

Supplementary information for

Vibrational spectroscopy as a powerful tool to follow-up immunoadsorption therapy treatment of dilated cardiomyopathy - a case report

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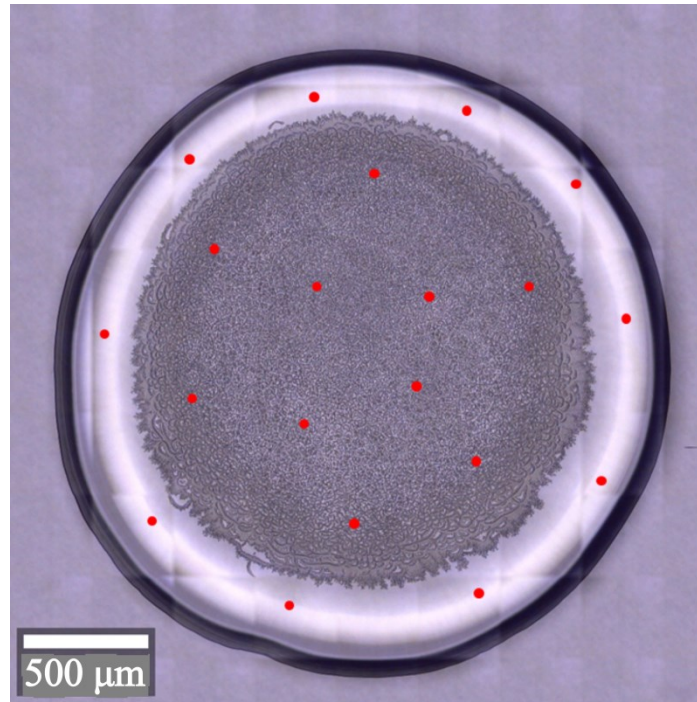


Fig. S1: Mapping scheme of Raman measurement. The red dots indicate positions from where Raman spectra were recorded (sampling spot size ~ 500 nm).

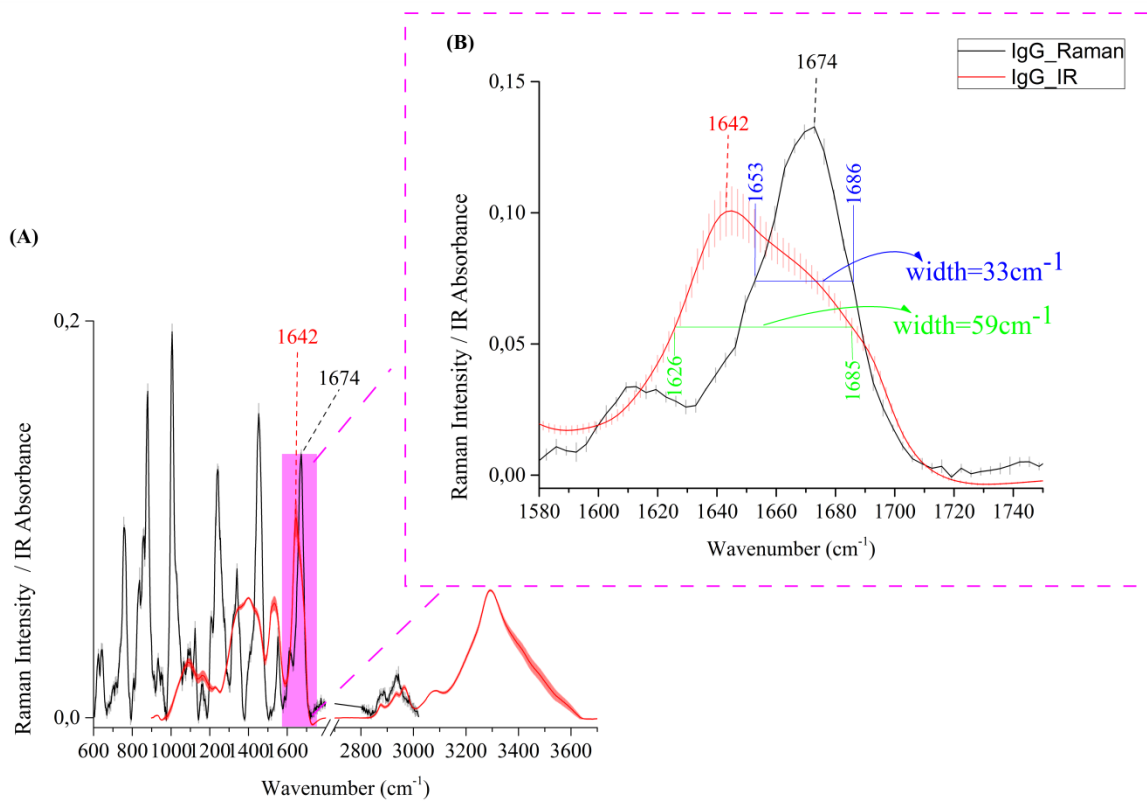


Fig. S2: Bandwidth comparison of amide I in IgG from vibrational spectra: Raman 33cm^{-1} ; IR 59cm^{-1} .

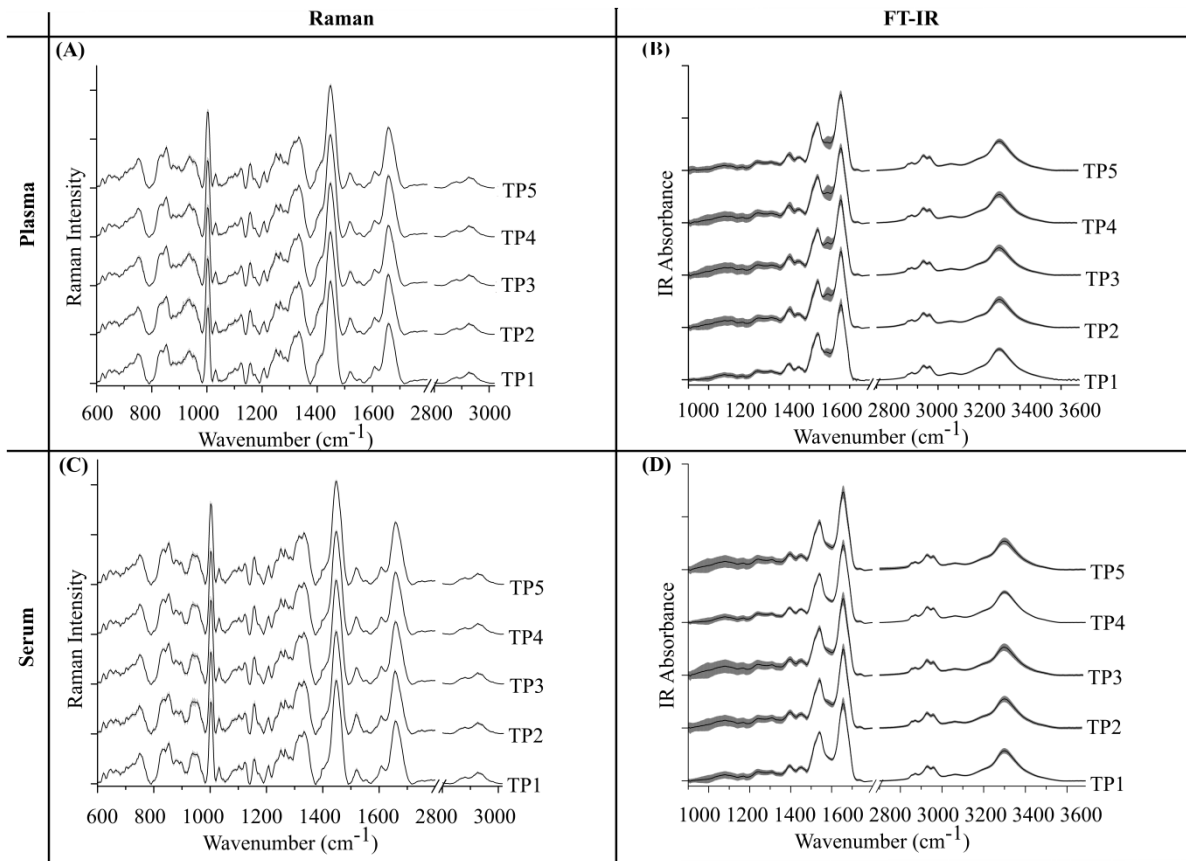


Fig. S3: Mean spectra with standard deviation (shadows) of different time points during IA treatment: left panel: Raman (A, C), right panel: FT-IR (B, D); top panel: plasma (A, B), bottom panel: serum (C, D).

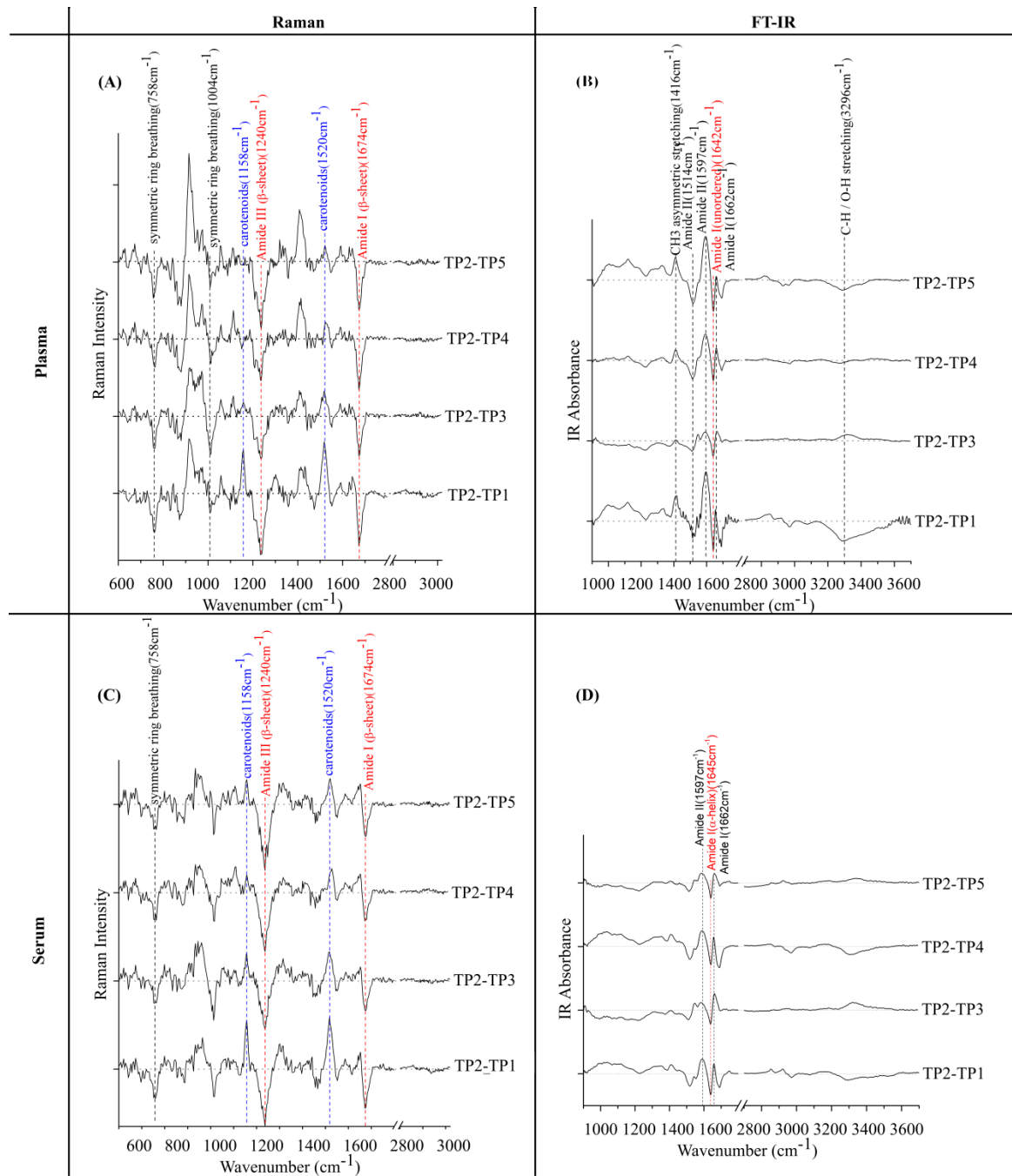


Fig. S4: Difference spectra between TP2 and other time points during IA treatment: left panel: Raman (A, C), right panel: FT-IR (B, D); top panel: plasma (A, B), bottom panel: serum (C, D).

A similar pattern can be seen for all computed difference spectra. For Raman spectra, dominant variations occur around 1158cm^{-1} (positive), 1240cm^{-1} (negative), 1520cm^{-1} (positive) and 1674cm^{-1} (negative). For FT-IR spectra, significant changes show in 1597cm^{-1} (positive), 1642cm^{-1} (negative) and 1662cm^{-1} (positive). The negative bands imply higher spectral intensities in other time points than at TP2, while positive bands mark spectral features that are more prominent in TP2. The positive bands around 1158cm^{-1} and 1520cm^{-1} from Raman spectra might indicate that carotenoids increase immediately after IA therapy (difference spectra TP2-TP1), thereafter decrease (difference spectra TP2-TP3, TP2-TP4, TP2-TP5). Negative bands around 1240cm^{-1} and 1674cm^{-1} from Raman spectra and 1642cm^{-1} from FT-IR spectra should be due to variations of immunoglobulin G during IA treatment. The concentration of anti-cardiac antibodies (and related immunoglobulins) is expected to be lowest at time point 2 due to active removal during therapy, and increase after time point 3 as a result of IgG restoration.

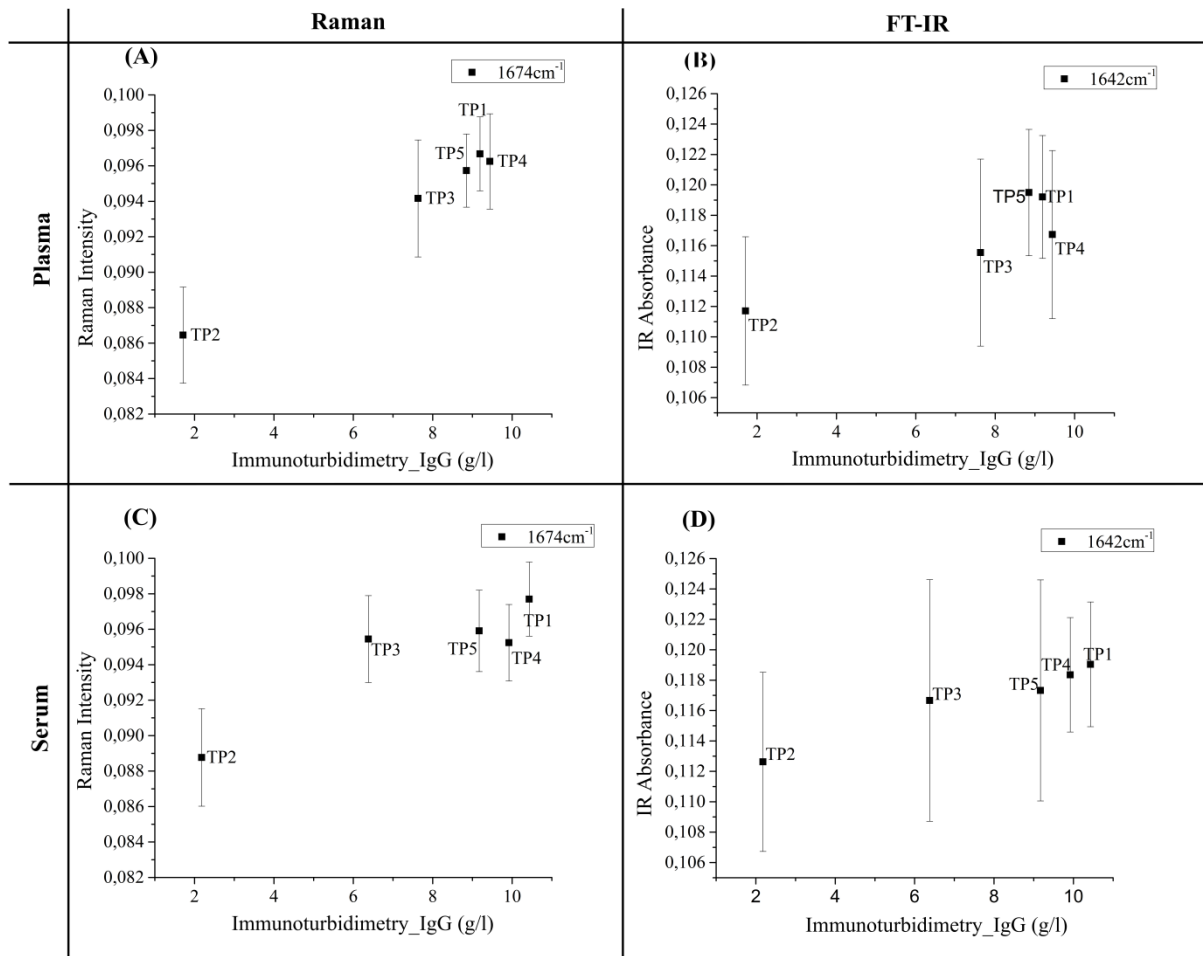


Fig. S5: Correlation of vibrational bands with IgG content. Left panel: Raman (A, C), right panel: FT-IR (B, D); top panel: plasma (A, B), bottom panel: serum (C, D).

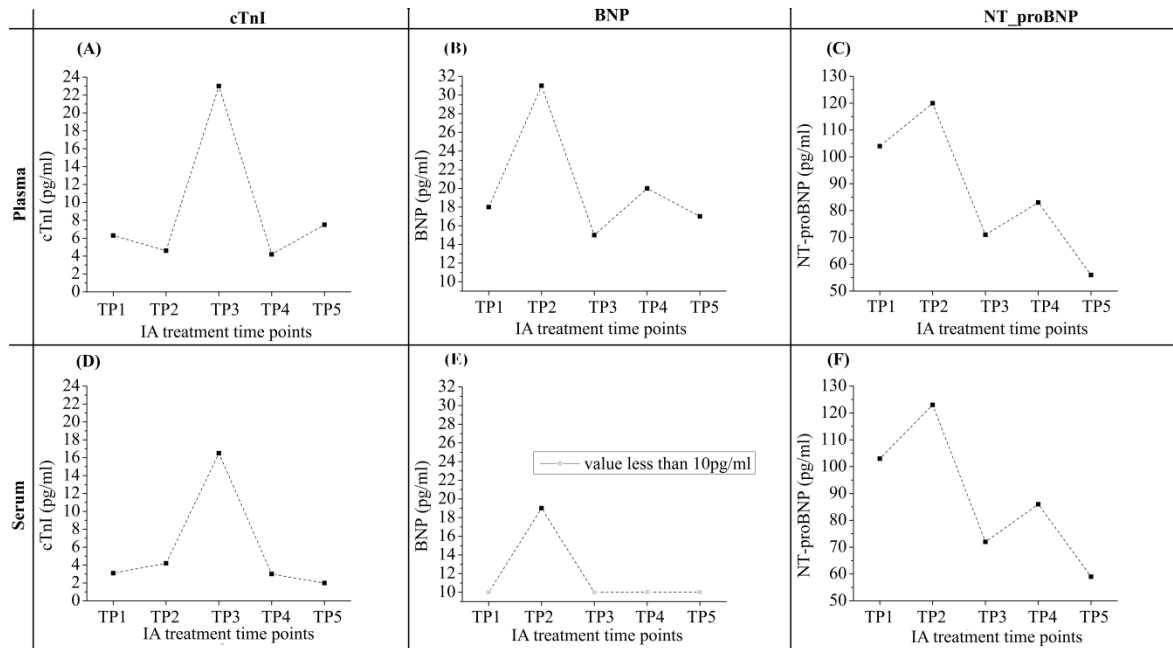


Fig. S6: Variations of cardiac biomarkers responding to different IA time points: left panel: cTnI (A, D), middle panel: BNP (B, E), right panel: NT-proBNP (C, F); top panel: plasma (A, B, C), bottom panel: serum (D, E, F). Theoretically, the concentration of cardiac biomarkers should be high before IA and decrease after IA responding to the improvement of heart function resulting from the treatment. Three commonly used cardiac biomarkers (cTnI, BNP and NP-proBNP) were measured and the variations are shown in Fig. S6. The changes of cTnI and BNP do not accord with the theoretical one. This disagreement might have following explanations: (1) Concentrations of these cardiac biomarkers from this DCM patient are under normal ranges. From literatures, cut-off points of cTnI, BNP and NP-proBNP (≥ 50 years old) for diagnosing heart failure in females are less than 15.6pg/ml, 100pg/ml and 125pg/ml respectively.^{1,2} (2) The decay of plasma and serum samples during the storage at -80°C for long time (≥ 2 years) (3) The anti-cardiac antibodies in this patient might not against these three cardiac biomarkers. From literatures, the anticardiac antibodies that have been identified are against G-protein-linked receptors, cardiac myosin, cardiac beta-1 receptors and troponin I.³⁻⁶

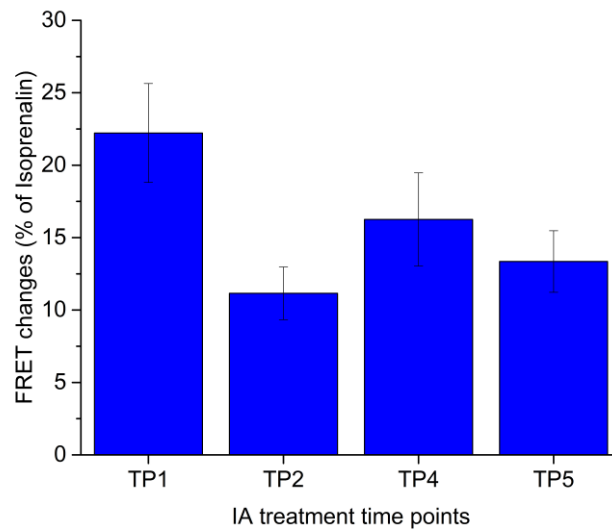


Fig. S7: Anticardiac antibody concentrations as visualized by FRET changes (in% of isoprenaline) for the IgG extracts from blood serum of the DCM patient for the different time points during immunadsorption therapy treatment. Depicted values are averages from four measurements.

To determine the presence and activity of anti- β 1-abs *via* receptor-induced cAMP accumulation in β 1-AR expressing HEK293 cells, a modified fluorescent cAMP sensor was used (Epac1-camps)⁷. The cells were double stable transfected with both constructs (β 1-AR and Epac1) and monoclonal selected based on the largest amplitude upon stimulation. The Epac-sensor detects intracellular cAMP with high spatial and temporal resolution by changes in FRET between CFP and YFP fused to the cAMP binding site of Epac1. The sensor was optimized, using brighter fluorophore-variants with higher quantum yield, to allow a robust and unbiased measurement of samples in 96-well plates. All assays were carried out with IgG-fractions isolated by caprylic acid precipitation, dialysed against PBS and incubated at a 1/10 dilution. At the end of each measurement, the cAMP accumulation achieved by 100 nM (-) isoprenaline was set to the maximal β 1-AR response (100% FRET change).

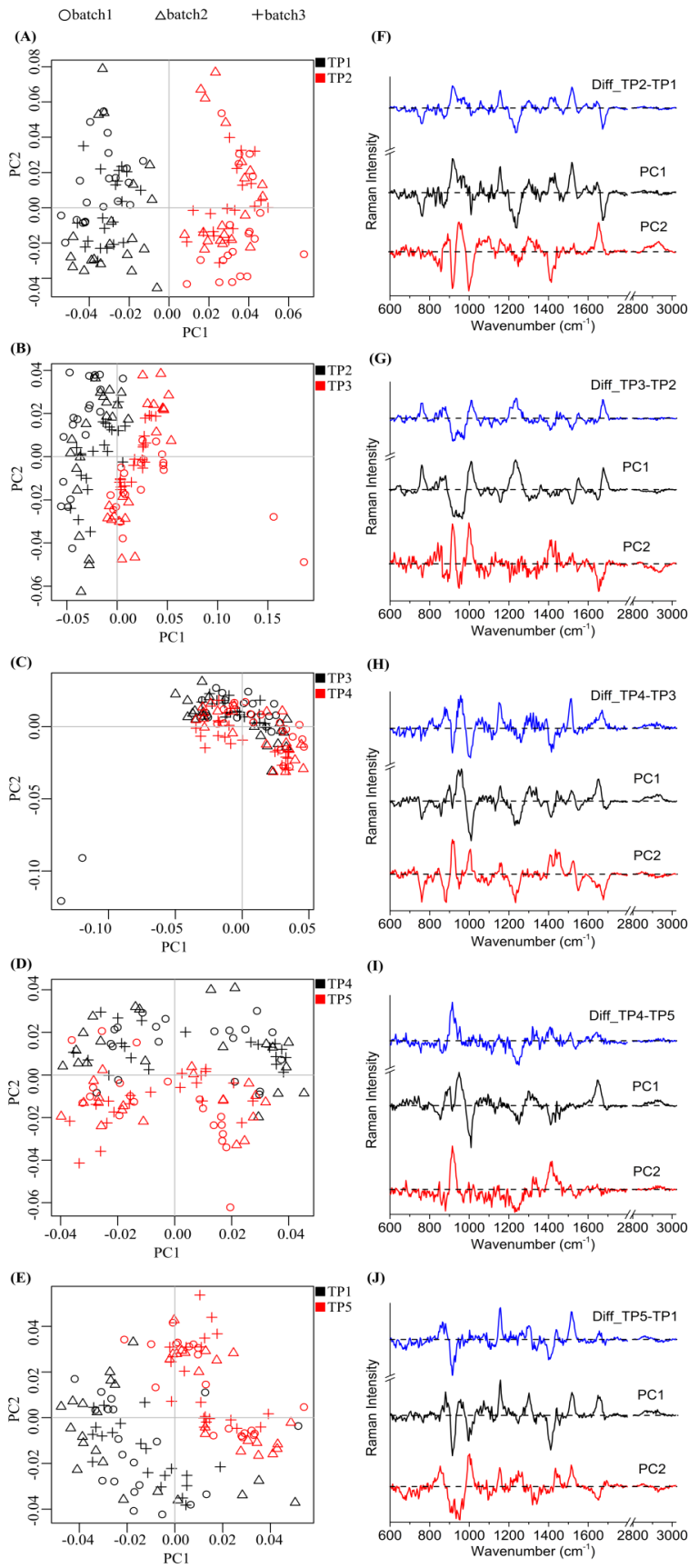


Fig. S8: Pairwise PCA and corresponding difference spectra between sequentially time points for Raman data based on plasma sample: TP1 vs TP2 (A, F), TP2 vs TP3 (B, G), TP3 vs TP4 (C, H), TP4 vs TP5 (D, I), TP1 vs TP5 (E, J).

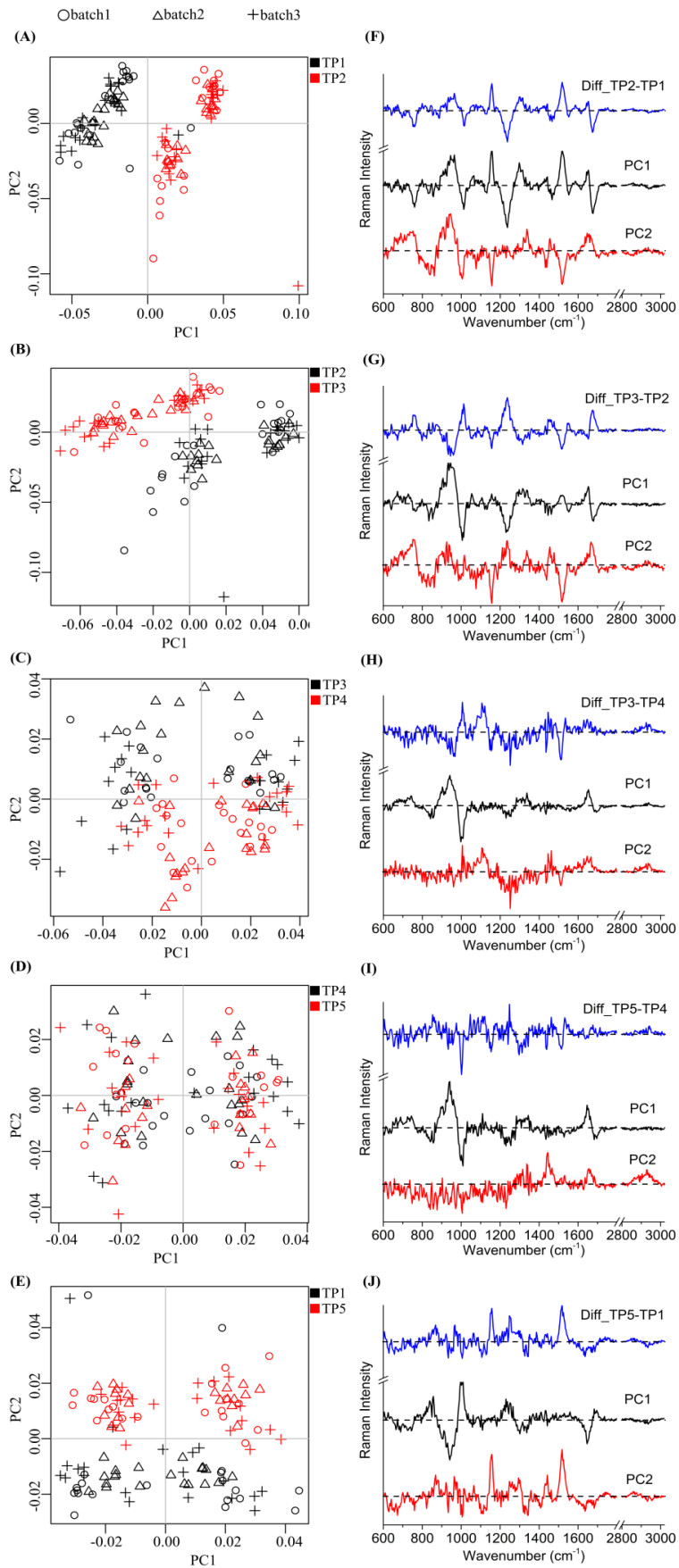


Fig. S9: Pairwise PCA and corresponding difference spectra between sequentially time points for Raman data based on serum sample: TP1 vs TP2 (A, F), TP2 vs TP3 (B, G), TP3 vs TP4 (C, H), TP4 vs TP5 (D, I), TP1 vs TP5 (E, J).

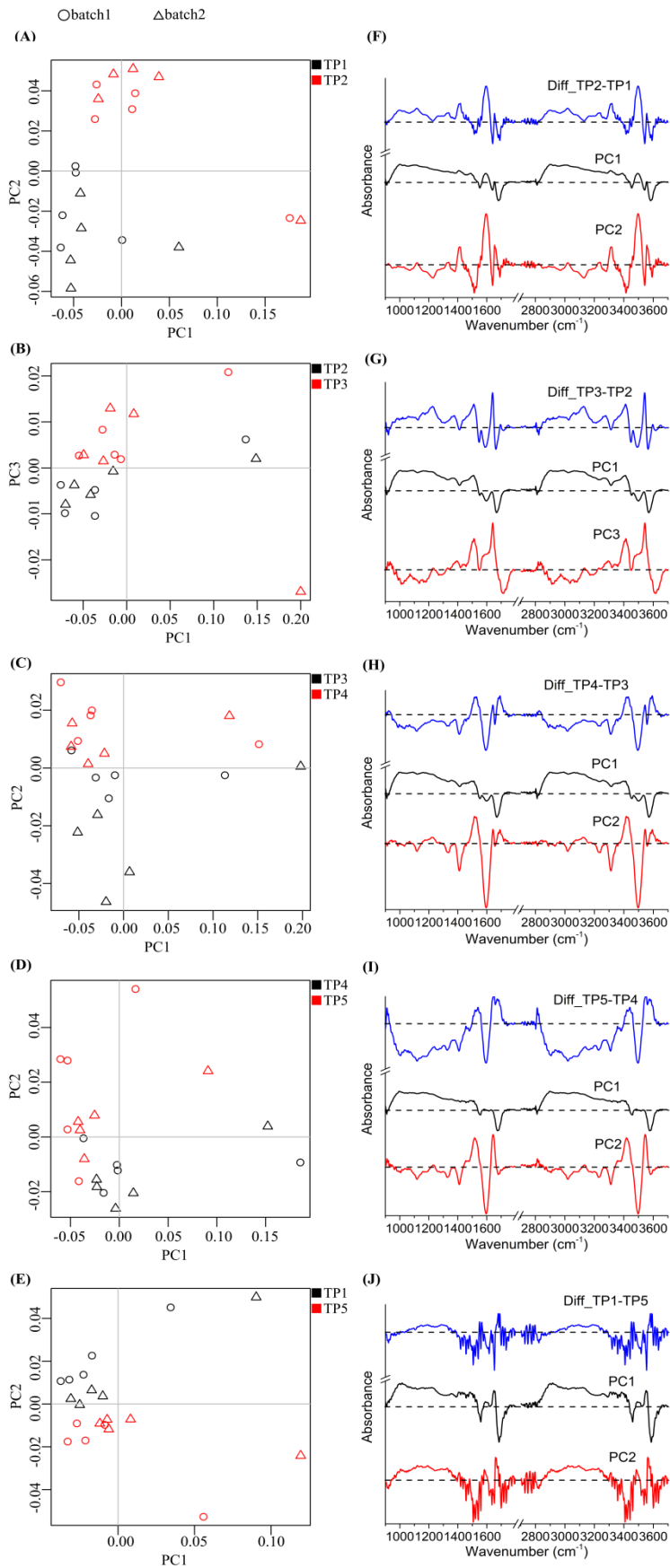


Fig. S10: Pairwise PCA and corresponding difference spectra between sequentially time points for FTIR data based on plasma sample: TP1 vs TP2 (A, F), TP2 vs TP3 (B, G), TP3 vs TP4 (C, H), TP4 vs TP5 (D, I), TP1 vs TP5 (E, J).

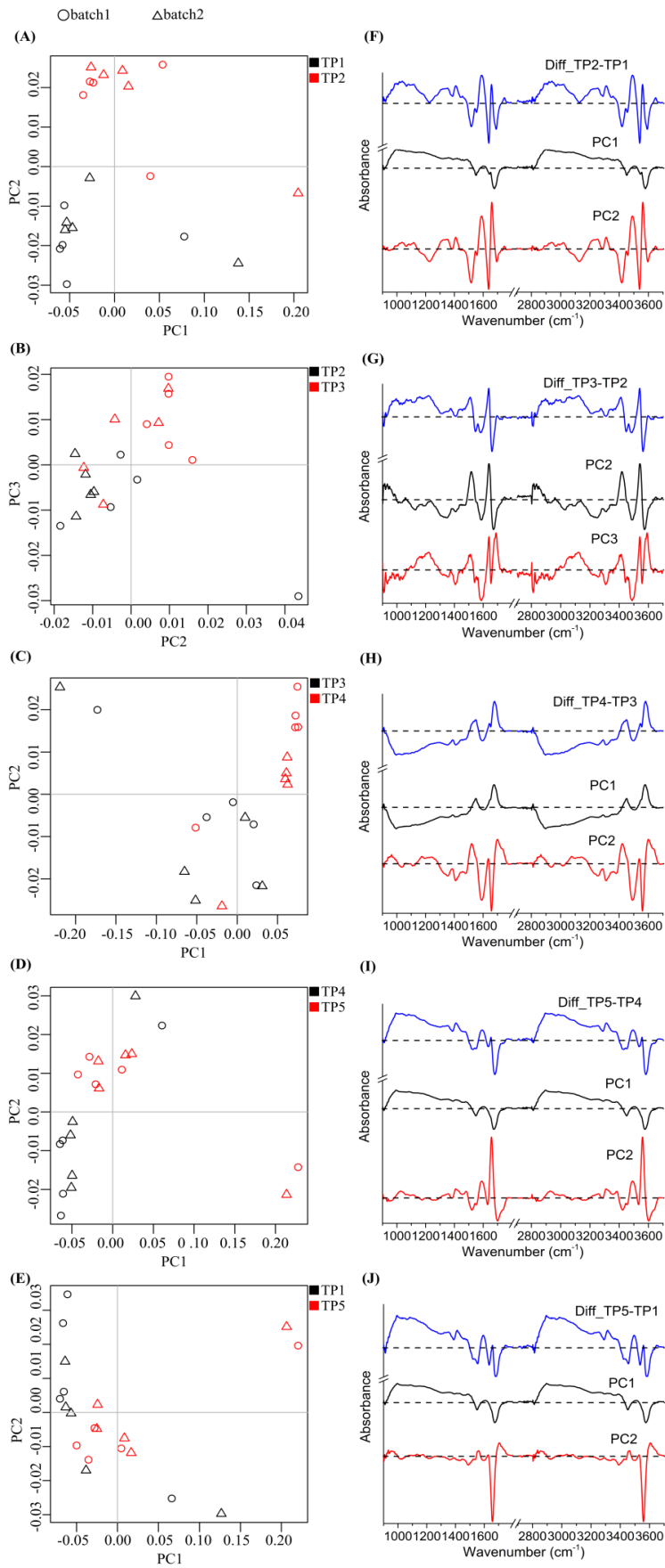


Fig. S11: Pairwise PCA and corresponding difference spectra between sequentially time points for FTIR data based on serum sample: TP1 vs TP2 (A, F), TP2 vs TP3 (B, G), TP3 vs TP4 (C, H), TP4 vs TP5 (D, I), TP1 vs TP5 (E, J).

Table S1: Tentative assignment of Raman⁸⁻¹⁰ and IR bands¹¹⁻¹⁵ based on literature

Raman band (cm ⁻¹)	IR band (cm ⁻¹)	Protein	Nucleic acid	Lipids	Carbohydrate
758		Tryptophan (symmetric ring breathing)			
854		Try, Pro, tyrosine (ring breathing)			
939		C-C stretching backbone (α -helix)			
1004		Phenylalanine (symmetric ring breathing)			
1032		Phe (C-H in plane bending)			
	1038	v C-O	DNA, RNA		Deoxyribose/ribose
	1078	C-O stretching	PO ₂ symmetric stretching/ DNA, RNA		Glycogen (C-O stretching) /deoxyribose/ribose
	1118		C-O stretching of RNA	Lipids	
1124		C-N stretching		C-C stretching	
1158		Carotenoids (C=C)/C-C/C-N stretching			
	1170			Ester C-O asymmetric stretching	
1209		Phe, Tyr(C-C ₆ H ₅ stretching)			
1240	1220-1330	Amide III			
1252		Amide III		=CH deformation	
1268		Amide III			
1318		C-H deformation, collagen	G	CH ₂ CH ₂ twist	
1334		CH ₂ CH ₂ wagging	CH ₂ CH ₂ wagging		
	1392	CH ₃ deformation		Lipids	
	1398	C=O stretching of COO-			
	1400	Proline/valine			
	1416			CH ₃ asymmetric stretching	
1434				CH ₂	
1448		CH ₂ bending		CH ₂ bending	
	1452	CH ₂ scissoring			
	1514	Amide II (β -sheet structures)/ δ N-H/ v C-N			
1520		Carotenoids (C=C vibration)			
	1535	CH ₂ bending/ Amide II		CH ₂ bending	
1552	1554	Amide II			
	1589	Amide II			
	1642	Amide I (unordered)			
	1655	Amide I (antiparallel β -sheet/aggregated strand)			
1659	1662	Amide I			
1674		Amide I (β -sheet)			
	1695	Amide I (antiparallel β -sheet/aggregated strand)			
	2872	CH ₃ symmetric stretching			
	2920	CH ₂ symmetric stretching			
	2929			Lipids	
2934		CH ₂ symmetric stretching			
	2958	CH ₃ asymmetric stretching			
	3282	H-O-H stretching			
	3296	C-H stretching/O-H stretching			

Table S2: Identification of SVM classification model on single spectra level with combined treatment groups

True \ Prediction		Raman				IR			
		Before IA	After IA	Follow-up of IA	Sensitivity	Before IA	After IA	Follow-up of IA	Sensitivity
		TP1	TP2	TP3-TP5		TP1	TP2	TP3-TP5	
Plasma	TP1	20	0	0	100.00%	4992	0	8	99.84%
	TP2	0	19	1	95.00%	0	4927	73	98.54%
	TP3-TP5	1	0	59	98.33%	45	121	14834	98.89%
	Specificity	98.75%	100.00%	97.50%		99.78%	99.40%	99.19%	
	Accuracy	98.00%				99.01%			
Serum	TP1	18	0	2	90.00%	4930	18	52	98.60%
	TP2	0	17	3	85.00%	0	4994	6	99.88%
	TP3-TP5	2	0	58	96.67%	274	235	14491	96.61%
	Specificity	97.50%	100.00%	87.50%		98.63%	98.74%	99.42%	
	Accuracy	93.00%				97.66%			

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