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Phosphocellulose chromatography of human hemoglobins

Phosphate compounds are known to bind to a number of proteins including hemoglobins. HUISMAN and co-workers demonstrated a differential binding of inorganic phosphates to two adult chicken hemoglobins¹. More recently, it has been found that Hb A, Hb S, and Hb F have different binding affinities for 2,3-diphosphoglyceric $acid^{2-4}$.

Since differences in affinities of hemoglobins for phosphate compounds exist, it seemed highly probable that phosphocellulose could be used for resolving various components of human hemoglobins. This paper, therefore, presents results of studies in which phosphocellulose was used both as an ion-exchange resin and as a stationary phosphate phase for column chromatography of human hemoglobins. Phosphocellulose chromatography separates the major hemoglobins into three subcomponents and separates Hb A_2 from Hb C.

Experimental

Materials. Batches of phosphocellulose from several sources were tried, the most satisfactory being Cellex-P, control No. B-1040, obtained from the Bio-Rad Co., Richmond, Calif. This particular lot was made several years ago and is no longer available. Lots bearing control Nos. 5170, 7414, and 9050 were tried but gave broad bands with poor separation. The same resin with control No. 9185, made recently, is satisfactory but is not as good as the B-1040 batch. To use this technique will require searching for a good batch of resin.

The elution gradient was made with a varigrad of two chambers with mixing in the first chamber by a magnetic stirrer. All buffer solutions were made from Tris citrate and contained 100 mg/l of KCN. The buffer solution used to equilibrate the resin and as a starting buffer was 0.005 M in Tris and was adjusted to pH 6.7 with saturated citric acid just before adding the last few milliliters of water in diluting to volume. The terminal buffer was at a pH of 8.2 and 0.01 M in Tris. At pH 6.7, Tris is about 97% ionized and at 8.2 it is only 50% ionized. Thus, the concentration of ionized Tris which could compete with cationic hemoglobins for phosphate sites is almost the same in both the starting and the final buffer. Column chromatography was carried out on minicolumns (2 × 150 mm) as previously described⁵.

The hemolysates studied contained Hb A, Hbs A and S, Hbs S and C, Hbs A and C, Hb C from patients with C-thalassemia, cord blood hemoglobin, and Hb A and β chain Hb I. Some of the hemolysates were preserved at -46° before use; other samples were examined fresh.

Procedure. As recommended by the manufacturer, the phosphocellulose was prepared by equilibrating the dry resin with a large excess of buffer. The resin was allowed to settle for 15 min and the "fines" removed. This procedure was repeated. The resin was then mixed with a small volume of buffer and poured into columns as previously described⁵. The columns were equilibrated with buffer for at least 30 min before the hemolysates were applied.

The gradient was made by a two-chambered varigrad containing 150 ml for each column to be run. The gradient stream was split three ways to produce identical

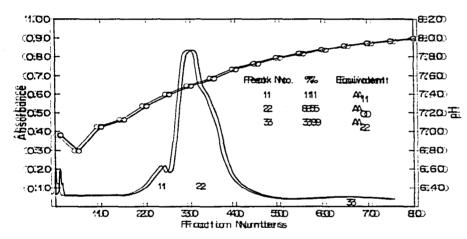
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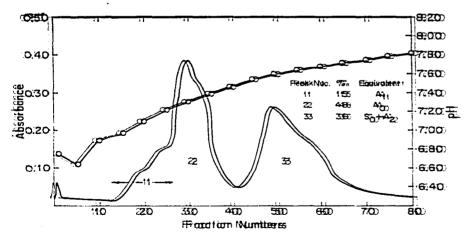
gradients which were transformed by a peristaltic pump to each of three columns (at (a flow rate (of about 106 ml/h). Phosphocellulose does not have the capacity of IDEAE-cellulose (and only 115 mg off Hlb) could be applied to each phosphocellulose (column. Most (off the resins considered to be unsatisfactory had less capacity and almost the length (off the column was required to hold the same amount of hemoglobin. As:a consequence, poor separations with very wide bands were obtained. The column (effluent was monitored by determining its absorbance at intervals of 1 min with flow-through convettes in a (Gifford Model 2000) spectrophotometer. The effluent was usually (collected in fractional wollmes off 4 ml). Fractions that contained each of the separated hemoglobins were poolled and quantitated as the product of the volume (and the absorbance. The separated components were also) quantitated by integration (of the area under the convector absorbance as, time).

Results and disoussion

Illite meaults off plinosplicatellitionse almomattography are presented in Figs. 1-8. Unfortunately, not all dimomattograms showed the same high quality of separation.



IFig. II. IPhosphoedlulose dhromatography off a hemolysate containing HD. A. The components are munibered in order of duttion. The identification system is arbitrary in that individual numbers are assigned to peaks when itt seemed desirable to discuss the component as a whole. See text for detail.



IFig. 2. Phosphoedlulosedbronuttography offailumolysate containing Hibs A and S. For numbering system see Fig. u.

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An explanation of this inconsistency probably can be found in an inspection of the buffer gradients. The differences in gradient probably were caused by wariability in the speed of the magnetic stirring bars, resulting in differences in the pressures in the bottom of the mixing chamber.

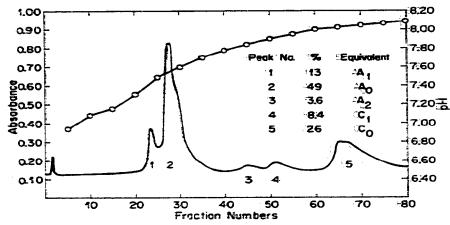


Fig. 3. Phosphocellulose chromatography of a hemolysate containing [Hbs ManthC.]For muniforring: system see Fig. 1.

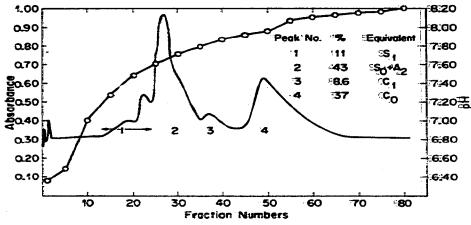


Fig. 4. Phosphocellulose chromatography of a hemolysate containing Hbs: Scantl(C.)Formunilering system see Fig. 1.

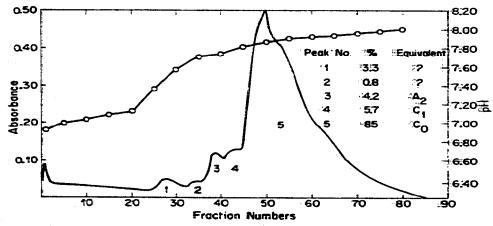


Fig. 5. Phosphocellulose chromatography of a fresh hemolysate from a person with Hb(Gtthalassemia. For numbering system see Fig. 1.

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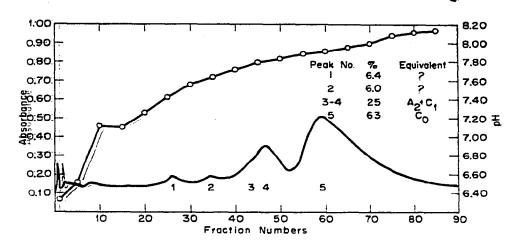
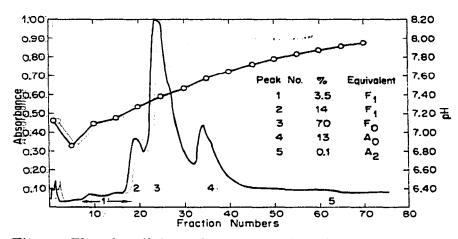
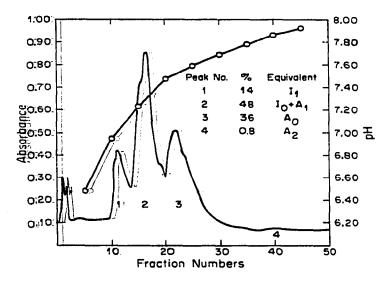


Fig. 6. Phosphocellulose chromatography of a preserved hemolysate from the patient who gave the sample in Fig. 5. For numbering system see Fig. 1.



Eig. 7. Phosphocellulose chromatography of a cord blood hemolysate. For numbering system see Fig. 1.



Rig. 8: Phosphocellulose chromatography of a hemolysate containing Hbs A and I. For numbering system see Fig. 1.

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However, after study of many chromatograms, the presence of three subcompoments of each major hemoglobin fraction becomes evident (Fig. 2, fraction 2; Fig. 4, fraction 2;; Fig. 8, fraction 2). Using a gentle gradient, these three major subcomponents are repeatedly and consistently present. Additional minor subcompoments are found innegalarly. Allthough accurate quantitation of the subcomponents is impossible, the second subcomponent of each triad contains the largest quantity of hemoglobin or at least occupies the clution peak. The presence of the third subcomponent is more generally obvious than the first (Fig. 1, fraction 2; Fig. 3, fraction 2 and 5; Fig. 5, fraction 5; Fig. 7, fraction 3).

One possible source of heterogeneity could be the differences in mobility of cyammethemoglobin and oxythemoglobin, since these compounds may have different affinities for phosphate. However, chromatography of oxythemoglobin, 75% oxythemoglobin plus 25% cyammethemoglobin, and 25% oxythemoglobin plus 75% cyanmethemoglobin failed to show any chromatographic differences.

In addition to the heterogeneity noted above, several minor hemoglobin components, convesponding to the so-called electrophonetically fast-moving minor hemoglobins, elute before the major peaks come off the column (e.g. Fig. 1, fraction 1; Fig. 2, fraction 1;; Fig. 3, fractions 1 and 4)). These minor hemoglobins cannot be related to specific components separated by other methods without more data. However, it is interesting to note that an aged, frozen hemoglobin components with HDb (C-thalassemia ((Fig. 6, peak 4)) has increased minor hemoglobin components compared to a fresh sample from the same patient ((Fig. 5, peak 4)). These components probably convespond to fractions found by HUISMAN *et al.*^{(0,7} using DEAE-Sephadex and Amberliite IIRC 50 chromatography in aging specimens of hemoglobin.

One important characteristic of phosphocellulose chromatography is its ability to separate Hib A₂ from Hib C ((Fig. 3, fraction 3); Fig. 5, fraction 3). Unfortunately there is some difficulty in completely separating Hb A₂ from a fast-moving minor component of Hib C so that quantitation is difficult. In the patient with Hb Cthalassemia, Hb A₂ was found to be 4.2% ((Fig. 5)) while in a patient with homozygous Hib C (mot shown in graph form) Hb A₂ announted to 2.7%. Another patient with Hbs A plus C, had a Hb A₂ level of 3.6% ((Fig. 3)). Note that in a hemolysate from a mornal adult the Hib A₂ was 3.9%.

Dozy AND Huussuas[#] have reported a method for quantitating Hb A_2 in the presence of Hb C using CM-Sephadex and Tris-maleic acid buffers, but each column takes a week to num. Perhaps phosphocellulose chromatography can be modified, by adjusting the chromatographic conditions, to produce complete separation of these components and allow quantitation of Hb A_2 in the presence of Hb C more rapidly than by CM-Sephadex chromatography. Precise quantitation of Hb A_2 by minicolumn chromatography, however, cannot be expected. Furthermore, phospho-cellulose chromatography fails to resolve Hb S and Hb A_2 since Hb A_2 seems to have a mobility quitte similar to the third subcomponent of Hb S (Figs. 2 and 4).

It is interesting that the Hlb $A_{\underline{n}}$ in cord blood could be quantitated in spite of its small quantity. The Hlb $A_{\underline{n}}$ level of a sample of Hlbs A plus I (abnormal β chain) ((Fig. 8) is probably spuniously low because of the age of the sample.

The chromatographic pattern of coul blood shows that Hb F elutes before HD A. This pattern is similar to that found with Amberlite IRC 50 chromatography. DEAE-cellulose chromatography and agar gel electrophoresis but unlike the findings

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with CMC chromatography, starch gel electrophoresis and polyacrylamide gel electrophoresis. With phosphocellulose chromatography there seem to be multiple (two to three) fast-moving fetal hemoglobins in cord blood samples, whereas by other methods, there seems to be a single fast-moving Hb F.

In summary, phosphocellulose chromatography separates hemoglobins into patterns which indicate much more heterogeneity than found by other chromatographic techniques. The identity and significance of many of these components is yet to be established. Also, phosphocellulose chromatography is one of the few techniques capable of separating Hb A₂ and Hb C.

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