

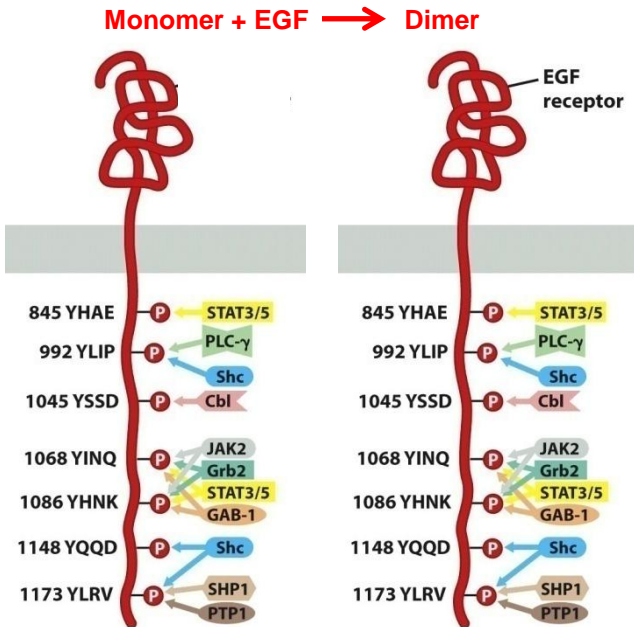
# **Deglycosylation and Antibody Screening to Identify Receptor Tyrosine Kinases by 2DE**

*Jon Johansen<sup>1</sup>, Matt Hoelter<sup>1</sup>, Mary Ann  
Gawinowicz<sup>2</sup> & Nancy Kendrick<sup>1\*</sup>*

<sup>1</sup>Kendrick Labs Inc, Madison, WI, [www.kendricklabs.com](http://www.kendricklabs.com)

<sup>2</sup>Columbia University Protein Core Facility, New York, NY

# Receptor tyrosine kinases are known cancer drivers



Robert Weinberg, BOC, 2007

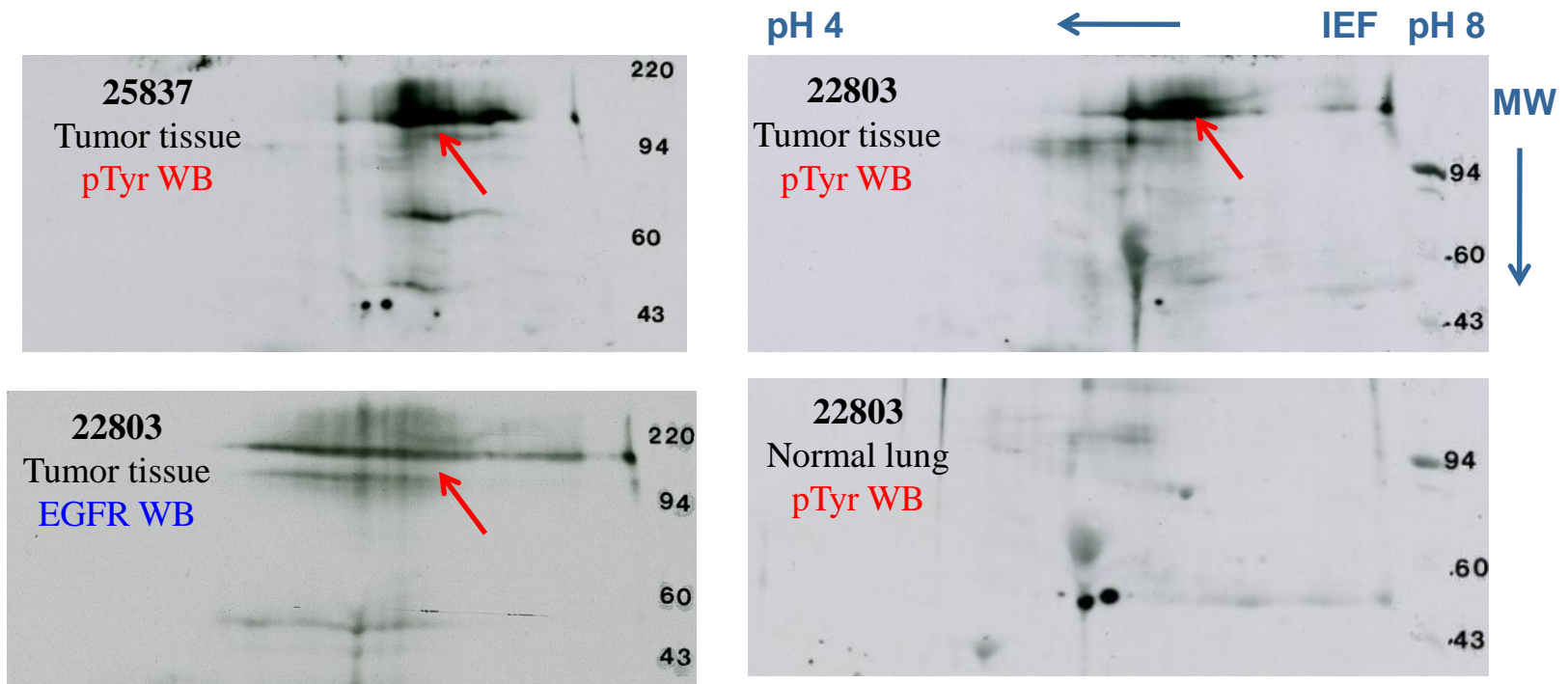
## Mechanism of Action

**RTK** monomers float in the cell membrane until ligand binding triggers dimerization and tyrosine phosphorylation of cytoplasmic chains.

The **phosphotyrosines (pTyr)** become binding sites for cytoplasmic proteins that in turn interact. Cascades of reactions are initiated that **drive cell division**.

## Active (phosphorylated) RTKs are rare and important

Previously: High MW pTyr proteins were observed in 2/6 lung cancer tumors using carrier ampholine 2D gel Western blotting.



**Western Blot (WB) method:** 2D gel proteins were transferred to PVDF membrane and incubated overnight with anti-pTyr antibody. The pattern revealed with ECL reagent and exposure to x-ray film .

**Results:** The pTyr-proteins in the tumor samples migrate to roughly the same area as Epidermal Growth Factor Receptor (EGFR), a Receptor Tyrosine Kinase **known to be a powerful lung cancer driver.**

Several *EGFR Inhibitors* have been approved for lung cancer treatment by the FDA. Better tests are needed to match patient to inhibitor (1-3).

Our results suggest proteomic tests for activated (phosphorylated) Receptor Tyrosine Kinases (RTK) would be useful. But we have to be sure about the protein's identity.

**First two tries at identification by LC/MS/MS didn't work.**

#### References

1. Cappuzzo et. al. Epidermal growth factor receptor gene and protein and gefitinib sensitivity in non-small-cell lung cancer. *J Natl Cancer Inst*, 2005. 97: 643-55.
2. Eberhard, D.A., G. Giaccone, and B.E. Johnson, Biomarkers of response to epidermal growth factor receptor inhibitors in Non-Small-Cell Lung Cancer Working Group: standardization for use in the clinical trial setting. *J Clin Oncol*, 2008. 26(6): p. 983-94.
3. Lee, S.M., I. Khan, S. Upadhyay, C. Lewanski, S. Falk, G. Skailes, E. Marshall, P.J. Woll, M. Hatton, R. Lal, R. Jones, E. Toy, D. Chao, G. Middleton, S. Bulley, Y. Ngai, R. Rudd, A. Hackshaw, and C. Boshoff, First-line erlotinib in patients with advanced non-small-cell lung cancer unsuitable for chemotherapy (TOPICAL): a double-blind, placebo-controlled, phase 3 trial. *Lancet Oncol*, 2012.

The EGF Receptor is known to be heavily *N*-glycosylated (1-2).

Deglycosylation might be an easy way to free up peptides for identification by LC/MS/MS

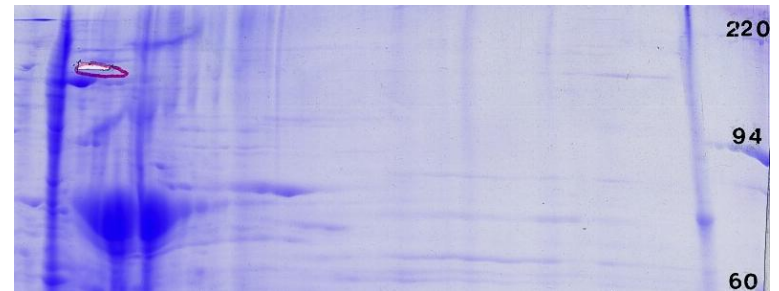
PNGase F cleaves *N*-glycans

#### References

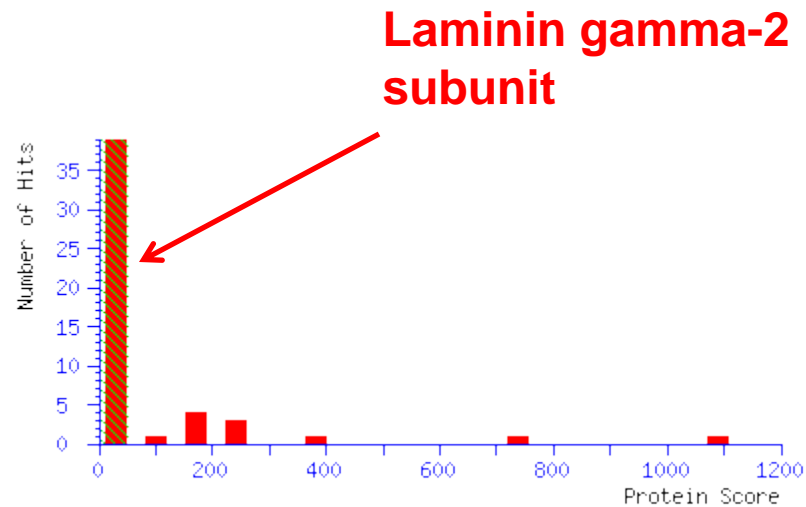
1. Soderquist, A.M. and G. Carpenter, Glycosylation of the epidermal growth factor receptor in A-431 cells. The contribution of carbohydrate to receptor function. The Journal of biological chemistry, 1984. 259(20): p. 12586-94.
2. Zhen, Y., R.M. Caprioli, and J.V. Staros, Characterization of glycosylation sites of the epidermal growth factor receptor. Biochemistry, 2003. 42(18): p. 5478-92.

# Deglycosylation with PNGase F

- I. A 500 µg aliquot of lung cancer homogenate 22803 was treated with PNGase F from Q-Bio according to their directions.
- II. 2DE with pTyr WB showed the putative RTK protein shifted from basic to acid position consistent with conversion of N-blocked asparagines to aspartic acids. The protein also shifted from high to lower MW, consistent with loss of glycan chains.
- III. The ECL film pattern was matched to that of the stained blot image, and from there to a duplicate 2D gel stained with Coomassie blue. A small area was cut for identification by LC/MS/MS, then a second cut.



# MS results provided by Columbia University protein core

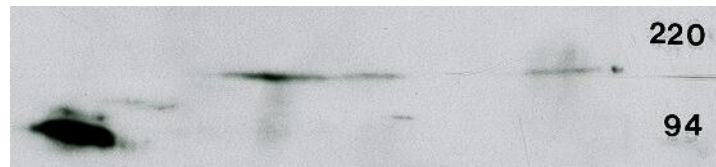


**Laminins are major proteins in the basement membrane underlying epithelial cells. Sometimes they are phosphorylated.**

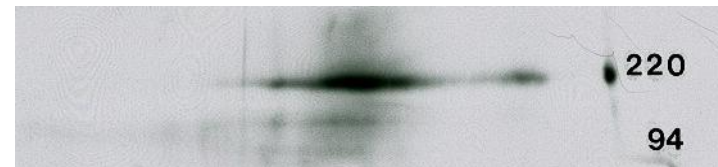
(Trachana, V. et al. *Int J Biochem Cell Biol.*, 2005. 37: 478-92).

## 2D WB Overlay Image

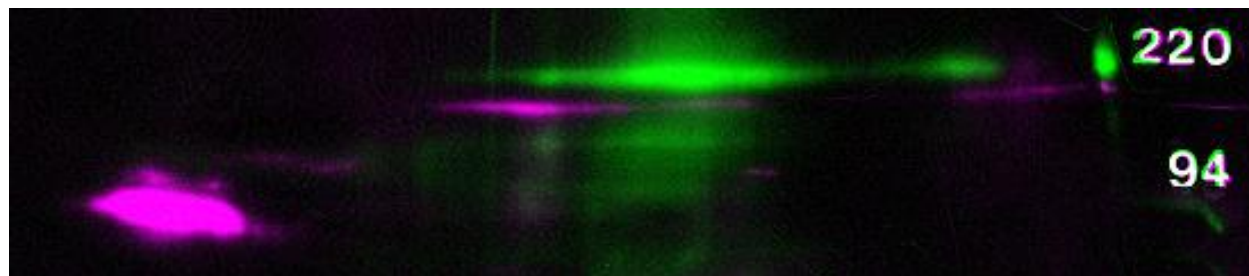
Method: An antibody against Laminin  $\gamma$ -2 was purchased. Laminin and pTyr 2D Western blots were obtained for lung cancer tumor 22803. The images were aligned with Progenesis SameSpots Software and an Overlay Image created.



Laminin  $\gamma$ -2 WB



pTyr WB



Overlay Image: The pTyr WB proteins are green; laminin WB proteins are magenta. **The patterns clearly don't match. The putative RTK is not Laminin.**



# Glycosylation is thought to dramatically change the MW of EGFR

- We saw only a small change. Maybe our deglycosylation didn't fully work.
- Tried deglycosylating using 5 enzymes from the Prozyme kit (PNGase F, O-glycanase, galactosidase, glucosaminidase, and sialidase).
- This time the deglycosylation didn't work well. Probably too much SDS.

## References

1. <http://www.phosphosite.org>
2. Soderquist, A.M. and G. Carpenter, Glycosylation of the epidermal growth factor receptor in A-431 cells. The contribution of carbohydrate to receptor function. The Journal of biological chemistry, 1984. 259(20): p. 12586-94.

# Deglycosylation didn't work, what to do next?

*We decided to try 1D and 2D WB screening using anti-RTK antibodies with overlay images.*

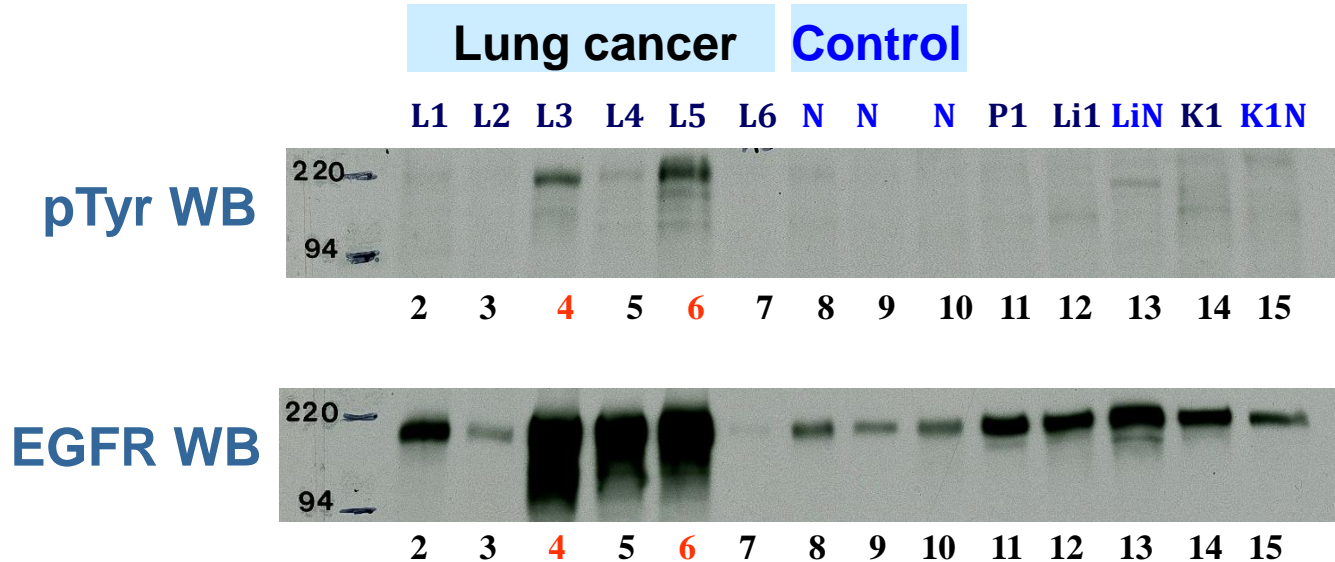
Questions:

- ❖ Are the pTyr-proteins in the two lung cancers the same or different?
- ❖ Is one or both EGFR, or something else?

# 1D Gel loading:

Lane	1D Gel Loading	
1	MW Markers	
2	21417	Lung cancer
3	23313	Lung cancer
4	22803	Lung cancer
5	24816	Lung cancer
6	25837	Lung cancer
7	28883	Lung cancer
8	22803N	Normal lung
9	AGR00193	Normal lung - Tub
10	1514N	Normal lung- Asth
11	26870	Pancreatic cancer
12	26801	Liver cancer
13	26801N	Normal liver
14	26852	Kidney cancer
15	26852N	Normal kidney

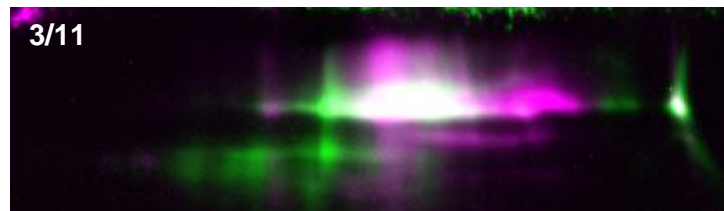
# 1D WB Results



Abbreviations: L = lung cancer, N = Normal lung, P = pancreatic cancer, Li = Liver cancer, LiN = normal liver, K = kidney cancer, K1N = normal kidney. All are from human tumors purchased from a tissue bank prepared by homogenization and heating in SDS buffer.

The EGFR signal is strong in the lanes with the pTyr signal, but it's fairly strong in other lanes too.

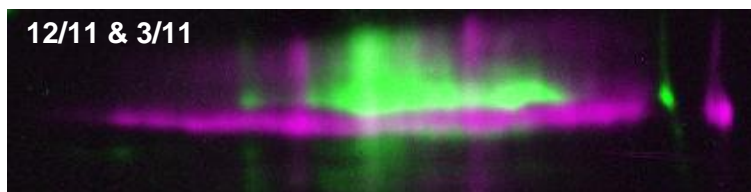
# 2D WB film overlays show whether lung tumor pTyr proteins co-migrate



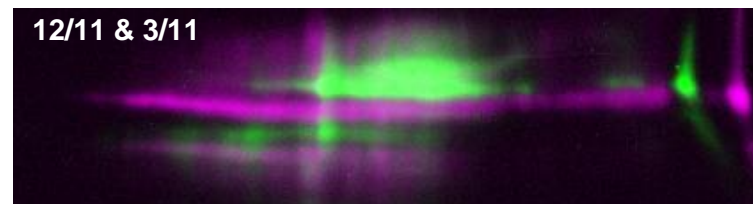
**pTyr WBs: Tumor 25837 (magenta) over 22803 (green). White indicates a match.**  
**Both run dates, 3/11 and 10/12, show matches.**



**EGFR WBs: 25837 (magenta) over 22803 (green). The patterns match.**

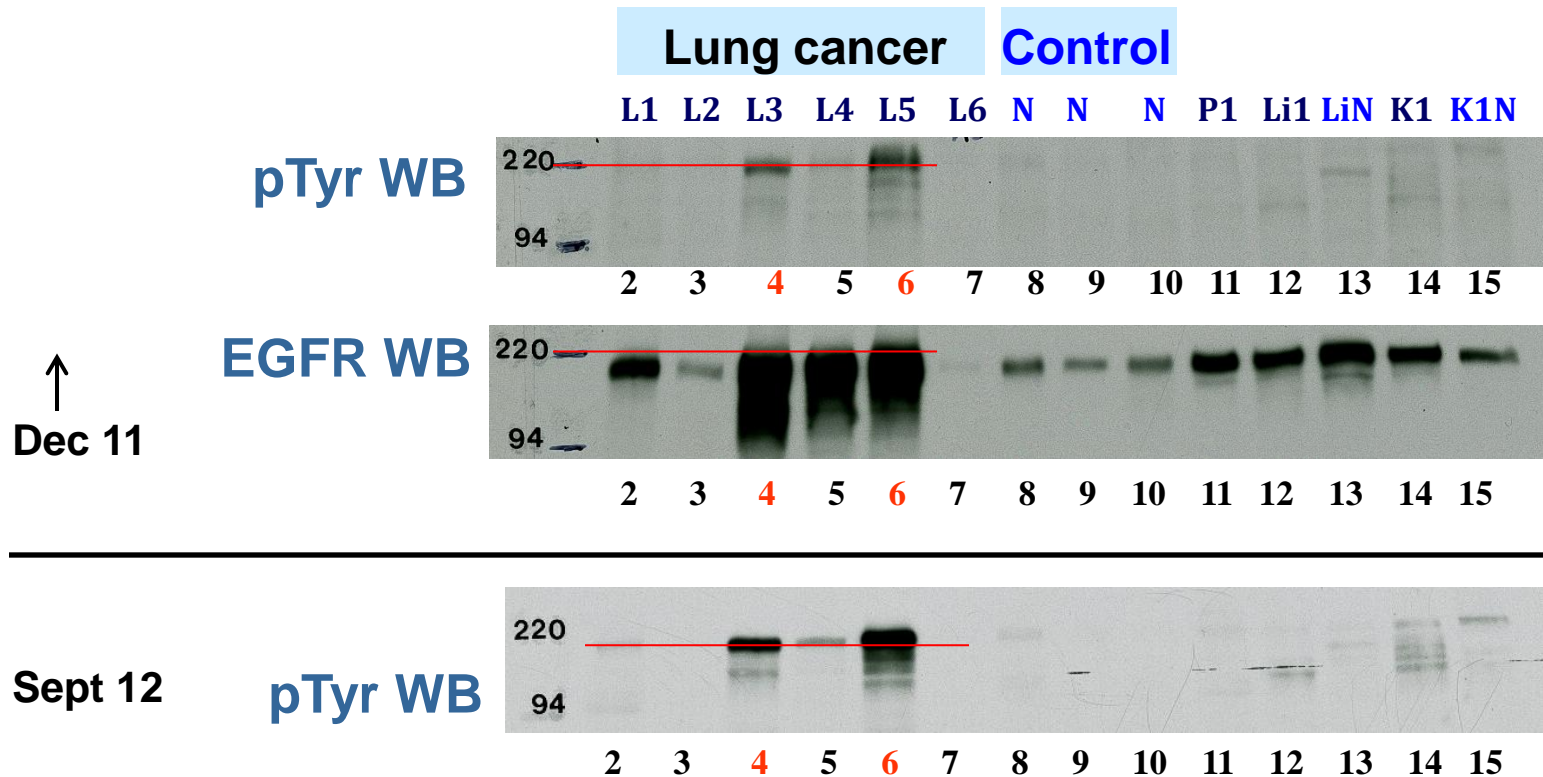


**EGFR WB of 22803 (magenta) over pTyr WB of 22803 (green). Not a match.**



**EGFR WB of 25837 (magenta) over pTyr WB of 25837 (green). Not a match.**

# 1D WB Results reconsidered



Carefully measured 1D results confirm the 2D overlays; the pTyr signal runs on or above the 220 kDa marker while the EGFR signal runs below it. They are different.

# Other RTK candidates (of about the right MW and implicated in lung cancer)

- ~~cMET~~ (Hepatocyte Growth Factor Receptor)
- ~~Alk~~ (Anaplastic lymphoma kinase)
- **Other EGFR isomers: HER2, HER3, HER4**
- **PDGFR** (Platelet Derived Growth Factor Receptor)
  - **PDGFR-alpha & -beta**
- **VEGFR** (Vascular Endothelial Growth Factor Receptor)
  - **VEGFR-1, VEGFR-2, VEGFR-3**

**Crossed out RTKs do not co-migrate.**

## Conclusions:

- We are able to identify RTKs in lung cancer using 2D WB image overlays
- The putative RTKs in the two tumor samples are the same protein but are not EGFR (or at least not the EGFR isomer with which our antibody reacts)
- Deglycosylation of whole cell lysates is tricky, doesn't help with protein identification by MS



# Collaborators:



**Jon Johansen**  
**Lab Manager**



**Matt Hoelter**  
**Senior Biochemist**  
**AES Executive Director**



**Mary Ann Gawinowicz**  
**Facility Director**  
**Columbia University**  
**Protein Core Facility**