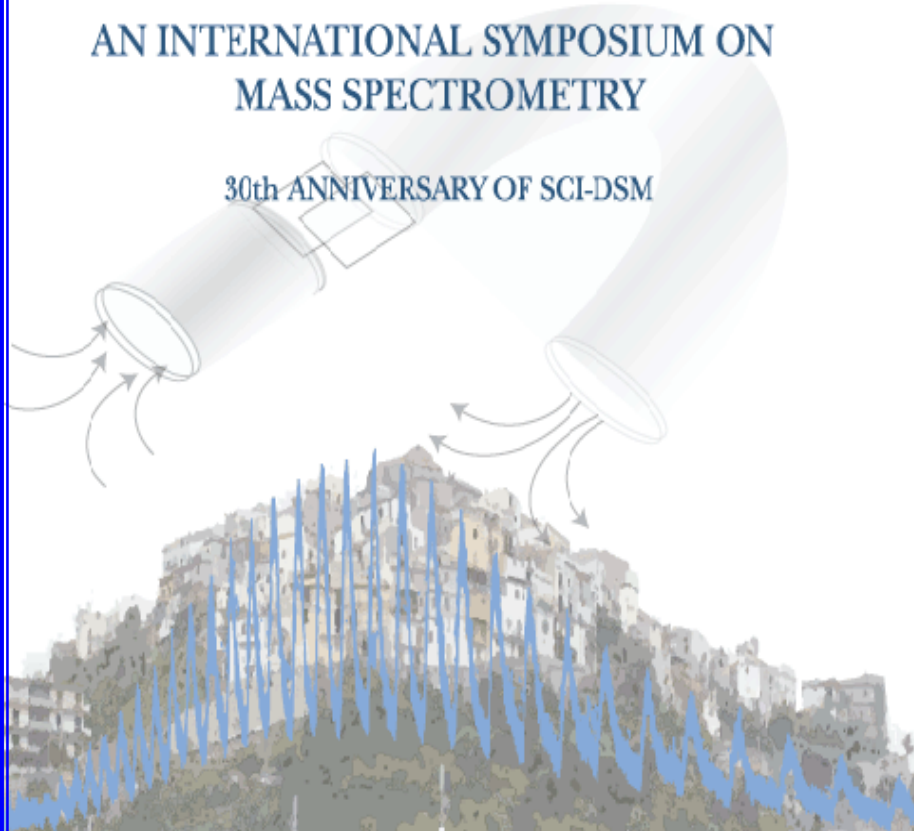


Massa 2002

AN INTERNATIONAL SYMPOSIUM ON
MASS SPECTROMETRY

30th ANNIVERSARY OF SCI-DSM



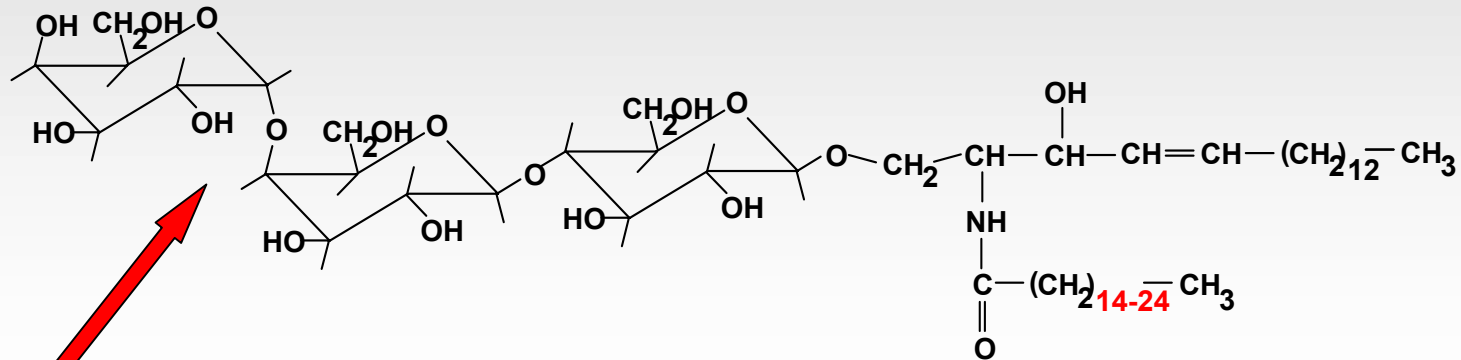
27th JUNE-1st JULY
CETRARO (CS)

**Rapid quantitation of
Globotriaosylceramide in human
plasma and urine: a potential
application for monitoring
enzyme replacement therapy in
the Anderson-Fabry disease**

F. Boscaro, G. Pieraccini, G. la Marca,
G. Bartolucci, F. Luceri, G. Moneti

A method for measuring globotriaosylceramide (Gb3, or GL3) levels in plasma and urine of humans affected by Anderson-Fabry disease has been developed. The analyses are performed in Flow Injection Analysis-Electrospray Ionization-Tandem Mass Spectrometry (FIA-ESI-MS/MS). The method is rapid, sensitive and hence suitable for high throughput analyses. Only a simple 50-fold dilution is necessary for the preparation of plasma and urine samples for instrumental analysis in FIA-ESI-MS/MS mode. The detection of the analytes of interest was achieved using a triple quadrupole (QqQ), operating in the multiple reaction monitoring mode. The linearity of the calibration standard responses, the intra- and inter-assay precisions, the accuracy and the detection limit of the method were evaluated. The proposed method allows a rapid and accurate assessment of globotriaosylceramide in biological samples. Data obtained from healthy volunteers and Anderson-Fabry affected subjects suggest a potential role of this technique in monitoring the effectiveness of Anderson-Fabry disease therapy. The results obtained in two actual cases treated with enzyme replacement therapy are reported.

Normal α -galactosidase A breaks down Gb₃



α - Galactosidase A

- The Anderson-Fabry disease is an inborn error of metabolism (X-chromosome linked) which is caused by the deficiency of α -galactosidase A.
- The loss of α -galactosidase A leads to a progressive accumulation of the glycosphingolipid Gb₃ in affected males and, to a lesser extent, in females (carrier)
- The process leads to selective damage of renal glomerular and tubular epithelial cells, myocardial cells, neurons of the dorsal root ganglia and autonomic nervous system, and endothelial, perithelial and smooth muscle cells of blood vessels

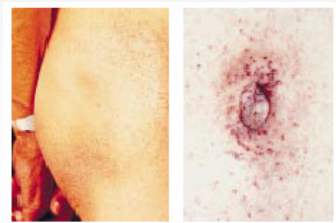
Alpha-Galactosidase A

Length: **429 AA** [This is the length of the unprocessed precursor]

Molecular weight: **48766 Da** [This is the Mw of the unprocessed precursor]

10	20	30	40	50	60
MQLRNPHEL	GCALALRFLA	LVSWDIPGAR	ALDNGLARTP	TMGWLHWERF	MCNLDCQEEP
70	80	90	100	110	120
DSCISEKLFM	EMAELMVSEG	WKDAGYEYLC	IDDCWMAPQR	DSEGRLOADP	QRFPHGIRQL
130	140	150	160	170	180
ANYVHSGKGLK	LGIYADVGNK	TCAGFPGSFG	YYDIDAQTFA	DWGVDLLKFD	GCYCDSLENL
190	200	210	220	230	240
ADGYKHMSLA	LNRTGRSIVY	SCEWPLYMWP	FQKPNYTEIR	QYCNHWRNFA	DIDDSWKSIA
250	260	270	280	290	300
SILDWTSFNQ	ERIVDVAGPG	GWNDPDMLEI	GNFGLSWNQQ	VTQMALWAIM	AAPLFMSNDL
310	320	330	340	350	360
RHISPAKAL	LQDKDVIAIN	QDPLGKQGYQ	LRQGNFEVW	ERPLSGLAWA	VAMINRQEIG
370	380	390	400	410	420
GPRSYTIAVA	SLGKGVACNP	ACFITQLLPV	KRKLGFEYEW	SRLRSHINPT	GTVLLQLENT
429					
MQMSLKDLL					

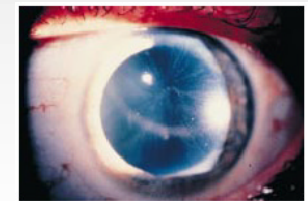
vascular endothelial
cells in the skin,
heart muscle cells



angiokeratoma

endothelial cells
of blood vessels

epithelial cells
of cornea and kidney



corneal opacity

ANDERSON FABRY disease

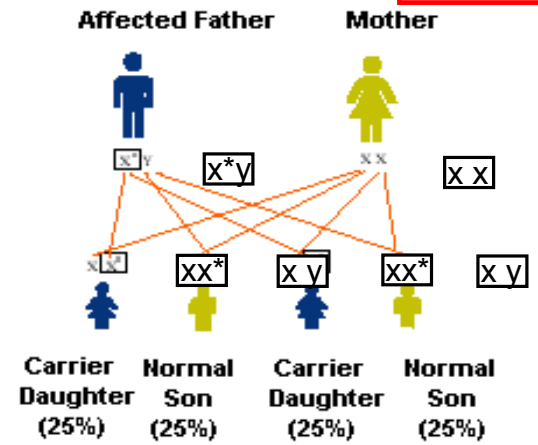
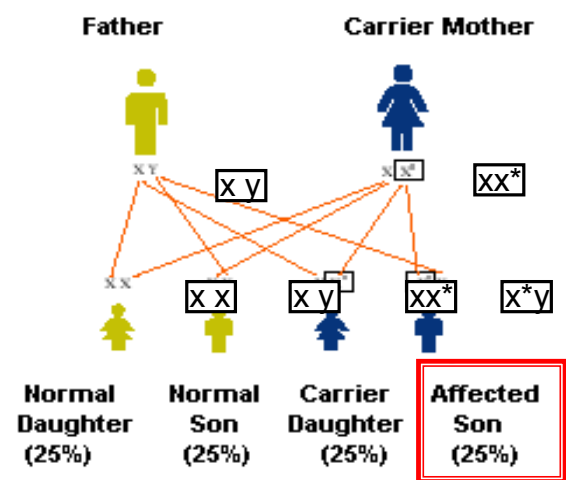
renal glomerular and
tubular epithelial cells

biological fluids

neurons of the dorsal
root ganglia and ANS

Inheritance of Fabry Disease

Segregation of X-Linked Recessive Trait (Carrier Mother)



Estimated incidence:
1 : 40,000 males

In Italy:
500 : 20 M males

HPLC Method (M.D. Ullman 1977-1978)*

- 1) 1 ml of plasma (or urine) was stirred with 18 mL of chloroform:methanol (2:1) for 15 min
- 2) organic phase was washed with 5 ml of 0,88% KCl and then with 13 ml of methanol:water (1:1)
- 3) lower phase was dried and dissolved in 1 ml of chloroform and placed on a column with 80 mg of Unisil
- 4) the column was washed with 2 ml of chloroform and then eluted with 4 ml of acetone:methanol (9:1)
- 5) the eluate was evaporated and the residue was dissolved in 1 ml of chloroform and 1 ml of 0,6N methanolic NaOH and incubated at R.T. for 1 hr
- 6) the mixture was neutralized with 1,2 ml of 0,5 N methanolic HCl
- 7) the mixture was stirred with 1,7 ml of water and 3,4 ml of chloroform
- 8) the lower phase was washed twice with 2 ml of methanol:water (1:1)
- 9) the lower chloroform phase was dried under nitrogen and *derivatised with 10% (v/v) benzoyl chloride in pyridine at 37°C for 16 hr*
- 10) the perbenzoylated derivatives was injected onto the HPLC-UV at 230 nm or 280 nm

* ISTD : N-Acetylpsycosine (N-Acetyl-Galactosylsphingosine mw 461)

ELISA Test

ELISA Test (Mount Sinai School of Medicine, New York, USA)

Sample pretreatment:

25 μL plasma: LLE (500 μL di CHCl_3 :MeOH 2:1)
Wash the organic phase with deionised H_2O (100 μL)
Take to dryness the organic phase (N_2)
Add 500 μL CHCl_3
Purify on RP C18 cartridge
Elute with 1 mL Acetone:MeOH 9:1
Take to dryness (N_2)
Add 500 μL absolute EtOH

ELISA Test :

Dispense 100 μL in the well (96 well plate - Immunopure Polysorp)
Agitate 1 h at R.T.
Evaporate EtOH at 37°C, then Wash
Add blocking solution (5% BSA - bovine serum albumine): 1 h at 37°C, then Wash
Add VTB (E.Coli verotoxine B subunit): 1 h at 37°C, then Wash
Add IgG₁ anti-VTB monoclonal antibody: 1 h at 37°C, then Wash
Add anti-IgG₁ antibody "labelled" with alkaline phosphatase: 1 h at 37°C, then Wash
Add *p*-nitrophenil phosphate (substrate): 15-30 min at 37°C
Block the reaction
Transfer 100 μL from each well to a new well of a 96-well plate
Read at 405 nm

μ -HPLC Setting

LC PACKINGS
A DIONEX Company

UltiMate

FAMOS™
Micro Autosampler

Fully Integrated Capillary- and Nano
HPLC System



C18 Luna 5cm x 300 μ m x
3 μ m.

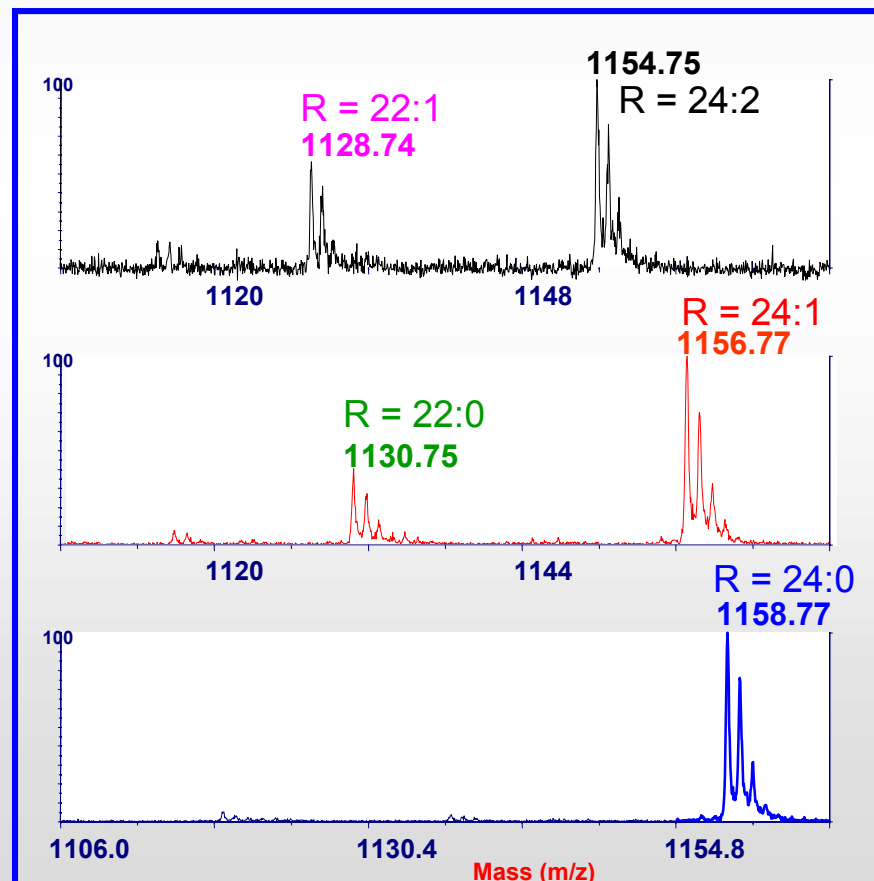
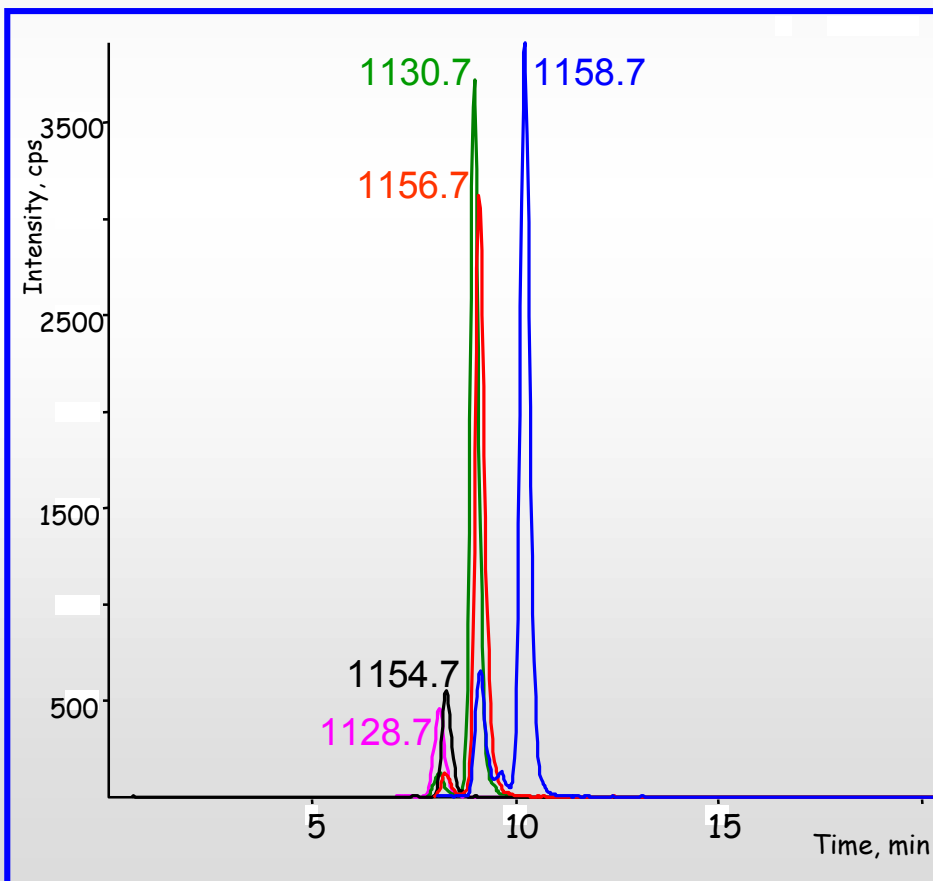
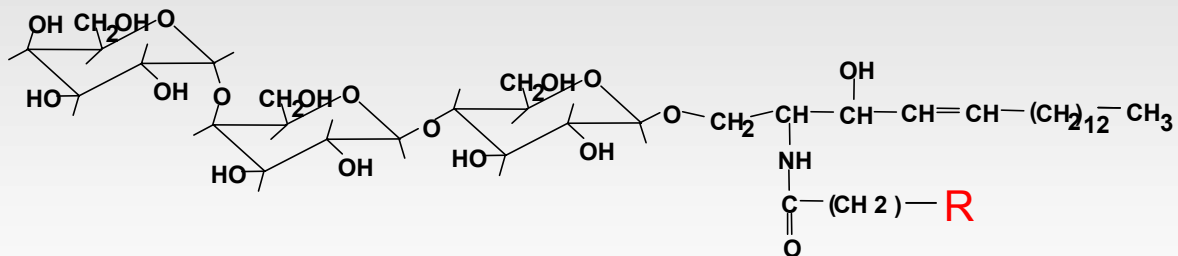
Injection: 1 μ L

Solvent A: H₂O

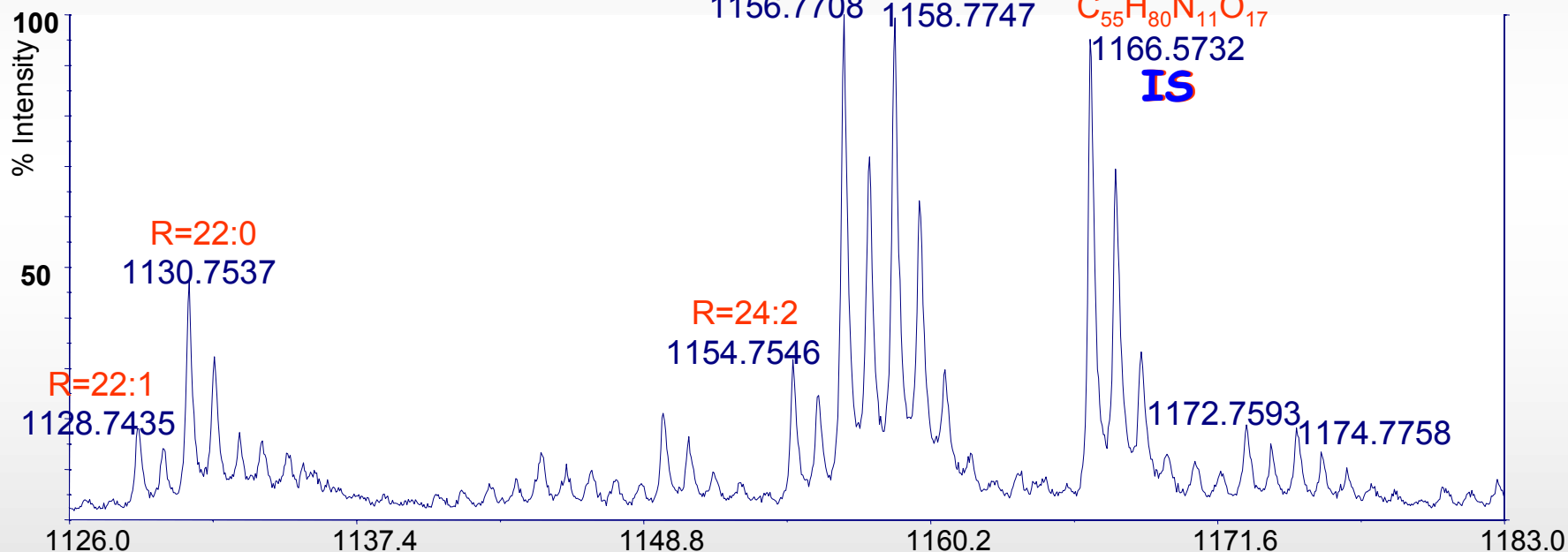
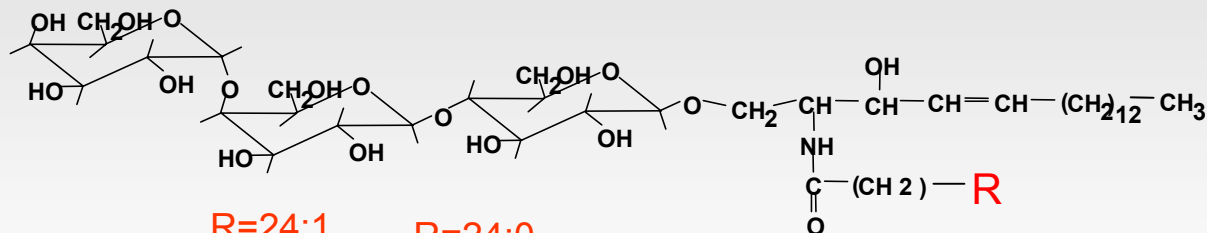
Solvent B: MeOH/Acetone
50:50

Time min.	Flow μ L/min	Valve % A	Valve % B
0.00	5	30	70
0.01	5	30	70
2.00	5	30	70
7.00	5	2	98
10.00	5	2	98
12.00	5	30	70
20.00	5	30	70

ESI-TOF spectra of Gb3 Sigma

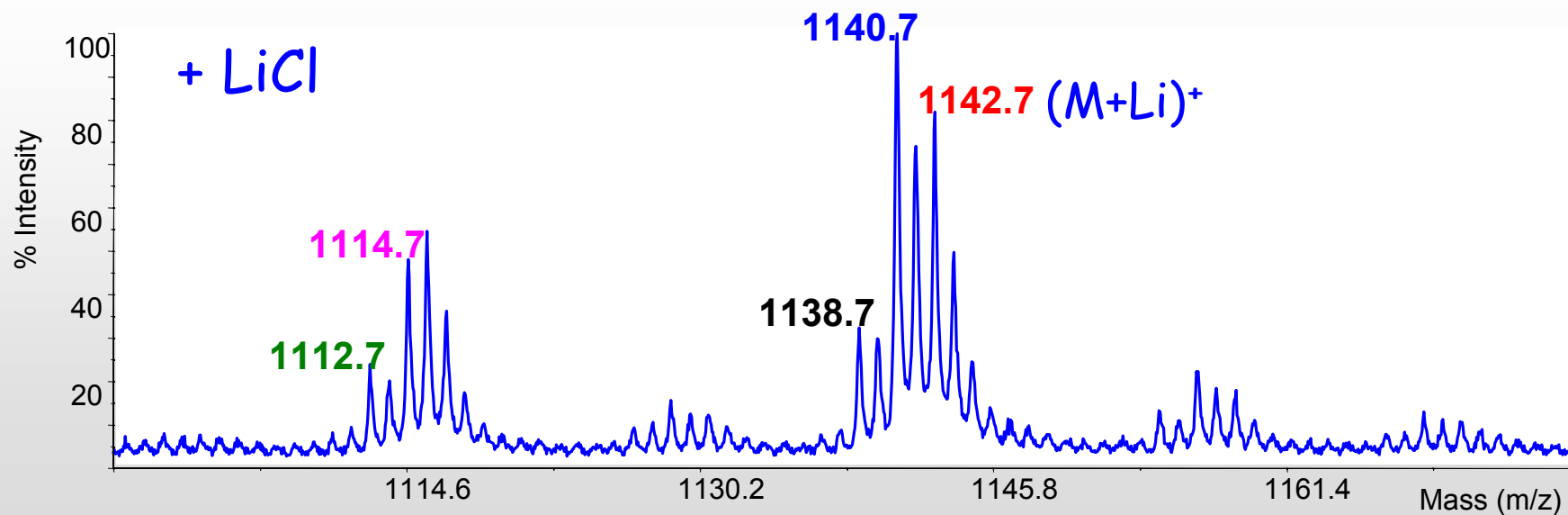
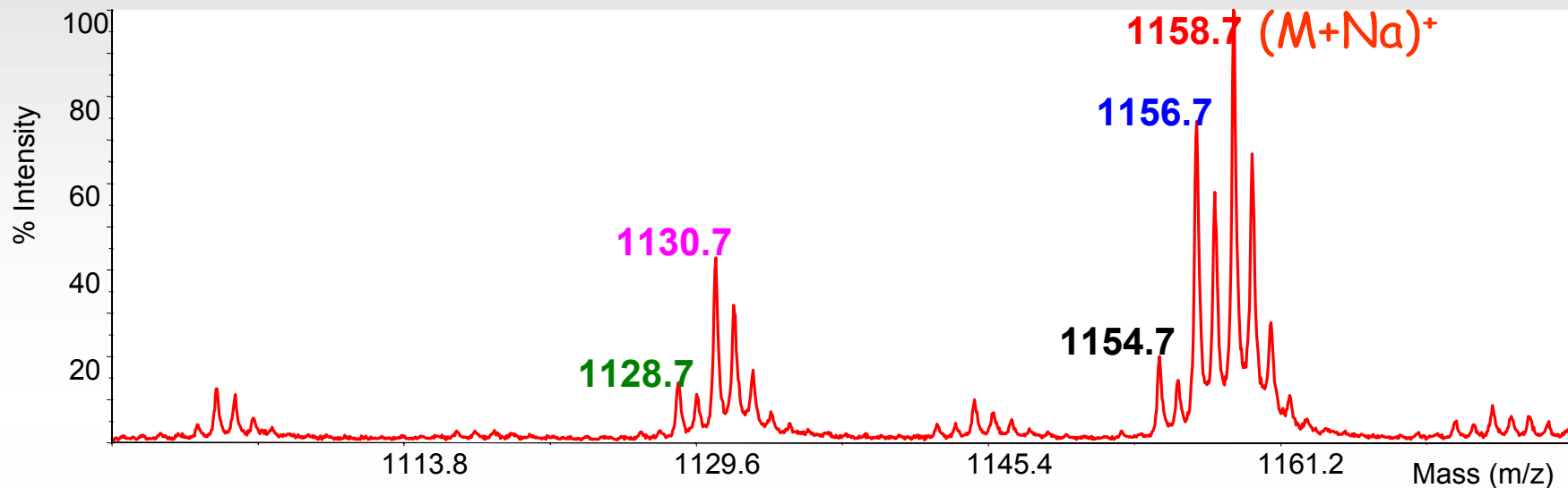


FIA-ESI-TOF (Mariner)

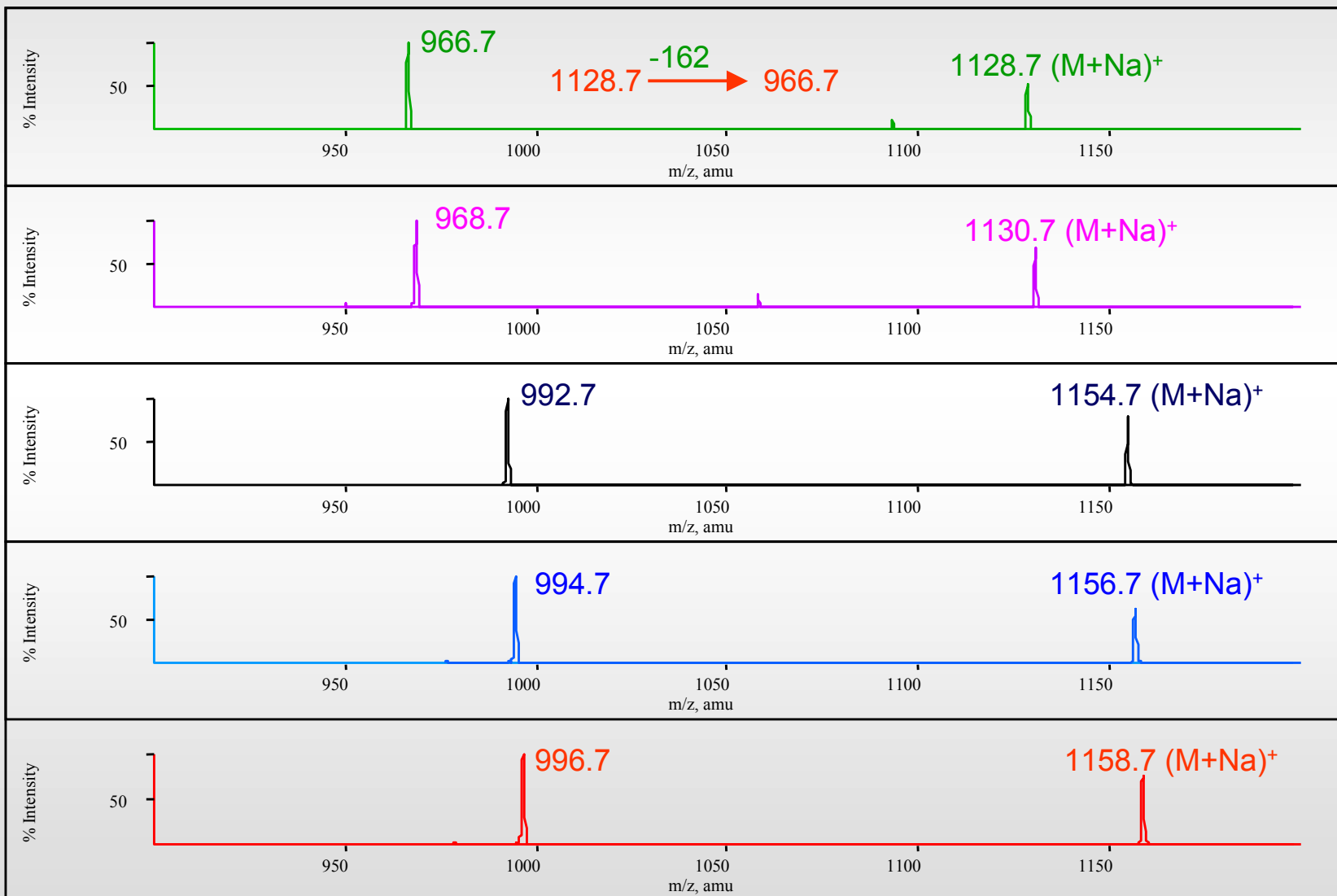


Measured m/z	Calculate m/z	Error (ppm)	DBE	Formula
1128,74351	1128,73804	4,84793	5,5	C58H107NO18Na
1130,75378	1130,75369	0,08136	4,5	C58H109NO18Na
1154,75466	1154,75369	0,84173	6,5	C60H109NO18Na
1156,77084	1156,76934	1,29837	5,5	C60H111NO18Na
1158,77476	1158,78499	-8,82670	4,5	C60H113NO18Na
1172,75931	1172,76425	-4,21461	5,5	C60H111NO19Na
1174,77583	1174,77991	-3,46688	4,5	C60H113NO19Na

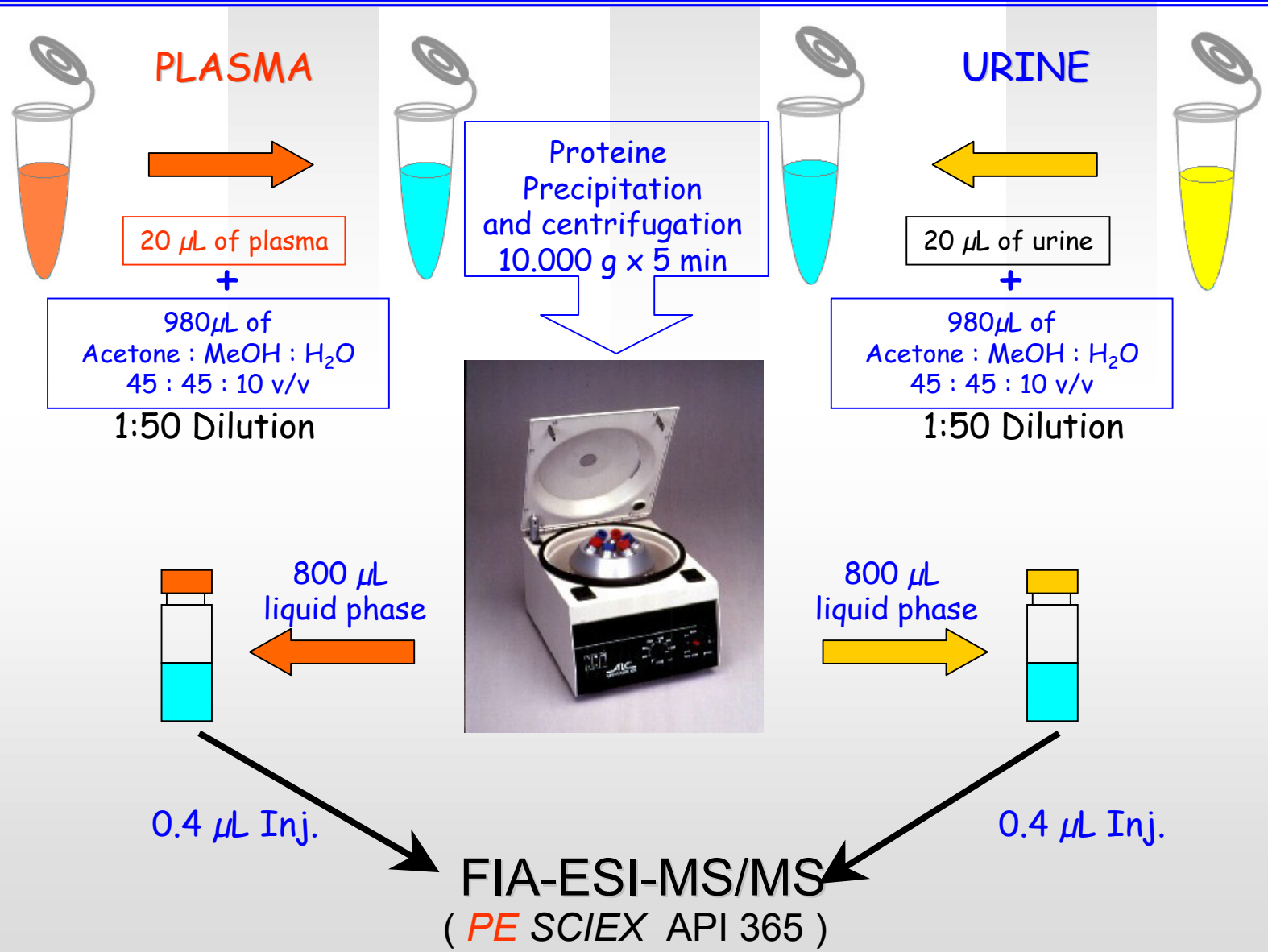
MW confirmation by cation adducts



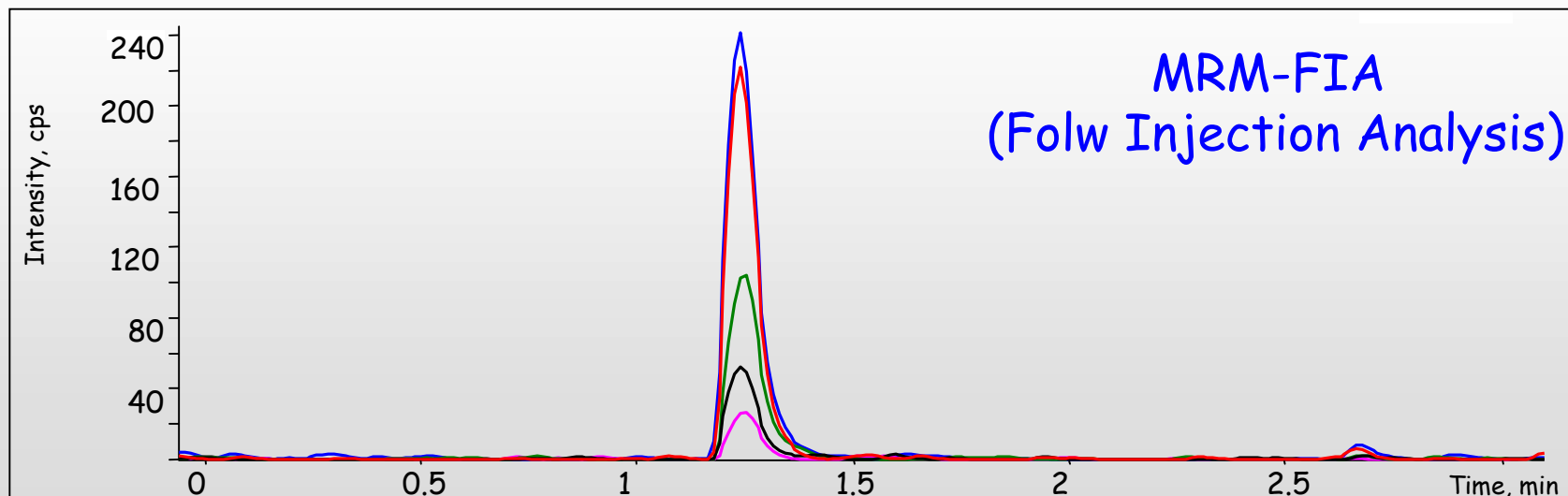
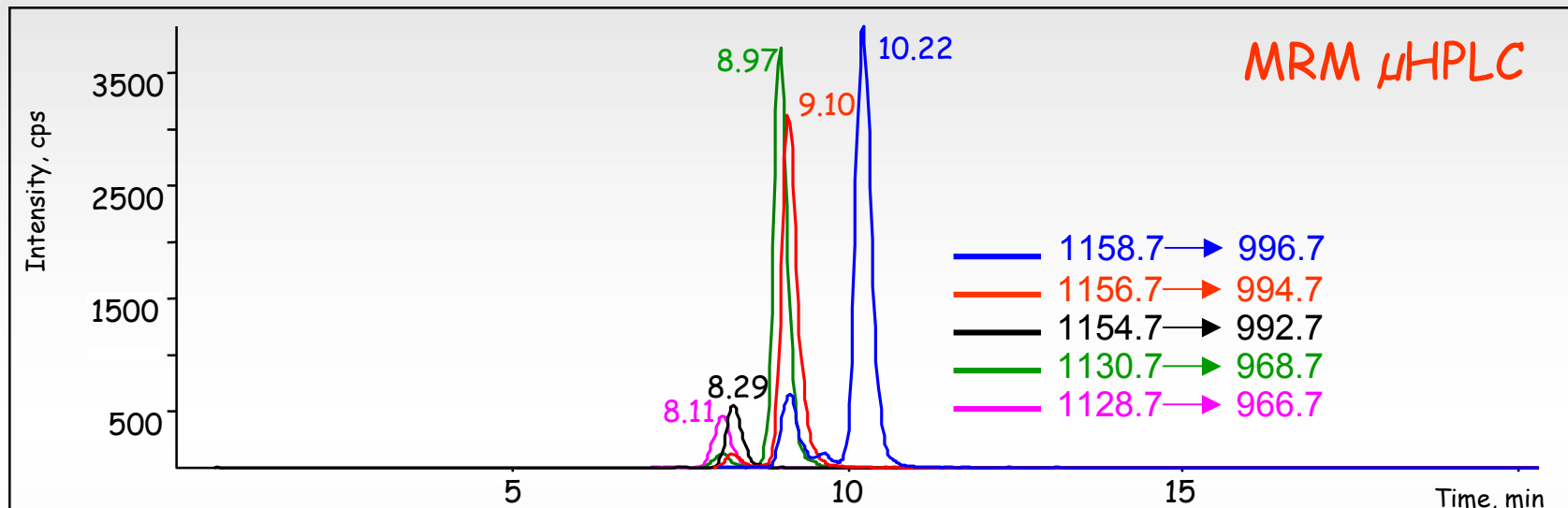
CID Spectra of Gb3 Compounds



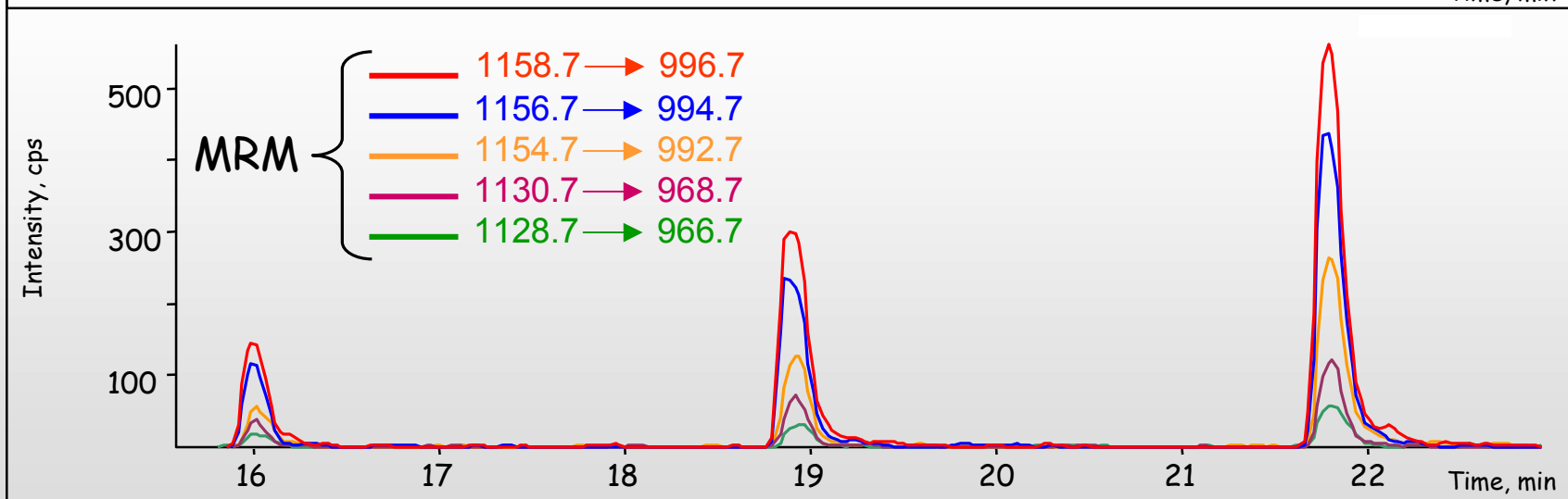
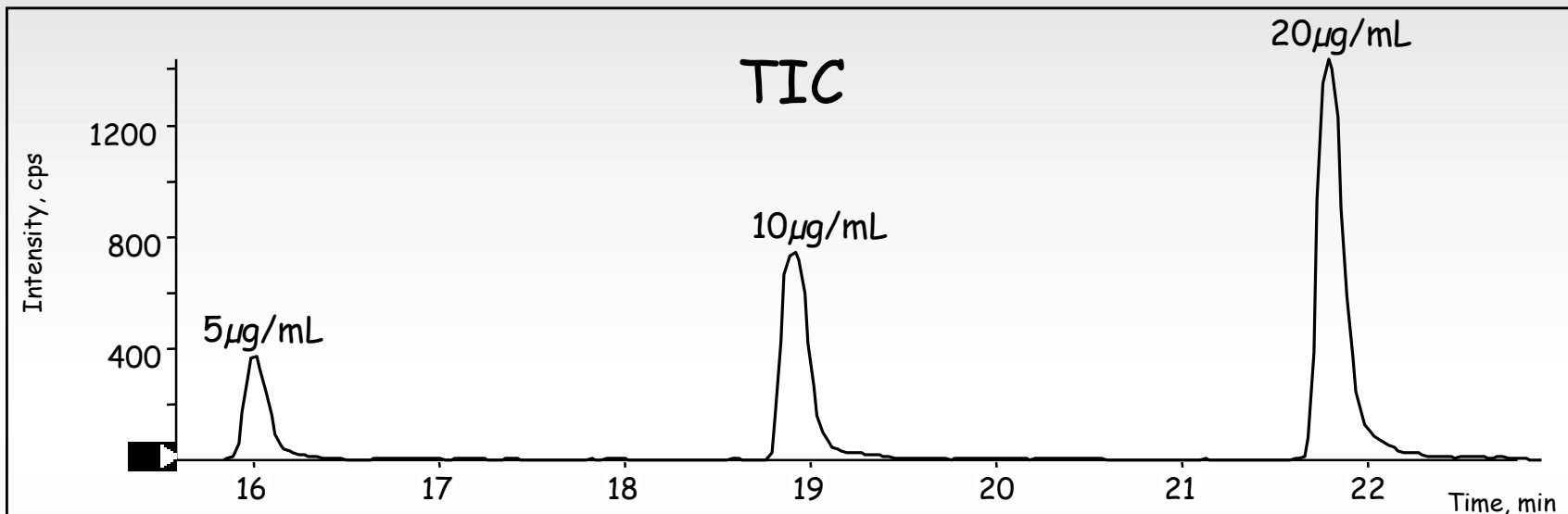
Sample preparation for FIA ESI-MS/MS



MRM in μ HPLC and FIA

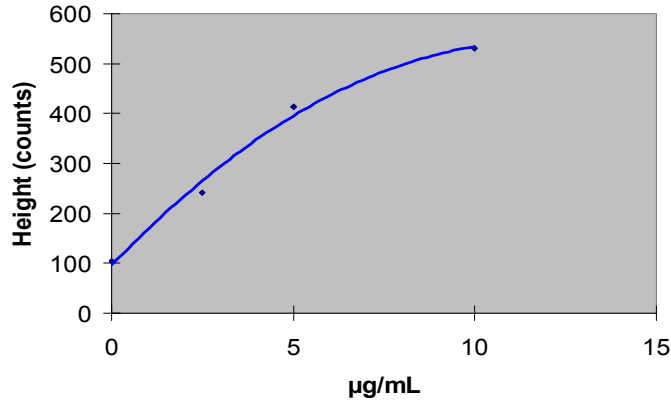


FIA-ESI-MS/MS: CALIBRATION CURVE OF URINE

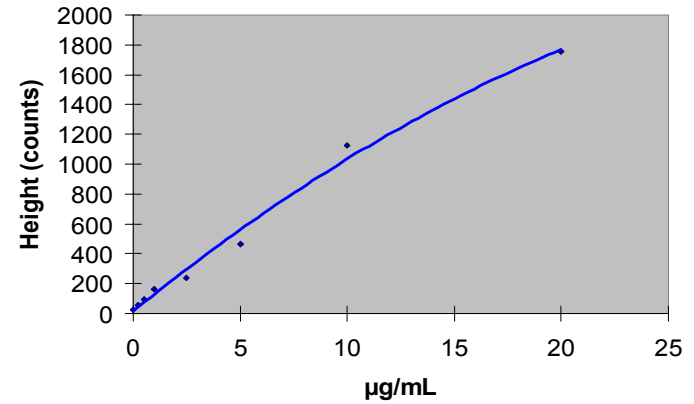


Calibration Curves

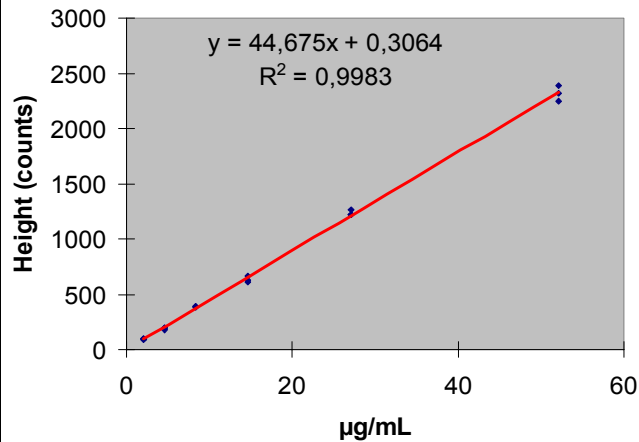
**Calibration curve
1:2 diluted plasma**



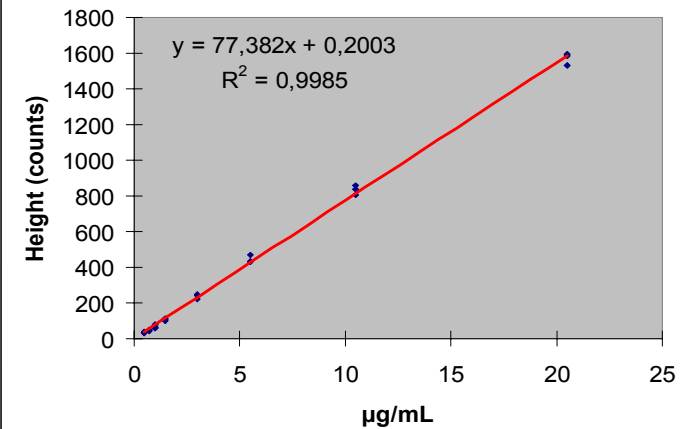
**Calibration Curve
1:10 diluted Urine**



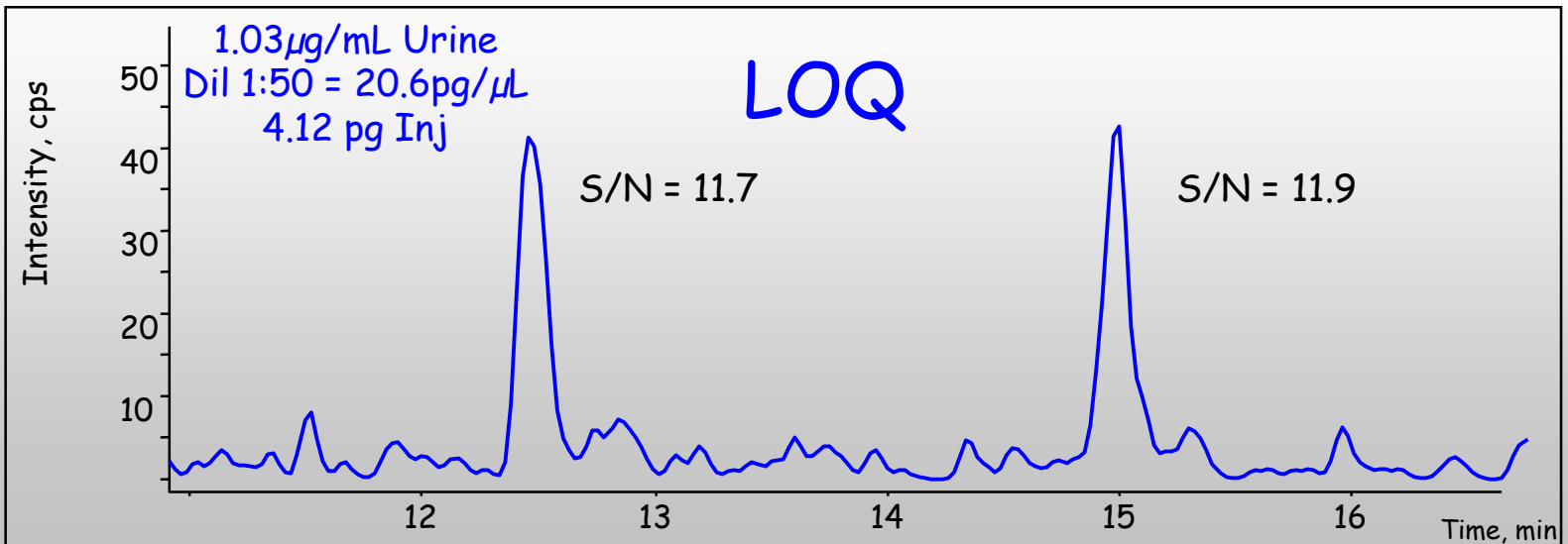
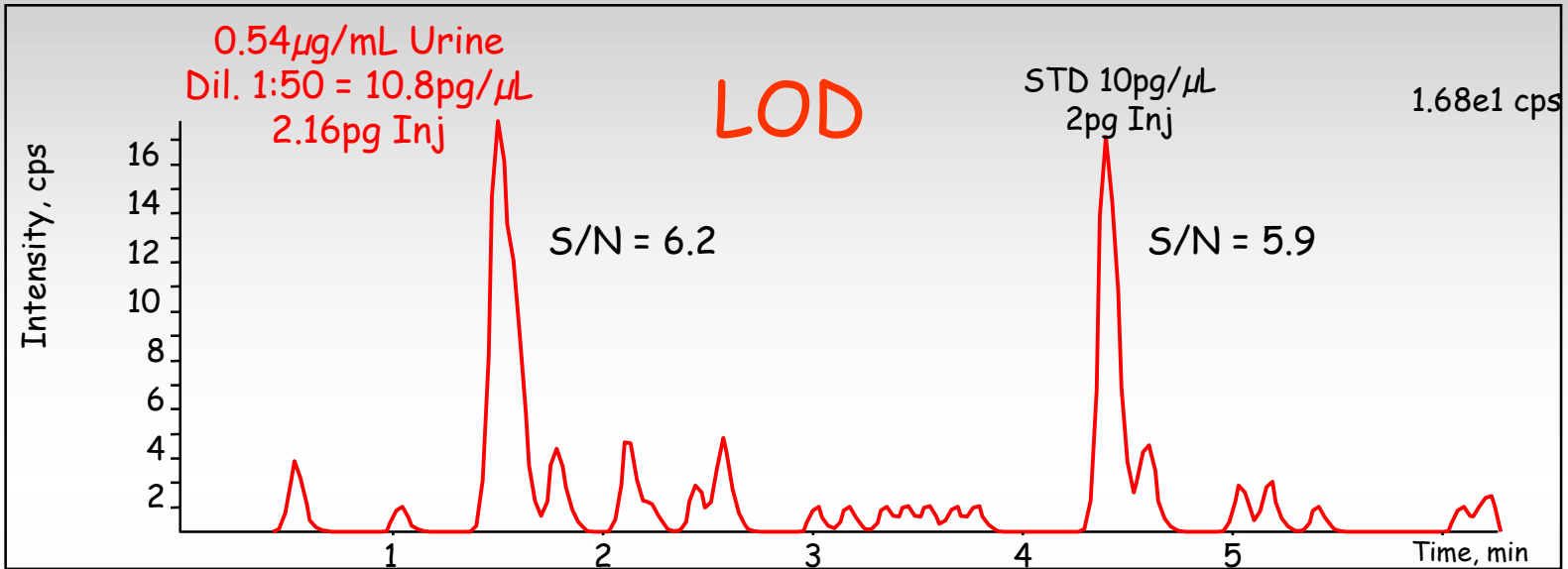
**Calibration curve
1:50 diluted Plasma**



**Calibration curve
1:50 diluted Urine**



LOD AND LOQ



Precision Urine

	Average $\mu\text{g/mL}$	SD +/-	RSD %
Intraday $n = 4$	2,67	0,12	4,5%
Interday $n = 3$	2,57	0,10	3,8%

Precision Plasma

	Average $\mu\text{g/mL}$	SD +/-	RSD %
Intraday $n = 4$	8,5	0,24	3,0%
Interday $n = 3$	7,83	0,43	5,5%

Accuracy Urine

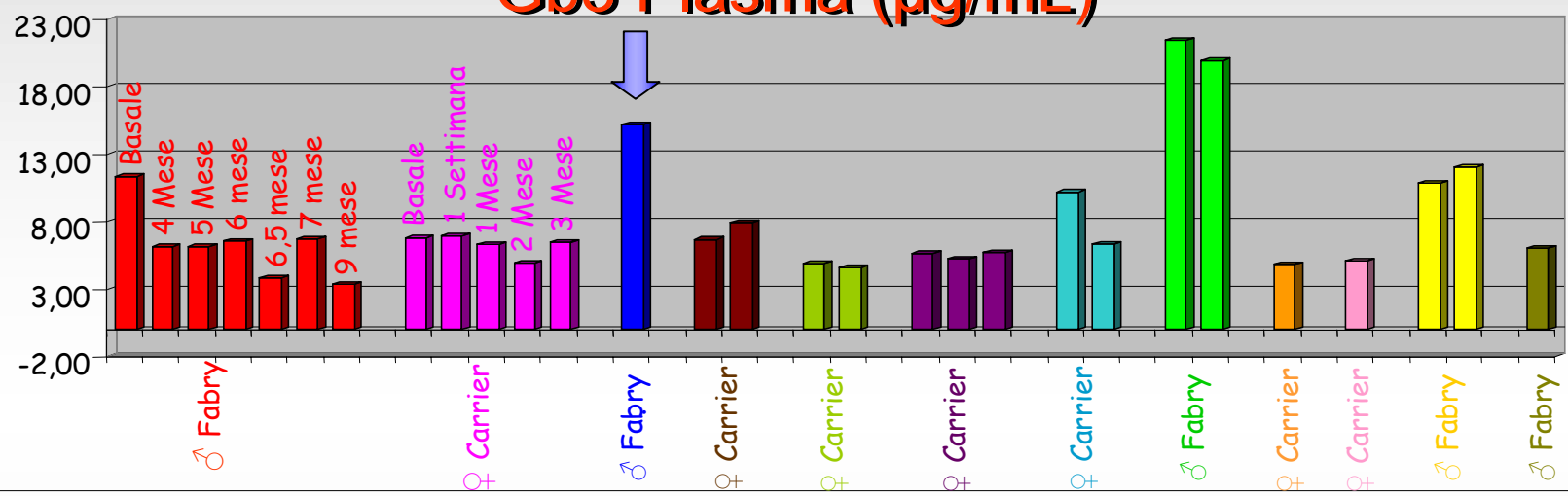
Spiked Urine 1/50								
Samples	high	µg/ml	Found Value	Calculated Value	Average	SD	RSD%	Accuracy in spiked method
0-05A	316	0	5,46	5,50				
0-05B	291	0	5,46	5,07	5,27	0,22	4,2%	96,5%
0-05C	301	0	5,46	5,24				
0-05+1,6 A	467	1,6	7,06	8,13				
0-05+1.6 B	407	1,6	7,06	7,09	7,44	0,60	8,0%	94,6%
0-05+1,6 C	408	1,6	7,06	7,10				
0-05+3,2 A	466	3,2	8,66	8,12				
0-05+3,2 B	510	3,2	8,66	8,88	8,47	0,39	4,6%	97,8%
0-05+3,2 C	483	3,2	8,66	8,41				
0-47A	718	0	9,47	9,18				
0-47C	763	0	9,47	9,75	9,15	0,62	6,8%	96,6%
0-47D	666	0	9,47	8,51				
0-47+4,9A	1163	4,9	14,37	14,87				
0-47+4,9B	1126	4,9	14,37	14,39	15,01	0,69	4,6%	95,6%
0-47+4,9C	1233	4,9	14,37	15,76				
0-47+9,96A	1443	9,96	19,43	18,44				
0-47+9,96B	1558	9,96	19,43	19,91	19,12	0,74	3,9%	98,4%
0-47+9,96C	1486	9,96	19,43	18,99				

Accuracy Plasma

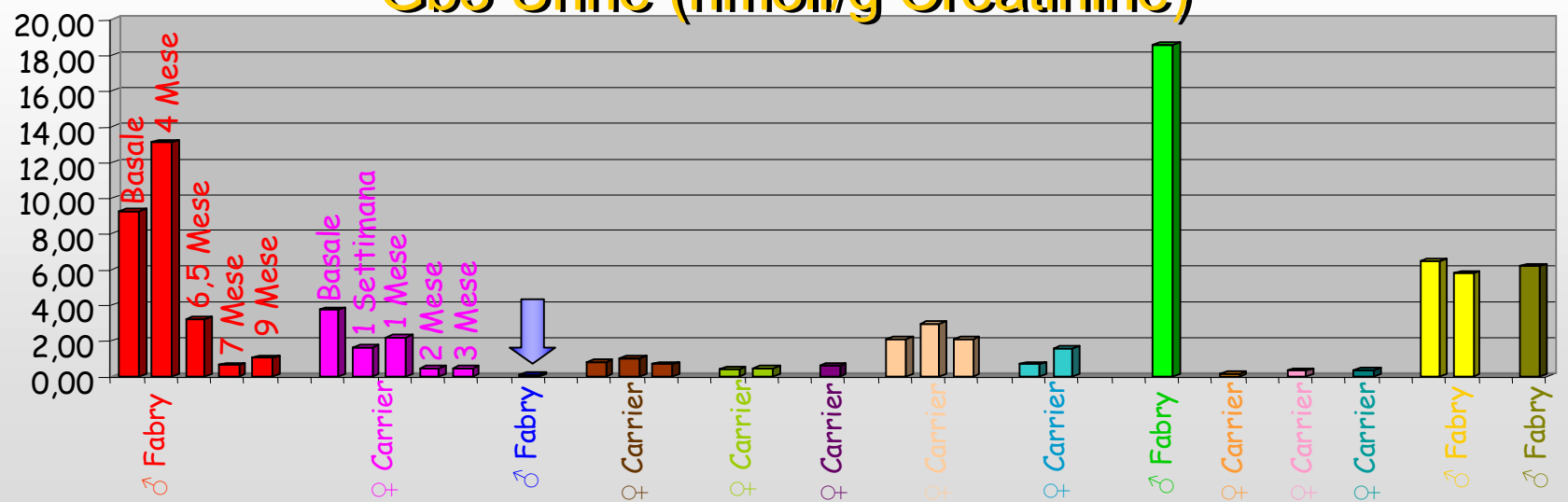
Spiked Plasma 1/50 26/02								
Samples	High	µg/ml	Found Value	Calculated value	Average µg/mL	SD µg/mL	RSD%	Accuracy spiked method
2A_A	110	0	5,25	4,75				
2A_B	126	0	5,25	5,44	5,10	0,35	6,8%	97,1%
2A_C	118	0	5,25	5,10				
2A_A+1,6	164	1,6	6,85	7,09				
2A_B+1,6	155	1,6	6,85	6,70	7,16	0,50	7,0%	95,5%
2A_C+1,6	178	1,6	6,85	7,69				
2A_A+3,2	176	3,2	8,45	7,60				
2A_B+3,2	202	3,2	8,45	8,73	8,30	0,61	7,3%	98,2%
2A_C+3,2	198	3,2	8,45	8,56				
0-26A	368	0	11,24	10,07				
0-26B	412	0	11,24	11,28	11,01	0,84	7,6%	98,0%
0-26C	427	0	11,24	11,69				
0-26A+5	625	5	16,24	17,11				
0-26B+5	605	5	16,24	16,56	16,70	0,36	2,2%	97,2%
0-26C+5	600	5	16,24	16,42				
0-26A+10	751	10	21,24	20,56				
0-26B+10	798	10	21,24	21,84	21,01	0,72	3,4%	98,9%
0-26C+10	754	10	21,24	20,64				

RESULTS

Gb3 Plasma ($\mu\text{g/mL}$)

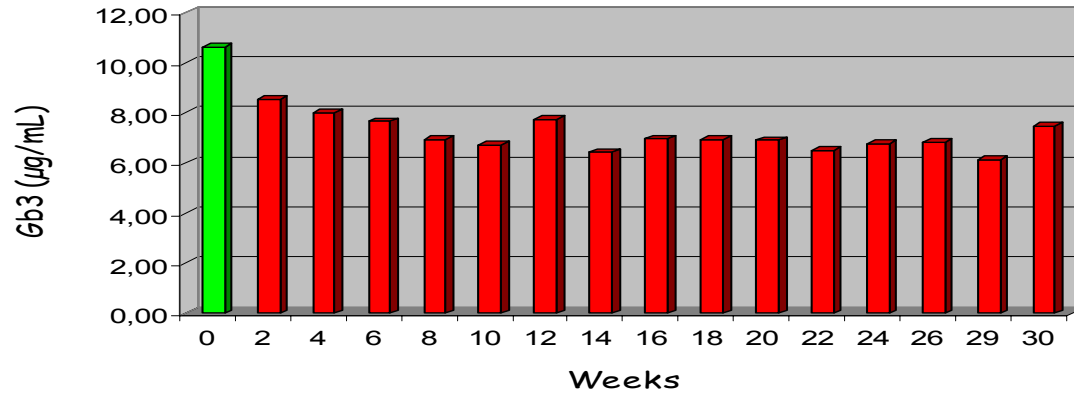


Gb3 Urine (nmoli/g Creatinine)

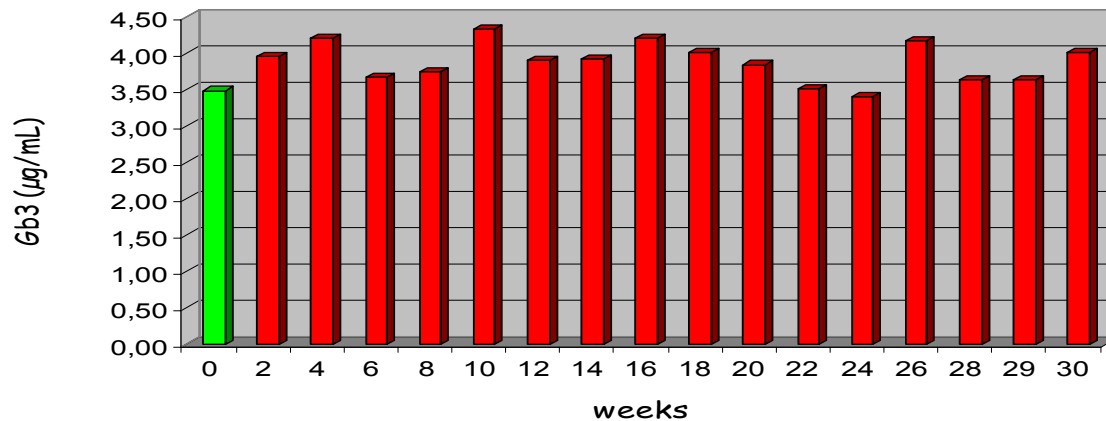


Enzyme replacement therapy: Results

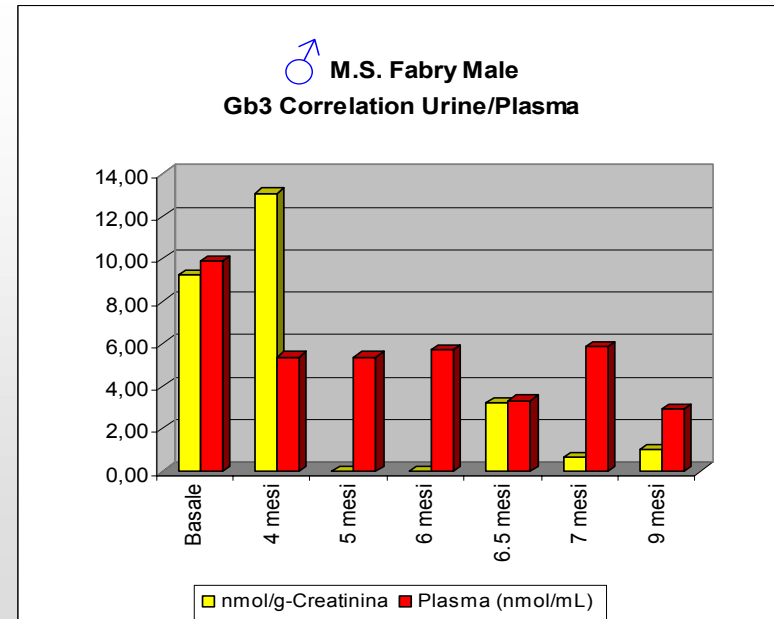
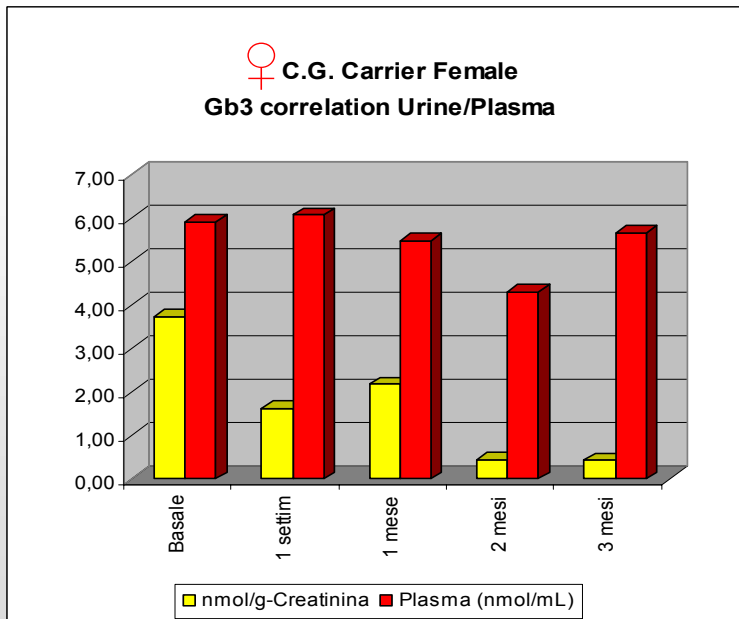
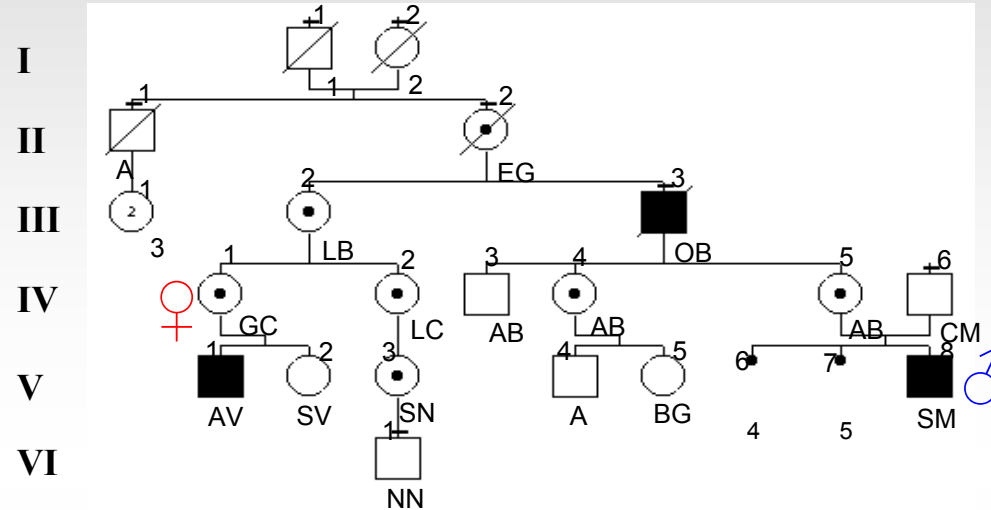
Anderson-Fabry Male (FG)



Anderson-Fabry Female carrier (FG)



Enzyme replacement therapy: Results



Human Globotriaosylceramide Plasma concentration ranges ($\mu\text{g/ml}$)

	Healths	Carrier Females	Fabry Males
Mount Sinai-ELISA	(0.3 - 1.5)	(0.1 - 2.2)	(6.0 - 19.1)
TKT by HPLC	(2.0 - 4.6)		(8.2 - 18.9)
Univ.College London (LC-MS/MS)	(5.2 - 10.5)		(14.6 - 38.8)
CISM Firenze-LC-MS/MS	(1.1 - 2.8)	(1.8 - 3.7)	(4.4 - 7.4)