# Generating Quantitative Assays for Biomarker Development 

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## Reliable assays are available for < $5 \%$ of human proteins.

1. Assay development is largely commercially-driven.

- Every company focuses on the same "popular" proteins; there are many "orphan" proteins.
- There's no coordinated global divide-and-conquer effort.
- Assay validation is prohibitively expensive, and many bad assays go to market.

2. Existing technologies are not readily scaled.

- High cost (\$100k - \$2 million per protein assay)
- Long development lead time (1-2 years)
- High rate of failure
- Poor performance characteristics


## 1000s candidate new protein diagnostics

## Need an assay for

 each candidate
## Clinical testing



FDA approval


The lack of "assays" to human proteins prevents potential new protein diagnostics from ever being tested.

- There are no assays for most human proteins. We desperately search commercial sources for assays to test candidates, but few assays are available.
- De novo assay generation is prohibitively expensive and requires expertise.
- Most candidates have no clinical utility, and we can't yet predict which will.
- Very few candidates are tested, and almost none achieves clinical validation.

Only 23 protein biomarkers have cleared the FDA since 2003.

## SRM/MRM assays have the potential to dramatically impact protein biomarkers.

## Advantages of SRM/MRM

- Robust
- Portable
- Reproducible
- Quantifiable reference standard
- Relatively less expensive
- Specific
- Multiplexable



## Analytical performance of MRM-based assays is robust, but sensitivity is an issue.

The limit of quantification of SRM in neat plasma is $\mathbf{1 0 0 - 1 0 0 0} \mathrm{s}$ of ng protein / mL .


## Immuno-MRM assays couple immuno-enrichment of peptide analytes to targeted mass spectrometry.

## Measure


peptide antibody to enrich endogenous and spiked standard peptides

## Immuno-MRM assays are sensitive and precise, and high-affinity monoctonals can be isolated.



LOD ${ }_{\text {protein }}=2.7 \mathrm{ng} / \mathrm{mL}$
$\mathrm{LOQ}_{\text {protein }}=6.3 \mathrm{ng} / \mathrm{mL}$
Average \%CV = 13.7\%

* 10 microliters plasma capture; achieve low $\mathrm{pg} / \mathrm{mL}$ from 1 mL plasma
* assumes complete trypsin digestion


## Characterizing the process of assay generation

- What does it cost?
- How long does it take?
- What is the success rate?
- Are the assays multiplexable?
- Are they amenable to a verification study?


# Immuno-MRM assays have been characterized for ~300 target peptides. 

## Synthetic Peptide QC

$\checkmark$ Peptide purity
$\checkmark$ Peptide concentration Develop methods $\checkmark$ Skyline

- 7-8 months per tranche - 100s per tranche

Evaluate performance \& success rate

# Success rates are high for generating immuno-MRM assays to proteotypic peptides. 

| Assay Grade | Approximate detection level | Number of assays | Percent of total |  |
| :---: | :--- | :---: | :---: | :---: |
| A | $0.05 \mathrm{fmol} / \mu \mathrm{L}$ or $<10 \mathrm{ng} / \mathrm{mL}$ | 63 | $29 \%$ |  |
| B | $0.5 \mathrm{fmol} / \mu \mathrm{L}$ or $10-100 \mathrm{ng} / \mathrm{mL}$ | 53 | $25 \%$ |  |
| C | $5 \mathrm{fmol} / \mu \mathrm{L}$ or $100 \mathrm{ng} / \mathrm{mL}$ | 46 | $21 \%$ |  |
| D | $50 \mathrm{fmol} / \mu \mathrm{L}$ or $1 \mu \mathrm{~g} / \mathrm{mL}$ | 32 | $15 \%$ |  |
| F | Not detected | 22 | $10 \%$ |  |
|  |  |  |  |  |

per protein success rates for generating grades A-B assays

Number of antibodies that underwent affinity purification

|  | $\mathbf{1}$ | $\mathbf{2}$ | $\mathbf{3}$ |
| :---: | :---: | :---: | :---: |
| $\mathbf{1}$ | $1 / 2$ |  |  |
| $\mathbf{2}$ |  | $2 / 3$ |  |
| $\mathbf{3}$ |  | $2 / 4$ | $1 / 1$ |
| $\mathbf{4}$ |  | $5 / 8$ | $5 / 7$ |
| $\mathbf{5}$ | $1 / 1$ | $23 / 29$ | $32 / 34$ |
|  |  | $\uparrow$ | $\uparrow$ |
| (4):M110.005645 | $\mathbf{7 9 \%}$ | $\mathbf{9 4 \%}$ |  |

## Immuno-MRM assays are readily multiplexed.

Configure multiplex assays


## We observed a 98\% success rate for configuring 48-plex immuno-SRM assays.

Equivalent performance at each mux level (98\%)

Analyte Name: VLDELTLAR


Response at all -plex levels are highly correlated


Log 10 Plex Peak Area Ratio

## Expanding multiplexing using MRM

150 peptides, 900 transitions



Jake Kennedy WOH, 3:50pm

## Inter-laboratory reproducibility is high

8-plex assay measured in three laboratories


| Gene.Peptide | Interlab CV |
| :--- | :---: |
| S100A8.AMV | $10.8 \%$ |
| S100B.ELI | $14.2 \%$ |
| CSF3.IQG | $6.7 \%$ |
| S100A8.ALN | $5.5 \%$ |
| S100A12.GHF | $10.2 \%$ |
| IL1RN.IDV | $8.1 \%$ |
| S100A7.GTN | $7.1 \%$ |
| S100A7.ENF | $4.3 \%$ |
| median | $7.6 \%$ |

Kuhn et. al. Molecular and Cellular Proteomics. 2011 Dec 22. [Epub ahead of print]

## Implementing assays in a biomarker verification setting across multiple laboratories.



## Manually checking integration and adding annotation







## Analytical CVs are acceptable for the majority of assays



## Biological variation can be significantly higher.



## Conclusions

1. There is a protein assay technology that can be scaled for precise, specific, multiplex quantification of large suites of human proteins in large sample sets; this has the potential to have impact across the biomedical sciences.
2. The Skyline software behind our development efforts has truly been enabling
3. Transition selection, evaluation, and optimization
4. Standardization of methods across laboratories/platforms
5. Ease of method and data sharing

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