

Full validation of a high-throughput Immuno-MS PD-assay by LC-MS MRM

Translational Mass Spec

Thierry Thevenin¹, Imelda Schuhmann¹, Olaf Boernsen¹, **Stephan Bek**¹, Irina Korolewa², David Glass², Ronenn Roubenoff²

¹Novartis Institutes of Biomedical Research, 4056 Basel, Switzerland.

¹Novartis Institutes of Biomedical Research, Cambridge, MA 02139 USA.

Many compounds for the treatment of muscle-hypotrophy are currently being developed. Biomarker/PD-readouts are needed for monitoring target-engagement, efficacy, ectr. Myostatin is secreted as a propeptide that is cleaved by BMP-1 family proteases to separate the 35-40 kDa propeptide from the 25 kDa mature protein. The bioactive form is a disulfide-linked dimer of the mature protein and forms a latent complex with two non-covalently-associated molecules of the propeptide. Amongst other ligands, myostatin binds to the ActRII-receptor. Myostatin is therefore well suited to monitor development of muscle-pathogenesis and/or drug-intervention.

Antibodies have been raised against the active part and potential other isoforms. The combination of immune-enrichment and LC-MS MRM allow not only the monitoring of active myostatin, but also the propeptide and potential interaction partner. This in turn can provide insights into the regulation of this ligand.

In order to monitor this in a large number of human samples, a high throughput assay was developed, where Myostatin is captured by a biotinylated anti-myostatin-antibody which is immobilized on a streptavidin-coated 96-well plate. After a few washings, signature-peptides from myostatin, the pro-protein and/or potential interaction-partner are directly eluted by tryptic digest in the plate. After enrichment by online-SPE, peptides were separated by an UPLC C-18 17-min gradient. Peptides were fragmented and detected by an AB Sciex 5500 MS.

The assay was then validated according to in-house guidelines, including Intra-assay –and inter-assay accuracy and precision in 4 different sera, matrix-effects, and short and long-term stability. A linear range from 3 – 200 ng/mL was established. After successful validation, samples from healthy volunteers and first patient-samples could be measured. After 9 month, a series of samples was analysed with a very low level of variability between the 2 measurements, thereby showing the robustness of this method.