Generate the peptide-specific AQP4 monoclonal antibody to compete with human NMOSD NMO-lgG in vitro

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Abstract

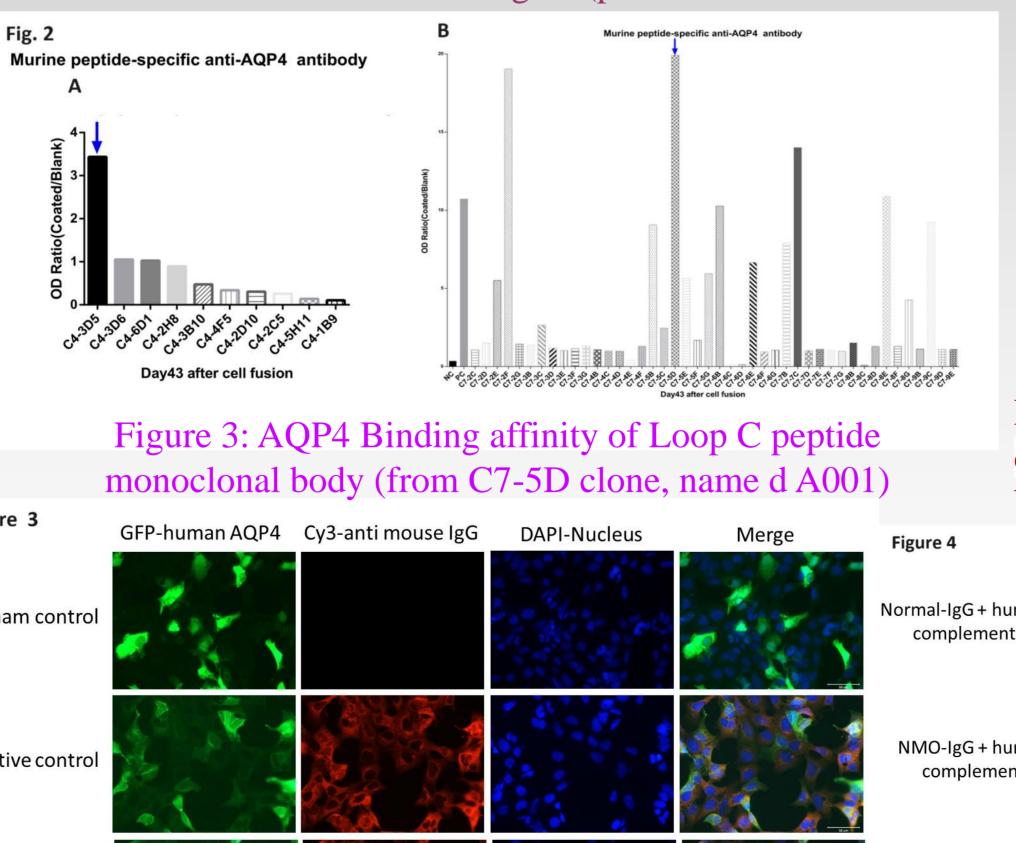
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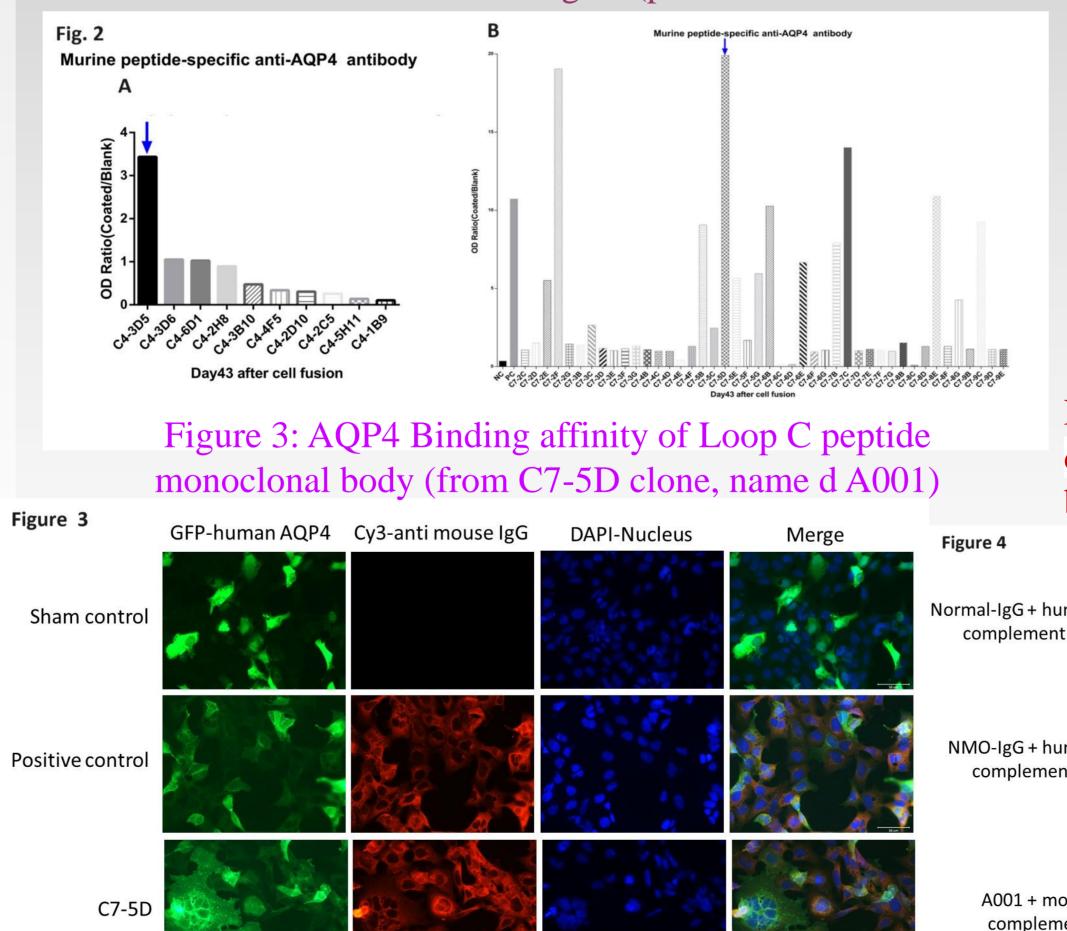
Neuromyelitis Optica Spectrum Disorder (NMOSD) is one of the CNS autoimmune disorders characterized by optic neuritis and acute myelitis. The NMO-IgG has been proven as a pathologic autoantibody to target a subtype of the water channel protein, known as aquaporin-4 (AQP4). Herein, we successfully produced an extracellular Loop C peptide-specific AQP4 monoclonal antibody named A001. We confirm the binding affinity of A001 with AQP4 protein. Furthermore, we approved that A001 preserves competitive competence to NMO-IgG and can ameliorate complement-derived cytotoxicity and protect intact AQP4 protein from NMO-IgG attack in vitro. We believe our results provide the therapeutic potential of A001 in the human NMOSD in the future.

Introduction

Neuromyelitis Optica (NMO) is a CNS autoimmune disorder with acute inflammatory disease in CNS, principally affecting the spinal cord and optic nerves. An IgG autoantibody (called NMO-IgG, also named AQP4-IgG) is identified as a specific marker for NMO. NMO spectrum disorders (NMOSD) are stratified further by serologic testing (seropositive NMOSD with AQP4-IgG or seronegative NMOSD without AQP4-IgG) and contain typical NMO. NMO-IgG initiates two potentially competing consequences, AQP4 endocytosis/degradation and complement activation. Meanwhile, binding of NMO-IgG to AQP4 triggers ADCC on astrocytes, which causes eosinophil binding and degranulation producing complement-independent and -dependent astrocyte damage. Loop C is the largest epitope peptide of AQP4, Loop C peptide contributes to NMO rAb binding to AQP4 and abolishes binding of NMO Patient Sera. Accordingly, we assume while generating competitive loop C peptide specific monoclonal antibodies may block NMO-IgG or impede the functions of NMO-IgG.

Results





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Materials & Methods

Experimental Animals: C57BL/6J female mice aged 6-8 weeks, used to induce immune responses. *Intrasplenic immunization* the mouse myeloma cell line (NS-1) was fused with spleen lymphocytes from Loop C peptide immunized mice based on the protocol.

Immunized Spleen Lymphocyte Isolation and Cell Fusion and Selection of Hybridoma Clone:: On the 4th and 7th days post-immunization, the mice were sacrificed, and splenic lymphocytes were collected. Subsequently, NS-1 myeloma cells and the lymphocytes were mixed in a 1:1 ratio of cell numbers.

Specificity and affinity assay of antibody: cDNA of mouse AQP4 M23 extracted from mouse brain. HEK293 cell lines were transfected with pFUW-eGFP or pFUW-eGFP-mAQP4 or antibodies purified from B cell line supernatant. Antibody and complement preparation and Competitive assay: To compare the affinity of anti-mouse AQP4

antibodies to NMO-IgG acting on human AQP4 in both dead and live cell states.

Complement-mediated cytotoxicity assay: after HEK293 cells were transfected with eGFP-hAQP4 plasmid for 24 hours at 37°C with 5% CO2, the cells were incubated with normal IgG, NMO-IgG, A001, or both with NMO-IgG and A001 combine with 10% human or mouse complement.

Figure 1: Loop C peptide: the largest epitope of mouse AQP4 as the candidate for immunogen. (photo Created in BioRender.com)

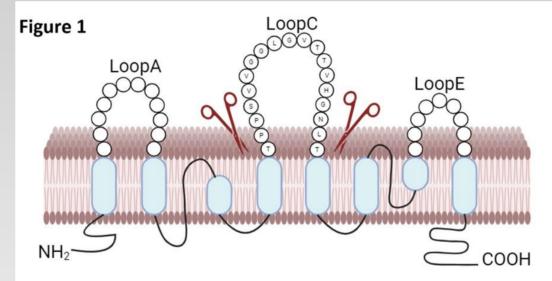
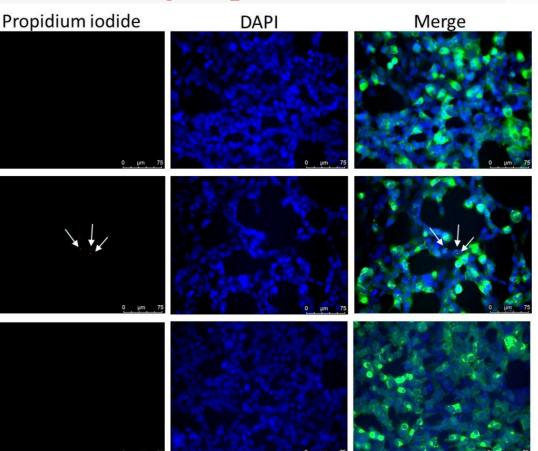


Figure 2: Selected hybridoma cell lines with high efficiency to produce Loop C peptidespecific monoclonal antibodies in either day-4 (C4-3D5) or day-7 immunization (C7-5D) Figure 4: The effect of Complement-dependent cytotoxicity (CDC) noted in the NMO-IgG group but not found in the A001 group

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Discussion and Conclusion

- 1. Most cases of NMO-IgG (AQP4-IgG) seropositive NMOSD have relapsing courses. Rituximab, eculizumab, inebilizumab, and satralizumab all have class 1 evidence for use in AQP4-IgG seropositive NMOSD approved by the US FDA, but long-term adverse effects should be a concern.
- 2. Strikingly, we generate Loop C peptide-specific monoclonal antibody named A001 that successfully bind with AQP4 and protects cells from CDC attack in vitro.
- 3. The limitation of the study is no in vivo data, that is future work.

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