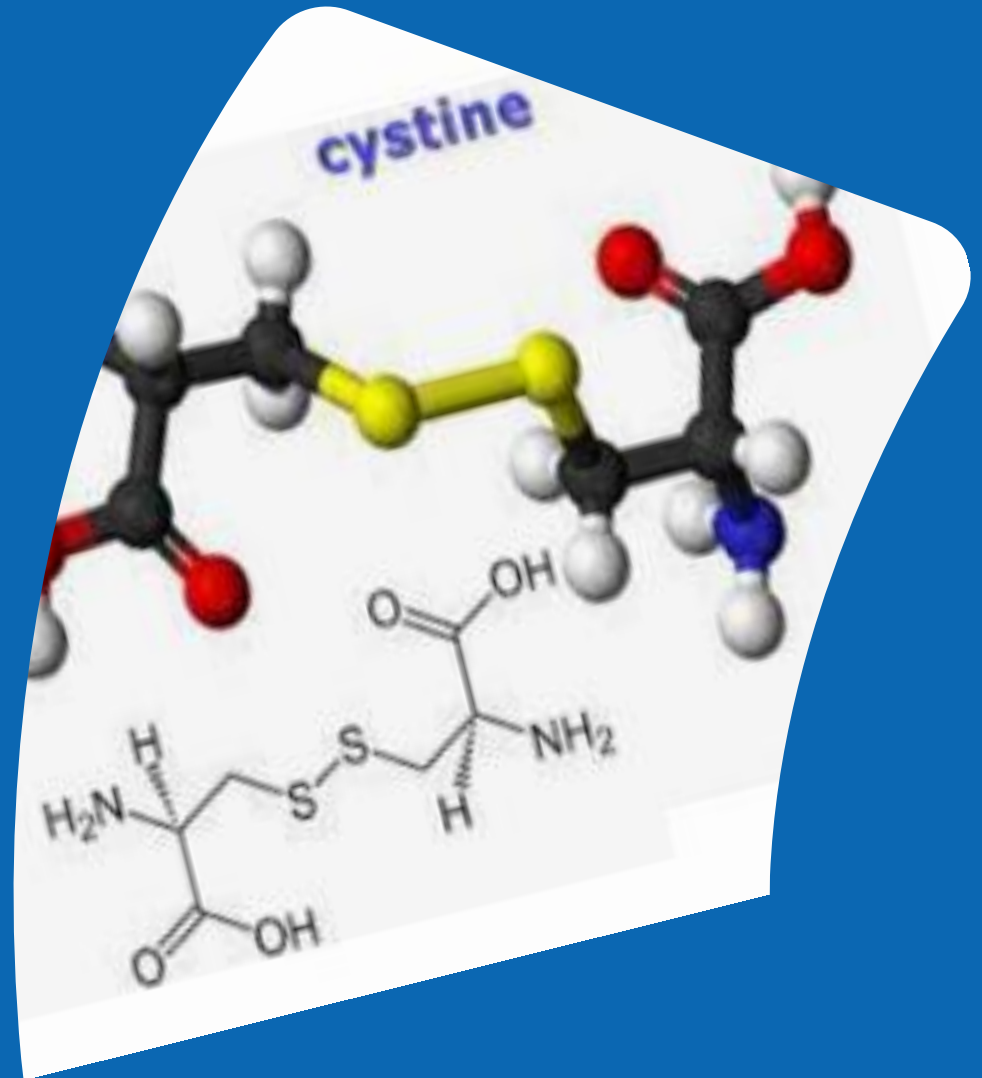


Monitoring of cysteamine treatment: laboratory perspective

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Introduction

- Cystinosis : accumulation of cystine in the cells (lysosomes, cellular organites)
- Monitoring : intraleucocyte cystine assay every 3 month
- Rare disease plan : CUSL, reference laboratory for IL cystine assay in Belgium
- Cost of the analysis is covered by Sciensano
- A calendar with 4 dates (+1) / year is proposed for patients follow-up

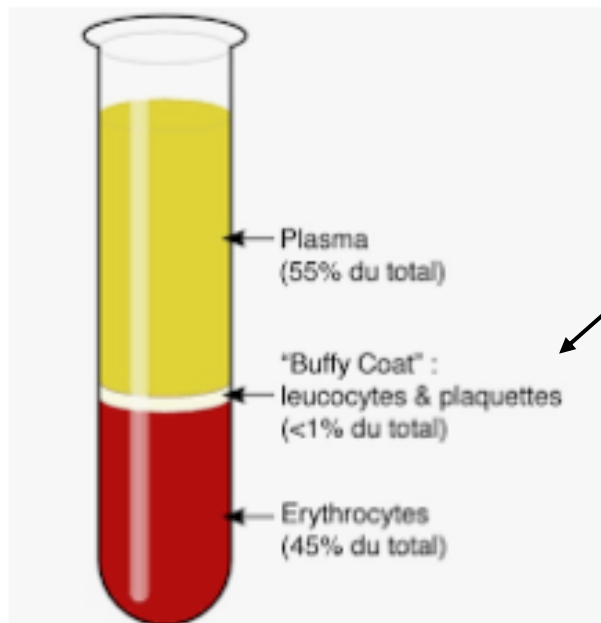
Intraleucocyte cystine assay

1. Cell isolation : Leucocytes versus granulocytes
2. Cell extract : Separation of proteins and soluble extract
3. Cystine assay : Mass spectrometry (LC-MSMS)
4. Results : $\frac{1}{2}$ cystine /mg protein

1. Cell isolation

Mixed leucocytes versus granulocytes

- Blood collection : 7-10 ml veinous blood in ACD tubes (6h after Cystagon / 12h30 after Procysbi)
- Cell isolation within 24h after collection (48h max cf HAS France)



Isolation of mixed Leucocytes (plasma and RBC removal) :

Granulocytes (rich in lysosomes) 60-65%

Agranulocytes (poor in lysosomes) 35-40%

(1) Cell isolation - *CUSL*

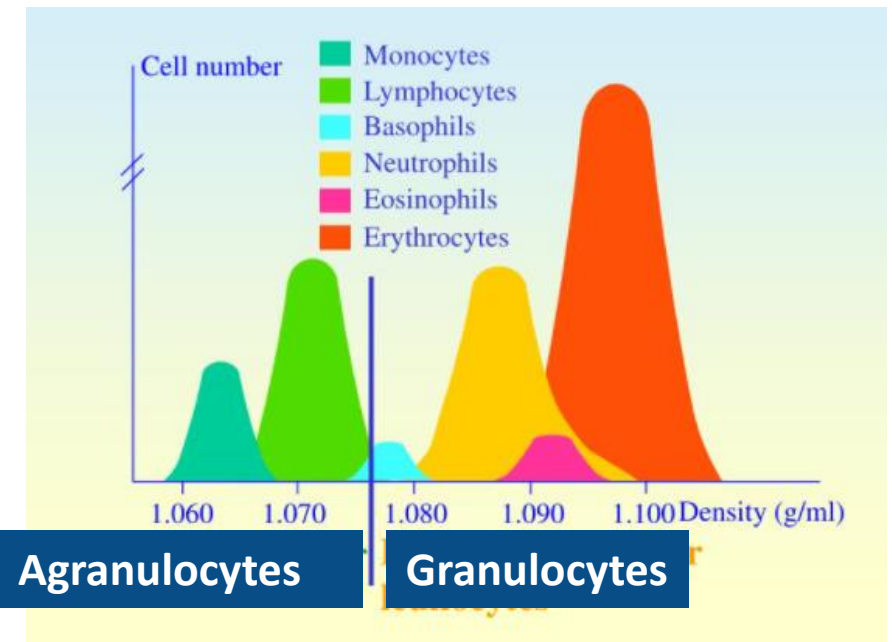
Isolation of granulocytes : (1) use of cell density difference

- Leucocytes are mixed with a Dextran solution
- Low speed centrifugation



**Suspension of
Agranulocytes**

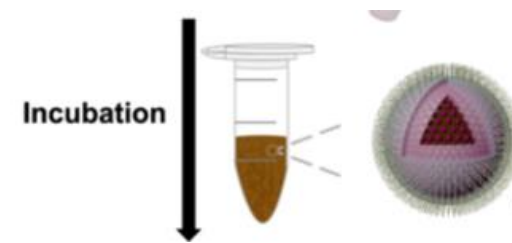
**Pellet of
Granulocytes**



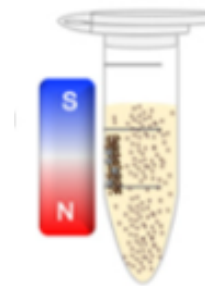
(1) Cell isolation – *Nijmegen*

isolation of granulocytes : (2) use of magnetic beads

- Antibodies specific to granulocytes membrane, linked to magnetic beads
- The antibody « capture » granulocytes



- Separation with a magnet

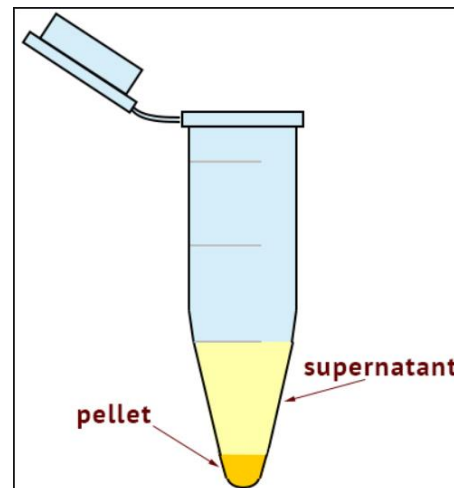


Granulocytes

2. Cell extract

Lysis of granulocytes

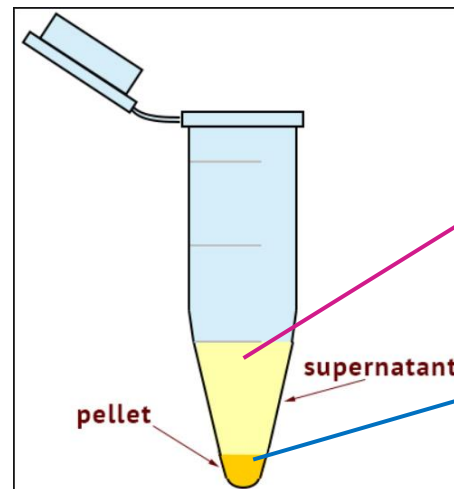
- The granulocytes are lysed with an acidic solution (Sulfosalisilic acid)
- The cell lysate extract is centrifuged to separate insoluble proteins / soluble supernatant containing cystine



(2) Cell extract

Lysis of granulocytes

- The granulocytes are lysed with an acidic solution (Sulfosalisilic acid)
- The cell lysate extract is centrifuged to separate insoluble proteins / soluble supernatant containing cystine



Cystine assay

Protein assay

3. Cystine assay

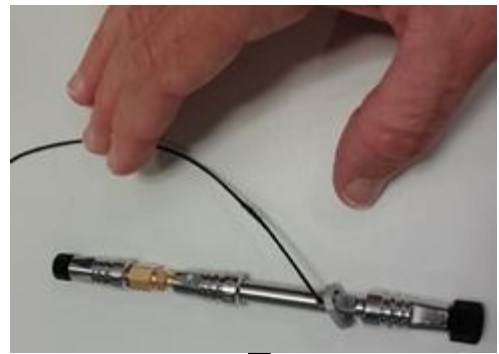
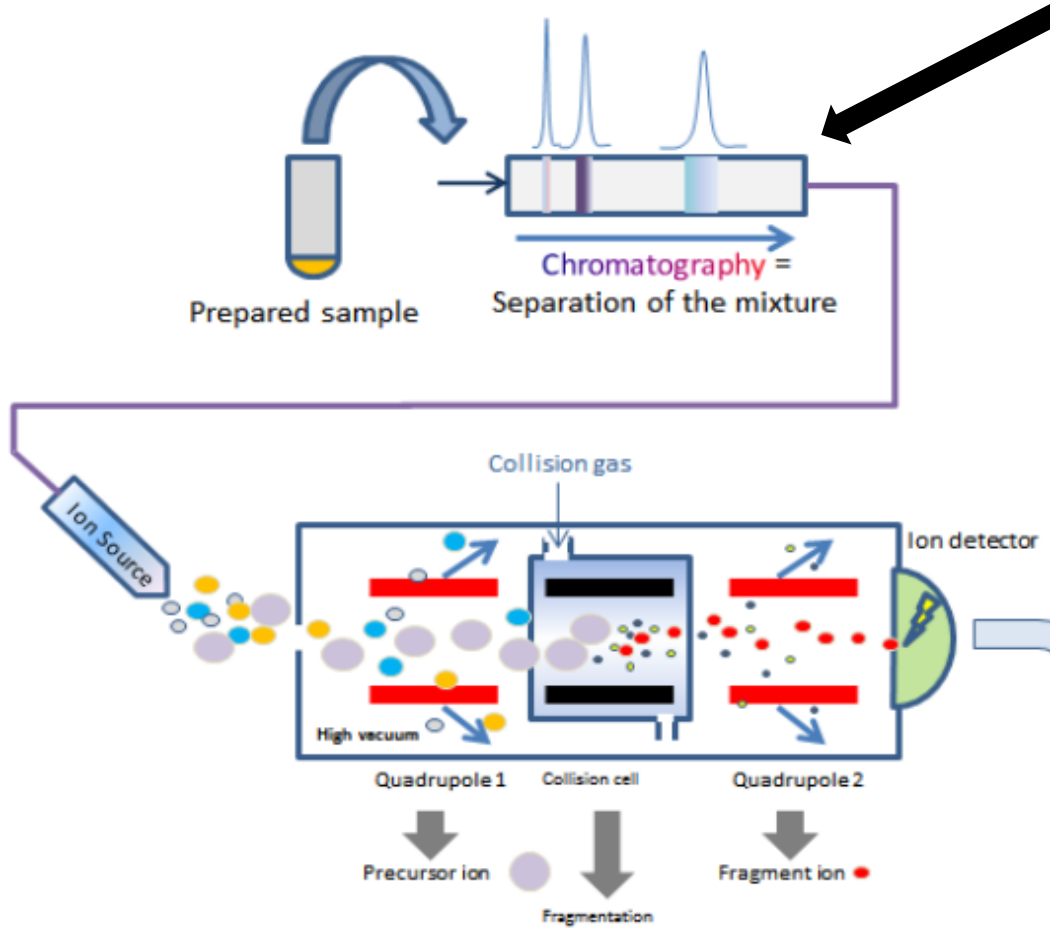
Mass spectrometry (LC-MSMS)

1 – Separation of molecules on a column, by Liquid Chromatography (LC)

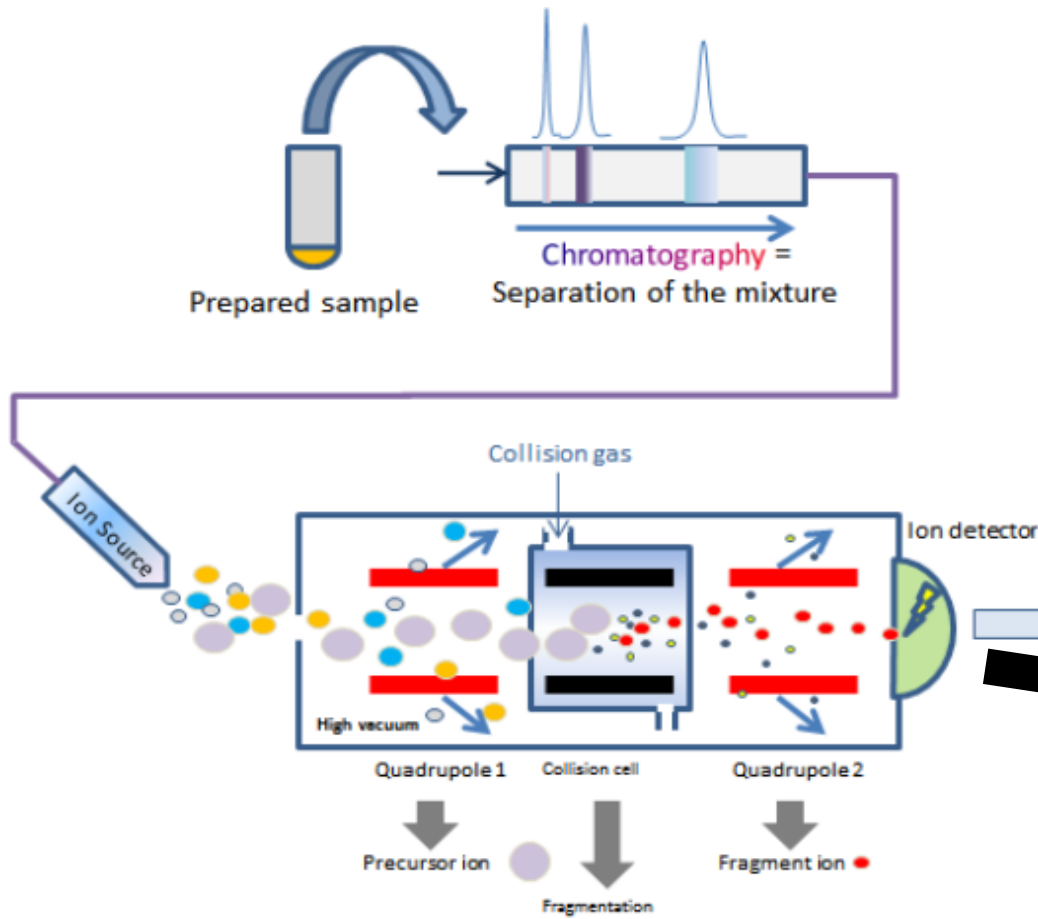
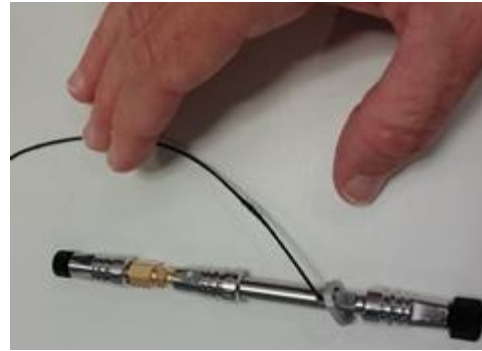
2- Detection (and quantification) of cystine by a Mass Spectrometer

(able to separate and identify the molecules according to their mass)

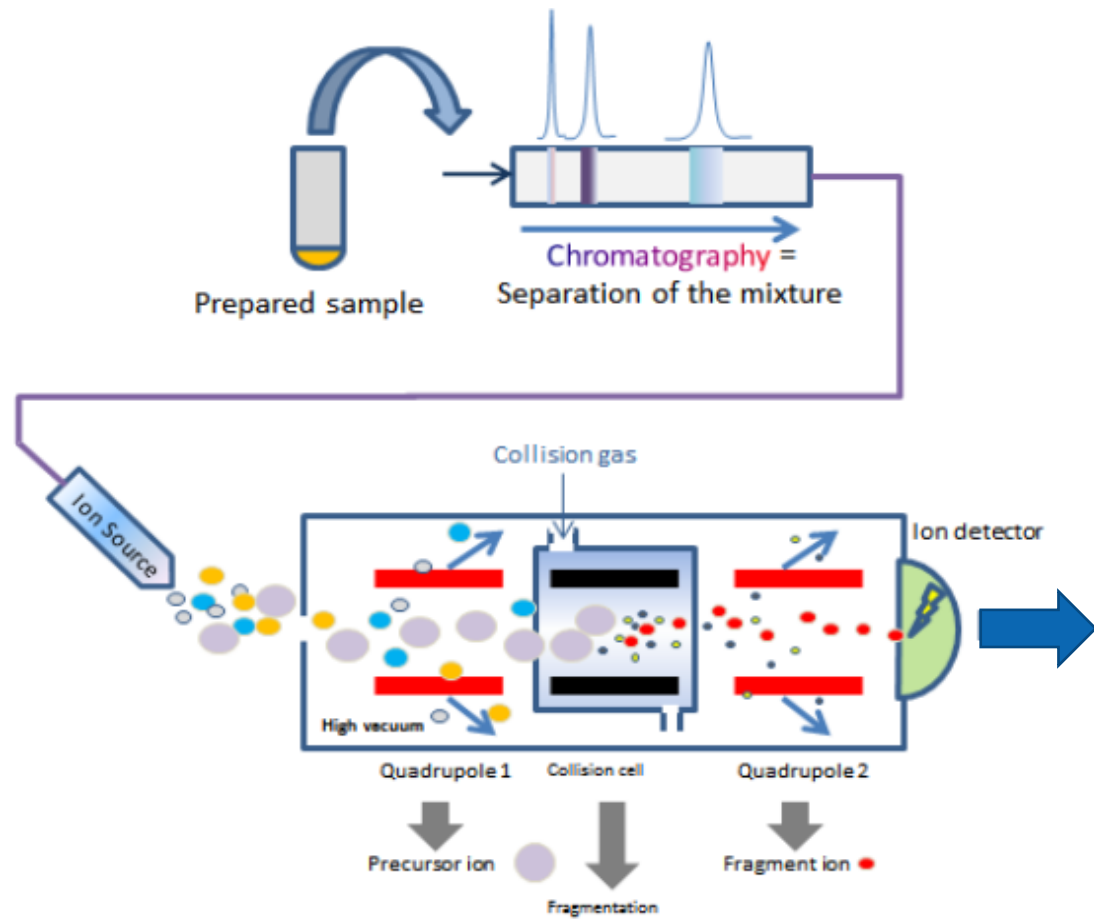
Mass spectrometry (LC-MSMS)



Mass spectrometry (LC-MSMS)



Mass spectrometry (LC-MS/MS)



Signal : peak area

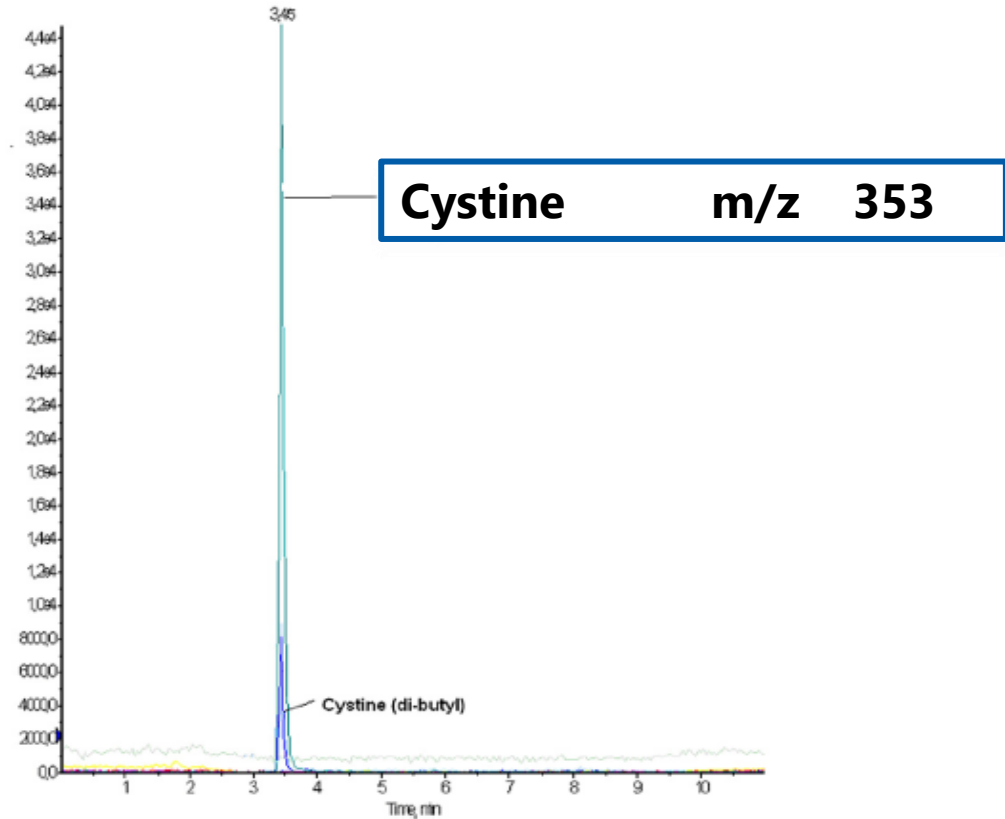


Fig. 5. Chromatogram of cystine (0.2 μM) and d₈ cystine obtained using an aqueous standard calibration solution.

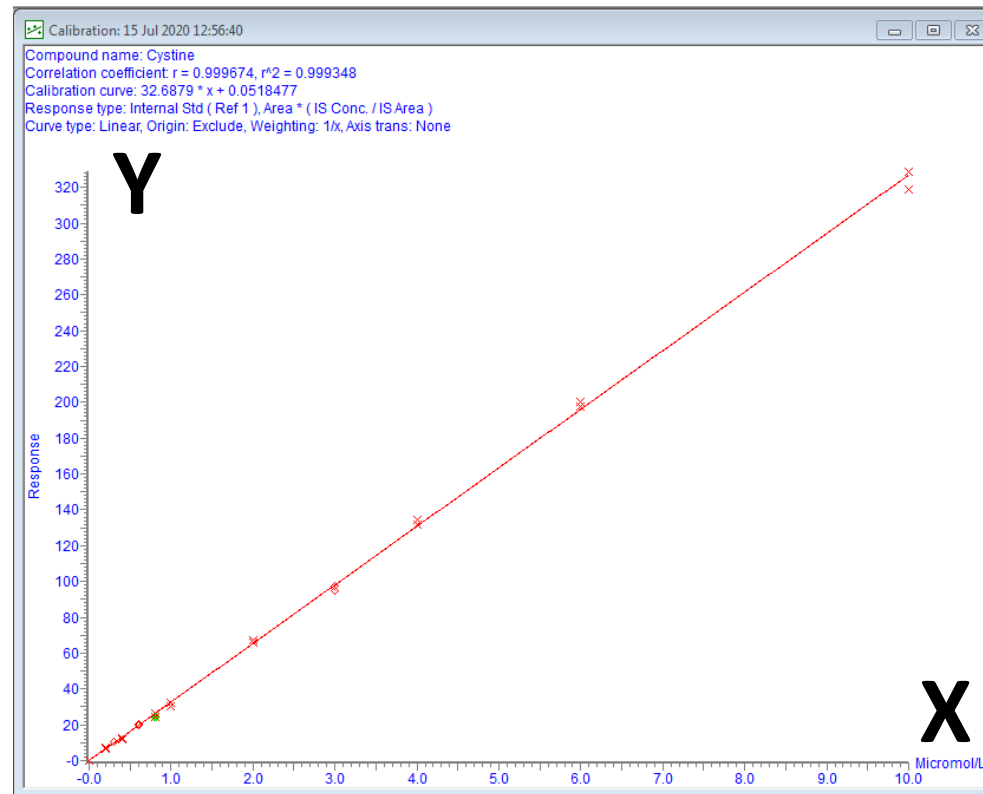
(3) Cystine assay

Concentration determination : use of a Calibration curve

Y = Signal intensity

X = Cystine concentration (μM)

Cystine μM
0,2
0,4
0,8
1
2
4
6
10



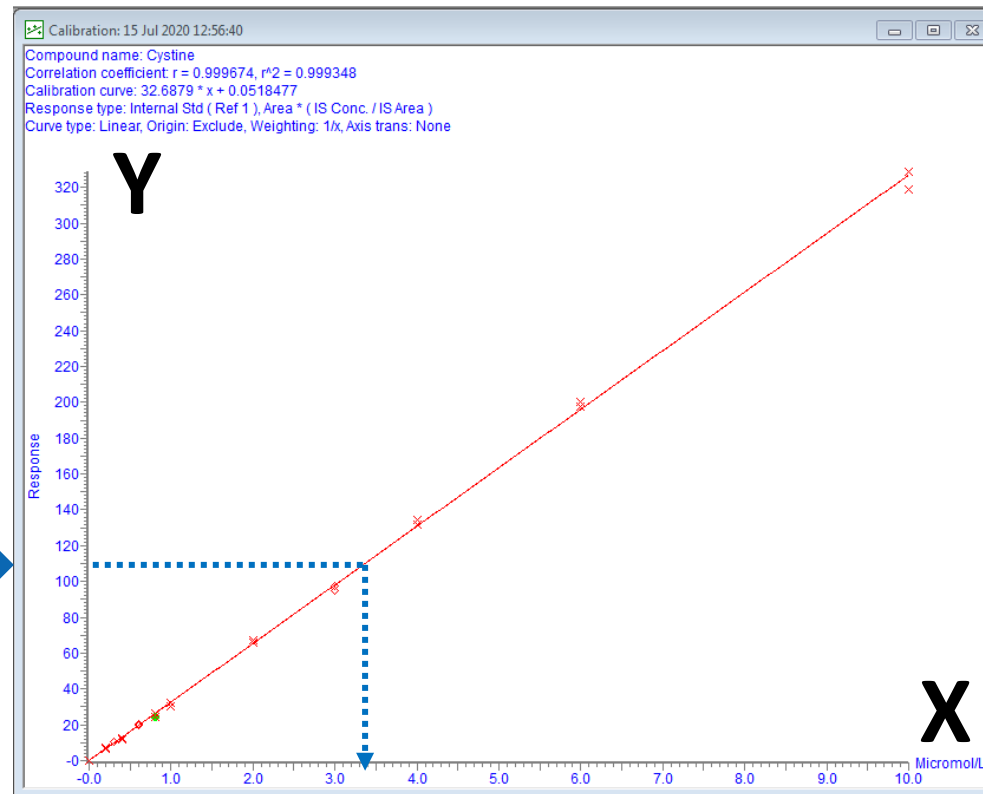
(3) Cystine assay

Concentration determination : use of a Calibration curve

Y = Signal intensity

X = Cystine concentration (μM)

Patient sample



4. Results

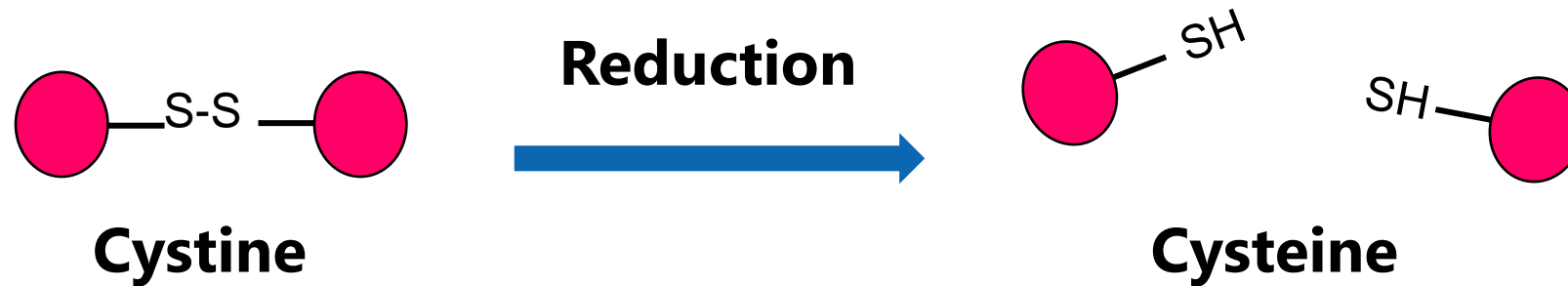
Cystine « normalised » with protein content

- Cystine assay : nmol cystine per cell extract
- Protein determination : mg protein per cell extract
- Result expression : **nmol 1/2 cystine / mg protein**

(4) Results

Result in hemicystine ?!

- **Before** : result in nmol of **cysteine** / mg prot – Reference values



1 molecule of CYSTINE = 2 molecules of CYSTEINE or HEMICYSTINE

- **Now** : direct assay of Cystine (no reduction in cysteine)

Result in nmoles cystine $\times 2 =$ nmoles of hemicystine

(4) Results

Reference values

- Controls – Heterozygotes – Patients at diagnosis
- Mean \pm 2 standard deviation (SD)

nmoles 1/2 cystine / mg prot	Granulocytes (CUSL)	Leucocytes	
Normal values	$\leq 0,4$	$< 0,1$	
Heterozygotes	$< 1,2$	$< 0,7$	
Patients (diagnosis)	> 2	$> 1,5$	

(4) Results

Reference values

- Controls – Heterozygotes – Patients at diagnosis
- Mean \pm 2 standard deviation (SD)

nmoles 1/2 cystine / mg prot	Granulocytes (CUSL)	Leucocytes	Gertsman 2016 / (and Nijmegen)
Normal values	$\leq 0,4$	$< 0,1$	0,09 - 0,35
Heterozygotes	$< 1,2$	$< 0,7$	0,33 - 1,35
Patients (diagnosis)	> 2	$> 1,5$	0,65 - 6,05

Conclusion

Reference values – Consensus ?

Sources of differences in cystine levels in different labs :

- Different cell isolation methods in the labs
 - Mixed leucocytes
 - Different dextran methods
 - Magnetic particles...

- Cystine assay method

Project of comparison method between BE and NL