

Introduction

Immunoaffinity (IA) capture has multiple benefits over traditional SPE for targeted trace analysis. The specificity of the antibody provides minimal risk of column overloading, which allows for the use of large sample volumes necessary for trace analyte enrichment. Samples are cleaner, which minimizes the problems associated with matrix interferences. The promiscuous nature of antibodies, which is the critical concern being raised about their use in assays, is overcome by the improved specificity and resolving power of the LC-MS/MS instrumentation.^{1,2} The combination of these techniques offers an optimal solution for trace biomarker analysis.

Leukotrienes (LTs) are acute inflammatory mediators and downstream products of arachidonic acid oxidation by the enzyme 5-lipoxygenase (5-LO).³ Due to their putative role in the pathogenesis of inflammatory diseases such as asthma, neurological diseases, and diabetes, LTs are under investigation to further understand their function in disease progression and to determine their potential value as biomarkers.⁴⁻⁶ However, their low abundance and rapid clearance make LTs difficult to measure in biological matrices. GC-MS has been successfully used to measure LTs but requires multiple derivatization steps. Additionally, suspected antibody cross reactivity from other isobaric oxylipids raises concern about the use and accuracy of ELISAs.⁷ We have developed a robust and sensitive IA capture LC-MS/MS method to isolate and quantify LTB₄, LTC₄, LTD₄, and LTE₄ in biological samples.

Immunoaffinity Capture

The polymer-based IA resins were manufactured in-house using proprietary methods.

In order to measure the cysteinyl LTs (CysLTs) and LTB₄, we prepared two separate IA resins using Cayman's CysLT Monoclonal Antibody and LTB₄ Monoclonal Antibody.

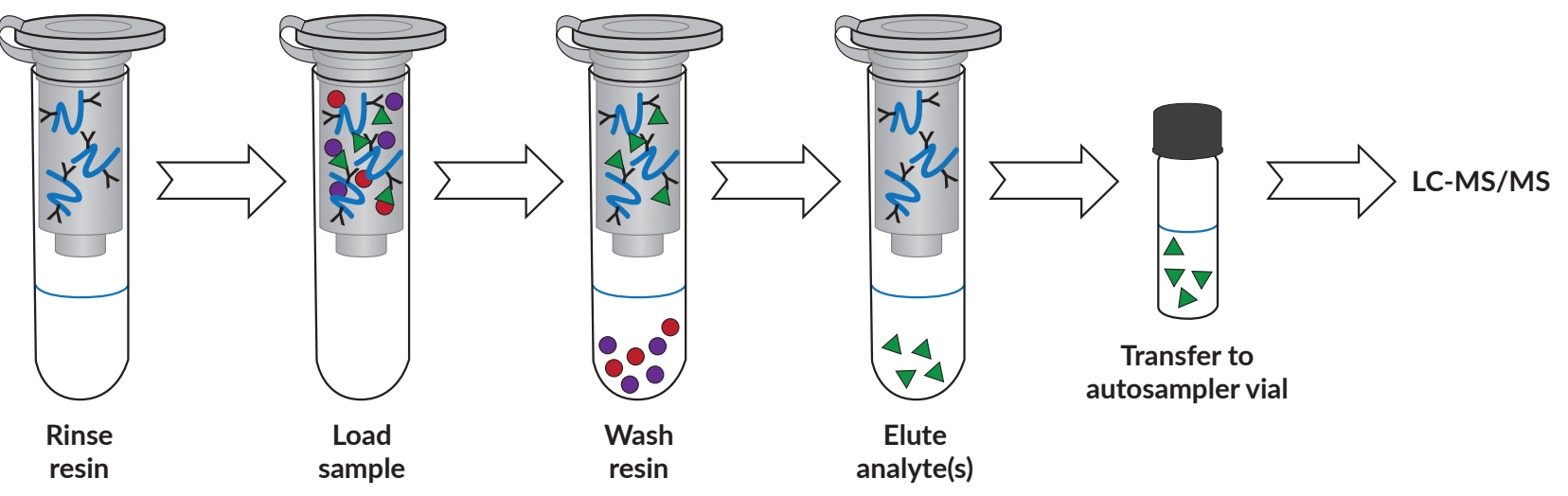
Prior to use, the analytical performance of each resin was verified by applying plasma spiked with LTB₄ or LTC₄, running the standard enrichment protocol, and analyzing the eluents by ELISA (Leukotriene B₄ Express ELISA Kit (Cayman Item No. 10009292) and Cysteinyl Leukotriene ELISA Kit (Cayman Item No. 500390)). Precision, recovery over linear range, carryover, loading capacity, and specificity of each resin was measured and shown to meet predetermined quality requirements (data available upon request).

Sample extraction was performed using the following procedure:

1. LTB₄ and CysLT resins were mixed in a 1:1 ratio prior to applying the sample: 250 µl (as slurries in K₂PO₄ buffer) of LTB₄ IA resin and CysLT IA resin were aliquoted into a 2 ml spin column, rinsed with 700 µl of K₂PO₄ buffer, and the rinse was removed by centrifugation at 5,000 x g.
2. Brain tissues (flash frozen and stored at -80°C until use) were homogenized at 100 mg/ml in buffer (0.1 M K₂PO₄, pH 7.0, containing 1 mM EDTA and 10 µM indomethacin) and centrifuged to produce the supernatants. 1 ml of supernatant was diluted to 2 ml total volume with K₂PO₄ buffer, and homogenate was loaded in 4 x 500 µl portions onto the resin for extraction.

3. The resin was washed with 700 µl of homogenization buffer, and the wash was removed by centrifugation at 5,000 x g. The resin was washed a second time using an additional 700 µl of water followed by centrifugation at 8,000 x g.
4. The target analytes were eluted from the resin with 700 µl methanol (at 5,000 x g) into 10 µl of a proprietary trapping solution that minimizes loss of LTC₄.
5. Samples were dried under nitrogen and reconstituted in 100 µl of 50:50 acetonitrile/water for analysis.

Figure 1. Immunoaffinity Capture Workflow



LC-MS/MS Method

HPLC
Waters Acquity UPLC I-Class
Mobile Phase: (A) Water + 0.1% Formic Acid
(B) Acetonitrile + 0.1% Formic Acid
Column: Waters BEH C18 (2.1 x 100 mm, 1.7 µm) at 30°C
Gradient: 15%B 0 min, 44%B 15 min, 95%B 16 min

MS
Waters Xevo TQ-Sµ
Gases/Temps: 600°C Desolvation Temp; 1,000 L/hr Desolvation Gas; 100 L/hr Cone Gas
Voltages: (ESI- LTB₄) 2.4 kV Capillary; 40 V Cone (ESI+ CysLTs) 1.1 kV Capillary; 50 V Cone

Table 1. Mass Transition List

Parent	Transition	IS	Transition
LTB ₄	335.4 > 195.1	LTB ₄ -d ₄	339.4 > 197.1
LTC ₄	626.3 > 308.1	LTC ₄ -d ₅	631.3 > 194.2
LTD ₄	497.3 > 189.2	LTD ₄ -d ₅	502.2 > 194.2
LTE ₄	440.2 > 189.2	LTE ₄ -d ₅	445.1 > 194.2

Due to the specificity of the IA enrichment method matrix interferences were not observed. This allowed for the preparation of calibrators directly in buffer over the range of 5-600 pg/ml. Linearity, precision, and recovery were within acceptable ranges (Figure 2, Tables 2 and 3).

Figure 2. Linear Range

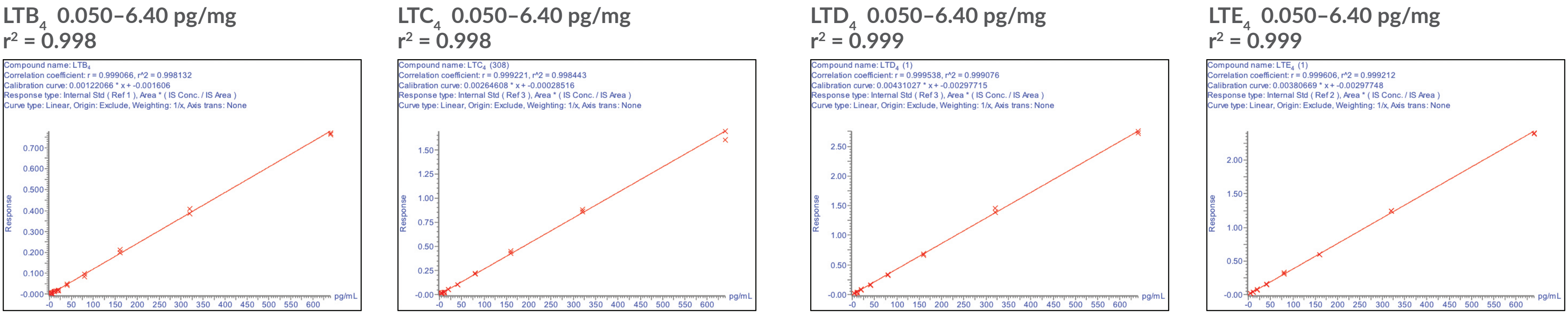


Table 3. Recovery

LTB ₄	LTC ₄	LTD ₄	LTE ₄
94.4	90.7	99.1	97.2

Carryover and Breakthrough

No method carryover was detected for any of the analytes in blank samples injected after analysis of the high calibrators. A small amount of analyte loss was observed as breakthrough in the washes of the resin (possibly due to resin loading capacity); however, method recovery was determined to be >90% for all analytes.

Results

LTs have previously been found to be present at very low levels in normal mouse brain tissue.⁸⁻¹⁰ To test the performance of the method in this matrix, whole brains from healthy C57BL/6 mice were obtained using standard practices and stored at -80°C until use. Brains from three adult (10-week-old) mice and four 2-week-old (p14) mice were analyzed in the initial study.

Whole brains were homogenized in a Precellys® Tissue Homogenizer (tissues and buffer were added to 7 ml Precellys® Tubes containing 2.8 mm ceramic beads; samples were homogenized for 2 cycles of 30 seconds at 5,000 rpm with a 30 second rest between cycles) and 100 mg of tissue homogenate was used in the extraction procedure. Sample chromatograms for each analyte are shown in Figure 3. All four LTs were detected in all samples. In one instance (p14-4 mouse), the LTC₄ level fell just below the lowest point on the calibration curve, and in this case, the LTC₄ level was estimated by extrapolation from the curve. LTB₄ ranged from 0.0226–0.1881 pg/mg, LTC₄ ranged from 0.0158–0.0892 pg/mg, LTD₄ ranged from 0.0454–0.1085 pg/mg, and LTE₄ ranged from 0.0295–0.0869 pg/mg. Additionally, LT levels were observed to be lower in the 14-day-old mice compared to the 10-week-old mice; however, the number of samples was too low in this initial method development work to draw any significant conclusions regarding age-related differences in the LT levels in mice.

Figure 3. Sample Chromatograms for Adult WT-2 Mouse

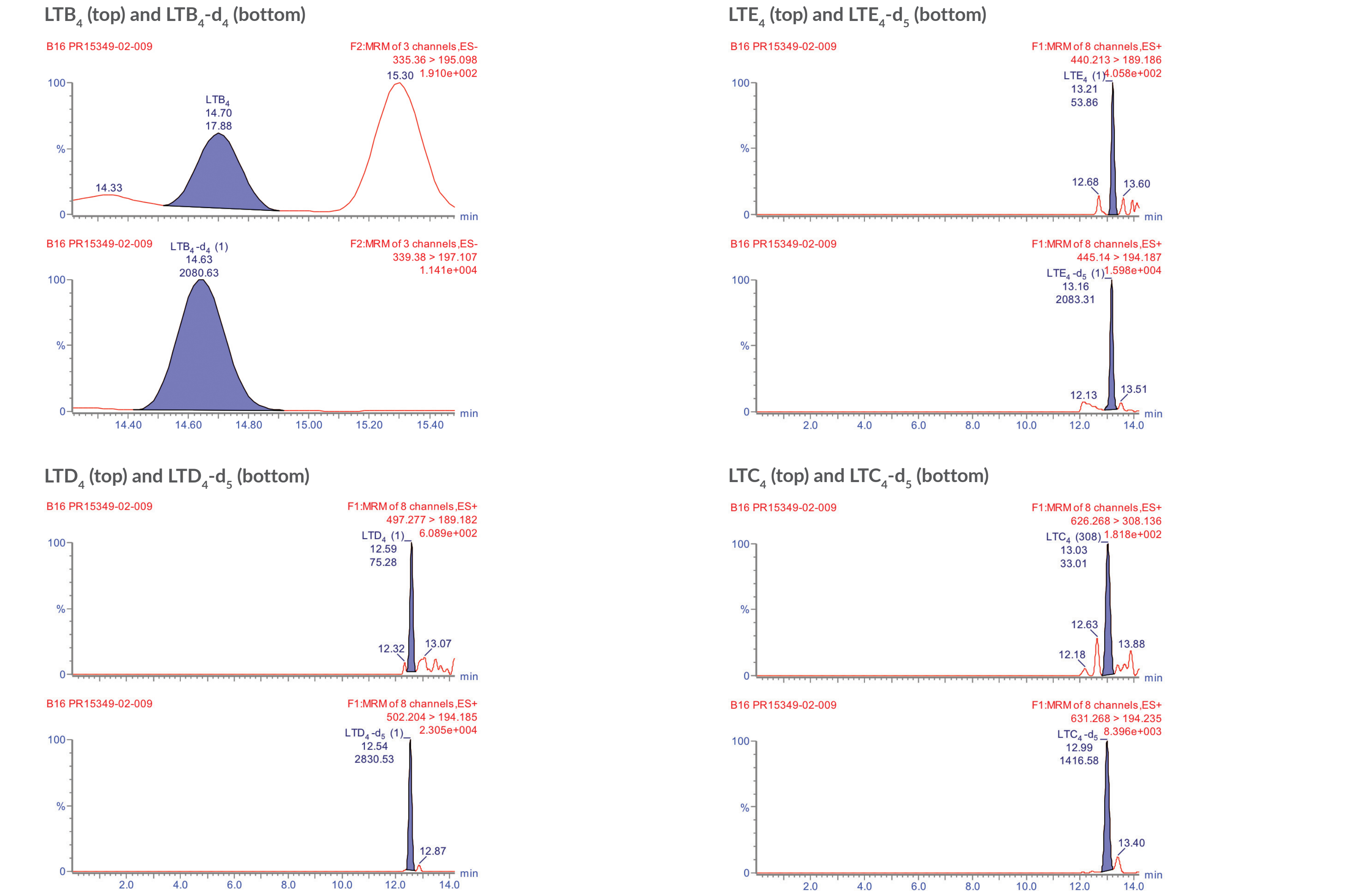
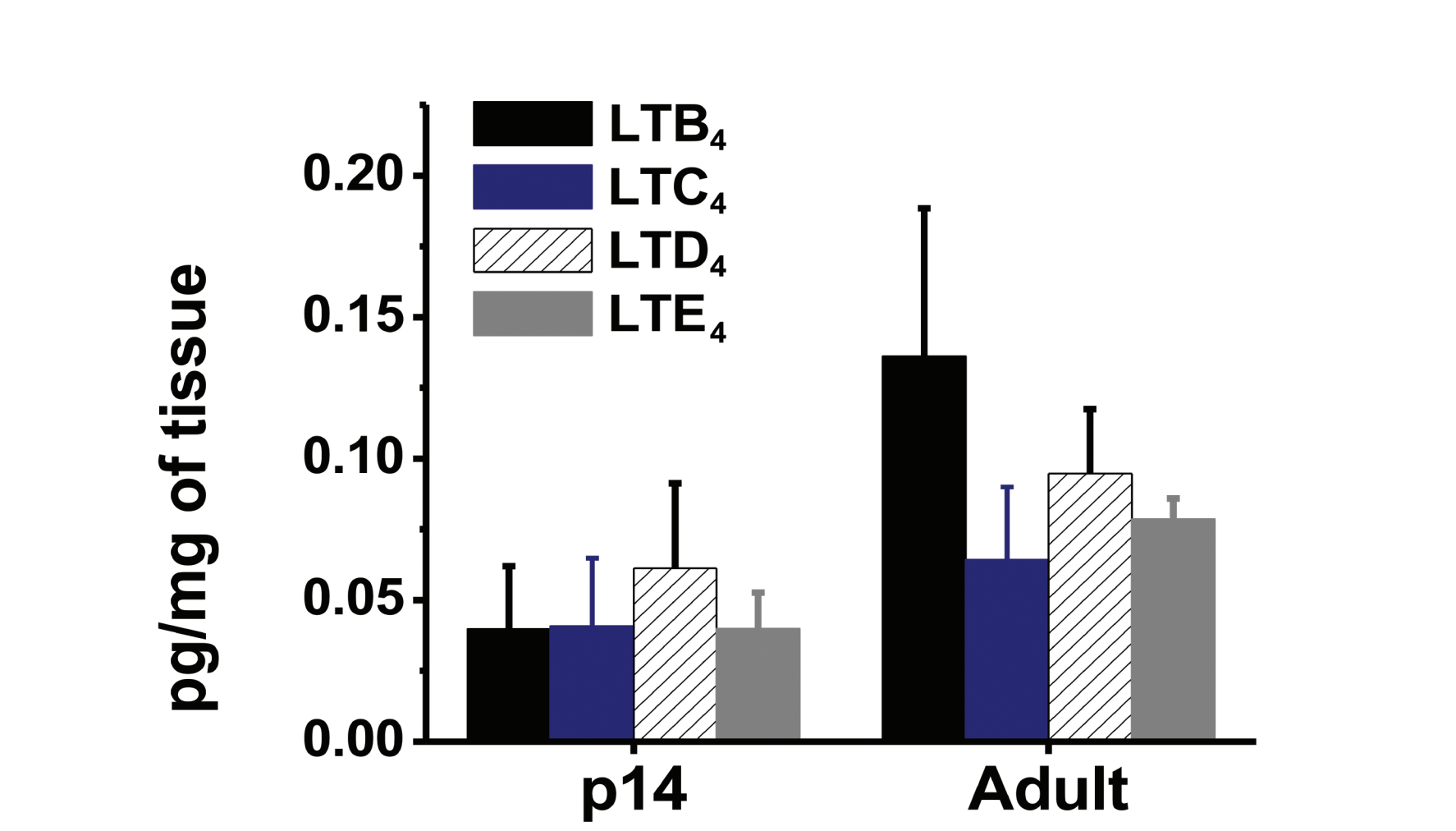


Table 4. Summary of Brain LT Data

Sample ID	LTB ₄	LTC ₄	LTD ₄	LTE ₄
p14_WT-1	0.0317	0.0678	0.1027	0.0583
p14_WT-2	0.0724	0.0260	0.0626	0.0376
p14_WT-3	0.0325	0.0534	0.0340	0.0343
p14_WT-4	0.0226	0.0158	0.0454	0.0295
AVG	0.0398	0.0408	0.0612	0.0399
STD DEV	0.0222	0.0240	0.0301	0.0127
adult_WT-1	0.1368	0.0659	0.1085	0.0734
adult_WT-2	0.0836	0.0892	0.0686	0.0757
adult_WT-3	0.1881	0.0380	0.1072	0.0869
AVG	0.1362	0.0644	0.0948	0.0787
STD DEV	0.0523	0.0256	0.0227	0.0072

Figure 4. Average LT Levels in Young and Adult Mouse Brain Tissue



Conclusions

An improved method for measuring trace LT levels in brain tissue was developed that involves the use of IA capture to both enrich the LTs and clean up the sample from other interfering matrix components. Combined with UPLC-MS/MS, this method allows for very sensitive, simultaneous measurement of LTB₄, LTC₄, LTD₄, and LTE₄.

The use of IA enrichment to assist LC-MS/MS analysis of targeted, trace biomarkers provides an opportunity to overcome the challenges of immunoassays and improve methods for research and clinical laboratories.

References

1. Baker, M. *Nature* **521(7552)**, 274-276 (2015).
2. Handelsman, D.J. and Wartofsky, L. *J. Clin. Endocrinol. Metab.* **98(10)**, 3971-3973 (2013).
3. Ford-Hutchinson, A.W. *Crit. Rev. Immunol.* **10(1)**, 1-12 (1990).
4. Syslová, K., Böhmová, A., Demirbağ, E., et al. *J. Pharm. Biomed. Anal.* **81-82**, 108-117 (2013).
5. Hijioka, M., Anan, J., Ishibashi, H., et al. *J. Pharmacol. Exp. Ther.* **360(3)**, 399-408 (2016).
6. Li, P., Oh, D.Y., Bandyopadhyay, G., et al. *Nat. Med.* **21(3)**, 239-247 (2015).
7. Borgeat, P., Picard, S., Vallerand, P., et al. *Prostaglandins Med.* **6(6)**, 557-570 (1981).
8. Farias, S., Frey, L.C., Murphy, R.C., et al. *J. Neurotrauma* **26(11)**, 1977-1986 (2009).
9. Chinnici, C.M., Yao, Y., and Praticò, D. *Neurobiol. Aging* **28(9)**, 1457-62 (2007).
10. Hynes, N., Bishai, I., Lees, J., et al. *Brain Res.* **553(1)**, 4-13 (1991).