

## **Supporting Information for** Synthetic nanobodies as tools to distinguish IgG Fc glycoforms

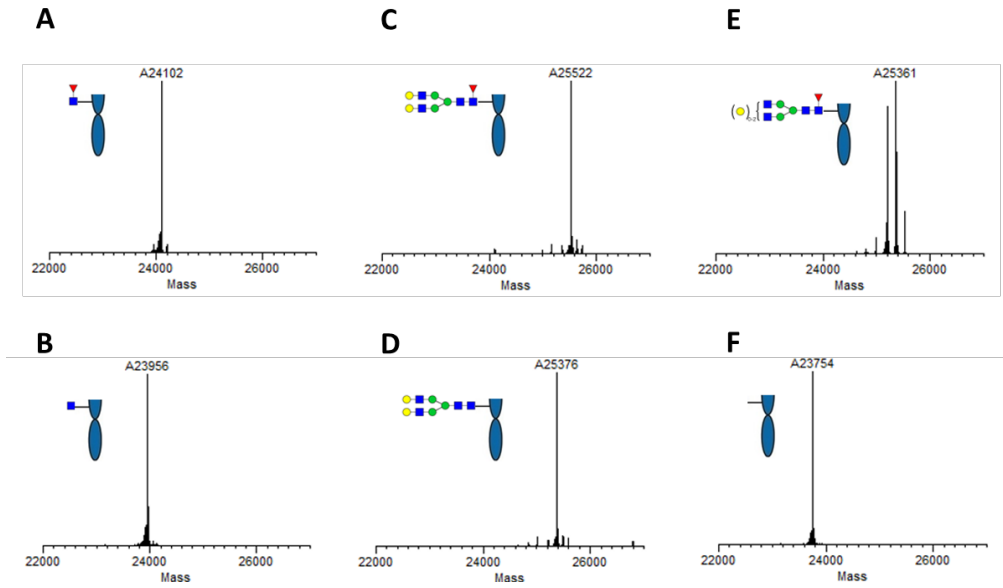
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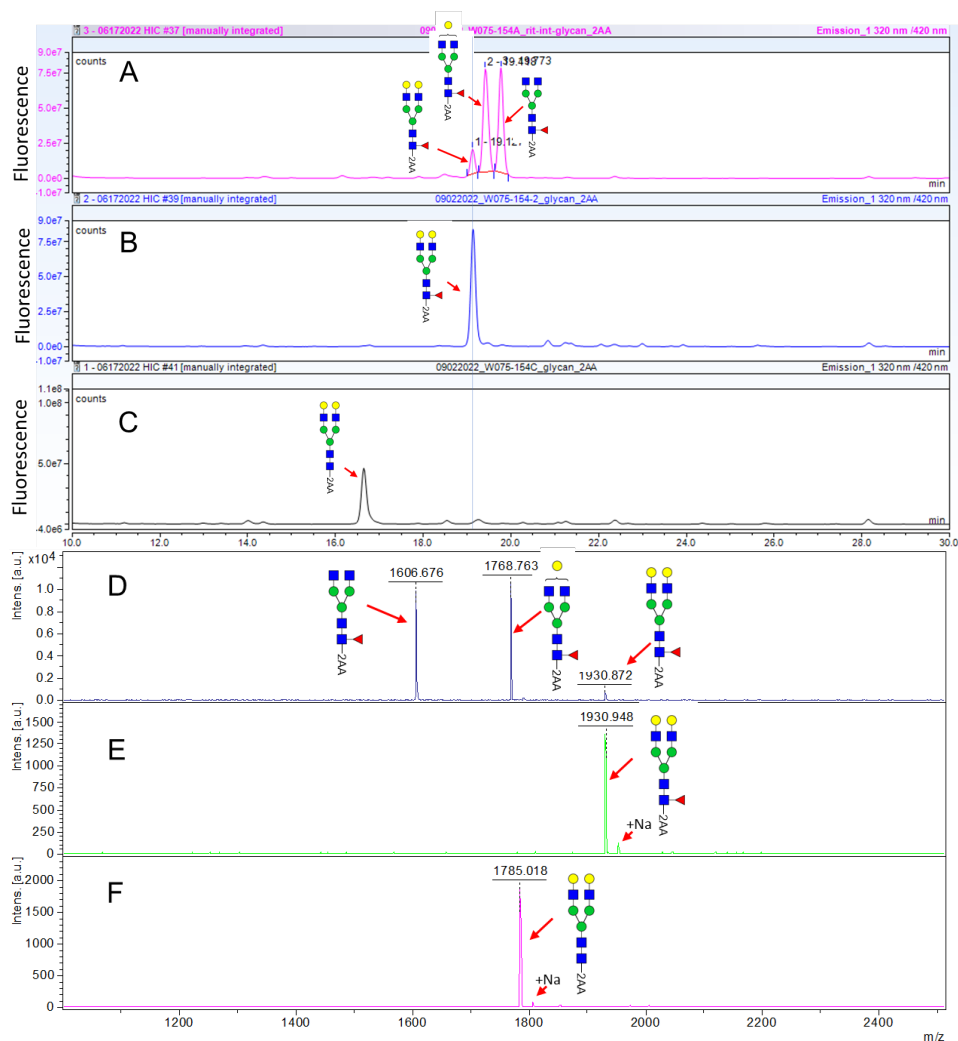
### **This PDF file includes:**

Supporting text  
Figures S1 to S9

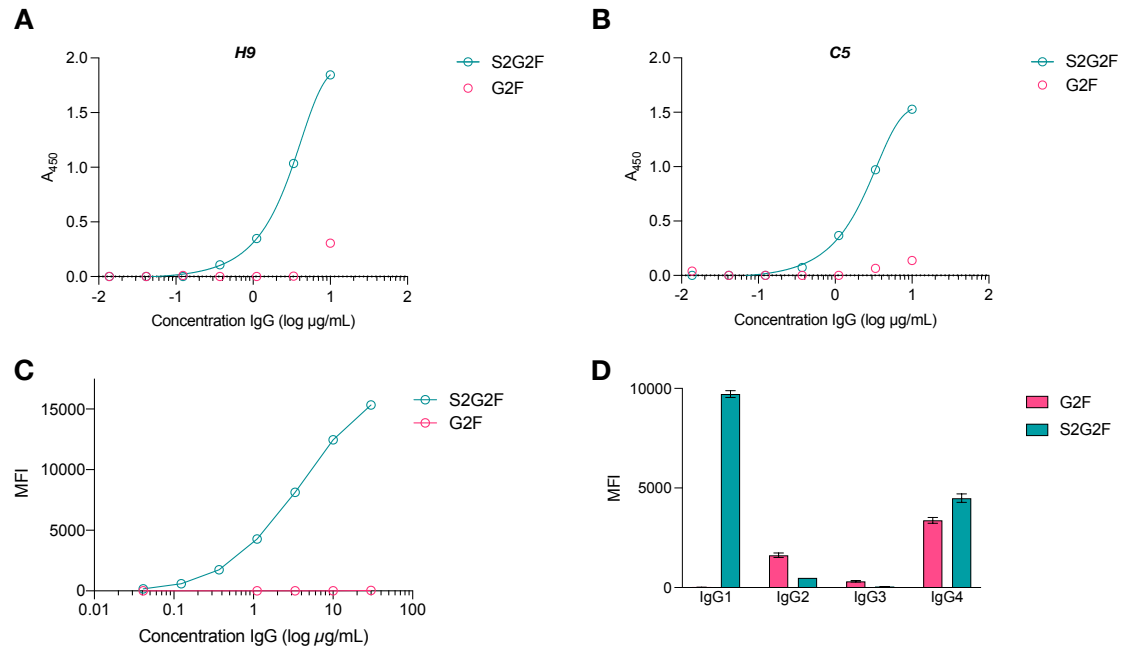
### **Other supporting materials for this manuscript include the following:**



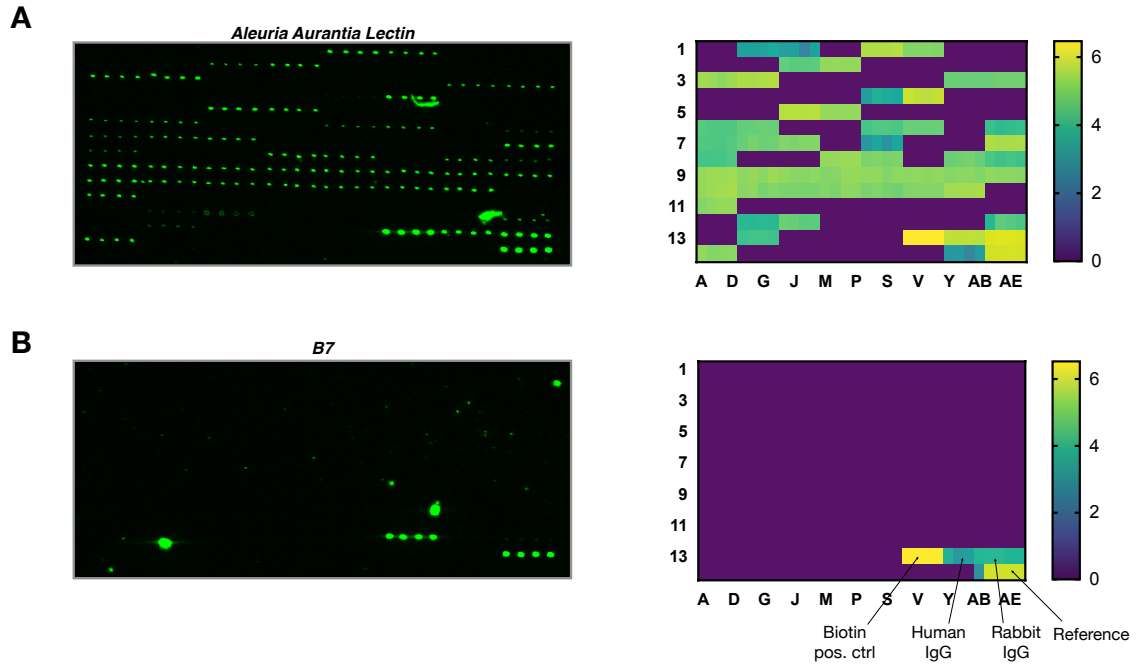
**Fig. S1. LC-ESI-MS analysis of the Fc domains released by IdeS treatment of the glycan remodeled and commercial Rituximab (A) (Fuca $\alpha$ 1,6) GlcNAc-Rituximab; (B) GlcNAc-Rituximab; (C) G2F-Rituximab; (D) G2-Rituximab; (E) commercial Rituximab; (F) The Fc domain of commercial Rituximab after PNGase F catalyzed deglycosylation.**



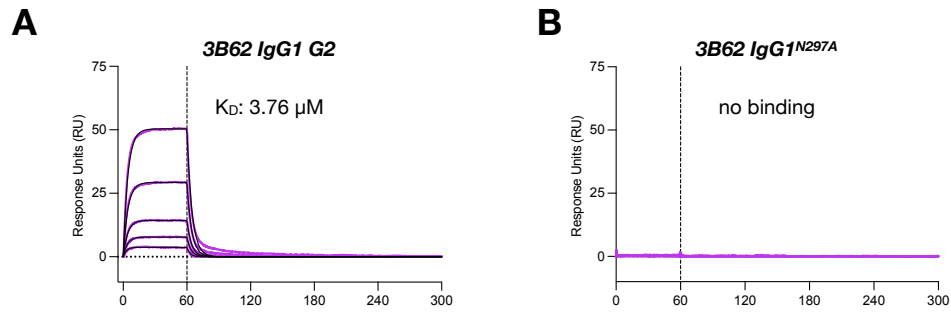
**Fig. S2. Fluorescent HPLC profiles and MALDI-TOF MS analysis of 2-aminobenzoic acid (2-AA) labeled Fc glycans released from different Rituximab glycoforms. (A)** HPLC analysis of the 2-AA labeled Fc glycan from commercial Rituximab; **(B)** HPLC analysis of the 2-AA labeled Fc glycan from Rituximab Fc glycoengineered with G2F; **(C)** HPLC analysis of the 2-AA labeled Fc glycan from Rituximab Fc glycoengineered with G2; **(D)** MALDI-TOF-MS analysis of the 2-AA labeled Fc glycan from commercial Rituximab Fc; **(E)** MALDI-TOF-MS analysis of the 2-AA labeled Fc glycan from the Rituximab glycoengineered with G2F; **(F)** MALDI-TOF-MS analysis of the 2-AA labeled Fc glycan from the Rituximab glycoengineered with G2. For 2-AA glycan labeling, the Fc N-glycans were released from the rituximab by PNGase F treatment and were subsequently labeled by reductive amination with  $\alpha$ -aminobenzoic acid, following the manufacturer's protocol (Sigma-Aldrich GlycoProfile™ 2-AA Labeling Kit). Analytical RP-HPLC was performed on a Thermo Scientific™ Vanquish™ UHPLC system equipped with a fluorescence detector F (excitation, 320 nm; emission, 420 nm). Separations were performed using a C18 column (Thermo Scientific Accucore™, 3 × 150 mm, 2.6  $\mu$ m) at a flow rate of 0.6 mL/min using a linear gradient of 0-15% MeCN containing 0.1% TFA over 30 min at 30 °C. Fluorescent HPLC analysis and quantification indicated that the Fc N-glycans from the commercial Rituximab consisted of three forms, G2F, G1F, and G0F, which were present in the ratios of 9.3 : 47.7 : 43.0. The glycoengineered Rituximab glycoforms G2F and G2 showed a single homogeneous N-glycan (G2F and G2 respectively), without detection of other N-glycans.



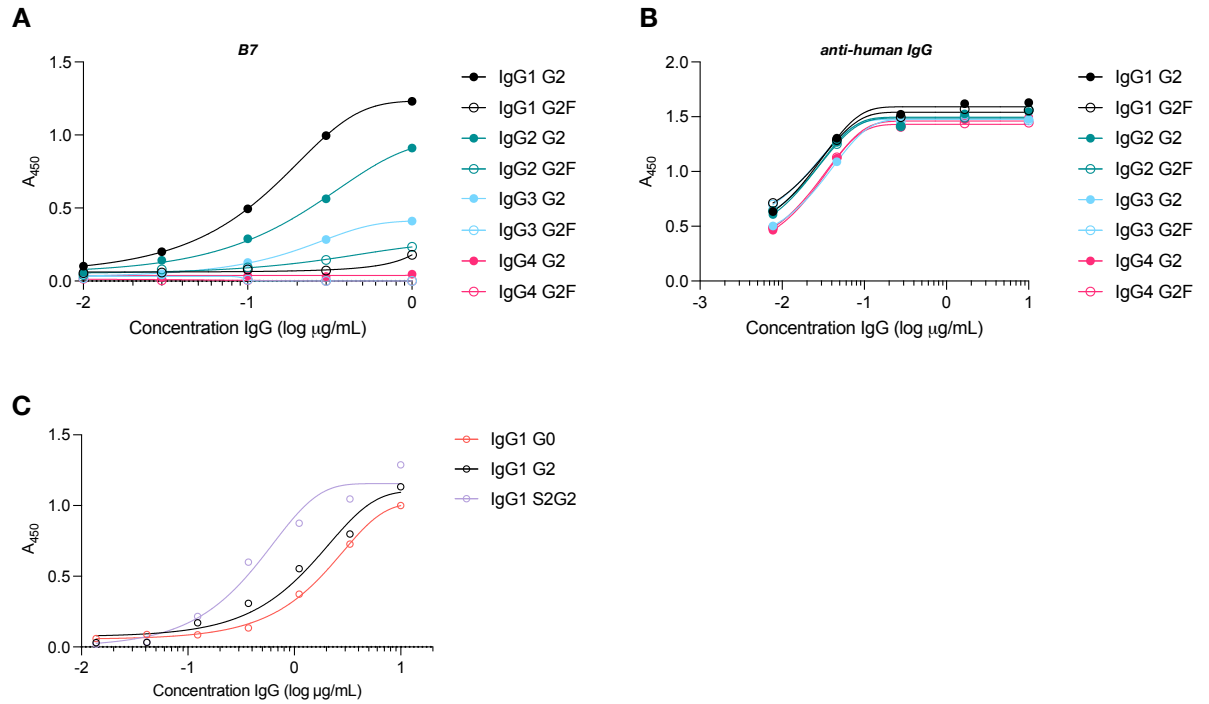
**Fig. S3. Specificity of sialylated IgG-specific nanobodies.** (A and B) Sandwich ELISA demonstrating specific nanobody capture of Rituximab S2G2F by clones H9 and C5. (C) Bead-based (Luminex) capture of IgG glycoforms by clone H9. (D) Bead-based (Luminex) capture of G2F and S2G2F glycoforms of all IgG subclasses. Data displayed as mean  $\pm$  SEM ( $n = 3$ ). Data in (A-C) were fitted by nonlinear regression analysis.



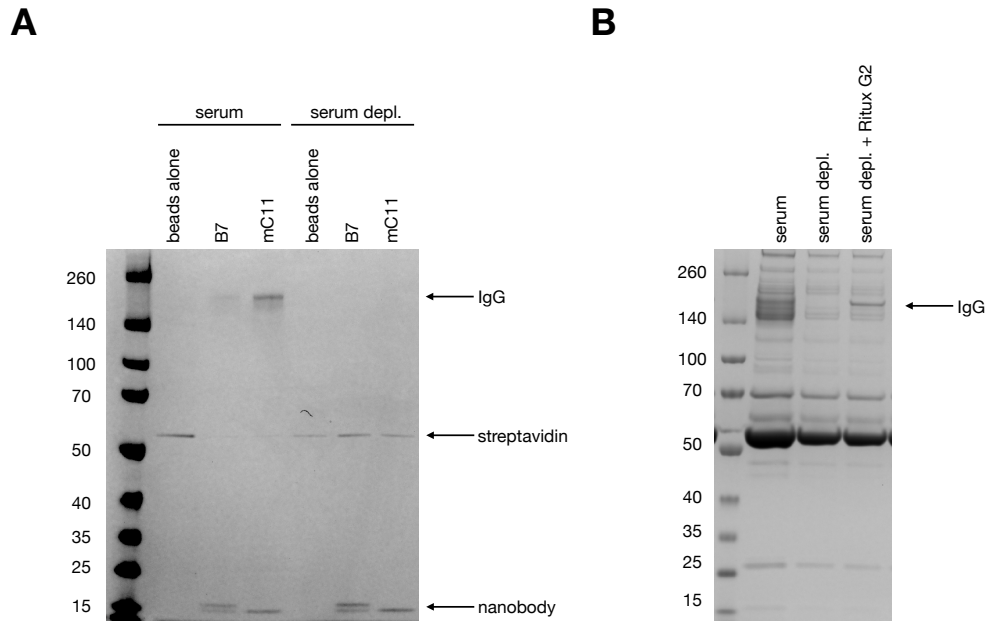
**Fig. S4. Clone B7 does not bind N-linked glycans without the IgG protein backbone. (A and B)** Fluorescent signal (Cy3) of *Aleuria Aurantia Lectin* (AAL) or B7 representing binding to an array of immobilized N-linked glycans. Each condition is provided as a technical quadruplicate oriented horizontally. Conversion of median fluorescent intensity (MFI) to representative heatmap. MFI scale is given as  $\log_2$ . Immobilized biotin is a positive control for streptavidin-Cy3 binding.



**Fig. S5. Clone B7 does not bind aglycosylated IgG. (A and B)** Binding kinetics of B7 with anti-NP clone 3B62 IgG1 G2 and its aglycosylated 3B62 N297A mutant. Purple traces are raw data, while 1:1 Langmuir global kinetic fits are shown in black. Sample concentrations began at 256 nM with 2-fold serial titration until 16 nM.

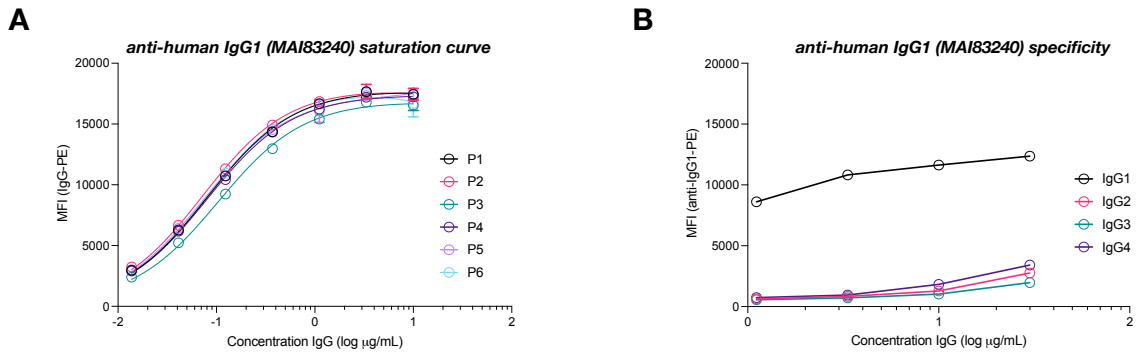


**Fig. S6. IgG subclass and glycoform specificity of clone B7.** (A) Sandwich ELISA evaluating subclass and glycoform specificity of clone B7. Subclass specificity is IgG1 > IgG2 > IgG3 >> IgG4. Binding to fucosylated IgGs is minimal. (B) The human IgG detection reagent in A does not have preference for subclass or glycoform of IgG. (C) B7 retains binding to all major afucosylated glycoforms present in human serum. Data in (A-C) were fitted by nonlinear regression analysis.

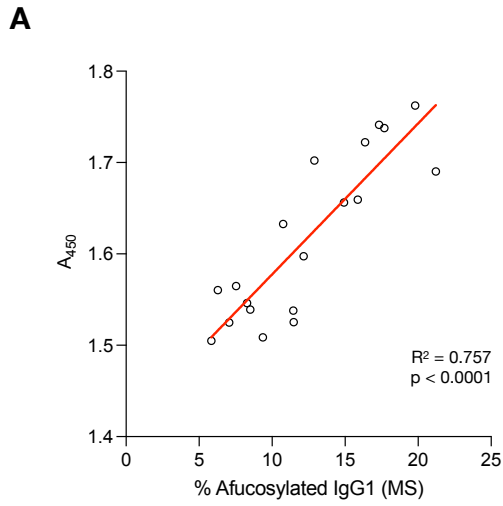


**Fig. S7. Immunoprecipitation of IgG from human serum by glycoform-specific nanobodies.** **(A)** SDS-PAGE comparing B7 and mC11 immunoprecipitation of IgG from intact (left three lanes) or IgG-depleted human serum (right three lanes). **(B)** Coomassie gel of intact, IgG-depleted, and IgG-depleted serum reconstituted with Rituximab G2 confirming appropriate depletion or reconstitution of IgG.





**Fig. S8. Capture of IgG1 by anti-human IgG1 clone MAI-83240. (A)** Luminex quantification of capture of purified patient IgG by beads coated with clone MAI-83240. Data was fitted by nonlinear regression analysis. **(B)** Subclass specificity of clone MAI-83240.



**Fig. S9. ELISA based quantification of afucosylated IgG levels in patient serum. (A)** Sandwich ELISA demonstrating strong correlation of OD<sub>450</sub> with mass spectrometry determined levels of afucosylated IgG. Statistics determined by Pearson correlation analysis.