



University of Southern Denmark

Nomenclature of Factor XI and the Contact System

Schmaier, Alvin H; Emsley, Jonas; Feener, Edward P; Gailani, David ; Govers-Riemslog, José WP; Kaplan, Allen P; Maas, Coen; Morrisey, James H; Renné, Thomas; Sidelmann, Johannes Jakobsen; Meijers, Joost CM

Published in:

Journal of Thrombosis and Haemostasis

DOI:

10.1111/jth.14595

Publication date:

2019

Document version:

Accepted manuscript

Citation for published version (APA):

Schmaier, A. H., Emsley, J., Feener, E. P., Gailani, D., Govers-Riemslog, J. WP., Kaplan, A. P., Maas, C., Morrisey, J. H., Renné, T., Sidelmann, J. J., & Meijers, J. CM. (2019). Nomenclature of Factor XI and the Contact System. *Journal of Thrombosis and Haemostasis*, 17(12), 2216-2219. <https://doi.org/10.1111/jth.14595>

Go to publication entry in University of Southern Denmark's Research Portal

Terms of use

This work is brought to you by the University of Southern Denmark.

Unless otherwise specified it has been shared according to the terms for self-archiving.

If no other license is stated, these terms apply:

- You may download this work for personal use only.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying this open access version

If you believe that this document breaches copyright please contact us providing details and we will investigate your claim. Please direct all enquiries to puresupport@bib.sdu.dk



Published in final edited form as:

J Thromb Haemost. 2019 December ; 17(12): 2216–2219. doi:10.1111/jth.14595.

Nomenclature of Factor XI and the Contact System

Alvin H. Schmaier¹, Jonas Emsley², Edward P. Feener³, David Gailani⁴, José W.P. Govers-Riemslog⁵, Allen P. Kaplan⁶, Coen Maas⁷, James H. Morrissey⁸, Thomas Renné⁹, Johannes J. Sidelmann¹⁰, Joost C.M. Meijers^{11,12}

¹Department of Medicine, Hematology and Oncology, University Hospitals Cleveland Medical Center and Case Western Reserve University, Cleveland OH USA. ²School of Pharmacy, Centre for Biomolecular Sciences, University Park, University of Nottingham NG7 2RD, UK. ³KalVista Pharmaceuticals, Inc. Cambridge, MA. ⁴Department of Pathology, Microbiology and Immunology, Vanderbilt University Medical Center, Nashville, Tennessee, USA. ⁵Departments of Biochemistry and Internal Medicine, Cardiovascular Research Institute Maastricht (CARIM), Maastricht University Medical Center, Maastricht, The Netherlands. ⁶The Medical University of South Carolina, Charleston, SC USA. ⁷Department for Clinical Chemistry and Haematology, University Medical Center Utrecht, Utrecht University, Utrecht, the Netherlands. ⁸Departments of Biological Chemistry and Internal Medicine, University of Michigan Medical School, Ann Arbor, Michigan, USA. ⁹Institute for Clinical Chemistry and Laboratory Medicine, University Medical Center Hamburg-Eppendorf (UKE), Hamburg, Germany. ¹⁰Unit for Thrombosis Research, Department of Regional Health Research, University of Southern Denmark, and Department of Clinical Biochemistry, University Hospital of Southern Denmark, Esbjerg, Denmark. ¹¹Department of Molecular and Cellular Hemostasis, Sanquin Research, Amsterdam, the Netherlands. ¹²Amsterdam UMC, University of Amsterdam, Department of Experimental Vascular Medicine, Amsterdam Cardiovascular Sciences, Amsterdam, the Netherlands.

The contact system (CS) consists of three proteins [factor XII (FXII), prekallikrein (PK) and H-kininogen (HK)] that comprise the initiators of the so-called intrinsic blood coagulation system. The first protein in the hemostatic pathway of intrinsic blood coagulation associated with bleeding is factor XI (FXI), a substrate of FXIIa. This report, which is focused on introducing a consensus nomenclature for the three CS proteins and FXI, will describe each protein. However, this consensus report is not intended to be a review of the field; hence, the statements are not referenced. FXII is a zymogen of a serine protease factor XIIa (FXIIa, EC 3.4.21.38) that becomes an enzyme by autoactivation on artificial and biologic surfaces or by activation by another serine protease such as plasma kallikrein (PKa, EC 3.4.21.34) or plasmin. Plasma PK is a zymogen that is activated to PKa by FXIIa and other proteases. PK and FXI circulate and bind to cells in the intravascular compartment in complex with H-

Address correspondence to: Dr. Alvin H. Schmaier, Case Western Reserve University 2103 Cornell Road WRB 2-130, Cleveland, OH 44106-7284 USA, 216-368-0796 (tel), 215-368-3014 (fax), 734-645-9198 (cell).

Author contributions

AHS and JCMM coordinated the study. AHS drafted the manuscript and JCMM created the figure with input from the other authors. All authors reviewed all drafts and have approved the final manuscript.

Conflicts of interest

The authors have no relevant conflicts of interest to declare.

kininogen (HK, high molecular weight kininogen). In addition to its carrier function, HK is a cofactor for FXIIa and PKa activities. It is also the parent protein of the vasoactive peptide bradykinin (BK) that is mostly liberated from HK by PKa. It is well-recognized that deficiencies in CS proteins, although having a critical role in *in vitro* intrinsic blood coagulation assays, such as the activated partial thromboplastin time (aPTT), are not associated with excess bleeding. FXI deficiency is a bleeding state that is called hemophilia C.

Recently, there is new-found interest in the CS due to the fact that several biologic substances, both physiologic and pathophysiologic, have been recognized as activators of FXII and, in turn, the intrinsic pathway of blood coagulation. These activators may include collagen, DNA, polyphosphates, exosomes, and denatured and misfolded proteins. Additionally, when CS protein expression was genetically ablated, FXII, PK, and HK deficient mice have reduced and/or defective vascular occlusion when compared to wildtype animals in a variety of models of arterial and venous thrombosis. These observations suggested that CS proteins may be targets to prevent thrombosis without altering hemostasis. This novel realization has attracted new interest and investigators to the field. As a result, there is a plethora of old and new abbreviations adulterating the literature by the many new investigators resulting in situations where the reader does not know if the writer is describing a zymogen or active enzyme of a protein. Thus, the Subcommittee on Factor XI and the Contact System agreed at the 62nd Annual ISTH SCC 2016 meeting in Montpellier, France to form a working group to review the nomenclature and recommend abbreviations that can be utilized in the communications and investigations. The members of the working group are the authors of this publication. This paper is the first comprehensive report and recommendation of abbreviations for all the CS proteins and FXI. Previously, this subcommittee of the SSC had recommended nomenclature for both H- and L-kininogens (low molecular weight kininogen, LK) and their peptide fragments¹. The present report mostly accepts the previous report and builds upon it. The complete recommendations of the abbreviations of for all the CS proteins and FXI are shown in Table 1.

Human H-kininogen (HK, Table 1) is a single-chain 120 kilodalton (kDa) protein of six domains that when cleaved by PKa consists of a so-called heavy chain of approximately 65 kDa consisting of domains D1–D3 and a light chain of approximately 56 kDa (C-terminal domain of D4 and D5 and D6, Figure 1A). PKa cleaves HK liberating the vasoactive peptide bradykinin (BK, Table 1) that consists of 9 amino acids, RPPGFSPFR, from the small 21 amino acid domain 4 of HK (D4, Figure 1A). The residual HK is called cleaved HK (cHK). Human HK is one of two kininogens (H-and L-kininogen) that arise from a single gene (*Kgn1*), but alternative splicing in exon 10 produces two proteins¹. LK has a short light chain and does not bind to PK or FXI and has no procoagulant activity¹. As a result, it is not a “classical” member of the CS family and is not considered further in this report. When HK is cleaved and BK is liberated, the residual BK-free HK has a considerably long half-life in the intravascular compartment compared to the BK peptide that is degraded within minutes. Cleaved HK (cHK, Table 1), as detected on immunoblot or ELISA or by its fragments on mass spectrometry, is now recognized as a relatively stable plasma biomarker of prior CS activation (Figure 1A).

Plasma prekallikrein (PK, Table 1) is an 88 kDa single-chain protein zymogen. When PK is activated to plasma kallikrein (PKa, EC 3.4.21.34), it consists of a N-terminal heavy (50 kDa) and C-terminal light (30 kDa) chains (Figure 1B) linked by a disulfide bond. The enzymatic activity of PKa is contained in its C-terminal light chain (protease domain). The abbreviation PK for plasma prekallikrein was chosen due to its long-standing use and recognition in the field. PK is converted into the serine protease plasma kallikrein (PKa, Table 1) by FXIIa. The major substrates of PKa are zymogen factor XII and HK. Additional potential substrates of PKa include plasminogen, plasma prorenin, complement factor 3 and protease activated receptor-1. The activation of factor XII by PKa leads to additional PK activation and reciprocal amplification of activation of the entire system. Cleavage of HK with the liberation of BK results in activation of the plasma kallikrein/kinin system and stimulation of the vasculature's BK receptor system. The abbreviation of PKa for plasma kallikrein was agreed upon because it was the least ambiguous and is consistent with the convention of nomenclature of activated forms of the serine proteases of the plasma blood coagulation system. PK is encoded by the *KLKB1* gene and is distinct from other kallikreins including the *KLK1* gene product tissue kallikrein, which displays kininogenase activity cleaving L-kininogen to generate Lys-bradykinin.

Factor XII (FXII) (Table 1) also is a single-chain 80 kDa protein zymogen (Figure 1C). Structurally it is similar to single-chain urokinase and hepatocyte growth factor activator. Following zymogen activation, the active serine protease FXIIa consists of a heavy chain of 50 kDa linked to a light chain of 30 kDa by a disulfide bond. The serine protease active site of FXIIa is contained in its light chain. When plasma factor XII is activated to a serine protease (FXIIa, EC 3.4.21.38) (Table 1, Figure 1C) by PKa or plasmin it acts on various substrates that include PK, FXII, plasminogen, C1r, C1s, and factor VII. It is recognized that there are at least two forms of activated FXII (FXIIa). α FXIIa (Table 1) retains a fully intact heavy chain (Figure 1C). β FXIIa (Table 1) is also two chain, but it is missing the majority of its heavy chain and has been called FXIIa fragment or Hageman Factor fragment (Figure 1C). β FXIIa has potent enzymatic activity and is a fluid-phase activator of PK and plasminogen. The subcommittee recognizes that much work currently is being performed on factor XII as a single-chain protein with detectable enzymatic activity in the absence and presence of surfaces. This area is under active investigation and it was agreed to withhold recommendations of new abbreviation designations for future nomenclature revisions.

Factor XI (FXI) (Table 1) is a two-chain 160 kDa protein consisting of two identical 80 kDa chains held together by a single intramolecular disulfide bond, although the disulfide is not essential for factor XI to be a dimer (Figure 1D). Structurally each FXI subunit is similar to PK. When FXI is activated to an active serine protease (FXIa, EC 3.4.21.27, Table 1) by FXIIa or thrombin, each monomer is converted to a heavy chain of 50 kDa and a light chain of 30 kDa (Figure 1D) that remain connected by a disulfide bond. FXIa activates zymogen blood coagulation factor IX in the absence of any known protein cofactor.

The nomenclature proposal contained in this document was repeatedly circulated to the working group members between 2016 and 2019. After the 2017 ISTH meeting in Berlin, the subcommittee circulated the nomenclature proposal (Table 1) to the more than 200 contributors of the Factor XI and the Contact System Subcommittee. The proposal was

adopted unanimously by the Subcommittee on Factor XI and the Contact System at its business meeting during the SSC meeting in Dublin, Ireland in 2018.

Acknowledgment:

We thank all the contributors of the SSC Subcommittee on Factor XI and the Contact System for their comments and suggestions.

References.

1. Colman RW, Muller-Esterl W. Subcommittee on Contact Activation. Nomenclature of Kininogens. *Thromb. Haemost* 1988; 60: 340–1. [PubMed: 3217925]

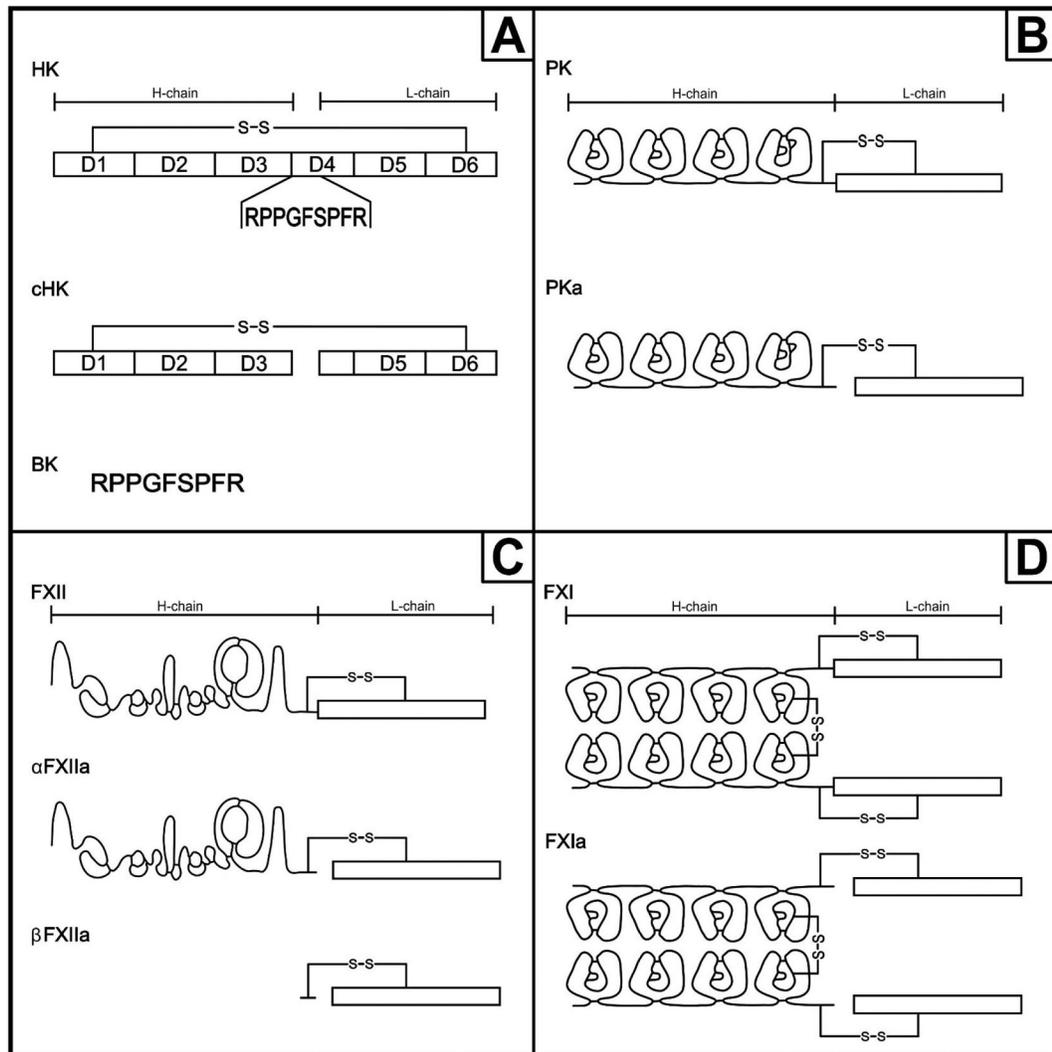


Figure 1.

Cartoon characterization of each of the proteins of the human contact system. **Panel A.** The structure of H-kininogen (HK) is shown. It is a single chain polypeptide consisting of a heavy chain (H-chain) (domains 1–3) and a light chain (L-chain) (the C-terminal part of domain 4 and domains 5 and 6). Domain 4 consists of the bradykinin (BK) peptide RPPGFSPFR and an additional 12 amino acids at the C-terminus. These latter 12 amino acids of D4 are considered part of the light chain (L-chain) of HK. Domain 5 of HK starts after these 12 amino acids. When cleaved to liberate BK, the residual cleaved H-kininogen (cHK) functions as a biomarker for contact system activation. **Panel B.** Plasma prekallikrein (PK) is a single chain zymogen. When activated to a serine protease, plasma kallikrein (PKa) has a heavy (H) and light (L) chain held together by an intramolecular disulfide bond. **Panel C.** Factor (FXII) also is a single chain zymogen. When formed into an active enzyme (α FXIIa), it too has a heavy (H) and light (L) chain held together by an intramolecular disulfide bond. If the heavy chain for α FXIIa is lost, the enzyme loses its ability to attach to surfaces and becomes a fluid-phase activator (β FXIIa) of its substrates. **Panel D.** Factor XI (FXI) is a dimer of two single chain identical polypeptides. Upon activation to factor XIa

(FXIa), the protein consists of four polypeptides, two heavy (H) and two light (L) chains, held together by intramolecular disulfide bonds.

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript

Table 1

Proposed Nomenclature for Factor XI and the Contact System *

Preferred protein designation	Preferred abbreviation	Synonyms
H-kininogen	HK	high molecular weight kininogen high molecular mass kininogen HMW kininogen alpha ₁ -cysteine proteinase inhibitor alpha ₁ -thiol proteinase inhibitor Williams or Fitzgerald Factor
Cleaved H-kininogen	CHK	Cleaved high molecular weight kininogen Activated H-kininogen Bradykinin-free H-kininogen HKa
Bradykinin	BK	Bk
Plasma prekallikrein	PK	prekallikrein plasma prokallikrein Fletcher Factor PPK
Plasma kallikrein	PKa	plasma kallikrein PK
Factor XII	FXII	Zymogen Factor XII XII, αFXII Hageman Factor
Factor XIIa	FXIIa	Activated Factor XII Activated Hageman Factor αFXIIa Activated Factor XII with full heavy chain βFXIIa Activated Factor XII with small heavy chain Factor XIIa fragment Hageman Factor fragment, HFF
Factor XI	FXI	Factor XI XI, Rosenthal Factor
Factor XIa	FXIa	Activated FXI

* Approved at the meeting of the SSC subcommittee on Factor XI and the Contact System in Dublin, Ireland in 2018