

**DESCRIPTION**

**Source** *E. coli*-derived human HPRT protein  
Ala2-Ala218  
Accession # P00492  
with an N-terminal Met and 6-His tag

**N-terminal Sequence Analysis** Met

**Predicted Molecular Mass** 25 kDa

**SPECIFICATIONS**

**SDS-PAGE** 27-29 kDa, under reducing conditions

**Activity** Measured by its ability to produce GMP from guanine and phosphoribosyl pyrophosphate.  
The specific activity is >9000 pmol/min/μg, as measured under the described conditions.

**Endotoxin Level** <1.0 EU per 1 μg of the protein by the LAL method.

**Purity** >95%, by SDS-PAGE visualized with Silver Staining and quantitative densitometry by Coomassie® Blue Staining.

**Formulation** Supplied as a 0.2 μm filtered solution in Tris, NaCl, Glycerol and TCEP. See Certificate of Analysis for details.

**Activity Assay Protocol**

- Materials**
- Assay Buffer: 0.1 M Tris, 100 mM MgCl<sub>2</sub>, pH 8.5
  - Recombinant Human HPRT His-tag (rhHPRT) (Catalog # 10314-HP)
  - 5-phospho-D-ribose 1-diphosphate pentasodium salt (PRPP) (Sigma, Catalog # P8296), 50 mM stock in deionize water
  - Guanine (Sigma, Catalog # G11950), 2 mM stock in deionized water with addition of 10 mM NaOH (or until pH of ~12) to solubilize
  - UV Plate (Corning, Catalog # 3635)
  - Plate Reader (Model: SpectraMax Plus by Molecular Devices) or equivalent

- Assay**
1. Dilute rhHPRT to 0.4 μg/mL in Assay Buffer.
  2. Prepare Substrate Mixture containing 2 mM PRPP and 120 μM Guanine in Assay Buffer.
  3. Load 50 μL of 0.4 μg/mL rhHPRT into plate, and start the reaction by adding 50 μL of Substrate Mixture. Include a Substrate Blank containing 50 μL Assay Buffer and 50 μL of Substrate Mixture.
  4. Read plate at an absorbance of 257 nm in kinetic mode for 5 minutes.
  5. Calculate specific activity:

$$\text{Specific Activity (pmol/min/}\mu\text{g)} = \frac{\text{Adjusted } V_{\text{max}}^* \text{ (OD/min)} \times \text{well volume (L)} \times 10^{12} \text{ pmol/mol}}{\text{ext. coeff}^{**} \text{ (M}^{-1}\text{cm}^{-1}) \times \text{path corr.}^{***} \text{ (cm)} \times \text{amount of enzyme (}\mu\text{g)}}$$

\*Adjusted for Substrate Blank

\*\*Using the extinction coefficient 5817 M<sup>-1</sup>cm<sup>-1</sup>

\*\*\*Using the path correction 0.32 cm

Note: the output of many spectrophotometers is in mOD

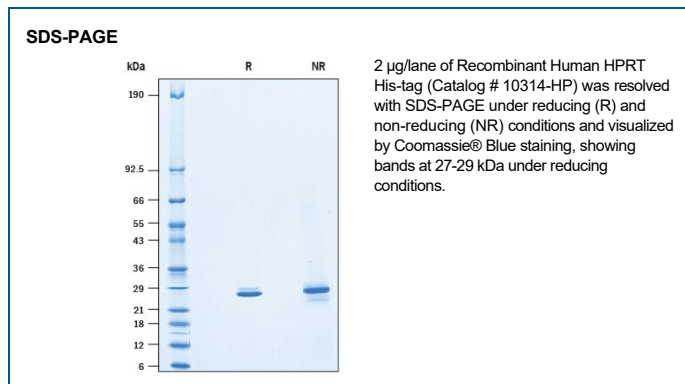
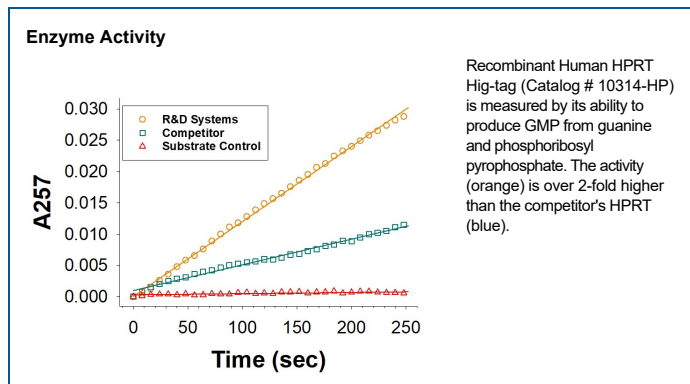
- Final Assay Conditions**
- Per Well:
- rhHPRT: 0.020 μg
  - PRPP: 1 mM
  - Guanine: 60 μM

**PREPARATION AND STORAGE**

**Shipping** The product is shipped with polar packs. Upon receipt, store it immediately at the temperature recommended below.

- Stability & Storage** Use a manual defrost freezer and avoid repeated freeze-thaw cycles.
- 6 months from date of receipt, -20 to -70 °C as supplied.
  - 3 months, -20 to -70 °C under sterile conditions after opening.

**DATA**



**BACKGROUND**

Hypoxanthine-guanine phosphoribosyltransferase (HPRT), a member of the phosphoribosyltransferase family, is a magnesium-dependent, cytoplasmic, ubiquitously-expressed (1) salvage enzyme involved in the primary pathway utilized for purine synthesis (2, 3). It catalyzes the transfer of phosphoribose from phosphoribosyl pyrophosphate to hypoxanthine and guanine bases to form inosine and guanine, respectively. Human HPRT forms a homotetramer of identical subunits that form dimer pairs (4, 5). Each 49 kDa subunit is 217 amino acids and consists of a core domain containing the active site and a hood domain (4, 5). HPRT deficiency in the salvage pathway leads to overproduction of purine, indicating it may play a role in regulation of purine production (6). Deficiency from multiple characterized single point mutations (7,8) causes hyperuricemia resulting in gout-like symptoms of Kelley-Seegmiller syndrome or if completely lacking in HPRT, a severe X-linked hereditary disorder, Lesch-Nyhan Disease, that is also characterized to cause significant neurological impairment (3, 6) by affecting multiple signaling pathways (9) and through dysregulation of cellular functions including proliferation, RNA metabolism, DNA replication and protein synthesis (3, 10). Given its ability to modulate cellular functions through purine regulation, HPRT is implicated to play a role in cancer. Significant correlation between HPRT mutations and increased cancer risk have been reported (11, 12). HPRT has been found surface-expressed in cancer (13) and thus has been proposed as a potential marker and therapeutic target (12).

**References:**

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