

## ISOLATION OF A COMPLEX OF THE SUBCOMPONENTS OF THE ACTIVATED FIRST COMPONENT OF COMPLEMENT, Cl<sup>+</sup>-C1s, FROM ACD-HUMAN PLASMA

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Received 18 February 1974

### 1. Introduction

The first component of complement, Cl, is a Ca<sup>2+</sup>-dependent complex of a molecular weight of about 10<sup>6</sup> daltons [1] and can be dissociated into three subcomponents, Clq, Clr and C1s, by treatment with EDTA [2]. It is well known that Clq has a binding activity to immune complexes [3] and the active form of Cl<sup>+</sup> converts enzymatically C1s into active C1s [4] which is an ester-protease and represents the biological activities of the activated Cl [5].

However, little is known how these subcomponents are interacted to unite the Cl macromolecule.

This paper presents evidence indicating that Cl<sup>+</sup> and C1s were isolated as a Ca<sup>2+</sup>-dependent complex form by polyethylene glycol fractionation of ACD-human plasma followed by chromatographies with IgG-Sepharose 6B and DEAE-Sephadex A-50. This result suggested that the inter-subcomponent bonds in the Cl macromolecule are not equivalent, and Cl<sup>+</sup> and C1s have a high affinity via Ca<sup>2+</sup> for each other but not for Clq. In addition, this isolation procedure seemed to be practical for rapid and concomitant purification of Cl<sup>+</sup> and C1s from ACD-human plasma.

### 2. Materials and methods

ACD- and heparinized human bloods were

obtained from the blood bank of Japanese Red Cross.

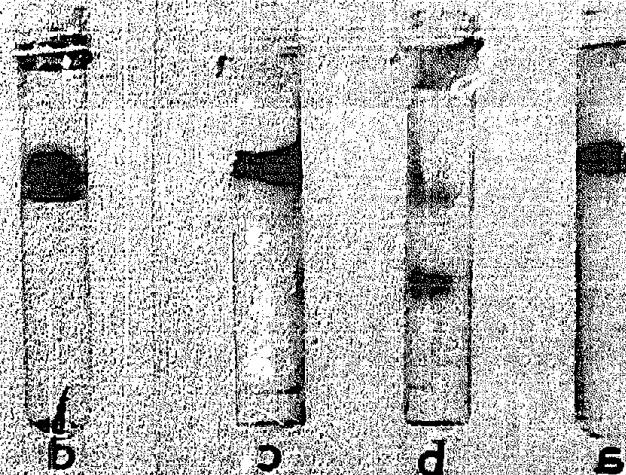
#### 2.1. Precipitation of Cl from ACD-human plasma with polyethylene glycol

One hundred ml of ACD-human plasma were mixed with 10 ml of 50% (W/V) of polyethylene glycol (# 4000) under stirring at 4°C. After 30 min, the precipitate was collected by centrifugation at 3 000 rpm for 15 min and extracted with 50 ml of 0.05 M NaCl. The insoluble materials which contained Cl, fibrinogen and other macromolecular weight plasma proteins were then dissolved in 20 ml of 0.02 M Tris-HCl buffer, pH 8.5, containing 0.15 M NaCl and allowed to clot by the addition of 1 ml of 1 M CaCl<sub>2</sub> overnight at 4°C. The defibrinated fraction was used as the starting material for further purification of Cl.

#### 2.2. Determination of Cl

Cl activity was determined by measuring either C1s esterase activity with ATEE as substrate [5] or hemolytic activity with EAC4 cells [6]. A functional activity of Cl<sup>+</sup> to activate C1s was determined by the method of Naff and Ratnoff [4] with slight modifications. In the most case, aliquots of 10 µl of fractions were incubated with C1s (about 2 µg) in 1 ml of 0.01 M Tris-HCl buffer, pH 8.5, containing 0.10 M NaCl and 5 mM EDTA-3Na at 37°C for 10 min, and the esterase activity of C1s thus activated was determined with AGLME [4] as substrate. The value was corrected for the hydrolysis of AGLME by the fractions alone. Human C1s was purified from heparinized plasma according to the method of Sakai and Stroud [7].

\* Abbreviations: ATEE, N-α-acetyl-L-tyrosine ethyl ester; AGLME, N-α-acetyl-L-glycyl-L-lysine methyl ester; ACD, acid citrated dextrose.



0.5 mol/dm<sup>3</sup> sodium hydroxide solution with a 2.0% polyacrylate  
suspension (42 in Fig. 1c) in the presence of  
bis(2-ethylhexyl) sebacate (43 in Fig. 1c). The precipitate  
was collected with coarse sand (44 in Fig. 1c) and washed  
with water until the solution was clear (45 in Fig. 1c). The  
precipitate was then washed with 10% NaCl solution (46 in Fig.  
1c) and dried at 50°C for 24 h (47 in Fig. 1c). The final product  
was collected and washed with acetone (48 in Fig. 1c) and dried  
at 50°C for 24 h (49 in Fig. 1c).

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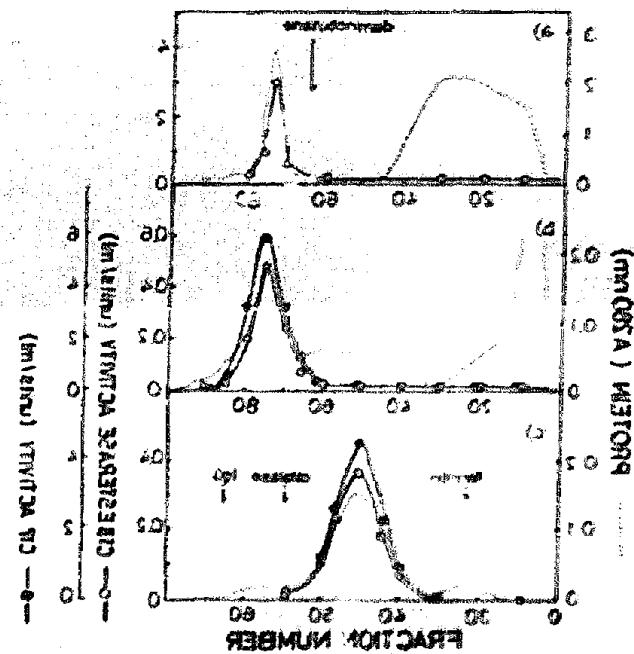


Figure 1 shows the results of the CIE 1976 colorimetric analysis of the samples collected at the site of the accident. The samples were collected from the following locations: (a) the area where the accident occurred; (b) the area where the accident occurred; (c) the area where the accident occurred; (d) the area where the accident occurred; (e) the area where the accident occurred; (f) the area where the accident occurred; (g) the area where the accident occurred; (h) the area where the accident occurred; (i) the area where the accident occurred; (j) the area where the accident occurred; (k) the area where the accident occurred; (l) the area where the accident occurred; (m) the area where the accident occurred; (n) the area where the accident occurred; (o) the area where the accident occurred; (p) the area where the accident occurred; (q) the area where the accident occurred; (r) the area where the accident occurred; (s) the area where the accident occurred; (t) the area where the accident occurred; (u) the area where the accident occurred; (v) the area where the accident occurred; (w) the area where the accident occurred; (x) the area where the accident occurred; (y) the area where the accident occurred; (z) the area where the accident occurred.

daltons [15]. Gel electrophoresis of the peak fraction in the presence of sodium dodecyl sulfate exhibited two protein components of the molecular weights of  $1.3 \times 10^5$  daltons and  $1.1 \times 10^5$  daltons, respectively. The protein components corresponding to Clq itself or its non-covalent subunit of the molecular weight of  $7 \times 10^4$  daltons [16] were not detected in the electrophogram (fig. 2d). In addition, EDTA-treatment of the peak fraction resulted in the dissociation into two protein components (fig. 2b), and Cl $\bar{r}$  and Cl $\bar{s}$  activities eluted from the unstained sectioned gels were found to be associated with the protein components in the  $\beta$ - and  $\alpha$ -globulin regions, respectively. The dissociated two components were found to be complexed again with each other by the addition of Ca $^{2+}$  (fig. 2c).

From these results, it was proposed that the Cl $\bar{r}$  thus isolated was a Ca $^{2+}$ -dependent complex of Cl $\bar{r}$  and Cl $\bar{s}$ .

#### 4. Discussion

As presented above, the Cl $\bar{r}$  thus isolated from ACD-human plasma was found to be lacking in Clq subcomponent and was proposed to be a Ca $^{2+}$ -dependent complex of Cl $\bar{r}$  and Cl $\bar{s}$ .

As an additional information to support this conclusion, experiments in progress indicate that the purified Cl $\bar{r}$ -Cl $\bar{s}$  can not bind to the IgG-Sephadex 6B and needs the addition of Clq for its binding to the IgG-Sephadex 6B. In the present experiment, Clq was found to be recovered in the unadsorbed fraction of the DEAE-Sephadex A-50 chromatography. The fact that Clq and the Cl $\bar{r}$ -Cl $\bar{s}$  complex were separated from each other by DEAE-Sephadex A-50 chromatography even in the presence of Ca $^{2+}$  may suggest the affinity of Clq for the Cl $\bar{r}$ -Cl $\bar{s}$  complex to be very weak.

The question on the origin of the Cl $\bar{r}$ -Cl $\bar{s}$  complex remains to be solved. However, the precursor complex, Clr-Cl $\bar{s}$ , can be obtained from ACD-human plasma by DEAE-Sephadex A-50 chromatography and gel filtration on Sephadex G-200 (unpublished data). So, it seems likely that the Cl macromolecule

is partly dissociated by the chelating action of anti-coagulant citrate into Clq and the Clr-Cl $\bar{s}$  complex and then activated during polyethylene glycol fractionation. Activation of Cl by polyethylene glycol was not unexpected matter, since polyethylene glycol was known as a non-immunological effector of complement system in human serum [18].

In relation to the present observation, Valet and Cooper have recently observed the affinity of Clr for Cl $\bar{s}$  to be so high as to form a stable Ca $^{2+}$ -dependent complex [19].

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