

# Neu5Ac and Neu5,9Ac<sub>2</sub> in Human Plasma: Potential Biomarkers of Cardiovascular Disease



J. Cheeseman<sup>1,2</sup>, C. Badia<sup>1</sup>, G. Elgood-Hunt<sup>1</sup>, D. N. Trinh<sup>3</sup>, R. A. Gardner<sup>1</sup>, D. I. R. Spencer<sup>1</sup>, G. Kuhnle<sup>4</sup>, M. P. Monopoli<sup>3</sup>, H. M. I. Osborn<sup>2</sup>

<sup>1</sup>Ludger, Development, Oxford, United Kingdom

<sup>2</sup>University of Reading, School of Pharmacy, Reading, United Kingdom

<sup>3</sup>Royal College of Surgeons in Ireland, Chemistry Department, Dublin, Republic of Ireland

<sup>4</sup>University of Reading, Department of Food and Nutritional Sciences, Reading, United Kingdom



## Introduction

- N-Acetyl neuraminic acid (Neu5Ac) has previously been identified as a potential biomarker for the prediction of cardiovascular disease (CVD). This research aimed expanded scope to also investigate 9-O-acetyl-N-acetyl neuraminic acid (Neu5,9Ac<sub>2</sub>)
- Sialic acids were quantified by labelling with 1,2-diamino-4,5-methylenedioxybenzene (DMB) followed by analysis using reverse-phase ultra-high pressure liquid chromatography (RP UHPLC)
- N-glycans were also investigated as many are highly sialylated structures, these were labelled with procainamide and analysed using hydrophilic interaction liquid chromatography (HILIC)
- Receiver operator curves (ROC) were prepared to determine the predictive power of sialic acids and N-glycans with regards to CVD. These were compared to a well-established biomarker: c-reactive protein (CRP)

## Workflow

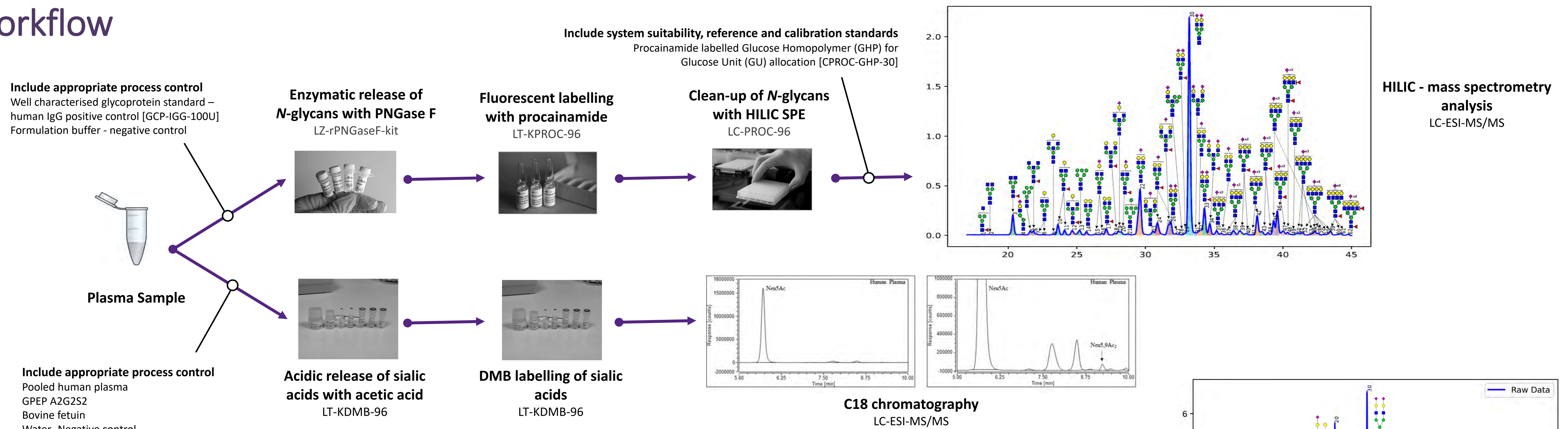


Figure 1. Workflow for N-glycan analysis and sialic acid analysis of plasma samples. Including HPLC trace of full plasma N-glycan profile and sialic acids (Neu5Ac and Neu5,9Ac<sub>2</sub>).

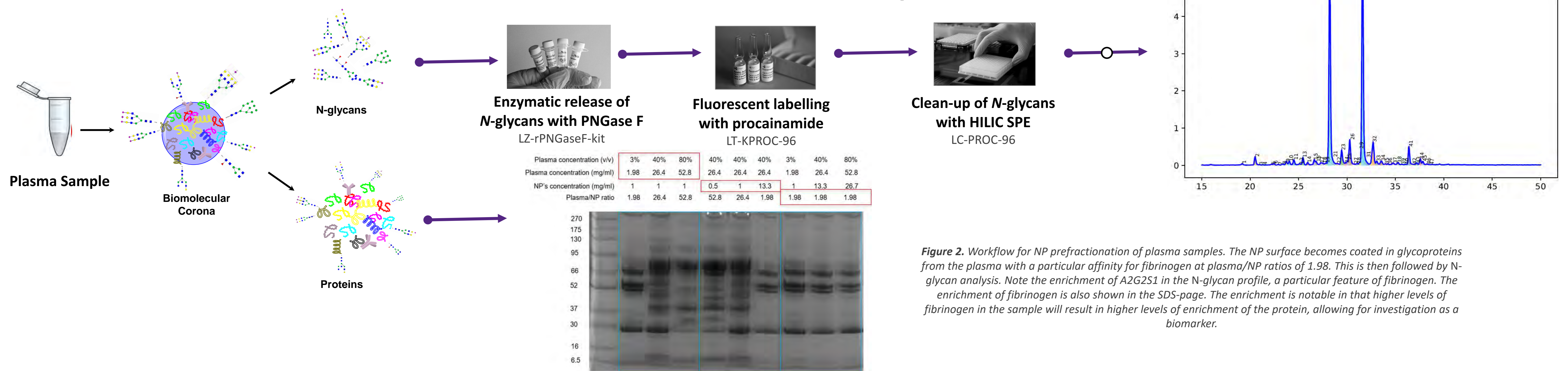


Figure 2. Workflow for NP prefractionation of plasma samples. The NP surface becomes coated in glycoproteins from the plasma with a particular affinity for fibrinogen at plasma:NP ratios of 1.98. This is then followed by N-glycan analysis. Note the enrichment of A2G2S1 in the N-glycan profile, a particular feature of fibrinogen. The enrichment of fibrinogen is also shown in the SDS-page. The enrichment is notable in that higher levels of fibrinogen in the sample will result in higher levels of enrichment of the protein, allowing for investigation as a biomarker.

## Results

	Healthy Controls	CVD Patients
n	30	30
Age (Years)	65 ± 13	59 ± 22
Male:Female Ratio	14:16	14:16
Mean Plasma Neu5Ac (mg/100 mL)	45.19 ± 8.46	63.55 ± 17.49
Mean Plasma Neu5,9Ac <sub>2</sub> (mg/100 mL)	0.32 ± 0.06	0.49 ± 0.19
Mean Plasma CRP (mg/L)	1.85 ± 2.37	6.21 ± 15.25

Table 1. Plasma sample cohort details

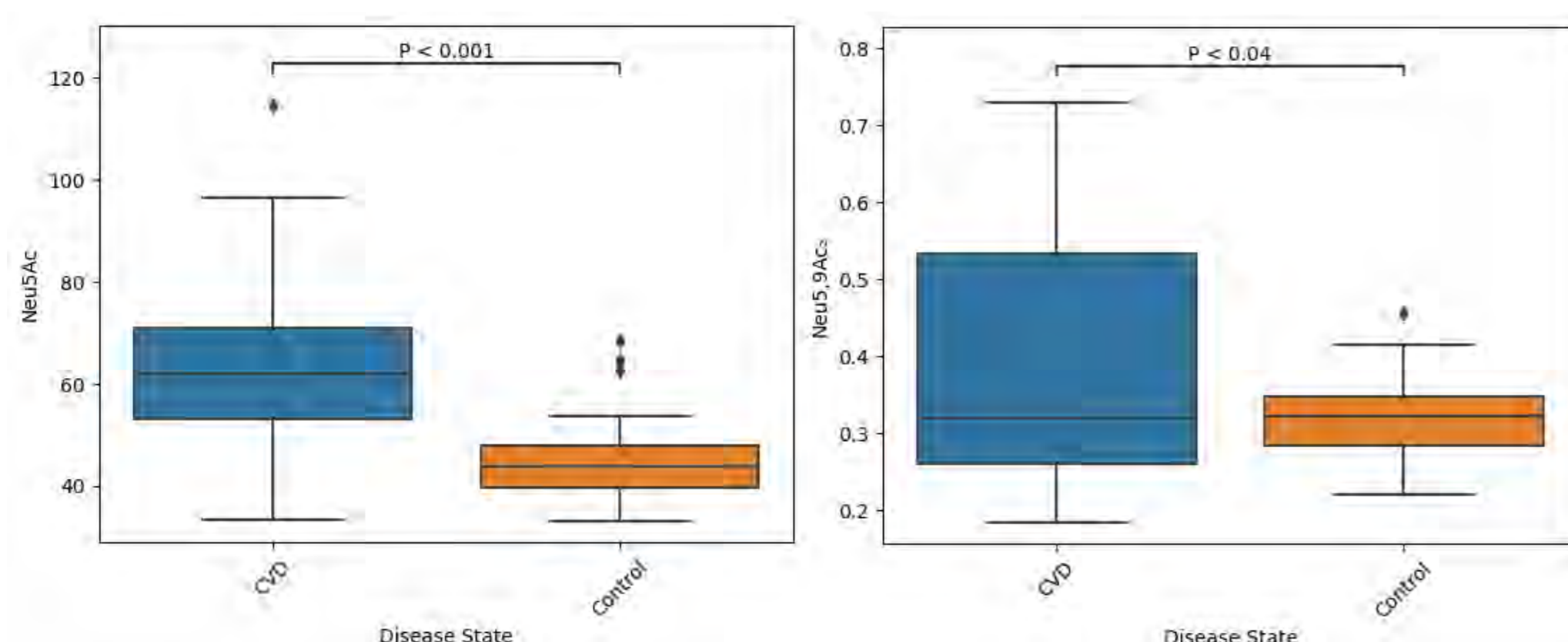


Figure 3. Box plots showing the differences in concentration of plasma Neu5Ac and Neu5,9Ac<sub>2</sub> between CVD patients and healthy controls. Both compounds are significantly elevated in the CVD cohort as compared to healthy controls.

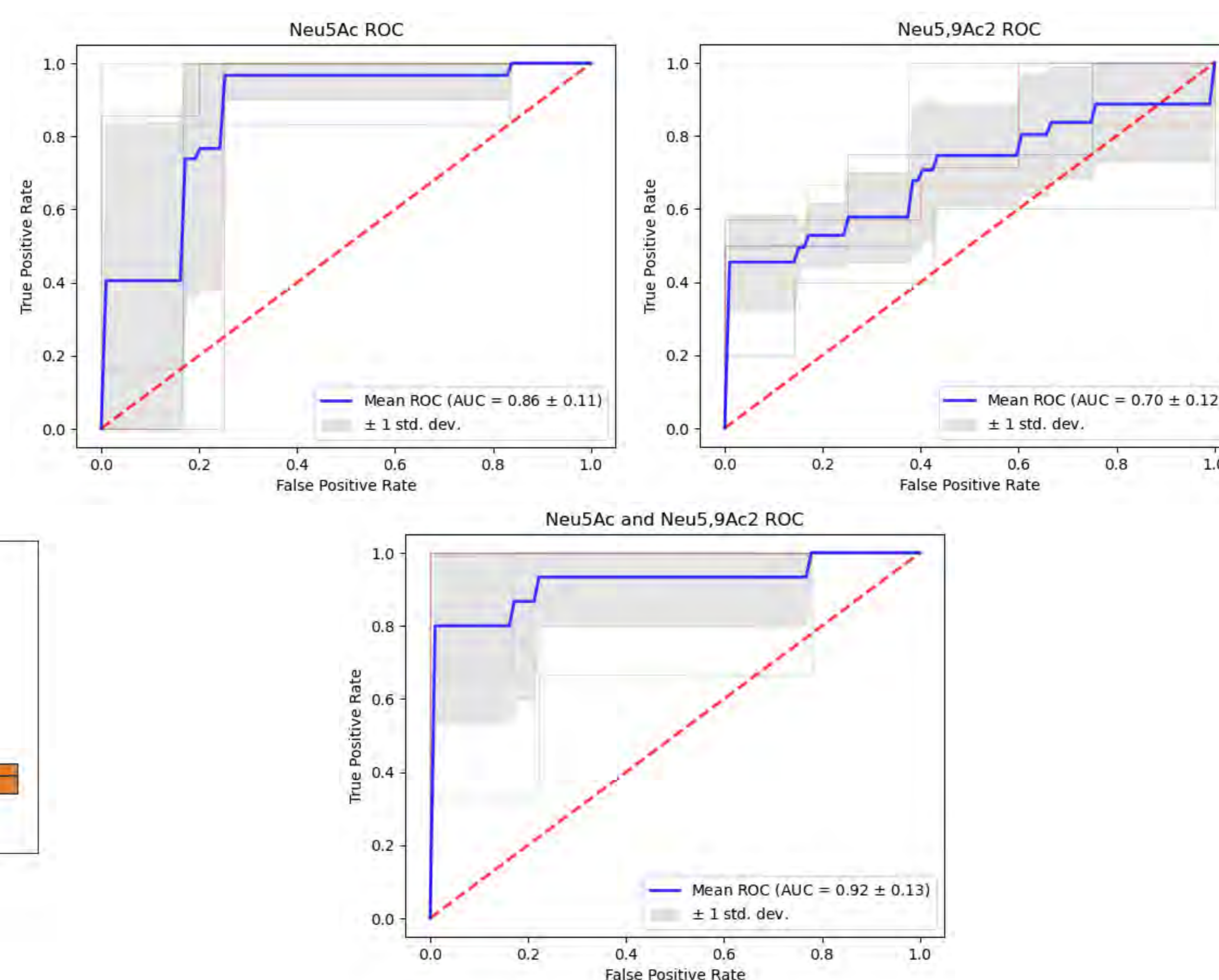


Figure 4. ROC analysis of sialic acids in plasma. A combination marker of Neu5Ac and Neu5,9Ac<sub>2</sub> shows very good predictive power for CVD with a value of 0.92.

	Sensitivity	Specificity	F-Score	AUC
Neu5Ac	0.82 ± 0.16	0.81 ± 0.17	0.80 ± 0.12	0.86 ± 0.12
Neu5,9Ac <sub>2</sub>	0.44 ± 0.22	0.82 ± 0.17	0.51 ± 0.20	0.71 ± 0.12
Neu5Ac + Neu5,9Ac <sub>2</sub>	0.87 ± 0.13	0.90 ± 0.12	0.88 ± 0.13	0.93 ± 0.10
C-reactive protein				0.50 ± 0.14

Table 2. Summary of ROC analysis of Neu5Ac, Neu5,9Ac<sub>2</sub> and combined Neu5Ac/Neu5,9Ac<sub>2</sub> as well as CRP.

N-Glycan	P-value	AUC	Structure
FA1	0.0046	0.79	
A2G2S2	0.0012	0.8	
Man3A1BG1S1	0.0049	0.81	
FA2G2S2	0.016	0.68	
FA3G3S3	0.0049	0.71	

Table 3. Summary of statistical significance and ROC analysis of N-glycans between the two groups of samples. Sialylated glycans showing elevation in CVD patients supports the elevation of sialic acid concentrations. Furthermore, the N-glycans show good levels of predictive power for CVD versus healthy controls as determined by ROC analysis.

## Conclusions

- Sialic acids and sialylated N-glycan structures are significantly elevated in patients with CVD versus healthy controls
- Both sialic acids and N-glycans can be used to distinguish between CVD patients and healthy controls with high levels of predictive power
- The predictive power of these markers is much higher than that of a well-established inflammatory marker (CRP)
- Fibrinogen can be preferentially enriched on NP surfaces giving insight into other inflammatory biomarkers

## References

1. Cheeseman J, Kuhnle G, Stafford G, Gardner RA, Spencer DI, Osborn HM. Sialic acid as a potential biomarker for cardiovascular disease, diabetes and cancer, *Biomark. Med.*, 15(11), 911–928, (2021). DOI: 10.2217/bmm-2020-0776
2. Cheeseman J, Badia C, Thomson RI et al. Quantitative Standards for 4-O acetyl and 9-O acetyl N-acetyl Neuraminic Acid for the Analysis of Plasma and Serum., *ChemBioChem.*, 23(5), e202100662, (2022). DOI: 10.1002/cbic.202100662
3. Monopoli MM, Aberg C, Salvati A, Dawson KA. Biomolecular coronas provide the biological identity of nanosized materials, *Nat. Nanotech.*, 7, 779–786, (2012). DOI: 10.1038/nnano.2012.207
4. Trinh DN, Radlinskaite M, Cheeseman J et al., Biomolecular corona stability in association with plasma cholesterol level, *J. Nanomater.*, 12 (15), 261, (2022). DOI: 10.3390/nano12152661.

## Acknowledgements

We would like to thank the MRC (MR/P015786/1) and Ludger Ltd. for funding this research. We thank the Irish Research Council for supporting the study (Enterprise Partnership Scheme Project EPSPG/2019/511).

## Contact for more information

Thank you for viewing my poster. If you'd like a copy or want to know more about our work, then please send me an email to [jack.Cheeseman@ludger.com](mailto:jack.Cheeseman@ludger.com)