

Report on a High-throughput Blood Group Genotyping Prototype Using Matrix-assisted Laser Desorption / Ionization Time-of-Flight Mass Spectrometry (MALDI-TOF MS)

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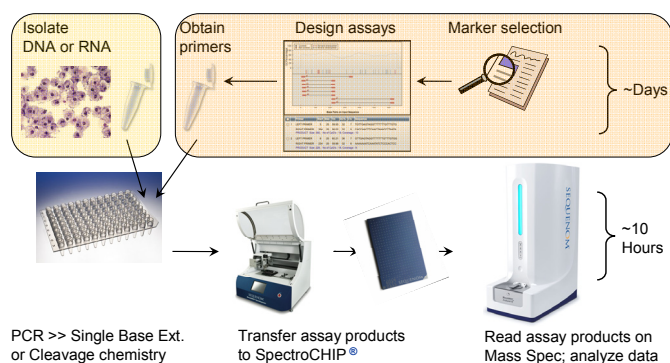
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Background

MALDI-TOF MS is an accurate, highly automatable and fast technology with the capacity of genotyping more than 150.000 single nucleotide polymorphisms (SNPs) per day (Figure 1). Therefore, genotyping of serologically Dneg, genetically RHD positive individuals, detailing blood donors' antigenic profiles and screening for blood donors with rare antigenic constellations, summarized as "high-through-put-blood group genotyping (ht-bg-GT)", may easily be carried out using this technique.

Figure 1: Typical MassARRAY® Assay Workflow

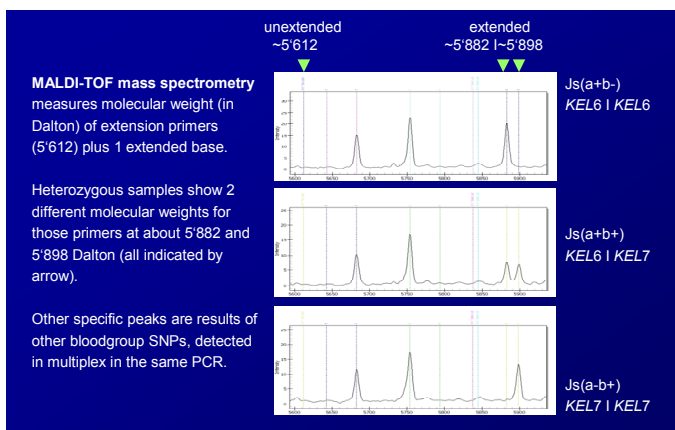
Using the 384 format: up to 150'000 genotypes per day, or e.g. 1'000 DNAs with 150 SNPs!



Methods

A set of SNPs, defining phenotypically relevant polymorphisms of RHD, KEL, JK, FY and MNS was defined and tested on a selectively compiled and genetically pretested donor DNA-panel. SNPs chosen were RHD-specific nucleotides for all 10 exons, and specific nucleotides for categories, partials, weaks, RHDdels and unexpressed RHDs (n=29), and RHC, c, E, e and W (n=5). For KEL, JK, FY and MNS, again, the major alleles and SNPs defining weakly or unexpressed alleles were considered (n=19). A total of 100 DNAs including rare alleles such as weak RHD type 15, RHDpsi(null), KEL2(IVS3+1G>A)null, or very rare genotypes such as KEL2, or FY*X homozygotes, were genotyped following the standard Sequenom MassARRAY iPLEX® Pro genotyping protocol (Figure 2).

Figure 2: Spectrogram of three different Jsa/Jsb (KEL6 | KEL7) genotypes



Results

For 10 out of 43 RH specificities tested, no positive control DNAs were included in the tested DNA-panel. However, PCR amplification for those alleles was still carried out in the various multiplex PCRs to emulate realistic amplification conditions. Of the remaining 33 specificities, 5 (e.g. weak RHD type 3), did not give any results, whereas all other (n=28) gave correct results. Additionally, testing for RHD exon specific SNPs also gave correct RHD gene copy number measurements. (Figure 3)

In KEL, JK, FY, and MNS genotyping, 4 out of 19 specificities were not included as positive control DNAs. However, 13 of a total of 15 SNPs were correctly typed. All KEL, JK and FY specificities could be multiplexed in one single multiplex PCR. Overall, 85% of all specificities with control DNAs available (28 plus 13 of 48) were already operating perfectly in the first test of the described prototype.

Figure 3: Measurement of gene copy numbers, e.g. zygosity of RHD

Genes of RHD and RHCE are shown with their 10 exons in scale, introns with 1/10 of their actual length, respectively. The 16 RHD-specific positions detected on RHD and RHCE are indicated in green and orange. Signal intensity of RHD is measured versus RHCE and ist proportional relative to RHD gene copy content. Plot on the lower left corner shows a theoretical picture of 113 DNAs with no RHD gene (no RHD signal), RHD/d heterozygosity (0.5 relative RHD signal) and RHD/RHD homozygotes (1.0 relative RHD signal). Plots above are actually obtained data of 113 DNAs at 3 different positions.

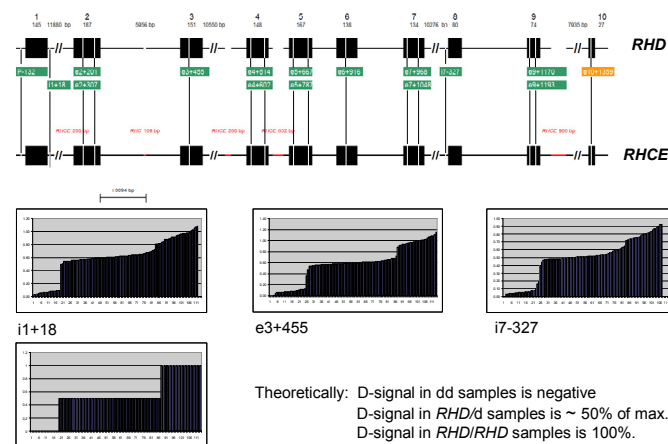


Figure 4: Specificities included in the various modules and current status

Modules for blood group genotyping include RHDbroad/RHCE, RHDhigh, KELL-JK-FY, MNS, Public vs RARE, and HPA/HNA and need 3, 2, 1, 2, 2, and 1 multiplex reaction each, respectively. Examples for various specificities in the various modules are given. Every module includes genetic sex testing and module RHDbroad/RHCE and Public vs RARE include raw ABO genotyping. This will allow a crosslink to phenotypically obtained donor data and avoid sample mixup for a cohort of e.g. 24 DNAs in a row.

RHDbroad / RHCE	3	RHDexon	P132, i1+18	e2+201, 307	e3+465,	e4+514,	16	15	1	0	♀	ABO A vs B (W1)		
		RHCE	RHC/c	RHC/C	RHC/W	RHE/e	4	3	1	0	♀	A vs O1 (W2)		
		CAT/PART	VII	DFL	DOL	DNB	6	3	1	2	♀	A vs O2 (W2)		
RHDhigh	2	WEAK	weak 1, 2, 3	weak 1.1	weak 4 var	weak 5	11	5	3	3	♀			
		DEL	K409K	IVS3+1G>A	X419L	M295I	4	2	0	2	♀			
		RHDneg	Dpsi (2X)	DCss (3 X)	2-9(203C)	W16X	10	6	1	3	♀			
			51							34	7	10	♀	
KELL-JK-FY	1	KEL	KEL1/2	KEL3/4	KEL6/7	Q348X	3	3	0	0	♀			
		KELnull, el	IVS8+1G>A	IVS3+1G>A	R128X	Q348X	6	3	1	2	♀			
		JK (multi)	JK*A/B	IVS5+1G>A	Y194X	(swiss)	3	2	0	1	♀			
		FY (multi), X	FY*A/B	FY*X	FY*Ynull	(TTAT-67)	3	3	0	0	♀			
			15							11	1	3	♀	
MNS	2	MNS	MNS 1/2	MNS 3/4	MNS11(Ma)		2	1	1	0	♀			
		MNS	MNS11(Ma)				2	1	1	0	♀			
Public vs RARE	2	RAREs	LU 1/2, 8/4, 18/19	KELabove, DI 1/2, 3/4	YT 1/2, CO 1/2	RN 1/2, 3/6, 4/7	25	23	2	0	♀	ABO A vs B (W1) A vs O2 (W2)		
HPA / HNA	1	HPA	HPA-1, 6, 15				8	6	0	0	♀			
		HNA	HNA-1, 3-5				6	6	0	0	♀			

Conclusions

The observed success rate of the first prototype using MALDI-TOF MS for ht-bg-gt, is highly impressive. The described method is independent of fixed formats like DNA-chips, and users are therefore free to choose and configure modules for their needs. E.g., the presented KEL, JK and FY could represent such a module (Figure 4). An improved and extended second prototype, including additional specificities for rare blood group specificities such as e.g. Lu^a, Yt^b, Co^b and Kn^b is under construction.