



# Targeted Quantification of Dystrophin by Mass Spectrometry and Comparison to Antibody Based Assays.

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# Targeted Mass spectrometry Assay

Total protein extract

Spike with stable isotope labeled target protein



tryptic digest

Spike with stable isotope labeled target peptides

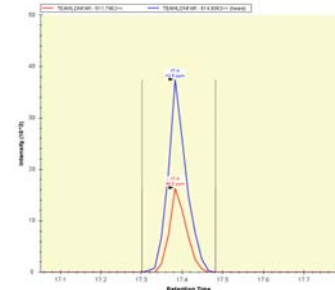
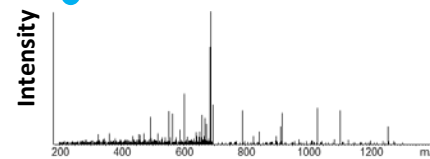
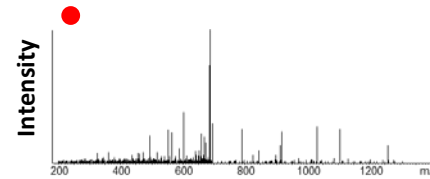
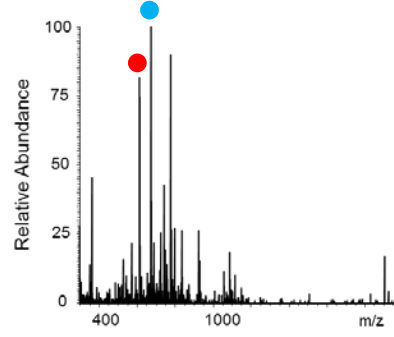
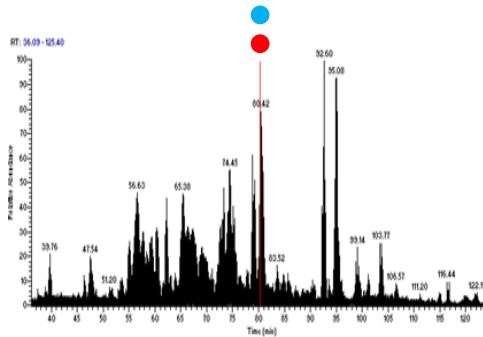


LC

MS

MS/MS

Extracted ion intensity



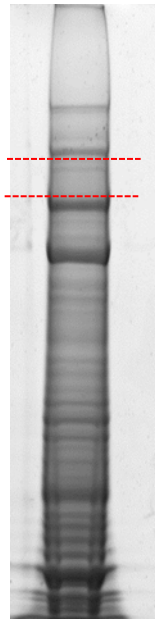
Identification

Quantification

# Method

## Previously

Human muscle extract  
+  
 $^{13}\text{C}_6$ ,  $^{15}\text{N}_2$ -Lys labeled mouse  
muscle extract



In gel digestion with trypsin



Extract peptides

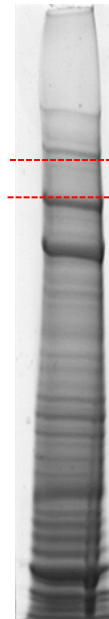


LC-MS/MS

**5 peptides used for  
quantification**

## Method improvement

Human muscle extract  
+  
 $^{13}\text{C}_6$ ,  $^{15}\text{N}_2$ -Lys &  $^{13}\text{C}_6$ -Arg labeled  
human myotube extract



In gel digestion with trypsin



Extract peptides



LC-MS/MS

**15 peptides used for  
quantification**

# Peptide used for quantification and their position in dystrophin

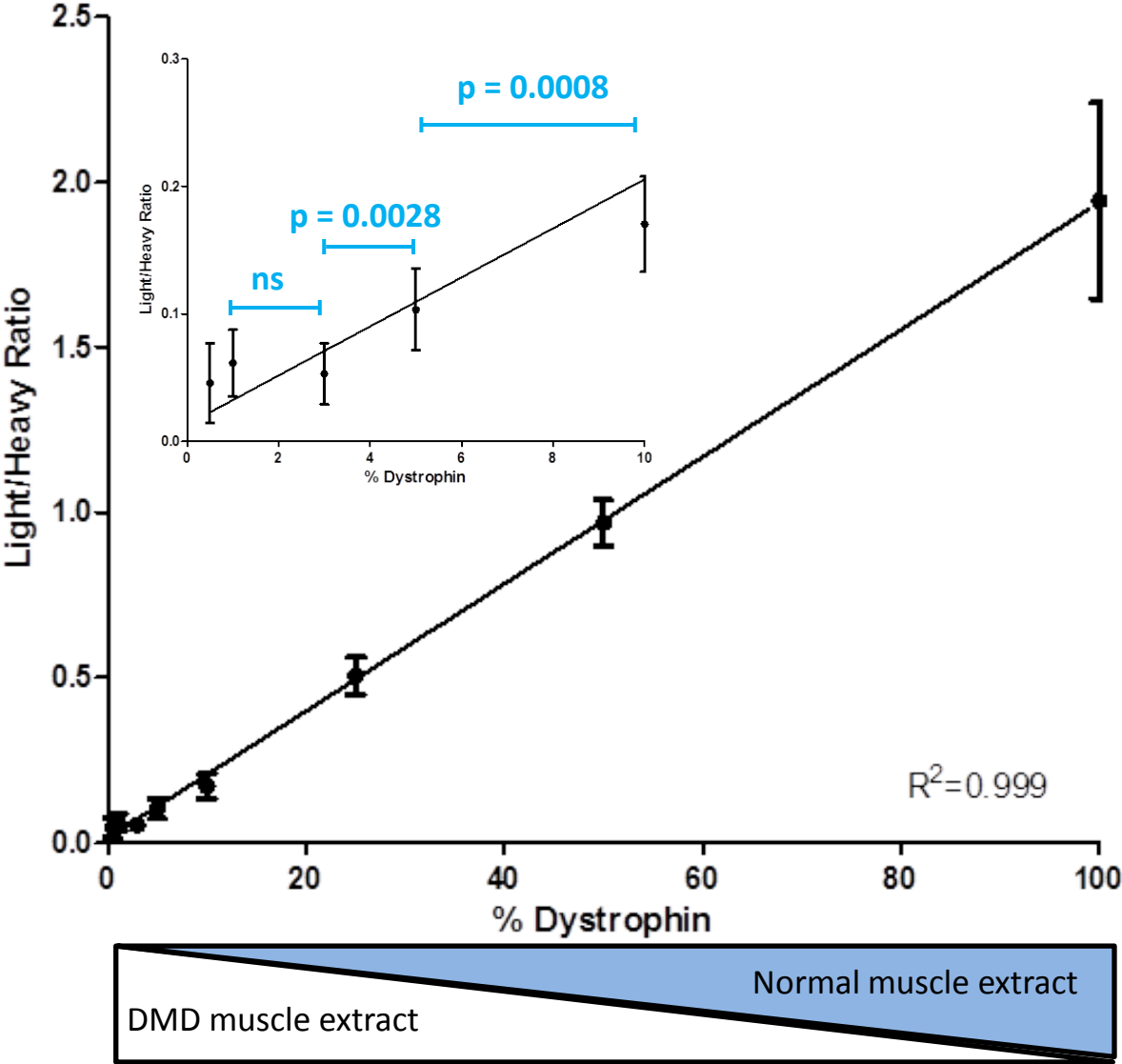
## SILAM mouse strategy (5 peptides)

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FDWNSVVCQASATQRLEHAFNIARYQLGIEKLLDPEVDVTTYPDKKSILMYITSLFQVLP  
QQVSI EAIQEVEMLPRPPKVKTEEHFQLHHQMHYSQQITVSLAQGYERTSSPKPRFKSYA  
YTQAAVYVTTSDPTRSPFPSSQHL EAPEDKSPGSSLMSEVNLDRYQTALEEVLSWLLSAED  
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RKRLDVIDITELHSWITRSEAVLQSPPEFAIFRKEGNFSDLKKEKVNALEREKAEKFRQLQDA  
SRSAQALVQMVNEGVNADSIKQASEQLNSRWIEFCQLSERLNLWLEYQNNI IAFYNQLQ  
QLEQMTTFAENWLKIQTPTTSEPTAIKSQLKICKDEVNRLSDLPQPIERLKIQSIALKKEK  
QGQPMFLDADFVAFTNHFKQVSDVQAREKELQITFDLTPPMRYQETMSAIRTWVQSQSET  
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EPEEIEGRWKLLSSQLVEHCQKLEEQMNLKRIQNHIIQTLKWMARVDFVLFKEEWPALGD  
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EQLNNSPSSRRGNTPGKPMREDTM

## SILAC myotube strategy (15 peptides)

MLWVEEVEDCYEREDVQKKTFTKWNVAQFSKFGKQHIENLFSDLQDGRRLLDLLEGLTGQ  
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FLAWLTAETTANVLQDATRKERLLEDKSGVKELMKQWDLQGEIEAHTDYYHNLNDSQ  
KILRSLEGSDDAVLLQRRLDNMMFKWSELRKSLNIRSHLEASSDQWRHLHLSQLELLV  
LQKLDDELSRQAPIGGDFPAVQKQNDVHRAFREKLTKEPVI MSTLETVRITFLTEPQPLG  
LEKLYQEPRELPPEERAQNVTRLLRQAEVNTWEKLNHLSADWQRKIDBTLERQLELQ  
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QDSPLSQPRSPAQIILISESEBERGELERILADLEENRNLAQBYDRLKQOHEHKLSPILP  
SPPPEMPTSPQSPRDAELIAEAKLLRQHKGRLEARMQILEDNHKLQESLQHLRLRQLEQP  
QAEAKVNGTTVSSPSTLQRSDSSQPMLLRVVGSQTSDSMGEEEDLSPQDSTGLLEEV  
EQLNNSPSSRRGNTPGKPMREDTM

# Linearity, dynamic range and Limit of quantification of the MS assay

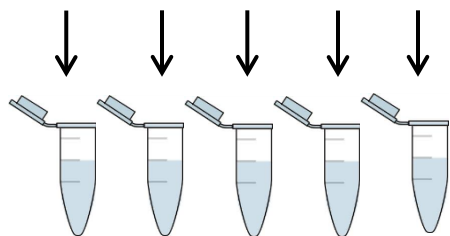


# Replicate experiments to evaluate precision of MS based assay

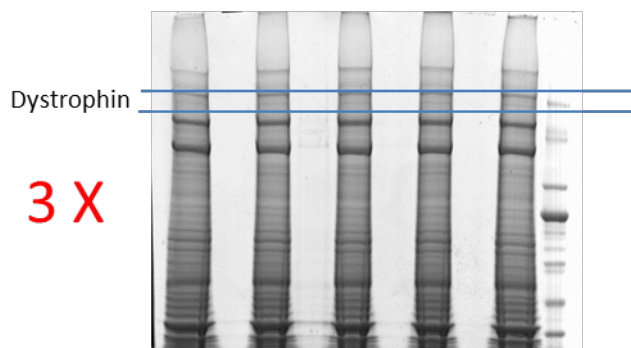
## 3 Muscles

Normal, BMD mid & BMD low

5 X Sectioning



Spike with SILAC\_MT extract



3 X

In-Gel Digest Dystrophin area



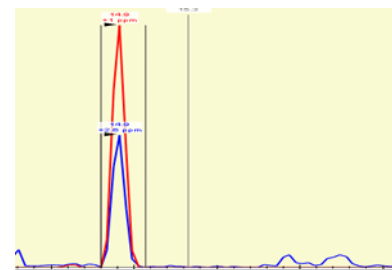
Inject each digest 3 times on the mass spectrometer

SLEGSDDAVLLQR (1401.725 Da)

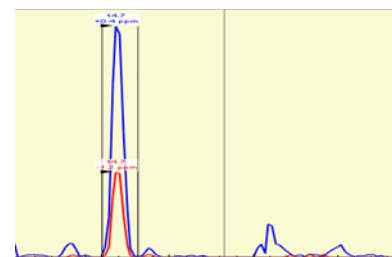
SLEGSDDAVLLQR (1407.745 Da)

Extracted elution profile

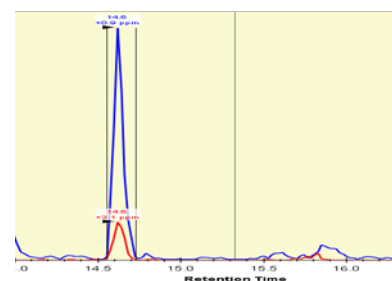
Normal



BMD mid



BMD low

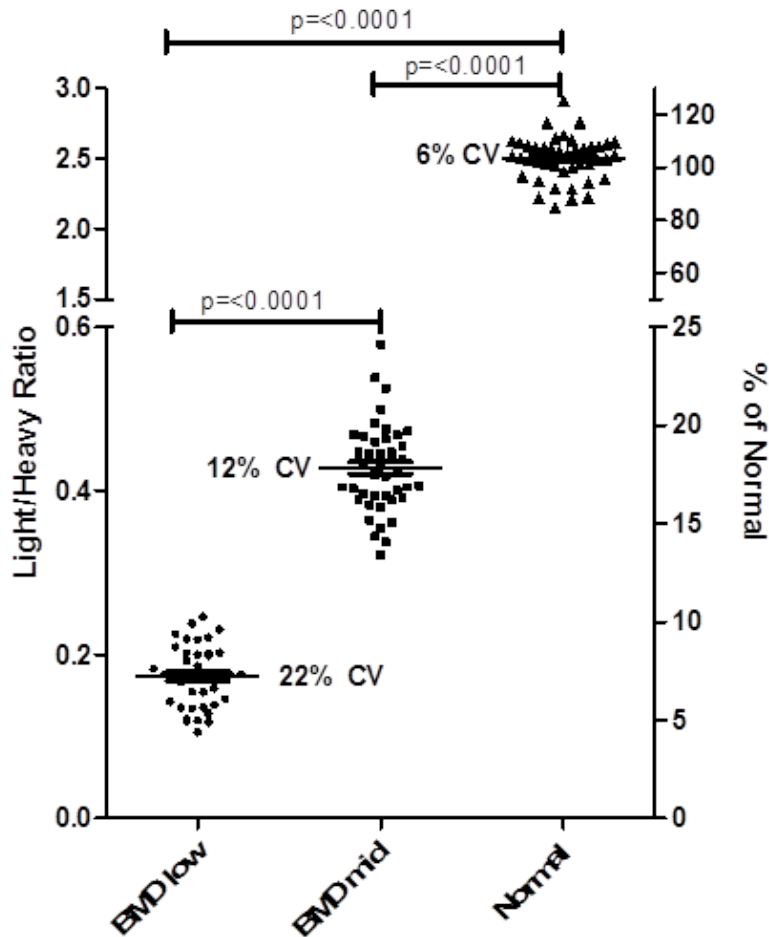


14.7 min  $\pm$  0.3 min stable across all analyzed samples

Mass error  $\leq$  2 ppm

Entire procedure performed 3 times over 2 months, 135 runs total, 45 each

# Coefficient of variation (% CV) for dystrophin quantification in three biological samples with low, medium and normal levels of dystrophin



For each sample:

- ✓ 5 independent muscle sectioning
- ✓ 5 independent RIPA extracts
- ✓ 3 different gels run at different times
- ✓ 5 lanes per gels
- ✓ 15 in gel digestion of the dystrophin band done at different times with different trypsin batches.
- ✓ 45 LC-MS/MS runs done at different times

# What is Normal levels of dystrophin?

Sample ID	Age	Immunoblot against dystrophin	MS ratio to IS	% to normal mean level
4994	7	normal	2.79	106
4633	10	normal	2.79	106
3949	16	normal	2.84	94
*5106	19	normal	2.64	100
4462	33	normal	2.45	95

€5077	1 (infant)	normal	3.87	147
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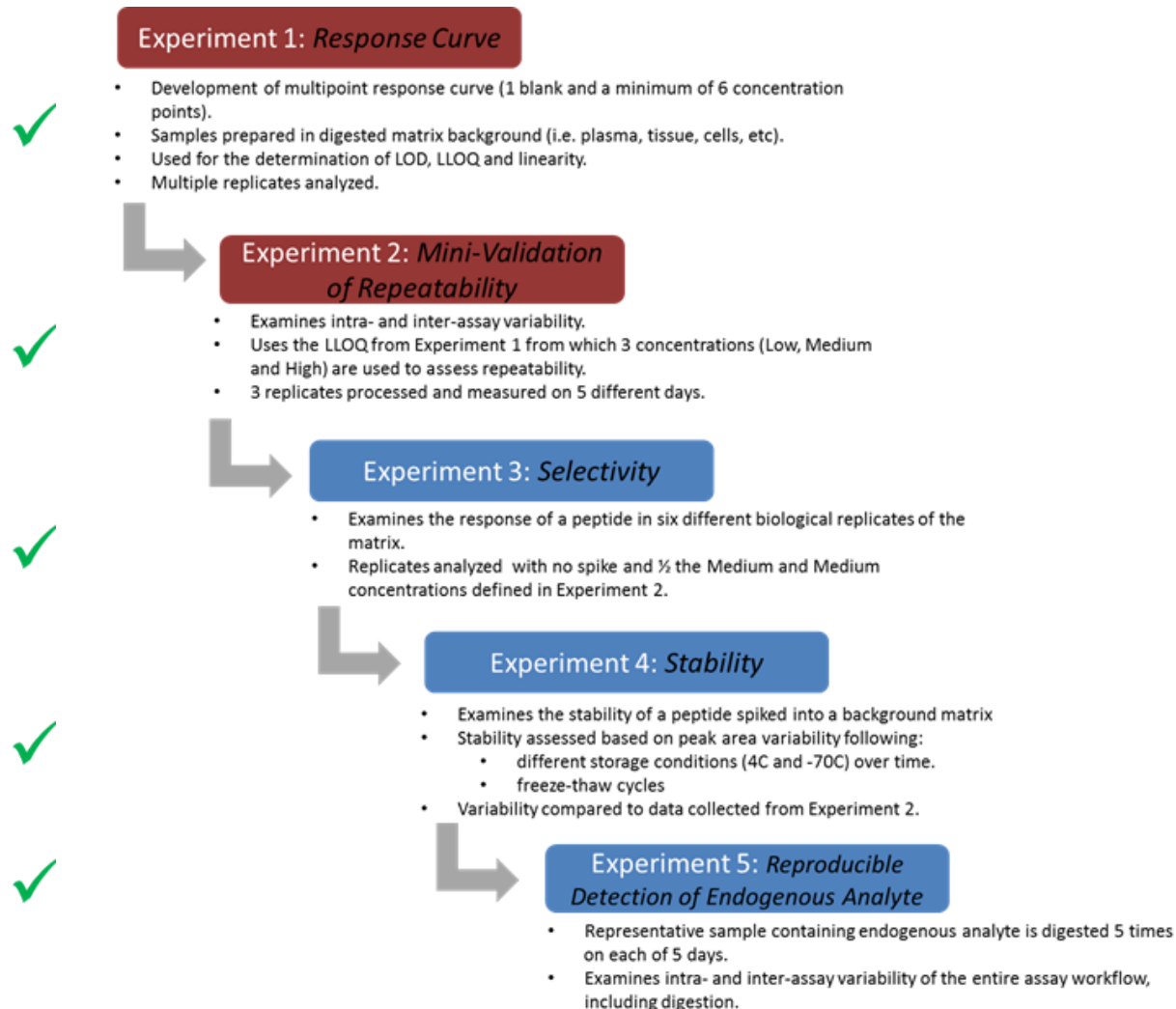
\* Same biopsy used as Normal in previous study, here fresh cryostat sectioning, new SILAC extract for spike-in and the obtained ratio is consistent.

€ the 1 year old infant has higher levels of dystrophin probably due to higher surface to volume ratio of the muscle fibers.



# CPTAC: Clinical Proteomic Tumor Analysis Consortium

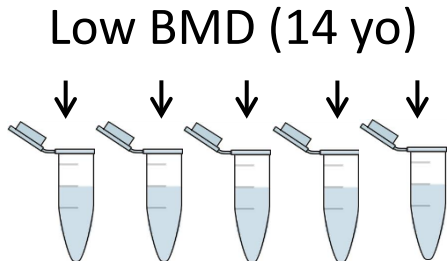
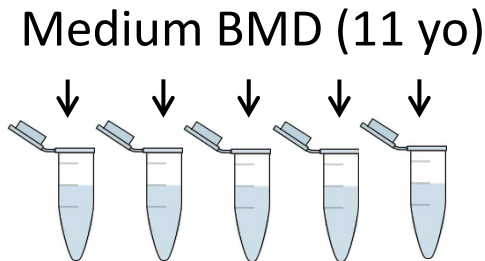
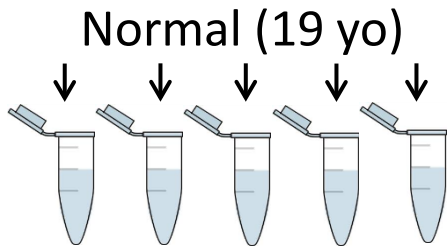
## Assay Development Working Group - Experiments for Assay Characterization



# Replicate sample preparation for MS, WB and IF

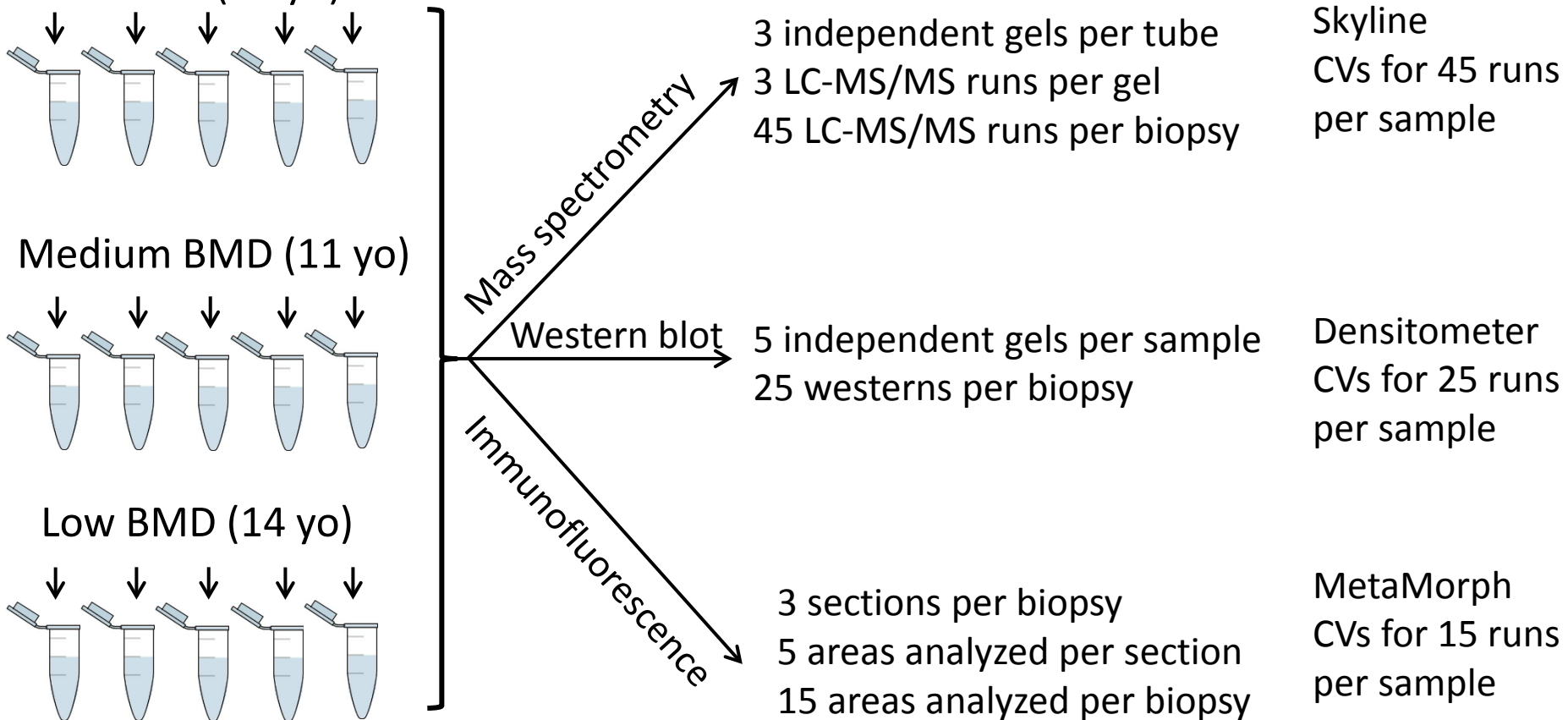
## 3 muscle biopsies

### Sectioning 5 X for each assay



### Sample analysis

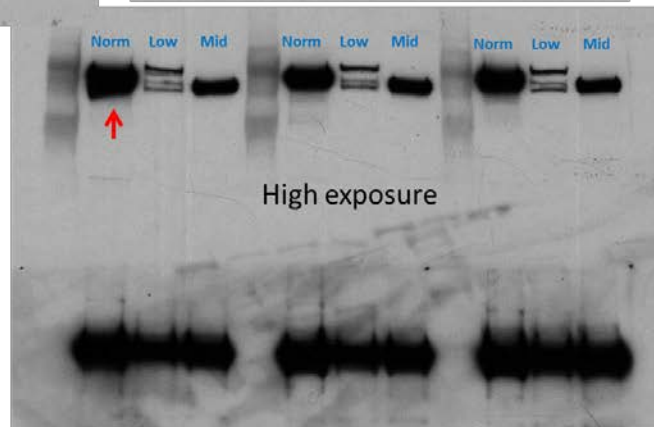
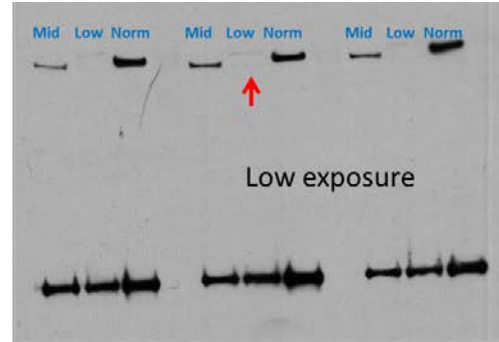
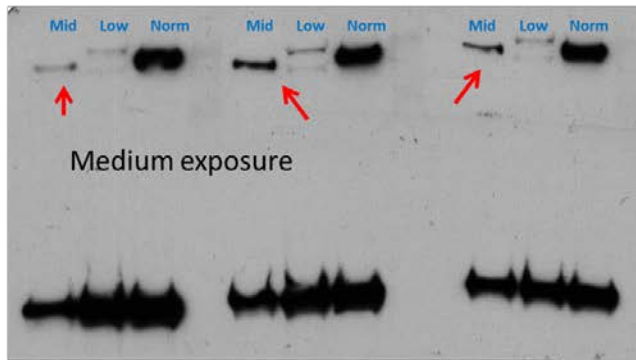
### Data analysis



*WB and IF followed the protocol described in Anthony K et al. Neurology. 2014; 83:2062-9*

# WB and IF on Same Samples

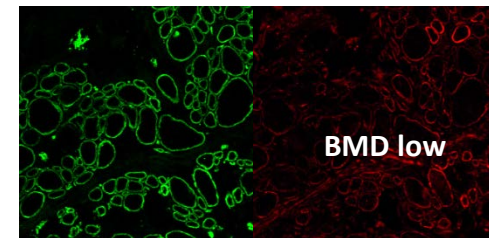
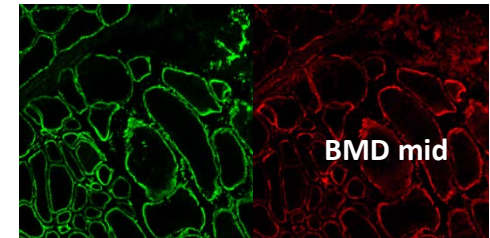
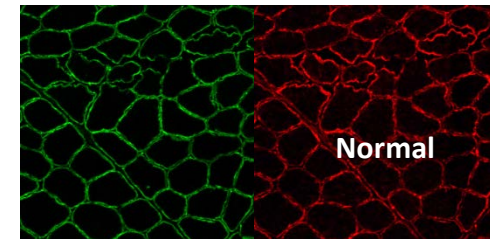
WB



Red arrows indicate:

- Poor Transfer Issues
- Detection issues
- Poor reproducibility
- Saturation issues (poor dynamic range)

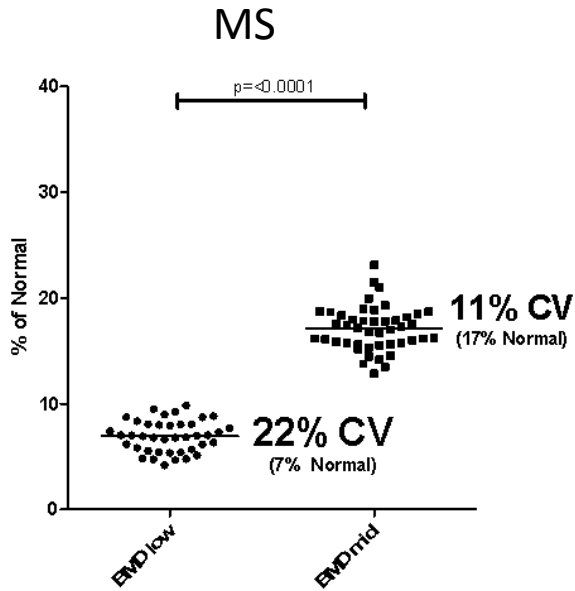
IF



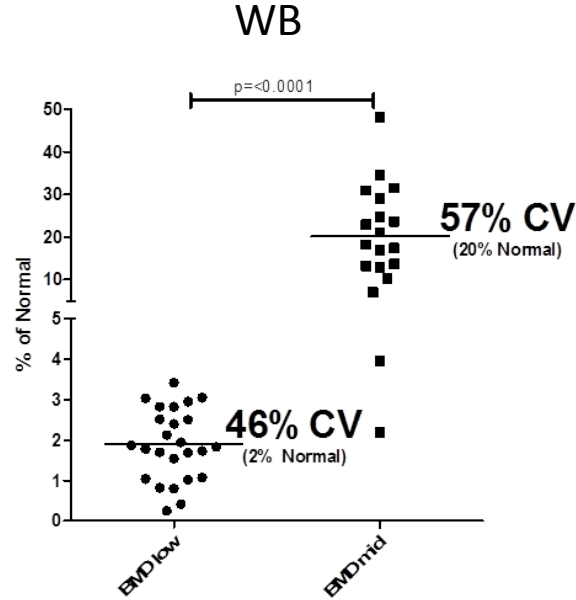
Must balance exposure and detection tug of war.

Spectrin(Green)  
Dystrophin (Red)

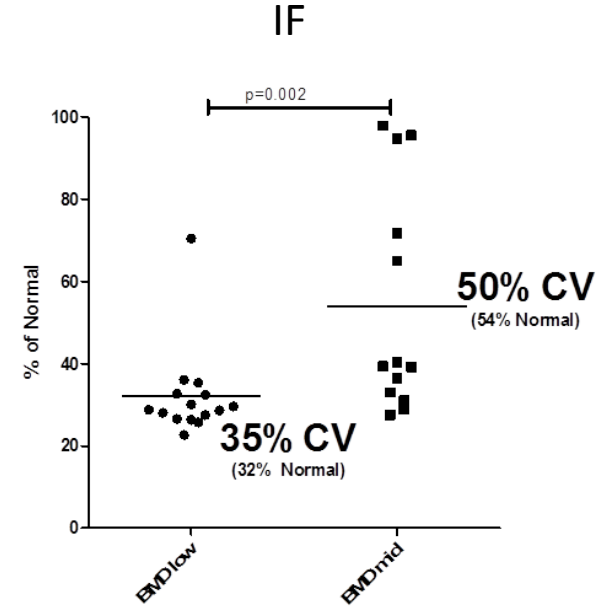
# 3 Assays, 3 Answers



Calibration curve shows high accuracy



Calibration curve shows limited accuracy



Calibration curve not possible. Over estimates abundance.

## Summary table

Assay	CV (%) at HLOQ *Ideal <15%	CV % at LLOQ *Ideal <20%	Linearity of the assay	LOQ	# BOM-SG Inter lab CVs
MS assay	6 % -11 %	22%	3 to 100%	3%	Not applicable
WB	57 %	46 %	3 to 50%	3%	23 % to 223%
IF	50%	35%	Not applicable	NA	23 % to 67%

\* <http://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm368107.pdf>

# BOM-SG : biochemical outcome measures study group (Anthony K et al. Neurology. 2014; 83:2062-9)

# Conclusions

## Advantages of MS targeted quantitation of dystrophin

- ✓ Highly reproducible, replicate experiments and over time.
- ✓ Linear over wide dynamic range (can reliably quantify levels of dystrophin in the range 3% to 100% relative to normal).
- ✓ Limit of quantification (LOQ): Can accurately measure as low as 3% of the amount of dystrophin relative to normal.
- ✓ Overcome saturation effect when dealing with high and low levels of dystrophin.
- ✓ Reliable source of stable isotope labeled dystrophin that can be distributed.
- ✓ Work with small amount of muscle biopsy.
- ✓ Precise with CV that adheres FDA guidelines for bioanalytical assay.

## Disadvantages

- ✓ Loss of spatial localization of dystrophin in muscle fiber (e.g. immunohistochemistry)
- ✓ Require state of the art mass spectrometry instrument and expertise

# How can we improve the MS assay?

- Precision at low level of quantification by adjusting the amount of spiked in standard.
- Determine the absolute amount of dystrophin per mg of fresh muscle.
- Inter lab and inter instruments evaluation

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