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(54) Title: METHOD FOR ANALYSING A PATIENT'S GENETIC PREDISPOSITION TO AT LEAST A DISEASE AND AMPLIFICATION ADAPTED TO SUCH A METHOD

(54) Titre: PROCEDE D'ANALYSE DE LA PREDISPOSITION GENETIQUE D'UN PATIENT A AU MOINS UNE MALADIE ET AMPLIFICATION ADAPTEE A UN TEL PROCEDE

(57) Abstract: The invention concerns a method for analysing a patient's genetic predisposition to at least one disease. It also concerns an amplification process adapted to said method. The method consists in bringing a liquid sample containing at least one type of amplicons, derived from the amplification of at least one polymorphous region of interest related to the searched disease(s), in the presence of probes selected as follows: at least one specific typing probe, said to be low-resolution, capable of being hybridized on the polymorphous region of interest of at least one gene or one group of alleles of said gene borne by the amplicon and associated with at least said disease(s); and at least a specific subtyping probe, said to be high-resolution, capable of being hybridized on said polymorphous region of interest of the allele or group of alleles of the specific typing probe, said to be low-resolution, the high-resolution probe(s) enabling to discriminate the allele(s) associated with the susceptibility and/or the allele(s) associated with resistance to said disease(s), on the basis of their hybridization or non-hybridization. The invention is particularly applicable in the field of diagnosis.

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(57) Abrégé: La présente invention concerne un procédé d'analyse de la prédisposition génétique d'un patient à au moins une maladie. Elle consiste également en une amplification adaptée à un tel procédé. Le procédé consiste à mettre un échantillon liquide contenant au moins un type d'amplicons, issus de l'amplification d'au moins une région polymorphe d'intérêt en rapport avec la ou les maladies recherchées, en présence de sondes choisies de la façon suivante: au moins une sonde spécifique de typage, dite à faible résolution, capable de s'hybrider sur la région polymorphe d'intérêt d'au moins un gène ou un groupe d'allèles de ce gène porté par l'amplicon et associé à ladite ou auxdites maladies, et au moins une sonde spécifique de sous-typage, dite à haute résolution, capable de s'hybrider sur ladite région polymorphe d'intérêt de l'allèle ou du groupe d'allèles spécifique de la sonde de typage, dite à faible résolution, la ou les sondes à haute résolution permettant de discriminer le ou les allèles associés à la susceptibilité et/ou le ou les allèles associés à la résistance à ladite ou auxdites maladies, selon leur hybridation ou leur non hybridation. L'invention trouve une application préférentielle dans le domaine du diagnostic.

**Method for analyzing a patient's genetic predisposition to at least one
disease and amplification adapted to such a method**

The present invention relates to a method for analyzing a patient's genetic predisposition to at least one disease, such as rheumatoid arthritis or ankylosing
5 spondylitis.

In this specification, where a document, act or item of knowledge is referred to or discussed, this reference or discussion is not an admission that the document, act or item of knowledge or any combination thereof was at the priority date:

- (i) part of common general knowledge; or
- 10 (ii) known to be relevant to an attempt to solve any problem with which this specification is concerned.

Each individual has his or her own genetic inheritance, inherited from his or her
ascendants. This particular genetic context can sometimes actively contribute to the
appearance and/or development of certain conditions: infections with a pathogenic agents
15 (AIDS virus for example), autoimmune diseases (rheumatic diseases for example). The
genes of the Major Histocompatibility Complex (MHC), in particular the genes encoding
the HLA antigens (human leukocyte antigens), play a predominant role in the
development of articular autoimmune pathologies such as rheumatoid arthritis
(Lawrence, 1970; Stastny, 1978; Khan, 1979; Stastny, 1983; Gregersen, 1986; Gregersen,
20 1987; Stastny, 1988; Todd, 1988; Wordsworth, 1989; Nepom, 1989; Hiraiwa, 1990;
Nepom, 1991) or ankylosing spondylitis (Brewerton, 1973; Schlosstein, 1973; Benjamin,
1990).

It has been possible to associate a considerable part of the genetic component of
susceptibility to rheumatoid arthritis with the HLA-DRB genes, which encode the β chain
25 of the HLA-DR molecules involved in the presentation of peptides to T lymphocytes, a
pivotal function at the center of the mechanisms regulating the immune response. More
precisely, it has been shown that the presence of a particular sequence of five amino
acids, corresponding to positions 70 to 74 of the third hypervariable region of HLA-DR β 1
molecules, is found for various alleles reported to be associated with rheumatoid arthritis.
30 The involvement of this "shared epitope" corresponding

to the sequences QKRAA or QRRAA or RRRAA (one-letter amino acid code) is nowadays well documented. This molecular explanation is also coherent with the observation of progressive severity of the disease when the genotype comprises none, one or two susceptibility alleles, commonly termed dose-effect.

Ankylosing spondylitis is another inflammatory disease for which a very strong association with the HLA-B27 antigen (relative risk: 69.1) is observed (Baarsma, 1992). In 1977, Schlosstein published the strong association between HLA-B27 and various spondylarthropathies (Schlosstein, 1977). Various hypotheses have been put forward, again involving the function of presentation of specific peptides, in order to explain this association of HLA-B27 molecules.

A positive association has also been published between HLA-B27 and acute anterior uveitis (relative risk: 8.2).

The detection of HLA-B27 antigen(s) has a definite clinical value, as witnessed by the fact that this is a commonly carried out analysis recommended in the course of a rheumatology consultation.

The detection of one or more HLA-B*27 allele(s) is also possible using the molecular biology techniques of amplification and of analysis of the specific regions of interest.

Thus, in 1985, Weiss published the organization, sequence and expression of the HLA-B27 gene. In 1991, Hill published a technique for amplifying by PCR the polymorphic regions of the HLA-B gene and the detection of HLA-B*2703 by hybridization with a specific probe (Hill, 1991). In 1992, Dominguez published the description of the first method for genotyping B27, after PCR amplification of the polymorphic regions of the HLA-B gene.

Currently, with regard to rheumatoid arthritis, the identification of one or more susceptibility allele(s) is generally carried out routinely in the course of low resolution or generic HLA-DR typing, enabling in particular the detection of one or more HLA-DR4 antigen(s) or one or more HLA-DRB1*gr04 allele(s).

These tests are carried out by centers which specialize in the study of HLA genes, such as blood transfusion centers or certain specialized hospitals. This identification

therefore requires the sending of a sample and the use of fairly laborious technology. There are therefore many negative consequences, such as:

- the risks of losing the sample,
- the considerable amount of time taken for this identification,
- the relatively high cost of said identification, and
- the lack of control of the party requesting the service over the provider of the service.

The state of the art is very limited with regard to HLA-DR and rheumatoid arthritis associations, which use molecular biology technology.

In the context of ankylosing spondylitis, the state of the art consists essentially of immunology techniques. This is the case of patent application WO-A-95/30152, which allows the identification of the B27 antigen. Thus, with regard to ankylosing spondylitis, a simple search for the HLA-B27 antigen is conventionally carried out using a serological technique (flow cytometry or cytotoxicity, with a specific anti-B27 antibody).

These techniques are rapid, but false-negative reactions are sometimes observed due to masking of the B27 antigens by autoantibodies or peptides (Neümüller, 1993; Kirveskari, 1997). In addition, as with any technique for analyzing antigens expressed at the surface of lymphocytes, precautions for good conservation of the cells are necessary, and sometimes restrictive.

Still in this field, the state of the art also consists of molecular biology techniques. Thus, patent US-A-4,971,902 relates to probes for diagnosing a patient's predisposition to rheumatoid arthritis. These probes are based on recognition of the DRB1*gr04 group of alleles.

However, while this DRB1*gr04 group of alleles is effectively associated with rheumatoid arthritis, not all the alleles currently known (DRB1*gr0401 to DRB1*gr0427) are necessarily associated with this disease. The result of this may be that, if typing is limited to the DRB1*gr04 group of alleles, then depending on the alleles present, false positives which will unnecessarily alarm the physician and the patient may, besides true positives or true negatives, be obtained.



Whether a serological technique (analysis of DR antigens using a battery of sera of known specificity: results given according to the nomenclature DR1 to DR10) or a molecular biology technique (analysis of DRB1 alleles: results given according to the nomenclature DRB1*01 to DRB1*10) is used, the clinician is essentially interested in the presence of one or more DR4 antigen(s) or one or more DRB1*gr04 allele(s), possibly with the “dose-effect” information.

In the event of results suggesting a predisposition to the disease, a second test is generally carried out, using a “DR4 subtyping” “high resolution” molecular biology technique, in order to specify the DRB1*gr04 allele (DRB1*gr0401 to gr 0427 according to the official nomenclature in 1998) only the DRB1*gr0401, gr0404, gr0405 and gr0408 alleles being reported to be associated with the disease.

These tests are reliable but long, taking several days, and expensive.

The analytical method claimed allows an analysis which is simplified from a practical point of view, more rapid, taking less than two hours, after preparation of the amplicons, and relatively inexpensive.



To this effect, the present invention relates to a method for analyzing a patient's genetic predisposition to at least one disease, consisting in placing a liquid sample containing at least one type of amplicon, derived from the amplification of at least one polymorphic region of interest with respect to the disease(s) being sought, in the presence of probes chosen in the following way:

- at least one specific "low-resolution" typing probe capable of hybridizing on the polymorphic region of interest of at least one gene or a group of alleles of this gene carried by the amplicon and associated with said disease(s), and
- at least one specific "high-resolution" subtyping probe capable of hybridizing on said polymorphic region of interest of the allele or of the group of alleles specific for the "low-resolution" typing probe, the high-resolution probe(s) making it possible to distinguish the allele(s) associated with susceptibility, and/or the allele(s) associated with resistance, to said disease(s), according to whether or not they hybridize.

In order to detect the presence of another allele, when a single allele of the gene or of the group of alleles of this gene has been detected, with at least one specific low-resolution typing probe, corresponding to the other group(s) of alleles, the method consists in placing the amplicons in the presence of at least one probe specific for at least one other allele, corresponding to the polymorphism of said gene or of said group of alleles of this gene detected by the low-resolution probe(s).

Each low- or high-resolution probe specific for the disease(s) being sought comprises at least one motif characteristic of said disease(s) being sought.

When the desire is to detect HLA-DR alleles for genetic susceptibility to rheumatoid arthritis and other associated diseases, use is made of:

- at least one low-resolution probe capable of hybridizing on the DRB1*gr04 group of alleles,
- at least one high-resolution probe associated with genetic susceptibility to rheumatoid arthritis, capable of hybridizing with the following alleles: DRB1*0101, DRB1*gr0401, DRB1*gr0404, DRB1*gr0405, DRB1*gr0408 and DRB1*gr1402,
- at least one high-resolution probe associated with genetic resistance to rheumatoid arthritis, capable of hybridizing with the following alleles: DRB1*gr0402, DRB1*gr0403, DRB1*gr0406 and DRB1*gr0407.

In addition, use is made of at least one low-resolution probe capable of hybridizing on the DRB1*01 group of alleles and on the DRB1*10 allele.

- When the desire is to detect the presence of another allele, when a single allele of the DRB1*gr04 group of alleles has been detected, use is made of at least one probe capable of hybridizing on the following alleles: DRB1*02, DRB1*03, DRB1*07, DRB1*08, DRB1*09, DRB1*11, DRB1*12, DRB1*13 and DRB1*14.

With regard to the probes relating to these alleles, use is made of:

- a SEQ ID NO 3 probe, for the DRB1*gr04 typing,
- two high-resolution probes associated with genetic susceptibility to rheumatoid arthritis:
 - SEQ ID NO 4 for DRB1*gr0401,
 - SEQ ID NO 7 for DRB1*0101, DRB1*gr0404, DRB1*gr0405, DRB1*gr0408 and DRB1*1402,
- two high-resolution probes associated with genetic resistance to rheumatoid arthritis:
 - SEQ ID NO 5 for DRB1*gr0402, and
 - SEQ ID NO 6 for DRB1*gr0403, DRB1*gr0406 and DRB1*gr0407.

More precisely, use is also made of a high-resolution probe, SEQ ID NO 8, specific for DRB1*gr0405 and associated with genetic susceptibility to rheumatoid arthritis.

In addition, the following two probes are used for the typing:

- SEQ ID NO 11 for the DRB1*01 group of alleles, and
- SEQ ID NO 15 for the DRB1*10 allele.

When the desire is to detect the presence of another allele, when a single allele of the DRB1*gr04 group of alleles has been detected, use is made of the following four typing probes:

- SEQ ID NO 13 for DRB1*02,
- SEQ ID NO 14 for DRB1*07 and DRB1*09,
- SEQ ID NO 16 for DRB1*08 and DRB1*12, and
- SEQ ID NO 12 for DRB1*03, DRB1*11, DRB1*13 and DRB1*14.

In any event, each low- or high-resolution probe specific for the alleles for genetic susceptibility to rheumatoid arthritis and other associated diseases comprises one of the following characteristic motifs: QKRAA, QRRAA or RRRAA.

At least one control probe capable of hybridizing with the set of DRB1 genes is used to allow detection of all the DRB1 genes, such as SEQ ID NO 1:
TTC GAC AGC GAC GTG GGG.

If the intention is also to detect alleles for genetic susceptibility to ankylosing spondylitis and other associated diseases, use is made of at least one low-resolution probe, such as SEQ ID NO 10, capable of hybridizing on the HLA-B gene and specific for the HLA-B27 group of alleles.

If the intention is also to detect genetic susceptibility associated with lupus erythematosus disseminatus, with collagen disease, with Sjögren's syndrome and other associated diseases, use is made of at least one low-resolution probe, such as SEQ ID NO 19, capable of hybridizing on the HLA-DR gene and specific for the HLA-DRB1*03 group of alleles.

Whatever the detection sought, a maximum of 38.89% of the bases of the same low-resolution or high-resolution probe are replaced with at least one analogous base, such as inosine.

According to one variant of implementation of the method, each specific low-resolution or high-

resolution probe is placed in a well of a microtitration plate, independently of the other probes.

5 According to another variant of implementation of the method, all the reactions are carried out simultaneously.

Prior to the method stated above, at least one amplification of the polymorphic regions(s) of interest is carried out.

10 Amplification of the polymorphic region(s) of interest associated with HLA-DR and amplification of the polymorphic region(s) of interest associated with HLA-B are carried out simultaneously.

15 According to one variant of implementation, a second amplification of at least one region is carried out, which is more highly targeted than that already carried out on the polymorphic region, this more highly targeted region being a region of interest with respect to the disease(s) being sought, and the amplicons
20 obtained are placed in the presence of the previously defined probes.

According to this variant, the first amplification is carried out at the same time as, or prior to, the second, more highly targeted
25 amplification.

The present invention also relates to amplification of a sequence corresponding to the DRB1*gr04 groups of alleles, with a view to using it in a method for analyzing a patient's genetic
30 predisposition to rheumatoid arthritis, which consists in using SEQ ID NO 20 primers in combination with SEQ ID NO 21 primers.

The present invention also relates to amplification of a sequence corresponding to the B27
35 allele, with a view to using it in a method for analyzing a patient's genetic predisposition to ankylosing spondylitis, which consists in using SEQ ID NO 22, SEQ ID NO 23 and/or SEQ ID NO 25 primers in

combination with SEQ ID NO 24 and/or SEQ ID NO 26 primers.

In addition, the invention may consist in combining the two amplifications described in the two paragraphs above, with a view to using them in a method for analyzing a patient's genetic predisposition to rheumatoid arthritis and/or to ankylosing spondylitis.

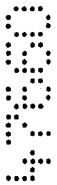
In this case, the final concentration of primers for amplifying the sequence corresponding to the DRB1*gr04 groups of alleles is higher than the final concentration of primers for amplifying the sequence corresponding to the B27 allele.

In one variant of implementation, the above amplification is combined with the amplification of a sequence corresponding to a more highly targeted region included in the DRB1*gr04 allele, which consists in using SEQ ID NO 21 primers in combination with SEQ ID NO 27 primers.

The attached examples are given by way of explanatory example and are in no way limiting in nature. They will make it possible to understand the invention more clearly.

The present invention relates to a method for detecting genetic diseases which is rapid and inexpensive. This novel technology may be used with all genetic diseases and particularly with rheumatoid arthritis, ankylosing spondylitis and other autoimmune diseases, such as collagen diseases (lupus, scleroderma, etc.), also encountered during a rheumatology consultation.

It is a method dedicated to analyzing an individual's genetic predispositions to certain diseases, using a molecular biology technique which allows the simultaneous analysis of several genes. This method may be advantageously applied to the analysis of an individual's genetic predispositions for a disease, or a set of related diseases, associated with one or more genes. This method may be applied to the analysis



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of an individual's genetic predispositions to certain inflammatory autoimmune diseases, such as rheumatoid arthritis and ankylosing spondylitis.

The advantage of this method is obtaining, in one step, with a multiple but single test, a complete set of relevant information of clinical interest (diagnostic interest, prognostic interest and interest in terms of therapeutic direction). The method can be broken down into several steps:

- 1) extraction of nucleic acids from a biological sample from the individual,
- 2) amplification of the regions of interest for which a polymorphism associated with a genetic predisposition to a pathological condition has been described, and
- 3) simultaneous analysis of the amplicons using a set of hybridization reactions implementing a set of molecular probes which allow the precise analysis of given alleles or groups of alleles.

I - Example of simultaneous analysis of an individual's genetic predispositions for rheumatoid arthritis and ankylosing spondylitis:

1°) Extraction of deoxyribonucleic acids (DNAs) from a peripheral blood sample:

This extraction is carried out entirely conventionally. In fact, it is possible to use any DNA extraction technique which makes it possible to obtain material which can subsequently be amplified using an amplification method such as the Polymerase Chain Reaction (PCR). These cell lysis techniques, with extraction and then purification of the nucleic acids, are conventionally those recommended for genetic analyses, or rapid techniques using commercial products, such as QIAmp Blood Kit (trademark) from QIAGEN S.A.

2°) Simultaneous amplification by PCR:

This amplification concerns the following loci
- the HLA-DR locus: including the region of exon 2 corresponding to codons 5 to 94, according to the official nomenclature, of the HLA-DRB genes

- the HLA-B locus: including the region of exon 2 corresponding to codons 25 to 114, according to the official nomenclature, of the HLA-B gene.

Table 1 below describes the primers used during the amplification of the two loci described above. It also gives the set of physicochemical conditions for carrying out this amplification.

Primers	<ul style="list-style-type: none"> - P1 (5' primer-DR): SEQ ID NO 20 CCG GAT CCT TCG TGT CCC CAC AGC ACG (5'>3') - P2 (3' primer-DR): SEQ ID NO 21 TCG CCG CTG CAC TGT GAA G (5'>3') - P3 (5' primer -B): SEQ ID NO 22 or SEQ ID NO 23 GGG AGG AGC GAG GGG ACC CCA G (5'>3') or GGG AGG AGC GAG GGG ACC GCA G (5'>3') - P4 (3' primer-B): SEQ ID NO 24 ATC TCG GAC CCG GAG ACT (5'>3')
Reaction mixture	<ul style="list-style-type: none"> - 10X TEMAG buffer (*): 10 µl - dNTPs (20 mM): 1 µl (0.2 mM final) - P1 (30 µM): 0.8 µl (0.25 µM final) - P2 (30 µM): 0.8 µl (0.25 µM final) - P3 (30 µM): 1.3 µl (0.4 µM final) - P4 (30 µM): 1.3 µl (0.4 µM final) - AmpliTaq (5 U/µl): 0.5 µl (2.5 U) - DNA: 100-500 ng - H₂O: QS for 100 µl
Amplification program	(5 min at 96°C) + 10 x (10 sec at 98°C + 30 sec at 65°C + 30 sec at 72°C) + 30 x (20 sec at 96°C + 30 sec at 65°C + 30 sec at 72°C)

Table 1: Simultaneous amplification of the regions of interest HLA-DR and HLA-B

(*): 10X TEMAG buffer: 500 mM Tris-HCl, pH 8.8, 150 mM ammonium sulfate, 15 mM MgCl₂, 500 µM EDTA and 0.1% gelatin.

3°) Simultaneous analysis of the amplicons:

This analysis uses a set of hybridization reactions implementing a set of oligonucleotide probes which allow the precise analysis of HLA-DRB1 and HLA-

B*27 alleles or groups of alleles which are important for studying genetic predisposition to rheumatoid arthritis and to ankylosing spondylitis, in particular.

Table 2 describes the set of probes which is used for detecting these two diseases. The indications given, from left to right, are as follows:

- the probe reference assigned in HLA nomenclature,
- the sequence number assigned in this document,
- the HLA gene concerned,
- the sequence making up this probe, and
- the location of the codons (three nucleotides) on the HLA genes.

Probe	SEQ ID NO	HLA Gene	Sequence (5'>3')	Location (codons)
C +	1	DR	TTC GAC AGC GAC GTG GGG	40-45
C -	2	-	TAT GAA ACT TAT GGG GAT AC	-
4	3	DR	GAT ACT TCT ATC ACC A	29-34
QK71	4	DR	GAG CAG AAI CGG ICC GAG CAG AAG CGG GCC	69-73
IDE71	5	DR	CTG GAA GAC GAI CGG CTG GAA GAC GAG CGG	68-72
E74	6	DR	AGC AIA IGC IGG ICI AII AGC AGA GGC GGG CCG AGG	69-75
QR71	7	DR	CAG AGG CGI GII ICI GTG CAG AGG CGG GCC GCG GTG	70-75
S57	8	DR	GCC TAG CGC CGA GTA	55-60
C + (B)	9	B	AAA TAC CTC ATG GAG TGG GAG CC	25-32 (*)
B27	10	B	TGC CTT IGC CTT ICA GAT TGC CTT GGC CTT GCA GAT	90-95 (*)
1	11	DR	TGG CAG CTT AAG TTT GAA	9-14
52	12	DR	TAC TCT ACG TCT GAG T	10-15
2	13	DR	CAG CCT AAG AGG GAG TG	10-15
7+9	14	DR	IAG GTI GAC AIC GTG TGC CAG GTG GAC ACC GTG TGC	74-79
10	15	DR	GGA GGA GGT TAA GTT	8-13

15

8+12	16	DR	CTC TAC GGG IGA GT <i>CTC TAC GGG TGA GT</i>	10-15
3	19	DR	CCG GGT GGA CAA CIA C <i>CCG GGT GGA CAA CTA C</i>	73-78
D1	17	DR	GAA CAG CCA GAA GGA C	61-66
D6	18	B	CTC GCT CTG GTT GTA GTA G	106-113 (*)

Table 2: Oligonucleotide probes

(*) probe corresponding to the noncoding complementary strand

5 For certain probes, a second sequence in italic characters specifies the natural sequence, i.e. the sequence consisting only of the four nucleotides adenosine (A), thymine (T), guanine (G) and cytosine (C). The other sequences repeat the same nucleotides
10 with the exception of the substitution of some with different nucleotides. In the present case, this is inosine.

Certain sequences do not contain any inosine, this is the case of SEQ ID NOs 1, 2, 3, 8, 9, 11, 12,
15 13, 15, 17 and 18. Others contain few inosines, this is the case of SEQ NO 19, in which there is one inosine out of a total of sixteen nucleotides, i.e. 6.25% difference relative to the basic sequence. Others contain many more inosines, such as for SEQ ID NO 6, in
20 which there are seven inosines out of a total of eighteen nucleotides, i.e. approximately 38.89% difference relative to the basic sequence.

The use of inosines makes it possible to further improve the specificity of the probes with
25 respect to the sequences to which they will hybridize. The specificity of the capture probes is clearly specified in Table 3 below.

Probe	SEQ ID NO	Specificity
C +	1	All DRB1*
C -	2	None
4	3	DRB1*gr04
QK71	4	DRB1*gr0401 in particular, allele containing the motif QKRAA corresponding to the shared epitope
IDE71	5	DRB1*gr0402 in particular
E74	6	DRB1*gr0403, gr0406 and gr0407 in particular
QR71	7	DRB1*0101, gr0404, gr0405, gr0408 and 1402 in particular, allele containing the motif QRRAA corresponding to the shared epitope
S57	8	DRB1*gr0405 in particular
C + (B)	9	All B*
B27	10	B*27 in particular
1	11	DRB1*01
52	12	DRB1*03, 11, 13 and 14 in particular
2	13	DRB1*02
7+9	14	DRB1*07 and 09
10	15	DRB1*10
3	19	DRB1*03 in particular
8 + 12	16	DRB1*08 and 12 in particular

Table 3: Main specificities of the capture probes

In this Table 3, the term "in particular" is sometimes associated with certain alleles. The explanation lies in the fact that other alleles exist. Thus, with SEQ ID NO 5, DRB1*gr0402 is detected, but also DRB1*gr0414. The latter is very rare, so rare that, to date, no study has been undertaken to link its presence to that of rheumatoid arthritis. However, since the motifs of these two alleles are similar within the polymorphic regions of interest, there is a strong chance that their susceptibility to this disease is identical.

Probes D1 and D6, corresponding to SEQ ID NO 17 and 18, are detection probes.

They recognize the regions observed in all the alleles of the same gene. Thus, the SEQ ID NO 17 probe is chosen in a conserved region of the HLA DR gene, while the SEQ ID NO 18 probe is chosen in a conserved
5 region of the HLA B gene.

This probe analysis may be carried out on microtitration plates or microplates, the format of which is standardized. These plates comprise individual strips of eight wells, which can be assembled depending
10 on the number of tests to be carried out. Due to the demands of convenience and cost, the use of two strips per test and [sic] advantageous.

The objective is to obtain results with a minimum of strips, since the production cost must be as
15 low as possible, while at the same time having a very high level of performance. This minimum corresponds to two strips.

In the case of rheumatoid arthritis and of ankylosing spondylitis, two strips may therefore be
20 used, which will be named R1 and R2, respectively. While one possibility is provided for strip R1, two scenarios are possible with regard to R2.

Strip R1		Strip R2		Strip R2a	
C +	SEQ ID NO 1	C + (B)	SEQ ID NO 9	C + (B)	SEQ ID NO 9
C -	SEQ ID NO 2	B27	SEQ ID NO 10	B27	SEQ ID NO 10
4	SEQ ID NO 3	1	SEQ ID NO 11	1	SEQ ID NO 11
QK71	SEQ ID NO 4	52	SEQ ID NO 12	52	SEQ ID NO 12
IDE71	SEQ ID NO 5	2	SEQ ID NO 13	2	SEQ ID NO 13
E74	SEQ ID NO 6	7+9	SEQ ID NO 14	3	SEQ ID NO 19
QR71	SEQ ID NO 7	10	SEQ ID NO 15	10	SEQ ID NO 7
S57	SEQ ID NO 8	8+12	SEQ ID NO 16	7+9+8+12	SEQ ID NO 14 and 16

Table 4: Organization of the multitest (distribution of the probes in the wells)

- 5 Strip R1 comprises a positive control (SEQ ID NO 1) which makes it possible to detect all the alleles of the DRB1* gene, which makes it possible to verify that the region of interest between the primers P1 and P2 described in Table 1 was indeed that amplified. The
- 10 negative control (SEQ ID NO 2) has no diagnostic objective, it is present only to satisfy certain standards. This sequence is absolutely not specific for HLA, and corresponds to a random sequence which is not found in HLA genes.
- 15 SEQ ID NO 3 allows the typing of the set of alleles which constitutes the DRB1*gr04 group. It allows the identification of all the DRB1*gr04 alleles, these alleles belonging to the group defined by HLA-typing techniques using serology, such as the DR4
- 20 group. It is a low-resolution probe, i.e. many alleles can be recognized with this probe.
- SEQ ID NOS 4 to 8 allow, themselves, the subtyping of some of the alleles which constitute the DRB1*gr04 group, specifying the allele(s) which
- 25 share(s) a particular sequence. They are high-resolution probes, i.e. a few alleles, or even a single allele, can be recognized with one of these probes.

All these probes are used to detect the alleles containing the shared epitope, which are associated with genetic predisposition to rheumatoid arthritis. More particularly, the SEQ ID NO 4 and 7 probes make it possible to detect the alleles associated with susceptibility to rheumatoid arthritis, and the SEQ ID NO 5 and 6 probes make it possible to detect the alleles associated with resistance to said rheumatoid arthritis. The SEQ ID NO 8 probe makes it possible to confirm the presence of a DRB1*gr0405 allele.

Strip R2 comprises a positive control (SEQ ID NO 9) which makes it possible to detect the amplicons corresponding to exon 2 of the HLA-B gene, which makes it possible to verify that the region of interest between the primers P3 and P4 described in Table 1 was indeed that amplified.

It comprises, firstly, a SEQ ID NO 10, which makes it possible to detect the B*27 group of alleles, and which is used to determine whether an individual is predisposed to developing ankylosing spondylitis.

The remainder of this strip consists of low-resolution probes, namely SEQ ID NOs 11 to 16, which make it possible to complete the analysis of the two haplotypes of any individual, in particular indicating whether the presence of alleles for susceptibility or for resistance to rheumatoid arthritis, revealed with strip R1, relates to one or to both haplotypes (dose-effect).

Depending on the balance between susceptibility allele, resistance allele and neutral allele, the risks of developing more or less severe rheumatoid arthritis are different and the therapeutic means to be implemented will be adapted to this diagnosis.

In the case of strip 2a, the same configuration as strip R2 is substantially repeated, with the exception of two modifications.

Firstly, two reactions are grouped together. Thus, a single well contains within it two different probes, namely SEQ ID NO 14 and SEQ ID NO 16.

The well thus freed makes it possible to add a new probe, SEQ ID NO 19, which is associated with the presence of DRB1*03 alleles (DR3). It is, in fact, judicious to be able to identify, in an independent manner, this group of DRB1*03 alleles, which is found to be associated with other diseases, such as lupus erythematosus disseminatus, collagen disease, Sjögren's syndrome or insulin-dependent diabetes for example.

4° Preparation of the reagents for analyzing the amplicons prepared:

The principle of reverse hybridization used is that described in document WO-A-93/02213 of the applicant, the content of which is considered to be contained in our patent application. Briefly, the specific capture probes are absorbed passively onto the polystyrene of the wells of strips assembled into microplates, by virtue of a modification of their 5' end (presence of an -NH₂ function). The detection probes are oligonucleotides covalently coupled to the HRP (horse radish peroxidase) enzyme by virtue of a modification of their 5' end (presence of an -NH₂ function). The composition of the hybridization buffer was modified as follows:

- 75 mM Na₂HPO₄. 2H₂O,
- 25 mM NaH₂PO₄. H₂O,
- pH 6.8,
- 500 mM NaCl,
- 2% PEG 4000,
- 0.65% of Tween 20,
- 0.1% of gelatin,
- 0.14 g/l of sonicated DNA,
- 0.001% of ciprofloxacin hydrochloride, and
- 0.02% of bromonitrodioxane.

A multitest consists of a strip R1 and a strip R2 or R2a, as described in Table 4.

5°) Procedure:

1) Denaturation of the amplicons: 10 µl of denaturing reagent (2N NaOH) are added to 100 µl of prepared amplicon solution. Incubation for 5 minutes at 18-25°C.

- 2) Addition of 2 ml of hybridization buffer and of 0.2 ml of solution containing the detection probes.
- 3) Distribution of the mixture, in a proportion of 100 µl in each of the sixteen sensitized wells
- 5 corresponding to a multitest. Cover with a self-adhesive sheet.
- 4) Incubation for 60 minutes in an incubator at 37°C (35-39°C).
- 5) Removal of the nonhybridized material by washing at 18-25°C.
- 6) Revelation of the enzymatic reaction by distributing 100 µl per well of substrate solution (OPD, orthophenylenediamine). Incubate for 20 minutes at 18-25°C in the dark.
- 7) Reading of results: direct or recording of optical densities (reading at 492 nm).
- 8) Interpretation of the results.

II - Examples and results:

The results obtained with various samples with known HLA typing are shown below:

1°) First sample:

The following two tables 5 and 6 represent the results obtained with two strips R1 and R2.

Strip R1	OD x 1000	+/-
SEQ ID NO 1	> 2500	+
SEQ ID NO 2	-	-
SEQ ID NO 3	898	+
SEQ ID NO 4	256	+
SEQ ID NO 5	1	-
SEQ ID NO 6	0	-
SEQ ID NO 7	10	-
SEQ ID NO 8	9	-

Strip R2	OD x 1000	+/-
SEQ ID NO 9	> 2500	+
SEQ ID NO 10	0	-
SEQ ID NO 11	0	-
SEQ ID NO 12	0	-
SEQ ID NO 13	2044	+
SEQ ID NO 14	0	-
SEQ ID NO 15	1	-
SEQ ID NO 16	3	-

25

Table 5: Strip R1

Table 6: Strip R2

Because a strip R2 is used, two analyses are possible.

Firstly, the HLA-DR analysis shows that:

- the SEQ ID NO 1 probe is positive: the HLA-DR amplification and the hybridization test have functioned correctly,
- the SEQ ID NO 3 and SEQ ID NO 4 probes are positive:
- 5 a DRB1*gr0401 allele is present, and
- the SEQ ID NO 13 probe is positive: a DRB1*02 allele is present.

In conclusion, a single allele for susceptibility to rheumatoid arthritis (DRB1*gr0401) is
10 present, the second allele being DRB1*02 which is neutral with respect to rheumatoid arthritis.

Secondly, the HLA-B analysis shows that:

- the SEQ ID NO 9 probe is positive: the HLA-B amplification and hybridization test have functioned
- 15 correctly, and
- the SEQ ID NO 10 probe is negative: the B*27 allele is absent.

The patient whose sample was tested is not susceptible to ankylosing spondylitis.

20 The HLA typing of this first sample was:

- HLA-DRB1*gr0401/1602, and
- HLA-B*5701.

2°) Second sample:

The following two tables 7 and 8 represent the
25 results obtained with two strips R1 and R2.

Strip R1	OD x 1000	+/-
SEQ ID NO 1	> 2500	+
SEQ ID NO 2	0	-
SEQ ID NO 3	261	+
SEQ ID NO 4	0	-
SEQ ID NO 5	312	+
SEQ ID NO 6	0	-
SEQ ID NO 7	4	-
SEQ ID NO 8	0	-

Table 7: Strip R1

Strip R2	OD x 1000	+/-
SEQ ID NO 9	> 2500	+
SEQ ID NO 10	0	-
SEQ ID NO 11	0	-
SEQ ID NO 12	0	-
SEQ ID NO 13	2300	-
SEQ ID NO 14	0	-
SEQ ID NO 15	0	-
SEQ ID NO 16	0	-

Table 8: Strip R2

There are four positive probes, which are:

- the SEQ ID NO 1 probe: the HLA-DR amplification and the hybridization test have functioned correctly,
- the SEQ ID NO 3 probe: at least one DRB1*gr04 allele is present,
- 5 - the SEQ ID NO 5 probe: at least one DRB1*gr0402 allele is present, and
- the SEQ ID NO 9 probe: at least one B* allele is present, but B*27 is not present since SEQ ID NO 10 is negative.
- 10 A DR4 allele is therefore present, but this allele is of a subtype which is not involved in genetic susceptibility to RA (DRB1*gr0402). Identification of the second allele makes it possible to establish that it is DRB1*02.
- 15 The HLA typing of this third sample was:
 - HLA-DRB1*gr0402/02, and
 - HLA-B other than B*27.

3°) Third sample:

The following two tables 9 and 10 represent the
20 results obtained with two strips R1 and R2.

Strip R1	OD x 1000	+/-
SEQ ID NO 1	> 2500	+
SEQ ID NO 2	-	-
SEQ ID NO 3	4	-
SEQ ID NO 4	21	-
SEQ ID NO 5	1145	+
SEQ ID NO 6	0	-
SEQ ID NO 7	8	-
SEQ ID NO 8	0	-

Table 9: Strip R1

Strip R2	OD x 1000	+/-
SEQ ID NO 9	> 2500	+
SEQ ID NO 10	2228	+
SEQ ID NO 11	12	-
SEQ ID NO 12	1278	+
SEQ ID NO 13	877	+
SEQ ID NO 14	0	-
SEQ ID NO 15	0	-
SEQ ID NO 16	5	-

Table 10: Strip R2

Like the previous two examples, two analyses
25 are possible.

Firstly, the HLA-DR analysis shows that:

- the SEQ ID NO 1 probe is positive: the HLA-DR amplification and the hybridization test have functioned correctly,

- the SEQ ID NO 3 probe is negative: no DRB1*gr04 allele is present,
- the SEQ ID NO 5 and SEQ ID NO 12 probes are positive: a DRB1*11 or 13 allele is present, and
- 5 - the SEQ ID NO 13 probe is positive: a DRB1*02 allele is present.

In conclusion, there is no allele for susceptibility to rheumatoid arthritis, the two DR alleles were, however, identified at the generic level.

10 Secondly, the HLA-B analysis shows that:

- the SEQ ID NO 9 probe is positive: the HLA-B amplification and the hybridization test have functioned correctly, and
- the SEQ ID NO 10 probe is positive: at least one B*27
- 15 allele is present.

The HLA typing of this third sample was:

- HLA-DRB1*02/1301, and
- HLA-B*27.

4°) Fourth sample:

20 The following two tables 11 and 12 represent the results obtained with two strips R1 and R2a.

The configuration with two strips R1 and especially R2a (see Table 4) makes it possible, in addition to the analysis of genetic susceptibility to rheumatoid arthritis and to ankylosing spondylitis, to

25 more clearly analyze genetic susceptibility to lupus erythematosus disseminatus, to collagen diseases, to Sjögren's syndrome and to other diseases encountered during a rheumatology consultation. This is carried out

30 by combining, in a single well, SEQ NOs 14 and 16, which contain probes 7, 8, 9 and 12, the specificities of which are described in Table 3.

Strip R1	OD x 1000	+/-
SEQ ID NO 1	> 2500	+
SEQ ID NO 2	0	-
SEQ ID NO 3	275	+
SEQ ID NO 4	241	+
SEQ ID NO 5	0	-

Strip R2	OD x 1000	+/-
SEQ ID NO 9	> 2500	+
SEQ ID NO 10	0	-
SEQ ID NO 11	0	-
SEQ ID NO 12	1832	+
SEQ ID NO 13	2	-

SEQ ID NO 6	0	-
SEQ ID NO 7	0	-
SEQ ID NO 8	0	-

SEQ ID NO 19	849	+
SEQ ID NO 15	0	-
SEQ ID NO 14	67	-
+ 16		

Table 11: Strip R1

Table 12: Strip R2

There are six positive probes, which are:

- the SEQ ID NO 1 probe: the HLA-DR amplification and the hybridization test have functioned correctly,
- the SEQ ID NO 3 probe: at least one DRB1*gr04 allele is present,
- the SEQ ID NO 4 probe: at least one DRB1*gr0401 allele is present,
- the SEQ ID NO 9 probe: at least one B* allele is present, but B*27 is not present since SEQ ID NO 10 is negative,
- the SEQ ID NO 12 probe: at least one DRB1*03, 11, 13 or 14 allele is present, and
- the SEQ ID NO 19 probe: at least one DRB1*03 allele is present.

An allele for genetic susceptibility to rheumatoid arthritis is therefore present, due to the existence of the DRB1*gr0401 allele, as is an allele for genetic susceptibility to lupus erythematosus disseminatus, due to the existence of the DRB1*03 allele, in this patient. There is no allele concerning B*27.

The HLA typing of this fourth sample was:

- HLA-DRB1*gr0401/0301, and
- HLA-B other than B*27.

III - Optimization of the results:

The objective was to improve the conditions under which the amplification should be carried out.

The optimal conditions are given in Table 13 below.

Primers	<ul style="list-style-type: none"> - P1 (5' primer-DR): SEQ ID NO 20 CCG GAT CCT TCG TGT CCC CAC AGC ACG (5'>3') - P2 (3' primer-DR): SEQ ID NO 21 TCG CCG CTG CAC TGT GAA G (5'>3')
---------	--

	- P3 (5' primer-B): SEQ ID NO 25 GGG AGG AGC GAG GGG ACC GCA (5'>3') - P4 (3' primer-B): SEQ ID NO 26 ATC TCG GAC CCG GAG ACT CG (5'>3')
Reaction mixture	- 10X TEMAG buffer (*): 10 µl - dNTPs (20 mM): 1 µl (0.2 mM final) - P1 (40 µM): 1 µl (0.4 µM final) - P2 (40 µM): 1 µl (0.4 µM final) - P3 (30 µM): 1 µl (0.3 µM final) - P4 (30 µM): 1 µl (0.3 µM final) - AmpliTaq (5 U/µl): 0.5 µl (2.5 U) - DNA: 100-500 ng - H ₂ O: QS for 100 µl
Amplification program	(5 min at 96°C) + 10 x (10 sec at 98°C + 30 sec at 65°C + 30 sec at 72°C) + 30 x (20 sec at 96°C + 30 sec at 62°C + 30 sec at 72°C)

Table 13: Simultaneous and optimized amplification of the regions of interest HLA-DR and HLA-B

The differences between the amplification conditions of Table 1 and of Table 9 therefore lie in the choice of the slightly modified primers P3 and P4, new concentrations of primers P1, P2, P3 and P4 and a temperature variation in the amplification program. The introduction of these modifications into the results is specified in Tables 14, 15 and 16, which each correspond to a different patient sample.

	Initial conditions	Optimized primers	Optimized amplification	Optimized primers and amplification
SEQ ID NO 1	> 2500	> 2500	> 2500	> 2500
SEQ ID NO 2	0	0	0	0
SEQ ID NO 3	97	171	202	365
SEQ ID NO 4	52	95	59	42
SEQ ID NO 5	959	1552	966	1472
SEQ ID NO 6	0	0	0	0
SEQ ID NO 7	17	44	31	45

SEQ ID NO 8	0	16	0	3
SEQ ID NO 9	1237	1708	1627	1792
SEQ ID NO 10	211	363	394	414
SEQ ID NO 11	3	0	0	0
SEQ ID NO 12	882	895	737	791
SEQ ID NO 13	0	0	0	0
SEQ ID NO 14	0	0	0	0
SEQ ID NO 15	0	0	0	0
SEQ ID NO 16	0	0	0	0

Table 14: Comparative study of the first sample

The typing of this first sample is
DRB1*gr0404/52.

	Initial conditions	Optimized primers	Optimized amplification	Optimized primers and amplification
SEQ ID NO 1	789	1335	1240	1914
SEQ ID NO 2	0	0	0	0
SEQ ID NO 3	353	649	635	944
SEQ ID NO 4	14	49	45	102
SEQ ID NO 5	104	232	228	463
SEQ ID NO 6	0	0	0	0
SEQ ID NO 7	0	0	0	0
SEQ ID NO 8	0	0	0	0
SEQ ID NO 9	1822	> 2500	2120	2240
SEQ ID NO 10	0	0	0	0
SEQ ID NO 11	0	0	0	0
SEQ ID NO 12	0	0	0	0
SEQ ID NO 13	1	5	2	1
SEQ ID NO 14	0	0	0	0
SEQ ID NO 15	0	0	0	0
SEQ ID NO 16	0	0	3	0

Table 15: Comparative study of the second sample

The typing of this second sample is

5 DRB1*gr0401/gr0402.

	Initial conditions	Optimized primers	Optimized amplification	Optimized primers and amplification
SEQ ID NO 1	615	1156	1052	2098
SEQ ID NO 2	0	0	0	0
SEQ ID NO 3	429	691	679	1381
SEQ ID NO 4	0	0	0	0
SEQ ID NO 5	0	0	0	0
SEQ ID NO 6	8	23	17	66
SEQ ID NO 7	14	26	21	66
SEQ ID NO 8	64	174	131	405
SEQ ID NO 9	1348	2377	2089	2191
SEQ ID NO 10	296	622	567	490
SEQ ID NO 11	0	0	0	0
SEQ ID NO 12	0	0	0	0
SEQ ID NO 13	3	0	1	0
SEQ ID NO 14	0	0	0	0
SEQ ID NO 15	0	0	0	0
SEQ ID NO 16	0	2	0	0

Table 16: Comparative study of the third sample

5 The typing of this third sample is DRB1*gr0403/gr0405.

10 All these values are OD values multiplied by one thousand (OD x 1000). Since the maximum readable value is 2.5, when the number is greater than this value, the value is simply indicated as being greater than 2500 (>2500).

15 It is noted that all the highest significant values have been emphasized by placing them in bold. This involves only the positive probes. For the first sample, of the seven significant values, all of them are derived from the conditions optimized with respect to the initial conditions. Three are associated with optimization of the primers and four are associated with optimization of the primers and of the

amplification. For the second sample, of the five significant values, all of them are derived from the conditions optimized with respect to the initial conditions. One is associated with optimization of the primers and four are associated with optimization of the primers and of the amplification. For the third sample, of the seven significant values, all of them are derived from the conditions optimized with respect to the initial conditions. Two are associated with optimization of the primers and five are associated with optimization of the primers and of the amplification.

Optimization of the amplification alone is less worthwhile than optimization of the primers alone or optimization of the primers and of the amplification. However, it is noted that, of the sequences corresponding to the nineteen significant values, eighteen are in favor of optimization of the amplification with respect to the initial conditions.

In comparing the amplification techniques according to Table 1 and according to Table 13, it is seen that the amplification is more efficient when the final concentration of primers for amplifying the sequence corresponding to the DRB1*gr04 groups of alleles is higher than the final concentration of primers for amplifying the sequence corresponding to the B27 allele.

IV- Improvements:

In certain cases, ambiguities may appear. Thus, since the primers are not specific for DR4, other alleles are amplified, which may cause difficulties in interpretation. This is, for example, the case in the three examples below; the only solution is then to carry out a more highly targeted amplification on DR4, using particular primers as described in Table 17 below:

Primers	<ul style="list-style-type: none"> - P5 (5' primer-DR): SEQ ID NO 27 GTT TCT TGG AGC AGG TTA AAC (5'>3') - P2 (3' primer-DR): SEQ ID NO 21 TCG CCG CTG CAC TGT GAA G (5'>3')
Reaction mixture	<ul style="list-style-type: none"> - Tris-HCl buffer, pH 8.3: 50 µM - dNTPs (20 mM): 1 µl (0.2 mM final) - P2 (30 µM): 1 µl (0.3 µM final) - P5 (30 µM): 1 µl (0.3 µM final) - AmpliTaq (5 U/µl): 0.3 µl (1.5 U) - DNA: 100-500 ng - H₂O: QS for 100 µl
Amplification program	(2 min at 95°C) + 32 x (30 sec at 95°C + 30 sec at 55°C + 30 sec at 72°C) + 30 x (20 sec at 96°C + 30 sec at 62°C + 30 sec at 72°C + 7 min at 72°C)

Table 17: Targeted amplification of a region of interest HLA-DR

5 The examples which show such ambiguities and the resolution thereof are as follows.

1°) First sample:

Strip R1	OD x 1000	+/-
SEQ ID NO 1	> 2500	+
SEQ ID NO 2	< 50	-
SEQ ID NO 3	197	+
SEQ ID NO 4	182	+
SEQ ID NO 5	1692	+
SEQ ID NO 6	0	-
SEQ ID NO 7	11	-
SEQ ID NO 8	3	-

Strip R2a	OD x 1000	+/-
SEQ ID NO 9	> 2500	+
SEQ ID NO 10	0	-
SEQ ID NO 11	2	-
SEQ ID NO 12	1519	+
SEQ ID NO 13	0	-
SEQ ID NO 14	0	-
SEQ ID NO 15	0	-
SEQ ID NO 16	0	-

5 Table 18: Strip R1

Table 19: Strip R2

In this case, it is not possible, without taking a risk, to differentiate, within the DRB1*gr04 group (SEQ ID NO 3 is positive) between DRB1*gr0401 (SEQ ID NO 4 is positive) and DRB1*gr0402 (SEQ ID NO 5 is positive). The other allele is a gr52 (SEQ ID NO 12 is positive). In addition, the crude figures tend to favor DRB1*gr0402, since SEQ ID NO 5 has a positive value of 1692, whereas, for DRB1*gr0401, SEQ ID NO 4 has a positive value of only 182.

15 Nevertheless, the second analysis will make it possible to differentiate these two alleles. This is clearly represented in Tables 20 and 21.

Strip R1	OD x 1000	+/-
SEQ ID NO 1	2181	+
SEQ ID NO 2	< 50	-
SEQ ID NO 3	1281	+
SEQ ID NO 4	200	+
SEQ ID NO 5	0	-
SEQ ID NO 6	0	-
SEQ ID NO 7	1	-
SEQ ID NO 8	0	-

Table 20: Strip R1

Strip R2a	OD x 1000	+/-
SEQ ID NO 9	ND	?
SEQ ID NO 10	ND	?
SEQ ID NO 11	0	-
SEQ ID NO 12	0	-
SEQ ID NO 13	0	-
SEQ ID NO 14	0	-
SEQ ID NO 15	0	-
SEQ ID NO 16	0	-

Table 21: Strip R2

It is therefore clearly seen on this second analysis that it is DRB1*gr0401 (SEQ ID NO 4 is positive), whereas DRB1*gr0402 (SEQ ID NO 5 is negative) [sic]. It is therefore possible to differentiate between DRB1*gr0401 and DRB1*gr0402, which is of considerable bearing, since these two alleles do not have the same impact on rheumatoid arthritis. Thus, DRB1*gr0401 is associated with genetic susceptibility to rheumatoid arthritis, and DRB1*gr0402 is associated with genetic resistance to rheumatoid arthritis.

The typing of this first sample is therefore DRB1*gr0401/gr52.

2°) Second sample:

Strip R1	OD x 1000	+/-
SEQ ID NO 1	> 2500	+
SEQ ID NO 2	< 50	-
SEQ ID NO 3	193	+
SEQ ID NO 4	21	-
SEQ ID NO 5	0	-
SEQ ID NO 6	0	-
SEQ ID NO 7	72	+
SEQ ID NO 8	137	+

Table 22: Strip R1

Strip R2a	OD x 1000	+/-
SEQ ID NO 9	> 2500	+
SEQ ID NO 10	1	-
SEQ ID NO 11	1	-
SEQ ID NO 12	1827	+
SEQ ID NO 13	0	-
SEQ ID NO 14	0	-
SEQ ID NO 15	0	-
SEQ ID NO 16	3	-

Table 23: Strip R2

- 5 In this case, it is not possible, without taking a risk, to differentiate, within the DRB1*gr04 group (SEQ ID NO 3 is positive), between DRB1*gr0404 (SEQ ID NO 7 is positive) and DRB1*gr0405 (SEQ ID NO 7 and SEQ ID NO 8 are both positive). The other allele is
- 10 a gr52 (SEQ ID NO 12 is positive).

Nevertheless, the second analysis will make it possible to differentiate these two alleles. This is clearly represented on Tables 24 and 25.

Strip R1	OD x 1000	+/-
SEQ ID NO 1	> 2500	+
SEQ ID NO 2	< 50	-
SEQ ID NO 3	> 2500	+
SEQ ID NO 4	0	-
SEQ ID NO 5	0	-
SEQ ID NO 6	0	-
SEQ ID NO 7	773	+
SEQ ID NO 8	560	+

Table 24: Strip R1

Strip R2a	OD x 1000	+/-
SEQ ID NO 9	ND	?
SEQ ID NO 10	ND	?
SEQ ID NO 11	0	-
SEQ ID NO 12	0	-
SEQ ID NO 13	0	-
SEQ ID NO 14	0	-
SEQ ID NO 15	0	-
SEQ ID NO 16	0	-

Table 25: Strip R2

It is therefore clearly seen on this second analysis that it is DRB1*gr0405 (SEQ ID NO 7 and SEQ ID NO 8 are positive), whereas, if it was DRB1*gr0404 SEQ ID NO 8 should have been negative. It is therefore possible to differentiate between DRB1*gr0404 and DRB1*gr0405, which has less of a bearing than the previous example since, according to current knowledge, these two alleles have the same impact on rheumatoid arthritis. Thus, DRB1*gr0404 and DRB1*gr0405 are both associated with genetic susceptibility to rheumatoid arthritis. Of course, the importance of this second analysis may vary if future knowledge proves one of these two alleles to have a more significant impact than the other.

The typing of this second sample is therefore DRB1*gr0405/gr52.

3°) Third sample:

Strip R1	OD x 1000	+/-
SEQ ID NO 1	> 2500	+
SEQ ID NO 2	< 50	-
SEQ ID NO 3	237	+
SEQ ID NO 4	1	-
SEQ ID NO 5	0	-
SEQ ID NO 6	0	-
SEQ ID NO 7	156	+
SEQ ID NO 8	563	+

Strip R2a	OD x 1000	+/-
SEQ ID NO 9	> 2500	+
SEQ ID NO 10	637	+
SEQ ID NO 11	2	-
SEQ ID NO 12	4	-
SEQ ID NO 13	0	-
SEQ ID NO 14	0	-
SEQ ID NO 15	0	-
SEQ ID NO 16	248	+

Table 26: Strip R1

Table 27: Strip R2

5 In this case, it is not possible, without
taking a risk, to differentiate, within the DRB1*gr04
group (SEQ ID NO 3 is positive), between DRB1*gr0404
(SEQ ID NO 7 is positive) and DRB1*gr0405 (SEQ ID NO 7
and SEQ ID NO 8 are both positive). The other allele is
10 a gr8+12 (SEQ ID NO 16 is positive), which is neutral
for rheumatoid arthritis or ankylosing spondylitis,
according to current knowledge. It should also be noted
that, unlike the previous two examples, a B*27 allele
is present. The second analysis will once again make it
15 possible to differentiate these two alleles. This is
clearly represented in Tables 28 and 29.

Strip R1	OD x 1000	+/-
SEQ ID NO 1	> 2500	+
SEQ ID NO 2	< 50	-
SEQ ID NO 3	1453	+
SEQ ID NO 4	0	-
SEQ ID NO 5	0	-
SEQ ID NO 6	0	-
SEQ ID NO 7	467	+
SEQ ID NO 8	1	+

Table 26: Strip R1

Strip R2a	OD x 1000	+/-
SEQ ID NO 9	ND	?
SEQ ID NO 10	ND	?
SEQ ID NO 11	0	-
SEQ ID NO 12	0	-
SEQ ID NO 13	0	-
SEQ ID NO 14	0	-
SEQ ID NO 15	0	-
SEQ ID NO 16	0	-

Table 27: Strip R2

It is therefore clearly seen on this second analysis that it is DRB1*gr0404, since SEQ ID NO 7 is positive and SEQ ID NO 8 is negative, whereas, if it was DRB1*gr0405, SEQ ID NO 8 should have been positive, as in the previous example. It is therefore possible to differentiate between DRB1*gr0404 and DRB1*gr0405, which has less of a bearing than in the first example since these two alleles have the same impact on rheumatoid arthritis. Thus, DRB1*gr0404 and DRB1*gr0405 are both associated with genetic susceptibility to rheumatoid arthritis. However, the comments made for the second sample may be reiterated.

The typing of this third sample is therefore DRB1*gr0404/gr8+12, with at least one B*27 allele being present.

V - Conclusions:

As these examples prove, the method claimed makes it possible to simultaneously carry out, in one or two steps, a search for genetic susceptibility to rheumatoid arthritis, based on an analysis entirely dedicated to the information required by the clinician (DR1, DR4, DR10, DRB1*gr04 subtypes, presence of the motif QKRAA, QRRRAA and RRRRAA, dose-effect) and also a search for HLA-B*27, often informative during a rheumatology consultation.

When a rheumatology consultation is carried out, the relevance of the HLA-DR and HLA-B27 information needs to be known. Simplicity, feasibility and rapidity of the test, with, consequently, a
5 considerable financial impact, are the advantages of the method according to the invention.

**Bibliographical references incorporated into the
present description as needed**

Baarsma, 1992:

- 5 Baarsma GS, Current Eye Researc, 1992, 11 suppl., 1-9

Benjamin, 1990:

- Benjamin R, Parham P, Immunology Today, 1990, 11, 137-
142, Guilt by association: HLA-B27 and ankylosing
10 spondylitis

Brewerton, 1972:

- Brewerton DA, Caffrey M, Hard FD et al, Lancet, 1973,
1, 904-907. Ankylosing spondylitis and HL-A27.
15

Dominguez, 1992:

- Dominguez O, Coto E, Martinez-Naves E, Choo SY, Lopez-
Larrea C, Immunogenetics, 1992, 36, 277-282. Molecular
typing of HLA-B27 alleles (RM H # 311)
20

Gregersen, 1986:

- Gregersen PK, Shen M, Song QL, Merryman P, Degar S,
Seki T, Maccari J, Goldberg D, Murphy H, Schwenzer J,
Wang CY, Winchester RJ, Nepom GT, Silver J, Proc. Natl.
25 Acad. Sci. USA, 1986, 83, 2642-2646. Molecular
diversity of HLA-DR4 haplotypes.

Gregersen, 1987:

- Gregersen PK, Silver J, Winchester RJ, Arthritis
30 Rheum., 1987, 30, 1205-1213. The shared epitope
hypothesis. An approach to understanding the molecular
genetics of susceptibility to rheumatoid arthritis.

Hill, 1991:

- 35 Hill AVS et al, The Lancet, 1991, March 16, 337, 640-
642

Hiraiwa, 1990:

- Hiraiwa A, Yamanaka K, Kwok WW, Mickelson EM, Masewicz S, Hansen JA, Radka SF, Nepom GT, Proc. Natl. Acad. Sci. USA, 1990, 87, 8051-8055. Structural requirements
5 for recognition of the HLA-Dw14 class II epitope: a key
HLA determinant associated with rheumatoid arthritis.

Khan, 1979:

- Khan MA, Kushner I, Ballou SP et al, Lancet, 1979, 1,
10 921-922, Familial rheumatoid arthritis and HLA-DRW4.

Kirveskari, 1997:

- Kirveskari J, Kellner H, Wuorela M, Soini H, Frankenberg B, Leirisalo-Repo M, Weiss EH, Granfors
15 K, Br. J. Rheumatol., 1997, 36, 185-189, False-negative
serological HLA-B27 typing results may be due to
altered antigenic epitopes and can be detected by
polymerase chain reaction.

20 Lawrence, 1970:

Lawrence J, Ann. Rheum. Dis., 1970, 29, 357-379

Nepom, 1989:

- Nepom GT, Byers P, Seyfried C, Healey LA, Wilske KR,
25 Stage D, Nepom BS, Arthritis Rheum. 1989, 32, 15-21.
HLA genes associated with rheumatoid arthritis.
Identification of susceptibility alleles using specific
oligonucleotide probes.

30 Nepom, 1991:

Nepom GT, Erlich H, Annu. Rev. Immunol., 1991, 9, 493-
525. MHC class-II molecules and autoimmunity.

Neumüller, 1993:

- 35 Neumüller J, Fischer M, Eberl R, Rheumatol. Int., 1993,
13, 163-167. Failure of the serological determination
of HLA-B27 due to antigen masking in patients with
ankylosing spondylitis.

Schlosstein, 1973:

Schlosstein L, Terasaki PI, Bluestone R, Pearson CM, N. Engl. J. Med., 1973, 288, 704-706. High association of a HL-antigen, w27, with ankylosing spondylitis.

5

Stastny, 1978:

Stastny P, N. Engl. J. Med., 1978, 298, 869-871. Association of the B-cell alloantigen DRw4 with rheumatoid arthritis.

10

Stastny, 1983:

Stastny P, Ball EJ, Dry PJ, Nunez G, Immunol. Rev., 1983, 70, 113-154. The human immune response region (HLA-D) and disease susceptibility.

15

Stastny, 1988:

Stastny P, Ball E, Kahn M, Olsen N, Pincus T, Gao X, Br. J. Rheumatol., 1988, 27, 132-138. HLA-DR4 and other genetic markers in rheumatoid arthritis.

20

Todd, 1988:

Todd JA, Acha-Orbea H, Bell JI, Chao N, Fronek Z, Jacob CO, McDermott M, Sinha AA, Timmerman L, McDevitt HO, Science, 1988, 240, 1003-1009.

25

Weiss, 1985:

Weiss EH, Kuon W, Doerner C, Lang M, Riethmüller G, Immunobiology, 1985, 170, 367-380, A molecular approach to analyze HLA and disease associations.

30

Wordsworth, 1989:

Wordsworth BP, Lanchbury JS, Sakkas LI, Welsh KI, Panayi GS, Bell JI, Proc. Natl. Acad. Sci. USA, 1989, 86, 10049-10053.

EDITORIAL NOTE

APPLICATION NUMBER - 47660/00

The following Sequence Listing pages 1 to 6 are part of the description. The claims pages follow on pages "40" to "43".

SEQUENCE LISTING

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predisposition to at least one disease and
amplification adapted to such a method

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CLAIMS

- 1 Method for analysing a patient's genetic predisposition to at least one disease, consisting in placing a liquid sample containing at least one type of amplicon, derived from the amplification of at least one polymorphic region of interest with respect to the disease(s) being sought, in the presence of probes chosen in the following way:
 - at least one specific low-resolution typing probe capable of hybridizing on the polymorphic region of interest of at least one gene or a group of alleles of this gene carried by the amplicon and associated with said disease(s), and
 - at least one specific high-resolution subtyping probe capable of hybridizing on said polymorphic region of interest of the allele or of the group of alleles specific for the low-resolution typing probe, the high-resolution probe(s) making it possible to distinguish the allele(s) associated with susceptibility, and/or the allele(s) associated with resistance, to said disease(s), according to whether or not they hybridize.
- 2 The method as claimed in claim 1, in order to detect the presence of another allele, when a single allele of the gene or of the group of alleles of this gene has been detected, with at least one specific low-resolution typing probe, corresponding to the other group(s) of alleles, consisting in placing the amplicons in the presence of at least one probe specific for at least one other allele, corresponding to the polymorphism of said gene or of said group of alleles of this gene detected by the low-resolution probe(s).
- 3 The method as claimed in either of claims 1 or 2, characterized in that each low - or high-resolution probe specific for the disease(s) being sought comprises at least one motif characteristic of said disease(s) being sought.
- 4 The method as claimed in any one of claims 1 to 3, for detecting HLA-DR alleles for genetic susceptibility to rheumatoid arthritis and other associated diseases, characterized in that use is made of:
 - at least one low-resolution probe capable of hybridizing on the DRB1*gr04 group of alleles; and
 - at least one high-resolution probe associated with genetic susceptibility to rheumatoid arthritis, capable of hybridizing with the following alleles: DRB1*0101, DRB1*gr0401, DRB1*gr0404, DRB1*gr0405, DRB1*gr0408 and DRB1*gr1402; and
 - at least one high-resolution probe associated with genetic resistance to rheumatoid arthritis, capable of hybridizing with the following alleles: DRB1*gr0402, DRB1*gr0403, DRB1*gr0406 and DRB1*gr0407.
- 5 The method as claimed in claim 4, characterized in that use is made of at least one low-resolution probe capable of hybridizing on the DRB1*01 group of alleles and on the DRB1*10 allele.
- 6 The method as claimed in either of claims 4 or 5, in order to detect the presence of another allele, when a single allele of the DRB12*gr04 group of alleles has been detected, characterized in that use is made of at least one probe capable of hybridizing on the

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following alleles: DRB1*02, DRB1*03, DRB1*07, DRB1*08, DRB1*09, DRB1*11, DRB1*12, DRB1*13 and DRB1*14.

- 7 The method as claimed in any one of claims 4 to 6, characterized in that use is made of:
 - a SEQ ID NO 3 probe, for the DRB1*gr04 typing,
 - two high-resolution probes associated with genetic susceptibility to rheumatoid arthritis:
 - SEQ ID NO 4 for DRB1*gr0401,
 - SEQ ID NO 7 for DRB1*0101, DRB1*gr0404, DRB1*gr0405, DRB1*04gr08 and DRB1*1402,
 - two high-resolution probes associated with genetic resistance to rheumatoid arthritis:
 - SEQ ID NO 5 for DRB1*gr0402, and
 - SEQ ID NO 6 for DRB1*gr0403, DRB1*gr0406 and DRB1*gr0407.
- 8 The method as claimed in claim 7, characterized in that use is also made of a high-resolution probe, SEQ ID NO 8, specific for DRB1*gr0405 and associated with genetic susceptibility to rheumatoid arthritis.
- 9 The method as claimed in claim 5, characterized in that the following two probes are used for the typing:
 - SEQ ID NO 11 for the DRB1*01 group of alleles, and
 - SEQ ID NO 15 for the DRB1*10 allele.
- 10 The method as claimed in claim 6, in order to detect the presence of another allele, when a single allele of the DRB1*gr04 group of alleles has been detected, characterized in that use is made of the following four typing probes:
 - SEQ ID NO 13 for DRB1*02,
 - SEQ ID NO 14 for DRB1*07 and DRB1*09,
 - SEQ ID NO 16 for DRB1*08 and DRB1*12, and
 - SEQ ID NO 12 for DRB1*03, DRB1*11, DRB1*13 and DRB1*14.
- 11 The method as claimed in any one of claims 4 to 10, characterized in that each low- or high-resolution probe specific for the alleles for genetic susceptibility to rheumatoid arthritis and other associated diseases comprises one of the following characteristic motifs: QKRAA, QRRAA or RRRRAA.
- 12 The method as claimed in any one of claims 4 to 11, characterized in that at least one control probe capable of hybridizing with the set of DRB1 genes is used to allow detection of all the DRB1 genes, such as SEQ ID NO 1: TTC GAC AGC GAC GTG GGG.

- 13 The method as claimed in any one of claims 4 to 12, for detecting alleles for genetic susceptibility to ankylosing spondylitis and other associated diseases, characterized in that use is made of at least one low-resolution probe, such as SEQ ID NO 10, capable of hybridizing on the HLA-B gene and specific for the HLA-B27 group of alleles.
- 14 The method as claimed in any one of claims 4 to 13, for detecting genetic susceptibility associated with lupus erythematosus disseminatus, with collagen diseases, with Sjögren's syndrome and other associated diseases, characterized in that use is made of at least one low-resolution probe, such as SEQ ID NO 19, capable of hybridizing on the HLA-DR gene and specific for the DRB1*03 group of alleles.
- 15 The method as claimed in any one of claims 1 to 14, characterized in that a maximum of 38.9% of the bases of the same low-resolution or high-resolution probe are replaced with at least one analogous base, such as inosine.
- 16 The method as claimed in any one of claims 1 to 15, characterized in that each specific low-resolution or high-resolution probe is placed in a well of a microtitration plate, independently of the other probes.
- 17 The method as claimed in any one of claims 1 to 16, characterized in that all the reactions are carried out simultaneously.
- 18 The method as claimed in any one of claims 1 to 17, characterized in that at least one amplification of the polymorphic region(s) of interest is carried out beforehand.
- 19 The method as claimed in any one of claims 1 to 18, characterized in that amplification of the polymorphic region(s) of interest associated with HLA-DR and amplification of the polymorphic region(s) of interest associated with HLA-B are carried out simultaneously, beforehand.
- 20 The method as claimed in any one of claims 1 to 19, characterized in that a second amplification of at least one region is carried out, which is more highly targeted than that already carried out on the polymorphic region, this more highly targeted region being a region of interest with respect to the disease(s) being sought, and in that the amplicons obtained are placed in the presence of the previously defined probes.
- 21 The method as claimed in claim 20, characterized in that the first amplification is carried out at the same time as, or prior to, the second, more highly targeted amplification.
- 22 The amplification of a sequence corresponding to the DRB1*gr04 groups of alleles, for use in a method for analysing a patient's genetic predisposition to rheumatoid arthritis, as claimed in any one of claims 1 to 12 and 15 to 21, which consists in using SEQ ID NO 27 primers in combination with SEQ ID NO 21 primers.
- 23 The amplification of a sequence corresponding to the B27 allele, for use in a method for analysing a patient's genetic predisposition to ankylosing spondylitis, as claimed in any one of claims 1 to 3 and 13 to 21, which consists in using SEQ ID NO 22, SEQ ID NO 23 and/or SEQ ID NO 25 primers in combination with SEQ ID NO 24 and/or SEQ ID NO 26 primers.
- 24 The amplifications of two sequences



- a sequence corresponding to the DR groups of alleles, for use in a method for analysing a patient's genetic predisposition to rheumatoid arthritis, as claimed in any one of claims 1 to 12 and 15 to 21, which consists in using SEQ ID NO: 20 primers in combination with SEQ ID NO: 21 primers, and
 - a sequence corresponding to the B27 allele, for use in a method for analysing a patient's genetic predisposition to ankylosing spondylitis, as claimed in any one of claims 1 to 3 and 13 to 21, which consists in using SEQ ID NO: 22, SEQ ID NO: 23 and/or SEQ ID NO: 25 primers in combination with SEQ ID NO: 24 and/or SEQ ID NO: 26 primers.
- 25 The amplification as claimed in claim 24, in which the final concentration of SEQ ID NO: 20 and SEQ ID NO: 21 primers, for amplifying the sequence corresponding to the DR groups of alleles, is higher than the final concentration of SEQ ID NO: 22, SEQ ID NO: 23 and / or SEQ ID NO: 25 primers in combination with the SEQ ID NO: 24 and/or SEQ ID NO: 26 primers, for amplifying the sequence corresponding to the B27 allele.

25

25