

Therapeutic drug monitoring on a shoestring: beacon aptamer based detection of small molecules in human serum

Anna Ferretti, Fabio Spiga, Enrico Tenaglia, Carlotta Guiducci

Laboratory of Life Science Electronics (CLSE) - École Polytechnique Fédérale de Lausanne – Switzerland

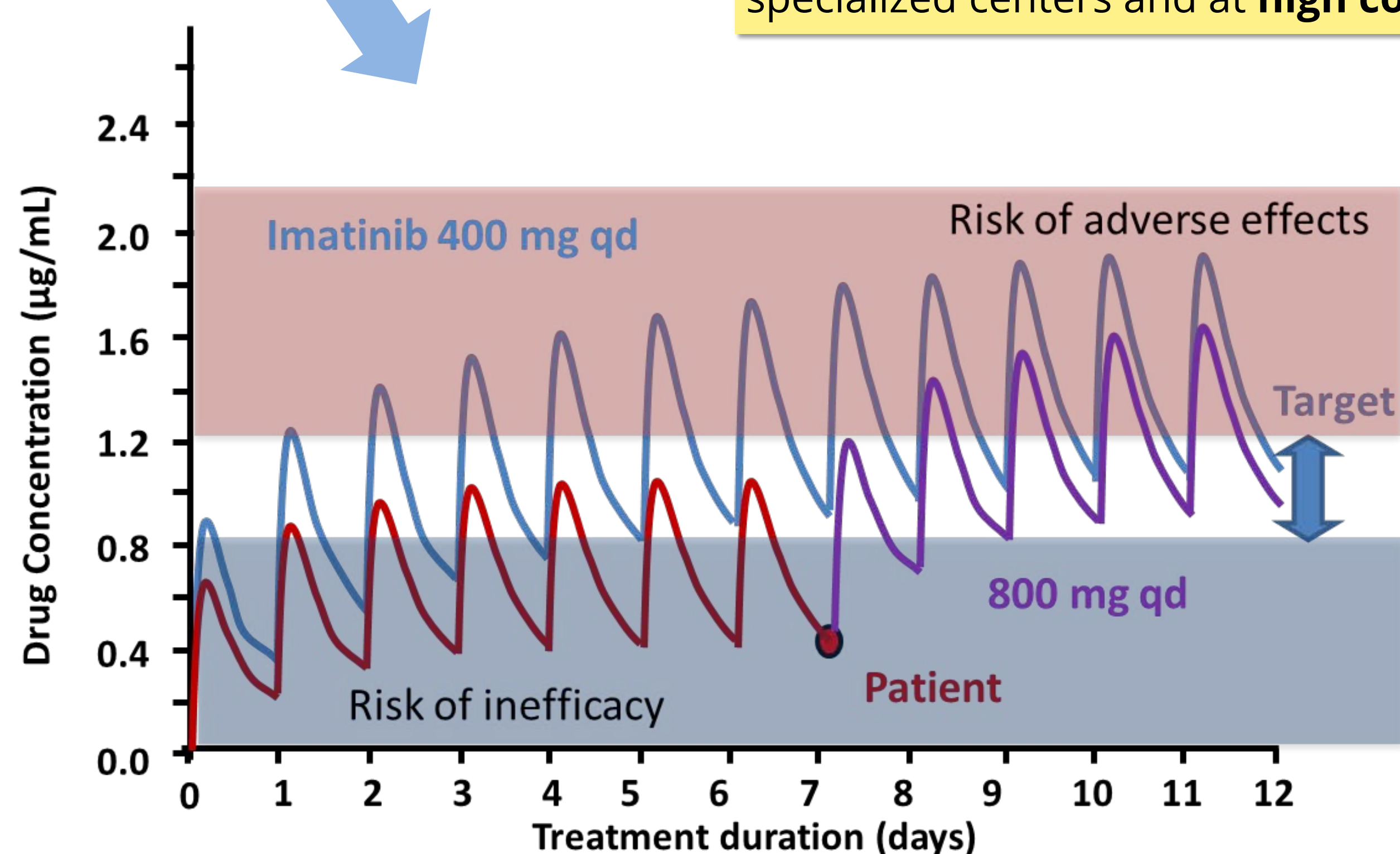


Therapeutic Drug Monitoring – TDM



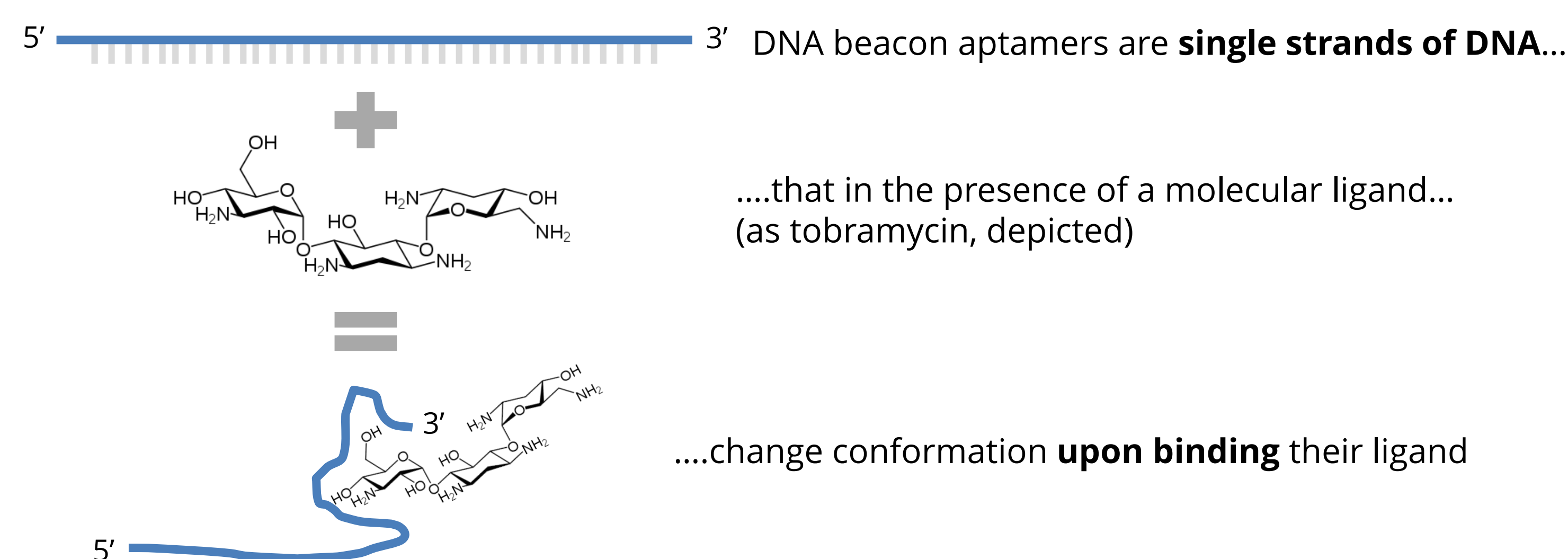
Therapeutic Drug Monitoring (TDM): determination of the drug concentration in the patient's blood and correction of the dosage if the concentration is outside the therapeutic range.

Currently TDM relies on detection techniques such as **mass spectrometry** or **competitive immunoassays**, which require dedicated facilities and trained personnel, making TDM available only in specialized centers and at **high cost**.



Adapted from T. Buclin, et al. "Who is in charge of assessing therapeutic drug monitoring? The case of imatinib". *Lancet Oncol.* 2011;12(1):9-11.

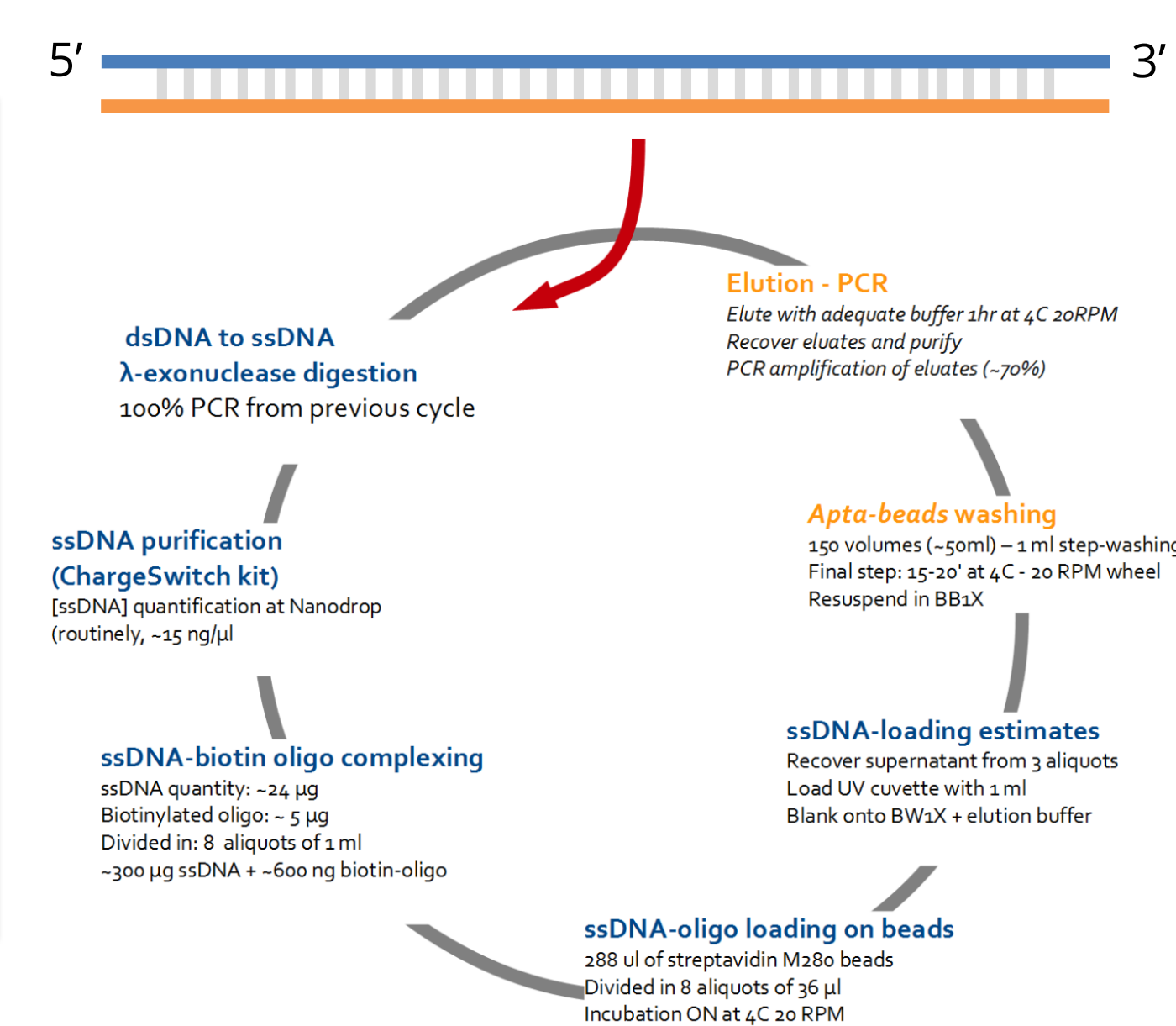
Beacon aptamers: "ideal catchers" for small molecules



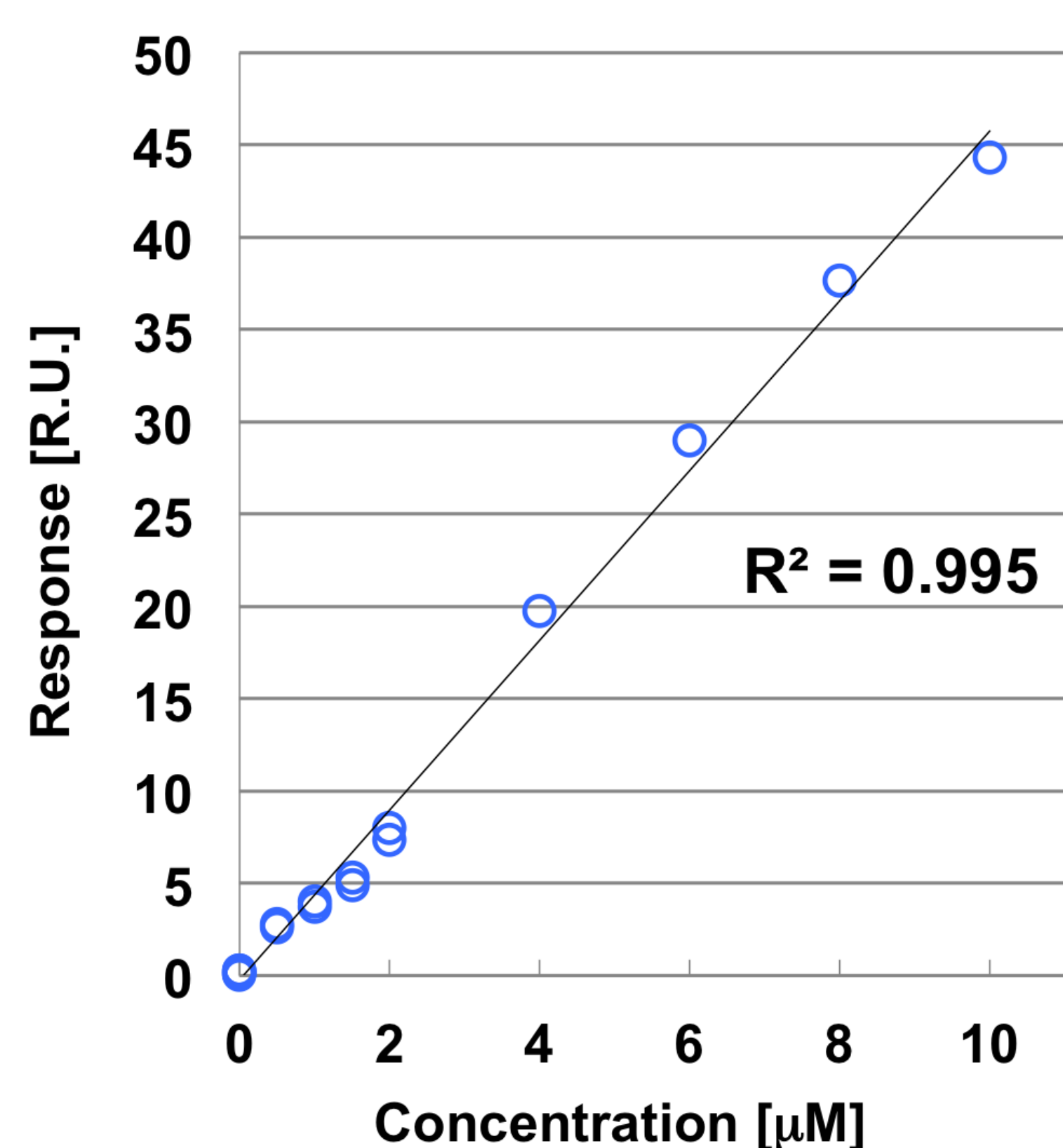
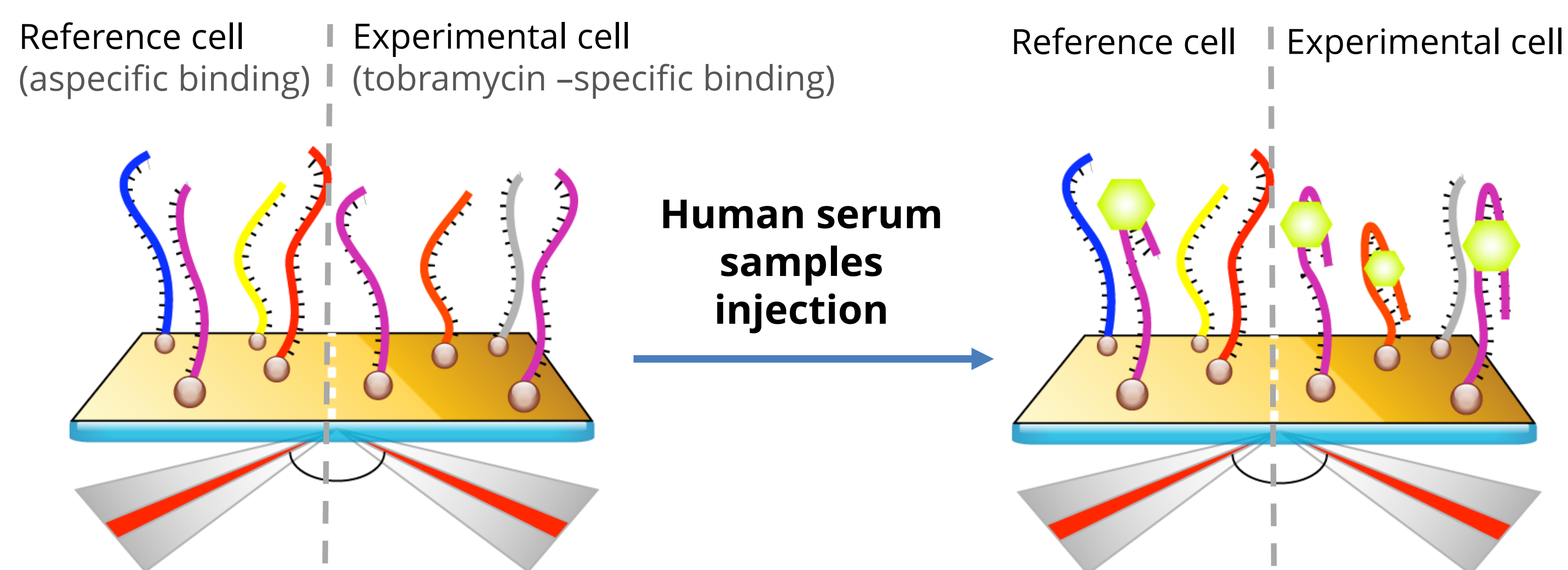
Aptamers are ideal sensors for small molecules to be employed in TDM. They can be easily raised against drugs, they are intrinsically stable in different conditions of incubation; have long shelf life, and, once the sequence is established, they can be produced **cheaply** through chemical synthesis.

We developed an iterative procedure to **produce** DNA beacon aptamers against, potentially, any small molecule of choice (Spiga et al. 2015).

We validated it by generating an aptamer binding **tobramycin**, an antibiotic commonly undergoing therapeutic drug monitoring.



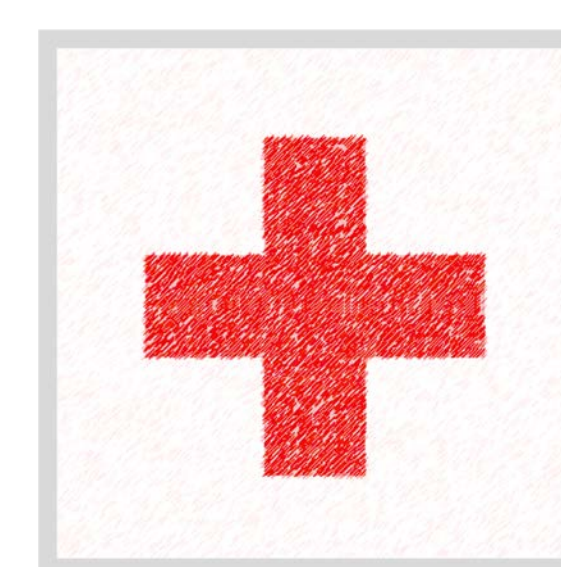
Harnessing aptamers to detect tobramycin in human serum through SPR



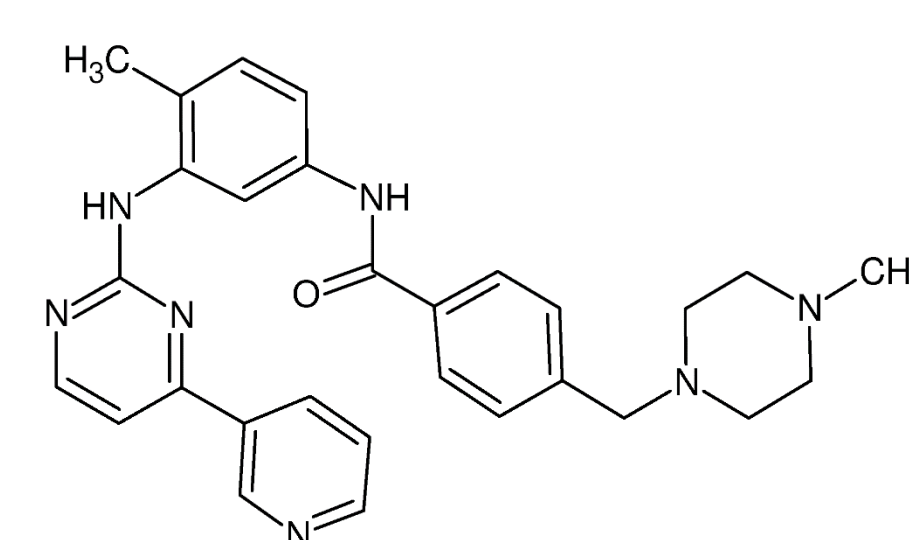
- The K_D of the binding reaction between the DNA aptamer and tobramycin is 230nM.
- The selectivity has been tested with respect to kanamycin, a molecule of the same class of antibiotics, which shows a K_D 10-fold higher, and with respect to carbenicillin, which belongs to a different class of antibiotics, for which the binding gives negligible signals.
- The linear range in serum is from **0.5 to 10µM**,
- The limit of detection attains **0.15µM**.
- With the current protocol as little as 20µl of serum are sufficient to perform a measurement in duplicate

Samples are prepared by mixing 10% human serum in TE buffer with 0.01% Tween 20, then they are filtered (3 kDa cut-off) and injected in the SPR system. The **output signal** is given by the **difference** between the signal from the experimental cell and the one from the reference cell.

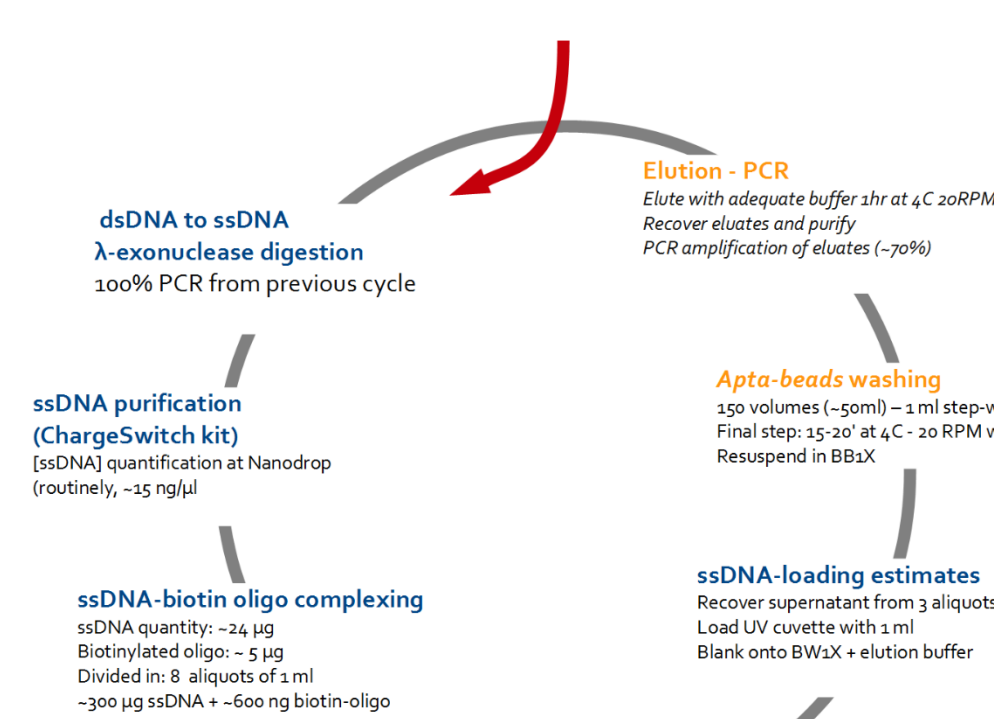
Ongoing work (and perspectives)



Challenge the tobramycin aptamer **directly with patient blood samples** from the clinics



Define a beacon aptamer binding **Imatinib**, a major anti-tumoral drug of great interest in TDM



Adapt the aptamer selection strategy to generate sequences discriminating drugs and their major metabolites

Bibliography:

F. M. Spiga, P. Maietta, and C. Guiducci, "More DNA-Aptamers for Small Drugs: A Capture-SELEX Coupled with Surface Plasmon Resonance and High-Throughput Sequencing," *ACS Comb. Sci.*, Apr. 2015.

G. Cappi, F. M. Spiga, Y. Moncada, A. Ferretti, M. Beyeler, M. Bianchessi, L. Decosterd, T. Buclin, and C. Guiducci, "Label-Free Detection of Tobramycin in Serum by Transmission-Localized Surface Plasmon Resonance," *Anal. Chem.*, Mar. 2015.