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Crystallisation of Enterovirus coxsackievirus A16 2A protease



Forked from Crystallization of Enterovirus coxsackievirus A16 2A protease

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ASAP Discovery



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Protocol status: Working
We use this protocol and it's
working

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Disclaimer

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Abstract

Picornaviridae coxsackievirus A16 is the causative agent of paediatric hand-foot-and-mouth disease, and a target for pandemic preparedness due to the risk of higher order complications in a large-scale outbreak. The 2A protease of the virus is responsible for self-cleavage from the poly protein, allowing for correct folding and assembly of capsid proteins in the final stages of viral replication. Inhibition deranges capsid folding and assembly, preventing formation of mature virions in host cells and making the protease a valuable target for antiviral activity. This protocol was used to grow coxsackievirus A16 crystals that were applied high-throughput crystallographic fragment screening on the target.

Materials

https://swissci.com/product/3-lens-crystallisation-plate/ Codes:

Midi: UVXPO-3LENS 3W96T-PS 3W96T-UVP

[M] 1 Molarity (M) MES 6.7 , Molecular Dimensions, Catalog # MD2-013-PH 6.7 50% w/v PEG 20000, Molecular Dimensions, Catalog # MD2-250-16

Purified SARS CoV-2 Coxsackievirus A16 protein ([м] 20 mg/mL) in [м] 10 millimolar (mM) HEPES, Сн 7.5 , гм] 0.5 Molarity (M) NaCl, 5% glycerol, гм] 0.5 millimolar (mM) TCEP

Protein construct https://www.addgene.org/204809/



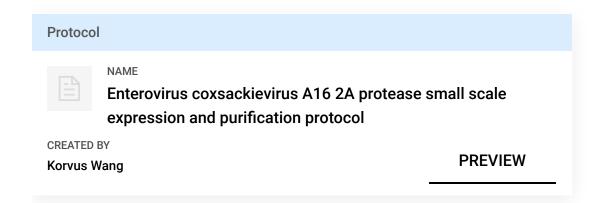
Safety warnings

• Follow all handling warning for the chemicals used in the crystalllisation screen composition.



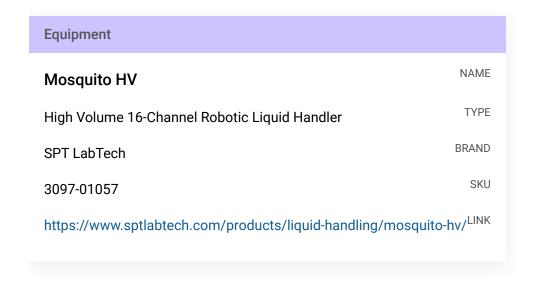
Enterovirus coxsackievirus A16 2A protease expression and purification

1 The protein used for crystallisation was expressed and purified using the following protocol.



Equipment needed

2 <u>Formulatrix Rock Imager</u> (or incubator of choice) <u>SPT mosquito</u>



P100 8 multi-channel pipette

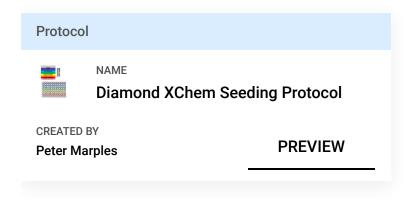
SwissCI 3 lens plate

Crystallisation experiment

1d

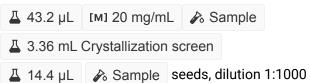


3 Prepare seed stock:



1: 1000 dilution & Sample seeds

4 Protein and buffer requirements:



5 **Crystallisation screen composition:**

13.5 % w/v PEG 20000 [м] 0.1 Molarity (M) MES (рн 6.7

Stock solutions used:

Note

The crystallisation screen can be stored in a duran bottle or aliquoted into 96 deep well block for easy dispensing into SwissCl 3 lens plates.

For long term storage keep the Crystallisation screen in the fridge at 4°C.

Dispense Δ 35 μL Crystallisation screen into SwissCl 3 lens plate reservoir wells using a 100 μl multi-channel pipette.

Dispense

☐ 150 nL [M] 20 mg/mL Sample to each lens using the SPT mosquito.

Dispense 🚨 150 nL Crystallisation screen to each lens using the SPT mosquito.



Dispense 4 50 nL Seeds to each lens using the SPT mosquito.

Drop ratio: 3:3:1 ratio (150 nl Sample : 150 nl reservoir solution: 50 nl seeds)

Final drop volume: 350 nl

7 Incubate at \$\colon 20 \colon C for \(\colon 24:00:00 \) in Formulatrix Rock Imager.

1d

Imaging Schedule: The first images are taken after 12hrs and the imaging schedule follows a Fibonacci sequence of days for further collections.

8 Crystal typically form after ~24hrs



Expected result

Crystals typically reach their maximum size after ~36 h.

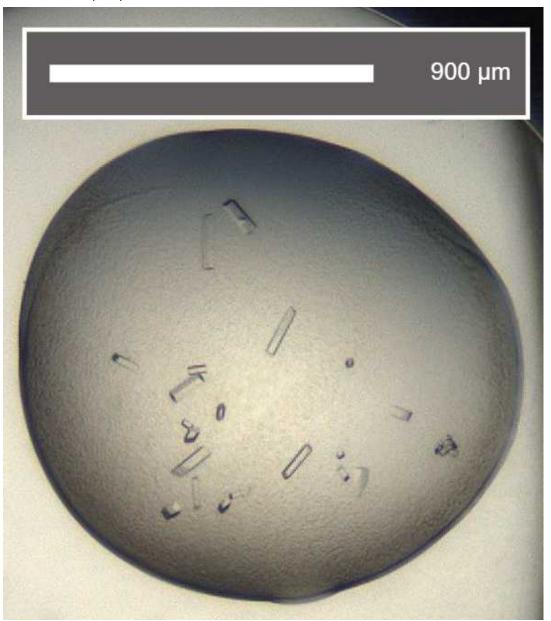
Morphology: typically rectangles.

Size: \sim 75 µm in length and \sim 10 µm in width, depth of the crystals is \sim 10 µm, giving a

rectangular appearance Average resolution: 1.6 Å

Space group: C2

Unit cell: 86 Å, 57 Å, 32 Å 90°, 95°, 90°



An example of a drop containing Coxsackievirus A16 crystals.



Data collection at Synchrotron

9 **Diamond Light Source**

> **Unattended Data Collection (UDC) Data Collection Temperature: 100K Detector:** DECTRIS EIGER2 X 9M

Beamline: 104-1

Wavelength: 0.9212 Å Resolution (Å): 1.21 Beam Size (µm): 60 X 50 Number of images: 3600

Oscillation: 0.10° **Exposure (s):** 0.0020 Transmission (%): 100 Flux (ph/s): 9.50e+11

Protocol references

Crystallographic Fragment Screen of Coxsackievirus A16 2A Protease identifies new opportunities for the development of broad-spectrum anti-enterovirals, https://doi.org/10.1101/2024.04.29.591684