

BIOMARKERS (NON-NEUROIMAGING)

A structure-based fluid biomarker for the differential diagnosis of early-stage neurodegenerative diseases measured by the immuno-infrared-sensor (iRS)

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Abstract

Background: Neurodegenerative diseases like Alzheimer's (AD) and Parkinson's disease (PD) are accompanied by misfolding of the key proteins into beta-sheet enriched structures resulting in high neurotoxicity in early phases. We have developed a diagnostic immuno-infrared-sensor (iRS) that monitors the secondary structure distribution of these key proteins (Abeta for AD, alpha-synuclein for PD) as an early detectable biomarker before the clinical manifestation, which is shown exemplarily for AD.¹

Method: The iRS combines the secondary-structure-specific infrared spectroscopy in a flow system based attenuated total reflection (ATR) set-up with methods of immuno-detection by surface-immobilized antibodies. The antibodies specifically capture disease-related target proteins (e.g., Abeta) from complex media (cerebrospinal fluid or blood plasma) for measurements. The readout is the amide-I band, which directly reflects the secondary structure distribution of the captured proteins in body fluids and thus, indicates the protein misfolding: The lower the amide-I frequency, the higher the content of misfolded Abeta species in the sample present.²

Result: The structure biomarker for Abeta has been validated in multiple independent clinical studies with strong correlation to CSF biomarkers and PET scans.^{1,3-5} Especially, very early preclinical AD could be identified in symptom-free individuals before plaque formation, up to 17 years before the diagnosis.⁶

Conclusion: The results demonstrate a highly specific and sensitive immune-assay capable of tracking structural changes of Abeta before clinical manifestation of AD. In addition, alpha-synuclein and TDP-43 misfolding indicate PD and ALS in current discovery studies, providing a tool for differential diagnosis at early stages.

References:

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⁶Beyer, L., et al. 2023. *Alzheimer's Dement.* 19: 1020-1028