

Biomarker development to assess radiation-induced injury

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Biomarkers: Pathway from Discovery to Validation



- •Circulating markers ability to inform on tissue damage
- •Kinetics: time- and dose-dependency of change in abundance



•Biomarker-Clinical Endpoint relationship: Ability to reflect syndrome and correlation with organ specific injury

Biomarker discovery, development and multi-omic analysis of IR-induced injury

Mechanisms of Injury, Biomarker Identification and Characterization

Proteomics

Global, label-free proteomic analysis via LC-MS/MS



Huang et al. PMID: 32947488 Huang et al. PMID: 34546219 Muller et al. PMID: 34546218 Zalesak et al. PMID: 34546217 Huang et al. PMID: 34546216 Huang et al. PMID: 32947489 Huang et al. PMID: 30652977 Huang et al. PMID: 30624357 Yu et al. PMID: 34546221

Plasma, NHP Lung, NHP Lymph node, NHP Heart, NHP Kidney, NHP GI, NHP Lung, mouse GI, mouse

Plasma, lung, heart, jejunum, NHP

Mass Spectrometry Imaging

(spatial metabolomics)

- Muller et al. PMID: 34546218 Carter et. al. PMID: 32665567 Carter et al. PMID: 30681424 Carter et al. PMID: 28871103 Carter et al. PMID: 26425906
- Lymph node, NHP Lung, NHP GI, NHP Lung, NHP Lung, NHP, + MCM

Metabolomics

Targeted metabolomic analysis via LC-MS/MS

Jones et al. PMID: 30681425 Kumar et al. PMID: 34546220 Zalesak et al. PMID: 34546217 Jones et al. PMID: 30624349 Jones et al. PMID: 28971289 Muller et al. PMID: 34546218 Jones et al. PMID: 27557409



Plasma, mouse, M/F Plasma, NHP Heart, NHP GI, plasma, mouse Lung, mouse, + MCM Lymph node, NHP Lung, mouse

Biodosimetry & Biomarkers

Biodosimetry utilizes changes induced in the individual by ionizing radiation to:

- estimate the dose
- predict or reflect the clinically relevant response
 - i.e., the biological consequences of the dose

Metabolite/lipid/protein biomarkers



Biological consequences of radiation dose

- Radiation injury has acute and delayed sequelae
- ARS: GI-ARS
- DEARE: lung DEARE
- Clinically relevant response
 - Survival

MARYLAND

Histological assessment of tissue injury



Study design and samples

<u>Model</u>

Non-human primates consisted of male rhesus macaques (Macaca mulatta)

- 10 to 12 Gy of partial body irradiation with either 2.5% or 5% bone marrow sparing (PBI/BM5 or PBI/BM2.5)
- with a peak 6MV linear accelerator (LINAC)-derived photons with an average energy of 2 MV at 0.80 Gy min⁻¹.
- Bone marrow sparing was accomplished with tibiae outside the beam field

Study	Radiation Dose	Exposure	Matrix	ImmPort Accession Number
AXR16	10, 11, 12 Gy	PBI/BM5	Plasma	SDY1997
AXR23	10 Gy	PBI/BM5	Plasma	SDY1854
AXR24	10 Gy	PBI/BM2.5	Plasma	SDY2058
AXR26	12 Gy	PBI/BM2.5	Plasma	SDY2002

Longitudinal plasma samples between **d0 to d180** post-radiation

Select time points shown here

https://www.immport.org

Metabolomics

- LC-MS/MS. Targeted, quantitative metabolomics was performed using Biocrates AbsoluteIDQ p180, MxP Quant 500, or MxP Quant 500 XL kit (Biocrates, Life Science AG, Innsbruck, Austria).
 - Performed on a ACQUITY UPLC coupled to a TQ-XS or TQ-S (Waters Corporation)
- Data analysis via: MetIQ software (Biocrates), MetaboAnalyst 5.0, GraphPad Prism (v 7.03)

Biological consequences of radiation dose

• ARS: GI-ARS

- Clinically relevant response
 - Survival

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Histological assessment of tissue injury



GI-ARS: Correlation of D7 plasma biomarker candidates with survival



Pearson's correlation (r)

Correlation of GI-ARS candidate plasma						
biomarkers with survival						
Metabolites	Metabolites r p value					
PC_36-3	0.73	<0.0001				
PC_0-36-3	0.7	<0.0001				
Cit	0.68	<0.0001				
PC_34-3	0.64	<0.0001				
PC_O-36-2	0.61	<0.0001				
Cit/Arg	0.59	<0.0001				
Cit/Orn	0.59	<0.0001				
PC_36-2	0.57	<0.0001				
PC_0-32-2	0.52	<0.0001				
Tyr/Phe	0.44	0.005				
PC_O-38-3	0.36	0.005				
PC_42-6	0.36	0.005				
PC_O-38-2	0.31	0.01				
Met SO4	0.31	0.01				
PC_38-6	-0.31	0.01				
BCAA	-0.36	0.004				
Fisher ratio	-0.53	<0.0001				



D7 irradiated data is from AXR23, n=5; AXR24, n=10 (n=15 total D7 irradiated). Unirradiated / naïve, n=14. (10 Gy PBI/BM5 (AXR23) or 10 Gy PBI/BM2.5 (AXR24)).

GI-ARS: Correlation of D7 plasma biomarker candidates with survival

Conc. (📠 M)

Yes



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6 -	•			
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2		••		
0				
0	50	100 D Day	150	200

PC_0 36-3

Pearson r	
r	0.7096

P value	
P (two-tailed)	< 0.0001
P value summary	****
Significant? (alpha = 0.05)	Yes

Correlation of GI-ARS candidate					
plasma biomarkers with survival					
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GI-ARS: biomarker correlation with histological scoring of injury severity





Kumar et al. Health Phys. 2020; 119: 594-603. PMID: 32947487

GI-ARS: biomarker correlation with histological scoring of injury severity

A. Jejunum – CCN correlation

Correlation with corrected crypt					
nui	mber				
Analyte	Analyte R p-value				
PC ae C36:2	0.62	0.0010			
PC ae C38:1	0.60	0.0015			
PC ae C38:2	0.52	0.0073			
PC ae C34:3	0.35	0.0902			
PC ae C34:2	0.66	0.0004			
Serotonin	0.42	0.0344			
Acylcarnitine C18	0.30	0.1451			
PC ae C36:3	0.76	< 0.0001			
Citrulline	0.54	0.0051			

B. Plasma – CCN correlation

Correlation with corrected crypt number				
Analyte R p-value				
PC ae C36:2	0.18	0.3850		
PC ae C38:1	0.11	0.6119		
PC ae C38:2	0.20	0.3481		
PC ae C34:3	0.35	0.0839		
PC ae C34:2	0.23	0.2783		
Serotonin	-0.07	0.7532		
Acylcarnitine C18	0.05	0.7965		
PC ae C36:3	0.28	0.1747		
Citrulline	0.67	0.0003		



Kumar et al. Health Phys. 2020; 119: 594-603. PMID: 32947487

Cross-species utility: Correlation of biomarker with histological scoring <u>in mouse</u>

Mouse Plasma Citrulline_TBI BL6





Biological consequences of radiation dose d180 DEARE: lung DEARE AKI Stool Consistency Grade (0-2) 5.0 2.5 Dehydration Grade (0-3) H-ARS GI-ARS 0.0 2.0 Stool Cyto-, Chemokines Weight Change Hydration CKI -5.0 PE PN / PF G Fibrosis 3 Clinically relevant response 28 -10.0 1.0 Edema

-15.0

-20.0

n

Mucositis

20

GI-ARS

40

- Survival
- Histological assessment of tissue injury



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0.5



Lung-DEARE: Correlation of D180 plasma biomarker candidates with survival



Pearson's correlation (r)

Correlation of lung-DEARE candidate						
plasma biomarkers with survival						
Metabolites	Metabolites r p value					
PC_0-34-2	0.65	<0.0001				
PC_O-34-3	0.61	<0.0001				
PC_42-0	0.39	0.002				
PC_O-36-0	0.36	0.004				
Gln	0.31	0.01				
PC_0-42-5	0.28	0.03				
lle	-0.35	0.006				

Lung-DEARE: Correlation of D180 plasma biomarker candidates with survival

Correlation of lung-DEARE candidate					
plasma biomarkers with survival					
Metabolites	r	p value			
PC_0-34-2	0.65	<0.0001			
PC_0-34-3	0.61	<0.0001			
PC_42-0	0.39	0.002			
PC_O-36-0	0.36	0.004			
Gln	0.31	0.01			
PC_0-42-5	0.28	0.03			
lle	-0.35	0.006			



Lung-DEARE: Correlation of histological scoring of injury severity

Sixteen different histological assessments

Histological Endpoints Assessed in Lung	Biomarker	
CTGF-positive staining, alveolus/duct		
TGFB-positive staining, pleural		
TGFB-positive staining, interstitial	PC_0-34-2	
Collagen-1 IHC interstitium;increased staining		
Collagen-1 IHC pleural surface;increased staining	PC_O-34-3	ł
MPO IHC- pos. staining		
CD206-alveolar macrophages	lle	
CD163-alveolar macrophages		
CD163-interstitial macrophages	PC 0-38-4	*
Congestion		
Edema, alveolar		
Inflammation, interstitial	PC_38-4	
Infiltration, lymphocytic		
Infiltration, neutrophilic		
Accumulation, alv macrophages	C0	
Trichrome-fibrosis, interstitial		

Biomarker	TGFB-positive staining, interstitial	Collagen-1 IHC pleural surface;increased staining	Edema, alveolar	Trichrome- fibrosis, interstitial	Infiltration, neutrophilic
PC_O-34-2	ns	** (r = 0.7997)	* (r - 0.7378)	*(r0.5187)	ns
PC_O-34-3	*(r0.7712)	* (r - 0.6455)	*(r - 0.7482)	** (r0.5846)	ns
lle	ns	ns	ns	ns	*(r - 0.7986)
PC_O-38-4	* (r0.7781)	ns	** (r- 0.7769)	ns	*(r0.5286)
PC_38-4	* (r -0.7559)	*(r - 0.6398)	*(r - 0.7615)	ns	*(r0.5303)
C0	ns	ns	ns	*(r - 0.7843)	ns
PC_38-6	ns	*(r0.6818)	ns	*(r - 0.7839)	ns

Conclusions

- Both ARS and DEARE biomarker candidates correlate with survival
- Correlation of histological endpoints shows biomarkers may be useful toward assessment of injury severity

- Correlations with clinically relevant endpoints
 - Inform on triage decisions
 - Allow for stratification into treatment groups
 - Inform treatment decisions



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