

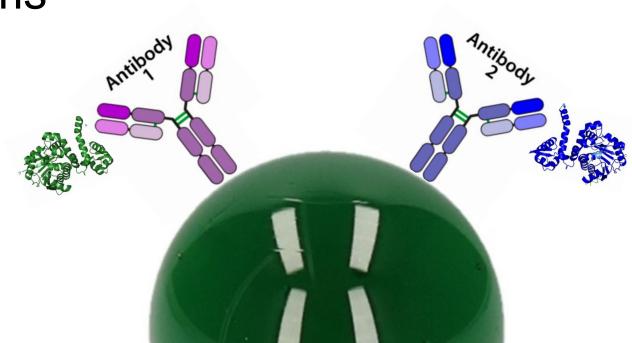






Simultaneous quantification of protein biomarker isoforms by dual immunocapture and LC-MS/MS

Nico van de Merbel 15 November 2023





# ACKNOWLEDGEMENT

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Michel Vos

Ido Kema

Gijs den Besten



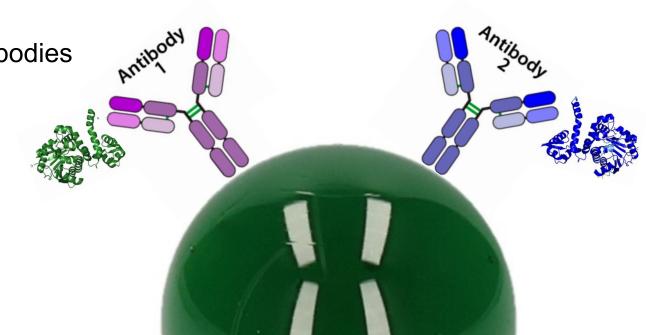






# CONTENT

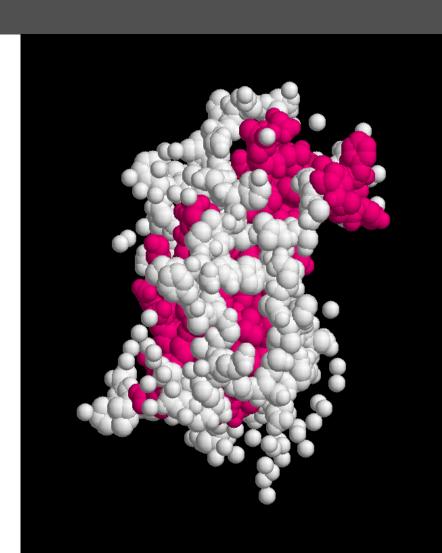
- Biomarker isoforms
  - o growth hormone 1 and 2
- Dual immunocapture
  - two isoform-specific capture antibodies
- LC-MS/MS method
  - Special points of attention
- **Application** 
  - Progress of pregnancy



# BIOMARKER ISOFORMS

#### **Human growth hormone (GH)**

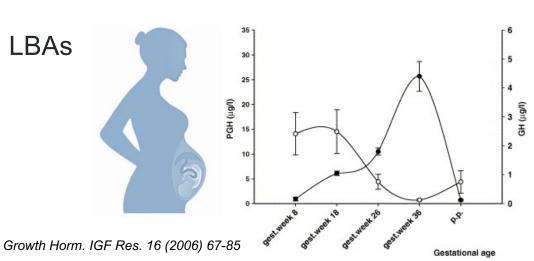
- Four main isoforms
  - GH1-22 kDa (pituitary, ~85%) → growth disorders
  - GH1-20 kDa (pituitary, ~10%)
  - GH2-22 kDa (placental) → pregnancy
  - GH2-20 kDa (placental)
- Reference standards differ in composition
- Specificity of LBA reagents generally unknown

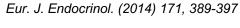


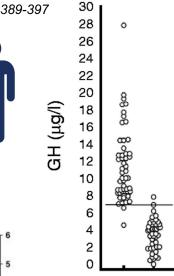
# **BIOMARKER ISOFORMS**

#### **Human growth hormone (GH)**

- GH1
  - limited comparability of LBA results
- GH2
  - lack of reliable commercial LBAs







no yes

**GH** deficiency

6

# **BIOMARKER ISOFORMS**

> GH1-22 kDa (191 amino acids) childhood/puberty

**FPTIPLSRLFDNAMLRAHRLHQLAF** D STQPN-FEQYT **CFSESIPTPSNREETQQKSNLELLR** S **CYLLGYNKLLADDNHSNTDFKS FGCSG** Q S **DKVETFLRIVQCRS** G Ε DLEEGIQTLMGRLEDGSPRT K LDYVNSDSAGYVLSNAFVSRLF

> GH1-20 kDa (176 amino acids, 92% similarity) childhood/puberty

**GH2-22 kDa** (191 amino acids, 93% similarity) pregnancy

> GH2-20 kDa (176 amino acids, 86% similarity) pregnancy

VQTVPLSRLFDHAMLQAHRAHQLAI

D
STQSDHLFSYKQDKPIYTEEFEQYT
F
CFSDSIPTPSNMEETQQKSNLELLR

I
S
CYLLGYNKLLADHNHSNTDFKS L
F Y L
R T L
K FGCSG Q I
D E K E
M V L S
DKVETFLRMVQCRS I W
Q L
G E
DLEEGIQTLMGRLEDGSRRT P
K V
L
R R
LHYDDSDSTDYVLNNAFMSRLF

CSH (191 amino acids, 84% similarity) pregnancy

G

(191 amino acids, 84% similarity)

pregnancy

# **BIOMARKER ISOFORMS**

GH1-22 kDa specific

**FPTIPLSRLFDNAMLRAHRLHQLAF** STQPNQLFSYKQEKPIYAEEFEQYT **CFSESIPTPSNREETQQKSNLELLR CYLLGYNKLLADDNHSNTDFKS FGCSG** Q **DKVETFLRIVQCRS** G **DLEEGIQTLMGRLEDGSPRT** LDYVNSDSAGYVLSNAFVSRLF

> GH1-22 kDa (191 amino acids) childhood/puberty

**FPTIPLSRLFDNAMLRAHRLHQLAF STQPN** -FEQYT **CFSESIPTPSNREETQQKSNLELLR** S **CYLLGYNKLLADDNHSNTDFKS FGCSG** Q Q S **DKVETFLRIVQCRS** G DLEEGIQTLMGRLEDGSPRT K LDYVNSDSAGYVLSNAFVSRLF

> GH1-20 kDa (176 amino acids, 92% similarity) childhood/puberty

FPTIPLSRLFDNAMLRARRLYQLAY STQPNQLFSYKQEKLIYAEEFEQYT **CFSESIPTPSNRVKTQQKSNLELLR** S **CYLLGYNKLLADDNHSKTDFKS FGCSG** Q S **DKVETFLRIVQCRS DLEEGIQTLMWRLEDGSPRT HRYVNSDSAGYVLSNAFVSRLL** 

GH2-22 kDa specific

GH2-22 kDa (191 amino acids, 93% similarity) pregnancy

**FPTIPLSRLFDNAMLRARRLYQLAY** QTVPLSRLFDHAMLQAHRAHQLAI STQPN-**FEOYT** STQSDHLFSYKQDKPIYTEEFEQYT CFSESIPTPSNRVKTQQKSNLELLR **CFSDSIPTPSNMEETQQKSNLELLR CYLLGYNKLLADDNHSKTDFKS** CYLLGYNKLLADHNHSNTDFKS **FGCSG FGCSG** Q S **DKVETFLRIVQCRS DKVETFLRMVQCRS** Ε **DLEEGIQTLMWRLEDGSPRT** DLEEGIQTLMGRLEDGSRRT Κ **HRYVNSDSAGYVLSNAFVSRLL** LHYDDSDSTDYVLNNAFMSRLF **CSH** GH2-20 kDa

(176 amino acids,

86% similarity)

pregnancy

total GH specific

#### Relevant plasma concentrations:

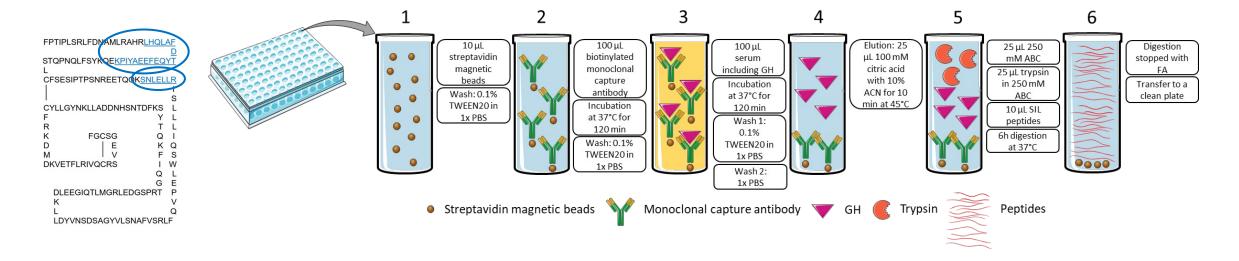
- GH1-22 kDa: ~0.5-30 ng/mL
- GH2-22 kDa: ~2-50 ng/mL
- total GH: unknown

immunocapture needed for analyte enrichment

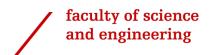


#### **Analytical approach single analyte:**

- Reference standard: recombinant human GH1-22 kDa
- Internal standards: two stable isotope labeled signature peptides
- Capture by mouse anti-human GH antibody, specificity and binding epitope unknown
- Surrogate matrix: rat plasma

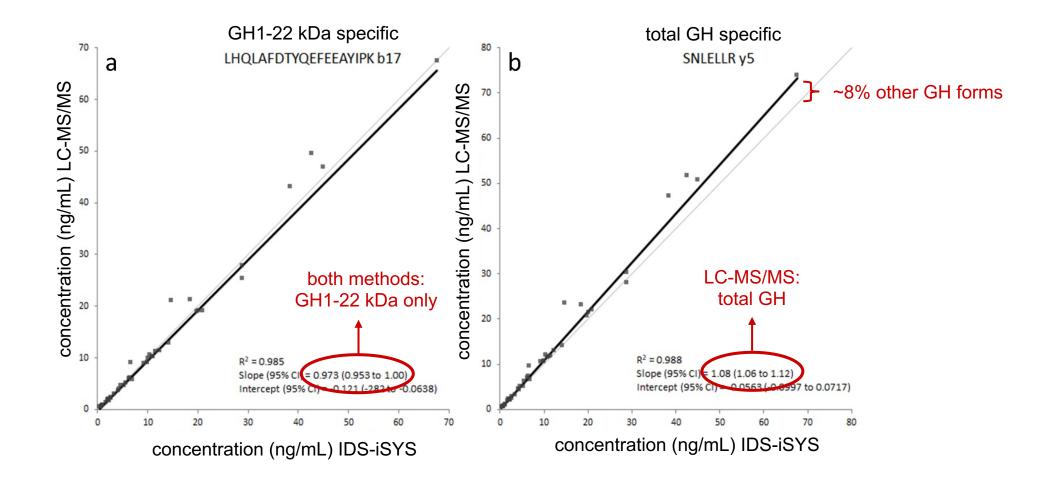




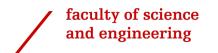


#### Results single analyte:

- Anti-GH capture antibody shows cross-reactivity
- Extraction recovery GH1-22 kDa: ~70%, reproducible across three batches of capture reagent
- Extraction recovery GH2-22 kDa: ~30-60%, fluctuating across three batches of capture reagent
- Method validated for GH1-22 kDa quantification (monitoring growth disorders and treatment)

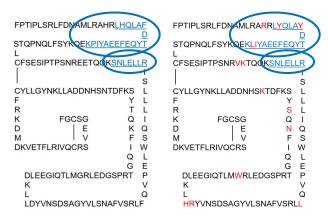




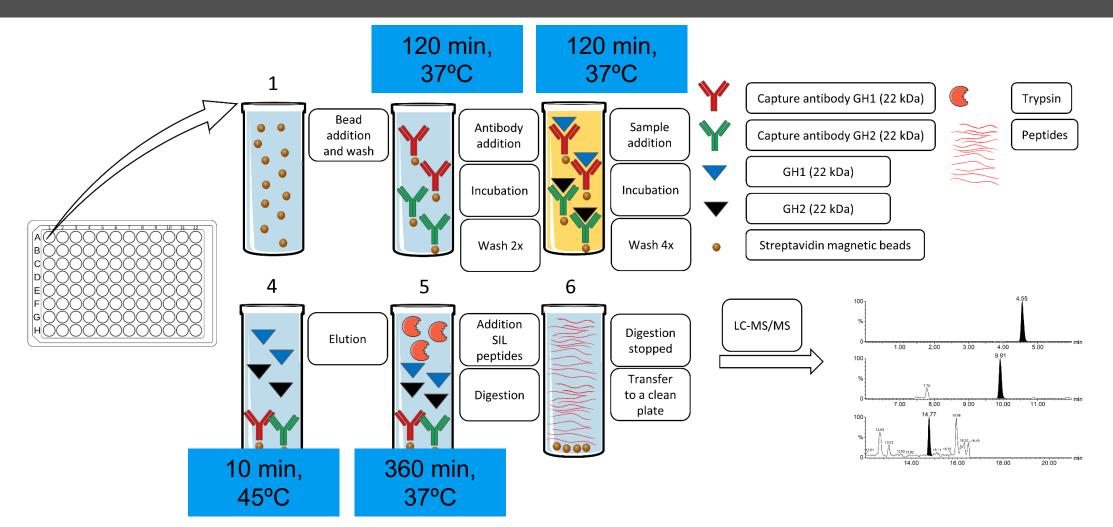


#### **Analytical approach two analytes:**

- Reference standards: recombinant human GH1-22 kDa and GH2-22 kDa
- Internal standards: three stable isotope labeled signature peptides
- Capture by (1) mouse anti-human GH antibody, specificity and binding epitope unknown and (2) mouse anti-human GH2 antibody, no cross-reactivity towards GH1 or CSH
- Surrogate matrix: rat plasma









#### Results two analytes:

Extraction recovery GH1-22 kDa: ~70%

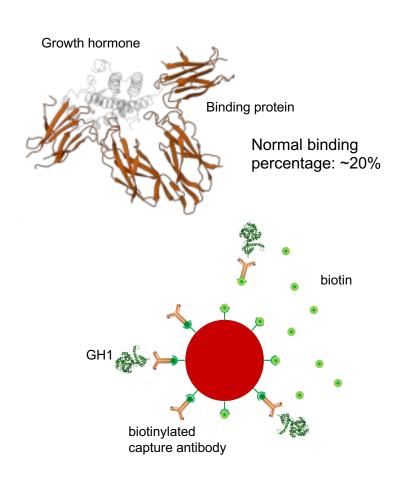
Extraction recovery GH2-22 kDa: ~90%

GH1

Interference test for LHQLAFDTYQEFEEAYIPK, n=3					
Concentration (ng/mL)	Low QC (2.37 ng/mL)				
Interference	GHBP (100-fold)	Biotin (750 ng/mL)	Biotin (1000 ng/mL)	Biotin (1500 ng/mL)	
Bias (%)	+8.1	+4.2	-14.5	-24.1	
CV (%)	1.9	10.8	9.3	2.0	

GH2

Interference test for LYQLAYDTYQEFEEAYILK, n=3					
Concentration (ng/mL)	Low QC (4.43 ng/mL)				
Interference	GHBP (50-fold)	Biotin (500 ng/mL)	Biotin (1000 ng/mL)	Biotin (1500 ng/mL)	
Bias (%)	+0.9	9.6	-0.7	-6.0	
CV (%)	0.1	8.6	12.5	13.5	





#### Results two analytes:

Extraction recovery GH1-22 kDa: ~70%

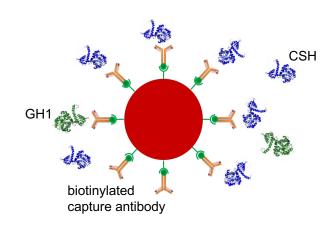
Extraction recovery GH2-22 kDa: ~90%

GH1

Interference test for LHQLAFDTYQEFEEAYIPK, n=3						
Concentration (ng/mL)	Low QC (2.37 ng/mL)		Low QC (1.50 ng/mL)			
Interference	GH2-22 kDa (35 ng/mL)	20 kDa forms (6 ng/mL)	CSH (~100 ng/mL)			
Bias (%)	+6.3	+6.4	-19.8			
CV (%)	2.1	3.2	7.6			

GH2

Interference test for LYQLAYDTYQEFEEAYILK, n=3					
Concentration (ng/mL)	Low QC (4.43 ng/mL)		Low QC (5.00 ng/mL)		
Interference	GH1-22 kDa (35 ng/mL)	20 kDa forms (6 ng/mL)	CSH (~20 ng/mL)		
Bias (%)	-3.3	+3.0	+15.0		
CV (%)	5.7	8.8	10.2		



#### Concentration of stock solution

Reference standards typically provided as lyophilized dry powder (down to low µg quantities)
Confirm concentration by reconstitution, digestion and comparison to equimolar amount of signature peptide

#### GH1-22 kDa:

- WHO standard, lyophilized aqueous solution containing 1.95 mg GH, 20 mg glycine, 2 mg mannitol, 2 mg lactose, 2.5 mg sodium bicarbonate
- Advice: redissolve content of vial in suitable solution, for low concentrations include carrier protein
- Reconstitution in 1.95 mL of water (→ 1 mg/mL) gives 100% of label claim



#### Concentration of stock solution

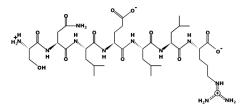
Reference standards typically provided as lyophilized dry powder (down to low µg quantities)
Confirm concentration by reconstitution, digestion and comparison to equimolar amount of signature peptide

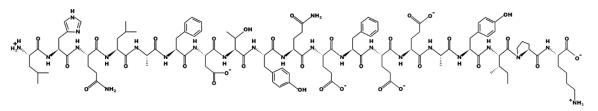
#### GH2-22 kDa:

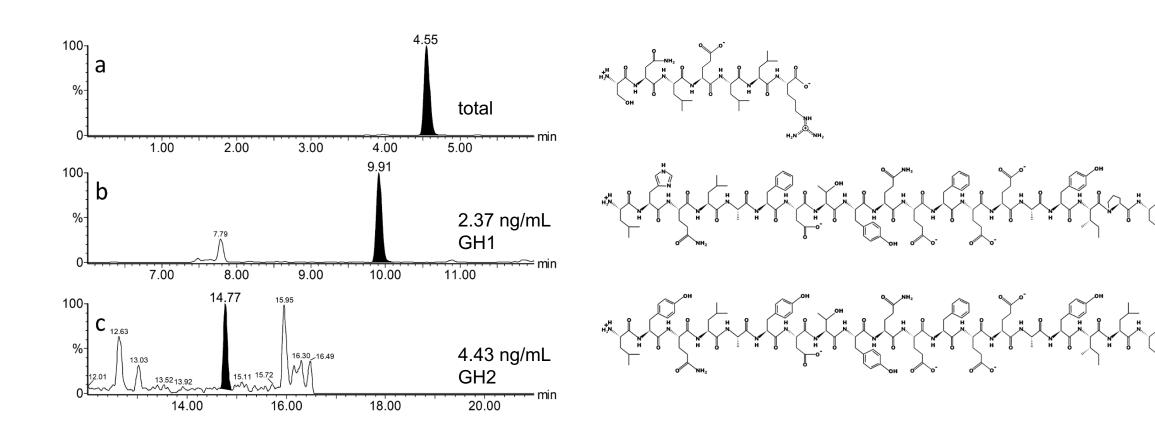
- Commercial provider, lyophilized aqueous sodium bicarbonate solution pH8-9, containing 50 μg GH
- Advice: redissolve content of vial in 0.4% NaHCO3 or water pH 8-9, not below 100 μg/mL
- Reconstitution in 0.5 mL of water pH 9 (→ 100 µg/mL) gives <50% of label claim</li>
- Reconstitution in 0.5 mL of water containing 0.1% BSA and 0.1% DDM (→ 100 μg/mL) gives 100% of label claim

#### **Signature peptides:**

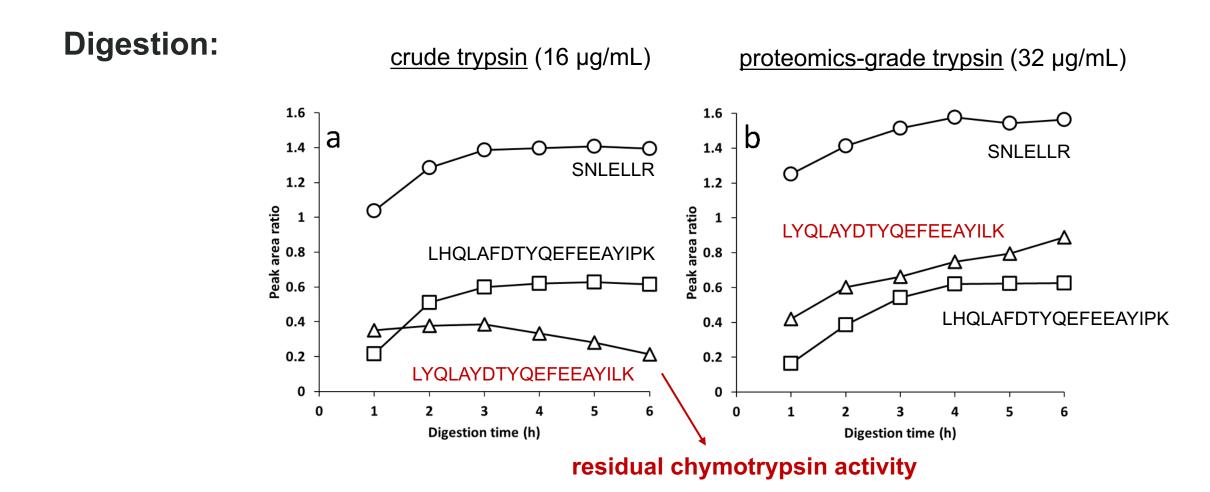
- total GH: SNLELLR
  - $_{\circ}$  m/z: 422.7 [M+2H]<sup>2+</sup> > 530.3 (y<sub>4</sub><sup>+</sup>)
  - opl: 7.0; hydrophobicity: 26.3
- GH1-22 kDa: LHQLAFDTYQEFEEAYIPK
  - $_{\circ}$  m/z: 781.4 [M+3H]<sup>3+</sup> > 993.4 (b16<sup>2+</sup>)
  - pl: 4.2; hydrophobicity: 44.7
- GH2-22 kDa: LYQLAYDTYQEFEEAYILK
  - <sub>o</sub> m/z: 800.7 [M+3H]<sup>3+</sup>> 824.9 (y13<sup>2+</sup>)
  - 。 pl: 3.7; hydrophobicity: 48.9



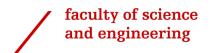










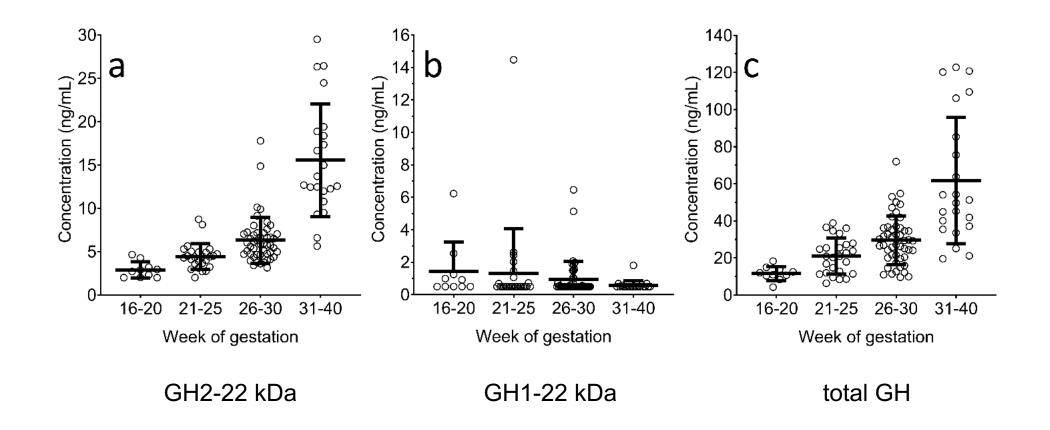


#### **APPLICATION**

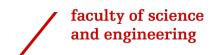
#### Sample set:

- 107 plasma samples from pregnant individuals (weeks of gestation: 16-37)
- GH2-22 kDa levels (based on peptide LYQLAYDTYQEFEEAYILK) increase during pregnancy:
  - average of 3 ng/mL in weeks 16-20 of pregnancy
  - average of 15 ng/mL in weeks 31-40 of pregnancy
- GH1-22 kDa levels (based on peptide LHQLAFDTYQEFEEAYIPK) almost completely suppressed:
  - 50% have quantifiable (>0.5 ng/mL) levels in weeks 16-20 of pregnancy
  - 20% have quantifiable (>0.5 ng/mL) levels in weeks 31-40 of pregnancy
- total GH levels (based on peptide SNLELLR) also estimated to increase during pregnancy:
  - average of 10 ng/mL in weeks 16-20 of pregnancy
  - o average of 60 ng/mL in weeks 31-40 of pregnancy

# **APPLICATION**







#### CONCLUSION

- Simultaneous quantification of low to sub-ng/mL plasma levels protein biomarkers isoforms
  of high structural similarity can be achieved
- By the combination of multiplexed immunocapture, enzymatic digestion and LC-MS/MS determination of an isoform-specific signature peptide for each isoform
- Exemplified by human growth hormone isoforms GH1-22 kDa and GH2-22 kDa (93% similarity) with an additional readout for total GH
- Next to other method performance parameters, it is essential to confirm the absence of interference of other isoforms, binding protein(s) and biotin



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