

Methods of Enzymatic Analysis

Third Edition

Editor-in-Chief: Hans Ulrich Bergmeyer

Editors: Jürgen Bergmeyer and Marianne Graßl

Volume V

Enzymes 3: Peptidases, Proteinases
and Their Inhibitors

Editorial Consultant: Hans Fritz



Weinheim · Deerfield Beach, Florida · Basel

Contents

Preface to the Series	V
Preface to Volume V	VII
Contents of Volumes I – X (Chapter Headings only)	XVII
Contributors	XXI
1 Peptidases and Their Inhibitors	1
1.1 Aminopeptidases and Amino Acid Arylamidases	2
1.1.1 Introduction	2
<i>Joannes C. M. Hafkenscheid</i>	
1.1.2 Leucine Aminopeptidase	5
<i>Joannes C. M. Hafkenscheid</i>	
1.1.3 Amino Acid Arylamidase	11
<i>Joannes C. M. Hafkenscheid</i>	
1.1.4 Oxytocinase	15
<i>Antonius P. M. van Oudheusden</i>	
1.1.5 Angiotensin I Converting Enzyme (Kininase II)	20
<i>James Walter Ryan</i>	
1.2 Carboxypeptidases	34
1.2.1 Proline Carboxypeptidase	34
<i>Randal A. Skidgel</i>	
1.2.1.1 Radiometric Method	35
1.2.1.2 Method for Amino Acid Analyzer	40
1.2.2 Carboxypeptidase A	44
<i>James F. Riordan and Barton Holmquist</i>	
1.2.2.1 Determination in Crystalline Preparations	45
1.2.2.2 Carboxypeptidase A Inhibitors	49
1.2.2.3 Determination in Serum	51
1.2.3 Carboxypeptidase B	55
<i>James F. Riordan and Barton Holmquist</i>	
1.2.4 Carboxypeptidase N (Arginine Carboxypeptidase)	60
<i>Randal A. Skidgel and Ervin G. Erdös</i>	

1.2.4.1	Determination of Peptidase Activity (I)	61
1.2.4.2	Determination of Esterase Activity	65
1.2.4.3	Determination of Peptidase Activity (II)	68
2	Proteinases and Their Inhibitors	73
2.1	General Review <i>Hans Fritz, Ursula Seemüller and Harald Tschesche</i>	74
2.1.1	Introduction	74
2.1.1.1	Proteinases	74
2.1.1.2	Proteinase Inhibitors	75
2.1.1.3	Elimination	76
2.1.2	Proenzymes and Proenzyme Activation	76
2.1.2.1	Monofunctional Zymogens and Their Enzymes	76
2.1.2.2	Multifunctional Zymogens and Their Enzymes	77
2.1.2.3	Latent Enzymes	79
2.1.3	Active Enzymes	80
2.1.3.1	Problems in Quantitative Enzyme Analysis	80
2.1.3.2	Natural Substrates	83
2.1.3.3	Synthetic Substrates	84
2.1.3.4	Active-site Titration	86
2.1.3.5	Affinity Labelling	86
2.1.4	Proteinase Inhibitors	86
2.1.4.1	Hints for Quantitative Analysis	86
2.1.4.2	Inhibition Types and Kinetic Constants	88
2.1.4.3	Discrimination of Proteinases by Inhibitors	90
2.1.5	Proteinase Inhibitors in Health and Disease	91
2.1.5.1	Suitable Assays	92
2.1.5.2	Species Differences	92
2.2	Chymotrypsin <i>Reinhard Geiger</i>	99
2.2.1	Method with Suc-Phe-4-NA as Substrate	100
2.2.2	Method with Suc-(Ala) ₂ -Pro-Phe-4-NA as Substrate	104
2.2.3	Chymotrypsin in Stool <i>Peter Kaspar</i>	109
2.3	Trypsin <i>Reinhard Geiger and Hans Fritz</i>	119

2.3.1	Method with Bz-L-Arg-4-NA as Substrate	121
2.3.2	Method with Bz-Ile-Glu-Gly-Arg-4-NA as Substrate	124
2.4	Kallikrein	129
	<i>Reinhard Geiger</i>	
2.4.1	General	129
2.4.2	UV-method	132
2.4.3	Colorimetric Method	138
2.5	Enterokinase	143
	<i>David A. W. Grant and John Hermon-Taylor</i>	
2.5.1	Colorimetric Method	145
2.5.2	Radiometric Method	149
2.6	Gelatinase	155
	<i>Harald Tschesche, Henry W. Macartney and Jutta Fedrowitz</i>	
2.7	Subtilisin	159
	<i>Martin Ottesen and Ib Svendsen</i>	
2.8	Cathepsin G	164
	<i>Harald Tschesche, Herbert R. Wenzel, Siegfried Engelbrecht and Eugen Schnabel</i>	
2.9	Elastases	170
2.9.1	Pancreatic Elastase	170
	<i>Reinhard Geiger</i>	
2.9.2	Leukocyte Elastase	176
	<i>Harald Tschesche, Siegfried Engelbrecht and Herbert R. Wenzel</i>	
2.9.3	Elastase- α_1 -Proteinase Inhibitor Complex	184
	<i>Siegfried Neumann and Marianne Jochum</i>	
2.10	Cathepsin B, Cathepsin H, and Cathepsin L	195
	<i>Vito Turk and Igor Kregar</i>	
2.10.1	Cathepsin B	196
2.10.2	Cathepsin H	200
2.10.2.1	Colorimetric Method	201
2.10.2.2	Fluorimetric Method	204
2.10.3	Cathepsin L	207

2.11	Cathepsin D, Cathepsin E	211
	<i>Vito Turk, Tamara Lah and Igor Kregar</i>	
2.11.1	Colorimetric Method	213
2.11.2	UV-method	219
2.12	Pepsins, Gastricsins and Their Zymogens	223
	<i>Andrew P. Ryle</i>	
2.12.1	General	223
2.12.2	Method with Haemoglobin as Substrate	228
2.12.3	Method with Ac-Phe-Dit as Substrate	232
2.13	Collagenase	239
	<i>Harald Tschesche and Henry W. Macartney</i>	
2.14	Renin	249
	<i>Tadashi Inagami and Mitsuhide Naruse</i>	
2.14.1	Radioimmunoassay of Angiotensin I	251
2.14.2	Further Methods	256
2.15	Proteinases (Proteins as Substrates)	258
2.15.1	General	258
	<i>Peter Wunderwald</i>	
2.15.1.1	Theoretical Considerations on Enzymatic Proteolysis	259
2.15.1.2	General Aspects of Proteinase Assays Using Proteins as Substrates ...	260
2.15.1.3	The Types of Substrate Proteins	262
2.15.1.4	Comparison of Methods	263
2.15.2	Method with Haemoglobin, Casein and Azocoll as Substrate	270
	<i>Hans-Elmar Walter</i>	
2.15.3	Detection and Measurement by the Electrophoretic Pattern of Peptides Produced by Caseinolysis	277
	<i>Anthony T. Andrews</i>	
2.15.4	Method with Fibrin as Substrate (Fibrin Plate Assay)	285
	<i>Peter Wunderwald and Juergen Schrenk</i>	
2.15.5	Method with Immobilized Enzyme-labelled Proteins as Substrates ...	289
	<i>Anthony T. Andrews</i>	
2.16	Active-site Titration of Proteinases	297
	<i>Franz Fiedler, Ursula Seemüller and Hans Fritz</i>	

2.16.1	Trypsin and Trypsin-like Enzymes	299
2.16.1.1	Spectrophotometric Titration with 4-Nitrophenyl 4'-guanidinobenzoate	299
2.16.1.2	Fluorimetric Titration with Methylumbelliferyl 4-guanidinobenzoate ..	302
2.16.2	Chymotrypsin and Chymotrypsin-like Enzymes	305
2.16.3	Elastases from Pancreas and Leukocytes	307
2.16.4	Cysteine Proteinases	309
2.16.5	Titration with Natural Proteinase Inhibitors	311
2.16.5.1	Analytically Pure Inhibitors	312
2.16.5.2	Functionally Homogeneous Inhibitors	312
3	Blood Coagulation Factors	315
3.1	The Mammalian Blood Coagulation System	316
	<i>Craig M. Jackson</i>	
3.1.1	The Components of the Coagulation System and Their Overall Interactions	316
3.1.1.1	The Haemostatic Process in General	316
3.1.1.2	Extrinsic, Intrinsic and Final Common Pathways	318
3.1.1.3	Haemostasis and Fibrinolysis	319
3.1.2	General Functional Characteristics of the Coagulation System	325
3.1.3	Structural Bases for Coagulation Protein Functions	326
3.1.3.1	Protease Zymogens: Enzymatic Domains	326
3.1.3.2	Protease Zymogens: Amino Terminal Extension Domains	327
3.1.3.3	Cofactor Proteins	328
3.1.4	Activation Complexes: Mechanisms for Obtaining Rapid, Localized Protease Zymogen Activation	329
3.1.4.1	Catalysis of Activation Reactions	329
3.1.4.2	Regulation by Dissociation and Inhibition	330
3.1.4.3	Initiation and Termination of the Coagulation Process	331
3.1.5	General Characteristics of Coagulation Proteins Assay	333
3.1.5.1	Assays with Synthetic Peptide Substrates	333
3.1.5.2	Routine Bioassays: Principles	333
3.1.5.3	Routine Bioassays: Elucidating the Contribution of the Three Pathways to the Clotting Process	334
3.1.5.4	Routine Bioassays: Definition of Unit of Activity and Reference Material	335
3.1.5.5	Problems Associated with Assays of Coagulation Factors	336

3.2	Proenzymes, Enzymes, Inhibitors, Cofactors	352
3.2.1	Blood Coagulation Factors II, V, VII, VIII, IX, X and XI: Determination by Clotting Assays	352
	<i>Maria C. E. van Dam-Mieras, Annemarie D. Muller and H. Coenraad Hemker</i>	
3.2.2	Blood Coagulation Factors II, V, VII, VIII, IX, X and XI: Determination with Synthetic Substrates	365
	<i>Maria C. E. van Dam-Mieras, Annemarie D. Muller, Gerbrand van Dieijen and H. Coenraad Hemker</i>	
3.2.2.1	Determination of Factor II _a (Thrombin) and Other Assays Based on Factor II _a Determination	367
3.2.2.2	Determination of Factor X _a and Other Assays Based on Factor X _a Determination	375
3.2.2.3	Determination of Factors XI _a and XI	386
3.2.3	Blood Coagulation Factor XII (Hageman Factor)	394
	<i>Cornelius Kluft, Petronella Los and Lars Svendson</i>	
3.2.4	Blood Coagulation Factor XIII: Determination by Clot Stability Assays	400
	<i>Hermann Erich Karges</i>	
3.2.5	Plasma Prokallikrein	411
	<i>Irene Witt and Helmut Lill</i>	
3.2.6	Plasminogen	419
	<i>Irene Witt and Helmut Lill</i>	
3.2.7	Plasminogen Effectors	425
3.2.7.1	Extrinsic Plasminogen Activator and Urokinase	425
	<i>Jan H. Verheijen, Cornelius Kluft, Glenn T. G. Chang and Erik Mullaart</i>	
3.2.7.2	Streptokinase	433
	<i>Günter Reber and Peter Kappus</i>	
3.3	Plasma Proteinase Inhibitors	441
3.3.1	Antithrombin III (Heparin Cofactor)	441
	<i>Helmut Lill and Peter Röschlau</i>	
3.3.2	α_1 -Proteinase Inhibitor (α_1 -Antitrypsin)	448
	<i>Irene Witt and Helmut Lill</i>	
3.3.3	α_2 -Plasmin Inhibitor (α_2 -Antiplasmin)	455
	<i>Helmut Lill and Knut Bartl</i>	
3.3.4	C1-Esterase Inhibitor	461
	<i>Wolfgang Schramm</i>	

3.3.5	α_2 -Macroglobulin <i>Knut Bartl and Helmut Lill</i>	467
3.4	Fibrinogen <i>Udo Becker</i>	472
3.5	Heparin <i>Irene Witt, Reinhard Herz and Helmut Lill</i>	477
3.6	Coagulation Methods 486	486
3.6.1	Prothrombin Time (PT), Quick Test <i>Udo Becker, Helmut Jering and Peter Röschlau</i>	486
3.6.2	Activated Partial Thromboplastin Time (APTT) <i>Udo Becker, Helmut Jering and Peter Röschlau</i>	493
4	Complement Enzymes 501	501
4.1	The Complement System <i>Michael Loos</i>	502
4.1.1	Introduction 502	502
4.1.2	The Classical Pathway 505	505
4.1.2.1	The Internal Activation of C1 506	506
4.1.2.2	The C1 Inactivator, a Naturally Occurring Control Protein for C1 $\bar{1}$... 507	507
4.1.2.3	Formation of the C3 Convertase, C4b2a 508	508
4.1.2.4	C4b-binding Protein 509	509
4.1.3	The Alternative Pathway of Complement 509	509
4.1.3.1	Components of the Alternative Pathway 510	510
4.1.3.2	The Regulatory Proteins of the Alternative Pathway, Factors I and H 510	510
4.1.4	The Terminal Complement Sequence 511	511
4.1.5	The Biological Role of Complement Activation 511	511
4.2	C1\bar{r}-Esterase 514 <i>Michael Loos, Felicitas Clas and Hans-Peter Heinz</i>	514
4.2.1	Haemolytic Method 516	516
4.2.2	Esterolytic Method 522	522
4.2.3	Electrophoretic Methods 524	524

4.3	C1$\bar{5}$-Esterase	527
	<i>Michael Loos, Hans-Peter Heinz and Felicitas Clas</i>	
4.3.1	Haemolytic Methods	528
4.3.2	Esterolytic Method	533
4.3.3	Electrophoretic Methods	534
4.4	C2, the Second Component of Human Complement	536
	<i>Alvin E. Davis, III, and Chester A. Alper</i>	
4.5	Factor B of the Alternative Complement Pathway	543
	<i>Alvin E. Davis, III, and Chester A. Alper</i>	
4.6	Factor D of the Alternative Complement Pathway	549
	<i>Alvin E. Davis, III, and Chester A. Alper</i>	
4.7	Factor I (C3b Inactivator), the Complement Regulatory Protease	553
	<i>Alvin E. Davis, III, and Chester A. Alper</i>	
Appendix		559
1	Symbols, Quantities, Units and Constants	560
2	Abbreviations for Chemical and Biochemical Compounds	563
3	Formulae	569
4	Absorption Coefficients of NAD(P)H	580
5	Numbering and Classification of Enzymes	582
Index		591

2.9.3 Elastase- α_1 -Proteinase Inhibitor Complex

Human granulocyte elastase (EC 3.4.21.37) complexed with α_1 -proteinase inhibitor from plasma

Siegfried Neumann and Marianne Jochum

General

Human neutrophil leukocytes are rich in lysosomal neutral proteinases which are primarily responsible for intracellular protein breakdown in phagosomes. The best known enzyme of this group, an elastase, is one of the major constituents of the azurophilic granules of the polymorphonuclear leukocytes. As shown originally by *Janoff & Scherer* [1], granulocyte elastase can degrade elastin *in vitro* as well as various connective tissue proteins and plasma factors. Hence, the enzyme may play an important pathogenic role in tissue destruction and consumption of plasma factors, especially of clotting factors, if it is liberated extracellularly from the phagocytes during inflammatory diseases (for reviews, cf. [2]). Present evidence suggests that the amount of granulocyte elastase released extracellularly reflects the response of the organism to an inflammatory stimulus thus indicating the degree of participation of lysosomal factors in the inflammatory process.

In plasma samples, granulocyte elastase is found exclusively in complexes with plasma proteinase inhibitors [3, 4], primarily with the α_1 -proteinase inhibitor (formerly called α_1 -antitrypsin). Although approximately 10% of the elastase liberated may be bound to α_2 -macroglobulin [3], the elastase- α_2 -macroglobulin complex is normally hardly detectable in plasma samples due to the distinctly more rapid elimination of this complex ($t_{1/2} \sim 10$ min) from the circulation compared to the elastase- α_1 -proteinase inhibitor complex ($t_{1/2} \sim 1$ h). Whereas the α_2 -macroglobulin-bound elastase is still able to hydrolyze peptide substrates, the enzyme is totally inactive in the

complex with the α_1 -proteinase inhibitor. However, elastase in this inactive complex is still accessible to specific antibodies.

Application of method: in clinical pathology, clinical chemistry, experimental cell research, haematology etc.

International reference methods and standards: not yet available.

Enzyme properties relevant in analysis: granulocyte elastase (EC 3.4.21.37) is a cationic glycoprotein with a molecular weight close to 30000 [4, 5]. Most of the enzyme preparations obtained so far can be separated into three multiple forms by ion-exchange chromatography [4, 5].

The three elastase forms give a reaction of identity in immunodiffusion and crossed immunoelectrophoresis [5]; they are also very similar with respect to their enzymatic or catalytic properties, at least towards synthetic peptide substrates. Elastase from human pancreas is a quite different protein which does not cross-react with antiserum against granulocyte elastase [6]. The same holds true for blood platelet elastase [7].

Granulocyte elastase reacts with its major natural antagonist in the human organism, the α_1 -proteinase inhibitor, by forming a stable equimolar complex with a molecular mass of approximately 80000 [3, 4]. A minute transfer of the enzyme from this complex to free α_2 -macroglobulin was reported by one group [3, 8]. The significance of this observation is not yet clear.

Methods of determination: elastase has been demonstrated immunologically in plasma samples of patients with septicaemia or leukaemia [9], in sera of myeloid leukaemia patients [10], in peritoneal fluid of peritonitis patients [11] and in sputum from bronchitis patients [12]. Immunochemical techniques described so far for elastase estimation are electro-immunodiffusion [9, 11], radioimmunoassay [6, 13], and a competitive type of solid-phase enzyme-linked immunoassay [14].

A sandwich type of solid-phase enzyme-linked immunoassay, which includes antisera against both elastase and α_1 -proteinase inhibitor, was described recently [15a, b]*. Results on elastase/ α_1 -proteinase inhibitor levels in septicaemia or leukaemia [16] and rheumatoid arthritis [17] were reported previously. A version of this assay carried out in tubes is given below in detail.

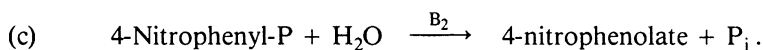
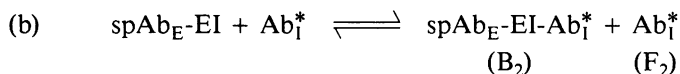
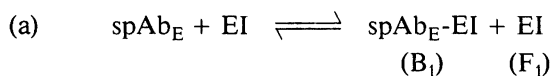
Enzyme effectors: reversible inhibitors of active elastase include some long-chain fatty acids and polysaccharide sulphates, as well as the microbial peptide derivatives elastinal and elasnin (for a review, cf. [18]). Irreversible inhibitors include the typical serine proteinase inhibitors diisopropyl fluorophosphate and phenylmethane sulphonyl-fluoride, and also methoxysuccinyl-Ala-Ala-Pro-Val-CH₂Cl which is a rather specific inhibitor of granulocyte elastase [18]. The soybean trypsin inhibitor (*Kunitz*) and inhibitory proteins from human seminal plasma and bronchial mucus, antileukoprotease(s), are also known effectively to inhibit granulocyte elastase [19].

* Note added in proof: while this manuscript was in preparation an assay which is based on the same principle was published by a different group [24].

Assay

Method Design

Principle



Sheep antibodies against elastase from human granulocytes are fixed to polystyrene tubes by adsorption. In reaction (a) the elastase inhibitor complex in either a standard solution or an unknown sample is reacted with the solid phase antibody. Free complex is then removed by washing the tubes. In reaction (b) the bound complex fraction from the first step (B_1) is reacted with the labelled antibody to α_1 -proteinase inhibitor. Free labelled antibody is removed subsequently, and the bound label (B_2) is detected by incubation of the tubes with a chromogenic substrate in reaction (c). Substrate hydrolysis is stopped after a fixed time and absorption at 405 nm is measured. Assay blanks are made with sample diluent as a specimen.

Optimized conditions for measurement: calibrators and unknown samples are run in parallel and sample data are calculated from the calibration curve. Therefore, standardization with regard to temperature is optional within the range of 20°C to 25°C as long as all tubes within the series are treated in the same way. Since the immune reaction may not reach equilibrium within the incubation periods, the times of addition and removal of immunological reactants to and from the tubes have to be strictly controlled.

Equipment

Spectrophotometer or spectral-line photometer with precise measurement of absorbance at 405 nm, preferably with a flow cuvette for 0.5 or 1.0 ml; precision pipettes for 0.05, 1.0 and 2.0 ml; suction device (i.e. water pump etc.) with a trap; stopwatch.

spAb_E solid phase fixed antibodies to granulocyte elastase.

EI complex of granulocyte elastase with α_1 -proteinase inhibitor.

Ab₁^{*} antibodies to α_1 -proteinase inhibitor with alkaline phosphatase as a label.

B₁, B₂ bound fractions from first or second reaction.

F₁, F₂ free fractions from first or second reaction.

Reagents and Solutions

Purity of reagents: all chemicals should be of the highest analytical grade commercially available. The antibodies against human granulocyte elastase should give only one precipitin line with extracts from leukocyte granules, i.e. they should react only with elastase and should not react with human plasma proteins. Suitable specific antisera against α_1 -proteinase inhibitor can be obtained from different commercial suppliers. Purified immunoglobulin fractions of the rabbit antiserum are commercially available from *Dako*. The alkaline phosphatase used as a label is of the highest purity grade; suitable commercial preparations are available.

Preparation of reagents (for 96 determinations): all solutions in re-purified water (cf. Vol. II, chapter 2.1.3.2).

1. Antibody-coated tubes:

prepare coating solution by dissolving 5 mg immunoglobulin fraction of sheep antiserum (e.g. from *Seward Lab.*, London, U.K.) against human granulocyte elastase in 100 ml NaCl, 0.15 mol/l (i.e. saline; dissolve 8.77 g NaCl in 100 ml water). Fill 96 polystyrene tubes (10.5 mm diameter and 40 mm height) with 1 ml coating solution and incubate at 2°C to 8°C for 24 h. Decant solution afterwards and rinse tubes three times with 2 ml saline. Aspirate the rest of the fluid carefully with the help of a water pump. Tubes are then ready for use. For prolonged storage the coated tubes may be washed finally with water, dried *in vacuo* and stored in airtight containers with a desiccant until use. Wash these tubes with saline once and aspirate all fluid before use.

2. Conjugate buffer (Tris, 0.01 mol/l, pH 7.5; NaCl, 0.15 mol/l; MgCl₂, 2 mmol/l; ZnCl₂, 0.025 mmol/l; dodecyl hydrogen sulphate, 1 mmol/l; bovine serum albumin, 10 g/l):

dissolve 0.121 g Tris and 0.877 g NaCl in 50 ml water, adjust to pH 7.5 with HCl, 2 mol/l; then add 1 ml MgCl₂, 0.2 mol/l (4.066 g MgCl₂ · 6 H₂O in 100 ml water) and 0.1 ml ZnCl₂, 25 mmol/l (0.341 g ZnCl₂ in 100 ml water); dissolve 29 mg dodecyl hydrogen sulphate, sodium salt, and 1 g bovine serum albumin and finally dilute to 100 ml with water.

3. Antibody-enzyme conjugate (1 mg/ml):

antibodies against α_1 -proteinase inhibitor are purified from rabbit antiserum by fractionation by ammonium sulphate precipitation and ion-exchange chromatography by an established procedure [20]. Alternatively, the immunoglobulin fraction of rabbit antiserum available from a commercial source (e.g. from *Dako* etc.) may be used. The antibodies are conjugated with calf intestinal alkaline phosphatase as described in the Appendix, p.192. A final conjugate solution with an antibody titre of 1 mg antibody against α_1 -proteinase inhibitor per litre and an alkaline phosphatase activity of approximately 700 U/l is used.

4. Sample diluent (phosphate, 0.01 mol/l, pH 7.5; NaCl 0.15 mol/l; EDTA, 20 mmol/l; bovine serum albumin, 1 g/l):

dissolve 42.8 mg KH_2PO_4 , 0.3 g $\text{Na}_2\text{HPO}_4 \cdot 2 \text{H}_2\text{O}$, 1.75 g NaCl and 1.49 g EDTA in 50 ml water, adjust to pH 7.5 with NaOH, 1 mol/l, dissolve 0.2 g bovine serum albumin and dilute to 200 ml with water.

5. Standard solutions

Stock solution

Enzyme solution: dissolve 0.5 mg purified granulocyte elastase in 1 ml NaCl, 0.15 mol/l.

Inhibitor solution: dissolve 2.8 mg α_1 -proteinase inhibitor in 1 ml Tris/HCl, 60 mmol/l, pH 8.0, containing NaCl, 0.15 mol/l (0.725 g Tris and 0.877 g NaCl in 50 ml water, adjust to pH 7.5 with HCl, 2 mol/l, and dilute to 100 ml with water).

Mix equal volumes of enzyme and inhibitor solution and incubate for 30 min at 37°C. Check by polyacrylamide gel electrophoresis that the enzyme is totally complexed [4].

Diluted standard solution: dilute stock solution of complex to a final concentration of 10 ng elastase/ml by serial dilution in sample diluent (4). Similarly, prepare standard solutions containing 5, 2.5 and 1 ng elastase in complex form per ml.

6. Washing solution (polyoxyethylene sorbitol monolaurate, 0.05% (w/v)):

dissolve 0.25 g polyoxyethylene sorbitol monolaurate in 500 ml water.

7. AP assay reagents

- 7a. DEA buffer (1 mol/l, pH 9.8; Mg^{2+} , 0.5 mmol/l):

dissolve 9.65 ml diethanolamine in 50 ml water, adjust to pH 9.8 with HCl, 1 mol/l, add 0.25 ml MgCl_2 , 0.2 mol/l, and dilute to 100 ml with water.

- 7b. 4-Nitrophenyl phosphate (10 mmol/l):

dissolve 371 mg 4-nitrophenyl phosphate, disodium salt, hexahydrate in 100 ml buffer (7a).

8. NaOH (2 mol/l):

dissolve 8 g sodium hydroxide in 50 ml water, and dilute to 100 ml with water.

Stability of solutions: prepare 4-nitrophenyl phosphate solution (7b) freshly every day and store in the dark. Store standard solutions (5) at -20°C until use and thaw once only. The antibody-coated tubes can be stored for 4 weeks at 2°C to 8°C without

decrease of quality when stored wet after rinsing as described under solution (1). Dried coated tubes can be stored for 1 year at 2°C to 8°C with negligible loss of function. All other reagents are stable for 4 weeks if kept in the refrigerator (+4°C) and as long as no microbial contamination occurs.

Procedure

Collection and treatment of samples: collect blood from the vein into syringes or plastic tubes containing solid sodium citrate (3.8 mg sodium citrate for 1 ml) or EDTA (2 mg EDTA for 1 ml) as an anticoagulant. Do not shake blood vigorously during transport or storage. Store blood in cool conditions and remove plasma as quickly as possible.

Centrifuge for 10 min at about 3000 *g* and separate plasma from buffy coat so as not to disturb the buffy coat. Whereas heparinized plasma can also be used in this assay, serum cannot be used because elastase is liberated from granulocytes during clotting, thus causing falsely increased levels of the complex [22].

Stability of the analyte in the sample: the antigenic properties of the elastase/ α_1 -protease inhibitor complex in plasma are preserved for at least 24 h at 2°C to 8°C and for more than 6 months during storage at -20°C. In samples from other sources (e.g. synovial fluids, effusions, seminal plasma etc.) the complex was found to be stable at -20°C.

Assay conditions

Incubation

Dilute plasma or other specimen with sample diluent. It is most convenient to mix 50 μ l plasma sample with 2.5 ml sample diluent in a polypropylene tube.

All measurements in duplicate.

A reagent blank with sample diluent (4) instead of sample is run.

Standard assays with standard solution (5) instead of sample are run, using 10, 5, 2.5 and 1 ng elastase in complex form per ml.

Start pipettings with blank, followed by standard and sample assays. It is essential to pipette in this sequence with constant time intervals throughout the incubation procedure.

It is not possible to indicate any concentration of reactants in the incubation mixture since reaction occurs on the solid phase.

Colour reaction

Wavelength 405 nm; light path 10 mm; final volume for absorbance reading 0.5 or 1.0 ml.

A blank is run with a mixture of 0.5 ml 4-NPP (solution (7b) and 0.5 ml NaOH, 2 mol/l.

A calibration curve is constructed with absorbances corrected for blank (ordinate) *versus* complexed elastase concentration (abscissa). A linear correlation should result.

Measurement

Pipette into coated tubes:		
sample diluent (4), diluted sample or standard solution	(5)	0.5 ml
incubate 1 h at room temperature (20°C to 25°C), aspirate the contents		
washing solution	(6)	2.0 ml
mix well, aspirate carefully, repeat washing two more times		
antibody-conjugate	(3)	0.5 ml
incubate 1 h at room temperature, aspirate contents		
washing solution	(6)	2.0 ml
aspirate contents carefully		
4-NPP solution	(7b)	0.5 ml
incubate 90 min at room temperature in the dark		
NaOH solution	(8)	0.5 ml
mix, transfer contents into cuvettes, read absorbance.		

Calculation: calculate mean values of duplicate measurements. A calibration curve is constructed on a linear graph paper with absorbances corrected for blank (ordinate) *versus* concentration of complexed elastase (abscissa), given as μg elastase per litre. A linear correlation should result. Calculate intercept at $0 \mu\text{g/l}$ and slope of the curve by linear regression.

Read concentrations of unknown samples from the calibration curve. The concentration in the undiluted analyte is calculated by multiplying the concentration in the diluted sample by the factor by which the analyte was diluted before the assay (e.g. factor 51 for plasma diluted by mixing 50 μ l plasma with 2.5 ml sample diluent as described under "Assay conditions").

Validation of Method

Precision, accuracy, working range, detection limit and sensitivity: for two plasma pools with concentrations of about 50 μ g/l and 200 μ g/l granulocyte elastase complexed with α_1 -proteinase inhibitor, the standard deviations were ± 4 and ± 8 μ g/l. Within a series of 15 determinations the relative standard deviations (referred to the means values) were 7.7 and 3.9%, respectively. A coefficient of variation of approximately 8% was found for the between-series imprecision with 15 series. Data on accuracy are not available since standard reference material is not established yet. Standards mixed with plasma gave a recovery close to 100%.

The working range of the assay described is between 0.5 and 5 ng of elastase per assay tube, i.e. 1 to 10 ng/ml. When plasma diluted 1 : 51 is used this equals a range of 51 to 510 μ g elastase per l undiluted plasma. The detection limit is defined as the mean absorbance of the reagent blank plus three times its standard deviation. It is about 0.25 ng elastase per test tube, i.e. 0.5 ng/ml. It can be lowered by increasing the incubation times for the immune reactions (a) and/or (b). The sensitivity corresponds to a $\Delta A = 0.005$ in the calibration curve and approaches 0.2 ng elastase/ml.

Sources of error: interference by improper handling of blood has been described [22, 23]. Addition of haemoglobin, lipids or rheumatic factors to plasma does not affect the assay [23]. Free α_1 -proteinase inhibitor, which is present in high excess over the complex in plasma, does not interfere if sufficient washing is done following immune reaction (a) in the assay described above. Influences by therapeutics on the measured elastase concentrations are unknown so far [23].

Specificity: the concentration of the granulocyte elastase/ α_1 -proteinase inhibitor complex is measured specifically by making use of two distinct immunochemical reagents, specific antibodies directed towards granulocyte elastase and towards α_1 -proteinase inhibitor. Elastase from pancreas or platelets and neutral proteinases other than granulocyte lysosomal elastase do not interfere in the assay.

Reference ranges: in human citrated plasma: 30 to 160 μ g elastase/l [15b]. In another report a range between 10 and 160 μ g elastase/l was found, with a median of 61 μ g/l [23]. No difference was seen between sexes. Note that the given values represent the amount of elastase present in the complex and not the elastase- α_1 -proteinase inhibitor complex in total.

Appendix

Preparation of antibody-enzyme conjugate

Reagents

Immunoglobulin

Purify the immunoglobulin fraction from rabbit antiserum against human α_1 -proteinase inhibitor by ammonium sulphate fractionation and ion-exchange chromatography of antiserum according to a published procedure [20], or obtain as a commercial preparation (e.g. from *Dako* etc.).

Alkaline phosphatase

Use AP from calf intestine from commercial suppliers (e.g. *Boehringer Mannheim*, *Sigma* etc.) supplied as reagent grade, "for use as a marker in enzyme-linked immunoassays", in buffered solution.

Bovine serum albumin

Obtain the highest grade of purity commercially available.

Solutions

1. Phosphate-buffered saline (15 mmol/l, pH 7.5; NaCl, 0.135 mol/l):

dissolve 320 mg KH_2PO_4 , 2.25 g $\text{Na}_2\text{HPO}_4 \cdot 2\text{H}_2\text{O}$ and 7.89 g NaCl in 500 ml water, adjust to pH 7.5 with NaOH, 1 mol/l, and dilute to 1000 ml with water.

2. Glutardialdehyde reagent (2.1% (v/v); phosphate, 15 mmol/l, pH 7.5; NaCl, 0.135 mol/l):

mix 0.1 ml 25% (v/v) glutardialdehyde (as obtained from commercial suppliers in sealed ampoules, highest grade of purity available) with 1.1 ml phosphate-buffered saline (1). Prepare this solution freshly before use.

3. Tris-buffered saline/Mg/Zn (Tris, 10 mmol/l, pH 7.5; NaCl, 0.15 mol/l; MgCl_2 , 2 mmol/l; ZnCl_2 , 0.025 mmol/l):

dissolve 0.121 g Tris and 0.877 g NaCl in 50 ml water, adjust to pH 7.5 with HCl, 2 mol/l, then add 1 ml MgCl_2 , 0.2 mol/l (dissolve 4.066 g $\text{MgCl}_2 \cdot 6\text{H}_2\text{O}$ in 100 ml water), add 0.1 ml ZnCl_2 , 25 mmol/l (dissolve 0.341 g ZnCl_2 in 100 ml water), and dilute to 100 ml with water.

4. Conjugate buffer (Tris, 10 mmol/l, pH 7.5; NaCl, 0.15 mol/l; MgCl₂, 2 mmol/l; ZnCl₂, 0.025 mmol/l, dodecyl hydrogen sulphate, 1 mmol/l; bovine serum albumin, 10 g/l):

dissolve 29 mg dodecyl hydrogen sulphate, sodium salt, and 1 g bovine serum albumin in 100 ml Tris-buffered saline/Mg/Zn solution (3).

Protein coupling

The antibody and alkaline phosphatase protein preparations are coupled by glutardialdehyde in an one-step procedure described previously [21].

Prepare the immunoglobulin in solution either by dissolving 10 mg (dry weight) purified immunoglobulin fraction in 1 ml phosphate-buffered saline (1), or by diluting immunoglobulin solution obtained commercially to a final concentration of 10 mg protein/ml using solution (1) as a diluent. Dialyze the solution against solution (1) at 2°C to 8°C for 48 h with one change of the dialysis buffer.

Dialyze the alkaline phosphatase solution against solution (1) as described for the antibody solution and finally adjust the enzyme to 1.2 mg protein/ml by dilution.

Mix 1 ml immunoglobulin solution with 4.2 ml dialyzed enzyme solution and add 0.26 ml glutardialdehyde reagent (2). Mix thoroughly and incubate without further shaking for 2 h at room temperature. Dialyze mixture against solution (1) overnight at 2°C to 8°C, then change dialysis buffer to Tris-saline/Mn/Zn solution (3) and dialyze for 48 h in the refrigerator.

Chromatography of the conjugate

Add the dialyzed coupling mixture to the top of a column (25 mm diameter \times 1000 mm height) packed with an appropriate separation medium (e.g. Bio-Gel® A 1,5 m from *Bio-Rad Labs.*, Munich; Sephadex® G 200 (from *Pharmacia*) previously equilibrated with Tris/saline/Mg/Zn solution (3). Elute the sample with a flow rate of 4 ml \times h⁻¹ \times cm⁻² and collect fractions of 5 ml. Assay for activity of alkaline phosphatase in the eluate. The enzyme-labelled antibodies elute in the first enzyme peak which appears in the void volume. Peak fractions are pooled. Add dodecyl hydrogen sulphate, sodium salt, and bovine serum albumin to the pool to give final concentrations of 290 mg and 10 g, respectively, per 1 l of pool volume.

Characterization of the conjugate

Determine the antibody titre of the conjugate pool from the column and dilute with conjugate buffer (4) to a final concentration of approximately 1 mg of specific antibody against α_1 -proteinase inhibitor per litre. Check by enzyme-immunoassay that this solution will give a suitable absorbance reading with the highest calibrator in the assay; in case of unacceptably high readings, dilute conjugate with a solution containing 1 mg of unlabelled antibody against α_1 -proteinase inhibitor per litre.

Storage

Store conjugate in solution at 2°C to 8°C. To prevent microbial growth add appropriate preservatives, for instance sodium azide, 0.2 g/l, and organomercurials, 0.2 g/l.

Under these conditions the conjugate is stable for at least 12 months.

References

- [1] A. Janoff, J. Scherer, Mediators of Inflammation in Leukocyte Lysosomes. IX. Elastinolytic Activity in Granules of Human Polymorphonuclear Leukocytes, *J. Exp. Med.* 128, 1137–1151 (1968).
- [2] K. Havemann, A. Janoff (eds.), Neutral Proteases of Human Polymorphonuclear Leukocytes, Urban & Schwarzenberg, Baltimore-Munich 1978.
- [3] K. Ohlsson, J. Olsson, Neutral Proteases of Human Granulocytes. III. Interaction between Human Granulocyte Elastase and Plasma Protease Inhibitors, *Scand. J. Clin. Lab. Invest.* 34, 349–355 (1974).
- [4] R. J. Baugh, J. Travis, Human Leukocyte Granule Elastase: Rapid Isolation and Characterization, *Biochemistry* 15, 836–841 (1976).
- [5] K. Ohlsson, J. Olsson, The Neutral Proteases of Human Granulocytes. Isolation and Partial Characterization of Granulocyte Elastases, *Eur. J. Biochem.* 42, 519–527 (1974).
- [6] K. Ohlsson, A.-S. Olsson, Immunoreactive Granulocyte Elastase in Human Serum, *Hoppe-Seyler's Z. physiol. Chem.* 359, 1531–1539 (1978).
- [7] Y. Legrand, J. P. Caen, L. Robert, J. L. Wantier, Platelet Elastase and Leukocyte Elastase are Two Different Entities, *Thromb. Haemostasis (Stuttg.)* 37, 580–582 (1977).
- [8] K. Ohlsson, C.-B. Laurell, The Disappearance of Enzyme-inhibitor Complexes from the Circulation of Man, *Clin. Sci. Mol. Med.* 51, 87–92 (1976).
- [9] R. Egbring, W. Schmidt, G. Fuchs, K. Havemann, Demonstration of Granulocytic Proteases in Plasma of Patients with Acute Leukemia and Septicemia with Coagulation Defects, *Blood* 49, 219–231 (1977).
- [10] L. Olsson, T. Olofsson, K. Ohlsson, A. Gustavsson, Serum and Plasma Myeloperoxidase, Elastase and Lactoferrin Content in Acute Myeloid Leukaemia, *Scand. J. Haematol.* 22, 397–406 (1979).
- [11] K. Ohlsson, Collagenase and Elastase Released During Peritonitis are Complexed by Plasma Protease Inhibitors, *Surgery* 79, 652–657 (1976).
- [12] R. A. Stockley, D. Burnett, Alpha₁-Antitrypsin and Leukocyte Elastase in Infected and Non-infected Sputum, *Am. Rev. Respir. Dis.* 120, 1081–1086 (1979).
- [13] E. F. Plow, J. Plescia, Non-plasmin Mediated Fibrinolysis, in: J. F. Davidson, J. M. Nilsson, B. Astedt (eds.), *Progress in Fibrinolysis V*, Churchill Livingstone, Edinburgh, London, Melbourne, and New York 1981, pp. 70–74.
- [14] U. Kucich, W. B. Abrams, H. L. James, Solid-phase Immunoassay of Dog Neutrophil Elastase, *Anal. Biochem.* 109, 403–409 (1980).
- [15a] S. Neumann, N. Hennrich, G. Gunzer, H. Lang, Enzyme-linked Immunoassay for Complexes of Human Elastase with α_1 -Proteinase Inhibitor in Plasma, in: D. M. Goldberg, M. Werner (eds.), *Progress in Clinical Enzymology II*, Masson Publishers, New York 1983, pp. 293–298.
- [15b] S. Neumann, N. Hennrich, G. Gunzer, H. Lang, Enzyme-linked Immunoassay for Elastase from Leukocytes in Human Plasma, *J. Clin. Chem. Clin. Biochem.* 19, 232 (1981).
- [16] M. Jochum, K.-H. Duswald, E. Hiller, H. Fritz, Plasma Levels of Human Granulocytic Elastase- α_1 -Proteinase Inhibitor Complex (E- α_1 PI) in Patients with Septicemia and Acute Leukemia, in: D. M. Goldberg, M. Werner (eds.), *Selected Topics in Clinical Enzymology*, de Gruyter, Berlin-New York 1983, pp. 85–100.
- [17] K. Kleesiek, S. Neumann, H. Greiling, Determination of the Elastase α_1 -Proteinase Inhibitor Complex, Elastase Activity and Proteinase Inhibitors in the Synovial Fluid, *Fresenius Z. Anal. Chem.* 311, 434–435 (1982).

-
- [18] *A. J. Barrett*, Leukocyte Elastase, in: *S. P. Colowick, N. O. Kaplan* (eds.), *Methods in Enzymology*, Vol. 80 part C, Academic Press, New York 1981, pp. 581 – 588.
- [19] *H. Schiessler, K. Ohlsson, J. Olsson, M. Arnold, Y. Birk, H. Fritz*, Elastases from Human and Canine Granulocytes, II. Interaction with Protease Inhibitors of Animal, Plant, and Microbial Origin, *Hoppe-Seyler's Z. physiol. Chem.* 358, 53 – 58 (1977).
- [20] *N. Harboe, A. Ingild*, Immunization, Isolation of Immunoglobins, Estimation of Antibody Titre, *Scand. J. Immunol.* 2, Suppl. 1, 161 – 164 (1973).
- [21] *E. Engvall, K. Jonsson, P. Perlmann*, Enzyme-linked Immunosorbent Assay. II. Quantitation Assay of Protein Antigen, Immunoglobulin G, by Means of Enzyme-labelled Antigen and Antibody-coated Tubes, *Biochim. Biophys. Acta* 251, 427 – 434 (1971).
- [22] *E. F. Plow*, Leukocyte Elastase Release during Blood Coagulation. A Potential Mechanism for Activation of the Alternative Fibrinolytic Pathway, *J. Clin. Invest.* 69, 564 – 572 (1982).
- [23] *D. Neumeier, A. Fateh-Mogadham, G. Menzel*, Humane Granulocytelastase. I. Zur Methodik einer enzymimmunologischen Bestimmung des Elastase- α_1 -Proteinase-Inhibitor-Komplexes, *Fresenius Z. Anal. Chem.* 311, 389 – 390 (1982).
- [24] *M. Brower, P. Harpel*, Alpha-1-Antitrypsin-Human Leukocytes Elastase Complexes in Blood: Quantification by an Enzyme-Linked Differential Antibody Immunosorbent Assay and Comparison with Alpha-2-Plasmin Inhibitor-Plasmin Complexes, *Blood* 61, 842 – 849 (1983).