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(54) **MARKER FOR AMYOTROPHIC LATERAL SCLEROSIS, AND USE THEREOF**

MARKER FÜR AMYOTROPHE LATERALSKLEROSE UND VERWENDUNG DAVON

MARQUEUR DE LA SCLÉROSE LATÉRALE AMYOTROPHIQUE, ET SON UTILISATION

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Description

TECHNICAL FIELD

[0001] The present invention relates to a marker for amyotrophic lateral sclerosis useful for detection of amyotrophic lateral sclerosis. Specifically, the invention relates to a biomarker usable for determination of the possibility of the onset of amyotrophic lateral sclerosis and a method for detecting amyotrophic lateral sclerosis, which utilizes the biomarker. The present application claims the priority based on Japanese Patent Application No. 2010-233210 filed on October 18, 2010.

BACKGROUND ART

[0002] Amyotrophic lateral sclerosis (ALS) is a chronic progressive degenerative disease, which damages almost selectively the upper and lower motor neurons. The predominant symptom of ALS is loss of muscle strength due to degeneration of the motor neuron, but the sensory neuron is normal and a patient loses motor control but feels pain, and thus, ALS is a very cruel disease. A glutamate antagonist, riluzole has been solely used as a therapeutic agent, but a satisfactory effect cannot be attained. ALS is an incurable nervous disease, for which an effective therapeutic method cannot be found even now regardless of vigorous research activities for a long period of time, and urgent clarification of the mechanism of the onset and development of a therapeutic agent are required.

PRIOR ART DOCUMENTS

PATENT DOCUMENTS

[0003]

Patent Document 1: Japanese Unexamined Patent Application Publication (Translation of PCT Application Publication) No. 2006-514620

Patent Document 2: Japanese Unexamined Patent Application Publication (Translation of PCT Application Publication) No. 2009-528059

Patent Document 3: Japanese Unexamined Patent Application Publication (Translation of PCT Application Publication) No. 2007-528487

NON-PATENT DOCUMENTS

[0004]

Non-patent Document 1: Serum proteome analysis for profiling protein markers associated with carcinogenesis and lymph node metastasis in nasopharyngeal carcinoma., Clin Exp Metastasis., 2008.

Non-patent Document 2: APPLYING PROTEOMICS TO THE DIAGNOSIS AND TREATMENT OF ALS AND RELATED DISEASES., Muscle Nerve., 2009.

Non-patent Document 3: Plasma and Cerebrospinal Fluid-Based Protein Biomarkers for Motor Neuron Disease., Mol Diag Ther., 2006.

SUMMARY OF THE INVENTION

PROBLEMS TO BE SOLVED BY THE INVENTION

[0005] Many ALS pathologic related molecules have been identified in researches for a long time (for example, see Patent Documents 1 to 3, Non-patent Documents 1 to 3); however, a cause of ALS is still indefinite. With current techniques, needless to say, the onset of ALS (or the possibility of the onset) cannot be figured out in the early stage, and even diagnosis of ALS is not easy. Therapeutic intervention is delayed since an objective indication useful for diagnosis of ALS does not exist, and as a result, quite a lot cases become intractable.

[0006] Thus, an object of the present invention is to provide a biomarker specific to ALS and a use thereof, that is, a technique useful for detection of ALS, in order to enable diagnosis of ALS in the early stage and diagnosis of ALS with high credibility. Specifically, an object of the present invention is to provide a biomarker useful for detection of ALS, a detection method which utilizes the biomarker, and a detection reagent which is used in the detection method.

MEANS FOR SOLVING PROBLEM

[0007] The present inventors carried on studies using an ALS model mouse in order to find out a biomarker specific to ALS. As a result of a detail analysis by a DNA microarray method, significant increase of a transmembrane glycoprotein nmb (glycoprotein (transmembrane) nmb; GPNMB) mRNA was observed in the spinal cord of the ALS model mouse. Thus, as a result of being studied focusing on the molecule, it was suggested that GPNMB relates to formation of pathologic condition of ALS such that GPNMB localizes in a motor nerve cell and an astroglial cell. In addition, increase of an expression amount of GPNMB was observed in the spinal cord of an ALS model mouse as compared to an expression amount before the onset; at the same time, it was revealed that an expression amount of GPNMB increased accompanied by the development of pathologic conditions. On the other hand, as a result of progressing further study in use of a clinical sample of an ALS patient, aggregation and deposition of GPNMB was observed in the anterior horn of the spinal cord of the ALS patient, and at the same time, significant increase of GPNMB was observed in the serum of the ALS patient. That is, it was shown that GPNMB is clinically extremely useful as a biomarker of ALS. The present inventions described below are mainly based on the above-described achievements.

- [1] Use of a transmembrane glycoprotein nmb for the in vitro detection of amyotrophic lateral sclerosis.
- [2] An in vitro method for detecting amyotrophic lateral sclerosis, wherein a level of a transmembrane glycoprotein nmb in a specimen is derived from a subject used as an indication.
- [3] The method for detecting amyotrophic lateral sclerosis according to [2], comprising the following steps (1) to (3):
 - (1) a step of providing a specimen derived from a subject;
 - (2) a step of detecting a transmembrane glycoprotein nmb in the specimen; and
 - (3) a step of determining the present or future possibility of the onset of amyotrophic lateral sclerosis based on the detected results.
- [4] The method for detecting amyotrophic lateral sclerosis according to [3], wherein the determination in the step (3) is performed in accordance with the criterion in which the possibility of the onset is high as a detected value is high, or the criterion in which the possibility of the onset is high as detection can be performed.
- [5] The method for detecting amyotrophic lateral sclerosis according to [3] or [4], wherein the determination of the step (3) is performed based on comparison between a detected value obtained in the step (2) and a detected value of a control specimen.
- [6] The method for detecting amyotrophic lateral sclerosis according to [3] or [4], wherein the determination of the step (3) is performed based on comparison between a detected value obtained in the step (2) and a detected value of a specimen obtained from the same subject in the past.
- [7] The method for detecting amyotrophic lateral sclerosis according to any one of [2] to [6], wherein the specimen is blood, plasma, serum, spinal cord, or cerebrospinal fluid.
- [8] Use of a reagent comprising a substance showing a specific binding activity to a transmembrane glycoprotein nmb for detecting amyotrophic lateral sclerosis in vitro.
- [9] The use according to [8], wherein the substance is an antibody.
- [10] Use of a kit comprising a reagent as defined in [8] or [9] for detecting amyotrophic lateral sclerosis in vitro.

BRIEF DESCRIPTION OF THE DRAWINGS

[0008]

Fig. 1 shows a scatchard plot, which was produced according to results of DNA microarray using spinal cords of 14-week old SOD1^{G93A} and wild type mice (WT). (A) shows a difference of gene expression between WT mice, and (B) shows a difference of gene expression between WT and SOD1^{G93A} mice, respectively. The upper line and the lower line show 2-fold increase and decrease of expressed genes, respectively.

Fig. 2 is a table showing top 30 genes having twice or more expression between SOD1^{G93A} mice and WT mice and significant ($p < 0.05$) increased expression.

Fig. 3 is a graph showing mRNA amounts of GPNMB in the spinal cords of 14-week old SOD1^{G93A} and WT mice. The data are expressed as means $\pm$ standard error. ** $P < 0.01$ vs. WT (Student's t-test).

Fig. 4 is a view showing localization of GPNMB in the spinal cords of 14-week old SOD1^{G93A} and WT mice. NeuN denotes a nerve cell, GFAP denotes an activated astrocyte, Iba-1 denotes microglia, and Hoechst denotes a nucleus, respectively. The scale bar indicates 50 μ m.

Fig. 5 shows a view showing change of GPNMB expression due to development of the ALS pathologic condition. The view shows GPNMB expressions in the spinal cords of SOD1^{G93A} and WT mice in 6, 10, 14-week old and the

terminal stage of the pathologic condition. The scale bar indicates 100 μm . The data are expressed as means $\pm$ standard error. ** $P < 0.01$ vs. WT (Student's t-test).

Fig. 6 shows a table summarizing backgrounds of 6 examples of subjects whose spinal cord tissues were extracted. The data of ages and post mortem intervals (PMI) are expressed as means $\pm$ standard deviation. M: male, F: female.

Fig. 7 is a view showing expression of GPNMB in the spinal cords of sporadic ALS and control disease patients. An arrow shows a GPNMB positive inclusion body in the spinal cord of a sporadic ALS patient. The scale bar indicates 100 μm . The data are expressed as means $\pm$ standard error. ** $P < 0.01$ vs. control group (Student's t-test).

Fig. 8 is a table summarizing backgrounds of 20 examples of subjects whose serum samples were obtained. The data of ages are expressed as mean $\pm$ standard deviation.

Fig. 9 is a view showing GPNMB concentrations in the serum in a sporadic ALS patient and a normal subject. The data are expressed with means $\pm$ standard error. ** $P < 0.01$ vs. control group (Student's t-test).

MODE FOR CARRYING OUT THE INVENTION

(First aspect of the present invention: transmembrane glyco-protein nmb as (GPNMB) biomarker of amyotrophic lateral sclerosis (ALS))

[0009] The first aspect of the present invention relates to the use of GPNMB as a biomarker of ALS (hereinafter also referred to as "the biomarker of the invention"). The biomarker in accordance with the invention is a useful indication for evaluating the present or future possibility of the onset of ALS. For "the present possibility of the onset", whether ALS is developed or not or probability of the onset at the time of detection is expressed. On the other hand, "the future possibility of the onset" indicates the possibility (risk) of developing ALS in future.

[0010] As an achievement of studies by the present inventors, the biomarker of the invention consists of a molecule, "a transmembrane glycoprotein nmb (glycoprotein (transmembrane) nmb)", which has been recognized to have a mutual relation with ALS. The molecule will be expressed using its genetic symbol "GPNMB" in the description below according to the custom.

[0011] GPNMB is a transmembrane glycoprotein showing homology to melanocyte specific protein Pmel17. Two transcription variants for GPNMB, that is, an isoform a made of 572 amino acids and an isoform b made of 560 amino acids exist. It has been reported that GPNMB is highly expressed in specific kinds of cancers (such as melanoma, glioma, and breast cancer), and GPNMB is focused as a target of an antibody therapy against melanoma and breast cancer. Note that the amino acid sequence of the isoform a of GPNMB and the nucleotide sequence coding for the amino acid sequence are set forth as SEQ ID NO: 1 (ACCESSION of NCBI: NP_001005340, DEFINITION: transmembrane glycoprotein NMB isoform a precursor [Homo sapiens].) and SEQ ID NO: 2 (ACCESSION of NCBI: NM_001005340, DEFINITION: Homo sapiens glycoprotein (transmembrane) nmb (GPNMB), transcript variant 1, mRNA.) in the sequence listing, respectively. In the same manner, the amino acid sequence of isoform b of GPNMB and a nucleotide sequence coding for the amino acid sequence are set forth as SEQ ID NO: 3 (ACCESSION of NCBI: NP_002501, DEFINITION: transmembrane glycoprotein NMB isoform b precursor [Homo sapiens].) and SEQ ID NO: 4 (ACCESSION of NCBI: NM_002510, DEFINITION: Homo sapiens glycoprotein (transmembrane) nmb (GPNMB), transcript variant 2, mRNA.).

(Second aspect of the present invention: ALS detection method)

[0012] The second aspect of the present invention relates to a use of the above-described biomarker in a method for detecting the present or future possibility of the onset of ALS (hereinafter also referred to as "the detection method of the invention") in vitro. The detection method of the present invention is useful as a means for determining whether ALS is currently developed or not, or as a means for determining whether ALS will be developed in future or not. That is, the detection method of the present invention provides useful information for diagnosing ALS. The detection method of the present invention enables to simply and objectively determine the possibility of the onset of ALS.

[0013] In the detection method of the present invention, a level of the biomarker in a specimen derived from a subject is used as an indication. The "level" herein typically means "amount" or "concentration". However, the term "level" is also used in the case of expressing whether a molecule to be detected can be detected or not (that is, presence or absence of apparent existence), according to the custom and technical common knowledge.

[0014] The following steps are carried out in the detection method of the present invention:

- (1) a step of providing a specimen derived from a subject;
- (2) a step of detecting a transmembrane glycoprotein nmb in the specimen; and
- (3) a step of determining the present or future possibility of the onset of amyotrophic lateral sclerosis based on the detected results.

[0015] A subject-derived specimen is provided in the step (1). The blood, plasma, serum, spinal cord, and cerebrospinal cord fluid of the subject can be used as the specimen. The subject is not particularly limited. That is, the present invention can be broadly applied to a subject necessary for determination of the present or future possibility of the onset of ALS (that is, presence or absence of the possibility of developing ALS, a degree of the possibility of developing ALS, and a degree of the possibility of developing ALS in future). For example, when the present invention is applied to a patient who is diagnosed to be ALS by doctor's questions, advisability of the diagnosis can be determined based on an objective indication that is an expression level. That is, information that aids or supports conventional diagnosis can be obtained according to the detection method of the present invention. Such information is beneficial to determination of a more suitable therapeutic strategy, and promotes improvement in therapeutic effect and improvement in patient's QOL (Quality of Life). On the other hand, the present invention is utilized for monitoring diseased conditions and can attempt prevention of intractability, severity, recurrence, and the like.

[0016] A person who is assumed to have a high risk of ALS affection from the family background (high risk person) is also a suitable subject. To apply the present invention before appearing symptoms of ALS to such a subject enables inhibition or retardation of the onset, or therapeutic intervention in the early stage. The present invention is also useful to identify a person having a high risk of ALS affection. Such identification enables lowering of the possibility of the onset (the possibility of disease affection) due to, for example, preventive measures and improvement of lifestyles. A person who is incapable of being determined to be ALS or not or is hardly determined to be ALS or not by conventional diagnosis, such as a person with no certain symptom, is also a suitable subject of the present invention. Note that the present invention may also be carried out as one item of a medical examination.

[0017] The bio marker in accordance with the present invention in a specimen is detected in the step (2). Accurate quantitative determination of the level of the biomarker is not essential. That is, the level of the biomarker may be detected to a degree in which the possibility of the onset of ALS can be determined in the following step (3). For example, the detection can also be carried out so as to be able to determine whether the level of the biomarker in a specimen exceeds the predetermined standard value or not.

[0018] The detection method of the biomarker is not particularly limited. However, an immunologic technique is preferably used. The immunologic technique enables the rapid detection with high sensitivity. Furthermore, the immunologic technique can be carried out in an easy and simple manner. In the measurement by the immunologic technique, a substance having a specific binding activity with respect to the biomarker is used. As the substance, an antibody is generally used. However, the substance is not necessarily limited to the antibody, and any substances can be used as long as they have a specific binding activity with respect to the biomarker and the binding amount can be measured. Other than antibodies commercially available, newly prepared antibodies by an immunologic technique, a phage display method or a ribosome display method can be used.

[0019] Examples of the measurement method include a latex agglutination method, a fluorescence immunoassay (FIA) method, an enzyme immunoassay (EIA) method, a radioimmunoassay (RIA) method, and a Western blotting method. Preferable measurement method can be a FIA method and an EIA method (including an ELISA method). With these methods, detection can be carried out with high sensitivity, rapidly and in a simple and easy manner. In the FIA method, a fluorescent labeled antibody is used, and an antigen-antibody complex (an immune complex) is detected by using fluorescence as a signal. In the EIA method, an enzyme-labeled antibody is used, and an immune complex is detected by using coloring and light emission based on the enzyme reaction as a signal.

[0020] The ELISA method has many advantages, for example, detection sensitivity is high, specificity is high, quantitativity is high, an operation is simple, and multiple specimens can be handled simultaneously. One example of a specific operation in which the ELISA method is used is described hereinafter. Firstly, an anti-biomarker antibody is immobilized to an insoluble support. Specifically, for example, the surface of a microplate is sensitized (coated) with an anti-biomarker monoclonal antibody. A specimen is brought into contact with the thus solid-phased antibody. As a result of this operation, when an antigen (protein molecule, namely the biomarker) against the solid-phased anti-biomarker antibody is present in the specimen, an immune complex is formed. Non-specific binding components are removed by washing, followed by adding an antibody to which an enzyme is bound so as to label the immune complex. Then, the substrate of the enzyme is reacted to develop color. Thus, the immune complex is detected using an amount of color development as an indicator. Since the detail of the ELISA method is described in many text books or papers, when experiment procedures or experiment conditions of each method are set, such books or papers can be referred to. Note here that not only noncompetitive methods but also competitive methods (methods in which an antigen is added together with a specimen so as to allow them to compete with each other) may be used. A method of directly detecting the biomarker in a specimen with a labeled antibody may be employed or a sandwich method may be employed. In the sandwich method, two types of antibodies (a capturing antibody and a detecting antibody) whose epitopes are different from each other are used.

[0021] A means capable of simultaneously detecting a large number of specimens such as a protein array and a protein chip may be used. For example, an antibody specific to a target biomarker is used for a probe.

[0022] The present or future possibility of the onset of ALS is determined based on detection results in the step (3).

In order to enable precise determination, it is preferred to carry out the determination after the detected value obtained in the step (2) is compared to a detected value of a control specimen (control). The possibility of the onset may be determined qualitatively or quantitatively. Note here that, as is apparent from the determination criteria, the determination herein can be carried out automatically/mechanically without depending upon the judgment by persons having special technical knowledge, for example, medical doctors or laboratory technicians.

[0023] In the present invention, typically, the criterion in which "the possibility of the onset is high as a detected value of the biomarker is high", or the criterion in which "the possibility of the onset is high as the biomarker can be detected" is employed. Needless to say, the former criterion, that is, the criterion in which "the possibility of onset is high as a detected value of the biomarker is high" is used synonymously with the criterion in which "the possibility of the onset is low as a detected value of the biomarker is low" (the same applies to the latter criterion). Examples of the qualitative determination and quantitative determination are shown below.

(Example 1 of Qualitative Determination)

[0024] When a detected value (level in specimen) is higher than the reference value, it is determined that the "possibility of the onset is high." When a detected value (level in specimen) is lower than the reference value, it is determined that the "possibility of the onset is low."

(Example 2 of Qualitative Determination)

[0025] When the biomarker is detected (the reactivity is observed), it is determined that the "possibility of the onset is high." When the biomarker is not detected, it is determined that the "possibility of the onset is low."

(Example of Quantitative Determination)

[0026] As shown below, the possibility of the onset (%) is previously set for each range of the detected values, and the possibility of the onset (%) is determined from the detected value.

Detected values a - b: possibility of the onset is not more than 10%

Detected values b - c: possibility of the onset is 10% to 30%

Detected values c - d: possibility of the onset is 30% to 50%

Detected values d - e: possibility of the onset is 50% to 70%

Detected values e - f: possibility of the onset is 70% to 90%

[0027] The biomarker in the use and method of the present invention could be a preferable sole determination indicator for ALS. However, another useful indicator for detection of ALS may also be used for determination of the possibility of the onset of ALS. That is, using the biomarker in accordance with the present invention and another indicator in combination, the possibility of the onset of ALS may be determined. Generally, diagnosis (detection) sensitivity and diagnosis (detection) specificity are different due to kinds and numbers of indicators to be combined. Therefore, it is desired to select the most appropriate combination of indicators according to a purpose. For example, a combination with high diagnosis sensitivity is suitable for detection by screening. In contrast, a combination with high diagnosis specificity is suitable for detection necessary for determination with high credibility (for example, secondary examination and tertiary examination). By combining determination methods having different balance between diagnosis sensitivity and diagnosis specificity, improvements in efficiency, accuracy and credibility can be attempted. For example, after focusing a positive subject using a combination of indicators providing high diagnosis sensitivity (primary examination, screening examination), final determination is made using a combination of indicators giving high diagnosis specificity (secondary examination). Determination with three or more steps can also be carried out, not limited to such a two-step determination.

[0028] Both of the number of determination sections and a level of a biomarker and determination results, which are associated with the determination sections, can be arbitrarily set through a preliminary experiment, or the like without limitation to the above-described examples. For example, "a threshold value" in the case of determining high and low possibilities of the onset assuming a certain threshold value as a boundary and "a range of a level of a biomarker" associated with a section relating to high and low possibilities of the onset can be determined by statistic analysis using a large number of specimens. In the case of making an analysis in use of a statistic analysis, setting a high risk group and a low risk group is generally effective. For example, a group of ALS patients or a group of persons who have many ALS patients in their family lines falls into the high risk group, and for example, a group of healthy subjects and a group of persons who have no ALS patient in their family lines falls into the low risk group.

[0029] In one embodiment of the present invention, for an identical subject, a level of a biomarker, which was measured at a certain time, and a level of a biomarker, which was measured in the past, are compared and presence or absence

of increase and decrease of a level of a biomarker and/or a degree of increase and decrease is examined. Data relating to change in an expression level of a biomarker, which was obtained as a result, becomes useful information for monitoring the possibility of the onset of ALS, grasping therapeutic effects, or prognostic presumption. Concretely, for example, such determination that the possibility of the onset becomes high between the previous detection and the detection in this time or there is no variation can be made based on variation of a level of a biomarker as a ground. When such an evaluation is carried out in parallel to a therapy for ALS, needless to say, a therapeutic effect can be confirmed, and symptom of recurrence of ALS can be figured out. Accordingly, a more appropriate therapeutic measure can be determined. The present invention can thus largely contribute to maximization of therapeutic effects and improvement in QOL (quality of life) of a patient.

(Third aspect of the present invention: reagent and kit for examination of the possibility of the onset of ALS)

[0030] The present invention further provides a reagent and a kit for examination of the possibility of the onset of ALS. The reagent in the use of the present invention includes a substance (hereinafter, referred to as "binding molecule") which shows a specific binding activity to the biomarker of the present invention. Examples of the binding molecule include an antibody which specifically recognizes the biomarker, a nucleic-acid aptamer and peptide aptamer. Kinds or origins of the binding molecule are not particularly limited as long as it has a specific binding activity with respect to the biomarker. In the case of antibodies, a polyclonal antibody, an oligoclonal antibody (a mixture of several to several tens of kinds of antibodies), and a monoclonal antibody may be employed. As the polyclonal antibody or the oligoclonal antibody, in addition to an antiserum-derived IgG fraction obtained by immunizing animals, an affinity purified antibody by antigen can be used. The antibody may be antibody fragments such as Fab, Fab', F(ab')₂, scFv, dsFv antibodies.

[0031] The binding molecule can be prepared by a conventional method. Commercially available binding molecules can be used. For example, the antibody can be prepared by using an immunologic technique, a phage display technique, a ribosome display method, and the like. The preparation of polyclonal antibody by the immunologic technique can be carried out by the following procedure. An antigen (the biomarker or a part thereof) is prepared, and this is used to immunize an animal such as a mouse, a rat or a rabbit. By purifying the living body sample, an antigen can be obtained. A recombinant antigen can be also used. The recombinant antigen can be prepared by introducing a gene encoding the biomarker (a part of the gene may be used) into a suitable host by using a vector to obtain a recombinant cell, and expressing the gene in the obtained recombinant in the cell.

[0032] In order to strengthen the immune elicitation, an antigen to which a carrier protein is bonded may be used. As the carrier protein, KLH (Keyhole Limpet Hemocyanin), BSA (Bovine Serum Albumin), OVA (Ovalbumin), and the like, are used. For bonding of the carrier protein, a carbodiimide method, a glutaraldehyde method, a diazo condensation method, a MBS (maleimidobenzoyloxy succinimide) method, and the like, can be used. On the other hand, it is possible to use an antigen in which the biomarker (or a part thereof) is allowed to be expressed as a fusion protein with GST, β galactosidase, maltose binding protein, or histidine (His) tag, and the like. Such a fusion protein can be purified by a general method in a simple and easy manner.

[0033] Immunization is repeated if necessary. At a time when an antibody value is sufficiently increased, blood is collected. The collected blood is subjected to centrifugation so as to obtain serum. The obtained anti-serum is subjected to affinity purification to give a polyclonal antibody.

[0034] On the other hand, the monoclonal antibody can be prepared by the following procedure. Firstly, immunization is carried out by the same procedure as mentioned above. Immunization is repeated if necessary. At the time when an antibody value is sufficiently increased, an antibody producing cell is extracted from an immunized animal. Next, the obtained antibody producing cell and myeloma cell are fused so as to obtain hybridoma. Subsequently, this hybridoma is made to be monoclonal. Clones capable of producing an antibody having high specificity with respect to the objective protein are selected. By purifying a culture solution of the selected clone, the objective antibody can be obtained. On the other hand, the hybridoma is allowed to proliferate to the predetermined number or more. Then, the proliferated hybridoma are transplanted into the abdominal cavity of an animal (for example, a mouse) and allowed to proliferate in the abdominal dropsy. By purifying the abdominal dropsy, the objective antibody can be obtained. For purification of the above-mentioned culture solution or purification of the abdominal dropsy, affinity chromatography using protein G, protein A, and the like, can be suitably used. Furthermore, affinity chromatography in which the antigen is immobilized to a solid phase can be used. Furthermore, methods such as ion exchange chromatography, gel filtration chromatography, ammonium sulfate fractionation, and centrifugation can be also used. These methods may be used singly or may be used in combination thereof.

[0035] Various modifications can be made to the obtained antibody on the condition that specific connectivity is maintained. Such a modified antibody may be included in the reagent of the present invention.

[0036] When a labeled antibody is used as the binding molecule, a binding amount of the antibody can be directly detected by using a labeling amount as an indicator. Therefore, a simpler and easier examination method can be established. However, there are problems that it is necessary to prepare an antibody to which a labeling substance is

attached, and furthermore, the detecting sensitivity is generally lowered. Then, it is preferable to use indirect detection methods such as a method using a secondary antibody to which a labeling substance is attached and a method using a secondary antibody and a polymer to which a labeling substance is bound. The secondary antibody herein denotes an antibody having a specific binding activity to the anti-biomarker antibody. For example, when the anti-biomarker antibody is prepared as a rabbit antibody, an anti-rabbit IgG antibody can be used as a secondary antibody. Labeling secondary antibodies that can be used in various species such as rabbit, goat and mouse are commercially available (for example, products available from Funakoshi Corporation, COSMO BIO Co., Ltd.), and appropriate antibodies can be selected and used according to the reagent of the present invention.

[0037] Examples of the labeling substances include enzymes such as peroxidase, micro-peroxidase, horseradish peroxidase (HRP), alkaline phosphatase, β -D-galactosidase, glucose oxidase, and glucose-6-phosphate dehydrogenase; fluorescence substances such as fluorescein isothiocyanate (FITC), tetramethylrhodamine isothiocyanate (TRITC), and europium; chemiluminescence substances such as luminol, isoluminol and acridinium derivative; coenzymes such as NAD; biotin; as well as radioactive substances such as ^{131}I and ^{125}I .

[0038] In one embodiment, the reagent in the use of the present invention is immobilized to a solid phase in accordance with the use. Insoluble supports to be used for immobilization into a solid phase are not particularly limited. For example, an insoluble support made of a substance insoluble in water, for example, resin such as polystyrene resin, polycarbonate resin, silicon resin, and nylon resin, glass, and the like can be used. An antibody can be supported to an insoluble support by physical adsorption or chemical adsorption.

[0039] The kit in the use of the present invention includes the reagent of the present invention as a main component. The kit may include other reagents (buffer solution, blocking reagent, substrate for enzyme, coloring reagent, and the like) used for carrying out an examination method and/or a device or an instrument (a container, a reactor, a fluorescence reader, and the like). Furthermore, it is preferable that the kit includes the biomarker molecule or a fragment thereof as a standard sample. In general, an instruction manual is attached to the kit of the present invention.

EXAMPLES

[0040] The following experiment was carried out in an attempt to identify an ALS related molecule.

1. Materials and methods

(1) Materials for experiment

[0041] Chemicals and reagents used in the experiment are as follows: Paraformaldehyde, sucrose, potassium chloride, ethanol, chloroform, methanol and a rabbit anti-ionized calcium-binding adaptor molecule 1 (Iba1) polyclonal antibody were purchased from Wako Pure Chemical Industries, Ltd. (Osaka, Japan), sodium hydrogen phosphate 12-water and sodium dihydrogen phosphate dehydrate were purchased from NACALAI TESQUE, INC. (Kyoto, Japan), xylene and sodium chloride were purchased from KISHIDA CHEMICAL Co., Ltd. (Osaka, Japan), Nembutal was purchased from Dainippon Sumitomo Pharma Co., Ltd. (Osaka, Japan), RNAlater-ICE was purchased from Life Technologies Japan Ltd. (Tokyo, Japan), normal goat serum, normal horse serum, a Vectastain elite Avidin Biotinylated Enzyme complex (ABC) kit, M.O.M. immunodetection kit and diaminobenzidine (DAB) peroxidase substrate kit were purchased from Vector Laboratories (Burlingame, USA), an O.C.T. compound was purchased from SAKURA SEIKI Co., Ltd. (Tokyo, Japan), Can Get Signal (registered trademark) immunostain solution A was purchased from TOYOBO CO., LTD. (Osaka, Japan), a mouse anti-GPNMB polyclonal antibody was purchased from Santa Cruz Biotechnology (Santa Cruz, USA), a mouse anti-NeuN monoclonal antibody and a mouse anti-glial fibrillary acidic protein (GFAP) monoclonal antibody were purchased from Millipore (Bedford, USA), a mouse anti-CD11b monoclonal antibody was purchased from BMA Biomedicals (Augst, Switzerland), an Alexa 488 binding donkey anti-goat IgG antibody, Alexa 546 binding donkey anti-rabbit IgG antibody, Alexa 488 binding rabbit anti-mouse IgG antibody, Alexa 546 binding rabbit anti-goat IgG antibody and Hoechst 33342 were purchased from Invitrogen Corporation (Tokyo, Japan), fluoromount was purchased from Diagnostic BioSystems (Pleasanton, USA), an EUKITT reagent was purchased from O. Kindler (Freiburg, Germany), and Human Osteoactivin/GPNMB DuoSet was purchased from R&D Systems (Minneapolis, USA), respectively.

(2) Experimental animals

[0042] An SOD1^{G93A} mouse and a wild-type (WT) mouse [B6SJL-Tg (SOD1-G93A) 1 Gur/J] were purchased from Jackson Laboratory (Bar Harbor, USA). An SOD1^{G93A} (+/-) mouse born through crossing a male SOD1^{G93A} mouse and a female WT mouse was used in the experiment. The mouse was bred with a solid feed (CE-2, CLEA Japan, Inc., Tokyo, Japan) under free water supply using a plastic cage (breadth 24.5 × width 17.5 × height 12.5 cm). For carrying out the experiment, an animal experiment application for approval was filed to and approved by the steering committee of animal

facility of Gifu Pharmaceutical University.

(3) DNA microarray

[0043] 14-week old male SOD1^{G93A} mouse and a WT mouse were intraperitoneally administered with 20 mg/kg of nembutal to be deeply anesthetized, and physiological saline water (pH 7.4) was injected to the left ventricles and perfused for 2 minutes to thus isolate the spinal cords. The isolated tissues were contained in a cooled microtube and rapidly frozen. The samples were preserved at -80°C until RNA extraction. The samples were infiltrated by RNAlater-ICE, and RNA extraction and analysis were performed in DNA Chip Research Inc. (Kanagawa, Japan).

(4) Real time PCR

[0044] Real time PCR was carried out and measured by Thermal Cycler Dice (registered trademark) Real Time System TP800 (TAKARA BIO INC.) using SYBR (registered trademark) Premix Ex Taq™II (TAKARA BIO INC.). Sense: 5'-TCTGAACCGAGCCCTGACATC-3' (SEQ ID NO: 5) and antisense: 5'-AGCAGTAGCGGCCATGTGAAG-3' (SEQ ID NO: 6) were used for primers of GPNMB. Sense: 5'-TGTGTCCGTCGTGGATCTGA-3' (SEQ ID NO: 7) and antisense: 5'-TTGCTGTTGAAGTCGCAGGAG-3' (SEQ ID NO: 8) were used for primers of glyceraldehyde-3-phosphate dehydrogenase (GAPDH). In the PCR reaction, denaturation was carried out at 95°C for 5 seconds, and annealing and an extension reaction were carried out at 60°C for 30 seconds. This reaction was assumed to be 1 cycle and 45 cycles were repeated. Reactions at 95°C for 15 seconds, 60°C for 30 seconds, and 95°C for 15 seconds were carried out, a dissociation curve was drawn and the purity of the generated product was confirmed.

(5) Human spinal cord tissue sample

[0045] The examination was carried out after deliberation and approval of the ethical committee in Niigata University in accordance with the declaration of Helsinki. Furthermore, informed consents were executed to all subjects and name seals to consent forms for participation to the experiment were obtained. The subjects are 3 examples of sporadic ALS patients and 3 examples of nonneurogenic disease patients. Ages, sexes, post mortem intervals and durations of the disorder were shown in Fig. 6. All examinations using human spinal cord samples were carried out in the School of Medicine, Niigata University. Cervical spinal cord (C7), thoracic spinal cord (T8) and lumbar spinal cord (L8) were respectively embedded with paraffin to prepare 4 μm-cut pieces.

(6) Mouse spinal cord tissue sample

[0046] 6-week old (before the onset), 10-week old (before the onset), 14-week old (after the onset) and 18 to 20-week old (end stage of pathologic condition) male SOD1^{G93A} mice and WT mice were intraperitoneally administered with 20 mg/kg of nembutal to be deeply anesthetized, and a 4% paraformaldehyde-containing 0.1 M phosphoric acid buffer (PB; pH 7.4) was injected into the left ventricles for perfusion fix (perfusion pressure 130 cm H₂O). Spinal cords were taken out after 10 minutes, and stood still (4°C) overnight in the same solution. Then, the spinal cords were stood still (4°C) in a 25% sucrose-containing 0.1 M PB (pH 7.4) solution for 24 hours. Then, the spinal cords were embedded with O.C.T. compounds and rapidly frozen with liquid nitrogen and preserved at -80°C until being thinly sliced. For thinly slicing, 14 μm-thick cut pieces were prepared at -20°C using a cryostat (CM1850, Leica, Tokyo, Japan), and put on a slide glass coated with MAS (Matsunami Glass Ind., Ltd., Osaka, Japan) to be preserved at -80°C.

(7) Histological study

[0047] The frozen cut pieces were taken out from -80°C and left at -20°C for 1 hour, then dried at room temperature for 10 minutes, and immersed into PBS to wash the O.C.T. compound. The paraffin cut pieces were immersed into xylene to wash paraffin. Then, the cut pieces were immersed into a solution having a decreased alcoholic concentration in stages and permeated with distilled water. Then, the circumferences of the cut pieces were enclosed with super PAP pen (ZYMED, San Francisco, USA) in order to prevent outflow of the reaction solution. The cut pieces were reacted with a 0.3% H₂O₂-containing methanol for 30 minutes, and then blocked with 10% normal horse serum for 2 hours. After blocking, the cut pieces were reacted with a goat anti-GPNMB polyclonal antibody (×50) diluted with Can Get Signal immunostain solution A at 4°C overnight. Then, the cut pieces were reacted with a biotinylated anti-goat IgG antibody (×1,000) for 2 hours, and stained using a Vectastain Elite ABC kit and a DAB peroxidase substrate kit. After staining, the cut pieces were washed twice with distilled water for 2 minutes and immersed into 70% ethanol, 95% ethanol, 99% ethanol, and anhydrous ethanol in this order for 3 minutes each to be dehydrated. The dehydrated cut pieces were immersed into xylene twice for 5 minutes to be penetrated, and then encapsulated into a cover glass using an EUKITT

reagent. A control obtained by removing a primary antibody was prepared for a negative control, and specificity of the primary antibody was studied. The cut pieces were observed under a microscope (BX50, Olympus Corporation, Tokyo, Japan) and recorded using a digital camera (COOLPIX 4500, NIKON CORPORATION, Tokyo, Japan).

5 (8) Immunofluorescence double staining

[0048] Outflow of a reaction solution was prevented from a mouse tissue cut piece in accordance with the method described in (7) and the mouse tissue cut piece was blocked with an M.O.M. immunodetection kit or a 10% normal horse serum for 2 hours. After blocking, the cut piece was reacted using primary antibodies at 4°C overnight. Then, the cut
 10 piece was reacted with secondary antibodies for 2 hours. After staining, the cut piece was reacted with Hoechst 33342 ($\times 1,000$) at room temperature for 15 minutes and sealed with Fluoromount™. For the primary antibodies, a mouse anti-NeuN monoclonal antibody ($\times 1000$), a rabbit anti-Iba1 polyclonal antibody ($\times 1,000$), and a mouse anti-GFAP monoclonal antibody ($\times 1,000$) were diluted with a Can Get Signal immunostain solution A to be used. For the secondary antibodies,
 15 an Alexa 488 binding donkey anti-goat IgG antibody ($\times 1,000$), an Alexa 546 binding donkey anti-rabbit IgG antibody ($\times 1,000$), an Alexa 488 binding rabbit anti-mouse IgG antibody ($\times 1,000$), and an Alexa 546 binding rabbit anti-goat antibody ($\times 1,000$) were used. In addition, a control obtained by removing a primary antibodies was prepared for a negative control, and specificity of the primary antibodies was studied. The cut pieces were observed under a fluorescence microscope (BX50, Olympus Corporation) or a confocal laser microscope (FV10i, Olympus Corporation).

20 (9) Human serum sample

[0049] The examination was carried out after deliberation and approval by the ethical committee in Gifu University in accordance with the declaration of Helsinki. Furthermore, informed consents were executed to all subjects and name seals to consent forms for participation to the experiment were obtained. The subjects were 10 examples of sporadic
 25 ALS patients and 10 examples of the control group. All examinations using human serum samples were carried out in the School of Medicine, Gifu University. Ages, sexes, and timing for obtaining serums are shown in Fig. 8. The serum samples were preserved at -80°C until the examination was carried out.

30 (10) ELISA analysis

[0050] Quantification of GPNMB amounts in serums was carried out using Human Osteoactivin/GPNMB DuoSet in accordance with its protocol. A 96-well plate was coated with an anti-GPNMB antibody and blocking was carried out with a reagent diluent. The serum samples were taken out at -80°C and unfrozen on ice. 96 μ L of a reagent diluent was added to each well and a sample and a control were added in an each amount of 4 μ L to be 25-fold diluted. The standard
 35 was also added after diluting in stages using a reagent diluent in the same manner. Then, the samples were incubated at room temperature for 2 hours. Each well was washed with a washing buffer and 100 μ L of an anti-GPNMB detection antibody was added and incubated at room temperature for 2 hours. After washing each well, thereto was added 100 μ L of streptavidin-HRP and incubated for 20 minutes under shielding light, and each well was then washed. 100 μ L of a substrate solution was added and incubated for 20 minutes under shielding light, 50 μ L of a reaction termination liquid
 40 was added, and then an absorbance at 450 nm was measured.

(11) Statistical analysis

[0051] The experiment result was expressed by a mean value $\pm$ standard error or a standard deviation. Statistical
 45 comparison was carried out by a Student's t-test using STAT VIEW (SAS institute, Curry, USA). Less than 5% of a risk rate was assumed to have a significant difference.

2. Results

50 (1) ALS gene expression profiling

[0052] Gene expression amounts in the spinal cords of SOD1^{G93A} and wild-type (WT) mice were analyzed by a scatchard plot method (Fig. 1). When a gene group having twice or more expression and significant change in expressions between SOD1^{G93A} mice and WT mice was analyzed by scatchard plot, expression of a gene group related to an
 55 immunologic response, an inflammatory reaction and a stress response was increased in the SOD1^{G93A} mice as compared to the WT mice (Fig. 2). In particular, a transmembrane glycoprotein nmb (Glycoprotein (transmembrane) nmb; GPNMB) had the highest expression increase rate among ALS pathologic conditions. The following study was made by focusing on GPNMB based on these results.

(2) Real time RT-PCR

[0053] GPNMB mRNA amounts in the spinal cords of 14-week old SOD1^{G93A} and WT mice were measured using a real time PCR method. GPNMB mRNA was increased in the SOD1^{G93A} mice to about 11 times as large as that of the WT mice (Fig. 3).

(3) Localization of GPNMB in spinal cord of mouse

[0054] In order to clarify localization of GPNMB in spinal cords of mice, NeuN, GFAP and Iba-1 immunofluorescence double staining was carried out. In the spinal cord gray matter of a 14-week old SOD1^{G93A} mouse, an intensive expression of GPNMB was observed in a NeuN positive nerve cell and a GFAP positive activated astrocyte, but was not observed in an Iba-1 positive microglia and a nucleus (Fig. 4). In the same manner, in the spinal cord white matter, an intensive expression of GPNMB was observed in a GFAP positive activated astrocyte, but was not observed in an Iba-1 positive microglia (Fig. 4). These results suggest involvement of GPNMB in the formation of ALS pathologic conditions.

(4) Change in expression of GPNMB over time in spinal cord of mouse

[0055] A SOD1^{G93A} mouse had significant ($p < 0.01$) increase of expression of GPNMB in the spinal cord from 10-week old as compared to a WT mouse, and the expression amount was increased accompanying development of the pathologic conditions (Fig. 5). On the other hand, change in an expression amount of GPNMB was not observed in a WT mouse (Fig. 5). These results suggest that GPNMB is a promising marker that reflects the ALS pathologic conditions. Furthermore, the fact that increase of GPNMB expression was observed before the onset strongly suggests that GPNMB could be a marker for earlier diagnosis for ALS.

(5) Expression of GPNMB in human spinal cord

[0056] In order to clarify involvement of GPNMB in the human ALS pathologic conditions, expression of GPNMB in the human spinal cord was studied using immunostaining. Backgrounds of patients are shown in Fig. 6. The total number of sporadic ALS patients was 3 (2 males, 1 female), and that of control disease patients was 3 (1 male, 2 females). Control diseases include brain stem infarction, polymyositis and multiple cerebral infarction. Ages of death of sporadic ALS and control disease patients were 62.0 ± 16.1 years old and 68.0 ± 3.5 years old, respectively. Post mortem intervals of sporadic ALS and control disease patients were 2.6 ± 0.1 hours and 2.6 ± 1.1 hours, respectively. A GPNMB positive aggregate was observed in the human spinal cord of a sporadic ALS patient, and the aggregate was significantly increased ($p < 0.01$) in the spinal cord of a sporadic ALS patient as compared to the spinal cord of a control disease patient (Fig. 7). These results suggest that GPNMB is deeply involved in the formation of ALS pathologic conditions and that GPNMB is useful as a marker for ALS.

(6) GPNMB concentration in serum of sporadic ALS patient

[0057] GPNMB concentrations in serums of sporadic ALS patients and normal subjects were measured by ELISA. Backgrounds of patients are shown in Fig. 8. The total number of sporadic ALS patients was 10 (7 males, 3 females), and that of normal subjects was 10 (3 males, 7 females). The ages of the sporadic ALS patients and the normal subjects were 66.4 ± 10.1 years old and 45.5 ± 20.7 years old, respectively. GPNMB concentrations in serums showed significantly high values ($p < 0.01$) in the sporadic ALS patients ($39.1 \pm 2.8 \mu\text{g/mL}$) as compared to the normal subjects (average $\pm$ standard error, $29.8 \pm 1.6 \mu\text{g/mL}$) (Fig. 9). Thus, GPNMB was showed to be useful as a marker for ALS in a clinical use. The fact that the variation in the serums was able to be detected is extremely important for clinical application of GPNMB.

Industrial Applicability

[0058] The detection method of the present invention enables to simply and objectively determine the possibility of the onset of ALS. The detection method of the present invention is useful as a means for determining whether ALS is developed or not. In addition, the detection method is also expected to be utilized as a means for figuring out the future possibility of the onset. Due to early discovery and early treatment utilizing the detection method of the present invention, it is expected to attempt prevention of intractability, severity (unfavorable progress), recurrence of ALS, and the like. Furthermore, the detection of the present invention is also expected to be utilized as a means for presuming prognosis.

SEQUENCE LISTING

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45 Claims

1. Use of a transmembrane glycoprotein nmb for the *in vitro* detection of amyotrophic lateral sclerosis.
2. An *in vitro* method for detecting amyotrophic lateral sclerosis, wherein a level of a transmembrane glycoprotein nmb
50 in a specimen derived from a subject is used as an indication.
3. The method for detecting amyotrophic lateral sclerosis according to claim 2, comprising the following steps (1) to (3):
 - (1) a step of providing a specimen derived from a subject;
 - 55 (2) a step of detecting a transmembrane glycoprotein nmb in the specimen; and
 - (3) a step of determining the present or future possibility of the onset of amyotrophic lateral sclerosis based on the detected results.

4. The method for detecting amyotrophic lateral sclerosis according to claim 3, wherein the determination in the step (3) is performed in accordance with the criterion in which the possibility of the onset is high as a detected value is high, or the criterion in which the possibility of the onset is high as detection can be performed.
5. The method for detecting amyotrophic lateral sclerosis according to claim 3 or 4, wherein the determination of the step (3) is performed based on comparison between a detected value obtained in the step (2) and a detected value of a control specimen.
6. The method for detecting amyotrophic lateral sclerosis according to claim 3 or 4, wherein the determination of the step (3) is performed based on comparison between a detected value obtained in the step (2) and a detected value of a specimen obtained from the same subject in the past.
7. The method for detecting amyotrophic lateral sclerosis according to any one of claims 2 to 6, wherein the specimen is blood, plasma, serum, spinal cord, or cerebrospinal fluid.
8. Use of a reagent, comprising a substance showing a specific binding activity to a transmembrane glycoprotein nmb for detecting amyotrophic lateral sclerosis *in vitro*.
9. The use according to claim 8, wherein the substance is an antibody.
10. Use of a kit, comprising a reagent as defined in claim 8 or 9 for detecting amyotrophic lateral sclerosis *in vitro*.

Patentansprüche

1. Verwendung eines Transmembranglycoproteins nmb zum *in vitro* Nachweis amyotrophischer Lateralsklerose.
2. *In vitro* Verfahren zum Nachweis amyotrophischer Lateralsklerose, wobei ein Transmembranglycoprotein nmb-Spiegel in einer Probe von einer Testperson als Befund verwendet wird.
3. Verfahren zum Nachweis amyotrophischer Lateralsklerose gemäß Anspruch 2, umfassend die folgenden Schritte (1) bis (3):
 - (1) Schritt zur Bereitstellung einer Probe von einer Testperson;
 - (2) Schritt zum Nachweis eines Transmembranglycoproteins nmb in der Probe; und
 - (3) Schritt zur Festlegung von gegenwärtiger oder zukünftiger Möglichkeit vom Ausbruch von amyotrophischer Lateralsklerose basierend auf den nachgewiesenen Ergebnissen.
4. Verfahren zum Nachweis amyotrophischer Lateralsklerose gemäß Anspruch 3, wobei die Feststellung im Schritt (3) durchgeführt wird nach Maßgabe mit dem Kriterium in welchem die Möglichkeit des Ausbruchs hoch ist, wenn ein nachgewiesener Wert hoch ist, oder mit dem Kriterium in welchem die Möglichkeit des Ausbruchs hoch ist, wenn der Nachweis durchgeführt werden kann.
5. Verfahren zum Nachweis amyotrophischer Lateralsklerose gemäß Anspruch 3 oder 4, wobei die Feststellung im Schritt (3) durchgeführt wird basierend auf einem Vergleich zwischen einem nachgewiesenen Wert erhalten in Schritt (2) und einem nachgewiesenen Wert erhalten von einer Kontrollprobe.
6. Verfahren zum Nachweis amyotrophischer Lateralsklerose gemäß Anspruch 3 oder 4, wobei die Feststellung im Schritt (3) durchgeführt wird basierend auf einem Vergleich zwischen einem nachgewiesenen Wert erhalten in Schritt (2) und einen nachgewiesenen Wert in einer Probe erhalten von der gleichen Testperson in der Vergangenheit.
7. Verfahren zum Nachweis amyotrophischer Lateralsklerose gemäß einem der Ansprüche 2 bis 6, wobei die Probe Blut, Plasma, Serum, Rückenmark, oder Cerebrospinalflüssigkeit ist.
8. Verwendung einer Reagenzie, umfassend einen Stoff, der eine spezifische Bindungsaktivität zu einem transmembranen Glycoprotein nmb zum Nachweis amyotrophischer Lateralsklerose *in vitro* zeigt.
9. Verwendung gemäß Anspruch 8, wobei der Stoff ein Antikörper ist.

10. Verwendung eines Kits, umfassend eine Reagenzie definiert in Anspruch 8 oder 9 zum Nachweis amyotrophischer Lateralsklerose *in vitro*.

5 **Revendications**

1. Utilisation d'une glycoprotéine transmembranaire nmb pour la détection *in vitro* de la sclérose latérale amyotrophique.
- 10 2. Procédé *in vitro* de détection de la sclérose latérale amyotrophique, dans lequel une concentration d'une glycoprotéine transmembranaire nmb dans un échantillon provenant d'un sujet est utilisée comme indication.
3. Procédé de détection de la sclérose latérale amyotrophique selon la revendication 2, comprenant les étapes suivantes (1) à (3) :
 - 15 (1) une étape de fourniture d'un échantillon provenant d'un sujet ;
 - (2) une étape de détection d'une glycoprotéine transmembranaire nmb dans l'échantillon ; et
 - (3) une étape de détermination de la possibilité présente ou future de l'apparition de la sclérose latérale amyotrophique sur la base des résultats détectés.
- 20 4. Procédé de détection de la sclérose latérale amyotrophique selon la revendication 3, dans lequel la détermination de l'étape (3) est réalisée conformément au critère selon lequel la possibilité de l'apparition de la maladie est élevée si la valeur détectée est élevée, ou le critère selon lequel la possibilité de l'apparition de la maladie est élevée si la détection peut être réalisée.
- 25 5. Procédé de détection de la sclérose latérale amyotrophique selon la revendication 3 ou 4, dans lequel la détermination de l'étape (3) est réalisée sur la base de la comparaison entre une valeur détectée obtenue à l'étape (2) et une valeur détectée d'un échantillon témoin.
- 30 6. Procédé de détection de la sclérose latérale amyotrophique selon la revendication 3 ou 4, dans lequel la détermination de l'étape (3) est réalisée sur la base de la comparaison entre une valeur détectée obtenue à l'étape (2) et une valeur détectée d'un échantillon obtenu à partir du même sujet dans le passé.
- 35 7. Procédé de détection de la sclérose latérale amyotrophique selon l'une quelconque des revendications 2 à 6, dans lequel l'échantillon est du sang, du plasma, du sérum, de la moelle épinière ou du liquide céphalo-rachidien.
8. Utilisation d'un réactif, comprenant une substance montrant une activité de liaison spécifique à une glycoprotéine transmembranaire nmb pour la détection *in vitro* de la sclérose latérale amyotrophique.
- 40 9. Utilisation selon la revendication 8, dans laquelle la substance est un anticorps.
10. Utilisation d'un kit comprenant un réactif selon la revendication 8 ou 9 pour la détection *in vitro* de la sclérose latérale amyotrophique.

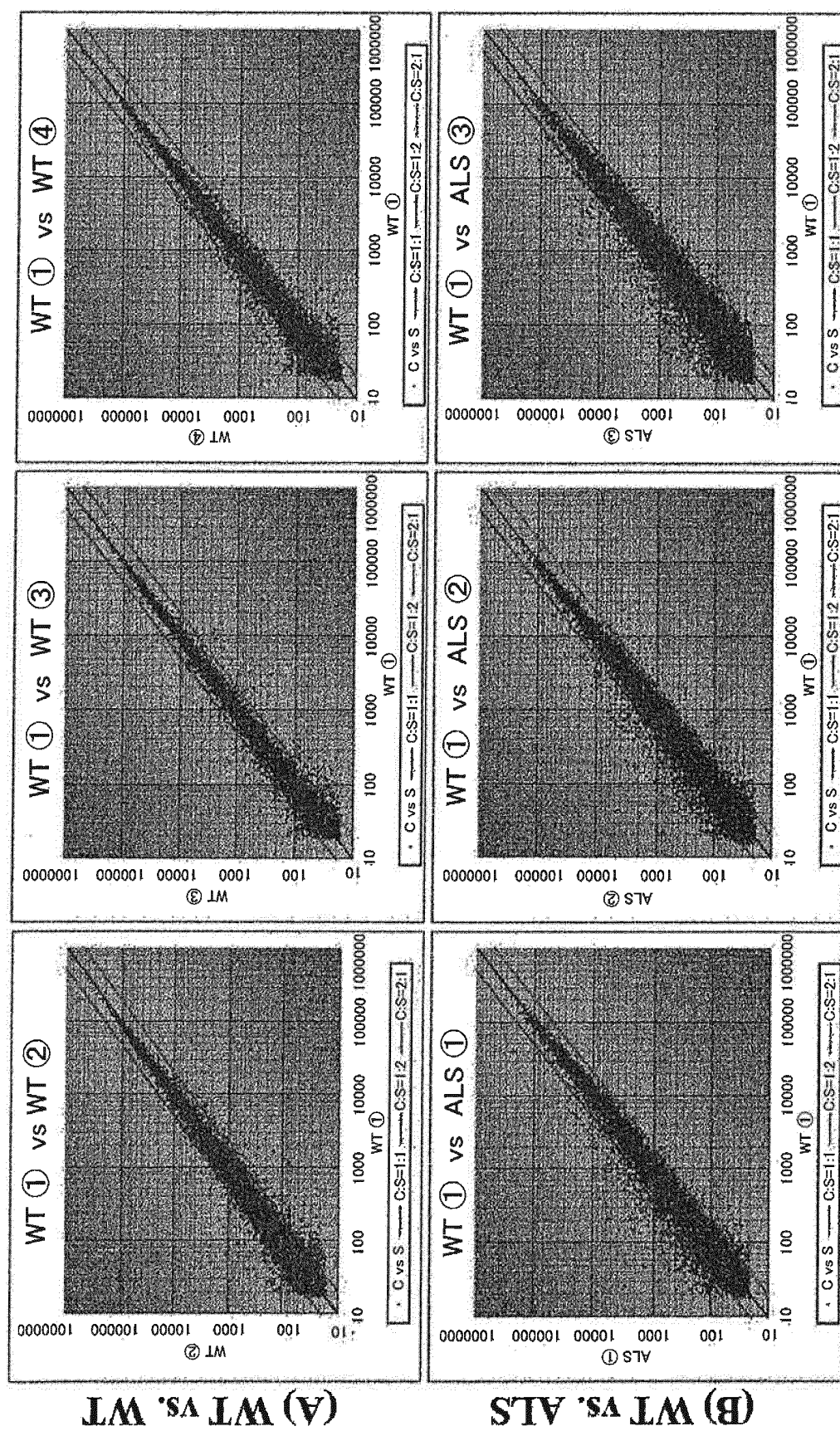


Fig. 1

Entrez Gene ID	Gene name	Log2Ratio (ALS/WT)
93695	glycoprotein (transmembrane) nmb	5.89
20303	chemokine (C-C motif) ligand 4	5.86
21857	tissue inhibitor of metalloproteinase 1	5.30
12642	cholesterol 25-hydroxylase	5.00
16956	lipoprotein lipase	4.95
56644	C-type lectin domain family 7, member a	4.84
22226	urocortin	4.83
20304	chemokine (C-C motif) ligand 5	4.66
16854	lectin, galactose binding, soluble 3	4.60
12971	crystallin, mu	4.58
11813	apolipoprotein C-II	4.57
57435	plasma membrane associated protein, S3-12	4.55
109225	membrane-spanning 4-domains, subfamily A, member 7	4.55
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80891	Fc receptor-like S, scavenger receptor	4.46
12045	B-cell leukemia/lymphoma 2 related protein A1b	4.38
15945	chemokine (C-X-C motif) ligand 10	4.36
12514	CD68 antigen	4.34
235505	CD109 antigen	4.28
73690	GLI pathogenesis-related 1 (glioma)	4.27
12046	B-cell leukemia/lymphoma 2 related protein A1c	4.20
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12523	CD84 antigen	4.18
80891	Fc receptor-like S, scavenger receptor	4.14
20288	macrophage scavenger receptor 1	4.05
23833	CD52 antigen	4.02
67742	SAM domain, SH3 domain and nuclear localization signals, 1	4.01
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Fig. 2

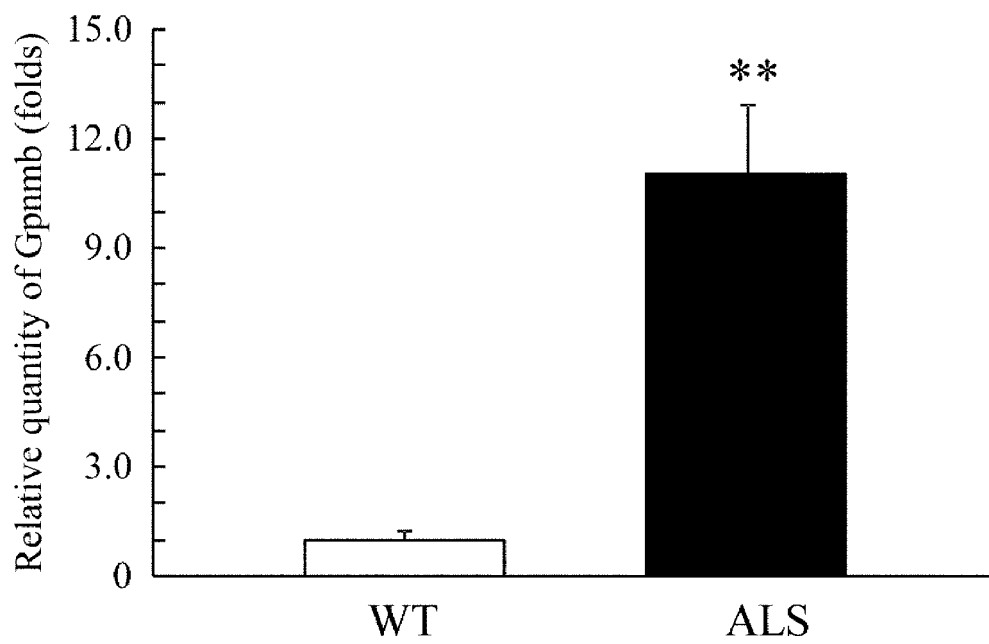


Fig. 3

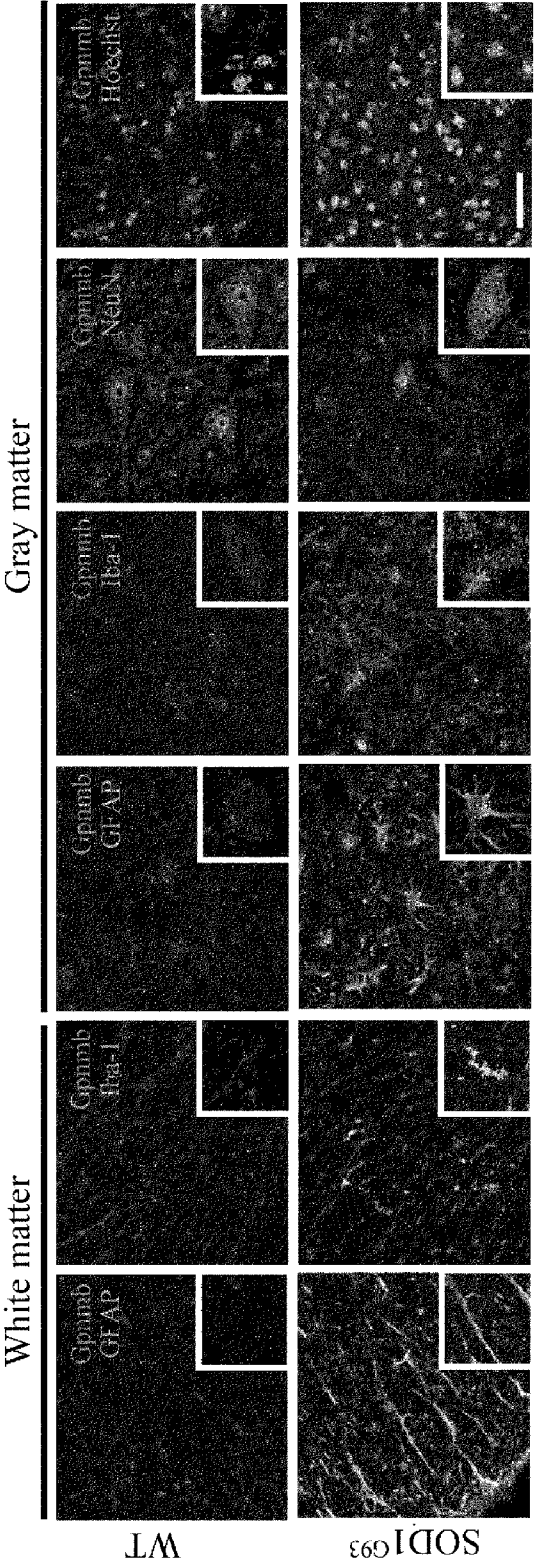


Fig. 4

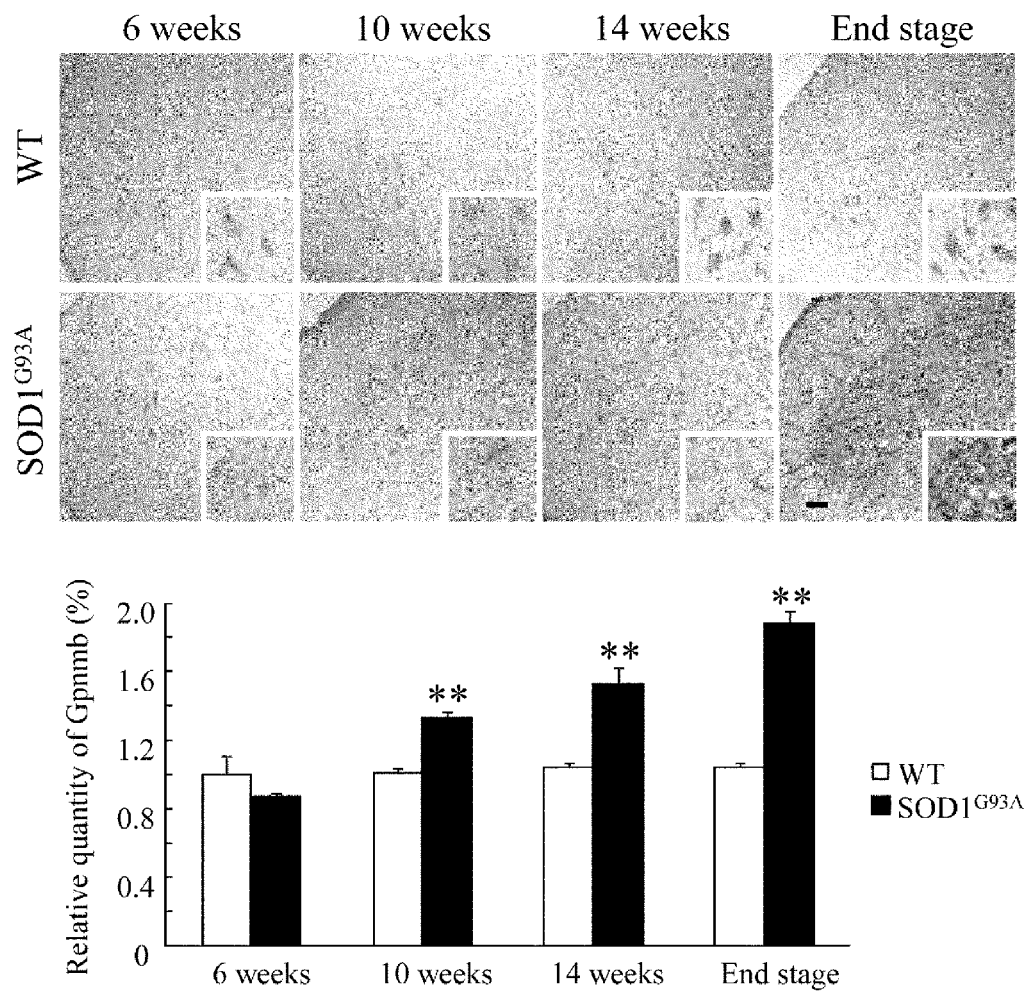


Fig. 5

(a) Control

Case	Age of death (years)	sex	PMI (h)	Cause of death
1	70	F	3.8	Brain-stem infarction
2	64	F	2.0	Multiple myositis
3	70	M	2.0	Multiple cerebral infarction
Mean $\pm$ SD	68.0 $\pm$ 3.5		2.6 $\pm$ 1.1	

(b) Sporadic ALS

Case	Age of death (years)	sex	PMI (h)	duration of disease (month)
1	80	M	2.7	72
2	49	F	2.5	40
3	57	M	2.5	9
Mean $\pm$ SD	62.0 $\pm$ 16.1		2.6 $\pm$ 0.1	40.3 $\pm$ 31.5

Fig. 6

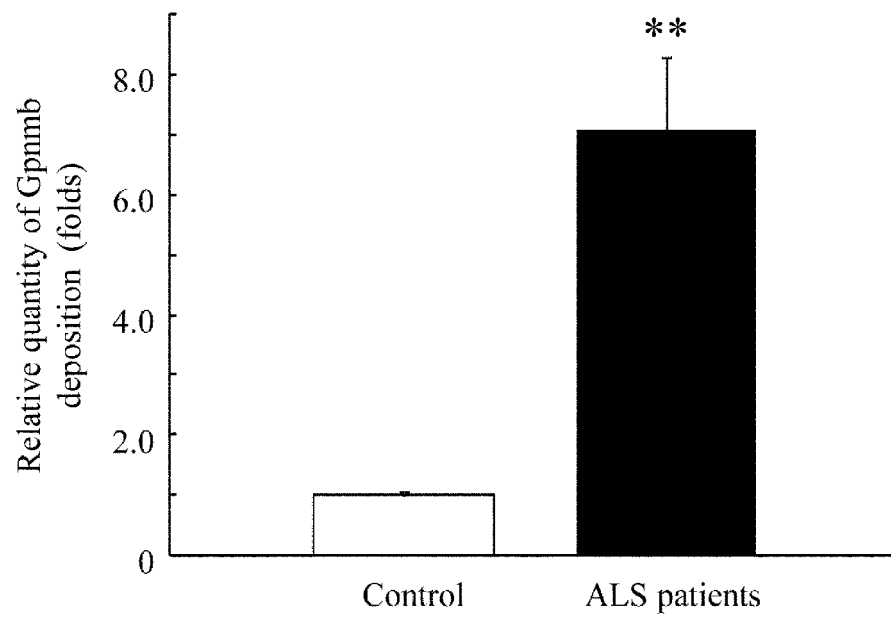
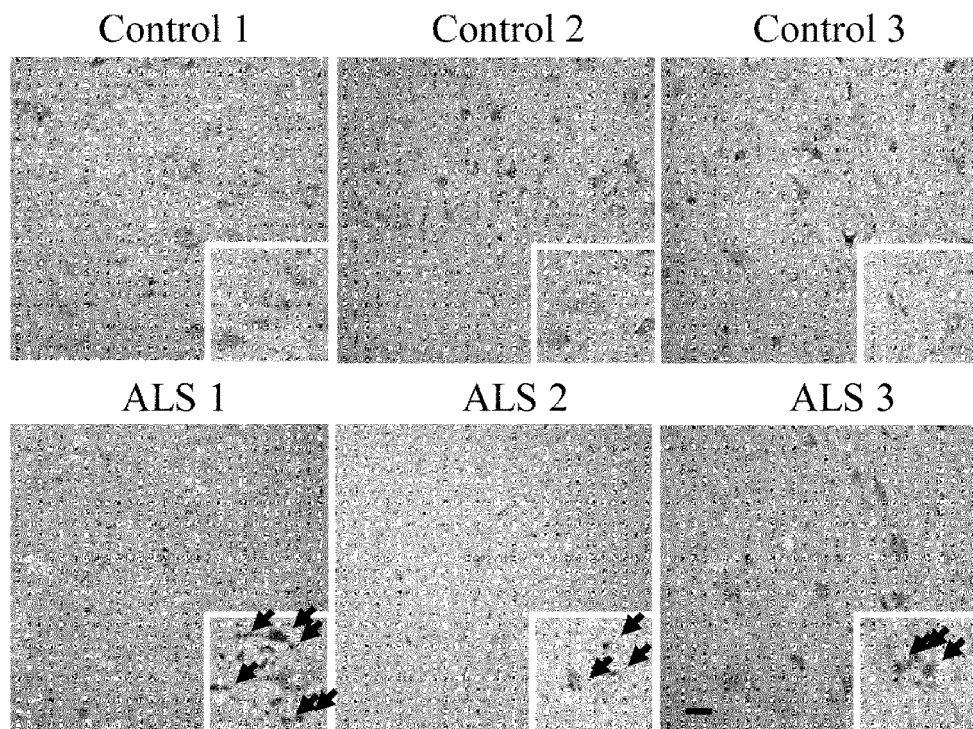


Fig. 7

(a) Control			(b) Sporadic ALS		
Case	Age (years)	Sex	Case	Age (years)	Sex
1	25	M	1	67	M
2	29	M	2	69	M
3	27	F	3	79	F
4	-	F	4	70	F
5	28	F	5	53	F
6	33	F	6	80	F
7	67	F	7	74	F
8	60	F	8	63	F
9	74	M	9	63	M
10	67	F	10	46	F
Mean $\pm$ SD		45.5 $\pm$ 20.7	-	Mean $\pm$ SD	
		-	-	66.4 $\pm$ 10.1	
		-	-		

Fig. 8

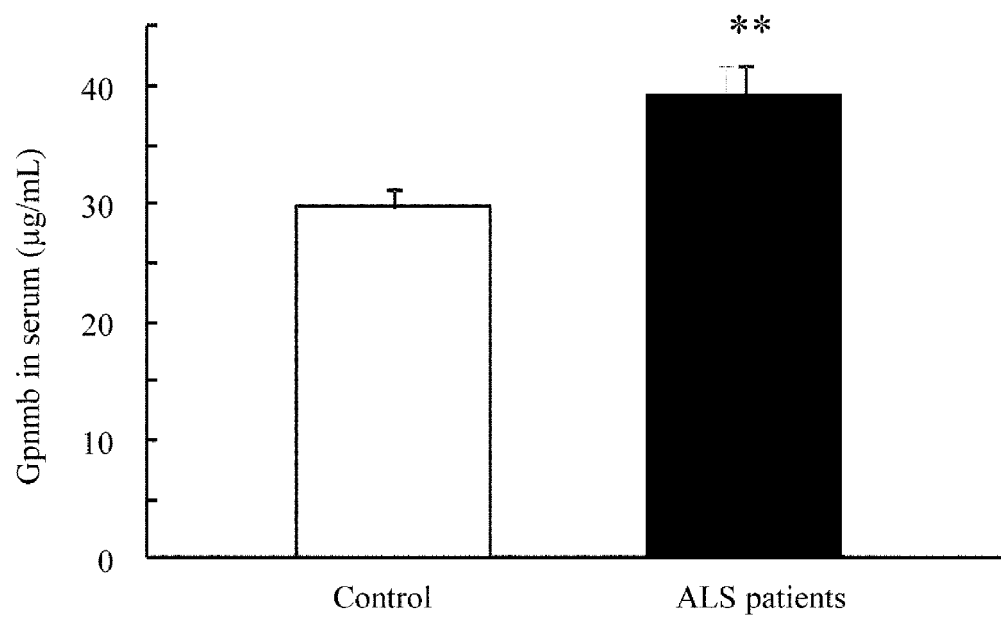


Fig. 9

REFERENCES CITED IN THE DESCRIPTION

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专利名称(译)	肌萎缩侧索硬化的标志物及其用途		
公开(公告)号	EP2631656B1	公开(公告)日	2016-07-27
申请号	EP2011834147	申请日	2011-09-20
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申请(专利权)人(译)	HARA, 英明		
当前申请(专利权)人(译)	HARA, 英明		
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发明人	HARA, HIDEAKI SHIMAZAWA, MASAMITSU TANAKA, HIROTAKA		
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外部链接	Espacenet		

摘要(译)	Met Glu Cys Leu Tyr Tyr Phe Leu Gly Phe Leu Leu Leu Ala Ala Arg 1 5 10 15 Leu Pro Leu Asp Ala Ala Lys Arg Phe His Asp Val Leu Gly Asn Glu 20 25 30 Arg Pro Ser Ala Tyr Met Arg Glu His Asn Gln Leu Asn Gly Trp Ser 35 40 45 Ser Asp Glu Asn Asp Trp Asn Glu Lys Leu Tyr Pro Val Trp Lys Arg 50 55 60 Gly Asp Met Arg Trp Lys Asn Ser Trp Lys Gly Gly Arg Val Gln Ala 65 70 75 80 Val Leu Thr Ser Asp Ser Pro Ala Leu Val Gly Ser Asn Ile Thr Phe 85 90 95 Ala Val Asn Leu Ile Phe Pro Arg Cys Gln Lys Glu Asp Ala Asn Gly 100 105 110 Asn Ile Val Tyr Glu Lys Asn Cys Arg Asn Glu Ala Gly Leu Ser Ala 115 120 125 Asp Pro Tyr Val Tyr Asn Trp Thr Ala Trp Ser Glu Asp Ser Asp Gly 130 135 140 Glu Asn Gly Thr Gly Gln Ser His His Asn Val Phe Pro Asp Gly Lys 145 150 155 160
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一个目的是提供一种肌萎缩性侧索硬化特异性生物标志物及其用途。本发明提供了含有跨膜糖蛋白nmb的肌萎缩侧索硬化的标记物，以及利用该标记物等检测肌萎缩侧索硬化的方法。