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(54) **MULTIPLE FORMS OF ALZHEIMER'S DISEASE BASED ON DIFFERENCES IN CONCENTRATIONS OF PROTEIN BIOMARKERS IN BLOOD SERUM**

Publication Classification

(75) Inventors: **Ira L. Goldknopf**, The Woodlands, TX (US); **Jennifer K. Bryson**, The Woodlands, TX (US); **Essam A. Sheta**, The Woodlands, TX (US); **Jaffer K. Khalil**, The Woodlands, TX (US); **Silvia C. Quintero**, The Woodlands, TX (US)

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Correspondence Address:
BENJAMIN A. ADLER, PH.D., J.D.
8011 CANDLE LANE
HOUSTON, TX 77071 (US)

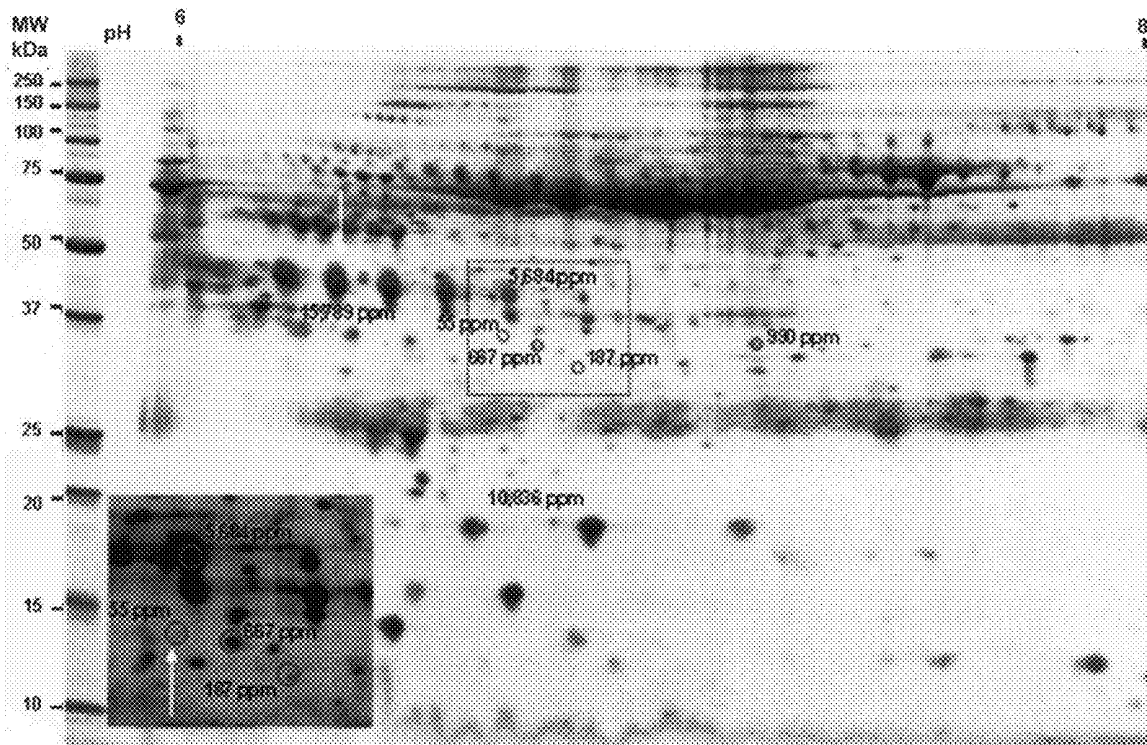
(57) **ABSTRACT**

The present invention relates to identification and uses of biomarkers for neurodegenerative disease, including Alzheimer's disease, and the related diseases. More specifically, the present invention relates to the identification of protein biomarkers useful for the screening, diagnosis, and differentiation of Alzheimer's disease from Parkinson's disease, other neurodegenerative diseases, and normal controls, and in the monitoring of Alzheimer's disease severity and disease mechanisms in patients.

(73) Assignee: **Power3 Medical Products, Inc.**,
The Woodlands, TX (US)

(21) Appl. No.: **12/217,885**

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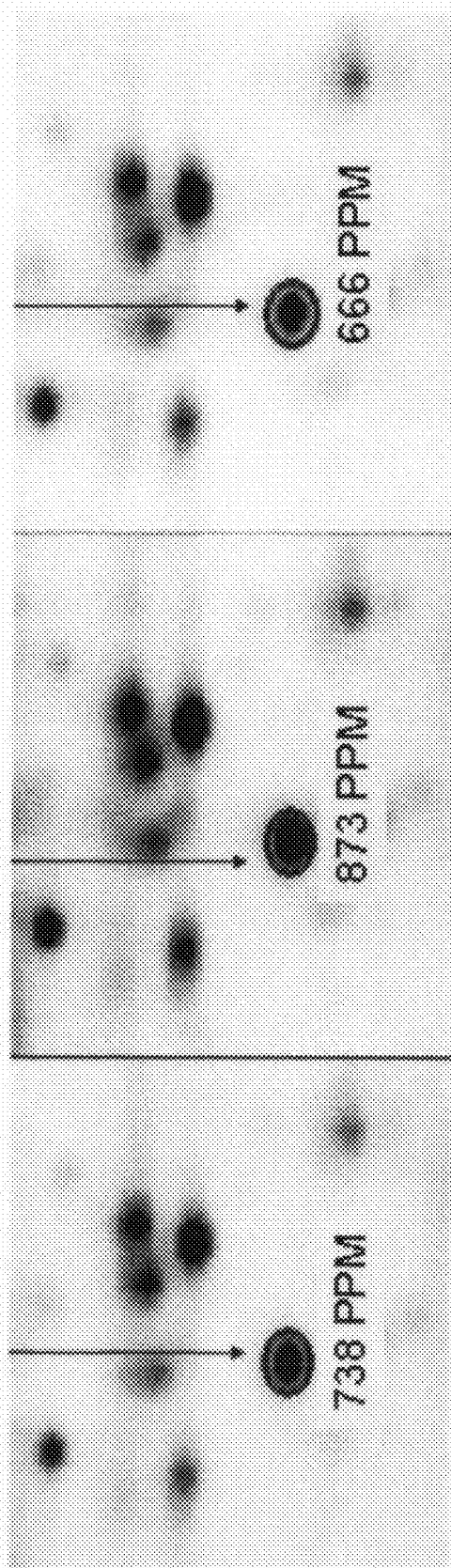


Fig. 1B

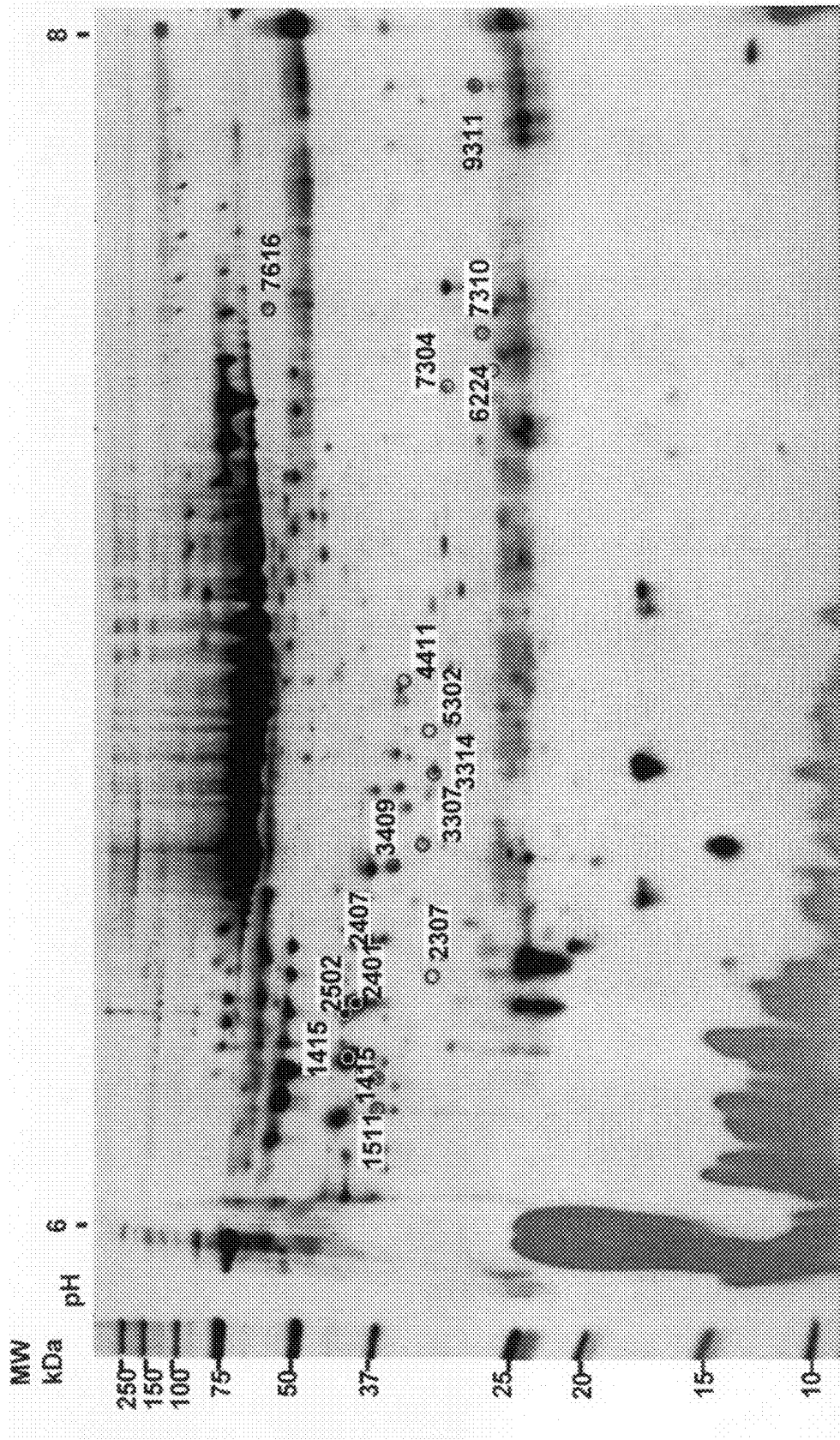


Fig. 2

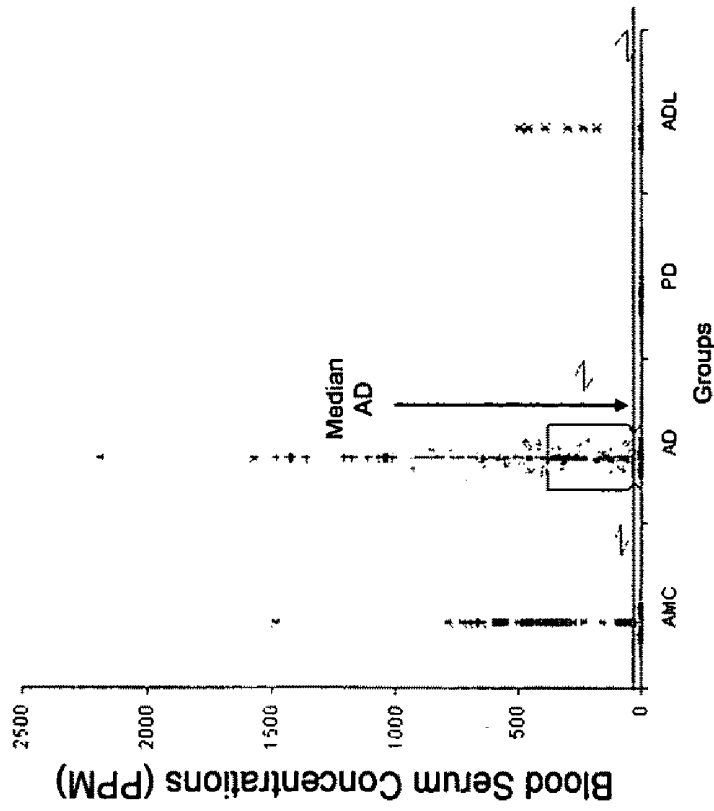


Fig. 3A

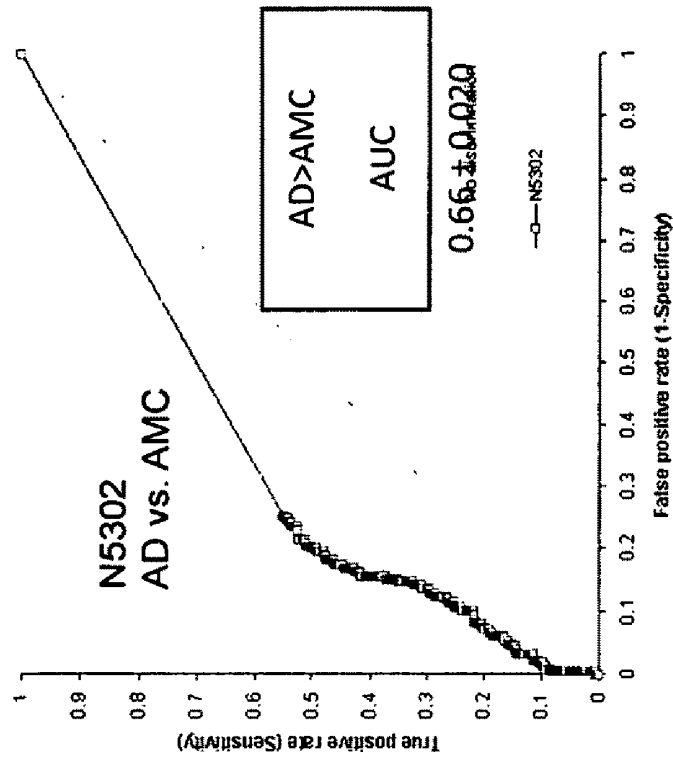


Fig. 3B

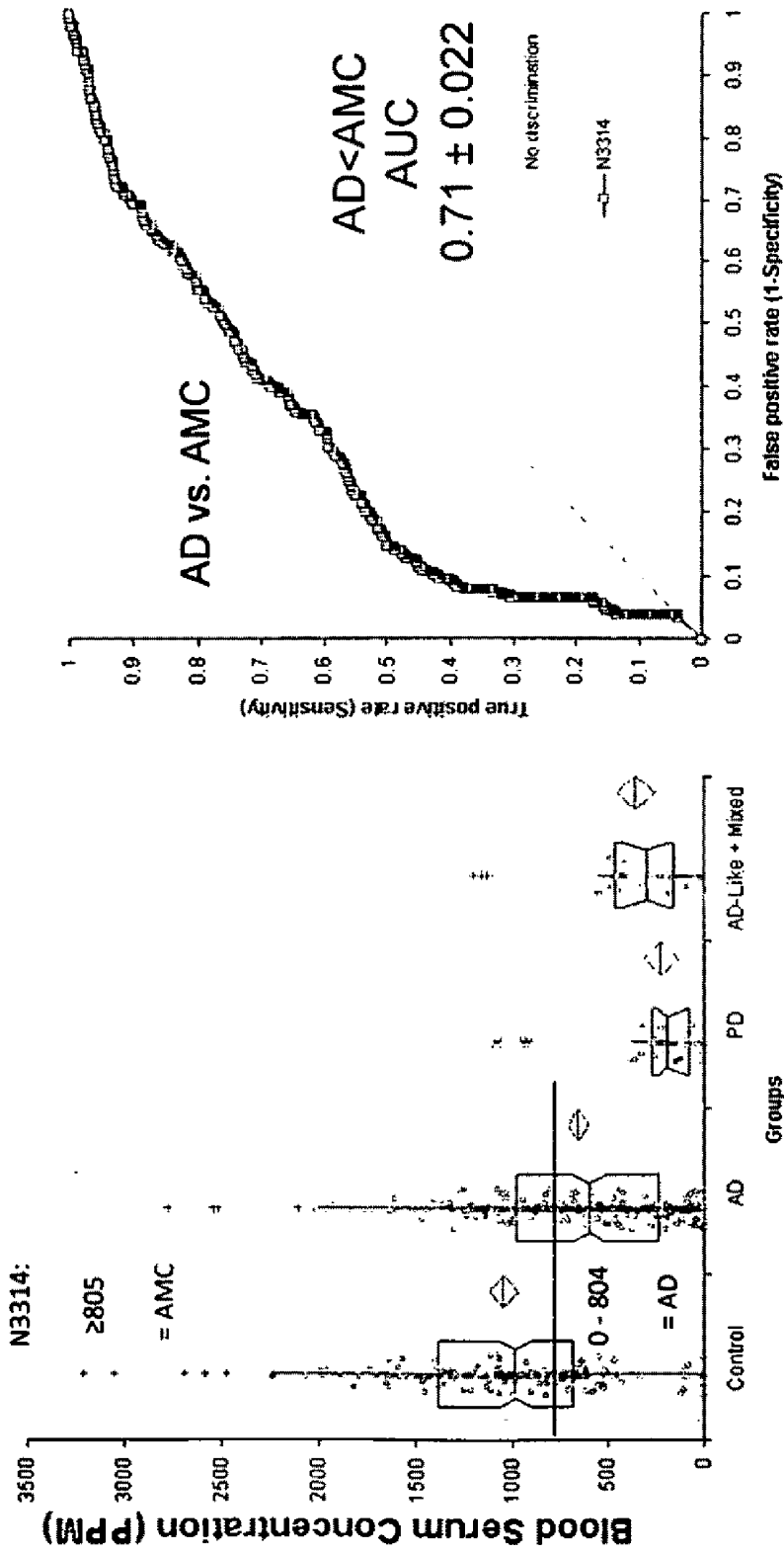


Fig. 5B

Fig. 5A

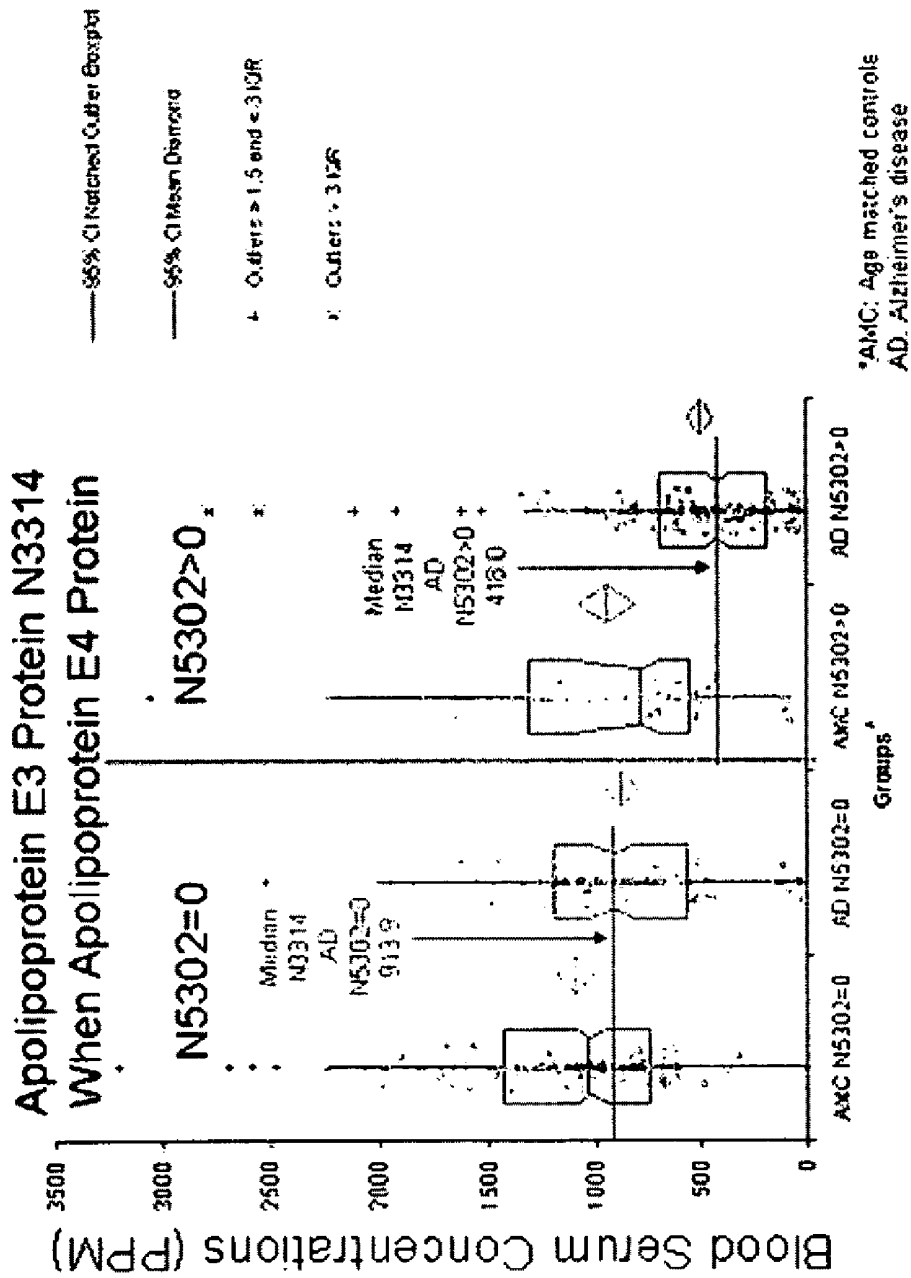


Fig. 6

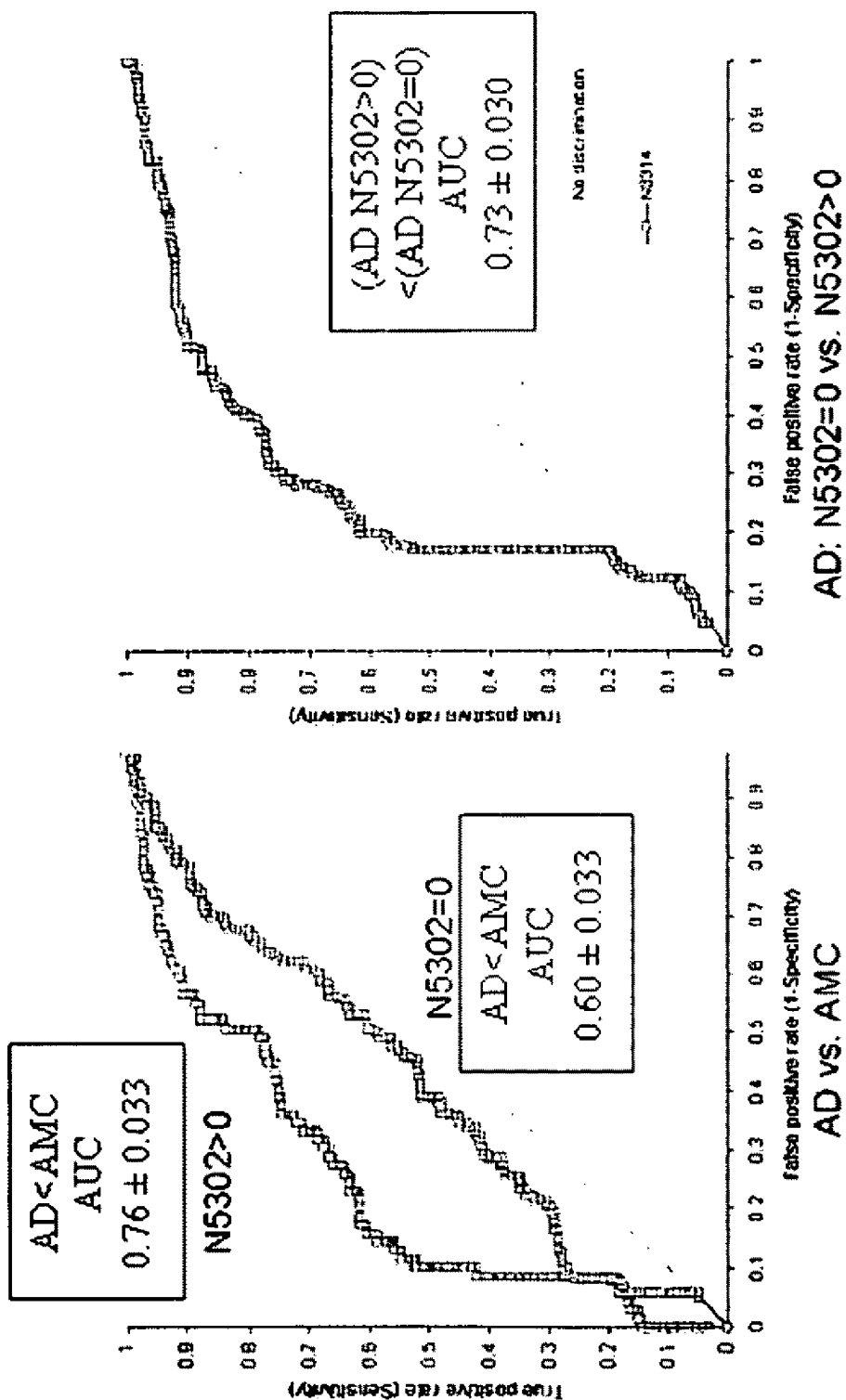


Fig. 7B

Fig. 7A

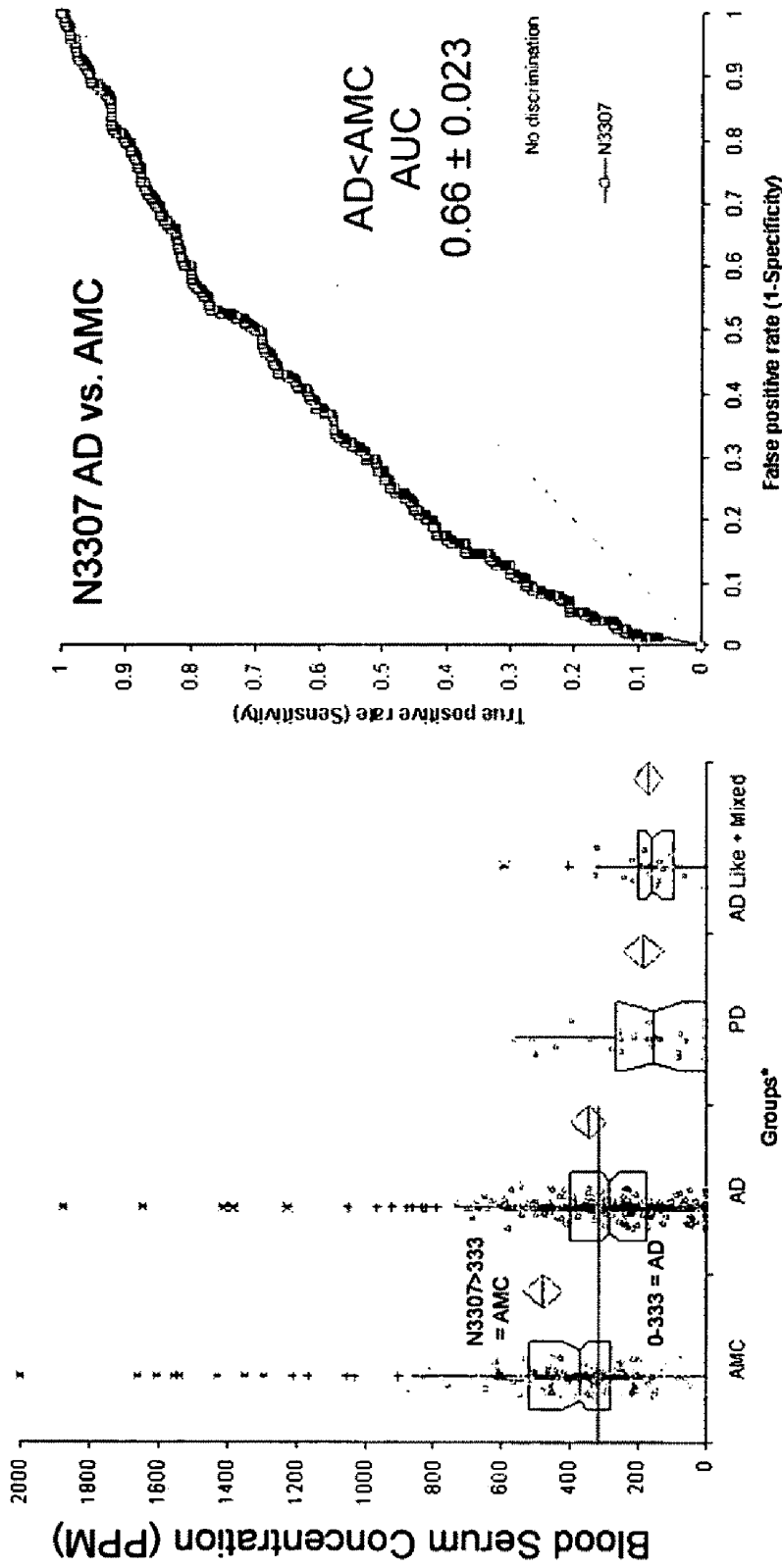


Fig. 8B

Fig. 8A

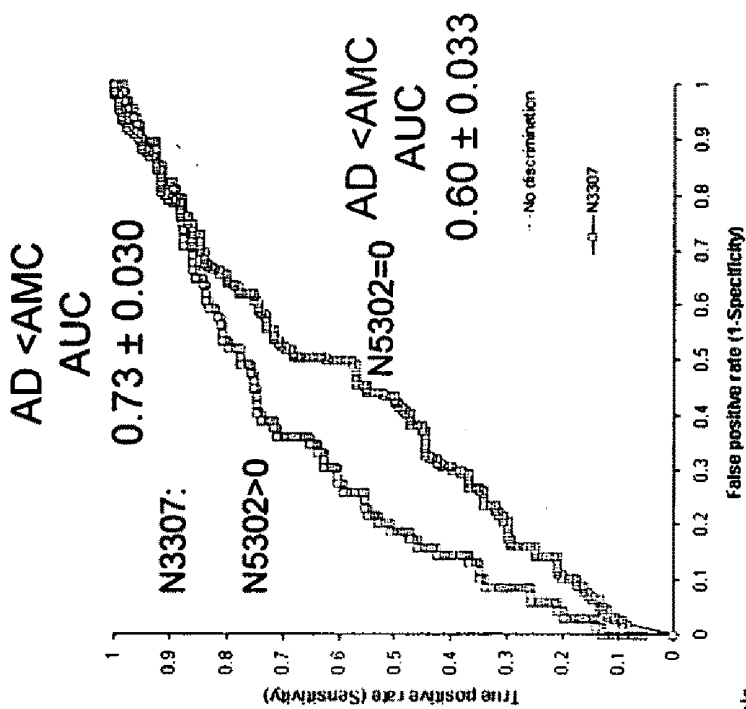
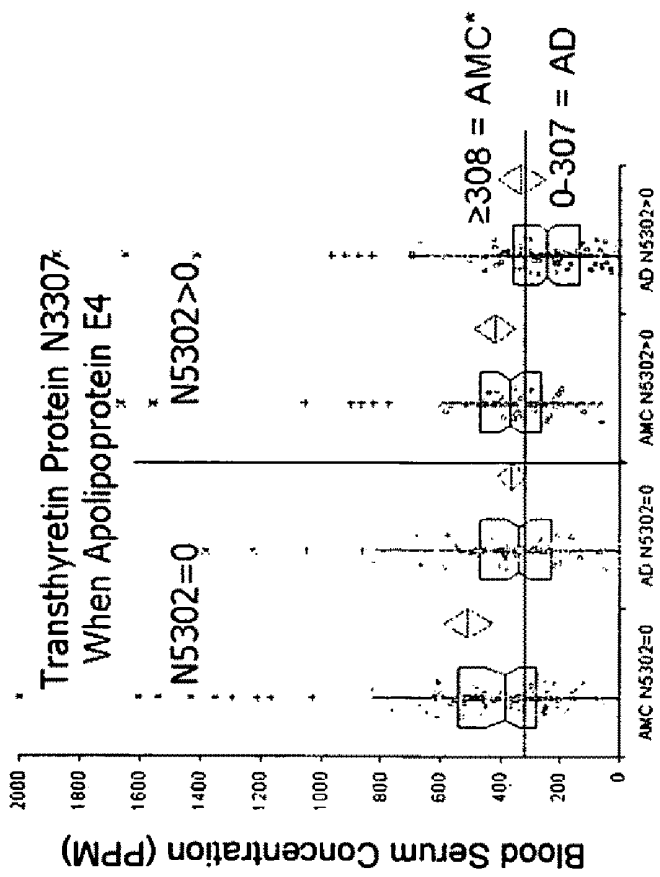


Fig. 9B



* AMC: Age Matched Controls
AD: Alzheimer's disease patients

Fig. 9A

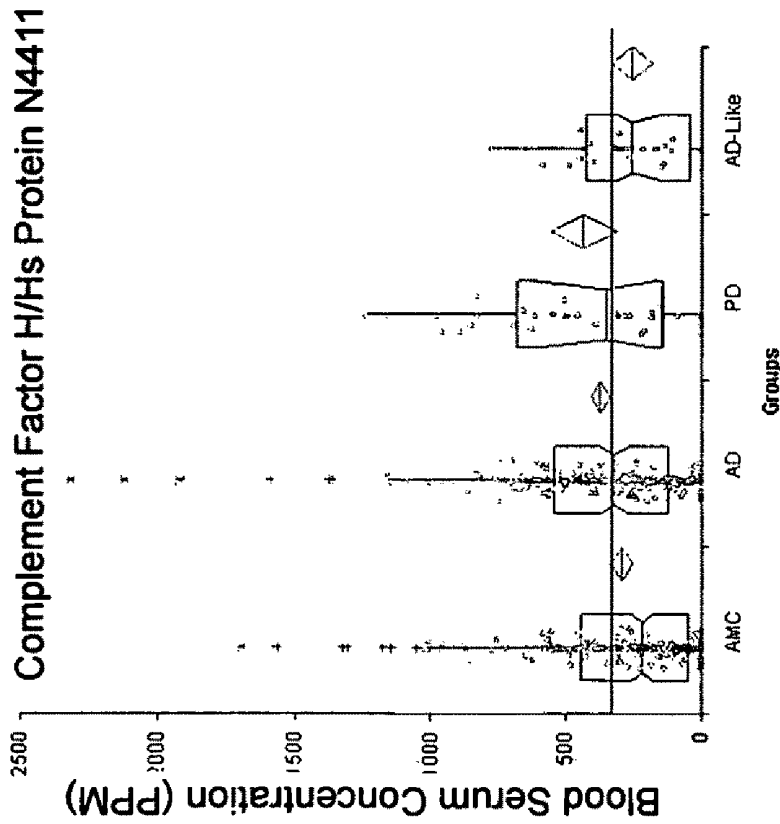


Fig. 10A

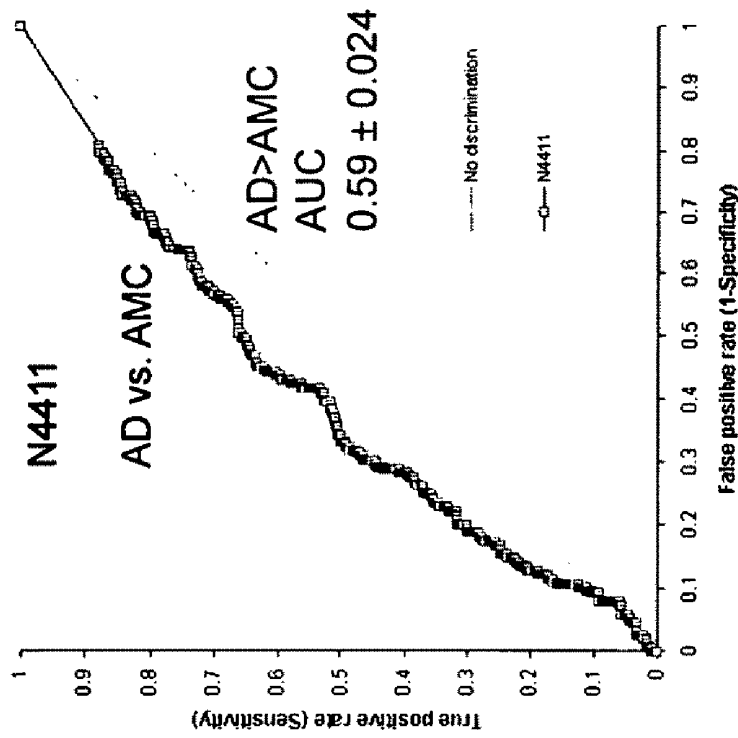


Fig. 10B

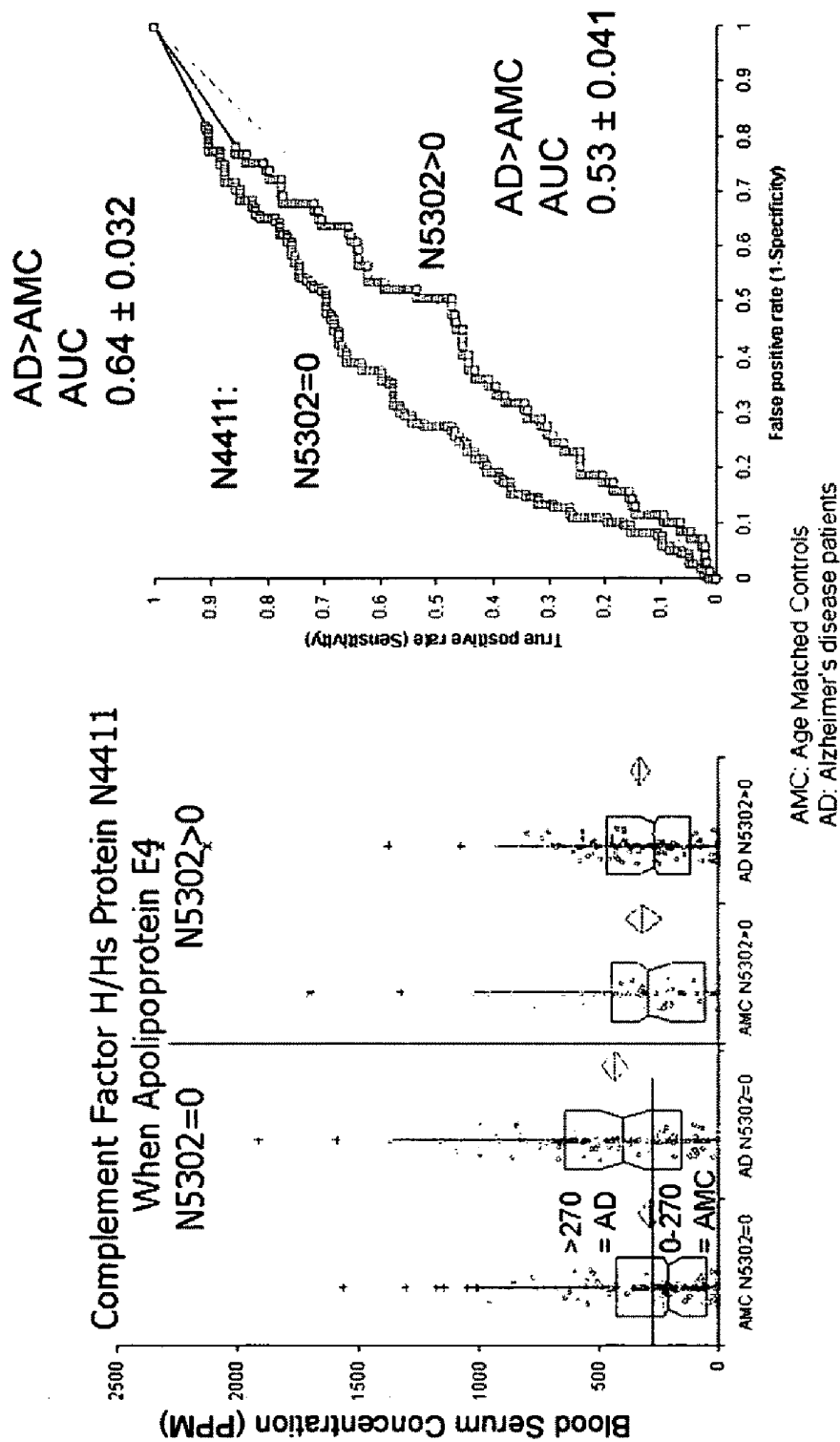


Fig. 11A

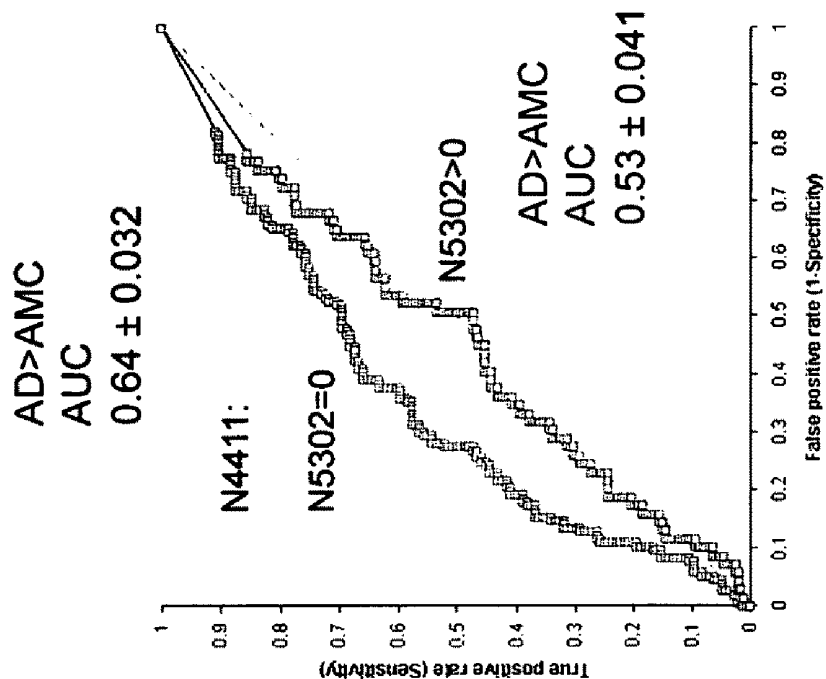


Fig. 11B

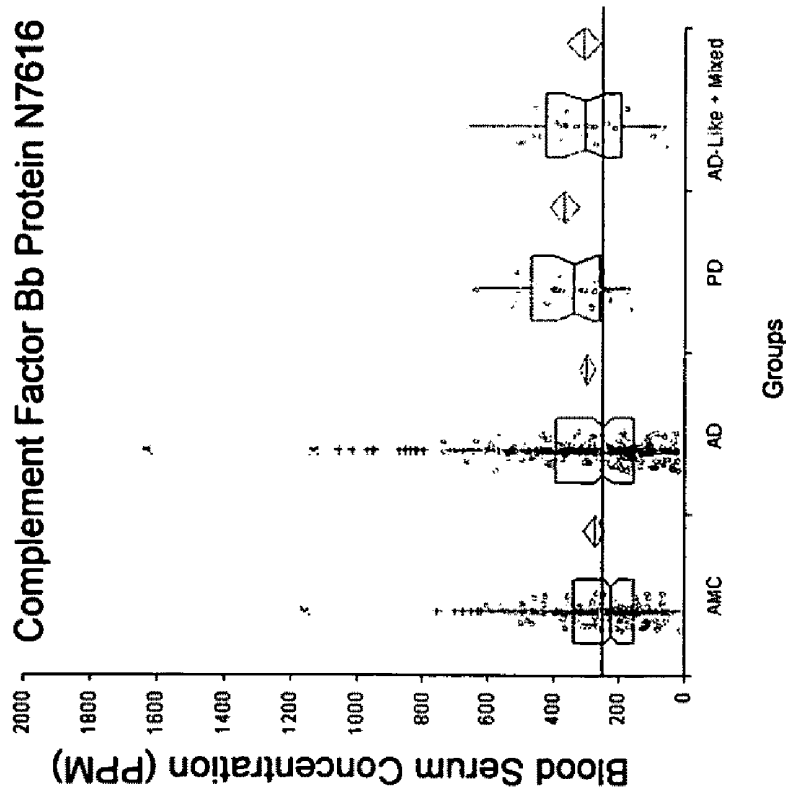


Fig. 12A

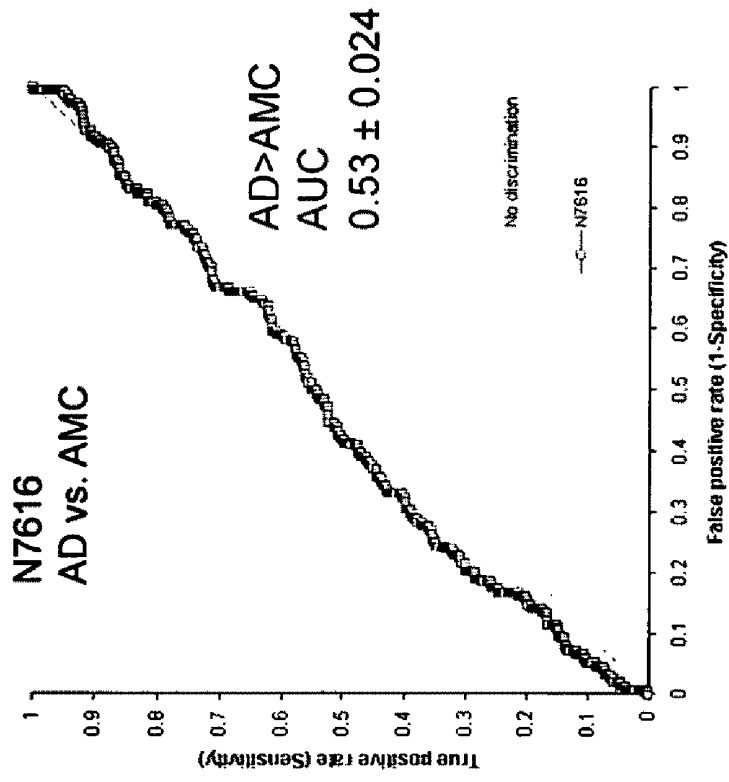
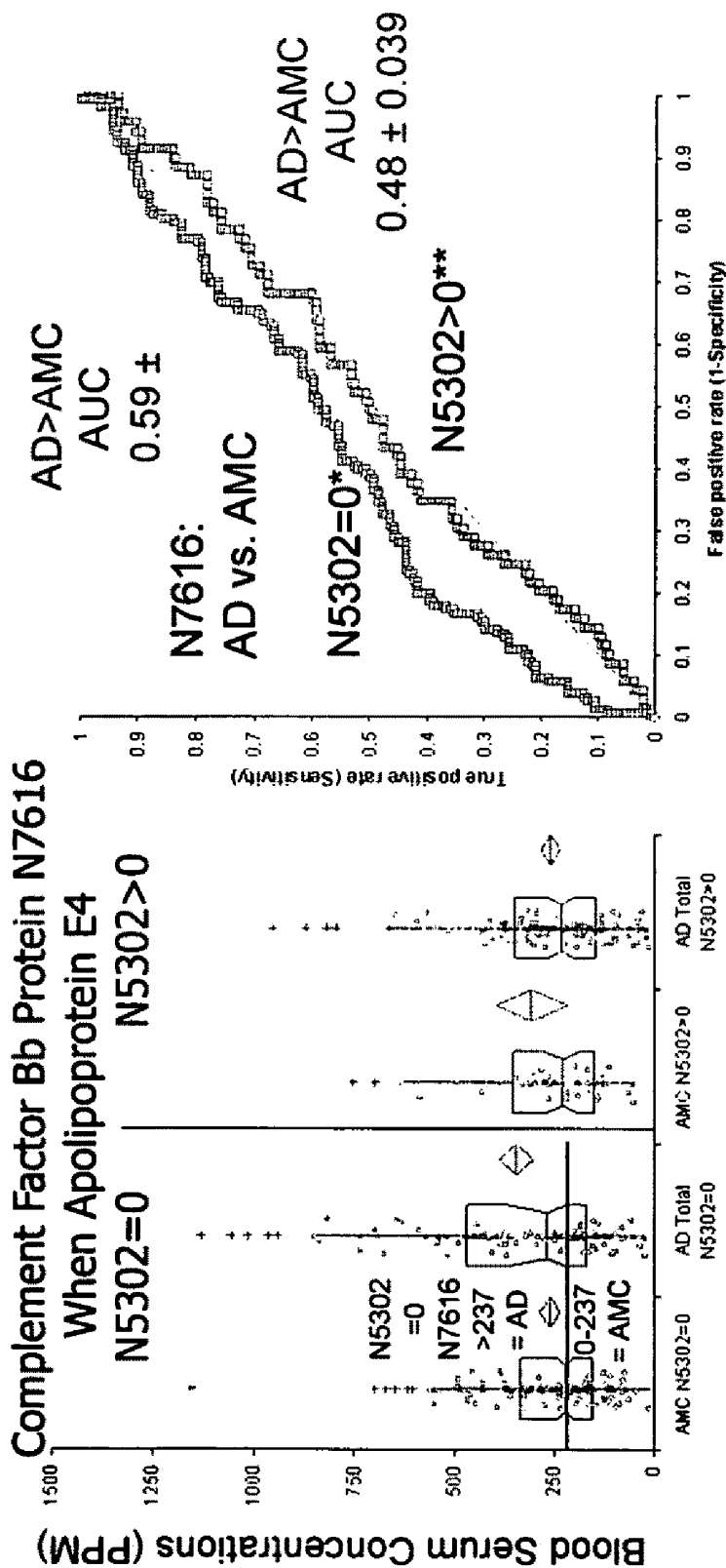


Fig. 12B



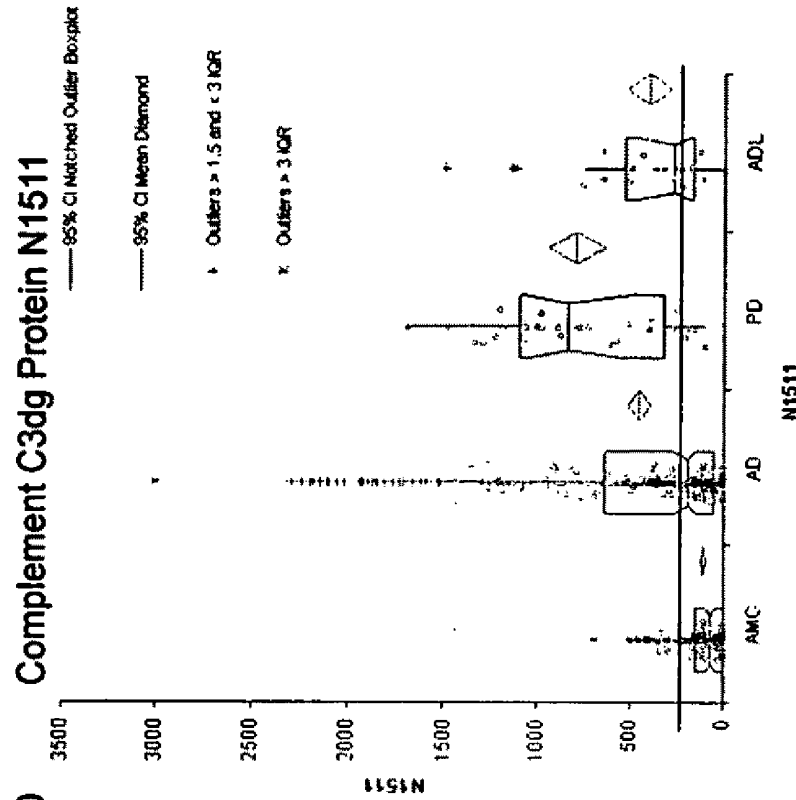


Fig. 14B

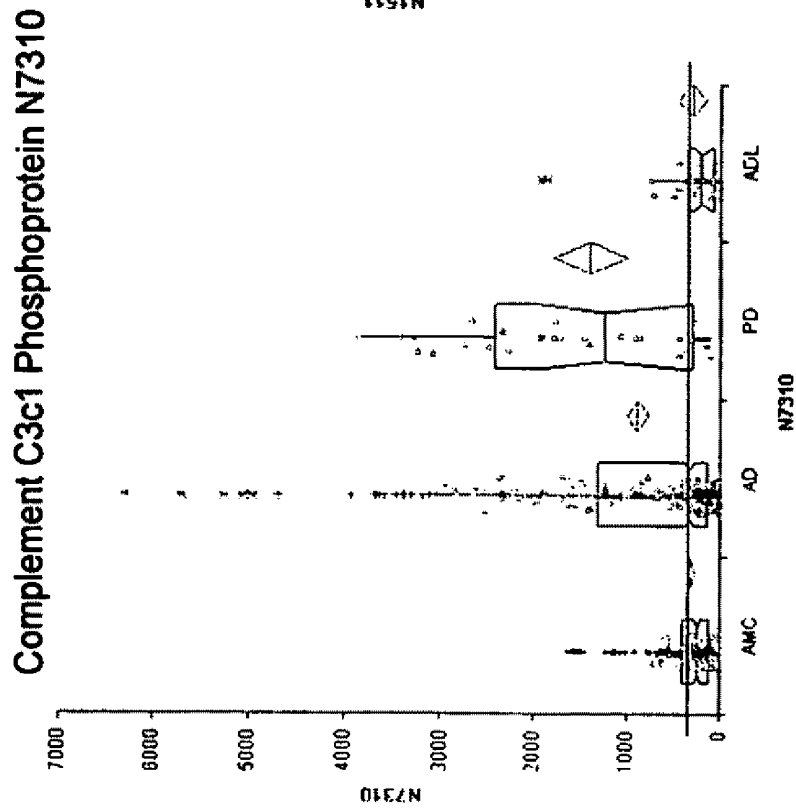


Fig. 14A

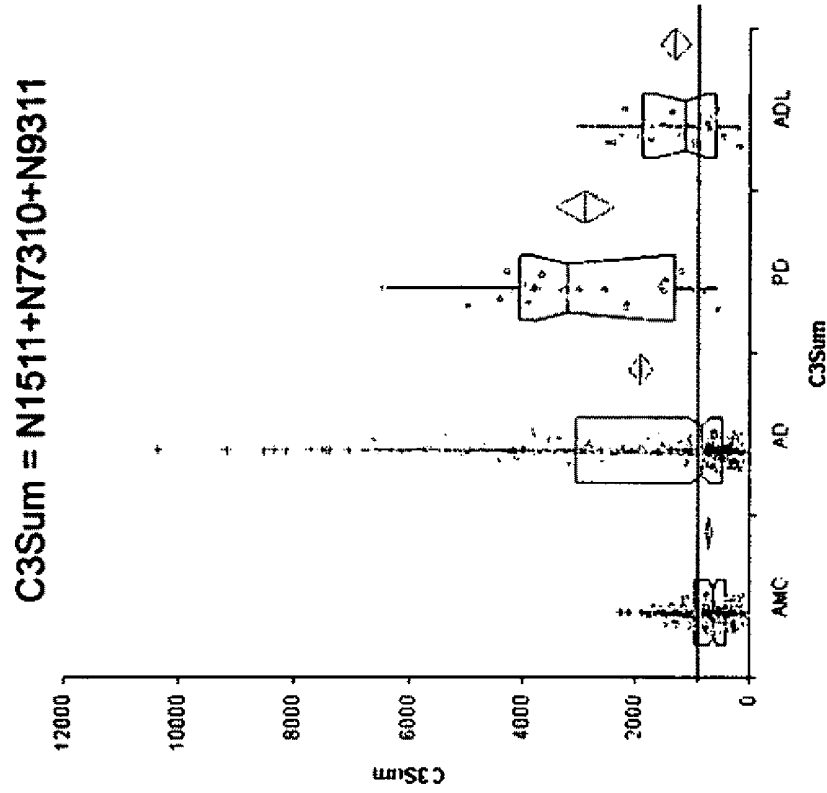


Fig. 14D

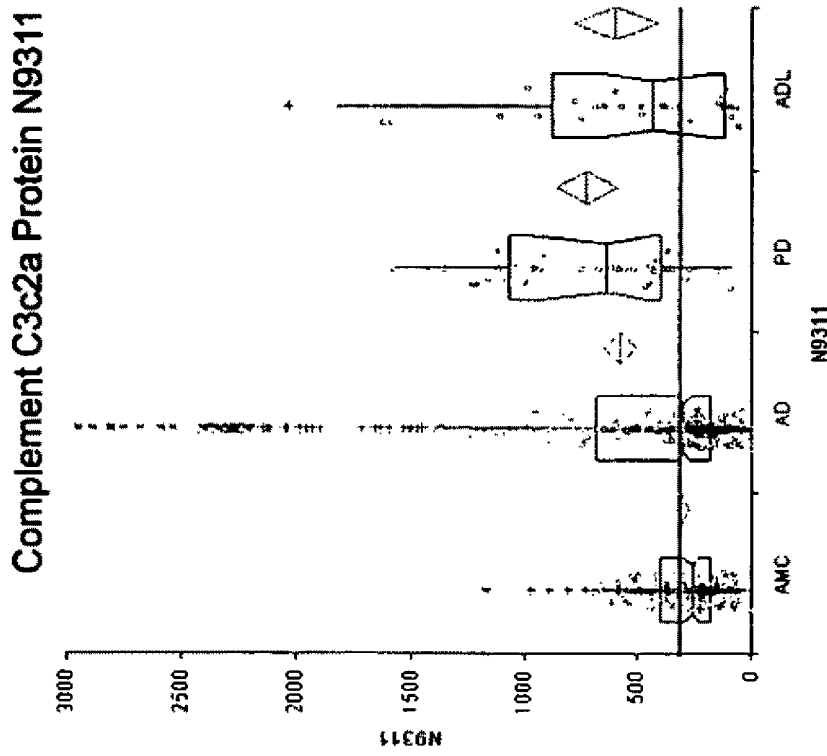


Fig. 14C

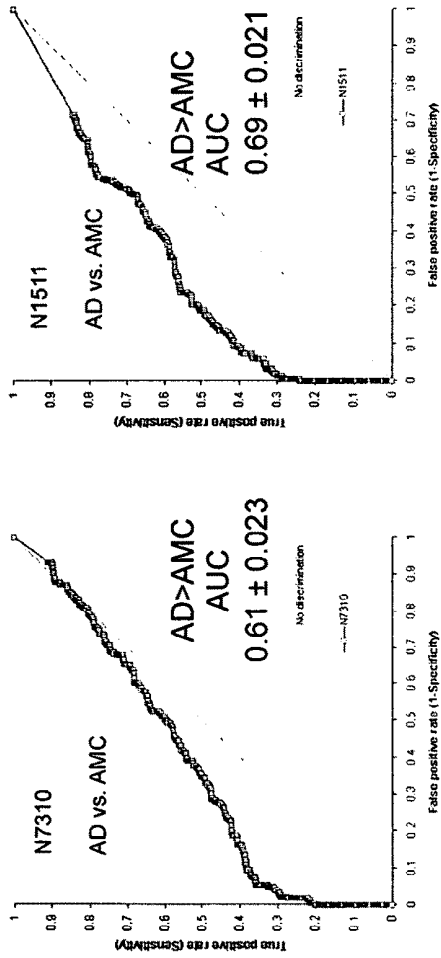


Fig. 15A

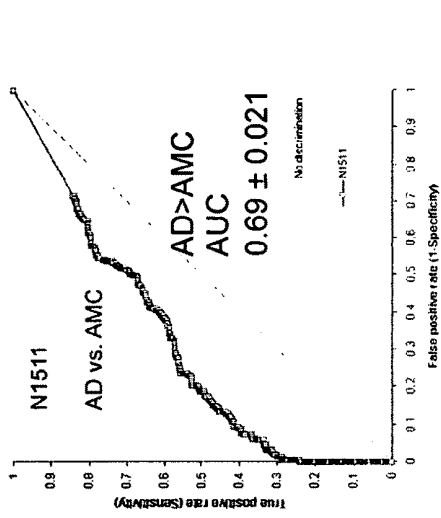


Fig. 15B

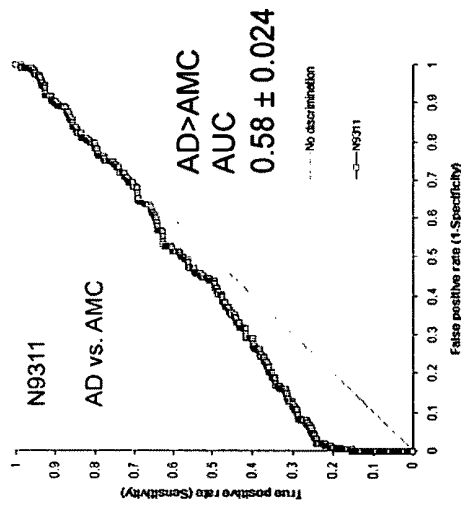


Fig. 15C

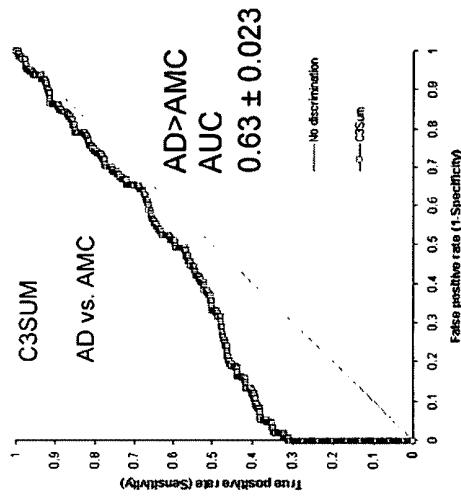


Fig. 15D

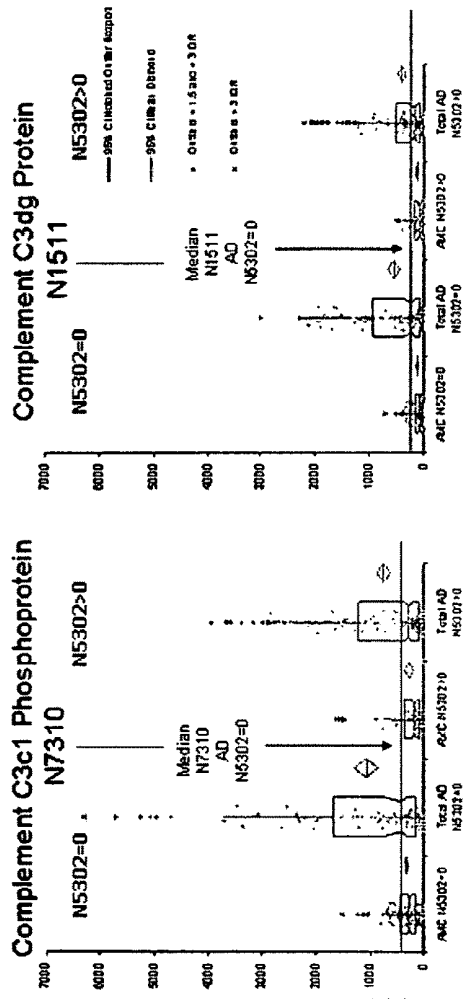


Fig. 16A

Fig. 16B

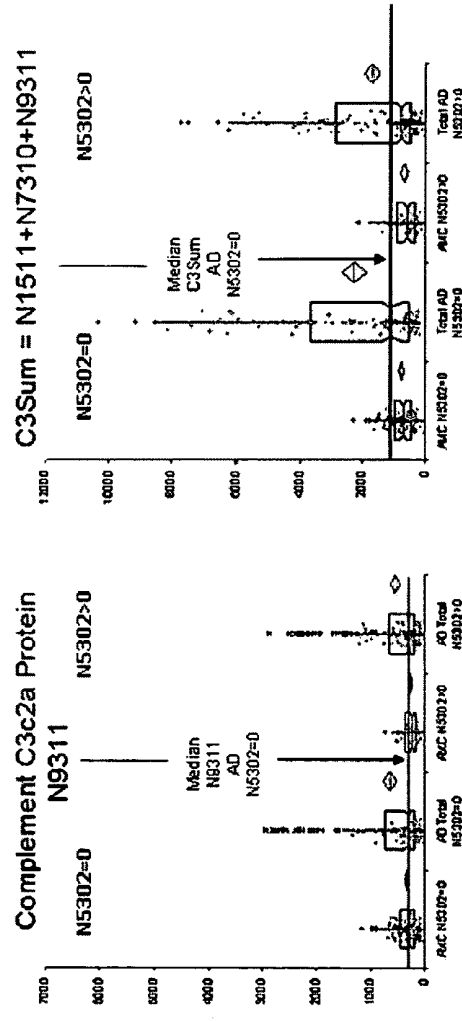


Fig. 16C

Fig. 16D

Blood Serum Concentration (PPM)

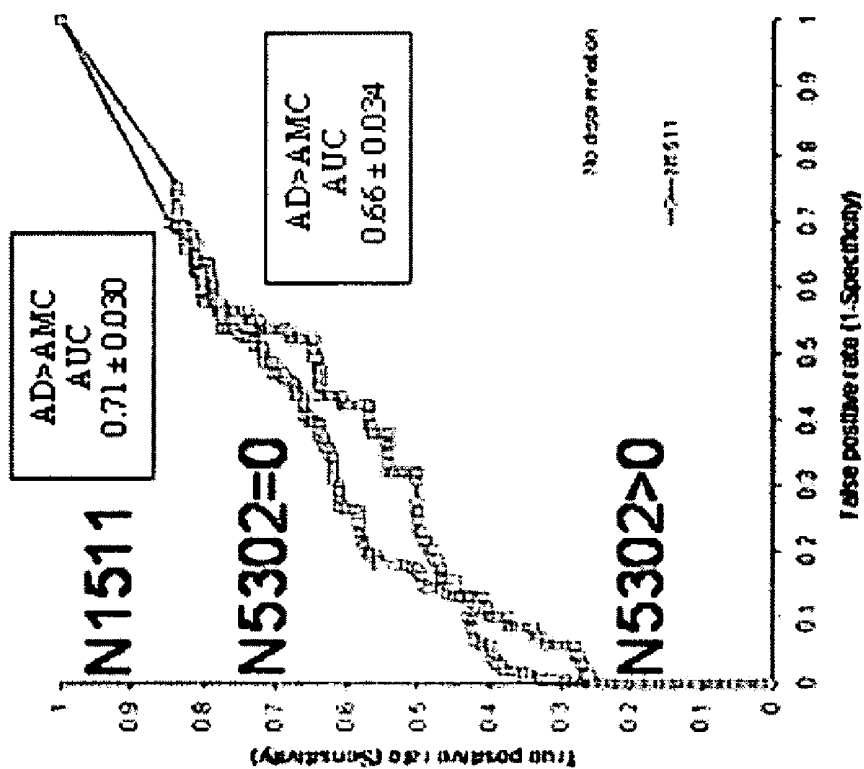


Fig. 17B

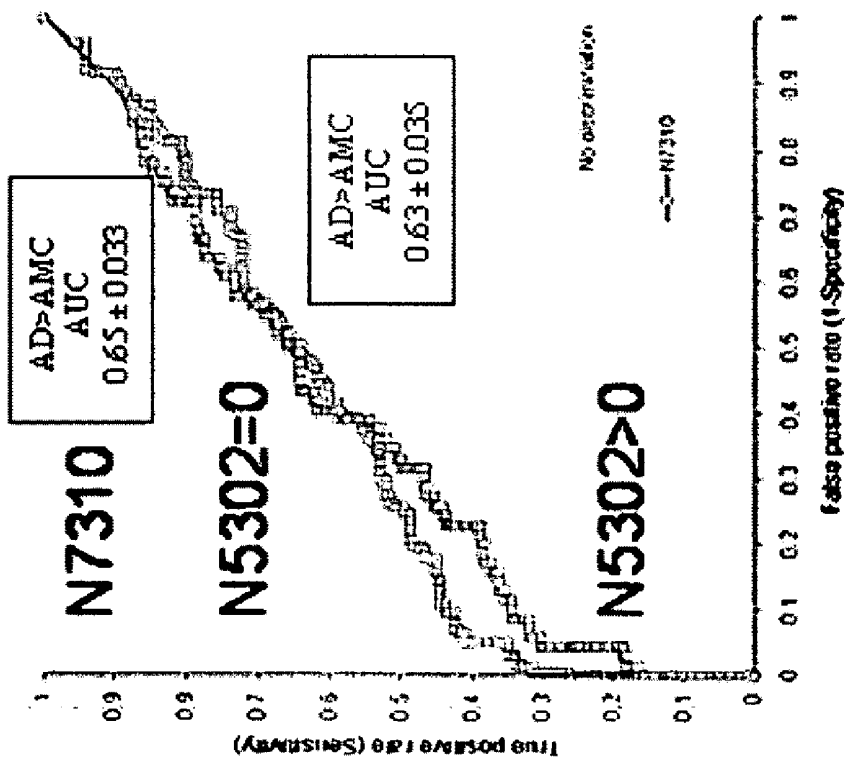


Fig. 17A

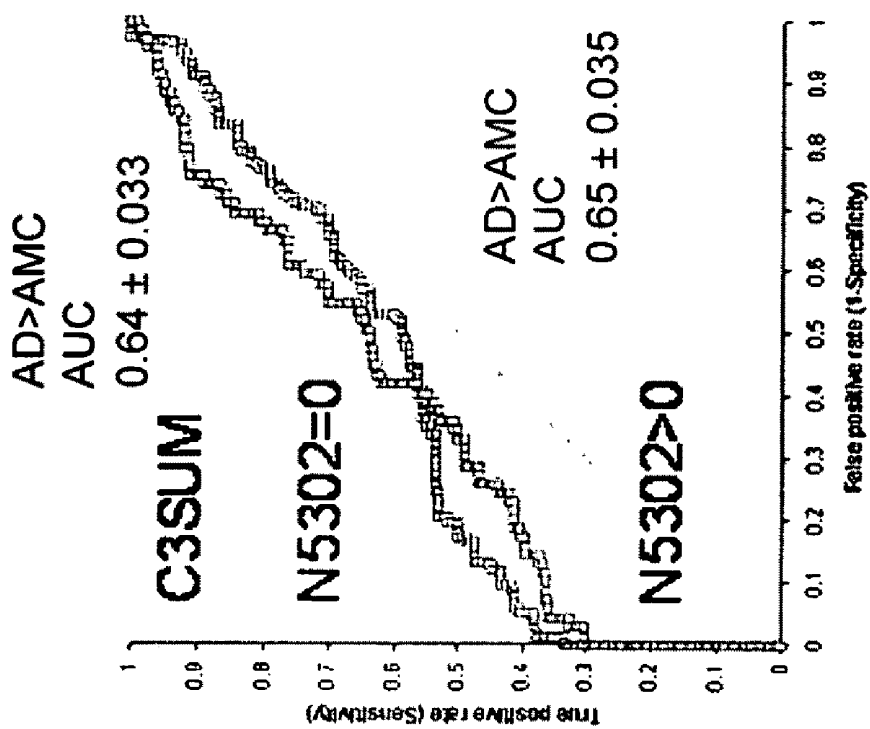


Fig. 17D

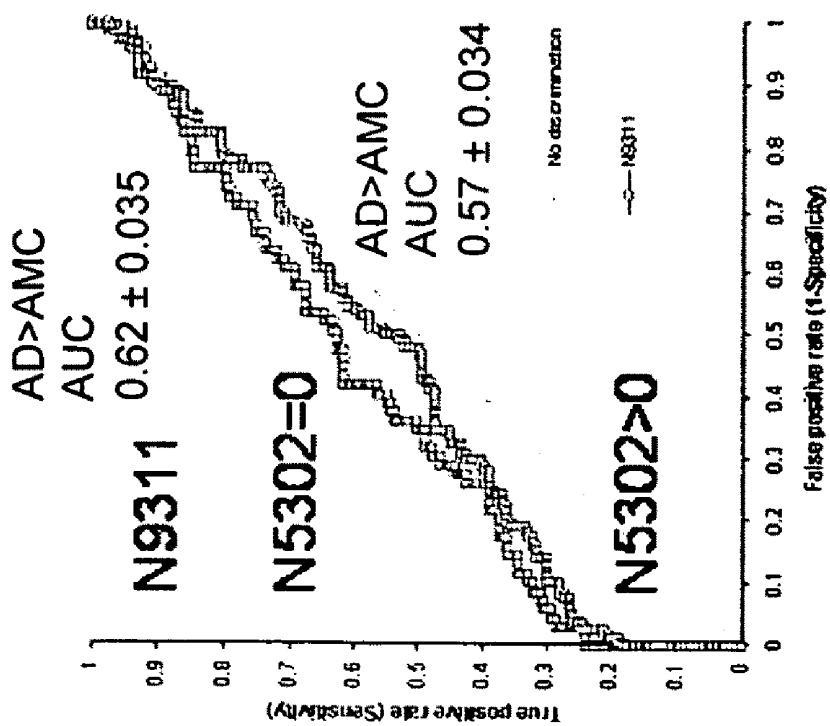


Fig. 17C

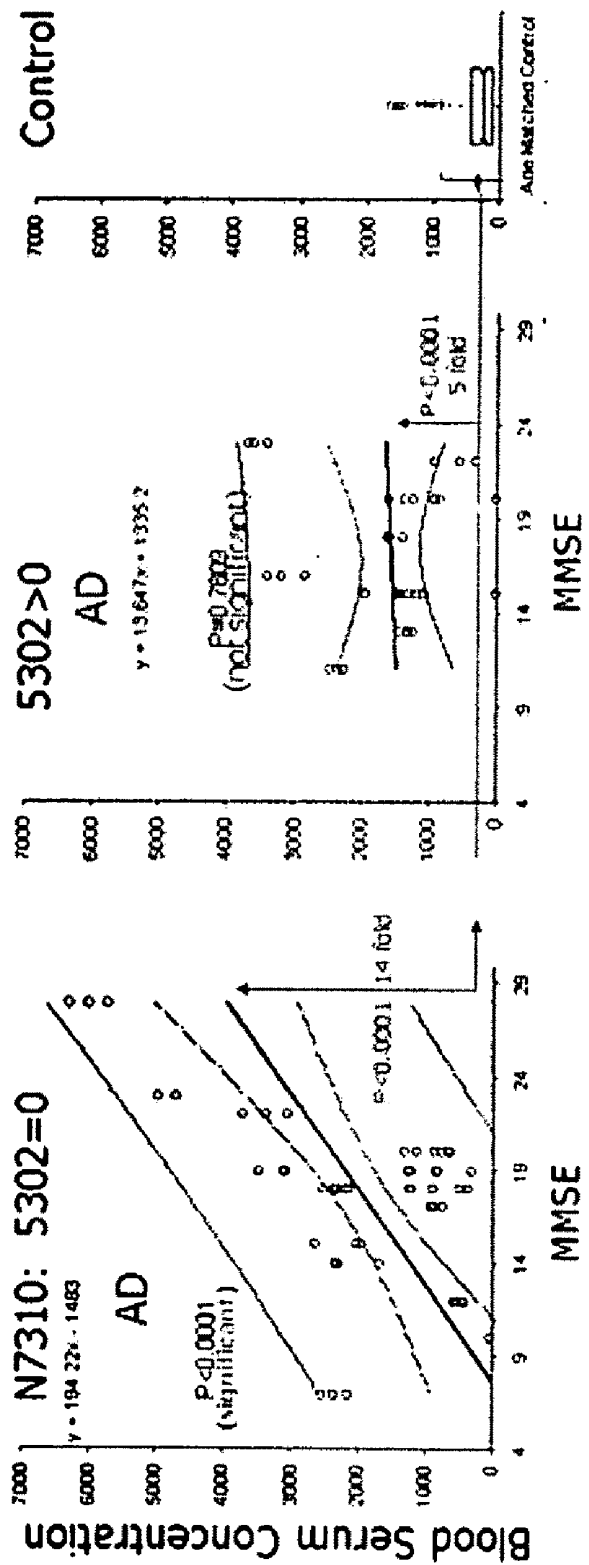


Fig. 18C

Fig. 18B

Fig. 18A

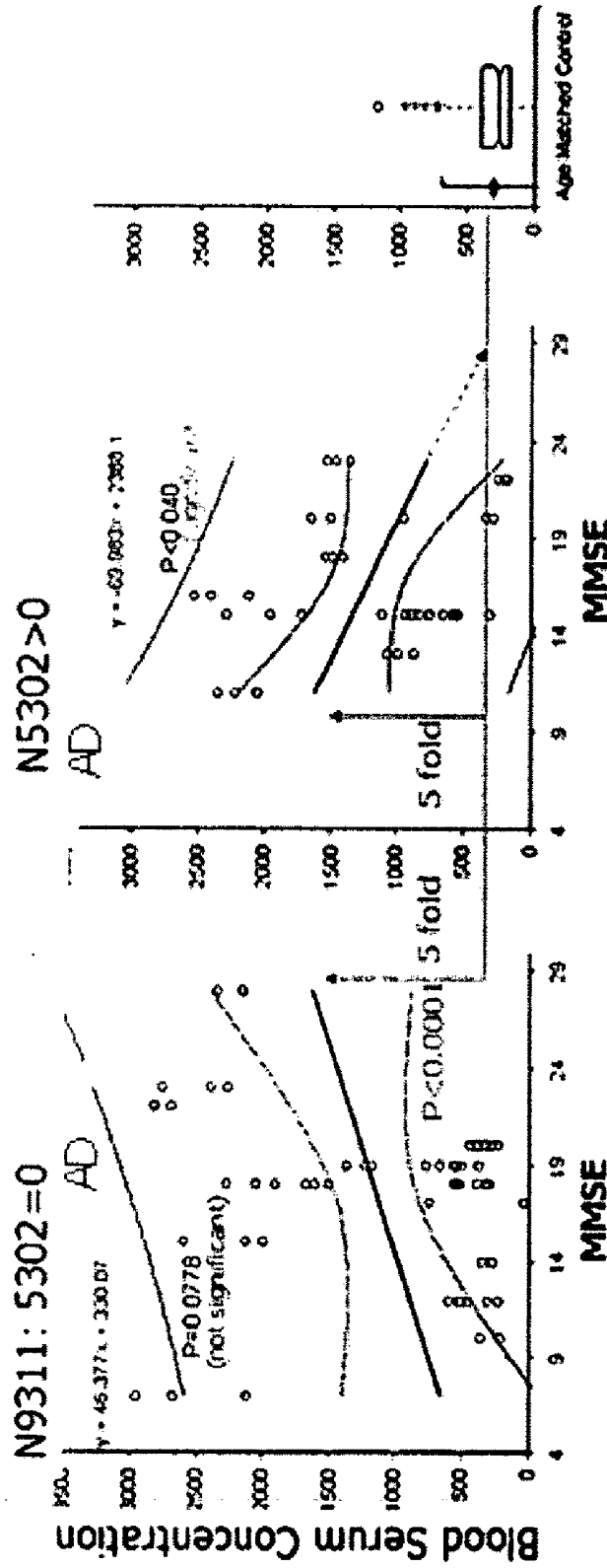


Fig. 18F

Fig. 18E

Fig. 18D

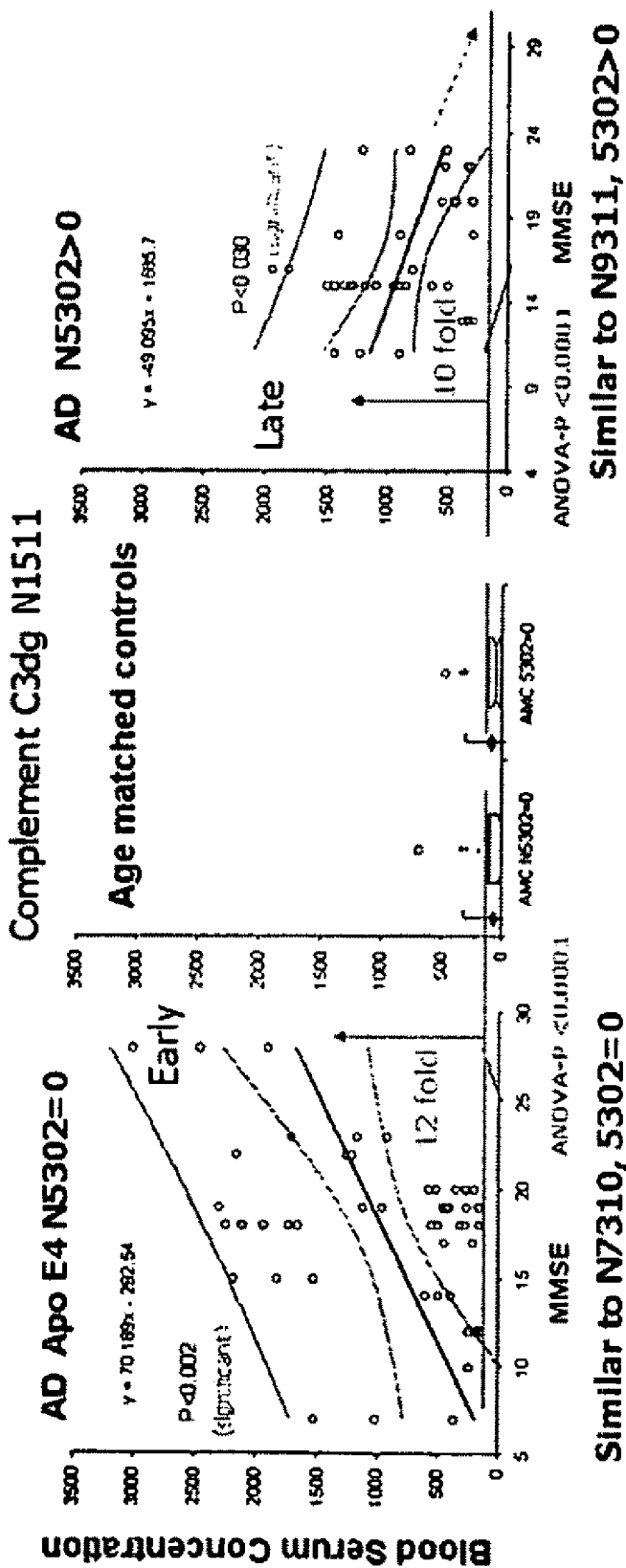


Fig. 19A

Fig. 19B

Fig. 19C

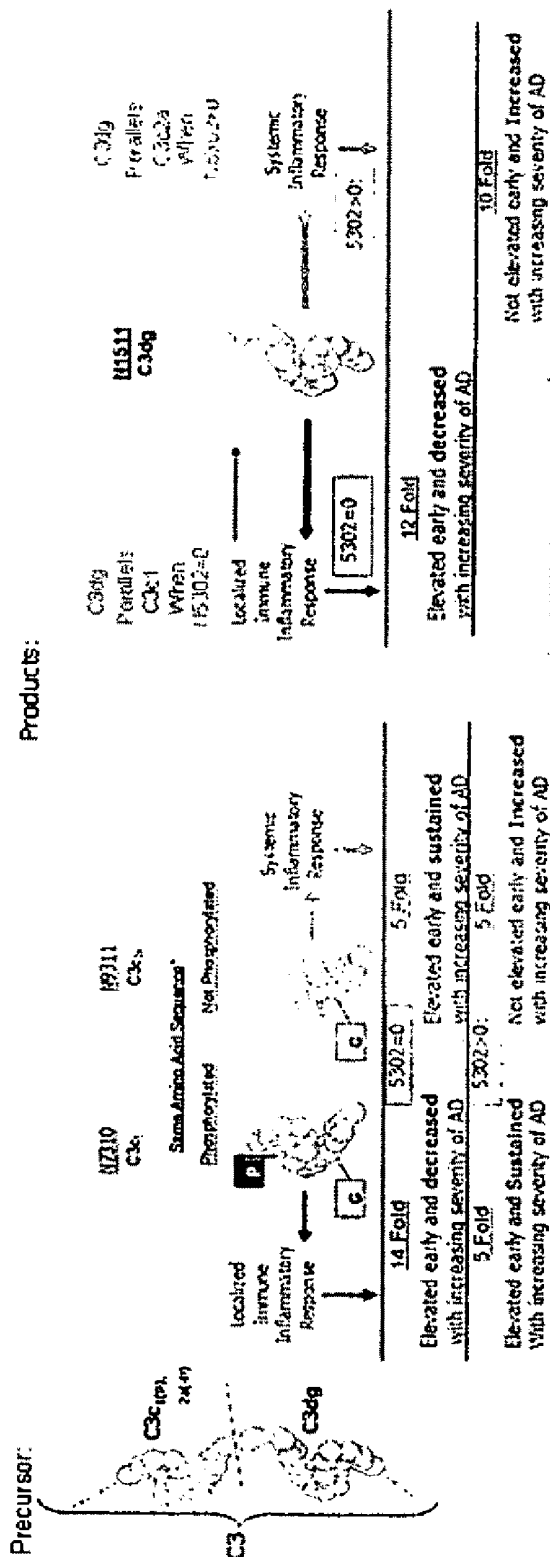


Fig. 20

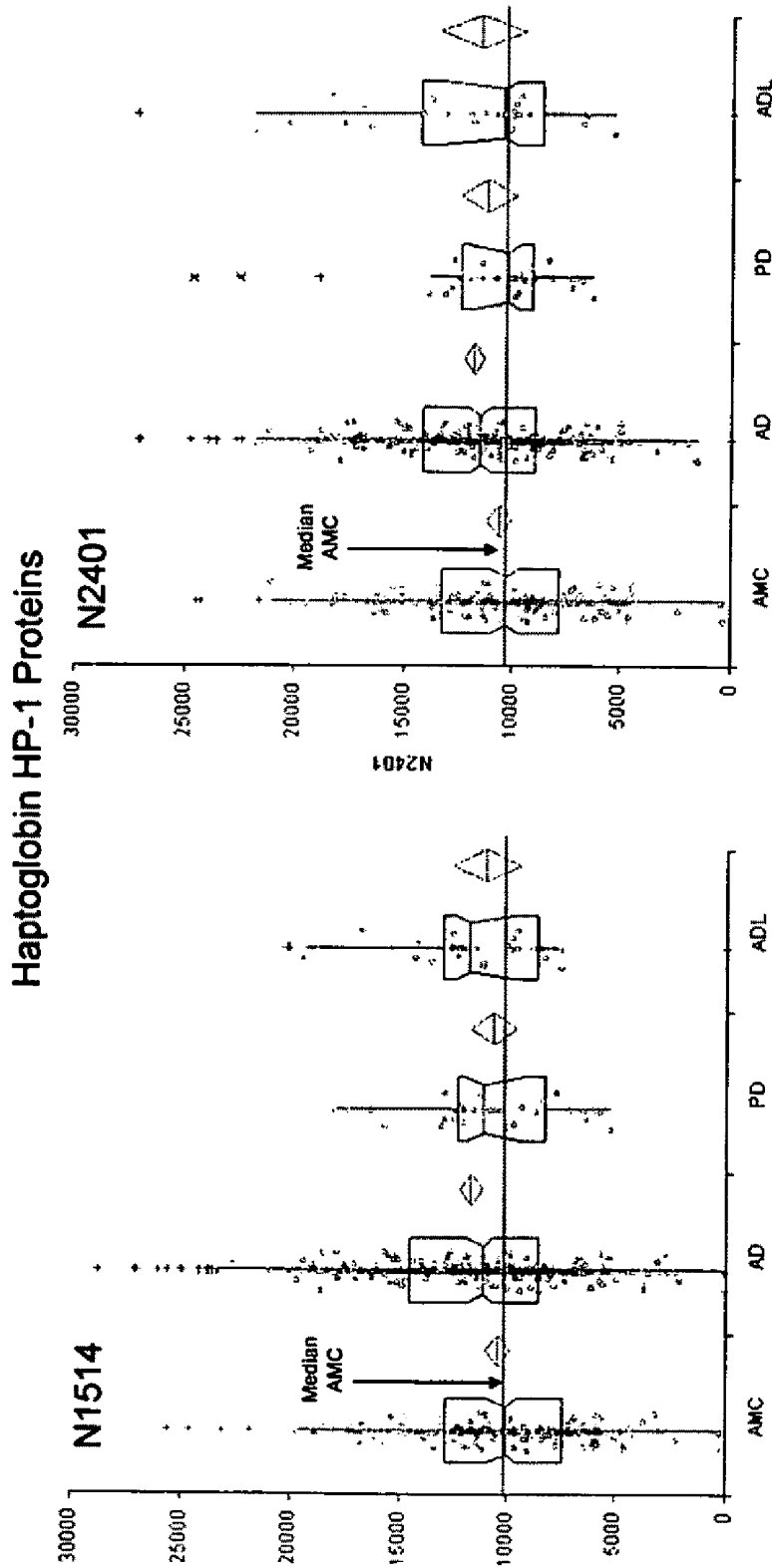


Fig. 21A

Fig. 21B

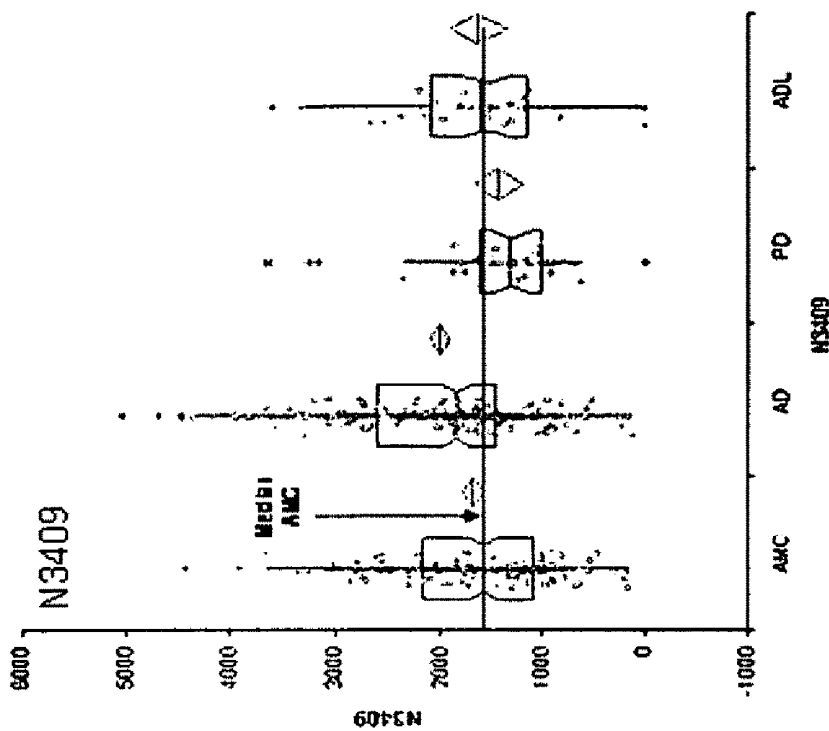


Fig. 21D

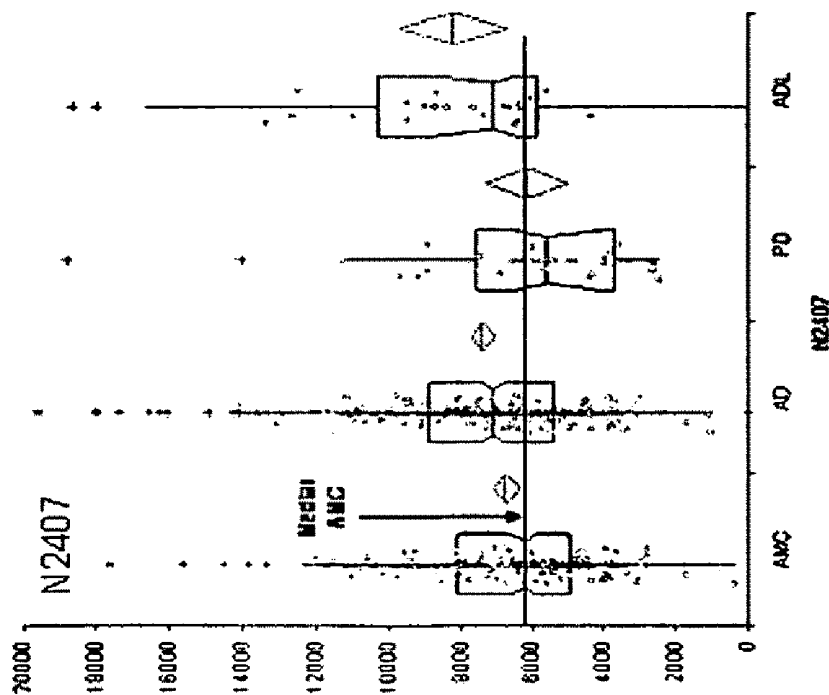


Fig. 21C

Haptoglobin HP-1 Total Proteins = N1514+N2401+N2407+N3409

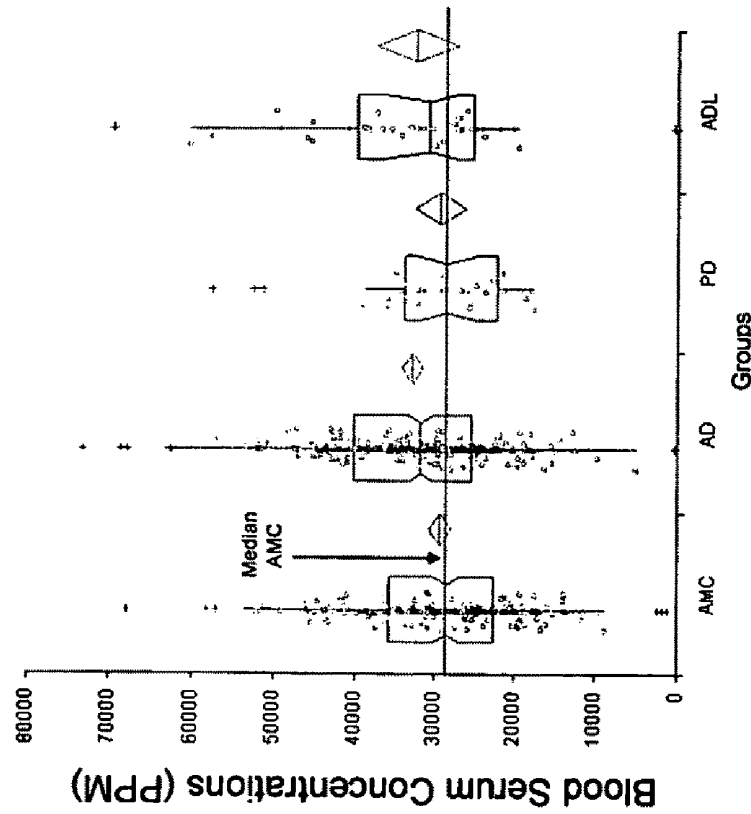


Fig. 22A

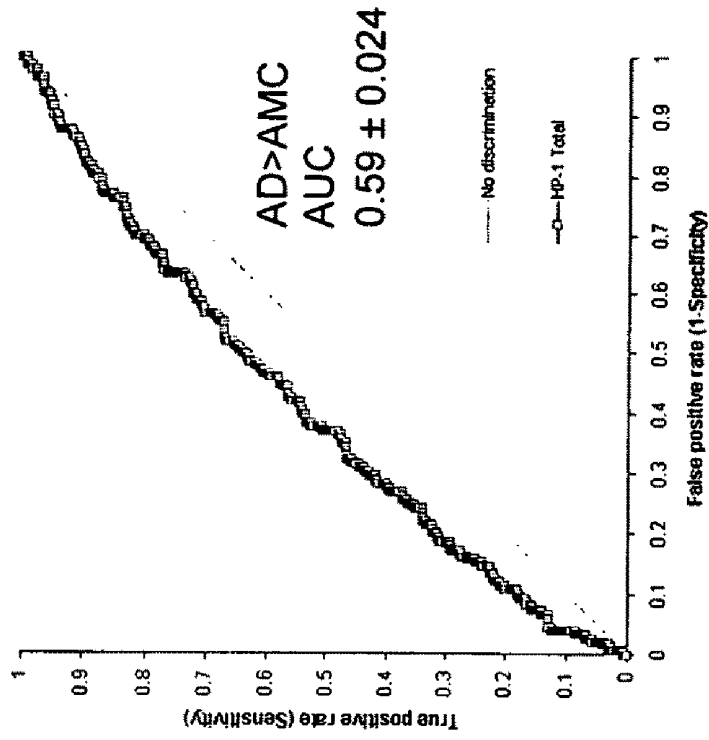


Fig. 22B

Blood Serum Concentrations (PPM)

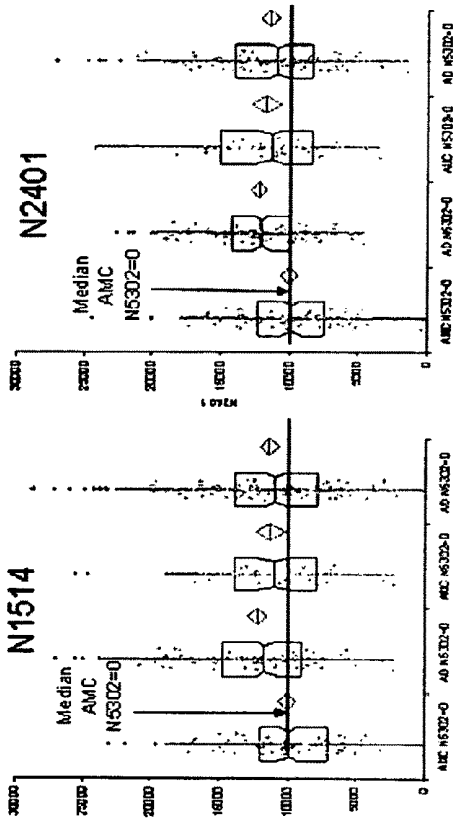


Fig. 23B

Fig. 23A

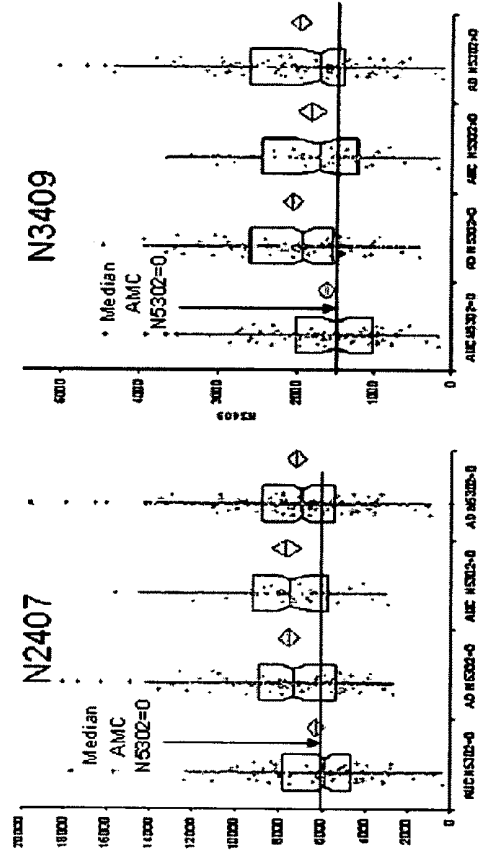


Fig. 23D

Fig. 23C

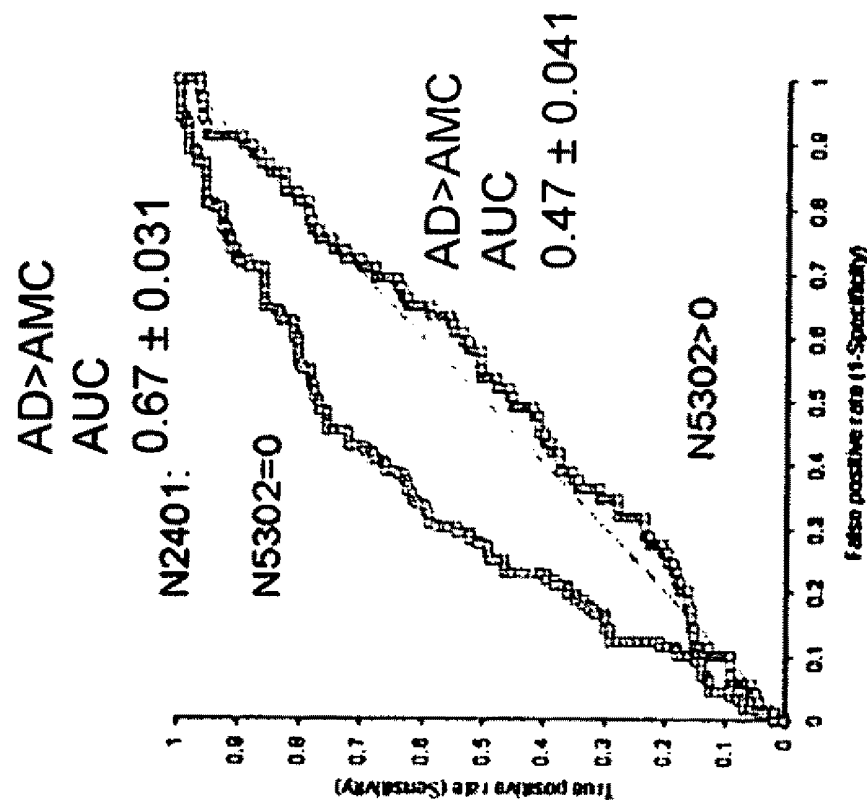


Fig. 24B

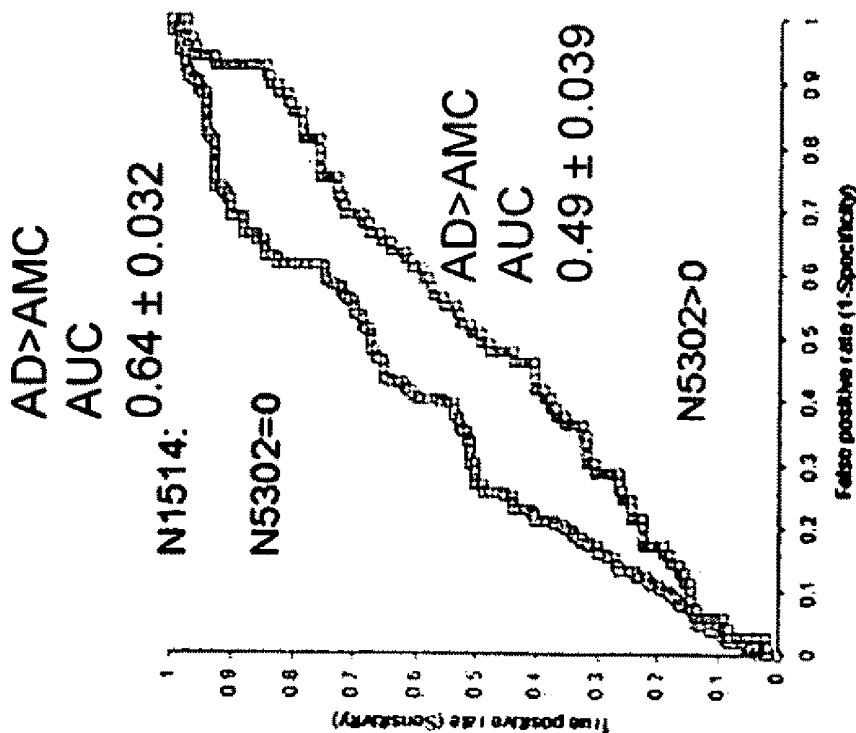


Fig. 24A

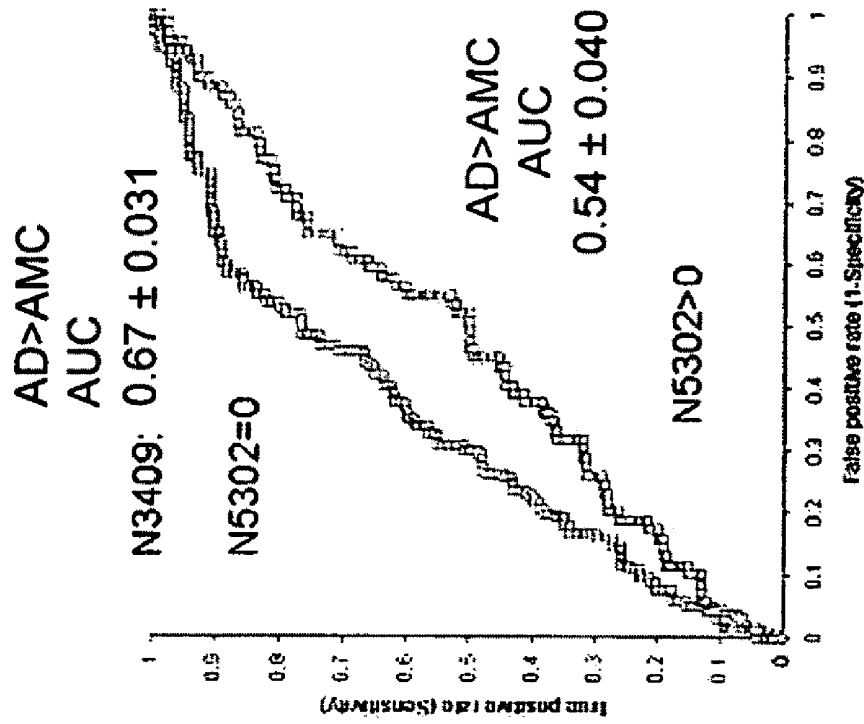


Fig. 24D

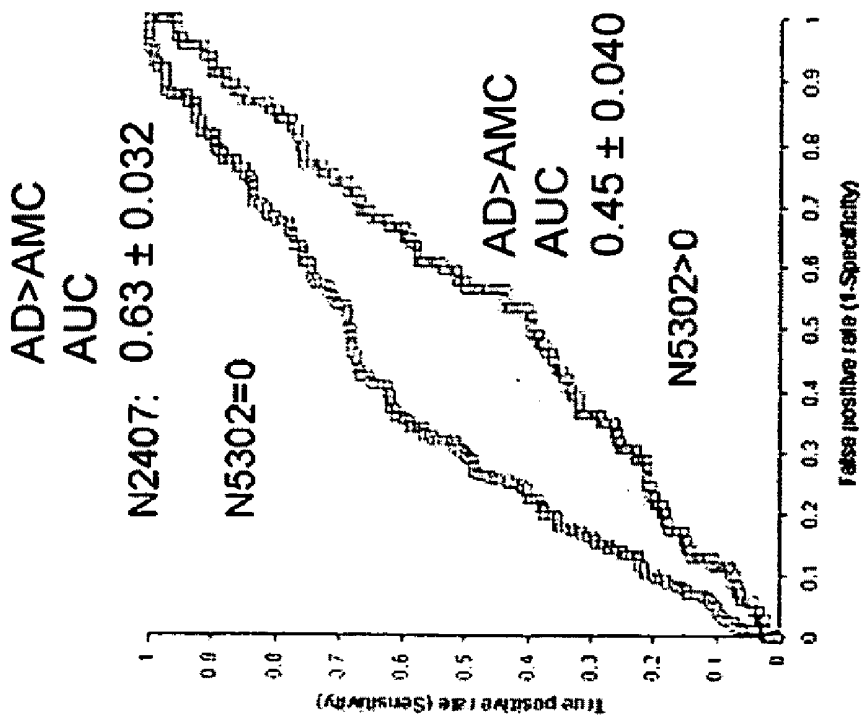


Fig. 24C

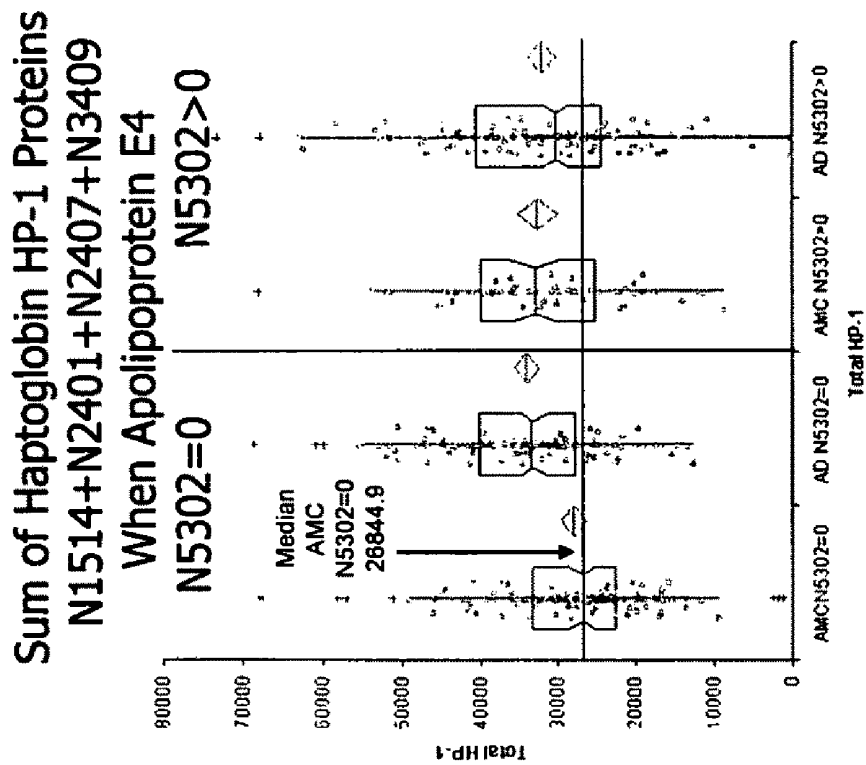


Fig. 25A

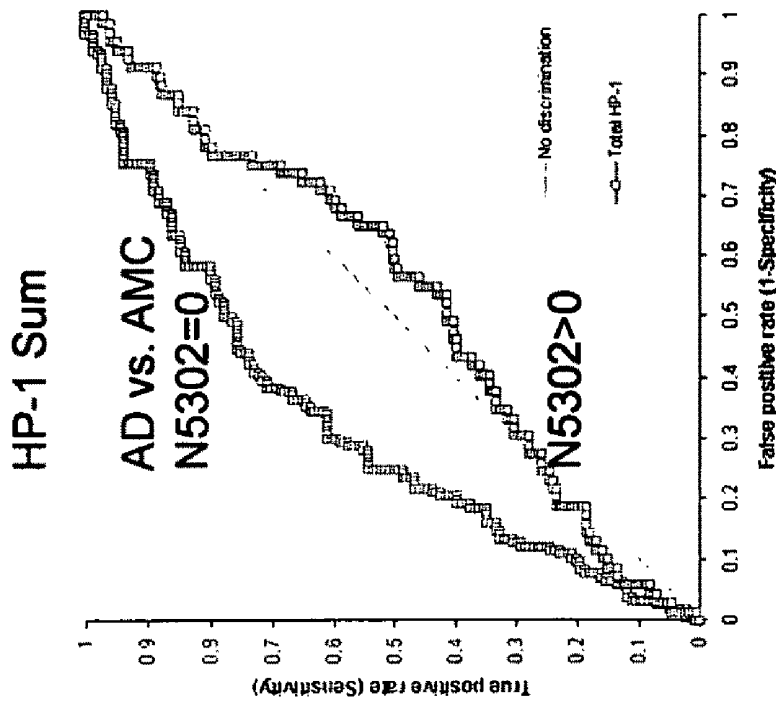


Fig. 25B

Inter-alpha-trypsin Inhibitor Heavy Chain Related 35KD Protein N2307

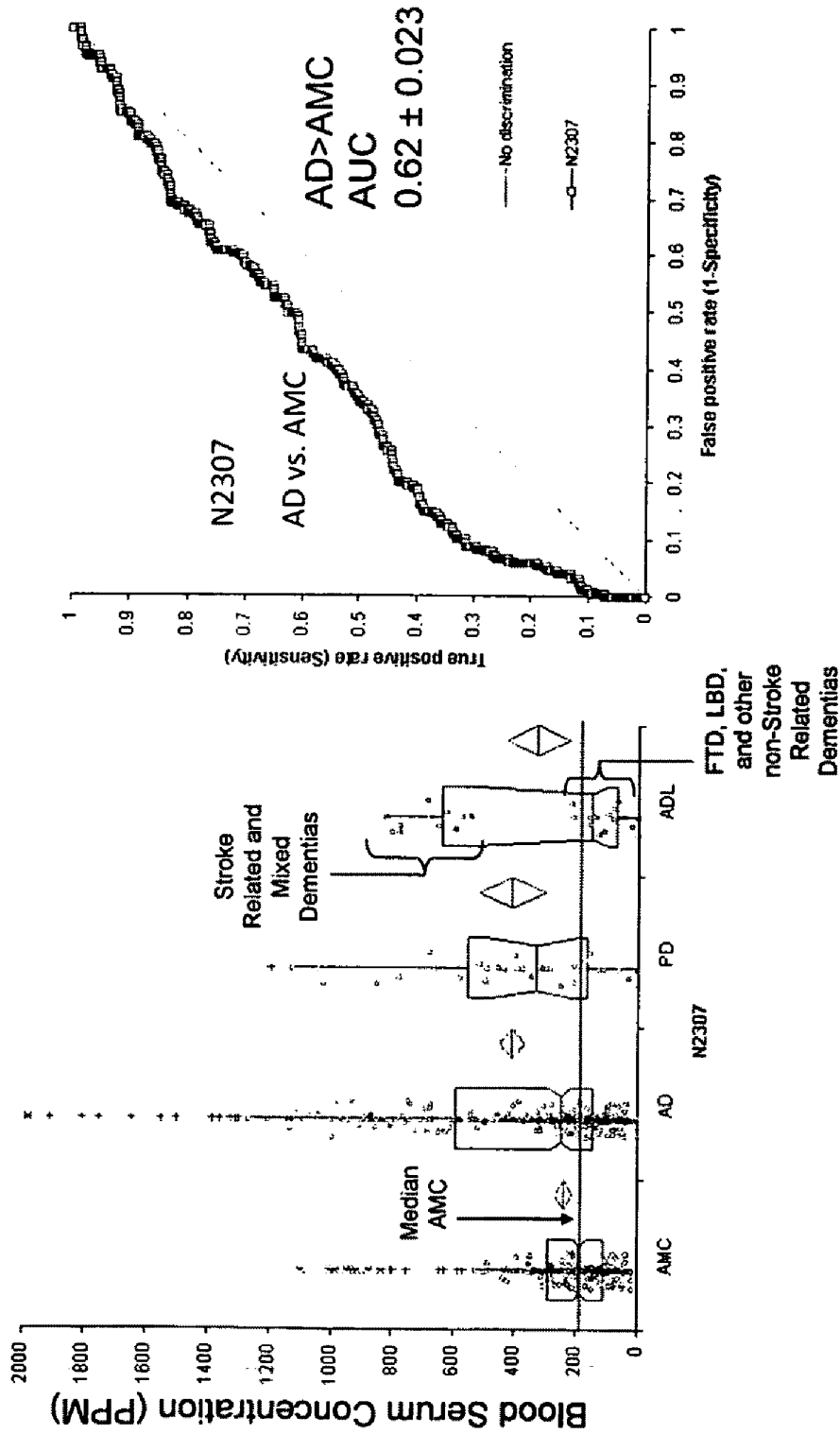


Fig. 26B

Fig. 26A

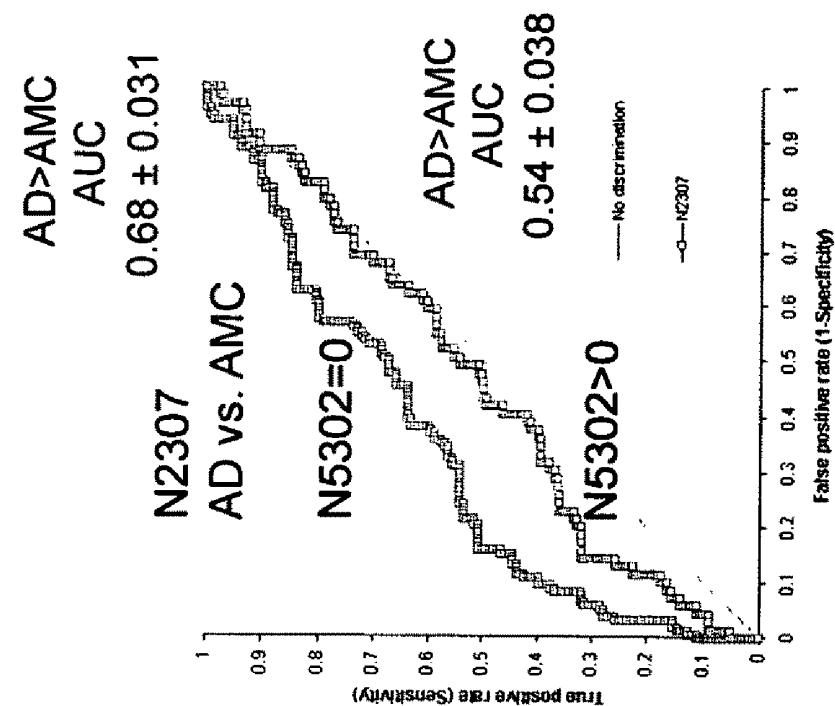


Fig. 27B

Inter-alpha-trypsin inhibitor
Heavy Chain (H4) Related
35 KD Protein N2307

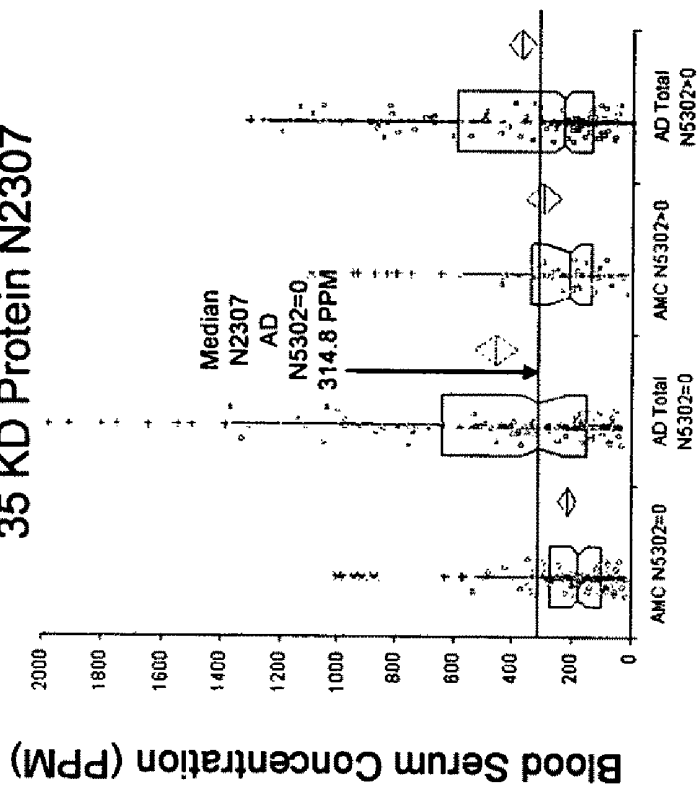
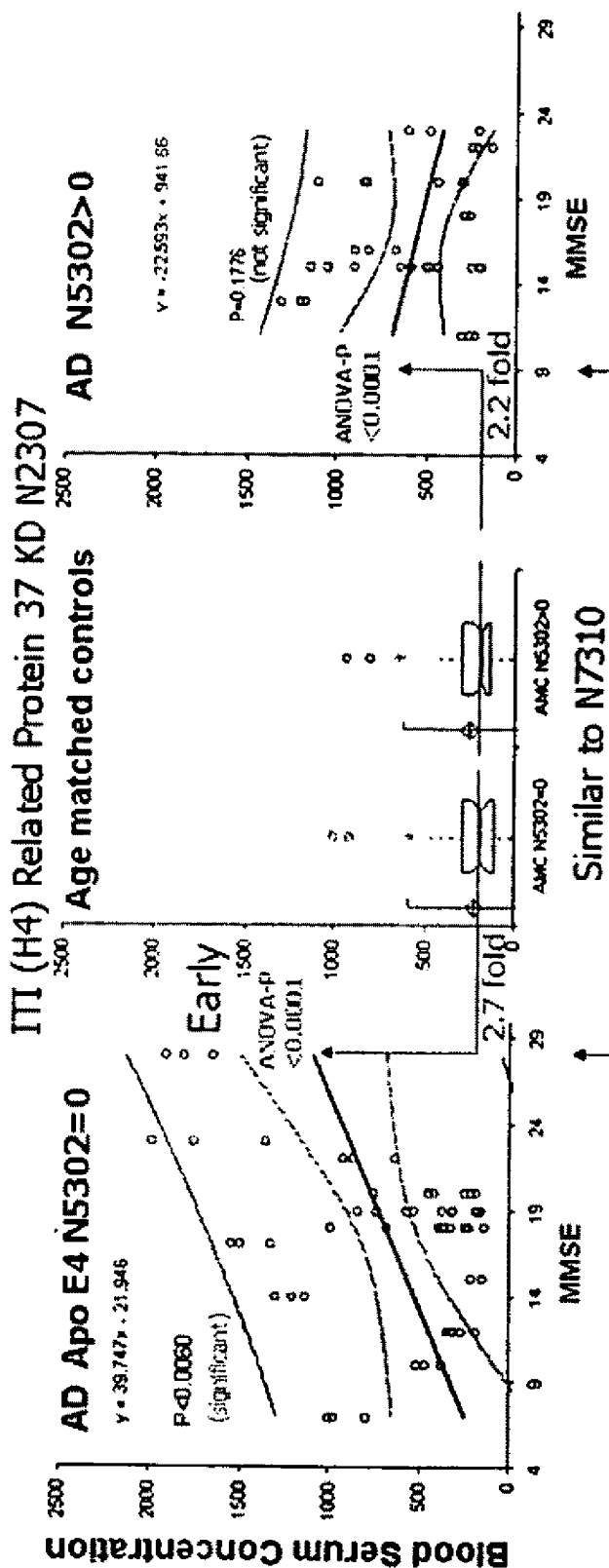


Fig. 27A



Timing of up-regulation and correlation with disease severity of ITI (H4) RP 35KD N2307 is effected by Apo E4 in a manner similar to N7310, Early and declining with AD severity when 5302=0; Early with no significant correlation with AD severity when Apo E4>0

Fig. 28A

Fig. 28B

Fig. 28C

Immunoglobulin Light Chain Protein N6224

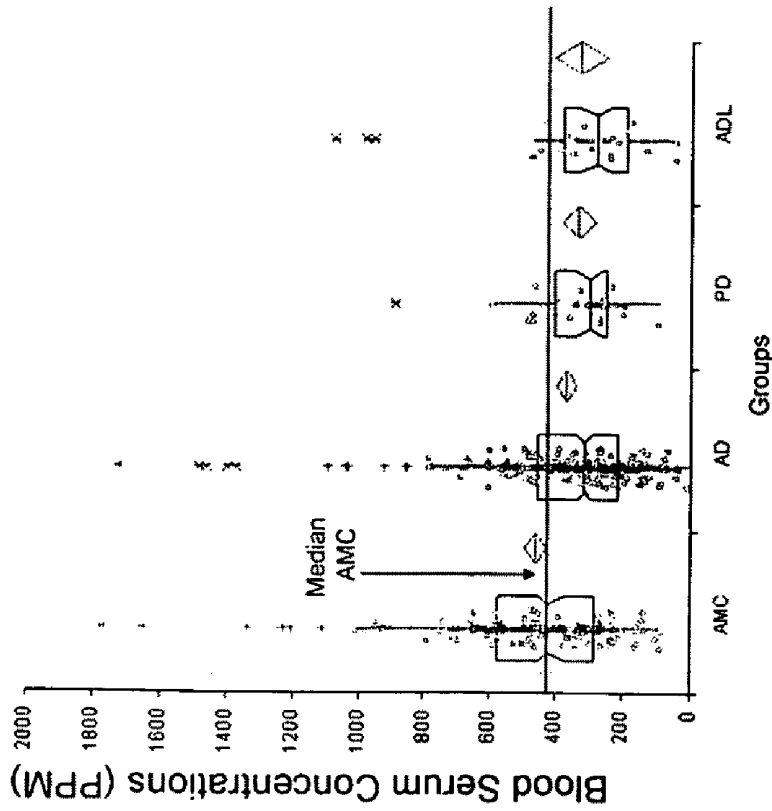


Fig. 29A

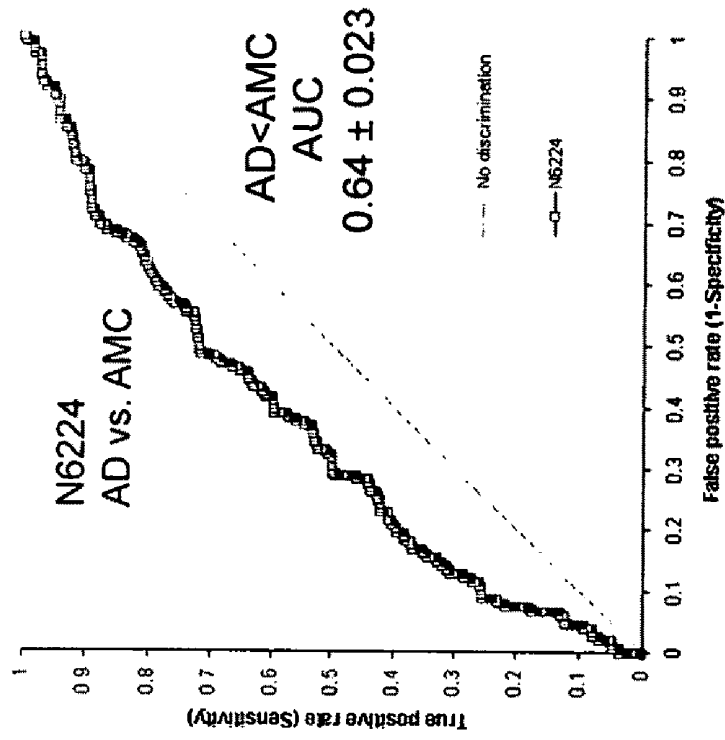


Fig. 29B

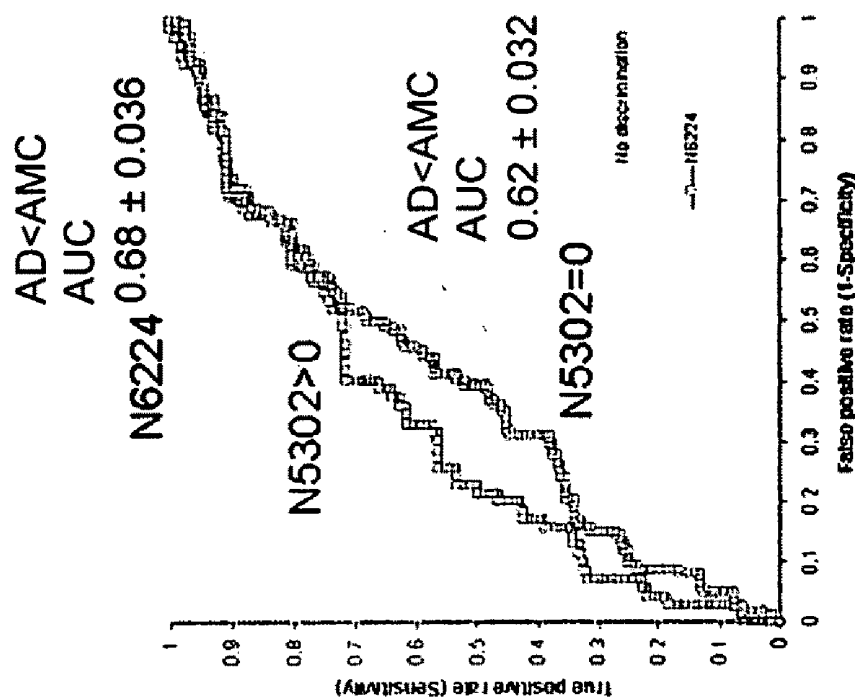


Fig. 30B

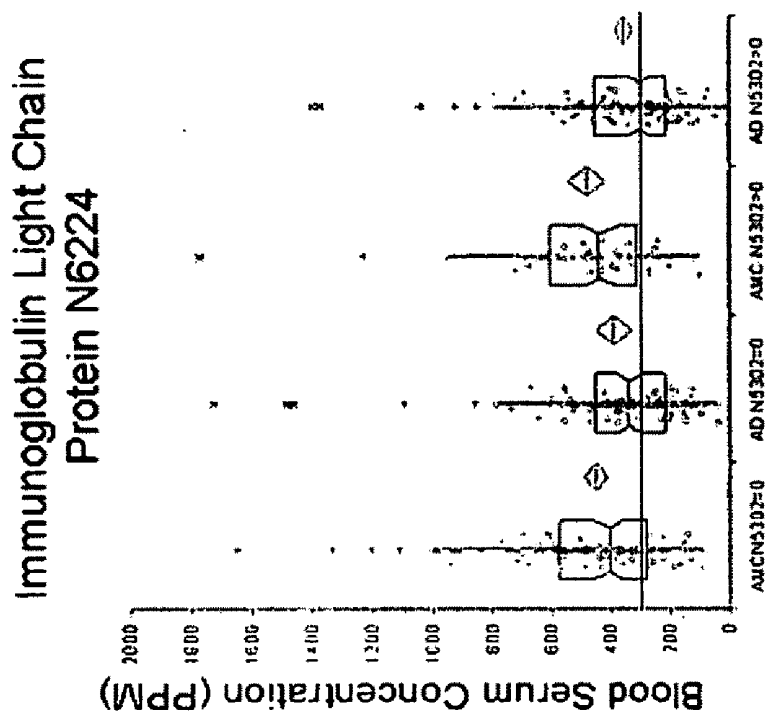


Fig. 30A

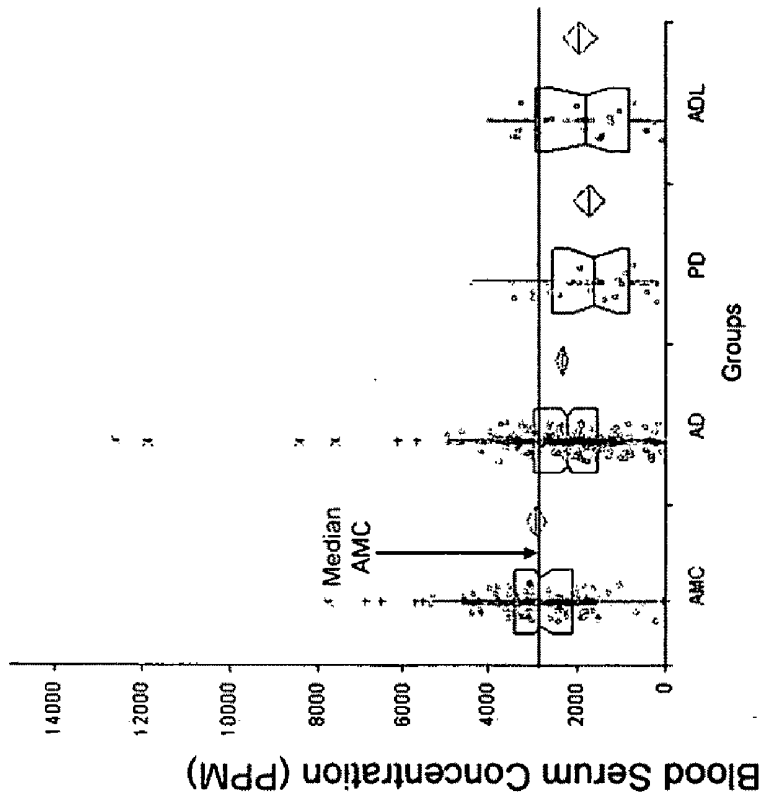


Fig. 31A

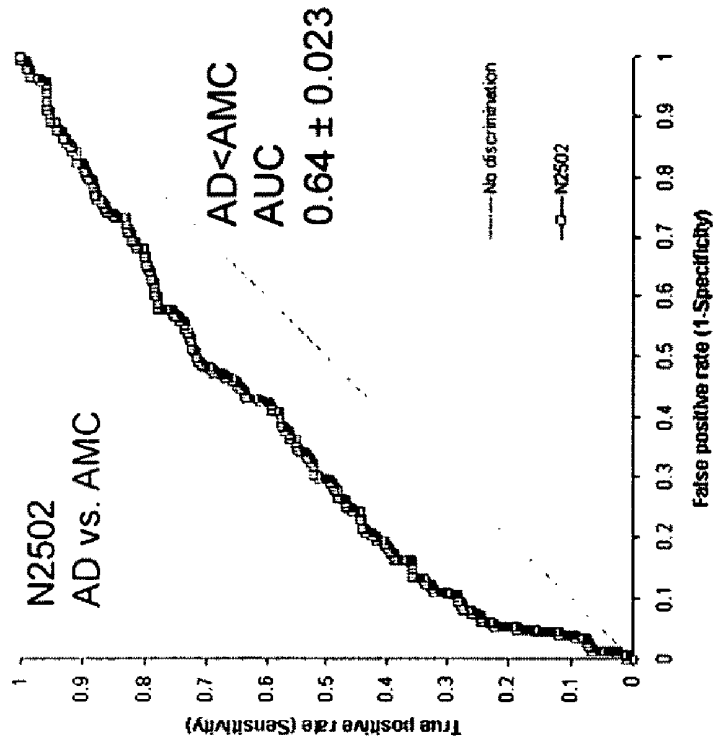


Fig. 31B

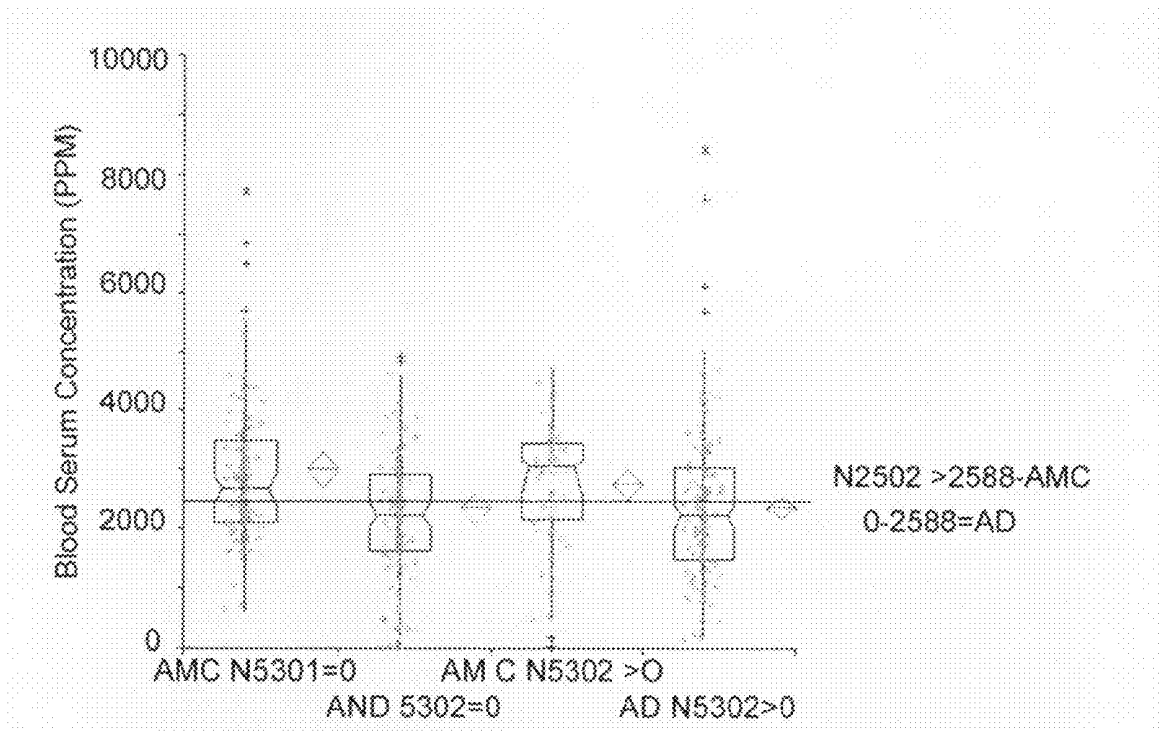


Fig. 32A

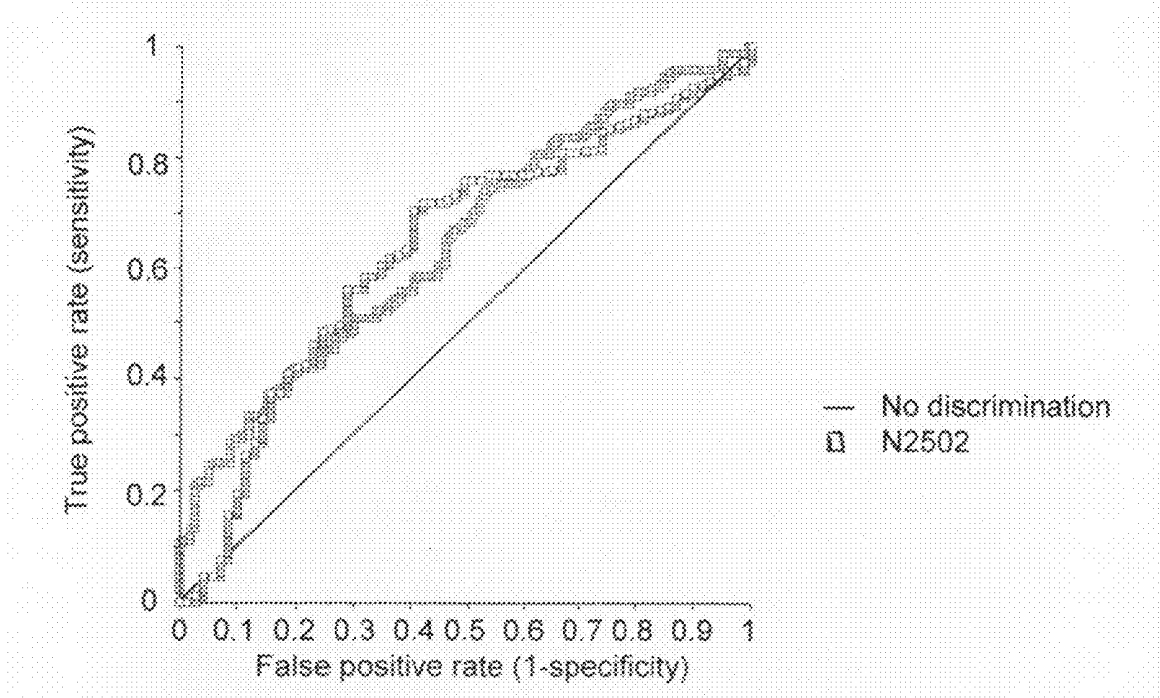


Fig. 32B

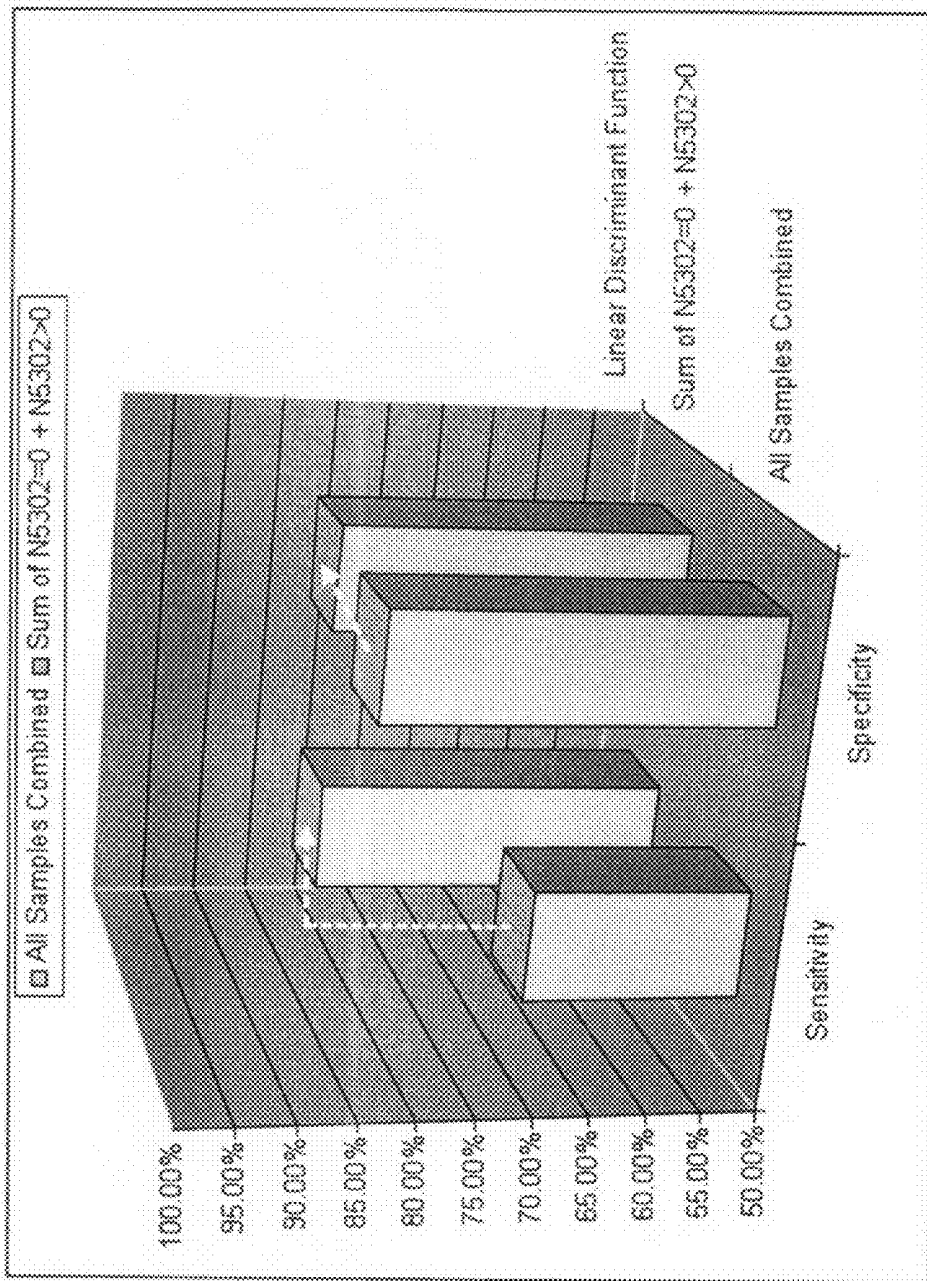


Fig. 33

Pattern of Differential Expression	Biomarkers	Serum Expression level (ppm) of Apolipoprotein E4 (N5302)	
		N5302 = 0	N5302 > 0
Type 1	Apolipoprotein E3, N3314 Transferrin "Dimer", N3307	AMC → AD	AMC → AD
Type 2	Complement factor H, N4411 Complement Factor Bb, N7616	AD ← AMC	AMC — AD
Type 3	Haptoglobin HP-1 total, N1514+N2401+N2407+N3409 ITP(H4)RP 37KD, N2307	AD ← AMC	AMC — AD
Type 4	Apolipoprotein A-IV, N2502 Immunoglobulin light chain, N6224	AMC → AD	AMC → AD
Type 5	Complement C3Sum, N7310+N29311+N1511 Complement factor I, N1416	AD ← AMC	AMC — AD

Fig. 34

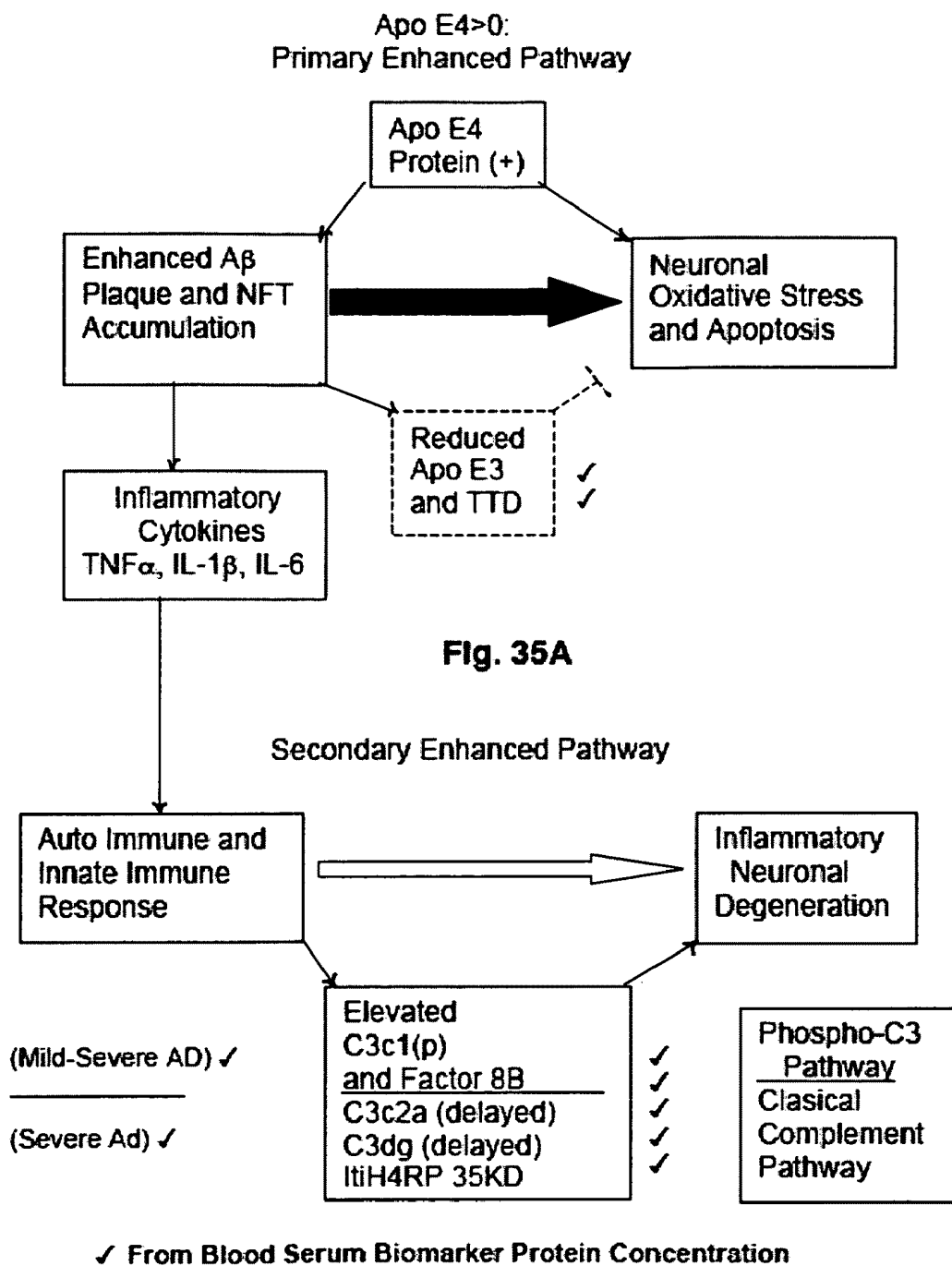


Fig. 35B

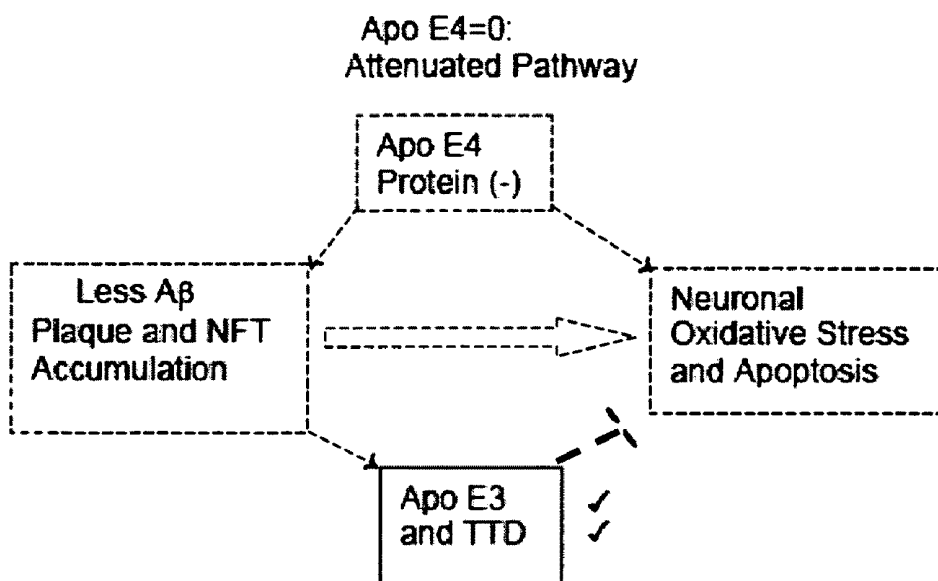
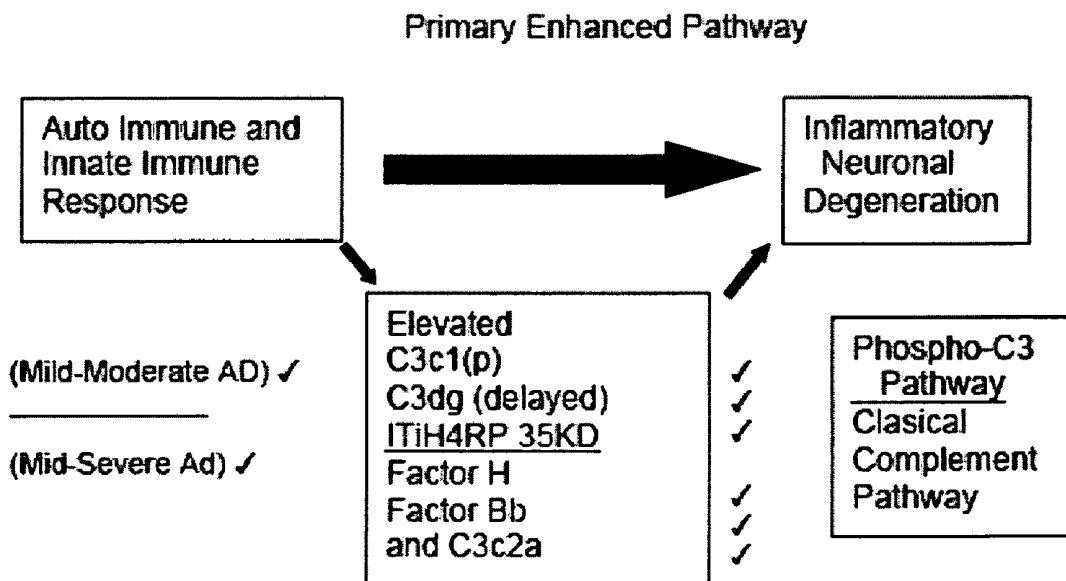


Fig. 35C



✓ From Blood Serum Biomarker Protein Concentration

Fig. 35D

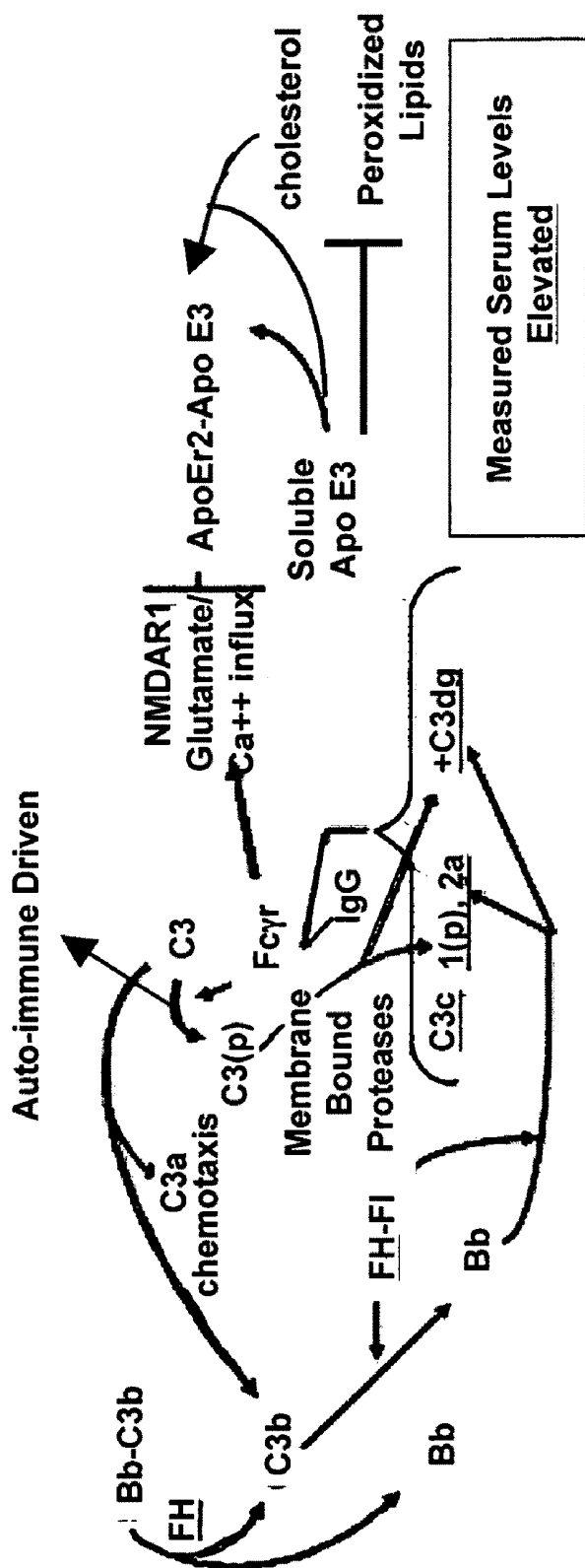


Fig. 36A

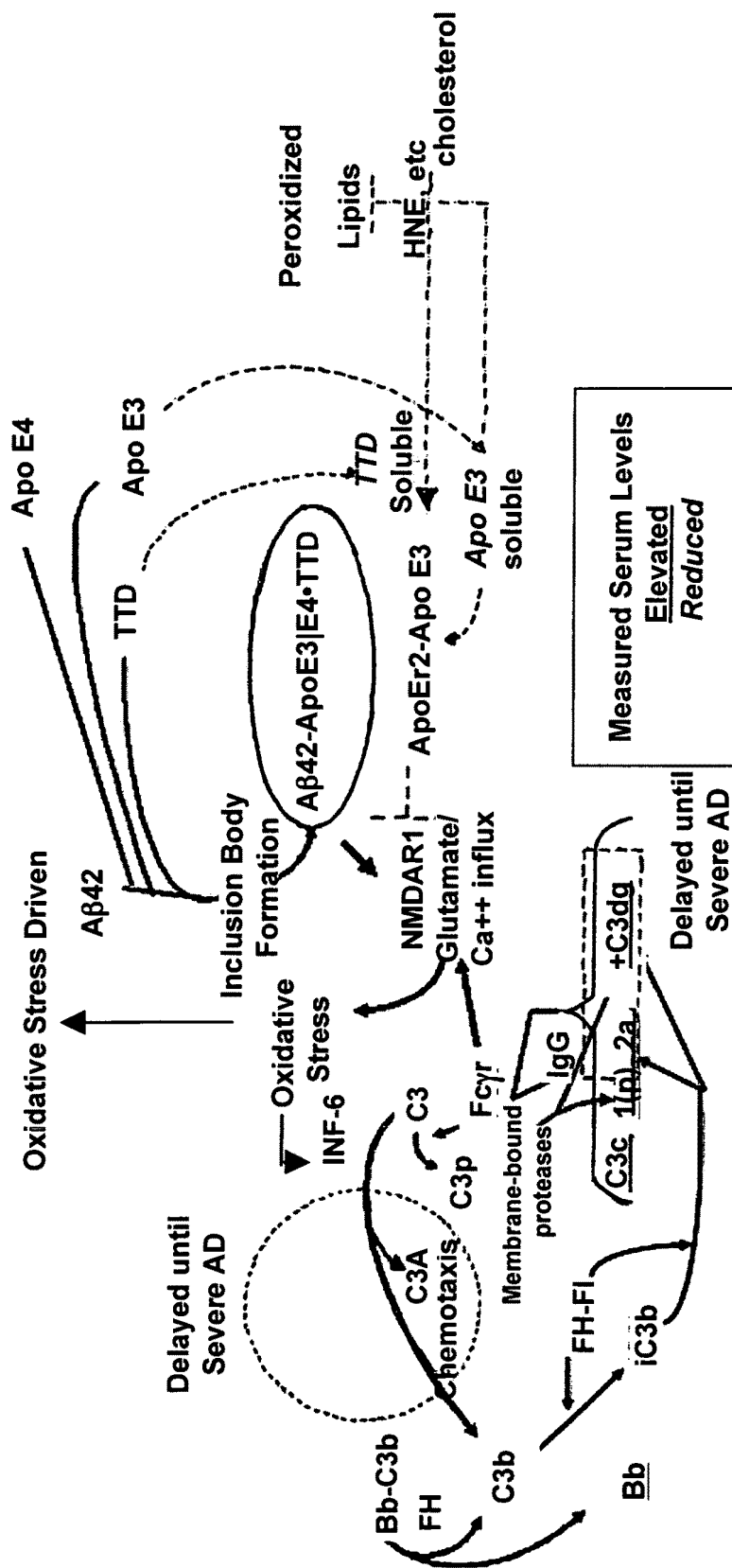


Fig. 36B

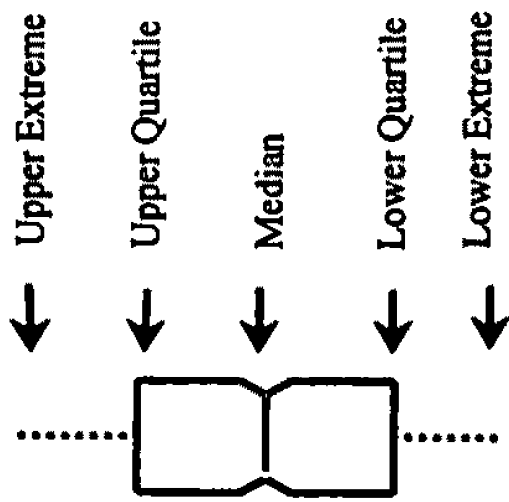


Fig. 37

**MULTIPLE FORMS OF ALZHEIMER'S
DISEASE BASED ON DIFFERENCES IN
CONCENTRATIONS OF PROTEIN
BIOMARKERS IN BLOOD SERUM**

CROSS REFERENCE TO RELATED
APPLICATIONS

[0001] This application claims priority to U.S. Utility Patent Application Ser. No. 11/503,881 filed Aug. 14, 2006 which claims priority to U.S. Provisional patent application Ser. No. 60/708,992 filed on Aug. 17, 2005, now abandoned.

BACKGROUND OF THE INVENTION

[0002] 1. Field of the Invention

[0003] This invention relates to the identification of the relationships between two or more biomarkers for differential diagnosis of neurodegenerative disease. More specifically, the present invention relates to protein biomarkers for Alzheimer's disease, whereby lack of detection, and/or the quantity of a first protein biomarker in a biological sample from Alzheimer's disease patients correlates with significant differences in the quantities of other protein biomarkers of Alzheimer's disease. When Alzheimer's disease patients and age-matched normal control subjects are each placed into separate categories based on whether they do or do not have detectable quantities of the first protein biomarker, the protein identities of, and the differences in the quantities of the first protein biomarker and/or one or more other protein biomarkers in the biological sample provide opportunities: improve sensitivity and specificity of differential diagnosis; measure disease severity and monitor drug response; monitor drug clinical trial stratification of patients; indicate differences in neuronal degeneration mechanisms in the patients; measure the activity of these mechanisms of neuronal degeneration; determine which of these mechanisms of neuronal degeneration predominates; determine which biomarkers and disease mechanisms measure the severity of Alzheimer's disease in the patients; discover new targets for drug therapies; and develop companion diagnostics.

[0004] More particularly, the present invention relates to the identification of the relationships between two or more of an Apolipoprotein E4 protein, an Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an Immunoglobulin protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor heavy chain (H4) related protein, as biomarkers for distinguishing between different categories or types of Alzheimer's disease, and for early detection, screening, diagnosis, differential diagnosis, and monitoring of disease severity and disease mechanisms of patients with Alzheimer's disease (AD), Alzheimer's disease Like (AD-Like) dementias, Amyotrophic Lateral Sclerosis (ALS, Lou Gehrig's disease), and Parkinson's disease.

[0005] 2. Description of the Related Art

[0006] Proteomics is a new field of medical research wherein the proteins of an organism, including a human being are studied as a group, are identified, and linked to biological functions, including roles in a variety of disease states. With the completion of the mapping of the human genome, the identification of unique gene products, or proteins, has increased exponentially. In addition, molecular diagnostic

testing for the presence of certain proteins already known to be involved in certain biological functions has progressed from research applications alone to use in disease screening and diagnosis for clinicians. However, proteomic testing for diagnostic purposes remains in its infancy. There is, however, a great deal of interest in using proteomics for the elucidation of potential disease biomarkers and their uses in diagnosis and treatment of diseases.

[0007] Detection of abnormalities in the genome, including genetic mutations and minor genetic variants, can reveal the risk or potential risk for individuals to develop a disease. The transition from such risk to the emergence of disease can be characterized as an expression of genomic abnormalities or other abnormalities, not of genetic origin, in the proteome, i.e. in proteins. Thus, the appearance of abnormalities in the proteome signals the beginning of the process of cascading effects that can result in the deterioration of the health of the patient. Therefore, detection of proteomic abnormalities at an early stage is desirable in order to allow for detection of disease either before it is established or in its earliest stages where treatment may be most effective.

[0008] Recent progress using a novel form of mass spectrometry called surface enhanced laser desorption and ionization time of flight (SELDI-TOF) for the testing of ovarian cancer has led to an increased interest in proteomics as a diagnostic tool (Petricoin E F, et al). Furthermore, proteomics has been applied to the study of breast cancer through use of 2D gel electrophoresis and image analysis to study the development and progression of breast carcinoma in patients (Kuerer, H M, et al.).

[0009] Detection of biomarker molecules is an active field of research. For example, U.S. Pat. No. 5,958,785 discloses a biomarker for detecting long-term or chronic alcohol consumption. The biomarker disclosed is a single biomarker and is identified as an alcohol-specific ethanol glycoconjugate. U.S. Pat. No. 6,124,108 discloses a biomarker for mustard chemical injury. The biomarker is a specific protein band detected through gel electrophoresis and the patent describes use of the biomarker to produce protective antibodies in a kit to identify the presence or absence of the biomarker in individuals who may have been exposed to mustard poisoning. U.S. Pat. No. 6,326,209 discloses measurement of total urinary 17 ketosteroid-sulfates as biomarkers of biological age. U.S. Pat. No. 6,693,177 discloses a process for preparation of a single biomarker specific for 0-2 acetylated sialic acid and useful for diagnosis and outcome monitoring in patients with lymphoblastic leukemia.

[0010] Neurodegenerative diseases such as Alzheimer's disease (AD) are difficult to diagnose, particularly in their earlier stages. Currently there are no biomarkers in blood available for early diagnosis, differential diagnosis, determination and monitoring of disease severity and mechanisms, or for use as drug targets for treatment of neurodegenerative diseases such as Alzheimer's disease.

[0011] Therefore, there remains a need for better ways to objectively and accurately detect, diagnose, and distinguish AD from other neurodegenerative diseases, to accurately and specifically diagnose patients, to predict therapeutic response, to stratify patients for clinical trials, to measure disease severity, to monitor patient's response to treatment, and to find new drug targets to design new drugs.

[0012] In Alzheimer's disease, one genetic abnormality, the dementia risk Apo E ϵ 4 gene allele, is inherited as one of three Apo E alleles, termed ϵ 2, ϵ 3, and ϵ 4, with mean frequencies in

the general population of about 8%, 78%, and 14%, respectively (Utermann G, et al.). The degree of risk of dementia conferred by the Apo E $\epsilon 4$ allele rises in a “gene dose” dependent manner (Corder, E. H. et al.), increasing with the number of Apo E $\epsilon 4$ alleles inherited, from: zero, i.e. Apo E $\epsilon 4$ non-carriers; to carriers of one Apo E $\epsilon 4$ allele, i.e. $\epsilon 4/\epsilon 3$; $\epsilon 4/\epsilon 2$ hetero-zygotes; to two Apo E $\epsilon 4$ alleles, i.e. zygotes (Greenwood P M, et al.), all of whom are capable of developing Alzheimer’s disease, although those lacking the Apo E $\epsilon 4$ allele may tend to get the disease at a later age of onset (Poirier J, J.).

SUMMARY OF THE INVENTION

[0013] The present invention relates to blood serum protein biomarkers for Alzheimer’s disease, whereby the detection and/or concentration, or the lack of detection of one or more proteins correlates with significant increases or decreases in one or more other proteins in a disease specific manner. More specifically, the present invention relates to blood serum protein biomarkers for Alzheimer’s disease, whereby the detection, and/or concentration, or the lack of detection, of a first biomarker such as an Apolipoprotein E4 protein in the blood serum of Alzheimer’s disease patients correlates with significant differences in the blood serum concentrations of additional protein biomarkers of Alzheimer’s disease, such as an Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a Complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an Immunoglobulin protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein. Also in the present invention, Alzheimer’s disease patients, and age-matched normal control subjects, are each placed into separate categories based on whether they do or do not have detectable blood serum levels of a first biomarker such as an Apolipoprotein E4 protein, and the differences in these and other Alzheimer’s disease blood serum biomarker protein profiles indicate differences in Alzheimer’s disease mechanisms, providing opportunities for improvements in differential diagnosis, disease severity and drug response monitoring, drug clinical trial stratification of patients, and for discovery of new targeted therapies.

[0014] One aspect of the present invention is the use of blood serum protein biomarkers for screening, diagnosis, differential diagnosis, and determining and monitoring of disease severity and mechanisms of Alzheimer’s disease, comprising obtaining a blood serum sample from a test subject; determining whether a quantity of an Apolipoprotein E4 protein can be detected in the blood serum sample, wherein detection of a quantity of a first protein biomarker such as an Apolipoprotein E4 protein in the test subject blood serum sample is indicative of one form of Alzheimer’s disease or a normal condition with a potential to develop that form of Alzheimer’s disease, and the lack of detection of a quantity of a first protein biomarker such as an Apolipoprotein E4 protein in the test subject blood serum sample is indicative of another form of Alzheimer’s disease or a normal condition with a potential to develop the other form of Alzheimer’s disease.

[0015] Yet another aspect of the present invention is the use of the blood serum protein biomarkers for screening, diagnosis, or differential diagnosis of Alzheimer’s disease comprising obtaining a blood serum sample from a test subject; determining whether or not a quantity of a first protein biomarker

such as an Apolipoprotein E4 protein can be detected in the blood serum sample; and determining the quantity of the first protein biomarker such as an Apolipoprotein E4 protein, and of one or more additional protein biomarkers such as an Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an Immunoglobulin protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein in the blood serum sample, and determining whether the first protein biomarker such as an Apolipoprotein E4 protein can be detected and determining the quantities of a first protein biomarker such as an Apolipoprotein E4 protein, and of one or more additional protein biomarkers such as an Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an Immunoglobulin protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein in blood serum samples from normal control individuals, from patients with Alzheimer’s disease, with Parkinson’s disease, and with AD-Like and Mixed dementias, wherein the detection of the first protein biomarker such as an Apolipoprotein E4 protein in the test subject blood serum sample is indicative of one form of Alzheimer’s disease or a normal condition with a potential to develop that form of Alzheimer’s disease, and the quantity of the first protein biomarker such as an Apolipoprotein E4 protein, and of one or more additional protein biomarkers such as an Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an Immunoglobulin protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein in the blood serum sample of the test subject within the ranges of that form of Alzheimer’s disease values is indicative of the presence of that form of Alzheimer’s disease, and the quantity of the first protein biomarker such as an Apolipoprotein E4 protein, and of one or more additional protein biomarkers such as an Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an Immunoglobulin protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein in the blood serum sample of the test subject outside the range of that form of Alzheimer’s disease values are indicative of the absence of that form of Alzheimer’s disease and the presence of a normal condition, or another neurological disorder, such as Parkinson’s disease, or an AD-Like or Mixed dementia, such as: Frontotemporal dementia (FTD); Lewy body dementia (LBD); Alcohol related dementia; Semantic dementia; Vascular (Multi-infarct) dementia; Stroke (CVA); Post-irradiation Encephalopathy and Seizures; Alzheimer’s disease combined with Vascular (Multi-Infarct) dementia; Alzheimer’s disease combined with Lewy body dementia; Parkinson’s disease combined with Lewy body dementia; Alzheimer’s and Parkinson’s dis-

ease combined with Lewy body dementia; Frontotemporal dementia combined with Chronic Inflammatory Demyelinating Polyneuropathy; and Thalamic CVA combined with HX of Lung CA, and wherein the lack of detection of a quantity of the first protein biomarker such as an Apolipoprotein E4 protein in the test subject blood serum sample is indicative of another form of Alzheimer's disease or a normal condition with a potential to develop that other form of Alzheimer's disease, and the quantity of the first protein biomarker such as an Apolipoprotein E4 protein, and of one or more additional protein biomarkers such as an Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an Immunoglobulin protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein in the blood serum sample of the test subject within the ranges of that other form of Alzheimer's disease values is indicative of the presence of that other form of Alzheimer's disease, and the quantity of the first protein biomarker such as an Apolipoprotein E4 protein, and of one or more additional protein biomarkers such as an Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an Immunoglobulin protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein in the blood serum sample of the test subject outside the range of that other form of Alzheimer's disease values are indicative of the absence of that form of Alzheimer's disease and the presence of a normal condition, or another neurological disorder, such as Parkinson's disease, or an AD-Like or Mixed dementia, such as: Frontotemporal dementia (FTD); Lewy body dementia (LBD); Alcohol related dementia; Semantic dementia; Vascular (Multi-infarct) dementia; Stroke (CVA); Post-irradiation Encephalopathy and Seizures; Alzheimer's disease combined with Vascular (Multi-Infarct) dementia; Alzheimer's disease combined with Lewy body dementia; Parkinson's disease combined with Lewy body dementia; Alzheimer's and Parkinson's disease combined with Lewy body dementia; Frontotemporal dementia combined with Chronic Inflammatory Demyelinating Polyneuropathy; and Thalamic CVA combined with HX of Lung CA.

[0016] Yet another aspect of the present invention is the use of the blood serum protein biomarkers for screening, diagnosis, or differential diagnosis of Alzheimer's disease comprising obtaining a blood serum sample from a test subject; determining whether or not an Apolipoprotein E4 protein can be detected in the blood serum sample; and determining the quantity of a first protein biomarker such as Apolipoprotein E4 protein, and of one or more additional protein biomarkers such as an Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an Immunoglobulin protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein in the blood serum sample, by quantitative two-dimensional gel electrophoresis; and determining whether a quantity of the first protein biomarker such as an Apolipoprotein

tein E4 protein can be detected, and quantitating the first protein biomarker such as an Apolipoprotein E4 protein, and of one or more additional protein biomarkers such as an Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an Albumin protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein in the protein expression patterns of the 2D gels of the serum samples; wherein the detection of the first protein biomarker such as an Apolipoprotein E4 protein in the test subject blood serum sample is indicative of one form of Alzheimer's disease or a normal condition with a potential to develop that form of Alzheimer's disease, and the quantity of the first protein biomarker such as an Apolipoprotein E4 protein, and of one or more additional protein biomarkers such as an Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an Immunoglobulin protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein in the blood serum sample of the test subject within the ranges of that form of Alzheimer's disease values is indicative of the presence of that form of Alzheimer's disease, and the quantity of the first protein biomarker such as an Apolipoprotein E4 protein, and of one or more additional protein biomarkers such as an Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an Immunoglobulin protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein in the blood serum sample of the test subject outside the range of that form of Alzheimer's disease values are indicative of the absence of that form of Alzheimer's disease and the presence of a normal condition, or another neurological disorder, such as Parkinson's disease, or an AD-Like or Mixed dementia, and wherein the lack of detection of a quantity of the first protein biomarker such as an Apolipoprotein E4 protein in the test subject blood serum sample is indicative of another form of Alzheimer's disease or a normal condition with a potential to develop that other form of Alzheimer's disease, and the quantity of the first protein biomarker such as an Apolipoprotein E4 protein, and of one or more additional protein biomarkers such as an Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an Immunoglobulin protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein in the blood serum sample of the test subject within the ranges of that other form of Alzheimer's disease values is indicative of the presence of that other form of Alzheimer's disease, and the quantity of the first protein biomarker such as an Apolipoprotein E4 protein, and of one or more additional protein biomarkers such as an Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a

Complement C3c2a protein, a complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an Immunoglobulin protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein in the blood serum sample of the test subject outside the range of that other form of Alzheimer's disease values are indicative of the absence of that form of Alzheimer's disease and the presence of a normal condition, or another neurological disorder, such as Parkinson's disease, or an AD-Like or Mixed dementia, such as: Frontotemporal dementia (FTD); Lewy body dementia (LBD); Alcohol related dementia; Semantic dementia; Vascular (Multi-infarct) dementia; Stroke (CVA); Post-irradiation Encephalopathy and Seizures; Alzheimer's disease combined with Vascular (Multi-Infarct) dementia; Alzheimer's disease combined with Lewy body dementia; Parkinson's disease combined with Lewy body dementia; Alzheimer's and Parkinson's disease combined with Lewy body dementia; Frontotemporal dementia combined with Chronic Inflammatory Demyelinating Polyneuropathy; and Thalamic CVA combined with HX of Lung CA.

[0017] Yet another aspect of the present invention is the use of the blood serum protein biomarkers for screening, diagnosis, or differential diagnosis of Alzheimer's disease comprising obtaining a blood serum sample from a test subject; determining whether or not a first protein biomarker such as an Apolipoprotein E4 protein can be detected in the blood serum sample; and determining the quantity of the first protein biomarker such as an Apolipoprotein E4 protein, and of one or more additional protein biomarkers such as an Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an immunoglobulin protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein in the blood serum sample, by an immunoassay using an antibody that recognizes the first protein biomarker such as an Apolipoprotein E4 protein and one or more other antibodies that recognize one or more additional protein biomarkers such as an Apolipoprotein E4 protein, an Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an immunoglobulin protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein, in the blood serum sample of the test subject, wherein the detection of the first protein biomarker such as an Apolipoprotein E4 protein in the test subject blood serum sample is indicative of one form of Alzheimer's disease or a normal condition with a potential to develop that form of Alzheimer's disease, and the quantity of the first protein biomarker such as an Apolipoprotein E4 protein, and of additional protein biomarkers such as an Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an Immunoglobulin protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein in the blood serum sample of the test subject within the ranges of that other form of Alzheimer's disease values is indicative of the presence of that other form of Alzheimer's disease, and the quantity of the first protein biomarker such as an Apolipoprotein E4 protein, and of additional protein biomarkers such as an Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an Immunoglobulin protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein in the blood serum sample of the test subject outside the range of that other form of Alzheimer's disease values are indicative of the absence of that form of Alzheimer's disease and the presence of a normal condition, or another neurological disorder, such as Parkinson's disease, or an AD-Like or Mixed dementia, such as: Frontotemporal dementia (FTD); Lewy body dementia (LBD); Alcohol related dementia; Semantic dementia; Vascular (Multi-infarct) dementia; Stroke (CVA); Post-irradiation Encephalopathy and Seizures; Alzheimer's disease combined with Vascular (Multi-Infarct) dementia; Alzheimer's disease combined

[0018] Complement C3c2a protein, a complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an Immunoglobulin protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein in the blood serum sample of the test subject

within the ranges of that form of Alzheimer's disease values is indicative of the presence of that form of Alzheimer's disease, and the quantity of the first protein biomarker such as an Apolipoprotein E4 protein, and of additional protein biomarkers such as an Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an Immunoglobulin protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein in the blood serum sample of the test subject outside the range of that form of Alzheimer's disease values are indicative of the absence of that form of Alzheimer's disease and the presence of a normal condition, or another neurological disorder, such as Parkinson's disease, or an AD-Like or Mixed dementia, such as: Frontotemporal dementia (FTD); Lewy body dementia (LBD); Alcohol related dementia; Semantic dementia; Vascular (Multi-infarct) dementia; Stroke (CVA); Post-irradiation Encephalopathy and Seizures; Alzheimer's disease combined with Vascular (Multi-Infarct) dementia; Alzheimer's disease combined with Lewy body dementia; Parkinson's disease combined with Lewy body dementia; Alzheimer's and Parkinson's disease combined with Lewy body dementia; Frontotemporal dementia combined with Chronic Inflammatory Demyelinating Polyneuropathy; and Thalamic CVA combined with HX of Lung CA, and wherein the lack of detection of a quantity of the first protein biomarker such as an Apolipoprotein E4 protein in the test subject blood serum sample is indicative of another form of Alzheimer's disease or a normal condition with a potential to develop that other form of Alzheimer's disease, and the quantity of the first protein biomarker such as an Apolipoprotein E4 protein, and of additional protein biomarkers such as an Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an Immunoglobulin protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein in the blood serum sample of the test subject within the ranges of that other form of Alzheimer's disease values is indicative of the presence of that other form of Alzheimer's disease, and the quantity of the first protein biomarker such as an Apolipoprotein E4 protein, and of additional protein biomarkers such as an Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an Immunoglobulin protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein in the blood serum sample of the test subject outside the range of that other form of Alzheimer's disease values are indicative of the absence of that form of Alzheimer's disease and the presence of a normal condition, or another neurological disorder, such as Parkinson's disease, or an AD-Like or Mixed dementia, such as: Frontotemporal dementia (FTD); Lewy body dementia (LBD); Alcohol related dementia; Semantic dementia; Vascular (Multi-infarct) dementia; Stroke (CVA); Post-irradiation Encephalopathy and Seizures; Alzheimer's disease combined with Vascular (Multi-Infarct) dementia; Alzheimer's disease combined

with Lewy body dementia; Parkinson's disease combined with Lewy body dementia; Alzheimer's and Parkinson's disease combined with Lewy body dementia; Frontotemporal dementia combined with Chronic Inflammatory Demyelinating Polyneuropathy; and Thalamic CVA combined with HX of Lung CA.

[0019] Yet another aspect of the present invention is the use of blood serum protein biomarkers, for early detection and for monitoring the disease severity and response to therapy of patients with Alzheimer's disease, comprising obtaining a blood serum sample from a test subject; determining whether a first protein biomarker such as an Apolipoprotein E4 protein can be detected and determining the quantity of the first protein biomarker such as an Apolipoprotein E4 protein, and of additional protein biomarkers such as an Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an Immunoglobulin protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein in the blood serum sample from the test subject, and in blood serum samples from normal control individuals, and from patients with mild (MMSE score=25-20), moderate (MMSE score=19-11) and severe (MMSE \leq 10) Alzheimer's disease, wherein, whether an Apolipoprotein E4 protein can be detected and the quantity of an Apolipoprotein E4 protein, and of additional protein biomarkers such as an the first protein biomarker such as Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an Immunoglobulin protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein in the blood serum sample from the test subject, indicates the degree of severity of Alzheimer's disease in the test subject.

[0020] The foregoing has outlined rather broadly several aspects of the present invention in order that the detailed description of the invention that follows may be better understood. Additional features and advantages of the invention will be described hereinafter which form the subject of the claims of the invention. It should be appreciated by those skilled in the art that the conception and the specific embodiment disclosed might be readily utilized as a basis for modifying or redesigning the structures for carrying out the same purposes as the invention. It should be realized by those skilled in the art that such equivalent constructions do not depart from the spirit and scope of the invention as set forth in the appended claims.

BRIEF DESCRIPTION OF THE DRAWINGS

[0021] For a more complete understanding of the present invention, and the advantages thereof, reference is now made to the following descriptions taken in conjunction with the accompanying drawings, in which:

[0022] FIGS. 1A-1B illustrate the dynamic range of the assay and the reproducibility within triplicate assays of quantitative 2D gel electrophoresis of human blood serum. Shown in FIG. 1A are several protein spots (circles) within the 2D gel pattern of human blood serum, with spot concentrations ranging from 55 ppm to 15,789 ppm (white arrows). FIG. 1B shows triplicate analysis (details of three 2D gels run with the

same blood serum sample) with a coefficient of variation=of 13.8% for the triplicate analysis of the individual spot concentrations. See also Table 2 for reproducibility over the dynamic range.

[0023] FIG. 2 illustrates the location (circles and numbers) of biomarker protein spots within a 2D Gel electrophoresis protein expression profile of human blood serum, namely Apolipoprotein E4 protein spot N5302; Apolipoprotein E3 protein spot N3314; Transthyretin "Dimer" protein spot N3307; Complement C3c1 protein spot N7310; Complement C3c2a protein spot N9311; Complement C3dg protein spot N1511; Complement Factor Bb protein spot N7616; Complement Factor H/Hs protein spot N4411; Inter alpha Trypsin Inhibitor Heavy Chain H4 related 35 KD protein spot N2307; Immunoglobulin Light Chain protein spot N6224; Apolipoprotein A-IV protein spot N2502; Complement Factor I protein spot N1416; and Haptoglobin protein spots N1514, N2401, N2407, and N3409. These spots are among the differentially expressed proteins detected in 2D gels of blood serum collected from normal subjects, patients with neurodegenerative diseases and patients with like-disease disorders, where the indicated protein spots were identified by LC-MS/MS analysis of in-gel trypsin digests of the spots.

[0024] FIG. 3A is a comparative statistical Dot, Box and Whiskers graph (constructed using Analyze-it software for Microsoft Excel, illustrating the differential expression level (PPM) of an Apolipoprotein E4 protein spot N5302 in blood serum, based on the quantitative 2D gel triplicate analysis data obtained with blood serum samples from 75 normal control individuals (Controls), 115 Alzheimer's disease patients (AD), 12 Parkinson's disease patients (PD), and 12 patients with AD-Like and Mixed disorders, including Frontotemporal dementia (FTD), Frontotemporal dementia combined with Chronic Inflammatory Demyelinating polyneuropathy, Lewy body dementia (LBD), Vascular (Multi-infarct) dementia, Thalamic CVA combined with HX or Lung CA, Post-irradiation Encephalopathy, Seizures, Alcohol related dementia, Semantic dementia, Memory Dysfunction, Neuro Exam "Normal," and Corticalbasal Ganglionic Degeneration (CBGD), with examples of the differences between the ranges of the patient and control groups and their statistical significance by analysis of variance (ANOVA-P). FIG. 3B shows receiver Operating Characteristic (ROC) curve of Apolipoprotein E4 spot N5302 when used as a single biomarker to differentiate between Alzheimer's disease patients and age-matched control (AMC) subjects with an area under the curve (AUC) of 0.66 ± 0.02 , sensitivity, specificity, and ROC probability (ROC-P), calculated by Analyze-it for Microsoft Excel with these data.

[0025] FIG. 4A shows statistical Dot, Box and Whiskers graph constructed using Analyze-it software for Microsoft Excel, illustrating the differential expression level (PPM) of a Apolipoprotein E4 protein spot N5302 in blood serum, based on the quantitative 2D gel triplicate analysis data (dots) obtained with blood serum samples from age matched normal controls, and patients with Alzheimer's disease, (Total N5302 and N5302>0) constructed using Analyze-it software for Microsoft Excel. Blood serum samples were from: 75 Age matched normal control individuals (Controls); of which 23 Age matched normal control individuals (31%) had detectable quantities of Apolipoprotein E4 protein spot N5302 (N5302>0) in their blood serum; and 115 Alzheimer's disease patients (AD); of which 67 Alzheimer's disease patients (58%), had detectable quantities of Apolipoprotein E4 pro-

tein spot N5302 ($N5302 > 0$) in their blood serum. FIG. 4B is Receiver Operating Characteristic (ROC) curve of Apolipoprotein E4 spot N5302 from populations where the biomarker level (ppm) was greater than zero ($N5302 > 0$) was used as a single biomarker to differentiate between 67 Alzheimer's disease (AD) patients and 23 age-matched control (AMC) subjects with an area under the curve (AUC) of 0.61 ± 0.04 .

[0026] FIG. 5A is a comparative statistical Box and Whiskers graph constructed using Analyze-it software for Microsoft Excel, illustrating the differential expression level (PPM) of an Apolipoprotein E3 protein spot N3314 in blood serum, based on the quantitative 2D gel triplicate analysis data obtained with blood serum samples from: 75 normal control individuals (Controls), 115 Alzheimer's disease patients (AD), 12 Parkinson's disease patients (PD), and 12 patients with AD-Like and Mixed disorders, including: Frontotemporal dementia (FTD), Frontotemporal dementia combined with Chronic Inflammatory Demyelinating polyneuropathy, Lewy body dementia (LBD), Vascular (Multi-infarct) dementia, Thalamic CVA combined with HX or Lung CA, Post-irradiation Encephalopathy, Seizures, Alcohol related dementia, Semantic dementia, Memory Dysfunction, neuro exam "Normal," and Corticalbasal Ganglionic Degeneration (CBGD), with examples of the differences between the ranges of the patient and control groups and their statistical significance by analysis of variance (ANOVA-P). FIG. 5B is a Receiver Operating Characteristic (ROC) curve of Apolipoprotein E3 spot N3314 when used as a single biomarker to differentiate between Alzheimer's disease (AD) patients and age-matched control (AMC) subjects with an area under the curve (AUC) of 0.71 ± 0.022 , sensitivity, specificity, and ROC probability (ROC-P), calculated by Analyze-it for Microsoft Excel with these data.

[0027] FIG. 6 shows a comparative statistical Box and Whiskers graph (constructed using Analyze-it software for Microsoft Excel), illustrating the differential expression level (PPM) of an Apolipoprotein E3 protein spot N3314 in blood serum, based on the quantitative 2D gel triplicate analysis data obtained with blood serum samples from patients with Alzheimer's disease (AD) and age matched normal control (AMC) subjects, when Apolipoprotein E4 (spot N5302) was not detected ($N5302 = 0$, left panel) and when it was detected ($N5302 > 0$, right panel) in the 2D gels of their blood serum.

[0028] FIG. 7A shows a plot of the Receiver Operator Characteristics (ROC) curve (calculated by using Analyze-it software for Microsoft Excel) of blood serum concentrations of Apolipoprotein E3 protein spot N3314 when used to distinguish between patients with Alzheimer's disease (AD) and age matched normal controls (AMC) as a function of whether Apolipoprotein E4 protein (spot N5302) is detected ($N5302 > 0$) or not detected ($N5302 = 0$) in blood serum. FIG. 7B is a Receiver Operator Characteristics (ROC) curve of blood serum concentrations of Apolipoprotein E3 protein (spot N3314) when used to distinguish between two Alzheimer's disease (AD) groups as a function of whether Apolipoprotein E4 protein (spot N5302) is detected ($N5302 > 0$) or not detected ($N5302 = 0$) in blood serum.

[0029] FIG. 8A is Dot, Box and Whiskers graph constructed using Analyze-it software for Microsoft Excel, illustrating the differential expression level (PPM) of Transthyretin "Dimer" protein spot N3307 in blood serum, based on the quantitative 2D gel triplicate analysis data obtained with blood serum samples from: 75 normal control individuals (Controls), 115 Alzheimer's disease patients (AD), 12 Par-

kinson's disease patients (PD), and 12 patients with AD-Like and Mixed disorders, including: Frontotemporal dementia (FTD), Frontotemporal dementia combined with Chronic Inflammatory Demyelinating polyneuropathy, Lewy body dementia (LBD), Vascular (Multi-infarct) dementia, Thalamic CVA combined with HX or Lung CA, Post-irradiation Encephalopathy, Seizures, Alcohol related dementia, Semantic dementia, Memory Dysfunction, neuro exam "Normal," and Corticalbasal Ganglionic Degeneration (CBGD), with examples of the differences between the ranges of the patient and control groups and their statistical significance by analysis of variance (ANOVA-P). FIG. 8B is Receiver Operating Characteristic (ROC) curve of Transthyretin "Dimer" spot N3307 when used as a single biomarker to differentiate between Alzheimer's disease (AD) patients and age-matched control (AMC) subjects with an area under the curve (AUC) of 0.66 ± 0.023 , sensitivity, specificity, and ROC probability (ROC-P), calculated by Analyze-it for Microsoft Excel with these data.

[0030] FIG. 9A is a statistical Box and Whiskers graph (constructed using Analyze-it software for Microsoft Excel), illustrating the differential expression level (PPM) of Transthyretin "Dimer" protein spot N3307 in blood serum, based on the quantitative 2D gel triplicate analysis data obtained with blood serum samples from age matched normal controls (AMC), and patients with Alzheimer's disease. FIG. 9B is a Receiver Operating Characteristic (ROC) curve of Transthyretin (spot N3307) when used to distinguish between patients with Alzheimer's disease (AD) and age-matched control (AMC) subjects as a function of Apolipoprotein E4 spot N5302 when not detected ($N5302 = 0$) and when detected ($N5302 > 0$) in the 2D gels of their blood serum.

[0031] FIG. 10A is a statistical Dot, Box and Whiskers graph (constructed using Analyze-it software for Microsoft Excel), illustrating the differential expression level (PPM) of Complement Factor H/Hs protein spot N4411 in blood serum, based on the quantitative 2D gel triplicate analysis data obtained with blood serum samples from: 75 normal control individuals (Controls), 115 Alzheimer's disease patients (AD), 12 Parkinson's disease patients (PD), and 12 patients with AD-Like and Mixed disorders, including: Frontotemporal dementia (FTD), Frontotemporal dementia combined with Chronic Inflammatory Demyelinating polyneuropathy, Lewy body dementia (LBD), Vascular (Multi-infarct) dementia, Thalamic CVA combined with HX or Lung CA, Post-irradiation Encephalopathy, Seizures, Alcohol related dementia, Semantic dementia, Memory Dysfunction, neuro exam "Normal," and Corticalbasal Ganglionic Degeneration (CBGD), with examples of the differences between the ranges of the patient and control groups and their statistical significance by analysis of variance (ANOVA-P). FIG. 10B is a Receiver Operating Characteristic (ROC) curve of Complement factor H/Hs protein spot N4411 when used as a single biomarker to differentiate between Alzheimer's disease (AD) patients and age-matched control (AMC) subjects with an area under the curve (AUC) of 0.59 ± 0.024 sensitivity, specificity, and ROC probability (ROC-P), calculated by Analyze-it for Microsoft Excel with these data.

[0032] FIG. 11A is a statistical Dot, Box and Whiskers graph (constructed using Analyze-it software for Microsoft Excel), illustrating the differential expression level (PPM) of Complement Factor H/Hs protein (spot N4411) in blood serum, based on the quantitative 2D gel triplicate analysis data obtained with blood serum samples from age matched

normal controls (AMC), and patients with Alzheimer's disease. FIG. 11B is a Receiver Operating Characteristic (ROC) curve of Complement Factor H/Hs protein (spot N4411) when used to distinguish between Patients with Alzheimer's disease (AD) and age-matched control (AMC) subjects as a function of Apolipoprotein E4 (spot N5302) when not detected (N5302=0) and when detected (N5302>0) in the 2D gels of their blood serum.

[0033] FIG. 12A is a statistical Dot, Box and Whiskers graph (constructed using Analyze-it software for Microsoft Excel), illustrating the differential expression level (PPM) of Complement Factor Bb protein (spot N7616) in blood serum, based on the quantitative 2D gel triplicate analysis data obtained with blood serum samples from: 75 normal control individuals (Controls), 115 Alzheimer's disease patients (AD), 12 Parkinson's disease patients (PD), and 12 patients with AD-Like and Mixed disorders, including: Frontotemporal dementia (FTD), Frontotemporal dementia combined with Chronic Inflammatory Demyelinating polyneuropathy, Lewy body dementia (LBD), Vascular (Multi-infarct) dementia, Thalamic CVA combined with HX or Lung CA, Post-irradiation Encephalopathy, Seizures, Alcohol related dementia, Semantic dementia, Memory Dysfunction, neuro exam "Normal," and Corticalbasal Ganglionic Degeneration (CBGD), with examples of the differences between the ranges of the patient and control groups and their statistical significance by analysis of variance (ANOVA-P). FIG. 12B is a Receiver Operating Characteristic (ROC) curve of Factor Bb protein (spot N7616) when used as a single biomarker to differentiate between Alzheimer's disease (AD) patients and age-matched control (AMC) subjects with an area under the curve (AUC) of 0.53 ± 0.024 sensitivity, specificity, and ROC probability (ROC-P), calculated by Analyze-it for Microsoft Excel with these data.

[0034] FIG. 13A is a statistical Dot, Box and Whiskers graph (constructed using Analyze-it software for Microsoft Excel), illustrating the differential expression level (PPM) of Complement Factor Bb protein (spot N7616) in blood serum, based on the quantitative 2D gel triplicate analysis data obtained with blood serum samples from age matched normal controls (AMC), and patients with Alzheimer's disease. FIG. 13B is a Receiver Operating Characteristic (ROC) curve of Complement Factor Bb protein (spot N7616) when used to distinguish between patients with Alzheimer's disease (AD) and age-matched control (AMC) subjects as a function of Apolipoprotein E4 (spot N5302) when not detected (N5302=0) and when detected (N5302>0) in the 2D gels of their blood serum.

[0035] FIGS. 14A-14D are statistical Box and Whiskers graphs (constructed using Analyze-it software for Microsoft Excel), illustrating the blood serum differential expression levels (PPM) of (FIG. 14A) Complement C3c1 phosphoprotein (spot N7310), (FIG. 14B) Complement C3dg protein spot N1511, derived from a different amino acid sequence of the C3 parent located just downstream of that shared by C3c1 protein spot N7310, and C3c2a protein spot N9311, (FIG. 14C) Complement C3c2a protein spot N9311, unphosphorylated form of Complement C3c1, and (FIG. 14D) the sum of the Complement C3c and C3dg proteins (N7310+N9311+N1511), based on the quantitative 2D gel triplicate analysis data obtained with blood serum samples from: 75 normal control individuals (Controls), 115 Alzheimer's disease patients (AD), 12 Parkinson's disease patients (PD), and 12 patients with AD-Like and Mixed disorders, including: Fron-

totemporal dementia (FTD), Frontotemporal dementia combined with Chronic Inflammatory Demyelinating polyneuropathy, Lewy body dementia (LBD), Vascular (Multi-infarct) dementia, Thalamic CVA combined with HX or Lung CA, Post-irradiation Encephalopathy, Seizures, Alcohol related dementia, Semantic dementia, Memory Dysfunction, neuro exam "Normal," and Corticalbasal Ganglionic Degeneration (CBGD), with examples of the differences between the ranges of the patient and control groups and their statistical significance by analysis of variance (ANOVA-P) and by Sensitivity, Specificity, and ROC probability (ROC-P), calculated by Analyze-it for Microsoft Excel with these data.

[0036] FIGS. 15A-15D illustrate the Receiver Operator Characteristics (ROC) curves (constructed using Analyze-it software for Microsoft Excel), of: (FIG. 15A) Complement C3c1 phosphoprotein spot N7310, (FIG. 15B) Complement C3dg protein spot N1511, (derived from a different amino acid sequence of the C3 parent located just downstream of that shared by C3c1 protein spot N7310, and C3c2a protein spot N9311, (FIG. 15C) Complement C3c2a protein spot N9311, (unphosphorylated form of Complement C3c1), when each is used separately, and (FIG. 15D) the sum of the Complement C3c and C3dg proteins (N7310+N9311+N1511), to distinguish between patients with Alzheimer's disease (AD) and age-matched control (AMC) subjects.

[0037] FIGS. 16A-16D depicts Dot, Box and Whiskers graphs (constructed using Analyze-it software for Microsoft Excel), illustrating the blood serum differential expression levels (PPM) of: (FIG. 16A) Complement C3c1 phosphoprotein spot N7310, (FIG. 16B) Complement C3dg protein spot N1511, derived from a different amino acid sequence of the C3 parent located just downstream of that shared by C3c1 protein spot N7310 and C3c2a protein spot N9311, (FIG. 16C) Complement C3c2a protein spot N9311, unphosphorylated form of Complement C3c1, and (FIG. 16D) the sum of the Complement C3c and C3dg proteins (N7310+N9311+N1511), based on the quantitative 2D gel triplicate analysis data obtained with blood serum samples from age matched normal controls (AMC), and patients with Alzheimer's disease as a function of Apolipoprotein E4 protein spot N5302, when it is detected (N5302>0) or not detected (N5302=0) in the 2D gels of their blood serum.

[0038] FIGS. 17A-17D depicts the Receiver Operator Characteristics (ROCs) curves (constructed using Analyze-it software for Microsoft Excel) of (FIG. 17A) Complement C3dg protein spot N1511, derived from a different amino acid sequence of the C3 parent located just downstream of that shared by C3c1 phosphoprotein spot N7310, and C3c2a protein spot N9311, (FIG. 17B) Complement C3c1 phosphoprotein spot N7310 in blood serum, (FIG. 17C) Complement C3c2a protein spot N9311, unphosphorylated form of Complement C3c1, when each is used separately, and (FIG. 17D) the sum of the Complement C3c and C3dg proteins (N7310+N9311+N1511), to distinguish between patients with Alzheimer's disease (AD) and age matched normal control (AMC) subjects as a function of whether Apolipoprotein E4 protein spot N5302, when it is detected (N5302>0) or not detected (N5302=0) in blood serum.

[0039] FIGS. 18A-18F depict the linear regression correlation of the blood serum expression level (PPM) of (FIG. 18A-18C) Complement C3c1 phosphoprotein spot N7310, and (FIG. 18D-18F) Complement C3c2a protein spot N9311, unphosphorylated form of Complement C3c1, with the severity of the Alzheimer's disease, measured clinically by Mini-

Mental State Examination (MMSE) score, when the expression level of Apolipoprotein E4 (N5302) is detected (N5302>0; FIG. 18B, FIG. 18E) or not detected (N5302=0; FIG. 18A, FIG. 18D) in the blood serum. Severity of Alzheimer's disease increases with decreasing MMSE score (Mild: MMSE=25-20; Moderate: MMSE=19-11; Severe: MMSE≤10). A Box and Whisker graph (FIG. 18C, FIG. 18F) illustrate the comparative blood serum expression level (PPM) of Complement C3c1 N7310 in age-matched control (AMC) subjects. Linear regression and Box and Whisker graphs were constructed using Analyze-it software for Microsoft Excel.

[0040] FIGS. 19A-19C are statistical linear regression correlation of the blood serum expression level (PPM) of Complement C3dg protein spot N1511 with the severity of the Alzheimer's disease, measured clinically by Mini-Mental State Examination (MMSE) score, when the expression level of Apolipoprotein E4 protein spot N5302 is detected (N5302>0; FIG. 19C) or not detected (N5302=0; FIG. 19A) in the blood serum. Severity of the Alzheimer's disease increases with decreasing MMSE score (Mild: MMSE=25-20; Moderate: MMSE=19-11; Severe: MMSE 510). A Box and Whisker graph (FIG. 19B) illustrates the comparative blood serum expression level (PPM) of Complement C3dg protein spot N1511 in age-matched control (AMC) subjects. Linear regression and Box and Whisker graphs were constructed using Analyze-it software for Microsoft Excel.

[0041] FIG. 20 is a summary diagram for the proposed functional relationships between the expression level of Complement protein biomarkers C3c1 protein spot N7310, C3c2a protein spot N9311, and C3dg protein spot N1511, Alzheimer's disease severity, and inflammatory response, when Apolipoprotein E4 N5302 protein was detected (N5302>0) or not detected (N5302=0) in blood serum of Alzheimer's disease patients. The diagram depicts the capacity for early detection of Alzheimer's disease, the measurement of disease severity and of the disease mechanism.

[0042] FIGS. 21A-21D depict statistical Dot, Box and Whiskers graphs (constructed using Analyze-it software for Microsoft Excel), illustrating the blood serum differential expression level (PPM) of Haptoglobin HP-1 proteins (FIG. 21A) spot N1514, (FIG. 21B) spot N2401, (FIG. 21C) Spot N2407 and (FIG. 21D) spot N3409, based on the quantitative 2D gel triplicate analysis data, obtained with samples from: 75 normal control individuals (Controls), 115 Alzheimer's disease patients (AD), 12 Parkinson's disease patients (PD), and 12 patients with AD-Like and Mixed disorders, including: Frontotemporal dementia (FTD), Frontotemporal dementia combined with Chronic Inflammatory Demyelinating polyneuropathy, Lewy body dementia (LBD), Vascular (Multi-infarct) dementia, Thalamic CVA combined with HX or Lung CA, Post-irradiation Encephalopathy, Seizures, Alcohol related dementia, Semantic dementia, Memory Dysfunction, neuro exam "Normal," and Corticalbasal Ganglionic Degeneration (CBGD), with examples of the differences between the ranges of the patient and control groups and their statistical significance by analysis of variance (ANOVA-P) calculated by Analyze-it for Microsoft Excel with these data. E) Receiver Operator Characteristics (ROC) curve (constructed using Analyze-it software for Microsoft Excel), of biomarker N3409 when used as a single marker to distinguish between AD and PD patients.

[0043] FIG. 22A depicts a statistical Dot, Box and Whiskers graph (constructed using Analyze-it software for

Microsoft Excel), illustrating the differential expression level (PPM) of the Total of Haptoglobin HP-1 proteins (spots N1514+N2401+N2407+N3409), in blood serum, based on the quantitative 2D gel triplicate analysis data obtained with blood serum samples from: 75 normal control individuals (Controls), 115 Alzheimer's disease patients (AD), 12 Parkinson's disease patients (PD), and 12 patients with AD-Like and Mixed disorders, including:

Frontotemporal dementia (FTD), Frontotemporal dementia combined with Chronic Inflammatory Demyelinating polyneuropathy, Lewy body dementia (LBD), Vascular (Multi-infarct) dementia, Thalamic CVA combined with HX or Lung CA, Post-irradiation Encephalopathy, Seizures, Alcohol related dementia, Semantic dementia, Memory Dysfunction, neuro exam "Normal," and Corticalbasal Ganglionic Degeneration (CBGD), with examples of the differences between the ranges of the patient and control groups and their statistical significance by analysis of variance (ANOVA-P) and by Sensitivity, Specificity, and ROC probability (ROC-P), calculated by Analyze-it for Microsoft Excel with these data.

FIG. 22B is a Receiver Operator Characteristics (ROC) curve (constructed using Analyze-it software for Microsoft Excel) of Haptoglobin HP-1 protein spots N1514+N2401+N2407+N3409, when used to distinguish between AD patients and age-matched control (AMC) subjects with an area under the curve (AUC) of 0.59±0.024.

[0044] FIGS. 23A-23D depict statistical Dot, Box and Whiskers graphs (constructed using Analyze-it software for Microsoft Excel), illustrating the blood serum differential expression levels (PPM) of Haptoglobin HP-1 proteins: (FIG. 23A) spot N1514, (FIG. 23B) spot N2401, (FIG. 23C) Spot N2407, and (FIG. 23D) spot N3409, based on the quantitative 2D gel triplicate analysis data obtained with blood serum samples from patients with Alzheimer's disease (AD) and age matched normal controls as a function of whether Apolipoprotein E4 protein spot N5302 is detected (N5302>0) or not detected (N5302=0) in blood serum of the Alzheimer's disease (AD) patients and the age matched normal controls.

[0045] FIGS. 24A-24D depict the Receiver Operator Characteristics (ROC) curve (constructed using Analyze-it software for Microsoft Excel) of Haptoglobin HP-1 proteins: FIG. 24A) spot N1514, FIG. 24B) spot N2401, FIG. 24C) Spot N2407, and FIG. 24D) spot N3409, when used separately to distinguish between patients with Alzheimer's disease (AD) and age matched normal controls (AMC) as a function of whether Apolipoprotein E4 protein (spot N5302) is detected (N5302>0) or not detected (N5302=0) in blood serum of the Alzheimer's disease (AD) patients and the age matched normal controls.

[0046] FIG. 25A depicts a statistical Dot, Box and Whiskers graph (constructed using Analyze-it software for Microsoft Excel), illustrating the blood serum differential expression level (PPM) of the Total of Haptoglobin HP-1 proteins (spots N1514+N2401+N2407+N3409) as a function of whether Apolipoprotein E4 protein (spot N5302) is detected (N5302>0) or not detected (N5302=0) in blood serum of the Alzheimer's disease (AD) patients and the age matched normal controls. FIG. 25B is a Receiver Operator Characteristics (ROC) curve (constructed using Analyze-it software for Microsoft Excel) of Haptoglobin HP-1 protein total spots (N1514+N2401+N2407+N3409) when used to distinguish between AD patients and age-matched control (AMC) subjects as a function of whether Apolipoprotein E4 protein spot N5302 is detected (N5302>0) or not detected

(N5302=0) in blood serum of the Alzheimer's disease (AD) patients and the age matched normal controls.

[0047] FIG. 26A is a Box and Whiskers graph (constructed using Analyze-it software for Microsoft Excel), illustrating the blood serum differential expression level (PPM) of Inter-alpha-trypsin Inhibitor Heavy Chain (H4) related 35 KD protein (spot N2307), based on the quantitative 2D gel triplicate analysis data obtained with blood serum samples from: 75 normal control individuals (Controls), 115 Alzheimer's disease patients (AD), 12 Parkinson's disease patients (PD), and 12 patients with AD-Like and Mixed disorders, including: Frontotemporal dementia (FTD), Frontotemporal dementia combined with Chronic Inflammatory Demyelinating polyneuropathy, Lewy body dementia (LBD), Vascular (Multi-infarct) dementia, Thalamic CVA combined with HX or Lung CA, Post-irradiation Encephalopathy, Seizures, Alcohol related dementia, Semantic dementia, Memory Dysfunction, neuro exam "Normal," and Corticalbasal Ganglionic Degeneration (CBGD), with examples of the differences between the ranges of the patient and control groups and their statistical significance by analysis of variance (ANOVA-P) and by Sensitivity, Specificity, and ROC probability (ROC-P), calculated by Analyze-it for Microsoft Excel with these data. FIG. 26B is a Receiver Operator Characteristics (ROC) curve (constructed using Analyze-it software for Microsoft Excel) of Inter-alpha-trypsin Inhibitor Heavy Chain (H4) related 35 KD protein (spot N2307) when used to distinguish between AD patients and age-matched control (AMC) subjects with an area under the curve (AUC) of 0.62 ± 0.023 .

[0048] FIG. 27A is a statistical Box and Whiskers graph illustrating the blood serum differential expression level (PPM) of Inter-alpha-trypsin Inhibitor Heavy Chain (H4) related 35 KD protein (spot N2307) as a function of whether Apolipoprotein E4 protein (spot N5302) is detected (N5302>0) or not detected (N5302=0) in blood serum of the Alzheimer's disease (AD) patients and the age matched normal controls. FIG. 27B is a Receiver Operator Characteristics (ROC) curve (constructed using Analyze-it software for Microsoft Excel) of Inter-alpha-trypsin Inhibitor Heavy Chain (H4) related 35 KD protein (spot N2307) as a function of whether Apolipoprotein E4 protein spot N5302 when used to distinguish between AD patients and age-matched control (AMC) subjects as a function of whether Apolipoprotein E4 protein spot N5302 is detected (N5302>0) or not detected (N5302=0) in blood serum of the Alzheimer's disease (AD) patients and the age matched normal controls.

[0049] FIGS. 28A-28C are statistical linear regression correlation of the blood serum expression level (PPM) of Inter-alpha-trypsin Inhibitor Heavy Chain (H4) related 35 KD protein spot N2307, with the severity of the Alzheimer's disease, measured clinically by Mini-Mental State Examination (MMSE) score, when the expression level of Apolipoprotein E4 protein spot N5302 is detected (N5302>0; FIG. 28C) or not detected (N5302=0; FIG. 28A) in the blood serum. Severity of the Alzheimer's disease increases with decreasing MMSE score (Mild: MMSE=25-20; Moderate: MMSE=19-11; Severe: MMSE \leq 10). Box and Whisker graph (FIG. 28B) illustrates the comparative blood serum expression level (PPM) of Inter-alpha-trypsin Inhibitor Heavy Chain (H4) related 35 KD protein spot N2307 in age-matched control (AMC) subjects. Linear regression and box and Whisker graphs were constructed using Analyze-it software for Microsoft Excel.

[0050] FIG. 29A is a statistical Box and Whiskers graph (constructed using Analyze-it software for Microsoft Excel), illustrating the blood serum differential expression level (PPM) of Immunoglobulin Light Chain Protein spot N6224, based on the quantitative 2D gel triplicate analysis data obtained with blood serum samples from: 75 normal control individuals (Controls), 115 Alzheimer's disease patients (AD), 12 Parkinson's disease patients (PD), and 12 patients with AD-Like and Mixed disorders, including: Frontotemporal dementia (FTD), Frontotemporal dementia combined with Chronic Inflammatory Demyelinating polyneuropathy, Lewy body dementia (LBD), Vascular (Multi-infarct) dementia, Thalamic CVA combined with HX or Lung CA, Post-irradiation Encephalopathy, Seizures, Alcohol related dementia, Semantic dementia, Memory Dysfunction, neuro exam "Normal," and Corticalbasal Ganglionic Degeneration (CBGD), with examples of the differences between the ranges of the patient and control groups and their statistical significance by analysis of variance (ANOVA-P) and by Sensitivity, Specificity, and ROC probability (ROC-P), calculated by Analyze-it for Microsoft Excel with these data. FIG. 29B is a Receiver Operator Characteristics (ROC) curve (constructed using Analyze-it software for Microsoft Excel) of Immunoglobulin Light Chain Protein (spot N6224) when used to distinguish between AD patients and age-matched control (AMC) subjects with an area under the curve (AUC) of 0.64 ± 0.023 .

[0051] FIG. 30A is a statistical Box and Whiskers graph (constructed using Analyze-it software for Microsoft Excel), illustrating the blood serum differential expression level (PPM) of Immunoglobulin Light Chain Protein spot N6224 as a function of whether Apolipoprotein E4 protein spot N5302 is detected (N5302>0) or not detected (N5302=0) in blood serum of the Alzheimer's disease (AD) patients and the age matched normal controls. FIG. 30B is a Receiver Operator Characteristics (ROC) curve (constructed using Analyze-it software for Microsoft Excel) of Immunoglobulin Light Chain Protein spot N6224 as a function of whether Apolipoprotein E4 protein (spot N5302) when used to distinguish between AD patients and age-matched control (AMC) subjects as a function of whether Apolipoprotein E4 protein (spot N5302) is detected (N5302>0) or not detected (N5302=0) in blood serum.

[0052] FIG. 31A is a statistical Box and Whiskers graph (constructed using Analyze-it software for Microsoft Excel), illustrating the blood serum differential expression level (PPM) of Apolipoprotein A-IV Protein spot N2502, based on the quantitative 2D gel triplicate analysis data obtained with blood serum samples from: 75 normal control individuals (Controls), 115 Alzheimer's disease patients (AD), 12 Parkinson's disease patients (PD), and 12 patients with AD-Like and Mixed disorders, including: Frontotemporal dementia (FTD), Frontotemporal dementia combined with Chronic Inflammatory Demyelinating polyneuropathy, Lewy body dementia (LBD), Vascular (Multi-infarct) dementia, Thalamic CVA combined with HX or Lung CA, Post-irradiation Encephalopathy, Seizures, Alcohol related dementia, Semantic dementia, Memory Dysfunction, neuro exam "Normal," and Corticalbasal Ganglionic Degeneration (CBGD), with examples of the differences between the ranges of the patient and control groups and their statistical significance by analysis of variance (ANOVA-P) and by Sensitivity, Specificity, and ROC probability (ROC-P), calculated by Analyze-it for Microsoft Excel with these data. FIG. 32B is a Receiver

Operator Characteristics (ROC) curve (constructed using Analyze-it software for Microsoft Excel) of Apolipoprotein A-IV Protein (spot N2502) when used to distinguish between AD patients and age-matched control (AMC) subjects with an area under the curve (AUC) of 0.64 ± 0.023 .

[0053] FIG. 32A is a statistical Box and Whiskers graph illustrating the blood serum differential expression level (PPM) of Apolipoprotein A-IV Protein spot N2502 as a function of whether Apolipoprotein E4 protein spot N5302 is detected ($N5302 > 0$) or not detected ($N5302 = 0$) in blood serum of the Alzheimer's disease (AD) patients and the age-matched normal controls. FIG. 32B is a Receiver Operator Characteristics (ROC) curve (constructed using Analyze-it software for Microsoft Excel) of Apolipoprotein A-IV Protein (spot N2502) as a function of whether Apolipoprotein E4 protein spot N5302, when used to distinguish between AD patients and age-matched control (AMC) subjects as a function of whether Apolipoprotein E4 protein spot N5302 is detected ($N5302 > 0$) or not detected ($N5302 = 0$) in blood serum.

[0054] FIG. 33 illustrates the enhanced sensitivity obtained using the blood serum concentrations of protein biomarkers. The approach employs the separation of Alzheimer's disease patients and age-matched control subjects into two categories, based on the detection or lack of detection of Apolipoprotein E4. N5302 in their blood serum. A multivariate biostatistical analysis is applied to each of the 2 groups, employing all the biomarkers (N3314, N3317, N4411, N7616, HP-1 total [N1514+N2401+N2407+N3409], N7310, N9311, N1511, N2307, N2502, and N6224), followed by summing the separate results of the 2 multivariate biostatistical analyses of the sorted categories. As shown, this approach provides substantial improvement in diagnostic capability (sensitivity increased from 69.6% to 82.3%) over the non-sorted approach, which includes combining all the biomarkers and all the samples into a single multivariate biostatistical analysis.

[0055] FIG. 34 illustrates the 5 types of differences in the differential expression of the protein biomarkers in the blood serum of the sorted Alzheimer's disease patients in relation to the measured concentrations of Apolipoprotein E4 protein spot N5302, when it is detected ($N5302 > 0$) and not detected ($N5302 = 0$) in the blood. These differences form the basis for the improvements of sensitivity of diagnosis of Alzheimer's disease illustrated in FIG. 33. In type 1, the serum expression level (PPM) of biomarkers Apolipoprotein E3 protein spot N3314 and Transthyretin dimer protein spot N3307 in Alzheimer's disease patients are lower than age-matched control (AMC) subjects, when Apolipoprotein E4 protein spot N5302 is detected ($N5302 > 0$) or not detected ($N5302 = 0$) in serum. In type 2, the serum expression level (PPM) of biomarkers Complement Factor H protein spot N4411 and Complement Factor Bb protein spot N7616 in Alzheimer's disease patients are higher than age-matched control (AMC) subjects, when Apolipoprotein E4 protein spot N5302 is not detected ($N5302 = 0$), while equal to the serum expression levels of AMC, when N5302 is detected ($N5302 > 0$) in serum. In type 3, the serum expression level (PPM) of biomarkers Haptoglobin HP-1 total protein spots N1514+N2401+N2407+N3409 and ITI (H4) RP 37 KD protein spot N2307 in Alzheimer's patients are higher than age-matched control (AMC) subjects, when Apolipoprotein E4 protein spot N5302 is not detected ($N5302 = 0$) and equal to serum expression levels of AMC subjects, when N5302 is detected

($N5302 > 0$) in serum. In type 4, the serum expression level (PPM) of biomarkers Apolipoprotein A-IV protein spot N2502 and Immunoglobulin light chain protein spot N6224 in Alzheimer's disease patients are lower than age-matched control (AMC) subjects, when Apolipoprotein E4 protein spot N5302 is detected ($N5302 > 0$) and not detected ($N5302 = 0$) in serum. In type 5, the serum expression level (PPM) of biomarkers Complement C3csm protein spots N7310+N9311+N1511 and Complement Factor I protein spot N 1416 in Alzheimer's disease patients are higher than age-matched control (AMC) subjects, when Apolipoprotein E4 protein spot N5302 is detected ($N5302 > 0$) and not detected ($N5302 = 0$) in serum.

[0056] FIG. 35 illustrates the differences in the disease pathways of neuronal degeneration, and which predominate or are attenuated, based on the differences in the differential expression of the protein biomarkers in the blood serum of the sorted Alzheimer's disease patients as illustrated in FIG. 34. In patients with Alzheimer's disease, when the serum expression level of Apolipoprotein E4 protein spot N5302 is detected ($N5302 > 0$, A and B), the elevated level of this biomarker is associated with A) markedly reduced serum expression of Apolipoprotein E3 protein spot N3314 and Transthyretin "Dimer" protein spot N3307, (FIG. 34, Type 1), enhanced A_β plaque and accumulation of Neurofibrillary tangles (NET), and elevated inflammatory cytokines in blood. These changes lead to neuronal oxidative stress and apoptosis and also initiate B) secondary immune and innate inflammatory responses that enhance neuronal degeneration, associated with increased serum levels of phosphorylated C3c1 protein spot N7310, Factor Bb protein spot N7616, non-phosphorylated Complement C3c2a protein spot N9311, C3dg protein spot N1511, and ITI(H4)RP. In patients with Alzheimer's disease, when the serum expression level of Apolipoprotein E4 protein spot N5302 is not detected ($N5302 = 0$, C and D), the non-detected level of N5302 is associated with slightly decreased serum expression of Apolipoprotein E3 protein spot N3314 and Transthyretin "Dimer" protein spot N3307. The close to normal levels of these 2 biomarkers are associated with neuronal protection. However, these Alzheimer's patients showed elevated serum level of phosphorylated Complement C3c1 protein spot N7310, Factor Bb protein spot N7616, Factor H protein spot N4411, non-phosphorylated Complement C3c2a protein spot N9311, and Complement C3dg protein spot N1511, and ITI(H4)RP protein spot N2307. These biomarkers are associated with autoimmune and innate inflammatory responses, which lead to neuronal degeneration.

[0057] FIGS. 36A (auto-immune driven) and 36B (oxidative stress driven) illustrate the differences in Alzheimer's disease biochemical mechanisms of neuronal degeneration, and whether they predominate or are attenuated, based on the identities, the biochemical roles of the protein biomarkers, and the differences in the disease pathways illustrated in FIG. 35.

[0058] FIG. 37 shows a visual representation of the statistical confidence levels.

[0059] Table 1 depicts the reproducibility of quantitation in 2D gels whereby 9 replicate analyses were performed with an individual sample of bovine serum albumin standard, where the sample was separated by 2D gel electrophoresis into a characteristic set of 5 spots which were then subjected to quantitation. The raw density counts (Gaussian Peak Values) are shown as are the individual values, averages, standard

deviations, % Coefficients of Variation, and the quantity of the protein in nanograms (ng) for each spot.

[0060] Table 2 illustrates the reproducibility of quantitation of protein spots over the dynamic range of the 2D gel assay of human serum depicted in FIG. 1A. Shown are replicate (14×) 2D gel analyses each of the quantitation of 13 different protein spots ranging from 13,542 ppm to 72 ppm with a coefficient of variation of $\leq 20\%$ (n=14) where 72 ppm is approximately 10 fold higher than the limit of detection (LOD=5-10 ppm) of the assay.

[0061] Table 3 illustrates the summary statistics for the graph depicted in FIG. 3.

[0062] Table 4 illustrates the summary statistics for the graph depicted in FIG. 4.

[0063] Table 5 illustrates the summary statistics for the graph depicted in FIG. 5.

[0064] Table 6 illustrates the summary statistics for the graph depicted in FIG. 6.

[0065] Table 7 illustrates the summary statistics for the graph depicted in FIG. 7.

[0066] Table 8 illustrates the summary statistics for the graphs depicted in FIG. 8.

[0067] Table 9 illustrates the summary statistics for the graphs depicted in FIG. 9.

[0068] Table 10 illustrates the summary statistics for the graphs depicted in FIG. 10.

[0069] Table 11 illustrates the summary statistics for the graph depicted in FIG. 11.

[0070] Table 12 illustrates the summary statistics for the graph depicted in FIG. 12.

[0071] Table 13 illustrates the summary statistics for the graph depicted in FIG. 13.

[0072] Table 14 illustrates the summary statistics for the graph depicted in FIG. 14.

[0073] Table 15 illustrates the summary statistics for the graphs depicted in FIG. 15.

[0074] Table 16 illustrates the summary statistics for the graphs depicted in FIG. 16.

[0075] Table 17 illustrates the summary statistics for the graph depicted in FIG. 17.

[0076] Table 18 illustrates the summary statistics for the graph depicted in FIG. 22.

[0077] Table 19 illustrates the summary statistics for the graphs depicted in FIG. 25.

[0078] Table 20 illustrates the summary statistics for the graph depicted in FIG. 26.

[0079] Table 21 illustrates the summary statistics for the graph depicted in FIG. 27.

[0080] Table 22 illustrates the summary statistics for the graph depicted in FIG. 29.

[0081] Table 23 illustrates the summary statistics for the graph depicted in FIG. 30.

[0082] Table 24 illustrates the summary statistics for the graph depicted in FIG. 31.

[0083] Table 25 illustrates the summary statistics for the graphs depicted in FIG. 32.

[0084] Table 26: illustrates the summary statistics of multivariate linear discriminant analysis (constructed using SAS software) for the graph in FIG. 33.

[0085] Table 27 illustrates the different disease mechanisms of familial and sporadic neurodegenerative diseases revealed by the patients' blood serum biomarkers

[0086] Table 28 illustrates the different disease mechanisms of PD and ALS neuronal degeneration revealed by patients' blood serum biomarkers.

[0087] Table 29 illustrates the general applications of the invention.

[0088] SEQ ID NO. 1 illustrates the identification of the amino acid sequence of the Apolipoprotein E4 protein precursor of protein spot N5203 wherein amino acids 1-17 are the signal peptide or leader sequence which is removed to make the mature protein.

[0089] SEQ ID NO. 2 illustrates the identification of the amino acid sequence of protein spot N5302 as the full size mature Apolipoprotein E4 protein after trimming the signal peptide off the amino terminal end of the molecule.

[0090] SEQ ID NO. 3 illustrates the identification of the amino acid sequence of the Apolipoprotein E3 protein precursor of protein spot N3314 wherein amino acids 1-17 are the signal peptide or leader sequence which is removed to make the mature protein.

[0091] SEQ ID NO. 4 illustrates the identification of the amino acid sequence of protein spot N3314 as the full size mature Apolipoprotein E3 protein after trimming the signal peptide off the amino terminal end of the molecule.

[0092] SEQ ID NO. 5 illustrates the identification of the amino acid sequence of Transthyretin "Dimer" Protein spot N3307, whose molecular weight by 2D gel electrophoresis is twice that of the molecular weight estimated using the amino acid sequence.

[0093] SEQ ID NO. 6 illustrates the identification of the amino acid sequence of Complement C3, the parent precursor protein of Complement C3c1 protein spot N7310 (Tyrosine Phosphorylated, amino acids 749-951); C3c2a protein spot N9311 (not tyrosine phosphorylated, amino acids 749-951); and C3dg protein spot N1511 (amino acids 955-1303).

[0094] SEQ ID NO. 7 illustrates the identification of the amino acid sequence of tyrosine phosphorylated Complement C3c1 Protein spot N7310, derived from the tyrosine phosphorylated variant of Complement C3 (SEQ ID NO. 6, amino acids 749-951).

[0095] SEQ ID NO. 8 (identical to SEQ ID NO. 7 but not tyrosine phosphorylated) illustrates the identification of the amino acid sequence of Complement C3c2a protein spot N9311, derived from the non tyrosine phosphorylated variant of Complement C3 (SEQ ID NO. 6, amino acids 749-951).

[0096] SEQ ID NO. 9 illustrates the identification of the amino acid sequence of Similar to C3, alternative parent precursor for an alternative C3dg isoform of protein spot N1511 (amino acids 902-1256), but not for C3c1 protein spot N7310 nor for C3c2a protein spot N9311.

[0097] SEQ ID NO. 10 illustrates the identification of the amino acid sequence of Complement C3dg protein spot N1511, derived from Complement C3 (SEQ ID NO. 6, amino acids 955-1303).

[0098] SEQ ID NO. 11 illustrates the identification of the amino acid sequence of Complement C3dg alternate isoform for protein spot N1511, derived from Similar to C3 (amino acid SEQ ID NO. 9; amino acids 902-1256).

[0099] SEQ ID NO. 12 illustrates the identification of the amino acid sequence of Complement Factor Bb protein spot N7616.

[0100] SEQ ID NO. 13 illustrates the identification of the amino acid sequence of Complement Factor H Parent Protein precursor of Complement Factor H/Hs protein spot N4411.

[0101] SEQ ID NO. 14 illustrates the identification of the amino acid sequence of Complement Factor Hs (Short Splice Form) alternate parent of Complement Factor H/Hs protein spot N4411.

[0102] SEQ ID NO. 15 illustrates the amino acid sequence of Complement Factor H/Hs protein spot N4411, derived from either SEQ ID NO. 13 and/or SEQ ID NO. 14.

[0103] SEQ ID NO. 16 illustrates the identification of the amino acid sequence of Inter alpha trypsin inhibitor heavy (H4) chain related protein, parent of the 35 KD protein spot N2307.

[0104] SEQ ID NO. 17 illustrates the identification of the amino acid sequence of Inter alpha trypsin inhibitor heavy (H4) chain related 35 KD protein isoform 1, protein spot N2307.

[0105] SEQ ID NO. 18 illustrates the identification of the amino acid sequence of Inter alpha trypsin inhibitor heavy (H4) chain related protein 35 KD isoform 2, alternate protein of spot N2307.

[0106] SEQ ID NO. 19 illustrates the identification of the amino acid sequence of Haptoglobin HP-1 Protein spots N1514; N2401; N2407; N3409.

[0107] SEQ ID NO. 20 illustrates the identification of the amino acid sequence of Complement Factor I Protein spot N1416.

[0108] SEQ ID NO. 21 illustrates the identification of the amino acid sequence of Immunoglobulin Light Chain Protein spot N6224.

[0109] SEQ ID NO. 22 illustrates the identification of the amino acid sequence of Apolipoprotein A-IV Protein spot N2502.

DESCRIPTION OF THE PREFERRED EMBODIMENTS

[0110] The present invention relates to protein biomarkers for Alzheimer's disease, whereby lack of detection, detection, and/or the quantity of a first protein biomarker in a biological sample from Alzheimer's disease patients correlates with significant differences in the quantities of other protein biomarkers of Alzheimer's disease. When Alzheimer's disease patients and age-matched normal control subjects are each placed into separate categories based on whether they do or do not have detectable quantities of the first protein biomarker, the protein identities of, and the differences in the quantities of the first protein biomarker and/or one or more other protein biomarkers in the biological sample provide opportunities: to improve sensitivity and specificity of differential diagnosis. To measure disease severity and monitor drug response. To monitor drug clinical trial stratification of patients. To indicate differences in neuronal degeneration mechanisms in the patients. To measure the activity of these mechanisms. To determine which of these mechanisms predominates. To determine which biomarkers and mechanisms measure the severity of Alzheimer's disease in the patients. To discover new targeted therapies. To develop companion diagnostics.

[0111] More particularly, a preferred embodiment of the present invention relates to the identification of the relationships between two or more of an Apolipoprotein E4 protein, an Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a Complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an Immunoglobulin

protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein, as biomarkers for distinguishing between different categories or types of Alzheimer's disease, and for early detection, screening, diagnosis, differential diagnosis, and monitoring of disease severity and disease mechanisms of patients with Alzheimer's disease (AD), Alzheimer's disease Like (AD-Like) dementias, Amyotrophic Lateral Sclerosis (ALS, Lou Gehrig's disease), and Parkinson's disease. In this embodiment, the lack of detection, detection, and/or the quantity of the first protein biomarker, an Apolipoprotein E4 protein, and the quantities of one or more of an Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a Complement C3dg protein, a Complement Factor Bb protein, a Complement Factor H/Hs protein, a Complement Factor I protein, an immunoglobulin protein, a Haptoglobin protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein, are employed for distinguishing between different categories or types of Alzheimer's disease, and for early detection, screening, diagnosis, differential diagnosis, and monitoring of disease severity and disease mechanisms of patients with Alzheimer's disease (AD), Alzheimer's disease like (AD-Like) dementias, Amyotrophic Lateral Sclerosis (ALS, Lou Gehrig's disease), and Parkinson's disease (PD).

[0112] The method for identification of an Apolipoprotein E4 protein as a biomarker for Alzheimer's disease is based on the comparison of 2D gel electrophoretic images of serum obtained from human subjects with and without diagnosed Alzheimer's disease.

[0113] 2D gel electrophoresis has been used in research laboratories for biomarker discovery since the 1970's (7-16). In the past, this method has been considered highly specialized, labor intensive and non-reproducible. Only recently with the advent of integrated supplies, robotics, and software, combined with bioinformatics, has progression of this proteomics technique in the direction of diagnostics become feasible. The promise and utility of 2D gel electrophoresis is based on its ability to detect changes in expression of intact proteins and to separate and discriminate between specific intact protein isoforms that arise due to variations in amino acid sequence and/or post-synthetic protein modifications such as phosphorylation, ubiquitination, conjugation with ubiquitin-like proteins, acetylation, glycosylation, and proteolytic processing. These are critical features in cell regulatory processes that are differentially expressed in blood serum biomarkers in neurodegenerative diseases, including Alzheimer's and Parkinson's diseases, and ALS (Goldknopf, I. L. et al. U.S. Utility patent application Ser. No. 11/507,337, and 17-19).

[0114] There are few comparable alternatives to 2D gel electrophoresis for tracking changes in intact protein expression patterns related to disease. Furthermore, the introduction of high sensitivity fluorescent staining for ultra high sensitivity visualization of characteristic, recognizable protein spot patterns, digital image processing, and computerized quantitative image analysis has greatly amplified and simplified the detection of unique species and the quantification of proteins. By using known protein standards as landmarks within each gel run, computerized analysis can detect unique differences in protein expression and modifications between two samples from the same individual or between several individuals.

[0115] Separated intact protein spots in the 2D gels that of interest can be excised from the gels and the proteins can then be identified by in-gel proteolytic digestion followed by mass spectrometric analysis. This includes matrix assisted laser desorption time of flight mass spectroscopy (MALDI-TOF MS) based peptide mass fingerprinting and database searching, and/or liquid chromatography with tandem mass spectrometry (LC MS/MS) to provide partial sequencing of individual peptides to confirm identification of the proteins

[0116] The identification of an Apolipoprotein E4 protein, an Apolipoprotein E3 protein, an Apolipoprotein A-IV Protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a Complement C3dg protein, a Complement Factor Bb protein, A Complement Factor H/Hs protein, a Complement Factor 1 protein, a Haptoglobin protein, an immunoglobulin protein, and an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related 35 KD protein as biomarkers of neurodegenerative disease was based on a quantitative comparison of the 2D gel electrophoretic images of blood serum samples obtained from 75 normal/Controls, 115 Alzheimer's disease patients (AD), 12 Parkinson's disease patients (PD), and 12 patients with AD-Like and Mixed dementias including Frontotemporal dementia (FTD); Lewy body dementia (LBD); Corticalbasal Ganglionic degeneration (CBGD); Alcohol related dementia; Semantic dementia; Vascular (Multi-infarct) dementia; Stroke (CVA); Post-irradiation Encephalopathy and Seizures; Alzheimer's disease combined with Vascular (Multi-Infarct) dementia; Alzheimer's disease combined with Lewy body dementia; Parkinson's disease combined with Lewy body dementia; Alzheimer's and Parkinson's disease combined with Lewy body dementia; Frontotemporal dementia combined with Chronic Inflammatory Demyelinating Polyneuropathy; and Thalamic CVA combined with HX of Lung CA.

Sample Collection and Preparation

[0117] Sample collection and storage have been performed in many different ways depending on the type of sample and the conditions of the collection process. In the present study, serum samples were collected, aliquoted and stored in a -80° C. freezer before analysis.

[0118] In a preferred embodiment of the invention, the serum samples were removed from -80° C. and placed on ice for thawing. To each 100 μ L of sample, 100 μ L of LB-2 buffer (7M urea, 2M Thiourea, 1% DTT, 1% Triton X-100, 1 \times Protease inhibitors, and 0.5% Ampholyte pH 3-10) was added and the mixture vortexed. The sample was incubated at room temperature for about 5 minutes.

Two Dimensional Gel Electrophoresis of Samples

[0119] Separation of the proteins in the serum samples was then performed using 2D gel electrophoresis. The 2D gel electrophoretic images were obtained, compared and analyzed as described in the U.S. Utility patent application Ser. No. 11/411,659 filed Apr. 26, 2006 and entitled "Assay for Neuromuscular Diseases" by inventors Goldknopf I L, et al., and as described in the U.S. Utility patent application Ser. No. 11/4487,715 filed Jul. 17, 2006 and entitled "Assay for ALS and ALS-like Disorders" by inventors Goldknopf I L, et al., and as described in the U.S. Utility patent application Ser. No. 11/503,881 filed Aug. 14, 2006 and entitled "Assay for Differentiating Alzheimer's and Alzheimer's-like Disorders" by inventors Goldknopf I L, et al., incorporated herein by refer-

ence. A protein assay was performed on the sample to determine total protein content in μ g.

[0120] Based on the total protein content in the sample, an aliquot of approximately 100 μ g of the protein was suspended in a total volume of 184 μ L of IEF loading buffer containing 1 μ L Bromophenol Blue as a marker to trace the progress of the electrophoresis. Each sample was loaded onto an 11 cm IEF strip (Bio-Rad), pH 5-8, and overlaid with 1.5-3.0 ml of mineral oil to minimize the sample buffer evaporation. Using the PROTEAN[®] IEF Cell, an active rehydration was performed at 50V and 20° C. for 12-18 hours.

[0121] IEF strips were then transferred to a new tray and focused for 20 min. at 250V followed by a linear voltage increase to 8000V over 2.5 hours. A final rapid focusing was performed at 8000V until 20,000 volt-hours were achieved. Running the IEF strip at 500V until the strips were removed finished the isoelectric focusing process.

[0122] Isoelectric focused strips were incubated on an orbital shaker for 15 min with equilibration buffer (2.5 ml buffer/strip). The equilibration buffer contained 6M urea, 2% SDS, 0.375M HCl, and 20% glycerol, as well as freshly added DTT to a final concentration of 30 mg/ml. An additional 15 min incubation of the IEF strips in the equilibration buffer was performed as before, except freshly added iodoacetamide (C_2H_4INO) was added to a final concentration of 40 mg/ml. The IPG strips were then removed from the tray using clean forceps and washed five times in a graduated cylinder containing the Bio Rad running buffer 1 \times Tris-Glycine-SDS.

[0123] The washed IEF strips were then laid on the surface of Bio Rad pre-cast CRITERION SDS-gels 8-16%. The IEF strips were fixed in place on the gels by applying a low melting agarose. A second dimensional separation was applied at 200V for about one hour. After electrophoresis, the gels were carefully removed and placed in a clean tray and washed twice for 20 minutes in 100 ml of pre-staining solution containing 10% methanol and 7% acetic acid.

Staining and Analysis of the 2D Gels

[0124] The gels were stained with SyproRuby[™] (Bio-Rad Laboratories) fluorescent protein stain and subjected to fluorescent digital image analysis in an FX Imager (Bio-Rad Laboratories). The protein patterns of the serum samples were analyzed using PDQUEST[™] (Bio-Rad Laboratories) image analysis software.

[0125] The 2D gel patterns of the 75 serum samples collected from normal control subjects were compared with each other pursuant to the methodology described in the U.S. Utility patent application Ser. No. 11/411,659 filed Apr. 26, 2006 and entitled "Assay for Neuromuscular Diseases" by inventors Goldknopf I L, et al., and as described in the U.S. Utility patent application Ser. No. 11/4487,715 filed Jul. 17, 2006 and entitled "Assay for ALS and ALS-like Disorders" by inventors Goldknopf I L, et al., and as described in the U.S. Utility patent application Ser. No. 11/503,881 filed Aug. 14, 2006 and entitled "Assay for Differentiating Alzheimer's and Alzheimer's-like Disorders" by inventors Goldknopf I L, et al., incorporated herein by reference. The 75 normal individual blood serum samples all gave similar 2D gel protein patterns.

[0126] These normal protein expression patterns were then compared to the gel patterns obtained with blood serum samples from the 115 Alzheimer's disease (AD) patients, 12 Parkinson's disease patients (PD), and 12 patients with AD-Like and Mixed dementias including: Frontotemporal

dementia (FTD); Lewy body dementia (LBD); Alcohol related dementia; Semantic dementia; Vascular (Multi-infarct) dementia; Stroke (CVA); Post-irradiation Encephalopathy and Seizures; Alzheimer's disease combined with Vascular (Multi-Infarct) dementia; Alzheimer's disease combined with Lewy body dementia; Parkinson's disease combined with Lewy body dementia; Alzheimer's and Parkinson's disease combined with Lewy body dementia; Frontotemporal dementia combined with Chronic Inflammatory Demyelinating Polyneuropathy; and Thalamic CVA combined with HX of Lung CA. When the gel patterns of AD patients were compared to the gel patterns of normal subjects, protein spots N5302, N3314, N3307, N7310, N9311, N1511, N7616, N4411, N 1416, N1514, N2401, N2407, N3409, N6224, N2502, and N2307, of particular interest, were identified as shown in FIG. 2, and selected for further investigation. Protein spots N5302, N3314, N3307, N7310, N9311, N1511, N7616, N4411, N1416, N1514, N2401, N2407, N3409, N6224, N2502, and N2307 were quantitated by stain intensity in each of the normal and disease patient groups of serum samples.

[0127] In order to assess the reproducibility of the 2D gels and staining, 75 nanograms of bovine serum albumin (BSA) was run on 9 separate 2D gels. The gels were stained with SYPRO RUBY and the 5 spots resolved in the BSA region of the gel were then subjected to quantitative analysis using PDQUEST™ and the Gaussian Peak Value method. The results shown in Table 1 illustrate that the electrophoretic patterns were reproducible and the reproducibility (% Coefficient of Variation=% CV) was independent of the spot amount over the range tested (2.9-38.6 ng/spot).

TABLE 1

Reproducible Quantitation of Bovine Serum Albumin (BSA) Standard (n = 9)					
Replicate #	Spot #				
	9901	9902	9904	9905	9906
1	332	1152	2612	739	229
2	246	974	2694	513	167
3	336	1065	2354	668	225
4	311	1272	3482	713	198
5	351	1168	2724	733	245
6	268	1059	2753	622	184
7	452	1630	4000	946	281
8	405	1195	2752	870	274
9	258	1050	2716	699	189
AVG	329	1174	2899	723	221
STDEV	68	193	510	127	40
% CV	21%	16%	18%	18%	18%
ng/spot	4.4	15.6	38.6	9.6	2.9

Reproducibility of Quantitation in 9 Gels—PDQuest Gaussian Peak Value of the Major Components of BSA

[0128] As shown in FIG. 1A, 2D gel electrophoresis of human blood serum, fluorescent staining with SyproRuby, and digital imaging provides a broad dynamic concentration range of protein spots, which are illustrated by the indicated spots with concentrations ranging from a low of 55 ppm spot density to a high of 15,789 ppm spot density (white arrows). Triplicate analysis with the same blood serum sample shows good reproducibility, with a coefficient of variation=13.8% for the triplicate analysis of the indicated spot (FIG. 1B). Table 2 illustrates the reproducibility of quantitation of 13

different spots from 2D gel electrophoresis of human blood serum, with decreasing concentrations over the full dynamic range of the assay, illustrated with protein spots ranging in spot density from a low of 72 ppm to a high of 13,542 ppm, with a coefficients of variation $\leq 20\%$ for replicates of 14 gels run on different days with different technicians, independent of the concentrations of the protein spots within that range. The limit of detection (LOD) is at a 10 fold lower concentration than the bottom of that range, or 100 pg/spot~5-10 PPM

TABLE 2

Reproducible Quantitation of 13 Different Protein Spots (n = 14, Range 72 ppm-13,542 ppm)						
Biomarker	N	Mean	+/-	Std Error	Coefficient of Variation	
					Variation	$\leq 20\%$
M1	14	13542		711	20	
M2	14	3853		140	14	
M3	14	14 ^{Ⓣ3}		52	14	
M4	14	10 ^{Ⓣ5}		49	18	
M5	14	678		28	15	
M6	14	655		33	19	
M7	14	595		31	19	
M8	14	469		26	20	
M9	14	359		16	17	
M10	14	209		11	20	
M11	14	129		5	15	
M12	14	106		6	20	
M13	14	72		4	19	↓

LOD = 100 pg/spot = ~5-10 ppm

Ⓣ indicates text missing or illegible when filed

The Isolation and Identification of the Protein Spots

[0129] Protein spots N5302 N3314, N3307, N7616, N4411, N1416, N7310, N9311, N1511, N1514, N2401, N2407, N3409, N6224, N2502, and N2307, were carefully excised, in-gel digested with trypsin, and subjected to mass fingerprinting/sequence analysis by high performance liquid chromatography/tandem mass spectrometry (LC-MS/MS) and expert database searching.

[0130] Tandem mass spectrometry provides a powerful means of determining the structure and identity of proteins and peptides. The unknown tryptic peptide is first separated and purified by liquid chromatography and then the effluent from the separation is vaporized by electrospray, separated in a mass spectrometer and then bombarded with high-energy electrons causing it to fragment in a characteristic manner, indicative of its amino acid sequence. The fragments, which are of varying mass and charge, are then passed through a magnetic field and separated according to their mass/charge ratios. The resulting characteristic fragmentation pattern of the unknown peptide is used to identify its amino acid sequence.

[0131] A protein can often be unambiguously identified by an LC MS/MS analysis of its constituent peptides (produced by either chemical or enzymatic treatment of the sample).

[0132] Following differential expression analysis, protein spots N5302 N3314, N3307, N7616, N4411, N1416, N7310, N9311, N1511, N1514, N2401, N2407, N3409, N6224, N2502, and N2307, were carefully excised from the gel for identification. Excised gel spots of proteins N5302 N3314, N3307, N7616, N4411, N1416, N7310, N9311, N1511, N1514, N2401, N2407, N3409, N6224 N2502, and N2307, were de-stained by washing the gel spots twice in 100 mM

NH_4HCO_3 buffer, followed by soaking the gel spots in 100% acetonitrile for 10 minutes. The acetonitrile was aspirated before adding the trypsin solution. Typically, a small volume of trypsin solution (approximately 5-15 $\mu\text{g}/\text{ml}$ trypsin is added to the de-stained gel spots and incubated at 3 hours at 37° C. or overnight at 30° C. The digested peptides were extracted, washed, desalted and subjected to liquid chromatography followed by tandem mass spectral analysis to identify the protein spots.

[0133] Tandem mass spectrometry of tryptic peptides provides a powerful means of determining the structure and identity of proteins. The unknown tryptic peptides from the digestion are extracted from the gel and first separated and purified by liquid chromatography and then the effluent from the separation is vaporized by electrospray, separated in a mass spectrometer and then bombarded with high-energy electrons causing the peptides to fragment in a characteristic manner, indicative of their amino acid sequences. The fragments, which are of varying mass and charge, are then passed through a magnetic field and separated according to their mass/charge ratios. The resulting characteristic fragmentation patterns of the unknown peptides are used to identify the amino acid sequence of the protein spot from which they were obtained. Those of skill in the art are familiar with mass spectral analysis of digested peptides. The mass spectral analysis was conducted on a Micromass LC QTOF (Waters). Peptide fragmentation patterns were obtained from the tryptic in-gel digests of the protein spots and the patterns were subjected to public database searches using the GenBank and dbEST databases maintained by the National Center for Biotechnology Information (hereinafter referred to as the NCBI database). Those of skill in the art are familiar with searching databases, like the NCBI database. The NCBI database search results were displayed with the best matched amino acid sequences of the identified peptides and the protein accession number the protein sequence they were derived from. Biomarkers identified by LC-MS/MS of the in-gel tryptic peptide digests are listed.

[0134] The NCBI database search results were displayed with the best matched amino acid sequences of the identified tryptic peptides and the protein accession numbers of the proteins sequences they were derived from. For protein spots N5302, N3314, N3307, N7616, N4411, N1416, N7310, N9311, N1511, N1514, N2401, N2407, N3409, N6224, N2502, and N2307, the proteins identified by the NCBI database search were: N5302, is an Apolipoprotein E4 protein (Precursor SEQ ID NO. 1, N5302 SEQ ID NO. 2); N3314, an Apolipoprotein E3 (Precursor SEQ ID NO. 3, N3314 SEQ ID NO. 4); N3307, a Transthyretin "Dimer" protein (N3307 SEQ ID NO. 5); 3 Complement C3 proteins; N7310, a Complement C3c1 protein (Precursor SEQ ID NO. 6, N7310 SEQ ID NO. 7); N9311, a Complement C3c2a protein (Precursor SEQ ID NO. 6, N9311 SEQ ID NO. 8.); and N1511, a Complement C3dg protein (Precursor SEQ ID NO. 6, N1511 SEQ ID NO. 10, alternate precursor SEQ ID NO. 9, N1511 alternate SEQ ID NO. 11); N7616, a Complement Factor Bb protein (N7616 SEQ ID NO. 12); N4411, a Complement Factor H/Hs protein (Precursor SEQ ID NO. 13, alternate precursor SEQ ID NO. 14, N4411 SEQ ID NO. 15); and N2307, An Inter-alpha Trypsin Inhibitor protein (Heavy Chain H4 Related Precursor Protein SEQ ID NO. 16, N2307 Heavy Chain H4 isoform 1 SEQ ID NO. 17, N2307 Heavy Chain H4 alternate isoform 2 SEQ ID NO. 18); Four Haptoglobin proteins; N1514, N2401, N2407, and N3409, electro-

phoretic variants of a Haptoglobin HP-1 protein (N1514, N2401, N2407, N3409 SEQ ID NO. 19); N1416, Complement Factor I protein (N1416 SEQ ID NO. 20); N6224, an Immunoglobulin Light Chain protein (N6224 SEQ ID NO. 21); and N2502, an Apolipoprotein A-IV protein (N2502 SEQ ID NO. 22).

Biostatistical Analysis

[0135] Statistical significance of differences in individual biomarker blood serum concentrations between different patient and control groups is performed using methods well known in the art, Dot Box and Whiskers plots, analysis of variance, and Receiver Operator Characteristics, employing a standard off the shelf software package, "Analyze-it" in Microsoft XL. Box and Whisker plots give a visual representation of non-parametric descriptive statistics. The central "box" (FIG. 37) represents the distance between the first and third quartiles (inter quartile range or IQR), with the median marked as the horizontal line inside the box. The notch in the box represent the 95% confidence interval around the median (the 50th percentile); thus groups that display non-overlapping notches can be considered statistically different ($p < 0.05$). The minimum value is the origin of the leading "whisker" and the maximum value is the limit of the trailing "whisker". All values are plotted individually (Dots) and those values outside the whiskers are considered possible outliers, presented either as circle (far outlier) or plus sign (near outliers).

Receiver Operating Characteristic (ROC) Curve

[0136] The diagnostic performance of a test or the accuracy of a test to discriminate diseased cases from normal cases is evaluated using Receiver Operating Characteristic (ROC) curve analysis. ROC curves can also be used to compare the diagnostic performance of two or more laboratory or diagnostic tests. In ROC curve the true positive rate (Sensitivity) is plotted in function of the false positive rate ($1 - \text{Specificity}$) for different cut-off points. Each point on the ROC plot represents a sensitivity/specificity pair corresponding to a particular decision threshold. A test with perfect discrimination (no overlap in the two distributions) has a ROC plot that passes through the upper left corner (100% sensitivity, 100% specificity). Therefore the closer the ROC plot is to the upper left corner, the higher the overall accuracy of the test (64).

Differential Expression of Protein spots N5302, N3314, N3307, N7616, N4411, N1416, N7310, N9311, N1511, N1514, N2401, N2407, N3409, N6224, N2502, and N2307 in Age Matched Normal Control Subjects, and Patients Diagnosed with Alzheimer's Disease, with Parkinson's disease, and with AD-Like, and/or Mixed Disorders

[0137] The blood serum concentrations of Apolipoprotein E4 protein spot N5302 (FIG. 3, Table 3), Apolipoprotein E3 protein spot N3314 (FIG. 5, Table 5), Transthyretin "Dimer" protein N3307 (FIG. 8, Table 8), Complement Factor H/Hs protein spot N4411 (FIG. 10, Table 10), Complement Factor Bb protein spot N7616 (FIG. 12, Table 12), Complement C3c1 protein spot N7310 (FIG. 14, Table 14), Complement C3c2a protein spot N9311 (FIG. 14, Table 14), Complement C3dg protein spot N1511 (FIG. 14, Table 14), $\text{C3Sum} = \text{N7310} + \text{N9311} + \text{N1511}$ (FIG. 14, Table 14), Haptoglobin HP-1 proteins N1514, N2401, N2407, and N3409 (FIGS. 23, 24), Total Haptoglobin $\text{HP-1} = \text{N1514} + \text{N2401} + \text{N2407} + \text{N3409}$ (FIG. 25, Table 19), Inter-alpha Trypsin

Inhibitor Heavy Chain H4 related 35 KD protein N2307 (FIG. 26, Table 20), Immunoglobulin Light Chain Protein N6224 (FIG. 29, Table 22), and Apolipoprotein A-IV protein N2502 (FIG. 31, Table 24) were all determined by triplicate 2D gel analysis of individual blood serum samples from 75 age matched normal controls, 115 Alzheimer's disease (AD) patients, 12 Parkinson's disease patients (PD), and 12 patients with AD-Like or Mixed dementias, 12 patients with AD-Like and Mixed disorders, including: Frontotemporal dementia (FTD), Frontotemporal dementia combined with Chronic Inflammatory Demyelinating polyneuropathy, Lewy body dementia (LBD), Vascular (Multi-infarct) dementia, Thalamic CVA combined with HX or Lung CA, Post-irradiation Encephalopathy, Seizures, Alcohol related dementia, Semantic dementia, Memory Dysfunction, neuro exam "Normal," and Corticalbasal Ganglionic Degeneration (CBGD).

Apolipoprotein E4 and Apolipoprotein E3

[0138] Shown in FIG. 3 and Table 3 are the differences in the blood serum concentration of Apolipoprotein E4 protein N5302 in AD, PD and ADL (Alzheimer-like disorders) as percent difference from age matched normal controls (AMC). The application of Apolipoprotein E4 (spot N5302) as a single biomarker to differentiate between Alzheimer's disease patients and age-matched control (AMC) subjects shows more trend towards specificity (74.7%).

[0139] The Apolipoprotein E4 protein N5302 is the protein product of the Apo E $\epsilon 4$ gene allele. The Apo E $\epsilon 4$ gene allele is known to be associated with increased risk of dementia, and is inherited as one of three Apo E gene alleles, termed $\epsilon 2$, $\epsilon 3$, and $\epsilon 4$, with mean frequencies in the general population of about 8%, 78%, and 14%, respectively (3). The degree of risk of dementia conferred by Apo E $\epsilon 4$ allele rises in a "gene dose" dependent manner (4), increasing with the number of Apo E $\epsilon 4$ alleles inherited, from: $\epsilon 4$ non-carriers; to $\epsilon 4/\epsilon 3$ and $\epsilon 4/\epsilon 2$ hetero-zygotes; to $\epsilon 4/\epsilon 4$ homo-zygotes (5), all capable of developing Alzheimer's disease, although those lacking Apo E $\epsilon 4$ allele have the least risk of developing AD, and also may tend to get the disease at a later age of onset (6). In a preferred embodiment of the invention, those Alzheimer's disease patients and age matched normal controls who have detectable levels of Apolipoprotein E4 protein in their blood serum (N5302>0) are assumed to be either Apo E $\epsilon 4/\epsilon 3$ or $\epsilon 4/\epsilon 2$ hetero-zygotes, or $\epsilon 4/\epsilon 4$ homo-zygotes, and to not be Apo E $\epsilon 4$ non-carriers. Also in a preferred embodiment of the invention those Alzheimer's disease patients and age matched normal controls who have no detectable levels of Apolipoprotein E4 protein in their blood serum (N5302=0) are assumed to be Apo E $\epsilon 4$ non-carriers, although there may be some individuals in this group who have the Apo E $\epsilon 4$ allele in their genome but it is unexpressed as protein or expressed below the level of detection of the 2D gel electrophoresis method employed.

[0140] In the preferred embodiment of the invention, the detection, or a lack of detection of Apolipoprotein E4 protein N5302 expression, as measured in blood serum, whether Apolipoprotein E4 protein concentration is detected (N5302>0), or is not detected (N5302=0), is determined and its effect upon the expression of other blood serum biomarkers of Alzheimer's disease, measured as changes in blood serum concentration, are used to measure differences in the form that Alzheimer's disease takes in the patient.

[0141] As shown in FIGS. 3A and 4A, and accompanying Tables 3 and 4, AD patients have significantly higher blood

serum concentrations of Apolipoprotein E4 protein spot N5302 than age matched normal controls (ANOVA-P<0.0001), Parkinson's disease patients, and patients with Alzheimer's disease-like dementias. In the case of Alzheimer's disease (AD) vs. age matched normal controls (AMC), using a cutoff of N5302>0; the separation between the AD and AMC groups is less sensitive for detection of Alzheimer's disease (FIG. 3b, Table 3, Receiver Operator Characteristics, ROC Sensitivity=55.1%, ROC-P<0.0001) and more specific for detection of age matched normal controls (FIG. 3b, Table 3, ROC Specificity=74.7%, ROC-P<0.0001), reflecting the increased risk of Alzheimer's disease in those who have the Apo E $\epsilon 4$ allele and who express the allele as protein in blood serum (Apolipoprotein E4 protein spot N5302>0). Moreover, in AD and AMC individuals who have detectable levels of Apolipoprotein E4 protein spot N5302 in their blood serum (N5302>0), the level of Apolipoprotein E4 protein spot N5302 is significantly higher in Alzheimer disease patients than in the age matched controls (FIG. 4a, N5302>0, ANOVA-P<0.0001). When Apolipoprotein E4 protein N5302 is detected in blood serum (N5302>0), the separation between the AD and AMC groups is sensitive for detection of Alzheimer's disease (FIG. 4B, Table 4, ROC Sensitivity=64.2%, ROC-P<0.0030) but not specific for age matched normal controls ((FIG. 4B, Table 4, ROC Specificity=50.7%, ROC-P<0.0030). This indicates that in addition to its detection or lack of detection, the level of expression of Apolipoprotein E4 protein spot N5302 is also a significant factor, in that an increased level of Apolipoprotein E4 protein spot N5302 demonstrates significant sensitivity for detection of Alzheimer's disease. Also, the reduced specificity reflects increased risk and/or undiagnosed Alzheimer's disease in the age matched normal controls who express the Apo E $\epsilon 4$ allele product Apolipoprotein E4 protein N5302 in blood serum (N5302>0).

[0142] As shown in FIG. 5A and Table 5, age matched normal control subjects have the highest blood serum concentrations of the Apo E $\epsilon 3$ allele protein product, Apolipoprotein E3 protein spot N3314. Alzheimer's disease patients, patients with AD-Like and Parkinson's disease patients have significantly lower concentrations of Apolipoprotein $\epsilon 3$ protein spot N3314 (ANOVA-P<0.0001), than age-matched normal control (AMC). The reduced level of Apolipoprotein E3 protein spot N3314 in AD is equally sensitive for detection of Alzheimer's disease and specific for age matched normal controls (FIG. 5B, Table 5, ROC Sensitivity=64.1%, ROC Specificity=64.0, ROC-P<0.0001).

[0143] However, as shown in FIG. 6A and Table 6, when Alzheimer's disease patients and age matched normal controls are compared on the basis of whether or not Apolipoprotein E4 protein is detected in blood serum (N5302>0 vs. N5302=0, respectively), the Alzheimer's disease patients with detectable blood serum levels of Apolipoprotein E4 protein (N5302>0) have significantly lower expression of Apolipoprotein E3 protein N3314 in blood serum than the Alzheimer's disease patients with no detectable blood serum levels of Apolipoprotein E4 protein (FIG. 6a N5302=0).

[0144] When the potential utility for diagnosis of Alzheimer's disease is measured by plotting Receiver Operator Characteristics of blood serum concentrations of Apolipoprotein E3 protein N3314 as a function of whether Apolipoprotein E4 protein N5302 is detected (N5302>0) or not detected (N5302=0) in blood serum (FIG. 7A, Table 7a, b), it is readily apparent that when Apolipoprotein E4 protein spot N5302

was detected (N5302>0) in the blood serum, the distinguishing of Alzheimer's disease patients from age matched normal controls on the basis of reduced blood serum concentration of Apolipoprotein E3 protein spot N3314 was accomplished with significant sensitivity and specificity (Table 7b, Sensitivity=68.2%, Specificity=68.1%, ROC-P<0.0001; AUC=0.76±0.033). Conversely, when Apolipoprotein E4 protein spot N5302 was not detected (N5302=0) in the blood serum, significantly less sensitivity and specificity was obtained by measuring the concentration of Apolipoprotein E3 protein spot N3314 (Table 7a, Sensitivity=54.2% Specificity=53.8% ROC-P<0.0004; AUC=0.60±0.033).

[0145] Thus, in active Alzheimer's disease, decreased expression of Apo E ϵ 3 wild type allele gene product, the Apolipoprotein E3 protein spot N3314, in blood serum has clinical diagnostic utility, when the detection or lack of detection in blood serum of the Alzheimer's disease risk gene allele Apo E ϵ 4 protein product, Apolipoprotein E4 protein spot N5302 is also taken into account.

[0146] Results similar to that obtained for Apolipoprotein E3 protein spot N3314 were also obtained for Transthyretin "Dimer" protein spot N3307 (see FIG. 8, Table 8; and FIG. 9, Table 9).

[0147] In a preferred embodiment of the invention, the lack of detection or the detection, and the quantity of Apolipoprotein E4 protein spot N5302, is employed combined with the concentrations of Apolipoprotein E3 protein spot N3314 and Transthyretin "Dimer" protein N3307 in blood serum wherein: Concentrations of Apolipoprotein E3 protein spot N3314 and Transthyretin "Dimer" protein spot N3307 in blood serum that are significantly below the ranges of age matched normal controls, with detection of Apolipoprotein E4 protein spot N5302, and with concentrations of Apolipoprotein E4 protein spot N5302 significantly above the range of age matched normal controls, are indicated for sensitive and specific detection of Alzheimer's disease.

[0148] For the purposes of the preferred embodiment of this invention, the known association of Apolipoprotein E protein and Transthyretin protein into neurofibrillary tangles and senile plaques, as well as the neuroprotective role of Apolipoprotein E3 against oxidative stress and related signals for apoptosis, indicate significant differences in the mechanisms of neuronal degeneration between these two forms of Alzheimer's disease (wherein either N5302=0 or N5302>0, FIGS. 34-36).

Complement Factor Bb Protein and Complement Factor H/Hs Protein

[0149] Also in a preferred embodiment of the invention, a lack of detection (N5302=0), or the detection (N5302>0) and the quantity of Apolipoprotein E4 protein N5302 as measured in blood serum, is determined and its effect upon the expression of Complement Factor H/Hs protein N4411 and Complement Factor Bb protein N7616 is also determined.

[0150] Complement Factor H/Hs protein N4411 is significantly up-regulated in the blood serum of patients with Alzheimer's disease and Parkinson's disease, but not in patients with AD-like and Mixed dementias, as compared to age matched normal controls (AMC) (FIG. 10A, Table 10, ANOVA-P<0.0040). Complement Factor Bb protein N7616 is also up-regulated in the blood serum of patients with Alzheimer's disease and Parkinson's disease, and in patients with AD-like and Mixed dementias as well, when compared to age

matched normal controls, but the up-regulation in Alzheimer's disease lacks statistical significance (FIG. 12A, Table 12, ANOVA-P>0.110).

[0151] In the case of Alzheimer's disease (AD) vs. age matched normal controls (AMC), using a cutoff for N4411 of AD>261 ppm, the separation between AD and AMC groups is equally sensitive and specific (FIG. 10B, Table 10, Sensitivity=57.4%, Specificity=57.3%, ROC-P<0.0002), whereas using a cutoff value of AD>233ppm, Complement Factor Bb protein N7616 demonstrated significantly less sensitivity and specificity (FIG. 12B, Table 12, Sensitivity=52.5%, Sensitivity=52.4%, ROC-P>0.09).

[0152] However, when Alzheimer's disease patients and age matched normal controls are compared on the basis of whether or not Apolipoprotein E4 protein spot N5302 is detected in blood serum (N5302>0 vs. N5302=0, respectively), an opposite effect to that on Apolipoprotein E3 protein spot N3314, and Transthyretin "Dimer" protein N3307 was seen. The Alzheimer's disease patients without detectable blood serum levels of Apolipoprotein E4 (N5302=0) had significantly higher expression of both Complement Factor H/Hs protein spot N4411 (FIG. 11A, Table 11, ANOVA-P<0.0001) and Complement Factor Bb protein spot N7616 (FIG. 13A, Table 13, ANOVA-P<0.0006) in blood serum than age matched normal controls. Alzheimer's disease patients with detectable blood serum levels of Apolipoprotein E4 protein (N5302>0) did not have significantly different levels of expression of either Complement Factor H/Hs protein spot N4411 (FIG. 11A, Table 11, ANOVA-P>0.80) nor of Complement Factor Bb protein spot N7616 (FIG. 12A, Table 12, ANOVA-P>0.17) in blood serum than age matched normal controls.

[0153] When the potential utility for diagnosis of Alzheimer's disease is measured by plotting Receiver Operator Characteristics of blood serum concentrations of Complement Factor H/Hs protein spot N4411 (FIG. 11B, Table 11) and Complement Factor Bb protein spot N7616 (FIG. 13B, Table 13) as a function of whether Apolipoprotein E4 protein spot N5302 is detected in blood serum, it was found that when Apolipoprotein E4 protein spot N5302 was not detected (N5302=0) in the blood serum, the distinguishing of Alzheimer's disease patients from age matched normal controls on the basis of elevated blood serum concentrations of the Complement Factor H/Hs protein spot N4411 was accomplished with significantly higher sensitivity and specificity (FIG. 11B, Table 11, Sensitivity=62.5%, Specificity=62.1%, cutoff value AD>270 ppm, ROC-P<0.0001). Conversely, when Apolipoprotein E4 protein spot N5302 was detected (N5302>0) in the blood serum, essentially no sensitivity and no specificity was obtained by measuring the concentration of Complement Factor H/Hs protein spot N4411 (FIG. 11B, Table 11, Sensitivity=49.3% Specificity=49.3%, cutoff value AD>273 ppm, ROC-P<0.22). This is also an opposite effect to what was observed for Apolipoprotein E3 protein N3314 and Transthyretin "Dimer" protein spot N3307. Furthermore, similar results were obtained with Complement Factor Bb protein spot N7616 (FIG. 13B, Table 13, N5302=0, Sensitivity 55.6%, Specificity=55.8%, cutoff value AD>237 ppm ROC-P<0.0040; vs. N5302>0, no Sensitivity 50.7%, no Specificity=49.3%, cutoff value AD>229 ppm ROC-P>0.06).

[0154] Thus, in active Alzheimer's disease, increased expression of Complement Factor H/Hs protein N4411 and Complement Factor Bb protein N7616 in blood serum has clinical diagnostic utility, when the detection or lack of detec-

tion in blood serum of the Alzheimer's disease risk gene allele Apo E $\epsilon 4$ protein product, Apolipoprotein E4 protein spot N5302 is also taken into account. Furthermore, the significantly up-regulated levels of Complement Factor H/Hs protein spot N4411 and Complement Factor Bb protein spot N7616 in Alzheimer's disease patients above age matched normal controls are found only in patients with no detectable Apolipoprotein E4 protein spot N5302 expression (N5302=0), is opposite to the effect of Apolipoprotein E4 protein spot N5302 expression on Apolipoprotein E3 protein spot N3314 and Transthyretin "Dimer" Protein spot N3307. This indicates that reduced levels of Apolipoprotein E3 protein spot N3314 and Transthyretin "Dimer" Protein spot N3307 reflect characteristics of one form of Alzheimer's disease (N5302>0), whereas increased levels of Complement Factor H/Hs protein spot N4411 and Complement Factor Bb protein spot N7616 are characteristics of the other form (N5302=0) of Alzheimer's disease, and this provides for complementary diagnostic utilities.

[0155] In a preferred embodiment of the invention, combining the lack of detection or the detection, and the quantity of Apolipoprotein E4 protein spot N5302, with the concentrations of Apolipoprotein E3 protein spot N3314, Transthyretin "Dimer" protein spot N3307, Complement Factor H/Hs protein spot N4411, and Complement Factor Bb protein spot N7616 in blood serum wherein: Concentrations of Apolipoprotein E3 protein spot N3314 and Transthyretin "Dimer" protein spot N3307 in blood serum that are significantly below the ranges of age matched normal controls when Apolipoprotein E4 protein spot N5302 is detected (N5302>0) and the concentrations of Apolipoprotein E4 protein spot N5302, are indicated for sensitive and specific detection of one form of Alzheimer's disease; and concentrations of Complement Factor H/Hs protein spot N4411 and Complement Factor Bb protein spot N7616 that are significantly above the range of age matched normal controls when Apolipoprotein E4 protein spot N5302 is not detected (N5302=0) are indicated for sensitive and specific detection of another form of Alzheimer's disease (N5302=0); and by detecting both of the types of Alzheimer's disease (wherein N5302=0 and N5302>0) with complementary characteristics, greater sensitivity and specificity is obtained for detection of Alzheimer's disease.

[0156] For the purposes of the preferred embodiment of this invention, the known activity of Complement Factor H/Hs protein spot N4411 in releasing Complement Factor Bb protein spot N7616 from the alternate Complement C3 Convertase, indicate significant differences in the mechanisms of neuronal degeneration between the two forms of Alzheimer's disease (N5302=0, N5302>0, FIG. 36).

Complement C3c1, C3c2a, and C3dg

[0157] In the preferred embodiment of the invention, lack of detection, detection, detection and/or quantity of Apolipoprotein E4 protein spot N5302, as measured in blood serum (whether Apolipoprotein E4 protein spot N5302 concentration is >0 or=0), is determined and its effect upon the expression of Complement C3c1 phosphoprotein spot N7310, Complement C3c2a protein spot N9311, Complement C3dg protein spot N1511, and C3Sum (N7310+N9311+N1511), are also measured in blood serum. The two isoforms of Complement C3c protein (C3c1 and C3c2a) have the same amino acid sequence (ref. 17) derived from the same locus of Complement C3 parent precursor (SEQ ID NO. 6, FIG. 20, amino acids 749-951). Phosphorylated Complement C3c1 protein spot N7310 (SEQ ID NO. 7) is derived from Comple-

ment C3 parent precursor tyrosine phosphorylated during its translation in response to auto-immune antibody stimulation of the neuronal Fc receptor, and non-phosphorylated Complement C3c2a protein spot N9311 (SEQ ID NO. 8) is derived from non-phosphorylated Complement C3 parent precursor in the Classical Complement Pathway of innate inflammation (refs. 17-37, FIGS. 20, 34-37).

[0158] Complement C3dg protein spot N1511 is also derived from the Complement C3 parent precursor, but downstream of the locus for Complement C3c1 and C3c2a (SEQ ID NO. 6, amino acids 955-1303). It arises when Complement iC3b is cleaved to make Complement C3c and Complement C3dg (SEQ ID NO. 10). Alternately, Complement C3dg protein spot N1511 (SEQ ID NO. 11) arises from alternate parent protein Similar to C3 (SEQ ID NO. 9, amino acids 902-1256).

[0159] As shown in FIG. 14, Table 14, and FIG. 20, Complement C3c1 phosphoprotein N7310 (FIG. 14A, Table 14a), Complement C3c2a protein N9311 (FIG. 14C, Table 14c), Complement C3dg protein N1511 (FIG. 14B, Table 14b), and the C3Sum (N7310+N9311+N1511) (FIG. 14D, Table 14d), were significantly up-regulated (ANOVA-P<0.0001, Table 14) in the blood serum of Alzheimer's and Parkinson's disease patients, compared to age matched normal controls. Complement C3c1 phosphoprotein spot N7310 is not up-regulated in blood serum of patients with AD-like and mixed dementias (FIG. 14A, Table 14a), whereas Complement C3c2a protein spot N9311 is up-regulated in the blood serum of these patients (FIG. 14C, Table 14c), and Complement C3dg protein spot N1511 is up-regulated to a lesser extent than Complement C3c2a protein spot N9311 in the blood serum of these patients (FIG. 14B, Table 14b).

[0160] By ROC analysis, Complement C3c1 phosphoprotein spot N7310 (FIG. 15A, Table 15a) Complement C3c2a protein spot N9311 (FIG. 15C, Table 15c), Complement C3dg protein spot N1511 (FIG. 15B, Table 15b), and the C3Sum (N7310+N9311+N1511) (FIG. 15D, Table 15d), showed sensitivities and specificities of discrimination between 115 Alzheimer's disease patients and 75 age matched normal controls as follows:

[0161] 1. N7310: 55.9% sensitivity, 55.6% specificity (Table 15a, AD>273 ppm, ROC-P<0.0001);

[0162] 2. N1511: 60.9% sensitivity, 60.9% specificity (Table 15b, AD>105 ppm, ROC-P<0.0001);

[0163] 3. N9311: 53.9% sensitivity, 53.8% specificity (Table 15c, AD>272 ppm, ROC-P<0.0007);

[0164] 4. C3Sum: 55.1% sensitivity, 55.1% specificity (Table 15d, AD>710 ppm, ROC-P<0.0001).

[0165] Furthermore, in Alzheimer's disease patients, significantly up-regulated levels of Complement C3c1 phosphoprotein spot N7310, C3c2a protein spot N9311 and Complement C3dg protein spot N1511, and C3Sum, above age matched normal controls are found regardless of the detection (N5302>0), or lack of detection (N5302=0), of Apolipoprotein E4 protein spot N5302 expression (FIG. 16; Table 16, ANOVA-P<0.0001). Also, the up-regulation was more pronounced with the Alzheimer's disease patients and age matched controls when Apolipoprotein E4 protein spot N5302 was not detected (N5302=0) in their blood serum than with the Alzheimer's disease patients and age matched controls when Apolipoprotein E4 protein spot N5302 was detected (N5302>0) in their blood serum.

[0166] 1. N7310: N5302=0, AD=323% of AMC; N5302>0, AD=269% of AMC (Table 16a)

[0167] 2. N1511: N5302=0, AD=511% of AMC; N5302>0, AD=338% of AMC (Table 16b)

[0168] 3. C3Sum: N5302=0, AD=295% of AMC; N5302>0, AD=256% of AMC (Table 16b)

[0169] The one exception was Complement C3c2a protein spot N9311, where the up-regulation was essentially to the same extent, regardless of whether Apolipoprotein E4 protein spot N5302 was detected in their blood serum.

[0170] N9311: N5302=0, AD=196% of AMC; N5302>0, AD=206% of AMC (Table 16a)

[0171] Using ROC analysis (FIG. 17, Table 17), these protein biomarkers demonstrate discrimination of AD from age matched normal controls with:

[0172] 1. N7310: N5302=0; 59.0% sensitivity, 59.0% specificity (Table 17a, AD>309 ppm, ROC-P<0.0006);

[0173] 2. N7310: N5302>0; 59.2% sensitivity, 59.4% specificity (Table 17a, AD>273 ppm, ROC-P<0.0002);

[0174] 3. N1511: N5302=0, 63.2% sensitivity, 62.8% specificity (Table 17b, AD>107 ppm, ROC-P<0.0001);

[0175] 4. N1511: N5302>0, 58.2% sensitivity, 58.0% specificity (Table 17b, AD>106 ppm, ROC-P<0.0001).

[0176] 5. C3Sum: N5302=0, 56.3% sensitivity, 56.4% specificity (Table 17b, AD>743 ppm, ROC-P<0.0001);

[0177] 6. C3Sum: N5302>0, 58.2% sensitivity, 58.0% specificity (Table 17b, AD>635 ppm, ROC-P<0.0001).

[0178] Again, the only exception in Complement C3c2a protein spot N9311, which only showed sensitivity and specificity, when N5302>0:

[0179] 1. N9311: N5302=0, 52.1% no sensitivity, 51.9% no specificity (Table 17b, AD>107 ppm, ROC-P<0.03);

[0180] 2. N9311: N5302>0, 58.2% sensitivity, 58.0% specificity (Table 17b, AD>106 ppm, ROC-P<0.0006).

[0181] When the severity of Alzheimer's disease is taken into account (MMSE scores) (FIGS. 18, 19), differences in blood serum concentration vs. Alzheimer's disease severity were found between Complement C3c1 protein spot N7310 and Complement C3c2a protein spot N9311, and between the detection, or the lack of detection, of Apolipoprotein E4 protein spot N5302.

[0182] In patients with no detectable levels of Apolipoprotein E4 protein spot N5302, blood serum concentration of Complement C3c1 protein spot N7310 is 14 fold higher than age matched normal controls (FIG. 18A, N5302=0, ANOVA-P<0.0001, vs. FIG. 18C). Furthermore, that level declines in a statistically significant fashion with increasing of AD severity (FIG. 18A, Decreasing MMSE=Increasing severity of dementia, Linear Regr.-P<0.0001).

[0183] Similarly, in patients with no detectable levels of Apolipoprotein E4 protein spot N5302, (FIG. 19A; N5302=0) expression of Complement C3dg protein spot N1511 in blood serum is 12 fold higher than age matched normal controls (FIG. 19A, N5302=0, ANOVA-P<0.0001, vs. FIG. 19B) and the level declines in a statistically significant fashion with increasing of AD severity (FIG. 19a, Decreasing MMSE=Increasing severity of dementia, Linear Regr.-P<0.002).

[0184] On the other hand, in patients with no detectable Apolipoprotein E4 protein spot N5302, the expression of Complement C3c2a protein spot N9311 is higher (5 fold) than age matched normal controls (FIG. 18D, N5302=0, ANOVA-P<0.0001 vs. 18f), but there is no statistically significant correlation in expression levels of N9311 with increasing of AD severity (FIG. 18D, N5302=0, Linear Regr.-P>0.080).

[0185] In patients with detectable Apolipoprotein E4 protein spot N5302, expression of Complement C3c1 protein spot N7310 is also higher (5 fold) than age matched normal controls (FIG. 18B, N5302>0, ANOVA-P<0.0001, vs. FIG. 18C), but there is no statistically significant correlation in expression levels of N7310 with increasing AD severity (FIG. 19A, Decreasing MMSE=Increasing severity of dementia, Linear Regr.-P>0.80).

[0186] However, expression of Complement C3c2a protein spot N9311 is not significantly higher than age matched controls in mild AD (FIG. 18E, N5302>0, vs. FIG. 18F) but in moderate and severe AD, the levels are 5 fold higher than age matched normal control and is in a significant correlation with increasing of AD severity in patients with detectable Apolipoprotein E4 protein spot N5302, (FIG. 18E, N5302>0, ANOVA-P<0.0001, Linear Regr.-P<0.040, vs. FIG. 18F).

[0187] Similar to Complement C3c2a protein spot N9311, in patients with detectable Apolipoprotein E4 protein spot N5302, expression of Complement C3dg protein spot N1511 is not significantly higher than age matched controls in mild AD (FIG. 19C, N5302>0, vs. FIG. 19B) but the levels are 12 fold higher in moderate and severe AD in a statistically significant correlation with increasing AD severity (FIG. 19C, N5302>0, ANOVA-P<0.0001, Linear Regr.-P<0.030, vs. FIG. 19B).

[0188] In a preferred embodiment of the invention, Complement C3c1 protein N7310 blood serum concentration significantly above age matched normal controls is an indication for:

[0189] 1. Early detection of AD and monitoring of AD severity, in patients with no detectable Apolipoprotein E4 protein spot N5302 (N5302=0), and for

[0190] 2. Early detection of AD but not for monitoring of AD severity, in patients with detectable Apolipoprotein E4 protein spot N5302 (N5302>0).

[0191] Also in the preferred embodiment of the invention, concentrations of Complement C3c2a protein spot N9311 significantly above the level of age matched normal controls is an indication for:

[0192] 3. Early detection of AD but not for monitoring of AD severity, in patients with no detectable Apolipoprotein E4 protein spot N5302 (N5302=0), and for

[0193] 4. Monitoring of AD severity but not for early detection of AD, in patients with detectable Apolipoprotein E4 protein spot N5302 (N5302>0).

[0194] Also in the preferred embodiment of the invention, the effect of detection, or a lack of detection of Apolipoprotein E4 protein spot N5302 expression, as measured in blood serum (whether Apolipoprotein E4 protein spot N5302 concentration is >0 or =0), in association with the expression of Complement C3dg protein spot N1511 is determined. Complement C3dg protein spot N1511 (Table 12, SEQ ID NO. 10) consists of a different amino acid sequence derived from a sequence domain downstream of the locus shared by Complement C3c1 protein spot N7310 and C3c2a protein spot N9311, of Complement C3 (Table 8, SEQ ID NO. 6) parent precursor and also derived from as an alternative isoform (Table 13, SEQ ID NO. 11) derived from an alternate parent precursor Similar to C3 (Table 11, SEQ ID NO. 9).

[0195] Thus, in a preferred embodiment of the invention, the significantly higher level of blood serum concentration of Complement C3dg protein spot N1511 in Alzheimer's disease patients than that of aged matched normal controls is an indication for:

- [0196]** 1. Early detection of AD and monitoring of AD severity, in patients with no detectable Apolipoprotein E4 protein spot N5302 (N5302=0; decreasing blood serum concentration of Complement C3dg protein spot N1511 with increasing Alzheimer's disease severity), and for
- [0197]** 2. Monitoring of AD severity but not for early detection of AD, in patients with detectable Apolipoprotein E4 protein spot N5302 (N5302>0; increasing blood serum concentration of Complement C3dg protein spot N1511 with increasing Alzheimer's disease severity).

The Haptoglobin HP-1 Proteins N1514, N2401, N2407, and N3409

[0198] Haptoglobin HP-1 Protein spots N1514, N2401, N2407, and N3409 contain the same amino acid sequence (SEQ ID NO. 19), but differ in their electrophoretic mobility in 2D gel electrophoresis (FIG. 2). They are up-regulated in parallel in the blood serum of patients with Alzheimer's disease and patients with AD-like and mixed dementias, but not in patients with Parkinson's disease, as compared to age matched normal controls (FIG. 21).

[0199] As shown in FIG. 21D, Differential expression of Haptoglobin HP-1 protein spot N3409 between Alzheimer's disease patients and Parkinson's disease patients is particularly pronounced. In Alzheimer's disease patients, Haptoglobin HP-1 protein spot N3409 is up-regulated from age matched normal controls, whereas in Parkinson's disease patients, Haptoglobin HP-1 protein spot N3409 is down regulated from age matched normal controls. This provides for significantly higher sensitivity and specificity for distinguishing between these two diseases based on the concentration of Haptoglobin HP-1 protein spot N3409 (71.9% and 72.8%, respectively, FIG. 21E)

[0200] In a preferred embodiment of the invention, the concentrations of Haptoglobin HP-1 protein spots N1514, N2401, N2407, and N3409 and their sum (HP-1 Total Proteins, FIG. 22) are employed. HP-1 Total Proteins are up-regulated in a statistically significant manner in the blood serum of patients with Alzheimer's disease, and patients with AD-like and Mixed dementias, but not in patients with Parkinson's disease, as compared to age matched normal controls (FIG. 22A, ANOVA-P<0.0030).

[0201] Using the ROC analysis, the Total of HP-1 Protein spots showed sensitivities and specificities of discrimination between 115 Alzheimer's disease patients and 75 age matched normal control individuals as follows:

HP-1 Total Proteins: 56.2% sensitivity, 56.0% specificity (Table 18, AD>30136 ppm, ROC-P<0.0001).

[0202] Furthermore, in Alzheimer's disease patients with no detectable Apolipoprotein E4 protein spot N5302 (N5302=0), blood serum concentrations of Haptoglobin HP-1 protein spots N1514, N2401, N2407, N3409, and HP-1 Total Proteins are significantly higher than age matched normal controls (FIG. 23, FIG. 25A, N5302=0, ANOVA-P<0.0001).

[0203] On the other hand, in Alzheimer's disease patients and age matched normal controls with detectable blood serum levels of Apolipoprotein E4 protein spot N5302 (N5302>0), Haptoglobin HP-1 Proteins spots N1514, N2401, N2407, N3409, and HP-1 Total Proteins are not significantly different from the levels of age matched controls (FIG. 23, FIG. 25A, N5302=0, ANOVA-P>0.7). However, the concentrations of Haptoglobin HP-1 Proteins N1514, N2401, N2407, N3409, and HP-1 Total Proteins in Alzheimer's dis-

ease patients and age matched normal controls with detectable levels of Apolipoprotein E4 protein spot N5302 (N5302>0) are both significantly higher than age matched normal controls with no detectable levels of Apolipoprotein E4 protein N5302 (N5302=0) (FIGS. 23-25).

[0204] ROC analysis demonstrated specificity and sensitivity for separation between Alzheimer's disease patients and age matched normal controls with no detectable Apolipoprotein E4 protein spot N5302, and no specificity nor sensitivity for separation between Alzheimer's disease patients and age matched normal controls with detectable Apolipoprotein E4 protein spot N5302 (FIG. 25b) as follows:

[0205] 1. HP-1 Total Proteins: N5302=0, 64.6% sensitivity, 64.7% specificity (Table 19, AD>30216 ppm, ROC-P<0.0001);

[0206] 2. HP-1 Total Proteins: N5302>0, 44.8% sensitivity, 44.9% specificity (Table 19, AD>30216 ppm, ROC-P<0.0001);

[0207] Thus, in a preferred embodiment of the invention, the significantly higher level of blood serum concentration of Haptoglobin HP-1 Protein spots N1514, N2401, N2407, N3409, and HP-1 Total Proteins (N1514+N2401+N2407+N3409) in Alzheimer's disease patients than that of aged matched normal controls is an indication for:

[0208] 3. Detection of AD in patients with no detectable Apolipoprotein E4 protein spot N5302 (N5302=0), and

[0209] 4. Discrimination of patients with AD from patients with PD.

[0210] 5. But not for detection of AD in patients with detectable levels of Apolipoprotein E4 protein spot N5302 (N5302>0), Inter-alpha-trypsin inhibitor heavy chain H4 related 35 KD protein spot N2307

[0211] As shown in FIG. 26 and Table 20, Inter alpha trypsin inhibitor heavy chain H4 related 35 KD protein spot N2307 is significantly up-regulated in the blood serum of patients with Alzheimer's disease (ANOVA-P<0.0001), Parkinson's disease, and with Stroke related, and Mixed dementias, and conversely was significantly down regulated in blood serum of patients with non-stroke related dementias, including: Frontotemporal dementia, Lewy body dementia, Corticalbasal Ganglionic degeneration, alcohol related dementia, and semantic dementia, as compared to age matched normal controls (FIG. 26A, Table 20).

[0212] Using ROC analysis (FIG. 26B, Table 20), the blood serum concentration of Inter alpha trypsin inhibitor heavy chain H4 related 35 KD protein spot N2307 distinguishes between 115 patients with Alzheimer's disease and 75 age matched normal controls (FIG. 26B) as follows: N2307: 58.0% sensitivity, 58.2% specificity (Table 20, AD>210 ppm, ROC-P<0.0001).

[0213] In Alzheimer's disease patients and age matched controls with and without detectable blood serum levels of Apolipoprotein E4 protein spot N5302, the expression levels of Inter alpha trypsin inhibitor heavy chain H4 related 35 KD protein spot N2307 in blood serum is significantly higher than complementary age matched normal controls (FIG. 27A, N5302=0, Table 21a, ANOVA-P<0.0001; ANOVA-P>0.06).

[0214] Using an ROC analysis (FIG. 27B, Table 21b), blood serum concentration of Inter alpha trypsin inhibitor heavy chain H4 related 35 KD protein spot N2307 demonstrated sensitivity and specificity for diagnosis of AD from age matched normal controls when Apolipoprotein E4 pro-

tein spot N5302 was not detected (N5302=0) but not when Apolipoprotein E4 protein spot N5302 was detected (N5302>0) in blood serum:

[0215] 1. N2307: N5302=0; 61.8% sensitivity, 61.5% specificity (Table 21b, AD>211 ppm, ROC-P<0.0001);

[0216] 2. N2307: N5302>0, 50.7% sensitivity, 50.7% specificity (Table 21b, AD>224 ppm, ROC-P>0.14).

[0217] Furthermore, as shown in FIG. 28, expression of Inter alpha trypsin inhibitor heavy chain H4 related 35 KD protein spot N2307 in blood serum is significantly higher (2.7 fold) than the age matched normal controls in mild Alzheimer's disease patients without detectable blood serum level of Apolipoprotein E4 protein spot N5302 (FIG. 28A, N5302=0; ANOVA-P<0.0001 vs. FIG. 28B), in this group of patients, there is statistically significant decline in expression levels of Inter alpha trypsin inhibitor heavy chain H4 related 35 KD protein spot N2307, in correlation with increasing the severity of AD. These results are similar to that of Complement C3c1 protein spot N7310 (FIG. 28A Linear Regr-P vs. FIG. 28B, compare with FIG. 18A, N7310, N5302=0).

[0218] Also, as shown in FIG. 28, expression of Inter alpha trypsin inhibitor heavy chain H4 related 35 KD protein spot N2307 in blood serum is also significantly higher (2.2 fold) than the age matched normal controls in mild Alzheimer's disease in patients with detectable Apolipoprotein E4 protein spot N5302. In this group of patients, there is no significant correlation with the increased severity of AD (FIG. 28C, N5302>0 vs. ANOVA-P<0.0001, Linear Regr.-P>0.20 vs. FIG. 28B). These results are also similar to that of Complement C3c1 protein N7310 (compare with FIG. 18B, N5302>0).

[0219] Thus in a preferred embodiment of the invention, as in the case of Complement C3c1 protein N7310, the significantly higher level of the blood serum concentrations of Inter alpha trypsin inhibitor heavy chain H4 related 35 KD protein spot N2307, in Alzheimer's disease patients than that of the age matched normal controls, is an indication for:

[0220] 1. Early detection of AD and monitoring of AD severity, in patients with no detectable Apolipoprotein E4 protein spot N5302 (N5302=0), and for

[0221] 2. Early detection of AD but not for monitoring of AD severity, in patients with detectable Apolipoprotein E4 spot protein N5302 (N5302>0); Immunoglobulin Light Chain Protein N6224 and Apolipoprotein A-IV Protein spot N2502

[0222] As shown in FIGS. 29 and 31, Tables 22 and 24, Immunoglobulin Light Chain protein spot N6224 and Apolipoprotein A-IV protein spot N2502 are both significantly down-regulated in the blood serum of patients with Alzheimer's disease, Parkinson's disease, and AD-Like and Mixed dementias, as compared to age matched normal controls (FIG. 29A, Table 22, N6224, ANOVA-P<0.0002; FIG. 31A, Table 24, N2502, ANOVA-P<0.0001).

[0223] Using the ROC analysis (FIG. 29B, Table 22, FIG. 31B, Table 24), the blood serum concentrations of both Immunoglobulin Light Chain protein spot N6224 and Apolipoprotein A-IV protein spot N2502 distinguish between 115 patients with Alzheimer's disease and 75 age matched normal controls (FIG. 29B, N6224, FIG. 31B, N2502) as follows:

[0224] 1. N6224: 59.7% sensitivity, 59.6% specificity (Table 22b, AD<368 ppm, ROC-P<0.0001).

[0225] 2. N2502: 59.1% sensitivity, 59.1% specificity (Table 23b, AD<2465 ppm, ROC-P<0.0001).

[0226] Down-regulated blood serum levels of Immunoglobulin Light Chain protein spot N6224 and Apolipoprotein A-IV Protein spot N2502 in Alzheimer's disease patients below that of age matched normal controls are found regardless of whether Apolipoprotein E4 protein spot N5302 was detected or not in blood serum; although more significant in the case of N5302>0 for Immunoglobulin Light Chain protein spot N6224 (FIG. 30A, N6224, Table 23, N5302=0, ANOVA-P>0.08; N5302>0, ANOVA-P<0.0007), and more significant in the case of N5302=0 for Apolipoprotein A-IV protein spot N2502 (FIG. 32A, N2502, Table 25, N5302=0, ANOVA-P<0.0003; N5302>0, ANOVA-P<0.03).

[0227] Using the ROC analysis (FIG. 30B, Table 23, FIG. 32B, Table 25), blood serum levels of Immunoglobulin Light Chain protein spot N6224 and Apolipoprotein A-IV protein spot N2502 distinguish between Alzheimer's disease patients and age matched normal controls whether Apolipoprotein E4 protein spot N5302 was detected or not in blood serum as follows:

[0228] N6224: N5302=0; 56.9% sensitivity, 57.1% specificity (Table 23, AD<368 ppm, ROC-P<0.0003);

[0229] N6224: N5302>0, 62.7% sensitivity, 62.3% specificity (Table 23, AD<378 ppm, ROC-P<0.0001).

[0230] N2502: N5302=0; 58.3% sensitivity, 58.3% specificity (Table 25, AD<2412 ppm, ROC-P<0.0001);

[0231] N2502: N5302>0; 62.2% sensitivity, 62.3% specificity (Table 25, AD<2588 ppm, ROC-P<0.0003);

[0232] Thus in a preferred embodiment of the invention, the significantly low blood serum levels of Immunoglobulin Light Chain protein spot N6224 and Apolipoprotein A-IV protein spot N2502 in Alzheimer's disease patients than that of the age matched normal controls is an indication for: Detection of AD in patients with no detectable Apolipoprotein E4 protein spot N5302 (N5302=0), and for Detection of AD in patients with detectable Apolipoprotein E4 protein spot N5302 (N5302>0);

[0233] As illustrated in Table 26, in a preferred embodiment of the invention, when the blood serum concentrations of Apolipoprotein E4 protein spot N5302 and Apolipoprotein E3 protein spot N3314, Complement Factor H/Hs protein spot N4411, Complement Factor Bb protein spot N7616, Complement C3c1 phosphoprotein spot N7310, Complement C3c2a protein spot N9311, Complement C3dg protein spot N1511, Haptoglobin HP-1 Total Proteins (N1514+N2401+N2407+N3409), Inter alpha trypsin inhibitor heavy chain (H4) related 35 KD protein spot N2307, Immunoglobulin Light Chain Protein spot N6224 and Apolipoprotein A-IV protein spot N2502 are all combined into a multivariate linear discriminant function to distinguish between all 115 Alzheimer's disease patients and all 75 age matched normal controls, a sensitivity of 69.6% and a specificity of 84.4% are obtained. However, when the Alzheimer's disease patients and age-matched normal control subjects are separated into two groups, based on whether Apolipoprotein E4 protein spot N5302 is detected or not in the blood serum, a sensitivity of 82.3% and a specificity of 82.7% are obtained when the results are combined after the discriminant analysis (Table 26). These results underscore the importance of differentiation between two types of Alzheimer's disease patients for the purpose of better sensitivity during diagnosis of the disease.

[0234] In a preferred embodiment of the invention separate linear discriminant functions are performed for those in whom Apolipoprotein E4 protein spot N5302 is detected in blood serum (N5302>0) and those in whom Apolipoprotein

E4 protein spot N5302 is not detected in blood serum (N5302=0). In each linear discriminant function, Alzheimer's disease patients and Age matched normal controls are distinguished from one another. Also in the preferred embodiment of the invention, the linear discriminant function is generated with the addition of concentrations of other blood serum protein biomarkers, for example, one or more of Apolipoprotein E3 protein spot N3314, Complement Factor H/Hs protein spot N4411, Complement Factor Bb protein spot N7616, Complement C3c1 phosphoprotein spot N7310, Complement C3c2a protein spot N9311, Complement C3dg protein spot N1511, Haptoglobin HP-1 individual and Total of protein spots (N1514+N2401+N2407+N3409), Inter alpha trypsin inhibitor heavy chain (H4) related 35 KD protein spot N2307, Immunoglobulin Light Chain protein spot N6224 and Apolipoprotein A-IV protein spot N2502.

[0235] When separate discriminant functions are performed in the manner of the invention (Table 26) and the results are then combined by adding the true positives together, the true negatives together, the false positives together, and the false negatives together, that were generated by the separate discriminant functions, this results in clinically significant sensitivity and specificity (Table 26, Sensitivity 82.3%, Specificity 82.7%).

[0236] Each step of sensitivity and specificity improvements for diagnosis of Alzheimer's disease attained by the invention are shown in FIG. 33. Furthermore, the invention is built by leveraging individual biomarkers with individual utilities that fall into types as illustrated in FIG. 34 (Types 1-5) based on their relationship to the Alzheimer's disease and the ways in which the disease manifests.

[0237] FIGS. 35-36 illustrate the disease pathways indicated by the abnormal changes in concentration of some of these blood serum protein biomarkers: Apolipoprotein E3 (Apo E3); Transthyretin Dimer (TTD); Inter-alpha-trypsin inhibitor heavy chain (H4) related 35 KD protein (ITI(H4)RP 35 KD); Complement C3c1 tyrosine phosphoprotein (C3c1 (p)); Complement C3c2a protein (C3c2a); Complement C3dg protein (C3dg); Complement Factor H protein (Factor H), and Complement Factor Bb protein (Factor Bb); all of which have been disclosed before in connection with inventions for diagnosis and monitoring of neurodegenerative diseases (refs. 17-19; U.S. Utility patent application Ser. No. 11/507,337 filed Aug. 22, 2006 and entitled "Assay for Diagnosis and Therapeutics Employing Similarities and Differences in Blood Serum Concentrations of 3 forms of Complement C3c and Related Protein Biomarkers between Amyotrophic Lateral Sclerosis and Parkinson's Disease" by inventors Ira L. Goldknopf et al., U.S. Provisional Patent Application Ser. No. 60/901,467 filed Feb. 16, 2007 and entitled "Forty Seven (47) Protein Biomarkers for Neurodegenerative Diseases," by inventors Ira L. Goldknopf et al., U.S. Utility patent application Ser. No. 12/069,807 filed Feb. 14, 2008 and entitled "Forty Seven (47) Protein Biomarkers for Neurodegenerative Diseases," by inventors Ira L. Goldknopf, U.S. Utility patent application Ser. No. 11/602,814 filed 11/21/06 and entitled "An Inter-Alpha Trypsin Inhibitor Heavy Chain (H4) Related Protein as a Biomarker of Alzheimer's Disease," by inventors Ira L. Goldknopf, et al., U.S. Utility patent application Ser. No. pending filed Aug. 29, 2007 and entitled "A Complement Factor H Protein as a Biomarker of Parkinson's Disease," by inventors Ira L. Goldknopf, et al., U.S. Utility patent application Ser. No. pending filed Sep. 5, 2007 and entitled "An Apolipoprotein E3 Protein

as a Biomarker of Parkinson's Disease," by inventors Ira L. Goldknopf, et al., and herein all incorporated by reference).

[0238] In this preferred embodiment of the invention we have compared these changes as a function of the detection (FIG. 35A, B; FIG. 36B) or lack of detection (FIG. 35C, D; FIG. 36A) of Apolipoprotein E4 protein in the blood serum of the patients. We have found parallel, specific differences between Alzheimer's disease patients and age matched normal controls in the blood serum concentrations of two biomarkers that are closely related to the Apo E ϵ 4 gene allele protein product, Apolipoprotein E4 protein spot N5302: Apo E ϵ 3 gene allele protein product, Apolipoprotein E3 protein spot N3314; and Transthyretin "Dimer" protein spot N3307.

[0239] When both the AD patients and controls had detectable blood serum levels of Apolipoprotein E4 protein spot N5302, the protein biomarkers Apolipoprotein E3 protein spot N3314 and Transthyretin "Dimer" protein spot N3307 were markedly reduced in blood serum concentration in the Alzheimer's disease patients (FIG. 34 Type 1, FIG. 35A, FIG. 36B; N5302>0). However, the reductions in blood serum concentrations of these two protein biomarkers were much less pronounced when both AD patients and controls had no detectable blood serum levels of Apolipoprotein E4 protein (FIG. 34 Type 1, FIG. 35C, FIG. 36A, N5302=0).

[0240] Those patients for which the Apolipoprotein E4 protein spot N5302 was detected in their blood serum (Apo E4>0, FIG. 35A, B, FIG. 36B) must have at least 1 copy of the Apo E ϵ 4 gene allele in their genome, and the allele is expressed as a protein (spot N5302). To uncover the significance of these differences, we incorporate the well established findings that persons who carry the gene allele Apo E ϵ 4 have substantially higher risk of developing Alzheimer's disease and other dementias (6, 38-39), and also have higher levels of the Amyloid plaque forming A β -42 and 1-40 peptides, higher levels of the Amyloid plaques, of the neurofibrillary tangle forming hyper-phosphorylated Tau, and of the neurofibrillary tangles than individuals without the Apo E ϵ 4 allele. All of these data correlate with the development of AD. Furthermore, these differences are reflected in normal controls and even greater in Alzheimer's disease patients (40-42). Neuronal Degeneration in Alzheimer's Disease Patients with Detectable Apolipoprotein E4 Protein in Blood Serum

[0241] The marked reduction in the blood serum concentration of soluble Apolipoprotein E3 protein spot N3314 and Transthyretin "Dimer" protein spot N3307, in patients with detectable blood serum Apolipoprotein E4 protein spot N5302 (FIG. 35A, FIG. 36B, N5302>0) is attributable to their known incorporation into insoluble Amyloid plaques and neurofibrillary tangles (17, 18, 43), which are also known to be increased in Apo E ϵ 4 gene allele positive AD patients (40-42). The reduced level (46%, compared to AMC) of soluble Apolipoprotein E3 protein in this type of patients would also attenuate the known neuro-protective mechanisms against oxidative stress that are also known to be facilitated by soluble Apolipoprotein E3. These include: 1) maintenance of intra-neuronal cholesterol; and metabolism of peroxidized lipids; both mediated by the Apo E receptor; and NMDA receptor mediated glutamate/calcium homeostasis, (6, 17-19, 40-46; FIGS. 35A, 36B, 37B).

[0242] Such diminished neuroprotection, is coincident with known markedly increased oxidative stress in Apo E ϵ 4 allele positive AD (47-52), resulting in uncontrolled neuronal oxidative stress and apoptosis as the primary neurodegenera-

tive pathway driving AD in Apolipoprotein E4 protein spot N5302 positive patients (FIGS. 35A; 36B).

[0243] In Apolipoprotein E4 protein spot N5302 positive patients (N5302>0), we have also found elevated blood serum levels of other protein biomarkers (FIGS. 34, 35B; 36B) indicative of a secondary neurodegenerative pathway of inflammation. Two of these proteins were previously found associated with localized acquired auto-immune inflammation in sporadic ALS and Parkinson's disease (17-19, and U.S. Utility patent application Ser. No. 11/507,337 filed Aug. 22, 2006 and entitled "Assay for Diagnosis and Therapeutics Employing Similarities and Differences in Blood Serum Concentrations of 3 forms of Complement C3c and Related Protein Biomarkers between Amyotrophic Lateral Sclerosis and Parkinson's Disease" by inventors Ira L. Goldknopf et al. and herein incorporated by reference). This included elevated blood serum levels of Complement C3c1 tyrosine phosphoprotein spot N7310 and Complement Factor Bb protein spot N7616. In addition, in Apolipoprotein E4 protein spot N5302 positive Alzheimer's disease patients, there were delayed elevations of blood serum concentrations, i.e. in severe AD, of Complement C3c2a protein (C3c2a) spot N9311; Complement C3dg protein (C3dg) spot N1511; and Inter-alpha-trypsin inhibitor heavy chain (H4) related 35 KD protein (ITI (H4) RP 35 KD) spot N2307, known systemic innate inflammatory response associated proteins (Ref. 17-19). In AD, this secondary innate inflammatory pathway is most likely due to the known enhanced induction and secretion of inflammatory cytokines, particularly IL-6 in response to increased Amyloidosis and neurofibrillary tangles in Apo E ϵ 4 positive AD (FIGS. 35B, 36B; refs. 21-25, 31-37, 53, 54).

[0244] Thus in the preferred embodiment of the invention, in Alzheimer's disease patients with detectable Apolipoprotein E4 protein spot N5302 in their blood serum (FIG. 35 A, B; N5302>0), the predominant or primary mechanism driving neurodegeneration is A β /NFT-induced oxidative stress leading to neuronal apoptosis, with a secondary immune inflammatory response due to delayed A β /NFT-induced pro-inflammatory cytokine induction.

Neuronal Degeneration in Alzheimer's Disease Patients with No Detectable Apolipoprotein E4 Protein in Blood Serum

[0245] A different pattern emerged when AD patients with no detectable Apolipoprotein E4 protein spot N5302 in their blood serum were compared to a group of normal controls, also with no detectable Apolipoprotein E4 protein spot N5302 in their blood serum (FIG. 35 C, D; N5302=0). In these AD patients, there was little reduction (20%, compared to AMC) in blood serum concentration of Apolipoprotein E3 protein spot N3314, leaving intact the neuroprotective maintenance of cholesterol homeostasis and attenuation of oxidative stress, known to be associated with increased concentration of Apolipoprotein E (6, 17-19, 40-46, 55-59). It is also well known that accumulation of A β and NFTs, and the concomitant generation of oxidative stress intermediates is much less in AD patients lacking the Apo E ϵ 4 allele than in those that have the allele (40-42, 47-51). This combination of factors should markedly attenuate the oxidative stress related apoptosis and the A β /NFT-induced pro-inflammatory cytokine induction of inflammation demonstrated in Apolipoprotein E4 protein spot N5302 positive Alzheimer's patients (FIG. 35B).

[0246] Nevertheless, Apolipoprotein E4 protein spot N5302 positive Alzheimer's disease patients are also undergoing neurodegeneration. The answer lies in the additional

biomarkers of acquired immune and innate inflammation (FIG. 1D). These include a pattern of pronounced elevation in the blood serum concentration of: Complement C3c1 phosphoprotein spot N7310 (8, 9, 38-40); paralleled by similar elevations in Complement C3dg protein spot N1511 and Inter-alpha-trypsin inhibitor heavy chain H4 related 35 KD protein spot N2307; all three of which are at maximally high levels in mild AD, somewhat less high in moderate AD, and slightly high in severe AD patients' blood serum (FIG. 35D; N5302=0).

[0247] Also the blood serum levels of innate immune inflammatory biomarkers (8, 9, 38-40) Complement C3c2a protein spot N9311, Complement Factor H/Hs protein spot N4411 and Complement Factor Bb protein spot N7616 were all elevated to moderately high levels in mild, moderate and severe AD.

[0248] Thus, in the preferred embodiment of the invention, in the Alzheimer's disease patients with no detectable Apolipoprotein E4 protein spot N5302 in their blood serum (N5302=0), the apoptosis pathway is inhibited and auto-immune inflammation is the predominant pathway driving neuronal degeneration in these patients.

Analogies with Other Neurodegenerative Diseases

[0249] As illustrated in Table 27, our findings with blood serum biomarkers in Alzheimer's disease were analogous to our previous findings with the same blood serum protein biomarkers in ALS (17, 18): familial ALS resembles Apolipoprotein E4 protein spot N5302 positive Alzheimer's disease; and sporadic ALS resembles Apolipoprotein E4 protein spot N5302 negative Alzheimer's disease. Thus the expression of an Apo E ϵ 4 allele protein (N5302>0; a single amino acid mutation in 14% of the population), which signifies higher risk of Alzheimer's disease (5, 6, 38, 39), as well as cognitive deficits in "normal" aged individuals (38), leads to a primary oxidative stress driven apoptotic Alzheimer's disease phenotype, just as does the expression of the ALS risk genetic mutant Superoxide dismutase protein in familial ALS (17, 18) Similarly, in Alzheimer's disease patients not expressing the Apo E ϵ 4 allele protein (N5302=0), an immune inflammatory mechanism is responsible for driving neurodegeneration, just as is the case in the absence of the Superoxide dismutase mutations in sporadic ALS (17, 18) and in Parkinson's disease (17, 18, 63).

Applications for Similarities and Differences in Neurodegenerative Diseases

[0250] Proteins in the blood serum can tell us what disease pathways and mechanisms of neuronal degeneration are active in the patients. We have illustrated this with mechanistic differences, as indicated by blood serum proteomics, between two different types of Alzheimer's disease, and previously between two different types of ALS (17, 18). The mechanisms of neurodegeneration that display variations between two forms of each disease are oxidative stress, apoptosis, and immune inflammatory phagocytosis. These familial vs. sporadic disease variations in mechanisms are demonstrated both by Alzheimer's disease and ALS (Table 28). However, when additional blood serum proteins are brought into the analysis, disease specific differences emerge, with capabilities for differential diagnosis between diseases with similar symptoms (Table 29, ref. 19), implying additional

disease specific mechanistic differences, which will ultimately lead to differential treatment and personalized medicine (Table 28, ref. 19).

Additional Embodiments

[0251] The blood serum samples may also be subjected to various other techniques known in the art for separating and quantitating proteins. Such techniques include, but are not limited to: gel filtration chromatography, ion exchange chromatography, reverse phase chromatography, affinity chromatography (typically in an HPLC or FPLC apparatus), affinity capture, one dimensional gel or capillary electrophoresis, or any of the various centrifugation techniques well known in the art. Certain embodiments would also include a combination of one or more chromatography; electrophoresis or centrifugation steps combined via electrospray or nanospray with mass spectrometry or tandem mass spectrometry of the proteins themselves, or of a total digest of the protein mixtures. Certain embodiments may also include surface enhanced laser desorption mass spectrometry or tandem mass spectrometry, or any protein separation technique that determines the pattern of proteins in the mixture, either as a one-dimensional, two-dimensional, three-dimensional or multi-dimensional protein pattern, and/or the pattern of protein post synthetic modifications or different isoforms of an Apolipoprotein E4 protein, an Apolipoprotein E3 protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a Complement C3dg protein, a Complement Factor Bb protein, A Complement Factor H protein, and/or an Inter-alpha Trypsin Inhibitor protein, are used.

[0252] Quantitation of a protein by antibodies directed against that protein is well known in the field. The techniques and methodologies for the production of one or more antibodies to an Apolipoprotein E4 protein, an Apolipoprotein E3 protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a Complement C3dg protein, a Complement Factor Bb protein, A Complement Factor H protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related protein, are routine in the field and are not described in detail herein.

[0253] As used herein, the term antibody is intended to refer broadly to any immunologic binding agent such as IgG, IgM, IgA, IgD and IgE. Generally, IgG and/or IgM are preferred because they are the most common antibodies in the physiological situation and because they are most easily made in a laboratory setting.

[0254] Monoclonal antibodies (MAbs) are recognized to have certain advantages, e.g., reproducibility and large-scale production, and their use is generally preferred. The invention thus provides monoclonal antibodies of human, murine, monkey, rat, hamster, rabbit, chicken, or other animal origin. Due to the ease of preparation and ready availability of reagents, murine monoclonal antibodies are generally preferred. However, human auto antibodies or "humanized" antibodies are also contemplated, as are chimeric antibodies from mouse, rat, or other species, bearing human constant and/or variable region domains, bispecific antibodies, recombinant and engineered antibodies and fragments thereof.

[0255] The term "antibody" thus also refers to any antibody-like molecule that has a 20 amino acid antigen binding region, and includes antibody fragments such as Fab', Fab, F(ab')₂, single domain antibodies (DABS), Fv, scFv (single chain Fv), and the like. The techniques for preparing and

using various antibody-based constructs and fragments are well known in the art. Means of preparing and characterizing antibodies are also well known in the art (See, e.g., *Antibodies: A Laboratory Manual*, Cold Spring Harbor Laboratory, 1988; incorporated herein by reference).

[0256] Antibodies to an Apolipoprotein E4 protein, an Apolipoprotein E3 protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a Complement C3dg protein, a Complement Factor Bb protein, A Complement Factor H protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related protein may be used in a variety of assays in order to quantitate the protein in serum samples, or other fluid or tissue samples. Well known methods include immunoprecipitation, antibody sandwich assays, ELISA and affinity chromatography methods that include antibodies bound to a solid support. Such methods also include micro arrays of antibodies or proteins contained on a glass slide or a silicon chip, for example.

[0257] It is contemplated that arrays of antibodies to an Apolipoprotein E3 protein, or peptides derived from an Apolipoprotein E4 protein, an Apolipoprotein E3 protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a Complement C3dg protein, a Complement Factor Bb protein, A Complement Factor H protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related protein, may be produced in an array and contacted with the serum samples or protein fractions of serum samples in order to quantitate the blood serum concentrations of an Apolipoprotein E4 protein, an Apolipoprotein E3 protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a Complement C3dg protein, a Complement Factor Bb protein, A Complement Factor H protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related protein. The use of such micro arrays is well known in the art and is described, for example in U.S. Pat. No. 5,143,854 incorporated herein by reference.

[0258] The present invention includes a screening assay for neurodegenerative disease based on the up-regulation and/or down-regulation of an Apolipoprotein E4 protein, an Apolipoprotein E3 protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a Complement C3dg protein, a Complement Factor Bb protein, A Complement Factor H protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related protein expression. One embodiment of the assay will be constructed with antibodies to an Apolipoprotein E4 protein, an Apolipoprotein E3 protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a Complement C3dg protein, a Complement Factor Bb protein, A Complement Factor H protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related protein. One or more antibodies targeted to antigenic determinants of an Apolipoprotein E4 protein, an Apolipoprotein E3 protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a Complement C3dg protein, a Complement Factor Bb protein, A Complement Factor H protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related protein, will be spotted onto a surface, such as a polyvinyl membrane or glass slide. As the antibodies used will each recognize an antigenic determinant of an Apolipoprotein E4 protein, an Apolipoprotein E3 protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a Complement C3dg protein, a Complement Factor Bb protein, A Complement Factor H protein, and/or an Inter-alpha Trypsin Inhibitor

Heavy Chain (H4) related protein, incubation of the spots with patient samples will permit attachment of an Apolipoprotein E4 protein, an Apolipoprotein E3 protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a Complement C3dg protein, a Complement Factor Bb protein, A Complement Factor H protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related protein, to the antibody.

[0259] The binding of an Apolipoprotein E4 protein, an Apolipoprotein E3 protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a Complement C3dg protein, a Complement Factor Bb protein, A Complement Factor H protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related protein, can be reported using any of the known reporter techniques including radioimmunoassay (RIA), stains, enzyme linked immunosorbant assays (ELISA), and sandwich ELISAs with a horseradish peroxidase (HRP)-conjugated second antibody also recognizing an Apolipoprotein E4 protein, an Apolipoprotein E3 protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a Complement C3dg protein, a Complement Factor Bb protein, A Complement Factor H protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related protein, the pre-binding of fluorescent dyes to the proteins in the sample, or biotinylating the proteins in the sample and using an HRP-bound streptavidin reporter. The HRP can be developed with a chemiluminescent, fluorescent, or colorimetric reporter. Other enzymes, such as luciferase or glucose oxidase, or any enzyme that can be used to develop light or color can be utilized at this step.

[0260] All of the compositions and methods disclosed and claimed herein can be made and executed without undue experimentation in light of the present disclosure. While the compositions and methods of this invention have been described in terms of preferred embodiments, it will be apparent to those of skill in the art that variations may be applied to the compositions and/or methods, and in the steps or in the sequence of steps of the methods described herein without departing from the concept, spirit and scope of the invention.

[0261] More specifically, it is well recognized in the art that the statistical data, including but not limited to the mean, standard error, standard deviation, median, interquartile range, 95% confidence limits, results of analysis of variance, non-parametric median tests, discriminant analysis, etc., will vary as data from additional patients are added to the database or antibodies are utilized to determine concentrations of an Apolipoprotein E4 protein, an Apolipoprotein E3 protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a Complement C3dg protein, a Complement Factor Bb protein, A Complement Factor H protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related protein, or any biomarker. Therefore changes in the range of concentrations of an Apolipoprotein E4 protein, an Apolipoprotein E3 protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a Complement C3dg protein, a Complement Factor Bb protein, A Complement Factor H protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related protein, do not depart from the concept, spirit and scope of the invention.

[0262] Also more specifically, it is disclosed (in cross referenced U.S. Utility patent application by Goldknopf, I. L. et al. Ser. Nos. 11/507,337 and 11/503,881, U.S. Provisional Patent Applications by Goldknopf et al. Ser. Nos. 60/708,992 and 60/738,710, and referenced in Goldknopf, I. L. et al. 2006

and E. A. Sheta et al, 2006, hereby incorporated as reference) that blood serum concentrations of protein biomarkers, including an Apolipoprotein E4 protein, an Apolipoprotein E3 protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a Complement C3dg protein, a Complement Factor Bb protein, A Complement Factor H protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related protein, protein spot N3314, can be used in combination with other biomarkers for diagnosis, differential diagnosis, and screening. Consequently, the use of an Apolipoprotein E4 protein, an Apolipoprotein E3 protein, a Transthyretin protein, a Complement C3c1 protein, a Complement C3c2a protein, a Complement C3dg protein, a Complement Factor Bb protein, A Complement Factor H protein, and/or an Inter-alpha Trypsin Inhibitor Heavy Chain (H4) related protein, in conjunction with one or more additional biomarkers does not depart from the concept, spirit and scope of the invention.

[0263] It is also well recognized in the art that certain agents which are both chemically and physiologically related may be substituted for the agents described herein while the same or similar results would be achieved. All such similar substitutes and modifications apparent to those skilled in the art are deemed to be within the spirit, scope and concept of the invention as defined by the appended claims.

[0264] It is also well recognized in the art that there are other Non-Alzheimer's neurological disorders related to those already mentioned that are hereby included within the scope of the invention including but not limited to Mild Cognitive Impairment, Cortical basal Ganglionic Degeneration, Amyotrophic Lateral Sclerosis, and any neurological disease or disorder, injury, depression or other psychiatric condition, or any other AD-Like disorder with symptoms similar to Alzheimer's disease that results from any other cause.

Additional Tables

[0265]

TABLE 3a

Apolipoprotein E4 Protein N5302	n	Mean	±	SE	% AMC	ANOVA-P
AMC	75	81.4	±	13.43	100%	
AD	115	229.9	±	18.74	282%	<0.0001
PD	12	0.0	±	—	0%	
AD-Like + Mixed	12	57.6	±	23.20	71%	

Table 3a: Mean level (ppm)±standard error (SE), percent change from the mean level of age-match normal control (AMC) and statistical differences from AMC (ANOVA-P) of blood serum Apolipoprotein E4 (spot N5302). Each sample (n) was run in triplicate on three separate 2D gels. These results are illustrated graphically in FIG. 3A.

TABLE 3b

Apolipoprotein E4 Protein N5302	ROC N5302 cutoff	Sensitivity	Specificity	Area	SE	ROC-P
AMC			74.7%	0.66	0.020	
AD	0	55.1%				<0.0001

Table 3b: Receiver Operator Characteristics (ROC) of blood serum Apolipoprotein E4 protein N5302 to distinguish between Alzheimer's disease patients and age-matched normal control (AMC) subjects, as reflected by sensitivity, specificity, and area under the curve, using biomarker N5302 cutoff concentration value of zero ppm. These results are illustrated graphically in FIG. 3B.

TABLE 4a

Apolipoprotein E4 Protein N5302	n	Mean	±	SE	% N5302 > 0	ANOVA-P
Age Matched Controls (AMC)	75	81.4	±	13.43	31%	
AD	115	229.9	±	18.74	58%	<0.0001
Age Matched Controls (AMC) N5302 > 0	23	265.6	±	34.91		
AD N5302 > 0	67	394.7	±	26.67		<0.0001

Table 4a: Mean level (ppm)±standard error (SE) and statistical differences from AMC (ANOVA-P) of blood serum Apolipoprotein E4 protein spot N5302 in all individuals and in individuals with detectable levels of Apolipoprotein E4 protein spot N5302 in the blood serum (N5302>0). The proportion of individuals with detectable levels of Apolipoprotein E4 protein spot N5302 (N5302>0) is presented as percentage of the total number of individuals in each category. Each sample (n) was run in triplicate on three separate 2D gels. These results are illustrated graphically in FIG. 4A.

TABLE 4b

Apolipoprotein E4 Protein N5302 > 0:AD > AMC	ROC N5302 cutoff	Sensitivity	Specificity	Area	SE	ROC-P
AMC			50.7%	0.61	0.040	<0.0030
AD	159	64.2%				

Table 4b: Receiver Operator Characteristics (ROC) of the difference in blood serum concentrations of Apolipoprotein E4 protein N5302 to distinguish between Alzheimer's disease patients and age-matched normal control (AMC) subjects with detectable levels of Apolipoprotein E4 protein (N5302>0), as reflected by sensitivity, specificity, and area under the curve, using biomarker N5302 cutoff concentration value of 159 ppm. These results are illustrated graphically in FIG. 4B.

TABLE 5a

Apolipoprotein E3 Protein N3314	n	Mean	±	SE	% AMC	ANOVA-P
Age Matched Controls (AMC)	75	1047.7	±	36.88	100%	
Alzheimer's Disease (AD)	115	656.0	±	27.01	63%	<0.0001
Parkinson's Disease (PD)	12	230.8	±	42.58	22%	
AD-Like + Mixed	12	355.4	±	48.89	34%	

Table 5a: Mean level (ppm)±standard error (SE), percent change from the mean level of age-match normal controls (AMC) and statistical differences from AMC (ANOVA-P) of blood serum Apolipoprotein E3 protein spot N3314. Each sample (n) was run in triplicate on three separate 2D gels. These results are illustrated graphically in FIG. 5A.

TABLE 5b

Apolipoprotein E3 Protein N3314 AD < AMC	ROC cutoff	Sensitivity	Specificity	Area	SE	ROC-P
AMC			64.0%	0.71	0.022	<0.0001
AD	804	64.1%				

Table 5b: Receiver Operator Characteristics (ROC) of the difference in blood serum concentrations of Apolipoprotein E3 protein spot N3314 to distinguish between Alzheimer's disease patients and age-matched normal control (AMC) subjects, as reflected by sensitivity, specificity, and area under the curve, using biomarker N3314 cutoff concentration value of AD<804 ppm. These results are illustrated graphically in FIG. 5B.

TABLE 6

Apolipoprotein E3 Protein N3314	n	Mean	±	SE	% AMC N5302 = 0	ANOVA-P
AMC N5302 = 0	52	1094.9	±	44.10	100%	
AD N5302 = 0	48	872.9	±	42.35	80%	P < 0.0004
AMC N5302 > 0	23	940.9	±	65.92	86%	
AD N5302 > 0	67	500.6	±	30.75	46%	P < 0.0001

[0266] Table 6: Mean level (ppm)±standard error (SE), percent change from the mean level of age-match normal controls (AMC) and statistical differences from AMC (ANOVA-P) of blood serum Apolipoprotein E3 protein spot N3314 when Apolipoprotein E4 protein spot N5302 is detected (N5302>0) and not detected (N5302=0) in blood serum. Each sample (n) was run in triplicate on three separate 2D gels. These results are illustrated graphically in FIG. 6A.

TABLE 7

Apolipoprotein E3 protein N3314					
AD vs. AMC	N3314	n	Mean	SE	
7a. AD < AMC (N5302 = 0) ANOVA	ANOVA	AMC N5302 = 0	52	1084.8	44.10
	P < 0.0004	AD N5302 = 0	48	872.9	42.35

TABLE 7-continued

Apolipoprotein E3 protein N3314					
AD vs. AMC	N3314	N3314 [Ⓢ]	Sensitivity	Specificity	
ROC	ROC	AMC N5302 = 0 AD N5302 = 0	981	54.2%	53.8%
			Area	SE	ROC-P
	AD N5302 = 0	[Ⓢ] values	0.50	0.030	P < 0.0020
AD vs. AMC	N3314	n	Mean	SE	
7b. AD < AMC (N5302 > 0) ANOVA	ANOVA P < 0.0001	AMC N5302 = 0 AD N5302 = 0	23 87	940.9 502.0	55.92 [Ⓢ] .75
AD vs. AMC	N3314	N3314 [Ⓢ]	Sensitivity	Specificity	
ROC	ROC	AMC N5302 = 0 AD N5302 > 0	807	58.2%	88.1%
			Area	SE	ROC-P
	AD N5302 > 0	[Ⓢ] values	0.76	0.093	<0.0001
AD vs. AD	N3314	n	Mean	SE	
7c. AD (N5302 = 0) > AD (N5302 > 0) ANOVA	ANOVA P < 0.0001	AD N5302 = 0 AD N5302 > 0	48 87	877.9 533.0	42.35 33.75
AD vs. AD	N3314	N3314 [Ⓢ]	Sensitivity	Specificity	
ROC	ROC	AD N5302 = 0 AD N5302 > 0	651	21.6%	31.5%
			Area	SE	ROC-P
	AD N5302 > 0	[Ⓢ] values	0.78	0.080	<0.0001

[Ⓢ] indicates text missing or illegible when filed

Table 7: Receiver Operator Characteristics (ROC) of the difference in blood serum concentrations of Apolipoprotein E3 protein N3314 to distinguish between Alzheimer's disease patients and age-matched normal control (AMC) subjects, as reflected by sensitivity, specificity, and area under the curve for the ROC. Values of the concentration of Apolipoprotein E3 protein N3314 are calculated as AD<AMC for (a) individuals when Apolipoprotein E4 protein N5302 is not detected in the blood serum (N5302=0), using biomarker N3314 cutoff concentration value of AD<981 ppm; (b) individuals when Apolipoprotein E4 protein N5302 is detected in the blood serum (N5302>0), using biomarker N3314 cutoff concentration value of AD<607 ppm; and (c) differentiation between two types of Alzheimer's disease patients with Apolipoprotein E4 protein N5302 detected (N5302>0) vs. not detected (N5302=0) in the blood serum, using biomarker N3314 cutoff concentration value of AD (N5302>0)<651 ppm. These results are illustrated graphically in FIG. 7.

TABLE 8a

Transthyretin Protein N3307	n	Mean ± SE	% of AMC	ANOVA-P
Age Matched Controls (AMC)	75	481.9 ± 30.24	100%	
AD	115	347.0 ± 25.74	72%	<0.0001
PD	12	186.0 ± 29.83	39%	
AD-Like + Mixed	11	171.3 ± 20.76	36%	

Table 8a: Mean level (ppm)±standard error (SE), percent change from the mean level of age-match normal controls (AMC) and statistical differences from AMC (ANOVA-P) of blood serum Transthyretin Dimer (spot N3307). Each sample (n) was run in triplicate on three separate 2D gels. These results are illustrated graphically in FIG. 8A.

TABLE 8b

Transthyretin Protein	ROC N3307 < cutoff	Sensitivity	Specificity	Area	SE	ROC-P
AMC			60.9%	0.66	0.023	<0.0001
AD	333	60.9%				

Table 8b: Receiver Operator Characteristics (ROC) of the difference in blood serum concentrations of Transthyretin Dimer protein spot N3307 to distinguish between Alzheimer's disease patients and age-matched normal controls (AMC) subjects, as reflected by sensitivity, specificity, and area under the curve, using biomarker N3307 cutoff concentration value of AD<333 ppm. These results are illustrated graphically in FIG. 8B.

TABLE 10a

Complement Factor H/HS Protein N4411	n	Mean ± SE	% AMC	ANOVA-P
Age Matched Controls (AMC)	75	296.8 ± 20.85	100%	
Alzheimer's Disease (AD)	115	374.5 ± 17.66	126%	<0.0040
Parkinson's Disease (PD)	12	435.9 ± 59.48	147%	
AD-Like + Mixed	12	258.8 ± 36.75	87%	

Table 10a: Mean level (ppm)±standard error (SE), percent change from the mean level of age-match normal controls (AMC) and statistical differences from AMC (ANOVA-P) of blood serum Complement Factor H/HS protein (spot N4411). Each sample (n) was run in triplicate on three separate 2D gels. These results are illustrated graphically in FIG. 10A.

TABLE 9

a: Transthyretin "Dimer" Protein N3307				
Transthyretin Protein N3307	n	Mean ± SE	% of AMC	ANOVA-P
AMC N5302 = 0	52	508.3 ± 40.87	100%	
AD N5302 = 0	48	366.7 ± 23.74	72%	<0.0040
AMC N5302 > 0	23	422.3 ± 33.72	83%	
AD N5302 > 0	67	332.9 ± 40.80	65%	>0.21

b: Transthyretin "Dimer" Protein N3307						
Transthyretin Protein	ROC	Sensitivity	Specificity	Area	SE	ROC-P
N3307 AD < AMC	N3307 < cutoff					
AMC N5302 = 0			55.1%	0.60	0.033	
AD N5302 = 0	352	54.9%				<0.0020
AMC N5302 > 0			65.2%	0.73	0.030	
AD N5302 > 0	308	65.2%				<0.0001

Table 9: (a) Mean level (ppm)±standard error (SE), percent change from the mean level of age-match normal controls (AMC) and statistical differences from AMC (ANOVA-P) of blood serum Transthyretin Dimer (spot N3307), when N5302 is detected (N5302>0) and not detected (N5302=0) in the blood serum. (b) Receiver Operator Characteristics (ROC) of the difference in blood serum concentrations of Transthyretin Dimer protein N3307 to distinguish between Alzheimer's disease patients and age-matched normal control (AMC) subjects, as reflected by sensitivity, specificity, and area under the curve for the ROC. Values are calculated for individuals when Apolipoprotein E4 protein N5302 is detected (N5302>0) and not detected (N5302=0) in the blood serum, using biomarker N3307 cutoff values of AD<308 and AD<352 ppm, respectively. These results are illustrated graphically in FIGS. 9A and B, respectively.

TABLE 10b

Complement Factor H/HS Protein N4411	ROC N4411 > cutoff	Sensitivity	Specificity	Area	SE	ROC-P
AMC			57.3%	0.59	0.024	
AD	>261	57.4%				<0.0002

Table 10b: Summary statistics for the graph in FIG. 10b; Receiver Operator Characteristics (ROC) of the differences in concentration in blood serum of Complement Factor H/HS protein spot N4411, where AD>AMC (AUC=0.59±0.024) to distinguish between Alzheimer's disease patients and age-matched normal control (AMC) subjects, as reflected by sensitivity, specificity, and area under the curve, using biomarker N4411 cutoff concentration value of AD>261 ppm. These results are illustrated graphically in FIG. 10B.

TABLE 11

a:				
Complement Factor H Protein N4411	n	Mean ± SE	% of AMC	ANOVA-P
AMC N5302 = 0	52	287.3 ± 24.65	100%	
AD N5302 = 0	48	438.2 ± 29.04	153%	<0.0001
AMC N5302 > 0	23	319.3 ± 39.10	111%	
AD N5302 > 0	67	328.9 ± 21.54	114%	>0.80

b:						
Complement Factor H Protein N4411 AD > ASMC	ROC		Area	SE	ROC-P	
	N4411 > cutoff	Sensitivity				
AMC N5302 = 0			62.2%	0.64	0.032	
AD N5302 = 0	270	62.5%				<0.0001
AMC N5302 > 0			49.3%	0.53	0.041	
AD N5302 > 0	273	49.3%				P > 0.22

Table 11: (a) Mean level (ppm)±standard error (SE), percent change from the mean level of age-match normal controls (AMC) and statistical differences from AMC (ANOVA-P) of blood serum Complement Factor H/Hs protein spot N4411, when N5302 is detected (N5302>0) and not detected (N5302=0) in the blood serum. (b) Receiver Operator Characteristics (ROC) of the difference in blood serum concentrations of Complement Factor H/Hs protein spot N4411 to distinguish between Alzheimer’s disease patients and age-matched normal control (AMC) subjects, as reflected by sensitivity, specificity, and area under the curve for the ROC. Values are calculated for individuals when Apolipoprotein E4 protein N5302 is detected (N5302>0) and not detected (N5302=0) in the blood serum, using biomarker N4411 cutoff concentration values of AD>273 and AD>270 ppm, respectively. These results are illustrated graphically in FIGS. 11A and B, respectively.

TABLE 12a

Complement Factor Bb Protein N7616	n	Mean ± SE	% AMC N5302 = 0	ANOVA-P
AMC	75	276.4 ± 16.59	100%	
AD	115	298.7 ± 11.41	108%	P > 0.110
PD	12	368.2 ± 22.34	133%	
AD-Like + Mixed	12	311.0 ± 25.81	113%	

Table 12a: Mean level (ppm)±standard error (SE), percent change from the mean level of age-match normal controls (AMC) and statistical differences from AMC (ANOVA-P) of blood serum Complement Factor Bb protein (spot N7616). Each sample (n) was run in triplicate on three separate 2D gels. These results are illustrated graphically in FIG. 12A.

TABLE 12b

Complement Factor Bb Protein N7616 AD > AMC	ROC		Area	SE	ROC-P
	N5302 < cutoff	Sensitivity			
AMC			52.4%	0.53	0.024
AD	233	52.5%			>0.09

Table 12b: Summary statistics for the graph in FIG. 12b; Receiver Operator Characteristics (ROC) of the differences in concentration in blood serum of Complement Factor Bb protein (spot N7616) where AD>AMC (AUC=0.53±0.024), to distinguish between Alzheimer’s disease patients and age-matched normal control (AMC) subjects, as reflected by sensitivity, specificity, and area under the curve, where AD>AMC using biomarker N7616 cutoff concentration value of AD>233 ppm. These results are illustrated graphically in FIG. 12B.

TABLE 13

a				
Complement Factor Bb Protein N7616	n	Mean ± SE	% of AMC	ANOVA-P
AMC N5302 = 0	52	262.2 ± 12.88	100%	
AD N5302 = 0	48	347.9 ± 21.14	133%	<0.0006
AMC N5302 > 0	23	308.4 ± 45.60	118%	
AD N5302 > 0	67	263.4 ± 11.85	100%	>0.17

TABLE 13-continued

Complement Facto Bb Protein N7616 AD > 0	ROC		Sensitivity	Specificity	Area	SE	ROC-P
	N7616 > cutoff						
AMC N5302 = 0				55.8%	0.59	0.033	
AD N5302 = 0	237		55.6%				<0.0040
AMC N5302 > 0				49.3%	0.48	0.039	
AD N5302 > 0	229		50.7%				P > 0.6

Table 13: (a) Mean level (ppm)±standard error (SE), percent change from the mean level of age-match normal control (AMC) and statistical differences from AMC (ANOVA-P) of blood serum Complement Factor Bb protein biomarker spot N7616, when Apolipoprotein E4 protein N5302 is detected (N5302>0) and not detected (N5302=0) in the blood serum. (b) Receiver Operator Characteristics (ROC) of the difference in blood serum concentrations of Complement Factor Bb protein biomarker spot N7616 to distinguish between Alzheimer's disease patients and age-matched normal control (AMC) subjects, as reflected by sensitivity, specificity, and area under the curve for the ROC. Values are calculated for individuals when N5302 is detected (N5302>0) and not detected (N5302=0) in the blood serum, where AD>AMC using biomarker N7616 cutoff concentration values of AD>229 and AD>237 ppm, respectively. These results are illustrated graphically in FIGS. 13A and B, respectively.

TABLE 14

Complement C3c1 Phosphoprotein N7310 Acquired Auto-Immune Inflammation						
N7310		n	Mean	Median	SE	Mean % AMC
14a:	Age Matched Control	75	315.8	241.7	10.57	100%
	AD	115	884.5	330.0	80.81	280%
	PD	12	1380.7	1230.0	190.20	443%
	AD-Like and Mixed	12	300.2	213.3	72.23	07%

TABLE 14-continued

Complement C3dg Protein N1511 Innate + Acquired Auto-Immune Inflammation						
N1511		n	Mean	Median	SE	Mean % AMC
14b:	Age Matched Control	75	400.5	74.1	8.65	100%
	AD	115	457.9	190.1	31.51	416%
	PD	12	792.3	642.7	75.30	723%
	AD-Like and Mixed	12	400.7	250.2	50.23	371%

Complement C3c2a Protein N9311 Innate Immune Inflammation						
N9311		n	Mean	Median	SE	Mean % AMC
14c:	Age Matched Control	75	305.7	250.1	12.03	100%
	AD	115	580.5	258.8	35.07	100%
	PD	12	728.1	635.3	5.37	238%
	AD-Like and Mixed	12	802.1	437.8	92.01	197%

Complement C3Sum = N7310 + N9311 + N1511 Innate + Acquired Auto-Immune Inflammation						
C3Sum		n	Mean	Median	SE	Mean % AMC
14d:	Age Matched Control	75	731.1	843.4	29.19	100%
	AD	115	1922.0	929.6	112.72	283%
	PD	12	2920.2	3220.0	259.80	399%
	AD-Like and Mixed	12	1314.0	1155.0	133.23	180%

Table 14: Mean level (ppm)±standard error (SE), percent change from the mean level of age-match normal controls (AMC) and Median (50th percentile) of blood serum a) Complement C3c1 phosphoprotein (spot N7310); b) Complement C3dg protein spot N1511; c) Complement C3c2a protein (spot N9311); Complement C3Sum (N7310+N1511+N9311). Each sample (n) was run in triplicate on three separate 2D gels. These results are illustrated graphically in FIG. 14.

TABLE 15

N1511						
ROC	N1511 > cutoff	Sensitivity	Specificity	ROC-P	ANOVA-P	
15a	AD > AMC	>105	60.9%	60.9%	<0.0001	<0.0001

TABLE 15-continued

N7310 ROC		N7310 > cutoff	Sensitivity	Specificity	ROC-P	ANOVA-P
15b	AD > AMC	>273	65.9%	55.5%	<0.0001	<0.0001
N9311 ROC		N9311 > cutoff	Sensitivity	Specificity	ROC-P	ANOVA-P
15c	AD > AMC	>273	53.9%	53.8%	<0.0001	<0.0001
C3Sum ROC		C3Sum > cutoff	Sensitivity	Specificity	ROC-P	ANOVA-P
15d	AD > AMC	>710	55.1%	55.1%	<0.0001	<0.0001

Table 15: Receiver Operator Characteristics (ROC) of the differences in blood serum concentrations of a) Complement C3dg protein (spot N1511); b) Complement C3c1 phosphoprotein (spot N7310); Complement C3c2a protein (spot N9311); and C3Sum (N1511+N7310+N9311) to distinguish between Alzheimer's disease patients and age-matched nor-

mal control (AMC) subjects, as reflected by sensitivity, specificity, and statistical significance, where AD>AMC using cutoff concentration values for each at Receiver Operator Characteristics (ROC) of the difference in blood serum concentrations of AD>105, AD>273, AD>272, and AD>710 ppm, respectively. These results are illustrated graphically in FIG. 15.

TABLE 16

16a												
Summary	Complement C3c1 Phosphoprotein N7310 Acquired AutoImmune Inflammation						Complement C3c2a Protein N9311 Innate Inflammation					
	N7310	n	Mean	Median	SE	% Change	N9311	n	Mean	Median	SE	% Change
AMC ② = ②	ANOVA	62	332.6	270.3	2100	303%	ANOVA	62	335.1	278.2	16.11	128%
AD ② = ②	P < 0.0001	18	②	②	110.16		P < 0.0001	18	②	298.1	50.15	
AMC ② 0	ANOVA	23	②	180.2	403.7	②%	ANOVA	23	251.9	225.1	10.34	206%
AD ② 0	P < 0.0001	67	743.1	296.3	666.7		P < 0.0001	61	540.0	296.7	41.43	
AD ② = 0	ANOVA	18	②	②	110.16	70%	ANOVA	18	53.1	298.1	53.15	85%
AD ② 0	P < 0.0001	67	745.1	296.3	65.57		P > 0.11	67	540.0	②	41.43	

16b												
Summary	Complement C3dg Protein N1511 Innate + Acquired AutoImmune Inflammation						Complement C3Sum = N1511 + N7310 + N9311 Innate + Acquired AutoImmune Inflammation					
	N1511	n	Mean	Median	SE	% Change	C3Sum	n	Mean	Median	SE	% Change
AMC N5302 = 0	ANOVA	62	105.8	69.4	103.0	511%	ANOVA	62	753.4	604.8	30.59	295%
AD N5302 = 0	P < 0.0001	18	510.3	210.3	95.53		P < 0.0001	18	2253.3	②	203.07	
AMC N5302 > 0	ANOVA	23	110.0	199	1590	300%	ANOVA	23	②	②	56.11	266%
AD N5302 > 0	P < 0.0001	67	②	167.6	36.82		P < 0.0001	61	②	116.0	136.30	
AD N5302 = 0	ANOVA	18	540.3	②	55.98	74%	ANOVA	18	②	②	203.07	78%
AD N5302 > 0	P < 0.0001	67	②	167.6	36.82		P < 0.0001	67	1687.0	715.0	136.38	

② indicates text missing or illegible when filed

Table 16: Mean level (ppm)±standard error (SE), Median (50th percentile) and percent change in blood serum levels of a) Complement C3c1 phosphoprotein (spot N7310), Complement C3c2a protein (spot N9311), and b) Complement C3dg protein spot N1511, and Complement C3Sum (N7310+N1511+N9311) when Apolipoprotein E4 protein N5302 is not detected (N5302=0) and detected (N5302>0) in the blood serum. These results are illustrated graphically in FIG. 16.

TABLE 17

		17a								
		Complement C3c1 Phosphoprotein N7310 Acquired Auto-Immune Inflammation				Complement C3c2a Protein N9311 Innate Inflammation				
Receiver Operator Characteristics		N7310 cutoff	Sensitivity	Specificity	ROC-P	N9311 cutoff	Sensitivity	Specificity	ROC-P	Class
AD vs. AMC at Sensitivity	AMC	?	?	?	?	?	?	?	?	Not AD
Specificity	?									AD
AD vs. AMC at Sensitivity	AMC	?	?	?	?	?	?	?	?	Not AD
Specificity	AD									AD
AD vs. AD at Sensitivity	AD	?	?	?	?	?	?	?	?	AD
Specificity	AD									AD

		17b								
		Complement C3dg Protein N1511 Innate + Acquired Immune Inflammation				Complement C3Sum = N1511 + N7310 + N9311 Innate + Acquired Immune Inflammation				
Receiver Operator Characteristics (ROC)		N1511 cutoff	Sensitivity	Specificity	ROC-P	C3Sum cutoff	Sensitivity	Specificity	ROC-P	Class
AD vs. AMC at Sensitivity	AMC N5302 = 0			62.8%	<0.0001			56.4%	<0.0001	Not AD
Specificity	AD N5302 = 0	>107	63.2%			>743	56.3%			AD
AD vs. AMC at Sensitivity	AMC N5302 > 0			58.0%	<0.0001			58.0%	<0.0001	Not AD
Specificity	AD N5302 > 0	>106	58.2%			>635	58.2%			AD
AD vs. AD at Sensitivity	AD N5302 = 0	>196	51.4%		>0.110	>769	56.3%		<0.0009	AD
Specificity	AD N5302 > 0			51.2%				56.3%		Not AD

Ⓜ indicates text missing or illegible when filed

Table 17: Receiver Operator Characteristics (ROC) of the difference in blood serum concentrations of a) Complement C3c1 phosphoprotein (spot N7310), Complement C3c2a protein (spot N9311), and b) Complement C3dg protein (spot N1511), and C3Sum (N1511+N7310+N9311) to distinguish between Alzheimer's disease patients and age-matched nor-

mal control (AMC) subjects and between two Alzheimer's disease patients, when Apolipoprotein E4 protein spot N5302 was not detected (N5302=0) and detected (N5302>0), as reflected by sensitivity, specificity, and statistical significance, using a characteristic cutoff concentration value for each biomarker. These results are illustrated graphically in FIG. 17.

TABLE 18a

Haptoglobin HP-1 Total Proteins				
N1514 + N2401 + N2407 + N3409	n	Mean ± SE	% AMC	ANOVA-P
AMC	75	29434.0 ± 703.64	100%	
AD	115	32898.4 ± 618.74	112%	0.0028
PD	12	29387.4 ± 1574.31	100%	
AD-Like + Mixed	12	32316.8 ± 2522.66	110%	

Table 18a: Mean level (ppm)±standard error (SE), percent change from the mean level of age-match normal control (AMC) and statistical significance of blood serum Total Haptoglobin Hp-1 proteins (Sum of spots N1514+N2401+N2407+N3409). Each sample (n) was run in triplicate on three separate 2D gels. These results are illustrated graphically in FIG. 22A.

TABLE 18b

Haptoglobin HP-1 Total Proteins N1514 + N2401 + N2407 + N3409	ROC					
	Hp-1 Total > cutoff	Sensitivity	Specificity	Area	SE	ROC-P
AMC			56.0%	0.59	0.024	
AD	30136	56.2%				<0.0001

Table 18b: Receiver Operator Characteristics (ROC) of the difference in blood serum concentrations of

[0267] Total Haptoglobin Hp-1 proteins (Sum of spots N1514+N2401+N2407+N3409) to distinguish between Alzheimer's disease patients and age-matched normal control (AMC) subjects, as reflected by sensitivity, specificity, area under the curve of ROC and statistical significance, where AD>AMC using cutoff value at AD>30136 ppm. These results are illustrated graphically in FIG. 22B.

TABLE 19a

Total HP-1 Proteins N1514 + N2401 + N2407 + N3409 AD > AMC	ROC					
	HP-1 < cutoff	Sensi- tivity	Speci- ficity	Area	SE	ROC-P
AMC N5302 = 0			64.7%	0.68	0.031	
AD N5302 = 0	30216	64.6%				<0.0001
AMC N5302 > 0			44.9%	0.47	0.040	
AD N5302 > 0	31768	44.8%				>0.14

Table 19a: Mean level (ppm)±standard error (SE), percent change from the mean level of age-match normal control (AMC) and statistical differences from AMC (ANOVA-P) of blood serum total Haptoglobin Hp-1 proteins (Sum of spots N1514+N2401+N2407+N3409), when Apolipoprotein E4 protein N5302 is detected (N5302>0) and not detected (N5302=0) in the blood serum. These results are illustrated graphically in FIG. 25A.

TABLE 19b

Total HP-1 Proteins N1514 + N2401 + N2407 + N3409 AD > AMC	ROC					
	HP-1 < cutoff	Sensi- tivity	Speci- ficity	Area	SE	ROC-P
AMC N5302 = 0			64.7%	0.68	0.031	
AD N5302 = 0	30216	64.6%				<0.0001
AMC N5302 > 0			44.9%	0.47	0.040	
AD N5302 > 0	31768	44.8%				>0.14

Table 19b: Receiver Operator Characteristics (ROC) of the difference in blood serum concentrations of total Haptoglobin Hp-1 proteins (Sum of spots N1514+N2401+N2407+N3409) to distinguish between Alzheimer's disease patients and age-matched normal control (AMC) subjects, as reflected

by sensitivity, specificity, and area under the curve for the ROC. Values are calculated for each group when Apolipoprotein E4 protein N5302 is detected (N5302>0) and not detected (N5302=0) in the blood serum, where AD>AMC using cutoff values of AD>31768 and AD>30216 ppm, respectively. These results are illustrated graphically in FIG. 25B.

TABLE 20a

Inter-alpha-trypsin Inhibitor Heavy Chain (H4) Related 35 KD Protein N2307				
	n	Mean ± SE	% AMC	ANOVA-P
AMC	75	241.0 ± 13.74	100%	
AD	115	410.2 ± 20.41	170%	<0.0001
PD	12	408.6 ± 54.66	170%	
AD-Like + Mixed	12	327.6 ± 51.07	136%	

Table 20a: Mean level (ppm)±standard error (SE), percent change from the mean level of age-match normal control (AMC) and statistical significance of blood serum Inter-alpha-trypsin inhibitor heavy chain (H4) related 35 KD protein (spot N2307). Each sample (n) was run in triplicate on three separate 2D gels. These results are illustrated graphically in FIG. 26A.

TABLE 20b

Inter-alpha-trypsin Inhibitor Heavy Chain (H4) Related 35 KD Protein N2307						
AD > AMC	ROC N2307 > cutoff	Sensi- tivity	Speci- ficity	Area	SE	ROC-P
AMC			58.2%	0.62	0.023	
AD	210	58.0%				<0.0001

Table 20b: Receiver Operator Characteristics (ROC) of the difference in blood serum concentrations of Inter-alpha-trypsin inhibitor heavy chain (H4) related 35 KD protein (spot N2307) to distinguish between Alzheimer's disease patients and age-matched normal control (AMC) subjects, as reflected by sensitivity, specificity, area under the curve of ROC and statistical significance, where AD>AMC using cutoff concentration value at AD>210 ppm. These results are illustrated graphically in FIG. 26B.

TABLE 21a

Inter-alpha-trypsin inhibitor heavy chain (H4) Related 35 KD Protein N2307	n	Mean ± SE	% AMC N5302 = 0	ANOVA
AMC N5302 = 0	52	215.9 ± 14.49	100%	P < 0.0001
AD N5302 = 0	48	457.6 ± 36.34	212%	
AMC N5302 > 0	23	297.9 ± 29.62	138%	
AD N5302 > 0	67	376.1 ± 23.23	174%	

Table 21a: Mean level (ppm)±standard error (SE), percent change from the mean level of age-match normal control (AMC) and statistical differences from AMC (ANOVA-P) of blood serum Inter-alpha-trypsin inhibitor heavy chain (H4) related 35 KD protein (spot N2307), when Apolipoprotein E4 protein N5302 is detected (N5302>0) and not detected (N5302=0) in the blood serum. These results are illustrated graphically in FIG. 27A.

TABLE 21b

Inter-alpha-trypsin inhibitor heavy chain (H4) Related 35 KD Protein N2307 AD > AMC	ROC N2307 < cutoff	Sensitivity	Specificity	Area	SE	ROC-P
AMC N5302 = 0			61.5%	0.68	0.031	<0.0001
AD N5302 = 0	211	61.8%				
AMC N5302 > 0			50.7%	0.54	0.038	
AD N5302 > 0	224	50.7%			>0.14	

Table 21b: Receiver Operator Characteristics (ROC) of the difference in blood serum concentrations of Inter-alpha-trypsin inhibitor heavy chain (H4) related 35 KD protein spot N2307 to distinguish between Alzheimer's disease patients and age-matched normal control (AMC) subjects, as reflected by sensitivity, specificity, and area under the curve for the ROC. Values are calculated for each group when Apolipoprotein E4 protein N5302 is detected (N5302>0) and not detected (N5302=0) in the blood serum, where AD>AMC using cutoff concentration values of AD>224 and AD>211 ppm, respectively. These results are illustrated graphically in FIG. 27B.

TABLE 22a

Immunoglobulin Light Chain Protein N6224	n	Mean ± SE	% AMC	ANOVA-P
AMC	75	461.1 ± 16.74	100%	<0.0002
AD	115	369.4 ± 15.35	80%	
PD	12	336.1 ± 24.24	73%	
AD-Like + Mixed	12	329.1 ± 39.04	71%	

Table 22a: Mean level (ppm)±standard error (SE), percent change from the mean level of age-match normal control (AMC) and statistical significance of blood serum Immunoglobulin light chain protein (spot N6224). Each sample (n) was run in triplicate on three separate 2D gels. These results are illustrated graphically in FIG. 29A.

TABLE 22b

Immunoglobulin Light Chain Protein N6224 AD < AMC	ROC N6224 < cutoff	Sensitivity	Specificity	Area	SE	ROC-P
AMC			59.6%	0.64	0.023	<0.0001
AD	368	59.7%				

Table 22b: Receiver Operator Characteristics (ROC) of the difference in blood serum concentrations of Immunoglobulin light chain protein (spot N6224) to distinguish between Alzheimer's disease patients and age-matched normal control (AMC) subjects, as reflected by sensitivity, specificity, area under the curve of ROC and statistical significance, where AD<AMC using cutoff concentration value at AD<368 ppm. These results are illustrated graphically in FIG. 29B.

TABLE 23a

Immunoglobulin Light Chain Protein N6224	n	Mean ± SE	% AMC N5302 = 0	ANOVA
AMC N5302 = 0	52	452.4 ± 19.81	100%	P > 0.08
AD N5302 = 0	48	391.2 ± 30.15	86%	
AMC N5302 > 0	23	480.7 ± 31.27	106%	
AD N5302 > 0	67	353.7 ± 15.06	78%	

Table 23a: Mean level (ppm)±standard error (SE), percent change from the mean level of age-match normal control (AMC) and statistical differences from AMC (ANOVA-P) of blood serum Immunoglobulin light chain protein (spot N6224), when Apolipoprotein E4 protein N5302 is detected (N5302>0) and not detected (N5302=0) in the blood serum. These results are illustrated graphically in FIG. 30B.

TABLE 23b

Immunoglobulin Light Chain Protein N6224 AD < AMC	ROC N6221 < cutoff	Sensitivity	Specificity	Area	SE	ROC-P
AMC N5302 = 0			57.1%	0.62	0.032	<0.0003
AD N5302 = 0	368	56.9%				
AMC N5302 > 0			62.3%	0.68	0.036	
AD N5302 > 0	378	62.7%			<0.0001	

Table 23b: Receiver Operator Characteristics (ROC) of the difference in blood serum concentrations of Immunoglobulin light chain protein (spot N6224) to distinguish between Alzheimer's disease patients and age-matched normal control (AMC) subjects, as reflected by sensitivity, specificity, and area under the curve for the ROC. Values are calculated for each group when N5302 is detected (N5302>0) and not detected (N5302=0) in the blood serum, where AD<AMC using cutoff values of AD<378 and AD<368 ppm, respectively. These results are illustrated graphically in FIG. 30B.

TABLE 24a

Apolipoprotein A-IV Protein N2502	n	Mean ± SE	% AMC	ANOVA-P
AMC	75	2915.6 ± 115.15	100%	
AD	115	2341.8 ± 74.61	80%	<0.0001
PD	12	1737.8 ± 180.58	60%	
AD-Like + Mixed	12	1934.2 ± 191.21	66%	

Table 24a: Mean level (ppm)±standard error (SE), percent change from the mean level of age-match normal controls (AMC) and statistical significance of blood serum Apolipoprotein A-IV protein (spot N2502). Each sample (n) was run in triplicate on three separate 2D gels. These results are illustrated graphically in FIG. 31B.

TABLE 24b

Apolipoprotein A-IV Protein N2502	ROC N2502 < cutoff	Sensitivity	Specificity	Area	SE	ROC-P
AMC			59.1%	0.64	0.023	
AD	2465	59.1%				<0.0001

Table 24b: Receiver Operator Characteristics (ROC) of the difference in blood serum concentrations of Apolipoprotein A-IV protein (spot N2502) to distinguish between Alzheimer's disease patients and age-matched normal control (AMC) subjects, as reflected by sensitivity, specificity, area under the curve of ROC and statistical significance, where AD<AMC using N2502 cutoff value at AD<2465 ppm. These results are illustrated graphically in FIG. 31B.

TABLE 25a

Apolipoprotein A-IV Protein N2502	n	Mean ± SE	% AMC N5302 = 0	ANOVA
AMC N5302 = 0	52	2993.5 ± 155.71	100%	
AD N5302 = 0	48	2339.1 ± 131.43	78%	P < 0.0003
AMC N5302 > 0	23	2739.7 ± 129.70	92%	
AD N5302 > 0	67	2343.8 ± 87.10	78%	P < 0.03

Table 25a: Mean level (ppm)±standard error (SE), percent change from the mean level of age-match normal control (AMC) and statistical differences from AMC (ANOVA-P) of

blood serum Apolipoprotein A-IV protein (spot N2502), when Apolipoprotein E4 protein N5302 is detected (N5302>0) and not detected (N5302=0) in the blood serum. These results are illustrated graphically in FIG. 32A.

TABLE 25b

Apolipoprotein A-IV Protein N2502	ROC N2502 < cutoff	Sensitivity	Specificity	Area	SE	ROC-P
AMC N5302 = 0			58.3%	0.65	0.032	
AD N5302 = 0	2412	58.3%				<0.0001
AMC N5302 > 0			62.3%	0.64	0.039	
AD N5302 > 0	2588	62.2%				<0.0003

Table 25b: Receiver Operator Characteristics (ROC) of the difference in blood serum concentrations of Apolipoprotein A-IV protein (spot N2502) to distinguish between Alzheimer's disease patients and age-matched normal control (AMC) subjects, as reflected by sensitivity, specificity, and area under the curve for the ROC. Values are calculated for each group when Apolipoprotein E4 protein N5302 is detected (N5302>0) and not detected (N5302=0) in the blood serum, where AD<AMC using cutoff concentration values of AD<2588 and AD2412 ppm, respectively. These results are illustrated graphically in FIG. 32B.

TABLE 26

Function	Biomarkers Employed in Discriminant Function	Sensitivity	Specificity
All Samples	N5302 N3314 N3307 N4411 N7616 HaptogI N7310 N9311 N1511 N2307	69.6%	84.4%
Combined	N2502 N6224		
Samples Separated	N5302 N3314 N3307 N4411 N7616 HaptogI N7310 N9311 N1511 N2307	82.3%	82.7%
N5302 = 0 + N5302 > 0	N2502 N6224		

Table 26: Enhanced sensitivity obtained by applying multivariate linear discriminant biostatistics to the blood serum concentrations of the listed protein biomarkers. The first approach employs comparing Alzheimer's disease patients and age-matched control using the listed biomarkers without sorting the compared groups. The second approach employs the separation of both Alzheimer's disease patients and age-matched control subjects into two categories based on the detection or lack of detection of Apolipoprotein E4 protein N5302 in their blood serum. A multivariate biostatistical analysis is applied to each of the 2 groups, employing all the biomarkers listed (N3314, N3317, N4411; N7616, HP-1 total [N1514+N2401+N2407+N3409], N7310, N9311, N1511, N2307, N2502, and N6224), followed by summing the separate results of the 2 multivariate biostatistical analysis of the sorted categories. As shown, this second approach provides substantial improvement in diagnostic capability over the first, non-sorted approach. These results are illustrated graphically in FIG. 33.

TABLE 27

Mechanism of Neuronal Degeneration	Alzheimer's disease		Amyotrophic lateral sclerosis (ALS) [§]	
	Apo E4 > 0	Apo E4 = 0	Familial	Sporadic
Neuronal Oxidative Stress and Apoptosis	Primary	Inhibited	Primary	Inhibited
Autoimmune/Innate Inflammation	Secondary	Primary	Secondary	Primary

[§]From references 17, 18.

Table 27: Observed similarity in the mechanism of neuronal degeneration in Alzheimer's disease and Amyotrophic lateral sclerosis patients, drawn from the identities, functions and observed differences in blood serum concentration of the listed biomarkers.

TABLE 28[‡]

Statistical Test	Summary multivariate statistics using 34 biomarkers			Summary multivariate statistics using 24 biomarkers		
	AD (n = 22)	PD (n = 29)	ALS (n = 136)	AD (n = 44)	PD (n = 24)	Normal
Linear	91%	79%	89%	86%	92%	94%

[‡]From reference 19

Table 28^v: Multivariate linear discriminant analysis as indicated by percent sensitivity of classification of each disease in mixture of population, using 34 and step disc-selected 24 serum biomarkers.

TABLE 29

The examples illustrate how the invention:
Provides a relational perspective from the patients to functional, pre-clinical, and clinical studies of genomic and proteomic biomarkers
Enables differential diagnostic and disease specific mechanism discrimination between
Similar diseases, e.g. AD vs. ALS vs. PD; AD vs. AD-Like vs. Normal
Sporadic and familial disease subcategories, e.g. Apo E4 (+) AD vs. Apo E4 (-) AD; and sALS vs. fALS
Disease mechanisms, e.g. oxidative stress, apoptosis, and autoimmune inflammatory mechanisms of neuronal degeneration.
Provides the type of information that can be employed in the monitoring of patients for:
Potential drug response
Disease severity and progression
Potential new drug targets
Will ultimately lead to personalized medicine

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          20           25           30

Arg Gln Gln Thr Glu Trp Gln Ser Gly Gln Arg Trp Glu Leu Ala Leu
          35           40           45

Gly Arg Phe Trp Asp Tyr Leu Arg Trp Val Gln Thr Leu Ser Glu Gln
          50           55           60

Val Gln Glu Glu Leu Leu Ser Ser Gln Val Thr Gln Glu Leu Arg Ala
65           70           75           80

Leu Met Asp Glu Thr Met Lys Glu Leu Lys Ala Tyr Lys Ser Glu Leu
          85           90           95

Glu Glu Gln Leu Thr Pro Val Ala Glu Glu Thr Arg Ala Arg Leu Ser
100          105          110

Lys Glu Leu Gln Ala Ala Gln Ala Arg Leu Gly Ala Asp Met Glu Asp
115          120          125

Val Arg Gly Arg Leu Val Gln Tyr Arg Gly Glu Val Gln Ala Met Leu
130          135          140

Gly Gln Ser Thr Glu Glu Leu Arg Val Arg Leu Ala Ser His Leu Arg
145          150          155          160

Lys Leu Arg Lys Arg Leu Leu Arg Asp Ala Asp Asp Leu Gln Lys Arg
165          170          175

Leu Ala Val Tyr Gln Ala Gly Ala Arg Glu Gly Ala Glu Arg Gly Leu
180          185          190

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Ser Ala Ile Arg Glu Arg Leu Gly Pro Leu Val Glu Gln Gly Arg Val
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Arg Ala Ala Thr Val Gly Ser Leu Ala Gly Gln Pro Leu Gln Glu Arg
 210                215                220

Ala Gln Ala Trp Gly Glu Arg Leu Arg Ala Arg Met Glu Glu Met Gly
 225                230                235                240

Ser Arg Thr Arg Asp Arg Leu Asp Glu Val Lys Glu Gln Val Ala Glu
 245                250                255

Val Arg Ala Lys Leu Glu Glu Gln Ala Gln Gln Ile Arg Leu Gln Ala
 260                265                270

Glu Ala Phe Gln Ala Arg Leu Lys Ser Trp Phe Glu Pro Leu Val Glu
 275                280                285

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

Arg Phe Trp Asp Tyr Leu Arg Trp Val Gln Thr Leu Ser Glu Gln Val
 35                40                45

Gln Glu Glu Leu Leu Ser Ser Gln Val Thr Gln Glu Leu Arg Ala Leu
 50                55                60

Met Asp Glu Thr Met Lys Glu Leu Lys Ala Tyr Lys Ser Glu Leu Glu
 65                70                75                80

Glu Gln Leu Thr Pro Val Ala Glu Glu Thr Arg Ala Arg Leu Ser Lys
 85                90                95

Glu Leu Gln Ala Ala Gln Ala Arg Leu Gly Ala Asp Met Glu Asp Val
 100               105               110

Arg Gly Arg Leu Val Gln Tyr Arg Gly Glu Val Gln Ala Met Leu Gly
 115               120               125

Gln Ser Thr Glu Glu Leu Arg Val Arg Leu Ala Ser His Leu Arg Lys
 130               135               140

Leu Arg Lys Arg Leu Leu Arg Asp Ala Asp Asp Leu Gln Lys Arg Leu
 145               150               155               160

Ala Val Tyr Gln Ala Gly Ala Arg Glu Gly Ala Glu Arg Gly Leu Ser
 165               170               175

Ala Ile Arg Glu Arg Leu Gly Pro Leu Val Glu Gln Gly Arg Val Arg
 180               185               190

Ala Ala Thr Val Gly Ser Leu Ala Gly Gln Pro Leu Gln Glu Arg Ala
 195               200               205

Gln Ala Trp Gly Glu Arg Leu Arg Ala Arg Met Glu Glu Met Gly Ser
 210               215               220

Arg Thr Arg Asp Arg Leu Asp Glu Val Lys Glu Gln Val Ala Glu Val
 225               230               235               240

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Gln Gln Thr Glu Trp Gln Ser Gly Gln Arg Trp Glu Leu Ala Leu Gly				
	20		25	30
Arg Phe Trp Asp Tyr Leu Arg Trp Val Gln Thr Leu Ser Glu Gln Val				
	35		40	45
Gln Glu Glu Leu Leu Ser Ser Gln Val Thr Gln Glu Leu Arg Ala Leu				
	50		55	60
Met Asp Glu Thr Met Lys Glu Leu Lys Ala Tyr Lys Ser Glu Leu Glu				
	65		70	75
Glu Gln Leu Thr Pro Val Ala Glu Glu Thr Arg Ala Arg Leu Ser Lys				
	85		90	95
Glu Leu Gln Thr Ala Gln Ala Arg Leu Gly Ala Asp Met Glu Asp Val				
	100		105	110
Cys Gly Arg Leu Val Gln Tyr Arg Gly Glu Val Gln Ala Met Leu Gly				
	115		120	125
Gln Ser Thr Glu Glu Leu Arg Val Arg Leu Ala Ser His Leu Arg Lys				
	130		135	140
Leu Arg Lys Arg Leu Leu Arg Asp Pro Asp Asp Leu Gln Lys Arg Leu				
	145		150	155
Ala Val Tyr Gln Ala Gly Ala Arg Glu Gly Ala Glu Arg Gly Leu Ser				
	165		170	175
Ala Ile Arg Glu Arg Leu Gly Pro Leu Val Glu Gln Gly Arg Val Arg				
	180		185	190
Ala Ala Thr Val Gly Ser Leu Ala Gly Gln Pro Leu Gln Glu Arg Ala				
	195		200	205
Gln Ala Trp Gly Glu Arg Leu Arg Ala Arg Met Glu Glu Met Gly Ser				
	210		215	220
Arg Thr Arg Asp Arg Leu Asp Glu Val Lys Glu Gln Val Ala Glu Val				
	225		230	235
Arg Ala Lys Leu Glu Glu Gln Ala Gln Gln Ile Arg Leu Gln Ala Glu				
	245		250	255
Ala Phe Gln Ala Arg Leu Lys Ser Trp Phe Glu Pro Leu Val Glu Asp				
	260		265	270
Met Gln Arg Gln Trp Ala Gly Leu Val Glu Lys Val Gln Ala Ala Val				
	275		280	285
Gly Thr Ser Ala Ala Pro Val Pro Ser Asp Asn His				
290		295		300

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<400> SEQUENCE: 5

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20      25      30
Met Val Lys Val Leu Asp Ala Val Arg Gly Ser Pro Ala Ile Asn Val
35      40      45
Ala Val His Val Phe Arg Lys Ala Ala Asp Asp Thr Trp Glu Pro Phe
50      55      60
Ala Ser Gly Lys Thr Ser Glu Ser Gly Glu Leu His Gly Leu Thr Thr
65      70      75      80
Glu Glu Glu Phe Val Glu Gly Ile Tyr Lys Val Glu Ile Asp Thr Lys
85      90      95
Ser Tyr Trp Lys Ala Leu Gly Ile Ser Pro Phe His Glu His Ala Glu
100     105     110
Val Val Phe Thr Ala Asn Asp Ser Gly Pro Arg Arg Tyr Thr Ile Ala
115     120     125
Ala Leu Leu Ser Pro Tyr Ser Tyr Ser Thr Thr Ala Val Val Thr Asn
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Pro Lys Glu
145

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<210> SEQ ID NO 6

<211> LENGTH: 1663

<212> TYPE: PRT

<213> ORGANISM: Homo sapiens

<400> SEQUENCE: 6

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Leu Pro Leu Ala Leu Gly Ser Pro Met Tyr Ser Ile Ile Thr Pro Asn
20      25      30
Ile Leu Arg Leu Glu Ser Glu Glu Thr Met Val Leu Glu Ala His Asp
35      40      45
Ala Gln Gly Asp Val Pro Val Thr Val Thr Val His Asp Phe Pro Gly
50      55      60
Lys Lys Leu Val Leu Ser Ser Glu Lys Thr Val Leu Thr Pro Ala Thr
65      70      75      80
Asn His Met Gly Asn Val Thr Phe Thr Ile Pro Ala Asn Arg Glu Phe
85      90      95
Lys Ser Glu Lys Gly Arg Asn Lys Phe Val Thr Val Gln Ala Thr Phe
100     105     110
Gly Thr Gln Val Val Glu Lys Val Val Leu Val Ser Leu Gln Ser Gly
115     120     125
Tyr Leu Phe Ile Gln Thr Asp Lys Thr Ile Tyr Thr Pro Gly Ser Thr
130     135     140
Val Leu Tyr Arg Ile Phe Thr Val Asn His Lys Leu Leu Pro Val Gly
145     150     155     160
Arg Thr Val Met Val Asn Ile Glu Asn Pro Glu Gly Ile Pro Val Lys
165     170     175
Gln Asp Ser Leu Ser Ser Gln Asn Gln Leu Gly Val Leu Pro Leu Ser
180     185     190

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Trp Asp Ile Pro Glu Leu Val Asn Met Gly Gln Trp Lys Ile Arg Ala
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 225 230 235 240
 Lys Phe Tyr Tyr Ile Tyr Asn Glu Lys Gly Leu Glu Val Thr Ile Thr
 245 250 255
 Ala Arg Phe Leu Tyr Gly Lys Lys Val Glu Gly Thr Ala Phe Val Ile
 260 265 270
 Phe Gly Ile Gln Asp Gly Glu Gln Arg Ile Ser Leu Pro Glu Ser Leu
 275 280 285
 Lys Arg Ile Pro Ile Glu Asp Gly Ser Gly Glu Val Val Leu Ser Arg
 290 295 300
 Lys Val Leu Leu Asp Gly Val Gln Asn Pro Arg Ala Glu Asp Leu Val
 305 310 315 320
 Gly Lys Ser Leu Tyr Val Ser Ala Thr Val Ile Leu His Ser Gly Ser
 325 330 335
 Asp Met Val Gln Ala Glu Arg Ser Gly Ile Pro Ile Val Thr Ser Pro
 340 345 350
 Tyr Gln Ile His Phe Thr Lys Thr Pro Lys Tyr Phe Lys Pro Gly Met
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 Pro Phe Asp Leu Met Val Phe Val Thr Asn Pro Asp Gly Ser Pro Ala
 370 375 380
 Tyr Arg Val Pro Val Ala Val Gln Gly Glu Asp Thr Val Gln Ser Leu
 385 390 395 400
 Thr Gln Gly Asp Gly Val Ala Lys Leu Ser Ile Asn Thr His Pro Ser
 405 410 415
 Gln Lys Pro Leu Ser Ile Thr Val Arg Thr Lys Lys Gln Glu Leu Ser
 420 425 430
 Glu Ala Glu Gln Ala Thr Arg Thr Met Gln Ala Leu Pro Tyr Ser Thr
 435 440 445
 Val Gly Asn Ser Asn Asn Tyr Leu His Leu Ser Val Leu Arg Thr Glu
 450 455 460
 Leu Arg Pro Gly Glu Thr Leu Asn Val Asn Phe Leu Leu Arg Met Asp
 465 470 475 480
 Arg Ala His Glu Ala Lys Ile Arg Tyr Tyr Thr Tyr Leu Ile Met Asn
 485 490 495
 Lys Gly Arg Leu Leu Lys Ala Gly Arg Gln Val Arg Glu Pro Gly Gln
 500 505 510
 Asp Leu Val Val Leu Pro Leu Ser Ile Thr Thr Asp Phe Ile Pro Ser
 515 520 525
 Phe Arg Leu Val Ala Tyr Tyr Thr Leu Ile Gly Ala Ser Gly Gln Arg
 530 535 540
 Glu Val Val Ala Asp Ser Val Trp Val Asp Val Lys Asp Ser Cys Val
 545 550 555 560
 Gly Ser Leu Val Val Lys Ser Gly Gln Ser Glu Asp Arg Gln Pro Val
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 Pro Gly Gln Gln Met Thr Leu Lys Ile Glu Gly Asp His Gly Ala Arg
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 Val Val Leu Val Ala Val Asp Lys Gly Val Phe Val Leu Asn Lys Lys

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Asn	Lys	Leu	Thr	Gln	Ser	Lys	Ile	Trp	Asp	Val	Val	Glu	Lys	Ala	Asp
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Ile	Gly	Cys	Thr	Pro	Gly	Ser	Gly	Lys	Asp	Tyr	Ala	Gly	Val	Phe	Ser
625					630					635					640
Asp	Ala	Gly	Leu	Thr	Phe	Thr	Ser	Ser	Ser	Ser	Gly	Gln	Gln	Thr	Ala
					645					650					655
Arg	Ala	Glu	Leu	Gln	Cys	Pro	Gln	Pro	Ala	Ala	Arg	Arg	Arg	Arg	Ser
					660					665					670
Val	Gln	Leu	Thr	Glu	Lys	Arg	Met	Asp	Lys	Val	Gly	Lys	Tyr	Pro	Lys
					675					680					685
Glu	Leu	Arg	Lys	Cys	Cys	Glu	Asp	Gly	Met	Arg	Glu	Asn	Pro	Met	Arg
					690					695					700
Phe	Ser	Cys	Gln	Arg	Arg	Thr	Arg	Phe	Ile	Ser	Leu	Gly	Glu	Ala	Cys
					705					710					715
Lys	Lys	Val	Phe	Leu	Asp	Cys	Cys	Asn	Tyr	Ile	Thr	Glu	Leu	Arg	Arg
					725					730					735
Gln	His	Ala	Arg	Ala	Ser	His	Leu	Gly	Leu	Ala	Arg	Ser	Asn	Leu	Asp
					740					745					750
Glu	Asp	Ile	Ile	Ala	Glu	Glu	Asn	Ile	Val	Ser	Arg	Ser	Glu	Phe	Pro
					755					760					765
Glu	Ser	Trp	Leu	Trp	Asn	Val	Glu	Asp	Leu	Lys	Glu	Pro	Pro	Lys	Asn
					770					775					780
Gly	Ile	Ser	Thr	Lys	Leu	Met	Asn	Ile	Phe	Leu	Lys	Asp	Ser	Ile	Thr
					785					790					795
Thr	Trp	Glu	Ile	Leu	Ala	Val	Ser	Met	Ser	Asp	Lys	Lys	Gly	Ile	Cys
					805					810					815
Val	Ala	Asp	Pro	Phe	Glu	Val	Thr	Val	Met	Gln	Asp	Phe	Phe	Ile	Asp
					820					825					830
Leu	Arg	Leu	Pro	Tyr	Ser	Val	Val	Arg	Asn	Glu	Gln	Val	Glu	Ile	Arg
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Ala	Val	Leu	Tyr	Asn	Tyr	Arg	Gln	Asn	Gln	Glu	Leu	Lys	Val	Arg	Val
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Glu	Leu	Leu	His	Asn	Pro	Ala	Phe	Cys	Ser	Leu	Ala	Thr	Thr	Lys	Arg
					865					870					875
Arg	His	Gln	Gln	Thr	Val	Thr	Ile	Pro	Pro	Lys	Ser	Ser	Leu	Ser	Val
					885					890					895
Pro	Tyr	Val	Ile	Val	Pro	Leu	Lys	Thr	Gly	Leu	Gln	Glu	Val	Glu	Val
					900					905					910
Lys	Ala	Ala	Val	Tyr	His	His	Phe	Ile	Ser	Asp	Gly	Val	Arg	Lys	Ser
					915					920					925
Leu	Lys	Val	Val	Pro	Glu	Gly	Ile	Arg	Met	Asn	Lys	Thr	Val	Ala	Val
					930					935					940
Arg	Thr	Leu	Asp	Pro	Glu	Arg	Leu	Gly	Arg	Glu	Gly	Val	Gln	Lys	Glu
					945					950					955
Asp	Ile	Pro	Pro	Ala	Asp	Leu	Ser	Asp	Gln	Val	Pro	Asp	Thr	Glu	Ser
					965					970					975
Glu	Thr	Arg	Ile	Leu	Leu	Gln	Gly	Thr	Pro	Val	Ala	Gln	Met	Thr	Glu
					980					985					990
Asp	Ala	Val	Asp	Ala	Glu	Arg	Leu	Lys	His	Leu	Ile	Val	Thr	Pro	Ser
					995					1000					1005

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Ala	Val	His	Tyr	Leu	Asp	Glu	Thr	Glu	Gln	Trp	Glu	Lys	Phe	Gly
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Leu	Glu	Lys	Arg	Gln	Gly	Ala	Leu	Glu	Leu	Ile	Lys	Lys	Gly	Tyr
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Thr	Gln	Gln	Leu	Ala	Phe	Arg	Gln	Pro	Ser	Ser	Ala	Phe	Ala	Ala
1055						1060					1065			
Phe	Val	Lys	Arg	Ala	Pro	Ser	Thr	Trp	Leu	Thr	Ala	Tyr	Val	Val
1070						1075					1080			
Lys	Val	Phe	Ser	Leu	Ala	Val	Asn	Leu	Ile	Ala	Ile	Asp	Ser	Gln
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Val	Leu	Cys	Gly	Ala	Val	Lys	Trp	Leu	Ile	Leu	Glu	Lys	Gln	Lys
1100						1105					1110			
Pro	Asp	Gly	Val	Phe	Gln	Glu	Asp	Ala	Pro	Val	Ile	His	Gln	Glu
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Met	Ile	Gly	Gly	Leu	Arg	Asn	Asn	Asn	Glu	Lys	Asp	Met	Ala	Leu
1130						1135					1140			
Thr	Ala	Phe	Val	Leu	Ile	Ser	Leu	Gln	Glu	Ala	Lys	Asp	Ile	Cys
1145						1150					1155			
Glu	Glu	Gln	Val	Asn	Ser	Leu	Pro	Gly	Ser	Ile	Thr	Lys	Ala	Gly
1160						1165					1170			
Asp	Phe	Leu	Glu	Ala	Asn	Tyr	Met	Asn	Leu	Gln	Arg	Ser	Tyr	Thr
1175						1180					1185			
Val	Ala	Ile	Ala	Gly	Tyr	Ala	Leu	Ala	Gln	Met	Gly	Arg	Leu	Lys
1190						1195					1200			
Gly	Pro	Leu	Leu	Asn	Lys	Phe	Leu	Thr	Thr	Ala	Lys	Asp	Lys	Asn
1205						1210					1215			
Arg	Trp	Glu	Asp	Pro	Gly	Lys	Gln	Leu	Tyr	Asn	Val	Glu	Ala	Thr
1220						1225					1230			
Ser	Tyr	Ala	Leu	Leu	Ala	Leu	Leu	Gln	Leu	Lys	Asp	Phe	Asp	Phe
1235						1240					1245			
Val	Pro	Pro	Val	Val	Arg	Trp	Leu	Asn	Glu	Gln	Arg	Tyr	Tyr	Gly
1250						1255					1260			
Gly	Gly	Tyr	Gly	Ser	Thr	Gln	Ala	Thr	Phe	Met	Val	Phe	Gln	Ala
1265						1270					1275			
Leu	Ala	Gln	Tyr	Gln	Lys	Asp	Ala	Pro	Asp	His	Gln	Glu	Leu	Asn
1280						1285					1290			
Leu	Asp	Val	Ser	Leu	Gln	Leu	Pro	Ser	Arg	Ser	Ser	Lys	Ile	Thr
1295						1300					1305			
His	Arg	Ile	His	Trp	Glu	Ser	Ala	Ser	Leu	Leu	Arg	Ser	Glu	Glu
1310						1315					1320			
Thr	Lys	Glu	Asn	Glu	Gly	Phe	Thr	Val	Thr	Ala	Glu	Gly	Lys	Gly
1325						1330					1335			
Gln	Gly	Thr	Leu	Ser	Val	Val	Thr	Met	Tyr	His	Ala	Lys	Ala	Lys
1340						1345					1350			
Asp	Gln	Leu	Thr	Cys	Asn	Lys	Phe	Asp	Leu	Lys	Val	Thr	Ile	Lys
1355						1360					1365			
Pro	Ala	Pro	Glu	Thr	Glu	Lys	Arg	Pro	Gln	Asp	Ala	Lys	Asn	Thr
1370						1375					1380			

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Met Ile Leu Glu Ile Cys Thr Arg Tyr Arg Gly Asp Gln Asp Ala
1385                1390                1395

Thr Met Ser Ile Leu Asp Ile Ser Met Met Thr Gly Phe Ala Pro
1400                1405                1410

Asp Thr Asp Asp Leu Lys Gln Leu Ala Asn Gly Val Asp Arg Tyr
1415                1420                1425

Ile Ser Lys Tyr Glu Leu Asp Lys Ala Phe Ser Asp Arg Asn Thr
1430                1435                1440

Leu Ile Ile Tyr Leu Asp Lys Val Ser His Ser Glu Asp Asp Cys
1445                1450                1455

Leu Ala Phe Lys Val His Gln Tyr Phe Asn Val Glu Leu Ile Gln
1460                1465                1470

Pro Gly Ala Val Lys Val Tyr Ala Tyr Tyr Asn Leu Glu Glu Ser
1475                1480                1485

Cys Thr Arg Phe Tyr His Pro Glu Lys Glu Asp Gly Lys Leu Asn
1490                1495                1500

Lys Leu Cys Arg Asp Glu Leu Cys Arg Cys Ala Glu Glu Asn Cys
1505                1510                1515

Phe Ile Gln Lys Ser Asp Asp Lys Val Thr Leu Glu Glu Arg Leu
1520                1525                1530

Asp Lys Ala Cys Glu Pro Gly Val Asp Tyr Val Tyr Lys Thr Arg
1535                1540                1545

Leu Val Lys Val Gln Leu Ser Asn Asp Phe Asp Glu Tyr Ile Met
1550                1555                1560

Ala Ile Glu Gln Thr Ile Lys Ser Gly Ser Asp Glu Val Gln Val
1565                1570                1575

Gly Gln Gln Arg Thr Phe Ile Ser Pro Ile Lys Cys Arg Glu Ala
1580                1585                1590

Leu Lys Leu Glu Glu Lys Lys His Tyr Leu Met Trp Gly Leu Ser
1595                1600                1605

Ser Asp Phe Trp Gly Glu Lys Pro Asn Leu Ser Tyr Ile Ile Gly
1610                1615                1620

Lys Asp Thr Trp Val Glu His Trp Pro Glu Glu Asp Glu Cys Gln
1625                1630                1635

Asp Glu Glu Asn Gln Lys Gln Cys Gln Asp Leu Gly Ala Phe Thr
1640                1645                1650

Glu Ser Met Val Val Phe Gly Cys Pro Asn
1655                1660

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<210> SEQ ID NO 7
<211> LENGTH: 203
<212> TYPE: PRT
<213> ORGANISM: Homo sapiens

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<400> SEQUENCE: 7

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Ser Asn Leu Asp Glu Asp Ile Ile Ala Glu Glu Asn Ile Val Ser Arg
1          5          10          15

Ser Glu Phe Pro Glu Ser Trp Leu Trp Asn Val Glu Asp Leu Lys Glu
20          25          30

Pro Pro Lys Asn Gly Ile Ser Thr Lys Leu Met Asn Ile Phe Leu Lys
35          40          45

Asp Ser Ile Thr Thr Trp Glu Ile Leu Ala Val Ser Met Ser Asp Lys
50          55          60

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Lys Gly Ile Cys Val Ala Asp Pro Phe Glu Val Thr Val Met Gln Asp
65 70 75 80

Phe Phe Ile Asp Leu Arg Leu Pro Tyr Ser Val Val Arg Asn Glu Gln
85 90 95

Val Glu Ile Arg Ala Val Leu Tyr Asn Tyr Arg Gln Asn Gln Glu Leu
100 105 110

Lys Val Arg Val Glu Leu Leu His Asn Pro Ala Phe Cys Ser Leu Ala
115 120 125

Thr Thr Lys Arg Arg His Gln Gln Thr Val Thr Ile Pro Pro Lys Ser
130 135 140

Ser Leu Ser Val Pro Tyr Val Ile Val Pro Leu Lys Thr Gly Leu Gln
145 150 155 160

Glu Val Glu Val Lys Ala Ala Val Tyr His His Phe Ile Ser Asp Gly
165 170 175

Val Arg Lys Ser Leu Lys Val Val Pro Glu Gly Ile Arg Met Asn Lys
180 185 190

Thr Val Ala Val Arg Thr Leu Asp Pro Glu Arg
195 200

<210> SEQ ID NO 8
 <211> LENGTH: 203
 <212> TYPE: PRT
 <213> ORGANISM: Homo sapiens

<400> SEQUENCE: 8

Ser Asn Leu Asp Glu Asp Ile Ile Ala Glu Glu Asn Ile Val Ser Arg
1 5 10 15

Ser Glu Phe Pro Glu Ser Trp Leu Trp Asn Val Glu Asp Leu Lys Glu
20 25 30

Pro Pro Lys Asn Gly Ile Ser Thr Lys Leu Met Asn Ile Phe Leu Lys
35 40 45

Asp Ser Ile Thr Thr Trp Glu Ile Leu Ala Val Ser Met Ser Asp Lys
50 55 60

Lys Gly Ile Cys Val Ala Asp Pro Phe Glu Val Thr Val Met Gln Asp
65 70 75 80

Phe Phe Ile Asp Leu Arg Leu Pro Tyr Ser Val Val Arg Asn Glu Gln
85 90 95

Val Glu Ile Arg Ala Val Leu Tyr Asn Tyr Arg Gln Asn Gln Glu Leu
100 105 110

Lys Val Arg Val Glu Leu Leu His Asn Pro Ala Phe Cys Ser Leu Ala
115 120 125

Thr Thr Lys Arg Arg His Gln Gln Thr Val Thr Ile Pro Pro Lys Ser
130 135 140

Ser Leu Ser Val Pro Tyr Val Ile Val Pro Leu Lys Thr Gly Leu Gln
145 150 155 160

Glu Val Glu Val Lys Ala Ala Val Tyr His His Phe Ile Ser Asp Gly
165 170 175

Val Arg Lys Ser Leu Lys Val Val Pro Glu Gly Ile Arg Met Asn Lys
180 185 190

Thr Val Ala Val Arg Thr Leu Asp Pro Glu Arg
195 200

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<210> SEQ ID NO 9
<211> LENGTH: 1256
<212> TYPE: PRT
<213> ORGANISM: Homo sapiens

<400> SEQUENCE: 9

Met Gly Pro Thr Ser Gly Pro Ser Leu Leu Leu Leu Leu Leu Thr His
1          5          10          15

Leu Pro Leu Ala Leu Gly Ser Pro Met Tyr Ser Ile Ile Thr Pro Asn
20          25          30

Ile Leu Arg Leu Glu Ser Glu Glu Thr Val Val Leu Glu Ala His Asp
35          40          45

Ala Gln Gly Asp Val Pro Val Thr Val Ile Val His Asp Phe Pro Gly
50          55          60

Lys Lys Leu Val Leu Ser Ser Glu Lys Thr Val Leu Thr Pro Ala Thr
65          70          75          80

Asn His Met Gly Asn Val Thr Phe Met Ile Pro Ala Asn Arg Glu Phe
85          90          95

Lys Ser Glu Lys Gly Arg Asn Lys Phe Val Thr Val Gln Ala Thr Phe
100         105         110

Gly Ala Gln Val Val Glu Lys Val Val Leu Val Ser Leu Gln Ser Gly
115         120         125

Tyr Leu Phe Ile Gln Thr Asp Lys Thr Ile Tyr Thr Pro Gly Ser Thr
130         135         140

Val Leu Tyr Arg Ile Phe Thr Val Asn His Lys Leu Leu Pro Val Gly
145         150         155         160

Arg Thr Val Met Val Asn Ile Glu Val Pro Ala Arg Gly Gly Pro Arg
165         170         175

Gly Ser Arg Gly Thr Gly Leu Gly Glu Ala Lys Arg Ser Arg Glu Thr
180         185         190

Glu Lys Asp Thr Pro Glu Gly Val Gln Phe Leu Tyr Gly Lys Lys Val
195         200         205

Glu Gly Thr Ala Phe Val Ile Phe Gly Ile Gln Asp Gly Glu Gln Arg
210         215         220

Ile Ser Leu Pro Glu Ser Leu Lys Arg Ile Pro Ile Glu Asp Gly Leu
225         230         235         240

Gly Glu Val Val Leu Ser Arg Lys Val Leu Leu Glu Gly Val His Asn
245         250         255

Pro Arg Ala Glu Asp Leu Val Gly Lys Ser Leu Tyr Val Ser Val Thr
260         265         270

Val Ile Leu His Ser Gly Ser Asp Met Val Gln Ala Glu Arg Ser Gly
275         280         285

Ile Pro Ile Val Thr Ser Pro Tyr Gln Ile His Phe Thr Lys Thr Pro
290         295         300

Lys Tyr Phe Lys Pro Gly Met Pro Phe Asp Leu Met Val Phe Val Thr
305         310         315         320

Asn Pro Asp Gly Ser Pro Ala Tyr Arg Val Pro Val Ala Val Gln Gly
325         330         335

Glu Asp Thr Val Gln Ser Leu Thr Gln Gly Asp Gly Val Ala Lys Leu
340         345         350

Ser Ile Asn Thr His Pro Ser Gln Lys Pro Leu Ser Ile Thr Val Arg
355         360         365

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Thr	Lys	Lys	Gln	Glu	Leu	Ser	Glu	Ala	Glu	Gln	Ala	Thr	Ser	Thr	Met
370						375					380				
Gln	Ala	Leu	Pro	Tyr	Ser	Thr	Val	Gly	Asn	Ser	Asn	Asn	Tyr	Leu	His
385					390					395					400
Leu	Ser	Val	Pro	Arg	Thr	Glu	Leu	Arg	Pro	Gly	Glu	Thr	Leu	Asn	Val
				405					410					415	
Asn	Phe	Leu	Leu	Arg	Met	Asp	Arg	Ala	His	Glu	Ala	Lys	Ile	Arg	Tyr
				420				425						430	
Tyr	Thr	Tyr	Leu	Ile	Met	Asn	Lys	Gly	Arg	Leu	Leu	Lys	Ala	Gly	Arg
		435					440					445			
Gln	Val	Arg	Glu	Pro	Gly	Gln	Asp	Leu	Val	Val	Leu	Pro	Leu	Ser	Ile
	450					455						460			
Thr	Thr	Asp	Phe	Ile	Pro	Ser	Phe	Arg	Leu	Val	Ala	Tyr	Tyr	Thr	Leu
465					470					475					480
Ile	Gly	Ala	Ser	Gly	Gln	Arg	Glu	Val	Val	Ala	Asp	Ser	Val	Trp	Val
				485					490					495	
Asp	Val	Lys	Asp	Ser	Cys	Val	Gly	Ser	Leu	Ala	Gly	Gln	Ser	Gly	Gln
			500					505						510	
Ser	Glu	Asp	Arg	Gln	Pro	Val	Pro	Gly	Gln	Gln	Met	Thr	Leu	Lys	Ile
		515					520					525			
Glu	Gly	Asp	His	Gly	Ala	Arg	Val	Val	Leu	Val	Ala	Val	Asp	Lys	Gly
	530					535						540			
Val	Phe	Val	Leu	Asn	Lys	Lys	Asn	Lys	Leu	Thr	Gln	Ser	Lys	Ile	Trp
545					550					555					560
Asp	Val	Val	Glu	Lys	Ala	Asp	Ile	Gly	Cys	Thr	Pro	Gly	Ser	Gly	Lys
				565					570					575	
Asp	Tyr	Ala	Gly	Val	Phe	Ser	Asp	Ala	Gly	Leu	Thr	Phe	Thr	Ser	Ser
			580					585						590	
Ser	Gly	Gln	Gln	Thr	Ala	Gln	Arg	Ala	Glu	Leu	Gln	Cys	Pro	Gln	Pro
		595					600					605			
Ala	Ala	Arg	Arg	Arg	Arg	Ser	Val	Leu	Leu	Thr	Glu	Lys	Arg	Met	Asp
		610				615					620				
Lys	Val	Gly	Lys	Tyr	Pro	Lys	Glu	Leu	Arg	Lys	Cys	Cys	Glu	Asp	Gly
625					630					635					640
Met	Arg	Glu	Asn	Pro	Met	Arg	Phe	Ser	Cys	Gln	Arg	Arg	Thr	Arg	Phe
				645					650					655	
Ile	Ser	Leu	Gly	Glu	Ala	Cys	Lys	Lys	Val	Phe	Leu	Asp	Cys	Cys	Asn
			660					665						670	
Tyr	Ile	Thr	Glu	Leu	Arg	Arg	Gln	His	Ala	Arg	Ala	Gly	His	Leu	Gly
		675					680					685			
Leu	Gly	Arg	Ser	Asp	Leu	Asp	Glu	Asp	Ile	Ile	Ala	Glu	Glu	Asn	Ile
	690					695					700				
Val	Ser	Arg	Ser	Glu	Phe	Pro	Glu	Ser	Trp	Leu	Trp	Asn	Val	Glu	Asp
705					710					715					720
Leu	Lys	Glu	Pro	Pro	Lys	Asn	Gly	Ile	Ser	Thr	Lys	Leu	Met	Asn	Ile
				725					730					735	
Phe	Leu	Lys	Asp	Ser	Ile	Thr	Thr	Trp	Glu	Ile	Leu	Ala	Val	Ser	Met
			740					745						750	
Ser	Asp	Lys	Lys	Gly	Glu	Arg	Gly	Cys	Trp	Leu	Val	Pro	Gly	Arg	Glu
		755					760					765			
Ser	Ala	Ser	His	Ile	Arg	Gln	Thr	Arg	Val	Ser	Gly	Ser	Gly	Gly	Arg

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770			775			780									
Gly	Ser	Gly	Gly	Ala	Arg	Gly	Leu	Val	Ala	Cys	Cys	Thr	His	Thr	Cys
785					790					795					800
Pro	Asp	Pro	Phe	Ser	Pro	Trp	Gln	Val	Arg	Val	Glu	Leu	Leu	His	Asn
				805						810					815
Pro	Ala	Phe	Cys	Ser	Leu	Ala	Thr	Thr	Lys	Arg	Arg	His	Gln	Gln	Thr
				820						825					830
Val	Thr	Ile	Pro	Pro	Lys	Ser	Ser	Leu	Ser	Val	Pro	Tyr	Val	Ile	Val
										840			845		
Pro	Leu	Lys	Thr	Gly	Leu	Gln	Glu	Val	Glu	Val	Lys	Ala	Ala	Val	Tyr
															860
His	His	Phe	Ile	Ser	Asp	Gly	Val	Arg	Lys	Ser	Leu	Lys	Val	Val	Pro
865					870					875					880
Glu	Gly	Ile	Arg	Met	Asn	Lys	Thr	Val	Ala	Val	Arg	Thr	Leu	Asp	Pro
				885						890					895
Glu	Arg	Leu	Gly	Arg	Glu	Gly	Val	Gln	Lys	Glu	Asp	Ile	Pro	Pro	Ala
				900				905						910	
Asp	Leu	Ser	Asp	Gln	Val	Pro	Asp	Thr	Glu	Ser	Glu	Thr	Arg	Ile	Leu
				915				920						925	
Leu	Gln	Gly	Thr	Pro	Val	Ala	Gln	Met	Thr	Glu	Asp	Ala	Val	Asp	Ala
							935							940	
Glu	Arg	Leu	Lys	His	Leu	Ile	Val	Thr	Pro	Ser	Gly	Cys	Gly	Glu	Gln
945					950						955				960
Asn	Met	Ile	Gly	Met	Thr	Pro	Thr	Val	Ile	Ala	Val	His	Tyr	Leu	Asp
				965						970					975
Glu	Thr	Glu	Gln	Trp	Glu	Lys	Phe	Gly	Leu	Glu	Lys	Arg	Gln	Gly	Ala
				980						985					990
Leu	Glu	Leu	Ile	Lys	Lys	Gly	Tyr	Thr	Gln	Gln	Leu	Ala	Phe	Arg	Gln
				995			1000						1005		
Pro	Ser	Ser	Ala	Phe	Ala	Ala	Phe	Val	Lys	Arg	Ala	Pro	Ser	Thr	
							1015						1020		
Trp	Leu	Thr	Ala	Tyr	Val	Val	Lys	Val	Phe	Ser	Leu	Ala	Val	Asn	
							1030						1035		
Leu	Ile	Ala	Ile	Asp	Ser	Gln	Val	Leu	Cys	Gly	Ala	Val	Lys	Trp	
							1045						1050		
Leu	Ile	Leu	Glu	Lys	Gln	Lys	Pro	Asp	Gly	Val	Phe	Gln	Glu	Asp	
							1060						1065		
Ala	Pro	Val	Ile	His	Gln	Glu	Met	Ile	Gly	Gly	Leu	Arg	Asn	Asn	
							1075						1080		
Asn	Glu	Lys	Asp	Met	Ala	Leu	Thr	Ala	Phe	Val	Leu	Ile	Ser	Leu	
							1090						1095		
Gln	Glu	Ala	Lys	Asp	Ile	Cys	Glu	Glu	Gln	Val	Asn	Ser	Leu	Pro	
							1105						1110		
Gly	Ser	Ile	Thr	Lys	Ala	Gly	Asp	Phe	Leu	Glu	Ala	Asn	Tyr	Met	
							1120						1125		
Asn	Leu	Gln	Arg	Ser	Tyr	Thr	Val	Ala	Ile	Ala	Gly	Tyr	Ala	Leu	
							1135						1140		
Ala	Gln	Met	Gly	Arg	Leu	Lys	Gly	Pro	Leu	Leu	Asn	Lys	Phe	Leu	
							1150						1155		
Thr	Thr	Ala	Lys	Asp	Lys	Asn	Arg	Trp	Glu	Asp	Pro	Gly	Lys	Gln	
							1165						1170		

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Leu Tyr Asn Val Glu Ala Thr Ser Tyr Ala Leu Leu Ala Leu Leu
 1175 1180 1185
 Gln Leu Lys Asp Phe Asp Phe Val Pro Pro Val Val Arg Trp Leu
 1190 1195 1200
 Asn Glu Gln Arg Tyr Tyr Gly Gly Gly Tyr Gly Ser Thr Gln Ala
 1205 1210 1215
 Ser Gly Pro Thr Ala Pro Arg His Met His Pro Cys Leu Leu Arg
 1220 1225 1230
 Leu Pro Thr Gly Leu Leu Glu Lys Thr Leu Arg Pro Ser Glu Ala
 1235 1240 1245
 Val Leu His Ser His Glu Pro Val
 1250 1255

<210> SEQ ID NO 10
 <211> LENGTH: 349
 <212> TYPE: PRT
 <213> ORGANISM: Homo sapiens

<400> SEQUENCE: 10

Glu Gly Val Gln Lys Glu Asp Ile Pro Pro Ala Asp Leu Ser Asp Gln
 1 5 10 15
 Val Pro Asp Thr Glu Ser Glu Thr Arg Ile Leu Leu Gln Gly Thr Pro
 20 25 30
 Val Ala Gln Met Thr Glu Asp Ala Val Asp Ala Glu Arg Leu Lys His
 35 40 45
 Leu Ile Val Thr Pro Ser Gly Cys Gly Glu Gln Asn Met Ile Gly Met
 50 55 60
 Thr Pro Thr Val Ile Ala Val His Tyr Leu Asp Glu Thr Glu Gln Trp
 65 70 75 80
 Glu Lys Phe Gly Leu Glu Lys Arg Gln Gly Ala Leu Glu Leu Ile Lys
 85 90 95
 Lys Gly Tyr Thr Gln Gln Leu Ala Phe Arg Gln Pro Ser Ser Ala Phe
 100 105 110
 Ala Ala Phe Val Lys Arg Ala Pro Ser Thr Trp Leu Thr Ala Tyr Val
 115 120 125
 Val Lys Val Phe Ser Leu Ala Val Asn Leu Ile Ala Ile Asp Ser Gln
 130 135 140
 Val Leu Cys Gly Ala Val Lys Trp Leu Ile Leu Glu Lys Gln Lys Pro
 145 150 155 160
 Asp Gly Val Phe Gln Glu Asp Ala Pro Val Ile His Gln Glu Met Ile
 165 170 175
 Gly Gly Leu Arg Asn Asn Asn Glu Lys Asp Met Ala Leu Thr Ala Phe
 180 185 190
 Val Leu Ile Ser Leu Gln Glu Ala Lys Asp Ile Cys Glu Glu Gln Val
 195 200 205
 Asn Ser Leu Pro Gly Ser Ile Thr Lys Ala Gly Asp Phe Leu Glu Ala
 210 215 220
 Asn Tyr Met Asn Leu Gln Arg Ser Tyr Thr Val Ala Ile Ala Gly Tyr
 225 230 235 240
 Ala Leu Ala Gln Met Gly Arg Leu Lys Gly Pro Leu Leu Asn Lys Phe
 245 250 255
 Leu Thr Thr Ala Lys Asp Lys Asn Arg Trp Glu Asp Pro Gly Lys Gln

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	260							265										270
Leu	Tyr	Asn	Val	Glu	Ala	Thr	Ser	Tyr	Ala	Leu	Leu	Ala	Leu	Leu	Gln			
	275						280					285						
Leu	Lys	Asp	Phe	Asp	Phe	Val	Pro	Pro	Val	Val	Arg	Trp	Leu	Asn	Glu			
	290					295					300							
Gln	Arg	Tyr	Tyr	Gly	Gly	Gly	Tyr	Gly	Ser	Thr	Gln	Ala	Thr	Phe	Met			
305				310						315					320			
Val	Phe	Gln	Ala	Leu	Ala	Gln	Tyr	Gln	Lys	Asp	Ala	Pro	Asp	His	Gln			
				325					330					335				
Glu	Leu	Asn	Leu	Asp	Val	Ser	Leu	Gln	Leu	Pro	Ser	Arg						
			340					345										

<210> SEQ ID NO 11
 <211> LENGTH: 355
 <212> TYPE: PRT
 <213> ORGANISM: Homo sapiens

<400> SEQUENCE: 11

Glu	Gly	Val	Gln	Lys	Glu	Asp	Ile	Pro	Pro	Ala	Asp	Leu	Ser	Asp	Gln
1				5				10						15	
Val	Pro	Asp	Thr	Glu	Ser	Glu	Thr	Arg	Ile	Leu	Leu	Gln	Gly	Thr	Pro
				20				25					30		
Val	Ala	Gln	Met	Thr	Glu	Asp	Ala	Val	Asp	Ala	Glu	Arg	Leu	Lys	His
			35				40					45			
Leu	Ile	Val	Thr	Pro	Ser	Gly	Cys	Gly	Glu	Gln	Asn	Met	Ile	Gly	Met
	50					55					60				
Thr	Pro	Thr	Val	Ile	Ala	Val	His	Tyr	Leu	Asp	Glu	Thr	Glu	Gln	Trp
65					70					75					80
Glu	Lys	Phe	Gly	Leu	Glu	Lys	Arg	Gln	Gly	Ala	Leu	Glu	Leu	Ile	Lys
				85					90					95	
Lys	Gly	Tyr	Thr	Gln	Gln	Leu	Ala	Phe	Arg	Gln	Pro	Ser	Ser	Ala	Phe
				100				105						110	
Ala	Ala	Phe	Val	Lys	Arg	Ala	Pro	Ser	Thr	Trp	Leu	Thr	Ala	Tyr	Val
				115			120						125		
Val	Lys	Val	Phe	Ser	Leu	Ala	Val	Asn	Leu	Ile	Ala	Ile	Asp	Ser	Gln
	130					135					140				
Val	Leu	Cys	Gly	Ala	Val	Lys	Trp	Leu	Ile	Leu	Glu	Lys	Gln	Lys	Pro
145					150					155				160	
Asp	Gly	Val	Phe	Gln	Glu	Asp	Ala	Pro	Val	Ile	His	Gln	Glu	Met	Ile
				165				170						175	
Gly	Gly	Leu	Arg	Asn	Asn	Asn	Glu	Lys	Asp	Met	Ala	Leu	Thr	Ala	Phe
				180				185					190		
Val	Leu	Ile	Ser	Leu	Gln	Glu	Ala	Lys	Asp	Ile	Cys	Glu	Glu	Gln	Val
	195						200					205			
Asn	Ser	Leu	Pro	Gly	Ser	Ile	Thr	Lys	Ala	Gly	Asp	Phe	Leu	Glu	Ala
210						215					220				
Asn	Tyr	Met	Asn	Leu	Gln	Arg	Ser	Tyr	Thr	Val	Ala	Ile	Ala	Gly	Tyr
225					230					235				240	
Ala	Leu	Ala	Gln	Met	Gly	Arg	Leu	Lys	Gly	Pro	Leu	Leu	Asn	Lys	Phe
				245					250					255	
Leu	Thr	Thr	Ala	Lys	Asp	Lys	Asn	Arg	Trp	Glu	Asp	Pro	Gly	Lys	Gln
				260				265						270	

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Leu Tyr Asn Val Glu Ala Thr Ser Tyr Ala Leu Leu Ala Leu Leu Gln
 275 280 285
 Leu Lys Asp Phe Asp Phe Val Pro Pro Val Val Arg Trp Leu Asn Glu
 290 295 300
 Gln Arg Tyr Tyr Gly Gly Gly Tyr Gly Ser Thr Gln Ala Ser Gly Pro
 305 310 315 320
 Thr Ala Pro Arg His Met His Pro Cys Leu Leu Arg Leu Pro Thr Gly
 325 330 335
 Leu Leu Glu Lys Thr Leu Arg Pro Ser Glu Ala Val Leu His Ser His
 340 345 350
 Glu Pro Val
 355

<210> SEQ ID NO 12
 <211> LENGTH: 505
 <212> TYPE: PRT
 <213> ORGANISM: Homo sapiens

<400> SEQUENCE: 12

Lys Ile Val Leu Asp Pro Ser Gly Ser Met Asn Ile Tyr Leu Val Leu
 1 5 10 15
 Asp Gly Ser Asp Ser Ile Gly Ala Ser Asn Phe Thr Gly Ala Lys Lys
 20 25 30
 Cys Leu Val Asn Leu Ile Glu Lys Val Ala Ser Tyr Gly Val Lys Pro
 35 40 45
 Arg Tyr Gly Leu Val Thr Tyr Ala Thr Tyr Pro Lys Ile Trp Val Lys
 50 55 60
 Val Ser Glu Ala Asp Ser Ser Asn Ala Asp Trp Val Thr Lys Gln Leu
 65 70 75 80
 Asn Glu Ile Asn Tyr Glu Asp His Lys Leu Lys Ser Gly Thr Asn Thr
 85 90 95
 Lys Lys Ala Leu Gln Ala Val Tyr Ser Met Met Ser Trp Pro Asp Asp
 100 105 110
 Val Pro Pro Glu Gly Trp Asn Arg Thr Arg His Val Ile Ile Leu Met
 115 120 125
 Thr Asp Gly Leu His Asn Met Gly Gly Asp Pro Ile Thr Val Ile Asp
 130 135 140
 Glu Ile Arg Asp Leu Leu Tyr Ile Gly Lys Asp Arg Lys Asn Pro Arg
 145 150 155 160
 Glu Asp Tyr Leu Asp Val Tyr Val Phe Gly Val Gly Pro Leu Val Asn
 165 170 175
 Gln Val Asn Ile Asn Ala Leu Ala Ser Lys Lys Asp Asn Glu Gln His
 180 185 190
 Val Phe Lys Val Lys Asp Met Glu Asn Leu Glu Asp Val Phe Tyr Gln
 195 200 205
 Met Ile Asp Glu Ser Gln Ser Leu Ser Leu Cys Gly Met Val Trp Glu
 210 215 220
 His Arg Lys Gly Thr Asp Tyr His Lys Gln Pro Trp Gln Ala Lys Ile
 225 230 235 240
 Ser Val Ile Arg Pro Ser Lys Gly His Glu Ser Cys Met Gly Ala Val
 245 250 255
 Val Ser Glu Tyr Phe Val Leu Thr Ala Ala His Cys Phe Thr Val Asp
 260 265 270

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115				120				125							
Cys	Asp	Thr	Asp	Gly	Trp	Thr	Asn	Asp	Ile	Pro	Ile	Cys	Glu	Val	Val
130						135					140				
Lys	Cys	Leu	Pro	Val	Thr	Ala	Pro	Glu	Asn	Gly	Lys	Ile	Val	Ser	Ser
145				150						155					160
Ala	Met	Glu	Pro	Asp	Arg	Glu	Tyr	His	Phe	Gly	Gln	Ala	Val	Arg	Phe
				165					170					175	
Val	Cys	Asn	Ser	Gly	Tyr	Lys	Ile	Glu	Gly	Asp	Glu	Glu	Met	His	Cys
			180					185					190		
Ser	Asp	Asp	Gly	Phe	Trp	Ser	Lys	Glu	Lys	Pro	Lys	Cys	Val	Glu	Ile
		195					200					205			
Ser	Cys	Lys	Ser	Pro	Asp	Val	Ile	Asn	Gly	Ser	Pro	Ile	Ser	Gln	Lys
		210				215					220				
Ile	Ile	Tyr	Lys	Glu	Asn	Glu	Arg	Phe	Gln	Tyr	Lys	Cys	Asn	Met	Gly
225				230						235					240
Tyr	Glu	Tyr	Ser	Glu	Arg	Gly	Asp	Ala	Val	Cys	Thr	Glu	Ser	Gly	Trp
				245					250					255	
Arg	Pro	Leu	Pro	Ser	Cys	Glu	Glu	Lys	Ser	Cys	Asp	Asn	Pro	Tyr	Ile
			260					265					270		
Pro	Asn	Gly	Asp	Tyr	Ser	Pro	Leu	Arg	Ile	Lys	His	Arg	Thr	Gly	Asp
		275					280					285			
Glu	Ile	Thr	Tyr	Gln	Cys	Arg	Asn	Gly	Phe	Tyr	Pro	Ala	Thr	Arg	Gly
	290					295					300				
Asn	Thr	Ala	Lys	Cys	Thr	Ser	Thr	Gly	Trp	Ile	Pro	Ala	Pro	Arg	Cys
305				310						315					320
Thr	Leu	Lys	Pro	Cys	Asp	Tyr	Pro	Asp	Ile	Lys	His	Gly	Gly	Leu	Tyr
				325				330						335	
His	Glu	Asn	Met	Arg	Arg	Pro	Tyr	Phe	Pro	Val	Ala	Val	Gly	Lys	Tyr
			340					345					350		
Tyr	Ser	Tyr	Tyr	Cys	Asp	Glu	His	Phe	Glu	Thr	Pro	Ser	Gly	Ser	Tyr
		355				360					365				
Trp	Asp	His	Ile	His	Cys	Thr	Gln	Asp	Gly	Trp	Ser	Pro	Ala	Val	Pro
	370					375					380				
Cys	Leu	Arg	Lys	Cys	Tyr	Phe	Pro	Tyr	Leu	Glu	Asn	Gly	Tyr	Asn	Gln
385				390						395					400
Asn	His	Gly	Arg	Lys	Phe	Val	Gln	Gly	Lys	Ser	Ile	Asp	Val	Ala	Cys
				405				410						415	
His	Pro	Gly	Tyr	Ala	Leu	Pro	Lys	Ala	Gln	Thr	Thr	Val	Thr	Cys	Met
			420					425					430		
Glu	Asn	Gly	Trp	Ser	Pro	Thr	Pro	Arg	Cys	Ile	Arg	Val	Lys	Thr	Cys
		435					440					445			
Ser	Lys	Ser	Ser	Ile	Asp	Ile	Glu	Asn	Gly	Phe	Ile	Ser	Glu	Ser	Gln
	450					455					460				
Tyr	Thr	Tyr	Ala	Leu	Lys	Glu	Lys	Ala	Lys	Tyr	Gln	Cys	Lys	Leu	Gly
465				470						475					480
Tyr	Val	Thr	Ala	Asp	Gly	Glu	Thr	Ser	Gly	Ser	Ile	Thr	Cys	Gly	Lys
				485					490					495	
Asp	Gly	Trp	Ser	Ala	Gln	Pro	Thr	Cys	Ile	Lys	Ser	Cys	Asp	Ile	Pro
			500					505					510		
Val	Phe	Met	Asn	Ala	Arg	Thr	Lys	Asn	Asp	Phe	Thr	Trp	Phe	Lys	Leu
		515					520					525			

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Asn Asp Thr Leu Asp Tyr Glu Cys His Asp Gly Tyr Glu Ser Asn Thr
 530 535 540
 Gly Ser Thr Thr Gly Ser Ile Val Cys Gly Tyr Asn Gly Trp Ser Asp
 545 550 555 560
 Leu Pro Ile Cys Tyr Glu Arg Glu Cys Glu Leu Pro Lys Ile Asp Val
 565 570 575
 His Leu Val Pro Asp Arg Lys Lys Asp Gln Tyr Lys Val Gly Glu Val
 580 585 590
 Leu Lys Phe Ser Cys Lys Pro Gly Phe Thr Ile Val Gly Pro Asn Ser
 595 600 605
 Val Gln Cys Tyr His Phe Gly Leu Ser Pro Asp Leu Pro Ile Cys Lys
 610 615 620
 Glu Gln Val Gln Ser Cys Gly Pro Pro Pro Glu Leu Leu Asn Gly Asn
 625 630 635 640
 Val Lys Glu Lys Thr Lys Glu Glu Tyr Gly His Ser Glu Val Val Glu
 645 650 655
 Tyr Tyr Cys Asn Pro Arg Phe Leu Met Lys Gly Pro Asn Lys Ile Gln
 660 665 670
 Cys Val Asp Gly Glu Trp Thr Thr Leu Pro Val Cys Ile Val Glu Glu
 675 680 685
 Ser Thr Cys Gly Asp Ile Pro Glu Leu Glu His Gly Trp Ala Gln Leu
 690 695 700
 Ser Ser Pro Pro Tyr Tyr Tyr Gly Asp Ser Val Glu Phe Asn Cys Ser
 705 710 715 720
 Glu Ser Phe Thr Met Ile Gly His Arg Ser Ile Thr Cys Ile His Gly
 725 730 735
 Val Trp Thr Gln Leu Pro Gln Cys Val Ala Ile Asp Lys Leu Lys Lys
 740 745 750
 Cys Lys Ser Ser Asn Leu Ile Ile Leu Glu Glu His Leu Lys Asn Lys
 755 760 765
 Lys Glu Phe Asp His Asn Ser Asn Ile Arg Tyr Arg Cys Arg Gly Lys
 770 775 780
 Glu Gly Trp Ile His Thr Val Cys Ile Asn Gly Arg Trp Asp Pro Glu
 785 790 795 800
 Val Asn Cys Ser Met Ala Gln Ile Gln Leu Cys Pro Pro Pro Pro Gln
 805 810 815
 Ile Pro Asn Ser His Asn Met Thr Thr Thr Leu Asn Tyr Arg Asp Gly
 820 825 830
 Glu Lys Val Ser Val Leu Cys Gln Glu Asn Tyr Leu Ile Gln Glu Gly
 835 840 845
 Glu Glu Ile Thr Cys Lys Asp Gly Arg Trp Gln Ser Ile Pro Leu Cys
 850 855 860
 Val Glu Lys Ile Pro Cys Ser Gln Pro Pro Gln Ile Glu His Gly Thr
 865 870 875 880
 Ile Asn Ser Ser Arg Ser Ser Gln Glu Ser Tyr Ala His Gly Thr Lys
 885 890 895
 Leu Ser Tyr Thr Cys Glu Gly Gly Phe Arg Ile Ser Glu Glu Asn Glu
 900 905 910
 Thr Thr Cys Tyr Met Gly Lys Trp Ser Ser Pro Pro Gln Cys Glu Gly
 915 920 925

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Leu Pro Cys Lys Ser Pro Pro Glu Ile Ser His Gly Val Val Ala His
 930          935          940

Met Ser Asp Ser Tyr Gln Tyr Gly Glu Glu Val Thr Tyr Lys Cys Phe
 945          950          955          960

Glu Gly Phe Gly Ile Asp Gly Pro Ala Ile Ala Lys Cys Leu Gly Glu
          965          970          975

Lys Trp Ser His Pro Pro Ser Cys Ile Lys Thr Asp Cys Leu Ser Leu
          980          985          990

Pro Ser Phe Glu Asn Ala Ile Pro Met Gly Glu Lys Lys Asp Val Tyr
          995          1000          1005

Lys Ala Gly Glu Gln Val Thr Tyr Thr Cys Ala Thr Tyr Tyr Lys
 1010          1015          1020

Met Asp Gly Ala Ser Asn Val Thr Cys Ile Asn Ser Arg Trp Thr
 1025          1030          1035

Gly Arg Pro Thr Cys Arg Asp Thr Ser Cys Val Asn Pro Pro Thr
 1040          1045          1050

Val Gln Asn Ala Tyr Ile Val Ser Arg Gln Met Ser Lys Tyr Pro
 1055          1060          1065

Ser Gly Glu Arg Val Arg Tyr Gln Cys Arg Ser Pro Tyr Glu Met
 1070          1075          1080

Phe Gly Asp Glu Glu Val Met Cys Leu Asn Gly Asn Trp Thr Glu
 1085          1090          1095

Pro Pro Gln Cys Lys Asp Ser Thr Gly Lys Cys Gly Pro Pro Pro
 1100          1105          1110

Pro Ile Asp Asn Gly Asp Ile Thr Ser Phe Pro Leu Ser Val Tyr
 1115          1120          1125

Ala Pro Ala Ser Ser Val Glu Tyr Gln Cys Gln Asn Leu Tyr Gln
 1130          1135          1140

Leu Glu Gly Asn Lys Arg Ile Thr Cys Arg Asn Gly Gln Trp Ser
 1145          1150          1155

Glu Pro Pro Lys Cys Leu His Pro Cys Val Ile Ser Arg Glu Ile
 1160          1165          1170

Met Glu Asn Tyr Asn Ile Ala Leu Arg Trp Thr Ala Lys Gln Lys
 1175          1180          1185

Leu Tyr Ser Arg Thr Gly Glu Ser Val Glu Phe Val Cys Lys Arg
 1190          1195          1200

Gly Tyr Arg Leu Ser Ser Arg Ser His Thr Leu Arg Thr Thr Cys
 1205          1210          1215

Trp Asp Gly Lys Leu Glu Tyr Pro Thr Cys Ala Lys Arg
 1220          1225          1230

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<210> SEQ ID NO 14
<211> LENGTH: 449
<212> TYPE: PRT
<213> ORGANISM: Homo sapiens

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<400> SEQUENCE: 14

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Met Arg Leu Leu Ala Lys Ile Ile Cys Leu Met Leu Trp Ala Ile Cys
 1          5          10          15

Val Ala Glu Asp Cys Asn Glu Leu Pro Pro Arg Arg Asn Thr Glu Ile
          20          25          30

Leu Thr Gly Ser Trp Ser Asp Gln Thr Tyr Pro Glu Gly Thr Gln Ala
          35          40          45

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Ile Tyr Lys Cys Arg Pro Gly Tyr Arg Ser Leu Gly Asn Val Ile Met
 50 55 60
 Val Cys Arg Lys Gly Glu Trp Val Ala Leu Asn Pro Leu Arg Lys Cys
 65 70 75 80
 Gln Lys Arg Pro Cys Gly His Pro Gly Asp Thr Pro Phe Gly Thr Phe
 85 90 95
 Thr Leu Thr Gly Gly Asn Val Phe Glu Tyr Gly Val Lys Ala Val Tyr
 100 105 110
 Thr Cys Asn Glu Gly Tyr Gln Leu Leu Gly Glu Ile Asn Tyr Arg Glu
 115 120 125
 Cys Asp Thr Asp Gly Trp Thr Asn Asp Ile Pro Ile Cys Glu Val Val
 130 135 140
 Lys Cys Leu Pro Val Thr Ala Pro Glu Asn Gly Lys Ile Val Ser Ser
 145 150 155 160
 Ala Met Glu Pro Asp Arg Glu Tyr His Phe Gly Gln Ala Val Arg Phe
 165 170 175
 Val Cys Asn Ser Gly Tyr Lys Ile Glu Gly Asp Glu Glu Met His Cys
 180 185 190
 Ser Asp Asp Gly Phe Trp Ser Lys Glu Lys Pro Lys Cys Val Glu Ile
 195 200 205
 Ser Cys Lys Ser Pro Asp Val Ile Asn Gly Ser Pro Ile Ser Gln Lys
 210 215 220
 Ile Ile Tyr Lys Glu Asn Glu Arg Phe Gln Tyr Lys Cys Asn Met Gly
 225 230 235 240
 Tyr Glu Tyr Ser Glu Arg Gly Asp Ala Val Cys Thr Glu Ser Gly Trp
 245 250 255
 Arg Pro Leu Pro Ser Cys Glu Glu Lys Ser Cys Asp Asn Pro Tyr Ile
 260 265 270
 Pro Asn Gly Asp Tyr Ser Pro Leu Arg Ile Lys His Arg Thr Gly Asp
 275 280 285
 Glu Ile Thr Tyr Gln Cys Arg Asn Gly Phe Tyr Pro Ala Thr Arg Gly
 290 295 300
 Asn Thr Ala Lys Cys Thr Ser Thr Gly Trp Ile Pro Ala Pro Arg Cys
 305 310 315 320
 Thr Leu Lys Pro Cys Asp Tyr Pro Asp Ile Lys His Gly Gly Leu Tyr
 325 330 335
 His Glu Asn Met Arg Arg Pro Tyr Phe Pro Val Ala Val Gly Lys Tyr
 340 345 350
 Tyr Ser Tyr Tyr Cys Asp Glu His Phe Glu Thr Pro Ser Gly Ser Tyr
 355 360 365
 Trp Asp His Ile His Cys Thr Gln Asp Gly Trp Ser Pro Ala Val Pro
 370 375 380
 Cys Leu Arg Lys Cys Tyr Phe Pro Tyr Leu Glu Asn Gly Tyr Asn Gln
 385 390 395 400
 Asn His Gly Arg Lys Phe Val Gln Gly Lys Ser Ile Asp Val Ala Cys
 405 410 415
 His Pro Gly Tyr Ala Leu Pro Lys Ala Gln Thr Thr Val Thr Cys Met
 420 425 430
 Glu Asn Gly Trp Ser Pro Thr Pro Arg Cys Ile Arg Val Ser Phe Thr
 435 440 445

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Leu

<210> SEQ ID NO 15

<211> LENGTH: 342

<212> TYPE: PRT

<213> ORGANISM: Homo sapiens

<400> SEQUENCE: 15

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Met Arg Leu Leu Ala Lys Ile Ile Cys Leu Met Leu Trp Ala Ile Cys
1           5           10           15
Val Ala Glu Asp Cys Asn Glu Leu Pro Pro Arg Arg Asn Thr Glu Ile
20           25           30
Leu Thr Gly Ser Trp Ser Asp Gln Thr Tyr Pro Glu Gly Thr Gln Ala
35           40           45
Ile Tyr Lys Cys Arg Pro Gly Tyr Arg Ser Leu Gly Asn Val Ile Met
50           55           60
Val Cys Arg Lys Gly Glu Trp Val Ala Leu Asn Pro Leu Arg Lys Cys
65           70           75           80
Gln Lys Arg Pro Cys Gly His Pro Gly Asp Thr Pro Phe Gly Thr Phe
85           90           95
Thr Leu Thr Gly Glu Asn Val Phe Glu Tyr Gly Val Lys Ala Val Tyr
100          105          110
Thr Cys Asn Glu Gly Tyr Gln Leu Leu Gly Glu Ile Asn Tyr Arg Glu
115          120          125
Cys Asp Thr Asp Gly Trp Thr Asn Asp Ile Pro Ile Cys Glu Val Val
130          135          140
Lys Cys Leu Pro Val Thr Ala Pro Glu Asn Gly Lys Ile Val Ser Ser
145          150          155          160
Ala Met Glu Pro Asp Arg Glu Tyr His Phe Gly Gln Ala Val Arg Phe
165          170          175
Val Cys Asn Ser Gly Tyr Lys Ile Glu Gly Asp Glu Glu Met His Cys
180          185          190
Ser Asp Asp Gly Phe Trp Ser Lys Glu Lys Pro Lys Cys Val Glu Ile
195          200          205
Ser Cys Lys Ser Pro Asp Val Ile Asn Gly Ser Pro Ile Ser Gln Lys
210          215          220
Ile Ile Tyr Lys Glu Asn Glu Arg Phe Gln Tyr Lys Cys Asn Met Gly
225          230          235          240
Tyr Glu Tyr Ser Glu Arg Gly Asp Ala Val Cys Thr Glu Ser Gly Trp
245          250          255
Arg Pro Leu Pro Ser Cys Glu Glu Lys Ser Cys Asp Asn Pro Tyr Ile
260          265          270
Pro Asn Gly Asp Tyr Ser Pro Leu Arg Ile Lys His Arg Thr Gly Asp
275          280          285
Glu Ile Thr Tyr Gln Cys Arg Asn Gly Phe Tyr Pro Ala Thr Arg Gly
290          295          300
Asn Thr Ala Lys Cys Thr Ser Thr Gly Trp Ile Pro Ala Pro Arg Cys
305          310          315
Thr Leu Lys Pro Cys Asp Tyr Pro Asp Ile Lys His Gly Gly Leu Tyr
325          330          335
His Glu Asn Met Arg Arg
340

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<210> SEQ ID NO 16
<211> LENGTH: 930
<212> TYPE: PRT
<213> ORGANISM: Homo sapiens

<400> SEQUENCE: 16

Met Lys Pro Pro Arg Pro Val Arg Thr Cys Ser Lys Val Leu Val Leu
1          5          10          15
Leu Ser Leu Leu Ala Ile His Gln Thr Thr Thr Ala Glu Lys Asn Gly
20          25          30
Ile Asp Ile Tyr Ser Leu Thr Val Asp Ser Arg Val Ser Ser Arg Phe
35          40          45
Ala His Thr Val Val Thr Ser Arg Val Val Asn Arg Ala Asn Thr Val
50          55          60
Gln Glu Ala Thr Phe Gln Met Glu Leu Pro Lys Lys Ala Phe Ile Thr
65          70          75          80
Asn Phe Ser Met Asn Ile Asp Gly Met Thr Tyr Pro Gly Ile Ile Lys
85          90          95
Glu Lys Ala Glu Ala Gln Ala Gln Tyr Ser Ala Ala Val Ala Lys Gly
100         105         110
Lys Asn Ala Gly Leu Val Lys Ala Thr Gly Arg Asn Met Glu Gln Phe
115        120        125
Gln Val Ser Val Ser Val Ala Pro Asn Ala Lys Ile Thr Phe Glu Leu
130        135        140
Val Tyr Glu Glu Leu Leu Lys Arg Arg Leu Gly Val Tyr Glu Leu Leu
145        150        155        160
Leu Lys Val Arg Pro Gln Gln Leu Val Lys His Leu Gln Met Asp Ile
165        170        175
His Ile Phe Glu Pro Gln Gly Ile Ser Phe Leu Glu Thr Glu Ser Thr
180        185        190
Phe Met Thr Asn Gln Leu Val Asp Ala Leu Thr Thr Trp Gln Asn Lys
195        200        205
Thr Lys Ala His Ile Arg Phe Lys Pro Thr Leu Ser Gln Gln Gln Lys
210        215        220
Ser Pro Glu Gln Gln Glu Thr Val Leu Asp Gly Asn Leu Ile Ile Arg
225        230        235        240
Tyr Asp Val Asp Arg Ala Ile Ser Gly Gly Ser Ile Gln Ile Glu Asn
245        250        255
Gly Tyr Phe Val His Tyr Phe Ala Pro Glu Gly Leu Thr Thr Met Pro
260        265        270
Lys Asn Val Val Phe Val Ile Asp Lys Ser Gly Ser Met Ser Gly Arg
275        280        285
Lys Ile Gln Gln Thr Arg Glu Ala Leu Ile Lys Ile Leu Asp Asp Leu
290        295        300
Ser Pro Arg Asp Gln Phe Asn Leu Ile Val Phe Ser Thr Glu Ala Thr
305        310        315        320
Gln Trp Arg Pro Ser Leu Val Pro Ala Ser Ala Glu Asn Val Asn Lys
325        330        335
Ala Arg Ser Phe Ala Ala Gly Ile Gln Ala Leu Gly Gly Thr Asn Ile
340        345        350
Asn Asp Ala Met Leu Met Ala Val Gln Leu Leu Asp Ser Ser Asn Gln
355        360        365

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Glu Glu Arg Leu Pro Glu Gly Ser Val Ser Leu Ile Ile Leu Leu Thr
 370 375 380
 Asp Gly Asp Pro Thr Val Gly Glu Thr Asn Pro Arg Ser Ile Gln Asn
 385 390 395 400
 Asn Val Arg Glu Ala Val Ser Gly Arg Tyr Ser Leu Phe Cys Leu Gly
 405 410 415
 Phe Gly Phe Asp Val Ser Tyr Ala Phe Leu Glu Lys Leu Ala Leu Asp
 420 425 430
 Asn Gly Gly Leu Ala Arg Arg Ile His Glu Asp Ser Asp Ser Ala Leu
 435 440 445
 Gln Leu Gln Asp Phe Tyr Gln Glu Val Ala Asn Pro Leu Leu Thr Ala
 450 455 460
 Val Thr Phe Glu Tyr Pro Ser Asn Ala Val Glu Glu Val Thr Gln Asn
 465 470 475 480
 Asn Phe Arg Leu Leu Phe Lys Gly Ser Glu Met Val Val Ala Gly Lys
 485 490 495
 Leu Gln Asp Arg Gly Pro Asp Val Leu Thr Ala Thr Val Ser Gly Lys
 500 505 510
 Leu Pro Thr Gln Asn Ile Thr Phe Gln Thr Glu Ser Ser Val Ala Glu
 515 520 525
 Gln Glu Ala Glu Phe Gln Ser Pro Lys Tyr Ile Phe His Asn Phe Met
 530 535 540
 Glu Arg Leu Trp Ala Tyr Leu Thr Ile Gln Gln Leu Leu Glu Gln Thr
 545 550 555 560
 Val Ser Ala Ser Asp Ala Asp Gln Gln Ala Leu Arg Asn Gln Ala Leu
 565 570 575
 Asn Leu Ser Leu Ala Tyr Ser Phe Val Thr Pro Leu Thr Ser Met Val
 580 585 590
 Val Thr Lys Pro Asp Asp Gln Glu Gln Ser Gln Val Ala Glu Lys Pro
 595 600 605
 Met Glu Gly Glu Ser Arg Asn Arg Asn Val His Ser Gly Ser Thr Phe
 610 615 620
 Phe Lys Tyr Tyr Leu Gln Gly Ala Lys Ile Pro Lys Pro Glu Ala Ser
 625 630 635 640
 Phe Ser Pro Arg Arg Gly Trp Asn Arg Gln Ala Gly Ala Ala Gly Ser
 645 650 655
 Arg Met Asn Phe Arg Pro Gly Val Leu Ser Ser Arg Gln Leu Gly Leu
 660 665 670
 Pro Gly Pro Pro Asp Val Pro Asp His Ala Ala Tyr His Pro Phe Arg
 675 680 685
 Arg Leu Ala Ile Leu Pro Ala Ser Ala Pro Pro Ala Thr Ser Asn Pro
 690 695 700
 Asp Pro Ala Val Ser Arg Val Met Asn Met Lys Ile Glu Glu Thr Thr
 705 710 715 720
 Met Thr Thr Gln Thr Pro Ala Pro Ile Gln Ala Pro Ser Ala Ile Leu
 725 730 735
 Pro Leu Pro Gly Gln Ser Val Glu Arg Leu Cys Val Asp Pro Arg His
 740 745 750
 Arg Gln Gly Pro Val Asn Leu Leu Ser Asp Pro Glu Gln Gly Val Glu
 755 760 765

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Val Thr Gly Gln Tyr Glu Arg Glu Lys Ala Gly Phe Ser Trp Ile Glu
 770 775 780
 Val Thr Phe Lys Asn Pro Leu Val Trp Val His Ala Ser Pro Glu His
 785 790 800
 Val Val Val Thr Arg Asn Arg Arg Ser Ser Ala Tyr Lys Trp Lys Glu
 805 810 815
 Thr Leu Phe Ser Val Met Pro Gly Leu Lys Met Thr Met Asp Lys Thr
 820 825 830
 Gly Leu Leu Leu Leu Ser Asp Pro Asp Lys Val Thr Ile Gly Leu Leu
 835 840 845
 Phe Trp Asp Gly Arg Gly Glu Gly Leu Arg Leu Leu Leu Arg Asp Thr
 850 855 860
 Asp Arg Phe Ser Ser His Val Gly Gly Thr Leu Gly Gln Phe Tyr Gln
 865 870 875 880
 Glu Val Leu Trp Gly Ser Pro Ala Ala Ser Asp Asp Gly Arg Arg Thr
 885 890 895
 Leu Arg Val Gln Gly Asn Asp His Ser Ala Thr Arg Glu Arg Arg Leu
 900 905 910
 Asp Tyr Gln Glu Gly Pro Pro Gly Val Glu Ile Ser Cys Trp Ser Val
 915 920 925
 Glu Leu
 930

<210> SEQ ID NO 17

<211> LENGTH: 242

<212> TYPE: PRT

<213> ORGANISM: Homo sapiens

<400> SEQUENCE: 17

Arg Leu Ala Ile Leu Pro Ala Ser Ala Pro Pro Ala Thr Ser Asn Pro
 1 5 10 15
 Asp Pro Ala Val Ser Arg Val Met Asn Met Lys Ile Glu Glu Thr Thr
 20 25 30
 Met Thr Thr Gln Thr Pro Ala Pro Ile Gln Ala Pro Ser Ala Ile Leu
 35 40 45
 Pro Leu Pro Gly Gln Ser Val Glu Arg Leu Cys Val Asp Pro Arg His
 50 55 60
 Arg Gln Gly Pro Val Asn Leu Leu Ser Asp Pro Glu Gln Gly Val Glu
 65 70 75 80
 Val Thr Gly Gln Tyr Glu Arg Glu Lys Ala Gly Phe Ser Trp Ile Glu
 85 90 95
 Val Thr Phe Lys Asn Pro Leu Val Trp Val His Ala Ser Pro Glu His
 100 105 110
 Val Val Val Thr Arg Asn Arg Arg Ser Ser Ala Tyr Lys Trp Lys Glu
 115 120 125
 Thr Leu Phe Ser Val Met Pro Gly Leu Lys Met Thr Met Asp Lys Thr
 130 135 140
 Gly Leu Leu Leu Leu Ser Asp Pro Asp Lys Val Thr Ile Gly Leu Leu
 145 150 155 160
 Phe Trp Asp Gly Arg Gly Glu Gly Leu Arg Leu Leu Leu Arg Asp Thr
 165 170 175
 Asp Arg Phe Ser Ser His Val Gly Gly Thr Leu Gly Gln Phe Tyr Gln
 180 185 190

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Glu Val Leu Trp Gly Ser Pro Ala Ala Ser Asp Asp Gly Arg Arg Thr
 195 200 205
 Leu Arg Val Gln Gly Asn Asp His Ser Ala Thr Arg Glu Arg Arg Leu
 210 215 220
 Asp Tyr Gln Glu Gly Pro Pro Gly Val Glu Ile Ser Cys Trp Ser Val
 225 230 235 240
 Glu Leu

<210> SEQ ID NO 18
 <211> LENGTH: 256
 <212> TYPE: PRT
 <213> ORGANISM: Homo sapiens

<400> SEQUENCE: 18

Arg Leu Ala Ile Leu Pro Ala Ser Ala Pro Pro Ala Thr Ser Asn Pro
 1 5 10 15
 Asp Pro Ala Val Ser Arg Val Met Asn Met Lys Ile Glu Glu Thr Thr
 20 25 30
 Met Thr Thr Gln Thr Pro Ala Cys Pro Ser Cys Ser Arg Ser Arg Ala
 35 40 45
 Pro Ala Val Pro Ala Pro Ile Gln Ala Pro Ser Ala Ile Leu Pro Leu
 50 55 60
 Pro Gly Gln Ser Val Glu Arg Leu Cys Val Asp Pro Arg His Arg Gln
 65 70 75 80
 Gly Pro Val Asn Leu Leu Ser Asp Pro Glu Gln Gly Val Glu Val Thr
 85 90 95
 Gly Gln Tyr Glu Arg Glu Lys Ala Gly Phe Ser Trp Ile Glu Val Thr
 100 105 110
 Phe Lys Asn Pro Leu Val Trp Val His Ala Ser Pro Glu His Val Val
 115 120 125
 Val Thr Arg Asn Arg Arg Ser Ser Ala Tyr Lys Trp Lys Glu Thr Leu
 130 135 140
 Phe Ser Val Met Pro Gly Leu Lys Met Thr Met Asp Lys Thr Gly Leu
 145 150 155 160
 Leu Leu Leu Ser Asp Pro Asp Lys Val Thr Ile Gly Leu Leu Phe Trp
 165 170 175
 Asp Gly Arg Gly Glu Gly Leu Arg Leu Leu Leu Arg Asp Thr Asp Arg
 180 185 190
 Phe Ser Ser His Val Gly Gly Thr Leu Gly Gln Phe Tyr Gln Glu Val
 195 200 205
 Leu Trp Gly Ser Pro Ala Ala Ser Asp Asp Gly Arg Arg Thr Leu Arg
 210 215 220
 Val Gln Gly Asn Asp His Ser Ala Thr Arg Glu Arg Arg Leu Asp Tyr
 225 230 235 240
 Gln Glu Gly Pro Pro Gly Val Glu Ile Ser Cys Trp Ser Val Glu Leu
 245 250 255

<210> SEQ ID NO 19
 <211> LENGTH: 281
 <212> TYPE: PRT
 <213> ORGANISM: Homo sapiens

<400> SEQUENCE: 19

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Met Ser Arg Ile Ser Gln Met Thr Ala Ala Arg Ser Pro Pro Arg Leu
1      5      10      15
His Met Ala Met Trp Ser Thr Arg Phe Ala Thr Ser Val Arg Thr Asn
      20      25      30
Ala Val Gln Arg Ile Leu Gly Gly His Leu Asp Ala Lys Gly Ser Phe
      35      40      45
Pro Trp Gln Ala Lys Met Val Ser His His Asn Leu Thr Thr Gly Ala
      50      55      60
Thr Leu Ile Asn Glu Gln Trp Leu Leu Thr Thr Ala Lys Asn Leu Phe
      65      70      75      80
Leu Asn His Ser Glu Asn Ala Thr Ala Lys Asp Ile Ala Pro Thr Leu
      85      90      95
Thr Leu Tyr Val Gly Lys Lys Gln Leu Val Glu Ile Glu Lys Val Val
      100      105      110
Leu His Pro Asn Tyr Ser Gln Val Asp Ile Gly Leu Ile Lys Leu Lys
      115      120      125
Gln Lys Val Ser Val Asn Glu Arg Val Met Pro Ile Cys Leu Pro Ser
      130      135      140
Lys Asp Tyr Ala Glu Val Gly Arg Val Gly Tyr Val Ser Gly Trp Gly
      145      150      155      160
Arg Asn Ala Asn Phe Lys Phe Thr Asp His Leu Lys Tyr Val Met Leu
      165      170      175
Pro Val Ala Asp Gln Asp Gln Cys Ile Arg His Tyr Glu Gly Ser Thr
      180      185      190
Val Pro Glu Lys Lys Thr Pro Lys Ser Pro Val Gly Val Gln Pro Ile
      195      200      205
Leu Asn Glu His Thr Phe Cys Ala Gly Met Ser Lys Tyr Gln Glu Asp
      210      215      220
Thr Cys Tyr Gly Asp Ala Gly Ser Ala Phe Ala Val His Asp Leu Glu
      225      230      235
Glu Asp Thr Trp Tyr Ala Thr Gly Ile Leu Ser Phe Asp Lys Ser Cys
      245      250      255
Ala Val Ala Glu Tyr Gly Val Tyr Val Lys Val Thr Ser Ile Gln Asp
      260      265      270
Trp Val Gln Lys Thr Ile Ala Glu Asn
      275      280

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<210> SEQ ID NO 20

<211> LENGTH: 583

<212> TYPE: PRT

<213> ORGANISM: Homo sapiens

<400> SEQUENCE: 20

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Met Lys Leu Leu His Val Phe Leu Leu Phe Leu Cys Phe His Leu Arg
1      5      10      15
Phe Cys Lys Val Thr Tyr Thr Ser Gln Glu Asp Leu Val Glu Lys Lys
      20      25      30
Cys Leu Ala Lys Lys Tyr Thr His Leu Ser Cys Asp Lys Val Phe Cys
      35      40      45
Gln Pro Trp Gln Arg Cys Ile Glu Gly Thr Cys Val Cys Lys Leu Pro
      50      55      60
Tyr Gln Cys Pro Lys Asn Gly Thr Ala Val Cys Ala Thr Asn Arg Arg
      65      70      75      80

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Ser Phe Pro Thr Tyr Cys Gln Gln Lys Ser Leu Glu Cys Leu His Pro
 85 90 95
 Gly Thr Lys Phe Leu Asn Asn Gly Thr Cys Thr Ala Glu Gly Lys Phe
 100 105 110
 Ser Val Ser Leu Lys His Gly Asn Thr Asp Ser Glu Gly Ile Val Glu
 115 120 125
 Val Lys Leu Val Asp Gln Asp Lys Thr Met Phe Ile Cys Lys Ser Ser
 130 135 140
 Trp Ser Met Arg Glu Ala Asn Val Ala Cys Leu Asp Leu Gly Phe Gln
 145 150 155 160
 Gln Gly Ala Asp Thr Gln Arg Arg Phe Lys Leu Ser Asp Leu Ser Ile
 165 170 175
 Asn Ser Thr Glu Cys Leu His Val His Cys Arg Gly Leu Glu Thr Ser
 180 185 190
 Leu Ala Glu Cys Thr Phe Thr Lys Arg Arg Thr Met Gly Tyr Gln Asp
 195 200 205
 Phe Ala Asp Val Val Cys Tyr Thr Gln Lys Ala Asp Ser Pro Met Asp
 210 215 220
 Asp Phe Phe Gln Cys Val Asn Gly Lys Tyr Ile Ser Gln Met Lys Ala
 225 230 235 240
 Cys Asp Gly Ile Asn Asp Cys Gly Asp Gln Ser Asp Glu Leu Cys Cys
 245 250 255
 Lys Ala Cys Gln Gly Lys Gly Phe His Cys Lys Ser Gly Val Cys Ile
 260 265 270
 Pro Ser Gln Tyr Gln Cys Asn Gly Glu Val Asp Cys Ile Thr Gly Glu
 275 280 285
 Asp Glu Val Gly Cys Ala Gly Phe Ala Ser Val Ala Gln Glu Glu Thr
 290 295 300
 Glu Ile Leu Thr Ala Asp Met Asp Ala Glu Arg Arg Arg Ile Lys Ser
 305 310 315 320
 Leu Leu Pro Lys Leu Ser Cys Gly Val Lys Asn Arg Met His Ile Arg
 325 330 335
 Arg Lys Arg Ile Val Gly Gly Lys Arg Ala Gln Leu Gly Asp Leu Pro
 340 345 350
 Trp Gln Val Ala Ile Lys Asp Ala Ser Gly Ile Thr Cys Gly Gly Ile
 355 360 365
 Tyr Ile Gly Gly Cys Trp Ile Leu Thr Ala Ala His Cys Leu Arg Ala
 370 375 380
 Ser Lys Thr His Arg Tyr Gln Ile Trp Thr Thr Val Val Asp Trp Ile
 385 390 395 400
 His Pro Asp Leu Lys Arg Ile Val Ile Glu Tyr Val Asp Arg Ile Ile
 405 410 415
 Phe His Glu Asn Tyr Asn Ala Gly Thr Tyr Gln Asn Asp Ile Ala Leu
 420 425 430
 Ile Glu Met Lys Lys Asp Gly Asn Lys Lys Asp Cys Glu Leu Pro Arg
 435 440 445
 Ser Ile Pro Ala Cys Val Pro Trp Ser Pro Tyr Leu Phe Gln Pro Asn
 450 455 460
 Asp Thr Cys Ile Val Ser Gly Trp Gly Arg Glu Lys Asp Asn Glu Arg
 465 470 475 480

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Val Phe Ser Leu Gln Trp Gly Glu Val Lys Leu Ile Ser Asn Cys Ser
485 490 495

Lys Phe Tyr Gly Asn Arg Phe Tyr Glu Lys Glu Met Glu Cys Ala Gly
500 505 510

Thr Tyr Asp Gly Ser Ile Asp Ala Cys Lys Gly Asp Ser Gly Gly Pro
515 520 525

Leu Val Cys Met Asp Ala Asn Asn Val Thr Tyr Val Trp Gly Val Val
530 535 540

Ser Trp Gly Glu Asn Cys Gly Lys Pro Glu Phe Pro Gly Phe Tyr Thr
545 550 555 560

Lys Val Ala Asn Tyr Phe Asp Trp Ile Ser Tyr His Val Gly Arg Pro
565 570 575

Phe Ile Ser Gln Tyr Asn Val
580

<210> SEQ ID NO 21
 <211> LENGTH: 215
 <212> TYPE: PRT
 <213> ORGANISM: Homo sapiens

<400> SEQUENCE: 21

Gly Ile Val Leu Thr Gln Ser Pro Gly Thr Leu Ser Leu Ser Ser Gly
1 5 10 15

Glu Gly Ala Thr Leu Ser Cys Arg Ala Ser Gln Ser Val Ser Asn Gly
20 25 30

Gln Leu Thr Trp Tyr Gln Gln Lys Pro Gly Gln Ala Pro Arg Leu Leu
35 40 45

Ile Tyr Gly Ala Ser Ser Arg Ala Thr Gly Ile Pro Asp Arg Phe Ser
50 55 60

Gly Ser Gly Ser Gly Thr Asp Phe Thr Leu Thr Ile Ser Arg Leu Glu
65 70 75 80

Pro Glu Asp Phe Ala Val Tyr Tyr Cys His Gln Tyr Asp Gly Ser Pro
85 90 95

Glu Thr Phe Gly Gln Gly Thr Lys Val Glu Ile Asn Arg Thr Val Ala
100 105 110

Ala Pro Ser Val Phe Ile Phe Pro Pro Ser Asp Glu Gln Leu Lys Ser
115 120 125

Gly Thr Ala Ser Val Val Cys Leu Leu Asn Asn Phe Tyr Pro Arg Glu
130 135 140

Ala Lys Val Gln Trp Lys Val Asp Asn Ala Leu Gln Ser Gly Asn Ser
145 150 155 160

Gln Glu Ser Val Thr Glu Gln Asp Ser Lys Asp Ser Thr Tyr Ser Leu
165 170 175

Ser Ser Thr Leu Thr Leu Ser Lys Ala Asp Tyr Glu Lys His Lys Val
180 185 190

Tyr Ala Cys Glu Val Thr His Gln Gly Leu Arg Ser Pro Val Thr Lys
195 200 205

Ser Phe Asn Arg Gly Glu Cys
210 215

<210> SEQ ID NO 22
 <211> LENGTH: 396
 <212> TYPE: PRT
 <213> ORGANISM: Homo sapiens

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<400> SEQUENCE: 22

Met Phe Leu Lys Ala Val Val Leu Thr Leu Ala Leu Val Ala Val Ala
 1 5 10 15
 Gly Ala Arg Ala Glu Val Ser Ala Asp Gln Val Ala Thr Val Met Trp
 20 25 30
 Asp Tyr Phe Ser Gln Leu Ser Asn Asn Ala Lys Glu Ala Val Glu His
 35 40 45
 Leu Gln Lys Ser Glu Leu Thr Gln Gln Leu Asn Ala Leu Phe Gln Asp
 50 55 60
 Lys Leu Gly Glu Val Asn Thr Tyr Ala Gly Asp Leu Gln Lys Lys Leu
 65 70 75 80
 Val Pro Phe Ala Thr Glu Leu His Glu Arg Leu Ala Lys Asp Ser Glu
 85 90 95
 Lys Leu Lys Glu Ile Gly Lys Glu Leu Glu Glu Leu Arg Ala Arg
 100 105 110
 Leu Leu Pro His Ala Asn Glu Val Ser Gln Lys Ile Gly Asp Asn Leu
 115 120 125
 Arg Glu Leu Gln Gln Arg Leu Glu Pro Tyr Ala Asp Gln Leu Arg Thr
 130 135 140
 Gln Val Asn Thr Gln Ala Glu Gln Leu Arg Arg Gln Leu Thr Pro Tyr
 145 150 155 160
 Ala Gln Arg Met Glu Arg Val Leu Arg Glu Asn Ala Asp Ser Leu Gln
 165 170 175
 Ala Ser Leu Arg Pro His Ala Asp Glu Leu Lys Ala Lys Ile Asp Gln
 180 185 190
 Asn Val Glu Glu Leu Lys Gly Arg Leu Thr Pro Tyr Ala Asp Glu Phe
 195 200 205
 Lys Val Lys Ile Asp Gln Thr Val Glu Glu Leu Arg Arg Ser Leu Ala
 210 215 220
 Pro Tyr Ala Gln Asp Thr Gln Glu Lys Leu Asn His Gln Leu Glu Gly
 225 230 235 240
 Leu Thr Phe Gln Met Lys Lys Asn Ala Glu Glu Leu Lys Ala Arg Ile
 245 250 255
 Ser Ala Ser Ala Glu Glu Leu Arg Gln Arg Leu Ala Pro Leu Ala Glu
 260 265 270
 Asp Val Arg Gly Asn Leu Arg Gly Asn Thr Glu Gly Leu Gln Lys Ser
 275 280 285
 Leu Ala Glu Leu Gly Gly His Leu Asp Gln Gln Val Glu Glu Phe Arg
 290 295 300
 Arg Arg Val Glu Pro Tyr Gly Glu Asn Phe Asn Lys Ala Leu Val Gln
 305 310 315 320
 Gln Met Glu Gln Leu Arg Gln Lys Leu Gly Pro His Ala Gly Asp Val
 325 330 335
 Glu Gly His Leu Ser Phe Leu Glu Lys Asp Leu Arg Asp Lys Val Asn
 340 345 350
 Ser Phe Phe Ser Thr Phe Lys Glu Lys Glu Ser Gln Asp Lys Thr Leu
 355 360 365

-continued

Ser	Leu	Pro	Glu	Leu	Glu	Gln	Gln	Gln	Glu	Gln	Gln	Glu	Gln	Gln
	370					375							380	

Gln	Glu	Gln	Val	Gln	Met	Leu	Ala	Pro	Leu	Glu	Ser
385					390					395	

What is claimed is:

1. A Method of use of protein biomarkers of neurodegenerative disease comprising two or more biomarkers in a biological sample, wherein the detection and/or the concentration of a first biomarker is employed to sort between categories of neurodegenerative disease patients and categories of normal and disease controls, and the presence and/or concentration of the first biomarker and of one or more additional biomarkers are then employed within each category for screening, diagnosis, differential diagnosis and monitoring of neurodegenerative disease severity and of disease mechanisms in the patients.

2. The method of claim 1 wherein the biological sample is blood.

3. The method of claim 2 wherein the blood sample is blood serum, or blood plasma, or whole blood, or blood cells.

4. The method of 1 wherein the biological sample is Cerebrospinal Fluid, urine, or tissue.

5. The method of claim 1, wherein the neurodegenerative disease is Alzheimer's disease (AD).

6. The method of claim 1 wherein the neurodegenerative disease is Parkinson's disease (PD).

7. The method of claim 1 wherein the neurodegenerative disease is Amyotrophic Lateral Sclerosis (ALS).

8. The method of claim 1, wherein the biomarkers comprise two or more of proteins, such as an Apolipoprotein E4 protein, an Apolipoprotein E3 protein, an Apolipoprotein A-IV protein, a Transthyretin protein, A Complement Factor H protein, A Complement Factor Hs protein, a Complement Factor Bb protein, a Complement Factor I protein, a Complement C3c1 protein, a Complement C3c2a protein, a Complement C3dg protein, a Haptoglobin HP-1 protein, an Immunoglobulin Light Chain Protein, and/or an Inter-alpha Trypsin Inhibitor protein in a blood serum sample, for distinguishing between different categories of patients with Alzheimer's disease, and for screening, diagnosis, differential diagnosis and monitoring of Alzheimer's disease severity and disease mechanisms in the patients.

9. The method of claim 8, for screening, diagnosis, differential diagnosis, and determining and monitoring of disease severity and mechanisms of Alzheimer's disease in patients, comprising:

- obtaining a biological sample from a test subject;
- determining whether or not a quantity of the first biomarker can be detected; and if so determining the quantity of that first biomarker in the biological sample; and
- determining the quantities of one or more of the other biomarkers in the biological sample; and
- determining the quantities of one or more additional biomarkers, in biological samples from normal control individuals, from patients with Alzheimer's disease, with Parkinson's disease, and with Alzheimer's disease-like (AD-like) and/or mixed disorders, wherein the detection of a quantity and/or the quantity of the first biomarker in the test subject biological sample is indicative of a par-

ticular form or variation of Alzheimer's disease or a normal condition with a potential to develop that particular form or variation of Alzheimer's disease, and the quantities of the first biomarker and of one or more additional biomarkers, in the biological sample of the test subject outside the range of that particular form or variation of Alzheimer's disease values are indicative of the absence of that form of Alzheimer's disease and the presence of a normal condition, or another neurological disorder, such as Parkinson's disease, or an Alzheimer's disease-like and/or mixed disorder, and wherein a lack of detection of a quantity and/or the quantity of the first biomarker in the test subject biological sample is indicative of another particular form or variation of Alzheimer's disease or a normal condition with a potential to develop that other particular form or variation of Alzheimer's disease, and the quantities of the first biomarker and of one or more other biomarkers in the biological sample of the test subject within the ranges of that other particular other form or variation of Alzheimer's disease values is indicative of the presence of that other particular form or variation of Alzheimer's disease, and the quantity of one or more other biomarkers, in the biological sample of the test subject outside the range of that other form of Alzheimer's disease values are indicative of the absence of that other particular form or variation of Alzheimer's disease and the presence of a normal condition, or another neurological disorder, such as Parkinson's disease, or an Alzheimer's disease-like or mixed disorder.

10. The Method of claim 9 wherein the Alzheimer's disease-like or mixed disorder is any one of a number of neurological disorders with symptoms similar to Alzheimer's disease, such as:

Frontotemporal dementia (FTD); Lewy body dementia (LBD); Corticalbasal Ganglionic degeneration, Alcohol related dementia; Semantic dementia; Vascular (Multi-infarct) dementia; Stroke (CVA); Post-irradiation Encephalopathy and Seizures; Alzheimer's disease combined with Vascular (Multi-Infarct) dementia; Alzheimer's disease combined with Lewy body dementia; Parkinson's disease combined with Lewy body dementia; Alzheimer's and Parkinson's disease combined with Lewy body dementia; Frontotemporal dementia combined with Chronic Inflammatory Demyelinating Polyneuropathy; and Thalamic CVA combined with HX of Lung CA, or Parkinson's disease or any of a number of other diseases where the disease causes symptoms similar to Alzheimer's disease.

11. The method of claim 1 wherein the detection and/or determination of quantities of biomarkers are performed by gel electrophoresis

12. The method of claim 11 wherein the detection and/or determination of quantities of biomarkers are performed by quantitative 2D gel electrophoresis.

13. The method of claim **1** wherein the detection and/or determination of quantities of biomarkers are performed by any form of immunoassay.

14. The method of claim **13** wherein the immunoassay is an ELISA assay.

15. The method of claim **14** wherein the immunoassay is an array of ELISA assays.

16. The method of claim **1** wherein the detection and/or determination of quantities of biomarkers are performed by Mass Spectrometry.

17. The method of claim **1** wherein the detection and/or determination of quantities of biomarkers are performed by chromatography

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专利名称(译)	基于血清中蛋白质生物标志物浓度差异的多种形式的阿尔茨海默病		
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[标]发明人	GOLDKNOPF IRA L BRYSON JENNIFER K SHETA ESSAM A		
发明人	GOLDKNOPF, IRA L. BRYSON, JENNIFER K. SHETA, ESSAM A. KHALIL, JAFFER K. QUINTERO, SILVIA C.		
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摘要(译)

本发明涉及用于神经变性疾病(包括阿尔茨海默病)和相关疾病的生物标志物的鉴定和用途。更具体地,本发明涉及蛋白质生物标志物的鉴定,所述蛋白质生物标志物可用于从帕金森病,其他神经退行性疾病和正常对照中筛选,诊断和分化阿尔茨海默氏病,以及用于监测患者的阿尔茨海默氏病严重性和疾病机制。。

