

# LG-APM's for MHC-Peptide Screening

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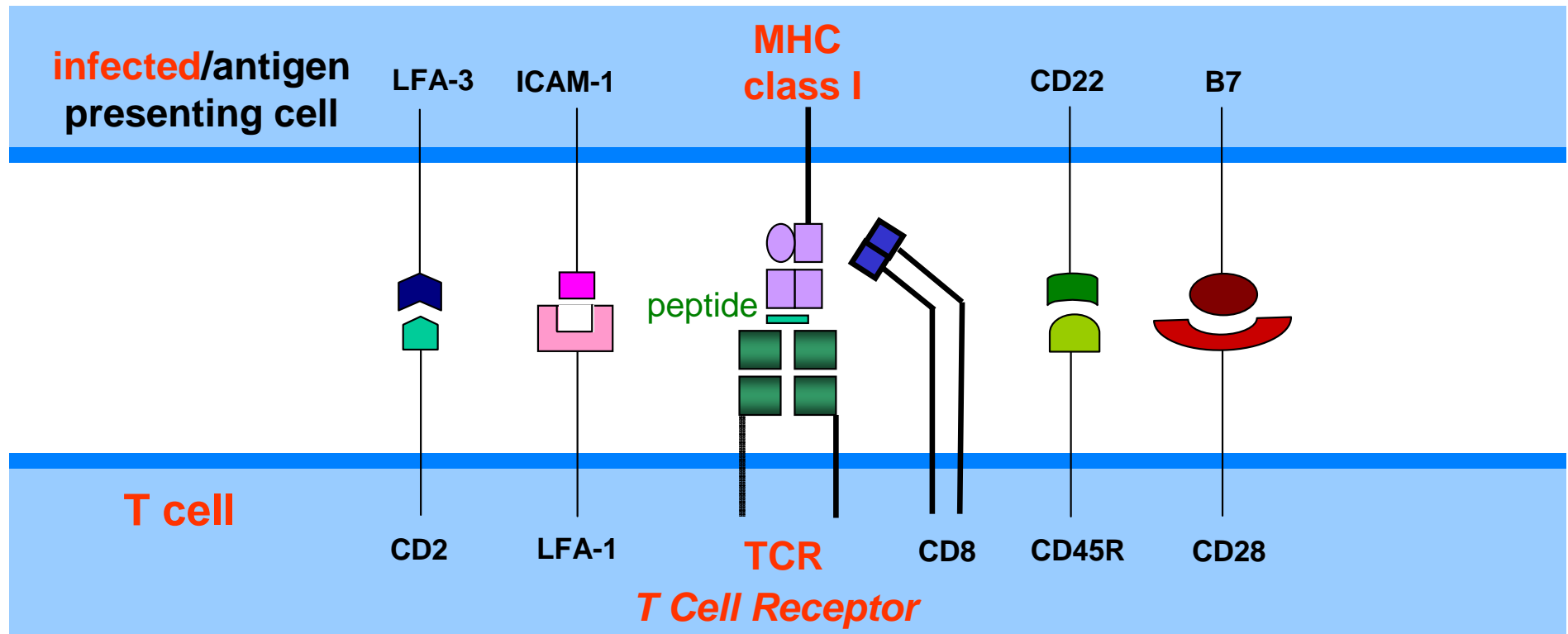
# Overview

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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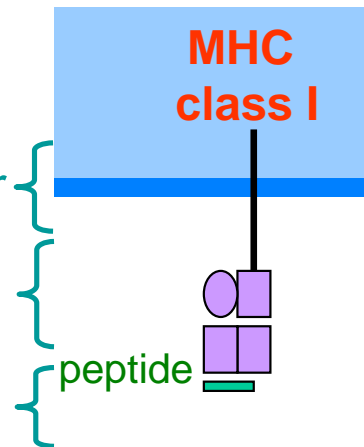
## Sensor Strategy

*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*

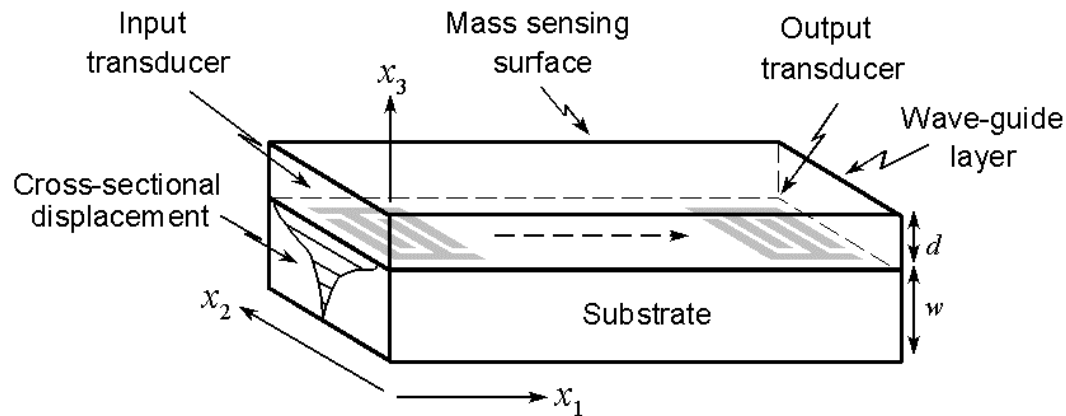
*Sensitive, real-time and  
non-cellular based assay  
would assist vaccine  
development*

## Basic LG-APM Sensor

*(Layer guided acoustic plate modes)*

# Love Waves versus SH-APMs

## Love Wave



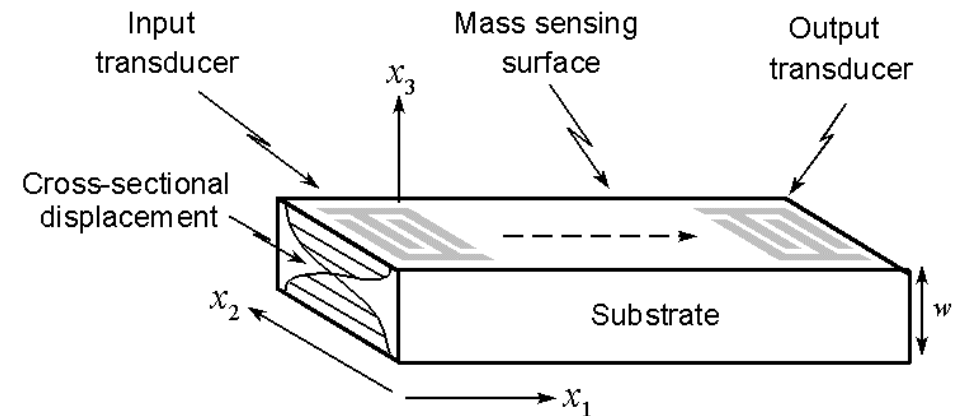
Layer guided SH-SAW with  $v_l < v_s$

Surface localised wave

Increased “mass” sensitivity

*Increased sensitivity versus isolation  
between sensing face and transduction*

## SH-APM



“QCM with propagation”

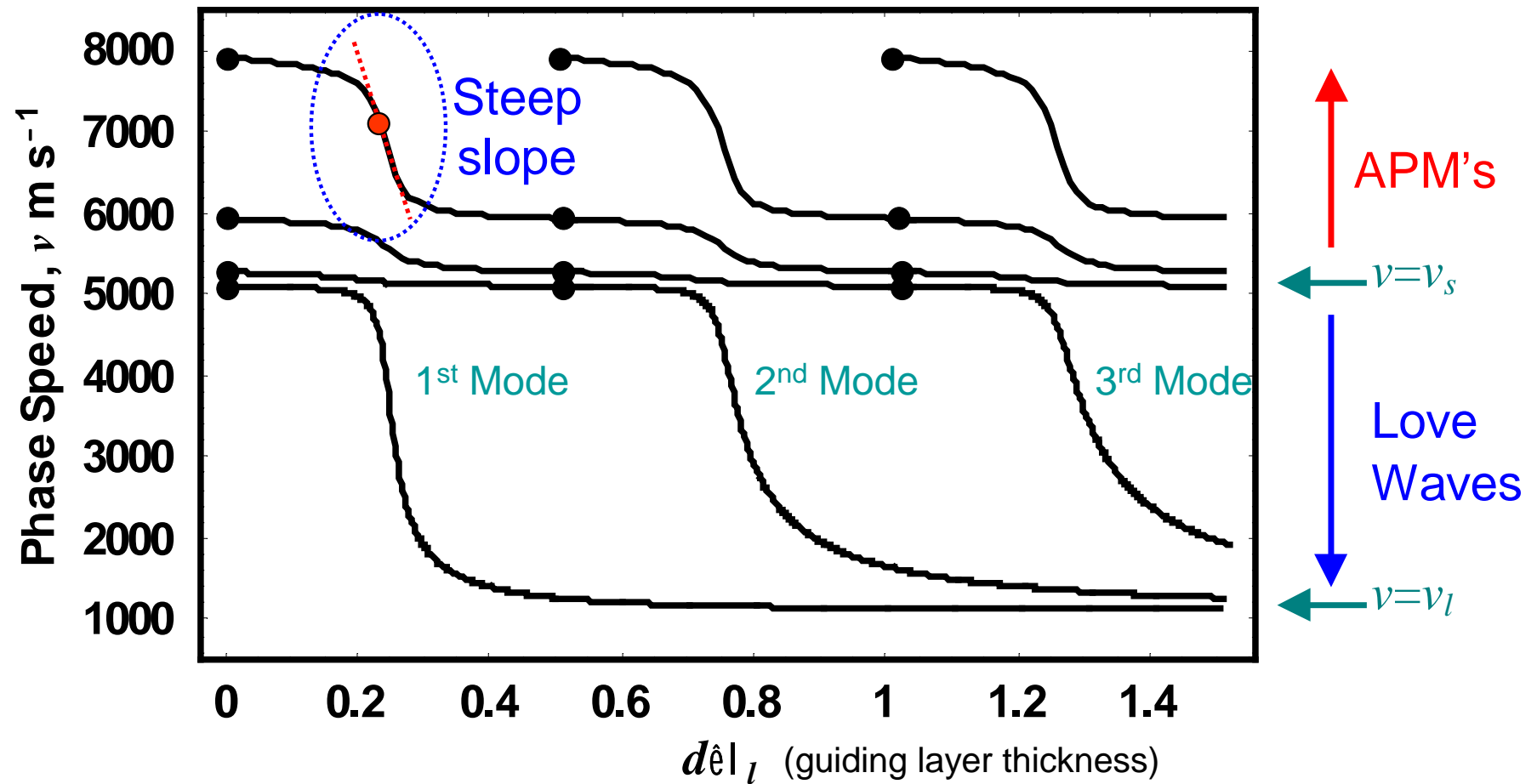
Substrate resonance

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

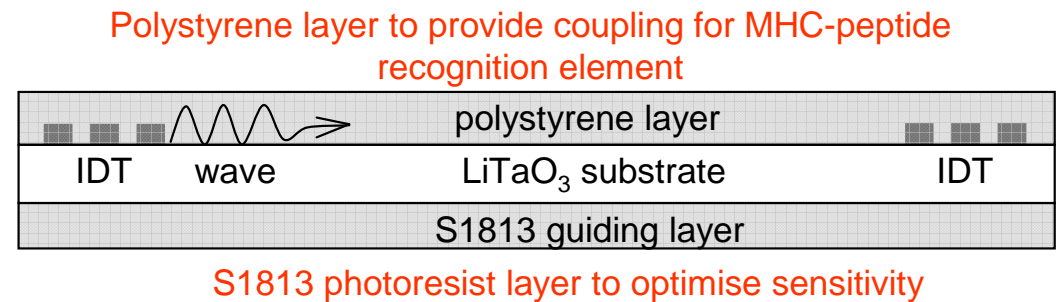
*APM guiding layer thickness,  $d$ , fixes operating point and sensitivity*



# LG-APM Device Sensitivity

## Basic Device

1. 36° rotated Y-cut X propagating LiTaO<sub>3</sub> of thickness 540  $\mu\text{m}$
2. IDTs: Double-double, 100 fingers, width/spacing 20  $\mu\text{m}$ , aperture 3mm
3. Cnt-cnt IDT path length 12 mm

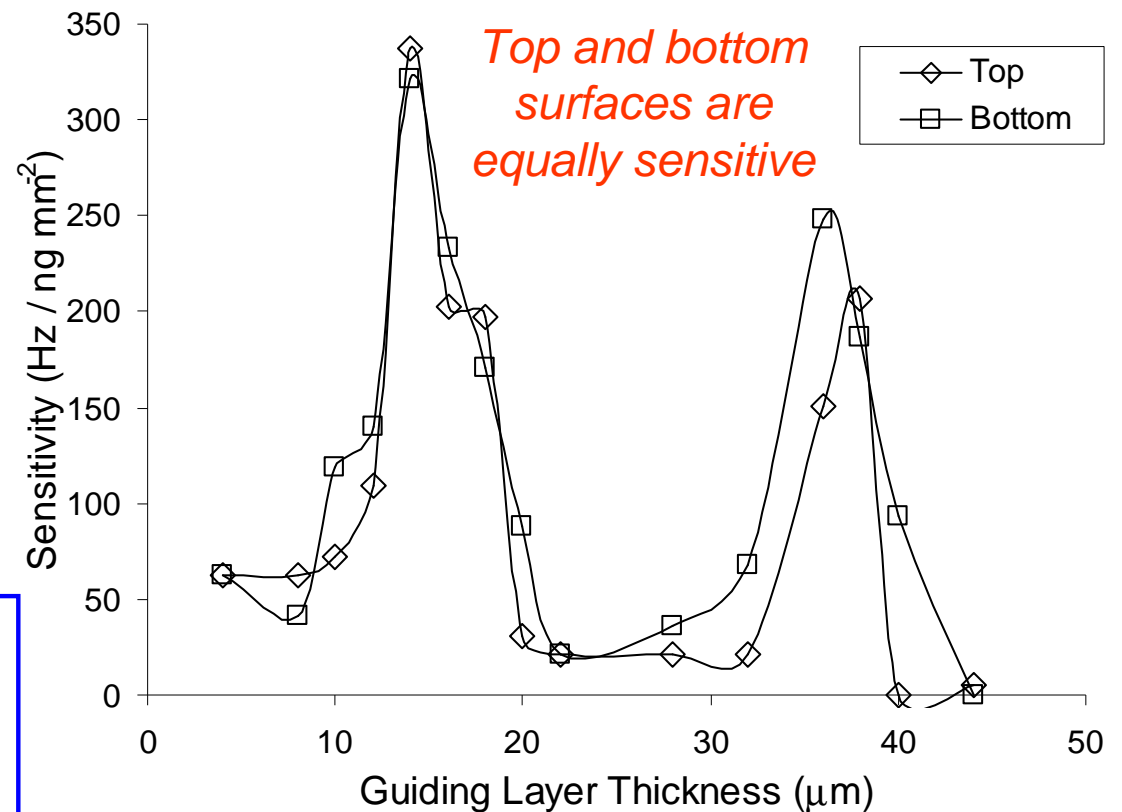


## Optimising Sensitivity

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  $\mu\text{m}$

Estimated mass sensitivity for 14  $\mu\text{m}$  S1813 guiding layer is:

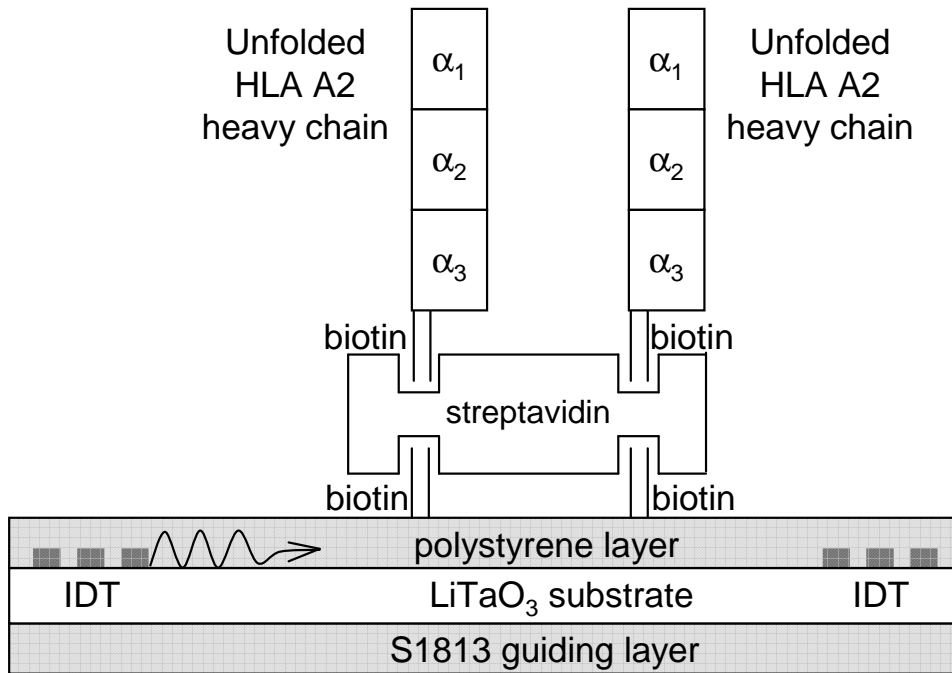
**321 Hz/(ng mm<sup>-2</sup>)**



# The Recognition Element

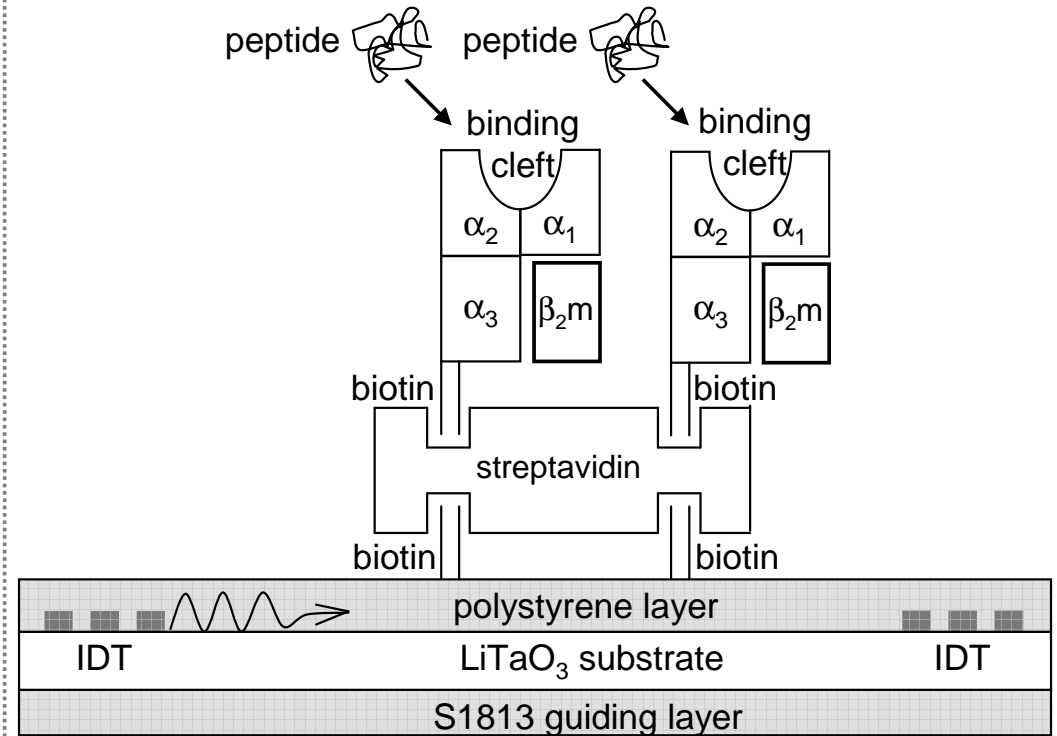
# Formation of Recognition Element

## Unfolded State



1. 2  $\mu\text{m}$  polystyrene & 14  $\mu\text{m}$  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

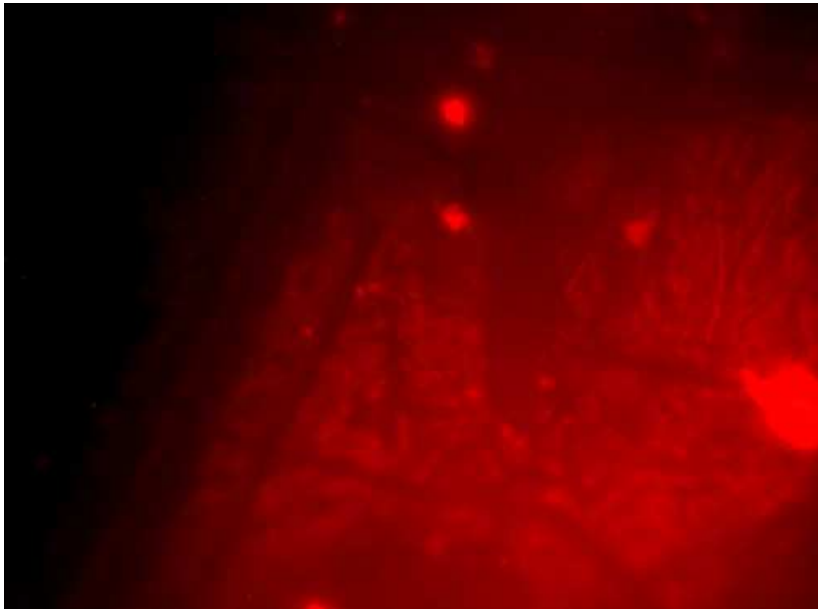
## Peptide Binding Cleft



1.  $\beta_2$ -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

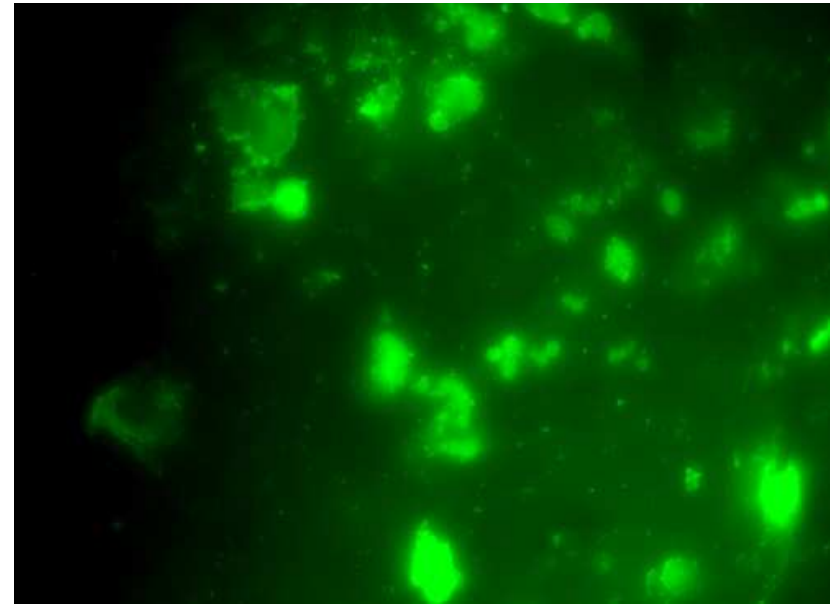
# Confocal Fluorescence Microscopy

## 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



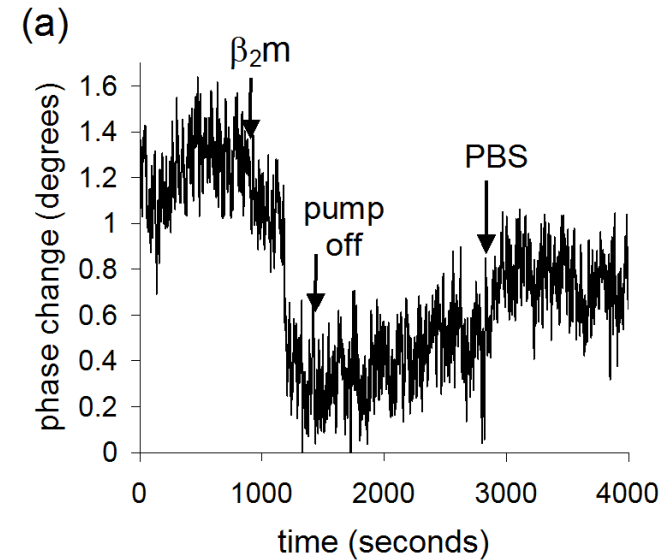
1. Polystyrene/ photobiotin/ streptavidin/HLA/ and fluorescent marker
2. Confirms that HLA is in place
3. In separate experiments acoustic phase change accompanied biotin deposition

# Binding Experiments

# Addition of $\beta_2m$ 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  $\beta_2m$  (small protein MW~11.5 kDa)  
 $\Rightarrow$  1° fall in acoustic phase

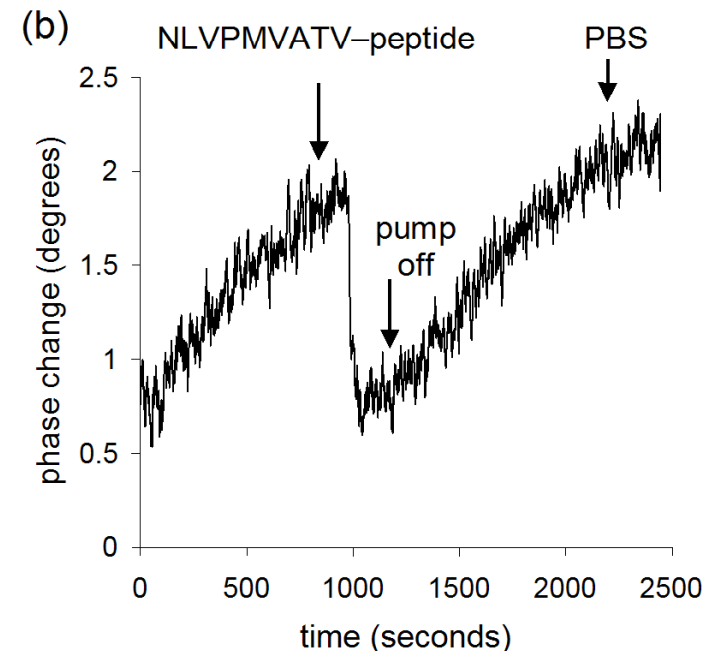
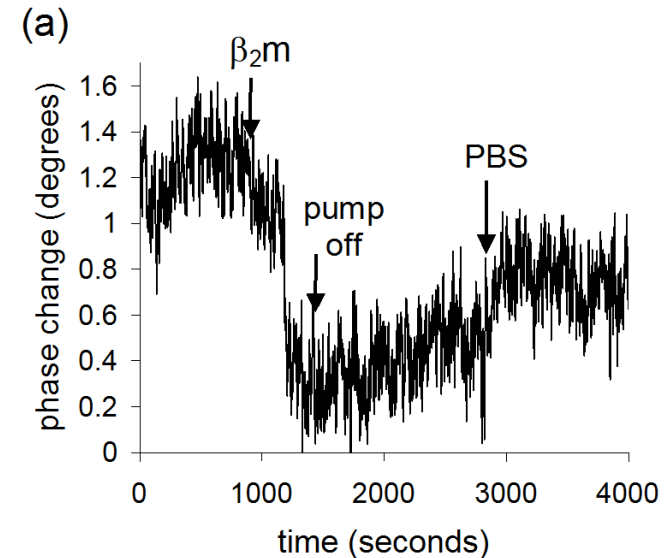


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4. Introduce  $\beta_2m$  (small protein MW~11.5 kDa)  
 $\Rightarrow 1^\circ$  fall in acoustic phase
5. Introduce CNV-peptide (very small protein MW~0.95 kDa) linked to immune deficient patients with Leukemia and HIV  
 $\Rightarrow 1^\circ$  fall 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<sup>-2</sup>)  $\Rightarrow$  phase sensitivity  $\sim 0.1^\circ$ /ng mm<sup>-2</sup>
2. Assume full monolayer of streptavidin
3. MW<sub>Streptavidin</sub>=60 kDa, molecular Xtal with diameter 84 Å  $\Rightarrow 2.08$  ng mm<sup>-2</sup>
4. MW<sub>HLA</sub>=45 kDa, average 2 HLA per streptavidin  $\Rightarrow 3.12$  ng mm<sup>-2</sup>
5. MW <sub>$\beta_2m$</sub> =11.5 kDa, average 2 HLA per streptavidin  $\Rightarrow 0.8$  ng mm<sup>-2</sup>
6. MW<sub>peptide</sub>=0.95 kDa, 1 peptide per  $\beta_2m$   $\Rightarrow 0.07$  ng mm<sup>-2</sup>

## Mass Expectations

Expected mass induced phase change  
for  $\beta_2m$  is  $0.08^\circ$

Expected mass induced phase change  
for peptide is  $0.007^\circ$  (x10 less than  $\beta_2m$ )

## Observations

Order of magnitude greater  
response ( $\sim 1^\circ$ ) is observed for  $\beta_2m$

Peptide response ( $\sim 1^\circ$ ) is similar  
to that observed for  $\beta_2m$

*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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