

A-370 Multiplexed, Isotype-Specific Ultrasensitive Research-Use Bridging Serology Assays for Detection of Autoimmune Reactivities

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1 Abstract

Background: Autoimmune diseases affect over 50 million Americans and have rapidly rising incidence. The presence of multiple specific autoantibodies can often predict disease onset in at-risk individuals [e.g. type 1 diabetes (T1D), systemic lupus erythematosus, celiac disease], and assist in distinguishing disorders with similar clinical features (e.g. T1D versus type 2 diabetes). In an ongoing study to assess the feasibility of developing highly sensitive and specific multiplexed antigen-bridging serology panels for detection of autoimmune biomarkers, the MSD® MULTI-ARRAY technology is being used to produce research-use assays for detection of T1D, other organ-specific autoimmune disease, and connective tissue disorder biomarkers. First generation multiplexed assay panels developed to detect T1D autoantibodies to glutamic acid decarboxylase (GADA), insulinoma 2 (IA2A), and insulin (IAA), as well as markers relevant to celiac disease, autoimmune gastritis, and thyroid disease, were previously tested using assay proficiency evaluation samples from the Islet Autoantibody Standardization Program. In those studies, the MSD T1D-relevant assays performed comparably to existing assays, with the advantages of low sample requirements for multiplexed detection (<25 µL needed for detection of up to 10 biomarkers), high throughput, and no radioactivity [Mathew et al. (2016) Diabetes 65(Supplement 1):A431-A440, 1673P]. In the current phase of the project, next generation assays have been developed using MSD's ultrasensitive assay format to enhance multiplexed detection of autoimmune disease-related reactivities with the additional capability to discern autoantibody isotypes.

Objective: The objective of the study was to compare performance of the first and second generation MSD bridging serology assay panels in a 96-well plate, high throughput format. The assays were assessed using commercially purchased T1D and presumably normal individual sera. The multiplexing capability enabled simultaneous quantitative measurement of T1D and comorbid disease markers. The second generation assay was formatted for detection of IgG reactivities, but can easily be formatted for detection of other antibody isotypes (IgA, IgM).

Results: Preliminary data show that assay sensitivities/specificities improve from 65%/100% to 91%/96% (IAA detection), 57%/100% to 70%/92% (GADA detection), and 35%/95% to 48%/96% (IA2A detection) when comparing the first and second generation assays, respectively. Furthermore, ultrasensitive assays were included for detection of pro-insulin autoantibodies (pro-IAA) and zinc transporter 8 (ZnT8) that demonstrated initial specificity/sensitivity values of 96%/100% and 22%/92%, respectively. Two or more T1D reactivities were detected in eighteen of the twenty-four T1D samples tested and in one of the twenty-five normal samples screened.

Conclusion: The sample-sparing ultrasensitive multiplexed MSD autoantibody assays significantly enhance the ability to identify samples containing multiple autoimmune reactivities, with the capability to distinguish specific antibody isotypes, while retaining the high specificity of the bridging serology assay format.

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2 MSD Technology

MSD's electrochemiluminescence detection technology uses SULFO-TAG™ labels that emit light upon electrochemical stimulation initiated at the electrode surfaces of MULTI-ARRAY® and MULTI-SPOT® microplates.



Electrochemiluminescence Technology

- Minimal non-specific background and strong responses to analyte yield high signal-to-background ratios.
- The stimulation mechanism (electricity) is decoupled from the response (light signal), minimizing matrix interference.
- Only labels bound near the electrode surface are excited, enabling non-washed assays.
- Labels are stable, non-radioactive, and directly conjugated to biological molecules.
- Emission at ~620 nm eliminates problems with color quenching.
- Multiple rounds of label excitation and emission enhance light levels and improve sensitivity.
- Carbon electrode surface has 10X greater binding capacity than polystyrene wells.
- Surface coatings can be customized.

3 Methodology and Preliminary Data

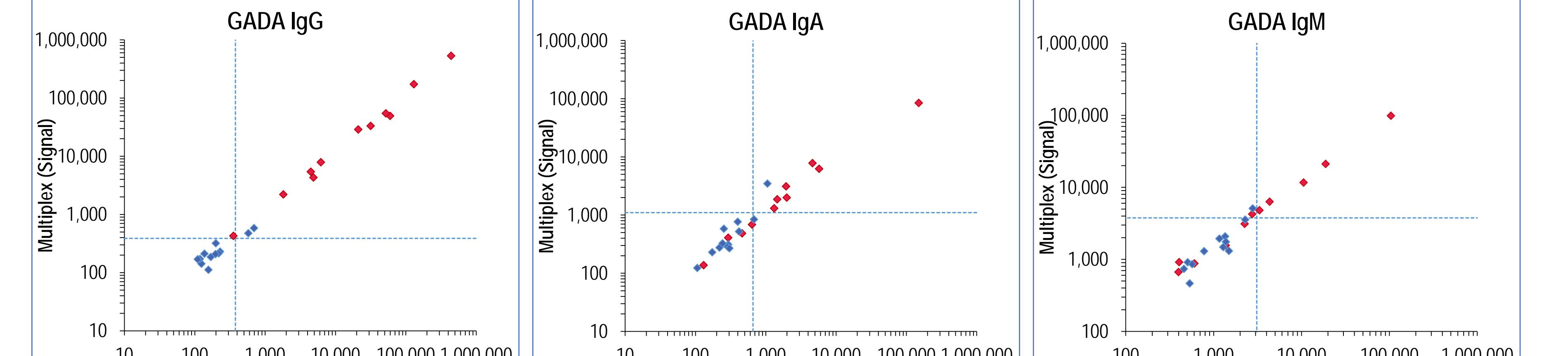
The bridging assay format is used to detect antigen-specific autoantibodies in serum samples. This method uses autoantigens labeled with either detection or capture tags. Antigen-specific antibodies must bind to both species of antigen to obtain signal, ensuring improved assay specificity. Using U-PLEX® technology, we combine the performance advantages of the bridging format with the sample-sparing advantages of MSD multiplexed assays. Simultaneous detection of multiple autoantigen reactivities minimizes the amount of sample needed. Samples are tested in duplicate, along with MSD positive control sera, where available. First generation multiplexed bridging assays for T1D-relevant biomarkers have previously been demonstrated to show excellent discrimination of positive from negative reactive samples using the IASP blinded sample cohort. The current generation of assays incorporates an optimized assay format and adds the ability to distinguish antibody isotypes. Preliminary data were generated using commercially purchased T1D and normal serum samples, prior to full assay optimization, generating the data provided in the abstract and below.

| | IAA | GADA | IA2A | pro-IAA | ZnT8A |
|---------------|------|------|------|---------|-------|
| 1st Gen | 88% | 50% | 44% | 69% | 0% |
| 2nd Gen (IgG) | 91% | 57% | 70% | 35% | 20% |
| Sensitivity | 65% | 91% | 57% | 70% | 35% |
| Specificity | 100% | 96% | 100% | 92% | 95% |

Isotype-specific MSD bridging serology assays can be multiplexed with minimal effects on assay performance. Data are shown for the IgG, IgA, and IgM GADA reactivities tested in simplex, or multiplexed with IAA, pro-IAA, and ZnT8A, using commercially purchased normal and T1D serum samples.

Dashed lines in the figures below denote assay cutoffs determined as median signal of normal samples + 2.2 x interquartile range (IQR).

Isotype-Specific Bridging Immunoassay for GADA – Multiplex Versus Singleplex Assay Formats



4 Sample Testing Results

Second generation isotype-specific bridging serology assays to detect the T1D-relevant IAA, pro-IAA, ZnT8A, GADA, and IA2A reactivities were further optimized and combined with newly developed assays to measure autoantibodies to Transglutaminase (TGA, celiac disease), Deamidated Gladin Peptides (DGPA, celiac disease), Thyroglobulin (TGBA, autoimmune thyroid disease), 17-Hydroxylase (17-OHA, Addison's disease), Jo-1 (Jo-1A, polymyositis), and Intrinsic Factor (IF, pernicious anemia). These assays were multiplexed in panels based on assay compatibilities and required sample dilutions. Samples were tested for IgG and IgA reactivities in duplicate, using less than 50 µL of each serum sample for all measurements.

The serum samples from the University of Florida used for testing were: (1) 96 T1D or other autoimmune disease biomarker positive samples characterized for individual reactivities (levels of other reactivities and disease status not defined).

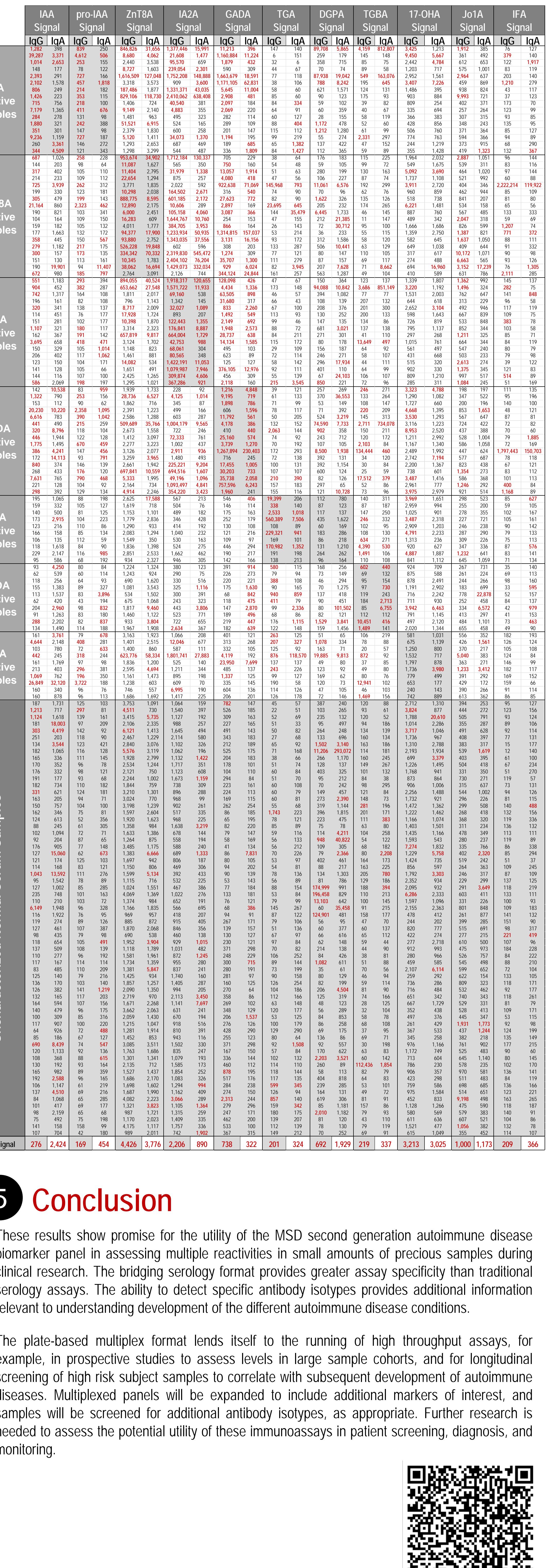
- 16 positive samples each for IAA (University of Florida in-house macro-IAA RIA), GADA (Kronus RIA), and IA2A (Kronus RIA)
- 10 positive samples each for ZnT8A positive samples (Kronus ELISA)
- 10 positive samples each for TGA (Kronus RIA), Thyroid Peroxidase (TPOA, Kronus RIA), and adrenal cell autoantibodies (ACA, LDT indirect immunofluorescence using human adrenal tissue)

- (2) 64 age/gender matched normal serum samples. These samples have not been screened for T1D or other autoimmune disease markers and are hence uncharacterized.

Average sample signal data are summarized at right, with signal intensities observed spanning 3-4 orders of magnitude. Sample signals above each assay's cutoff signal value (median + 2.2 x IQR) are highlighted in red font.

The results demonstrate that 85% of the individual biomarker positive samples exhibit more than one immune reactivity, with varied combinations of markers observed. Of the provided T1D marker positive samples, 97% show multiple autoimmune reactivities, and 92% are positive for more than one T1D-specific marker. The magnitudes of the signals observed in the marker positive samples are much higher than in the normal serum samples.

Among the uncharacterized normal samples, 34% exhibit multiple reactivities, and 14% have multiple T1D-specific markers.



5 Conclusion

These results show promise for the utility of the MSD second generation autoimmune disease biomarker panel in assessing multiple reactivities in small amounts of precious samples during clinical research. The bridging serology format provides greater assay specificity than traditional serology assays. The ability to detect specific antibody isotypes provides additional information relevant to understanding development of the different autoimmune disease conditions.

The plate-based multiplex format lends itself to the running of high throughput assays, for example, in prospective studies to assess levels in large sample cohorts, and for longitudinal screening of high risk subject samples to correlate with subsequent development of autoimmune diseases. Multiplexed panels will be expanded to include additional markers of interest, and samples will be screened for additional antibody isotypes, as appropriate. Further research is needed to assess the potential utility of these immunoassays in patient screening, diagnosis, and monitoring.



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