NCL Method ITA-1

Analysis of Hemolytic Properties of Nanoparticles

Nanotechnology Characterization Laboratory
Frederick National Laboratory for Cancer Research
Leidos Biomedical Research, Inc.
Frederick, MD 21702
(301) 846-6939
ncl@mail.nih.gov
http://www.ncl.cancer.gov

https://ncl.cancer.gov

<u>Method written by:</u>

Barry W. Neun[1]

Edward Cedrone[1]

Marina A. Dobrovolskaia[1,*]

1 - Nanotechnology Characterization Lab, Cancer Research Technology Program, Frederick National Laboratory for Cancer Research sponsored by the National Cancer Institute, Frederick, MD 21702

*-   address correspondence to: marina@mail.nih.gov

Please cite this protocol as:

Neun BW, Cedrone E, Dobrovolskaia MA, NCL Method ITA-1: Analysis of Hemolytic Properties of Nanoparticles. https://ncl.cancer.gov/resources/assay-cascade-protocols

1. Introduction

Erythrocytes comprise approximately 45% of whole blood by volume. Hemolysis refers to the damage of red blood cells leading to the release of erythrocyte intracellular content into blood plasma. When it occurs, *in vivo* hemolysis can lead to anemia, jaundice and other pathological conditions, which may become life threatening. Hemoglobin is a dominant protein carried by erythrocytes. When it is contained inside the cell it plays a key role in carrying oxygen to other cells and tissues. However, extracellular hemoglobin is toxic and may affect vascular, myocardial, renal and central nervous system functions. Therefore, all medical devices and drugs which come in contact with blood are required to be tested for potential hemolytic properties.

2. Principles

This document describes a protocol for quantitative colorimetric determination of total hemoglobin in whole blood (TBH) and plasma free hemoglobin (PFH). An increase in the plasma free hemoglobin is indicative of erythrocyte damage by the test material (a positive control substance or a nanoparticle). Hemoglobin, released from damaged erythrocytes, is unstable and forms several derivatives with difference optical properties. Hemoglobin and its derivatives, except sulfhemoglobin, are oxidized to methemoglobin by ferricyanide in the presence of alkali. Addition of the Drabkin's solution containing cyanide (also called CMH Reagent) converts methemoglobin into CMH form, which is the most stable form of hemoglobin and can then be detected by spectrophotometry at 540 nm. Addition of CMH Reagent to the whole blood sample is needed to lyse erythrocytes and estimate TBH, while its addition to plasma is used to detect PFH. A hemoglobin standard is used to build a standard curve covering the concentration range from 0.025 to 0.80 mg/mL, and to prepare quality control samples at low (0.0625 mg/mL), mid (0.125 mg/mL) and high (0.625mg/mL) concentrations for monitoring assay performance. The results, expressed as percent of hemolysis, are used to evaluate the acute *in vitro* hemolytic properties of nanoparticles. Other versions of the hemolysis assay are available in the literature; these protocols omit reduction of the hemoglobin to its stable CMH form and estimate the amount of hemolysis by measuring oxyhemoglobin at one of its primary absorbance peaks (i.e. 415, 541 or 577nm). These assays have been previously reviewed by

Malinauskas R.A. [1]. The protocol described in this document is based on ASTM International standards [2, 3].

3. Reagents, Materials, and Equipment

Note: The NCL does not endorse any of the suppliers listed below; these reagents were used in the development of the protocol and their inclusion is for informational purposes only. Equivalent supplies from alternate vendors can be substituted. Please note that suppliers may undergo a name change due to a variety of factors. Brands and part numbers typically remain consistent but may also change over time.

3.1   Reagents

    3.1.1   Cyanmethemoglobin (CMH) Reagent (Teco Diagnostics, Anaheim, CA, H526-480)

    3.1.2   Hemoglobin Standard (Cayman Chemical, 700543)

    3.1.3 Ca^{2+}/Mg^{2+}-free PBS (GE Life Sciences, SH30256.01)

    3.1.4   Normal human whole blood anti-coagulated with Li-heparin from at least 3 donors

    3.1.5   Triton X-100 (Sigma, 93443)

3.2   Materials

    3.2.1   Pipettes covering the range 0.05 mL to 10.0 mL

    3.2.2   96-well plates suitable for cell culture

    3.2.4   Polypropylene tubes, 15 mL

    3.2.5   Microcentrifuge tubes, 1.5 mL

3.3   Equipment

    3.3.1   Water bath set at 37°C or incubator set at 37°C with a tube rotator

    3.3.2   Plate reader capable of reading absorbance at 540 nm

    3.3.3   Centrifuge capable of running at 800xg and suitable for vacutainers or larger tubes

    3.3.4   Centrifuge capable of running at 800xg and 18,000xg, and suitable for microcentrifuge tubes

4. Preparation of Standards and Controls

4.1 Calibration Standards

An example of the preparation of standards is shown in Table 1. Volumes can be adjusted as needed. Prepare fresh standards for each experiment, discard leftovers after use. The working stock (WS) solution is prepared by adding 9 mL of CMH reagent to 1 mL of the Hemoglobin Standard.

Table 1. Preparation of Calibration Standards

Standard	Nominal Concentration (mg/mL)	Preparation Procedure
Cal 1	0.80	2 mL of working stock solution
Cal 2	0.40	1 mL Cal 1 + 1 mL CMH reagent
Cal 3	0.20	1 mL Cal 2 + 1 mL CMH reagent
Cal 4	0.10	1 mL Cal 3 + 1 mL CMH reagent
Cal 5	0.05	1 mL Cal 4 + 1 mL CMH reagent
Cal 6	0.025	1 mL Cal 5 + 1 mL CMH reagent

4.2 Quality Controls

An example of the preparation of QC standards samples is shown in Table 2. Volumes can be adjusted as needed. Prepare fresh QC for each experiment, discard leftovers after use.

Table 2. Preparation of Quality Control Standards

Standard	Nominal Concentration (mg/mL)	Preparation Procedure
QC 1	0.625	1.5 mL of WS solution + 0.42 mL CMH reagent
QC 2	0.125	200 μL QC 1 + 800 μL CMH reagent
QC 3	0.0625	100 μL QC 1 + 900 μL CMH reagent

4.3 Positive Control

Any reagent or a nanomaterial which reproducibly induces ≥8% hemolysis in this assay can be used as the assay positive control. Triton X-100 at a stock concentration of 1% (10 mg/mL) is an example positive control. Triton X-100 can be prepared in sterile distilled water and kept refrigerated (nominal temperature of

4°C) for up to 2 weeks. Alternatively, a commercial 10% solution can be used and stored according to the manufacturer's instructions.

4.4   <u>Negative Control</u>

Phosphate buffered saline is supplied as sterile solution and can be used as the negative control. Store the stock solution at room temperature. Alternatively, a solution of polyethylene glycol or any other material known not to be hemolytic can be used as the negative control. When such reagents are used, please refer to the preparation and storage instructions by the reagent manufacturer.

4.5   <u>Vehicle Control</u>

Vehicle control is the buffer or media used to formulate test nanomaterials. Common excipients used in nanoformulations are trehalose, sucrose, and albumin. However, other reagents and materials are also used alone or in combination. Vehicle control should match formulation buffer of the test-nanomaterial by both composition and concentration. This control can be skipped if nanoparticles are stored in PBS.

4.6   <u>Inhibition/Enhancement Control</u>

This control is needed to estimate potential interaction between nanoparticles and plasma-free hemoglobin which masks hemoglobin from detection by the assay. The control is prepared by spiking cell-free supernatant obtained from the positive control sample with nanoparticles at the concentrations matching those analyzed by the assay. For example, if a nanoparticle is tested at four concentrations (1, 0.2, 0.04 and 0.008 mg/mL), then cell-free supernatant derived from the assay positive control should be spiked with 1, 0.2, 0.04 and 0.008 mg/mL of that nanoparticle. This control is helpful in identifying false-negative results when a material with strong hemolytic potential (i.e. >90% hemolysis) is used as the assay positive control. It also helps identifying potential enhancement type interference when a low potency positive control (8-50% hemolysis) is used. Dilution factor 1.1 is used to adjust the test results derived from these samples to account for the PC dilution.

False positive interference resulting from nanoparticle optical properties overlapping with the assay wavelength (540 nm) is identified by nanoparticle only blood free control (see section 4.7).

4.7   Blood Free Control

Nanoparticles diluted in PBS to the same final concentration as those evaluated in the assay using whole blood and subjected to the same manipulation as test samples (i.e. incubation at 37°C for 3 hours, followed by centrifugation and mixing with CMH reagent) can serve as an additional control to rule out false-positive assay results.

5. Preparation of Blood and Study Samples

5.1   Test Samples

This assay requires 1.0 mL of nanoparticle solution, at a concentration 9X the highest final tested concentration, dissolved/resuspended in PBS. The concentration is selected based on the plasma concentration of the nanoparticle at the intended therapeutic dose. For the purpose of this protocol this concentration is called the "theoretical plasma concentration". Considerations for estimating theoretical plasma concentration were reviewed elsewhere [4] and are summarized in Box 1 below.

Box 1. Example Calculation to Determine Nanoparticle Concentration for In Vitro Tests

In this example, we assume a mouse dose of 123 mg/kg. Therefore, the scaled equivalent human dose would be:

$$\text{human dose} = \frac{\text{mouse dose}}{12.3} = \frac{123 \text{ mg/kg}}{12.3} = 10 \text{ mg/kg}$$

Blood volume constitutes approximately 8% of the body weight. Therefore, an average human of 70 kg body weight has approximately 5.6 L of blood. Assuming all the nanoparticle injected goes into the systemic circulation, this provides a rough approximation of the potential maximum nanoparticle concentration in blood, which is used as the in vitro test concentration.

$$\text{in vitro concentration}_{\text{human matrix}} = \frac{\text{human dose}}{\text{human blood volume}} = \frac{70 \text{ kg x } 10 \text{ mg/kg}}{5.6 \text{ L}} = 0.125 \text{ mg/mL}$$

The assay will evaluate 4 concentrations: 10X (or when feasible 100X, 30X or 5X) of theoretical plasma concentration, theoretical plasma concentration and two 1:5 serial dilutions of the theoretical plasma concentration. When the intended therapeutic concentration is unknown, the highest final concentration is 1 mg/mL or the highest reasonably achievable concentration.

For example, if the final theoretical plasma concentration to be tested is 0.2 mg/mL, then a stock of 18 mg/mL will be prepared and diluted 10-fold (1.8 mg/mL), followed by two 1:5 serial dilutions (0.36 and 0.072 mg/mL). When 0.1 mL of each of these samples is added to the test tube and mixed with 0.7 mL of PBS and 0.1 mL of blood, the final nanoparticle concentrations tested in the assay are: 2.0, 0.2, 0.04 and 0.008 mg/mL.

5.2 Blood Preparation

Collect whole blood in tubes containing Li-heparin as an anti-coagulant from at least three donors. Discard the first 10 cc. The blood can be used fresh or stored at 2-8°C for up to 48 hr. On the day of the assay, prepare pooled blood by mixing equal proportions of blood from each donor. Donors are preselected so that compatible blood types are mixed. The assay can also be performed in blood of individual donors.

6. Experimental Procedure

6.1 Take a 2-3 mL aliquot of the pooled blood and centrifuge 15 min at 800xg.

6.2 Collect supernatant. Keep at RT while preparing standard curve, quality controls, and total hemoglobin sample. The collected sample is used to determine plasma free hemoglobin (PFH).

6.3 Add 200 μL of each calibration standard, quality control, and blank (CMH reagent) per well on a 96-well plate. Fill 2 wells for each calibrator and 4 wells for each quality control (QC) and blank. Position test samples so as they are bracketed by QC (See Plate Map 1 Example in Appendix).

6.4 Add 200 μL of total blood hemoglobin (TBH) sample, prepared by combining 20 μL of the pooled whole blood and 5.0 mL of CMH Reagent. Fill 6 wells.

6.5 Add 100 μL of plasma (PFH) per well on 96 well plate. Fill 6 wells.

6.6   Add 100 μL of CMH reagent to each well containing sample.

Important: <u>Do not</u> add cyanmethemoglobin CMH reagent to wells containing calibration standards and quality controls.

6.7   Cover plate with plate sealer and gently shake on a plate shaker for 1-2 min (shaker speed settings should be vigorous enough to allow mixing but avoid spillage and cross-well contamination; e.g. LabLine shaker speed 2-3).

6.8   Read the absorbance at 540 nm to determine hemoglobin concentration. Remember to use the dilution factor 2 for PFH samples and dilution factor 251 for TBH. If calculated PFH concentration is below 1 mg/mL proceed to the next step.

6.9   Dilute pooled whole blood with Ca^{2+}/Mg^{2+}-free PBS to adjust total blood hemoglobin concentration to 10 ± 2 mg/mL (TBHd).

6.10   Set up two racks. Rack 1 contains tubes for the sample incubation with blood. Rack 2 contains tubes for the nanoparticle only (no blood) control. Prepare 6 tubes for each test-sample and place 3 tubes into Rack 1 and 3 tubes into Rack 2. Place 4 tubes for the positive control, 2 tubes for the negative control and 2 tubes for the vehicle control (if the vehicle is PBS, this samples can be skipped) into Rack 1.

6.11   Add 100 μL of the test-sample or control in corresponding tubes in Rack 1 and Rack 2 described in step 6.10.

6.12   Add 700 μL of Ca^{2+}/Mg^{2+}-free PBS to each tube in Rack 1.

6.13   Add 800 μL of Ca^{2+}/Mg^{2+}-free PBS into each tube in Rack 2.

6.14   Add 100 μL of the whole blood prepared in step 6.9 to all tubes in Rack 1.

6.15   Cover tubes and gently rotate to mix.

Note: Vortexing may damage erythrocytes and should be avoided.

6.16   Place the tubes in a water bath set at 37ºC and incubate for 3 hr $\pm$ 15 min, mixing the samples every 30 min. Alternatively, tubes may be incubated on a tube rotator in an incubator set at 37ºC.

6.17   Remove the tubes from water bath or incubator. If a water bath was used, dry excess water with absorbent paper.

6.18   Centrifuge the tubes for 15 min at 800xg.

Note: When centrifugation is complete examine tubes and record any unusual appearance that can help in result interpretation. See example in Figure 1.

***Important**: If nanoparticles have absorbance at or close to 540 nm, removal of these particles from supernatant will be required before proceeding to the next step. For example, 10 - 50 nm colloidal gold nanoparticles have absorbance at 535 nm. After step 6.18, supernatants should be transferred to fresh tubes and centrifuged 30 min at 18, 000xg. Method of nanoparticle removal from supernatant is nanoparticles specific, and when applied, appropriate validation experiments should be conducted to ensure that a given separation procedure does not affect assay performance. In certain cases, removal of particles is not feasible. When this is the case, assay results obtained for a particle incubated with blood are adjusted by subtracting results obtained for the same particle in "minus blood" control (see section 6.13 and refer to samples in Rack 2). Examples of interference and ways to remove it are shown in Figures 2 and 3.*

6.19   Prepare a fresh set of calibrators and quality controls.

6.20   Prepare inhibition enhancement controls by spiking positive control supernatant from step 6.18 with nanoparticles at the final particle concentration as in the test samples.

6.21   To a fresh 96-well plate, add 200 µL of blank reagent, calibrators, quality controls or total blood hemoglobin sample (TBHd) prepared by combining 400 µL of blood from step 6.9 with 5.0 mL of CMH reagent. Fill 2 wells for each calibrator, 4 wells for blank and each quality control, and 6 wells for TBHd sample. As before, position all test samples between quality controls on the plate (See Example Plate Map 2 in Appendix).

6.22   Add 100 µL per well of test samples and controls (positive, negative, and vehicle with and without blood) prepared in step 6.18 as well as IEC from step 6.20. Test each sample in duplicate.

6.23   Add 100 µL of CMH reagent to each well containing sample and controls.

Note: <u>Do not</u> add CMH reagent to wells containing calibration standards, quality controls and TBHd.

6.24   Cover plate with plate sealer and gently shake on a plate shaker (LabLine shaker speed settings 2-3 or as appropriate for a given shaker).

6.25   Read the absorbance at 540 nm to determine concentration of hemoglobin. Remember to use the dilution factor 18 for samples and controls and dilution factor 13.5 for TBHd.

7. Calculations and Result Interpretation

Four-parameter regression algorithm is used to build calibration curve. The following parameters should be calculated for each calibrator and quality control sample:

7.1   Percent Coefficient of Variation (%CV):

$$\frac{\text{Standard Deviation}}{\text{Mean}} \text{ x } 100 \text{ \%}$$

% CV should be calculated for each blank, positive control, negative control and unknown sample.

7.2   Percent Difference From Theoretical (PDFT):

$$\frac{(\text{Calculated Concentration} - \text{Theoretical Concentration})}{\text{Theoretical Concentration}} \text{ x } 100 \text{ \%}$$

7.3   Percent Hemolysis:

(Hemoglobin in test sample/TBHd) *100

7.4.   According to the references 2 and 3, percent hemolysis less than 2 means the test sample is not hemolytic; 2-5% hemolysis means the test sample is slightly hemolytic and > 5% hemolysis means the test sample is hemolytic.

8. Acceptance Criteria

8.1   %CV and PDFT for each calibration standard and quality control should be within 20%. The exception is Cal 6, for which 30 % is acceptable. A plate is accepted if

2/3 of all QC levels and at least one of each level have demonstrated acceptable performance. If not, entire run should be repeated.

8.2   % CV for each positive control, negative control and unknown sample should be within 20%. At least one replicate of positive and negative control should be acceptable for run to be accepted.

8.3   If both replicates of positive control or negative control fail to meet acceptance criterion described in 8.2, the run should be repeated.

8.4   Within the acceptable run, if two of three replicates of unknown sample fail to meet acceptance criterion described in 8.2, this unknown sample should be re-analyzed.

9. Example of Nanoparticle Interference

Figure 1 demonstrates the importance of recording sample appearance after centrifugation to avoid false negative results.
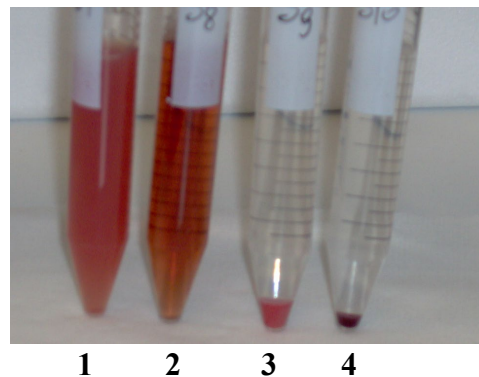

Figure 1. In the picture shown above, polystyrene nanoparticles with a size of 20 nm (tube 1) and polystyrene nanoparticles with a size of 50 nm (tube 2) demonstrated hemolytic activity which can be observed by the color of supernatant. Polystyrene nanoparticles with a size of 80 nm (tube 3) were also hemolytic. However, they absorbed hemoglobin; this can be determined by the pellet size and color. The supernatant of this sample used in assay and measured at 540 nm will demonstrate a negative result. Tube 4 is the negative control. No hemolytic activity was observed in the supernatant, and intact red blood cells formed a tight dark red pellet on the bottom of the tube.
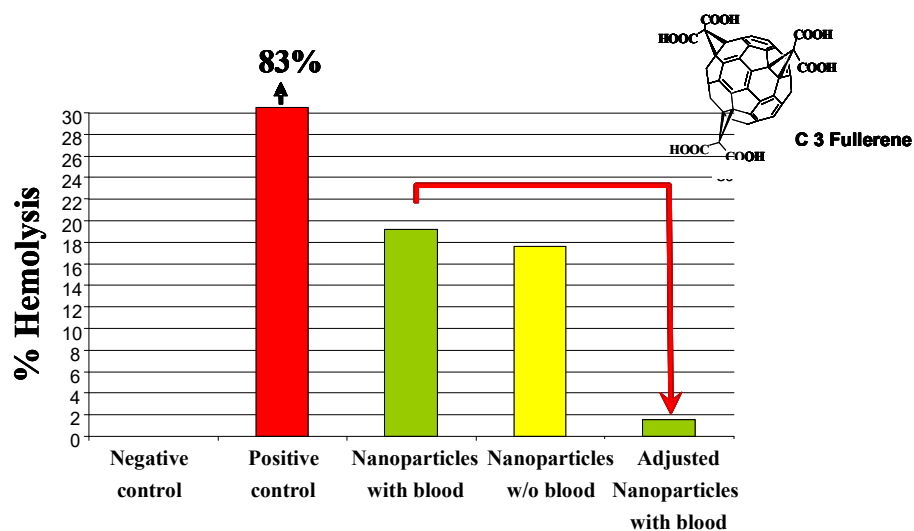
Figure 2. An example of a false-positive result due to nanoparticle absorbance at the assay wavelength. Due to the small size, the fullerene nanoparticle could not be removed from supernatant. Therefore, result adjustment was done to account for interference.
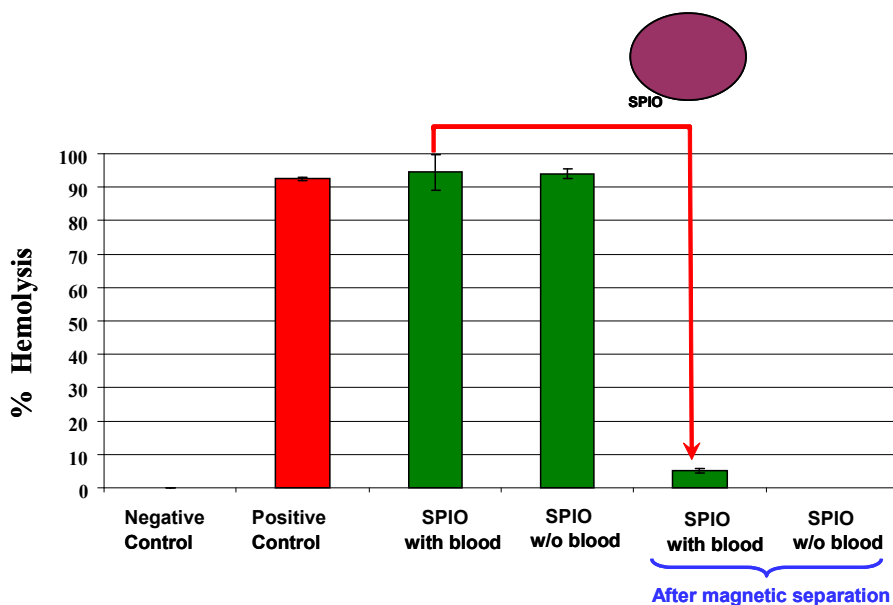

Figure 3. An example of a false-positive result due to nanoparticle absorbance at the assay wavelength. To remove iron oxide nanoparticles from supernatants, tubes containing supernatants were placed on magnets and incubated overnight at 4°C. Particles concentrated on the side of the tube adjacent to magnet, thus allowing removal of particle-free supernatant for analysis.

10. References

1. Malinauskas R.A. Plasma hemoglobin measurement techniques for the in vitro evaluation of blood damage called by medical devices. Artif. Organs 1997, 21:1255-1267

2. ASTM standard practice F 756-00. Assessment of hemolytic properties of materials.

3. ASTM E2524-08 (2013) Standard Test Method for Analysis of Hemolytic Properties of Nanoparticles

4. Dobrovolskaia MA, McNeil SE. Understanding the correlation between in vitro and in vivo immunotoxicity tests for nanomedicines. J Control Release. 2013 Dec 10;172(2):456-66

5. CDER, Guidance for Industry: Estimating the Maximum Safe Starting Dose in Initial Clinical Trials for Therapeutics in Adult Healthy Volunteers, 2005.

6. DeSilva B, Smith W, Weiner R, Kelley M, Smolec J, Lee B, Khan M, Tacey R, Hill H, Celniker A. Recommendations for the bioanalytical method validation of ligand-binding assays to support pharmacokinetic assessments of macromolecules. *Pharm. Res.* 2003; **11**:1885-1900.

7. Bioanalytical method validation. Guidance for industry. FDA/CDER/CVM. May 2001. BP.

11. Abbreviations

API	active pharmaceutical ingredient
Cal	calibration
CMH	cyanmethemoglobin
CV	coefficient of variation
IEC	inhibition/enhancement control
NC	negative control
PBS	phosphate buffered saline
PC	positive control

PFH	plasma free hemoglobin
QC	quality control
SPIO	super paramagnetic iron oxide
TBH	total blood hemoglobin
TBHd	total blood hemoglobin, diluted
TS	test sample
WS	working stock

12. Appendix

Example Plate Map 1

	1	2	3	4	5	6	7	8	9	10	11	12
A	Blank	Cal 1	Cal 2	Cal 3	Cal 4	Cal 5	Cal 6	QC 1	QC 2	QC 3	PFH	PFH
B	Blank	Cal 1	Cal 2	Cal 3	Cal 4	Cal 5	Cal 6	QC 1	QC 2	QC 3	PFH	PFH
C	PFH	TBH	TBH	TBH	Blank	QC 1	QC 2	QC 3				
D	PFH	TBH	TBH	TBH	Blank	QC 1	QC 2	QC 3				
E												
F												
G												
H												

Example Plate Map 2

	1	2	3	4	5	6	7	8	9	10	11	12
A	Blank	Cal 1	Cal 2	Cal 3	Cal 4	Cal 5	Cal 6	QC 1	QC 2	QC 3	TS 1.0 mg/mL	TS 1.0 mg/mL
B	Blank	Cal 1	Cal 2	Cal 3	Cal 4	Cal 5	Cal 6	QC 1	QC 2	QC 3	TS 1.0 mg/mL	TS 1.0 mg/mL
C	TS 1.0 mg/mL	TS 0.2 mg/mL	TS 0.2 mg/mL	TS 0.2 mg/mL	TS 0.04 mg/mL	TS 0.04 mg/mL	TS 0.04 mg/mL	TS 0.008 mg/mL	TS 0.008 mg/mL	TS 0.008 mg/mL	TS (No Blood) 1.0 mg/mL	TS (No Blood) 1.0 mg/mL
D	TS 1.0 mg/mL	TS 0.2 mg/mL	TS 0.2 mg/mL	TS 0.2 mg/mL	TS 0.04 mg/mL	TS 0.04 mg/mL	TS 0.04 mg/mL	TS 0.008 mg/mL	TS 0.008 mg/mL	TS 0.008 mg/mL	TS (No Blood) 1.0 mg/mL	TS (No Blood) 1.0 mg/mL
E	TS (No Blood) 1.0 mg/mL	TS (No Blood) 0.2 mg/mL	TS (No Blood) 0.2 mg/mL	TS (No Blood) 0.2 mg/mL	TS (No Blood) 0.04 mg/mL	TS (No Blood) 0.04 mg/mL	TS (No Blood) 0.04 mg/mL	TS (No Blood) 0.008 mg/mL	TS (No Blood) 0.008 mg/mL	TS (No Blood) 0.008 mg/mL	PC	PC
F	TS (No Blood) 1.0 mg/mL	TS (No Blood) 0.2 mg/mL	TS (No Blood) 0.2 mg/mL	TS (No Blood) 0.2 mg/mL	TS (No Blood) 0.04 mg/mL	TS (No Blood) 0.04 mg/mL	TS (No Blood) 0.04 mg/mL	TS (No Blood) 0.008 mg/mL	TS (No Blood) 0.008 mg/mL	TS (No Blood) 0.008 mg/mL	PC	PC
G	NC	NC	TBHd	TBHd	TBHd	IEC1	IEC 2	IEC3	IEC4	QC 1	QC 2	QC 3
H	NC	NC	TBHd	TBHd	TBHd	IEC1	IEC 2	IEC3	IEC4	QC 1	QC 2	QC 3

IEC – inhibition enhancement control prepared by spiking PC supernatant with test nanoparticles