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(54) **METHODS OF DIAGNOSING AND TREATING  
INTESTINAL GRANULOMAS AND LOW  
BONE DENSITY IN INFLAMMATORY  
BOWEL DISEASE**

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(57) **ABSTRACT**

The present invention relates to methods of diagnosing inflammatory bowel disease (IBD) in an individual by determining the presence of at least one risk genetic variant and/or at least one risk serological marker. In one embodiment, the presence of at least one risk genetic variant is indicative of granuloma. In another embodiment, the presence of at least one risk genetic variant is indicative of low bone density (LBD).

Figure 1.

SNP	CHR	BP	A1	MAF_All	gene	feature	left_gene	right_gene	OR	P
rs7554991	1	54981355	T	0.4677	NA	NA	TTC4	PARS2	2.894	9.84E-05
rs619202	3	1.4E+08	A	0.1436	NA	NA	LOC389151	FLJ46210	3.109	5.86E-05
rs33148469	4	1.84E+08	T	0.3148	ODZ3	intron	M6C45800	DCTD	3.015	7.19E-06
rs10473594	5	22511857	C	0.2186	CDH12	intron	PMCHL1	LOC1001283	2.856	7.99E-05
rs17326194	5	93814394	G	0.1135	NA	NA	FAM172A	C5orf36	3.618	9.58E-05
rs152523	5	1.42E+08	A	0.2271	FGF1	intron	SPRY4	ARHGAP26	0.2632	3.01E-05
rs2050719	6	1.45E+08	G	0.1151	NA	NA	UTRN	LOC645749	4.125	1.47E-05
rs7760387	6	1.45E+08	C	0.1463	NA	NA	UTRN	LOC645749	2.911	8.65E-05
rs9399527	6	1.45E+08	A	0.1363	NA	NA	UTRN	LOC645749	4.055	4.28E-06
rs9784771	6	1.55E+08	C	0.06036	NA	NA	LOC10012999	LOC646269	6.421	2.07E-06
rs16897929	6	1.66E+08	G	0.05775	PDE10A	intron	C6orf118	LOC1001321	6.978	6.12E-05
rs9522944	13	89813463	T	0.4951	NA	NA	KRT18P27	LOC144776	0.402	7.40E-05
rs7152787	14	97885039	C	0.4366	NA	NA	LOC10013261	C14orf177	0.3765	7.79E-05
rs813299	15	29225595	C	0.4971	NA	NA	TRPM1	LOC283710	2.58	6.52E-05
rs282792	15	77810161	C	0.3918	NA	NA	LOC390617	LOC646985	0.2736	7.18E-05
rs11075996	16	52415525	T	0.4361	FTO	intron	RPGRIP1L	IRX3	0.3269	1.81E-05
rs11075997	16	52416413	T	0.4363	FTO	intron	RPGRIP1L	IRX3	0.3213	1.37E-05
rs2111115	16	52432517	G	0.4697	FTO	intron	RPGRIP1L	IRX3	0.3973	9.37E-05
rs6024632	20	54135819	G	0.3336	NA	NA	CBLN4	MC3R	2.428	7.51E-05

Figure 2.

SNP	CHR	BP	MAF_A	gene	feature	left_gene	right_gene	A1	OR	P
rs610719	1	20892715	0.1836	KIF17	intron	DDOST	SH2D5	T	2.578	7.50E-05
rs10908521	1	1.55E+08	0.2871	INSRR	intron	SH2D2A	PEAR1	C	2.118	9.92E-05
rs11265577	1	1.6E+08	0.2741	PCP4L1	intron	NR1I3	MPZ	C	0.4611	7.36E-05
rs703923	2	19352562	0.1037	NA	NA	FLJ41481	OSR1	A	0.2572	6.85E-05
rs13400155	2	68577140	0.1613	C2orf13	intron	FBXO48	LOC649935	A	3.33	8.47E-05
rs7423646	2	68611684	0.1627	C2orf13	intron	LOC649935	PROKR1	G	3.465	5.61E-05
rs6724540	2	68632860	0.163	C2orf13	intron	LOC649935	PROKR1	G	3.476	5.47E-05
rs6546418	2	68640067	0.1608	C2orf13	intron	LOC649935	PROKR1	A	3.839	2.09E-05
rs6726966	2	68709360	0.1655	NA	NA	APLF	PROKR1	G	3.702	2.93E-05
rs956986	2	1.59E+08	0.3132	CCDC148	intron	UPP2	LOC100128061	A	0.4699	8.97E-05
rs4663367	2	2.35E+08	0.3798	NA	NA	SPP2	LOC727890	T	2.084	3.24E-05
rs10440086	3	68388582	0.3848	FAM19A1	intron	LOC375350	LOC100131151	A	0.4326	9.16E-06
rs1352851	3	68390912	0.2601	FAM19A1	intron	LOC375350	LOC100131151	T	0.3679	4.97E-06
rs373586	4	1.08E+08	0.3991	NA	NA	DKK2	LOC100128754	A	0.4965	9.48E-05
rs1148469	4	1.84E+08	0.3148	ODZ3	intron	MGC45800	DC1D	T	2.608	7.60E-07
rs872854	5	20670487	0.119	NA	NA	NUP50P3	LOC728411	A	0.2188	6.90E-05
rs4142087	6	1.17E+08	0.3886	RP11-259f	intron	FAM26E	RWDD1	C	0.495	7.19E-05
rs7894504	10	63439845	0.4868	ARID5B	intron	C10orf107	RTKN2	C	2.026	8.71E-05
rs11603023	11	1.18E+08	0.4265	PHLDB1	intron	ARCN1	TREH	T	2.306	5.68E-06
rs282792	15	77810161	0.3918	NA	NA	LOC390617	LOC646985	C	0.3506	7.70E-06
rs443394	15	77820940	0.3921	NA	NA	LOC390618	LOC646985	C	2.153	1.75E-05
rs8030107	15	86348294	0.4906	NTRK3 NT	intron[NA]	NCRNA00052	MRPL46	T	0.4997	9.00E-05
rs8094293	18	69162715	0.2493	NA	NA	LOC400655	FBXO15	A	2.422	9.11E-06
rs10514090	18	69645111	0.157	NA	NA	LOC400655	FBXO15	T	0.1753	1.91E-05
rs3848761	20	12930672	0.4822	NA	NA	PA2GAP2	SPTLC3	G	0.5036	5.89E-05
rs535457	21	39889341	0.2814	NA	NA	LOC729056	C21orf88	A	0.4133	1.13E-05

**METHODS OF DIAGNOSING AND TREATING  
INTESTINAL GRANULOMAS AND LOW  
BONE DENSITY IN INFLAMMATORY  
BOWEL DISEASE**

FIELD OF INVENTION

**[0001]** The invention relates to the field of genetics and medicine. More specifically, the invention relates to methods of diagnosing and treating inflammatory bowel disease including ulcerative colitis and Crohn's disease.

BACKGROUND

**[0002]** All publications herein are incorporated by reference to the same extent as if each individual publication or patent application was specifically and individually indicated to be incorporated by reference. The following description includes information that may be useful in understanding the present invention. It is not an admission that any of the information provided herein is prior art or relevant to the presently claimed invention, or that any publication specifically or implicitly referenced is prior art.

**[0003]** Crohn's disease (CD) and ulcerative colitis (UC), the two common forms of idiopathic inflammatory bowel disease (IBD), are chronic, relapsing inflammatory disorders of the gastrointestinal tract. Each has a peak age of onset in the second to fourth decades of life and prevalences in European ancestry populations that average approximately 100-150 per 100,000 (D. K. Podolsky, *N Engl J Med* 347, 417 (2002); E. V. Loftus, Jr., *Gastroenterology* 126, 1504 (2004)). Although the precise etiology of IBD remains to be elucidated, a widely accepted hypothesis is that ubiquitous, commensal intestinal bacteria trigger an inappropriate, overactive, and ongoing mucosal immune response that mediates intestinal tissue damage in genetically susceptible individuals (D. K. Podolsky, *N Engl J Med* 347, 417 (2002)). Genetic factors play an important role in IBD pathogenesis, as evidenced by the increased rates of IBD in Ashkenazi Jews, familial aggregation of IBD, and increased concordance for IBD in monozygotic compared to dizygotic twin pairs (S. Vermeire, P. Rutgeerts, *Genes Immun* 6, 637 (2005)). Moreover, genetic analyses have linked IBD to specific genetic variants, especially CARD15 variants on chromosome 16q12 and the IBD5 haplotype (spanning the organic cation transporters, SLC22A4 and SLC22A5, and other genes) on chromosome 5q31 (S. Vermeire, P. Rutgeerts, *Genes Immun* 6, 637 (2005); J. P. Hugot et al., *Nature* 411, 599 (2001); Y. Ogura et al., *Nature* 411, 603 (2001); J. D. Rioux et al., *Nat Genet* 29, 223 (2001); V. D. Peltekova et al., *Nat Genet* 36, 471 (2004)). CD and UC are thought to be related disorders that share some genetic susceptibility loci but differ at others.

SUMMARY OF THE INVENTION

**[0004]** Various embodiments include a method of diagnosing susceptibility to granuloma in an individual with Crohn's disease, comprising obtaining a sample from the individual, assaying the sample to determine the presence or absence of at least one risk genetic variant, assaying the sample to determine the presence or absence of at least one risk serological marker, and diagnosing susceptibility to granuloma in the individual if the at least one risk genetic variant is present, or if the at least one risk serological marker is present, or if the at least one risk genetic variant is present and the at least one risk serological marker is present. In another embodiment,

the at least one risk genetic variant is at the genetic locus of TGFb3, FTO, NPAS2, MUC1, IL10, LRAP, LRRK2, TNFSF15, or cytochrome P-450 cluster, or a combination thereof. In another embodiment, the at least one risk serological marker is selected from the group consisting of anti-Cbir1, ANCA, ASCA, anti-OmpC, and anti-I2. In another embodiment, the ASCA is present in high titre. In another embodiment, the at least one risk genetic variant includes SEQ. ID. NO.: 1, SEQ. ID. NO.: 2, SEQ. ID. NO.: 3, SEQ. ID. NO.: 4, SEQ. ID. NO.: 5, and/or SEQ. ID. NO.: 6. In another embodiment, the at least one risk genetic variant includes SEQ. ID. NO.: 7, SEQ. ID. NO.: 8, SEQ. ID. NO.: 9, SEQ. ID. NO.: 10, SEQ. ID. NO.: 11, SEQ. ID. NO.: 12, and/or SEQ. ID. NO.: 13. In another embodiment, the Crohn's disease is associated with a small bowel disease phenotype, an aggressive complicating phenotype, an internal penetrating disease phenotype, a stricturing disease phenotype, or a fibrostenosing disease phenotype, or a combination thereof. In another embodiment, the first and/or second sample comprises a nucleic acid from the individual.

**[0005]** Other embodiments include a method of diagnosing granuloma in an individual with Crohn's disease, comprising obtaining a sample from the individual, and assaying the sample to determine the presence or absence of at least one risk genetic variant, assaying the sample to determine the presence or absence of at least one risk serological marker, and diagnosing granuloma in the individual if the at least one risk genetic variant is present, or if the at least one risk serological marker is present, or if the at least one risk genetic variant is present and the at least one risk serological marker is present. In another embodiment, the at least one risk genetic variant is at the genetic locus of TGFb3, FTO, NPAS2, MUC1, IL10, LRAP, LRRK2, TNFSF15, or cytochrome P-450 cluster, or a combination thereof. In another embodiment, the at least one risk serological marker is selected from the group consisting of anti-Cbir1, ANCA, ASCA, anti-OmpC, and anti-I2. In another embodiment, the ASCA is present in high titre. In another embodiment, the at least one risk genetic variant includes SEQ. ID. NO.: 1, SEQ. ID. NO.: 2, SEQ. ID. NO.: 3, SEQ. ID. NO.: 4, SEQ. ID. NO.: 5, and/or SEQ. ID. NO.: 6. In another embodiment, the at least one risk genetic variant includes SEQ. ID. NO.: 7, SEQ. ID. NO.: 8, SEQ. ID. NO.: 9, SEQ. ID. NO.: 10, SEQ. ID. NO.: 11, SEQ. ID. NO.: 12, and/or SEQ. ID. NO.: 13. In another embodiment, the Crohn's disease is associated with a small bowel disease phenotype, an aggressive complicating phenotype, an internal penetrating disease phenotype, a stricturing disease phenotype, or a fibrostenosing disease phenotype, or a combination thereof.

**[0006]** Various embodiments include a method of diagnosing susceptibility to low bone density (LBD) in an individual with an inflammatory bowel disease (IBD), comprising obtaining a sample from the individual, assaying the sample to determine the presence or absence of at least one risk genetic variant, assaying the sample to determine the presence or absence of at least one risk serological marker, and diagnosing susceptibility to LBD in the individual if the at least one risk genetic variant is present, or if the at least one risk serological marker is present, or if the at least one risk genetic variant is present and the at least one risk serological marker is present. In another embodiment, the LBD is osteoporosis or osteopenia. In another embodiment, the at least one risk genetic variant is at the genetic locus of HLA, laminin, plexin, or NLR family, or a combination thereof. In

another embodiment, the at least one risk genetic variant is SEQ. ID. NO.: 14 and/or SEQ. ID. NO.: 15. In another embodiment, the at least one risk serological marker is selected from the group consisting of anti-Cbir1, ASCA, and anti-I2. In another embodiment, the IBD is a perianal disease.

**[0007]** Other embodiments include a method of treating low bone density (LBD) in an individual with an inflammatory bowel disease (IBD), comprising obtaining a sample from the individual, assaying the sample to determine the presence or absence of at least one risk genetic variant, assaying the sample to determine the presence or absence of at least one risk serological marker, and treating LBD in the individual if the at least one risk genetic variant is present, or if the at least one risk serological marker is present, or if the at least one risk genetic variant is present and the at least one risk serological marker is present. In another embodiment, the at least one risk genetic variant is SEQ. ID. NO.: 14 and/or SEQ. ID. NO.: 15. In another embodiment, the at least one risk serological marker is selected from the group consisting of anti-Cbir1, ASCA, and anti-I2.

**[0008]** Other features and advantages of the invention will become apparent from the following detailed description, taken in conjunction with the accompanying drawings, which illustrate, by way of example, various embodiments of the invention.

#### BRIEF DESCRIPTION OF THE FIGURES

**[0009]** FIG. 1 depicts top hits of various listed SNPs and corresponding alleles as associated with granuloma from performed GWAS.

**[0010]** FIG. 2 depicts top hits of various listed SNPs and corresponding alleles as associated with granuloma from performed GWAS.

#### DESCRIPTION OF THE INVENTION

**[0011]** All references cited herein are incorporated by reference in their entirety as though fully set forth. Unless defined otherwise, technical and scientific terms used herein have the same meaning as commonly understood by one of ordinary skill in the art to which this invention belongs. Singleton et al., *Dictionary of Microbiology and Molecular Biology* 3rd ed., J. Wiley & Sons (New York, N.Y. 2001); March, *Advanced Organic Chemistry Reactions, Mechanisms and Structure* 5th ed., J. Wiley & Sons (New York, N.Y. 2001); and Sambrook and Russel, *Molecular Cloning: A Laboratory Manual* 3rd ed., Cold Spring Harbor Laboratory Press (Cold Spring Harbor, N.Y. 2001), provide one skilled in the art with a general guide to many of the terms used in the present application.

**[0012]** One skilled in the art will recognize many methods and materials similar or equivalent to those described herein, which could be used in the practice of the present invention. Indeed, the present invention is in no way limited to the methods and materials described.

**[0013]** "IBD" as used herein is an abbreviation of inflammatory bowel disease.

**[0014]** "CD" as used herein is an abbreviation of Crohn's Disease.

**[0015]** "SNP" as used herein is an abbreviation of single nucleotide polymorphism.

**[0016]** As readily understood by one of skill in the art, any number of sequences may also be used to obtain the various SNPs or genetic variants referenced herein, and the variants

are not limited to the specific sequences or accession numbers provided herein. Examples of SNPs rs13148469, rs2050719, rs7760387, rs9399527, rs9784771, rs282792 are provided herein as SEQ. ID. NO.: 1, SEQ. ID. NO.: 2, SEQ. ID. NO.: 3, SEQ. ID. NO.: 4, SEQ. ID. NO.: 5, and SEQ. ID. NO.: 6, respectively. Similarly, examples of SNPs rs10440086, rs1352851, rs13148469, rs282792, rs443394, rs8091293, and rs10514090 are provided herein as SEQ. ID. NO.: 7, SEQ. ID. NO.: 8, SEQ. ID. NO.: 9, SEQ. ID. NO.: 10, SEQ. ID. NO.: 11, SEQ. ID. NO.: 12, and SEQ. ID. NO.: 13, respectively.

**[0017]** In accordance with low bone density studies referenced herein, examples of SNPs rs11576349 and rs4954555 are provided herein as SEQ. ID. NO.: 14 and SEQ. ID. NO.: 15, respectively.

**[0018]** As used herein, the term "biological sample" means any biological material from which nucleic acid molecules can be prepared. As non-limiting examples, the term material encompasses whole blood, plasma, saliva, cheek swab, or other bodily fluid or tissue that contains nucleic acid.

**[0019]** As disclosed herein, the inventors identified clinical, serologic and genetic factors associated with granuloma formation in Crohn's disease (CD), 371 patients with CD who underwent disease-related surgical resection by a single surgeon were included in the study. Surgical samples were examined specifically for the presence or not of granulomas. Patients' demographic and clinical characteristics were collected by chart review, and samples drawn for IBD related serology (ASCA, anti-I2, anti-OmpC, Cbir1 and ANCA) and genetic analyses. Genome-wide analyses were performed using Illumina technology. Standard statistical tests for association were used and genetic association was assessed both at the genome-wide level and against known IBD and Leprosy susceptibility loci.

**[0020]** As further disclosed herein, 34.7% of CD surgical samples were found to contain granulomas. Granulomas were not associated with CD disease behavior. High ASCA titer was associated with the presence of granulomas ( $p=0.02$ ). Patients with granulomas were younger at time of surgery (29.9 vs. 37.6 years,  $p=5 \times 10^{-7}$ ) and far less likely to have ever smoked (12 vs. 32%,  $p=7 \times 10^{-5}$ ). 14 Single Nucleotide Polymorphisms (SNPs) were associated with granulomas at a level of nominal association at a genome-wide level ( $p<0.00005$ ). These include a SNP adjacent to TGFb3, which has been implicated in the pathogenesis of stricturing Crohn's disease, and FTO, which is regulated by oral intake and is associated with raised body mass index. The strongest association was with NPAS2 ( $p=1 \times 10^{-6}$ ), a core circadian gene that has been shown to modulate transcription of CX3CL1, a chemokine involved in CD pathogenesis. Amongst known IBD-associated loci, 7 were associated with granuloma formation ( $p<0.05$ ), including: MUC1 (KL-6), also associated with granuloma-forming hypersensitivity pneumonitis; IL10, with known immunoregulatory function in the gut; and LRAP, associated with antigen presentation and LRRK2 a leucine-rich repeat kinase gene. One TNFSF15 SNP showed a trend towards association with the presence of granulomas ( $P=0.066$ ), of particular interest given a recent report that TNFSF15 is associated with Leprosy, another granulomatous condition. Of the known Leprosy loci (in addition to LRRK2 and TNFSF15), the inventors identified association with granulomatous CD and SNPs across the cytochrome P-450 cluster. Thus, the inventors have demonstrated putative genetic and demographic associations with the presence of

granulomas in CD including a number of genes associated with Leprosy suggesting unique pathways in the pathogenesis of this subset of CD.

**[0021]** In one embodiment, the present invention provides a method of diagnosing susceptibility to a subgroup of Crohn's disease in an individual, by obtaining a sample from the individual, and assaying the sample to determine the presence or absence of one or more genetic risk variants and/or risk serological markers, wherein the presence of one or more genetic risk variants and/or risk serological markers is indicative of susceptibility to the subgroup of Crohn's disease. In another embodiment, the subgroup of Crohn's disease is characterized by granuloma manifestations. In another embodiment, the one or more genetic risk variants are at the genetic loci of TGFb3, FTO, NPAS2, MUC1, IL10, LRAP, LRRK2, TNFSF15 and/or cytochrome p450 cluster. In another embodiment, the one or more risk serological markers include a high expression level of ASCA relative to a healthy subject.

**[0022]** In one embodiment, the present invention provides a method of treating Crohn's disease in an individual by determining the presence of one or more genetic risk variants associated with granulomas, and treating the individual.

**[0023]** As disclosed herein, the inventors identified 333 IBD subjects with bone density studies who had previously had genome wide association studies and IBD related serologies performed. Data on age, gender, ethnicity, disease distribution, surgeries, and smoking history were obtained from chart reviews. Osteoporosis, osteopenia, and normal bone mineral density (NBD) were defined by the WHO criteria based on DEXA scans. Standard tests for association between clinical characteristics, genetic markers and serologies were used. IBD related serology (ASCA, OmpC, I2, CBir-1, and ANCA) were obtained by ELISA and summarized into quartiles. Genetic data were generated using Illumina technology.

**[0024]** As further disclosed herein, of the 333 IBD study subjects, the inventors identified 252 cases of low bone density (LBD) and 81 cases of NBD. Disease location was not associated with LBD overall; however, perianal disease was associated with osteoporosis ( $P=0.021$ ). Small bowel disease requiring surgery was associated with LBD ( $P=0.022$ ), osteopenia ( $P=0.041$ ) and osteoporosis ( $P=0.05$ ). Smoking was not associated with bone density. Mean and median Anti-I2 titers were associated with LBD ( $P=0.023$ ) and osteoporosis ( $P=0.006$ ). On quartile analysis, anti-CBir1 titers were associated with LBD ( $P=0.036$ ) and osteoporosis ( $P=0.0006$ ); further, ASCA was associated with osteoporosis ( $P=0.03$ ). 38 genetic loci achieved nominal level of genome wide significance ( $P<5\times 10^{-5}$ ) including multiple single nucleotide polymorphisms (SNPs) at the HLA ( $P=1.37\times 10^{-7}$ ) as well as genes involved in cell adhesion (laminin,  $P=4.41\times 10^{-5}$ ) and innate immunity (plexin,  $P=9.02\times 10^{-7}$ ; NLR family,  $P=7.39\times 10^{-6}$ ). Stepwise linear regression was performed and all but 2 SNPs (rs 11576349 and rs4954555) fell out of the model. These two SNPs were independently associated with LBD ( $2.41\times 10^{-5}$  and  $1.07\times 10^{-5}$ ) and together this 2 SNP model was highly associated with LBD (p-value linear regression  $1.8\times 10^{-9}$ ) and explained 12.6 of the variance. Perianal disease is associated with osteoporosis; further, small bowel disease requiring surgery increases the risk for LBD. Anti-I2, anti-CBir1, and ASCA are associated with increased risk for LBD and/or osteoporosis. Genes including HLA, laminin and plexin are associated with LBD. Thus,

patients with these risk factors may benefit from more aggressive screening and treatment for osteoporosis.

**[0025]** In one embodiment, the present invention provides a method of diagnosing susceptibility to a condition characterized by low bone density in an individual by obtaining a sample from the individual, assaying the sample to determine the presence or absence of one or more risk factors and/or risk serological markers, where the presence of one or more genetic risk factors and/or risk serological markers is indicative of susceptibility to a condition characterized by low bone density in the individual. In another embodiment, the individual is diagnosed with inflammatory bowel disease (IBD). In another embodiment, the one or more risk factors include genetic risk variants at the genetic loci of HLA, laminin, and/or plexin. In another embodiment, the presence of perianal disease is associated with an increased risk of osteoporosis. In another embodiment, the presence of small bowel disease requiring surgery is associated with an increased risk of susceptibility to LBD, osteopenia, and/or osteoporosis. In another embodiment, the one or more risk serological markers include I2, Cbir1, and/or ASCA.

**[0026]** In one embodiment, the present invention provides a method of treating a condition characterized by low bone density in an individual, by determining the presence of one or more risk factors and/or serological markers, and treating the individual.

**[0027]** A variety of methods can be used to determine the presence or absence of a variant allele or haplotype. As an example, enzymatic amplification of nucleic acid from an individual may be used to obtain nucleic acid for subsequent analysis. The presence or absence of a variant allele or haplotype may also be determined directly from the individual's nucleic acid without enzymatic amplification.

**[0028]** Analysis of the nucleic acid from an individual whether amplified or not, may be performed using any of various techniques. Useful techniques include, without limitation, polymerase chain reaction based analysis, sequence analysis and electrophoretic analysis. As used herein, the term "nucleic acid" means a polynucleotide such as a single or double-stranded DNA or RNA molecule including, for example, genomic DNA, cDNA and mRNA. The term nucleic acid encompasses nucleic acid molecules of both natural and synthetic origin as well as molecules of linear, circular or branched configuration representing either the sense or antisense strand, or both, of a native nucleic acid molecule.

**[0029]** The presence or absence of a variant allele or haplotype may involve amplification of an individual's nucleic acid by the polymerase chain reaction. Use of the polymerase chain reaction for the amplification of nucleic acids is well known in the art (see, for example, Mullis et al. (Eds.), *The Polymerase Chain Reaction*, Birkhauser, Boston, (1994)).

**[0030]** A TaqmanB allelic discrimination assay available from Applied Biosystems may be useful for determining the presence or absence of a variant allele. In a TaqmanB allelic discrimination assay, a specific, fluorescent, dye-labeled probe for each allele is constructed. The probes contain different fluorescent reporter dyes such as FAM and VICTM to differentiate the amplification of each allele. In addition, each probe has a quencher dye at one end which quenches fluorescence by fluorescence resonant energy transfer (FRET). During PCR, each probe anneals specifically to complementary sequences in the nucleic acid from the individual. The 5' nuclease activity of Taq polymerase is used to cleave only

probe that hybridize to the allele. Cleavage separates the reporter dye from the quencher dye, resulting in increased fluorescence by the reporter dye. Thus, the fluorescence signal generated by PCR amplification indicates which alleles are present in the sample. Mismatches between a probe and allele reduce the efficiency of both probe hybridization and cleavage by Taq polymerase, resulting in little to no fluorescent signal. Improved specificity in allelic discrimination assays can be achieved by conjugating a DNA minor groove binder (MGB) group to a DNA probe as described, for example, in Kutuyavin et al., "3'-minor groove binder-DNA probes increase sequence specificity at PCR extension temperature," *Nucleic Acids Research* 28:655-661 (2000). Minor groove binders include, but are not limited to, compounds such as dihydrocyclopyrroloindole tripeptide (DPI).

**[0031]** Sequence analysis also may also be useful for determining the presence or absence of a variant allele or haplotype.

**[0032]** Restriction fragment length polymorphism (RFLP) analysis may also be useful for determining the presence or absence of a particular allele (Jarcho et al. in Dracopoli et al., *Current Protocols in Human Genetics* pages 2.7.1-2.7.5, John Wiley & Sons, New York; Innis et al., (Ed.), *PCR Protocols*, San Diego: Academic Press, Inc. (1990)). As used herein, restriction fragment length polymorphism analysis is any method for distinguishing genetic polymorphisms using a restriction enzyme, which is an endonuclease that catalyzes the degradation of nucleic acid and recognizes a specific base sequence, generally a palindrome or inverted repeat. One skilled in the art understands that the use of RFLP analysis depends upon an enzyme that can differentiate two alleles at a polymorphic site.

**[0033]** Allele-specific oligonucleotide hybridization may also be used to detect a disease-predisposing allele. Allele-specific oligonucleotide hybridization is based on the use of a labeled oligonucleotide probe having a sequence perfectly complementary, for example, to the sequence encompassing a disease-predisposing allele. Under appropriate conditions, the allele-specific probe hybridizes to a nucleic acid containing the disease-predisposing allele but does not hybridize to the one or more other alleles, which have one or more nucleotide mismatches as compared to the probe. If desired, a second allele-specific oligonucleotide probe that matches an alternate allele also can be used. Similarly, the technique of allele-specific oligonucleotide amplification can be used to selectively amplify, for example, a disease-predisposing allele by using an allele-specific oligonucleotide primer that is perfectly complementary to the nucleotide sequence of the disease-predisposing allele but which has one or more mismatches as compared to other alleles (Mullis et al., *supra*, (1994)). One skilled in the art understands that the one or more nucleotide mismatches that distinguish between the disease-predisposing allele and one or more other alleles are preferably located in the center of an allele-specific oligonucleotide primer to be used in allele-specific oligonucleotide hybridization. In contrast, an allele-specific oligonucleotide primer to be used in PCR amplification preferably contains the one or more nucleotide mismatches that distinguish between the disease-associated and other alleles at the 3' end of the primer.

**[0034]** A heteroduplex mobility assay (HMA) is another well known assay that may be used to detect a SNP or a haplotype. HMA is useful for detecting the presence of a polymorphic sequence since a DNA duplex carrying a mis-

match has reduced mobility in a polyacrylamide gel compared to the mobility of a perfectly base-paired duplex (Dewart et al., *Science* 262:1257-1261 (1993); White et al., *Genomics* 12:301-306 (1992)).

**[0035]** The technique of single strand conformational polymorphism (SSCP) also may be used to detect the presence or absence of a SNP and/or a haplotype (see Hayashi, K., *Methods Applic.* 1:34-38 (1991)). This technique can be used to detect mutations based on differences in the secondary structure of single-strand DNA that produce an altered electrophoretic mobility upon non-denaturing gel electrophoresis. Polymorphic fragments are detected by comparison of the electrophoretic pattern of the test fragment to corresponding standard fragments containing known alleles.

**[0036]** Denaturing gradient gel electrophoresis (DGGE) also may be used to detect a SNP and/or a haplotype. In DGGE, double-stranded DNA is electrophoresed in a gel containing an increasing concentration of denaturant; double-stranded fragments made up of mismatched alleles have segments that melt more rapidly, causing such fragments to migrate differently as compared to perfectly complementary sequences (Sheffield et al., "Identifying DNA Polymorphisms by Denaturing Gradient Gel Electrophoresis" in Innis et al., *supra*, 1990).

**[0037]** Other molecular methods useful for determining the presence or absence of a SNP and/or a haplotype are known in the art and useful in the methods of the invention. Other well-known approaches for determining the presence or absence of a SNP and/or a haplotype include automated sequencing and RNAase mismatch techniques (Winter et al., *Proc. Natl. Acad. Sci.* 82:7575-7579 (1985)). Furthermore, one skilled in the art understands that, where the presence or absence of multiple alleles or haplotype(s) is to be determined, individual alleles can be detected by any combination of molecular methods. See, in general, Birren et al. (Eds.) *Genome Analysis: A Laboratory Manual Volume 1 (Analyzing DNA)* New York, Cold Spring Harbor Laboratory Press (1997). In addition, one skilled in the art understands that multiple alleles can be detected in individual reactions or in a single reaction (a "multiplex" assay). In view of the above, one skilled in the art realizes that the methods of the present invention for diagnosing or predicting susceptibility to or protection against CD in an individual may be practiced using one or any combination of the well known assays described above or another art-recognized genetic assay.

**[0038]** One skilled in the art will recognize many methods and materials similar or equivalent to those described herein, which could be used in the practice of the present invention. Indeed, the present invention is in no way limited to the methods and materials described. For purposes of the present invention, the following terms are defined below.

#### EXAMPLES

**[0039]** The following examples are provided to better illustrate the claimed invention and are not to be interpreted as limiting the scope of the invention. To the extent that specific materials are mentioned, it is merely for purposes of illustration and is not intended to limit the invention. One skilled in the art may develop equivalent means or reactants without the exercise of inventive capacity and without departing from the scope of the invention.

## Example 1

## Granuloma

**[0040]** The inventors identified clinical, serologic and genetic factors associated with granuloma formation in Crohn's disease (CD). 371 patients with CD who underwent disease-related surgical resection by a single surgeon were included in the study. Surgical samples were examined specifically for the presence or not of granulomas. Patients' demographic and clinical characteristics were collected by chart review, and samples drawn for IBD related serology (ASCA, anti-I2, anti-OmpC, CBir1 and ANCA) and genetic analyses. Genome-wide analyses were performed using Illumina technology. Standard statistical tests for association were used and genetic association was assessed both at the genome-wide level and against known IBD and Leprosy susceptibility loci.

**[0041]** 34.7% of CD surgical samples were found to contain granulomas. Granulomas were not associated with CD disease behavior. High ASCA titre was associated with the presence of granulomas ( $p=0.02$ ). Patients with granulomas were younger at time of surgery (29.9 vs. 37.6 years,  $p=5 \times 10^{-7}$ ) and far less likely to have ever smoked (12 vs. 32%,  $p=7 \times 10^{-5}$ ). 14 Single Nucleotide Polymorphisms (SNPs) were associated with granulomas at a level of nominal association at a genome-wide level ( $p<0.00005$ ). These include a SNP adjacent to TGFb3, which has been implicated in the pathogenesis of stricturing Crohn's disease, and FTO, which is regulated by oral intake and is associated with raised body mass index. The strongest association was with NPAS2 ( $p=1 \times 10^{-6}$ ), a core circadian gene that has been shown to modulate transcription of CX3CL1, a chemokine involved in CD pathogenesis. Amongst known IBD-associated loci, 7 were associated with granuloma formation ( $p<0.05$ ), including: MUC1 (KL-6), also associated with granuloma-forming hypersensitivity pneumonitis; IL10, with known immunoregulatory function in the gut; and LRAP, associated with antigen presentation and LRRK2 a leucine-rich repeat kinase gene. One TNFSF15 SNP showed a trend towards association with the presence of granulomas ( $P=0.066$ ), of particular interest given a recent report that TNFSF15 is associated with Leprosy, another granulomatous condition. Of the known Leprosy loci (in addition to LRRK2 and TNFSF15), the inventors identified association with granulomatous CD and SNPs across the cytochrome P-450 cluster. Thus, the inventors have demonstrated putative genetic and demographic associations with the presence of granulomas in CD including a number of genes associated with Leprosy suggesting unique pathways in the pathogenesis of this subset of CD.

## Example 2

## Low Bone Density

**[0042]** The inventors identified 333 IBD subjects with bone density studies who had previously had genome wide association studies and IBD related serologies performed. Data on age, gender, ethnicity, disease distribution, surgeries, and smoking history were obtained from chart reviews. Osteoporosis, osteopenia, and normal bone mineral density (NBD) were defined by the WHO criteria based on DEXA scans. Standard tests for association between clinical characteristics, genetic markers and serologies were used. IBD related serology (ASCA, OmpC, I2, CBir-1, and ANCA)

were obtained by ELISA and summarized into quartiles. Genetic data were generated using Illumina technology.

**[0043]** Of the 333 IBD study subjects, the inventors identified 252 cases of LBD and 81 cases of NBD. Disease location was not associated with LBD overall; however, perianal disease was associated with osteoporosis ( $P=0.021$ ). Small bowel disease requiring surgery was associated with LBD ( $P=0.022$ ), osteopenia ( $P=0.041$ ) and osteoporosis ( $P=0.05$ ). Smoking was not associated with bone density. Mean and median Anti-I2 titers were associated with LBD ( $P=0.023$ ) and osteoporosis ( $P=0.006$ ). On quartile analysis, anti-CBir-1 titers were associated with LBD ( $P=0.036$ ) and osteoporosis ( $P=0.0006$ ); further, ASCA was associated with osteoporosis ( $P=0.03$ ). 38 genetic loci achieved nominal level of genome wide significance ( $P<5 \times 10^{-5}$ ) including multiple single nucleotide polymorphisms (SNPs) at the HLA ( $P=1.37 \times 10^{-7}$ ) as well as genes involved in cell adhesion (laminin,  $P=4.41 \times 10^{-5}$ ) and innate immunity (plexin,  $P=9.02 \times 10^{-7}$ ; NLR family,  $P=7.39 \times 10^{-6}$ ). Stepwise linear regression was performed and all but 2 SNPs (rs11576349 and rs4954555) fell out of the model. These two SNPs were independently associated with LBD ( $2.41 \times 10^{-5}$  and  $1.07 \times 10^{-5}$ ) and together this 2 SNP model was highly associated with LBD (p-value linear regression  $1.8 \times 10^{-9}$ ) and explained 12.6 of the variance. Perianal disease is associated with osteoporosis; further, small bowel disease requiring surgery increases the risk for LBD. Anti-I2, anti-CBir-1, and ASCA are associated with increased risk for LBD and/or osteoporosis. Genes including HLA, laminin and plexin are associated with LBD. Thus, patients with these risk factors may benefit from more aggressive screening and treatment for osteoporosis.

**[0044]** While the description above refers to particular embodiments of the present invention, it should be readily apparent to people of ordinary skill in the art that a number of modifications may be made without departing from the spirit thereof. The presently disclosed embodiments are, therefore, to be considered in all respects as illustrative and not restrictive.

**[0045]** The various methods and techniques described above provide a number of ways to carry out the invention. Of course, it is to be understood that not necessarily all objectives or advantages described may be achieved in accordance with any particular embodiment described herein. Thus, for example, those skilled in the art will recognize that the methods can be performed in a manner that achieves or optimizes one advantage or group of advantages as taught herein without necessarily achieving other objectives or advantages as may be taught or suggested herein. A variety of advantageous and disadvantageous alternatives are mentioned herein. It is to be understood that some preferred embodiments specifically include one, another, or several advantageous features, while others specifically exclude one, another, or several disadvantageous features, while still others specifically mitigate a present disadvantageous feature by inclusion of one, another, or several advantageous features.

**[0046]** Furthermore, the skilled artisan will recognize the applicability of various features from different embodiments. Similarly, the various elements, features and steps discussed above, as well as other known equivalents for each such element, feature or step, can be mixed and matched by one of ordinary skill in this art to perform methods in accordance with principles described herein. Among the various elements, features, and steps some will be specifically included and others specifically excluded in diverse embodiments.



[0047] Although the invention has been disclosed in the context of certain embodiments and examples, it will be understood by those skilled in the art that the embodiments of the invention extend beyond the specifically disclosed embodiments to other alternative embodiments and/or uses and modifications and equivalents thereof.

[0048] Many variations and alternative elements have been disclosed in embodiments of the present invention. Still further variations and alternate elements will be apparent to one of skill in the art. Among these variations, without limitation, are the selection of constituent modules for the inventive compositions, and the diseases and other clinical conditions that may be diagnosed, prognosed or treated therewith. Various embodiments of the invention can specifically include or exclude any of these variations or elements.

[0049] In some embodiments, the numbers expressing quantities of ingredients, properties such as concentration, reaction conditions, and so forth, used to describe and claim certain embodiments of the invention are to be understood as being modified in some instances by the term "about." Accordingly, in some embodiments, the numerical parameters set forth in the written description and attached claims are approximations that can vary depending upon the desired properties sought to be obtained by a particular embodiment. In some embodiments, the numerical parameters should be construed in light of the number of reported significant digits and by applying ordinary rounding techniques. Notwithstanding that the numerical ranges and parameters setting forth the broad scope of some embodiments of the invention are approximations, the numerical values set forth in the specific examples are reported as precisely as practicable. The numerical values presented in some embodiments of the invention may contain certain errors necessarily resulting from the standard deviation found in their respective testing measurements.

[0050] In some embodiments, the terms "a" and "an" and "the" and similar references used in the context of describing a particular embodiment of the invention (especially in the context of certain of the following claims) can be construed to cover both the singular and the plural. The recitation of ranges of values herein is merely intended to serve as a shorthand method of referring individually to each separate value falling within the range. Unless otherwise indicated herein, each individual value is incorporated into the specification as if it were individually recited herein. All methods described herein can be performed in any suitable order unless otherwise indicated herein or otherwise clearly contradicted by

context. The use of any and all examples, or exemplary language (e.g. "such as") provided with respect to certain embodiments herein is intended merely to better illuminate the invention and does not pose a limitation on the scope of the invention otherwise claimed. No language in the specification should be construed as indicating any non-claimed element essential to the practice of the invention.

[0051] Groupings of alternative elements or embodiments of the invention disclosed herein are not to be construed as limitations. Each group member can be referred to and claimed individually or in any combination with other members of the group or other elements found herein. One or more members of a group can be included in, or deleted from, a group for reasons of convenience and/or patentability. When any such inclusion or deletion occurs, the specification is herein deemed to contain the group as modified thus fulfilling the written description of all Markush groups used in the appended claims.

[0052] Preferred embodiments of this invention are described herein, including the best mode known to the inventors for carrying out the invention. Variations on those preferred embodiments will become apparent to those of ordinary skill in the art upon reading the foregoing description. It is contemplated that skilled artisans can employ such variations as appropriate, and the invention can be practiced otherwise than specifically described herein. Accordingly, many embodiments of this invention include all modifications and equivalents of the subject matter recited in the claims appended hereto as permitted by applicable law. Moreover, any combination of the above-described elements in all possible variations thereof is encompassed by the invention unless otherwise indicated herein or otherwise clearly contradicted by context.

[0053] Furthermore, numerous references have been made to patents and printed publications throughout this specification. Each of the above cited references and printed publications are herein individually incorporated by reference in their entirety.

[0054] In closing, it is to be understood that the embodiments of the invention disclosed herein are illustrative of the principles of the present invention. Other modifications that can be employed can be within the scope of the invention. Thus, by way of example, but not of limitation, alternative configurations of the present invention can be utilized in accordance with the teachings herein. Accordingly, embodiments of the present invention are not limited to that precisely as shown and described.

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aaagatgtca agaaagaaaa gcccaactcat aaa 753

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1. A method of diagnosing susceptibility to granuloma in an individual with Crohn's disease, comprising:

- (a) obtaining a sample from the individual;
- (b) assaying the sample to determine the presence or absence of at least one risk genetic variant;
- (c) assaying the sample to determine the presence or absence of at least one risk serological marker; and
- (d) diagnosing susceptibility to granuloma in the individual if the at least one risk genetic variant is present, or if the at least one risk serological marker is present, or if the at least one risk genetic variant is present and the at least one risk serological marker is present.

2. The method of claim 1, wherein the at least one risk genetic variant is at the genetic locus of TGFb3, FTO, NPAS2, MUC1, IL10, LRAP, LRRK2, TNFSF15, or cytochrome P-450 cluster, or a combination thereof.

3. The method of claim 1, wherein the at least one risk serological marker is selected from the group consisting of anti-Cbir1, ANCA, ASCA, anti-OmpC, and anti-I2.

4. The method of claim 3, wherein the ASCA is present in high titre.

5. The method of claim 1, wherein the at least one risk genetic variant comprises SEQ. ID. NO.: 1, SEQ. ID. NO.: 2, SEQ. ID. NO.: 3, SEQ. ID. NO.: 4, SEQ. ID. NO.: 5, and/or SEQ. ID. NO.: 6.

6. The method of claim 1, wherein the at least one risk genetic variant comprises SEQ. ID. NO.: 7, SEQ. ID. NO.: 8, SEQ. ID. NO.: 9, SEQ. ID. NO.: 10, SEQ. ID. NO.: 11, SEQ. ID. NO.: 12, and/or SEQ. ID. NO.: 13.

7. The method of claim 1, wherein the Crohn's disease is associated with a small bowel disease phenotype, an aggressive complicating phenotype, an internal penetrating disease phenotype, a stricturing disease phenotype, a fibrostenosing disease phenotype, or a combination thereof.

8. The method of claim 1, wherein the sample comprises a nucleic acid from the individual.

9. A method of diagnosing granuloma in an individual with Crohn's disease, comprising:

- (a) obtaining a sample from the individual;
- (b) assaying the sample to determine the presence or absence of at least one risk genetic variant;
- (c) assaying the sample to determine the presence or absence of at least one risk serological marker; and
- (d) diagnosing granuloma in the individual if the at least one risk genetic variant is present, or if the at least one risk serological marker is present, or if the at least one risk genetic variant is present and the at least one risk serological marker is present.

10. The method of claim 9, wherein the at least one risk genetic variant is at the genetic locus of TGFb3, FTO, NPAS2, MUC1, IL10, LRAP, LRRK2, TNFSF15, cytochrome P-450 cluster, or a combination thereof.

11. The method of claim 9, wherein the at least one risk serological marker is selected from the group consisting of anti-Cbir1, ANCA, ASCA, anti-OmpC, and anti-I2.

12. The method of claim 11, wherein the ASCA is present in high titre.

**13.** The method of claim **9**, wherein the at least one risk genetic variant comprises SEQ. ID. NO.: 1, SEQ. ID. NO.: 2, SEQ. ID. NO.: 3, SEQ. ID. NO.: 4, SEQ. ID. NO.: 5, and/or SEQ. ID. NO.: 6.

**14.** The method of claim **9**, wherein the at least one risk genetic variant comprises SEQ. ID. NO.: 7, SEQ. ID. NO.: 8, SEQ. ID. NO.: 9, SEQ. ID. NO.: 10, SEQ. ID. NO.: 11, SEQ. ID. NO.: 12, and/or SEQ. ID. NO.: 13.

**15.** The method of claim **9**, wherein the Crohn's disease is associated with a small bowel disease phenotype, an aggressive complicating phenotype, an internal penetrating disease phenotype, a stricturing disease phenotype, a fibrostenosing disease phenotype, or a combination thereof.

**16.** A method of diagnosing susceptibility to low bone density (LBD) in an individual with inflammatory bowel disease (IBD), comprising:

- (a) obtaining a sample from the individual;
- (b) assaying the sample to determine the presence or absence of at least one risk genetic variant;
- (c) assaying the sample to determine the presence or absence of at least one risk serological marker; and
- (d) diagnosing susceptibility to LBD in the individual if the at least one risk genetic variant is present, or if the at least one risk serological marker is present, or if the at least one risk genetic variant is present and the at least one risk serological marker is present.

**16.** The method of claim **16**, where the LBD is associated with osteoporosis and/or osteopenia.

**17.** The method of claim **16**, wherein the at least one risk genetic variant is at the genetic locus of HLA, laminin, plexin, NLR family, or a combination thereof

**18.** The method of claim **16**, wherein the at least one risk genetic variant is SEQ. ID. NO.: 14 and/or SEQ. ID. NO.: 15.

**19.** The method of claim **16**, wherein the at least one risk serological marker is selected from the group consisting of anti-Cbir1, ASCA, and anti-I2.

**20.** The method of claim **16**, wherein the IBD is associated with perianal disease.

**21.** A method of treating low bone density (LBD) in an individual with inflammatory bowel disease (IBD), comprising:

- (a) obtaining a sample from the individual;
- (b) assaying the sample to determine the presence or absence of at least one risk genetic variant;
- (c) assaying the sample to determine the presence or absence of at least one risk serological marker; and
- (d) treating LBD in the individual if the at least one risk genetic variant is present, or if the at least one risk serological marker is present, or if the at least one risk genetic variant is present and the at least one risk serological marker is present.

**22.** The method of claim **21**, wherein the at least one risk genetic variant is SEQ. ID. NO.: 14 and/or SEQ. ID. NO.: 15.

**23.** The method of claim **21**, wherein the at least one risk serological marker is selected from the group consisting of anti-Cbir1, ASCA, and anti-I2.

\* \* \* \* \*