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(54) **MARKER USEFUL FOR DETECTION AND MEASUREMENT OF FREE RADICAL DAMAGE AND METHOD**

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(57) **ABSTRACT**

The present invention teaches a marker useful for detection and measurement of free radical damage. Specifically, the

invention takes advantage of alterations which occur to the N-terminus of the albumin molecule, a circulating protein in human blood, in the presence of free radicals. These alterations effect the ability of the N-terminus of the albumin molecule to bind metals. Methods for detecting and quantifying this alteration include evaluating and quantifying the cobalt binding capacity of an albumin containing sample, analysis and measurement of the ability of albumin to bind exogenous cobalt, detection and measurement of the presence of copper in a purified albumin sample and use of an immunological assay specific to the altered form of serum albumin which occurs following free radical damage. Also taught by the present invention is the use of the compound Asp-Ala-His-Lys-R, wherein R is any chemical group capable of being detected when bound to any compound capable of binding to the N-terminus of naturally occurring albumin (including no additional chemical group), for detection and quantification of the marker. Methods of the present invention also include use of the marker as a "biochemical tag," thereby allowing for sensitive detection and measurement of the efficacy of clinical drugs and therapeutics which result in the generation of free radicals, such as Photofrin® (porfimer sodium), or which act to limit free-radical damage. The marker also acts as a "biological tag" of a process implicated in a wide array of diseases and sequelae and, accordingly, may be used to test for the occurrence or non-occurrence of such diseases and sequelae. One such disease is ischemia.

## MARKER USEFUL FOR DETECTION AND MEASUREMENT OF FREE RADICAL DAMAGE AND METHOD

### BACKGROUND OF THE INVENTION

#### [0001] 1. Field of the Invention

[0002] The present invention relates to a marker for detecting and measuring free radical damage; a method for the direct detection and measurement of the damaging activity of free radicals in vivo is provided.

#### [0003] 2. Discussion of the Background

[0004] Free radicals are atoms or groups of atoms with an odd (unpaired) number of electrons and can be formed when oxygen interacts with certain molecules. Once formed these highly reactive radicals can start a chain reaction, like dominoes. Their chief danger comes from the damage they can do when they react with important cellular components such as DNA, or the cell membrane. Cells may function poorly or die if this occurs.

[0005] A free radical is any molecular species capable of independent existence, that contains one or more unpaired valence electrons not contributing to intramolecular bonding, and is—in that sense—“free”. Free radicals are produced by oxidation/reduction reactions in which there is a transfer of only one electron at a time, or when a covalent bond is broken and one electron from each pair remains with each atom. Free radicals are highly reactive, owing to the tendency of electrons to pair—that is, to pair by the receipt of an electron from an appropriate donor or to donate an electron to an appropriate acceptor. Thus, once formed, free radicals initiate a chain reaction, like dominoes—whenever a free radical reacts with a non-radical, a chain reaction is initiated until two free radicals react and then terminate the propagation with a 2-electron bond (each radical contributing its single unpaired electron).

[0006] In biological systems free radicals have a range of transitory existences depending upon their reactivity. Some are stable, e.g. melanins can have a long lifetime, moderately stable ones such as nitric oxide can have lifetimes of ~5 seconds and highly unstable ones such as hydroxyl radicals exist for only a hundredth of a microsecond. The chief danger of free radicals is the damage they can do when they react with important cellular components such as DNA, or the cell membrane. The result on cells of action by free radicals can be diminished or impaired cellular functioning, or even death. For instance, oxygen-free radicals are believed to play a significant role in the aging process. These free radicals often take an electron away from a “target” molecule to pair with their single free electron. This process is referred to as “oxidation” and is a known cause of cellular damage and death. Oxygen-free radicals are also implicated in many diseases including neurodegenerative diseases (ALS, Parkinson’s, Alzheimer’s), cataractogenesis, atherosclerosis, diabetes mellitus, ischemia-reperfusion injury, kwashiorkor, and certain toxicities, to mention only a few.

[0007] There are many sources of free radicals both within and external to cells. Free radicals are produced by normal ongoing metabolism, especially from the electron transport system in the mitochondria and from a number of normally functioning enzymes. Examples of naturally produced free radicals are: xanthine oxidase, cytochrome p450, monoam-

ine oxidase, and nitric oxide synthase. In the brain, free radicals are produced from the autoxidation of norepinephrine and dopamine. The autoxidation of catechols to quinones generates reduced forms of molecular oxygen, sources of free radicals (e.g., superoxide and hydrogen peroxide). One study suggests that oxidants generated by mitochondria are the major source of oxidative lesions that accumulate with age. See Ames, B. N., M. K. Shigenaga and T. M. Hagen, “Oxidants, antioxidants, and the degenerative diseases of aging.” *Proc. Natl. Acad. Sci. USA* 90: 7915-7922 (1993).

[0008] Free radicals also function beneficially in normal physiology, including information processing in the brain. Since free radicals can donate an electron to an appropriate acceptor (“reduction reaction”) or pair their unpaired electron by taking one from an appropriate donor (“oxidation reaction”) they have major influences on the so-called “redox state” in cells—important in normal physiological regulatory reactions. Major free radical targets are molecular complexes that readily give up or acquire a single electron, e.g., those with sulfhydryl/disulfides or with paramagnetic metals (iron, copper). It is calculated that endogenously generated oxygen free radicals make about 10,000 oxidative interactions with DNA per human cell per day (Ames et al., 1993, supra).

[0009] Under normal conditions the damaging actions of oxygen free radicals are minimized by abundant protective and repair mechanisms that cells possess, including many enzymes (e.g. superoxide dismutase, catalase) and redox active molecules (e.g., glutathione, thioredoxin).

[0010] There is currently an overwhelming need for a sensitive test of free radical damage. For instance, it has been found that the DNA in breast cancer tumors that have generated metastases contain more than twice the amount of free radical damage than tumors that remained confined to the breast. The ability to detect this free radical damage would allow identification of an identifiable metastatic pattern or “profile,” which would be of great benefit in determining if newly diagnosed breast cancer was likely to spread and whether aggressive radiation and chemotherapy is needed. See, e.g., Malins D. et al., “Progression of Human Breast Cancers to the Metastatic State Is Linked to Hydroxyl Radical-induced DNA Damage,” *Proc. Natl. Acad. Sci. USA* 93:2557-2563 (1996). However, no viable test exists.

[0011] There currently exists several limited methods for detection of the damaging activity of free radicals in the body. One method uses an isoprostane called IPF2alpha-I, an abundant and stable byproduct of free-radical catalyzed oxidation of arachidonic acid, which is easily detected in urine. Arachidonic acid is a fatty molecule found in cell membranes throughout the body. Pratico D. et al., “Localization of distinct F2-isoprostanes in human atherosclerotic lesions,” *J. Clin. Invest.* 100(8):2028-2034 (1997). Other methods take advantage of the formation of carbonyls from lipids, proteins, carbohydrates, and nucleic acids during oxidative stress. For example, metal-catalyzed, “site-specific” oxidation of several amino acid side-chains has been reported to result in the production of aldehydes or ketones, and peroxidation of lipids to generate reactive aldehydes such as malondialdehyde and hydroxynonenal. These oxidative changes have been detected in situ using 2,4-dinitrophenylhydrazine labeling linked to an antibody system spe-

cific to localized biomacromolecule-bound carbonyl reactivity. See Smith, M. A. et al., "Cytochemical demonstration of oxidative damage in Alzheimer disease by immunochemical enhancement of the carbonyl reaction with 2,4-dinitrophenylhydrazine," *J. Histochem. Cytochem.* 46(6):731-735 (1998). Use of immunochemical assays for detection of carbonyl moieties resulting from oxidative damage to bovine serum albumin has also been reported. See Keller, R. J. et al., "Immunochemical detection of oxidized proteins," *Chem. Res. Toxicol.* 6(4): 430-433 (1993), and Mateos-Nevado, D. J., "Immunological detection and quantification of oxidized proteins by labeling with digoxigenin," *Biosci. Biotechnol. Biochem.* 62(3):419-423 (1998).

[0012] These methods, however, are limited in their usefulness and applicability due to the highly specific and system-limited nature of the markers utilized for detection. The present invention, in contrast, provides a marker for the existence and detection/measurement of free radical damage which is highly sensitive and present in a majority of human fluids and tissues.

#### SUMMARY OF THE INVENTION

[0013] The need for rapid, immediate and continuous detection of free radical damage, locally or systemically, is met by the present invention. The present invention provides a marker for the existence and detection of free radical damage.

[0014] The marker may be used as a "biochemical tag," thereby allowing for sensitive detection and measurement of the efficacy of clinical drugs and therapeutics which result in the generation of free radicals, such as Photofrin® (porfimer sodium), or which act to limit free-radical damage. The marker also acts as a "biological tag" of a process implicated in a wide array of diseases and sequelae and, accordingly, may be used to test for the occurrence or non-occurrence of such diseases and sequelae. One such disease is ischemia.

[0015] Additional advantages, applications, embodiments and variants of the invention are included in the Detailed Description of the Invention and Examples sections.

[0016] As used herein, the term "ischemic event," and "ischemic state" mean that the patient has experienced a local and/or temporary ischemia due to partial or total obstruction of the blood circulation to an organ. Additionally, the following abbreviations are utilized herein to refer to the following amino acids:

Amino acid	Three-letter abbreviation	Single-letter notation
Alanine	Ala	A
Arginine	Arg	R
Asparagine	Asn	N
Aspartic acid	Asp	D
Asparagine or aspartic acid	Asx	B
Cysteine	Cys	C
Glutamine	Gln	Q
Glutamic acid	Glu	E
Glutamine or glutamic acid	Glx	Z
Glycine	Gly	G
Histidine	His	H
Isoleucine	Ile	I
Leucine	Leu	L

-continued

Amino acid	Three-letter abbreviation	Single-letter notation
Lysine	Lys	K
Methionine	Met	M
Phenylalanine	Phe	F
Proline	Pro	P
Serine	Ser	S
Threonine	Thr	T
Tryptophan	Trp	W
Tyrosine	Tyr	Y
Valine	Val	V

[0017] A separate test method for ischemia using the marker of the present invention is described by the inventors herein in pending U.S. patent applications Ser. Nos. \_\_\_\_\_ and \_\_\_\_\_ (both titled "TEST FOR RAPID EVALUATION OF ISCHEMIC STATES AND KIT"), filed Oct. 2, 1998, by the inventors herein (Bar-Or and Lau) in conjunction with inventor J. Winkler, both of which are herein incorporated by reference in their entirety.

#### DETAILED DESCRIPTION OF THE INVENTION

[0018] The present invention teaches a marker useful for detection and measurement of free radical damage. Specifically, the invention takes advantage of alterations which occur to the N-terminus of the albumin molecule, a circulating protein in human blood, in the presence of free radicals. These alterations effect the ability of the N-terminus of the albumin molecule to bind metals.

[0019] Human serum albumin ("HSA") is the most abundant protein in blood (40 g/l) and the major protein produced by the liver. Many other body fluids also contain albumin. The main biological function of albumin is believed to be regulation of the colloidal osmotic pressure of blood. The amino acid and structure of human albumin have been determined. Specifically, human albumin is a single polypeptide chain consisting of 585 amino acids folded into three homologous domains with one free sulfhydryl group on residue #34, having a specific amino acid content as follows:

[0020] Bases: Asp Asn Thr Ser Glu Gin Pro Gly Ala  
Cys Val Met Ile Leu Tyr Phe His Lys Trp Arg

[0021] Residues 39 15 30 22 60 23 25 12 63 35 39 6  
8 61 18 30 16 58 1 23

[0022] The N-terminus of albumin is known to possess metal binding capacity (see Chan et al., "Site-specific N-terminal auto-degradation of human serum albumin," *Eur. J. Biochem.* 277, 524-528 (1995)), and damage to the structure of albumin resulting from the binding of metals such as vanadium, copper and iron has been detected by changes to the thiol groups and the tryptophan residue (Quinlan et al., "Vanadium and copper in clinical solutions of albumin and their potential to damage protein structure," *J. Pharm. Sci.*, 81, 611-614 (1992)). Additionally, oxidative modifications to structure of bovine serum albumin have been noted generally, but not within the N-terminus as in the present invention. See Davies et al., "Protein damage and degradation by oxygen radicals," *J. Biol. Chem.* 262, 9895-9901,

9908-9913 (1987); Marx, G. et al., "Site-specific modification of albumin by free radicals. Reaction with copper(II) and ascorbate," *Biochem. J.* 236(2):397-400 (1986). The present invention takes advantage of the discovery by the present inventors of the previously unknown phenomenon that oxidative modifications to the structure of human serum albumin occur within the N-terminus such that metal binding within the site is effectively precluded.

[0023] While not being bound by any particular theory, it is believed that a combination of two separate phenomena explain the mechanism by which the presence of free radicals causes an alteration of the N-terminus of albumin resulting in a loss of metal-binding capacity. First, it is believed that the alteration may be due to the loss of a proton on the backbone of the alanine residue causing cyclization of the aspartate carboxyl group with the alanine carbon. (Cyclization such as this one has been reported previously for albumin, as an autodegradation process with heat at 57 degrees Celsius. See Chan et al., 1995, supra.) Applicants believe that the cyclization process is accelerated in the presence of free radicals. Second, it is possible that free radicals cause the clipping of the two amino terminals (aspartate-alanine) from the N-terminal of albumin and the cleaved dipeptide undergoes cyclization. Regardless of the underlying mechanism, the effect of free radicals on the N-terminus of albumin is discovered to be a loss of metal binding capacity.

[0024] Methods of Detecting Occurrence or Non-Occurrence of Marker

[0025] The occurrence or non-occurrence of the marker may be detected by the method comprising the steps of (a) contacting a biological sample containing albumin with an excess quantity of a metal ion salt, said metal ion capable of binding to the N-terminus of naturally occurring human albumin, to form a mixture containing bound metal ions and unbound metal ions, (b) determining the amount of bound metal ions, and (c) correlating the amount of bound metal ions to a known value to determine the occurrence or non-occurrence of the marker of the present invention. In this method, said excess quantity of metal ion salt may comprise a predetermined quantity and the quantity of unbound metal ions may be detected to determine the amount of bound metal ions. Additionally, the compound selected from the group consisting of Asp-Ala-His-Lys-R, wherein R is any chemical group capable of being detected when bound to any compound capable of binding to the N-terminus of naturally occurring human albumin, may be utilized to facilitate detection.

[0026] Preferred embodiments of the first method include samples of serum or plasma, or purified albumin. Preferred embodiments also include use of a metal ion salt comprising a salt of a transition metal ion of Groups 1 b-7b or 8 of the Periodic Table of the elements, a metal selected from the group consisting of V, As, Co, Sb, Cr, Mo, Mn, Ba, Zn, Ni, Hg, Cd, Fe, Pb, Au and Ag, or cobalt. Also preferred is detection of the amount of bound metal ions (or, in the case where the excess quantity of metal ion salt is a predetermined quantity, detection of the quantity of unbound metal ions) by atomic absorption or atomic emission spectroscopy or immunological assay. These detection mechanisms are also preferred for determination of the quantity of the compound Asp-Ala-His-Lys-R which is complexed with the

metal ion salt in order to detect the quantity of unbound metal ions. A preferred method for conducting said immunological assay is using an antibody specific to an antigen comprising the compound Asp-Ala-His-Lys-R, wherein R is said metal ion.

[0027] A second method of the present invention for detecting the occurrence or non-occurrence of the marker of the present invention comprises the steps of: (a) contacting a biological sample containing albumin with a predetermined excess quantity of a salt of a metal selected from the group consisting of V, As, Co, Sb, Cr, Mo, Mn, Ba, Zn, Ni, Hg, Cd, Fe, Pb, Au and Ag, to form a mixture containing bound metal ions and unbound metal ions, (b) contacting said mixture with an aqueous color forming compound solution to form a colored solution, wherein said compound is capable of forming color when bound to said metal ion, (c) determining the color intensity of said colored solution to detect the presence of unbound metal ions to provide a measure of bound metal ions, and (d) correlating the amount of bound metal ions to a known value to determine the occurrence or non-occurrence of the marker of the present invention. Preferred embodiments of this method include the additional step of diluting said colored solution with an aqueous solution isosmotic with blood serum or plasma prior to step (c). Also preferred are: using ferrozine as the color forming compound, and, alternatively, using the compound Asp-Ala-His-Lys-R, wherein R is any group capable of forming color when bound to said metal ion as the aqueous color forming compound. Conducting steps (b) and (c) in a pH range of 7 to 9 is preferred. Further, conducting steps (b) and (c) using a spectrophotometer is preferred. Preferred samples in this method also comprise serum, plasma, or purified albumin. A preferred metal ion salt is cobalt.

[0028] A third method of the present invention for detecting the occurrence or non-occurrence of the marker of the present invention comprises the steps of: (a) detecting the amount of copper ions present in a purified albumin sample, and (b) correlating the quantity of copper ions present with a known value to determine the occurrence or non-occurrence of the marker of the present invention. Preferred methods for detection of the amount of copper ions present in the purified albumin sample are by atomic absorption, atomic emission spectroscopy and immunological assay. A preferred method of conducting said immunological assay uses an antibody specific to an antigen comprising the compound Asp-Ala-His-Lys-R, wherein R is copper.

[0029] A fourth method of the present invention for detecting the occurrence or non-occurrence of the marker of the present invention comprises the steps of: (a) contacting a purified albumin sample of said patient, with an aqueous color forming compound solution to form a colored solution, wherein said compound is capable of forming color when bound to copper, (b) determining the color intensity of said colored solution to determine the amount of copper in said sample, and (c) correlating the amount of copper to a known value to determine the occurrence or non-occurrence of the marker of the present invention. Preferred embodiments of this method include the additional step of diluting said colored solution with an aqueous solution isosmotic with blood serum or plasma prior to step (b). Also preferred are: using ferrozine as the color forming compound, and, alternatively, using the compound Asp-Ala-His-Lys-R, wherein

R is any group capable of forming color when bound to copper ion as the aqueous color forming compound. Conducting steps (a) and (b) in a pH range of 7 to 9 is preferred. Further, conducting step (b) using a spectrophotometer is preferred.

**[0030]** Method of Using Marker to Assess Clinical Efficacy of Photosensitizing Agents Used in Photodynamic Therapy for the Treatment of Tumors

**[0031]** A method of the present invention uses the marker to assess the clinical efficacy of photosensitizing agents (and light-activated compounds) used in photodynamic therapy for the treatment of tumors, such as Photofrin® (porfimer sodium). In this procedure, a photosensitizing chemotherapeutic agent is injected into the blood stream, followed by application of low energy, non-thermal laser light 40 to 50 hours after injection, directly to the vicinity of the tumor. The laser light in combination with the photosensitizing agent, which is retained at much higher concentrations in the tumor tissue than normal tissue, causes destruction of the tumor cells. Normal tissues remain virtually untouched. Detection of the existence of the marker, and a corresponding change in the level thereof during the application of the laser, provides a indication (and allows for quantitation) of the effectiveness of the photodynamic therapy. Several methods allow for detection and measurement of the marker. For instance, a metal ion salt may be mixed with a purified albumin sample obtained from a patient serum, plasma, fluid or tissue sample. The metal ion salt will not bind with the marker due to the alteration of the binding site of the N-terminus. Accordingly, the existence and concentration of the marker can be determined by detection of the presence and quantity of bound or unbound metal ion. Measurement can be conducted by atomic absorption, infrared spectroscopy, high-performance liquid chromatography ("HPLC") or other standard or non-standard methods, including radioactive immunoassay techniques.

**[0032]** A greater understanding of the present invention and of its many advantages may be had from the following examples, given by way of illustration. The following examples are illustrative of some of the methods, applications, embodiments and variants of the present invention. They are, of course, not to be considered in any way limitative of the invention. Numerous changes and modification can be made with respect to the invention with departing from the spirit or scope of the invention.

#### Experiments

**[0033]** In Vitro Models

**[0034]** An in vitro experimental model was conducted using an octapeptide having the same eight amino acid sequence as the N-terminus of human albumin. The following preliminary experiments (Nos. 1 through 11) demonstrate the properties and critical characteristics of the peptide probe.

#### EXAMPLE 1

**[0035]** Measurement of Cobalt Binding to HSA and Octapeptide Using Cold Cobalt Binding Assay.

**[0036]** OBJECTIVE: To investigate cobalt binding to the octapeptide and human serum albumin using cold cobalt binding assay.

**[0037]** EXPERIMENTAL: Octapeptide synthesized at the Inorganic Chemistry Department (BAM 1, Pat Ingrey, Cambridge):  $\text{NH}_2\text{-Asp-Ala-His}^+\text{-Lys}^+\text{-Ser-Glu-Val-Ala-CONH}_2$  Molecular weight: 855.4 Da.

**[0038]** SOLUTIONS:  $\text{COCl}_2$  0.1% (w/v)=4.2 mM; HSA 3% (w/v)(in 75 mM HEPES pH 7.4)=0.45 mM; Octapeptide 0.965 mM (in 75 mM HEPES pH 7.4); HEPES 75 mM pH 7.4; DTT 0.15% (w/v); NaCl 0.85% (w/v)

**[0039]** METHOD: To two tubes each containing 200  $\mu\text{L}$  of 75 mM HEPES pH 7.4 or 0.45 mM HSA in HEPES or 0.965 mM Peptide in HEPES add 50  $\mu\text{L}$   $\text{CoCl}_2$  0.1%; Allow to stand at room temperature for 10 minutes; Add 50  $\mu\text{L}$  DTT 0.15% to one tube (test tube) and distilled  $\text{H}_2\text{O}$  to the other (control tube); Keep for 2 minutes at room temperature; Add 1 ml NaCl 0.85%; Measure the absorbance at A470 nm of the test tube versus the blank.

ID	A470 nm		mean A470	% bound
75 mM HEPES Ph 7.4	1.087	1.083	1.085	0.0
0.45 mM HSA in HEPES pH 7.4	0.668	0.643	0.656	39.5
0.965 mM Peptide in HEPES pH 7.4	0.638	0.655	0.647	40.4

**[0040]** CONCLUSIONS: Under the conditions used for the binding measurements, this experiment shows that: 1. Cobalt binds to the "octapeptide" (N-Asp-Ala-His<sup>+</sup>-Lys<sup>+</sup>-Ser-Glu-Val-Ala); 2. However the octapeptide (0.965 mM) binds cobalt with a stoichiometry of 1:2.3.

#### EXAMPLE 2

**[0041]** Mass Spectrometry of Octapeptide after the Addition of Cobalt.

**[0042]** OBJECTIVE: To investigate whether mass spectral study would provide molecular weight information for the octapeptide and its corresponding cobalt complex.

**[0043]** SOLUTIONS: Ammonium acetate 20 mM-pH 7.4 (with dilute ammonia solution);  $\text{CoCl}_2$  20  $\mu\text{M}$  (in HPLC grade  $\text{H}_2\text{O}$ ); Octapeptide 9.5  $\mu\text{M}$  (in HPLC grade  $\text{H}_2\text{O}$ ).

**[0044]** METHOD: 20  $\mu\text{M}$   $\text{CoCl}_2$  (100  $\mu\text{l}$ ) was added to 9.5  $\mu\text{M}$  octapeptide (100  $\mu\text{l}$ ) and mass spectrometry carried out.

**[0045]** RESULTS: The main molecular ion peak was observed at 855.4 Da, with minor peaks at 877.4 Da and 893.4 Da probably as a result of sodium and potassium cluster ions. After the addition of cobalt, an extra molecular ion peak was observed at 912.3 Da.

**[0046]** CONCLUSIONS: Octapeptide shows a molecular ion at 855 Da consistent with the expected molecular weight of the peptide moiety. Octapeptide plus cobalt complex shows a molecular ion at 912 Da suggesting that at least two protons are removed during the complex formation.

#### EXAMPLE 3

**[0047]** Spectrophotometric Analysis of the Octapeptide and Octapeptide-Cobalt Complex

**[0048]** OBJECTIVE: It is clear from the previous mass spectrometry evidence that cobalt forms a complex with the

octapeptide with a concomitant loss of two possible protons. Metal complexes in general show distinct absorption in the UV range and in many cases these complexes show either a hypsochromic or a bathochromic shift in the spectra. These shifts can be correlated to provide the energy of binding. It was therefore anticipated that the octapeptide-cobalt complexation would provide such information.

[0049] **METHOD:** The quartz cuvette contained 800  $\mu$ l octapeptide+200  $\mu$ l H<sub>2</sub>O (control) or CoCl<sub>2</sub> (complex). Spectra were run from 180 to 800 nm on a single beam spectrophotometer.

[0050] **CONCLUSIONS:** Cobalt and octapeptide individually have peak absorbances at <200 and 225 nm respectively with little overlap. Following addition of a CoCl<sub>2</sub> solution to octapeptide (1.1:1) there was no significant shift in the k max (220 nm). The absorption band at this region broadened indicating complex formation, but the result could not be used to determine the binding energy (constant).

#### EXAMPLE 4

[0051] **Mass Spectrometry of Octapeptide After The Addition of Cobalt**

[0052] **OBJECTIVE:** To investigate whether mass spectral study would provide molecular weight information for the peptide and its corresponding cobalt complex.

[0053] **METHOD:** 20 or 200  $\mu$ M CoCl<sub>2</sub> (100  $\mu$ l) was added to 22.9  $\mu$ M octapeptide (100  $\mu$ l) to give ratios of cobalt: octapeptide of 1:1.1 and 8.7:1 respectively. Mass spectra for the two samples were carried out as per conditions detailed in the previous experiment.

[0054] **RESULTS:** One major molecular ion peak was observed at 855.4 Da representing the octapeptide alone. After the addition of 20  $\mu$ M cobalt to the octapeptide, two peaks were observed, a major peak at 855.3 representing octapeptide only plus a minor peak at 912.2 Da representing octapeptide-cobalt complex. Peak ratio of free octapeptide to octapeptide-cobalt complex was 1:0.15. A similar profile was observed following the addition of 200  $\mu$ M cobalt to the octapeptide. Peak ratio of free octapeptide to octapeptide-cobalt complex was 1:0.9.

[0055] **CONCLUSIONS:** On addition of cobalt (59 Da) to the octapeptide, the molecular ion peak should occur at 914 Da. The actual peak occurs at 912 Da, representing the loss of two protons. On addition of increasing concentrations of cobalt the peak ratio of free octapeptide to octapeptide-cobalt complex increased.

#### EXAMPLE 5

[0056] **The Effect of Oxygen on the Binding Capacity of the Octapeptide for Cobalt**

[0057] **OBJECTIVE:** Previous experiments have highlighted the requirement of oxygen in promoting cobalt binding to HSA. It may be anticipated that similar effects could be observed in the manner of cobalt binding to the octapeptide.

[0058] **METHOD:** Octapeptide-cobalt complex (no oxygen): HPLC grade H<sub>2</sub>O was bubbled with 100% helium for 10 minutes prior to use and used to prepare the above

solutions. These were further deoxygenated for 10 minutes before adding 200  $\mu$ M CoCl<sub>2</sub> (2 ml) to 22.9  $\mu$ M octapeptide (2 ml). This mixture was again deoxygenated for 10 minutes prior to analysis by HPLC.

[0059] **Octapeptide-cobalt complex (with oxygen):** HPLC grade H<sub>2</sub>O was bubbled with 100% oxygen for 10 minutes prior to use and used to prepare the above solutions. These were further oxygenated for 10 minutes before adding 200  $\mu$ M CoCl<sub>2</sub>, (2 ml) to 22.9  $\mu$ M octapeptide (2 ml). This mixture was again oxygenated for 10 minutes prior to analysis by HPLC.

[0060] **HPLC Analysis:** Chromatography was carried out on a KS437 styrene/DVB polymer column (4.6 mm $\times$ 150 mm, pore diameter 100-150 A, BioDynamics) under isocratic conditions of 2% acetonitrile in 30 mM Ammonium acetate pH 8.0 at a flow rate of 2 ml/min. Peaks were detected at 230 nm. Chromatography gave two distinct peaks at 230 nm, the first peak representing octapeptide-cobalt complex and the second peak representing free octapeptide. Octapeptide-Co<sup>2+</sup> complex formed in the presence of oxygen gave a higher ratio of complex over free peptide, as indicated by the first peak being the larger of the two. Octapeptide-Co<sup>2+</sup> complex formed in the absence of oxygen again gives two peaks but the second peak is now the larger of the two, indicating less complex formation.

[0061] **CONCLUSIONS:** It would appear that oxygenated conditions enhance cobalt binding to the octapeptide.

#### EXAMPLE 6

[0062] **The Effect of pH on the Octapeptide**

[0063] **OBJECTIVE:** To optimize chromatography conditions for analysis of octapeptide by HPLC.

[0064] **METHOD:** The octapeptide was analyzed by HPLC using a KS437 styrene/DVB Polymer column (4.6 mm $\times$ 150 mm, pore diameter 100-150 A, 'BioDynamics) under isocratic conditions of 2% acetonitrile in 30 mM Ammonium acetate at pH 6.2, 7.5 and 8.0 at a flow rate of 2 ml/min. Peaks were detected at 230 nm.

[0065] **RESULTS:** At pH 6.2, the octapeptide eluted after 1.6 min. At pH 8.0 the retention time had increased to 2.1 min. When the octapeptide was run at pH 7.5, two peaks were observed at 1.6 and 2.1 min.

[0066] **CONCLUSIONS:** The octapeptide exists in two forms depending on pH. The protonated form elutes at pH 6.2, and the deprotonated form at pH 8.0.

#### EXAMPLE 7

[0067] **The Effect of pH on the Binding of Cobalt to the Octapeptide**

[0068] **OBJECTIVE:** It was reported that the peptide peak 'shifted' when a solution of cobalt chloride was added to the octapeptide. It was decided to investigate this phenomenon fully as this would provide a direct tool for the determination of several parameters of cobalt binding to the octapeptide.

[0069] **METHOD:** 200 mM CoCl<sub>2</sub> (30  $\mu$ l) was added to 2.3 mM octapeptide (270  $\mu$ l), incubated at room temperature for 10 minutes and analyzed by HPLC. HPLC analysis: The octapeptide-cobalt complex was analyzed by HPLC using a KS437 styrene/DVB polymer column (4.6 mm $\times$ 150 mm,

pore diameter 100-1 50 A, BioDynamics) under isocratic conditions of 2% acetonitrile in 30 mM Ammonium acetate at pH 6.2 and 8.0 at a flow rate of 2 ml/min. Peaks were detected at 230 nm.

**[0070] RESULTS:** At pH 6.2, a single peak eluted after 1.6 min in the presence and absence of cobalt. At pH 8.0 however a single peak eluted after 1.2 min in the presence of cobalt and at 2.1 min in the absence of cobalt.

**[0071] CONCLUSIONS:** The octapeptide exists in two forms depending on pH. The protonated form that elutes at pH 6.2 is unable to bind cobalt and therefore its elution profile is unchanged. In contrast, the deprotonated form which exists at pH 8.0 is able to bind cobalt, resulting in an increased UV absorption and a decreased retention time, 1.2 min as opposed to 2.1 min for the free octapeptide.

#### EXAMPLE 8

**[0072]** The Titration of the Octapeptide with Increasing Concentrations of Cobalt

**[0073] OBJECTIVE:** To determine whether increasing concentrations of cobalt resulted in a corresponding increase in octapeptide-cobalt complex formation.

**[0074] METHOD:** Octapeptide was used at a final concentration of 2.1 mM throughout, with increasing concentrations of  $\text{CoCl}_2$ , as shown in the Table below:

[ $\text{CoCl}_2$ ] (mM)	Vol $\text{CoCl}_2$ added ( $\mu\text{l}$ )	[Octapeptide] (mM)	Vol octapeptide added ( $\mu\text{l}$ )	Ratio of octapeptide: $\text{CoCl}_2$
0	0	2.3	27	1:0
1	3	2.3	27	21:1
1.25	3	2.3	27	16.8:1
2.25	3	2.3	27	9.3:1
4.5	3	2.3	27	4.7:1
10	3	2.3	27	2.1:1
18	3	2.3	27	1.2:1
36	3	2.3	27	1:1.7
72	3	2.3	27	1:3.4
200	3	2.3	27	1:9.5

**[0075] HPLC analysis:** The octapeptide-cobalt complex was analyzed by HPLC using a KS437 styrene/DVB polymer column (4.6 mm $\times$ 150 mm, pore diameter 100-150 A, BioDynamics) under isocratic conditions of 2% acetonitrile in 30 mM Ammonium acetate at pH 8.0 at a flow rate of 2 ml/min. Peaks were detected at 230 nm.

**[0076] RESULTS:** Mean % Peak Height:

Final [ $\text{CoCl}_2$ ] (mM)	Peak 1 (Octapeptide- Co complex)	Peak 2 (unknown)	Peak 3 (Octapeptide)
0	—	3.72	96.28
0.1	7.44	7.08	85.49
0.125	9.79	7.55	82.66
0.225	15.65	15.66	68.52
0.45	25.36	19.67	54.98
1.0	58.66	—	50.42
1.8	61.19	14.97	23.85
3.6	69.55	13.69	16.76

-continued

Final [ $\text{CoCl}_2$ ] (mM)	Peak 1 (Octapeptide- Co complex)	Peak 2 (unknown)	Peak 3 (Octapeptide)
7.2	71.49	14.47	14.05
20.0	82.17	10.27	7.56

**[0077]** From the table immediately preceding, a plot of Log cobalt concentration versus % peak height for peak 3 was produced using Prism software. The 50% binding constant as deduced from the exponential graph had a value of 0.6461 mM.

**[0078] CONCLUSIONS:** For 50% binding, 0.6461 mM  $\text{Co}^{2+}$  binds to 2.1 mM octapeptide. Therefore for 100% binding, 1.2922 mM  $\text{Co}^{2+}$  binds to 2.1 mM octapeptide. The stoichiometry of cobalt binding to octapeptide is 0.615 cobalt to 1 octapeptide.

#### EXAMPLE 9

**[0079]** Liquid Chromatography-Mass Spectrometry of Octapeptide After the Addition of Cobalt

**[0080] OBJECTIVE:** To investigate whether mass spectral study would provide molecular weight information for the peptide and its corresponding cobalt complex.

**[0081] METHOD:** 200 mM  $\text{CoCl}_2$  or  $\text{H}_2\text{O}$  (3  $\mu\text{l}$ ) was added to 2.3 mM octapeptide (27  $\mu\text{l}$ ) and incubated at room temperature for 10 minutes. LC-MS analysis: Liquid chromatography was performed using a KS437 styrene/DVB polymer column (4.6 mm $\times$ 150 mm, pore diameter 100-1 50 A, BioDynamics) under isocratic conditions of 2% acetonitrile in 30 mM Ammonium acetate at pH 8.0 at a flow rate of 0.5 ml/min. Peaks were detected at 230 nm, and analyzed by on line mass spectrometry.

**[0082] RESULTS:** In the control sample, two molecular ion peaks were observed at 855.2 Da, representing the octapeptide alone, and at 877.2 Da, representing an octapeptide-sodium cluster. After the addition of 200 mM cobalt, one major peak was observed at 911.1 Da.

**[0083] CONCLUSIONS:** On addition of cobalt (59 Da) to the octapeptide, the molecular ion peak should occur at 914 Da. The actual peak occurs at 911 Da, representing the loss of protons

#### EXAMPLE 10

**[0084]** Endoprotease Lys-C Digest of the Octapeptide and its Subsequent Incubation with Cobalt

**[0085] OBJECTIVE:** Previous experiments confirm that  $\text{CoCl}_2$  forms a stable complex with the octapeptide. In order to elucidate the site of attachment, the octapeptide was cleaved stereoselectively with the endoprotease Lys-C. The resultant tetrapeptides upon incubation with  $\text{CoCl}_2$  would allow elucidation of the probable binding site.

**[0086] METHOD:** Octapeptide 1.97 mg/ml (250  $\mu\text{l}$ ) was incubated with the endoprotease Lys-C 100  $\mu\text{g/ml}$  (50  $\mu\text{l}$ ) at a substrate : enzyme ratio of 100:1 (w/w) in 8.3 mM Tricine, 1.6 mM EDTA pH 8.0 at 37° C. for 24 h. After digestion, 27  $\mu\text{l}$  of the product was incubated with 200 mM  $\text{CoCl}_2$  (3  $\mu\text{l}$ )

at 20° C. for 10 minutes prior to analysis by HPLC. HPLC Analysis: The products from the Lys-C digest were analyzed by HPLC using an amino column (4.6 mm×250 mm, pore diameter 100 Å, BioDynamics-73) under isocratic conditions of 30 mM Ammonium acetate at pH 8.0 at a flow rate of 1.5 ml/min. Peaks were detected at 230 nm.

[0087] RESULTS: When the digested Lys-C products were run on HPLC, two peaks were observed at 2.6 and 8.9 min, designated tetrapeptides 1 and 2 respectively. Similarly after addition of cobalt to the digested products two peaks were again observed. However, tetrapeptide 1 exhibited an increased UV absorption and decreased retention time, eluting at 1.7 min. as opposed to 2.6 min.

[0088] CONCLUSIONS: The octapeptide was digested at the C terminus of the lysine residue by the endoprotease yielding two tetrapeptides. On addition of cobalt to the endoprotease digested octapeptide, a single tetrapeptide-cobalt complex was formed with tetrapeptide 1. There appeared to be no effect on tetrapeptide 2.

#### EXAMPLE 11

[0089] Mass Spectrometry Analysis of the Tetrapeptide 1—Cobalt Complex

[0090] OBJECTIVE: To determine the identity of tetrapeptide 1.

[0091] EXPERIMENTAL: Tetrapeptides 1 and 2 were fractionated by HPLC and collected (experiment 59). CoCl<sub>2</sub> 1.2 mM (3 μl) was added to tetrapeptide 1 (27 μl) and incubated at room temperature for 10 minutes. Samples were subsequently run on MS as described previously.

[0092] RESULTS: Tetrapeptide 1 gave two molecular ion peaks at 470.1 and 477.1 Da. Tetrapeptide 2 gave a single peak at 404.0 Da. Tetrapeptide 1-cobalt complex gave two peaks at 477.1 and 526 Da.

[0093] CONCLUSIONS: Tetrapeptide 1 is determined to be Asp-Ala-His-Lys with a molecular weight of 469 Da. Tetrapeptide 2 is determined to be Ser-Glu-Val-Ala (404 Da). Cobalt binds to Asp-Ala-His-Lys forming a complex of 526 Da with a loss of 3 protons. The molecular ion peak observed at 477.1 Da is a contaminant from the Lys-C preparation.

#### EXAMPLE 12

[0094] Free radicals were generated by way of incubating the octapeptide with a photosensitizing agent, such as photofrin® (porfimer sodium) followed by activation by illumination with an appropriate wavelength of light. Exposure to light, especially in the red range (630 nm), in the presence of oxygen resulted in the formation of superoxide and hydroxyl free radicals. These free radicals in turn react with amino acids in the N-terminus. We found that after such treatment the octapeptide binding of cobalt is significantly reduced (to almost 100%-time and radiation dose dependent). NMR analysis revealed a change in the alanine in position 2 potentially due to the loss of a proton on the backbone of alanine causing cyclization of the aspartate carboxyl group with the alanine carbon.

[0095] Specific Experimental Procedure:

[0096] 2 ml of octapeptide 1 mg/ml is incubated with 40 μl photofrin® (porfimer sodium) solution, 70 mg/ml. All is

carried out in a Tris buffer 300 mM, pH 7.5. The solution has a brownish color and is exposed to intense fluorescent light that includes 630 nm for periods of 30 to 120 minutes. The solution is then subjected to HPLC with and without the addition of Co and the chromatograms are compared. HPLC method consists of an isocratic run using 2% acetonitrile and 98% ammonium acetate 30 mM, pH 8.0, at 1 ml/minute using a Ultrahydrogel 120 column at 60 degrees Celsius and detection at 214 nm. Using this method the octapeptide is clearly subjected to the photofrin® and radiation does not bind cobalt. Appropriate controls were conducted.

[0097] In Vivo Models

#### EXAMPLE 13

[0098] Sample Handling Procedures

[0099] The sample which may be used in the present invention may be obtained from any tissue or fluid sample taken from a patient, or from commercial vendor sources. Appropriate fluid samples include whole blood, venous blood, blood serum, plasma, as well as other body fluids such as amniotic fluid, lymph, cerebrospinal fluid, saliva, etc. The sample may be obtained by well known conventional biopsy and fluid sampling techniques. Preferred samples are blood plasma and serum and purified albumin. Purified albumin may be isolated from the serum by any of the known techniques, which would include electrophoresis, ion exchange, affinity chromatography, gel filtration, etc.

[0100] Blood samples are taken using Universal Precautions. Peripheral venipuncture is performed with the tourniquet on less than 30 seconds (contralateral arm from any IV fluids). Blood is drawn directly into two 10 cc Becton Dickinson Vacutainer® Sodium-Heparinized tubes. Gently invert once to mix. If an IV port is used, the blood can be collected (after a discard sample is drawn equivalent to the dead space of usually 5 cc) into a plain syringe and dripped gently down the side of two 10 cc Becton Dickinson Vacutainer® brand tubes. Gently invert once to mix. Blood may also be collected directly from the Vacutainer® tubes with special administration sets with a reservoir system that do not require a discard sample. These systems allow a draw to be taken proximal to the reservoir.

[0101] Plasma tubes must be centrifuged within 2 hours of the draw. (Note, if serum is collected, it must clot between 30-120 minutes at room temperature (RT) before centrifugation. Ring the inside of the serum tube with a wooden applicator to release the clot from the glass before centrifugation. If the subject is taking anti-coagulants or has a blood clotting dysfunction, clot longer than 60 minutes, between 90-120 minutes best.) Centrifuge tubes for 10 minutes at RT at 1100 g (<1300 g). Pool collected samples in a plastic conical tube and invert once to mix.

[0102] If the sample will not be used within 4 hours of centrifugation, the sample should be frozen. Alternatively, separated serum may be refrigerated at 4° C. until tested, but should be tested within 8 hours (storage over 24 hours may result in degradation of the sample).

#### EXAMPLE 14

[0103] Test Method for Detecting Occurrence or Non-Occurrence of Marker Using Cobalt Binding

**[0104]** The occurrence or non-occurrence of the marker was detected as follows: 200  $\mu$ l of patient sera is added to each of two tubes each containing 50  $\mu$ l 0.1%  $\text{CoCl}_2 \cdot 6\text{H}_2\text{O}$ . The mixture is allowed to react at room temperature (18-25° C.), or higher, for 5 or more minutes. Thereafter 50  $\mu$ l 0.01 M dithiothreitol (DTT) is added to one of the two tubes (the "test tube") and 50  $\mu$ l 0.9% NaCl is added to the second tube (the "background tube"). After two minutes, 1 ml 0.9% NaCl is added to both tubes. A470 spectroscopy measurements are taken of the two tubes. The marker was considered present if the optical density was greater than or equal to 0.400 OD (or alternatively a clinically derived cut-off) using a spectrophotometer at OD 470 nm.

**[0105]** Equivalent materials which may be used as alternatives include any of the transition metals. Ferrozine or other compounds with an affinity to cobalt can be substituted for DTT and/or any cobalt or metal coloring reagent.  $\text{CoCl}_2 \cdot 6\text{H}_2\text{O}$ , for instance, can be utilized. The optimal range for cobalt binding to albumin is from pH 7 to pH 9, with a range of pH 7.4-8.9 being most preferred; pH 9 is optimal for cobalt interaction with the color reagent. The amount of serum sample can also vary, as can the amounts of  $\text{CoCl}_2 \cdot 6\text{H}_2\text{O}$  and DTT and ferrozine. Critical, however, is that the amount of cobalt used be in excess of the amount of albumin and that the DTT or ferrozine be in excess of the cobalt.

#### EXAMPLE 15

**[0106]** Test Method For Detecting Occurrence or Non-Occurrence of Marker Using Measurement of Copper

**[0107]** Albumin was purified from 0.2 cc of human serum or plasma using an ion exchange method to produce approximately 8 mg of purified albumin. A buffer having a pH in the range of 7 to 9 is added. The amount of copper present in the sample is then measured by direct spectrophotometric and potentiometric methods, or by any of several other known methods, including atomic absorption, infrared spectroscopy, HPLC and other standard or non-standard methods, including radioactive tracer techniques. The proportion of copper to albumin is used as a measure of the quantity of the marker present, the greater the proportion, the higher the quantity of marker present.

#### EXAMPLE 16

**[0108]** Method of Using Marker to Assess Clinical Efficacy of Photosensitizing Agents Used in Photodynamic Therapy for the Treatment of Tumors

**[0109]** A method of the present invention uses the marker to assess the clinical efficacy of photosensitizing agents (and light-activated compounds) used in photodynamic therapy for the treatment of tumors, such as Photofrin® (porfimer sodium).

**[0110]** Prior to administration with the photosensitizing chemotherapeutic agent, a biological sample containing albumin is obtained from the patient and a baseline value of marker present is obtained. Detection and measurement of the marker may be by any of the methods included herein, including those of Examples 14 and 15.

**[0111]** Standard procedure for treatment with photosensitizing chemotherapeutic agent is followed. For instance, in the palliative treatment of dysphagia due to completely

obstructing esophageal carcinoma, on does of Photofrin® (porfimer sodium) is injected intravenously at 2 mg/Kg over 3-5 minutes. Low energy, non-thermal laser light (630 nm wavelength) is applied forty to fifty hours after injection, directly to the vicinity of the tumor. Successful laser-induced photochemical activation of the Photofrin® will result in cellular damage of tumor cells and accordingly, the propagation of free radicals. Detection of the existence of the marker, and a corresponding change in the level thereof during the application of the laser, will provide an indication (and measurement) of the effectiveness of the photodynamic therapy.

**[0112]** Tumor selectivity in treatment occurs through selective retention of Photofrin® and selective delivery of light. Thus, various tumor sites may be treated. However, in other applications, laser light application may require invasive, including surgical, procedures and accordingly, may occur prior to, simultaneously with or subsequent to surgical removal of the tumor. At several time intervals during light application, albumin-containing biological samples may be obtained and tested for the occurrence or non-occurrence of the marker. The level of the marker detected may be measured specifically. Detection of the existence of the marker, and a rise thereof, during the application of the laser indicates effectiveness of the photodynamic therapy.

#### EXAMPLE 17

**[0113]** In patients undergoing photodynamic therapy for glioblastoma multiforme cancer, blood samples were collected before and after photolysis. Detection and measurement of the marker occurred in accordance with the method of Example 14. The test result after photodynamic therapy showed an increase of free radical damage of albumin that resulted in approximately 50% reduction of cobalt binding to albumin.

**[0114]** RESULTS:

	Before photodynamic therapy	After photodynamic therapy	
Patient 1	0.251	0.356	41.8% increase
Patient 2	0.148	0.234	58.1% increase

**[0115]** The above description of the invention, including Examples 1 through 17, is intended to be illustrative and not limiting. Various changes or modification in the embodiments described may occur to those skilled in the art. These can be made without departing from the spirit or scope of the invention.

We claim:

1. A marker for the detection of free radical damage, comprising modified albumin, wherein said albumin is modified in a manner which results in inhibition of the metal binding capacity of the N-terminus of said albumin.
2. The marker of claim 1, wherein said albumin is human serum albumin.
3. A method for detecting and quantifying the presence of the marker of claim 1, comprising the steps of:

- (a) contacting a biological sample containing albumin with an excess quantity of a metal ion salt, said metal

- ion capable of binding to the N-terminus of naturally occurring human albumin, to form a mixture containing bound metal ions and unbound metal ions,
- (b) determining the amount of bound metal ions, and
- (c) correlating the amount of bound metal ions to a known value to determine the quantity of the marker present.
4. The method of claim 3, wherein said excess quantity of metal ion salt is a predetermined quantity and the quantity of unbound metal ions is detected to determine the amount of bound metal ions.
5. The method of claim 4, further comprising the step of:
- (a) adding the compound Asp-Ala-His-Lys-R, wherein R is a group capable of being detected when bound to said metal ion salt, to the mixture containing bound metal ions and unbound metal ions,
- (b) detecting the quantity of R to detect the quantity of unbound metal ions.
6. The method of claim 3, wherein said sample is serum or plasma.
7. The method of claim 3, wherein said sample is purified albumin.
8. The method of claim 3, wherein said metal ion salt is a salt of a transition metal ion of Groups 1b-7b or 8 of the Periodic Table of the elements.
9. The method of claim 3, wherein said metal ion salt is a salt of a metal selected from the group consisting of V, As, Co, Sb, Cr, Mo, Mn, Ba, Zn, Ni, Hg, Cd, Fe, Pb, Au and Ag.
10. The method of claim 3, wherein said metal ion is cobalt.
11. The method of claim 3, wherein step (b) is conducted using atomic absorption or atomic emission spectroscopy.
12. The method of claim 3, wherein step (b) is conducted using an immunological assay.
13. The method of claim 4, wherein detection of the quantity of unbound metal ions is conducted using atomic absorption or atomic emission spectroscopy.
14. The method of claim 4, wherein detection of the quantity of unbound metal ions is conducted using is conducted using an immunological assay.
15. The method of claim 5, wherein the determination of the quantity of said compound which is complexed with said metal ion salt is conducted using atomic absorption or atomic emission spectroscopy.
16. The method of claim 5, wherein the determination of the quantity of said compound which is complexed with said metal ion salt is conducted using an immunological assay.
17. A method for detecting and quantifying the presence of the marker of claim 1, comprising the steps of:
- (a) contacting a biological sample containing albumin with a predetermined excess quantity of a salt of a metal selected from the group consisting of V, As, Co, Sb, Cr, Mo, Mn, Ba, Zn, Ni, Hg, Cd, Fe, Pb, Au and Ag, to form a mixture containing bound metal ions and unbound metal ions,
- (b) contacting said mixture with an aqueous color forming compound solution to form a colored solution, wherein said compound is capable of forming color when bound to said metal ion,
- (c) determining the color intensity of said colored solution to detect the presence of unbound metal ions to provide a measure of bound metal ions, and
- (d) correlating the amount of bound metal ions to a known value to determine the quantity of the marker present.
18. The method of claim 17, further comprising diluting said colored solution with an aqueous solution isosmotic with blood serum or plasma prior to step (c).
19. The method of claim 17, wherein said color forming compound is ferrozine.
20. The method of claim 17, wherein said aqueous color forming compound comprises the compound Asp-Ala-His-Lys-R, wherein R is any group capable of forming color when bound to said metal ion.
21. The method of claim 17, wherein said steps (b) and (c) are conducted in a pH range of 7 to 9.
22. The method of claim 17, wherein said steps (b) and (c) are conducted using a spectrophotometer.
23. The method of claim 17, wherein said sample is serum or plasma.
24. The method of claim 17, wherein said sample is purified albumin.
25. The method of claim 17, wherein said metal ion salt is a salt of cobalt.
26. The method of claim 12, wherein said immunological assay is conducted using an antibody specific to an antigen comprising the compound Asp-Ala-His-Lys-R, wherein R is said metal ion.
27. The method of claim 26, wherein said antibody possesses known fluorescent properties.
28. The method of claim 12, wherein said immunological assay is conducted using an antibody to human serum albumin.
29. A method for detecting and quantifying the presence of the marker of claim 1, comprising the steps of:
- (a) detecting the amount of copper ions present in a purified albumin sample, and
- (b) correlating the quantity of copper ions present with a known value to determine the quantity of the marker present.
30. The method of claim 29, wherein said detecting step is conducted using atomic absorption or atomic emission spectroscopy.
31. The method of claim 29, wherein said detecting step is conducted using an immunological assay.
32. The method of claim 31, wherein said immunological assay is conducted using an antibody specific to an antigen comprising the compound Asp-Ala-His-Lys-R, wherein R is copper.
33. A method for detecting and quantifying the presence of the marker of claim 1, comprising the steps of:
- (a) contacting a purified albumin sample with an aqueous color forming compound solution to form a colored solution, wherein said compound is capable of forming color when bound to copper,
- (b) determining the color intensity of said colored solution to determine the amount copper in said sample, and
- (c) correlating the amount of copper to a known value to determine the quantity of the marker present.
34. The method of claim 33, further comprising diluting said colored solution with an aqueous solution isosmotic with blood serum or plasma prior to step (b).
35. The method of claim 33, wherein said color forming compound is ferrozine.

**36.** The method of claim 33, wherein said steps (a) and (b) are conducted in a pH range of 7 to 9.

**37.** The method of claim 33, wherein said step (b) is conducted using a spectrophotometer.

**38.** The method of claim 31, wherein said immunological assay is conducted using an antibody to modified albumin, said albumin having been modified by mixture with copper ions.

**39.** The method of claim 38, wherein said antibody possesses known fluorescent properties.

**40.** A compound selected from the group consisting of Asp-Ala-His-Lys-R, wherein R is any chemical group

capable of being detected when bound to any compound capable of binding to the N-terminus of naturally occurring human albumin.

**41.** An antibody to the marker of claim 1.

**42.** An immunological assay conducted using as an antigen the marker of claim 1.

**43.** An immunological assay conducted using an antibody to the marker of claim 1.

\* \* \* \* \*

专利名称(译)	标记用于检测和测量自由基损伤和方法		
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#### 摘要(译)

本发明教导了一种用于检测和测量自由基损伤的标记物。具体地，本发明利用了自由基存在下白蛋白分子的N-末端（人血液中的循环蛋白）发生的改变。这些改变影响白蛋白分子的N-末端结合金属的能力。检测和定量该改变的方法包括评估和定量含白蛋白的样品的钴结合能力，分析和测量白蛋白结合外源钴的能力，检测和测量纯化的白蛋白样品中铜的存在和使用对自由基损伤后发生的血清白蛋白改变形式特异的免疫学试验。本发明还教导了化合物Asp-Ala-His-Lys-R的用途，其中R是与任何能够结合天然白蛋白的N-末端的化合物（不包括其他化学基团）结合时能够被检测的任何化学基团，用于检测和定量标记物。本发明的方法还包括将标记物用作“生化标签”，从而允许灵敏检测和测量导致产生自由基的临床药物和治疗剂的功效，例如Photofrin（porfimer）钠，或限制自由基损害的行为。该标记还充当涉及多种疾病和后遗症的过程的“生物标签”，因此可用于测试这些疾病和后遗症的发生或不发生。一种这样的疾病是缺血。

Amino acid	Three-letter abbreviation	Single-letter notation
Alanine	Ala	A
Arginine	Arg	R
Asparagine	Asn	N
Aspartic acid	Asp	D
Asparagine or aspartic acid	Asx	B
Cysteine	Cys	C
Glutamine	Gln	Q
Glutamic acid	Glu	E
Glutamine or glutamic acid	Glx	Z
Glycine	Gly	G
Histidine	His	H
Isoleucine	Ile	I
Leucine	Leu	L