

## A protein profiling strategy for Periodontal Disease applications: the Perio-SalivaPRINT

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### Background

- Several clinical situations have characteristic molecular dysregulations.
- Strategies are needed to identify the phenotypes characteristic of these dysregulations.
- Some molecular data underlying these deregulations can be found in saliva and have been annotated in databases (SalivaTecDB).
- Our group has developed a strategy that allows the establishment of saliva protein profiles reflecting different conditions (health and disease) that can be integrated with clinical data (SalivaPRINT Toolkit).
- **OBJECTIVE:** the present work aims to identify such Periodontal Diseases (PD)-specific protein profiles.

### Preliminary Results

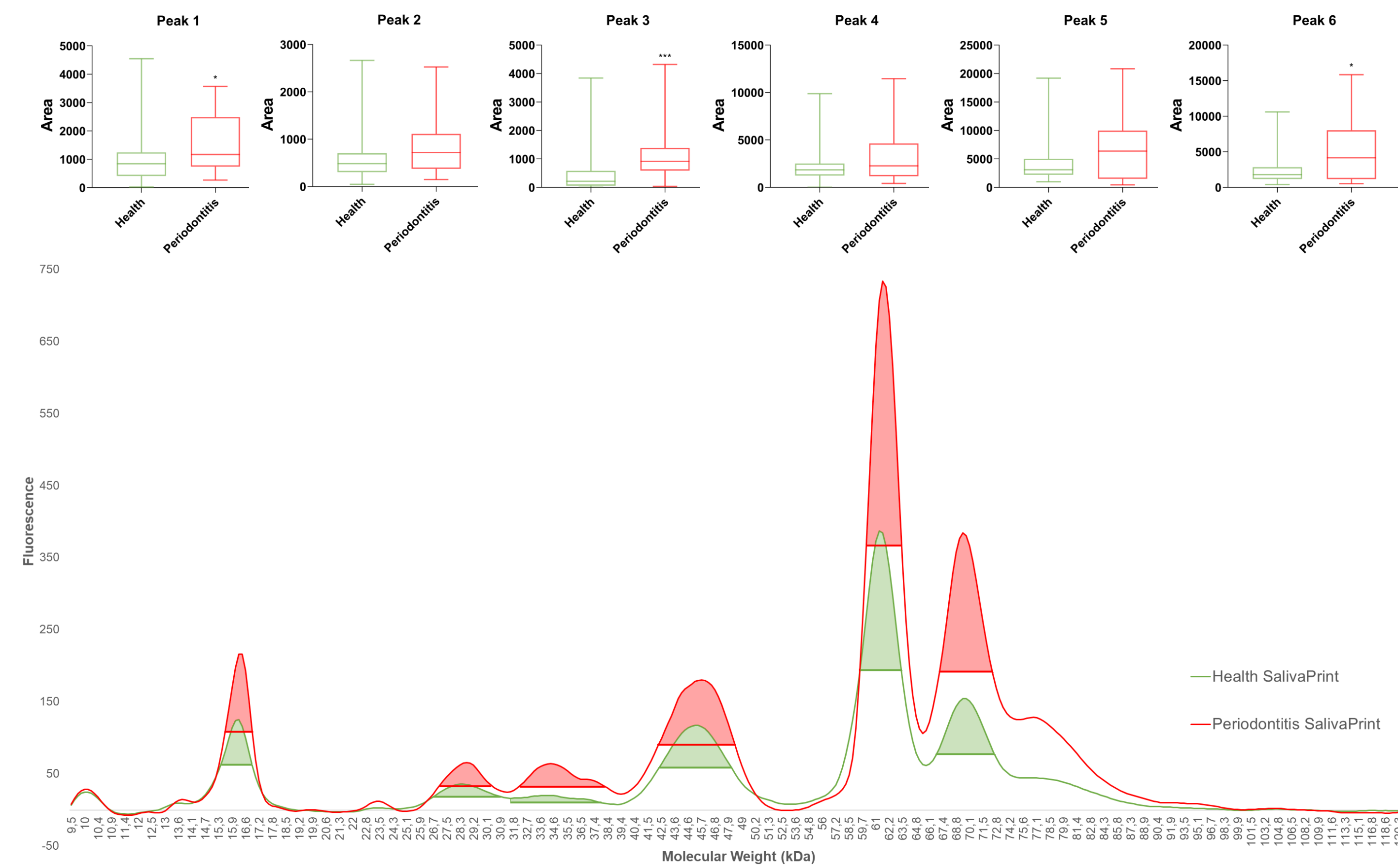


Figure 2 – Average SalivaPrint for Periodontitis vs. Health. Statistically significant differences were detected in peaks 1, 3 and 6 ( $p \leq 0.05$ ).

	Periodontitis		
	Min MW	Max MW	Top MW
Peak 1	15.6	16.9	16.4
Peak 2	27.1	30.3	28.8
Peak 3	32.3	38.2	34.3
Peak 4	42.5	48.2	45.7
Peak 5	60.3	63.2	61.6
Peak 6	67.4	72.2	64.4

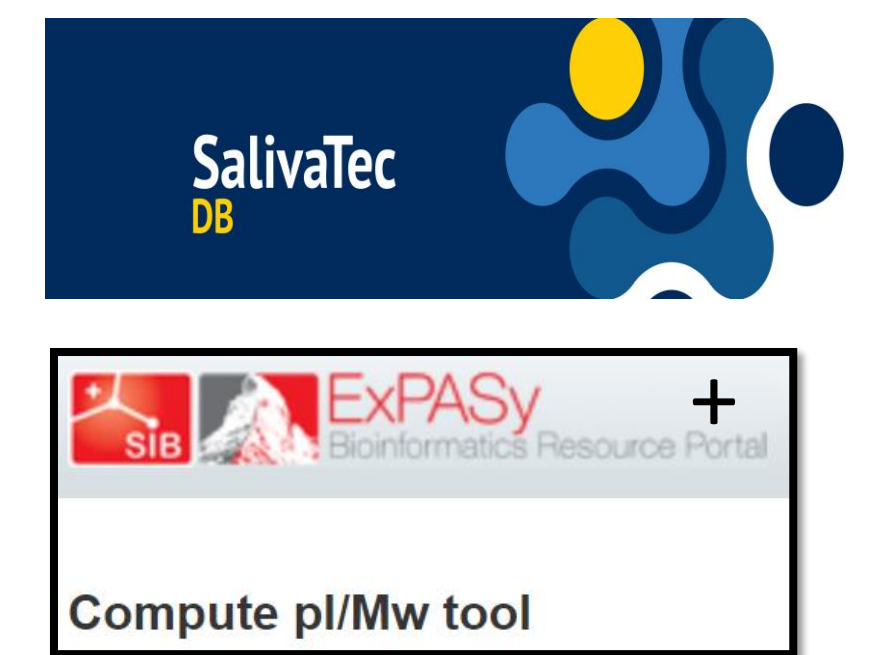


Table 1 – Molecular weight ranges of each of the peaks of the Periodontitis protein profiles. Significantly different peaks are indicated in red ( $p \leq 0.05$ ).

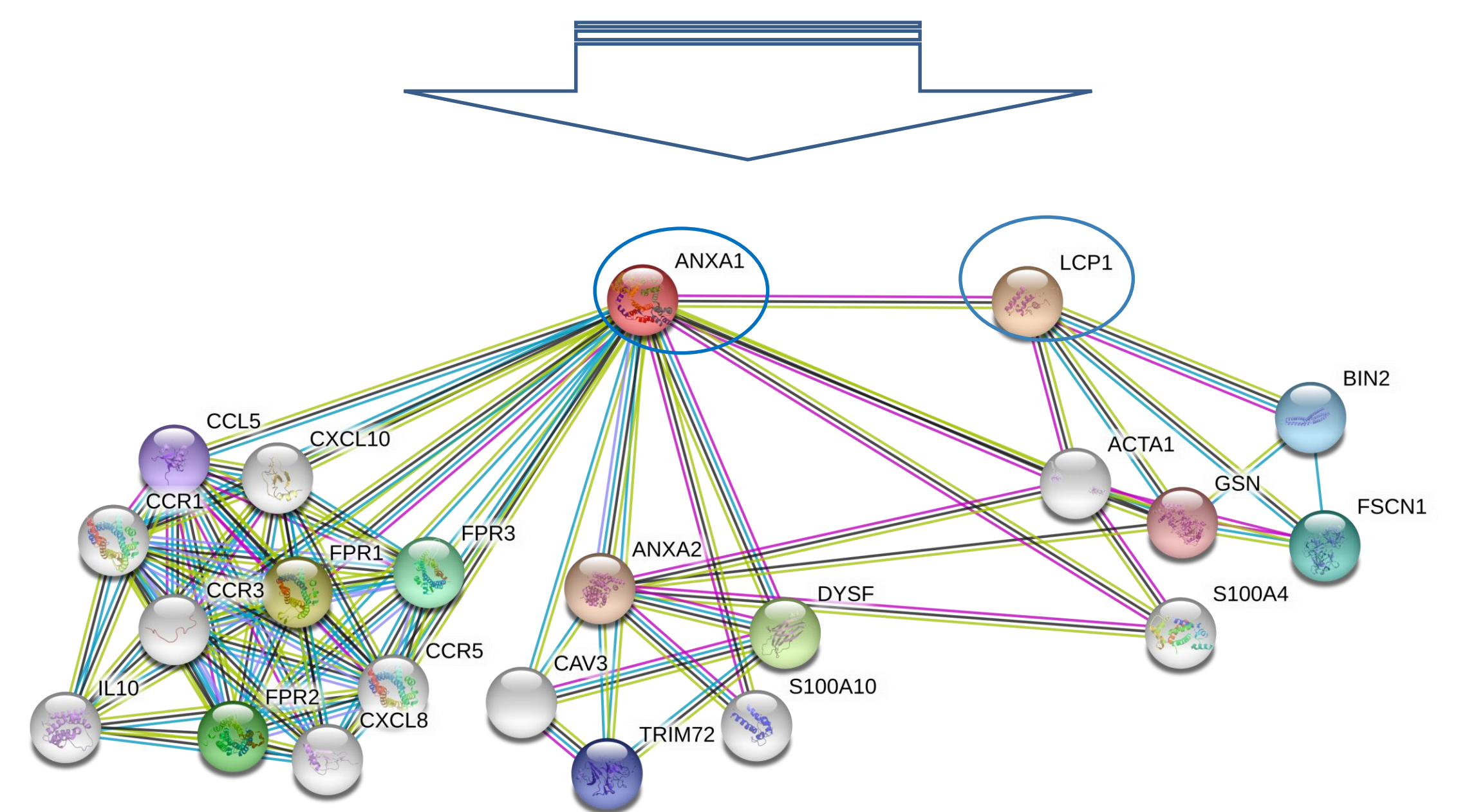


Figure 3 – Two of the Periodontal Diseases Biomarkers suggested by Rosa *et al.* (2014) can be found in Peak 3 (Annexin A1: ANXA1) and Peak 6 (Plastin-2: LCP1). These Biomarkers reflect a decreased antimicrobial defense (Annexin A1) and Th cell migration/activation (Plastin-2).

### Analysis Pipeline

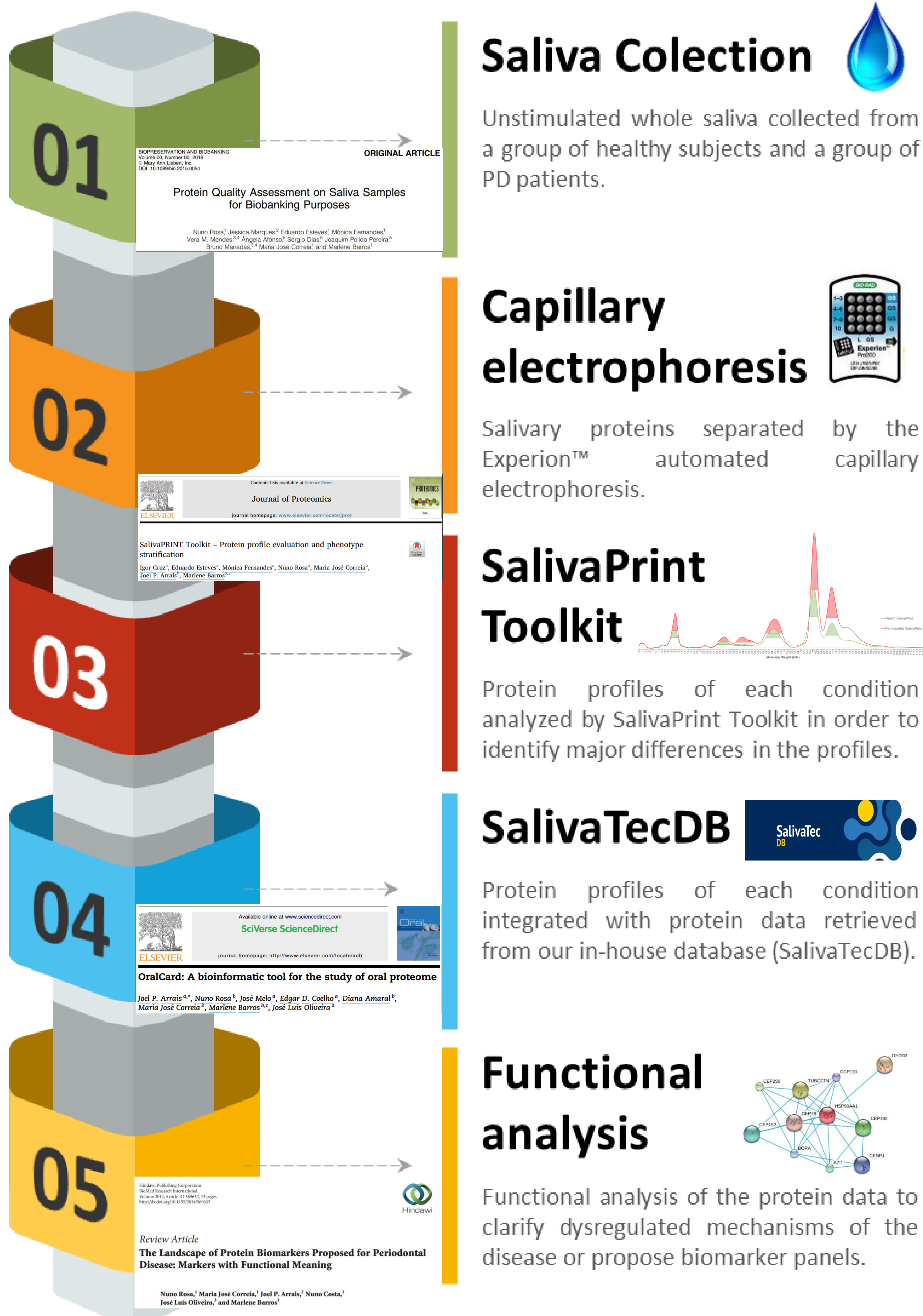


Figure 1 – Schematic representation of the proposed Analysis Pipeline.

### Future Perspectives

- The strategy used enables the determination of a total protein profile from saliva characteristic of each Periodontal Disease status - the Perio-SalivaPRINT.
- The use of the SalivaPrint Toolkit allows the identification of molecular weight ranges altered in PD.
- Using SalivaTecDB we can suggest proteins potentially involved in the underlying dysregulated mechanisms of the disease.

### References

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