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A whole blood cytokine release assay employing short-term gluten challenge identifies patients with celiac disease on a gluten free diet



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Background and aim

Current diagnostic criteria for celiac disease (CD) require small bowel histology showing villous atrophy and crypt hyperplasia while gluten is consumed (Husby S, *et al.* JPGN. 2012)

Patients following gluten-free diet without a definite CD diagnosis present a challenge. They need reintroduction of gluten for weeks, but time to disease relapse and reappearance of typical markers is unpredictable (Catassi C, *et al.* Am J Clin Nutr 2007; Lahdeaho ML, *et al.* BMC Gastroenterol 2011)

T cells specific for certain "dominant" gluten peptides circulate in blood 6 days after commencing 3-day oral gluten challenge in patients with CD on strict gluten free diet (Anderson RP, *et al.* Nat Med 2000, Tye-Din JA, *et al.* Sci Transl Med 2010)

The aim was to design and test a simple blood test to detect gluten specific T cells after a brief 3-day wheat challenge in treated CD patients carrying genes encoding HLA-DQ2.5.

Subjects and methods

Participants: 27 HLA-DQ2.5 treated CD and 16 non-CD control subjects without immune-suppressant medication. All participants completed 3-day wheat bread challenge. Blood from 3 DQ2.5 untreated CD subjects on a normal diet (no gluten challenge) was also studied. Chymotrypsin-digested wheat gliadin deamidated by transglutaminase, or T-cell stimulatory gluten peptides were incubated with PBMC freshly isolated from heparinized blood, or fresh whole blood. IFN- γ secreting T cells specific for gliadin or peptides were enumerated in PBMC by overnight ELISpot assay (spot forming cells) using fresh PBMC (16h incubation). IFN- γ (secreted by T cells) and IFN- γ inducible protein-10 (secreted by monocytes) in plasma after whole blood was incubated for 24h were quantified by ELISA. Cytokine data were compared by Kruskal-Wallis test and Spearman Rank test. Response to medium was subtracted. Cut-off and performance were calculated by ROC analysis utilizing MedCalc. Symptoms were compared by Fisher's exact test.

Peptides tested were:

1. pELQPFQPELPYPQPQ (overlapping DQ2.5-gli- α 1/ α 2 epitopes)
2. pEQPFQPEQPFQWQP (overlapping DQ2.5-gli- ω 1/ ω 2 epitopes)
3. pEEQPIEQPQYPYPQ (DQ2.5-hor-3 epitope)

Equimolar cocktail 1 (C1): peptides 1+2; cocktail 2 (C2): peptides 1+2+3.

Results

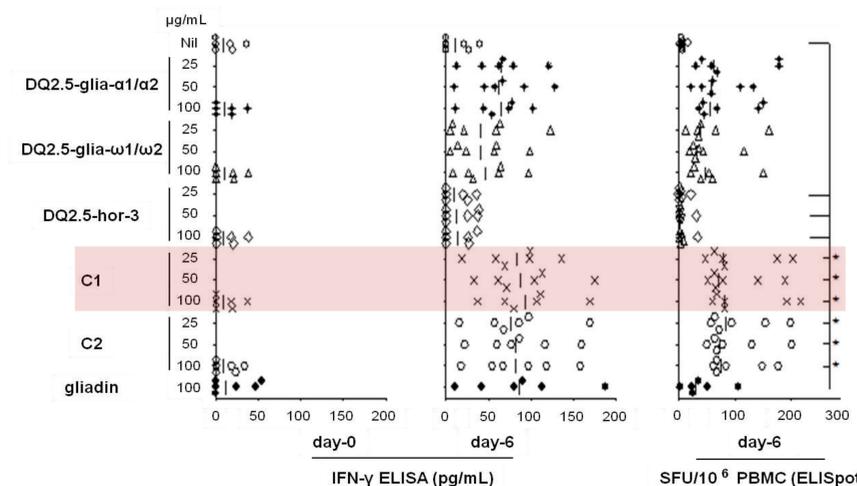


Symptoms after 3-day wheat challenge:
No difference between CD and non-CD

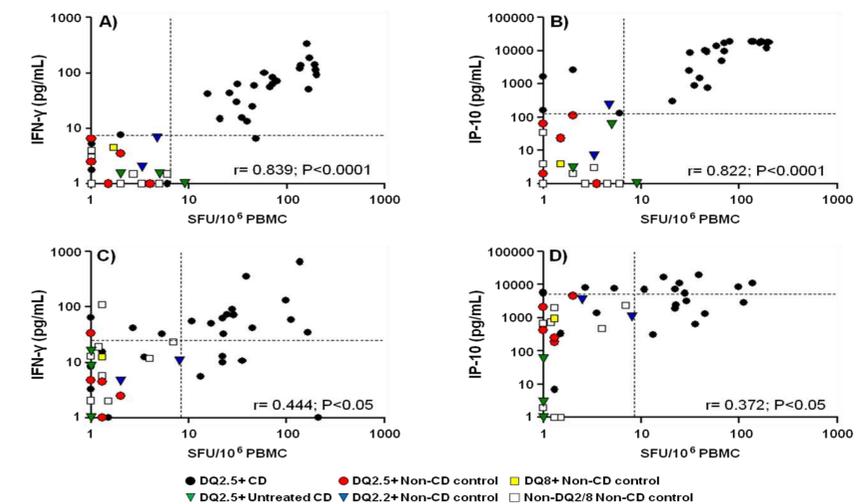
Symptom	HLA-DQ2.5 Treated CD n=27 (%)	Non-CD controls ¹ n=16 (%)	P-value (Fisher's exact test)
Asymptomatic	6 (22.2)	2 (12.5)	0.688
Nausea	4 (14.8)	2 (12.5)	1.0
Constipation	2 (7.4)	4 (25.0)	0.174
Vomiting	2 (7.4)	1 (6.3)	1.0
Lethargy	6 (22.2)	7 (43.8)	0.178
Diarrhea	7 (25.9)	5 (31.3)	0.737
Bloating	5 (18.5)	6 (37.5)	0.278
Abdominal pain	7 (25.9)	4 (25.0)	1.0
Headache	2 (7.4)	1 (6.3)	1.0
Irritability	0	3 (18.8)	0.045
Flatulence	2 (7.4)	1 (6.3)	1.0
Arthralgia	0	2 (12.5)	0.133
Insomnia	0	1 (6.3)	0.372
Mouth ulcers	0	2 (12.5)	0.133
"Swollen glands" in neck	0	1 (6.3)	0.372

Lethargy, diarrhea, bloating and abdominal pain were the most common symptoms in the two groups. All participants completed the 3-day wheat challenge.

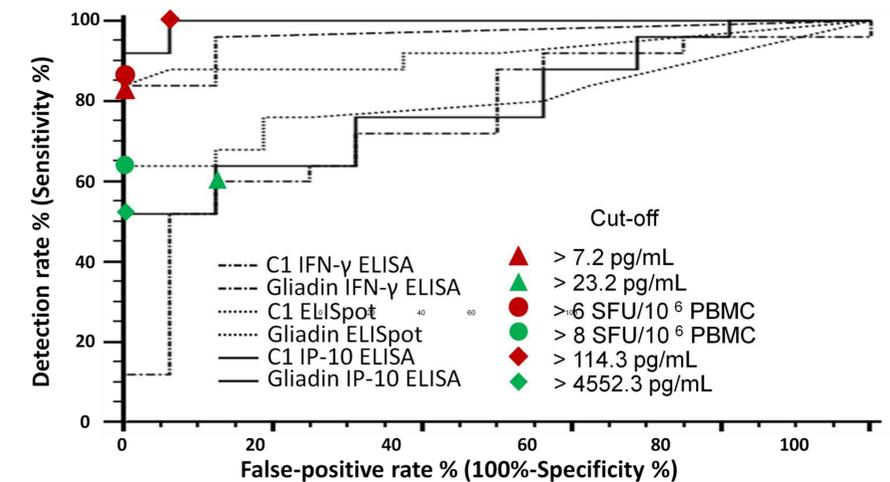
IFN- γ responses to gliadin and gliadin peptides:
Whole blood ELISA and ELISpot yield similar results
Day-6 responses after oral wheat challenge elevated to peptides 1 & 2, and gliadin



Peptides 1+2 (C1) IFN- γ ELISpot and whole-blood IFN- γ and IP-10 ELISAs closely correlated



Peptides 1+2 (C1) IFN- γ and IP-10 release assays highly specific and sensitive for CD



Conclusions

The whole-blood assay shows advantages over current diagnostic modalities for patients on strict gluten free diet:

- Highly sensitive and specific for CD
- Requires just 3 days gluten exposure
- Simple blood test using established platform

The assay offers the first potential diagnostic for CD in HLA-DQ2.5 patients already following gluten free diet.