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3

4 NO ANSWER TO THE LACK OF SPECIFICITY: Mouse monoclonal antibody targeting
5 the angiotensin II type 1 receptor AT₁ fails to recognize its target.

6

7 Marie-Lynda BOURESSAM,¹ MSc; Isabelle LARTAUD,¹ PharmD, PhD; François
8 DUPUIS,¹ PharmD, PhD ; Sandra LECAT,² PhD

9 ¹: Université de Lorraine, CITHEFOR, F-54000 Nancy, France

10 ²: BSC UMR7242 "GPCRs, pain and inflammation" team, CNRS, Université de Strasbourg
11 Labex Medalis, 67412 Illkirch, France

12

13 **Address for correspondence :**

14 Dr Sandra LECAT

15 Institut de recherche de l'École Supérieure de Biotechnologie de Strasbourg :
16 Biotechnologie et Signalisation Cellulaire, UMR7242

17 Phone: (33)3-68-85-47-38

18 Email: lecat@unistra.fr

19

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21 **Number of references:** 24

22 **Number of figures:** 2

23

ABSTRACT

Purpose. Numerous antibodies targeting G protein-coupled receptors, GPCRs, have been described as non-specific among them polyclonal antibodies against angiotensin II type 1 receptor (AT₁). We have tested the newly developed AT₁ receptor mouse monoclonal antibody for its specificity.

Methods. Human Embryonic Kidney HEK293 cells, which do not endogenously express AT₁ receptor, were transfected in order to overexpress a fluorescently labelled EGFP-tagged human AT₁ receptor. Western blot and immunofluorescence assays were performed to test the specificity of the Santa Cruz monoclonal antibody sc-57036. These results were compared to the ones obtained with the polyclonal sc-1173 anti-AT₁ receptor antibodies that have already been described as non-specific.

Results. While the positive controls using GFP antibodies detected the EGFP-tagged AT₁ receptor, both polyclonal and monoclonal anti-AT₁ receptor antibodies failed to specifically recognize the corresponding band by western blot, as similar bands were revealed in either transfected or non-transfected cells. It also failed to detect AT₁ receptor in immunofluorescence experiments.

Conclusion. The lack of target recognition of the monoclonal AT₁ receptor antibody in our experimental conditions suggests that this antibody could give misleading results such as misidentification of the protein. To our knowledge, no specific antibodies targeting AT₁ receptors have been developed so far and the field is thus in need of new technical developments.

Key words: G protein-coupled receptors – Angiotensin II type 1 receptor –antibody – specificity

INTRODUCTION

G protein-coupled receptors (GPCR) antibodies raise a lot of questions concerning offtarget detections (Michel et al. 2009). Numerous publications criticize the non-specificity of different GPCR antibodies: histamine H4-receptors (Beermann et al. 2012) ; P2Y6 receptors (Yu and Hill 2013) ; cannabinoid receptors (Cécyre et al. 2014) ; dopamine receptors (Bodei et al. 2009).

Polyclonal antibodies targeting both angiotensin II (AngII) receptors type 1 (AT₁) and type 2 (AT₂) have been described as non-specific (Benicky et al. 2012; Herrera et al. 2013; Hafko et al. 2013). Despite these findings, antibodies directed against AT₁ receptors are still widely used in the literature with more than twenty publications in 2017 using the Santa Cruz aspecific sc-1173 polyclonal antibodies (Chao et al. 2017; Young et al. 2017; Liu et al. 2017) and already five publications in 2018 (Ahad et al. 2018; Ishikane et al. 2018; Rizzetti et al. 2018; Zhao et al. 2018; Ribeiro et al. 2018). In these papers, authors assume that they proved the specificity of these antibodies. However, in most cases, the control consisted of using the blocking peptide provided by the supplier to highlight the disappearance of the detected bands (Oestreicher et al. 2006). This type of experiment proves that the antibodies recognize the peptide used for immunization, however it is not sufficient to confirm that they recognize the targeted full-length protein. To overcome this issue, companies have developed monoclonal anti-AT₁ receptor antibodies presented as more specific.

In the present work, we evaluated the specificity of the Santa Cruz sc-57036 monoclonal anti-AT₁ receptor antibody.

Human Embryonic Kidney (HEK293) cells, that lacks endogenous AT₁ receptor expression, were transfected with a plasmid containing the human AT₁ receptor tagged at its extracellular N-terminus with the enhanced green fluorescent protein (EGFP-

73 AT₁). First, we assessed the robustness of our model by verifying the functionality of
74 the fluorescent receptor and its localization. Second, we tested the specificity of the
75 monoclonal sc-57036 antibody by Western blot and immunofluorescence. We
76 compared our data to the ones obtained using the polyclonal sc-1173 antibodies that
77 have already been described as non-specific. Our results indicate that the Santa Cruz
78 anti-AT₁ receptor monoclonal antibody sc-57036 does not label human AT₁ receptor.
79 Moreover we confirmed the aspecificity of the polyclonal sc-1173 antibodies.

MATERIALS AND METHODS

Cell culture and transfection

HEK 293 (Human Embryonic Kidney) cells were cultured to ~80% confluence in T-75-cm² flasks in MEM with Earle's salt supplemented with 10% fetal calf serum, 2 mM glutamine and 1% antibiotics (penicillin/streptomycin) and re-plated twice a week. The expression vector pIRES (Clontech) encoding for the fluorescent EGFP-human AT₁ receptor was a gift from Prof Haiech and Prof Kilhoffer (University of Strasbourg) and PCBIS UMS3286 CNRS-University of Strasbourg.

Cells stably expressing human EGFP-AT₁ receptors were, in addition, cultured with 600µg/ml G418 (Invitrogen)

Antibodies

EGFP was detected with mouse monoclonal anti-GFP (A11120 Life technologies) and goat polyclonal anti-GFP directly coupled to Horse Radish Peroxidase HRP (AB6663, ABCAM). Tested antibodies against AT₁ receptors were the anti-AT₁ N-10 (Santa Cruz sc-1173 batch number C2415) and the anti-AT₁ TONI-1 (Santa Cruz sc-57036 batch number I2111). The anti-AT₁ N-10 is a rabbit polyclonal IgG with an epitope mapping within the N-terminal extracellular domain of AT₁ receptor of human origin. It has just been discontinued. The anti-AT₁ TONI-1 is a mouse monoclonal antibody raised against a GST fusion protein corresponding to amino acids 297-356 of AT₁ receptor of human origin. Both antibodies are recommended by the manufacturer for detection of AT₁ receptor of mouse, rat and human origin by Western blot, immunoprecipitation, immunofluorescence and ELISA.

Calcium mobilization assay

Cells were cultured for three days in T10, then loaded with 2.5 μ M Fluo-4 AM (Molecular Probes) for 1 h. Cells were rinsed in PBS, collected in PBS-5mM EDTA and suspended in 9 mL Hepes-BSA buffer (10 mM HEPES pH 7.4, 137.5 mM NaCl, 1.25 mM $MgCl_2$, 1.25 mM $CaCl_2$, 6 mM KCl, 5.6 mM glucose, 0.4 mM NaH_2PO_4 , 0.1% Bovine Serum Albumine). Cells were loaded in 96-well plates (Greiner 655090, 100 μ L/well) and centrifuged for 3 min at 800 rpm. AngII-evoked increases in intracellular calcium were recorded over time using a Flexstation III (Molecular Devices, Sunnyvale, CA, USA) (3 sec intervals over 220 sec) at 37°C through fluorescence emission at 520 nm (excitation at 485 nm). Peak response amplitudes were normalized to basal fluorescence levels. For each concentration of the agonist, we determined the maximal value of the increase in calcium concentration in order to build concentration response curves to AngII.

Cell surface expression of the fluorescent EGFP-AT₁ receptor

Cells were cultured for two days in T10, then rinsed in PBS, collected in PBS-5mM EDTA. Immunolabelling of EGFP-AT₁ receptors expressed at the cell surface was done on intact cells (approximately 1 million cells) pre-incubated in 1 mL PBS-1% BSA on ice for 1 hour, then labelled using mouse monoclonal anti-GFP (A11120 Life technologies 1/100 dilution in PBS 1% BSA) for 30 min on ice and secondary labelling done using a R-phycoerythrin-conjugated AffiniPure F(ab')₂ fragment goat anti-mouse IgG (1/100 dilution). EGFP fluorescence and phycoerythrin (PE) staining were detected by flow cytometric analysis (20,000 cells per sample) on a cytometer (FACSCalibur, Becton-Dickinson).

Western blotting to detect the EGFP-tagged AT₁ receptor

Cells were cultured for two days in 6-well plates. Cell lysates were performed in 250 µL RIPA buffer (20 mM de Tris-HCl pH 7.4, 150 mM de NaCl, 1% de NP40, 0.25% de Na-deoxycholate, 0.1% SDS, Complete protease inhibitor EDTA-free (Roche) according to Lecat et al. (2015). In order to concentrate the receptors, in some experiments, cell lysates underwent immunoprecipitation. Briefly 450 µg of proteins were exposed to mouse monoclonal anti-GFP (A11120 Life technologies, 1:100) overnight on a wheel at 4°C before coupling to Protein A sepharose 4B (Life technologies) for 2 hours at 4°C the following day. Protein A / antibodies complexes were washed 3 times in 1 mL RIPA buffer by successive centrifugations at 2000 rpm for 1 min at 4°C before being suspended in 2X Laemmli buffer.

Proteins were not heated and directly separated on 10 % acrylamide SDS-PAGE gel electrophoresis. Proteins were then transferred onto PVDF polyvinyl difluoride membranes for 2 hours and western blotting was performed according to Lecat et al. (2015). Concentrations of antibodies were: polyclonal rabbit anti-AT₁ receptor (Santa Cruz sc-1173) 1:500 and monoclonal mouse anti-AT₁ receptor (Santa Cruz sc-57036) 1:500. PVDF membranes were washed in acid buffer for desorbing the antibodies and reprobed with goat polyclonal anti-GFP directly coupled to Horse Radish Peroxidase HRP (AB6663, ABCAM) 1:25 000. Secondary anti-rabbit HRP and anti-mouse HRP antibodies were used at a dilution of 1:10 000 and 1:5 000 respectively (Immuno Research Laboratories).

Immunofluorescence

Cells were cultured for 24 hours in 24-well plates on 12-mm in diameter coverslips coated with rat type I collagen. Cells were fixed in PBS containing 4%

155 paraformaldehyde, rinsed twice with PBS and exposed 15 min to 50 mM ammonium
156 chloride in order to quench remaining paraformaldehyde fluorescence. Cells were then
157 rinsed three additional times in PBS. Cells exposed to the monoclonal sc-57036
158 antibody were permeabilized 3 min in PBS containing 0,1% Triton X-100.
159 Immunolabelling was performed in PBS-0.2% BSA with either polyclonal anti-AT₁
160 receptor (sc-1173, 1:50), monoclonal anti-AT₁ receptor (sc-57036, 1:50) or monoclonal
161 anti-GFP (A11120, 1:100). Cells were washed 3 times in PBS-0.2% BSA and
162 incubated further with either secondary goat anti-rabbit or goat anti-mouse antibodies
163 coupled to Alexa 594 (Invitrogen ;1:200). After further washes in PBS, coverslips were
164 mounted onto slides using an anti-fading agent (Mowiol; Calbiochem). Image
165 acquisition was performed with a fluorescent microscope LEICA (motorized
166 microscope Leica DM5500B together with cold-camera Leica CTR 6000). Figures were
167 created with FigureJ.

RESULTS

Validation of the experimental model: in transfected cells, fluorescently-labelled AT₁ receptors are functional and localized at the plasma membrane

In cells expressing the fluorescently labelled EGFP-AT₁, the receptor is fused at its extracellular N-terminus with the fluorophore (Fig. 1A). We verified that the receptor was active in these cells by measuring calcium responses to AngII. While the parental HEK293 cells did not respond to the agonist, showing that the receptor is not endogenously expressed, EGFP-AT₁ cells gave a nice AngII dose-response with an EC₅₀ around $2 \cdot 10^{-8}$ mol/L AngII (Fig. 1B). Using fluorescence cell sorting analysis, we have controlled that all the cells were expressing the fluorescent receptor (as detected by the peak of EGFP fluorescence as compared to non-transfected cells, Fig. 1C, left) and that the receptor was properly localized at the cell surface (as detected by surface labelling with anti-GFP antibodies followed by red fluorescent secondary antibody labelling, Fig. 1C, right).

Polyclonal and monoclonal anti-AT₁ antibodies detected bands in Western blot whether the receptor was expressed or not

The expected size of the fusion protein, EGFP-AT₁ receptor, estimated from the amino-acid sequence, is 73 kDa. The estimation does not take into account post-translational modifications such as *N*-glycosylation. In Western blot of total cell extracts (40 µg of proteins), both monoclonal sc-57036 and polyclonal sc-1173 antibodies detected bands whether the fluorescently labelled receptor was expressed or not (Fig. 2A; total lysates). Reprobing of the membrane with monoclonal anti-GFP antibody specifically revealed a major band in HEK-EGFP-AT₁ transfected cells (but not in parental cells) around 90 kDa corresponding to the tagged-receptor. A smaller band around 40 kDa

is also detected with the anti-GFP, that could correspond to degraded receptors mainly with the EGFP tag left.

In a second attempt to detect the receptors with anti-AT₁ receptor antibodies, we performed immunoprecipitations of 450 µg of protein extracts with monoclonal anti-GFP antibody in order to concentrate the receptors prior to Western blotting. Again, polyclonal sc-1173 and monoclonal sc-57036 revealed unspecific bands in both non-transfected and HEK-EGFP-AT₁ transfected cell lysates (Fig. 2A; anti-GFP-immunoprecipitated lysates). Reprobing the membrane with anti-GFP-HRP antibody specifically revealed the EGFP-AT₁ receptor bands only in cells expressing the fluorescently-labelled receptor (Fig. 2A; immunoprecipitated lysates).

Both anti-AT₁ receptor antibodies failed to recognize the receptor by immunofluorescence

Next, we tested the antibodies in immunofluorescence labelling experiments on EGFP-tagged AT₁ receptor expressing cells. Cells cultured on coverslips were labelled either with anti-GFP or anti-AT₁ receptors antibodies, followed by a red fluorescent secondary antibody detection. Using epifluorescence microscopy, images collected in the green channel to directly visualize the fluorescence of EGFP showed a localization of the receptor principally at the cell plasma membrane and in some intracellular perinuclear compartments (Fig. 2B-a, 2B-d, 2B-g).

Staining with the monoclonal GFP antibody on non-permeabilized cells revealed only the plasma membrane localization of the receptor (Fig. 2B-b).

When using the polyclonal anti-AT₁ receptor antibodies, no plasma membrane staining was detected (Fig. 2B-e). We obtained similar results with the monoclonal anti-AT₁ receptor antibody. For this antibody, we performed permeabilization of the cells due to

218 the localization of the epitope in the C-terminus tail of the receptor. While, in the green
219 channel, the receptor could still be detected by the direct fluorescence of EGFP (Fig.
220 2B-g), no specific labelling with the monoclonal anti-AT₁ receptor antibody in the red
221 channel (Fig. 2B-h) and no colocalization in the overlay channel were visible (Fig. 2B-
222 i).

223 Therefore, in accordance with our results obtained by Western blot, monoclonal and
224 polyclonal anti-AT₁ receptors antibodies also failed to recognize AT₁ receptors by
225 immunofluorescence.

DISCUSSION

Here we bring the first evidence of the lack of specificity of the Santa Cruz monoclonal anti-AT₁ antibody sc-57036 as it failed to specifically recognize the AT₁ receptor. In the present work we used an heterologous model of human AT₁ receptors expression in which the receptor is tagged with the EGFP fluorescent protein at its extracellular N-terminal domain. Before assessing the specificity of anti-AT₁ receptor antibodies, we first evaluated the robustness of our model. HEK cells stably expressed the EGFP-AT₁ receptors homogeneously in the cell population. The receptors were properly localized at the cell surface and functional.

We confirm here the aspecificity of the AT₁ receptor polyclonal antibodies sc-1173, since bands were revealed by Western blot in all lysates whether AT₁ receptor was present or not. We obtained the same results with the AT₁ receptor monoclonal antibody sc-57036. Moreover, both AT₁ receptor antibodies failed to recognize the receptor in immunofluorescence labelling assays. To our knowledge, this is the first report questioning the specificity of Santa Cruz monoclonal AT₁ receptor antibody sc-57036. Already used in 10 publications (including three in 2017 and one in 2018) (Filice et al. 2017; Yim et al. 2017; Ferrão et al. 2017; Sinphitukkul et al. 2018), this antibody that lacks specificity could lead to false positive staining on tissue or primary cell culture and therefore misinterpretations.

Concerning the sc-1173 antibodies, our results are in accordance with the ones obtained by Benicky et al. (2012). They tested 6 commercially available anti-AT₁ receptor antibodies (including sc-1173) by Western blot and immunofluorescence. All of them failed to recognize specifically the receptor. First, they assessed the

robustness of their models (AT_{1A} knock-out mice and rat hypothalamic 4B cells) by verifying the lack of expression of AT₁ receptor in both models using radioligand binding assays. Second, they compared the immunoreactivity of the antibodies in knock-out tissues and in cells transfected or not with AT₁ receptor. The six antibodies (including sc-1173) displayed very different pattern and intensity of immunoreactivity. But all tested antibodies gave signals in tissues from AT_{1A} knock-out mice and non-transfected 4B cells. Despite this first report of aspecificity, the sc-1173 antibodies were still widely used in the literature up to now (Rizzetti et al. 2018; Zhao et al. 2018; Ribeiro et al. 2018) and it has just been discontinued.

Since antibodies directed against GPCR have been widely criticized for their lack of specificity, a correct validation of the used antibodies should be provided by the authors and requested by journals editors. Use of blocking peptide is a weak proof of specificity and using tagged receptors is a more reliable alternative method. Authors could also rely on one of the four criteria proposed by Michel et al. (2009) to demonstrate specific immunolabelling of receptors in tissues: a) disappearance of staining in knock-out animals of the target receptor, b) reduction of staining upon knock-down approaches such as siRNA treatment, c) selectivity of staining in immunoblots or immunocytochemistry for the target receptor vs related subtypes when expressed in the same cell line and/or d) antibodies raised against multiple distinct epitopes of a receptor yielding very similar staining patterns.

Given the issues concerning GPCR antibody specificity, the use of new tools to detect these membrane proteins is thus essential. Single-domain antibody (or nanobody) arouse great interest in the scientific community. Indeed, they show a promising

276 potential for research or therapeutic (Rasmussen et al. 2011; Maussang et al. 2013).
277 They have smaller sizes (around 15 kDa vs 150 kDa for a classical antibody), they can
278 be expressed intracellularly, they can display higher affinity and specificity and they
279 have lower cost of production. Hence, the emergence of nanobodies is likely to replace
280 actual existing polyclonal and monoclonal antibodies to ensure a reliable detection of
281 GPCR proteins.

282 In conclusion, we demonstrate here that the monoclonal AT₁ receptor antibody sc-
283 57036 should be added to the long list of non-specific antibodies targeting GPCRs.

284 **ABBREVIATIONS**

285 AngII: angiotensin II

286 AT₁: angiotensin II type 1 receptor

287 AT₂: angiotensin II type 2 receptor

288 EGFP: enhanced green fluorescent protein

289 HEK293: human embryonic kidney cell

290 GPCR: G protein-coupled receptor

291 PE: phycoerythrin

292 PBS: phosphate buffered saline

293 **AUTHORS CONTRIBUTION**

294 SL conceived and designed the experiments. MLB and SL conducted the experiments.

295 MLB, IL, FD, SL analyzed data and wrote the manuscript. All the authors read and

296 approved the manuscript.

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FIGURES

Figure 1. In EGFP-AT₁ transfected cells, AT₁ receptor is properly localized at the cell surface

A - Schematic view of the fusion protein EGFP-AT₁ receptor. The EGFP fluorophore is localized in the extracellular N-terminal part of the receptor. The sc-1173 polyclonal anti-AT₁ receptor targets the short N-terminal domain of the receptor while the epitope for the sc-57036 monoclonal anti-AT₁ receptor encompassed the whole C-terminal tail of the receptor.

B – HEK293 and EGFP-AT₁ transfected cells were exposed to Angiotensin II (AngII ; 10⁻¹² to 10⁻⁴ mol/L). AngII-evoked increases in intracellular calcium were recorded over time using a Flexstation III (3 sec intervals over 220 sec) at 37°C through fluorescence emission at 520 nm (excitation at 485 nm). Peak response amplitudes were normalized to basal fluorescence levels. Each point represents the maximal value at 520 nm for a given AngII concentration.

C - The cell population expressing the EGFP-AT₁ receptors was compared to non-

391 transfected cells by fluorescence-activated cell sorting. Left panel: Histogram of cells
392 expressing the GFP fluorescence (green line: cells expressing stably the EGFP-AT₁
393 receptors, black line: non-transfected HEK293 cells). Right panel: Histogram of cells
394 labelled with phycoerythrin (PE): intact cells were stained with anti-GFP antibodies and
395 secondary phycoerythrin-labeled antibodies (PE). Fluorescence intensities of non-
396 transfected HEK cells (black line) and cells expressing stably the EGFP-AT₁ receptors
397 (red line).

A

B

Figure 2. Monoclonal and polyclonal anti-AT₁ receptor antibodies failed to recognize EGFP-AT₁ receptor in both Western blot and immunofluorescence assays

A - Immunoblot of total cell lysates (left – 40 µg of proteins) or of anti-GFP immunoprecipitated material (right – 450 µg of proteins) of non-transfected HEK293 cells and of cells expressing stably the EGFP-AT₁ receptors. Proteins were revealed with either polyclonal anti-AT₁ sc-1173, monoclonal anti-AT₁ sc-57036 or anti-GFP-

406 HRP antibodies. Anti-GFP antibody revealed bands only in cells expressing the EGFP-
407 AT₁ receptor whereas sc-1173 and sc-57036 anti-AT₁ antibodies revealed unspecific
408 bands whether the receptor had been transfected or not.

409 B - Antibodies immunolabelling on EGFP-tagged AT₁ cells. (*a, d, g*) Images collected
410 in the green channel using epifluorescence microscopy showing the fluorescence of
411 the EGFP-tagged receptor which is localized principally at the cell plasma membrane
412 and in some perinuclear compartments. (*b, e, h*) Images collected in the red channel,
413 stained with primary antibodies directed against GFP epitope in *b*, or AT₁ receptor (*e*,
414 sc-1173, *h*, sc-57036) followed by a red secondary antibody. Plasma membrane
415 localization of the receptor and colocalization with the GFP signal (displayed in the
416 channel overlay) is only detected with the anti-GFP labelling (*b* and *c* respectively),
417 whereas no plasma membrane signal (*e* and *h*) or colocalization (*g* and *i*) could be
418 detected when using anti-AT₁ antibodies. Scale bar is 10 μ M.