Development and Characterization of an Ultrasensitive Multiplex Biomarker Panel

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PURPOSE

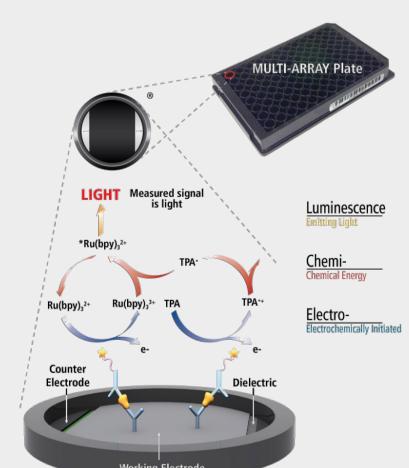
The measurement of circulating biomarkers is an essential aspect of pharmaceutical research and drug development. While a number of biomarkers are readily measurable in the pg/mL to µg/mL range in serum/plasma, many analytes are present at much lower concentrations making them difficult to detect using common immunoassay techniques. Recent advances in immunoassays have enabled measurement of proteins in the fg/mL range, but available assays typically allow detection of only a single analyte at a time and/or require large volumes of clinical samples. To address these challenges, we have developed a high-sensitivity, electrochemiluminescence based multiplex panel sandwich immunoassay platform that enables simultaneous measurement of multiple biomarkers at fg/mL concentrations in a single well conserving sample and improving workflow efficiency. The multiplex panel uses a single protocol for the simultaneous quantitation of nine analytes: IL-2, IL-4, IL-6, IL-10, IL-17A, IFN-γ, TNF-α, IL-1β, and IL-12p70.

OBJECTIVE

MSD's next generation S-PLEX® platform was developed using electrochemiluminescence technology in order to achieve fg/mL sensitivity to enable multiplexed measurement of low abundant analytes in human samples that previously were not measurable by standard immunoassay methods.

METHOD

MSD's electrochemiluminescence detection technology uses SULFO-TAGTM labels that emit light upon electrochemical stimulation initiated at the electrode surfaces of 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.
- A carbon electrode surface has 10X greater binding capacity than polystyrene wells.
- Surface coatings can be customized.

The panel was developed using the S-PLEX platform, which uses an enhanced, electrochemiluminescence reporter technology. Critical components such as immunoassay plates, diluents, blockers, labels, and other reagents were optimized to enable the multiplexing of high-sensitivity assays. Protocols were optimized for ease of use, optimal performance, and robustness. Performance characterization testing of the nine assays in this panel included limit of detection (LOD), lower limit of quantitation (LLOQ), upper limit of quantitation (ULOQ), dilution linearity, and spike recovery. Multiple matrices were also interrogated including serum,

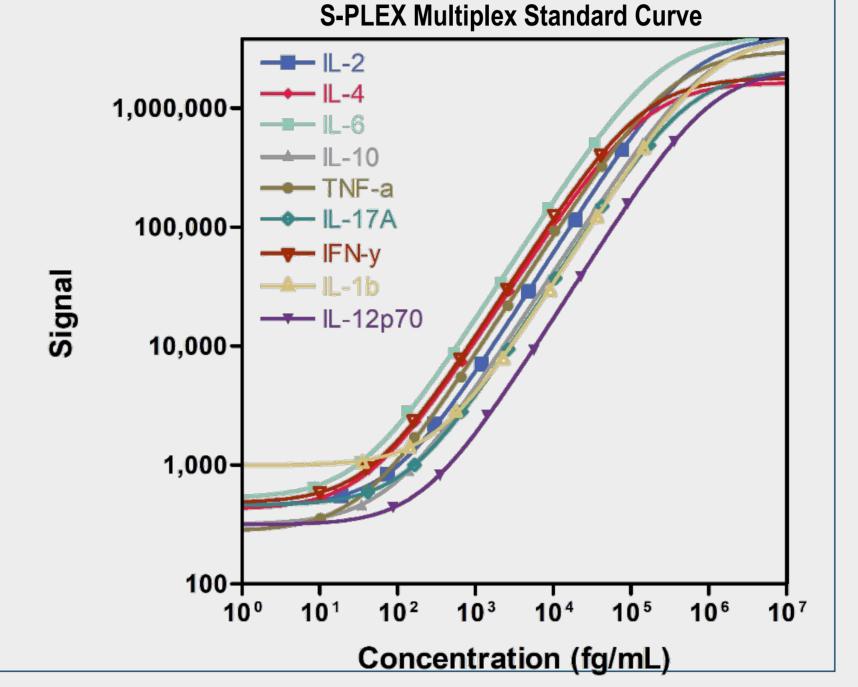
EDTA/heparin/citrate plasma, CSF, and stimulated cell supernatants.

RESULTS

Calibration Curves, Assay Ranges

The assays were analytically tested using 25 µL sample volumes per well to assess all analytes simultaneously. Of the 9 assays analyzed, 3 had LLODs below 10 fg/mL, 3 had LLODs below 20 fg/mL, and the remaining assays were below 70 fg/mL with dynamic ranges of at least 3 logs and intraplate %CVs <10%. Measurements shown are adjusted to NIBSC/WHO standards.

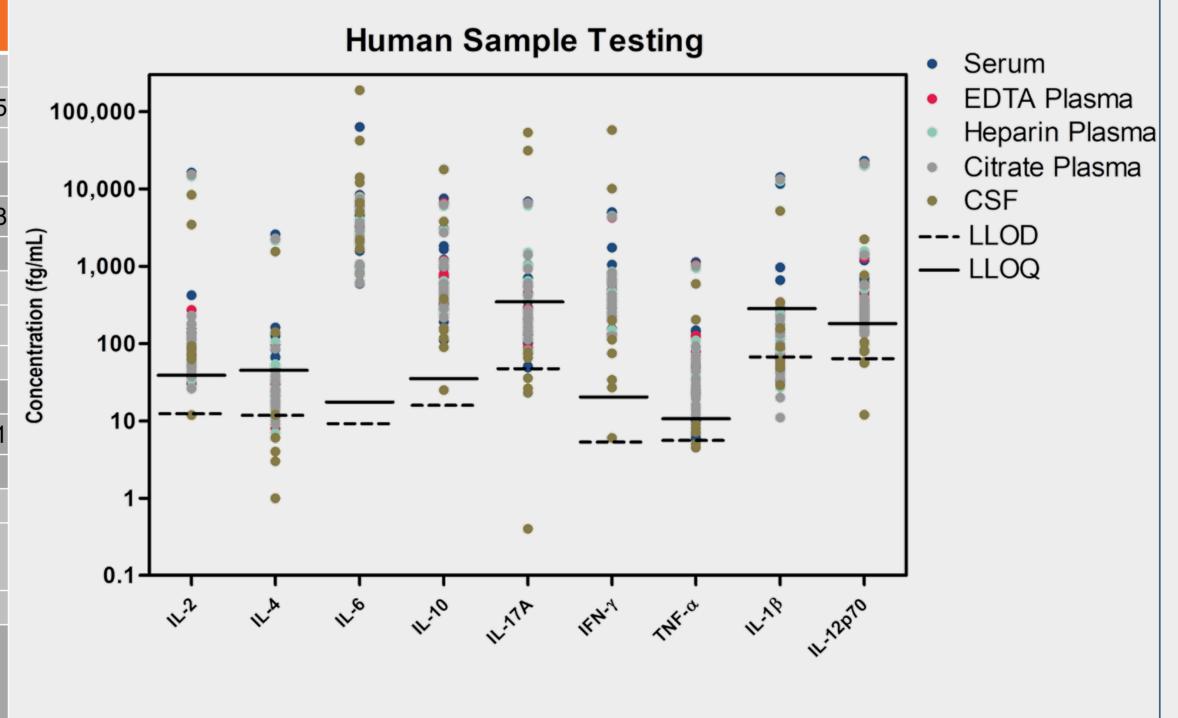
| , | • | • | | | | • | | | |
|-------------------|------|------|------|-------|--------|-------|-------|-------|----------|
| Metric | IL-2 | IL-4 | IL-6 | IL-10 | IL-17A | IFN-γ | TNF-α | IL-1β | IL-12p70 |
| Avg. LLOD (fg/ml) | 13.0 | 12.2 | 9.62 | 16.0 | 49.4 | 5.26 | 5.74 | 69.5 | 67.4 |
| LLOQ (fg/ml) | 38.3 | 43.9 | 17.0 | 35.3 | 340 | 20.5 | 10.5 | 290 | 180 |
| Assay Range, logs | 3.59 | 3.38 | 3.37 | 3.77 | 3.36 | 3.71 | 3.69 | 3.14 | 3.55 |
| Hill Slope | 1.02 | 1.02 | 1.02 | 1.00 | 1.02 | 1.01 | 1.00 | 1.01 | 1.02 |
| Intra-plate %CV | 3.2 | 3.7 | 4.5 | 4.2 | 3.2 | 3.3 | 3.9 | 2.6 | 6.1 |



Human Sample Measurement

Endogenous analyte levels were detected in almost all normal serum, plasma, and CSF samples for the majority of assays.

| Sample Type | Statistic | IL-2 | IL-4 | IL-6 | IL-10 | IL-17A | IFN-γ | TNF-α | IL-1β | 12p70 | |
|------------------------------|----------------------|-----------|----------|-------------------|-----------|-----------|------------|-----------|-----------|------------|-----------|
| | Median Conc. (fg/mL) | 89 | 26 | 3,547 | 535 | 191 | 390 | 25 | 71 | 288 | |
| Serum (N=37) | Range (fg/mL) | 30-16,347 | ND-542 | 592-63,522 | 110-7,567 | ND-6,892 | 128-5,023 | 6.0-1,135 | ND-14,253 | 142-23,005 | |
| | Samples Detected (%) | 100 | 92 | 100 | 100 | 97 | 100 | 100 | 54 | 100 | |
| EDTA DI | Median Conc. (fg/mL) | 111 | 24 | 2,173 | 531 | 256 | 350 | 39 | 75 | 303 | |
| EDTA Plasma (N=17) | Range (fg/mL) | 32-15,259 | ND-2,210 | 634-8,021 | 262-6,583 | 89-6,475 | 128-4,246 | 12-1,043 | ND-12,662 | 179-20,408 | _ |
| (11) | Samples Detected (%) | 100 | 82 | 100 | 100 | 100 | 100 | 100 | 65 | 100 | /fc/ml |
| Heparin | Median Conc. (fg/mL) | 92 | 26 | 2,357 | 508 | 260 | 374 | 32 | 101 | 317 | , fc |
| Plasma | Range (fg/mL) | 26-14,508 | ND-2,148 | 637-7,882 | 242-5,996 | 119-6,097 | 120-4,469 | 13-940 | ND-12,604 | 96-19,970 | it. |
| (N=17) | Samples Detected (%) | 100 | 82 | 100 | 100 | 100 | 100 | 100 | 59 | 100 | 400 |
| Citrate | Median Conc. (fg/mL) | 92 | 19 | 2,280 | 502 | 253 | 360 | 26 | ND | 264 | Concentra |
| Plasma | Range (fg/mL) | 27-15,404 | ND-2,296 | 609-7,359 | 217-6,350 | 82-6,569 | 114-4,370 | 13-1018 | ND-13,396 | 133-21,401 | ر |
| (N=17) | Samples Detected (%) | 100 | 71 | 100 | 100 | 100 | 100 | 100 | 41 | 100 | |
| | Median Conc. (fg/mL) | 81 | ND | 9,292 | 154 | 50 | 94 | 8.1 | 75 | 80 | |
| CSF (N=8) | Range (fg/mL) | ND-8,395 | ND-1,556 | 1,679- 189,853 | 25-17,823 | ND-53,791 | 5.8-57,950 | ND-593 | ND-5,201 | ND-2,236 | |
| | Samples Detected (%) | 88 | 25 | 100 | 100 | 50 | 100 | 75 | 50 | 63 | |
| Cell Supernatant (N=4) | Samples Detected (%) | 100 | 75 | 100 | 75 | 75 | 75 | 75 | 100 | 75 | |



Native Matrix Performance

Dilution linearity and spike recovery results were within the range of 80% to 120% for most assays in plasma and serum, with the exception of IL-2. The average of 4 donors is shown for dilution linearity and the average the of 8 donors is shown for spike recovery.

| Matrix | Dilution, X-fold | IL-2 | IL-4 | IL-6 | IL-10 | IL-17A | IFN-γ | TNF-α | IL-1β | IL- 12p70 | Matrix | Spike Level | IL-2 | IL-4 | IL-6 | IL-10 | IL-17A | IFN-γ | TNF-α | IL-1β | IL- 12p70 |
|-------------------|---------------------|------|------|------|-------|--------|-------|-------|-------|--------------|-------------------|----------------|------|------|------|-------|--------|-------|-------|-------|--------------|
| Serum | 2 | 80 | 111 | 105 | 101 | 98 | 103 | 102 | 103 | 92 | Serum | High | 158 | 86 | 88 | 102 | 102 | 92 | 109 | 103 | 99 |
| | 4 | 73 | 120 | 112 | 119 | 101 | 104 | 104 | 107 | 95 | | Med | 155 | 88 | 89 | 101 | 99 | 88 | 109 | 103 | 97 |
| | 8 | 71 | 120 | 114 | 121 | 97 | 109 | 102 | 111 | 90 | | Low | 159 | 91 | 91 | 103 | 104 | 93 | 111 | 104 | 99 |
| | 2 | 85 | 117 | 114 | 112 | 108 | 117 | 112 | 111 | 91 | EDTA Plasma | High | 160 | 83 | 93 | 102 | 94 | 88 | 105 | 97 | 102 |
| EDTA Plasma | 4 | 75 | 122 | 119 | 126 | 107 | 118 | 113 | 115 | 96 | | Med | 159 | 84 | 90 | 100 | 95 | 85 | 104 | 96 | 96 |
| i iasilia | 8 | 71 | 123 | 117 | 126 | 103 | 119 | 108 | 113 | 88 | | Low | 161 | 86 | 91 | 102 | 101 | 90 | 109 | 97 | 94 |
| | 2 | 82 | 109 | 112 | 110 | 104 | 104 | 108 | 103 | 93 | | High | 167 | 88 | 95 | 108 | 102 | 103 | 110 | 108 | 101 |
| Heparin Plasma | 4 | 73 | 113 | 114 | 117 | 100 | 105 | 103 | 106 | 91 | Heparin Plasma | Med | 159 | 84 | 87 | 98 | 96 | 94 | 104 | 99 | 93 |
| i iasilia | 8 | 71 | 124 | 122 | 121 | 105 | 109 | 105 | 105 | 89 | Taoma | Low | 156 | 86 | 86 | 101 | 97 | 96 | 104 | 97 | 91 |
| 014 | 2 | 80 | 110 | 106 | 111 | 101 | 108 | 103 | 102 | 99 | 0'' | High | 162 | 86 | 95 | 102 | 97 | 92 | 107 | 104 | 101 |
| Citrate Plasma | 4 | 72 | 117 | 112 | 121 | 102 | 111 | 105 | 104 | 94 | Citrate Plasma | Med | 162 | 88 | 92 | 99 | 97 | 90 | 108 | 104 | 93 |
| Tasilia | 8 | 71 | 117 | 114 | 127 | 100 | 111 | 105 | 108 | 90 | i iddilid | Low | 162 | 90 | 92 | 102 | 99 | 94 | 108 | 104 | 95 |

Assay Cross-Reactivity

Cross-reactivity between the assays was less than 0.5% in all cases.

| | Capture Ab | | | | | | | | | | | |
|-----------|------------|--------|--------|-------|--------|-------|--------|-------|-------|--|--|--|
| Detection | | | | | | | | | IL- | | | |
| Ab | IL-2 | IL-4 | IL-6 | IL-10 | IL-17A | IFN-γ | TNF-α | IL-1β | 12p70 | | | |
| IL-2 | | 0.04% | 0.05% | 0.14% | 0.07% | 0.04% | 0.03% | 0.06% | 0.07% | | | |
| IL-4 | 0.29% | | 0.16% | 0.12% | 0.17% | 0.09% | 0.10% | 0.21% | 0.13% | | | |
| IL-6 | 0.05% | 0.06% | | 0.05% | 0.03% | 0.05% | 0.03% | 0.15% | 0.04% | | | |
| IL-10 | 0.45% | 0.02% | 0.04% | | 0.04% | 0.08% | 0.03% | 0.03% | 0.04% | | | |
| IL-17A | 0.08% | 0.03% | 0.06% | 0.05% | | 0.04% | 0.05% | 0.06% | 0.29% | | | |
| IFN-γ | 0.02% | -0.03% | -0.02% | 0.01% | 0.05% | | -0.02% | 0.00% | 0.00% | | | |
| TNF-α | 0.03% | 0.02% | 0.05% | 0.06% | 0.06% | 0.02% | | 0.06% | 0.01% | | | |
| IL-1β | 0.05% | -0.01% | 0.08% | 0.02% | 0.08% | 0.06% | 0.01% | | 0.02% | | | |
| IL-12p70 | 0.05% | 0.03% | 0.06% | 0.05% | 0.34% | 0.04% | 0.03% | 0.03% | | | | |
| | | | | | | | | | | | | |

CONCLUSIONS

We report the development of a highly sensitive, multiplex panel using the MSD® S-PLEX detection platform that combines increased sensitivity in clinically relevant sample types with the ability to measure multiple biomarkers with a single 25 µL sample. Multiple analytes are measured with one experiment, reducing the time needed for experimental setup, shortening assay time to a single workday, and offering improved throughput and sample conservation in comparison with a single analyte detection format. Characterization of this ultra-high sensitivity multiplexed biomarker panel confirmed fg/mL sensitivity, low cross-reactivity, good matrix compatibility, and met acceptance criteria for accuracy and precision. Multiplexing biomarker assays can reduce costs and labor by increasing efficiency, reducing sample volume, and generating more data points per sample in a single run.



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