

PRODUCT DATASHEET

ChemiScreen™ PAR2 Proteinase-Activated Receptor Stable Cell Line

CATALOG NUMBER: HTS037C

CONTENTS: 2 vials of mycoplasma-free cells, 1 mL per vial.

STORAGE: Vials are to be stored in liquid N₂.

BACKGROUND

ChemiScreen cell lines are constructed in the Chem-1 host, which supports high levels of functional receptor expression on the cell surface. Chem-1 cells contain high endogenous levels of $G\alpha 15$, a promiscuous G protein, allowing most receptors to couple to the calcium signaling pathway.

The protease-activated receptor family of GPCRs has a unique mechanism of activation, in which protease cleaves a prodomain to reveal a peptide sequence that functions as a tethered ligand to activate the receptor (Macfarlane et al., 2001). PAR2 is specifically activated by trypsin and mast cell tryptase, and can also be activated by free peptide analogs of the tethered ligand, such as SLIGRL and furoyl-LIGRLO (Coelho et al., 2003; Kawabata et al., 2004). PAR2 is expressed in endothelium, gastrointestinal epithelium, macrophages, eosinophils and nociceptive afferent neurons. Activation of PAR2 in these cells and tissues promotes vasodilation, inflammation, allergy, hyperalgesia and intestinal permeability. Therefore, PAR2 is regarded as an attractive therapeutic target for colitis, asthma, myocardial ischemia/reperfusion injury, and pain (Cocks et al., 1999; Hansen et al., 2005; Lindner et al., 2000; McLean et al., 2002; Vergnolle et al., 2001). The cloned human PAR2-expressing cell line is made in the Chem-1 host, which supports high levels of recombinant PAR2 expression on the cell surface and contains high levels of the promiscuous G protein $G\alpha15$ to couple the receptor to the calcium signaling pathway. Thus, the cell line is an ideal tool for screening for antagonists of interactions between PAR2 and its ligands.

USE RESTRICTIONS

Please see Limited Use Label License Agreement (Label License Agreement) for further details.

WARNINGS

For Research Use Only; Not for Use in Diagnostic Procedures Not for Animal or Human Consumption

GMO

This product contains genetically modified organisms.
Este producto contiene organismos genéticamente modificados.
Questo prodotto contiene degli organismi geneticamente modificati.
Dieses Produkt enthält genetisch modifizierte Organismen.
Ce produit contient organismes génétiquement des modifiés.
Dit product bevat genetisch gewijzigde organismen.
Tämä tuote sisältää geneettisesti muutettuja organismeja.
Denna produkt innehåller genetiskt ändrade organismer.

APPLICATIONS

Calcium Flux Fluorescence Assay

APPLICATION DATA

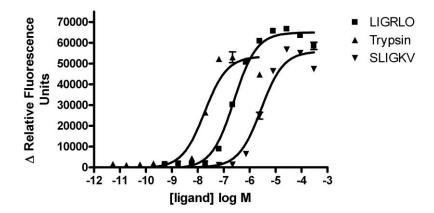


Figure 1. Representative data for activation of the PAR2 receptor stably expressed in Chem-1 cells induced by Trypsin using a fluorescent calcium flux assay. PAR2–expressing Chem-1 cells were seeded at 50,000 cells per well into a 96-well plate, and the following day the cells were loaded with a fluorescent calcium indicator. Calcium flux in response to the indicated ligand with a final concentration of 0.5% DMSO was determined on a Molecular Devices FLIPR^{TETRA}® with ICCD camera. Maximal fluorescence signal obtained in this experiment was 6,000 RLU. Similarly parental cells (catalog #: HTSCHEM-1) were tested to determine the specificity of the resulting signal.

Table 1. EC₅₀ value of PAR2-expressing Chem-1 cells.

LIG	AND	ASSAY	POTENCY EC ₅₀ (nM)	REFERENCE
Try	psin	Calcium Flux - Fluorescence	18	Eurofins Internal Data
* The	cell line was to	seted and found to have equivalen	t EC and signal at 1 3	and 6 weeks of continuous culture by

^{*} The cell line was tested and found to have equivalent EC₅₀ and signal at 1, 3 and 6 weeks of continuous culture by calcium flux fluorescence.

CELL CULTURE

Table 2. Recommended Cell Culture Reagents (not provided)

Description	Component	Concentration	Supplier and Product Number
Basal Medium	DMEM high glucose Medium (4.5g/L)	-	Hyclone: SH30022
	Fetal Bovine Serum (FBS)	10%	Hyclone: SH30070.03
	Non-Essential Amino Acids (NEAA)	1X	Hyclone: SH30238.01
	HEPEŚ	1X	EMD Millipore: TMS-003-C
Selection Medium	Basal Medium (see above)	-	
	Geneticin (G418)	250 μg/ml	Invivogen: ant-gn-5
Dissociation	Sterile PBS	-	Hyclone: SH30028.03
	0.25% Trypsin-EDTA	-	Hyclone: SH30042.01
CryoMedium	Basal Medium (see above)	40%	
	Fetal Bovine Serum (FBS)	50%	Hyclone: SH30070.03
	Dimethyl Sulfoxide (DMSO)	10%	Sigma: D2650



Discovery Services

Cell Handling

- 1. Upon receipt, directly place cells in liquid nitrogen storage. Consistent cryopreservation is essential for culture integrity.
- 2. Prepare Basal Medium. Prepare 37°C Water Bath. Thaw cells rapidly by removing from liquid nitrogen, and immediately immersing in a 37°C water bath, until 90% thawed. Immediately sterilize the exterior of the vial with 70% ethanol.
- 3. Add vial contents to 15 mL Basal Medium in T75 Tissue Culture Treated Flask. Gently swirl flask and place in a humidified, tissue culture incubator, 37°C, 5% CO₂.
- 4. 18-24 Hours Post–Thaw, all live cells should be attached. Viability of the cells is expected to be 60-90%, At this time, exchange Basal Medium with Selection Medium.
- 5. When cells are approximately 80% confluent, passage the cells. It is suggested that user expand culture to create >20 vial Master Cell Bank at low passage number. Cells should be maintained at less than 80% confluency for optimal assay results.
- 6. Cell Dissociation: Aspirate Culture Medium. Gently wash with 1x Volume PBS. Add 0.1x Volume Warm Trypsin-EDTA. Incubate 4 min, 37°C, until cells dislodge. *If cells do not round up, place in 37°C incubator for additional 2 min.* Neutralize Trypsin and collect cells in 1x Volume Basal Medium.
- 7. Seed Cells for expansion of culture. It is recommended that cell lines are passaged at least once before use in assays.

Table 3. Cell Culture Seeding Suggestions: User should define based on research needs.

Flask Size (cm ²)	Volume (mL)	Total Cell Number (x10 ⁶)	Growth Period (hrs)
T75	15	5.0	24
T75	15	2.0	48
T75	15	0.45	72

ASSAY SETUP

Fluorescence

Table 4. Settings for FLIPR TETRA® with ICCD camera option

Option	Setting
Read Mode	Fluorescence
Ex/Em	Ex470_495 / Em515_575
Camera Gain	2000
Gate Open	6 %
Exposure Time	0.53
Read Interval	1s
Dispense Volume	50 μl (25 μl for 384-well)
Dispense Height	95 µl (50 µl for 384-well)
Dispense Speed	50 μl/sec
Expel Volume	0 μΙ
Analysis	Subtract Bias Sample 1



Table 5. Assay Materials (Not provided)

Description	Supplier and Product Number
HBSS	Invitrogen: 14025
HEPES 1M Stock	EMD Millipore: TMS-003-C
Probenicid	Sigma: P8761
Quest Fluo-8 [™] , AM	AAT Bioquest: 21080
Trypsin ligand	Sigma: T0303
Non-Binding 96/384 well Plates (for ligand prep)	Corning: 3605/ 3574
Black (clear Bottom) cell assay plates	Corning: 3904/ 3712
Coelenterazine-h (250µg). Prepare to 10mM	Promega: S2011

Assay Protocol – Fluorescence

- 1. Dissociate Culture as Recommended. Collect in Basal Medium. Document Cell Count and Viability
- 2. Centrifuge the cell suspension at 190 x g for six min
- 3. Remove supernatant. Gently resuspend the cell pellet in Basal Medium. *It is suggested that end user optimize cell plating based on individual formats.* (Default: Resuspend in volume to achieve 5x10⁵cells/ml (i.e, if collected 5e6 TC, ^{5e6/}_{5e5/ml} =10 mL volume)
- 4. Seed cell suspension into black, clear bottom plate (100 μL/well for 96-well plate). When seeding is complete, place the assay plate at room temperature for 30 min.
- 5. Move assay plate to a humidified 37°C 5% CO₂ incubator for 18-24 h.
- 6. Next day, prepare Assay buffer (HBSS, 20mM HEPES, 2.5 mM Probenicid, pH 7.4) and Loading buffer (Assay buffer with 5 mM Fluo8 Dye). *Note: Please prepare Fluo8 stock according to Manufacturer's Recommendations*
- 7. Remove medium from assay plate and wash 1X with Assay Buffer.
- 8. Add Loading buffer to assay plate (100 μ L/well for 96-well plate). Incubate plate for 1.5 h at room temperature, protected from light.
- 9. Prepare ligands in assay buffer at 3x final concentration in non-binding plates. Use Buffer Only Control Wells for Background Subtraction.
- 10. Create protocol for ligand addition. Please refer to FLIPR^{TETRA}® settings provided in Table 2. Set time course for 180 s, with ligand addition at 10 s.
- 11. After the run is complete, apply subtract bias on sample 1. We recommend using Negative Control Correction with Buffer Only Wells. Export data to according to research needs. For most Calcium Flux analysis using Export of Max Signal to end of run is sufficient.



HOST CELL

Chem-1, an adherent cell line expressing the promiscuous G-protein, Gα15.

EXOGENOUS GENE EXPRESSION

Human PAR2 cDNA (Accession Number: AY336105) and promiscuous G protein are expressed in a bicistronic vector

RELATED PRODUCTS

Product Number	Description
HTSCHEM-1	ChemiScreen™ Chem-1 Parental Cell Line (control cells)
HTS037M	ChemiScreen™ PAR2 Proteinase-Activated Receptor Membrane Prep

REFERENCES

- 1. Cocks TM et al. (1999) A protective role for protease-activated receptors in the airways. *Nature* 398: 156-60.
- 2. Coelho AM et al. (2003) Proteinase-activated receptor-2: physiological and pathophysiological roles. *Curr. Med. Chem. Cardiovasc. Hematol. Agents.* 1: 61-72.
- 3. Hansen KK et al. (2005) A major role for proteolytic activity and proteinase-activated receptor-2 in the pathogenesis of infectious colitis. *Proc. Natl. Acad. Sci. USA.* 102: 8363-8.
- 4. Kawabata et al. (2004) Potent and metabolically stable agonists for protease-activated receptor-2: evaluation of activity in multiple assay systems in vitro and in vivo. *J. Pharmacol. Exp. Ther.* 309: 1098-1107.
- Lindner JR et al. (2000) Delayed onset of inflammation in protease-activated receptor-2-deficient mice. J. Immunol. 165: 6504-10.
- 6. Macfarlane SR et al. (2001) Proteinase-activated receptors. *Pharmacol Rev.* 53: 245-82.
- 7. McLean PG et al. (2002) Protease-activated receptor-2 activation causes EDHF-like coronary vasodilation: selective preservation in ischemia/reperfusion injury: involvement of lipoxygenase products, VR1 receptors, and C-fibers. *Circ. Res.* 90: 465-72.
- 8. Vergnolle N et al. (2001) Proteinase-activated receptor-2 and hyperalgesia: A novel pain pathway. *Nat. Med.* 7: 821-6.

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