

# SensoLyte<sup>®</sup> Thioflavin T Beta-Amyloid (1-40) Aggregation Kit

# \*Fluorimetric\*

Catalog #	72213
Kit Size	100 Assays (96-well plate format)
• <b>Optimized Performance:</b> Optimal	conditions for AB40 fibrillation.

• *High Speed:* Minimal hands-on time.

• Assured Reliability: Detailed protocol and references are provided.

# Kit Components, Storage and Handling

Component	Description	Quantity
Component A	Assay Buffer	25 ml
Component B	Beta-Amyloid (1-40) (Aβ40), human	0.5 mg (2 x 0.25 mg)
Component C	Thioflavin T (ThT)	20 mM, 100 µl
Component D	Morin	10 mM, 25 µl
Component E	Phenol Red	10 mM, 25 µl

## Other Materials Required (but not provided)

- <u>96-well plate</u>: Non-binding black microplate.
- <u>Fluorescence microplate reader</u>: Capable of detecting emission at 484 nm with excitation at 440 nm.

## **Storage and Handling**

- Store kit components at 4 °C.
- Components B, D, and E should be stored at -20 °C if not used within one week.

## Introduction

Alzheimer's disease (AD), the most common cause of dementia, is characterized by the presence of senile plaques and neurofibrillary tangles, surrounded by damaged neurons. Beta-Amyloid (A $\beta$ ) peptides, A $\beta$ 40 (1-40) and A $\beta$ 42 (1-42), were found to be a major component of the above plaques.

Many studies suggest that these peptides can form toxic oligomers and fibrils under physiological conditions and rapidly aggregate. Since  $A\beta$  aggregation is evidently an essential event in the pathogenesis of AD, a reliable assay is important to study  $A\beta$  fibrillation kinetics and screen for  $A\beta$  aggregation inhibitors.

The SensoLyte<sup>®</sup> ThT A $\beta$ 40 Aggregation kit provides a convenient and standard method to measure A $\beta$ 40 aggregation using Thioflavin T dye. A $\beta$ 40 peptide is pretreated to ensure it is in a monomeric state. An optimized fibrillation buffer is included with the kit, and two known inhibitors are supplied as controls. The assay is based on the property of ThT dye in which fluorescence (Ex/Em=440/484 nm) is increased when bound to aggregated A $\beta$  peptides.



**Figure 1.** An increase of fluorescence signal is correlated with an increase of  $A\beta 40$  fibril formation.

Phenol Red, Morin, Rhodamine B, and Tannic Acid were added at 50  $\mu$ M final concentration to inhibit A $\beta$ 40 aggregation.

Fluorescence signal was monitored at Ex/Em= 440/484 nm every 5 minutes at 37 °C with 15 seconds shaking between reads (Flexstation II-384 fluorimeter, Molecular Devices).

# Protocol

- <u>Note 1:</u> Only the following buffers were tested with this assay: 50mM Tris/150mM NaCl, 20mM HEPES/150mM NaCl, 10mM Phosphate/150mM NaCl (all pH=7.2). Aβ40 may not fibrillate in other buffer systems
- <u>Note 2:</u> The amount of Aβ40 supplied with the kit is enough for 20 assays, more can be purchased separately (Cat. #72215). All other components are enough for 100 assays.

### 1. Prepare working solutions

<u>Note:</u> Bring all kit components, except Component A, to room temperature. Component A should be kept at 4 °C to prevent premature Aβ40 aggregation.

- <u>1.1</u> <u>ThT working solution</u>: Add 100 μl of 20mM ThT (Component C) to 900 μl of the assay buffer (Component A) to get 2mM solution. This amount is enough for 100 assays. Adjust amount of 2mM ThT according to the number of assays to be run.
- <u>1.2</u> <u>Aβ40 peptide solution:</u> Add 1 ml of **cold** assay buffer (Component A) to Aβ40 glass vial. Let peptide hydrate for a few minutes. Sonicate (water bath sonicator) for 3-5 minutes if necessary to completely dissolve peptide. Do not vortex, mix by inversion only. Transfer Aβ40 solution into a centrifuge tube and spin at 10,000 rpm for 5 minutes at 4 °C to centrifuge out any precipitated material.

<u>1.3</u> <u>Inhibitor solutions:</u> Dilute inhibitors (Components D and E) from the 10mM stock solution to 1mM using the assay buffer (Component A). 100 µl of the assay mixture will require 5 µl of the diluted inhibitor to achieve 50µM final concentration. Add 5 µl of the 1mM inhibitor solution into each of the inhibitor control well.

### 2. Set up the fibrillation reaction

- <u>2.1</u> Add 10  $\mu$ l of 2mM ThT (from Step 1.1) into each well.
- 2.2 Add test samples and controls to the microplate wells. The suggested volume of A $\beta$ 40 peptide solution is 85  $\mu$ l and 5  $\mu$ l of the test compound.
- <u>2.3</u> Simultaneously set up the following control wells as deemed necessary:
- $\succ$  Inhibitor control contains Aβ40 (from Step 1.2) and aggregation inhibitor supplied in the Kit, either Morin or Phenol Red (Components D or E), at 50 µM final concentration.
- **Positive control** contains A $\beta$ 40 (from Step 1.2) without inhibitor.
- Vehicle control contains assay buffer (Component A) and the vehicle used in delivering test compound (*i.e.* DMSO, concentration not to exceed 1%).
- > Test Compound contains A $\beta$ 40 peptide (from Step 1.2) and test compound.
- ▶ <u>Test Compound Control</u> contains assay buffer (Component A) and test compound only.
- Blank contains assay buffer (Component A) only.
- <u>2.4</u> Bring the total volume of all samples to 100  $\mu$ l using assay buffer (Component A).

#### 3. Run Fibrillation Assay

3.1 Immediately start measuring fluorescence at 37°C with Ex/Em=440 nm/484 nm and shake for 15 sec between reads to facilitate aggregation. Read every 5 or 10 minutes. <u>Note</u>: If temperature control is unavailable in the fluorescence reader, incubate plate in 37 °C incubator between reads. Protect plate from light.

#### 4. Analysis of Data

- <u>4.1</u> The fluorescence reading from the blank control wells is used as the background fluorescence. This background reading should be subtracted from the readings of the other wells. All fluorescence readings are expressed in relative fluorescence units (RFU).
- <u>4.2</u> Plot fibrillation kinetics curve as RFU versus fibrillation time.
- <u>4.3</u> Determine inhibition %, IC<sub>50</sub>, etc.

#### References

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- 2. Karafin A., et. al., MEDIMOND, (2009) 11-15: 255-259.
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- 4. Liu R., *et. al.*, Neurobiol. of Disease, (2005) **20**: 74-81.
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