| 1 | **Title** |

| 2 | |

| 3 | Cross-platform comparison of highly-sensitive immunoassays |

| 4 | for inflammatory markers in a COVID-19 cohort[1] |

| 5 | |

| 6 | Running title: COMPARISON OF INFLAMMATORY MARKER ASSAYS |

| 7 | IN COVID-19 COHORT |

| 8 | |

| 9 | Koji Abe[*‡], Joanne C. Beer[†‡], Tran Nguyen[*], Ishara S. Ariyapala[†], Tyson H. Holmes[*], |

| 10 | Wei Feng[†], Bingqing Zhang[†], Dwight Kuo[†], Yuling Luo[†], Xiao-Jun Ma[†], and Holden T. Maecker[*] |

| 11 | |

| 12 | *Institute for Immunity, Transplantation, and Infection, |

| 13 | Stanford University School of Medicine, Stanford, CA 94305 |

| 14 | †Alamar Biosciences, Inc., Fremont, CA 94538 |

| 15 | |

| 16 | ‡ Both authors contributed equally to this work. |

| 17 | |

| 18 | Corresponding author: Koji Abe |

| 19 | Phone: 650-723-4984 |

| 20 | E-mail: kojiabe@stanford.edu |

| 21 | |

| 22 | [1]Funded by grant 2U19AI057229 from the National Institutes of Health |

| 23 | |

| 24 | |

Abstract

A variety of commercial platforms are available for the simultaneous detection of multiple

cytokines and associated proteins, often employing antibody pairs to capture and detect target proteins. In

this study, we comprehensively evaluated the performance of three distinct platforms: the fluorescent

bead-based Luminex assay, the proximity extension-based Olink assay, and a novel proximity ligation

assay platform known as Alamar NULISAseq. These assessments were conducted on serum samples from

the NIH IMPACC study, with a focus on three essential performance metrics: detectability, correlation,

and differential expression. Our results reveal several key findings. Firstly, the Alamar platform

demonstrated the highest overall detectability, followed by Olink and then Luminex. Secondly, the

correlation of protein measurements between the Alamar and Olink platforms tended to be stronger than

the correlation of either of these platforms with Luminex. Thirdly, we observed that detectability

differences across the platforms often translated to differences in differential expression findings,

although high detectability did not guarantee the ability to identify meaningful biological differences. Our

study provides valuable insights into the comparative performance of these assays, enhancing our

understanding of their strengths and limitations when assessing complex biological samples, as

exemplified by the sera from this COVID-19 cohort.

Keywords: multiplexed immunoassay, cytokines, PLA, PEA, NULISA, COVID-19

Introduction

Multiple commercial platforms offer multiplexed detection of cytokines and related proteins, many using pairs of antibodies to capture and detect target proteins. In Luminex assays, the capture antibodies are coated on microbeads, and detector antibodies are labelled with biotin and then streptavidin-phycoerythrin to yield a fluorescent readout (1). In proximity extension and proximity ligation assays (PEA and PLA) (2), pairs of DNA-tagged antibodies bind to the same target protein molecule and facilitate a ligation or polymerase extension reaction whose product can be detected by polymerase chain reaction (PCR) or sequencing. Previous studies have examined the performance of PEA, known as the Olink assay, in comparison to other platforms, including aptamer-based SomaScan (3–6). These comparisons have demonstrated a range of correlations and highlighted various factors that need to be considered when selecting the appropriate platform. Luminex and Olink assays have also been compared (7), with best correlations observed for the more abundant analytes.

The NIH IMPACC study (IMmunoPhenotyping of A COVID-19 Cohort) evaluated longitudinal clinical and immunological features of 1164 patients hospitalized for COVID-19 from 2020-2022. The study employed multiple highly multiplexed assays for viral, cellular, protein, and genomic phenotyping (8). Among these was the 92-plex inflammation panel for serum cytokines from Olink Proteomics. We sought to test performance characteristics of this assay against Luminex and a novel PLA platform, Alamar NULISAseq (9). Since the latter comprises over 200 targets, it could provide a broader evaluation of cytokines in the progression of COVID-19 in the IMPACC cohort. Our Luminex comparison assay was a set of three panels totalling 80 target proteins, using kits from Millipore Corporation.

For the current evaluation, we chose a small subset of 78 serum samples from 23 IMPACC patients, along with 8 healthy control sera. We performed parallel assays on the Olink, Luminex and Alamar panels, compared the detectability and assessed correlation for common analytes, and compared

ability to discriminate COVID-19 from healthy samples, ability to detect changes over time in the COVID-

19 patients, and ability to distinguish COVID-19 trajectory groups.

Materials and Methods

Cohort

The IMPACC study was conducted to investigate the clinical and immunological characteristics

of COVID-19 in hospitalised patients (8, 10). This observational cohort study involved a network of expert

clinicians, geneticists, and immunologists with the objective of examining the relationship between the

clinical course of COVID-19 and the immune response in racially, ethnically, and geographically diverse

adult patient populations across the United States. Serum samples were collected at multiple time points

during hospitalization, including enrollment, days 4, 7, 14, 21, and 28. Throughout the hospitalization

period, clinical outcome data such as mortality and level of care were diligently documented. For a

supplementary analysis, we utilized a framework comprising five distinct disease course trajectories to

comprehensively capture the evolution of the clinical course of the disease under investigation.

Specifically, trajectory 1 represented a brief length of stay (median 3 days), trajectory 2 denoted an

intermediate length of stay (median 7 days), trajectory 3 indicated an intermediate length of stay (median

7 days) with discharge limitations, trajectory 4 corresponded to prolonged hospitalization (median 20

days), and trajectory 5 represented a fatal outcome (8, 11).

Sample preparation

The IMPACC sample subset used in this analysis included 23 COVID-19 patients with samples

collected at up to 6 time points each, giving a total of 78 serum samples (mean age 59.3 years, 6 female;

see Table I). An additional 8 serum samples were obtained from 8 healthy adult donors (3 female). All

samples were stored at -80°C prior to thawing for each assay. These samples were employed without any

filtration or modification. This study was approved by the Stanford IRB.

Protein analysis methods

Luminex assay (EMD Millipore, Burlington, MA) and Olink immunoassay (Olink Bioscience,

Uppsala, Sweden) were performed by the Human Immune Monitoring Center at Stanford University

Immunoassay Team. For Luminex assay, Human 80 Plex kits were purchased from EMD Millipore

Corporation, Burlington, MA., and run according to the manufacturer's recommendations with

modifications described as follows: H80 kits include 3 panels: Panel 1 is Milliplex HCYTA-60K-PX48.

Panel 2 is Milliplex HCP2MAG-62K-PX23. Panel 3 includes the Milliplex HSP1MAG-63K-06 and

HADCYMAG-61K-03 (Resistin, Leptin and HGF) to generate a 9 plex. PBS was added to wells for

reading in the Luminex FlexMap3D Instrument with a lower bound of 50 beads per sample per cytokine.

Custom Assay Chex control beads were purchased and added to all wells (Radix BioSolutions,

Georgetown, Texas).

Assay Chex beads were used for non-specific binding correction in the Luminex assay. The

procedure encompassed log-transforming the MFI values of both target proteins and CHEX4 beads,

followed by mean-centering the log-transformed CHEX4 MFI. Subsequently, a linear regression was

performed, regressing protein MFI values against centered CHEX4 MFI values. The resulting non-specific

binding-corrected values were derived by adding the regression residuals to the intercept estimate.

For Olink immunoassay, the samples were subjected to Olink inflammatory panel multiplex assay

(Target 96 Inflammation), according to the manufacturer's instructions. The inflammatory panel includes

92 proteins associated with human inflammatory conditions. Briefly, an incubation master mix containing

pairs of oligonucleotide-labeled antibodies to each protein was added to the samples and incubated for 16

hours at 4 ºC. Each protein was targeted with two different epitope-specific antibodies increasing the

specificity of the assay. Presence of the target protein in the sample brought the partner probes in close

proximity, allowing the formation of a double strand oligonucleotide polymerase chain reaction (PCR)

target. On the following day, the extension master mix in the sample initiated the specific target sequences

to be detected and generated amplicons using PCR in 96 well plate. For the detection of the specific

protein, Dynamic Array Integrated Fluidic Circuit (IFC) 96x96 chip was primed, loaded with 92 protein

specific primers and mixed with sample amplicons including three inter-plate controls (IPS) and three

negative controls (NC). Real time microfluidic qPCR was performed in Biomark (Fluidigm, San

Francisco, CA) for the target protein quantification. Data were analyzed using real time PCR analysis

software via ΔΔCt method and Normalized Protein Expression (NPX) manager. One unit NPX difference

amounts to the doubling of the protein concentration.

Alamar's NULISAseq 200-plex Inflammation panel targets mostly inflammation and immune

response-related cytokines and chemokines (9). First, serum samples were centrifuged at 10,000g for 10

min. Supernatant from the serum samples were then analyzed using Alamar's NULISAseq proteomic

platform. For NULISA, the capture antibody is conjugated with partially double-stranded DNA containing

a poly-A tail and a target-specific barcode, whereas the detection antibody is conjugated with another

partially double-stranded DNA containing a biotin group and a matching target-specific barcode. When

both antibodies are incubated with a sample containing the target molecule, an immunocomplex is formed.

The formed immunocomplexes are captured by added paramagnetic oligo-dT beads and subsequent dT-

polyA hybridization, and the sample matrix and unbound detection antibodies are removed by washing.

As dT-polyA binding is sensitive to salt concentration, the formed immunocomplexes are then released

into a low-salt buffer. After removing the dT beads, a second set of paramagnetic beads coated with

streptavidin is introduced to capture the immunocomplexes in the solid phase a second time. Subsequent

washes remove free unbound capture antibodies, resulting in essentially pure immunocomplexes on the

beads. Then, a ligation mix containing T4 DNA ligase and a specific DNA ligator sequence is added,

allowing ligation of the proximal ends of DNA attached to the paired antibodies and thus generating a new

DNA reporter molecule containing unique target-specific barcodes. The levels of the DNA reporter are

then quantified by Next Generation Sequencing. Data normalization was done using an internal control

spiked into each sample well to remove potential technical variation introduced during data collection.

Then data was rescaled and log2-transformed to yield NULISA Protein Quantification (NPQ) units for

downstream statistical analyses.

Each sample was measured singlicate in each assay platform.

Statistical analysis

Data analysis utilized log2 normalized signal intensity across platforms. All observations,

including those falling below limit of detection (LOD) or outside of the dynamic range for each assay,

were included in the subsequent statistical analyses. The number of common protein targets across

platforms were as follows: 33 (across three platforms), 56 (Alamar NULISAseq and Olink Target 96), 58

(Alamar NULISAseq and Luminex H80), and 38 (Olink Target 96 and Luminex H80) (Supplemental Data

A). All statistical analyses were conducted using R (version 4.3.0) (12).

Detectability

To determine detectability, LODs recommended by the respective manufacturers were employed.

For all three platforms, LOD is defined as the mean plus 3 times the standard deviation of the blank

samples. Detectability was defined as the percentage of measured values out of the 78 total samples above

the LOD for each protein target. Since blank samples were not included in the Luminex assay run, LODs

were obtained for an independent Luminex run using the same reagent lots.

Correlation

Since association between platforms are not always linear, nonparameteric Spearman and Kendall

correlations were used to assess correlations across platforms using baseline (first-visit) COVID-19

samples. Additionally, to accommodate repeated measures in the entire longitudinal dataset, the R package

'rmcorr' (13, 14) was utilized to investigate the common within-participant correlation. The rmcorr method

is based on a form of ANCOVA and assumes linearity and errors that are independent, identically and

normally distributed.

Differential expression: COVID-19 patients at enrollment versus healthy controls

Differential expression for COVID-19 patients at enrollment (n=23) versus healthy controls (n=8)

was assessed using a linear regression model with disease status as predictor of target expression. For each

inter-platform comparison, Benjamini-Hochberg false discovery rate (FDR) correction (15) was applied

to the relevant subset of targets and significance was set at 5% FDR. Pearson correlation of the estimated

coefficients (i.e., log2(fold change)) was calculated for shared targets for each platform pair.

Differential expression: Change over time in COVID-19 patients

Change in target expression over time in the COVID-19 group (n=23) was assessed using linear

mixed effects models with categorical time fixed effects accounting for the 6 time points and a random

subject intercept. The joint significance of the time fixed effect was tested using a likelihood ratio test

(LRT), as implemented in R package 'lmerTest' (16). For each inter-platform comparison, FDR correction

was applied to the relevant subset of targets and significance was set at 5% FDR. Pearson correlation of

the LRT chi-squared statistics was calculated for shared targets for each platform pair.

Logistic regression: Predicting COVID-19 outcome using protein expression levels at enrollment

An exploratory analysis was carried out to assess whether protein expression levels at enrollment

could predict the most severe (trajectory groups 4 and 5; n=14) versus the least severe (trajectory groups

1, 2, and 3; n=9) COVID-19 patient outcomes. Logistic regression models were fit for each target in each

panel using target expression as predictor of the binary trajectory group outcome. Results were evaluated

using unadjusted and FDR-adjusted p-values at a 5% significance level.

Results

Overall detectability

Overall across-target mean detectability (i.e. percent of signal values above LOD) for the platforms

was 94.7% for Alamar NULISAseq (203 targets), 86.5% for Olink Target 96 (92 targets), and 84.1% for

Luminex H80 (80 targets).

Detectability with 33 common targets in 3 assays

The detectability of protein targets varied considerably across the three assays for the 33 shared

targets (Figures 1A, 1C). In the case of Alamar NULISAseq and Luminex H80, only 1 of 33 protein targets

(CCL3 and IL20, respectively) exhibited ≤ 50% detectability. Olink Target 96 had 7 targets with ≤ 50%

detectability (IL13, IL20, IL33, IL4, IL5, LIF, TSLP), with five proteins (IL13, IL20, IL4, IL5, and TSLP)

consistently falling below the LOD in at least 75% of the samples. For these 33 targets, mean

detectabilities were 96.1% for Alamar, 83.5% for Olink, and 87.2% for Luminex.

Detectability in pairwise cross-platform comparisons for common targets

Alamar NULISAseq and Olink Target 96 (Figure 1B, left): Of 56 common targets, Alamar showed

one target with ≤ 50% of samples above LOD (CCL3), while Olink showed 9 (IL13, IL20, IL2RB, IL33,

IL4, IL5, LIF, NGF, TSLP). Alamar mean detectability was 97.3%; Olink mean was 86.5%.

Alamar NULISAseq and Luminex H80 (Figure 1B, middle left): Of 58 common targets, Alamar

NULISAseq showed one target with ≤ 50% of samples above LOD (CCL3), while Luminex showed 4

(FASLG, IFNA2, IL20, IL22). Alamar mean detectability was 96.4%; Luminex mean was 85.6%.

Olink Target 96 and Luminex H80 (Figure 1B, middle right): Of 38 common targets, Olink showed

9 targets with ≤ 50% of samples above LOD (IL13, IL1A, IL2, IL20, IL33, IL4, IL5, LIF, TSLP), while

Luminex showed 4 (IL1A, IL2, IL20, LTA). Olink mean detectability was 80.5%; Luminex mean was

83.7%.

In summary, in pairwise cross-platform detectability comparisons for common targets, Alamar

showed the highest detectability, followed by Luminex and then Olink. The non-specific binding

correction improved detectability for Luminex (Supplemental Figures 1A, 1B). Without the correction,

Luminex detectability was below Olink in all comparisons.

Correlation with 33 common targets in 3 assays

We compared Kendall's coefficient of concordance for 33 common targets using baseline COVID

samples (Figure 2A). Alamar and Olink showed moderate to high level of concordance (Kendall's

coefficient mean: 0.56, median: 0.71, range: -0.14 to 0.91). Alamar and Luminex showed a moderate to

low level of concordance (Kendall's coefficient mean: 0.48, median: 0.41, range: -0.30 to 0.85), which

was lower compared to Alamar and Olink. Olink and Luminex showed a low level of concordance

(Kendall's coefficient mean: 0.36, median: 0.42, range: -0.16 to 0.82), which was lower compared to both

Alamar and Olink, and Alamar and Luminex. Overall, the results suggested varying levels of concordance

between different measurement methods. Alamar and Olink exhibited the highest concordance, followed

by Alamar and Luminex, and then Olink and Luminex.

Correlation in pairwise cross-platform comparisons for common targets

Figure 2B displays the distribution of Kendall's coefficient in each platform comparison for all of

the shared targets. Specifically, the comparison between Alamar and Olink (56 targets) indicated a

moderate to high level of concordance (Kendall's coefficient mean: 0.56, median: 0.70, range: -0.15 to

0.93; Figure 2B, left). The Alamar and Luminex comparison (58 targets) suggested a moderate to low

level of concordance (Kendall's coefficient mean: 0.36, median: 0.40, range: -0.30 to 0.85; Figure 2B,

middle), which was lower compared to Alamar and Olink. Moreover, findings indicated a similar level of

concordance between Olink and Luminex (38 targets; Kendall's coefficient mean: 0.35, median: 0.40,

range: -0.16 to 0.82; Figure 2B, right) when compared to Alamar and Luminex. Taken together, these

results highlighted varying levels of concordance between different measurement methods, mirroring the

observation of the highest concordance by Alamar and Olink in comparison involving 33 shared targets.

Association between detectability and correlation

The association between the difference in detectability and the correlation is depicted in Figure

2C. Notably, in each cross-platform comparison, strong correlations were observed when the differences

in detectability were minimal. Conversely, larger disparities in detectability generally corresponded to

lower correlation. Furthermore, Alamar NULISAseq exhibited greater detectability than Olink Target 96

and Luminex H80 for targets exhibiting lower overall correlation (more targets to the right of the dotted

vertical line at zero in Figures 2C left and middle).

Differential expression in COVID-19 patients versus healthy controls, 33 common targets in 3 assays

For the 33 common targets, 6 were differentially expressed in all 3 panels (Figure 3A and 3B). All

of these targets were upregulated (CCL8, CXCL10, HGF, IL10, IL18, IL6). Alamar uniquely identified

upregulated CX3CL1 and LIF, and downregulated IL4. Olink found 9 unique differentially expressed

targets, all of which were downregulated (CCL4, CXCL5, IL12B, IL13, IL17A, IL20, IL5, KITLG,

TSLP). However, several of these (IL13, IL20, IL5, TSLP) also showed $\leq 50\%$ detectability in Olink

(Figure 1C). This might be attributed to a potential batch effect, as 7 of 8 control samples were run

separately from the COVID-19 samples, and the control sample run had higher LODs for most targets

versus the COVID-19 sample run (Supplemental Figure 2). The Luminex panel did not uniquely identify

any targets. However, when non-specific binding correction was not applied, Luminex uniquely identified

IL7 and TNF (Supplemental Figure 1C).

Differential expression in COVID-19 patients versus healthy controls, pairwise comparisons for common

targets

Alamar NULISAseq and Olink Target 96: Of 56 common targets, Alamar and Olink identified 17

common significant targets (Figure 3C, left). Alamar and Olink log2(fold change) estimates for the 56

targets were positively correlated (r = 0.83). Alamar identified an additional 6 upregulated (CSF1,

CX3CL1, FGF21, IL15RA, IL17C, LIF) and 2 downregulated (IL4, TGFB1) targets, and Olink identified

11 additional targets, all of which were downregulated (CXCL5, FGF19, IL12B, IL13, IL20, IL2RB, IL5,

KITLG, TNFSF11, TNFSF12, TSLP). Again, several of these (IL2RB, IL20, IL13, IL5, TSLP) showed ≤

50% detectability in Olink, and their significance may be related to a batch effect.

Alamar NULISAseq and Luminex H80: Of 58 common targets, Alamar and Luminex identified

11 common significant targets (Figure 3C, middle). Alamar and Luminex log2(fold change) estimates for

the 58 targets were positively correlated (r = 0.75). Alamar identified an additional 9 upregulated (CCL7,

CSF3, CX3CL1, CXCL1, IFNA2, IL16, IL1RN, LIF, VCAM1) and 5 downregulated (CCL13, FASLG,

FLT3LG, IL4, TNFSF10) targets, and Luminex identified no additional targets.

Olink Target 96 and Luminex H80: Of 38 common targets, Olink and Luminex identified 7

common significant targets (Figure 3C, right). Olink and Luminex log2(fold change) estimates for the 38

targets were positively correlated (r = 0.72). Olink identified an additional 2 upregulated (CCL7, CXCL1)

and 16 downregulated (CCL11, CCL13, CCL4, CXCL5, FLT3LG, IL12B, IL13, IL17A, IL1A, IL2, IL20,

IL5, KITLG, LTA, TNFSF10, TSLP) targets, and Luminex identified 1 additional upregulated target

(CSF1). Some significant Olink targets showed ≤ 50% detectability (IL13, IL1A, IL2, IL20, IL5, TSLP).

In summary, in pairwise across-platform comparisons of differential expression in COVID-19 at

enrollment versus healthy control, Pearson correlation of log2(fold change) estimates were reasonably

high and fairly similar, ranging from the highest for Alamar-Olink (r = 0.83) to lowest for Olink-Luminex

(r = 0.72). All platform pairs had some findings in common, and each platform showed some unique

findings, with Luminex showing the fewest unique findings. In some cases, unique findings corresponded

with superior detectability, e.g., Alamar IL4 and LIF (which had $\leq$ 50% detectability for Olink), and

Alamar FASLG and IFNA2 (which had $\leq$ 50% detectability for Luminex)).

Differential expression in COVID-19 patients versus healthy controls, full panel results

The Alamar panel detected 84 (41.4%) of 203 targets that were differentially expressed (73

upregulated, 11 downregulated). The Olink panel detected 41 (44.6%) of 92 targets that were differentially

expressed (17 upregulated, 24 downregulated). The Luminex panel detected 12 (15%) of 80 targets that

were differentially expressed (10 upregulated, 2 downregulated). Thus the Alamar and Olink panels

yielded similar rates of differentially expressed targets, while Luminex showed the smallest, and Olink

had a larger percentage of downregulated targets. Supplemental Figure 3A shows volcano plots of full-

panel differential expression results for each platform.

Differential expression: Change over time in COVID-19, 33 common targets in 3 assays

For the 33 common targets, 8 showed significant changes over time in COVID-19 patients in all 3

panels (Figure 4A and 4B). Luminex uniquely identified 2 additional targets (IL7, VEGFA); Alamar

identified 5 additional targets (CSF1, IL13, IL20, IL4, TNF), and Olink identified 2 (CCL3, KITLG). The

non-specific binding correction resulted in 2 more significant targets for Luminex (CCL13, TNFSF10;

Supplemental Figure 1C). Figure 5 shows expression over time for selected targets. Supplemental Figure

4 shows all remaining targets that were significant in one or more platforms.

Differential expression: Change over time in COVID-19, pairwise comparisons for common targets

Alamar NULISAseq and Olink Target 96: Of 56 shared targets, Alamar and Olink identified 17

common significant targets (Figure 4C, left). Alamar and Olink chi-squared statistics for the 56 targets

were positively correlated (r = 0.66). Alamar identified 9 additional targets (CSF1, FGF19, FGF23, IL13,

IL20, IL2RB, IL4, IL5, TNF), and Olink identified 3 additional targets (CCL3, IL18R1, KITLG). Notably,

IL13, IL20, IL2RB, IL4, and IL5 had $\leq$ 50% detectability for Olink, and CCL3 had $\leq$ 50% detectability

for Alamar.

Alamar NULISAseq and Luminex H80: Of 58 common targets, Alamar and Luminex identified

11 common significant targets (Figure 4C, middle). Alamar and Luminex chi-squared statistics for the 58

targets were positively correlated (r = 0.52). Alamar identified 13 additional targets (CCL7, CSF1,

FASLG, FLT3LG, IFNA2, IL12p70, IL13, IL17A, IL20, IL4, THPO, TNF, TNFSF10), and Luminex

identified 2 additional targets (IL1RN, VEGFA). Notably, IL20 and FASLG had $\leq$ 50% detectability for

Luminex versus 100% for Alamar; IL17A had 53.4% detectability for Luminex versus 94.2% for Alamar;

IL12p70 had 58.1% detectability for Luminex versus 87.2% for Alamar.

Olink Target 96 and Luminex H80: Of 38 common targets, Olink and Luminex identified 7

common significant targets (Figure 4C, right). Olink and Luminex chi-squared statistics for the 38 targets

were positively correlated (r = 0.58). Olink identified 7 additional targets (CCL3, CCL7, FLT3LG, IL17A,

KITLG, LTA, TNFSF10), and Luminex identified 2 additional targets (IL5, VEGFA). Notably, IL17A

had higher detectability for Olink (83.7%) than Luminex (53.5%), and IL5 had higher detectability for

Luminex (97.7%) than Olink (20.9%).

In summary, in pairwise across-platform comparisons of differential expression over time in

COVID-19 patients, correlation of LRT chi-squared statistics was highest for Alamar-Olink (r=0.66), and

these two platforms had the largest number of common significant findings (17 targets). Luminex

identified the least number of significant targets in the pairwise comparisons, and several targets that

Luminex missed also had low detectability for Luminex. In each comparison, Alamar identified more

significant changes over time than the other platform.

Differential expression: Change over time in COVID-19, full panel results

Considering the full panels for each platform, the Alamar panel detected a total of 86 (42.4%) of

203 targets showing significant change over time, the Olink panel detected a total of 29 (31.5%) of 92

targets showing significant change over time, and the Luminex panel detected a total of 15 (18.8%) of 80

targets showing significant change over time. Supplemental Figure 3B shows volcano plots of full-panel

differential expression results for each platform.

Logistic regression: Predicting COVID-19 outcome using protein expression levels at enrollment

Due to small sample size (9 least severe versus 14 most severe), none of the panels showed

significant FDR-adjusted results. Based on unadjusted $p < 0.05$ significance, Alamar (NULISAseq)

showed 1 target with odds ratio significantly below one (CCL3) and 6 targets with odds ratio significantly

above one (GDF15, IL12p70, IL17B, IL35, MDK, S100A9) for the most versus least severe trajectory

COVID-19 patients. However, CCL3 and IL35 had low detectability for Alamar (32.6% and 5.8%,

respectively). For the other targets, area under the curve (AUC) ranged from 0.833 to 0.746. Olink (Target

96) and Luminex (H80) showed no significant targets. However, for Luminex without non-specific

binding correction, THPO odds ratio was significantly above 1, and VCAM1 had a large effect size (odds

ratio=1470, p=0.06, AUC=0.803). Supplemental Figure 3C shows volcano plots and ROC curves.

Detailed results, including detectability, inter-assay correlation, and differential expression results

for each assay and target can be found in Supplemental Data A.

Discussion

In this study, we conducted the first cross-platform comparison to evaluate the measurement of

inflammatory markers in COVID-19 samples using three advanced and highly sensitive technologies:

bead-based immunoassay Luminex H80, proximity extension assay (PEA) Olink Target 96, and a novel

proximity ligation assay (PLA), Alamar NULISAseq. The primary objectives of this study were twofold:

firstly, to provide insights into platform selection for future investigations; and secondly, to enhance the

interpretation of previous research findings by establishing a comprehensive understanding of the

immunoassays employed for measuring the inflammatory-related proteome in the context of COVID-19.

The Alamar, Olink, and Luminex panels are complementary in that they each include a unique set

of markers. This study highlights strengths and weaknesses of the overall panels and for common marker

subsets. The observed differences in detectability between platforms illustrate assay-specific variations in

sensitivity, emphasising the importance of considering this assay characteristic when evaluating protein

abundance. We found that overall detectability for the platforms was highest for Alamar, followed by

Olink and then Luminex.

Larger differences in detectability generally corresponded to lower correlation of protein measures

across platforms. However, there were some exceptions where detectability was high in both platforms

and yet correlation was low. For example, CSF1 showed 100% detectability by both Alamar and Olink,

but Kendall coefficient was 0.05. In general, Alamar and Olink correlation tended to be greater than

correlation of either platform with Luminex.

In many cases, detectability differences also translated to differences in differential expression

findings. For example, Alamar showed the highest detectability for IL13 and IL20, and was the only

platform able to detect significant increases in these targets over time in COVID-19 patients. Alamar and

Luminex both showed higher detectability than Olink for IL5, and thus were able to show significant

increase in IL5 over time. Increasing trends for IL13 and IL5 have been previously reported in severe

COVID-19 (17), and IL13 has been implicated as a driver of COVID-19 severity (18). Similarly, the

higher detectability of Alamar (92.9%) for IFNA2 than Luminex (40.0%) enabled Alamar to demonstrate

statistically significant changes for IFNA2 in baseline and longitudinal comparisons, as expected for an

antiviral response (19).

However, high detectability did not always correspond to significant findings. For example,

Alamar alone was able to detect differences at baseline and increase over time in IL4, which had low

detectability in Olink (24.4%), but 97.7% detectability in Luminex. IL4 increases have also been noted

previously in severe COVID-19 (17). Furthermore, Luminex did not show changes in FLT3LG even with

detectability 98.8%, while both Alamar (60.9% detectability) and Olink (100% detectability) showed

significant FLT3LG baseline differences and changes over time in COVID-19. This shows that high

detectability does not guarantee the ability to detect meaningful biological differences.

Low inter-platform correlation for targets with high detectability and incongruent differential

expression findings for these targets might result from differences in dynamic range between platforms.

Even when samples are above LOD, a smaller dynamic range will limit the ability to detect true biological

variation. Additionally, incongruent findings could be due to differences in specificity among platforms.

While analytical sensitivity relates to the LOD, analytical specificity depends on discrimination between

targets and other potentially interfering proteins (20). Non-specific signal could potentially obscure

biological differences.

The assay platforms studied here rely on some shared mechanisms for ensuring specificity, such

as dual antibody recognition. However, they also employ various different strategies to achieve specificity.

For Luminex we applied a non-specific binding correction utilising Assay Chex beads (21). Overall

Luminex detectability was enhanced through the application of this method (Supplemental Figure 1), as

the method estimated and removed non-specific signal on a per-well basis, including the negative control

wells used to define LOD. Differential expression analysis after the correction resulted in more findings

for some comparisons and fewer for others. Conversely, in the NULISA, the implementation of capture

and release steps was designed to yield a significant reduction of non-specific binding.

Our study reinforces previous findings in terms of cytokines associated with COVID-19. For

example, all 3 platforms showed upregulated IL6, CXCL10, and IL10 at baseline, and these have been

identified as an important triad of plasma markers that distinguish more severe COVID-19 patients (22).

Furthermore, CCL8, CXCL10, IL18, and IL6 (identified by all 3 platforms), and CCL7 (identified by

Alamar and Olink) were found to be consistently upregulated in COVID-19 versus controls in a meta-

analysis of five clinical studies (23). Many of the targets identified by the Alamar panel to be predictive

of COVID-19 outcomes have been previously associated with outcome severity in COVID-19, e.g.,

GDF15 (24, 25), S100A9 (26), IL17B (27), MDK (28), and IL12p70 (29, 30).

Cross-platform comparisons showed that Olink identified the most differentially expressed targets

at baseline, although for low detectability targets this was likely confounded by a batch effect, followed

by Alamar and then Luminex. In longitudinal analyses, Alamar identified the most targets, followed by

Olink and then Luminex.

While this study reveals similarities and differences for the 3 assays, it is worth noting some

limitations. Despite normalization methods applied to reduce bias, data suggests that some batch effect is

still present for the Olink data. Specifically, Olink found more significantly downregulated targets in the

baseline COVID-19 versus healthy control comparison relative to the 2 other platforms, and several of

these targets showed low detectability. Observed differences in background between the two Olink runs

could potentially explain this. In standard practice, it makes sense to exclude such low detectability targets

from further analyses, but for the sake of inter-platform comparisons we opted to include them. Also note

that while Olink found baseline differences for IL5, IL13, or IL20, Olink did not show longitudinal

findings for these while Alamar did, as did Luminex for IL5. In spite of this, many Olink baseline

differential expression significant findings were still in agreement with other platforms. The longitudinal

analysis for Olink is not affected by any batch effects, as all COVID-19 samples were run together.

In addition to performance-related criteria such as sensitivity and specificity, other key factors to

consider when selecting an immunoassay platform include panel coverage and ease of use. Panel coverage

emerges as a pivotal criterion for platform selection. The Alamar panel encompasses over 200 targets,

making it a good choice for researchers seeking a wide range of analytes. Olink, while providing 92 targets

in its standard offering, presents the potential for comprehensive exploration through the Olink Explore

option, which includes more than 3000 targets. Luminex, although starting with fewer targets, stands out

for its flexibility and customization capabilities, allowing researchers to run partial plates and to tailor

panels according to specific research needs. Thus, the choice of platform can be aligned with the desired

scope and specific targets of interest. Ease of use also plays a crucial role in the selection process. The

Alamar platform excels in user-friendliness, offering a fully integrated assay process that spans from setup

(achievable in under 30 minutes) to the pooling of NGS libraries (completed in less than 6 hours, albeit

NGS runs separately). The input volume requirement of 10 µL enhances its accessibility. Olink and

Luminex are both more manual and require similar hands-on time to process samples. While Olink has an

input volume of only 1 µl, Luminex requires the highest volume at 25 µl. Researchers should weigh the

convenience of assay setup and run times based on their specific project requirements.

In this study, we aimed to comprehensively assess the detectability, correlation, and differential

expression of protein targets using three different assays: Luminex, Olink, and Alamar. Despite the noted

limitations, our findings illuminate aspects of protein quantification within the context of COVID-19, and

provide insights into the commonalities and distinctions among these platforms. Specifically, our results

reveal that overall detectability for the platforms was highest for the Alamar assay, followed by Olink and

Luminex. Additionally, Alamar and Olink showed the greatest concordance in pairwise platform

comparisons. Although most of the differences in cross-platform correlation and differential expression

results could be explained by differences in sensitivity of different platforms, some might also be

attributable to differences in assay dynamic range or specificity. This study thus shows how the diverse

characteristics of these platforms have potential implications for the accuracy and robustness of

downstream analyses. Only with the combination of high sensitivity, high specificity, and a sufficiently

broad dynamic range can biological insights be reliably obtained.

Acknowledgements

We thank the IMPACC network and IMPACC patients for access to samples.

References

1. Krishnan, V. V., S. R. Selvan, N. Parameswaran, N. Venkateswaran, P. A. Luciw, and K. S.

Venkateswaran. 2018. Proteomic profiles by multiplex microsphere suspension array. *J. Immunol.*

Methods 461: 1–14.

2. Greenwood, C., D. Ruff, S. Kirvell, G. Johnson, H. S. Dhillon, and S. A. Bustin. 2015. Proximity

assays for sensitive quantification of proteins. *Biomol. Detect. Quantif.* 4: 10–16.

3. Katz, D. H., J. M. Robbins, S. Deng, U. A. Tahir, A. G. Bick, A. Pampana, Z. Yu, D. Ngo, M. D.

Benson, Z.-Z. Chen, D. E. Cruz, D. Shen, Y. Gao, C. Bouchard, M. A. Sarzynski, A. Correa, P.

Natarajan, J. G. Wilson, and R. E. Gerszten. 2022. Proteomic profiling platforms head to head:

Leveraging genetics and clinical traits to compare aptamer-and antibody-based methods. *Sci. Adv.* 8:

5164.

4. Raffield, L. M., H. Dang, K. A. Pratte, S. Jacobson, L. A. Gillenwater, E. Ampleford, I. Barjaktarevic,

P. Basta, C. B. Clish, A. P. Comellas, E. Cornell, J. L. Curtis, C. Doerschuk, P. Durda, C. Emson, C. M.

Freeman, X. Guo, A. T. Hastie, G. A. Hawkins, J. Herrera, W. C. Johnson, W. W. Labaki, Y. Liu, B.

Masters, M. Miller, V. E. Ortega, G. Papanicolaou, S. Peters, K. D. Taylor, S. S. Rich, J. I. Rotter, P.

Auer, A. P. Reiner, R. P. Tracy, D. Ngo, R. E. Gerszten, W. K. O'Neal, and R. P. Bowler. 2020.

Comparison of Proteomic Assessment Methods in Multiple Cohort Studies. *Proteomics* 20: 1900278.

5. Pietzner, M., E. Wheeler, J. Carrasco-Zanini, N. D. Kerrison, E. Oerton, M. Koprulu, J. Luan, A. D.

Hingorani, S. A. Williams, N. J. Wareham, and C. Langenberg. 2021. Synergistic insights into human

health from aptamer- and antibody-based proteomic profiling. *Nat. Commun.* 12: 6822.

6. Haslam, D. E., J. Li, S. T. Dillon, X. Gu, Y. Cao, O. A. Zeleznik, N. Sasamoto, X. Zhang, A. H.

Eliassen, L. Liang, M. J. Stampfer, S. Mora, Z.-Z. Chen, K. L. Terry, R. E. Gerszten, F. B. Hu, A. T.

Chan, T. A. Libermann, and S. N. Bhupathiraju. 2022. Stability and reproducibility of proteomic profiles

in epidemiological studies: comparing the Olink and SOMAscan platforms. *Proteomics* 22: 2100170.

7. Zetlen, H. L., K. T. Cao, K. D. Schichlein, N. Knight, H. T. Maecker, K. C. Nadeau, M. E. Rebuli,

and M. B. Rice. 2023. Comparison of multiplexed protein analysis platforms for the detection of

biomarkers in the nasal epithelial lining fluid of healthy subjects. *J. Immunol. Methods* 517: 113473.

8. Ozonoff, A., J. Schaenman, N. D. Jayavelu, C. E. Milliren, C. S. Calfee, C. B. Cairns, M. Kraft, L. R.

Baden, A. C. Shaw, F. Krammer, H. Van Bakel, D. A. Esserman, S. Liu, A. F. Sesma, V. Simon, D. A.

Hafler, R. R. Montgomery, S. H. Kleinstein, O. Levy, C. Bime, E. K. Haddad, D. J. Erle, B. Pulendran,

K. C. Nadeau, M. M. Davis, C. L. Hough, W. B. Messer, N. I. A. Higuita, J. P. Metcalf, M. A. Atkinson,

S. C. Brakenridge, D. Corry, F. Kheradmand, L. I. R. Ehrlich, E. Melamed, G. A. McComsey, R.

Sekaly, J. Diray-Arce, B. Peters, A. D. Augustine, E. F. Reed, M. C. Altman, P. M. Becker, N.

Rouphael, A. Ozonoff, J. Schaenman, N. D. Jayavelu, C. E. Milliren, C. S. Calfee, C. B. Cairns, M.

Kraft, L. R. Baden, A. C. Shaw, F. Krammer, H. Van Bakel, D. A. Esserman, S. Liu, A. F. Sesma, V.

Simon, D. A. Hafler, R. R. Montgomery, S. H. Kleinstein, O. Levy, C. Bime, E. K. Haddad, D. J. Erle,

B. Pulendran, K. C. Nadeau, M. M. Davis, C. L. Hough, W. B. Messer, N. I. A. Higuita, J. P. Metcalf,

M. A. Atkinson, S. C. Brakenridge, D. Corry, F. Kheradmand, L. I. R. Ehrlich, E. Melamed, G. A.

McComsey, R. Sekaly, J. Diray-Arce, B. Peters, A. D. Augustine, E. F. Reed, K. McEnaney, B. Barton,

C. Lentucci, M. Saluvan, A. C. Chang, A. Hoch, M. Albert, T. Shaheen, A. T. Kho, S. Thomas, J. Chen,

M. D. Murphy, M. Cooney, S. Presnell, G. K. Fragiadakis, R. Patel, L. Guan, J. Gygi, S. Pawar, A.

Brito, Z. Khalil, C. Maguire, S. Fourati, J. A. Overton, R. Vita, K. Westendorf, R. Salehi-Rad, A.

Leligdowicz, M. A. Matthay, J. P. Singer, K. N. Kangelaris, C. M. Hendrickson, M. F. Krummel, C. R.

Langelier, P. G. Woodruff, D. L. Powell, J. N. Kim, B. Simmons, I. M. Goonewardene, C. M. Smith, M.

Martens, J. Mosier, H. Kimura, A. C. Sherman, S. R. Walsh, N. C. Issa, C. Dela Cruz, S. Farhadian, A.

Iwasaki, A. I. Ko, S. Chinthrajah, N. Ahuja, A. J. Rogers, M. Artandi, S. A. R. Siegel, Z. Lu, D. A.

Drevets, B. R. Brown, M. L. Anderson, F. W. Guirgis, R. V. Thyagarajan, J. F. Rousseau, D. Wylie, J.

Busch, S. Gandhi, T. A. Triplett, G. Yendewa, O. Giddings, E. J. Anderson, A. K. Mehta, J. E.

Sevransky, B. Khor, A. Rahman, D. Stadlbauer, J. Dutta, H. Xie, S. Kim-Schulze, A. S. Gonzalez-

Reiche, A. Van De Guchte, K. Farrugia, Z. Khan, H. T. Maecker, D. Elashoff, J. Brook, E. Ramires-

Sanchez, M. Llamas, A. Rivera, C. Perdomo, D. C. Ward, C. E. Magyar, J. A. Fulcher, Y. Abe-Jones, S.

Asthana, A. Beagle, S. Bhide, S. A. Carrillo, S. Chak, G. K. Fragiadakis, R. Ghale, A. Gonzalez, A.

Jauregui, N. Jones, T. Lea, D. Lee, R. Lota, J. Milush, V. Nguyen, L. Pierce, P. A. Prasad, A. Rao, B.

Samad, C. Shaw, A. Sigman, P. Sinha, A. Ward, A. Willmore, J. Zhan, S. Rashid, N. Rodriguez, K.

Tang, L. T. Altamirano, L. Betancourt, C. Curiel, N. Sutter, M. T. Paz, G. Tietje-Ulrich, C. Leroux, J.

Connors, M. Bernui, M. A. Kutzler, C. Edwards, E. Lee, E. Lin, B. Croen, N. C. Semenza, B. Rogowski,

N. Melnyk, K. Woloszczuk, G. Cusimano, M. R. Bell, S. Furukawa, R. McLin, P. Marrero, J. Sheidy, G.

P. Tegos, C. Nagle, N. Mege, K. Ulring, V. Seyfert-Margolis, M. Conway, D. Francisco, A. Molzahn, H.

Erickson, C. C. Wilson, R. Schunk, B. Sierra, T. Hughes, K. Smolen, M. Desjardins, S. Van Haren, X.

Mitre, J. Cauley, X. Li, A. Tong, B. Evans, C. Montesano, J. H. Licona, J. Krauss, J. B. P. Chang, N.

Izaguirre, O. Chaudhary, A. Coppi, J. Fournier, S. Mohanty, M. C. Muenker, A. Nelson, K. Raddassi,

M. Rainone, W. E. Ruff, S. Salahuddin, W. L. Schulz, P. Vijayakumar, H. Wang, E. Wunder Jr., H. P.

Young, Y. Zhao, M. Saksena, D. Altman, E. Kojic, K. Srivastava, L. Q. Eaker, M. C. Bermúdez-

González, K. F. Beach, L. A. Sominsky, A. R. Azad, J. M. Carreño, G. Singh, A. Raskin, J. Tcheou, D.

Bielak, H. Kawabata, L. C. Mulder, G. Kleiner, A. S. Lee, E. D. Do, A. Fernandes, M. Manohar, T.

Hagan, C. A. Blish, H. N. Din, J. Roque, S. Yang, A. Brunton, P. E. Sullivan, M. Strnad, Z. L. Lyski, F.

J. Coulter, J. L. Booth, L. A. Sinko, L. L. Moldawer, B. Borresen, B. Roth-Manning, L.-Z. Song, E.

Nelson, M. Lewis-Smith, J. Smith, P. G. Tipan, N. Siles, S. Bazzi, J. Geltman, K. Hurley, G. Gabriele,

S. Sieg, T. Vaysman, L. Bristow, L. Hussaini, K. Hellmeister, H. Samaha, A. Cheng, C. Spainhour, E.

M. Scherer, B. Johnson, A. Bechnak, C. R. Ciric, L. Hewitt, E. Carter, N. Mcnair, B. Panganiban, C.

Huerta, J. Usher, S. P. Ribeiro, M. C. Altman, P. M. Becker, and N. Rouphael. 2022. Phenotypes of

disease severity in a cohort of hospitalized COVID-19 patients: Results from the IMPACC study.

eBioMedicine 83: 104208.

9. Wei Feng, Joanne Beer, Qinyu Hao, Ishara S. Ariyapala, Aparna Sahajan, Andrei Komarov, Katie

Cha, Mason Moua, Xiaolei Qiu, Xiaomei Xu, Shweta Iyengar, Thu Yoshimura, Rajini Nagaraj, Li

Wang, Ming Yu, Kate Engel, Lucas Zhen, Wen Xue, Chen-jung Lee, Chan Ho Park, Cheng Peng,

Kaiyuan Zhang, Adrian Grzybowski, Johnnie Hahm, Susanne V. Schmidt, Alexandru Odainic, Jasper

Spitzer, Bonn Consortium COVIMMUNE, Kasun Buddika, Dwight Kuo, Lei Fang, Bingqing Zhang,

Steve Chen, Eicke Latz, Yiyuan Yin, Yuling Luo, and Xiao-Jun Ma. 2023. NULISA: a novel proteomic

liquid biopsy platform with attomolar sensitivity and high multiplexing. *bioRxiv* 2023.04.09.536130.

10. Team, I. M. W., on behalf of the I. N. S. Committee, N. Rouphael, H. Maecker, R. R. Montgomery,

J. Diray-Arce, S. H. Kleinstein, M. C. Altman, S. E. Bosinger, W. Eckalbar, L. Guan, C. L. Hough, F.

Krammer, C. Langelier, O. Levy, K. McEnaney, B. Peters, A. Rahman, J. V. Rajan, S. Sigelman, H.

Steen, H. van Bakel, A. Ward, M. R. Wilson, P. Woodruff, C. R. Zamecnik, A. D. Augustine, A.

Ozonoff, E. F. Reed, P. M. Becker, N. A. Higuita, M. C. Altman, M. A. Atkinson, L. R. Baden, P. M.

Becker, C. Bime, S. C. Brakenridge, C. S. Calfee, C. B. Cairns, D. Corry, M. M. Davis, A. D.

Augustine, L. I. R. Ehrlich, E. K. Haddad, D. J. Erle, A. Fernandez-Sesma, D. A. Hafler, C. L. Hough, F.

Kheradmand, S. H. Kleinstein, M. Kraft, O. Levy, G. A. McComsey, E. Melamed, W. Messer, J.

Metcalf, R. R. Montgomery, K. C. Nadeau, A. Ozonoff, B. Peters, B. Pulendran, E. F. Reed, N.

Rouphael, M. Sarwal, J. Schaenman, R. Sekaly, A. C. Shaw, and V. Simon. 2021. Immunophenotyping

assessment in a COVID-19 cohort (IMPACC): A prospective longitudinal study. *Sci. Immunol.* 6:

eabf3733.

11. Diray-Arce, J., S. Fourati, N. Doni Jayavelu, R. Patel, C. Maguire, A. C. Chang, R. Dandekar, J. Qi,

B. H. Lee, P. van Zalm, A. Schroeder, E. Chen, A. Konstorum, A. Brito, J. P. Gygi, A. Kho, J. Chen, S.

Pawar, A. S. Gonzalez-Reiche, A. Hoch, C. E. Milliren, J. A. Overton, K. Westendorf, J. Abraham, M.

Adkisson, M. Albert, L. T. Altamirano, B. Alvarenga, M. L. Anderson, E. J. Anderson, A. Arnett, H.

Asashima, M. A. Atkinson, L. R. Baden, B. Barton, K. Beach, E. Beagle, P. M. Becker, M. R. Bell, M.

Bernui, C. Bime, A. K. Boddapati, J. L. Booth, B. Borresen, S. C. Brakenridge, L. Bristow, R. Bryant,

C. S. Calfee, J. M. Carreño, S. Carrillo, S. Chak, I. Chang, J. Connors, M. Conway, D. B. Corry, D.

Cowan, B. Croen, C. S. Dela Cruz, G. Cusimano, L. Eaker, C. Edwards, L. I. R. Ehrlich, D. Elashoff, H.

Erickson, D. J. Erle, S. Farhadian, K. Farrugia, B. Fatou, A. Fernandes, A. Fernandez-Sesma, G. K.

Fragiadakis, S. Furukawa, J. N. Geltman, R. Ghale, M. C. Bermúdez González, I. M. Goonewardene, E.

S. Guerrero, F. W. Guirgis, D. A. Hafler, S. Hamilton, P. Harris, A. N. Hayati, C. M. Hendrickson, N. I.

Agudelo Higuita, T. Hodder, S. M. Holland, C. L. Hough, C. Huerta, K. C. Hurley, S. R. Hutton, A.

Iwasaki, A. Jauregui, M. Jha, B. Johnson, D. Joyner, K. N. Kangelaris, G. Kelly, Z. Khalil, Z. Khan, F.

Kheradmand, J. N. Kim, H. Kimura, A. I. Ko, B. Kohr, M. Kraft, M. Krummel, M. A. Kutzler, J. Lasky-

Su, S. Lee, D. Lee, M. Leipold, C. Lentucci, C. Leroux, E. Lin, S. Liu, C. Love, Z. Lu, L. Maliskova, B.

R. Manning, M. Manohar, M. Martens, G. A. McComsey, K. McEnaney, R. McLin, E. Melamed, N.

Melnyk, K. Mendez, W. B. Messer, J. P. Metcalf, G. Michelotti, E. Mick, S. Mohanty, J. Mosier, L. C.

F. Mulder, M. Murphy, K. R. C. Nadeau, E. Nelson, A. Nelson, V. Nguyen, J. Oberhaus, B. Panganiban,

K. L. Pellegrini, H. C. Pickering, D. L. Powell, S. Presnell, B. Pulendran, A. H. Rahman, A. S. Rashid,

A. Raskin, E. F. Reed, S. P. Ribeiro, A. M. Rivera, J. E. Rogers, A. Rogers, B. Rogowski, R. Rooks, Y.

Rosenberg-Hasson, J. Rothman, J. F. Rousseau, R. Salehi-Rad, M. Saluvan, H. Samaha, J. Schaenman,

R. Schunk, N. C. Semenza, S. Sen, J. Sevransky, V. Seyfert-Margolis, T. Shaheen, A. C. Shaw, S. Sieg,

S. A. R. Siegel, N. Sigal, N. Siles, B. Simmons, V. Simon, G. Singh, L. Sinko, C. M. Smith, K. K.

Smolen, L.-Z. Song, K. Srivastava, P. Sullivan, C. Syphurs, J. Tcheou, G. P. Tegos, G. K. Tharp, A.

Tong, A. Tsitsiklis, R. F. Ungaro, T. Vaysman, A. Viode, R. Vita, X. Wang, A. Ward, D. C. Ward, A.

Willmore, K. Woloszczuk, K. Wong, P. G. Woodruff, L. Xu, S. van Haren, A. van de Guchte, Y. Zhao,

C. B. Cairns, N. Rouphael, S. E. Bosinger, S. Kim-Schulze, F. Krammer, L. Rosen, N. D. Grubaugh, H.

van Bakel, M. Wilson, J. Rajan, H. Steen, W. Eckalbar, C. Cotsapas, C. R. Langelier, O. Levy, M. C.

Altman, H. Maecker, R. R. Montgomery, E. K. Haddad, R. P. Sekaly, D. Esserman, A. Ozonoff, P. M.

Becker, A. D. Augustine, L. Guan, B. Peters, and S. H. Kleinstein. 2023. Multi-omic longitudinal study

reveals immune correlates of clinical course among hospitalized COVID-19 patients. *Cell Rep. Med.* 4:

101079.

12. R Core Team (2023). _R: A Language and Environment for Statistical Computing_. R Foundation

for Statistical Computing, Vienna, Austria. <https://www.R-project.org/>. .

13. Bakdash, J. Z., and L. R. Marusich. 2017. Repeated measures correlation. *Front. Psychol.* 8: 456.

14. Bakdash J, Marusich L (2022). _rmcorr: Repeated Measures Correlation_. R package   version 0.5.4,

<https://CRAN.R-project.org/package=rmcorr>. .

15. Benjamini, Y., and Y. Hochberg. 1995. Controlling the False Discovery Rate: A Practical and

Powerful Approach to Multiple Testing. *J. R. Stat. Soc. Ser. B Methodol.* 57: 289–300.

16. Kuznetsova, A., P. B. Brockhoff, and R. H. B. Christensen. 2017. lmerTest Package: Tests in Linear

Mixed Effects Models. *J. Stat. Softw.* 82: 1–26.

17. Lucas, C., P. Wong, J. Klein, T. B. R. Castro, J. Silva, M. Sundaram, M. K. Ellingson, T. Mao, J. E.

Oh, B. Israelow, T. Takahashi, M. Tokuyama, P. Lu, A. Venkataraman, A. Park, S. Mohanty, H. Wang,

A. L. Wyllie, C. B. F. Vogels, R. Earnest, S. Lapidus, I. M. Ott, A. J. Moore, M. C. Muenker, J. B.

Fournier, M. Campbell, C. D. Odio, A. Casanovas-Massana, A. Obaid, A. Lu-Culligan, A. Nelson, A.

Brito, A. Nunez, A. Martin, A. Watkins, B. Geng, C. Kalinich, C. Harden, C. Todeasa, C. Jensen, D.

Kim, D. McDonald, D. Shepard, E. Courchaine, E. B. White, E. Song, E. Silva, E. Kudo, G. DeIuliis, H.

Rahming, H.-J. Park, I. Matos, J. Nouws, J. Valdez, J. Fauver, J. Lim, K.-A. Rose, K. Anastasio, K.

Brower, L. Glick, L. Sharma, L. Sewanan, L. Knaggs, M. Minasyan, M. Batsu, M. Petrone, M. Kuang,

M. Nakahata, M. Campbell, M. Linehan, M. H. Askenase, M. Simonov, M. Smolgovsky, N. Sonnert, N.

Naushad, P. Vijayakumar, R. Martinello, R. Datta, R. Handoko, S. Bermejo, S. Prophet, S. Bickerton, S.

Velazquez, T. Alpert, T. Rice, W. Khoury-Hanold, X. Peng, Y. Yang, Y. Cao, Y. Strong, R. Herbst, A.

C. Shaw, R. Medzhitov, W. L. Schulz, N. D. Grubaugh, C. Dela Cruz, S. Farhadian, A. I. Ko, S. B.

Omer, A. Iwasaki, and Yale IMPACT Team. 2020. Longitudinal analyses reveal immunological

misfiring in severe COVID-19. *Nature* 584: 463–469.

18. Donlan, A. N., T. E. Sutherland, C. Marie, S. Preissner, B. T. Bradley, R. M. Carpenter, J. M.

Sturek, J. Z. Ma, G. B. Moreau, J. R. Donowitz, G. A. Buck, M. G. Serrano, S. L. Burgess, M. M.

Abhyankar, C. Mura, P. E. Bourne, R. Preissner, M. K. Young, G. R. Lyons, J. J. Loomba, S. J.

Ratcliffe, M. D. Poulter, A. J. Mathers, A. J. Day, B. J. Mann, J. E. Allen, and W. A. Petri Jr. 2021. IL-

13 is a driver of COVID-19 severity. *JCI Insight* 6: e150107.

19. Katze, M. G., Y. He, and M. Gale. 2002. Viruses and interferon: a fight for supremacy. *Nat. Rev.*

Immunol. 2: 675–687.

20. Wilson, R. 2013. Sensitivity and specificity: twin goals of proteomics assays. Can they be

combined? *Expert Rev. Proteomics* 10: 135–149.

21. Maecker, H. T., Y. Rosenberg-Hasson, K. D. Kolstad, V. D. Steen, and L. S. Chung. 2020. A Novel

Utility to Correct for Plate/Batch/Lot and Nonspecific Binding Artifacts in Luminex Data. *J. Immunol.*

204: 3425–3433.

22. Laing, A. G., A. Lorenc, I. del Molino del Barrio, A. Das, M. Fish, L. Monin, M. Muñoz-Ruiz, D. R.

McKenzie, T. S. Hayday, I. Francos-Quijorna, S. Kamdar, M. Joseph, D. Davies, R. Davis, A. Jennings,

I. Zlatareva, P. Vantourout, Y. Wu, V. Sofra, F. Cano, M. Greco, E. Theodoridis, J. D. Freedman, S.

Gee, J. N. E. Chan, S. Ryan, E. Bugallo-Blanco, P. Peterson, K. Kisand, L. Haljasmägi, L. Chadli, P.

Moingeon, L. Martinez, B. Merrick, K. Bisnauthsing, K. Brooks, M. A. A. Ibrahim, J. Mason, F. Lopez

Gomez, K. Babalola, S. Abdul-Jawad, J. Cason, C. Mant, J. Seow, C. Graham, K. J. Doores, F. Di Rosa,

J. Edgeworth, M. Shankar-Hari, and A. C. Hayday. 2020. A dynamic COVID-19 immune signature

includes associations with poor prognosis. *Nat. Med.* 26: 1623–1635.

23. Suhre, K., H. Sarwath, R. Engelke, M. U. Sohail, S. J. Cho, W. Whalen, S. Alvarez-Mulett, J.

Krumsiek, A. M. K. Choi, and F. Schmidt. 2022. Identification of Robust Protein Associations With

COVID-19 Disease Based on Five Clinical Studies. *Front. Immunol.* 12: 781100.

24. Gisby, J., C. L. Clarke, N. Medjeral-Thomas, T. H. Malik, A. Papadaki, P. M. Mortimer, N. B.

Buang, S. Lewis, M. Pereira, F. Toulza, E. Fagnano, M.-A. Mawhin, E. E. Dutton, L. Tapeng, A. C.

Richard, P. D. Kirk, J. Behmoaras, E. Sandhu, S. P. McAdoo, M. F. Prendecki, M. C. Pickering, M.

Botto, M. Willicombe, D. C. Thomas, and J. E. Peters. 2021. Longitudinal proteomic profiling of

dialysis patients with COVID-19 reveals markers of severity and predictors of death. *eLife* 10: e64827.

25. Myhre, P. L., C. Prebensen, H. Strand, R. Røysland, C. M. Jonassen, A. Rangberg, V. Sørensen, S.

Søvik, H. Røsjø, M. Svensson, J. Erik Berdal, and T. Omland. 2020. Growth Differentiation Factor 15

Provides Prognostic Information Superior to Established Cardiovascular and Inflammatory Biomarkers

in Unselected Patients Hospitalized With COVID-19. *Circulation* 142: 2128–2137.

26. Chen, L., X. Long, Q. Xu, J. Tan, G. Wang, Y. Cao, J. Wei, H. Luo, H. Zhu, L. Huang, F. Meng, L.

Huang, N. Wang, X. Zhou, L. Zhao, X. Chen, Z. Mao, C. Chen, Z. Li, Z. Sun, J. Zhao, D. Wang, G.

Huang, W. Wang, and J. Zhou. 2020. Elevated serum levels of S100A8/A9 and HMGB1 at hospital

admission are correlated with inferior clinical outcomes in COVID-19 patients. *Cell. Mol. Immunol.* 17:

992–994.

27. Chamnanphon, M., M. Pongpanich, T. B. Suttichet, W. Jantarabenjakul, P. Torvorapanit, O.

Putcharoen, P. Sodsai, C. Phokaew, N. Hirankarn, P. Chariyavilaskul, and V. Shotelersuk. 2022. Host

genetic factors of COVID-19 susceptibility and disease severity in a Thai population. *J. Hum. Genet.* 67:

295–301.

28. Ketenci, S., M. Uygar Kalaycı, B. Dündar, R. Duranay, and A. Şükrü Aynacıoğlu. 2022. Elevated

serum midkine levels in severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infected

patients. *Int. Immunopharmacol.* 110: 108939.

29. Moll-Bernardes, R., A. S. de Sousa, A. V. S. Macedo, R. D. Lopes, N. Vera, L. C. R. Maia, A.

Feldman, G. D. A. S. Arruda, M. J. C. Castro, P. M. Pimentel-Coelho, D. C. de Albuquerque, T. C. de

Paula, T. A. B. Furquim, V. A. Loures, K. G. D. Giusti, N. M. de Oliveira, F. A. De Luca, M. D. M.

Kotsugai, R. A. M. Domiciano, M. F. Santos, O. F. de Souza, F. A. Bozza, R. R. Luiz, and E. Medei.

2021. IL-10 and IL-12 (P70) Levels Predict the Risk of Covid-19 Progression in Hypertensive Patients:

Insights From the BRACE-CORONA Trial. *Front. Cardiovasc. Med.* 8: 702507.

30. Liu, Y., D. Chen, J. Hou, H. Li, D. Cao, M. Guo, Y. Ling, M. Gao, Y. Zhou, Y. Wan, and Z. Zhu.

2021. An inter-correlated cytokine network identified at the center of cytokine storm predicted COVID-

19 prognosis. *Cytokine* 138: 155365.

Figure 1. Detectability across platforms. (A) Measured values relative to limit of detection (LOD) for 33 common targets assessed in 78 COVID-19 serum samples from 23 patients and 8 healthy control serum samples. Targets are sorted from left to right based on the median. (B) Comparison of detectability for common targets in each platform pair. (C) Detectability of three platforms for 33 common targets.

Figure 2. Correlation of measured values across platforms using baseline (Visit 1) samples for COVID-19 (n=23) and Healthy Controls (n=8). (A) Kendall coefficients of each platform pair for 33 common targets. Alamar-Olink showed the highest median correlation, Alamar-Luminex showed second-highest, and Olink-Luminex showed the lowest. (B) Kendall coefficient distributions for all common targets in each platform pair. (C) Association between the difference in detectability (x-axis) and Kendall correlation (y-axis) for common targets in each platform pair using baseline samples. Targets falling on the vertical dashed line showed zero difference in detectability; horizontal dashed line indicates correlation

679   coefficient of zero. Labels highlight protein targets with Kendall coefficient below 0.50 or a difference in

680   detectability greater than 15%. For the most part, larger differences in detectability between platforms

681   corresponds to lower correlation. However, some targets with no detectability difference still showed poor

682   correlation, for example, CSF1 and KITLG for Alamar-Olink, and FLT3LG for Olink-Luminex.

Figure 3. Differential expression comparing inflammatory protein target expression levels for baseline (Visit 1) COVID-19 patients (n=23) and Healthy Controls (n=8). (A) Venn diagram shows overlaps of significant results across panels. Targets in grey text for Olink indicate detectability less than 50%. (B) Volcano plots show -log10 FDR-adjusted p-values versus log2 fold changes for the 33

689   common targets. (C) Scatterplots show the relationship of log2 fold changes for all common targets in

690   each platform pair.

Figure 4. Longitudinal differential expression in COVID patients (n=23). Change over time for inflammatory protein target expression was assessed for the COVID-19 samples using linear mixed effects models with target expression level as outcome, a categorical time fixed effect for each visit, and subject random intercept. The overall significance of the time fixed effect was tested using a likelihood ratio test

697   (LRT). False-discovery rate (FDR) correction was applied to the 33 targets common to all three platforms,

698   and to each subset of overlapping targets for each platform pair. (A) Venn diagram shows overlaps of

699   significant results across platforms. (B) Volcano plots show -log10 FDR-adjusted p-values versus the LRT

700   chi-squared statistic for the 33 common targets. (C) Scatterplots show the relationship of LRT chi-squared

701   statistics for all common targets in each platform pair.

Figure 5. Selected targets showing significant change over time in COVID-19 for one or more platforms. Longitudinal differential expression of inflammatory markers was assessed for 78 serum samples collected from 23 COVID-19 patients over 6 time points. The 6 visits correspond to time of study enrollment (VISIT 1), and days 4, 7, 14, 21, and 28 (VISIT 2-6). Control sample values are shown at the far left side of plots. Values shown in parentheses in plot titles represent target detectability. (A) IL12B was among the targets showing most significant changes over time across all three platforms. (B) Alamar alone showed significant changes in IL13, IL20, and IL4, which are all relatively low-abundance targets that had greater detectability for the Alamar assay, with the exception of IL4 for Luminex. (C) Alamar and Olink both showed significant changes in FLT3LG, but Luminex did not, even though detectability

714   was higher for Luminex than Alamar. (D) Alamar and Luminex both showed significant changes in IL5,

715   but Olink did not. Olink showed low detectability for IL5. (E) CCL3 was only significant for Olink, which

716   also had higher detectability than the other two platforms. (F) VEGFA was only significant for Luminex,

717   despite high detectability for all three platforms.