

## **Research and Development on Human Biospecimen Integrity**

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**BRN Symposium** 

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#### **Overall goal:**

- Best practices for proteomics analysis of <u>blood-derived biospecimens</u>
  - Collection, manipulation and storage of samples
    - Guidelines to follow
    - Sample quality assessment assay
    - Tools to facilitate each step

## **MS-BASED BIOMARKER DISCOVERY PROCESS**



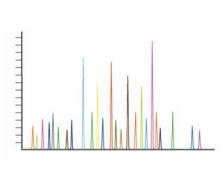
#### **Biomarker Discovery**

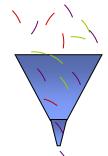
- Label-free, gel-free quantitative mass spectrometry
- Non-hypothesis based discovery approach
- Profile 1000's of proteins in 100's samples
- Identify differentially expressed proteins as candidate biomarkers



#### Multiplexed Assays

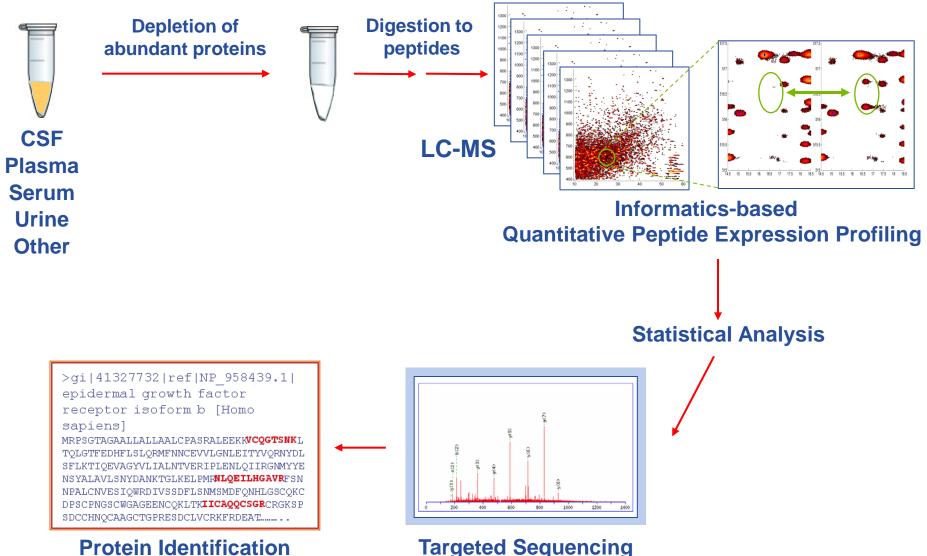
- Quantify 1 to 700 proteins in a single "MRM" assay
- Proteins from mass spec, literature, transcriptomics, etc.
- Rapid assay development
- Ab-free or ab enrichment
- Synthetic labeled standards for absolute quantification
- Profile candidate markers in 1,000's samples





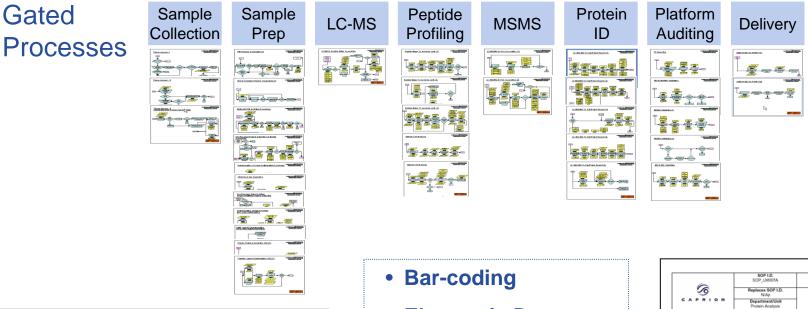
## **BIOMARKER DISCOVERY PROCESS: PROTEOMIC EXPRESSION PROFILING**

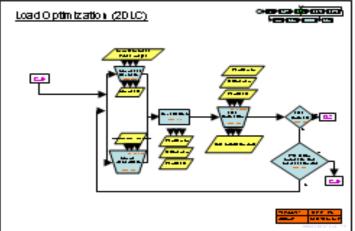




## QA ENVIRONMENT AND PROCESS ARE ESSENTIAL TO REDUCING VARIABILITY







- Electronic Data Management (LIMS)
- Standard Operating
   Procedures
- Locked freezers
- Locked raw data
- Automatic backup

Chain of Custody

| 6   | SOP LD.<br>SOP_LM007A  | CONFIDENTIAL  |
|---|--|---|
| 3   | Replaces SOP I.D.<br>N/Ap  | Author/Reviewer<br>(Initials/Date)                      |
| CAPRION   | Department/Unit<br>Protein Analysis  | 1   |
| On-Line 2D  | LC-MS and 2DLC-MSIMS Sa<br>Micromass Ultima Q-TOF Sy                         |   |
| 1. Objective  |  |   |
| This procedure describes the a                                  | nalysis of samples requiring on-line 2                                       | DLC-MS or 2DLC-MS/MS systems.                           |
| 2. Purpose  |  |   |
|   | is to describe the methodology to be in<br>the using a Micromass Ultima Q-TO | used for on-line 2DLC-MS and on-line<br>F LC/MS system. |
| 3. Scope  |  |   |
| This procedure applies to al<br>Micromass Ultima Q-TOF LC/N     |  | is 2DLC-MS or 2DLC-MS/MS using                          |
| 4. Responsibilities   |  |   |
| 4.1 LC-MS and LC-MS/MS Pro<br>this procedure are followed and   |  | insuring that all steps described within                |
| 4.2 All Users assigned to the s<br>this procedure.              | ample analysis are responsible for fo  | lowing the steps described within                       |
| 4.3 The Program Leader is reader to read the mode of Injection. | sponsible for determining the concent  | tration of samples, volume to inject                    |
| 5. Definitions and Acronym                                      | 5  |   |
| 5.1 Definitions<br>NIAp   |  |   |
| Approved:   | Cept.:   | Date:   |
| Approved.   | Dept:  | Date:   |
| Approved  | Dept.: Quality Assurance   | Date:   |
| Effective Date / YYYY/mmidd<br>QA Final Approval:               |  | ·   |
| IT IS STRIC   | TLY FORBIDDEN TO DUPLICATE 1   | THIS DOCUMENT   |
| SOP N° dFile: 2004-11-10  |  | Page 1 of 13  |

SOPs

#### **PROBLEM:**



# No clear guidelines for the collection, processing, storage and analysis of plasma/serum for proteomics analysis

- Serum or plasma
- EDTA or heparin (for plasma)
- Added protease inhibitors (commercial tubes or DIY)
- Acceptable processing times and temperatures (before and after spin)
- Freezer temperature and storage time
- Multiple freeze-thaw cycles
- High abundance protein depletion

## SAMPLE COLLECTION AND STORAGE VARIABLES: FULL STUDY



#### 1. Type of collection tube

- BD serum SST tube with gel and clot activator (red/grey top)
- BD heparin tube (green top)
- BD K<sub>2</sub>-EDTA tube (lavender top)
- Becton Dickinson (BD) P100
- BD K<sub>2</sub>-EDTA tube (lavender top) with protease inhibitor cocktail added at the time of pipetting separated plasma

#### 2. Variation in the 2 key bench times

- Before centrifugation
- After centrifugation but before pipetting and freezing
- Up to 4 days
- 20°C or 37°C
- 3. Number of freeze-thaw cycles
- 4. Length of time in -20°C or -80°C storage
- 5. Cancer patients and age and gender-matched controls
  - Prostate and breast cancer

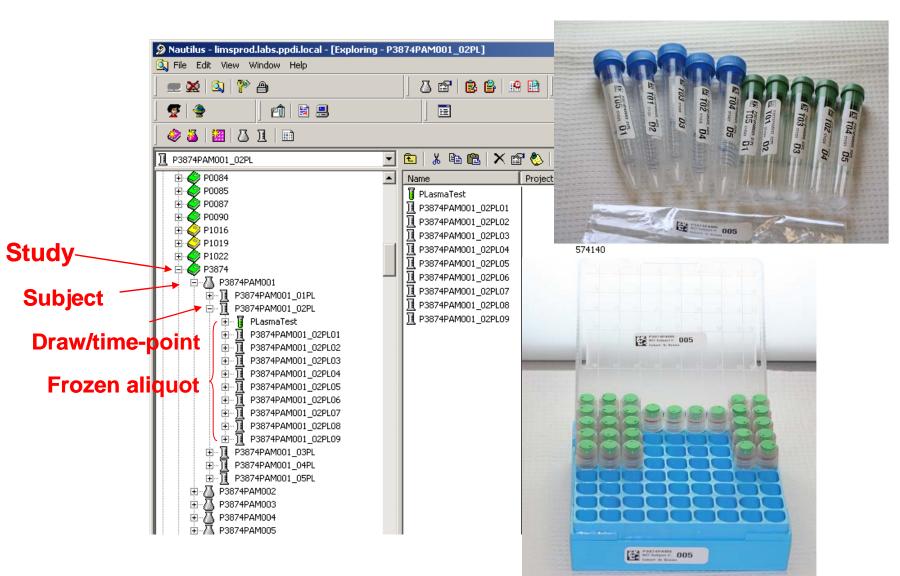
## **DESIGNING A WELL CONTROLLED STUDY**



- Well defined and documented study design
- Protocols and SOPs for each step
- Bar coding of all tubes
- Chain of custody
- LIMS for information storage and sample tracking
- Well maintained and documented instrumentation
- Freezers on alarm with remote email alert
- Tool for managing blood collection, processing and storage
  - Interactive prompter and timer
  - Allows analysis of time taken for each step and variability
  - Allows documentation and comparison of process at multiple centers in clinical trial

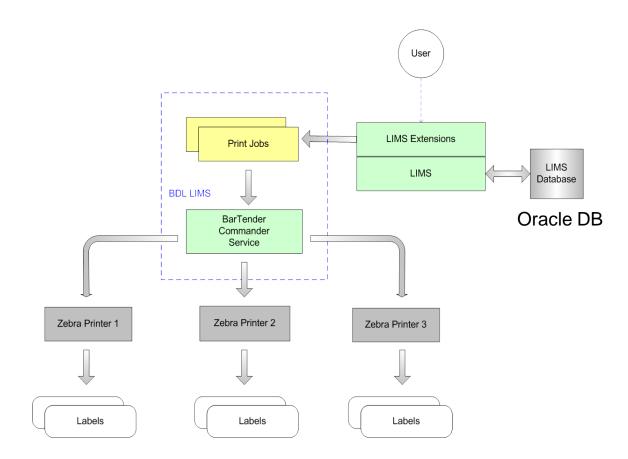
#### **ORACLE-BASED LIMS (NAUTILUS)**





#### LIMS Barcode Label System v2.0





#### Two-dimensional barcodes

Subject Label

Draw Label (5 per subject)



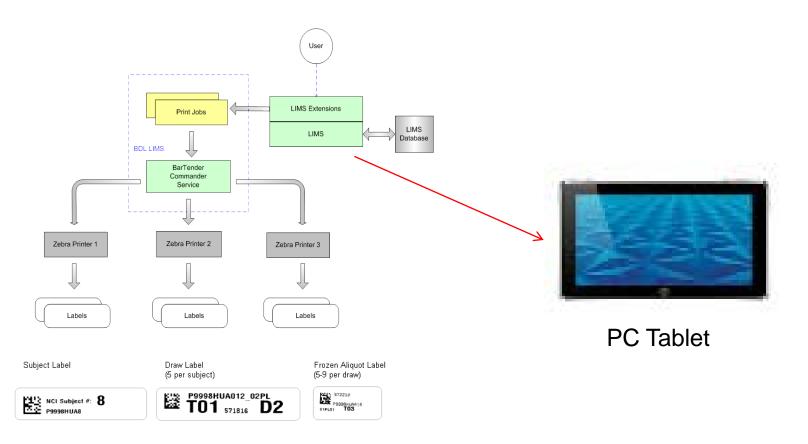
(5 per subject) P9998HUA012\_02PL TO1 571816 D2 Frozen Aliquot Label (5-9 per draw)



## PC TABLET FOR PROCESS CONTROL

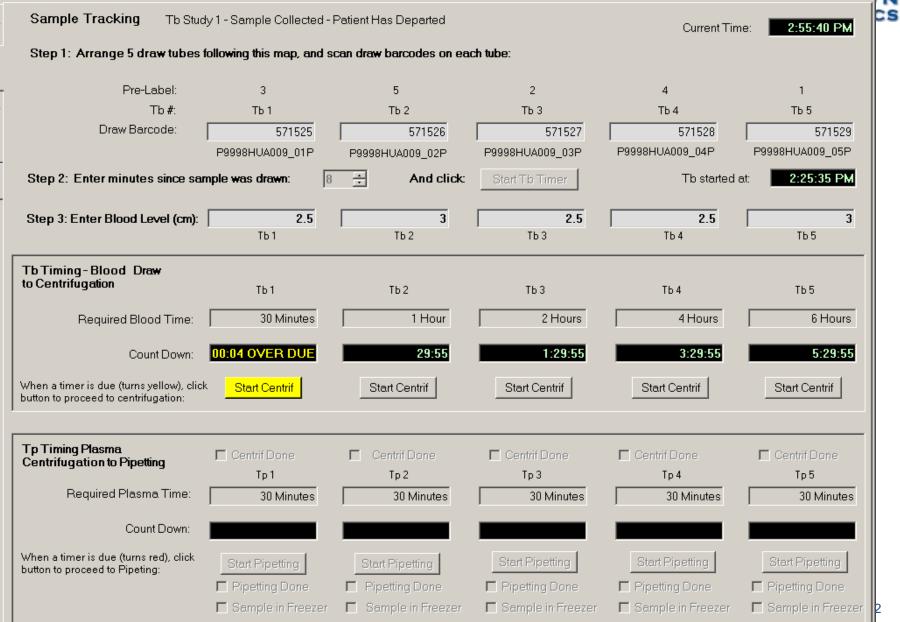


#### LIMS Barcode Label System v2.0



## PC TABLET PROCESS CONTROL SCREEN

NCI Biospecimen Integrity Project - Sample Collector



N



| Pre-Centrifugation Scan - Tb 1 |  |  |  |  |
|--------------------------------|--|--|--|--|
| Scan Barcode: 571525           |  |  |  |  |
| OK Cancel                      |  |  |  |  |

#### Click "Start Centrif" button,

#### "Pre-Centrifugation Scan" pops up,

requests to scan barcode on Vacutainer tube

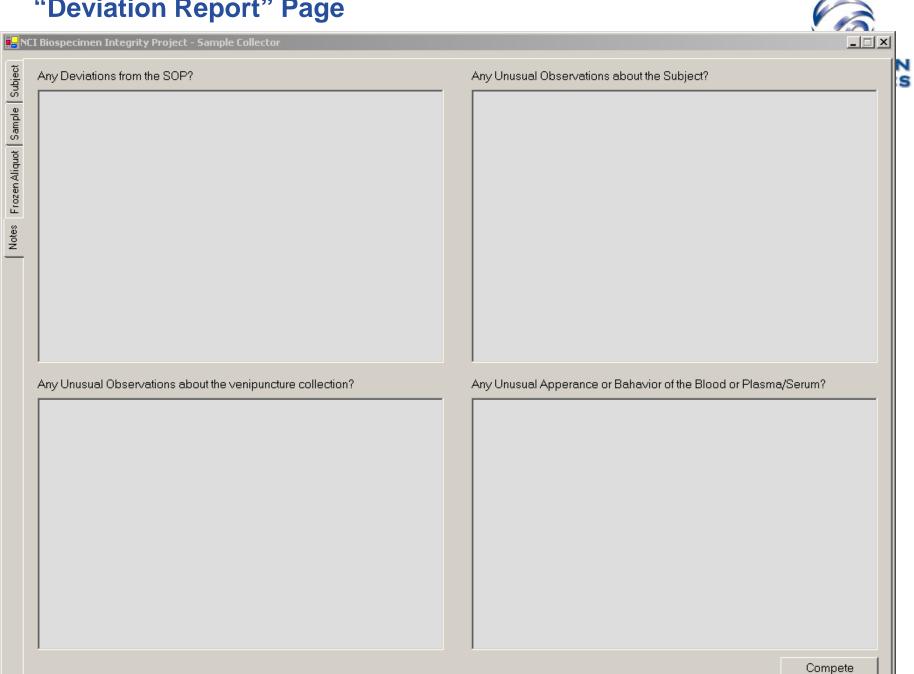
## Sample Page – Tp 1 time due, timer and "Start Pippeting" button turned red, flashes and emits repeating (distinct) warning tone

N

CS

🖳 NCI Biospecimen Integrity Project - Sample Collector Subject Sample Tracking Tb Study 1 - Sample Collected - Patient Has Departed Current Time: 3:26:06 PM Sample Step 1: Arrange 5 draw tubes following this map, and scan draw barcodes on each tube: Pre-Label: 3 5 2 Notes Frozen Aliquot Tb#: Tb 1 Tb 2 ть з Tb 4 Tb 5 Draw Barcode: 571525 571527 571526 571528 571529 P9998HUA009\_04P P9998HUA009\_05P P9998HUA009\_01P P9998HUA009 02P P9998HUA009\_03P ÷ 2:25:35 PM Step 2: Enter minutes since sample was drawn: And click: Tb started at: Step 3: Enter Blood Level (cm): 2.5 3 2.5 2.5 3 ТЬ 1 ТЬ 2 ТЬ З Tb 4 Tb 5 Tb Timing-Blood Draw to Centrifugation Tb 1 ТЬ 2 ТЬ З ТЬ 4 Tb 5 Required Blood Time: 30 Minutes 1 Hour 2 Hours 4 Hours 6 Hours 00:07 OVER DUE 00:17 OVER DUE 59:29 2:59:29 4:59:29 Count Down: When a timer is due (turns yellow), click 🔽 Centrif Begun Start Centrif Start Centrif Start Centrif Centrif Begun button to proceed to centrifugation: Tp Timing Plasma Centrif Done Centrif Done Centrif Done Centrif Done Centrif Done Centrifugation to Pipetting Tp 2 Tp 3 Tp 5 Tp 1 Tp 4 Required Plasma Time: 30 Minutes 30 Minutes 30 Minutes 30 Minutes 30 Minutes Count Down: 00:07 OVER DUE When a timer is due (turns red), click Start Pipetting Start Pipetting Start Pipetting Start Pipetting Start Pipetting button to proceed to Pipeting: Pipetting Done Pipetting Done Pipetting Done Pipetting Done Pipetting Done □ Sample in Freezer ■ Sample in Freezer Sample in Freezer Sample in Freezer Sample in Freezer

#### **"Deviation Report" Page**



#### LIMS METADATA STORAGE (ELECTRONIC MEDICAL RECORD)



| Medical Record   |   |  |  | ×             |
|--|---|--|--|---------------|
| Enter subject #: 44  | Subject ID: P3874PAM044   |  |  |               |
| Signed Informed Consent?   • Yes   | No Year of Birth: 1933 💌 Gen  | der: O Male 💿 Female                   | Approx Date of Initial Cancer Diagnosis: | 01-Jan-2000 💌 |
| Current Cancer Treatments (last 3 months):   | Most recent one or few blood tests, e   | especially capture data on cancel mark | ers if recent (last 6 months)            |               |
| Chemotherapy, Oral   |   |  |  | <u> </u>      |
| Chemotherapy, IV or IM (by needle)   |   |  |  |               |
| Radiation  |   |  |  |               |
| 🗹 None   |   |  |  | -             |
| Recent Medications:  |   | Other Active Health Problems:          |  | _             |
| Multi-Vits, dose unknown, daily; Vit-D, dose u<br>Dil, dose unknown, daily; Vit-E, dose unknow | ınknown, daily; Lutein, dose unknown, daily; Fish 🗾<br>ın, daily; Tums-Calcium, dose unknown, daily | none                                   |  | X             |
| Breast Cancer Info:  |   | Prostate Cancer Info:                  |  |               |
| Surgery, Lumpectomy Da   | ate: 01-Jan-2001 💌  | Surgey, removal of prosta              | te Date: 01-Jan-2010                     |               |
|  | ate: 01-Jan-2010  |  |  |               |
| Menopause Status:  |   | TNM Staging System Number              | s: T= N= M=                              |               |
|  | Post-menopausal   | Gleason grade:                         |  |               |
| Estrogen Receptor (ER) Status:   | IHC Not Performed   | Gleason score:                         |  |               |
| Progesterone Receptor (PR) Status:   | IHC Not Performed   | Other notable comments:                |  |               |
| HER2/ERBB2 IHC Status:   | IHC Not Performed   | Patient had DCIS (Ductal Ca            | rcinoma In Situ).                        |               |
| Histological Type:   | Other 💌   |  |  |               |
| Tumor Stage:   | Corordinator initials:  | W Date: 08-Jul -201                    | 0 💌 ОК                                   | Cancel        |



## **Preliminary Biospecimen Analysis**

## PRELIMINARY BIOSPECIMEN ANALYSIS



#### Scope of preliminary study:

- Proteomic analysis on plasma from cancer patients
  - 3 tube types:
    - Heparin, EDTA, EDTA/PI
  - 3 incubation times at RT prior to centrifugation
    - 0.5, 4 and 24 h
  - n = 10

#### Analysis performed:

- Samples depleted of high abundance plasma proteins with Agilent MARS-14 column
- Protein digested with trypsin and analyzed by LC-MS
- Peak alignment and matching performed with Rosetta's Elucidator software
- Differential expression analysis
- Peptides sequenced and clustered

## PEPTIDE POPULATION DIFFERS BETWEEN HEPARIN AND EDTA PLASMA



#### Heparin vs. EDTA

- Total components: 6,600
- Heparin-specific components: 5,000
- EDTA+/-PI-specific components: 5,700
- Only approx. 4,000 (61%) components shared between heparin and EDTA
- 83% proteins are shared between EDTA and heparin
- Total number of proteins detected is almost the same

#### **EDTA +/- Protease Inhibitors**

- 140/5700 (2.5%) components differ > 2 fold between EDTA +/- PI
- Adding protease inhibitors increases number of proteins detectable from 135 to 137



| Comparison<br>ID | Description               | Differentially<br>expressed<br>peptides | Differentially<br>expressed<br>proteins |
|------------------|---------------------------|---|---|
| 1                | [Heparin] 0.5 hr vs 4 hr  | 0                                       | 0                                       |
| 2                | [Heparin] 0.5 hr vs 24 hr | 2                                       | 1                                       |
| 4                | [EDTA] 0.5 hr vs 4 hr     | 3                                       | 3                                       |
| 5                | [EDTA] 0.5 hr vs 24 hr    | 11                                      | 4                                       |
| 7                | [EDTA+PI] 0.5 hr vs 4 hr  | 4                                       | 4                                       |
| 8                | [EDTA+PI] 0.5 hr vs 24 hr | 12                                      | 5                                       |

#### **Selection criteria:**

- Fold-change  $\geq$  2;
- p-value ≤ 0.05;
- q-value ≤ 0.05

#### **Results:**

- Small effects of incubation time
- Only slightly more changes with EDTA than heparin
- Small effect of adding protease inhibitors

# IMPACT OF SMALLER CHANGES ON CALCULATING

| Comparison_ID | Description                 | DI > 2<br>pvalue <= 0.05<br>qvalue <= 0.05 | DI > 1.5<br>pvalue <= 0.05<br>qvalue <= 0.05 |
|---------------|-----------------------------|--|--|
| 1             | [Heparin] 0.5 hr vs 4 hr    | 0  | 1  |
| 2             | [Heparin] 0.5 hr vs 24 hr   | 3  | 3  |
| 3             | [Heparin] 4 hr vs 24 hr     | 2  | 3  |
| 4             | [EDTA] 0.5 hr vs 4 hr       | 3  | 11   |
| 5             | [EDTA] 0.5 hr vs 24 hr      | 21   | 27   |
| 6             | [EDTA] 4 hr vs 24 hr        | 20   | 29   |
| 7             | [EDTA+PI] 0.5 hr vs 4 hr    | 7  | 12   |
| 8             | [EDTA+PI] 0.5 hr vs 24 hr   | 26   | 33   |
| 9             | [EDTA+PI] 4 hr vs 24 hr     | 21   | 30   |
| 10            | [0.5 hr] Heparin vs EDTA    | 2,606                                      | 3,569  |
| 11            | [0.5 hr] Heparin vs EDTA+PI | 2,897                                      | 3,804  |
| 12            | [0.5 hr] EDTA vs EDTA+PI    | 141  | 346  |
| 13            | [4 hr] Heparin vs EDTA      | 2,472                                      | 3,408  |
| 14            | [4 hr] Heparin vs EDTA+PI   | 2,785                                      | 3,656  |
| 15            | [4 hr] EDTA vs EDTA+PI      | 77   | 178  |
| 16            | [24 hr] Heparin vs EDTA     | 2,729                                      | 3,642  |
| 17            | [24 hr] Heparin vs EDTA+PI  | 2,846                                      | 3,765  |
| 18            | [24 hr] EDTA vs EDTA+PI     | 40   | 76   |
| 19            | 0.5 hr vs 4 hr              | 2  | 7  |
| 20            | 0.5 hr vs 24 hr             | 19   | 21   |
| 21            | 4 hr vs 24 hr               | 20   | 24   |
| 22            | Heparin vs EDTA             | 2,732                                      | 3,778  |
| 23            | Heparin vs EDTA+PI          | 2,967                                      | 3,971  |
| 24            | EDTA vs EDTA+PI             | 140  | 368  |
|               |                             | 3,386                                      | 4,498  |

### OXIDIZED PEPTIDES ARE NOT SELECTIVELY DISTRIBUTED



| Differentially expressed components/peptides/proteins |  |
|---|--|
| (DI > 2   pvalue <= 0.05   qvalue <= 0.05)            |  |

| Comparison <u>.</u><br>ID | - Description      | #Components | Upregulated | Downregulated | Upregulated | Downregulated |
|---------------------------|--------------------|-------------|-------------|---------------|-------------|---------------|
| 19                        | 0.5 hr vs 4 hr     | 2           | 0           | 0             | 0           | 0             |
| 20                        | 0.5 hr vs 24 hr    | 19          | 0           | 0             | 0           | 0             |
| 21                        | 4 hr vs 24 hr      | 20          | 0           | 0             | 0           | 0             |
| 22                        | Heparin vs EDTA    | 2,732       | 13          | 34            | 10          | 6             |
| 23                        | Heparin vs EDTA+PI | 2,967       | 11          | 35            | 8           | 7             |
| 24                        | EDTA vs EDTA+PI    | 140         | 0           | 0             | 0           | 0             |
|                           |                    | 3,386       | 17          | 36            | 13          | 8             |

#### SEMI-TRYPTIC AND NON-TRYPTIC PEPTIDES ACROSS THREE STUDIES



|                                | NCI   | NIAID site 1 | NIAID site 2 |
|--------------------------------|-------|--------------|--------------|
| <b># Sequenced Peptides</b>    | 3,158 | 1,527        | 2,593        |
| # (Fully) Non-tryptic          | 11    | 17           | 1            |
| <b># Semi-tryptic</b>          | 506   | 521          | 377          |
| # Tryptic                      | 2,641 | 989          | 2,215        |
| % semi or non-tryptic peptides | 16%   | 35%          | 15%          |

## **CONCLUSIONS OF PRELIMINARY STUDY**



- Large number of components detectable in only heparin or EDTA tubes
- 14% more components detectable in EDTA tubes
- Very few components changed in concentration in any tube type after 24h at RT
- Little effect of protease inhibitor cocktail in EDTA tubes after 24h at RT
- The median CV for normalized peptide intensities within each group is very low at 5-7% (mainly processing related)
- Non-normalized raw intensity median CVs ~ 32-40% (processing and biological variability)
- 16% of sequenced peptides were cleaved at a site other than trypsin, suggesting some degradation
  - Similar to one study (well managed samples)
  - Better than a second study (older sample set, multiple freeze-thaws)

#### **QUALITY ASSESSMENT ASSAYS**



- Multiplexed ELISA assays: Luminex
- Multiplexed MRM mass spec assays

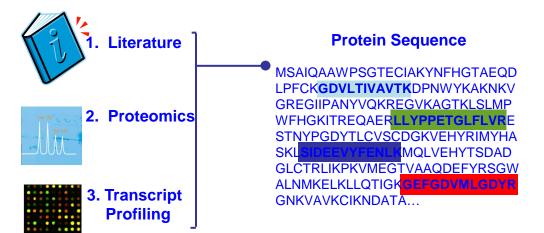
## INDEPENDENT ASSESSMENT OF PROTEIN CONCENTRATION AND VARIATION



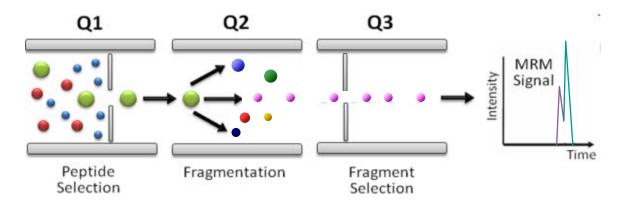
| Lower abundance protein panel: | Higher abundance protein panel:             |
|--------------------------------|---|
|                                |   |
| IL6                            | VTN   |
| CA125                          | ECM1  |
| CA19-9                         | F13A  |
| MUC1                           | VDP   |
| PSA                            | AT3   |
| PRL                            | CFH   |
| LEP                            | FCN3  |
| OPN                            | LUM   |
| MIF                            |   |
| AFP                            |   |
| CEA                            | * This group will also be measured by LC-MS |

## MULTIPLEXED MRM ASSAY DEVELOPMENT STRATEGY





Candidate markers for MRM assay development can come from proteomics or other sources, including the literature

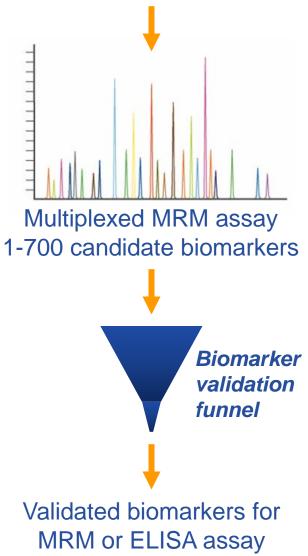


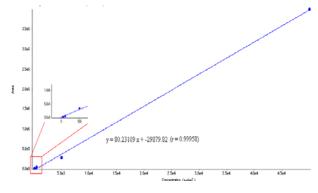
Double selection improves signal/noise and reduces interference

## MRM-MS ASSAYS: VERIFY AND VALIDATE CANDIDATE BIOMARKERS



**Candidate Biomarkers** 





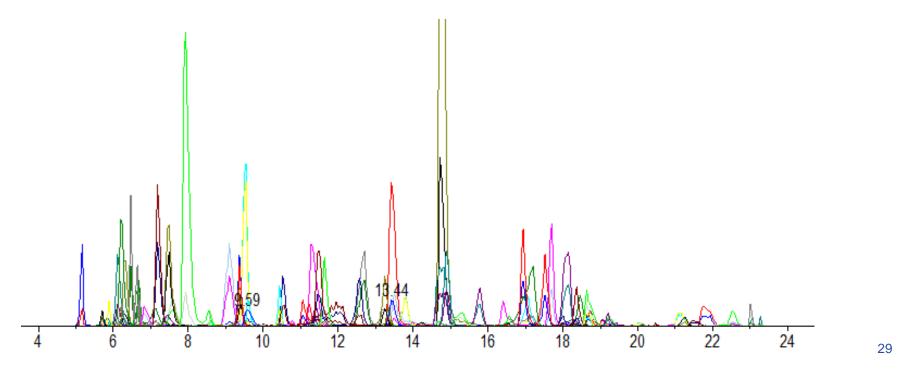
Linear and quantitative

- Rapid assay development
- Multiplexed (up to 700 biomarkers)
- Confirms biomarker ID
- Confirms differential expression
- Determines absolute abundance
- Can be validated for regulatory compliance

## **EXAMPLE OF MRM ASSAY DEVELOPED FROM LIST OF 90 LUNG CANCER Dx CANDIDATES**

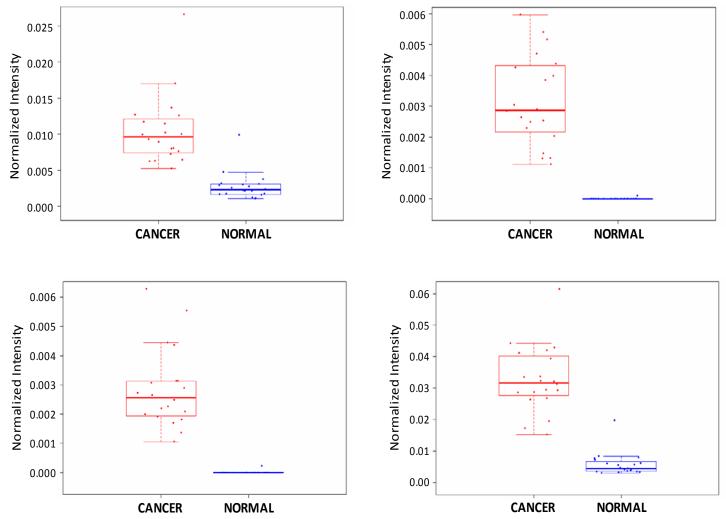


- Predict best 5 peptides/protein, synthesize
- Determine empirically the best 2, monitor 2 transitions each
- Pre-verification study with plasma from 20 cancer and 20 control subjects
- 64 of the targeted proteins (71%) successfully detected in un-spiked plasma samples (cancer and controls)



## **CANDIDATE CLASSIFIERS IDENTIFIED**





Current study:

Larger set of proteins (700 candidate markers) and more samples (~400) from multiple sources