

Comparison of ESP™ with Other Methods

To test ESP™, 10 control citrated human plasma samples (5 male, 5 female) were spiked with a known amount of endotoxin, treated with the full ESP™ protocol and tested in triplicate using the Lonza Pyro-Gene® assay according to manufacturer's specifications. Each treated sample was also tested with a Positive Product Control (PPC) according to manufacturer's specifications. The spike recovery indicates the effectiveness of ESP™ in detecting endotoxin in human plasma samples. The PPC recovery indicates the amenability of the final product for detection. To measure recovery, the results were compared to control samples that included water instead of plasma. The entire sample set was also treated with two additional protocols for comparison: (1) heat-inactivated with dilution in water and (2) digestion with ESP™ but without heat-inactivation. The results are given in Table 1.

A protocol of heat-inactivation and dilution, which is prevalent in the literature, allows detection of less than 5% of the spiked endotoxin and a PPC recovery indicating over 80% inaccuracy. Alternatively, when the samples are digested without heat-inactivation the spike recovery is far too high, a result of active serine proteases that interfere with assay enzymes. This false-activation results in near-saturation of the assay and artificially low PPC recovery results that indicate inaccuracy of over 60%. When these two technologies are combined and the specially designed ESP™ buffers are used, spike recovery is over 75% with an accuracy approaching 90%.

To further validate these results, samples of citrated plasma were treated with various portions of the ESP™ protocol and tested with PAGE analysis (Figure 1). Lane #1 contains untreated plasma. Lane #2 contains plasma treated with the full ESP™ protocol with a 60 minute digestion step. Lanes #3 and 4 contain plasma that was treated with the ESP™ protocol but using common laboratory buffers instead of ESP™ Buffers #1 and #2. Lane #5 contains plasma that was heat-inactivated but undigested. From these results it is clear that the full ESP™ protocol effectively removes the vast majority of proteins from plasma that interfere with endotoxin detection assays or bind and mask endotoxin. Treatments that omit the ESP™ buffers or digestion step show only negligible differences compared to untreated plasma.

Treatment	% Spike Recovery	% PPC Recovery
Heat-Inactivation/Dilution	4.9 ± 6.2%	182.7 ± 30.5%
Digestion/Dilution	353.8 ± 292.7%	38.4 ± 54.9%
ESP™ Treatment	77.2 ± 26.7%	89.3 ± 12.8%

Table 1. Summary of Results. Summary of the effects of ESP™ treatment on citrated human plasma. The results are based on 10 independent samples tested in triplicate. % Spike Recovery was determined by comparing the plasma results to control experiments performed with endotoxin-free water. % PPC Recovery was determined according to manufacturer's specifications.

For a detailed explanation of the ESP™ protocol and suggestions for sample preparation refer to the **BioDitech, Inc. ESP™ Application Notes**.

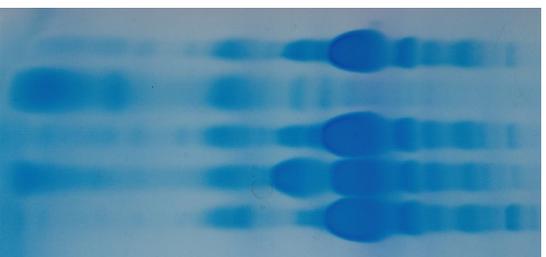


Figure 1. Plasma Digestion with Various Protocols. Normal citrated human plasma was treated with the indicated protocol (in the text), diluted 1:10 in water and examined by PAGE in non-reducing conditions. The gel was silver stained for visualization.

Preparation of Plasma Prior to ESP™ Treatment

A lag time between sample collection and treatment can allow enzymatic destruction of endotoxin or the binding of endotoxin to proteins which will decrease the ability to detect total endotoxin. To minimize this, samples should be heat-inactivated or acidified as soon as possible.

The optimal treatment is to heat-inactivate blood immediately after collection and then proceed to plasma separation and then to step 2 of the protocol. However, treatment of whole blood at the time of collection is often not possible. In these situations, the plasma samples should be heat-inactivated immediately upon receipt/drawing. To demonstrate the extent of inactivation an aliquot of endotoxin was added to citrated plasma and allowed to incubate at room temperature for the indicated amount of time. As comparison, a plasma sample that was heat-inactivated according to the protocol was treated identically. After incubation all samples were treated with the normal ESP™ protocol. The control was considered as 100% of recoverable endotoxin and the samples given as percentage of control. After one minute active endotoxin was decreased to 45% of the control (Figure 2). Continued incubation in the plasma further decreased the amount of recoverable endotoxin to 31% after 120 minutes. Though this extent of inactivation may not be typical of all patient samples or endotoxin species, it demonstrates the importance of rapid sample treatment.

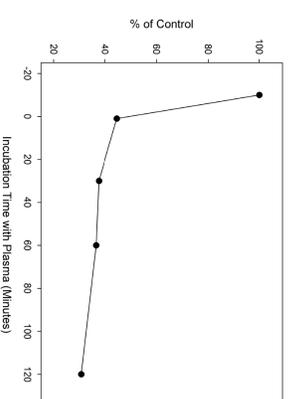


Figure 2. Inactivation of Endotoxin in Plasma. A known amount of endotoxin was added to aliquots of citrated plasma and allowed to incubate at room temperature for the indicated time. After incubation the samples were treated with ESP™ and detectable endotoxin was determined. Results are given as percent of a control sample which was heat-inactivated prior to endotoxin addition.

The other option is acidification. However, adding acid to whole blood will result in hemolysis, therefore this method should only be used on plasma.

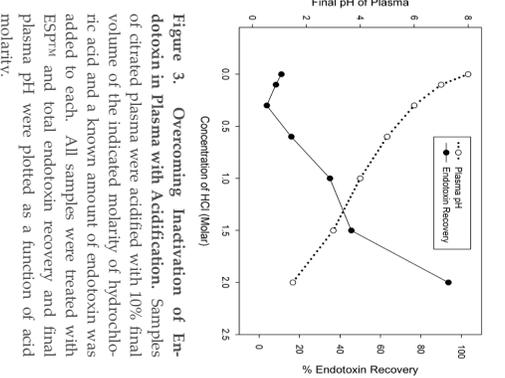


Figure 3. Overcoming Inactivation of Endotoxin in Plasma with Acidification. Samples of citrated plasma were acidified with 10% final volume of the indicated molarity of hydrochloric acid and a known amount of endotoxin was added to each. All samples were treated with ESP™ and total endotoxin recovery and final plasma pH were plotted as a function of acid molarity.

To demonstrate the ability of acidification to prevent endotoxin loss, aliquots of hydrochloric acid (HCl) representing 10% of the final volume were added to samples of citrated plasma and allowed to equilibrate. Next, the pH of the plasma was measured and a known amount of endotoxin was added. The samples were incubated at room temperature for 10 minutes and then treated with the ESP™ protocol. All samples were compared to a control consisting of the same amount of endotoxin prepared in water. Samples receiving water instead of HCl measured as pH 8 and resulted in the recovery of 11.0% of the endotoxin (Figure 3). Addition of 0.1 and 0.3 M HCl decreased the pH to the 6-7 range and actually resulted in slightly lower endotoxin recovery. These samples also had a tendency to desolubilize and probably indicate the isoelectric point of a major plasma protein. Further acidification with 0.6 to 2.0 M HCl resulted in decreasing pH accompanied by increasing endotoxin recovery. The sample receiving 2 M HCl measured 93.6% of the total endotoxin.

For a detailed explanation of the ESP™ protocol and suggestions for sample preparation refer to the **BioDitech, Inc. ESP™ Application Notes**.