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(54) **METHODS AND COMPOSITIONS FOR DEVELOPMENT OF DRUG SCREENING PROCEDURES AND DIAGNOSTIC TOOLS**

(76) Inventor: **Howard K. Shapiro**, Narberth, PA (US)

Correspondence Address:
Howard K. Shapiro, Ph.D.
214 Price Avenue, Apt. F-32
Narberth, PA 19072 (US)

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(57) **ABSTRACT**

This invention defines novel research and clinical laboratory methodology and compositions related thereto appropriate for use in (a) determining the presence of a neurodegenera-

tive disease selected from the group limited solely to Charcot-Marie-Tooth disease, familial Alzheimer's disease, familial Parkinson's disease, Huntington's disease, spinal muscular atrophy, Friedreich's ataxia, giant axon neuropathy, juvenile ceroid-lipofuscinosis, familial motor neuron diseases, juvenile diabetic polyneuropathy and Down's syndrome, (b) monitoring the ongoing status of the physiological expression of said disease and (c) screening candidate therapeutic drug agents for possible effectiveness. The invention is based on the new and novel observation that the presence of a neurodegenerative disease can be characterized in part by the expression in cultured fibroblasts obtained from the patient of one or more proteins which are not the product of a defective disease-inducing gene, but which are stress proteins, one or more other proteins modified by conditions of oxidative stress or one or more other disease-related proteins. The invention depends on living cell material, namely fibroblasts, which are readily and, if necessary, repeatedly available from a patient. When adapted as a method and composition useful for the screening candidate therapeutic drug agents for possible effectiveness, this technology offers advantages in terms of (a) providing research opportunities which, in some cases, never existed before, (b) cost effectiveness when compared to alternative technologies, (c) ability to be used readily on a large scale, (d) ability to generate meaningful data in a comparatively short period of time, and (e) providing an early stage opportunity to obtain information based on direct interaction of a candidate drug and a living tissue disease model. Various aspects of diagnostic methods and compositions are also disclosed.

METHODS AND COMPOSITIONS FOR DEVELOPMENT OF DRUG SCREENING PROCEDURES AND DIAGNOSTIC TOOLS

RELATED PATENT APPLICATION

[0001] This invention is a continuation-in-part of U.S. patent application Ser. No. 09/194,619, filed on Aug. 8, 2003, entitled "Methods and Compositions for Development of Drug Screening Procedures and Diagnostic Tools," now abandoned, the disclosure of which is incorporated by reference herein.

BACKGROUND OF THE INVENTION

[0002] 1. Field of the Invention

[0003] The present invention relates to new diagnostic procedures or to protocols suitable for use in screening candidate therapeutic drug agents. The present invention provides human, living, dynamic experimental models, and metabolic markers related thereto, for examining some aspects of the pathophysiology of familial or non-familial neuro-degenerative diseases selected from the group hereby limited solely to Charcot-Marie-Tooth disease, familial Alzheimer's disease, familial Parkinson's disease, Huntington's disease, spinal muscular atrophy, Friedreich's ataxia, giant axon neuropathy, juvenile ceroid-lipofuscinosis, familial motor neuron diseases, juvenile diabetic polyneuropathy and Down's syndrome, including various individual genetic subvarieties thereof.

[0004] 2. Description of Prior Art

[0005] J. T. Coyle and P. Puttfarcken (1993), *Science* 262:689-695 (1993) noted that

[0006] There is an increasing amount of experimental evidence that oxidative stress is a causal, or at least an ancillary, factor in the neuropathology of several adult neurodegenerative disorders, as well as in stroke, trauma, and seizures . . . [pg. 689]

The authors proceeded to review the various sources and origins of neuronal oxidative stress and reviewed the known intrinsic metabolic mechanisms for natural protection against such stress. They mentioned the ability of vitamin E to inhibit lipid peroxidation (pg. 690, first column, lines 5-9), and they referred to the neuroprotective effect of other antioxidants (i.e., page 692, column one). Notably, on page 690, second column, lines 1-5 the authors also mentioned that

[0007] Furthermore, peroxy radicals can combine with an abstracted hydrogen atom to form lipid hydroperoxides which, in the presence of Fe^{2+} , decompose to alkoxy radicals and aldehydes.

On page 692 (column three, lines 7-11) the authors specifically mentioned that they were referring to diseases such as Parkinson's disease (PD), amyotrophic lateral sclerosis (ALS) and Huntington's disease (HD). In another statement of particular relevance (page 693, column three, lines 32-39), the authors commented that

[0008] . . . notably, protein carbonyl content, a measure of protein oxidation, was elevated by 85% in patients with sporadic ALS as compared to controls, suggesting

that oxidative stress is a common feature of ALS whether the disease is due to loss of CuZnSOD activity or to other causes . . .

The authors concluded (page 694, column two, lines 5-11), in part

[0009] . . . Nevertheless, the evidence, while still largely circumstantial, is convincing that oxidative stress represents an important pathway, initiated in part by Glu, that leads to neuronal degeneration in a manner consistent with the course and pathology of several degenerative disorders of the brain . . .

[0010] One aspect of cellular oxidative stress is the pathological formation of crosslinked proteins. As the H polypeptide chains of neurofilaments have an especially high lysine content (20%), neurofilaments are particularly susceptible to spurious crosslinking reactions which may be induced by lipid peroxidation products [Carden et al., *Neurochem. Pathol.* 5:25-35 (1986)]. The results of several published research studies suggest that dysfunctional lipid peroxidation may be a contributing factor in the etiology of Parkinson's disease [Fahn, *Ann. N Y Acad. Sci.* 570:186-196 (1989)], multiple sclerosis [Hunter et al., *Neurochem. Res.* 10:1645-1652 (1985)] and Duchenne muscular dystrophy [Kar and Pearson, *Clin. Chim. Acta* 94:277-280 (1979); Jackson et al., *Med. Biol.* 62:135-138 (1984); Hunter and Mohamed, *Clin. Chim. Acta* 155:123-132 (1986)].

[0011] A considerable body of prior art has provided evidence suggesting that the etiologies of certain neurodegenerative diseases include evidence of chemical crosslinking of neurofilaments. Such studies include work on Charcot-Marie-Tooth (CMT) genetic neuropathies [Hughes and Brownell, *J. Neurol. Neurosurg. Psych.* 35:648-657 (1972); Brimijoin et al., *Science* 180:1295-1297 (1973); van Weerden et al., *Muscle & Nerve* 5:185-196 1982; and Goebel et al., *Ital. J. Neurol. Sci.* 7:325-332 1986], giant axon neuropathy [Prineas et al., *J. Neuropathol. Exp. Neurol.* 35:458-470 (1976)], diabetic polyneuropathy [Yamamura et al., in *Diabetic Neuropathy*, Goto, Y, sr. ed. (Princeton, Excerpta Medica, (1982) pp. 80-85; Sidenius and Jakobsen, *Diabetes* 31:689-693 (1982); and Tomlinson and Mayer, *J. Auton. Pharmac.* 4:59-72 (1984)], Alzheimer's disease [Wisniewski et al., *J. Neuropath. Exp. Neurol.* 29:163-176 (1970); Iqbal et al. (1978), and Wisniewski et al. in *Aging and Cell Structure*, volume 1, Johnson, Jr., J E, ed. (New York, Plenum Press, 1982) pp. 110-112], Down's syndrome [Goodison et al., *Soc. Neurosci. Abstr.* 15(pt. 2): 329 (abstract 135.6) (1989)], Pick's disease [Yoshimura, *Clin. Neuropath.* 8:1-6 (1989)], Parkinson's disease [Oppenheimer, in *Greenfield's Neuropathology*, Blackwood, W and Corsellis, J A N, eds. (Chicago, Year Book Medical Publishers, 1976) pp. 612-614; and Cohan, in *Clinical Aspects of Aging*, third edition, Reichel, W, ed. (Baltimore, Williams & Wilkens, 1989) pp.167], amyotrophic lateral sclerosis [Carpenter, *Neurology* 18:841-851 (1968)], infantile spinal muscular atrophy [Lee et al., *Neuropediatrics* 20:107-111 (1989)], Friedreich's ataxia [Lamarche et al., *Can. J. Neurol. Sci.* 9:137-139 (1982)], and alcoholic polyneuropathy [Appenzeller and Richardson, *Neurology* (Minneapolis) 16:1205-1209 (1966)].

[0012] Considerable biomedical literature indicates that certain sites on normal proteins and lipids are specific targets for spurious chemical crosslinking, most notably the

ϵ -amino groups of lysine residues in proteins and the amine groups of phosphatidyl-ethanolamine molecules in cell lipid membrane bilayers. These primary amine groups are especially prone to attack by small molecular weight carbonyl-containing hydrocarbons. Such carbonyl-containing molecules may originate by many pathological mechanisms still only partly defined, but, in general, they originate from peroxidation of fatty acids or as by-products of sugar metabolism. A mono-carbonyl specie can bind to a protein or amino-lipid, alter its three dimensional structure and possibly affect its chemical activity. A dicarbonyl hydrocarbon can react with two amine groups, thus making a covalent chemical crosslink. The specific primary pathological changes that underlie this type of deterioration remain largely undefined, but their structural products have been characterized in many respects.

[0013] For example, the senile plaques and neurofibrillary tangles typical of Alzheimer's disease consist largely of networks of intermediate size protein filaments helically wound in pairs having a periodicity of 80 nm [Selkoe et al. *Science* 215:1243-1245 (1982)]. Isolated paired helical filament (PHF) has proven to have remarkable properties of chemical stability. PHF chemical crosslinking bonds are not broken by sodium dodecyl sulfate, β -mercaptoethanol, 9.5 M urea, two percent Triton X-100, one percent NP-40, 6 M guanidine hydrochloride, 0.2 N HCl or 0.2 N NaOH. As heating of PHF in the presence of either reducing agents such as β -mercaptoethanol or detergents such as Triton X-100 or NP-40 did not solubilize PHF, bonds other than disulfide are implicated in amino acid crosslinking of this type of rigid intracellular polymer. This unusual chemical stability has seriously impeded PHF analysis by gel electrophoresis [Selkoe et al. (1982)]. As a postulated mechanism for such unusual crosslinking Selkoe et al. noted that "different protein polymers in senile cataracts, terminally differentiated epidermal cells, and red blood cells are covalently cross-linked by γ -glutamyl- ϵ -lysine sidechain bridges." Like PHF, these other protein complexes are insoluble in sodium dodecyl sulfate and not solubilized by reducing agents. Selkoe et al. speculated that such γ -glutamyl- ϵ -lysine crosslinks may also form pathologically in nerve cells, as human brain contains a transglutaminase capable of acting on normal neurofilament to form an insoluble high molecular weight filamentous polymer.

[0014] Kikugawa and Beppu [*Chem. Phys. Lipids* 44:277-296 (1987)] noted that lipid radicals, hydroperoxides and their secondary products (including various aldehydes and ketones) react with neighboring protein molecules, damaging protein structure and function. Such damage includes formation of fluorescent chromophores, lipid-protein adducts, and protein-protein crosslinks. Using sodium dodecyl sulfate-polyacryl-amide gel electrophoresis, these investigators demonstrated that malonaldehyde (also known as malondialdehyde), a bifunctional molecule having two aldehyde groups, can covalently crosslink proteins. This reaction primarily involves Schiff base formation with protein ϵ -amino groups on the sidechains of lysine residues. Kikugawa and Beppu (1987) also reported that monofunctional aldehydes such as acetaldehyde, 1-hexanal, 1-heptanal and 2,4-decadienal can also crosslink proteins, generating fluorescent products. This biochemical curiosity still not well understood. Some form of self-condensation may be involved.

[0015] A report by Piersanti et al. [*Neurobiol. Aging* 13:S111 (abstract 437) (1992)] documented an increased susceptibility of Alzheimer's disease patient skin fibroblasts to free radical damage. The Piersanti report, taken together with CMT research findings discussed below, lends credence to the concept that skin fibroblast samples from patients having other neurodegenerative disorders will also show evidence of oxidative stress.

[0016] Evidence of increased deposition of lipofuscin in various neurodegenerative diseases has been presented. This observation has been documented in studies on amyotrophic lateral sclerosis [Carpenter (1968)], Guam Parkinsonism-dementia [Tan et al., *Clin. Exp. Neurol.* 17:227-234 (1981)], Alzheimer's disease [Tsuchida et al., *Chem. Phys. Lipids* 44:297-325 (1987); Moran and Gomez-Ramos, *Soc. Neurosci. Abstr.* 15(pt. 2):1039 (abstract 414.8) (1989)], Huntington's disease [Tellez-Nagel et al., *J. Neuropathol. Exp. Neurol.* 33:308-332 (1974)], Meniere's disease [Ylikoski et al. *Arch. Otolaryngol.* 106:477-483 (1980)], and juvenile ceroid-lipofuscinosis [Schwendemann, in *Ceroid-Lipofuscinosis (Batten Disease)*, Armstrong, D, sr. ed. (New York, Elsevier Biomedical Press, 1982) pp. 117-136]. Heart lipofuscin has been shown to have the following general composition: lipids, 20-50%; protein, 30-60%; and strongly pigmented resin-like hydrolysis-resistant material, 9-20%. Although the exact nature of the hydrolysis-resistant chemical bonds remains to be unequivocally defined, the similarity between lipofuscin fluorescence and that of Schiff bases formed between malonaldehyde and primary amines suggests that similar chemical crosslinks may be part of lipofuscin structure [Tsuchida et al. (1987)].

[0017] Another fundamental physiological aspect of metabolic oxidative stress is the induction of genes that code for stress proteins, originally known as heat shock proteins (hsp's). Highly conserved genes for these proteins are present in bacteria, plants, yeast and higher animals [Welch, *Sci. Am.* 268(5):56-64 (1993, pgs. 61-62)]. A wide variety of environmental stimuli are known to induce the expression of these genes, including brief exposures to elevated temperatures, exposure to toxic metals, alcohols, various metabolic poisons, protein denaturants and conditions which induce ischemia/reperfusion trauma (i.e., oxidant injury). Welch [*Sci. Am.* 268(5):56-64 (1993, pgs. 61-62)] noted that

[0018] In animal studies, researchers have observed the induction of stress responses in both the heart and brain after brief episodes of ischemia and reperfusion . . .

[0019] Cells that produce high levels of stress proteins appear better able to survive the ischemic damage than cells that do not . . .

To some limited extent, some hsp's are normally (i.e., constitutively) expressed in plant, microbial and animal cells. They play a role in normal protein post-translational processing and normal metabolic turnover of proteins. Yet even constitutive hsp's are stress inducible. Of the several different classes of hsp's, the hsp70 gene family is the most stress-inducible member.

[0020] Heretofore, some thought has been given to the question of what role hsp's might play in the neurodegenerative diseases addressed herein. However, the question has received little previous attention, and only within a quite limited scope. Autosomal dominant familial forms of Par-

kinson's disease are now well recognized [Gasser et al., *Ann. Neurol.* 36(3):387-396 (1994)]. However, a Medline database search from 1976 to April 1995 for references addressing familial Parkinson's disease and stress proteins generated no matches. When a Medline database search from 1976 to April 1995 was expanded to include non-familial cases of Parkinson's disease and stress proteins two references were found [Renkawek et al., *Acta Neuropath.* 87(5):511-519 (1994) and Namba et al. [Japanese] *No to shinkei [Brain & Nerve]* 43(1):57-60 (1991)]. However, both of these studies were based on analysis of brain tissue and neither disclosed nor anticipated the present invention.

[0021] Likewise, numerous publications have reported genetic forms of Alzheimer's disease [Campion et al. *Neurology* 45(1):80-85 (1995)]. A Medline database search from 1976 to April 1995 for references addressing familial Alzheimer's disease and stress proteins generated only one match [Guillemette et al., *J. Neurochem.* 47(3):987-997 (1986)], but actually this paper did not mention that any of its Alzheimer patients had a genetic form of the disease. The report by Guillemette et al. described studies on RNA transcripts obtained from post-mortem Alzheimer's brain biopsy samples. They observed elevated levels of hsp mRNA transcripts in brain samples from Alzheimer patients who had fever immediately prior to death. They also studied human brain mRNA translation (i.e., protein) products. Guillemette et al. reported, in part, that

[0022] A positive correlation was found between elevated amounts of the 70-kDa protein and an agonal process accompanied by fever. Two-dimensional analysis of the protein products showed two or more polypeptides for each 70-kDa protein band observed in one-dimensional gels . . . The protein patterns resemble those reported for heat-treated HeLa cells (Slater et al., 1981), suggesting the possibility that heat-shock proteins are expressed in human brain during agonal processes accompanied by fever . . . Despite similarities in the fever profile during the agonal process, control (FIGS. 4b and e) and [Huntington's disease] non-Alzheimer dementia-associated brains (FIGS. 4c and f) exhibited higher yields of 70-kDa peptides than those from Alzheimer-afflicted brains . . .

[0023] . . . These results indicate that Alzheimer's disease, in the absence of fever, is not associated with heat-shock response. [pg. 993]

[0024] . . . To examine the possibility that the primary pathogenic events that initiate Alzheimer's disease may induce heat-shock expression in the absence of fever, we probed total RNA from the neocortex of an otherwise healthy patient with Alzheimer's disease who died quickly from suicide by hypoxia (K513, FIG. 5, lane 3). There was no detectable expression of the [hsp70] heat-shock transcript in this case . . . [pgs. 994-995].

[0025] Hence, Guillemette et al. restricted their study to analysis of brain samples and did not consider the possibility that stress proteins might be expressed preferentially in cultured non-neuronal tissue. They additionally investigated postmortem brain samples from several Huntington's disease patients, which may explain why this paper is considered to be a genetic study in the Medline database system. Yet for this familial neurodegenerative disorder also, Guillemette et al. attributed the expression of hsp70 to the

presence of agonal fever (pg. 993). These investigators did not consider Huntington's disease fibroblasts in their studies. Hence, the present invention was not anticipated by Guillemette et al.

[0026] A Medline database search from 1976 to April 1995 was expanded to include references addressing non-familial Alzheimer's disease and stress proteins, and several additional reports were found. Yet none disclosed or anticipated the present invention. A representative sampling of these is presented below. The findings of Guillemette and coworkers regarding hsp expression in Alzheimer's disease postmortem brain samples have been independently confirmed by Morrison-Bogorad et al. [*J. Neurochem.* 64(1): 235-246 (1995)], who noted that

[0027] . . . approximately 40% of the [Alzheimer's disease] patients had a recorded fever of > or =39.2 degrees at or near death . . . Levels of hsp70 mRNAs were increased three- to 33-fold in cerebellum of febrile patients compared with levels in patients whose recorded temperatures were < or =37.5 degrees C. . . . These results indicate that a specific agonal stress, namely fever, can increase the levels of heat shock 70 mRNAs in AD brain . . .

[0028] Renkawek and coworkers (1994) reported immunohistochemical and immunoblotting findings which indicated a "highly induced" expression of hsp27 in Alzheimer brain samples. They also noted that hsp27 expression was also induced, albeit to a lesser extent, in brain samples obtained from patients having other types of dementia, such as Parkinson's dementia, multi-infarct dementia and normal pressure hydrocephalus. Shinohara et al. [*J. Neuro. Sci.* 119(2):203-208 (1993)] reported that increased levels of two other small heat shock proteins, α -B crystallin and hsp28, were also found in Alzheimer brain samples. Using an antibody specific for α -B crystallin to immunostain nerve samples from patients having several neurodegenerative diseases, Lowe et al. [*Neuropath. Appl. Neurobiol.* 18(4):341-350 (1992)] studied ballooned neurons having excess phosphorylated neurofilaments. They found that ballooned nerve samples obtained from classical Pick's disease cases, Alzheimer's disease cases and motor neuron disease cases all showed "strong diffuse cytoplasmic immunoreactivity." They concluded that ". . . α -B crystallin may be involved in aggregation and remodelling of neurofilaments in disease."

[0029] Using cultured neuronal PC12 cells which had been heat shocked by incubation at 45° C. for 30 minutes, Johnson et al. [*Annals NY Acad. Sci.* 695:194-197 (1993)] reported evidence of induced expression of hsp72, alterations in the phosphorylation and metabolism of amyloid precursor protein (APP), and formation of a stable complex between hsp72 and tau. Johnson et al. concluded that "these results suggest that heat shock proteins may play either a protective or a promoting role in the formation of A68 and/or the amyloidogenic C-terminal fragment of APP." Speculating along similar conceptual lines, Hoyer [*J. Geriatr. Psych. Neurol.* 6(1):3-13 (1993)] stated that in the earliest stages of Alzheimer's disease several stress-related physiological abnormalities, such as glycogen accumulation, might induce the expression of hsp's, and that such events might lead to enhanced generation of amyloid precursor protein. Two other reported studies in this general field, the work of Abe

et al. [*Neurosci. Letters* 125(2):169-171 (1991)] which used cultured lymphoblastoid cells and the work of Morandi et al. [*Prog. Clin. Biol. Res.* 317:819-827 (1989)] which used cultured rat dorsal root ganglial cells, failed to disclose or anticipate the invention embodied herein.

[0030] Approximately 10% of patients having amyotrophic lateral sclerosis (ALS), one of the motor neuron diseases, have a familial form of this disease [Marx, *Science* 259:1393 (1993)]. Familial cases of ALS are now known to result from a defect in the gene which codes for Cu/Zn-binding superoxide dismutase, an enzyme involved in oxidative free radical metabolism. A Medline database search from 1976 to May 1995 for citations regarding ALS and stress proteins generated three matches [i.e., Migheli et al. *Neuropathol. Appl. Neurobiol.* 20(3):282-289 (1994)]. Yet all three of these reports were based on studies of anterior horn cell neuronal tissue and none disclosed or anticipated the present invention. When an ALS/stress protein Medline database search from 1976 to May 1995 was expanded to include fibroblasts as a main heading three additional studies were listed [Witt et al., *J. Neurol. Sci.* 126(2):206-212 (1994); Tandan et al., *J. Neurol. Sci.* 79(1-2):189-203 (1987); and Beach et al., *J. Neurol. Sci.* 72(1):49-60 (1986)]. However, the Witt paper focused on calcium homeostasis in ALS fibroblasts. The Tandan et al. study focused on DNA repair abilities of ALS fibroblasts. The Beach et al. study focused on collagenase activity in ALS fibroblasts. None of these additional studies included work on stress proteins. Hence none of them disclosed or anticipated the present invention.

[0031] The appearance of high molecular weight ubiquitin-protein conjugates under stress protein inducing conditions is a well documented phenomenon [Raboy et al. *Acta Biol. Hung.* 42(1-3):3-20 (1991), pg. 8]. Ubiquitin-protein conjugates such as ubiquitinated paired helical filaments [Morishima-Kawashima et al. *Neuron* 10(6): 1151-1160 (1993)] have been described in studies based on analysis of nerve biopsy tissue. Yet a Medline review of ubiquitin prior art has not revealed a previous search for or identification of disease-associated ubiquitin-protein conjugates in fibroblasts obtained from patients having neurodegenerative diseases.

[0032] In U.S. Pat. No. 5,348,945 P. A. Berberian et al. described compositions for and methods of treating certain physiological stress-related states by use of an hsp70 protein as a medicinal agent. The invention embodied in U.S. Pat. No. 5,348,945 is beyond the scope of and irrelevant to the practice of the present specification. The methods and compositions of the present invention were neither disclosed nor anticipated by Berberian et al. Indeed, as defined below, the exogenous introduction of an hsp70 protein into any of the methods and compositions of the present invention would only serve to invalidate the findings, thus rendering useless the practice of the present invention.

DETAILED DESCRIPTION OF THE INVENTION

Drug Screening Methodology

[0033] Many previously described pathophysiological aspects of the diseases addressed herein have been of a quantitative, i.e., incremental, nature. However, the present

invention is based on the monitoring of one or more qualitative metabolic markers, i.e., the appearance of stress proteins and possibly other proteins secondarily related to disease etiology in cultured fibroblasts.

[0034] None of the one or more protein metabolic markers referred to in the present invention is known to be the direct translation product of a defective gene responsible for a particular familial neurodegenerative disease. It is the understanding of the inventor that the detectable expression of secondary disease-related proteins in cultured cells, which is the basis of the present invention, may not be immediately apparent when cultured fibroblast cell strains are initially established, and that each cell strain must be followed through several culturing passages so as to determine the point at which such events first occur. As noted by Welch et al. [*J. Biol. Chem.* 257(24):14949-14959 (1982), pg. 14958], the cell culture environment may be regarded as a kind the stress condition capable of inducing the expression of various stress proteins by several different cell types. As illustrated below with a form of Charcot-Marie-Tooth disease, the inventor has observed that fibroblast cells derived from human donors having a genetic neurodegenerative disease will predictably respond differently than comparable cells obtained from genetically normal donors, with the genetically defective cells showing a predisposition towards expression of stress proteins and other proteins secondarily related to disease etiology.

[0035] The results of a study conducted by the present inventor and disclosed in U.S. patent application Ser. No. 08/062,201 provide evidence that chemical crosslinking of neurofilaments may underlie at least part of the etiology of chromosome 17 Charcot-Marie-Tooth disease (type 1a CMT). Cultured skin fibroblasts from three chromosome 17 CMT donors and three control donors matched for age and sex were analyzed by two-dimensional gel electrophoresis and subsequent computer image analysis.

[0036] Cultured human fibroblast strains used in this study were obtained from the collection established by the present inventor in the laboratory of Howard Goldfine, Ph.D. of the Microbiology Department, University of Pennsylvania Medical School. For each of the six skin biopsy fibroblast strains examined, cells were grown in vitro in pH 7.4 RPMI 1640 media supplemented with 10% fetal calf serum and L-glutamine. Fibroblasts were grown to confluency and then divided 1:3 for each sub-culture. Sixth sub-culture fibroblasts were used for protein analysis by gel electrophoresis.

[0037] The protein contents of these six cultured fibroblast strains were subjected to two-dimensional gel electrophoresis according to the procedure of Garrels [*J. Biol. Chem.* 254:7961-7977 (1979)]. Cultured fibroblast proteins were extracted into a sample buffer containing 0.3% sodium dodecyl sulfate, 5.0% β -mercaptoethanol and Tris buffer, pH 8.0. For each sample, 30 μ g protein was applied to a 2.7% acrylamide gel containing 2.0% ampholytes (pH range 5-7). After isoelectric focusing electrophoresis, the proteins of each sample were resolved in the second dimension according to molecular weight on a 12.5% acrylamide gel. Protein gel spots were visualized by use of silver staining according to the methods of Merrill and coworkers (1979, 1981) and Morrissey (1981). Identification of individual protein spots on each gel was accomplished by electronic image processing followed by use of the PDQUEST™ computer analysis system (Protein Databases, Inc.).

[0038] In this study 145 protein spots were always seen in each of the three normal fibroblast strains, and 126 corresponding protein spots were always seen in each of the CMT strains. There were no examples of a protein always seen in each of the control samples but never seen in any of the CMT samples. However, each of the CMT samples also showed 25 additional protein spots that were never seen in any of the control samples. The available information on these CMT-specific proteins may be summarized below as noted in Table 1.

[0039] The distribution of molecular weights of the additional CMT-specific protein spots did not correspond to the molecular weight distribution of control protein spots. Rather, it was comparatively shifted up scale. Of the protein spots always seen in control samples, the largest had a molecular weight of 118,000 Da. Of the 25 CMT-specific protein spots, nine had molecular weights in the range of 130,000 to 192,000 Da.

[0040] Such protein mapping data cannot readily be explained by simple genetic principles. The appearance of many supernumerary protein spots associated with a genetic defect might be explained by a post-translational event, such as excess protein phosphorylation. Such events, however, would be expected to have relatively small effects on observed protein molecular weights. Hence such an explanation appears to lack credence in this case. In fact, the information available from this study can most directly be interpreted as evidence of excess, pathological chemical crosslinking of fibroblast proteins. Should corresponding protein crosslinking occur into the peripheral nerves of these patients, this may be a fundamental aspect of type 1a CMT 1a disease etiology.

TABLE 1

sample spot number (SSP)	apparent molecular weight	apparent isoelectric point (pI)
1609	89,300	4.53
2120	33,100	4.95
2306	55,100	5.03
2604	94,200	5.10
2704	130,700	4.92
2705	130,400	4.97
2708	149,000	4.97
2709	149,000	5.01
2710	150,600	5.11
3305	53,000	5.35
3710	145,400	5.37
4201	37,000	5.71
4304	47,600	5.46
4407	63,700	5.42
4516	71,400	5.57
4519	73,400	5.48
5409	67,900	5.92
5413	67,700	5.84
5612	109,500	5.77
6106	29,000	6.42
6303	46,300	6.48
6517	80,300	6.30
6702	138,200	6.31
6704	159,500	6.25
6801	192,800	6.26

[0041] Reiter et al. [*Nature Genetics* 12:288-297 (1996)] have reported that in CMT patients such as those used in this study a segment of chromosome 17 has been duplicated. This segment, which lies adjacent to (i.e., in tandem with)

the corresponding original segment of DNA, includes an intact copy of the gene coding for peripheral myelin protein 22 (PMP-22) as well as perhaps as many as 30 additional intact genes. However, these duplicated genes would reasonably be expected to only increase the translational expression of their corresponding protein products by approximately fifty percent. That is, mitotic cells normally contain two copies of each autosomal gene, while mitotic cells of this variety of CMT disease contain one normal chromosome 17 and one anomalous chromosome 17 that bears a duplicated segment. Hence, the relative expression of disease-specific gene products in this case should be approximately 3:2, compared to corresponding normal cells. Yet, in contrast, the supernumerary proteins reported in the present example were never detectably expressed in any of the three corresponding normal fibroblast samples. Although it was not known when the CMT protein mapping study reported above was done, it is now known that the chromosome 17 PMP-22 gene is in fact expressed in human fibroblasts [Valentijn et al. *Nature Genetics* 1:166-170 (1992); Bosse et al. *J. Neurosci. Res.* 37(4):529-537 (1994); Suter et al. *J. Biol. Chem.* 269(41):25795-25808 (1994)].

[0042] Subsequent to the present inventors original analysis of his two-dimensional gel electrophoresis study of CMT fibroblast proteins as previously disclosed in U.S. patent application Ser. No. 08/062,201, in 1995 he reviewed the prior art literature regarding the molecular weight and isoelectric focusing point data of known human stress proteins and observed direct matches between four of them and corresponding CMT-specific proteins characterized in the CMT protein mapping study. These findings may be summarized as follows:

[0043] (1) CMT-specific protein spot SSP 4516 [using nomenclature of the original 1988 Protein Databases, Inc. report] has an apparent molecular weight of 71,400 Da and a Plof 5.57. These data correspond to the 72 kDa stress protein referred to on pg. 14956 of Welch & Feramisco (1982), reported to have a Plof 5.6. This 72-kDa/pI 5.6 stress-inducible protein is also discussed by Minota and coworkers (1988).

[0044] (2) CMT-specific protein spot SSP 4519 has an apparent molecular weight of 73,400 Da and a Plof 5.48. These data correspond to the 73 kDa stress protein referred to on pg. 14956 of Welch & Feramisco (1982), reported to have a Plof 5.5. This 73-kDa/pI 5.5 stress-inducible protein is also discussed in Minota and coworkers (1988).

[0045] (3) CMT-specific protein spot SSP 5409 has an apparent molecular weight of 67,900 Da and a Plof 5.92. These data correspond to the 68 kDa human stress protein which has a Plof 5.9, as discussed in Ohno and coworkers (1988).

[0046] (4) CMT-specific protein spot SSP 5413 has an apparent molecular weight of 67,700 Da and a Plof 5.84. These data correspond to the 68 kDa human stress protein which has a Plof 5.8, as discussed in Ohno et al. (1988).

[0047] Hence, all four of the stress proteins identified in CMT fibroblasts are members of the HSP 70 multigene family. Even an apparently contradictory observation in the original CMT protein mapping study now appears to make more sense in light of the observations noted above. Protein Databases additionally tested one pair of CMT and control

skin biopsy explants, which basically were just minced pieces of skin. The data from these two samples did not show evidence of the characteristic CMT-specific protein spots. However, some information has appeared which suggests that in vitro tissue culture may be a form of stress protein inducing environment. This point has been previously noted by Welch & Feramisco (1982, pg. 14958):

[0048] ile the 72, 80, 100 and 110 kd [stress] proteins are esent in apparently low amounts, the 73 and 90 kd proteins appear as prominent proteins in a variety of different cell types grown in vitro³. The effect of growing cells in tissue culture, however, may itself be a stressful situation and thereby result in a slight induction of these proteins as compared to the in vivo tissue.

[0049] A comment by Yufu et al. [*Cancer Res.* 49:2405-2408 (1989, pg. 2407)] also has bearing on this point:

[0050] Human hsp 70 gene promoter has at least two distinct regulatory domains, a distal domain responsive to heat shock and a proximal domain responsive to simulation by serum²⁵.

[0051] Thus it appears that the presence of the extra gene segment of chromosome 17 in CMT fibroblasts somehow limits the ability of these cells to handle oxidative stress, resulting in the induction of stress proteins.

[0052] One or more of the high molecular weight proteins or protein conjugates seen in the study summarized above may be ubiquitin-protein conjugates. This might be the case, for example, with protein SSP 2306, which may correspond to the 55 kDa ubiquitinated conjugate of IMR-90 human diploid lung fibroblasts [Pan et al. *Exp. Gerontol.* 28:39-49 (1993)]. However, no definitive conclusion on this question may be reached based on the data summarized above. The protocol of the inventor's experiment did not include studies involving the use of specific ubiquitin antibodies or ubiquitin-conjugate antibodies and the isoelectric point data tabulated above do not correspond to any of the limited amount of publicly available information which is approximately comparable, such as the HeLa cell ubiquitin conjugate molecular weight and isoelectric point data of Carlson and coworkers (1987).

[0053] The unique and completely consistent appearance of four heat shock proteins and twenty-one additional proteins in each of the three chromosome 17 CMT fibroblast strains studied provides the basis for a candidate drug screening procedure which is novel, convenient, suitable for large scale work, cost effective, and requires minimal sacrifice by patients. This is the first rational, empirical system disclosed based on use of living human patient tissue which permits an organized effort aimed at selecting drug candidates appropriate for subsequent use in clinical trials.

[0054] Clinical diagnostic tools presently available for characterization of disorders such as Alzheimer's disease and Parkinson's disease have advanced little in the past fifty years. This invention is advantageous in that it permits the examination of a disease state in the absence of end stage and/or postmortem pathology, which tends to obscure early stage pathological events; is based on use of tissue and/or bodily fluid samples which are readily available and, if necessary, repeatedly available; and depends, in part, on use of skin fibroblast cells which grow readily without need of

viral transformation, such as that required to maintain lymphocytes in culture. As some of the diseases addressed herein, such as familial Parkinsonism, familial Alzheimer's disease and familial amyotrophic lateral sclerosis, have non-familial counterparts, the present invention may also be of use in developing new diagnostic procedures efficacious in the analysis of these corresponding non-genetic disorders.

[0055] The following examples illustrate the present invention without, however, limiting the same thereto.

EXAMPLE 1

[0056] A candidate drug screening protocol may be carried out as follows. Skin punch biopsies are obtained from a patient having a genetic form of a neurodegenerative disease selected from the group hereby limited solely to Charcot-Marie-Tooth disease, familial Alzheimer's disease, familial Parkinson's disease, Huntington's disease, spinal muscular atrophy, Friedreich's ataxia, giant axon neuropathy, juvenile ceroid-lipofuscinosis, familial motor neuron diseases, juvenile diabetic polyneuropathy and Down's syndrome, including various individual genetic subvarieties thereof, and from an age- and sex-matched control donor. Fibroblast strains are established in culture under standard, generally recognized conditions. For example, each fibroblast strain can be maintained in pH 7.4 RPMI 1640 media supplemented with 10% fetal calf serum and L-glutamine. Fibroblasts can be grown to confluency and then divided 1:3 for each sub-culture. Each cell strain is maintained in culture until confluency of nine T-150 flasks at fifth or sixth passage, then stored in liquid nitrogen at 1×10^6 cells per vial.

[0057] At each sub-culture step, a small sample of cells is aliquoted separately and tested for the expression of stress proteins. For example, the cells may be fixed according to previously recognized methodology [Welch and Suhan *J. Cell Biol.* 103(5):2035-2052 (1986); Milarski et al. *J. Cell Biol.* 108(2):413-423 (1989)] prior to antibody binding. The cells are then labeled with commercially available anti-hsp70 monoclonal antibody alkaline phosphatase conjugate (StressGen Biotechnologies Corp., product number SPA-810AP), followed by incubation in the presence of p-nitrophenyl phosphate colorimetric substrate and standard quantitation by use of commercially available photometric equipment (i.e., photometric tissue culture plate readers).

[0058] Each experiment contains the following six sections: (a) patient cells grown under standard culture conditions; (b) patient cells grown under standard culture conditions in the presence of a candidate therapeutic drug; (c) control cells grown under standard culture conditions; (d) control cells grown under standard culture conditions in the presence of a candidate therapeutic drug; (e) control cells grown in presence of a stress protein inducing parameter (i.e., sodium arsenite or ethanol [Pratt and coworkers, 1989]); and (f) control cells grown in the presence of a stress protein inducing factor and a candidate therapeutic drug.

[0059] When tested within such an experimental protocol, candidate therapeutic agents which address the specific disease etiology will not prevent chemically induced stress protein expression or and/or other protein modifications indicative of oxidative stress, but will prevent stress protein expression or and/or other protein modifications indicative of oxidative stress in the genetic disease cell strains [section

(b)]. Sections (a), (c), (d), and (e) represent various comparative controls which further characterize the drug screening system.

[0060] Such an experiment is readily conducted on a single 96-well tissue culture plate. Each of the six sections noted above can occupy 16 wells. So, for example, eight different concentrations of a therapeutic drug candidate can be examined in duplicate. Alternatively, one concentration of a therapeutic drug candidate can be examined at eight different time points. Additionally, various combinations of two or more candidate therapeutic agents may be examined.

[0061] Data can be obtained by use of an indicator system for explicitly measuring stress protein expression or and/or other protein modifications indicative of oxidative stress in said cultured fibroblast cells to identify as a drug candidate of possible clinical value, for example, by use of an enzyme linked immunosorbent assay (ELISA) procedure consisting of the following steps. At the end of the tissue culture stage of the experiment, the cells are fixed [Welch and Suhan (1986); Milarski et al. (1989)] prior to antibody binding. Cells are then labeled with commercially available anti-hsp70 monoclonal antibody alkaline phosphatase conjugate (StressGen Biotechnologies Corp., product number SPA-810AP), followed by incubation in the presence of p-nitrophenyl phosphate colorimetric substrate and standard quantitation by use of commercially available photometric equipment (i.e., photometric tissue culture plate readers). Other types of stress protein antibody conjugates can also be used, such as antibody-fluorochrome conjugates (Sigma Chemical Company catalog, 1994, pgs. 1260-1262) and antibody-biotin conjugates (Sigma Chemical Company catalog, 1994, pg. 1262).

Variations on the Assay Methodology of Example 1

[0062] Example 1 describes an ELISA procedure useful for screening of therapeutic drug candidates based, in part, on the use of an antibody-enzyme conjugate. Other antibody-enzyme conjugates may be useful in such ELISA procedures, such as antibody-peroxidase conjugates (Sigma Chemical Company catalog, 1994, pg. 1258) and antibody-urease conjugates (Sigma Chemical Company catalog, 1994, pg. 1259). In various adaptations of the protocol of Example 1, antibodies to hsp70 or hsc70 stress proteins can be conjugated to other indicators such as gold (useful in light microscopy, electron microscopy and immunoblotting procedures; Sigma Chemical Company catalog, 1994, pg. 1262) or ferritin (useful in electron microscopy procedures; Sigma Chemical Company catalog, 1994, pg. 1263). As such, variations on the procedure of Example 1 may be adapted for use in fluorescent immunoassay, immunoblotting, immunohistochemistry, immunocytochemistry and electron microscopy applications.

[0063] Additionally, sample analysis subsequent to tissue culture may be carried out by application of various gel electrophoretic procedures well known to those skilled in the art. For example, in the case of fibroblasts obtained from CMT patients having the PMP-22 gene duplication described above, cell samples may be analyzed by one dimensional or two dimensional gel electrophoresis under conditions selected so as to resolve one or more of the high molecular weight disease-specific proteins of 130,000 to 192,000 kDa.

[0064] Such assay variations may have useful applications as alternative procedures for screening of candidate thera-

peutic drugs. The method of this invention can be applied for use with fibroblasts obtained from patients having a genetic neurodegenerative disease selected from the group hereby limited solely to Charcot-Marie-Tooth disease, familial Alzheimer's disease, familial Parkinson's disease, Huntington's disease, spinal muscular atrophy, Friedreich's ataxia, giant axon neuropathy, juvenile ceroid-lipofuscinosis, familial motor neuron diseases, juvenile diabetic polyneuropathy and Down's syndrome, including various individual genetic subvarieties thereof.

[0065] The 1992 report by Piersanti and coworkers documented a increased susceptibility of Alzheimer's disease patient skin fibroblasts to free radical damage. Their evidence of said increased susceptibility was most distinct in fibroblast samples obtained from patients having a familial form of the disease. However, they obtained similar data using fibroblasts obtained from sporadic (i.e., non-genetic) cases of Alzheimer's disease. The Piersanti report, together with the type 1a CMT protein mapping data reported herein, provides a basis for understanding that skin fibroblast samples from patients having non-genetic or sporadic forms of other neurodegenerative disorders selected solely from the group consisting of Charcot-Marie-Tooth disease, familial Alzheimer's disease, familial Parkinson's disease, Huntington's disease, spinal muscular atrophy, Friedreich's ataxia, giant axon neuropathy, juvenile ceroid-lipofuscinosis, familial motor neuron diseases, juvenile diabetic polyneuropathy and Down's syndrome will also provide a practical starting point for use of the fibroblast-based drug screening methodology described herein.

[0066] Additionally, protocols as defined above may be applied for use with fibroblasts that have been genetically engineered by use of one or more constructed genetic vector so as to provide a molecular genetic model of a neurodegenerative disease selected solely from the group consisting of Charcot-Marie-Tooth disease, familial Alzheimer's disease, familial Parkinson's disease, Huntington's disease, spinal muscular atrophy, Friedreich's ataxia, giant axon neuropathy, juvenile ceroid-lipofuscinosis, familial motor neuron diseases, juvenile diabetic polyneuropathy and Down's syndrome.

[0067] Hence, in summary, one aspect of the present invention provides a method useful for experimental screening of candidate drug agents based on use of mammalian fibroblasts obtained from a donor having a genetic variety of or a sporadic non-familial variety of a neurodegenerative disorder selected solely from the group noted above, or a fibroblast-based genetically engineered experimental model of a neurodegenerative disorder selected solely from the group noted above; said fibroblasts having been maintained in an in vitro tissue culture environment under circumstances such that they express one or more disease-related proteins which are not translation products of the defective gene responsible for the primary etiological event, if present, and are explicitly stress proteins and/or other protein modifications indicative of oxidative stress; the suppression of said expression of disease-related proteins which are not translation products of the defective gene responsible for the primary etiological event and are explicitly stress proteins and/or other protein modifications indicative of oxidative stress in the presence of a beneficial therapeutic drug agent being a useful indicator of the candidate drug agent's potential clinical value, said suppression being measured by

use of indicator systems selected from the group consisting of but not limited to (a) primary antibodies explicitly specific for proteins which are not the product of the defective gene and which are stress proteins and/or one or more other protein modifications indicative of oxidative stress to be used in combination with secondary anti-immunoglobulin conjugates which include biotin, fluorochrome or enzyme indicator functional groups, (b) specific antibody-indicator conjugates specific for proteins which are not the product of the defective gene and which are stress proteins and/or one or more other protein modifications indicative of oxidative stress, said antibody-indicator conjugates including biotin, fluorochrome or enzyme indicator functional groups, (c) radiolabeled antibodies specific for proteins which are not the product of the defective gene and which are explicitly stress proteins and/or one or more other protein modifications indicative of oxidative stress and (d) resolution of proteins which are not the product of the defective gene and which are explicitly stress proteins and/or one or more other protein modifications indicative of oxidative stress according to molecular charge by use of isoelectric focusing gel electrophoresis of said proteins and/or resolution of said proteins according to molecular weight by use of sodium dodecyl sulfate gel electrophoresis, followed by visualization of resolved protein spots on said electrophoresis gel and analysis of the electrophoretic pattern of the resolved cultured fibroblast proteins by visual examination or use of computer-assisted image processing technology, including reference to protein standards of known molecular weight and known isoelectric point.

[0068] Likewise, another aspect of the present invention defines a composition which is the analytical system useful for experimental screening of candidate drug agents based on use of mammalian fibroblasts obtained from a donor having a genetic variety of or a sporadic non-familial variety of a neurodegenerative disorder selected solely from the group noted above, or a fibroblast-based genetically engineered experimental model of a neurodegenerative disorder selected solely from the group noted above; said fibroblasts having been maintained in an *in vitro* tissue culture environment under circumstances such that they express one or more disease-related proteins which are not translation products of the defective gene responsible for the primary etiological event, if present, and are explicitly stress proteins and/or other protein modifications indicative of oxidative stress; the suppression of said expression of disease-related proteins which are not translation products of the defective gene responsible for the primary etiological event and are explicitly stress proteins and/or other protein modifications indicative of oxidative stress in the presence of a beneficial therapeutic drug agent being a useful indicator of the candidate drug agent's potential clinical value, said suppression being measured by use of indicator systems selected from the group consisting of but not limited to (a) primary antibodies specific for proteins which are not the product of the defective gene and which are explicitly stress proteins and/or one or more other protein modifications indicative of oxidative stress to be used in combination with secondary anti-immunoglobulin conjugates which include biotin, fluorochrome or enzyme indicator functional groups, (b) specific antibody-indicator conjugates specific for proteins which are not the product of the defective gene and which are explicitly stress proteins and/or one or more other protein modifications indicative of oxidative stress, said antibody-indi-

cator conjugates including biotin, fluorochrome or enzyme indicator functional groups, (c) radiolabeled antibodies specific for proteins which are not the product of the defective gene and which are explicitly stress proteins and/or one or more other protein modifications indicative of oxidative stress and (d) resolution of proteins which are not the product of the defective gene and which are explicitly stress proteins and/or one or more other protein modifications indicative of oxidative stress according to molecular charge by use of isoelectric focusing gel electrophoresis of said proteins and/or resolution of said proteins according to molecular weight by use of sodium dodecyl sulfate gel electrophoresis, followed by visualization of resolved protein spots on said electrophoresis gel and analysis of the electrophoretic pattern of the resolved cultured fibroblast proteins by visual examination or use of computer-assisted image processing technology, including reference to protein standards of known molecular weight and known isoelectric point.

Methodology Useful in the Characterization of Diagnostic Procedures

[0069] The process of reduction to practice for the diagnostic aspects of the present invention may be summarized as follows. As discussed above, a two-dimensional gel electrophoresis study of type 1a CMT fibroblast homogenates revealed the presence of four induced stress proteins and 21 additional proteins not seen in normal fibroblasts. Nine of the 21 additional proteins constituted the highest molecular weight proteins seen in the study, an observation most readily interpreted as evidence of disease-related protein crosslinking. Hence this study revealed evidence of two indications of oxidative stress.

[0070] Diagnostic reductions to practice can depend directly on this initial effort. The observations of Piersanti et al. (1992) can be viewed within a broader understanding of the role played by oxidative stress in the etiologies of neurodegenerative diseases [Coyle and Puttfarcken (1993)] and the ability of oxidative stress to stimulate stress protein expression. When taken together with the present inventors protein mapping laboratory findings as summarized above, this information provides a conceptual basis for understanding that one may reasonably expect the occurrence of induced levels of stress proteins, the appearance of disease-related crosslinked proteins and/or other proteins indirectly related to disease etiology in fibroblast samples obtained from patients having any one of several neurodegenerative diseases which are characterized by corresponding pathophysiological phenomena in nerve tissue. It is the new, novel and not previously apparent recognition of such metabolic markers in fibroblast samples, an apparently asymptomatic tissue, which additionally provides the basis for the diagnostic aspects of the present invention.

[0071] In fact, a variety of environmental stimuli can induce the expression of stress proteins. So stress proteins are not specific disease markers. Wherever stress protein expression is found in one of these fibroblast disease models, monitoring of it can serve as a useful drug screening protocol, but the observation of such proteins per se does not constitute a specific diagnostic tool.

[0072] Further characterization of the other disease-related proteins can be a more useful and practical line of work within a diagnostic context. In the case of type 1a CMT

fibroblasts, these cells express 21 additional proteins of this kind. Of the proteins in this class, some can reasonably be expected to be quite disease-specific.

[0073] Once a disease-specific protein has been identified by two-dimensional gel electrophoresis, it may be used to develop a monoclonal antibody-producing hybridoma. Each such hybridoma can serve as the basis for a commercially viable, proprietary diagnostic test or for other purposes.

EXAMPLE 2

[0074] In the original type 1a CMT protein mapping experiment described above 30 μg of crude cell homogenate was applied to each gel. Since each gel revealed about 200 protein resolved spots, each spot typically consisted of about 150 ng. Yet each 30 μg protein aliquot was taken from a liquid nitrogen freezer vial which represented the contents of one confluent T-150 tissue culture flask and had a total of about 2 mg protein. So most of the original sample was never used.

[0075] The Bio-Rad Laboratories, Inc. "Prep 2-D system" two-dimensional electrophoresis system consists of a "Rotor" IEF cell for initial sample running and a "Prep Cell" gel tube system for sample running in the second dimension. The Prep 2-D system can accommodate up to 3 mg of protein per run. So three identical gels, representing the contents of three T-150's, can generate about 30 μg of a particular protein. This is the amount of antigen needed to inoculate a mouse as the starting point of a standard hybridoma procedure. At intervals of five days or so, the mouse may be re-inoculated. Then after several weeks the mouse has amplified one or more colonies of spleen cells that produce one or more antigen-specific antibodies. The spleen is then removed, its cells gently suspended and then fused with myeloma cells to produce the desired hybridoma colonies. Each such procedure typically produces perhaps 300 to 500 hybridoma colonies.

[0076] After giving the hybridoma colonies about two weeks to establish themselves, their culture media is screened for the presence of antibodies uniquely specific for the original antigen. An appropriate screening assay procedure can be summarized as follows, using 96-well tissue culture plates and a standard ELISA assay. The wells of each screening plate can be prepared by adding a dilute solution of the antigen, incubating overnight at 4° C., removing the antigen solution (reserved for subsequent re-use), rinsing with a bovine serum albumin (BSA) non-specific blocking solution, then removing the BSA stock solution. A drop of used media from each hybridoma colony well is then added to an ELISA assay well, followed by the remainder of the colorimetric procedure. Those hybridoma colonies found to be producing antigen-specific antibody are then cultured further. Such antibody-producing hybridoma colonies can then be further characterized as to the degree of their disease specificity and refined into practical ELISA-based or ELISA-related diagnostic protocols using methodology well known to those skilled in the art.

Methodological Variations on the Procedure of Example 2

[0077] A variation on this procedure which can conserve the supply of gel purified antigens can be defined as follows. Sets of two 96-well tissue culture plates are used together for standard ELISA assays. On ELISA screening plate one, a

fresh crude homogenate of CMT 1a [or other disease] fibroblast extract is initially used to coat the wells. On ELISA screening plate two, a fresh crude homogenate of normal fibroblast extract is initially used to coat the wells. Drops of used hybridoma media are then applied into the corresponding wells of each plate. The ELISA data from such plate sets are then compared to identify hybridoma colonies which are positive on the CMT 1a ELISA plate but negative on the normal ELISA plate. Such CMT 1a extract specific colonies can then be screened for antibody binding activity using ELISA assays set up with gel-isolated antigens.

[0078] The protocol of Example 2 is based on use of the conventional hybridoma procedure, which involves initial in vivo priming of mouse spleen cells followed by fusion to a line of transformed mouse cells, so as to produce immortalized antibody-producing cells. However, alternative laboratory procedures exist which are done entirely in tissue culture and require far less antigenic material. One such procedure is that of Sheng et al. [*Immunology Letters* 16(1):75-81 (1987)].

[0079] Hence, use of the methodology summarized above can permit the isolation of hybridoma colonies capable of producing disease-specific monoclonal antibodies. Such antibodies can be used as the basis for a diagnostic test, in tissue screening histologic studies or to possibly identify the presence of sub-clinical amounts of disease-specific antigen(s) in patient blood or urine samples obtained from patients having any one of the closed group of neurodegenerative diseases addressed herein. The identification of one or more such disease-specific antigens in patient blood or urine samples can, in turn, provide the basis for simple, photometric, inexpensive clinical or home-use diagnostic assays capable of providing on-going physiological data. Within the context of the present invention, photometric applications shall include direct colorimetric (that is, visual) observation. The histologic applications of such antibody compositions are well known to those skilled in the art, for example, use of the immunocytochemical staining procedure of Lowe et al. [*Neuropath. Appl. Neurobiol.* 15:45-53 (1989), pg. 47], or the two immunocytochemical procedures of Murti et al. [*Proc. Nat. Acad. Sci. (USA)* 85:3019-3023 (1988), pg. 3020]. Likewise, immunoblotting procedures which may employ such antibody compositions are well known [Murti et al. (1988), pg. 3020].

[0080] In a further variation on this methodological concept, the possibility that patients having any one of the closed group of neurodegenerative diseases addressed herein may be making sub-clinical amounts of their own disease-specific antibodies (auto-antibodies), which may have escaped previous relatively simplistic attempts to characterize possible patient auto-antibody status, can be considered. Antibody fractions can be isolated from patient blood samples or urine samples and then screened for binding activity to individual disease-specific fibroblast protein spots isolated by gel electrophoresis. For example, an isolated blood antibody fraction can be labeled by tritium-exchange, then applied to a two-dimensional electrophoresis gel to check for binding to disease-specific protein spots. This procedure, like that summarized in the preceding paragraph, can permit the identification of particular pairs of disease-specific antibodies and antigens. In this case, a sub-clinical level of a disease-specific antibody generated by

the patient can be used as an in vivo metabolic marker. Such an antibody metabolic marker, like a possible patient-derived blood or urine antigenic marker as described above, can be used as the basis for a practical diagnostic test based on adapted use of prior art ELISA technology to monitor patient status and response to treatment on an on-going basis or can be used as the basis of a histologic test.

[0081] Hence, another aspect of this invention provides a method for the definition of new and novel diagnostic procedures based on use of previously recognized hybridoma technology so as to produce engineered hybridoma cell lines capable of producing antibodies which are specific for epitopes on fibroblast-derived disease-related crosslinked proteins and/or other proteins indirectly related to disease etiology in fibroblast samples obtained from patients having any one of the closed group of neurodegenerative diseases addressed herein, any said antibody-producing hybridoma being useful as (1) a practical tool in the development of an ELISA-based or ELISA-related diagnostic or histologic protocol or (2) a practical tool to monitor the presence of sub-clinical amounts of a disease-specific antigen in patient blood or urine samples.

[0082] Additionally, another aspect of this invention provides a method for the definition of new and novel diagnostic procedures based on use of previously recognized hybridoma technology so as to produce engineered hybridoma cell lines capable of producing antibodies which are specific for epitopes on fibroblast-derived disease-related crosslinked proteins and/or other proteins indirectly related to disease etiology in fibroblast samples obtained from patients having any one of the closed group of neurodegenerative diseases addressed herein, any one said antibody being useful as (1) a practical tool in the development of an ELISA-based or ELISA-related diagnostic or histologic protocol or (2) a practical tool to monitor the presence of sub-clinical amounts of a disease-specific antigen in patient blood or urine samples.

[0083] Another aspect of this invention provides a method for the definition of new and novel diagnostic procedures based on identification of a disease-related antibody present in patient blood, urine or tissue samples obtained from patients having any one of the closed group of neurodegenerative diseases addressed herein, said antibody characterized by its specific ability to bind to a fibroblast-derived disease-related protein metabolic marker.

[0084] Additionally, another aspect of this invention defines at least one new and novel hybridoma cell line composition, each of said at least one engineered hybridoma cell line being capable of producing antibodies which are specific for an epitope on a fibroblast-derived disease-related crosslinked protein and/or other protein indirectly related to disease etiology in fibroblast samples obtained from patients having any one of the closed group of neurodegenerative diseases addressed herein, any said antibody-producing hybridoma being useful as (1) a practical tool in the development of an ELISA-based or ELISA-related diagnostic or histologic protocol or (2) a practical tool to monitor the presence of sub-clinical amounts of a disease-specific antigen in patient blood or urine samples.

[0085] Additionally, another aspect of this invention defines at least one new and novel hybridoma-derived antibody composition, each of said at least one antibody

being capable of specific binding to an epitope on a fibroblast-derived disease-related crosslinked protein and/or other protein indirectly related to disease etiology in fibroblast samples obtained from patients having any one of the closed group of neurodegenerative diseases addressed herein, any one said antibody being useful as (1) a practical tool in the development of an ELISA-based or ELISA-related diagnostic or histologic protocol or (2) a practical tool to monitor the presence of sub-clinical amounts of a disease-specific antigen in patient blood or urine samples.

[0086] Still another aspect of this invention defines at least one patient-derived disease-related antibody obtained from blood, urine or body tissue samples obtained from patients having any one of the closed group of neurodegenerative diseases addressed herein useful for the definition of new and novel diagnostic procedures, each said antibody characterized by its specific ability to bind to a fibroblast-derived disease-related protein metabolic marker.

[0087] Without further elaboration the foregoing will so fully illustrate this invention so that others may, by applying current or future knowledge, adapt the same for use under various conditions of service.

I claim:

1. A method for selecting a drug candidate agent or composition of more than one drug candidate agent of possible clinical value in the treatment of a neurological disease selected from the closed group consisting of Charcot-Marie-Tooth disease, familial Alzheimer's disease, familial Parkinson's disease, Huntington's disease, spinal muscular atrophy, Friedreich's ataxia, giant axon neuropathy, juvenile ceroid-lipofuscinosis, familial motor neuron diseases, juvenile diabetic polyneuropathy and Down's syndrome comprising

- a. establishing, from a patient having a predetermined neurological disease selected from the closed group consisting of Charcot-Marie-Tooth disease, familial Alzheimer's disease, familial Parkinson's disease, Huntington's disease, spinal muscular atrophy, Friedreich's ataxia, giant axon neuropathy, juvenile ceroid-lipofuscinosis, familial motor neuron diseases, juvenile diabetic polyneuropathy and Down's syndrome, a cell culture of fibroblast cells;
- b. establishing, from a person not having the predetermined neurological disease, a control cell culture of fibroblast cells;
- c. subsequent concomitant cell culture growth of (1) a cell culture of fibroblast cells originally obtained from the patient having a predetermined neurological disease selected from the closed group consisting of Charcot-Marie-Tooth disease, familial Alzheimer's disease, familial Parkinson's disease, Huntington's disease, spinal muscular atrophy, Friedreich's ataxia, giant axon neuropathy, juvenile ceroid-lipofuscinosis, familial motor neuron diseases, juvenile diabetic polyneuropathy and Down's syndrome; (2) a control cell culture of fibroblast cells originally obtained from a person not having the predetermined neurological disease; (3) a cell culture of fibroblast cells originally obtained from the patient having a predetermined neurological disease selected from the closed group consisting of Charcot-Marie-Tooth disease, familial Alzheimer's disease,

- familial Parkinson's disease, Huntington's disease, spinal muscular atrophy, Friedreich's ataxia, giant axon neuropathy, juvenile ceroid-lipofuscinosis, familial motor neuron diseases, juvenile diabetic polyneuropathy and Down's syndrome grown in the presence of an agent being investigated; (4) a control cell culture of fibroblast cells originally obtained from a person not having the predetermined neurological disease grown in the presence of an agent being investigated; (5) a control cell culture of fibroblast cells originally obtained from a person not having the predetermined neurological disease grown in the presence of a chemical stress protein-inducing parameter; and (6) a control cell culture of fibroblast cells originally obtained from a person not having the predetermined neurological disease grown in the presence of the stress protein-inducing parameter and the agent being investigated; and
- d. use of an indicator system for explicitly measuring stress protein expression or other protein modifications indicative of oxidative stress in said cultured fibroblast cells to identify as a drug candidate of possible clinical value that agent which does not prevent chemically induced stress protein expression or other protein modifications indicative of oxidative stress in the control cell culture as per step c(6) but which does prevent stress protein expression or other protein modifications indicative of oxidative stress in the patient cell culture as per step c(3).
2. The method according to claim 1 wherein the indicator system is
 - a. primary antibodies specific for stress proteins used in combination with secondary anti-immunoglobulin antibody-indicator conjugates,
 - b. specific antibody-indicator conjugates specific for stress proteins,
 - c. radiolabeled antibodies specific for stress proteins, or
 - d. resolution of stress proteins according to molecular weight and/or molecular charge.
 3. The method of claim 2 wherein the antibody-indicator conjugates of step (a) or step (b) include biotin, fluorochrome or enzyme indicator functional groups.
 4. The method of claim 2 wherein in step (d) the resolution is effected by means of gel electrophoresis.
 5. The method of claim 1 wherein the drug candidate is selected by means of an indicator system capable of detecting the presence of a disease-related modified protein that is not the product of a defective disease-inducing gene responsible for the primary etiological event, and is not a stress protein, but is a protein containing a structural modification indicative of oxidative stress.
 6. The method of claim 5 wherein the indicator system comprises
 - a. primary antibodies specific for the disease-related modified protein used in combination with secondary anti-immunoglobulin antibody-indicator conjugates,
 - b. specific antibody-indicator conjugates specific for the disease-related modified protein,
 - c. radiolabeled antibodies specific for the disease-related modified protein,
 - d. resolution of the disease-related modified protein by molecular weight and/or molecular charge.
 7. The method of claim 6 wherein the secondary antibody-indicator conjugates of step (a) or step (b) contain biotin, fluorochrome or enzyme indicator functional groups.
 8. The method of claim 6 wherein in step (d) the resolution is effected by means of gel electrophoresis.
 9. A tissue culture system for selecting a drug candidate agent or composition of more than one drug candidate agent of possible clinical value in the treatment of a neurological disease selected from the closed group consisting of Charcot-Marie-Tooth disease, familial Alzheimer's disease, familial Parkinson's disease, Huntington's disease, spinal muscular atrophy, Friedreich's ataxia, giant axon neuropathy, juvenile ceroid-lipofuscinosis, familial motor neuron diseases, juvenile diabetic polyneuropathy and Down's syndrome comprising a plurality of tissue culture receptacles adapted for concomitant growth of
 - a. a cell culture of fibroblast cells originally obtained from the patient having a predetermined neurological disease selected from the closed group consisting of Charcot-Marie-Tooth disease, familial Alzheimer's disease, familial Parkinson's disease, Huntington's disease, spinal muscular atrophy, Friedreich's ataxia, giant axon neuropathy, juvenile ceroid-lipofuscinosis, familial motor neuron diseases, juvenile diabetic polyneuropathy and Down's syndrome,
 - b. a control cell culture of fibroblast cells originally obtained from a person not having the predetermined neurological disease,
 - c. a cell culture of fibroblast cells originally obtained from the patient having a predetermined neurological disease selected from the closed group consisting of Charcot-Marie-Tooth disease, familial Alzheimer's disease, familial Parkinson's disease, Huntington's disease, spinal muscular atrophy, Friedreich's ataxia, giant axon neuropathy, juvenile ceroid-lipofuscinosis, familial motor neuron diseases, juvenile diabetic polyneuropathy and Down's syndrome grown in the presence of an agent being investigated,
 - d. a control cell culture of fibroblast cells originally obtained from a person not having the predetermined neurological disease grown in the presence of an agent being investigated,
 - e. a control cell culture of fibroblast cells originally obtained from a person not having the predetermined neurological disease grown in the presence of a chemical stress protein-inducing parameter, and
 - f. a control cell culture of fibroblast cells originally obtained from a person not having the predetermined neurological disease grown in the presence of the stress protein-inducing parameter and the agent being investigated;
 said plurality of tissue culture receptacles being useful in combination with an indicator system capable of detecting stress protein expression in said cultured fibroblast cells.
 10. A tissue culture system according to claim 9 wherein the indicator system is capable of detecting expression of a disease-related modified protein which is not the product of a defective disease-inducing gene responsible for the pri-

mary etiological event, and is not a stress protein, but is a protein containing a structural modification indicative of oxidative stress.

11. A method of determining the presence of a predetermined neurodegenerative disease selected from the closed group consisting of Charcot-Marie-Tooth disease, familial Alzheimer's disease, familial Parkinson's disease, Huntington's disease, spinal muscular atrophy, Friedreich's ataxia, giant axon neuropathy, juvenile ceroid-lipofuscinosis, familial motor neuron diseases, juvenile diabetic polyneuropathy and Down's syndrome comprising the expression in cultured fibroblasts, obtained from a patient suspected of having the predetermined neurodegenerative disease, of at least one protein which is not the product of a defective disease-inducing gene responsible for the primary etiological event, that is, not a translation product of a defective gene responsible for the primary etiological event, but which is a disease-related stress protein and/or other protein modification indicative of oxidative stress or one or more other disease-related proteins.

12. The method of claim 11 for determining the presence of a neurodegenerative disease selected from the closed group consisting of Charcot-Marie-Tooth disease, familial Alzheimer's disease, familial Parkinson's disease, Huntington's disease, spinal muscular atrophy, Friedreich's ataxia, giant axon neuropathy, juvenile ceroid-lipofuscinosis, familial motor neuron diseases, juvenile diabetic polyneuropathy and Down's syndrome wherein the protein modification indicative of oxidative stress is a pathologically crosslinked protein present in cultured fibroblasts obtained from the patient.

13. The method of claim 12 wherein the one or more pathologically crosslinked protein is characterized in that it is of larger size than any control fibroblast strain protein normally and consistently seen under comparable tissue culture conditions.

14. The method of claim 11 used in combination with an indicator system so as to constitute a disease diagnostic test.

15. The method of claim 11 for the analysis of patient-derived cultured fibroblast samples wherein the indicator system is selected from hybridoma-derived primary antibodies specific for cultured fibroblast proteins which are not the product of a defective disease-inducing gene responsible for the primary etiological event and which are stress proteins and/or one or more other protein modifications indicative of oxidative stress to be used in combination with secondary anti-immunoglobulin conjugates which include biotin, fluorochrome or enzyme indicator functional groups, so as to provide an indicator capable of binding to the primary antibodies which, in turn, is suitable for measurement by photometric or fluorometric assay procedures.

16. The method of claim 11 for the analysis of patient-derived cultured fibroblast samples wherein the indicator system is selected from hybridoma-derived specific antibody-indicator conjugates specific for cultured fibroblast proteins which are not the product of a defective disease-inducing gene responsible for the primary etiological event and which are stress proteins and/or one or more other protein modifications indicative of oxidative stress, said antibody-indicator conjugates including biotin, fluorochrome or enzyme indicator functional groups, so as to provide an indicator capable of binding to the primary antibodies which, in turn, is suitable for measurement by photometric or fluorometric assay procedures.

17. The method of claim 11 for the analysis of patient-derived cultured fibroblast samples wherein the indicator system is a radiolabeled hybridoma-derived antibody specific for cultured fibroblast proteins which are not the product of a defective disease-inducing gene responsible for the primary etiological event and which are stress proteins and/or one or more other protein modifications indicative of oxidative stress, so as to provide a basis for a disease diagnostic test by use of radioisotope measurement.

18. The method of claim 11 for the screening histologic samples obtained from patients having a neurodegenerative disease selected from the closed group consisting of Charcot-Marie-Tooth disease, familial Alzheimer's disease, familial Parkinson's disease, Huntington's disease, spinal muscular atrophy, Friedreich's ataxia, giant axon neuropathy, juvenile ceroid-lipofuscinosis, familial motor neuron diseases, juvenile diabetic polyneuropathy and Down's syndrome wherein the indicator system is a hybridoma-derived primary antibody specific for cultured fibroblast proteins which are not the product of a defective disease-inducing gene responsible for the primary etiological event and which are stress proteins and/or one or more other protein modifications indicative of oxidative stress to be used in combination with secondary anti-immunoglobulin antibody-indicator conjugates which include biotin, fluorochrome or enzyme indicator functional groups, so as to provide an indicator capable of binding to the primary antibodies which, in turn, is suitable for measurement by photometric or fluorometric assay procedures.

19. The method of claim 18 in which the histologic sample consists of a section of various body organ systems, blood or urine.

20. The method of claim 11 for the screening histologic samples of various bodily tissues obtained from a patient having a neurodegenerative disease selected from the closed group consisting of Charcot-Marie-Tooth disease, familial Alzheimer's disease, familial Parkinson's disease, Huntington's disease, spinal muscular atrophy, Friedreich's ataxia, giant axon neuropathy, juvenile ceroid-lipofuscinosis, familial motor neuron diseases, juvenile diabetic polyneuropathy and Down's syndrome wherein the indicator system is selected from hybridoma-derived specific antibody-indicator conjugates specific for cultured fibroblast proteins which are not the product of a defective disease-inducing gene responsible for the primary etiological event and which are stress proteins and/or one or more other protein modifications indicative of oxidative stress, said antibody-indicator conjugates including biotin, fluorochrome or enzyme indicator functional groups, so as to provide an indicator capable of binding to the primary antibodies which, in turn, is suitable for measurement by photometric or fluorometric assay procedures.

21. The method of claim 20 in which the histologic sample consists of a section of various body organ systems, blood or urine.

22. The method of claim 11 wherein one or more cultured fibroblast-derived disease-related proteins which are stress proteins and/or other protein modifications indicative of oxidative stress are used as antigens in an ELISA assay system useful for diagnostic screening of patient blood or urine samples for the presence of disease-specific or disease-related auto-antibodies.

23. The method of claim 11 wherein the disease is a genetic neurodegenerative disease selected from the closed

group consisting of Charcot-Marie-Tooth disease, familial Alzheimer's disease, familial Parkinson's disease, Huntington's disease, familial forms of spinal muscular atrophy, Friedreich's ataxia, giant axon neuropathy, juvenile ceroid-lipofuscinosis, familial motor neuron diseases, juvenile diabetic polyneuropathy and Down's syndrome, including various individual genetic subvarieties thereof.

24. The method of claim 11 wherein the neurodegenerative disease selected from the closed group consisting of Charcot-Marie-Tooth disease, familial Alzheimer's disease, familial Parkinson's disease, Huntington's disease, spinal muscular atrophy, Friedreich's ataxia, giant axon neuropathy, juvenile ceroid-lipofuscinosis, familial motor neuron diseases, juvenile diabetic polyneuropathy and Down's syndrome is not known with certainty to be of genetic origin, but the patient representing said disease has presented with clinical symptomology analogous to that of Charcot-Marie-Tooth disease, familial Alzheimer's disease, familial Parkinson's disease, Huntington's disease, familial forms of spinal muscular atrophy, Friedreich's ataxia, giant axon neuropathy, juvenile ceroid-lipofuscinosis, familial motor neuron diseases, juvenile diabetic polyneuropathy or Down's syndrome, including various individual genetic subvarieties thereof.

25. The method of claim 11 wherein the cultured fibroblasts have been genetically engineered by use of one or more constructed genetic vector so as to provide a molecular genetic model of a neurodegenerative disease selected from the closed group consisting of Charcot-Marie-Tooth disease, familial Alzheimer's disease, familial Parkinson's disease, Huntington's disease, spinal muscular atrophy, Friedreich's ataxia, giant axon neuropathy, juvenile ceroid-lipofuscinosis, familial motor neuron diseases, juvenile diabetic polyneuropathy and Down's syndrome.

26. A method useful for experimental screening of candidate drug agents consisting of mammalian fibroblasts obtained from a donor having a neurodegenerative disorder selected from the closed group consisting of Charcot-Marie-Tooth disease, familial Alzheimer's disease, familial Parkinson's disease, Huntington's disease, spinal muscular atrophy, Friedreich's ataxia, giant axon neuropathy, juvenile ceroid-lipofuscinosis, familial motor neuron diseases, juvenile diabetic polyneuropathy and Down's syndrome, said fibroblasts having been maintained in an in vitro tissue culture environment under circumstances such that they express one or more disease-related proteins which are not the product of a defective disease-inducing gene responsible for the primary etiological event and are stress proteins and/or other protein modifications indicative of oxidative stress, the suppression of said expression of disease-related proteins which are not the translation product of a defective disease-inducing gene responsible for the primary etiological event and are stress proteins and/or other protein modifications indicative of oxidative stress in the presence of a beneficial therapeutic drug agent being a useful indicator of the candidate drug agent's potential clinical value, said suppression being measured by use of indicator systems selected from the group consisting of but not limited to (a) primary antibodies specific for proteins which are not the product of a defective disease-inducing gene responsible for the primary etiological event and which are stress proteins and/or one or more other protein modifications indicative of oxidative stress to be used in combination with secondary anti-immunoglobulin antibody-indicator conjugates which

include biotin, fluorochrome or enzyme indicator functional groups, (b) specific antibody-indicator conjugates specific for proteins which are not the product of a defective disease-inducing gene responsible for the primary etiological event and which are stress proteins and/or one or more other protein modifications indicative of oxidative stress, said antibody-indicator conjugates including biotin, fluorochrome or enzyme indicator functional groups, (c) radiolabeled antibodies specific for proteins which are not the product of a defective disease-inducing gene responsible for the primary etiological event and which are stress proteins and/or one or more other protein modifications indicative of oxidative stress and (d) resolution of proteins which are not the product of a defective disease-inducing gene responsible for the primary etiological event and which are stress proteins and/or one or more other protein modifications indicative of oxidative stress according to molecular charge by use of isoelectric focusing gel electrophoresis of said proteins and/or resolution of said proteins according to molecular weight by use of gel electrophoresis, followed by visualization of resolved protein spots on said electrophoresis gel and analysis of the electrophoretic pattern of the resolved cultured fibroblast proteins by visual examination or optionally by use of computer-assisted image processing technology, including reference to protein standards of known molecular weight and known isoelectric point.

27. A composition useful for experimental screening of candidate drug agents consisting of mammalian fibroblasts obtained from a donor having a neurodegenerative disorder selected from the closed group consisting of Charcot-Marie-Tooth disease, familial Alzheimer's disease, familial Parkinson's disease, Huntington's disease, spinal muscular atrophy, Friedreich's ataxia, giant axon neuropathy, juvenile ceroid-lipofuscinosis, familial motor neuron diseases, juvenile diabetic polyneuropathy and Down's syndrome, said fibroblasts having been maintained in an in vitro tissue culture environment under circumstances such that they express one or more disease-related proteins which are not the product of a defective disease-inducing gene responsible for the primary etiological event and are stress proteins and/or other protein modifications indicative of oxidative stress, the suppression of said expression of disease-related proteins which are not the translation product of a defective disease-inducing gene responsible for the primary etiological event and are stress proteins and/or other protein modifications indicative of oxidative stress in the presence of a beneficial therapeutic drug agent being a useful indicator of the candidate drug agent's potential clinical value, said suppression being measured by use of indicator systems selected from the group consisting of but not limited to (a) primary antibodies specific for proteins which are not the product of a defective disease-inducing gene responsible for the primary etiological event and which are stress proteins and/or one or more other protein modifications indicative of oxidative stress to be used in combination with secondary anti-immunoglobulin conjugates which include biotin, fluorochrome or enzyme indicator functional groups, (b) specific antibody-indicator conjugates specific for proteins which are not the product of a defective disease-inducing gene responsible for the primary etiological event and which are stress proteins and/or one or more other protein modifications indicative of oxidative stress, said antibody-indicator conjugates including biotin, fluorochrome or enzyme indicator functional groups, (c) radiolabeled antibodies specific for

proteins which are not the product of a defective disease-inducing gene responsible for the primary etiological event and which are stress proteins and/or one or more other protein modifications indicative of oxidative stress and (d) resolution of proteins which are not the product of a defective disease-inducing gene responsible for the primary etiological event and which are stress proteins and/or one or more other protein modifications indicative of oxidative stress according to molecular charge by use of isoelectric focusing gel electrophoresis of said proteins and/or resolu-

tion of said proteins according to molecular weight by use of sodium dodecyl sulfate gel electrophoresis, followed by visualization of resolved protein spots on said electrophoresis gel and analysis of the electrophoretic pattern of the resolved cultured fibroblast proteins by visual examination or use of computer-assisted image processing technology, including reference to protein standards of known molecular weight and known isoelectric point.

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专利名称(译)	用于开发药物筛选程序和诊断工具的方法和组合物		
公开(公告)号	US20070269834A1	公开(公告)日	2007-11-22
申请号	US11/827425	申请日	2007-07-12
[标]申请(专利权)人(译)	SHAPIRO HOWARD K		
申请(专利权)人(译)	SHAPIRO HOWARD K		
当前申请(专利权)人(译)	夏皮罗霍华德K.		
[标]发明人	SHAPIRO HOWARD K		
发明人	SHAPIRO, HOWARD K.		
IPC分类号	G01N33/53		
CPC分类号	G01N33/5023 G01N2800/28 G01N33/6896		
优先权	10/194619 2003-08-25 US		
其他公开文献	US8067183		
外部链接	Espacenet USPTO		

摘要(译)	sample spot number (SSP)	apparent molecular weight	apparent isoelectric point (pI)
<p>本发明定义了新的研究和临床实验室方法以及与其相关的组合物，其适用于 (a) 确定是否存在选自仅限于Charcot-Marie-Tooth病，家族性阿尔茨海默病，家族性帕金森氏病，亨廷顿氏病的神经变性疾病的存在。疾病，脊髓性肌萎缩，弗里德赖希共济失调，巨大轴突神经病变，幼年癩痕脂质过多症，家族性运动神经元疾病，青少年糖尿病多发性神经病和唐氏综合症，(b) 监测所述疾病的生理表现的持续状态和 (c) 筛选候选治疗药物可能的有效性。本发明基于新的和新的观察结果，即神经退行性疾病的存在可以部分地通过在一种或多种蛋白质的患者中获得的培养的成纤维细胞中的表达来表征，所述蛋白质不是缺陷性疾病诱导基因的产物，但是压力很大蛋白质，一种或多种通过氧化应激条件或一种或多种其他疾病相关蛋白质修饰的蛋白质。本发明取决于活细胞材料，即成纤维细胞，其易于并且如果需要，可从患者重复获得。当适合作为筛选候选治疗药物可能有效的方法和组合物时，该技术在以下方面提供优势：(a) 提供研究机会，在某些情况下，之前从未存在过，(b) 与之相比的成本效益。替代技术，(c) 大规模容易使用的能力，(d) 在相对较短的时间内产生有意义的的数据的能力，以及 (e) 提供早期机会，以便基于a的直接相互作用获得信息。候选药物和活组织疾病模型。还公开了诊断方法和组合物的各个方面。</p>	1609	89,300	4.53
	2120	33,100	4.95
	2306	55,100	5.03
	2604	94,200	5.10
	2704	130,700	4.92
	2705	130,400	4.97
	2708	149,000	4.97
	2709	149,000	5.01
	2710	150,600	5.11
	3305	53,000	5.35
	3710	145,400	5.37
	4201	37,000	5.71
	4304	47,600	5.46
	4407	63,700	5.42
	4516	71,400	5.57
	4519	73,400	5.48
	5409	67,900	5.92
	5413	67,700	5.84
	5612	109,500	5.77
	6106	29,000	6.42
6303	46,300	6.48	
6517	80,300	6.30	
6702	138,200	6.31	
6704	159,500	6.25	
6801	192,800	6.26	