



# *SELDI ANALYSIS*

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## The Need for the Review and Understanding of SELDI/MALDI Data Prior to Analysis (Analyzer Beware)

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# ***SELDI ANALYSIS***

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## ***WINDOW INTO DISEASES***

**Plasma      Serum      Urine**

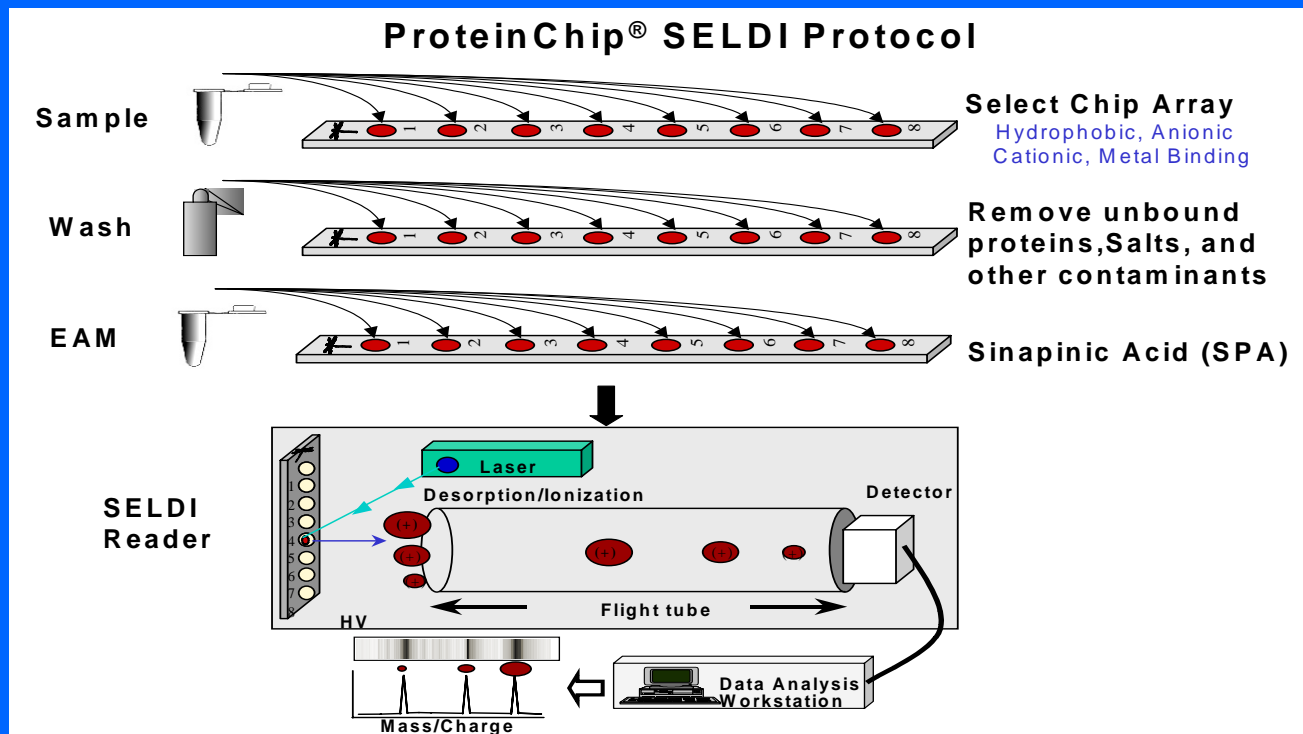
**Effusions**

**Mucous      Saliva      Fecal Matter**

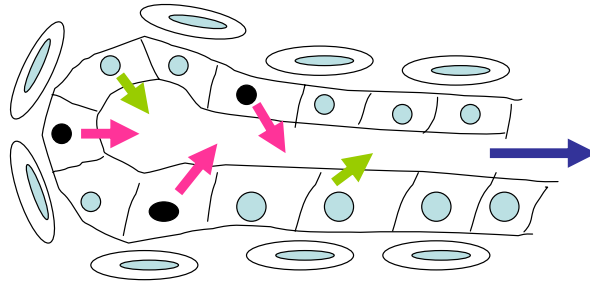
**Tissue (PAP; Urinary Sediment)**

**Bile      CSF      Sweat**

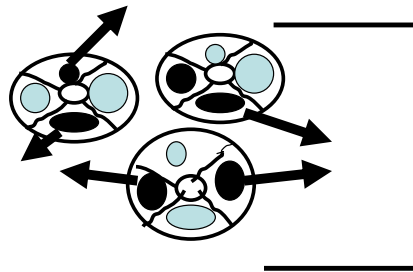
# SELDI ANALYSIS



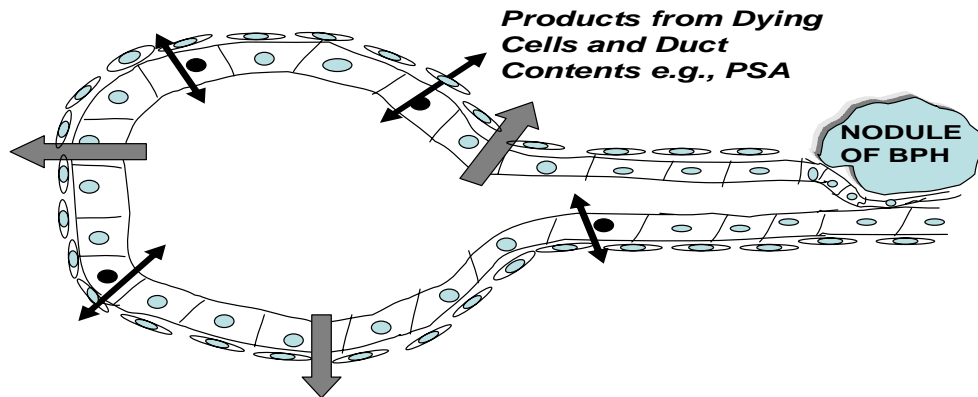
**Illustration of SELDI Time-Of-Flight (TOF) Mass Spectrometry.  
(Modified with permission from Ciphergen Biosystems, Inc.)**



**Contents of Duct  
Including  
Products of  
Dying Cells and  
Living Cells e.g.,  
PSA**

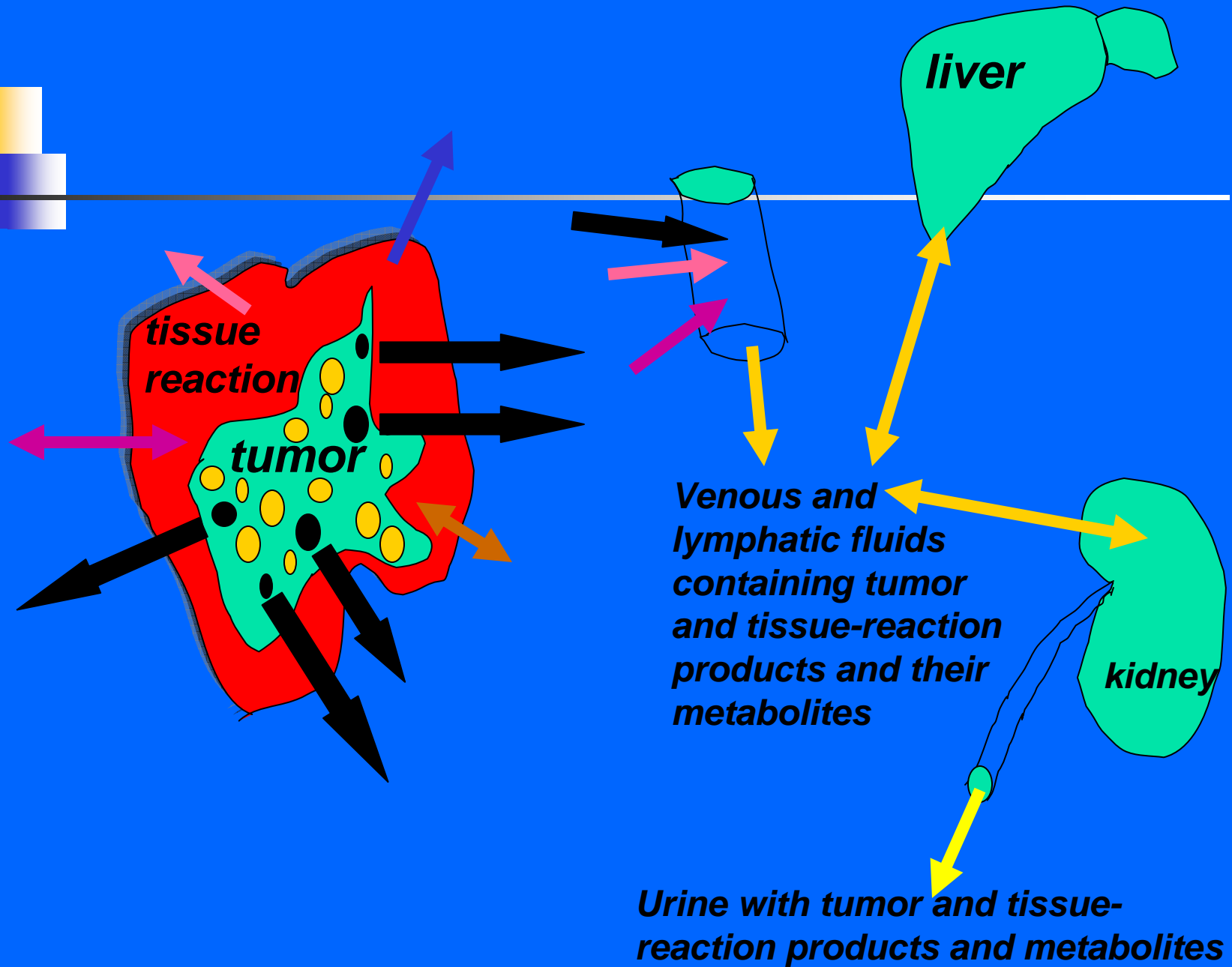
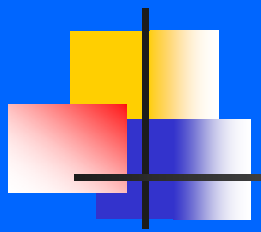


**Products of Dying  
Cancer Cells Collect in  
Interstitial Space and are  
Absorbed into Vascular  
and Lymphatic Vessels**

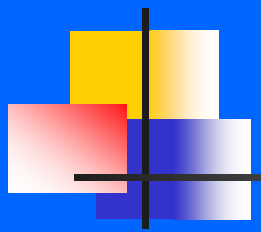


**Products from Dying  
Cells and Duct  
Contents e.g., PSA**

**NODULE  
OF BPH**

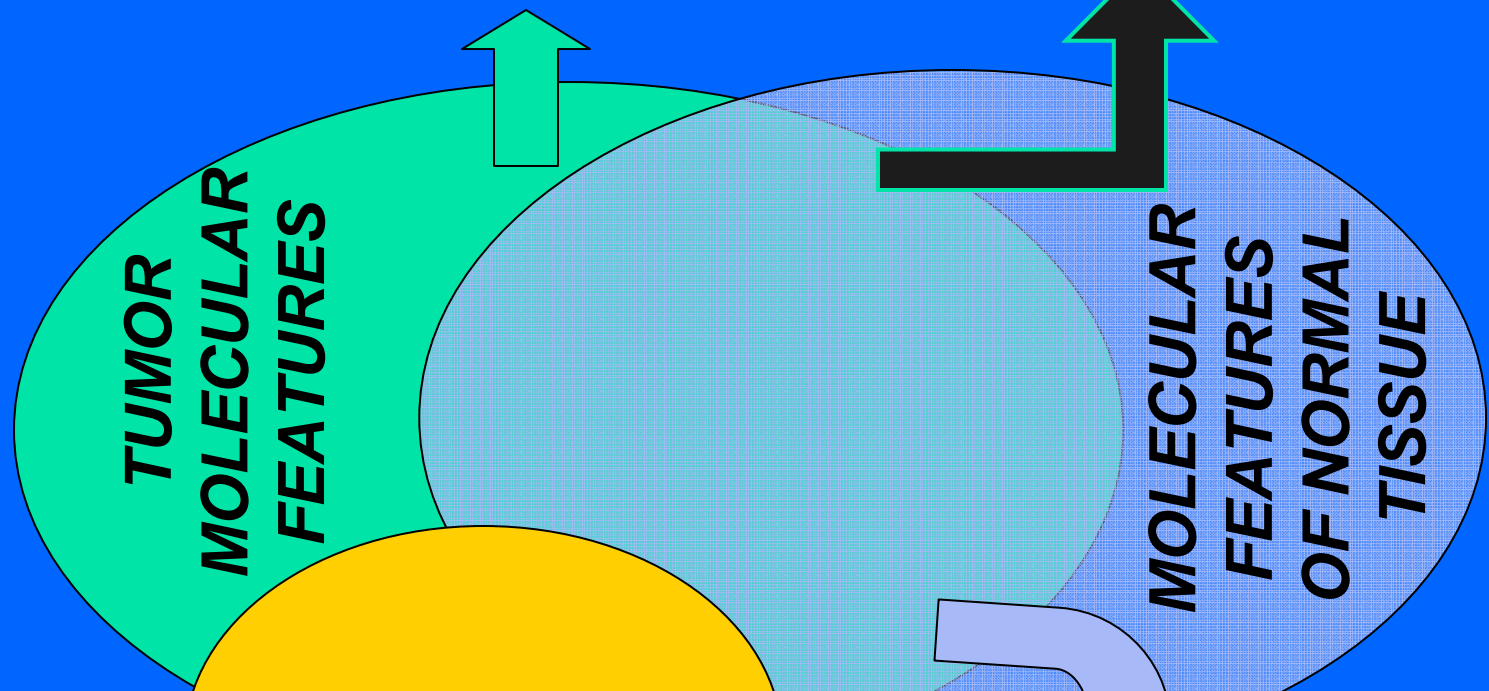


# ONCOFETAL TUMOR ANTIGENS AND METABOLITES



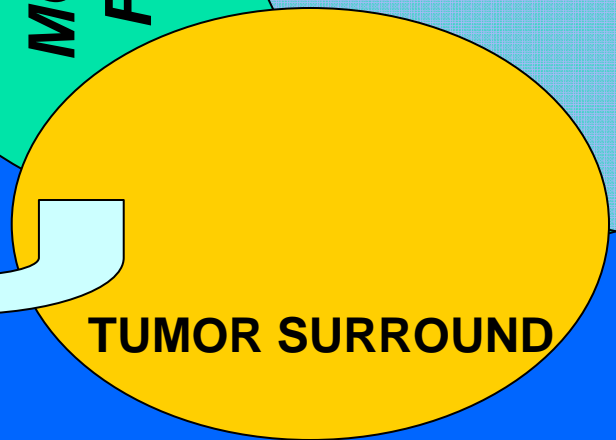
CEA  
TAG-72  
CA125  
MUC-2  
LEWIS Y

MOLECULES AND METABOLITES OF NORMAL TISSUES - ACTIN



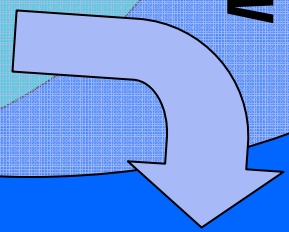
TUMOR MOLECULAR FEATURES

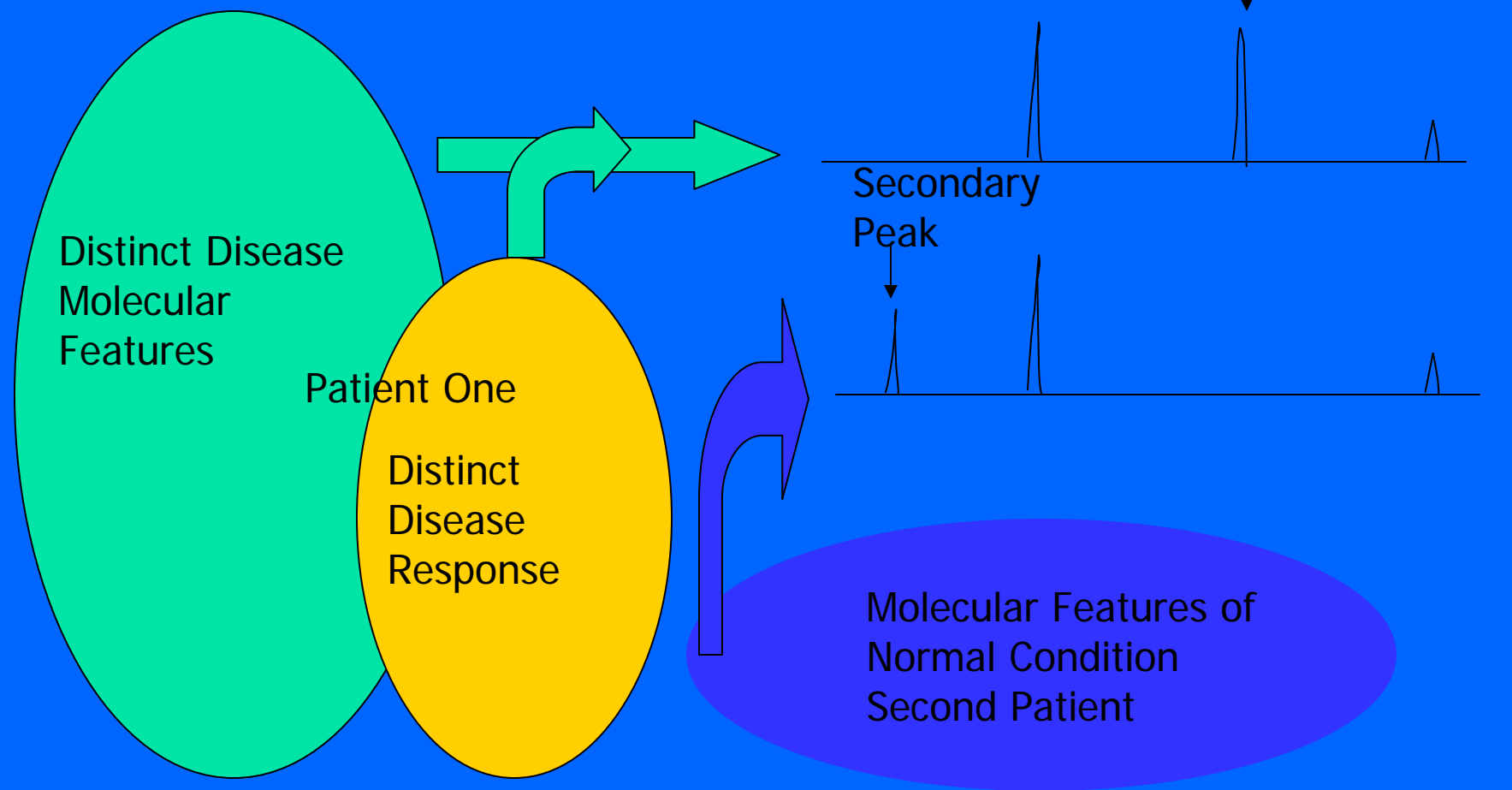
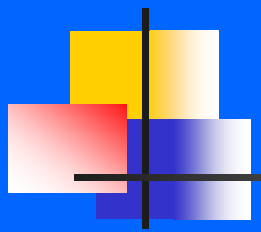
MOLECULAR FEATURES OF NORMAL TISSUE



TUMOR SURROUND

NORMAL TISSUE SPECIFIC - PSA, A<sub>1</sub>-ANTITRYPSIN





Distinct Disease  
Molecular  
Features

Patient One

Distinct  
Disease  
Response

Secondary  
Peak

Primary  
Peak

Molecular Features of  
Normal Condition  
Second Patient



# *SELDI ANALYSIS*

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**JUNK**



**Statistician**  
**Bioinformatician**



**JUNK**





# ***SELDI ANALYSIS***

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## PROBLEMATIC ISSUES IN ANALYSIS

Experimental Design

Patient

Sample

Protein Chip

Spectra

Analytical Approach



# ***SELDI ANALYSIS***

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## Experimental Design

Selecting Cases and Controls

Collecting and Processing Samples

Performing Assays Without Bias

Selecting Optimal Approach to  
Analysis

Avoiding Over-Analysis



# ***SELDI ANALYSIS***

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PATIENT

Groups Comparable

Sites

Racial/Ethnic Balance

Homeostatic Balance

No Bias



# *SELDI ANALYSIS*

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PATIENT

Usually Comparing Disease vs. Control

or

Disease A vs. Condition B vs. Normal



# *SELDI ANALYSIS*

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PATIENT

Control Definition

Is Disease Absent?

Is There Bias In The Controls?



# ***SELDI ANALYSIS***

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## SAMPLE

Type

Collection

Processing

Storage

Transfer



# ***SELDI ANALYSIS***

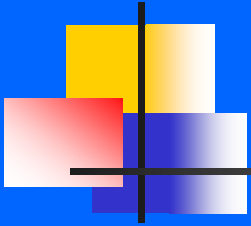
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SAMPLE

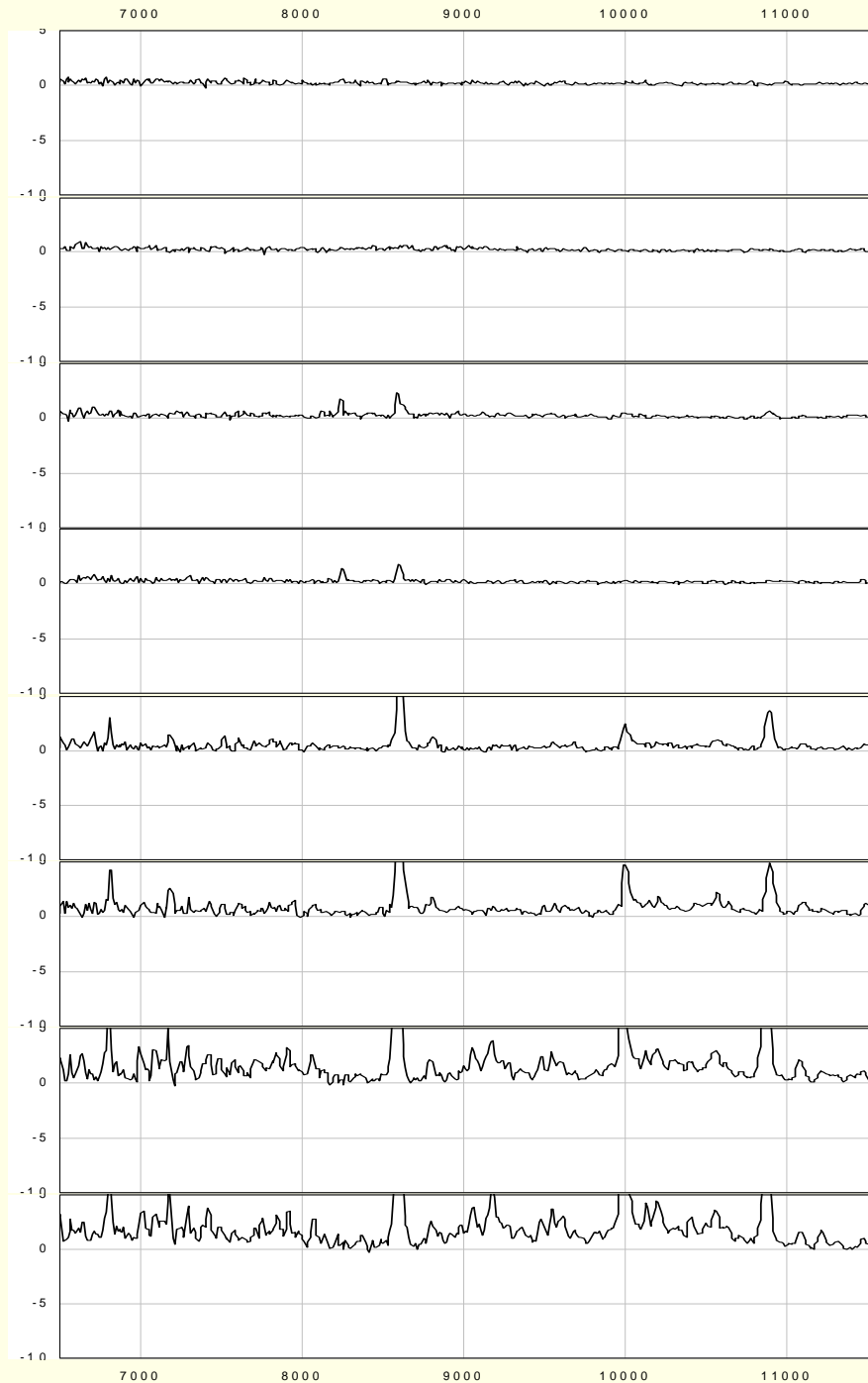
Type

Serum versus Plasma

Sensitivity- Can Products of  
Tumors Be Detected



# LNCAP CELL LYSATES USING WCX2 ARRAYS



100 Cells per ml

100 Cells per ml

1000 Cells per ml

1000 Cells per ml

10,000 Cells per ml

10,000 Cells per ml

$10^5$  Cells per ml

$10^5$  Cells per ml





# ***SELDI ANALYSIS***

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SAMPLE

Collection

How?

Stress

Container-e.g., multiple  
anticoagulants; thus  
all Plasmas are not  
the Same



# ***SELDI ANALYSIS***

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SAMPLE

Processing

Time from Collection to  
Freezing (Too Restrictive?)

For Consistent Results, Robotic  
Processing Is Required



# ***SELDI ANALYSIS***

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SAMPLE

Processing

Removal of Proteins Present in  
Large Concentrations  
(e.g., Albumin) May Also  
Remove Peptides Being  
Carried by Removed  
Proteins



# ***SELDI ANALYSIS***

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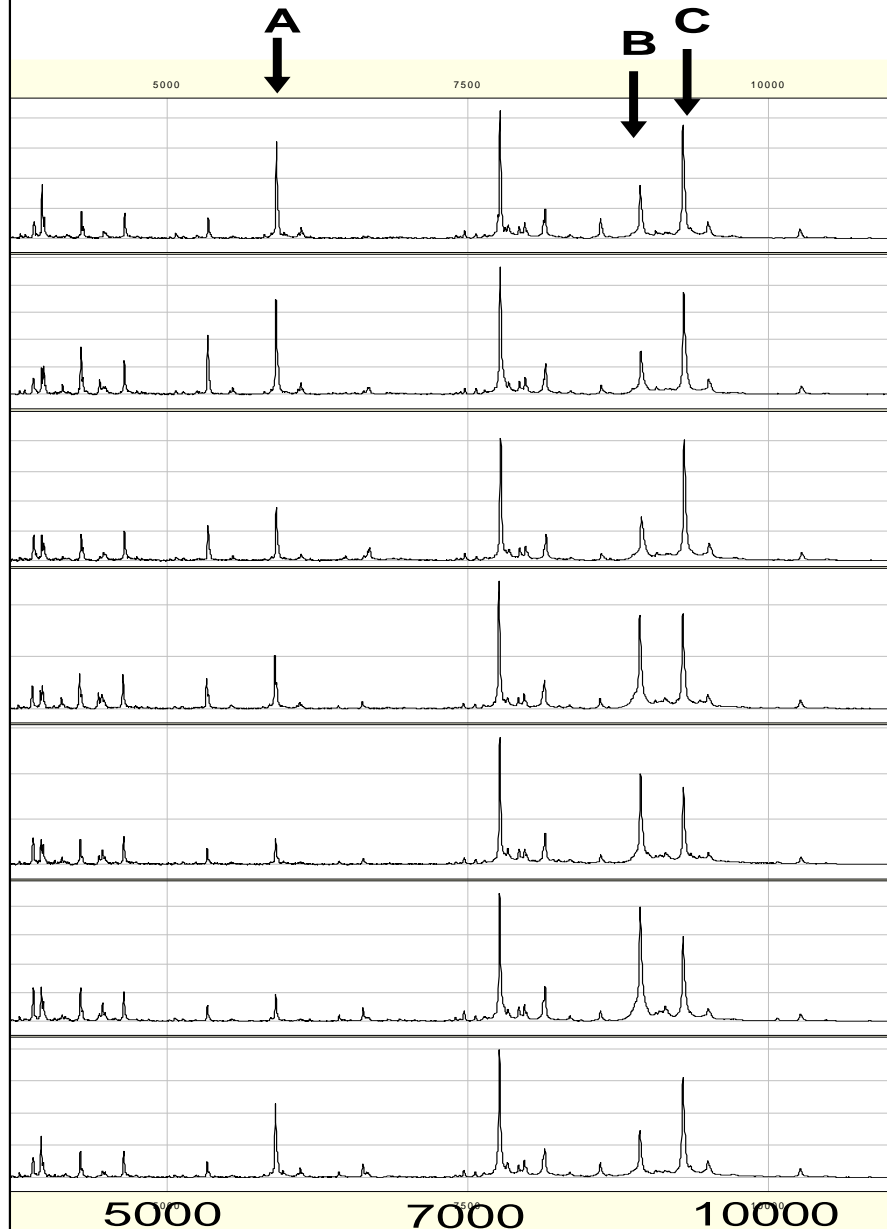
SAMPLE

Storage

Length

Temperature

# QC Sample Spectra



**Aliquot of Sample (#20) Stored at -80C**

**Aliquot of Sample (#20) Transferred from -80C and Stored for 3 Months at -20C**

**Aliquot of Sample (#20) Stored at -20C for 5 Months**

**Aliquot of Sample (#20) Stored at -20C for 7 Months**

**Aliquot of Sample (#20) Stored at -20C for 8 Months**

**Second Aliquot of Sample (#20) Stored at -20C for 8 Months**

**Second Aliquot of Sample (#20) Stored ONLY at -80C for Ten Additional Months**



# ***SELDI ANALYSIS***

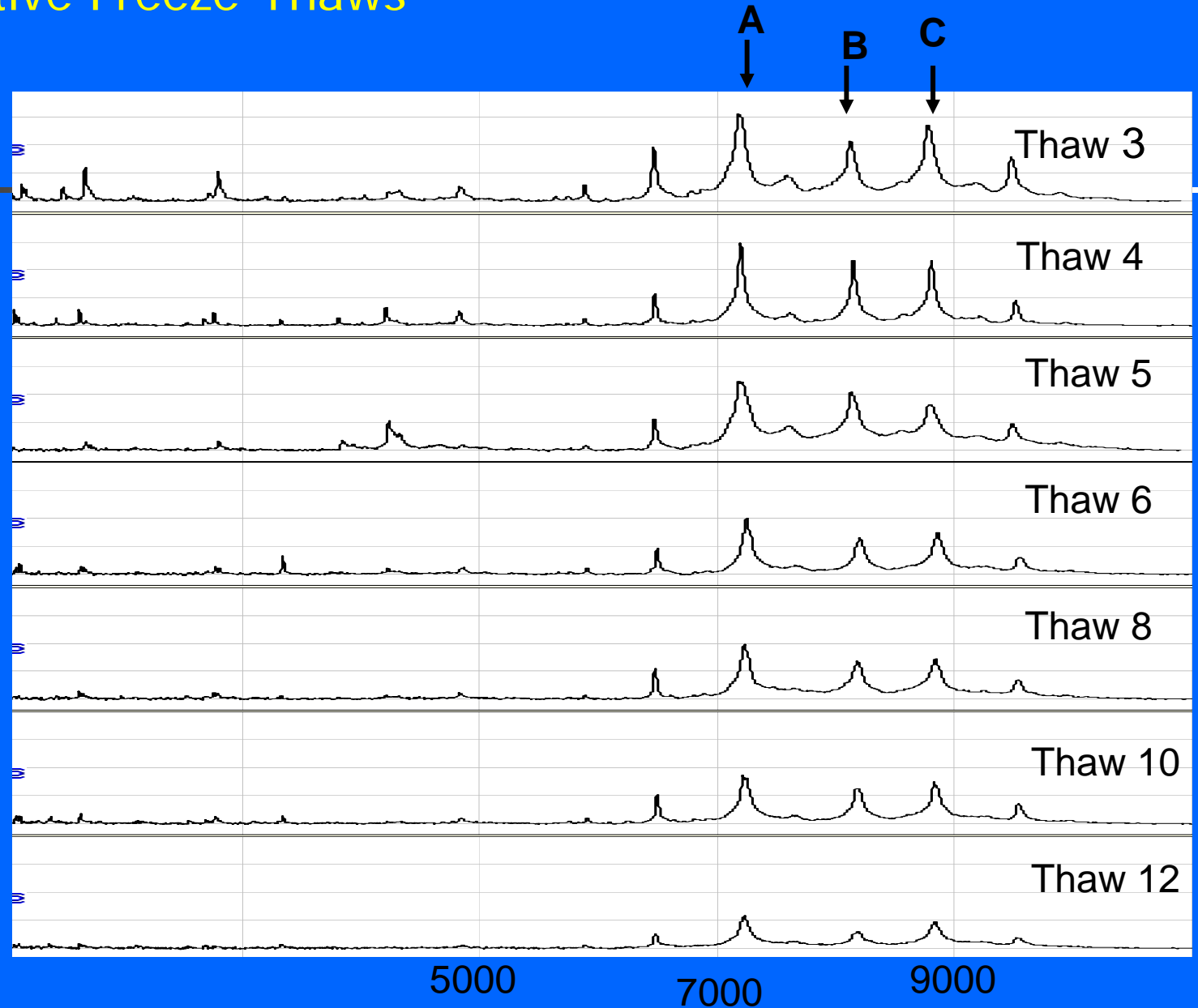
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Transfer

Freeze-Thaw Cycles

Quantity (Triplicates and Repeat-300  
mcl)

# Decrease in Protein Intensity in Human Serum due to repetitive Freeze-Thaws



## Decrease in Protein Intensity in Human Serum (#6) due to repetitive Freeze-Thaws

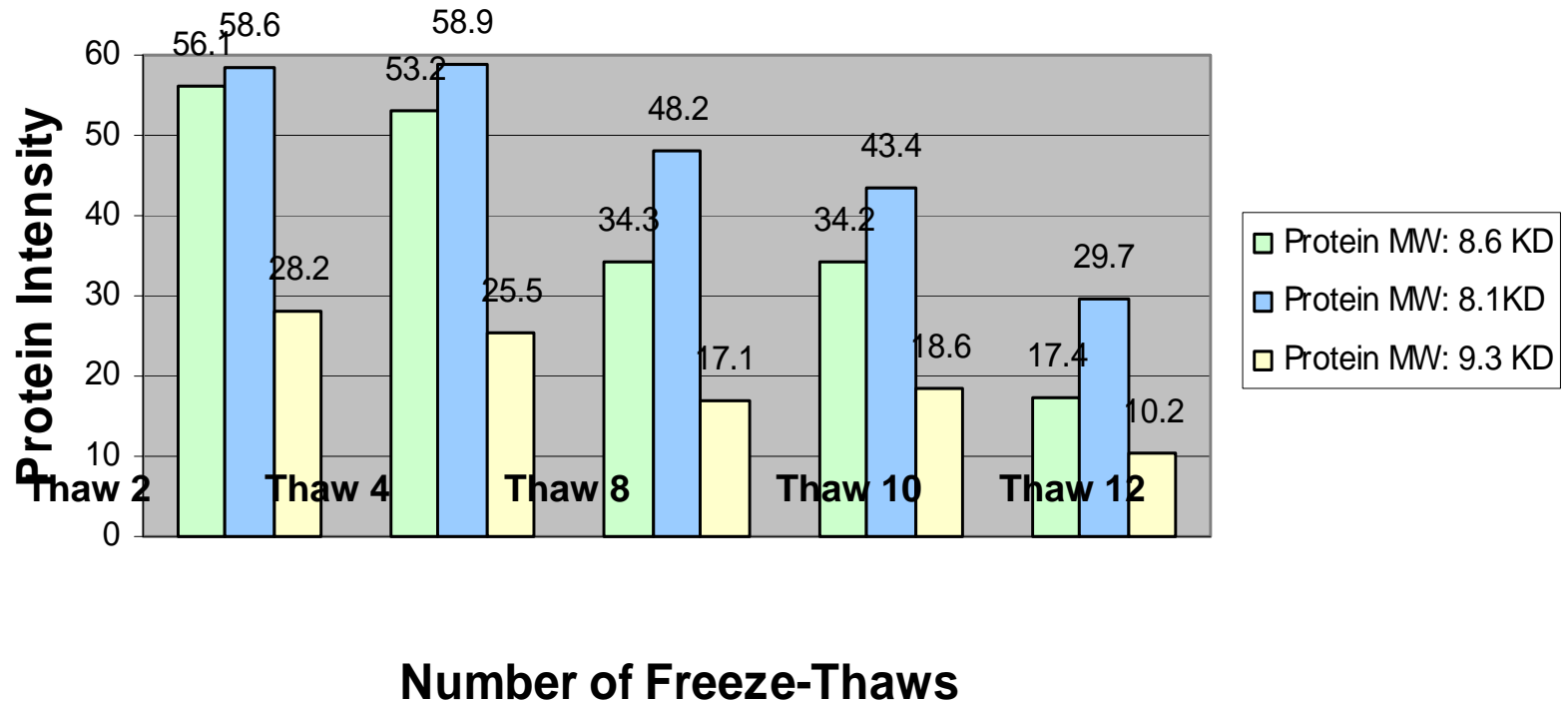


Figure 1: The graph above shows the decrease in protein intensities in three different proteins in one human serum sample. The legend indicates the molecular weight of each protein. The specific intensity values are displayed above each of the bars.





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- **Chip Type**

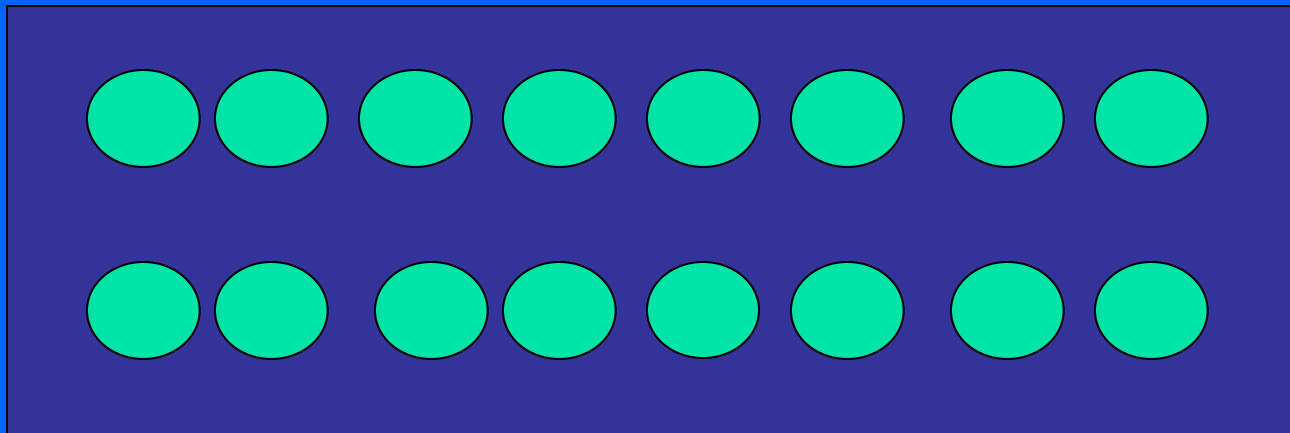
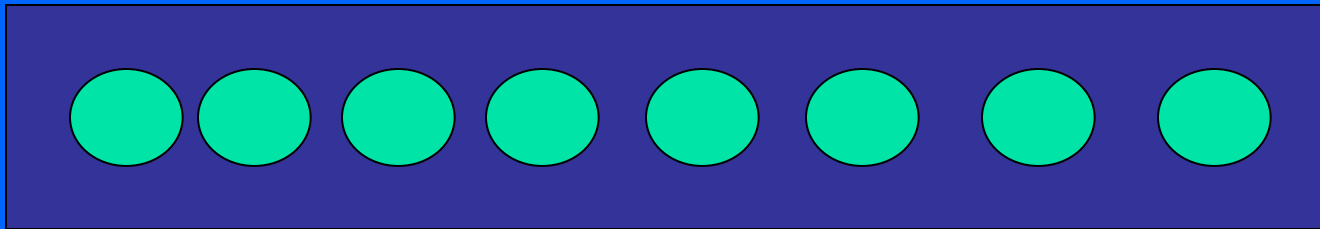
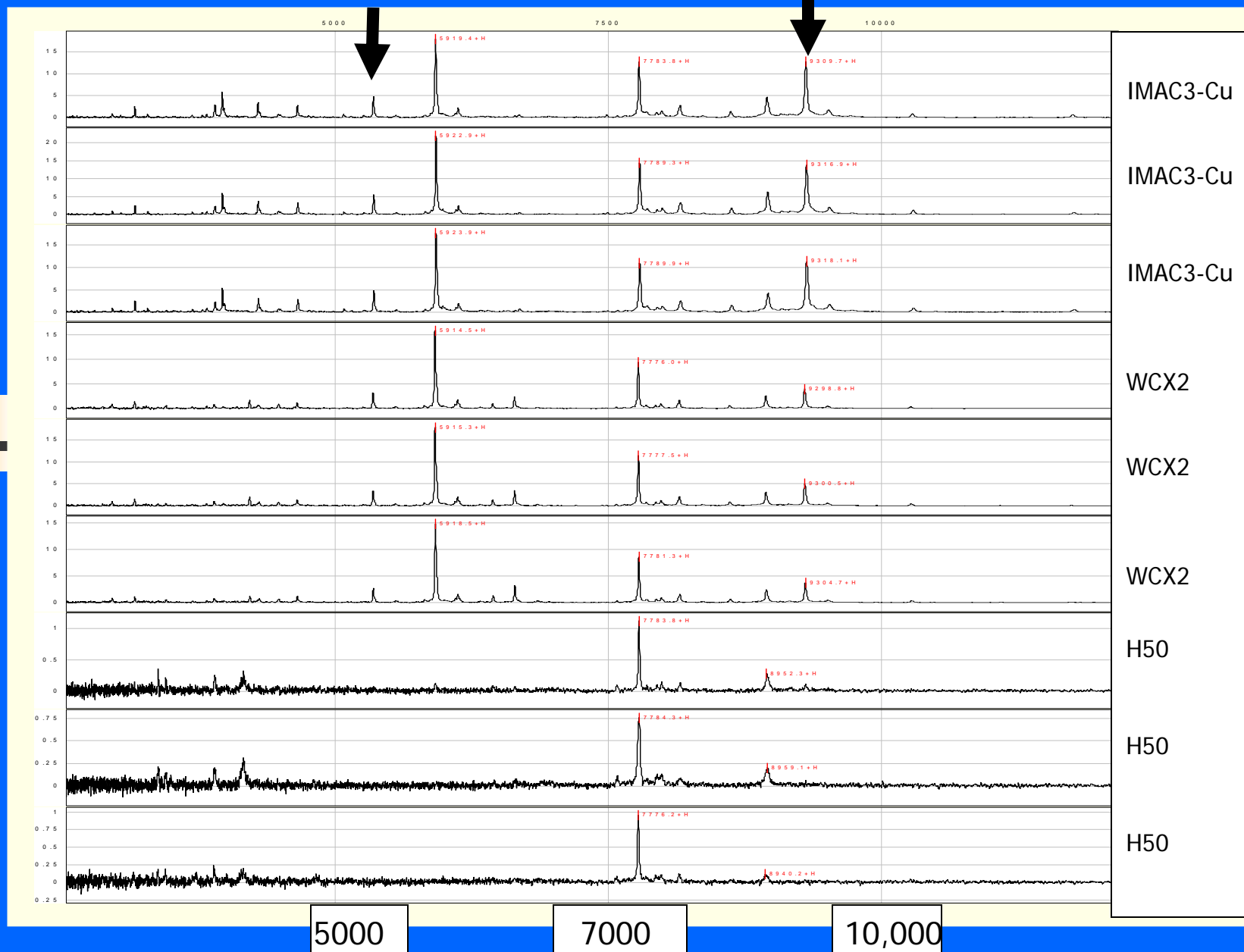


TABLE 1:

Old Designation	Current Chip	Biochemical Action of Surface Chemistry
IMAC3	IMAC30 (with hydrophobic barrier)	Bivalent metals can be attached to the chip. Proteins that bind to these divalent metals (e.g., $\text{Cu}^{+2}$ ) are bound by the chip.
WCX2	Same (CM10 mimics WCX2 but does not replace it)	This is a weak cation exchange chip. It contains negatively charged (anionic) carboxylate groups that will bind proteins with positively charged areas containing high numbers of lysine, arginine, and/or histidine amino acids.
H4	Same (C16 contains 16 $\text{CH}_3$ )	The chip contains multiple chains of 16 methylene groups. This binds molecules that are hydrophobic.
SAX2	Q10 (with hydrophobic barrier)	Strong anion exchanger which is composed of quaternary ammonium groups that are charged positively. This chip will bind proteins/peptides with regions rich in acidic groups, especially regions of peptides high in aspartic and/or glutamic amino acids.
NP1 and NP2	NP20	General protein binding surface with binding of hydrophilic proteins.
PS1 and PS2	PS10 / PS20	Chip designed to bind capture molecules of choices e.g., antibodies, receptors, and nuclei acid binding proteins PS-1 (carbonyl diimidazole groups), PS-2 (epoxy groups). Also the PS-2 has a hydrophobic coating.
SENDID		Incorporates EAM into chip.

# QC Sample Spectra at Different Biochips





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## Protein Chip

- High Concentration Proteins May Block Binding of Low Concentration Proteins: 10,000 Ci of 5500 D Protein vs. 10 Ci of 7500 D Protein both with Same Binding Characteristics



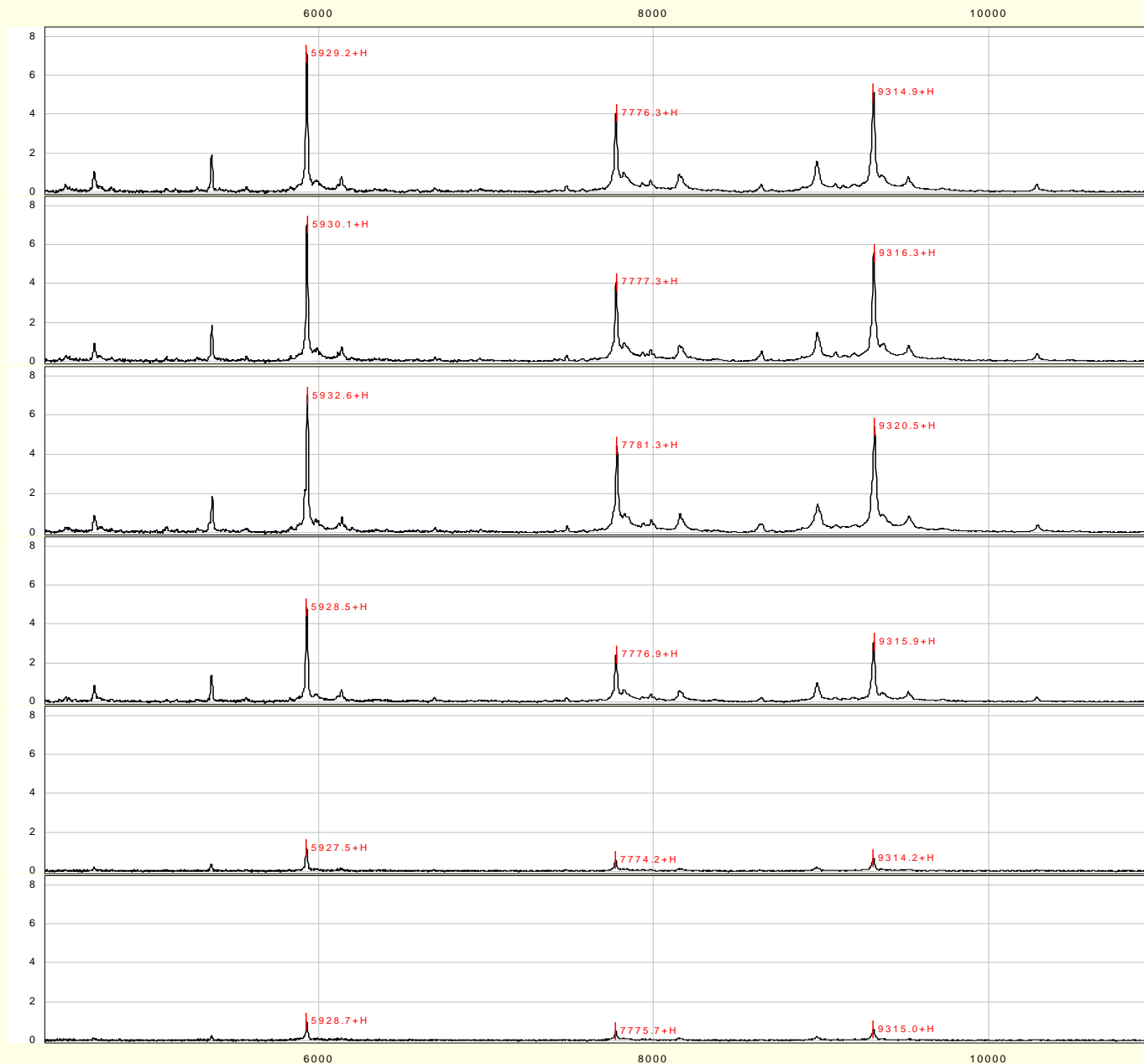
# *SELDI ANALYSIS*

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## Protein Chip

- All Proteins/Peptides Bound to Chip May Not Be Released/Ionized.

# QC Sample Spectra at Multi-times Reading



FIRST READ A

FIRST READ B

FIRST READ C

4<sup>TH</sup> READ B

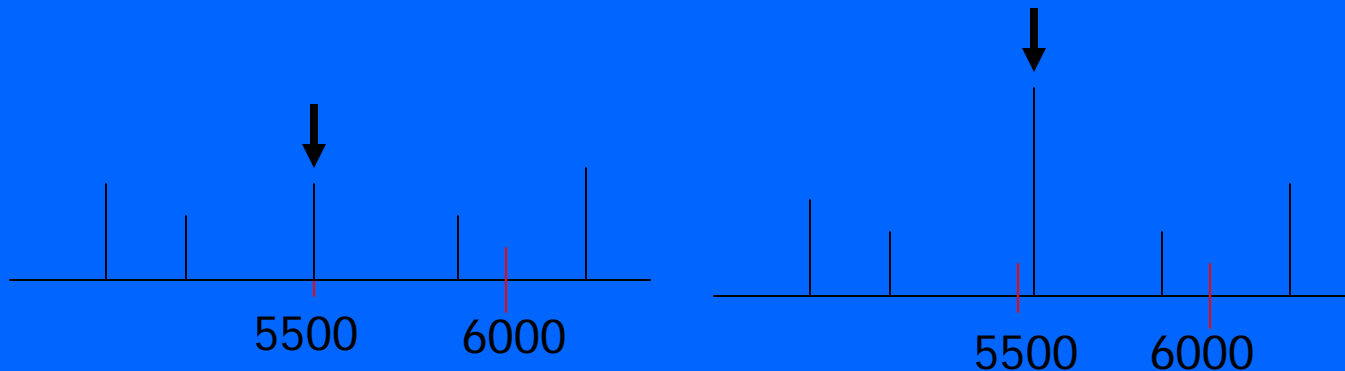
10<sup>TH</sup> READ B

14<sup>TH</sup> READ B

# *SELDI ANALYSIS*

## Spectrum

- “Directed” and “Non-Directed” Approaches to Begin Spectral Analysis
- Directed= Peak at 5500 Same As Peak at 5507 Based on Resolution +0.2%





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## Spectrum

- Primary Peaks- Disease Has Unique or Larger Peak than Non-Disease; Thus, the Disease Produces a Molecular Product.
- Secondary Peak-Disease Causes a Decrease in Molecular Species Normally Present via Change in Metabolism or Excretion and/or Shutdown in Production



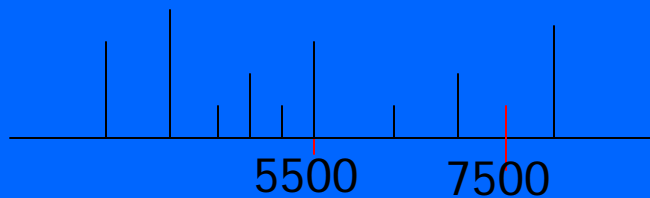


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## Spectrum

- Components of Spectra at Molecular Weights of Less Than 20,000 May Represent Metabolites of Proteins/Peptides Rather Than Intact Proteins/Peptides





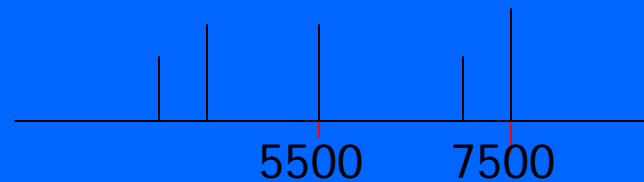
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## **Spectrum**

- Peaks May Not Provide Independent Information: For Example the Peak at 5500 D May Be A Metabolite of the Peak at 7500

**7500** → **5500**



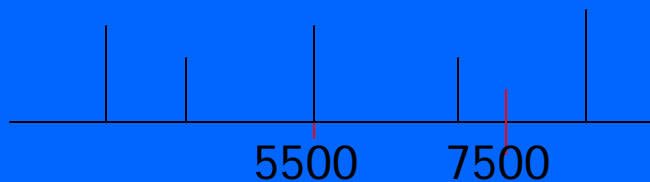


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## Spectrum

- A High Concentration Protein May Prevent Identification of Low Concentration Protein: 1200 Ci of 5500 D Protein vs. 100 Ci of 5510 D Protein Even with Different Binding Characteristics to Same Chip



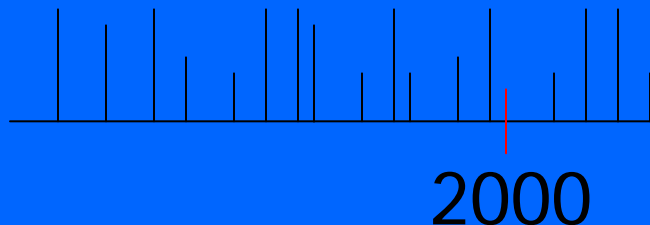


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## Spectrum

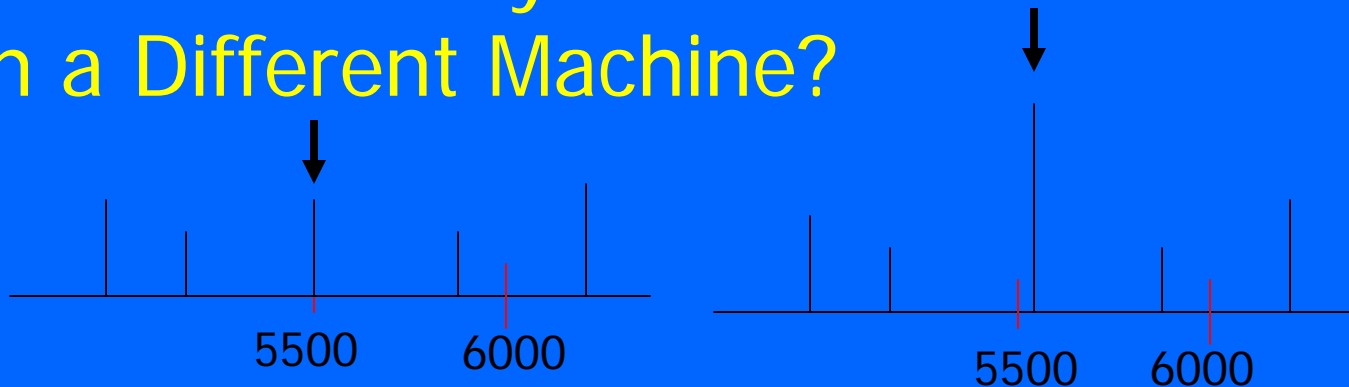
- All Areas of the Spectrum Are Not The Same
  - Molecular Weights of Less Than 2000
    - No Standards; Noise; Contamination
  - Weights of Greater Than 50,000
    - Proteins of High Concentration



# *SELDI ANALYSIS*

## Spectrum

- How Variable Is The Peak Location and/or Amplitude When the Same Sample Is Run On the Same Day on the Same Machine? On the Next Day on the Same Machine? On a Different Machine?



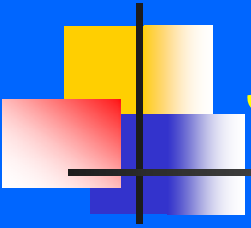


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## Spectrum

- Eastern Virginia Medical School; UAB; U of Texas San Antonio; U of Pittsburgh Medical Center; Johns Hopkins Medical Center; Uniformed Health Services
- *All Were Able To Standardize Their Machines and To Obtain Comparable Data on 14 Cancer and 14 Non-Cancer Cases*



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