

1 **TITLE PAGE**

2 **Sensitive detection of major food allergens in breast milk: first gateway for**
3 **allergenic contact during breastfeeding.**

4 **Short title**

5 Major food allergens in breast milk

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29 Abstract

30 Food allergy is recognized as a major public health issue, especially in early childhood.
31 It has been hypothesized that early sensitization to food allergens maybe due to their
32 ingestion as components dissolved in the milk during the breastfeeding, explaining
33 reaction to a food which has never been taken before.
34 Thus, the aim of this work has been to detect the presence of the food allergens in breast
35 milk by microarray technology. We produced a homemade microarray with antibodies
36 produced against major food allergens. The antibody microarray was incubated with
37 breast milk from 14 women collected from Fundación Jiménez Díaz Hospital. In this
38 way, we demonstrated the presence of major foods allergens in breast milk. The
39 analysis of allergens presented in breast milk could be a useful tool in allergy
40 prevention and provide us a key data on the role of this feeding in tolerance induction or
41 sensitization in children.

42 Abbreviations used

43 FU: Fluorescence Units

44 LTP: lipid transfer protein

45 RT: room temperature

46 **Key words:** antibody array, breast milk, food allergens, food allergy.

47

48 Food allergy is recognized as major public health issue, and its prevalence has been
49 increasing over the last years (1). The incidence of food allergy is especially serious in
50 early childhood. Except for milk, egg, and peanut, no treatment has been described at
51 present and nowadays, strict avoidance of allergen-containing foods is the way to these
52 avoid allergic reactions. It has been hypothesized that early sensitization to food
53 allergens is probably due to their ingestion as components dissolved in the milk during
54 the breastfeeding. However, only peanut, egg and milk allergens have been described in
55 breast milk (2-4). To our knowledge, the limited number of allergens detected in breast
56 milk is more likely a technical problem than a scarce presence of allergens and so, other
57 allergens has not been detected in breast milk. This work attempts to explain why a
58 child has an allergic reaction to a food which has never eaten before or that the adverse
59 reactions to breast milk during lactation could be due to the presence of these allergens.

60 In this work, we have developed an antibody array to detect different food allergens and
61 we studied their presence in breast milk samples. Microarray technology is a sensitive
62 relevant technique in the allergy field that allows us testing simultaneously multiple
63 allergens. We selected ten major food allergens from the most frequent allergenic foods,
64 some of them, panallergens (such as lipid transfer protein (nsLTP), profilin, thaumatin
65 or parvalbumin), in order to have a wide range available. Positive results could explain
66 the sensitization during the breastfeeding to other foods, such as nuts or fruits that can
67 subsequently trigger cross-reactivity.

68 Antibodies were purchased or produced in our laboratory using purified allergens (table
69 I). Rabbit antisera were produced following the technique described by Albar et al. (5).
70 Ovalbumin was provided by Sigma. Sin a 2, Pru p 3, Pru p 2, Cit la 2 and Tri a 14 were
71 purified as previously described (6).

72 Microarrays were printed by Raybiotech (Norcross, GA, USA) that provides us all
73 reagents. Thirty-five ~~µ~~⁴microliters from samples were biotinilated according
74 manufacture protocol. The glass slide containing arrays was incubated for 1 hour at
75 room temperature with blocking solution (provided by Raybiotech), and the biotin-
76 labeled reagent was added onto the glass slide, which is pre-printed with capture
77 antibodies, and incubated overnight at 4°C to allow for the interaction of target proteins.
78 After washing, streptavidin-conjugated fluorescent dye (Cy3 equivalent) is then added
79 to the array and incubated for two hours at room temperature. Finally, the glass slide is
80 dried, and laser fluorescence scanning is used to visualize the signals, that was digitized
81 with Axon ~~GenePix~~ GenePix 4200A Professional (Molecular Devices, Sunnyvale, CA,
82 U.S.A.) and analyzed with GenePix™ software (Genomics Solutions, PE, USA). Only
83 those spots having two replicates fulfilling the analysis criteria and provided that signals
84 are well above background (Mean background + 3 standard deviation, accuracy ≈ 95%)
85 were considered for analysis. Fluorescence Units (FU) were defined as mean signal
86 intensity for spot minus mean signal intensity for background.

87 We checked the selectivity and sensitivity of microarrays using decreasing
88 amount of purified allergens or allergic food. Antibody microarray were able to detect
89 nanograms of each allergen checked (Supplementary fig 1). Breast milk from 14
90 women was collected from Fundación Jiménez Díaz Hospital (Madrid, Spain) and
91 protein content was quantified. The study was approved by the hospital ethics
92 committee, and all women gave their written consent to participate in the study. Milk
93 samples were analyzed showing the presence of different allergens. Due to the wide
94 variation of protein concentration in the different breast milks, ranging from 30 to 70
95 mg/ml, results were normalized to the amount of protein (FU/mg protein loaded in the

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96 array). Interestingly, as selectivity internal control, the amount of cow milk allergens
97 varied in the different samples, ~~no~~-without detecting these allergens in some human
98 breast milks. ~~An unspecific~~-Unspecific signal in milk allergens should be in all milk
99 samples if microarray could recognize human caseins instead of Bos d 8, but, as you can
100 see in Fig 1, the Normalized FU measure for milk allergens is low in some sample, even
101 there is a sample we do not detect milk allergen (BM9). Therefore, these data -provide
102 the high selectivity of the antibody array..

103 Antibody array was able to detect all allergens studied (Fig 1). Some proteins such as
104 profilins, thaumatins or ovalbumin are degraded by gastric enzymes but have been
105 detected in breast milk, probably due to the detection method by polyclonal antibodies:
106 proteins are degraded but could maintain large peptides or protein fragments, enough to
107 be recognized by polyclonal antibodies. The high number of allergens detected and the
108 great variety between the different samples might due to the allergens content depends
109 on several factor: the mother diet or the allergen structure features as the intrinsic
110 resistance to proteolytic degradation. Also, the sensitization to allergens with a high
111 structural stability and present in very consumed foods during the breastfeeding could
112 explain the episodes of allergy to foods previously never eaten by the child.

113 Human milk is a complex substance that contains, among others, antibodies (mainly
114 secretory immunoglobulin A), antioxidants, fatty acids, lactoferrin, hormones, growth
115 factors, anti- and pro-inflammatory cytokines and nutrients (7). The benefits of
116 breastfeeding are widely accepted due to promote stimulation of the immune system
117 and the correct development of gut mucosal barrier (8, 9). But there is still lot of debate
118 regarding on human milk constituents and its role in the development of allergic
119 disease. Thus, some factors in human milk have been described with protective effects

120 against atopy (10-12) while others increase the risk of atopy and subsequent allergy
121 development (13-16)

122 We demonstrated the presence of allergens in breast milk probably due to the food
123 ingestion from the mother diet. In this sense, a common practice has been to
124 recommend mothers to avoid the "allergenic foods" from their diet during lactation as a
125 prevention measure (17). Although in 1994, Canadian Task Force on the Periodic
126 Health Examination suggested that dietary measure results unsuccessful due to the
127 variation on amount of antigens in breast milk, data confirmed by us with the antibody
128 microarrays assay (Fig. 1). Although inflammatory responses or tolerance induction of
129 the newborn depends on more factor as for instance the immaturity of the intestinal
130 barrier (18), the analysis of allergens in breast milk could be a useful tool in allergy
131 prevention. A study with an increasing number of allergens and quantifying their
132 concentration, as well as following the development of allergic diseases in the children
133 that have taken these breast milks, could provide key data on the role of this feeding in
134 tolerance induction or sensitization in children.

135

136 **Conflict of interest**

137 The authors declare that no conflicts of interest exist.

138

139 **Reference List**

140 1. Sicherer SH and Sampson HA. Food allergy: Epidemiology, pathogenesis,
141 diagnosis, and treatment. *J Allergy Clin Immunol* 2014; **133**: 291-307.

- 142 2. Host A, Husby S, Hansen LG and Osterballe O. Bovine beta-lactoglobulin in
143 human milk from atopic and non-atopic mothers. Relationship to maternal intake of
144 homogenized and unhomogenized milk. *Clin Exp Allergy* 1990; **20**: 383-387.
- 145 3. Cant A, Marsden RA and Kilshaw PJ. Egg and cows' milk hypersensitivity in
146 exclusively breast fed infants with eczema, and detection of egg protein in breast milk.
147 *Br Med J (Clin Res Ed)* 1985; **291**: 932-935.
- 148 4. Vadas P, Wai Y, Burks W and Perelman B. Detection of peanut allergens in
149 breast milk of lactating women. *JAMA* 2001; **285**: 1746-1748.
- 150 5. Albar JP, Juarez C, Vivanco-Martinez F, Bragado R and Ortiz F. Structural
151 requirements of rabbit IgG F(ab')₂ fragment for activation of the complement system
152 through the alternative pathway--I. Disulfide bonds. *Mol Immunol* 1981; **18**: 925-934.
- 153 6. Palacin A, Gomez-Casado C, Rivas LA, Aguirre J, Tordesillas L, Bartra J, *et al.*
154 Graph based study of allergen cross-reactivity of plant lipid transfer proteins (LTPs)
155 using microarray in a multicenter study. *PLoS One* 2012; **7**: e50799.
- 156 7. Ballard O and Morrow AL. Human milk composition: nutrients and bioactive
157 factors. *Pediatr Clin North Am* 2013; **60**: 49-74.
- 158 8. Raisler J, Alexander C and O'Campo P. Breast-feeding and infant illness: a
159 dose-response relationship? *Am J Public Health* 1999; **89**: 25-30.
- 160 9. Riordan JM. The cost of not breastfeeding: a commentary. *J Hum Lact* 1997; **13**:
161 93-97.

- 162 10. Iyengar SR and Walker WA. Immune factors in breast milk and the
163 development of atopic disease. *J Pediatr Gastroenterol Nutr* 2012; **55**: 641-647.
- 164 11. Minniti F, Comberiati P, Munblit D, Piacentini GL, Antoniazzi E, Zaroni L, *et*
165 *al.* Breast-milk characteristics protecting against allergy. *Endocr Metab Immune Disord*
166 *Drug Targets* 2014; **14**: 9-15.
- 167 12. Bernard H, Ah-Leung S, Drumare MF, Feraudet-Tarisse C, Verhasselt V, Wal
168 JM, *et al.* Peanut allergens are rapidly transferred in human breast milk and can prevent
169 sensitization in mice. *Allergy* 2014; **69**: 888-897.
- 170 13. Savilahti E, Siltanen M, Kajosaari M, Vaarala O and Saarinen KM. IgA
171 antibodies, TGF-beta1 and -beta2, and soluble CD14 in the colostrum and development
172 of atopy by age 4. *Pediatr Res* 2005; **58**: 1300-1305.
- 173 14. Soto-Ramirez N, Karmaus W, Yousefi M, Zhang H, Liu J and Gangur V.
174 Maternal immune markers in serum during gestation and in breast milk and the risk of
175 asthma-like symptoms at ages 6 and 12 months: a longitudinal study. *Allergy Asthma*
176 *Clin Immunol* 2012; **8**: 11.
- 177 15. Torregrosa Paredes P, Gutzeit C, Johansson S, Admyre C, Stenius F, Alm J, *et*
178 *al.* Differences in exosome populations in human breast milk in relation to allergic
179 sensitization and lifestyle. *Allergy* 2014; **69**:463-471.
- 180
- 181 16. Macchiaverni P, Rekima A, Turfkruyer M, Mascarell L, Airouche S, Moingeon
182 P, *et al.* Respiratory allergen from house dust mite is present in human milk and primes
183 for allergic sensitization in a mouse model of asthma. *Allergy* 2014;**69**(3):395-398.
- 184

- 185 17. Hoppu U, Kalliomaki M, Laiho K and Isolauri E. Breast milk--
186 immunomodulatory signals against allergic diseases. *Allergy* 2001; **56 Suppl 67**: 23-26.
- 187 18. Tomicic S, Johansson G, Voor T, Bjorksten B, Bottcher MF and Jenmalm MC.
188 Breast milk cytokine and IgA composition differ in Estonian and Swedish mothers-
189 relationship to microbial pressure and infant allergy. *Pediatr Res* 2010; **68**: 330-334.
- 190

191 **FIGURE LEGENDS**

192 **Table I:** Antibody list printed in microarray. HMA: Homemade polyclonal antibody.
193 Affinity Purified Sheep anti-Bovine Casein recognize: alphaS1-Casein, alphaS2-Casein,
194 beta-Casein, kappa-Casein.

195

196 **Figure 1:** Allergens detection in breast milk samples by antibody microarray. Measures
197 were normalized to the amount of protein; Normalized fluorescence unit= Fluorescence
198 Unit/mg protein loaded in the array.

199 **Supplementary Figure 1:** Panel A: Antibody Array Map. Example of two specificity
200 tests in antibody arrays: incubation with 100 ng of fish extract (Panel B) and incubation
201 with 100 ng of egg extract (Panel C). The microarrays were overexposed to confirm the
202 specificity of the antibodies.

203

204

Antibody	Supplier	Reference	Bibliography
Affinity Purified Sheep anti-Bovine Casein	Biorbyt	MBS560643	
Sheep anti bovine beta-lactoglobulin	Raybiotech	DS-PB-00261	
Polyclonal Rabbit anti-Watermelon profilin (Cit la 2)	HMA		Int Arch Allergy Immunol. 2010;153(3):215-22
Polyclonal Rabbit anti-Ovalbumin (Gal d 2)	HMA		Eur J Immunol. 1994;24(3):599-604
Rabbit anti wheat Gliadin	Abcam	ab50602	
Monoclonal Anti-Parvalbumin	Sigma Aldrich	P3088	
Polyclonal Rabbit anti-Peach thaumatin (Pru p 2)	HMA		PLoS One. 2012;7(9):e44088.
Polyclonal Rabbit anti-Peach LTP (Pru p 3)	HMA		PLoS One. 2012;7(12):e50799
Polyclonal Rabbit anti-Mustard 11S globulin (Sin a 2)	HMA		Clin Transl Allergy. 2012 Dec 11;2(1):23.
Polyclonal Rabbit anti-Wheat LTP (Tri a 14)	HMA		PLoS One. 2012;7(12):e50799

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 207 Affinity Purified Sheep anti-Bovine Casein recognize: alphaS1-Casein, alphaS2-
 208 Casein, beta-Casein, kappa-Casein.

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