



UNIVERSITY OF GOTHENBURG



REGION
VÄSTRA GÖTALAND
SAHLGRENKA UNIVERSITY HOSPITAL

Proteomic profiling of ischemic stroke outcomes

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Outline

- I. Biomarkers
- II. Aims
- III. Methods
- IV. Research examples
- V. Conclusions

I. What is a Biomarker?

"A defined characteristic that is measured as an indicator of normal biological processes, pathogenic processes, or responses to an exposure or intervention."



Diagnostics

*Detect or
confirm presence
of a disease*



Stratification

*Determine
which treatment
will work best*



Prediction

*Indicate likelihood
of disease
recurrence*

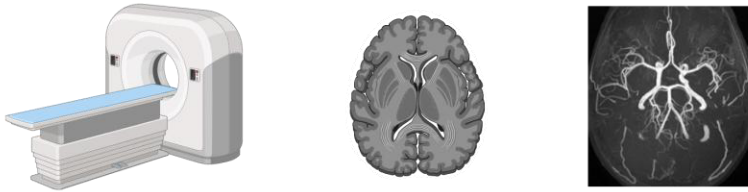


Prognosis

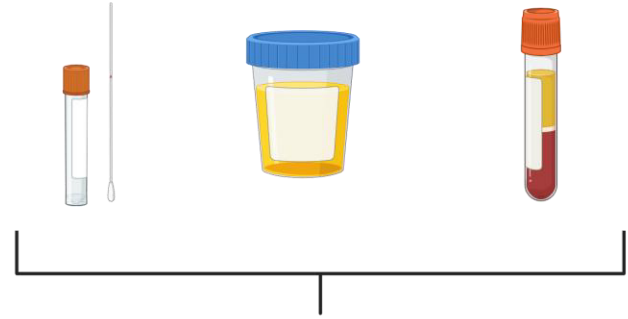
*Indicate likelihood
of an outcome*

I. Types of Biomarkers

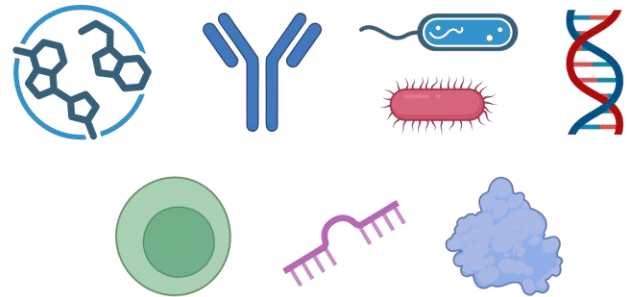
Imaging biomarkers



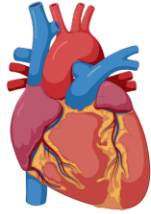
Biofluid biomarkers



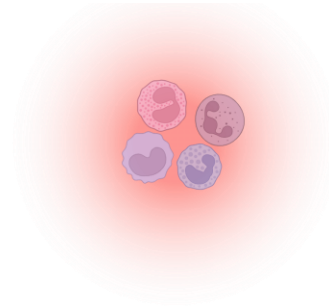
Physiological parameters



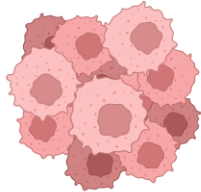
I. Commonly used blood-based biomarkers



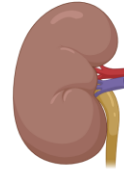
Heart
Troponin,
NT-proBNP



Inflammation
CRP, white
blood cell count



Cancers
PSA, BRCA,
ctDNA



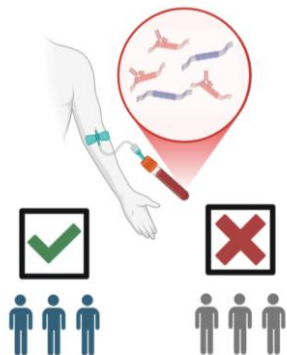
Kidney
Creatinine,
eGFR, cystatin C

Stroke is lagging behind!

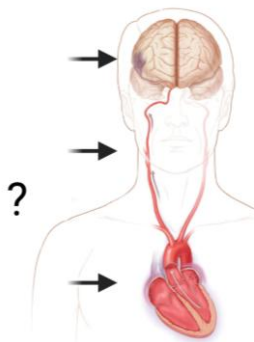
II. Aim

To identify blood-based biomarkers for diagnostics and outcome prediction after an ischemic stroke

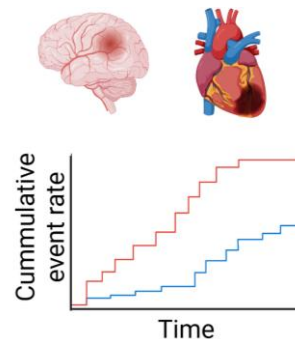
Diagnostics



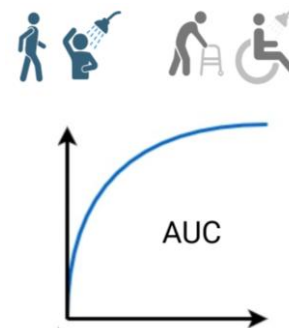
Stratification



Vascular recurrence



Prognostics



III. Methods: Biomarkers

Genomics



- DNA:
 - Whole genome arrays (GWAS)
 - Targeted DNA-seq

Proteomics



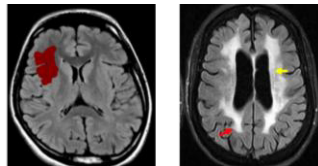
- Proteins:
 - Affinity-based (ELISA, SimoA, Olink Explore)
 - Mass spectrometry (Proteograph, Seer)

Transcriptomics



- RNA:
 - Bulk RNA-sequencing (leucocytes)
 - Small RNAseq (extracellular miRNA)

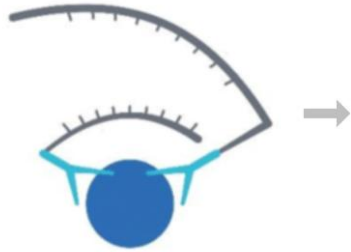
Radiomics



- MRI:
 - Lesion segmentation algorithms
 - Quantitative pipelines

III. Methods- Proximity Extension Assay (PEA)

1



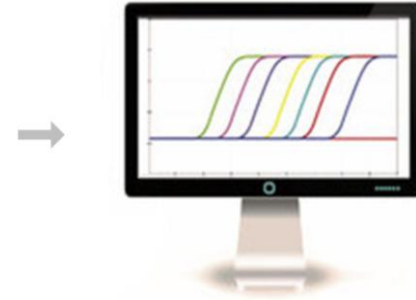
Antibody Pair Binding

2



Proximity Extension

3



Amplification (qPCR / NGS)

4

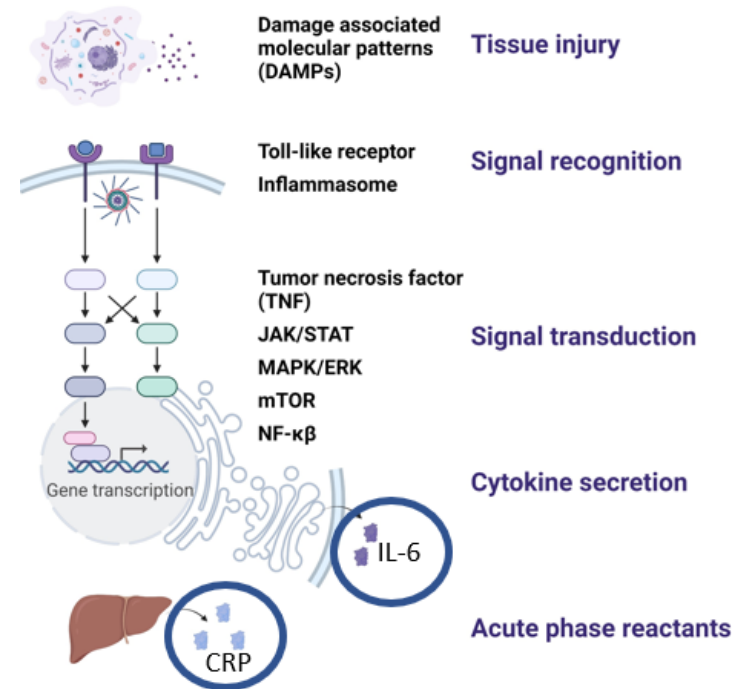
NPX Output

- Normalised Protein eXpression (NPX) on $\log_2$ scale
- Relative units; +1 NPX = doubling of protein level



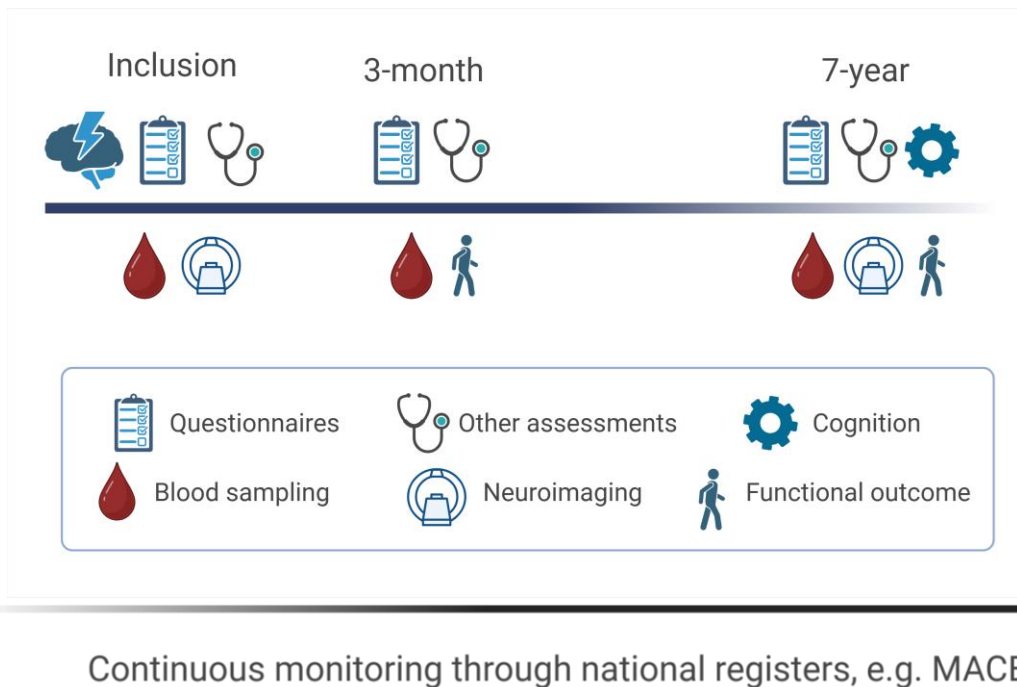
IV. Research Example - Inflammation

- Inflammation plays an important role in the acute response after stroke involved in both repair and damage
- Most studies focus on high-sensitivity C-reactive protein (hsCRP) and interleukin-6 (IL-6)
- Complex pathway
- Other inflammation-related proteins may be more informative or specific to stroke
- Olink Target 96 Inflammation
 - chemokines, cytokines, interleukins, surface molecules, receptors



IV. Clinical cohorts

The Sahlgrenska Academy Study on Ischemic Stroke (SAHL SIS)



PI: Prof. Christina Jern

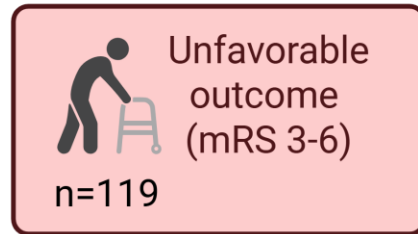
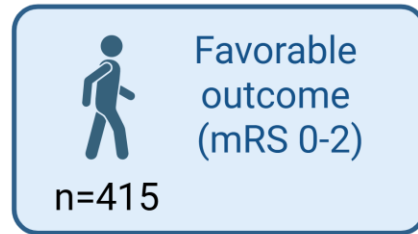
- 1998-2004
- Case-control, adults <70y
- N=600 longitudinal blood sampling

SAHL SIS phase 2:

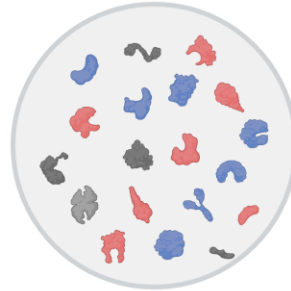
- 2014-2025
- Adults >18 years
- N= 3,000 with acute blood sampling

IV. Inflammation- Functional Outcome (mRS)

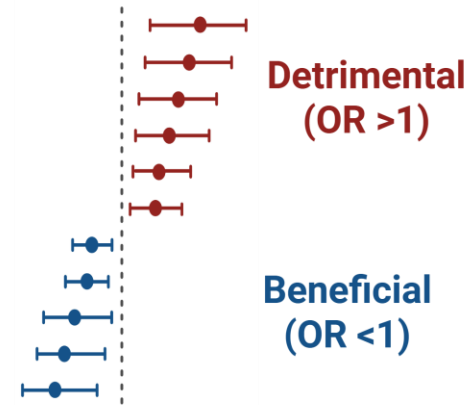
SAHLSIS < 70 years



65 inflammation-related proteins



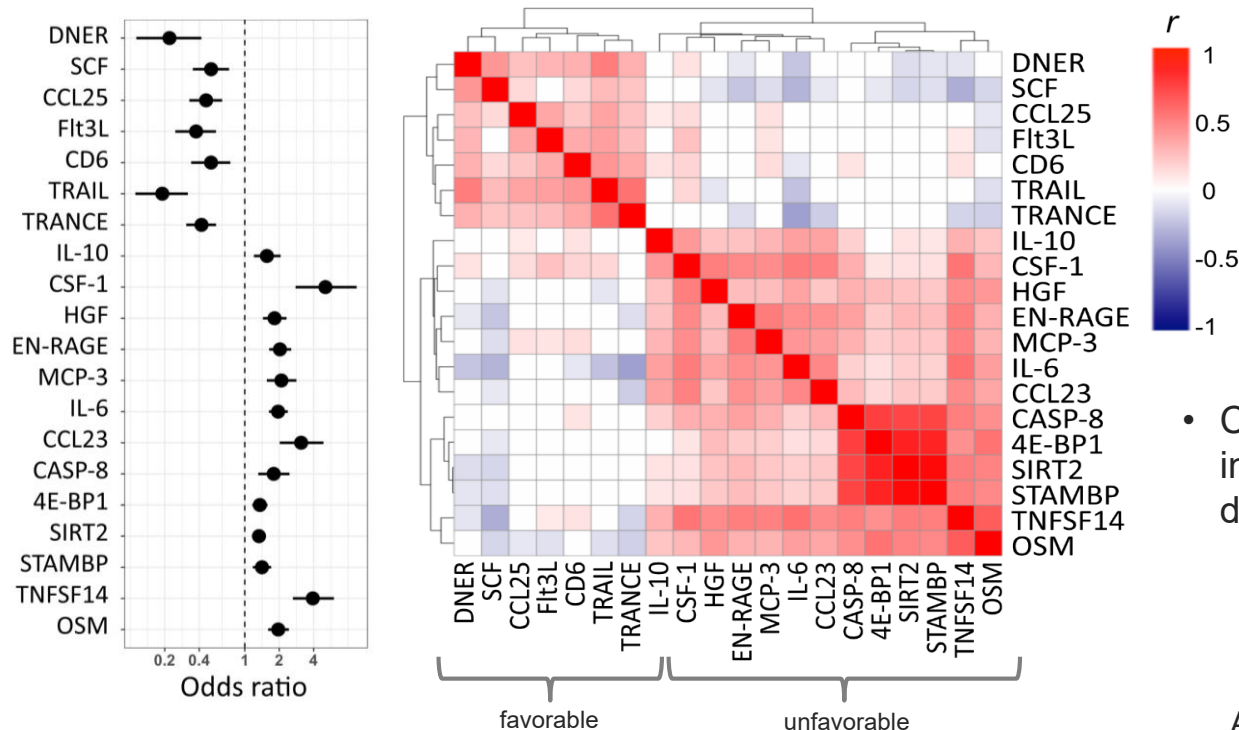
Call rate >80%



Odds ratio (OR) for unfavorable outcome

IV. Inflammation- Functional Outcome (mRS)

- n=20 proteins associated with functional outcome (FDR <0.05)



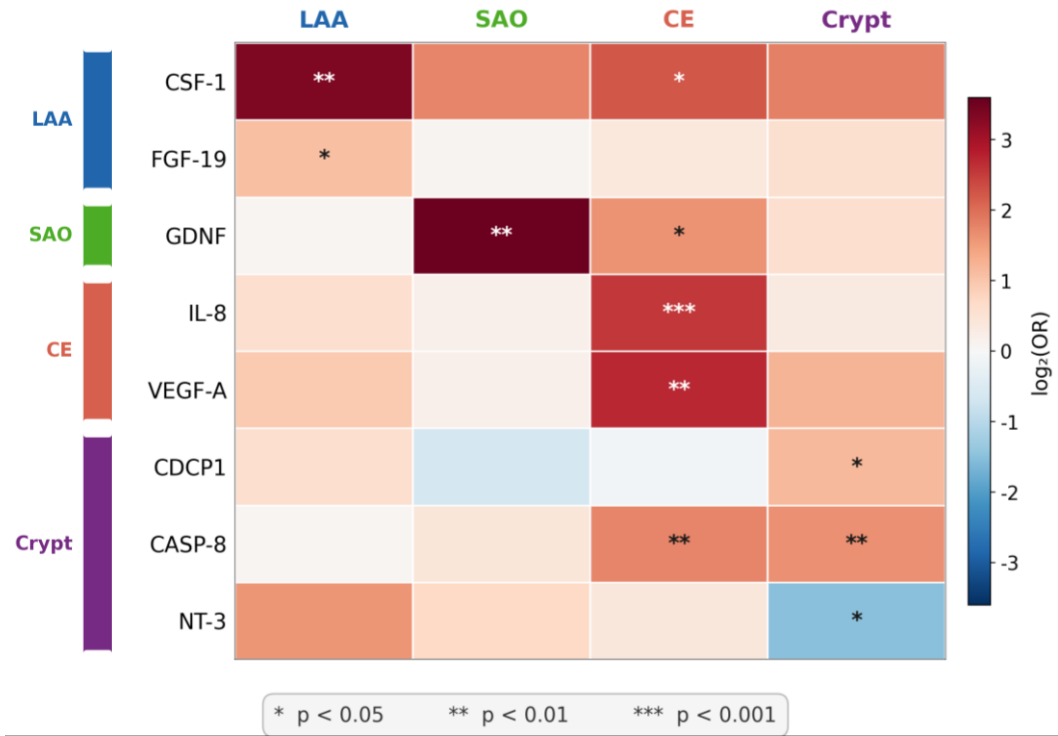
- Two main clusters

- Consistent with inflammation being involved in repair (protective) and damage (detrimental) after stroke

Angerfors et al, *J Neuroinflammation* 2023

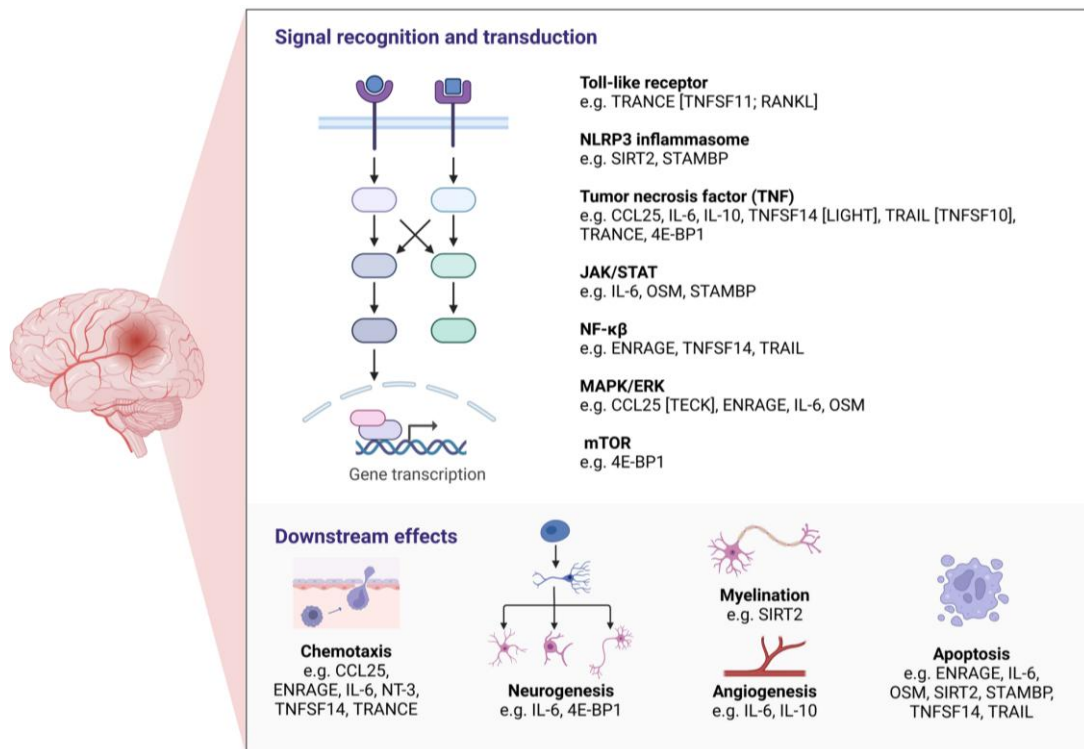
IV. Inflammation- Functional Outcome (mRS)

- Subtype-specific protein associations with functional outcome
- Replication in independent cohorts are needed
- Emphasis importance of larger studies with power for stratified analyses



Angerfors et al, *J Neuroinflammation* 2023

IV. Inflammation- Functional Outcome (mRS)



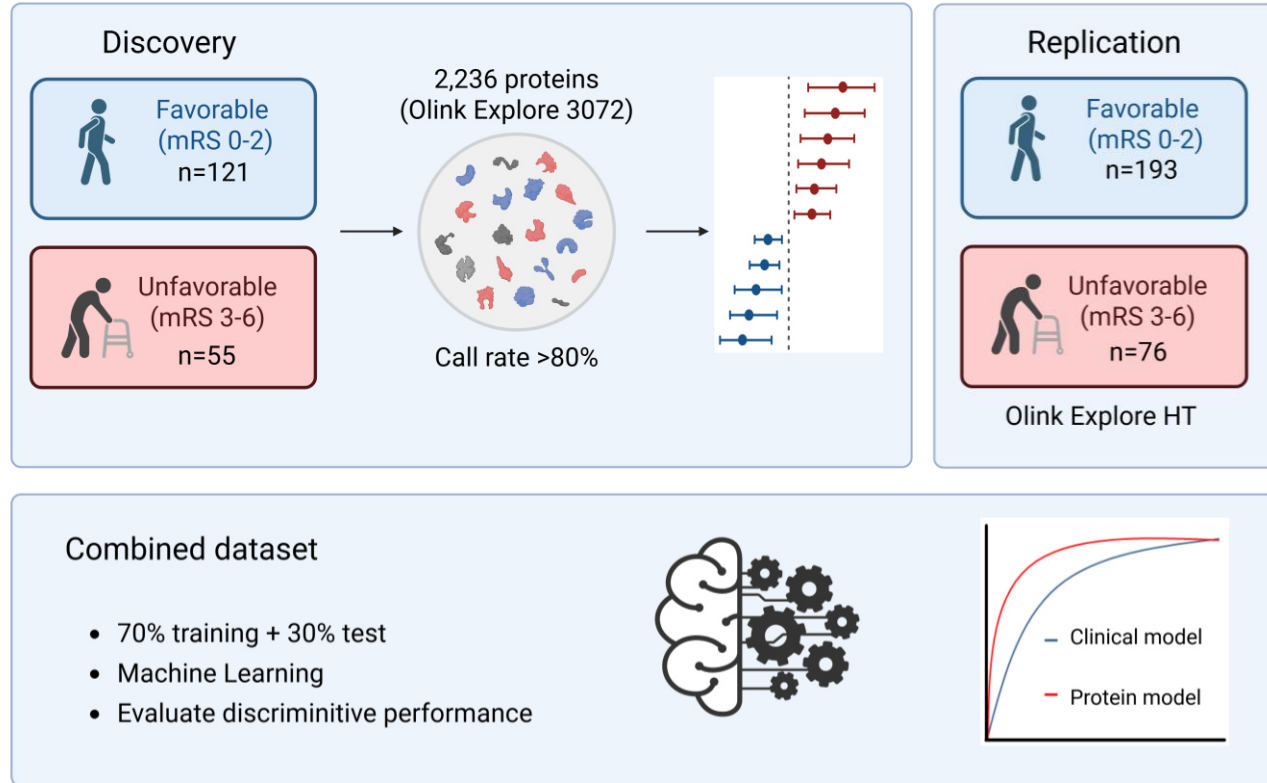
Created with BioRender.com

- Many upstream signals
- Approved drug target:
 - TRANCE (TNFSF11; RANKL)
- Several drug targets in Phase 3 trials
 - CD6
 - HGF
- Several in Phase 2 trials:
 - TNFSF14 (LIGHT)
 - CSF-1
 - IL-10
 - CASP-8

Angerfors et al, *J Neuroinflammation* 2023

IV. Olink Explore - Functional Outcome (mRS)

SAHL SIS phase 2 (adult ischemic stroke)



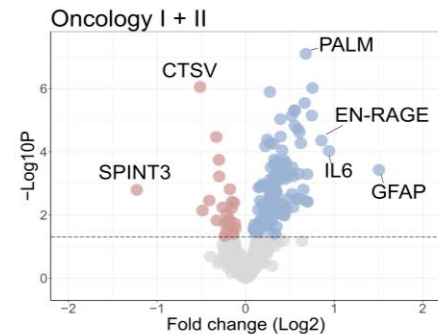
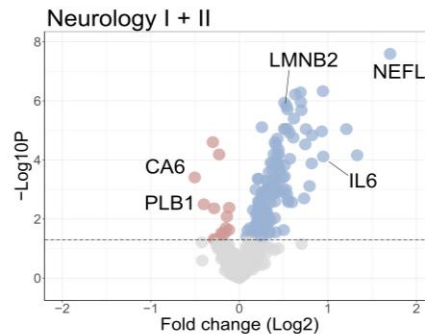
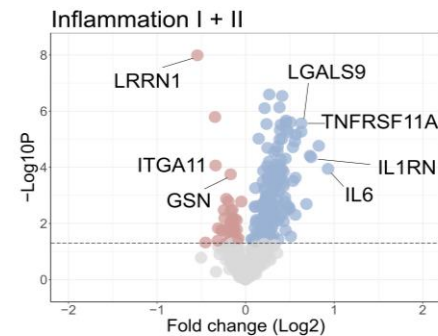
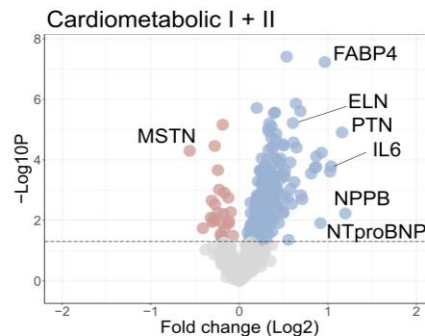
IV. Olink Explore - Functional Outcome (mRS)

Discovery (Olink Explore 3072)

- 204 proteins showed differential expression in favorable vs unfavorable outcome

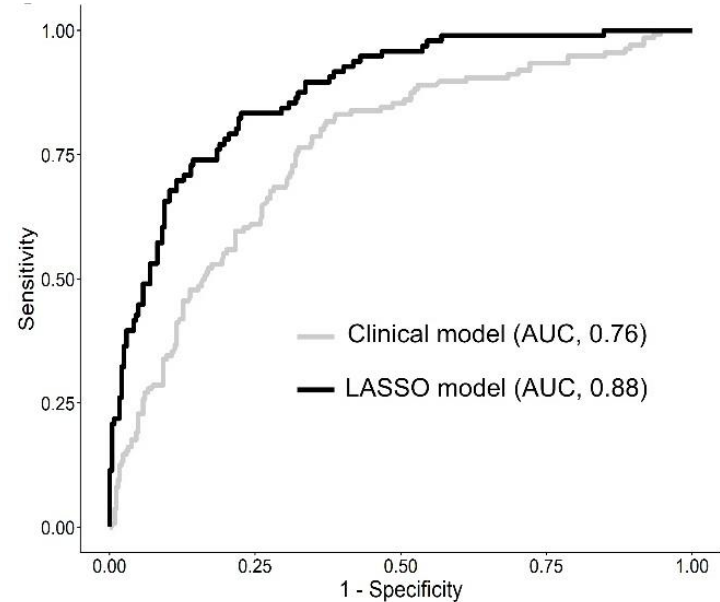
Replication (Olink Explore HT)

- Univariable: 100 proteins replicated
- Multivariable: 14 proteins replicated ($P < 0.0004$)
 - 59 proteins $P < 0.05$ $P > 0.0004$
 - Candidates for mechanistic studies



IV. Olink Explore - Functional Outcome (mRS)

- Multiprotein modelling (LASSO)
 - 15 features selected (14 proteins + NIHSS)
- Strong discriminative performance for predicting unfavorable functional outcome
 - AUC = 0.88 in training; 0.89 in test



IV. Olink Explore- Functional Outcome (mRS)

Multi-pathway biology of stroke recovery

Neuronal injury & plasticity

- Strongest and most consistent signal
- Points to structural integrity and post-injury regeneration as key determinants

Vascular remodeling & extracellular matrix

- ELN (elastin) and PTN (pleiotropin) ranked above stroke severity in LASSO model
- Vascular integrity and regenerative signalling (angiogenesis) shape recovery

Immune activation

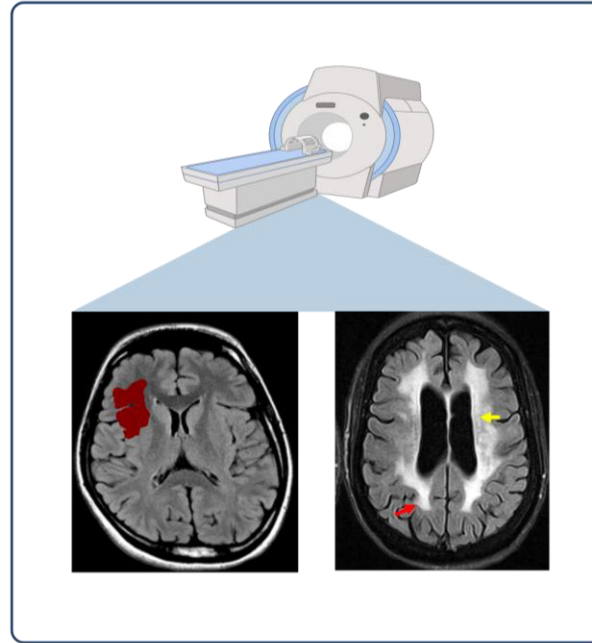
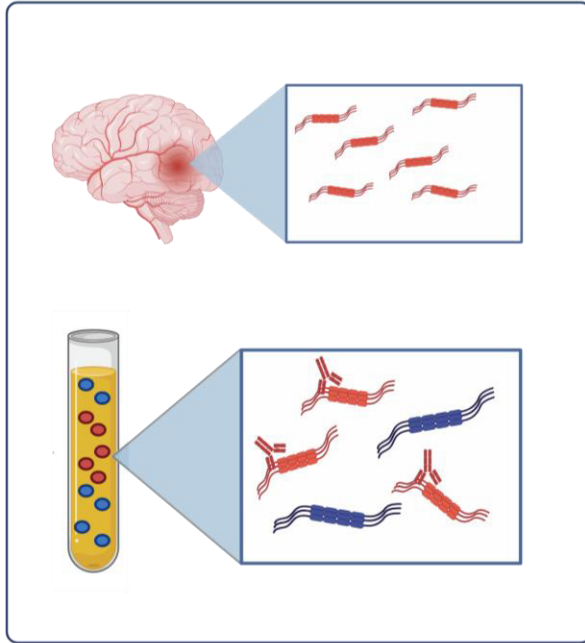
- Both detrimental (T-cell activation, NF- κ B) and protective (gelsolin)

Lipid signaling

- PLB1 (phospholipase B1) = 2nd most important LASSO variable
- Generates lipid mediators that support vascular repair and inflammation resolution

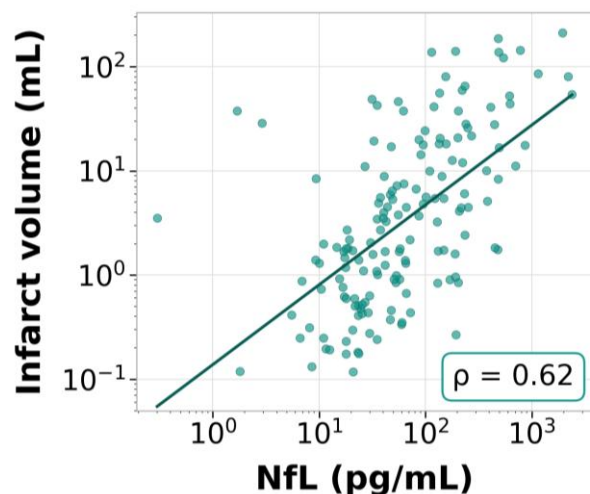
IV. Integrating Neuroimaging & Blood Proteomics

To identify plasma protein proxies of MRI phenotypes

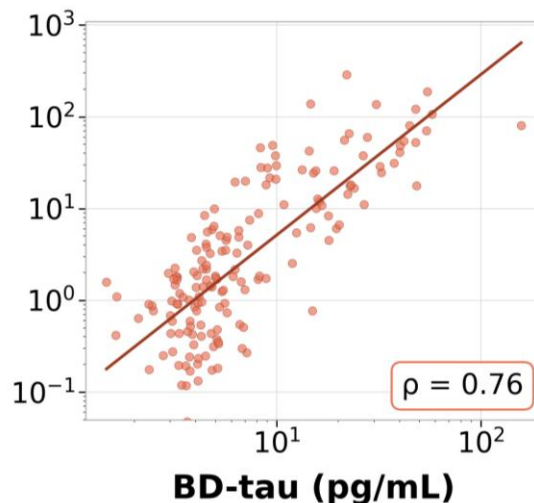


IV. Integrating Neuroimaging & Blood Proteomics

- Blood-based biomarker that proxy infarct volume
- *SAHLIS*, manual infarct volume determination
- Targeted proteins (SimoA, Quanterix)



Holmegaard et al, *Sci Rep* 2024

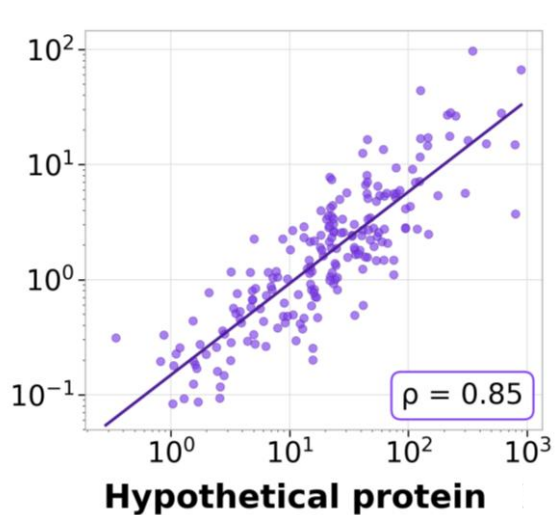


Gonzalez-Ortiz et al, *J Intern Med* 2025

- NfL expressed in central and peripheral nervous system
- Elevated in many neurological and neurodegenerative conditions
- Brain-derived tau, CNS isoform, stronger correlation

IV. Integrating Neuroimaging & Blood Proteomics

- *SAHL SIS phase 2*: AI-based neuroimaging pipelines
- Broad- scale proteomics : Olink Explore HT



- Can we identify an even better biomarker (or combination) to proxy infarct volume?
- Preliminary data looks promising!

Future goal to develop a diagnostic triage tool, "a troponin of the brain"

IV. Integrating Neuroimaging & Blood Proteomics



DDLS PhD Student
Jesper Olsson, MSc Eng
University of Gothenburg



Markus Schirmer, PhD
Co-supervisor
Harvard Medical School

AI-Based Imaging Pipelines

e.g. infarct volume, white matter hyperintensities, brain health metrics, etc.

Broad-Scale Proteomics (+ other omics)

e.g. Olink Explore HT, mass-spectrometry (Seer Proteograph / Orbitrap Astral), miRNAseq

Integration & Modelling

Identify blood-based surrogates and mechanistic signatures of MRI-defined injury

V. Conclusions

- **Inflammation-related proteins (both protective and detrimental) are associated with functional outcome**
 - Stratified analyses revealed etiologic subtype-specific differences
- **Large-scale proteomics substantially improves outcome prediction**
 - Identified pathways of importance include neuronal injury, neuronal plasticity, inflammation, vascular remodelling and lipid signaling
- **BD-tau is more highly correlated to cerebral infarct volume than NfL**
- **Work in progress: To identify a protein (or combination) that is an even better proxy of infarct volume and proteins that mirror other neuroimaging phenotypes**

Taken together, plasma proteomics holds promise for identifying stroke biomarkers for diagnostics, stratification, and prognosis

Thank you

Interested to discuss contact:
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Björn Granelli, MD, PhD student

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Sofia Furutjäll, MScEng

Katarina Jood, MD, PhD, Prof.

Lukas Holmegaard, MD, PhD

Research nurses at the Stroke Unit

Kaj Blennow, MD, PhD, Prof.

Henrik Zetterberg, MD, PhD, Prof.

Fernando Gonzalez-Ortiz, MD, PhD

Markus D. Schirmer, PhD



Vetenskapsrådet

**... and all study participants
and their families**

*Insamlingsstiftelsen for
Neurological Research* 



**STROKE
CENTRUM VÄST**



**King Gustaf V:s and
Queen Victoria's
Foundation**



SAHLSIS- Baseline characteristics

	Controls	Ischemic stroke Acute-phase	Ischemic stroke 7y-follow up
n	600	600	223
Age, mean $\pm$ SD	56 $\pm$ 10	56 $\pm$ 10	61 $\pm$ 10‡
Male sex, n (%)	385 (64%)	385 (64%)	146 (65%)
NIHSS, median (IQR)	NA	3 (1-7)	2 (1-5)
BMI, mean $\pm$ SD	26 $\pm$ 4	26 $\pm$ 4	27 $\pm$ 4
Diabetes mellitus, n (%)	22 (5%)	114 (19%)‡	39 (17%)‡
Hypertension, n (%)	224 (37%)	354 (60%)‡	123 (55%)‡
Current smoking, n (%)	109 (18%)	233 (39%)‡	46 (20%)

Stanne TM et al (2022) *Stroke*

SAHLSIS- Functional Outcome (mRS)

	Total	Favorable	Unfavorable
n	534	415	119
Age, median [IQR], years	58 [52-64]	58 [52-64]	59 [53-65]
Male sex, n (%)	340 (64)	258 (62)	82 (69)
Time to blood draw, median [IQR]	4 [3-6]	4 [3-6]	4 [2-6]
Hypertension, n (%)	320 (60)	247 (59)	73 (63)
Diabetes mellitus, n (%)	100 (19)	73 (18)	27 (23)*
Hyperlipidemia, n (%)	379 (71)	295 (74)	84 (80)
Smoking, n (%)	208 (39)	164 (40)	44 (37)
NIHSS score, median [IQR]	3 [2-7]	2 [1-4]	12 [7-16]†

Angerfors et al, *J Neuroinflammation* 2023

Olink Explore - Functional Outcome (mRS)

	Discovery cohort			Replication cohort		
	Total	Favorable	Unfavorable	Total	Favorable	Unfavorable
n	176	121	55	269	193	76
Age, median [IQR], years	69 [57-80]	66 [53-74]	77 [68-84] †	66 [53-75]	64 [51-74]	73 [67-80] †
Male sex, n (%)	110 (63)	84 (69)	26 (47) *	175 (61)	130 (67)	34 (45) *
Hypertension, n (%)	68 (39)	39 (32)	29 (53) *	119 (41)	76 (39)	37 (49)
Diabetes mellitus, n (%)	18 (10)	8 (7)	10 (18) *	38 (13)	19 (10)	16 (21) *
Smoking, n (%)	21 (12)	17 (14)	4 (7)	28 (10)	14 (7)	10 (13)
Atrial fibrillation, n (%)	47 (27)	27 (22)	20 (36)	48 (17)	22 (11)	23 (30) †
Statin treatment, n (%)	26(15)	15 (12)	55 (20)*	70 (24)	40 (21)	26 (34)*
NIHSS score, median [IQR]	2 [1-5]	1 [0-3]	5 [2-8] †	2 [0-5]	1 [0-4]	5 [2-11] †
Recanalization therapy, n (%)	65 (37)	44 (36)	21 (38)	96 (33)	64 (33)	29 (38)

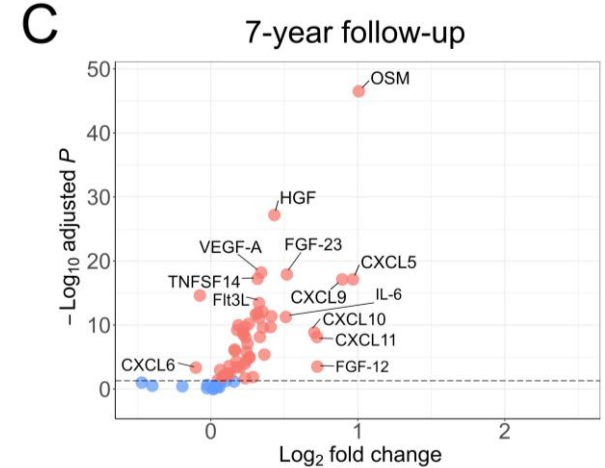
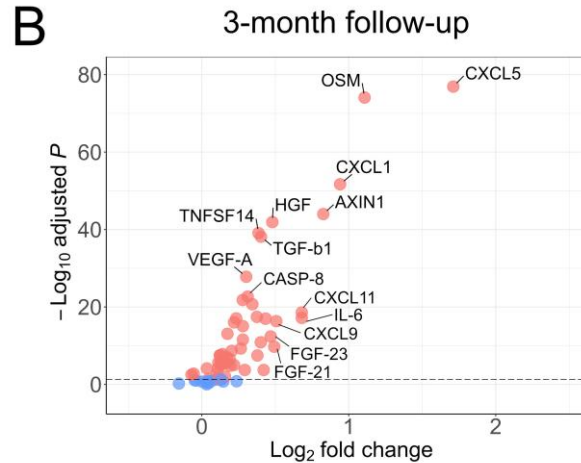
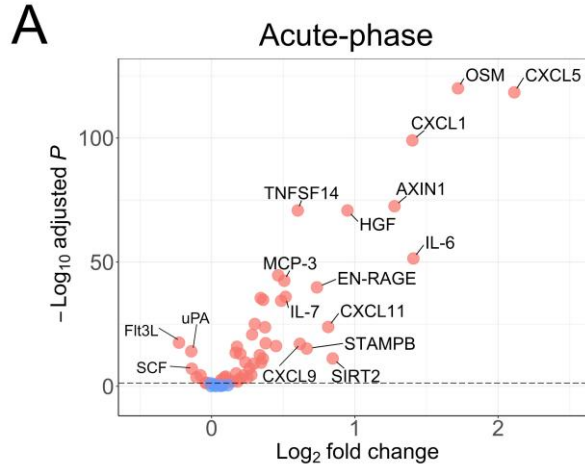
Olink Explore - Functional Outcome (mRS)

- Multiprotein modelling performed in the combined, bridging-normalized dataset (n=465)
 - Recursive feature elimination and LASSO logistic regression
 - 15 features selected (14 proteins + NIHSS)

Gene	Protein Name	384-plex panel	Direction (unfavorable)	Brain enriched
NEFL	Neurofilament light polypeptide	Neuro	↑	yes
PLB1	Phospholipase B1, membrane-associated	Neuro II	↓	-
LRRN1	Leucine-rich repeat neuronal protein 1	Inf	↓	yes
CRISP2	Cysteine-rich secretory protein 2	Onc	↓	-
ELN	Elastin	Cardio II	↑	-
PTN	Pleiotrophin	Cardio	↑	-
PALM	Paralemmin-1	Onc II	↑	yes
LEG1	Protein LEG1 homolog	Inf II	↓	-
CD302	CD302 antigen	Onc	↑	-
ITIH3	Inter-alpha-trypsin inhibitor heavy chain H3	Cardio	↑	-
LMNB2	Lamin-B2	Neuro II	↑	-
MRC1	Macrophage mannose receptor 1	Inf II	↑	-
RBFOX3	RNA binding protein fox-1 homolog 3	Neuro II	↑	yes
LGALS9	Galectin-9	Inf	↑	-

NIHSS

IV. Inflammation- Longitudinal



- N=51 proteins were differentially expressed in ischemic stroke vs controls in acute-phase
- N=34 proteins were upregulated in ischemic stroke at all 3 time points
- Subtype-differences, could reflect underlying pathophysiological processes

Stanne TM et al (2022) *Stroke*

IV. Olink Explore - Functional Outcome (mRS)



Discovery: N=176

Olink Explore 3072/384

Modular high-multiplex biomarker discovery with uncompromised data quality.

Proteins

2,900+

On 8 modular panels

Sample

1-6 μ L

Plasma, serum & more



Replication: N=269

Olink Explore HT

Measure 5,400+ proteins with proven specificity to gain an understanding of disease at the protein level.

Proteins

5,400+

With proven specificity

Sample

2 μ L

Plasma, serum & more

IV. Olink Explore - Functional Outcome (mRS)

- Discovery (Olink Explore 3072)
 - 2,236 proteins (call rate >80%)
- Many proteins highly correlated
- Effective multiplicity correction (M_{eff}) estimated at 125
- $P < 0.0004$ ($0.05/125$)

