

DISTRIBUTION OF PROTEINS IN THE DIFFERENT PARTS OF THE SCHIRMER STRIPS

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1. INTRODUCTION

Tear Film	Collection method of choice?	Proteomics		
 Protection, lubrication, and <u>nutrition</u> of ocular surface (OS)¹ Optically smooth surface for good refraction ² Accessible and useful source for evaluation of OS diseases, inflammation³, prognosis and diagnostic purposes ¹ Tear protein profiles have been extensively investigated in multiple proteomic studies ^{4, 5}. 	 Schirmer strip (ScS) A standard clinical test for tear production, evaluation & collection ^{6, 7} Reliable, rapid ⁸ Collects both tear fluid and conjunctival cells ⁹ (More proteins 	 <u>TimsTOF Pro* mass spectrometry (MS)</u> LC-MS/MS can identify and quantify large numbers of tear proteins ¹⁰ Highly efficient and sensitive tool for tear proteome analysis ^{11, 12} Multidimensional proteomics (nano-LC**+ ion mobility + m/z ***+TOF) ¹² 		
	Bulb Rest	<pre>* timsTOF Pro: Trapped ion mobility spectrometry coupled with quadrupole time-of-flight ** nano-LC: Nalo- liquid chromatography *** m/z: Mass to charce ratio</pre>		

OBJECTIVE

To analyze and compare protein composition in different parts of the Schirmer strips by using a comprehensive proteomics approach based on timsTOF Pro, a highly sensitive mass spectrometry technology.

2. METHODS

Tear sample collection and processing



R, right eye; L, left eye; a.m., in the morning; p.m., in the afternoon; ¹, healthy subject-1; ², healthy subject-2

Steps to protein identification



*Ultra High Pressure Liquid Chromatography; ** Tandem mass spectrometry

3. **RESULTS (1)**



➢ Processing B and R separately, increased the NIPs by 49.6% more than processing the entire strip.



R

349

23.7%

3. RESULTS (2)

Gene Ontology Analysis of Identified Proteins



Except in catalytic activity, no important differences observed in the Gene Ontology analysis of W, B and R

Catalytic activity + Binding = ~80%

Cellular process + Metabolic process = ~50%

3. **RESULTS (3)**

Comparison of protein classes in different parts of the strip

Protein Class		В	R
metabolite interconversion enzyme		224	177
protein modifying enzyme		102	105
cytoskeletal protein		76	79
defense/immunity protein		63	63
protein-binding activity modulator		67	64
translational protein		83	84
calcium-binding protein		32	30
chaperone		28	31
membrane traffic protein		25	29
extracellular matrix protein	19	13	16
scaffold/adaptor protein	19	26	20
nucleic acid metabolism protein	17	29	42
transfer/carrier protein		17	19
transporter	16	15	24
transmembrane signal receptor	12	10	10
intercellular signal molecule	11	12	15
cell adhesion molecule	8	8	9
chromatin/chromatin-binding		15	13
gene-specific transcriptional regulator	5	6	6
structural protein		2	3
viral or transposable element protein		0	1
cell junction protein	0	1	1

Distribution of enzyme families in tear proteome



> 480 enzymes identified from W+B+R together

3. **RESULTS (4)**

Proteins involved in various signaling pathways



The number of total proteins from the whole strip (W), the bulb (B) and rest of the strip (R) involved in these pathways were: Apoptosis \rightarrow 61 Complement cascade \rightarrow 15 Interferon (IFN) \rightarrow 17

Matrix metalloproteinses (MMPs) → 18

Cell Junction \rightarrow 10

Lipid Metabolism \rightarrow 21

Each bar represents one protein except black bars . The black bars to separate the common proteins in different parts of ScS.

- ✓ A total of **1582 proteins** were identified by separately investigating the different parts of the Schirmer strips, with the identification of 49.6% additional proteins.
- ✓ This methodology could improve the pre-analytical steps before MS analysis.
- Enzymes formed the largest protein group of the tear proteome, with an identification of 480 enzymes particularly from hydrolase (47.5%) and oxidoreductase (22.1%) enzyme families.
- ✓ The dataset created can help to model and compare <u>multiple signaling pathways</u> associated with ocular surface pathologies.
- ✓ TimsTOF Pro could also add a technical improvement for the investigation of biomarkers in ocular diseases.

5. REFERENCES

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