



Product Information

Roar PLTP Activity Assay Kit, 100 assays

Phospholipid Transfer Protein Activity Assay Kit

Catalog No. P7700

U.S. Pat. Nos. 7,618,784; 7,851,223

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|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Assay Method: | Fluorometric |
| Number of Assays: | 100 assays in 0.1 ml assay volume |
| Kit Contents: | Donor particle: 300 μ l Acceptor particle: 5 ml Assay buffer: 5 ml |
| Storage and Handling: | Donor particle: store at room temperature Acceptor particle: store at 4°C If stored properly, components are stable for up to 1 year. DO NOT FREEZE. |
| Instrumentation: | Fluorescence spectrophotometer: cuvette or microplate reading formats. Excitation: 465 nm / Emission: 535 nm. |

Overview

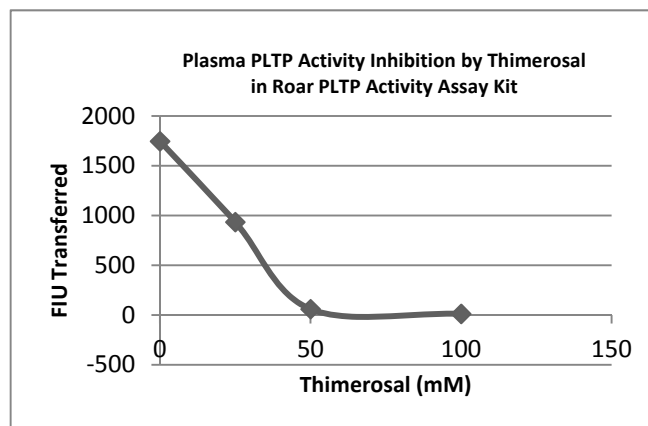
Phospholipid transfer protein (PLTP) is a protein present in normal human plasma. PLTP transfers phospholipids among lipoproteins in plasma. The **Roar PLTP Activity Assay Kit** includes proprietary substrates to detect PLTP mediated transfer of fluorescent substrate. Transfer activity results in increased fluorescent emission intensity from the assay. Interassay coefficient of variation: 3% (Schlitt, 2009; Hudgins, 2003).

Materials Required, But Not Supplied

- Fluorimeter with appropriate wavelength capabilities (Ex: 465 nm; Em: 535 nm)
- Black microtiter plates (recommended: U-bottom, black microplates from Thermo Scientific #7205 or #7005)
- 37°C water bath / incubator
- PLTP source: plasma or serum (fresh or frozen)

Assay Validation

The steps to validate the assay were adapted from a published reference (*J Lipid Res.* 1999;40(4):654-664) using ethylmercurithiosalicylate (thimerosal) to inhibit PLTP activity. Plasma (1:10 dilution) was pre-incubated with different concentrations of thimerosal at room temperature for 30 minutes according to the *Methods* of the reference. Roar PLTP Activity Assays were set up with donor / acceptor / buffer at each respective thimerosal concentration and 15 μ l of each plasma dilution was then added. Assays were incubated for 30 minutes at 30° C, and then read in a fluorimeter (Ex 465 nm; Em 535 nm).



Assay Method

1. Add 3 - 5 μl of PLTP source (plasma or serum - fresh or frozen) to the microplate wells. Add a mixture of 3 μl donor and 44 - 42 μl of assay buffer to the wells. Then, add 50 μl acceptor to the wells. Note: the total assay volume should be 0.1 ml.
2. Incubate for 8 – 20 minutes at 37°C
3. Read the plate in a fluorimeter at excitation wavelength of 465 nm and emission wavelength of 535 nm

Standardization

The concentration of fluorescent substrate in the donor particle is listed on the vial label. A standard curve is generated by dispersing a sample of the donor in isopropanol to derive a fluorescence intensity-to-nMoles of substrate relationship. This will allow you to calculate pmoles transferred by your samples in the assay.

NOTE: Do not incubate the standard curve.

1. Spectrally pure (HPLC grade or better) isopropanol is used as the solvent. Please note: there should be no background fluorescence when isopropanol alone is read at EX 465 nm / EM 535 nm.
2. Prepare six test tubes labeled from 'T0' to 'T5' each containing 1 ml isopropanol; add an additional 1 ml of isopropanol to 'T5'.
3. Pipette 5 μl of PLTP donor particle to the test tube labeled 'T5'; thoroughly mix (vortex) to adequately disperse the donor particle in the isopropanol.
4. Transfer 1 ml 'T5' to the test tube labeled 'T4'. Mix and pipette 1 ml from tube 'T4' to tube 'T3', vortex tube 'T3'. Pipette 1 ml from tube 'T3' to tube 'T2', vortex tube 'T2'. Pipette 1 ml from tube 'T2' to tube 'T1', vortex. Use tube 'T0' as an isopropanol blank in the standard curve.
5. Read the fluorescence intensity (EX 465 / EM 535) of the samples from tubes 'T0' to 'T5'. For example, pipette 100 μl of each tube to a plate and read the plate.
6. The standard curve is created by plotting the fluorescence intensity units of 'T5' to 'T0' versus the pmole amounts read (80, 40, 20, 10, 5, 0 pmole).
7. Next, from the fluorescence intensity values of the samples that you have measured in the assay (plasma or serum) subtract the buffer blank (assays performed without plasma or serum (i.e. negative control)) to obtain the fluorescence intensity units transferred during the incubation time.
8. The units transferred may then be applied directly to the standard curve to determine pmoles of substrate transferred during the incubation.

Assay Tips

This assay is best set up on ice --- it progresses fairly rapidly even with plasma as the source. A good routine (until you get used to it) is to:

1. Chill your buffer and the acceptor on ice.
2. Place the microplate you will be using in a tray on wet ice, let it chill, then add the components while chilling.
3. The donor can be left at room temperature during the assay set up.

NOTE: Store the donor at room temperature.

Good results may be obtained by pre-mixing the components, but they must be chilled and kept cold before adding the mixture to the plate. With this assay, temperature and volume are critical factors.

If you try to determine kinetic parameters by varying the components -- it will not work. The components must be present in the specified ratio for the assay to work properly. Any changes will increase the spontaneous transfer in the assay.

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P7700 Cited References (2002-2014)

Roar PLTP Activity Assay Kit

1. Brehm A, Geraghty P, Campos M, et al. Cathepsin G degradation of phospholipid transfer protein (PLTP) augments pulmonary inflammation. *FASEB J*. 2014;28(5):2318-2331.
2. Ghazalpour A, Bennett BJ, Shih D, et al. Genetic regulation of mouse liver metabolite levels. *Molecular systems biology*. 2014;10(5).
3. Yassine HN, Belopolskaya A, Schall C, Stump CS, Lau SS, Reaven PD. Enhanced cholesterol efflux to HDL through the ABCA1 transporter in hypertriglyceridemia of type 2 diabetes. *Metab Clin Exp*. 2014;63(5):727-734.
4. Deckert V, Kretz B, Habbout A, et al. Development of abdominal aortic aneurysm is decreased in mice with plasma phospholipid transfer protein deficiency. *The American Journal of Pathology*. 2013;183(3):975-986.
5. Robins SJ, Lyass A, Brocia RW, Massaro JM, Vasan RS. Plasma lipid transfer proteins and cardiovascular disease: the framingham heart study. *Atherosclerosis*. 2013;228(1):230-236.
6. Orsoni A, Villard EF, Bruckert E, et al. Impact of LDL apheresis on atheroprotective reverse cholesterol transport pathway in familial hypercholesterolemia. *J Lipid Res*. 2012;53(4):767-775. doi: 10.1194/jlr.M024141.
7. Bellanger N, Orsoni A, Julia Z, et al. Atheroprotective reverse cholesterol transport pathway is defective in familial hypercholesterolemia. *Arterioscler Thromb Vasc Biol*. 2011;31(7):1675-1681. doi: 10.1161/ATVBAHA.111.227181.
8. Marchesi M, Parolini C, Caligari S, et al. Rosuvastatin does not affect human apolipoprotein A-I expression in genetically modified mice: A clue to the disputed effect of statins on HDL. *Br J Pharmacol*. 2011;164(5):1460-1468.
9. Masson D, Deckert V, Gautier T, et al. Worsening of diet-induced atherosclerosis in a new model of transgenic rabbit expressing the human plasma phospholipid transfer protein. *Arterioscler Thromb Vasc Biol*. 2011;31(4):766-774. doi: 10.1161/ATVBAHA.110.215756.
10. Wang D, Han J, Yu Y, et al. Chitosan oligosaccharide decreases very-low-density lipoprotein triglyceride and increases high-density lipoprotein cholesterol in high-fat-diet-fed rats. *Exp Biol Med*. 2011;236(9):1064-1069.
11. Gautier T, Paul C, Deckert V, et al. Innate immune response triggered by triacyl lipid A is dependent on phospholipid transfer protein (PLTP) gene expression. *FASEB J*. 2010;24(9):3544-3554. doi: 10.1096/fj.09-152876.
12. Cavusoglu E, Marmur JD, Chhabra S, Chopra V, Eng C, Jiang XC. Relation of baseline plasma phospholipid transfer protein (PLTP) activity to left ventricular systolic dysfunction in patients referred for coronary angiography. *Atherosclerosis*. 2009;207(1):261-265.
13. Henderson RJ, Leon CG, Wasan KM. Differences in human phospholipid transfer protein activity following incubation of fungizone® compared to lipid-based amphotericin-B formulations in normolipidemic and hyperlipidemic plasma. *Drug Dev Ind Pharm*. 2009;35(9):1139-1146.
14. Henderson RJ, Wasan KM, Leon CG. Haptoglobin inhibits phospholipid transfer protein activity in hyperlipidemic human plasma. *Lipids in Health and Disease*. 2009;8(1):27. doi: 10.1186/1476-511X-8-27.
15. Lakomy D, Rebe C, Sberna AL, et al. Liver X receptor-mediated induction of cholesteryl ester transfer protein expression is selectively impaired in inflammatory macrophages. *Arterioscler Thromb Vasc Biol*. 2009;29(11):1923-1929. doi: 10.1161/ATVBAHA.109.193201.
16. Schlitt A, Blankenberg S, Bickel C, et al. PLTP activity is a risk factor for subsequent cardiovascular events in CAD patients under statin therapy: The AtheroGene study. *J Lipid Res ; J Lipid Res*. 2009;50(4):723-729.
17. Gautier T, Klein A, Deckert V, et al. Effect of plasma phospholipid transfer protein deficiency on lethal endotoxemia in mice. *J Biol Chem*. 2008;283(27):18702-18710.
18. Thornton SJ, Wong E, Lee SD, Wasan KM. Effect of dietary fat on hepatic liver X receptor expression in P-glycoprotein deficient mice: Implications for cholesterol metabolism. *Lipids in Health and Disease*. 2008;7:21.
19. Liu R, Hojjati MR, Devlin CM, Hansen IH, Jiang XC. Macrophage phospholipid transfer protein deficiency and ApoE secretion: Impact on mouse plasma cholesterol levels and atherosclerosis. *Arterioscler Thromb Vasc Biol*. 2007;27(1):190-196.
20. Schlitt A, Heine GH, Jiang XC, et al. Phospholipid transfer protein in hemodialysis patients. *Am J Nephrol*. 2007;27(2):138-143.
21. Briand F, Magot T, Krempf M, Nguyen P, Ouguerram K. Effects of atorvastatin on high-density lipoprotein apolipoprotein A-I metabolism in dogs. *Eur J Clin Invest*. 2006;36(4):224-230.
22. Klein A, Deckert V, Schneider M, et al. Alpha-tocopherol modulates phosphatidylserine externalization in erythrocytes: Relevance in phospholipid transfer protein-deficient mice. *Arterioscler Thromb Vasc Biol*. 2006;26(9):2160-2167.
23. Patankar N, Wasan KM. Role of phospholipid transfer protein on the plasma distribution of amphotericin B following the incubation of different amphotericin B formulations. *Pharm Res*. 2006;23(5):1020-1024.
24. Lee JY, Timmins JM, Mulya A, et al. HDLs in apoA-I transgenic Abca1 knockout mice are remodeled normally in plasma but are hypercatabolized by the kidney. *J Lipid Res*. 2005;46(10):2233-2245.
25. Roy S, Hyogo H, Yadav SK, et al. A biphasic response of hepatobiliary cholesterol metabolism to dietary fat at the onset of obesity in the mouse. *Hepatology*. 2005;41(4):887-895.
26. Timmins JM, Lee JY, Boudyguina E, et al. Targeted inactivation of hepatic Abca1 causes profound hypoalphalipoproteinemia and kidney hypercatabolism of apoA-I. *J Clin Invest*. 2005;115(5):1333-1342.
27. Wu MK, Cohen DE. Phosphatidylcholine transfer protein regulates size and hepatic uptake of high-density lipoproteins. *Am J Physiol Gastrointest Liver Physiol*. 2005;289(6):G1067-74.
28. Beyer TP, Schmidt RJ, Foxworthy P, et al. Coadministration of a liver X receptor agonist and a peroxisome proliferator activator receptor-alpha agonist in mice: Effects of nuclear receptor interplay on high-density lipoprotein and triglyceride metabolism in vivo. *J Pharmacol Exp Ther*. 2004;309(3):861-868.
29. Schneider M, Verges B, Klein A, et al. Alterations in plasma vitamin E distribution in type 2 diabetic patients with elevated plasma phospholipid transfer protein activity. *Diabetes*. 2004;53(10):2633-2639.
30. Desrumaux CM, Mak PA, Boisvert WA, et al. Phospholipid transfer protein is present in human atherosclerotic lesions and is expressed by macrophages and foam cells. *J Lipid Res*. 2003;44(8):1453-1461.
31. Hudgins LC, Parker TS, Levine DM, et al. A single intravenous dose of endotoxin rapidly alters serum lipoproteins and lipid transfer proteins in normal volunteers. *J Lipid Res*. 2003;44(8):1489-1498.
32. Laffitte BA, Joseph SB, Chen M, et al. The phospholipid transfer protein gene is a liver X receptor target expressed by macrophages in atherosclerotic lesions. *Mol Cell Biol*. 2003;23(6):2182-2191.
33. Masson D, Drouineaud V, Moiroux P, et al. Human seminal plasma displays significant phospholipid transfer activity due to the presence of active phospholipid transfer protein. *Mol Hum Reprod*. 2003;9(8):457-464.
34. Schlitt A, Bickel C, Thumma P, et al. High plasma phospholipid transfer protein levels as a risk factor for coronary artery disease. *Arterioscler Thromb Vasc Biol*. 2003;23(10):1857-1862.
35. Yang XP, Yan D, Qiao C, et al. Increased atherosclerotic lesions in apoE mice with plasma phospholipid transfer protein overexpression. *Arterioscler Thromb Vasc Biol*. 2003;23(9):1601-1607.
36. Cao G, Beyer TP, Yang XP, et al. Phospholipid transfer protein is regulated by liver X receptors in vivo. *J Biol Chem*. 2002;277(42):39561-39565.

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