

# **Product Information**

## **Caspase-9 Inhibitor Drug Screening Kit (Fluorometric)**

## I. Kit Contents:

Component	K2165-100	Part Number
	100 assays	
2X Reaction Buffer	10 ml	K2165-C-1
Caspase Substrate LEHD-AFC (1 mM)	0.5 ml	K2165-C-2
DTT (1 M)	100 µl	K2165-C-3
Active Caspase-9 (Lyophilized)	100 units	K2165-C-4
Caspase Inhibitor, Z-VAD-FMK (2 mM)	10 µl	A1902

#### **II. Introduction:**

Caspases (Cysteine-dependent aspartate-directed proteases) are a family of cysteine proteases that play important roles in apoptosis, inflammation and necrosis. Sequential activation of caspases plays an important role in cell apoptosis. Inhibition of caspases can delay apoptosis, indicating a potential role in drug screening efforts. Caspase-9 is a member of the caspase family. Caspase-9, as well as caspase-2, -8 and -10, is an initiator caspase. Caspase-9 is involved in the mitochondrial death pathway and is activated during apoptosis. The activation of JNK/SAPK stress signaling pathways induces the release of cytochrome c from mitochondria and activation of apaf-1, which then cleaves caspase-9 into the active form. The active Caspase-9 cleaves and activates Caspase-3 and Caspase-7, which then cleave poly ADP ribose polymerase.

The Caspase-9 Inhibitor Drug Screening Kit (Fluorometric) provides a simple, fast and convenient way for screening of caspase-9 inhibitors based on fluorometric method. The synthetic peptide substrate LEHD-AFC (AFC: 7-amino-4-trifluoromethyl coumarin) emits blue light ( $\lambda$ max = 400 nm). While cleavage of LEHD-AFC by active caspase-9, free AFC emits a yellow-green fluorescence ( $\lambda$ max = 505 nm) that can be quantified by a fluorescence microtiter plate reader or a fluorometer. Inhibitors can be directly added to the reaction and the efficacy of inhibition of caspase-9 activity is determined by comparison of the fluorescence intensity in samples without and with the testing inhibitors. The kit is suited to perform directly in microtiter plates.

### **III. Reagent Preparation:**

After thawing, store the 2X Reaction Buffer at 4°C. Aliquot enough 2X Reaction Buffer for the number of assays to be performed. Add DTT to the 2X Reaction Buffer immediately before use (10 mM final concentration: add 10  $\mu$ l of 1.0 M DTT stock per 1 ml of 2X Reaction Buffer). Protect LEHD-AFC from light. Reconstitute the Active Caspase-9 in 550  $\mu$ l 2X Reaction Buffer. Aliquote and immediately store at -70°C.

#### **IV.** Caspase-9 Assay Protocol:

1. Prepare testing sample in dH2O to a final volume of 50 µl/well. Add 5 µl of Active Caspase-9. Mix well.

Prepare a background control by omitting the Active Caspase-9 from the reaction mixture. Prepare a positive inhibition control by adding 1 µl of the Caspase-9 Inhibitor (provided with the kit) instead of your testing inhibitor.

2. Prepare a Master Mix for each assay containing the follows:

2X Reaction Buffer (containing 10 mM DTT) 45 µl

1 mM LEHD-AFC substrate (50  $\mu$ M final concentration) 5  $\mu$ l

3. Mix well and add 50  $\mu l$  of the Master Mix to each well to start the reaction.



#### 4. Incubate at 37 $^\circ\!\mathrm{C}$ for 0.5 - 1 hour.

5. Read samples in a fluorescence plate reader equipped with a 400-nm excitation filter and 505-nm emission filter. Comparison of the fluorescence intensity of the testing samples with samples containing no inhibitors to determine the inhibition efficiency of the testing inhibitors.

## V. Storage and Stability:

Store kit at -20°C (Store 2X Reaction Buffer at 4°C after opening). All reagents are stable for 6 months under proper storage conditions.

Problems	Cause	Solution
Assay not working	Inactive Caspases due to incorrect reconstitution and storage	• Reconstitute in reaction buffer, aliquot and store as
	• Use of degraded Caspase substrate	described in the datasheet
	Plate read at incorrect wavelength	• Protect tube from direct light and store appropriately
	• Old DTT used	• Check the wavelength listed in the datasheet and the filter
		settings of the instrument
		• Always use freshly thawed DTT
High Background	• Increased amounts of components added due to incorrect	• Use calibrated pipettes
	pipetting	• Store and handle substrate as indicated in the data sheet
	• Use of substrate that has been exposed to light for extended	
	periods	
Lower signal	• Incorrect setting of the equipment used to read samples	• Refer to datasheet and use the recommended filter setting
levels	• Allowing the reagents to sit for extended times on ice	• Always thaw and prepare fresh reaction mix before use
Samples with	• Drugs tested at lower/ higher concentrations	• Refer literature and use appropriate concentrations; test
erratic readings	• Drugs prepared in a different buffer	several concentrations
	• Presence of interfering substance in the drug sample	• Check if the components of the buffer could inhibit the
	Measured at incorrect wavelength	reaction
	• Drug samples contains interfering substances	• Troubleshoot as needed
		• Check the equipment and the filter setting
		• Troubleshoot if it interferes with the kit (run proper controls)
General issues	Improperly thawed components	• Thaw all components completely and mix gently before use
	• Incorrect incubation times or temperatures	• Refer to datasheet & verify the correct incubation times and
	• Incorrect volumes used	temperatures
	• Air bubbles formed in the well/tube	• Use calibrated pipettes and aliquot correctly
	• Substituting reagents from older kits/ lots	• Pipette gently against the wall of the well/tubes
	• Use of a different 96-well plate	• Use fresh components from the same kit
		Fluorescence: Black plates; Absorbance: Clear plates
Note: The most prob	bable cause is listed under each section. Causes may overlap with	other sections

#### General Troubleshooting Guide For Caspase Inhibitor Drug Screening Kits:

For research use only! Not to be used in humans.



## Our promise

If the product does not perform as described on this datasheet, we will offer a refund or replacement. For more details, please visit <u>http://www.apexbt.com/</u> or contact our technical team.

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