# A novel approach for generating monoclonal HPA-1a antibodies from single HPA-1a specific B-cells



Janita J. Oosterhoff<sup>1</sup>, Thijs W. de Vos<sup>1,2,3</sup>, Leendert Porcelijn<sup>5</sup>, Rick Kapur<sup>1</sup>, Masja de Haas<sup>4,5</sup>, Federica Linty<sup>1</sup>, Ellen van der Schoot<sup>1</sup> and Gestur Vidarsson<sup>1</sup>

1. Department of Experimental Immunohematology, Sanquin Research, Amsterdam 2. Department of Neonatology, Leiden University Medical Centre, Leiden 3. Center for Clinical Transfusion Research, Sanquin Research, Amsterdam 4. Department of Obstetrics, Leiden University Medical Centre, Leiden 5. Platelet and Leukocyte Serology, Diagnostic Services Sanquin, Amsterdam

## Introduction

- Fetal and neonatal alloimmune thrombocytopenia (FNAIT) is a rare but potentially serious bleeding disorder in pregnancy caused by maternal alloantibodies targeting paternally-inherited antigens on platelets of the fetus/newborn
- The majority of FNAIT cases is caused by antibodies targeting the human platelet antigen (HPA)-1a, located on the β3-integrin that is expressed on platelets, endothelial cells and placental syncytiotrophoblasts
- The factors contributing to severe bleeding are largely unknown
- However, recent observations have highlighted that afucosylation of HPA-1aantibodies correlates with disease severity.
- In addition, some antibodies only recognize allbb3 (unique to platelets, in red) whereas others only recognize aVb3 (expressed on syncytiotrophoblasts and endothelial cells, in green) of which the latter type has been associated with enhanced bleeding.
- Cloning of HPA-1a-antibodies could provide valuable insights into anti-HPA-1a IgG biology and contribution to FNAIT disease severity.

## Results

Single cell sorting of platelet reactive memory B-cells and antibody cloning



#### Figure 1 | Overview of single cell sort of platelet reactive memory B-cells and antibody cloning

Flowchart describing the process starting with double positive B-cell sorting (sorting gate depicted on the left, named



## **Research aim**

## D-204 and M-204 are binding to HPA-1a in the context of both $\alpha IIb\beta 3$ and $\alpha V\beta 3$



#### Figure 2 | D-204 and M-204 bind to HPA-1a in the context of $\alpha IIb\beta 3$ and $\alpha V\beta 3$

HEK293T cells were transiently co-transfected with either  $\alpha$ IIb $\beta$ 3 or  $\alpha$ V $\beta$ 3. After 48h, cells were incubated with two existing HPA-1a monoclonal antibodies B2G1, 26.4 and D-204, M-204 at a concentration of 10µg/ml. MaH IgG FITC was used as secondary antibody for visualization by flow cytometry.

### No binding observed of D-204 and M-204 to HPA-1b



#### Figure 3 | D-204 and M-204 do not bind to HPA-1b

HEK293T cells were transiently co-transfected with either  $\alpha$ IIb $\beta$ 3 or  $\alpha$ V $\beta$ 3 both carrying the HPA-1b epitope. After 48h, cells were incubated with two existing HPA-1a monoclonal antibodies B2G1, 26.4 and D-204, M-204 at a concentration of 10µg/ml. MaH IgG FITC was used as secondary antibody for visualization by flow cytometry.

## **Conclusions**

1. Two novel HPA-1a specific antibodies are cloned from single B-cells using

dual labeled HPA-1a<sup>+</sup> PLTS

Obtaining insights into anti-HPA-1a IgG biology and contribution to FNAIT severity via generation of monoclonal HPA-1a antibodies

## **Methods**

- CD19<sup>+</sup> B-cells were isolated from an HPA-1a hyperimmunised pregnant woman. In parallel, HPA-1a<sup>+</sup> platelets (PLTS) were isolated and labelled with either Celltrace Violet or Far Red dye
- B-cells were incubated with a mix of labelled PLTS followed by analysis using flow cytometry
- ➤ We reasoned that B-cells, double positive for the PLTS dyes, are likely HPA-1a specific as they have strong potential to bind HPA-1a<sup>+</sup> PLTS

2. This approach could be adapted for other conformational epitopes



Isolation of PBMCs and B-cell enrichment (FNAIT patient)

Incubation of B-cells with PLTS