

LG-APM's for MHC-Peptide Screening

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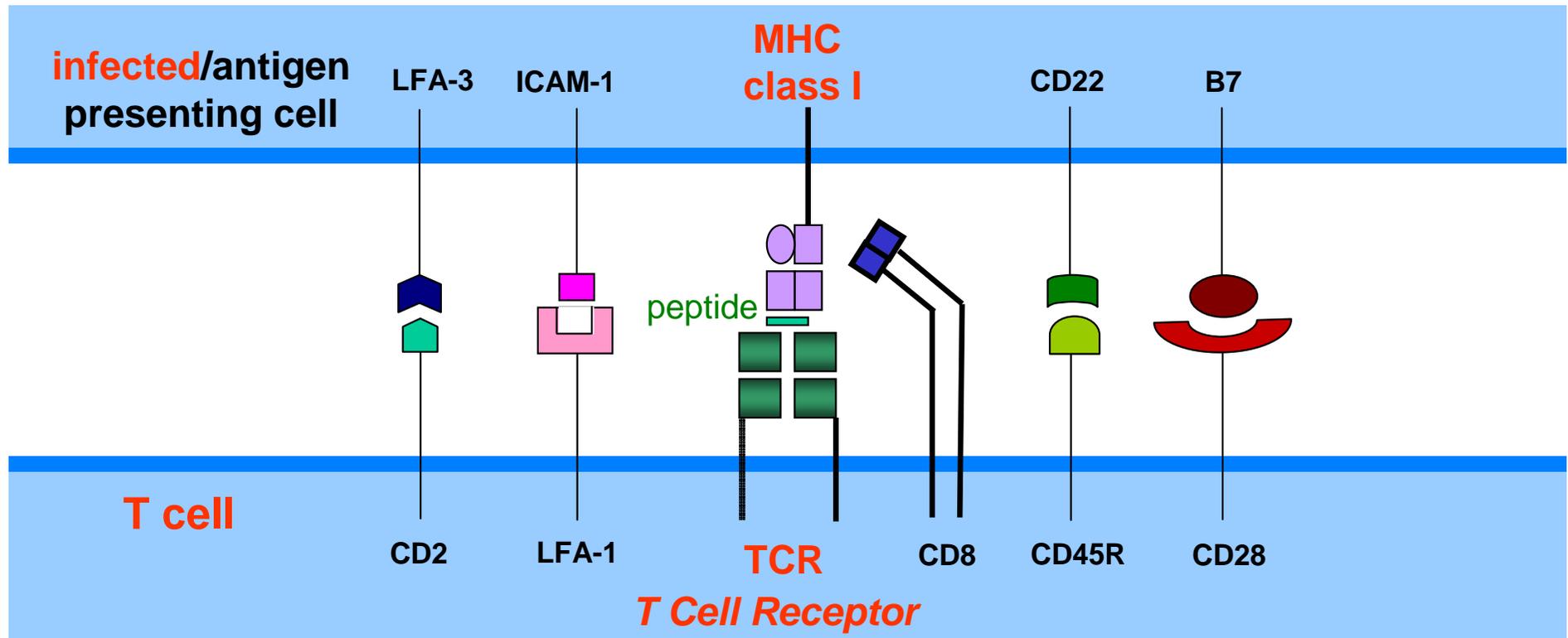
Overview

1. Immune System and Vaccines
2. Layer Guided Acoustic Plate Mode Sensors
3. MHC-Peptide Recognition Element
4. Optimising Sensitivity
5. Response to Peptide Binding

Immune System and Vaccines

Peptides and T-Cells

1. Infection/virus broken into peptide fragments and presented on cell surface
2. Cytotoxic T-cells attach to peptides and “read” peptide sequence
3. If foreign, cell is killed by release of a cytotoxic chemical
4. Major histocompatibility complex (MHC) antigens are responsible for the expression of peptides on the Infected cell
5. Vaccines introduce peptide to the T-cell – **Aim is to find suitable peptides**



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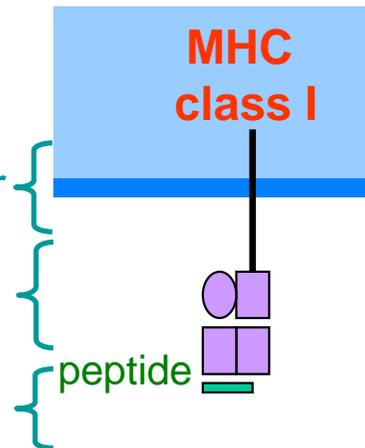
Sensor Strategy

Make this the acoustic wave sensor

Recognition layer is MHC protein

Detect peptide specific binding

*Screen for suitable peptides
(from the 1000's that exist)
with specificity and strong
affinity for the MHC*



Current State-of-Art

Cellular peptide-MHC assays

→ yes/no and not real-time

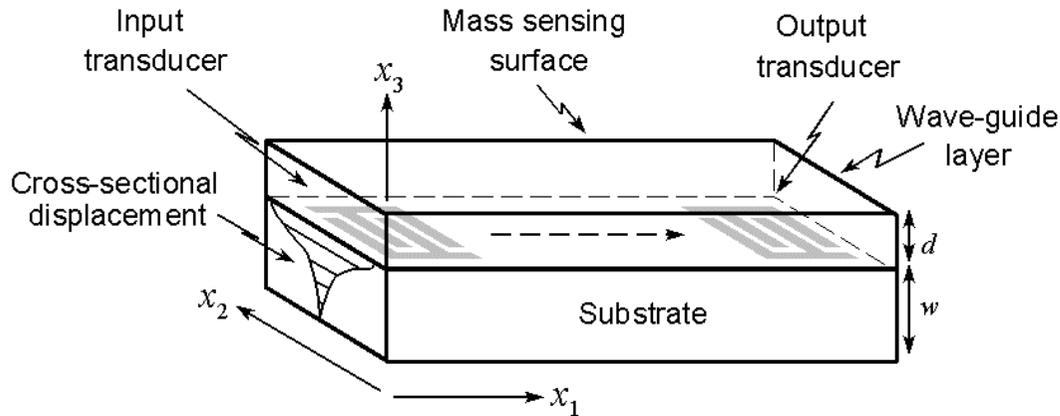
*Sensitive, real-time and
non-cellular based assay
would assist vaccine
development*

Basic LG-APM Sensor

(Layer guided acoustic plate modes)

Love Waves versus SH-APMs

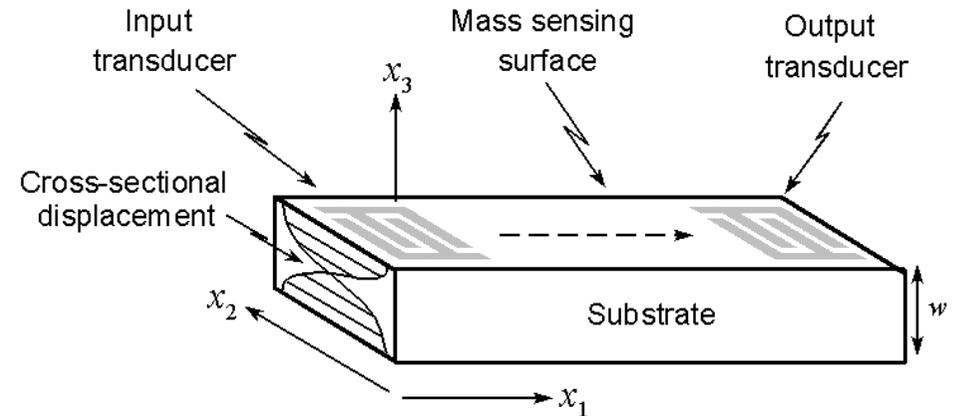
Love Wave



Layer guided SH-SAW with $v_l < v_s$
Surface localised wave
Increased “mass” sensitivity

*Increased sensitivity versus isolation
between sensing face and transduction*

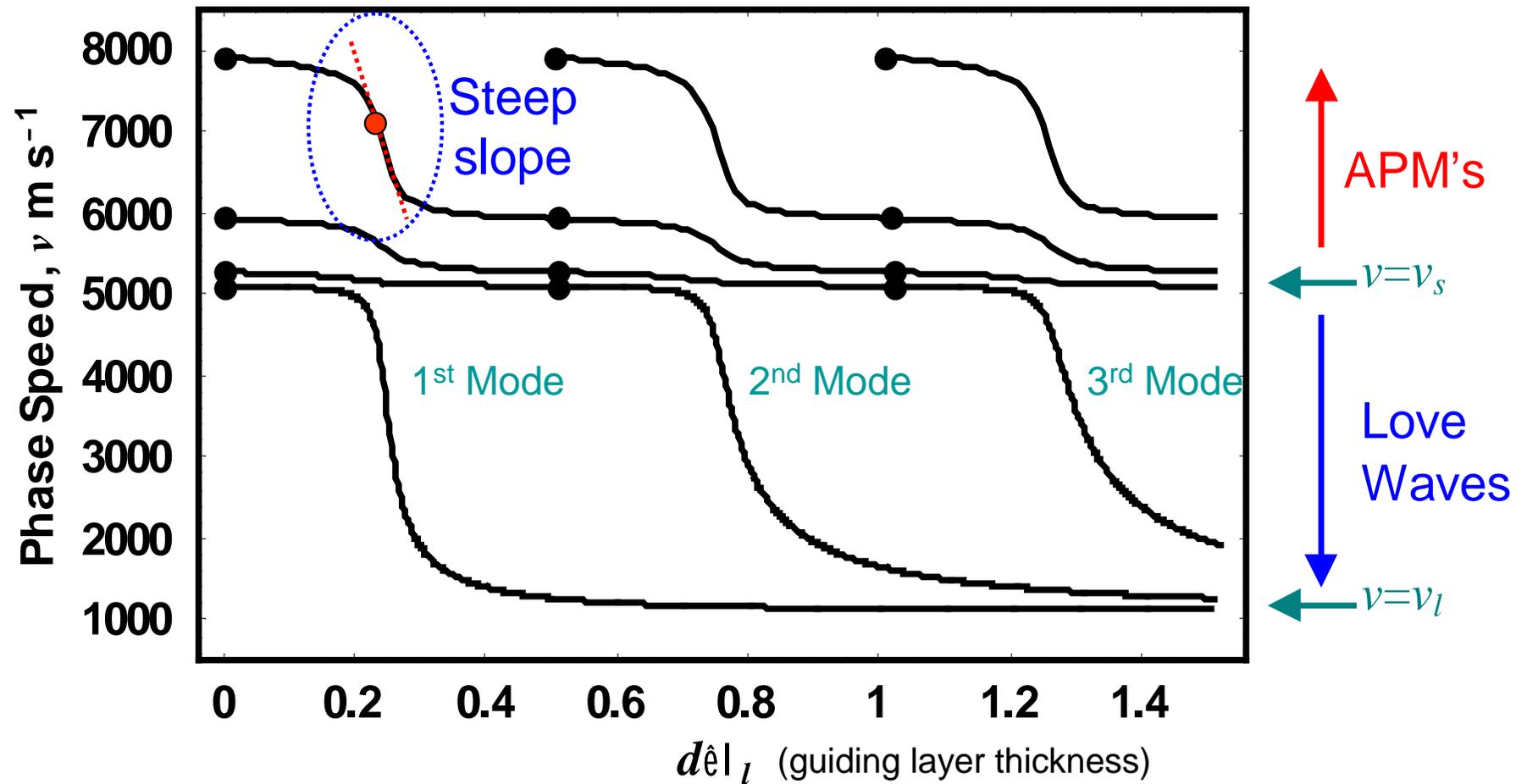
SH-APM



“QCM with propagation”
Substrate resonance
Sensing via both faces

**Guiding Layer on APM
⇒ LG-APM**

Generalized Love Waves - Dispersion Curve



Shear mode in substrate-to-shear mode in layer transition

Increased mass/liquid sensitivity related to slope of dispersion curve

APM guiding layer thickness, d , fixes operating point and sensitivity

LG-APM Device Sensitivity

Basic Device

1. 36° rotated Y-cut X propagating LiTaO₃ of thickness 540 μm
2. IDTs: Double-double, 100 fingers, width/spacing 20 μm, aperture 3mm
3. Cnt-cnt IDT path length 12 mm

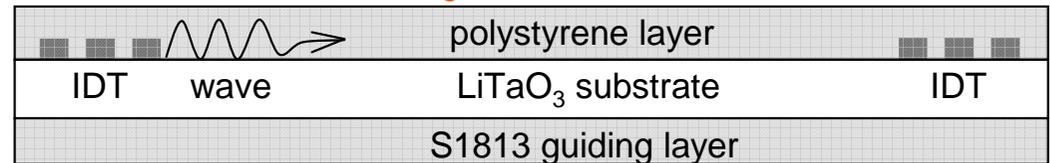
Optimising Sensitivity

1. Chose 47 MHz plate mode
2. At each guiding layer thickness use Au coating with thickness from 0 to 400 nm to assess sensitivity
3. Optimum guiding layer thickness was found to be 14 μm

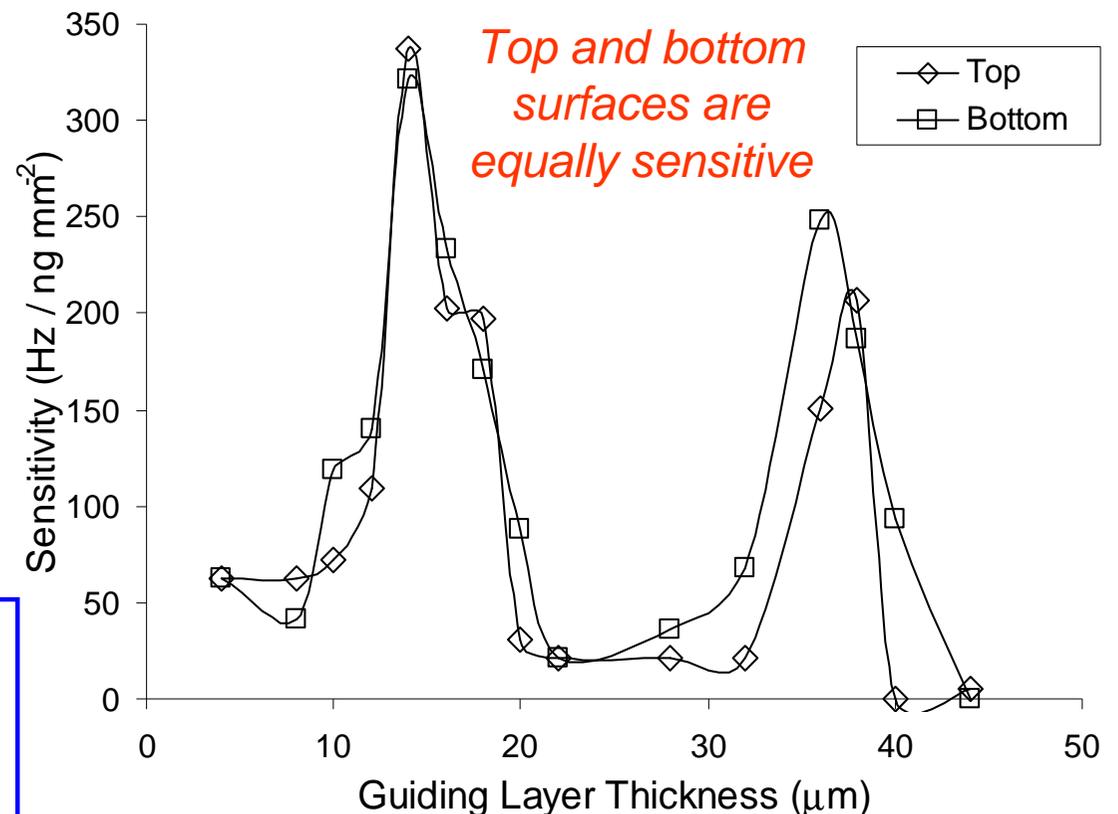
Estimated mass sensitivity for 14 μm S1813 guiding layer is:

321 Hz/(ng mm⁻²)

Polystyrene layer to provide coupling for MHC-peptide recognition element



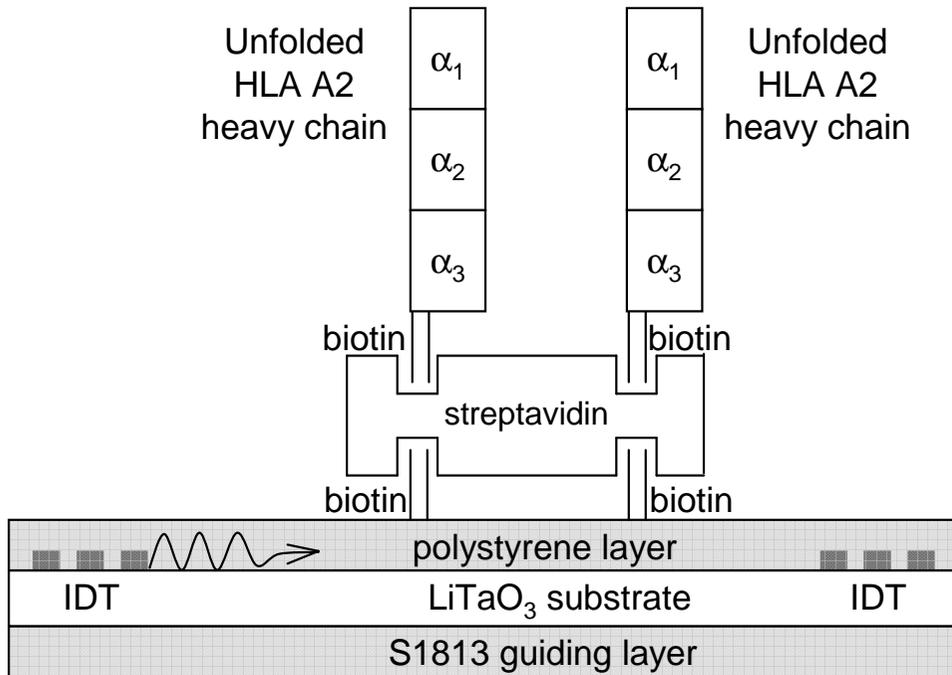
S1813 photoresist layer to optimise sensitivity



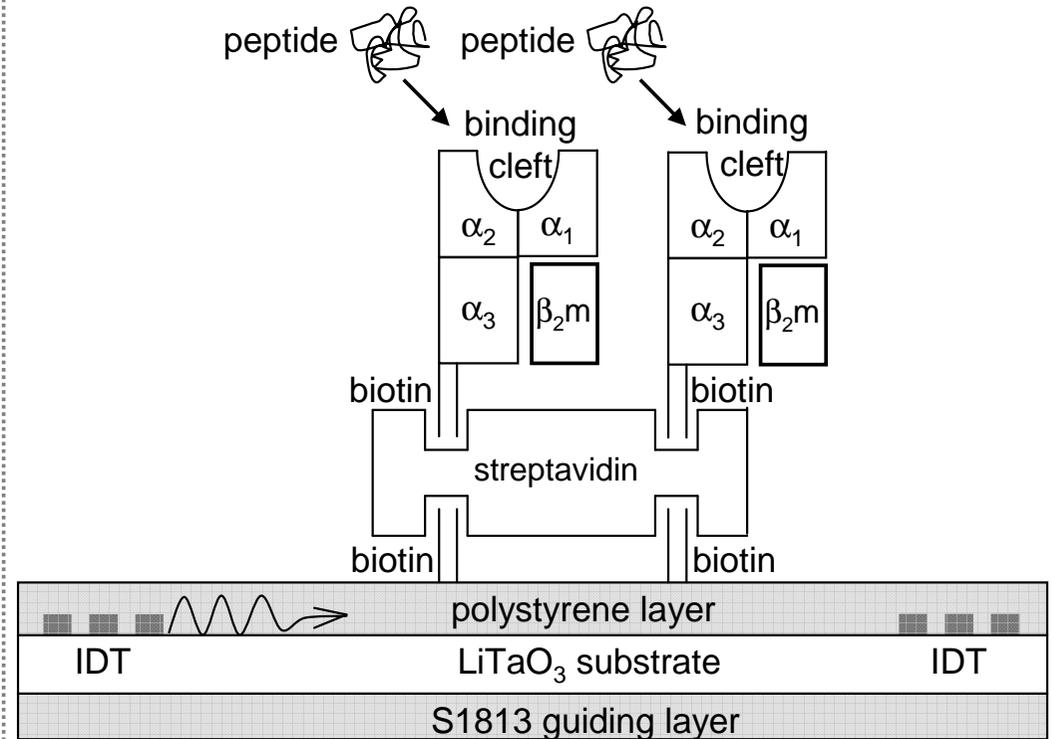
The Recognition Element

Formation of Recognition Element

Unfolded State



Peptide Binding Cleft

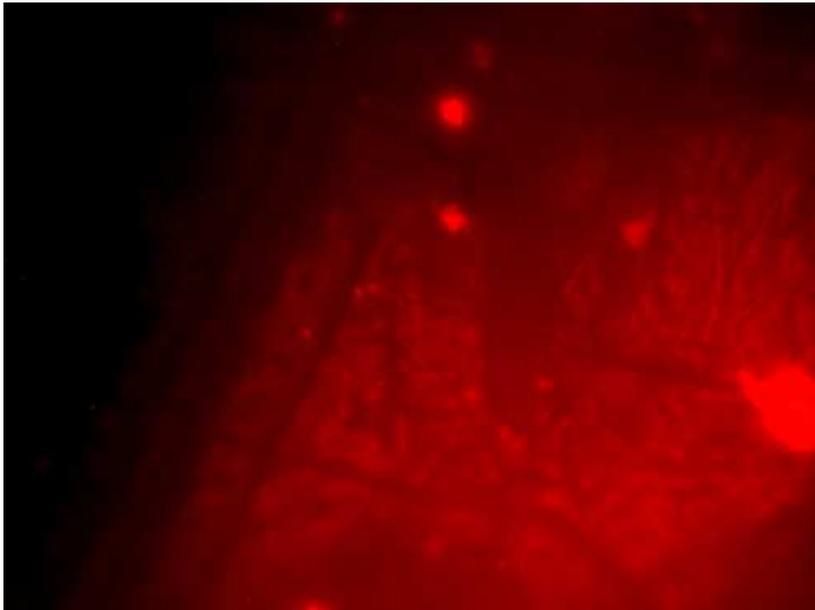


1. 2 μm polystyrene & 14 μm of S1813
2. Ozone exposure of polystyrene; photobiotin acetate in 80:20 water ethanol overnight; UV
3. Flow cell with premixed (2:1 cocktail) of Streptavidin/HLA-A2 heavy chain
4. System is in unfolded state

1. β_2 -microglobulin introduced via flow cell
2. $\beta_2\text{m}$ binds and causes partial folding of the HLA-A2
3. Forms a peptide specific binding cleft
4. Peptide binding completes final conformation with all components more rigidly bound

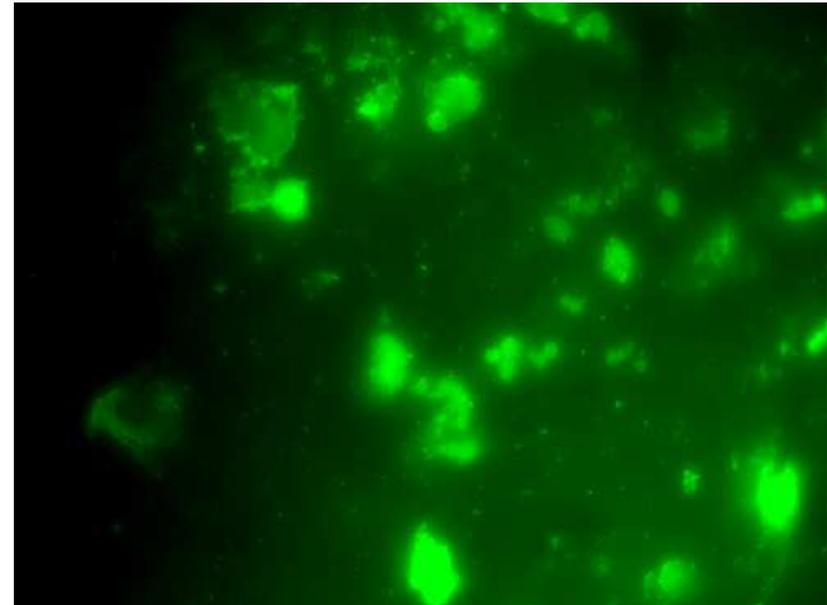
Confocal Fluorescence Microscopy

Biotin-Streptavidin



1. HLA-A2 site on streptavidin replaced by a fluorescent molecule (streptavidin -pe)
2. Streptavidin-pe on photobiotin fluoresced
3. Confirms that streptavidin binds to the immobilised photobiotin

HLA Surface



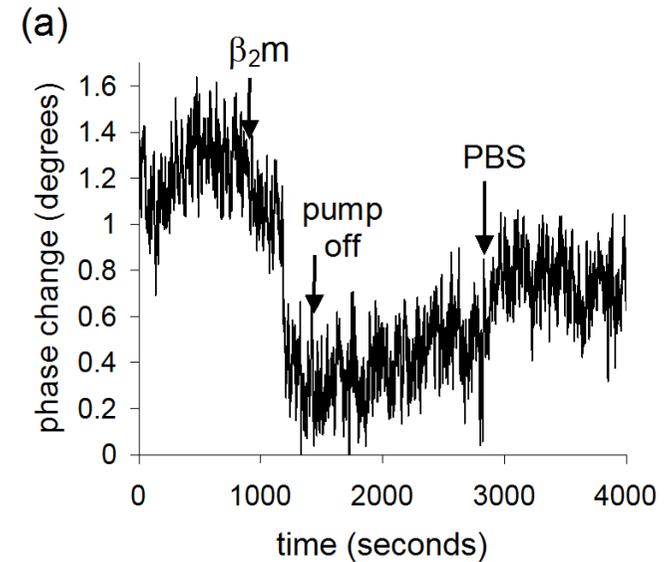
1. Polystyrene/ photobiotin/ streptavidin/HLA/ and fluorescent marker
2. Confirms that HLA is in place
3. In separate experiments acoustic phase change accompanied biotin deposition

Binding Experiments

Addition of β_2m and Peptide

Experimental Sequence

1. Device prepared with photobiotin
2. Flow cell with network analyzer for phase measurements
3. Streptavidin and HLA-A2 heavy chain introduced, pump paused (30 min), pump restarted with buffer.
4. Introduce β_2m (small protein MW~11.5 kDa)
 $\Rightarrow 1^\circ$ fall in acoustic phase

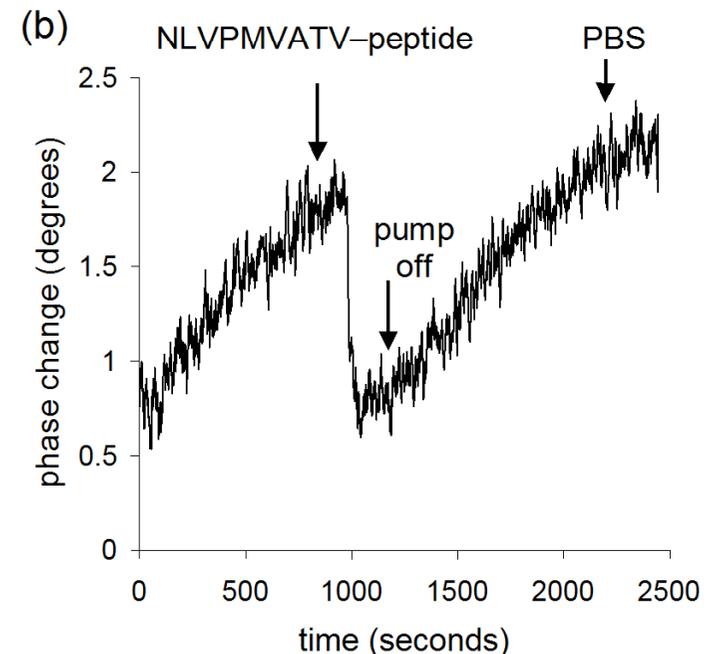
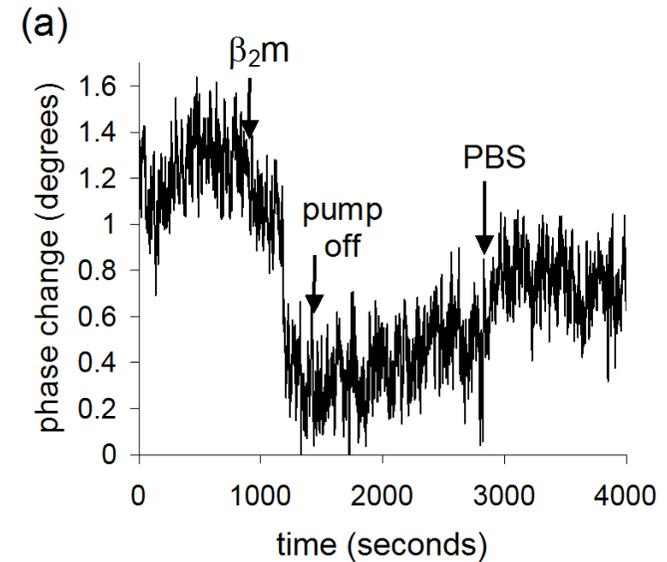


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4. Introduce β_2m (small protein MW~11.5 kDa)
 \Rightarrow *1° fall in acoustic phase*
5. Introduce CNV-peptide (very small protein MW~0.95 kDa) linked to immune deficient patients with Leukemia and HIV
 \Rightarrow *1° fall in acoustic phase*
6. Repeated steps 1-5, but using a TPH peptide epitope known to bind only weakly with MHC
 \Rightarrow *no change in acoustic phase*

Peptide (class) specific binding is detected



Binding Sensitivity

Mass Sensitivity Estimates

1. Measured sensitivity 321 Hz/(ng mm⁻²) ⇒ phase sensitivity ~ 0.1°/ng mm⁻²
2. Assume full monolayer of streptavidin
3. MW_{Streptavidin}=60 kDa, molecular Xtal with diameter 84 Å ⇒ 2.08 ng mm⁻²
4. MW_{HLA}=45 kDa, average 2 HLA per streptavidin ⇒ 3.12 ng mm⁻²
5. MW_{β₂m}=11.5 kDa, average 2 HLA per streptavidin ⇒ 0.8 ng mm⁻²
6. MW_{peptide}=0.95 kDa, 1 peptide per β₂m ⇒ 0.07 ng mm⁻²

Mass Expectations

Expected mass induced phase change
for β₂m is 0.08°

Expected mass induced phase change
for peptide is 0.007° (x10 less than β₂m)

Observations

Order of magnitude greater
response (~1°) is observed for β₂m

Peptide response (~1°) is similar
to that observed for β₂m

Only other known change is conformational folding

Conclusions

1. Layer Guided Acoustic Plate Mode Device

Higher sensitivity at lower frequencies due to guiding layer

Separated bio-recognition layer from guiding/sensitivity layer

2. MHC-Peptide Recognition Element

Proof of principle for acoustic wave approach

Real-time assessment of protein-protein/ protein-peptide binding

3. Vaccine Screening Potential

Increased sensitivity possible by higher frequency operation

Possible parallel operation using an array approach

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