

- 14 Abshire TC, Brackmann HH, Scharrer I *et al.* Sucrose formulated recombinant human antihemophilic factor VIII is safe and efficacious for treatment of haemophilia A in home therapy. International Kogenate-FS Study Group. *Thromb Haemost* 2000; 83 (6): 811-6.
- 15 Ludlam CA. Viral safety of plasma-derived factor VIII and IX concentrates. *Blood Coagul Fibrinol* 1997; 8 (Suppl. 1): S19-S23.
- 16 Sugawara H, Motokawa R, Abe H *et al.* Inactivation of parvovirus B19 in coagulation factor concentrates by UVC radiation: assessment by an *in vitro* infectivity assay using CFU-E derived from peripheral blood. *Transfusion* 2001; 41: 456-61.
- 17 Brown P. Transmissible human spongiform encephalopathy (Infectious cerebral amyloidosis): Creutzfeldt-Jakob disease, Gerstmann-Sträussler-Scheinker syndrome and kuru. In: Calne DB, ed. *Neurodegenerative Diseases*. Philadelphia: WB Saunders, 1994: 839-76.
- 18 Sparkes RS, Simon M, Cohn VH *et al.* Assignment of the human and mouse prion protein genes to homologous chromosomes. *Proc Natl Acad Sci USA* 1986; 83: 7358-62.
- 19 Gajdusek DC. Infectious amyloids: subacute spongiform encephalopathies as transmissible cerebral amyloidosis. In: Knipe BN, Howley PM, eds. *Field's Virology*, 3rd edn. Philadelphia: Lippincott-Raven Publishers, 1996: 2862-70.
- 20 Prusiner SB, Gajdusek DC, Alpers MP. Kuru with incubation periods exceeding two decades. *Ann Neurol* 1982; 12: 1-9.
- 21 Verity CM, Nicoll A, Will RG, Devereux G, Stelitano L. Variant Creutzfeldt-Jakob disease in UK children: a national surveillance study. *Lancet* 2000; 356: 1224-7.
- 22 Brown P, Preece M, Will R. 'Friendly fire' in medicine: hormones, homografts, and Creutzfeldt-Jakob disease. *Lancet* 1992; 340: 24-7.
- 23 Brown P. Transmission of spongiform encephalopathy through biological products. *Dev Biol Stand* Basel: Karger, 1998; 93: 73-8.
- 24 Will RG, Ironside JM, Zeidler M *et al.* A new variant of Creutzfeldt-Jakob disease in the UK. *Lancet* 1996; 347: 921-5.
- 25 Department of Health. *Monthly statistics* URL: www.doh.gov.uk/cjd/stats/nov01.htm.
- 26 Dorozynski A. France prepares for more cases of vCJD. *BMJ* 2000; 321 (7271): 1241.
- 27 Dervaux A, Vicart S, Lopes F, Le Borgne MH. Psychiatric features of vCJD similar in France and UK. *Br J Psych* 2001; 178: 276.
- 28 Bichard K. Variant Creutzfeldt-Jakob disease found in Ireland. *Lancet* 1999; 353: 2221.
- 29 Ironside J. Prion inactivation - Risk for variant CJD. *PPTA Workshop: 'The policies and science of prions and plasma'*, Washington DC, USA, October 23-24, 2001.
- 30 Collinge J, Sidle KCL, Meads J, Ironside J, Hill AF. Molecular analysis of prion strain variation and the aetiology of 'new variant' CJD. *Nature* 1996; 383: 685-90.
- 31 Bruce ME, Will RG, Ironside JW *et al.* Transmissions to mice indicate that 'new variant' CJD is caused by the BSE agent. *Nature* 1997; 389: 498-501.
- 32 Hill AF, Desbruslais M, Joiner S *et al.* The same prion strain causes nvCJD and BSE. *Nature* 1997; 389: 448-50.
- 33 Scott MR, Will RG, Ironside JW *et al.* Compelling transgenic evidence for transmission of bovine spongiform encephalopathy prions to humans. *Proc Natl Acad Sci USA* 1999; 96 (26): 15137-42.
- 34 Prusiner S. Prions. *Proc Natl Acad Sci USA* 1998; 95: 13363-83.
- 35 Pan K-M, Baldwin M, Nguyen J *et al.* Conversion of α -helices into β -sheets features in the formation of the scrapie prion proteins. *Proc Natl Acad Sci USA* 1993; 90: 10962-6.
- 36 Telling GC, Scott M, Mastrianni J *et al.* Prion propagation in mice expressing human and chimeric PrP transgenes implicates the interaction of cellular PrP with another protein. *Cell* 1995; 83: 79-90.
- 37 Brown DR. Copper and prion disease. *Brain Res Bull* 2001; 55: 165-73.
- 38 Cashman NR, Loertscher R, Nalbantoglu J *et al.* Cellular isoform of the scrapie agent protein participates in lymphocyte activation. *Cell* 1990; 61: 185-92.
- 39 Bendheim PE, Brown HR, Rudelli RD *et al.* Nearly ubiquitous tissue distribution of the scrapie agent precursor protein. *Neurology* 1992; 42: 149-56.
- 40 Meiner Z, Halimi M, Polakiewicz RD, Prusiner SB, Gabizon R. Presence of prion protein in peripheral tissues of Libyan Jews with Creutzfeldt-Jakob disease. *Neurology* 1992; 42: 1355-60.
- 41 Perrini F, Vidal R, Ghetti B, Tagliavini F, Frangione B, Prelli F. PRP₂₇₋₃₀ is a normal soluble prion protein fragment released by human platelets. *Biochem Biophys Res Commun* 1996; 223: 572-7.
- 42 Perini F, Frangione B, Prelli F. Prion protein released by platelets. *Lancet* 1996; 347: 1635-6.
- 43 Dodelet VC, Cashman NR. Prion protein expression in human leukocyte differentiation. *Blood* 1998; 91: 1556-61.
- 44 Holada K, Mondoro TH, Muller J, Vostal JG. Increased expression of phosphatidylinositol-specific phospholipase C resistant prion proteins on the surface of activated platelets. *Br J Haematol* 1998; 103: 276-82.
- 45 Barclay R, Hope J, Birkett CR, Turner ML. Distribution of cell-associated prion protein in normal adult blood determined by flow cytometry. *Br J Haematol* 1999; 107: 804-14.
- 46 Vostal JG, Holada K, Simak J. Expression of cellular prion protein on blood cells: Potential functions in

- cell physiology and pathophysiology of transmissible spongiform encephalopathy diseases. *Transfus Med Rev* 2001; 15: 268–81.
- 47 MacGregor I. Prion protein and developments in its detection. *Transfus Med* 2001; 11: 3–14.
 - 48 Dealler S. A matter for debate: the risk of bovine spongiform encephalopathy to humans posed by blood transfusion in the UK. *Transfus Med* 1996; 6: 217–22.
 - 49 Hill AF, Zeidler M, Ironside JW, Collinge J. Diagnosis of new variant Creutzfeldt–Jakob disease by tonsil biopsy. *Lancet* 1997; 349: 99–100.
 - 50 Hill AF, Butterworth RJ, Joiner S *et al.* Investigation of variant Creutzfeldt–Jakob disease and other human prion diseases with tonsil biopsy samples. *Lancet* 1997; 353: 183–9.
 - 51 Kawashima I, Furukawa H, Doh-ura K, Iwaki T. Diagnosis of new variant Creutzfeldt–Jakob disease by tonsil biopsy. *Lancet* 1997; 350: 68–9.
 - 52 Wadsworth JDF, Joiner S, Hill AF *et al.* Tissue distribution of protease resistant prion protein in variant Creutzfeldt–Jakob disease using a highly sensitive immunoblotting assay. *Lancet* 2001; 358: 171–80.
 - 53 Hilton DA, Fathers E, Edwards P, Ironside JW, Zajicek J. Prion immunoreactivity in appendix before clinical onset of variant Creutzfeldt–Jakob disease. *Lancet* 1998; 352: 703–4.
 - 54 Bruce ME, McConnell I, Will RG, Ironside JW. Detection of variant Creutzfeldt–Jakob disease infectivity in extraneural tissues. *Lancet* 2001; 358: 208–9.
 - 55 Houston DM, Foster JD, Chong A, Hunter N, Bostock CJ. Transmission of BSE by blood transfusion in sheep. *Lancet* 2000; 356: 999–1000.
 - 56 Hadlow WJ, Kennedy RC, Race RE, Eklund CM. Virologic and neurohistologic findings in dairy goats affected with natural scrapie. *Vet Pathol* 1980; 17: 187–99.
 - 57 Hadlow WJ, Kennedy RC, Race RE. Natural infection of Suffolk sheep with scrapie virus. *J Infect Dis* 1982; 146: 657–64.
 - 58 Pattison J. The emergence of bovine spongiform encephalopathy and related diseases. *Emerg Infect Dis* 1998; 4: 390–4.
 - 59 Gibbs CJ Jr, Gajdusek DC, Morris JA. Viral characteristics of the scrapie agent in mice. In: Gajdusek DC, Gibbs CJ Jr, Alpers M, eds. *Slow, Latent, and Temperate Virus Infections*. NINDB monograph no. 2, PHS Publication no. 1378. Washington DC: US Government Printing Office, 1965: 195–202.
 - 60 Clarke MC, Haig DA. Presence of the transmissible agent of scrapie in the serum of affected mice and rats. *Vet Rec* 1967; 80: 504.
 - 61 Dickinson AG, Mielke VMH. Genetic control of the concentration of ME7 scrapie agent in the brain of mice. *J Comp Pathol* 1969; 79: 15–22.
 - 62 Diringier H. Sustained viremia in experimental hamster scrapie. *Arch Virol* 1984; 82: 105–9.
 - 63 Casaccia P, Ladogana A, Xi YG, Pocchiari M. Levels of infectivity in the blood throughout the incubation period of hamsters peripherally injected with scrapie. *Arch Virol* 1989; 108: 145–9.
 - 64 Manuelidis EE, Gorgacz EJ, Manuelidis L. Viremia in experimental Creutzfeldt–Jakob disease. *Science* 1978; 200: 1069–71.
 - 65 Kuroda Y, Gibbs CJ Jr, Amyz HL, Gajdusek DC. Creutzfeldt–Jakob disease in mice: persistent viremia and preferential replication of virus in low-density lymphocytes. *Infect Immun* 1983; 41: 154–61.
 - 66 Brown P, Rohwer RG, Dunstan BC, MacAuley C, Gajdusek DC, Drohan WN. The distribution of infectivity in blood components and plasma derivatives in experimental models of transmissible spongiform encephalopathy. *Transfusion* 1998; 38: 810–6.
 - 67 Brown P, Cervenakova L, McShane LM, Barber P, Drohan WN. Further studies of blood infectivity in an experimental model of transmissible spongiform encephalopathy, with an explanation of why blood products do not transmit Creutzfeldt–Jakob disease in humans. *Transfusion* 1999; 39: 1169–78.
 - 68 Drohan WN, Cervenakova L. Safety of blood products: Are transmissible spongiform encephalopathies (prion diseases) a risk? *Thromb Haemost* 1999; 82: 486–93.
 - 69 Taylor DM, Fernie K, Reichel HE, Somerville RA. Infectivity in the blood of mice with a BSE-derived agent. *J Hospital Infect* 2000; 46: 78–9.
 - 70 Rohwer RG. Titer, distribution, and transmissibility of blood-borne TSE infectivity. Cambridge Healthtech Institute 6th Annual Meeting 'Blood Product Safety: TSE, Perception versus Reality', MacLean, Virginia February 13–15, 2000.
 - 71 Tateishi J. Transmission of Creutzfeldt–Jakob disease from human blood and urine into mice. *Lancet* 1985; ii: 1074.
 - 72 Deslys JP, Lasmezas C, Dormont D. Selection of specific strains in iatrogenic Creutzfeldt–Jakob disease. *Lancet* 1994; 343: 848–9.
 - 73 Manuelidis EE, Kim JH, Mericangas JR, Manuelidis L. Transmission to animals of Creutzfeldt–Jakob disease from human blood. *Lancet* 1985; ii: 896–7.
 - 74 Tamai Y, Kojuma H, Kitajima R *et al.* Demonstration of the transmissible agent in tissue from a pregnant woman with Creutzfeldt–Jakob disease. 1992; 327: 649.
 - 75 Brown P, Gibbs CJ, Rodgers-Johnson P *et al.* Human spongiform encephalopathy. The National Institutes of Health series of 300 cases of experimentally transmitted disease. *Ann Neurol* 1994; 35: 513–29.
 - 76 Brown P, Cervenakova L, Diringier H. Blood infectivity and the prospects for a diagnostic screening test in Creutzfeldt–Jakob disease. *J Lab Clin Med* 2001; 137: 5–15.
 - 77 Davanipour Z, Alter M, Sobel E, Asher DM, Gajdusek DC. Creutzfeldt–Jakob disease: possible medical risk factors. *Neurology* 1985; 35: 1483–6.

- 78 Wilson K, Code C, Ricketts M. Risk of acquiring Creutzfeldt-Jakob disease from blood transfusions: systematic review of case-control studies. *BMJ* 2000; 321: 17-9.
- 79 Kondo K, Kuroiwa Y. A case control study of Creutzfeldt-Jakob disease: association with physical injuries. *Ann Neurol* 1982; 11: 377-81.
- 80 Harries-Jones R, Knight R, Will RG, Cousens S, Smith PG, Matthews WB. Creutzfeldt-Jakob disease in England and Wales. 1980-84: a case control study of potential risk factors. *J Neurol Neurosurg Psychiatry* 1988; 51: 1113-9.
- 81 Esmonde TFG, Will RG, Slattery JM *et al.* Creutzfeldt-Jakob disease and blood transfusion. *Lancet* 1993; 341: 205-7.
- 82 Wientjens DPWM, Davanipour Z, Hofman A *et al.* Risk factors for Creutzfeldt-Jakob disease: a reanalysis of case-control studies. *Neurology* 1996; 46: 1287-91.
- 83 Van Duijn CM, Delasnerie-Laupetire N, Masullo C *et al.* Case-Control study of risk factors of Creutzfeldt-Jakob disease in Europe during 1993-95. *Lancet* 1998; 351: 1081-5.
- 84 Collins S, Law MG, Fletcher A, Boyd A, Kaldor J, Masters CL. Surgical treatment and risk of sporadic Creutzfeldt-Jakob disease: a case-control study. *Lancet* 1999; 353: 693-7.
- 85 Evatt B, Austin H, Barnhart E *et al.* Surveillance for Creutzfeldt-Jakob disease among persons with haemophilia. *Transfus* 1998; 38: 817-20.
- 86 Holman RC, Khan AS, Belay ED, Schonberger LB. Creutzfeldt-Jakob disease in the United States 1979-94: using national mortality data to assess the possible occurrence of variant cases. *Emerg Infect Dis* 1996; 2: 333-7.
- 87 Lee CA, Ironside JW, Bell JE *et al.* Retrospective neuropathological review of prion disease in UK haemophilic patients. *Thromb Haemost* 1998; 80: 909-11.
- 88 Sullivan MT, Schonberger LB, Kessler D, Williams AE, Dodd RY. Creutzfeldt-Jakob disease (CJD) investigational look back study. *Transfusion* 1997; 37 (Suppl.): 2S.
- 89 Heye N, Hensen S, Müller N. Creutzfeldt-Jakob Disease and blood transfusion. *Lancet* 1994; 343: 298-9.
- 90 Volkel D, Zimmermann K, Zerr I *et al.* Immunochemical determination of cellular prion protein in plasma from healthy subjects and patients with sporadic CJD or other neurologic diseases. *Transfusion* 2001; 41: 441-8.
- 91 Shaked GM, Shaked Y, Kariv-Inbal Z, Halimi M, Avraham I, Gabizon R. A protease-resistant prion protein isoform is present in urine of animals and humans affected with prion diseases. *JBC* 2001; 276: 31479-82.
- 92 Miele G, Manson J, Clinton M. A novel erythroid-specific marker of transmissible spongiform encephalopathies. *Nature Med* 2001; 7: 361-4.
- 93 MacGregor I. Prion protein and developments in its detection. *Transfus Med* 2001; 11: 3-14.
- 94 Lee DC, Stenland C, Hartwell R *et al.* Monitoring plasma processing steps with a sensitive Western blot assay for the detection of the prion protein. *J Virol Meth* 2000; 84: 77-89.
- 95 Safar J, Wille H, Itri V *et al.* Eight prion strains have PrP^{Sc} molecules with different conformations. *Nat Med* 1998; 4: 1157-65.
- 96 MacGregor I, Hope J, Barnard G *et al.* Application of a time-resolved fluoroimmunoassay for the analysis of normal prion protein in human blood and its components. *Vox Sang* 1999; 77: 88-96.
- 97 Rubenstein R, Gray PC, Wehlburg CM, Wagner JS, Tisone GC. Detection and discrimination of PrP^{Sc} by multi-spectral ultraviolet fluorescence. *Biochem Biophys Res Comm* 1998; 246: 100-6.
- 98 Schmerr MJ, Jenny A. A diagnostic test for scrapie-infected sheep using a capillary electrophoresis immunoassay with fluorescent-labeled peptides. *Electrophoresis* 1998; 19: 409-14.
- 99 Schmerr MJ, Jenny AL, Bulgin MS *et al.* Use of capillary electrophoresis and fluorescent labeled peptides to detect the abnormal prion protein in the blood of animals that are infected with a transmissible spongiform encephalopathy. *J Chromatog A* 1999; 853: 207-14.
- 100 Bieschke J, Giese A, Schulz-Schaeffer W *et al.* Ultra-sensitive detection of pathological prion protein aggregates by dual-color scanning for intensely fluorescent targets. *Proc Natl Acad Sci USA* 2000; 97: 5468-73.
- 101 Saborio GP, Permanne B, Soto C. Sensitive detection of pathological prion protein by cyclic amplification of protein misfolding. *Nature* 2001; 411: 810-3.
- 102 Fischer MB, Roeckl C, Parizek P, Schwarz HP, Aguzzi A. Binding of disease-associated prion protein to plasminogen. *Nature* 2000; 408: 479-83.
- 103 Maissen M, Roeckl C, Glatzel M, Goldmann W, Aguzzi A. Plasminogen binds to disease-associated prion protein of multiple species. *Lancet* 2001, June 23; 357 (9273): 2026-8.
- 104 Cashman N, Dodelet V, Paramithiôtis E *et al.* A cell surface receptor for the prion protein. *Soc Neurosci Abstract* 1999; 25: 1567.
- 105 Lee DC, Stenland C, Miller JLC *et al.* A direct relationship between the partitioning of the pathogenic prion protein and transmissible spongiform encephalopathy infectivity during the purification of plasma proteins. *Transfusion* 2001. 41: 449-55.
- 106 Kasper CK, Costa e Silva M. *Registry of Clotting Factor Concentrates*, 3rd edn, 2001. Facts and Figures Monograph series, no. 6. Montreal: WFH.
- 107 Foster PR. Assessment of the potential of plasma fractionation processes to remove causative agents of transmissible spongiform encephalopathy. *Transfus Med* 1999; 9: 3-14.

- 108 Foster PR, Welch AG, McLean C *et al.* Studies on the removal of abnormal prion protein by processes used in the manufacture of human plasma products. *Vox Sang* 2000; 78: 86-95.
- 109 Baron H. Plasma prions and production of therapies. PPTA Workshop: 'The policies and science of prions and plasma', Washington DC, USA, October 23-24, 2001.
- 110 Drohan WN. Transmissible spongiform encephalopathies: needs perceived by the blood fractionation industry. International Workshop on Clearance of TSE Agents from Blood Products and Implanted Tissues, Gaithersburg MD, USA, September 13-14, 1999.



Studies on the Removal of Abnormal Prion Protein by Processes Used in the Manufacture of Human Plasma Products

Peter R. Foster^a Anne G. Welch^a Carol McLean^a Brenda D. Griffin^a
John C. Hardy^a Anthony Bartley^a Shirley MacDonald^b Andrew C. Bailey^c

^aScottish National Blood Transfusion Service Protein Fractionation Centre, Edinburgh; ^bScottish National Blood Transfusion Service National Science Laboratory, Edinburgh, and ^cQ-One Biotech Ltd., Todd Campus, West of Scotland Science Park, Glasgow, UK

Abstract

Background and Objectives: To identify if any process steps used in plasma fractionation may have a capability of removing agents of human transmissible spongiform encephalopathy (TSE). **Materials and Methods:** Sixteen fractionation steps were investigated separately by adding a preparation of hamster adapted scrapie 263K to the starting material at each process step and determining the distribution into resultant fractions of protease-K-resistant (abnormal) prion protein by Western blot analysis. **Results:** A number of process operations were found to remove abnormal prion protein to the limit of detection of the assay. These were cold ethanol precipitation of fraction IV (log reduction, LR, ≥ 3.0) and a depth filtration (LR ≥ 4.9) in the albumin process; cold ethanol fraction I+III precipitation (LR ≥ 3.7) and a depth filtration (LR ≥ 2.8) in the immunoglobulin processes and adsorption with DEAE-Toyopearl 650M ion exchanger (LR ≥ 3.5) in the fibrinogen process. In addition, a substantial degree of removal of abnormal prion protein was observed across DEAE-Toyopearl 650M ion exchange (LR = 3.1) used in the preparation of factor-VIII concentrate; DEAE-cellulose ion exchange (LR = 3.0) and DEAE-sepharose ion exchange (LR = 3.0) used in the preparation of factor-IX concentrates and S-sepharose ion exchange (LR = 2.9) used in the preparation of thrombin. **Conclusions:** Plasma-fractionation processes used in the manufacture of

albumin, immunoglobulins, factor-VIII concentrate, factor-IX concentrates, fibrinogen and thrombin all contain steps which may be capable of removing causal agents of human TSEs.

Copyright © 2000 S. Karger AG.

Introduction

The fatal neurodegenerative disorder Creutzfeldt-Jakob disease (CJD) has been transmitted iatrogenically via a number of routes [1] suggesting the possibility that causative agent might also be transmissible by blood products [2]. The identification of a new form of human transmissible spongiform encephalopathy (TSE), 'new variant' CJD (vCJD) [3, 4], confirmation of an association with agent of bovine spongiform encephalopathy (BSE) [5] and evidence that the distribution of the agent of vCJD in human tissues may differ from that of classical CJD [7] led to increased concern that vCJD may be transmissible by plasma products [9]. Consequently, as a precaution measure, the UK government decided to ban the fractionation of plasma donated in the UK [10] and replaced it with plasma purchased outside the UK. Despite this importation of plasma, the risk of transmission of vCJD remains to be defined for those patients who previously have been treated with plasma products derived from donors.

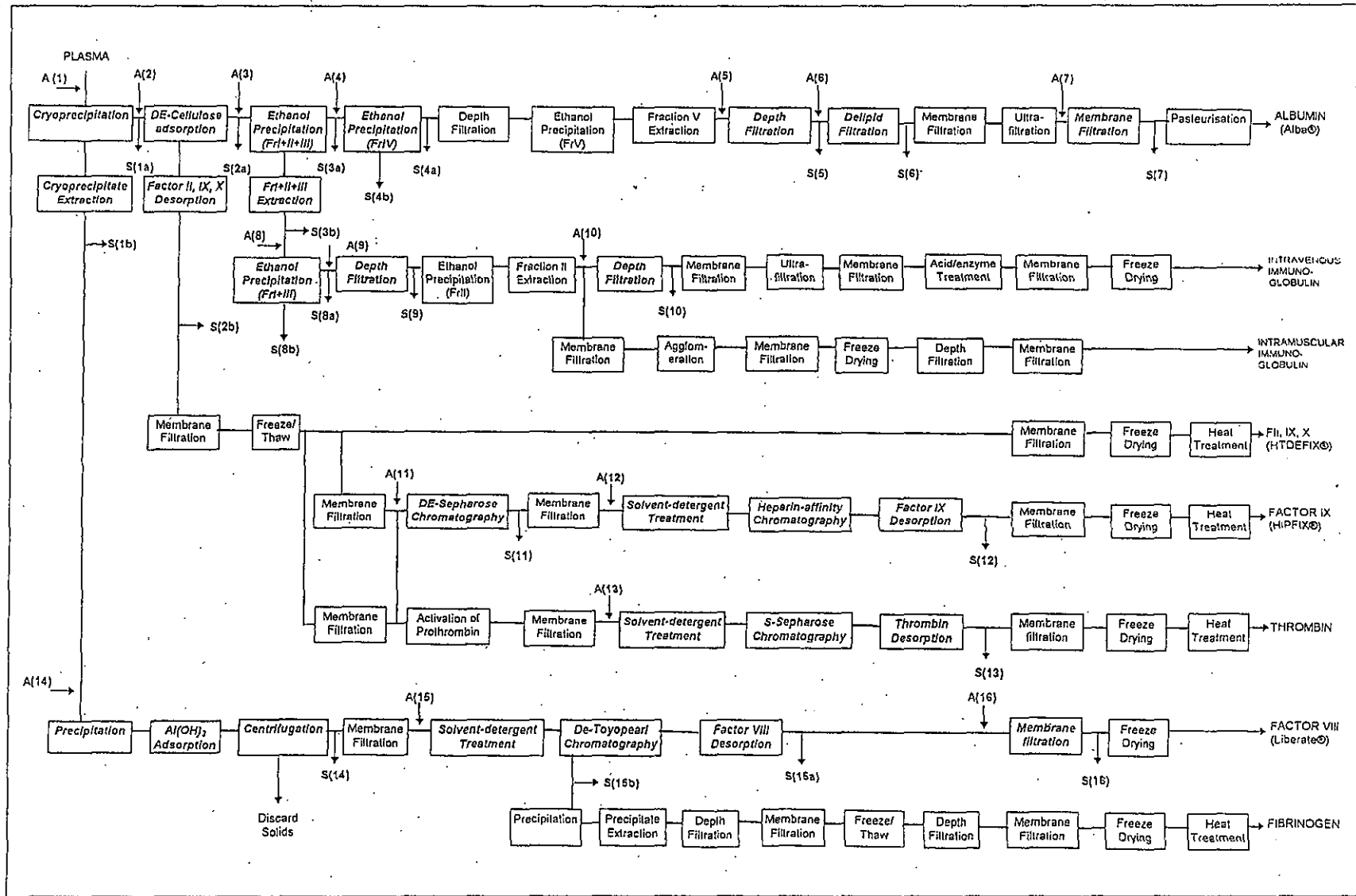
KARGER

Fax +41 61 306 12 34
E-Mail karger@karger.ch
www.karger.com

© 2000 S. Karger AG, Basel
0042-9007/00/782-0086 \$17.50/0

Accessible online at:
www.karger.com/journals/vox

Dr. Peter R. Foster
SNBTS Protein Fractionation Centre
21 Ellen's Glen Road, Edinburgh, EH17 7QT, UK
Tel. +44 131 536 5840/5700, Fax +44 131 536 5781
E-Mail peter.foster@snbts.esa.scot.nhs.uk



Foster/Welch/McLean/Griffin/Hardy/
Bartley/MacDonald/Bartley

phosphate (5 mM) at pH 6.2. Factor II, IX and X solution (210 ml) was applied to the column, which was then treated with 150 ml wash buffer, all at a flow rate of 8.4 ml/min, followed by 10 ml of wash buffer + 280 mM sodium chloride at 1.9 ml/min. Factor IX was eluted using 100 ml wash buffer + 360 mM sodium chloride, pH 7.8 at 1.9 ml/min.

Solvent-Detergent Treatment and Affinity Chromatography of Factor IX (Step 12)

Microsomal inoculum (10 ml) was added to a solution of factor IX (108 ml) which had been prepared by diluting 36 ml of factor IX eluate (step 11) with 72 ml of a solution of citrate (20 mM) + arginine (4.5 g/l), at pH 7.55. Tri(n-butyl)phosphate and Tween-80 were added to 108 ml of 'spiked' factor IX solution to achieve a final concentrations of 0.3 and 1%, respectively [24], the mixture stirred at 25°C for 19 h, then purified by affinity chromatography based on the method of Burnouf et al. [25]. 30 ml heparin-sepharose FF (Pharmacia) was packed into a 26-mm diameter chromatography column (XK 26/20, Pharmacia) using 20 mM citrate. The solvent-detergent (SD)-treated factor IX mixture was applied to the column, the bed washed with 100 ml of 20 mM citrate, treated with 100 ml of 20 mM citrate + 200 mM sodium chloride and factor IX then eluted with 100 ml of a solution of citrate (20 mM) + arginine (4.5 g/l) + sodium chloride (500 mM), all at a flow rate of 3.1 ml/min.

SD Treatment and Ion Exchange Chromatography of Thrombin (Step 13)

Microsomal inoculum (9.5 ml) was added to an unpurified solution of thrombin (197 ml), which had been prepared by calcium activation of the factor II, IX and X eluate (fig. 1; step 2) according to the method of MacGregor et al. [26]. Tri(n-butyl)phosphate and Tween-80 were added to achieve final concentrations of 0.3 and 1.0%, respectively, and the mixture stirred at 25°C for 19 h prior to purification of thrombin by ion exchange chromatography. 20 ml S-sepharose (Pharmacia) was packed into a 26-mm diameter chromatography column (XK 26/10, Pharmacia) and washed with 20 mM trisodium citrate (80 ml) at pH 6.5. The SD-treated thrombin mixture was applied to the column at a flow rate of 8.5 ml/min; the column was washed with 200 ml trisodium citrate (20 mM) and thrombin was then eluted with 80 ml of trisodium citrate (20 mM) + sodium chloride (500 mM) at a flow rate of 4.2 ml/min.

Precipitation and Adsorption of Cryoprecipitate Extract (Step 14)

Microsomal inoculum (9.5 ml) was added to cryoprecipitate extract (215 ml) which had been prepared by resuspending 48 g of frozen washed cryoprecipitate in 20 mM Tris (168 ml) at 20°C. The pH of the extract was adjusted to 6.7 and zinc precipitant (zinc acetate + sodium chloride + trisodium citrate + heparin) added to obtain final concentrations of 0.5 mM zinc, 1 mM citrate and 2.5 IU/ml heparin. The mixture was stirred for 5 min at 20°C, aluminium hydroxide (Al-hydrogel, Superfos, Copenhagen, Denmark) was added to a final concentration of 5%; after stirring for a further 15 min, the suspension was centrifuged at 5,500 g for 15 min at 20°C to recover the supernatant, which was then formulated to 20 mM trisodium citrate and 2.5 mM calcium chloride.

SD Treatment and Ion Exchange Chromatography for Factor VIII and Fibrinogen (Step 15)

Microsomal inoculum (10 ml) was added to a solution of factor VIII (104 ml) of intermediate purity, containing 20 mM trisodium citrate, 2.5 mM calcium chloride, 109 mM sodium chloride, 4.5% w sucrose, 0.3% tri(n-butyl)phosphate and 1% Tween-80. The mixture was incubated with stirring at 25°C for 17 h prior to purification of factor VIII by ion exchange chromatography [27]. 14 ml DEA Toyopearl 650M (TosoHaas GmbH, Stuttgart, Germany) was packed into a 10-mm diameter column (C10/20, Pharmacia) using 2 M sodium chloride and equilibrated with 110 ml of buffer containing 1 mM glycine, 16 mM lysine, 10 mM trisodium citrate, 1 mM calcium chloride and 110 mM sodium chloride at pH 7.0. The SD-treated factor VIII solution was applied to the column followed by 30 ml equilibration buffer and 45 ml equilibration buffer raised to 145 mM sodium chloride, all at a flow rate of 1.3 ml/min. Factor VIII was then eluted using 26 ml of equilibration buffer raised to 250 mM sodium chloride, at a flow rate of 0.8 ml/min. A sample was also taken of the flowthrough (unadsorbed fraction) from the starting material, as this fraction is used in the manufacture of fibrinogen (fig. 1).

Membrane Filtration of Factor VIII (Step 16)

Microsomal inoculum (9.7 ml) was added to factor VIII solution (105.4 ml) with a total protein content of 0.43 g/l, which had been formulated in elution buffer (step 15) plus 0.1% w/v sucrose. Two membrane filters (47-mm discs, Durapore 0.45 µm and 0.22 µm, Millipore) were assembled in series and primed with 12 ml formulation buffer, prior to filtration of factor VIII solution at a rate of 6.4 ml/min. Filtration was halted, due to blockage of the filters, after 40 ml of the 'spiked' factor VIII solution had been processed. The analysis of this step was therefore based on the 40 ml of starting material that was actually filtered.

All samples taken were adjusted to approximately pH 7.0, if necessary, and stored at ≤ -70°C pending analysis. Negative control samples consisted of samples of each starting material taken prior to the addition of microsomal inoculum and samples of fractions obtained from equivalent processing carried out without addition of microsomal inoculum.

Western Blot Determination of PrP^{Sc}

In order to reduce the background signals in the Western blots, a process samples were ultracentrifuged to pellet the PrP^{Sc} fibrils, followed by re-suspension in PBS. For Western blot analysis, two 50-µl aliquots of each sample were incubated at 37°C for 1 h, one in the presence of protease-K (1 µl; 50 µg/ml) and the other serving as an undigested control. After the addition of an equal volume of SD boiling mix (10% SDS; 50 mM Tris/HCl, pH 6.5; containing β-mercaptoethanol), antigens were denatured by incubation in boiling water for 3 min. 30 µl of each sample was then loaded onto a Tris-base 12% polyacrylamide gel (Bio-Rad), and the gels electrophoresed at 150 V until the blue marker was ~1 cm from the bottom of the gel. Pre-stained molecular weight standards were run on the gel to facilitate accurate identification of the size of the immunolabelled bands. Proteins were transferred to Immobilon-P using a semi-dry blotting procedure, and the membranes washed in TTBS (25 mM Tris-HCl, pH 7.6, 0.05% Tween 20 and 0.5 mM NaCl) for approximately 10 min followed by blocking with TTBS containing 5% skimmed milk powder (Marvel) for approximately 1 h. PrP protein was detected using the monoclonal antibody 3F4 specific for hamster PrP [28]. This antibody (supplied by Senetek PLC) reacts with residues 109-112 PrP.