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Profiling the Surfaceome of Meningioma for Immunotherapeutic Target Identification

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ABDULLAH BIN ZUBAIR¹, Muhammad Awais Khan², Fatima Hamid³, Renee M. Hirte⁴, mlabib⁵, dgandhi⁶

¹Intern Department of Neurosurgery, Mayo Hospital, Lahore, Pakistan;

²Medical Student, Khyber Medical College, Peshawar, Pakistan;

³Resident Department of General Surgery, St. Agnes Hospital, Baltimore, MD, USA;

⁴Researcher Regenerative Neurosurgery and Neuro-Oncology Lab, Mayo Clinic, Rochester, USA;

⁵Assistant Professor of Neurosurgery, University of Maryland, Baltimore, USA;

⁶Professor, Diagnostic Radiology and Nuclear Medicine, Director, Interventional Neuroradiology, University of Maryland, USA

ABDULLAH BIN ZUBAIR: Corresponding author;

mlabib: Principal Investigator; dgandhi: Co-Principal Investigator;



ABDULLAH BIN ZUBAIR

MAYO HOSPITAL LAHORE

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Disclaimer

Our research project is currently in the application phase, awaiting the acquisition of necessary data to commence a pilot study. Despite the limited availability of initial data, our investigation holds significant promise to redefine the paradigm of cancer biology. Specifically, our hypothesis posits that the molecular characteristics of cancers are intricately linked to the unique genetic makeup of individuals. By scrutinizing the DNA profiles of cancer patients, we aim to unveil correlations between genetic variations and cancer phenotypes. This pioneering approach not only has the potential to elucidate novel biomarkers for early detection and personalized treatment strategies but also to fundamentally alter our understanding of cancer etiology and progression.

The protocol described in this publication is experimental and investigational. It involves innovative methodologies that require further rigorous scientific evaluation to establish their effectiveness and safety. Researchers and healthcare professionals should exercise caution in considering the application of this protocol outside of controlled research settings. Potential risks and benefits associated with its experimental nature should be carefully weighed, and regulatory approvals sought prior to any clinical implementation. Continued research efforts are essential to validate and refine this protocol for potential future clinical use.

Abstract

This protocol aims to profile the surfaceome of meningioma tumors and matched healthy tissue to identify differentially expressed tumor cell-surface proteins and tumor-specific antigens. By using N-Glycocapture Mass Spectrometry, we will enrich and analyze the cell surface glycoproteins, allowing for the identification of potential immunotherapeutic targets. The protocol includes sample collection, tissue processing, N-Glycocapture enrichment, Mass Spectrometry analysis, and data interpretation. We anticipate that this protocol will provide valuable insights into the surfaceome of meningioma cells, enhancing our understanding of tumor biology and facilitating the development of precise, targeted immunotherapies.



Subject Terms:

1 Meningioma, Immunotherapy, Surfaceome profiling, Target identification

Keywords:

2 Meningioma, Immunotherapy, Surfaceome, Proteomics, Mass Spectrometry

Introduction

Meningioma is the most common primary brain tumor in adults, characterized by significant treatment challenges and variable recurrence rates. Immunotherapy has demonstrated promise in other cancer types, but the lack of specific cell surface targets unique to meningioma hampers its application in this context. This protocol aims to overcome this challenge by profiling the surfaceome of meningioma cells, identifying differentially expressed tumor-specific antigens, and validating their functional significance as potential immunotherapeutic targets.

Reagents and Equipment:

- N-Glycocapture Kit (Manufacturer: Glycopath. Inc , Catalog Number: Basic N-Glycan Imaging Kit)
 - Mass Spectrometer (Manufacturer: Bruker, Model: TimsTOF Pro 1, Mass Analyzer: IonMob.-Q-Time-Of-Flight (IM-Qq-TOF), m/z Range: 50-40'000, LC-Detector: MS only, Chromatographic Separation: e.g. nano C18, Sample types: Proteomics, Peptides, Proteins, Digest (Sequence identification), Operation Modes: MS, MS/MS (CID, PASEF).

Guidelines and Warnings

This protocol needs prior approval by the users' institutional review board (IRB) or equivalent ethics committee(s). Before proceeding with this protocol, ensure that you have obtained the necessary ethical approval. By seeking ethical approval, you demonstrate your commitment to conducting research responsibly and ensuring the protection of participants' rights and well-being. This protocol is still pending process.

Procedure

6 Tissue collection and processing

- 6.1 Obtain meningioma tumor tissue and matched healthy tissue during surgical resection.
- 6.2 Immediately transfer the collected tissue samples to a sterile container filled with ice-cold phosphate-buffered saline (PBS) to maintain tissue integrity.
- 6.3 Label each container with the patient's unique identifier and the type of tissue (tumor or healthy) using a waterproof marker.
- 6.4 Transport the tissue samples to the laboratory on ice within 30 minutes of collection.
- 7 Tissue preparation and homogenization:
- 7.1 In a sterile laminar flow hood, transfer each tissue sample to a pre-chilled petri dish.
- 7.2 Using a sterile scalpel, remove any visible connective tissue or blood vessels from the tissue samples.
- 7.3 Cut the tissue into small pieces (~1-2 mm) using sterile scissors and forceps.
- 7.4 Transfer the tissue pieces to pre-labeled microcentrifuge tubes containing ice-cold lysis buffer provided in the N-Glycocapture Kit.
- 7.5 Ensure that the tissue-to-lysis buffer ratio is appropriate (recommended ratio: 1:10) and adjust as necessary.
- 7.6 Homogenize the tissue samples using a tissue homogenizer or a motorized pestle until a homogeneous suspension is achieved.
- 7.7 Centrifuge the homogenized samples at 10,000 x g for 10 minutes at 4°C to pellet cellular debris and collect the supernatant containing the solubilized proteins.
- 8 N-Glycocapture enrichment



- 8.1 Add the appropriate volume of N-Glycocapture beads to the collected supernatant based on the manufacturer's instructions.
- 8.2 Incubate the sample-bead mixture on a rotator or shaker at 4°C for 2 hours to allow for the specific binding of glycoproteins to the beads.
- 8.3 Place the sample-bead mixture on a magnet or use a magnetic separator to separate the beads from the supernatant.
- 8.4 Carefully remove the supernatant without disturbing the beads and discard it.
- 8.5 Wash the beads three times with ice-cold wash buffer provided in the N-Glycocapture Kit, following the manufacturer's instructions.
- 8.6 After the final wash, resuspend the beads in the elution buffer provided in the N-Glycocapture Kit to release the captured glycoproteins.
- 8.7 Incubate the resuspended beads on a rotator or shaker at room temperature for 10 minutes to elute the glycoproteins.
- 8.8 Separate the beads from the eluted glycoproteins using a magnet or magnetic separator and collect the glycoprotein-containing supernatant.
- 9 Mass Spectrometry analysis
- 9.1 Transfer the collected glycoprotein-containing supernatant to a fresh microcentrifuge tube.
- 9.2 Prepare the sample for Mass Spectrometry analysis following the instrument manufacturer's guidelines, including protein digestion and peptide purification steps.
- 9.3 Load the purified peptides onto a Mass Spectrometer for data acquisition.
- 9.4 Analyze the acquired data using appropriate software to identify and quantify differentially expressed tumor cell-surface proteins and tumor-specific antigens.



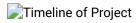
Troubleshooting

10

STEP	PROBLEM	POSSIBLE REASO N	SOLUTION
6.1	Insufficient tissue samples.	Inadequate sampl es obtained during surgery.	Ensure proper co mmunication betw een surgical team and research staf f.
6.2	Samples can't be snap frozen straig ht away.	Inadequate area f or freezing sample s.	Cryofreeze/ Use d ry Ice to transport samples to Lab.
6.3	Samples being mi slabeled.	Human Error	Double confirmati on with the surgic al team before sur gery regarding MR N of patient and la bel container befo re going to collect the samples.
9.1	No Results.	Expired Reagents and Kit.	Inventory overview by lab manger eve ry 3 weeks.
9.4	Variable Results fr om the same patie nt.	Human Error, Syst ematic Error in Ste ps 6, 7, 8, and 9.	Create a back up s torage of tissue sa mples from each patient in biobank.

Time Taken

11



Timeline of Project

Anticipated Results

We anticipate identifying differentially expressed tumor cell-surface proteins and tumor-12 specific antigens in meningioma samples compared to healthy tissue. These findings will



provide valuable insights into potential immunotherapeutic targets for precise, targeted treatments.

References

- 13 1. WHO Classification of Tumors Editorial Board. Central nervous System tumors. Lyon (France): International Agency for Research on Cancer; 2021. (WHO Classification of tumors series, 5th ed.; vol. 6).
 - 2. Chen WC, Choudhury A, Youngblood MW, Polley MYC, Lucas CHG, Kanish Mirchia, et al. Targeted gene expression profiling predicts meningioma outcomes and radiotherapy responses. Nature medicine [Internet]. 2023 Nov 9 [cited 2024 May 27];29(12):3067–76. Available from: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11073469/] (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11073469/)
 - 3. Alessia Pellerino, Bruno F, Palmiero R, Edoardo Pronello, Bertero L, Riccardo Soffietti, et al. Clinical Significance of Molecular Alterations and Systemic Therapy for Meningiomas: Where Do We Stand? Cancers [Internet]. 2022 Apr 30;14(9):2256–6. Available from: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9100910/] (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9100910/)
 - 4. Bakhshinyan D, Suk Y, Kuhlmann L, Adile AA, Vladimir Ignatchenko, Custers S, et al. Dynamic profiling of medulloblastoma surfaceome. Acta neuropathologica communications. 2023 Jul 10;11(1).
 - 5. Ferguson ID, Patiño-Escobar B, Tuomivaara ST, Lin YHT, Nix MA, Leung KK, et al. The surfaceome of multiple myeloma cells suggests potential immunotherapeutic strategies and protein markers of drug resistance. Nature Communications [Internet]. 2022 Jul 15 [cited 2023 Jul 9];13(1):4121. Available from: [https://www.nature.com/articles/s41467-022-31810-6] (https://www.nature.com/articles/s41467-022-31810-6)
 - 6. Yeung J, Yaghoobi V, Miyagishima D, Vesely MD, Zhang T, Badri T, et al. Targeting the CSF1/CSF1R axis is a potential treatment strategy for malignant meningiomas. Neuro-Oncology [Internet]. 2021 Apr 29 [cited 2022 Oct 27];23(11):1922–35. Available from: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8563319/] (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8563319/)
 - 7. Terabe M, Wu J. Rethinking Immunotherapy in Meningiomas. Neuro-Oncology. Volume 23, Issue 11, November 2021, Pages 1812–1813. [https://doi.org/10.1093/neuonc/noab168] (https://doi.org/10.1093/neuonc/noab168)
 - 8. Medici G, Freudenmann LK, Velz J, Sophie Shih-Yüng Wang, Konstantina Kapolou, Nagarajan Paramasivam, et al. A T-cell antigen atlas for meningioma: novel options for immunotherapy.



Acta neuropathologica. 2023 June 27;146(2):173-90.

- 9. Pan S, Chen R, Aebersold R, Brentnall TA. Mass Spectrometry Based Glycoproteomics—From a Proteomics Perspective. Molecular & Cellular Proteomics. 2010 Aug 24;10(1):R110.003251.
- 10. Apweiler R, Hermjakob H, Sharon N. On the frequency of protein glycosylation, as deduced from analysis of the SWISS-PROT database. Biochimica et Biophysica Acta (BBA) General Subjects [Internet]. 1999 Dec 17;1473(1):4–8. Available from: [https://www.sciencedirect.com/science/article/abs/pii/S0304416599001658?via%3Dihub] (https://www.sciencedirect.com/science/article/abs/pii/S0304416599001658?via%3Dihub)
- 11. Justin Z Wang, Alexander P Landry, David R Raleigh, Felix Sahm, Kyle M Walsh, Roland Goldbrunner, Leeor S Yefet, Jörg C Tonn, Chloe Gui, Quinn T Ostrom, Jill Barnholtz-Sloan, Arie Perry, Yosef Ellenbogen, C Oliver Hanemann, Gerhard Jungwirth, Michael D Jenkinson, Ghazaleh Tabatabai, Tiit I Mathiesen, Michael W McDermott, Marcos Tatagiba, Christian Ia Fougère, Sybren L N Maas, Norbert Galldiks, Nathalie L Albert, Priscilla K Brastianos, Felix Ehret, Giuseppe Minniti, Katrin Lamszus, Franz L Ricklefs, Jens Schittenhelm, Katharine J Drummond, Ian F Dunn, Omar N Pathmanaban, Aaron Cohen-Gadol, Erik P Sulman, Emeline Tabouret, Emelie Le Rhun, Christian Mawrin, Jennifer Moliterno, Michael Weller, Wenya (Linda) Bi, Andrew Gao, Stephen Yip, Maximilian Niyazi, The International Consortium on Meningiomas (ICOM), Kenneth Aldape, Patrick Y Wen, Susan Short, Matthias Preusser, Farshad Nassiri, Gelareh Zadeh, Meningioma: International Consortium on Meningiomas (ICOM) consensus review on scientific advances & treatment paradigms for clinicians, researchers, and patients, Neuro-Oncology, 2024;, noae082. [https://doi.org/10.1093/neuonc/noae082] (https://doi.org/10.1093/neuonc/noae082)

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ETH ZURICH the MS service at LOC is open to all research groups within ETH Zurich, provided the Individual, customer-specific development of fully automated processing scripts for large series of experiments (screenings), and provided knowledge and expertise to our customers as integral consulting around analytical questions with focus on mass spectrometry.