

## FP7 BIOMARGIN SHOWS THAT A SMALL SET OF URINARY PEPTIDES CAN DIAGNOSE ACUTE KIDNEY GRAFT REJECTION ACCURATELY.

F.L. Sauvage, J.B. Woillard, M. Naesens, D. Anglicheau, W. Gwinner, L.H. Noel, I. Brocheriou, M. Essig, P. Marquet, on behalf of the BIOMARGIN consortium.

**Background:** FP7 Biomargin aimed at detecting and validating non-invasive biomarkers of kidney graft lesions. After untargeted screening of different –omics, candidate biomarkers were confirmed in independent patient groups, and their diagnostic performance evaluated in a larger trans-sectional study. All studies were approved by ethics committees, complied with the Helsinki declaration amended in 2008, and patients provided informed consent.

**Methods/Materials:** Urine samples were collected just before protocol or for-cause biopsies following a standardized procedure, and then retrospectively selected following a case-control (discovery and validation sets) or a trans-sectional (performance assessment) design. For the first two steps, untargeted screening of natural urine peptides was performed using nano-liquid chromatography – high resolution QTOF mass spectrometry, while targeted micro-LC-QTOF was used for the third. Biomarker candidates were selected if they were significantly associated ( $p < 0.05$  after FDR correction) with one of the 4 groups (normal, AbMR, TCMR or IF/TA), as assigned after centralized histological reading by expert pathologists, and had an AUC under the ROC curve  $> 0.6$ . Finally, the most pertinent combinations of peptides were selected using SPLS-DA.

### Sample distribution

	AbMR	TCMR	IF/TA	Normal	Others
Discovery set (n=133)	34	42	49	37	0
Confirmation set (n=128)	31	25	51	43	0
Trans-sectional study (n=399)	43	20	116	225	40

**Results:** 343 natural urinary peptides were identified. A combination of 6 showed the highest diagnostic performance with respect to AbMR in the discovery set, and yielded AUCROC=0.862 and 0.787 in the independent confirmation set and trans-sectional study, resp. Another set of 12 peptides was able to best discriminate patients with TCMR, with AUCROC=0.822 and 0.807, resp. No efficient signature was found for IFTA.

**Conclusion:** We identified and validated very efficient urine peptide signatures of TCMR and AbMR. Their predictive performance is now being tested in the BIOMARGIN European prospective Cohort Study.