# Development of a fully characterized picoPAPP-A chemiluminescence assay for male and female serum evaluation

A. Kumar<sup>1</sup>, B. Kalra<sup>1</sup>, A. S. Patel<sup>1</sup> C. Oxvig <sup>2. 1</sup>AnshLabs, Webster, TX, <sup>2</sup> University of Aarhus, Aarhus, Denmark

## **ABSTRACT**

**Relevance:** Pregnancy-associated plasma protein A (PAPP-A) is a large placenta-derived glycoprotein. During pregnancy it is produced in high concentrations by the trophoblast and released into maternal circulation. In addition to trophoblasts, PAPP-A expression has been reported in various tissues, including endometrium, testis, atherosclerotic arteries, kidney, bone, colon, and other adult and fetal tissue. PAPP-A is potentially proatherosclerotic and has been proposed as a new marker of inflammation, as high serum PAPP-A levels are observed in patients with renal impairment, asthma, lung cancer, unstable angina, etc. Studies suggest that the PAPP-A form in non-pregnant females and males is dimeric and is not complexed with proMBP and proteolyses IGFBP-4 and IGFBP-5.

**Methodology**: We have developed a well characterized two-step sandwich-type enzymatic microplate glow based chemiluminescence assay to measure PAPP-A levels in serum. The assay measures PAPP-A in 50 µL of serum sample against dimeric PAPP-A calibrators (0.1-10ng/mL). The antibody pair used in the assay measures dimeric PAPP-A and PAPP-A/proMBP complex and does not cross-react with proMBP, PAPP-A2 and MMP-9 at twice the physiological concentrations.

**Validation:** Total imprecision calculated on 3 samples over 12 runs, 4 replicates per run, using CLSI EP5-A guidelines was 3.01% at 0.979ng/mL, 1.41% at 1.45ng/mL and 2.86% at 3.02ng/mL. The limit of detection calculated using ten serum samples in the range of 0.045-4.16ng/mL over 12 runs is 0.03ng/mL. The functional sensitivity of the assay at 10% CV was 0.05ng/mL. Dilution studies showed an average recovery of 104-110%. The median PAPP-A value on random male and female samples (n=12) was 0.82ng/mL

Conclusions: A quantitative, robust and fully characterized microplate PAPP-A chemiluminescence assay has been developed to measure PAPP-A in male and female serum. The approximate median PAPP-A levels found in a random male and female serum can be measured with < 5 % CV using this assay. The performance of the assay is acceptable for investigation of clinical utility in inflammation related disorders

## INTRODUCTION

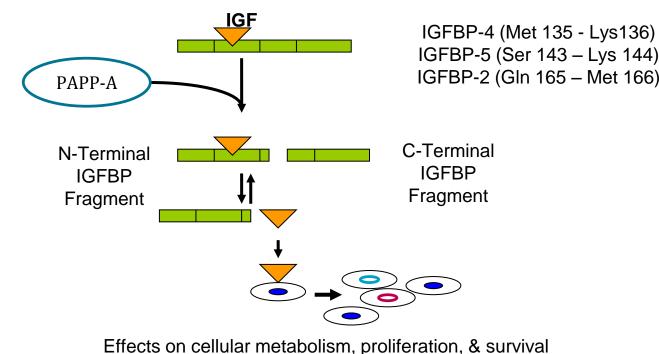
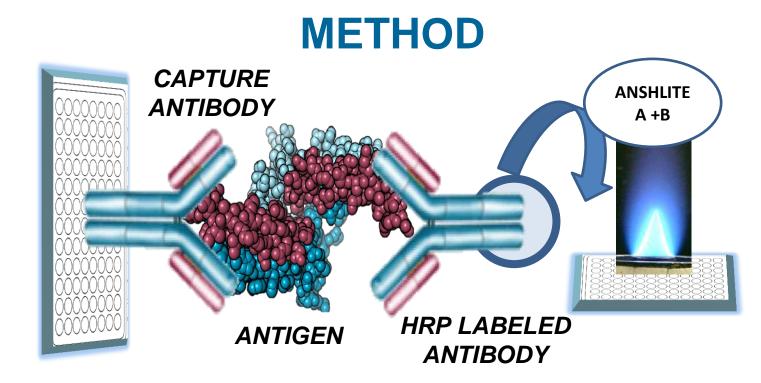




FIGURE 2. Serum PAPP-A levels in control subjects and in pa-FIGURE 1. Serum PAPP-A levels in patients with lung cancer tients with small cell carcinoma (SCC), epidermoid carcinoma and control subjects (EC), and adenocarcinoma (AC).

The American journal of Medical Science Vol. 337, No. 4, April 2009

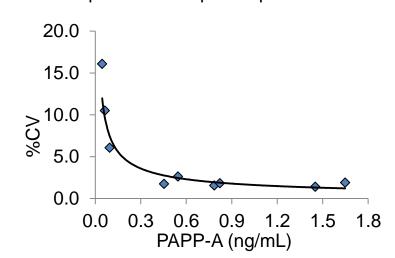


### **RESULTS**

**Analytical Specificity:** The antibody pair used in the picoPAPP-A CLIA measures equimolar concentrations of free and complexed PAPP-A to proMBP and does not detect proMBP). The picoPAPP-A calibrators are prepared using dimeric PAPP-A and calibrated to WHO (78/610) preparation. 1 ng/mL of purified rPAPP-A characterized by amino acid analysis is equal to 2.7 µIU/mL.

Limit of Detection: The lowest amount of PAPP-A in a sample that can be detected with a 95% probability (n=24) is 0.025 ng/mL. The value was determined by processing six serum samples in the range of 0.045 to 1.6 ng/mL. Four runs per day were performed over three days with all samples run in duplicate per run.

Limit of Quantitation: The estimated minimum dose achieved at 5% total imprecision is 0.1 ng/mL. The value was determined by processing ten samples in the range of 0.045 to 4.16 ng/mL with a minimum of twelve runs and three days in duplicates (n=24) following CLSI EP17 guidelines.



**Imprecision:** Reproducibility of the picoPAPP-A CLIA was determined on three serum pools. Serum pools were run in replicates of four per assay and twelve runs (n=48).

Mean (	Conc.	Within run		Between run		Total	
Sample	(ng/mL)	SD	% CV	SD	% CV	SD	% CV
Pool-1	0.979	0.026	2.64%	0.014	1.45%	0.029	3.01%
Pool-2	1.451	0.015	1.03%	0.014	0.96%	0.020	1.41%
Pool-3	3.021	0.076	2.53%	0.041	1.35%	0.087	2.86%

#### **Cross Reactivity and Interference:**

S. No	Analyte	Conc. (ug/mL)	% Difference to Control
1	PAPP-A2	0.05	ND
2	ProMBP	0.05	ND
3	MMP-9	0.05	ND
4	Hemoglobin	1350	0.22
5	Triglyceride	5000	2.93
6	Bilirubin	600	1.57
	· · · · · · · · · · · · · · · · · · ·	-	-

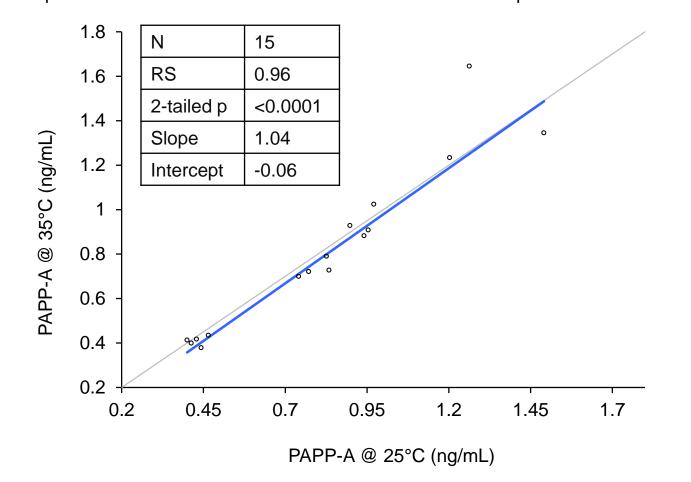
**Linearity of Dilution:** Three serum samples were diluted in calibrator A.

:	Dilution	Expected Conc.	Observed Conc.	%
Sample	<b>Factor</b>	(ng/mL)	(ng/mL)	Recovery
:	Neat	3.922	N/A	N/A
	1:2	1.961	2.079	106
1	1:4	0.981	1.077	110
	1:8	0.490	0.551	112
	1:16	0.245	0.274	112
:	Neat	3.855	N/A	N/A
	1:2	1.928	1.991	103
2	1:4	0.964	1.017	105
	1:8	0.482	0.526	109
	1:16	0.241	0.256	106
	Neat	3.568	N/A	N/A
	1:2	1.784	1.878	105
3	1:4	0.892	0.938	105
	1:8	0.446	0.491	110
	1:16	0.223	0.238	107

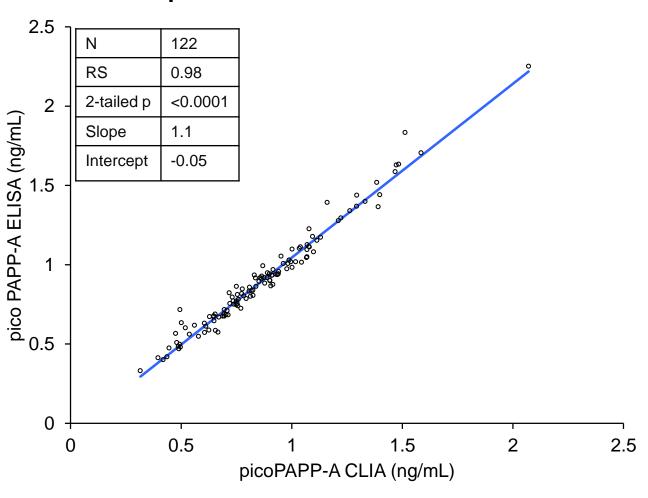
Spike Recovery: Four serum samples containing different levels of endogenous PAPP-A were spiked with different amounts of rPAPP-A antigen.

Sample	Endogenous	Expected	Observed	%
Sample	Conc. (ng/mL)	Conc. (ng/mL)	Conc. (ng/mL)	Recovery
	0.696	1.139	1.069	94
1		1.542	1.368	89
		1.910	1.689	88
	0.707	1.149	1.082	94
2		1.552	1.380	89
		1.919	1.709	89
	0.769	1.209	1.123	93
3		1.609	1.436	89
		1.973	1.763	89
	0.797	1.235	1.218	99
4		1.633	1.501	92
		1.997	1.823	91

Thermal Stability: picoPAPP-A assay sample and calibrator parallelism were studied at 25°C and 35°C incubated temperature.

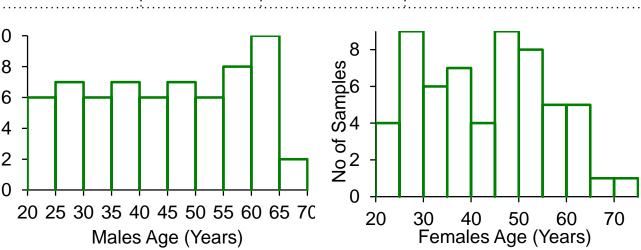


#### **Method Comparison**



#### **Reference Range**

Sample	Median Age (Years)	Median Conc. (ng/mL)	2.5–97.5 <sup>th</sup> Percentile Conc. (ng/mL)
Random Male (N=65)	45	0.94	0.61-1.98
Random Female Samples (N=59)	43	0.717	0.36-1.34



# CONCLUSIONS

- ☐ A sensitive, reliable and easy-to-run microplate picoPAPP-A assay has been developed. The approximate median PAPP-A levels found in healthy population can be measured within <5% CV using this assay
- □ The assay has shown excellent analytical performance and is suitable for research studies in patients with renal impairment, asthma, lung cancer and other disorders associated with inflammation.

# **ACKNOWLEDGEMENTS**

The authors thank Gopal Savjani for his scientific contribution and help.