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# ABSTRACT

The particular use of intracellular reduction equivalents to reduce substrates in the extracellular environment by employing plasma-membrane-associated enzymes and electron carriers is common to effectively all eucaryotic cells. It is referred to as transplasma membrane electron transport (PMET) and mainly serves to protect cells and surrounding tissues from exogenous damages due to reactive oxygen species and free radicals.

The present work aimed to characterise the PMET activity of human red blood cells (RBCs) from distinct perspectives. The main focus herein was on investigating differences in PMET activities between genders, but we also performed analyses which concerned the activity response of RBCs to conditions like increased osmolaric stress, excess glucose or phosphatase inhibition. Furthermore, we tried to identify age-related NADH oxidases (arNOX) - superoxide-generating components of the PMET system already detected in human body fluids - in RBCs of aged subjects by immunoblotting and reduction activity assays based on cytochrome c and superoxide dismutase. PMET activities were determined spectrophotometrically by monitoring the extracellular reduction of ferricyanide and ferricytochrome c, whereby the use of the latter for this purpose was introduced and established for the first time and allowed us to define reductive activities more precisely.

The gender-specific analysis revealed that redox activities of male and female subjects significantly differed in several aspects, indicating that the PMET system is regulated in a gender-dependent manner. Our preliminary observations regarding cell treatment procedures were mostly not clearly classifiable yet but could provide indications insofar, as hyperosmolaric stress tended to increase PMET activity, whereas the phosphatase inhibitor rather decreased it. Concerning arNOX, our results could not support the hypothesis that this oxidase exists in human RBCs.

In conclusion, we could show that the plasma membrane redox system in human erythrocytes is subject to variations, which are influenced by gender-specific factors, a finding, which importantly benefited from the ferricytochrome c based, yet unpublished method we established.



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# 1 INTRODUCTION

## 1.1 Plasma membrane electron transport systems

Effectively all cells, independent of tissue or species, possess a complex redox system, referred to as plasma membrane electron transport (PMET), which is characterised by the directed transfer of electrons through the lipid bilayer from intracellular donors onto extracellular acceptors. It is implicated in an array of cellular functions, most essentially contributing to the redox homeostasis and antioxidative capacity of the cell itself and its environment (RODRIGUEZ-AGUILERA *et al.* 2000). Living in an oxygenised world naturally implies that cells are constantly exposed to oxidative conditions facilitating the arising of free radicals (DAVIES 1995). To prevent undesirable alterations of proteins and lipids by oxidation, cells are permanently challenged to keep the amount of oxidative molecules as low as required for intact function. The PMET is suggested to represent a potent redox system enabling cells to adapt to changes in extracellular oxidative stress by transferring reducing equivalents outwards across the membrane (KEHRER and LUND 1994; VILLALBA and NAVAS 2000). This is seen as an active process, catalysed by plasma-membrane-associated and -embedded enzymes and involves NAD(P)H and ascorbate/ascorbyl free radicals as intracellular electron donors as well as intramembranous ubiquinones as electron shuttles through the lipid bilayer (DEL PRINCIPE *et al.* 2011). The importance of that specialised redox system becomes particularly evident during aging and the emergence of several diseases, both processes, in which oxidative stress is thought to be crucially involved (COLAVITTI and FINKEL 2005; VALKO *et al.* 2007). However, two components of the PMET system are known to produce superoxide themselves by catalysing the reduction of extracellular molecular oxygen (both will be described in more detail here). Whereas the one, members of the Nox family of NADPH oxidases, is mostly associated with cell signalling processes, the other, termed age-related NADH oxidases, was found to accumulate in plasma membranes of

aged individuals, where it significantly added to aging-related cellular defects (BEDARD and KRAUSE 2007; MORRE *et al.* 2008b). An effectively regulated PMET, thus, is proposed to be an essential prerequisite contributing to healthy aging and longevity (HYUN *et al.* 2006; RIZVI *et al.* 2011).

The transplasma membrane redox activity in erythrocytes is devoted particular relevance to. Erythrocytes as the body's oxygen reserve are especially prone to oxidative damages and hence are assumed to have evolved specific mechanisms to counter them (CIMEN 2008). Indeed, they seem to possess a unique property which is yet not described for other cells and allows them to regulate intracellular and extracellular concentrations of the antioxidant ascorbate (MAY *et al.* 1995b). This mechanism is referred to as ascorbate recycling and seems to exist at least in human erythrocytes (MAY *et al.* 2004; RIZVI *et al.* 2009).

Ascorbate (vitamine C) is an important cofactor for diverse essential enzymatic reactions and a potent source for cellular antioxidants (ARRIGONI and DE TULLIO 2002). Whereas most species have evolutionary conserved mechanisms to synthesise vitamine C, this property was lost in higher primates, including humans, and some other vertebrates, which hence are dependent on a life-long assimilation of that vitamine by food intake (BANHEGYI *et al.* 1997). It is believed that parts of the electrons transferred through erythrocyte plasma membranes are used to regenerate extracellular pools of the antioxidant by reducing oxidised ascorbate (MAY *et al.* 1995b).

In detail, dehydroascorbate (DHA) as the inactive form of ascorbate is imported by GLUT1, a transmembranous protein which usually mediates the uptake of glucose (WANN *et al.* 2006). Inside erythrocytes, DHA gets reduced back to ascorbate, which in turn serves as the major electron donor for the PMET-system-driven extracellular regeneration of ascorbate from its oxidised forms (MAY *et al.* 2001; MAY *et al.* 1995a). Transmembranous duodenal cytochromes b are proposed to be the likeliest redox enzymes involved therein (Su *et al.* 2006). It is strongly suggested that red blood cells thereby play a fundamental role in preserving the levels of ascorbate in blood serum and thus impart oxidative protection to adjacent tissues (MAY *et al.* 1995b; MENDIRATTA *et al.* 1998).

### 1.1.1 The methodical use of physiological and non-physiological electron donors and acceptors

Cells transfer electrons to reduce extracellular substrates, so most methods apply non-toxic, cell-impermeable oxidants, which are spectrophotometrically monitored for their reduction. To allow a more precisely characterisation of transmembrane reducing systems, cell membrane vesicles are generated to contain potential physiological electron donors (ASKERLUND and LARSSON 1991; GREBING *et al.* 1984). The thereby observed activities are defined according to the electron acceptors and donors used and hence are designated donor-acceptor oxidoreductases. As there are numerous compounds utilised for this purpose - particularly for electron acceptors - this overview will address only the most common ones.

Amongst them, ferricyanide, a complex of trivalent iron with six cyanide ligands, is a very established electron acceptor to determine PMET activity (CLARK *et al.* 1981). The reduction of the ferric iron ion in its centre generates ferrocyanide, and this reaction is conventionally measured in two different ways. One possibility is to record the decrease in absorbance of ferricyanide at 420 nm to indirectly determine the amount of ferrocyanide produced (SUN *et al.* 1992). A more popular and quite more sensitive method is the direct measurement of ferrocyanide by the chromogenic chelator bathophenanthroline (4,7-diphenyl-1,10-phenanthroline) (AVRON and SHAVIT 1963). The compound specifically binds and chelates divalent iron ions and thereby significantly increases the absorption of ferrocyanide, which then can be read at 535 nm (CLULEY and NEWMAN 1963).

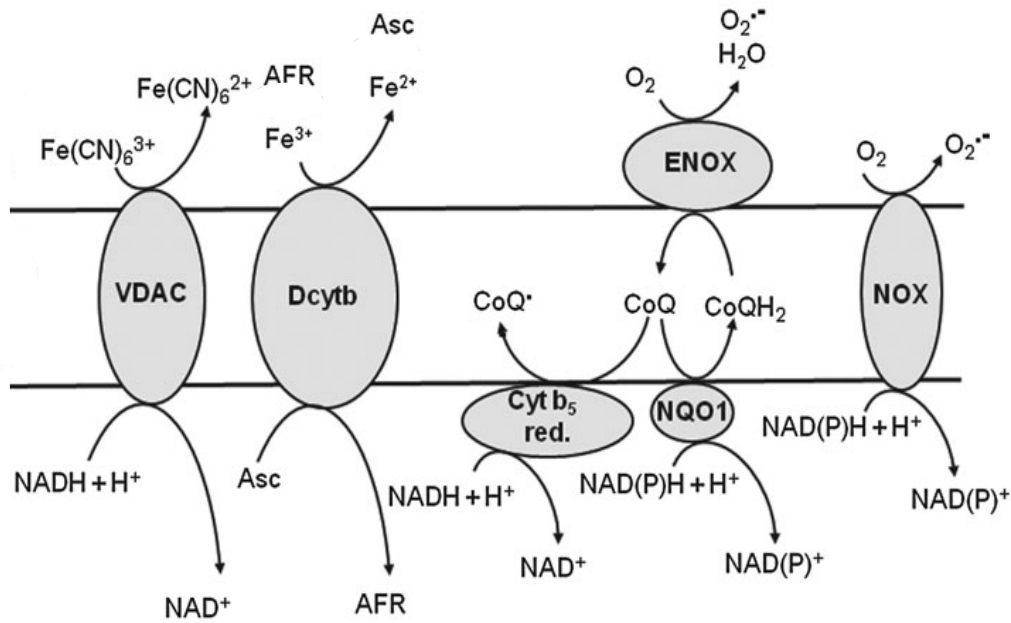
Other artificial extracellular oxidants are tetrazolium salts, which, when reduced, form soluble and insoluble chromogens called formazans (BERRIDGE *et al.* 2005). They are sometimes added together with intermediate electron acceptors to improve their reduction by cellular transferred electrons. WST-1 for example is frequently used to assess NAD(P)H-dependent transmembrane redox activities (BERRIDGE and TAN 2000; GRAY *et al.* 2011).

The use of NADH as electron donors provides a more authentic, physiological approach for investigating PMET systems. It is a natural constituent of cytosols and other cellular compartments, serving as a basic reductant for diverse cellular redox processes (YING 2008). NADH is either added to purified enzyme preparations or used to load plasma membrane vesicles (ASKERLUND and LARSSON 1991; LUSTER and BUCKHOUT 1989). In conjunction with potential electron acceptors, it allows the characterisation of plasma-membrane-associated NADH-dependent reductive activities (BERCZI *et al.* 1995; VILLALBA *et al.* 1995).

Ascorbate (vitamine C) in all its redox states also represents a valuable tool to reproduce naturally present conditions for examining PMET (GOLDENBERG *et al.* 2000). In addition, the reduced form of ascorbate, monodehydroascorbate or ascorbyl free radical (AFR), is used twice, once as extracellular electron acceptor and once as intracellular electron donor, because it has the dual property to be either reduced to ascorbate or oxidised to dehydroascorbate (DHA) (HOREMANS *et al.* 1994; VANDUIJN *et al.* 2000). Cells can also be loaded with DHA, which intracellularly (so far only in erythrocytes) gets re-reduced to ascorbate, a potent electron donor to assay transmembranous reductive activities (MAY *et al.* 2001).

### 1.1.2 Insights into key components of the transplasma membrane redox system

Though its existence has already been known for nearly 90 years, it was a long time in coming to identify some of the key players implicated in the transfer of electrons through plasma membranes (figure 1) (VOEGLIN *et al.* 1924). Among the most extensively investigated enzymes described to participate in PMET, ***NADPH oxidases (Nox)*** are to be mentioned (CROSS and SEGAL 2004). They constitute a protein family of at least seven members and are transmembrane oxidases, generating superoxide at the cell surface in a NADPH-dependent manner (BEDARD and KRAUSE 2007). The enzymes



**Figure 1: Key players of the plasma membrane electron transport system.** By now, six enzymes with distinct activities were identified to participate in the transmembranous transfer of electrons. They are either spanning the lipid bilayer or are associated at the internal or external surface and catalyse the reduction of extracellular oxidants at the expense of intramembranous and -cellular reduction equivalents. VDAC = voltage-dependent anion-selective channel; Dcytb = duodenal cytochrome b; Cyt b<sub>5</sub> red. = cytochrome b<sub>5</sub> reductase; NQO1 = NAD(P)H-ubiquinone oxidoreductase; ENOX = ECTO-NADH oxidase; NOX = NADPH oxidase; Asc = ascorbate; AFR = ascorbyl free radical; CoQ = ubiquinone; CoQH<sub>2</sub> = ubiquinol; Fe(CN)<sub>6</sub> = ferri- and ferrocyanide, respectively. Illustration was taken from „Trans-plasma membrane electron transport in mammals: functional significance in health and disease“ (DEL PRINCIPE *et al.* 2011)

differ in tissue-specificity and physiological functions, which are yet not fully clarified but mainly base on signal transduction (BROWN and GRIENGLING 2009). The best studied member of the enzyme family, Nox2, is primarily expressed in phagocytic cells, where it is activated to kill invading microbes (RADA *et al.* 2008). Roles in cellular immune defence and inflammatory response are suggested for most Nox proteins, however, they seem to be involved in many other cellular processes (RADA and LETO 2008). Several studies are indicating that Nox-generated superoxide acts as a messenger molecule, initiating and propagating signals for the regulation of gene expression, ion-channels, cell growth and death (BEDARD and KRAUSE 2007; BROWN and GRIENGLING 2009). On the other hand, dysregulated activities of these enzymes can have deleterious effects on cells, as

elevated levels of superoxide are associated with diverse pathologies and aging (OLIVEIRA *et al.* 2010). For example, the aggressive growth of tumor cells and an increased risk for atherosclerosis were reported to be promoted by NOX proteins (GRAY *et al.* 2013; VAQUERO *et al.* 2004)

The formation of superoxide by the reduction of molecular oxygen is also a characteristic property of **ECTO-NADH oxidases**, which are located at the cell surface. Their specific activity and cellular functions will be discussed in the next chapter and thus are not further elaborated here.

**NQO1 (NAD(P)H-ubiquinone oxidoreductases)** are cytosolic proteins mediating the reduction of plasma-membrane-associated quinones by a two-electron-transfer from initially NAD(P)H (VILLALBA *et al.* 1995). They thereby regenerate membranous hydroquinone pools depleted by radical scavenging and the redox cycling of other PMET constituents like ENOX. There are evident indications for NQO1 functions to protect cells from oxidative stress and toxic compounds, though they are also capable to produce free radicals (LI *et al.* 1995; NUTTER *et al.* 1992; SIEGEL *et al.* 2004). Additionally, it is reported to exhibit tumor-preventive and chemotherapeutic properties, as it stabilises tumor suppressors of the p53-family proteins and clearly improves the effect of certain cytotoxic drugs, particularly in breast cancer patients (ASHER *et al.* 2004; GRIM *et al.* 2012).

Another member of the PMET system associated with the inner cytoplasmatic membrane are **cytochrome b<sub>5</sub> reductases**, whose activity was initially observed with cytochrome b<sub>5</sub> (STRITTMATTER 1965). It has been revealed to affect many cellular processes, ranging from the biosynthesis of fatty acid chains and cholesterol to the preservation of reduced haemoglobins in erythrocytes (HULTQUIST and PASSON 1971; KEYES and CINTI 1980; REDDY *et al.* 1977). Furthermore, the enzymes are capable of increasing intracellular concentrations of ascorbate by reducing ascorbyl free radicals (GOMEZ-DIAZ *et al.* 1997; SHIRABE *et al.* 1995). However, this one-electron transfer activity with NADH as preferred electron donors was also found to be directed towards ubiquinones in the plasma membrane (NAVARRO *et al.* 1995; VILLALBA *et al.* 1995). It is widely believed that cytochrome b<sub>5</sub> reductases decisively contribute to electron flows through the lipid

bilayers by restoring reduced forms of coenzyme Q therein, molecules with substantial roles in PMET and antioxidant preservation (SUN *et al.* 1992; VILLALBA *et al.* 1997).

**Duodenal cytochrome b** is a further component identified more recently, though its activity has already attracted attention much earlier (ASARD *et al.* 1992; MCKIE *et al.* 2001). It is a transmembrane protein present in many mammalian cells, where it mainly participates in the metabolism of iron and the preservation of extracellular ascorbate (LATUNDE-DADA *et al.* 2002; SU *et al.* 2006). The enzymatic activity of duodenal cytochrome b is strongly dependent on ascorbate as the cytosolic electron donor and, besides reducing ferric iron for transmembrane uptake, the extracellular reduction of AFR is regarded as being the prevailing activity responsible for cellular ascorbate recycling, most strikingly in erythrocytes (SU *et al.* 2006; VANDUIJN *et al.* 2000).

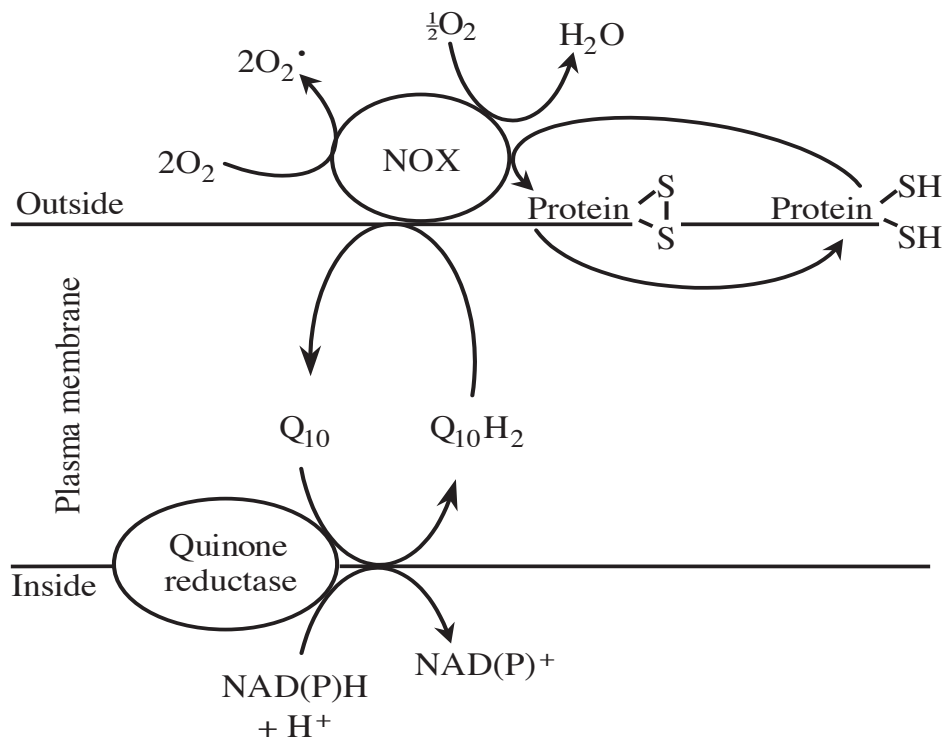
The final proteins to be mentioned in this sequence are the **voltage-dependent anion-selective channels 1 (VDAC1)**. VDACs are well known as pore-forming proteins in the outer membrane of mitochondria, mediating the flux of mitochondrial metabolites and ions like ATP, pyruvate and calcium between mitochondria and cytosol (COLOMBINI 1980; SHOSHAN-BARMATZ *et al.* 2010). In addition, they are implicated in the mitochondria-induced pathway of cell death by interacting with pro-apoptotic proteins, triggering the release of the apoptotic messenger cytochrome c from the intermembrane space (SHIMIZU *et al.* 1999). Consequently, the presence of VDACs in cellular membranes other than mitochondria asked for additional functional definitions of these proteins (GONZALEZ-GRONOW *et al.* 2003; THINNES 1992). In plasma membranes of a human cell line, VDAC1 was shown to possess NADH-ferricyanide reductase activity, and this activity was also found with mitochondrial preparations of the protein (BAKER *et al.* 2004). It is discussed that the reductive activity seen with VDAC1 might in part be the consequence of its pore-forming nature, allowing cytosolic reducing equivalents to be passively released (DEL PRINCIPE *et al.* 2011). However, as VDAC1 has protein sequences typical for catalytic domains of NADH-ferricyanide reductases, its enzymatic participation in the transplasma membrane transfer of electrons cannot be so easily dismissed (BAKER *et al.* 2004).

## 1.2 ENOX protein family

ENOX (ECTO-NADH oxidase) proteins are enzymes anchored to the outer side of plasma membranes and are thought to be one of the final oxidases in plasma membrane electron transport systems (KISHI *et al.* 1999; MORRE 1995). They mediate the transfer of initial intracellular electrons from NAD(P)H to reduce extracellular substrates with intramembranous ubiquinones ( $Q_{10}$ ) serving as intermediate electron acceptors (figure 2). The extracellular substrates can be dissolved molecular oxygen or disulfide-bonds of proteins, which are situated either at the membrane itself or in the extracellular matrix. Additionally, ENOX proteins can perform protein disulfide-thiol interchanges by oxidating the thiol group of one protein and transferring the electrons onto disulfide-bonds of another (MORRE 1994; MORRE 1998). Both activities, the oxidation of hydroquinone ( $Q_{10}H_2$ ) on the one hand and the protein disulfide-thiol interchange on the other hand, alternate and are unique properties of all members of the ENOX protein family, serving to distinguish them from other NADH-dependent oxidases (BRIGHTMAN *et al.* 1992; MORRE and MORRE 1995). Another characteristic feature of ENOX proteins is the oscillatory pattern observed for these activities, which are not constantly present but arise in always the same time intervals (BACON and MORRE 2001; PETER *et al.* 2000; WANG *et al.* 2001). Depending on the type of ENOX protein, these intervals range from 22 to 26 minutes.

ECTO-NADH oxidases can dissociate from the plasma membrane, probably by proteolytic cleavage, and freely circulate in all kinds of body fluids like urine, saliva and blood, though in truncated forms, without losing their activity (BERRIDGE and TAN 2000; YANTIRI *et al.* 1998). Since two members of the enzyme family (namely arNOX and tNOX) are associated with cancer and aging-related pathologies, their examination in urine and blood samples of patients may provide an easy and fairly noninvasive method indicating increased risk of disease and could essentially contribute to a more effective early diagnosis (MORRE *et al.* 2008a; MORRE and MORRE 2006a).





**Figure 2: The function of ENOX in transplasma membrane electron transports.** Initial electrons are transferred from cytosolic NAD(P)H to intramembrane-located ubiquinone ( $Q_{10}$ ), probably by a quinone reductase situated at the inner side of the plasma membrane. The reduced ubiquinones ( $Q_{10}H_2$ ) serve as electron carriers, passing their electrons on to ENOX (NOX) situated at the outer side of the plasma membrane. There, ENOX proteins use these electrons to reduce extracellular molecular oxygen to water and superoxide, respectively, and to resolve disulfide-bonds of proteins into thiol groups. Apart from that, ENOX proteins also mediate the interchange of thiol groups and disulfide-bonds between proteins. The superoxide production refers to activities observed only with arNOX. Illustration was taken from „Surface oxidases and oxidative stress propagation in aging“ (MORRE *et al.* 2000).

So far, the ENOX protein family comprises four members, denoted as ENOX1 to ENOX4. ENOX1, or CNOX as the constitutive NOX, is present in many organisms, including animals and plants. Its activity oscillates in 24-minute-intervals and can be influenced by hormones and growth factors (BRUNO *et al.* 1992; JIANG *et al.* 2008).

ENOX2 is the tumor-associated activity (tNOX) found only in transformed cells and cells of cancers with an oscillatory pattern of 22 minutes (CHUEH *et al.* 2002). It appears to be sensitive to several drug-treatments but is not or only slightly stimulated by hormones or growth factors (BRUNO *et al.* 1992; MORRE *et al.* 1996; MORRE *et al.* 1995b).

The activity of the third member (ENOX3) is named age-related NOX or arNOX because it is nearly exclusively present in individuals beyond the age of 30 and then increases with advancing age (MORRE *et al.* 2010). In contrast to the other three protein family members, it does not reduce O<sub>2</sub> to water but preferentially to superoxide, and this activity reoccurs every 26 minutes (MORRE and MORRE 2006a; MORRE *et al.* 2003b). The particular properties of arNOX and its detection will be discussed in detail in chapter 1.2.2.

The fourth and final ENOX protein, ENOX4, is associated with plants and has an oscillatory activity pattern of 24 minutes, regulated by plant-specific growth hormones like auxine (CHUEH *et al.* 1997; MORRE *et al.* 2003a).

### 1.2.1 The functional roles of ENOX proteins

#### ***Restoration of NAD<sup>+</sup> pools***

The ratio of NAD(P)H to NAD(P)<sup>+</sup> in the cytosols of healthy cells is strictly regulated to maintain proper cellular processes like energy metabolism, gene expression and signalling pathways (KOCH-NOLTE *et al.* 2009; RUTTER *et al.* 2001; STUBBS *et al.* 1972). Constantly altered ratios of the nicotinamide-adenine dinucleotide couple are associated with pathological conditions like diabetes and can interfere with cell death control mechanisms (ALANO *et al.* 2004; IDO 2007). Defective or absent mitochondrial respiration is commonly compensated with high glycolytic activity consuming cytosolic NAD<sup>+</sup> to provide sufficient energy, with the effect that the level of cytosolic NADH increases (LEE and WEI 2009).

Many indices suggest that ENOX proteins are key enzymes for the regeneration of intracellular NAD<sup>+</sup> when the function of mitochondria, particularly during aging, is impaired (LARM *et al.* 1994; LAWEN *et al.* 1994; TRIFUNOVIC and LARSSON 2008).

### ***Regulation of cell enlargement***

ECTO-NADH oxidases seem to have a critical influence on the enlargement phase of cells (MORRE 1998; MORRE and MORRE 2006b). Before mitosis, each cell has to double the amount of diverse organelles and as a consequence increases in size in order to end up in two fully functional cells after cell division (MITCHISON 2003).

It was shown that the stimulation of ENOX activity by growth factors and hormones linearly correlated with enhanced cell enlargement and subsequent division of cells. Moreover, the enlargement phase was not a continuous process but happened stepwise in time intervals corresponding to the oscillatory activity pattern of the enzyme (MORRE *et al.* 2001; POGUE *et al.* 2000). This evident relationship was observed for the constitutive ENOX (CNOX) and the auxin-associated ENOX in plants (MORRE *et al.* 2001; WANG *et al.* 2001).

In transgenic mice, the overexpression of tNOX significantly enhanced growth and enlargement not only of cells but of the whole organism (YAGIZ *et al.* 2008). When the activity of ENOX was dramatically reduced by known inhibitors, cells were unable to gain size, stopped to divide and sometimes underwent apoptosis (GRIECO and MORRE 1999; MORRE *et al.* 1995a). In this context, especially tNOX might serve as a promising molecular target for anticancer therapies to inhibit tumor cell proliferation (DAVIES and BOZZO 2006). By now, there are no evidences for an influence of the age-related ENOX (arNOX) on cell growth and enlargement.

### ***Ultradian clocks of the circadian rhythm***

All living organisms are dominated by a biological clock controlling periodically recurring as well as linearly proceeding events within a lifetime. This includes behavioural and motility patterns, embryonic development, ovulation and many other cellular and intracellular processes like heart beat, hormone release, cell cycle, metabolism, etc. (RENSING *et al.* 2001; SCHIBLER 2006). The changes of external physical parameters like light, temperature and lunar gravity create the basic conditions for the timing of daily, monthly and seasonal occurring biological phenomena, but are insufficient to solely coordinate processes with higher periodicity like rhythmic muscle contractions or the

cyclic activity of many enzymes. An inherent timekeeping system within the circadian rhythm of 24 hours, the ultradian clock, is suggested to regulate the exact timing and repeats of diverse biological processes up to milliseconds by serving as an oscillating pulser (BELL-PEDERSEN *et al.* 2005; LLOYD and KIPPERT 1993).

ECTO-NADH oxidases possess an exactly timed oscillating activity, which was shown to at least influence growth behaviour of cells (MORRE *et al.* 2001; POGUE *et al.* 2000). In particular ENOX1 and ENOX4, the constitutive and auxin-induced forms of ENOX, respectively, are suspected of being such timing pulsers (MORRE *et al.* 2002a). Their activity oscillates in 24 min periods, which, when multiplied with 60, defines a day length, and studies in yeast and plants support this hypothesis (DICK *et al.* 2013; MORRE *et al.* 2002b).

### 1.2.2 Age-related NADH oxidases

The identification of an age-related NADH-dependent hydroquinone oxidase (arNOX) dates back one decade, when Morr  and colleagues found a cell surface oxidase, whose activity pattern oscillated just as characteristic for members of the ENOX protein family, but was only present in cells and tissues of aged individuals (MORRE *et al.* 2003b; MORRE and MORRE 2003b). Moreover, this oxidase was reducing extracellular O<sub>2</sub> to superoxide in oscillating time periods of 26 minutes, properties, which markedly differed from the yet described ECTO-NADH oxidases and emphasised the existence of a new ENOX member.

The activity of superoxide production was measured by a standard method using ferricytochrome c and superoxide dismutase (SOD) (BUTLER *et al.* 1982). The oxygen radical reduces ferricytochrome c to ferrocycytochrome c, which is measured spectrophotometrically. Since ferricytochrome reduction can also occur independently of superoxide, SOD is added. Thereby, arNOX activity was determined as the rate of ferricytochrome c reduction inhibited by SOD and defines its activity ever since.

The presence of arNOX was further analysed in serum, buffy coats, skin and saliva of human subjects, always with the same result. In young subjects (up to 30 years), the enzyme's activity was not or hardly detectable, whereas aged subjects (40 years and older) had clearly detectable activities, which significantly increased with age (MORRE *et al.* 2008b; MORRE *et al.* 2010). The evident correlation of arNOX appearance and activity level with advancing age and the consequent increase in extracellular superoxide production is suggested to be related to aging-induced cellular damage and diseases (MORRE and MORRE 2003a; MORRE and MORRE 2006a).

Aging is a process defined by a continuous decline of cellular function and proliferation. It is thought to be triggered by the accumulation of reactive oxygen species, which are accidentally but steadily produced by the respiratory chain in mitochondria and generated by diverse harmful pollutants encountered in daily life (OLIVEIRA *et al.* 2010). Furthermore, mitochondrial defects occur more often with aging and can contribute to elevated levels of superoxide (TRIFUNOVIC and LARSSON 2008). Though organisms have evolved several mechanisms to remove these reactive molecules, the oxidative damages on cells and proteins are evident (MIURA and ENDO 2010). Lipid peroxidations for example increase with age and can cause pathologic thickenings of arteries, as seen with atherosclerosis (ESTERBAUER *et al.* 1993). Also the emergence of many neurodegenerative diseases and cancers in advancing age is associated with accumulating oxidative stress (CUTLER 1992; EMERIT *et al.* 2004).

Coenzyme Q<sub>10</sub>, an essential cellular antioxidant, can inhibit the activity of arNOX and was shown to decelerate oxidative damages and improve the elasticity of aged skin (KERN *et al.* 2010; MORRE *et al.* 2008c). It is already commercially used as an aging-protective agent in the food and cosmetic industry (JEYA *et al.* 2010; KERN *et al.* 2010).

### **1.2.2.1 arNOX and the TM9 superfamily of transmembrane proteins**

Transmembrane 9 superfamily proteins (TM9SF) are distributed in tissues of many species, including humans, plants and yeast. They consist of a large hydrophobic N-terminal sequence and a highly conserved C-terminus containing nine transmembrane

domains (CHLUBA-DE TAPIA *et al.* 1997). Their functions are yet described rather vague, but it is suggested that they are integral membrane proteins of endocytic compartments and to be involved in the innate immune response (PRUVOT *et al.* 2010; SCHIMMOLLER *et al.* 1998; SINGER-KRUGER *et al.* 1993). To date, five subtypes of TM9SF are reported to exist in humans (CHLUBA-DE TAPIA *et al.* 1997; SCHIMMOLLER *et al.* 1998; TANG *et al.* 2013). Among the ENOX protein family, arNOX is the only known to also possess a nine-transmembrane-domain motif at its C-terminus, and, though it is a strongly conserved motif, this was the first hint to TM9SF proteins (MORRE and MORRE 2013).

The idea to seriously associate arNOX activity with TM9SF proteins came up, when Tang and colleagues sequenced N-terminal peptides of the isolated oxidase and database search revealed one corresponding protein, namely TM9SF4 (TANG *et al.* 2013). They could show that recombinantly expressed human TM9SF isoforms exhibited the same specific activity with the same oscillating pattern as characteristic for arNOX. Subsequent immunoblottings with arNOX-positive sera and saliva were confirming the presence of the five yet known human isoforms of TM9SF. Additionally, each of these isoforms could be correlated to one of the five distinct activity maxima constantly observed with arNOX (MORRE *et al.* 2010). The study of Tang *et al.* thereby demonstrated that in humans, the five isoforms of arNOX activity originate from the five isoforms of the TM9 superfamily of transmembrane proteins.

As TM9SF proteins were reported to localise to endosomes, this would also explain why the activity of arNOX is absent in young subjects (SINGER-KRUGER *et al.* 1993). It is possible that certain processes associated with aging might trigger the re-localisation of arNOX at the outer face of plasma membranes, probably by exocytosis, but this is still hypothetical.

### 1.3 Aim of the project

The work in hand aimed to add to the current knowledge about transplasma membrane electron redox systems in human erythrocytes by pursuing three basic approaches. First, we tried to identify arNOX as an additional component of the PMET system in red blood cells, particular with aged subjects. Morr  and colleagues have already reported the existence of this oxidase in buffy coats and sera of aged individuals, so we applied spectrophotometrical measurements according to the method published for arNOX activity detection (MORRE *et al.* 2003b; TANG *et al.* 2013). In addition, membrane preparations of aged blood donors were immunologically analysed to detect plasma-membrane-associated forms of arNOX.

The second attempt intended to compare transmembranous electron transfer activities in erythrocytes of several male and female donors to find out whether differences in reductive capacities can be linked to a gender-dependent context.

Finally, we analysed PMET activities in relation to extracellularly changing conditions most probably inducing an intracellular response. For this purpose, we tested, e.g., the effect of increased osmolaric stress and lipid alterations in the plasma membrane as well as antioxidant and excess glucose supplementation. Furthermore, the impact of prolonged blood storage on this particular redox system was analysed. To assay the corresponding reductive activities, two different potential electron acceptors were added, ferricyanide and ferricytochrome c. This aimed to detect possible preferences for the reduction of one or the other compound in general and in consequence of the just mentioned treatment procedures, which might indicate the existence of different PMET systems and/or mechanisms. Ferricytochrome c was never employed before for this purpose, so its use was particularly established for our measurements with red blood cells.

## 2 MATERIAL AND METHODS

### 2.1 Buffers and solutions

#### **PBS (phosphate buffered saline)**

- 150 mM NaCl
- 10 mM phosphate buffer
- adjusted to pH = 7.4 with HCl

#### **PBSG**

- PBS with 7.5 mM glucose

#### **TBS (tris buffered saline)**

- 150 mM NaCl
- 10 mM Tris buffer
- adjusted to pH = 7.4 with HCl

#### **TBSG**

- TBS with 7.5 mM glucose

#### **5x Laemmli sample buffer**

- 0.3 M Tris base
- 10 % SDS (w/v)
- 50 % glycerol
- bromphenole blue until dark blue
- adjusted to pH = 6.8 with HCl
- 10 %  $\beta$ -mercaptoethanol,  
added before use

#### **SDS running buffer**

- 25 mM Tris base
- 190 mM glycine
- 0.1 % SDS
- adjusted to pH = 8.3 with HCl

#### **Transfer buffer**

- 25 mM Tris base
- 190 mM glycine
- 20 % methanol

#### **TBST**

- TBS with 0.05 % (v/v) Tween 20



**Blocking solution (in TBST)**

- 1 % PVP (w/v)
- 1 % skimmed milk powder (w/v)

**Hank's Buffered Salt Solutions (HBSS)****Stock #1**

- 100 ml H<sub>2</sub>O
- 8.0 g NaCl
- 0.4 g KCl

**Stock #3**

- 50 ml H<sub>2</sub>O
- 0.72 g CaCl<sub>2</sub>

**Stock #2**

- 100 ml H<sub>2</sub>O
- 0.358 g Na<sub>2</sub>HPO<sub>4</sub>
- 0.60 g KH<sub>2</sub>PO<sub>4</sub>

**Stock #4**

- 50 ml H<sub>2</sub>O
- 1.23 g MgSO<sub>4</sub> x 7H<sub>2</sub>O

**Hank's Buffered Salt Solution (HBSS)****Premix - solutions were combined****in the following order:**

- 10 ml Solution #1
- 1 ml Solution #2
- 1 ml Solution #3
- 86 ml distilled H<sub>2</sub>O
- 1 ml Solution #4

**Stock #5**

- 10 ml H<sub>2</sub>O
- 0.35 g NaHCO<sub>3</sub>

**Hank's Buffered Salt Solution (HBSS)****full strength (mixed prior to use)**

- 9.9 ml Hank's Premix
- 0.1 ml Stock #5

**HBSS-Glc**

- HBSS full strength with 5 mM glucose

**DPBSE**

- Dulbecco's Phosphate-Buffered Saline with 5 mM EDTA

**Developing solution****3 M sodium acetate, pH = 6.5**

- 4.082 g sodium acetate trihydrate
- ad 10 ml with ddH<sub>2</sub>O after adjusting pH to 6.5 with glacial acid
- stored at room temperature

**0.2 M citrate**

- 192 mg citrate
- ad 5 ml with ddH<sub>2</sub>O
- stored at room temperature

**3.3 mM FeCl<sub>3</sub>**

- 1.784 mg FeCl<sub>3</sub> hexahydrate
- ad 2 ml with ddH<sub>2</sub>O
- stored at 4°C for one week

**6 mM bathophenanthroline**

- 33.3 mg bathophenanthroline
- ad 10 ml with ddH<sub>2</sub>O
- stored at 4°C for one to two weeks

**Table 1: Preparation of 10 % SDS-PAGE gels** (amounts stated for four gels in ml):

| reagents                         | stacking gel | seperating gel |
|----------------------------------|--------------|----------------|
| ddH <sub>2</sub> O               | 4.1          | 7.9            |
| 30 % Acrylamid-Bis-acrylamid mix | 1.0          | 6.7            |
| 1.5 M Tris buffer, pH = 8.8      | -            | 5.0            |
| 1 M Tris buffer, pH = 6.6        | 0.75         | -              |
| 10 % SDS                         | 0.6          | 0.2            |
| 10 % APS                         | 0.6          | 0.2            |
| TEMED                            | 0.006        | 0.008          |

**Table 2: Specific substances\* used for assays and treatment procedures**

| systematic name   | product number | common name/abbreviation |
|---|----------------|--------------------------|
| <i>Potassium hexacyanidoferrat(III)</i>                             | P3667          | ferricyanide             |
| <i>Potassium hexacyanidoferrat(II)<br/>trihydrate</i>               | P9387          | ferrocyanide             |
| <i>Bathophenanthrolinedisulfonic acid<br/>disodium salt hydrate</i> | B1375          | bathophenanthroline      |
| <i>Cytochrome c (oxidised form)</i>                                 | C2037          | cytochrome c             |
| <i>Superoxide dismutase</i>   | S7446          | SOD                      |
| <i>Methyl-<math>\beta</math>-cyclodextrin</i>                       | C4555          | cyclodextrin             |
| <i>Sodium orthovanadate</i>   | S6508          | vanadate                 |
| <i>Coenzyme Q<sub>10</sub></i>                                      | C9538          | CoQ <sub>10</sub>        |

\* all purchased from Sigma-Aldrich®

## 2.2 Blood donations and storage

Blood was obtained either from voluntary donors or provided by the Austrian Red Cross, both collected in EDTA-coated vacuum tubes. Unless used immediately, the blood was stored at 4°C. Blood samples from the Austrian Red Cross varied in age between 2 and 6 days post donation, whereas donors termed „young“ were less than 30 years old and donors termed „aged“ were older than 50 years.

## **2.3 arNOX activity and protein analysis**

### **2.3.1 Red blood cell isolation**

Freshly collected blood from one „young“ and „aged“ donor (4 ml each) was centrifuged for 20 min at 200 x g. The supernatant (plasma) and buffy coat were removed generously. 2 x 200 µl of both - „young“ and „aged“ - erythrocyte suspensions were washed twice in 1 ml DPBSE each and centrifuged at 16,000 x g for 20 sec.

The clear supernatant was removed and the erythrocyte suspensions were pooled according to their origin, „young“ or „aged“.

### **2.3.2 Lysis and membrane preparation**

100 µl of washed erythrocyte pellet was mixed with 1 ml icecold 5 mM phosphate buffer (pH = 8), incubated for 5 min and centrifuged for 10 min at 16,000 x g. The liquid above the cloudy pellet-border (slightly visible when holding against light) was removed, the membrane pellet (= ghosts) was washed four times with 1 ml icecold 5 mM phosphate buffer, each washing step followed by 10 min centrifugation at 16,000 x g.

To remove cytoskeletal proteins, which were still associated with plasma membrane preparations, 100 µl of washed ghosts were suspended in 800 µl 0.1 M NaOH and incubated for 15 min on ice. Then, samples were centrifuged for 10 min at 16,000 x g and ghost pellets washed once with icecold 5 mM phosphate buffer as described in the previous paragraph. All steps were performed at 4° C.

### 2.3.3 Western blot analysis

Erythrocyte membranes (ghosts) of „young“ and „aged“ donors were suspended in 5 x Lämmli sample buffer, incubated at 95°C for 5 min and loaded onto a 10 % SDS-PAGE gel (5 µl and 10 µl for each sample) together with 3 µl of marker proteins (PageRuler Prestained, Thermo Scientific). Running time was 45 min at 200 V.

Afterwards, the proteins on the gels were transferred onto nitrocellulose membranes (Whatman Protran BA 83 Nitrocellulose Membranes) for two hours at 4°C and 80 V. The membranes were then put into a blocking solution for one hour at room temperature (RT) with slight shaking. The blocked membranes were washed once for 1 min and four times for 5 min with TBST. 7 ml of first antibody (Ab) solution (polyclonal Rb-anti-TM9SF1, TM9SF2 and TM9SF3, purchased from the laboratory of James Morré, 1 : 1,000 dilution in TBST + 0.05 % NaN<sub>3</sub>) were added to each membrane in 50 ml falcon tubes, incubation was performed over night at 4°C with slight shaking. The membrane for negative control was incubated without antibodies.

Membrane washing: 1 x for 1 min and 4 x for 5 min with TBST.

The second antibody (HRP-conjugated Pierce Goat anti-Rabbit IgG, Thermo Scientific, 1 : 10,000 dilution in TBST) was added in the same volume like the first Ab and incubated for one hour at RT with slight shaking.

Membrane washing: 1 x for 1 min and 3 x for 5 min with TBST, final washing was with TBS for 1 min. Membranes were incubated with substrate (ECL plus Western, GE Healthcare) for three to four minutes and put onto a radiosensitive film, which was then developed in a developing machine.

### 2.3.4 arNOX activity measurement

Whole blood of aged and young subjects was given by the Austrian Red Cross. To isolate red blood cells (RBC), blood was centrifuged (20 sec at full speed), the plasma and buffy coat were removed generously. The RBC pellet was then washed three times with PBS and resuspended 1 : 10 in PBSG.

The assay for determining arNOX activity is a modified version of the method described by Morr  et al. (MORRE *et al.* 2003b) and was performed as follows: 200  $\mu$ l of the RBC-suspension was mixed with 196  $\mu$ l of 73.5  $\mu$ M cytochrome c solution (in PBSG) and in parallel either 4  $\mu$ l of ddH<sub>2</sub>O or SOD (2 U/ $\mu$ l in ddH<sub>2</sub>O). In summary, all samples (exclusive those used for control) contained 20  $\mu$ l RBC-pellet, 36  $\mu$ M cytochrome c and 8 U SOD.

Samples were incubated for 30 min at RT with mild agitation. At timepoints 0 min and 30 min, 200  $\mu$ l aliquotes were taken, shortly spun down and 160  $\mu$ l supernatant was taken off for absorbance measurement in the dual wavelength mode at 550 nm and 540 nm (spectrophotometer Hitachi U-3501). Two control samples, lacking either RBCs or cytochrome c, were included for all measurements.

To calculate the respective cytochrome c reduction activities, absorbance values obtained at 540 nm were subtracted from those at 550 nm and the difference between 0 min and 30 min of incubation was calculated. Finally, values of control samples were subtracted and the subsequent absorbance values normalised to the amount of cells and the time of incubation applied for aliquotes. Thereby, the cytochrome c reduction activity is expressed as  $(A_{550} - A_{540})/\text{min} \times \text{ml RBC}$  (for a detailed scheme of calculation see table 4 in chapter 3.1).

For determining the proportion of SOD-sensitive activity, values obtained from samples with SOD were subtracted from those without SOD.

## **2.4 Analysing the plasma membrane redox system in erythrocytes**

### **2.4.1 Preparation of red blood cells**

Blood was collected from voluntary donors. Whole blood was centrifuged for 20 sec at full speed, the supernatant and buffy coat were taken off generously.

The RBC pellet was washed three times with TBS and resuspended 1 : 10 in TBSG for immediate use in subsequent assays unless specified otherwise.

## **2.4.2 Measuring electron transport across the red blood cell plasma membrane**

To determine the plasma membrane electron transport activity in erythrocytes, we applied two different methods, which basically differ in the kind of electron acceptor used. Ferricyanide, the first electron acceptor, was prepared in a 50 mM stock solution (dissolved in ddH<sub>2</sub>O) and stored at 4°C for about two weeks, protected from light. The second electron acceptor used was the fully oxidised form of cytochrome c, also called ferricytochrome c, which was prepared in a 6 mM stock solution (dissolved in ddH<sub>2</sub>O) and stored at 4°C for about one week.

### ***2.4.2.1 Ferricyanide reduction assay***

The method to analyse ferricyanide reduction rates was first described by Avron et al. (AVRON and SHAVIT 1963). We modified the protocol for the spectrophotometrical measurement and established Fe<sup>2+</sup>-complex-formation kinetics to determine the amount of ferrocyanide produced. This was due to preliminary experiments with plasma membrane ghosts, which required a fast detection of ferrocyanide present after a defined incubation period. The preincubation with bathophenanthroline prior to measurements would have been incompatible with this aim, since ghosts were treated with Triton X-100 and thus were not separable anymore from the samples. However, as already successfully established, this method was retained also in assays involving intact cells.

100 µl of RBC suspension (see 2.4.1) was added to 100 µl 0.7 mM ferricyanide solution (in TBSG) and incubated for 30 min at RT and mild agitation. The final concentration of ferricyanide for each sample was always 350 µM. Two control samples, lacking either RBCs or cytochrome c, were included in parallel. At timepoints 0 min and 30 min of incubation, 100 µl aliquotes were taken and shortly spun down to remove RBCs. 75 µl of the supernatant were pipetted into a quartz cuvette and mixed with 75 µl developing solution (1 : 1.5 : 1.5 : 3 : 3 mixture of ddH<sub>2</sub>O, 3.3 mM FeCl<sub>3</sub>, 0.2 M citrate, 3 M sodium

acetate and 6 mM bathophenanthroline, freshly prepared before use). Immediately after mixing, the increase in absorbance at 535 nm was recorded for 60 sec (spectrophotometer Hitachi U-3501).

The slope of the resulting curve between 50 sec and 60 sec was used to calculate the amount of ferrocyanide produced with the help of ferrocyanide standard solutions. To determine the actual ferricyanide reduction activity in erythrocytes, the difference between 0 min and 30 min of incubation was calculated and controls were subtracted. The activity was normalised to the amount of cells present in aliquotes and the time of incubation applied and was expressed as *nmol ferrocyanide/min*  $\times$   $\mu$ l RBC (for a detailed scheme of calculation see table 3).

**Table 3: Calculation of ferricyanide reduction activity.**

(For the purpose of illustration an example of one measurement is presented.)

| sample  | time (min) | A <sub>535</sub> (50 sec) | A <sub>535</sub> (60 sec) | 60 - 50 sec | 30 - 0 min | - (-ferricyanide) | - (-RBC) | $\mu$ mol ferrocyanide* |
|---|------------|---------------------------|---------------------------|-------------|------------|-------------------|----------|-------------------------|
| RBC   | 0          | 0.383                     | 0,388                     | 0.005       | 0.051      | 0.049             | 0.048    | 0.008                   |
|   | 30         | 1.113                     | 1.169                     | 0.056       |            |                   |          |                         |
| -ferricyanide   | 0          | 0.374                     | 0.377                     | 0.003       | 0.002      |                   |          |                         |
|   | 30         | 0.420                     | 0.425                     | 0.005       |            |                   |          |                         |
| - RBC   | 0          | 0.316                     | 0.317                     | 0.001       | 0.001      |                   |          |                         |
|   | 30         | 0.364                     | 0.366                     | 0.002       |            |                   |          |                         |
| activity** (nmol ferrocyanide/min $\times$ $\mu$ l RBC) |            |                           |                           |             |            |                   | 0.053    |                         |

\* if the linear equation of the ferrocyanide standard curve was  $y = 6 \times \mu\text{mol ferrocyanide}$ .

\*\* calculated for a 30-minute-assay and 5  $\mu$ l RBC present in the aliquote taken for the measurement.



### **2.4.2.2 Cytochrome c reduction assay**

This assay is a modified version of the method described by Morr e et al. (MORRE *et al.* 2003b). 200 µl of RBC suspension (see 2.4.1) was added to 200 µl 72 µM cytochrome c solution (in TBSG) and incubated for 30 min at RT and mild agitation. Two control samples, lacking either RBCs or cytochrome c, were included in parallel. At timepoints 0 min and 30 min of incubation, 200 µl aliquotes were taken and shortly spun down to remove RBCs. 160 µl of the supernatant were pipetted into a quartz cuvette and absorbance at 540 nm and 550 nm (dual wavelength mode, spectrophotometer Hitachi U-3501) was recorded.

Cytochrome c reduction activity was expressed as  $(A_{550} - A_{540})/min \times ml\ RBC$  (for a detailed scheme of calculation see table 4 in chapter 3.1).

### **2.4.3 Preparation and activity analysis of haemolysates**

RBC pellet was diluted 1 : 20 (to imitate the final dilution of RBCs in the assay, which was also 1 : 20) with icecold 5 mM Tris buffer (pH = 7.4), left on ice for 6 min and centrifuged for 10 min at 16,000 rpm, 4°C. The supernatant (= 100 % haemolysate, assuming that all cells have burst) was transferred into a new eppendorf tube and diluted in TBSG to yield 2 % and 4 % haemolysate.

Both haemolysate dilutions were used for cytochrome c reduction measurement alike RBCs (see chapter 2.4.2.2), which were analysed at the same time.

Note: For starting the assay, the haemolysates were diluted 1 : 1 with cytochrome c plus buffer as described in chapter 2.4.2.2, so the final percentage of haemolysis to be imitated was 2 % and 1 %, respectively!

#### **2.4.4 Pretreatment procedures of red blood cells**

RBCs were prepared as described in 2.4.1. During incubation with the respective compound, the concentration of RBC was always 10 % (pelleted cells) in TBSG unless specified otherwise. After incubation, RBCs were washed twice with TBS (or PBS) and the pellet was diluted 1 : 10 with TBSG (or PBSG) for subsequent reduction assays (see chapter 2.4.2 for details).

##### ***Cyclodextrin***

RBCs at a haematocrit of 5 % were incubated with cyclodextrin in final concentrations of 0.25 % and 0.5 % (w/v), incubation was for 20 min at RT on a slowly inverting rotating machine. Control samples contained TBSG only.

Blood of one female and one male donor was analysed for ferricyanide and cytochrome c reduction activity, respectively, within a maximum of 48 hours post donation (see chapter 2.4.2).

##### ***Vanadate***

Blood was given by the Austrian Red Cross, from two to six day post donation.

RBCs were incubated with HBSS-Glc containing 50  $\mu$ M vanadate for 30 min at 37°C on a slowly inverting rotating machine. Instead of diamide, ddH<sub>2</sub>O was added to control samples. After incubation, cells were washed twice with PBS and resuspended in PBSG. Cell number was determined in a Neubauer counting chamber.  $3 \times 10^7$  cells were used per sample for ferricyanide reduction measurement (see chapter 2.4.2), the assay buffer was PBSG. Activity was calculated per  $10^7$  cells.

### ***Glucose***

RBCs were incubated in TBSG containing 2 mM and 12 mM glucose for 30 min at 37°C with mild agitation. Control samples without RBCs were included.

Assays for cytochrome c and ferricyanide reduction (see chapter 2.4.2) were performed directly following this preincubation, without additional washing steps. Blood of one male and one female donor were analysed within 28 hours post donation.

### ***Hyperosmolarity***

Erythrocytes were suspended in two different TBSG buffers. The first buffer was conventional TBSG for control whereas in the second one, the concentration of saline was doubled to yield 300 mM NaCl for hypertonic conditions. Incubation was performed for 40 min at 37°C with slow inversions on a rotating machine. Cells were washed once with TBS and resuspended again in the same buffer used for preincubation.

The activity of both, ferricyanide and cytochrome c reduction, was analysed as described in 2.4.2, with the exception that the iso- and hypertonic conditions, respectively, were maintained during the whole assay.

RBCs of one male and one female donor were analysed within 6 hours post donation.

### ***Coenzyme Q<sub>10</sub>***

Whole blood of a male and a female donor (within 48 hours post donation) was centrifuged for 15 min at 3000 rpm and 4°C. The plasma was pipetted into a new eppendorf tube, the erythrocyte pellet was stored at 4°C for later use after generously removing the buffy coat. The plasma was preincubated with 0.4 µM, 4 µM and 40 µM CoQ<sub>10</sub> for 30 min at 37°C and light shaking. In detail, 99 µl of plasma was mixed with 1 µl of 40 µM, 400 µM and 4 mM CoQ<sub>10</sub> stock solutions (dissolved in acetone). Control samples obtained acetone only.

Meanwhile, the erythrocyte pellet was washed three times with TBS, then suspended

1 : 1 in CoQ<sub>10</sub>-preincubated plasma and incubated another 30 min at 37°C with mild agitations. Afterwards, RBCs were washed again twice and resuspended in TBSG at a haematocrit of 10 % for subsequent cytochrome c reduction assay (see chapter 2.4.2.2).

#### **2.4.5 Statistical analysis**

Statistical evaluations were performed using the software „IBM SPSS Statistics 19“. An *unpaired Student's t-test for the equality of means* was employed to analyse significant differences in the reductive activities obtained with male and female donors. The analysis of correlations between specific activities was performed with the same software.

## 3 RESULTS

### 3.1 Establishment of a workable method for the reliable determination of ferricytochrome c reduction activity in erythrocytes

Working with red blood cells naturally involved that we always had to deal with small, but constantly present haemolysis, and the haemoglobin released thereby strongly absorbed at 540 nm, the wavelength applied during cytochrome c reduction measurements. This circumstance partially diminished reduction rates, which are indicated by an increase in absorbance at 550 nm relative to 540 nm (compare values before and after the correction with samples lacking cytochrome c in table 4).

An important process, hence, was the inclusion of control samples, an approach, which is quite unusual when assaying plasma membrane redox activities (see chapter 2.4.2.2). In detail, cytochrome c reduction activity was calculated by subtracting the absorbance values obtained at 540 nm from that at 550 nm, then, the difference between 0 min and 30 min of incubation was calculated. Finally, values of control samples were subtracted and the subsequent absorbance values normalised to the amount of cells used and the time of incubation applied. Thereby, the cytochrome c reduction activity is expressed as  $(A_{550} - A_{540})/min \times ml RBC$  (table 4).

This method allowed us to more precisely define reductive activities by excluding effects caused by haemoglobin but also by RBC-independent cytochrome c reduction, as the latter, interestingly, often accounted for around 10 % of total activity measured.

A further improvement was achieved in the final phase of the whole study and was applied during blood storage assays and gender-specific analyses.

It was motivated by the suspicion that haemolysed cells also release cytosolic reduction equivalents, which could reduce the added oxidants independent of plasma membrane electron transport events.

**Table 4: Calculation of cytochrome c reduction activity** (For the purpose of illustration an example of one measurement is presented).

| sample  | time (min) | A <sub>550</sub> | A <sub>540</sub> | A <sub>550</sub> - A <sub>540</sub> | 30 - 0 min | - (-cytochrome c) | - (-RBC) |
|---|------------|------------------|------------------|-------------------------------------|------------|-------------------|----------|
| RBC   | 0          | 0.318            | 0.377            | -0.059                              | 0.020      | 0.032             | 0.030    |
|   | 30         | 0.366            | 0.405            | -0.039                              |            |                   |          |
| -cytochrome c   | 0          | 0.109            | 0.125            | -0.016                              | -0.012     |                   |          |
|   | 30         | 0.159            | 0.187            | -0.028                              |            |                   |          |
| - RBC   | 0          | 0.220            | 0.263            | -0.043                              | 0.002      |                   |          |
|   | 30         | 0.248            | 0.289            | -0.041                              |            |                   |          |
| <b>activity* ((A<sub>550</sub> - A<sub>540</sub>)/min<sup>x</sup> ml RBC)</b> |            |                  |                  |                                     |            | <b>0.1</b>        |          |

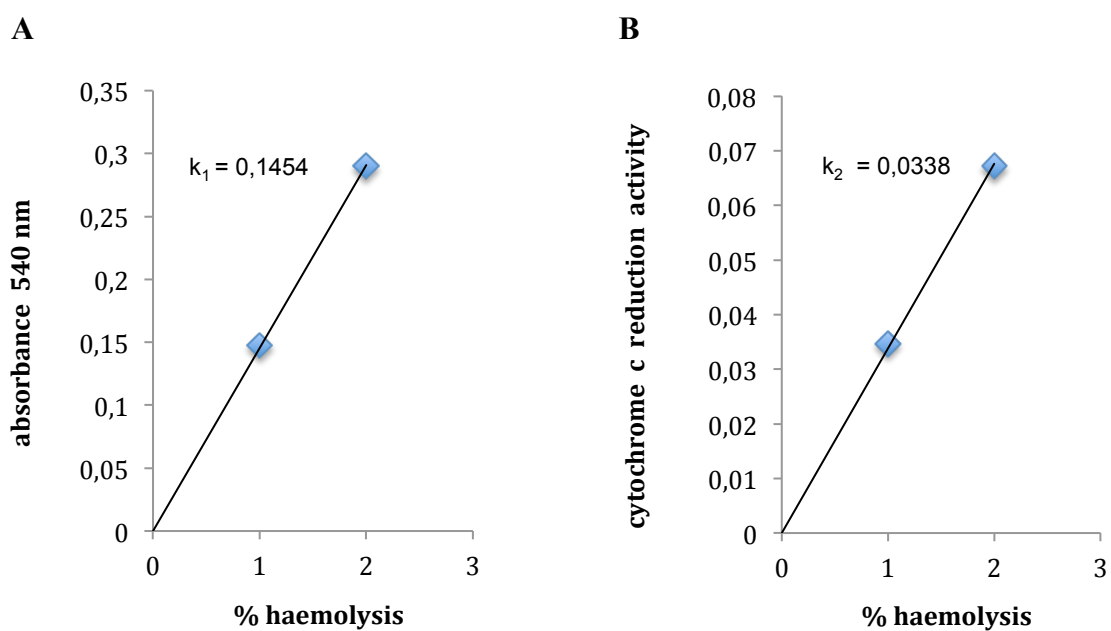
\* calculated for a 30-minute-assay and 0.01 ml RBC present in the aliquote taken for measurement.

To exclude the interference of haemolysis with cytochrome c activity measurements, we employed haemolysate standards, which were routinely analysed in concert with RBC samples of one and the same donor (see chapter 2.4.3).

For determining the percentage of haemolysis present during the assay with RBCs, a standard curve was generated in which the percentage of haemolysate used was plotted against the corresponding absorption obtained at 540 nm with controls lacking cytochrome c (figure 3A). Haemoglobin has an absorption maximum near 540 nm, therefore, the absorption at 540 nm is a good indicator for the extent of occurring haemolysis. Since haemolysis of RBCs increased with increasing time of incubation, the absorptions read at 540 nm at the beginning and at the end of the assay were averaged to yield mean values for haemolysis. A second standard curve served to correlate haemolysis with cytochrome c reduction activity by plotting the percentage of

haemolysate used against the corresponding activity obtained (figure 3B). Thereby, the percentage of haemolysis in cytochrome c reduction assays could be determined and the activity resulting thereof was subtracted to yield cytochrome c reduction activities for intact RBCs only. To demonstrate the reductive capacity of haemolysates themselves, activities were calculated per percent haemolysis present (instead of per ml RBC).

Since only 10 % of all samples measured marginally exceeded 1 % of haemolysis, the reduction of RBC volumes during assays was negligible. For a detailed scheme of the calculation approach see table 5.



**Figure 3: Standards of haemolysates analysed for cytochrome c reduction activity.** For the purpose of demonstration, results of one donor are shown. **(A)** Absorbance at 540 nm, measured with controls lacking cytochrome c at the beginning (timepoint 0 min) and the end (timepoint 30 min) of the assay, was averaged and plotted against the percentage of haemolysis used. The resulting standard curve cuts the axes at zero, whereby  $k_1$  indicates the slope of the curve. **(B)** The rate of cytochrome c reduction was plotted against the percentage of haemolysis used. The resulting standard curve cuts the axes at zero, whereby  $k_2$  indicates the slope of the curve. Activity is expressed as  $(A_{550} - A_{540})/min. \times ml RBC$ .

Regrettably, we were not able to generate a similar correction method for ferricyanide reduction measurements, since there, the obtained activities did not correlate at all with the amount of haemolysis present in standard samples (data not shown).

**Table 5: Correction of cytochrome c reduction activity for haemolysis.** Based on haemolysate standard measurements, the results for cytochrome c reduction analyses performed with RBCs were corrected to yield haemolysis-independent activities (= final cytochrome c reduction activity).

| total activity<br>( $(A_{550} - A_{540}) /$<br>$\text{min} \times \text{ml RBC}$ ) | % haemolysis  | activity of<br>haemolysate   | final cytochrome c<br>reduction activity    |
|--|---|------------------------------|---|
| see table 4 for<br>calculation   | $\frac{\text{mean of } (A_{540} 0 \text{ min}, A_{540} 30 \text{ min})^*}{k_1}$ | $k_2 \times$<br>% haemolysis | total activity - activity<br>of haemolysate |

$k_1$  = slope of the standard curve „ $A_{540}$  versus % haemolysis“ (see figure 5A)

$k_2$  = slope of the standard curve „cytochrome c reduction activity versus % haemolysis“ (see figure 5B)

\* measured with control samples lacking cytochrome c

### 3.2 Determinations on the possible existence of arNOX in human red blood cells

Recently, Morr  and colleagues suggested that the arNOX activity originates from proteins of the TM9 superfamily (in humans designated TM9SF1 to TM9SF5), since they found out that TM9SF proteins were NADH-dependent hydroquinone oxidases with specific oscillatory activity patterns, as already known with arNOX (see chapter 1.2.2.1). Further investigations revealed that the five yet characterised isoforms of arNOX are



identical with the five human isoforms of TM9SF (TANG *et al.* 2013).

By now, arNOX activity was never described to exist in human red blood cells. Therefore, membranes of RBCs were examined for the presence of arNOX by immunolabelling them with antibodies raised against three members of TM9SF, which were TM9SF1, TM9SF2 and TM9SF3. These antibodies were generated to recognise specific extracellular regions of the respective TM9SF protein and were purchased from James Morr e himself. Additionally, we analysed RBCs for the proportion of SOD-inhibitable cytochrome c reduction activity, which, according to Morr e *et al.*, is the standard method to measure arNOX activity (see chapter 2.3.4).

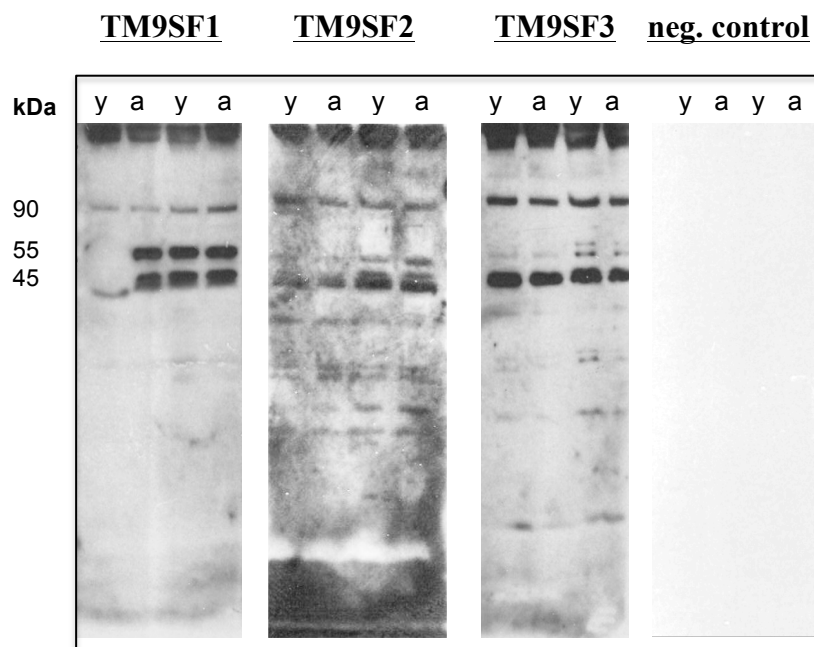
For comparison, blood samples were always from young (< 30 years) and aged (> 50 years) subjects.

### 3.2.1 arNOX protein analysis

Plasma membranes of RBCs were prepared and analysed as described in chapters 2.3.2 and 2.3.3. The western blot analysis revealed that any of the TM9SF antibodies used was binding highly unspecific to the same two erythrocyte membrane proteins, which could be the anion transporter (at around 90 kDa) and actin (at around 45 kDa) as well as in part to a 55 kDa membrane protein (figure 4). The expected signals at 67 kDa for TM9SF1 and TM9SF3 and 76 kDa for TM9SF2 are totally missing.

Erythrocytes have lots of cytoskeletal proteins anchored to its plasma membrane, which could interfere with the detection of less abundant proteins.

To enrich the proportion of transmembrane proteins (as TM9SF proteins are suchlike), we repeated this experiment with membranes having the vast majority of cytoskeletal proteins removed. Regrettably, this procedure did not improve results (data not shown).

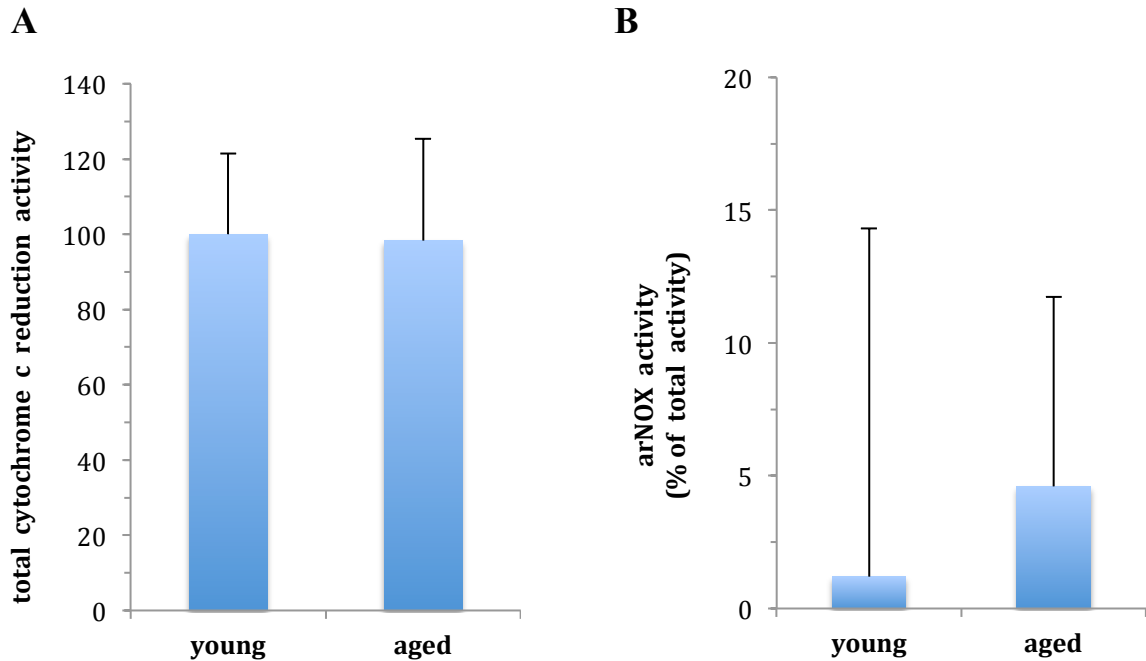


**Figure 4: Erythrocyte plasma membranes immunoblotted for the presence of arNOX proteins.** Processed erythrocyte plasma membranes of one young (y) and one aged (a) donor were immunostained with antibodies against TM9SF proteins. Each blot was loaded with single (5  $\mu$ l, first two lanes) and double (10  $\mu$ l, second two lanes) amounts of samples. TM9SF1-TM9SF3 are indicating the respective antibody used. Negative control (neg. control) was missing the primary antibody.

### 3.2.2 Analysis of erythrocytes for the presence of arNOX activity

Since we couldn't identify arNOX as an integral membrane protein in erythrocytes, we tried to at least detect its activity according to the method of Morr e et al. (see chapter 2.3.4). For this purpose, blood of five aged (between 54 and 71 years) and five young (between 24 and 29 years) subjects of mixed gender was obtained from the Austrian Red Cross, and erythrocytes isolated thereof were analysed for the presence of arNOX activity.

The average rate for total cytochrome c reduction was quite similar for both groups, young and aged, though there were of course small individual differences (figure 5A).



**Figure 5: arNOX activity measurement with red blood cells.** Erythrocytes of five young and five aged donors were analysed for cytochrome c reduction activity **(A)** in the absence of SOD - shown as total activity and expressed as  $(A_{550} - A_{540})/min. \times ml\ RBC$  - and in parallel **(B)** in the presence of SOD. The proportion of cytochrome c reduction activity found to be SOD-inhibitable is referred to as arNOX activity. Mean values are shown, assigned with the corresponding standard deviation ( $\pm$  S.D.).

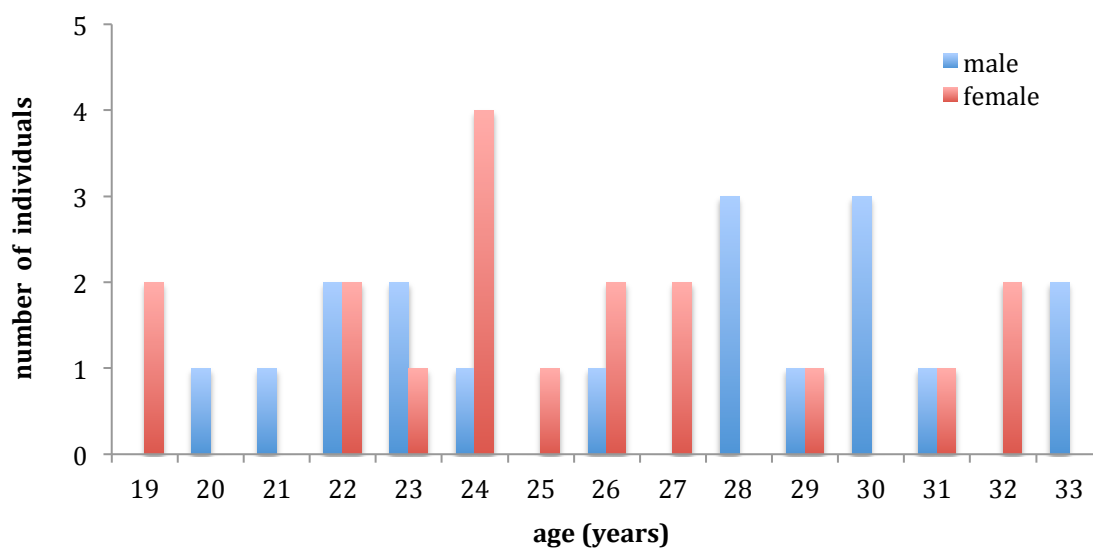
When SOD was added to remove the superoxide suggested to be produced by arNOX, the total cytochrome c reduction activity measured with RBCs of young and aged donors was hardly inhibited (figure 5B). On average, the proportion of SOD-inhibitable activity was 1 % for young subjects and nearly 5 % for aged subjects. However, all measurements involving SOD resulted in extremely high variations for obtained arNOX activity, even within duplicate samples. Maximal arNOX activity (namely 17 % of total cytochrome c reduction activity), for example, was obtained with a young subject, and one third of all measurements revealed negative arNOX activity, independent of age. Regarding the small number of subjects used for this study, the frequency of these evident inconsistencies is too prevalent to allow the conclusion that erythrocytes have arNOX activity and that this activity is elevated in aged subjects.

### 3.3 The plasma membrane redox system in erythrocytes

#### 3.3.1 Gender-related differences in the reductive activities of red blood cells

Throughout previous experiments, we frequently observed that the reductive activities obtained with erythrocytes of males and females differed with the tendency to yield higher activities for female donors. To investigate the possible relevance of gender on transplasma membrane electron transports more detailed, blood of 18 females and 18 males was analysed. RBCs thereof were monitored for ferricyanide and cytochrome c reduction activity under identical conditions immediately after blood collection.

The latter activity was subdivided into haemolysis-independent and haemolysis-only proportions by using haemolysate standards (see chapter 3.1 for details). To exclude potential age-related effects, the age span of recruited participants was confined to range between 19 and 33 years only (figure 6).



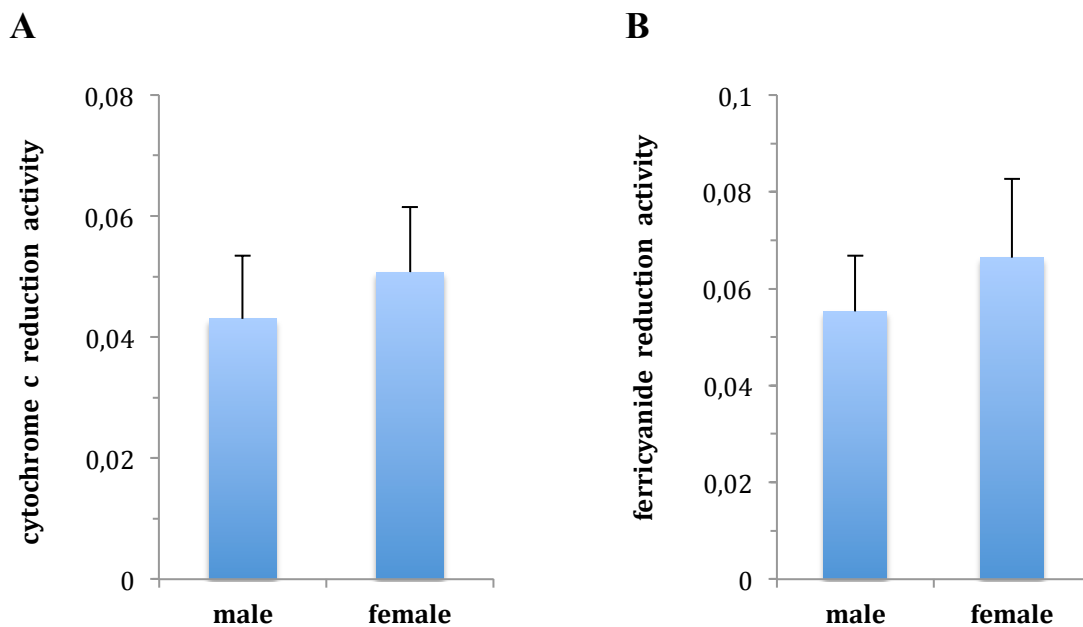
**Figure 6: Frequency distribution of subjects analysed, arranged according to their age and gender.**

In total, 18 males between 20 and 33 years and 18 females between 19 and 32 years participated in this study.

Results could confirm the already conceived suspicion that RBCs from females possess higher activities in plasma membrane electron transport than males.

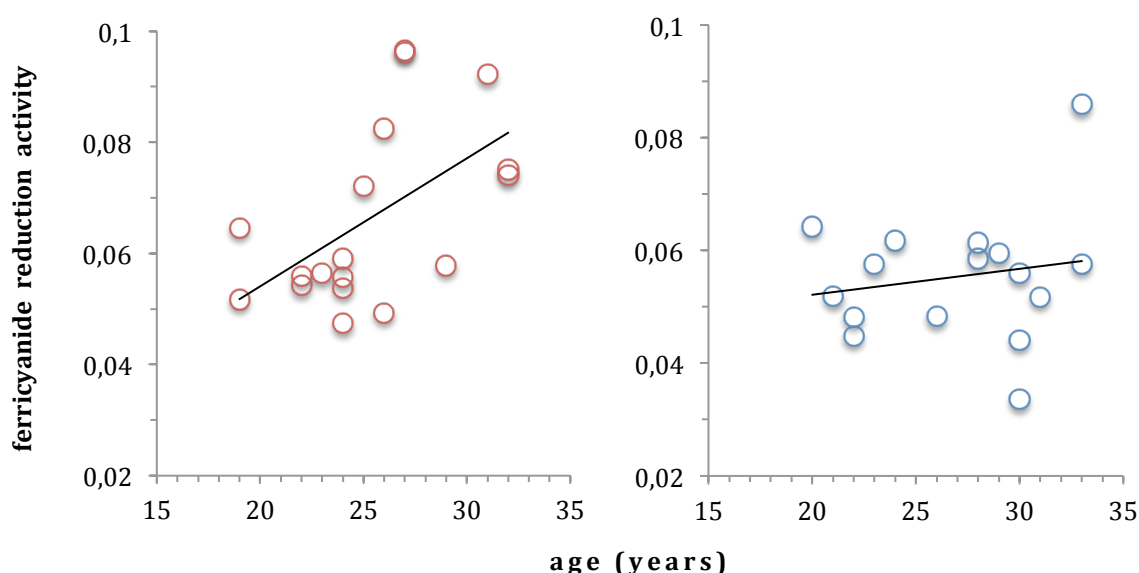
In detail, females showed significantly elevated cytochrome c reduction activity, which here refers to the haemolysis-corrected proportion (figure 7A). The average increase was 18 % compared to males. When this activity wasn't corrected for haemolysis, the difference between males and females was reduced by 10 % and was no longer significant (data not shown).

Also, the rate of ferricyanide reduction clearly differed between both genders, yielding an average increase of 20 % with females (figure 7B). Both observations were statistically significant with p-values of 0.046 for cytochrome c reduction activity and 0.030 for ferricyanide reduction activity.



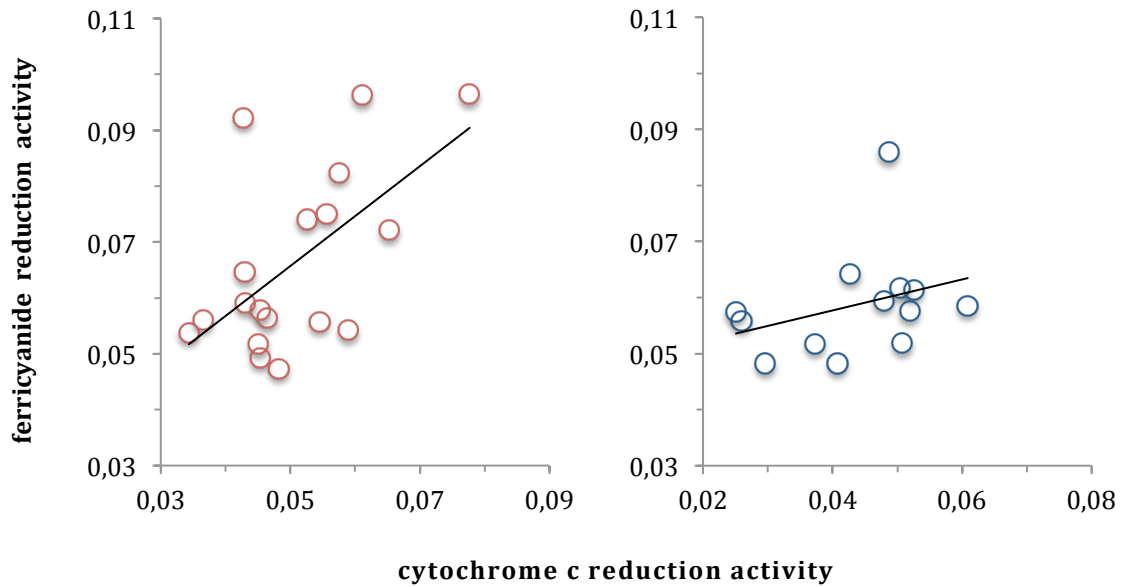
**Figure 7: Reductive activities of red blood cells from male and female donors. (A)** RBCs were analysed for the reduction of cytochrome c, the activity shown was corrected for haemolysis and expressed as  $(A_{550} - A_{540})/min \times ml RBC$ . The results of 15 males and 18 females are presented. Mean values are shown, assigned with the corresponding standard deviation ( $\pm$  S.D.). **(B)** Ferricyanide reduction activity was determined with RBCs from 16 males and 18 females, expressed as  $nmol ferrocyanide/min \times \mu l RBC$ . Mean values are shown, assigned with the corresponding standard deviation ( $\pm$  S.D.).

Interestingly, the ferricyanide reduction activity showed to increase with the age of female donors ( $r = 0.549$ ) with high significance ( $p = 0.018$ ). This correlation was not found for male donors, whose activities were distributed more horizontally over the whole age range (figure 8).



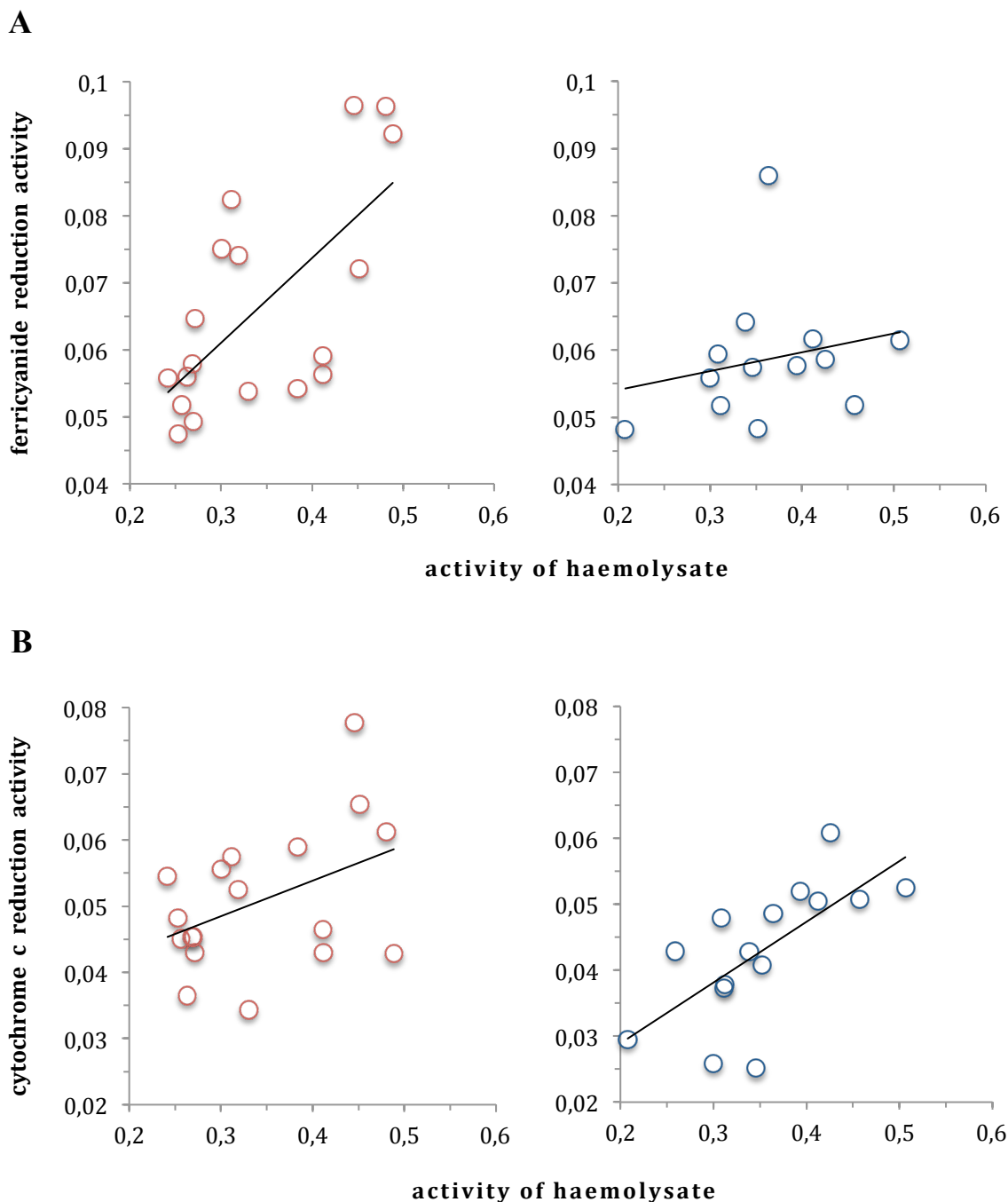
**Figure 8: Correlation between ferricyanide reduction activity and age of donors.** The analysis was performed with results of 18 female (red circles left) and 16 male donors (blue circles right). Activities shown are mean values of duplicate measurements, expressed as  $nmol\ ferrocyanide/min \times \mu l\ RBC$ .

A significant positive correlation was also found when comparing the activities for ferricyanide and cytochrome c reduction obtained with female donors ( $r = 0.591$ ;  $p = 0.01$ ). Low activities measured with the one oxidant were mostly associated with low activities measured with the other oxidant and vice versa (figure 9). However, RBCs of male donors did not show a definite relation between the both differently determined reductive activities.



**Figure 9: Correlation between ferricyanide reduction and cytochrome c reduction activities.** The analysis was performed with results of 18 female (red circles left) and 13 male donors (blue circles right). Activities shown are mean values of duplicate measurements, expressed as  $nmol\ ferrocyanide/min \times \mu l\ RBC$  and  $(A_{550} - A_{540})/min \times ml\ RBC$ , respectively. Cytochrome c reduction activity was corrected for haemolysis.

We finally wanted to see if there is any relationship between the reductive capacity of cytosol-associated constituents and the extracellular reduction of added oxidants. For this purpose, the activity of haemolysates were compared with the corresponding activities for ferricyanide and cytochrome c reduction obtained for each individual. With females, the activities for haemolysates correlated very well and highly significantly with the amount of ferrocyanide produced ( $r = 0.667$ ;  $p = 0.002$ ), whereas no significant correlation was found for male donors (figure 10A). In contrast to that, the comparison of cytochrome c reduction activities with haemolysate activities did not yield a significant correlation for female donors (figure 10B). Here, however, the male's activities correlated quite well and were highly significant ( $r = 0.682$ ;  $p = 0.005$ ). These results would suggest a gender-specific connection of intracellular reservoirs of reductants with extracellularly measured reduction events, which remains to be investigated in more detail.



**Figure 10: Correlation of haemolysate activities with ferricyanide and cytochrome c reduction activities.**

The activity for haemolysates was determined as described in chapter 3.1 and multiplied with the factor 1000 for demonstrational reasons only. **(A)** Analysis was performed with results of 18 female (red circles left) and 13 male donors (blue circles right). Activities are expressed as  $nmol\ ferrocyanide/min \times \mu l\ RBC$  and  $(A_{550} - A_{540})/min \times \% haemolysis$ , respectively. **(B)** Analysis included results of 18 female (red circles left) and 15 male donors (blue circles right). Cytochrome c reduction activity was corrected for haemolysis. Activities are expressed as  $(A_{550} - A_{540})/min \times ml\ RBC$  and  $(A_{550} - A_{540})/min \times \% haemolysis$ , respectively. Mean values of duplicate measurements are shown.



### **3.3.2 The influence of selected treatment procedures on the plasma membrane electron transport activity of erythrocytes**

To deepen the knowledge about the function and regulatory mechanisms of the plasma membrane electron transport system in human red blood cells, we applied selected treatment conditions and monitored changes in electron transport activity. These treatments included the chemicals cyclodextrin and vanadate, hyperglycaemic and hyperosmolaric conditions as well as loading cells with the antioxidant CoQ<sub>10</sub>. Whenever possible, ferricyanide and cytochrome c reduction activities - the latter yet without haemolysis corrections, except for the blood storage assays - were analysed thereafter in parallel to see if one or the other activity was more affected.

#### ***3.3.2.1 Hyperosmolarity***

We wanted to find out whether red blood cells modulate their transplasma electron transport system when adapting to osmolaric stress. For now, hypotonic conditions were excluded to prevent too much haemolysis, since we yet didn't know the reductive potential of released cytosolic components on ferricytochrome c and ferricyanide. So we focused on hyperosmolarity and increased the concentration of NaCl in the TBSG buffer used for preincubation and the reduction assays themselves (see chapter 2.4.4 for details).

Red blood cells significantly increased the electron transport through the plasma membrane in the hypertonic buffer. The average stimulation of reductive activities was plus 26 % for ferricyanide reduction and plus 70 % for cytochrome c reduction (figures 11A and 11B). The effect on the reduction rate of cytochrome c was analysed with RBCs of a male donor and was very reproducible throughout independently repeated measurements. Ferricyanide reduction analysis was performed with RBCs of a male and of a female, whereas the female's increase in activity upon hyperosmolaric treatment was about 3 times higher than that of the male. This effect might be interpreted as

gender-specific but can also have an individual background. Regrettably, we were not able to confirm these data because at that time, female blood donors were pretty rare.

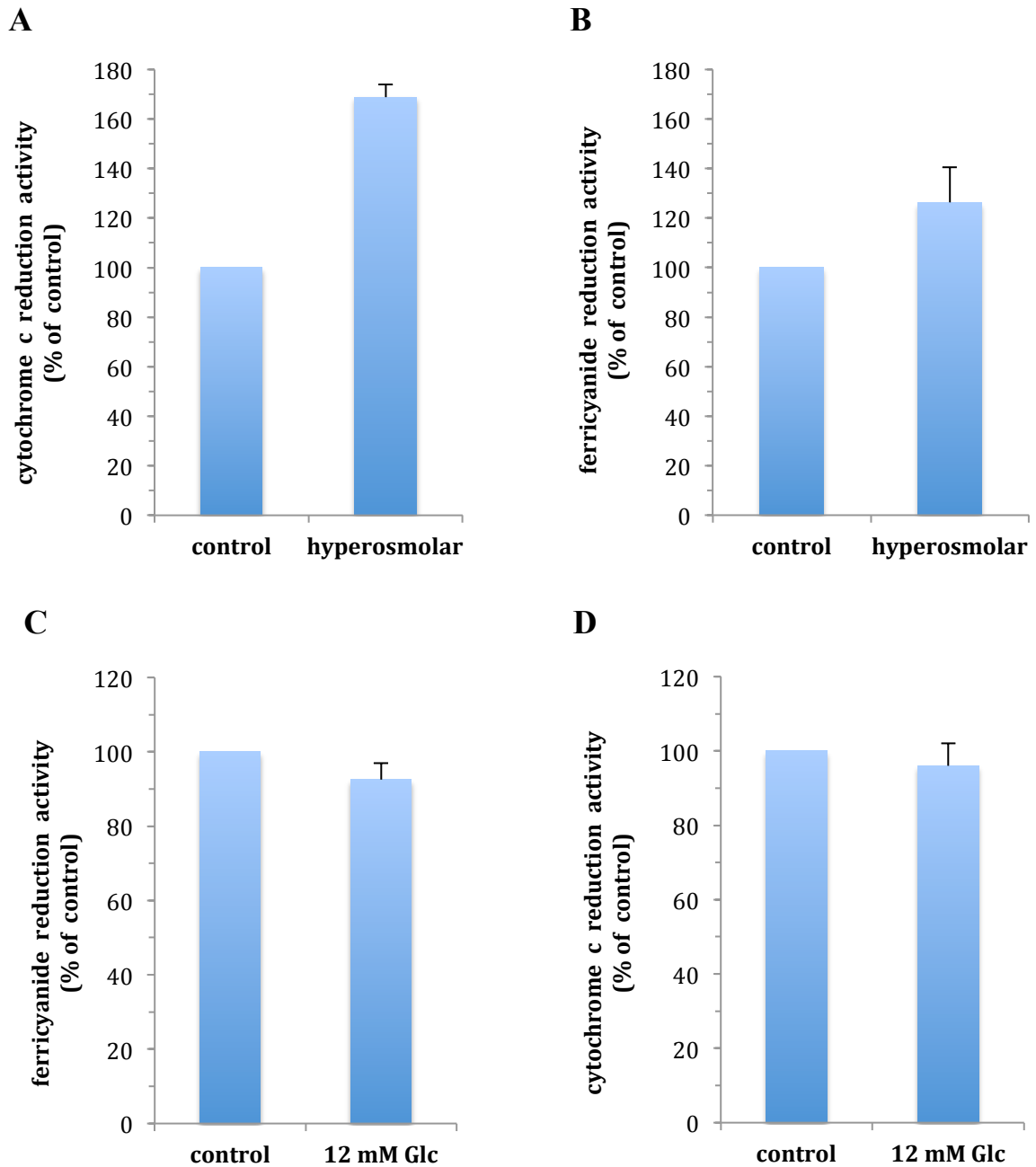
### **3.3.2.2 Hyperglycaemia**

Throughout all our experiments, isolated red blood cells were kept in buffers substituted with 7.5 mM glucose to maintain cell metabolism. According to the German Nutrition Society, this concentration would correspond to a postprandial blood sugar level of an average human. To test the influence of abnormal high glucose levels on the plasma membrane electron transport activity, RBCs of one male and one female were incubated with 12 mM glucose for hyperglycaemic conditions and with 2 mM glucose, whereas 2 mM glucose served as a control for hyperglycaemic effects.

With both subjects, we observed that hyperglycaemia slightly inhibited reductive activities (figures 11C and 11D). On average, ferricyanide reduction was slightly more affected (92 % of control activity) than cytochrome c reduction (96 % of control activity).

### **3.3.2.3 Cyclodextrin**

The transfer of electrons from intracellular donors onto extracellular acceptors naturally involves the presence of intermediate electron acceptors (so-called electron carrier) in the plasma membrane. With the exception for coenzyme Q, these are yet fully uncharacterised but – similar to the electron transfer system in mitochondria - could involve further molecules and/or proteins, bound or freely floating in the viscous lipid bilayer (SUN *et al.* 1992). The fluidity and protein content of the plasma membrane is known to be dependent on its lipid composition, which can highly differ throughout the lipid bilayer, leading to the formation of so-called microdomains (MARGUET *et al.* 2006). Such microdomains are for example lipid rafts, which have relatively high amounts of cholesterol and sphingolipids and harbour specific proteins mostly involved in signalling events (BROWN 2002). The kind of lipids and their interactions with other components of the lipid bilayer therefore determine functional domains of the



**Figure 11: Reductive capacity of RBCs kept under hyperosmotic stress and supplied with increased concentration of glucose.** (A) Red blood cells of one male (22 years) were analysed for cytochrome c reduction activity under normal (control) and hyperosmotic conditions. Mean values of three independent measurements are shown, assigned with the corresponding standard deviation ( $\pm$  S.D.). (B) Ferricyanide reduction activity analysis of the previous male and one female (32 years), whose RBCs were exposed to hyperosmotic stress. Mean values including both subjects analysed are shown, variations therein are indicated with an error bar. (C and D) RBCs of a 56-year-old male and a 32-year-old female were monitored for the influence of glucose on ferricyanide and cytochrome c reduction activity, 12 mM (hyperglycaemic) and 2 mM glucose (control) were tested. Mean values including both subjects analysed are shown, variations therein are indicated with an error bar.

plasma membrane.

To alterate the natural lipid organisation in red blood cell cell membranes, methyl- $\beta$ -cyclodextrin was used due to its capability to bind to and separate cholesterols from lipid bilayers (ZIDOVETZKI and LEVITAN 2007). Cells were treated with 0.5 % and 0.25 % (which correspond to 4.4 mM and 2.2 mM) cyclodextrin for 20 min to achieve sufficient cholesterol depletion. The effect on transplasma electron transport was analysed for male and female donors as described in chapter 2.4.4.

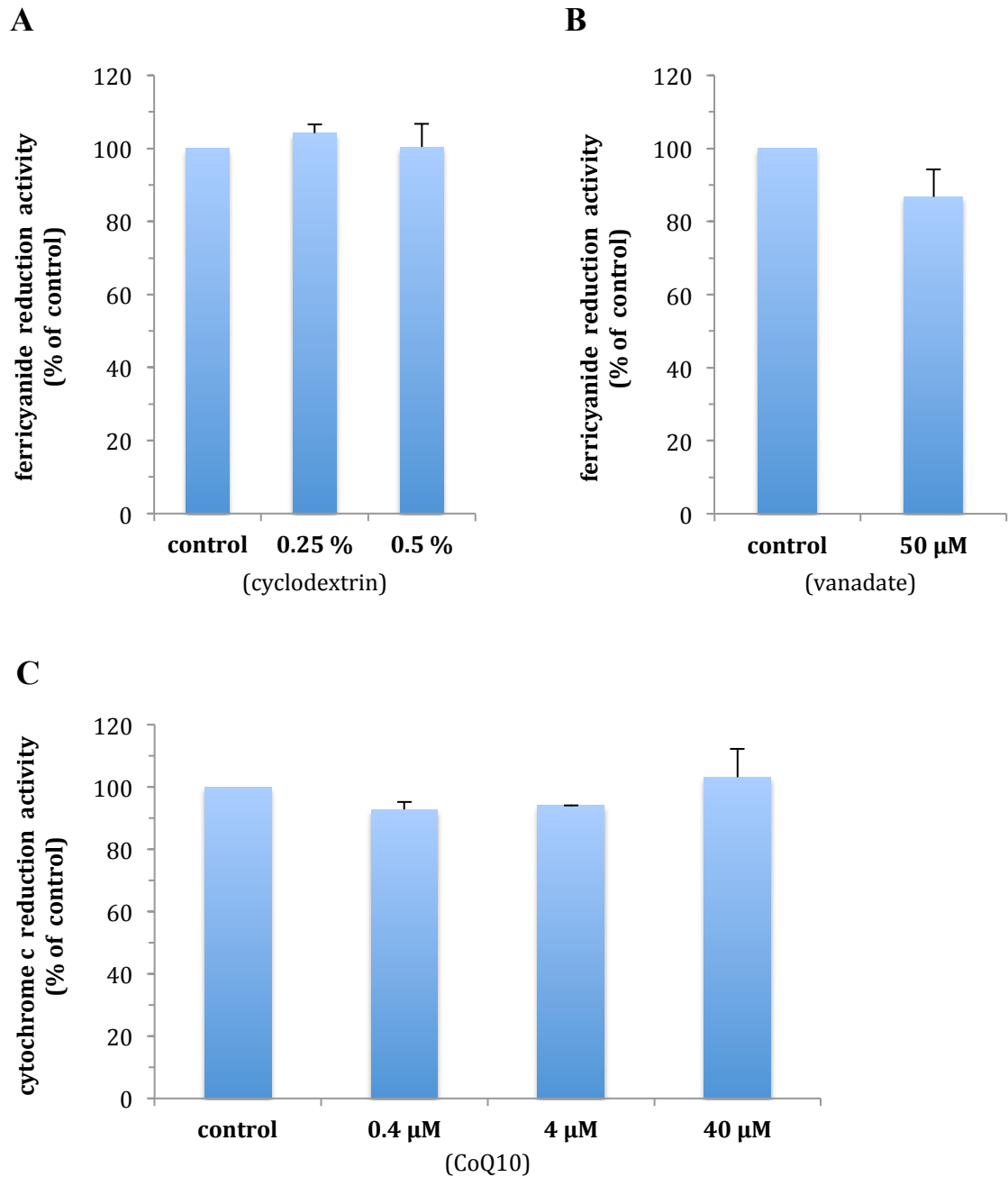
The assay with 0.25 % cyclodextrin always revealed a slight increase for the ferricyanide-specific reductive activity analysed with both genders, which was on average 4 % of control activity (figure 12A). The same activity, in turn, remained quite unaffected or was even slightly reduced when the concentration of cyclodextrin was doubled to 0.5 %. Contrary to that, the activities for cytochrome c reduction obtained with two male donors were inconsistent. While increasing concentrations of cyclodextrin reduced the activity of the one male, they had an increasing stimulatory effect on the activity of the other (data not shown).

#### **3.3.2.4 Vanadate**

Vanadate is a popular and potent protein tyrosine phosphatase inhibitor but also affects the activity of several other phosphatases (SEARGEANT and STINSON 1979; TESSIER *et al.* 1989). To investigate a possible connection between cellular dephosphorylation events and electron transport through the plasma membrane, red blood cells of three males and one female were treated with vanadate and subsequently assayed for the reduction of extracellular ferricyanide (see chapter 2.4.4. for details).

The reducing activity of male RBCs dropped on average for about 13 % with 50  $\mu$ M vanadate, measured with ferricyanide, and this response was quite reproducible for all three subjects analysed (figure 12B). When analysing RBCs of one female, the rate of ferricyanide reduction increased to 115 % of control activity after treatment with the same concentration of vanadate (data not shown).

It remains to be investigated whether this distinct effect caused by vanadate occurred



**Figure 12: Reductive capacity of RBCs treated with cyclodextrin and vanadate and supplied with coenzyme Q<sub>10</sub>.** (A) Red blood cells of a 26-year-old male and a 32-year-old female were incubated with 0.25 % and 0.5 % cyclodextrin or left untreated (control). Reductive activity was analysed with ferricyanide. Mean values of four independent measurements (two for each subject) are shown, assigned with the corresponding standard deviation ( $\pm$  S.D.) (B) Analysis of male erythrocytes for the effect of vanadate on the plasma membrane electron transport using ferricyanide. Mean values of three independent measurements are shown, assigned with the corresponding standard deviation ( $\pm$  S.D.). (C) Coenzyme Q<sub>10</sub>-preincubated RBCs of a 22-year-old male and a 23-year-old female were examined for cytochrome c reduction activity. Mean values including both subjects analysed are shown, variations therein are indicated with error bars.

due to gender-associated differences or are just the consequence of an individually regulated response, which was coincidentally not observed with the three males aforementioned.

### 3.3.2.5 Coenzyme Q<sub>10</sub>

Coenzyme Q<sub>10</sub> (CoQ<sub>10</sub>) is a biological antioxidant essentially contributing to a cell's healthiness and survival (LITTARRU and TIANO 2007). In the inner mitochondrial membrane, it serves as an important electron carrier for the generation of energy in the form of ATP, but it is also known to be enriched in other membranes of the cell, performing important antioxidative tasks (NAVAS *et al.* 2007). During the past recent years, its benefits in the prevention and treatment of diseases and in reducing aging-related cellular defects are intensively investigated and discussed (DHANASEKARAN and REN 2005; KIM *et al.* 2007). Today, CoQ<sub>10</sub> is already available in designer food, as a dietary supplement or in products of the cosmetic industry, always in conjunction with the auspicious prospect to stop aging. Formerly, the reduced form of CoQ<sub>10</sub>, ubiquinol, was widely believed to solely possess the antioxidative capacity. However, several studies emphasized the unexpected additional antioxidative properties of the oxidised form, ubiquinone (PETILLO and HULTIN 2008).

In the following experiment, CoQ<sub>10</sub> in the form of ubiquinone was used to increase the antioxidative properties of erythrocytes. CoQ<sub>10</sub> is a quite big, hydrophobic compound and needs lipid carriers for cellular absorption, therefore, RBCs were incubated with ubiquinone-preloaded plasma (see chapter 2.4.4. for details). The antioxidative effect was monitored by measuring the extracellular reduction of cytochrome c.

Interestingly, the electron transport activity of RBCs seemed to first slightly decrease with increasing concentration of CoQ<sub>10</sub> (about 93 % of control activity), as shown for treatments with 0.4 µM and 4 µM of the antioxidant (figure 12C). With 40 µM CoQ<sub>10</sub>, the activity returned back to a level comparable to untreated cells (103 % of control activity).

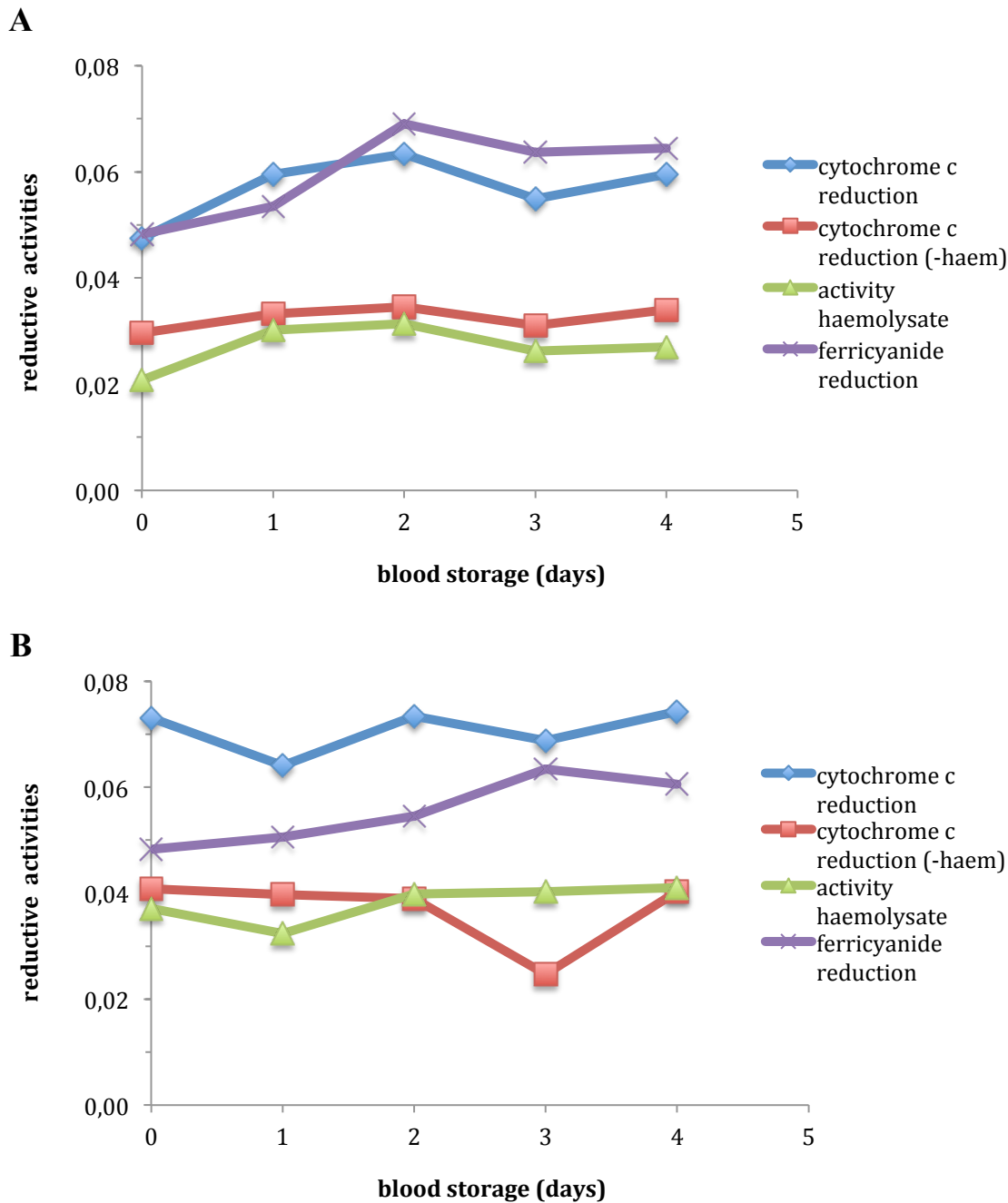
### 3.3.3 Storage-dependent variations in the plasma membrane electron transport of erythrocytes

During the first period of work, we were very happy to receive blood samples from the Austrian Red Cross. For safety reasons (analysing aliquotes for serious infectivity), these samples were already kept cool for at least one day by the organisation, so we had to deal with different storage conditions (up to six days) for each blood sample.

To test whether the time of blood storage has an effect on the plasma membrane electron transport activity of erythrocytes, we daily analysed one and the same blood sample over 5 days, starting at the day of blood collection.

Blood of four males, aged between 23 and 33 years, was used, and the reduction of ferricyanide and cytochrome c was monitored consecutively. Inbetween, the blood was stored at 4°C. For a more detailed insight, the cytochrome c reduction activity was corrected for haemolysis, also the activity per % haemolysis present was calculated (see chapter 3.1 for details).

As already assumed, the reductive activities varied over the time of four days storage (figure 13). Changes in activity seemed to occur rather randomly, days of higher or maximal activities and days of lower or minimal activities were different for each of the four subjects. Sometimes, the differently measured and expressed activities correlated quite well over all days (figure 13A), sometimes not or only partially (figure 13B). The diagrams include only two of the four males analysed, since they sufficiently represent the results of this experiment. As a consequence, further experiments were always performed with freshly collected blood to avoid storage-related misinterpretations when comparing RBCs of two individuals.



**Figure 13: Changes in the reductive capacity of RBCs over 4 days of blood storage.** RBCs of two males, 23 (A) and 26 years old (B), were analysed for transmembrane electron transport activities immediately after blood collection (day 0) and on the following four days (days 1 to 4). The reduction of cytochrome c and ferricyanide was measured consecutively. The activity for cytochrome c reduction is shown as total activity obtained (cytochrome c reduction), the haemolysis-corrected activity thereof (-haem) and the activity resulting from haemolysis itself (activity haemolysate, expressed as  $(A_{550} - A_{540})/min. \times \% haemolysis$  and multiplied with the factor 100 for illustrational reasons). Activities are expressed as  $nmol ferrocyanide/min. \times \mu l RBC$  for ferricyanide and  $(A_{550} - A_{540})/min. \times ml RBC$  for cytochrome c reduction. Mean values of duplicate measurements are shown.



## 4 DISCUSSION

The present study is based on spectrophotometrical measurements monitoring the reduction rates of ferricyanide and cytochrome *c*, whereas the first is a quite common oxidant for assaying transplasma membrane electron transport activities (AVRON and SHAVIT 1963; CLARK *et al.* 1981). Cytochrome *c*, or more specifically ferricytochrome *c*, was so far never employed before for this purpose - particularly with erythrocytes - as it usually is only used to indicate the presence and concentration of superoxide in biological samples (BABIOR *et al.* 1973; PRITCHARD *et al.* 1995; TARPEY *et al.* 1999). Since we anyway needed it for arNOX activity measurements (see next chapter), we thought to also include cytochrome *c* for the analysis of transplasma membrane electron transport activities as an alternative electron acceptor to ferricyanide. We could establish a method, which turned out to be at least as reliable as the one based on the reduction of ferricyanide and which was also applied in arNOX activity assays (see chapter 3.1).

Importantly, we were able to define the reduction potential of haemolysates, though only for the cytochrome *c* reduction method. It allowed us to calculate the amount of haemolysis occurring during assays and to determine cytochrome *c* reduction activities of intact cells more precisely. This improvement, however, was achieved in an advanced stage of our studies, so it was only applicable in later experiments, the blood storage and gender-specific analyses, to be exact.

### **4.1 arNOX was not detectable in whole cell and plasma membrane preparations of human erythrocytes**

Our attempts to identify arNOX in red blood cells of aged human subjects failed. Neither its activity in intact cells nor the presence of the oxidase in membrane ghost preparations by western blot analysis could yield a definite result indicating a possible

association of arNOX with erythrocyte plasma membranes of aged donors (figures 4 and 5). It might be concluded that erythrocytes in general do not or only in non-detectable amounts possess this particular ECTO-NADH oxidase, but to really do so, two aspects concerning our methodical approaches have to be taken into consideration. First, the antibodies purchased were never shown to specifically recognise cell surface anchored oxidases since they were applied with sera and saliva samples, detecting only the truncated, shed forms of arNOX (TANG *et al.* 2013). Nevertheless, they were generated from N-terminal peptides of human TM9SF homologues and are therefore expected to bind also to non-soluble forms of arNOX, having large accessible extracellular N-terminal regions. However, to really confirm their explicitly useful application for the detection of both, the circulating and the membrane-associated forms of arNOX, these antibodies are suggested to undergo additional validations. Secondly, we were not able to identically reproduce the enzymatic activity assay Morré *et al.* were publishing, since we did not continuously record the reduction of ferricytochrome c but measured reductive activities only once at the beginning and once at the end of a 30 min incubation period (MORRE *et al.* 2008b). This was due to the fact that we included additional control samples (duplicates and negative controls), which needed to be analysed in parallel with the other samples to still serve as reliable controls. If we had analysed all these samples in the manner Morré *et al.* did, the time-consuming assay for only one sample would have required to prepare each single sample freshly from the same blood prior to the measurement. This in turn would implicate that controls were no veritable controls anymore since they then contained erythrocytes which were no longer prepared under truly identical conditions, regarding storage and isolation procedure. The inclusion of controls was considered necessary, as changes in the absorption measured were also seen with samples containing solely ferricytochrome c or red blood cells, which significantly contributed to the total activities obtained. Also the high variability in activity measured with duplicates suggested that these controls are indispensable (figure 5). It is easily conceivable that our methodological approach missed the periodically occurring bursts of superoxide production by arNOX, so it is a strategy which

undoubtedly needs to be improved to serve as a reliable method for the detection of age-related NADH oxidase activities.

## **4.2 Gender, hormones and their impact on the reductive potential of erythrocyte plasma membranes**

Over decades of studying transplasma membrane electron transport systems, the aspect of gender-dependent differences has totally been neglected. However, these particular electron transfers are only part of a superordinated complex redox system, established in each cell to maintain a natural balance between essential reductive and oxidative events and to protect against oxidative damage (KEHRER and LUND 1994; KENNETT and KUCHEL 2003). Several studies were investigating gender- and sex hormone-related effects on selected key components - enzymes and antioxidants - of that redox system and clearly could show that sex matters (DEMIRBAG *et al.* 2005; MALORNI *et al.* 2007).

For example, the level of intracellular ascorbate, one of a cell's most abundant antioxidants, was shown to be modulated by the female sex hormone estrogen in brains of rats, with distinct effects. Certain brain regions of pubertal and adult females generally exhibited lower ascorbate levels compared to males of the same age, and the absence of estrogen during ovariectomy caused a significant increase in hippocampal ascorbate contents. On the other hand, females were less affected by ischaemia-induced decreases in brain ascorbate content, and estrogen treatment of ovariectomised ischaemic animals could reverse ascorbate contents to a level comparable with non-ovariectomised animals (KUME-KICK *et al.* 1996; KUME-KICK and RICE 1998). Estrogen has also been shown to increase the expression and activity of the antioxidative acting enzyme superoxide dismutase in cells of the murine vasculatur and in human leukocytes. This effect was antagonised by progesterone, another female sex hormone, leading to enhanced production of reactive oxygen species, which was also observed in rat brains after ovariectomy (SARAYMEN *et al.* 2003; WASSMANN *et al.* 2005). Further studies support the idea of estrogens as important hormonal antioxidants with

effects ranging from the prevention of lipid peroxidations to protecting neurons from oxidative stress, both being major risks for the emergence of cardiovascular diseases and neurological disorders (AYRES *et al.* 1996; BEHL *et al.* 1997).

Testosterone, the most abundant androgen in males, is thought to mediate resistance to oxidative stress, particularly in the cardiovascular system of males (MA and TONG 2010). Depriving testosterone by gonadectomy in male rats resulted in increased lipid peroxidations and production of ROS and dramatically reduced the level and activity of antioxidants like glutathion, superoxide dismutases and catalases in heart and prostate tissues (KLAPCINSKA *et al.* 2008; TAM *et al.* 2003).

The supplementation with testosterone after castration could partially restore the antioxidative capacity, though it was also shown to be able to further increase oxidative stress markers (KLAPCINSKA *et al.* 2008; PRUDOVA *et al.* 2007). Others are also supporting the prooxidative role of testosterone and its impact on mortality and diseases of males (ALONSO-ALVAREZ *et al.* 2007; AYDILEK *et al.* 2004; GARDNER-THORPE *et al.* 2003).

Regarding the multiple functions and the complex interplay and regulation of sex hormones throughout the human body and along maturation and aging, the influence of one hormone on a particular cell's or tissue's redox activities cannot be generalised and therefore has to be seen in a bigger context (BAIN 2007; JENSEN and DESOMBRE 1972).

Our findings that plasma membranes of female erythrocytes have significantly higher reductive capacities - based on the extracellular reduction of ferricyanide and ferricytochrome c - are indicative for the existence of a hormonal regulated redox system (figure 7). One factor for the female prevalence in reductive activity could be the intracellular level of ascorbate, which is thought to be a major cytosolic electron source for transplasma electron transports (VANDUIJN *et al.* 2000). As discussed earlier, ascorbate levels are assumed to be regulated by estrogen and, though males generally have higher intracellular ascorbate concentrations, the activity of ascorbate recycling could be increased in females (KUME-KICK and RICE 1998; MAURICE and LIGHTSEY 2007). Erythrocytes of females therefore might react more effectively to counteract extracellular oxidative stress. Whether the composition of redox enzymes and electron carriers in plasma membranes differs between genders, still needs to be clarified but at

least has to be taken into consideration. Half of the women we analysed were regularly using hormonal contraceptions. However, there was no statistical difference in the reductive activities between females taking hormones and those which were not.

The ferricyanide reduction activity significantly increased with the age of females but not with that of males (figure 8). This probably indicates that female erythrocytes are also more capable to adapt to an ageing-related increase in oxidative stressing factors, though the relative differences in age of the subjects analysed are not reflecting aging in conventional manners (FINKEL and HOLBROOK 2000). However, our observation is consistent with results of several studies reporting that females possess higher amounts and activities for antioxidants and thus are less prone to oxidative damage during aging (ALI *et al.* 2006; BORRAS *et al.* 2003; GUEVARA *et al.* 2009). Interestingly, the reduction of cytochrome c did not correlate with the age of neither females nor males (data not shown). It might be that this activity is regulated differently in response to aging. Nevertheless, the transplasma membrane transfer of electrons onto ferricyanide and cytochrome c seems to be attributed to common mechanisms, at least in female erythrocytes, where these activities appeared to have a strong positive correlation (figure 9). When comparing the reductive capacity of the cytosol with that obtained with whole cells, significant positive correlations were found, though in a gender-specific manner (figure 10). The cytosolic pool of potent reductants positively influenced ferricyanide reduction activity in female erythrocytes (figure 10A), whereas cytochrome c reduction activities remained rather unaffected (figure 10B).

This result may explain the earlier observed insensitivity of cytochrome c reduction activity with females for putative aging-triggered intracellular responses, which only affected ferricyanide reduction activity. With male erythrocytes, the reduction rate of ferricyanide seemed to be independent of the cytosolic reductive potential (figure 10A), which in contrast strongly affected cytochrome c reduction activity (figure 10B).

It is possible that these evident differences are achieved by gender-specific mechanisms, equipping the cytosol with particular antioxidants and other potential electron donors as well as controlling the accumulation and activity of plasma membrane-located participants of these electron transfer events. Importantly, activities of haemolysates

were quite similar for both genders (data not shown). It has to be noted that the reductive capacity of haemolysates was determined by cytochrome c reduction measurement, because the reduction of ferricyanide was insufficient for establishing a method to linearly correlate reductive activities with the percentage of haemolysis observed. Therefore, all the cytochrome c reduction discussed in this chapter refer to haemolysis-corrected activities, whereas ferricyanide reduction activities do not.

In summary, the dual analysis for ferricyanide and cytochrome c reduction suggests a common, but probably not identical system regulating both activities. Plasma membranes of female erythrocytes were shown to possess markedly increased reductive activities, proposed to serve as an antioxidative defense against extracellular accumulating oxidative stress. Contrary to males, ferricyanide reduction activity increased with age and was strongly associated with reductive capacities of the cytosol, which in turn affected reductive activities in a gender-specific manner.

It is of great importance to identify and characterise further membranous and cytosolic components contributing to plasma membrane electron transports in general as well as causing the gender-specific activity pattern we observed in the present study.

### **4.3 The transplasma membrane redox system of red blood cells is modulated in response to varying conditions**

The conditions we were testing with red blood cells of various donors affected transplasma membrane redox activities to quite variable extents. Some effects were pretty evident and reproducible, whereas others were rather vague and marginal. An overview including all treatments and their resulting influences on reductive activities, insofar allowing a preliminary evaluation, is presented in table 6.

### ***Hyperosmolarity***

The hyperosmolaric buffer, erythrocytes were kept in throughout the whole experiment, particularly increased the cytochrome c reduction activity with the male donor, up to 170 % of control samples, whereas the same donor's activity measured with ferricyanide was significantly less stimulated (figures 11A and 11B). As corresponding comprehensive analyses with females were not possible by that time, the noticeably high ferricyanide reduction rate of female RBCs in response to hyperosmolarity might indicate gender-related differences in the regulation of this activity but are so far lacking additional confirmation. The mechanisms underlying these effects are yet unknown and thus have to remain unspecified, but it is possible that, at least with males, this particular osmotic challenge caused disparities in the preference for reducing one or the other extracellular electron acceptor used.

### ***Hyperglycaemia***

The constant exposure of erythrocytes to 12 mM glucose throughout pretreatment and assay procedures resulted in a mild decrease of both reductive activities measured, independent of gender (figures 11C and 11D). This experiment was initially inspired by the study of Gray et al., who were investigating the effect of glucose on plasma membrane electron transports in pancreatic  $\beta$ -cells of mice (GRAY *et al.* 2011). They were using similar concentrations than we did and could show that excess glucose significantly increased the rate of ferricyanide reduction to 300 % and even higher.

Since they preincubated cells up to 48 hours, we repeated experiments with prolonged glucose exposure (24 hours), but this resulted in substantial haemolysis, which persisted during activity measurement and made a reliable interpretation impossible (data not shown). We do not expect erythrocytes to respond similarly to glucose like pancreatic islet cells do, since the latter are specifically sensitive to changing levels of the sugar, known to modulate their production and secretion of insulin (MEGLASSON and MATSCHINSKY 1986). Glucose is an essential energy supplier for red blood cells, since they do not have mitochondria and thus are dependent on glycolysis for the generation of

ATP (CHAPMAN *et al.* 1962). Glycolysis, however, also produces NADH, an important reducing equivalent for transplasma membrane electron transfers (BERRIDGE and TAN 2000). We therefore conclude that the hyperglycaemic conditions probably induced other, yet uncharacterised processes in erythrocytes, causing the (provisorily) inhibitory profile observed for reductive activities. It would be interesting and certainly necessary to find out if glucose in milder concentrations revealed similar results.

### **Cyclodextrin**

Cyclodextrin caused a concentration-dependent impact on the reductive activities of male and female erythrocytes, but with differing results for ferricyanide and cytochrome c reduction. While cytochrome c reduction activity was affected quite inconsistently - once positively, once negatively - (data not shown), the reduction rate of ferricyanide was initially mildly stimulated by mid-level concentrations of the compound, but dropped to control levels or somewhat below when the concentration of cyclodextrin exceeded 0.25 % (figure 12A).

$\beta$ -cyclodextrins are known to effectively and very specifically separate cholesterol from erythrocyte plasma membranes without infiltrating the membrane and the cell itself. They were also reported to be involved in the removal of phospholipids and membrane proteins, the latter, though, to a far lesser extent than seen with cholesterol (GIOCONDI *et al.* 2004; OHTANI *et al.* 1989). Cholesterol is particularly enriched in lipid rafts, plasma membrane microdomains, which harbour essential proteins involved in cell signalling processes (BROWN 2002). Hence, the treatment with cyclodextrins can consequently result in alterations of cellular signal transduction events, as already demonstrated with T lymphocytes (KABOURIDIS *et al.* 2000). It has to be considered as well that the shifts of lipid composition in plasma membranes caused by cyclodextrin can increase the permeability of cells, thus facilitating the leakage of intracellular molecules and in the worst case promote cell death (KISS *et al.* 2010). However, all these effects discussed here were often very cell-type-specific and strongly depended on the concentration and incubation time applied.



The pattern of ferricyanide reduction activity in response to increasing concentrations of cyclodextrin we observed repeatedly could therefore be the result of multiple effects, which obviously require additional investigations to be defined in detail.

Currently, the diverging response of treated cells concerning cytochrome c reduction activity is so far inconclusive. Anyhow, individual factors contributing thereto cannot be excluded.

### **Vanadate**

Vanadate is a phosphate analogue which competitively binds to phosphatases with varying affinity, depending on the type of phosphatase involved. Thereby vanadate prevents the enzymatic removal of phosphate groups from biological substrates (HUYER *et al.* 1997). It is commonly used for studying the function of protein tyrosine phosphatases since these enzymes are effectively inhibited by vanadate (GORDON 1991). Our data indicated that vanadate has the potential to impair the transplasma membrane activity reducing ferricyanide, as revealed with RBCs of three males (figure 12B). Maximum inhibition was likely already achieved with 50  $\mu\text{M}$  vanadate, as a 20-fold concentration of the compound lead to nearly identical results and 10  $\mu\text{M}$  vanadate was not sufficient to affect that activity (data not shown).

Many important cellular processes are dependent on protein phosphorylations since they are essential for the activation and propagation of signalling cascades. It is thus suggested that the inhibition of ferricyanide reduction activity seen with vanadate is the result of an overall impairment of cellular functions. This can also include enzymes of that particular redox system, but yet proof has to be brought forward.

There might exist a possible gender-specific response of treated erythrocytes to vanadate, since we obtained a converse effect, namely stimulated ferricyanide reduction activity, with one female (data not shown). However, this has still to be examined in more detail.

### **Coenzyme Q<sub>10</sub>**

The antioxidative properties of coenzyme Q<sub>10</sub> are widespread and crucial for the vitality of cells (LITTARRU and TIANO 2007). In addition, it exerts an essential role in plasma membrane redox systems by serving as electron carriers across the lipid bilayer and replenishing depleted reserves of other antioxidants (NAVAS *et al.* 2007; SUN *et al.* 1992). Therefore, the plasma membrane content of CoQ<sub>10</sub> is thought to greatly influence the activity of that system (NAVAS *et al.* 2007).

Surprisingly, our results revealed that it did not seem to stimulate but rather tended to inhibit redox activity, as measured by the reduction of cytochrome c, and even left it quite unaffected with the highest concentration of CoQ<sub>10</sub> applied (figure 12C). We are aware that these data are yet not sufficient to allow a more specific statement. However, it is possible that the amount of CoQ<sub>10</sub> taken up by cells was too small, either because it was not sufficiently solubilised by plasma lipids or because the concentrations used were too low. Since cells usually regulate the synthesis and distribution of the antioxidant themselves, exogenous supplementation is known to hardly influence intracellular concentrations of CoQ<sub>10</sub> (NIKLOWITZ *et al.* 2004).

The preincubation of ubiquinone with plasma, thus, might have been not enough and would have required the use of specific formulations of CoQ<sub>10</sub>, which are known to facilitate its bioavailability (KUROWSKA *et al.* 2003). Also, it would have been interesting to find out if the redox response was similar when ferricyanide was used as the extracellular electron acceptor.

**Table 6: Summary of the effects observed with redox activities of erythrocytes upon respective treatments.** Stimulating and inhibiting effects, respectively, are indicated with + and -, respectively; n.d. = not definable. Symbols in brackets indicate slight trends, which, however, have to be investigated in more detail.

| Treatment procedure            | Method of activity measurement |              | Differences between genders |
|--------------------------------|--------------------------------|--------------|-----------------------------|
|                                | Ferricyanide                   | Cytochrome c |                             |
| <i>Hyperosmolarity</i>         | +                              | +            | yes                         |
| <i>Hyperglycaemia</i>          | (-)                            | (-)          | no                          |
| <i>Cyclodextrin</i>            | n.d.                           | /            | no                          |
| <i>Vanadate</i>                | -                              | /            | yes                         |
| <i>Coenzyme Q<sub>10</sub></i> | /                              | (-)          | no                          |

### **Storage**

The daily analysis of red blood cells over a storage period of four days revealed valuable information about how individual redox activities are regulated in response to changes in temperature, nutrient and oxygen supply (figure 13). This was the reason to continue our experiments exclusively with freshly donated blood immediately after collection.

## 5 CONCLUSION

The present work could give strong indices that the transplasma membrane electron transport system of male and female erythrocytes is subject to different regulatory mechanism, probably caused by sex-specific hormones. Most of the conditions tested with red blood cells, like CoQ<sub>10</sub>, glucose and cyclodextrin, are suggested to require a more detailed and improved approach to determine their impact on this redox system. For those which revealed relatively clear results, like hyperosmolarity and vanadate, it would be interesting to look more closely at the molecular mechanisms underlying these effects. However, our data presented herewith are only providing a glimpse on some of the factors which potentially influence the transplasma membrane redox system in human erythrocytes. It is certainly necessary to extend these analyses - particularly for treatment assays - by employing considerably increased numbers of blood samples, enabling us to reinforce or reject the effects we observed.

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# APPENDIX

## Zusammenfassung

Die spezielle Verwendung von intrazellulären Reduktionsäquivalenten zur Reduktion von Substraten in der extrazellulären Umgebung durch die Einbindung von Plasmamembran assoziierten Enzymen und Elektronenträgern ist praktisch allen eukaryotischen Zellen gemein. Es wird als Transplasmamembran Elektronentransport (PMET) bezeichnet und dient hauptsächlich dem Schutz von Zellen und umgebenden Geweben vor exogenen Schäden, die durch reaktive Sauerstoffspezies und freie Radikale verursacht werden.

Die vorliegende Arbeit hatte zum Ziel, die PMET Aktivität von humanen Erythrozyten unter verschiedenen Gesichtspunkten zu charakterisieren. Das Hauptaugenmerk wurde hierbei auf die Untersuchung von Aktivitätsunterschieden zwischen den Geschlechtern gerichtet, es wurden jedoch auch Analysen gemacht, die die Aktivitätsschwankungen von Erythrozyten unter Bedingungen wie erhöhtem osmolaren Stress, Glukoseüberschuss oder Phosphatasehemmung betrafen. Des Weiteren versuchten wir, age-related NADH Oxidasen (arNOX) - Superoxid generierende Komponenten des PMET Systems, die bereits in menschlichen Körperflüssigkeiten detektiert wurden - in roten Blutkörperchen von älteren Testpersonen durch Immunblottings und Reduktions-Aktivitätsassays, basierend auf Ferricytochrom c und Superoxid Dismutase, zu identifizieren. PMET Aktivitäten wurden spektrophotometrisch über die Verfolgung der extrazellulären Reduktion von Ferricyanid und Ferricytochrom c bestimmt, wobei der Einsatz des Letzteren erstmalig zu diesem Zwecke eingeführt und etabliert wurde und es uns ermöglichte, die reduktiven Aktivitäten präziser zu definieren.

Die geschlechtsspezifischen Analysen ergaben, dass sich die Redoxaktivitäten von männlichen und weiblichen Testpersonen in mehreren Aspekten deutlich unterscheiden, ein Hinweis darauf, dass die PMET Aktivität auf eine geschlechtsabhängige Weise reguliert wird. Unsere vorläufigen Beobachtungen betreffend die Zellbehandlungen waren bisher nicht eindeutig einordenbar, konnten

aber insofern Hinweise liefern, als dass hyperosmolarer Stress die PMET Aktivität tendenziell erhöhte, wohingegen der Phosphatasehemmer sie eher erniedrigte. Was arNOX anbelangt, konnten unsere Resultate die Hypothese, wonach diese Oxidase möglicherweise in humanen Erythrozyten zu finden sei, nicht unterstützen.

Zusammenfassend fanden wir heraus, dass das Plasmamembran Redoxsystem in humanen Erythrozyten Schwankungen unterliegt, die durch geschlechtsspezifische Faktoren beeinflusst werden, eine Erkenntnis, die wesentlich von der auf Ferricytochrom c basierenden und bisher unpublizierten Methode, die wir etablierten, profitierte.

# CURRICULUM VITAE

## PERSONAL DATA

|                           |                      |
|---------------------------|----------------------|
| <b>Name</b>               | Katrin Knapitsch     |
| <b>Date of birth</b>      | February 11, 1981    |
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## COURSE OF EDUCATION

|             |   |
|-------------|---|
| 2011 - 2013 | Masters programme at the University of Vienna, Genetics and Developmental Biology |
| 2007 - 2011 | Bachelors programme at the University of Vienna, Biology                          |
| 2007        | External matriculation, BORG Henriettenplatz, 1150 Vienna                         |
| 1991 - 1995 | Secondary school, 9344 Weitensfeld  |
| 1987 - 1991 | Primary school, 9342 Gurk   |