

Proteomics deconvolution of pediatric IBD

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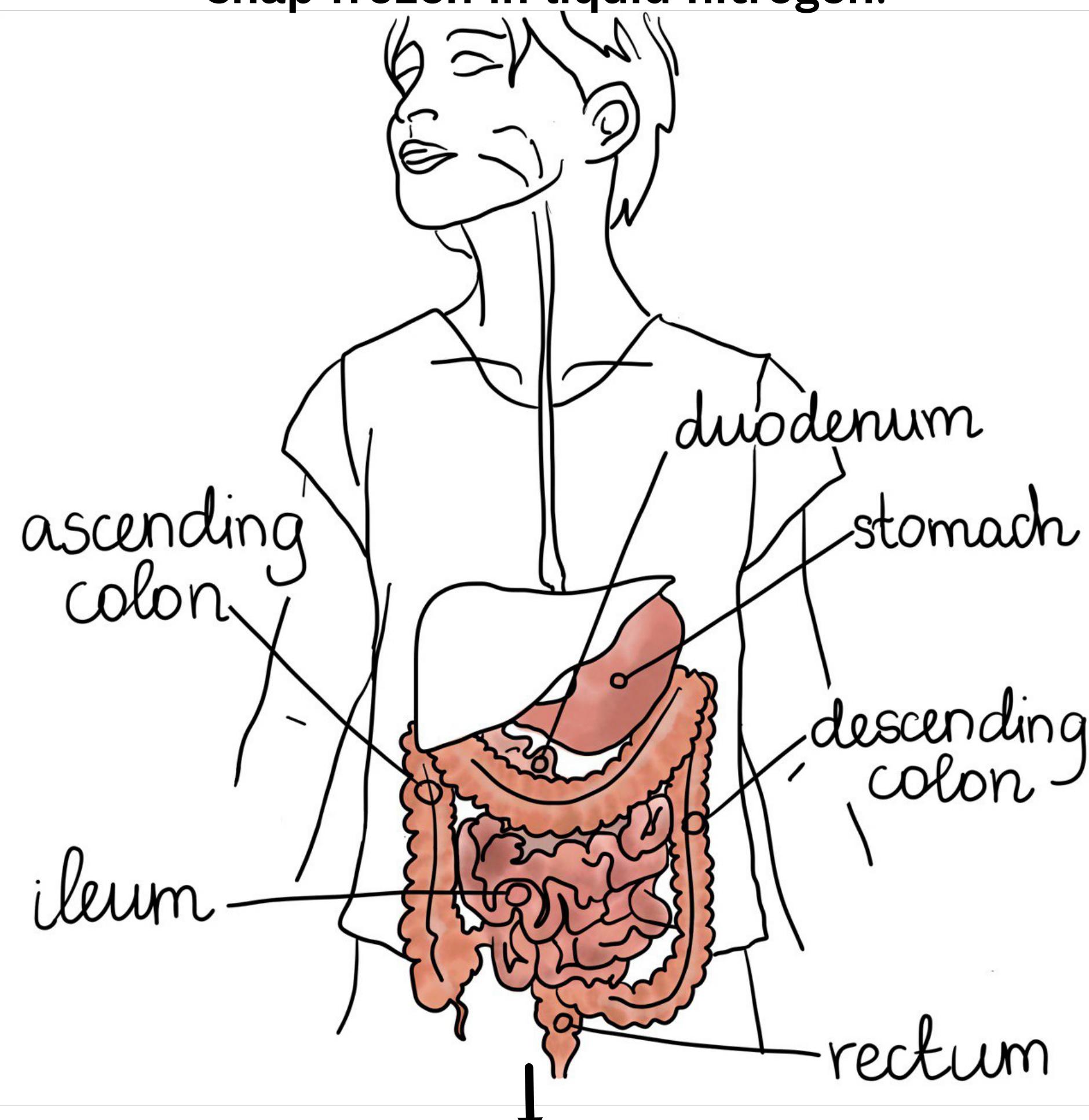
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Background and objectives

There has been a significant increase in the incidence of **pediatric inflammatory bowel disease (IBD)** over the last 25 years. However, etiology and mechanistic understanding of the changes occurring in pediatric IBD are yet to be revealed. In this study we perform **in-depth global proteomics profiling** of a unique biobank of pediatric biopsies collected in collaboration with Uppsala University hospital from children **naïve to IBD treatment**, to provide insights into pathophysiology of pediatric IBD and aid in development of novel diagnostic and therapeutic modalities.

Workflow and methods

Biopsies collection at the Uppsala University hospital - **mucosal at 6 anatomical sites snap frozen in liquid nitrogen.**



In-house global proteomics preparation using HT96 Preomics iST kit.

Analysed in-house using high resolution mass-spectrometry based global proteomics in bespoke **data-independent acquisition mode** using Orbitrap Q Exactive HF.

Protein identification was performed using **DIANN software**, whilst subsequent data analysis was executed in R and Amica.

Conclusions and perspective

To our knowledge, no studies have performed **comprehensive global proteomics profiling** of newly diagnosed paediatric patients along gastro-intestinal tract. Here we aim to provide an extensive resource of knowledge that has the **potential of improving the mechanistic understanding of paediatric IBD**, as well as to aid in the development of novel IBD diagnostics. In addition, we create a unique atlas of paediatric GIT proteomes, that could be further applied in physiologically based pharmacokinetic (PBPK) modelling of paediatric population.



Evgeniya Mickols, PhD

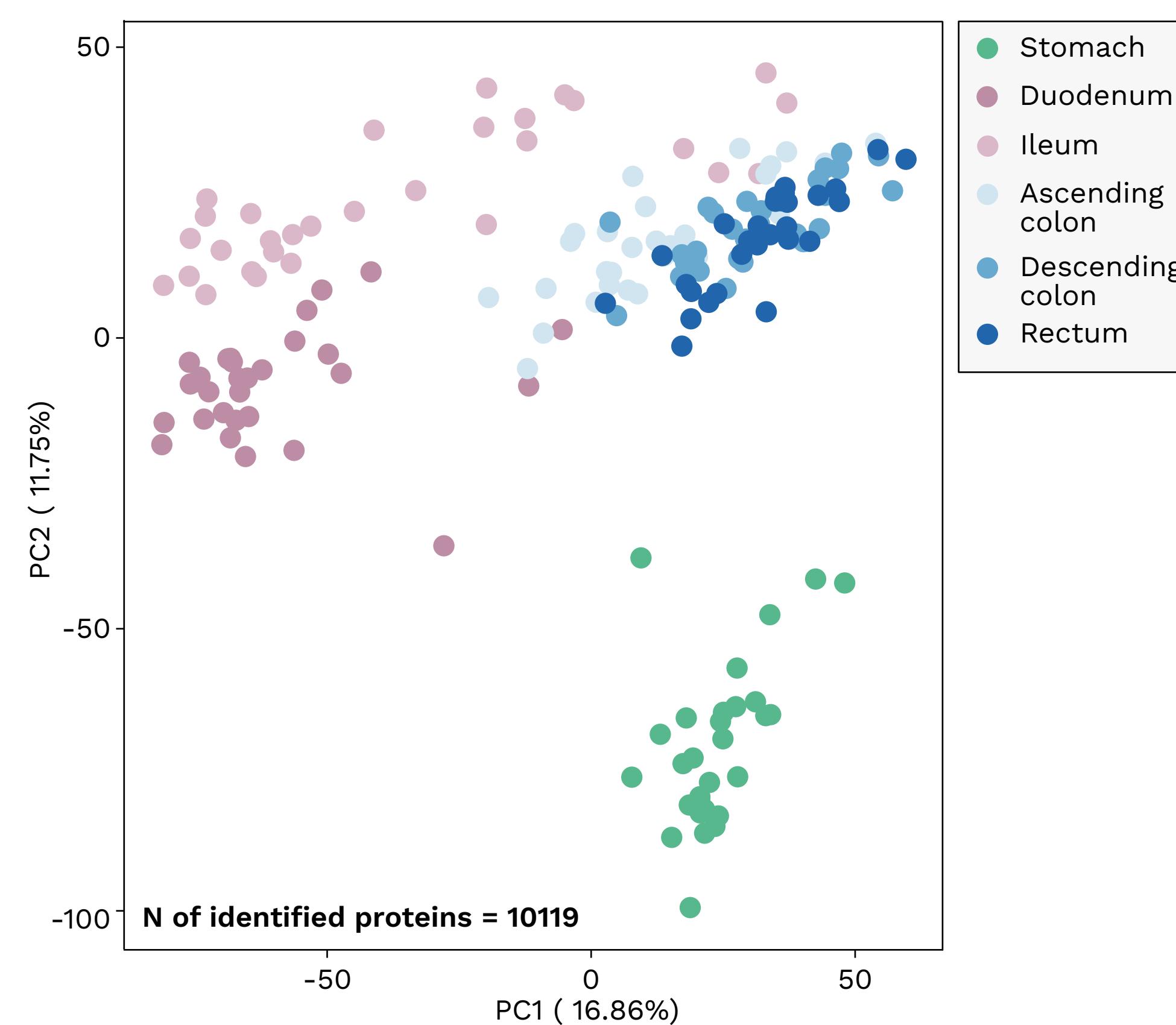
In vitro models & Proteomics

Teleki Group, Department of Pharmacy,
Uppsala University

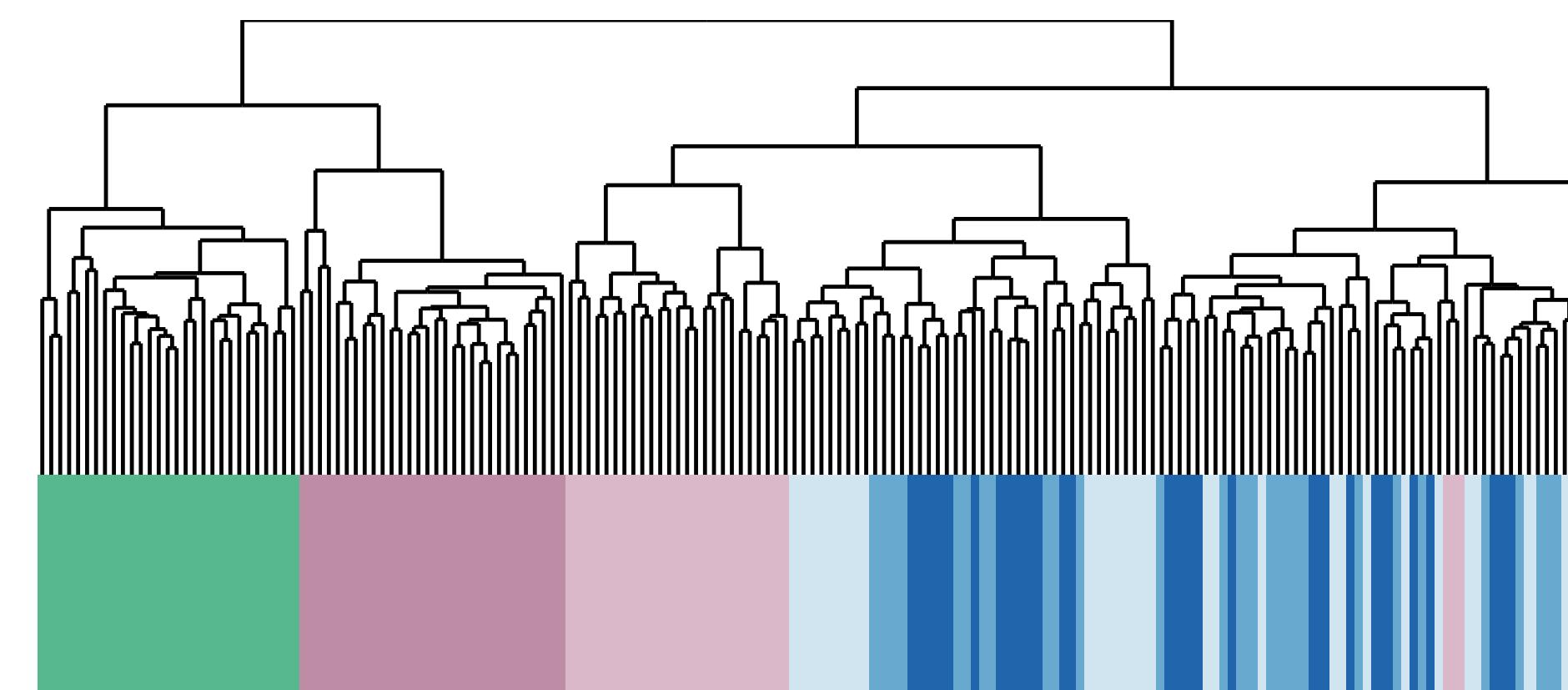
For collaborations and feedback on the poster:
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Preliminary results of global proteomics analysis

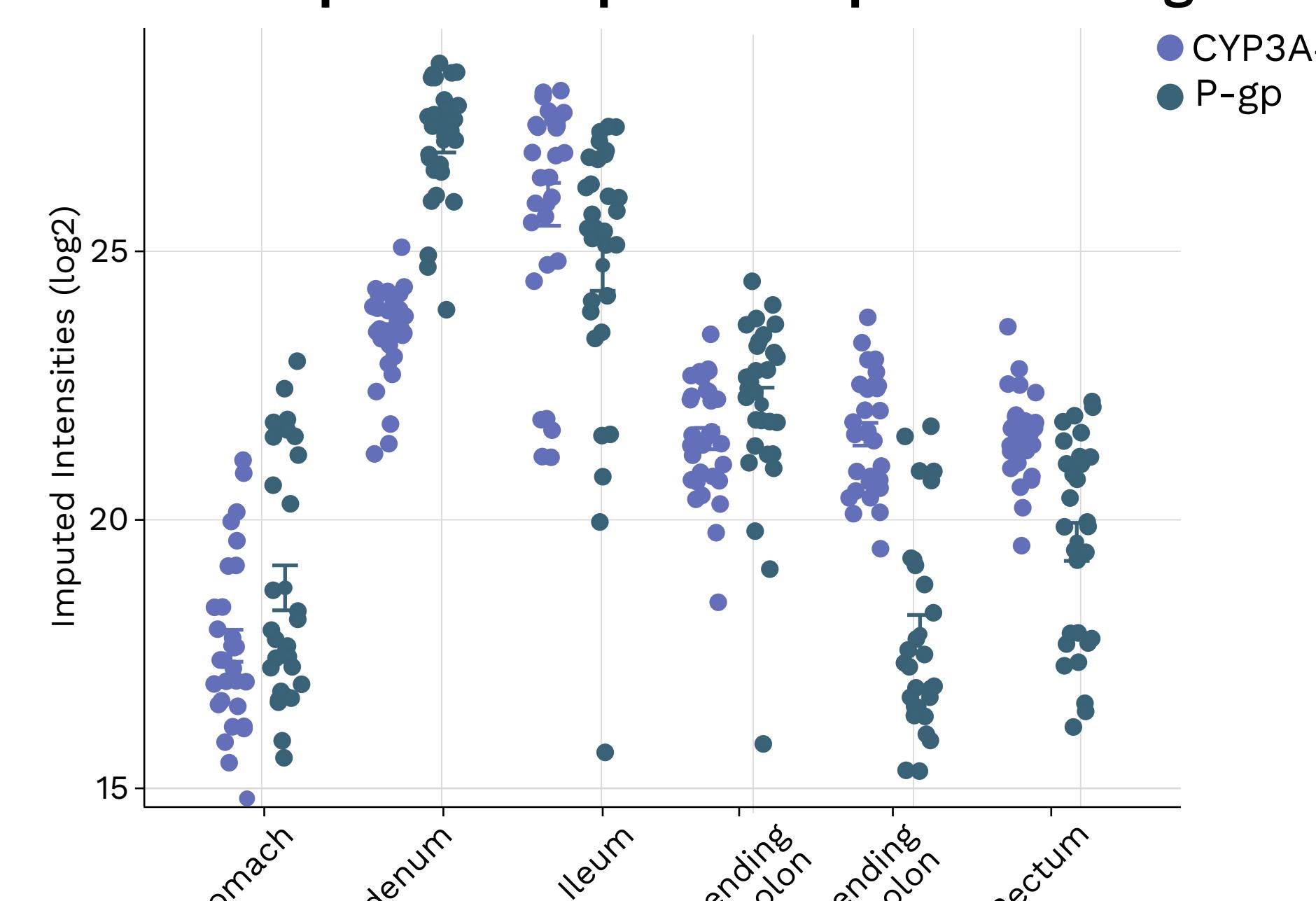
Overview of the samples: Principal component analysis



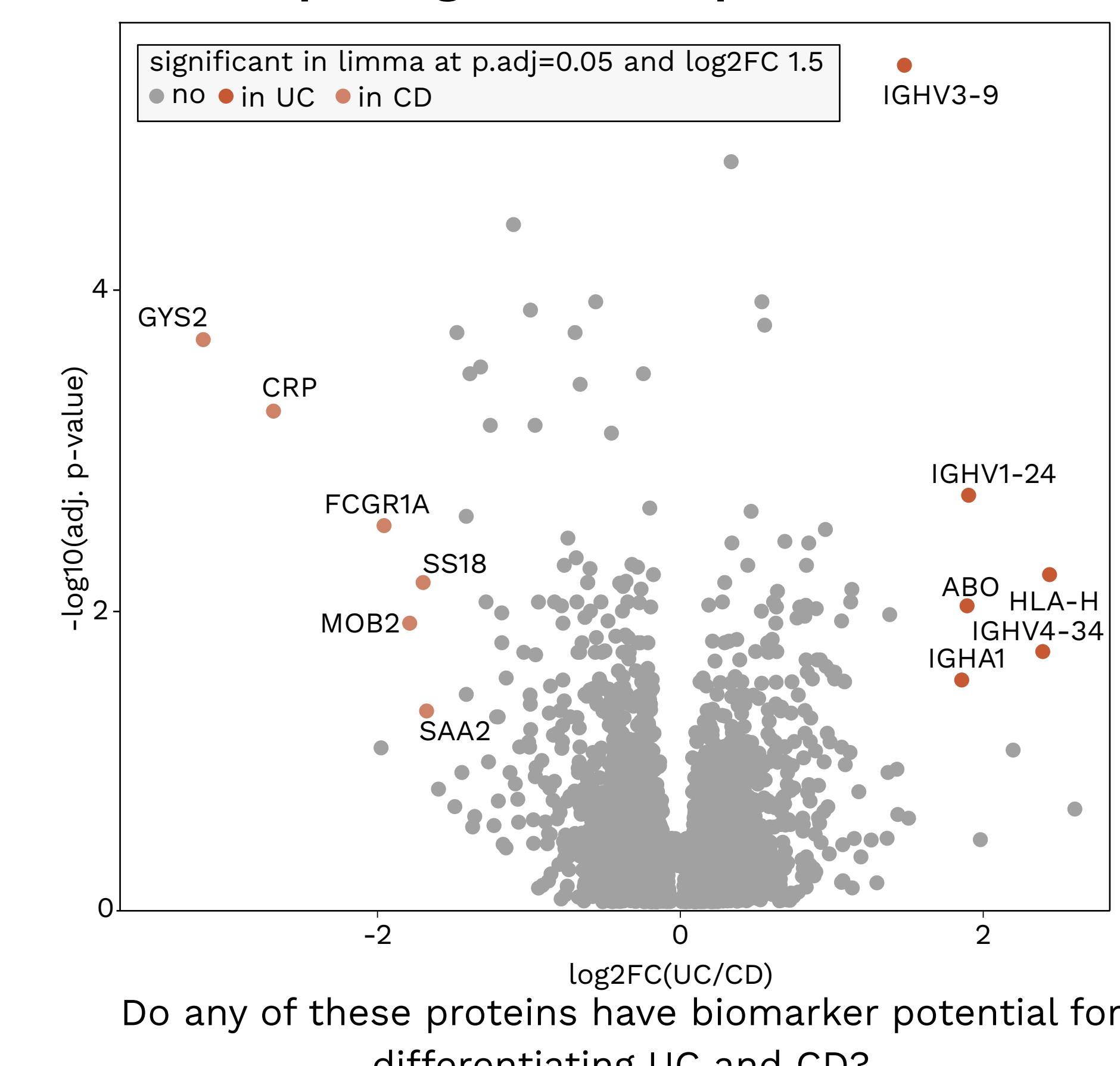
and hierarchical clustering



ADME protein expression profile along GIT

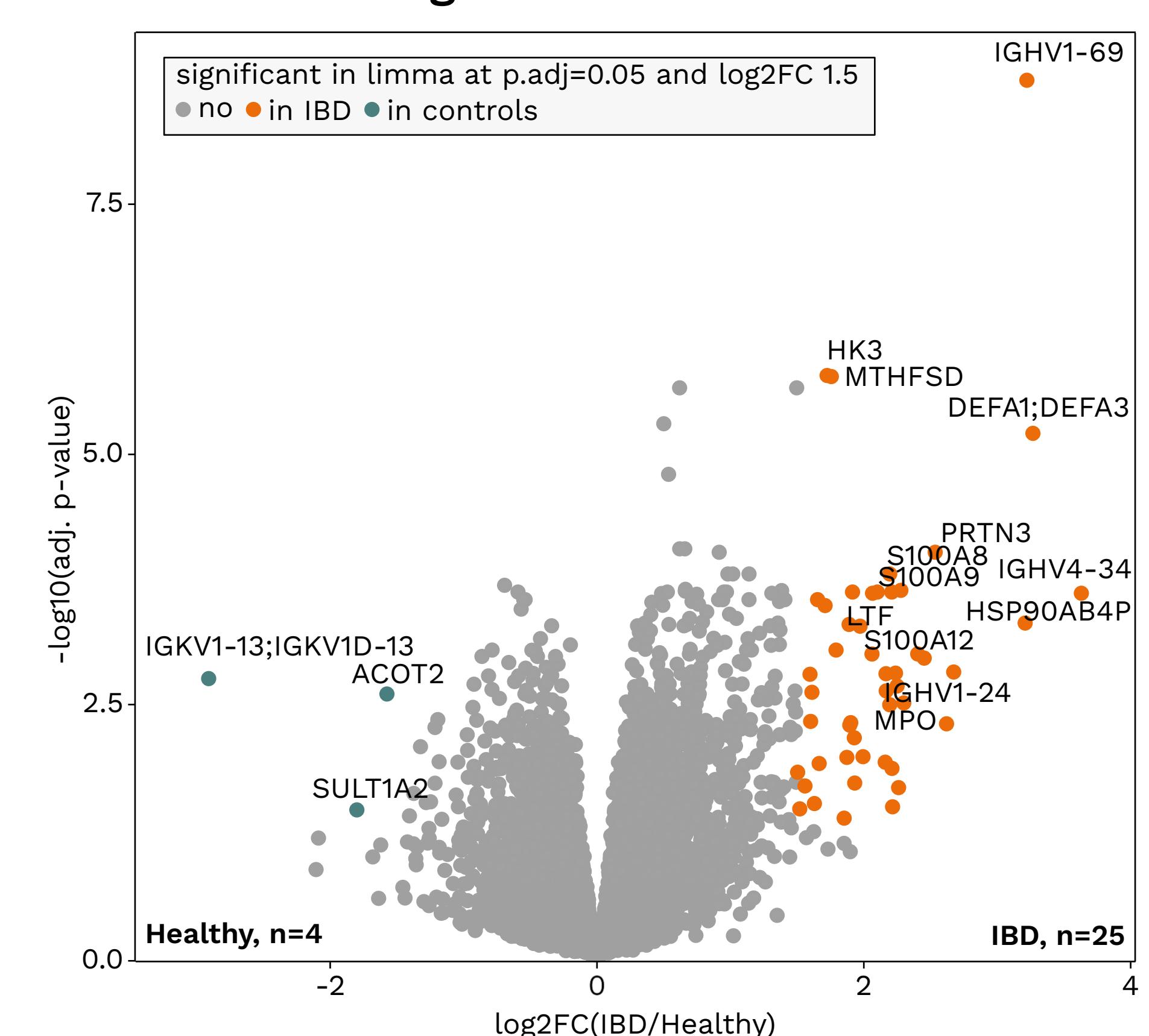


Exploring metadata parameters



Do any of these proteins have biomarker potential for differentiating UC and CD?

What proteins are differentially expressed in children diagnosed with IBD vs controls?



What is known about these proteins?

Potential therapeutic targets

Arginase 1: doi.org/g9xwhr

CEACAM8: doi.org/grkb9d

Dual oxidase 2: doi.org/qd56

Neutrophil elastase: doi.org/gnscnj

Nitric oxide synthase: doi.org/qd57

Potential and known biomarkers

Lactotransferrin: doi.org/dkgwvx

Myeloperoxidase: doi.org/gf434v

Chitinase-3 like protein: doi.org/qd58

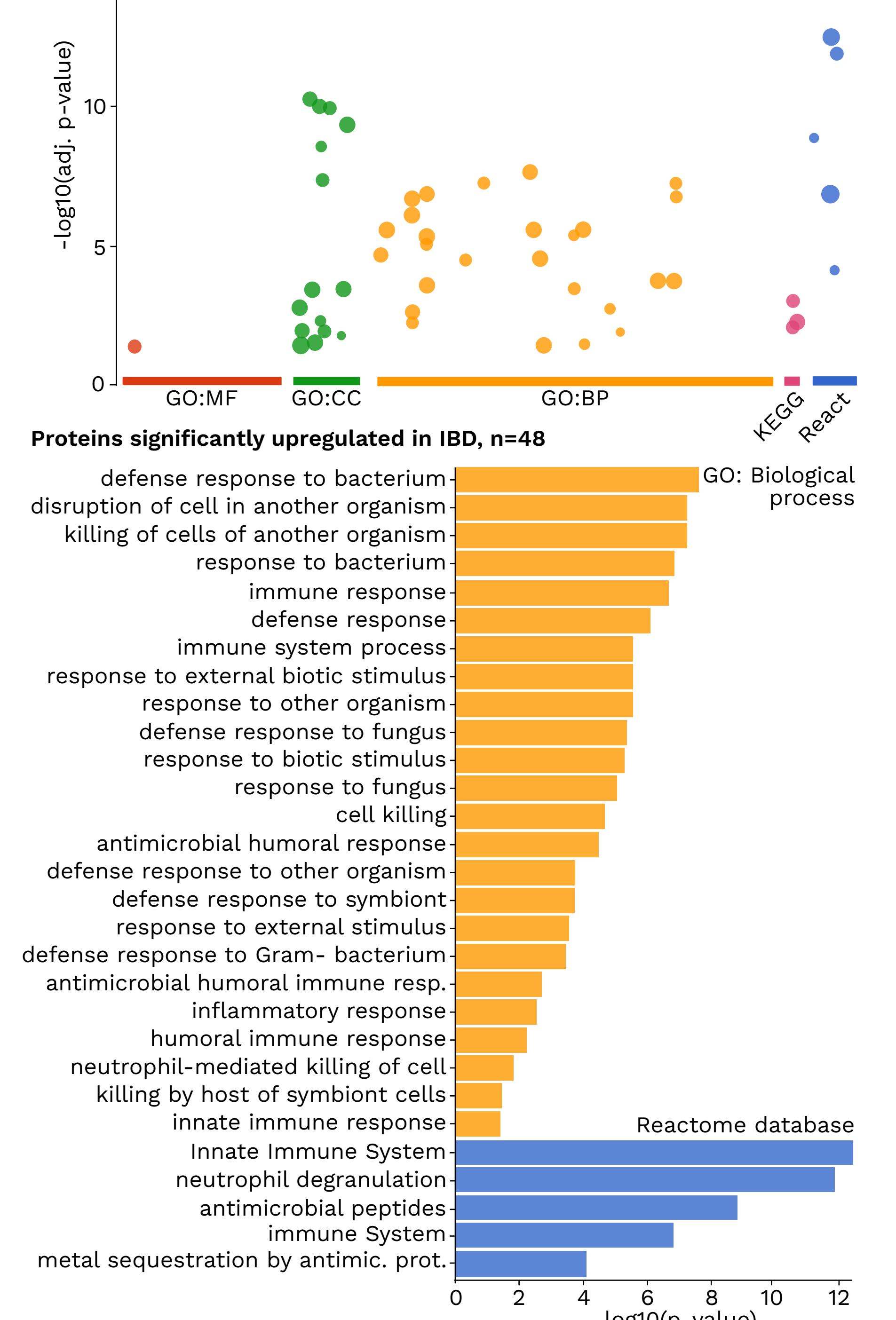
Myeloblastin (pediatric biomarker): doi.org/g6v59w

Resistin: doi.org/qd6b

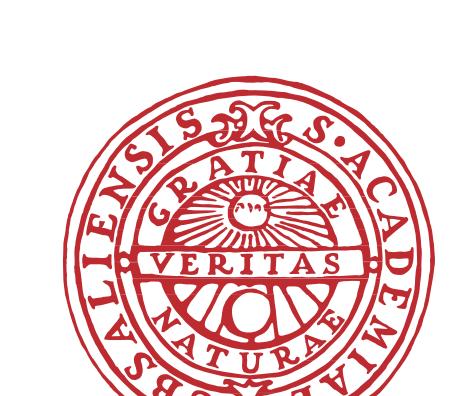
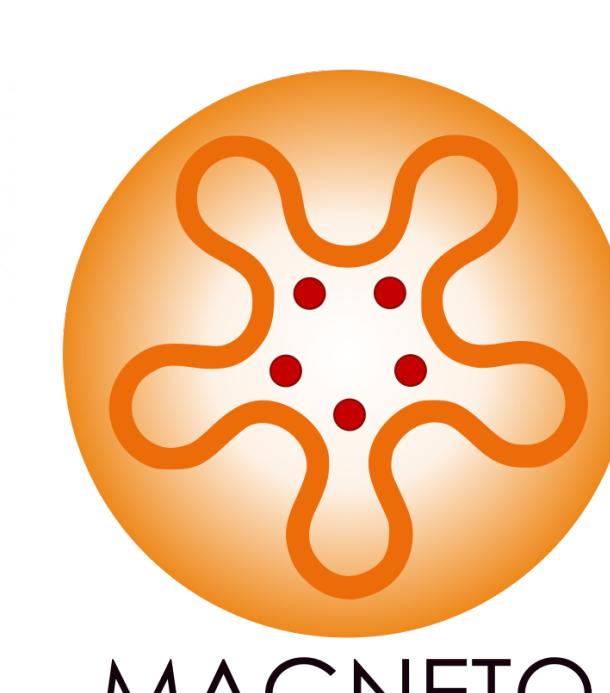
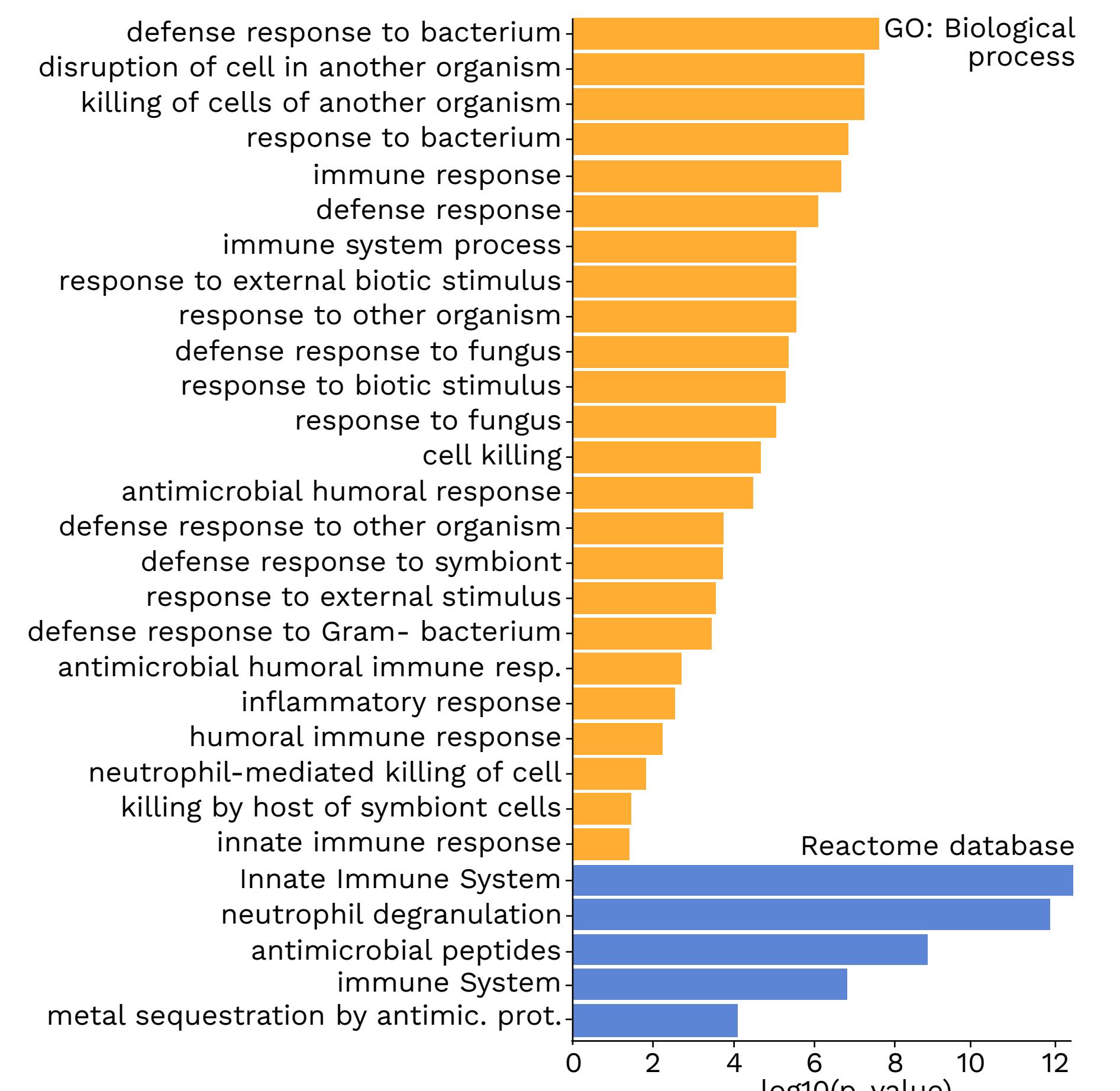
Calprotectin and S100A12: doi.org/b42ppz

As well as immunoglobulins, inflammation and innate immune system response

Which functional categories are significantly enriched in IBD samples?



Proteins significantly upregulated in IBD, n=48



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