

BIOXYTECH® GSH-420™

Quantitative, Colorimetric Determination of Total Glutathione
For Research Use Only. Not For Use In Diagnostic Procedures.

Catalog Number A21023 (AOXRE Catalog Number 21023)

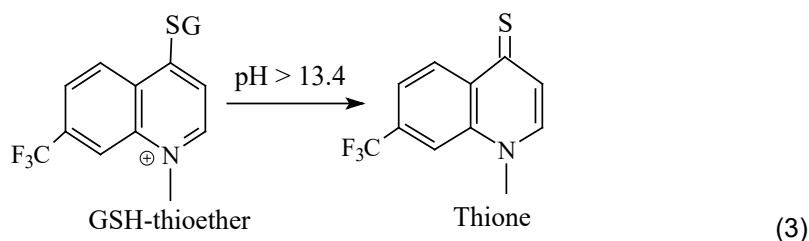
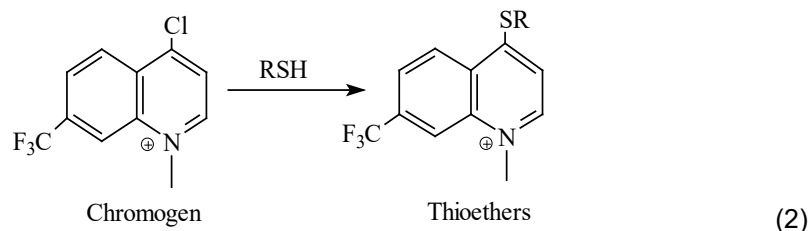
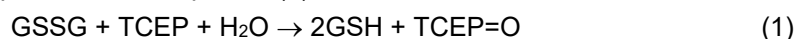
INTRODUCTION

The Analyte

Reduced glutathione (GSH) is an ubiquitous tripeptide (γ -glutamylcysteinylglycine) which functions as a coenzyme, in amino acid transport, in detoxification of xenobiotics and carcinogens, in synthesis of DNA precursors and as an antioxidant.¹ Most GSH in whole blood is found in the erythrocyte.²

Principles of the Procedure

The method is based on the formation of a chromophoric thione³. The absorbance measured at 420 nm is directly proportional to the GSH concentration. There are three steps to the reaction. First, the sample is buffered and the reducing agent, tris(2-carboxyethyl)phosphine (TCEP)⁴, is added to reduce any oxidized glutathione (GSSG) to the reduced state (GSH), equation (1). The chromogen, 4-chloro-1-methyl-7-trifluoromethylquinolinium methylsulfate, is added forming thioethers with all thiols present in the sample, equation (2). Upon addition of base to raise the pH greater than 13, an β -elimination specific to the GSH-thioether results in the chromophoric thione, equation (3).



REAGENTS

Materials Provided (for 100 tests)

- | | |
|-------------------------|--|
| • Chromogen | 1-Methyl-4-chloro-7-trifluoromethylquinolinium methylsulfate in HCl, 20 mL. |
| • Color Developer | NaOH in water, 20 mL. |
| • Reducing Agent | Tris(2-carboxyethyl)phosphine (TCEP) in HCl, 20 mL. |
| • Precipitation Reagent | Trichloroacetic acid (TCA) in water, 2 x 25 mL. |
| • Buffer | Potassium phosphate, Diethylenetriaminepentaacetic acid (DTPA), Lubrol, pH 7.8, 20 mL. |

- Calibrators Low: 75 μ M Glutathione disulfide (150 μ M GSH equivalents) in 125 mM potassium phosphate, pH 7.5, 3 mL.
High: 175 μ M Glutathione disulfide (350 μ M GSH equivalents) in 125 mM potassium phosphate, pH 7.5, 3 mL.

Materials Required But Not Provided

- Any spectrophotometer set to perform absorbance measurements at 420 nm.
- Test tubes.
- Disposable spectrophotometric cuvettes.
- Microcentrifuge tubes.
- Centrifuge.
- Pipettors with disposable tips.
- Vortex mixer.
- Timer or clock.
- 0.9% NaCl (not required for whole blood samples).

Warnings and Precautions

- For research use only. Not for use in diagnostic procedures. For *in vitro* use only.
- The Color Developer and Precipitation Reagent are corrosive and may cause burns. In case of contact with skin or eyes, rinse immediately with plenty of water. Seek medical advice.
- The Color Developer contains sodium hydroxide, which is harmful by inhalation, contact and if swallowed.
- The Precipitation Reagent contains trichloroacetic acid, which is harmful by inhalation, contact, if absorbed through the skin and if swallowed. Toxic. May cause cancer. Vesicant. Target organs/tissue - central nervous system.

Reagent Storage and Handling

Store the reagents at 2-8°C in the dark. Unopened reagents are stable until expiration date printed on the label. The Precipitation Reagent may degrade with time after being opened. A chloroform odor is a sign of degradation. All other opened reagents will perform until the expiration date if they are properly stored and not contaminated during use. Use a new pipet tip for each sample.

PROCEDURE

Sample Collection Guidelines

Erythrocyte Lysates:

1. Draw blood into an anticoagulant tube and mix by inversion.
2. Centrifuge at least 500 μ L whole blood at 2500 *g* for 5 minutes at 4°C.
3. Discard plasma supernatant, wash cells 3 times in ice cold 0.9% NaCl.
4. Resuspend the packed cells in 4 volumes of ice cold deionized water, vortex well.
5. Add 100 μ L of the lysate to a microcentrifuge tube.
6. Add 300 μ L Precipitation Reagent to the tube.
7. Vortex for at least 15 seconds.
8. Centrifuge at 10,000 *g* for 5 minutes at room temperature.
9. Collect the supernatant for assay. If not assayed immediately following precipitation, store on ice for up to 24 hours. For longer storage, supernatant should be frozen at -70°C.

Note: If not lysed immediately, packed cell pellets may be frozen at -70°C.

Whole Blood:

1. Omit steps 2-4 of the above procedure.
2. At step 5, add 100 μ L of whole blood to a microcentrifuge tube.
3. Continue with steps 6-9.

Note: If not assayed immediately, store samples on ice for up to 24 hours. For longer storage, sample should be frozen at -70°C.

Tissue Homogenates:

1. Wash tissue in 0.9% NaCl solution, blot dry.
2. Homogenize tissue in Precipitation Reagent at a ratio of 1 to 20 (w/v).
3. Centrifuge homogenate at 3000 g for 10 minutes at 4°C.
4. Collect upper aqueous layer for assay.

Note: If not homogenized immediately, wrap tissue in aluminum foil and flash-freeze. Store at -70°C.

POTENTIALLY INTERFERING FACTORS

Additives or Preservatives to Use

Table 1 shows the anticoagulants that were tested for interference in the GSH-420 Assay. Interference is calculated as the percent change in absorbance measurement. Potassium oxalate is not recommended for use as an anticoagulant.

Table 1: Anticoagulants

| Test Compound | Tested Concentration | Percent Interference |
|-------------------|----------------------|----------------------|
| Heparin, sodium | 40 U/mL | 1.2 |
| Potassium Oxalate | 15 mg/mL | 14.0 |
| Potassium EDTA | 8 mg/mL | 4.6 |
| Sodium Citrate | 10 mg/mL | 0.9 |
| Sodium Fluoride | 10 mg/mL | -0.6 |

Sample Substances

Table 2 shows potential interfering whole blood constituents were tested for interference in the assay.

Table 2: Whole blood samples.

| Test Compound | Tested Concentration | Percent Interference |
|---------------|----------------------|----------------------|
| Bilirubin | 0.2 mg/mL | 2.0 |
| Cholesterol | 4 mg/mL | 4.2 |
| Albumin | 60 mg/mL | 3.6 |
| Hemoglobin | 5 mg/mL | 0.6 |
| Triglycerides | 10 mg/mL | 1.8 |

Extrinsic Interfering Factors

Table 3 shows selected over-the-counter analgesics were tested for absorbance interference in the assay.

Table 3: Extrinsic Interference Factors

| Test Compound | Tested Concentration | Percent Interference |
|----------------------|----------------------|----------------------|
| Acetaminophen | 200 µg/mL | 4.2 |
| Acetylsalicylic Acid | 500 µg/mL | 0.8 |
| Ibuprofen | 400 µg/mL | 0.1 |

Stability of Final Reaction Material

The final reaction mixture is stable at room temperature, sealed, and **in the dark** for at least 6 days. It is preferable to measure absorbance immediately following 30 minutes of incubation time.

Assay

1. Add 200 μL of sample supernatant (or calibrator) to a test tube or spectrophotometric cuvette.
2. Add 200 μL Buffer to the reaction mixture.
3. Add 200 μL Reducing Agent to the reaction mixture, mix well.
4. Add 200 μL Chromogen to the reaction mixture, mix well.
5. Add 200 μL Color Developer to the reaction mixture, mix well.
6. Incubate at room temperature **in the dark** for 30 minutes.
7. Measure the absorbance at 420 nm.

Details of Calibration

A three-point calibration curve, as shown in figure 1, is prepared with each batch of sample assays using water for the zero point calibrator. A high and a low Calibrator is supplied and then added in Step 1 of the Assay Method. The calibrators are comprised of glutathione disulfide, which is oxidized glutathione (GSSG), and during the assay it is reduced to GSH. Two moles of GSH result from each mole of GSSG.

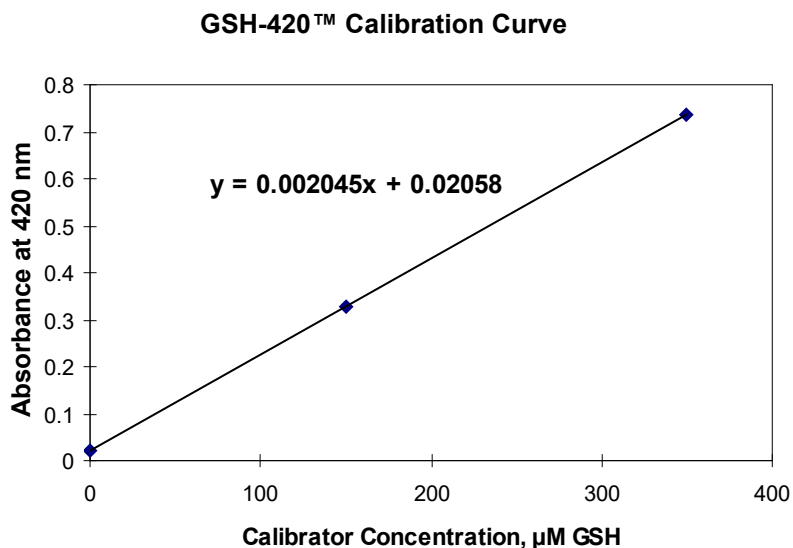


Figure 1: Calibration Curve

Quality Control/Standardization Procedures and Materials

- Frozen (-70°C) pools of erythrocyte lysate or similar preparation may be monitored with appropriate statistical methods to establish control values and acceptable ranges.⁵ Control samples are included with calibration and sample assays. Results outside the established acceptable ranges require remediation and/or repetition.⁶
- Use normalization based on the hemoglobin content, if desired and strongly recommended for erythrocyte lysates.

Calculations

The absorbance at 420 nm is linearly proportional to the concentration of GSH. A calibration curve is established by linear regression of the absorbance *versus* concentration for the three Calibrators including zero. The equation of the line, $A_{420} = m[\text{GSH}] + b$, can be rearranged to solve for concentration of samples in the assay:

$$[\text{GSH}] = \rho(A_{420} - b)/m$$

Where: [GSH] is the GSH concentration in the sample.

ρ is the dilution factor of the original sample prior to its addition to the assay.

A_{420} is the sample absorbance at 420 nm.

b is the intercept from the linear regression.

m is the slope from the linear regression.

Sample Calculation

The following average absorbances were measured for a calibration curve (shown above) and a whole blood sample:

| | | | | |
|--------------------|----------------------------|------------------------------|------------------------------|----------------|
| Sample: | 0 μM Calibrator | 150 μM Calibrator | 350 μM Calibrator | Patient Sample |
| Absorbance: | 0.0208 | 0.3269 | 0.7365 | 0.3324 |

The intercept of the calibration curve is 0.02058, and the slope is 0.002045. Using 0.3324 for absorbance and a dilution factor of 4 (100 μL blood + 300 μL Precipitation Reagent) and solving for the concentration of the sample gives:

$$\begin{aligned} [\text{GSH}] &= \rho (A_{420} - b)/m \\ [\text{GSH}] &= 4(0.3324 - 0.02058)/0.002045 \\ [\text{GSH}] &= 610 \mu\text{M} \text{ (original sample)} \end{aligned}$$

PERFORMANCE CHARACTERISTICS

Specificity

Potentially interfering glutathione analogues were measured in the assay, and the results are listed in table 4 below. To correct for concentration, interference is calculated from the apparent molar extinction coefficient (A_{420}/M) for each analogue as a percentage relative to that of glutathione. Percent Interference = (absorbance per mole test substance / absorbance per mole glutathione) x 100.

Table 4: GSH Analogue Interference

| Test Analogue | Concentration, μM | % Interference |
|--------------------------|------------------------------|----------------|
| Cysteine | 82 | 23.8 |
| N-Acetylcysteine | 80 | 2.0 |
| Captopril | 80 | -0.6 |
| Cysteinylglycine | 80 | 24.2 |
| Dithiotreitol | 80 | 4.1 |
| L-Ergothioneine | 80 | 10.3 |
| Homocysteine | 80 | 2.5 |
| Mercaptosuccinic Acid | 80 | -0.5 |
| Mercaptopropionylglycine | 80 | -0.9 |
| Penicillamine | 80 | 5.4 |
| Lysine | 80 | 0.0 |

Precision

For precision studies, three concentrations of GSSG were prepared in 5% TCA and a human red blood cell lysate was collected. All samples were stored at -70°C in single use aliquots. In addition, one concentration of GSSG was prepared in phosphate buffer and stored at 4°C . All samples were assayed in duplicate twice per day on each of thirteen days for $N = 26$ runs and $N = 52$ replicates. Precision was calculated per NCCLS guidelines.⁹ Table 5 shows this data.

Table 5: Assay Precision

| Sample | Low | Medium | High | Blood | 4°C |
|-----------|-------|--------|-------|-------|-------|
| Mean | 124.3 | 248.6 | 478.6 | 687.7 | 475.1 |
| Intra SD | 2.8 | 3.5 | 7.9 | 18.0 | 3.8 |
| Intra %CV | 2.3 | 1.4 | 1.6 | 2.6 | 0.8 |
| Inter SD | 7.2 | 8.6 | 16.8 | 40.0 | 16.4 |
| Inter %CV | 5.8 | 3.5 | 3.5 | 5.8 | 3.5 |
| Total SD | 7.5 | 9.0 | 17.7 | 42.0 | 16.6 |
| Total %CV | 6.0 | 3.6 | 3.7 | 6.1 | 3.5 |

Sensitivity

The lower limit of detection is defined as the lowest concentration that can be distinguished from zero at a 95% confidence level. It was calculated as the concentration equivalent to the absorbance at 3.29 standard deviations from the absorbance at zero concentration.¹⁰ The LLD is 9 µM in the sample added to the assay.

Accuracy

Four experimental methods of demonstrating accuracy were performed with the GSH-420™ analytical method.

Gravimetric Recovery Method:

The three GSSG samples, as shown in table 6, were prepared in 5% TCA to have actual gravimetric concentrations of 124.4, 248.7, and 496.0 µM GSH equivalents. The average percent recovery is 98.8%, N = 52.

Table 6: Gravimetric Recovery

| Sample | Low | Medium | High |
|------------------|-------|--------|-------|
| Gravimetric | 124.4 | 248.7 | 496.0 |
| Measured | 124.3 | 248.6 | 478.6 |
| Percent Recovery | 99.9% | 100.0% | 96.5% |

Addition Recovery Method:

Three freshly drawn human whole blood samples were spiked with two known concentrations of GSSG. The samples were subjected to the sample preparation procedure and measured in the GSH-420™ Assay. Percent recovery of added glutathione was calculated. The results are shown in table 7.

Table 7: Addition Recovery

| Sample | A | B | C |
|------------------|-------|------|------|
| Neat | 602 | 793 | 825 |
| 264 µM Added | 890 | 1035 | 1058 |
| Percent Recovery | 109 % | 92 % | 88 % |
| 529 µM Added | 1099 | 1289 | 1309 |
| Percent Recovery | 94 % | 94 % | 92 % |

Linearity on Dilution

Extracted whole blood samples were volumetrically diluted with 5% TCA and assayed. The measured concentration was plotted versus the dilution of the original extract sample. Representative dilution plots are presented in figure 2.

Linearity on Dilution

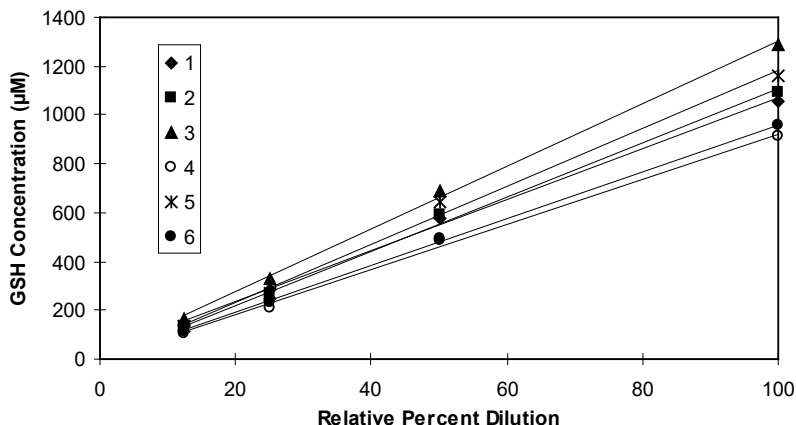


Figure 2: Linearity

Correlation with Reference Assay

The DTNB-Enzyme (Glutathione Reductase) Recycling Assay^{7,8} was utilized as the reference assay (Enzyme Assay). Unscreened human whole blood samples (N=115) were measured in both the GSH-420 Assay and the Enzyme Assay. The correlation of the GSH-420 Assay to the Enzyme Assay was determined by linear regression and is shown in Figure 3. The correlation coefficient (R) obtained is 0.9875.

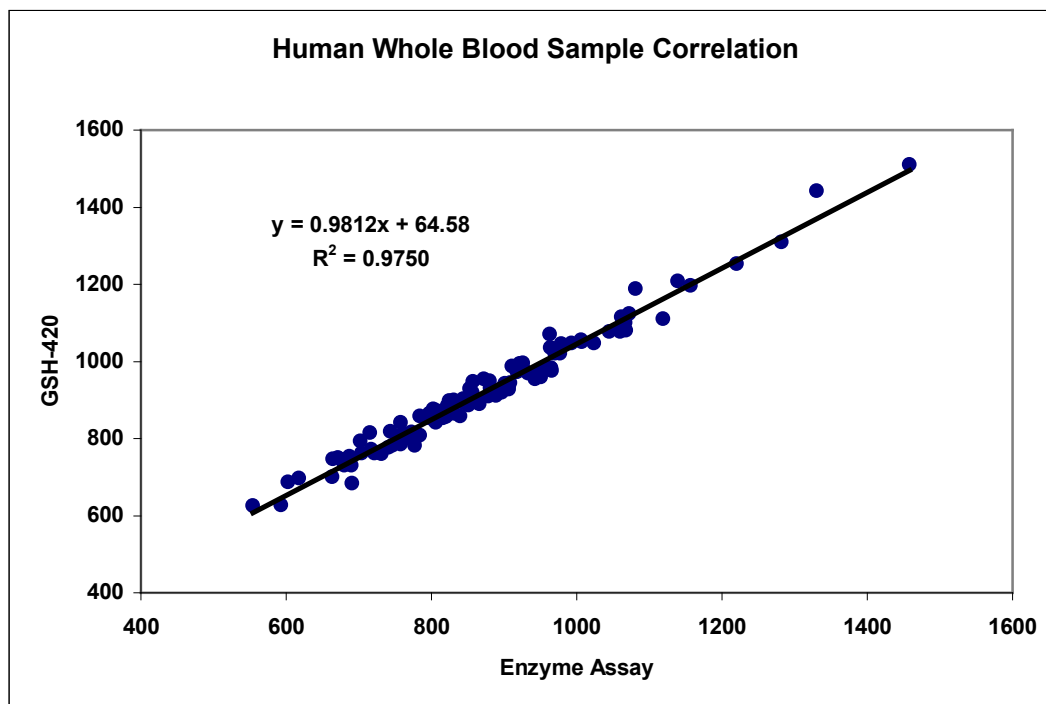


Figure 3: Correlation of GSH-420 Assay to the Enzyme Assay

Assay Range

In order to establish an assay range, samples of increasing GSH concentration were assayed. The highest concentration that maintains linearity is considered the upper limit to the range. The LLD is used for the lower limit. The dose response departs from linearity above 400 µM GSH. This is equivalent to

1600 μM GSH in the pre-extracted whole blood sample. The assay range is 9 - 400 μM in the extracted sample.

Table 8: Assay Linearity Range

| Original Sample | Extracted Sample | Assay Cuvette |
|-----------------------------|---------------------------|----------------------------|
| 36 – 1600 μM GSH | 9 – 400 μM GSH | 1.8 – 80 μM GSH |

Assay Linearity Range Test

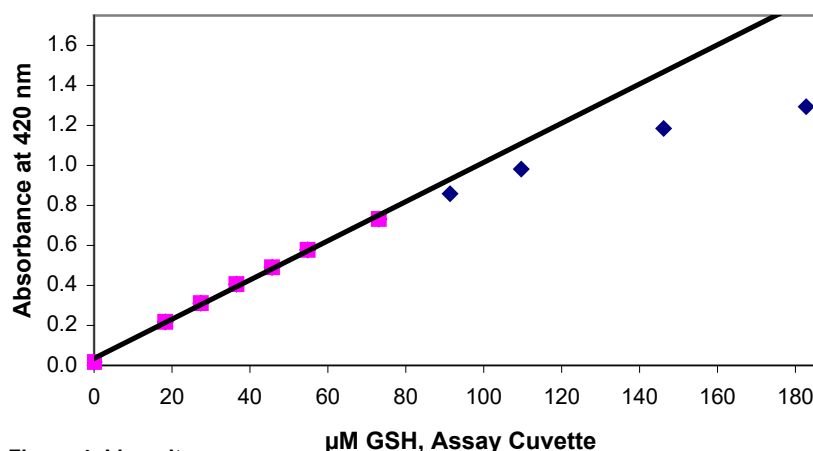


Figure 4: Linearity

NOTES

Limitations

- The chromophore formed in this assay is photosensitive. The reaction mixture must be incubated in the dark. There is a 5% loss in absorbance when exposed to light for 30 minutes and 70% loss after 24 hours.
- Whole blood levels may be higher than the corresponding erythrocyte lysate levels due to plasma interferences.

Expected Values

In laboratory experiments with human blood samples (N = 118), the average GSH concentration in the GSH-420™ Assay was 902 μM (± 146), with a minimum of 568 and maximum of 1511.

REFERENCES

1. Meister, A. and M.E. Anderson, (1983) *Glutathione*, Annual Review of Biochemistry, **52**, 711-760.
2. Michelet, F. et al (1995), *Blood and Plasma Glutathione Measured in Healthy Subjects by HPLC: Relation to Sex, Aging, Biological Variables, and Life Habits*, Clinical Chemistry, **41(10)**, 1509-1517.
3. French Patent No. 9115868, United States Patent 5,817,520.
4. Burns, J.A. et al, (1991) *Selective Reduction of Disulfides by Tris(2-carboxyethyl)phosphine*, Journal of Organic Chemistry, **56**, 2648-2650.
5. National Committee for Clinical Laboratory Standards, (1991) *Internal Quality Control Testing: Principles and Definitions*, NCCLS Approved Guideline C24-A, **11(6)**.
6. U.S. Department of Health and Human Services, Health Care Financing Administration, Public Health Service, (1992) *Clinical Laboratory Improvement Amendments of 1988; Final Rule*, Federal Register, **57(40)**.
7. Richie Jr., J.P. (1996) et al, *Blood Glutathione Concentrations in a Large-Scale Human Study*, Clinical Chemistry, **42(1)**, 64-70.

8. Owens, C.W.I. and R.V. Belcher, (1965) *A Colorimetric Micro-Method for the Determination of Glutathione*, Biochemistry Journal, **94**, 705-711.
9. National Committee for Clinical Laboratory Standards, (1992) *Evaluation of Precision Performance of Clinical Chemistry Devices*, NCCLS Tentative Guideline EP5-T2, **12(4)**.
10. Anderson, D.J., (1989) *Determination of the Lower Limit of Detection*, Clinical Chemistry, **35(10)**, 2152-2153.

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