# Mass Spectrometry in Cancer Diagnostics

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The George L. Wright, Jr. Center for Biomedical Proteomics Eastern Virginia Medical School NCI Early Detection Research Network EVMS Biomarker Discovery Laboratory O. John Semmes, P.I.

Proteomic Profiling of CANCERS

- Prostate
- Head and Neck
- Breast
- Bladder

- •Ovarian
- •Colon
- •Liver
- •Lung

• Leukemia

The mission of the Center is to discover a means to detect and accurately diagnose a variety of cancers long before the disease becomes life-threatening. Using mass spectrometry-based techniques to visualize and identify proteins, we hope to discover biomarkers that will detect cancer at its earliest stage, as well as markers that can predict disease and treatment outcome.



# Some Facts: Why proteomics ?

- More than 98% of all diseases are caused by multiple molecular alterations.
- There is very low correlation between mRNA abundance and protein level.
  (e.g., yeast – *S. cerevisiae*: <0.5 correlation factor)
- Gene products are modified by
  - complex gene interactions
  - cellular events
  - environmental influences

(co- & post-translational modifications: >189 types)



# Pieces of the Puzzle

- Data acquisition, pre-processing, processing, signal versus noise
- Data interpretation phase 1, which signals are potential biomarkers
- Determining sources of variability, response to bias, analytical reproducibility
- Data interpretation phase 2, biomarker maturation



## **Ciphergen ProteinChip® Technology**









# The ProteinChip discovery platform

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Expression	Purification	Characterization	Assay
Profiling		& I.D.	Development
Rapid discovery of biomarkers: •Serum •Urine •Cell lysates •Cells •Cerebrospinal fluid •Tissue homogenates	Purification: •On-chip •Micro- chromatography spin columns •Via traditional purification strategies	Characterization and identification through: •Epitope mapping •Peptide mapping •Phosphorylation •Peptide sequencing •Glycosylation analysis •Binding domain analysis	ProteinChip array is the assay. •Antibody ProteinChip for low CV's and accurate quantity

### **Samples and Requirements:**

Body Fluids: Serum- 20µl Urine- 60µl Seminal Plasma- 20µl Cerebral Spinal Fluid- 60µl



### Cell and Tissue Lysates: Microdissected cells-2000-3000 Tissue Culture cells- whole cell lysates Subcellular fractionation, (i.e. Mitochondrial or membrane lysates)





### **Biomek® 2000 Laboratory Automation Workstation**

# Process 48 chips/384 samples per day











### ProteinChip<sup>®</sup> Array Preparation

- Step 1: Complex protein sample is placed on a ProteinChip Array
- Proteins bind to chemical or biological sites on the ProteinChip surface

#### Step 2: Remove unbound proteins

- Wash the ProteinChip with appropriate stringency buffer
- Bound proteins are retained

#### Step 3: Add Energy Absorbing Molecules or "Matrix"

 EAM is applied to each spot to facilitate desorption and ionization in the TOF-MS Chip Reader





# SELDI BioChip Arrays



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### Laser Desorption/Ionization Time-Of-Flight (TOF) Mass Spectrometry









### Data presentation options





200 peaks for serum (upto 200K Da)

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### Flow diagram of spectrum analysis



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### **SELDI Profiles of Normal vs. Cancer Serum Proteins**





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# Validation Team





#### Semmes OJ and EPSIC members. Clin Chem. 2005 Jan;51(1):102-12.



# **SELDI-Prostate Cancer Validation**

 Phase I: Synchronization of SELDI Instruments and Validation of Robotic Sample Processing: Can each site synchronize their instruments and procedures to match other sites?

(STATUS: Successful Completion last year)

- Phase II: Population Validation: Can multiple sites get the same result in a geographically diverse cross-section study? (STATUS: Initiating this year)
- **Phase III:** Clinical Validation: Can multiple sites get the same result in a True Early Detection Analysis?



# Pieces of the Puzzle

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### **Summary of Biomarker Discovery and Identification**



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### 1-Dimensional PAGE



# **Sample Preparation**

- Remove Stain
- Dehydrate with 100% Acetonitrile
- Dry in Speed Vac
- Re-hydrate slice in 12.5 ng/ $\mu$ L Trypsin Solution
- Incubate 45 minutes on Ice
- Add Ammonium Bicarbonate to Keep Moist
- Incubate Overnight
- Extract with Formic Acid/Acetonitrile Dry in Speed Vac
- Resuspend in Buffer "A"





2-Dimensional PAGE

For each scan in the Chromatogram, there are 3 "parent" ion masses each with an associated list of fragment ions:



There are ~ 2500 scans/sample with a 90 min gradient



### TurboSequest Search







Malik, G. et al. Clin. Cancer Res. 2005 Feb 1;11(3):1073-85.



### **SELDI ProteinChip® Immunoassay**



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**SELDI Immunoassay.** A group of 50 NO (healthy), 51 BPH (benign) and 48 PCa (prostate cancer) samples were screened for ApoA-II levels using the SELDIbased immunoassay on mouse mAb Anti-ApoA-II coated PS20 ProteinChips<sup>®</sup>. The 8.9K m/z area observed in the serum samples was used to calculate the serum levels of ApoA-II based on the titration curve. About 4 fold increase in the protein amount in PCa samples is observed as compared to NO. (**D**) The relative normalized intensity observed in the SELDI-TOF-MS 8.9K m/z trace on IMAC-Cu2+ ProteinChips<sup>®</sup>.



### **ApoA II Immunodepletion**



-Pure ApoA II

kDa

6.0





ApoA-II Immunohistochemistry. Panel A: Prostate cancer infiltrating under uninvolved prostate glands (thick, double-headed gray arrow) which shows minimal staining even in basal cells. The pattern of staining, which is cytoplasmic, membranous and nuclear in cancer, is accentuated slightly on the advancing edge and is variable (weak to strong). Inset shows prostate cancer demonstrating scattered nuclear (thin, single-headed arrows) staining. Panel B: Prostate cancer infiltrating above uninvolved prostate glands (thick, double-headed gray arrow) which shows minimal focal staining. The pattern of staining in the prostate cancer is variable. Panel C: Weak to strong staining demonstrated in the luminal cells of PIN and prostate cancer (thin, single-headed arrows) present above uninvolved prostate glands with little staining (thick, double-headed gray arrow). Original magnification X400.

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Ability of ApoA-II to discriminate controls from cases with-

Marginal Clinical Symptoms (DRE+/PSA- or DRE-/PSA+) PSA<4.0, Biopsy Performed

- 46 Controls in which the biopsy was negative
- 46 Cases in which the biopsy was positive

Each sample was randomized in duplicate and analyzed on antibody coated PS20 chips



### **SELDI-Immunoassay for Prediction of Biopsy Outcome**

Anti-ApoA-II Immunoassay



Group	Index	M/Z STD	Intensity Average	Intensity Median	Intensity STD	# of peaks	# estimated
CASE	0	5.231969	12.41333	10.6609	7.82215	92	0
CONTROL	1	6.210689	7.890178	5.8172	6.453902	92	0

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# WHAT NEXT?

- Facilitation of protein ID
  - LC-MS/MS
  - LIFT-MALDI TOF/TOF
- Fractionation, depletion and concentration steps
  - Higher resolution (MALDI TOF/TOF)
  - Upfront Fractionation
  - Depletion of abundant protein (IgY Fractionation)
- Sensitivity vs. resolution
  - Concentration of depleted serum
  - Improved instrument sensitivity
- Mass spec-assisted Immunoassay development



### **Bruker ClinProt Technology Process**





QC IMAC chip spectrum (3-10kDa)





<sup>203</sup> total unique peaks mass range 1000-10000

MALDI profiling of serum IgY depletion



# WHAT NEXT?

- Facilitation of protein ID
- Automated fractionation, depletion and concentration steps
- Sensitivity vs resolution
- Mass spec-assisted Immunoassay development

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Anti- #147-148





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Development of these bioamarkers may provide important contributions to multiplexed immuno-assays or antibody annor Antar#20/6-102 NO **PCa** 36.5 -The observed overexpression of these markers, like ApoA-

II, in PCa patients with PSA < 4.0 ng, suggests that

analysis of such biomarkers in serum may extend the utility of current

Anti-#107-109



Protein Expression Profiling with MS is reproducible, semi-quantitative, and can be validated.

MS-Profiling is an effective approach to biomarker discovery and has the potential to become a powerful analytical (diagnostic) tool.



### Eastern Virginia Medical School Biomarker Discovery Laboratory

### Investigators

John Semmes, Ph.D. John Davis, M.D. Jose Diaz, M.D., Ph.D. Rick Drake, Ph.D. Christine Laronga, M.D. Paul Schellhammer, M.D. Jeffery T. Wadsworth, M.D.

### **Fellows**

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### **Biostatistics/Computation** WMRI William E. Cooke, Ph.D. Dasha I. Malyarenko, Ph.D. Denis M. Manos, Ph.D. Michael W. Trosset, Ph.D. Eugene R. Tracy, Ph.D.