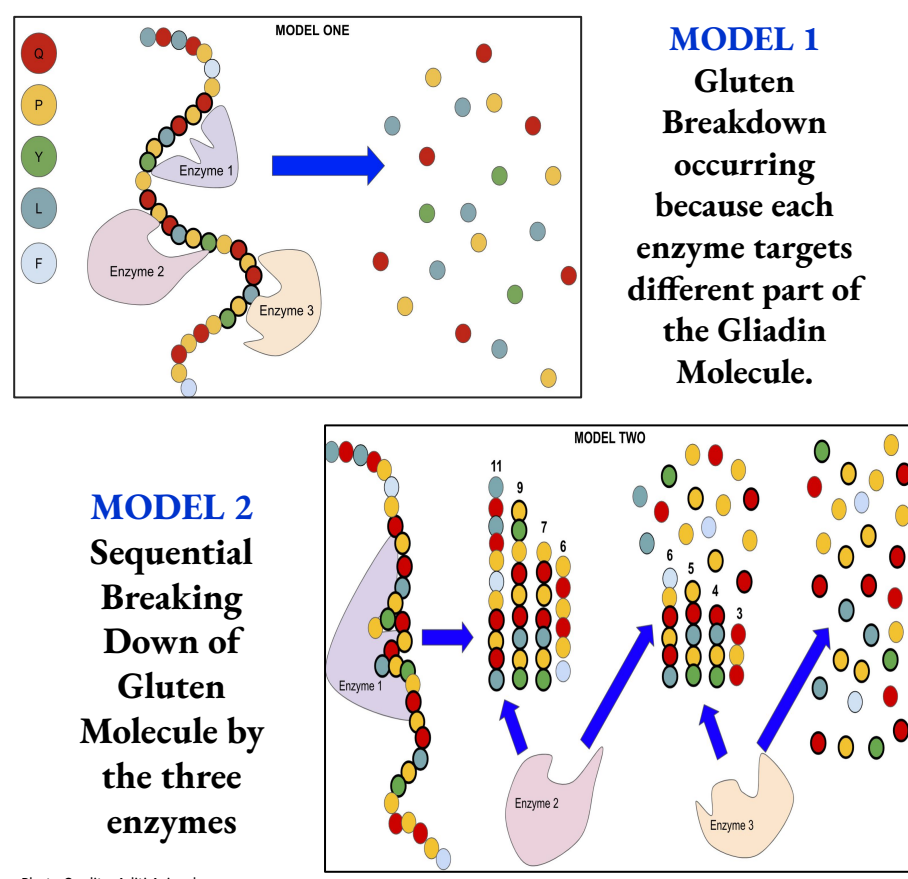


Background

Celiac Disease and Gluten Intolerance

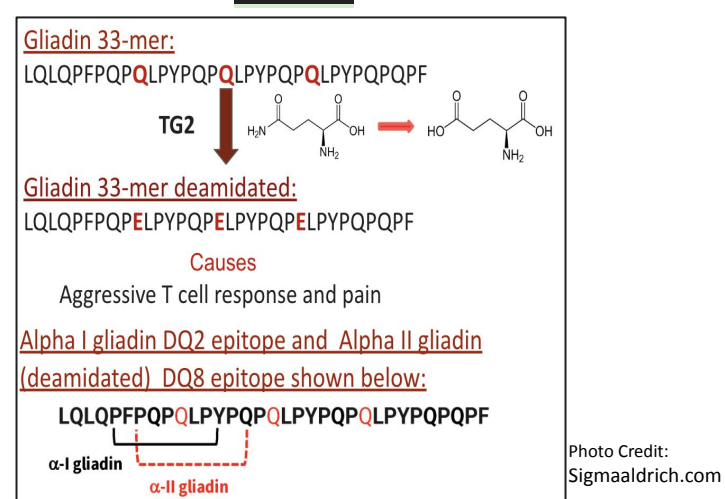
- There is an unmet need to identify a solution for Celiac Disease and Gluten Intolerance
- To meet this need, last year, I identified that three fruit enzymes Papain (in Papaya Skin), Bromelain (in Pineapple) and Actinidin (in Kiwi) when combined respectively in the 1:2:3 ratio can effectively breakdown gluten proteins in wheat. This combination of enzymes is referred to as **1-2-3 EC MIX**.
- Based on this finding I proposed two models for the breakdown of gluten by the three enzymes.
- This year, I continued to validate my findings and my proposed models to move it one step closer to clinics as I am optimistic about the potential this novel enzyme mix holds for this patient population.



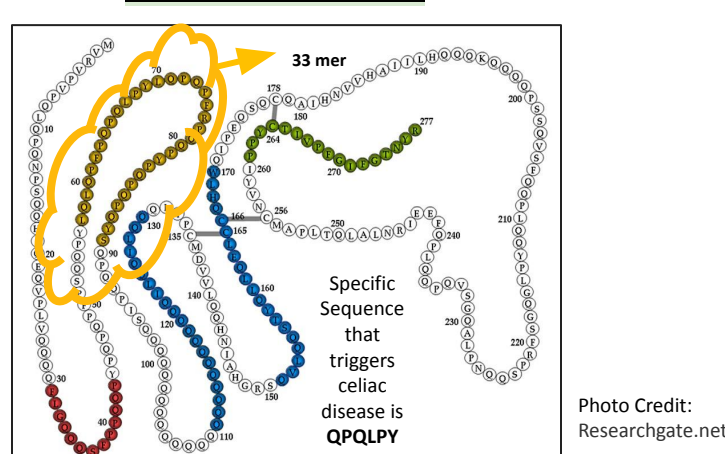
Rationale

- Previous studies have shown that.
 - A larger 33-mer peptide from gliadin is an immuno-dominant gluten peptide that initiates strong immune response in CD patients
 - This 33-mer gets deamidated by Transglutaminase (TG2) that causes severe T-cell immune stimulation.
 - To test my proposed models, this year I intend to use these peptides and investigate the efficacy of **1-2-3 EC MIX** in degrading the immunogenic peptides.

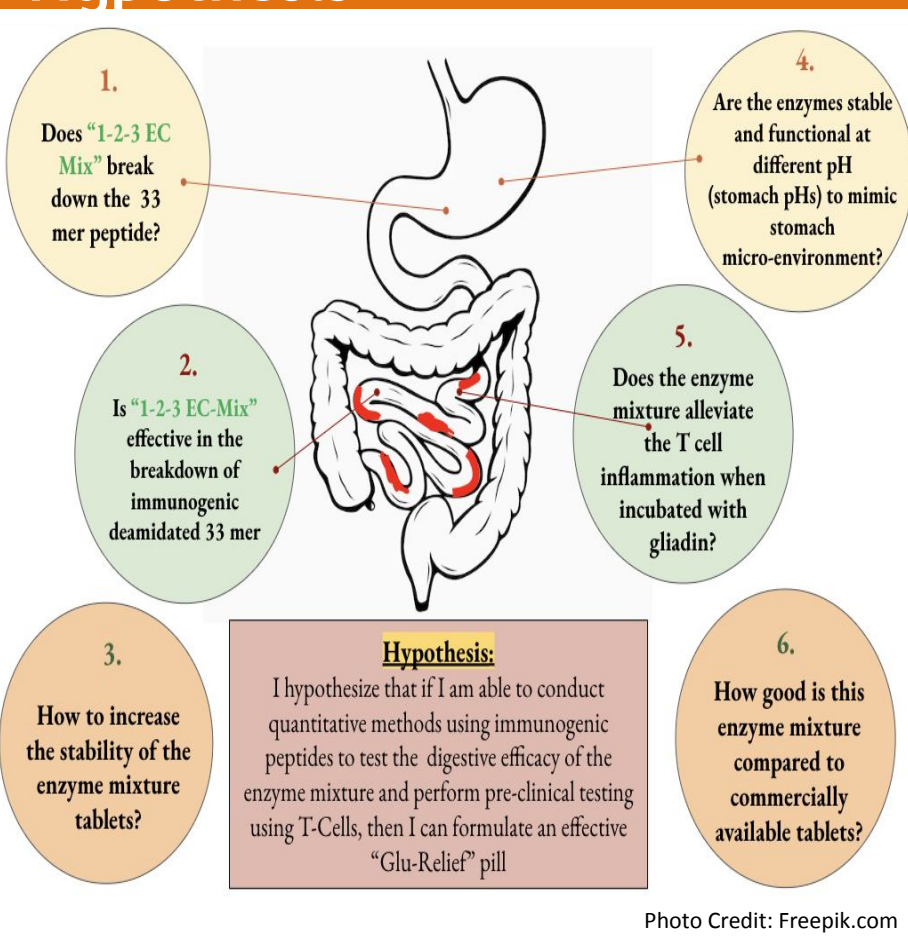
Immunogenic Peptides in Gluten



Gliadin Molecule



Research Question and Hypothesis



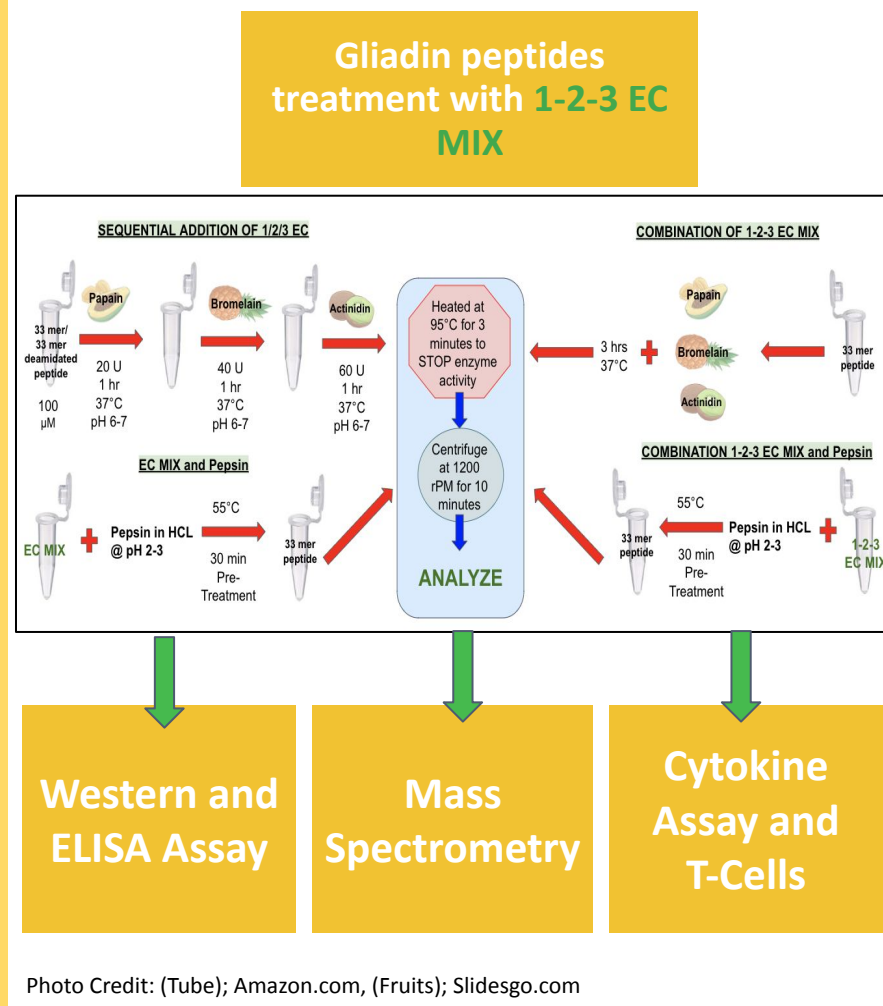
Model Validation and Preclinical Testing of Digestive Enzymes for Gluten

Breakdown:

A Move to Cure Gluten Intolerance and Celiac Disease



Experimental Methods



Results

Mass Spectrometry Peaks and Identification of Samples

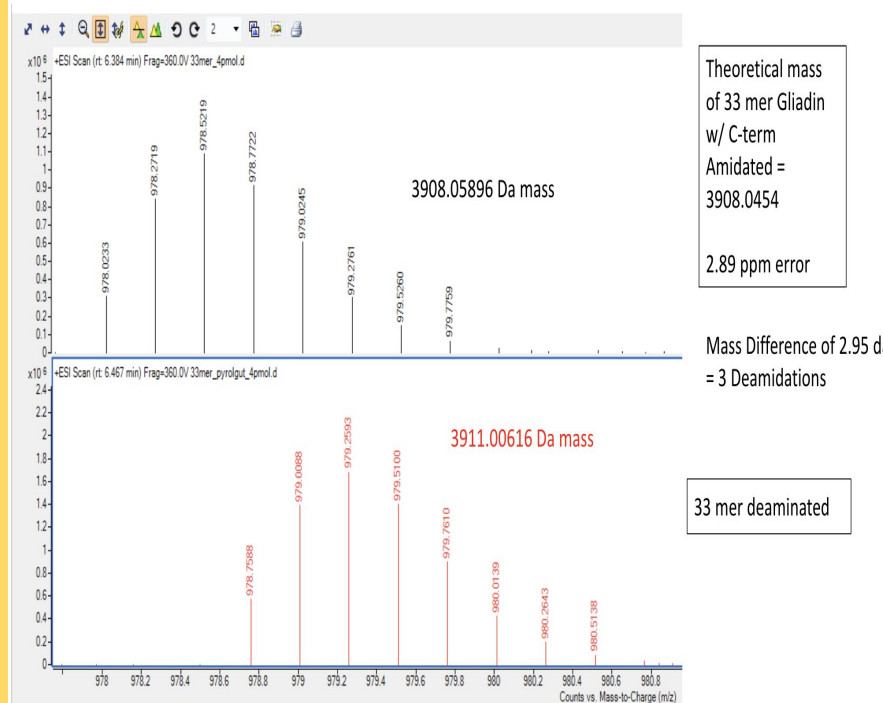


Figure 1: (m/z peaks plot)-This mass spectrometry data plots show the peaks corresponding to the 33 mer and the 33 mer deamidated peptides having a charge of 4. The first peak at 978.023 for 33 mer and 978.7588 are called the parent peak. The rest of the peak profile are the isotope(¹³C) peak profile.

Photo Credit: Aditi Avinash

Results 1- Digestion of the Immunodominant Gluten Peptides by 1-2-3 EC /MIX

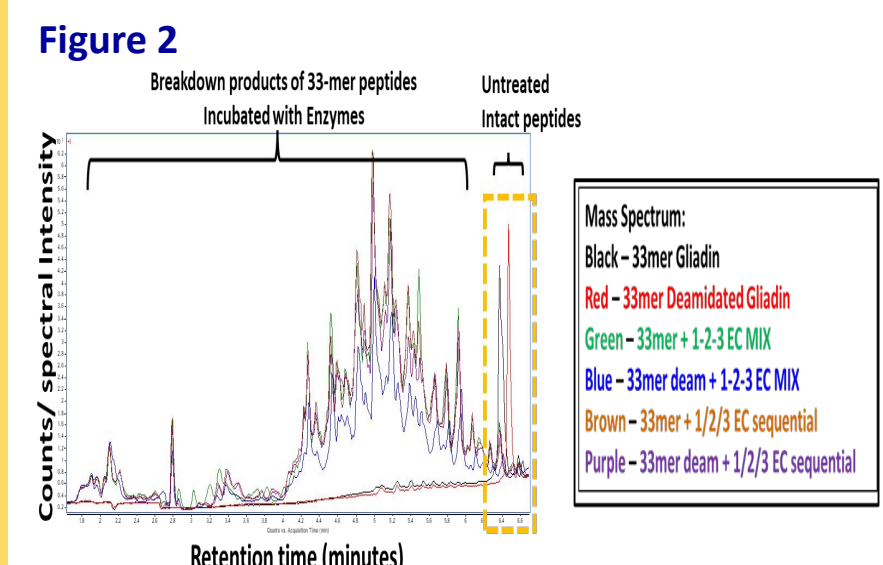


Figure 3

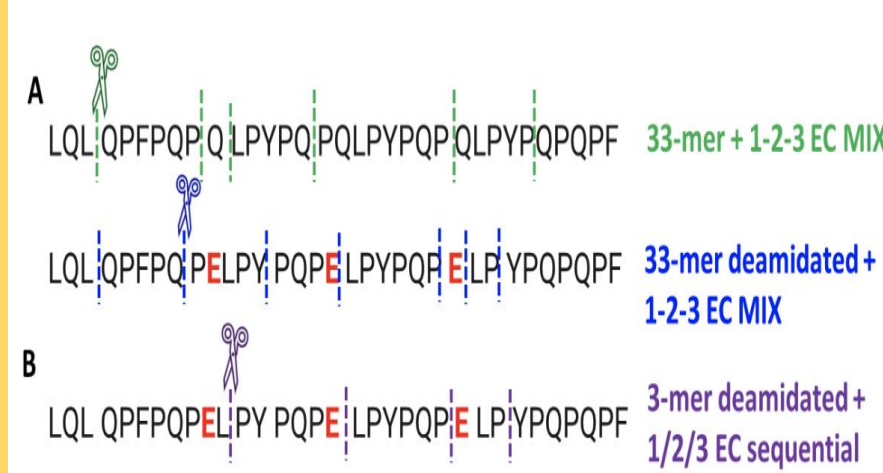


Figure 3: Identification of cleaved Sites from the LC/MS and indicated by dotted lines. (A) Cleaved sites of 33-mer and 33-deamidated peptide with combination therapy. (B) Cleaved sites of 33-deamidated peptide with sequential monotherapy of 3 enzymes.

Photo Credit: Aditi Avinash

Results CONTINUED

Results 2- 1-2-3 EC MIX is effective in breaking down gliadin in the stomach acidic environment

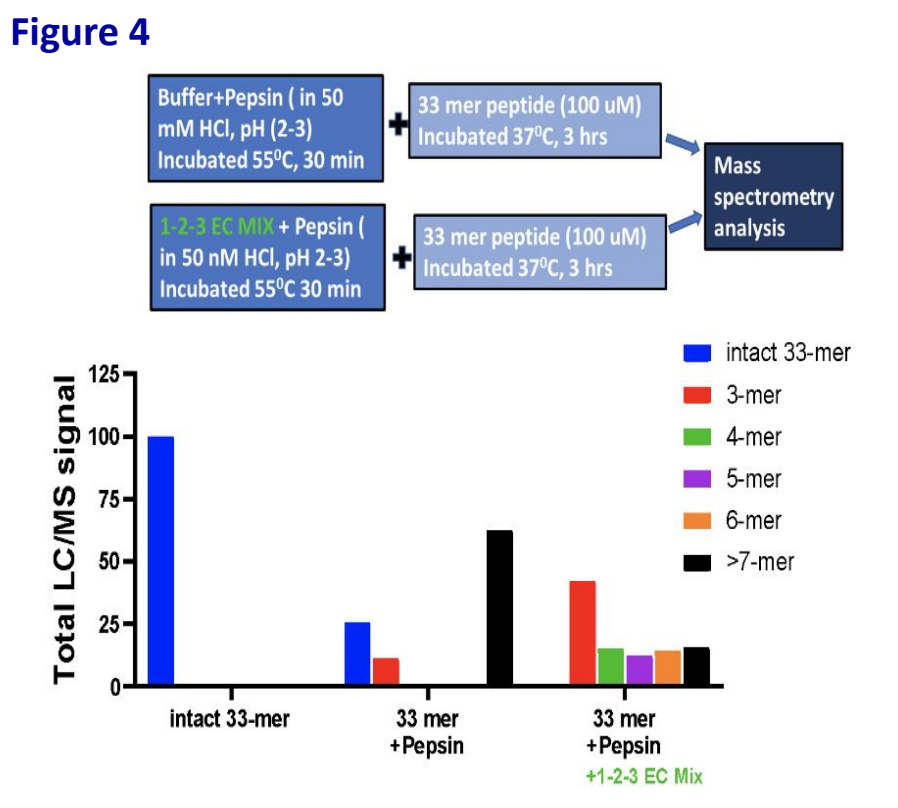
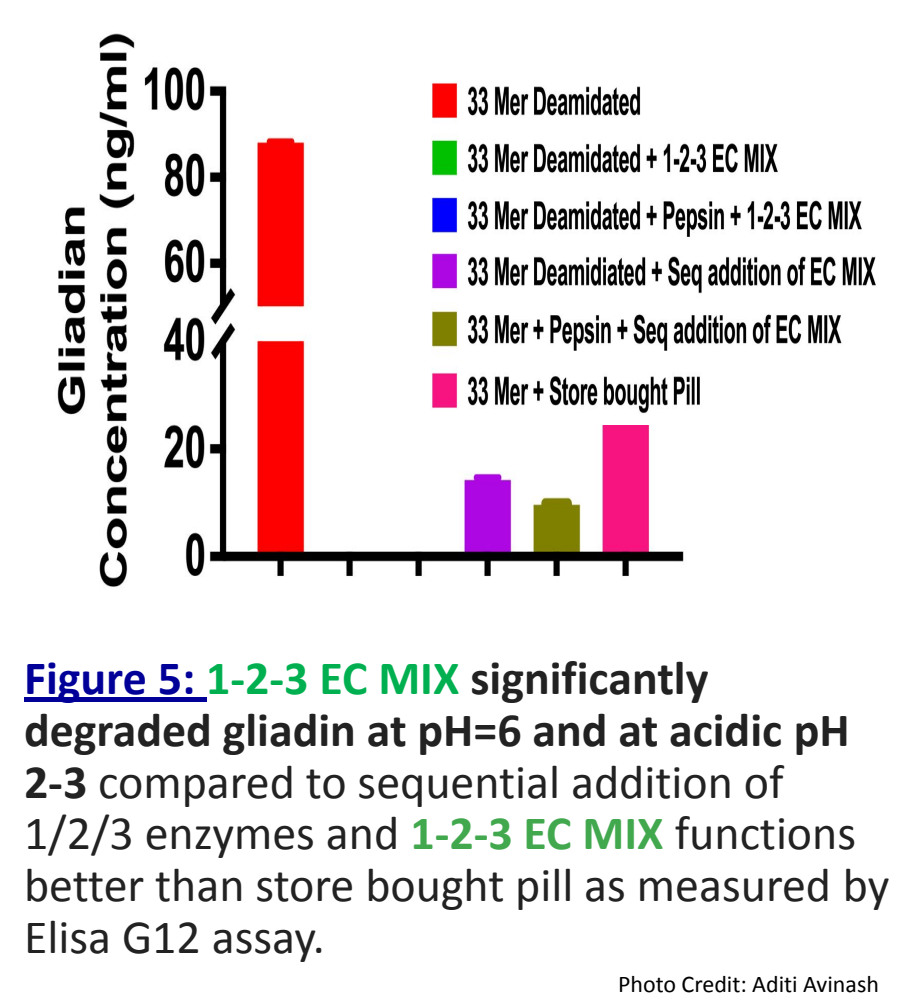


Figure 4: 1-2-3 EC MIX is effective in degrading the Immunogenic 33-mer peptide in the stomach acidic pH environment. (Top). Protocol followed. (Bottom). The LC/MS normalized peak signal corresponding to the intact 33mer and degraded into smaller products are plotted. Pepsin (in HCl) alone was not enough to break down 33-mer completely as evident from the presence of intact 33-mer gliadin peaks (blue bar) and residual larger mer's (>7, black bar).

Photo Credit: Aditi Avinash

Figure 5



Results 4- Gliadin immunogenic epitopes treated with 1-2-3 EC MIX loses its ability in stimulating T-cell response

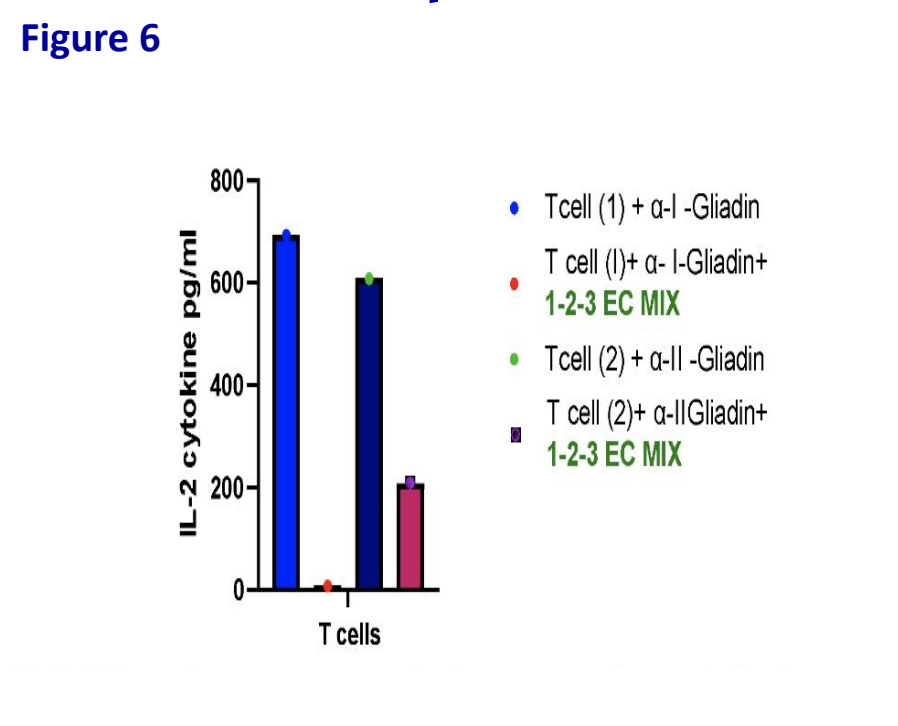
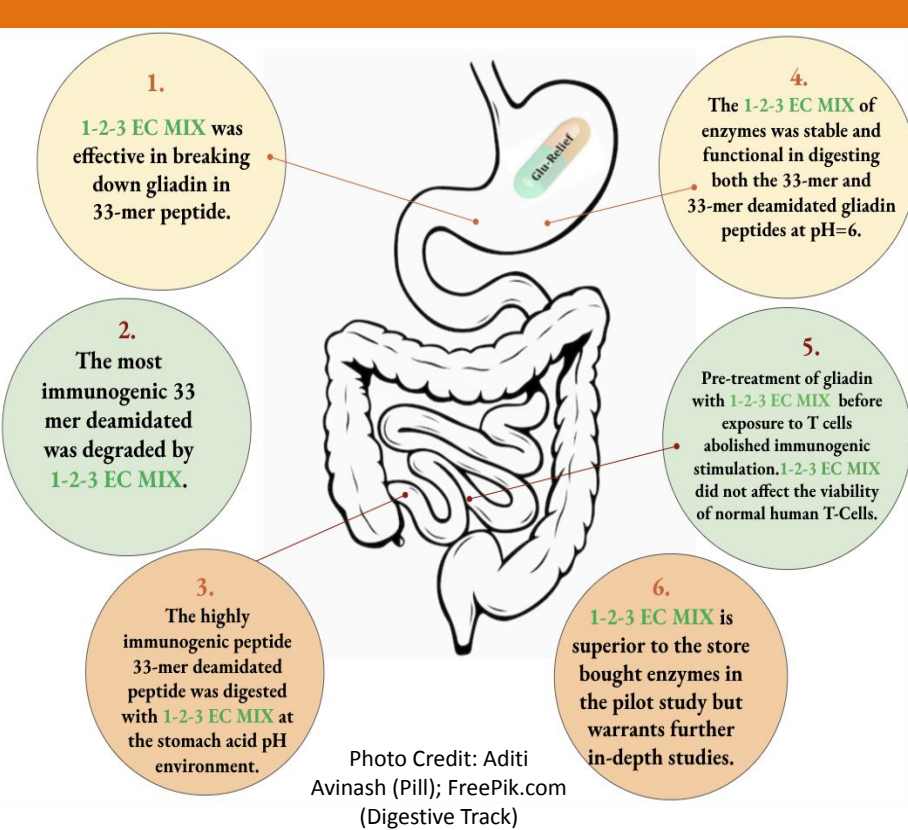


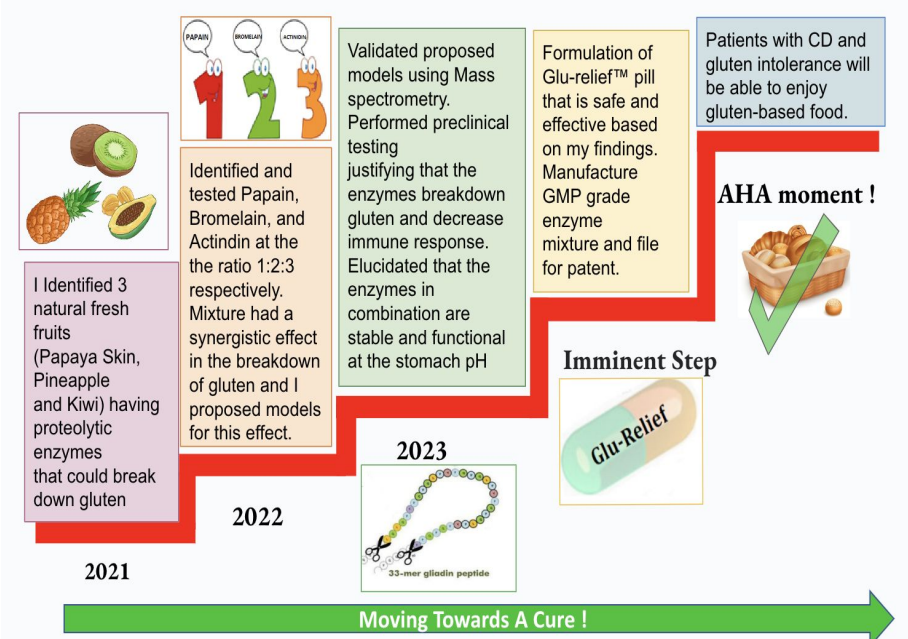
Figure 6: Both immunogenic gliadin epitopes (α-I and II) when incubated with 1-2-3 EC MIX lost their immunogenicity in triggering T-cell response. T cell (1) and (2) (details given in methods) are reactive to α-I and II gliadins respectively and this stimulation was reduced by the presence of **1-2-3 EC MIX** as measured by the reduction in the mouse IL-2 cytokine secretion.

Photo Credit: Aditi Avinash

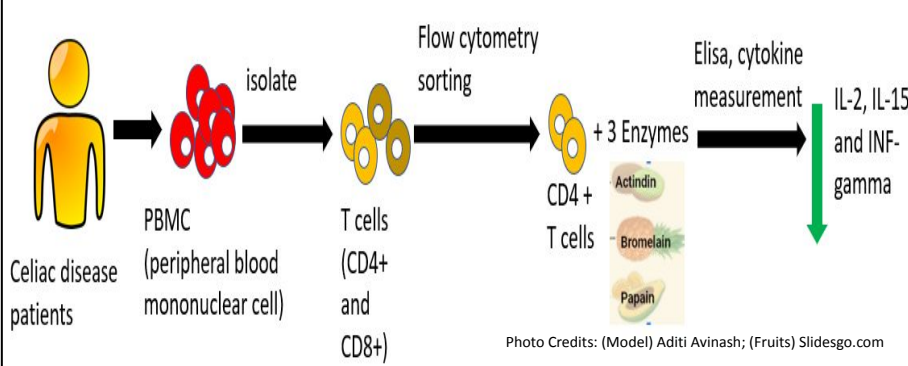
Discussion



Summary of Work



Future Work



Testing the efficacy of **1-2-3 EC MIX** in targeting and digesting gluten using human gluten-reactive intestinal T cell line (iTCL). These cells are cultured from the intestinal tissue collected from celiac disease patient.

Though I was planning on using the human reactive T cells this year, to my knowledge it was neither commercially available nor any lab in the USA have access to it. However there is a lab internationally that uses the iTCL cells. I have made contact with this lab, so I hope to collaborate with them in the future. This year I started working with physicians at children's hospital at Colorado who treat celiac disease patients to understand the drug dosing strategies.



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