# **Diversity of Amyloid-beta Proteoforms in the Alzheimer's Disease Brain**

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**Supplementary Figure 1. Separation of Aβ from other co-immunoprecipitated proteins. A**. Quantitative tracking of total Aβ during each step of the C<sub>8</sub> extraction process. Quantitative tracking of total A $\beta$  monomer equivalents during each step of the C<sub>8</sub> SPE process. Input, starting amount of Aβ placed in the C<sub>8</sub> SPE tip after conditioning and equilibration with 60% ACN/0.05% TFA and 0.05% TFA (*aq*), respectively; Flowthrough, unbound input material eluting through the tip; Wash, material eluting after wash steps in 10% ACN/10% TFA; Elution, material eluting after wash with 60% ACN/10% TFA; Salvage, material remaining in the sample tube salvaged with neat formic acid. Pt., participant; P, parietal lobe; F, frontal lobe. **B**. Representative quantitative tracking of total protein during each step of the  $C_8$  extraction process. Total protein levels were undetectable (below 156.2 ng/mL, by NanoOrange) in the flowthrough where Aβ elutes (panel A). As comparison, Targa®  $C_{18}$  SPE micro-spin columns demonstrate release of nearly all protein in the flowthrough, where Aβ also elutes.



**Supplementary Figure 2. Protease inhibitor comparison. A.** Logarithmic MS1 intensity of truncated Aβ proteoforms in the more insoluble fraction (100K) from a representative participant sample. **B.** Logarithmic MS1 intensity of truncated Aβ proteoforms in the soluble fraction (475K) from a representative participant sample. Standard buffer conditions with two protease inhibitors (aprotinin and leupeptin, see *Methods and Materials*) *versus*  homogenization buffer with 1X protease and phosphatase inhibitor cocktail. Data is represented as mean  $\pm$  S.D. of duplicated injections. \*\*  $q$  < 0.01 (*q*-values (*q* is a false discovery rate corrected p-value, where  $q \le 0.05$  is considered statistically significant).

**A**

**B**



incorrect conclusions. Overall these metrics are stable throughout the experiment. **Supplementary Figure 3. System performance over time during mass spectrometry data acquisition. A.** Peak area measurements (from full scan MS; log scale) of 29 bovine serum albumin (BSA) peptides injected throughout the CDR3 cohort data acquisition at 20 fmole for quality assurance/quality control (QA/QC) metrics over the four-day course of the CDR3 cohort data-dependent acquisition (DDA) experiment. **B.** Peak full width half maximum (FWHM) measurements of 29 BSA peptides. **C.** Retention time (minutes) metric of 29 BSA peptides. Retention time drifts were no more than ±1 min with the exception of peptide LSQKFPK (from 18.5 min to 16.1-16.7 min) in the first run, likely due to column equilibration at the beginning. **D.** Mass accuracy in parts-per-million (ppm) of 29 BSA peptides over the four-day course of the CDR3 cohort DDA experiment. Mass accuracy did not demonstrate a substantial drift *(e.g., ±*15 ppm). These system suitability metrics for DDA (*i.e*., untargeted) proteomic experiments are extracted from the data directly and do not require database searches (*i.e.,* identification-free metrics). These metrics allow determination of sub-optimal instrument performance which, in a untargeted proteomics experiments, can waste biological samples and lead to



**Supplementary Figure 4. Schematic of data analysis.** After top-down nLC-MS/MS data acquisition, Thermo .raw files were imported into PEAKS8 where the spectra underwent (**1**) charge state deconvolution and (**2**) mass detection. (**3**) Refined *m/z* data was searched in PEAKS8 successively by *de novo* sequencing, human canonical proteome database (DB), PEAKS PTM using all PTMs contained in the UniMod database, and finally SPIDER to match unidentified spectra by altering the amino acids systematically at each residue until a new, better peptide sequence was constructed from the MS/MS data. This resulted in 27 identified Aβ proteoform (**4**), which were coded by a 3rd party (**5**) and searched independently in the NRTDP platform (**6**). One Aβ proteoforms identified in PEAKS failed to be recapitulated with NRTDP (**7**). Mass spectrometry data for each of the 26 proteoforms was extracted with Skyline across all charge states for each proteoform (**8**). Data was standardized and analyzed in SAS (**9**).



**Supplementary Figure 5. Additional mass spectrometry data for Aβp11-42 and Aβ4-42 detected in human AD brain**. **A**. The *b*-ion and *y*-ion table for Aβp11-42. Blue text indicates detected *b*-ions, red text indicated detected *y*-ions. Bottom graph indicates mass error relative to expected mass as a function of expected mass. **B.** The *b*-ion and *y*-ion table for Aβ4-42. Bottom graph indicates mass error relative to expected mass as a function of expected mass.

### Supplementary Fig. 6A



Supp. Fig. 6B



# Supp. Fig. 6C





**Supplementary Figure 6. Tandem mass spectrometry data for proteoform Aβ1-34**. **A.**  Annotated sequence Aβ1-34 showing sites of fragment ion cleavage (vertical lines), *b* ions (underlines), and *y* ions (overlines). **B.** Complete list of theoretical fragment ions for this proteoform, with observed *b* ions indicated in blue and observed *y* ions indicated in red. **C.**  Error map of observed predicted mass/charge (*m/z*) ratio exported from PEAKS8. Blue indicates *b* ions, and red indicates *y* ions. **D.** Precursor ion isotopic envelope for this proteoform (-10logP: 61.66; RT: 51.60; Scan#7471; File: Pt6\_F\_SolAgg\_tech-rep2). The monoisotopic peak (M*<sup>i</sup>* ) is delineated in the isotopic envelope with dashed *red* line, while the peak the MS/MS triggered on is demarked with the dashed *blue* line. The observed *m/z* was 757.9772 (theoretical *m*/*z* = 757.9792), which was -2.6 parts per million (ppm) error from the theoretical mass of Aβ1-34.

# Supplementary Fig. 7A



#### Supp. Fig. 7B



# Supp. Fig. 7C





**Supplementary Figure 7. Tandem mass spectrometry data for proteoform Aβ1-20. A.**  Annotated sequence Aβ1-20 showing sites of fragment ion cleavage (vertical lines), *b* ions (underlines), and *y* ions (overlines). **B.** Complete list of theoretical fragment ions for this proteoform, with observed *b* ions indicated in blue and observed *y* ions indicated in red. **C.**  Error map of observed vs predicted mass/charge (*m/z*) ratio exported from PEAKS8. Blue indicates *b* ions, and red indicates *y* ions. **D.** Precursor ion isotopic envelope for this proteoform (-10logP: 47.74; RT: 41.26; Scan#6710; File: Pt4\_F\_SolAgg\_tech-rep1). The monoisotopic peak (M*<sup>i</sup>* ) is delineated in the isotopic envelope with dashed *red* line, while the peak the MS/MS triggered on is demarked with the dashed *blue* line. The observed *m/z* was 616.0483 (theoretical *m*/*z* = 616.0475, which was 1.3 parts per million (ppm) error from the theoretical mass of Aβ1-20.

#### **Supplementary Fig. 8A**



#### Supp. Fig. 8B



#### Supp. Fig. 8C





**Supplementary Figure 8. Tandem mass spectrometry data for proteoform Aβ11-34. A.**  Annotated sequence Aβ11-34 showing sites of fragment ion cleavage (vertical lines), *b* ions (underlines), and *y* ions (overlines). **B.** Complete list of theoretical fragment ions for this proteoform, with observed *b* ions indicated in blue and observed *y* ions indicated in red. **C.**  Error map of observed vs predicted mass/charge (*m/z*) ratio exported from PEAKS8. Blue indicates *b* ions, and red indicates *y* ions. **D.** Precursor ion isotopic envelope for this proteoform (-10logP: 59.56; RT: 52.52; Scan#8127; File: Pt5\_F\_SolAgg\_tech-rep1). The monoisotopic peak (M*<sup>i</sup>* ) is delineated in the isotopic envelope with dashed *red* line, while the peak the MS/MS triggered on is demarked with the dashed *blue* line. The observed *m/z* was 652.8522 (theoretical *m*/*z* = 652.8525, which was -0.46 parts per million (ppm) error from the theoretical mass of Aβ11-34.



**Supplementary Figure 9: Soluble and more insoluble Aβ proteoform correlations with post-mortem interval. A.** No significant correlation of soluble or more insoluble Aβ1-34 with PMI. **B**. High negative correlation of oxidized Aβ1-40 in the soluble fraction only with PMI. **C**. High positive correlation of oxidized Aβ1-42 in the more insoluble fraction only with PMI. **D-G**. No correlation ofAβ1-40, Aβ1-42, Aβ1-31, and Aβ1-20 in either the soluble or more insoluble fractions with PMI. **H.** High negative correlation of Aβ2-42 in the soluble fraction only with PMI. **I.** High negative correlation of Aβ3-42 in the soluble fraction only with PMI. **J.** No correlation with Aβp3-42 and PMI. **K.** High positive correlation of oxidized Aβ3-42 in the insoluble fraction only with PMI. **L-R.** No correlation of oxidized Aβp3-42, oxidized Aβ4-42, Aβ4-42, Aβ4-40, ammonium ion Aβ5-42, Aβ5-42, and oxidized Aβ5-42, in either the soluble or more insoluble fractions, with PMI. **S.** High positive correlation of oxidized Aβ8-42 in the more insoluble fraction only with PMI. **T-W.** No correlation of Aβ8-42, Aβ8-40, Aβ4-42, Aβ11-34, and Aβp11-42 in either the soluble or more insoluble fractions with PMI. **X.** High positive correlation of oxidized Aβp11-42 in the more insoluble fraction with PMI. **Y.** High positive correlation of Aβ11-42 in the more insoluble fraction and high negative correlation of Aβ11- 42 in the soluble fraction with PMI. **Z.** High positive correlation of oxidized Aβ11-42 in the more insoluble fraction with PMI. All analyses were done using Pearsons's correlation coefficient unless otherwise stated. \* *p* ≤ 0.05; *p* \*\* ≤ 0.01.

# **Supplementary Table 1**



Representative biochemical purifications of soluble high molecular weight Aß aggregates by immuneprecipitation. NanoOrange was used to measure total protein and Aß1-x ELISA to measure eluted Aß. Pt, participant; P, parietal lobe; F, frontal lobe.

# **Supplementary Table 2**



 $AB$  C<sub>8</sub> solid phase extraction separation characteristics. Quantitative tracking of total A $\beta$  monomer equivalents during each step of the C<sub>8</sub> SPE process. Input, starting amount of  $\mathsf{AB}$  placed in the  $\mathsf{C}_8$  SPE tip after conditioning and equilibration with 60% ACN/0.05% TFA and 0.05% TFA (aq), respectively; Flowthrough, unbound input material eluting through the tip; Wash, material eluting after wash steps in 10% ACN/10% TFA; Elution, material eluting after wash with 60% ACN/10% TFA; Salvage, material remaining in the sample tube salvaged with neat formic acid. SPE, solid phase extraction; Pt, participant; LLoQ, lower limit of quantitation.

### SUPPLEMENTARY DISCUSSION

### **Summary**

In summary, we have developed a method for further enrichment of  $\mathbf{A}\beta$  from the other, as-yet-uncharacterized protein components of the soluble Aβ aggregates and a top-down (undigested) nLC-MS/MS method for the mass spectrometric characterization of Aβ proteoforms (**Fig. 1, Supp. Fig. 1-3, Supp. Table 1-2**). Applying this combined approach to soluble aggregates and insoluble material in brains of 6 cases with severe dementia and pathologically confirmed AD, we found diversity of  $\mathcal{AB}$  peptides – 26 unique proteoforms total.

There are many unanswered questions arising from the data presented:

- 1. How do the observed truncations and PTMs affect AD pathology? The age of presentation of clinical dementia, rate of cognitive decline, and plaque growth/deposition?
- 2. If a large portion of Aβ peptide in both soluble and insoluble aggregates is modified (*e.g.,* truncated), how does this affect the binding and thus accuracy of PET-PIB and other amyloid-binding agents for imaging studies?
- 3. If Aβ is ~0.1% of total soluble aggregates based on Aβ1-x ELISA, what is the composition of the ~99.9% as-yet-uncharacterized protein components of the soluble aggregates?
- 4. How do the truncations and PTMs affect Aβ properties such as solubility, aggregation propensity, toxicity, interaction with 'binding partners' (e.g., prion protein) <sup>1</sup>, or recognition by the brain's immune response system, microglia?
- 5. Would we expect the same level of heterogeneity in the familial early-onset cases of AD?
- 6. What is the proteoform diversity in Aβ monomers and plaques, and which proteoforms are predominant in each fraction?
- 7. Is there any correlation between Apolipoprotein E genotypes and particular Aβ proteoforms?
- 8. Would any of these proteoforms be candidate pharmacodynamic markers for AD treatments?

We are in the early stages of characterizing  $\mathbf{A}\beta$  proteoforms present in the soluble  $\mathbf{A}\beta$  aggregates across the spectrum of AD progression using our top-down nLC-MS/MS approach followed by absolute quantitation of proteoforms that segregate AD from cognitively intact high pathology individuals. A full characterization of the Aβ proteoforms in a cross-sectional study of patient cohorts is beyond the scope of this communication.

# **Relationship to Previous Studies**

PTMs are chemical modifications to proteins<sup>2</sup>. PTMs can result in changes in the physicochemical and biochemical properties of proteins, increasing the range of functional outcomes and providing an additional level of regulatory control  $3,4$ . The site localization, chemical nature of the PTM, and the microheterogeneity serve to precisely fine-tune the "information carrying capacity" of proteins within cellular networks  $2.5$ . One of the first described Aβ PTMs was pyro-glutamate at the third and eleventh amino acid residues of Aβ in

human AD brain<sup>6</sup>. However, analysis of Aβ proteoforms has been largely restricted to examination of plaques  $6-10$  or more recently  $\text{CsF}^{-11-13}$ . These studies, particularly plaque-based studies, came to varying conclusions as to which Aβ proteoform was most abundant. This lack of consensus is likely due to variations in methodology used to isolate Aβ and tools to identify the sequence structure. However, few studies have examined the PTMs present on soluble Aβ aggregates from either human or transgenic animal models. PTMs on soluble Aβ examined todate include glutamine deamidation<sup>14</sup> and di-tyrosine crosslinking of synthetic  $\mathbf{A}\beta^{15}$ , recombinantly expressed A $\beta$  from CHO cells<sup>16</sup>, and N-terminal extension<sup>17</sup> and O-linked glycosylation of CSF  $\mathbf{A}\beta^{18}$ . One study identified phosphorylation of serine 8 in transgenic mice and human AD tissue<sup>19</sup>. We found 26 unique A $\beta$  proteoforms (Fig. 2) in severe AD brain. Of the 26 proteoforms identified none were phosphorylated<sup>19</sup>, glycosylated<sup>18</sup>, nitrated<sup>20</sup>, or di-tyrosine linked<sup>20</sup>. Nor did we identify N-terminal extension, but rather extensive N- and C-terminal truncations. These negative results should be interpreted with caution, as we have not determined whether the methods we have used would have been sufficient for detection of these other PTMs or extended peptides. However, the clear trend of N-terminally truncated  $\overrightarrow{AB}$  proteoforms having greater abundances in the more insoluble fraction relative to the soluble aggregates is in line with early work demonstrating that these types of peptides displayed enhanced aggregation via sedimentation analyses $^{21}$ .

# **Advantages of our approach**

The advantages of our approach include: *i*) the application of top-down (*i.e.,* intact, undigested) mass spectrometry to Aβ allows the unambiguous identification of the peptide and all its combinatorial truncations and PTMs. *ii*) The high resolution and high mass accuracy of the intact Aβ peptide and its fragment ions via tandem mass spectrometry (MS/MS) provide precise peptide sequencing information. *iii*) The discovery of both known and novel variations at proteome level. Other techniques like matrix-assisted laser desorption/ionization (MALDI) do not offer the same level of resolution and mass accuracy. In this study, it was the resolution and mass accuracy of the parent and fragment ions that allowed the unambiguous identification of peptide sequences and PTMs. Importantly, we employed MS/MS to fragment the peptides, producing fragment ions, for direct *de novo* sequencing, a technique not often applied in MALDI-based studies <sup>11</sup>. Finally, chromatographic separation of proteoforms before mass spectrometry analysis offers better sample separation, reducing sample complexity and improving resolution.

# **Limitations**

While our approach offers numerous advantages, it is not without its limitations. There are numerous reports that detail types of proteoforms identified either by mass spectrometry or biochemistry<sup>20</sup> offering some insight as to what Aβ proteoforms we might expect to find in human AD brain. However, an extraction of soluble HMW Aβ aggregates as detailed in our previous work<sup>22</sup>, followed by high-resolution mass spectrometry has never been performed before; thus, in practice we had no *a priori* knowledge. In our approach, we used a mass spectrometry data acquisition method commonly referred to as data-dependent acquisition (DDA). In DDA, MS/MS scans of a given proteoform are acquired once the proteoform has been detected in the preceding MS scan. A limitation to this approach is that MS/MS spectra acquired are done so in a stochastically sampled manner. In other words, the most abundant proteoforms are targeted for MS/MS before less abundant proteoforms. Further, since this in an

untargeted approach, due to the lack of *a priori* knowledge, not every MS/MS spectrum acquired is guaranteed to provide all the fragment ions needed to unambiguously determine a given sequence and/or PTM. An alternative approach in future studies would be data-independent acquisition (DIA), which does not require *a priori* knowledge like DDA, but instead fragments all precursors in a defined  $m/z$  window (MS/MS-based quantification<sup>23</sup>). The result is effectively a lower limit of detection (more sensitivity) compared to DDA (MS-based quantification)<sup>23</sup> due to increased selectivity<sup>23,24</sup>. However, DIA has been generally used and optimized for "bottomup" (*i.e.*, proteolytically digested) samples<sup>25</sup> rather than "top-down" (undigested) samples. Coupled to these limitations, we used differential mass spectrometry (dMS) for proteoform quantitation in this study. Labels, both chemical and isotopic, commonly employed in bottom-up experiments are not readily applicable to top-down proteomics for quantitation. It is often difficult to chemically label intact proteins <sup>26-28</sup>. Isotopic labeling through stable isotopes, for example, is not guaranteed to incorporate into the entire protein and further can result in often difficult to interpret data due to overlapping isotopic envelopes and fragment ions  $27$ . Thus, we used dMS, which is reported to detect as low as 2-fold changes in protein or peptide expression between sample sets <sup>29-31</sup>. Until the issue of labeling intact proteins are addressed in the field, quantitation in top-down proteomics experiments will remain largely limited to dMS.

Ultimately, the question of whether the N- and C-terminal truncations and posttranslational modifications of Aβ reflect findings relevant to living AD patients *vs*. post-mortem artefact remains unanswered despite our correlation analysis. Initial attempts to discern whether C-terminal truncations were an artefact of sample preparation by using <sup>18</sup>O water demonstrated incorporation of one to two heavy oxygen isotopes into the C-terminus of canonical Aβ1-42 (*data not shown*). Brain biopsy in living humans undergoing a craniotomy to relieve normal pressure hydrocephalus followed by immediate preparation by our protocol <sup>22</sup> would help address this question. The fact that several truncated Aβ proteoforms were found in the CSF of living human AD patients 12,13,17,32 reduces the likelihood that these specific proteoforms are the result of post-mortem or sample preparation artefacts. Yet, whether the heterogeneity of the proteoforms observed is a reflection of the 'age' of the peptide in brain – with more truncations and PTMs reflecting a longer lived peptide subjected to more processing – or if  $\mathbf{A}\beta$  is rapidly processed after canonical beta- and gamma-secretase cleavage of amyloid precursor protein remains unresolved <sup>33,34</sup>. Future work utilizing either BACE1 inhibitors or general asparticacid protease inhibitors in the homogenization buffer could be a step forward in resolving some of aspects of this issue particularly with Aβp11-42 and Aβ11-42 (**Supp. Fig. 2** and **Supp. Fig. 9**). Further, while we take great care to remove all leptomeningeal, and intraparenchymal vessels to the fullest extent possible, it is impossible with our current method and that of others (to the best of our knowledge) to fully exclude all blood vessels (including capillaries). Given this limitation, we cannot exclude the possibility of contribution of Aβ proteoforms from vessel walls in our data. Aβ proteoforms from vessel walls may represent a different pool of proteoforms in AD brain.

Lastly, given the surprising level of heterogeneity observed in  $\overrightarrow{AB}$ , it is now evident that our Aβ1-x ELISA is underestimating the total amount of Aβ, since the assay uses HJ3.4 as the detection antibody, which requires Aβ to have a free (unmodified) canonical Aβ N-terminus. As a result, an assessment of any Aβ proteoforms lost more readily than others throughout the purification process and  $C_8$  micro-column procedure is lacking. In the absence of such an assay, future studies will employ an isotopic-labeled internal Aβ standard for data normalization.

### **Priorities for future research**

- 1. Future studies will include a broader exploration of the spectrum of Aβ proteoforms present in the AD brain across disease severity – mild cognitive impairment, mild dementia, and severe dementia – compared to non-demented with high pathology controls and older healthy controls. Certain Aβ proteoforms may play an important role in the pathogenesis of AD. For example, if the predominant pathogenic Aβ proteoforms were C-terminally truncated, monoclonal antibodies targeting C-terminal truncated neoepitopes of Aβ would have a higher chance of success in clinical trials compared to those targeting the N-terminus. Many monoclonal antibodies currently in clinical trials target the canonical N-terminus and have not shown success<sup>35</sup>, yet, likewise, mid-domain monoclonal antibody Solanezumab has also recently shown disappointing results<sup>36</sup>. However, we cannot exclude the possibility that timing, dosage, or combination of therapeutics may still net an effect in reducing disease progression.
- 2. The characterization of Aβ proteoforms could lead to the targeted analysis of CSF or plasma in non-demented patient cohorts to identify which proteoforms may be a predictive marker for progression to clinical dementia.
- 3. Given the level of heterogeneity observed in Aβ, the development of an ELISA with capture and detection antibodies in the mid-domain would provide more accurate orthogonal measurements of total Aβ. However, the problems of cross reactivity with other amyloid precursor protein fragments and mid-domain steric hindrance would need to be addressed. If successful, this would likely improve consistency among reports of  $A\beta$ measurements using ELISAs to make therapeutic, prognostic, or diagnostic assessments.

### **Implications**

The present findings provide an initial profile of Aβ proteoforms derived from soluble and more insoluble Aβ aggregates in human AD brain. Readily apparent from the data are the diversity of Aβ in human tissue. These data clearly demonstrate our dearth of knowledge in Aβ and the properties of these modified forms, which remain entirely unknown until further investigation.

Overall, this work *i*) developed an operational template for advancing our understanding of Aβ proteoform abundance and expression during disease progression, which will inform our therapeutic efforts. *ii*) Will facilitate direct comparison of human Aβ proteoforms to those found in transgenic animal models to determine which, if any, faithfully recapitulate those found in human AD <sup>37,38</sup>. Such an animal model would be the logical choice for novel AD therapeutic development, though it is possible no existing model accurately mimics the human disease, which would prompt the development of new model systems. *iii*) Enable direct comparison with Aβ proteoforms in the CSF to provide diagnostic and prognostic markers to distinguish AD patients from non-AD and monitor clinical trial treatment effects. Furthermore, the purification scheme and the top-down platform developed here may be used as a framework for the assessment of other human neurodegenerative diseases with hallmark proteinopathies, such as alpha-synuclein, prion protein, and superoxide dismutase 1 and therefore potential relevant therapeutic targets.

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