MAPTrix HyGel™, the First Biochemically **Defined 3D Extracellular Matrix**

MAPTrix[™] Angio Kit for Tube Formation Assays

Overview

Angiogenesis, the formation of new blood vessels, depends upon specific molecular interactions between endothelial cells and components of the extracellular matrix (ECM). Endothelial cell adhesion to the ECM is mediated by cell surface receptors, primarily integrins. The integrin-mediated adhesion leads to intracellular signaling events that regulate endothelial cell survival, proliferation, migration, and tube formation¹.

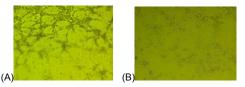
The MAPTrix[™] Angio Kit provides a 3D (3-dimmensional) microenvironment to regulate the integrin-mediated signaling event for angiogenesis in a reliable and reproducible manner.

Product Description

MAPTrix[™] Angio Kit is designed to in situ create anartificial basement membrane that mimics a native basilarlamina for tube formation assay.

The Basic Kit consists of MAPTrix[™] ECM containing IKVAV, the key integrin in angiogenesis ($\alpha\nu\beta3$) binding peptide motif, and one or more peptide motifs that interact with angiogenic integrins such as a2\beta1 or a5\beta1. Presentation of at least two different angiogenic integrin-binding peptide motifs can generate an ECM microenvironment where combinatorial integrin mediated signaling can be induced for angiogenesis.

Figure1: HUVEC tube formation on MAPTrix[™] Angio



Characteristics

MAPTrix™ Angio is produced in Kollodis' proprietary E.coli expression system and purified using an ISO compliant manufacturing process.

Molecular Weight:

~24,000 dalton

Formula:

· Lyophilized powder is also available upon request

Solubility:

- Soluble in a variety of buffers, including water, under a wide range of pH conditions (pH=2~9.0)
- Note: Buffers of media containing Ca²⁺ or Mg²⁺ added to MAPTrix™ may result in the formation of insoluble aggregates.

Highlighted Features

The MAPTrix[™] Angio Kit is designed as a cost effective and efficient method for tube formation assay. The Kit can be customized to design specific biochemical compositions for specialty applications.

- · Customized System: Biochemically user-defined 3D matrix
- Flexibility: 24-, 48-, or 96-well design
- Convenience: Ready-to-Use Formula
- · Versatility: Useful for multiple studies
- · Lot to Lot Consistency: Reproducible & reliable results

Application

The tube formation is the mostly widely used in vitro assay model of reorganization stage of angiogenesis^{2,3}.

The MAPTrix™ Angio Kit can be used to monitor the extent of tube assembly in various endothelial cells, for example, human umbilical vein cells (HUVEC) or bovine capillary endothelial (BCE) cells.

The Kit can be also used as a high-content assay for evaluation of integrins as regulators of angiogenesis or screening anti-angiogenic drug targeting integrins.

Human umbilical vein endothelial cells (HUVEC) (40.000 viable cells/cm²) were seeded on a 48-well polystyrene plate coated with a biochemically defined 3D matrix formed in situ from Kollodis' MAPTrix[™] Angio Kit (100 µL/cm²) using M199 media, and incubated at 37°C, 5% CO₂. Combinatorially activated integrin αvβ3-α2β1 (Fig 1A) and $\alpha\nu\beta3-\alpha5\beta1$ (Fig 1B) can induce HUVEC tube formation under serum free conditions.

Quality Control

• Purity	93% by SDS PAGE
·рН	6.0 ~ 7.5
 Endotoxin 	Less than 20 EU/mL per LAL assay.
Sterility	Tested and found negative for the presence of
	bacteria, fungi and mycoplasma before
	freezing dry
 Functionality 	The biological activity of each peptide is
	determined in a cell culture assay under
	serum free conditions



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Materials Supplied:

Cat. No	Brand	Components
370072	MAPTrix™ Angio C	- MAPTrix™ ECM, 10mg vial
	Targeting αvβ3 & α2β1	 IKVAV (7.5mg) + GFPGER (2.5 mg)
		- MAPTrix™ Linker: 50mg vial (4- & 8-arms PEG)
370073	MAPTrix™ Angio C	- MAPTrix™ ECM, 20mg vial
	Targeting αvβ3 & α2β1	 IKVAV (15mg) + GFPGER (5mg)
		- MAPTrix™ Linker: 100mg vial (4- & 8-arms PEG)
370074	MAPTrix™ Angio C	- MAPTrix™ ECM, 50mg vial
	Targeting αvβ3 & α2β1	 IKVAV (37.5mg) + GFPGER (12.5mg)
		- MAPTrix™ Linker: 200mg vial (4- & 8-arms PEG)
370075	MAPTrix [™] Angio C	- MAPTrix [™] ECM, 100mg vial
	Targeting αvβ3 & α2β1	 IKVAV (75mg) + GFPGER (25mg)
		- MAPTrix [™] Linker: 500mg vials (4- & 8-arms PEG)
370082	MAPTrix™ Angio F	- MAPTrix™ ECM, 10mg vial
	Targeting αvβ3 & α5β1	 IKVAV (2.5mg) + GRGDSP (7.5 mg)
		- MAPTrix™ Linker: 50mg vial (4- & 8-arms PEG)
370083	MAPTrix™ Angio F	- MAPTrix™ ECM, 20mg vial
	Targeting αvβ3 & α5β1	 IKVAV (5mg) + GRGDSP (15mg)
		- MAPTrix™ Linker: 100mg vial (4- & 8-arms PEG)
370084	MAPTrix™ Angio F	- MAPTrix™ ECM, 50mg vial
	Targeting αvβ3 & α5β1	 IKVAV (12.5mg) + GRGDSP (37.5mg)
		- MAPTrix™ Linker: 200mg vial (4- & 8-arms PEG)
370085	MAPTrix™ Angio F	- MAPTrix™ ECM, 100mg vial
	Targeting αvβ3 & α5β1	 IKVAV (25mg) + GRGDSP (75mg)
		- MAPTrix [™] Linker: 500mg vials (4- & 8-arms PEG)

Storage Conditions:

- . Kit materials can be stored at 2-8°C for up to 24 months.
- . Once the MAPTrix™ ECM sample has been opened, store the remaining, unused powder at 2-8°C for 24 months. Remaining, unused solution of MAPTrix™ ECM can be stored at 2-8°C for 6 months. DO NOT **FREEZE** the remaining solution.
- Once the MAPTrix[™] Linker has been opened, store the remaining, unused powder at -20°C for 6 months with appropriate sealing. **DO NOT USE** the remaining solution.



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The Biomaterials Company

Protocols

This protocol describes how to make artificial basilar lamina in a 48-well plate format for tube formation assay. The protocol can easily be adapted for use with 6-, 12-, 24-, and 96-well plates.

Preparation of Hydrogel, Artificial Basement Membrane

- Dissolve MAPTrix[™] Linker at a concentration of 20 mg in 1mL of PBS buffer, pH 7.4
- Dissolve MAPTrix $^{\rm TM}$ ECM at a concentration of 20 mg in 1mL of PBS buffer, pH 7.4
- Vortex mix the two above solutions for 30 to 60 seconds. Alternatively, pipette up and down thoroughly to mix. Note: All MAPTrix[™] solution should be filtered through a 0.22 µm filter prior to use Once the MAPTrix[™] Linker is added to MAPTrix[™] ECM solution, you have less than 20 minutes before the hydrogel forms and it becomes impossible to pipette the solution
- The prepared MAPTrix^{\tiny \rm TM} gelling solutions of at least 100µL per well were added to a 24-well plate and allowed to gel in a humidified incubator at 37 °C for 2~3 hours. Note: Pipette slowly to avoid air bubble formation in the gelling solution. A 2 hour incubation is highly recommended. A fibrous surface morphology of in situ formed hydrogel may be obtained when the incubation is longer than 3 hours, resulting in a poor capillary tube formation or no tube formation at all.
- The artificial basement membrane in situ formed is washed with 5 mL of M199 media for 30 minutes before its use. PBS buffer (1x) may be used as an alternative when M199 media is not available

Endothelial tube formation assay

- · Endothelial cells such as HUVECs are washed in serum-free wash medium by centrifuging at 400g for 5 min, and then the washed endothelial cells are seeded onto the surface of artificial basement membrane at a density of 4×10^4 cells/cm² and incubated for 1 hour at 37 °C, 5% CO₂.
- On an as needed basis, endothelial growth media such as M199 media or growth factors such as VEGF may be supplied to the wells. Change the media if necessary.
- Incubate the tube formation assay plate for 16 to 24 hours at 37°C, 5% CO₂ atmosphere. The morphology of HUVECs may be monitored or imaged with a phase contrast microscope at regular intervals (every 6 hours is recommended)
- Measurement/Quantification of tube formation Labeling with dyes such as BD Calcein AM Fluorescent Dye.

① Dissolving













References

- D. G. Stupack and D. A. Cheresh. Integrins and Angiogenesis. Current Topics in Developmental Biology (2004) 64, 1. 207-238
- James J. Moon, et al., Vascularization of Engineered Tissues: Approaches to Promote Angiogenesis in Biomaterials. 2. Current Topics in Medicinal Chemistry (2008) 8, 300-310
- Irina Arnaoutova, et al., The endothelial cell tube formation assay on basement membrane turns 20: state of the 3. science and the art. Angiogenesis (2009) 12:267-274



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