

11° Riunione Gruppo Studio Piastrine

Gazzada, 3 - 5 Ottobre 2010

PREPARAZIONI PIASTRINICHE PER STUDI DI TRASCRITTOmica:

CACCIA AL LEUCOCITA

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IT'S TIME TO TAKE STOCK OF.....

1-

TISSUE FACTOR and PLATELETS

2-

Leukocyte contamination
in platelet RNA preparations



BLOOD, 5 AUGUST 2010 VOLUME 116, NUMBER 5

To the editor:

No evidence for tissue factor on platelets

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.....to resolve this ONGOING CONTROVERSY....

.... platelets express active TF after de novo synthesis,^{2,3} transfer from monocytes,⁴ or release from -granules.⁵

2. Panes O *et al.* Human platelets synthesize and express functional tissue factor. *Blood*. 2007

3. Schwertz H, *et al.* Signal-dependent splicing of tissue factor pre-mRNA modulates the thrombogenicity of human platelets. *J Exp Med*. 2006

4. Falati S, Liu Q, Gross P, *et al.* Accumulation of tissue factor into developing thrombi in vivo is dependent upon microparticle P-selectin glycoprotein ligand1 and platelet P-selectin. *J Exp Med*. 2003

5. Siddiqui FA *et al.* The presence and release of tissue factor from human platelets. *Platelets*. 2002

In other studies,^{6,7} however, the existence of platelet TF could not be demonstrated.

6. Butenas S, *et al.* Tissue factor activity in whole blood. *Blood*. 2005.

7. Osterud B *et al.* What is blood borne tissue factor? *Thromb Res*. 2009.



RESULTS:

Flow cytometric analyses indicated that no TF was expressed by PAR1- and PAR4-activated platelets compared with unactivated platelets despite maximal -granule release (98% P-selectin-positive platelets)....

...no TF antigen was detected by immunoassay after prolonged stimulation of platelets with LPS.

No FXa was generated by extrinsic FXase using unstimulated or stimulated platelets as a possible TF source. Similarly, no clot was formed in a plasma-based clotting assay.

TF on monocytes or monocyte-derived microparticles is not transferred to platelets.



CONCLUSION:

Based on these observations, we conclude that platelets do not express detectable TF antigen or activity.

Discrepancies between our data and those published by others may be a result of the assays used to quantify TF antigen and activity in different laboratories.

Our assays use specific and highly sensitive anti-TF monoclonal antibodies and physiologically relevant standards and controls, whereas other reported assays use combinations of monoclonal and polyclonal antibodies, which may recognize TF fragments or cross-react with other proteins.....

????



METHODS in figure legend:

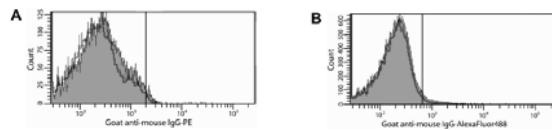


Figure 1. Search for TF on platelets by flow cytometry. (A) **Washed platelets were activated with PAR1 (100µM) and PAR4 (500 µM) agonist peptides (2 hours, 37°C).** (B) Platelet-rich plasma was incubated with THP-1 cells in the presence or absence of 250 ng/mL LPS (4 hours, 37°C).....

Eureka!!!



To the Editor:

Tissue factor expression on platelets is a *dynamic event*

Marina Camera

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Marta Brambilla

Centro Cardiologico Monzino IRCCS, Milan

Vincenzo Toschi

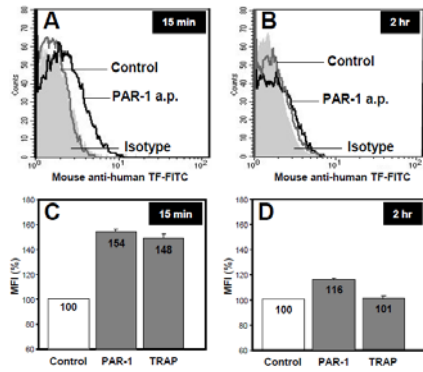
Division of Haemat and Blood Transfusion and Thrombosis Centre, AO Ospedale San Carlo Borromeo, Milan

Elena Tremoli

Dept. of Pharmacological Sciences, Univ. degli Studi di Milano and Centro Cardiologico Monzino IRCCS, Milan



RESULTS:



Our results confirm that the amount of TF present on the platelet surface, after 2 hours stimulation with PAR-1 agonist peptide and TRAP-6, is negligible (...) (Figure 1). After a 15 minutes stimulation, however, PAR-1 and TRAP-6 significantly increase platelet TF expression (...) compared with resting platelets (...)



CONCLUSION:

- This indicates that TF expression by platelets in response to certain agonists is an early event, confirming data already published by our group^{2,3}.

(REF: Camera et al, ATVB 2003 and ATVB 2008)

- Our data support the evidence that platelets do express TF as a result of a rapid and dynamic process. Thus its detection may considerably vary if observed at different time points after *in vitro* cell stimulation.



Oggetto: Decision on your Letter to the Editor #BLOOD/2010/307306

Title: Tissue factor expression on platelets is a *dynamic event*

Dear Dr. Camera:

I am pleased to inform you that your Letter to the Editor has been accepted for publication in the next available issue of Blood Journal.

Sincerely,

Cynthia E. Dunbar, M.D.
Editor-in-Chief, Blood



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Leukocyte contamination
in platelet RNA preparations



Manuscript Number: TR-D-10-00225R1

Gene expression profiling reveals multiple differences in platelets from patients with stable angina or non-ST elevation acute coronary syndrome

Gualtiero Colombo, Karl Gerrow, Giancarlo Marenzi, Marta Brambilla, Monica De Metro, Elena Tremoli and Marina Camera

Centro Cardiologico Monzino IRCCS; Department of Pharmaceutical Sciences, Università degli Studi di Milano, Milan, Italy



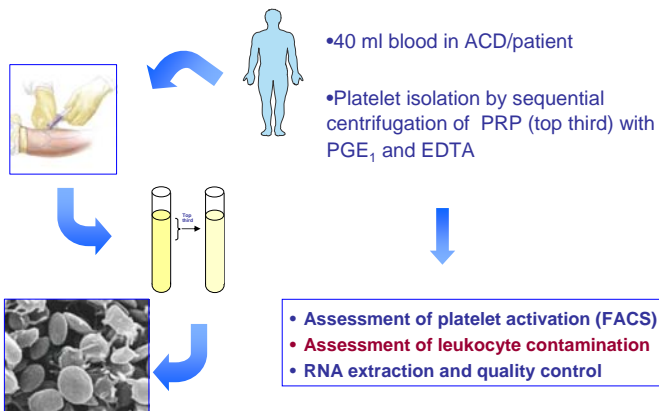
Reviewer comment:

"The biggest challenge with platelet RNA WGE studies is the contamination with leukocyte RNA. *The RNA content of a single leukocyte is estimated to be 3-4 log higher than that of a platelet. The authors are aware of this drawback and comment on this several times. They have chosen an arbitrary limit for leukocyte contamination with not more than 5 leukocytes per 10⁵ platelets. This is a rather liberal limit and the results of Q-PCR tests with myeloid and lymphoid markers have not been shown (bottom of page 8). There are other means to inspect platelet WGE studies for signals that have been produced by RNA from contaminating leukocytes.*

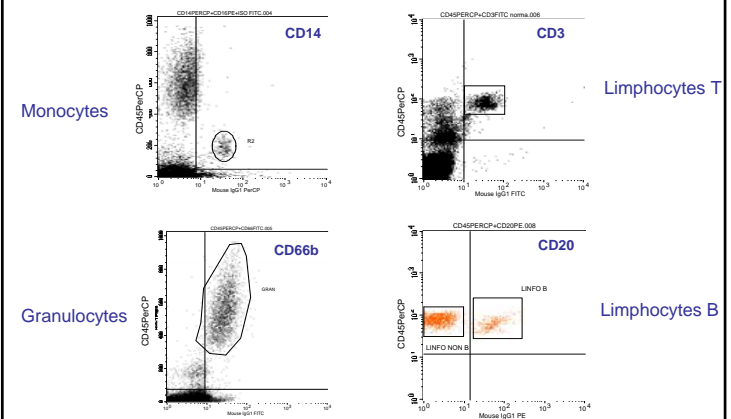
Each blood cell type has its own set of "strictly lineage-specific transcripts" and these could have been used to provide reassurance that leukocyte contamination is low enough to not be a confounding factor in the analysis."



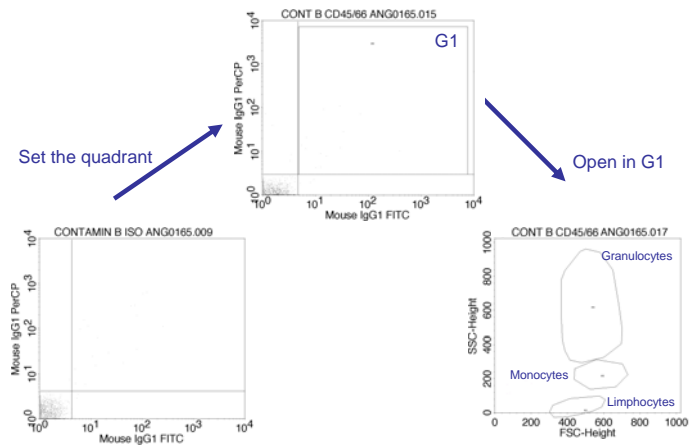
Methods – Platelet isolation



Leukocyte population markers



Assessment of leukocyte contamination by flow cytometry



Only preparations with less than 5 leukocytes/10⁵ platelets were used for RNA isolation

Mean number of contaminating WBC in 10⁵ platelets

Platelet Preparations used for Microarray, PCR and Western blot experiments			
	Mean number of contaminating WBC in 10 ⁵ platelets, (% of patients)		
	Granulocytes (CD66b ⁺)	Monocytes (CD14 ⁺)	Lymphocytes (CD2 ⁺ + CD20 ⁺)
Stable angina patients	0 (70%)	0 (76%)	0 (76%)
	2.4 (30%)	1 (24%)	1 (24%)
NSTE-ACS patients	0 (65%)	0 (76%)	0 (71%)
	1.3 (35%)	0.6 (24%)	1.3 (29%)

Mean number of contaminating WBC in 10⁵ platelets

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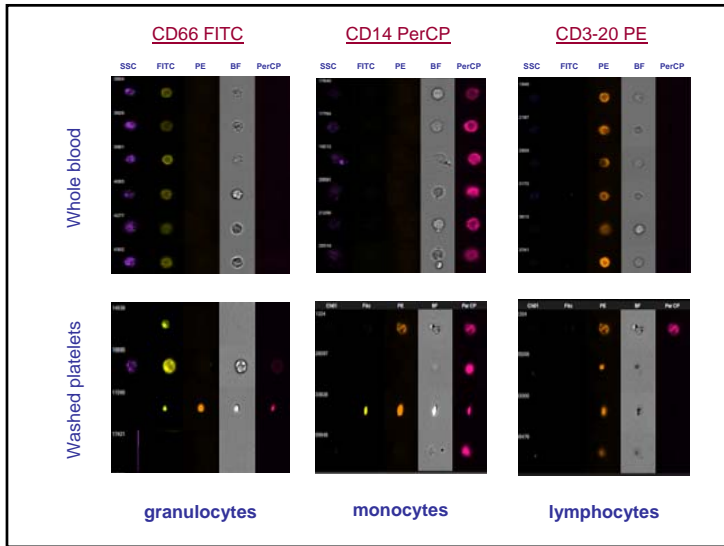
Discarded Platelet Preparations

	Mean number of contaminating WBC in 10 ⁵ platelets, (% of patients)		
	Granulocytes (CD66b ⁺)	Monocytes (CD14 ⁺)	Lymphocytes (CD2 ⁺ + CD20 ⁺)
Stable angina patients	0 (0%)	0 (64%)	0 (38%)
	5.6 (100%)	0.8 (38%)	1.7 (64%)
NSTE-ACS patients	0 (0%)	0 (33%)	0 (0%)
	5.2 (100%)	2.5 (67%)	0.7 (100%)

ImageStream[®]: multispectral imaging flow cytometer (AMNIS)



"By combining the speed, sensitivity, and phenotyping abilities of flow cytometry with the detailed imagery and functional insight of microscopy, the ImageStreamX overcomes the limitations of both techniques (...)"



FILTRI Purecell PL (PALL)

	Tyrode buffer	Purecell filter
- Standardization	NI	YES
- Time	1 hour	30 min
- Platelet recovery	400 x10 ⁶	500 x10 ⁶
- Efficiency of leukocyte removal	<5 leuko /10 ⁵ plt	<5 leuko /10 ⁵ plt
- Cost	1 euro/each	18.40 euro/each
- Aggregates removal	NO	YES

Cell sorting

Ampl: 111.4
Pres: 333.339
Drop 1: 333.339
Gap: 7.7

target value actual value

NOZZLE → 70 μm
PRESSIONE → 70 PSI
MASCHERA → 0.32 0

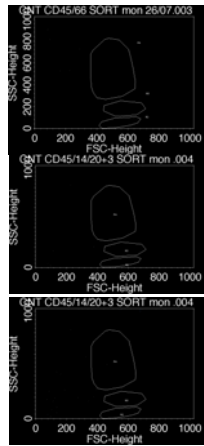
THRESHOLD → 20.000 ev/sec

GATING STRATEGY → 100 mil ev/ ~2ore

- **Frequency:** 78,1
- **Drop 1:** 260
- **Gap:** 8
- **Drop Delay:** 36,24
- **Voltage plate:** 6000

Population	#Events	%Parent
All Events	10 000	
Gate morfologica	9 853	98,5
Gate fluorescenza	9 695	98,3

LEUKOCYTE CONTAMINATION



Granulocyte gate (CD45+/CD66+): 0 events

Lymphocyte gate (CD45+/CD20+/CD3+): 0 events

Monocyte gate (CD45+/CD14+): 0 events



CELL SORTING vs WASHING PROCEDURE

	Tyrode buffer	Sorting
- Standardization	NI	YES
- Blood volume	30 ml	5 ml
- Time	1 hour	3 hours
- Platelet recovery	700 x10 ⁶	100 x10 ⁶
- Efficiency of leukocyte removal	<5 leuko /10 ⁵ plt	0 leuko /10 ⁵ plt
- Cost	1 euro	>100 euro
- Specialized technician	NO	YES

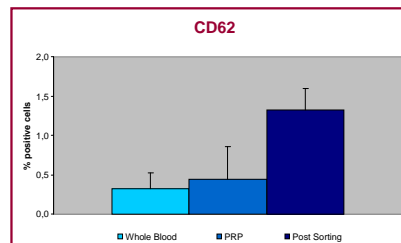
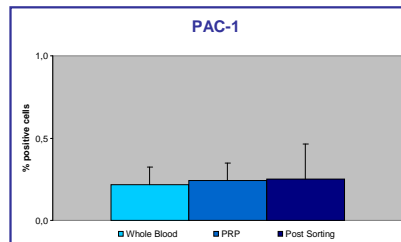


POST-SORTING platelet activation

NO GP IIb/IIIa activation

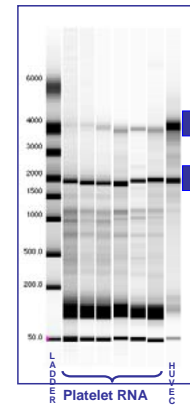
but

degranulation

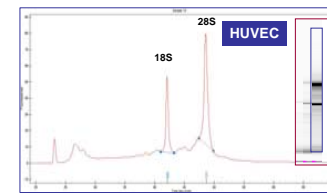
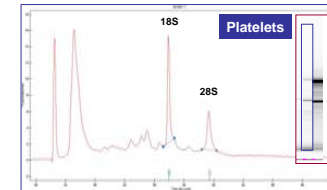


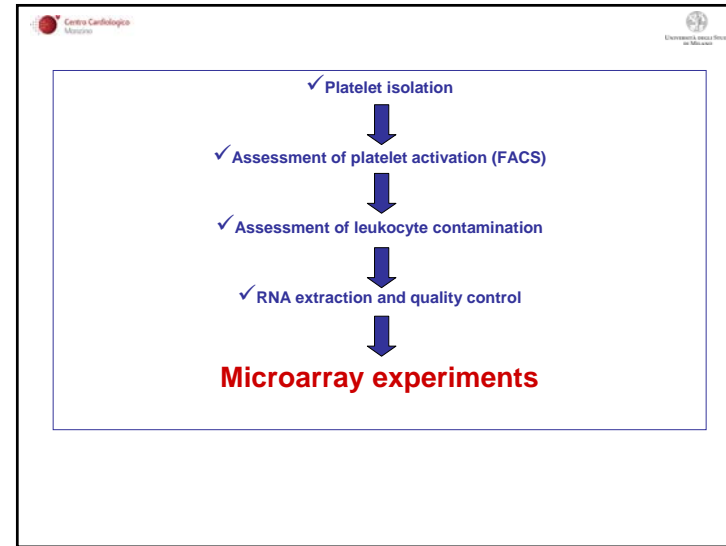
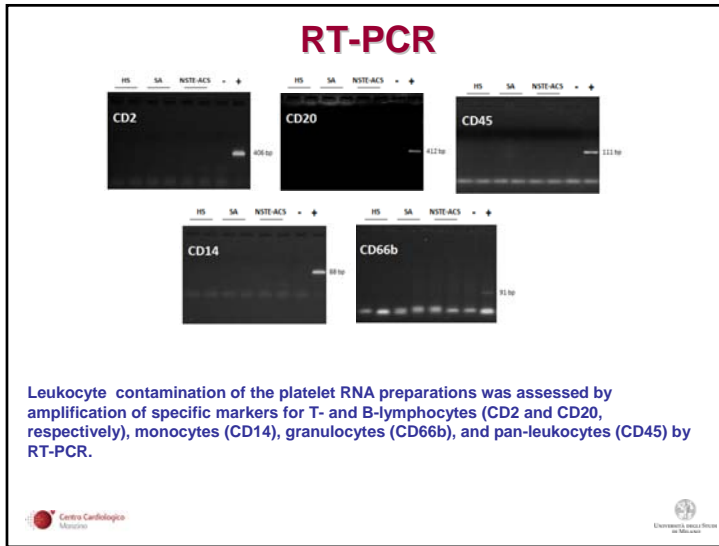
Assessment of platelet RNA quality

Virtual gel



Elettropherograms





Microarray experiments

SYMBOL	Gene	PLATELETS									PBMC		PLTag	PBMCavg
		1	2	3	4	5	6	7	8	9	1	2		
CD14	CD14	177,37	127,28	173,98	160,45	135,79	246,94	116,53	238,39	294,25	32191,74	30427,67	185,66	31309,71
DUSP1	dual specificity phosphatase 1	71,62	86,98	122,31	106,37	102,45	111,64	102,94	171,63	274,06	21102,30	23133,63	127,78	22117,97
FCN1	ficolin	135,49	123,21	187,48	151,90	129,41	216,99	126,45	289,58	418,81	25122,01	28195,81	197,70	26658,91
HLA-DRB4	HLA-DRB4	153,01	116,47	174,56	127,97	115,80	181,80	128,24	178,44	429,92	22961,42	18029,95	178,47	20495,69
ITGB2	integrin, beta 2 (antigen CD18 (p95))	189,66	132,15	202,59	155,13	126,41	205,24	125,22	328,13	527,22	27826,67	32995,37	221,31	30411,02
LYZ	lysozyme	361,70	156,90	440,73	154,19	200,61	353,89	256,93	408,17	689,61	51601,36	51003,24	335,86	51302,30

Highest PBMC expressed genes defined as signal intensity > 20000: 227

Background value=100

Positive signal threshold: at least 3 times the background value.

No PBMC signal was detected in PLT preparations

