

Introduction of Agena Bioscience's

MassARRAY Overview

20 March, 2025

Genomic Market

Global Genomics Market



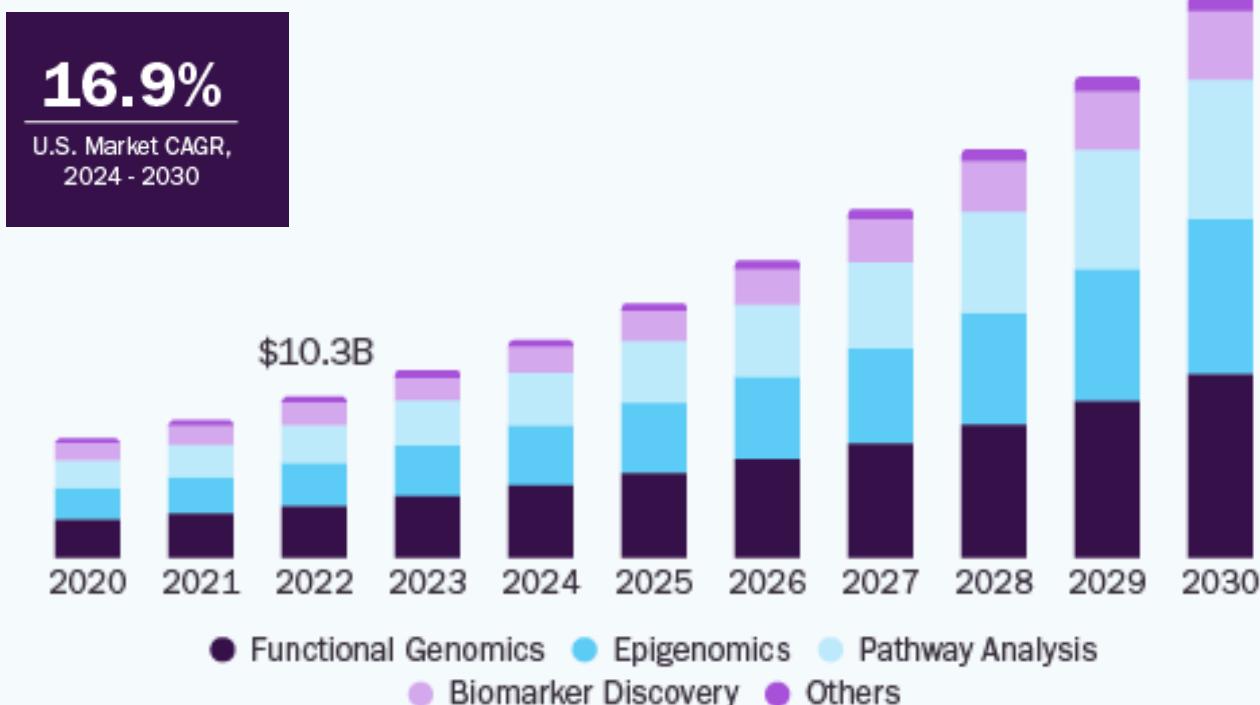
Global Genomics Market (US\$ Mn), 2018 to 2026



Genomic Market

U.S. Genomics Market

Size, by Application & Technology, 2020 - 2030 (USD Billion)

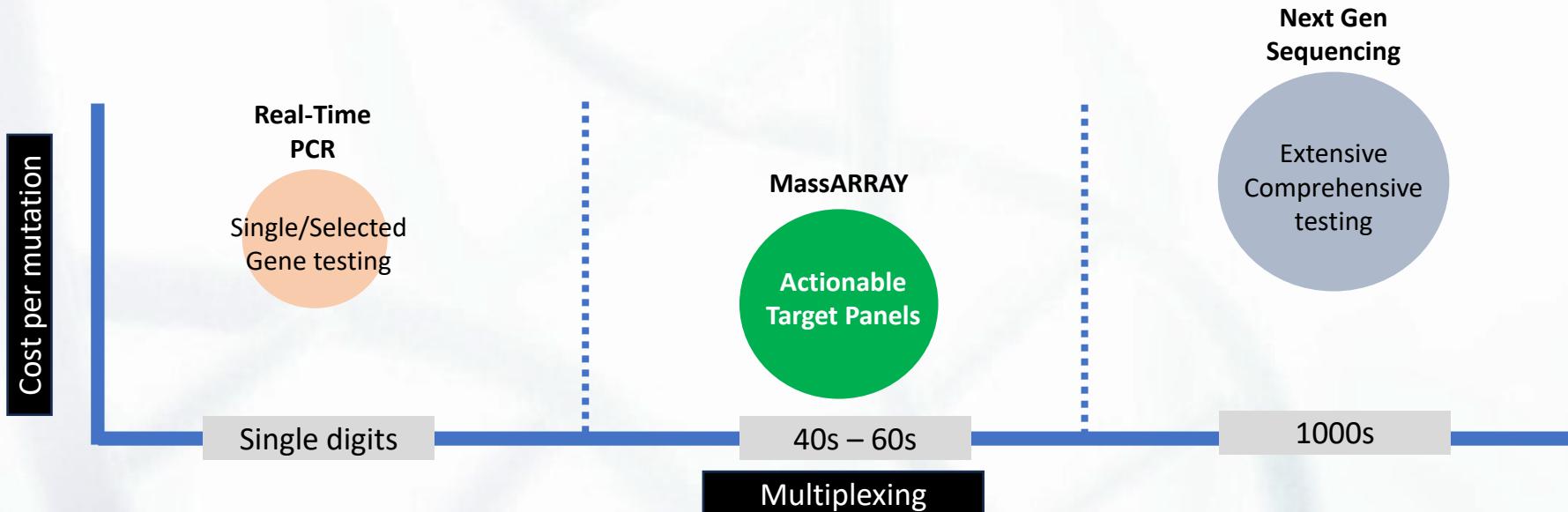


Global Precision Medicine Market—Analysis & Forecast 2017 – 2026



Market Segmentation

Robust, Flexible, and High Throughput



- | | | |
|---|--|---|
| <ul style="list-style-type: none">• De-Novo• Single SNPs | <ul style="list-style-type: none">• De-Novo• Multiplexing• Local validation• Local Primer Production• LDT develops test – Patent• Cost efficiency due to multiplexing SNPs per well | <ul style="list-style-type: none">• Novo• Comprehensive testing• Import from Principle• BioIT requirements |
|---|--|---|

Overview of Genotyping Technologies and Methods

Ingrid Kockum,¹ Jesse Huang,¹ and Pernilla Stridh^{1,2}

¹Center for Molecular Medicine, Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden

²Corresponding author: pernilla.strid@ki.se

Published in the Essential Lab Techniques section

Genetics is a cornerstone of molecular biology, and there have been significant developments in genotyping technologies during the last decades. Genotyping can be used for a wide range of applications, such as genealogy, assessing risks and causes for common diseases and health conditions, animal and human research, and forensic investigations. So how do you perform a genetic test? This overview covers key concepts in genetics, the development of genotyping methods, and a comparison of several techniques, including PCR, microarrays, and sequencing. A general process of the steps involved in genotyping, from DNA preparation to quality control, is described with relevant protocols referenced. Different types of DNA variants are illustrated, including mutations, SNP, insertions, deletions, microsatellites, and copy number variations, with examples of their involvement in disease. We discuss the utilities of genotyping, such as medical genetics, genome-wide association studies (GWAS), and forensic science. We also provide tips for quality control, analysis, and results interpretation to help the reader design and perform a genetic study or scrutinize such studies from the literature. © 2023 The Authors. Current Protocols published by Wiley Periodicals LLC.

Keywords: genetics • genotyping • GWAS • methodology • microarray • NGS • PCR

How to cite this article:

Kockum, I., Huang, J., & Stridh, P. (2023). Overview of genotyping technologies and methods. *Current Protocols*, 3, e727.
doi: 10.1002/cpz1.727

INTRODUCTION

Genetics is a keystone of molecular biology

vide a foundation for academics (undergraduates/graduates) and industry professionals.

Table 2 Overview of Genotyping Technologies

Name	Cost	# markers	Pro	Con	Ref.
PCR-RFLP	+	1	Easy to run in any lab, fast, flexible	Time consuming, manual inspection	(Saiki et al., 1985)
Allele-specific PCR	+	1	Easy to run in any lab, fast, flexible	Time consuming, manual inspection	(Gaudet et al., 2009)
TaqMan PCR	+	1	Standardized, more accurate	Manual inspection, requires specific equipment	(Hui et al., 2008)
Microsatellite	+	1	Robust, do not require specific equipment, flexible	Low resolution, manual inspection, time consuming	(Weber & May, 1989)
Pyrosequencing	++	1	Captures all potential alleles	Time consuming, manual inspection, requires specific equipment	(Kreutz et al., 2013)
MassARRAY system					
iPLEX	++	60 ++	Multiplex assay	Manual inspection, requires specific equipment	(Gabriel et al., 2009; Tang et al., 1999)
Multiplex	++	up to 100	Multiplex assay	Requires specific equipment	(Martínez-Cruz et al., 2011)
TaqMan					
Genotyping arrays	+++	50k-2 mil	Multiplex assay	Requires specific equipment and expertise	(Verlouw et al., 2021)
NGS-Exome	++++	25000	captures all coding variants	Requires specific equipment and expertise, demanding processing	(Seaby et al., 2016)
NGS-Whole Genome	+++++	up to 40 mil	captures all variants	Requires specific equipment and expertise, demanding processing	(Slatko et al., 2018)

Rough relative cost per genotype is indicated by +, since prices vary over time.

Agena Bioscience®

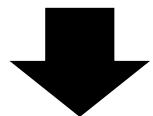


- Headquarters in San Diego, California, USA
- Agena markets our products in over 30 countries worldwide through direct sales offices in Germany, China and Australia,

SEQUENOM®



(BEFORE 2014)



Agena
BIOSCIENCE



MassARRAY system

Mass-Detection With The MassARRAY

Single Nucleotide Polymorphism (SNPs)

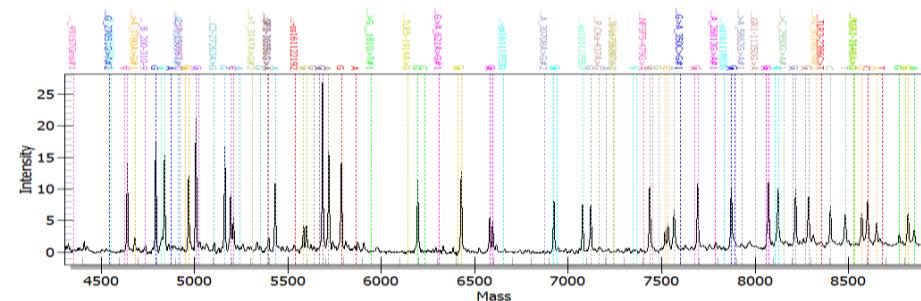


The **MassARRAY** is unique technology to detect DNA mutation SNP , Insertion, Deletion

Dalton
Unit of Mass

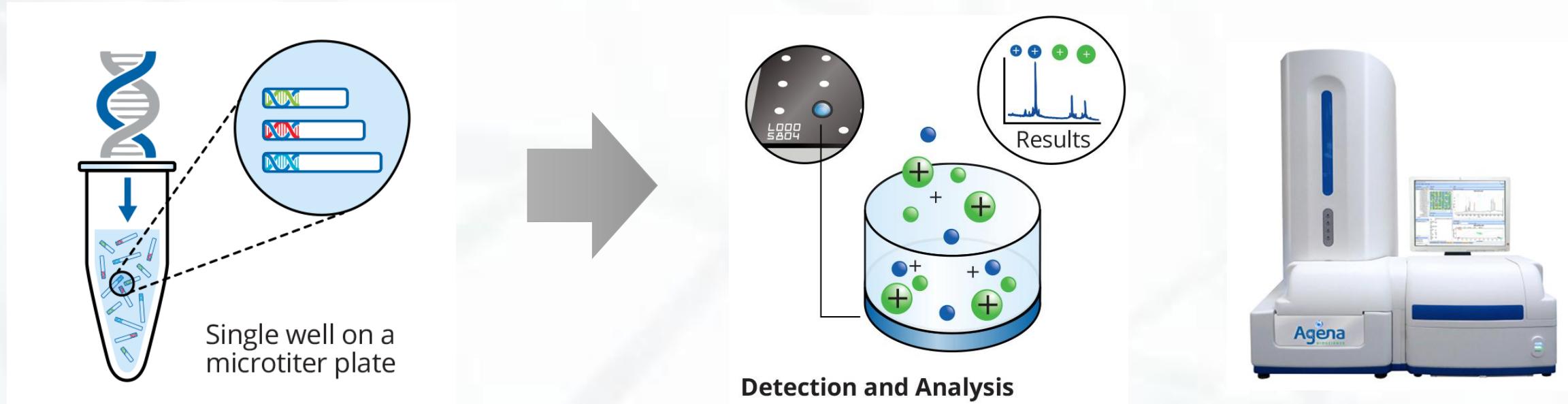
The Dalton (Da) is a unit of mass widely used in physics and chemistry.

Cytosine (C)	Adenine (A)	Guanine (G)	Thymine (T)
247.2 Da	271.2 Da	287.2 Da	327.1 Da



MassARRAY Detection Range
4000 – 9000 Daltons

MassARRAY Technology

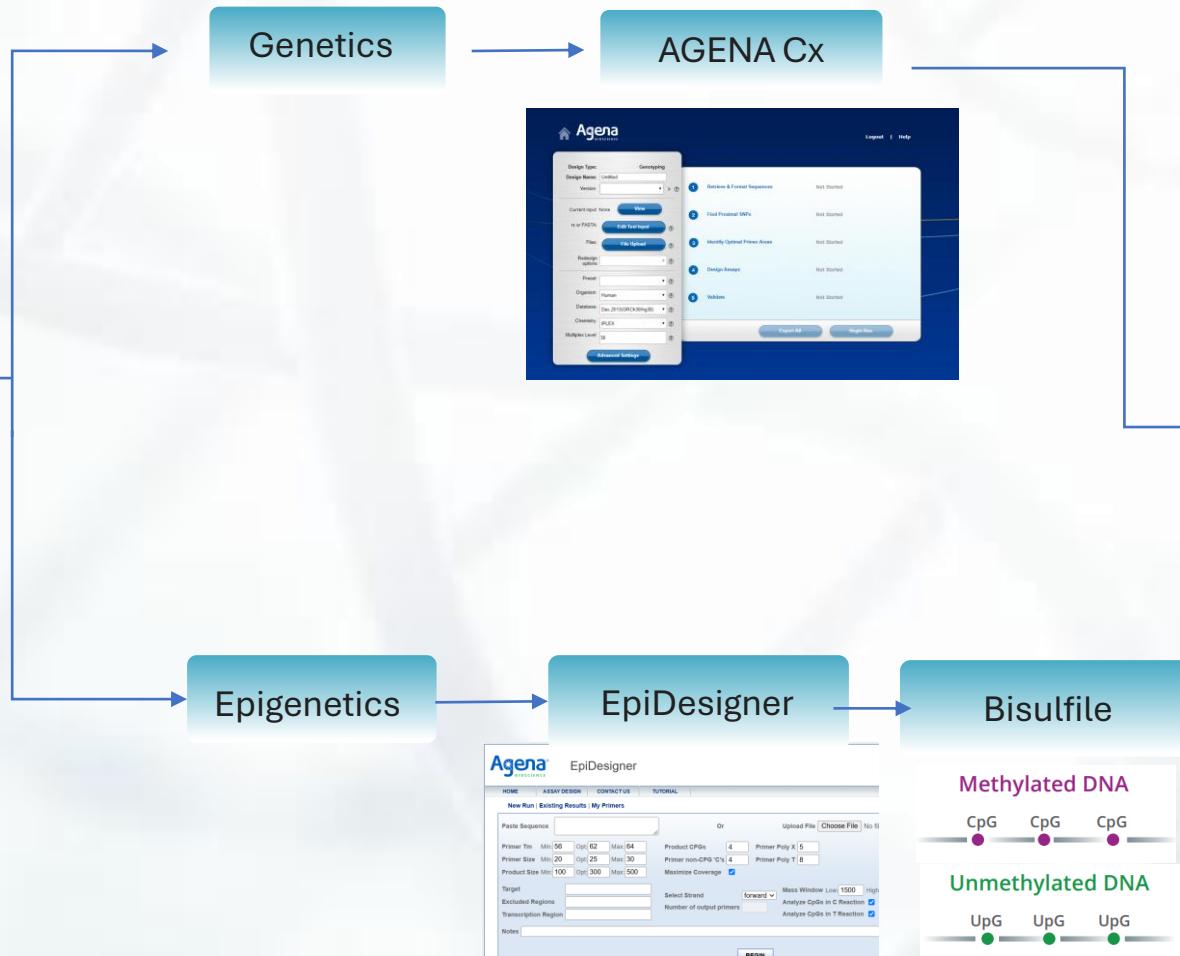


**Multiplex
PCR**

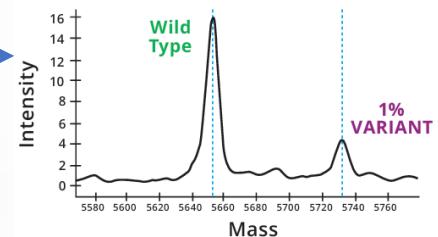
**MALDI-TOF
Mass Spectrometry**

MassARRAY

Next
Generation
Sequencing



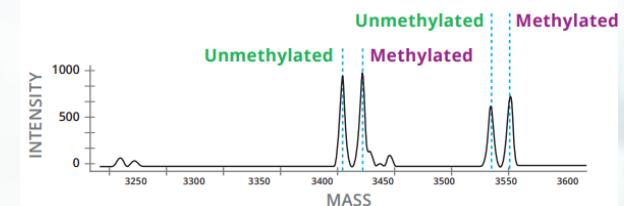
Analysis by TYPER



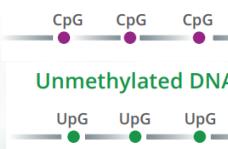
Detection



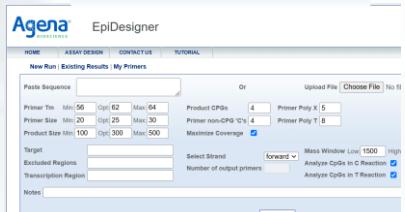
EpiTYPER



Methylated DNA

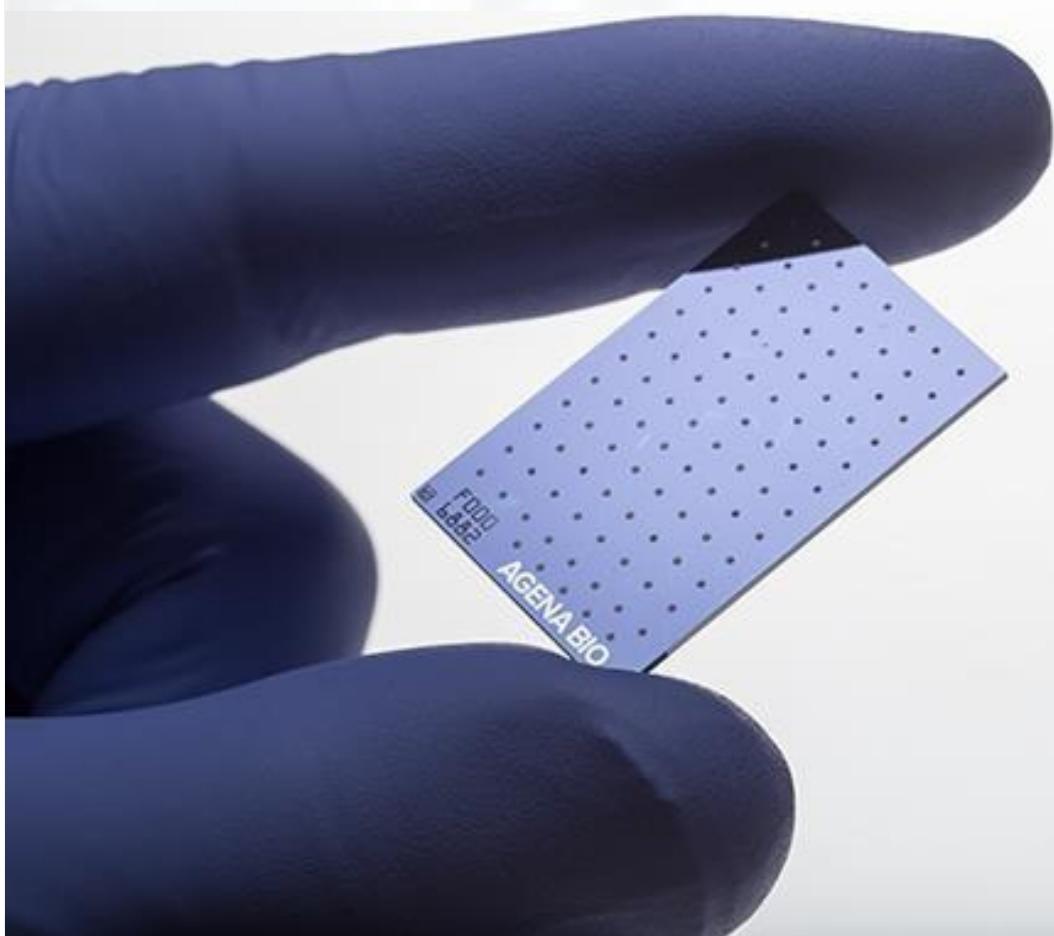


Bisulfite



SpectroCHIP Arrays

A Powerful, Open Source Array for Custom Multiplex Assay Designs



Composed of 96 or 384 inert pads evenly spaced across a matrix.

- Each pad binds to any DNA analyte mixture
- Enables side-by-side testing of different assays
- Utilizes nanoliters of sample

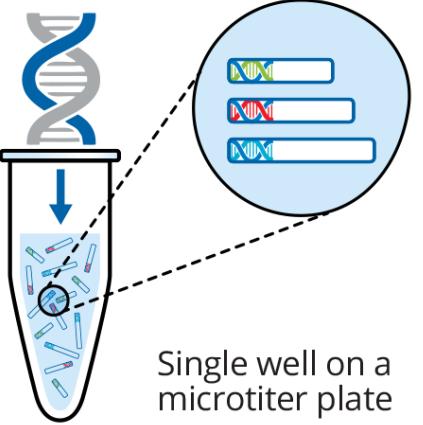
Genotype up to 50* (usually around 30) genetic variants on each SpectroCHIP Array pad

Flexible biomarker detection.

- SNPs
- Insertions
- Deletions
- Translocations
- CNV

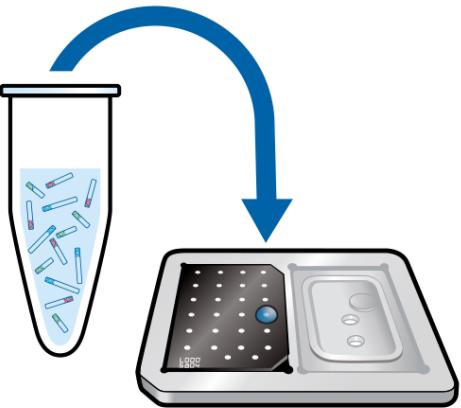
*actual number may vary depending on chemistry and application

SAMPLE PROCESS JOURNEY



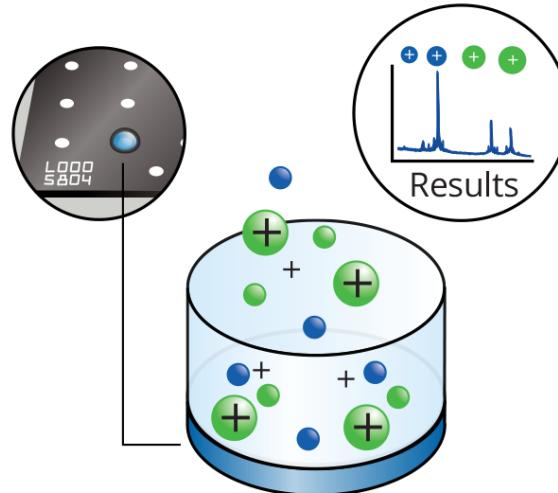
Endpoint PCR

Amplify and extend up to 40 target-specific DNA fragments in a single reaction.



Transfer Analyte

Transfer a small amount of sample to a single pad on the SpectroCHIP® Array.

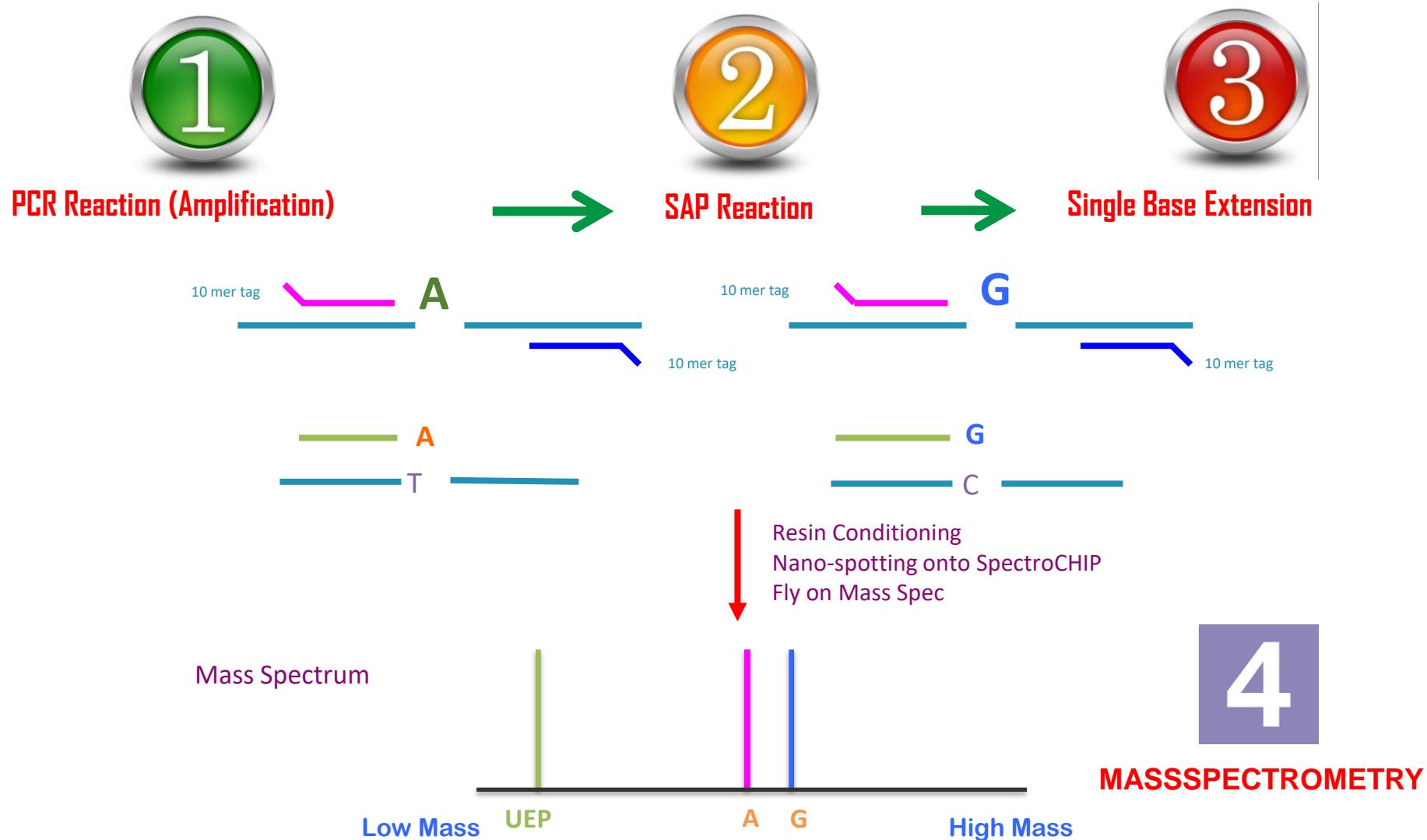


Detection and Analysis

Multiple tests can be run on a single SpectroCHIP Array. Hundreds of mutations can be tested per sample.

* Use multiple reactions for >40 targets if required.

GENOTYPING REACTION : SNP (A/G)

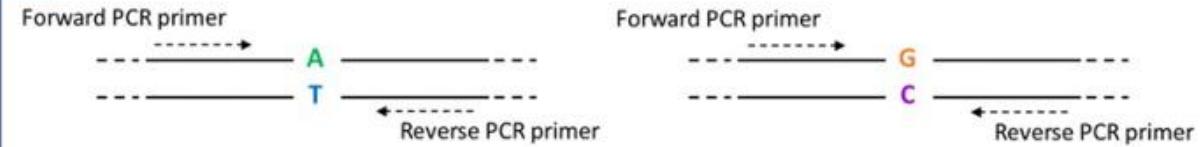


PCR : Polymerase Chain Reaction

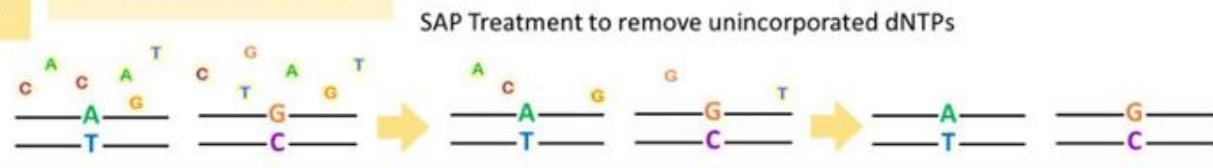
SAP : Shrimp Alkaline Phosphatase

UEP : Unextension Primer

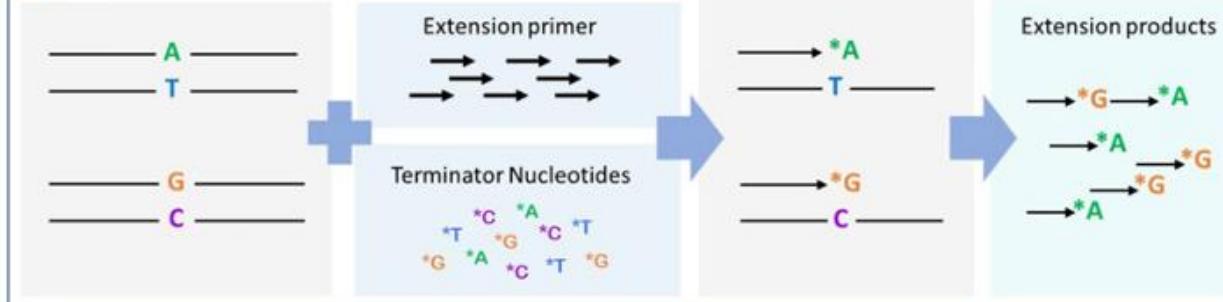
1 PCR Reaction



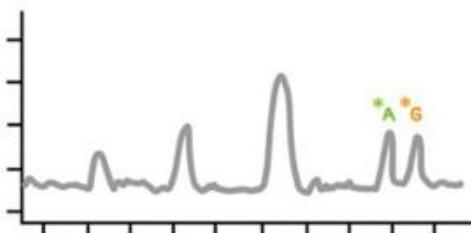
2 SAP Reaction



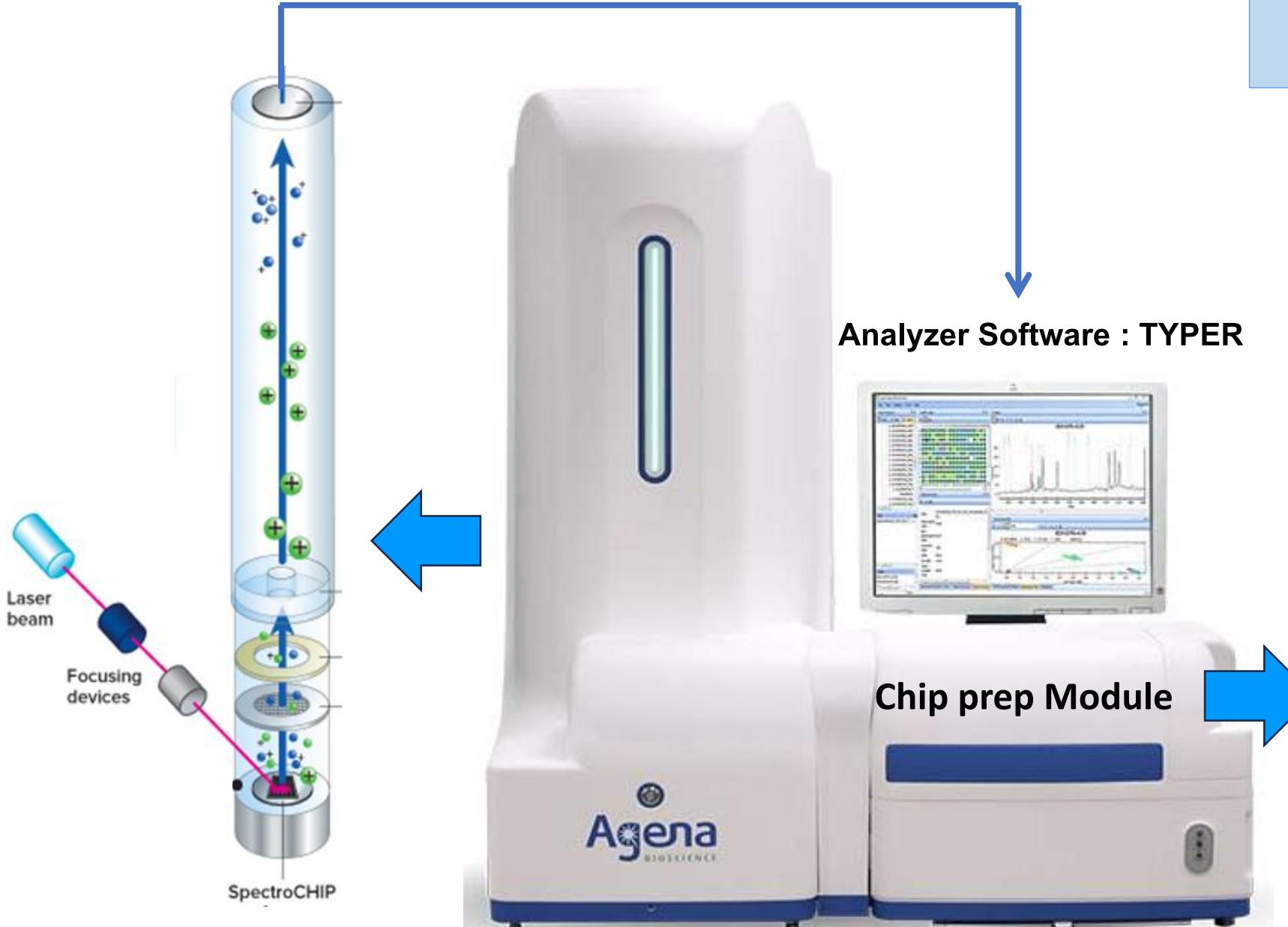
3 Single Base Extension



4 MASS SPECTROMETRY

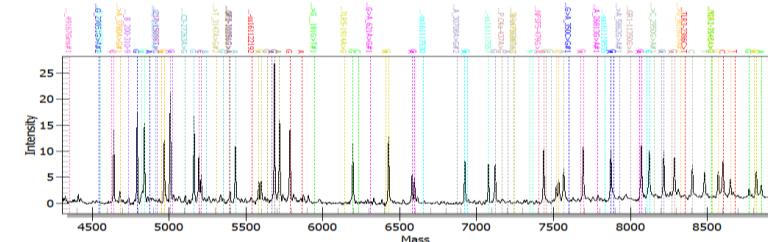


MassARRAY platform



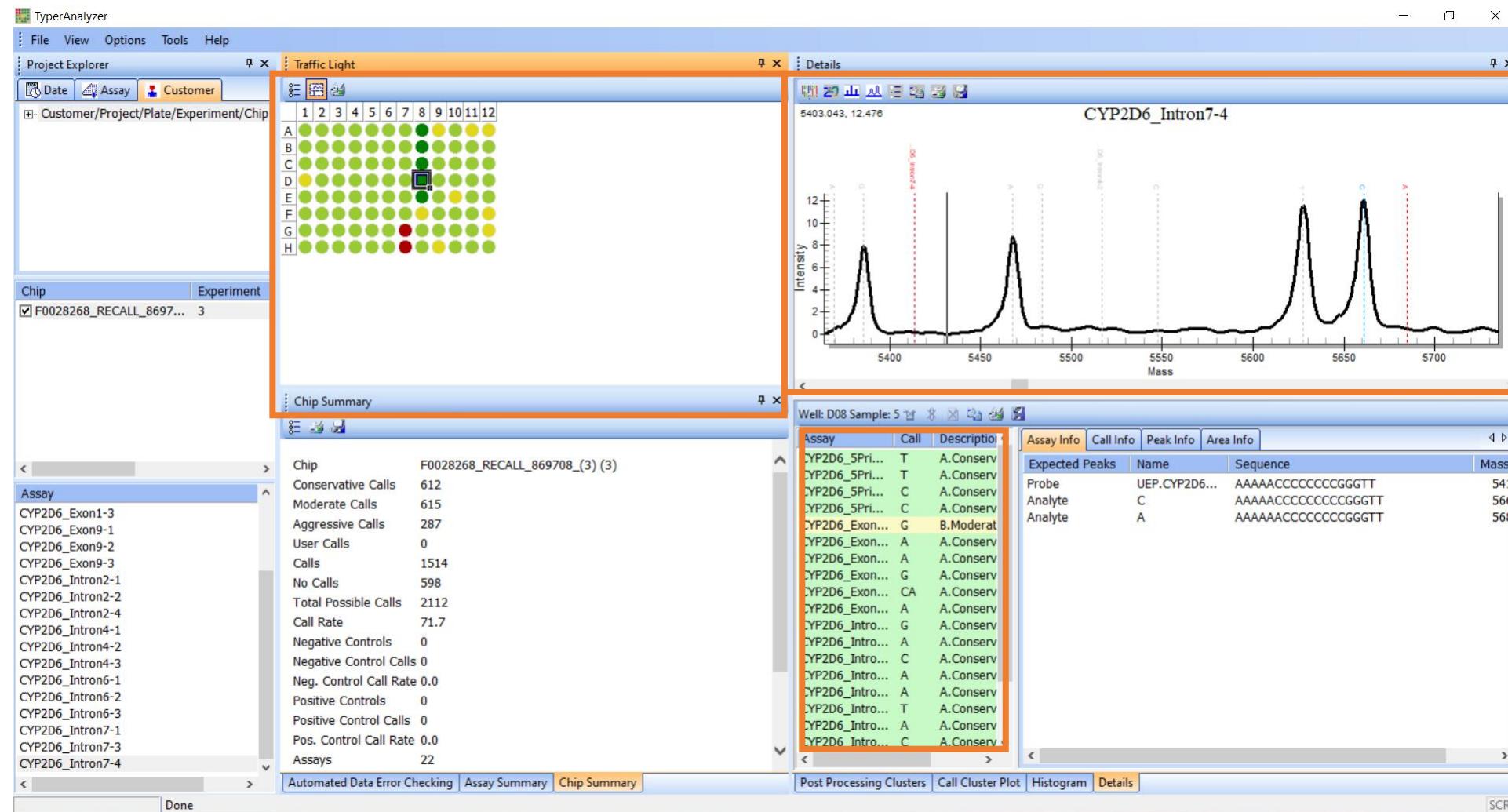
Mass Analyzer

PATENTED "SPECTROCHIP"

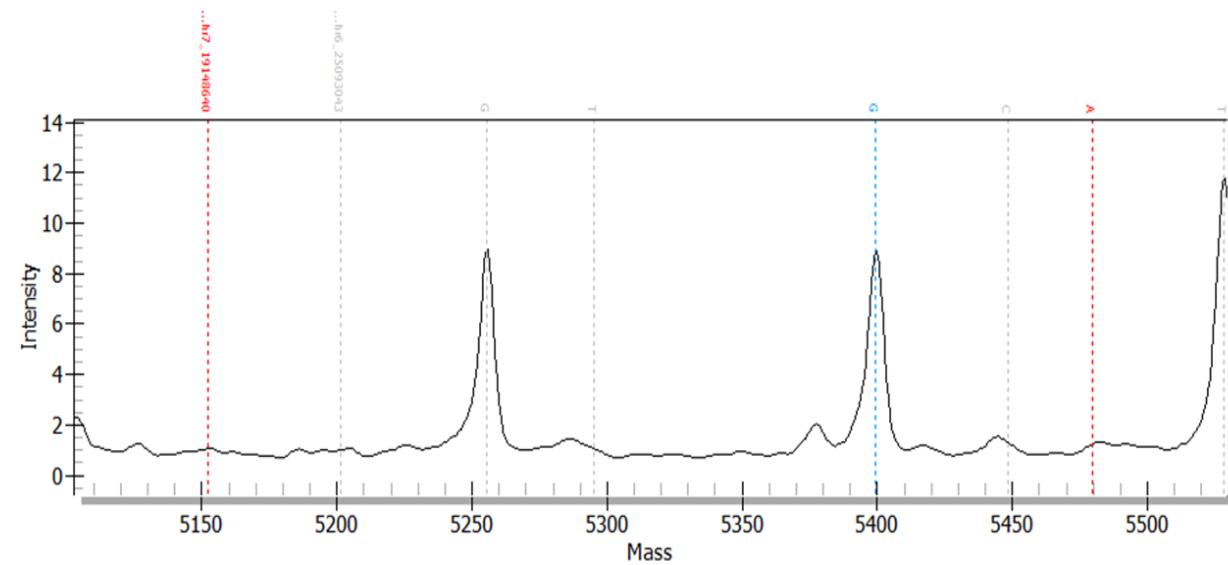


Platform: 96 wells x 2 plates

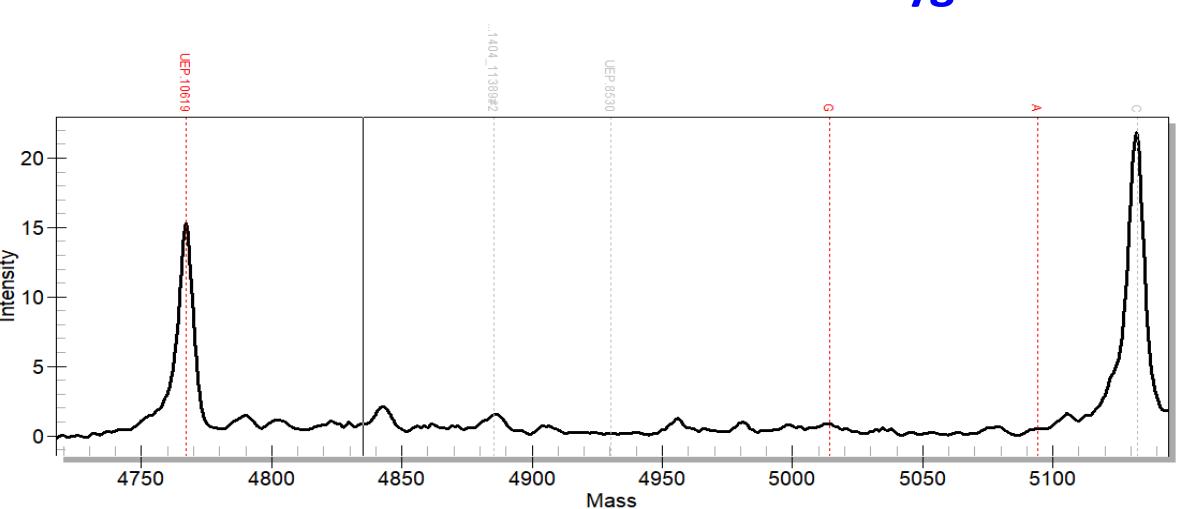
REPORT : EASE INTERPRETATION



REPORT: Spectrum peak

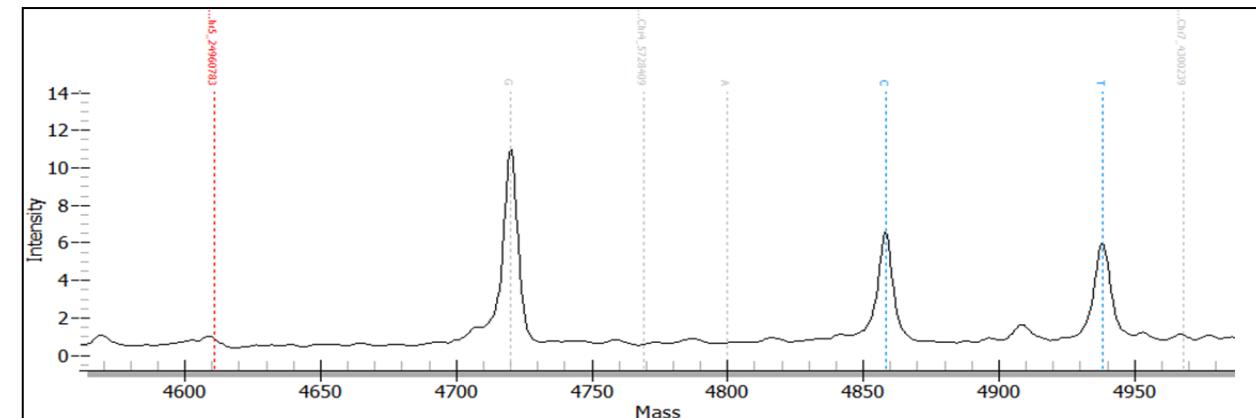


Call: Homozygous GG

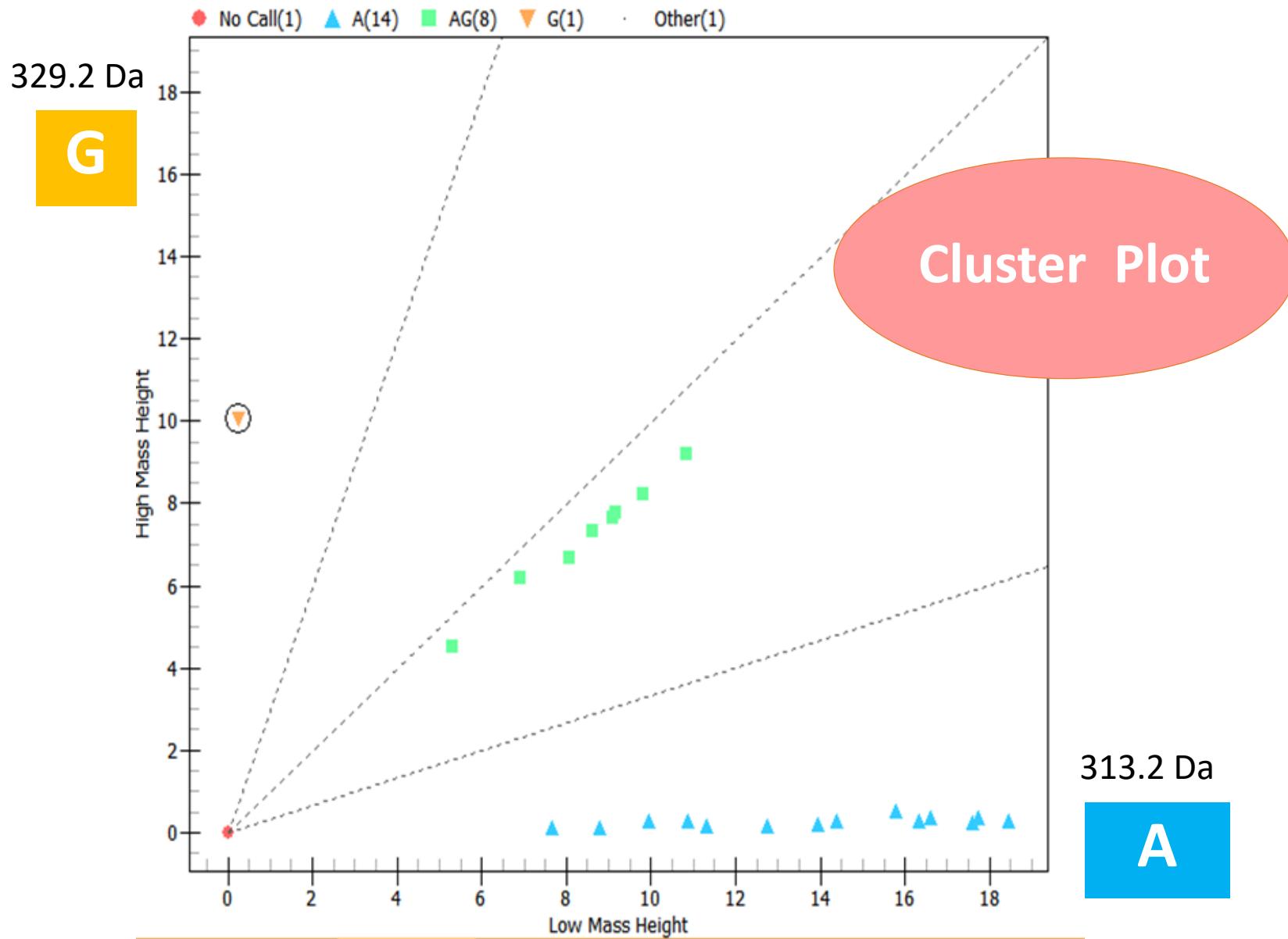


Only UEP Peak

No Call



Call: Heterozygous CT



REPORT: EASE INTERPRETATION



EXCEL

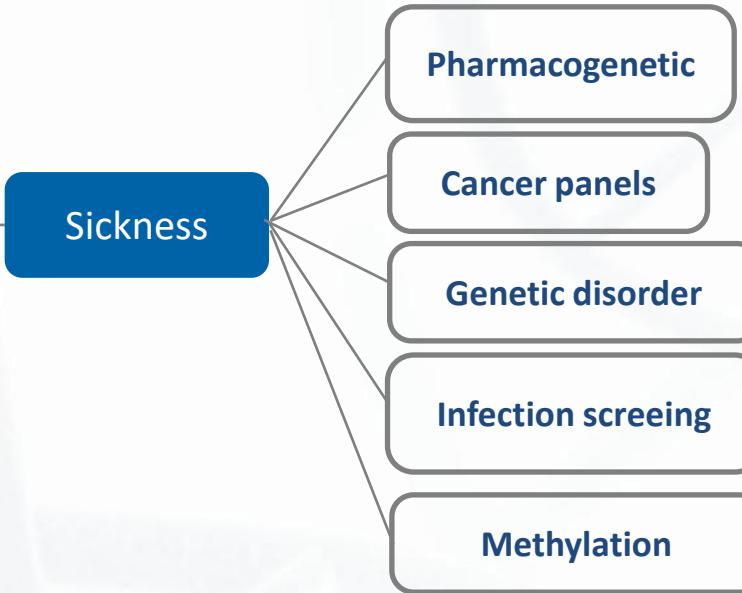
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	SAMPLE_WELL	Cum_Ch1	Cum_Ch1	Cum_Ch1	Cum_Ch1	Cum_Ch1	Cum_Ch1	Cum_Ch2	Cum_Ch2	Cum_Ch3	Cum_Ch3	Cum_Ch3	Cum_Ch4	Cum_Ch4	Cum_Ch4
2	16016	D04	G	T	C	A	C	A	T	G	G	G	T	T	A
3	16017	D05	G	T	C	A	C	A	T	G	G	G	T	T	A
4	C-588 F	C04	A	T	T	A	C	A	T	G	G	A	A	T	T
5	C-588 F1-1	C06	A	T	T	A	C	A	T	G	G	A	A	T	T
6	C-588 M	C05	G	G	C	A	C	A	A	G	G	G	A	T	T
7	C-662 F	C01	G	G	C	A	C	G	T	G	T	A	G	T	T
8	C-662 F1-1	C03	AG	G	C	G	C	AG	T	G	T	A	G	TA	T
9	C-662 M	C02	A	G	C	G	C	A	T	G	T	A	G	A	T
10	C-665 F	B04	G	G	C	C	G	T	G	T	A	G	T	T	A
11	C-665 F1-1	B06			C										T
12	C-665 M	B05	A	G	C	AG	C	G	T	G	A	G	G	T	T
13	C-685 F	D01	G	G	T	A	C	A	T	G	G	G	T	T	A
14	C-685 F1-1	D03	AG	GT	T	A	C	A	T	G	G	GA	GA	T	T
15	C-685 M	D02	A	T	T	A	C	A	T	G	G	A	A	T	T
16	CU023 F	B01	G	G	A	C	A	A	G	T	A	G	A	T	T
17	CU065 M	A06	G	G	C	A	C	A	T	G	G	G	T	T	A



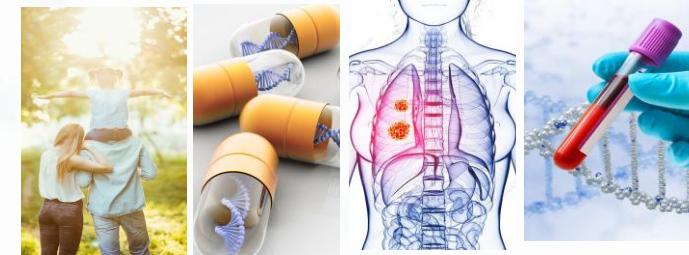
Applications



MassARRAY



Highly Sensitive, Liquid biopsy



Wellness

Thailand : Kin Yoo Dee

Korea Panel

My biological time

TestName21's biological age: 73.2 years old | TestName21's real age: 75 years old | TestName21's biological age appears to be 1.8 years younger
Keep your biological age low by sticking to your current lifestyle habits!





SICKNESS

ONCOLOGY (CANCER)

- EMPHASIZE ADVANCEMENT
- PREDICTIVE FACTORS
- PROGNOSIS FACTORS
- TARGET THERAPIES SELECTION



Tissue specimen
Liquid Biopsy Panels

PHARMACOGENOMICS (PRECISION MED)

- SCAN ADME GENES
- PREDICT DRUG RESPONSE
- SIDE EFFECT, ADRs
- DRUG SURVEILLANCE FOR SENSITIVE PATIENTS



VeriDose® CYP2D6 CNV Panel
VeriDose® DPYD Panel

GENETIC DISORDERS

- ULTRASENSITIVE MATERNAL OR PRENATAL SCREENING
- LESS INVASION SCREENING



Hearing loss
Wilson's disease
Cystic Fibrosis Mutation

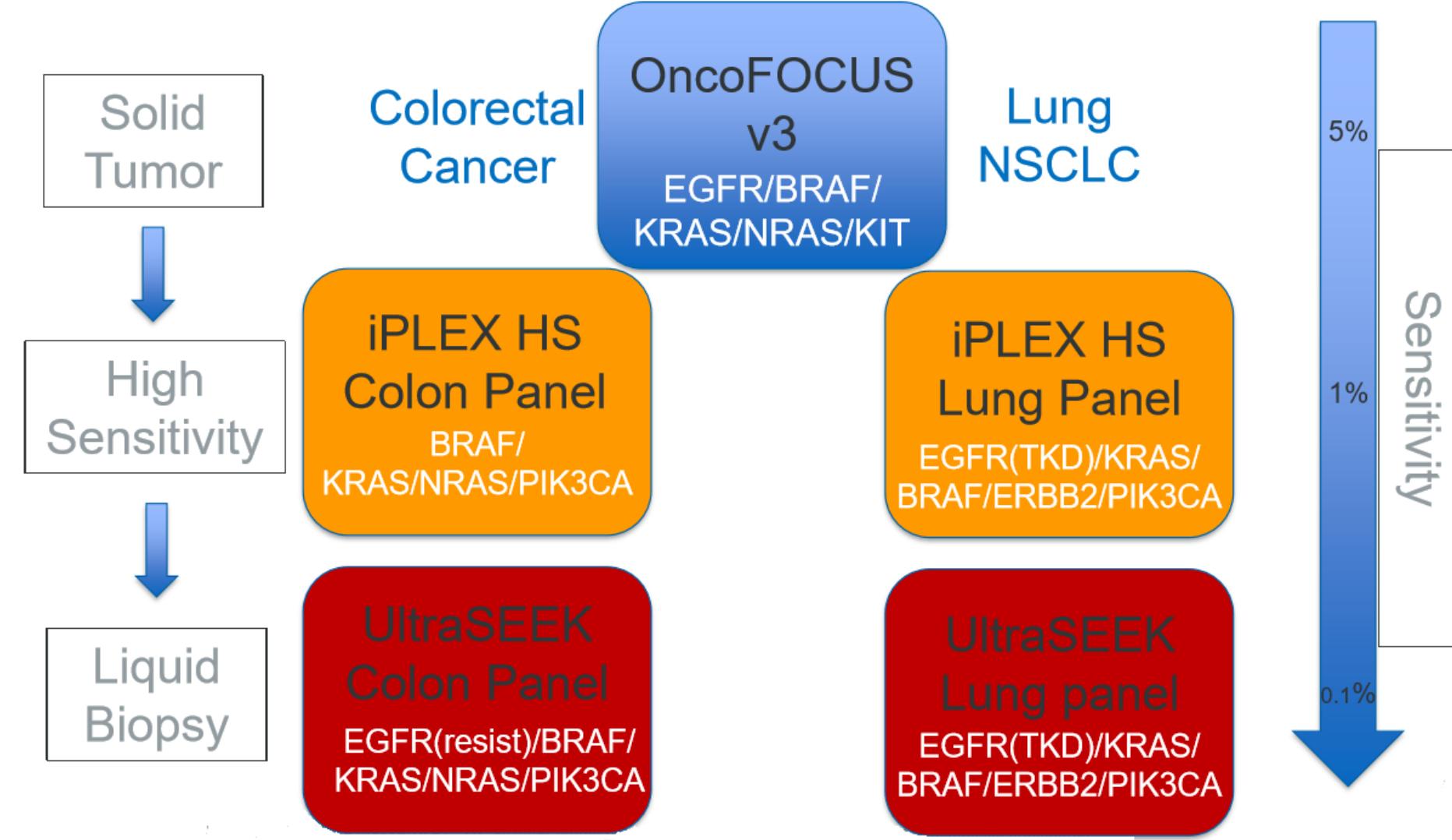
INFECTIOUS APPLICATIONS

- FAST SCREENING
- BACTERIA
- VIRUSES
- MYCOPLASMA
- NON CULTURE



Sexually transmitted disease
Human Papilloma Virus
Mycobacterium

MASSARRAY : Targeted Somatic Mutation Panels



PHARMACOGENETICS

VeriDose® CYP2D6 CNV Panel

CYP2D6 copy number variation (CNV)

CYP2D6/CYP2D7 “hybrid alleles” including exon 9 exchanges, *13 and *68.

22 points in 7 regions

VeriDose® Core Panel

85 SNPs/INDELs across 16 genes

Designed to robustly analyze low quality DNA

Genes Analyzed with the VeriDose Core Panel			
• CYP2B6	• CYP3A4	• HLA-A	• TPMT
• CYP2C19	• CYP3A5	• HLA-B	• UGT1A1
• CYP2C9	• CYP4F2	• NUDT15	• VKORC1
• CYP2D6	• DPYD	• SLC01B1	• 2C cluster

Patient Genetic Results

Gene	Genotype	Phenotype	Phenotype adjusted for concomitant medications*	Additional Comments
CYP2B6	*1/*1	normal	normal	Notes appear here.
CYP2C19	*1/*1	normal	poor	
CYP2C9	*1/*2	intermediate	intermediate	
CYP2D6	*1/*2	normal	normal	
CYP3A5	*3/*3	poor	poor	
HLA-A*31:01	-	positive	positive	
HLA-B*15:02	-	negative	negative	
HLA-B*57:01	-	negative	negative	
HLA-B*58:01	-	negative	negative	
NUDT15	*1/*1	normal	normal	
SLCO1B1	*1A/*1A	normal	normal	
TPMT	*1/*3A	intermediate	intermediate	
VKORC1	*1/*1	normal	normal	

(+) Click to expand

Gene	Drugs
CYP2B6	Efavirenz
CYP2C19	Amitriptyline, citalopram, clobazam, clomipramine, clopidogrel, doxepin, escitalopram, esomeprazole, imipramine, lansoprazole, omeprazole, pantoprazole, prasugrel, sertraline, ticagrelor, trimipramine, voriconazole
CYP2C9	Aspirin, celecoxib, flurbiprofen, ibuprofen, lornoxicam, meloxicam, naproxen, phenytoin, piroxicam, tenoxicam, warfarin
CYP2D6	Amiodarone, amitriptyline, amphetamine, aripiprazole, atenolol, atomoxetine, bisoprolol, brexpiprazole, cedilizumab, clomipramine, clonidine, clozapine, codeine, desipramine, doxepin, duloxetine, eliglustat, flecainide, fluoxetine, fluphenazine, fluvoxamine, haloperidol, hydrocodone, iloperidone, imipramine, methylphenidate, metoprolol, mirtazapine, moclobemide, nebivolol, nortriptyline, odansetron, olanzapine, oxycodone, paroxetine, perphenazine, pimozide, propafenone, propranolol, quetiapine, risperidone, tamoxifen, tetrabenazine, tramadol, tropisetron, trimipramine, venlafaxine, vortioxetine, zuclopentixol
CYP3A5	Tacrolimus
HLA-A	Carbamazepine (*31:01)
HLA-B	Abacavir (*57:01), allopurinol (*58:01), carbamazepine (*15:02), oxcarbazepine (*15:02), phenytoin (*15:02)
NUDT15	Azathioprine, mercaptopurine, thioguanine
SLCO1B1	Atorvastatin, fluvastatin, rosuvastatin, simvastatin
TPMT	Azathioprine, mercaptopurine, thioguanine
VKORC1	Acenocoumarol, warfarin

*Phenotype adjusted based on the concomitant use of inhibitors or inducers. See the Regarding Phenotype Adjustment section at the end of the report for full details.

Current Medications

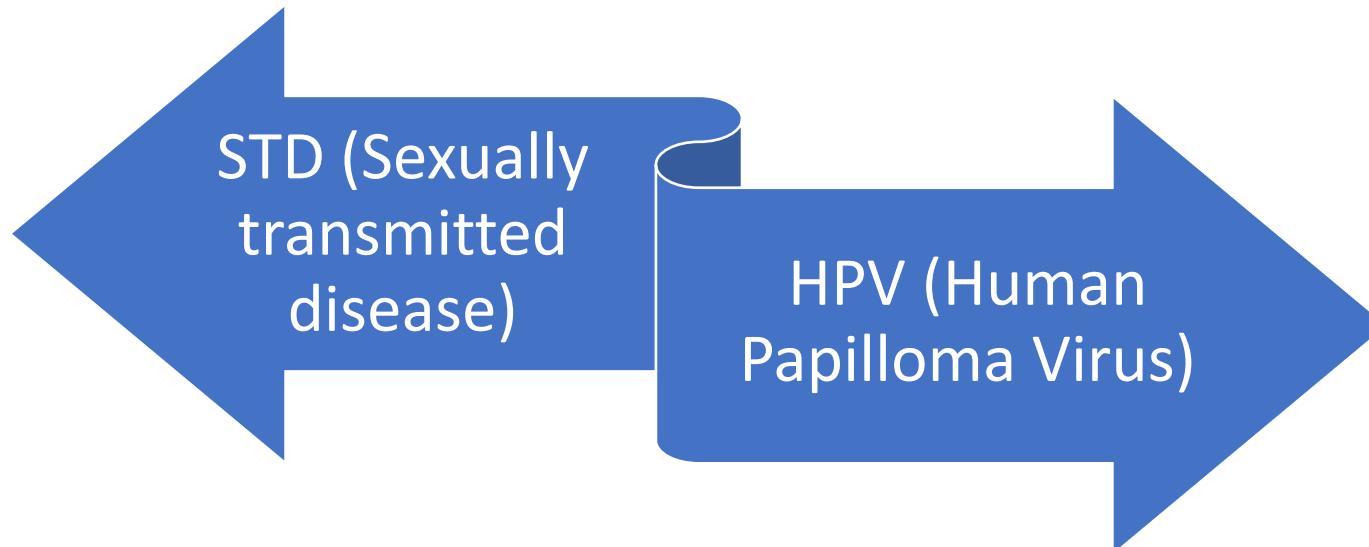
Medication name	Description
esomeprazole	CYP3A5 Weak Inhibitor, Substrate CYP2C19 Strong Inhibitor, Substrate

*Note: Inhibitor and inducer information was based on the [Drug Interactions Flowchart Table](#).
If a current medication is linked to a guideline supported by this tool, it will appear in the 'Future Medications' table of this report.

Pathogen detection

Pathogen detection for infectious disease

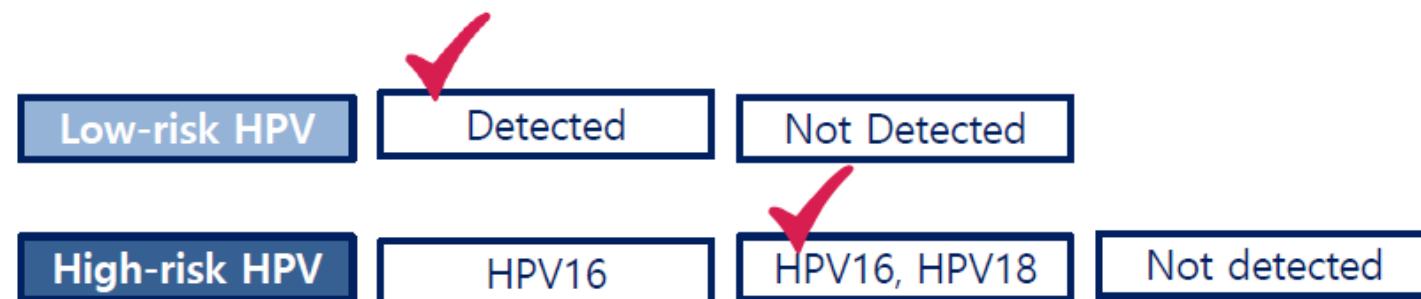
Target pathogens	CT (Chlamydia trachomatis)
	MG (Mycoplasma genitalium)
	UU (Ureaplasma urealyticum)
	UP (Ureaplasma parvum)
	NG (Neisseria gonorrhoea)
	MH (Mycoplasma hominis)
	TV (Trichomonas vaginalis)
	GV (Gardnerella Vaginalis)
	CA (Candida Albicans)
	TP (Treponema pallidum)
	HSV1
	HSV2
Internal control	hARF3



- Low risk
HPV 6, 11
- High risk
HPV 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68

HPV (Human Papilloma Virus)

- Targets; Low-risk HPVs, High-risk HPVs
 - Low risk: HPV 6, 11
 - High risk: HPV 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68
- Multiplexing in 1 well (total 17 targets+1 internal control)
- Screening program for Health care check-up purpose



Pathogen detection

Mycobacterium strains identification & Drug-resistant tuberculosis mutation detection

W1 identified strains		W2 identified strains	
Mycobacterium tuberculosis complex		M. mucogenicum	M. lentiflavum
Mycobacterium avium complex		M. Terrae	M. marinum
M. Abcessus	M. Malmoense	M. peregrinum	M. simiae
M. intracellulare	M. Scrofulaceum	M. chimaera	M. gastri
M. asiaticum	M. smegmatis	M. gordonaë	M. phlei
M. fortuitum infection	M. szulgai	M. genavense	M. septicum
M. haemophilum	M. xenopi	M. Triviale	M. massiliense
M. kansasii	M. celatum		
M. stutzeri	M. chelonae		
M. Ulcerans			

Catalog	Drug name	Resistance gene
First-line drug	Isoniazid	katG, inhA
	Rifampicin	rpoB
	Streptomycin	rpsL, rrs
	Ethambutol	embB
	Pyrazinamide	pncA
Second line drug	Fluoroquinolone	gyrA, gyrB
	Ethionamide Prothionamide	inhA
	Para-amino salicylic acid	thyA
	Clofazimine	Rv0678 (mmpR)
	amikacin kanamycin	rrs, eis
	Capreomycin	rrs
	Cycloserine	alr
	Linezolid	rplC, rrl
	rifapentine rifabutin	rpoB

OPEN

Rapid Sputum Multiplex Detection of the *M. tuberculosis* Complex (MTBC) and Resistance Mutations for Eight Antibiotics by Nucleotide MALDI-TOF MS

Received: 22 July 2016

Accepted: 21 December 2016

Published: 30 January 2017

Kang-Yi Su^{1,2}, Bo-Shiun Yan³, Hao-Chieh Chiu^{1,2}, Chong-Jen Yu⁴, So-Yi Chang³, Ruwen Jou⁵, Jia-Long Liu², Po-Ren Hsueh^{2,4,*} & Sung-Liang Yu^{1,2,6,7,8,*}

The increasing incidence of multidrug-resistant (MDR) and extensively drug-resistant (XDR) *Mycobacterium tuberculosis* (MTB) adds further urgency for rapid and multiplex molecular testing to identify the MTB complex and drug susceptibility directly from sputum for disease control. A nucleotide matrix-assisted-laser-desorption-ionization time-of-flight mass spectrometry (MALDI-TOF MS)-based assay was developed to identify MTB (MTBID panel) and 45 chromosomal mutations for resistance to eight antibiotics (MTBDR panel). We conducted a 300 case trial from outpatients to evaluate this platform. An MTBID panel specifically identified MTB with as few as 10 chromosome DNA copies. The panel was 100% consistent with an acid-fast stain and culture for MTB, nontuberculous mycobacteria, and non-mycobacteria bacteria. The MTBDR panel was validated using 20 known MDR-MTB isolates. In a 64-case double-blind clinical isolates test, the sensitivity and specificity were 83% and 100%, respectively. In a 300-case raw sputum trial, the MTB identification sensitivity in smear-negative cases using MALDI-TOF MS was better than the COBAS assay (61.9% vs. 46.6%). Importantly, the failure rate of MALDI-TOF MS was better than COBAS (11.3% vs. 26.3%). To the best of our knowledge, the test described herein is the only multiplex test that predicts resistance for up to eight antibiotics with both sensitivity and flexibility.

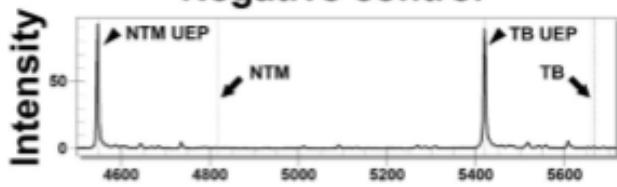
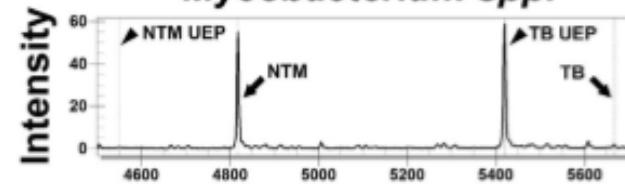
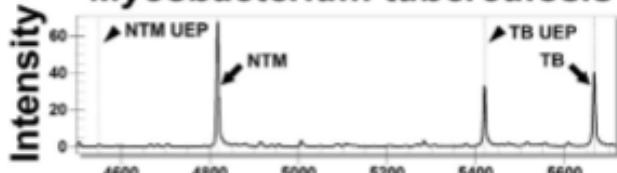
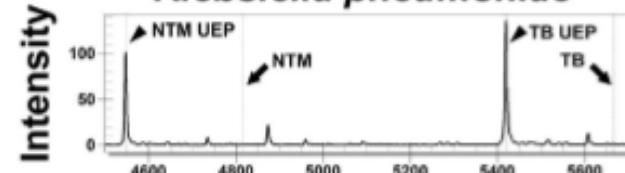
A**MCE3B**

ACGGCAAGACCTACTACGCCGAGTTCGCCAACGTGTCCAATCTGCGAACGGGCAAG
 C →
 16 103 115

B**gyrA**

<i>M. avium</i>	CGAGTTGCCGTATCAGGTCAACCACGACAACATTCACTCACCTCGATGCCGAGCAGGTGCGCG
<i>M. bovis</i>	CGAGTTGCCGTATCAGGTCAACCACGACAACATTCACTTCGATGCCAACAGGTCCGAG
<i>M. tuberculosis</i>	CGAGTTGCCGTATCAGGTCAACCACGACAACATTCACTTCGATGCCAACAGGTCCGAG
<i>M. leprae</i>	TGAGCTACCGTATCAGGTCAACCACGACAACATTCACTTCGATGCCGAGCAAGTCCGCA
<i>M. ulcerans</i>	CGAGCTGCCGTATCAGGTCAACCACGACAACATTCACTCACCTCGATGCCGAGCAGGTCCGCG
<i>M. KMS</i>	CGAATTGCCGTATCAGGTCAACCACGACAACATTCACTCACCTCGATGCCGAGCAGGTCCGCG
<i>M. MCS</i>	CGAATTGCCGTATCAGGTCAACCACGACAACATTCACTCACCTCGATGCCGAGCAGGTCCGCG
<i>M. smegmatis</i>	CGAGCTGCCCTACCAGGTCAACCACGACAACATTCACTCACCTCGATGCCGAGCAGGTGCGCG
<i>M. vanbaalenii</i>	CGAGTTGCCCTATCAGGTCAACCACGACAACATTCACTCACCTCGATGCCGAACAGGTGCGTG

TA →

C**Negative control*****Mycobacterium* spp.*****Mycobacterium tuberculosis******Klebsiella pneumoniae***

Publications

Design and development of MassARRAY-based bacteriological assay 10 BACTERIAL FOODBORNE PATHOGENS IN A SINGLE REACTION

Primer ID	Bacterial Targets (species)
Bac16_bac1/2	Bacteria
Eco001N	<i>E. coli/Shigella</i> spp.
Ent001	<i>Enterococcus faecalis</i>
Ent003	<i>Enterococcus faecium</i>
Clos001	<i>Clostridium perfringens</i>
Cmp002	<i>Campylobacter jujuni</i>
Cmp005	<i>Campylobacter coli</i>
Cmp006	
Lis001	<i>Listeria monocytogenes</i>
Stp001	<i>Staphylococcus aureus</i>
Sal002	<i>Salmonella</i> spp.



Figure 4 : TyperAnalyzer software for analysis of multiplexing reaction correlated to specific well on SpectroChip.

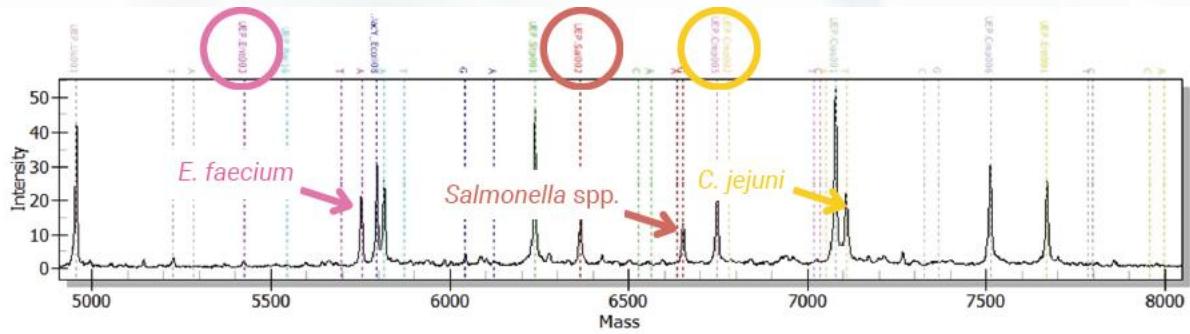
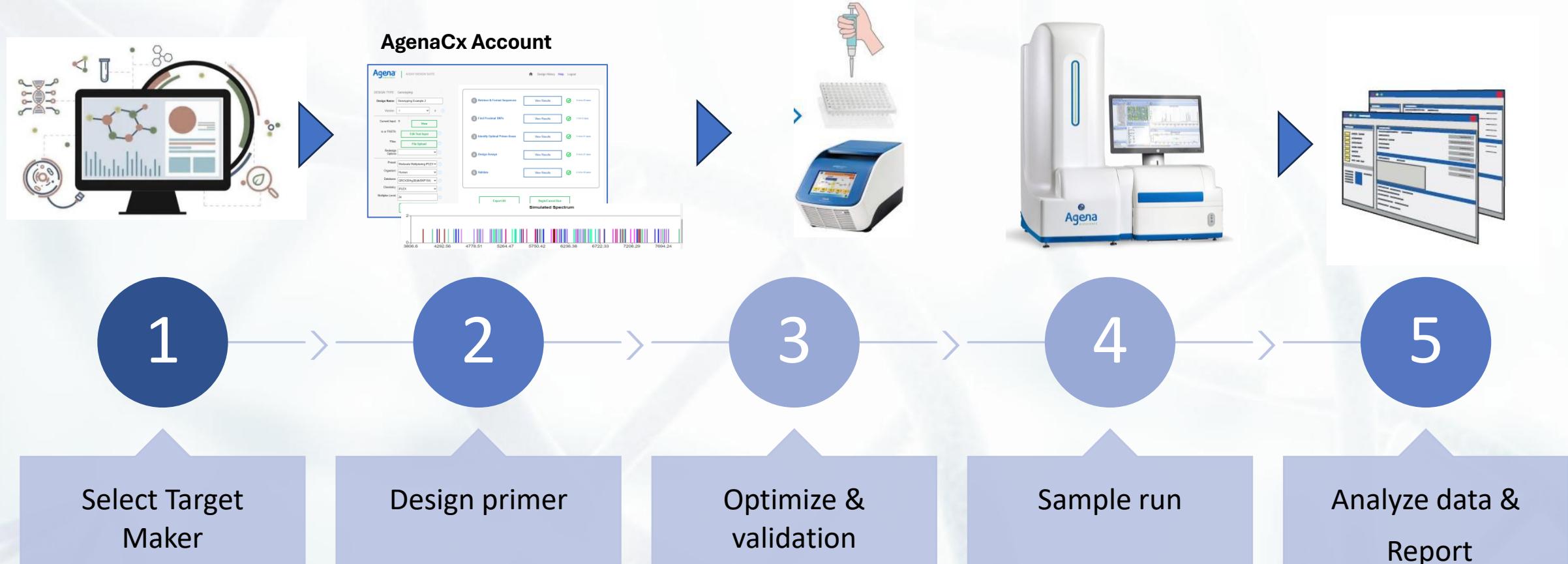


Figure 5 : *Enterococcus faecium*, *Salmonella* spp., and *Campylobacter jejuni* were identified in a single assay. The circles represent the mass-to-charge ratio (m/z) of unextended primers (UEP), while the arrows indicate the mass spectral peak corresponding to the extended base, facilitating bacterial identification.

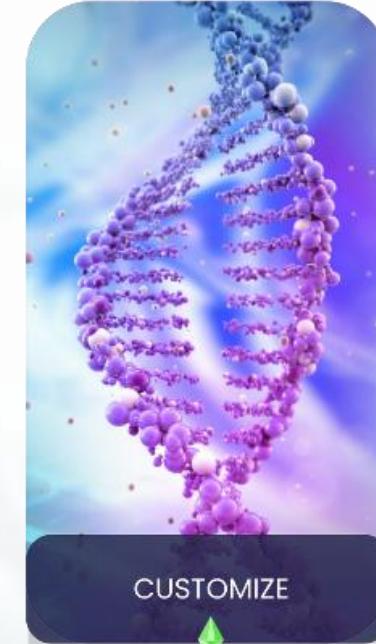
MassARRAY System workflow



Customized

- Assay By AGENA
- Partner
- Own panel

Disease	Wellness
SMA	Thailand : Kin Yoo Dee
Thalassemia	Nutrigenomics
Hearing loss	Exercise
TB	Korea Panel
STD	Epi-clock (Epigenetic)
Encephalitis	Cancer Disease Susceptibility
	Gut Microbiome
	Skin & Hair
	chronic disease



MASSCLEAVE
iPLEX Pro methylation

Methylation
Epigenetics



iPLEX Pro

SNP, Insertion, Deletion
Translocation
copy number variant,
somatic mutation