carried out by means of hybridisation-based methods such as, but not limited to, array technology and probe based technologies as well as by means of techniques such as sequencing and template directed extension.

In one embodiment of the method, the amplicates synthesised in step three are subsequently

hybridised to an array or a set of oligonucleotides and/or PNA probes. In this context, the hybridisation takes place in the following manner: the set of probes used during the hybridisation is preferably composed of at least two oligonucleotides or PNA-oligomers; in the process, the amplicates serve as probes which hybridise to oligonucleotides previously bonded to a solid phase; the non-hybridised fragments are subsequently removed; said oligonucleotides contain at least one base sequence having a length of at least 9 nucleotides which is reverse complementary or identical to a segment of the base sequences specified in the SEQ ID NO: 1 to SEQ ID NO: 161 and SEQ ID NO: 844 to SEQ ID NO: 1255 after chemical pre-treatment, and SEQ ID NO: 162 to SEQ ID NO: 805 and SEQ ID NO: 1256 to SEQ ID NO: 2903; and the segment comprises at least one CpG, TpG or CpA dinucleotide.

In a preferred embodiment, said dinucleotide is present in the central third of the oligomer. Said oligonucleotide may also be present in the form of peptide nucleic acids. The non-hybridised amplicates are then removed. The hybridised amplicates are detected. In this context, it is preferred that labels attached to the amplicates are identifiable at each position of the solid phase at which an oligonucleotide sequence is located.

In yet a further embodiment of the method, the genomic methylation status of the CpG positions may be ascertained by means of oligonucleotide probes that are hybridised to the bisulfite treated DNA concurrently with the PCR amplification primers (wherein said primers may either be methylation specific or standard).

A particularly preferred embodiment of this method is the use of fluorescence-based Real Time Quantitative PCR (Heid et al., *Genome Res.* 6:986-994, 1996; *also see* United States Patent No. 6,331,393). There are two preferred embodiments of utilising this method. One embodiment, known as the TaqMan™ assay employs a dual-labelled fluorescent oligonucleotide probe. The TaqMan™ PCR reaction employs the use of a non-extendible interrogating oligonucleotide, called a TaqMan™ probe, which is designed to hybridise to a CpG-rich sequence located between the forward and reverse amplification primers. The TaqMan™ probe further comprises a fluorescent "reporter moiety" and a "quencher moiety" covalently bound to linker moieties (*e.g.*, phosphoramidites) attached to the nucleotides of the TaqMan™ oligonucleotide. Hybridised probes are displaced and broken down by the polymerase of the amplification reaction thereby leading to an increase in fluorescence. For analysis of methylation within nucleic acids subsequent to bisulfite treatment, it is required

that the probe be methylation specific, as described in United States Patent No. 6,331,393, (hereby incorporated by reference in its entirety) also known as the MethyLight assay. The second preferred embodiment of this MethyLight technology is the use of dual-probe technology (Lightcycler®), each probe carrying donor or recipient fluorescent moieties, hybridisation of two probes in proximity to each other is indicated by an increase or fluorescent amplification primers. Both these techniques may be adapted in a manner suitable for use with bisulfite treated DNA, and moreover for methylation analysis within CpG dinucleotides.

Also any combination of these probes or combinations of these probes with other known probes may be used.

In a further preferred embodiment of the method, the fourth step of the method comprises the use of template-directed oligonucleotide extension, such as MS-SNuPE as described by Gonzalgo & Jones, *Nucleic Acids Res.* 25:2529-2531, 1997. In said embodiment it is preferred that the methylation specific single nucleotide extension primer (MS-SNuPE primer) is identical or complementary to a sequence at least nine but preferably no more than twenty five nucleotides in length of one or more of the sequences taken from the group of SEQ ID NO: 1 to SEQ ID NO: 161 and SEQ ID NO: 844 to SEQ ID NO: 1255 after chemical pre-treatment, and SEQ ID NO: 162 to SEQ ID NO: 805 and SEQ ID NO: 1256 to SEQ ID NO: 2903. However it is preferred to use fluorescently labelled nucleotides, instead of radiolabelled nucleotides.

In yet a further embodiment of the method, the fourth step of the method comprises sequencing and subsequent sequence analysis of the amplificate generated in the third step of the method (Sanger F., et al., *Proc Natl Acad Sci USA* 74:5463-5467, 1977).

Additional embodiments of the invention provide a method for the analysis of the methylation status of genomic DNA according to the markers used in the invention without the need for pretreatment.

In the *first step* of such additional embodiments, the genomic DNA sample is isolated from tissue or cellular sources. Preferably, such sources include cell lines, histological slides, biopsy tissue, body fluids, or breast tumour tissue embedded in paraffin. Extraction may be by

means that are standard to one skilled in the art, including but not limited to the use of detergent lysates, sonification and vortexing with glass beads. Once the nucleic acids have been extracted, the genomic double-stranded DNA is used in the analysis.

In a preferred embodiment, the DNA may be cleaved prior to the treatment, and this may be by any means standard in the state of the art, but preferably with methylation-sensitive restriction endonucleases.

In the *second step*, the DNA is then digested with one or more methylation sensitive restriction enzymes. The digestion is carried out such that hydrolysis of the DNA at the restriction site is informative of the methylation status of a specific CpG dinucleotide.

In the *third step*, which is optional but a preferred embodiment, the restriction fragments are amplified. This is preferably carried out using a polymerase chain reaction, and said amplicates may carry suitable detectable labels as discussed above, namely fluorophore labels, radionuclides and mass labels.

In the *final step* the amplicates are detected. The detection may be by any means standard in the art, for example, but not limited to, gel electrophoresis analysis, hybridisation analysis, incorporation of detectable tags within the PCR products, DNA array analysis, MALDI or ESI analysis.

In yet another preferred aspect thereof, the object according to the present invention is solved by a method for generating a pan-cancer marker panel of proliferative disease markers and, in particular pan-cancer markers, together with tissue- and/or cell-specific markers for the improved diagnosis of a proliferative disease in a subject. The method comprises a) providing a biological sample from said subject suspected of or previously being diagnosed as having a proliferative disease, b) providing a first set of one or more markers indicative for proliferative disease (e.g. pan-cancer markers), c) determining the presence, absence, abundance and/or expression of said one or more markers of step b); d) providing a first set of cell- and/or tissue markers, e) determining the expression of said one or more markers of step d), and f) generating a pan-cancer marker panel of proliferative disease markers and, in particular pan-cancer markers being specific for said proliferative disease in said subject by selecting those tissue- and/or cell-specific markers and proliferative disease markers and, in

particular pan-cancer markers that are differently present, absent, abundant and/or expressed in said subject when compared to a respective profile of a non proliferative-disease (e.g. non-cancerous) sample. In one particularly preferred embodiment of the method, said marker is indicative for more than one proliferative disease. Preferably, said biological sample is a biopsy sample or a blood sample.

Preferred is a method, wherein said detecting the expression of one or more markers comprises measuring cell count, the expression of protein, mRNA expression and/or the presence or absence or the level of DNA methylation in one or more of said markers. According to a preferred aspect of the inventive method, the markers of step b) are selected from the group consisting of nucleic acid sequences according to any of SEQ ID NO: 100 to SEQ ID NO: 161, whilst the tissue- and/or cell-specific markers of step c) are selected from the group consisting of nucleic acid sequences according to any of SEQ ID NO: 1 to SEQ ID NO: 99, or more preferably from the group consisting SEQ ID NO: 844 to SEQ ID NO: 1255. Thus, in preferred embodiments of the inventive method, these sets or groups of markers form the basis for particular sets of markers that are actually selected into a panel.

Further preferred is a method, wherein said measuring the expression of protein comprises marker-specific antibodies, ELISA, cell sorting techniques, Western blot, mRNA expression or the detection of labeled protein. In another preferred embodiment of the method, said measuring the mRNA expression comprises detection of labeled mRNA or Northern blot. Further preferred is a method, wherein said detecting of the expression is qualitative or additionally quantitative.

As a non-limiting but preferred example, for the actual generation of a marker panel of proliferative disease markers, first, a database or other type of listing of a set of one or more of the proliferative disease markers, e.g. all of those as given herein, is generated. Then, the expression of these markers is detected in a sample that is taken from the subject suspected of having a proliferative disease or being diagnosed with suffering from a particular proliferative disease. Detecting the expression of said one or more markers indicative for proliferative disease can be performed as described above and can comprise measuring the expression of protein, mRNA expression and/or the presence or absence of DNA methylation in one or more of said markers. In one embodiment, this analysis is then compared with the result(s) of an expression profile of a non proliferative-disease (e.g. non-cancerous) sample (in the

following, “blank-sample”), in other embodiments, this comparison is performed after the subsequent analysis of the cell- and/or tissue-markers. For statistical reasons, the comparison can also be done with several analyses in parallel using sample derived either from the same patient or other non-diseased patients.

In one preferred embodiment, markers that differ in their expression (i.e. are expressed either higher or lower or are present or absent when compared to the blank sample) and/or their level of methylation are then selected into a pan-cancer panel and stored in a database or a listing. This pan-cancer panel can then be used in later diagnoses of similar or identical proliferative diseases in many patients or as a “personalized” pan-cancer panel for an individual patient, e.g. for follow-up analyses.

Further preferred is a method, wherein a pan-cancer panel is selected, whereby the markers are selected from the group consisting of nucleic acid sequences according to any of SEQ ID NO: 100 to SEQ ID NO: 161 and wherein at least one (more preferably a plurality) marker is selected from the group consisting of nucleic acid sequences according to any of SEQ ID NO: 1 to SEQ ID NO: 99 or more preferably SEQ ID NO: 844 to SEQ ID NO: 1255.

Preferred is a selection into a pan-cancer panel, wherein the proliferative disease is selected from soft tissue, skin, leukemia, renal, prostate, brain, bone, blood, lymphoid, stomach, head and neck, colon or breast cancer.

Further preferred is a method, wherein said DNA methylation that is detected and/or analyzed comprises CpG methylation and/or imprinting. In another aspect of the method according to the present invention, said detecting the presence or absence of DNA methylation comprises the digestion of said genomic DNA with a methylation-sensitive restriction enzyme followed by multiplexed amplification of gene-specific DNA fragments with CpG islands.

Further preferred is a method, wherein said proliferative disease is in the early pre-clinical stage exhibiting no clinical symptoms, i.e. in cases, where a common physiological diagnosis, such as a visual diagnosis or inspection, would not detect an existing proliferative disease.

Another aspect of the method according to the present invention then relates to an improved method for the treatment of a proliferative disease, comprising a method as described above,

and selecting a suitable treatment regimen for said proliferative disease to be treated. The treatment regimen can also be adapted to the changes in said proliferative disease status of the patient that have been identified using the method according to the invention. The selection or adaptation is commonly made by the attending physician and can include further clinical parameters that are related to the disease and/or the patient(s) to be treated. Preferably, said proliferative disease is cancer.

In another aspect of the present invention, the methods of the invention can be performed manually or partially or fully automated, such as on a computer and/or a suitable robot. Accordingly, also encompassed by the present invention is a suitable computer program product, e.g. a software, for performing the method according to the present invention when run on a computer, which can be present on a suitable data carrier.

In one embodiment of the method according to the invention, the generating a pan-cancer marker panel comprises the use of ESME. ESME calculates methylation levels at particular CpG positions by comparing signal intensities, and correcting for incomplete bisulphite conversion. ESME scores all cytosines (= methylated C) and C to T transitions (= non-methylated C) in bisulphite sequence traces, and furthermore calculates the % of methylation for all CpG sites. It allows the analysis of DNA mixtures both in individual cells as well as of DNA mixtures from a plurality of cells. The method can be applied to any bisulfite-pretreated nucleic acid for which the genomic nucleotide sequence of the corresponding DNA region not treated with bisulfite is known, and for which a sequence electropherogram (trace) can also be generated.

ESME utilizes the electropherograms for standardizing the average signal intensity of at least one base type (C, T, A or G) against the average signal intensity which is obtained for one or more of the remaining base types. Preferably, the cytosine signal intensities are standardized relative to the thymine signal intensities, and the ratio of the average signal intensity of cytosine to that of thymine is determined.

The average of a signal intensity is calculated by taking into account the signal intensities of several bases, which are present in a randomly defined region of the amplificate. The average of a plurality of positions of this base type is determined within an arbitrarily defined region of the amplificate. This region can comprise the entire amplificate, or a portion thereof.

Significantly, such averaging leads to mathematically reasonable and/or statistically reliable values.

Additionally, a basic feature of ESME comprises calculation of a 'conversion rate' (f_{con}) of the conversion of cytosine to uracil (as a consequence of bisulfite treatment), based upon the standardized signal intensities. This is characterized as the ratio of at least one signal intensity standardized at positions which modify their hybridization behaviour due to the pretreatment, to at least one other signal intensity. Preferably, it is the ratio of unmethylated cytosine bases, whose hybridization behaviour was modified (into the hybridization behaviour of thymine) by bisulfite treatment, to all unmethylated cytosine bases, independent of whether their hybridization behaviour was modified or not, within a defined sequence region. The region to be considered can comprise the length of the total amplificate, or only a part of it, and both the sense sequence or its inversely-complementary sequence can be utilized therefore.

The calculation of standardizing factors, for standardizing signal intensities, as well as the calculation of a conversion rate are based on accurate knowledge of signal intensities. Preferably, such knowledge is as accurate as possible. An electropherogram represents a curve that reflects the number of detected signals per unit of time, which in turn reflects the spatial distance between two bases (as an inherent characteristic of the sequencing method). Therefore, the signal intensity and thus the number of molecules that bear that signal can be calculated by the area under the peak (i.e., under the local maximum of this curve). The considered area is best described by integrating this curve. Such area measurements are determined by the integration limits X_1 and X_2 ; X_1 , lying to the left of the local maximum, and by X_2 , lying to the right of the local maximum. Another basic feature of ESME is that it affords the determination of the actual methylation number f_{MET} , („actual“ as in significantly closer to reality than assuming the conversion rate is, e.g., 95%). Both, the standardized signal intensities as well as the conversion rates f_{con} (obtained by considering said standardized signal intensities) are used for calculation of the actual degree (level) of methylation of a cytosine position in question.

According to a preferred embodiment, the % methylation levels are calculated by ESME, or an equivalent thereof, for all CpG positions representing the genome, and the information is linked to corresponding positions in the latest assembly of the human genome sequence, and be sorted according to tissue and disease state. In preferred embodiments, this information is

made available for further research. In a particularly preferred embodiment, the information is utilized directly to provide specific markers for DNA derived from specific cell or tissue types.

The methylation data, including the quantitative aspects thereof, is easily presented in a user friendly two-dimensional display, allowing for immediate identification of differentiating patterns. For example, the location of a CpG position within the genome is displayed along one axis, whereas the sample type is displayed along the other axis. When grouping the phenotypically distinct sample types side-by-side, methylation differences can be displayed in the field created by the two axes.

An additional aspect of the present invention is a kit for diagnosing a proliferative disease in a subject, comprising reagents for detecting the expression of one or more proliferative disease markers; and reagents for localizing the proliferative disease and/or characterizing the type of proliferative disease by detecting specific cell- and/or tissue-markers based on nucleic acid-analysis. Preferably, the kit further comprising instructions for using said kit for characterizing cancer in said subject, as detailed below. Preferably, said reagents comprise reagents for detecting the presence or absence of DNA methylation in markers, as also detailed below. Further preferred is a kit according to the present invention, wherein the markers are selected from the group consisting of nucleic acid sequences according to any of SEQ ID NO: 1 to SEQ ID NO: 161 or SEQ ID NO: 844 to SEQ ID NO: 2903, and chemically pretreated sequences thereof.

A representative kit may comprise one or more nucleic acid segments as described above that selectively hybridise to marker mRNA and a container for each of the one or more nucleic acid segments. In certain embodiments the nucleic acid segments may be combined in a single tube. In further embodiments, the nucleic acid segments may also include a pair of primers for amplifying the target mRNA. Such kits may also include any buffers, solutions, solvents, enzymes, nucleotides, or other components for hybridisation, amplification or detection reactions. Preferred kit components include reagents for reverse transcription-PCR, in situ hybridisation, Northern analysis and/or RPA.

Said kit may further comprise instructions for carrying out and evaluating the described method. In a further preferred embodiment, said kit may further comprise standard reagents

for performing a CpG position-specific methylation analysis, wherein said analysis comprises one or more of the following techniques: MS-SNuPE, MSP, MethyLight™, HeavyMethyl™, COBRA, and nucleic acid sequencing. However, a kit along the lines of the present invention can also contain only part of the aforementioned components.

Typical reagents (*e.g.*, as might be found in a typical COBRA-based kit) for COBRA analysis may include, but are not limited to: PCR primers for specific gene (or methylation-altered DNA sequence or CpG island); restriction enzyme and appropriate buffer; gene-hybridisation oligo; control hybridisation oligo; kinase labelling kit for oligo probe; and radioactive nucleotides. Additionally, bisulfite conversion reagents may include: DNA denaturation buffer; sulfonation buffer; DNA recovery reagents or kits (*e.g.*, precipitation, ultrafiltration, affinity column); desulfonation buffer; and DNA recovery components.

Typical reagents (*e.g.*, as might be found in a typical MethyLight®-based kit) for MethyLight® analysis may include, but are not limited to: PCR primers for specific gene (or methylation-altered DNA sequence or CpG island); TaqMan® probes; optimised PCR buffers and deoxynucleotides; and Taq polymerase.

Typical reagents (*e.g.*, as might be found in a typical Ms-SNuPE-based kit) for Ms-SNuPE analysis may include, but are not limited to: PCR primers for specific gene (or methylation-altered DNA sequence or CpG island); optimised PCR buffers and deoxynucleotides; gel extraction kit; positive control primers; Ms-SNuPE primers for specific gene; reaction buffer (for the Ms-SNuPE reaction); and radioactive nucleotides. Additionally, bisulfite conversion reagents may include: DNA denaturation buffer; sulfonation buffer; DNA recovery reagents or kit (*e.g.*, precipitation, ultrafiltration, affinity column); desulfonation buffer; and DNA recovery components.

Typical reagents (*e.g.*, as might be found in a typical MSP-based kit) for MSP analysis may include, but are not limited to: methylated and unmethylated PCR primers for specific gene (or methylation-altered DNA sequence or CpG island), optimised PCR buffers and deoxynucleotides, and specific probes.

It should be understood that the features of the invention as disclosed and described herein can be used not only in the respective combination as indicated but also in a singular fashion without departing from the intended scope of the present invention.

The invention will now be described in more detail by reference to the following Sequence listing, and the Examples. The following examples are provided for illustrative purposes only and are not intended to limit the invention.

Table 1: Proliferative disease markers according to the present invention

Gene name	Genomic sequence SEQ ID NO:	Methylated converted sense strand SEQ ID NO:	Methylated converted antisense strand SEQ ID NO:	Unmethylated converted sense strand SEQ ID NO:	Unmethylated converted antisense strand SEQ ID NO:
VIAAT	100	360	361	682	683
HS3ST2	101	362	363	684	685
UCN	102	364	365	686	687
TMEFF2	103	366	367	688	689
Not applicable	104	368	369	690	691
Not applicable	105	370	371	692	693
SIX6	106	372	373	694	695
LIM/HOMEBOX PROTEIN LHX9	107	374	375	696	697
Not applicable	108	376	377	698	699
PROSTAGLANDIN E2 RECEPTOR ORPHAN NUCLEAR	109	378	379	700	701
RECEPTOR NR5A2	110	380	381	702	703
HOMEBOX PROTEIN GSH-2	111	382	383	704	705
HISTONE H4	112	384	385	706	707
Not applicable	113	386	387	708	709
MUC5B	114	388	389	710	711
SASH1	115	390	391	712	713
S100A7	116	392	393	714	715
BCL11B	117	394	395	716	717
Not applicable	118	396	397	718	719
MGC34831	119	398	399	720	721
Not applicable	120	400	401	722	723
Not applicable	121	402	403	724	725
Not applicable	122	404	405	726	727
Not applicable	123	406	407	728	729
PRDM6	124	408	409	730	731
DKK3	125	410	411	732	733
GIRK2	126	412	413	734	735
Not applicable	127	414	415	736	737

Not applicable	128	416	417	738	739
Not applicable	129	418	419	740	741
GS1	130	420	421	742	743
Not applicable	131	422	423	744	745
DDX51	132	424	425	746	747
Not applicable	133	426	427	748	749
Not applicable	134	428	429	750	751
Not applicable	135	430	431	752	753
APC	136	432	433	754	755
CDKN2A	137	434	435	756	757
CD44	138	436	437	758	759
DAPK1	139	438	439	760	761
EYA4	140	440	441	762	763
GSTP1	141	442	443	764	765
MLH1	142	444	445	766	767
PGR	143	446	447	768	769
SERPINB5	144	448	449	770	771
RARB	145	450	451	772	773
SOD2	146	452	453	774	775
TERT	147	454	455	776	777
TGFBR2	148	456	457	778	779
TP73	149	458	459	780	781
NME1	150	460	461	782	783
Not applicable	151	462	463	784	785
ESR1	152	464	465	786	787
CASP8	153	466	467	788	789
FABP3	154	468	469	790	791
RARA	155	470	471	792	793
ESR2	156	472	473	794	795
Not applicable	157	474	475	796	797
SNCG	158	476	477	798	799
SLC19A1	159	478	479	800	801
GJB2	160	480	481	802	803
MCT1	161	482	483	804	805

Table 2: Tissue/cell specific markers according to the present invention

Genomic sequence SEQ ID NO:	Methylated converted sense strand SEQ ID NO:	Methylated converted antisense strand SEQ ID NO:	Unmethylated converted sense strand SEQ ID NO:	Unmethylated converted antisense strand SEQ ID NO:	Gene name		Ensembl ID	Methylation profile
1	162	163	484	485	SLC7A4	solute carrier family 7 (cationic amino acid transporter, y+ system), member 4	ENSG000000099960	Methylated in Melanocytes
2	164	165	486	487	CTA-373H7.4		OTTHUMG000000030780	Methylated in CD4/CD8
3	166	167	488	489	RP1-47A17.8		OTTHUMG000000030878	Unmethylated in fibroblasts
4	168	169	490	491	RP4-539M6.7		OTTHUMG000000030918	Unmethylated in Keratinocytes
5	170	171	492	493	CTA-243E7.3		OTTHUMG000000030167	Methylated in Melanocytes
6	172	173	494	495	OSM	Oncostatin M	ENSG000000099985	Unmethylated in CD4/CD8
7	174	175	496	497	CTA-299D3.6		OTTHUMG000000030140	Unmethylated in Melanocytes
8	176	177	498	499	CTA-941F9.6		OTTHUMG000000030231	Unmethylated in Keratinocytes
9	178	179	500	501	SUSD2		ENSG000000099994	Methylated in CD4/CD8
10	180	181	502	503	CTA-503F6.1		OTTHUMG000000030870	Methylated in CD4/CD8
11	182	183	504	505	PIK4CA	Phosphatidylinositol 4- kinase alpha (EC 2.7.1.67) (PI4-kinase) (PtdIns-4- kinase) (PI4K-alpha).	ENSG000000133511	Methylated in CD4/CD8
12	184	185	506	507	A4GALT	Lactosylceramide 4-alpha- galactosyltransferase (EC 2.4.1.228)	ENSG000000128274	Methylated in CD4/CD8
13	186	187	508	509	Q7Z2M6_HUMAN		ENSG000000188078	Methylated in CD4/CD8
14	188	189	510	511	SS3R	Somatostatin receptor type 3	ENSG000000183473	Methylated in CD4/CD8
15	190	191	512	513	GAR22/GAS2L1	GAS-2 related protein on chromosome 22 (GAR22 protein)	ENSG000000185340	Unmethylated in Melanocytes

16	192	193	514	515	BAIAP2L2	BAI1-associated protein 2-like 2	ENSG00000128298	Methylated in CD4/CD8
17	194	195	516	517	SOX10	SRY (sex determining region Y)-box 10	OTTHUMG00000030073	Unmethylated in Melanocytes
18	196	197	518	519	PARVG	Gamma-parvin.	ENSG00000138964	Unmethylated in CD4/CD8
19	198	199	520	521	CELSR1	cadherin, EGF LAG seven-pass G-type receptor 1	OTTHUMG00000030722	Unmethylated in CD4/CD8
20	200	201	522	523	SMTN	Smoothelin	ENSG00000183963	Unmethylated in fibroblasts
21	202	203	524	525	GRAP2	GRB2-related adaptor protein 2	OTTHUMG00000030700	Unmethylated in Keratinocytes
22	204	205	526	527	NP_073622.2 (	CAP-binding protein complex interacting protein 1 isoform a	ENSG00000186976	Unmethylated in Keratinocytes
23	206	207	528	529	SAM50_HUMAN	SAM50-like protein CGI-51	ENSG00000100347	Unmethylated in Cd4/CD8
24	208	209	530	531	RP3-509119.3		OTTHUMG00000015679	Keratinocytes
26	212	213	534	535				Unmethylated in fibroblasts
27	214	215	536	537	MOG	Myelin-oligodendrocyte glycoprotein precursor.	ENSG00000137345	Unmethylated in Keratinocytes
28	216	217	538	539	RP11-417E7.1		OTTHUMG00000016054	Unmethylated in fibroblasts
29	218	219	540	541	CMAH/ RP11-191A15.4	cytidine monophosphate-N-acetylneuraminic acid hydroxylase (CMP-N-acetylneuraminase monoxygenase)	OTTHUMG00000016099/ OTTHUMG00000014386	Unmethylated in Keratinocytes
30	220	221	542	543	PKHD1	Polycystic kidney and hepatic disease 1 precursor (Fibrocystin) (Polyductin) (Tigmin)	ENSG00000170927	Unmethylated in Keratinocytes
31	222	223	544	545	RP11-411K7.1		OTTHUMG00000014887	Unmethylated in Keratinocytes
32	224	225	546	547	SLC22A1	solute carrier family 22 (organic cation transporter), member 1	OTTHUMG00000015947	Unmethylated in liver

33	226	227	548	549	PLG	Plasminogen precursor (EC 3.4.21.7) [Contains: Angiotatin]	ENSG00000122194	Unmethylated in liver
34	228	229	550	551	RP1-32B1.4		OTTHUMG00000015628	Unmethylated in Keratinocytes
35	230	231	552	553	RP11-203H2.1		OTTHUMG00000014222	Unmethylated in Keratinocytes
36	232	233	554	555	TGM3	Protein-glutamine glutamyltransferase E precursor	ENSG00000125780	Unmethylated in Keratinocytes
37	234	235	556	557	RASSF2	Ras association (RalGDS/AF-6) domain family 2	OTTHUMG000000031790	Unmethylated in fibroblasts
38	236	237	558	559				Unmethylated in fibroblasts
39	238	239	560	561				Methylated in CD4/CD8
40	240	241	562	563				Unmethylated in Keratinocytes
41	242	243	564	565				Unmethylated in CD4/CD8
42	244	245	566	567				Unmethylated in fibroblasts
43	246	247	568	569				Unmethylated in Keratinocytes
44	248	249	570	571				Unmethylated in fibroblasts
45	250	251	572	573				Unmethylated in Keratinocytes
46	252	253	574	575				Unmethylated in Keratinocytes
47	254	255	576	577				Unmethylated in CD4/CD8
48	256	257	578	579				Unmethylated in Keratinocytes
49	258	259	580	581				Unmethylated in fibroblasts
50	260	261	582	583				Unmethylated in fibroblasts
51	262	263	584	585				Unmethylated in heart muscle
52	264	265	586	587				Unmethylated in Melanocytes
53	266	267	588	589				Unmethylated in liver
54	268	269	590	591				Methylated in CD4/CD8

55	270	271	592	593					Unmethylated in skeletal muscle
56	272	273	594	595					Unmethylated in Keratinocytes
57	274	275	596	597	C20orf102		ENSG00000132821		Unmethylated in Keratinocytes
58	276	277	598	599					Unmethylated in fibroblasts
59	278	279	600	601					Methylated in Keratinocytes
60	280	281	602	603					Methylated in CD4/CD8
61	282	283	604	605					Unmethylated in Keratinocytes
62	284	285	606	607					Unmethylated in skeletal muscle
63	286	287	608	609					Unmethylated in Melanocytes
64	288	289	610	611					Unmethylated in fibroblasts
65	290	291	612	613					Unmethylated in skeletal muscle
66	292	293	614	615					Unmethylated in fibroblasts
67	294	295	616	617					Unmethylated in Melanocytes
68	296	297	618	619					Unmethylated in fibroblasts
69	298	299	620	621					Unmethylated in fibroblasts
70	300	301	622	623					Unmethylated in Melanocytes
71	302	303	624	625	SULF2	Extracellular sulfatase Sulf-2 precursor	ENSG00000196562		Unmethylated in fibroblasts
72	304	305	626	627	RP11-290F20.1		OTTHUMG000000032719		Unmethylated in fibroblasts
73	306	307	628	629	C20orf94	chromosome 20 open reading frame 94	OTTHUMG000000031873		Unmethylated in CD4
74	308	309	630	631	C20orf82	chromosome 20 open reading frame 82	OTTHUMG000000031902		Unmethylated in fibroblasts
75	310	311	632	633	PCSK2	proprotein convertase subtilisin/kexin type 2	OTTHUMG000000031941		Unmethylated in fibroblasts

76	312	313	634	635		PCSK2	proprotein convertase subtilisin/kexin type 2	OTTHUMT00000078120	Unmethylated in Melanocytes
77	314	315	636	637		SNX5	sorting nexin 5	OTTHUMG00000031953	Methylated in fibroblasts
78	316	317	638	639		SLC24A3	solute carrier family 24 (sodium/potassium/calcium exchanger), member 3	OTTHUMG00000031993	Unmethylated in skeletal muscle
79	318	319	640	641		SLC24A3	solute carrier family 24 (sodium/potassium/calcium exchanger), member 3	OTTHUMG00000031993	Unmethylated in skeletal muscle
80	320	321	642	643		CT026_HUMAN		ENSG000000089101	Unmethylated in fibroblasts
81	322	323	644	645		CT026_HUMAN		ENSG000000089101	Unmethylated in fibroblasts
82	324	325	646	647		Q9ULE8_HUMAN		ENSG000000188559	Unmethylated in Keratinocytes
83	326	327	648	649		Q9ULE8_HUMAN		ENSG000000188559	Unmethylated in liver
84	328	329	650	651		Q9ULE8_HUMAN		ENSG000000188559	Unmethylated in liver
85	330	331	652	653		Q9ULE8_HUMAN		ENSG000000188559	Unmethylated in Keratinocytes
86	332	333	654	655		Q9ULE8_HUMAN		ENSG000000188559	Unmethylated in Keratinocytes
87	334	335	656	657		PLAGL2	Zinc finger protein PLAGL2 (Pleiomorphic adenoma-like protein 2)	ENSG000000126003	Unmethylated in skeletal muscle
88	336	337	658	659		CT112_HUMAN		ENSG000000197183	Unmethylated in Melanocytes
89	338	339	660	661		PTPRT	protein tyrosine phosphatase, receptor type, T	OTTHUMG00000033040	Unmethylated in Melanocytes
90	340	341	662	663		SDC4	Syndecan 4	ENSG000000124145	Methylated in CD4/CD8
91	342	343	664	665		CDH22	cadherin like 22	OTTHUMG00000033073	Methylated in Keratinocytes
92	344	345	666	667		EYA2	Eyes absent homolog 2	ENSG000000064655	Unmethylated in skeletal muscle
93	346	347	668	669		SULF2	Sulfatase2	ENSG000000196562	Unmethylated in CD4/CD8
94	348	349	670	671		KCNB1	potassium voltage-gated channel, Shab-related subfamily, member 1	OTTHUMG00000033051	Methylated in liver

95	350	351	672	673	BCAS4	Breast carcinoma amplified sequence 4	ENSG00000124243	Methylated in melanocytes
96	352	353	674	675	NFATC2	nuclear factor of activated T-cells,	OTTHUMG00000032747	Unmethylated in CD4/CD8
97	354	355	676	677	NFATC2	nuclear factor of activated T-cells,	OTTHUMG00000032747	Unmethylated in CD4/CD8
98	356	357	678	679	NP_775915.1		ENSG00000176659	Unmethylated in skeletal muscle
99	358	359	680	681	BMP7	bone morphogenetic protein 7	OTTHUMG00000032812	Methylated in liver
844	1256	1257	2080	2081	FLOT1, flotillin 1,	ENSG00000137312	ENSG00000137312	See tables 3 & 4
845	1258	1259	2082	2083	C6orf25, chromosome 6 open reading frame 25,	ENSG00000096148	ENSG00000096148	See tables 3 & 4
846	1260	1261	2084	2085	VARS, valyl-tRNA synthetase,	ENSG00000096171	ENSG00000096171	See tables 3 & 4
847	1262	1263	2086	2087	DPB1	major histocompatibility complex, class II, DP beta 1,	OTTHUMG00000031076	See tables 3 & 4
848	1264	1265	2088	2089	HLA-DRB5, major histocompatibility complex, class II, DR beta 5,	OTTHUMG00000031027	OTTHUMG00000031027	See tables 3 & 4
849	1266	1267	2090	2091	COL11A2, collagen, type XI, alpha 2,	OTTHUMG00000031036	OTTHUMG00000031036	See tables 3 & 4
850	1268	1269	2092	2093	PRAME, Melanoma antigen preferentially expressed in tumors (Preferentially expressed antigen of melanoma) (OPA-interacting protein 4) (OIP4),	ENSG00000185686	ENSG00000185686	See tables 3 & 4
851	1270	1271	2094	2095	ZNRF3 protein (Fragment),	ENSG00000183579, ZNRF3 zinc and ring finger 3 (ZNRF3)	ENSG00000183579	See tables 3 & 4
852	1272	1273	2096	2097	AP000357.2 (Vega gene ID), Pseudogene		OTTHUMG00000030571	See tables 3 & 4

853	1274	1275	2098	2099	AP000357.3 (Vega gene ID), Pseudogene solute carrier family 7 (cationic amino acid transporter, y+ system), member 4, OTTHUMG00000030129,	OTTHUMG00000030574	See tables 3 & 4
854	1276	1277	2100	2101	OTTHUMG00000030129,	OTTHUMG00000030129	See tables 3 & 4
855	1278	1279	2102	2103	Myosin-18B (Myosin XVIIIb), ENSG00000133454, MYO18B	ENSG00000133454	See tables 3 & 4
856	1280	1281	2104	2105	Q6ICL0_HUMAN (Predicted UniProt/TrEMBL ID), hypothetical protein FLJ3257; ENSG00000184004	ENSG00000184004	See tables 3 & 4
857	1282	1283	2106	2107	FBLN1; fibulin 1; ENSG00000077942	ENSG00000077942	See tables 3 & 4
858	1284	1285	2108	2109	CYP2D6; cytochrome P450, family 2, subfamily D, polypeptide 6; ENSG00000100197	ENSG00000100197	See tables 3 & 4
859	1286	1287	2110	2111	AC008132.9 (Vega gene ID); Pseudogene; OTTHUMG00000030688	OTTHUMG00000030688	See tables 3 & 4
860	1288	1289	2112	2113	glycoprotein Ib (platelet), beta polypeptide,	OTTHUMT00000075045	See tables 3 & 4
861	1290	1291	2114	2115	no gene associated		See tables 3 & 4
862	1292	1293	2116	2117	AC006548.8 (Vega gene ID)	OTTHUMG00000030274	See tables 3 & 4
863	1294	1295	2118	2119	OTTHUMG00000030650, AC005399.2, putative processed transcribed	OTTHUMG00000030650	See tables 3 & 4
864	1296	1297	2120	2121	topoisomerase (DNA) III beta, OTTHUMG00000030764, TOP3B (	OTTHUMG00000030764	See tables 3 & 4
865	1298	1299	2122	2123	no gene associated		See tables 3 & 4
866	1300	1301	2124	2125	KB-1269D1.3 (Vega gene ID); Pseudogene; OTTHUMG00000030694	OTTHUMG00000030694	See tables 3 & 4

867	1302	1303	2126	2127	GPR24; G protein-coupled receptor 24; ENSG00000128285	ENSG00000128285	See tables 3 & 4
868	1304	1305	2128	2129	GAL3ST1; galactose-3-O-sulfotransferase 1; ENSG00000128242	ENSG00000128242	See tables 3 & 4
869	1306	1307	2130	2131	Cat eye syndrome critical region protein 5 precursor,	ENSG00000069998	See tables 3 & 4
870	1308	1309	2132	2133	HORMAD2; HORMA domain containing 2; ENSG00000176635	ENSG00000176635	See tables 3 & 4
871	1310	1311	2134	2135	OTTHUMG00000030922, RP3-438O4.2	OTTHUMG00000030922	See tables 3 & 4
872	1312	1313	2136	2137	NP_997357.1 (RefSeq peptide ID); ENSG00000169668	ENSG00000169668	See tables 3 & 4
873	1314	1315	2138	2139	OTTHUMG00000030574, AP000357.3, novel pseudogene	OTTHUMG00000030574	See tables 3 & 4
874	1316	1317	2140	2141	LA16c-4G1.2 (Vega gene ID); Pseudogene; OTTHUMG00000030832	OTTHUMG00000030832	See tables 3 & 4
875	1318	1319	2142	2143	KB-226F1.11 (Vega gene ID), embryonic marker, OTTHUMG00000030123	OTTHUMG00000030123	See tables 3 & 4
876	1320	1321	2144	2145	OTTHUMG00000030780, CTA-373H7.4, novel pseudogene	OTTHUMG00000030780	See tables 3 & 4
877	1322	1323	2146	2147	RP1-47A17.8 (Vega gene ID); OTTHUMG00000030878	OTTHUMG00000030878	See tables 3 & 4
878	1324	1325	2148	2149	RP4-539M6.7 (Vega gene ID); Pseudogene; OTTHUMG00000030918	OTTHUMG00000030918	See tables 3 & 4
879	1326	1327	2150	2151	CSDC2; cold shock domain containing C2, RNA binding; ENSG00000172346	ENSG00000172346	See tables 3 & 4
880	1328	1329	2152	2153	Gamma-parvin, PARVG	ENSG00000138964	See tables 3 & 4
881	1330	1331	2154	2155	OTTHUMG00000030167, CTA-243E7.3	OTTHUMG00000030167	See tables 3 & 4

882	1332	1333	2156	2157	Oncostatin M precursor (OSM), ENSG00000099985, OSM	ENSG00000099985	See tables 3 & 4
883	1334	1335	2158	2159	Oncostatin M precursor (OSM), ENSG00000099985, OSM	ENSG00000099985	See tables 3 & 4
884	1336	1337	2160	2161	Myosin-18B (Myosin XVIIIb), MYO18B	ENSG00000133454	See tables 3 & 4
885	1338	1339	2162	2163	Q6ICL0_HUMAN (Predicted UniProt/TrEMBL ID), hypothetical protein FLJ3257; ENSG00000184004	ENSG00000184004	See tables 3 & 4
886	1340	1341	2164	2165	OTTHUMG00000030140, CTA-299D3.6	OTTHUMG00000030140	See tables 3 & 4
887	1342	1343	2166	2167	GALR3; galanin receptor 3; ENSG00000128310	ENSG00000128310	See tables 3 & 4
888	1344	1345	2168	2169	GALR3; galanin receptor 3; ENSG00000128310	ENSG00000128310	See tables 3 & 4
889	1346	1347	2170	2171	IL2RB; interleukin 2 receptor, beta; ENSG00000100385	ENSG00000100385	See tables 3 & 4
890	1348	1349	2172	2173	CTA-343C1.3 (Vega gene ID); Putative Processed transcript; OTTHUMG00000030151	OTTHUMG00000030151	See tables 3 & 4
891	1350	1351	2174	2175	CTA-941F9.6 (Vega gene ID)	OTTHUMG00000030231	See tables 3 & 4
892	1352	1353	2176	2177	CTA-941F9.6 (Vega gene ID)	OTTHUMG00000030231	See tables 3 & 4
893	1354	1355	2178	2179	LL22NC03-121E8.1 (Vega gene ID); Novel Protein coding; OTTHUMG00000030676	OTTHUMG00000030676	See tables 3 & 4
894	1356	1357	2180	2181	Cytohesin-4, ENSG00000100055, PSCD4	ENSG00000100055	See tables 3 & 4
895	1358	1359	2182	2183	RP4-754E20_A.4 (Vega gene ID); Putative Processed transcript; OTTHUMG00000030716	OTTHUMG00000030716	See tables 3 & 4

896	1360	1361	2184	2185		PIB5PA; phosphatidylinositol (4,5) biphosphate 5-phosphatase, A; ENSG00000185133	ENSG00000185133	See tables 3 & 4
897	1362	1363	2186	2187		no gene associated		See tables 3 & 4
898	1364	1365	2188	2189		PLA2G3; ENSG00000100078; phospholipase A2, group III	ENSG00000100078	See tables 3 & 4
899	1366	1367	2190	2191		PLA2G3; ENSG00000100078; phospholipase A2, group III	ENSG00000100078	See tables 3 & 4
900	1368	1369	2192	2193		DGCR2; DiGeorge syndrome critical region gene 2; ENSG00000070413	ENSG00000070413	See tables 3 & 4
901	1370	1371	2194	2195		TCN2; transcobalamin II; macrocytic anemia; ENSG00000185339	ENSG00000185339	See tables 3 & 4
902	1372	1373	2196	2197		IGLL1; immunoglobulin lambda-like polypeptide 1; ENSG00000128322	ENSG00000128322	See tables 3 & 4
903	1374	1375	2198	2199		RP1-29C18.7 (Vega gene ID); Novel Processed transcript; OTTHUMG00000030424	OTTHUMG00000030424	See tables 3 & 4
904	1376	1377	2200	2201		IGLC1; immunoglobulin lambda constant 1 (Mcg marker); ENSG00000100208	ENSG00000100208	See tables 3 & 4
905	1378	1379	2202	2203		APOBEC3B; apolipoprotein B mRNA editing enzyme, catalytic polypeptide-like 3B; ENSG00000179750	ENSG00000179750	See tables 3 & 4
906	1380	1381	2204	2205		CRYBB1; crystallin, beta B1; ENSG00000100122	ENSG00000100122	See tables 3 & 4
907	1382	1383	2206	2207		CRYBA4; crystallin, beta A4; ENSG00000196431	ENSG00000196431	See tables 3 & 4
908	1384	1385	2208	2209		sushi domain containing 2, SUSD2	ENSG00000099994	See tables 3 & 4
909	1386	1387	2210	2211		sushi domain containing 2, SUSD2	ENSG00000099994	See tables 3 & 4

910	1388	1389	2212	2213	OTTHUMG00000030870, Putative Processed transcript, CTA-503F6.1	OTTHUMG00000030870	See tables 3 & 4
911	1390	1391	2214	2215	OTTHUMG00000030800, KB-1323B2.3	OTTHUMG00000030800	See tables 3 & 4
912	1392	1393	2216	2217	no gene associated		See tables 3 & 4
913	1394	1395	2218	2219	IGLV1-44; immunoglobulin lambda variable 1-44; ENSG00000186751	ENSG00000186751	See tables 3 & 4
914	1396	1397	2220	2221	IGLV1-44; immunoglobulin lambda variable 1-44; ENSG00000186751	ENSG00000186751	See tables 3 & 4
915	1398	1399	2222	2223	OTTHUMG00000030922, RP3-438O4.2	OTTHUMG00000030922	See tables 3 & 4
916	1400	1401	2224	2225	OTTHUMG00000030922, RP3-438O4.2	OTTHUMG00000030922	See tables 3 & 4
917	1402	1403	2226	2227	APOL4; apolipoprotein L, 4; ENSG00000100336	ENSG00000100336	See tables 3 & 4
918	1404	1405	2228	2229	OTTHUMG00000030852, RP4-756G23.1, novel processed transcript	OTTHUMG00000030852	See tables 3 & 4
919	1406	1407	2230	2231	ENSG00000100399, Neutrophil cytosol factor 4 (NCF-4)	ENSG00000100399	See tables 3 & 4
920	1408	1409	2232	2233	(Neutrophil NADPH oxidase factor 4) (p40-phox) (p40phox)., ENSG00000100365, NCF4	ENSG00000100365	See tables 3 & 4
921	1410	1411	2234	2235	Neutrophil cytosol factor 4 (NCF-4) (Neutrophil NADPH oxidase factor 4) (p40-phox) (p40phox)., ENSG00000100365, NCF4	ENSG00000100365	See tables 3 & 4
922	1412	1413	2236	2237	Somatostatin receptor type 3 (SS3R) (SSR-28), D	ENSG00000183473	See tables 3 & 4
923	1414	1415	2238	2239	Somatostatin receptor type 3 (SS3R) (SSR-28), D; SSTR3	ENSG00000183473	See tables 3 & 4

924	1416	1417	2240	2241	Bcl-2 interacting killer (Apoptosis inducer NBK) (BP4) (BIP1), BIK	ENSG00000100290	See tables 3 & 4
925	1418	1419	2242	2243	GAS2-like protein 1 (Growth arrest-specific 2-like 1) (GAS2-related protein on chromosome 22) (GAR22 protein), GAS2L1	ENSG00000185340	See tables 3 & 4
926	1420	1421	2244	2245	RP3-355C18.2 (Vega gene ID)	OTTHUMG00000030072	See tables 3 & 4
927	1422	1423	2246	2247	SOX10; SRY (sex determining region Y)-box 10; ENSG00000100146	ENSG00000100146	See tables 3 & 4
928	1424	1425	2248	2249	Gamma-parvin ENSG00000138964	ENSG00000138964	See tables 3 & 4
929	1426	1427	2250	2251	Caspase recruitment domain protein 10 (CARD-containing MAGUK protein 3) (Carma 3); ENSG00000100065, CARD10	ENSG00000100065	See tables 3 & 4
930	1428	1429	2252	2253	ENSG00000100101, NP_077289.1	ENSG00000100101	See tables 3 & 4
931	1430	1431	2254	2255	HTF9C; HpaII tiny fragments locus 9C; ENSG000000099899	ENSG000000099899	See tables 3 & 4
932	1432	1433	2256	2257	Oncostatin M precursor (OSM), ENSG00000009985, OSM	ENSG00000009985	See tables 3 & 4
933	1434	1435	2258	2259	CTA-407F11.4 (Vega gene ID); Novel Processed transcript; OTTHUMG00000030804	OTTHUMG00000030804	See tables 3 & 4
934	1436	1437	2260	2261	Q6ICL0_HUMAN (Predicted UniProt/TrEMBL ID), hypothetical protein FLJ3257; ENSG00000184004	ENSG00000184004	See tables 3 & 4
935	1438	1439	2262	2263	CTA-989H11.2 (Vega gene ID); Putative Processed transcript; OTTHUMG00000030141	OTTHUMG00000030141	See tables 3 & 4
936	1440	1441	2264	2265	transmembrane protease, serine 6	ENSG00000187045	See tables 3 & 4
937	1442	1443	2266	2267	HMG2L1; high-mobility group protein 2-like 1; ENSG00000100281	ENSG00000100281	See tables 3 & 4

938	1444	1445	2268	2269	NP_001017964.1 (RefSeq peptide ID); hypothetical protein LOC150223; ENSG00000161179	ENSG00000161179	See tables 3 & 4
939	1446	1447	2270	2271	Platelet-derived growth factor B chain precursor (PDGF B-chain,	ENSG00000100311	See tables 3 & 4
940	1448	1449	2272	2273	OTTHUMG00000030815, MGAT3; mannosyl (beta-1,4-)-glycoprotein beta-1,4-N-acetylglucosaminyltransferase; ENSG00000128268	OTTHUMG00000030815	See tables 3 & 4
941	1450	1451	2274	2275	Ceramide kinase (EC 2.7.1.138) (Acylsphingosine kinase) (hCERK) (Lipid kinase 4) (LK4), ENSG00000100422, CERK	ENSG00000128268	See tables 3 & 4
942	1452	1453	2276	2277		ENSG00000100422	See tables 3 & 4
943	1454	1455	2278	2279	Reticulon 4 receptor precursor (Nogo receptor) (NgR) (Nogo-66 receptor), RTN4R	ENSG00000040608	See tables 3 & 4
944	1456	1457	2280	2281	UNC84B; unc-84 homolog B (C. Elegans); ENSG00000100242	ENSG00000100242	See tables 3 & 4
945	1458	1459	2282	2283	RABL4; RAB, member of RAS oncogene family-like 4; ENSG00000100360	ENSG00000100360	See tables 3 & 4
946	1460	1461	2284	2285	Cadherin EGF LAG seven-pass G-type receptor 1 precursor (Flamingo homolog 2) (hFmi2), CELSR1	ENSG00000075275	See tables 3 & 4
947	1462	1463	2286	2287	OTTHUMG00000030326, LL22NC03- 5H6.1	OTTHUMG00000030326	See tables 3 & 4
948	1464	1465	2288	2289	OTTHUMG00000030656, RP3-515N1.6	OTTHUMG00000030656	See tables 3 & 4
949	1466	1467	2290	2291	SMTN; smoothenin ; ENSG00000183963 ZNR3 protein (Fragment), ENSG00000183579, ZNR3 zinc and ring finger 3 (ZNR3)	ENSG00000183963	See tables 3 & 4
950	1468	1469	2292	2293		ENSG00000183579	See tables 3 & 4
951	1470	1471	2294	2295	OTTHUMG00000030700, GRB2-related adaptor protein 2, GRAP2	OTTHUMG00000030700	See tables 3 & 4

952	1472	1473	2296	2297	CAP-binding protein complex interacting protein 1 isoform a Source: RefSeq_peptide NP_073622	ENSG00000186976	See tables 3 & 4
953	1474	1475	2298	2299	SAM50_HUMAN (UniProt/Swiss-Prot ID), ENSG00000100347, SAM50-like protein CGI-51; sorting and assembly machinery component 50 homolog (S. Cerevisiae)	ENSG00000100347	See tables 3 & 4
954	1476	1477	2300	2301	SULT4A1; sulfotransferase family 4A, member 1; ENSG00000130540	ENSG00000130540	See tables 3 & 4
955	1478	1479	2302	2303	TIMP3; TIMP metalloproteinase inhibitor 3 (Sorsby fundus dystrophy, pseudoinflammatory); ENSG00000100234	ENSG00000100234	See tables 3 & 4
956	1480	1481	2304	2305	T-box transcription factor TBX1 (T-box protein 1) (Testis-specific T-box protein);	ENSG00000184058	See tables 3 & 4
957	1482	1483	2306	2307	MPPE1, metallophosphoesterase domain containing 1	ENSG00000186732	See tables 3 & 4
958	1484	1485	2308	2309	ENSG00000188511, NP_942148.1 novel Gene hypothetical protein LOC348645	ENSG00000188511	See tables 3 & 4
959	1486	1487	2310	2311	Cdc42 effector protein 1,	ENSG00000128283	See tables 3 & 4
960	1488	1489	2312	2313	RPL3; ribosomal protein L3; ENSG00000100316	ENSG00000100316	See tables 3 & 4
961	1490	1491	2314	2315	APOL2; apolipoprotein L, 2; ENSG00000128335	ENSG00000128335	See tables 3 & 4
962	1492	1493	2316	2317	RAC2; ras-related C3 botulinum toxin substrate 2 (rho family, small GTP binding protein Rac2); ENSG00000128340	ENSG00000128340	See tables 3 & 4
963	1494	1495	2318	2319	OTTHUMP00000028917, Q96E60 Neutrophil cytosol factor 4 (NCF-4)	ENSG00000100399	See tables 3 & 4
964	1496	1497	2320	2321	(Neutrophil NADPH oxidase factor 4) (p40-phox) (p40phox)., ENSG00000100365, NCF4	ENSG00000100365	See tables 3 & 4

965	1498	1499	2322	2323	XP_371837.1 (RefSeq peptide predicted ID); PREDICTED: similar to oxidoreductase UCPA Source: RefSeq_peptide_predicted XP_371837; ENSG00000168768	ENSG000000168768	See tables 3 & 4
966	1500	1501	2324	2325	triggering receptor expressed on myeloid cells-like 2, ENSG00000112195, TREML2	ENSG000000112195	See tables 3 & 4
967	1502	1503	2326	2327	TREML1; triggering receptor expressed on myeloid cells-like 1; ENSG00000161911	ENSG000000161911	See tables 3 & 4
968	1504	1505	2328	2329	ENSG00000178199, Q6ZRW2_HUMAN; zinc finger CCH-type containing 12D	ENSG000000178199	See tables 3 & 4
969	1506	1507	2330	2331	AIM1; absent in melanoma1; ENSG000000112297	ENSG000000112297	See tables 3 & 4
970	1508	1509	2332	2333	NKG2D ligand 4 precursor (NKG2D ligand 4) (NKG2DL4) (N2DL-4) (Retinoic acid early transcript 1E) (Lymphocyte effector toxicity activation ligand) (RAE-1-like transcript 4) (RL-4),	ENSG000000164520	See tables 3 & 4
971	1510	1511	2334	2335	Disheveled associated activator of morphogenesis 2, ENSG00000146122, DAAM2	ENSG000000146122	See tables 3 & 4
972	1512	1513	2336	2337	RP11-535K1.1 (Vega gene ID); Putative Processed transcript; OTTHUMG00000014660	OTTHUMG00000014660	See tables 3 & 4
973	1514	1515	2338	2339	OTTHUMG00000015679; Novel Protein coding; RP3-509119.3	OTTHUMG00000015679	See tables 3 & 4
974	1516	1517	2340	2341	RP11-503C24.1 (Vega gene ID); Putative Processed transcript; OTTHUMG00000016040	OTTHUMG00000016040	See tables 3 & 4
975	1518	1519	2342	2343	GABRR2; gamma-aminobutyric acid (GABA) receptor, rho 2; ENSG00000111886	ENSG000000111886	See tables 3 & 4
976	1520	1521	2344	2345	ANKRD6; ankyrin repeat domain 6; ENSG00000135299	ENSG000000135299	See tables 3 & 4
977	1522	1523	2346	2347	TXLNB; taxilin beta; ENSG00000164440	ENSG000000164440	See tables 3 & 4

978	1524	1525	2348	2349	TXLNB; taxilin beta; ENSG00000164440	ENSG00000164440	See tables 3 & 4
979	1526	1527	2350	2351	RP5-899B16.2 (Vega gene ID); Putative Processed transcript; OTTHUMG00000015698	OTTHUMG00000015698	See tables 3 & 4
980	1528	1529	2352	2353	Probable G-protein coupled receptor 116 precursor; RP11-146I2.1 (Vega gene ID); Novel Processed transcript; OTTHUMG00000014290	ENSG000000069122	See tables 3 & 4
981	1530	1531	2354	2355	OTTHUMG00000014290	OTTHUMG00000014290	See tables 3 & 4
982	1532	1533	2356	2357	GPR115; G protein-coupled receptor 115; ENSG00000153294	ENSG00000153294	See tables 3 & 4
983	1534	1535	2358	2359	GPR126; G protein-coupled receptor 126; ENSG00000112414 embryonic marker	ENSG00000112414	See tables 3 & 4
984	1536	1537	2360	2361	RP1-60O19.1 (Vega gene ID); Known Processed transcript; OTTHUMG00000015305	OTTHUMG00000015305	See tables 3 & 4
985	1538	1539	2362	2363	new gene!!!, OTTHUMG00000015313, RP1-47M23.1 SCML4 sex comb on midleg-like 4 (Drosophila) [Homo sapiens]	OTTHUMG00000015313	See tables 3 & 4
986	1540	1541	2364	2365	OTTHUMG000006004170, TPX1 testis specific protein 1 (probe H4-1 p3-1)	OTTHUMG00000014822	See tables 3 & 4
987	1542	1543	2366	2367	OTTHUMG00000014829,	OTTHUMG00000014829	See tables 3 & 4
988	1544	1545	2368	2369	OTTHUMG00000015337RP11-487F23.3 hypothetical LOC389422	OTTHUMG00000015337	See tables 3 & 4
989	1546	1547	2370	2371	Nesprin-1 (Nuclear envelope spectrin repeat protein 1) (Synaptic nuclear envelope protein 1) (Syne-1) (Myocyte nuclear envelope protein 1) (Myne-1) (Enapin), ENSG00000131018, SYNE1	ENSG00000131018	See tables 3 & 4
990	1548	1549	2372	2373	Nesprin-1 (Nuclear envelope spectrin repeat protein 1) (Synaptic nuclear envelope protein 1) (Syne-1) (Myocyte nuclear envelope protein 1) (Myne-1) (Enapin),	ENSG00000131018	See tables 3 & 4

						ENSG00000131018, SYNE1				
991	1550	1551	2374	2375		RP11-398K22.4 (Vega gene ID); Putative Processed transcript; OTTHUMG00000015024	OTTHUMG00000015024		See tables 3 & 4	
992	1552	1553	2376	2377		MyoD family inhibitor (Myogenic repressor I-mf), MDF1	ENSG00000112559		See tables 3 & 4	
993	1554	1555	2378	2379		OTTHUMG00000014691, putative processed transcript, RP11-533O20.2	OTTHUMG00000014691		See tables 3 & 4	
994	1556	1557	2380	2381		RP3-398D13.4 (Vega gene ID); OTTHUMG00000014188	OTTHUMG00000014188		See tables 3 & 4	
995	1558	1559	2382	2383		RP3-429O6.1 (Vega gene ID); Putative Processed transcript; OTTHUMG00000014195	OTTHUMG00000014195		See tables 3 & 4	
996	1560	1561	2384	2385		MOG; myelin oligodendrocyte glycoprotein; ENSG00000137345	ENSG00000137345		See tables 3 & 4	
997	1562	1563	2386	2387		RP3-495K2.2 (Vega gene ID); Putative Processed transcript; OTTHUMG00000016052	OTTHUMG00000016052		See tables 3 & 4	
998	1564	1565	2388	2389		RP11-417E7.1 (Vega gene ID); Putative Processed transcript; OTTHUMG00000016054	OTTHUMG00000016054		See tables 3 & 4	
999	1566	1567	2390	2391		tyrosine-protein kinase-like 7 precursor (Colon carcinoma kinase 4) (CCK-4)., ENSG00000112655, PTK7	ENSG00000112655		See tables 3 & 4	
1000	1568	1569	2392	2393		RP11-174C7.4 (Vega gene ID)	OTTHUMG00000015553		See tables 3 & 4	
1001	1570	1571	2394	2395		cytidine monophosphate-N-acetylneuraminic acid hydroxylase (CMP-N-acetylneuraminic monooxygenase); CMAH	OTTHUMG00000016099		See tables 3 & 4	
1002	1572	1573	2396	2397		PKHD1; polycystic kidney and hepatic disease 1 (autosomal recessive); ENSG00000170927	ENSG00000170927		See tables 3 & 4	
1003	1574	1575	2398	2399		RP3-471C18.2 (Vega gene ID); Novel Processed transcript;	OTTHUMG00000014332		See tables 3 & 4	

							OTTHUMG00000014332				
1004	1576	1577	2400	2401			RP11-204E9.1 (Vega gene ID); Putative Processed transcript; OTTHUMG00000014342	OTTHUMG00000014342		See tables 3 & 4	
1005	1578	1579	2402	2403			glutathione peroxidase 5, OTTHUMG00000016307, GPX5	OTTHUMG00000016307		See tables 3 & 4	
1006	1580	1581	2404	2405			RP11-411K7.1 (Vega gene ID); Putative Processed transcript; OTTHUMG00000014887	OTTHUMG00000014887		See tables 3 & 4	
1007	1582	1583	2406	2407			skin marker, Glutamate receptor, ionotropic kainate 2 precursor (Glutamate receptor 6) (GluR-6) (GluR6) (Excitatory amino acid receptor 4) (EAA4)	ENSG000000164418		See tables 3 & 4	
1008	1584	1585	2408	2409			C6orf142; chromosome 6 open reading frame 142; ENSG000000146147	ENSG000000146147		See tables 3 & 4	
1009	1586	1587	2410	2411			HDGFL1; hepatoma derived growth factor-like 1; ENSG000000112273	ENSG000000112273		See tables 3 & 4	
1010	1588	1589	2412	2413			forkhead box C1, OTTHUMG00000016182, FOXC1	OTTHUMG00000016182		See tables 3 & 4	
1011	1590	1591	2414	2415			C6orf188; chromosome 6 open reading frame 188; ENSG000000178033	ENSG000000178033		See tables 3 & 4	
1012	1592	1593	2416	2417			ME1; malic enzyme 1, NADP(+)-dependent, cytosolic; ENSG000000065833	ENSG000000065833		See tables 3 & 4	
1013	1594	1595	2418	2419			SLC22A1; solute carrier family 22 (organic cation transporter), member 1	ENSG000000175003		See tables 3 & 4	
1014	1596	1597	2420	2421			RP11-235G24.1 (Vega gene ID)	OTTHUMG000000015959		See tables 3 & 4	
1015	1598	1599	2422	2423			T-box 18; TBX18	ENSG000000112837		See tables 3 & 4	
1016	1600	1601	2424	2425			CTA-31J9.2, putative processed transcript, OTTHUMG000000015619	OTTHUMG000000015619		See tables 3 & 4	

1017	1602	1603	2426	2427	RP1-32B1.4 (Vega gene ID); Putative Processed transcript OTTHUMG00000015628	OTTHUMG00000015628	See tables 3 & 4
1018	1604	1605	2428	2429	OTTHUMG00000014223, RP11-203H2.2, novel processed transcript	OTTHUMG00000014223	See tables 3 & 4
1019	1606	1607	2430	2431	OTTHUMG00000014737, C6orf154 and Name: chromosome 6 open reading frame 154 ; RP3-337H4.2	OTTHUMG00000014737	See tables 3 & 4
1020	1608	1609	2432	2433	transcription factor AP-2 alpha, OTTHUMG00000014235, TFAP2A	OTTHUMG00000014235	See tables 3 & 4
1021	1610	1611	2434	2435	IL20RA; interleukin 20 receptor, alpha; ENSG00000016402	ENSG00000016402	See tables 3 & 4
1022	1612	1613	2436	2437	KAAG1; kidney associated antigen 1; ENSG00000146049	ENSG00000146049	See tables 3 & 4
1023	1614	1615	2438	2439	TGM3; transglutaminase 3 (E polypeptide, protein-glutamine-gamma- glutamyltransferase); ENSG00000125780	ENSG00000125780	See tables 3 & 4
1024	1616	1617	2440	2441	RASSF2; Ras association (RalGDS/AF-6) domain family 2; ENSG00000101265	ENSG00000101265	See tables 3 & 4
1025	1618	1619	2442	2443	no gene associated		See tables 3 & 4
1026	1620	1621	2444	2445	no gene associated		See tables 3 & 4
1027	1622	1623	2446	2447	no gene associated		See tables 3 & 4
1028	1624	1625	2448	2449	no gene associated		See tables 3 & 4
1029	1626	1627	2450	2451	no gene associated		See tables 3 & 4
1030	1628	1629	2452	2453	no gene associated		See tables 3 & 4

1031	1630	1631	2454	2455	no gene associated			See tables 3 & 4
1032	1632	1633	2456	2457	no gene associated			See tables 3 & 4
1033	1634	1635	2458	2459	no gene associated			See tables 3 & 4
1034	1636	1637	2460	2461	no gene associated			See tables 3 & 4
1035	1638	1639	2462	2463	no gene associated			See tables 3 & 4
1036	1640	1641	2464	2465	RP4-697P8.2 (Vega gene ID); Putative Processed transcript; OTTHUMG000000031879	OTTHUMG000000031879		See tables 3 & 4
1037	1642	1643	2466	2467	no gene associated			See tables 3 & 4
1038	1644	1645	2468	2469	OTTHUMG000000031883,	OTTHUMG000000031883		See tables 3 & 4
1039	1646	1647	2470	2471	no gene associated			See tables 3 & 4
1040	1648	1649	2472	2473	no gene associated			See tables 3 & 4
1041	1650	1651	2474	2475	no gene associated			See tables 3 & 4
1042	1652	1653	2476	2477	no gene associated			See tables 3 & 4
1043	1654	1655	2478	2479	no gene associated			See tables 3 & 4
1044	1656	1657	2480	2481	Ras and Rab interactor 2,	OTTHUMG000000031996		See tables 3 & 4
1045	1658	1659	2482	2483	no gene associated			See tables 3 & 4

1046	1660	1661	2484	2485	no gene associated			See tables 3 & 4
1047	1662	1663	2486	2487	no gene associated			See tables 3 & 4
1048	1664	1665	2488	2489	no gene associated			See tables 3 & 4
1049	1666	1667	2490	2491	no gene associated			See tables 3 & 4
1050	1668	1669	2492	2493	no gene associated			See tables 3 & 4
1051	1670	1671	2494	2495	no gene associated			See tables 3 & 4
1052	1672	1673	2496	2497	no gene associated			See tables 3 & 4
1053	1674	1675	2498	2499	no gene associated			See tables 3 & 4
1054	1676	1677	2500	2501	no gene associated			See tables 3 & 4
1055	1678	1679	2502	2503	C20orf12; chromosome 20 open reading frame 112; OTTHUMG000000032219	OTTHUMG000000032219		See tables 3 & 4
1056	1680	1681	2504	2505	FER1L4; fer-1-like 4 (C. Elegans); OTTHUMG000000032354	OTTHUMG000000032354		See tables 3 & 4
1057	1682	1683	2506	2507	no gene associated			See tables 3 & 4
1058	1684	1685	2508	2509	no gene associated			See tables 3 & 4
1059	1686	1687	2510	2511	Protein C20orf102 precursor, ENSG00000132821, CT102_HUMAN			See tables 3 & 4
1060	1688	1689	2512	2513	no gene associated			See tables 3 & 4

1061	1690	1691	2514	2515	no gene associated			See tables 3 & 4
1062	1692	1693	2516	2517	no gene associated			See tables 3 & 4
1063	1694	1695	2518	2519	no gene associated			See tables 3 & 4
1064	1696	1697	2520	2521	no gene associated – Nearest transcript CDH22 (~18 kb upstream)			See tables 3 & 4
1065	1698	1699	2522	2523	no gene associated			See tables 3 & 4
1066	1700	1701	2524	2525	no gene associated			See tables 3 & 4
1067	1702	1703	2526	2527	no gene associated			See tables 3 & 4
1068	1704	1705	2528	2529	no gene associated			See tables 3 & 4
1069	1706	1707	2530	2531	no gene associated			See tables 3 & 4
1070	1708	1709	2532	2533	no gene associated			See tables 3 & 4
1071	1710	1711	2534	2535	no gene associated			See tables 3 & 4
1072	1712	1713	2536	2537	ZHX3; zinc fingers and homeoboxes 3; OTTHUMG00000032481	OTTHUMG00000032481		See tables 3 & 4
1073	1714	1715	2538	2539	no gene associated			See tables 3 & 4
1074	1716	1717	2540	2541	CHD6; chromodomain helicase DNA binding protein 6; ENSG00000124177	ENSG00000124177		See tables 3 & 4
1075	1718	1719	2542	2543	no gene associated			See tables 3 & 4

1076	1720	1721	2544	2545	PTPRG; protein tyrosine phosphatase, receptor type, G; ENSG00000144724	ENSG00000144724	See tables 3 & 4
1077	1722	1723	2546	2547	no gene associated		See tables 3 & 4
1078	1724	1725	2548	2549	no gene associated		See tables 3 & 4
1079	1726	1727	2550	2551	no gene associated		See tables 3 & 4
1080	1728	1729	2552	2553	PTPNS1; protein tyrosine phosphatase, non-receptor type substrate 1; ENSG00000198053	ENSG00000198053	See tables 3 & 4
1081	1730	1731	2554	2555	Q7Z5T1_HUMAN (Predicted UniProt/TrEMBL ID); KIAA1442 protein; ENSG00000088881	ENSG00000088881	See tables 3 & 4
1082	1732	1733	2556	2557	NP_689717.2 (RefSeq peptide ID); ENSG00000171984	ENSG00000171984	See tables 3 & 4
1083	1734	1735	2558	2559	ENSG00000149346, NP_001009608.1, hypothetical protein LOC128710, chromosome 20 open reading frame 94	ENSG00000149346	See tables 3 & 4
1084	1736	1737	2560	2561	C20orf82; chromosome 20 open reading frame 82; ENSG00000101230	ENSG00000101230	See tables 3 & 4
1085	1738	1739	2562	2563	C20orf23; chromosome 20 open reading frame 23; ENSG00000089177; embryonic marker	ENSG00000089177	See tables 3 & 4
1086	1740	1741	2564	2565	PCSK2; proprotein convertase subtilisin/kexin type 2; ENSG00000125851	ENSG00000125851	See tables 3 & 4
1087	1742	1743	2566	2567	PCSK2; proprotein convertase subtilisin/kexin type 2; ENSG00000125851	ENSG00000125851	See tables 3 & 4
1088	1744	1745	2568	2569	solute carrier family 24 (sodium/potassium/calcium exchanger), member 3, OTTHUMG000000031993, SLC24A3	OTTHUMG000000031993	See tables 3 & 4
1089	1746	1747	2570	2571	solute carrier family 24 (sodium/potassium/calcium exchanger),	OTTHUMG000000031993	See tables 3 & 4

							member 3, OTTHUMG000000031993, SLC24A3				
1090	1748	1749	2572	2573			ENSG000000089101, CT026_HUMAN	ENSG000000089101		See tables 3 & 4	
1091	1750	1751	2574	2575			ENSG000000089101, CT026_HUMAN	ENSG000000089101		See tables 3 & 4	
1092	1752	1753	2576	2577			C20orf74 protein, ENSG00000188559, Q9ULE8_HUMAN	ENSG00000188559		See tables 3 & 4	
1093	1754	1755	2578	2579			C20orf74 protein, ENSG00000188559, Q9ULE8_HUMAN	ENSG00000188559		See tables 3 & 4	
1094	1756	1757	2580	2581			C20orf74 protein, ENSG00000188559, Q9ULE8_HUMAN	ENSG00000188559		See tables 3 & 4	
1095	1758	1759	2582	2583			PLAGL2; pleiomorphic adenoma gene-like 2; ENSG00000126003	ENSG00000126003		See tables 3 & 4	
1096	1760	1761	2584	2585			GGTL3; gamma-glutamyltransferase-like 3; ENSG00000131067	ENSG00000131067		See tables 3 & 4	
1097	1762	1763	2586	2587			MYH7B; myosin, heavy polypeptide 7B, cardiac muscle, beta; ENSG00000078814	ENSG00000078814		See tables 3 & 4	
1098	1764	1765	2588	2589			TRPC4AP; transient receptor potential cation channel, subfamily C, member 4 associated protein; ENSG00000100991	ENSG00000100991		See tables 3 & 4	
1099	1766	1767	2590	2591			EPB41L1; erythrocyte membrane protein band 4.1-like 1; ENSG000000088367	ENSG000000088367		See tables 3 & 4	
1100	1768	1769	2592	2593			C20orf117; chromosome 20 open reading frame 117; OTTHUMG00000032395	OTTHUMG00000032395		See tables 3 & 4	
1101	1770	1771	2594	2595			PTPRT; protein tyrosine phosphatase, receptor type, T; ENSG00000196090	ENSG00000196090		See tables 3 & 4	
1102	1772	1773	2596	2597			PTPRT; protein tyrosine phosphatase, receptor type, T; ENSG00000196090	ENSG00000196090		See tables 3 & 4	
1103	1774	1775	2598	2599			PTPRT; protein tyrosine phosphatase, receptor type, T; ENSG00000196090	ENSG00000196090		See tables 3 & 4	

1104	1776	1777	2600	2601	PTPRT; protein tyrosine phosphatase, receptor type, T ; ENSG00000196090	ENSG00000196090	See tables 3 & 4
1105	1778	1779	2602	2603	PTPRT; protein tyrosine phosphatase, receptor type, T ; ENSG00000196090	ENSG00000196090	See tables 3 & 4
1106	1780	1781	2604	2605	SDC4; syndecan 4 (amphiglycan, ryudocan); ENSG00000124145	ENSG00000124145	See tables 3 & 4
1107	1782	1783	2606	2607	SDC4; syndecan 4 (amphiglycan, ryudocan); ENSG00000124145	ENSG00000124145	See tables 3 & 4
1108	1784	1785	2608	2609	cadherin-like 22, CDH22	OTTHUMG00000033073	See tables 3 & 4
1109	1786	1787	2610	2611	EYA2; eyes absent homolog 2 (Drosophila); ENSG00000064655	ENSG00000064655	See tables 3 & 4
1110	1788	1789	2612	2613	SULF2; sulfatase 2; ENSG00000196562	ENSG00000196562	See tables 3 & 4
1111	1790	1791	2614	2615	KCNB1; potassium voltage-gated channel, Shab-related subfamily, member 1; ENSG00000158445	ENSG00000158445	See tables 3 & 4
1112	1792	1793	2616	2617	Breast carcinoma amplified sequence 4, BCAS4	ENSG00000124243	See tables 3 & 4
1113	1794	1795	2618	2619	nuclear factor of activated T-cells, cytoplasmic, calcineurin-dependent 2, OTTHUMG00000032747, NFATC2	OTTHUMG00000032747	See tables 3 & 4
1114	1796	1797	2620	2621	Nuclear factor of activated T-cells, cytoplasmic 2 (T cell transcription factor NFAT1) (NFAT pre-existing subunit) (NF-ATp), NFATC2	ENSG00000101096	See tables 3 & 4
1115	1798	1799	2622	2623	Bone morphogenetic protein 7 precursor (BMP-7) (Osteogenic protein 1) (OP-1) (Eptotermin alfa),	ENSG00000101144	See tables 3 & 4
1116	1800	1801	2624	2625	transmembrane, prostate androgen induced RNA,	OTTHUMG00000032831	See tables 3 & 4
1117	1802	1803	2626	2627	NO annotated gene; NP_775915.1 (RefSeq peptide ID)	ENSG00000176659	See tables 3 & 4

1118	1804	1805	2628	2629	CDH4; cadherin 4, type 1, R-cadherin (retinal); ENSG00000179242	ENSG00000179242	See tables 3 & 4
1119	1806	1807	2630	2631	NP_001002034.1 (RefSeq peptide ID); ENSG00000177096	ENSG00000177096	See tables 3 & 4
1120	1808	1809	2632	2633	NP_612444.1 (RefSeq peptide ID); ENSG00000133477	ENSG00000133477	See tables 3 & 4
1121	1810	1811	2634	2635	no gene associated		See tables 3 & 4
1122	1812	1813	2636	2637	OTTHUMG00000030780, CTA-373H7.4, novel pseudogene	OTTHUMG00000030780	See tables 3 & 4
1123	1814	1815	2638	2639	no gene associated		See tables 3 & 4
1124	1816	1817	2640	2641	Cat eye syndrome critical region protein 1 precursor, CECR1	ENSG00000093072	See tables 3 & 4
1125	1818	1819	2642	2643	IGLC1; immunoglobulin lambda constant 1 (Mcg marker); ENSG00000100208	ENSG00000100208	See tables 3 & 4
1126	1820	1821	2644	2645	OTTHUMG00000030521, AC000095.4 putative processed transcript;	OTTHUMG00000030521	See tables 3 & 4
1127	1822	1823	2646	2647	Uroplakin-3A precursor (Uroplakin III) (UPIII), UPK3A	ENSG00000100373	See tables 3 & 4
1128	1824	1825	2648	2649	Sp1 site no gene associated		See tables 3 & 4
1129	1826	1827	2650	2651	USP18; ubiquitin specific peptidase 18; OTTHUMG00000030949	OTTHUMG00000030949	See tables 3 & 4
1130	1828	1829	2652	2653	BCR; breakpoint cluster region; ENSG00000186716	ENSG00000186716	See tables 3 & 4
1131	1830	1831	2654	2655	TBC1D10A; TBC1 domain family, member 10A; ENSG00000099992	ENSG00000099992	See tables 3 & 4
1132	1832	1833	2656	2657	signal peptide-CUB domain-EGF-related 1, ENSG00000159307, SCUBE1	ENSG00000159307	See tables 3 & 4

1133	1834	1835	2658	2659	MAPK8IP2; mitogen-activated protein kinase 8 interacting protein 2; ENSG00000008735	ENSG00000008735	See tables 3 & 4
1134	1836	1837	2660	2661	ENSG00000192797, miRNA	ENSG00000192797	See tables 3 & 4
1135	1838	1839	2662	2663	RPL3; ribosomal protein L3; ENSG00000100316	ENSG00000100316	See tables 3 & 4
1136	1840	1841	2664	2665	RPL3; ribosomal protein L3; ENSG00000100316	ENSG00000100316	See tables 3 & 4
1137	1842	1843	2666	2667	RP4-695O20_B.9 (Vega gene ID); Putative Processed transcript; OTTHUMG00000030111	OTTHUMG00000030111	See tables 3 & 4
1138	1844	1845	2668	2669	NOVEL transcript?? No associated gene		See tables 3 & 4
1139	1846	1847	2670	2671	MN1; meningioma (disrupted in balanced translocation) 1; ENSG00000169184	ENSG00000169184	See tables 3 & 4
1140	1848	1849	2672	2673	no gene associated		See tables 3 & 4
1141	1850	1851	2674	2675	RTDR1; rhabdoid tumor deletion region gene 1; ENSG00000100218	ENSG00000100218	See tables 3 & 4
1142	1852	1853	2676	2677	RPL3; ribosomal protein L3; ENSG00000100316	ENSG00000100316	See tables 3 & 4
1143	1854	1855	2678	2679	embryonic marker, GRB2-related adaptor protein 2, OTTHUMG00000030700, GRAP2	OTTHUMG00000030700	See tables 3 & 4
1144	1856	1857	2680	2681	Serine/threonine-protein kinase 19 (EC 2.7.1.37) (RPL protein) (G11 protein).	ENSG00000166301	See tables 3 & 4
1145	1858	1859	2682	2683	Transcription factor 19 (Transcription factor SC1).	ENSG00000137310	See tables 3 & 4
1146	1860	1861	2684	2685	Pannexin-2	ENSG000000073150	See tables 3 & 4
1147	1862	1863	2686	2687	OTTHUMG00000030167	OTTHUMG00000030167	See tables 3 & 4

1148	1864	1865	2688	2689	signal peptide-CUB domain-EGF-related 1	ENSG00000159307	See tables 3 & 4
1149	1866	1867	2690	2691	Reticulon 4 receptor precursor (Nogo receptor) (NGR) (Nogo-66 receptor)	ENSG00000040608	See tables 3 & 4
1150	1868	1869	2692	2693	Arylsulfatase A precursor (EC 3.1.6.8) (ASA) (Cerebroside-sulfatase) [Contains: Arylsulfatase A component B; Arylsulfatase A component C]	ENSG00000100299	See tables 3 & 4
1151	1870	1871	2694	2695	glycoprotein Ib (platelet), beta polypeptide	OTTHUMG00000030191	See tables 3 & 4
1152	1872	1873	2696	2697	No gene associated		See tables 3 & 4
1153	1874	1875	2698	2699	No gene associated		See tables 3 & 4
1154	1876	1877	2700	2701	Mitochondrial glutamate carrier 2 (Glutamate/H(+) symporter 2) (Solute carrier family 25 member 18, ENSG00000182902, SLC25A18)	ENSG00000182902	See tables 3 & 4
1155	1878	1879	2702	2703	Thioredoxin reductase 2, mitochondrial precursor (EC 1.8.1.9) (TR3) (TR-beta) (Selenoprotein Z) (SelZ)	ENSG00000184470	See tables 3 & 4
1156	1880	1881	2704	2705	Somatostatin receptor type 3 (SS3R) (SSR-28)	ENSG00000183473	See tables 3 & 4
1157	1882	1883	2706	2707	OTTHUMG00000030964	OTTHUMG00000030964	See tables 3 & 4
1158	1884	1885	2708	2709	No description- pseudogene	OTTHUMG00000030574	See tables 3 & 4
1159	1886	1887	2710	2711	Cat eye syndrome critical region protein 1 precursor	ENST00000262607	See tables 3 & 4
1160	1888	1889	2712	2713	No gene associated		See tables 3 & 4
1161	1890	1891	2714	2715	Membrane protein MLC1	ENSG00000100427	See tables 3 & 4

1162	1892	1893	2716	2717		BAI1-associated protein 2-like 2	ENSG00000128298	See tables 3 & 4
1163	1894	1895	2718	2719		ENSG00000100249	ENSG00000100249	See tables 3 & 4
1164	1896	1897	2720	2721		OTTHUMG00000030111	OTTHUMG00000030111	See tables 3 & 4
1165	1898	1899	2722	2723		OTTHUMG00000030167, CTA-243E7.3	OTTHUMG00000030167	See tables 3 & 4
1166	1900	1901	2724	2725		OTTHUMG00000030620	OTTHUMG00000030620	See tables 3 & 4
1167	1902	1903	2726	2727		OTTHUMG00000030676	OTTHUMG00000030676	See tables 3 & 4
1168	1904	1905	2728	2729		ENSG00000197549	ENSG00000197549	See tables 3 & 4
1169	1906	1907	2730	2731		NFAT activation molecule 1 precursor (Calcineurin/NFAT-activating ITAM-containing protein) (NFAT activating protein with ITAM motif 1).	ENSG00000167087	See tables 3 & 4
1170	1908	1909	2732	2733		immunoglobulin lambda constant 2	OTTHUMG00000030352	See tables 3 & 4
1171	1910	1911	2734	2735		immunoglobulin lambda constant 2	OTTHUMG00000030352	See tables 3 & 4
1172	1912	1913	2736	2737		OTTHUMG00000030870, CTA-503F6.1	OTTHUMG00000030870	See tables 3 & 4
1173	1914	1915	2738	2739		Lactosylceramide 4-alpha-galactosyltransferase (EC 2.4.1.228)	ENSG00000128274	See tables 3 & 4
1174	1916	1917	2740	2741		OTTHUMG00000030966	OTTHUMG00000030966	See tables 3 & 4
1175	1918	1919	2742	2743		Cold shock domain protein C2 (RNA-binding protein PIPPin)	ENSG00000172346	See tables 3 & 4

1176	1920	1921	2744	2745	GAS2-like protein 1 (Growth arrest-specific 2-like 1) (GAS2-related protein on chromosome 22) (GAR22 protein), GAS2L1	ENSG00000185340	See tables 3 & 4
1177	1922	1923	2746	2747	BAL1-associated protein 2-like 2	ENSG00000128298	See tables 3 & 4
1178	1924	1925	2748	2749	ENSG00000197182	ENSG00000197182	See tables 3 & 4
1179	1926	1927	2750	2751	OTTHUMG00000030991, LL22NC03-75B3.6	OTTHUMG00000030991	See tables 3 & 4
1180	1928	1929	2752	2753	Reticulon 4 receptor precursor (Nogo receptor) (NgR) (Nogo-66 receptor)	ENSG00000040608	See tables 3 & 4
1181	1930	1931	2754	2755	Smoothelin; SMTN	ENSG00000183963	See tables 3 & 4
1182	1932	1933	2756	2757	solute carrier family 35, member E4	ENSG00000100036	See tables 3 & 4
1183	1934	1935	2758	2759	Protein C22orf13 (Protein LLN4)	ENSG00000138867	See tables 3 & 4
1184	1936	1937	2760	2761	No gene associated		See tables 3 & 4
1185	1938	1939	2762	2763	Histone	ENSG00000196966	See tables 3 & 4
1186	1940	1941	2764	2765	Gamma-aminobutyric-acid receptor rho-1 subunit precursor (GABA(A) receptor).	ENSG00000146276	See tables 3 & 4
1187	1942	1943	2766	2767	OTTHUMG00000015693, RP11-12A2.3	OTTHUMG00000015693	See tables 3 & 4
1188	1944	1945	2768	2769	OTTHUMG00000015697	OTTHUMG00000015697	See tables 3 & 4
1189	1946	1947	2770	2771	OTTHUMG00000014289	OTTHUMG00000014289	See tables 3 & 4
1190	1948	1949	2772	2773	ENSG00000178289	ENSG00000178289	See tables 3 & 4

1191	1950	1951	2774	2775		Forkhead box protein O3A,		ENSG00000118689	See tables 3 & 4
1192	1952	1953	2776	2777		nuclear receptor coactivator 7		ENSG0000011912	See tables 3 & 4
1193	1954	1955	2778	2779		OTTHUMG00000015043		OTTHUMG00000015043	See tables 3 & 4
1194	1956	1957	2780	2781		chromosome 6 open reading frame 190		OTTHUMG00000015534	See tables 3 & 4
1195	1958	1959	2782	2783		phosphatase and actin regulator 2		OTTHUMG00000015732	See tables 3 & 4
1196	1960	1961	2784	2785		High mobility group protein HMG-I/HMG-Y (HMG-I(Y)) (High mobility group AT-hook 1) (High mobility group protein A1),		ENSG00000137309	See tables 3 & 4
1197	1962	1963	2786	2787		Pantetheinase precursor (EC 3.5.1.-), ENSG00000112299, VNN1		ENSG00000112299	See tables 3 & 4
1198	1964	1965	2788	2789		histone H2A		ENSG00000164508	See tables 3 & 4
1199	1966	1967	2790	2791		transcription factor AP-2 alpha (activating enhancer binding protein 2 alpha)		OTTHUMG00000014235	See tables 3 & 4
1200	1968	1969	2792	2793		N-acetyllactosaminide beta-1,6-N-acetylglucosaminyl-transferase (EC 2.4.1.150), ENSG00000111846, GCNT2		ENSG00000111846	See tables 3 & 4
1201	1970	1971	2794	2795		No gene associated			See tables 3 & 4
1202	1972	1973	2796	2797		No gene associated			See tables 3 & 4
1203	1974	1975	2798	2799		No gene associated			See tables 3 & 4
1204	1976	1977	2800	2801		No gene associated			See tables 3 & 4
1205	1978	1979	2802	2803		No gene associated			See tables 3 & 4

1206	1980	1981	2804	2805	No gene associated			See tables 3 & 4
1207	1982	1983	2806	2807	No gene associated			See tables 3 & 4
1208	1984	1985	2808	2809	No gene associated			See tables 3 & 4
1209	1986	1987	2810	2811	No gene associated			See tables 3 & 4
1210	1988	1989	2812	2813	No gene associated			See tables 3 & 4
1211	1990	1991	2814	2815	No description	OTTHUMG000000031920		See tables 3 & 4
1212	1992	1993	2816	2817	No gene associated			See tables 3 & 4
1213	1994	1995	2818	2819	No gene associated			See tables 3 & 4
1214	1996	1997	2820	2821	No gene associated			See tables 3 & 4
1215	1998	1999	2822	2823	No gene associated			See tables 3 & 4
1216	2000	2001	2824	2825	No gene associated			See tables 3 & 4
1217	2002	2003	2826	2827	No gene associated			See tables 3 & 4
1218	2004	2005	2828	2829	OTTHUMG000000032045	OTTHUMG000000032045		See tables 3 & 4
1219	2006	2007	2830	2831	No gene associated			See tables 3 & 4
1220	2008	2009	2832	2833	No gene associated			See tables 3 & 4

1221	2010	2011	2834	2835	No gene associated			See tables 3 & 4
1222	2012	2013	2836	2837	OTTHUMG00000032221	OTTHUMG00000032221		See tables 3 & 4
1223	2014	2015	2838	2839	TIMP3	ENSG00000100234		See tables 3 & 4
1224	2016	2017	2840	2841	No gene associated			See tables 3 & 4
1225	2018	2019	2842	2843	No gene associated			See tables 3 & 4
1226	2020	2021	2844	2845	No gene associated			See tables 3 & 4
1227	2022	2023	2846	2847	No gene associated			See tables 3 & 4
1228	2024	2025	2848	2849	no gene associated			See tables 3 & 4
1229	2026	2027	2850	2851	No gene associated			See tables 3 & 4
1230	2028	2029	2852	2853	No gene associated			See tables 3 & 4
1231	2030	2031	2854	2855	No gene associated			See tables 3 & 4
1232	2032	2033	2856	2857	No gene associated			See tables 3 & 4
1233	2034	2035	2858	2859	No gene associated			See tables 3 & 4
1234	2036	2037	2860	2861	No gene associated			See tables 3 & 4
1235	2038	2039	2862	2863	sorting nexin 5	OTTHUMG00000031953		See tables 3 & 4

1236	2040	2041	2864	2865	Probable D-tyrosyl-tRNA(Tyr) deacylase (EC 3.1.-.-)	ENSG00000125821	See tables 3 & 4
					solute carrier family 24 (sodium/potassium/calcium exchanger), member 3, OTTHUMG000000031993, SLC24A3		
1237	2042	2043	2866	2867		OTTHUMG000000031993	See tables 3 & 4
1238	2044	2045	2868	2869	ENSG000000089101	ENSG000000089101	See tables 3 & 4
1239	2046	2047	2870	2871	RNA-binding protein Raly (hnRNP associated with lethal yellow homolog), D; RALY	ENSG00000125970	See tables 3 & 4
1240	2048	2049	2872	2873	Protein phosphatase 1 regulatory inhibitor subunit 16B (TGF-beta- inhibited membrane-associated protein) (hTIMAP) (CAAX box protein TIMAP) (Ankyrin repeat domain protein 4)	ENSG00000101445	See tables 3 & 4
1241	2050	2051	2874	2875	protein tyrosine phosphatase, receptor type, TOTTHUMG000000033040	TOTTHUMG000000033040	See tables 3 & 4
1242	2052	2053	2876	2877	protein tyrosine phosphatase, receptor type, TOTTHUMG000000033040	TOTTHUMG000000033040	See tables 3 & 4
1243	2054	2055	2878	2879	protein tyrosine phosphatase, receptor type, TOTTHUMG000000033040	TOTTHUMG000000033040	See tables 3 & 4
1244	2056	2057	2880	2881	Receptor-type tyrosine-protein phosphatase T precursor (EC 3.1.3.48) (R-PTP-T) (RPTP-rho)	ENSG00000196090	See tables 3 & 4
1245	2058	2059	2882	2883	cadherin-like 22	OTTHUMG000000033073	See tables 3 & 4
1246	2060	2061	2884	2885	potassium voltage-gated channel, Shab-related subfamily, member 1	OTTHUMG000000033051	See tables 3 & 4
1247	2062	2063	2886	2887	potassium voltage-gated channel, Shab-related subfamily, member 1	OTTHUMG000000033051	See tables 3 & 4
1248	2064	2065	2888	2889	Zinc finger protein SNAI1 (Snail protein homolog) (Sna protein)	ENSG00000124216	See tables 3 & 4

1249	2066	2067	2890	2891	Cadherin-4 precursor (Retinal-cadherin) (R-cadherin) (R-CAD)	ENSG00000179242	See tables 3 & 4
1250	2068	2069	2892	2893	cadherin 4, type 1, R-cadherin (retinal)	OTTHUMG00000032890	See tables 3 & 4
1251	2070	2071	2894	2895	Cadherin-4 precursor (Retinal-cadherin) (R-cadherin) (R-CAD)	ENSG00000179242	See tables 3 & 4
1252	2072	2073	2896	2897	Metalloproteinase inhibitor 3 precursor (TIMP-3) (Tissue inhibitor of metalloproteinases-3) (MIG-5 protein).		See tables 3 & 4
1253	2074	2075	2898	2899	Tubulin alpha-8 chain (Alpha-tubulin 8)	ENSG00000070490	See tables 3 & 4
1254	2076	2077	2900	2901	No gene associated		See tables 3 & 4
1255	2078	2079	2902	2903	No gene associated		See tables 3 & 4

Table 3: Characteristic methylation value ranges of tissue markers according to the present invention

SEQ NO: nomic	ID CD4 Ge-lym-pho-cyte	T-CD8 T-lym-pho-cyte	T-Embryo-nic Liver	Embryo-nic Skelet-al Muscle	Fibro-blast	Heart Muscle	Kera-tinocyte	Liver	Mela-nocyte	Placenta	Skeletal Muscle	Sperm
844	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	0-25%
845	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	0-25%
846	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	25-75%	75-100%	75-100%	75-100%	75-100%
847	75-100%	75-100%	0-25%	0-25%	0-25%	0-25%	0-25%	0-25%	0-25%	0-25%	0-25%	0-25%
848	0-25%	0-25%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%
849	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	0-25%	75-100%	75-100%	75-100%
850	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	0-25%	75-100%	0-25%

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950	0-25%	0-25%	25-75%	25-75%	25-75%	25-75%	25-75%	0-25%	25-75%	25-75%	25-75%	75-100%	0-25%
951	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	0-25%	75-100%	75-100%	75-100%	75-100%	75-100%
952	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	0-25%	75-100%	75-100%	75-100%	75-100%	0-25%
953	0-25%	0-25%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	0-25%
954	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	25-75%	75-100%	75-100%	75-100%
955	75-100%	75-100%	75-100%	75-100%	0-25%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	25-75%	75-100%
956	0-25%	0-25%	ND	0-25%	75-100%	0-25%	0-25%	0-25%	0-25%	75-100%	75-100%	75-100%	75-100%
957	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%
958	75-100%	75-100%	0-25%	0-25%	0-25%	0-25%	0-25%	0-25%	0-25%	0-25%	0-25%	0-25%	75-100%
959	0-25%	0-25%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%
960	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	25-75%	75-100%	75-100%	75-100%	75-100%
961	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	25-75%	75-100%
962	0-25%	0-25%	25-75%	25-75%	25-75%	25-75%	25-75%	25-75%	25-75%	25-75%	25-75%	25-75%	75-100%
963	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	0-25%	75-100%	75-100%	75-100%	75-100%	0-25%
964	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	0-25%	75-100%	75-100%	75-100%	75-100%	75-100%
965	75-100%	75-100%	75-100%	75-100%	25-75%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%
966	0-25%	0-25%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	ND	75-100%	75-100%	75-100%
967	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	0-25%	75-100%	75-100%	75-100%	75-100%	75-100%
968	25-75%	25-75%	0-25%	0-25%	0-25%	0-25%	25-75%	0-25%	75-100%	0-25%	0-25%	0-25%	75-100%
969	0-25%	0-25%	0-25%	0-25%	0-25%	0-25%	0-25%	0-25%	0-25%	0-25%	25-75%	0-25%	0-25%
970	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	0-25%	75-100%	75-100%	75-100%
971	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	0-25%	75-100%	75-100%	75-100%
972	25-75%	25-75%	25-75%	25-75%	25-75%	25-75%	25-75%	0-25%	25-75%	25-75%	25-75%	25-75%	0-25%
973	75-100%	75-100%	25-75%	25-75%	25-75%	25-75%	25-75%	0-25%	25-75%	25-75%	25-75%	25-75%	0-25%
974	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	0-25%
975	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	75-100%	25-75%	75-100%
976	0-25%	0-25%	0-25%	0-25%	0-25%	0-25%	0-25%	0-25%	0-25%	25-75%	ND	0-25%	10-25%
977	0-25%	0-25%	0-25%	0-25%	0-25%	0-25%	0-25%	0-25%	75-100%	25-75%	0-25%	0-25%	7

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Table 4: Preferred tissue markers according to the present invention

SEQ ID NO: (Genomic)	Tissue
942	CD4 T-lymphocyte
1065	CD4 T-lymphocyte
1068	CD4 T-lymphocyte
1083	CD4 T-lymphocyte
847	CD4 T-lymphocyte, CD8 T-lymphocyte
848	CD4 T-lymphocyte, CD8 T-lymphocyte
857	CD4 T-lymphocyte, CD8 T-lymphocyte
869	CD4 T-lymphocyte, CD8 T-lymphocyte
873	CD4 T-lymphocyte, CD8 T-lymphocyte
876	CD4 T-lymphocyte, CD8 T-lymphocyte
880	CD4 T-lymphocyte, CD8 T-lymphocyte
882	CD4 T-lymphocyte, CD8 T-lymphocyte
883	CD4 T-lymphocyte, CD8 T-lymphocyte
889	CD4 T-lymphocyte, CD8 T-lymphocyte
898	CD4 T-lymphocyte, CD8 T-lymphocyte
899	CD4 T-lymphocyte, CD8 T-lymphocyte
905	CD4 T-lymphocyte, CD8 T-lymphocyte
912	CD4 T-lymphocyte, CD8 T-lymphocyte
913	CD4 T-lymphocyte, CD8 T-lymphocyte
914	CD4 T-lymphocyte, CD8 T-lymphocyte
920	CD4 T-lymphocyte, CD8 T-lymphocyte
921	CD4 T-lymphocyte, CD8 T-lymphocyte
922	CD4 T-lymphocyte, CD8 T-lymphocyte
923	CD4 T-lymphocyte, CD8 T-lymphocyte
924	CD4 T-lymphocyte, CD8 T-lymphocyte
928	CD4 T-lymphocyte, CD8 T-lymphocyte
944	CD4 T-lymphocyte, CD8 T-lymphocyte
946	CD4 T-lymphocyte, CD8 T-lymphocyte
949	CD4 T-lymphocyte, CD8 T-lymphocyte
953	CD4 T-lymphocyte, CD8 T-lymphocyte
958	CD4 T-lymphocyte, CD8 T-lymphocyte
959	CD4 T-lymphocyte, CD8 T-lymphocyte
962	CD4 T-lymphocyte, CD8 T-lymphocyte
966	CD4 T-lymphocyte, CD8 T-lymphocyte
973	CD4 T-lymphocyte, CD8 T-lymphocyte
985	CD4 T-lymphocyte, CD8 T-lymphocyte
986	CD4 T-lymphocyte, CD8 T-lymphocyte
988	CD4 T-lymphocyte, CD8 T-lymphocyte
989	CD4 T-lymphocyte, CD8 T-lymphocyte
993	CD4 T-lymphocyte, CD8 T-lymphocyte
997	CD4 T-lymphocyte, CD8 T-lymphocyte
1005	CD4 T-lymphocyte, CD8 T-lymphocyte
1019	CD4 T-lymphocyte, CD8 T-lymphocyte
1028	CD4 T-lymphocyte, CD8 T-lymphocyte
1029	CD4 T-lymphocyte, CD8 T-lymphocyte
1038	CD4 T-lymphocyte, CD8 T-lymphocyte
1063	CD4 T-lymphocyte, CD8 T-lymphocyte

1070	CD4 T-lymphocyte, CD8 T-lymphocyte
1082	CD4 T-lymphocyte, CD8 T-lymphocyte
1090	CD4 T-lymphocyte, CD8 T-lymphocyte
1100	CD4 T-lymphocyte, CD8 T-lymphocyte
1106	CD4 T-lymphocyte, CD8 T-lymphocyte
1107	CD4 T-lymphocyte, CD8 T-lymphocyte
1113	CD4 T-lymphocyte, CD8 T-lymphocyte
1114	CD4 T-lymphocyte, CD8 T-lymphocyte
1116	CD4 T-lymphocyte, CD8 T-lymphocyte
1122	CD4 T-lymphocyte, CD8 T-lymphocyte
1126	CD4 T-lymphocyte, CD8 T-lymphocyte
1128	CD4 T-lymphocyte, CD8 T-lymphocyte
1141	CD4 T-lymphocyte, CD8 T-lymphocyte
894	CD4 T-lymphocyte, CD8 T-lymphocyte
896	CD4 T-lymphocyte, CD8 T-lymphocyte
1110	CD4 T-lymphocyte, CD8 T-lymphocyte
911	CD4 T-lymphocyte, CD8 T-lymphocyte
1132	CD4 T-lymphocyte, CD8 T-lymphocyte
1137	CD8 T-lymphocyte
853	fibroblast
871	fibroblast
877	fibroblast
904	fibroblast
935	fibroblast
955	fibroblast
965	fibroblast
994	fibroblast
998	fibroblast
1000	fibroblast
1011	fibroblast
1015	fibroblast
1017	fibroblast
1025	fibroblast
1032	fibroblast
1041	fibroblast
1042	fibroblast
1048	fibroblast
1057	fibroblast
1061	fibroblast
1062	fibroblast
1067	fibroblast
1069	fibroblast
1072	fibroblast
1073	fibroblast
1074	fibroblast
1076	fibroblast
1077	fibroblast
1078	fibroblast
1079	fibroblast
1084	fibroblast
1086	fibroblast
1091	fibroblast

1119	fibroblast
1121	fibroblast
1130	fibroblast
1139	fibroblast
1140	fibroblast
902	fibroblast
1003	fibroblast
1071	fibroblast
1007	fibroblast
861	heart muscle
1010	heart muscle
1026	heart muscle
1046	heart muscle
1050	heart muscle
1129	heart muscle
1131	heart muscle
855	heart muscle
956	differentiation between heart muscle and skeletal muscle
1021	differentiation between heart muscle and skeletal muscle
1030	differentiation between heart muscle and skeletal muscle
1135	differentiation between heart muscle and skeletal muscle
894	keratinocyte
864	keratinocyte
866	keratinocyte
870	keratinocyte
878	keratinocyte
881	keratinocyte
885	keratinocyte
891	keratinocyte
892	keratinocyte
893	keratinocyte
925	keratinocyte
926	keratinocyte
930	keratinocyte
932	keratinocyte
937	keratinocyte
943	keratinocyte
947	keratinocyte
951	keratinocyte
952	keratinocyte
957	keratinocyte
963	keratinocyte
964	keratinocyte
967	keratinocyte
970	keratinocyte
972	keratinocyte
980	keratinocyte
981	keratinocyte
982	keratinocyte
987	keratinocyte
990	keratinocyte
992	keratinocyte

995	keratinocyte
996	keratinocyte
1001	keratinocyte
1002	keratinocyte
1006	keratinocyte
1018	keratinocyte
1020	keratinocyte
1023	keratinocyte
1031	keratinocyte
1033	keratinocyte
1034	keratinocyte
1035	keratinocyte
1036	keratinocyte
1039	keratinocyte
1040	keratinocyte
1045	keratinocyte
1056	keratinocyte
1058	keratinocyte
1059	keratinocyte
1064	keratinocyte
1066	keratinocyte
1080	keratinocyte
1081	keratinocyte
1093	keratinocyte
1094	keratinocyte
1097	keratinocyte
1098	keratinocyte
1101	keratinocyte
1108	keratinocyte
1118	keratinocyte
1120	keratinocyte
1123	keratinocyte
1127	keratinocyte
1133	keratinocyte
1134	keratinocyte
1138	keratinocyte
1140	keratinocyte
902	keratinocyte
1003	keratinocyte
1071	keratinocyte
1007	keratinocyte
1044	keratinocyte
846	liver
858	liver
865	liver
879	liver
887	liver
888	liver
934	liver
939	liver
960	liver
968	liver

971	liver
977	liver
979	liver
984	liver
999	liver
1013	liver
1014	liver
1022	liver
1037	liver
1047	liver
1051	liver
1092	liver
1111	liver
1115	liver
1124	liver
1136	liver
1142	liver
1132	liver
1044	liver
936	liver
849	melanocyte
854	melanocyte
874	melanocyte
886	melanocyte
909	melanocyte
918	melanocyte
919	melanocyte
927	melanocyte
954	melanocyte
976	melanocyte
1049	melanocyte
1075	melanocyte
1087	melanocyte
1102	melanocyte
1103	melanocyte
1105	melanocyte
1112	melanocyte
902	melanocyte
1003	melanocyte
1071	melanocyte
1007	melanocyte
863	skeletal muscle
884	skeletal muscle
897	skeletal muscle
900	skeletal muscle
903	skeletal muscle
929	skeletal muscle
931	skeletal muscle
945	skeletal muscle
948	skeletal muscle
961	skeletal muscle
975	skeletal muscle

978	skeletal muscle
1004	skeletal muscle
1008	skeletal muscle
1016	skeletal muscle
1053	skeletal muscle
1088	skeletal muscle
1095	skeletal muscle
1099	skeletal muscle
1104	skeletal muscle
1117	skeletal muscle
872	skeletal muscle
855	skeletal muscle
933	skeletal muscle
950	skeletal muscle
1060	skeletal muscle
851	skeletal muscle
1043	skeletal muscle
1052	skeletal muscle
1055	skeletal muscle
1109	skeletal muscle
1089	skeletal muscle

EXAMPLES

Example 1: Expression analysis of cell- and tissue markers according to the invention

According to the present invention, the methylation status of particular regions of certain genes (as disclosed in Table 2) were found to have differential expression levels and methylation patterns that were consistent within each cell type.

The analysis procedure was as follows. Genes were chosen for analysis based on suspected relevance to particular cell types or cell states according to scientific literature. In general, the candidates were selected from conventional markers for specific cell types, those showing strong or consistently differential expression patterns, housekeeping genes or genes associated with diseases in particular tissues (see literature as cited above regarding cell- and tissue markers). Alternatively, candidate genes can be identified by discovery methods, such as MCA.

Generally, two PCR amplicons (200-500 base pairs long) were designed for each gene, but mainly due to the low complexity of bisulfite-treated DNA and the requirement to avoid CpG sites within the primer (which may or may not be methylated), primers for only approximately 250 amplicons were designed and created.

In most cases, DNA from at least three independent samples (representing standard examples of the cell types as might be obtained routinely by purchase, biopsy, etc.) for each known cell type were isolated using the Qiagen DNeasy Tissue Kit (catalog number 69504), according to the protocol "Purification of total DNA from cultivated animal cells". This DNA was treated with bisulfite and amplified using primers as designed above.

The amplicons from each gene from each cell type were bisulfite sequenced (Frommer et al., Proc Natl Acad Sci USA 89:1827-1831, 1992). The raw sequencing data was analysed with a program that normalises sequencing traces to account for the abnormal lack of C signal (due to bisulfite conversion of all unmethylated C's) and for the efficiency of the bisulfite treatment (Lewin et al., Bioinformatics 20:3005-12, 2004).

A gene was regarded as relevant, if at least 1 CpG site showed significant distinctions between some pair of cell types, as for the present purposes, a single distinctive CpG within each gene is sufficient to serve as a marker. The statistical significance was generally determined by the Fisher criteria, which compares the variation between classes (i.e., different cell types) versus the variation within a class (i.e., one cell type).

While all of these markers carry useful information in various contexts, there are several subclasses with potentially variable utility. For example, certain genes will show large blocks of consecutive CpGs which are either strongly methylated or strongly unmethylated in many cell types. Because of their 'all-or-none' character, these markers are likely to be very consistent and easy to interpret for many cell types. In other cases, the discriminatory methylation may be restricted to one or a few CpGs within the gene, but these individual CpGs can still be reliably assayed, as with single base extension. In addition to markers that show absolute patterns (i.e., nearly 0% or 100% methylation), markers/CpGs that are consistently, e.g., 30% methylated in one cell type and 70% methylated in another cell type are also very useful. Table 3 provides an overview of the characteristic methylation ranges of a selection of the identified, and preferred markers.

The markers as described and preferred, for example, in Table 2 therefore represent epigenetically sensitive markers that are then capable of distinguishing at least one cell and/or tissue type from any other cell and or tissue type.

Example 2: Pan-cancer method for diagnosis and or screening of cancers.

The following example provides a method for the diagnosis of cancer by analysis of the methylation patterns of a panel of genes consisting of the (general) cell proliferation markers SEQ ID NO: 109 and SEQ ID NO: 103 and the tissue- and/or cell-specific markers SEQ ID NO: 80, SEQ ID NO: 76, SEQ ID NO: 57, SEQ ID NO: 84 and SEQ ID NO: 58, as listed in Tables 1 and 2. DNA isolation and bisulfite conversion.

A blood sample is taken from the subject. DNA is isolated from the sample by means of the Magna Pure method (Roche) according to the manufacturer's instructions. The eluate resulting from the purification is then converted according to the following bisulfite reaction. The eluate is mixed with 354 µl of bisulfite solution (5.89 mol/l) and 146 µl of dioxane comprising a radical scavenger (6-hydroxy-2,5,7,8-tetramethylchromane 2-carboxylic acid, 98.6 mg in 2.5 ml of dioxane). The reaction mixture is denatured for 3 min at 99°C and

subsequently incubated at the following temperature program for a total of 7 h min 50°C; one thermospike (99.9°C) for 3 min; 1.5 h 50°C; one thermospike (99°C) for 3 min; 3 h 50°C. The reaction mixture is subsequently purified by ultrafiltration using a Millipore Microcon™ column. The purification is conducted essentially according to the manufacturer's instructions. For this purpose, the reaction mixture is mixed with 300 µl of water, loaded onto the ultrafiltration membrane, centrifuged for 15 min and subsequently washed with 1 x TE buffer. The DNA remains on the membrane during this treatment. Then desulfonation is performed. For this purpose, 0.2 mol/l NaOH is added and incubated for 10 min. A centrifugation (10 min) is then conducted, followed by a washing step with 1 x TE buffer. After this, the DNA is eluted. For this purpose, the membrane is mixed for 10 minutes with 75 µl of warm 1 x TE buffer (50°C). The membrane is turned over according to the manufacturer's instructions. Subsequently a repeated centrifugation is conducted, whereby the DNA is removed from the membrane. 10 µl of the eluate is utilized for further analysis.

Quantitative methylation assay

A suitable assay for measurement of the methylation of the target genes is the quantitative methylation (QM) assay. The bisulfite treated DNA is amplified in a PCR reaction using primers specific to bisulfite treated DNA (i.e. each hybridising to at least one thymine position that is a bisulfite converted unmethylated cytosine). The amplification is carried out in the presence of two species of probes, each hybridising to the same target sequence said target sequence comprising at least one cytosine position (pre-bisulfite treatment) wherein one species is specific for the bisulfite converted unmethylated variant of the target sequence (i.e. comprises one or more TG dinucleotides) and the other species is specific for the bisulfite converted methylated variant (i.e. comprises one or more CG dinucleotides). Each species is alternatively detectably labelled, preferably by means of fluorescent labels such as HEX, FAM and VIC and a quencher (e.g. black hole quencher). Hybridisation of the probes to the amplificate is detected by monitoring of the fluorescent labels. Primers and probes for the amplification and analysis of the regions of interest are shown below.

SEQ ID NO: 84

Forward primer: ctacaacaaaataactccaattattaaaac (SEQ ID NO: 806)

Reverse primer: ggggtaattttgtagaattgtaggt (SEQ ID NO: 807)

CG probe: cgtaaaccgtactccaaaatccccga (SEQ ID NO: 808)

TG probe: cataaaccatactccaaaatcccaacctc (SEQ ID NO: 809)

Amplificate:

ctacaacaaaatactccaattattaaaaactcatcacgtaaacgctactccaaaatcccgacctcttcgtaaacatacctacaattctacaaa
attaaccc (SEQ ID NO: 810)

Genomic equivalent:

ctgcagcaaggtgctccaattgtgaaactcatcacgtgggccgtgctccagagtcggcctcttcgtggacatgcctgcaattctgca
ggattgaccc (SEQ ID NO: 811)

SEQ ID NO: 84

Forward primer: aaaccaacctaaccaatataataaaac (SEQ ID NO: 812)

Reverse primer: ggatttaagtgtttttgttttagt (SEQ ID NO: 813)

CG probe: caaccgaatataataacgaacgcctataat (SEQ ID NO: 814)

TG probe: caaccaaataataacaaacacctataatcca (SEQ ID NO: 815)

Amplificate:

Aaaccaacctaaccaatataataaaaccccgctctactaaaaatacaaaaatcaaccgaatataataacgaacgcctataatccaatt
actcgaaaaactaaacaaaaaaatcacttaaatcc (SEQ ID NO: 816)

Genomic equivalent:

Agaccagcctggccaatgtagtgaaaccccgctctactaaaaatacaaaaatcagccgggtatggtggcggggcgacctgtaatccca
gttactcgggaggctgaggcaggagaatcacttgaatcc (SEQ ID NO: 817)

SEQ ID NO: 57

Forward primer: cacaatatttcactttaataatattaaaaac (SEQ ID NO: 818)

CG probe: aataataaaacgaaaacctcgataacgattaa (SEQ ID NO: 819)

TG probe: aataataaaacaaaacctcaataacaattaaaaaaactata (SEQ ID NO: 820)

Reverse primer: tttaattattgttaagatttgataaag (SEQ ID NO: 821)

Amplificate:

cacaatatttcactttaataatattaaaaaccgataacaatcaaaaccaccacaataataaaacgaaaacctcgataacgattaaaaaaacta
taaattcttcgctttatccaaatcttaacaataatttaa (SEQ ID NO: 822)

Genomic equivalent:

cacagtatttcactttaataatattggaaaccggtacagtcagggccaccacagtggtggggcgggagcctcgatggcgattagggga
gctgtaagtctttcgtttatccaaatcttgggcagtaatttaga (SEQ ID NO: 823)

SEQ ID NO: 76

CG probe: cgtaacatattaaacgcaaataaacgc (SEQ ID NO: 824)

Forward primer: aaatcaaaataaacacaaattaaaaaca (SEQ ID NO: 825)

TG probe: cataacatattaaacacaaataaacacaaataacaaaa (SEQ ID NO: 826)

Reverse primer: aattgagaagtaaaatagtttagtttattagag (SEQ ID NO: 827)

Amplificate:

aaatcaaaataaacacaaattaaaaacattaaaccgtaacatattaaacgcaaataaacgcaataacaaaattctttaactctaataaact
aaactattttacttctcaatt (SEQ ID NO: 828)

Genomic equivalent:

aaatcaaaataggcacagttgggaacattaagccgtggccatattagacgcaagtaggcgcaatagcaaaattctttaggctctaattg
actgggctattttgcttctcagtt (SEQ ID NO: 829)

SEQ ID NO: 80

Forward primer: ctataaaaccaacaaaaatatttcaa (SEQ ID NO: 830)

CG probe: aattttattacgccaacgcgactataaattaa (SEQ ID NO: 831)

TG probe: aattttattacaccaacacaaactataaattaaaaaaacatct (SEQ ID NO: 832)

Reverse primer: aaaattggtatttttttggtttatatg (SEQ ID NO: 833)

Amplificate:

ctataaaaccaacaaaaatatttcaaaccatcgaaattttattacgccaacgcgactataaattaaaaaaacatctccatataaaccaaaa
taaataccaatttt (SEQ ID NO: 834)

Genomic equivalent:

gctgtgaagccagcaaaaggtatttcaggccatcgaagttttgttgccagcgcggtgtagattagaaggacatctccatgtgaacc
aagatggatgccaatttt (SEQ ID NO: 835)

SEQ ID NO: 103

Forward primer: tagggtaggttggttggttg (SEQ ID NO: 836)

Reverse primer: ctttcctacctccttaataactacc (SEQ ID NO: 837)

CG probe: cgcgtgttttttgcggagtta (SEQ ID NO: 838)

TG probe: atgtgtgttttttgtggagttaaag (SEQ ID NO: 839)

SEQ ID NO: 109

Forward primer: aacaacacaaaactaaaaacacaaaact (SEQ ID NO: 840)

Reverse primer: tagtgaagaatggtgttgatttt (SEQ ID NO: 841)

TG probe: cacaccacctacacacacacacac (SEQ ID NO: 842)

CG probe: cgcgccacctacgc (SEQ ID NO: 843)

For each assay, the amount of amplificate detected by each probe species is quantified by reference to a standard curve. The standard curve is plotted by measuring the Ct of a series of bisulfite converted DNA solutions of known degrees of methylation assayed using the respective assay. Preferably the Ct of a series of bisulfite converted genomic DNAs of 0, 5, 10, 25, 50, 75 and 100% methylation is determined. The DNA solutions may be prepared by mixing known quantities of completely methylated and completely unmethylated genomic DNA. Completely unmethylated genomic DNA is available from commercial suppliers such as but not limited to Molecular Staging, and may be prepared by a multiple displacement amplification of human genomic DNA (e.g. from whole blood). Completely methylated DNA may be prepared by SssI treatment of a genomic DNA sample, preferably according to manufacturer's instructions. Bisulfite conversion may be carried out as described above.

The real-time PCR is carried out using commercially available real time PCR instruments e.g. ABI7700 Sequence Detection System (Applied Biosystems) , in a 20 µl reaction volume. Using said instrument a suitable reaction solution is:

1xTaqMan Buffer A (Applied Biosystems) containing ROX as a passive reference dye

2.5 mmol/l MgCl₂ (Applied Biosystems)

1 U of AmpliTaq Gold DNA polymerase (Applied Biosystems)

625 nmol/l primers

200 nmol/l probes

200 µmol/l dNTPs

Temperature cycling profile:

Initial 10 min activation at 94°C followed by 45 cycles of 15 s at 94°C (for denaturation) and

60 s at 60°C (for annealing, elongation and detection).

Data analysis is preferably conducted according to the instrument manufacturer's recommendations. The degree of methylation is determined according to the following formula:

$$\text{methylation rate} = \text{delta Rn CG probe} / (\text{delta Rn CG probe} + \text{delta Rn TG probe})$$

Alternatively, the methylation rate may be determined according to the threshold cycles (Ct), wherein

$$\text{methylation rate} = 100 / (1 + 2^{\text{delta Ct}})$$

A detected methylation rate of over 4% is determined to be methylated.

The presence, absence and type of cell proliferative disorder is then determined by reference to Tables 1 and 2, wherein methylation of either of the genes according to SEQ ID NO: 103 and SEQ ID NO: 109 is indicative of the presence of cell proliferative disorders. Wherein the presence of methylation of said genes is determined, methylation of the further genes is determined in order to localize the cell proliferative disorder.

The presence of unmethylated SEQ ID NO: 80 DNA is indicative of soft tissue sarcoma. The presence of unmethylated SEQ ID NO: 76 DNA is indicative of the presence of a melanoma. The presence of unmethylated SEQ ID NO: 57 DNA is indicative of abnormal keratinocyte proliferation e.g. psoriasis. The presence of unmethylated SEQ ID NO: 84 DNA is indicative of liver cancer. The presence of unmethylated SEQ ID NO: 58 DNA is indicative of soft tissue sarcoma.

Claims

1. Method for diagnosing a proliferative disease in a subject comprising:
 - a) providing a biological sample from a subject,
 - b) detecting the presence, absence, abundance and/or expression of one or more markers and determining therefrom upon the presence or absence of a proliferative disease; and
 - c) detecting the presence, absence, abundance and/or expression of one or more cell- and/or tissue-markers and determining therefrom if said one or more cell- and/or tissue-markers are atypically present, absent or present at above normal levels within said sample; and
 - d) determining the presence or absence of a cell proliferative disorder and location thereof based on the presence, absence, abundance and/or expression as detected in step b) and c).
2. The method according to claim 1, further comprising detecting the presence, absence, abundance and/or expression of one or more markers and determining therefrom characteristics of said cell proliferative disorder.
3. The method according to claim 1 or 2, wherein said marker in step b) is indicative of more than one proliferative disease.
4. The method according to any of claims 1 to 3, wherein said proliferative disease is cancer.
5. The method according to any of claims 1 to 4, wherein said detecting the presence, absence, abundance and/or expression of one or more markers comprises detecting physiological, genetic, and/or cellular presence, absence, abundance and/or expression, and cell count.
6. The method according to claim 5, wherein said detecting the expression comprises detecting the expression of protein, mRNA expression and/or the presence or absence of DNA methylation in one or more of said markers.
7. The method according to any of claims 1 to 6, comprising the steps of:
 - a) providing a biological sample from a subject, said biological sample comprising genomic DNA;

- b) detecting the level of DNA methylation in one or more markers and determining therefrom upon the presence or absence of a proliferative disease; and
- c) detecting the level of methylation of one or more markers and determining therefrom if said one or more cell- and/or tissue-markers are atypically present, absent or present at above normal levels within said sample; and
- d) determining the presence or absence of a cell proliferative disorder and location thereof, based on the level of DNA methylation as detected in step b) and c).

8. The method according to claim 7, wherein the determining the presence or absence of a cell proliferative disorder of step b) further comprises comparing said methylation profile to one or more standard methylation profiles, wherein said standard methylation profiles are selected from the group consisting of methylation profiles of non cell proliferative disorder samples and methylation profiles of cell proliferative disorder samples.

9. The method according to any of claims 1 to 8, wherein the markers of step b) are selected from the group consisting of nucleic acid sequences according to any of SEQ ID NO: 100 to SEQ ID NO: 161.

10. The method according to any of claims 1 to 9, wherein the markers of step c) are selected from the group consisting of nucleic acid sequences according to any of SEQ ID NO: 1 to SEQ ID NO: 99 and SEQ ID NO: 844 to SEQ ID NO: 1255.

11. The method according to any of claims 1 to 10, wherein said characterizing cancer comprises determining the likelihood of disease-free survival, and/or monitoring disease progression in said subject.

12. The method according to any of claims 1 to 10, wherein said characterizing cancer comprises determining metastatic disease.

13. The method according to any of claims 1 to 10, wherein said characterizing cancer comprises determining relapse of the disease after complete resection of the tumor in said subject by identifying tissue markers and cancer markers in said sample that are identical to the removed tumor.

14. The method according to any of claims 1 to 13, wherein said biological sample is a biopsy sample or a blood sample.

15. The method according to any of claims 1 to 14, wherein said proliferative disease is in the early pre-clinical stage exhibiting no clinical symptoms.

16. The method according to any of claims 7 to 15, wherein said detecting the presence or absence of DNA methylation comprises treatment of said genomic DNA with one or more reagents suitable to convert 5-position unmethylated cytosine bases to uracil or to another base that is detectably dissimilar to cytosine in terms of hybridization properties.

17. The method according to claim 16, wherein the markers of step b) are selected from the group consisting of nucleic acid sequences according to any of SEQ ID NO: 100 to SEQ ID NO: 161, and SEQ ID NO: 360 to SEQ ID NO: 483, and SEQ ID NO: 682 to SEQ ID NO: 805.

18. The method according to claim 16 or 17, wherein said the markers of step c) are selected from the group consisting of nucleic acid sequences according to any of SEQ ID NO: 1 to SEQ ID NO: 99, and SEQ ID NO: 162 to SEQ ID NO: 359, and SEQ ID NO: 484 to SEQ ID NO: 681 and SEQ ID NO: 844 to SEQ ID NO: 2903.

19. Method for generating a pan-cancer marker panel for the improved diagnosis and/or monitoring of a proliferative disease in a subject, comprising

- a) providing a biological sample from said subject suspected of or previously being diagnosed as having a proliferative disease,
- b) providing a first set of one or more markers indicative for proliferative disease,
- c) determining the presence, absence, abundance and/or expression of said one or more markers of step b);
- d) providing a first set of cell- and/or tissue markers,
- e) determining the expression of said one or more markers of step d), and
- f) generating a pan-cancer marker panel that is specific for said proliferative disease in said subject by selecting those markers that are differently expressed in said subject when compared to an expression profile of a healthy sample.

20. The method according to claim 19, wherein said detecting the presence, absence, abundance and/or expression of one or more markers comprises detecting physiological, genetic, and/or cellular presence, absence, abundance and/or expression, and cell count, measuring the expression of protein, mRNA expression and/or the presence or absence of DNA methylation in one or more of said markers.
21. The method according to claim 19 or 20, wherein said marker is indicative of more than one proliferative disease.
22. The method according to any of claims 19 to 21, wherein the markers of step b) are selected from the group consisting of nucleic acid sequences according to any of SEQ ID NO: 100 to SEQ ID NO: 161.
23. The method according to any of claims 19 to 22, wherein the markers of step c) are selected from the group consisting of nucleic acid sequences according to any of SEQ ID NO: 1 to SEQ ID NO: 99 SEQ ID NO: 844 to SEQ ID NO: 1255.
24. The method according to any of claims 19 to 23, wherein said proliferative disease is selected from cancer, such as soft tissue, skin, leukemia, renal, prostate, brain, bone, blood, lymphoid, stomach, head and neck, colon or breast cancer.
25. The method according to any of claims 19 to 24, wherein said proliferative disease is in the early pre-clinical stage exhibiting no clinical symptoms.
26. The method according to any of claims 1 to 25, wherein said detecting of the expression is qualitative or additionally quantitative.
27. An improved method for treatment of a proliferative disease, comprising a method according to any of claims 1 to 26 and selecting a suitable treatment regimen for said proliferative disease to be treated.
28. The method according to claim 27, wherein said proliferative disease is cancer.
29. A kit for diagnosing a proliferative disease in a subject, comprising reagents for detecting

the expression of one or more marker indicative for more than one proliferative disease; and reagents for localizing the proliferative disease and/or characterizing the type of proliferative disease by detecting specific tissue markers based on nucleic acid-analysis.

30. Kit according to claim 29, wherein the markers are selected from the group consisting of nucleic acid sequences according to any of SEQ ID NO: 1 to SEQ ID NO: 161 and SEQ ID NO: 844 to SEQ ID NO: 1255, and chemically pretreated sequences thereof.

31. Kit according to claim 29 or 30, further containing instructions for using said kit for detecting of a proliferative disease, in particular cancer, in said subject.