

T-Select MHC Tetramer

HLA-A*02:01 EBV LMP2 C1S Tetramer - SLGGLLTMV (50 tests)

For Research Use Only. Not for use in diagnostic procedures.

Background

T lymphocytes play a central role in immune system. Total T cell and T cell subset counts are measured by detection of various cell surface molecules. Enumeration of CD8⁺ antigen-specific T cells requires cognate recognition of the T cell receptor (TCR) by a class I MHC/peptide complex. This can be done using T-Select MHC class I Tetramers which are composed of four MHC class I molecules each bound to the specific peptide and conjugated with a fluorescent protein. Thus, T-Select MHC Tetramer assays allow quantitation of the total T cell population specific for a given peptide complexed in a particular MHC molecule. Furthermore, since binding does not depend on functional pathways, this population includes specific CD8⁺ T cells regardless of functional status. Measurements may be performed in whole blood or isolated lymphocyte/mononuclear cell preparations. In some cases where frequency is low, it may be necessary to perform an *in vitro* cell expansion. Specific cell staining is accomplished by incubating the sample with the T-Select MHC Tetramer reagent, then washing away excess Tetramer. The number of Tetramer positive lymphocytes is then determined by flow cytometry.

This Tetramer reagent comprises human class I HLA-A*02:01 and epitope peptide derived from EBV latent membrane protein 2 (LMP2), and it can detect HLA-A*02:01-restricted EBV LMP2-specific CD8⁺ T cells by flow cytometry.

Epstein-Barr virus (EBV) is a latent γ -herpesvirus with high prevalence in human population worldwide. EBV is the first human virus found to be related with tumor. It is closely associated with a number of tumors such as Burkitt's lymphoma, Hodgkin's lymphoma, nasopharyngeal carcinoma (NPC) and some gastric carcinoma. Furthermore, recent studies suggested that EBV might also cause certain autoimmune diseases.

Because of its oncogenic importance, EBV targeted immunotherapies are widely studied. The best characterized case is EBV-induced post-transplant lymphoproliferative disorders (PTLD), which continues to be a major complication after solid organ or bone marrow transplantation in high-risk patients.

Several studies have shown that adoptive transfer of donor-derived EBV-specific T cells is an effective strategy for both prevention and treatment of PTLT. For other EBV-positive tumors, such as NPC, autologous CTL therapy has been evaluated in many clinical trials, with promising results.

LMP2 is expressed in most EBV associated tumors and considered as a promising target for a CTL-based immunotherapy. Over 20 HLA class I restricted LMP2 epitopes were identified. 9 of the 20 identified epitopes of LMP2 have at least one point mutation. These epitope mutations may result in a reduced CTL response and viral escape from immune system.

The CTL epitope LMP2₄₂₆₋₄₃₄ was well characterized in genetic variation between EBV strain differences. Compared to the EBV 95.8 strain, two high point mutation rate (CLGGLLTMV SLGGLLTMV; CLGGLLTMV CLGGLLTMV) were found in other EBV strains. The results showed that all of them could drive LMP2-specific T cell responses (Please refer to the data sheets of TS-M032 and TS-M156).

HLA Restriction

HLA-A*02:01

Origin and Sequence of CTL Epitope

EBV mutant LMP2 (426-434 aa, SLGGLLTMV)

Reagents

500 μ L liquid - 10 μ L/test

The Tetramer is dissolved in an aqueous buffer containing 0.5 mM EDTA, 0.2% BSA, 10 mM Tris-HCl (pH 8.0), 150 mM NaCl, and 0.09% Na₃.

Conjugates

TS-M155-1

Streptavidin-Phycoerythrin (SA-PE)

Excites at 486-580 nm

Emits at 586-590 nm

TS-M155-2

Streptavidin-Allophycocyanin (SA-APC)

Excites at 633-635 nm

Emits at 660-680 nm

Storage Conditions

Store at 2 to 8°C. Do not freeze. Minimize exposure to light. The expiration date is indicated on the vial label.

Evidence of Deterioration

Any change in the physical appearance of this reagent may indicate deterioration and the reagent should not be used. The normal appearance is a clear, colorless to pink (SA-PE), or light blue (SA-APC).

Usage

This reagent is for use with standard flow cytometry methodologies.

References for These Products

- 1) Lee SP, *et al. J Virol* **67**: 7428-7435 (1993)
- 2) Lee SP, *et al. J Immunol* **158**: 3325-3334 (1997)
- 3) Sim AC, *et al. Sci Rep* **3**: 3232 (2013)

High Specificity

The T cell surface CD8 enhances T cell antigen recognition by binding to HLA class I molecules. Therefore, MBL produced T-Select MHC class I human Tetramers with one point mutation at the HLA $\alpha 3$ domain known to alter the interaction with CD8. These mutated Tetramers showed a greatly diminished nonspecific binding but retained specific binding. Alterations of CD8 binding by mutation of the MHC greatly improved the specificity of MHC-peptide multimers, thus providing efficient tools to sort specific human T cells for immunotherapy. (French application Number; FR9911133)

References for T-Select MHC Tetramer

- Altman JD, *et al. Science* **274**: 94-96 (1996)
McMichael AJ, *et al. J Exp Med* **187**: 1367-1371 (1998)
Bodinier M, *et al. Nat Med* **6**: 707-710 (2000)

Statement of Warnings

1. This reagent contains 0.09% sodium azide. Sodium azide under acid conditions yields hydrazoic acid, an extremely toxic compound. Azide compounds should be flushed with running water while being discarded. These precautions are recommended to avoid deposits in metal piping in which explosive conditions can develop. If skin or eye contact occurs, wash excessively with water.
2. Specimens, samples and material coming in contact with them should be handled as if capable of transmitting infection and disposed of with proper precautions.
3. Never pipette by mouth and avoid contact of samples with skin and mucous membranes.
4. Minimize exposure of reagent to light during storage or incubation.

5. Avoid microbial contamination of reagent or erroneous results may occur.
6. Use Good Laboratory Practices (GLP) when handling this reagent.

Materials Required But Not Supplied

- 12 x 75 mm polypropylene test tubes
- Transfer pipettes
- Pipettors and disposable pipette tips
- Vortex mixer
- Centrifuge capable of 150 x g or 400 x g
- Aspirator
- PBS
- Red blood cell lysis reagent
- Anti-CD8-FITC, Beckman Coulter, Inc., PN 6603861
- Anti-CD8-PC5, Beckman Coulter, Inc., PN 6607011
- 7-AAD Viability Dye, Beckman Coulter, Inc., PN A07704
- Clear Back (human FcR blocking reagent), MBL, PN MTG-001

Procedure for Whole Blood

1. Collect blood by venipuncture into a blood collection tube containing an appropriate anti-coagulant.
2. Add 10 μ L of T-Select MHC Tetramer to each 12 x 75 mm test tube.
3. Add 200 μ L of whole blood into each test tube.
4. Vortex gently.
5. Incubate for 30-60 minutes at 2-8°C or room temperature (15-25°C) protected from light.
6. Add any additional antibodies (e.g. anti-CD8) and vortex gently.
7. Incubate for 30 minutes at 2-8°C protected from light.
8. Lyse red blood cells using commercially available reagents.
9. Prepare samples according to description of the package insert.
10. Analyze prepared samples by flow cytometry. If necessary, store the samples at 2-8°C protected from light for a maximum of 24 hours prior to analysis.

Procedure for Peripheral Blood Mononuclear Cells

1. Prepare peripheral blood mononuclear cells (PBMC) according to established procedures. Cells should be re-suspended at a concentration of 2×10^7 cells/mL. 50 μ L of sample is required for each T-Select MHC Tetramer determination.
2. Add 10 μ L of Clear Back (human FcR blocking reagent, MBL, PN MTG-001) to each 12 x 75 mm test tube.
3. Add 50 μ L PBMC into each test tube (e.g. 1×10^6 cells per tube).
4. Incubate for 5 minutes at room temperature.
5. Add 10 μ L of T-Select MHC Tetramer and vortex gently.
6. Incubate for 30-60 minutes at 2-8°C or room temperature (15-25°C) protected from light.

7. Add any additional antibodies (e.g. anti-CD8) and vortex gently.
8. Incubate for 30 minutes at 2-8°C protected from light.
9. Add 3 mL of PBS or FCM buffer (2% FCS/0.09% NaN₃/PBS).
10. Centrifuge tubes at 400 x g for 5 minutes.
11. Aspirate or decant the supernatant.
12. Resuspend the pellet in 500 µL of PBS with 0.5% formaldehyde.
13. Analyze prepared samples by flow cytometry. If necessary, store the samples at 2-8°C protected from light for a maximum of 24 hours prior to analysis.

Limitations

1. For optimal results with whole blood, retain specimens in blood collection tubes at room temperature, while rocking, prior to staining and analyzing. Refrigerated specimens may give aberrant results.
2. Recommended cell viability for venous blood specimens is > 90%.
3. Prolonged exposure of cells to lytic reagents may cause white blood cell destruction and loss of cells in the population of interest.
4. All red blood cells may not lyse under the following conditions: nucleated red blood cells, abnormal protein concentration or hemoglobinopathies. This may cause falsely decreased results due to unlysed red blood cells being counted as leukocytes.

Technical Hints

- A. If PBMC culture is needed, we recommend the use of heparin as an anti-coagulant.
- B. Clear Back reagent (human FcR blocking reagent) may effectively block non-specific binding caused by macrophages or endocytosis, resulting in clear staining when cells are stained with MHC Tetramer and antibodies. Please refer to the data sheet (MBL, PN MTG-001) for details.
- C. A Tetramer that is constructed with the same allele of interest and an irrelevant peptide may be used as a negative control.
- D. We recommend the use of CD8 antibody, clone SFC121Thy2D3 (T8, Beckman Coulter, Inc.), which does not block or interfere with the specific binding of MHC Tetramers to T cells.
- E. The use of CD45 antibody and gating of the lymphocyte population are recommended in order to reduce contamination of unlysed or nucleated red blood cells in the gate.
- F. Apoptotic, necrotic, and/or damaged cells are sources of interference in the analysis of viable cells by flow cytometry. Cell viability should be determined by 7-aminoactinomycin D (7-AAD) staining; intact viable cells remain unstained (negative).

- G. Cells do not require fixation prior to analysis if the stained cells are analyzed by flow cytometry within several hours.

Related Products

T-Select Human Tetramers

EBV

TS-0011-1C	HLA-A*02:01 EBV BMLF1 Tetramer-GLCTLVAML-PE
TS-M006-1	HLA-A*02:01 EBV LMP1 Tetramer-YLQONWWTL-PE
TB-0146-1	HLA-A*02:01 EBV LMP1 Tetramer-YLLEMLWRL-PE
TS-M030-1	HLA-A*02:01 EBV LMP2 Tetramer-TVCGGIMFL-PE
TS-M161-1	HLA-A*02:01 EBV LMP2 I6M Tetramer-TVCGGMMFL-PE
TS-M159-1	HLA-A*02:01 EBV LMP2 Tetramer-QLSPLLGAIV-PE
TS-M160-1	HLA-A*02:01 EBV LMP2 Tetramer-GLGTLGAAL-PE
TS-M031-1	HLA-A*02:01 EBV LMP2 Tetramer-LLWTLVLL-PE
TS-M069-1	HLA-A*02:01 EBV LMP2 Tetramer-FLYALALL-PE
TS-M157-1	HLA-A*02:01 EBV LMP2 Y3C Tetramer-FLCALALL-PE
TS-M032-1	HLA-A*02:01 EBV LMP2 Tetramer-CLGGLTMV-PE
TS-M155-1	HLA-A*02:01 EBV LMP2 C1S Tetramer-SLGGLTMV-PE
TS-M156-1	HLA-A*02:01 EBV LMP2 L6I Tetramer-CLGGLTMV-PE
TB-0131-1	HLA-A*02:01 EBV BALF4 Tetramer-FLDKGTYTL-PE
TS-M124-1	HLA-A*03:01 EBV BRLF1 Tetramer-RVRAYTSK-PE
TS-M033-1	HLA-A*03:01 EBV EBNA3A ₆₀₃₋₆₁₁ Tetramer-RLRAEAQVK-PE
TS-M028-1	HLA-A*11:01 EBV EBNA3B ₃₉₉₋₄₀₈ Tetramer-AVDRKSDAK-PE
TS-M029-1	HLA-A*11:01 EBV EBNA3B ₄₁₆₋₄₂₄ Tetramer-IVTDFSVIK-PE
TS-M111-1	HLA-A*11:01 EBV LMP2 Tetramer-SSCSCPLSK-PE
TS-M135-1	HLA-A*11:01 EBV LMP2 S9T Tetramer-SSCSCPLTK-PE
TS-M003-1	HLA-A*24:02 EBV BMLF1 Tetramer-DYNFVKQLF-PE
TS-M002-1	HLA-A*24:02 EBV BRLF1 Tetramer-TYPVLEEMF-PE
TS-M004-1	HLA-A*24:02 EBV EBNA3A Tetramer-RYSIFFDYM-PE
TS-M005-1	HLA-A*24:02 EBV EBNA3B Tetramer-TYSAGIVQI-PE
TS-M034-1	HLA-A*24:02 EBV LMP2 Tetramer-PYLFWLAAI-PE
TS-M001-1	HLA-A*24:02 EBV LMP2 Tetramer-IYVLVMLVL-PE
TS-M154-1	HLA-A*24:02 EBV LMP2 Tetramer-TYGPVFMCL-PE
TS-M035-1	HLA-A*24:02 EBV LMP2 C8S Tetramer-TYGPVFMSL-PE
TS-M009-1	HLA-A*24:02 EBV Mix Tetramer-PE
TS-M142-1	HLA-B*07:02 EBV EBNA3A Tetramer-RPPIFIRRL-PE
TB-0123-1	HLA-B*07:02 EBV EBNA6 Tetramer-QPRAPIRPI-PE
TS-M036-1	HLA-B*08:01 EBV BZLF1 ₁₉₀₋₁₉₇ Tetramer-RAKFKQLL-PE
TS-M123-1	HLA-B*08:01 EBV EBNA3A Tetramer-FLRGRAYGL-PE
TB-0101-1	HLA-B*15:01 EBV EBNA4 Tetramer-GQGGSPAM-PE
TS-M037-1	HLA-B*35:01 EBV BZLF1 ₅₄₋₆₄ Tetramer-EPLPQGLTAY-PE
TB-0168-1	HLA-B*35:01 EBV EBNA1 Tetramer-HPVGEADYFEY-PE
TB-M038-1	HLA-B*35:01 EBV LMP2 ₁₋₉ Tetramer-MGSLEMVPM-PE
TS-M150-1	HLA-C*03:03 EBV EBNA1 Tetramer-FVYGGSKTSL-PE
TS-M803-1	HLA-DRB1*01:01 EBV EBNA1 ₅₁₅₋₅₂₇ Tetramer-PE

Others

4844	IMMUNOCYTO CD107a Detection Kit
AM-1005M	IMMUNOCYTO Cytotoxicity Detection Kit
6603861	CD8-FITC (T8)
6607011	CD8-PC5 (T8)
A07704	7-AAD Viability Dye
MTG-001	Clear Back (Human FcR blocking reagent)
TB-7300-K1	QuickSwitch Quant HLA-A*02:01 Tetramer Kit-PE
TB-7301-K1	QuickSwitch HLA-A*02:01 Tetramer Kit-PE

Please check our web site (<http://ruo.mbl.co.jp>) for up-to-date information on products and custom MHC Tetramers.

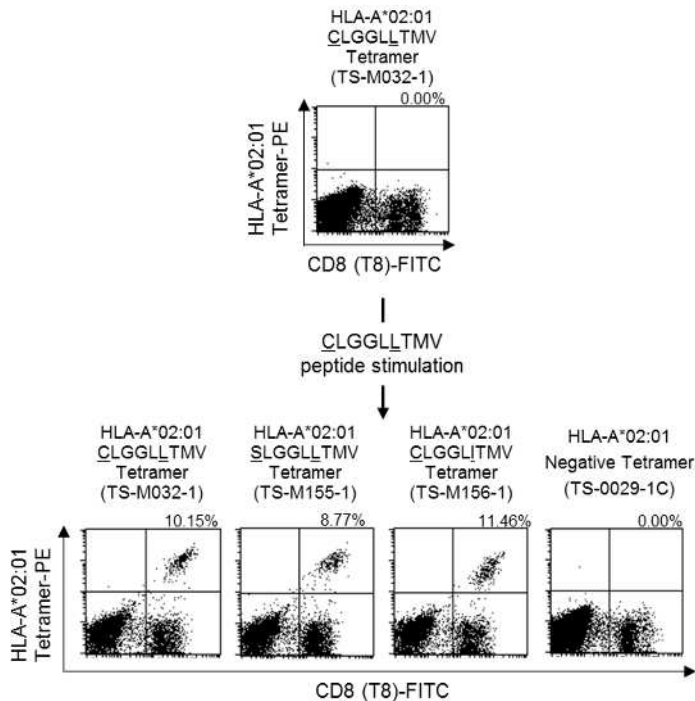
Experimental Data

PBMCs from HLA-A*02:01-positive healthy donors were collected from freshly isolated heparinized peripheral blood according to standard methods. Plasma was collected before PBMC separation by centrifugation at 3,000 rpm for 10 minutes, and stored at -30°C.

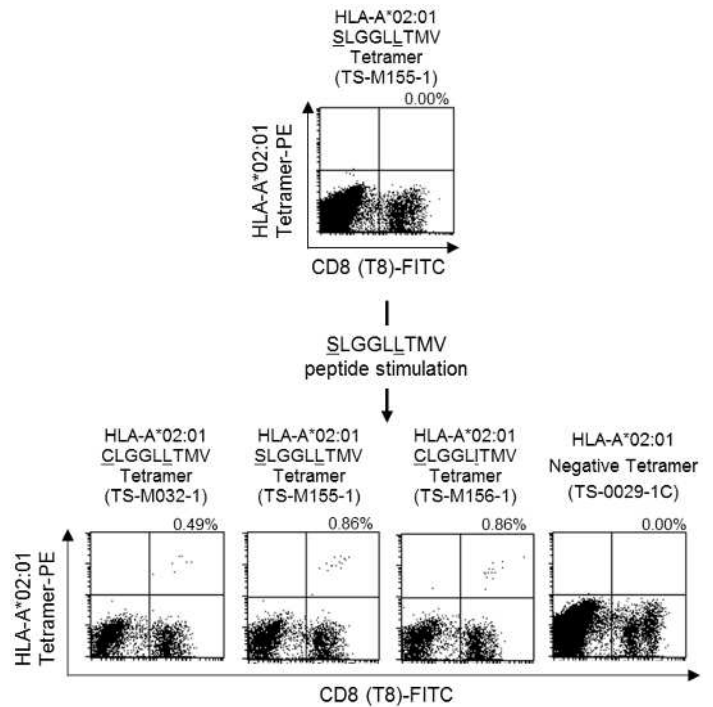
Aliquots of the PBMCs (1×10^6 cells) were stained with MHC Tetramer and CD8 antibody (Day 0). Another aliquots of PBMCs ($1-3 \times 10^6$ cells/mL) were incubated in culture tubes (Round-Bottom Tube, Falcon®, PN 352059) in the presence of a synthetic peptide (10 µg/mL of CLGGLLTMV, SLGGLLTMV or CLGGLITMV) and 5% (v/v) autologous plasma. After 48 hours, an equal volume of medium containing 100 U/mL interleukin-2 (IL-2) was added to each culture tube, and every 2 to 3 days thereafter half of the medium was replaced with fresh medium containing IL-2 (50 U/mL). After 14 days, cultured cells were divided equally into four tubes, and stained with MHC Tetramer, CD8 antibody and 7-AAD.

The lymphocyte population was defined by an FSC/SSC gate, and the viable cell population was defined by an FSC/7-AAD gate. Data were analyzed by double gating on the lymphocyte and viable cell population. Numbers in the top right quadrants represent the percentage of MHC Tetramer-positive cells in the total CD8⁺ cells.

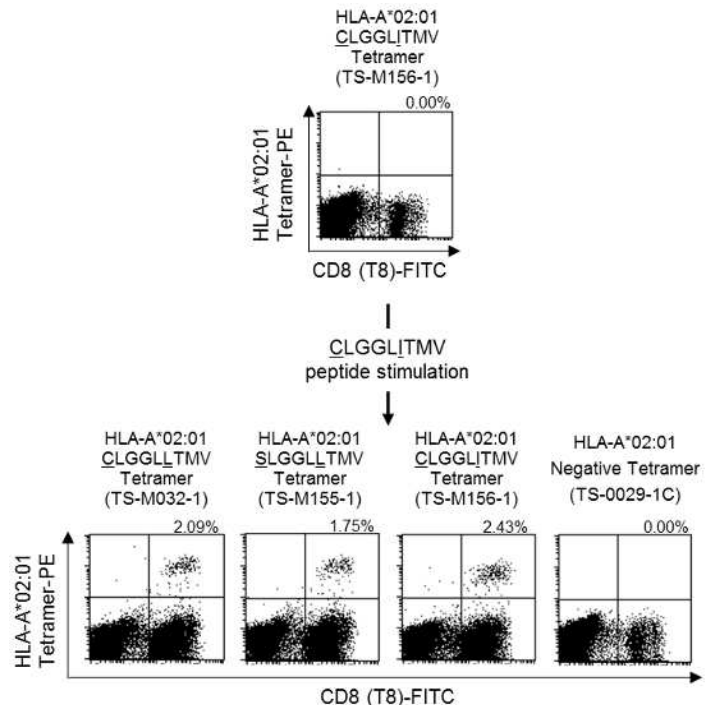
Results 1



Results 2



Results 3



PBMCs from EBV-positive/HLA-A2 normal individual were stimulated for two weeks with CLGGLLTMV (Results 1), SLGGLLTMV (Results 2) or CLGGLITMV peptide (Results 3), respectively.