Rapid communications

Human proinsulin standards

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Summary. Two new batches of pancreatic human proinsulin have been compared with biosynthetic human proinsulin. Standards of these three proinsulin preparations were made on the basis of quantitative amino-acid analyses and compared in two proinsulin radioimmunoassays with a proinsulin standard prepared 14 years ago. The curves of the new standards were superimposable. However, they differed consider-

Radioimmunoassays for the measurement of circulating human proinsulin have been developed [1–3]. However, their use has been limited to a few laboratories due to shortage of a well-defined human proinsulin standard. Until recently, a pancreatic human proinsulin standard prepared in a small quantity in 1970 (prior to the application of high pressure liquid chromatography to peptide purification) at the University of Chicago [4] was the only well-characterized standard used. We now report comparisons between this old standard and two new human pancreatic standards and a standard of biosynthetic human proinsulin [5].

Materials

The original human proinsulin standard [4] is referred to as standard A in the following. Two new batches of pancreatic human proinsulin were prepared at Novo Research Institute from two side fractions obtained during the preparation of pancreatic human insulin: b-component (standard B; batch No. 30.9. 82) and "citrate I mother liquor" (standard C; batch No. 28.9. 82). Concurrently, biosynthetic human proinsulin [5] was made by recombinant DNA technology at Lilly Research Laboratories (standard D; batch No. 759-OB6-256).

Results and discussion

The proinsulin components of preparations B, C and D were found to elute identically by high pressure liquid

ably from the curve of the old standard which proved to be only one-third of the strength of the new standards, thereby leading to a threefold over-estimation of proinsulin concentrations when the old standard is used. We conclude that the new standards should replace previously used standards.

Key words: Human proinsulin, radioimmunoassay, standards.

chromatography analysis on a Nucleosil C_{18} column with 5 µm particles (Machery-Nagel, Düren, FRG) using an eluent modified from that of Shoelson et al. [6]; the acetonitrile concentration of 32% was approximately 2% higher than that used for the separation of rabbit, human and porcine insulins.

Stock solutions were made of preparations B, C and D and the molar concentrations of proinsulin were determined by quantitative amino-acid analysis. The determinations are considered accurate and precise because (a) they are based on the concentration of 8–10 amino-acids in the hydrolyzed samples relative to the known concentration of the corresponding aminoacids in a standard solution, and (b) because the aminoacid compositions of all three preparations were in agreement with the known composition of human proinsulin.

The N-terminal sequence of amino-acids from residue 1–39 was determined for the proinsulin purified from b-component. The analysis showed only one peptide chain with the amino-acid sequence expected for human proinsulin. The chemical characterization of the biosynthetic human proinsulin has been described previously [5].

Identical standard curves were obtained with preparations B, C and D in the radioimmunoassay of Heding [1] in one laboratory and in the assay of Cohen et al. [3] in two other laboratories. These standard curves were



Fig. 1. a Standard curves in the proinsulin radioimmunoassay of Heding [1] using antiserum M1219 (linear scale). **b** Standard curves in the proinsulin radioimmunoassay of Cohen et al. [3] using antiserum AO5-OB5-83B and 0.1 ml of sample (logarithmic scale); the binding (B) is expressed as a percentage relative to the binding at zero concentration B_0 . Standard A (∇) is the pancreatic human proinsulin as described by Rubenstein and Steiner [4]. Standards B (\bullet) and C (\blacktriangle) are two new batches of pancreatic human proinsulin, and standard D (\circ) is biosynthetic human proinsulin [5]

found to differ from those of standard A in the two laboratories in which such comparisons were made (Fig. 1). The differences in the curves indicate that results obtained using the old standard A over-estimate proinsulin concentrations by a factor of three. The factor is likely to be applicable to all data obtained with the assay of Heding [1] because assay quality control indicates that the strength of standard A has been preserved.

These data demonstrate that the new human proinsulin standards may be used interchangeably in the immunoassay of human proinsulin and should supercede previously used standards.

References

- 1. Heding LG (1977) Specific and direct radioimmunoassay for human proinsulin in serum. Diabetologia 13: 467-474
- Rainbow SJ, Woodhead JS, Yue DK, Luzio SD, Hales CN (1979) Measurement of human proinsulin by an indirect two-site immunoradiometric assay. Diabetologia 17: 229–234
- Cohen RM, Blix P, Rue P, Root MA, Frank BH, Revers RR, Rubenstein AH (1983) A specific radioimmunoassay (RIA) for circulating human proinsulin (hPI). Diabetes 32 (Suppl 1): 49 (Abstract)
- Rubenstein AH, Steiner DF (1970) Human proinsulin: some considerations in the development of a specific immunoassay. In: Camerini-Davalos RA, Cole HS (eds) Early diabetes. Academic Press, New York, pp 159–166
- Frank BH, Pettee JM, Zimmerman RE, Burck PJ (1981) The production of human proinsulin and its transformation to human insulin and C-peptide. In: Rich DH, Gross E (eds) Peptides: synthesisstructure-function. Pierce Chemicals, Rockford, Illinois, pp 729– 738
- Shoelson S, Haneda M, Blix P, Nanjo A, Sanke T, Inouye K, Steiner D, Rubenstein A, Tager H (1983) Three mutant insulins in man. Nature 302: 540–543

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