Agilent Technologies

Agilent mRP-C18 High Recovery Protein Column

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Clinical research
Clinical research

**Glycation and oxidation of histones H2B and H1: in vitro study and characterization by mass spectrometry**

*Analytical and Bioanalytical Chemistry, 399, 3529-3539 (2011)*

Sofia Guedes *et al.*

**Abstract**

Histones were purified on an Agilent mRP-C18 column and digests trapped on an Agilent ZORBAX 300SB-C18 LC column. Published by Springer.

**Setup for human sera MALDI profiling: The case of rhEPO treatment**

*Electrophoresis, 32, 1715-1727 (2011)*

Chiara Fania *et al.*

**Abstract**

Immunodepletion and quantification was achieved using an Multiple Affinity Removal Kit, with Multiple Affinity Removal columns Human 14 and Human 7, and mRP-C18 columns. Proteins were identified on an Agilent ZORBAX 300SB-C18 column fitted to an Agilent 1200 Infinity Series. Published by John Wiley & Sons Ltd.
A New Method for Isolation of Interstitial Fluid from Human Solid Tumors Applied to Proteomic Analysis of Ovarian Carcinoma Tissue

PLoS ONE, 6, (2011)
Hanne Haslene-Hox et al.

Tags
ZORBAX 300SB-C18, Bio-Monolith SO3, Multiple Affinity Removal Column Human 14, mRP-C18, 1100 Series LC, LC/MSD Trap XCT Plus, HPLC-Chip Cube MS Interface, clinical research

Abstract
Major efforts have been invested in the identification of cancer biomarkers in plasma, but the extraordinary dynamic range in protein composition, and the dilution of disease specific proteins make discovery in plasma challenging. Focus is shifting towards using proximal fluids for biomarker discovery, but methods to verify the isolated sample's origin are missing. We therefore aimed to develop a technique to search for potential candidate proteins in the proximal proteome, i.e. in the tumor interstitial fluid, since the biomarkers are likely to be excreted or derive from the tumor microenvironment. Since tumor interstitial fluid is not readily accessible, we applied a centrifugation method developed in experimental animals and asked whether interstitial fluid from human tissue could be isolated, using ovarian carcinoma as a model. Exposure of extirpated tissue to 106 g enabled tumor fluid isolation. The fluid was verified as interstitial by an isolated fluid:plasma ratio not significantly different from 1.0 for both creatinine and Na+, two substances predominantly present in interstitial fluid. The isolated fluid had a colloid osmotic pressure 79% of that in plasma, suggesting that there was some sieving of proteins at the capillary wall. Using a proteomic approach, we detected 769 proteins in the isolated interstitial fluid, six fold higher than in patient plasma. We conclude that the isolated fluid represents undiluted interstitial fluid and thus a subproteome with high concentration of locally secreted proteins that may be detected in plasma for diagnostic, therapeutic and prognostic monitoring by targeted methods. © The Authors