

Analytical interference of paraprotein, albumin and gamma-globulin with the Elecsys Anti-SARS-CoV-2 Immunoassay.

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1. Introduction

- Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), shown in Figure 1, is the large, enveloped, single stranded RNA Coronavirus responsible for the ongoing global pandemic [1]. Infection with SARS-CoV-2 triggers the onset of Coronavirus disease 2019 (COVID-19) and can present asymptotically, with mild respiratory irritation or severe disease which can lead to lifelong complications and death [2].
- Reverse transcriptase polymerase chain reaction is used to diagnose SARS-CoV-2 infection [3].
- Serological antibody testing is a useful tool in epidemiological studies and monitoring antibody production in response to vaccination programmes [4].
- The Elecsys Anti-SARS-CoV-2 assay measured antibody titre using a recombinant protein which represents the nucleocapsid antigen in a double-antigen sandwich assay [5]
- The rapid implementation of SARS-CoV-2 serological antibody assays prevented the completion of adequate technical method validation, including the assessment of analytical interferences [6].
- Immunoassays are susceptible to interferences which can falsely elevate or depress measured analyte concentration [7]. The Hook effect can influence immunoassay performance by producing falsely low results, whilst the presence of paraprotein, albumin and gamma-globulin in samples possess the potential to interfere with measured analyte concentration [8].

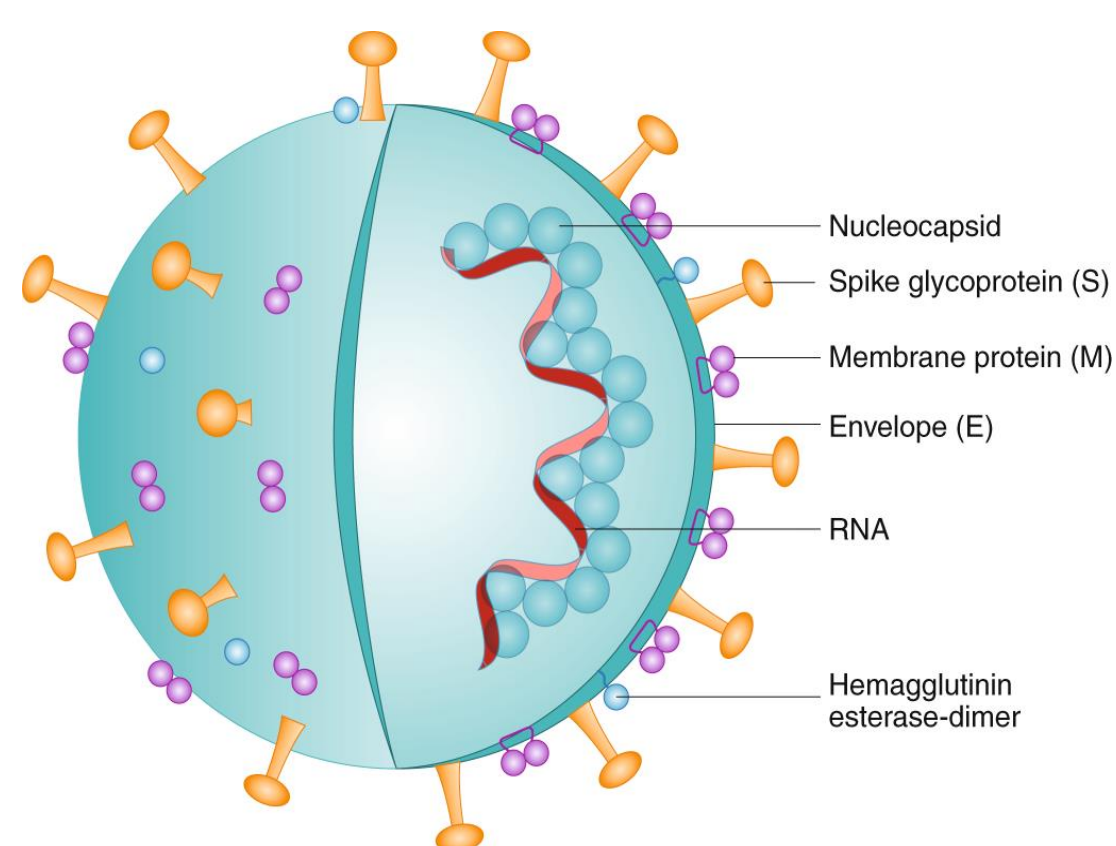


Figure 1 : Diagrammatic representation of SARS-CoV-2 structure. The RNA virus has four structural proteins, including spike and nucleocapsid proteins which are targets for humoral immune response [9].

Aim:

- The aim of this study was to evaluate the analytical performance of the Roche Elecsys Anti-SARS-CoV-2 immunoassay by assessing the interference of paraprotein, albumin and gamma-globulin.

2. Materials and Methods

Sample Collection: 18 paraprotein samples, 24 positive and 15 negative SARS-CoV-2 antibody samples were selected. A pool of negative sera was prepared.

Laboratory Measurements: SARS-CoV-2 antibody titre was measured using the Elecsys Anti-SARS-CoV-2 immunoassay on the Roche Cobas e 801 module. Results are given as a single result (cut off index (COI)). Total protein and albumin measurements were completed on the Roche c 702 module.

Linearity Assessment: A doubling dilutions series using SARS-CoV-2 antibody positive samples (n=3) producing neat, 1/2, 1/4, 1/8, 1/16, 1/32 dilutions.

Paraprotein Interference: 1/5 dilutions of SARS-CoV-2 antibody positive (n=15) and negative (n=15) samples with paraprotein and negative diluents.

Dilution with Paraprotein: Doubling dilutions series using SARS-CoV-2 antibody positive (n=3) samples in paraprotein and negative diluents producing neat, 1/2, 1/4, 1/8 and 1/16 dilutions.

Albumin and Gamma-Globulin Interference: 100 g/L stock solutions of albumin and gamma-globulin were prepared. Solutions of increasing protein concentration were produced, to which SARS-CoV-2 antibody positive serum was added.

Precision Study: Six 1/6 dilutions of SARS-CoV-2 antibody positive serum and 0.9% sodium chloride.

Data Analysis: Dependent T-test determined the significance between groups in paraprotein interference study and factorial repeated measures ANOVA evaluated paraprotein isotypes; completed on SPSS. Coefficient of variation was calculated as standard deviation divided by mean and the F values were determined using an F-test in Microsoft Excel.

3. Results

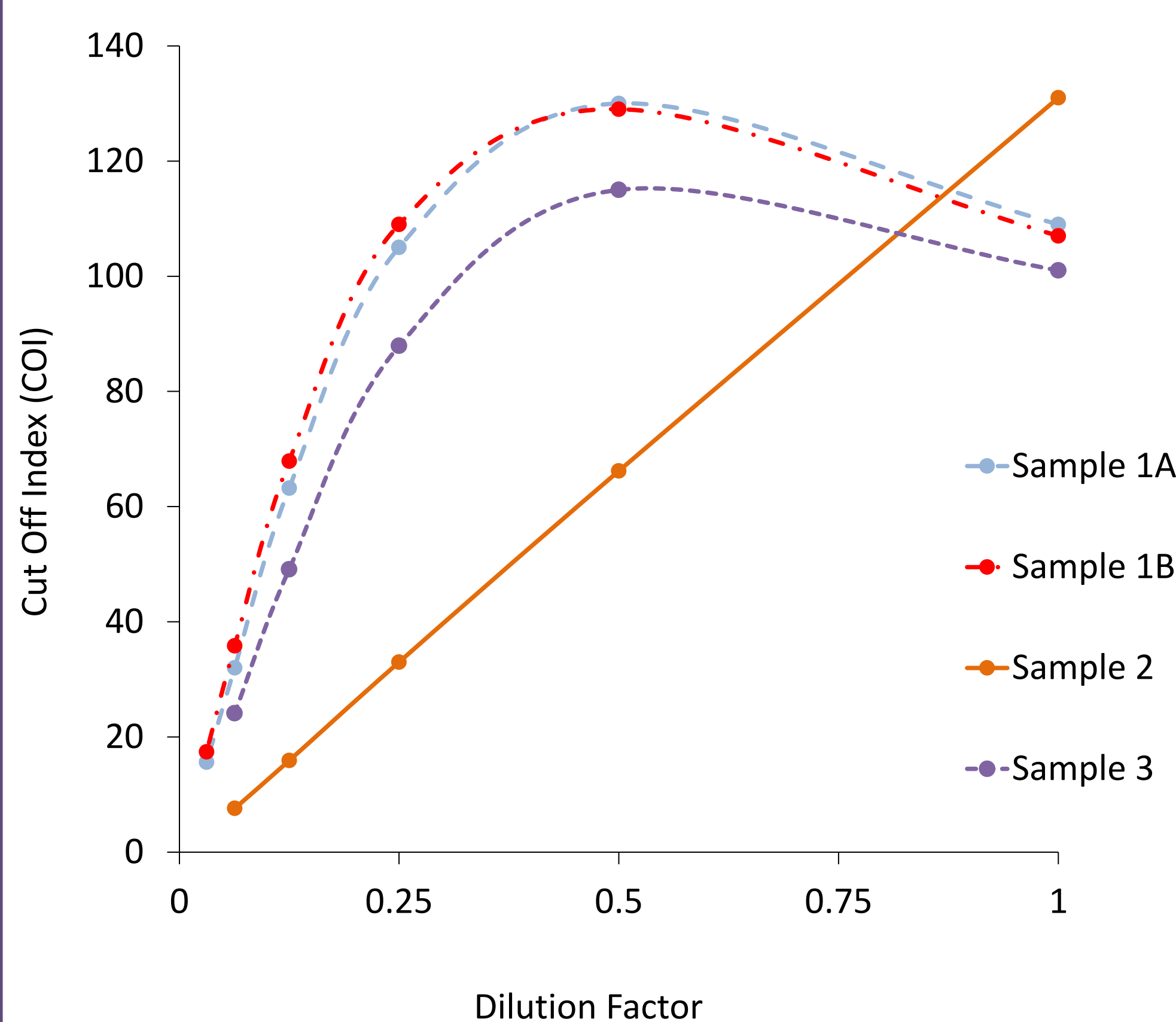


Figure 2: Dilution curve profiles for three SARS-CoV-2 antibody positive serum samples.

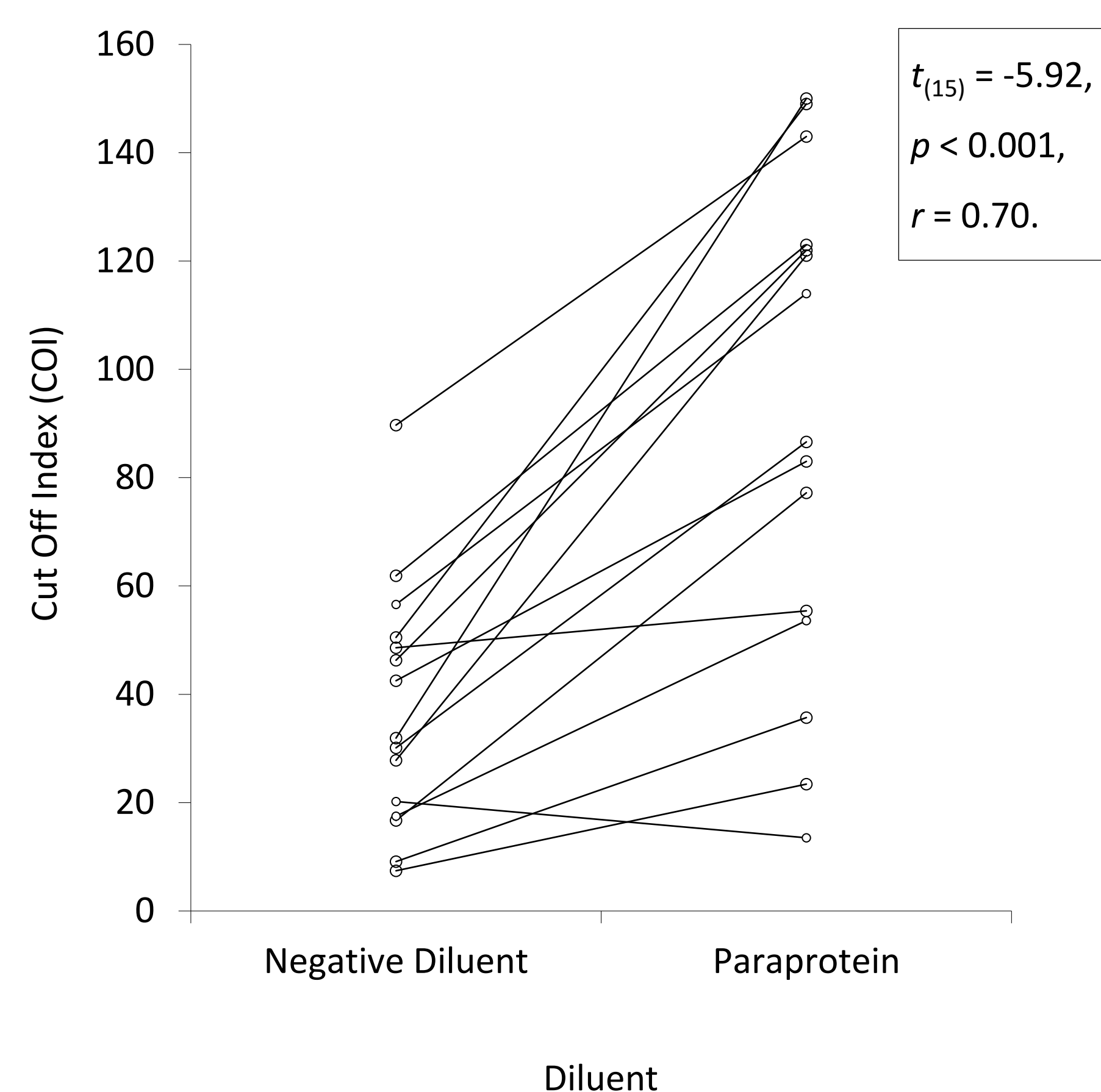


Figure 3: COI measurements for SARS-CoV-2 antibody positive samples (n=15) when negative diluent and paraprotein were added.

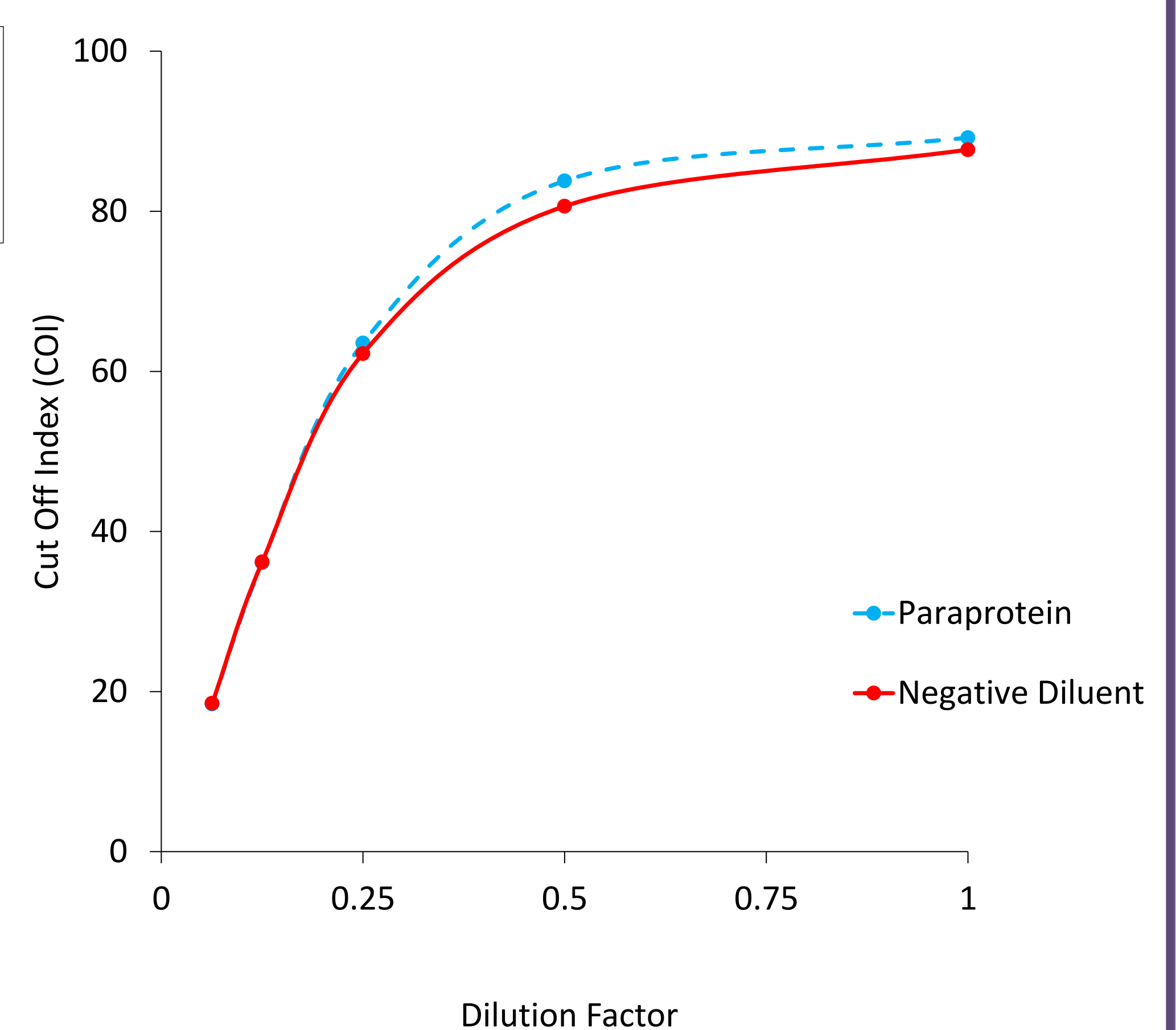


Figure 4: Mean COI of three SARS-CoV-2 antibody positive serum samples diluted in negative diluent and paraprotein.

4. Conclusions

- The Elecsys Anti-SARS-CoV-2 immunoassay did not produce a linear dilution pattern.
 - Lau *et al.*, [10] identified linearity in the Elecsys Anti-SARS-CoV-2 assay for COI values between 1.0 and 90.8, after which a curvilinear dilution pattern was observed.
 - Not all paraproteins elicited analytical interference.
 - It is likely that mechanisms behind paraprotein interference are specific to the unique properties of each paraprotein, as suggested by Kemble, Lamothe and Uhl [11].
 - There was no evidence of interference with albumin or gamma-globulin. Comparison to precision study suggested an alternative unidentified source of interference may be present in samples.
- Limitations:**
- Not all components of serum were controlled.
 - Limited sample availability.
 - Change in reagent lot number resulted in lack of consistency in results.
- Further Experiments:**
- Gel filtration chromatography can be used to separate paraproteins from samples, controlling all other components of serum.
 - Evaluation of other possible interferants, such as calcium or other antibodies which may be present in the serum.
 - Investigate the same analytical interferences on an alternative analyser.

5. References

- Hartenian E, Nandakumar D, Lari A, Ly M, Tucker J, Glausinger B. The molecular virology of coronaviruses. *Journal of Biological Chemistry* [Internet]. 2020 [cited 17 April 2021];295(37):12910-12934. Available from: <https://www.sciencedirect.com/science/article/pii/S0021925817499546> ; 2. Macera M, De Angelis G, Sagnelli C, Coppola N. Clinical Presentation of COVID-19: Case Series and Review of the Literature. *International Journal of Environmental Research and Public Health* [Internet]. 2020 [cited 17 April 2021];17(4):1-11. Available from: <https://www.mdpi.com/1660-4601/17/4/5062/htm> ; 3. Torretta S, Zucconi G, Cristofaro V, Etori J, Solimeno L, Battilocchi L et al. Diagnosis of SARS-CoV-2 by RT-PCR Using Different Sample Sources: Review of the Literature. *Ear, Nose & Throat Journal* [Internet]. 2020 [cited 17 April 2021];100(25):1315-1385. Available from: <https://journals.sagepub.com/doi/full/10.1177/0145561320953231> ; 4. Higgins V, Fabros A, Kulasingam V. Quantitative Measurement of Anti-SARS-CoV-2 Antibodies: Analytical and Clinical Evaluation. *Journal of Clinical Microbiology* [Internet]. 2021 [cited 17 April 2021];59(4):1-7. Available from: <https://jcm.asm.org/content/59/4/e03149-20.abstract> ; 5. Elecsys Anti-SARS-CoV-2. Kit Insert [Internet]. 2020 [cited 21 March 2021]. Available from: <https://pim-eservices.roche.com/ELD/api/downloads/509908bb-58ca-ea11-0091-005056a71a5d?countryIsoCode=gb> ; 6. Andersson M, Low N, French N, Greenhalgh T, Jeffery K, Brent A et al. Rapid roll out of SARS-CoV-2 antibody testing—a concern. *BMJ* [Internet]. 2020 [cited 17 April 2021];369:m2420. Available from: <https://www.bmj.com/content/369/bmj.m2420.full> ; 7. Ward G, Simpson A, Boscato L, Hickman P. The investigation of interferences in immunoassay. *Clinical Biochemistry* [Internet]. 2017 [cited 17 April 2021];50(18):1306-1311. Available from: <https://www.sciencedirect.com/science/article/pii/S0005912017307178?via%3Dihub> ; 8. Warade I. Retrospective Approach to Evaluate Interferences in Immunoassay. *The Journal of the International Federation of Clinical Chemistry and Laboratory Medicine* [Internet]. 2017 [cited 20 April 2021];28(3):224-232. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5655638/> ; 9. Florindo H, Kleiner R, Vaskovich-Koubi D, Acúrcio R, Carreira B, Yeini E et al. Immune-mediated approaches against COVID-19. *Nature Nanotechnology* [Internet]. 2020 [cited 17 April 2021];15(8):630-645. Available from: <https://www.nature.com/articles/s41565-020-0732-3> ; 10. Lau C, Hoo S, Yew S, Ong S, Lum L, Heng P et al. Evaluation of an Electrochemiluminescent SARS-CoV-2 Antibody Assay. *The Journal of Applied Laboratory Medicine* [Internet]. 2020 [cited 26 March 2021];5(6):1313-1323. Available from: <https://academic.oup.com/jalm/article/5/6/1313/5876837> ; 11. Kemble D, Lamothe S, Uhl L. Not the usual suspect: Polymeric IgA paraprotein causes false positive results in kinetic interaction of microparticles in solution (KIMS) immunoassays. *Clinical Biochemistry* [Internet]. 2021 [cited 3 April 2021]. Available from: <https://www.sciencedirect.com/science/article/abs/pii/S0005912021000709>