

# Cells and Tissues Discussion Panel

Chair: Christine Mummery (LUMC)

Panel members: Paula Alves (IBET), Jochen Kuehnel (Beiesdorf), Oliver Frey (InSphero)

Topics to include but not limited to:

- cell sources
- SOPs and protocols
- performance standards
- functionality assessment
- quality management
- repeatability

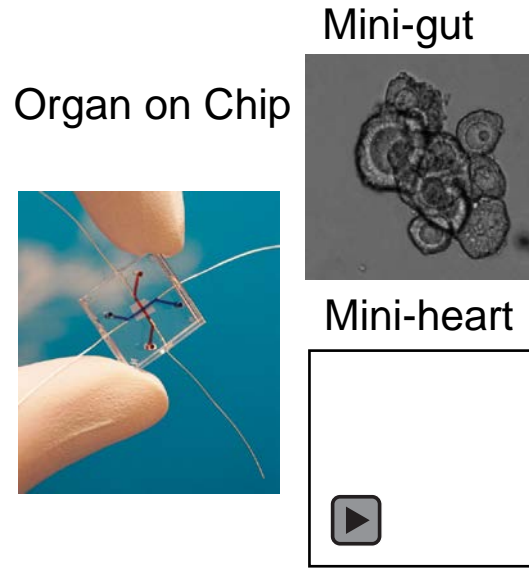
# Microphysiological and Organ-on-Chip systems

→ *Recapitulating complex human biology in vitro*



## High throughput cell assays

- ✓ Human genetic background
- ✓ Standardized & automated
- ✓ Cost efficient
- ✗ No perfusion
- ✗ No mechanical forces
- ✗ Cell to media ratio too low
- ✗ 2D (**mono-**)cultures of (cancer) cells on hard plastic



## Microphysiological Systems

- ✓ Human engineered tissues
- ✓ *In vivo* structure & function
- ✓ Microphysiological environment
- ✓ **Human immune aspects**



## Animal models

- ✓ Complex tissue architecture
- ✓ Circulation
- ✓ Systemic effects
- ✗ Different physiology
- ✗ **Different immune system**
- ✗ Specific environment & diet
- ✗ Strain-specific results due to (in)breeding



# Human Cell Sources

- Primary cells: from tissue biopsies, waste surgical tissue, body fluids (blood, amniotic fluid, bone marrow, cerebral spinal fluid, lung lavage etc

  - closely resemble tissue of origin but show batch-to-batch variability, show limited lifespan in culture, require broad informed consent documentation, rapidly lose tissue-specific phenotype in culture and may be difficult to access

- Immortalized or cancer cell lines

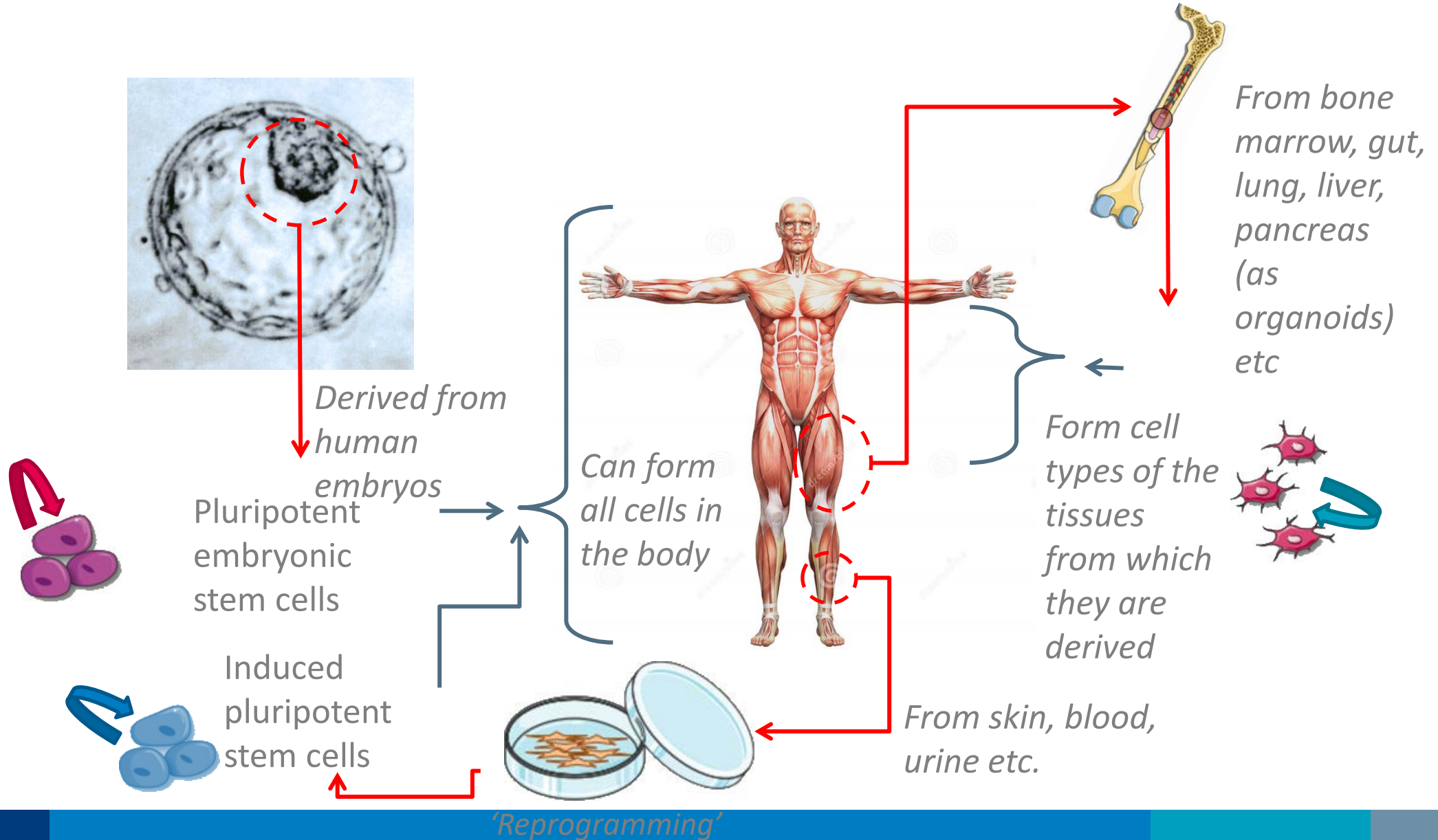
  - expand easily in culture to extremely large batch sizes but may not reflect healthy tissue phenotype and show genetic instability

- Adult- or pluripotent stem cells

  - expand indefinitely in culture, broad informed consent often available, make many cell types of the body but may show line-to-line variability and differentiated derivatives may be immature



# Three kinds of human stem cells



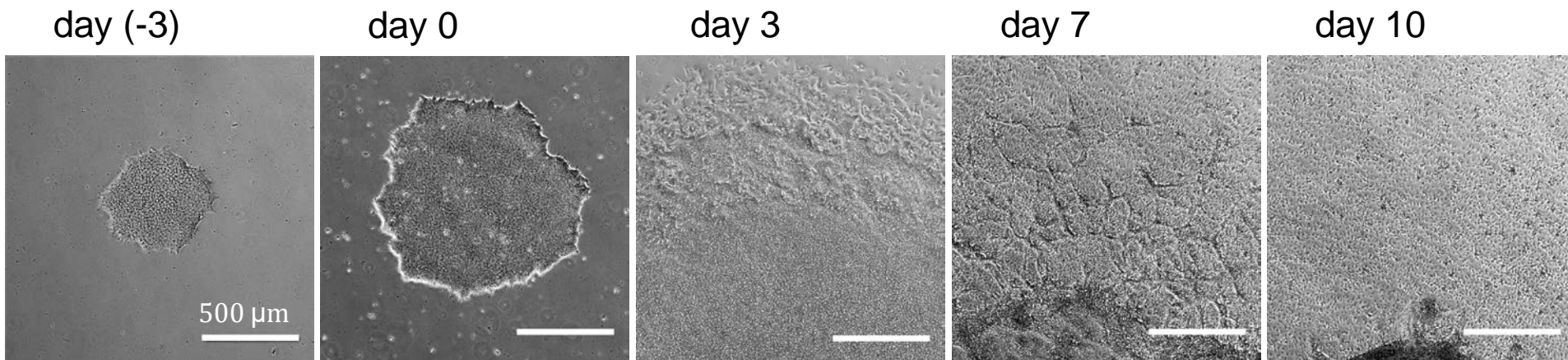
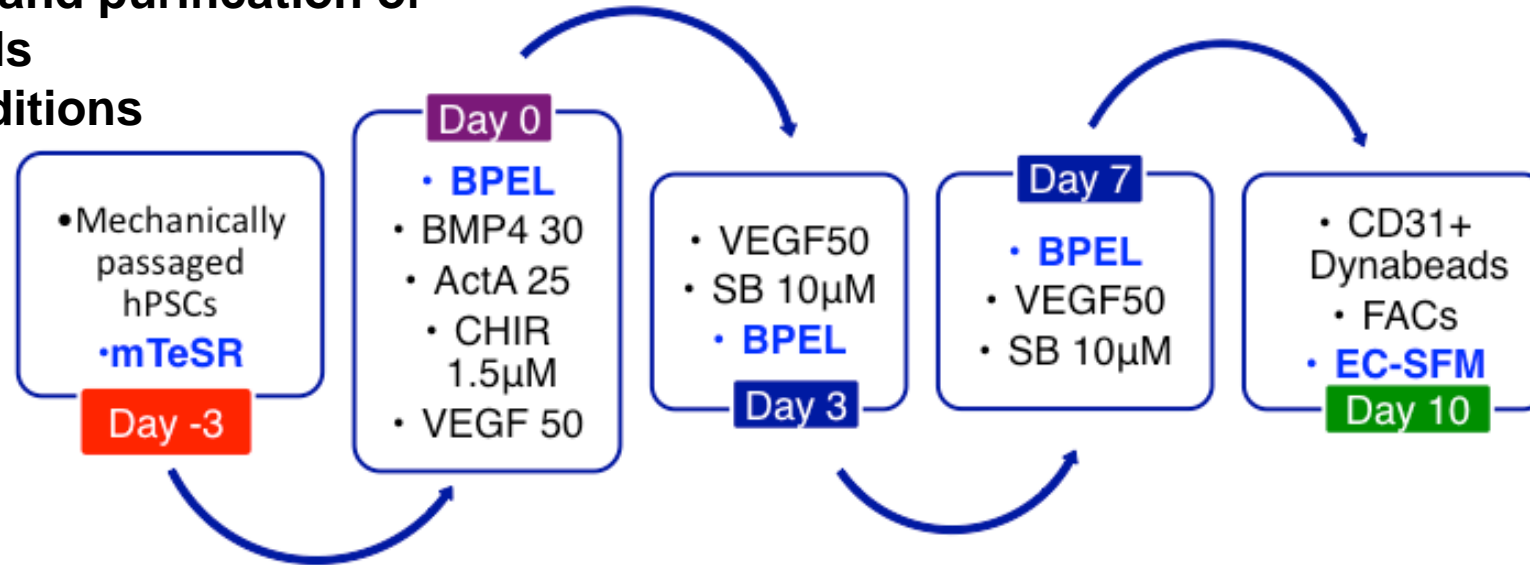
# Endothelial cells (ECs) as an example

- Primary sources : human umbilical vein ECs (HUVECs), human microvascular dermal ECs (hMDECs), human blood outgrowth ECS (hBOECs)
- Stem cells : human pluripotent stem cell ECs (hPSC-ECs)



# Vascular differentiation of hPSCs

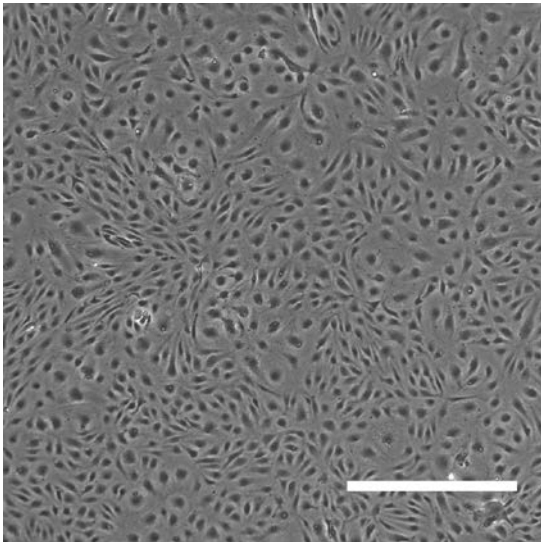
Differentiation and purification of endothelial cells in defined conditions



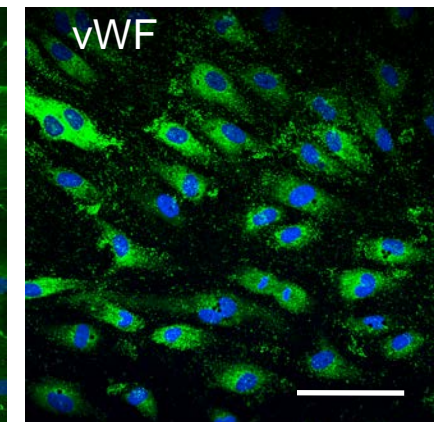
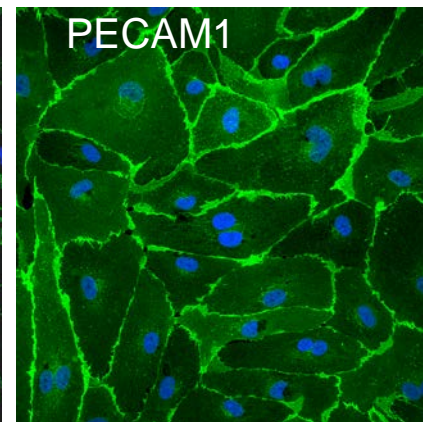
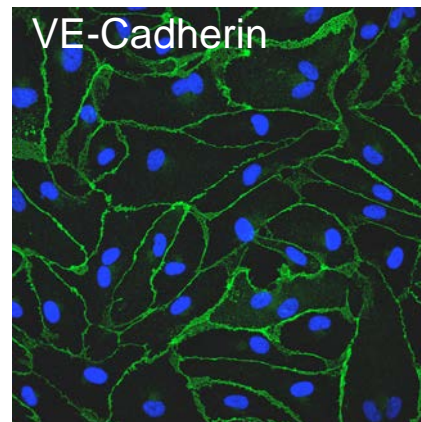
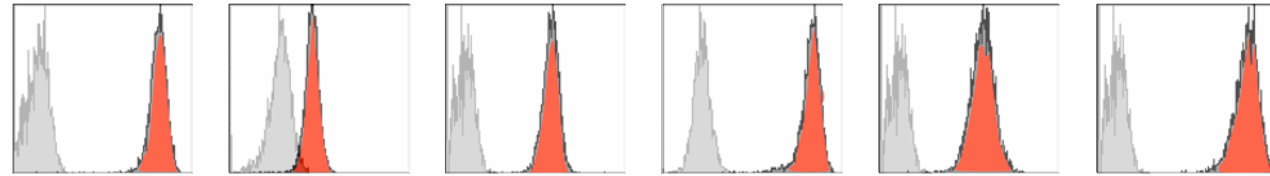


# Characteristics of endothelial cells derived from hiPCs

CD31+

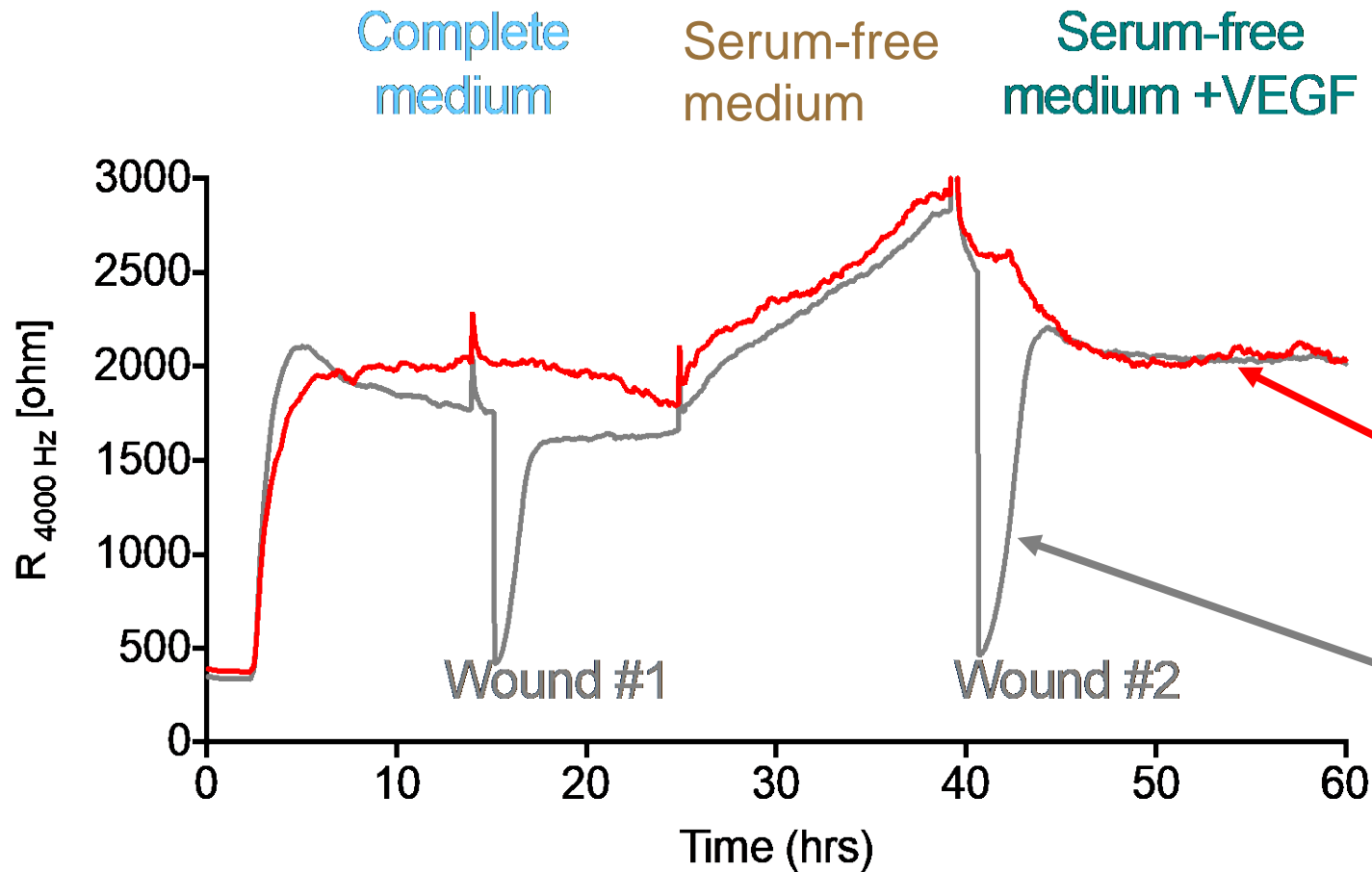
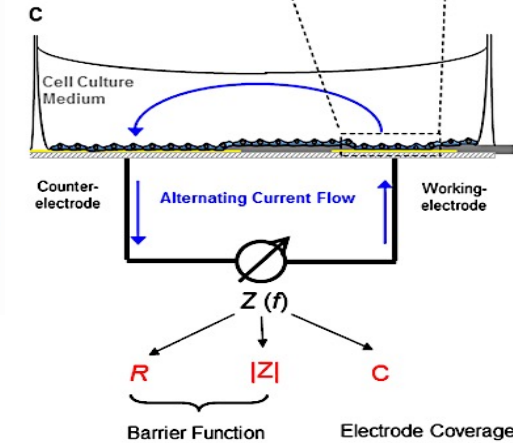
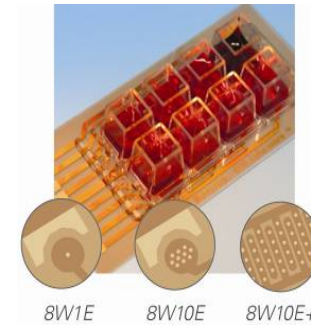
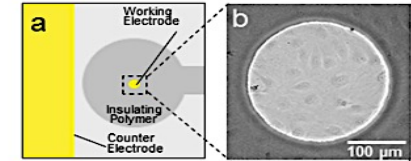


PECAM1 VE-Cadherin KDR CD34 CD73 ENG



100% pure CD31+ endothelial cell populations can be cryopreserved and stored

# Assessment of hPSC-ECs Barrier Function: Electrical Cell-Substrate Impedance Sensing (ECIS)



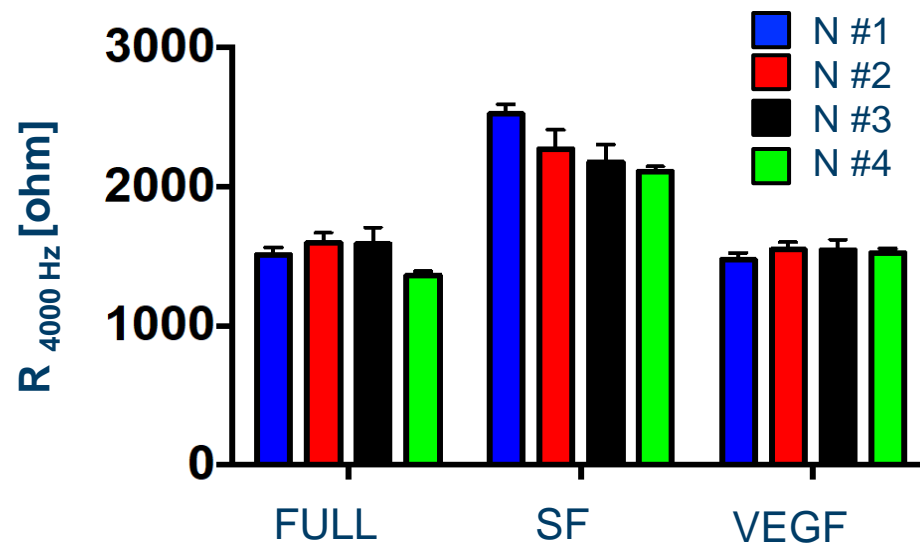
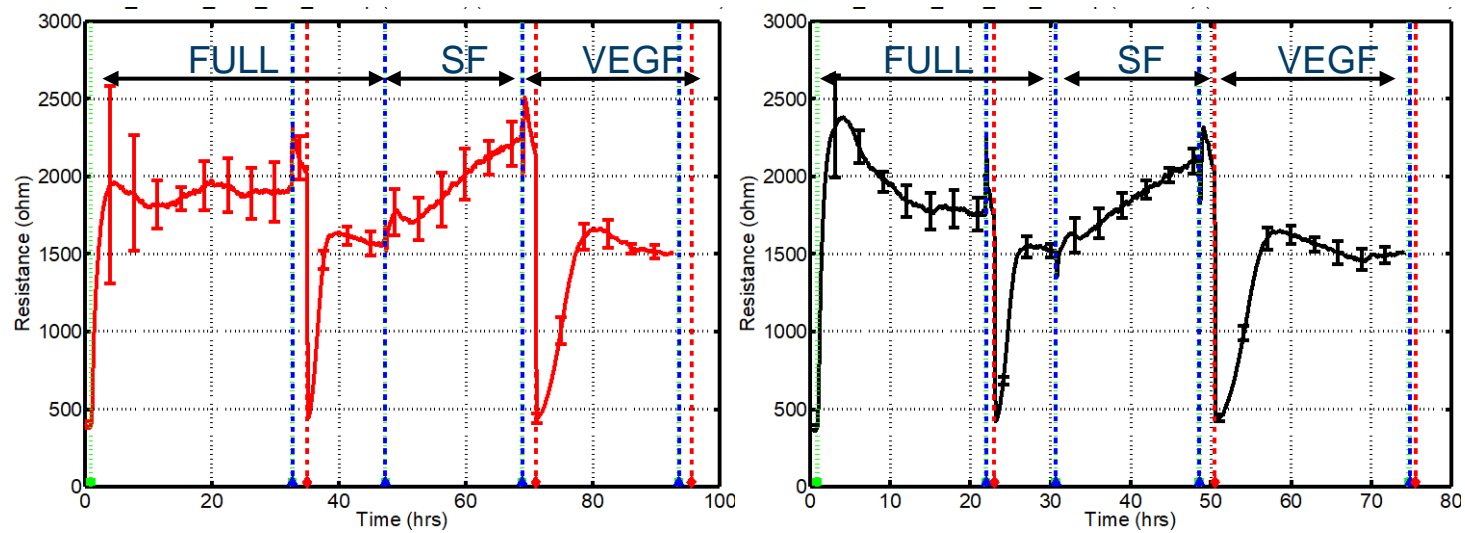
(i) Barrier ( $R_{4000\text{Hz}}$ ):  
Complete medium

(ii) Barrier ( $R_{4000\text{Hz}}$ ):  
Serum-free medium  
-/+VEGF or other compounds

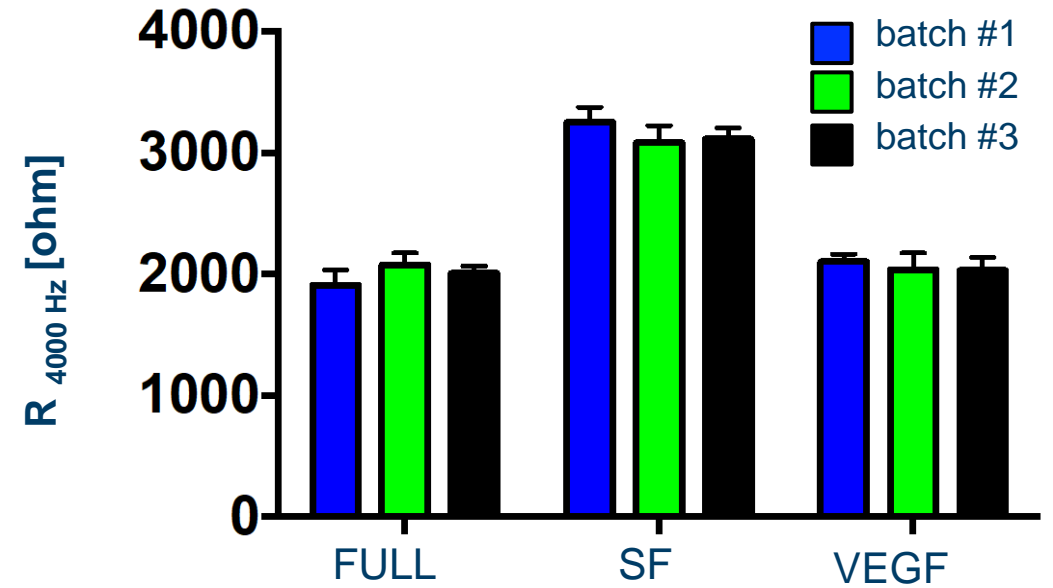
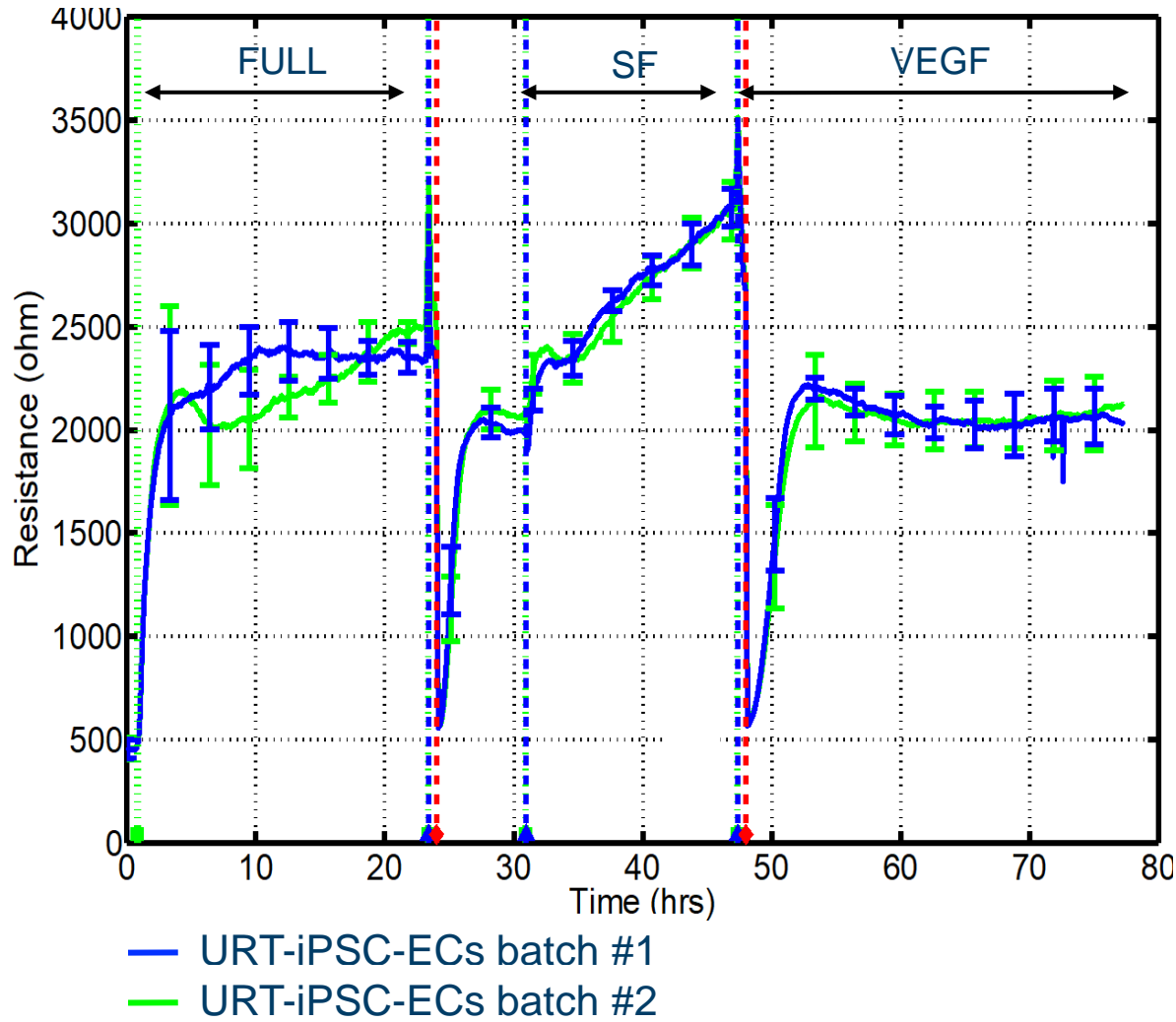
(iii) Real-time wound healing  
assay: migration time



# ECIS: independent biological experiments with the same batch of hiPSC-ECs

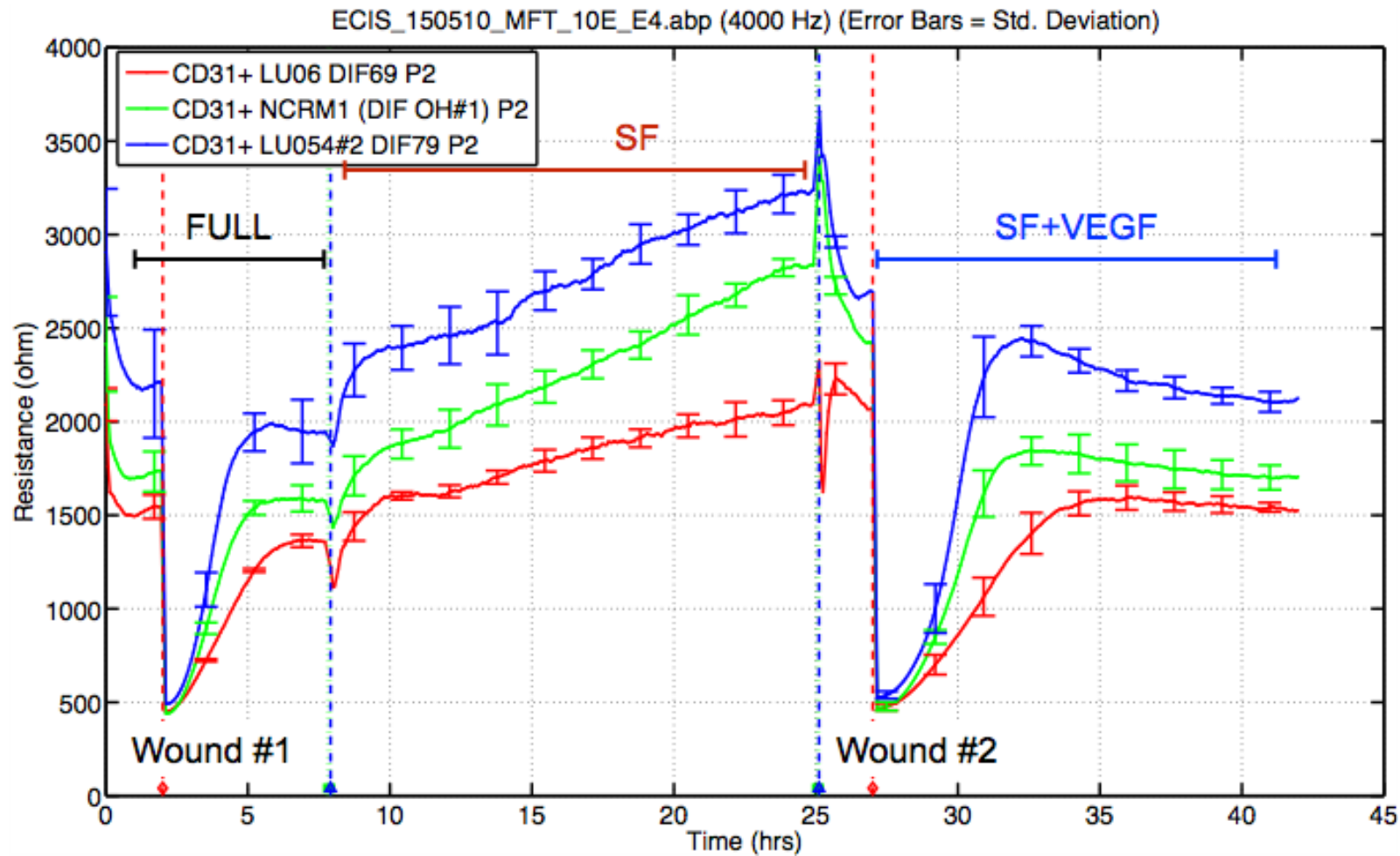


# ECIS: independent batches of hiPSC-ECs isolated from the same control line

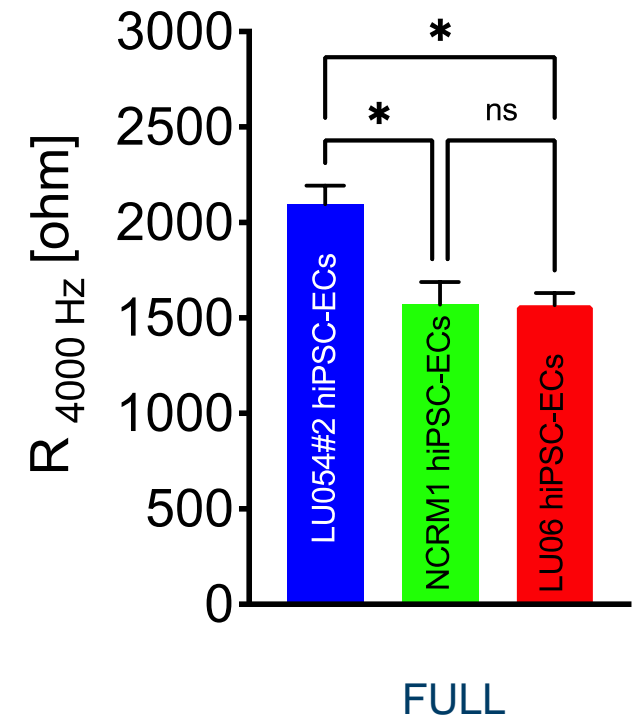




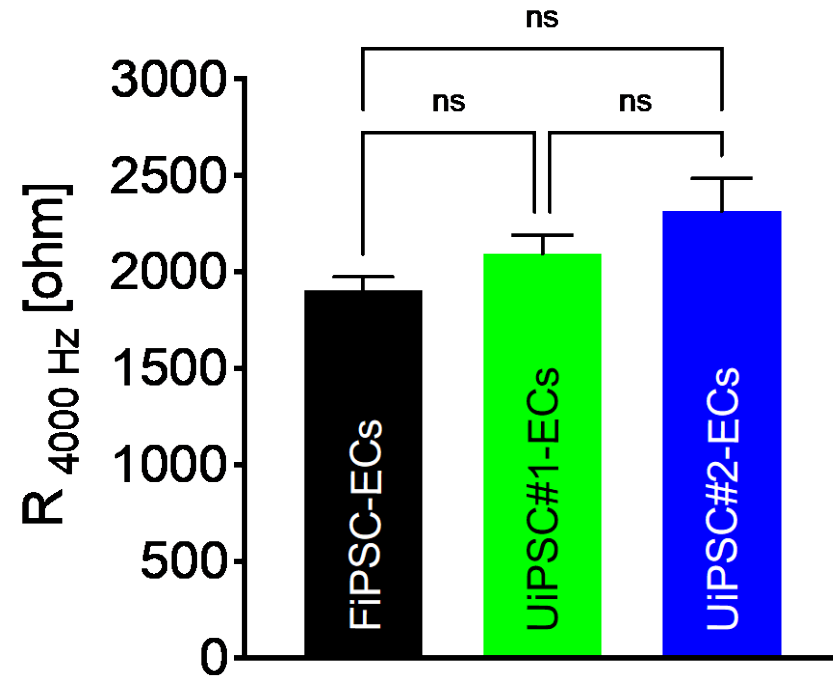
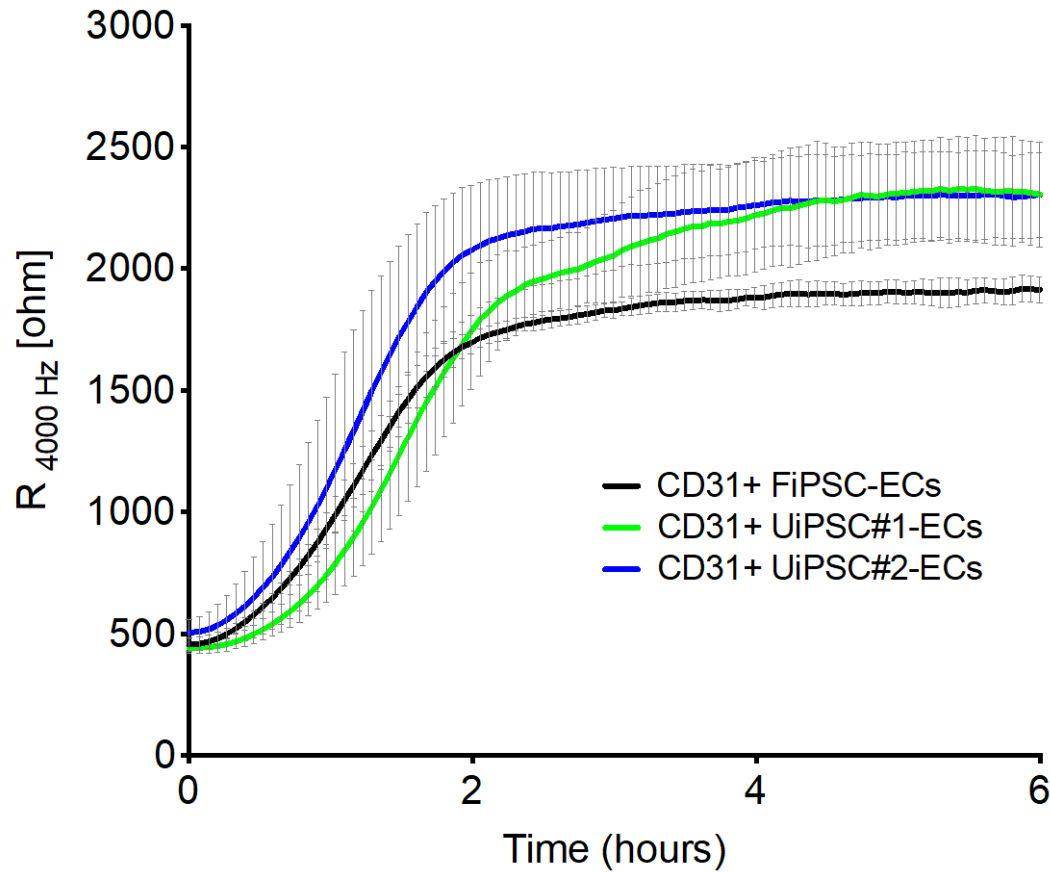
# ECIS: hiPSC-ECs isolated from different control hiPSC lines



- LU054#2 hiPSC-ECs (SeV)
- NCRM1 hiPSC-ECs (Epi)
- LU06 hiPSC-ECs (LV)

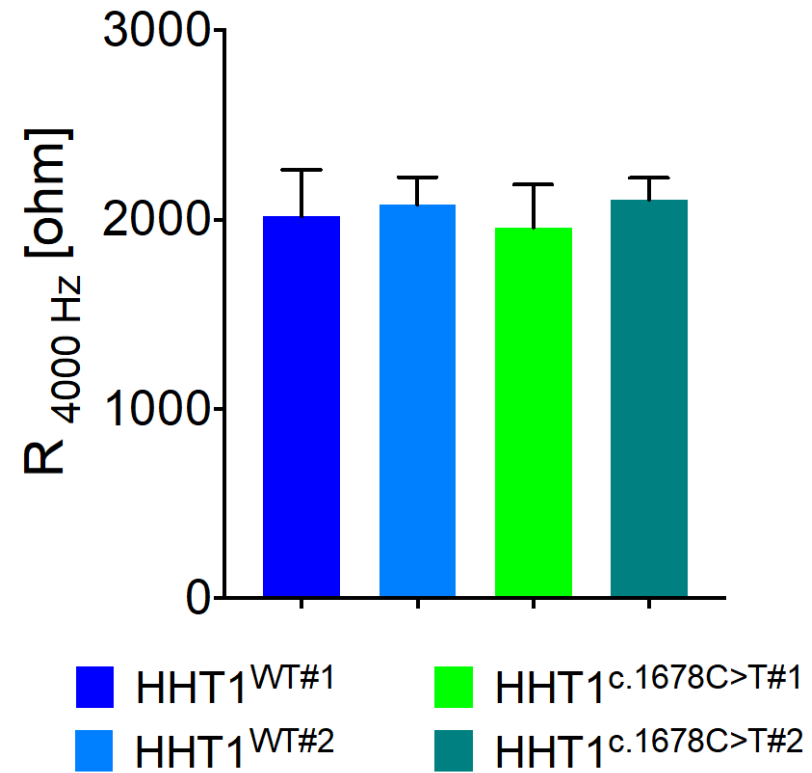
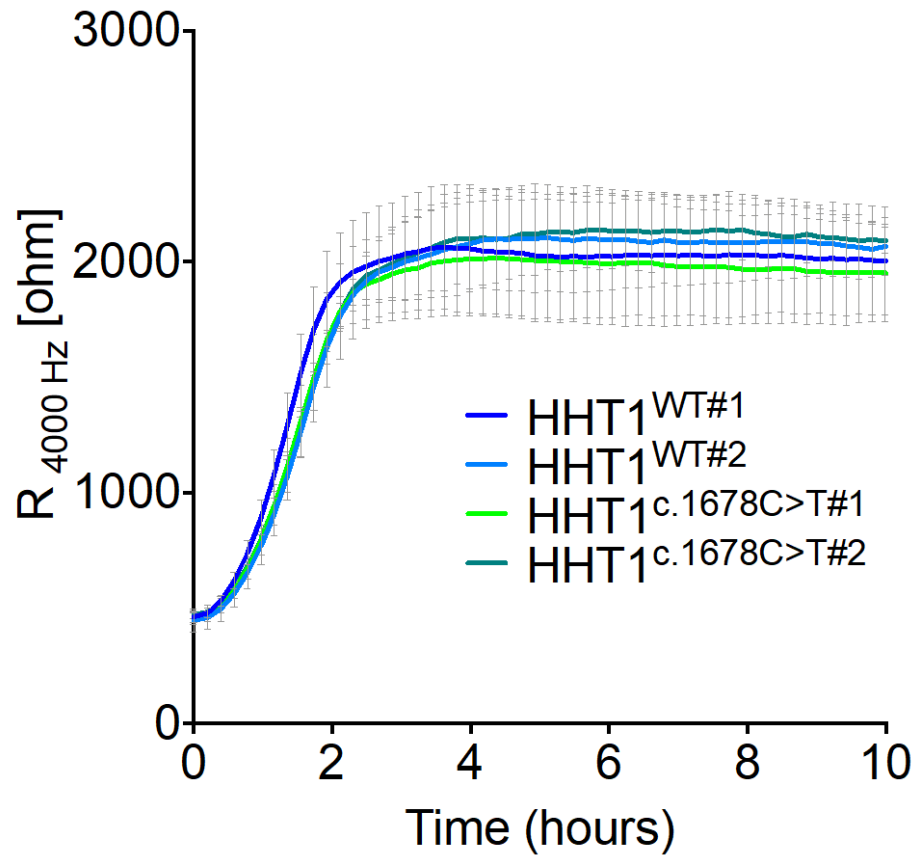


# ECIS: hiPSC-ECs isolated from different control hiPSC lines (SeV reprogrammed)





# ECIS: isogenic HHT1-iPSCs derived ECs



## For *all* cell types

- cell sources
- SOPs and protocols
- performance standards
- functionality assessment
- quality management
- repeatability