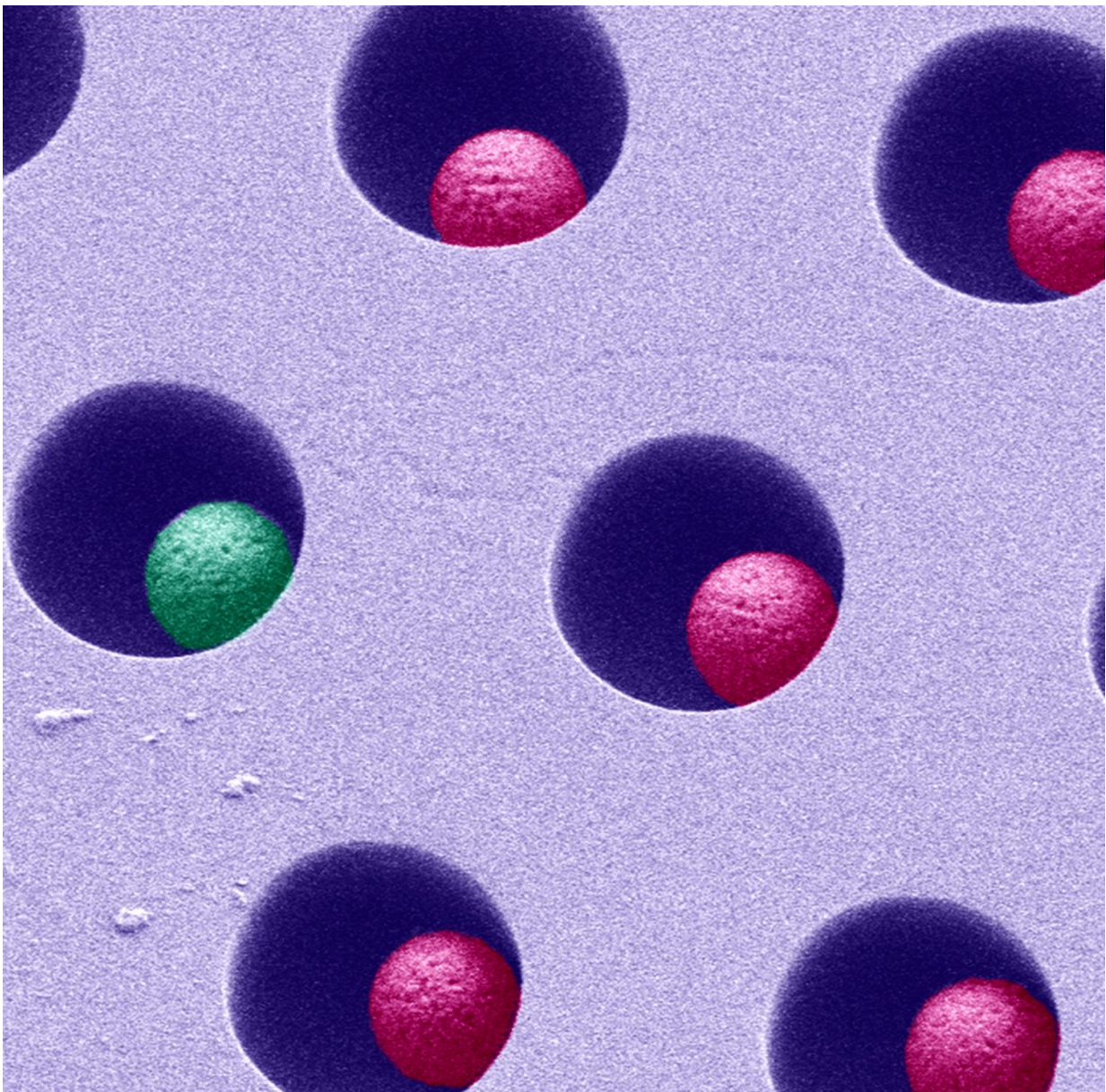


Researchers describe ultrasensitive detection of protein linked to multiple autoimmune diseases

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Scanning electron microscopy shows how the single-molecule array digital ELISA is carried out in tiny, femtoliter-volume wells containing beads capable of binding single molecules. Credit: Rodero et al., 2017

Researchers in France have developed a new method that will allow doctors to detect minute amounts of a protein called interferon- in patient samples. The technique, which is described in the study "Detection of interferon- protein reveals differential levels and cellular sources in disease" published April 18 in *The Journal of Experimental Medicine*, will aid the diagnosis and treatment of numerous autoimmune diseases, including systemic lupus erythematosus (SLE) and dermatomyositis.

Interferon- proteins are a family of cell signaling molecules that play a crucial role in the immune system's antiviral defenses. But inappropriate activation of interferon signaling can cause the immune system to attack healthy tissues in the body, leading to a variety of [autoimmune diseases](#). Elevated interferon signaling is linked, for example, to complex autoimmune disorders such as SLE, dermatomyositis, and diabetes mellitus. Mutations in individual genes can also activate interferon signaling and cause a class of autoimmune diseases known as type I interferonopathies.

Diagnosing these diseases and understanding the role of interferon- proteins in their pathology have been hampered by the inability of clinicians to directly measure the levels of these proteins in patient samples. This is largely because interferon- proteins are only present in tiny amounts. They are extremely potent molecules, however, so even small changes in interferon- levels can have dramatic effects on the

immune system.

A team of researchers led by Darragh Duffy from the Pasteur Institute and Yanick Crow from the Institut Imagine in Paris developed an ultrasensitive method to detect minute amounts of interferon- in human blood or [cerebrospinal fluid](#). The method is based on a technology called single-molecule array digital ELISA that can identify individual antibody-labeled proteins. Using high-affinity anti-interferon- antibodies isolated from [patients](#) with a syndrome called APECED, the researchers were able to detect interferon- at attomolar concentrations, equivalent to just quadrillionths of a gram per milliliter of sample. This is 5,000 times more sensitive than existing methods for detecting these proteins.

The researchers were able to measure interferon- levels in the blood of healthy, SLE, dermatomyositis, and type I interferonopathy patients. As expected, levels were elevated in all of the autoimmune samples; in SLE patients, higher interferon- levels correlated with an increased severity of disease. The research team also detected elevated interferon- levels in the cerebrospinal fluid of patients infected with viral meningitis.

Interferon- levels were particularly high in patients with type I interferonopathies. By isolating individual types of blood cells, the research team discovered that mutations in a gene called STING cause elevated production of interferon- in monocytes and plasmacytoid dendritic cells. These cells were not affected in patients with SLE, dermatomyositis, or other type I interferonopathies, however, suggesting that the source of interferon- can vary depending on the autoimmune disease.

"The ultrasensitive detection of interferon- [protein](#) in human material can provide novel insights into disease-causing pathways," explains co-senior author Duffy. "It also allows the direct measurement of interferon protein as a disease biomarker for patient stratification and for

monitoring the efficacy of treatments such as the antiinterferon signaling therapies that are currently being tested."

More information: Mathieu P. Rodero et al, Detection of interferon alpha protein reveals differential levels and cellular sources in disease, *The Journal of Experimental Medicine* (2017). [DOI: 10.1084/jem.20161451](https://doi.org/10.1084/jem.20161451)

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