



(11)

EP 2 444 814 B9

(12) **CORRECTED EUROPEAN PATENT SPECIFICATION**

- (15) Correction information:
Corrected version no 1 (W1 B1)
Corrections, see
Description Paragraph(s) 7, 16, 18, 19, 21,
24, 37, 65, 70, 83
- (51) Int Cl.:
G01N 33/68 ^(2006.01) **G01N 21/78** ^(2006.01)
G01N 27/62 ^(2006.01) **G01N 33/53** ^(2006.01)
G01N 33/543 ^(2006.01) **C07K 14/47** ^(2006.01)
- (86) International application number:
PCT/JP2010/003295
- (87) International publication number:
WO 2010/134308 (25.11.2010 Gazette 2010/47)
- (48) Corrigendum issued on:
09.08.2017 Bulletin 2017/32
- (45) Date of publication and mention
of the grant of the patent:
28.12.2016 Bulletin 2016/52
- (21) Application number: **10777546.2**
- (22) Date of filing: **17.05.2010**

(54) **BIOMARKER FOR MENTAL DISORDERS INCLUDING COGNITIVE DISORDERS, AND METHOD USING SAID BIOMARKER TO DETECT MENTAL DISORDERS INCLUDING COGNITIVE DISORDERS**

BIOMARKER FÜR PSYCHISCHE ERKRANKUNGEN EINSCHLIESSLICH KOGNITIVER STÖRUNGEN UND VERFAHREN UNTER VERWENDUNG SOLCHER BIOMARKER ZUR ERKENNUNG PSYCHISCHER ERKRANKUNGEN EINSCHLIESSLICH KOGNITIVER STÖRUNGEN

BIOMARQUEUR POUR TROUBLES MENTAUX Y COMPRIS LES TROUBLES COGNITIFS, ET MÉTHODE DE DÉPISTAGE DES TROUBLES MENTAUX Y COMPRIS DES TROUBLES COGNITIFS À L'AIDE DUDIT BIOMARQUEUR

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (84) Designated Contracting States:
AL AT BE BG CH CY CZ DE DK EE ES FI FR GB GR HR HU IE IS IT LI LT LU LV MC MK MT NL NO PL PT RO SE SI SK SM TR | <ul style="list-style-type: none">• ISHII, Takashi
Tsukuba-shi
Ibaraki 305-0035 (JP)• MENO, Kohji
Tsukuba-shi
Ibaraki 305-0035 (JP)• SUZUKI, Hideaki
Tsukuba-shi
Ibaraki 305-0035 (JP) |
| (30) Priority: 19.05.2009 JP 2009121226 | |
| (43) Date of publication of application:
25.04.2012 Bulletin 2012/17 | |
| (60) Divisional application:
16171946.3 / 3 088 899 | (74) Representative: TBK
Bavariaring 4-6
80336 München (DE) |
| (73) Proprietor: Mcbi Inc.
Ibaraki 305-0035 (JP) | (56) References cited:
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JP-T- 2008 514 946 US-A1- 2004 072 261 |
| (72) Inventors: <ul style="list-style-type: none">• UCHIDA, Kazuhiko
Tsukuba-shi
Ibaraki 305-0035 (JP) | |

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EP 2 444 814 B9

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Description

[Technical Field]

[0001] The present invention relates to novel biomarkers for cognitive impairment including mild cognitive impairment and Alzheimer disease and methods for detecting cognitive impairment using such biomarkers. Simultaneously, the present invention relates to novel biomarkers for non-demented neurological disease like depression, schizophrenia, etc. and methods for detecting non-demented neurological diseases using such biomarkers.

[Background Art]

[0002] The commonly used means to differentiate between normal and non-normal states of a human subject using his or her biological materials are mainly those which have been used in the field of diagnostics. Most frequently used are those methods which target biomarkers in blood. It has been practiced in this field to comparatively measure the amount of a specific protein or a peptide that is less than 10,000 in molecular weight or, in the case of enzyme protein, enzyme activities in samples from normal (healthy) subjects and those from diseased individuals to help diagnosis. Here, prior to testing real samples, measurements are done on a fixed number each of samples from healthy controls and patients with certain disease with respect to the amount (s) or activity (activities) of single or multiple specific proteins or peptides and the ranges of abnormal and normal values are respectively determined. The sample to be evaluated is then analyzed by the same method and the resultant value is judged with respect to whether it is in normal or abnormal range.

[0003] In the actual measurements, the amount(s) of specified protein(s) or peptide(s) in test samples, as such or after dilution, are determined by the use of enzyme-linked immunosorbent assay (ELISA) which uses a primary, or secondary, antibody labeled with an enzyme reacting with a substrate that yields a color upon reaction, chemiluminescent immunoassay (CLIA), radioimmunoassay (RIA) which uses a primary, or secondary, antibody labeled with a radioisotope, and, if the protein is an enzyme, the measurement of the activity of the enzyme by adding its substrate and determining the intensity of produced color, etc. These antibody-based methods are called as enzyme-, fluorescence- or radioisotope-labeled methods, respectively. In addition, there is a method where an enzyme reaction product derived from the corresponding substrate is determined by high performance liquid chromatography (HPLC). In further addition, there is a method where HPLC is combined with mass spectrometer, called LC-MS/MS, and there is a method called selected reaction monitoring (SRM)/multiple reaction monitoring (MRM) that utilizes LC-MS/MS. In another method to determine the concentration in a sample, it is appropriately pretreated, and separation of proteins or peptides is attained by 2-dimensional polyacrylamide gel electrophoresis (2D-PAGE), and target protein or peptide is determined by silver staining, Coomassie blue staining or immunological staining (Western blotting) that uses an antibody to target protein or peptide. In still further addition, there is a method which utilizes mass spectrometry to determine the amount of target protein or peptide in samples fractionated by column chromatography. Instead of column chromatography, protein chips and magnetic beads may also be utilized for purpose of pretreatment.

[0004] Furthermore, these inventors have developed an immunoMS method, where target protein or peptide is captured by beads (including magnetic ones) with linked antibody to the protein or peptide, eluted from the beads, and determined by mass spectrometry. Further, intact proteins have been reported to be analyzed by mass spectrometry using above-mentioned methods after digestion with trypsin etc. (PTL 1). Here, intact target proteins are selected either by fractionation or by adsorption to an adsorbant specific to them and then determined by mass spectrometry.

[0005] Number of patients suffered from cognitive impairment like Alzheimer disease is increasing rapidly along with increasing of old-age population in Japan. It is estimated that number of patients is 1.3 million in 1995 and it will be 1.9 million in 2005 and will reach to about 3.0 million in 2020. It is reported that 60-90% of cognitive impairment is Alzheimer disease. As manifestation of Alzheimer disease is not only loss of memory but several disturbance in daily work, increase of patients of this disease is becoming an important social issue to be solved. In Japan, since Donepezil-hydrochloride, anti-acetylcholine esterase inhibitor has been available for medical treatment for Alzheimer disease from 1999, it let progress of cognitive impairment in these patients be 'slow-down' efficiently, if the patient is diagnosed at early stage. Thus, in medication of Alzheimer disease, most important issue is 'early diagnosis' to treat the patients effectively by present drug and new coming drug.

[0006] Followings are major criteria for diagnosis of Alzheimer disease described in DSM IV, which is published by American Psychiatric Association (NPL 1).

A. The development of multiple cognitive deficits manifested by both

- (1) memory impairment (impaired ability to learn new information or to recall previously learned information)
- (2) one (or more) of the following cognitive disturbances:

- a) aphasia (language disturbance)
- b) apraxia (impaired ability to carry out motor activities despite intact motor function)
- c) agnosia (failure to recognize or identify objects despite intact sensory function)
- d) disturbance in executive functioning (i.e., planning, organizing, sequencing, abstracting)

B. The cognitive deficits in Criteria A 1 and A2 each cause significant impairment in social or occupational functioning and represent a significant decline from a previous level of functioning.

[0007] There are several types of neurological disorders related to Alzheimer disease (AD). As cognitive dysfunction appears gradually in dementia including AD, there is a disease status like pre-stage of dementia. This stage is called as mild cognitive impairment (MCI). In United States, 10% MCI develops to AD within 1 year and 50% of MCI develops to AD within 4 years. MCI is defined as a condition characterized by newly acquired cognitive decline to an extent that is beyond that expected for age or educational background, yet not causing significant functional impairment, and show no disturbance in daily life. Frontotemporal dementia (frontotemporal lobar degeneration) (FTD) shows loss of personal awareness, loss of social awareness, hyperorality, and stereotyped, perseverative behavior. These clinical characteristics are different from AD. FTD include Pick's disease, which is characterized in microscopically Pick bodies usually found in limbic, paralimbic, and ventral temporal lobe cortex. Dementia with Lewy bodies (DLB) is characterized by progressive disease and psychiatric symptoms include anxiety, depression, hallucinations (usually visual) and delusions (false beliefs). DLB is thought to be the second most common subtype and 10-30% of dementia is DLB. The symptoms of DLB are caused by the build-up of Lewy bodies histologically. FTD and DLB belong to demented neurological disease as they also lose of memory, their ability to solve problems and maintain emotional control (NPL 1). In description in present patent, cognitive impairment includes AD, MCI and the demented neurological disease.

[0008] The screening tests for dementia widely used are the Hasegawa Dementia Scale-revised (HDS-R) and Mini-Mental State Examination (MMSE). In these screening tests, inspector asks several questions and evaluates level of cognitive impairment of each subject by scores. HDS-R is revised version of HDS published in 1991. In HDS-R, test consists 9 questions to analyses orientation, remembrance, calculation, retain and recall ability, and common sense. Full score is 30 and a person whose score is less than 23 is suspected as dementia. MMSE has been developed in United States to screen and diagnose dementia, and analyses global cognitive function, with items assessing orientation, word recall, attention and calculation, language abilities, and visuospatial (drawing) ability. This test consists of 11 questions, and full score is 30 and a person who has score less than 23 is suspected as dementia. The results of HDS-R and MMSE coincide with each other. Both are used for screening, not for diagnosis and not for disease progression staging of dementia (NPL 1).

[0009] Neuroimaging for dementia are Computed tomography (CT) and Magnetic resonance imaging (MRI) which evaluate morphological changes like brain atrophy and ventricular dilation and single-photon emission computed tomography (SPECT) which analyses regional cerebral blood flow and PET which shows brain metabolism by measurement of consumption of oxygen and sugar. SPECT and PET, nuclear imaging technologies, can identify neuronal dysfunction at preclinical stage (NPL 1). However, these neuroimaging can not be widely used in hospitals because they need special facilities to performe nuclear imaging, and neuroimaging may not be objective test as imaging diagnosis is completely depend on the skill of doctor who analyses the images.

[0010] Thus, present methods for screening and diagnosis of dementia including AD is dependent on tests lacking objectivity and is dependent on expensive instruments, and so it is very difficult to use present available tests for screening of early stage of cognitive impairment. If we have blood (serum/plasma) biomarker for cognitive impairment, which enables us objective test using specimens we easily obtain, we can identify cognitive impairment at early stage (preclinical stage) by blood test using such biomarker. Present patent provides novel biomarkers and a novel and potent diagnostic method for cognitive impairment by using such biomarkers and biomarkers described here. In addition, present patent provides diagnostic method and novel biomarkers for non-demented neurological disease like depression, schizophrenia, etc.

[Citation List]

[Patent Literature]

[0011]

PTL 1, JP-A-2004-333274
PTL 2, JP-A-2006-308533

[Non Patent Literature]

[0012]

- 5 NPL 1, "The better understanding of Alzheimer's disease.," edited by Imaharu Nakano and Hildehiro Mizusawa., Nagai Shoten Co., Ltd., 2004 (in Japanese)
NPL 2, Benkirane, N. et al., J. Biol. Chem. Vol. 268, 26279-26285, 1993

10 **[0013]** WO03087768 (A2) discloses the provision of mitochondrial targets for drug screening assays and for therapeutic intervention in the treatment of diseases associated with altered mitochondrial function. Complete amino acid sequences [SEQ ID NOS:1-3025] of polypeptides that comprise the human heart mitochondrial proteome are provided, using fractionated proteins derived from highly purified mitochondrial preparations, to identify previously unrecognized mitochondrial molecular components.

15 [Summary of Invention]

[Technical Problem]

20 **[0014]** The present invention aims to present methods to detect cognitive impairment including mild cognitive impairment and Alzheimer disease by using a protein or its partial peptide that differs in presence or absence, or in quantity between non-cognitive impairment subjects (Including healthy people, the human subjects that may be affected with any disease and unaffected with cognitive impairment) and patients with cognitive impairment and further aims to present biomarkers comprising said protein and said partial peptide to be used to detect cognitive impairment including mild cognitive impairment and Alzheimer disease. Simultaneously, the present invention aims to present novel biomarkers
25 for non-demented neurological disease like depression, schizophrenia, etc. and methods for detecting cognitive impairment using such biomarkers.

[Solution to Problem]

30 **[0015]** These inventors investigated to find out means to detect cognitive impairment and found a peptide capable of detecting cognitive impairment and psychiatric disease including mild cognitive impairment and Alzheimer disease in the serum. Said peptides found in the present invention are those with significance as a biomarker to detecting in the case of serum not only other biological materials such as blood, plasma, cerebrospinal fluid, and urine. Simultaneously, protein or peptide is the origin of these peptides (hereinafter referred to as intact proteins or peptides) also has significance
35 as biomarkers. The present invention provides a peptide or protein as defined in claim 1, an in vitro method for detection of psychiatric disease or cognitive impairment as defined in claim 5, and a kit as defined in claim 7 or 8. Further beneficial embodiments are disclosed in the respective dependent claims.

[0016] Specifically, these inventors found that a biomarker comprising at least one protein selected from the group consisting of Neurexin-2-beta precursor consisting of amino acid sequence expressed by SEQ ID NO: 1, Prothrombin precursor consisting of amino acid sequence expressed by SEQ ID NO: 3, Pendrin consisting of amino acid sequence expressed by SEQ ID NO: 6, Coatomer subunit zeta-1 consisting of amino acid sequence expressed by SEQ ID NO: 8, Retinoic acid receptor responder protein 2 precursor consisting of amino acid sequence expressed by SEQ ID NO: 10, Gelsolin precursor consisting of amino acid sequence expressed by SEQ ID NO: 13, Clusterin precursor consisting of amino acid sequence expressed by SEQ ID NO: 15, Eukaryotic translation initiation factor 3 subunit J consisting of amino acid sequence expressed by SEQ ID NO: 18, and Leucine-rich repeat-containing protein 27 consisting of amino acid sequence expressed by SEQ ID NO: 20 could be used as biomarkers to detect psychiatric disease or cognitive impairment.
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[0017] Furthermore, these inventors found that a biomarker comprising at least one peptide selected from the group consisting of Neurexin-2-beta precursor-derived peptide NRX2B consisting of amino acid sequence expressed by SEQ ID NO: 2, Prothrombin precursor-derived peptide THRB(R-) consisting of amino acid sequence expressed by SEQ ID NO: 4, Prothrombin precursor-derived peptide THRB(R+) consisting of amino acid sequence expressed by SEQ ID NO: 5, Pendrin-derived peptide S26A4 consisting of amino acid sequence expressed by SEQ ID NO: 7, Coatomer subunit zeta-1-derived peptide COPZ1 consisting of amino acid sequence expressed by SEQ ID NO: 9, Retinoic acid receptor responder protein 2 precursor-derived peptide RARR2(S-) consisting of amino acid sequence expressed by SEQ ID NO: 11, Retinoic acid receptor responder protein 2 precursor-derived peptide RARR2(S+) consisting of amino acid sequence expressed by SEQ ID NO: 12, Gelsolin precursor-derived peptide GELS consisting of amino acid sequence expressed by SEQ ID NO: 14, Clusterin precursor-derived peptide CLUS(N-term SDVP) consisting of amino acid sequence expressed by SEQ ID NO: 16, Clusterin precursor-derived peptide CLUS(N-term RFFT) consisting of amino
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acid sequence expressed by SEQ ID NO: 17, Eukaryotic translation initiation factor 3 subunit J-derived peptide EIF3J consisting of amino acid sequence expressed by SEQ ID NO: 19, and Leucine-rich repeat-containing protein 27-derived peptide LRC27 consisting of amino acid sequence expressed by SEQ ID NO: 21 could be used as biomarkers to detect psychiatric disease or cognitive impairment.

[0018] These inventors brought the present invention to perfection by further succeeding in determining simultaneously these many proteins and its partial peptides by using two-dimensional high performance liquid chromatography-MALDI TOFMS method (mass spectrometry) and immunoMS method.

[1] A biomarker for detection of psychiatric disease or cognitive impairment comprising protein fragment or peptide of not less than 5 amino acid residues arising from at least one protein or peptide selected from the group consisting of Neurexin-2-beta precursor consisting of amino acid sequence expressed by SEQ ID NO: 1, Prothrombin precursor consisting of amino acid sequence expressed by SEQ ID NO: 3, Pendrin consisting of amino acid sequence expressed by SEQ ID NO: 6, Coatomer subunit zeta-1 consisting of amino acid sequence expressed by SEQ ID NO: 8, Retinoic acid receptor responder protein 2 precursor consisting of amino acid sequence expressed by SEQ ID NO: 10, Gelsolin precursor consisting of amino acid sequence expressed by SEQ ID NO: 13, Clusterin precursor consisting of amino acid sequence expressed by SEQ ID NO: 15, Eukaryotic translation initiation factor 3 subunit J consisting of amino acid sequence expressed by SEQ ID NO: 18, Leucine-rich repeat-containing protein 27 consisting of amino acid sequence expressed by SEQ ID NO: 20.

[2] A biomarker for detection of psychiatric disease comprising at least one peptide selected from the group consisting of Neurexin-2-beta precursor-derived peptide NRX2B consisting of amino acid sequence expressed by SEQ ID NO: 2, Prothrombin precursor-derived peptide THRB(R-) consisting of amino acid sequence expressed by SEQ ID NO: 4, Prothrombin precursor-derived peptide THRB(R+) consisting of amino acid sequence expressed by SEQ ID NO: 5, Pendrin-derived peptide S26A4 consisting of amino acid sequence expressed by SEQ ID NO: 7, Coatomer subunit zeta-1-derived peptide COPZ1 consisting of amino acid sequence expressed by SEQ ID NO: 9, Retinoic acid receptor responder protein 2 precursor-derived peptide RARR2(S-) consisting of amino acid sequence expressed by SEQ ID NO: 11, Retinoic acid receptor responder protein 2 precursor-derived peptide RARR2(S+) consisting of amino acid sequence expressed by SEQ ID NO: 12, Gelsolin precursor-derived peptide GELS consisting of amino acid sequence expressed by SEQ ID NO: 14, Clusterin precursor-derived peptide CLUS(N-term SDVP) consisting of amino acid sequence expressed by SEQ ID NO: 16, Clusterin precursor-derived peptide CLUS(N-term RFFT) consisting of amino acid sequence expressed by SEQ ID NO: 17, Eukaryotic translation initiation factor 3 subunit J-derived peptide EIF3J consisting of amino acid sequence expressed by SEQ ID NO: 19, and Leucine-rich repeat-containing protein 27-derived peptide LRC27 consisting of amino acid sequence expressed by SEQ ID NO: 21.

[3] A biomarker for detection of cognitive impairment comprising at least one peptide selected from the group consisting of Neurexin-2-beta precursor-derived peptide NRX2B consisting of amino acid sequence expressed by SEQ ID NO: 2, Prothrombin precursor-derived peptide THRB(R-) consisting of amino acid sequence expressed by SEQ ID NO: 4, Prothrombin precursor-derived peptide THRB(R+) consisting of amino acid sequence expressed by SEQ ID NO: 5, Pendrin-derived peptide S26A4 consisting of amino acid sequence expressed by SEQ ID NO: 7, Coatomer subunit zeta-1-derived peptide COPZ1 consisting of amino acid sequence expressed by SEQ ID NO: 9, Retinoic acid receptor responder protein 2 precursor-derived peptide RARR2(S-) consisting of amino acid sequence expressed by SEQ ID NO: 11, Retinoic acid receptor responder protein 2 precursor-derived peptide RARR2(S+) consisting of amino acid sequence expressed by SEQ ID NO: 12, Gelsolin precursor-derived peptide GELS consisting of amino acid sequence expressed by SEQ ID NO: 14, Clusterin precursor-derived peptide CLUS(N-term SDVP) consisting of amino acid sequence expressed by SEQ ID NO: 16, Clusterin precursor-derived peptide CLUS(N-term RFFT) consisting of amino acid sequence expressed by SEQ ID NO: 17, Eukaryotic translation initiation factor 3 subunit J-derived peptide EIF3J consisting of amino acid sequence expressed by SEQ ID NO: 19, and Leucine-rich repeat-containing protein 27-derived peptide LRC27 consisting of amino acid sequence expressed by SEQ ID NO: 21.

[4] A biomarker of cognitive impairment comprising the peptides selected from the group consisting of amino acid sequence expressed by SEQ ID NO: 2, 5, 7, 9, 11, 12, 14, and 16 that is appeared or increased in biological material of patients of cognitive impairment as compared to biological material of subjects not suffering from psychiatric disease.

[5] A biomarker of cognitive impairment comprising the peptides selected from the group consisting of amino acid sequence expressed by SEQ ID NO: 4, 17, 19, and 21 that is disappeared or decreased in biological material of patients of cognitive impairment as compared to biological material of subjects not suffering from psychiatric disease.

[6] A biomarker of Alzheimer disease comprising the peptides selected from the group consisting of amino acid sequence expressed by SEQ ID NO: 2 that is appeared or increased in biological material of patients of Alzheimer disease as compared to biological material of subjects not suffering from non-demented neurological disease.

[7] A biomarker of Alzheimer disease comprising the peptides selected from the group consisting of amino acid sequence expressed by SEQ ID NO: 4 that is disappeared or decreased in biological material of patients of Alzheimer disease as compared to biological material of subjects not suffering from non-demented neurological disease.

[8] Method for detection of psychiatric disease involving determination in biological material of at least one biomarker for psychiatric disease as described in [1] or [2].

[9] Method for detection of cognitive impairment involving determination in biological material of at least one biomarker for cognitive impairment as described in [1] or [3].

[10] Method for detection of cognitive impairment in which patient is judged as suffering from cognitive impairment when, after determination in biological material of at least one biomarker for cognitive impairment as described in [4], said biomarker is found to be present in higher quantity than in subjects not suffering from psychiatric disease.

[11] Method for detection of cognitive impairment in which patient is judged as suffering from cognitive impairment when, after determination in biological material of at least one biomarker for cognitive impairment as described in [5], said biomarker is found to be present in lower quantity than in subjects not suffering from psychiatric disease.

[12] Method for detection of psychiatric disease as described in [8] wherein detection is made either by immunoblot procedure, Western blotting, enzyme-, fluorescence-, or radioisotope-labeled antibody method, mass spectrometry, immunoMS method or surface plasmon resonance method.

[13] Method for detection of cognitive impairment as described in any of [9] to [11] wherein detection is made either by immunoblot procedure, Western blotting, enzyme-, fluorescence-, or radioisotope-labeled antibody method, mass spectrometry, immunoMS method or surface plasmon resonance method.

[14] A kit for detection of psychiatric disease to determine at least one biomarker as described in [1] or [2].

[15] A kit for detection of cognitive impairment to determine at least one biomarker as described in any of claims [1], [3] to [5].

[16] A kit for detection of psychiatric disease containing antibody or aptamer to at least one biomarker as described in [1] or [2].

[17] A kit for detection of psychiatric disease containing antibody or aptamer to at least one biomarker as described in any of claims [1], [3] to [5].

[18] A kit for detection as described in [16] or [17] wherein antibody or aptamer is solidified on a plate or plates.

[Advantageous Effects of Invention]

[0019] According to the present invention, it is possible to diagnose a subject as to whether said subject has suffered from psychiatric disease or cognitive impairment by determining in biological material obtained from said subject the kind and amount of at least one peptide selected from the group consisting of Neurexin-2-beta precursor-derived peptide NRX2B consisting of amino acid sequence expressed by SEQ ID NO: 2, Prothrombin precursor-derived peptide THRB(R-) consisting of amino acid sequence expressed by SEQ ID NO: 4, Prothrombin precursor-derived peptide THRB(R+) consisting of amino acid sequence expressed by SEQ ID NO: 5, Pendrin-derived peptide S26A4 consisting of amino acid sequence expressed by SEQ ID NO: 7, Coatamer subunit zeta-1-derived peptide COPZ1 consisting of amino acid sequence expressed by SEQ ID NO: 9, Retinoic acid receptor responder protein 2 precursor-derived peptide RARR2(S-) consisting of amino acid sequence expressed by SEQ ID NO: 11, Retinoic acid receptor responder protein 2 precursor-derived peptide RARR2(S+) consisting of amino acid sequence expressed by SEQ ID NO: 12, Gelsolin precursor-derived peptide GELS consisting of amino acid sequence expressed by SEQ ID NO: 14, Clusterin precursor-derived peptide CLUS(N-term SDVP) consisting of amino acid sequence expressed by SEQ ID NO: 16, Clusterin precursor-derived peptide CLUS(N-term RFFT) consisting of amino acid sequence expressed by SEQ ID NO: 17, Eukaryotic translation

initiation factor 3 subunit J-derived peptide EIF3J consisting of amino acid sequence expressed by SEQ ID NO: 19, and Leucine-rich repeat-containing protein 27-derived peptide LRC27 consisting of amino acid sequence expressed by SEQ ID NO: 21. In addition, it is possible to diagnose a subject has suffering from Alzheimer's disease when compared with the increase in biological material of patients of non-demented neurological disease by determining amount of peptide consisting of amino acid sequence expressed by SEQ ID NO: 2, and it is possible to diagnose a subject has suffering from Alzheimer's disease when compared with the decrease in biological material of patients of non-demented neurological disease by determining amount of peptide consisting of amino acid sequence expressed by SEQ ID NO: 4.

[0020] The present invention presents a diagnostic system that is high in both accuracy and specificity. The present invention enables highly accurate diagnosis of cognitive impairment in which there have been no specific test methods for such biological materials as blood. Further, the biomarkers disclosed in the present invention are highly useful in judgement of drug efficacy.

[Brief Description of Drawings]

[0021]

[Fig. 1]Figure 1 illustrates the isolation of serum of Alzheimer's disease by 2D-LC-MALDI TOF-MS method. (Example 1)

[Fig. 2]Figure 2 illustrates the case of Marker A that is the one example of the result of differential analysis. As shown in Figure 3, Marker A is Neurexin-2-beta precursor-derived peptides NRX2B. Figure 2A) illustrates the comparison between ADN, MCI and AD, and Figure 2B) illustrates the comparison between ADN, AD, NDall, NDdem and NDnon. For each samples, the average value (devided by 1,000) and (SD) (devided by 1,000) are as follows. A) ADN 0.1 (0.1); MCI 45.8 (42.2); AD 41.7 (22.2). B) ADN 0.1 (0.2); AD 34.0 (27.8); NDall 19.2 (15.8); NDdem 24.3 (20.8); NDnon 14.0 (6.1). C), D) and E) illustrates respectively the ROC curve of the comparison of MCI vs. ADN, AD vs. ADN, and AD vs. NDnon. (Example 1)

[Fig. 3]Figure 3 illustrates the MS/MS spectrum of Marker A (SEQ ID NO: 2, NRX2B) obtained by using TOF/TOF mass spectrometer. (Example 1)

[Fig. 4]Figure 4 illustrates the comparison between non-psychiatric disease subjects (ADN) and patients of psychiatric disease including sementia for THRB(R-) (A) and B) of Figure 4) and THRB(R+) (C) and D) of Figure 4) in serum. (Example 1)

[Fig. 5]Figure 5A) illustrates the each individual comparison between non-psychiatric disease subjects (ADN) and patients of cognitive impairment (MCI, AD) patient for THRB(R-) and THRB(R+) in serum. Figure 5B) illustrates the ROC curve of the comparison of AD vs. NDdon for THRB(R-) in serum. (Example 1)

[Fig. 6]Figure 6 illustrates the comparison (A) and B) of Figure 6) between non-psychiatric disease subjects (ADN) and patients of psychiatric disease including dementia for S264A in serum, and the comparison (C) and D) of Figure 6) between non-psychiatric disease subjects (ADN) and patients of psychiatric disease including dementia for COPZ1 in serum. (Example 1)

[Fig. 7]Figure 7 illustrates the each individual comparison between non-psychiatric disease subjects (ADN) and patients of cognitive impairment (MCI, AD) patient for PARR2(S-) (A) of Figure 7) and PARR2(S+) (B) of Figure 7) in serum. (Example 1)

[Fig. 8]Figure 8 illustrates the comparison (A) and B) of Figure 8) between non-psychiatric disease subjects (ADN) and patients of psychiatric disease including dementia for GELS in serum. (Example 1)

[Fig. 9]Figure 9 illustrates the comparison (A) and B) of Figure 9) between non-psychiatric disease subjects (ADN) and patients of psychiatric disease including dementia for CLUS(N-term SDVP) in serum, and the comparison (C) and D) of Figure 9) between non-psychiatric disease subjects (ADN) and patients of psychiatric disease including dementia for CLUS(N-term RFFT) in serum. (Example 1)

[Fig. 10] Figure 10 illustrates the comparison (A) and B) of Figure 10) between non-psychiatric disease subjects (ADN) and patients of psychiatric disease including dementia for EIF3J in serum, and the comparison (C) and D) of Figure 10) between non-psychiatric disease subjects (ADN) and patients of cognitive impairment (MCI, AD) patient

for LRC27 in serum. (Example 1)

[Fig. 11] Figure 11 illustrates the mass spectrum of NRX2B peptide that captured and detected by immunoMS method using NRX2B-specific antibody from the serum of AD and MCI patients. The right figure is the enlarged view of arrow parts in the left figure. Endogenous NRX2B peptide (solid arrows) and stable isotope labeled-NRX2B synthetic peptide NRX2B (dashed arrows) are shown for each peak in right figure. (Example 4)

[Description of Embodiments]

[0022] The present invention is a method for determining the kind and the amount of intact protein and/or its partial peptide when test subject is suffering from cognitive impairment as well as for diagnosing whether test subject is suffering from cognitive impairment and, if test subject is diagnosed to be suffering from psychiatric disease. A peptide is generally said to be a chemical entity, made by polymerizing a number of amino acids, of less than 10,000 in molecular weight or by polymerizing several to less than about 50 amino acid residues. While in the present invention a partial peptide of an intact protein can be used as a biomarker for detection of cognitive impairment, such partial peptide is defined as a peptide of less than 10,000 in molecular weight consisting of a part of the amino acid sequence of the intact protein. Such peptide may arise as a partial peptide during the expression by transcription followed by synthesis by translation before maturing into an intact protein or as a peptide produced by enzyme digestion in the body after the intact protein has been synthesized. It is possible that, when the body is in abnormal state suffering from such disease as cognitive impairment, the mechanism for protein synthesis and regulation is de-regulated. In other words, the present invention is also a method for determining if test subject is in normal state or is suffering from cognitive impairment by using the degree of protein synthesis and/or protein digestion as an indicator. The detection of cognitive impairment in the present invention means evaluation and differentiation, i.e., diagnosis of test subject as to whether the subject is suffering from cognitive impairment. The present invention can also include the evaluation of patient's risk of suffering from more serious cognitive impairment.

[0023] Specifically, in a method, the examples of intact protein that can be used as a cognitive impairment include Neurexin-2-beta precursor consisting of amino acid sequence expressed by SEQ ID NO: 1, Prothrombin precursor consisting of amino acid sequence expressed by SEQ ID NO: 3, Pendrin consisting of amino acid sequence expressed by SEQ ID NO: 6, Coatomer subunit zeta-1 consisting of amino acid sequence expressed by SEQ ID NO: 8, Retinoic acid receptor responder protein 2 precursor consisting of amino acid sequence expressed by SEQ ID NO: 10, Gelsolin precursor consisting of amino acid sequence expressed by SEQ ID NO: 13, Clusterin precursor consisting of amino acid sequence expressed by SEQ ID NO: 15, Eukaryotic translation initiation factor 3 subunit J consisting of amino acid sequence expressed by SEQ ID NO: 18, and Leucine-rich repeat-containing protein 27 consisting of amino acid sequence expressed by SEQ ID NO: 20, and further, the peptide fragments that comprise of partial peptides of not less than 5 amino acid residues of these intact proteins can be used as same purpose.

[0024] Still further, an example of biomarkers for cognitive impairment includes the partial peptides consisting of amino acid sequence expressed by SEQ ID NO: 2 of Neurexin-2-beta precursor-derived peptide NRX2B, SEQ ID NO: 4 of Prothrombin precursor-derived peptide THRB(R-), SEQ ID NO: 5 of Prothrombin precursor-derived peptide THRB(R+), SEQ ID NO: 7 of Pendrin-derived peptide S26A4, SEQ ID NO: 9 of Coatomer subunit zeta-1-derived peptide COPZ 1, SEQ ID NO: 11 of Retinoic acid receptor responder protein 2 precursor-derived peptide RARR2(S-), SEQ ID NO: 12 of Retinoic acid receptor responder protein 2 precursor-derived peptide RARR2(S+), SEQ ID NO: 14 of Gelsolin precursor-derived peptide GELS, SEQ ID NO: 16 of Clusterin precursor-derived peptide CLUS(N-term SDVP), SEQ ID NO: 17 of Clusterin precursor-derived peptide CLUS(N-term RFFT), SEQ ID NO: 19 of Eukaryotic translation initiation factor 3 subunit J-derived peptide EIF3J, SEQ ID NO: 21 of Leucine-rich repeat-containing protein 27-derived peptide LRC27. In the present invention, proteins and peptides consisting of amino acid sequences derived from SEQ ID NO: 1 or 2 by deletion, exchange, and/or addition of one or a few amino acids can be used as biomarkers and are included in the present invention. "One or a few" herein means "one or three," preferably "one or two", or "one." Furthermore, the partial peptides that can be used as biomarkers include those peptide fragments consisting of not less than 5 amino acid residues arising respectively from SEQ ID NO: 1 to 21. The basis for the limitation of peptide fragments consisting of not less than 5 amino acid residues is in the description below in Non-patent Document 2. The document reported that an antibody obtained by using the peptide IRGERA as immunogen, which was the C-terminus (130-135) of histone H3, recognized the peptide IKGGERA derived by exchange of K for R and the peptide CGGGERA which was derived by deletion of IR followed by addition of CGG. This demonstrates that the immunogenicity (antigenicity) is recognized by a peptide of not less than 4 amino acid residues. In order to expand this finding to other peptides than the C-terminus of histone H3, the number of amino acid residue is defined as not less than 5 instead of 4. To make such a low molecular weight peptide is important when the method of detection and differentiation uses immunological means including immunoblot, ELISA and immunoMS.

[0025] It is to be noted that there are cases where a sugar chain or sugar chains have been added to an intact protein

or its partial peptide to form glycosylated entities. Proteins and partial peptides in glycosylated form can also be used as biomarkers for detection of cognitive impairment.

[0026] It is also to be noted that, in the present invention, biomarker can be quantified or its presence or absence can be determined qualitatively.

[0027] Two-dimensional electrophoresis (2-DE) or 2-dimensional chromatography (2-DC) can be used in the present invention to separate biomarkers in biological materials including serum. Known chromatographic methods can be selected from ion-exchange chromatography, reverse-phase chromatography and gel-filtration chromatography. It is also possible to make quantification with the SRM/MRM method in LC-MS/MS technology. Furthermore, the immunoMS method which these inventors have developed, where target protein or peptide is captured by beads (including magnetic ones) with antibody linked to the protein or peptide, eluted from the beads, and determined by mass spectrometry enables convenient determination of presence or absence or the amount of target protein, protein fragment or peptide without the use of 2-DE or chromatography.

[0028] It is possible with the use of the method disclosed in the present invention to evaluate at the stage of mild of cognitive dysfunction in test subject and therefore it can be useful in prophylactic medicine. Further, when psychotherapy and/or drug therapy is given to patients with cognitive impairment, it is reflected in the amount of proteins and partial peptides in biological materials such as serum if the progression of the disorder has been inhibited. Therefore, by measuring these proteins and partial peptides, it is possible to evaluate and determine therapeutic effect.

[0029] The kind and amount of a protein in biological materials can be determined by various methods. If target protein (including protein fragment and partial peptide) has been characterized and when an antibody (primary antibody) to it has already been obtained, the following methods can be used:

1. Immunoblot

[0030] This is one of the simplest methods. Test serum in a fixed amount (about 1 microliter) after stepwise dilution is dropped onto an appropriate membrane such as of nitrocellulose and dried in air. The membrane is treated with a blocking solution containing a protein such as BSA, washed, reacted with primary antibody, and washed. Thereafter, the membrane is reacted with labeled secondary antibody to detect the primary antibody. The membrane is washed and the label is visualized to measure its density.

2. Western blotting

[0031] After separation with one-dimensional or two-dimensional electrophoresis involving isoelectric focusing or SDS-PAGE, proteins are transferred onto such an appropriate membrane as of nitrocellulose and their amounts are determined, as in above-mentioned immunoblot, using primary antibody and labeled secondary antibody.

3. ELISA

[0032] Antibody to protein or its partial peptide is fixed to such a plate as a chemically modified microtiter plate. Appropriate amounts of samples after stepwise dilution are applied to the plate and incubated. Proteins and peptides not captured are removed by washing. Next, the plate is incubated with secondary antibody labeled with fluorescent or chemiluminescent substance or enzyme. After addition of respective substrate, fluorescence, chemiluminescence or visible light due to enzyme reaction is measured for evaluation and judgement.

[0033] Additional examples of methods are illustrated below (see PTL 2) but the invention is not limited by these examples.

4. Methods that use microarray (microchip)

[0034] A microarray is a general term for devices where solidified materials with affinity for target substances are arrayed on solid support (plate). In the present invention, antibodies or aptamers to proteins and partial peptides are arrayed. A sample of biological material is placed on the microarray for fixation of target proteins or partial peptides and the microarray is then incubated with secondary antibody labeled with fluorescent or chemiluminescent substance or enzyme. After addition of respective substrate, fluorescence, chemiluminescence or visible light due to enzyme reaction is measured.

5. Mass Spectrometry

[0035] In mass spectrometry, for example, antibody to a specified protein or partial peptide is attached to chemically modified microbeads or plate (protein chip). The microbeads could be magnetic beads. There are no requirements for

the material of the plate. The antibody to be used could be (1) an antibody which recognizes the full length form of the specified protein only, (2) an antibody which recognizes a partial peptide only, (3) all of antibodies which recognizes both the specified protein and its partial peptide, or a combination of (1) and (2), (1) and (3), or (2) and (3). Samples after stepwise dilution with original solvent or buffer are added to the microbeads or plate carrying antibody or antibodies and incubated. Those proteins and partial peptides not captured are removed by washing. The protein or partial peptide captured by micorbeads or plate is eluted, and analyzed by mass spectrometry with MALDI-TOF-MS, SELDI-TOF-MS, etc. Measurements are made with respect to the mass and intensity of the peak due to the protein, protein fragment or partial peptide. Prior to the measurements a fixed amount of substance serving as the internal standard is added to the original biological material and the intensity of its peak is also measured. The concentration of the target in the original biological material can be calculated from the ratio of peak intensity of the target to the peak intensity of the internal standard. This is called immunoMS method. Further, it is possible to make quantification, after the sample is diluted with original solvent or buffer, or after part of proteins are removed, by separation with HPLC followed by mass spectrometry with electrospray ionization (ESI) method. Therein the SRM/MRM method can be utilized for absolute quantification with the use of an isotope-labeled internal standard peptide.

[0036] Furthermore, in addition to the above-mentioned methods, it is possible to analyze proteins and partial peptides by using 2-DE, surface plasmon resonance, etc.

[0037] The present invention includes the method to detect cognitive impairment from the presence or absence or amount of the above-mentioned biomarker after applying biological material obtained from test subject to 2-DE or surface plasmon resonance.

[Example 1]

[0038] Discovery of a marker peptide for detection of cognitive impairment using two-dimensional liquid chromatography (2D-LC)-MALDI TOF-MS.

(1) Serum samples.

[0039] Followings, the characters before the parenthesis are an abbreviation.

[0040] A sera obtained from 20 AD (Alzheimer's disease), 20 ADN (subjects not suffering from psychiatric disease and age and sex-matched patients with AD, "N" means normal), and 20 NDall (neurological disease) were used. NDall consists of 10 NDdem (demented neurological disease) and 10 NDnon (non-demented neurological disease). Furthermore, NDdem consists of dementia with Lewy body and frontotemporal dementia each consisting of 5 cases, and NDnon consists of schizophrenia and depression each consisting of 5 cases.

(2) Methods

[0041] After 475 μ l of 0.1 % trifluoroacetic acid (TFA) were added in each of 25 μ l of sera, samples were boiled for 15 min at 100 degrees. Subsequently, In order to recover peptides of molecular weight of 10,000 or less, ultrafiltration were performed by using YM-10 filter unit (Millipore Corp.). Then the analysis using 2D-LC-MALDI TOF-MS were performed as follows. In other words, recovering samples were fractionated to 1,146 fractions per sample by using two-dimensional HPLC (SCX cation exchange column and C18 reverse-phase column). All fractionated samples were spotted on MALDI target plate for MALDI TOF/TOF mass spectrometer (ultraflex TOF/TOF, Bruker Daltonics), and matrix solution (alpha-cyano-hydroxycinnamic acid, CHCA) were mixed and crystallized, and the mass and the peak area of the mass were measured automatically in reflectron mode by irradiating to crystallised sample by laser. Peak area was normalized with 250 fmole of per each well of bradykinin 1-7 fragment that was added into matrix solution in advance. In other words, the area value was calculated in 10,000 times of the value dividing the peak area in specific mass of sample by the peak area obtained from 250 fmole of bradykinin1-7 fragment. This area value is corresponding in 25 μ l of sample serum. Detection of difference in abundance of peptides in serum between groups (called differential analysis) was performed using multi-group statistical analysis software DeView developed by us. Peptide that was observed to difference in abundance was directly determined amino acid sequence in MS/MS analysis by ultraflex TOF/TOF, and intact proteins or peptides of their origin were identified.

(3) Results

[0042] Figure 1 shows the result that was obtained from serum of one case of AD patient that was applied to 2D-LC-MALDI TOF-MS. Sample was fractionated into 6 fractions by SCX cation exchange column in the first dimension, then each of fractions were fractionated into 191 fractions by C18 reverse-phase column. Mass spectra of 191 fractions were obtained by MALDI TOF-MS measuring. As the horizontal axis is the m/z and the vertical axis is the fractions of reverse-

phase column chromatography, Figure 1 was visualized by Deview. SCX 1 shows flow-through fractions, SCX 2 shows fractions eluted in 10% salt concentration, SCX 3 shows fractions eluted in 20% salt concentration, SCX 4 shows fractions eluted in 30% salt concentration, SCX 5 shows fractions eluted in 50% salt concentration, SCX 6 shows fractions eluted in 100% salt concentration. As seen in Figure 1, many peptides in many sera are present in fractions of SCX1, SCX 3, SCX 4, and SCX 5. Total numbers of peptides fractionated by 2D-LC and detected by MALDI TOF-MS were about 4,000.

[0043] As one example of the results of differential analysis, Figure 2 shows the case of Marker A. Marker A, as shown later in Figure 3, is Neurexin-2-beta precursor-derived peptide NRX2B. A) of Figure 2 shows a comparison between ADN, MCI, AD. A) and B) shows the result of experiments carried out separately, ADN and AD were used the same samples in both experiments (ie, for ADN and AD, the measurement results would indicate the reproducibility.). In A) of Figure 2, it was found that Marker A is increased in MCI and AD patients than ADN patient. In B) of Figure 2, it was found that Marker A is increased in AD, NDall, NDdem, and NDnon patients than ADN patient. In particular, in comparison of AD and NDnon, AD was significantly higher than NDnon (t-test, $p = 0.035$). From these results, it was found that Marker A was useful to distinguish between cognitive impairment (MCI, AD, NDdem) patient and non-demented neurological disease (NDnon).

[0044] From the results of A) and B) in Figure 2, in order to evaluate the extent to which the Marker A is useful as biomarker, the analysis by receiver operating characteristic (ROC) curve was performed. C), D) and E) in Figure 2 shows respectively the ROC curve of the comparison of MCI vs. ADN, AD vs. ADN, and AD vs. NDnon. If the area value (hereinafter referred to as the ROC value) of under the ROC curve is close to 1, the usefulness as biomarker of Marker A will be higher. In C), D), E) of Figure 2, the typical values of sensitivity and specificity are the values of the point (open square in the figure) of the coordinate on ROC curve that the distance is minimized when a straight line is drawn to ROC curve from the point of 100% on y-axis. The value of cut-off giving this point becomes a useful threshold to distinguish between the different groups, and the values of sensitivity and specificity at that time (ie, above the typical values) becomes an indicator of the usefulness of biomarkers together with ROC values. In C) of Figure 2, as typical values in MCI vs. ADN, the sensitivity was 90%, the specificity was 100%, and the ROC value was 0.99. In D) of Figure2, as typical values in AD vs. ADN, the sensitivity was 100%, the specificity was 100%, and the ROC value was 1. In E) of Figure 2, it was comparing between AD vs. CCC, the sensitivity was 100%, the specificity was 50%, and the ROC value was 0.710. Thus, it was revealed that Marker A (NRX2B) was useful to distinguish MCI and AD with ADN. And also, it was revealed that Marker A was useful to distinguish AD with non- demented neurological disease (NDnon). In particular, since MCI is the state of previous stage of AD, Marker A (NRX2B) is considered to be a extremely useful marker to detect MCI for early diagnosis of potential subjects to migrate to AD.

[0045] Figure 3, for Marker A, illustrates the results of MS/MS spectrum using ultraflex TOF/TOF. The signals that show y-ions and b-ions have enough appeared, and the amino acid sequence could be readily identified. Mascot search was performed on this result, and the protein of origin or the peptide (hereinafter referred to as intact proteins or peptides) is Neurexin-2-beta precursor, and the detected peptide was found that the sequence is RSGGNATLQVDSWP (SEQ ID NO: 2). NRX2B of entry name of Swiss-Prot against Neurexin-2-beta precursor will use as an abbreviation of the peptide name. Also as for other peptides that were detected, the entry names of Swiss-Prot will be used as abbreviations of the peptide names in the following descriptions.

[0046] Including the Marker A, the peptides that have difference in abundance between the groups in serum were measured MS/MS spectra using ultraflex TOF/TOF, and in addition to determining the amino acid sequence, the results identified intact proteins or peptides were shown below. For peptides other than Marker A, the signals that show y-ions and b-ions has enough appeared, and the amino acid sequence could be readily identified. The following amino acid sequence that shows a set of two sequences, the entire sequence of the first sequence shows the amino acid sequence of intact proteins or peptides. The peptide comprising of the underlined portion of the first sequence and the second sequence is peptide detected by 2D-LC-MALDI TOF-MS. 001 represents N-terminus. About the peptide that was sequenced with the state of oxidation of methionine in the peptides consisting of the second sequence, was marked (+ Oxidation (M)) at the end of the amino acid sequence. For the protein with mutation of amino acid by gene mutation, applicable amino acid residue was expressed with (X).

(1) Neurexin-2-beta precursor-derived peptide NRX2B

[0047] NRX2B shown as SEQ ID NO: 2 was not detected in ADN patient, and was detected in MCI, AD, NDall, NDdem, and NDnon patients. Furthermore, in comparison of AD and NDnon, AD shown higher value than NDnon, NRX2B was shown distinction ability (previously described in Figure 2).

Intact protein / peptide

001 MP⁺GGSGP⁺G⁺G⁺ CPRRPPALAG PLPPPPPPPP PPLLPLLPLL LLLLLGAAEG
 051 ARVSSSLSTT HHVHHFHSKH GTVPIAINRM PFLTRGGHAG TTYIFGKGGA
 101 LITYTWPPND RPSTRMDRLA VGFSTHQRSA VLVRVDSASG LGDYQLQHID
 151 QGTVGIVFNV GTDDITIDEP NAIVSDGKYH VVRFTRSGGN ATLOVDSWPV

201 NERYPAGNFD NERLAIARQR IPYRLGRVVD EWLLDKGRQL TIFNSQAAIK
 251 IGGRDQGRPF QGQVSGLYYN GLKVLALAAE SDPNVRTEGH LRLVGEGPSV
 301 LVASAECPSD DEDLEECEPS TGGELILPII TEDSLDPPP V ATRSPFVPPP
 351 PTFYPFLTGV GATQDTLPPP AARRPPSGGP CQAERDDSDC EEPIEASGFA
 401 SGEVFDSSLP PTDDDFYTT FPLVTDRTTL LSPRKAPRP NLRTDGATGA
 451 PGVLFAPSAP APNLPAGKMN HRDPLQPLLE NPPLGPGAPT SFEP RRPPL
 501 RPGVTSAPGF PHLPTANPTG PGERGPPGAV EVIRESSSTT GMVVGIVAAA
 551 ALCILILLYA MYKYRNRDEG SYQVDQSRNY ISNSAQSNGA VVKEKAPAAP
 601 KTPSKAKKNK DKEYYV (SEQ ID NO: 1)

[0048] Neurexin-2-beta precursor-derived peptide NRX2B

RSGGNATLQVDSWP (SEQ ID NO: 2)

(2) Prothrombin precursor-derived peptide (THRB(R-))

[0049] Prothrombin precursor-derived peptides are two types, and (R-) means the peptide lacking of R (Arginine residue) of C-terminus. THRB(R-) shown as SEQ ID NO: 4 was detected specifically in ADN patient, and was detected extremely low value in MCI, AD, NDall, NDdem, NDnon patients. Diagrams of THRB(R-) and THRB(R+) showed side by side in Figure 4 and Figure 5. Figure 4 shows scatter plot. Figure 5A) shows that the appearance of THRB(R-) and THRB(R+) how is different in every individual of ADN, MCI and AD. In the same individual, THRB(R-) has appeared overwhelmingly in ADN, THRB(R+) has appeared overwhelmingly in MCI and AD. It can be said that both peptides are extremely useful markers determining MCI and ADN. Figure 5B) shows ROC curve comparing AD and NDnon of THRB(R-). ROC value indicated a high value of 0.815. the value in AD was lower compared to NDnon. In other words, it has been found that THRB(R-) as well as NRX2B is useful marker to distinguish between patients of cognitive impairment (MCI, AD, NDdem) and patients of non-demented neurological disease (NDnon).

Intact protein / peptide

001 MAHVRLQLP⁻GCLALAAALCS LVHSQHVFLLA PQQARSLQR VRRANTFLEE
 051 VRKGNLEREC VEETCSYEEA FEALSTAT DVFWAKYTAC ETARTPRDKL
 101 AACLEGNAE GLGTNYRGHV NITRSGIECQ LWRSRYPHKP EINSTTHPGA
 151 DLQENFCRNP DSSTTGWCY TTDPTVRRQE CSIPVCGQDQ VTVAMTPRSE
 201 GSSVNLSPPL EQCVPDRGQQ YQGR LAVTTH GLPCLAWASA QAKALSKHQD
 251 FNSAVQLVEN FCRNPDGDEE GVWCYVAGKP GDFGYCDLNY CEEAVEEETG
 301 DGLDESDRA IEGRTATSEY QTFFNPRTFG SGEADCGLRP LFEKKSLEDK
 351 TERELLESYI DGRIVEGSDA EIGMSPWQVM LFRKSPQELL CGASLISDRW
 401 VLTAHCLLY PPWDKNFTEN DLLVRIGKHS RTRYERNIEK ISMLEKIYIH
 451 PRYNWRENLD RDIALMKLKK PVAFSYIHP VCLPDRETAA SLLQAGYKGR
 501 VTGWGNLKET WTANVGKGQP SVLQVVNLPI VERPVCKDST RIRITDNMFC
 551 AGYKPDEGKR GDACEGDSGG PFV MKSPFNN RWYQMGIVSW GEGCDRDGKY
 601 GFYTHVFRLL KWIQKVIDQF GE (SEQ ID NO: 3)

[0050] Prothrombin precursor-derived peptide THRB(R-)

GLDESDRAIEG (SEQ ID NO: 4)

(3) Prothrombin precursor-derived peptide (THRB(R+))

[0051] THRB(R+) shows as SEQ ID NO: 5 was not detected in ADN patient, and was detected in MCI, AD, NDall, NDdem, and NDnon patients (Figure 4). (R+) means that the peptide having of R (Arginine residue) of C-terminus. For explanation, refer to (2) Prothrombin precursor-derived peptide (THRB(R-)).

Intact protein / peptide

001 MAHVRGLQLP GCLALAALCS LVHSQHVFLA PQQARSLQR VRRANTFLEE
 051 VRKGNLEREC VEETCSYEEA FEALESSTAT DVFWAKYTAC ETARTPRDKL
 101 AACLEGNAE GLGTNYRGHV NITRSGIECQ LWRSRYPHKP EINSTTHPGA
 151 DLQENFCRNP DSSTTGWCY TTDPTVRRQE CSIPVCGQDQ VTVAMTPRSE
 201 GSSVNLSPPL EQCVPDRGQQ YQGR LAVTTH GLPCLAWASA QAKALSKHQD
 251 FNSAVQLVEN FCRNPDGDEE GVWCYVAGKP GDFGYCDLNY CEEAVEEETG
 301 DGLDESDRA IEGRTATSEY QTFFNPRTFG SGEADCGLRP LFEKKSLEDK
 351 TERELLESYI DGRIVEGSDA EIGMSPWQVM LFRKSPQELL CGASLISDRW
 401 VLTAAHCLLY PPWDKNFTEN DLLVRIGKHS RTRYERNIEK ISMLEKIYIH
 451 PRYNWRENLD RDIALMKLKK PVAFSYIHP VCLPDRETA SLLQAGYKGR
 501 VTGWGNLKET WTANVGKGQP SVLQVVNLPI VERPVCKDST RIRITDNMFC
 551 AGYKPDEGKR GDACEGDSGG PFVMKSPFNN RWYQMGIVSW GEGCDRDGKY
 601 GFYTHVFR LK KWIQKVIDQF GE (SEQ ID NO: 3)

[0052] Prothrombin precursor-derived peptide THRB(R+)

GLDESDRAIEGR (SEQ ID NO: 5)

(4) Pendrin-derived peptide (S26A4)

[0053] S26A4 shows as SEQ ID NO: 7 was not detected in ADN patient, and was detected in MCI, AD, NDall, NDdem, and NDnon patients (Figure 6).

Intact protein / peptide

001 MAAPGGRSEP PQLPEYSCSY MVS RPVYSEL AFQQQHERRL QERKTLRES
 051 AKCCSCSRKR AFGVLKTLVP ILEWL PKYRV KEWLLSDVIS GVSTGLVATL
 101 QGMAYALLAA VPVGYGLYSA FFPILTYFIF GTSRHISVGP FPPVSLMVGS
 151 VVLSMAPDEH FLVSSSNGTV LNTTMDTAA RDTARVLIA ALTLVGHIQ
 201 LIFGGLQIGF IVRYLADPLV GGFTTAAAFQ VLVSQKIVL NVSTKNYNGV
 251 LSIYTLVEI FQNIGDTNLA DFTAGLLTIV VCM AVKELND RFRHKIPVPI
 301 PIEVIVTIIA TAISYGANLE KNYNAGIVKS IPRGFLPPEL PPVSLFSEML
 351 AASFIAVVA YAI AVSVGKV YATKYDYTID GNQEFIAFGI SNIFSGFFSC
 401 FVATTALSRT AVQESTGGKT QVAGIISAAI VMIAILALGK LLEPLQKSVL
 451 AAVVIANLKG MFMQLCDIPR LWRQNKIDAV IWVFTCIVSI ILGLDLGLLA
 501 GLIFGLLTVV LRVQFPSWNG LGSIPSTDIY KSTKNYKNIE EPQGVKILR
 551 SSPIFYGNVD GFKKCIKSTV GFDAIRVYNK RLKALRKIQK LIKSGQLRAT
 601 KNGIISDAVS TNAFEPDED IEDLEELDIP TKEIEIQVDW NSELPVKVNV
 651 PKVPIHSLVL DCGAISFLDV VGVRSRLRVV KEFQRIDVNV YFASLQDYV
 701 EKLEQCGFFD DNIRKDTFFL TVHDAILYLQ NQVKSQEGQG SILETTILIQ
 751 DCKDTLELIE TELTEEELDV QDEAMRTLAS (SEQ ID NO: 6)

[0054] Pendrin-derived peptide S26A4

LAGLIFGLLTVVLR (SEQ ID NO: 7)

(5) Coatomer subunit zeta-1-derived peptide (COPZ1)

[0055] COPZ1 shows as SEQ ID NO: 9 was shown low value in ADN patient, was shown high value in MCI, AD, and NDdem patients (Figure 6).

Intact protein / peptide

001 MEALILEPSL YTVKAILILD NDGDRLFAKY YDDTYPVKE QKAFEKNIFN
 051 KTHRTDSEIA LLEGLTVVYK SSIDLYFYVI GSSYENELML MAVLNCLFDS
 101 LSQMLRKNE KRALLENMEG LFLAVDEIVD GGVILESDPQ QVVHRVALRG
 151 EDVPLTEQTV SQVLQSAKEQ IKWSLLR (SEQ ID NO: 8)

[0056] Coatomer subunit zeta-1-derived peptide COPZ1

AILILDNDGDRLFAKYDD (SEQ ID NO: 9)

(6) Retinoic acid receptor responder protein 2 precursor-derived peptide (RARR2(S-))

[0057] RARR2(S-) shows as SEQ ID NO: 11 was not detected in ADN patient, and was detected in AD and MCI patients (Figure 7). Retinoic acid receptor responder protein 2 precursor-derived peptides are two types, and (S-) means the peptide lacking of S (Serine residue) of C-terminus.

Intact protein / peptide

001 MRRLLIPLAL WLGA VGVGVA ELTEAQRRL QVALEEFHKH PPVQWAFQET
 051 SVESAVDTPF PAGIFVRLEF KLQQTSCRKR DWKKPECKVR PNGRKRKCLA
 101 CIKLGSEDKV LGRLVHCP IE TQVLREAE EH QETQCLRVQR AGEDPHSFYF
 151 PGQFAFSKAL PRS (SEQ ID NO: 10)

[0058] Retinoic acid receptor responder protein 2 precursor-derived peptide RARR2 (S-)

PHSFYFPGQFAFSKALPR (SEQ ID NO: 11)

(7) Retinoic acid receptor responder protein 2 precursor-derived peptide (RARR2(S+))

[0059] RARR2(S+) shows as SEQ ID NO: 12 was not detected in ADN patient as well as RARR2(S-), and was detected in AD and MCI patients (Figure 7). (S+) means that the peptide having of S (Serine residue) of C-terminus.

Intact protein / peptide

001 MRRLLIPLAL WLGA VGVGVA ELTEAQRRL QVALEEFHKH PPVQWAFQET
 051 SVESAVDTPF PAGIFVRLEF KLQQTSCRKR DWKKPECKVR PNGRKRKCLA
 101 CIKLGSEDKV LGRLVHCP IE TQVLREAE EH QETQCLRVQR AGEDPHSFYF
 151 PGQFAFSKAL PRS (SEQ ID NO: 10)

[0060] Retinoic acid receptor responder protein 2 precursor-derived peptide RARR2 (S+)

PHSFYFPGQFAFSKALPRS (SEQ ID NO: 12)

(8) Gelsolin precursor-derived peptide (GELS)

[0061] GELS shows as SEQ ID NO: 14 was shown low value in ADN patient, and was shown relatively high value in MCI and AD patients (Figure 8).

Intact protein / peptide

001 MAPHRPAPAL LCALSLALCA LSLPVRAATA SRGASQAGAP QGRVPEARPN
 051 SMVVEHPEFL KAGKEPGLQI WRVEKFDLVP VPTNLYGDFF TGDAYVILKT
 101 VQLRNGNLQY DLHYWLGNEC SQDESGAAAI FTVQLDDYLN GRAVQHREVQ
 151 GFESATFLGY FKSGLKYKKG GVASGFKHV V PNEVVVQRLF QVKGRRVVRA
 201 TEVPVSWESF NNGDCFILDL GNNIHQWCGS NSNRYERLKA TQVSKGIRDN
 251 ERSGRARVHV SEEGTEPEAM LQVLGPKPAL PAGTEDTAKE DAANRKLAKL
 301 YKVSNGAGTM SVSLVADENP FAQGALKSED CFILDHGKDG KIFVWKGKQA
 351 NTEERKAALK TASDFITKMD YPKQTQVSVL PEGGETPLFK QFFKNWRDPD
 401 QTDGLGLSYL SSHIANVERV PFDAATLHTS TAMAAQHGMDD DGTGQKQIW
 451 RIEGSNKVPV DPATYGQFYG GDSYIILYNY RHGGRQGGQII YNWQGAQSTQ
 501 DEVAASAILT AQLDEELGGT PVQSRVVQGK EPAHLMSLFG GKPMIYKGG
 551 TSREGGQTAP ASTRLFQVRA NSAGATRAVE VLPKAGALNS NDAFVLKTPS
 601 AAYLWVGTA SEAECTGAQE LLRVLRAQPV QVAEGSEPDG FWEALGGKAA
 651 YRTSPRLKDK KMDAHPPLRF ACSNKIGRFV IEEVPGELMQ EDLATDDVML
 701 LDTWDQVFW V GKDSQEEEEK TEALTSKRY IETDPANRDR RTPITVVKQG
 751 FEPPSFVGWF LGWDDDYWSV DPLDRAMAEL AA (SEQ ID NO: 13)

[0062] Gelsolin precursor-derived peptide GELS

PVRAATASRGAS (SEQ ID NO: 14)

(9) Clusterin precursor-derived peptide (CLUS(N-term SDVP))

[0063] CLUS(N-term SDVP) shows as SEQ ID NO: 16 was shown low value in ADN patient, and was shown relatively high value in MCI and AD patients (Figure 9). Clusterin precursor-derived peptides are two types, and (N-termSDVP) means that the amino acid sequence of N-terminus in peptide is SDVP.

Intact protein / peptide

001 MMKTLLLFVG LLTWESGQV LGDQTVSDNE LQEMSNQGS YVNKEIQNAV
 051 NGVKQIKTLI EKTNEERKTL LSNLEEAKKK KEDALNETRE SETKLKELPG
 101 VCNETMMALW EECKPCLKQT CMKFYARVCR SGSGLVGRQL EEFLNQSSPF
 151 YFWMNGDRID SLENDRQQT HMLDVMQDHF SRASSIDEL FQDRFFTREP
 201 QDTHYHLPFS LPHRRPHFFF PKSRIVRSLM PFSPYEPLNF HAMFQPFLEM
 251 IHEAQQAMDI HFHSPAFQHP PTEFIREGDD DRTVCREIRH NSTGCLRMKD
 301 QCDKCREILS VDCSTNNPSQ AKLRRELDL LQVAERLTRK YNELLKSYQW
 351 KMLNTSSLLE QLNEQFNWVS RLANLTQGED QYYLRVTTVA SHTSDSDVPS
 401 GVTEVVVKLF DSDPITVTVP VEVSRKNPKF METVAEKALQ EYRKKHREE (SEQ ID
 NO: 15)

[0064] Clusterin precursor-derived peptide CLUS(N-term SDVP)

SDVPSGVTEVVVKLFDS (SEQ ID NO: 16)

(10) Clusterin precursor-derived peptide (CLUS(N-term RFFT))

[0065] CLUS(N-term RFFT) shows as SEQ ID NO: 17 was detected in ADN patient, and was not completely detected in AD patient (Figure 9). (N-term RFFT) means that the amino acid sequence of N-terminus in peptide is RFFT.

Intact protein / peptide

001 MMKTLLLFVG LLTWESGQV LGDQTVSDNE LQEMSNQGSK YVNKEIQNAV
 051 NGVKQIKTLI EKTNEERKTL LSNLEEAKKK KEDALNETRE SETKLKELPG
 101 VCNETMMALW EECKPCLKQT CMKFYARVCR SGSGLVGRQL EEFLNQSSPF
 5 151 YFWMNGDRID SLENDRQQT HMLDVMQDHF SRASSIDEL FQDRFFTREP
 201 QDTYHYLPFS LPHRRPHFFF PKSRIVRSLM PFSPYEPLNF HAMFQPFLEM
 251 IHEAQQAMDI HFHSPAFQHP PTEFIREGDD DRTVCREIRH NSTGCLRMKD
 301 QCDKCREILS VDCSTNNPSQ AKLRRELDDES LQVAERLTRK YNELLKSYQW
 351 KMLNTSSLLE QLNEQFNWVS RLANLTQGED QYYLRVTTVA SHTSDSDVPS
 10 401 GVTEVVVKLF DSDPITVTVP VEVSRKNPKF METVAEKALQ EYRKKHREE (SEQ ID
 NO: 15)

[0066] Clusterin precursor-derived peptide CLUS(N-term RFFT)

15 RFFTREPQDTYHYLPFSLPH (SEQ ID NO: 17)

(11) Eukaryotic translation initiation factor 3 subunit J-derived peptide (EIF3J)

[0067] EIF3J shows as SEQ ID NO: 19 was detected in ADN patient, and was not at all or almost detected in MCI, AD, NDall, NDdem, and NDnon patients (Figure 10).

Intact protein / peptide

001 MAAAAAAGD SDSWDADAFS VEDPVRKVGG GGTTAGGDRWE GEDEDEDVKD
 051 NWDDDDDEKK EEAENVKPEVK ISEKKKIAEK IKEKERQQKK RQEEIKKRLE
 101 EPEEPKVLTP EEQLADKLRL KKLQEEESDLE LAKETFGVNN AVYGIDAMNP
 151 SSRDDFTEFG KLLKDKITQY EKSLYYASFL EVLVRDVCIS LEIDDLKKIT
 201 NSLTVLCSEK QKQEKQSKAK KKKKGVVPGG GLKATMKDDL ADYGGYDGGY

251 VQDYEDFM (SEQ ID NO: 18)

[0068] Eukaryotic translation initiation factor 3 subunit J-derived peptide EIF3J

GVVPGGGLKATMKDDLADYGGYDGG + Oxidation (M) (SEQ ID NO: 19)

(12) Leucine-rich repeat-containing protein 27-derived peptide (LRC27)

[0069] LRC27 shows as SEQ ID NO: 21 was detected in ADN patient, and was not completely detected in AD patient (Figure 10).

Intact protein / peptide

001 MEGSSSYEVP SVAAADLEEG AGQTRSLPAT PSKDVHKGVG GIIFSSSPIL
 051 DLSESGLCRL EEVFRIPSLQ QLHLQRNALC VIPQDFFQLL PNLTWLDLRY
 101 NRIKALPSGI GAHQHLKTLL LERNPIKMLP VELGSVTTLK ALNLRHCPL
 151 FPPQLVVQKG LVAIQRFLRM WAVEHSLPRN PTSQEAPPVR EMTLRDLPS
 201 GLELSGDHAS NQGAVNAQDP EGAVMKEKAS FLPPVEKPD LSELRSADSS
 251 ENWPSEEEIR RFWKLRQEIV EHVKAADV LGDQLLTRELPPN LKAALNIEKE
 301 LPKPRHVFR KTASSRSILP DLLSPYQMAI RAKRLEESRA AALRELQEKQ
 351 ALMEQQRREK RALQEWRE RQRMKRKEEL SKLLPPRRSM VASKIPSATD
 401 LIDNRKVPLN PPGKMKPSKE KSPQASKEMS ALQERNLEEK IKQHVLMQRE
 451 QRRFHGQAPL EEMRKAEDL EIATELQDEV LKLKLGLTLN KDRRRAALTG
 501 NLSLGLPAAQ PQNTFFNTKY GESGNVRRYQ (SEQ ID NO: 20)

[0070] Leucine-rich repeat-containing protein 27-derived peptide LRC27

SSPILDLSESGLCRLEEVFRIPS (SEQ ID NO: 21)

[0071] There have already quoted, but for the peptides of SEQ ID NO: 2 (NRX2B) to SEQ ID NO: 21 (LRC27), the scatter plots of comparison between ADN, MCI and AD patients, and the scatter plot of comparison between ADN, AD, NDall, NDdem and NDnon patients, and the p-value of t-test in each comparison were showed in Figure 2, Figure 4 and Figure 6 through Figure 10.

[0072] Table 1 shows the list of ROC values for comparison of MCI vs. ADN and AD vs. ADN about 12 marker peptides shown above.

[Table 1]

Marker peptides		MCI vs. ADN		AD vs. ADN	
Swiss-Prot Entry	Sequence No.	ROC value	MCI was	ROC value	AD was
NRX2B	2	0.99	up	1	up
THRB (R-)	4	0.854	down	0.841	down
THRB (R+)	5	0.94	up	0.985	up
S26A4	7	0.925	up	0.95	up
COPZ1	9	0.786	up	0.767	up
RARR2 (S-)	11	0.885	up	0.914	up
RARR2 (S+)	12	0.95	up	0.919	up
GELS	14	0.716	up	0.762	up
CLUS (N-term SDVP)	16	0.739	up	0.717	up
CLUS (N-term RFFT)	17	0.675	down	0.75	down
EIF3J	19	0.748	down	0.775	down
LRC27	21	0.699	down	0.755	down

[0073] Table 1 shows the usefulness of each marker peptides in the detection of cognitive impairment (MCI and AD). Using these marker peptides in singly or in combination, using or without using liquid chromatography and/or any other suitable separation methods, directly measuring the abundance in serum using other methods such as mass spectrometry or immunological methods or enzymatic methods, it is possible to distinguish between non-dementia and dementia in neurological disease and diagnose cognitive impairment like AD and MCI. The marker peptide that is not detected in ADN patient and is detected in MCI, AD, NDall, NDdem and NDnon patients, or vice versa, the marker peptide that is detected in ADN patient and is not detected in MCI, AD, NDall, NDdem and NDnon patients, are also useful for the detection of psychiatric diseases.

[Example 2]

Example 2. Synthesis of a marker peptide, and preparation of a marker peptide specific polyclonal antibody

[0074] The antigenic peptide was synthesized to prepare the specific antibody that recognizes Neurexin-2-beta precursor-derived peptide NRX2B of SEQ ID NO: 2. The synthetic peptide for coupling to a carrier protein was added the cysteine residue (labeled as C or Cys) in C-terminus. The peptide that was combined with carrier protein (RSGGNATC-KLH, see below) was mixed with an adjuvant, and the mixture was immunized in rabbit. Total eight times immunizations is performed every 1-2 weeks, and the test blood collection performed twice every 4 weeks, and the antibody titers were measured by enzyme immunoassay (EIA). After three months from the start of the immunization, the whole blood was collected from rabbit and the antiserum was obtained, furthermore the purification of the specific antibody was performed using the peptide column that antigen peptide was bound as ligand.

[0075] The sequence of synthetic antigen peptide for preparation of peptide specific antibody is shown below.

[0076]

RSGGNAT+Cys (SEQ ID NO: 22)

[Example 3]

Example 3. Preparation of antibody-beads

(1) Method

(1-1) Preparation of antibody, and binding to magnetic-beads

[0077] The antibody solution, 1 mg of the antibody (anti-NRX2B antibody, Rabbit IgG) that specifically recognizes the peptide of amino acid sequence expressed by SEQ ID NO: 22 was dissolved with 3 ml of 0.1 M MES. After washing 1 ml (10 mg beads) of the magnetic-beads (Magnosphere MS300/carboxyl, JSR Corporation) by using 0.1 M MES, the magnetic-beads were mixed with the antibody solution and were gently shaken for 30 min at room temperature.

(1-2) Cross-linking of antibody and magnetic-beads

[0078] 400 μ l of EDC solution (10 mg/ml 1-ethyl-3-(3-dimethylaminopropyl) carbodiimide hydrochloride in 0.1M MES) was added in antibody-beads solution and was suspended gently for 3 hours to bind antibody with beads by covalent bond.

(1-3) Blocking

[0079] 1 ml of 200 mM ethanolamine (pH8.0) was added to wash beads, and further 1 ml of 200 mM ethanolamine (pH8.0) was added and was shaken gently for 1 hours at room temperature to block amine groups.

(1-4) Washing

[0080] After removal of 200 mM 200m M ethanolamine (pH8.0), the beads were washed three times by 1 ml of TBST solution (25 mM Tris-HCl (pH7.2) containing 0.15M NaCl and 0.05% Tween 20).

(1-5) Storage

[0081] After suspending the beads by adding with 1 ml of TBST solution, and stored at 4 °C.

[Example 4]

[0082] Example 4. The proof by immunoMS method that the peak of m/z 1,488 in patient serum detected by 2D-LC-MALDI-TOF-MS is NRX2B.

(1) Methods

[0083] As the control for comparison, stable isotope-labeled NRX2B synthetic peptide (12C and 13C5 of V has been replaced by 15N and 14N) greater than mass of NRX2B was used. The mass difference between NRX2B and its stable isotope peptide is 6 u. Both the endogenous peptide and the stable isotope-labeled peptide are captured by anti-NRX2B antibody. 1 μ l of 200 fmol/ μ l stable isotope-labeled NRX2B synthetic peptide was added in 25 μ l of each of patient serum in AD and MCI, and incubated for 10 min at 4 °C. Then, 475 μ l of 0.1% trifluoroacetic acid (TFA) was added and boiled for 5 min at 100 °C After centrifugation for 15 min at 14,000 \times g, 500 μ l of 100 mM Tris-HCl buffer (pH 7.5) containing 0.3 M NaCl and 0.2 % *n*-octyl glycoside was added in supernatant as peptide solutions. 20 μ l of anti-NRX2B antibody-beads created in Example 3 was added in the peptide solutions, and was shaken gently for 2 hours. Then, after standing for 1 min on the magnetic stand, the supernatant was removed. 1 ml of 50 mM Tris-HCl buffer (pH 7.5) (TBS) containing 0.15 M NaCl and 0.1 % *n*-octyl glycoside was added, and was shaken gently for 10 min. After standing for 1 min on the magnetic stand, the supernatant was removed. In addition, after adding 500 μ l of TBS, and standing for 1 min on the magnetic stand, the supernatant was removed. This procedure was repeated three times. Furthermore, after adding 500 μ l of 50 mM ammonium carbonate, and standing for 1 min on the magnetic stand, the supernatant was removed. This procedure was repeated three times. 50 μ l of 2-propanol: H₂O: formic acid (4:4:1) solution was added, and was stood for 10 min, and then after standing for 1 min on the magnetic stand, the filtrate was recovered. This procedure was repeated twice. The filtrates were completely dried using vacuum centrifuge. Then, 20 μ l of 0.095 %TFA containing 5% acetonitrile was added and was re-dissolved by sonication. The peptides were concentrated using C18 pipette tip (PerfectPure C-18 Tip, Eppendorf), and were spotted on MALDI target plate (MTP AnchorChipTM 600/384 plate, BRUKER DALTONICS) by eluting from C18 pipette tip, and then the peptides were analyzed using MALDI TOF mass spec-

trometer (AXIMA CFRplus, SHIMADZU).

(2) Results

[0084] Figure 11 shows the result of the mass spectrum of NRX2B peptide detected from the patient serum in AD and MCI using the above method. Figure 11 A) shows the overall mass spectrum, and Figure 11 B) shows the enlarged view of the arrow parts in Figure 11A). The signal indicated by dashed arrows in Figure 11 B) is stable isotope-labeled NRX2B synthetic peptide that was spiked, and the signal indicated by solid arrows is endogenous NRX2B peptide. The observed mass value was within the measurement error of the expected value. And also the mass difference between endogenous NRX2B peptide and its stable isotope-labeled peptide was 6 u. Therefore, it was demonstrated that the trapped peptide is NRX2B.

[0085] In this experiment, NRX2B which is the peptide marker was detected from serum by using immunoMS method that developed originally by these inventors, and it could be shown that it is possible to distinguish between AD and MCI patients from ADN. At the same time, in this experiment, it has also shown that the specific antibody against NRX2B is useful in detecting its peptide marker. In addition, it also shows that immunological detection method could be effective against the peptide or protein comprised in the amino acid sequence of NRX2B using the specific antibody against NRX2B. In addition, in this experiment, it was determined by using the specific antibodies that recognize one peptide marker, but the combination of biomarkers specific antibodies that recognize other peptides that were found in Example 1, is expected to further increase the accuracy of diagnosis of the pathosis.

[Industrial Applicability]

[0086] As cognitive impairment including mild cognitive impairment and Alzheimer disease and cognitive impairment and non-psychiatric disease can be detected by using the biomarkers disclosed in the present invention, the invention is applicable to the use in the field of medical diagnosis including that of diagnostic agents.

[Sequence Listing]

[0087] 09P01007_Sequence.txt

SEQUENCE LISTING

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EP 2 444 814 B9

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EP 2 444 814 B9

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EP 2 444 814 B9

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EP 2 444 814 B9

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5

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20

25

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35

40

45

50

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EP 2 444 814 B9

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EP 2 444 814 B9

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	450					455						460				
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EP 2 444 814 B9

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	Gly	Asp	Ala	Cys	Glu	Gly	Asp	Ser	Gly	Gly	Pro	Phe	Val	Met	Lys	Ser
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EP 2 444 814 B9

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EP 2 444 814 B9

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EP 2 444 814 B9

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EP 2 444 814 B9

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10	Gln	Gln	Gln	His	Glu	Arg	Arg	Leu	Gln	Glu	Arg	Lys	Thr	Leu	Arg	Glu	
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EP 2 444 814 B9

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EP 2 444 814 B9

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EP 2 444 814 B9

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EP 2 444 814 B9

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30	Leu	Phe	Asp	Ser	Leu	Ser	Gln	Met	Leu	Arg	Lys	Asn	Val	Glu	Lys	Arg
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EP 2 444 814 B9

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				100					105					110		
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EP 2 444 814 B9

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Gly Ala Ser Gln Ala Gly Ala Pro Gln Gly Arg Val Pro Glu Ala Arg
35 40 45

Pro Asn Ser Met Val Val Glu His Pro Glu Phe Leu Lys Ala Gly Lys
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Glu Pro Gly Leu Gln Ile Trp Arg Val Glu Lys Phe Asp Leu Val Pro
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EP 2 444 814 B9

	Val	Pro	Thr	Asn	Leu	Tyr	Gly	Asp	Phe	Phe	Thr	Gly	Asp	Ala	Tyr	Val	
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				100					105					110			
10	His	Tyr	Trp	Leu	Gly	Asn	Glu	Cys	Ser	Gln	Asp	Glu	Ser	Gly	Ala	Ala	
			115					120					125				
15	Ala	Ile	Phe	Thr	Val	Gln	Leu	Asp	Asp	Tyr	Leu	Asn	Gly	Arg	Ala	Val	
		130					135					140					
20	Gln	His	Arg	Glu	Val	Gln	Gly	Phe	Glu	Ser	Ala	Thr	Phe	Leu	Gly	Tyr	
	145					150					155					160	
25	Phe	Lys	Ser	Gly	Leu	Lys	Tyr	Lys	Lys	Gly	Gly	Val	Ala	Ser	Gly	Phe	
				165						170					175		
30	Lys	His	Val	Val	Pro	Asn	Glu	Val	Val	Val	Gln	Arg	Leu	Phe	Gln	Val	
			180						185					190			
35	Lys	Gly	Arg	Arg	Val	Val	Arg	Ala	Thr	Glu	Val	Pro	Val	Ser	Trp	Glu	
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45	His	Gln	Trp	Cys	Gly	Ser	Asn	Ser	Asn	Arg	Tyr	Glu	Arg	Leu	Lys	Ala	
	225					230					235					240	
50	Thr	Gln	Val	Ser	Lys	Gly	Ile	Arg	Asp	Asn	Glu	Arg	Ser	Gly	Arg	Ala	
				245						250					255		
55	Arg	Val	His	Val	Ser	Glu	Glu	Gly	Thr	Glu	Pro	Glu	Ala	Met	Leu	Gln	
				260					265					270			
60	Val	Leu	Gly	Pro	Lys	Pro	Ala	Leu	Pro	Ala	Gly	Thr	Glu	Asp	Thr	Ala	
		275						280					285				
65	Lys	Glu	Asp	Ala	Ala	Asn	Arg	Lys	Leu	Ala	Lys	Leu	Tyr	Lys	Val	Ser	
	290						295					300					
70	Asn	Gly	Ala	Gly	Thr	Met	Ser	Val	Ser	Leu	Val	Ala	Asp	Glu	Asn	Pro	
	305					310					315					320	
75	Phe	Ala	Gln	Gly	Ala	Leu	Lys	Ser	Glu	Asp	Cys	Phe	Ile	Leu	Asp	His	
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EP 2 444 814 B9

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5	Glu	Glu	Arg	Lys	Ala	Ala	Leu	Lys	Thr	Ala	Ser	Asp	Phe	Ile	Thr	Lys	
				355				360					365				
	Met	Asp	Tyr	Pro	Lys	Gln	Thr	Gln	Val	Ser	Val	Leu	Pro	Glu	Gly	Gly	
10		370					375					380					
	Glu	Thr	Pro	Leu	Phe	Lys	Gln	Phe	Phe	Lys	Asn	Trp	Arg	Asp	Pro	Asp	
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	Gln	Thr	Asp	Gly	Leu	Gly	Leu	Ser	Tyr	Leu	Ser	Ser	His	Ile	Ala	Asn	
					405					410					415		
20	Val	Glu	Arg	Val	Pro	Phe	Asp	Ala	Ala	Thr	Leu	His	Thr	Ser	Thr	Ala	
				420					425					430			
	Met	Ala	Ala	Gln	His	Gly	Met	Asp	Asp	Asp	Gly	Thr	Gly	Gln	Lys	Gln	
25			435					440					445				
	Ile	Trp	Arg	Ile	Glu	Gly	Ser	Asn	Lys	Val	Pro	Val	Asp	Pro	Ala	Thr	
		450					455					460					
30	Tyr	Gly	Gln	Phe	Tyr	Gly	Gly	Asp	Ser	Tyr	Ile	Ile	Leu	Tyr	Asn	Tyr	
	465					470					475					480	
	Arg	His	Gly	Gly	Arg	Gln	Gly	Gln	Ile	Ile	Tyr	Asn	Trp	Gln	Gly	Ala	
35					485					490					495		
	Gln	Ser	Thr	Gln	Asp	Glu	Val	Ala	Ala	Ser	Ala	Ile	Leu	Thr	Ala	Gln	
				500					505					510			
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	Leu	Asp	Glu	Glu	Leu	Gly	Gly	Thr	Pro	Val	Gln	Ser	Arg	Val	Val	Gln	
			515					520					525				
45	Gly	Lys	Glu	Pro	Ala	His	Leu	Met	Ser	Leu	Phe	Gly	Gly	Lys	Pro	Met	
		530					535					540					
	Ile	Ile	Tyr	Lys	Gly	Gly	Thr	Ser	Arg	Glu	Gly	Gly	Gln	Thr	Ala	Pro	
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	Ala	Ser	Thr	Arg	Leu	Phe	Gln	Val	Arg	Ala	Asn	Ser	Ala	Gly	Ala	Thr	
					565					570					575		
55	Arg	Ala	Val	Glu	Val	Leu	Pro	Lys	Ala	Gly	Ala	Leu	Asn	Ser	Asn	Asp	
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EP 2 444 814 B9

	Ala	Phe	Val	Leu	Lys	Thr	Pro	Ser	Ala	Ala	Tyr	Leu	Trp	Val	Gly	Thr	
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		610					615					620					
10	Leu	Arg	Ala	Gln	Pro	Val	Gln	Val	Ala	Glu	Gly	Ser	Glu	Pro	Asp	Gly	
	625					630					635					640	
15	Phe	Trp	Glu	Ala	Leu	Gly	Gly	Lys	Ala	Ala	Tyr	Arg	Thr	Ser	Pro	Arg	
					645					650					655		
20	Leu	Lys	Asp	Lys	Lys	Met	Asp	Ala	His	Pro	Pro	Arg	Leu	Phe	Ala	Cys	
				660					665					670			
25	Ser	Asn	Lys	Ile	Gly	Arg	Phe	Val	Ile	Glu	Glu	Val	Pro	Gly	Glu	Leu	
			675					680					685				
30	Met	Gln	Glu	Asp	Leu	Ala	Thr	Asp	Asp	Val	Met	Leu	Leu	Asp	Thr	Trp	
		690					695					700					
35	Asp	Gln	Val	Phe	Val	Trp	Val	Gly	Lys	Asp	Ser	Gln	Glu	Glu	Glu	Lys	
	705					710					715					720	
40	Thr	Glu	Ala	Leu	Thr	Ser	Ala	Lys	Arg	Tyr	Ile	Glu	Thr	Asp	Pro	Ala	
				725						730					735		
45	Asn	Arg	Asp	Arg	Arg	Thr	Pro	Ile	Thr	Val	Val	Lys	Gln	Gly	Phe	Glu	
				740				745						750			
50	Pro	Pro	Ser	Phe	Val	Gly	Trp	Phe	Leu	Gly	Trp	Asp	Asp	Asp	Tyr	Trp	
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EP 2 444 814 B9

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

EP 2 444 814 B9

	Ala	Met	Asp	Ile	His	Phe	His	Ser	Pro	Ala	Phe	Gln	His	Pro	Pro	Thr	
				260					265					270			
5	Glu	Phe	Ile	Arg	Glu	Gly	Asp	Asp	Asp	Arg	Thr	Val	Cys	Arg	Glu	Ile	
			275				280						285				
	Arg	His	Asn	Ser	Thr	Gly	Cys	Leu	Arg	Met	Lys	Asp	Gln	Cys	Asp	Lys	
10		290					295					300					
	Cys	Arg	Glu	Ile	Leu	Ser	Val	Asp	Cys	Ser	Thr	Asn	Asn	Pro	Ser	Gln	
	305					310					315					320	
15																	
	Ala	Lys	Leu	Arg	Arg	Glu	Leu	Asp	Glu	Ser	Leu	Gln	Val	Ala	Glu	Arg	
					325					330					335		
20	Leu	Thr	Arg	Lys	Tyr	Asn	Glu	Leu	Leu	Lys	Ser	Tyr	Gln	Trp	Lys	Met	
				340					345					350			
	Leu	Asn	Thr	Ser	Ser	Leu	Leu	Glu	Gln	Leu	Asn	Glu	Gln	Phe	Asn	Trp	
25			355					360					365				
	Val	Ser	Arg	Leu	Ala	Asn	Leu	Thr	Gln	Gly	Glu	Asp	Gln	Tyr	Tyr	Leu	
		370					375					380					
30																	
	Arg	Val	Thr	Thr	Val	Ala	Ser	His	Thr	Ser	Asp	Ser	Asp	Val	Pro	Ser	
	385					390					395					400	
35	Gly	Val	Thr	Glu	Val	Val	Val	Lys	Leu	Phe	Asp	Ser	Asp	Pro	Ile	Thr	
					405					410					415		
	Val	Thr	Val	Pro	Val	Glu	Val	Ser	Arg	Lys	Asn	Pro	Lys	Phe	Met	Glu	
40				420					425					430			
	Thr	Val	Ala	Glu	Lys	Ala	Leu	Gln	Glu	Tyr	Arg	Lys	Lys	His	Arg	Glu	
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EP 2 444 814 B9

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

EP 2 444 814 B9

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5	His	Ala	Met	Phe	Gln	Pro	Phe	Leu	Glu	Met	Ile	His	Glu	Ala	Gln	Gln	
					245					250					255		
10	Ala	Met	Asp	Ile	His	Phe	His	Ser	Pro	Ala	Phe	Gln	His	Pro	Pro	Thr	
				260					265					270			
15	Glu	Phe	Ile	Arg	Glu	Gly	Asp	Asp	Asp	Arg	Thr	Val	Cys	Arg	Glu	Ile	
			275				280						285				
20	Arg	His	Asn	Ser	Thr	Gly	Cys	Leu	Arg	Met	Lys	Asp	Gln	Cys	Asp	Lys	
	290						295					300					
25	Cys	Arg	Glu	Ile	Leu	Ser	Val	Asp	Cys	Ser	Thr	Asn	Asn	Pro	Ser	Gln	
	305					310					315					320	
30	Ala	Lys	Leu	Arg	Arg	Glu	Leu	Asp	Glu	Ser	Leu	Gln	Val	Ala	Glu	Arg	
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35	Leu	Thr	Arg	Lys	Tyr	Asn	Glu	Leu	Leu	Lys	Ser	Tyr	Gln	Trp	Lys	Met	
				340					345					350			
40	Leu	Asn	Thr	Ser	Ser	Leu	Leu	Glu	Gln	Leu	Asn	Glu	Gln	Phe	Asn	Trp	
			355					360					365				
45	Val	Ser	Arg	Leu	Ala	Asn	Leu	Thr	Gln	Gly	Glu	Asp	Gln	Tyr	Tyr	Leu	
		370					375					380					
50	Arg	Val	Thr	Thr	Val	Ala	Ser	His	Thr	Ser	Asp	Ser	Asp	Val	Pro	Ser	
	385					390					395					400	
55	Gly	Val	Thr	Glu	Val	Val	Val	Lys	Leu	Phe	Asp	Ser	Asp	Pro	Ile	Thr	
					405					410					415		
60	Val	Thr	Val	Pro	Val	Glu	Val	Ser	Arg	Lys	Asn	Pro	Lys	Phe	Met	Glu	
				420					425					430			
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EP 2 444 814 B9

<213> Homo sapiens

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EP 2 444 814 B9

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

EP 2 444 814 B9

	Ile	Asp	Asp	Leu	Lys	Lys	Ile	Thr	Asn	Ser	Leu	Thr	Val	Leu	Cys	Ser
			195					200					205			
5	Glu	Lys	Gln	Lys	Gln	Glu	Lys	Gln	Ser	Lys	Ala	Lys	Lys	Lys	Lys	Lys
		210					215					220				
10	Gly	Val	Val	Pro	Gly	Gly	Gly	Leu	Lys	Ala	Thr	Met	Lys	Asp	Asp	Leu
	225					230					235					240
15	Ala	Asp	Tyr	Gly	Gly	Tyr	Asp	Gly	Gly	Tyr	Val	Gln	Asp	Tyr	Glu	Asp
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EP 2 444 814 B9

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5	Leu	Glu	Glu	Gly	Ala	Gly	Gln	Thr	Arg	Ser	Leu	Pro	Ala	Thr	Pro	Ser
				20					25					30		
10	Lys	Asp	Val	His	Lys	Gly	Val	Gly	Gly	Ile	Ile	Phe	Ser	Ser	Ser	Pro
			35					40					45			
15	Ile	Leu	Asp	Leu	Ser	Glu	Ser	Gly	Leu	Cys	Arg	Leu	Glu	Glu	Val	Phe
		50					55					60				
20	Arg	Ile	Pro	Ser	Leu	Gln	Gln	Leu	His	Leu	Gln	Arg	Asn	Ala	Leu	Cys
25																
30																
35																
40																
45																
50																
55																

EP 2 444 814 B9

	65		70		75		80									
5	Val	Ile	Pro	Gln	Asp	Phe	Phe	Gln	Leu	Leu	Pro	Asn	Leu	Thr	Trp	Leu
				85					90						95	
10	Asp	Leu	Arg	Tyr	Asn	Arg	Ile	Lys	Ala	Leu	Pro	Ser	Gly	Ile	Gly	Ala
				100					105					110		
15	His	Gln	His	Leu	Lys	Thr	Leu	Leu	Leu	Glu	Arg	Asn	Pro	Ile	Lys	Met
				115					120					125		
20	Leu	Pro	Val	Glu	Leu	Gly	Ser	Val	Thr	Thr	Leu	Lys	Ala	Leu	Asn	Leu
				130					135					140		
25	Arg	His	Cys	Pro	Leu	Glu	Phe	Pro	Pro	Gln	Leu	Val	Val	Gln	Lys	Gly
	145					150					155					160
30	Leu	Val	Ala	Ile	Gln	Arg	Phe	Leu	Arg	Met	Trp	Ala	Val	Glu	His	Ser
					165					170					175	
35	Leu	Pro	Arg	Asn	Pro	Thr	Ser	Gln	Glu	Ala	Pro	Pro	Val	Arg	Glu	Met
				180					185					190		
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EP 2 444 814 B9

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 1 5

20

Claims

- 25 1. A peptide or protein for use as a biomarker for detection of psychiatric disease or cognitive impairment, wherein
 the protein is Neurexin-2-beta precursor consisting of amino acid sequence expressed by SEQ ID NO: 1 or the
 protein is a protein consisting of amino acid sequence derived from SEQ ID NO: 1 by deletion, exchange and/or
 addition of one to three amino acids, and
 30 the peptide is Neurexin-2-beta precursor-derived peptide NRX2B consisting of amino acid sequence expressed
 by SEQ ID NO: 2 or the peptide is a peptide consisting of an amino acid sequence derived from SEQ ID No. 2
 by deletion, exchange and/or addition of one to three amino acids.
- 35 2. The peptide or protein according to claim 1, wherein the peptide or protein is the peptide for use as a biomarker of
 cognitive impairment consisting of amino acid sequence expressed by SEQ ID NO: 2 that is appeared or increased
 in biological material of patients of cognitive impairment as compared to biological material of subjects not suffering
 from psychiatric disease.
- 40 3. The peptide or protein according to claim 1, wherein the peptide or protein is the peptide for use as a biomarker of
 Alzheimer disease consisting of amino acid sequence expressed by SEQ ID NO: 2 that is appeared or increased
 in biological material of patients of Alzheimer disease as compared to biological material of subjects not suffering
 from non-demented neurological disease.
- 45 4. The peptide or protein according to any one of claims 1 to 3, wherein the peptide has a molecular weight of less
 than 10000 or has less than 50 amino acids.
5. An in vitro method for detection of psychiatric disease or cognitive impairment involving determination in biological
 material of at least one peptide or protein as described in claim 1.
- 50 6. An in vitro method according to claim 5 for detection of cognitive impairment in which patient is judged as suffering
 from cognitive impairment when, after determination in biological material of the peptide as biomarker for cognitive
 impairment as described in claim 2, said peptide is found to be present in higher quantity than in subjects not suffering
 from psychiatric disease.
- 55 7. A kit for detection of psychiatric disease containing antibody or aptamer specific to at least one peptide or protein
 as described in claim 1, to determine at least one peptide or protein as described in claim 1.
8. A kit for detection of cognitive impairment containing antibody or aptamer specific to at least one peptide or protein

as described in claim 1, to determine at least one peptide or protein as described in claims 1 or 2.

Patentansprüche

1. Peptid oder Protein zur Verwendung als ein Biomarker zum Detektieren einer psychiatrischen Krankheit oder kognitiven Beeinträchtigung, wobei

das Protein ein Neurexin-2-beta Vorläufer ist, der aus der durch SEQ ID NR: 1 dargestellten Aminosäuresequenz besteht, oder das Protein ein Protein ist, das aus einer Aminosäuresequenz besteht, die durch Deletion, Austausch und/oder Addition von einer bis drei Aminosäuren von SEQ ID NR: 1 abgeleitet ist, und das Peptid ein Neurexin-2-beta Vorläufer-abgeleitetes Peptid NRX2B ist, das aus der durch SEQ ID NR: 2 dargestellten Aminosäuresequenz besteht, oder das Peptid ein Peptid ist, das aus einer Aminosäuresequenz besteht, die durch Deletion, Austausch und/oder Addition von einer bis drei Aminosäuren von SEQ ID NR: 2 abgeleitet ist.

2. Peptid oder Protein nach Anspruch 1, wobei das Peptid oder Protein das Peptid zur Verwendung als ein Biomarker einer kognitiven Beeinträchtigung ist, das aus der durch SEQ ID NR: 2 dargestellten Aminosäuresequenz besteht, das in biologischem Material von Patienten mit kognitiver Beeinträchtigung verglichen mit biologischem Material von Subjekten, die nicht an einer psychiatrischen Krankheit leiden, aufgetreten oder erhöht ist.

3. Peptid oder Protein nach Anspruch 1, wobei das Peptid oder Protein das Peptid zur Verwendung als ein Biomarker für die Alzheimer-Krankheit ist, das aus der durch SEQ ID NR: 2 dargestellten Aminosäuresequenz besteht, das in biologischem Material von Patienten mit Alzheimer-Krankheit verglichen mit biologischem Material von Subjekten, die nicht an nichtdementen neurologischen Krankheiten leiden, aufgetreten oder erhöht ist.

4. Peptid oder Protein nach einem der Ansprüche 1 bis 3, wobei das Peptid ein Molekulargewicht von weniger als 10000 aufweist oder weniger als 50 Aminosäuren aufweist.

5. In vitro Verfahren zum Detektieren einer psychiatrischen Krankheit oder kognitiver Beeinträchtigung, das die Bestimmung von zumindest einem Peptid oder Protein, wie in Anspruch 1 beschrieben, in biologischem Material einschließt.

6. In vitro Verfahren nach Anspruch 5 zum Detektieren einer kognitiven Beeinträchtigung, bei welchem ein Patient als an einer kognitiven Beeinträchtigung leidend beurteilt wird, wenn, nach der Bestimmung des Peptids als Biomarker für eine kognitive Beeinträchtigung, wie in Anspruch 2 beschrieben, in biologischem Material, herausgefunden wird, dass das Peptid in größerer Menge als in Subjekten, die nicht an einer psychiatrischen Krankheit leiden, vorhanden ist.

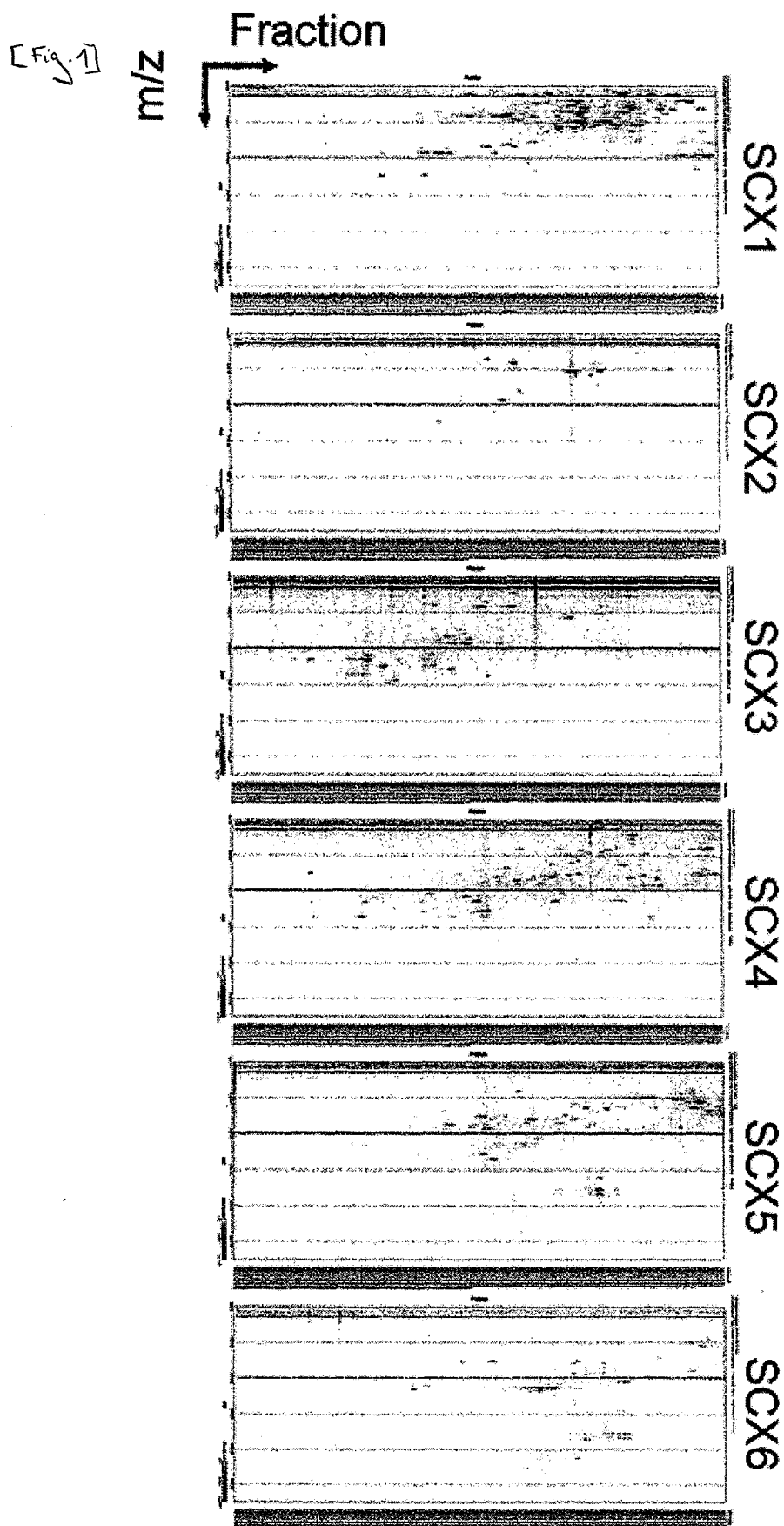
7. Kit zum Detektieren einer psychiatrischen Krankheit, das Antikörper oder Aptamer enthält, der/das zumindest gegen ein Peptid oder Protein, wie in Anspruch 1 beschrieben, spezifisch ist, um zumindest ein Peptid oder Protein, wie in Anspruch 1 beschrieben, festzustellen.

8. Kit zum Detektieren einer kognitiver Beeinträchtigung, das Antikörper oder Aptamer enthält, der/das zumindest gegen ein Peptid oder Protein, wie in Anspruch 1 beschrieben, spezifisch ist, um zumindest ein Peptid oder Protein, wie in Anspruch 1 oder 2 beschrieben, festzustellen.

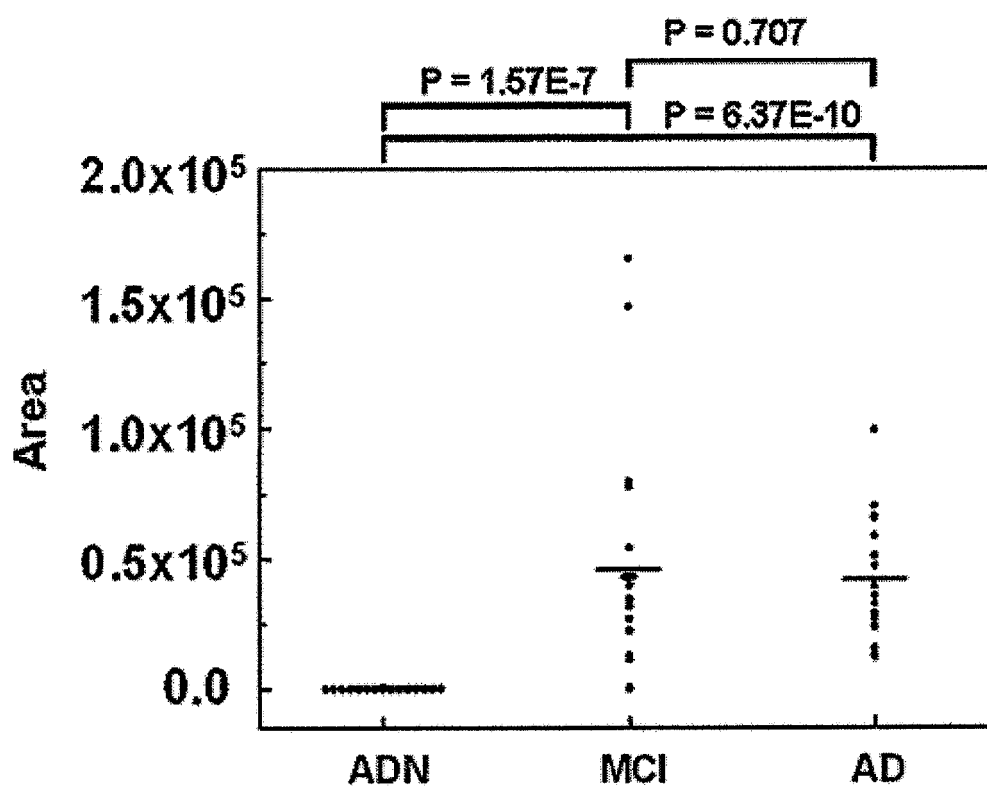
Revendications

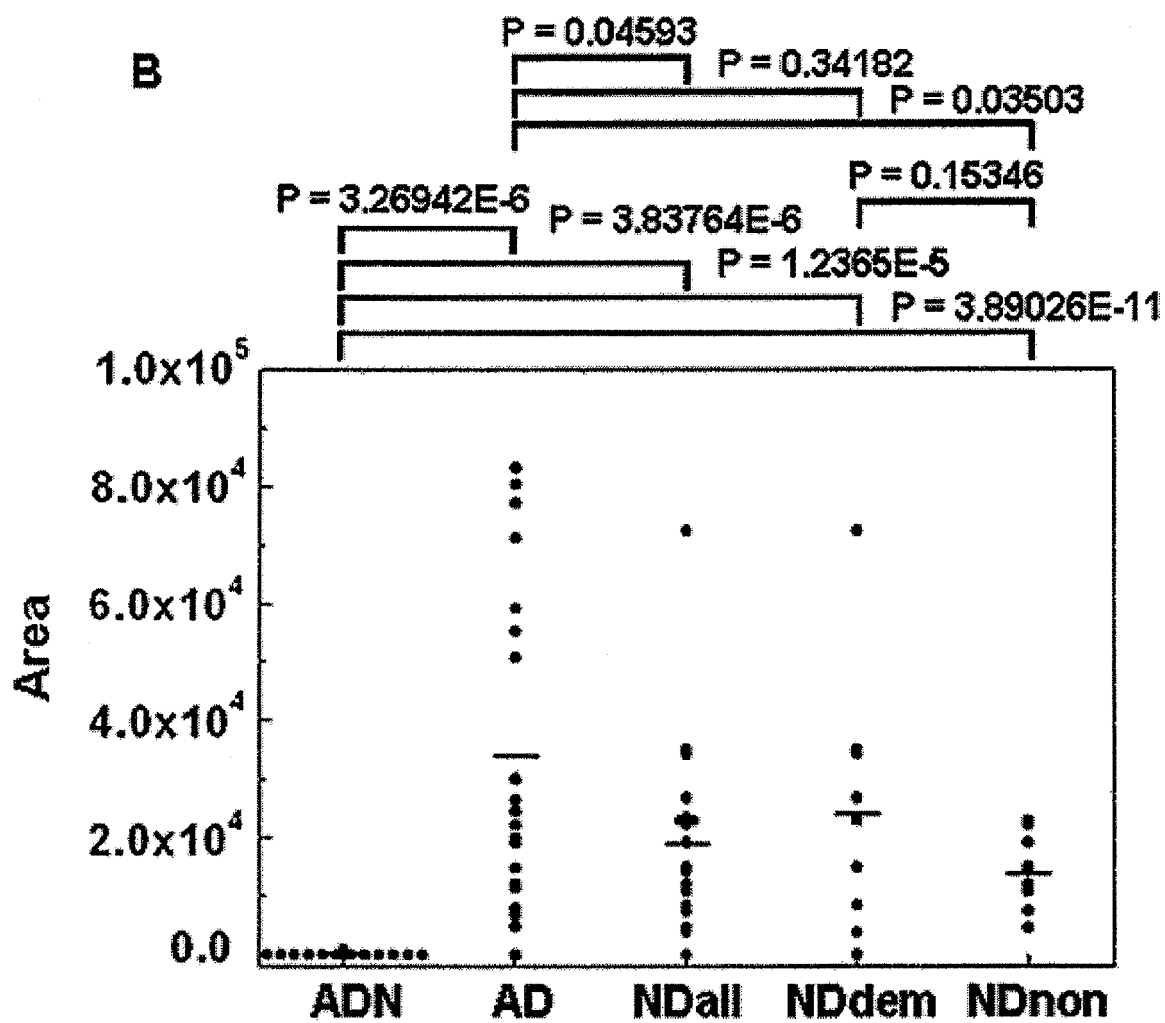
1. Peptide ou protéine pour une utilisation en tant que biomarqueur pour la détection d'une maladie psychiatrique ou d'une altération de la cognition, où la protéine est le précurseur de la neurexine-2-bêta constitué d'une séquence d'acides aminés exprimée par SEQ ID NO : 1 ou la protéine est une protéine constituée de la séquence d'acides aminés dérivée de SEQ ID NO : 1 par délétion, échange et/ou addition d'un à trois acides aminés, et le peptide est le peptide NRX2B dérivé du précurseur de la neurexine-2-bêta constitué de la séquence d'acides aminés exprimée par SEQ ID NO : 2 ou le peptide est un peptide constitué d'une séquence d'acides aminés dérivée de SEQ ID NO : 2 par délétion, échange et/ou addition d'un à trois acides aminés.

2. Peptide ou protéine selon la revendication 1, le peptide ou la protéine étant le peptide pour une utilisation en tant que biomarqueur d'une altération de la cognition, constitué de la séquence d'acides aminés exprimée par SEQ ID NO : 2 qui est apparu ou augmenté dans du matériau biologique de patients souffrant d'une altération de la cognition comparativement au matériau biologique de sujets ne souffrant pas d'une maladie psychiatrique.
3. Peptide ou protéine selon la revendication 1, le peptide ou la protéine étant le peptide pour une utilisation en tant que biomarqueur de la maladie d'Alzheimer constitué de la séquence d'acides aminés exprimée par SEQ ID NO : 2 qui est apparu ou augmenté dans du matériau biologique de patients souffrant de la maladie d'Alzheimer comparativement au matériau biologique de sujets ne souffrant pas d'une maladie neurologique non démente.
4. Peptide ou protéine selon l'une quelconque des revendications 1 à 3, le peptide ayant un poids moléculaire inférieur à 10 000 ou comportant moins de 50 acides aminés.
5. Procédé *in vitro* de détection d'une maladie psychiatrique ou d'une altération de la cognition impliquant la détermination dans du matériau biologique d'au moins un peptide ou une protéine tel que décrit dans la revendication 1.
6. Procédé *in vitro* selon la revendication 5 pour la détection d'une altération de la cognition dans lequel le patient est jugé comme souffrant d'une altération de la cognition lorsque, après détermination dans le matériau biologique du peptide en tant que biomarqueur pour une altération de la cognition tel que décrit dans la revendication 2, ledit peptide étant trouvé être présent dans une quantité supérieure par rapport à des sujets ne souffrant pas d'une maladie psychiatrique.
7. Kit pour la détection d'une maladie psychiatrique contenant un anticorps ou un aptamère spécifique d'au moins un peptide ou d'une protéine tel que décrit dans la revendication 1, pour déterminer au moins un peptide ou une protéine tel que décrit dans la revendication 1.
8. Kit pour la détection d'une altération de la cognition contenant un anticorps ou un aptamère spécifique d'au moins un peptide ou d'une protéine tel que décrit dans la revendication 1, pour déterminer au moins un peptide ou une protéine tel que décrit dans les revendications 1 ou 2.

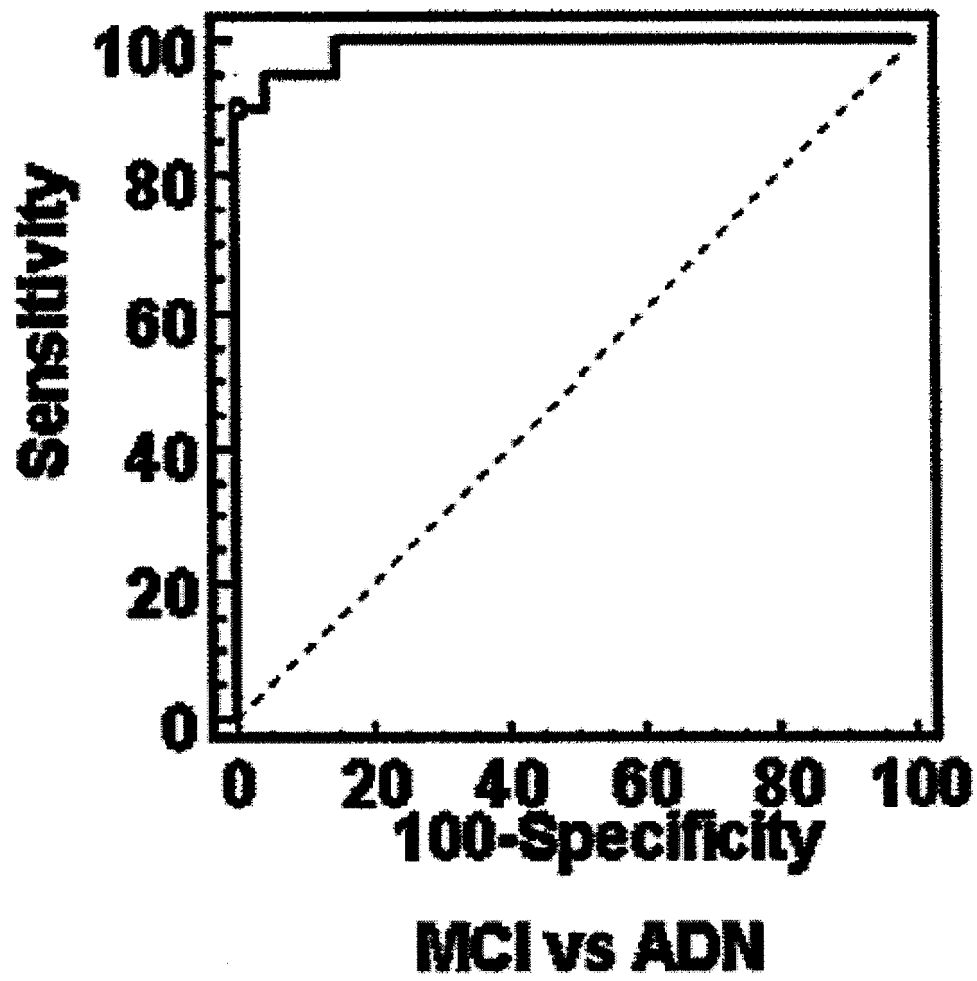


[Fig. 2]

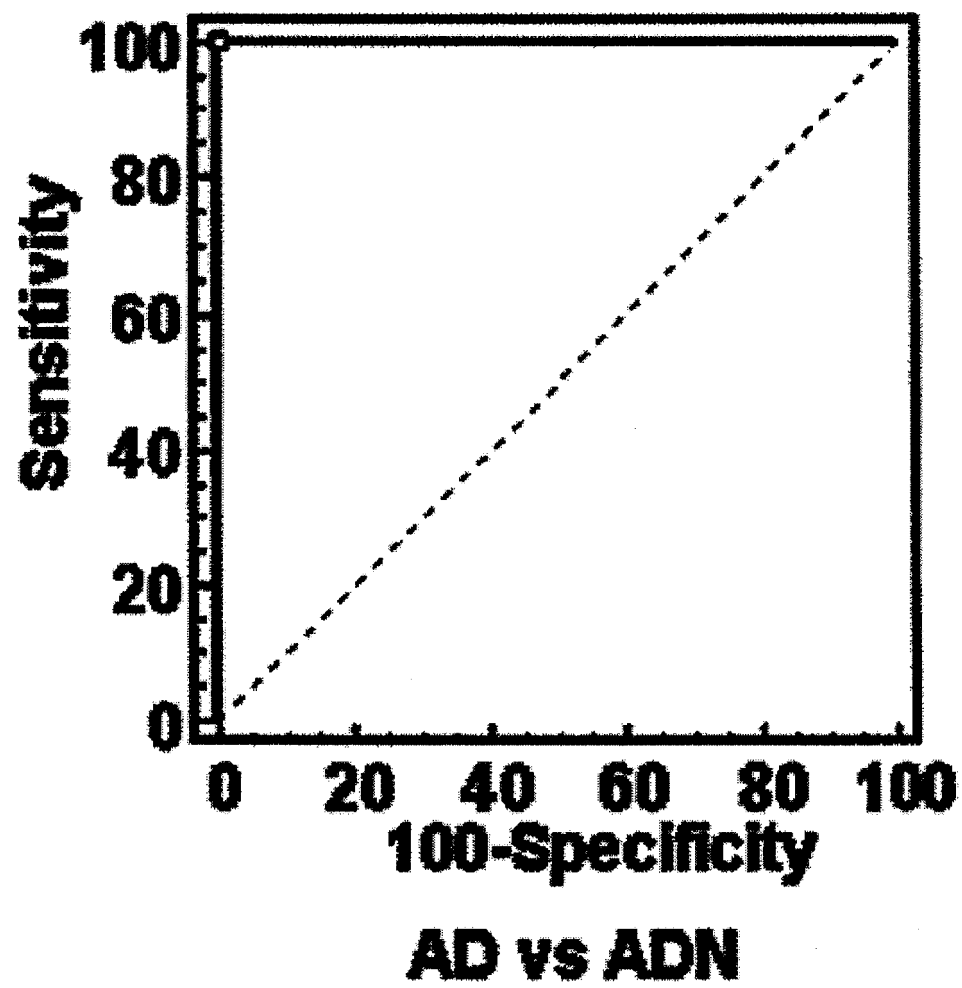
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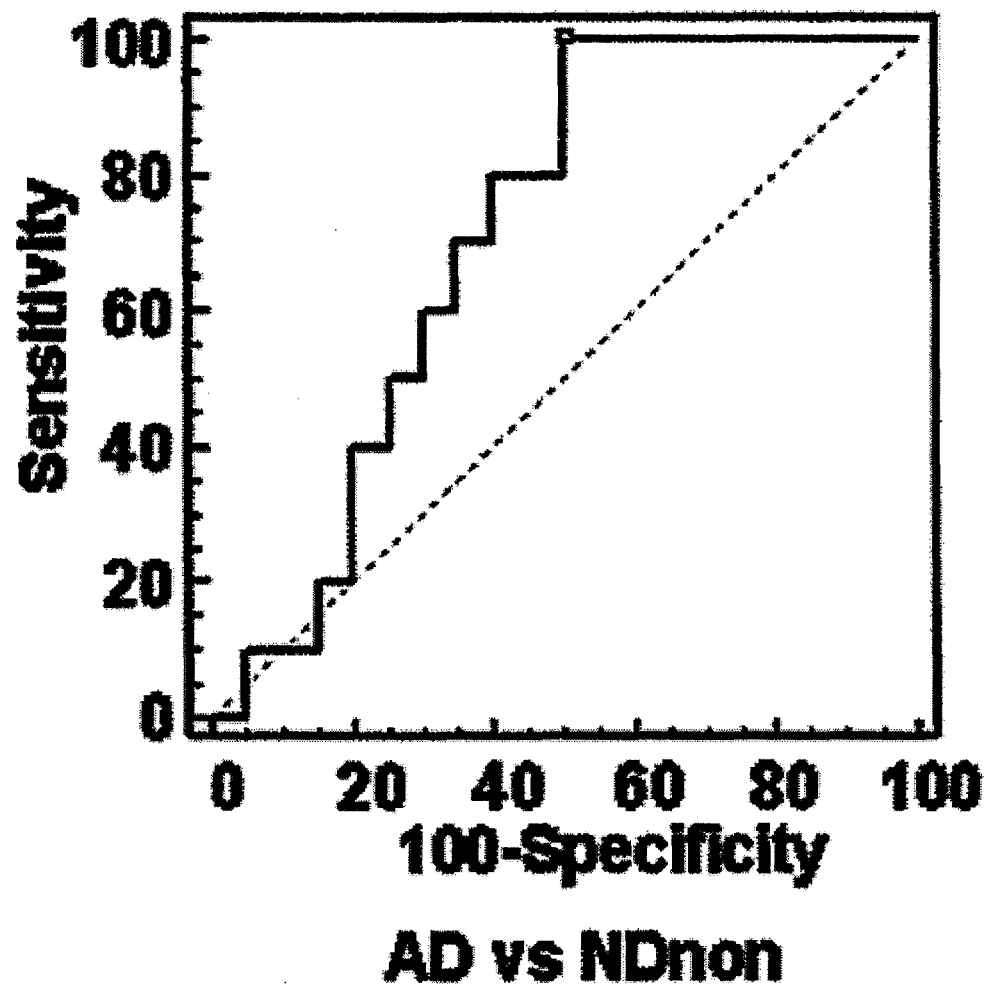
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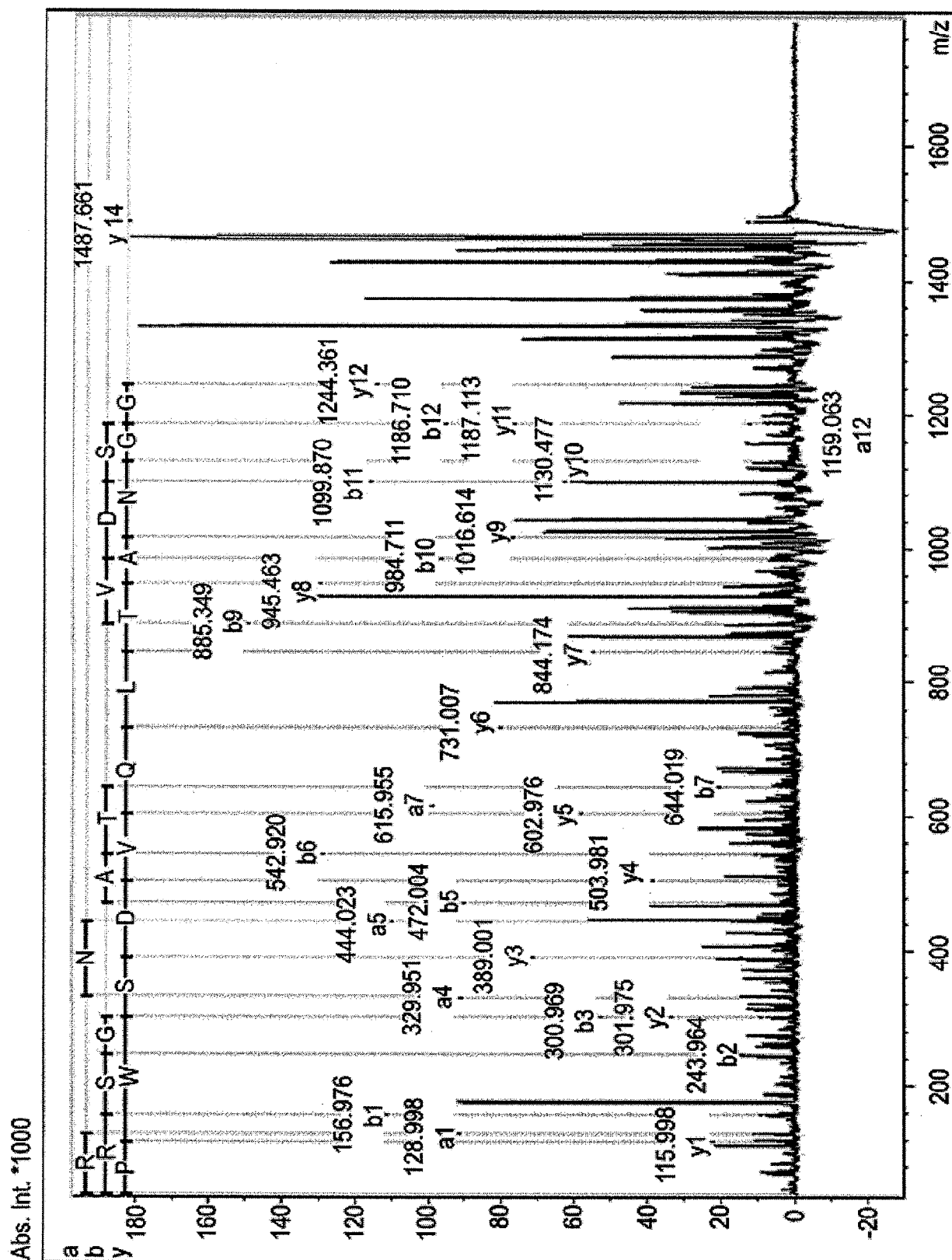
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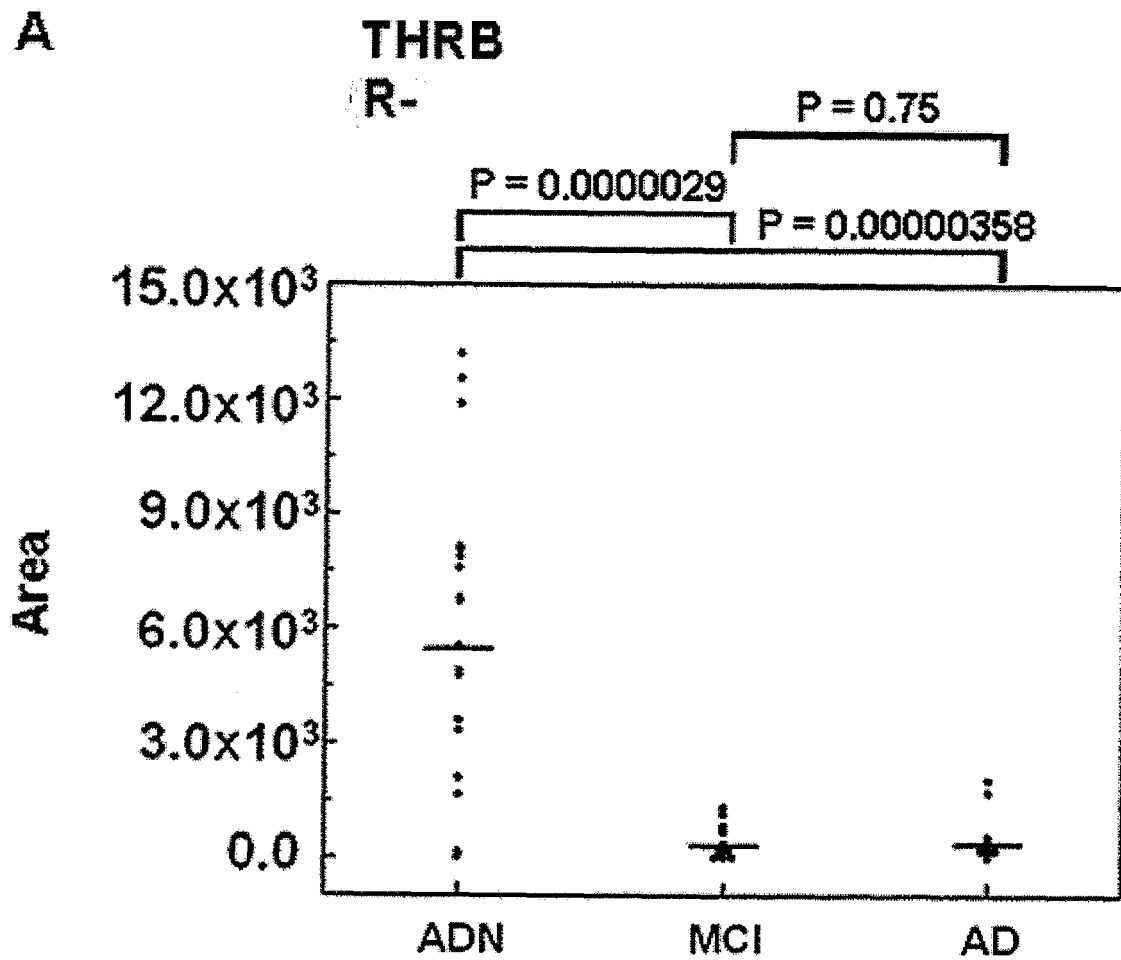
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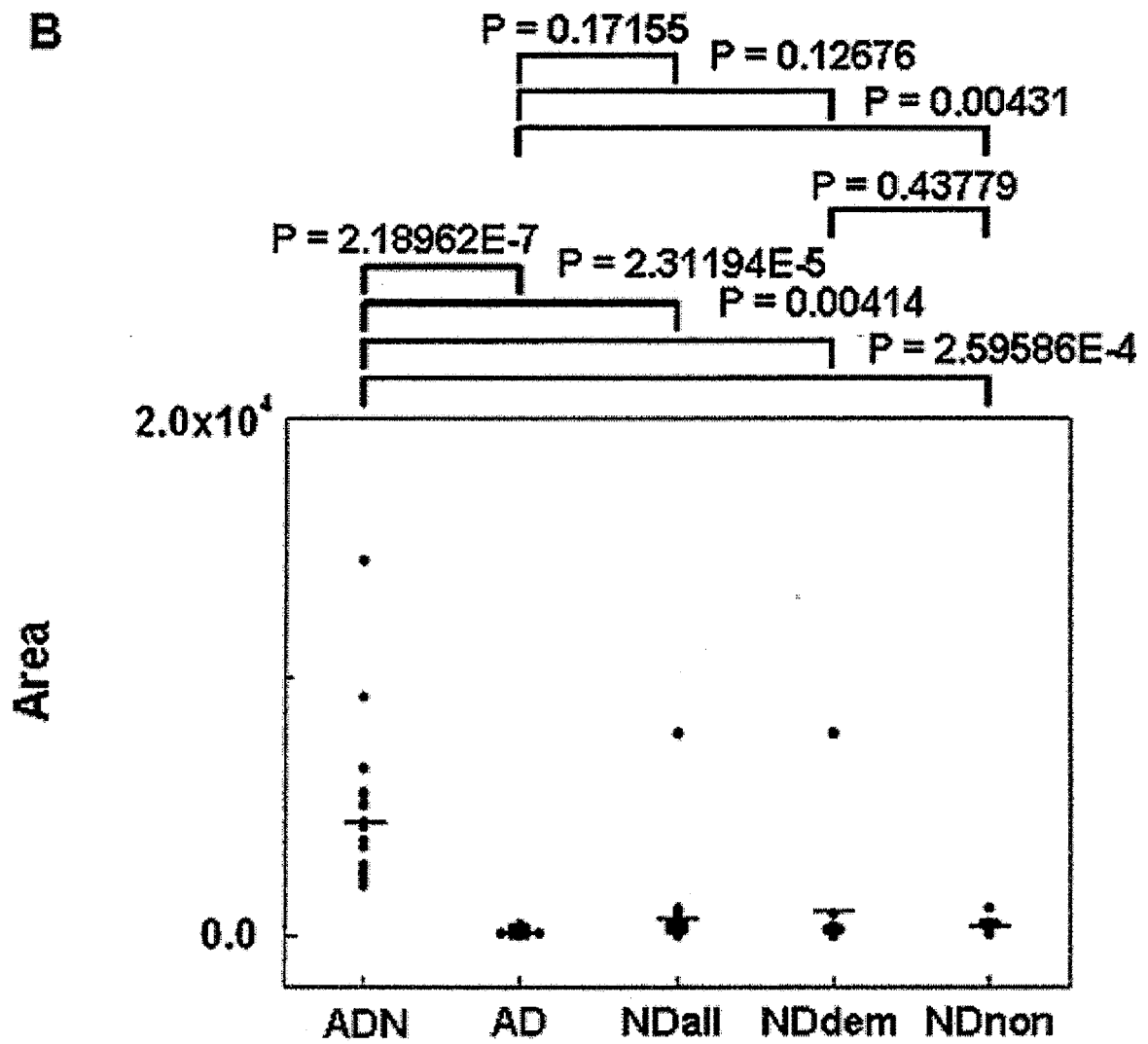


[Fig. 3]

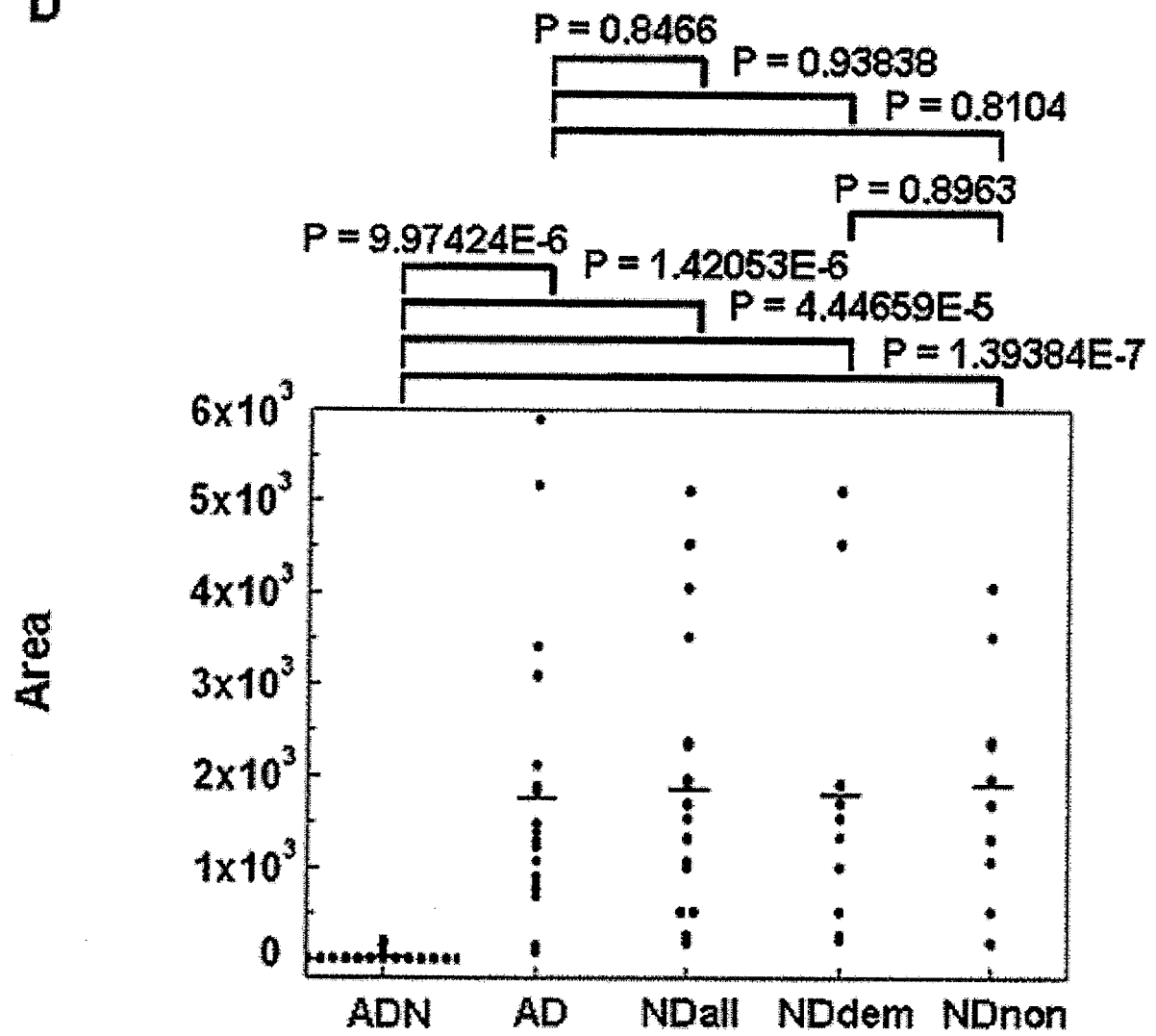


[Fig. 4]

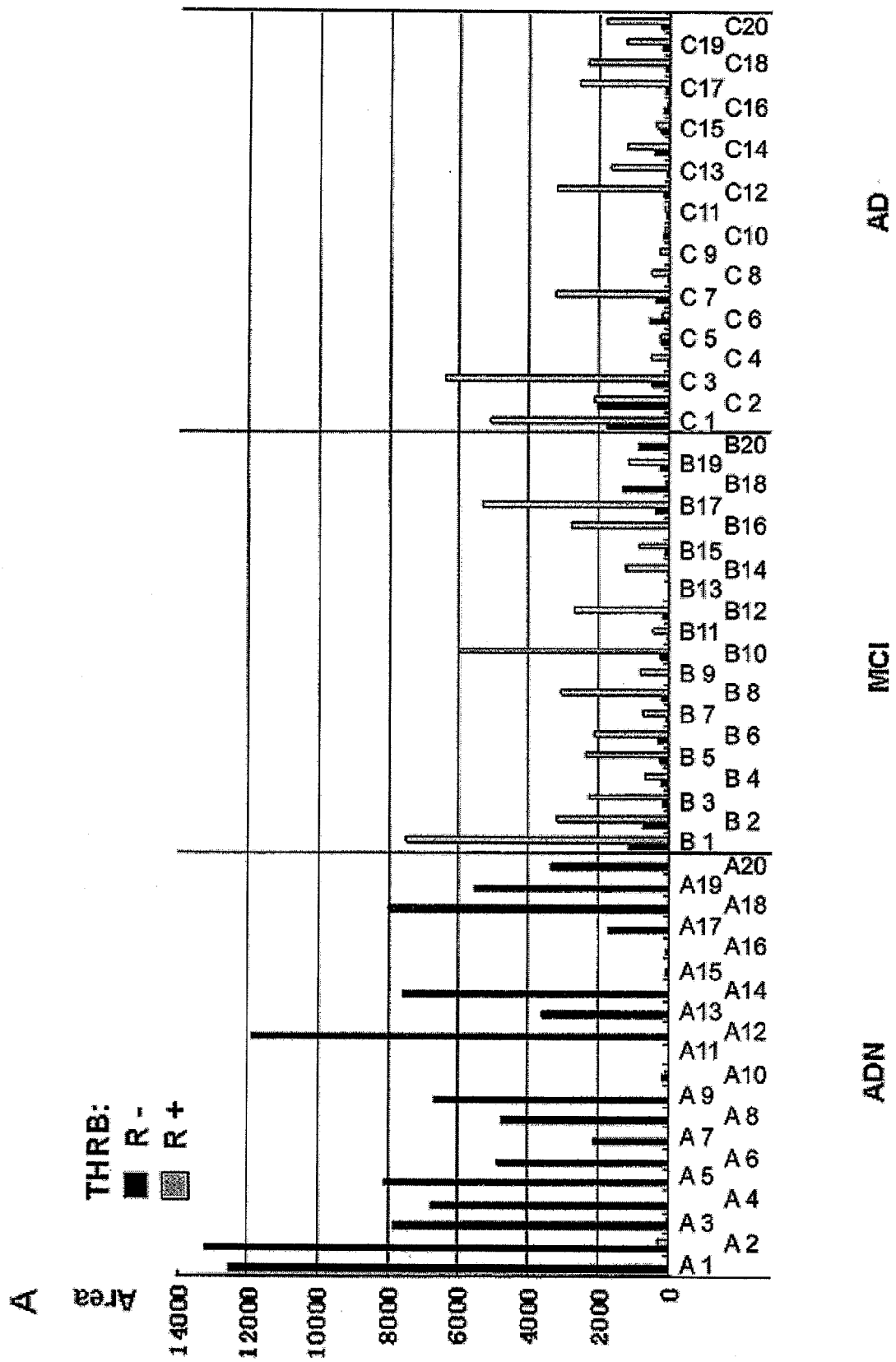




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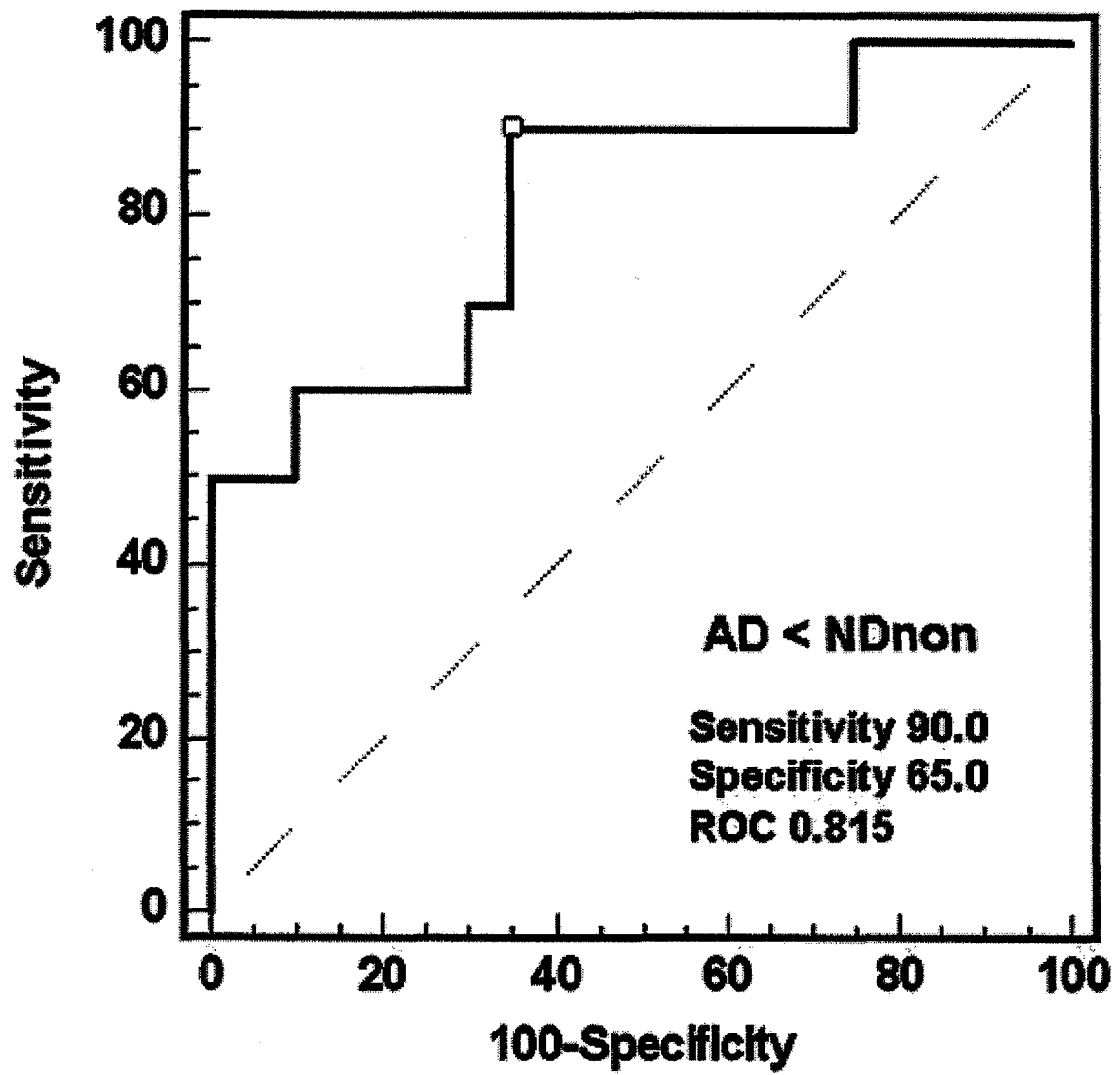
[Fig. 5]



B

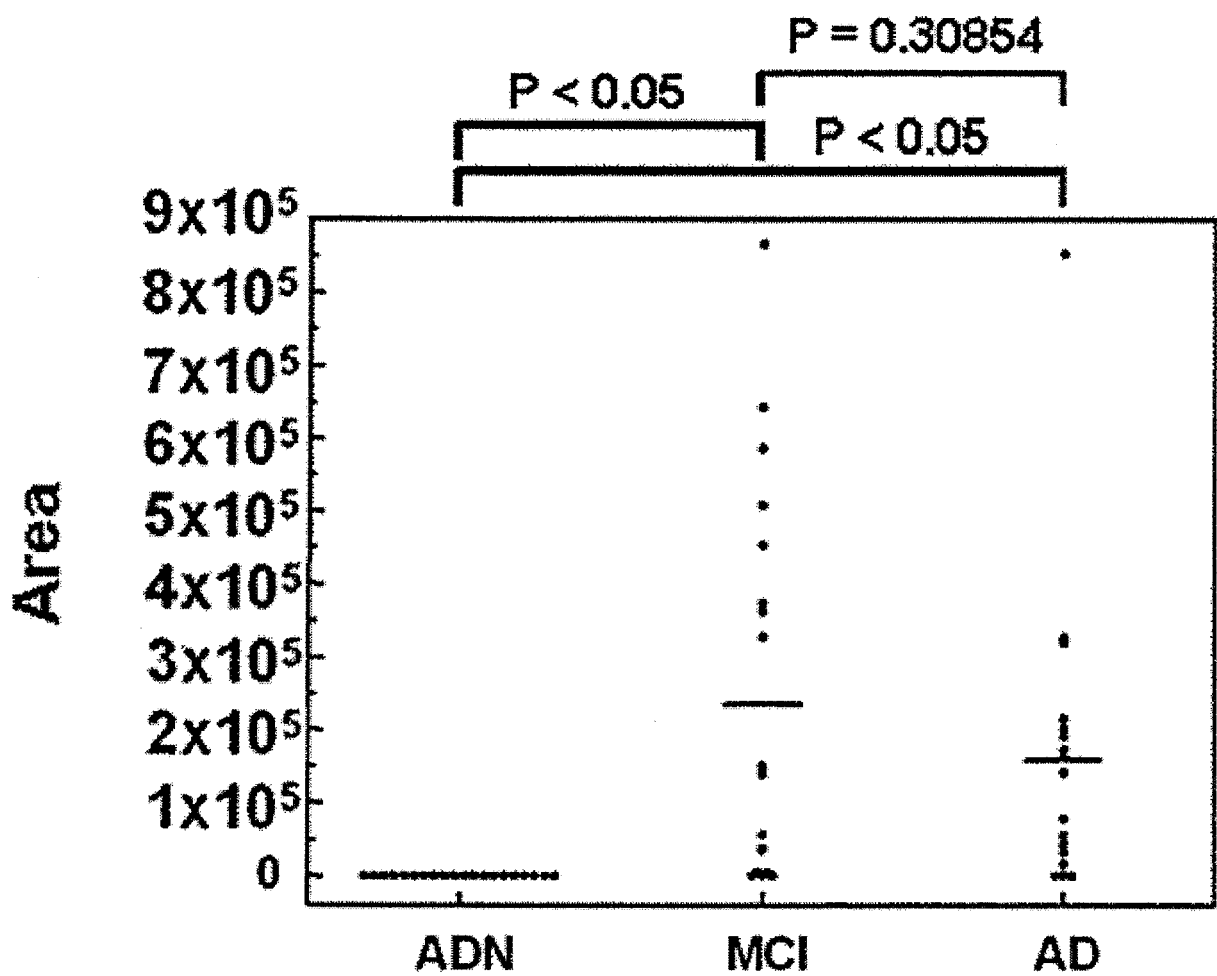
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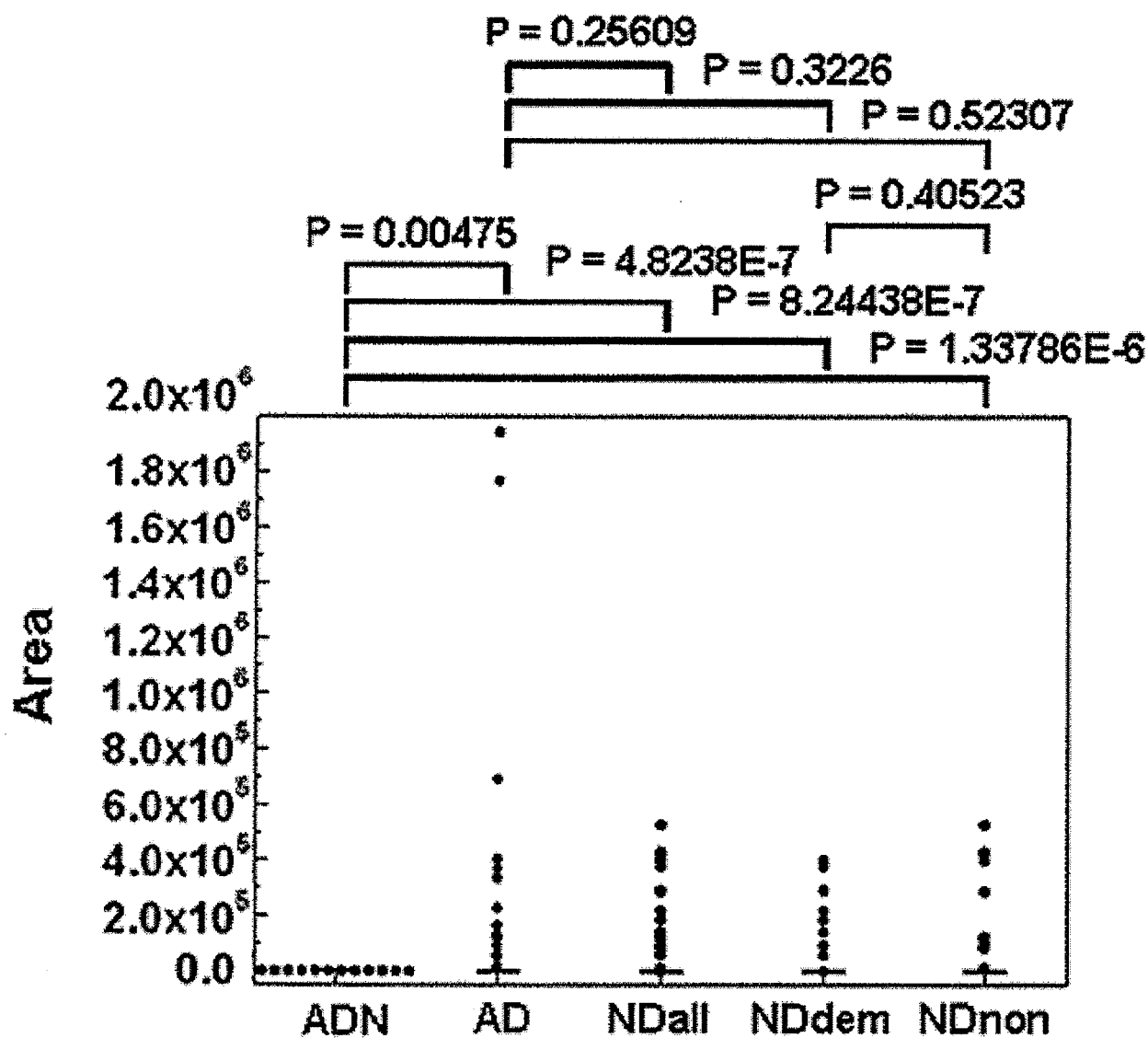
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A [Fig. 6]

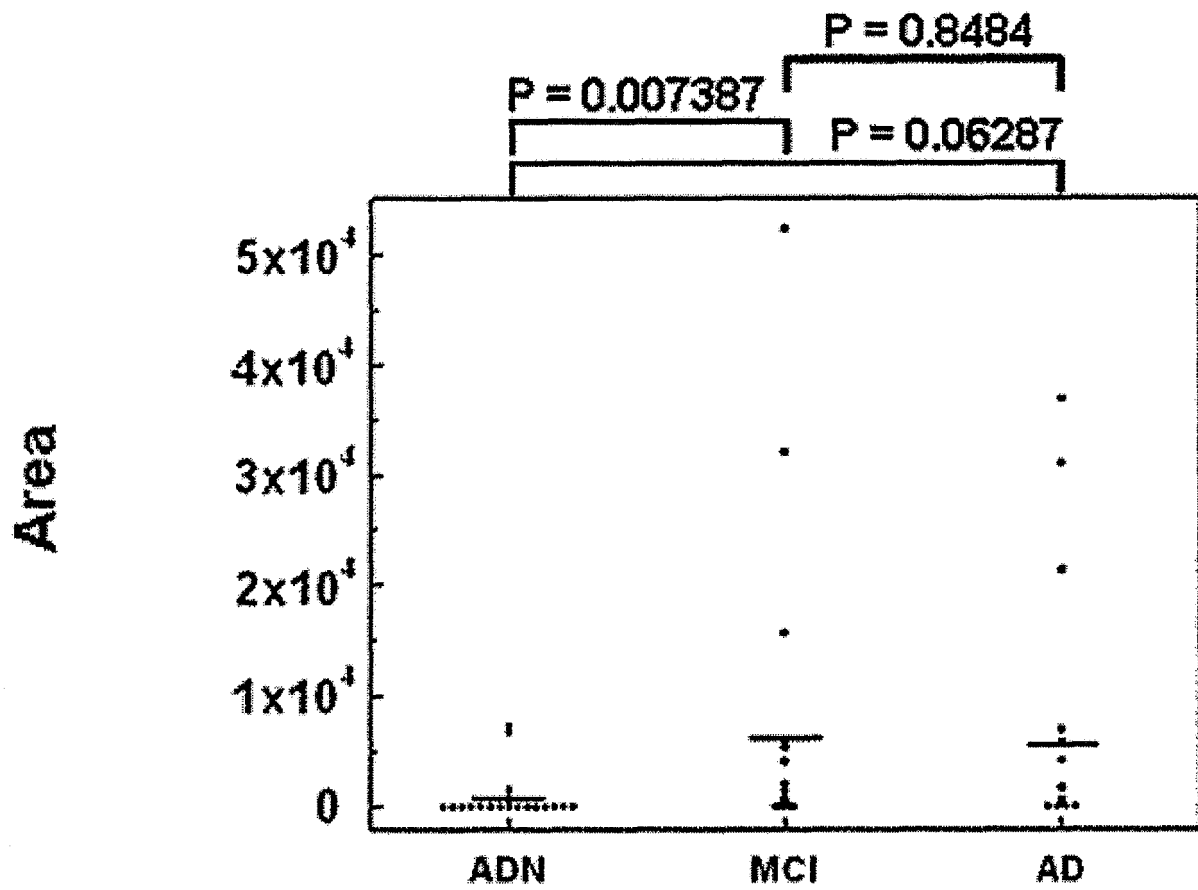
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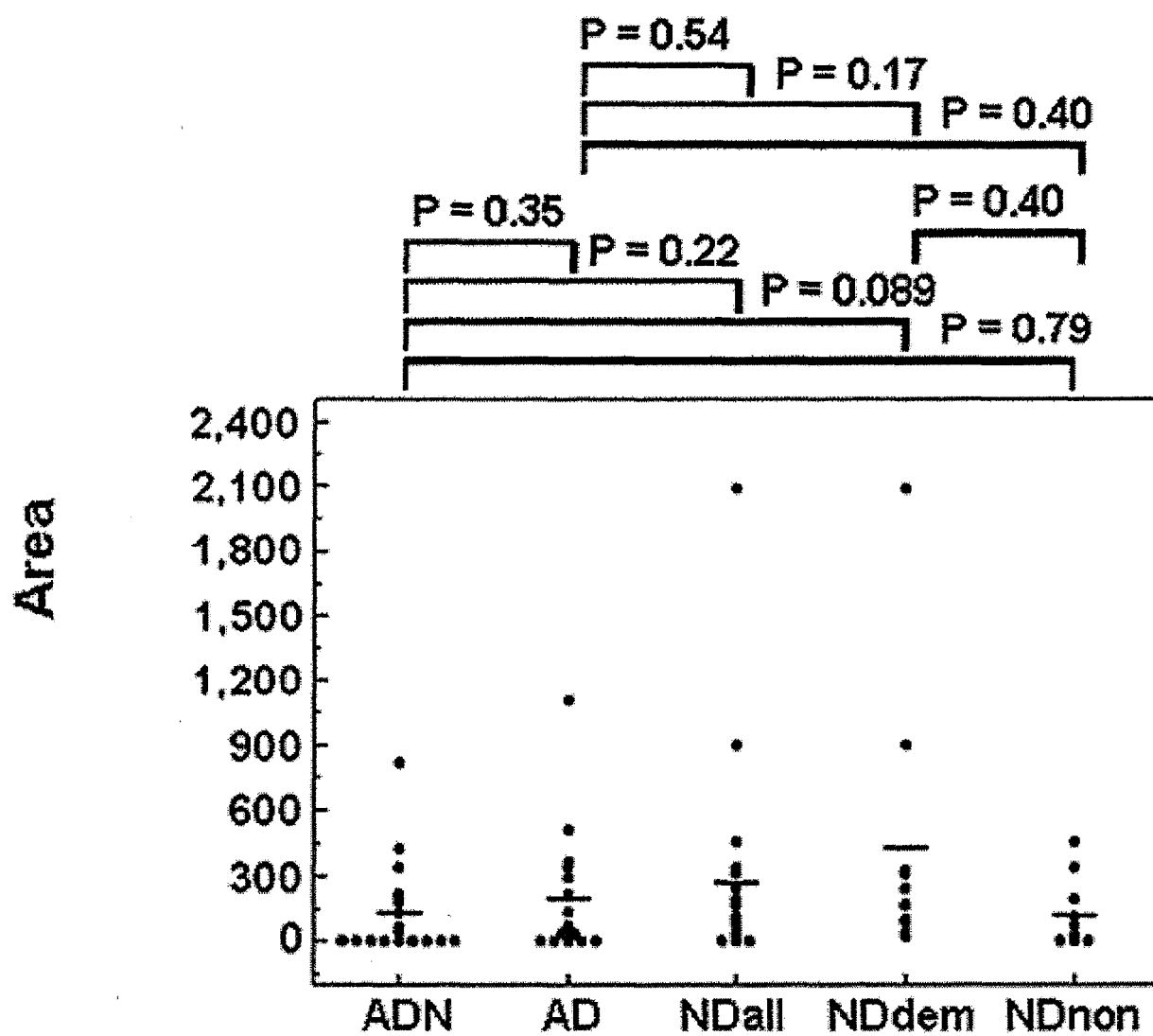
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COPZ1



D

COPZ1

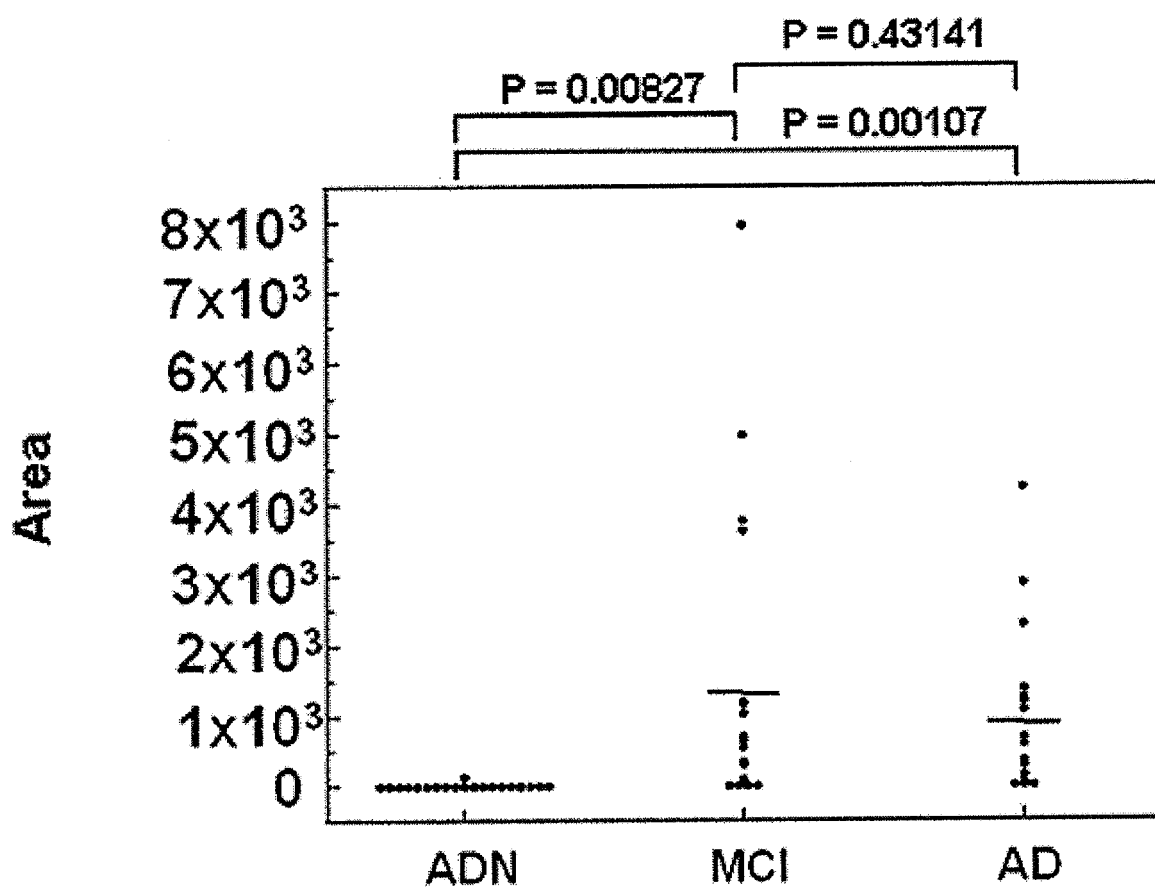


[Fig. 7]

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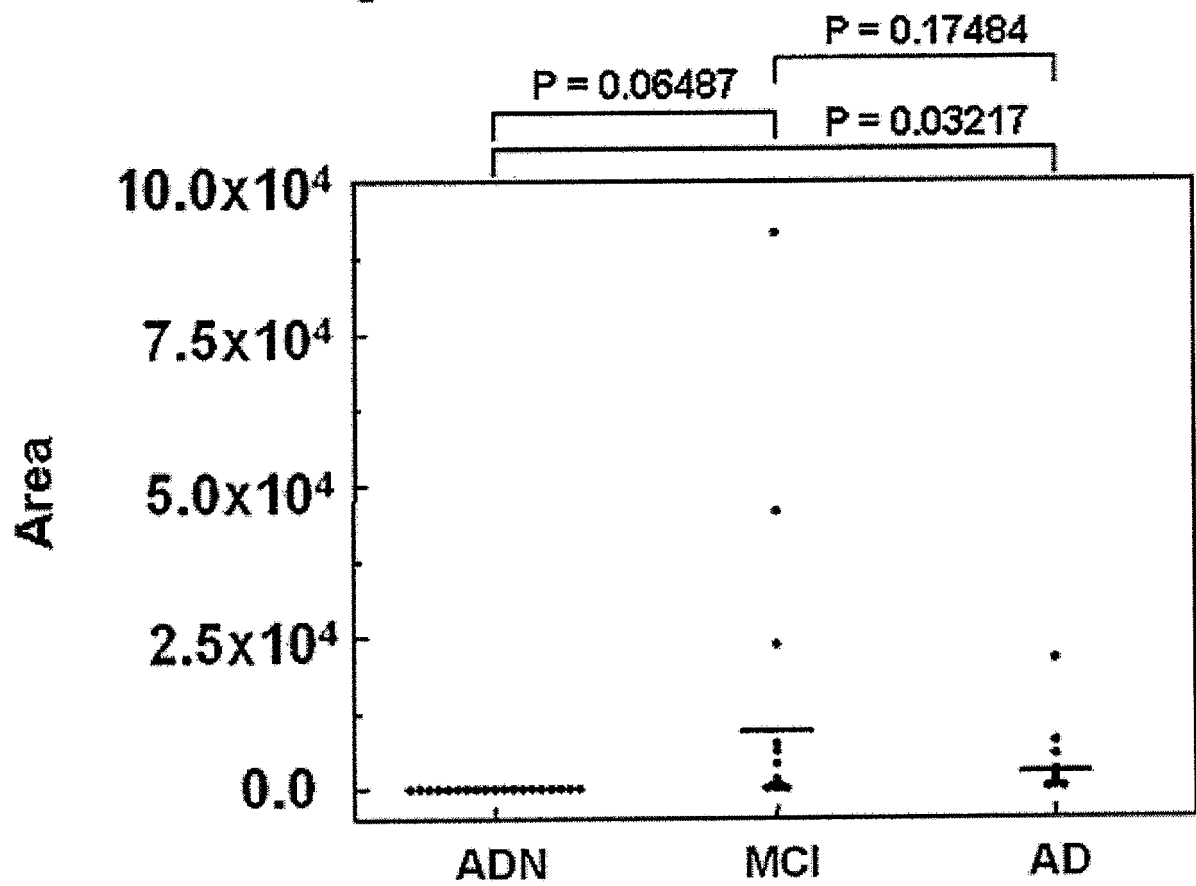
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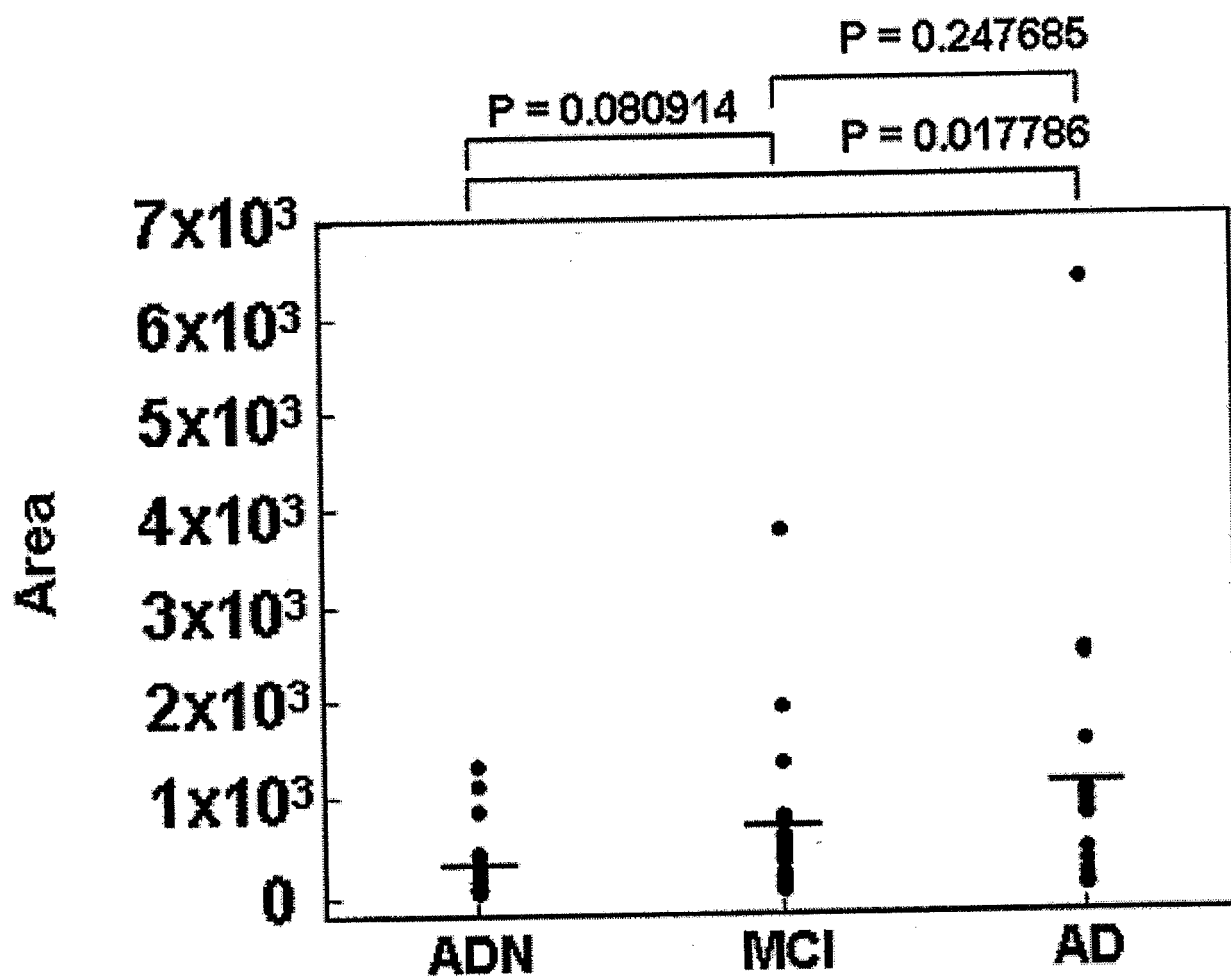
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[Fig. 8]

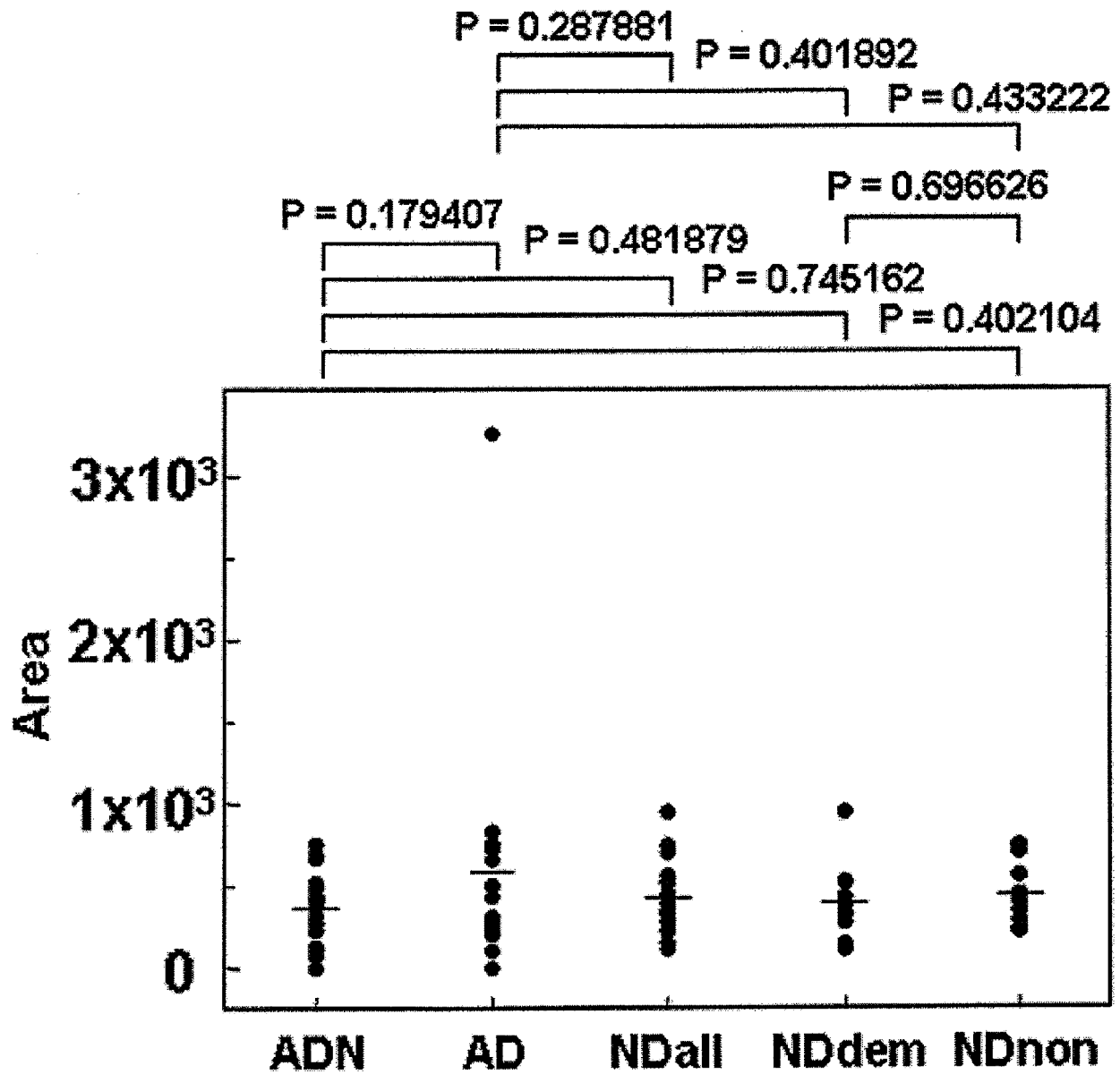
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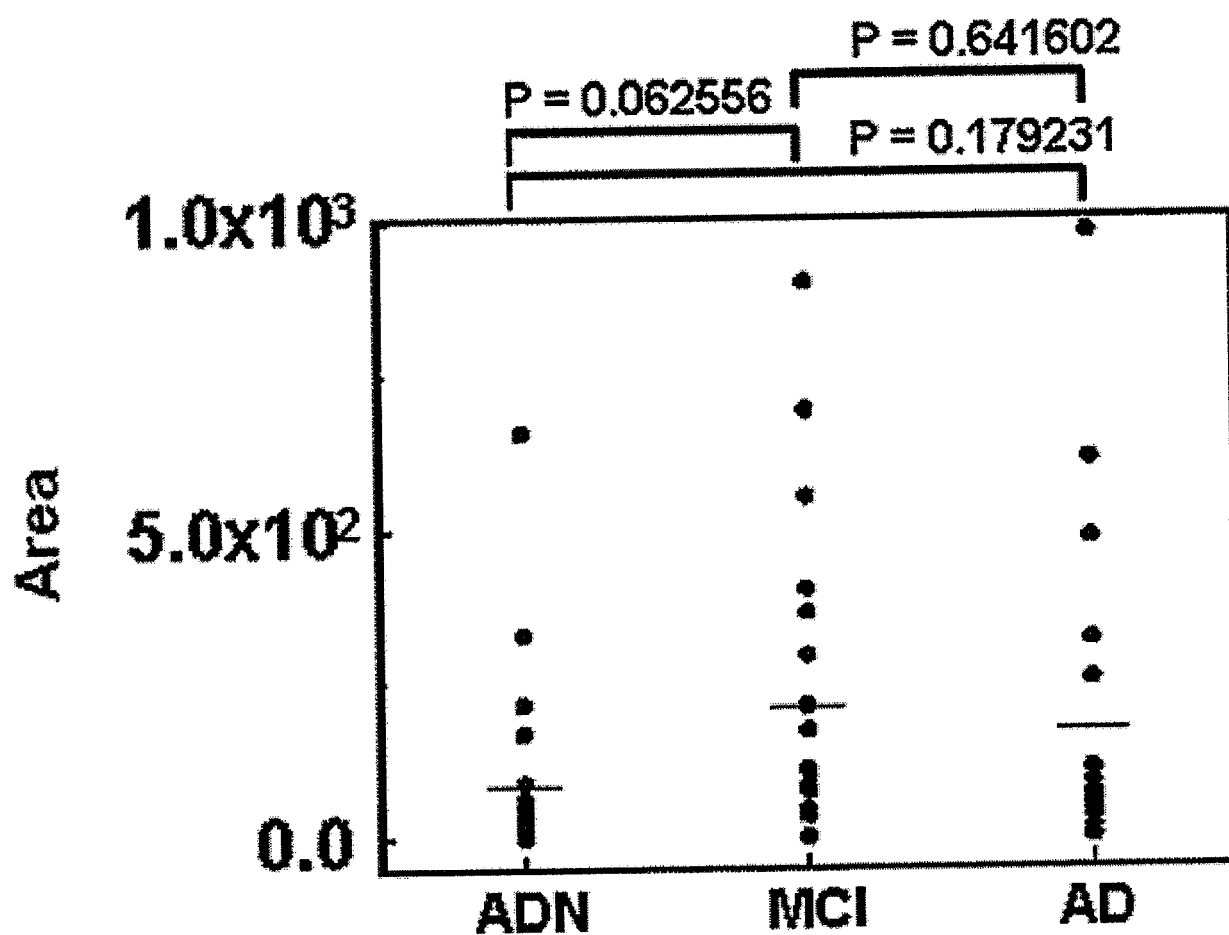


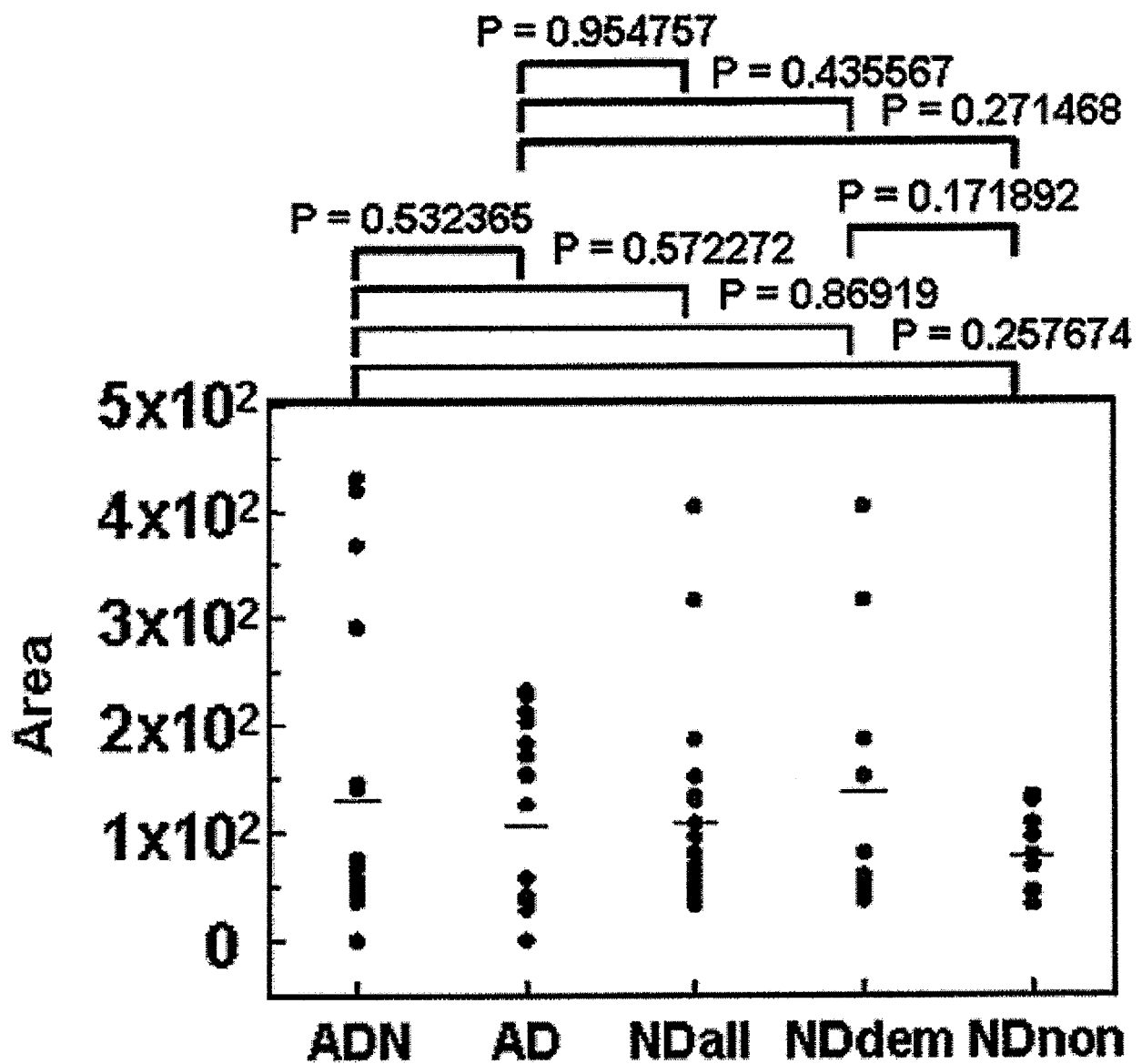
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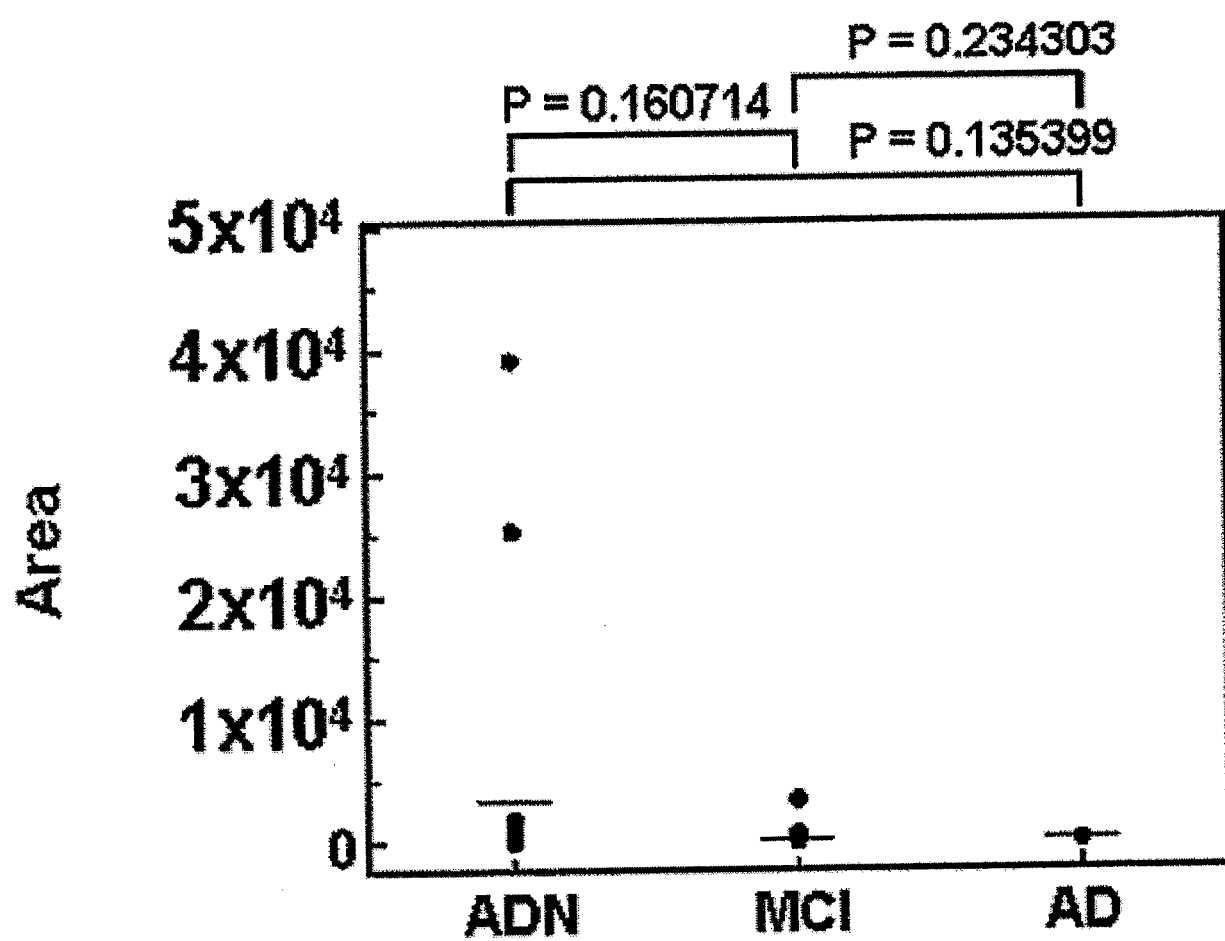


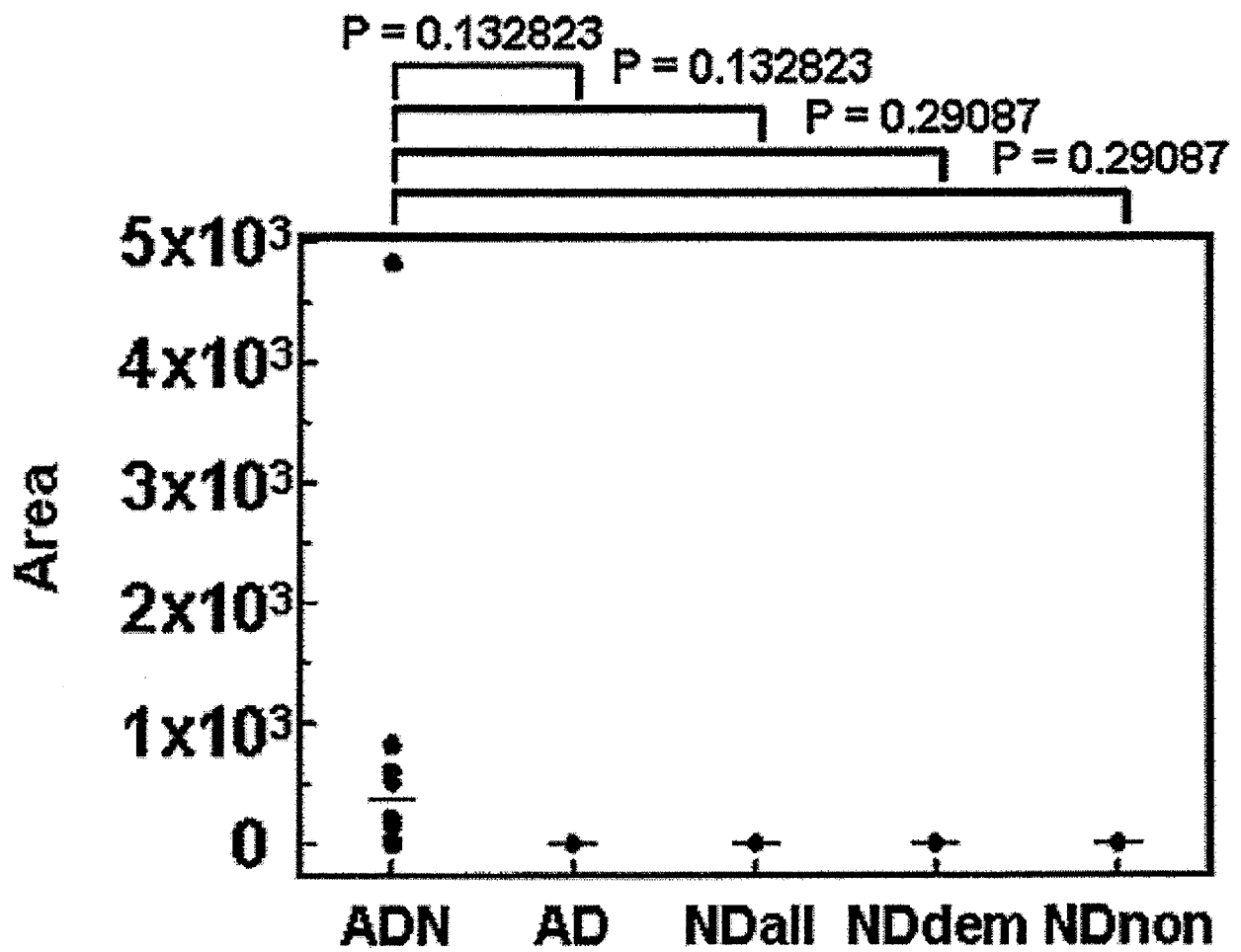
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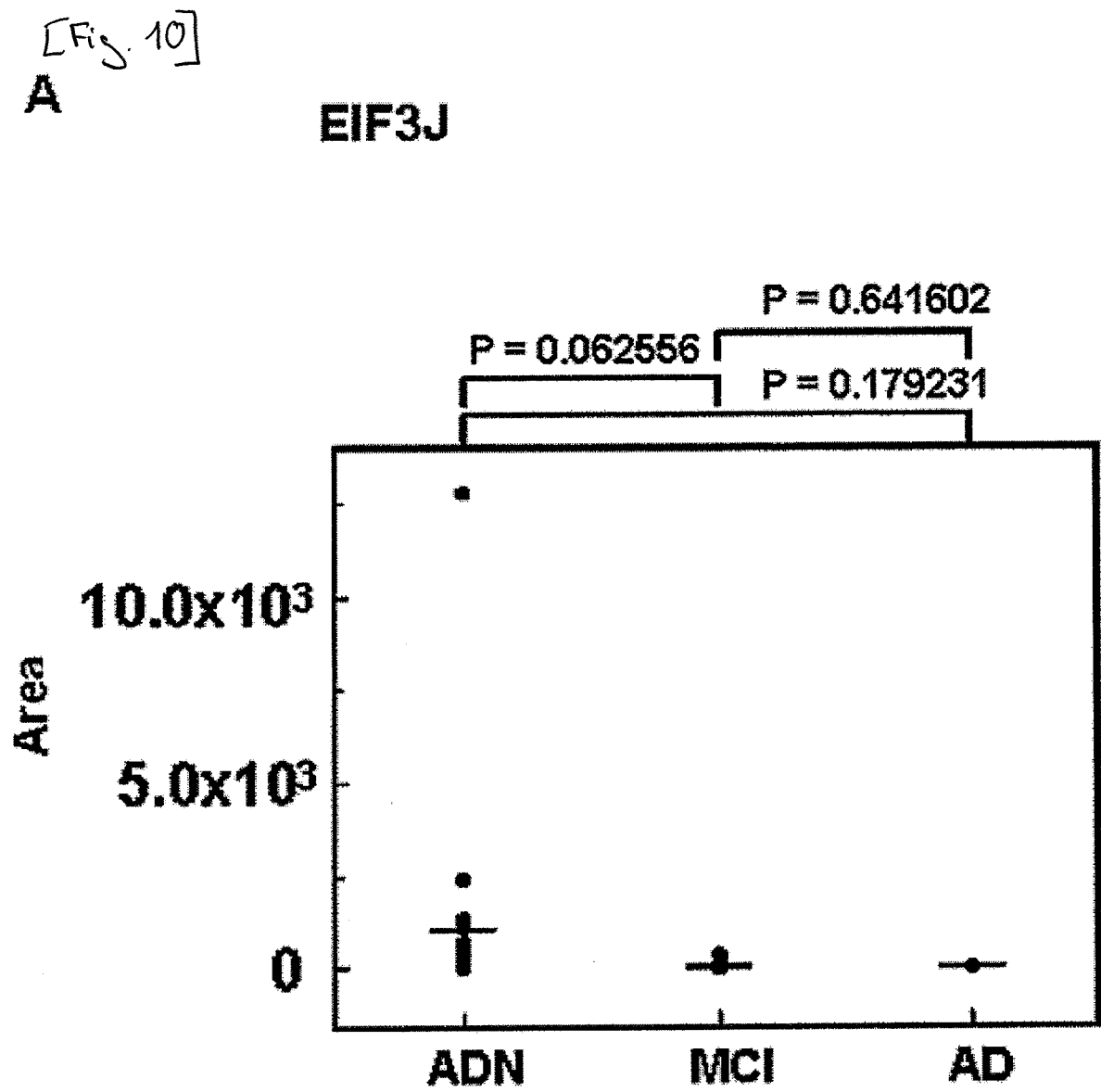
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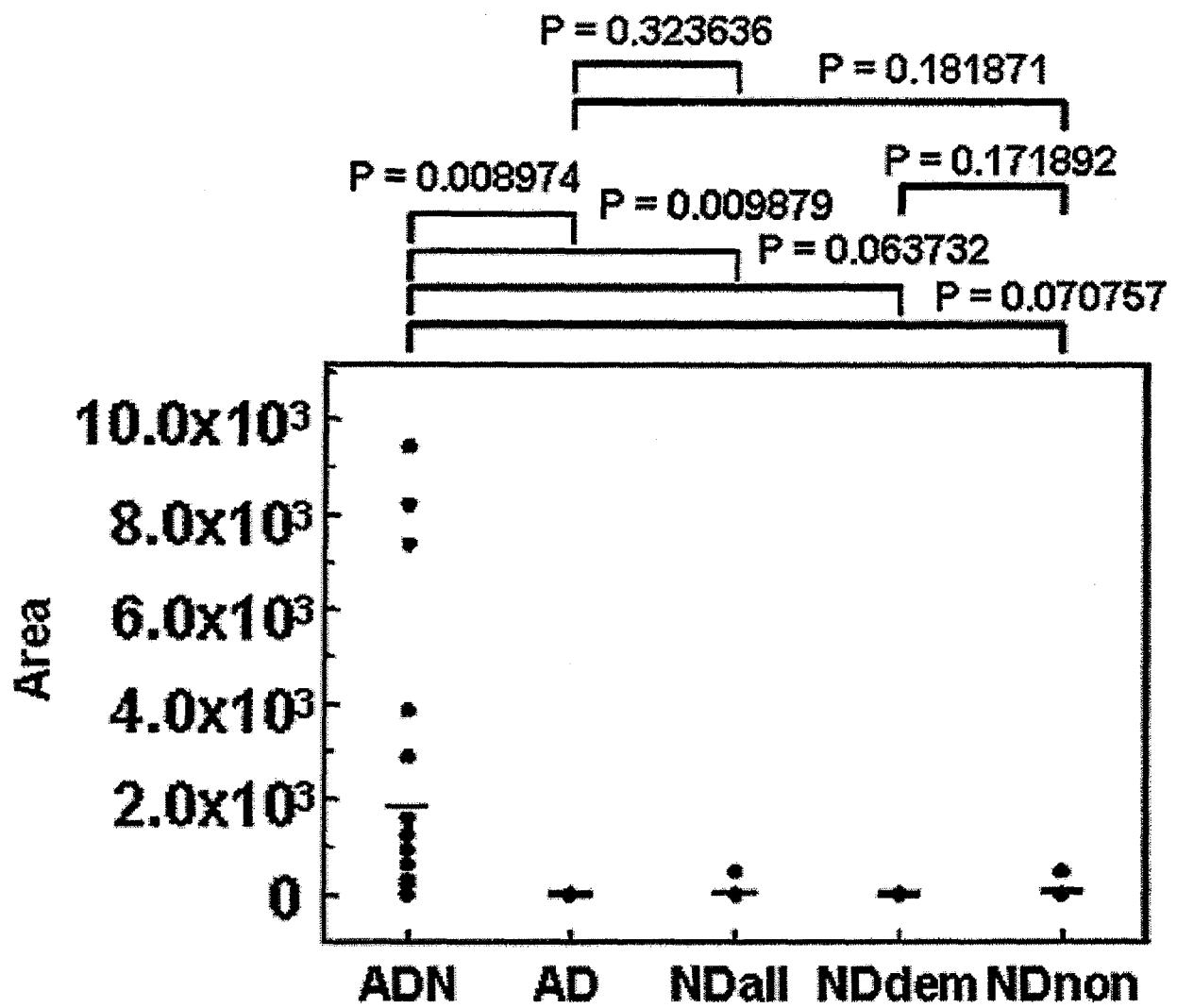
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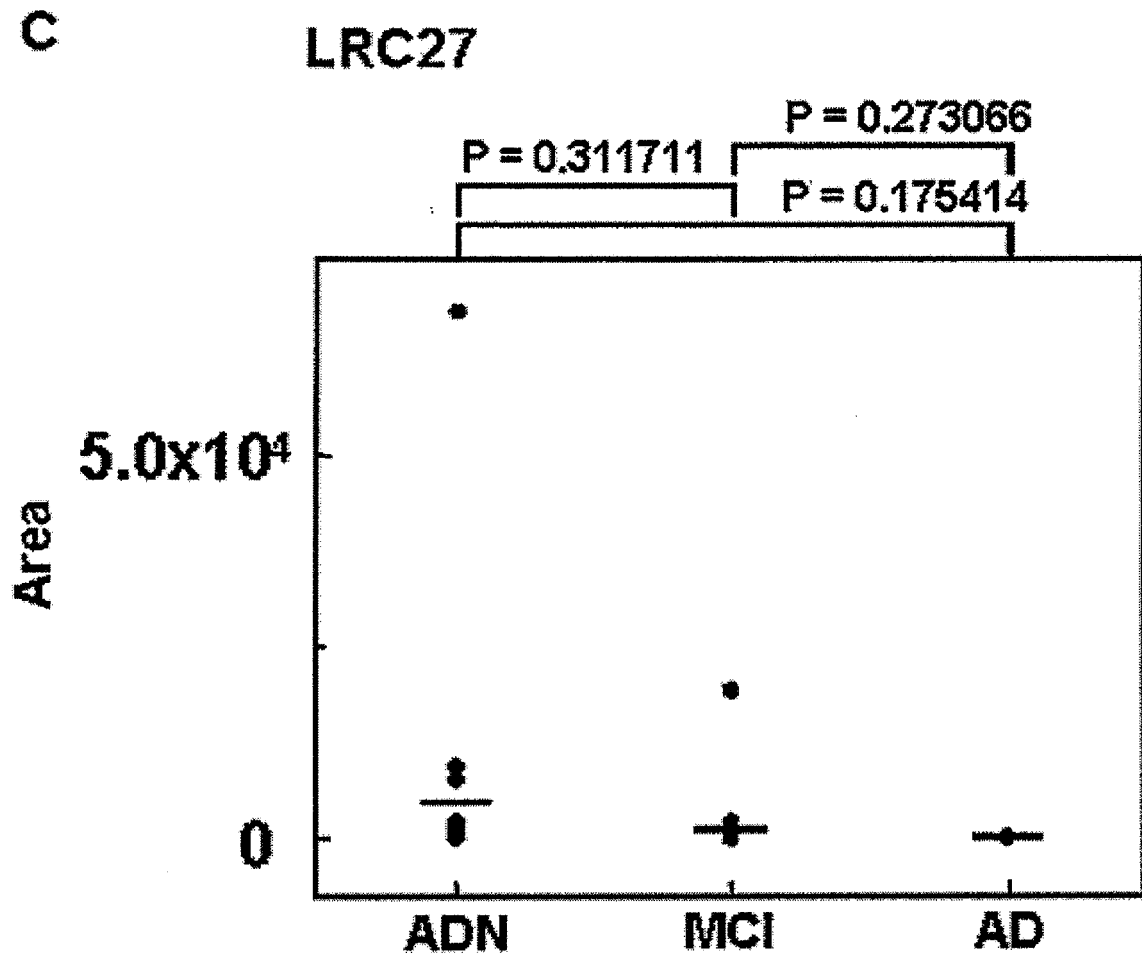
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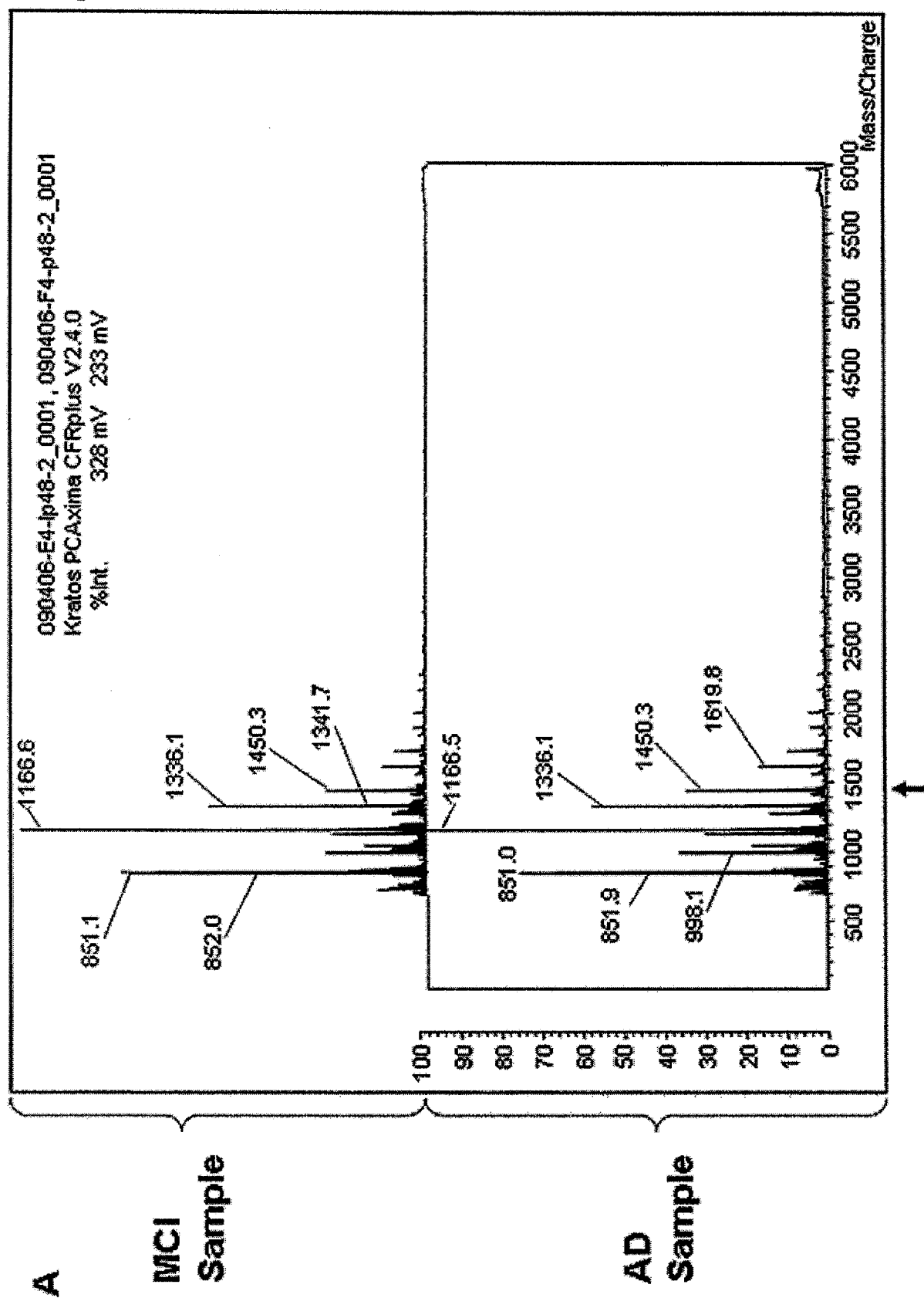
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B**EIF3J**



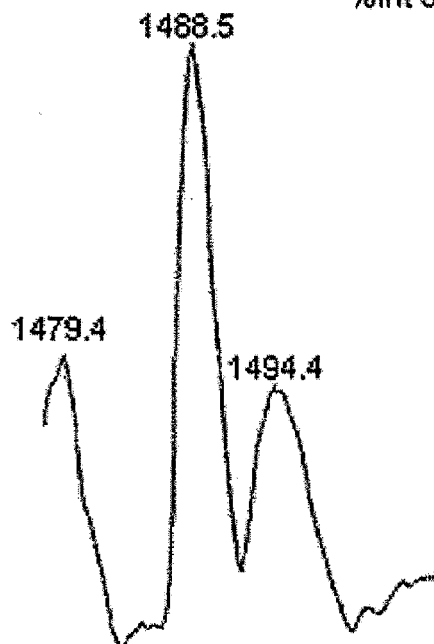
[Fig. 11]



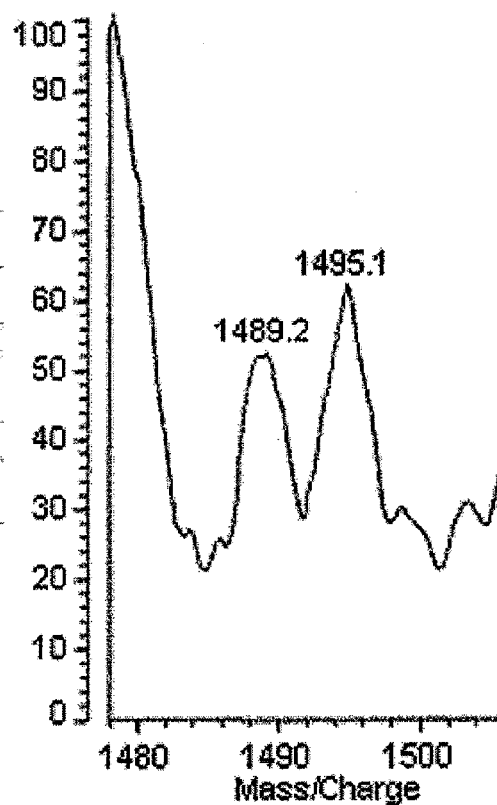
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**MCI
Sample**

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%Int 5.1mV 7.0mV



**AD
Sample**



REFERENCES CITED IN THE DESCRIPTION

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- **BENKIRANE, N. et al.** *J. Biol. Chem.*, 1993, vol. 268, 26279-26285 [0012]